

# The DASIS Report

February 6, 2004

## Substance Abuse Treatment Admissions Referred by Schools: 2000

### In Brief

- In 2000, about 10 percent (15,000) of substance abuse admissions aged 18 or younger were referred by schools
- School-referred youth admissions to substance abuse treatment mostly involved marijuana (56 percent) or alcohol (24 percent) as the primary substance of abuse
- Admissions referred by schools were more likely to be receiving treatment for the first time than admissions referred by other sources (85 vs. 66 percent)

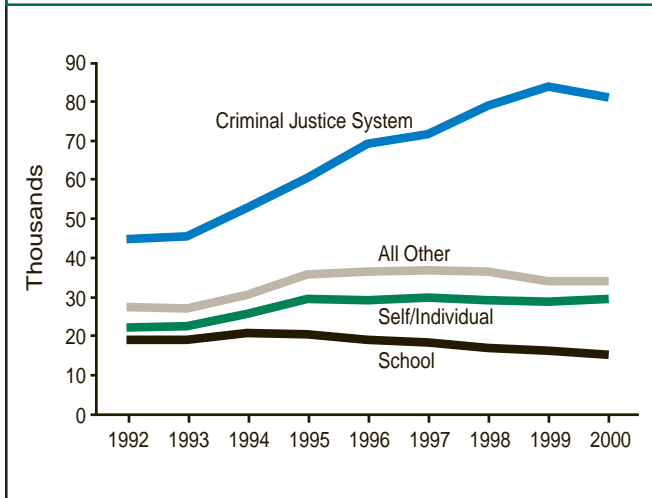
The Treatment Episode Data Set (TEDS) provides information on treatment referral sources for youths aged 18 or younger entering publicly funded substance abuse treatment. This report examines admissions aged 18 or younger referred by schools, and compares them with admissions aged 18 or younger referred by other sources.<sup>1</sup>

In 2000, about 10 percent (15,000) of substance abuse admissions aged 18 or younger were referred by schools. The remainder (145,000) were referred by the criminal justice system (51 percent), self/individual (18 percent), other community sources (8 percent), substance abuse care providers (7 percent), and other health care providers (6 percent).<sup>2</sup>

### Trends in Referral Source

Between 1992 and 2000, substance abuse treatment admissions involving youth 18

**Figure 1. Youth Treatment Admissions, by Referral Source: 1992-2000**



Source: 2000 SAMHSA Treatment Episode Data Set (TEDS).

or younger increased more than 40 percent (from 114,000 in 1992 to 160,000 in 2000). A large portion of this increase was due to the increase in youth admissions referred by the criminal justice system (from 45,000 in 1992 to 81,000 in 2000). However, increases also occurred among self/individual referrals and referrals from substance abuse care providers, other health care providers, and other community sources. Contrary to these trends, youth admissions referred by schools declined more than 20 percent from 19,000 admissions in 1992 to just over 15,000 admissions in 2000 (Figure 1).

School-referred youth admissions also declined as a proportion of total youth admissions. In 1992, 17 percent of youth admissions were school-referred. By 2000, only 10 percent were school-referred.

**Table 1. Characteristics of Admissions Aged 18 or Younger, by Referral Source: 2000**

Characteristic	Referral Source	
	School (%)	Other (%)
<b>Gender</b>		
Male	67	71
Female	33	29
<b>Race/Ethnicity</b>		
White	62	63
Black	15	16
Hispanic	14	13
Asian/Pacific Islander	2	3
American Indian/Alaska Native	4	2
Other	3	3
<b>Primary Substance</b>		
Marijuana	56	58
Alcohol	24	26
Other	20	16
<b>Service Setting</b>		
Hospital Outpatient Detoxification	0	<1
Hospital Residential Detoxification	<1	3
Hospital Rehabilitation/residential (non-detoxification)	<1	1
Short-term Rehabilitation/residential	1	7
Long-term Rehabilitation/residential	1	10
Ambulatory Intensive Outpatient	9	14
Ambulatory Non-intensive Outpatient	89	63
Ambulatory Detoxification	<1	2
<b>Prior Treatment Admissions</b>		
None	85	66
1-4	15	32
5+	<1	2

### Demographics

Admissions aged 18 or younger referred by schools were similar to admissions referred by other sources in terms of race and ethnicity. School referrals, however, were slightly more likely to be female (33 vs. 29 percent) than other referrals (Table 1).

### Primary Substance and Frequency of Use

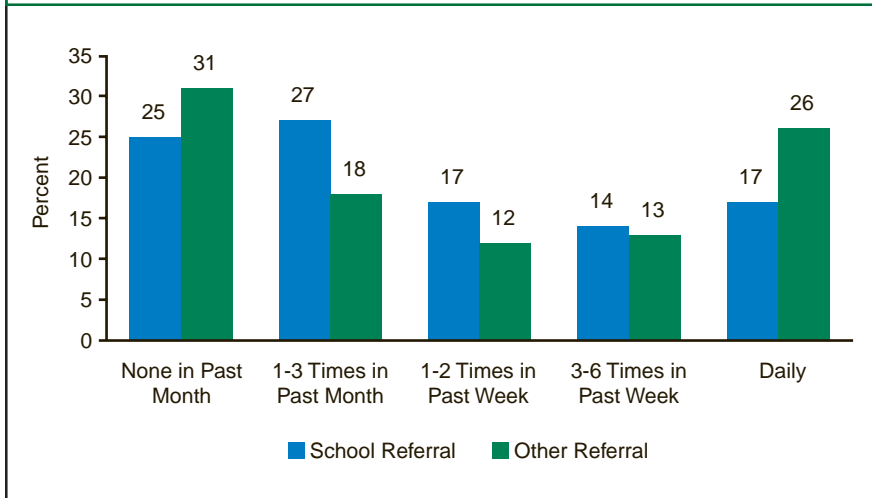
The primary substances of abuse for youth admissions referred by schools were similar to those for referrals from other sources, and involved mostly marijuana (56 percent) or alcohol (24 percent) (Table 1).<sup>3</sup>

Youth admissions referred by schools reported less frequent use of primary substances than admissions referred by other sources. School referrals were less likely to report daily use (17 vs. 26 percent) and more likely to report use 1-3 times in the past month (27 vs. 18 percent) and 1-2 times in the past week (17 vs. 12 percent) than youth admissions from other sources (Figure 2).<sup>4</sup>

### Characteristics of Treatment

Youth admissions referred by schools were more likely to receive ambulatory non-intensive outpatient care (89 vs. 63 percent) and less likely to receive

**Figure 2. Frequency of Primary Substance Use among Admissions Aged 18 or Younger, by Referral Source: 2000**



**Table 2. States with Highest and Lowest Percentages of Youth Admissions Referred by Schools: 2000**

State	Youth Admissions Referred by Schools (%)
South Carolina	32
Hawaii	28
New Hampshire	25
Virginia	22
Montana	2
Nevada	2
Missouri	2
North Dakota	1

ambulatory intensive outpatient care (9 vs. 14 percent) or rehabilitation/residential care (2 vs. 18 percent) than youth admissions referred by other sources (Table 1).

The majority of school-referred youth admissions (85 percent) had never been in treatment before. Further, school-referred youth admissions were less likely to have had prior treatment episodes (1 or more) than those referred by other sources (15 vs. 34 percent) (Table 1).

New Hampshire (25 percent), and Virginia (22 percent) (Table 2). In four States, school referrals made up 2 percent or less of youth substance abuse admissions: Montana, Nevada, Missouri, and North Dakota.

**End Notes**

<sup>1</sup> School referral is defined in TEDS as referral by a school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency. Other referral sources include admissions referred by self, substance abuse care provider, other health care provider, employer, other community source, or the criminal justice system.

<sup>2</sup> For earlier reports on TEDS admission referral sources, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies (Rockville, MD), *The DASIS report: Treatment referral sources for adolescent marijuana users* (March 29, 2002); *Coerced treatment among youths: 1993 to 1998* (September 21, 2001); and *How men and women enter substance abuse treatment* (September 7, 2001).

<sup>3</sup> The primary substance of abuse is the main substance abused at the time of admission.

<sup>4</sup> TEDS collects data on primary, secondary, and tertiary substances of abuse for each admission to substance abuse treatment. For each of these substances, TEDS further collects frequency/recency of use including: no use in the past month, 1-3 times in the past month, 1-2 times in the past week, 3-6 times in the past week, or daily.

**States with the Highest and Lowest Proportions of School Referrals**

On average, school referrals were about 10 percent of youth admissions but the percentage of youth admissions referred by schools varied by State. Four States had rates at least twice the national average: South Carolina (32 percent), Hawaii (28 percent),

The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the Treatment Episode Data Set (TEDS). TEDS is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. Approximately 1.6 million records are included in TEDS each year. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

*The DASIS Report* is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and RTI, Research Triangle Park, North Carolina.

**Information and data for this issue are based on data reported to TEDS through April 1, 2002.**

Access the latest TEDS reports at: <http://www.samhsa.gov/oas/dasis.htm>

Access the latest TEDS public use files at: <http://www.samhsa.gov/oas/SAMHDA.htm>

Other substance abuse reports are available at: <http://www.DrugAbuseStatistics.samhsa.gov>



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