

The DASIS Report

October 15, 2004

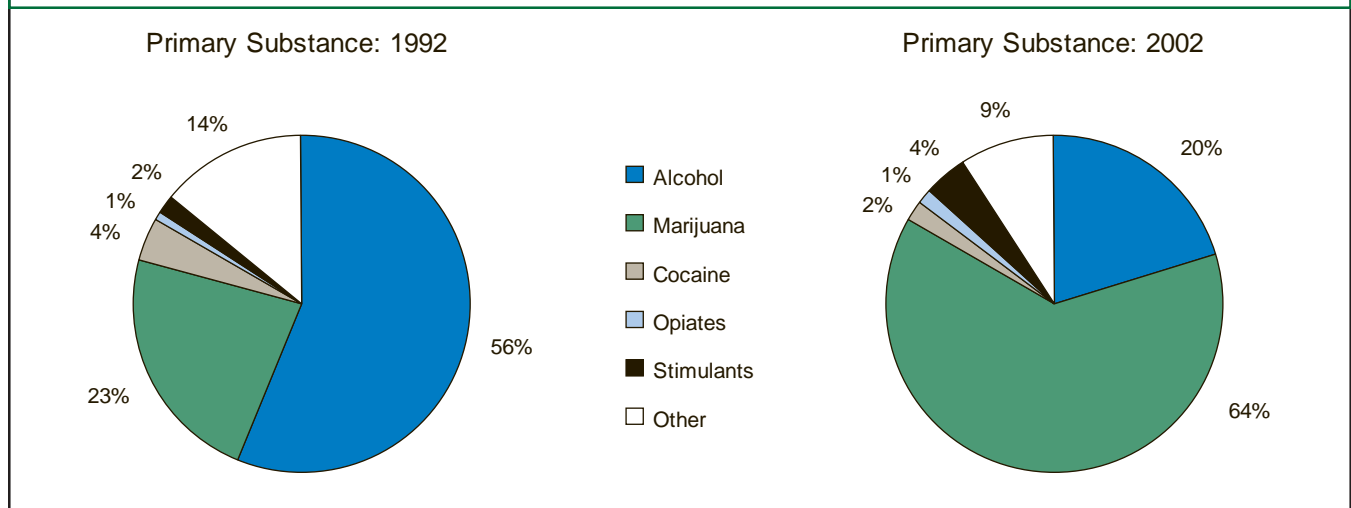
Adolescent Treatment Admissions: 1992 and 2002

In Brief

- Between 1992 and 2002, the number of adolescent treatment admissions increased 65 percent, while all admissions increased 23 percent
- Between 1992 and 2002, adolescent admissions reporting marijuana as the primary substance increased from 23 to 64 percent, while admissions reporting alcohol as the primary substance decreased from 56 to 20 percent of all adolescent admissions
- In 2002, more than half (54 percent) of adolescent admissions were referred to treatment through the criminal justice system compared with 40 percent in 1992

This report looks at adolescent treatment admissions (aged 12 to 17) reported to the Treatment Episode Data Set (TEDS) in 1992 and 2002. TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. Between 1992 and 2002, the number of adolescent treatment admissions increased 65 percent (from 95,000 admissions in 1992 to 156,000 in 2002) and accounted for 8 percent of all admissions to TEDS in 2002, while all admissions increased 23 percent. TEDS data indicate that the overall increase in adolescent admissions for substance abuse treatment was attributable mainly to the increase in admissions where marijuana was reported as the primary substance of abuse.¹

Figure 1. Primary Substance of Abuse among Adolescent Treatment Admissions: 1992 and 2002



Source: 2002 SAMHSA Treatment Episode Data Set (TEDS).

Primary Substance

During the 10-year time period from 1992 to 2002, alcohol and marijuana were the two most frequently reported primary substances of abuse among adolescents. However, their relative proportions reversed over time. In 1992, 56 percent of adolescent admissions reported alcohol as their primary substance of abuse, and 23 percent reported marijuana (Figure 1). By 2002, the proportion of adolescents reporting alcohol as their primary substance of abuse had decreased to 20 percent while that reporting primary marijuana had increased to 64 percent. This increase of 41 percent was mainly due to an influx of adolescent admissions referred by the criminal justice system who reported marijuana as the primary substance.² In 1992, about 8,500 (or 9 percent) of all adolescent treatment admissions were referred by the criminal justice system and reported marijuana as their primary substance. By 2002, that number had increased to 52,700, representing about 34 percent of all adolescent admissions.

Demographic Characteristics

The proportion of adolescent admissions that were female decreased from 34 percent in 1992 to 30 percent in 2002. However, among all admissions, the proportion of females increased from 28 to 30 percent.

The racial/ethnic characteristics of adolescent admissions changed somewhat between 1992 and 2002 (Figure 2). Adolescent admissions in 1992 were about 68 percent White, 16 percent Black, and 11 percent Hispanic. By 2002, the percentage of adolescent admissions who were White had decreased to 60 percent, while the percentage of adolescent admissions who were Black and Hispanic had increased (Blacks 19 percent, Hispanics 15 percent).

Referral Source

In 2002, more than half (54 percent) of adolescent admissions were referred to treatment through the criminal justice system com-

pared with 40 percent in 1992 (Figure 3).³ The percentage of school referrals decreased from 18 percent in 1992 to 11 percent in 2002 and self/individual referrals remained stable around 18 percent for this 10-year period.

Type of Criminal Justice Referral

About one-third (16) of States and jurisdictions reporting to TEDS collected data on the type of criminal justice referral in both 1992 and 2002.⁴ Among adolescent admissions referred by the criminal justice system, probation/parole referrals were the most common type of criminal justice system referral in both 1992 (48 percent) and 2002 (65 percent) (Figure 4). State/Federal court was the second largest type of criminal justice referral source among adolescent admissions (32 percent in 1992 and 18 percent in 2002).

Figure 2. Race/Ethnicity of Adolescent Treatment Admissions: 1992 and 2002

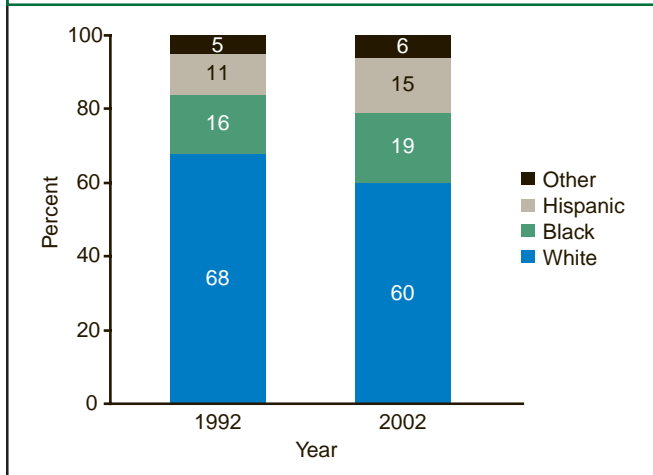
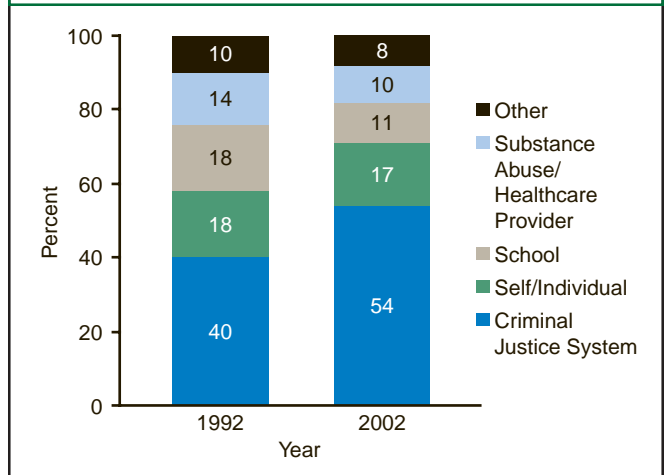


Figure 3. Referral Source for Adolescent Treatment Admissions: 1992 and 2002



Services

Among adolescent admissions, the percentage of admissions receiving ambulatory services⁵ increased from 78 percent in 1992 to 83 percent in 2002. Admissions receiving rehabilitation/residential services decreased from 19 to 15 percent during this same time period. The percentage of admissions for detoxification services remained relatively constant at around 2 to 3 percent of total adolescent admissions.

End Notes

¹ The primary substance of abuse is the main substance reported at the time of admission.

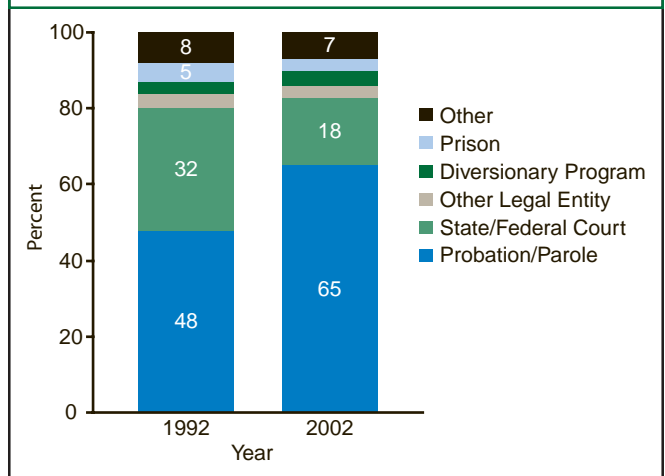
² For a more detailed report on treatment referral among adolescent marijuana users, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Treatment referral sources for adolescent marijuana users*. Rockville, MD. March 29, 2002.

³ For more detail regarding referrals by the criminal justice system, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Substance abuse treatment admissions referred by the criminal justice system: 2002*. Rockville, MD. July 30, 2004.

⁴ *Detailed criminal justice referral* is a Supplemental Data Set item reported with a 75 percent or higher response rate in 1992 and 2002 by 16 States, including: CO, HI, KS, MA, MD, ND, NJ, NM, NV, NY, OH, OR, PA, RI, TX, and WV.

⁵ Service settings are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

Figure 4. Criminal Justice Referrals for Adolescents, by Type: 1992 and 2002



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. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. State admission data are reported to TEDS by the Single State Agencies (SSAs) for substance abuse treatment. There are significant differences among State data collection systems. Sources of State variation include completeness of reporting, facilities reporting TEDS data, clients included, and treatment resources available. See the annual TEDS reports for details. Approximately 1.9 million records are included in TEDS each year.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

Information and data for this issue are based on data reported to TEDS through March 1, 2004.

Access the latest TEDS reports at: <http://www.oas.samhsha.gov/dasis.htm>
 Access the latest TEDS public use files at: <http://www.oas.samhsha.gov/SAMHDA.htm>
 Other substance abuse reports are available at: <http://www.oas.samhsha.gov>



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