Drug and Alcohol Services Information System

The DASIS Report

December 3, 2004

Characteristics of Primary Heroin Injection and Inhalation Admissions: 2002

In Brief

- Among primary heroin admissions, 95 percent either injected (62 percent) or inhaled (33 percent) the drug
- Primary heroin inhalation admissions were more likely to be Black (45 percent), while primary heroin injection admissions were more likely to be White (58 percent)
- Primary heroin injection admissions were more likely than inhalation admissions to be younger than 25 years of age (17 vs. 11 percent), but also more likely to be 45 years old or older (24 vs. 19 percent)

Heroin users most often inject or inhale the drug. Admissions trend data suggest that many users begin using heroin in inhaled form, and switch to injecting the drug later in their lifetimes.[1] Since the use of shared syringes is an important factor in the transmission of diseases such as HIV/AIDS and hepatitis,[2] it is especially important to design effective heroin abuse treatment and prevention programs. Understanding how heroin inhalation and injection admissions differ may help in formulating effective programs.

In 2002, heroin was reported as the primary substance of abuse[3] for 15 percent of the 1.9 million admissions in the Treatment Episode Data Set (TEDS). The most common route of administration among primary heroin admissions was injection (62 percent), followed by inhalation (33 percent), smoking

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Figure 1. Primary Heroin Admissions, by Route of Administration and Race/Ethnicity: 2002

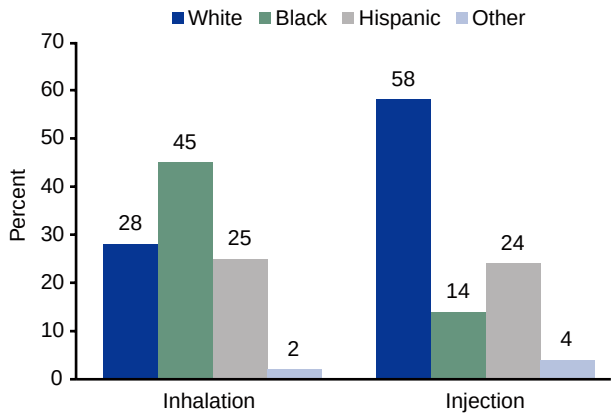
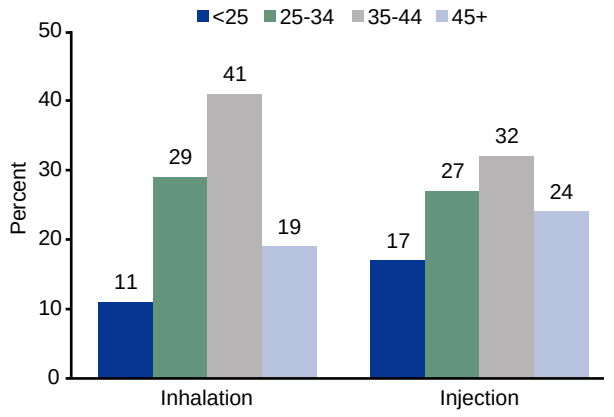


Figure 2. Primary Heroin Admissions, by Route of Administration and Age Group: 2002



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

(2 percent), oral (2 percent), and other (1 percent). This report compares the characteristics of primary heroin admissions reporting the two major routes of administration, injection and inhalation.

Sex and Race/ Ethnicity

There were no substantial differences between the sexes in the preferred route of administration; males comprised 67 percent of inhalation admissions and 69 percent of injection admissions. Primary heroin inhalation and injection admissions were quite different by race/ethnicity, however. Primary heroin inhalation admissions were more likely to be Black (45 percent), while primary heroin injection admissions were more likely to be White (58 percent) (Figure 1).

Age

Primary heroin injection and inhalation admissions also had different age distributions. Injection admissions were more likely than inhalation admissions to be younger than 25 years of age (17 vs. 11 percent), but also more likely to be 45 years old or older (24 vs. 19 percent) (Figure 2).

Census Region

Primary heroin injection admissions were more likely to be from the West[4] than were inhalation admissions: 32 percent of injection admissions were from that region compared with 3 percent of inhalation admissions (Figure 3). However, primary heroin injection admissions were less likely than inhalation admissions to be from the Northeast (47 vs. 66 percent).

Source of Referral

Routes of administration for primary heroin admissions differed by source of referral to treatment. While self/individual referrals were the most common referral type for both inhalation and injection admissions, the proportion was higher among injection admissions (65 vs. 59 percent) (Figure 4). Injection admissions showed a correspondingly lower proportion of criminal justice system referrals than inhalation admissions (12 vs. 16 percent).

Treatment History and Service Setting

Primary heroin injection and inhalation admissions did not differ noticeably in their treatment settings (ambulatory, detoxification, or rehabilitation/residential)[5], but did differ in the number of prior treatment episodes. In particular, inhalation admissions were more likely to have no prior treatment episodes (26 vs. 20 percent) or one to four prior episodes (60 vs. 49 percent), while injection admissions were more likely to have five or more prior treatment episodes (31 vs. 14 percent). This pattern—injection admissions more likely to have lengthy treatment histories, inhalation admissions more likely to have no treatment history—may have been related to the greater proportion of older users among injection users noted above. Injection admissions were also

Figure 3. Heroin Admissions, by Primary Route of Administration and Region: 2002

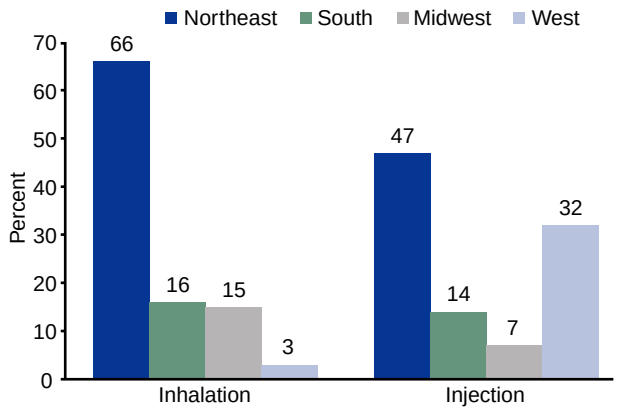
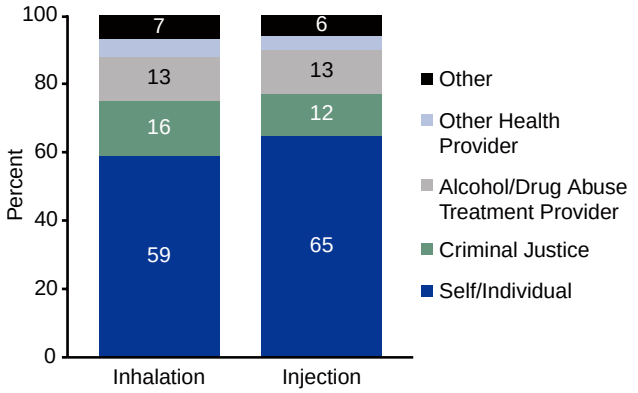


Figure 4. Primary Heroin Admissions, by Route of Administration and Referral Source: 2002



more likely than inhalation admissions to have their treatment plan include methadone (39 vs. 32 percent).

Frequency of Use

Primary heroin injection and inhalation admissions showed no substantial differences in frequency of use, with about 81 percent of both groups reporting daily use.

Secondary Substances

Primary heroin inhalation and injection admissions were about equally likely to report some form of cocaine as a secondary substance[6] (50 vs. 48 percent), although inhalation admissions were more likely to specifically report using smoked cocaine (crack) as a secondary substance (30 vs. 15 percent). Primary heroin inhalation and injection admissions also reported about the same percentages of secondary use of alcohol (27 vs. 25 percent) and opiates (7 vs. 8 percent). Primary inhalation admissions were more likely than injection admissions to report marijuana as a secondary substance (12 vs. 9 percent), but less likely than injection admissions to report stimulants (1 vs. 4 percent) or other substances (3 vs. 6 percent) as a secondary substance.

End Notes

[1] Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Heroin – changes in how it is used.* Rockville, MD. July 20, 2001.

[2] Centers for Disease Control and Prevention, "Coinfection with HIV and Hepatitis C Virus," http://www.cdc.gov/hiv/pubs/brochure/coinfection.htm#main.

[3] The primary substance of abuse is the main substance reported at the time of admission.

[4] The Northeast region of the United States is composed of 9 States: CT, MA, ME, NH, NJ, NY, PA, RI, and VT. The South region of the United States is composed of 17 States: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. The Midwest region of the United States is composed of 12 States: IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, SD, and WI. The West region of the United States is composed of 13 States: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

[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.

[6] Secondary substances are other substances of abuse reported at the time of admission.

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.

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

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