Drug and Alcohol Services Information System

The DASIS Report

Issue 21 2006

Characteristics of Young Adult (Aged 18-25) and Youth (Aged 12-17) Admissions: 2004

In Brief

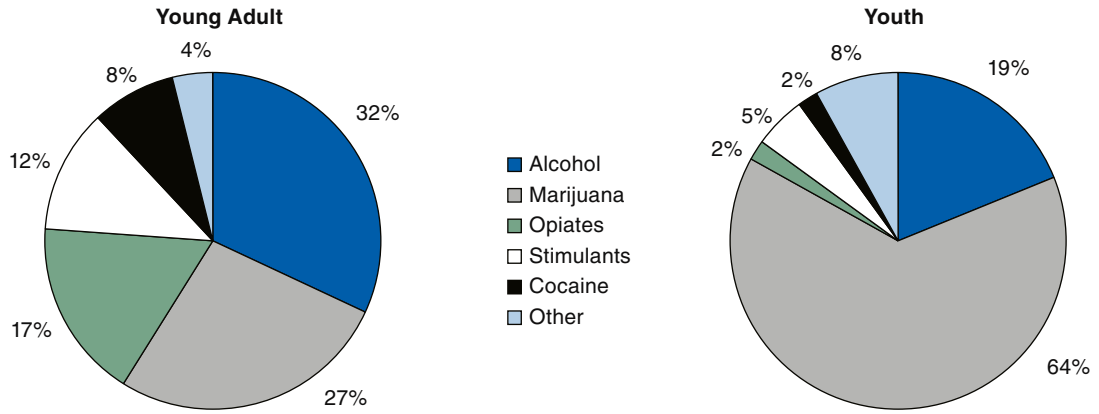
- In 2004, there were almost 390,000 admissions to substance abuse treatment among young adults aged 18-25
- Young adults aged 18-25 were less likely than youths aged 12-17 to be admitted for primary abuse of marijuana (27 vs. 64 percent)
- The criminal justice system was the principal source of referral to treatment for 47 percent of young adult admissions compared to 52 percent of youth admissions

In 2004, admissions of young adults—those aged 18 to 25—accounted for almost 390,000 of the approximately 1.9 million annual admissions to substance abuse treatment facilities in the Treatment Episode Data Set (TEDS). The facilities that report to TEDS are primarily those that receive some public funding. The 18 to 25 age group constituted 21 percent of all admissions in TEDS in 2004. This report will compare young adult admissions to admissions of youths aged 12 to 17, who accounted for 8 percent of TEDS admissions in 2004. The report will further break down the young adult admissions into two subgroups: those aged 18 to 21 (9 percent of all admissions) and those aged 22 to 25 (12 percent of all admissions).

The DASIS Report is published periodically by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (**SAMHSA**).

For questions about this report please e-mail: shortreports@samhsa.hhs.gov.

Figure 1. Primary Substance of Abuse among Young Adult and Youth Admissions: 2004



Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

Primary Substance of Abuse

Young adult (18 to 25 years old) substance abuse treatment admissions were less likely than youth (12 to 17 years old) admissions to report marijuana (27 vs. 64 percent) as their primary substance of abuse,[1] and more likely than youth admissions to report alcohol (32 vs. 19 percent), opiates (17 vs. 2 percent), stimulants (12 vs. 5 percent), and cocaine (8 vs. 2 percent) as their primary substance of abuse (Figure 1).

Within the group of young adult admissions, primary marijuana abuse was more likely to be reported by admissions aged 18 to 21 than those aged 22 to 25 (33 vs. 22 percent). In contrast, young adult admissions aged 22 to 25 years were more likely than young adult admissions aged 18 to 21 to report opiates (20 vs. 14 percent) as their primary substance of abuse, and about as likely to report alcohol (33 vs. 30 percent), stimulants (12 vs. 11 percent), cocaine (9 vs. 7 percent), or other drugs (4 vs. 5 percent).

Sociodemographics

Young adult admissions were more likely to be White than youth admissions (69 vs. 58 percent) and less likely to be Black (14 vs. 19 percent) or Hispanic (12 vs. 17 percent) (Figure 2).

Among young adults, admissions aged 18 to 21 were more likely to be White than those aged 22 to 25 (71 vs. 67 percent), but there were only small differences between the two young adult age groups for all other racial/ethnic groups.

The overall difference between young adult and youth admissions in the proportion of females was small (32 vs. 31 percent, respectively).

The percentage of young adult admissions with a psychiatric problem in addition to substance abuse[2] was 17 percent compared with 20 percent of youth admissions.

Frequency of Use

Young adult admissions for marijuana were more likely to have had no use in the past month than were youth admissions for marijuana (37 vs. 30 percent) (Table 1). For all other substances young adult admissions were less likely than youth admissions to have had no use in the past month. For all primary substances, young adult admissions were more likely than youth admissions to have used the substance daily.

Source of Referral

The criminal justice system was the principal source of referral[3] to treatment for 47 percent of young adult admissions compared to 52 percent of youth admissions (Figure 3). The proportion of criminal justice referrals was the same for young adults aged 18 to 21 and youth admissions (52 percent each), while the proportion of young adult admissions aged 22 to 25 referred by the criminal justice system was 45 percent. In contrast, young adult admissions were more likely than

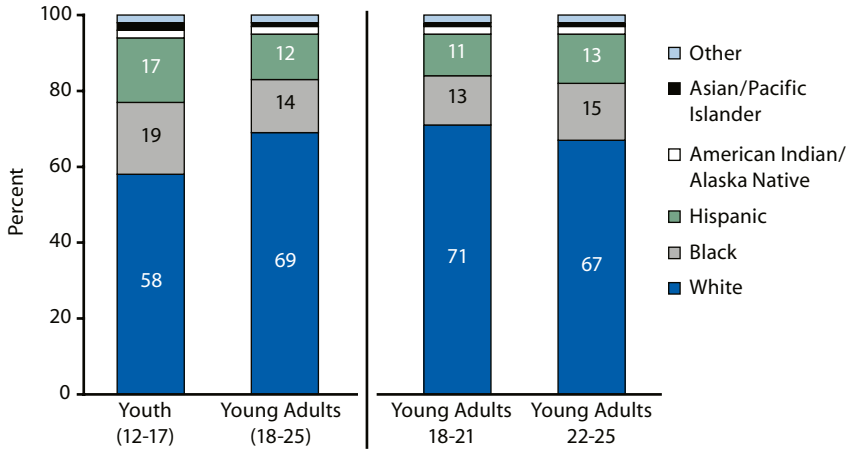
youth admissions to have been self or individually referred to treatment (27 vs. 17 percent).

Service Setting

Young adult admissions were less likely than youth admissions to have been admitted to ambulatory treatment (69 vs. 83 percent).[4] Admissions for detoxification accounted for a larger proportion of young adult admissions than youth admissions (14 vs. 2 percent). Similar proportions of young adult admissions and youth admissions (17 and 15 percent, respectively) were in residential treatment.

Young adult admissions aged 18 to 21 and young adult admissions aged 22 to 25 differed in the percentages admitted to ambulatory treatment (71 and 68 percent, respectively). Twelve percent of admissions aged 18 to 21 were admitted to detoxification compared with 15 percent of young adult admissions aged 22 to 25. The percentage of admissions to residential treatment was similar for both groups.

Figure 2. Race/Ethnicity of Young Adult and Youth Admissions: 2004



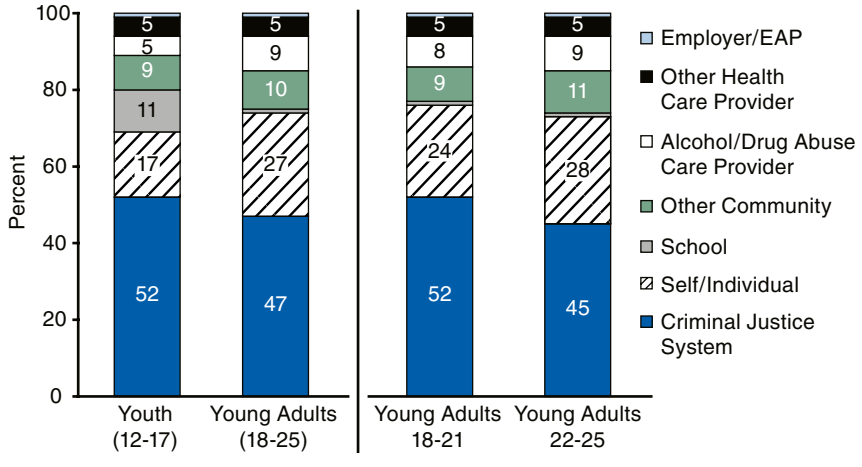
Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

Table 1. Frequency of Use among Young Adult and Youth Admissions, by Primary Substance of Abuse: 2004

	No Use in Past Month		Daily Use in Past Month	
Primary substance	Young Adult	Youth	Young Adult	Youth
Alcohol	35	41	17	7
Marijuana	37	30	28	24
Opiates	14	28	74	45
Stimulants	37	38	32	26
Cocaine	29	34	35	26
Other	55	66	26	12

Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

Figure 3. Source of Referral among Young Adult and Youth Admissions: 2004



Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

End Notes

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

[2] *Psychiatric problem in addition to alcohol or drug problem*, a Supplemental Data Set item, was reported in 2004 for at least 75 percent of all admissions in 28 States and jurisdictions: CA, CO, DE, FL, GA, IA, ID, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, ND, NM, NV, OH, OK, PR, RI, SC, TN, UT, and WV. These 28 States accounted for about 48 percent of all substance abuse treatment admissions in 2004.

[3] *Principal source of referral* describes the person or agency referring the client to the alcohol or drug abuse treatment program.

[4] *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.

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Research Findings from SAMHSA's 2004 Drug and Alcohol Services Information System (DASIS)

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- In 2004, there were almost 390,000 admissions to substance abuse treatment among young adults aged 18-25
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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 February 1, 2006.

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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