Treatment Episode Data Set

The TEDS Report

September 23, 2010

Characteristics of Substance Abuse Treatment Admissions Reporting Primary Abuse of Prescription Pain Relievers: 1998 and 2008

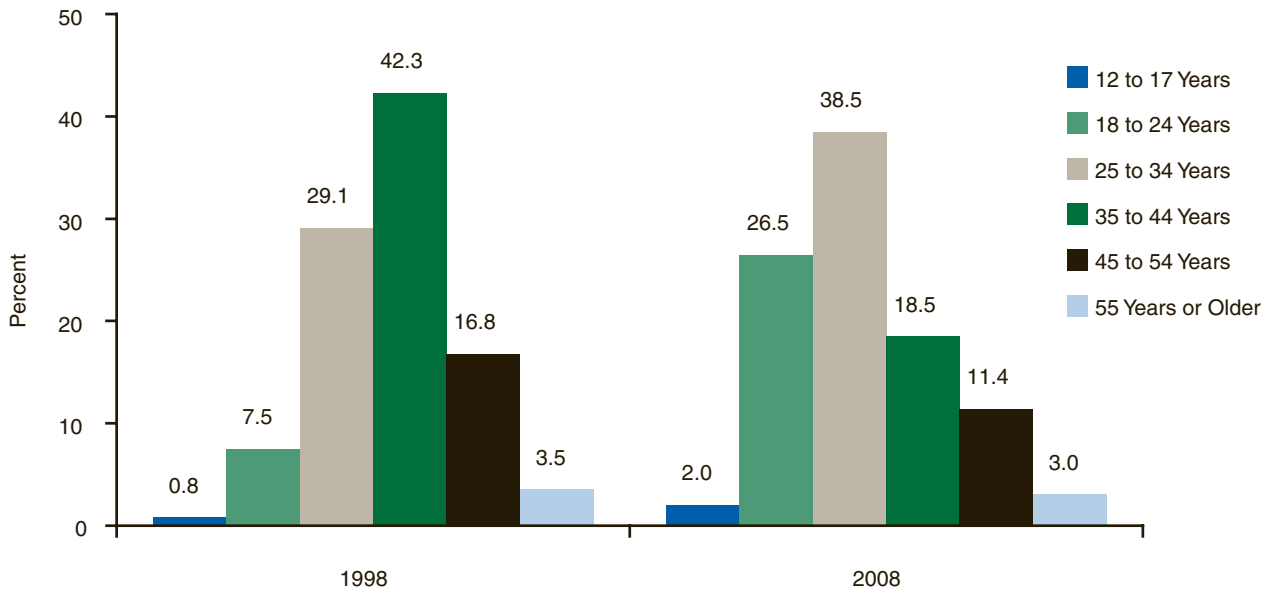
In Brief

- Substance abuse treatment admissions reporting primary pain reliever abuse increased from 18,300 in 1998 (1.1 percent of all admissions) to approximately 105,680 (5.6 percent) in 2008
- Admissions for primary abuse of prescription pain relievers in 2008 were more than 3 times as likely as those in 1998 to be aged 18 to 24 (26.5 vs. 7.5 percent)
- Admissions for primary pain reliever abuse in 2008 were more likely than those in 1998 to be unemployed (41.1 vs. 28.6 percent)
- The percentage of primary pain reliever admissions with a co-occurring psychiatric disorder increased from 19.4 percent in 1998 to 38.6 percent in 2008

Nonmedical use of prescription pain relievers such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®), morphine, and similar medications is a matter of increasing public health concern. In 2008, nonmedical use of pain relievers in the past year among the population aged 12 or older in the United States was second highest in prevalence among illicit drugs, after marijuana.[1] The use of prescription pain relievers can produce dependence or abuse, particularly when these drugs are taken without a physician's direction and oversight.[2] Understanding the characteristics of admissions with prescription pain reliever abuse can assist treatment providers in developing services that are focused on the specific needs of these clients. Information on

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

Figure 1. Substance Abuse Treatment Admissions Aged 12 or Older Reporting Primary Pain Reliever Abuse, by Age Group: 1998 and 2008



Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 1998 and 2008.

the characteristics of admissions that report pain reliever abuse also can help guide the development of effective prevention and early intervention programs that engage physicians, pharmacies and the pharmaceutical industry, and families.

The Treatment Episode Data Set (TEDS) collects data on the primary substance of abuse at the time of admission to substance abuse treatment and up to two additional substances of abuse. Using TEDS data, this report compares characteristics of admissions that report prescription pain relievers as the primary substance of abuse in 1998 and 2008. Prescription pain relievers are drugs such as hydrocodone, oxycodone, morphine, and other drugs with morphine-like effects; heroin and nonprescription methadone are excluded.

This report is the second of two reports using TEDS data on substance abuse treatment admissions for pain reliever abuse. The first report presented findings on percentages of admissions within different demographic and other subgroups that reported any pain reliever abuse (i.e., primary, secondary, or tertiary) in 1998 and 2008. Findings from that report showed increases in the percentage of pain reliever admissions among both males and females, and among admissions in all age groups, racial/ethnic groups, educational levels, employment categories, and regions.[3]

In contrast to the first report, this report compares the characteristics of admissions reporting primary abuse of pain relievers in 1998 with corresponding admissions in 2008. In 1998, there were 18,300 admissions that reported primary pain reliever abuse, which accounted for 1.1 percent of all admissions to treatment in TEDS. In 2008, the number of primary pain reliever admissions increased to approximately 105,680, or 5.6 percent of admissions.

Demographic Characteristics

Substance abuse treatment admissions for primary pain reliever abuse were younger in 2008 than in 1998. The average age at admission decreased by nearly 6 years for these admissions, from 37.4 years in 1998 to 31.7 years in 2008. In comparison, the average age of other admissions increased over this same period, from 33.5 to 34.6 years at the time of admission.

Driving this decrease in the average age at admission for primary pain reliever abuse were admissions aged 18 to 34. Primary pain reliever admissions in 2008 were more than 3 times as likely as those in 1998 to be aged 18 to 24 (26.5 vs. 7.5 percent) (Figure 1). The percentage aged 25 to 34 also increased from 29.1 percent in 1998 to 38.5 percent in 2008. Admissions aged 35 to 44 decreased during this time, from 42.3 to 18.5 percent.

Primary pain reliever admissions in 1998 were about equally distributed between males and females (49.6 and 50.4 percent, respectively) (Table 1). In 2008, however, a slightly higher percentage of these admissions were male than female (53.5 vs. 46.5 percent). Large majorities of primary pain reliever admissions in both years were non-Hispanic White. Non-Hispanic Whites comprised an even higher percentage of these admissions in 2008 than in 1998 (88.7 vs. 85.1 percent).

Table 1. Percent Distribution of Substance Abuse Treatment Admissions Aged 12 or Older Reporting Primary Pain Reliever Abuse, by Selected Demographic Characteristics: 1998 and 2008

Characteristic	1998	2008
Total Pain Reliever Admissions	**100.0**	**100.0**
Gender		
Male	49.6	53.5
Female	50.4	46.5
Race/Ethnicity		
White, Non-Hispanic	85.1	88.7
Black, Non-Hispanic	7.3	3.5
Hispanic	3.4	4.0
American Indian	0.8	1.7
Asian or Pacific Islander	1.8	0.5
Other*	1.6	1.5
Educational Level (Aged 18 or Older)		
Less than High School	23.5	26.8
High School or GED	40.9	43.8
More than High School	35.6	29.4
Employment Status (Aged 16 or Older)		
Employed	33.2	28.1
Unemployed	28.6	41.1
Not in Labor Force	38.3	30.8

* Includes Alaska Natives. Alaska did not report TEDS data for 2008.
Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 1998 and 2008.

Employment Status and Educational Level

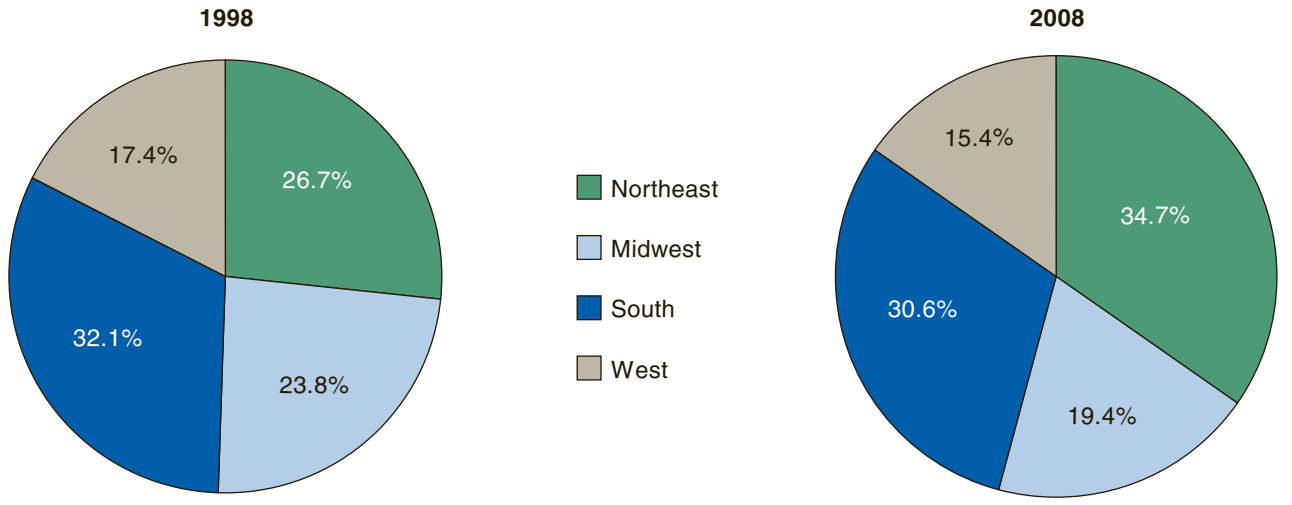
Admissions reporting primary abuse of pain relievers were more likely to be unemployed in 2008 than in 1998 (41.1 vs. 28.6 percent) (Table 1). The proportion of these admissions that were employed decreased from 33.2 percent in 1998 to 28.1 percent in 2008.

The educational level of primary pain reliever admissions also decreased. In 1998, 35.6 percent had completed some education beyond high school, decreasing to 29.4 percent in 2008. During this same time, percentages increased for admissions with less than a high school education (from 23.5 percent in 1998 to 26.8 percent in 2008).

Region

The percentage of primary pain reliever admissions that was in the Northeast increased from about one in four of these admissions in 1998 to more than one in three in 2008 (Figure 2). In turn, percentages of primary pain reliever admissions in the other regions decreased from 1998 to 2008.

Figure 2. Substance Abuse Treatment Admissions Aged 12 or Older Reporting Primary Pain Reliever Abuse, by Region: 1998 and 2008



Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 1998 and 2008.

Treatment Characteristics

Among admissions reporting primary abuse of pain relievers, the percentage that had no prior treatment episodes increased from 34.9 percent in 1998 to 42.1 percent in 2008 (Figure 3). Over this same period, the percentage that previously had been in treatment three or more times decreased from 25.5 to 20.1 percent.

In both 1998 and 2008, individual or self-referrals to treatment comprised about one half of all admissions reporting primary pain reliever abuse (49.1 and 50.0 percent, respectively) (Table 2). The percentages referred by the criminal justice system increased slightly, from 15.5 percent in 1998 to 18.1 percent in 2008.

In 1998, 19.4 percent of primary pain reliever admissions had a co-occurring psychiatric disorder.[4] This percentage increased to 38.6 percent in 2008.

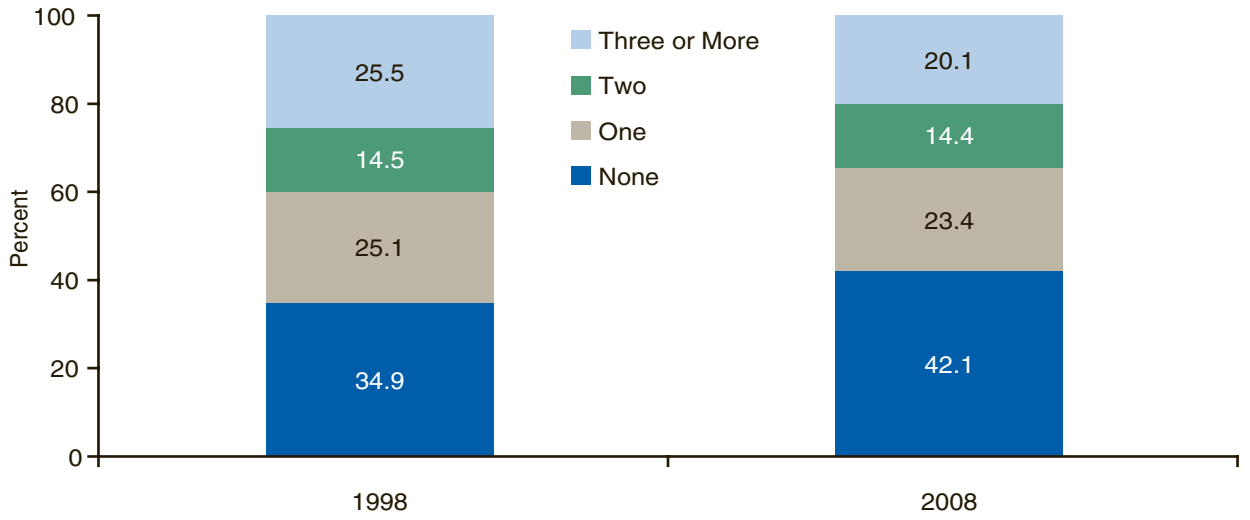
Discussion

The increase in admissions for primary pain reliever abuse aged 18 to 24 from 1998 to 2008 has particularly important implications for effective prevention and treatment of pain reliever abuse. First, educating family members about the dangers of prescription drug misuse and the importance of safeguarding medications offers a low-cost way to reduce young adults' access to other family members' prescriptions. Local implementation of "Take-Back" programs also can reduce the availability of medications for diversion by allowing people a safe way to dispose of unused pain relievers that they no longer need. The pharmaceutical industry, physicians, and pharmacies can play a role in developing and dispensing abuse-resistant pain reliever formulations.

In addition, young adulthood is typically a time for making important career and other life decisions. Therefore, developing effective prevention and treatment services for young adults at risk for addiction to pain relievers is particularly important.

Finally, increases from 1998 to 2008 in unemployed pain reliever admissions and admissions with co-occurring psychiatric disorders indicate the need for treatment programs to offer comprehensive services to abusers of pain relievers

Figure 3. Substance Abuse Treatment Admissions Aged 12 or Older Reporting Primary Pain Reliever Abuse, by Number of Prior Treatment Episodes: 1998 and 2008



Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 1998 and 2008.

and the need for policies and resources that allow programs to make these services available. These services would include employment counseling, other vocational counseling or training, and screening and treatment for psychiatric disorders in addition to substance use disorders.

Table 2. Percent Distribution of Substance Abuse Treatment Admissions Aged 12 or Older Reporting Primary Pain Reliever Abuse, by Selected Treatment Characteristics: 1998 and 2008

Treatment Characteristic	1998	2008
Total Pain Reliever Admissions	**100.0**	**100.0**
Principal Source of Referral		
Individual/Self	49.1	50.0
Criminal Justice System	15.5	18.1
Alcohol/Drug Abuse Care Provider	14.7	14.2
Other Health Care Provider	12.4	8.4
Other Referral Source	8.2	9.3
Co-occurring Psychiatric Disorder		
Yes	19.4	38.6
No	80.6	61.4

Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 1998 and 2008.

End Notes

[1] Office of Applied Studies. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings* (HHS Publication No. SMA 09-4434, NSDUH Series H-36). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved July 23, 2010, from http://oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm

[2] National Institute on Drug Abuse. (2008, July). *NIDA InfoFacts: Prescription and over-the-counter medications.* Retrieved October 22, 2008, from http://www.drugabuse.gov/Infofacts/PainMed.html

[3] Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2010, July 15). *The TEDS Report: Substance abuse treatment admissions involving abuse of pain relievers: 1998 and 2008.* Rockville, MD.

[4] *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 18 States in which it was reported for at least 75 percent of all admissions aged 12 or older in 1998 and 2008—CA, CO, DE, FL, IA, ID, KS, KY, LA, MD, ME, MO, MS, ND, OK, RI, SC, TN—accounted for 32.5 percent of all substance abuse treatment admissions aged 12 or older in 1998 and 32.3 percent of such admissions in 2008.

Suggested Citation

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Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 1998 and 2008

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The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic characteristics and substance abuse problems of those aged 12 or older admitted for substance abuse treatment. TEDS is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). TEDS 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. TEDS received approximately 1.9 million treatment admission records from 48 States, the District of Columbia, and Puerto Rico for 2008.

Definitions for demographic, substance use, and other measures mentioned in this report are available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 11, 2008). *The TEDS Report: TEDS Report Definitions.* Rockville, MD.

The TEDS 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 the trade name of Research Triangle Institute). **Information and data for this issue are based on data reported to TEDS through August 31, 2009.**

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http://oas.samhsa.gov/dasis.htm

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

Other substance abuse reports are available at:
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