

The DASIS Report

July 22, 2005

Characteristics of Primary Tranquilizer Admissions: 2002

In Brief

- Between 1992 and 2002, substance abuse treatment admissions reporting tranquilizers as their primary substance of abuse increased 79 percent from 4,600 admissions in 1992 to 8,300 in 2002
- Primary tranquilizer admissions were most frequent in the South (40 percent) and least frequent in the West (12 percent) and Midwest (15 percent)
- Among the additional 32,800 admissions which reported tranquilizers as a secondary or tertiary substance of abuse, opiates (46 percent) and alcohol (30 percent) were the most common primary substances of abuse

Tranquilizers are a class of central nervous system depressant drugs that are commonly prescribed for anxiety or insomnia. This class of drugs includes benzodiazepines, such as Valium[®], Xanax[®], and Librium[®], as well as non-benzodiazepine tranquilizers. Misuse and abuse of tranquilizers appear to be on the rise. In 1992 there were less than 5,000 treatment admissions to Treatment Episode Data Set (TEDS) involving tranquilizers as a primary substance of abuse.¹ By 2002, the number had increased 79 percent to 8,300 in 2002.

TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment.

Trends

Between 1992 and 2002, substance abuse treatment admissions reporting tranquilizers as their primary

Figure 1. Race/Ethnicity, by Primary Substance of Abuse: 2002

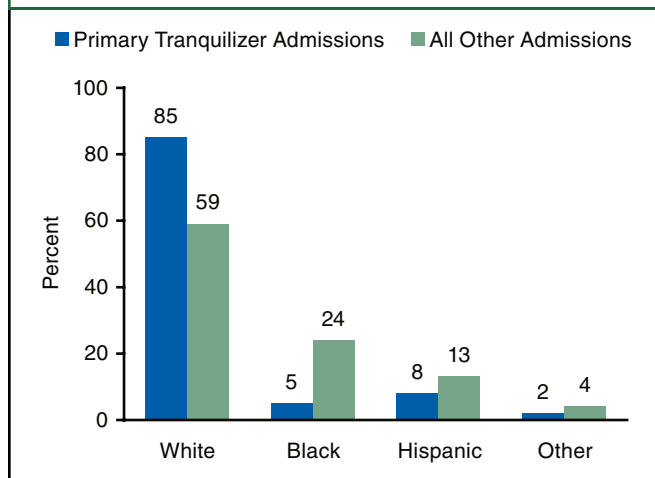
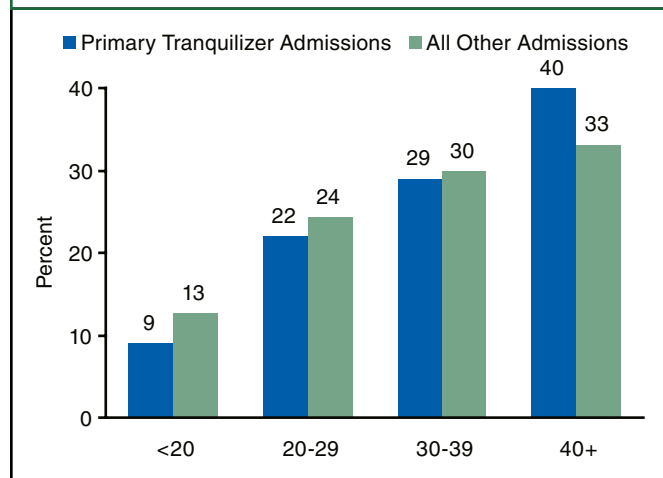


Figure 2. Age at Admission, by Primary Substance of Abuse: 2002



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

substance of abuse increased 79 percent from 4,600 admissions in 1992 to 8,300 in 2002. During this same time period, substance abuse treatment admissions overall increased 22 percent. While primary tranquilizer admissions remain less than 1 percent of treatment admissions annually, they increased 46 percent from 0.30 percent of total admissions in 1992 to 0.44 percent in 2002.

Demographic and Socioeconomic Characteristics

Primary tranquilizer admissions were more likely than all other admissions to be female (50 vs. 30 percent). Admissions to substance abuse treatment for primary tranquilizer abuse were more likely to be White and less likely to be of any other race/ethnicity than other treatment admissions (Figure 1).

The mean age at admission to treatment was older for primary tranquilizer admissions (age 36) than all other admissions (age 34), and a larger proportion of primary tranquilizer admissions were aged

40 or older (Figure 2). Moreover, primary tranquilizer treatment admissions started using tranquilizers at an older age than other treatment admissions started using their primary substance of abuse. The mean age of first use² of tranquilizers for primary tranquilizer admissions was 25 years old. The mean age of first use of their primary substance for all other treatment admissions was 19 years old. More than half of primary tranquilizer admissions reported their age of first use as 20 years or older while approximately one quarter of all other admissions were 20 or older when they first used (Figure 3).

Admissions to treatment for primary tranquilizer abuse were less likely to be employed full-time than all other admissions (16 vs. 24 percent) and more likely to be not in the labor force than all other admissions (47 vs. 39 percent).³

Source of Referral

Primary tranquilizer admissions were less likely than all other admissions to be referred to treatment by the criminal justice system

(18 vs. 36 percent), about equally likely to be self- or individually-referred (37 vs. 35 percent), and more likely to be referred by an alcohol or drug abuse treatment provider (16 vs. 10 percent) or by other sources (29 vs. 19 percent).

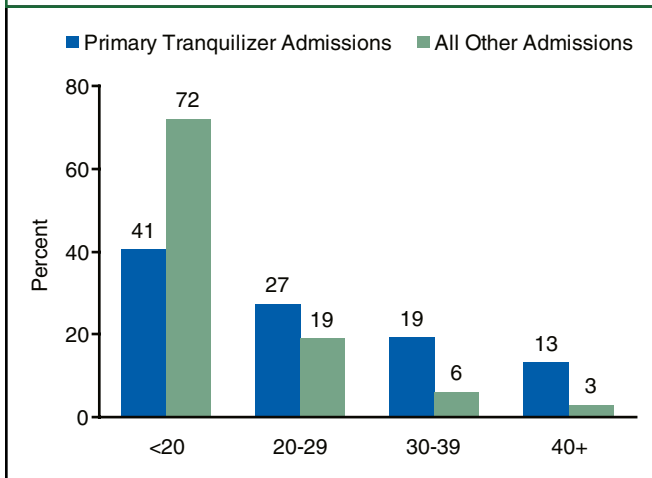
Region

Primary tranquilizer admissions were most frequent in the South (40 percent) and least frequent in the West (12 percent) and Midwest (15 percent) (Figure 4). In contrast, the distribution of admissions for all other substances combined was nearly equal in the South (24 percent), West (24 percent), and Midwest (21 percent).⁴

Multiple Substances of Abuse

Besides the 8,300 admissions for primary tranquilizer admissions, an additional 32,800 admissions reported tranquilizers as a secondary or tertiary substance of abuse.⁵ Among these admissions, opiates (46 percent) and alcohol (30 percent) were the most common primary substances of abuse.

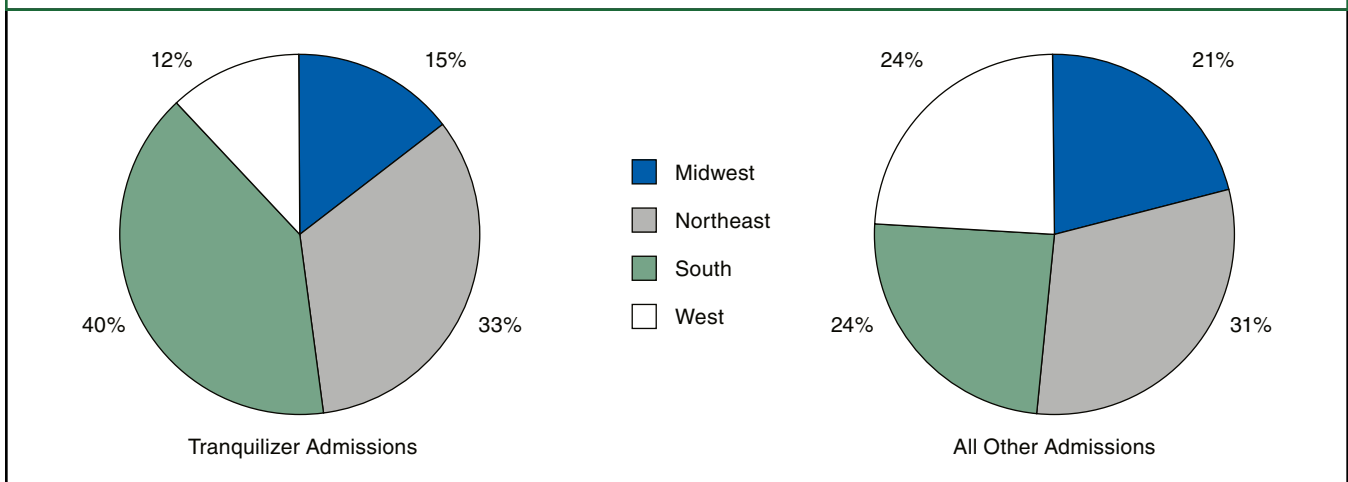
Figure 3. Age of First Use, by Primary Substance of Abuse: 2002



End Notes

- ¹ The *primary substance of abuse* is the main substance reported at the time of admission.
- ² *Age of first use* is analyzed for the *primary substance of abuse*. TEDS defines age of first use differently for alcohol than for drugs. For alcohol, age of first use signifies age of first intoxication. For drugs, age of first use identifies the age at which the respective drug was first used.
- ³ *Not in the labor force* includes those not looking for work during the past 30 days, students, homemakers, disabled or retired persons, or inmates of an institution.
- ⁴ The *Northeast* region of the United States is composed of 9 States: CT, ME, MA, NJ, NY, NH, PA, RI, and VT. The *Midwest* region of the United States is composed of 12 States: IL, IN, IA, 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, NV, NM, OR, UT, WA, and WY. The *South* region of the United States is composed of 17 States: AL, AR, DC, DE, GA, FL, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV.
- ⁵ *Secondary/tertiary* substances are other substances of abuse also reported at the time of admission.

Figure 4. Distribution of Admissions, by Region: 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.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>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Substance Abuse and Mental Health Services Administration
 Office of Applied Studies
www.samhsa.gov