

# The DASIS Report

May 24, 2007

## Adolescent Treatment Admissions by Gender: 2005

The National Survey on Drug Use and Health found that the rate of current illicit drug use is similar for adolescent girls and boys (10 percent each) with some variation by substance of abuse.<sup>1</sup>

### In Brief

- In 2005, female adolescents accounted for about 44,600 of adolescent admissions (31 percent)
- Adolescent female admissions were less likely than adolescent male admissions to report marijuana as their primary substance of abuse (51 vs. 72 percent)
- Adolescent female admissions were more likely than their male counterparts to have a co-occurring psychiatric and substance abuse disorder (23 vs. 18 percent)

However, there are distinct differences in adolescent substance abuse treatment admissions between females and males with respect to sociodemographic and substance use characteristics. Differences in adolescent female and male admissions can be monitored with the Treatment Episode Data Set (TEDS). TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse treatment, primarily at facilities that receive some public funding.<sup>2</sup> TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.

This report will compare characteristics of adolescent female to adolescent male treatment admissions.

### Adolescent Admissions

In 2005, there were approximately 142,600 adolescent admissions (aged 12 to 17) to substance abuse treatment, accounting for

8 percent of all treatment admissions reported to TEDS. Female adolescents accounted for about 44,600 of these admissions (31 percent) and males accounted for about 98,000 of adolescent admissions (69 percent).<sup>3</sup>

### Primary Substance of Abuse

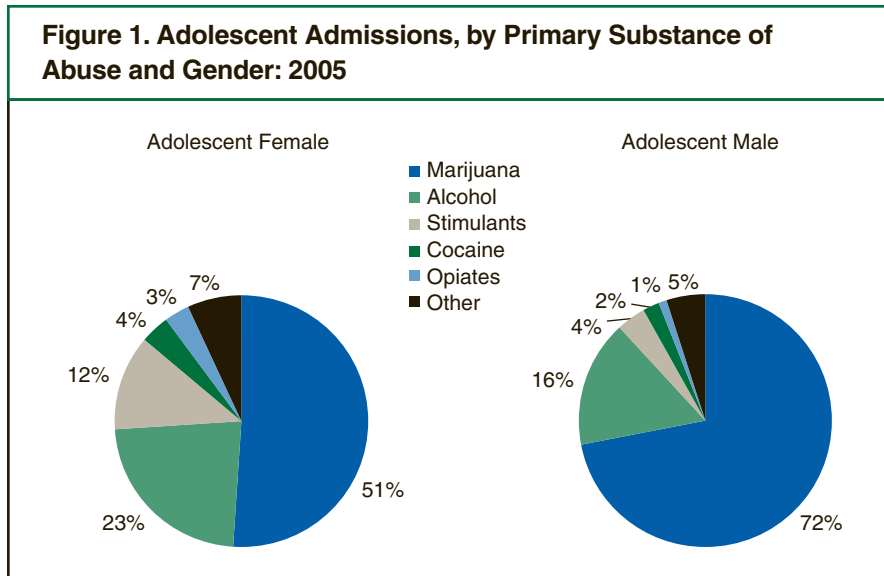
Marijuana was the most commonly reported primary substance of abuse<sup>4</sup> in 2005 for adolescents admitted to substance abuse treatment; however, adolescent female admissions were less likely than adolescent male admissions to report marijuana as their primary substance of abuse (51 vs. 72 percent) (Figure 1). Adolescent female admissions were more likely than adolescent male admissions to report alcohol (23 vs. 16 percent) or stimulants (12 vs. 4 percent) as their primary substance of abuse.

### Race/Ethnicity

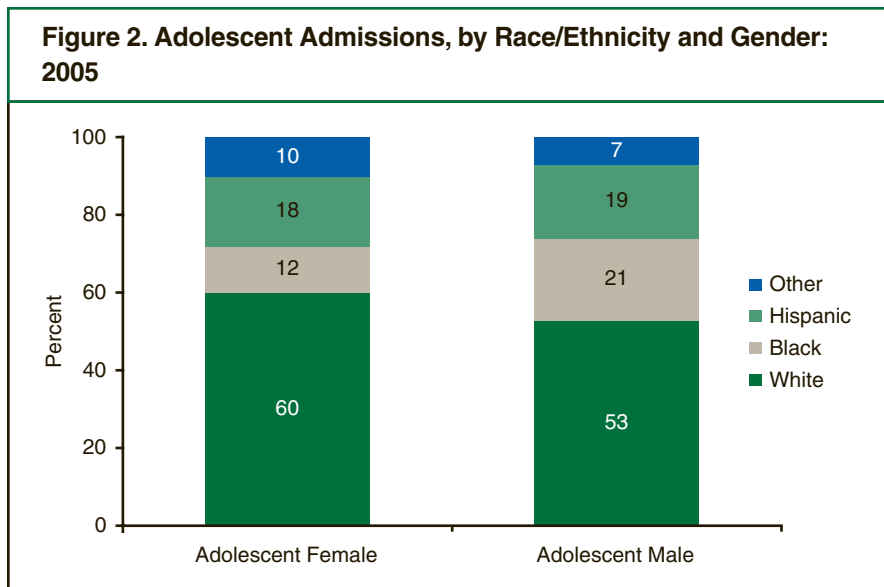
The racial composition of adolescent admissions to substance abuse treatment varied by gender. In 2005, adolescent female admissions were more likely than adolescent male admissions to be White (60 vs. 53 percent), less likely to be Black (12 vs. 21 percent), and almost equally likely to be Hispanic (18 vs. 19 percent) (Figure 2).

### Age at Admission by Primary Substance

Female adolescents entered treatment at younger ages than male adolescents for every primary substance of abuse in 2005.



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

For example, adolescent female admissions were more likely than adolescent male admissions to enter treatment at ages 12 through 15 years for alcohol (44 vs. 30 percent) and marijuana (47 vs. 39 percent) (Table 1). Although inhalants accounted for less than 1 percent of all primary substances of abuse reported by adolescents, the majority of adolescent admissions entered treatment for this substance before the age of 16

(females—72 percent; males—69 percent). Furthermore, among adolescent admissions for inhalants, female admissions were more likely than male admissions to be younger than 14 at admission (29 vs. 21 percent).

### Source of Referral

The criminal justice system was the most frequent source of referral to substance abuse treatment

**Table 1. Adolescent Admissions, by Age at Admission, Primary Substance of Abuse, and Gender: 2005**

Primary Substance of Abuse		Age at Admission		
		12-13	14-15	16-17
		Percent		
Alcohol	Female	7	37	56
	Male	4	26	70
Cocaine	Female	2	27	71
	Male	2	20	78
Inhalants	Female	29	43	28
	Male	21	48	31
Marijuana	Female	6	41	53
	Male	4	35	61
Opiates	Female	1	20	79
	Male	2	15	83
Stimulants	Female	3	30	67
	Male	2	22	76
Other	Female	18	38	44
	Male	16	34	50
Total	Female	7	37	56
	Male	5	32	63
All		5	34	61

Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

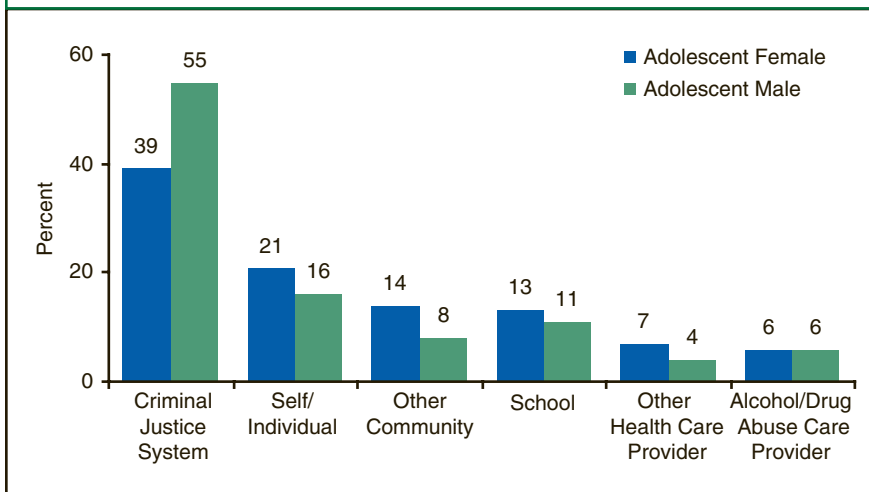
admissions of self- or individual referrals (21 vs. 16 percent) but were about as likely to have school referrals (13 vs. 11 percent).

For both adolescent males and adolescent females, the largest proportion of criminal justice admissions was among admissions for marijuana (58 and 42 percent, respectively).

### Co-Occurring Disorders

Persons admitted to substance abuse treatment with both psychiatric and substance abuse disorders are said to have “co-occurring disorders.”<sup>5</sup> In 2005, adolescent female admissions were more likely than their male counterparts to have a co-occurring psychiatric and substance abuse disorder (23 vs. 18 percent).

**Figure 3. Adolescent Admissions, by Referral Source and Gender: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

for all adolescent admissions; however, adolescent females were less likely than adolescent males to be referred to treatment

through this source (39 vs. 55 percent) (Figure 3). Adolescent female admissions had a higher proportion than adolescent male

### End Notes

- <sup>1</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National Findings* (NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD.
- <sup>2</sup> In 2005, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, NM, and WY) did not submit data for 2005.
- <sup>3</sup> For a more detailed report on trends in adolescent treatment admissions, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (October 15, 2004). *The DASIS report: Adolescent treatment admissions: 1992 and 2002*. Rockville, MD.
- <sup>4</sup> The *primary substance of abuse* is the main substance reported at the time of admission.
- <sup>5</sup> *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 26 States and jurisdictions in which it was reported for at least 75 percent of admissions in 2005—AR, CA, CO, DE, FL, IA, ID, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, NV, OH, OK, PR, RI, SC, TN, UT, and WV—accounted for 45 percent of all substance abuse treatment admissions in 2005.

### Suggested Citation

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Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

# Adolescent Treatment Admissions by Gender: 2005

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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 1.8 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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