Drug and Alcohol Services Information System

The DASIS Report

March 13, 2008

Adolescent Admissions Reporting Inhalants: 2006

In Brief

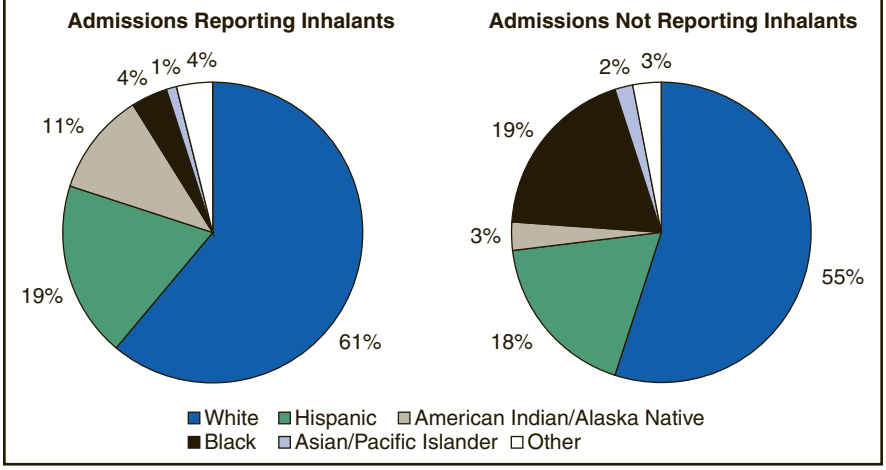
- Adolescents aged 12 to 17 accounted for 8 percent of admissions to substance abuse treatment in 2006; however, they represented 48 percent of all admissions reporting inhalants
- Females comprised a larger proportion of adolescent admissions reporting inhalants than of adolescent admissions not reporting inhalants (41 vs. 30 percent)
- In 2006, 45 percent of adolescent admissions reporting inhalants had a concurrent psychiatric disorder in contrast to only 29 percent of their counterparts who did not report inhalants

Inhalants are substances whose vapors or gas can be sniffed or inhaled to produce mind-altering effects and whose chronic use may cause irreversible damage to the brain, kidneys, and lungs.[1,2] Found in a range of inexpensive and readily available household, office, industrial, and automotive products, inhalants include substances such as hair spray, shoe polish, glue, gasoline, lighter fluid, spray paints, and other aerosol sprays.[3] Data from the National Survey on Drug Use and Health (NSDUH) have shown that the primary abusers of inhalants are adolescents aged 12 to 17. About 1 million adolescents used inhalants in 2006.[4]

Information on adolescents who are admitted to substance abuse treatment for abuse of inhalants is included in the

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

Figure 1. Adolescent Admissions, by Report of Inhalants and Race/Ethnicity: 2006



Source: 2006 SAMHSA Treatment Episode Data Set (TEDS).

Treatment Episode Data Set (TEDS), 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.[5] TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.

Adolescents aged 12 to 17 accounted for 8 percent of TEDS admissions in 2006; however, they represented 48 percent of all admissions who reported inhalants as their primary, secondary, or tertiary substance of abuse at the time of admission.[6] This report examines the more than 1,400 adolescent substance abuse treatment admissions who reported inhalants in 2006 and compares them with those adolescent admissions who did not report inhalants.

Demographics

Adolescent substance abuse treatment admissions who reported inhalants had demographic characteristics distinctly different from adolescent admissions who did not report inhalants. In 2006, females comprised a larger proportion of adolescent admissions reporting inhalants than of adolescent admissions not reporting inhalants (41 vs. 30 percent). Whites accounted for 61 percent of adolescent admissions reporting inhalants but only 55 percent of adolescent admissions who did not report inhalants (Figure 1). Similarly, American Indians/Alaska Natives accounted for 11 percent of adolescent admissions reporting inhalants but only 3 percent of those who did not report inhalants. This pattern was reversed for Blacks: only 4 percent of adolescent admissions reporting inhalants were Black compared with 19 percent of those who did not report inhalants.

Co-Occurring Disorders

There was a higher likelihood of co-occurring substance abuse and psychiatric disorders[7] among adolescent substance abuse treatment admissions who reported inhalants than among those who did not report inhalants. Specifically, in 2006, 45 percent of adolescent admissions reporting inhalants had a co-occurring psychiatric disorder in contrast to only 29 percent of their counterparts who did not report inhalants.

Source of Referral

Adolescent admissions who reported inhalants in 2006 were less likely than adolescent admissions who did not report inhalants to enter treatment through the criminal justice system (37 vs. 51 percent) and more likely than their counterparts to be referred to treatment through substance abuse/health care providers (22 vs. 11 percent) (Figure 2).[8] Self or individual referrals[9] to substance abuse treatment were also slightly more common among adolescent admissions who reported inhalants than among those who did not report them (19 vs. 16 percent).

Service Setting

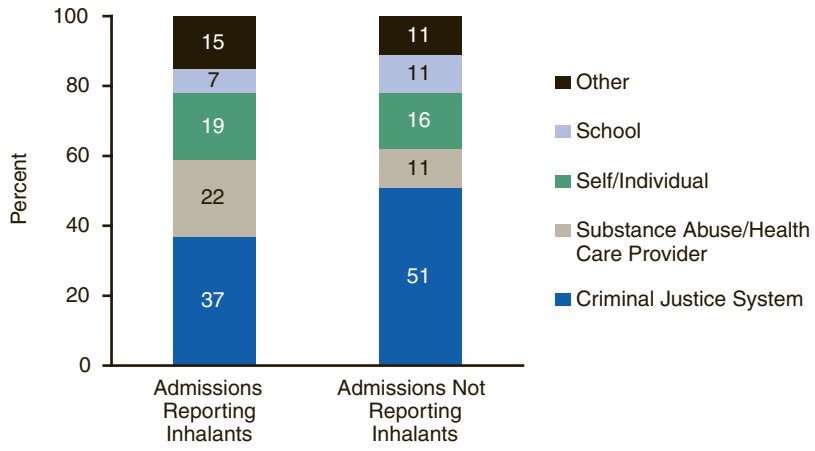
The majority of adolescent substance abuse treatment admissions were admitted to an ambulatory service setting[10] in 2006. However, admissions who reported inhalants received treatment in this setting less frequently than those who did not report inhalants (72 vs. 83 percent). On

the other hand, admissions reporting inhalants received treatment in a rehabilitation/residential setting more often than their counterparts (26 vs. 16 percent).

Health Insurance

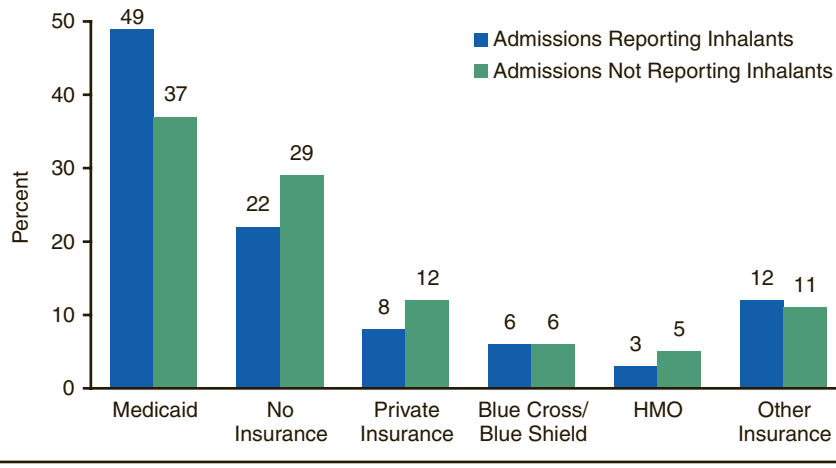
While Medicaid was the health insurance reported most frequently by adolescent substance abuse treatment admissions, a larger proportion of those reporting inhalants than those not reporting inhalants had Medicaid for their health insurance (49 vs. 37 percent) (Figure 3).[11,12] A smaller proportion of adolescent admissions reporting inhalants than those not reporting inhalants were without health insurance (22 vs. 29 percent). Differences were slight for all other types of health insurance (i.e., private, Blue Cross/Blue Shield, HMO, and other).

Figure 2. Adolescent Admissions, by Report of Inhalants and Source of Referral: 2006



Source: 2006 SAMHSA Treatment Episode Data Set (TEDS).

Figure 3. Adolescent Admissions, by Report of Inhalants and Health Insurance: 2006



Source: 2006 SAMHSA Treatment Episode Data Set (TEDS).

End Notes

[1] National Institute on Drug Abuse. (n.d.). *Inhalants*. Retrieved January 4, 2008, from http://www.nida.nih.gov/DrugPages/Inhalants.html

[2] Inhalants do not include substances that can be snorted or sniffed in powder form, such as cocaine or heroin.

[3] Aerosol sprays include products such as aerosol air fresheners, aerosol hair spray, and aerosol cleaning products (e.g., dusting sprays, furniture polish).

[4] Office of Applied Studies. (2007). *Results from the 2006 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 07-4293, NSDUH Series H-32). Rockville, MD: Substance Abuse and Mental Health Services Administration.

[5] In 2006, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, GA, and VT) did not submit data for 2006.

[6] TEDS records up to three substances of abuse: the *primary substance of abuse* is the main substance reported at the time of admission; *secondary/tertiary substances* are other substances of abuse also reported at the time of admission.

[7] *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set Item. The 29 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2006—AL, AR, CA, CO, DE, FL, IA, ID, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, ND, NM, OH, OK, PR, RI, SC, SD, TN, UT, and WY—accounted for 51 percent of all substance abuse treatment admissions in 2006.

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

[9] "Self or individual referral" includes the client, a family member, friend, or any other individual who would not be included in any of the following categories: alcohol/drug abuse care provider, other health care provider, school (educational), employer/EAP, other community referral, or court/criminal justice referral/DUI/DWI. Self or individual referral does include self-referral due to pending DWI/DUI.

[10] *Service settings* are of three types: ambulatory, rehabilitation/residential, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Rehabilitation/residential 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.

[11] *Health insurance* is a Supplemental Data Set item. The 31 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2006—AR, AZ, CO, DE, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MS, MT, ND, NE, NH, NJ, NM, NV, OK, OR, PA, PR, SC, SD, TX, UT, and WV—accounted for 44 percent of all substance abuse treatment admissions in 2006.

[12] Medicaid, a State-administered health insurance program for eligible low-income individuals and families, bases eligibility for children on the child's status, not the parent's.

Suggested Citation

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Research Findings from SAMHSA's 2006 Drug and Alcohol Services Information System (DASIS)

Adolescent Admissions Reporting Inhalants: 2006

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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 October 9, 2007.

Access the latest TEDS reports at:
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:
http://oas.samhsa.gov

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