

The DASIS Report

November 19, 2004

Characteristics of Primary Prescription and OTC Treatment Admissions: 2002

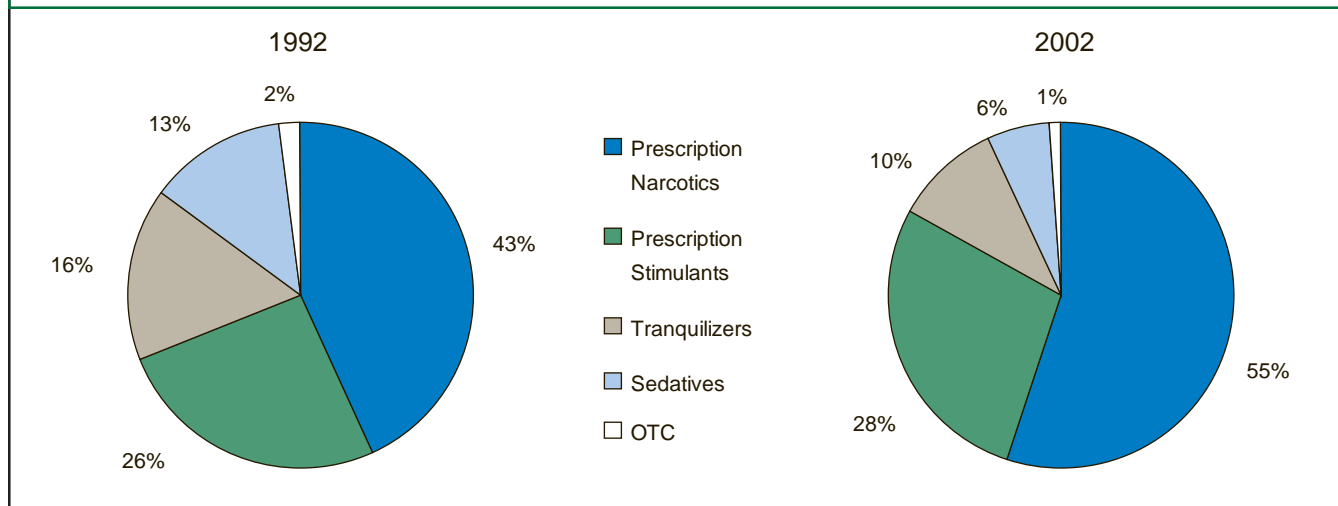
In Brief

- Prescription and over-the-counter (OTC) drugs were the primary substances of abuse for 4 percent of the 1.9 million treatment admissions reported to the TEDS in 2002
- Of the more than 78,000 admissions for primary prescription or OTC drug abuse, 55 percent were for prescription narcotics, 28 percent for prescription stimulants, 10 percent for tranquilizers, 6 percent for sedatives, and less than 1 percent for OTC medications
- Females comprised a larger proportion of prescription and OTC drug admissions (46 percent) than they comprised among treatment admissions for all substances (30 percent)

Prescription and over-the-counter (OTC) drugs were the primary substances of abuse¹ for 4 percent of the 1.9 million treatment admissions reported to the Treatment Episode Data Set (TEDS) in 2002. Prescription drugs in TEDS are grouped as follows: prescription narcotics (e.g., oxycodone), prescription stimulants (e.g., methylphenidate), tranquilizers (e.g., diazepam), and sedatives (e.g., chloral hydrate).² OTC drugs include aspirin, cough syrup, and any other medication available without prescription.³

Of the more than 78,000 admissions for primary prescription or OTC drug abuse in 2002, 55 percent (43,100 admissions) were for prescription narcotics, 28 percent (22,000 admissions) for prescription stimulants, 10 percent (8,200 admissions) for tranquilizers, 6 percent (4,500 admissions) for sedatives, and less than 1 percent (600 admissions) for OTC medications.⁴ An additional

Figure 1. Prescription and OTC Drug Treatment Admissions: 1992 and 2002



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

100,000 admissions listed prescription or OTC drugs as their secondary or tertiary substances of abuse.

Trends

In 1992, 43 percent of the nearly 29,000 treatment admissions for primary prescription and OTC drug abuse were for prescription narcotics (Figure 1). By 2002, 55 percent of the primary prescription and OTC drug abuse treatment admissions were for prescription narcotics. The proportion of treatment admissions for primary prescription and OTC drug abuse attributed to tranquilizers (16 percent in 1992; 10 percent in 2002) and sedatives (13 percent in 1992; 6 percent in 2002) declined between 1992 and 2002.

Demographics

Females comprised a larger proportion of prescription and OTC drug admissions (46 percent) than they comprised among treatment admissions for all substances in 2002 (30 percent). Females comprised notable proportions of all

types of prescription and OTC drug admissions: 47 percent of prescription narcotic admissions, 44 percent of prescription stimulants, 50 percent of tranquilizer admissions, 51 percent of sedatives, and 42 percent of OTC drug admissions.

While the majority of prescription and OTC drug treatment admissions and all treatment admissions were White, the proportion of Whites was higher among prescription and OTC drug admissions (88 percent) than among all treatment admissions (59 percent).

Age at First Use

Admissions for some types of prescription drugs reported an older age at first use than did all treatment admissions (mean age at first use was 19), specifically: prescription narcotics (mean age at first use was 26), tranquilizers (mean age at first use was 24), and sedatives (mean age at first use was 23) (Figure 2). The mean age at first use for prescription stimulants and OTC drugs was closer to that of all admissions at 20 years old.

Source of Referral

Source of referral varied by the type of prescription drug use reported by admissions. While prescription narcotic, tranquilizer, and sedative treatment admissions were most frequently referred to treatment by themselves or other individuals, prescription stimulant admissions were most frequently referred by the criminal justice system (Figure 3).

Prior Treatment History

Primary prescription and OTC drug treatment admissions were slightly more likely than all treatment admission to be first-time admissions (47 vs. 44 percent) and slightly less likely to have been in treatment five or more times previously (7 vs. 11 percent).

Service Setting

Primary prescription and OTC drug admissions were slightly less likely than all admissions to be in an ambulatory service setting (57 vs. 61 percent), and they were slightly more likely to be in detoxification

Figure 2. Age at First Use, by Prescription and OTC Drug Treatment Admissions: 2002

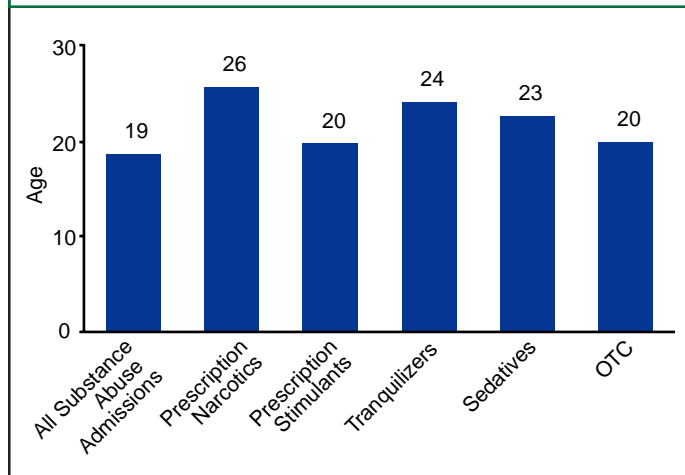
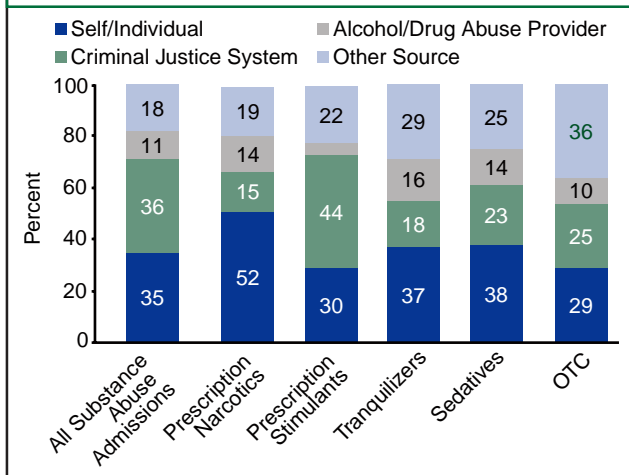


Figure 3. Prescription and OTC Drug Treatment Admissions, by Source of Referral: 2002



(24 vs. 22 percent) and residential/rehabilitative settings (19 vs. 17 percent) (Figure 4).

End Notes

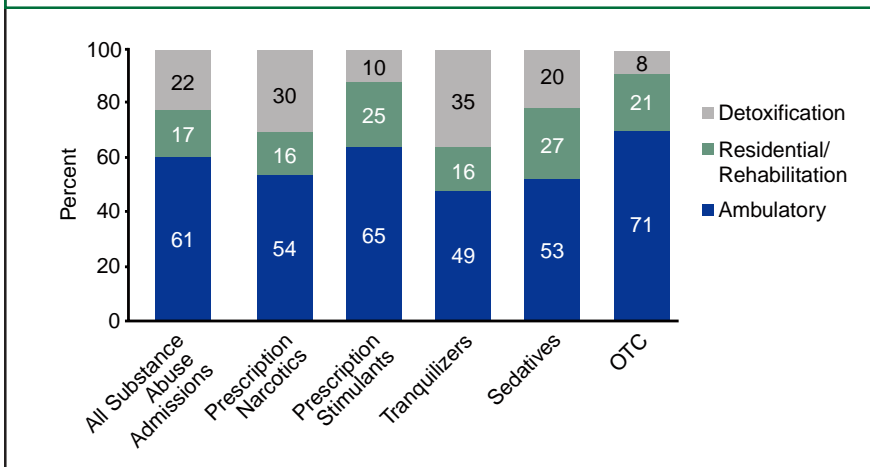
¹ The primary substance of abuse is the main substance reported at the time of admission. Secondary and tertiary substances are other substances of abuse also reported at the time of admission.

² Prescription narcotics include codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects. Prescription stimulants include amphetamines, methylphenidate, phenmetrazine, and any other unspecified amines and related drugs. Tranquilizers include benzodiazepines (e.g., alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines), meprobamate, and other drugs with a tranquilizer-like effect. Sedatives include barbiturates (e.g., amobarbital, pentobarbital, phenobarbital, secobarbital), chloral hydrate, ethchlorvynol, glutethimide, methaqualone, and other drugs with a sedative or hypnotic-like effect.

³ OTC drugs also include diphenhydramine and other antihistamines, sleep aids, and any other legally obtained, non-prescription medication.

⁴ OTC medications are relatively rare as primary substances of abuse. They are more commonly noted as secondary or tertiary substances of abuse upon admission.

Figure 4. Prescription and OTC Drug Treatment Admissions, by Service Setting: 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