

# The DASIS Report

December 17, 2004

## Heroin—Changes In How It Is Used: 1992-2002

### In Brief

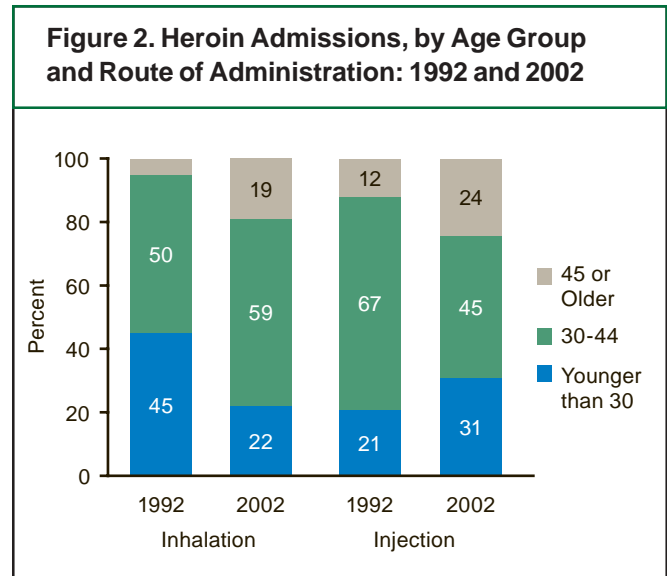
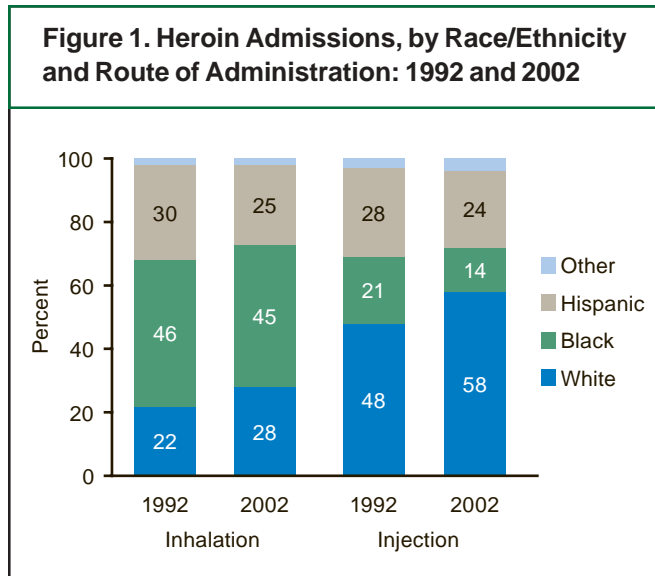
- Between 1992 and 2002, inhalation increased as the route of administration from 20 to 33 percent of primary heroin admissions, while injection decreased from 77 to 62 percent
- Admissions younger than 30 years of age decreased from 45 to 22 percent of primary heroin inhalation admissions, and increased from 21 to 31 percent of primary heroin injection admissions
- The proportion of heroin inhalation admissions with no prior treatment episodes decreased from 40 to 26 percent, while the proportion with five or more prior treatment episodes increased from 7 to 14 percent

Data on substance abuse treatment admissions from the Treatment Episode Data Set (TEDS), 1992 to 2002, provide a way to monitor changes in the way heroin has been used over the past 10 years. As suggested in an earlier report,<sup>1</sup> these data support the conclusion that heroin inhalation was a new and growing problem among young adults in the early 1990s.

### Heroin Treatment Admissions

Annual admissions for substance abuse treatment in publicly-funded facilities grew from 1.6 million to 1.9 million between 1992 and 2002. During this period, primary<sup>2</sup> heroin admissions increased from 11 to 15 percent of all admissions.

Between 1992 and 2002, inhalation and injection accounted for at least 94



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

percent of annual primary heroin admissions. This report explores trends in primary heroin admissions reporting these two routes of administration during this time period.

Historically, most TEDS admissions treated for primary heroin addiction have injected the drug; in 2002, 62 percent of heroin admissions were injectors (Table 1). However, this estimate reflects a decline from 77 percent in 1992. On the other hand, inhalation of heroin increased; in 2002, 33 percent of heroin admissions inhaled the drug, an increase from 20 percent in 1992.

## Demographics

The racial/ethnic composition of heroin injection and inhalation admissions changed between 1992 and 2002. The proportion of Whites increased among both heroin inhalation and injection admissions—from 22 to 28 percent for inhalation, and from 48 to 58 percent for injection admissions (Figure 1). Over the

same time period, the percentage of heroin injection admissions who were Black declined from 21 to 14 percent, while that of heroin inhalation admissions who were Black remained roughly the same (46 percent in 1992 and 45 percent in 2002).

While heroin admissions for inhalation increased overall, the share of heroin admissions younger than 30 decreased among inhalation admissions but increased among injection admissions. In 1992, 45 percent of heroin inhalation admissions were younger than 30 years of age, decreasing to 22 percent by 2002 (Figure 2). By contrast, only 21 percent of heroin injection admissions were younger than 30 in 1992, but the proportion increased to 31 percent by 2002.

## Services

From 1992 to 2002, the proportion of heroin admissions—whether inhaled or injected—receiving ambulatory services dropped, while the proportion

receiving detoxification services increased.<sup>3</sup> Admissions receiving ambulatory services decreased from 65 percent of primary heroin inhalation admissions in 1992 to 53 percent in 2002, while those receiving detoxification services increased from 24 to 34 percent. Similarly, admissions receiving ambulatory services decreased from 76 percent of primary heroin injection admissions in 1992 to 53 percent in 2002, and those receiving detoxification services increased from 16 to 35 percent.

## Prior Treatment

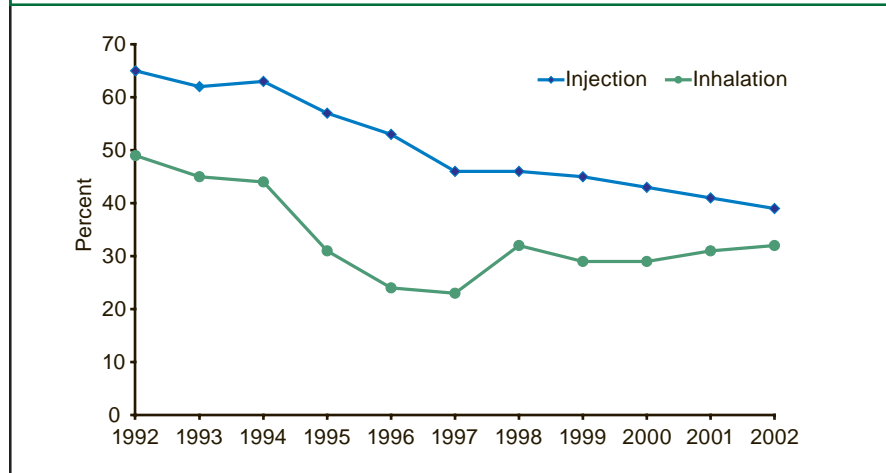
The proportion of heroin injectors entering treatment for the first time was relatively steady from 1992 to 2002, varying between 18 and 20 percent. However, there was a decline in the proportion of inhalers entering treatment for the first time. While 40 percent of heroin inhalation admissions had no prior treatment episodes in 1992, only 26 percent had no prior treatment episodes in 2002.

By contrast, admissions with five or more prior admissions rose from 7 percent of heroin inhalation admissions in 1992 to 14 percent in 2002.

## Methadone Treatment

The planned use of methadone as part of treatment declined for both heroin injection and inhalation admissions from 1992 to 2002 (Figure 3). While heroin inhalers were consistently less likely than heroin injectors to have methadone included as part of their treatment plan, this difference narrowed in recent years. Nearly two in three heroin injection admissions (65 percent) included planned use of methadone in 1992 compared with about half of heroin inhalation admissions (49 percent). In 2002, however, methadone use was planned for only 39 percent of heroin injectors and 32 percent of heroin inhalers.

**Figure 3. Planned Use of Methadone, by Route of Heroin Administration: 1992-2002**



**Table 1. Heroin Admissions, by Route of Administration: 1992-2002**

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
<b>Heroin Admissions (in Thousands)</b>	168	193	212	221	217	235	247	257	273	278	284
<b>Route of Administration</b>	<i>Percent</i>										
Injection	77	73	73	69	70	66	65	65	62	61	62
Inhalation	20	23	23	27	26	29	30	30	32	33	33
Smoking	1	2	2	2	2	3	3	3	3	3	2
Other	2	2	2	2	2	2	2	2	3	3	3
<b>Total</b>	100	100	100	100	100	100	100	100	100	100	100

### End Notes

<sup>1</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Heroin—changes in how it is used.* Rockville, MD. July 20, 2001.

<sup>2</sup> The primary substance is the main substance reported at the time of admission.

<sup>3</sup> Service settings are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative 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.

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>



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