

The DASIS Report

April 9, 2004

Admissions with Co-Occurring Disorders: 1995 and 2001

In Brief

- Between 1995 and 2001, the proportion of substance abuse treatment admissions with co-occurring substance abuse and psychiatric disorders increased from 12 to 16 percent
- In 2001, admissions with co-occurring disorders were more likely to report alcohol as a primary substance of abuse (45 vs. 38 percent) compared with all other admissions
- Females constituted a larger proportion of admissions with co-occurring disorders (44 percent) than of all other admissions (30 percent)

Co-occurring disorders refer to the co-occurrence of a substance abuse problem and a psychiatric disorder. This report compares admissions with co-occurring disorders with all other admissions and examines trends in admissions with co-occurring disorders reported to the Treatment Episode Data Set (TEDS) between 1995 and 2001.

TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. TEDS includes a Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. “Psychiatric Problem in Addition to Alcohol or Drug Problem,” a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 20 States and jurisdictions in every year from 1995 to 2001.¹ These 20 States accounted for about 37 percent of all substance abuse admissions between 1995 and 2001.² Of the approximately 638,000 admissions in these 20 States in 2001, about 16 percent (99,000) were admissions with co-occurring disorders.

Figure 1. Primary Substances of Abuse for Admissions with Co-Occurring Disorders and for All Other Admissions: 1995 and 2001

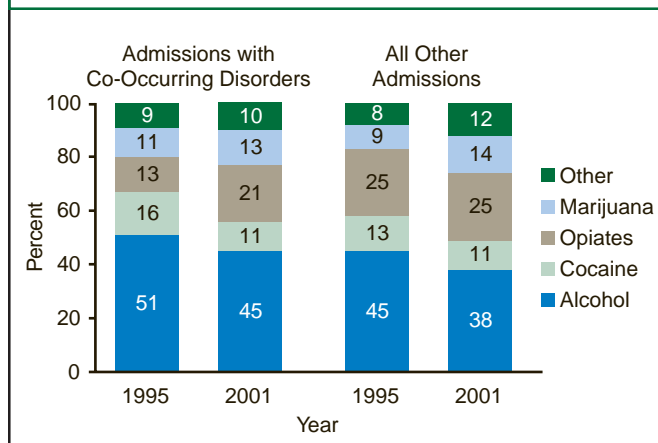
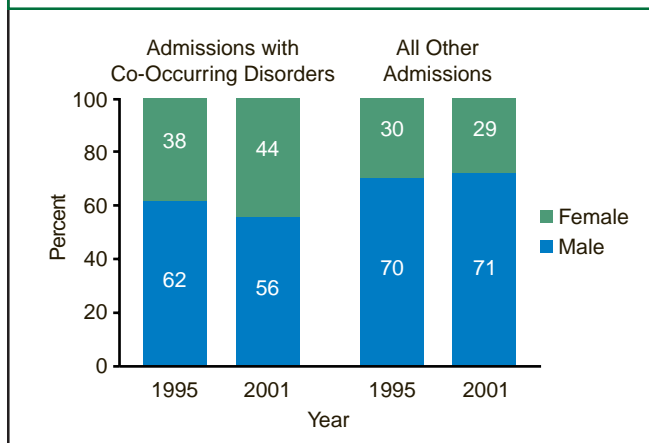


Figure 2. Admissions with Co-Occurring Disorders and All Other Admissions, by Sex: 1995 and 2001



Source: 2001 SAMHSA Treatment Episode Data Set (TEDS).

Primary Substance of Abuse

In 2001, admissions with co-occurring disorders were more likely to report alcohol as a primary substance of abuse (45 vs. 38 percent) and less likely to report opiates as a primary substance of abuse (21 vs. 25 percent) compared with all other admissions (Figure 1).³ The two groups were equally likely to report cocaine (11 percent each) or marijuana (13 percent for admissions with co-occurring disorders and 14 percent for all other admissions) as a primary substance of abuse.

Demographics

In 2001, females constituted a larger proportion of admissions with co-occurring disorders (44 percent) than of all other admissions (30 percent) (Figure 2).⁴

The racial/ethnic distribution of admissions with co-occurring disorders also differed from that of all other admissions in 2001 (Table 1). Among admissions

with co-occurring disorders, three-quarters were White (74 percent), 15 percent were Black, and 7 percent were Hispanic. In contrast, the racial/ethnic distribution of all other admissions was 57 percent White, 23 percent Black, and 15 percent Hispanic.

Service Setting

In 2001, admissions with co-occurring disorders were more likely than all other admissions to be in residential/rehabilitative settings (22 vs. 17 percent) and less likely than all other admissions to be in detoxification (19 vs. 23 percent).⁵ About 60 percent of both groups were in ambulatory settings.

Source of Referral

Admissions with co-occurring disorders and all other admissions were most likely to be self- or individually referred (about 40 percent each) (Figure 3). However, admissions with co-occurring disorders were more likely to be referred by an “other health care provider” than those without

co-occurring disorders (15 vs. 5 percent). Admissions with co-occurring disorders were also less likely to be referred by the criminal justice system than all other admissions (23 vs. 36 percent).

Trends in Admissions with Co-Occurring Disorders: 1995–2001

Between 1995 and 2001, the number of substance abuse treatment admissions with co-occurring disorders increased from 12 to 16 percent of all admissions.

During this same period, the proportion of admissions reporting alcohol as the primary substance of abuse decreased for both admissions with co-occurring disorders (from 51 to 45 percent) and all other admissions (from 45 to 38 percent) (Figure 1). However, primary use of opiates increased for admissions with co-occurring disorders (from 13 to 21 percent) while remaining stable for all other admissions (at 25 percent).

The proportion of females among admissions with co-occurring disorders increased from 38 to 44 percent between 1995 and 2001, whereas the proportion of females among all other admissions remained stable at about 30 percent (Figure 2).

Among admissions with co-occurring disorders, the proportion of Whites increased from 72 to 74 percent, the proportion of Blacks decreased from 19 to 15 percent, while the proportion of Hispanics remained stable at about 7 percent (Table 1).

Figure 3. Admissions with Co-Occurring Disorders and All Other Admissions by Source of Referral: 2001

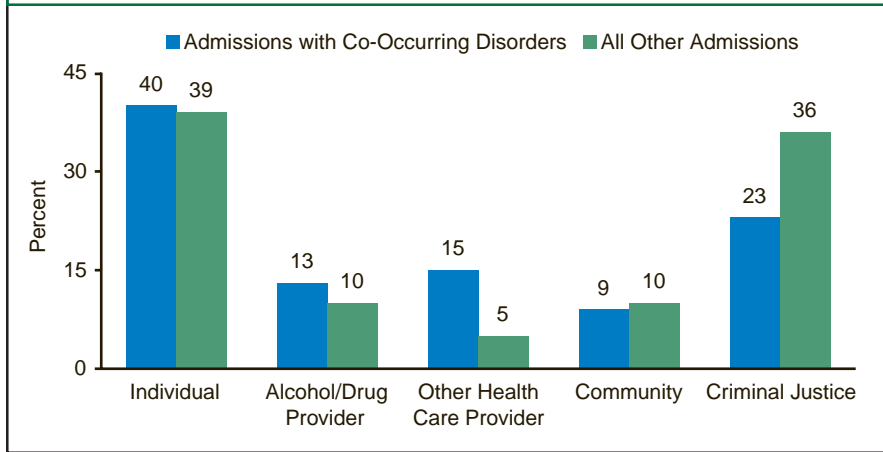


Table 1. Co-Occurring Disorders Admissions, by Race/Ethnicity: 1995 and 2001

Race/ethnicity	Admissions with Co-Occurring Disorders		All Other Admissions	
	1995	2001	1995	2001
White	72	74	57	57
Black	19	15	24	23
Hispanic	6	7	15	15
Other	3	4	4	5

End Notes

- ¹ These 20 States are CA, CO, DC, IA, ID, KS, LA, MA, MD, ME, MO, MS, ND, NJ, NH, NV, OK, RI, SC, and TN.
- ² The data presented in this issue represent only the 20 states for which the psychiatric variable was reported. These states may differ from the remaining states in the TEDS data set in important client characteristics. Thus, statements in this report should not be generalized to the country as a whole.
- ³ The primary substance of abuse is the main substance reported at the time of admission.
- ⁴ For more on female admissions with co-occurring disorders (previously referred to as dually-diagnosed admissions), see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Dually diagnosed female substance abuse treatment admissions: 1999*. Rockville, MD. October 25, 2002.
- ⁵ 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. Approximately 1.7 million records are included in TEDS each year. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and RTI, Research Triangle Park, North Carolina.

Information and data for this issue are based on data reported to TEDS through May 31, 2003.

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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