

The DASIS Report

August 14, 2008

First-Time and Repeat Admissions Aged 18 to 25 to Substance Abuse Treatment: 2006

In Brief

- In 2006, repeat admissions aged 18 to 25 were more likely than first-time admissions aged 18 to 25 to report heroin and other opiates as the primary substance of abuse (27 vs. 12 percent) and to report the use of multiple substances (67 vs. 56 percent)
- The South was unlike any other region in that a majority of all admissions aged 18 to 25 were first-time admissions instead of repeat admissions, regardless of the primary substance of abuse
- The criminal justice system was the principal referral source to substance abuse treatment for both 18- to 25-year-old repeat admissions (46 percent) and first-time admissions (52 percent)

Relapse to substance use after a period of abstinence is a common pattern among substance abusers. Many are admitted to substance abuse treatment multiple times before they achieve long-term abstinence.¹ Individuals who are re-admitted to treatment (i.e., repeat admissions) often exhibit different substance use and socioeconomic characteristics than individuals admitted to treatment for the first time.^{2,3}

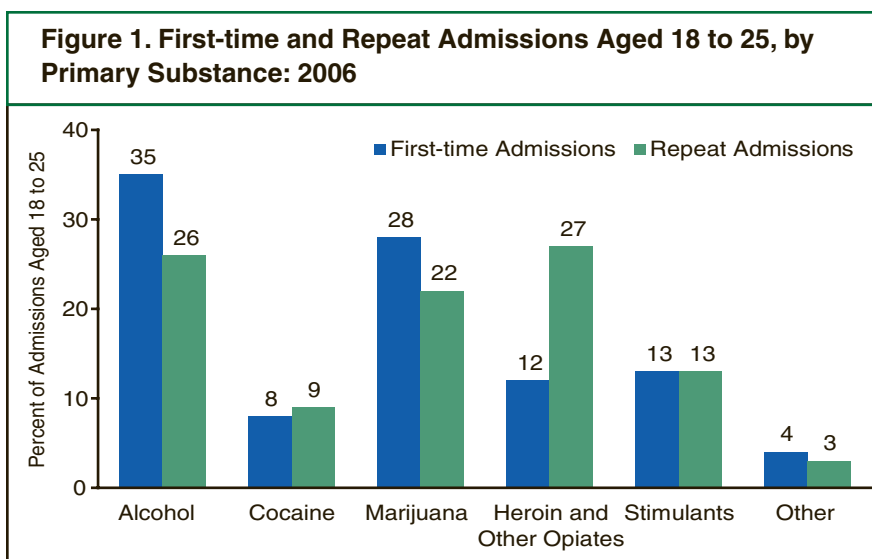
First-time and repeat admissions can be examined with information from the Treatment Episode Data Set (TEDS), an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse treatment, primarily at facilities that receive some public

funding.⁴ TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.

In 2006, nearly a quarter (22 percent) of all admissions to substance abuse treatment were aged 18 to 25. This report compares the characteristics of first-time admissions aged 18 to 25 with repeat admissions of the same age and seeks to provide additional insight into the distinct characteristics of admissions that have had multiple encounters with the substance abuse treatment system. Recognizing the characteristics of repeat admissions in this age group may help in the development of treatment strategies that will promote a successful outcome to initial treatment and continued abstinence after treatment.

Primary and Multiple Substances of Abuse

Overall, in 2006, repeat substance abuse treatment admissions aged 18 to 25 were more likely than first-time admissions aged 18 to 25 to report heroin and other opiates as the primary substance of abuse (27 vs. 12 percent) (Figure 1) and to report the use of multiple substances (67 vs. 56 percent).^{5,6} However, repeat admissions aged 18 to 25 were less likely than first-time admissions in the same age group to report alcohol (26 vs. 35



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

percent) or marijuana (22 vs. 28 percent) as the primary substance of abuse.

Age at admission was related to the proportion of admissions aged 18 to 25 reporting specific substances of abuse. For all admissions aged 18 to 25 (i.e., for both first-time and repeat admissions), the proportion of admissions reporting alcohol, cocaine, stimulants, or heroin and other opiates as the primary substance of abuse increased with increasing age at admission. However, the proportion of admissions aged 18 to 25 reporting marijuana as the primary substance of abuse decreased with increasing age from age 18 to age 25 (Table 1).

At all ages from 18 to 25 the proportion of first-time admissions

differed by primary substance of abuse. In 2006, among admissions aged 18 years old, 43 percent of primary heroin and other opiate admissions were first-time admissions (Table 2). In contrast, 68 percent of alcohol admissions and 65 percent of marijuana admissions aged 18 were first-time admissions.

Geographic Distribution

The majority of admissions aged 18 to 25 to substance abuse treatment in the Northeast (61 percent) and Midwest (52 percent) were repeat admissions in 2006 (Table 3).⁷ However, less than one third of substance abuse treatment admissions of the same age in the South (31 percent) and less than half in

Table 1. Percentage of Primary Substance for Admissions Aged 18 and 25: 2006

Age at Admission in Years	Alcohol	Cocaine	Marijuana	Heroin and Other Opiates	Stimulants	Other
18 years old	28	6	44	9	9	4
25 years old	31	10	18	22	15	4

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

the West (40 percent) were repeat admissions.

There were regional variations in treatment histories for admissions aged 18 to 25 by primary substance. The South was unlike any other region in that a majority of all admissions aged 18 to 25 were first-time admissions instead of repeat admissions, regardless of the primary substance of abuse. In contrast, the Midwest showed fairly similar proportions of first-time and repeat admissions among those aged 18 to 25 reporting primary alcohol or marijuana abuse, but admissions the same age reporting primary cocaine, heroin and other opiates, or stimulant abuse were predominantly repeat admissions. In the Northeast, too, the majority of 18- to 25-year-old admissions reporting primary cocaine, heroin and other opiates, or stimulant abuse were repeat admissions. The large difference in the proportions of 18- to 25-year-old first-time and repeat admissions reporting primary abuse of heroin and other opiates (24 vs. 76 percent) in the Northeast appears to be the result of a large number of repeat heroin admissions that received detoxification.

Table 2. Percentage of Admissions Aged 18 to 25 that are First-time Admissions, by Primary Substance of Abuse and Age at Admission: 2006

Primary Substance	Age at Admission in Years							
	18	19	20	21	22	23	24	25
Alcohol	68	67	63	62	61	59	58	56
Cocaine	56	56	55	53	54	51	51	51
Marijuana	65	63	62	59	59	57	57	57
Heroin and Other Opiates	43	39	36	36	34	33	34	33
Stimulants	57	57	54	54	54	53	52	53
Other	72	69	68	65	66	63	65	62

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

Demographic Characteristics of Admissions

Men and women accounted for the same proportions of first-time and repeat admissions aged 18 to 25 to substance abuse treatment in 2006 (male—66 percent each; female—34 percent each). There were only minor differences by gender when controlling for substance.

Repeat admissions aged 18 to 25 were more likely than first-time admissions the same age to be White (74 vs. 67 percent) and less likely to be Black (10 vs. 14 percent) or Hispanic (also 10 vs. 14 percent). There was little difference between repeat and first-time admissions for other racial/ethnic groups in this age group.

Age of First Use

In 2006, the average age of first use was younger for repeat substance abuse treatment admissions aged 18 to 25 than for first-time admissions the same age. Depending on the primary substance of abuse, the difference ranged from 5 to 14 months (Figure 2). For example, the average age of first use for repeat admissions reporting heroin and other opiates was 5 months younger than for first-time admissions reporting heroin and other opiates (17 years, 10 months vs. 18 years, 3 months) while the average age of first use for repeat admissions reporting primary alcohol was more than a year younger than for first-time admissions

Table 3. Percentage of First-time and Repeat Admissions Aged 18 to 25, by Primary Substance and Census Region: 2006

Census Region*	Overall		Alcohol		Cocaine		Marijuana		Heroin and Other Opiates		Stimulants	
	First-time	Repeat	First-time	Repeat	First-time	Repeat	First-time	Repeat	First-time	Repeat	First-time	Repeat
U.S.	54	46	61	39	53	47	60	40	35	65	54	46
Midwest	48	52	53	47	42	58	50	50	36	64	37	63
Northeast	39	61	53	47	38	62	58	42	24	76	44	56
South	69	31	70	30	67	33	73	27	53	47	77	23
West	60	40	70	30	55	45	64	36	47	53	54	46

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

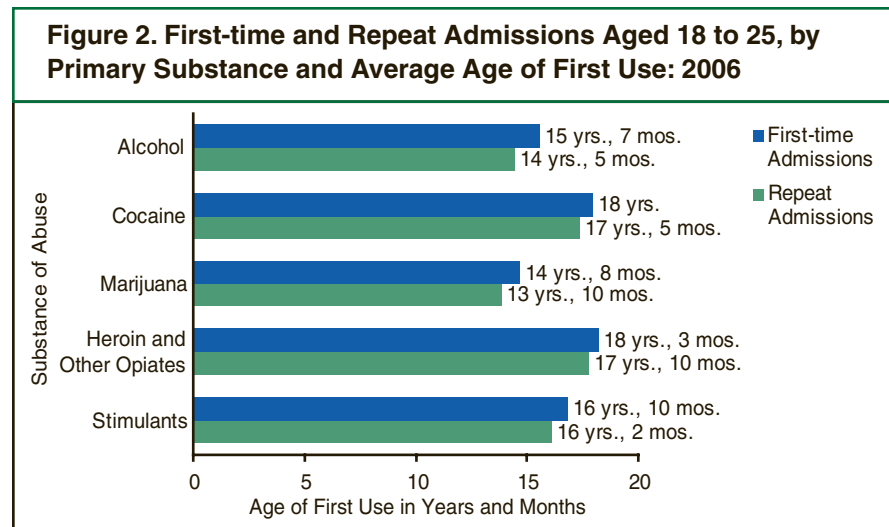
reporting primary alcohol (14 years, 5 months vs. 15 years, 7 months).

Source of Referral

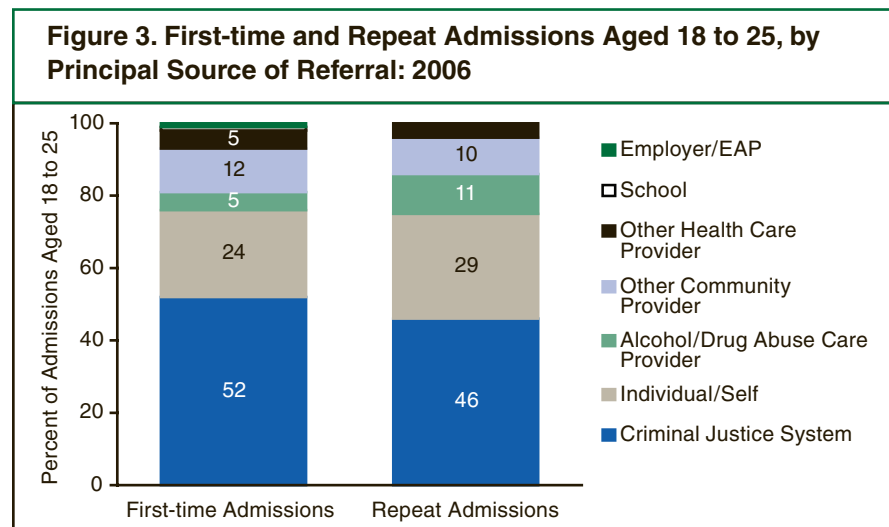
In 2006, the criminal justice system was the principal source of referral⁸ to substance abuse treatment for both 18- to 25-year-old repeat admissions (46 percent) and first-time admissions (52 percent) (Figure 3). Unlike criminal justice referrals, overall, self/individual referrals⁹ accounted for a higher proportion of repeat admissions than first-time admissions (29 vs. 24 percent) as did referrals from alcohol/drug abuse care providers (11 vs. 5 percent). When each single year of age within the age grouping is examined, self/individual referrals were the only admissions referral source for which admissions history varied by single year of age. Such referrals accounted for increasing percentages with age of both repeat admissions (from 24 percent of 18-year-old admissions to 32 percent of 25-year-old admissions) and first-time admissions (from 21 percent of 18-year-old admissions to 26 percent of 25-year-old admissions).

Health Insurance

As a group, repeat admissions aged 18 to 25 to substance abuse treatment in 2006 were more likely than first-time admissions the same age to have Medicaid for their health insurance (19 vs. 11 percent) (Table 4).¹⁰ Upon closer inspection, there was a sharp decrease in the proportion of Medicaid-insured admissions for both first-time and repeat admissions between ages 18 and 19. Moreover, repeat admissions



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



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

were consistently 6 to 9 percentage points more likely than first-time admissions to have Medicaid for each single year of age.

Overall, repeat and first-time admissions in the 18- to 25-year age group were almost equally likely to have private types of health insurance (i.e., private, Blue Cross/Blue Shield, HMO) (12 vs. 15 percent). However, these age group results also concealed substantial changes in proportions with increasing age. Privately insured first-time admissions declined from 23 percent

of 18-year-olds to 11 percent of 25-year-olds. The decline for repeat admissions was even more pronounced, decreasing from 26 percent of 18-year-olds to 9 percent of 25-year-olds.

First-time admissions between 18 and 25 years of age were consistently more likely than repeat admissions of the same age to report having no health insurance. Overall, 65 percent of first-time admissions aged 18 to 25 reported having no health insurance compared with 59 percent of repeat admissions of the same age.

Table 4. Percentage of First-time and Repeat Admissions Aged 18 to 25, by Age at Admission and Health Insurance: 2006

Health Insurance**	Age at Admission in Years																	
	Overall		18		19		20		21		22		23		24		25	
	First-time	Repeat	First-time	Repeat	First-time	Repeat	First-time	Repeat	First-time	Repeat	First-time	Repeat	First-time	Repeat	First-time	Repeat	First-time	Repeat
Medicaid	11	19	19	25	10	17	10	17	10	17	10	18	10	19	11	20	11	20
Private, BC/BS, HMO***	15	12	23	26	18	16	16	14	15	12	14	11	13	11	12	9	11	9
None	65	59	49	39	63	57	65	59	67	62	67	61	68	60	68	60	68	60

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

However, there was a pronounced increase in the proportion of admissions having no insurance after age 18. Among 18-year-old admissions, 49 percent of first-time admissions and 39 percent of repeat admissions reported having no insurance. However, among 19-year-old admissions, the corresponding percentages of admissions reporting no insurance were substantially higher (63 percent for first-time vs. 57 percent for repeat admissions). The percentages of admissions reporting no insurance were nearly constant for each successive year through age 25.

Importance

Persons aged 18 to 25 are experiencing major life changes. Many are transitioning from adolescence and dependence on their parents to various levels of independence as they move into adulthood. The period from 18 to 25 years has been dubbed “emerging adulthood” by one psychologist who views it as distinct from adolescence or young adulthood.¹¹ Arnett (2000) considers it a time of relative independence from social roles and expectations when persons in this age group are able to explore a wide variety of possible life

directions. These emerging adults could be assisted in making better decisions and avoiding a lifetime of substance abuse through effective programs based on an understanding of the sociodemographic and substance use differences between first-time and repeat substance abuse treatment admissions in this age group.

End Notes:

- 1 Scott, C. K., Foss, M. A., & Dennis, M. L. (2005). Pathways in the relapse—treatment—recovery cycle over 3 years. *Journal of Substance Abuse Treatment, 28*(2), S63-S72.
- 2 Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (April 26, 2002). *The DASIS report: New and repeat admissions to substance abuse treatment*. Rockville, MD.
- 3 Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (June 7, 2002). *The DASIS report: Characteristics of repeat admissions to substance abuse treatment*. Rockville, MD.
- 4 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.
- 5 Repeat admissions may or may not be for the same substance as for previous admissions; those data are not collected as part of TEDS.
- 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 The Northeast region of the United States is composed of nine States: CT, MA, ME, NH, NJ, NY, PA, RI, and VT. The Midwest region of the United States is composed of 12 States: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. The West region of the United States is composed of 13 States: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY. The South region of the United States is composed of 17 States: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV.

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/employee assistance program (EAP), other community referral, or court/criminal justice referral/driving under the influence (DUI)/driving when intoxicated (DWI). Self or individual referral does include self-referral due to pending DWI/DUI.

¹⁰ *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.

¹¹ Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480.

Table Notes:

* See End Note 7.

** The “Medicare” and “Other” categories have been omitted.

*** BC/BS = Blue Cross/Blue Shield, HMO = Health Maintenance Organization. See End Note 10.

Suggested Citation:

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

First-Time and Repeat Admissions Aged 18 to 25 to Substance Abuse Treatment: 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>

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Other substance abuse reports are available at:
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