

The DASIS Report

December 13, 2007

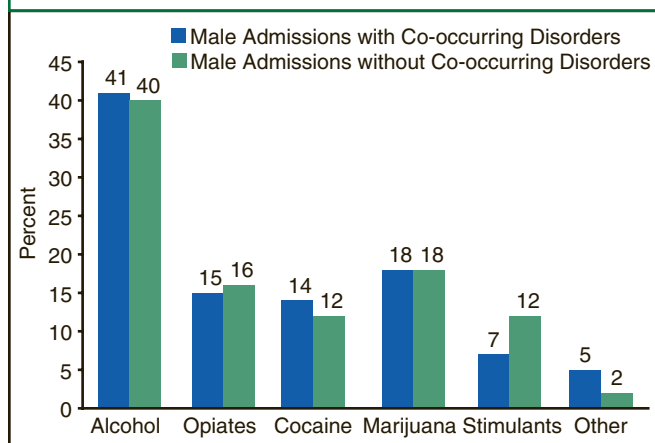
Male Admissions with Co-occurring Psychiatric and Substance Use Disorders: 2005

In Brief

- Among male admissions reporting alcohol, cocaine, marijuana, or stimulants as the primary substance of abuse, those with co-occurring disorders were more likely than those without co-occurring disorders to report daily use of these substances
- Sixty-two percent of male admissions with co-occurring disorders reported more than one substance of abuse compared with 52 percent of male admissions without co-occurring disorders
- Male admissions with co-occurring disorders were more likely than those without co-occurring disorders to report five or more prior substance abuse treatment episodes (17 vs. 10 percent)

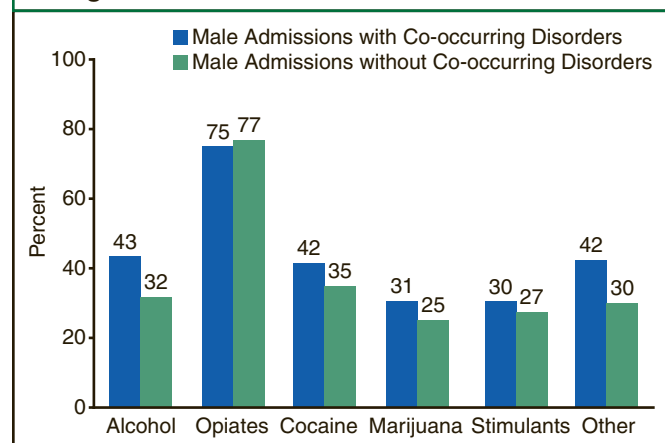
Many individuals who have a substance use problem also have a co-occurring psychiatric disorder.^{1,2} Previous research has shown that people with both a substance use disorder and a co-occurring psychiatric disorder were more likely to use multiple drugs and to have more economic and social problems than those without a co-occurring psychiatric disorder.^{3,4,5} There is also evidence that there are differences between males and females in both the incidence and outcomes of co-occurring mental health and substance use disorders.⁶ National Survey on Drug Use and Health (NSDUH) data show that in 2006 there were an estimated 2.7 million males aged 18 or older with both a psychiatric disorder and a

Figure 1. Primary Substance of Abuse among Male Admissions, by Psychiatric Diagnosis Status: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 2. Male Admissions Reporting Daily Use, by Primary Substance of Abuse and Psychiatric Diagnosis Status: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

substance use disorder.² This report will focus on males, who accounted for 55 percent of all substance abuse treatment admissions with co-occurring psychiatric and substance use disorders in 2005. The substance abuse treatment admissions of males with a co-occurring psychiatric disorder can be monitored with the Treatment Episode Data Set (TEDS), which is 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.⁷ TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year. 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* is a Supplemental Data Set item.⁸ Only data on admissions for the 26 States with a response rate of 75 percent or higher on this item in 2005 were used in the remainder of this report.

Of the approximately 544,800 male admissions in these 26 States in 2005, 16 percent (86,500) were admissions with co-occurring substance use and psychiatric disorders (hereafter referred to as co-occurring disorders). This report compares the characteristics of male admissions with co-occurring disorders and male admissions without co-occurring disorders.

Substances of Abuse and Frequency of Use

Male admissions with and without co-occurring disorders were similar in the proportions reporting individual primary substances of abuse, except for stimulants.^{9,10} Seven percent of male admissions with co-occurring disorders reported stimulants as the primary substance of abuse, but 12 percent of those without co-occurring disorders did so (Figure 1).

These two groups differ, however, in how often they used most of these substances. Among male admissions reporting alcohol, cocaine, marijuana, or stimulants

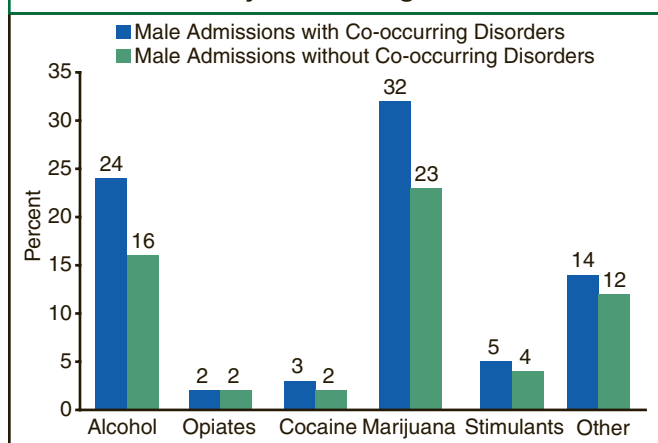
as the primary substance of abuse, those with co-occurring disorders were more likely than those without co-occurring disorders to report daily use of these substances (Figure 2).

In addition to reporting a higher frequency of daily use, male admissions with co-occurring disorders were more likely than those without co-occurring disorders to report having abused multiple substances.¹¹ Specifically, 62 percent of male admissions with co-occurring disorders reported more than one substance of abuse compared with 52 percent of male admissions without co-occurring disorders.

Age of First Use

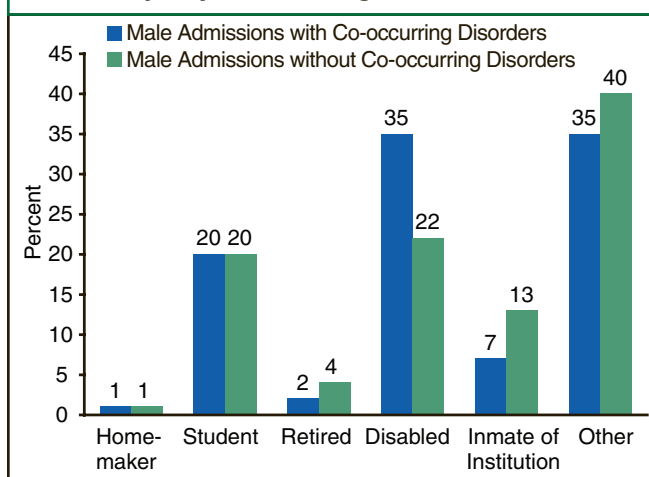
Male admissions with co-occurring disorders were more likely than male admissions without co-occurring disorders to have started using alcohol or drugs before the age of 13 (18 vs. 13 percent),¹² with the largest differences for marijuana (32 vs. 23 percent) and alcohol (24 vs. 16 percent) (Figure 3).

Figure 3. Male Admissions Reporting First Use of Primary Substance before Age 13, by Substance of Abuse and Psychiatric Diagnosis Status: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 4. Male Admissions Not in the Labor Force, by Psychiatric Diagnosis Status: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Prior Treatment

Male admissions with co-occurring disorders had a distinctly different pattern of prior substance abuse treatment than did their counterparts without co-occurring disorders. Those with co-occurring disorders were more likely than those without co-occurring disorders to report five or more prior substance abuse treatment episodes (17 vs. 10 percent). Conversely, male admissions with co-occurring disorders were less likely than those without co-occurring disorders to have had no previous substance abuse treatment (39 vs. 47 percent). Males with and without co-occurring disorders were almost equally likely to report one to four prior substance abuse treatment episodes (44 and 43 percent, respectively).

Employment

Although male admissions with and without co-occurring disorders had similar levels of unemployment (31 and 33 percent, respectively) and part-time employment (6 and 8 percent,

respectively), male admissions with co-occurring disorders were more likely than those without co-occurring disorders to be not in the labor force (44 vs. 31 percent) and were less likely to be employed full time (19 vs. 28 percent).¹³

Among those whose employment status was not in the labor force, male admissions with co-occurring disorders were more likely than those without co-occurring disorders to be disabled (35 vs. 22 percent) and less likely to be inmates of an institution (7 vs. 13 percent) (Figure 4).

End Notes

¹ Center for Substance Abuse Treatment. (2005). *Substance abuse treatment for persons with co-occurring disorders* (Treatment Improvement Protocol (TIP) Series 42; DHHS Publication No. (SMA) 05-3922). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved May 23, 2007, from <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.74099>

² *National Survey on Drug Use and Health: 2006*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

³ Mowbray, C. T., Ribisi, K. M., Solomon, M., Luke, D. A., & Kewson, T. P. (1997). Characteristics of dual diagnosis patients admitted to an urban, public psychiatric hospital: An examination of individual, social, and community domains. *American Journal of Drug and Alcohol Abuse, 23*(2), 309-326.

⁴ McDermut, W., Mattia, J., & Zimmerman, M. (2001). Comorbidity burden and its impact on psychosocial morbidity in depressed outpatients. *Journal of Affective Disorders, 65*(3), 289-295.

⁵ Compton, M. T., Weiss, P. S., West, J. C., & Kaslow, N. J. (2005). The associations between

substance use disorders, schizophrenia-spectrum disorders, and Axis IV psychosocial problems. *Social Psychiatry and Psychiatric Epidemiology, 40*(12), 939-946.

⁶ Grella, C. E., & Joshi, V. (1999). Gender differences in drug treatment careers among clients in the national Drug Abuse Treatment Outcome Study. *American Journal of Drug and Alcohol Abuse, 25*(3), 385-406.

⁷ In 2005, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, NM, and WY) did not submit data in 2005.

⁸ *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 26 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2005—AR, CA, CO, DE, FL, IA, ID, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, NV, OH, OK, PR, RI, SC, TN, UT, and WV—accounted for 45 percent of all substance abuse treatment admissions in 2005.

⁹ The *primary substance of abuse* is the main substance reported at the time of admission.

¹⁰ Stimulants include methamphetamine, other amphetamines, and other stimulants such as Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs. Methamphetamine accounted for 89 percent of primary stimulant admissions in 2005.

¹¹ TEDS allows the recording of up to three different substances of abuse.

¹² *Age of first use* is defined differently for alcohol than for drugs. For alcohol, age of first use signifies age of first intoxication. For drugs, age of first use identifies the age at which the respective drug was first used.

¹³ Analysis of *employment status* is restricted to admissions aged 16 or older. *Not in labor force* includes those not looking for work during the past 30 days, students, homemakers, disabled or retired persons, or inmates of an institution. *Unemployed*, by contrast, includes admissions currently seeking work.

Suggested Citation

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Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

Male Admissions with Co-occurring Psychiatric and Substance Use Disorders: 2005

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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 3, 2006.

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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