

The CBHSQ Report

Short Report

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PROFILE OF ADOLESCENT DISCHARGES FROM SUBSTANCE ABUSE TREATMENT

AUTHORS

Ryan Mutter, Ph.D., Mir Ali, Ph.D., and Alex Strashny, Ph.D.

INTRODUCTION

Adolescent substance abuse is recognized as a major public health issue in the United States.¹ In 2012, an estimated 2.4 million adolescents aged 12 to 17 reported using an illicit drug in the previous month.² Illicit drug use has a negative impact on adolescent behavior, as well as physical and mental development.³ Individuals who initiate substance use as adolescents are more likely to experience substance abuse or dependence as adults.⁴ Substance use contributes to the major causes of death among adolescents—unintentional injury, homicide, and suicide.³ Consequently, there are more than 20 substance abuse related prevention goals listed in Healthy People 2020.¹

Among adolescents with illicit drug dependence or abuse, only 13.6 percent received substance use disorder treatment.² Receiving substance abuse treatment is associated with better outcomes for adolescents than not receiving it. Completing substance abuse disorder treatment is associated with reduced use of substances after treatment.⁵

This report uses the 2011 Treatment Episode Data Set-Discharges (TEDS-D), a national data system of annual discharges from substance abuse treatment facilities, to create a profile of adolescents who enter treatment for substance abuse. In this report, discharges are restricted to 112,807 adolescents aged 12 to 17 (referred to hereafter as “adolescent discharges”) with nonmissing data on treatment disposition.

TEDS-D is a census of all discharges from treatment facilities reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) by state substance abuse agencies. Because TEDS-D involves actual counts rather than estimates, statistical significance and confidence intervals are not applicable. The differences mentioned in the text of this report have Cohen’s h effect size ≥ 0.20 , indicating that they are considered to be meaningful. The report begins with a description of demographic characteristics of discharges from treatment and proceeds to cover treatment setting, health insurance, primary substance of abuse, criminal justice referral, and treatment disposition.

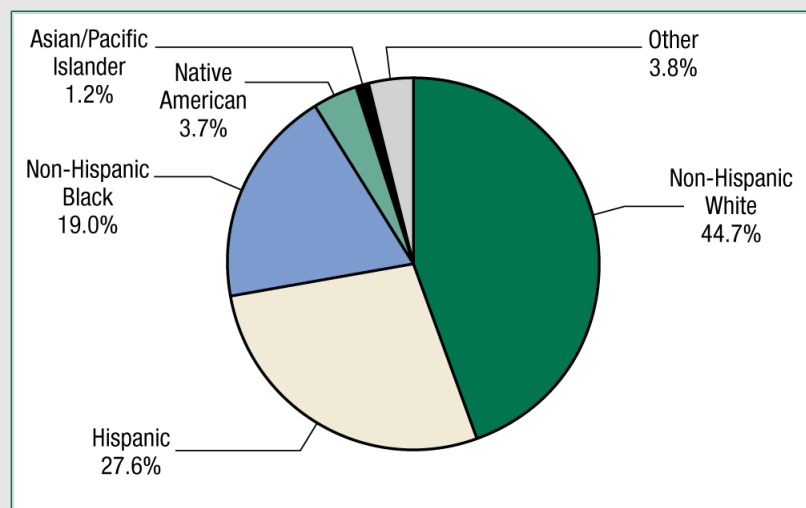


In Brief

- Non-Hispanic White (44.7 percent) was the most commonly reported race among adolescent (aged 12 to 17) discharges for substance abuse treatment in 2011.
- Males comprised the majority of adolescent substance abuse treatment discharges (71.7 percent).
- The majority of adolescent substance abuse treatment discharges received care in the ambulatory setting (81.2 percent).
- In 2011, the most common type of health insurance among adolescent discharges was Medicaid (44.0 percent). Notably, more than one quarter (26.0 percent) of adolescent discharges was uninsured. Private insurance and Medicare covered 18.8 and 11.1 percent of discharges, respectively.
- Marijuana was the primary substance of abuse among the majority of adolescent discharges from treatment (74.7 percent).
- In 2011, 44.5 percent of adolescent discharges were referred to substance abuse treatment by the criminal justice system.
- In 2011, 6 in 10 adolescent discharges (60.4 percent) completed treatment.

DEMOGRAPHIC CHARACTERISTICS

Figure 1. Race/ethnicity of adolescent discharges from substance abuse treatment aged 12 to 17, 2011



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set (TEDS), 2011.

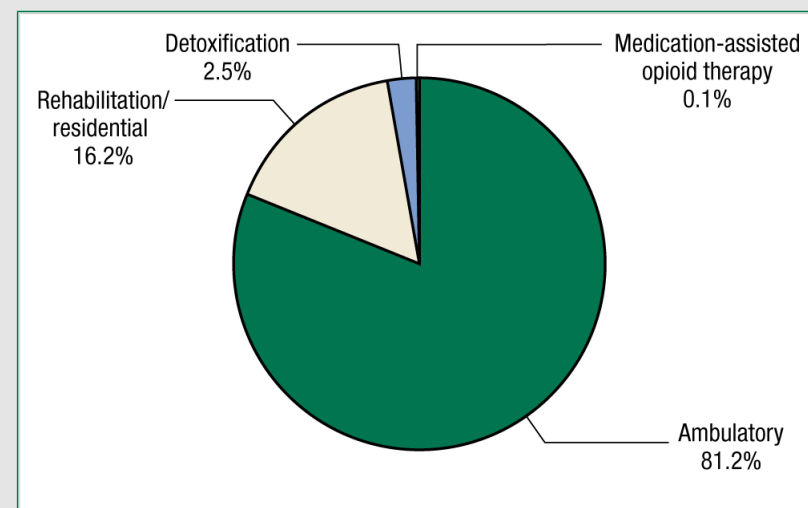
The literature documents that only 7 percent of adolescents in need of substance abuse treatment receive some form of treatment—a rate much lower than the percentage of adults receiving substance abuse treatment. The literature also documents that adolescents from minority groups are significantly less likely to receive substance abuse treatment compared with non-Hispanic whites.⁶

According to TEDS-D data, 44.7 percent of adolescent substance abuse treatment discharges were non-Hispanic White, whereas 27.6 percent were Hispanic, 19.0 percent were non-Hispanic Black, 3.7 percent were Native American, and 1.2 percent were Asian/Pacific Islander (Figure 1). In addition, a majority of substance abuse treatment discharges among adolescents were male (71.7 percent).

SERVICE SETTING AT DISCHARGE

The majority of adolescent substance abuse treatment discharges received care in an ambulatory setting (81.2 percent; Figure 2). The next most common treatment setting was rehabilitation/residential (16.2 percent). Only a small percentage of adolescent discharges were treated in detoxification (2.5 percent), and even fewer received medication-assisted opioid therapy (0.1 percent).

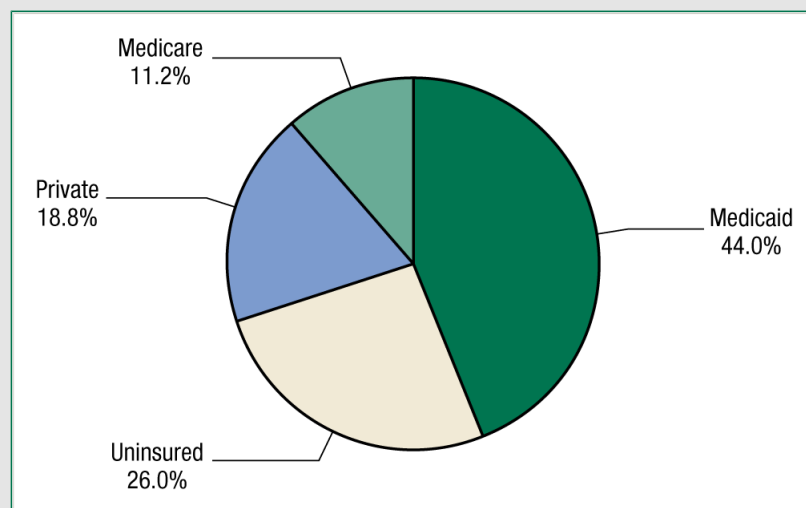
Figure 2. Service setting at discharge among adolescent discharges from substance abuse treatment aged 12 to 17, 2011



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set (TEDS), 2011.

HEALTH INSURANCE COVERAGE

Figure 3. Health insurance coverage among adolescent discharges from substance abuse treatment aged 12 to 17, 2011



Note: Based on 48,353 discharges for whom health insurance status was captured. *Health Insurance Status* is a Supplemental Data Set item.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set (TEDS), 2011.

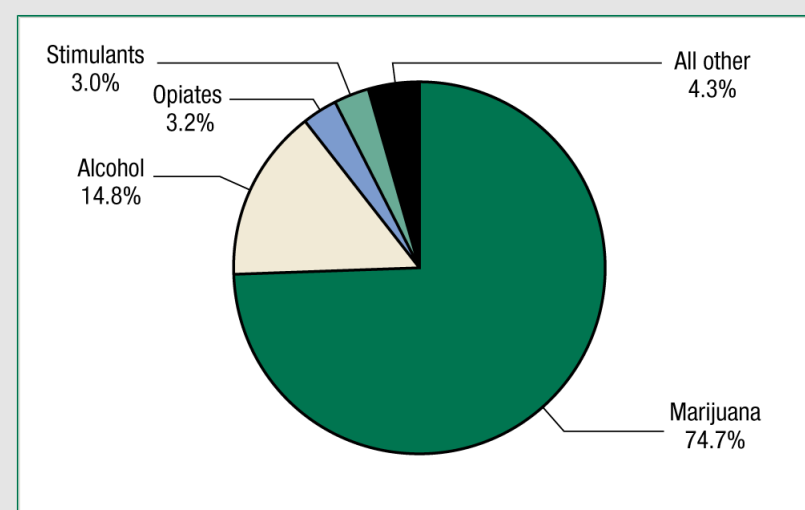
More adolescent substance abuse treatment discharges were covered by Medicaid (44.0 percent) than by private insurance or Medicare (18.8 and 11.2 percent, respectively; Figure 3). A substantial proportion of discharges were also uninsured (26.0 percent).

Substance abuse treatment has been designated as one of the essential health benefits under the Patient Protection and Affordable Care Act (ACA). As the implementation of ACA continues, the distribution of insurance coverage for substance abuse treatment discharges might change with the number of uninsured adolescents dropping and more treatment being covered by Medicaid and private insurance.⁷

PRIMARY SUBSTANCE OF ABUSE

Although misuse of prescription drugs among adolescents has increased in recent years,⁸ marijuana was the primary substance of abuse in the vast majority of treatment discharges (74.7 percent), followed by alcohol (14.8 percent) (Figure 4). Opiates (3.2 percent) and stimulants (3.0 percent) were the primary substances of abuse in very small fractions of discharges. Two or more substances of abuse were reported in approximately 56.5 percent of the records.

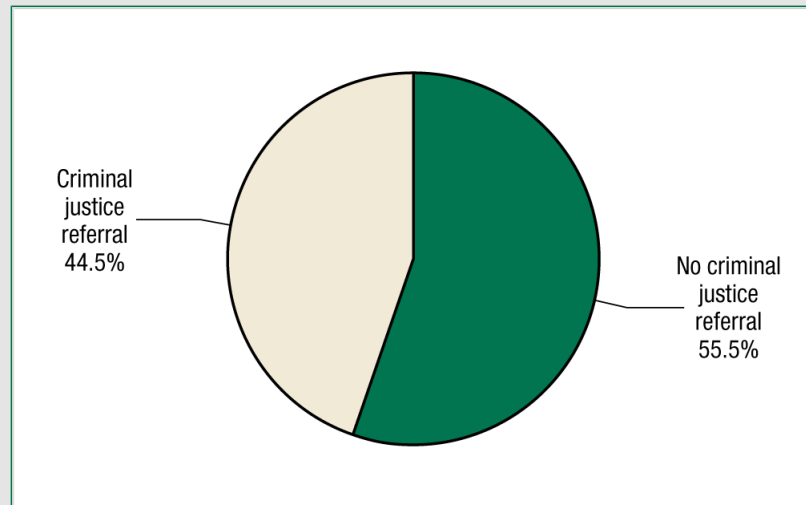
Figure 4. Primary substance of abuse at admission among adolescent discharges from substance abuse treatment aged 12 to 17, 2011



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set (TEDS), 2011.

CRIMINAL JUSTICE REFERRAL

Figure 5. Criminal justice referral among adolescent discharges from substance abuse treatment aged 12 to 17, 2011



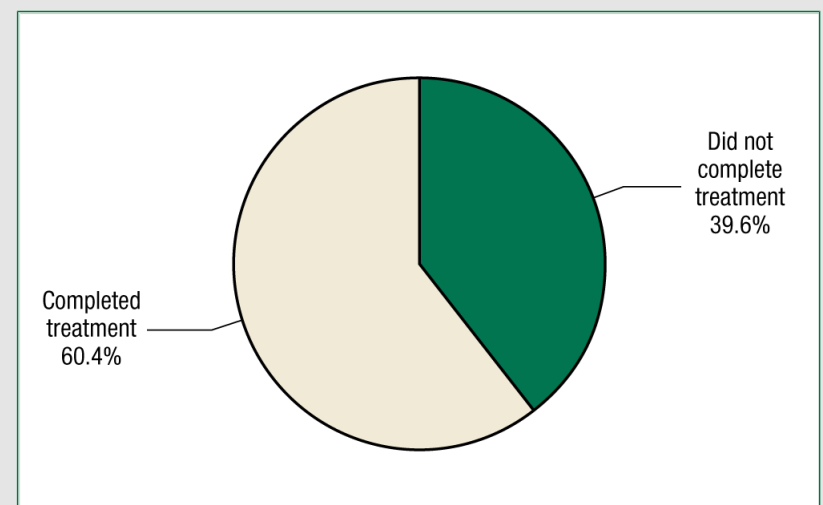
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set (TEDS), 2011.

The literature documents involvement in the criminal justice system as a primary source of substance abuse treatment referral in many cases.⁹ Consistent with that, 44.5 percent of adolescent discharges from substance abuse treatment had a criminal justice referral (Figure 5). For many of these discharges, treatment was a condition of probation or parole.¹⁰

TREATMENT DISPOSITION

A majority of substance abuse treatment discharges by adolescents ended in completion (60.4 percent) (Figure 6).¹¹ A comprehensive literature review of substance abuse treatment outcome among adolescents documented significant differences in treatment disposition depending on the type of treatment they received.⁵

Figure 6. Reason for discharge among adolescent discharges from substance abuse treatment aged 12 to 17, 2011



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set (TEDS), 2011.

DISCUSSION

This report examines 112,807 adolescent discharges from substance abuse treatment. The volume of treatment discharges underscores the need for continued prevention efforts to deter substance use initiation among adolescents.

Males comprised the majority of substance abuse treatment discharges. Non-Hispanic White was the racial group with the largest representation. Although research has not found differences in motivation for substance abuse treatment between sexes and among racial and ethnic groups, disparities in substance abuse and substance abuse treatment exist,^{6,12} making it a critical topic for further inquiry.

The ambulatory setting was where the majority of adolescents received treatment. However, evidence of the comparative effectiveness of treatment settings for adolescent substance abuse disorder is limited. Further investigation about treatment completion among adolescents across treatment settings, as well as factors associated with setting selection, is warranted.⁵

Medicaid was the most common form of coverage for adolescent discharges from substance abuse treatment. ACA should reduce the percentage of discharges by the uninsured as it expands coverage through Medicaid and the Health Insurance Exchanges.⁷

Marijuana was reported as the primary substance of abuse at admission for the majority of adolescent discharges. The neurocognitive effects of marijuana have been shown to persist even after periods of abstinence,¹³ highlighting the need for continued efforts to prevent marijuana initiation among adolescents.

Criminal justice referral was listed on nearly 45 percent of adolescent discharges. When adolescents lack internal motivation to engage in treatment, criminal justice referral can serve as an external motivation for adolescents to enroll in treatment.¹⁴ As the health care system changes and the emphasis shifts to early prevention efforts for substance abuse treatment,¹⁵ further investigation into the distribution of criminal justice referral will be an important avenue of research.

Adolescent substance abuse treatment ended in completion for 60.4 percent of discharges. Patient pre-treatment characteristics, including having private insurance, residing with only one parent who is biologically related, coming from a family with a history of substance use, and having experienced physical or sexual abuse have been shown to be associated with failure to complete treatment.¹⁶ Research is needed to help design interventions to increase the rate of adolescent substance abuse treatment completion because treatment completion is associated with a reduction in substance use by adolescents.⁵

END NOTES

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SUMMARY

Background: Adolescent substance abuse is recognized as a major public health issue in the United States. **Methods:** Data from the 2011 Treatment Episode Data Set-Discharges (TEDS-D), a national data system of annual discharges from substance abuse treatment facilities, was analyzed to create a profile of adolescents aged 12 to 17 who enter treatment for substance abuse. Discharges are restricted to 112,807 patients with nonmissing data on treatment disposition. **Results:** Males comprised the majority (71.7%) of adolescent substance abuse treatment discharges. Non-Hispanic White (44.7%) was the most commonly reported race. The majority of patients (81.2%) received care in the ambulatory setting. Medicaid was the most common type of health insurance (44%), with private insurance and Medicare covering 18.8 and 11.1%, respectively. Over one quarter (26.0%) of adolescent discharges were uninsured. The criminal justice system referred 44.5% of these patients. Six in 10 adolescent discharges (60.4%) completed treatment. **Conclusions:** These findings underscore the need for continued prevention efforts to deter substance use initiation among adolescents. Research is needed to help design interventions to increase the rate of adolescent substance abuse treatment completion, because treatment completion is associated with a reduction in service use by adolescents.

Key words: adolescent substance use, adolescent treatment discharges, marijuana, Treatment Episode Data Set - Discharges, TEDS-D

AUTHOR INFORMATION

cbhsqrequest@samhsa.hhs.gov

KEYWORDS

All US States and Territories, Age Group, Short Report, Client-Level Data, 2011, Adolescents as Audience, Family and Advocates, HHS Staff, Law Enforcement, Public Health Professionals, Researchers, Alcohol, Marijuana, Opiate or Opioid

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The Treatment Episode Set (TEDS) is an administrative data system providing descriptive information about the national flow of admissions aged 12 or older to providers of substance abuse treatment. TEDS intends to collect data on all treatment admissions to substance abuse treatment programs in the United States receiving public funds. Treatment programs receiving any public funds are requested to provide TEDS data on publicly and privately funded clients.

TEDS is one component of the Behavioral Health Services Information System (BHSIS), maintained by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format.

There are significant differences among State data collection systems. Sources of state variation include the amount of public funding available and the constraints placed on the use of funds, facilities reporting TEDS data, clients included, services offered, and completeness and timeliness of reporting. See the annual TEDS reports for details. TEDS received approximately 1.8 million treatment admission records from 48 States and Puerto Rico for 2010.

Definitions of demographic, substance use, and other measures mentioned in this report are available in Appendix B of the annual TEDS report on national admissions (see latest report at http://www.samhsa.gov/data/sites/default/files/TEDS2012N_Web/TEDS2012NAppB.htm).

The *TEDS Report* is prepared by the Center for Behavioral Health Statistics and Quality, SAMHSA; Synectics for Management Decisions, Inc., Arlington, VA; and RTI International, Research Triangle Park, NC. Information and data for this issue are based on data reported to TEDS through October 10, 2011.

Latest TEDS Reports:

<http://www.samhsa.gov/data/client-level-data-teds>

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