Treatment Episode Data Set

The TEDS Report

May 3, 2011

Substance Abuse Treatment Admissions Aged 12 to 14

In Brief

- In 2008, approximately 23,770 substance abuse treatment admissions were adolescents aged 12 to 14
- The two most frequently reported primary substances of abuse among these admissions were marijuana (63.0 percent) and alcohol (20.8 percent)
- Nearly one half (45.5 percent) of admissions aged 12 to 14 reported multiple substances of abuse at admission, and almost one quarter (24.7 percent) had a psychiatric disorder in addition to their substance use problem
- Nearly one fifth (17.3 percent) had been admitted to treatment at least once prior to their current admission

Early adolescence (ages 12 to 14) is a period of significant and rapid biological, psychological, and social development when behavioral health patterns are being established. Research shows that the early initiation of substance use has been associated with alterations in brain functioning, substance abuse or dependence in adolescence and adulthood, and other behavioral health disorders.[1] Many young adolescents are initiating and using substances at levels that indicate a need for treatment (366,000 according to combined data from the 2004 to 2009 National Surveys on Drug Use and Health [NSDUHs]).[2]

Substance abuse treatment programs for young adolescents offer an opportunity to address immediate problems, halt the progression of substance abuse, and change the life trajectory of these youth. In recent years, much knowledge has been gained about adolescents in treatment and specific treatment practices that are effective with this age group.[3]

The TEDS Report is published periodically by the Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies), Substance Abuse and Mental Health Services Administration (**SAMHSA**). For questions about this report, please e-mail: shortreports@samhsa.hhs.gov.

However, most of this research has focused on older adolescents, so relatively little is known about substance abuse treatment among younger adolescents. Understanding the characteristics of these adolescents as they enter substance abuse treatment may help treatment providers and prevention professionals tailor their programs to meet the specific needs of this young age group.

This report uses data from the Treatment Episode Data Set (TEDS) for 2008 to provide information on the characteristics of youths aged 12 to 14 admitted to substance abuse treatment. In 2008, there were approximately 141,680 adolescent substance abuse treatment admissions (aged 12 to 17). Of these, approximately 23,770 (16.8 percent) were between the ages of 12 to 14 (hereafter referred to as "early adolescent admissions").

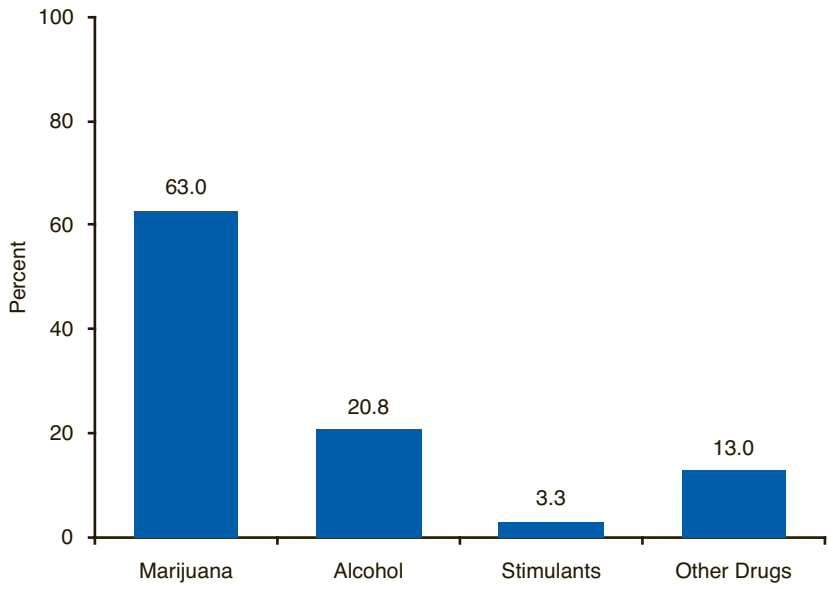
Demographic Characteristics

Males represented the majority of early adolescent admissions (63.6 percent). Non-Hispanic Whites represented the largest racial/ethnic group (39.4 percent), followed by Hispanics (26.3 percent) and non-Hispanic Blacks (20.5 percent). Asians/Pacific Islanders, American Indians, and other race/ethnicities represented smaller proportions (5.5, 2.9, and 5.3 percent, respectively) of early adolescent admissions.

Substances of Abuse

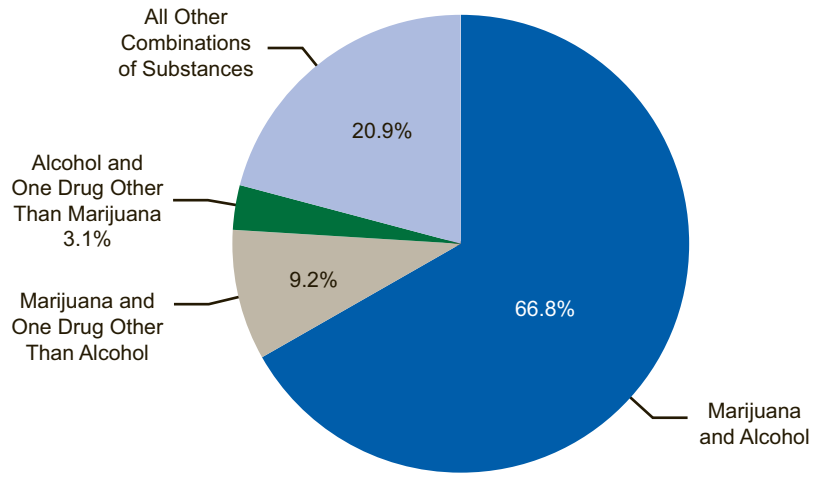
The substances most frequently reported as primary substances of abuse were marijuana (63.0 percent) and alcohol (20.8 percent)

Figure 1. Primary Substance of Abuse among Early Adolescent Admissions: 2008



Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

Figure 2. Combinations of Substances of Abuse among Early Adolescent Admissions: 2008



Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

(Figure 1). Male early adolescent admissions were more likely than their female counterparts to report primary marijuana abuse (70.9 vs. 49.3 percent) and less likely to report primary alcohol abuse (15.4 vs. 30.1 percent).

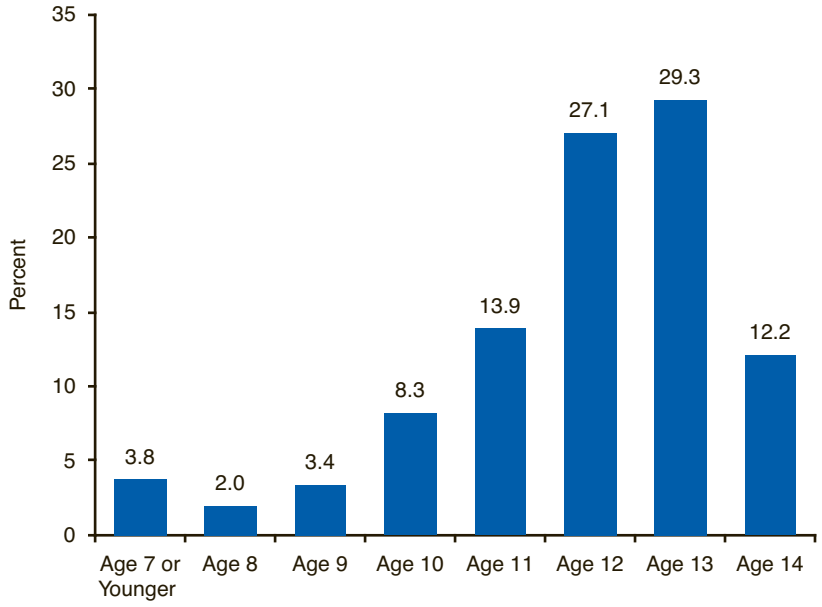
Nearly one half (45.5 percent) of early adolescent admissions reported multiple substances of abuse at treatment admission. Of those that reported multiple substances of abuse, the most frequently reported substances used in combination with one another were marijuana and alcohol (66.8 percent) (Figure 2).

Age of First Use

Many early adolescent admissions initiate use of their primary substance of abuse at very young ages. Nearly one third (31.5 percent) of early adolescent admissions reported using their primary substance of abuse at age 11 or younger, with 9.3 percent initiating before the age of 10 (Figure 3).[4] The remaining two thirds of early adolescent admissions reported that they began using their primary substance not long before they were admitted to treatment (i.e., they initiated substance use between the ages of 12 and 14).

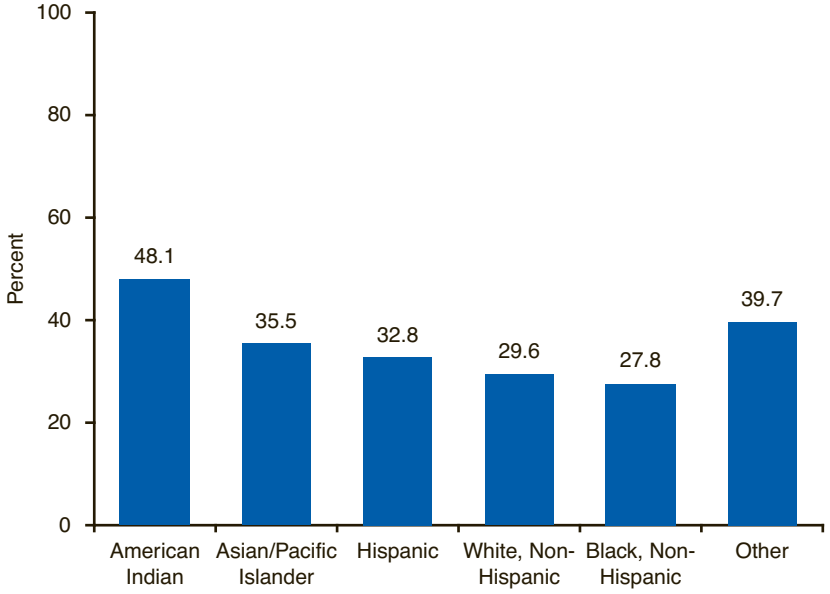
The proportion reporting use of their primary substance of abuse at age 11 or younger varied by race/ethnicity. American Indian early adolescents were the group most likely to have used their primary substance of abuse at age 11 or younger (48.1 percent); conversely, non-Hispanic Blacks were least likely to have first used their substance of choice at this age (27.8 percent) (Figure 4).

Figure 3. Age of First Use of Primary Substance among Early Adolescent Admissions: 2008



Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

Figure 4. Use of Primary Substance of Abuse at Age 11 or Younger among Early Adolescent Admissions, by Race/Ethnicity: 2008



Note: Alaska Natives are included in the "Other" category; Alaska did not report TEDS data for 2008.
Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

Treatment Characteristics

The majority of early adolescent admissions received outpatient treatment services (88.3 percent): 73.1 received regular outpatient treatment, and 15.2 percent received intensive outpatient treatment. Additionally, 11.1 percent of early adolescent admissions received rehabilitation/residential treatment, and 0.6 percent received detoxification.

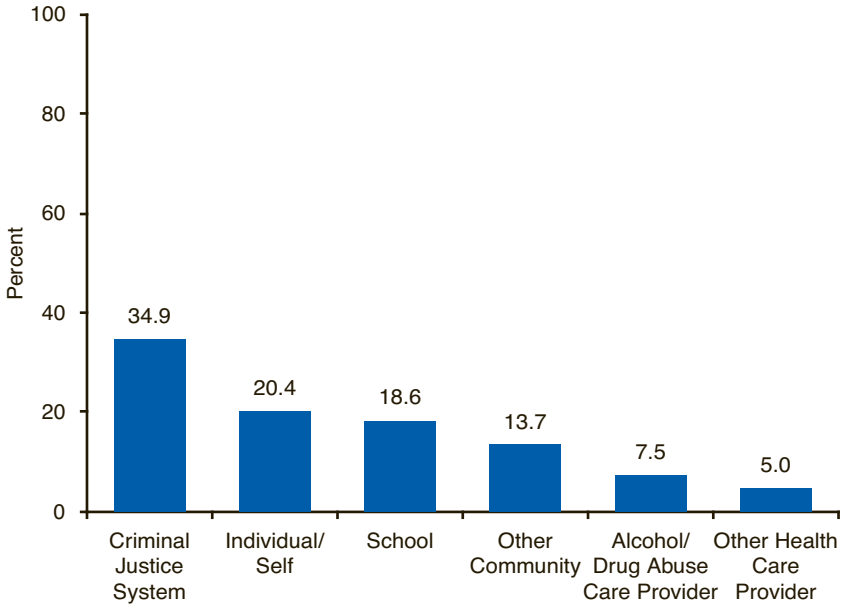
Nearly one fifth (17.3 percent) of early adolescent admissions had been admitted to treatment at least once prior to their current admission. The majority of those admissions had one prior admission (68.6 percent); about one fifth (20.2 percent) had two prior admissions, 5.7 percent had three or four prior admissions, and 5.6 percent had five or more prior admissions.

Source of Treatment Referral and Health Insurance Coverage

The criminal justice system was the most frequently reported principal source of referral to treatment among early adolescent admissions (34.9 percent), followed by self or individual referral (20.4 percent) and school referral (18.6 percent) (Figure 5). Male early adolescent admissions were more likely than their female counterparts to be referred to treatment by the criminal justice system (40.2 vs. 25.6 percent) and less likely to be self-referred (18.1 vs. 24.3 percent).

The majority of early adolescent admissions had health insurance coverage: 40.4 percent were covered by Medicaid, 18.4

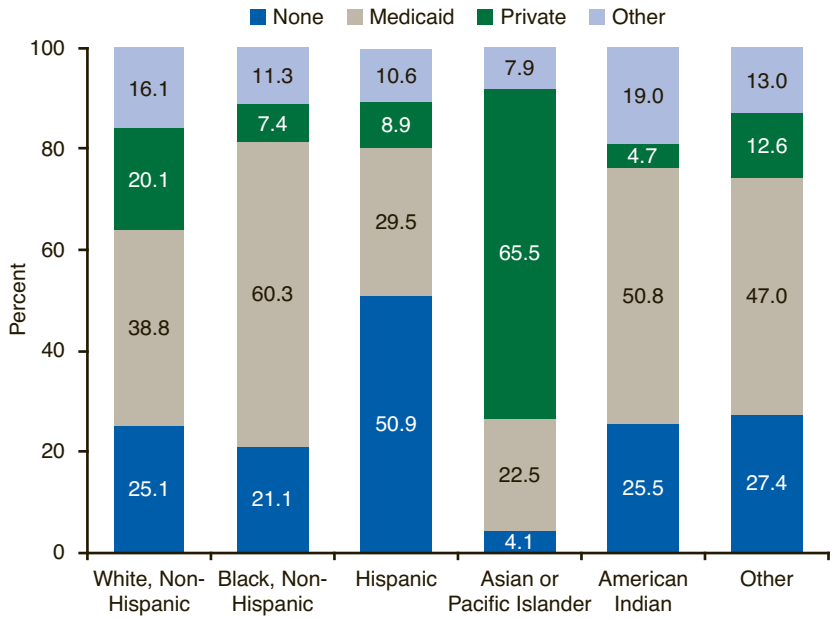
Figure 5. Principal Source of Referral among Early Adolescent Admissions: 2008



Note: Percentages may not sum to 100 percent due to rounding.

Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

Figure 6. Health Insurance Coverage among Early Adolescent Admissions, by Race/Ethnicity: 2008



Note: Alaska Natives are included in the "Other" category; Alaska did not report TEDS data for 2008. Percentages may not sum to 100 percent due to rounding.

Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

percent had private insurance, and 13.5 percent had other insurance (such as Medicare, TRICARE, or CHAMPUS).[5] Slightly over one quarter had no health insurance (27.7 percent). There were considerable differences in health insurance coverage between racial/ethnic groups. For example, the proportion of early adolescent admissions with health insurance coverage ranged from 95.9 percent among Asians/Pacific Islanders to 49.0 percent among Hispanics (Figure 6).

Co-occurring Psychiatric Disorders

Almost one quarter (24.7 percent) of early adolescent admissions had a psychiatric problem in addition to their substance use problem.[6] Males and females were equally likely to have a co-occurring psychiatric disorder (24.8 and 24.7 percent, respectively).

Discussion

The data in this report show that young adolescents are not immune from substance abuse problems. Specifically, the findings indicate that most young adolescent treatment admissions reported that they started using their primary substance sometime between the ages of 12 and 14, not long before they entered treatment. This finding demonstrates that over a very short period of time, use may be sufficient to warrant a therapeutic intervention. Of equal concern are the 31.5 percent of young adolescent admissions who first used their primary substance at age 11 or younger. These data highlight the need for substance abuse prevention efforts that target children younger than age 11.

The differences in patterns of substance abuse between males and females and racial/ethnic groups (i.e., types of substances of abuse and age of first use) also underscore the need for prevention programs that are gender specific and account for possible cultural influences on young adolescents' primary drug of choice and patterns of abuse. Additionally, early intervention programs designed for young adolescents already using substances may help deter these youth from continuing to use to the point where treatment is needed.

The data in this report also highlight the need for specialized treatment services for young adolescents. Many early adolescent admissions exhibited multiple and complex problems, such as being treated for multiple substances of abuse, involvement with the juvenile justice system (as evidenced by the number of criminal justice referrals), or having a psychiatric disorder in addition to their substance use problem. A comprehensive and multi-faceted approach to service provision may help to ensure that their array of needs is met. Additionally, the data show that nearly 1 in 5 early adolescent admissions had at least one prior treatment admission, which suggests that intensive and sustained aftercare services for these youth and their families may be needed in order to improve their chances of recovery.

Efforts to address the behavioral health needs of these young adolescents should extend beyond the youths themselves. Parents and other caregivers may benefit from ongoing education that focuses on helping them talk with their children about the dangers of early alcohol and drug use and recognizing the signs of substance abuse. School and criminal justice system staff, social services providers, and physicians can play instrumental roles in identifying young adolescents who are in need of intervention or treatment, and they may need continuing education on screening techniques that are most effective with these youths.

End Notes

[1] Squeglia, L. M., Jacobus, J., & Tapert, S. F. (2009). The influence of substance use on adolescent brain development. *Clinical EEG and Neuroscience, 40*(1), 31-38.

[2] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2010). [2004 through 2009 NSDUH data for initiation, substance use, and need for treatment among young adolescents]. Unpublished raw data (e-mailed to RTI International, September 3, 2010).

[3] Center for Substance Abuse Treatment. (2008). *Treatment of adolescents with substance use disorders* (Treatment Improvement Protocol [TIP], Series 32, DHHS Publication No. SMA 08-4080). Rockville, MD: Substance Abuse and Mental Health Services Administration.

[4] *Age of first use* is defined differently for drugs and alcohol. For drugs, age of first use identifies the age at which the client first used the respective substance, but for alcohol, it records the age of first intoxication.

[5] *Health insurance* is a Supplemental Data Set item. The 35 States and jurisdictions in which it was reported for at least 75 percent of all admissions aged 12 or older in 2008—AL, AR, AZ, CO, DC, DE, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MO, MS, MT, ND, NE, NH, NJ, NM, NV, OK, OR, PA, PR, SC, SD, TX, UT, WV, and WY—accounted for 47 percent of all such substance abuse treatment admissions in 2008.

[6] *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 31 States and jurisdictions in which it was reported for at least 75 percent of all admissions aged 12 or older in 2008—AL, AR, CA, CO, DE, FL, ID, IA, IL, KS, KY, LA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NM, OH, OK, PR, RI, SC, SD, TN, UT, and WY—accounted for 52 percent of all such substance abuse treatment admissions in 2008.

Suggested Citation

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Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 2008

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The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic characteristics and substance abuse problems of those aged 12 or older admitted for substance abuse treatment. TEDS is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration (SAMHSA). TEDS 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. TEDS received approximately 1.9 million treatment admission records from 48 States, the District of Columbia, and Puerto Rico for 2008.

Definitions for demographic, substance use, and other measures mentioned in this report are available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 11, 2008). *The TEDS Report: TEDS Report Definitions.* Rockville, MD.

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 August 31, 2009.**

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