

The TEDS Report

December 3, 2009

Characteristics of Adolescent Heroin Admissions

Heroin is a highly addictive opiate with a large potential for abuse. It poses a considerable danger for adolescents, potentially resulting in

serious psychological, social, educational, and legal consequences. Heroin use can also result in significant health problems including overdose and death, and, if sharing needles or other injection equipment, exposure to HIV, hepatitis C, and other diseases.

Using data from the 2007 Treatment Episode Data Set (TEDS), this report examines the characteristics of substance abuse treatment admissions aged 12 to 17 reporting heroin abuse. TEDS collects information on up to three substances of abuse at the time of admission. Of the approximately 132,000 adolescent substance abuse treatment admissions in 2007, slightly more than 1,600 reported heroin as a primary, secondary, or tertiary substance of abuse. Understanding the characteristics of adolescent admissions reporting heroin abuse may help treatment providers offer age-appropriate services, including behavioral support and pharmacotherapy, to help reduce heroin

In Brief

- In 2007, there were just over 1,600 adolescent substance abuse treatment admissions for heroin abuse
- On average, adolescent heroin admissions were 14.8 years old when they first used heroin and 16.3 years old at admission to treatment, indicating approximately 18 months of use before entering treatment
- More than half (56 percent) of adolescent heroin admissions had at least one prior treatment episode

abuse also reported abuse of other substances. More than half (56 percent) of adolescent heroin admissions also reported marijuana abuse, nearly one third (32 percent) also reported cocaine abuse, and almost one fifth (19 percent) also reported alcohol abuse (Figure 2).

Many adolescents who have a substance use problem also have a co-occurring psychiatric disorder. Almost one third (32 percent) of adolescent heroin admissions reported having a psychiatric problem in addition to their drug use problem (i.e., co-occurring disorders).¹ Male adolescent heroin admissions were less likely than female adolescent heroin admissions to

report a co-occurring disorder (27 vs. 37 percent).

Prior Treatment

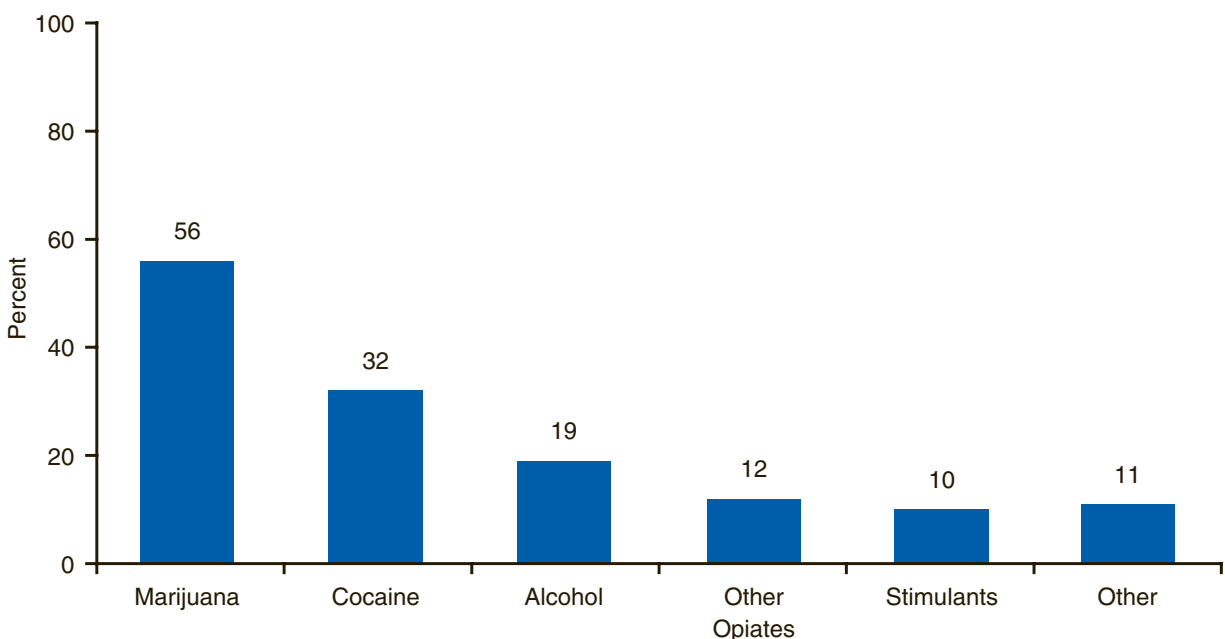
More than half (56 percent) of adolescent heroin admissions had at least one prior treatment episode compared with 30 percent of adolescent admissions for substances other than heroin (Figure 3). Similar percentages of adolescent heroin admissions and adolescent admissions for other substances had been in treatment only once before (24 vs. 19 percent). However, adolescent heroin admissions were almost three times more likely than adolescent admissions for other substances to have had

two or more prior treatment episodes (32 vs. 11 percent).

Use of Medication-Assisted Therapy

Medication-assisted therapy, using methadone or buprenorphine, is recognized as a highly effective treatment for heroin addiction. Medication-assisted therapy with methadone or buprenorphine was planned for more than one quarter (26 percent) of adult heroin admissions. However, treatment with methadone or buprenorphine was planned for only 3 percent of adolescent heroin admissions.

Figure 2. Other Substances of Abuse Reported by Substance Abuse Treatment Admissions Aged 12 to 17 Reporting Any Heroin Abuse: 2007



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Discussion

Any use of heroin is a serious concern, and more so when the user is an adolescent. The public health risks faced by adolescents are identical to those associated with adult users including addiction to an opiate; possible exposure to infectious diseases; and, in the long term, the possibility of scarred or collapsed veins, endocarditis, and liver and kidney disease.

The data in this report have clear implications both for prevention and treatment specialists. To be most effective, prevention programs need to be targeted at adolescents before the probable age of initiation of

heroin use (age 14). Similarly, treatment specialists may need to examine the programs they provide to adolescents. In addition to cognitive behavioral therapy, opioid maintenance therapy may also be appropriate for adolescent clients who are at least 16 years old and have parental consent. Many experts in the field of opioid addiction treatment believe that buprenorphine should be the treatment of choice for adolescent patients with short addiction histories.²⁻³ Finally, additional relapse and recovery services that are age appropriate may also be required to promote and sustain recovery for adolescent clients.

End Notes

¹ *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 29 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2007—AR, CA, CO, DE, FL, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MO, NC, ND, NE, NM, OH, OK, PR, RI, SC, SD, TN, UT, WY—accounted for 54 percent of all substance abuse treatment admissions in 2007.

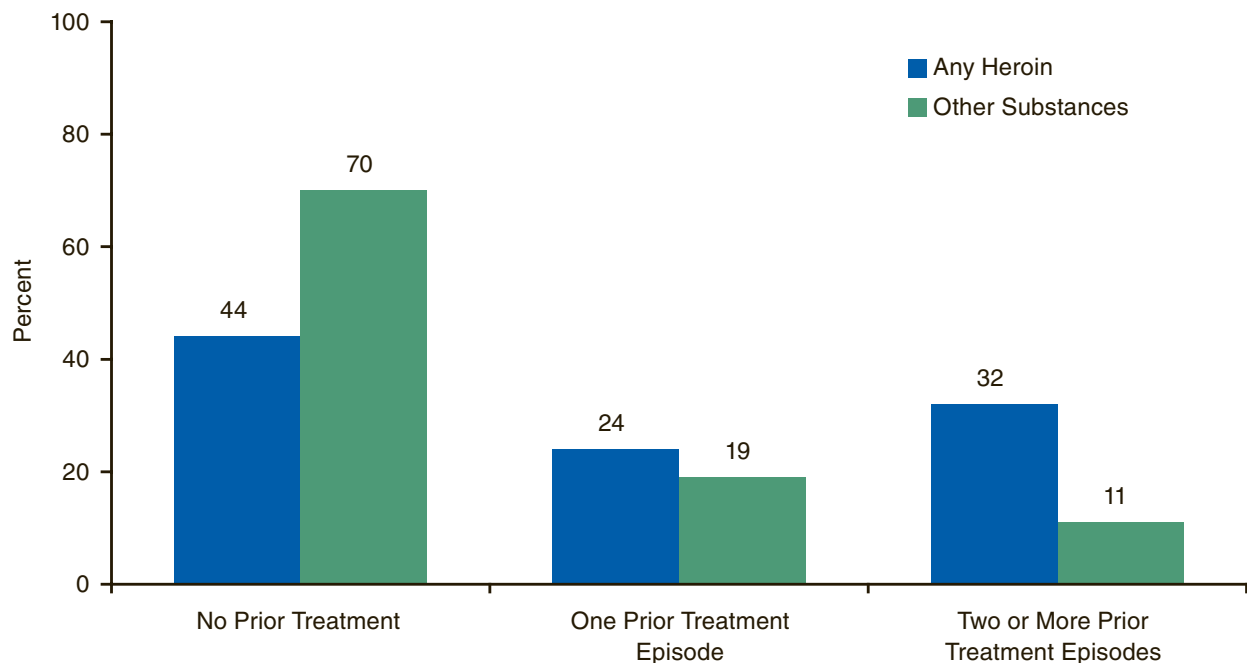
² Center for Substance Abuse Treatment. *Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs* (Treatment Improvement Protocol (TIP) Series 43. DHHS Publication No. (SMA) 05-4048). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2005.

³ Center for Substance Abuse Treatment. *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction* (Treatment Improvement Protocol (TIP) Series 40. DHHS Publication No. (SMA) 04-3939). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 3, 2009). *The TEDS Report: Characteristics of Adolescent Heroin Admissions*. Rockville, MD.

Figure 3. Substance Abuse Treatment Admissions Aged 12 to 17 Reporting Any Heroin Abuse and Other Substances of Abuse, by Number of Prior Treatment Episodes: 2007



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

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Research Findings from SAMHSA's 2007 Treatment Episode Data Set (TEDS)

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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 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 Office of Applied Studies, 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 1.8 million treatment admission records from 45 States, the District of Columbia, and Puerto Rico for 2007.

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 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 the trade name of Research Triangle Institute). **Information and data for this issue are based on admissions data reported to TEDS through October 6, 2008.**

Access the latest TEDS reports at:
<http://oas.samhsa.gov/dasis.htm>

Access the latest TEDS public use files at:
<http://oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:
<http://oas.samhsa.gov>



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