

The DASIS Report

July 5, 2002

Asian and Pacific Islander Adolescents in Substance Abuse Treatment: 1999

In Brief

- The number of Asian and Pacific Islander adolescent admissions increased by 52 percent between 1994 and 1999
- About three quarters of Asian and Pacific Islander adolescent admissions were first treatment episodes
- Asian and Pacific Islander adolescents were more likely to enter treatment through self- or individual referrals or school referrals than the total youth treatment population

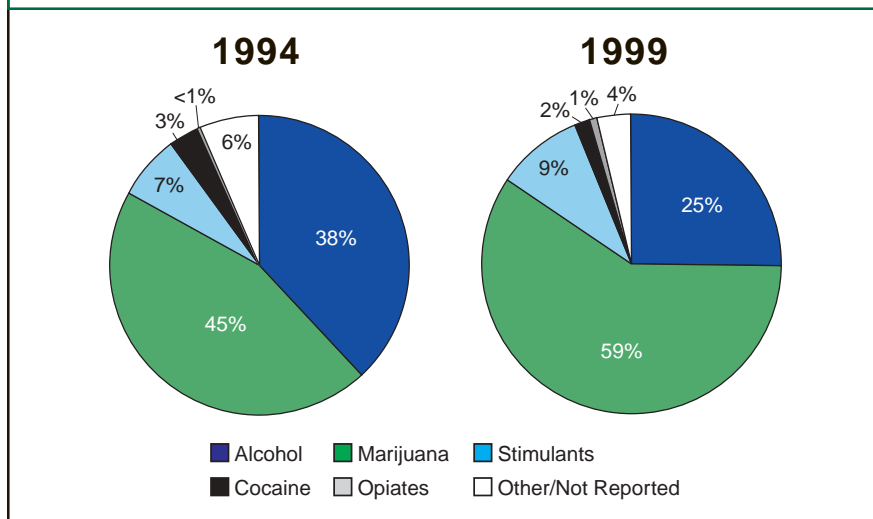
Asian and Pacific Islander adolescents aged 12 to 17 made up more than 4 percent of the United States adolescent population in 1999. According to the 1999 Treatment Episode Data Set (TEDS), this group represented only 2 percent of all adolescent admissions to publicly funded substance abuse treatment facilities. The 2,587 Asian and Pacific Islander adolescent admissions in the 1999 TEDS were 66 percent male and 34 percent female compared with 71 and 29 percent, respectively, among the total youth treatment population.

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. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

Primary Substance of Abuse

Marijuana was the leading primary substance of abuse for Asian and Pacific Islander adolescents entering treatment in 1999, followed by alcohol and stimulants (Figure 1). Asian and Pacific Islander adolescents were admitted in almost the same proportions for marijuana (59 vs. 60 percent) and alcohol (25 vs. 26 percent), but in much higher proportions for stimulants (9 vs. 3 percent) compared with the total youth treatment population (data not shown).

Figure 1. Primary Substance of Abuse Among Asian and Pacific Islander Adolescent Admissions: 1994 and 1999



Source: 1999 SAMHSA Treatment Episode Data Set (TEDS).

Trends in Admissions

The number of Asian and Pacific Islander adolescent admissions increased from 1,698 in 1994 to 2,587 in 1999 (52 percent). In comparison, the number of admissions among the total youth treatment population increased from 108,471 in 1994 to 129,787 in 1999 (20 percent).

Among Asian and Pacific Islander adolescents, admissions for primary marijuana abuse rose from 45 percent in 1994 to 59 percent in 1999, and admissions for primary alcohol abuse fell from 38 percent in 1994 to 25 percent in 1999 (Figure 1).

The percentage of Asian and Pacific Islander male adolescents admitted to treatment for primary marijuana abuse increased from 48 percent in 1994 to 63 percent in 1999, while the percentage of their female counterparts increased from 39 percent in 1994 to 53 percent in 1999 (Figure 2).

Among Asian and Pacific Islander adolescents, the proportion of males admitted to treatment for primary alcohol abuse declined from 36 percent in 1994 to 24 percent in 1999, whereas female admissions for primary alcohol abuse fell from 42 percent in 1994 to 27 percent in 1999.

there was no difference in terms of daily use of marijuana or alcohol between the two groups, a larger percentage of Asian and Pacific Islander adolescents reported daily use of stimulants compared with the total youth treatment population (11 vs. 4 percent).

Daily Use

In 1999, most Asian and Pacific Islander adolescents admitted to treatment who reported daily use in the month prior to admission named either marijuana (76 percent of admissions), stimulants (11 percent), or alcohol (9 percent) (Figure 3).

The percentage of Asian and Pacific Islander adolescents admitted to treatment who reported daily use was higher than that of the total youth treatment population (26 vs. 21 percent) (data not shown). While

Prior Treatment Episodes

About three quarters of Asian and Pacific Islander adolescent admissions were first treatment episodes in 1999. Admissions among Asian and Pacific Islander adolescents were more likely to be new admissions than admissions among the total youth treatment population (75 vs. 68 percent) (data not shown).

Figure 2. Percentage of Male and Female Asian and Pacific Islander Adolescent Admissions, by Primary Substance of Abuse: 1994 and 1999

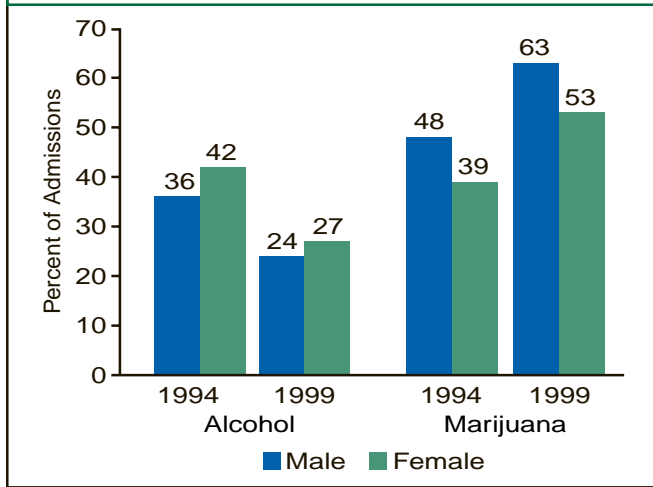
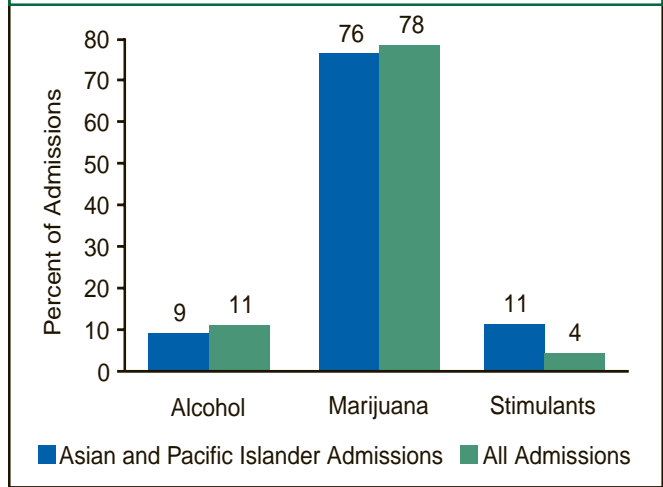


Figure 3. Percentage of Asian and Pacific Islander and All Adolescent Admissions, by Daily Use of Primary Substance: 1999



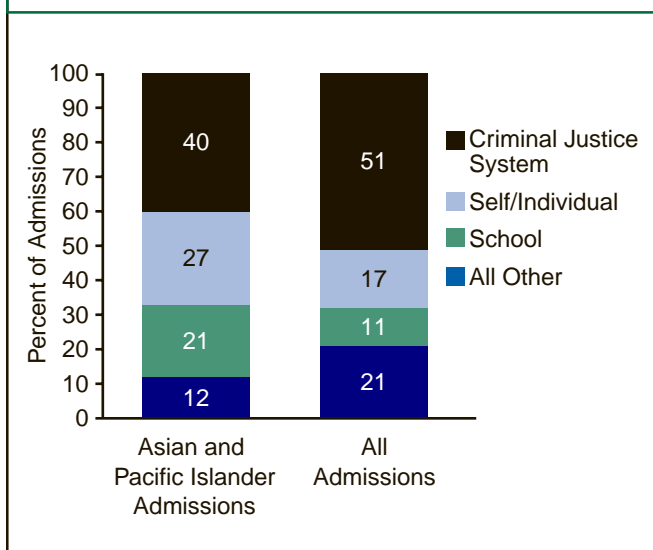
Referral Source

In 1999, 40 percent of Asian and Pacific Islander adolescent treatment admissions were referred through the criminal justice system (Figure 4), which represented an increase from the 32 percent referred through the criminal justice system in 1994 (data not shown). However, the percentage of Asian and Pacific

Islander adolescent admissions referred through the criminal justice system was lower than that of total youth treatment admissions (40 vs. 51 percent).

Asian and Pacific Islander adolescents were more likely to have entered treatment through self- or individual referral (27 vs. 17 percent of admissions) or school referral (21 vs. 11 percent) compared with the total youth treatment population.

Figure 4. Percentage of Asian and Pacific Islander and All Adolescent Admissions, by Referral Source: 1999



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. Approximately 1.6 million records are included in TEDS each year. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and RTI, Research Triangle Park, North Carolina.

Information and data for this issue are based on data reported to TEDS through April 16, 2001.

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

Access the latest TEDS public use files at:

<http://www.samhsa.gov/oas/SAMHDA.htm>

Other substance abuse reports are available at:

<http://www.DrugAbuseStatistics.samhsa.gov>



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