

The **DASIS** Report

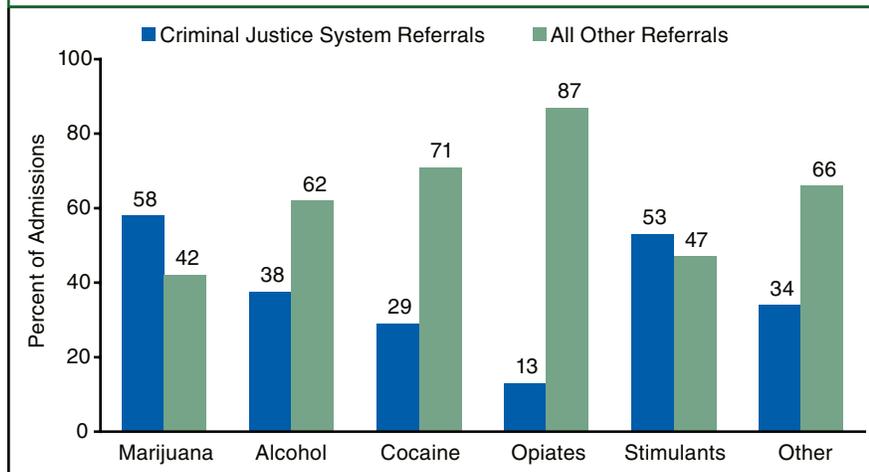
June 24, 2005

Differences in Marijuana Admissions Based on Source of Referral: 2002

In Brief

- The proportion of criminal justice referred admissions increased from 48 percent of all marijuana admissions in 1992 to 58 percent of marijuana admissions in 2002
- Non-criminal justice referred marijuana admissions were more likely to report daily use of marijuana and secondary substances, including alcohol, cocaine, opiates, stimulants, and other drugs, than criminal justice referred marijuana admissions

A recent study found that while the prevalence of marijuana use remained stable between 1991-1992 and 2001-2002, the prevalence of marijuana abuse or dependence diagnoses increased significantly during this time.¹ A recent issue of *The DASIS Report*² examined marijuana treatment admissions between 1992 and 2002 and found that between these years the rate of substance abuse treatment admissions reporting marijuana as their primary substance of abuse³ per 100,000 population increased 162 percent. Similarly, the proportion of marijuana admissions increased from 6 percent of all admissions in 1992 to 15 percent of all admissions reported to the Treatment Episode Data Set (TEDS) in 2002.

Figure 1. Admissions, by Primary Substance and Source of Referral: 2002

Source: 2002 SAMHSA Treatment Episode Data Set (TEDS).

During this time period, the percentage of marijuana treatment admissions that were referred from the criminal justice system increased from 48 percent of all marijuana admissions in 1992 to 58 percent of all marijuana admissions in 2002. This report will look at the characteristics of primary marijuana admissions in TEDS who were referred to treatment by the criminal justice system, compared with referrals from all other sources.

Referral Source

Among all substance abuse treatment admissions in 2002, marijuana and stimulant admissions were more frequently referred by the criminal justice system than alcohol, cocaine, or opiate admissions (Figure 1).⁴ Among primary marijuana admissions, the criminal justice system was the most frequent source of referral (Table 1).

Demographics

Marijuana admissions referred by the criminal justice system

were more likely to be male (83 percent) than those referred by other sources (66 percent). Among primary marijuana admissions, criminal justice referrals were more likely to be Black (31 vs. 25 percent) and less likely to be White (51 vs. 59 percent) than all other referrals (Figure 2).

Among primary marijuana admissions, criminal justice referrals tended to be slightly younger than all other marijuana admissions. The average age of those referred by the criminal justice system was 23 compared with an average age of 24 among marijuana admissions referred by other sources.

Marijuana admissions referred by the criminal justice system were more likely to be employed full- or part-time (43 percent) than marijuana admissions referred from other sources (32 percent).⁵ There was no difference in educational attainment between criminal justice referrals and marijuana admissions from other referral sources (average number of years of education for both groups was 11 years).

Frequency of Use

Non-criminal justice referrals were more likely to have used marijuana in the past month (73 vs. 60 percent) and reported daily use (32 vs. 23 percent) than marijuana admissions referred by the criminal justice system.⁶

Thirty-three percent of marijuana admissions referred by other sources and 37 percent referred by the criminal justice system reported no secondary substance of abuse. Among marijuana admissions reporting a second problem substance, non-criminal justice referrals were less likely to report use of alcohol and more likely to report use of cocaine than criminal justice referrals. Non-criminal justice referrals were more likely to report daily use of alcohol, cocaine, opiates, stimulants, and other drugs, than criminal justice referrals (Table 2).

Service Setting

Marijuana admissions referred by the criminal justice system were more likely to be admitted to ambulatory (outpatient) treatment services (86 vs. 79 percent) and less likely to be admitted to residential/rehabilitation (13 vs. 16 percent) or detoxification services (1 vs. 4 percent) than those referred by other sources.⁷

End Notes

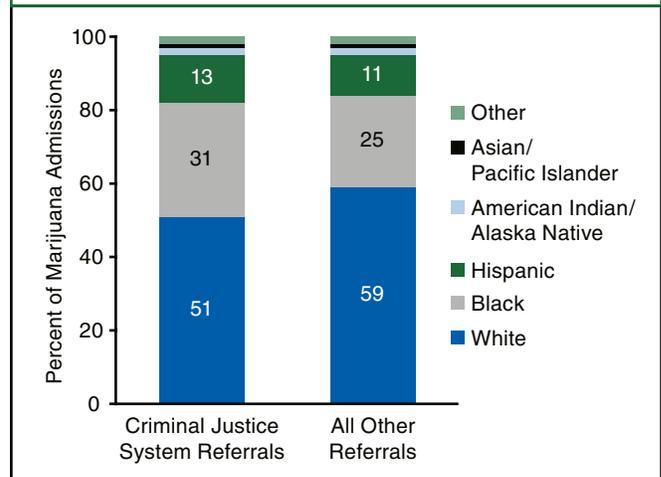
¹ Compton, W. M., Grant, B. F., Collier, J. D., Glantz, M. D., & Stimson, F. S. (2004). Prevalence of marijuana use disorders in the United States: 1991–1992 and 2001–2002. *JAMA* 291(17), 2114–2121.

² Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Trends in marijuana treatment admissions, by state: 1992–2002*. Rockville, MD, March 4, 2005. Retrieved May 31, 2005 from <http://oas.samhsa.gov/2k5/MJstateTrends/MJstateTrends.cfm>

Table 1. Marijuana Admissions, by Referral Source: 2002

Primary Source of Referral	Number	Percent
Self/Individual	46,948	16.8
Alcohol/Drug Abuse Care Provider	15,206	5.4
Other Health Care Provider	13,244	4.7
School	11,750	4.2
Employer/EAP	3,303	1.2
Other Community Referral	27,367	9.8
Criminal Justice System	162,087	57.9
Total	279,905	100.0

Figure 2. Marijuana Admissions, by Race/Ethnicity and Referral Source: 2002



³ The *primary substance of abuse* is the main substance reported at the time of admission.

⁴ The higher percentage of stimulant referrals from the criminal justice system may reflect the impact of the California Substance Abuse and Crime Prevention Act, which diverts drug offenders to treatment.

⁵ Analysis of *employment status* includes admissions 19 to 64. *Unemployed* includes those seeking work as well as those considered not to be in the labor force (i.e., retired, student, etc.).

⁶ Admissions from the criminal justice system may have been incarcerated prior to admission to treatment curtailing access to substances of abuse, which may influence the reported frequency of use.

⁷ *Service settings* are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

Table 2. Marijuana Admissions Reporting Secondary Substance Problem and Daily Use of Second Problem Drug: 2002

Secondary Substance Problem	Criminal Justice System Referrals		All Other Referrals	
	Use of Substance	Daily use of Substance	Use of Substance	Daily use of Substance
	Percent			
Alcohol	72	6	67	10
Cocaine	11	9	14	18
Opiates	2	17	3	32
Stimulants	10	15	10	18
Other	5	18	6	21

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 1.9 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 March 1, 2004.

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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