

Adolescent Outlook and Outcomes FY 2010

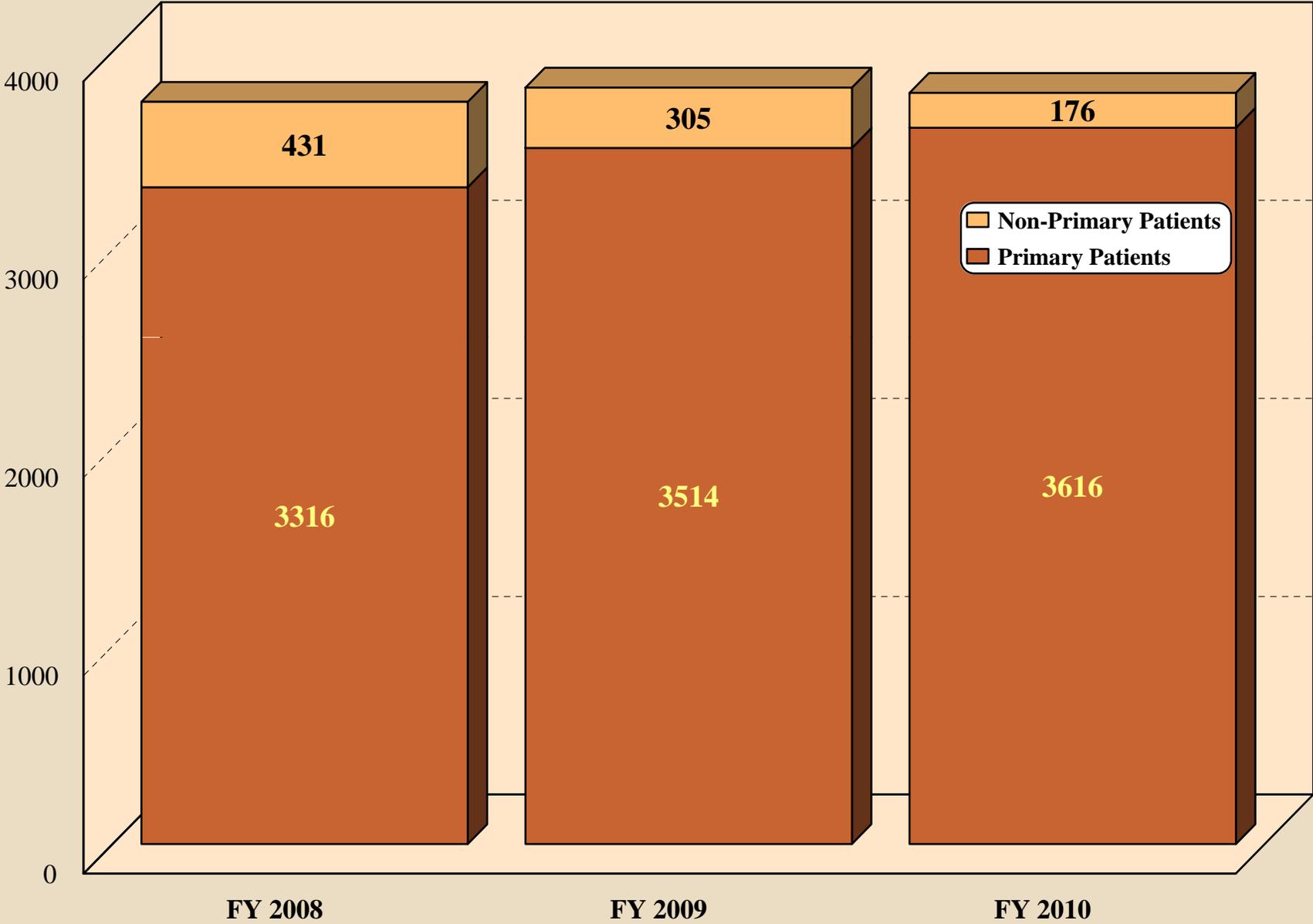
**Maryland Alcohol and Drug Abuse
Administration (ADAA)**

Thomas P. Cargiulo, Pharm. D., Director

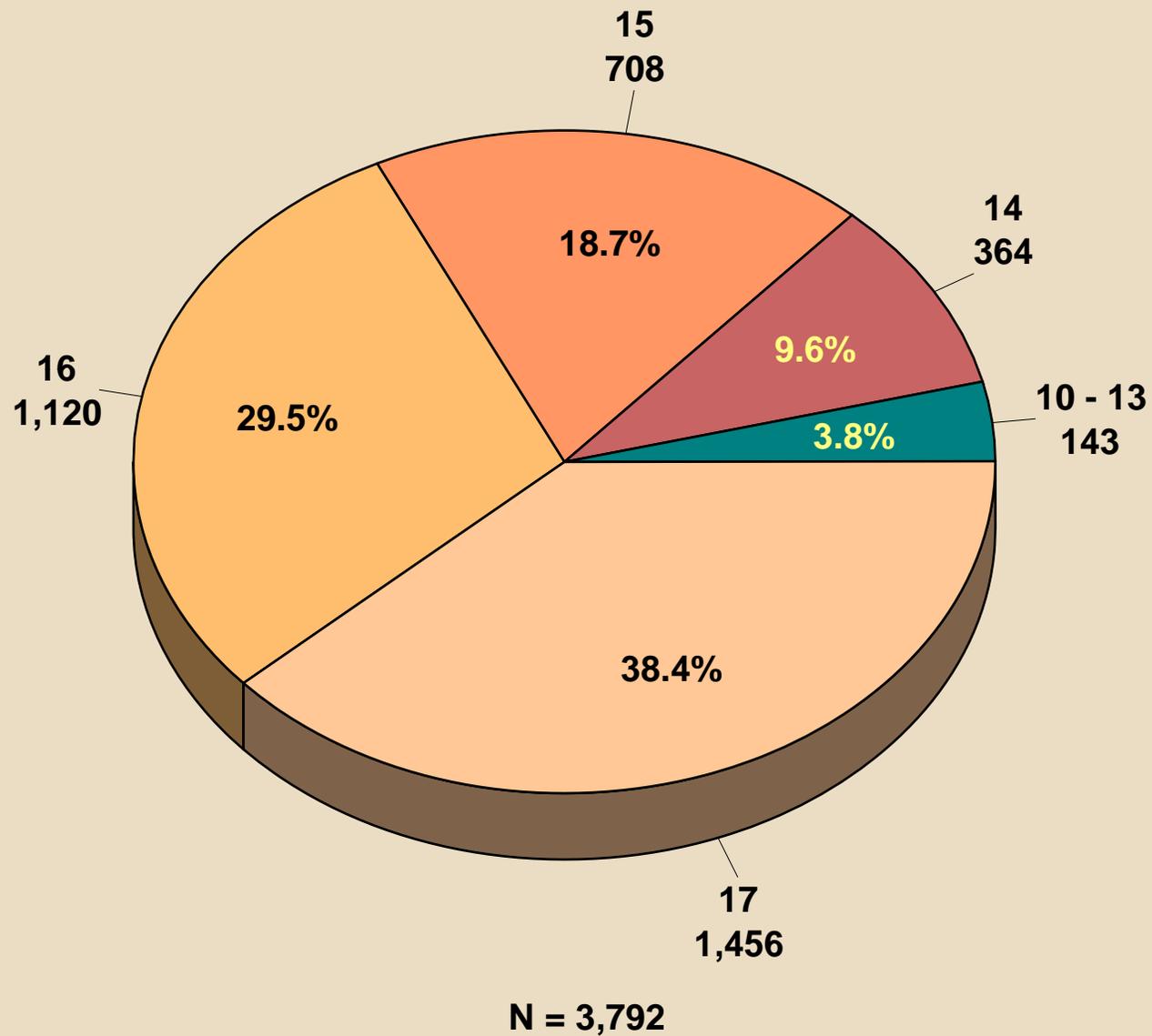
- **The 2008 National Survey on Health (NSDUH) estimates for 2008 that about 21,000 Maryland adolescents needed and did not receive treatment for alcohol and about 16,000 for drugs. Adjusting for the overlap suggests about 30,000 Maryland adolescents needed but did not receive treatment for alcohol and/or drugs in 2008.**
- **The more conservative Poisson need-estimation method based on treatment data suggested about 22,000 Maryland adolescents needed but did not receive treatment in 2008. The Poisson estimate for FY 2010 was about 20,000. An additional 5,800 individual adolescents did receive treatment during FY 2010.**

- **Total adolescent admissions have been relatively stable for the past three fiscal years, although those reported as primary patients increased 9 percent during that period.**
- **About two-thirds of adolescents admitted during FY 2010 were 16 or 17 years of age. Less than 4 percent were under 14.**
- **Only 18 percent of adolescent admissions involved females, whereas about one-third of adult admissions were females.**

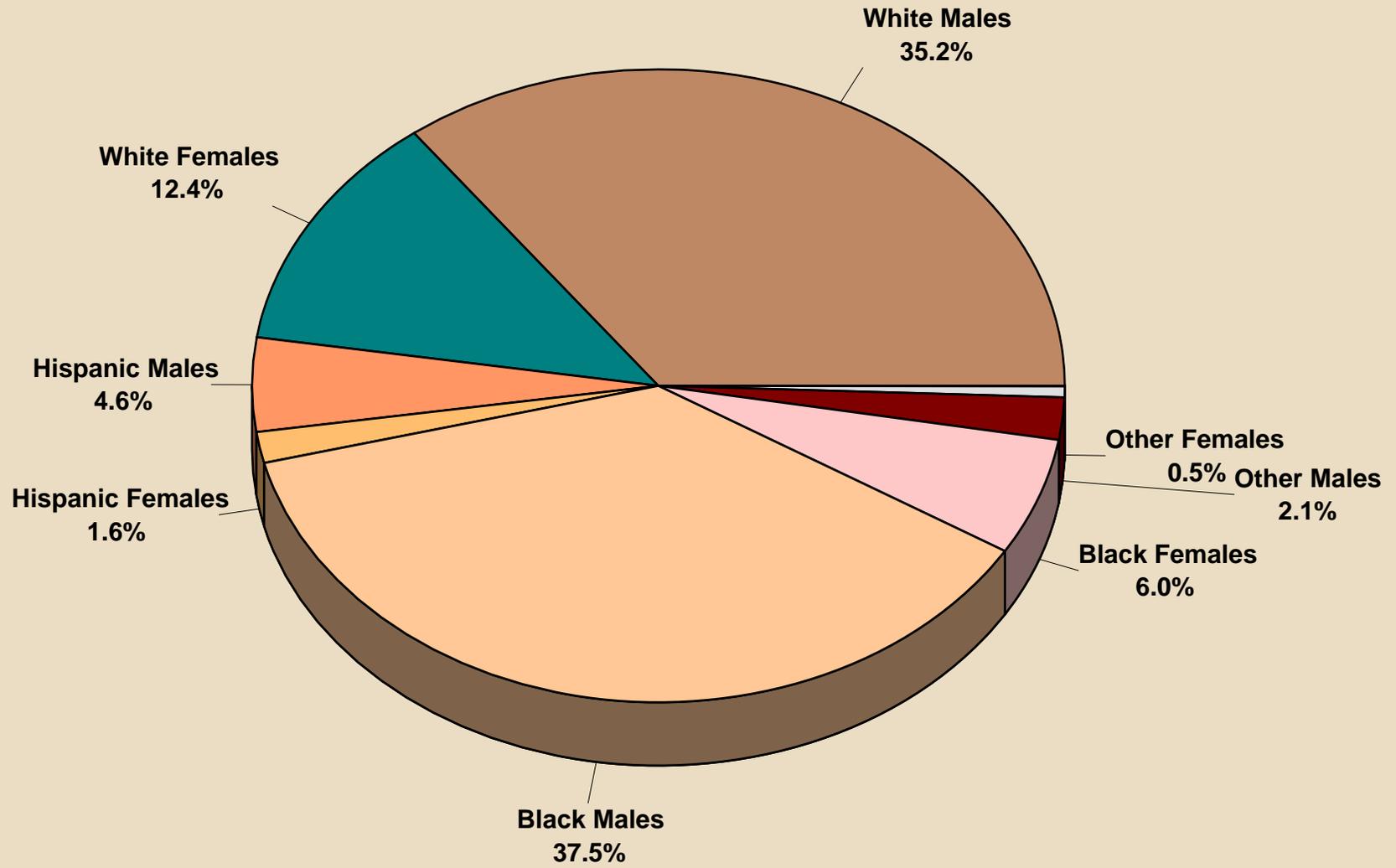
Adolescent Admissions to State-Funded Alcohol and Drug Abuse Treatment Programs FY 2008 - FY 2010



Adolescent Patient Age at Admission State-Funded Treatment Admissions FY 2010



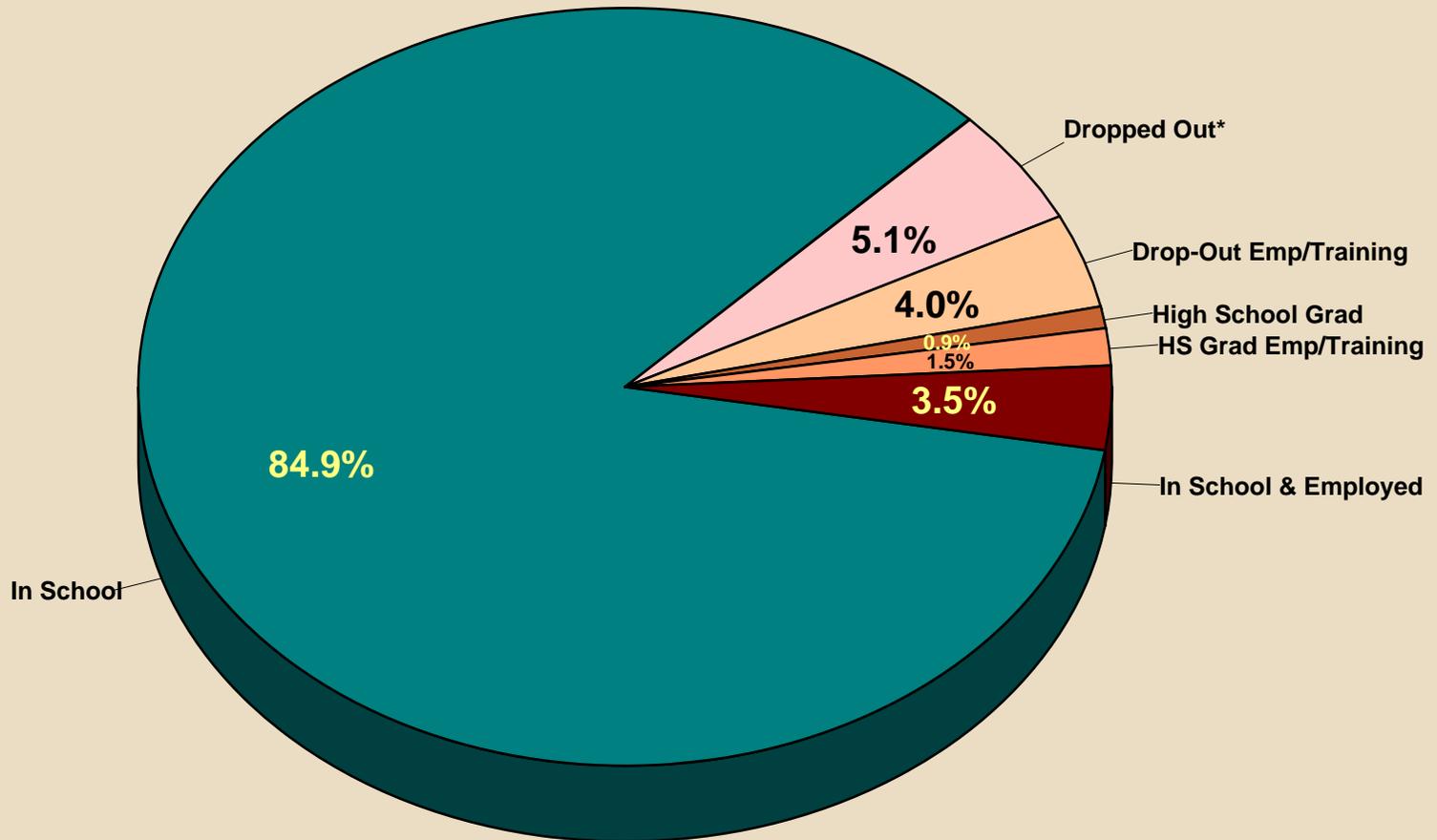
Adolescent Patient Race/Ethnicity/Gender State-Funded Admissions FY 2010



N = 3,792

- **About 94 percent of adolescents admitted were involved in school, a job and/or skills training.**
- **It is estimated about 9 percent of adolescents admitted were high-school drop-outs.**
- **About half of adolescents admitted reported Medicaid eligibility; nearly a third had private insurance (not necessarily supporting the current treatment).**

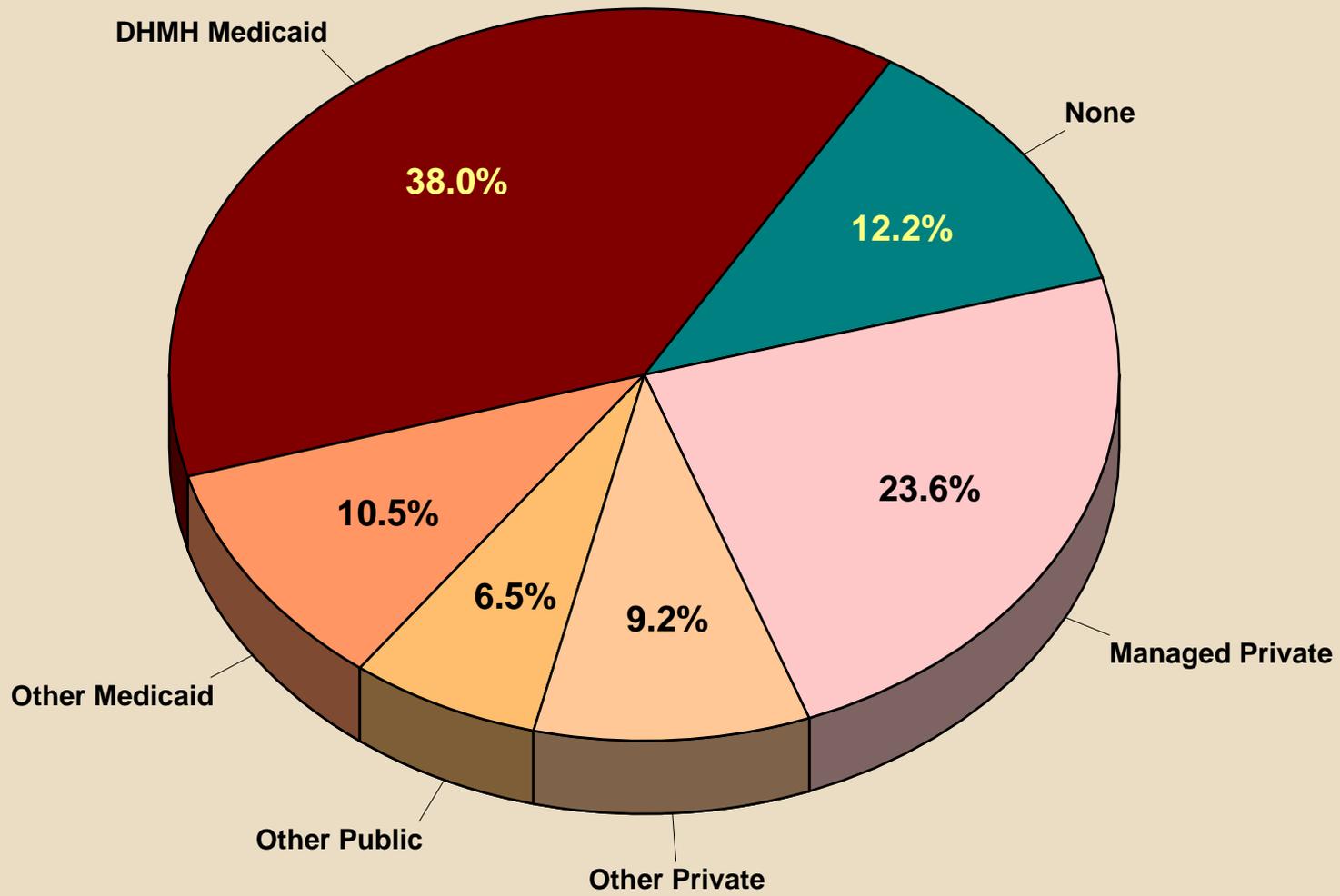
Adolescent Patient Educational Status State-Funded Admissions FY 2010



N = 3,792

*Had not completed 12th grade and was not reported as attending grades K thru 12.

Adolescent Patient Health Coverage State-Funded Admissions FY 2010



N = 3,792

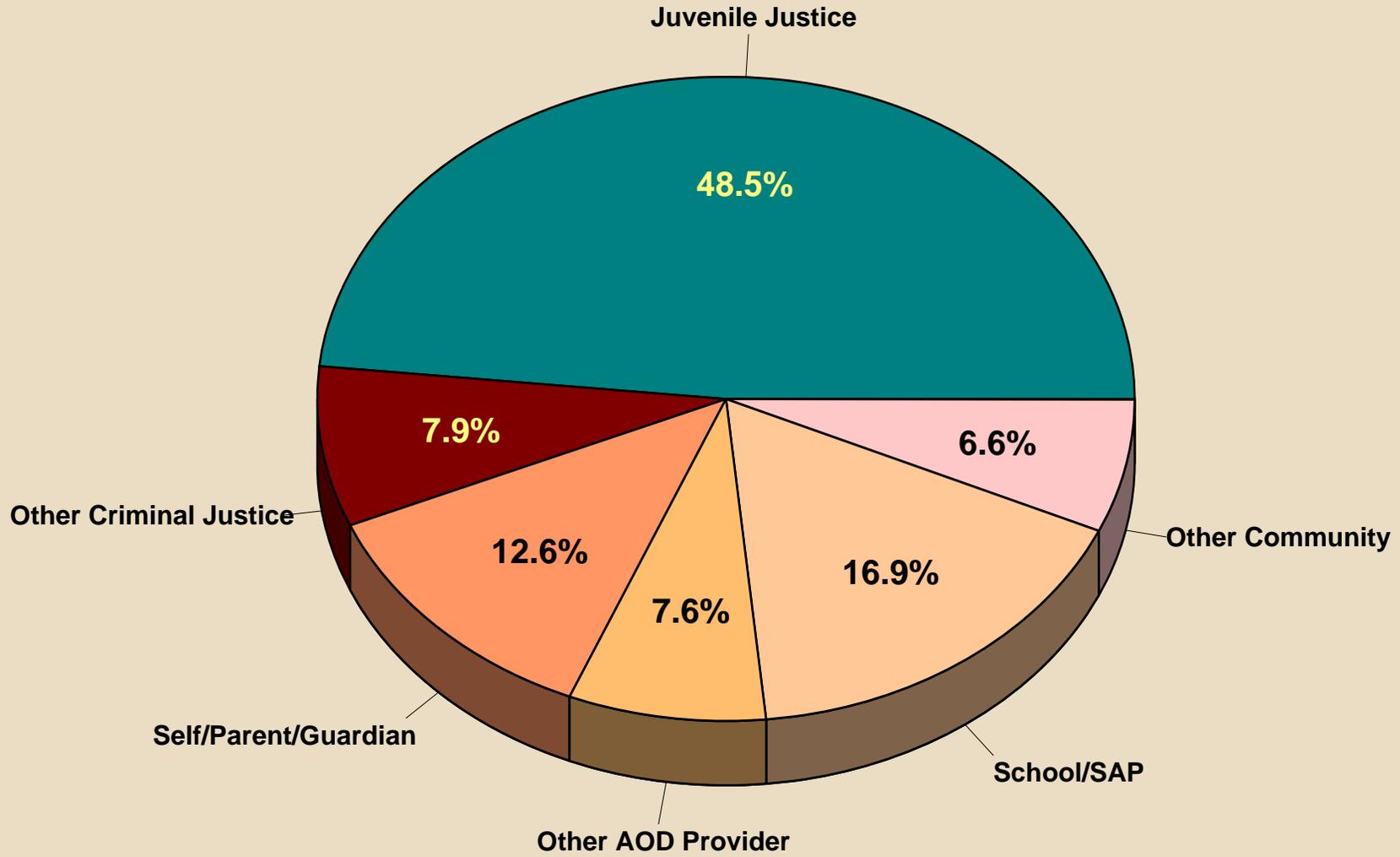
- **From FY 2008 to FY 2010 admissions of adolescents residing in Allegany, Anne Arundel, Cecil, Harford, St. Mary's, Somerset, Talbot, Washington and Worcester counties declined sharply.**
- **Substantial increases occurred among residents of Baltimore, Howard and Wicomico counties; otherwise adolescent admissions were fairly stable.**
- **Whereas 30 percent of adults admitted resided in Baltimore City, only 20 percent of adolescents did.**

**Residence of Adolescents Admitted to State-Funded Alcohol and Drug Abuse Treatment
FY 2008 to FY 2010**

Reported Residence	Fiscal Year of Admission		
	2008	2009	2010
Allegany	164	83	65
Anne Arundel	159	126	106
Baltimore City	560	696	770
Baltimore County	362	378	513
Calvert	118	102	97
Caroline	61	122	90
Carroll	137	155	138
Cecil	76	74	54
Charles	103	111	123
Dorchester	91	83	87
Frederick	217	242	228
Garrett	53	61	44
Harford	204	168	139
Howard	90	109	121
Kent	52	53	51
Montgomery	214	174	195
Prince George's	290	277	310
Queen Anne's	82	84	70
St. Mary's	151	131	85
Somerset	99	88	41
Talbot	106	86	62
Washington	140	140	106
Wicomico	88	179	185
Worcester	83	53	66
Out-of-State	47	44	46
Total	3747	3819	3792

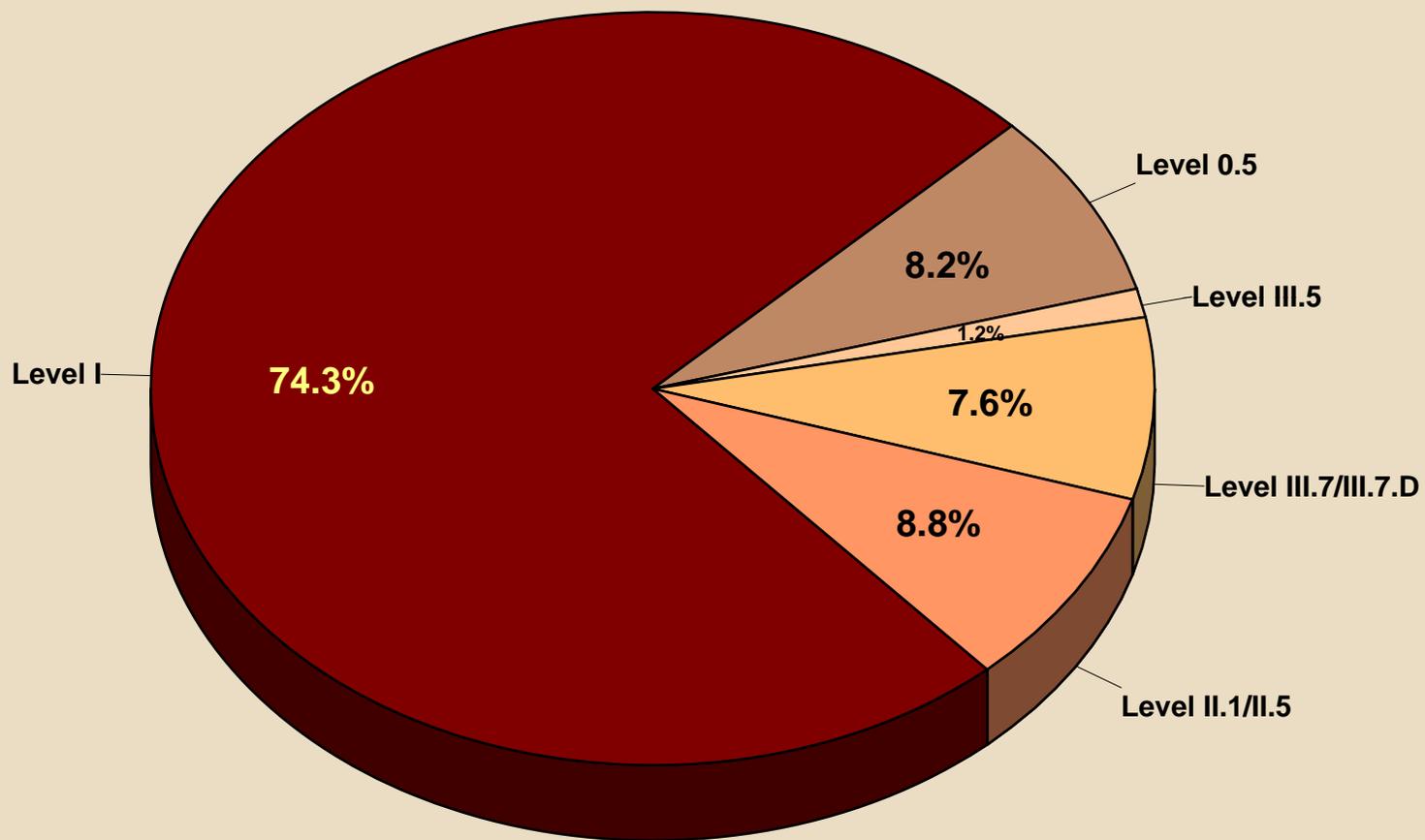
- **Over 56 percent of FY 2010 adolescent admissions originated in the juvenile and criminal-justice system; the adult percentage coming from the criminal-justice system was 41.**
- **Seventeen percent of adolescent admissions were referred by schools and student-assistance programs.**
- **Over 90 percent of adolescent admissions at the start of episodes were to outpatient levels of care compared with about 66 percent for adults. Nearly three-fourths of adolescents entered Level I initially.**

Adolescent Patient Source of Referral State-Funded Admissions FY 2010



N = 3,792

**Adolescent Patient ASAM Level of Care*
State-Funded Admissions
FY 2010**

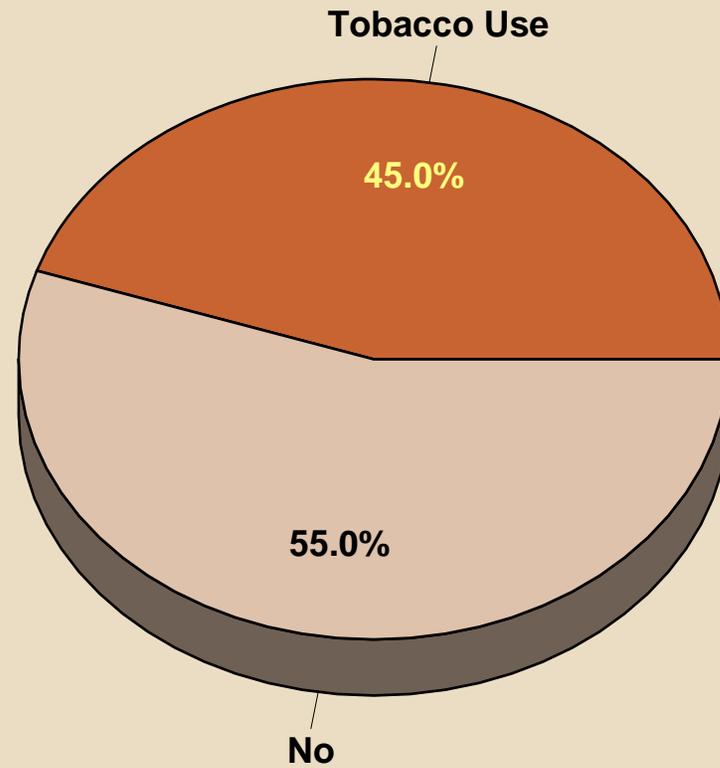
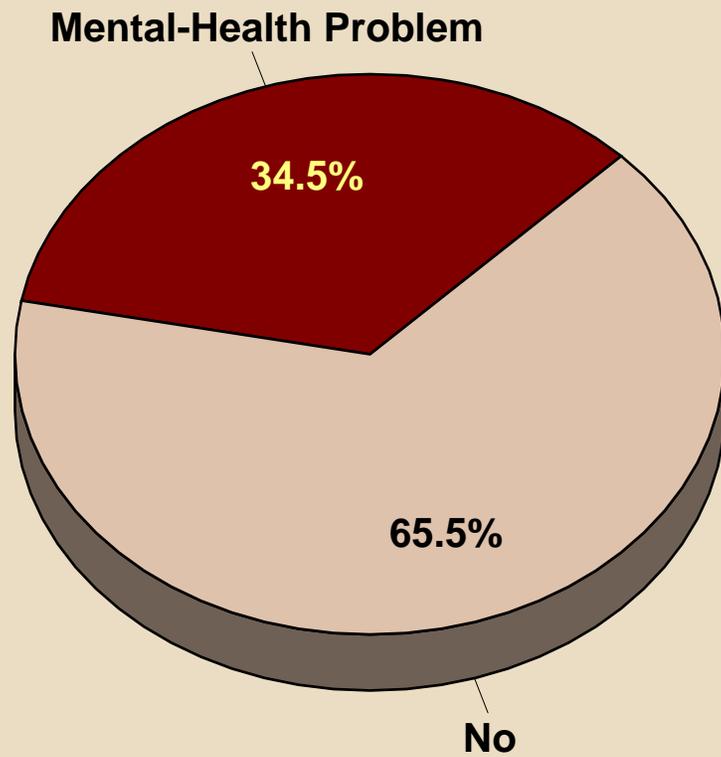


N = 3,792

*The initial level of care at admission.

- **Adolescents were less likely than adults to be reported as having mental-health problems – 35 percent of adolescents and 41 percent of adults were in that category. In FY 2009 only 29 percent of adolescents had reported mental-health problems.**
- **Adolescents were also less likely than adults to be tobacco users, 45 versus 72 percent, having decreased from 52 percent the previous year.**

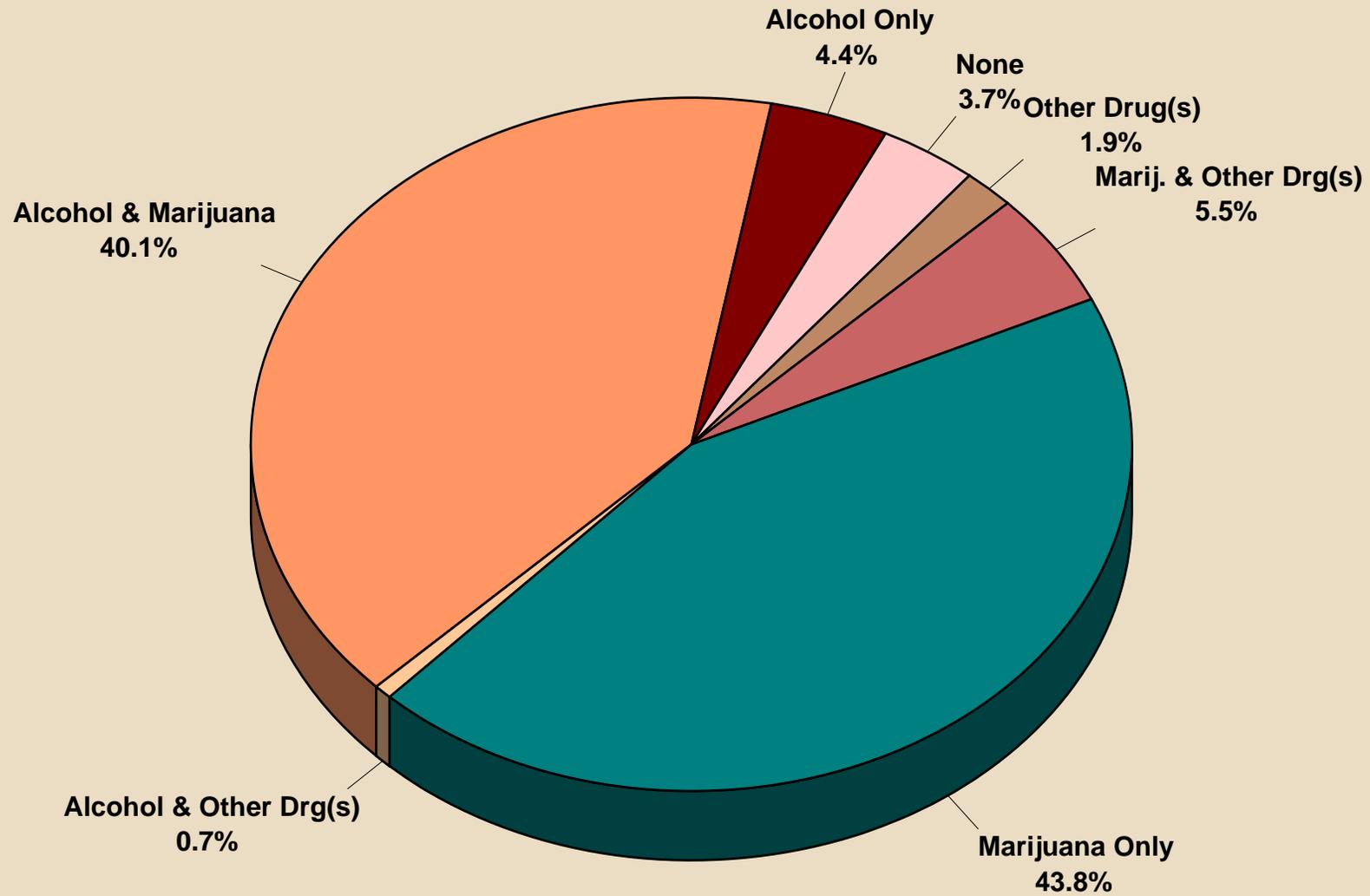
**Adolescent Patient Co-Occurring Disorders
State-Funded Admissions
FY 2010**



N = 3,792

- **Nine in every ten adolescent admissions involved marijuana; 45 percent involved alcohol.**
- **Admissions rarely had alcohol as the only reported substance problem (4.4 percent), but 44 percent had marijuana as the lone-problem substance.**

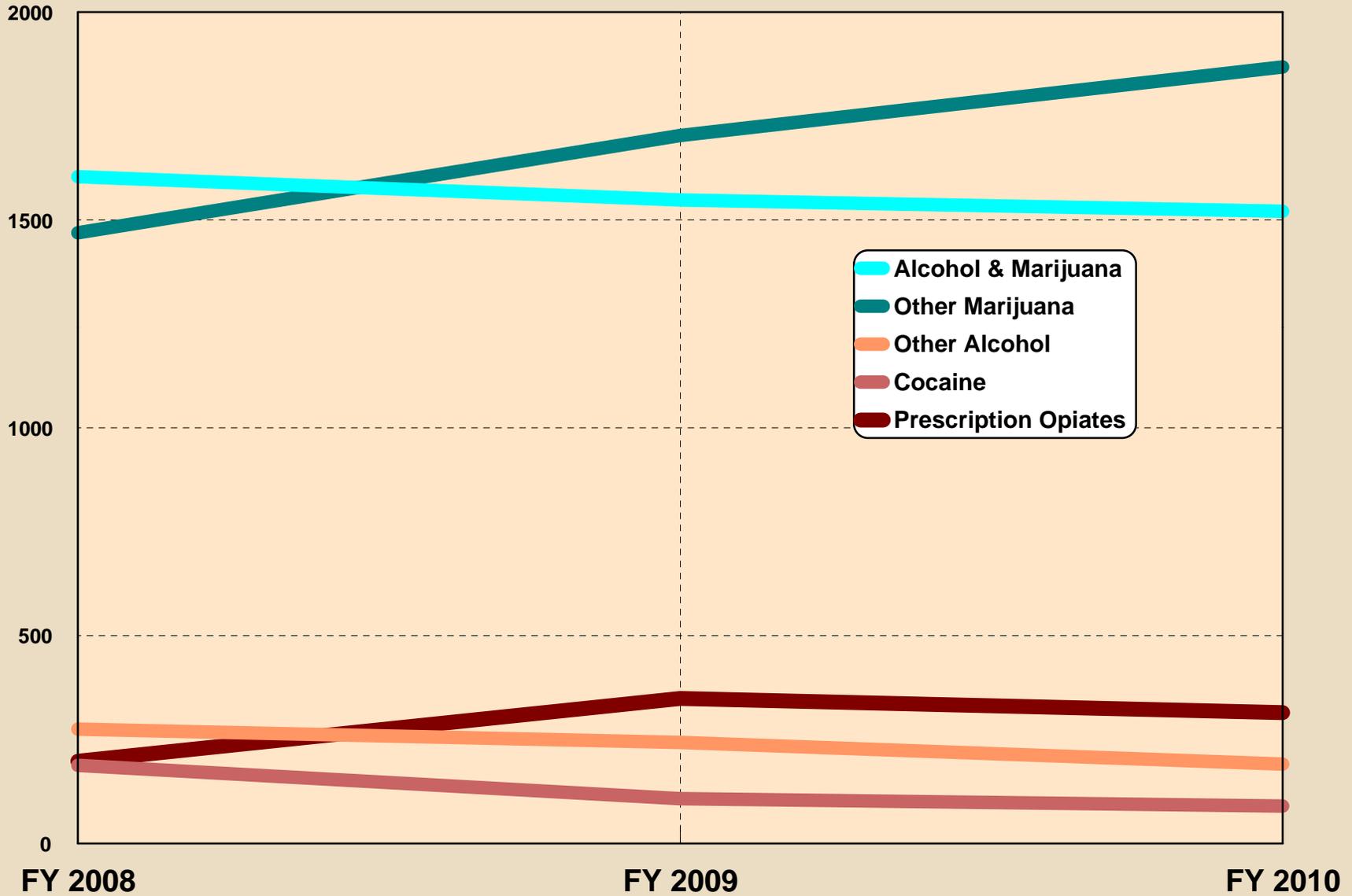
Adolescent Patient Pattern of Substance Abuse Problems State-Funded Admissions FY 2010



N = 3,792

- **Over the past several years the fastest growing substance problems among adolescent admissions were the same as among adults – prescription opiates and other pharmaceuticals.**
- **From FY 2008 to 2010 Oxycodone-related admissions increased 77 percent, other opiate painkillers 35 percent, and benzodiazepines 92 percent.**
- **Marijuana-related admissions increased 10 percent; admissions involving both marijuana and alcohol fell by 5 percent while those not involving alcohol increased 27 percent.**
- **Cocaine-related admissions decreased nearly 80 percent, heroin fell by 22 percent and alcohol by nearly a third.**

Reported Substance Problems* among Adolescent Admissions to State-Funded Treatment Programs FY 2008 to FY 2010



*Up to three substance problems are reported for each admission.

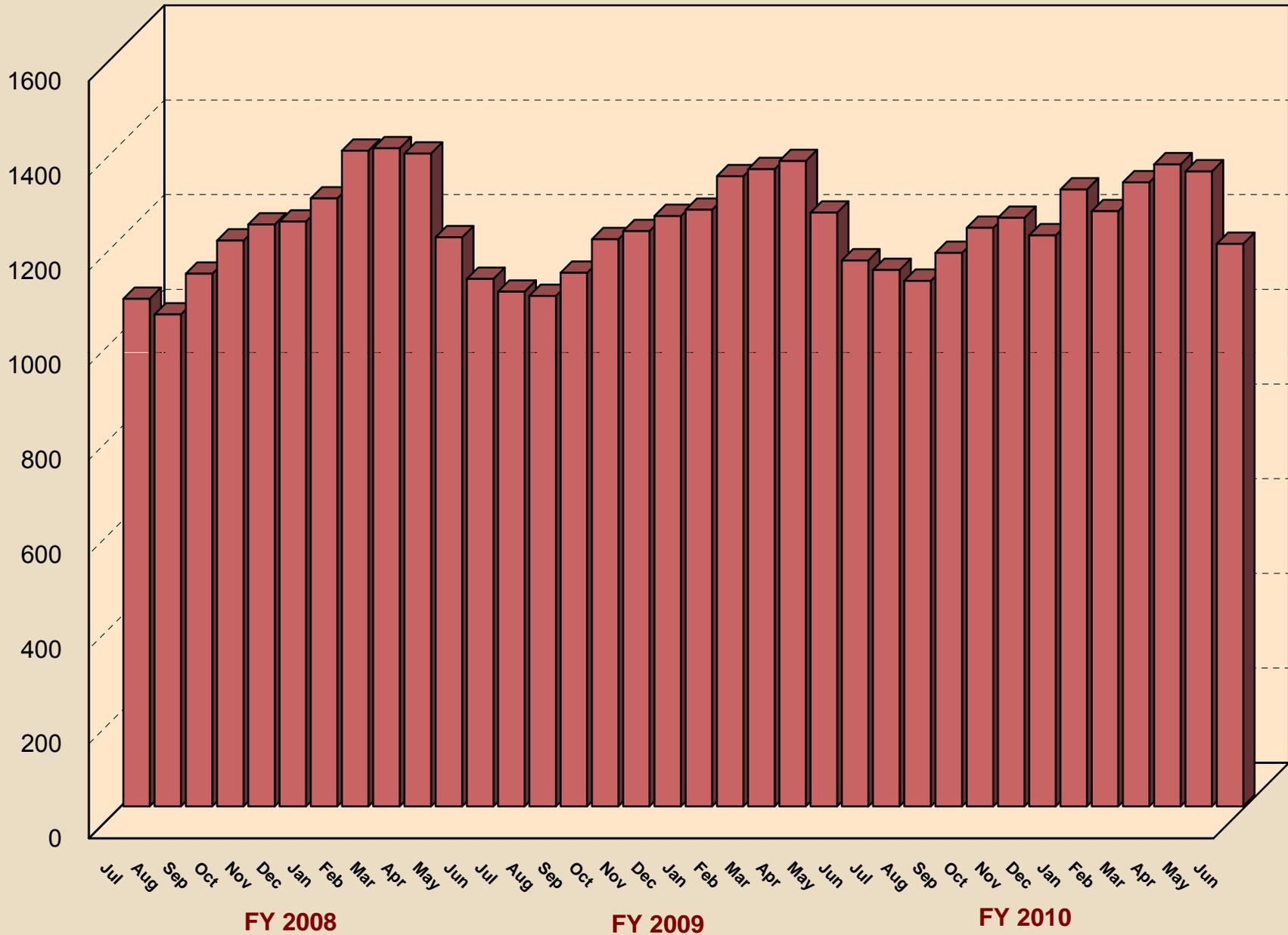
Adolescent Patients Admitted to State-Funded Alcohol & Drug Abuse Treatment Programs

Substance Problems*	Fiscal Year of Admission					
	2008		2009		2010	
	#	%	#	%	#	%
Alcohol	1879	55.3	1791	50.4	1712	46.9
Crack	47	1.4	17	0.5	16	0.4
Other Cocaine	141	4.1	91	2.6	74	2.0
Marijuana/Hashish	3073	90.4	3251	91.4	3388	92.8
Heroin	43	1.3	59	1.7	68	1.9
Non-Rx Methadone	15	0.4	22	0.6	19	0.5
Oxycodone	117	3.4	223	6.3	207	5.7
Other Opiates	66	1.9	104	2.9	89	2.4
PCP	22	0.6	12	0.3	12	0.3
Hallucinogens	49	1.4	35	1.0	28	0.8
Methamphetamines	7	0.2	9	0.3	13	0.4
Other Amphetamines & Stimulants	66	1.9	47	1.3	35	1.0
Benzodiazepines	37	1.1	44	1.2	71	1.9
Other Tranquilizers, Barbiturates & Sedatives	10	0.3	7	0.2	7	0.2
Inhalants	17	0.5	23	0.6	13	0.4
Over-the-Counter	38	1.1	28	0.8	23	0.6
Other	60	1.8	50	1.4	39	1.1
Total	3399	—	3557	—	3652	—

*Up to three substances are reported for each admission so percentages do not add to 100.

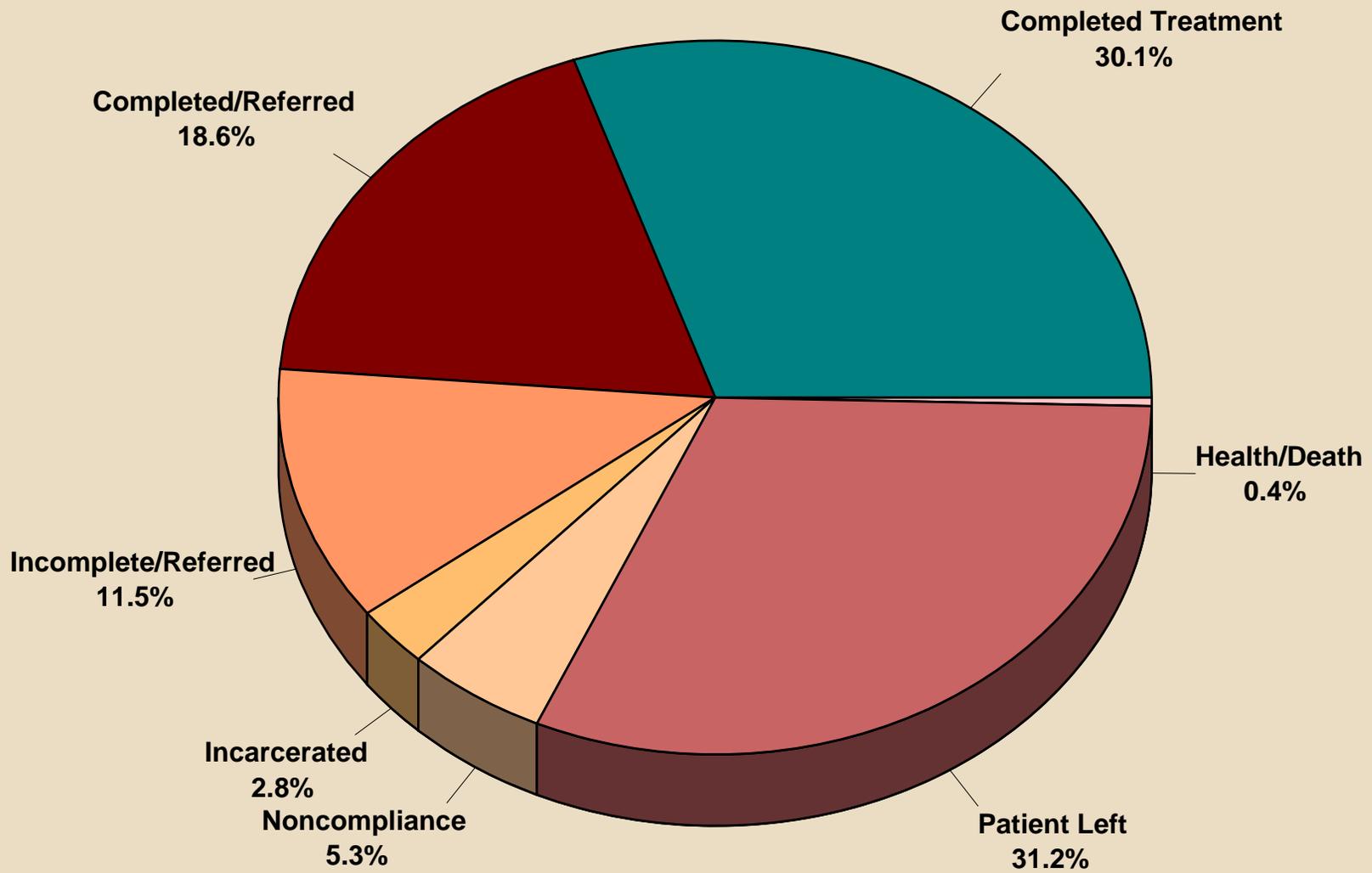
- **The admission/discharge ratio for adolescents was about 1.00 for 2008; however, during FY 2009 it was .88 and during FY 2010 it was .87, suggesting a continuing downward trend in adolescents receiving treatment in Maryland.**
- **A substantial number of adolescent patients leave treatment with the end of the school year in the summer months, and the numbers of active adolescent patients increase in the Fall, peaking in the Spring.**

Adolescent Patients Active in State-Funded Treatment on the Last Day of the Month FY 2008 - FY 2010



- **Just under half of adolescent discharges from treatment involved treatment-plan completion; the adult completion percentage was 52 percent.**
- **Referrals for further treatment were made in 30 percent of adolescent discharges, 35 percent of adult.**
- **Five percent of adolescents were discharged for noncompliance with program rules and 31 percent left before completing treatment. The respective percentages for adults were 9 and 29 percent.**

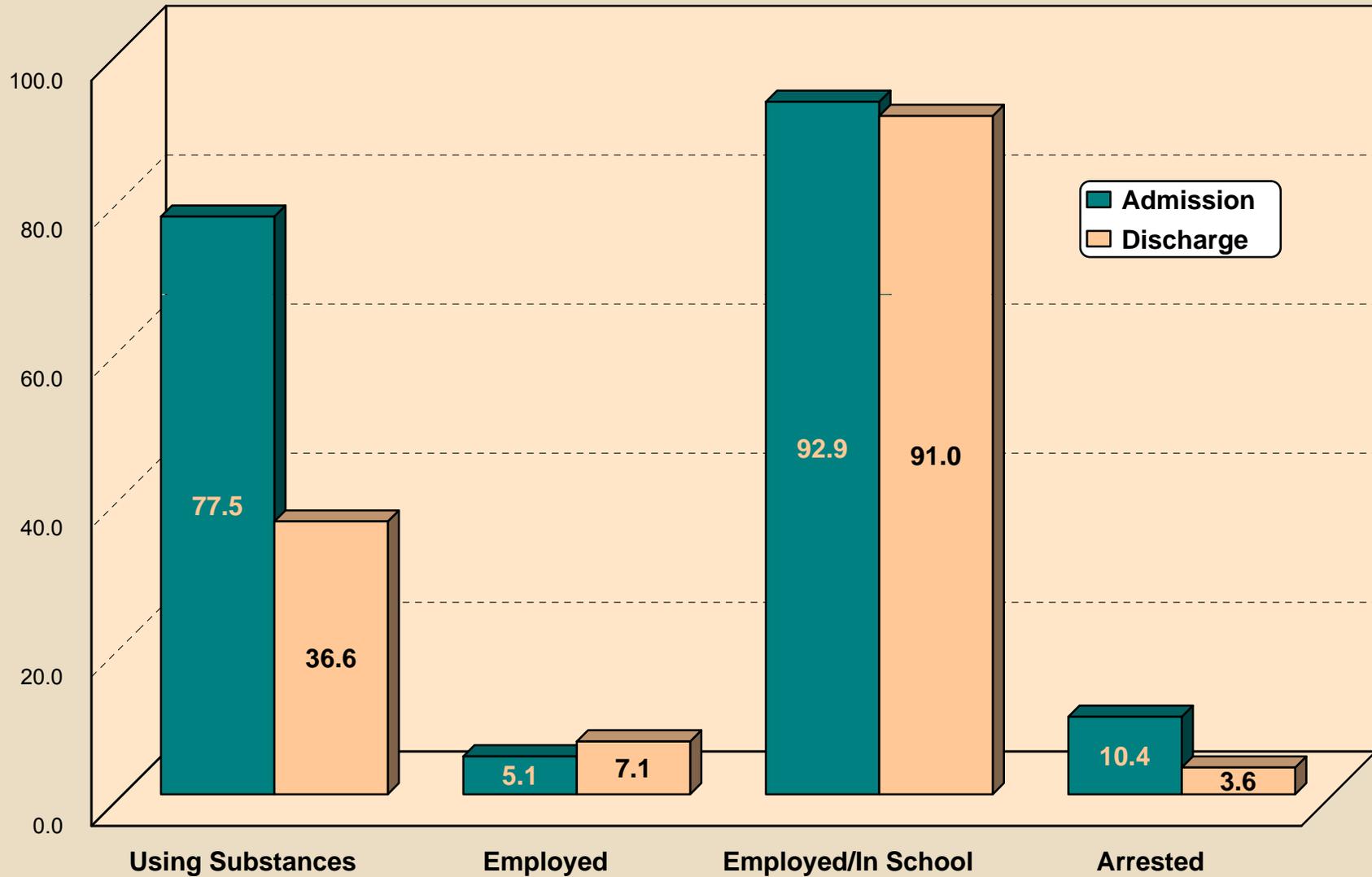
**Adolescent Patient Reason for Discharge
State-Funded Discharges
FY 2010**



N = 4,364

- **The number of adolescent patients using substances in the preceding 30 days was reduced by 53 percent during treatment.**
- **There was little change in the percentage of adolescents involved in productive activities (employment/school/skills training) between admission and discharge.**
- **The number of patients arrested in the preceding 30 days was reduced by 65 percent during treatment.**

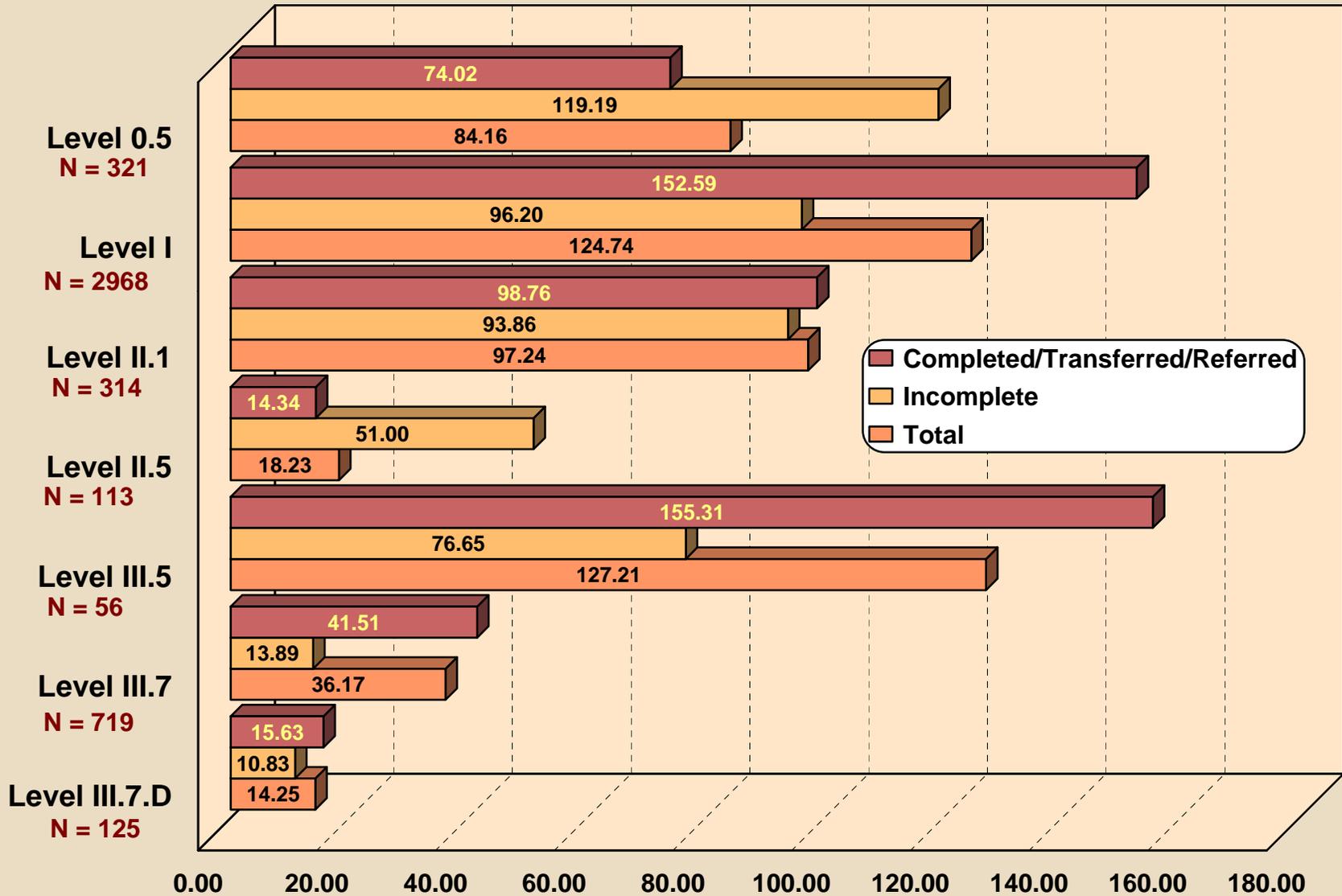
**Adolescent Patient Outcomes of State-Funded Treatment
Percentages Using Substances, Employed or In School and Arrested in the 30 Days
Preceding Admission and Discharge
FY 2010**



N = 4364

- **Treatment completers remained in their programs longer than non-completers in every level of care except Level 0.5 and Level II.5.**
- **Adolescents who completed treatment in Level I stayed 153 days on average; non-completers stayed 96 days.**
- **The mean length of stay for completers of Level III.7 was 42 days; non-completers stayed about two weeks.**

**Adolescent Patient Dis-Enrollments from State-Funded Alcohol & Drug Abuse
Treatment
Mean Length of Stay (Days)
FY 2010**



- **Adolescents were less likely than adults to enter another level of care within 30 days of completion/transfer/referral from Levels III.7, III.7.D and Level II.1.**
- **Twenty-three percent of Level III.7, 44 percent of Level III.7.D and 56 percent of Level II.1 adolescent completion/transfer/referral dis-enrollments, entered other levels of care within 30 days.**

Percentages of Unduplicated Patients with FY 2010 Completion/Transfer/Referral Dis-Enrollments from State-Funded Treatment Entering Another Level of Care within 30 Days

