

The DASIS Report

May 2, 2003

American Indian/Alaska Native Treatment Admissions in Rural and Urban Areas: 2000

In Brief

- For American Indian/Alaska Native admissions, alcohol was the leading substance of abuse across all levels of urbanization, ranging from 47 percent in large central metro areas to 76 percent in non-metro areas without cities
- American Indian/Alaska Native admissions in large central metro areas were almost three times more likely to report daily use of alcohol than similar admissions in non-metro areas without cities (55 vs. 20 percent)
- The average age at first use of the primary substance of abuse was younger for American Indian/Alaska Native admissions in non-metro areas without cities (15) than for those in large central metro areas (17)

American Indians and Alaska Natives made up less than 1 percent of the U.S. population in 2000. During that same period, 2.4 percent of all admissions to publicly funded substance abuse treatment facilities involved American Indians and Alaska Natives.¹ Few national surveys collect information on this relatively small population. However, the Treatment Episode Data Set (TEDS) is large enough to permit analysis of substance abuse among American Indians and Alaska Natives.

TEDS is an annual 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.

American Indian/Alaska Native treatment admissions were examined for five urbanization levels, based on the county

classification scheme developed by the National Center for Health Statistics²:

Large Central Metro—County in a Metropolitan Statistical Area (MSA) of 1 million or more population that contained all or part of the largest central city of the MSA

Large Fringe Metro—County in a large MSA (1 million or more population) that did not contain any part of the largest central city of the MSA

Small Metro—County in an MSA with less than 1 million population

Non-Metro with City—County not in an MSA but with a city of 10,000 or more population

Non-Metro without City—County not in an MSA and without a city of 10,000 or more population

TEDS records indicate where persons entered treatment and not their area of residence. As not all counties have substance abuse treatment facilities, people may seek treatment in a county whose urbanization level differs from that of their county of residence. Table 1 compares the urbanization distribution of all counties in the United States with that of counties with treatment facilities reporting to TEDS.

Table 1. County Urbanization in the U.S. and in Counties with Treatment Facilities Reporting to TEDS: 2000

	United States	TEDS
No. of Counties	3,000	1,479
	Percent	
Large Central Metro	2%	4%
Large Fringe Metro	8%	11%
Small Metro	17%	24%
Non-Metro with City	15%	22%
Non-Metro without City	58%	39%

Table 2. American Indian/Alaska Native Admissions and All TEDS Admissions, by Urbanization Level*: 2000

Urbanization Level	American Indian/Alaska Native Admissions		All TEDS Admissions	
	Number	Percent	Number	Percent
Large Central Metro	7,990	16.0	447,918	30.9
Large Fringe Metro	5,245	10.5	283,598	19.5
Small Metro	20,260	40.4	464,015	32.0
Non-Metro with City	9,859	19.7	151,120	10.4
Non-Metro without City	6,705	13.4	104,406	7.2

Source: 2000 SAMHSA Treatment Episode Data Set (TEDS).

About 33 percent of American Indian/Alaska Native admissions were in non-metropolitan areas compared with 18 percent of all TEDS admissions (Table 2). Conversely, 67 percent of American Indian/Alaska Native admissions were in metropolitan counties compared with 82 percent of all TEDS admissions.

Primary Substance of Abuse

Regardless of level of urbanization, alcohol was the leading substance of abuse, ranging from 47 percent of American Indian/Alaska Native admissions in large central metropolitan areas to 76 percent of such admissions in non-metropolitan areas without cities (Table 3). The second most frequently reported substance of abuse in central and fringe large metropolitan areas was opiates (23 and 19 percent, respectively), while marijuana was second in the small metropolitan areas (16 percent), non-metropolitan areas with cities (19 percent), and non-metropolitan areas without cities (14 percent).

Frequency of use of the primary substance of abuse declined in a consistent trend from urban areas to rural areas. American Indian/Alaska Native admissions in large central metropolitan areas were

almost three times more likely to report daily use of the primary substance than similar admissions in non-metropolitan areas without cities (55 vs. 20 percent).

Age

Large central metropolitan area American Indian/Alaska Native admissions were older at admission than those in non-metropolitan areas without cities, but there was not a consistent trend across rural/urban areas (Figure 1). About 17 percent of American Indian/Alaska Native admissions in large central metropolitan areas were 45 or older, whereas about 12 percent of their counterparts in non-metropolitan areas were 45 or older. Conversely, 6 percent of American Indian/Alaska Native admissions in large central metropolitan areas were younger than age 18, whereas 13 percent of those admissions in non-metropolitan areas without cities were younger than 18.

Abuse of drugs started later among American Indian/Alaska Native admissions in large central metropolitan areas (17 years old on average) than among American Indian/Alaska Native admissions in non-metropolitan areas without cities (15 years old on average).

Source of Referral

Among American Indian/Alaska Native admissions, referrals through the criminal justice system were most likely in non-metropolitan areas without cities (54 percent) and least likely in large central metropolitan areas (32 percent). Self- or individual referrals among American Indian/Alaska Native admissions were most likely in metropolitan areas (average 32 percent) and least likely in non-metropolitan areas without cities (20 percent).

End Notes

¹ This report is limited to facilities receiving State funds (including Federal Block Grant funds), and Alabama does not collect data on whether clients are American Indians or Alaska Natives. Data on admissions to treatment facilities funded solely by the Federal Indian Health Service or by tribal authorities do not report to TEDS and therefore are not included in this report.

² Eberhardt, M.S., Ingram, D.D., Makuc, D.M., et al. (2001). *Urban and Rural Health Chartbook. Health, United States, 2001* (DHHS Publication No. PHS 01-1232-1). Hyattsville, MD: National Center for Health Statistics.

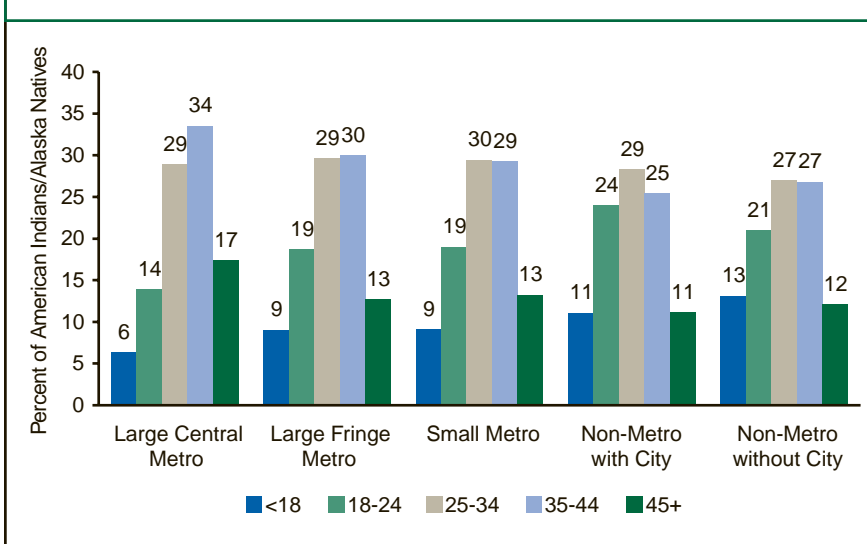
Table Note

* Approximately 9 percent (4,957) of American Indian/Alaska Native admissions and 9 percent (148,646) of all TEDS admissions did not have an urbanization code.

Table 3. Primary Substance of Abuse among American Indian/Alaska Natives, by Urbanization Level: 2000

	Alcohol	Opiates	Marijuana	Cocaine	Stimulants	Other
<i>Urbanization Level</i>	<i>Percent</i>					
Large Central Metro	46.6	23.2	11.5	9.6	7.5	1.6
Large Fringe Metro	44.5	19.1	16.1	11.9	6.4	2.0
Small Metro	55.5	6.9	16.3	11.9	6.0	3.4
Non-Metro with City	60.7	3.6	18.8	7.4	6.2	3.3
Non-Metro without City	76.2	1.3	14.2	3.2	3.6	1.5

Figure 1. American Indian/Alaska Native Age at Admission, by Urbanization Level: 2000



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 1, 2002.

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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