

The DASIS Report

June 14, 2002

Heroin Treatment Admissions in Urban and Rural Areas

In Brief

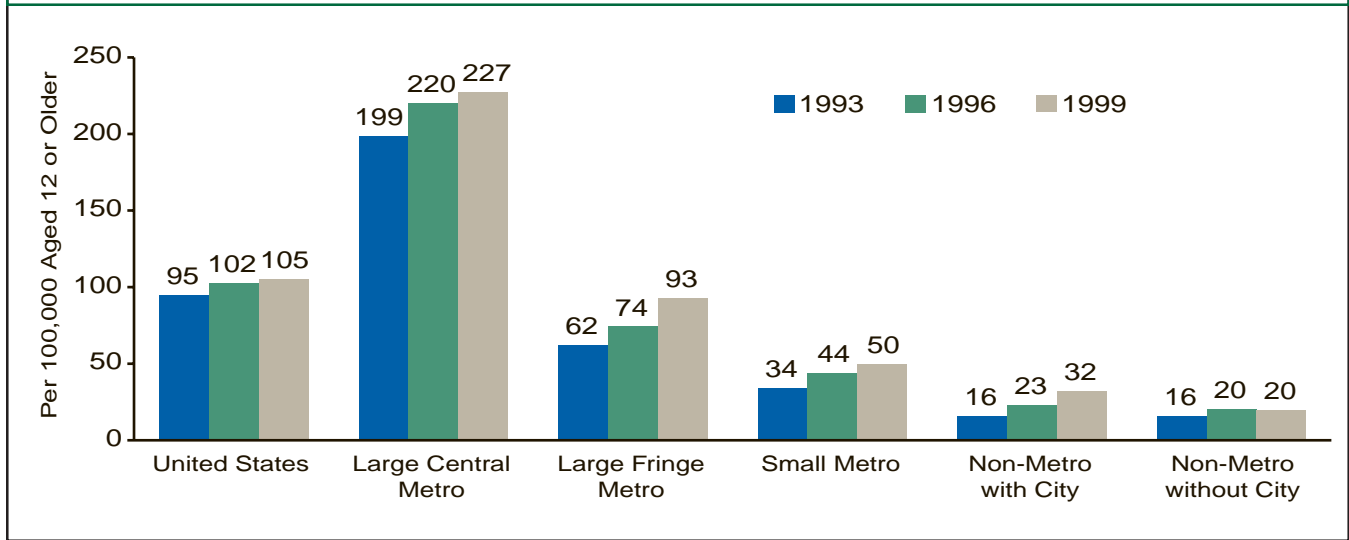
- Heroin treatment admission rates were highest in central and fringe large metro areas
- Heroin treatment admission rates increased from 1993 to 1999 at all levels of urbanization, with the largest increase in non-metro areas with cities
- The proportion of admissions for heroin inhalation increased while the proportion for heroin injection decreased at all urbanization levels except non-metro areas without cities

Treatment admission rates for primary heroin abuse increased in publicly funded substance abuse treatment facilities across the nation between 1993 and 1999.¹ In 1993, the treatment admission rate for primary heroin abuse in the United States was 95 admissions per 100,000 persons aged 12 or older. By 1996, the admission rate had increased by 7 percent, to 102 per 100,000, and by 1999, it had increased by another 3 percent, to 105 per 100,000.

In a report on urban and rural health indicators, the National Center for Health Statistics (NCHS) noted that “[c]ommunities at different urbanization levels differ in their demographic, environmental, economic, and social characteristics. These characteristics influence the magnitude and types of health problems communities face.”²

Thus, for this report, heroin treatment admission rates per 100,000 persons aged 12 or older were calculated for five urbanization levels for 1993, 1996, and 1999.

Figure 1. Heroin Treatment Admissions per 100,000 Aged 12 or Older, by Urbanization: 1993, 1996, and 1999



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

Note that although these rates included a substantial proportion of all heroin treatment admissions, they did not include heroin addicts seeking treatment in privately owned, for-profit methadone clinics. The treatment data were from the Treatment Episode Data Set (TEDS), a compilation of data on the 1.6 million annual admissions to substance abuse treatment primarily in facilities that receive some public funding. TEDS records also represent admissions rather than individuals, as a person may be admitted to treatment more than once.

The five urbanization levels are based on the county classification scheme developed by the NCHS.

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.

Heroin Treatment Admission Rates

Heroin admission rates increased between 1993 and 1999 in both the United States as a whole and at each level of urbanization (Figure 1). In general, admission rates were highest in the central and fringe large metropolitan areas, followed by the small metropolitan areas. Rates were lowest in the non-metropolitan areas.

Table 1. County Urbanization in the United States and in Counties with Treatment Facilities Reporting to TEDS

No. of Counties	U.S.	TEDS
	3,000	1,200
Percent		
Large Central Metro	2%	5%
Large Fringe Metro	8%	14%
Small Metro	17%	29%
Non-Metro with City	15%	24%
Non-Metro without City	58%	28%

Figure 2. Increase in Heroin Treatment Admission Rates, by Urbanization: 1993-1999

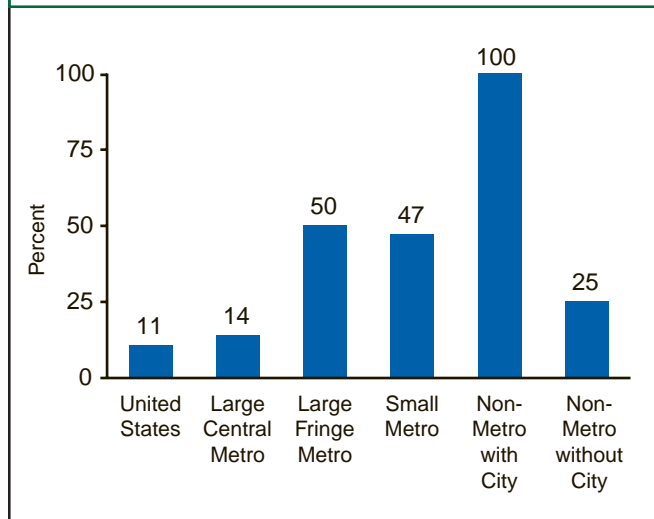


Table 2. Route of Heroin Administration, by Urbanization: 1993 and 1999

	United States	Large Central Metro	Large Fringe Metro	Small Metro	Non-Metro with City	Non-Metro without City
Percent						
1993						
Injection	74	72	74	84	80	61
Inhalation	23	25	22	13	12	31
Other	3	3	4	4	8	8
Total	100	100	100	100	100	100
1999						
Injection	66	63	66	76	68	67
Inhalation	28	32	29	19	25	27
Other	5	5	6	5	7	6
Total	100	100	100	100	100	100

Although large central metropolitan areas had the highest rate of heroin admissions, they exhibited the smallest increase over the period 1993 to 1999 (Figure 2). The largest increase, 100 percent, occurred in non-metropolitan areas with cities.

Route of Administration

The route of administration among heroin users entering treatment has been changing.³ In 1993, 74 percent of admissions for heroin abuse were injectors (Table 2). By 1999, however, this had declined to 66 percent. There was a concomitant increase in admissions for heroin inhalation, from 23 percent in 1993 to 28 percent in 1999.

Similar changes were seen in central and fringe large metropolitan areas where admissions for inhaling heroin increased from 25 and 22 percent, respec-

tively, in 1993 to 32 and 29 percent in 1999. Small metropolitan areas and non-metropolitan areas with cities had higher rates of admissions for injection in 1993, but exhibited the same pattern—a decline in the proportion of injection admissions and an increase in the proportion of inhalation admissions.

The most rural areas, however, had a relatively low proportion of heroin injection admissions in 1993 (61 percent). This

proportion increased to 67 percent in 1999.

End Notes

- ¹ Substance Abuse and Mental Health Services Administration (2002, January 11). *The DASIS Report. Heroin Treatment Admissions Increase: 1993-1999*. Rockville, MD: Author.
- 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, p. 3.
- ³ Substance Abuse and Mental Health Services Administration (2001, July 20). *The DASIS Report. Heroin—Changes in How It Is Used*. Rockville, MD: Author.

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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