Drug and Alcohol Services Information System

The DASIS Report

September 30, 2005

# Treatment Admissions in Rural Areas: 2003

## In Brief

- There were 115,000 admissions to facilities in rural areas in 2003 (6 percent of all admissions)
- Rural admissions were more likely than urban admissions to report alcohol as the primary substance of abuse (52 vs. 40 percent)
- Rural admissions were more likely than urban admissions to be referred to treatment by the criminal justice system (47 vs. 35 percent)

The urbanicity of substance abuse treatment facilities—the degree to which the counties they are located in contain metropolitan areas or cities—is related to the kinds of admissions those facilities receive.

For this report, U.S. counties and county equivalents are assigned to one of five urbanization levels according to a classification scheme developed by the National Center for Health Statistics.[1] Counties are defined to have the lowest urbanization level, “Non-Metro without City,” when they neither are in a Metropolitan Statistical Area nor include a city of 10,000 or more population. These counties are described as “rural” counties, and all other counties are described as “urban” counties.

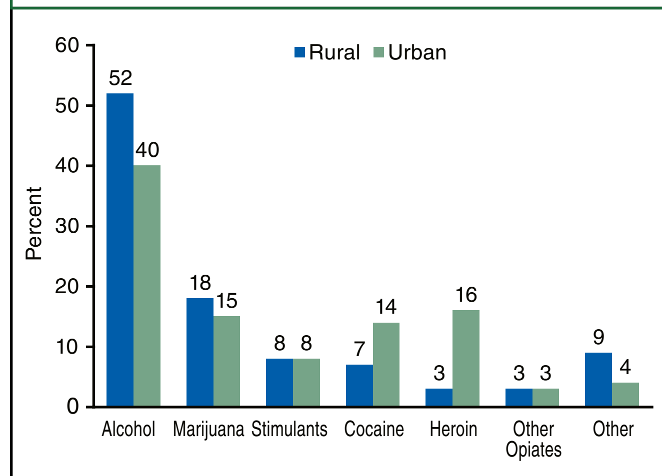
This report compares admissions to facilities located in rural counties with admissions to facilities in urban counties. Data are from the Treatment Episode Data Set (TEDS), an annual compilation of data on the 1.8 million annual admissions to publicly-funded substance abuse treatment facilities.

***The DASIS Report*** is published periodically by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (**SAMHSA**). All material appearing in this report is in the public domain and may be reproduced or copied without permission from **SAMHSA**. Additional copies of this report or other reports from the Office of Applied Studies are available on-line: http://www.oas.samhsa.gov. Citation of the source is appreciated. For questions about this report please e-mail: shortreports@samhsa.hhs.gov.

**Table 1. County Urbanization in the United States and in Counties Reporting Admissions to TEDS: 2003**

| | United States | TEDS |
|---|---|---|
| Number of Counties | 3,100 | 1,500 |
| | *Percent* | |
| Urban | | |
| Large Central Metro | 2 | 4 |
| Large Fringe Metro | 8 | 12 |
| Small Metro | 17 | 25 |
| Non-Metro with City | 15 | 21 |
| Rural | | |
| Non-Metro without City | 58 | 38 |

**Figure 1. Primary Substance of Abuse of Treatment Admissions, by Urbanicity: 2003**




Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

TEDS records indicate where people entered treatment, not their area of residence. As not all counties have substance abuse treatment facilities, people may seek treatment at a facility within an urbanization level different from where they live. Table 1 compares the levels of urbanization of all counties in the United States with that of counties with treatment facilities reporting admissions to TEDS. In 2003, a total of 115,000 admissions (6 percent of TEDS admissions) reported to facilities located in rural counties.

## Primary Substance of Abuse

Rural admissions were more likely than urban admissions to report alcohol (52 vs. 40 percent) or marijuana (18 vs. 15 percent) as the primary substance of abuse[2] (Figure 1). Rural admissions were less likely than urban admissions to report cocaine (7 vs. 14 percent) or heroin (3 vs. 16 percent), and were equally likely to report opiates other than heroin (3 percent each) or stimulants (8 percent each) as the primary substance of abuse.

## Demographics

Rural admissions were younger, on average, than urban admissions (32 vs. 34 years old). Rural admissions were more likely to be White (79 vs. 56 percent) or American Indian/Alaska Native (4 vs. 2 percent), and less likely to be Black (10 vs. 25 percent), Hispanic (6 vs. 14 percent), or other races (1 vs. 3 percent).[3] Both rural and urban admissions were primarily male (about 70 percent of each group).

## Age of First Use

The average age of first use[4] of the primary substance of abuse among rural admissions was slightly younger than among urban admissions (17 vs. 18 years). Rural admissions were more likely than urban admissions to be younger than 20 years of age at the time of their first use of the primary substance of abuse (80 vs. 71 percent), and less likely to be between 20 and 24 years of age (10 vs. 13 percent) or 25 years of age or older (10 vs. 16 percent).

## Frequency of Use

Rural admissions were more likely than urban admissions to report no use of the primary substance of abuse in the past month (38 vs. 24 percent) (Figure 2). They were less likely than urban admissions to report daily use (24 vs. 45 percent).

## Prior Treatment

Slightly more than half (52 percent) of rural admissions were in treatment for the first time compared to 43 percent of urban admissions. Rural admissions were correspondingly less likely than urban admissions to have received treatment one to four times (42 vs. 46 percent) or five or more times (6 vs. 11 percent).

## Service Setting

The majority of both rural and urban admissions were in ambulatory treatment settings: three quarters of rural admissions (76 percent) and nearly three-fifths of urban admissions (59 percent). Rural admissions were less likely

**Figure 2. Frequency of Use of Treatment Admissions, by Urbanicity: 2003**

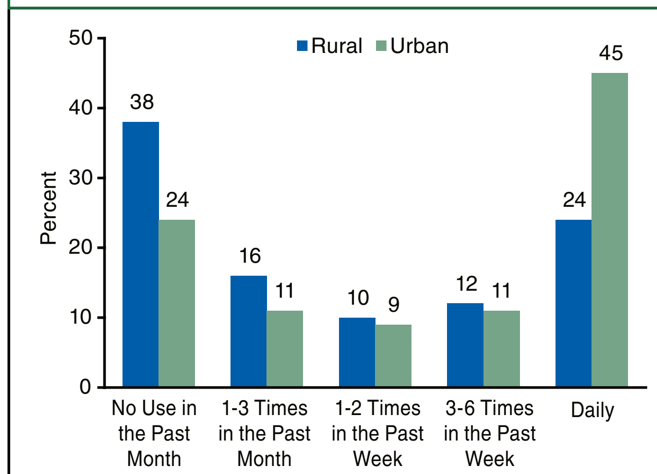
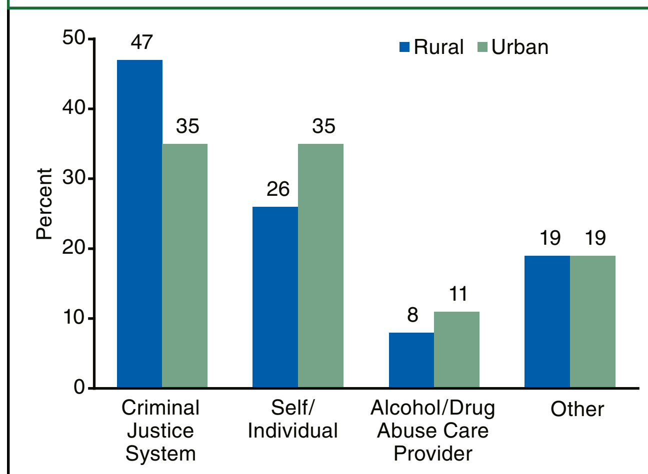



**Figure 3. Source of Referral of Treatment Admissions, by Urbanicity: 2003**




than urban admissions to be receiving rehabilitation/residential treatment (13 vs. 18 percent), and about half as likely to be receiving detoxification services (11 vs. 23 percent).[5]

## Source of Referral

Rural admissions were more likely than urban admissions to be referred to treatment by the criminal justice system (47 vs. 35 percent) (Figure 3), and less likely than urban admissions to be self/individually referred (26 vs. 35 percent).[6]

### End Notes

[1] U.S. counties and county equivalents were assigned to one of five urbanization levels according to the classification scheme developed by the National Center for Health Statistics (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; and
*Non-Metro without City*—county not in an MSA and without a city of 10,000 or more population.
Eberhardt, M.S., Ingram, D.D., Makuc, D.M., et al. (2001). *Urban and Rural Health Chartbook. Health, United States, 2001*. Hyattsville, MD: National Center for Health Statistics.

[2] The *primary substance of abuse* is the main substance reported at the time of admission.

[3] "Other" races in this report include Asian/Pacific Islander admissions, unclassified admissions, and admissions whose origin group, because of area custom, is regarded as a racial class distinct from all other categories.

[4] *Age of first use* is defined differently for alcohol than for drugs. For alcohol, age of first use signifies age of first intoxication. For drugs, age of first use identifies the age at which the respective drug was first used.

[5] *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.

[6] "Other" referral sources include employers, schools, other community referral sources, and other health care facilities.

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 1.8 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 April 11, 2005.**

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

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
www.samhsa.gov