Drug and Alcohol Services Information System

The DASIS Report

Issue 27 2006

Methamphetamine/Amphetamine Treatment Admissions in Urban and Rural Areas: 2004

In Brief

- Methamphetamines/amphetamines were the primary, secondary, or tertiary substance of abuse in 12 percent of all admissions to publicly funded substance abuse treatment facilities in 2004
- Small metropolitan areas had the largest proportion (34 percent) of methamphetamine/amphetamine admissions
- The proportion of methamphetamine/amphetamine admissions reporting their race as White increased as the urbanization level became more rural

Methamphetamines and amphetamines are central nervous system stimulants. They were the primary, secondary, or tertiary substance of abuse in more than 228,800 admissions, or 12 percent of all treatment admissions, in 2004.[1, 2] Methamphetamine/amphetamines as a primary substance of abuse accounted for 8 percent of all admissions. Data are from the Treatment Episode Data Set (TEDS), an annual compilation of data on the 1.9 million annual admissions to substance abuse treatment facilities, primarily those that receive some public funding. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

The DASIS Report is published periodically by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (**SAMHSA**).

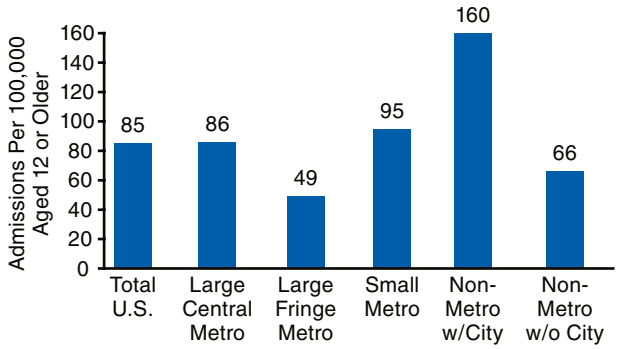
For questions about this report please e-mail: shortreports@samhsa.hhs.gov.

Table 1. County Urbanization in the United States and in Counties Reporting Substance Abuse Admissions to TEDS: 2004

	United States	TEDS
Number of Counties	3,100	1,500*
	Percent	
Large Central Metro	2	4
Large Fringe Metro	8	12
Small Metro	17	25
Non-Metro with City	15	22
Non-Metro without City	58	37

* No (or few) county-level data are available for AZ, ID, IN, PR, WI, and WV.
Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

Figure 1. Methamphetamine/Amphetamine Admission Rates, by Urbanization: 2004



Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

This report examines the approximately 209,600 admissions where methamphetamines or amphetamines were the primary, secondary, or tertiary substance of abuse and where the admission record included the treatment location. Five urbanization levels based on the county classification scheme developed by the National Center for Health Statistics (NCHS) were used.[3,4]

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, not their area of residence. Because not all counties have substance abuse treatment facilities (or for other reasons), people may seek treatment at a facility (and urbanization level) in a location other than the county of their residence. Table 1 compares the levels of urbanization of all counties in the United States with that of counties with treatment facilities reporting substance abuse admissions to TEDS.

Methamphetamine/ Amphetamine Abuse

The national treatment admission rate for methamphetamines/amphetamines was 85 admissions per 100,000 persons aged 12 or older (Figure 1). Non-metropolitan areas with cities had the highest admission rate for methamphetamines/amphetamines—160 admissions per 100,000 persons aged 12 or older, and large fringe metropolitan areas had the lowest admission rate—49 admissions per 100,000 persons aged 12 or older.

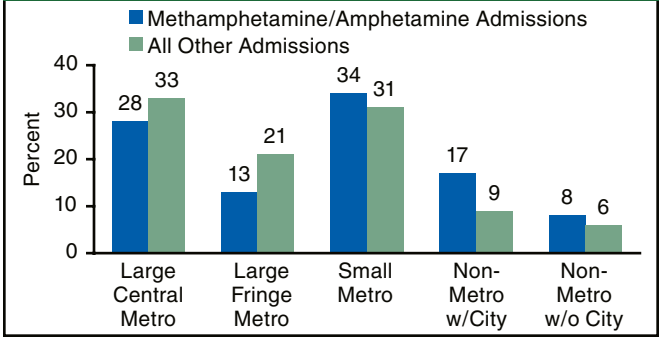
In contrast, methamphetamine/amphetamine admissions were most likely to occur in the small metropolitan areas (34 percent) (Figure 2). The two most urbanized areas—large central metropolitan and large fringe metropolitan areas—had the lowest proportions of methamphetamine/amphetamine admissions compared to all other admissions (28 vs. 33 percent and 13 vs. 21 percent, respectively).

Demographics

The mean age of admission for methamphetamine/amphetamine treatment was highest in large central metropolitan areas—31 years—and 30 years for all other urbanization levels. Admissions for methamphetamine/amphetamine aged 18 to 25 years old were proportionately lowest in the most urbanized counties and highest in the most rural counties (26 vs. 32 percent). In contrast, the proportion of 35- to 49-year-old methamphetamine/amphetamine admissions was highest in the most urban counties and lowest in the more rural non-metropolitan areas with a city (34 vs. 28 percent).

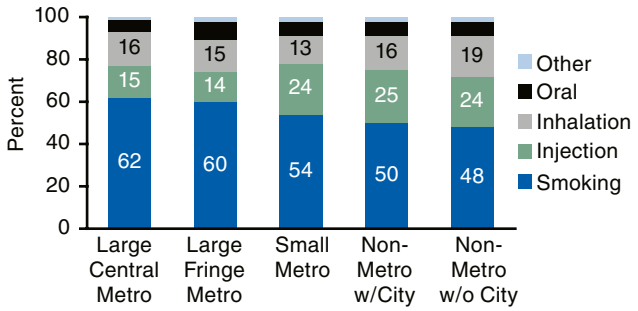
Male admissions for methamphetamine/amphetamines were consistently higher than female admissions across all levels of urbanization (most urban: 59 vs. 41 percent; most rural: 60 vs. 40 percent).

Figure 2. Methamphetamine/Amphetamine and All Other Admissions, by Urbanization: 2004



Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

Figure 3. Methamphetamine/Amphetamine Admissions, by Route of Administration and Urbanization: 2004



Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

The proportion of methamphetamine/amphetamine admissions reporting their race as White increased as the level of urbanization became more rural (Table 2). In contrast, the proportions of both Black and Hispanic methamphetamine/amphetamine admissions were highest in the most urbanized counties and lowest in the most rural counties.

Route of Administration

Smoking was the most common route of administration among methamphetamine/amphetamine admissions at every urbanization level (Figure 3). However, the percentage of admissions that smoked these drugs decreased from 62 percent in the most urbanized counties to 48 percent in the most rural counties. The percentage of methamphetamine/amphetamine admissions that injected the drugs was 14 to 15 percent in the large metro areas and 24 to 25 percent in small and non-metro areas.

Frequency of Use

Methamphetamine/amphetamine admissions in the most urbanized counties were more likely to report daily use compared to admissions in the most rural counties (30 vs. 19 percent). Admissions from the most rural counties, however, were more likely than admissions from the most urbanized counties to have reported no use in the past month (53 vs. 35 percent).

End Notes

[1] TEDS records up to three substances of abuse: the *primary substance of abuse* is the main substance reported at the time of admission; *secondary/tertiary substances* are other substances of abuse also reported at the time of admission. The methamphetamine/amphetamine admissions discussed in this report include all admissions reporting primary, secondary, or tertiary abuse of methamphetamines or other amphetamines. Admissions involving other stimulants are excluded from this report. For information on trends in admissions where methamphetamines/amphetamines were the primary substances of abuse, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (Issue 9, 2006). *The DASIS report: Trends in methamphetamine/amphetamine admissions to treatment: 1993-2003.* Rockville, MD.

[2] Methamphetamine/amphetamine admissions are discussed together because 3 (OR, TN, and TX) of the 52 States and jurisdictions in TEDS do not distinguish between these drugs as substances of abuse. However, for the States that make this distinction, 83 percent of methamphetamine/amphetamine admissions were for methamphetamine in 2004. AZ and NE classified all methamphetamine/amphetamine admissions as methamphetamine admissions.

[3] 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.

[4] The classification system used for these reports does not designate any of the five levels as "Rural." For the purposes of this report, when the terms "rural" or "most rural" are used, it refers to those counties classified as "Non-Metro without a city of 10,000+". When the term "most urbanized" is used in this report, it refers to those counties classified as "Large Central Metro".

Table 2. Methamphetamine/Amphetamine Admissions, by Race/Ethnicity and Urbanization: 2004

	Large Central Metro	Large Fringe Metro	Small Metro	Non-Metro w/ City	Non-Metro w/o City
	Percent				
White	56	77	78	86	87
Black	5	3	2	1	1
Hispanic	28	14	11	6	4
American Indian/Alaska Native	2	1	3	4	6
Asian/Pacific Islander	3	2	3	2	1
Other	6	3	3	1	1

Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

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Research Findings from SAMHSA's 2004 Drug and Alcohol Services Information System (DASIS)

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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 February 1, 2006.

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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