

The DASIS Report

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Treatment Admissions in Urban and Rural Areas Involving Abuse of Narcotic Painkillers

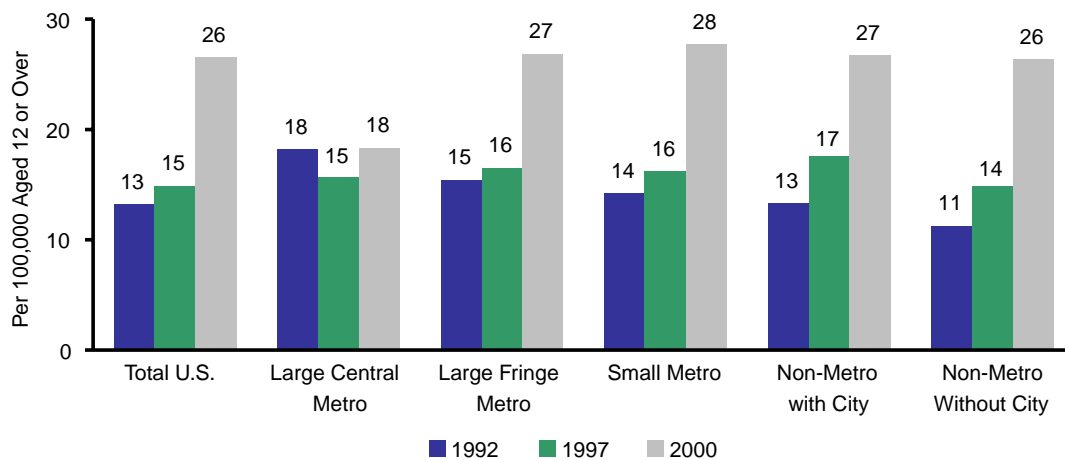
In Brief

- Treatment admission rates for narcotic painkillers more than doubled between 1992 and 2000
- Increases in treatment admission rates for abuse of narcotic painkillers were greatest in areas outside large central metropolitan areas
- The proportion of narcotic painkiller treatment admissions taking the drugs orally increased while the proportion injecting them decreased

Treatment admission rates involving abuse of narcotic painkillers¹ increased in publicly funded substance abuse treatment facilities across the nation between 1992 and 2000. In 1992, the treatment admission rate for narcotic painkiller abuse in the United States was 13 admissions per 100,000 persons aged 12 or older. By 1997, the admission rate had increased by 15 percent, to 15 per 100,000, and by 2000, it had increased by another 74 percent, to 27 per 100,000.

This report examines narcotic painkiller treatment admission rates per 100,000 persons aged 12 or older at five urbanization levels for 1992, 1997, and 2000. Data are from the Treatment Episode Data Set (TEDS), an annual compilation of data on the 1.6 million annual admissions to publicly-funded substance abuse treatment.

Figure 1. Treatment Admissions Involving Narcotic Painkillers per 100,000 Persons Aged 12 or Older, by Urbanization: 1992, 1997, and 2000



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

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):²

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. As not all counties have substance abuse

treatment facilities, people may seek treatment at an urbanization level different from where they live. Table 1 compares the levels of urbanization of all counties in the U.S. with that of counties with treatment facilities reporting narcotic painkiller admissions to TEDS.

Treatment Admission Rates for Narcotic Painkillers

Treatment admission rates for narcotic painkillers increased between 1992 and 2000 in the United States as a whole and at most levels of urbanization (Figure 1). Large central metropolitan areas had the highest rate of narcotic painkiller admissions in 1992, but they exhibited little change over the period 1992-2000 (Figure 2). By 2000, treatment admission rates for narcotic painkillers were lowest in large central metropolitan areas. The largest increase, 135 percent,

occurred in non-metropolitan areas without cities.

Route of Administration

The route of administration among narcotic painkiller abusers entering treatment changed between 1992 and 2000. In 1992, 66 percent of admissions for narcotic painkiller abuse took

Table 1. County Urbanization in the U.S. and in Counties Reporting Narcotic Painkiller Admissions to TEDS

	United States	TEDS
No. of Counties	3,000	1,600
	<i>Percent</i>	
Large Central Metro	2%	4%
Large Fringe Metro	8%	12%
Small Metro	17%	25%
Non-Metro with City	15%	23%
Non-Metro without City	58%	36%

Figure 2. Increase in Rates of Treatment Admissions Involving Narcotic Painkillers, by Urbanization: 1992-2000

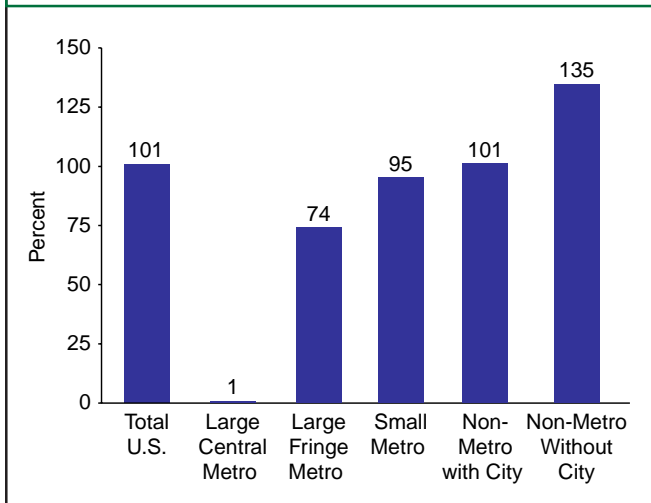


Table 2. Route of Administration of Narcotic Painkillers, by Urbanization: 1992 and 2000

	Total U.S.	Large Central Metro	Large Fringe Metro	Small Metro	Non-Metro with City	Non-Metro without City
	Percent					
1992						
Oral	66	60	74	64	71	75
Injection	25	25	19	29	21	17
Inhalation	3	4	3	2	3	3
Other	6	11	4	5	5	5
Total	100	100	100	100	100	100
2000						
Oral	80	78	87	79	77	72
Injection	12	9	7	14	16	15
Inhalation	4	5	3	4	3	9
Other	4	8	3	3	4	4
Total	100	100	100	100	100	100

the drugs orally, and 25 percent injected them (Table 2). By 2000, however, the proportion taking the drugs orally had increased to 80 percent, and the proportion injecting had fallen to 12 percent.

The route of administration changed most in metropolitan areas (central, fringe, and small), where the proportion of narcotic painkiller treatment admissions taking the drugs orally increased by between 13 and 18 percentage points, and the proportion injecting decreased similarly. Non-metropolitan areas with cities exhibited a similar pattern, but with changes of only about 5 percentage points.

In the most rural areas (non-metropolitan areas without cities), the proportions of narcotic painkiller treatment admissions who took the drugs orally or injected them decreased slightly, by 2 to 3 percentage points. In these areas only, an increase was seen in the proportion who inhaled the drugs, from 3 percent in 1992 to 9 percent in 2000.

End Notes

¹Narcotic painkiller admissions include all admissions reporting primary, secondary, or tertiary abuse of narcotic painkillers such as oxycodone, codeine, Dilaudid, morphine, Demerol, and any other drug with morphine-like effects. Admissions involving abuse of heroin and/or methadone are excluded from this report.

²Eberhardt, 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.

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 May 31, 2003.

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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