

The DASIS Report

January 17, 2008

Geographic Differences in Substance Abuse Treatment Admissions for Methamphetamine/Amphetamine and Marijuana: 2005

As recent findings from the National Survey on Drug Use and Health (NSDUH) show, substance abuse varies across States.¹

Admissions to substance abuse treatment also demonstrate geographic differences, and admissions for various substances of abuse show specific geographic concentrations and patterns. These patterns also change over time.

In Brief

- In the Nation as a whole, admission rates to substance abuse treatment facilities increased between 1995 and 2005 for marijuana, methamphetamine/amphetamine, and opiates other than heroin
- In both 1995 and 2005, methamphetamine/amphetamine admission rates were generally highest in the Pacific and Mountain States
- In both 1995 and 2005, marijuana treatment admission rates were generally highest in the West North Central and Pacific States

Admissions to substance abuse treatment by State can be monitored with the Treatment Episode Data Set (TEDS), an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse treatment, primarily at facilities that receive some public funding.^{2,3} TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.

Among the six primary substances of abuse⁴ that dominate TEDS admissions, the rates of substance abuse treatment

admissions in the Nation as a whole increased for three (marijuana, methamphetamine/amphetamine, and opiates other than heroin) and decreased for three (alcohol, cocaine, and heroin). This report focuses on trends in admission rates^{5,6} for methamphetamine/amphetamine and marijuana, which have the largest number of admissions among the substances with increased admission rates and, therefore, have the greatest impact on the treatment system.

Methamphetamine/Amphetamine

The methamphetamine/amphetamine treatment admission rate for the United States as a whole increased between 1995 and 2005, from 30 per 100,000 persons aged 12 or older to 68 per 100,000. Admission rates increased in 43 of the 44 States reporting in both years.⁷ Four of the 10 States with the highest rates of admission in 1995 (i.e., those States with admission rates greater than 50 per 100,000) more than doubled their rate of admission in 2005 (Hawaii, Washington, Montana, and Arkansas) (Table 1).

In 1995 and 2005, methamphetamine/amphetamine admission rates were generally highest in the Pacific and Mountain States⁸ (Figure 1). In 1995, one State had a methamphetamine/amphetamine admission rate equal to or greater than 220 per 100,000 persons aged 12 or older; by 2005, four States had rates that high or higher. States east of the Mississippi River generally exhibited higher rates of admissions in 2005 than in 1995.

Marijuana

The marijuana admission rate for the United States as a whole increased from 81 per 100,000 persons aged 12 or older in 1995 to over 118 per 100,000 in 2005. Rates increased in 36 of the 44 States reporting in both years, and declined in 8 States.⁹ Three of the 10 States with the highest rates of admission in 1995 (i.e., those States with at least 130 admissions per 100,000) increased their rates of admission in 2005 by at least 20 percent (Iowa, Montana, and Maryland) (Table 2).

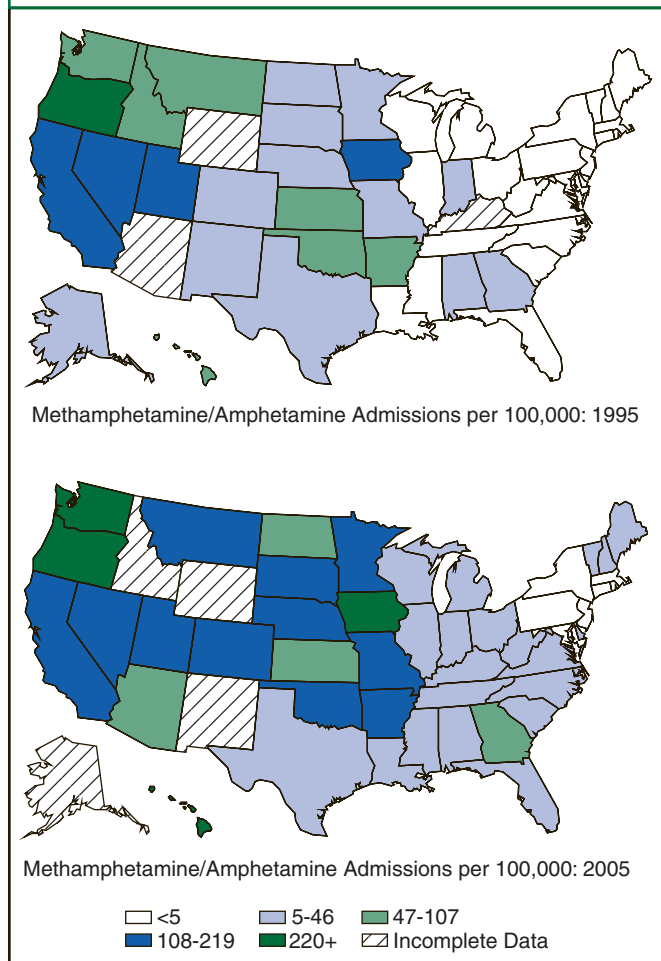
Although admission rates for marijuana were generally higher in 2005 than in 1995, the geographic pattern was similar in 1995 and 2005 (Figure 2). Marijuana treatment admission rates were generally highest in the West North Central and Pacific States.

Table 1. Percentage Increase in Rates from 1995 to 2005 for States with Highest Rates of Methamphetamine/Amphetamine Admissions in 1995

State	Rate per 100,000 Persons Aged 12 or Older		Percentage Increase in Rate of Admissions 1995 to 2005
	1995	2005	
Oregon	281	314	12
Iowa	151	229	52
Nevada	112	174	55
California	111	218	96
Utah	110	208	89
Hawaii	107	244	128
Montana	89	185	108
Oklahoma	83	138	66
Washington	82	226	176
Arkansas	51	137	169

Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 1. Methamphetamine/Amphetamine Admission Rates per 100,000 Persons Aged 12 or Older: 1995 and 2005



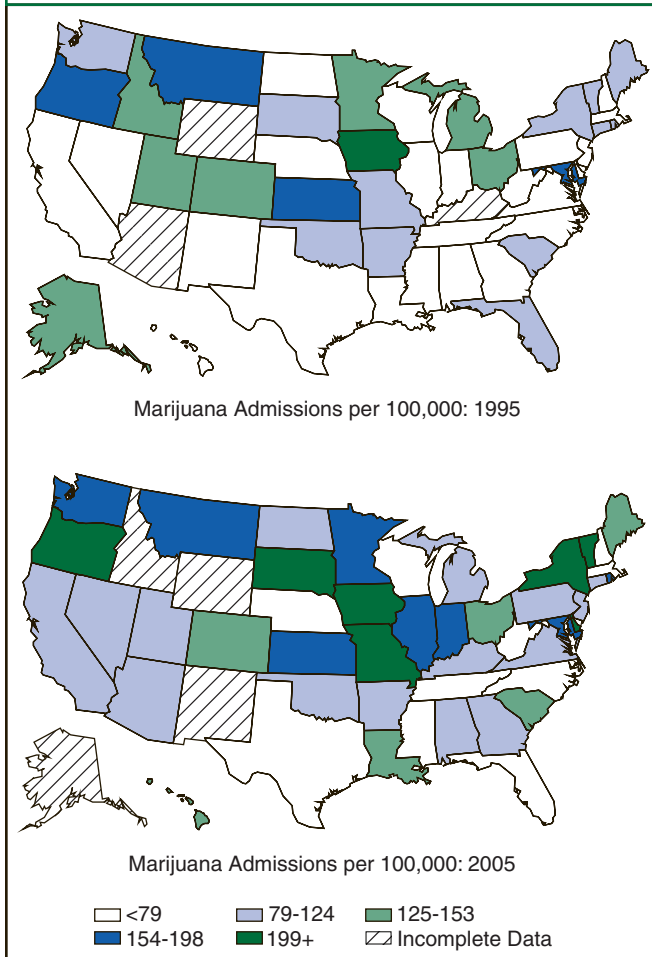
Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Table 2. Percentage Difference in Rates from 1995 to 2005 for States with Highest Rates of Marijuana Admissions in 1995

State	Rate per 100,000 Persons Aged 12 or Older		Percentage Difference in Rate of Admissions 1995 to 2005
	1995	2005	
Iowa	204	268	31
Kansas	194	162	-16
Oregon	189	216	14
Montana	162	195	20
Maryland	157	195	24
Minnesota	153	179	17
Colorado	138	149	8
Michigan	135	117	-13
Utah	134	110	-18
Ohio	130	151	16

Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 2. Marijuana Admission Rates per 100,000 Persons Aged 12 or Older: 1995 and 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

End Notes

- Wright, D., Sathe, N., & Spagnola, K. (2007). *State estimates of substance use from the 2004-2005 National Surveys on Drug Use and Health* (DHHS Publication No. SMA 07-4235, NSDUH Series H-31). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
- State-to-State comparisons using TEDS data should be made with caution. TEDS aggregates data collected through the data collection systems of the Single State Agencies (SSAs) for substance abuse treatment. Data from States vary on a number of methodological issues, such as completeness of reporting, whether all or only certain types of facilities within a State report, whether only clients whose treatment is paid for with State/public funds are included, how successfully States can identify and report client admissions, and whether States include or exclude reporting by certain sectors of the treatment population (e.g., treatment programs based in the criminal justice system). Therefore, differences in rates of admission between States may be, in part, owing to the methodological differences of the data collected. Although State-to-State comparisons must be made with caution, maps can show important information about differences in the nature and the scope of substance abuse and its treatment. For more information on State reporting, see chapter 4 of Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2007). *Treatment Episode Data Set (TEDS): 1995-2005. National admissions to substance abuse treatment services* (DASIS Series: S-37, DHHS Publication No. (SMA) 07-4234). Rockville, MD.
- In 1995, TEDS collected data on almost 1.7 million admissions to substance abuse treatment facilities. Three States (AZ, KY, and WY) did not submit data in 1995. In 2005, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, NM, and WY) did not submit data in 2005. Data for Idaho were incomplete in 2005.
- The *primary substance of abuse* is the main substance reported at the time of admission.
- Admission rates were calculated using the U.S. Census Bureau projections for 1995 and 2005 for the population aged 12 years or older as the denominator and TEDS admissions aged 12 years or older as the numerator.
- The same percentile categories are used for mapping both 1995 and 2005 admissions rates. The maps therefore show how a State's admission rate in 2005 compares with that same State in 1995, using 1995 admission rates as the baseline for establishing the categories for admission rates. For the maps, the median, 75th, 90th, and 99th percentiles of the range of 1995 admission rates were used to establish the rate categories used in the legend. Each 1995 map generally shows 1 State in dark green (the 99th percentile and above), 4 States in dark blue (the 90th to 98th percentiles), 7 States in light green (the 75th to 89th percentiles), 12 States in light blue (the 50th to 74th percentiles), and 23 States in white (below the median 1995 U.S. rate). Cross-hatching indicates States where no data were submitted or where changes in reporting patterns made inclusion inappropriate.
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies, op cit., table 2.8b.
- The U. S. Census Bureau divides the country into nine census divisions: New England (CT, MA, ME, NH, RI, and VT), Middle Atlantic (NJ, NY, and PA), East North Central (IL, IN, MI, OH, and WI), West North Central (IA, KS, MN, MO, ND, NE, and SD), South Atlantic (DC, DE, FL, GA, MD, NC, SC, VA, and WV), East South Central (AL, KY, MS, and TN), West South Central (AR, LA, OK, and TX), Mountain (AZ, CO, ID, MT, NM, NV, UT, and WY), and Pacific (AK, CA, HI, OR, and WA).
- Substance Abuse and Mental Health Services Administration, Office of Applied Studies, op cit., table 2.7b.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (January 17, 2008). *The DASIS Report: Geographic Differences in Substance Abuse Treatment Admissions for Methamphetamine/Amphetamine and Marijuana: 2005*. Rockville, MD.

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Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

Geographic Differences in Substance Abuse Treatment Admissions for Methamphetamine/Amphetamine and Marijuana: 2005

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- In both 1995 and 2005, marijuana treatment admission rates were generally highest in the West North Central and Pacific States

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 October 3, 2006.

Access the latest TEDS reports at:
<http://oas.samhsa.gov/dasis.htm>

Access the latest TEDS public use files at:
<http://oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:
<http://oas.samhsa.gov>



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