

The NHSDA Report

August 2, 2002

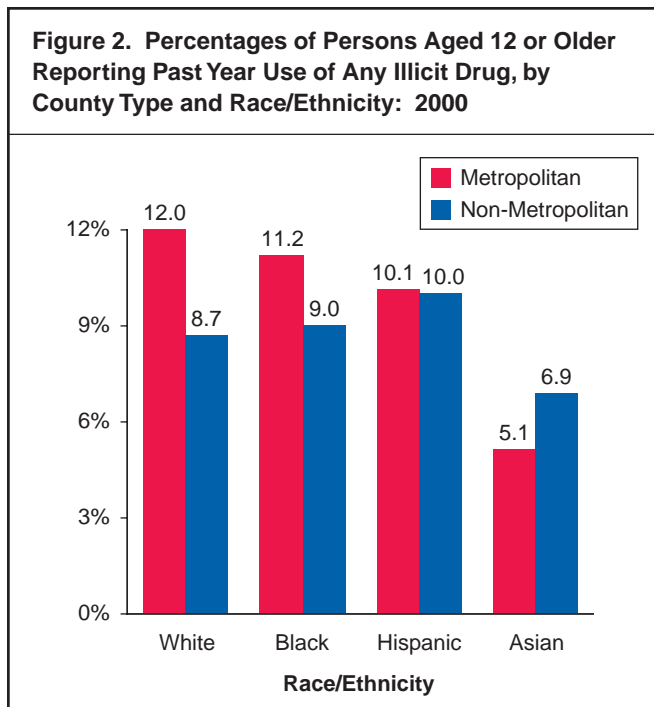
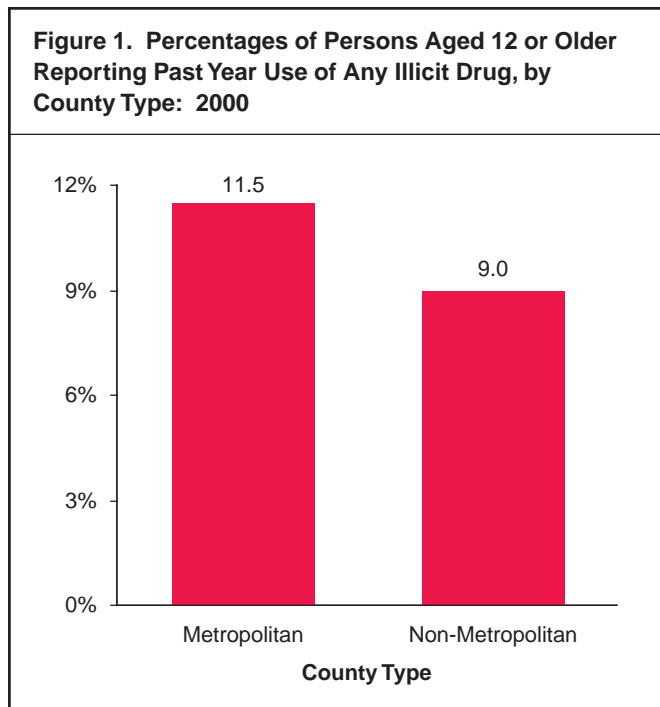
Illicit Drug Use in Metropolitan and Non-Metropolitan Areas

In Brief

- In 2000, individuals who lived in metropolitan areas were more likely than those in non-metropolitan areas to have used an illicit drug during the past year
- Persons in non-metropolitan areas were more likely than those in metropolitan areas to report that marijuana was fairly or very easy to obtain
- Persons living in non-metropolitan areas were more likely to perceive a great risk of smoking marijuana once or twice a week compared with those in metropolitan areas

The National Household Survey on Drug Abuse (NHSDA) asks respondents aged 12 or older to report use of any illicit drug during the 12 months prior to the survey. “Any illicit drug” refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Respondents were also asked to report how difficult or easy it would be to get some marijuana if they wanted some¹ and how much people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week.²

Responses were analyzed by the type of county in which the respondents lived at the time of the interview. For this report, counties are grouped based on the “Rural-Urban Continuum Codes” developed by the U.S. Department of Agriculture.³ Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of less than 1 million. Non-metropolitan areas are outside of metropolitan statistical areas (MSAs), as defined by the Office of Management and Budget.⁴ Counties in non-metropolitan areas are classified based on the number of people in the county who live in an urbanized area, as defined by the Census Bureau at the sub-county level. Urbanized



counties have 20,000 or more population in urbanized areas, less urbanized counties have at least 2,500 but less than 20,000 population in urbanized areas, and completely rural counties have fewer than 2,500 population in urbanized areas.

Prevalence of Illicit Drug Use

According to the 2000 NHSDA, nearly 25 million individuals aged 12 or older, or 11 percent of the U.S. population, had used an illicit drug during the past year. Individuals who lived in metropolitan areas were more likely than those in non-metropolitan areas to have used an illicit drug during the past year (Figure 1). Within non-metropolitan areas, rates of past year illicit drug use were lower among persons living in less urbanized and completely rural counties than among those in urbanized counties. The rate of past year use among persons living in completely rural counties was especially low (7.5 percent).

Demographic Differences in Illicit Drug Use

Adults aged 18 or older living in metropolitan areas were more likely than those in non-metropolitan areas to have used an illicit drug during the past year (Table 1). However, the rates of use among youths aged 12 to 17 were about the same in metropolitan and non-metropolitan areas. Within non-metropolitan areas, youths aged 12 to 17 and young adults aged 18 to 25 living in urbanized counties were more likely than those in less urbanized counties to have used an illicit drug.

Among whites and blacks aged 12 or older, those living in metropolitan areas were more likely than those in non-metropolitan areas to have used an illicit drug in the past year (Figure 2). Among both males and females, those living in metropolitan areas were more likely than those in non-metropolitan areas to have used an illicit drug in the past year (14 vs. 11 percent for males, 10 vs. 8 percent for females).

Types of Illicit Drug Use

Rates of past year use of marijuana, any psychotherapeutic drug used nonmedically, hallucinogens, or cocaine were higher in metropolitan than in non-metropolitan areas (Table 2). Rates of past year inhalant or heroin use were similar among persons in metropolitan and non-metropolitan areas.

Availability and Risk Perceptions of Marijuana

Persons in non-metropolitan areas (57 percent) were more likely than those in metropolitan areas (54 percent) to report that marijuana was fairly or very easy to obtain. Persons living in non-metropolitan areas were more likely to perceive a great risk of smoking marijuana once or twice a week compared with those in metropolitan areas (Figure 3).

Figure 3. Percentages of Persons Aged 12 or Older Reporting Perceived Great Risk of Smoking Marijuana Once or Twice a Week, by County Type: 2000

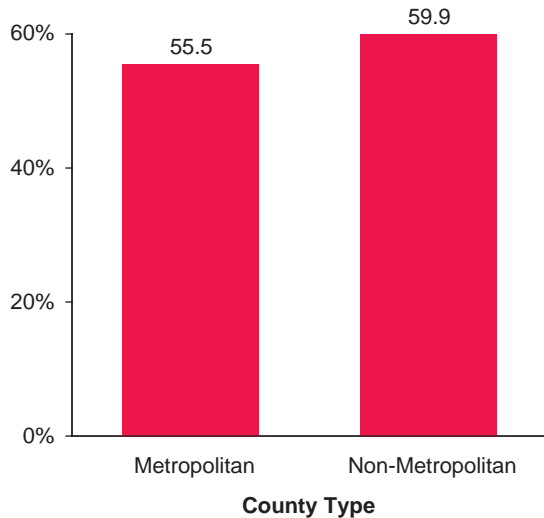


Table 1. Percentages of Persons Aged 12 or Older Reporting Past Year Use of Any Illicit Drug, by County Type and Age Group: 2000

County Type	Total (12 or Older)	Age (Years)		
		12-17	18-25	26 or Older
Metropolitan	11.5	18.8	28.9	7.5
Non-Metropolitan	9.0	18.2	23.7	5.4
Urbanized	10.8	21.2	26.3	6.5
Less urbanized	8.4	16.8	22.7	5.0
Completely rural	7.5	18.2	20.5	4.5

Table 2. Percentages of Persons Aged 12 or Older Reporting Past Year Illicit Drug Use, by County Type: 2000

Drug	Metropolitan	Non-Metropolitan
Any Illicit Drug	11.5	9.0
Marijuana	8.8	6.7
Any Illicit Drug Other Than Marijuana	6.1	4.7
Nonmedical Use of Any Psychotherapeutic	4.1	3.4
Hallucinogens	1.7	1.1
Cocaine	1.5	1.1
Inhalants	0.9	0.7
Heroin	0.1	0.1

End Notes

- Response categories were (1) probably impossible, (2) very difficult, (3) fairly difficult, (4) fairly easy, or (5) very easy.
- Response categories were (1) strongly agree, (2) somewhat agree, (3) somewhat disagree, or (4) strongly disagree.
- Butler, M.A., & Beale, C.L. (1994). *Rural-Urban Continuum Codes for Metro and Non-metro Counties, 1993*. Economic Research Service, U.S. Department of Agriculture. Staff Report No 9425, Sept. 1994.
- The Rural-Urban Continuum Codes subdivide the standard OMB metropolitan and non-metropolitan categories into 4 metropolitan and 6 non-metropolitan categories, resulting in a 10-part county codification.

Figure and Table Notes

Figure 1 — Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.

Figure 2 — Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.

American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, and multiracial youths are not included in these analyses.

Table 1 — Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.

Table 2 — Any Illicit Drug refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Any Illicit Drug Other Than Marijuana refers to cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other drugs are included.

Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source (all figures and tables): SAMHSA 2000 NHSDA.

The National Household Survey on Drug Abuse (NHSDA) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2000 data are based on information obtained from nearly 72,000 persons aged 12 or older. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The *NHSDA Report* is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI in Research Triangle Park, North Carolina. Information and data for this issue are based on the following publication and statistics:

Substance Abuse and Mental Health Services Administration. (2001). *Summary of findings from the 2000 National Household Survey on Drug Abuse* (NHSDA Series: H-13, DHHS Publication No. SMA 01-3549). Rockville, MD: Author.

Also available on-line: www.DrugAbuseStatistics.samhsa.gov.

Additional Tables 1.1A, 1.1B, 1.71B, 1.72B, 1.73B, 1.74B, 1.76B, 1.81B, 1.86B, 1.91B, 1.96B, and 1.101B from http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol_1_Part_1/V1P1.htm and

Table 7.8A from http://www.samhsa.gov/oas/nhsda/2kdetailedtabs/Vol_1_Part_3/V1P3a.htm.

Additional tables available upon request.



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