

The NSDUH Report

June 21, 2007

Illicit Drug Use, by Race/Ethnicity, in Metropolitan and Non-Metropolitan Counties: 2004 and 2005

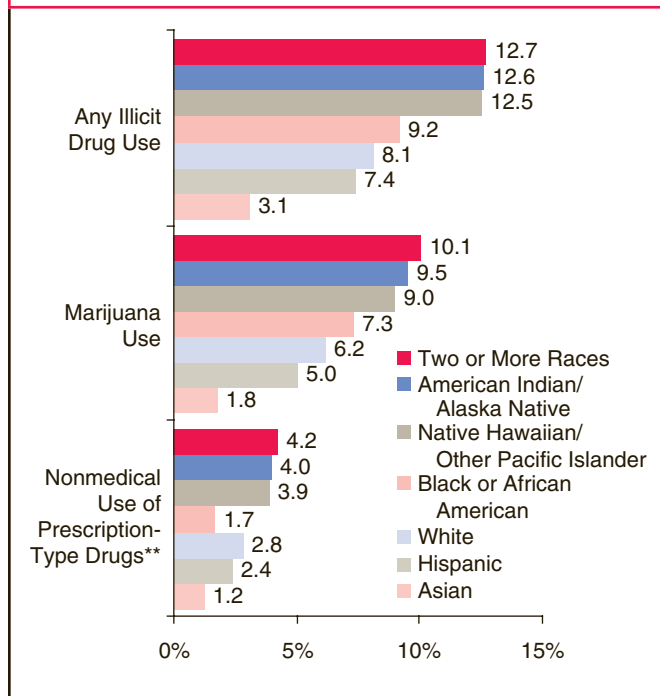
In Brief

- In 2004 and 2005, rates of past month illicit drug use varied significantly among racial/ethnic groups, with the highest rates generally occurring among persons reporting two or more races, American Indians or Alaska Natives, and Native Hawaiians or Other Pacific Islanders, and with the lowest rates among Asians
- Among whites, past month use of marijuana and any illicit drug was lower in non-metropolitan counties than in large or small metropolitan counties, and nonmedical use of prescription drugs was lower in non-metropolitan counties than in small metropolitan counties
- American Indians and Alaska Natives living in large metropolitan counties were less likely than their counterparts living in non-metropolitan counties to have used prescription drugs non-medically in the past month (0.7 vs. 4.4 percent)

Illicit drug use has been shown to vary by race/ethnicity and to differ between urban and rural counties.¹ However, relatively little research has focused on how racial/ethnic differences in illicit drug use vary from one type of county to another or how illicit drug use might vary among members of a single racial/ethnic group, depending on the type of county in which they live.

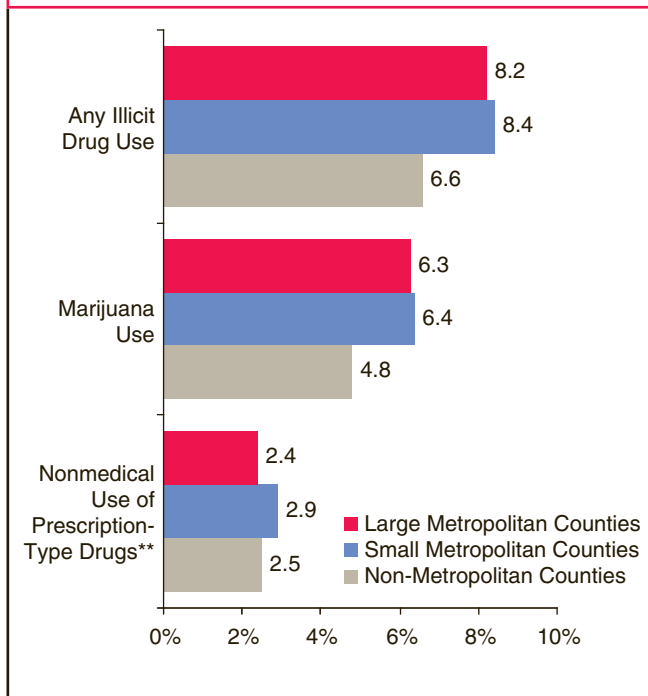
The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older to report on their use of illicit drugs during the past month. *Illicit drugs* refer to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.² NSDUH also asks a series of questions about race/ethnicity. First, respondents are asked whether they are of Hispanic origin; then they are asked to identify which racial group best describes them: white, black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, or other. Respondents may select more than one race. Data also are

Figure 1. Percentages of Past Month Illicit Drug Use among Persons Aged 12 or Older, by Race/Ethnicity*: 2004 and 2005



Source: SAMHSA, 2004 and 2005 NSDUHs.

Figure 2. Percentages of Past Month Illicit Drug Use among Persons Aged 12 or Older Living in Metropolitan and Non-Metropolitan Counties*: 2004 and 2005**



Source: SAMHSA, 2004 and 2005 NSDUHs.

gathered on the type of county in which the respondents lived at the time of the interview. Metropolitan areas include counties that are inside metropolitan statistical areas (MSAs), as defined by the Office of Management and Budget.^{3,4} Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of fewer than 1 million. Non-metropolitan areas include counties that are outside MSAs.

This issue of *The NSDUH Report* presents estimates of past month illicit drug use, past month marijuana use, and past month nonmedical use of prescription-type drugs, by race/ethnicity, in metropolitan and non-metropolitan counties. Marijuana use and nonmedical use of prescription-type drugs are highlighted because they were the most common illicit drug use behaviors among persons aged 12 or older in 2004 and 2005.⁵ All estimates are annual averages based on combined data from the 2004 and 2005 NSDUHs.

Illicit Drug Use, by Race/Ethnicity

Combined data from 2004 and 2005 indicate that 8.0 percent of persons aged 12 or older (an estimated 19.4 million persons) used an illicit drug in the past month, with 6.0 percent (14.6 million persons) using marijuana

and 2.6 percent (6.2 million persons) using a prescription-type drug nonmedically. Rates of past month use varied significantly among racial/ethnic groups, with the highest rates generally occurring among persons reporting two or more races, American Indians or Alaska Natives, and Native Hawaiians or Other Pacific Islanders, and with the lowest rates among Asians (Figure 1). For example, 3.1 percent of Asians had used an illicit drug in the past month, while 12.7 percent of persons reporting two or more races had done so.

Illicit Drug Use in Metropolitan and Non-Metropolitan Counties

Combined data from 2004 and 2005 indicate that persons aged 12 or older living in non-metropolitan counties were less likely to have used an illicit drug in the past month than those living in large or small metropolitan counties (Figure 2). A similar pattern was seen with past month marijuana use. Non-metropolitan counties and large metropolitan counties had similar rates of past month nonmedical use of prescription-type psychotherapeutic drugs, but a higher rate was found among persons living in small metropolitan counties.

Table 1. Percentages of Persons Aged 12 or Older in Metropolitan and Non-Metropolitan Counties* Reporting Past Month Illicit Drug Use, by Race/Ethnicity**:** 2004 and 2005

Drug and County Type	White	Black or African American	American Indian or Alaska Native	Asian	Two or More Races	Hispanic
Any Illicit Drug Use						
Large Metropolitan	8.6	9.7	11.2	2.9	11.6	7.2
Small Metropolitan	8.4	8.5	13.1	3.8	15.0	8.4
Non-Metropolitan	6.4	7.5	12.8	5.0	11.0	5.6
Marijuana Use						
Large Metropolitan	6.7	7.9	9.9	1.7	9.1	4.9
Small Metropolitan	6.4	6.7	11.6	2.2	11.5	5.7
Non-Metropolitan	4.6	5.3	8.2	3.4	10.0	3.8
Nonmedical Use of Prescription Drugs**						
Large Metropolitan	2.7	1.6	0.7	1.1	3.7	2.4
Small Metropolitan	3.1	1.8	5.1	1.5	5.4	2.7
Non-Metropolitan	2.5	2.2	4.4	1.6	2.9	2.2

Source: SAMHSA, 2004 and 2005 NSDUHs.

Illicit Drug Use, by Race/Ethnicity, in Metropolitan and Non-Metropolitan Counties

For blacks and whites, drug use rates tended to be lower in non-metropolitan counties than other counties (Table 1). Among whites, past month use of marijuana and any illicit drug was lower in non-metropolitan counties than in large or small metropolitan counties, and nonmedical use of prescription drugs was lower in non-metropolitan counties than in small metropolitan counties. Among blacks, residents of non-metropolitan counties were less likely than those living in large metropolitan counties to have used marijuana in the past month (5.3 vs. 7.9 percent). American Indians and Alaska Natives living in large metropolitan counties were less likely than their counterparts living in non-metropolitan counties to have used prescription drugs nonmedically in the past month (0.7 vs. 4.4 percent).⁶

End Notes

¹ Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

² NSDUH measures the nonmedical use of prescription-type pain relievers, sedatives, stimulants, or tranquilizers. Nonmedical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Nonmedical use of stimulants includes methamphetamine use.

³ Office of Management and Budget. (2003, June 6). *Revised definitions of metropolitan statistical areas, new definitions of micropolitan statistical areas and combined statistical areas, and guidance on uses of the statistical definitions of these areas* (OMB Bulletin No. 03-04). Retrieved April 9, 2007, from <http://www.whitehouse.gov/omb/bulletins/b03-04.html>

⁴ U.S. Census Bureau. (2003, June 12 [created]; 2005, June 7 [last modified]). *About metropolitan and micropolitan statistical areas*. Retrieved April 9, 2007, from <http://www.census.gov/population/www/estimates/aboutmetro.html>

⁵ Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁶ Among American Indian and Alaska Natives, statistically significant differences were found between the estimates for past month non-medical use of prescription drugs among those living in large metropolitan counties and those

living in non-metropolitan counties (0.7 vs. 4.4 percent), but not between estimates for those living in large metropolitan counties and those living in small metropolitan counties (0.7 vs. 5.1 percent). Larger variability in the estimates for American Indians and Alaska Natives living in small metropolitan counties reduced the likelihood of finding significant differences between estimates for this group and their counterparts living in large metropolitan counties.

Figure and Table Notes

* Race/ethnicity categories are determined by combining the responses from two separate questions. For this report, respondents identifying themselves as Hispanic were assigned to the Hispanic group regardless of their racial identification. Respondents identifying themselves as non-Hispanic were grouped according to their racial identification. Thus, "white" refers to those identifying themselves as non-Hispanic and white.

** See End Note 2.

***Metropolitan areas include counties that are inside metropolitan statistical areas (MSAs), as defined by the Office of Management and Budget (see End Notes 3 and 4). Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of fewer than 1 million. Non-metropolitan areas include counties that are outside MSAs.

+ Estimates for Native Hawaiian or Other Pacific Islander respondents are not shown due to small sample sizes.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (June 21, 2007). *The NSDUH Report: Illicit Drug Use, by Race/Ethnicity, in Metropolitan and Non-Metropolitan Counties: 2004 and 2005*. Rockville, MD.

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Research findings from the SAMHSA 2004 and 2005 National Surveys on Drug Use and Health (NSDUHs)

Illicit Drug Use, by Race/Ethnicity, in Metropolitan and Non-Metropolitan Counties: 2004 and 2005

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2004 and 2005 data used in this report are based on information obtained from 136,068 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 NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on NSDUH used in compiling data for this issue is available in the following publications:

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002, 2003, 2004, and 2005 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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