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New study shows dramatic shifts in substance abuse treatment admissions among the states between 1998 and 2008.

Although the overall rate of admissions to substance abuse treatment in the U.S. remained stable between 1998 and 2008, at about 770 admissions for every 100,000 persons in the population, a new study shows striking changes and variations in admission rates by region.

At the same time that admissions for **alcohol** treatment were declining, admission rates per 100,000 population for illicit drug use were increasing. In fact, one consistent pattern in every region was the increase in the admission rate for marijuana use which rose 30 percent nationally. **From 1998 through 2008, marijuana treatment admission rates were highest in the West North Central and Middle Atlantic states (including PA, NY and NJ).**

Nationwide, the admission rate for **methamphetamine** treatment was 53 percent higher in 2008 than in 1998, although the level has dropped significantly and consistently from its peak in 2005.

The new study provided mixed news concerning **heroin** -- nationwide the rate of heroin admissions dropped by 3 percent from 1998 to 2008, but this drop was not uniform and in many states the levels have actually risen. **Heroin treatment admission rates were consistently highest in the New England and Middle Atlantic states.**

In terms of **cocaine** the news was more encouraging -- a 23 percent reduction in the cocaine treatment admission rate nationally over this period and decreases in every region of the country. **The Middle Atlantic states had the highest levels of cocaine admission rates throughout this period.**

According to Gil Kerlikowske, Director of the Office of National Drug Control Policy, "Drug addiction is a disease that requires the same kind of evidence-based, public health remedies called for with any chronic disease. **This substantial rise in drug treatment admissions for illicit drugs, particularly for marijuana and misuse of prescription drugs, shines a necessary spotlight on these problems and the need for early intervention, treatment, and recovery support services for those affected by these disorders.**"

Source: <http://www.samhsa.gov/newsroom/advisories/1012222500.aspx>