



Rural Pennsylvania

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Drug and Alcohol Treatment in Rural Pennsylvania

While there is no complete measure of alcohol and drug abuse in rural Pennsylvania, we can find out much about those who abuse alcohol and drugs by examining data from the Pennsylvania Department of Health's Bureau of Drug and Alcohol Programs and the Pennsylvania State Police Uniform Crime Report. The Center for Rural Pennsylvania examined Department of Health data from fiscal years 1994-1995, 1999-2000, and 2004-2005 to determine trends in such things as the demographics of users and their drugs of choice and state police data for those same years for insight into related arrests and convictions.

Who is being treated?¹

Number of clients

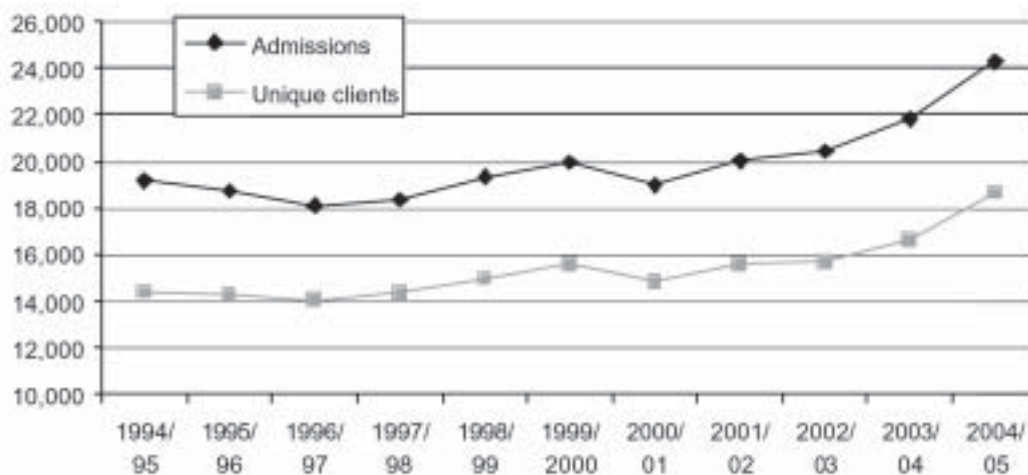
The Department of Health licenses about 800 drug and alcohol (D&A) treatment facilities in the commonwealth. Those that receive money from the Department of Health must report client data. In

2004-2005, 439 facilities reported, a handful of which were not required to do so. There is no way to know what portion of all D&A clients are treated in facilities that do report, so we cannot know how many clients there truly may be. This report deals only with the data reported to the Department of Health.

In 2004-2005, 18,640 rural Pennsylvania residents were treated for drug and/or alcohol problems, which amounts to 5.43 clients for every 1,000 rural residents and accounts for 28 percent of clients statewide. Because many rural clients were treated more than once in the same year, there were about 24,300 admissions of rural Pennsylvania residents to treatment programs. There were significantly fewer drug and alcohol treatment clients in 1994-1995, with about 14,380 unique clients and 19,200 admissions.

As seen in the line graph below, the number of clients has had its ups and downs over the past 10 years, with a general upward trend, particularly in the most recent years.

Rural Drug and Alcohol Treatment Clients, 1994/1995 and 2004/2005



¹ Treatment indicates admission to a treatment program. These programs practice a variety of in- and out-patient approaches and render diverse services.

Defining Rural

Rural Pennsylvania refers to the 48 counties with a population per square land mile less than the statewide density of 274. Data refer to county of residence rather than county of treatment, unless otherwise indicated. Pennsylvania residents being treated outside the state are not included.

All of the following client data are based on admissions, as they are not collected per unique client.

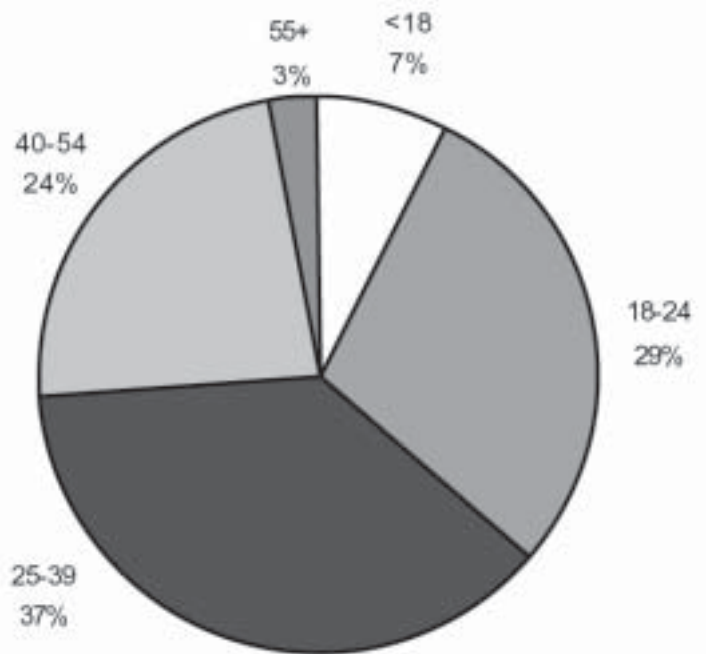
Demographics

In 2004-2005, two-thirds of rural D&A treatment program clients were male and 33 percent were female. Of the females, 2.3 percent were pregnant. About 7 percent of clients were younger than 18 years and 3 percent were age 55 or older. Adults aged 18 to 24 accounted for 29 percent of admissions, while those aged 25 to 39 made up 37 percent. The remaining 24 percent were made up of 40 to 54 year olds.

Nearly all rural clients, 91 percent, were white while 6 percent were black, 1 percent were Hispanic, and 2 percent were other or unknown. Rural Pennsylvanians, in general, were estimated to be 96 percent white, 3 percent black, and 2 percent Hispanic in 2004.

Ten years earlier, in 1994-1995, rural clients were a little different demographically. Fewer were female, 26 percent, and they were more racially diverse as 87 percent were white, 11 percent were black, and 1 percent were Hispanic. Additionally, the age structure was less diverse with more than

Rural Drug and Alcohol Client Admissions by Age 2004-2005



half of clients, 54 percent, being 25 to 39 years old. Nine percent were under 18, 16 percent were 18 to 24, 18 percent were 40 to 54, and, like more recently, 3 percent were 55 or older.

Work status

In 2004-2005, nearly half (47 percent) of rural clients were unemployed. About 28 percent were employed either full- or part-time, 9 percent were students, 7 percent were disabled, and 4 percent were inmates². The others were in the armed forces,

Primary Drug of Choice for Rural Treatment Clients, 1994 and 2004

Primary Drug of Choice	1994	2004	Change in # of admits
Alcohol	68%	45%	-16%
Cocaine / Crack	13%	12%	15%
Heroin	3%	18%	591%
Marijuana / Hashish	12%	14%	54%
Methamphetamine	0%	1%	228%
Other Opiates/Synthetics	1%	8%	940%
Other drugs	3%	2%	-1%
Total	19,187	24,298	27%

² Inmates at state and federal prisons are not included, as their treatment programs receive no Department of Health funds and thus do not report client data.

on leave of absence from work, homemakers, retired, other, or unknown. Figures were similar in 1994-1995 except that there were slightly fewer disabled and inmates and more students.

Treatment

Previous treatment

While 75 percent of rural clients were being admitted for the first time in 2004-2005, 20 percent were second time clients, 4 percent were being admitted for the third time, and 2 percent had been admitted at least three times previously. There was an average of 1.3 admissions per client. These figures are similar to those from 1994-1995 though fewer had been admitted more than twice.

Drug of choice

The greatest percentage (45 percent) of rural treatment clients were admitted primarily for alcohol treatment. For 18 percent of clients, the primary drug of choice was heroin, for 14 percent it was marijuana/hashish, for 12 percent cocaine/crack, and for 8 percent other opiates/synthetics. The remaining 3 percent had other primary drugs of choice. About half (49 percent) of rural clients had a secondary drug of choice as well. Marijuana/hashish was the most common, accounting for 32 percent, followed by alcohol (24 percent), cocaine/crack (20 percent), and other opiates/synthetics (10 percent). Twenty-two percent of rural clients also had a tertiary drug of choice. For 25 percent this was marijuana/hashish, for 23 percent alcohol, for 21 percent cocaine/crack, and for 10 percent other opiates/synthetics.

Methamphetamine was responsible for nearly 200 rural client admissions as the primary drug of choice, about 150 as the secondary, and about 100 as the tertiary choice.

Drugs of choice have changed significantly in 10 years. Alcohol has fallen and heroin has picked up much of that gap. Just 60 clients were treated for methamphetamine as the primary drug of choice in 1994-1995. Over-the-counter drugs as the primary drug of choice accounted for just 13 rural clients in 1994-1995, and 22 in 2004-2005.

Other notable changes included decreases in inhalants, other hallucinogens, and other tranquilizers and increases in Benzodiazepine, non-prescription methadone, and other sedatives/hypnotic drugs.

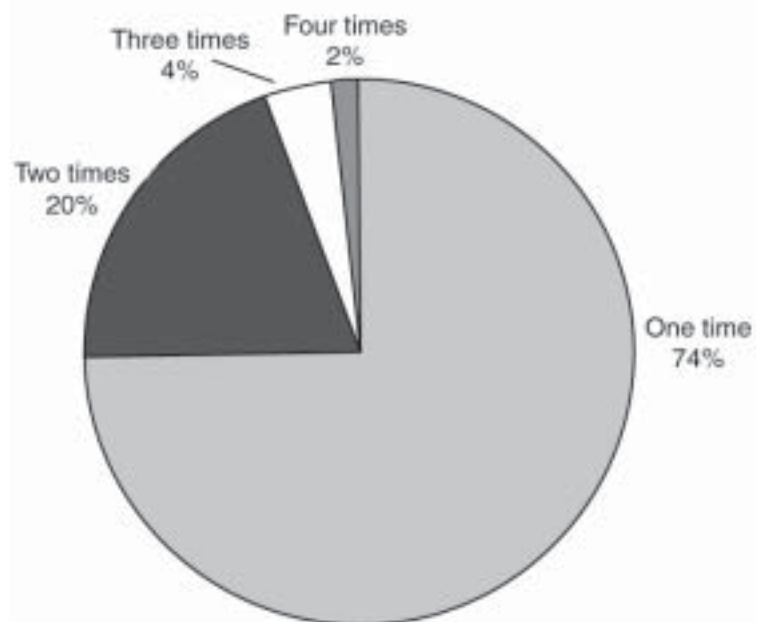
The Rural "Meth" Problem

Early this decade, the Pennsylvania State Police recognized a methamphetamine problem in the state. Data from the State Police Bureau of Criminal Investigation show that, of the clandestine drug labs found by state, federal, or local law enforcement in 2004, 95 percent were meth labs and, of those, 84 percent, or 93 labs, were in rural counties: more than half were in Bradford and Crawford counties alone.

Figures dropped slightly in 2005, with 77 rural meth labs found, accounting for 78 percent of the state total. 2004 is the first year for which data are available by county and lab type.

In 2001, however, there were just 19 police responses to clandestine lab reportings, which can include finding a lab for meth, ecstasy, marijuana growing, other drugs, or even no lab at all. A year later, in 2002, there were 34 clandestine lab responses, and in 2003, there were 64. These numbers increased dramatically in 2004 and 2005, with 128 responses and 125 responses, respectively.

Number of Admissions Per Client, 2004-2005



Payment method

According to data from the Department of Health, in 2004-2005, counties paid for drug and alcohol treatment 37 percent of the time for rural clients. Medicaid paid for 23 percent of admissions, health insurance for 15 percent, and the individual paid 5 percent of the time. Medicare and other government payments covered 6 percent. Payment was quite different 10 years earlier when Medicaid paid for nearly half (48 percent) of admissions and counties paid for 19 percent. Self-pay was much higher at 11 percent, Medicare and other government payments were lower at 3 percent, and insurance was about the same at 13 percent.

Place of treatment

Most rural clients (67 percent) were treated in their county of residence. Ten percent of rural clients were treated in an urban county, and 23 percent received treatment in another rural county.

Drug and alcohol crimes

Drug crimes can be divided into sale/manufacture and possession, while alcohol crimes include DUI, liquor law violations, and drunkenness. In 2004, 35,125 arrests were made for drug and alcohol crimes in rural Pennsylvania, an increase of 8 percent from 1994. Closer examination shows that drunkenness arrests decreased by 18 percent. Meanwhile, DUI and liquor law arrests increased by 6 and 1 percent, respectively. Drug abuse arrests rose by 80 percent, from about 3,860 in 1994 to about 6,960 in 2004. Drug and alcohol crimes accounted for 28 percent of all arrests in 2004, down slightly from 29 percent in 1994.

Further breakdowns show that most rural drug and alcohol arrests in 2004 were of adults, but 9 percent were juveniles (aged 12 to 17). More than 20 percent were females and about 7 percent were racial minorities. Alcohol crimes were much more common than drug crimes, accounting for 80 percent of drug and alcohol arrests. Rural drug crimes were most frequently those of possession (72 percent), but more than a quarter (28 percent) were for sale/manufacture. The situation has changed in 10 years so that sale/manufacture accounts for more arrests than in 1994, when it represented 19 percent of all drug arrests.

Females are growing as a percent of rural drug

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and alcohol arrests. They accounted for 16 percent in 1994 compared to the 20 percent mentioned previously for 2004. Additionally, juvenile females accounted for 25 percent of juvenile arrests in 1994 and 28 percent in 2004.