

States In Brief



Substance Abuse and Mental Health Issues At-A-Glance

A Short Report from the Office of Applied Studies



Prevalence of Illicit Substance¹ and Alcohol Use Abuse

The National Survey on Drug Use and Health (NSDUH) generates state-level estimates for 23 measures of substance use and mental health problems for four age groups: the entire state population over age 12 (12+); individuals age 12 to 17; individuals age 18 to 25; and individuals age 26 and older (26+). Since state estimates of substance use and abuse were first generated using the combined 2002-2003 NSDUHs and continuing until the most recent state estimates based on the combined 2005-2006 surveys, Idaho has consistently ranked among the 10 states with the *lowest*² rates of the following measures (Table 1).

Table 1: Idaho is among those states with the lowest rates of the following:

Measure	Age Groups
Past Month Illicit Drug Use	18-25
Past Year Marijuana Use	26+
Past Year Cocaine Use	12+
Past Month Alcohol Use	18-25

This is one in a series of brief state-based reports intended to give the reader a quick overview of substance abuse and mental health issues within a single state. The data derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA). Sources for all data used in this report appear at the end.

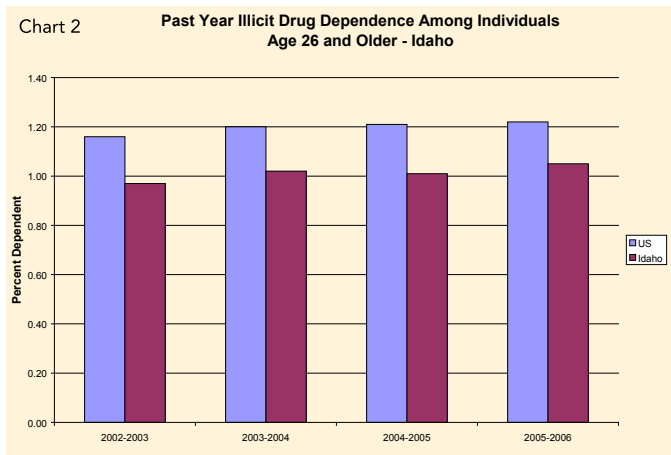
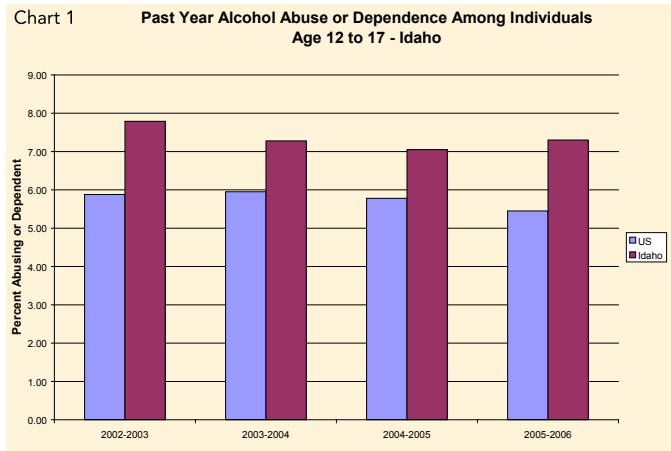


Abuse and Dependence

Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994).

Rates of past year alcohol abuse or dependence in Idaho have varied considerably among the four age groups and across survey years; however, the rates for individuals age 12 to 17 have consistently ranked among the highest in the country (Chart 1).

Rates of past year illicit drug abuse or dependence in have also varied considerably but rates for past year drug dependence in the group age 26 and older have remained consistently among the lowest in the country (Chart 2).



Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS),³ the number of treatment facilities in Idaho was 57. Of these, 21 were private nonprofit and 28 private for-profit. Four facilities were owned/operated by tribal governments.

The number of facilities in Idaho has decreased from a high of 73 facilities in 2004 to 57 facilities in 2006. The decrease is principally attributable to the loss of nine private not-for-profit facilities and four private for-profit facilities.

Although facilities may offer more than one modality of care, the majority of facilities (50 of 67) in Idaho in 2006 offered some form of outpatient care, and 13 facilities offered some form

of residential care. A total of 18 physicians and 3 treatment programs are certified to provide buprenorphine treatment for opiate addiction.

In 2006, 70 percent of all Idaho treatment facilities (40 of 57) received some form of Federal, State, county, or local government funds, and 29 (51%) facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

Treatment

State treatment data for substance use disorders are derived from two primary sources—an annual one-day census in N-SSATS and annual treatment admissions from the Treatment Episode Data Set (TEDS).⁴ In the 2006 N-SSATS survey, Idaho showed a one-day census of 3,824 clients in treatment, the majority of whom (3,546 or 93%) were in outpatient treatment. Of the total number of clients in treatment on this date, 395 (10%) were under the age of 18.

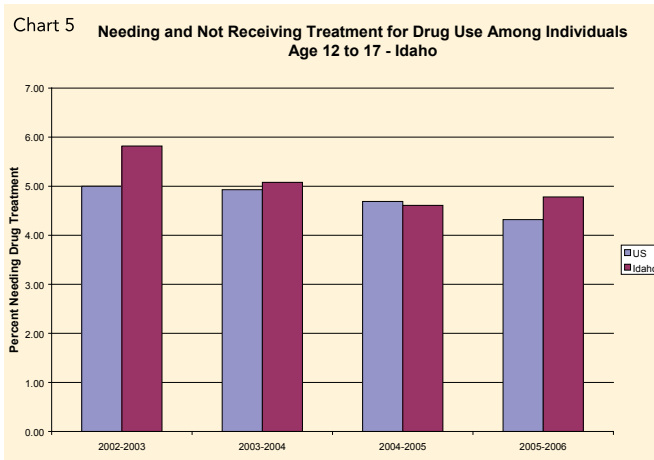
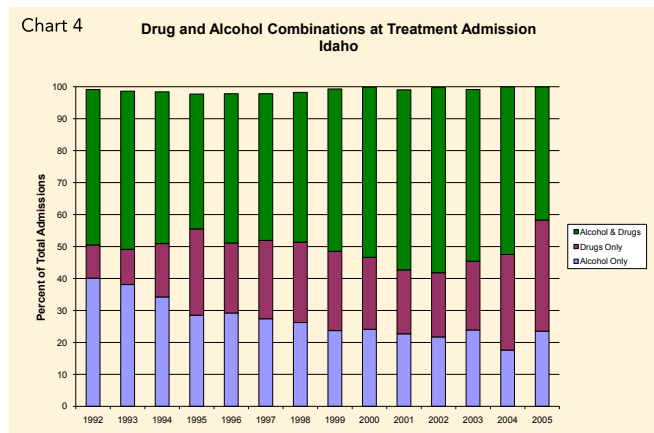
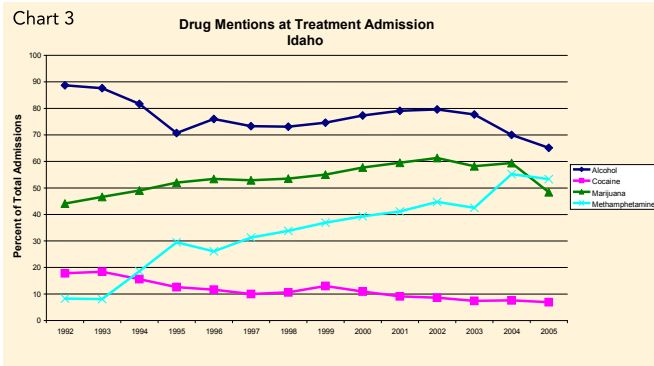
Chart 3 shows the percentage of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 14 years, there has been a steady decline in the number of admissions mentioning alcohol and cocaine as substances of abuse and a sharp increase (from 8% in 1992 to 53% in 2005) of admissions for methamphetamine use.

Similarly, across the available years of TEDS data, there has been a marked change in the combinations of drugs and alcohol at treatment admission with drug-only admissions increasing from 10 percent in 1992 to 35 percent in 2005 (Chart 4).

Unmet Need for Treatment

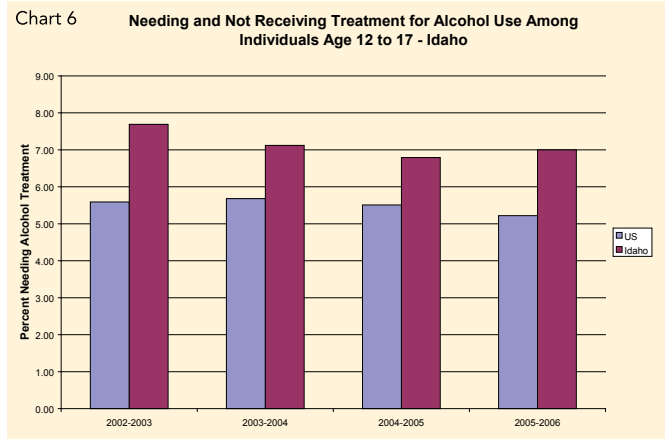
NSDUH defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the DSM-IV, but who has not received specialty treatment for that problem in the past year.

In Idaho, rates of individuals needing and not receiving treatment for drug use have varied considerably over time; however, the rate for unmet treatment need among individuals age 12 to 17 has remained consistently at or above the rate of the country as a whole (Chart 5).



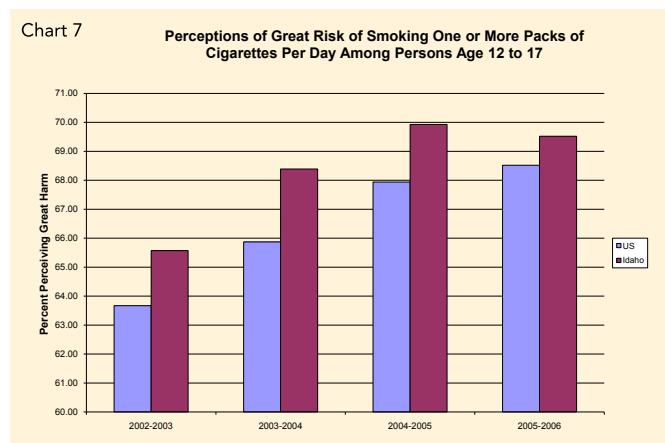


Rates for individuals needing and not receiving alcohol treatment show a pattern with the highest rates of unmet treatment need occurring in the 12 to 17 age group. Here, rates have remained consistently at or above the rate of the country as a whole (Chart 6).

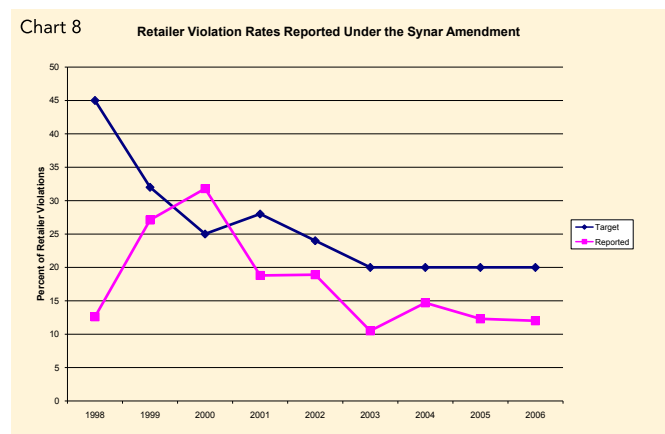


Tobacco Use and Synar Compliance

Rates of tobacco use and cigarette use in Idaho have typically been among the lowest in the country for all age groups. Similarly, rates of the perception of harm associated with smoking one or two packs of cigarettes a day have typically been among the highest in the country, especially among those age 12 to 17 (Chart 7).



SAMHSA monitors the rate of retailer violation of tobacco sales through the Agency's responsibilities under the Synar Amendment. Retailer violation rates represent the percentage of inspected retail outlets that sold tobacco products to a customer under the age of 18. Idaho's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2001 (Chart 8).



Mental Health Indicators

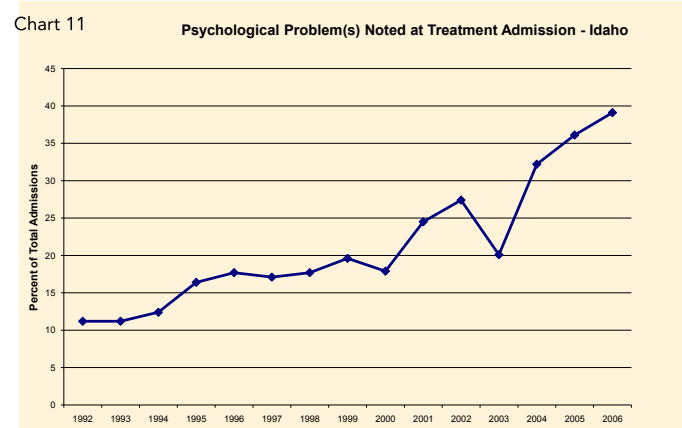
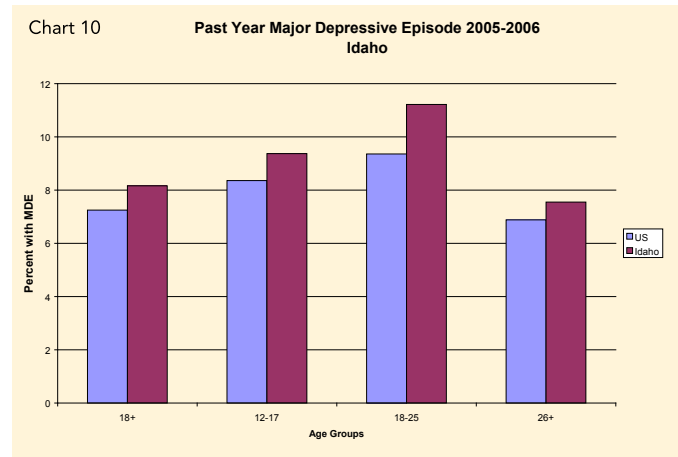
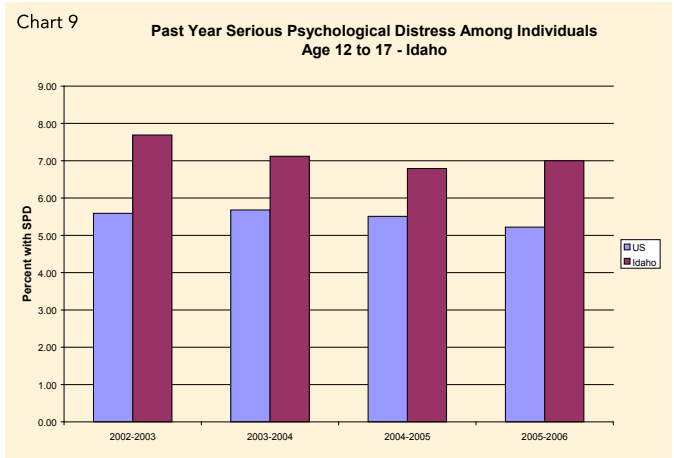
For individuals age 18 and older, the National Survey on Drug Use and Health measures past year serious psychological distress (SPD), an overall indicator of nonspecific psychological distress. Since 2004-2005, the survey also measures past year major depressive episodes (MDE) for the same age group and for individuals age 12 to 17. MDE is defined as a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms

that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.

Rates of past year SPD in Idaho have generally been higher than those of the country as a whole. This is particularly true for individuals age 18 to 25 (Chart 9).

Rates of past year major depressive episodes have also remained higher than the national rates particular among the age groups 12 to 17 and 18 to 25. For these two groups, the rates have been among the highest in the country since 2004 (Chart 10).

These prevalence rates are mirrored in the TEDS data, which also collects information on whether or not psychological problems are noted at treatment admission (Chart 11).





SAMHSA Funding

SAMHSA funds two basic types of grants—block and formula grants allocated to states and territories by formula and discretionary grants which are awarded competitively (Chart 12). Each of the three SAMHSA Centers (Center for Substance Abuse Treatment [CSAT], the Center for Substance Abuse Prevention [CSAP], and the Center for Mental Health Services [CMHS]) has a unique discretionary portfolio.

2004-2005:

\$6.9 million	Substance Abuse Prevention and Treatment Block Grant
\$2.5 million	Mental Health Block and Formula Grants
\$11.3 million	SAMHSA Discretionary Program Funds
\$20.7 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure grant; Children’s Services; Post-Traumatic Stress Disorder in Children; Statewide Family Networks.

CSAP: Drug-Free Communities (7 grants); Youth Transition to the Workplace.

CSAT: Access to Recovery; Adult, Juvenile, and Family Drug Courts; and Targeted Capacity Expansion.

2005-2006:

\$6.8 million	Substance Abuse Prevention and Treatment Block Grant
\$2.5 million	Mental Health Block and Formula Grants
\$8.9 million	SAMHSA Discretionary Program Funds
\$18.2 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure grant; Children’s Services; Post-Traumatic Stress Disorder in Children; Statewide Family Networks.

CSAP: Drug-Free Communities (5 grants); Youth Transition to the Workplace.

2006-2007:

\$6.8 million	Substance Abuse Prevention and Treatment Block Grant
\$2.5 million	Mental Health Block and Formula Grants
\$9.9 million	SAMHSA Discretionary Program Funds
\$19.2 million	Total SAMHSA Funding

CMHS: Access to Recovery.

CSAP: State Mental Health Data Infrastructure grant; Children's; Post-Traumatic Stress Disorder in Children; Statewide Family Networks; Youth Suicide Prevention and Early Intervention.

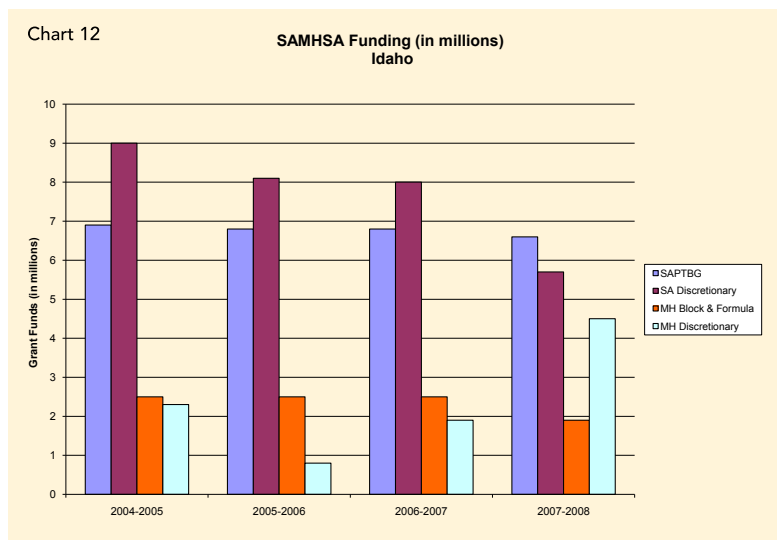
2007-2008:

\$12.2 million	Substance Abuse Prevention and Treatment Block Grant
\$3.8 million	Mental Health Block and Formula Grants
\$4.0 million	SAMHSA Discretionary Program Funds
\$20.0 million	Total SAMHSA Funding

CMHS: Drug-Free Communities (5 grants).

CSAT: Access to Recovery.

CSAP: Strategic Prevention Framework State Incentive Grant; and Drug Free Communities (11 grants).





For Further Information

A comprehensive listing of all NSDUH measures for every state is available at: <http://oas.samhsa.gov/statesList.cfm>.

Also, information about variations in incidence and prevalence of the NSDUH substance abuse and mental health measures *within* each state is available at: <http://oas.samhsa.gov/metro.htm>.

Data Sources

Grant Awards: Available at: <http://www.samhsa.gov/statesummaries/index.aspx>.

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS): 2006, available at: www.dasis.samhsa.gov.

Treatment Data: Treatment Episode Data Set—Concatenated File—available from the Substance Abuse and Mental Health Data Archive at: <http://www.icpsr.umich.edu/SDA/SAMHDA>.

¹ NSDUH defines *illicit drugs* to include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as use not prescribed for the respondent by a physician or used only for the experience or feeling the drug(s) 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.

² States are assigned to one of five groups according to their ranking (quintiles). Because there are 51 areas to be ranked for each measure, the middle quintile was assigned 11 areas and the remaining groups 10 each. Throughout this document “highest” refers to the 10 States in the first quintile and “lowest” to those in the fifth quintile.

³ N-SSATS is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: nontreatment halfway houses; jails, prisons or other organizations that treat incarcerated clients exclusively; and solo practitioners.

⁴ TEDS is an admissions-based system, and TEDS admissions do not represent individuals. For example, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

⁵ TEDS collects information on up to three substances of abuse that lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

Prevalence Data

Wright, D. & Sathe, N. (2005) *State Estimates of Substance Use from the 2002-2003 National Surveys on Drug Use and Health* (DHHS Publication No. SMA-05-3989, NSDUH Series H-26) Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Wright, D. & Sathe, N. (2006) *State Estimates of Substance Use from the 2003-2004 National Surveys on Drug Use and Health* (DHHS Publication No. SMA-06-4142, NSDUH Series H-29) Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

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.

Hughes, A. & Sathe, N. (2008) *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health* (DHHS Publication No. SMA-08-4311, NSDUH Series H-33) Rockville, MD: Substance Abuse and Mental Health Services