

WYOMING

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

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 the age of 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, rates of past month use of any illicit drug and past month alcohol use have fluctuated.

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. 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 have generally exceeded the national rates and have been among the highest in the country for both the State population as a whole and for adolescents age 12 to 17 (Chart 1).

Conversely, rates of past year abuse of or dependence on illicit drugs have generally remained at or below national rates (Chart 2).

Substance Abuse Treatment Facilities

According to the annual National Survey of Substance Abuse Treatment Services (N SSATS),³ the number of treatment facilities in Wyoming has changed little between 2002 and 2006. Of the 57 facilities responding to the 2006 survey, 33 (58%) were private nonprofit, and an additional 11 facilities were private for-profit.

Although facilities may offer more than one modality of care, in the most recent survey the majority of facilities (44 of 57, or 77%) offered some form of outpatient care. A total of 16 facilities (28%) offered residential care. Two programs and 13 physicians are certified to provide buprenorphine treatment for opiate addiction.

A total of 44 of all facilities (77%) receive some form of Federal, State, county, or local government funds, and 23 facilities (40%) have agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

Chart 1 Past Year Alcohol Abuse or Dependence Among Individuals Age 12 and Older - Wyoming

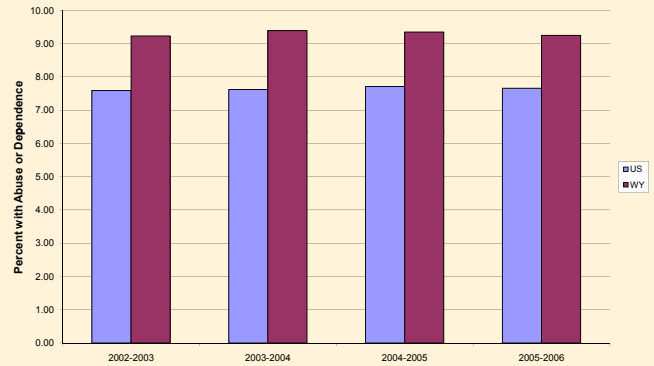
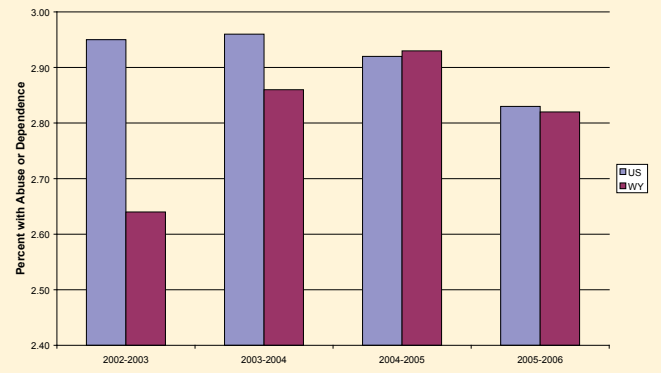


Chart 2 Past Year Illicit Drug Abuse or Dependence Among Individuals Age 12 and Older - Wyoming



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 With all facilities responding to the 2006 N-SSATS survey, Wyoming showed a total of 3,246 clients in treatment, the majority of whom 2,894 (89%) were in outpatient treatment. Of the total number of clients in treatment on this date, 676 (21%) 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 15 years, there has been a decline in the number of admissions mentioning alcohol and a concomitant increase in the number of admissions mentioning marijuana and methamphetamine.

Across the years for which TEDS data are available, Wyoming has seen a modest shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 58 percent of all admissions in 1992 to just over 37 percent in 2005. Concomitantly, drug-only admissions have increased from 4 percent in 1998 to 39 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.

While the rates of unmet need for treatment for drug use have generally been at or below the national rates for all age groups in Wyoming (Chart 5), the rates of unmet need for treatment

Chart 3 Drug Mentions at Treatment Admission - Wyoming

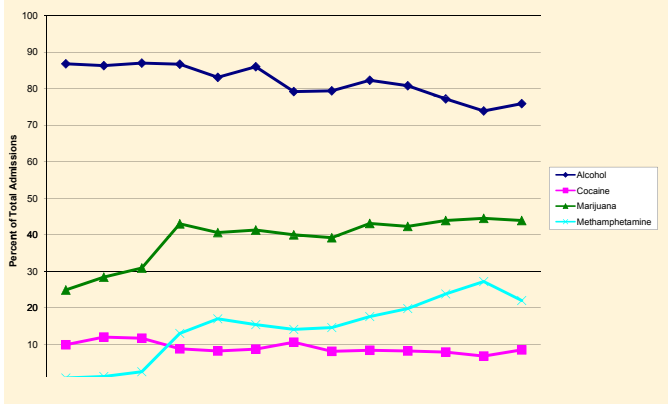


Chart 4 Alcohol & Drug Combinations at Treatment Admission - Wyoming

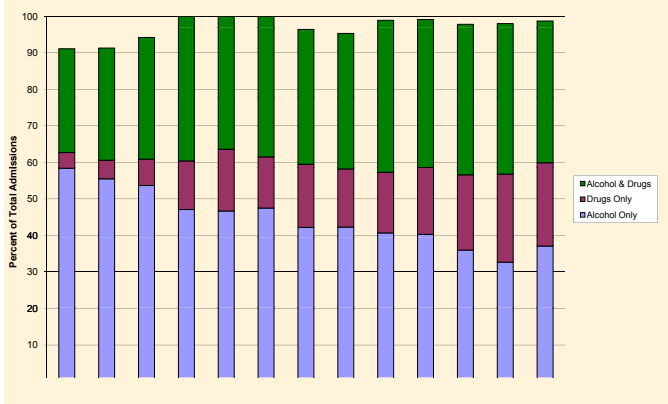
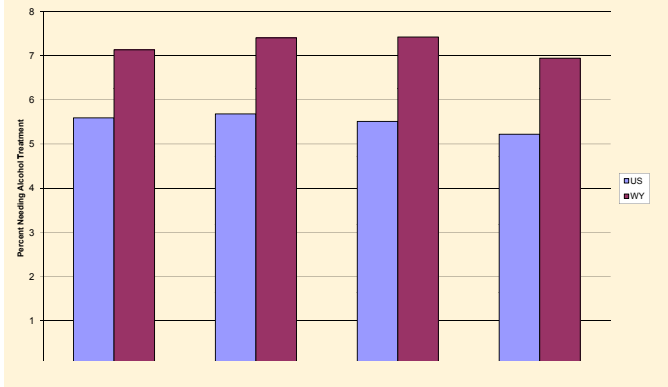


Chart 5 Needing and Not Receiving Treatment for Alcohol Use - Age 12 - 17 Wyoming

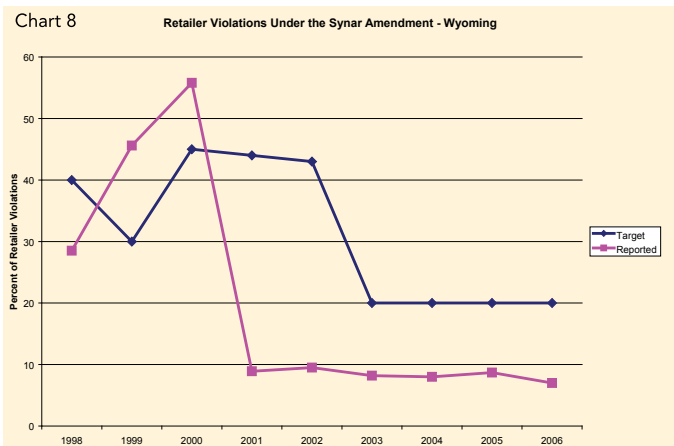
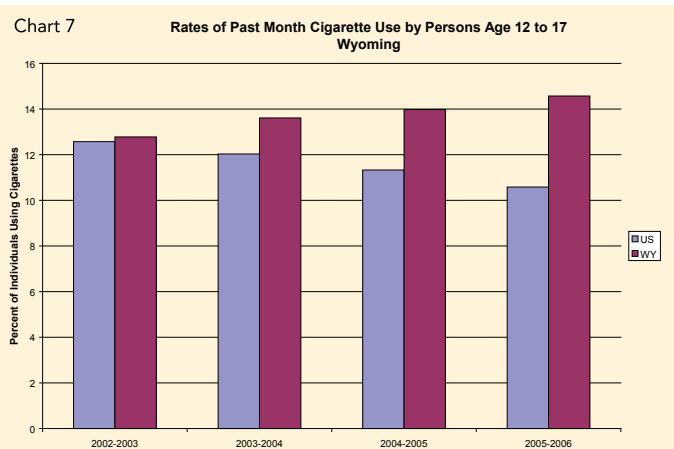
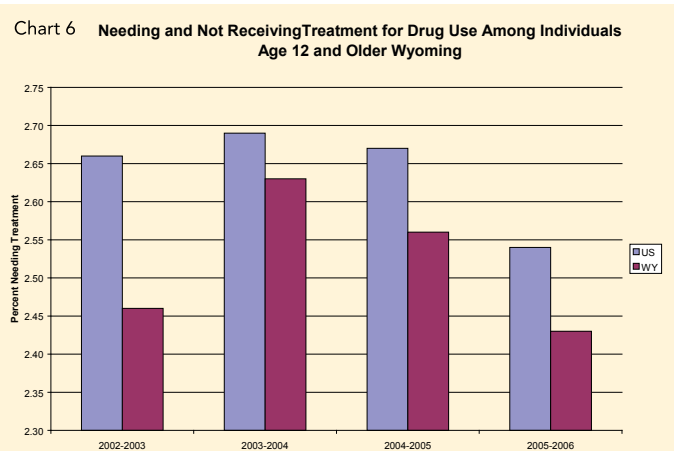


of alcohol use have consistently been above the national average (Chart 6). This is particularly true for adolescents age 12 to 17 where the rates of unmet need for alcohol treatment have consistently been among the highest in the country.

Tobacco Use and Synar Compliance

In Wyoming, rates of past month tobacco use and cigarette use by underage individuals (age 12 to 17) have been consistently above the national rates, and in 2005-2006 were among the highest in the country (Chart 7).

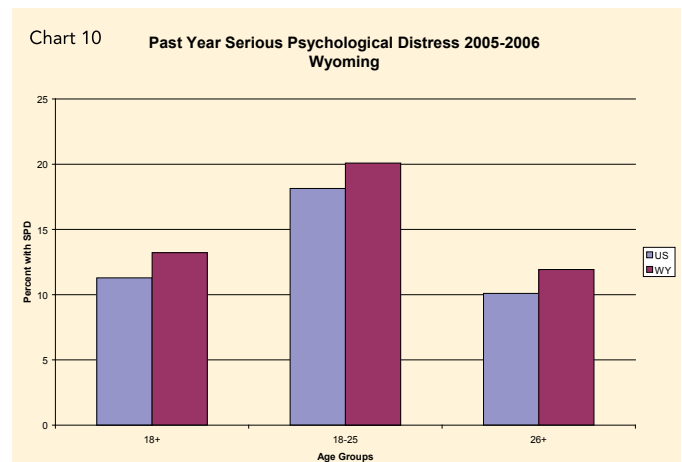
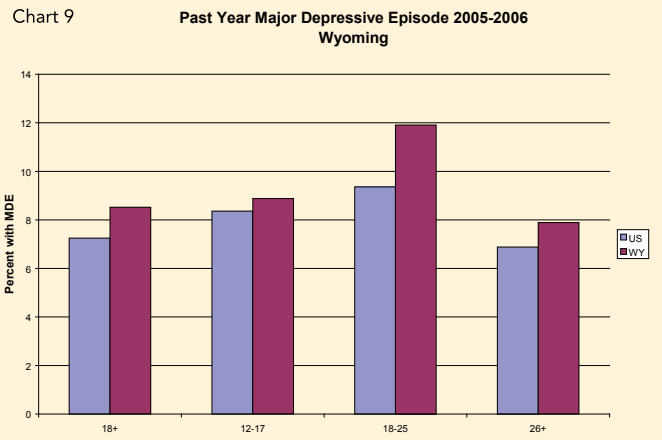
SAMHSA monitors the rate of retailer violation of tobacco sales through the Agency's responsibilities under the Synar Amendment. Retailer violation rates represent the percentage of inspected retail outlets that sold tobacco products to a customer under the age of 18. Wyoming's rates of noncompliance 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, 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 (Chart 9). 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.

For both of these indicators, rates in Wyoming have generally exceeded the national rates for all age groups. This is particularly true for the rate of major depressive episodes among those 18 to 25 where the rate in Wyoming has been consistently among the ten highest in the country (Chart 10).



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 11). Each of the three SAMHSA Centers (the 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:

\$ 3.3 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.2 million	Mental Health Block and Formula Grants
\$ 4.3 million	SAMHSA Discretionary Program Funds
\$ 8.8 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grants; Statewide Family Networks.

CSAP: Drug-Free Communities (4 grants); Strategic Prevention Framework State Incentive Grant

CSAT: State Data Infrastructure (substance abuse treatment); Access to Recovery; and Targeted Capacity Expansion—HIV/AIDS.

2005-2006:

\$ 3.3 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.2 million	Mental Health Block and Formula Grants
\$ 6.0 million	SAMHSA Discretionary Program Funds
\$10.95 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grants; Statewide Family Networks; Child Mental Health Initiative.

CSAP: Drug-Free Communities (4 grants); Strategic Prevention Framework State Incentive Grant.

CSAT: Access to Recovery; and Targeted Capacity Expansion—HIV/AIDS.

2006-2007:

\$ 3.3 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.2 million	Mental Health Block and Formula Grants
\$ 6.0 million	SAMHSA Discretionary Program Funds
\$10.5 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grants; Statewide Family Networks (mental health); Disaster Relief; Youth Suicide Prevention and Early Intervention; Campus Suicide; Child Mental Health Initiative.

CSAP: Drug-Free Communities (4 grants); Strategic Prevention Framework State Incentive Grant.

CSAT: Access to Recovery; and Juvenile Drug Courts.

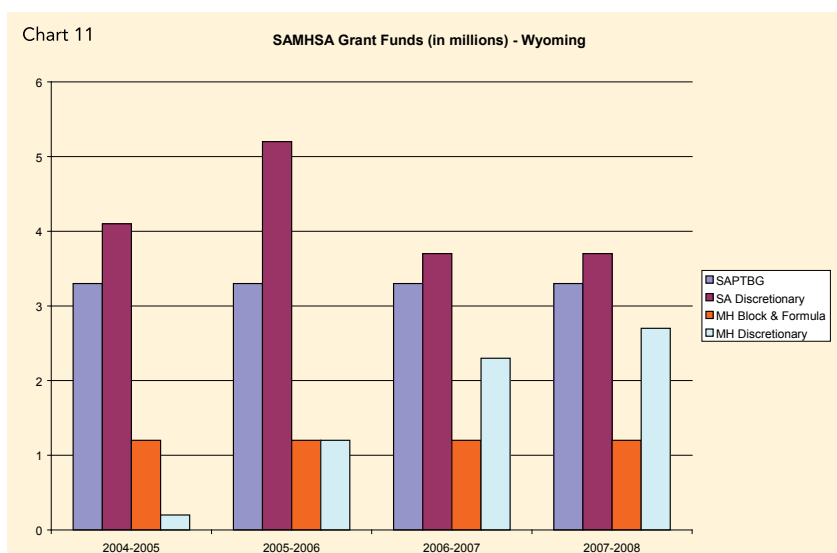
2007-2008:

\$ 3.3 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.2 million	Mental Health Block and Formula Grants
\$ 6.4 million	SAMHSA Discretionary Program Funds
\$10.9 million	Total SAMHSA Funding

CMHS: Campus Suicide; Statewide Family Networks (mental health); Child Mental Health Initiative; State Mental Health Data Infrastructure Grants; Youth Suicide Prevention and Early Intervention.

CSAP: Drug-Free Communities (3 grants); Strategic Prevention Framework State Incentive Grant.

CSAT: Access to Recovery and Juvenile Drug Courts.



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 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 www.icpsr.umich.edu/SDA/SAMHDA.

¹NSDUH 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 Administration, Office of Applied Studies.