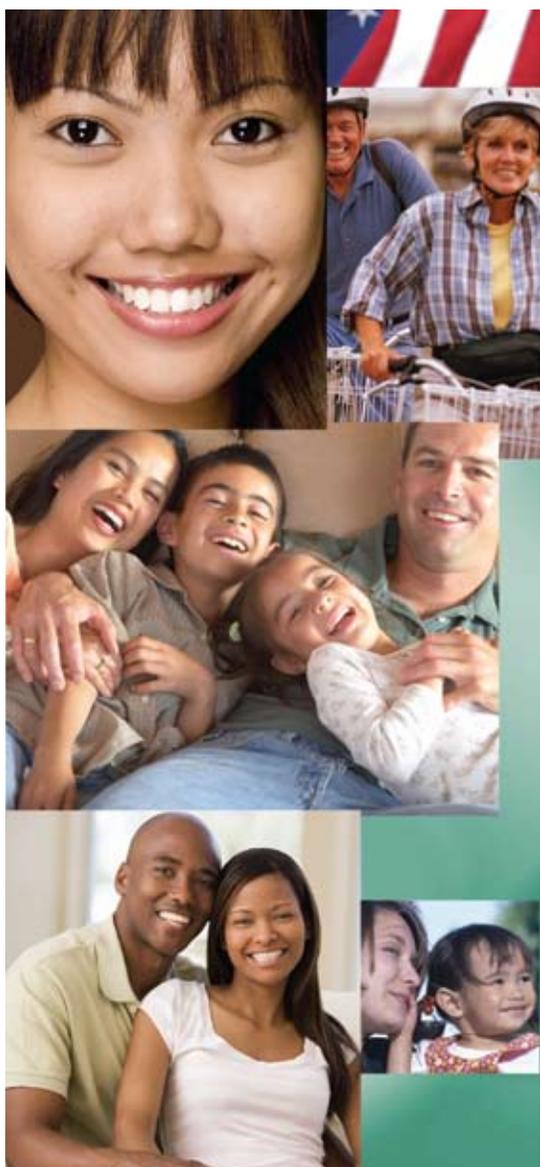


# States In Brief

Substance Abuse and Mental Health Issues At-A-Glance

A Short Report from the Office of Applied Studies



## Prevalence of Illicit Substance<sup>1</sup> 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 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, rates of past month illicit drug use, past month use of an illicit drug other than marijuana, and past year marijuana use have generally remained at or above the national rates. Rates of past month alcohol use and past month binge alcohol use have generally remained at or below the national average.





## Abuse and Dependence

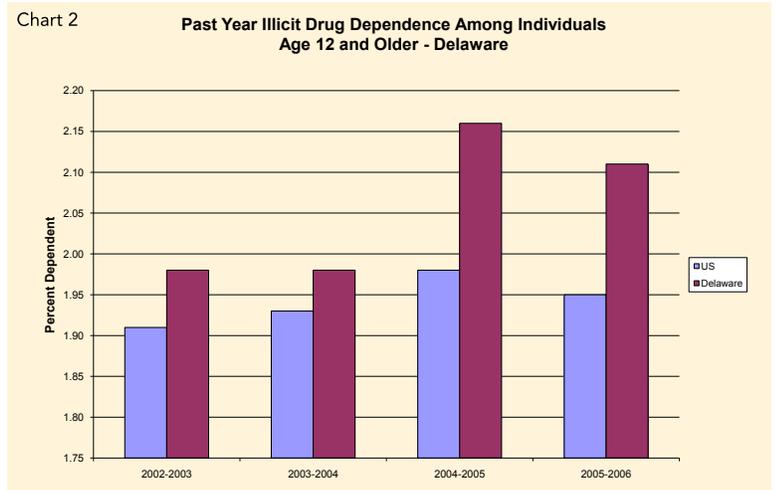
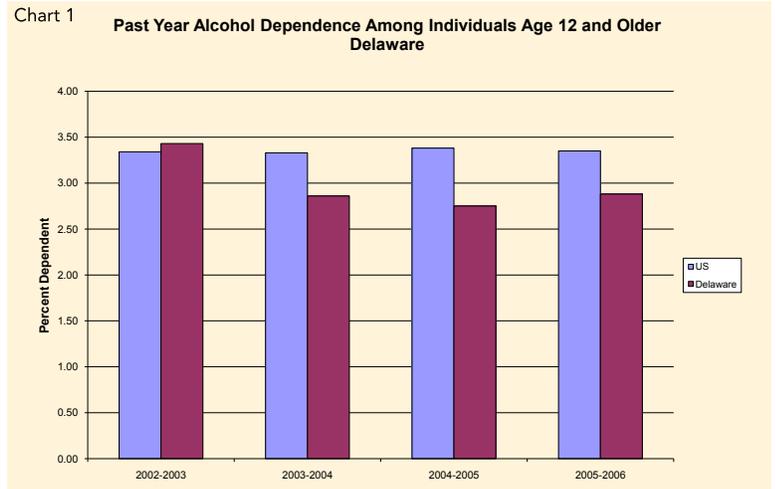
Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994).

While the rate of any abuse of or dependence on alcohol or illicit drugs has generally remained at or below the national rates for all age groups and across all survey years, there are some differences. Rates of alcohol dependence have generally remained well below the national rate, particularly since the 2003-2004 survey, and rates of dependence or abuse on illicit drugs has generally remained above the national rate for all age groups and across all survey years (Charts 1 and 2).

## Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS) annual surveys,<sup>2</sup> the number of treatment facilities in Delaware has varied from a low of 42 in 2002, to a high of 47 in 2003. In 2006, the number of treatment facilities was 43, the majority of which (29 or 67%) were private nonprofit. Another 11 facilities were private for-profit and the remainder were owned/operated by Federal, State, local, or governments.

Although facilities may offer more than one modality of care, the majority of facilities (34 of 43) offered some form of outpatient care in 2006. Residential care was offered by 12 facilities. Delaware had four facilities offering methadone treatment and 24 physicians certified to deliver buprenorphine therapy.



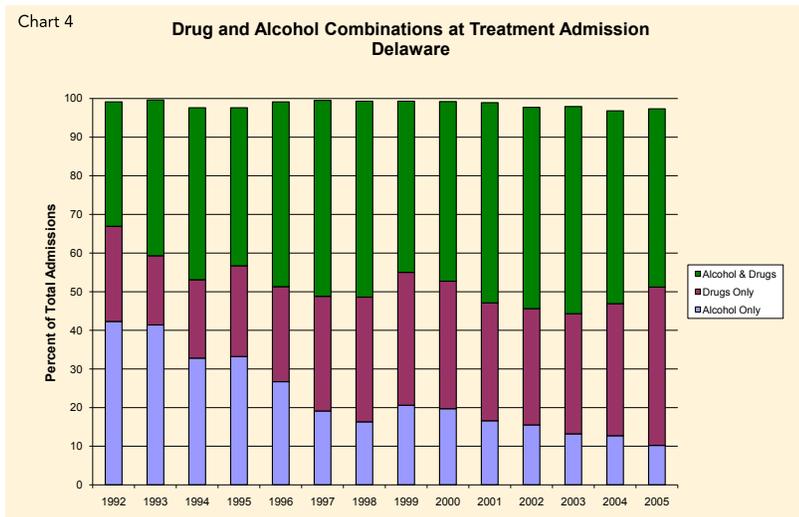
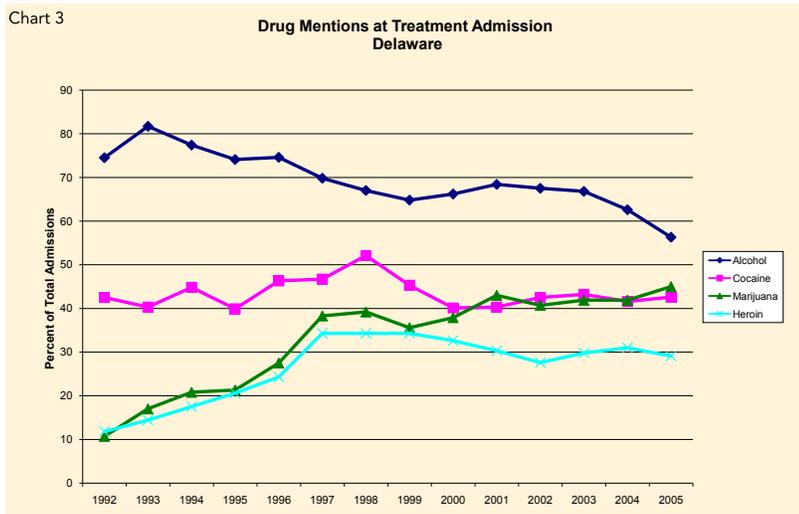
In 2006, 27 facilities (63%) received some form of Federal, State, county, or local government funds, and 23 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

## 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).<sup>3</sup> In the 2006 N-SSATS survey, Delaware showed a one-day census total of 4,042 clients in treatment, the majority of whom (3,754 or 93%) were in outpatient treatment. Of the total number of clients in treatment on this date, 261 (6.5%) were under the age of 18.

Since 2002, there has been a steady increase in the annual number of admissions to treatment in Delaware from 5,121 in 2002, to 8,227 in 2005 (the most recent year for which data are available). Chart 3 shows the percentage of admissions mentioning particular drugs or alcohol at the time of admission.<sup>4</sup> Across the last 14 years, there has been a steady decline in the number of admissions mentioning alcohol as a substance of abuse and concomitant increases in the mentions of marijuana and heroin.

Across the years for which TEDS data are available, Delaware has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 42 percent of all admissions in 1992 to just over 10 percent in 2005. Concomitantly, drug-only admissions have increased from 25 percent in 1998 to 41 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.

Delaware has consistently ranked below the national average in the rate of individuals needing and not receiving treatment for alcohol abuse for all age groups. In 2005-2006, these rates were among the ten lowest<sup>5</sup> in the country for all age groups except those age 12 to 17 (Chart 5).

The rates of individuals needing and not receiving drug treatment, however, are more variable across time. In the 2005-2006 surveys, Delaware ranked consistently higher in unmet drug treatment need than the national average (Chart 6).

## Tobacco Use and Synar Compliance

Delaware's rate of underage smoking (individuals 12 to 17) and for smoking among all age groups has remained comparable to the national average since 2002 (Chart 7). In the 2005-2006 NSDUH surveys, Delaware ranked among the 10 States where individuals 12 to 17 perceived the greatest risk of smoking one or two packs of cigarettes a day.

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. Delaware's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2001 (Chart 8).

Chart 5 Needing And Not Receiving Treatment for Alcohol Use 2005-2006 - Delaware

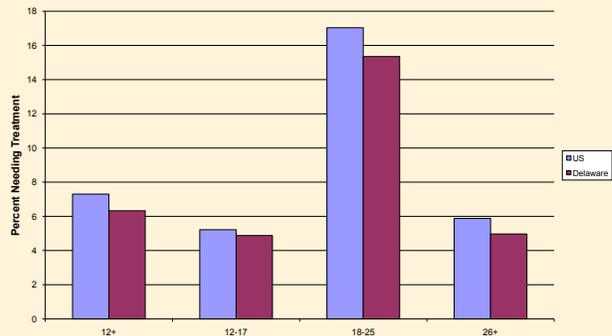


Chart 6 Needing And Not Receiving Treatment for Drug Abuse Delaware

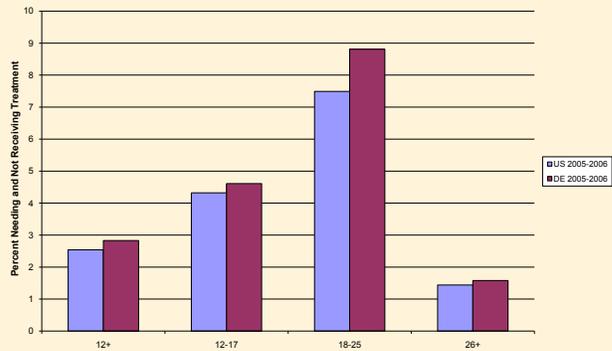


Chart 7 Past Month Cigarette Use Among Individuals Age 12 to 17 Delaware

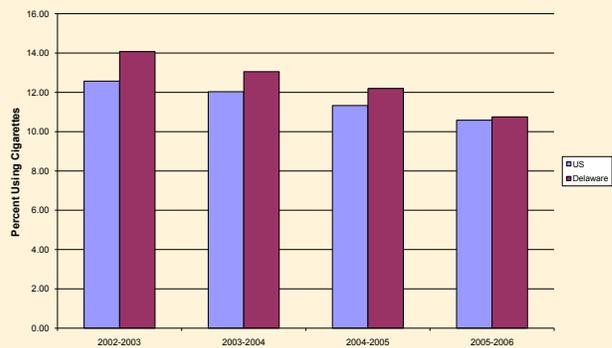


Chart 8 Retailer Violation Rates Under the Synar Amendment Delaware

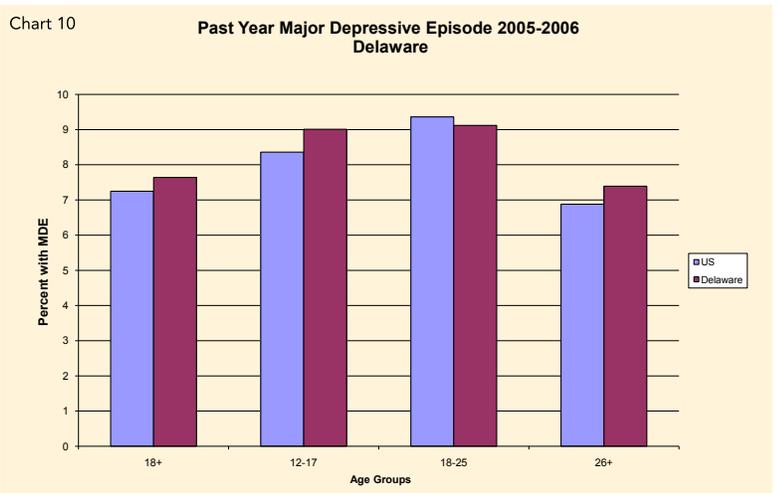
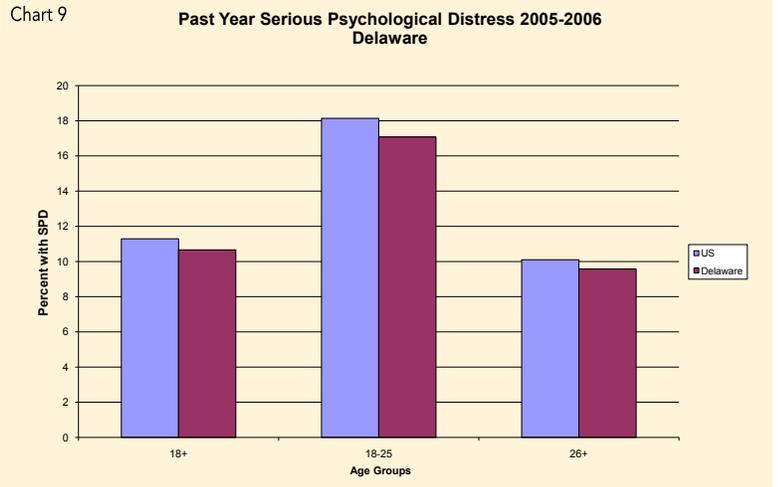


## Mental Health Indicators

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.

In 2006, Delaware ranked among the 10 States with the lowest rate of SPD for all individuals 18 and older and also for individuals age 18 to 25.

Similarly, rates of past year major depressive episodes for Delaware have remained at or below the national average with one exception (Chart 9). This exception was found among individuals age 12 to 17 in the 2005-2006 survey where Delaware ranked among the 10 States with the highest rate of MDE (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 (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:

\$6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$1.6 million	Mental Health Block and Formula Grants
\$3.2 million	SAMHSA Discretionary Program Funds
\$11.4 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure Grants; Children’s Services.

**CSAP:** Drug-Free Communities (2 grants).

**CSAT:** Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; and State Data Infrastructure.

### 2005-2006:

\$6.5 million	Substance Abuse Prevention and Treatment Block Grant
\$1.6 million	Mental Health Block and Formula Grants
\$2.3 million	SAMHSA Discretionary Program Funds
\$10.4 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure Grants; Community Treatment and Services Centers of the National Child Traumatic Stress Initiative.

**CSAP:** Drug-Free Communities (2 grants).

**CSAT:** Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; and Targeted Capacity Expansion—Campus Screening/Colleges and Universities.

## 2006-2007:

\$6.5 million	Substance Abuse Prevention and Treatment Block Grant
\$1.6 million	Mental Health Block and Formula Grants
\$1.8 million	SAMHSA Discretionary Program Funds
\$9.9 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure Grants; Community Treatment and Services Centers of the National Child Traumatic Stress Initiative.

**CSAP:** Drug-Free Communities (2 grants).

**CSAT:** Targeted Capacity Expansion—HIV/AIDS; and Targeted Capacity Expansion—Campus Screening/Colleges and Universities.

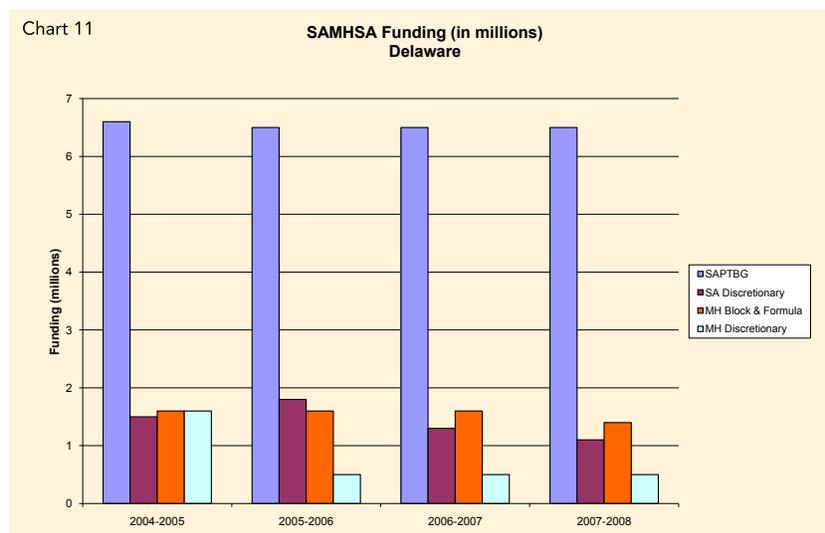
## 2007-2008:

\$6.5 million	Substance Abuse Prevention and Treatment Block Grant
\$1.4 million	Mental Health Block and Formula Grants
\$1.6 million	SAMHSA Discretionary Program Funds
\$ 9.5 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure Grants; Community Treatment and Services Centers of the National Child Traumatic Stress Initiative.

**CSAP:** Drug-Free Communities (3 grants).

**CSAT:** Co-Occurring State Incentive Grant; Targeted Capacity Expansion—HIV/AIDS; and Targeted Capacity Expansion—Campus Screening/Colleges and Universities.





---

## 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: **<http://www.samhsa.gov/statesummaries/index.aspx>.**

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS)—2006 available at: **<http://www.dasis.samhsa.gov>.**

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

<sup>1</sup> 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.

<sup>2</sup> 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: non-treatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

---

## 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.

