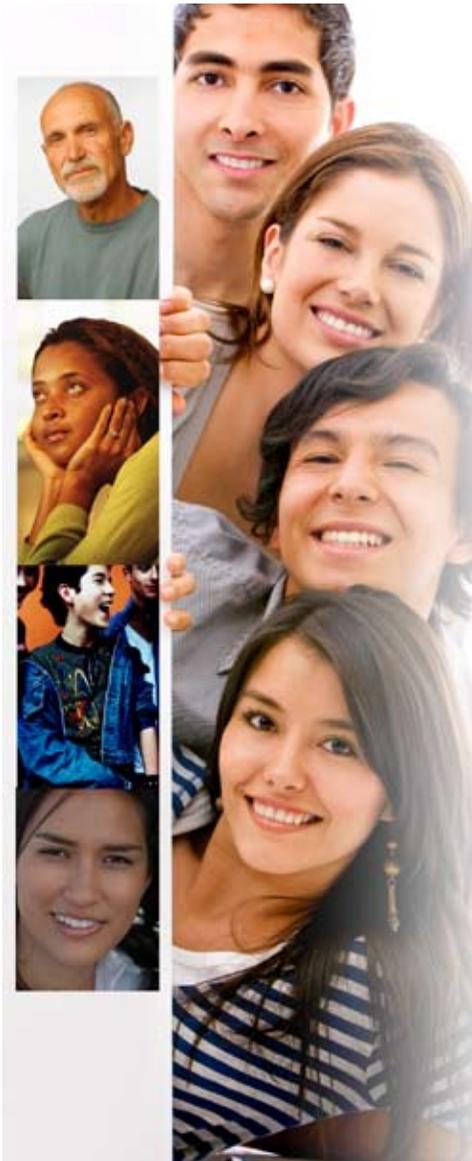


States In Brief



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, Indiana's rates on all major measures of the use of alcohol and illicit drugs have remained at or below the national rates. The most notable exceptions to this have been the rates of past year nonmedical use of pain relievers, where the rates in Indiana have been consistently above the national rates and, in 2005-2006, were among the *highest*² in the country for all age groups except those age 12 to 17.

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.

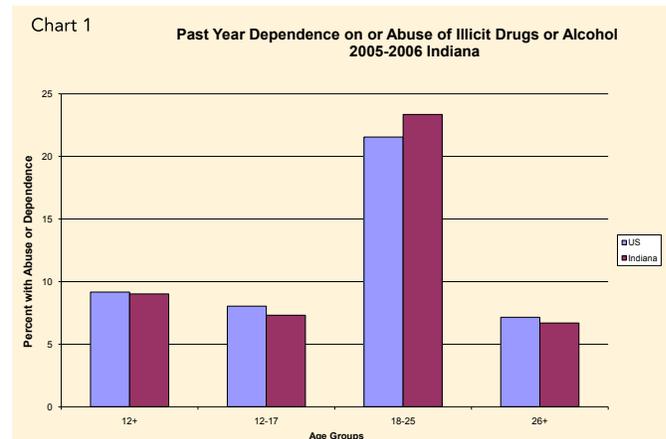




Abuse and Dependence

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).

As with the prevalence rates noted above, rates of abuse of or dependence on illicit drugs or alcohol have generally been close to the national rates. In 2005-2006, however, the rate for adolescents age 12 to 17 was among the 10 lowest in the country (Chart 1).



Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS),³ the majority of Indiana facilities (227 of 338, or 67%) were private nonprofit; 94 facilities were private for-profit; and the remainder were owned or operated by Federal, State, or local governments.

The number of treatment facilities in Indiana has increased from 288 in 2002, to 338 in 2006 (the last year for which data are available). The difference is accounted for principally by an increase of 34 private nonprofit facilities and 21 private for-profit facilities.

Although facilities may offer more than one modality of care, the majority of facilities in Indiana in 2006 (313 of 338, facilities or 93%) offered some form of outpatient care, and an additional 48 facilities (14%) offered some form of residential care. In addition, 15 facilities offered an opioid treatment program, and 112 physicians and 55 programs are certified to offer buprenorphine care.

In 2006, 64 percent of all facilities (217 of 338) received some form of Federal, State, county, or local government funds, and 203 facilities (60%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

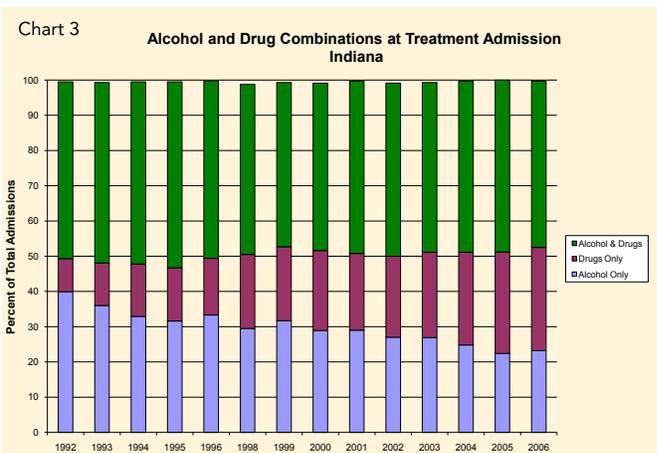
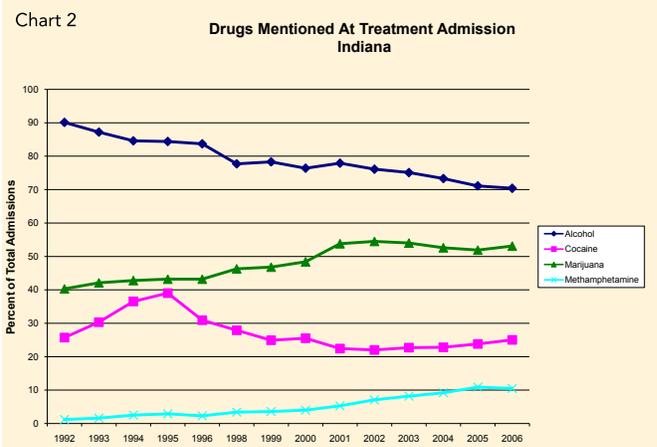


Treatment

State treatment data for substance use disorders are derived from two primary sources—an annual 1-day census in N-SSATS and annual treatment admissions from the Treatment Episode Data Set (TEDS).⁴ In the 2006 N-SSATS survey, Indiana showed a 1-day total of 28,045 clients in treatment, the majority of whom (26,698 or 95%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,690 (6%) were under the age of 18.

Since 1992, there has been a steady increase in the annual number of admissions to treatment; from over 17,000 in 1992, to over 34,000 in 2006 (the most recent year for which data are available). Chart 2 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 15 years, there has been a steady decline in the number of admissions mentioning alcohol and increases in the mentions of marijuana and methamphetamine.

Across the years for which TEDS data are available, Indiana has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 40 percent of all admissions in 1992, to just over 23 percent in 2006. Concomitantly, drug-only admissions have increased from 9 percent in 1992, to 29 percent in 2006 (Chart 3).





Unmet Need for Treatment

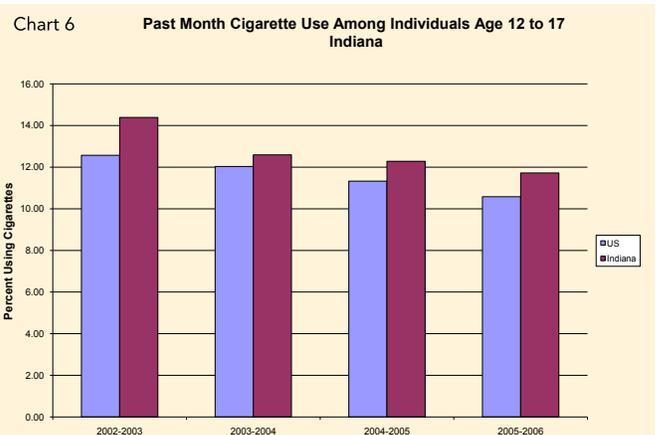
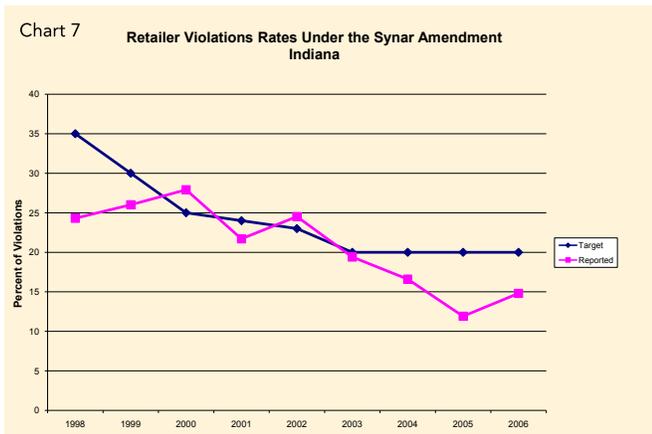
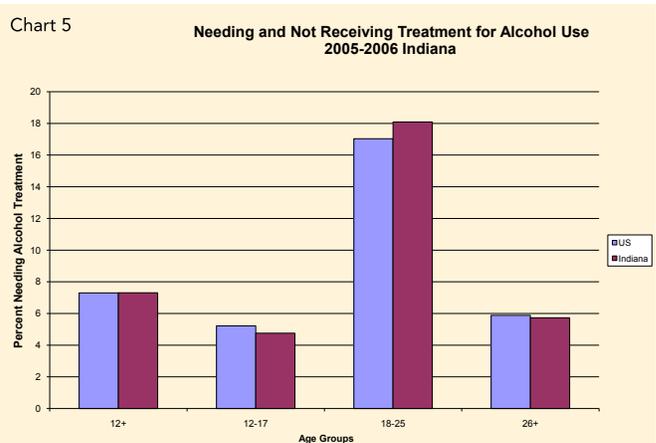
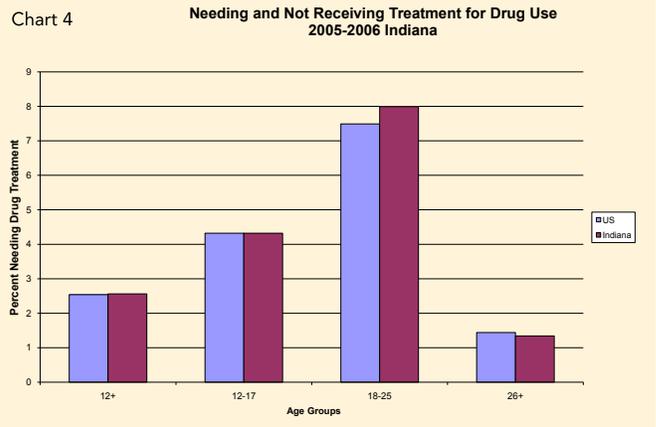
NSDUH defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year.

Rates of unmet treatment need for either alcohol or illicit drugs have generally remained at or below the national rates except for individuals age 18 to 25, where the rates in 2005-2006 were above the national rates (Charts 4 and 5).

Tobacco Use and Synar Compliance

Rates of past month use of tobacco products or cigarettes have generally been above the national rates, even among underage smokers age 12 to 17 (Chart 6).

SAMHSA monitors the rate of retailer violations 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. Indiana's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2003 (Chart 7).



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 Indiana, the rates for SPD have generally been above the national rates for all population groups (Chart 8).

Rates of past year major depressive episode, however, have been more variable; and in 2005-2006 ranged from one of the 10 lowest rates in the country for individuals age 12 to 17, to one of the 10 highest in the country for individuals 26 and older (Chart 9).

Chart 8 Past Year Serious Psychological Distress - 2005-2006
Indiana

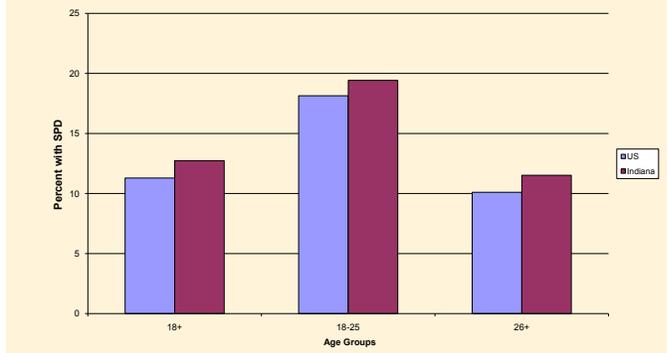
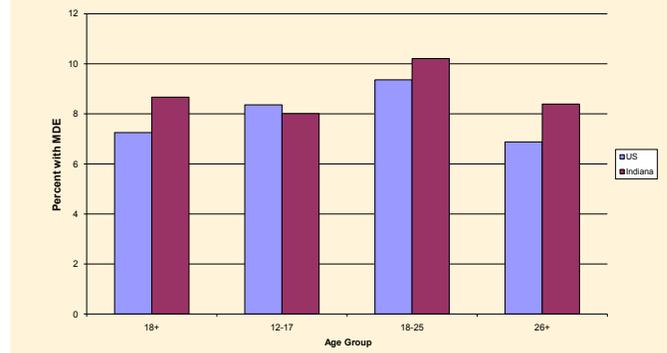


Chart 9 Past Year Major Depressive Episode 2005-2006
Indiana





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 10). 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:

\$ 33.5 million	Substance Abuse Prevention and Treatment Block Grant
\$ 9.4 million	Mental Health Block and Formula Grants
\$ 7.0 million	SAMHSA Discretionary Program Funds
\$ 49.9 million	Total SAMHSA Funding

CMHS: Emergency Response; Evidence Based Training and Evaluation; State Mental Health Data Infrastructure Grants; Children’s Services; Statewide Consumer Network.

CSAP: Drug-Free Communities (16 grants); HIV/AIDS Services.

CSAT: Targeted Capacity Expansion—HIV/AIDS; State Data Infrastructure; Adult, Juvenile and Family Drug Courts; and Homeless Addiction Treatment.

2005-2006:

\$ 33.5 million	Substance Abuse Prevention and Treatment Block Grant
\$ 9.4 million	Mental Health Block and Formula Grants
\$ 5.5 million	SAMHSA Discretionary Program Funds
47.9 million	Total SAMHSA Funding

CMHS: Evidence Based Training and Evaluation; Statewide Consumer Network; State Mental Health Data Infrastructure Grants; Statewide Family Network.

CSAP: Strategic Prevention Framework State Incentive Grant; Drug-Free Communities (15 grants); Drug-Free Communities—Mentoring.

CSAT: Targeted Capacity Expansion—HIV/AIDS; and Adult, Juvenile and Family Drug Courts; and Homeless Addiction Treatment.

2006-2007:

\$ 33.2 million	Substance Abuse Prevention and Treatment Block Grant
\$ 9.2 million	Mental Health Block and Formula Grants
\$ 4.7 million	SAMHSA Discretionary Program Funds
\$ 47.1 million	Total SAMHSA Funding

CMHS: Disaster Relief (mental health); Statewide Consumer Network (mental health); State Mental Health Data Infrastructure Grants; Campus Suicide; Statewide Family Network (mental health).

CSAP: Strategic Prevention Framework State Incentive Grant; Drug-Free Communities (14 grants).

CSAT: Targeted Capacity Expansion—HIV/AIDS.

2007-2008:

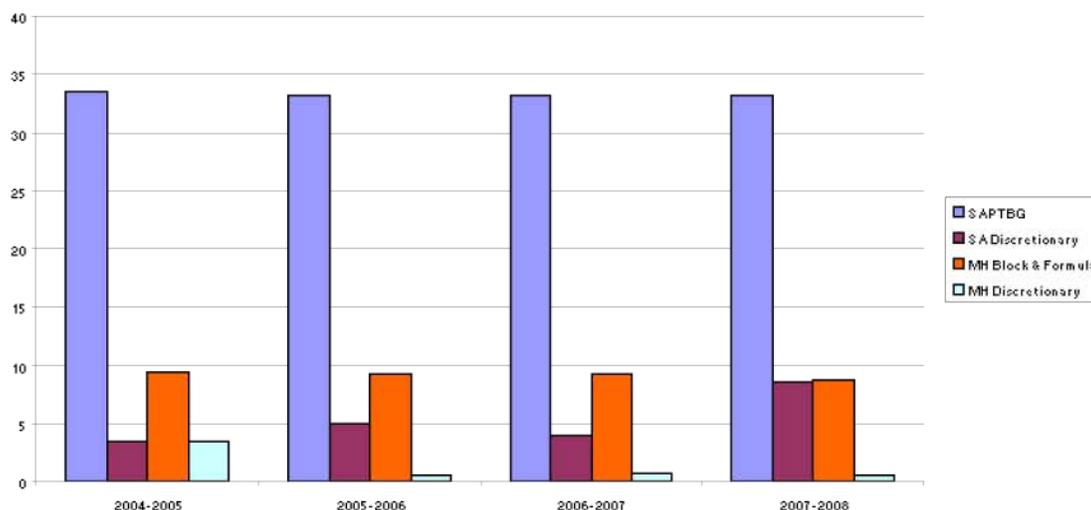
\$ 33.2 million	Substance Abuse Prevention and Treatment Block Grant
\$ 8.8 million	Mental Health Block and Formula Grants
\$ 9.1 million	SAMHSA Discretionary Program Funds
\$ 51.1 million	Total SAMHSA Funding

CMHS: Disaster Relief (mental health); Statewide Family Network (mental health); State Mental Health Data Infrastructure Grants; Seclusion and Restraint.

CSAP: Drug-Free Communities (16 grants); Strategic Prevention Framework State Incentive Grant.

CSAT: Access to Recovery.

**SAMHSA Grant Funds (in millions)
Indiana**





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: <http://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 Administration, Office of Applied Studies.