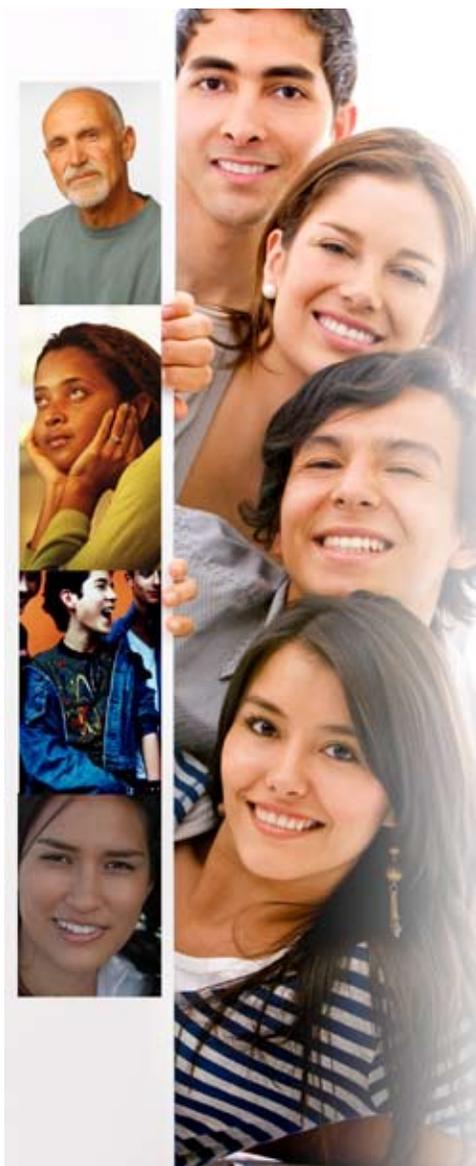


States In Brief



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 several drug use measures in Kansas have been consistently at or below the national rates for all age groups. These include past month and past year marijuana use and past month use of any illicit drug. Rates of alcohol use have been more variable across both time and among age groups. For example, while rates of past month alcohol use for the State population age 12 and older and age 26 and older have been at or below the national rates, the rates for individuals age 12 to 17 and those 18 to 25 have consistently been above the national rates.

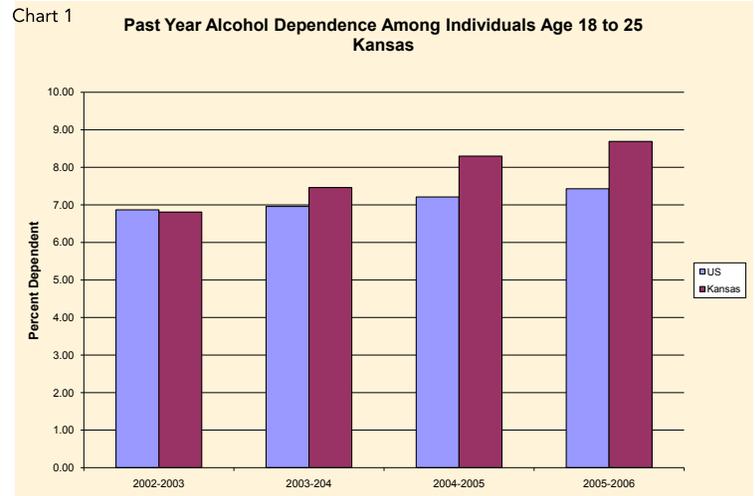
This is one in a series of brief state-based reports intended to give the reader a quick overview of substance abuse and mental health issues within a single state. The data derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental 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 dependence have generally been at or above the national rates, especially for the age groups 12 to 17 and 18 to 25 (Chart 1).

Rates of past year drug dependence, however, have generally been at or below the national rates (Chart 2).

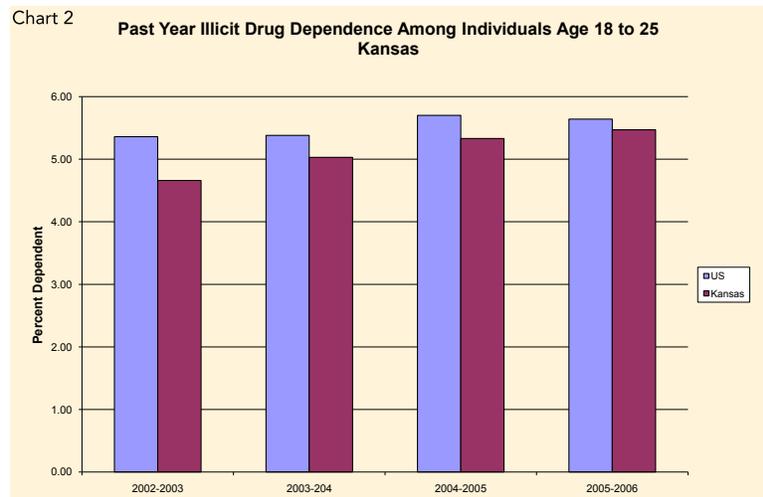


Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),² the number of treatment facilities in Kansas has increased from 182 in 2002, to 236 in 2006. Of the 236 facilities responding to the 2006 survey, nearly half (116 or 49%) were private nonprofit facilities, and 85 (36%) were private for-profit facilities.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities (226 or 96%) offered some form of outpatient treatment, and 37 facilities (16%) offered some form of residential care. Five facilities offered an opioid treatment program, and 27 physicians and 8 treatment programs were certified to provide buprenorphine for opiate addiction.

In 2006, 50 percent of all facilities (118) received some form of Federal, State, county, or local government funds, and 97 facilities (41%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

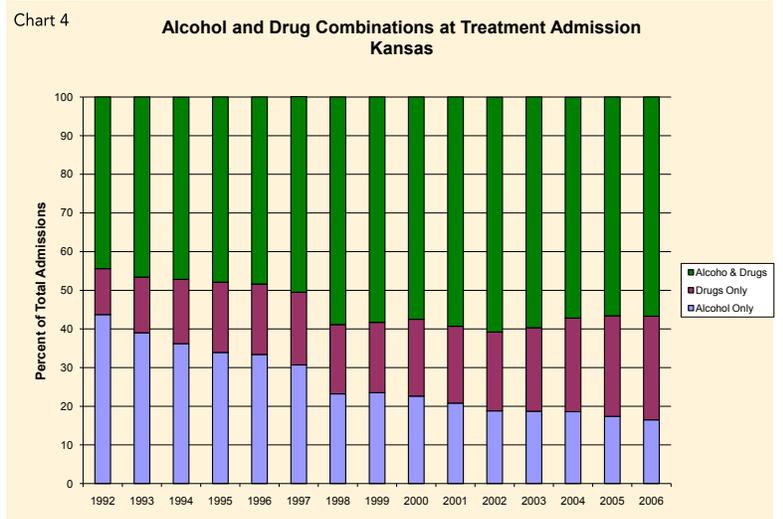
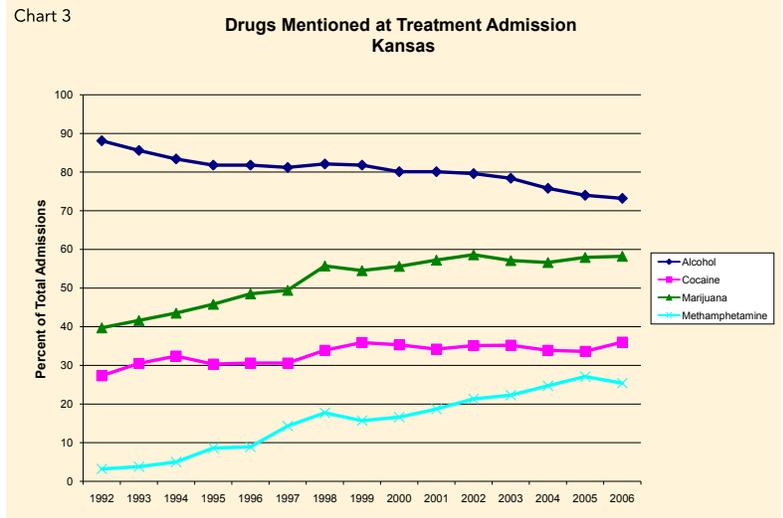


Treatment

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).³ In the 2006 N-SSATS survey, Kansas showed a one-day total of 10,470 residents in treatment, the majority of whom (9,578 or 91%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,488 (14%) were under the age of 18.

Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.⁴ Across the last 14 years, there has been a steady decline in the number of admissions mentioning alcohol and increases in the mentions of cocaine and marijuana. The largest increase is seen in the mentions of methamphetamine, which rose from 3 percent in 1992, to 25 percent in 2006.

Across the years for which TEDS data are available, Kansas has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from 44 percent of all admissions in 1992, to 16 percent in 2006. Concomitantly, drug-only admissions have doubled from 12 percent in 1992, to 27 percent in 2006 (Chart 4).



Unmet Need for Treatment

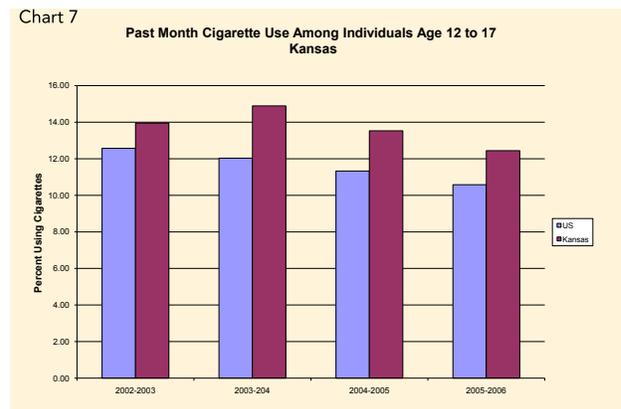
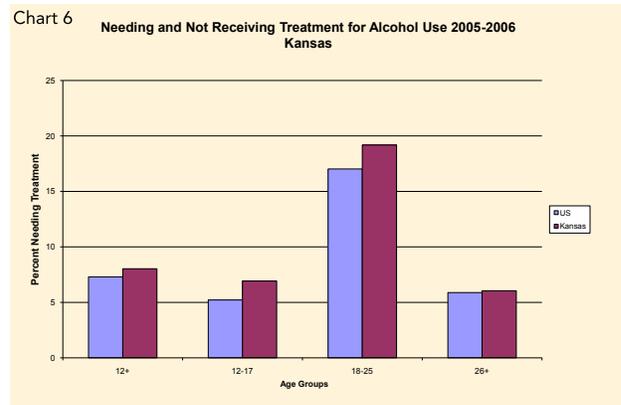
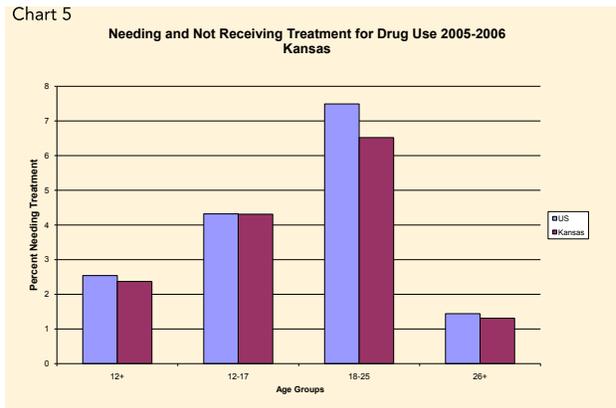
NSDUH defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year.

Rates of unmet need for drug treatment have generally been among the lowest⁵ in the country (Chart 5), and rates of unmet need for alcohol treatment have generally been at or above the national rates (Chart 6).

Tobacco Use and Synar Compliance

Rates of past month use of both cigarettes and other tobacco products by underage individuals have consistently been above the national rate since 2002-2003 (Chart 7).

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. Kansas' rates of noncompliance with the Synar Amendment have been quite variable since the beginning of the program (Chart 8).

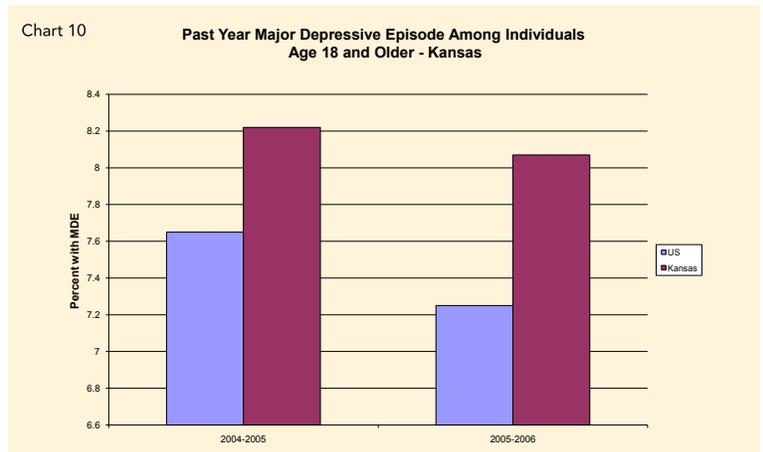
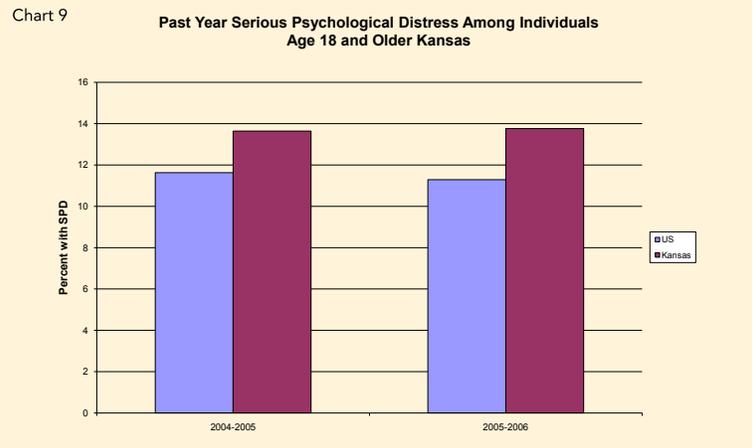


Mental Health Indicators

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 serious psychological distress have consistently been among the 10 highest in the country (Chart 9), while rates of past year major depressive episodes have generally been close to the rates for the country as a whole (Chart 10).

The Treatment Episode Data Set (TEDS) also collects information on whether or not psychological problems are noted at admission to substance abuse treatment. In Kansas, the percent of these admissions has more than doubled since 1992.



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:

\$12.3 million	Substance Abuse Prevention and Treatment Block Grant
\$3.9 million	Mental Health Block and Formula Grants
\$1.4 million	SAMHSA Discretionary Program Funds
\$17.6 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grant; Statewide Family Network; Youth Violence Prevention.

CSAP: Drug-Free Communities (15 grants).

2005-2006:

\$12.3 million	Substance Abuse Prevention and Treatment Block Grant
\$3.9 million	Mental Health Block and Formula Grants
\$1.4 million	SAMHSA Discretionary Program Funds
\$17.6 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grant; Statewide Family Network; Youth Violence Prevention.

CSAP: Drug-Free Communities (12 grants).

2006-2007:

\$12.3 million	Substance Abuse Prevention and Treatment Block Grant
\$3.9 million	Mental Health Block and Formula Grants
\$3.2 million	SAMHSA Discretionary Program Funds
\$19.4 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grant; Statewide Family Network.

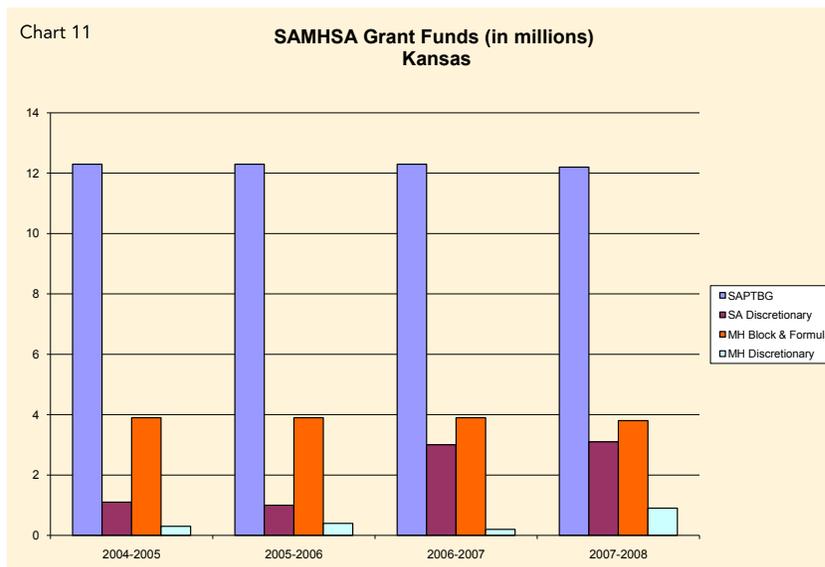
CSAP: Strategic Prevention Framework State Incentive Grant; and Drug-Free Communities (10 grants).

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: Disaster Relief; Campus Suicide; State Mental Health Data Infrastructure; Statewide Family Networks.

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: <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 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.

³ 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.

⁴ 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.

⁵ 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.