MASSACHUSETTS

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[1] and Alcohol Use

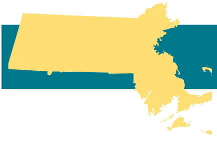
The National Survey on Drug Use and Health (NSDUH) generates state-level estimates for 23 measures of substance use and mental health problems for four age groups: the entire state population over the age of 12 (12+); individuals age 12 to 17; individuals age 18 to 25; and individuals age 26 and older (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, Massachusetts has ranked among the 10 States with the *highest*[2] rates of the following measures (Table 1):

Table 1: Massachusetts is among those States with the highest rates of the following

Measure	Age Groups
Past Month Illicit Drug Use	12-17, 18-25
Past Month Marijuana Use	12+, 12-17, 18-25
Past Year Marijuana Use	12+, 18-25
Least Amount of Perception of Risk Associated with Smoking Marijuana Once a Month	All Age Groups
Past Month Use of an Illicit Drug Other than Marijuana	18-25
Past Year Cocaine Use	12+, 18-25, 26+
Past Month Alcohol Use	26+
Least Perception of Risk Associated with Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	12+, 12-17, 26+

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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.

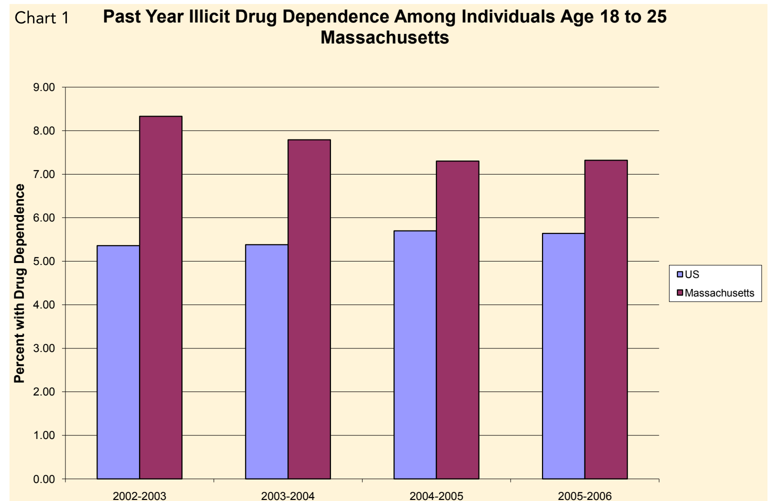


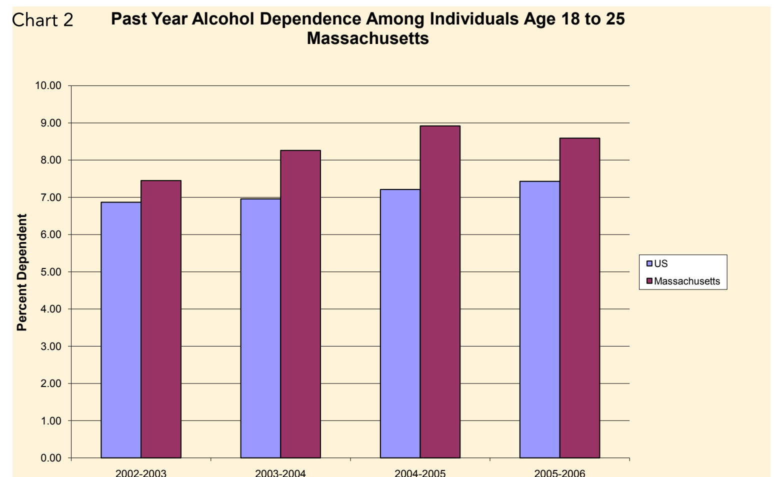
Abuse and Dependence

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 drug dependence in Massachusetts have generally been above the national rates for all survey years, and among the group age 18 to 25 have consistently been among the highest in the country (Chart 1).

Rates of past year alcohol abuse have also generally been at or above the national rates, with the exception of the 12 to 17 age group which has generally been at or below the national rate (Chart 2).





Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),[3] the number of treatment facilities in Massachusetts has decreased from 352 in 2002, to 312 in 2006. The most recent N-SSATS survey showed that the majority of facilities were private nonprofit (250 or 80%), and another 49 facilities (16%) were private for-profit. Although facilities may offer more than one modality of care, in 2006 the majority of facilities (207 or 66%) offered some form of outpatient treatment. An additional 127 facilities (41%) offered some form of residential care, 58 facilities offered an opioid treatment program, and 276 physicians and 73 treatment programs were certified to provide buprenorphine treatment for opiate addiction.

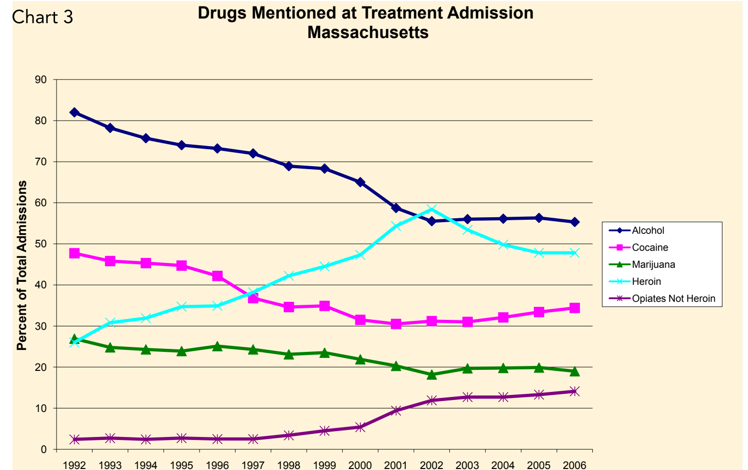
In 2006, 67 percent of all facilities (209) received some form of Federal, State, county, or local government funds, and 179 facilities (57%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

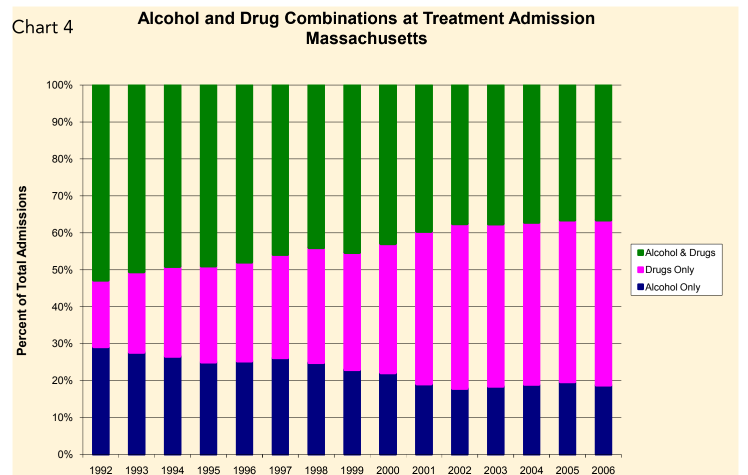
Treatment

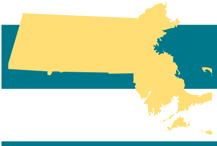
State treatment data for substance use disorders are derived from two primary sources—an annual one-day census in N-SSATS and annual treatment admissions from the Treatment Episode Data Set (TEDS).[4] The 2006 N-SSATS survey showed that Massachusetts had a one-day total of 39,065 clients in treatment, the majority of whom (34,904 or 89%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,890 (5%) were under the age of 18.

Chart 3 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 (82% vs. 55%) and cocaine (48% vs. 33%). Concomitantly, there have been increases in the percent of admissions mentioning heroin (27% vs. 48%) and opiates other than heroin (2.4% vs. 13%).

Across the years for which TEDS data are available, Massachusetts has seen a substantial shift in the constellation of problems present at treatment admission (Chart 4). Alcohol-only admissions have declined from 29 percent of all admissions in 1992, to 19 percent in 2006. Concomitantly, drug-only admissions have increased from 18 percent in 1992, to 45 percent in 2006.







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.

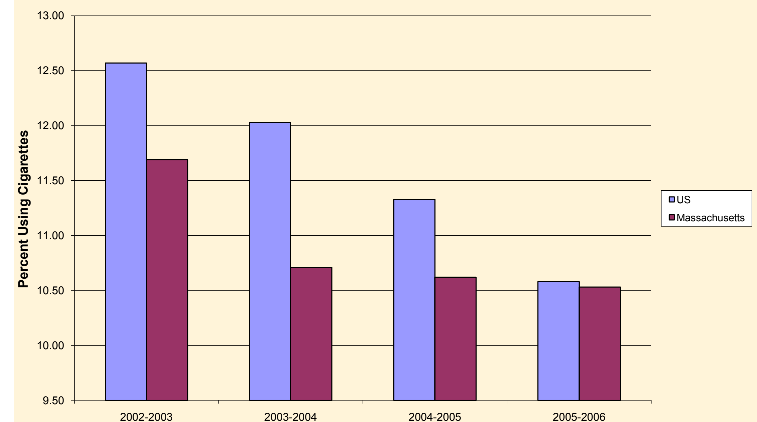
Rates of unmet drug treatment need for all age groups and across all survey years have generally been above the national rates; however, the rates for the age group 18 to 25 have consistently been among the highest in the country (Chart 5).

Similarly, rates of unmet alcohol treatment need have been above the national rates for all age groups and across all survey years (Chart 6).

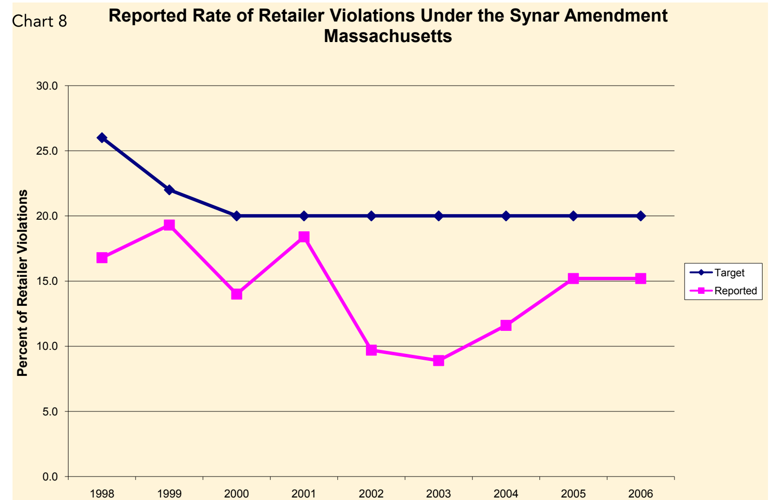
Tobacco Use and Synar Compliance

Rates of past month cigarette use among underage smokers in Massachusetts have generally been below the national rates across all survey years (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.

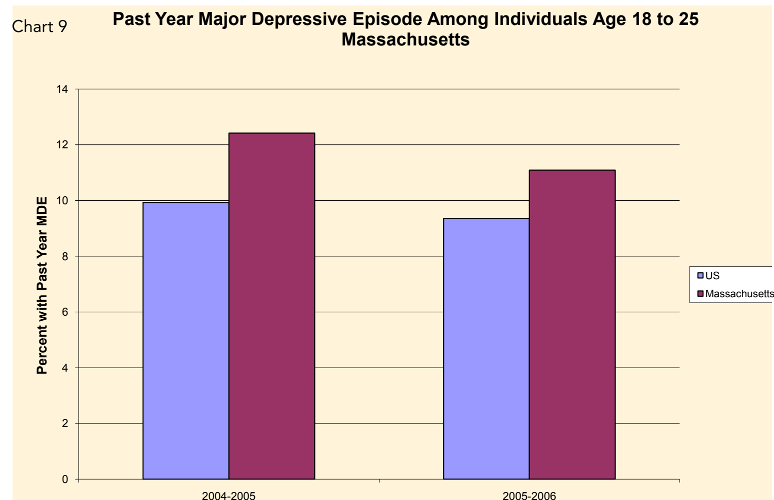


Massachusetts' rates of noncompliance with the Synar Amendment have been consistently below the target rate since 1998 (Chart 8).



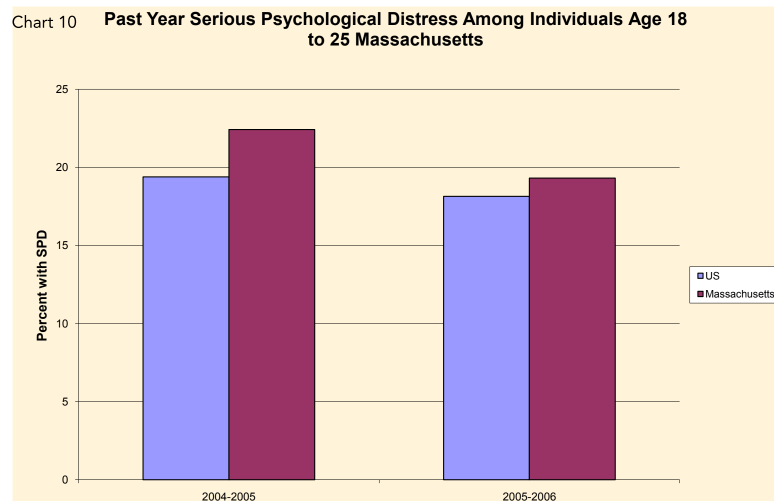
Mental Health Indicators

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 major depressive episodes have generally been below the national rate, except for the population age 18 to 25 (Chart 9).

Similarly, rates of past year serious psychological distress have been among the lowest in the country for the State population 18 and older, as well as for the population 26 and older (Chart 10). The rate for the age group of individuals between 18 and 25, however, has been consistently above the national rate, and in 2004–2005 was among the highest in the country.



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:	
$34.2 million	Substance Abuse Prevention and Treatment Block Grant
$10.3 million	Mental Health Block and Formula Grants
$31.3 million	SAMHSA Discretionary Program Funds
$75.8 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; AIDS Targeted Capacity Expansion—Service Building in Minority Communities; Suicide Resource Center; Post-Traumatic Stress Disorder in Children; Violence Prevention Coordination Center; HRSA Collaboration with CHC; National Technical Assistance Centers on Consumer/Peer Run Programs; Youth Violence Prevention; BG—Technical Assistance for Evaluation; Children's Services; Alternatives to Restraint and Seclusion State Incentive Grant; Elderly Mental Health Outreach; Emergency Response; State Mental Health Data Infrastructure.

CSAP: Drug Free Communities (28 grants); HIV/AIDS Services; Ecstasy and Other Club Drug Prevention Services; Drug Free Communities—Mentoring.

CSAT: Effective Adolescent Treatment; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service; Homeless Addictions Treatment; Targeted Capacity Expansion—General; Pregnant and Post-Partum Women; Adult, Juvenile and Family Drug Courts; Young Offender Reentry Program; Strengthening Access and Retention; State Data Infrastructure; and Targeted Capacity Expansion—Rural Populations.

2005–2006:	
$33.9 million	Substance Abuse Prevention and Treatment Block Grant
$10.0 million	Mental Health Block and Formula Grants
$33.6 million	SAMHSA Discretionary Program Funds
$77.5 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; AIDS Targeted Capacity Expansion—Service Building in Minority Communities; Suicide Resource Center; Post-Traumatic Stress Disorder in Children; Technical Assistance Center for Mental Health Promotion and Youth Violence Prevention; National Technical Assistance Centers on Consumer/Peer Run Programs; Youth Violence Prevention; BG—Technical Assistance for Evaluation; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; State Mental Health Data Infrastructure; Linking Adolescents at Risk to Mental Health Services; Child Mental Health Initiative;

Youth Suicide Prevention and Early Intervention; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; and Alternatives to Restraint and Seclusion State Incentive Grant.

CSAP: Drug Free Communities (27 grants); HIV/AIDS Services; Ecstasy and Other Club Drug Prevention Services; Drug Free Communities—Mentoring; and HIV/Strategic Prevention Framework.

CSAT: State Adolescent Substance Abuse Treatment; Effective Adolescent Treatment; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service; Homeless Addictions Treatment; Targeted Capacity Expansion—Campus Screening/Colleges and Universities; Pregnant and Post-Partum Women; Young Offender Reentry Program; Strengthening Access and Retention; and Targeted Capacity Expansion—Rural Populations.

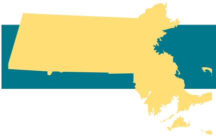
2006–2007:	
$33.9 million	Substance Abuse Prevention and Treatment Block Grant
$10.0 million	Mental Health Block and Formula Grants
$36.0 million	SAMHSA Discretionary Program Funds
$79.9 million	Total SAMHSA Funding

CMHS: Campus Suicide; Statewide Family Network; State Mental Health Data Infrastructure; Alternatives to Restraint and Seclusion State Incentive Grant; Suicide Resource Center; Post-Traumatic Stress Disorder in Children; Technical Assistance Center for Mental Health Promotion and Youth Violence Prevention; National Technical Assistance Centers on Consumer/Peer Run Programs; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Child Mental Health Initiative; Linking Adolescents at Risk to Mental Health Services; and Youth Suicide Prevention and Early Intervention.

CSAP: Drug Free Communities (28 grants); HIV/AIDS Services; Prevention of Methamphetamine Abuse; Ecstasy and Other Club Drug Prevention Services; Drug Free Communities—Mentoring; SAMHSA Conference Grant and HIV/Strategic Prevention Framework.

CSAT: Effective Adolescent Treatment; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service; Targeted Capacity Expansion—Campus Screening/Colleges and Universities; Homeless Addictions Treatment; Pregnant/Post-Partum Women; Young Offender Reentry Program; Juvenile Drug Courts; Treatment for Homeless—Treatment; Treatment for Homeless—Chronic; State Adolescent Substance Abuse Treatment Coordination; and Targeted Capacity Expansion—Rural Populations.

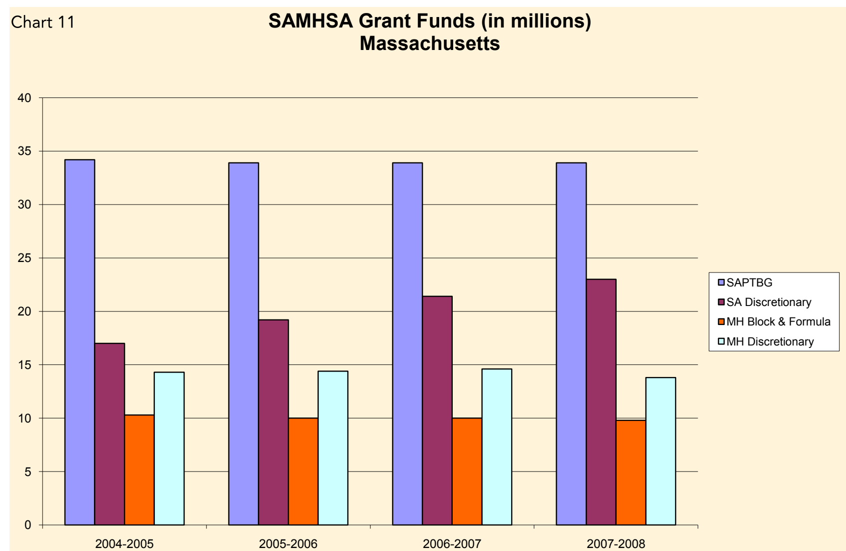
2007–2008:	
$33.9 million	Substance Abuse Prevention and Treatment Block Grant
$9.8 million	Mental Health Block and Formula Grants
$36.8 million	SAMHSA Discretionary Program Funds
$80.5 million	Total SAMHSA Funding



CMHS: Campus Suicide; Statewide Family Network; State Mental Health Data Infrastructure; Suicide Resource Center; Consumer/Consumer Supporter Technical Assistance Centers; AIDS Targeted Capacity Expansion—Service Building in Minority Communities; Post-Traumatic Stress Disorder—Adaptation Center; Post-Traumatic Stress Disorder—Treatment Center; Statewide Family Network; Supportive Housing; Statewide Consumer Network; Adolescents at Risk; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Child Mental Health Initiative; State Data Infrastructure; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; and Youth Suicide Prevention and Early Intervention.

CSAP: Drug Free Communities (35 grants); HIV/AIDS Services; Prevention of Methamphetamine Abuse; Ecstasy and Other Club Drug Prevention Services; Drug Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant and HIV/Strategic Prevention Framework.

CSAT: Effective Adolescent Treatment; Targeted Capacity Expansion—HIV/AIDS; Targeted Capacity Expansion—Campus Screening/Colleges and Universities; Homeless Addictions Treatment; Pregnant/Post partum Women; Juvenile Drug Courts; Young Offender Reentry Program; Treatment for Homeless—Chronic; Treatment for Homeless —Homeless; State Adolescent Substance Abuse Treatment Coordination; and Screening, Brief Intervention, Referral and Treatment.



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: **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: **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: non-treatment 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.

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