

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 Abuse

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, Mississippi has ranked among the 10 States with the *lowest*² rates on the following measures (Table 1):

Table 1: Mississippi is among those States with the lowest rates of the following:

Measure	Age Groups
Past Month Illicit Drug Use	18-25
Past Month Marijuana Use	12+, 12-17, 18-25
Past Year Marijuana Use	12+, 12-17, 18-25
Greatest Perception of Risk Associated with Using Marijuana Once or Twice a Month	All age groups
Past Year Cocaine Use	12+, 12-17, 18-25
Past Year Nonmedical Use of Pain Relievers	12+, 18-25, 26+
Past Month Alcohol Use	All age groups
Past Month Binge Alcohol Use	All age groups
Greatest Perception of Risk Associated with Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	All age groups

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).

Across all survey years, Mississippi has ranked among the 10 States with the lowest rates of past year alcohol dependence or abuse for all age groups (Chart 1).

Rates of past year drug dependence or abuse have been more variable across time, and in 2005-2006 Mississippi ranked among the 10 States with the highest rate for individuals age 26 and older (Chart 2).

Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS,³ the number of treatment facilities in Mississippi was 112. Just over half of these facilities (58 of 112) were private nonprofit, and less than 10 percent were private for-profit. The remainder (47 facilities) were owned or operated by Federal, State, or local government(s).

Although facilities may offer more than one modality of care, in 2006 the majority of Mississippi facilities (82 of 112, or 73%) offered some form of outpatient treatment. Another 39 facilities (35%) offered some form of residential treatment. Mississippi had one opioid maintenance program, 69 physicians and six treatment programs offered buprenorphine treatment for opiate addiction.

Chart 1
Past Year Alcohol Dependence or Abuse 2005-2006
Mississippi

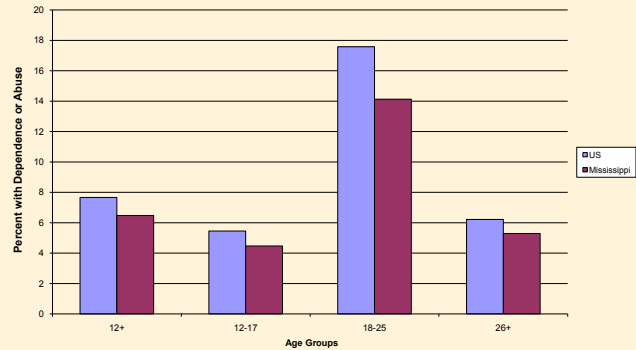
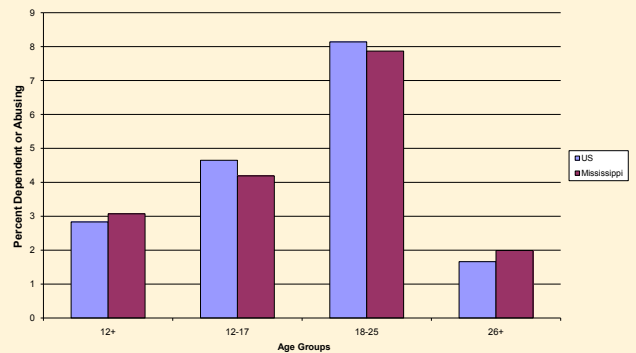


Chart 2
Past Year Illicit Drug Dependence or Abuse 2005-2006
Mississippi



In 2006, 65 percent of all facilities (72 of 112) received some form of Federal, State, county, or local government funds, and 34 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).⁴ In the 2006 N-SSATS survey, Mississippi showed a one-day total of 5,912 clients in treatment, the majority of whom (4,035 or 68%) were in outpatient treatment. Of the total number of clients in treatment on this date, 282 (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 12 years, there has been a steady decline in the number of admissions mentioning alcohol, and increases in the percent of admissions mentioning methamphetamine and opiates other than heroin.

Across the years for which TEDS data are available, Mississippi 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 1995, to 16 percent in 2005. Concomitantly, drug-only admissions have doubled from 18 percent in 1995, to 37 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.

In Mississippi, rates of unmet need for drug treatment have generally been below the national rate, with the exception of the rates for those age 26 and older (Chart 5).

Chart 3 Drug Mentions At Treatment Admission Mississippi

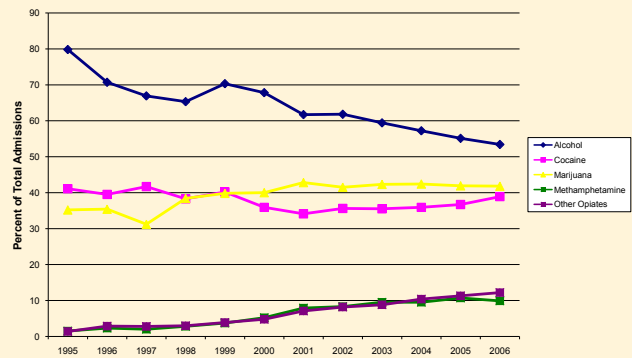
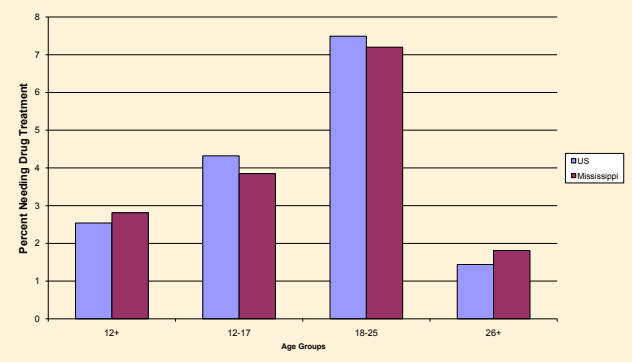


Chart 4 Alcohol and Drug Combinations at Treatment Admission Mississippi



Chart 5 Needing and Not Receiving Treatment for Drug Use (2005-2006) Mississippi



Rates of unmet need for alcohol treatment, however, have consistently been among the lowest in the country for all age groups and across all survey years (Chart 6).

Tobacco Use and Synar Compliance

Rates of past month cigarette use by underage smokers in Mississippi have consistently been at or below the national rates (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. Mississippi's rates of non-compliance with the Synar Amendment have been consistently below the target rate since 2001 (Chart 8).

Chart 6 Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 12 and Older - Mississippi

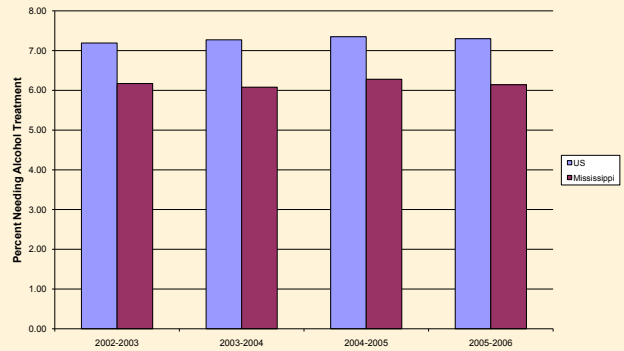


Chart 7 Past Month Cigarette Use Among Individuals Age 12 to 17 Mississippi

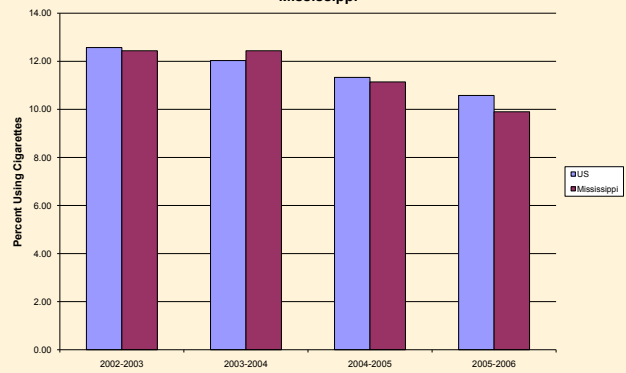
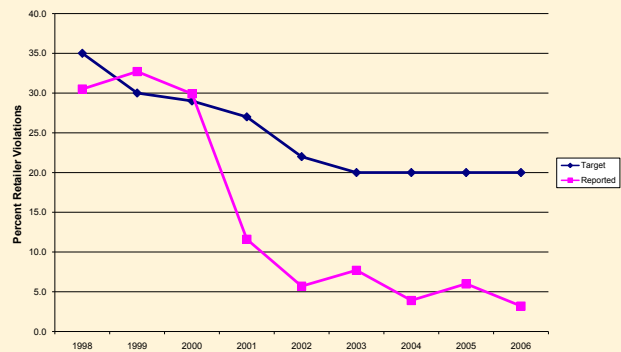


Chart 8 Rates of Retailer Violations Under the Synar Amendment Mississippi



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 generally been at or slightly above the national rates (Chart 9).

Rates of past year major depressive episodes, however, have been more variable but generally at or below the national rates. In 2004-2005 and 2005-2006, the rate of MDE for those age 12 to 17 was among the 10 lowest in the Nation (Chart 10).

The Treatment Episode Data Set also collects information on psychological problems noted at treatment admission. In Mississippi, the percentage of such admissions has almost tripled over the past 12 years (Chart 11).

Chart 9 Past Year Serious Psychological Distress 2005-2006 Mississippi

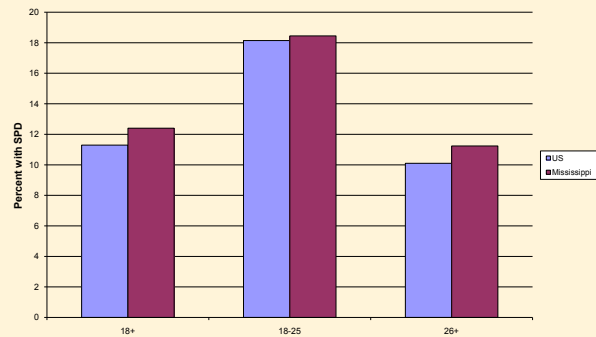


Chart 10 Past Year Major Depressive Episode Among Individuals Age 12 to 17 - Mississippi

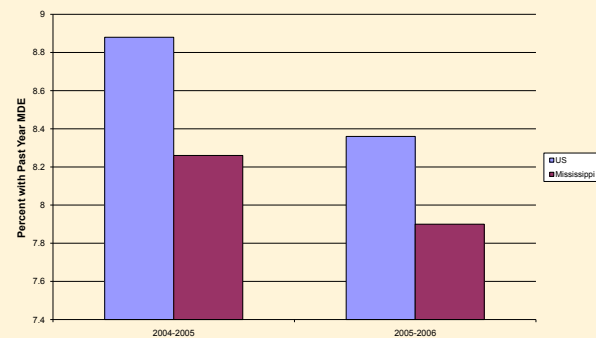
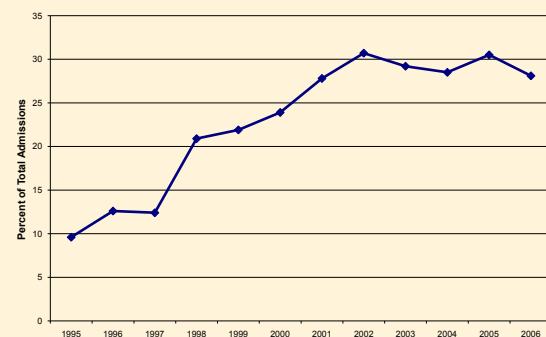


Chart 11 Psychological Problems Noted at Treatment Admission Mississippi





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 12). 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:

\$14.3 million	Substance Abuse Prevention and Treatment Block Grant
\$4.7 million	Mental Health Block and Formula Grants
\$4.1 million	SAMHSA Discretionary Program Funds
\$23.1 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; State Mental Health Data Infrastructure Grant; Children’s Services; Post-Traumatic Stress Disorder in Children.

CSAP: Drug Free Communities (8 grants); South East Center for the Application of Prevention Technologies; HIV/AIDS Services; Ecstasy and Other Club Drug Prevention.

CSAT: State Data Infrastructure; and Targeted Capacity Expansion—HIV/AIDS.

2005-2006:

\$14.2 million	Substance Abuse Prevention and Treatment Block Grant
\$4.6 million	Mental Health Block and Formula Grants
\$2.4 million	SAMHSA Discretionary Program Funds
\$21.2 million	Total SAMHSA Funding

CMHS: Emergency Response—Hurricane Katrina; State Mental Health Data Infrastructure Grant; Post-Traumatic Stress Disorder in Children.

CSAP: Drug Free Communities (10 grants); HIV—Strategic Prevention Framework; HIV/AIDS Services.

2006-2007:

\$14.2 million	Substance Abuse Prevention and Treatment Block Grant
\$4.6 million	Mental Health Block and Formula Grants
\$19.6 million	SAMHSA Discretionary Program Funds
\$38.4 million	Total SAMHSA Funding

CMHS: Targeted Capacity Expansion—HIV/AIDS.

CSAP: Child Mental Health Initiative; Emergency Response—Hurricane Katrina; State Mental Health Data Infrastructure Grant; Statewide Family Networks (mental health); Campus Suicide; Disaster Relief; Post-Traumatic Stress Disorder in Children; Youth Suicide Prevention and Early Intervention.

CMHS: Drug-Free Communities (10 grants); HIV—Strategic Prevention Framework; Strategic Prevention Framework State Incentive Grant; HIV/AIDS Services.

CSAT: Targeted Capacity Expansion—HIV/AIDS.

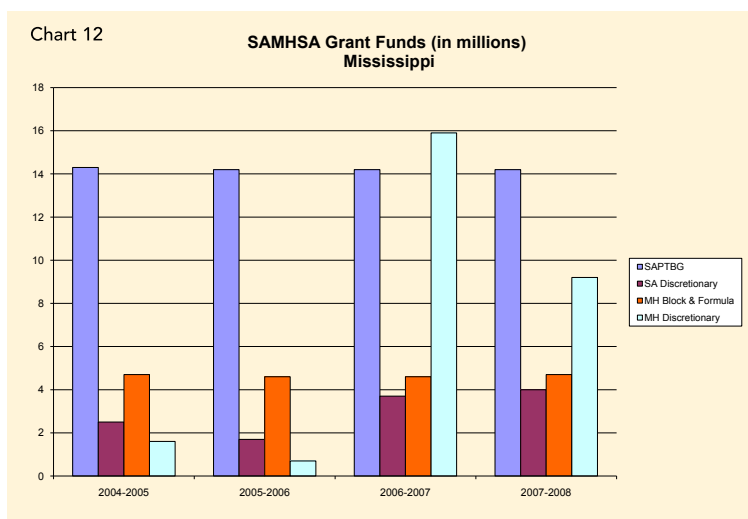
2007-2008:

\$14.2 million	Substance Abuse Prevention and Treatment Block Grant
\$4.7 million	Mental Health Block and Formula Grants
\$9.2 million	SAMHSA Discretionary Program Funds
\$32.1 million	Total SAMHSA Funding

CMHS: Child Mental Health Initiative; State Mental Health Data Infrastructure Grant; Youth Suicide Prevention and Early Intervention; Campus Suicide; Post-Traumatic Stress Disorder in Children; Statewide Family Networks (mental health); Disaster Relief.

CSAP: Drug-Free Communities (10 grants); HIV—Strategic Prevention Framework; Strategic Prevention Framework State Incentive Grant; HIV/AIDS Services.

CSAT: Targeted Capacity Expansion—HIV/AIDS.





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.

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.

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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.