

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 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, New Hampshire has consistently ranked among those states with the *highest*² rates of the following measures (Table 1):

Table 1: New Hampshire is among those states with the highest rates of the following:

Measure	Age Groups
Past Month Illicit Drug Use	18-25
Past Month Marijuana Use	18-25
Past Year Marijuana Use	18-25
Least Perception of Risk Associated with Once a Month Marijuana Use	All Age Groups
Past Year Cocaine Use	18-25
Past Month Alcohol Use	12+, 18-25, 26+
Past Month Binge Alcohol Use	18-25
Least 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. Sources for all data used in this report appear at the end.





Abuse and Dependence

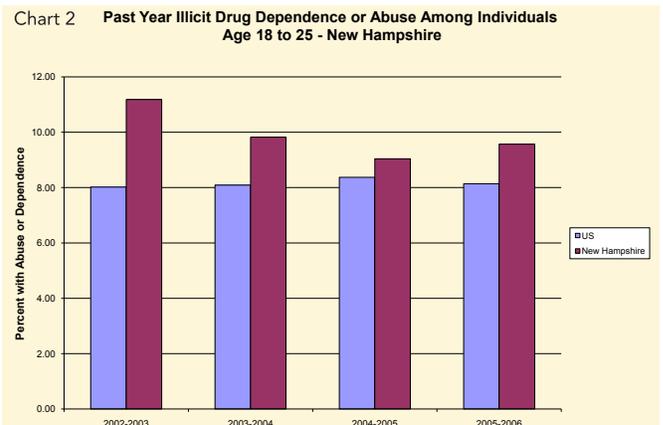
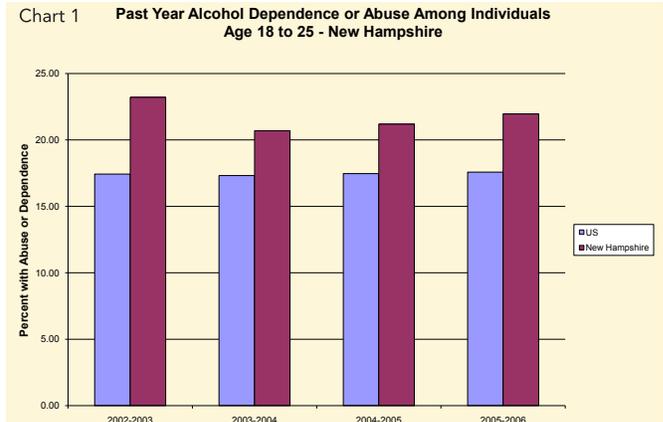
Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) (American Psychiatric Association, 1994). On the global measure of past year abuse of or dependence on illicit drugs or alcohol, two age groups—those 12 to 17 and those age 18 to 25—have been ranked among the highest rates in the country.

Overall rates of dependence on or abuse of alcohol in New Hampshire have generally remained among the highest in the country since 2002. This is particularly true of the rates of past year dependence or abuse of alcohol for individuals age 18 to 25, which were among the highest in the country in 2005-2006.

Similarly, rates of past year dependence on or abuse of illicit drugs has remained consistently high for the age group 18 to 25, as well as for those individuals age 12 to 17. In 2005-2006, past year rates for both of these groups were among the highest in the country.

Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),³ the number of treatment facilities recognized in New Hampshire has decreased from 64 in 2002 to 57 in 2006, the most recent year for which data are available. In 2006, the majority of treatment facilities were private nonprofit (43 of 57 facilities or 75%). An additional 10 facilities were private for-profit, and one facility was owned/operated by a tribal government. This decrease in facilities between



2002 and 2006 is attributable primarily to the loss of seven private for-profit facilities.

Although facilities may offer more than one modality of care, the majority of facilities in New Hampshire in 2006 (42 of 57, or 74%) offered some form of outpatient care. A total of 17 facilities offered some form of residential care, and 6 facilities offered an opioid treatment program. In addition, 23 physicians and 10 treatment programs are certified to provide buprenorphine treatment.

In 2006, 68 percent of all facilities (39 of 57) received some form of Federal, State, county, or local government funds, and 22 facilities (39%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

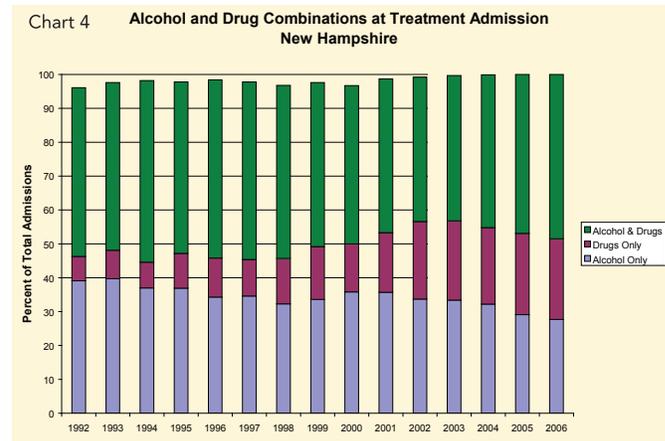
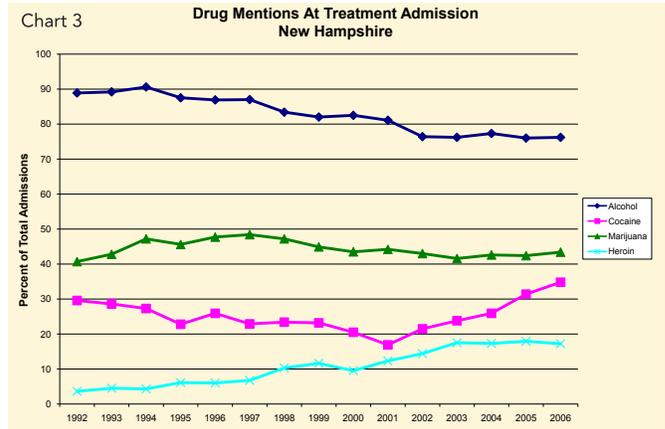
Treatment

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, New Hampshire showed a one day census total of 4,083 clients in treatment, the majority of whom (3,706 or 91%) were in outpatient treatment. Of the total number of clients in treatment on this date, 502 (12%) were under the age of 18.

Between 1992 and 2006 (the most recent year for which data are available), there has been a doubling in the number of admissions reported to the TEDS in New Hampshire—from 2,149 in 1992 to 5,729 in 2006.

The chart on the right shows the percentage of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 15 years, there has been a modest decline in the number of admissions mentioning alcohol as a substance of abuse, and increases in the mentions of both cocaine and heroin (Chart 3).

Across the years for which TEDS data are available, New Hampshire has seen a substantial shift in the constellation of problems present at treatment admission (Chart 4). Alcohol-only admissions have declined from 40 percent of all admissions in 1992 to 25 percent in 2006. Concomitantly, drug-only admissions have increased from 7 percent in 1992 to 23 percent in 2006.





Unmet Need for Treatment

NSDUH defines unmet treatment as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the DSM-IV, but has not received specialty treatment for that problem in the past year. Generally, rates of unmet need for treatment for alcohol use have remained at or above the national rates for all population groups. In 2005-2006, the rate of unmet need for alcohol treatment for individuals age 18 to 25 was among the highest in the country.

Similarly, the rates of unmet drug treatment need in New Hampshire have been at or above the national rates for all age groups, except for those age 26 and older. In this age group, the rate of the unmet treatment need has consistently been among the lowest in the country. In contrast to this, rates of unmet drug treatment need for individuals age 12 to 17 have consistently been among the highest in the country (Chart 5).

Tobacco Use and Synar Compliance

Rates of past month tobacco product and cigarette use in New Hampshire have generally remained at or below the national rates. In 2005-2006, the rates for both of these measures for the population age 26 and older were among the lowest in the country. Rates for underage smokers have generally been similar (Chart 6).

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. New Hampshire's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 1998 (Chart 7).

Chart 5 **Needing and Not Receiving Treatment for Drug Use Among Individuals Age 12 to 17 - New Hampshire**

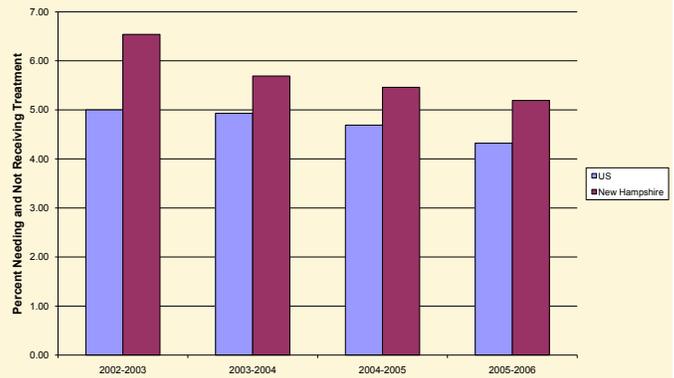


Chart 6 **Past Month Cigarette Use Among Individuals Age 12 to 17 New Hampshire**

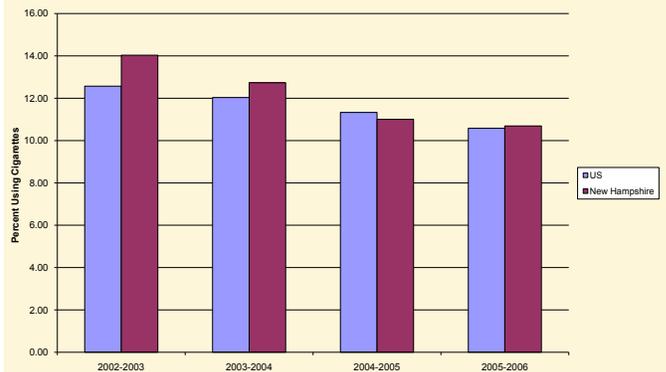
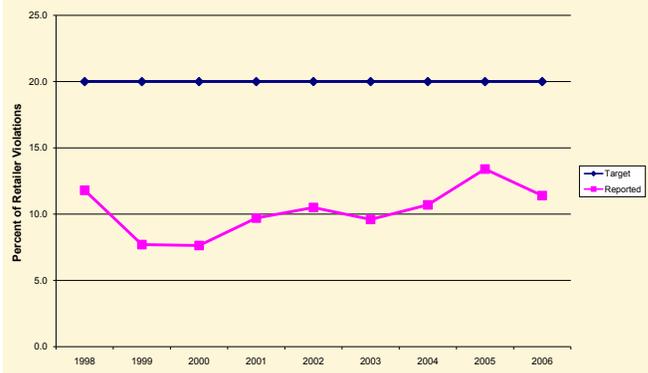


Chart 7 **Rate of Retailer Violations Under the Synar Amendment - New Hampshire**



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 on both of these measures have been quite variable among the standard age groups and across time in New Hampshire. However, rates of major depressive episodes have consistently been among the highest in the country for those age 12 to 17 (Chart 8), and rates of SPD for those age 18 to 25 have also consistently been among the highest in the country (Chart 9).

TEDS also collects information on whether or not psychological problems are noted at admission to substance abuse treatment. In New Hampshire, the percentage of these admissions has increased three-fold since 1992 (Chart 10).

Chart 8 Past Year Major Depressive Episode Among Individuals Age 12 to 17 New Hampshire

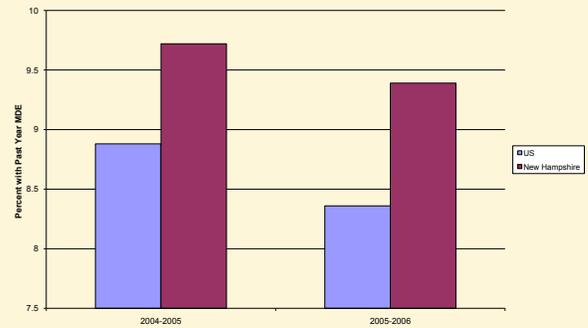


Chart 9 Past Year Serious Psychological Distress Among Individuals Age 18 to 25 - New Hampshire

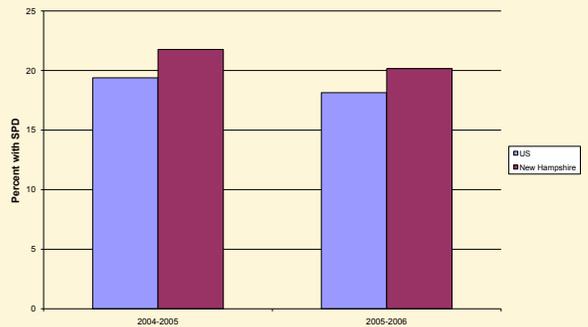
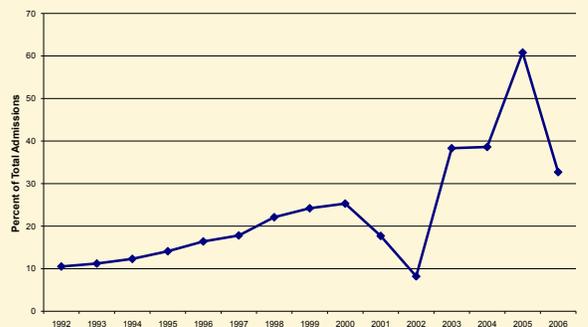


Chart 10 Psychological Problems Mentioned at Treatment Admission New Hampshire





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:

\$ 6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 2.2 million	Mental Health Block and Formula Grants
\$ 4.5million	SAMHSA Discretionary Program Funds
\$13.3 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; Children’s Services; State Mental Health Data Infrastructure Grant; Emergency Response.

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

CSAT: Targeted Capacity Expansion—General.

2005-2006:

\$ 6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 2.1 million	Mental Health Block and Formula Grants
\$ 4.2 million	SAMHSA Discretionary Program Funds
\$12.9 million	Total SAMHSA Funding

CMHS: Statewide Family Networks (mental health); Children’s Services (mental health); State Mental Health Data Infrastructure Grant; Youth Suicide Prevention and Early Intervention; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Campus Suicide.

CSAP: Drug-Free Communities (9 grants); Strategic Prevention Framework State Incentive Grant.

2006-2007:

\$ 6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 2.1 million	Mental Health Block and Formula Grants
\$ 4.1 million	SAMHSA Discretionary Program Funds
\$12.8 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; State Mental Health Data Infrastructure Grant; Youth Suicide Prevention and Early Intervention; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Campus Suicide.

CSAP: Drug-Free Communities (7 grants); Drug-Free Communities—Mentoring; and Strategic Prevention Framework State Incentive Grant.

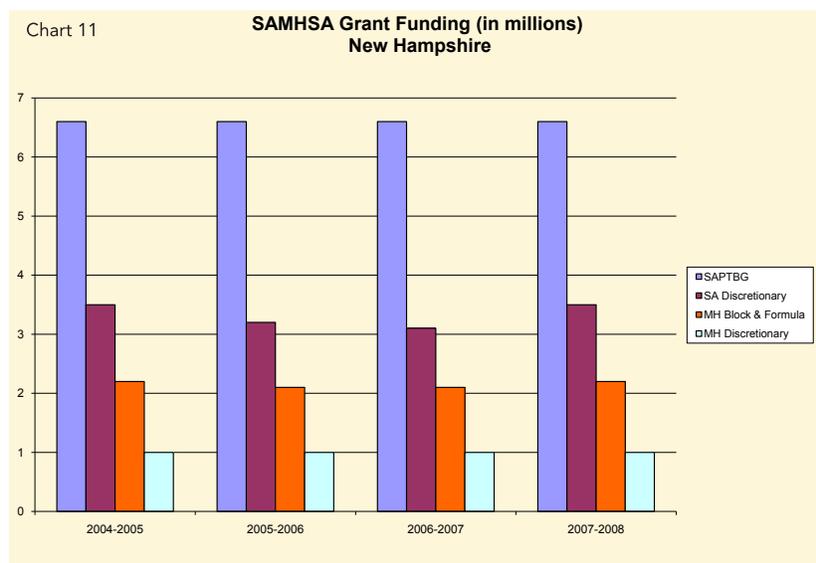
2007-2008:

\$ 6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 2.2 million	Mental Health Block and Formula Grants
\$ 4.5 million	SAMHSA Discretionary Program Funds
\$13.3 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; State Mental Health Data Infrastructure Grant; Youth Suicide Prevention and Early Intervention; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Campus Suicide.

CSAP: Drug-Free Communities (8 grants); Drug-Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant.

CSAT: Effective Adolescent 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: 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: 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 which 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.