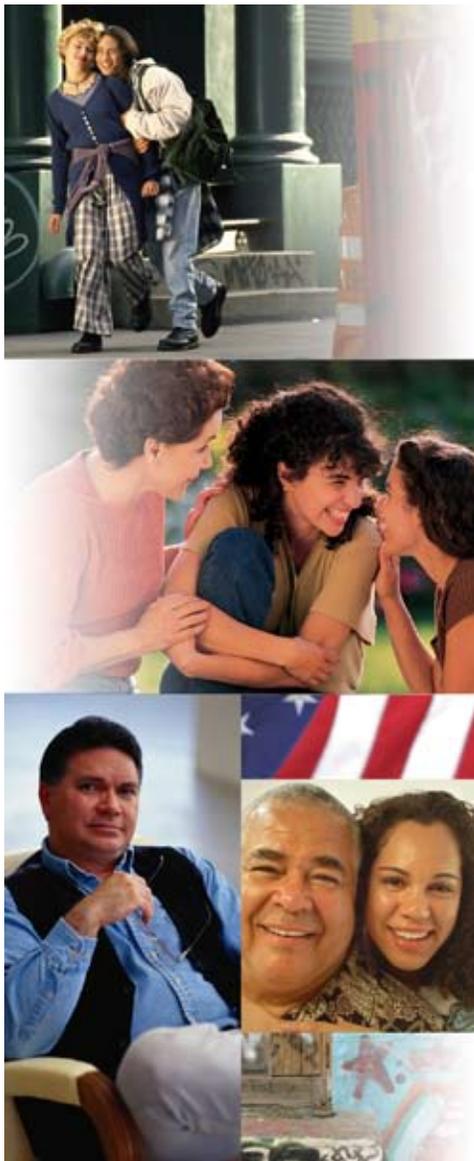


# States In Brief



Substance Abuse and Mental Health Issues At-A-Glance

A Short Report from the Office of Applied Studies



## Prevalence of Illicit Substance<sup>1</sup> and Alcohol Use and 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 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, Rhode Island has ranked among the 10 States with the *highest*<sup>2</sup> rates on the following measures (Table 1).

**Table 1: Rhode Island is among the states with the highest rates of the following:**

Measure	Age Groups
Past Month Illicit Drug Use	12+, 18-25
Past Month Marijuana Use	All Age Groups
Past Year Marijuana Use	All Age Groups
Least Perception of Risk Associated with Smoking Marijuana Once a Month	All Age Groups
Past Month Use of an Illicit Drug Other Than Marijuana	12+, 18-25
Past Year Cocaine Use	12+, 18-25, 26+
Past Year Nonmedical Use of Pain Relievers	18-25
Past Month Alcohol Use	All Age Groups
Past Month Binge Alcohol Use	12+, 18-25, 26+

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). Rates for both past year alcohol dependence (Chart 1) and past year drug dependence (Chart 2) have been among the 10 highest in the country across all survey years.

## Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),<sup>3</sup> the number of treatment facilities in Rhode Island has remained constant at approximately 57 facilities. Of these, 43 facilities (75%) are private nonprofit and 12 facilities are private for-profit

Although facilities may offer more than one modality of care, in 2006, 49 of 57 facilities in Rhode Island offered some form of outpatient care. An additional 16 facilities offered some form of residential care; 19 facilities offered an opioid treatment program; and 42 physicians and 21 programs were certified to provide buprenorphine treatment.

In 2006, 42 of 57 facilities (70%) received some form of Federal, State, county, or local government funds, and 40 facilities (70%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

Chart 1 Past Year Alcohol Dependence Among Individuals Age 12 and Older Rhode Island

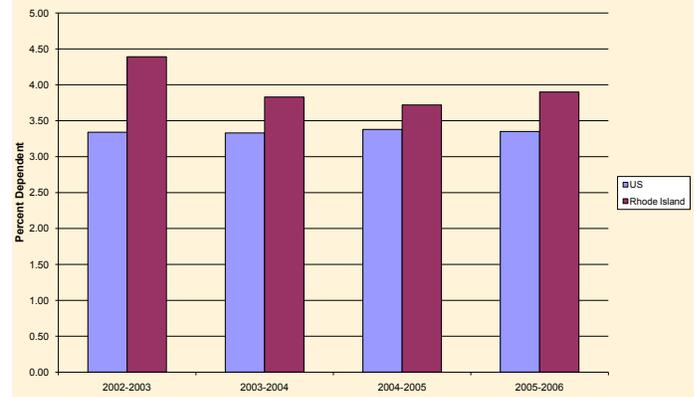
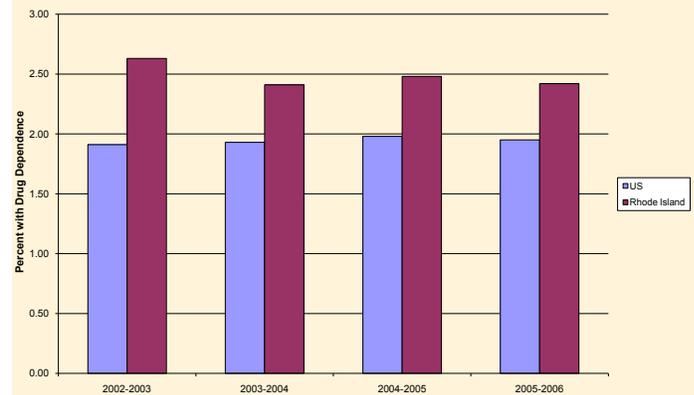


Chart 2 Past Year Illicit Drug Dependence Among Individuals Age 12 and Older Rhode Island

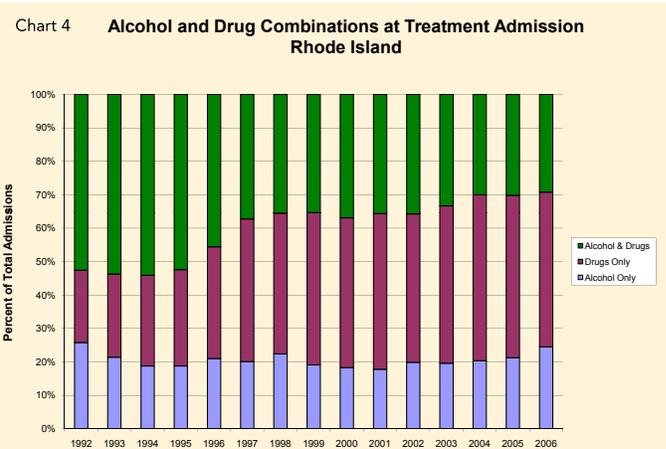
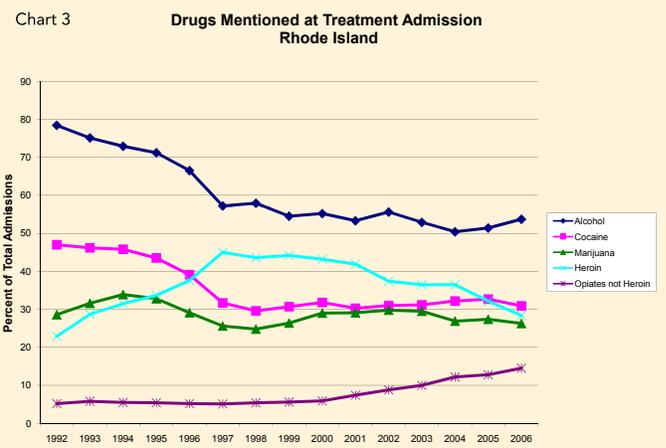


## Treatment

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).<sup>4</sup> In the 2006 N-SSATS survey, Rhode Island showed a total of 6,415 clients in treatment, 6,026 of whom (94%) were in outpatient treatment. Of the total number of clients in treatment on this date, 251 (4%) were under the age of 18.

Chart 3 shows the percentage of admissions mentioning particular drugs or alcohol at the time of admission.<sup>5</sup> Across the last 15 years, there has been a steady decline in the number of admissions mentioning alcohol or cocaine as abused substances and a concomitant increase in mentions of opiates other than heroin.

Across the years for which TEDS data are available, Rhode Island has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol in combination with other drugs has declined, from over 53 percent of all admissions in 1992 to just over 29 percent in 2006. Concomitantly, drug-only admissions have doubled, from 21 percent in 1992 to 46 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.

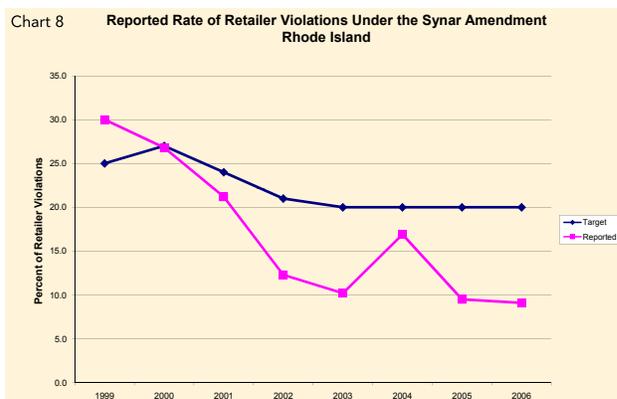
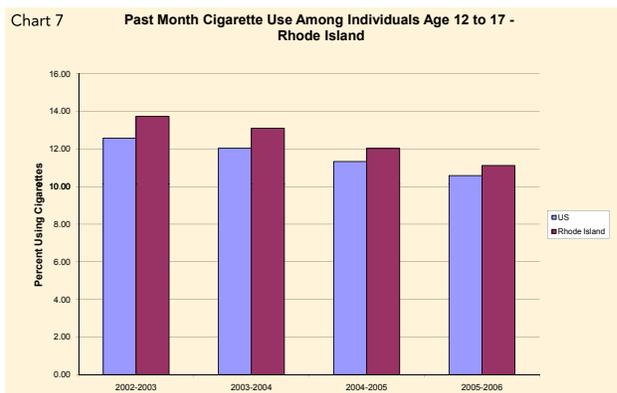
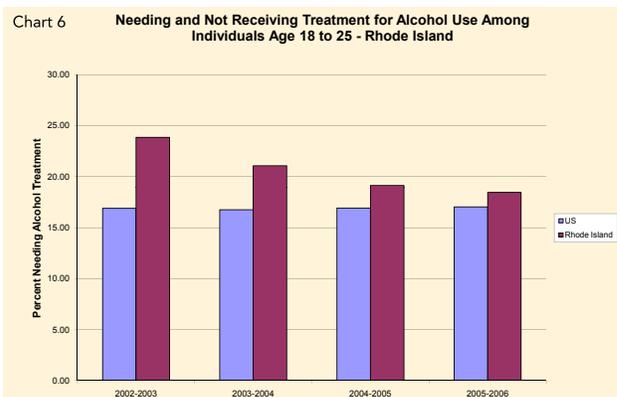
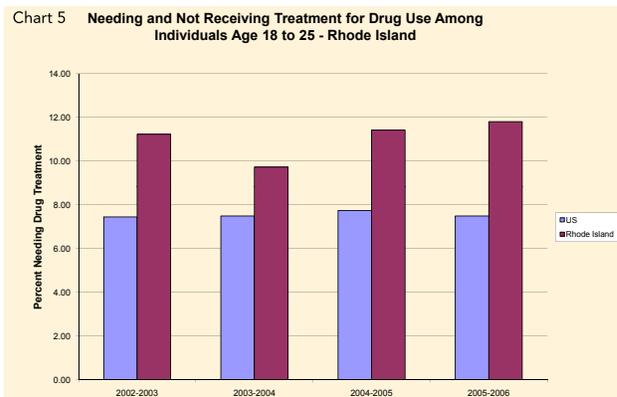
Rates of unmet drug treatment need in Rhode Island have remained above the national rates for all age groups and across all survey years; however, the rates for individuals age 18 to 25 have consistently been among the 10 highest in the country (Chart 5).

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

## Tobacco Use and Synar Compliance

Although rates of the perception of harm associated with smoking one or two packs of cigarettes a day have generally been among the highest in the country for underage smokers, the rate of past month cigarette use in this age group has generally been comparable to the national rate (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 customers under the age of 18. Rhode Island's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2001 (Chart 8).

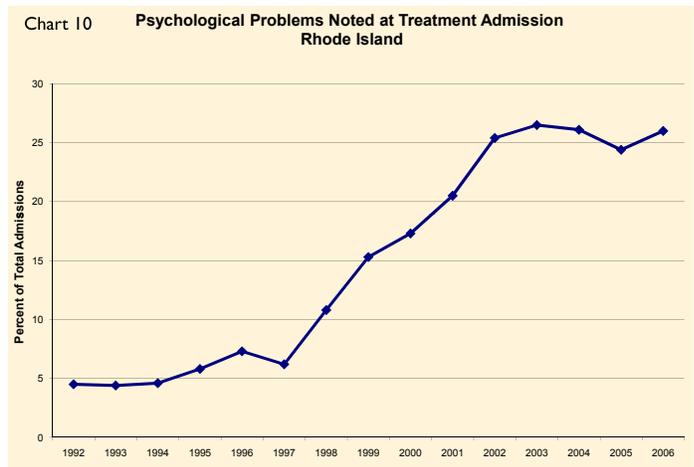
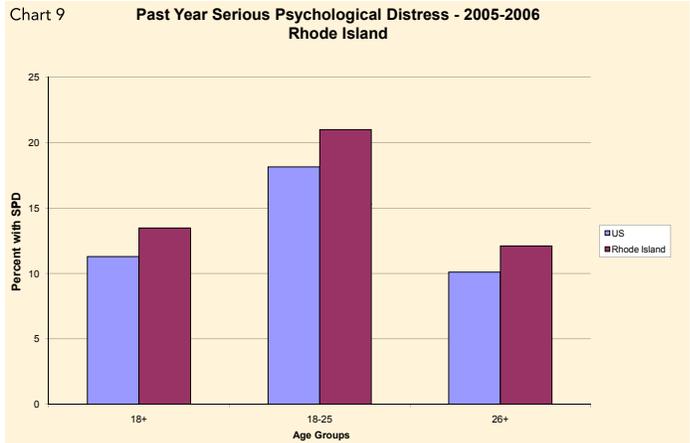


## Mental Health Indicators

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 (Chart 9). 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 MDE have been generally above the national rates; however, rates of past year SPD were among the highest in the country for all age groups in 2005–2006.

The Treatment Episode Data Set also collects information on whether psychological problems are noted at admission to substance abuse treatment. In Rhode Island, the percentage of these admissions has increased substantially over time (Chart 10).





## 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
\$2.1 million	Mental Health Block and Formula Grants
\$5.8 million	SAMHSA Discretionary Program Funds
\$14.5 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Statewide Family Network; Emergency Response.

**CSAP:** Drug-Free Communities (2 grants); Strategic Prevention Framework State Incentive Grant.

**CSAT:** Effective Adolescent Treatment; Targeted Capacity Expansion—HIV/AIDS; Addiction Technology Transfer Center; Adult, Juvenile, and Family Drug Courts; Strengthening Access and Retention; and State Data Infrastructure.

### 2005–2006:

\$6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$2.1 million	Mental Health Block and Formula Grants
\$6.5 million	SAMHSA Discretionary Program Funds
\$15.2 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Child Mental Health Initiative; Statewide Family Network.

**CSAP:** Drug-Free Communities (2 grants); Strategic Prevention Framework State Incentive Grant.

**CSAT:** Effective Adolescent Treatment; Targeted Capacity Expansion—HIV/AIDS; Addiction Technology Transfer Center; Adult, Juvenile, and Family Drug Courts; and Strengthening Access and Retention.

## 2006–2007:

\$6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$2.1 million	Mental Health Block and Formula Grants
\$7.4 million	SAMHSA Discretionary Program Funds
\$16.1 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Child Mental Health Initiative; Statewide Family Network.

**CSAP:** Drug-Free Communities (4 grants); Strategic Prevention Framework State Incentive Grant.

**CSAT:** Effective Adolescent Treatment; Addiction Technology Transfer Center; Targeted Capacity Expansion—HIV/AIDS; and Juvenile Drug Courts.

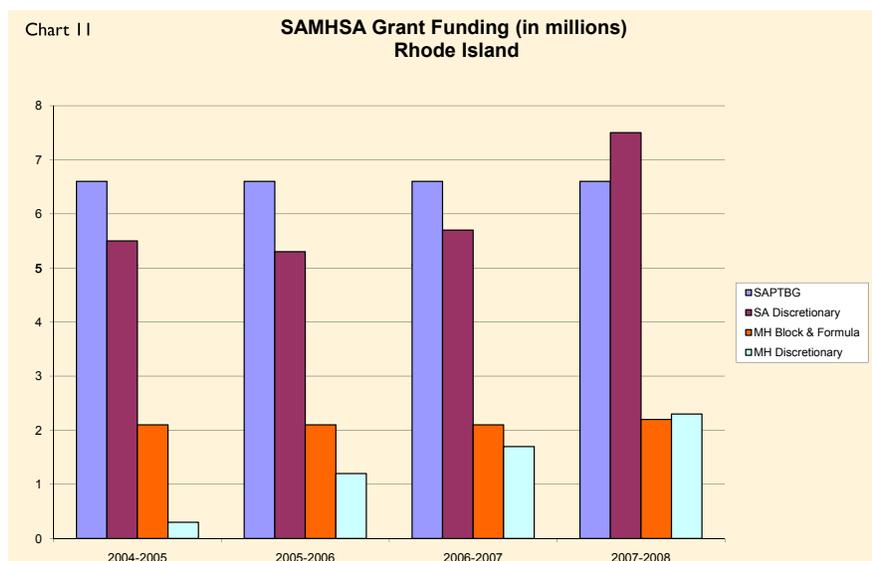
## 2007–2008:

\$6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$2.2 million	Mental Health Block and Formula Grants
\$9.8 million	SAMHSA Discretionary Program Funds
\$18.6 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Child Mental Health Initiative; Statewide Family Network.

**CSAP:** Drug-Free Communities (5 grants); Strategic Prevention Framework State Incentive Grant.

**CSAT:** Addiction Technology Transfer Center; Access to Recovery; Targeted Capacity Expansion—HIV/AIDS; and Juvenile Drug Courts.





## 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: <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: <http://www.icpsr.umich.edu/SDA/SAMHDA>.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.