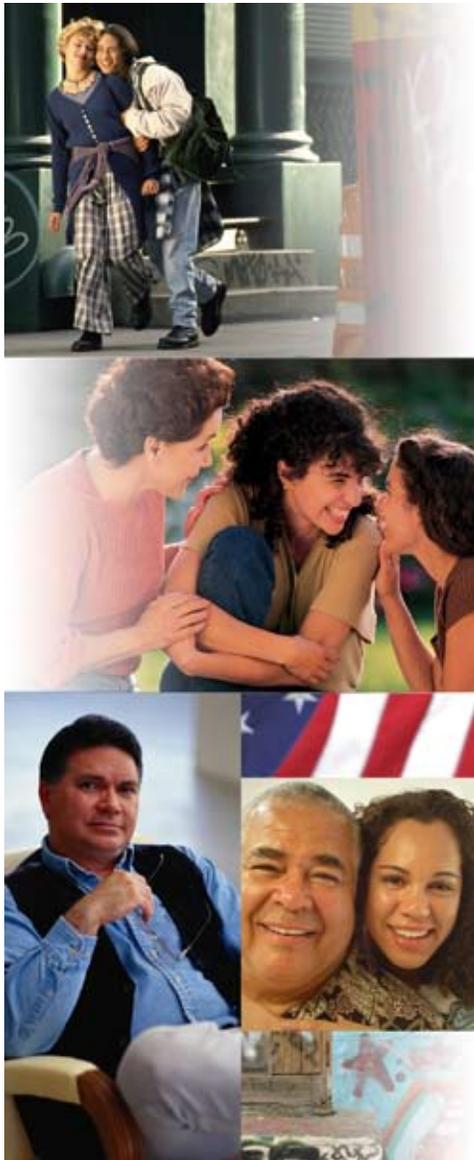


# States In Brief



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

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, South Dakota has ranked among the 10 States with the *lowest*<sup>2</sup> rates on the following measures.

**Table 1: South Dakota ranked among the lowest States on the following measures for all survey years:**

Measure	Age Groups
Past Month Illicit Drug Use	12+
Past Month Marijuana Use	26+
Past Year Marijuana Use	26+
Past Month Use of an Illicit Drug Not Marijuana	12+, 26+
Past Year Cocaine Use	12+, 18-25, 26+
Past Year Non-Medical Use of Pain Relievers	12+, 18-25, 26+

Conversely, over the same time period, South Dakota has ranked among the 10 States with *highest* rates on the following measures:

**Table 2: South Dakota ranked among the highest States on the following measures for all survey years**

Measure	Age Groups
Past Month Alcohol Use	12-20, 18-25
Past Month Binge Alcohol Use	12+, 12-20, 18-25, 26+
Least Perception of Risk Associated with Drinking Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	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 (SAMHSA). Sources for all data used in this report appear at the end.



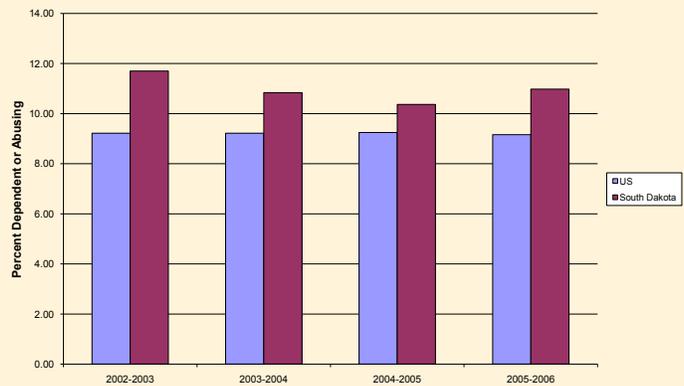
## Abuse and Dependence

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).

In the global NSDUH measure of past year dependence on or abuse of any illicit drug or alcohol, South Dakota has consistently ranked among the States with the highest rate for the national population as a whole.

When looked at separately, however, rates of past year dependence on or abuse of illicit drugs have remained at or below the rate for the country as a whole, while rates of alcohol dependence or abuse have consistently remained among the highest (Chart 1).

Chart 1  
Past Year Dependence on or Abuse of Illicit Drugs or Alcohol Among Individuals Age 12 and Older - South Dakota



## Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS)<sup>3</sup> annual surveys, the number of treatment facilities in South Dakota has been relatively stable, varying from 61 facilities in 2002 to 59 in 2006. Of the 59 facilities responding to the 2006 survey, 34 (or 58%) were private nonprofit, and 10 (17%) were private for-profit. Six facilities were owned or operated by a Tribal government.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities 48 (81%) offered some form of outpatient treatment. An additional 24 facilities offered some form of residential treatment. Two physicians and



one treatment program were certified to provide buprenorphine treatment for opiate addiction.

In 2006, 41 facilities (70%) received some form of Federal, State, county, or local government funds, and 28 facilities (48%) 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).<sup>4</sup> In the 2006 N-SSATS survey, South Dakota showed a one-day total of 2,314 clients in treatment, the majority of whom (1,751 or 76%) were in outpatient treatment. Of the total number of clients in treatment on this date, 348 (15%) were under the age of 18.

Chart 2 shows the percent 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 increase in the number of admissions mentioning marijuana and methamphetamines.

Across the years for which TEDS data are available, South Dakota has seen a shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 63 percent of all admissions in 1992, to just over 45 percent in 2006. Concomitantly, drug-only admissions have increased from 2 percent in 1998 to 10 percent in 2005, while admissions mentioning both illicit drugs and alcohol have increased from 28 percent to 41 percent (Chart 3).

Chart 2

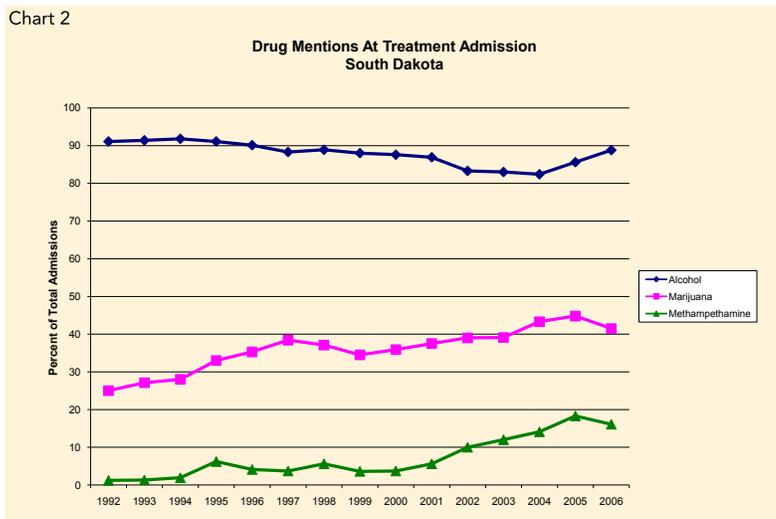
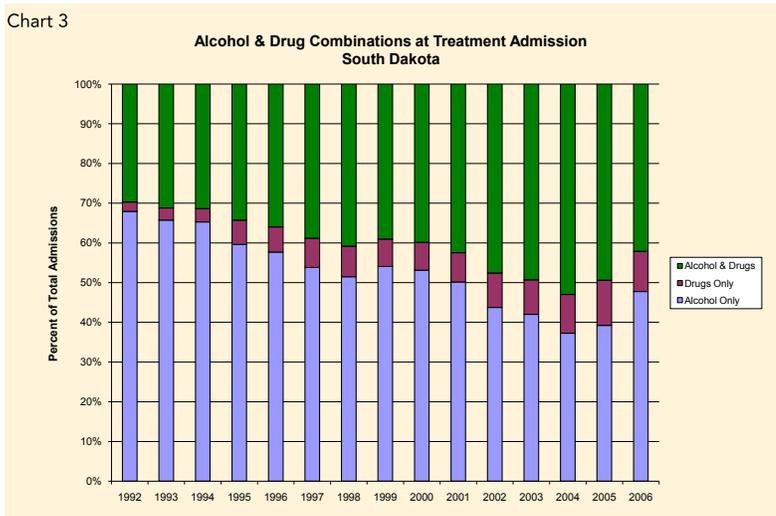


Chart 3





## 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.

South Dakota has consistently ranked among those States with the lowest rates of individuals needing and not receiving treatment for drug use for the State population as a whole (i.e., those age 12 and older) (Chart 4).

Conversely, since 2002 South Dakota has ranked among those States with the highest rates of individuals needing and not receiving treatment for alcohol use for all population groups (Chart 5).

## Tobacco Use and Synar Compliance

Since 2002, South Dakota has ranked among the 10 States with the highest rates of past month underage smoking (i.e., by those age 12 to 17). This is true for tobacco use in general and for cigarettes. Past month tobacco and cigarette use by other population groups in the State have generally remained at or above national rates for the State population as a whole, as well as for the older age groups a (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. South Dakota's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 1998 (Chart 7).

Chart 4 Needing and Not Receiving Treatment for Drug Use Among Individuals Age 12 and Older - South Dakota

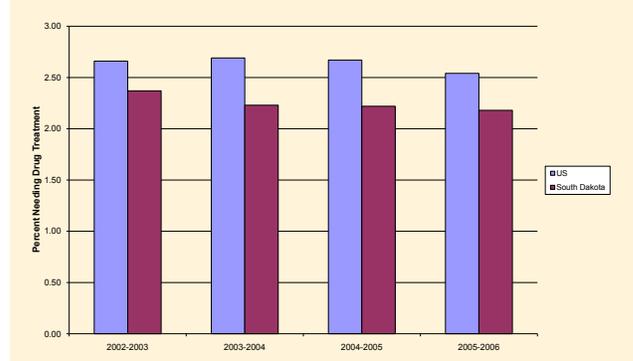


Chart 5 Needing and Not Receiving Treatment For Alcohol Use Among Individuals Age 12 and Older - South Dakota

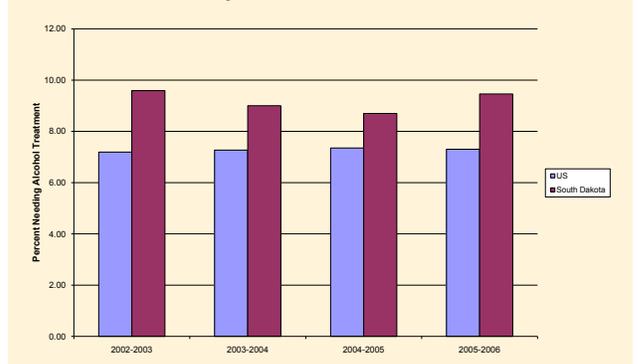


Chart 6 Past Month Cigarette Use Among Individuals Age 12 to 17 - South Dakota

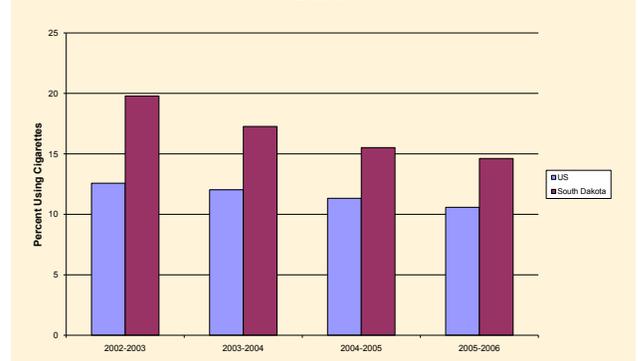
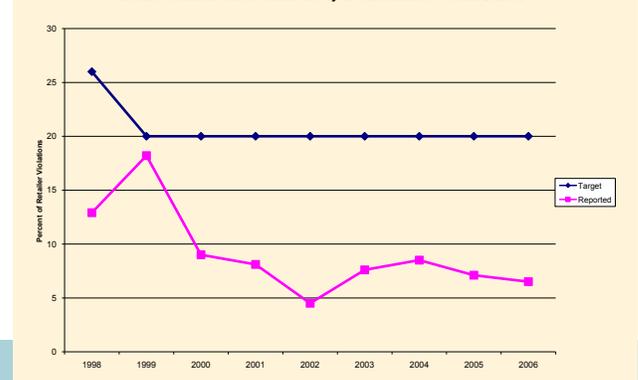


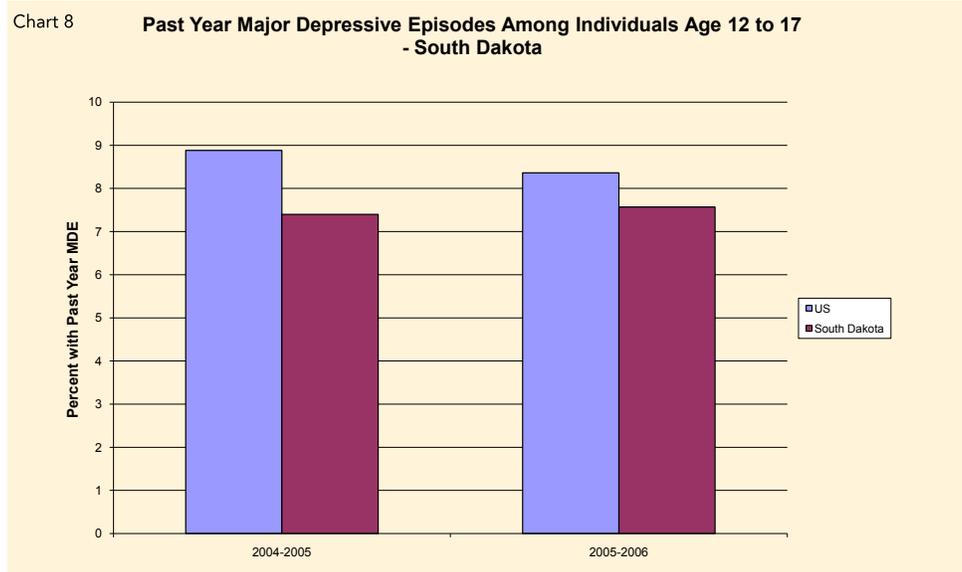
Chart 7 Retailer Violation Rates Under the Synar Amendment - South Dakota



## 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 sleeping, eating, energy, concentration, and self-image.

While rates of past year serious psychological distress have generally remained at or below national rates, South Dakota has consistently ranked among those States with the lowest rates of past year major depressive episodes for youth age 12 to 17 and young adults age 18 to 25 (Chart 8).





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## SAMHSA Funding

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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 9). 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:

\$4.8 million	Substance Abuse Prevention and Treatment Block Grant
\$1.6 million	Mental Health Block and Formula Grants
\$2.9 million	SAMHSA Discretionary Program Funds
\$9.3 million	Total SAMHSA Funding

**CMHS:** Emergency Response; State Mental Health Data Infrastructure Grants; Children’s Services.

**CSAP:** Drug-Free Communities (2 grants); Emergency Response.

**CSAT:** State Data Infrastructure.

### 2005-2006

\$4.7 million	Substance Abuse Prevention and Treatment Block Grant
\$1.3 million	Mental Health Block and Formula Grants
\$2.7 million	SAMHSA Discretionary Program Funds
\$8.7 million	Total SAMHSA Funding

**CMHS:** Circles of Care—American Indian and Alaska Native Children; State Mental Health Data Infrastructure Grants; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Campus Suicide; Child Mental Health Initiative.

**CSAP:** Drug-Free Communities (2 grants).

### 2006-2007:

\$4.7 million	Substance Abuse Prevention and Treatment Block Grant
\$1.6 million	Mental Health Block and Formula Grants
\$3.3 million	SAMHSA Discretionary Program Funds
\$9.6 million	Total SAMHSA Funding

**CMHS:** Child Mental Health Initiative; Circles of Care—American Indian and Alaska Native Children; State Mental Health Data Infrastructure Grants; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Youth Suicide Prevention and Early Intervention; Campus Suicide.

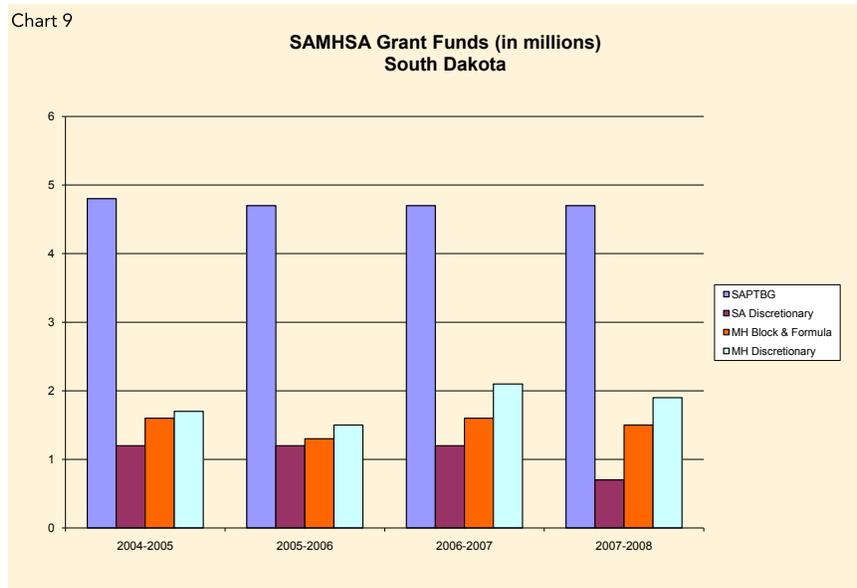
**CSAP:** Drug-Free Communities (2 grants).

**2007-2008:**

\$4.7 million	Substance Abuse Prevention and Treatment Block Grant
\$1.5 million	Mental Health Block and Formula Grants
\$2.6 million	SAMHSA Discretionary Program Funds
\$8.8 million	Total SAMHSA Funding

**CMHS:** Campus Suicide; Child Mental Health Initiative; Circles of Care—American Indian and Alaska Native Children; State Mental Health Data Infrastructure Grants; Disaster Relief; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Youth Suicide Prevention and Early Intervention; Co-Occurring State Incentive Grants.

**CSAP:** Drug-Free Communities (2 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>.

<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 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.