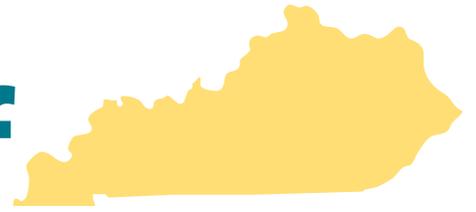
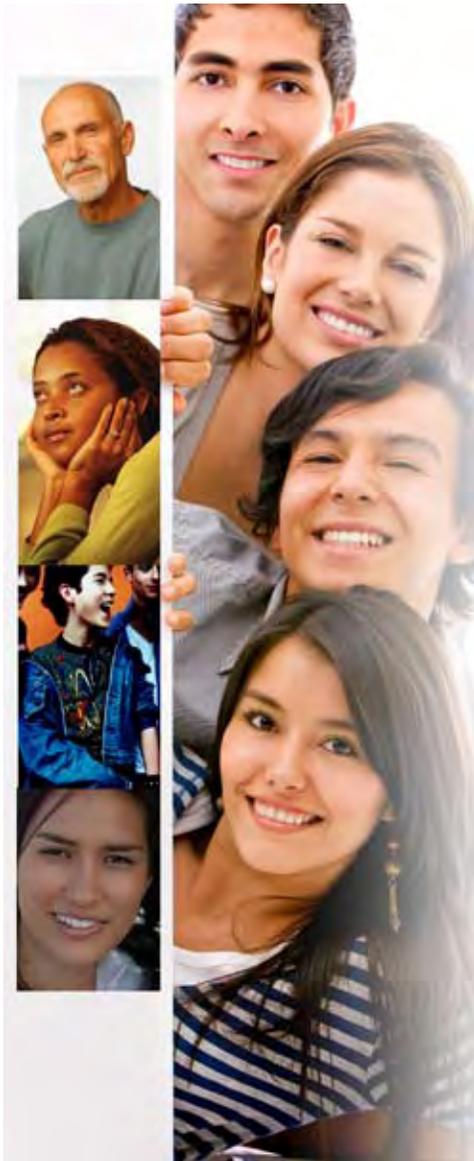


States In Brief



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 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, Kentucky has been among the 10 States with the *highest*² rates of the following measures

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

Measure	Age Groups
Past Month Use of an Illicit Drug Other than Marijuana	12-17
Nonmedical Use of Prescription Pain Relievers	12-17
Past Month Tobacco Use	All Age Groups
Past Month Cigarette Use	All Age Groups
Least Perception of Risk Associated with Smoking One or Two Packs of Cigarettes a Day	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

It is worth noting that across all survey years, Kentucky has also ranked among the ten states with the lowest rates of the perception of risk associated with using marijuana once a month by individuals age 12 to 17.

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.



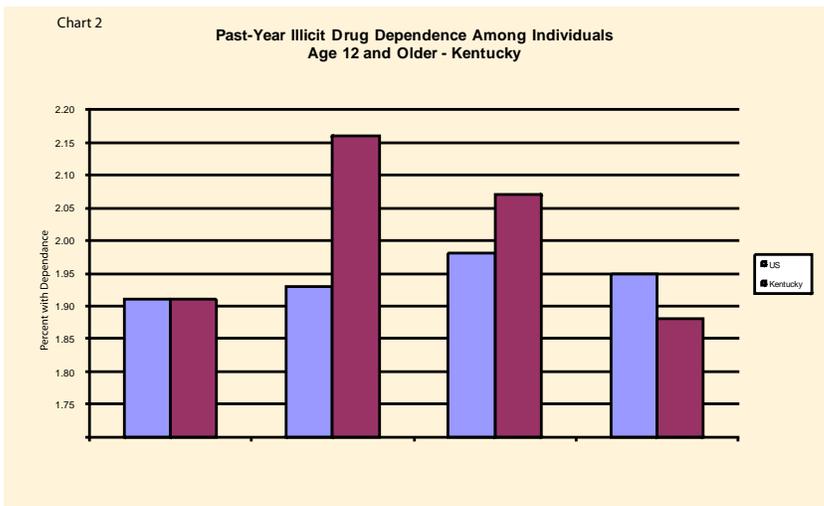
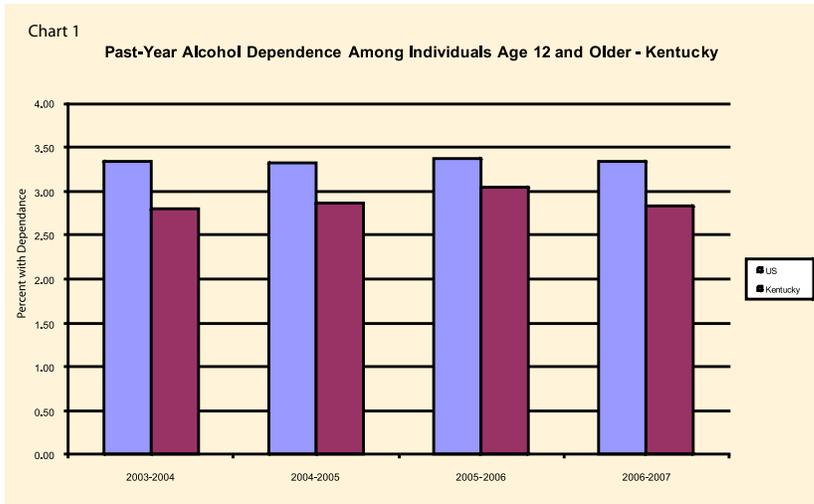


Abuse and Dependence

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 [APA], 1994).

In Kentucky, rates of past year dependence on or abuse of alcohol have generally been at or below the national rates. This is particularly true for individuals age 18 to 25 and those age 26 and older where the rates of alcohol dependence or abuse have consistently been among the lowest in the country (Chart 1).

By contrast, rates of past year illicit drug dependence have been more variable but generally at or above 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 Kentucky has remained relatively stable and in the 2006 survey, there were 312 treatment facilities. Of these facilities, 185 (58%) were private non-profit and another 118 (38%) were private for-profit.

Although facilities may offer more than one modality of care, the majority of facilities in Kentucky (270 or 86%) offer some form of outpatient treatment. Residential care was available at 53 facilities, and 12 facilities had an opioid treatment program. In addition, 93 physicians and 23 treatment programs are

certified to provide buprenorphine care for opiate addiction.

In Kentucky, 48% of all facilities (149) received some form of federal, State, county or local government funds in 2006, and 129 facilities (41%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

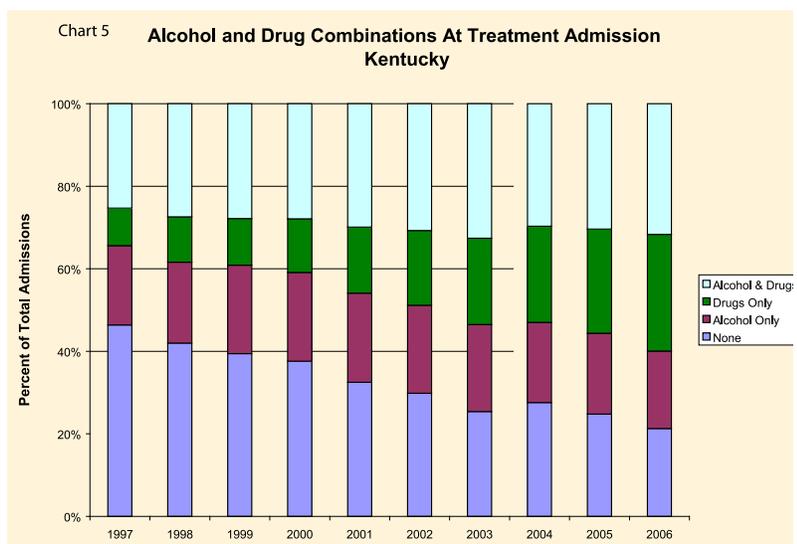
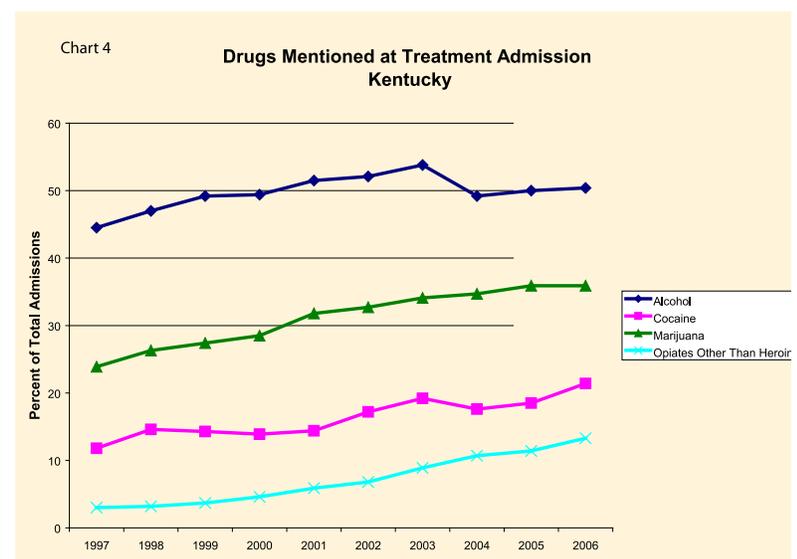
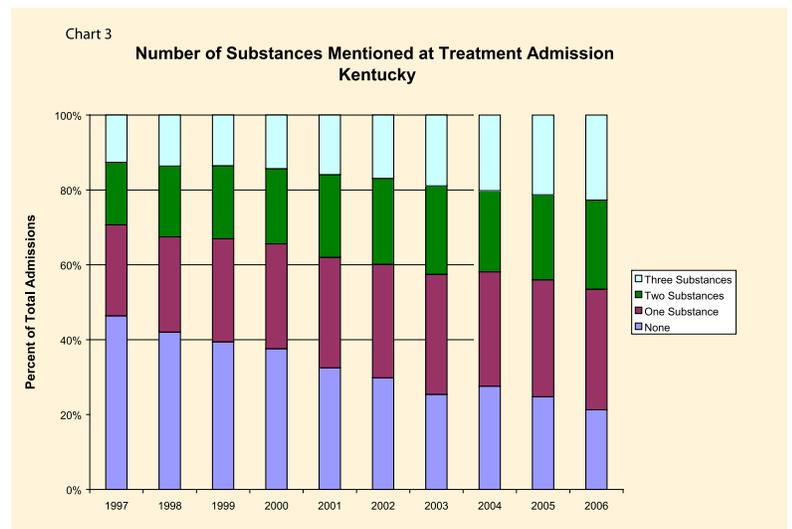
Treatment

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. With all facilities responding to the 2006 N-SSATS survey, showed a total of 19,510 clients in treatment, the majority of whom (17,995 or 92%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,298 (7%) were under the age of 18.

Chart 3 shows details the number of substances which were reported at treatment admission, regardless of whether the substance was reported as primary, secondary or tertiary. Since 1997, there has been a steady decline in the percent of admissions with no primary substance (from 46% in 1997 to 23% in 2006) and increases in the percent of admissions with one or more reported substances.

In chart 4 we see the percent of admissions mentioning particular drugs or alcohol at the time of admission. Across the last 10 years, there have been steady increases in the number of admissions mentioning alcohol, cocaine, marijuana, and opiates other than heroin.

Across the years for which TEDS data are available, Kentucky has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have remained relatively steady, while drug-only admissions have tripled from 9 percent in 1997 to 28 percent in 2006 (Chart 5).





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 (Chart 6).

Generally, the rate of unmet need for alcohol treatment for the State population age 12 and older has been at or below the national rate; for the population age 18 to 25, this rate has consistently been among the lowest in the country (Chart 7).

Rates of unmet need for drug treatment have also generally been at or below the national level for the population as a whole.

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

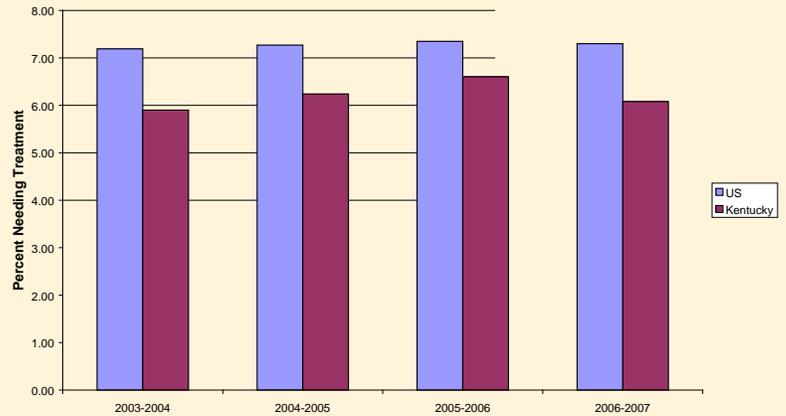
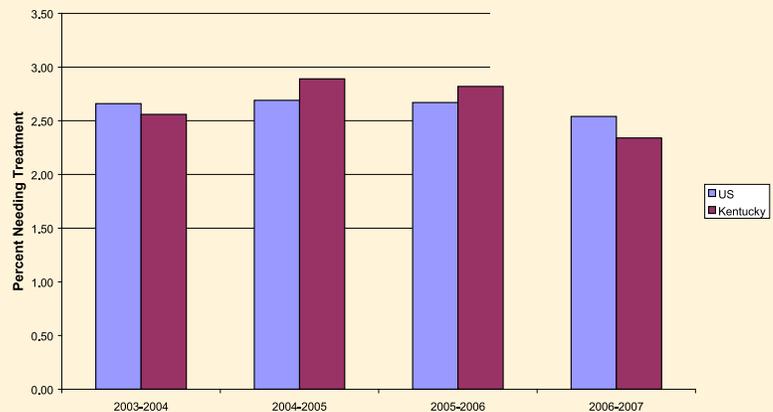


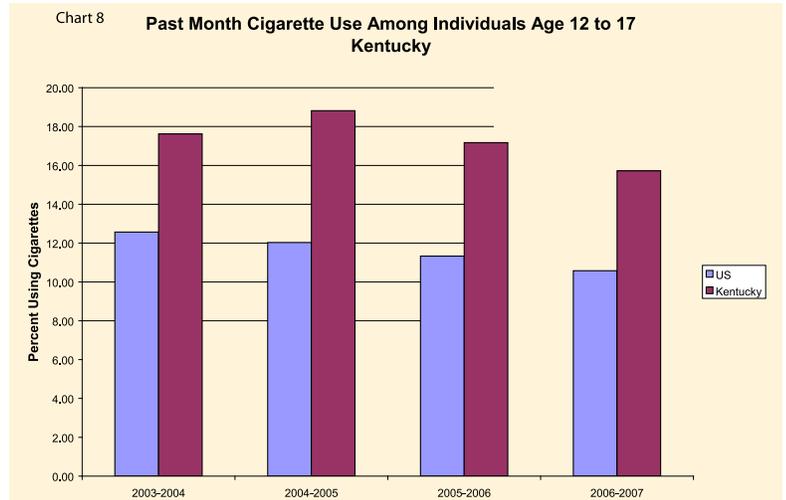
Chart 7
Needing and Not Receiving Treatment for Drug Use Among Individuals
Age 12 and Older
Kentucky



Tobacco Use and Synar Compliance

Rates of past-month use of cigarettes and tobacco products have consistently been among the highest in the country for all age groups, and across all survey years. Similarly, rates of the perception of risk associated with cigarette smoking have consistently been among the lowest in the country for all age groups and survey years (Chart 8).

SAMHSA monitors the rates 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. Kentucky’s rates of non-compliance with the Synar Amendment have been consistently below the target rate since 2001 (Chart 9).



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.



SAMHSA Funding

In 2004-2005, Kentucky received a total of \$40.6 million in SAMHSA grant funds. Of these, the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) accounted for \$24 million, and the mental health block and formula grants for \$7.1 million. The remainder of the grant funds derived from the following SAMHSA discretionary programs: Statewide Consumer Networks (mental health); Statewide Family Networks (mental health); AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Emergency Response; State Mental Health Data Infrastructure Grant; Jail Diversion; Post-Traumatic Stress Disorder in Children; Drug Free Communities (12 grants); State Incentive Cooperative Agreement; HIV/AIDS Services; Pregnant and Post-Partum Women; Homeless Addictions Treatment; Targeted Capacity Expansion—HIV/AIDS; and Strengthening Communities—Youth.

In 2005-2006, Kentucky received a total of \$41.3 million in SAMHSA grant funds. Of these, the SAPTBG accounted for \$23.7 million, and the mental health block and formula grants for \$6.9 million. The remainder of the grant funds derived from the following SAMHSA discretionary programs: Statewide Consumer Networks (mental health); Statewide Family Networks (mental health); AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Emergency Response; State Mental Health Data Infrastructure Grant; Disaster Relief; Drug Free Communities (12 grants); State Incentive Cooperative Agreement; HIV/AIDS Services; HIV/Strategic Prevention Framework; Juvenile Drug Courts; Pregnant and Post-Partum Women; Homeless Addictions Treatment; Targeted Capacity Expansion—HIV/AIDS; and Strengthening Communities—Youth.

In 2006-2007, Kentucky received a total of \$37.3 million in SAMHSA grant funds. Of these, the SAPTBG accounted for \$23.7 million, and the mental health block and formula grants for \$6.9 million. The remainder of the grant funds derived from the following SAMHSA discretionary programs: Statewide Consumer Networks (mental health); Statewide Family Networks (mental health); Disaster Relief; State Mental Health Data Infrastructure Grant; Drug Free Communities (10 grants); HIV/AIDS Services; HIV/Strategic Prevention Framework; Homeless Addictions Treatment; 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: 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: <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: nontreatment 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.

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