Substance Abuse and Mental Health Services Administration
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National Survey on Drug Use and Health

The NSDUH Report

Metro Brief

Substance Use and Mental Disorders in the San Francisco-Oakland-Fremont MSA

San Francisco-Oakland-Fremont MSA

This report is one in a series of reports that provide snapshots of substance use and mental disorders in metropolitan areas across the United States. This report focuses on the Metropolitan Statistical Area (MSA)[1] of San Francisco-Oakland-Fremont, CA.[2] Data come from the National Survey on Drug Use and Health (NSDUH),[3] which collects information on the use of illegal drugs, alcohol, and tobacco, as well as on mental health problems from a representative sample of persons in the 50 States and the District of Columbia. Estimates presented are annual averages based on data collected during the 6-year period from 2005 to 2010.[4] For comparison, this report includes estimates for the State of California and for the entire United States. All differences between the MSA and the State or national estimates mentioned (i.e., statements using terms such as "higher" or "lower") are statistically significant at the .05 level. For further comparison, tables presenting past year substance use and mental health data for all 50 States, the District of Columbia, and 33 metropolitan areas are available at http://www.samhsa.gov/data/NSDUHMetroBriefReports/index.aspx.

Population Estimates

From 2005 to 2010, the annual average population of persons aged 12 older residing in the San Francisco-Oakland-Fremont MSA was 3.6 million (Table 1). Of the 3.6 million persons residing in the MSA, 3.3 were adults (persons aged 18 or older). California's population aged 12 or older (including those in the San Francisco-Oakland-Fremont MSA) was 29.9 million, and the State adult population was 26.7 million. The U.S. population aged 12 or older was 248.7 million, and the U.S. adult population was 223.8 million.

Table 1. Estimated Numbers of Persons in the San Francisco-Oakland-Fremont Metropolitan Statistical Area (MSA), California, and the United States, by Age Group: Annual Averages, 2005 to 2010

Age Group	San Francisco-Oakland-Fremont MSA (Number, in Thousands)	California (Number, in Thousands)	United States (Number, in Thousands)
Aged 12 or Older	3,579	29,852	248,723
Aged 18 or Older	3,274	26,651	223,750

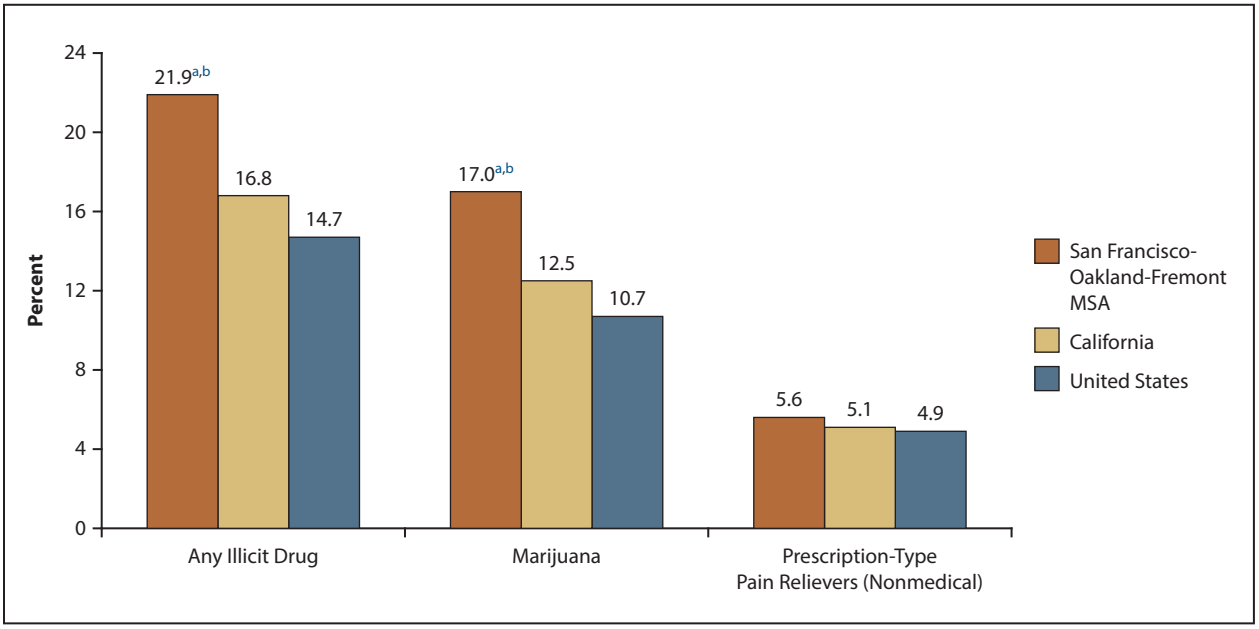
NOTE: Statistical testing was not conducted on the estimated numbers presented in this table.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).

Illicit Drug Use

In the San Francisco-Oakland-Fremont MSA, an annual average of 782,000 persons aged 12 or older used any illicit drug in the past year.[5] This represents 21.9 percent of the MSA population, which is higher than the rates for the State of California (16.8 percent) and the Nation as a whole (14.7 percent) (Figure 1). The rate of marijuana use in the past year was 17.0 percent, which was also higher than the rates in California and the Nation. The rate of nonmedical use of prescription-type pain relievers was 5.6 percent and similar to the rates for the State and the Nation.

Figure 1. Past Year Use of Selected Illicit Drugs for the San Francisco-Oakland-Fremont Metropolitan Statistical Area (MSA), California, and the United States among Persons Aged 12 or Older: Annual Averages, 2005 to 2010



NOTE: For additional data, please see the tables available at http://www.samhsa.gov/data/NSDUHMetroBriefReports/index.aspx.

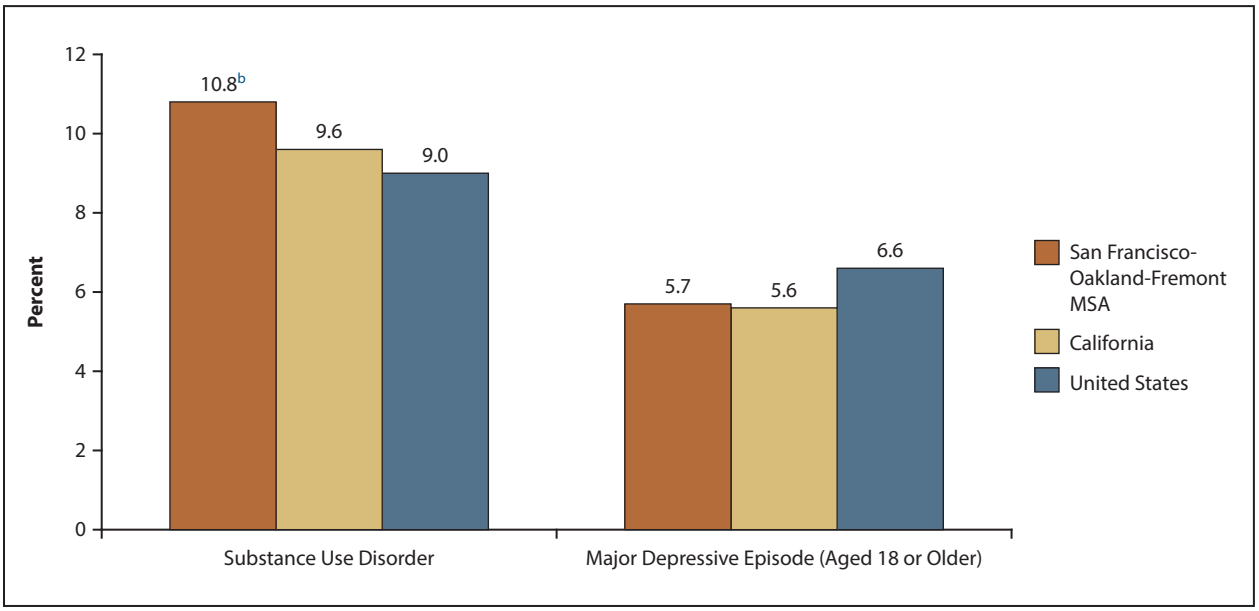
[a] Difference between San Francisco-Oakland-Fremont MSA estimate and California estimate is statistically significant at the .05 level.
[b] Difference between San Francisco-Oakland-Fremont MSA estimate and United States estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).

Substance Use or Mental Disorders

In the San Francisco-Oakland-Fremont MSA, 385,000 persons aged 12 or older were classified as having a substance use disorder in the past year.[6] The corresponding rate (10.8 percent) was higher than the rate nationally (Figure 2). Among adults aged 18 or older in the San Francisco-Oakland-Fremont MSA, 5.7 percent (183,000 adults) experienced a major depressive episode in the past year,[7] with similar rates for California and the Nation.

Figure 2. Past Year Substance Use Disorder and Major Depressive Episode for the San Francisco-Oakland-Fremont Metropolitan Statistical Area (MSA), California, and the United States among Persons Aged 12 or Older (Except as Noted): Annual Averages, 2005 to 2010



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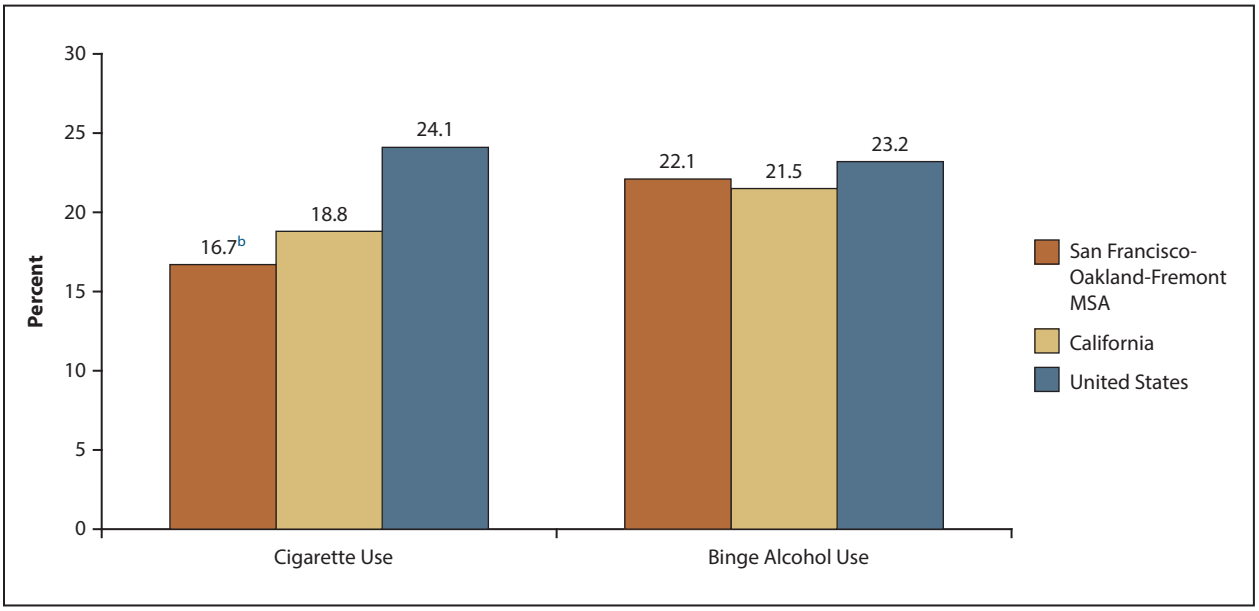
[a] Difference between San Francisco-Oakland-Fremont MSA estimate and California estimate is statistically significant at the .05 level.
[b] Difference between San Francisco-Oakland-Fremont MSA estimate and United States estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).

Cigarette and Binge Alcohol Use

Approximately 16.7 percent of persons aged 12 or older smoked cigarettes in the past month in the San Francisco-Oakland-Fremont MSA (Figure 3). This rate was lower than the national rate of past month cigarette use (24.1 percent). In the San Francisco-Oakland-Fremont MSA, 22.1 percent aged 12 or older participated in binge alcohol use at least once in the past month,[8] which was similar to the rates for the State of California and the Nation as a whole.

Figure 3. Past Month Cigarette and Binge Alcohol Use for the San Francisco-Oakland-Fremont Metropolitan Statistical Area (MSA), California, and the United States among Persons Aged 12 or Older: Annual Averages, 2005 to 2010



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[a] Difference between San Francisco-Oakland-Fremont MSA estimate and California estimate is statistically significant at the .05 level.
[b] Difference between San Francisco-Oakland-Fremont MSA estimate and United States estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).

End Notes

1. MSAs are geographical entities used by Federal agencies to collect, analyze, and publish statistical data. These areas are defined and updated periodically by the Office of Management and Budget (OMB). MSAs defined in this report are based on updates made by OMB on December 1, 2009, to reflect Census Bureau population estimates for July 1, 2007, and July 1, 2008. More details are provided at http://www.whitehouse.gov/sites/default/files/omb/assets/bulletins/b10-02.pdf (Executive Office of the President, Office of Management and Budget, 2009).

2. The San Francisco-Oakland-Fremont MSA consists of Alameda County, CA; Contra Costa County, CA; Marin County, CA; San Francisco County, CA; and San Mateo County, CA.

3. NSDUH is an annual survey of the U.S. civilian noninstitutional population aged 12 or older in the 50 States and the District of Columbia. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at the respondent's place of residence. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is managed by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ). For more information, see the 2010 NSDUH national findings report at http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm (CBHSQ, 2011a).

4. All estimates shown in this report and the detailed tables used the corrected 2006-2010 data files that were updated to account for errors found in Pennsylvania (2006-2010) and Maryland (2008-2009). The erroneous Pennsylvania and Maryland data were removed and the remaining cases were reweighted in the years noted. No corrections were needed for the 2005 data file. These estimates are based solely the weighted sample for each area (i.e., direct estimates) and are weighted to represent the civilian noninstitutional population at the MSA, State, and national levels based on the selection probabilities (at each stage of selection), nonresponse adjustments, and adjustments to State- and national-level population estimates from the U.S. Census Bureau. However, no special adjustments were applied to adjust these weights to Census population estimates for the San Francisco-Oakland-Fremont MSA. See Section A.3.3 of Appendix A in the 2010 NSDUH national findings report at http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm (CBHSQ, 2011a).

5. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. These estimates do not include data from new methamphetamine items added in 2005 and 2006. See Section B.4.8 of Appendix B in the 2008 NSDUH national findings report at http://www.samhsa.gov/data/nsduh/2k8nsduh/2k8Results.htm (Office of Applied Studies [now CBHSQ], 2009).

6. Substance use disorder is defined as dependence on or abuse of illicit drugs or alcohol based on definitions found in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994). See Section B.4.2 of Appendix B in the 2010 NSDUH national findings report at http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm (CBHSQ, 2011a).

7. Major depressive episode is defined in DSM-IV (American Psychiatric Association, 1994) as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. See Section B.4.4 of Appendix B in the 2010 NSDUH mental health findings report at http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHResults.htm (CBHSQ, 2011b).

8. Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the 30 days prior to the survey.

References

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