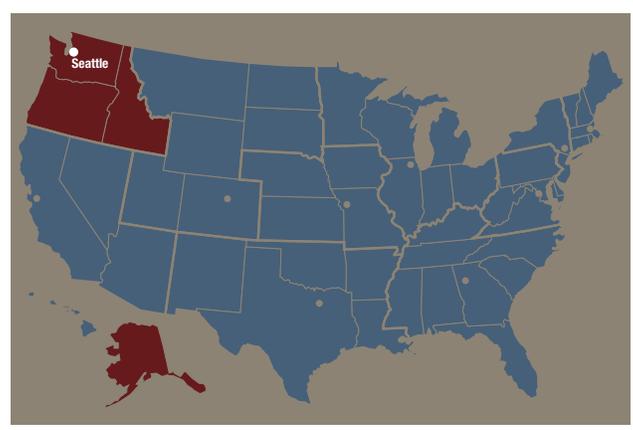




# Behavioral Health Barometer

## EXECUTIVE SUMMARY Region X, 2014





## Acknowledgments

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## Originating Office

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.

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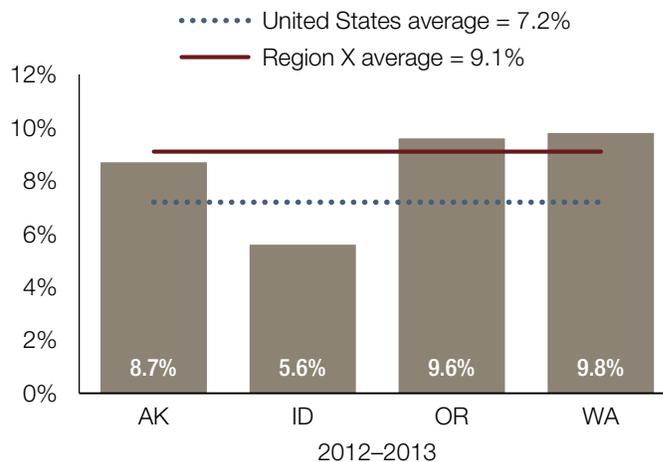
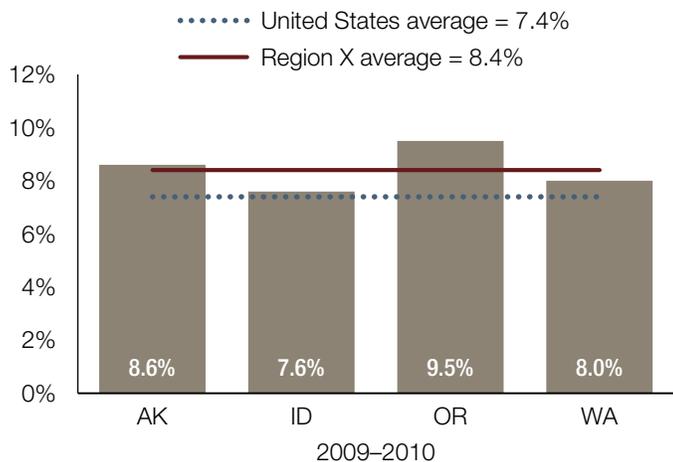
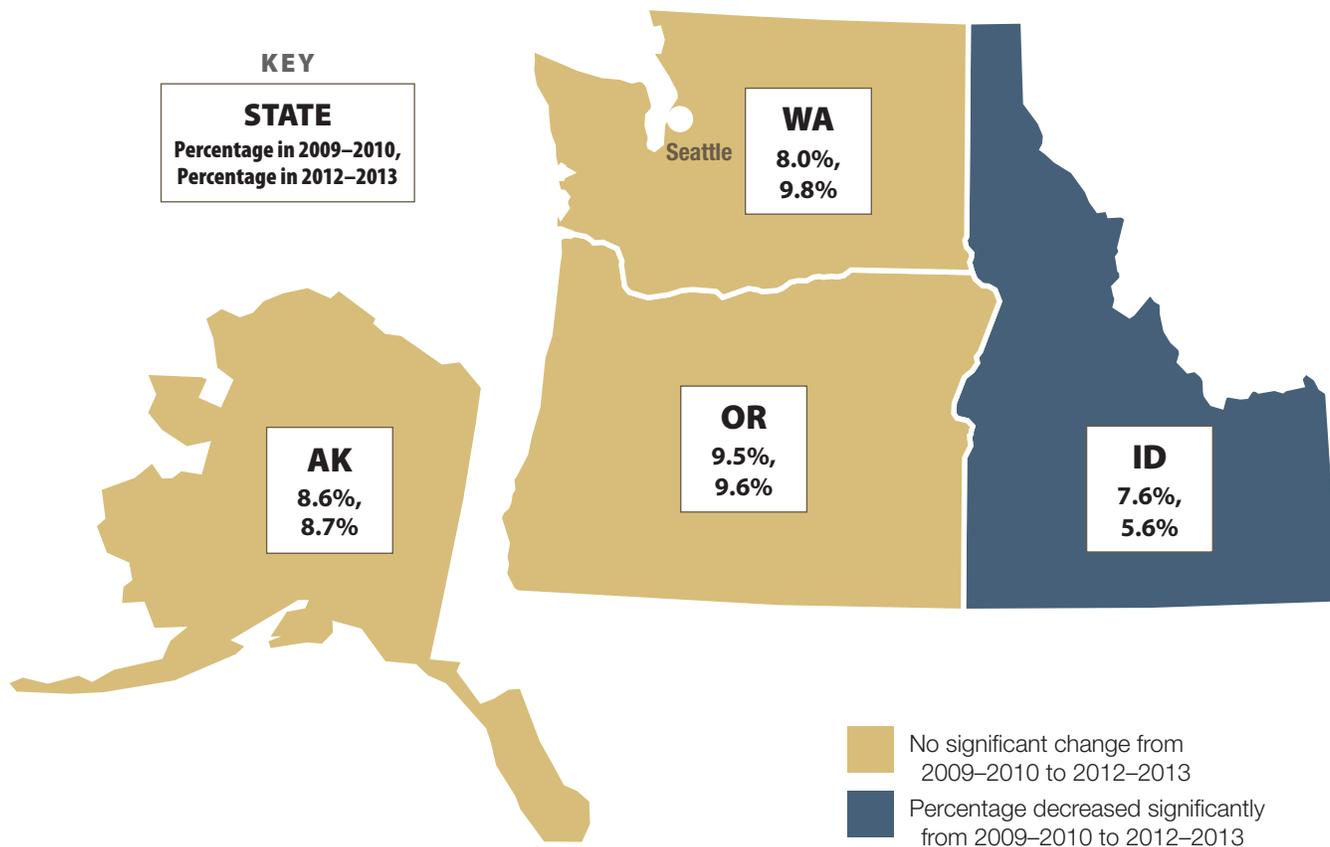
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# YOUTH SUBSTANCE USE

## MARIJUANA USE



### Past-Month Marijuana Use Among Adolescents Aged 12–17 in Region X (2009–2010, 2012–2013)<sup>1</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

# YOUTH SUBSTANCE USE

## MARIJUANA USE



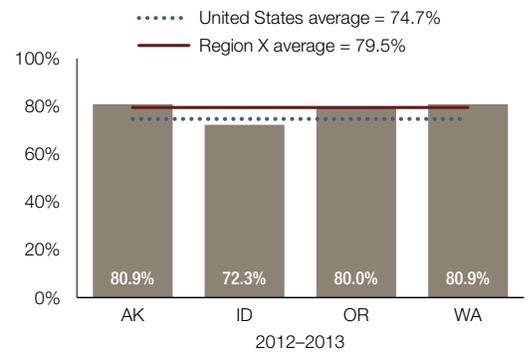
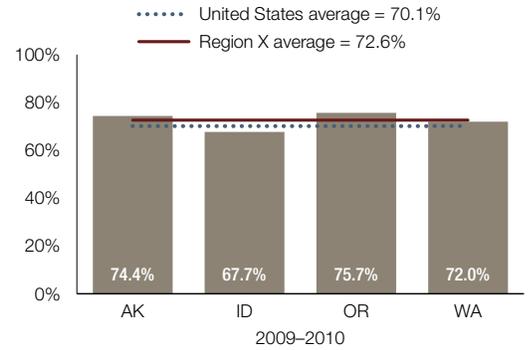
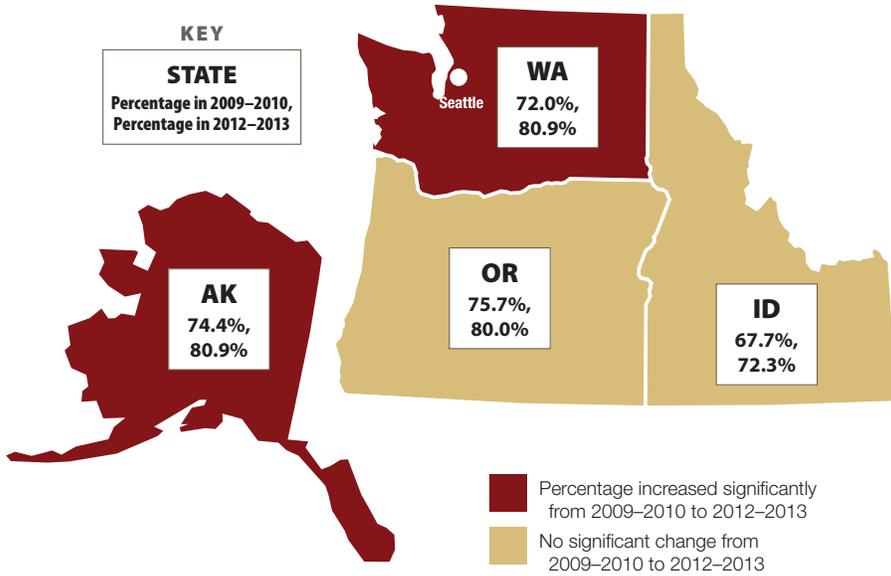
### Past-Month Marijuana Use Among Adolescents Aged 12–17 in Region X (2009–2010, 2012–2013)<sup>1</sup>

- In 2009–2010, 8.4% of adolescents aged 12–17 in Region X had used marijuana within the month prior to being surveyed. The percentages of past-month marijuana use among adolescents aged 12–17 across the states in Region X ranged from 7.6% to 9.5%.
- In 2012–2013, 9.1% of adolescents aged 12–17 in Region X had used marijuana within the month prior to being surveyed. The percentages of past-month marijuana use among adolescents aged 12–17 across the states in Region X ranged from 5.6% to 9.8%.
- The percentage of past-month marijuana use among adolescents aged 12–17 decreased significantly in Idaho from 7.6% in 2009–2010 to 5.6% in 2012–2013. There were no significant changes in the percentages of past-month marijuana use among adolescents aged 12–17 in Alaska, Oregon, or Washington.
- In 2009–2010, the percentage of past-month marijuana use among adolescents aged 12–17 in Oregon (9.5%) was significantly higher than the U.S. (7.4%) average.
- In 2012–2013, the percentages of past-month marijuana use among adolescents aged 12–17 in Oregon (9.6%) and Washington (9.8%) were significantly higher than the U.S. (7.2%) average, whereas the percentage in Idaho (5.6%) was significantly lower than both the Region X (9.1%) and U.S. averages.

# YOUTH SUBSTANCE USE RISK PERCEPTIONS

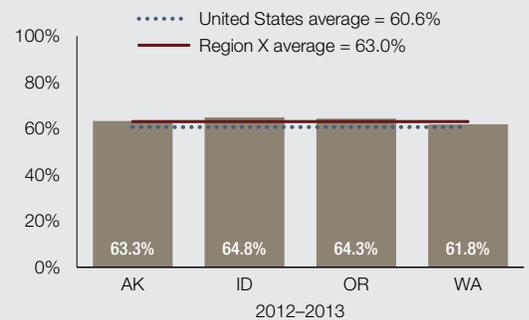
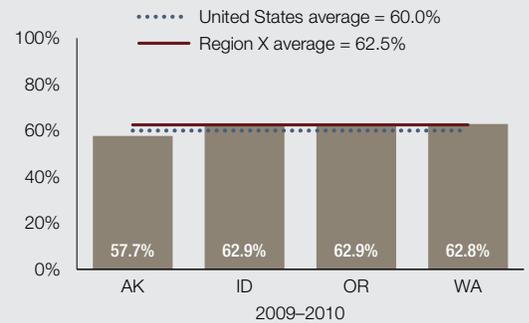
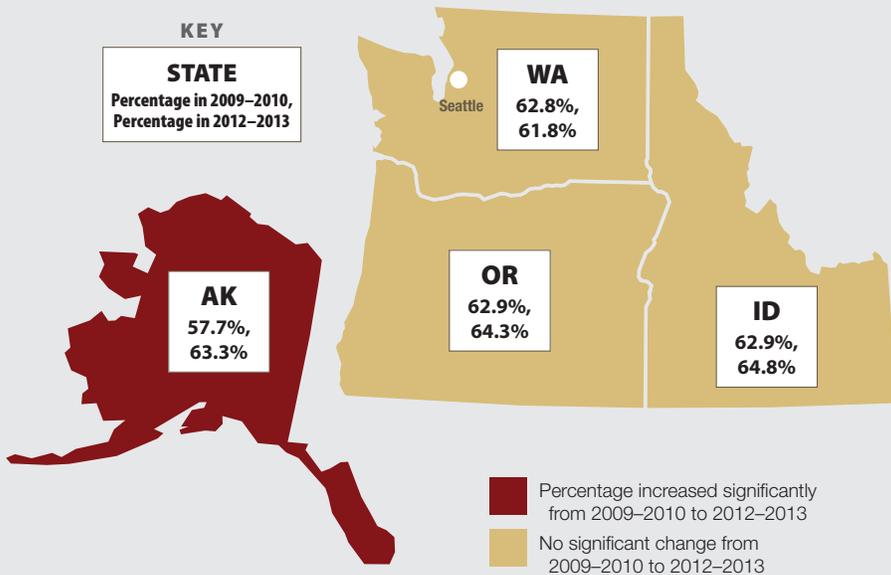


## Adolescents Aged 12–17 in Region X Who Perceived No Great Risk from Smoking Marijuana Once a Month (2009–2010, 2012–2013)<sup>1</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

## Adolescents Aged 12–17 in Region X Who Perceived No Great Risk from Having Five or More Drinks Once or Twice a Week (2009–2010, 2012–2013)<sup>1</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

# YOUTH SUBSTANCE USE RISK PERCEPTIONS



## Adolescents Aged 12–17 in Region X Who Perceived No Great Risk from Smoking Marijuana Once a Month (2009–2010, 2012–2013)<sup>1</sup>

- In 2009–2010, nearly 3 out of 4 (72.6%) adolescents aged 12–17 in Region X perceived no great risk from smoking marijuana once a month. The perception of no great risk from smoking marijuana once a month among adolescents aged 12–17 across the states in Region X ranged from 67.7% to 75.7%.
- In 2012–2013, nearly 8 in 10 (79.5%) of adolescents aged 12–17 in Region X perceived no great risk from smoking marijuana once a month. The perception of no great risk from smoking marijuana once a month among adolescents aged 12–17 across the states in Region X ranged from 72.3% to 80.9%.
- The percentages of adolescents aged 12–17 who perceived no great risk from smoking marijuana once a month increased significantly in Alaska from 74.4% in 2009–2010 to 80.9% in 2012–2013 and in Washington from 72.0% in 2009–2010 to 80.9% in 2012–2013. There were no significant changes in the percentages of adolescents aged 12–17 who perceived no great risk from smoking marijuana once a month in Idaho or Oregon during the same time period.
- In 2009–2010, the percentages of adolescents aged 12–17 who perceived no great risk from smoking marijuana once a month in Alaska (74.4%) and Oregon (75.7%) were significantly higher than the U.S. (70.1%) average, and the percentage in Oregon was also significantly higher than the Region X (72.6%) average, whereas the percentage in Idaho (67.7%) was significantly lower than the regional average.
- In 2012–2013, the percentages of adolescents aged 12–17 who perceived no great risk from smoking marijuana once a month in Alaska (80.9%), Oregon (80.0%), and Washington (80.9%) were significantly higher than the U.S. (74.7%) average, whereas only the percentage in Idaho (72.3%) was significantly lower than the Region X (79.5%) average.

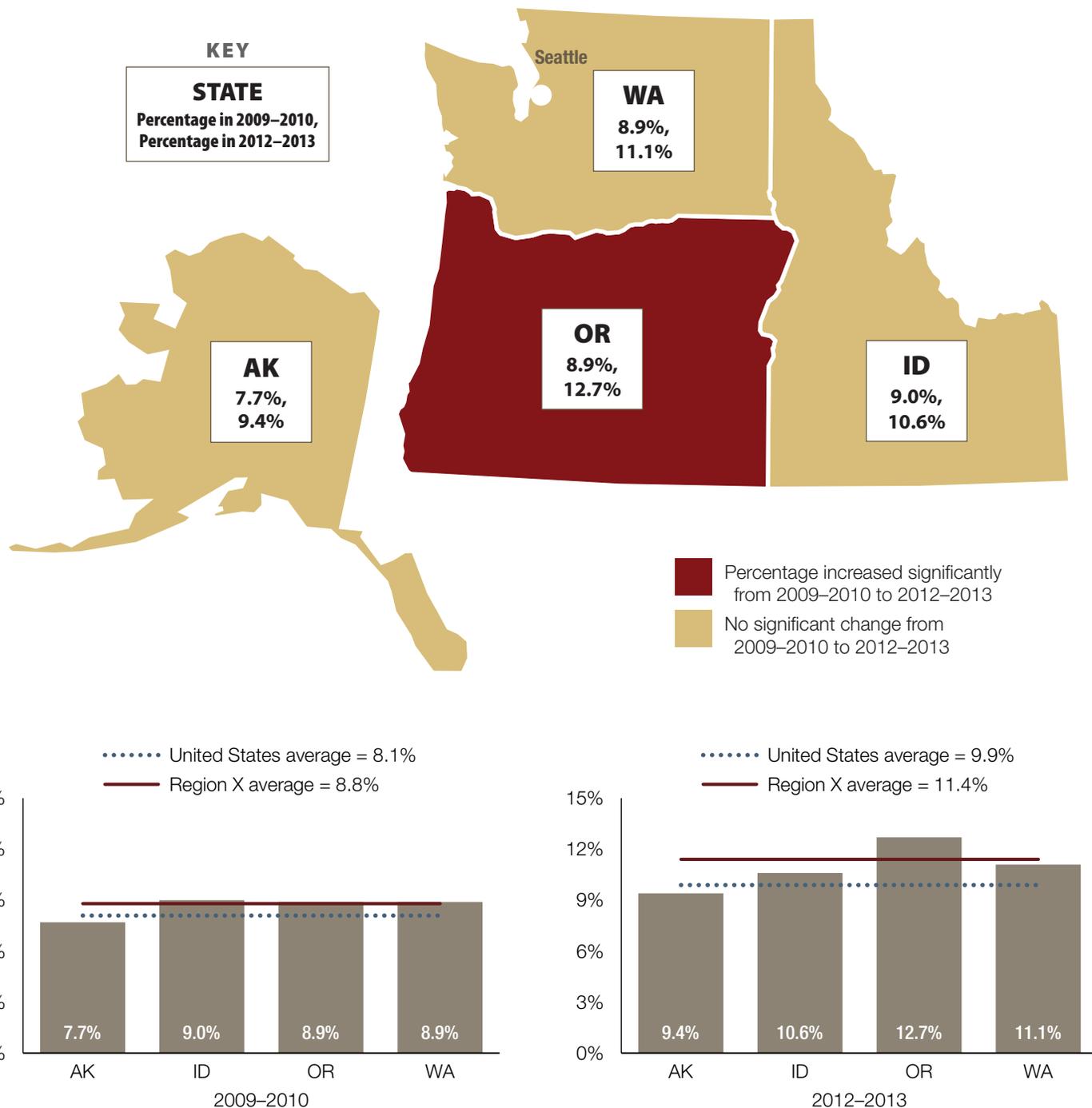
## Adolescents Aged 12–17 in Region X Who Perceived No Great Risk from Having Five or More Drinks Once or Twice a Week (2009–2010, 2012–2013)<sup>1</sup>

- In 2009–2010, nearly 2 in 3 (62.5%) adolescents aged 12–17 in Region X perceived no great risk from having five or more drinks once or twice a week. This perception of no great risk from having five or more drinks once or twice a week among adolescents aged 12–17 across the states in Region X ranged from 57.7% to 62.9%.
- In 2012–2013, nearly 2 in 3 (63.0%) adolescents aged 12–17 in Region X perceived no great risk from having five or more drinks once or twice a week. This perception of no great risk from having five or more drinks once or twice a week among adolescents aged 12–17 across the states in Region X ranged from 61.8% to 64.8%.
- In 2009–2010, the percentage of adolescents aged 12–17 who perceived no great risk from having five or more drinks once or twice a week increased significantly in Alaska from 57.7% in 2009–2010 to 63.3% in 2012–2013. There were no significant changes in the percentages of adolescents aged 12–17 who perceived no great risk from having five or more drinks once or twice a week in Idaho, Oregon, or Washington during the same time period.
- In 2009–2010, the percentage of adolescents aged 12–17 who perceived no great risk from having five or more drinks once or twice a week in Alaska (57.7%) was significantly lower than the Region X (62.5%) average.
- In 2012–2013, the percentages of adolescents aged 12–17 who perceived no great risk from having five or more drinks once or twice a week in Idaho (64.8%) and Oregon (64.3%) were significantly higher than the U.S. (60.6%) average.

# YOUTH MENTAL HEALTH DEPRESSION



## Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in Region X (2009–2010, 2012–2013)<sup>1,2</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

# YOUTH MENTAL HEALTH DEPRESSION



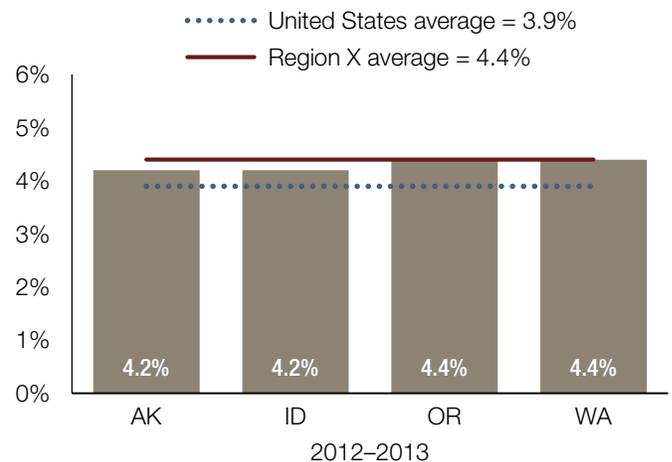
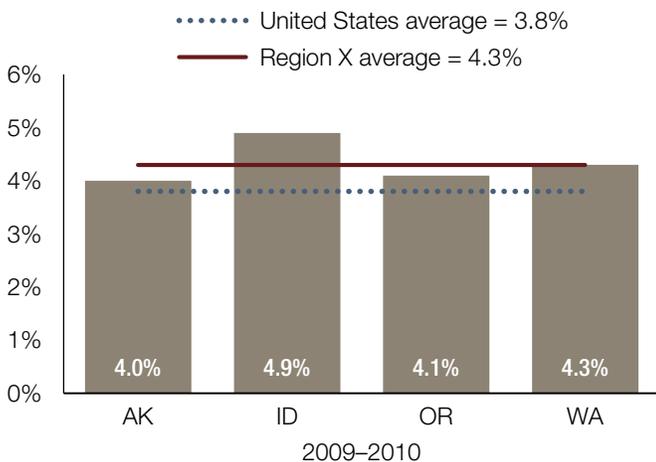
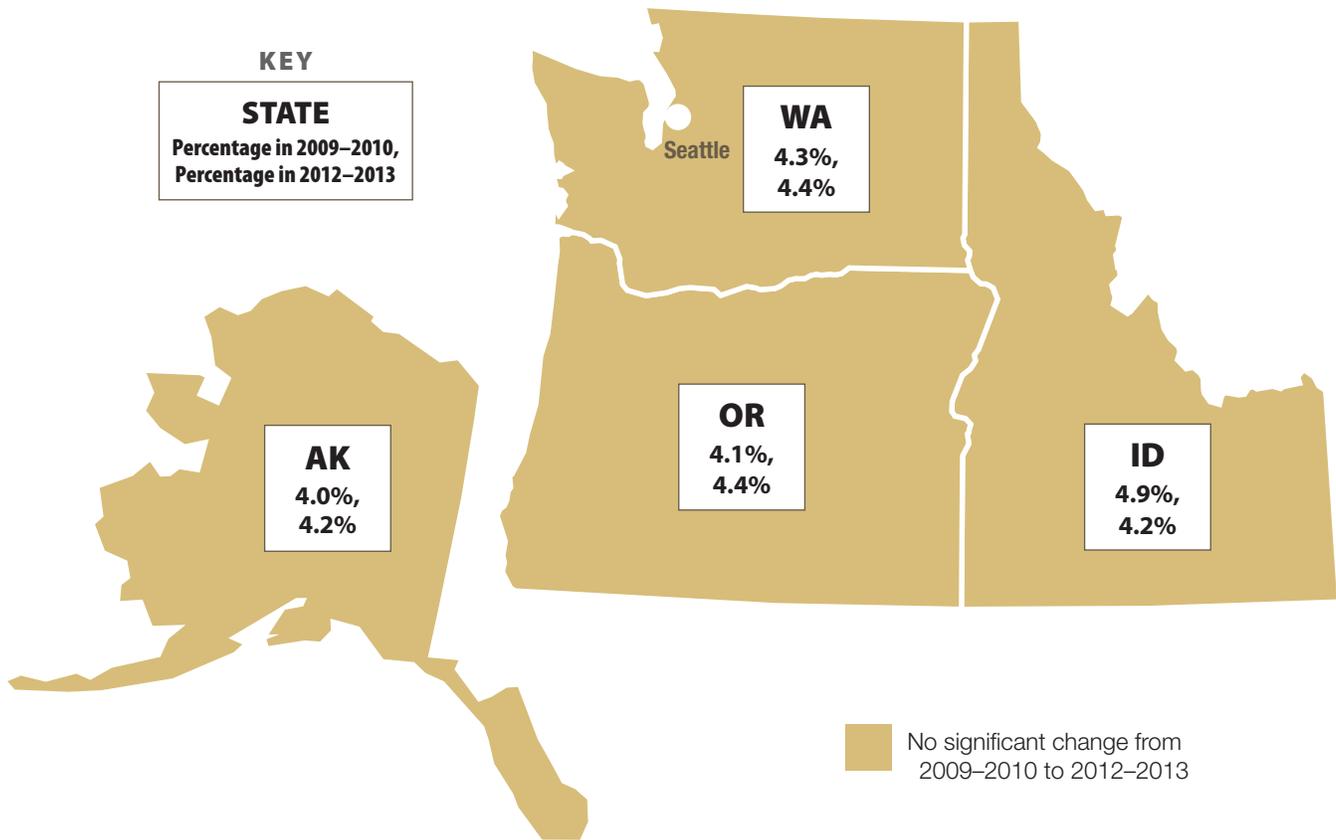
## Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in Region X (2009–2010, 2012–2013)<sup>1,2</sup>

- In 2009–2010, 8.8% of adolescents aged 12–17 in Region X had at least one MDE within the year prior to being surveyed. The percentages of past-year MDE among adolescents aged 12–17 across the states in Region X ranged from 7.7% to 9.0%.
- In 2012–2013, over 1 in 10 (11.4%) adolescents aged 12–17 in Region X had at least one MDE within the year prior to being surveyed. The percentages of past-year MDE among adolescents aged 12–17 across the states in Region X ranged from 9.4% to 12.7%.
- The percentage of past-year MDE among adolescents aged 12–17 increased significantly in Oregon from 8.9% in 2009–2010 to 12.7% in 2012–2013. There were no significant changes in the percentages of past-year MDE among adolescents aged 12–17 in Alaska, Idaho, or Washington during the same time period.
- In 2009–2010, the percentages of past-year MDE among adolescents aged 12–17 for each state in the region did not differ significantly from the Region X (8.8%) or U.S. (8.1%) averages.
- In 2012–2013, the percentage of past-year MDE among adolescents aged 12–17 in Oregon (12.7%) was significantly higher than the U.S. (9.9%) average.

# ADULT MENTAL HEALTH THOUGHTS OF SUICIDE



## Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in Region X (2009–2010, 2012–2013)<sup>1,3</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009–2010 and 2012–2013.

# ADULT MENTAL HEALTH

## THOUGHTS OF SUICIDE



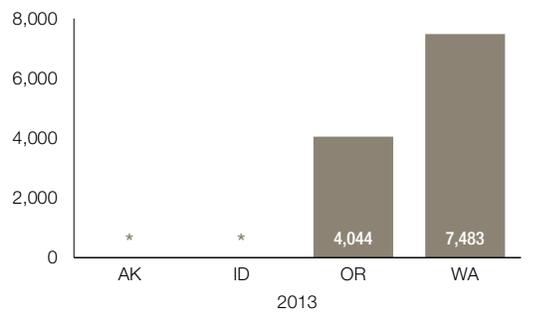
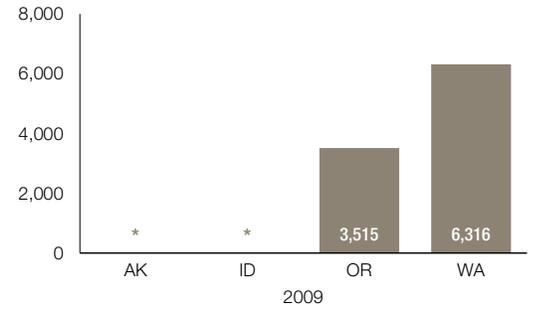
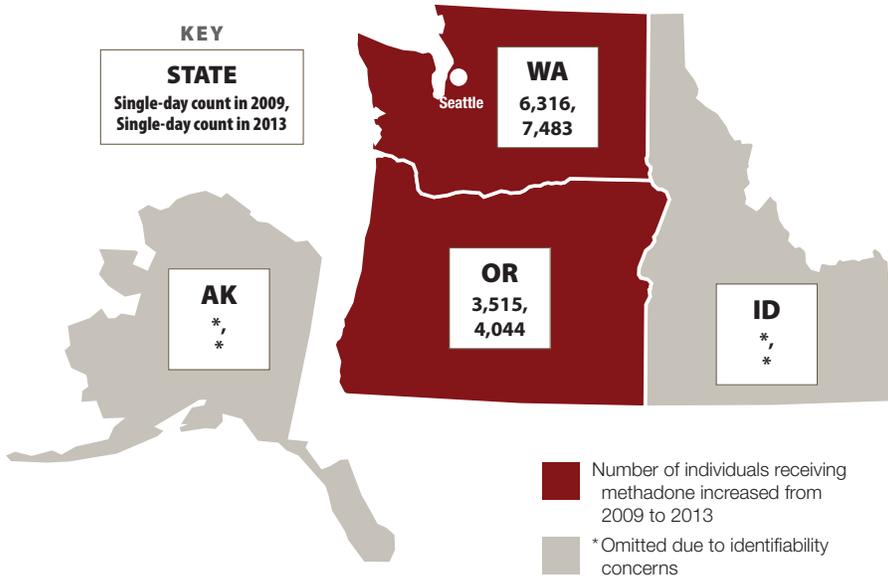
### Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in Region X (2009–2010, 2012–2013)<sup>1,3</sup>

- In 2009–2010, 4.3% of adults aged 18 or older in Region X had serious thoughts of suicide in the past year. The percentages of past-year serious thoughts of suicide among adults aged 18 or older across the states in Region X ranged from 4.0% to 4.9%.
- In 2012–2013, 4.4% of adults aged 18 or older in Region X had serious thoughts of suicide in the past year. The percentages of past-year serious thoughts of suicide among adults aged 18 or older across the states in Region X ranged from 4.2% to 4.4%.
- For all states in Region X, there were no significant changes in the percentages of past-year serious thoughts of suicide among adults aged 18 or older from 2009–2010 to 2012–2013.
- In 2009–2010, the percentage of past-year serious thoughts of suicide among adults aged 18 or older in Idaho (4.9%) was significantly higher than the U.S. (3.8%) average.
- In 2012–2013, the percentages of past-year serious thoughts of suicide among adults aged 18 or older for each state in the region were not significantly different from the Region X (4.4%) or U.S. (3.9%) averages.

# SUBSTANCE USE TREATMENT OPIOIDS (MEDICATION-ASSISTED THERAPY)

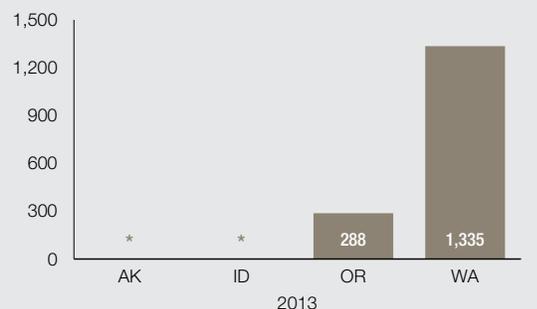
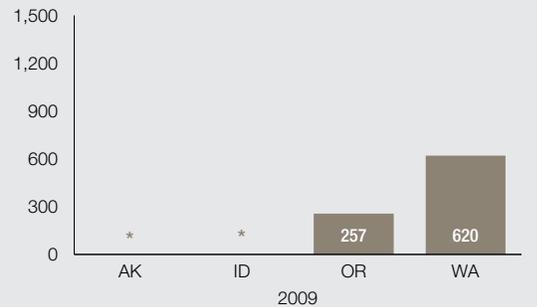
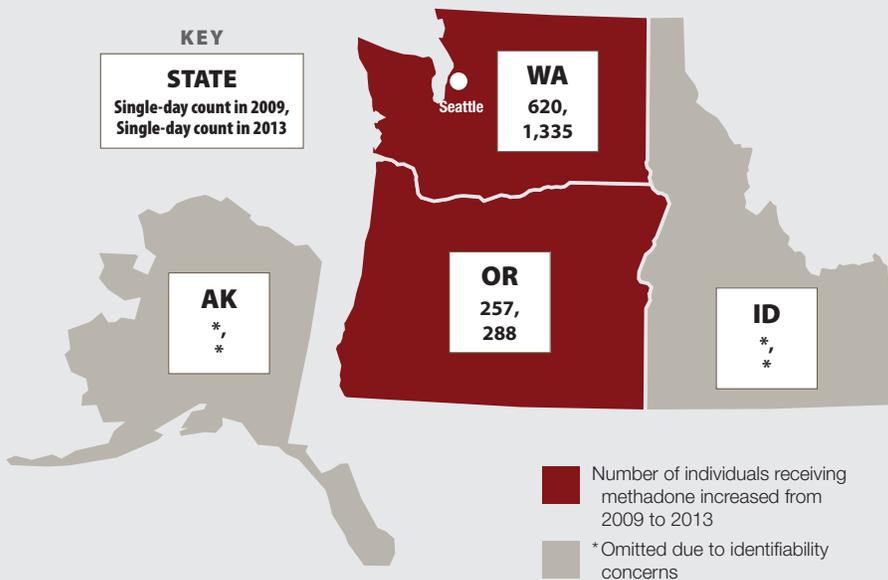


## Individuals Enrolled in Opioid Treatment Programs (OTPs) in Region X Receiving Methadone: Single-Day Counts (2009, 2013)<sup>4</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009 and 2013.

## Individuals Enrolled in Substance Use Treatment in Region X Receiving Buprenorphine: Single-Day Counts (2009, 2013)<sup>4,5</sup>



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009 and 2013.

# SUBSTANCE USE TREATMENT

## OPIOIDS (MEDICATION-ASSISTED THERAPY)



### Individuals Enrolled in Opioid Treatment Programs (OTPs) in Region X Receiving Methadone: Single-Day Counts (2009, 2013)<sup>4</sup>

- In 2009, single-day counts of individuals enrolled in OTPs receiving methadone across the states in Region X ranged from 3,515 to 6,316 individuals. Data for Alaska and Idaho were omitted due to identifiability concerns.
- In 2013, single-day counts of individuals enrolled in OTPs receiving methadone across the states in Region X ranged from 4,044 to 7,483 individuals. Data for Alaska and Idaho were omitted due to identifiability concerns.
- From 2009 to 2013, the numbers of individuals enrolled in OTPs receiving methadone on a single day increased for both Oregon and Washington. Data for Alaska and Idaho were omitted due to identifiability concerns.

### Individuals Enrolled in Substance Use Treatment in Region X Receiving Buprenorphine: Single-Day Counts (2009, 2013)<sup>4,5</sup>

- In 2009, the numbers of individuals enrolled in substance use treatment receiving buprenorphine on a single day across the states in Region X ranged from 257 to 620 individuals. Data for Alaska and Idaho were omitted due to identifiability concerns.
- In 2013, numbers of individuals enrolled in substance use treatment receiving buprenorphine on a single day across the states in Region X ranged from 288 to 1,335 individuals. Data for Alaska and Idaho were omitted due to identifiability concerns.
- From 2009 to 2013, single-day counts of individuals enrolled in substance use treatment receiving buprenorphine increased for both Oregon and Washington. Data for Alaska and Idaho were omitted due to identifiability concerns.
- Single-day counts of individuals enrolled in substance use treatment receiving buprenorphine increased approximately 115% in Washington from 620 individuals in 2009 to 1,335 individuals in 2013.

## FIGURE NOTES



- <sup>1</sup> State estimates are based on a small area estimation procedure in which state-level National Survey on Drug Use and Health (NSDUH) data from 2 consecutive survey years are combined with local-area county and census block group/tract-level data from the state. This model-based methodology provides more precise estimates of substance use at the state level than those based solely on the sample, particularly for states with smaller sample sizes.
- <sup>2</sup> Respondents with unknown past-year major depressive episode (MDE) data were excluded.
- <sup>3</sup> Estimates were based only on responses to suicide items in the NSDUH Mental Health module. Respondents with unknown suicide information were excluded.
- <sup>4</sup> Single-day counts reflect the number of persons who were enrolled in substance use treatment on March 31, 2009, and March 29, 2013.
- <sup>5</sup> Physicians who obtain specialized training may prescribe buprenorphine. Some physicians are in private, office-based practices; others are affiliated with substance abuse treatment facilities or programs and may prescribe buprenorphine to clients at those facilities. Additionally, opioid treatment programs (OTPs) may also prescribe and/or dispense buprenorphine. The buprenorphine single-day counts include only those clients who received/were prescribed buprenorphine by physicians affiliated with substance abuse treatment facilities or OTPs; they do not include clients from private practice physicians.

## DEFINITIONS



**Major depressive episode (MDE)** is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks in the past year when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

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