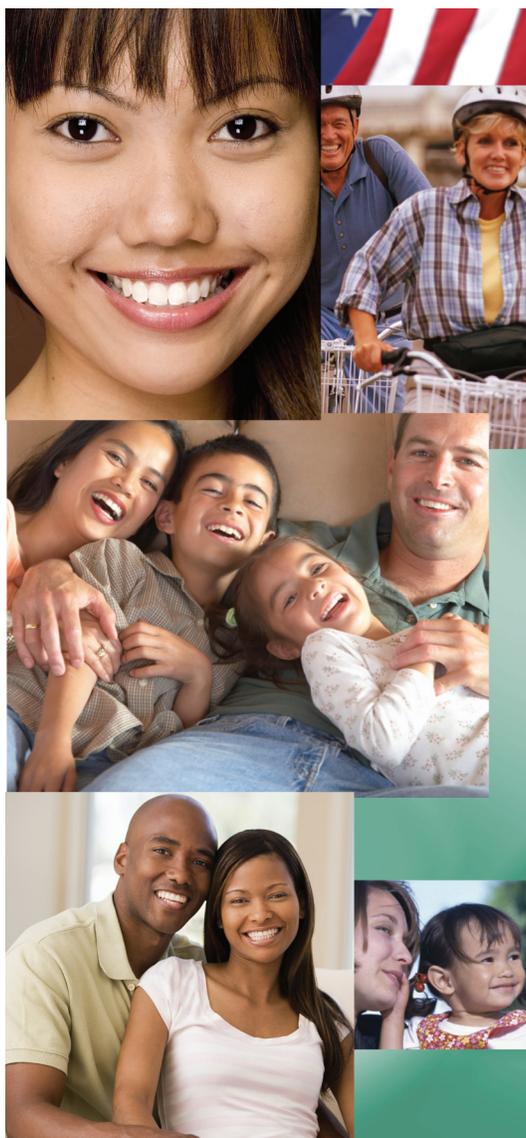


States In Brief



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 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, Alaska has ranked among the 10 States with the *highest*² rates of the following measures (Table 1):

Table 1: Alaska is among those States with the highest rates of the following:

Measure	Age Groups
Past Month Illicit Drug Use	12+, 26+
Past Month Marijuana Use	12+, 12-17, 26+
Past Year Marijuana Use	All Age Groups
Least Perception of Risk Associated with Smoking Marijuana Once a Month	12+, 12-17, 26+
Past Year Nonmedical Use of Pain Relievers	26+
Past Year Illicit Drug Dependence	12+, 12-17





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).

Across all survey years, Alaska has been among the 10 States with the highest rates of past year illicit drug dependence for the State population age 12 and older, as well as for adolescents age 12 to 17. For the remaining age groups, rates on this measure have remained above the national rate.

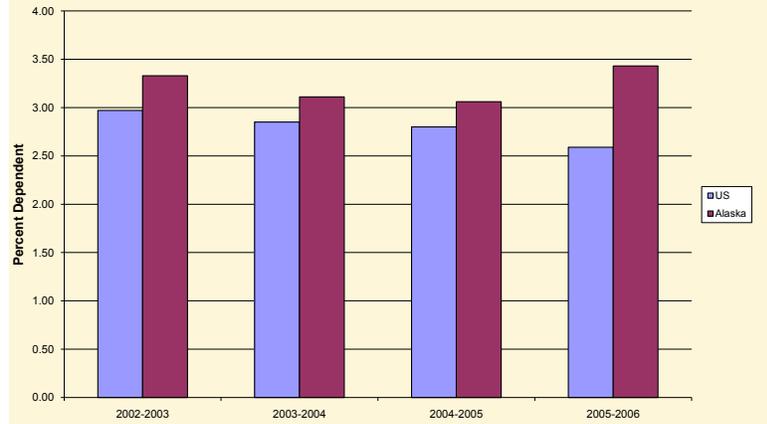
Rates of alcohol abuse and/or dependence in Alaska have been more variable than those for illicit drugs. For example, in 2005–2006 those individuals 12 and older, 12 to 17, and 26 and older showed rates of past year alcohol dependence among the highest in the country. The rate for the 18 to 25 age group was among the 10 lowest in the country.

Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),³ in 2006 there were 70 treatment facilities in Alaska. Of these, 39 (56%) were private nonprofit facilities, and another 5 were private for-profit. In addition to private facilities, in 2006 Alaska had 13 facilities owned/operated by tribal governments, and 10 facilities that offered treatment in American Indian/Alaska Native languages.

The number of treatment facilities in Alaska has decreased from 87 in 2002 to 70 in 2006. This decrease is primarily seen in the number of private nonprofit facilities that declined from 58 in 2002 to 39 in 2006.

Chart 1 Past Year Dependence on Illicit Drugs Among Individuals Age 12 to 17 Alaska



Although facilities may offer more than one modality of care, 57 of 70 facilities (81%) in Alaska in 2006 offered some form of outpatient treatment. Twenty-six facilities offered some form of residential care, and three facilities offered methadone treatment. In addition, 21 physicians and 2 treatment programs are certified to provide buprenorphine treatment for opiate addiction.

In 2006, 80 percent of all facilities (56) received some form of Federal, State, county, or local government funds; also, 16 facilities (23%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

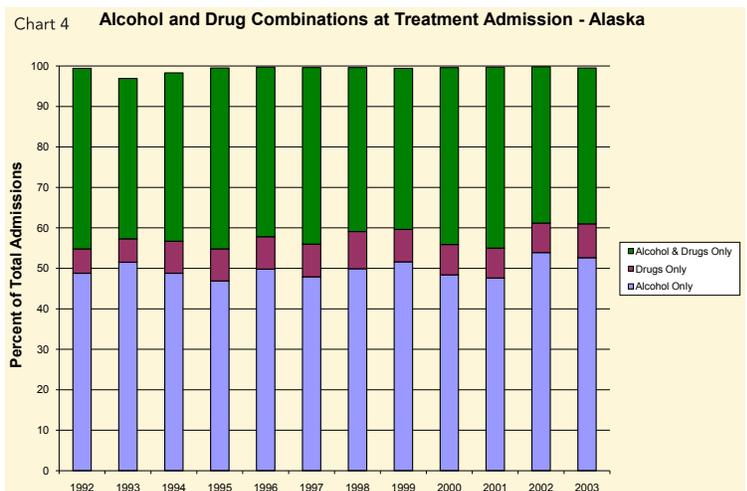
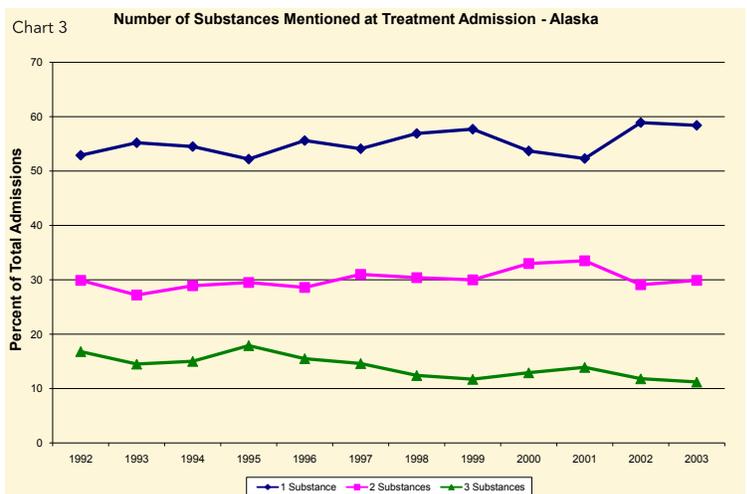
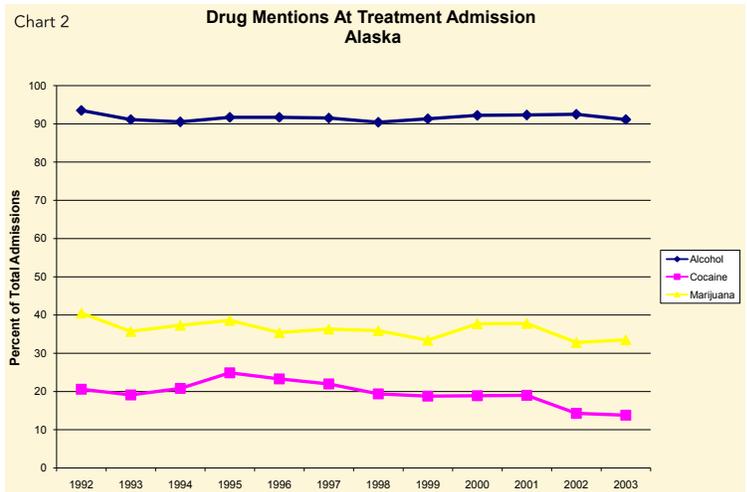
Treatment

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 In the 2006 N-SSATS survey, Alaska showed a one-day census of 2,683 clients in treatment, 2,355 of whom (88%) were in outpatient treatment. Of the total number of clients in treatment on this date, 310 (11%) were under the age of 18.

Chart 2 shows the percentage of admissions mentioning particular drugs or alcohol at the time of admission.⁵

Across the last 12 years, there has been relative stability in the number of substances of abuse mentioned at treatment admission (Chart 3).

Across the years for which TEDS data are available, Alaska has generally maintained similar proportions of admissions for alcohol only, drugs only, and the combination of alcohol and drugs (Chart 4).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.

Rates of unmet need for treatment for drug use have remained among the highest in the country for the Alaska population age 12 and older as well as for the population age 26 and older (Chart 5). Rates on this measure for the remaining age groups have also been at or above the national rates.

Rates of individuals needing and not receiving treatment for alcohol use, however, have been generally at or below the national rates (Chart 6).

Tobacco Use and Synar Compliance

Rates of past month tobacco and cigarette use in Alaska have remained at or below the national rates since the 2002–2003 estimates were developed (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 a customer under the age of 18. Alaska’s rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2004 (Chart 8).

Chart 5 **Needing and Not Receiving Treatment for Drug Use Among Individuals Age 12 and Older Alaska**

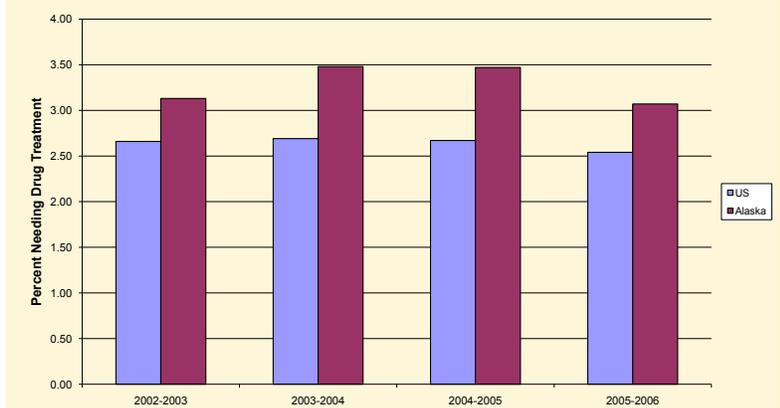


Chart 6 **Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 12 and Older - Alaska**

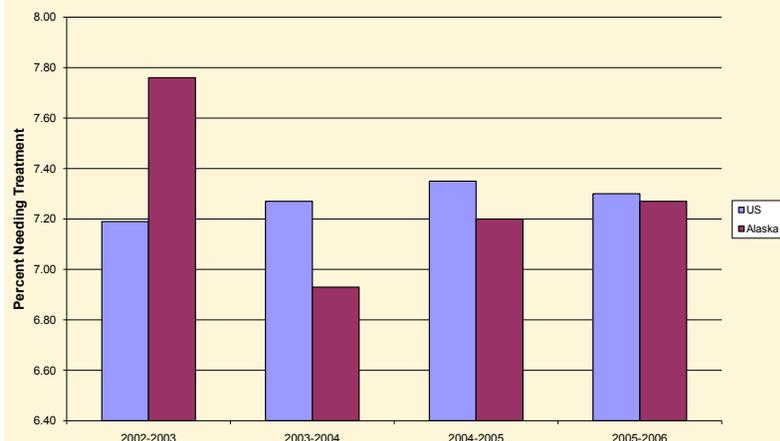
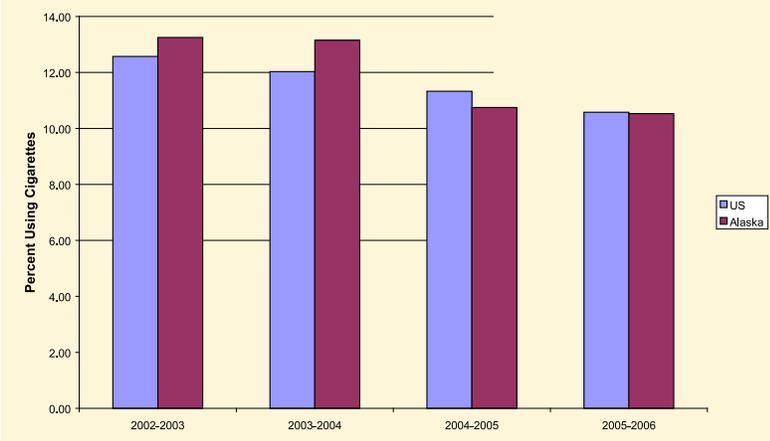


Chart 7 **Past Month Cigarette Use Among Individuals Age 12 to 17 Alaska**



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.

Rates of serious psychological distress in Alaska have generally been at or below the rates for the country as a whole. Rates for past year major depressive episodes, however, have been quite variable both over time and among the four age groups (Chart 9).

TEDS also collects information on whether or not psychological problems are present at treatment admission. Alaska has seen a doubling of admissions mentioning psychological problems between 1992 and 2003 (Chart 10).

Chart 8 Percent of Retailer Violations Under the Synar Amendment - Alaska

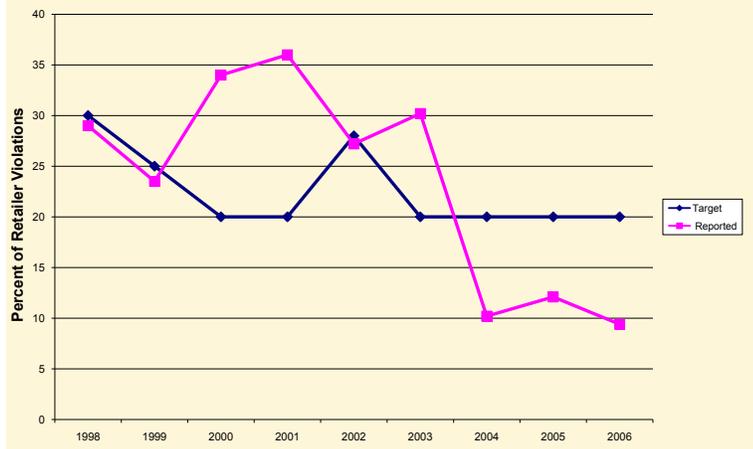


Chart 9 Past Year Major Depressive Episode 2005-2006 Alaska

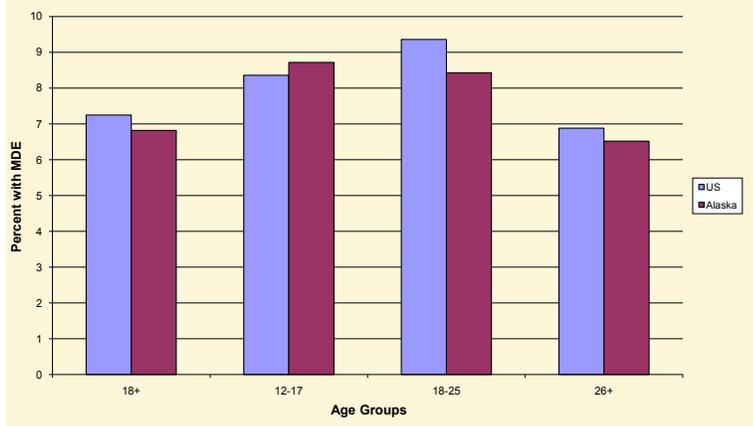
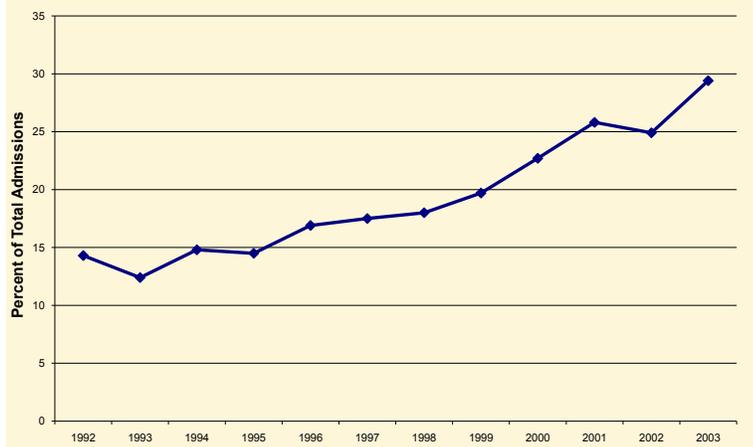


Chart 10 Psychological Problems Noted At Treatment Admission - Alaska





SAMHSA Funding

SAMHSA funds two basic types of grants—block and formula grants, which are 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:

\$4.6 million	Substance Abuse Prevention and Treatment Block Grant
\$1.4 million	Mental Health Block and Formula Grants
\$19.6 million	SAMHSA Discretionary Program Funds
\$25.6 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; Statewide Consumer Networks; Children’s Services; Jail Diversion; State Mental Health Data Infrastructure Grants; Emergency Response.

CSAP: Drug-Free Communities (7 grants); Fetal Alcohol Syndrome/Effects.

CSAT: Targeted Capacity Expansion—General; Recovery Community Services; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Residential Substance Abuse Treatment; Pregnant and Post-Partum Women; Homeless Addiction Treatment; State Data Infrastructure; and Treatment of Persons with Co-Occurring Substance Related and Mental Disorders.

2005–2006:

\$4.6 million	Substance Abuse Prevention and Treatment Block Grant
\$1.5 million	Mental Health Block and Formula Grants
\$15 million	SAMHSA Discretionary Program Funds
\$21.1 million	Total SAMHSA Funding

CMHS: Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Circles of Care—American Indian and Alaska Native Children; Statewide Family Networks; Statewide Consumer Networks; Children’s Services; Jail Diversion; State Mental Health Data Infrastructure Grants.

CSAP: Drug-Free Communities (8 grants).

CSAT: Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Residential Substance Abuse Treatment; Targeted Capacity Expansion—American Indians/Alaska Natives; Targeted Capacity Expansion—General; Pregnant and Post-Partum Women; Homeless Addiction Treatment; and Treatment of Persons with Co-Occurring Substance Related and Mental Disorders.

2006–2007:

\$4.6 million	Substance Abuse Prevention and Treatment Block Grant
\$1.5 million	Mental Health Block and Formula Grants
\$9.1 million	SAMHSA Discretionary Program Funds
\$15.2 million	Total SAMHSA Funding

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

CSAP: Strategic Prevention Framework—State Incentive Grant; Drug-Free Communities (7 grants).

CSAT: Targeted Capacity Expansion—American Indian/Alaska Native; Homeless Addiction Treatment; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Pregnant and Post-Partum Women; Homeless Addiction Treatment; and Treatment of Persons with Co-Occurring Substance Related and Mental Disorders.

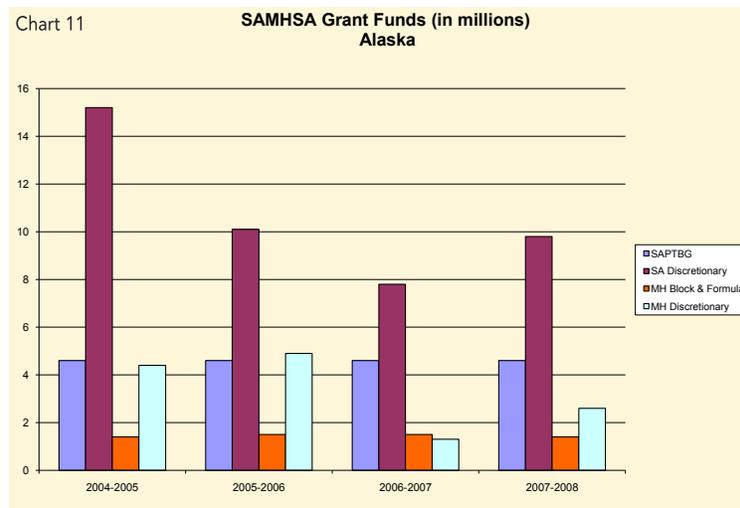
2007–2008:

\$4.6 million	Substance Abuse Prevention and Treatment Block Grant
\$1.5 million	Mental Health Block and Formula Grants
\$9.1 million	SAMHSA Discretionary Program Funds
\$15.2 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; Circles of Care—American Indian and Alaska Native Children; Supportive Housing; Statewide Consumer Networks; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Youth Suicide Prevention and Early Intervention.

CSAP: Drug-Free Communities (6 grants); Strategic Prevention Framework—State Incentive Grant.

CSAT: Access to Recovery; Homeless Addiction Treatment; Pregnant and Post-Partum Women; Targeted Capacity Expansion—American Indian/Alaska Native; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; and Treatment of Persons with Co-Occurring Substance Related and Mental Disorders.





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>.

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: non-treatment 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.

⁵ 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.