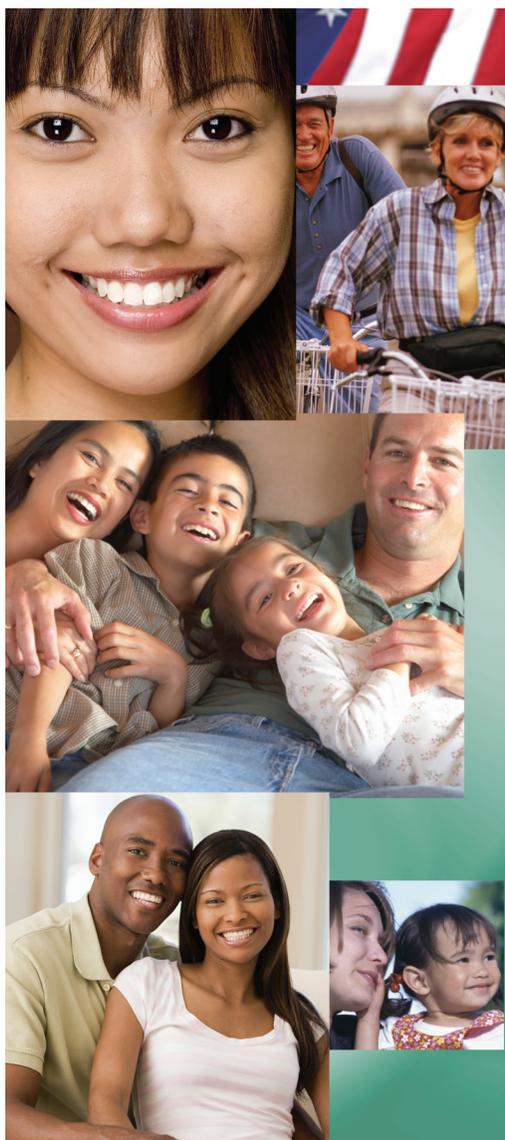




# States In Brief

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, the majority of drug and alcohol use and abuse measures in Arizona have been at or below the national rates. The notable exceptions have occurred for the past month rates of the use of an illicit drug other than marijuana for adolescents age 12 to 17. In this age group the rates of drug use have been among the 10 *highest*<sup>2</sup> in the country for 3 of the 4 survey years. Similarly, the rates of past year cocaine use for the State population age 12 and older, as well as for adolescents age 12 to 17, have consistently been among the 10 highest in the country.

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.

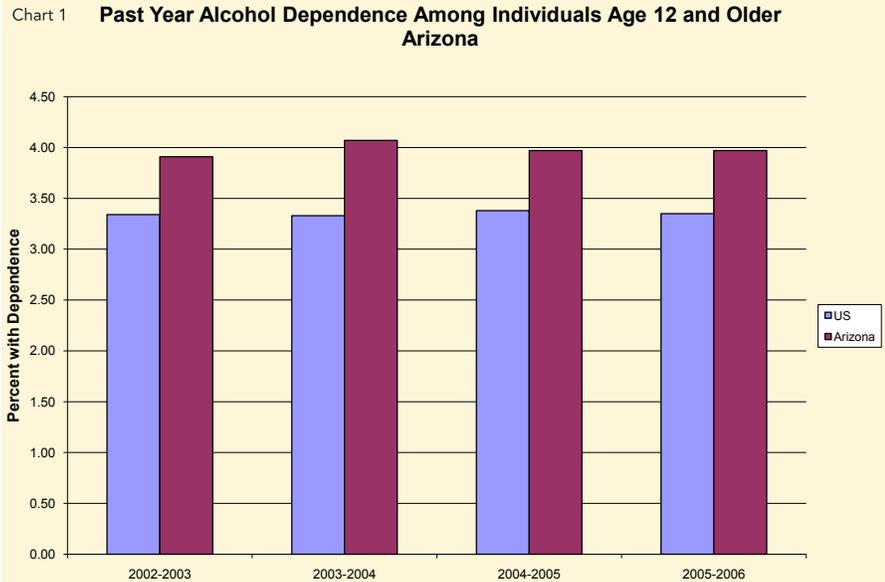




## Abuse and Dependence

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).

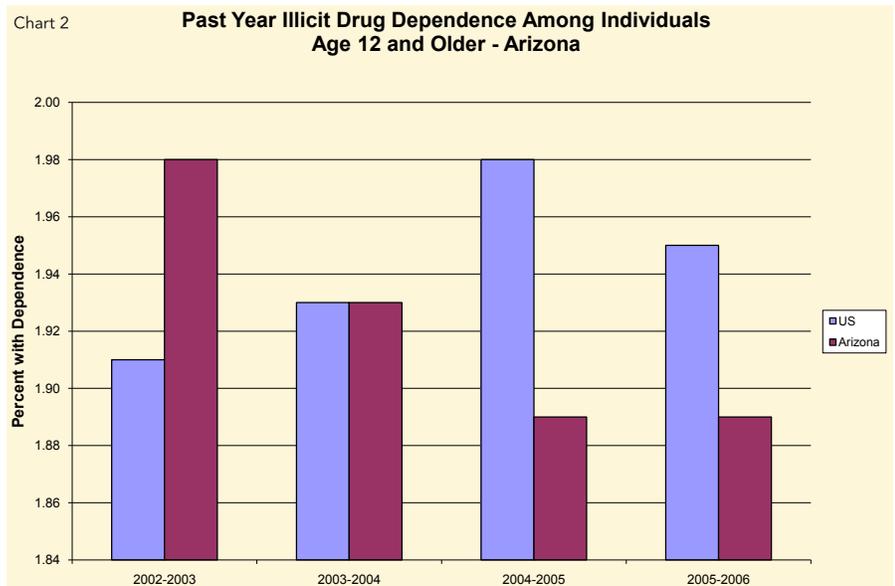
Rates of past year alcohol dependence in Arizona have generally been among the 10 highest in the country (Chart 1). Further, with the exception of 2002–2003, rates of past year dependence on illicit drugs have generally been at or below the national rates (Chart 2).



## Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS) annual surveys,<sup>3</sup> the number of treatment facilities in Arizona has remained relatively stable since 2002. In 2006, the majority of facilities (120 of 212, or 57%) were private nonprofit, and another 62 facilities were private for-profit. Twenty facilities in Arizona were owned or operated by Tribal authorities.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities (169 or 80%) offered some form of outpatient treatment. An additional 53 facilities offered some form of residential care, and 29 facilities offered an opioid treatment program. In addition, 137 physicians and 40 treatment programs offered buprenorphine treatment for opiate addiction.



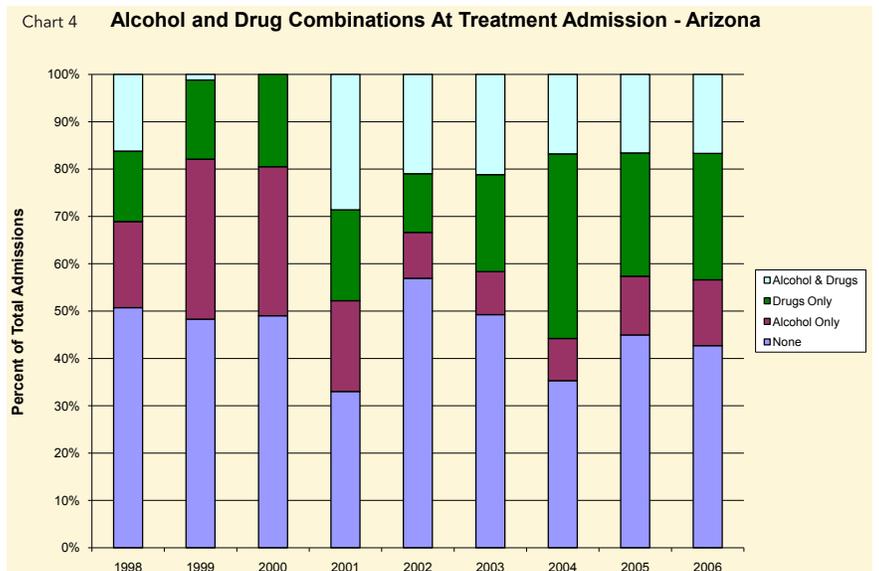
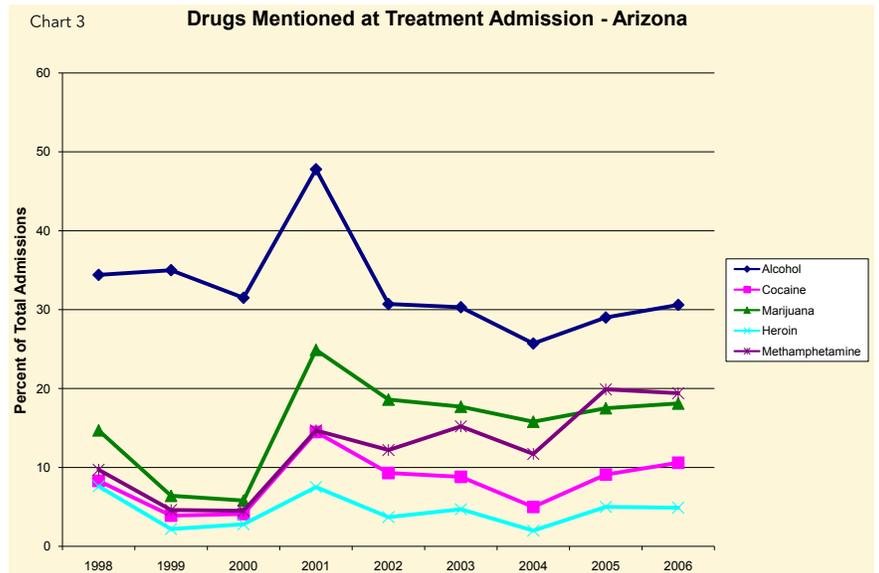
In 2006, 47 percent of all facilities (100 of 212) received some form of Federal, State, county, or local government funds, and 84 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

## 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, Arizona showed a one-day total of 26,913 clients in treatment, the majority of whom (24,958 or 93%) were in outpatient treatment. Of the total number of clients in treatment on this date, 2,097 (8%) were under the age of 18.

Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.<sup>5</sup> Across the last 9 years, there has been a steady increase in the number of admissions mentioning methamphetamine.

Across the years for which TEDS data are available, Arizona has seen a shift in the constellation of problems present at treatment admission (Chart 4). Alcohol-only admissions have declined slightly from over 18 percent of all admissions in 1992, to just over 14 percent in 2005. Drug-only admissions have increased from 15 percent in 1998, to 27 percent in 2005.





## 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 treatment need for drug use in Arizona have generally been above the national average (Chart 5).

Rates for unmet need for alcohol treatment have been similarly high (Chart 6).

## Tobacco Use and Synar Compliance

Rates of past month use of cigarettes by underage smokers have generally been at or below the national rates (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

Chart 5 **Needing And Not Receiving Treatment for Drug Use Among Individuals Age 12 to 17 - Arizona**

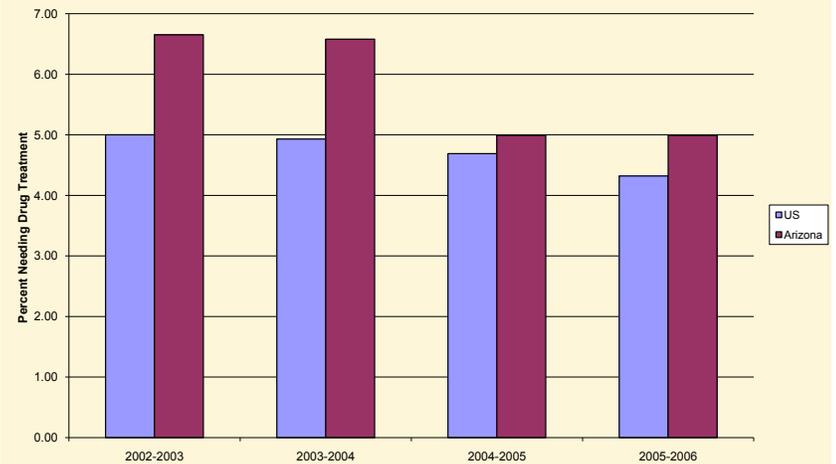


Chart 6 **Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 12 and Older - Arizona**

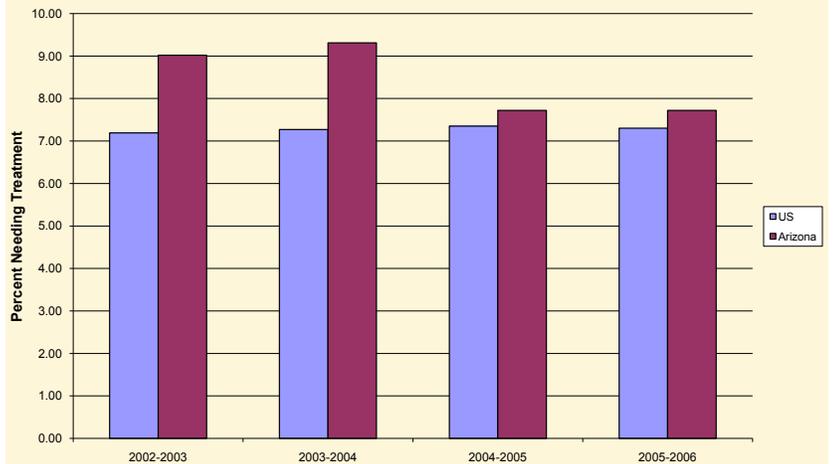
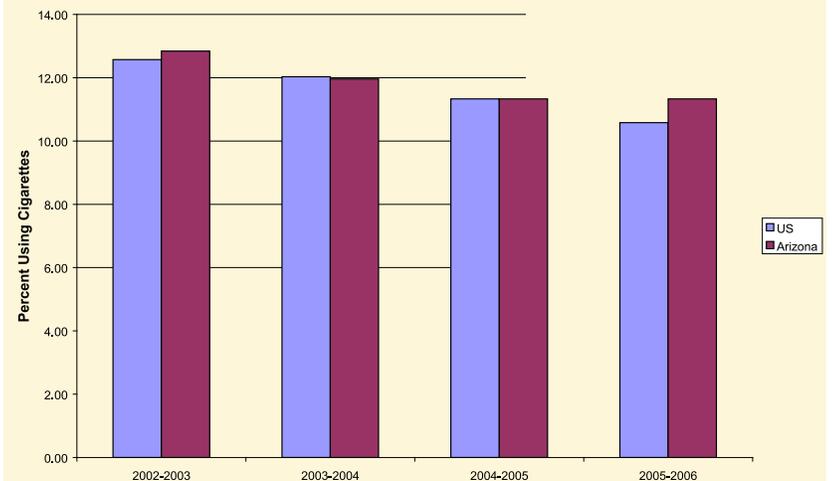


Chart 7 **Past Month Cigarette Use Among Individuals Age 12 to 17 - Arizona**



customer under the age of 18. Arizona's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2002 (Chart 8).

## 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 past year serious psychological distress in Arizona have generally been at or below the national rates (Chart 9). Rates of past year major depressive episode have also generally been below the national rates except for the age group of individuals 18 to 25 (Chart 10).

Chart 8 Rates of Retailer Violations Under the Synar Amendment - Arizona

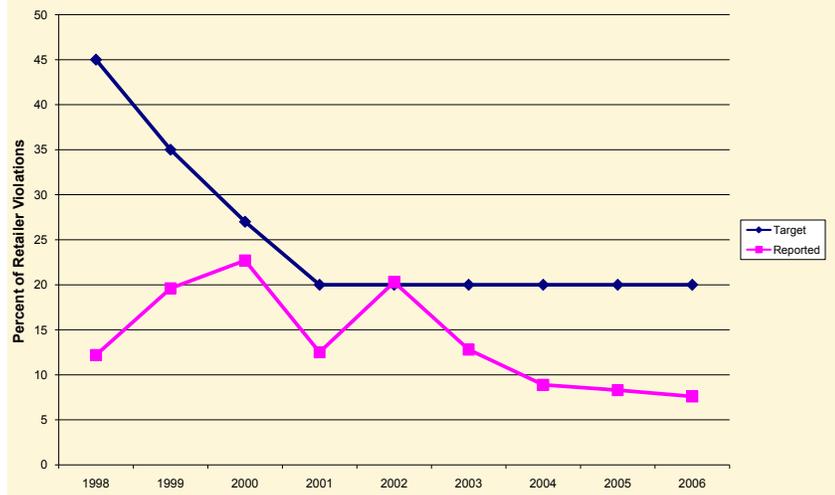


Chart 9 Past Year Serious Psychological Distress 2005-2006 Arizona

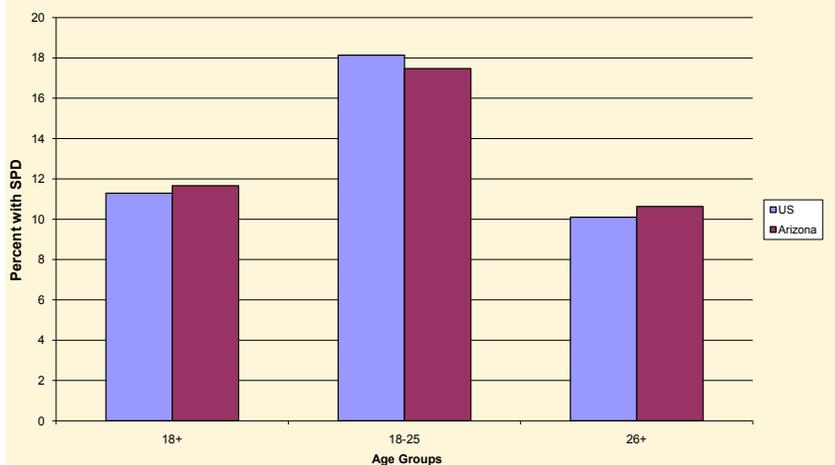
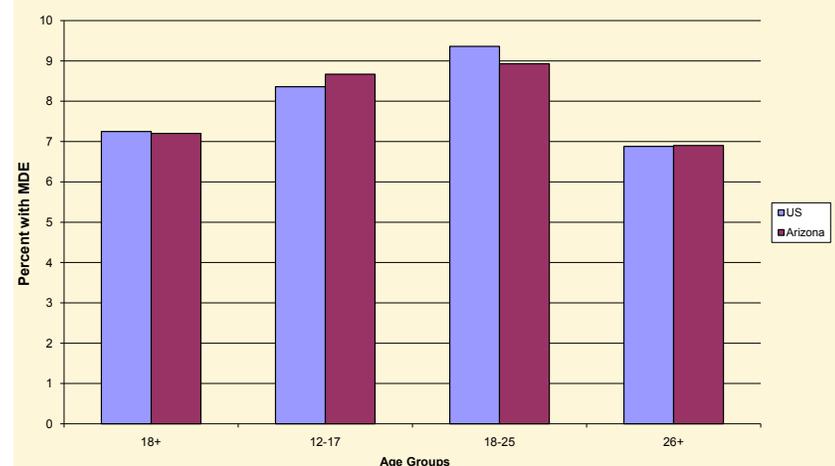


Chart 10 Past Year Major Depressive Episode 2005-2006 Arizona





## SAMHSA Funding

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 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:

\$31.8 million	Substance Abuse Prevention and Treatment Block Grant
\$9.2 million	Mental Health Block and Formula Grants
\$24.1 million	SAMHSA Discretionary Program Funds
\$65.1 million	Total SAMHSA Funding

**CMHS:** Co-Occurring State Incentive Grant; Elderly Mental Health Outreach; Statewide Family Networks; Child and Adolescent Mental Health and Substance Abuse State Incentive Grants; Children’s Services; Youth Violence Prevention; State Mental Health Data Infrastructure Grant; HRSA Collaboration with Community Health Centers.

**CSAP:** Drug-Free Communities (19 grants); HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use; Ecstasy and Other Club Drug Prevention; Youth Transition to the Workplace.

**CSAT:** Recovery Community Service; Targeted Capacity Expansion—General; Strengthening Communities—Youth; Residential Substance Abuse Treatment; Adult, Juvenile, and Family Drug Courts; Targeted Capacity Expansion—Minority Populations; Targeted Capacity Expansion—HIV/AIDS; Strengthening Access and Retention; Young Offender Reentry Program; Homeless Addictions Treatment; Effective Adolescent Treatment; and Grants for the Accreditation of OTPs.

### 2005–2006:

\$31.5 million	Substance Abuse Prevention and Treatment Block Grant
\$9.3 million	Mental Health Block and Formula Grants
\$21.9 million	SAMHSA Discretionary Program Funds
\$62.7 million	Total SAMHSA Funding

**CMHS:** Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Statewide Family Networks; Youth Suicide Prevention and Early Intervention; Child and Adolescent Mental Health and Substance Abuse State Incentive Grants; Co-Occurring State Incentive Grant; Youth Violence Prevention; Campus Suicide; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; State Mental Health Data Infrastructure Grant.

**CSAP:** Drug-Free Communities (14 grants); HIV/AIDS Services; HIV-Strategic Prevention Framework; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use; Youth Transition to the Workplace; SAMHSA Conference Grant; Ecstasy and Other Club Drug Prevention.

**CSAT:** Recovery Community Service; Targeted Capacity Expansion—American Indian/Alaska Natives; Targeted Capacity Expansion—Minority Populations; Targeted Capacity Expansion—HIV/AIDS; Strengthening Access and Retention; Adult, Juvenile, and Family Drug Courts; Targeted Capacity Expansion—Campus Screening—Colleges and Universities; Targeted Capacity Expansion—General; State Adolescent Substance Abuse Treatment; Young Offender Reentry Program; Homeless Addictions Treatment; Effective Adolescent Treatment; Strengthening Communities—Youth; Homeless Addictions Treatment; and Grants for the Accreditation of OTPs.

**2006–2007:**

\$31.5 million	Substance Abuse Prevention and Treatment Block Grant
\$9.3 million	Mental Health Block and Formula Grants
\$22.2 million	SAMHSA Discretionary Program Funds
\$63.0 million	Total SAMHSA Funding

**CMHS:** Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Statewide Family Networks; Youth Suicide Prevention and Early Intervention; Child and Adolescent Mental Health and Substance Abuse State Incentive Grants; Co-Occurring State Incentive Grant; Youth Violence Prevention; Youth Suicide Prevention and Early Intervention; Child Mental Health Initiative; Campus Suicide; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; State Mental Health Data Infrastructure Grant; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities.

**CSAP:** Drug-Free Communities (13 grants); HIV/AIDS Services; HIV-Strategic Prevention Framework; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use.

**CSAT:** Recovery Community Service; Targeted Capacity Expansion—American Indian/Alaska Natives; Targeted Capacity Expansion—Minority Populations; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service—Facilitating; Homeless Addictions Treatment; Family Drug Courts; State Adolescent Substance Abuse Treatment; Young Offender Reentry Program; Targeted Capacity Expansion—Campus Screening—Colleges and Universities; Effective Adolescent Treatment; Strengthening Communities—Youth; and Grants for the Accreditation of OTPs.



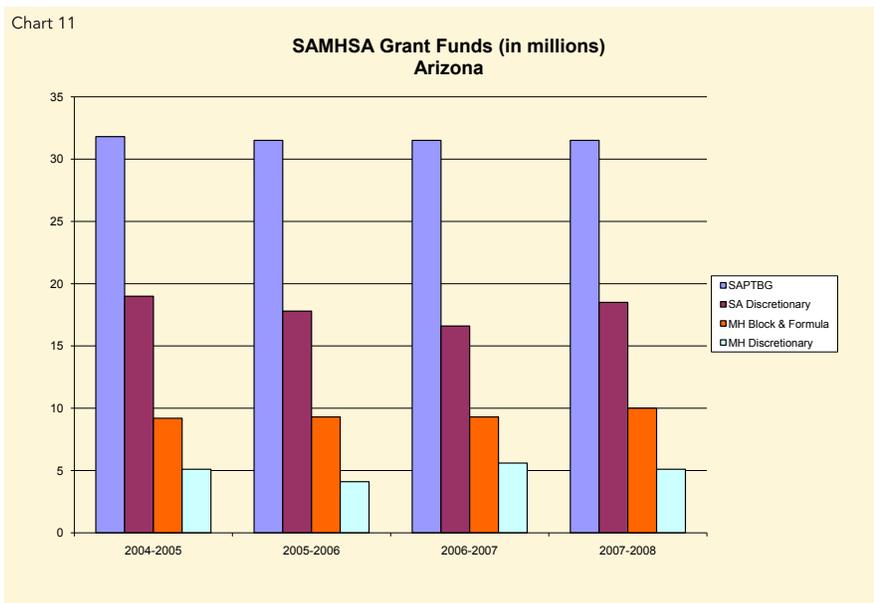
**2007–2008:**

\$31.5 million	Substance Abuse Prevention and Treatment Block Grant
\$10.0 million	Mental Health Block and Formula Grants
\$23.6 million	SAMHSA Discretionary Program Funds
\$65.1 million	Total SAMHSA Funding

**CMHS:** Statewide Family Networks; Co-Occurring State Incentive Grant; Co-Occurring State Incentive Grant; State Mental Health Data Infrastructure Grant; State Data Infrastructure Grant; Youth Suicide Prevention and Early Intervention; Child and Adolescent Mental Health and Substance Abuse State Incentive Grants; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Child Mental Health Initiative; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative.

**CSAP:** Drug-Free Communities (14 grants); Drug Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant; SAMHSA Conference Grant; HIV-Strategic Prevention Framework; Access to Recovery; Recovery Community Service—Facilitating; Targeted Capacity Expansion—HIV/AIDS.

**CSAT:** Effective Adolescent Treatment; State Adolescent Substance Abuse Treatment; Targeted Capacity Expansion—American Indian/Alaska Natives; Homeless Addictions Treatment; Recovery Community Service—Recovery; Family Drug Courts; Young Offender Reentry Program; Targeted Capacity Expansion—Campus Screening—Colleges and Universities; Grants for the Accreditation of OTPs.



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## For Further Information

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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>.

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## Data Sources

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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>.

<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 that lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

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## Prevalence Data

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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.