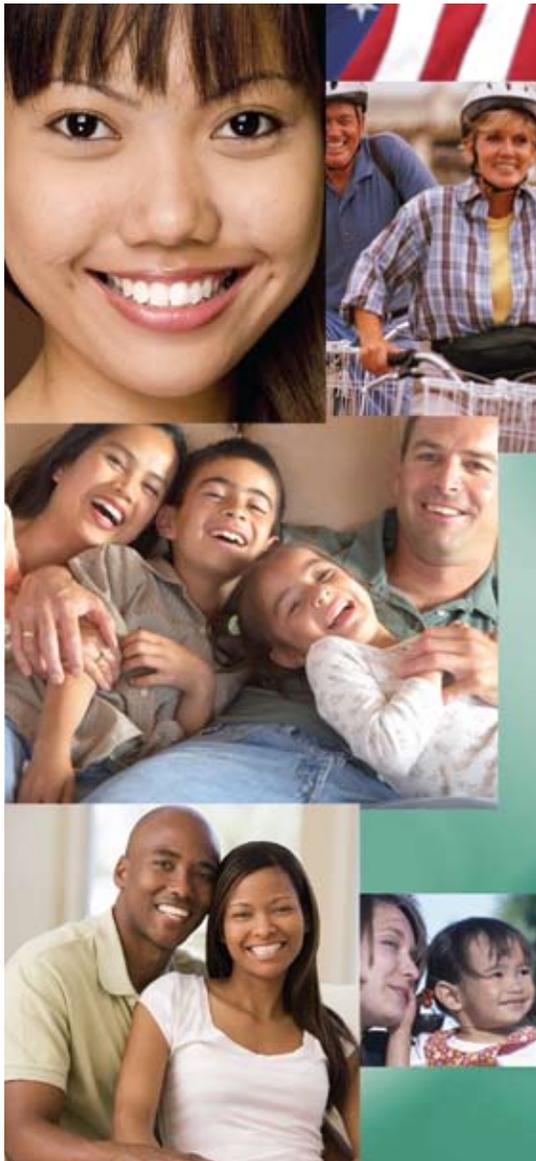


States In Brief



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, Connecticut has been among the 10 States with the *highest*² rates on the following measures (Table 1).

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

| Measure | Age Groups |
|-----------------------------|-----------------|
| Past Month Illicit Drug Use | 18-25 |
| Past Month Marijuana Use | 18-25 |
| Past Year Marijuana Use | 18-25 |
| Past Month Alcohol Use | 12+, 18-25, 26+ |

It is worth noting that on the three measures of drug use in Table 1, the rates of use for all age groups have been above the national averages for all survey years.

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

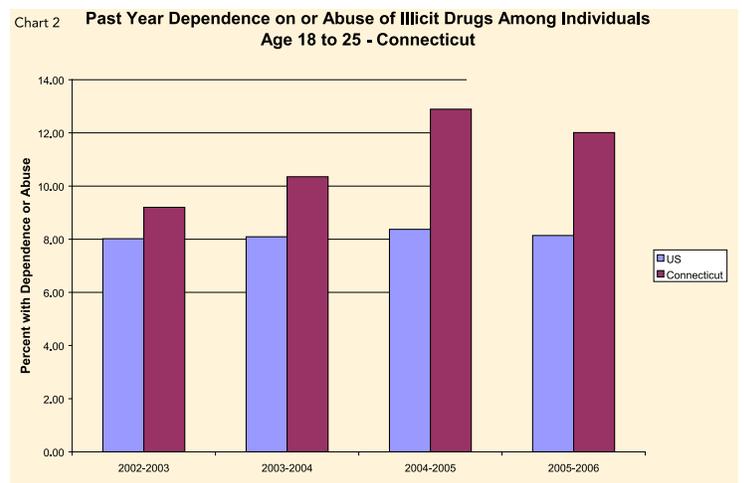
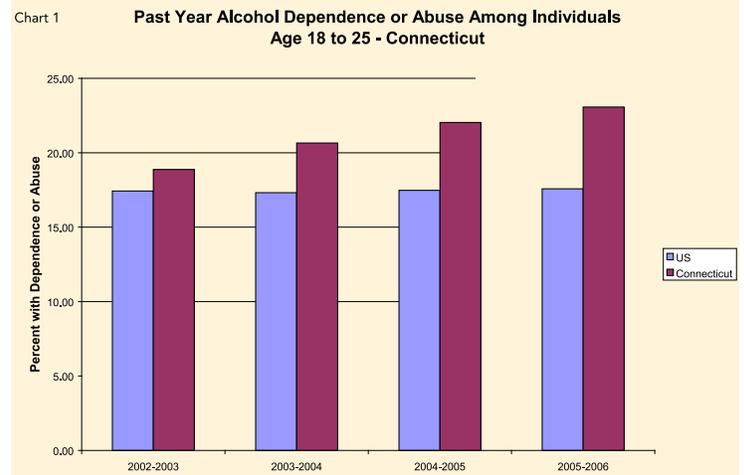
Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994).

On the global measure of any abuse of or dependence on illicit drugs or alcohol, Connecticut's rates have generally been at or above the national rates. In 2004–2005 and again in 2005–2006, the rates for those individuals age 18 to 25 were among the highest in the country. It is also worth noting that over the same time period, the rates of alcohol dependence or abuse and illicit drug dependence or abuse were among the highest in the country for this age group (Charts 1 and 2).

Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS)³ annual surveys, the number of treatment facilities in Connecticut has declined from 247 in 2002, to 209 facilities in 2006. In 2006, the majority of facilities (179 of 209, or 86%) were private nonprofit. An additional 12 facilities were private for-profit. One facility in Connecticut is owned/operated by a Tribal government. The decrease in facilities between 2002 and 2006 is primarily accounted for by the loss of 32 private for-profit facilities and 10 private nonprofit facilities.

Although facilities may offer more than one modality of care, 152 facilities (73%) offer some form of outpatient care. An additional 66 facilities offer some form of residential care, and 41 facilities offer an opioid treatment program. In addition,



171 physicians and 46 treatment programs are certified to provide buprenorphine treatment.

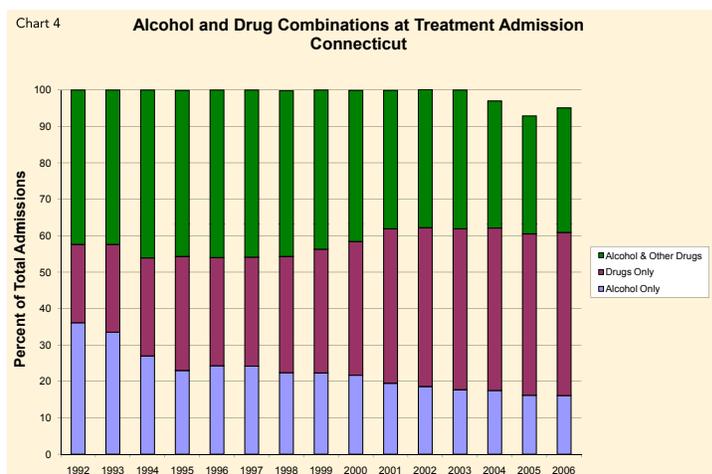
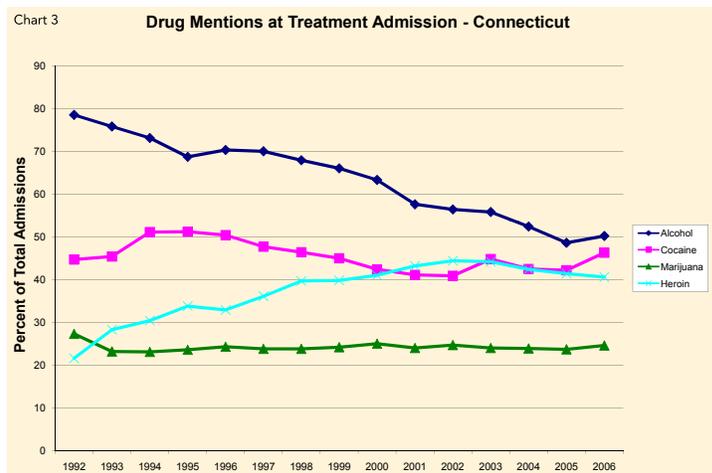
In 2006, 73 percent of all facilities (153) received some form of Federal, State, county, or local government funds, and 142 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

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).⁴ In the 2006 N-SSATS survey, Connecticut showed a one-day total of 22,809 clients in treatment, the majority of whom (20,896 or 92 %) were in outpatient treatment. Of the total number of clients in treatment on this date, 645 (3%) were under the age of 18.

Since 1992, there has been a steady increase in the annual number of admissions to treatment; from 39,000 in 1992, to 46,000 in 2006 (the most recent year for which data are available). Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 15 years, there has been a steady decline in the number of admissions mentioning alcohol as a substance of abuse; from 78 percent of all admissions in 1992, to 50 percent in 2006. At the same time, the number of admissions mentioning heroin has nearly doubled; from 22 percent in 1992, to 41 percent in 2006.

Across the years for which TEDS data are available, Connecticut has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 36 percent of all admissions in 1992, to just over 16 percent in 2006. Concomitantly, drug-only admissions have increased from 22 percent in 1992, to 45 percent in 2006 (Chart 4).





Unmet Need for Treatment

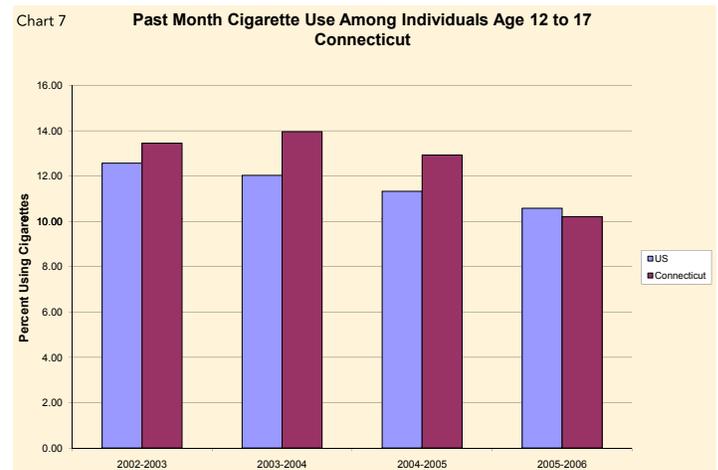
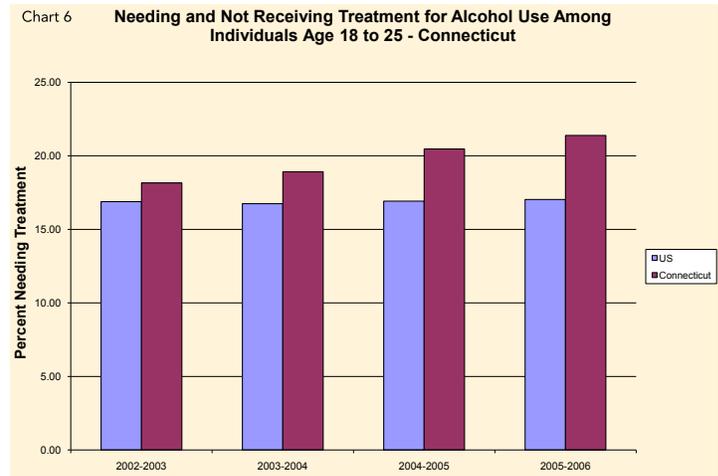
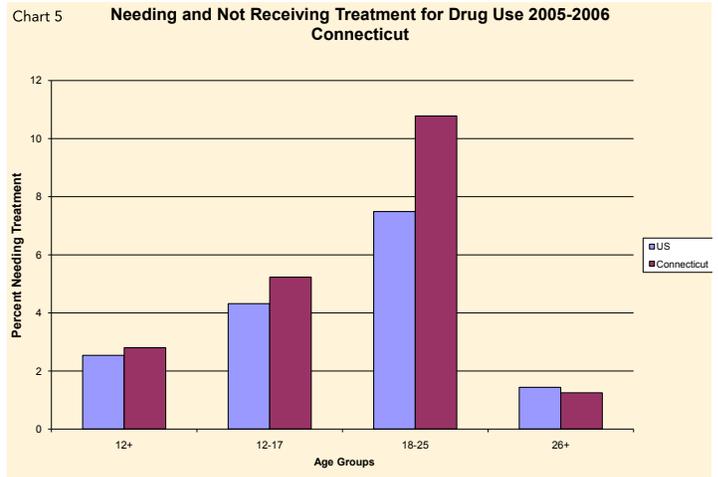
NSDUH defines unmet treatment as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year. Connecticut's rates of unmet need for drug treatment have generally remained at or above the national average. In 2005–2006, the rates of this unmet need for individuals age 12 to 17 and for those age 18 to 25 were among the highest in the Nation (Chart 5).

Similarly, rates of unmet treatment need for alcohol use have generally remained at or above the national rates for all age groups, but especially for those individuals age 18 to 25 (Chart 6).

Tobacco Use and Synar Compliance

Connecticut's rates for past month cigarette use and tobacco products use for the State population age 12 and older for all survey years have been among the lowest in the country. However, the rates for underage smokers have generally been at or above the national rate (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. Connecticut's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 1998 (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.

In the 2005–2006 analyses, Connecticut’s rates on both of these measures for the State population age 18 and older were among the lowest in the country (Charts 9 and 10).

Chart 8 Rate of Retailer Violation Rates Under the Synar Amendment - Connecticut

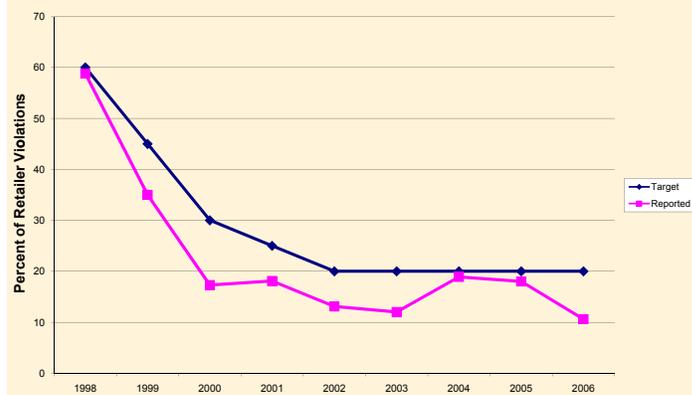


Chart 9 Past Year Serious Psychological Distress Connecticut

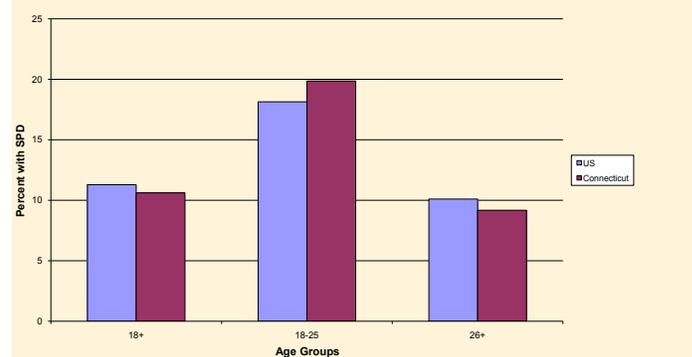
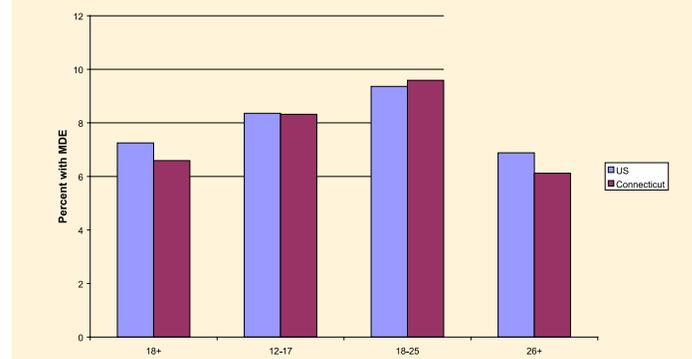


Chart 10 Past Year Major Depressive Episode 2005-2006 Connecticut



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 (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:

| | |
|----------------|--|
| \$16.9 million | Substance Abuse Prevention and Treatment Block Grant |
| \$5.5 million | Mental Health Block and Formula Grants |
| \$22.8 million | SAMHSA Discretionary Program Funds |
| \$45.2 million | Total SAMHSA Funding |

CMHS: State Mental health Data Infrastructure Grant; Children’s Services; Youth Violence Prevention; Jail Diversion; Emergency Response (mental health); Statewide Family Networks; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Past-Traumatic Stress Disorder in Children.

CSAP: Drug-Free Communities (20 grants); Drug-Free Communities—Mentoring; HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; State Incentive Cooperative Agreement; Ecstasy and Other Club Drug Prevention.

CSAT: Targeted Capacity Expansion—HIV/AIDS; Targeted Capacity Expansion—Innovative Treatment; Strengthening Communities—Youth; Access to Recovery; Recovery Community Support—Recovery; State Data Infrastructure; Effective Adolescent Treatment; and SAMHSA Dissertation Grants.

2005–2006:

| | |
|----------------|--|
| \$16.7 million | Substance Abuse Prevention and Treatment Block Grant |
| \$5.5 million | Mental Health Block and Formula Grants |
| \$28.8 million | SAMHSA Discretionary Program Funds |
| \$51.0 million | Total SAMHSA Funding |

CMHS: Children’s Services; Child Mental Health Initiative; Mental Health Transformation State Incentive Grant; Co-Occurring State Incentive Grant; State Mental health Data Infrastructure Grant; Jail Diversion; Statewide Family Networks; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; National Child Traumatic Stress Initiative—Treatment and Service Adaptation Centers.

CSAP: Drug-Free Communities (18 grants); Drug-Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant; State Incentive Cooperative Agreement; HIV Strategic Prevention Framework; Ecstasy and Other Club Drug Prevention.

CSAT: Targeted Capacity Expansion—HIV/AIDS; Targeted Capacity Expansion—Innovative Treatment; Strengthening Communities—Youth; Access to Recovery; SAMHSA Conference Grant; State Adolescent Substance Abuse Treatment; Targeted Capacity Expansion—Campus Screening/ Colleges and Universities; Recovery Community Support—Recovery; Homeless Addictions Treatment; and Effective Adolescent Treatment.

2006–2007:

| | |
|----------------|--|
| \$16.7 million | Substance Abuse Prevention and Treatment Block Grant |
| \$5.5 million | Mental Health Block and Formula Grants |
| \$28.8 million | SAMHSA Discretionary Program Funds |
| \$51.0 million | Total SAMHSA Funding |

CMHS: Child Mental Health Initiative; Mental Health Transformation State Incentive Grant; Co-Occurring State Incentive Grant; State Mental health Data Infrastructure Grant; Youth Suicide Prevention and Early Intervention; Children’s Services; Jail Diversion; Statewide Family Network; Campus Suicide; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; National Child Traumatic Stress Initiative—Treatment and Service Adaptation Centers.

CSAP: Drug-Free Communities (15 grants); Drug-Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant; State Incentive Cooperative Agreement; HIV Strategic Prevention Framework.

CSAT: Targeted Capacity Expansion—HIV/AIDS; Targeted Capacity Expansion—Innovative Treatment; Strengthening Communities—Youth; Access to Recovery; SAMHSA Conference Grant; State Adolescent Substance Abuse Treatment; Targeted Capacity Expansion—Campus Screening/ Colleges and Universities; Recovery Community Support—Recovery; Homeless Addictions Treatment; and Effective Adolescent Treatment.

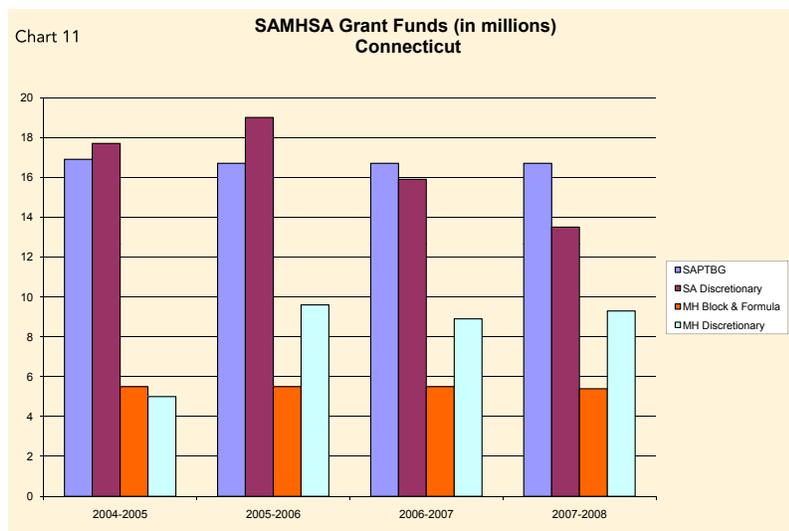
2007–2008:

| | |
|----------------|--|
| \$16.7 million | Substance Abuse Prevention and Treatment Block Grant |
| \$5.5 million | Mental Health Block and Formula Grants |
| \$28.8 million | SAMHSA Discretionary Program Funds |
| \$51.0 million | Total SAMHSA Funding |

CMHS: Child Mental Health Initiative; State Mental health Data Infrastructure Grant; Seclusion and Restraint; Mental Health Transformation State Incentive Grant; Statewide Consumer Network; Co-Occurring State Incentive Grant; Youth Suicide Prevention and Early Intervention; Jail Diversion; Statewide Family Networks; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; National Child Traumatic Stress Initiative—Treatment and Service Adaptation Centers.

CSAP: Drug-Free Communities (17 grants); Drug-Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant.

CSAT: State Adolescent Substance Abuse Treatment; Access to Recovery; Targeted Capacity Expansion—HIV/AIDS; Targeted Capacity Expansion—Campus Screening/ Colleges and Universities; and Homeless Addictions Treatment.



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.