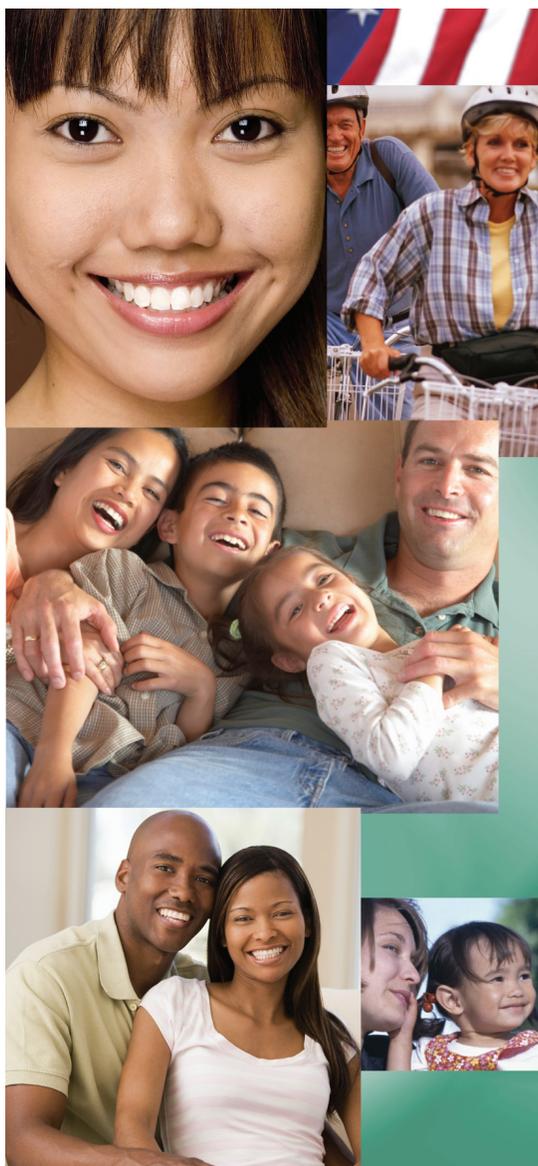




# States In Brief

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, Florida's rates of drug and alcohol use have been quite variable. For measures of past year and past month marijuana use, Florida's rates have generally mirrored the national rates. Rates of past month use of an illicit substance other than marijuana, however, have generally been higher than the national rates. All measures of alcohol use, including binge alcohol use, have generally been below the national rates.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

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).

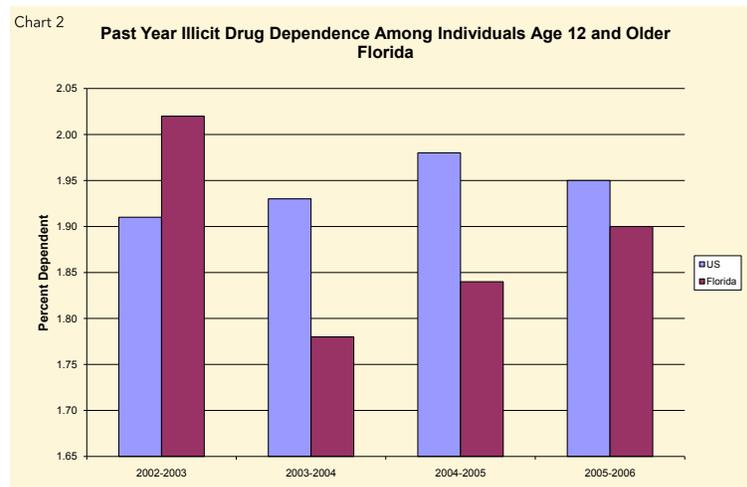
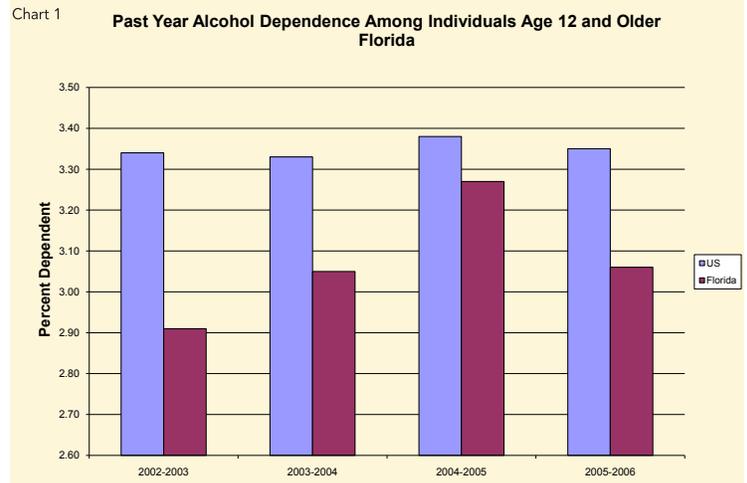
On the global measure of any past year abuse of or dependence on illicit drugs or alcohol, Florida has generally ranked at or below the national average (Charts 1 and 2).

## Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS) annual surveys<sup>2</sup> the number of treatment facilities in Florida has increased from 612 in 2002, to 668 in 2006. In 2006, more than half (380 of 668 facilities) were private nonprofit, and just over one-third (244 of 668) were private for-profit. The increase between 2002 and 2006 is primarily attributable to the addition of 17 private not-for-profit facilities and 27 private for-profit facilities.

Although facilities may offer more than one modality of care, 537 Florida facilities (80%) in 2006 offered some form of outpatient treatment. An additional 228 facilities offered some form of residential care, and 44 facilities offered opioid treatment programs. In addition, 608 physicians and 68 treatment programs are certified to provide buprenorphine treatment for opiate addiction.

In 2006, 57 percent of all facilities (382 of 668) received some form of Federal, State, county, or local government funds; and 254 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

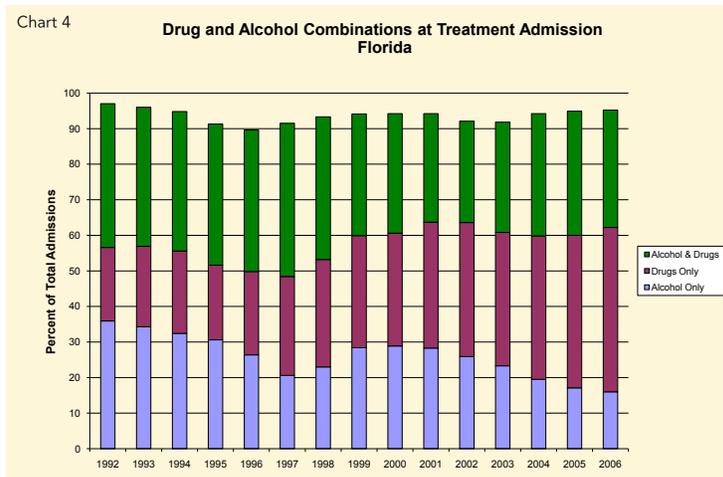
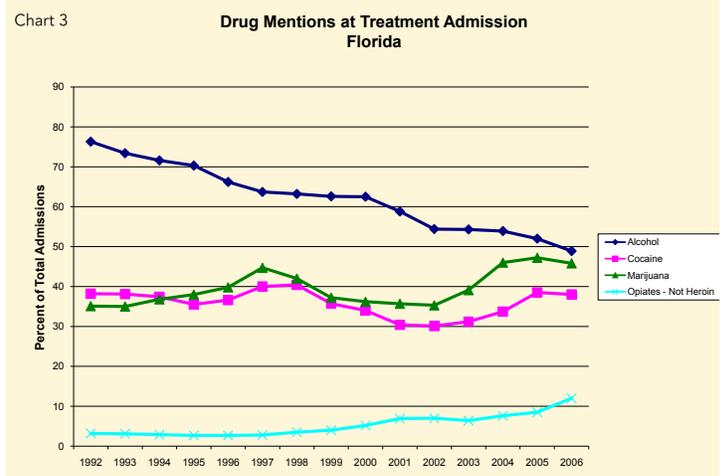


## Treatment

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>3</sup> In the 2006 N-SSATS survey, Florida showed a one-day total of 52,734 clients in treatment, the majority of whom (44,602 or 85%) were in outpatient treatment. Of the total number of clients in treatment on this date, 4,253 (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>4</sup> Across the last 15 years, there has been a steady decline in the number of admissions mentioning alcohol as a substance of abuse and increases in opiates other than heroin.

Across the years for which TEDS data are available, Florida 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 21 percent in 1992, to 46 percent in 2006 (Chart 4).





## 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 needing and not receiving treatment for drug use in Florida have generally been at or above the national rate for this measure. In 2005-2006, the rate for individuals age 12 to 17 was among the 10 highest<sup>5</sup> in the country (Chart 5).

Rates for individuals needing and not receiving treatment for alcohol use have been generally at or below the national rates, with the exception of the age group 26 and older (Chart 6).

## Tobacco Use and Synar Compliance

As national rates of underage smoking have declined across time, Florida's rates have also declined and remain among the 10 lowest in the country since 2004-2005 (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. Florida's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 1998 (Chart 8).

Chart 5 Needing and Not Receiving Treatment for Drug Use 2005-2006 Florida

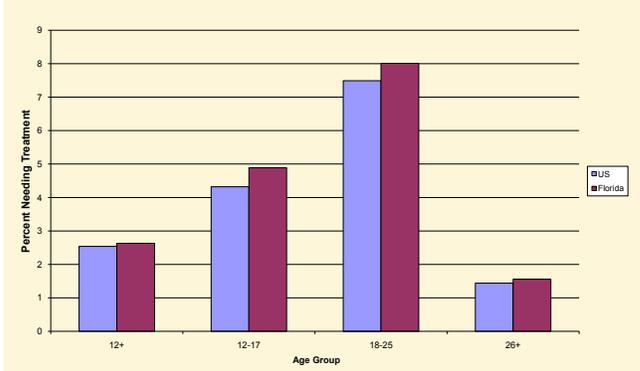


Chart 6 Needing And Not Receiving Treatment for Alcohol Use 2005-2006 Florida

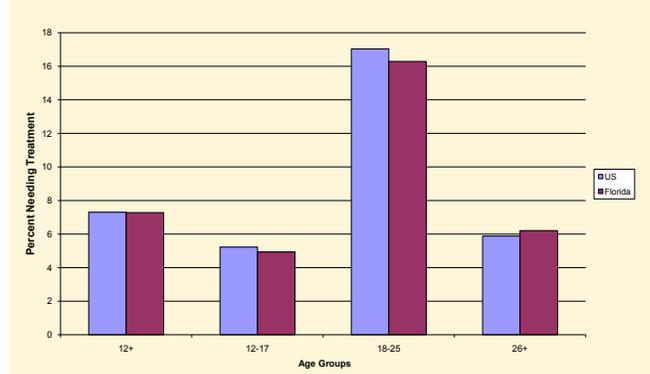


Chart 7 Past Month Cigarette Use Among Individuals Age 12 to 17 Florida

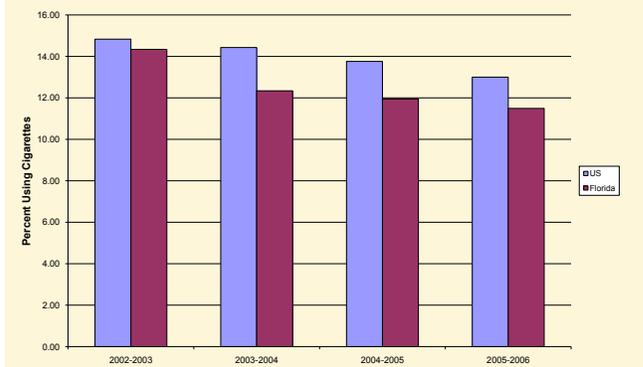
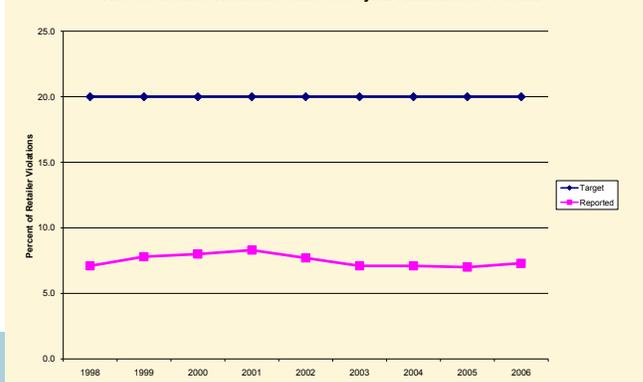


Chart 8 Rate of Retailer Violations Under the Synar Amendment - Florida



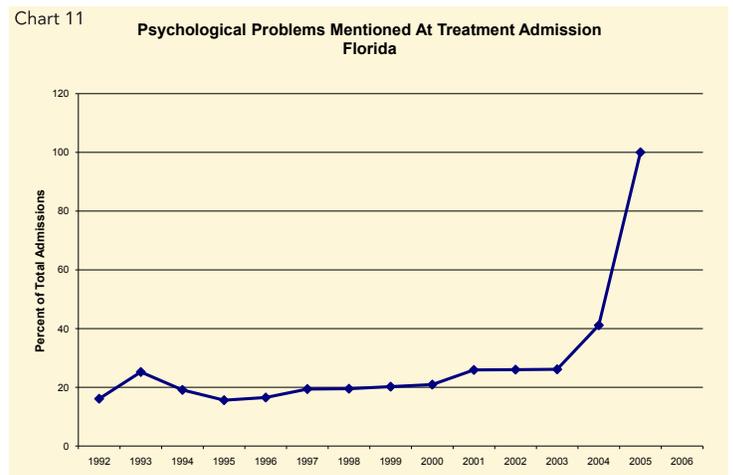
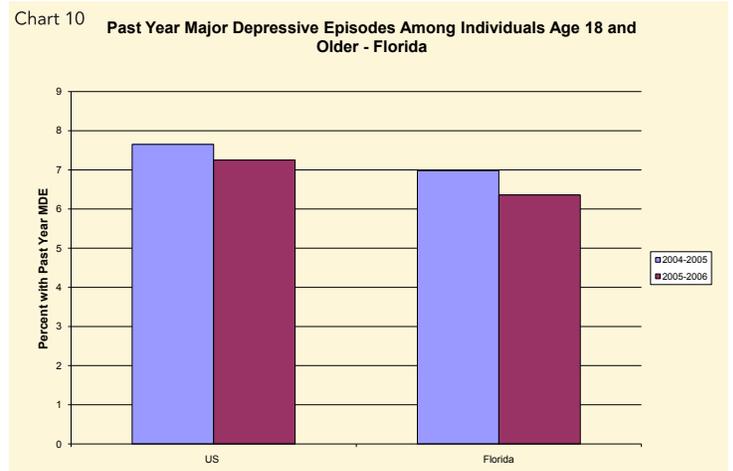
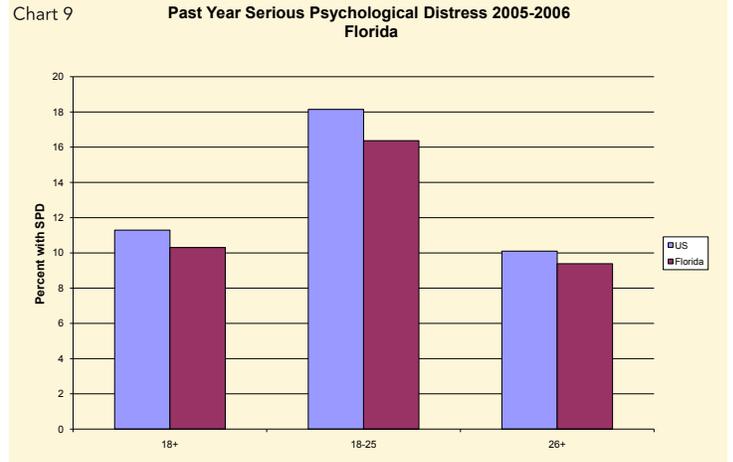
## Mental Health Indicators

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 have generally been among the lowest in the country (Chart 9).

Rates of past year major depressive episode have generally been among the lowest in the country, with the exception of the age group from 12 to 17 (Chart 10).

The Treatment Episode Data Set (TEDS) also collects information on psychological problems noted at treatment admissions. Rates of these mentions have increased dramatically across the years for which TEDS data are available (Chart 11).





## 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 12). 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:

\$95.3 million	Substance Abuse Prevention and Treatment Block Grant
\$31.2 million	Mental Health Block and Formula Grants
\$34.1 million	SAMHSA Discretionary Program Funds
\$160.6 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Statewide Family Network; Jail Diversion; Children’s Services; Post-Traumatic Stress Disorder in Children; Youth Violence Prevention; Initiative to End Chronic Homelessness.

**CSAP:** Drug-Free Communities (21 grants); Drug-Free Communities - Mentoring; Ecstasy and Other Club Drugs Prevention; HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; SAMHSA Conference Grant; Family Strengthening.

**CSAT:** Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; Access to Recovery; Addiction Technology Transfer Center; Residential Substance Abuse Treatment; Strengthening Access and Retention; Pregnant and Post-Partum Women; Adult, Juvenile and Family Drug Courts; Effective Adolescent Treatment; and Targeted Capacity Expansion—General.

### 2005-2006:

\$94.4 million	Substance Abuse Prevention and Treatment Block Grant
\$31.2 million	Mental Health Block and Formula Grants
\$43.2 million	SAMHSA Discretionary Program Funds
\$168.8 million	Total SAMHSA Funding

**CMHS:** Disaster Relief; Emergency Response; State Mental Health Data Infrastructure; Statewide Family Network; Jail Diversion; Campus Suicide; Linking Adolescents at Risk to Mental Health Services; Child Mental Health Initiative; Initiative to End Chronic Homelessness; Children’s Services.

**CSAP:** HIV Strategic Prevention Framework; Drug-Free Communities (23 grants); SAMHSA Conference Grant; Ecstasy and Other Club Drugs Prevention; HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant.

**CSAT:** Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; Access to Recovery; Addiction Technology Transfer Center; State Adolescent Substance Abuse Treatment; Strengthening Access and Retention; Effective Adolescent Treatment; Pregnant and Post-Partum Women; Adult, Juvenile and Family Drug Courts; Young Offender Reentry Program.

## 2006-2007:

\$94.4 million	Substance Abuse Prevention and Treatment Block Grant
\$31.2 million	Mental Health Block and Formula Grants
\$59.0 million	SAMHSA Discretionary Program Funds
\$184.6 million	Total SAMHSA Funding

**CMHS:** Disaster Relief; State Mental Health Data Infrastructure; Statewide Family Network; Jail Diversion; Campus Suicide; Linking Adolescents at Risk to Mental Health Services; Child Mental Health Initiative; Children’s Services.

**CSAP:** HIV Strategic Prevention Framework; Drug-Free Communities (25 grants); HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; Drug-Free Communities—Mentoring.

**CSAT:** Effective Adolescent Treatment; Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; Access to Recovery; Addiction Technology Transfer Center; Strengthening Access and Retention; Screening, Brief Intervention, Referral and Treatment; State Adolescent Substance Abuse Treatment; Treatment for Homeless; Pregnant and Post-Partum Women; Family Drug Courts; Young Offender Reentry Program; and Homeless Addictions Treatment.

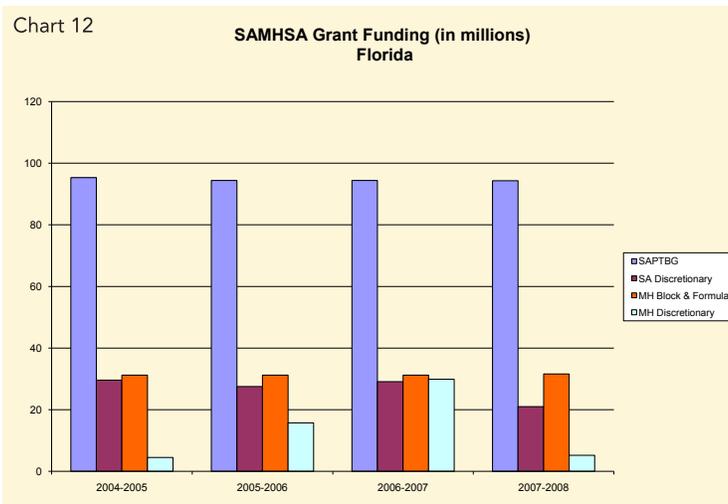
## 2007-2008:

\$94.3 million	Substance Abuse Prevention and Treatment Block Grant
\$31.6 million	Mental Health Block and Formula Grants
\$26.2 million	SAMHSA Discretionary Program Funds
\$152.1 million	Total SAMHSA Funding

**CMHS:** Adolescents at Risk; Disaster Relief; State Mental Health Data Infrastructure; Campus Suicide; Post-Traumatic Stress Disorder—Treatment Centers; Jail Diversion; Child Mental Health Initiative; Children’s Services; Statewide Family Network.

**CSAP:** HIV Strategic Prevention Framework; Drug-Free Communities (27 grants); HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; Drug-Free Communities—Mentoring; SAMHSA Conference Grant.

**CSAT:** Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; Strengthening Access and Retention; Screening, Brief Intervention, Referral and Treatment; State Adolescent Substance Abuse Treatment; Family Drug Courts; E-Therapy; Addiction Technology Transfer Center; Effective Adolescent Treatment; Pregnant and Post-Partum Women; Family Drug Courts; Young Offender Reentry Program; and, Recovery Support Services Involving Grassroots Organizations.





## 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: Available at: <http://www.samhsa.gov/statesummaries/index.aspx>.

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS): 2006, available at: [www.dasis.samhsa.gov](http://www.dasis.samhsa.gov).

Treatment Data: Treatment Episode Data Set—Concatenated File—available from the Substance Abuse and Mental Health Data Archive at: <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> 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>3</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>4</sup> TEDS collects information on up to three substances of abuse which lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

<sup>5</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.

## 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.