

# 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, Hawaii has consistently ranked among those States with the *lowest*<sup>2</sup> rates of the following measures (Table 1).

**Table 1: Hawaii is among those States with the lowest rates of the following:**

Measure	Age Groups
Past Year Cocaine Use	12+, 26+
Past Year Nonmedical Use of Pain Relievers	All Age Groups
Past Month Tobacco Use	All Age Groups
Past Month Cigarette Use	All Age Groups

Past year and past month rates of marijuana use have remained at or above the national rates for all age groups in Hawaii, while rates of past month use of illicit drugs other than marijuana have generally remained at or below the national rates. Similarly, both past month alcohol use and past month binge alcohol use have remained at or below the national rates for all age groups.

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).

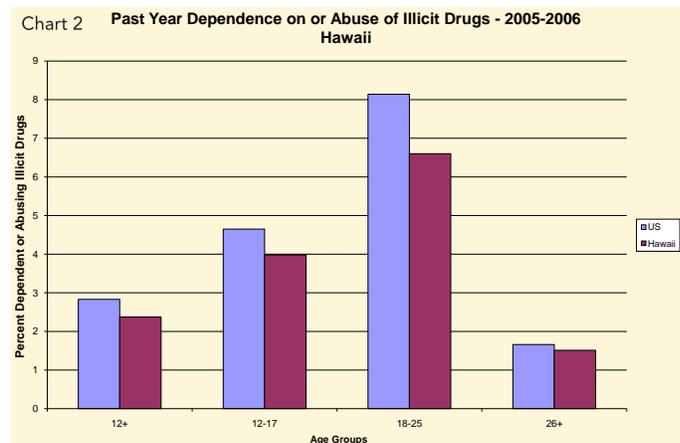
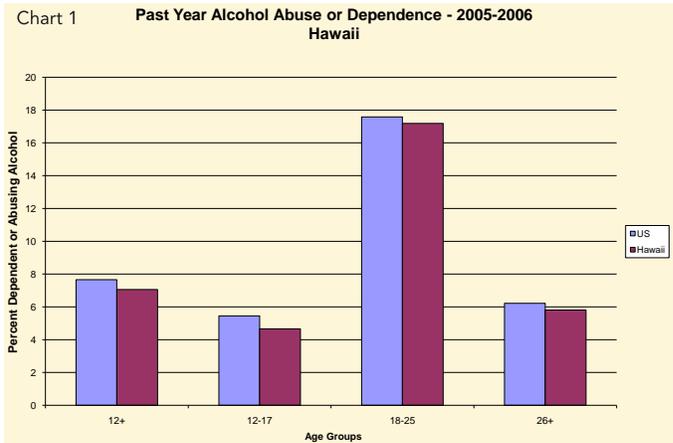
Rates of past year abuse or dependence on alcohol in Hawaii have been quite variable over time, and in 2005–2006 the rates for all age groups were at or below the national rates; with those for individuals age 12 to 17 among the 10 lowest rates in the country (Chart 1).

Rates of past year dependence on or abuse of illicit drugs have also been quite variable over time in Hawaii. In 2005–2006, however, the rates were among the lowest in the country for all age groups except those age 26 and older (Chart 2).

## Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS),<sup>3</sup> 94 facilities in Hawaii (80 %) were private nonprofit. Another 12 facilities (13%) were private for-profit, and the remainder were owned or operated by Federal, State, or local government. Since 2002, the number of treatment facilities in Hawaii has increased overall, with the addition of 21 private nonprofit facilities and the loss of 8 private for-profit facilities.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities (97 of 105, or 92%) offered some form of outpatient treatment. Additionally, 17 facilities (16%) offered some form of residential care, 3 facilities offered an opioid treatment program,



and 37 physicians and 7 programs were certified to provide buprenorphine treatment for opiate addiction.

In 2006, 87 percent of all facilities (91 of 105) received some form of Federal, State, county, or local government funds, and 43 facilities (41%) 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, Hawaii showed a one-day total of 3,787 clients in treatment, the majority of whom (3,284 or 87%) were in outpatient treatment. Of the total number of clients in treatment on this date, 864 (23%) were under the age of 18.

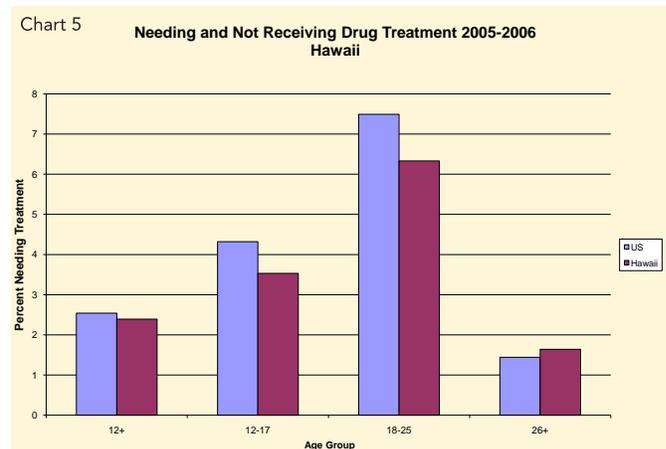
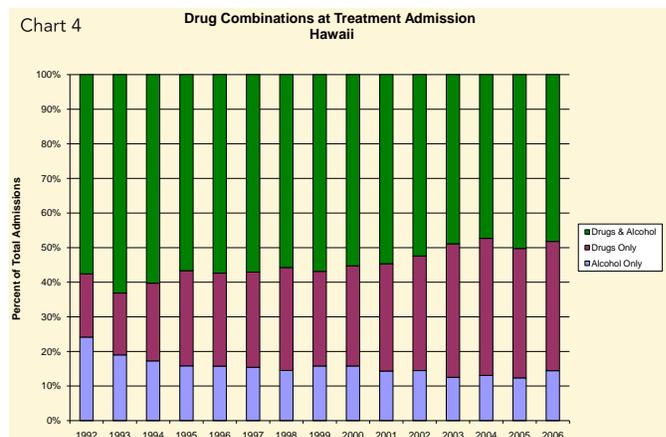
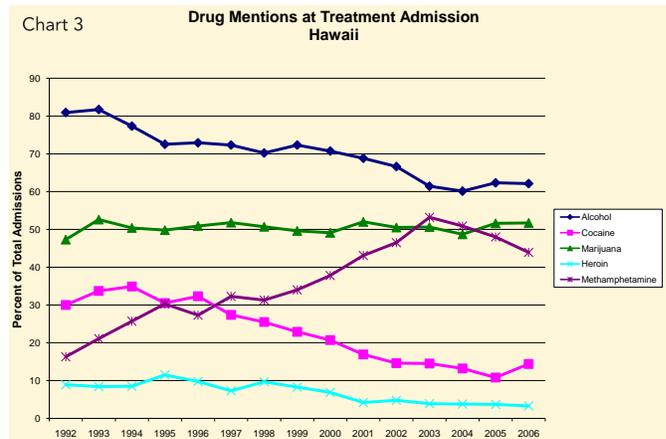
Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.<sup>5</sup> Across the last 15 years, there has been a steady decline in the number of admissions mentioning alcohol and cocaine and a sharp increase in the number of admissions mentioning methamphetamine.

Across the years for which TEDS data are available, Hawaii has seen a shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 24 percent of all admissions in 1992, to just over 14 percent in 2006. Concomitantly, drug-only admissions have doubled from 18 percent in 1992, to 37 percent in 2005 (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 unmet drug treatment need in Hawaii have been quite variable over time and among age groups. In 2005–2006, however, the rates for those age 12 to 17 and those age 18 to 25 were among the lowest in the country. The rate for those age 26 and older, however, was among the 10 highest in the country (Chart 5).



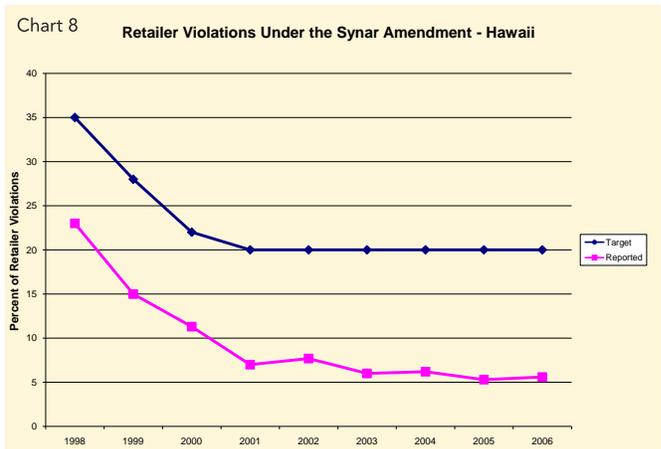
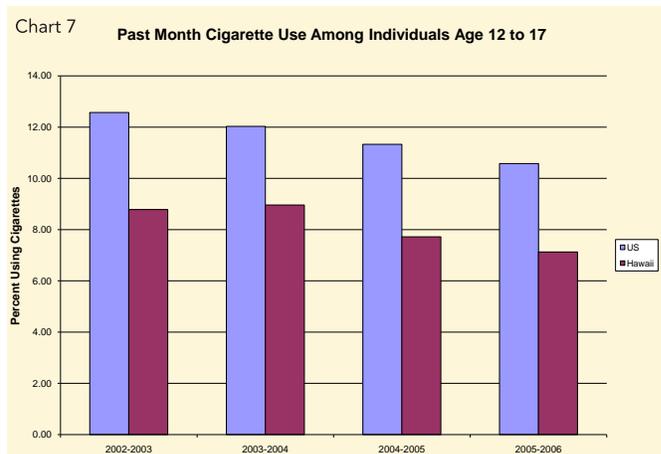
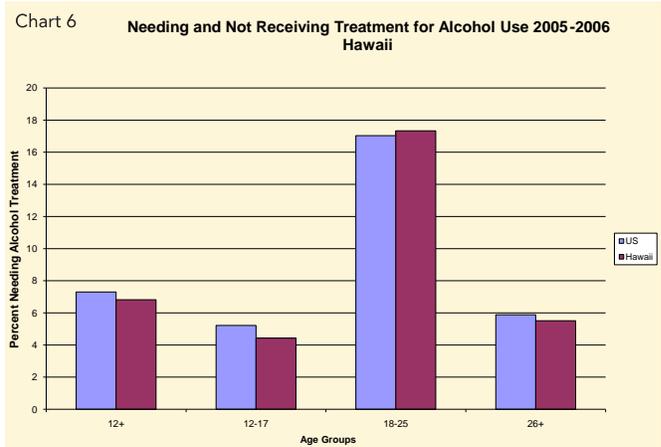


Rates of unmet alcohol treatment need have generally been at or below the national rates. In 2005–2006, the rate of unmet need for those age 12 to 17 was among the 10 lowest in the country (Chart 6).

## Tobacco Use and Synar Compliance

Hawaii’s rates of underage smoking have consistently been among the lowest in the country (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. Hawaii’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.

Rates of both past year SPD and MDE in Hawaii have consistently been among the 10 lowest in the country for the State population age 18 and older (Chart 9).

The Treatment Episode Data Set (TEDS) also collects information on whether or not psychological problems are noted at treatment admission. In Hawaii, the rate of these admissions has more than doubled over the past 15 years (Chart10).

Chart 9 Past Year Serious Psychological Distress Among Individuals Age 18 and Older - Hawaii

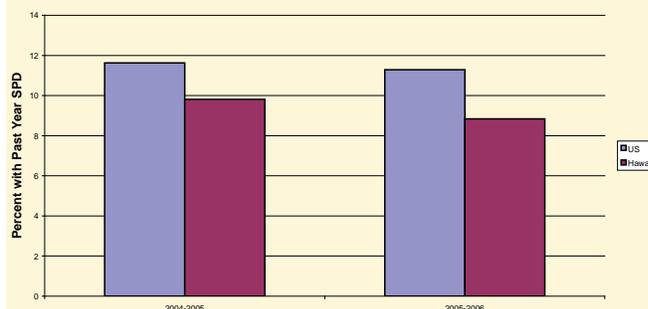
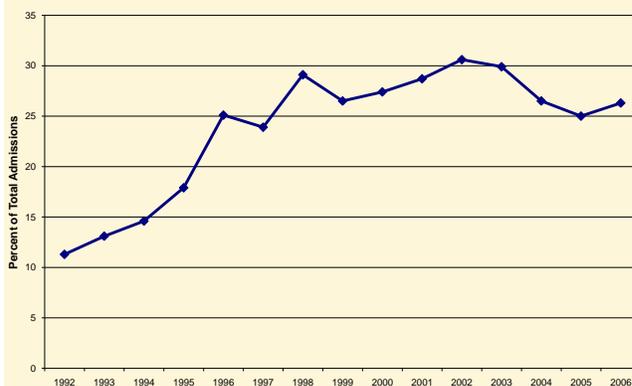


Chart 10 Psychological Problems Noted At Treatment Admission - Hawaii






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## SAMHSA Funding

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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:

\$7.2 million	Substance Abuse Prevention and Treatment Block Grant
\$2.4 million	Mental Health Block and Formula Grants
\$5.8 million	SAMHSA Discretionary Program Funds
\$15.4 million	Total SAMHSA Funding

**CMHS:** Statewide Family Networks; Jail Diversion; SAMHSA Conference Grant; Alternatives to Seclusion and Restraint State Incentive Grant; State Mental Health Data Infrastructure Grants; Emergency Response; Statewide Consumer Networks; Evidence Based Training and Evaluation.

**CSAP:** Drug Free Communities (5 grants); Prevention of Methamphetamine and Inhalant Abuse; HIV/AIDS Services; Ecstasy and Other Club Drug Prevention.

**CSAT:** Adult, Juvenile and Family Drug Courts; Residential Substance Abuse Treatment; State Data Infrastructure; and Treatment of Persons with Co-Occurring Substance Related and Mental Disorders.

### 2005–2006:

\$7.1 million	Substance Abuse Prevention and Treatment Block Grant
\$2.9 million	Mental Health Block and Formula Grants
\$5.9 million	SAMHSA Discretionary Program Funds
\$15.9 million	Total SAMHSA Funding

**CMHS:** Statewide Family Networks; State Mental Health Data Infrastructure Grants; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Child Mental Health Initiative; SAMHSA Conference Grant; Alternatives to Seclusion and Restraint State Incentive Grant; Statewide Consumer Networks; Evidence Based Training and Evaluation.

**CSAP:** Prevention of Methamphetamine and Inhalant Abuse; HIV Strategic Prevention Framework; Drug Free Communities (6 grants); HIV/AIDS Services; Ecstasy and Other Club Drug Prevention.

**CSAT:** Targeted Capacity Expansion—Campus Screening/Colleges and Universities and Treatment of Persons with Co-Occurring Substance Related and Mental Disorders.

## 2006–2007:

\$7.1 million	Substance Abuse Prevention and Treatment Block Grant
\$2.9 million	Mental Health Block and Formula Grants
\$8.3 million	SAMHSA Discretionary Program Funds
\$18.6 million	Total SAMHSA Funding

**CMHS:** Statewide Family Networks (mental health); Alternatives to Seclusion and Restraint State Incentive Grant; State Mental Health Data Infrastructure Grants; SAMHSA Conference Grant; Targeted Capacity Expansion - Meeting the Mental Health Needs of Older Adults; Mental Health Transformation State Incentive Grant; Child Mental Health Initiative; Statewide Consumer Networks.

**CSAP:** Strategic Prevention Framework State Incentive Grant; HIV/AIDS Services; Drug Free Communities (5 grants).

**CSAT:** Targeted Capacity Expansion—Campus Screening/Colleges and Universities; and Treatment of Persons with Co-Occurring Substance Related and Mental Disorders.

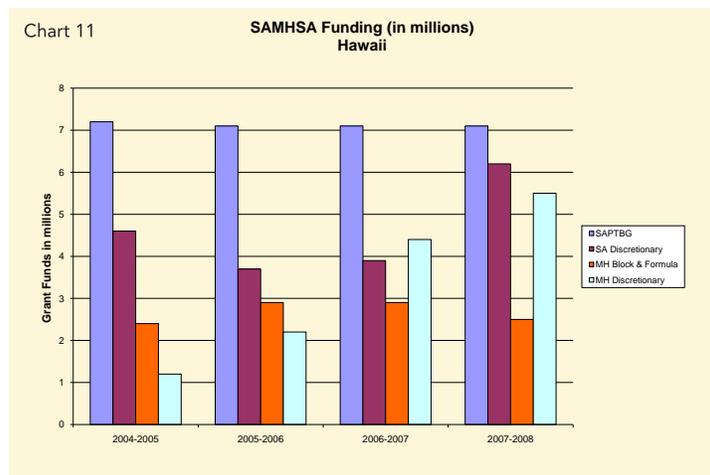
## 2007–2008:

\$7.1 million	Substance Abuse Prevention and Treatment Block Grant
\$2.9 million	Mental Health Block and Formula Grants
\$8.3 million	SAMHSA Discretionary Program Funds
\$18.6 million	Total SAMHSA Funding

**CMHS:** Statewide Family Networks; SAMHSA Conference Grant; Child Mental Health Initiative; State Mental Health Data Infrastructure Grants; Disaster Relief; Mental Health Transformation State Incentive Grant; Statewide Consumer Networks; Targeted Capacity Expansion - Meeting the Mental Health Needs of Older Adults.

**CSAP:** Drug Free Communities (4 grants); HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant.

**CSAT:** Access to Recovery; and Treatment of Persons with Co-Occurring Substance Related and Mental Disorders.





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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: [www.icpsr.umich.edu/SDA/SAMHDA](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.