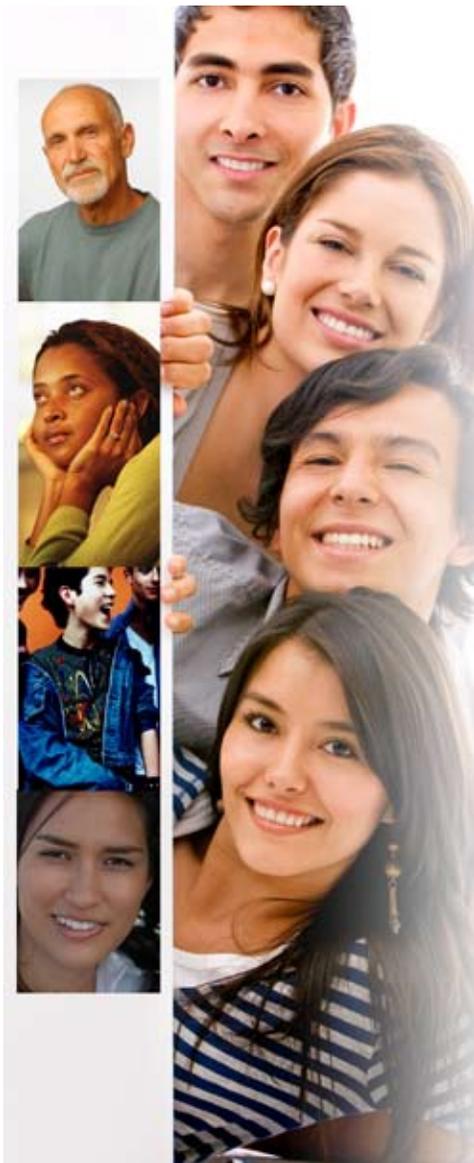


States In Brief



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, Iowa has been among the 10 States with the lowest² rates on the following measures (Table 1).

Table 1: Iowa is among those states with the lowest rates of the following:

Measure	Age Groups
Past Month Illicit Drug Use	12+, 18+25, 26+
Past Month Marijuana Use	12+, 18+25, 26+
Past Year Marijuana Use	12+, 12-17
Past Month Use of an Illicit Drug Other than Marijuana	12+, 18-25
Past Year Nonmedical Use of Pain Relievers	26+

It is worth noting that over the same time period, Iowa has also been among the 10 States with the highest rates of past month binge alcohol use for the state population age 12 and older, for individuals age 12 to 20, as well as for the population age 26 and older.

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

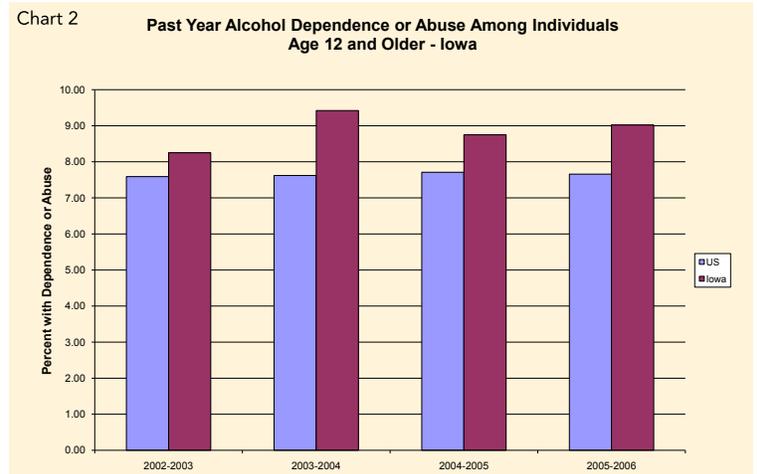
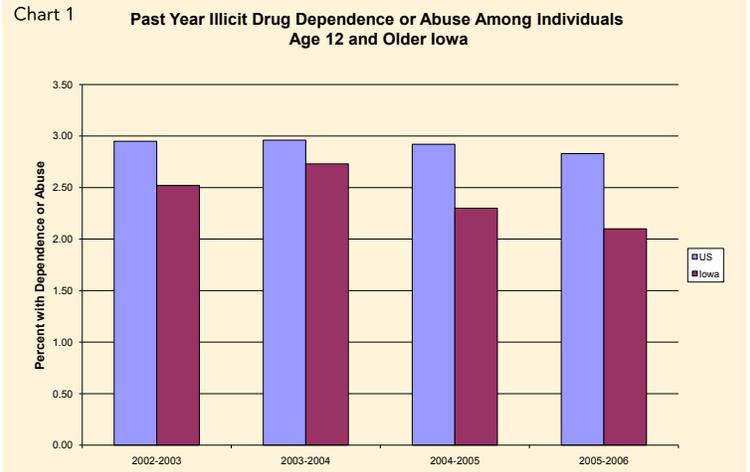
Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994). As might be inferred from Iowa's ranking among the states with the lowest rates of past month illicit drug use, Iowa has also consistently ranked among the 10 States with the lowest rates of past year drug dependence or abuse for the State population age 12 and older, as well as for the population age 12 to 17. In 2005-2006, Iowa ranked among the 10 States with the lowest rates on this measure for all age group (Chart 1).

Conversely, rates of alcohol dependence or abuse have been at or above the national rates across all survey years. This is particularly true of the State population age 12 to 17 where rates of past year alcohol dependence or abuse have consistently been among the 10 highest in the country (Chart 2).

Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),³ the number of treatment facilities in Iowa has remained relatively constant and, in 2006, there were 125 specialty treatment facilities in Iowa. Of these, the majority (108 or 86%) were private nonprofit, and six were private for-profit.

Although facilities may offer more than one modality of care, the majority of facilities in 2006 (113 or 90%) offered some form of outpatient treatment. Residential treatment was offered by 28 facilities and four facilities offered an opioid



treatment program. In addition, 13 physicians and four treatment programs were certified to provide buprenorphine treatment for opiate addiction.

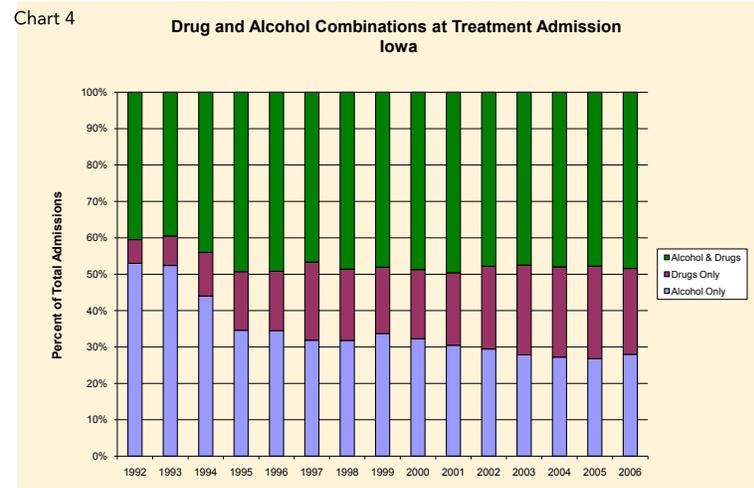
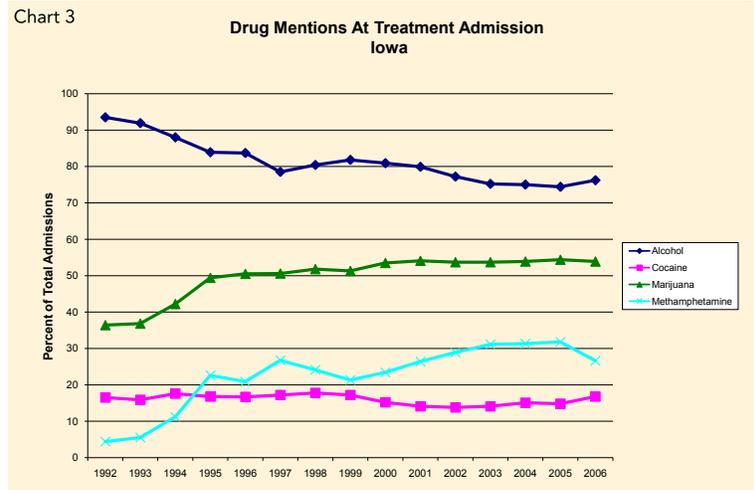
In 2006, 82 percent all Iowa facilities (102) received some form of Federal, State, county, or local government funds, and 97 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

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, Iowa showed a one-day total of 7,229 clients in treatment, the majority of whom (6,660 or 92%) were in outpatient treatment. Of the total number of clients in treatment on this date, 793 (10%) were under the age of 18.

Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 13 years, there has been a steady decline in the number of admissions mentioning alcohol as a substance of abuse and increases in marijuana (from 36% in 1992 to 54% in 2006) and methamphetamine (from 4% in 1992 to 26% in 2006).

Across the years for which TEDS data are available, Iowa has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from 53 percent of all admissions in 1992 to 28 percent in 2005. Concomitantly, drug-only admissions have increased from 6 percent in 1992 to 23 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.

Iowa has consistently ranked among the 10 States with the lowest unmet need for drug treatment for the population age 12 and older, as well as for the population age 12 to 17 (Chart 5). In 2005-2006, the rate of unmet need for drug treatment for all population groups was among the lowest in the country.

Similar to the rates of alcohol dependence and abuse, rates of unmet need for alcohol treatment in Iowa have been at or above the national rate and in 2005-2006 were among the highest in the country for all population groups except those age 26 and older (Chart 6).

Tobacco Use and Synar Compliance

Since the 2002-2003 survey, rates of underage smoking in Iowa have been at or above 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 customer under the age of 18. Iowa's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2001 (Chart 8).

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

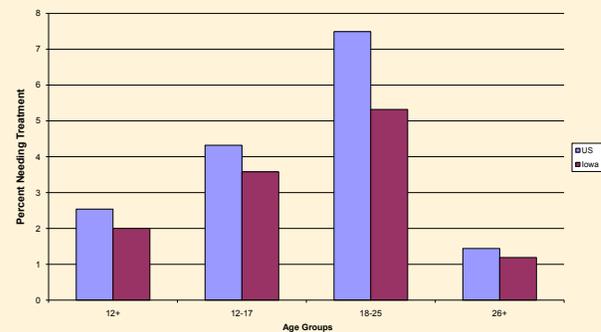


Chart 6
Needing and Not Receiving Treatment for Alcohol Use: 2005-2006
Iowa

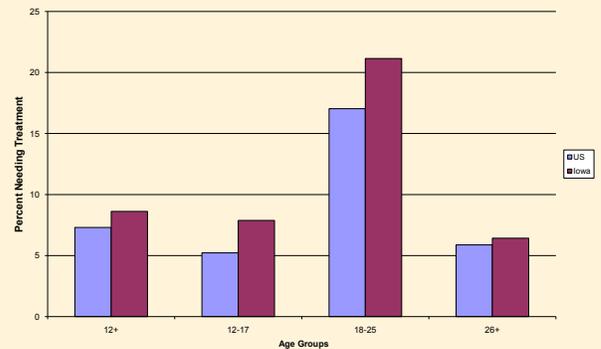


Chart 7
Past Month Cigarette Use Among Individuals Age 12 to 17
Iowa

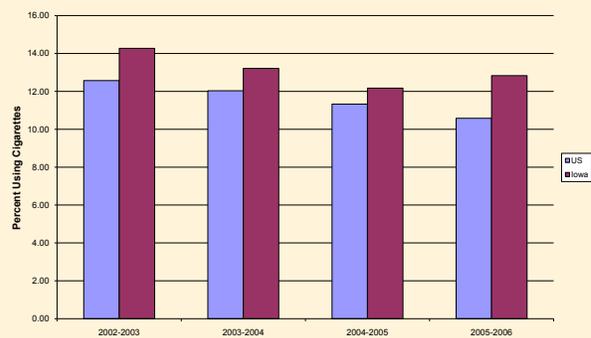
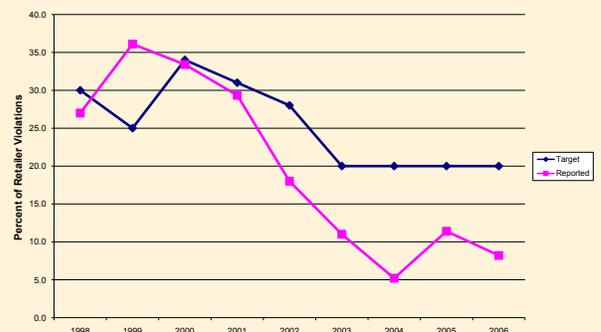


Chart 8
Rate of Retailer Violations Under the Synar Amendment
Iowa

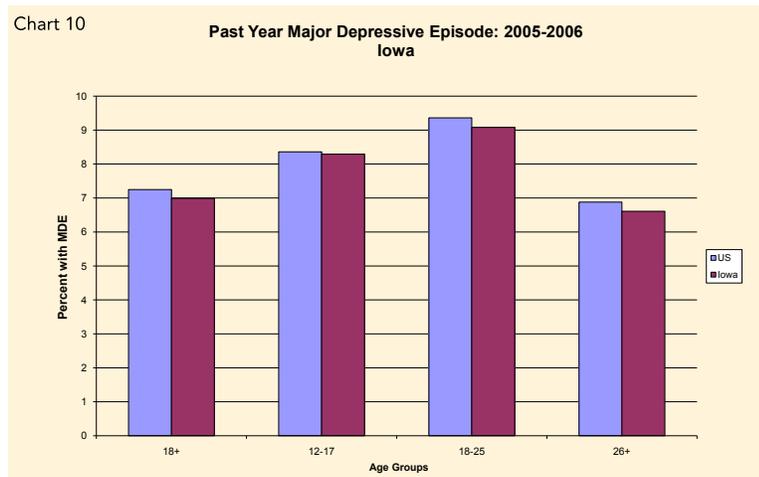
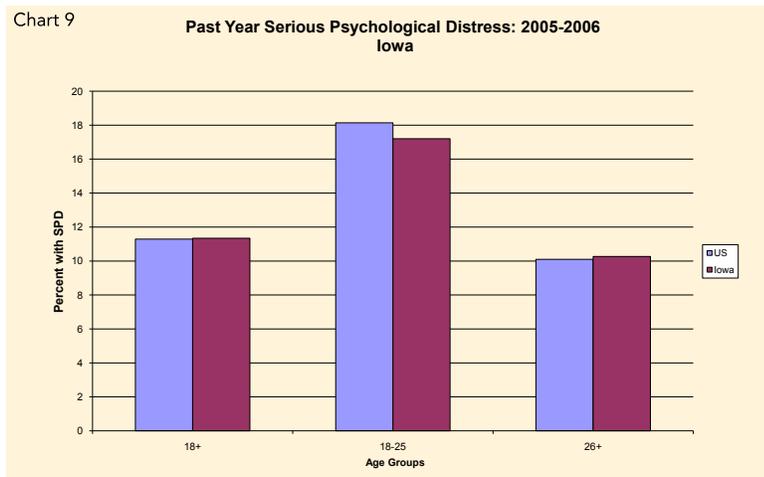


Mental Health Indicators

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 Iowa, rates of past year SPD have generally been at or below the national rates and, in 2005-2006, the rates for individuals age 18 to 25 were among the 10 lowest in the country (Chart 9).

Similarly, rates of past year MDE have generally been at or below the national rates (Chart 10).





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:

\$13.6 million	Substance Abuse Prevention and Treatment Block Grant
\$4.4 million	Mental Health Block and Formula Grants
\$6.3 million	SAMHSA Discretionary Program Funds
\$24.3 million	Total SAMHSA Funding

CMHS: Statewide Family Network; Jail Diversion; Emergency Response; State Mental Health Data Infrastructure; Disaster Relief.

CSAP: Drug-Free Communities (20 grants); Methamphetamine Prevention; Prevention of Methamphetamine and Inhalant Use.

CSAT: State Data Infrastructure; Methamphetamine Treatment; Strengthening Communities—Youth;

2005-2006:

\$13.5 million	Substance Abuse Prevention and Treatment Block Grant
\$4.8 million	Mental Health Block and Formula Grants
\$5 million	SAMHSA Discretionary Program Funds
\$22.8 million	Total SAMHSA Funding

Addiction Technology Transfer Center; Residential Substance Abuse Treatment.

CMHS: Statewide Family Network; State Mental Health Data Infrastructure.

CSAP: Drug-Free Communities (24 grants); Methamphetamine Prevention; Prevention of Methamphetamine and Inhalant Use.

CSAT: Methamphetamine Treatment; Addiction Technology Transfer Center; Strengthening Communities—Youth.

2006-2007:

\$13.5 million	Substance Abuse Prevention and Treatment Block Grant
\$4.3 million	Mental Health Block and Formula Grants
\$6.2 million	SAMHSA Discretionary Program Funds
\$24 million	Total SAMHSA Funding

CMHS: Statewide Family Network; State Mental Health Data Infrastructure; Child Mental Health Initiative; Disaster Relief.

CSAP: Drug-Free Communities (24 grants); Drug-Free Communities—Mentoring.

CSAT: Addiction Technology Transfer Center; Strengthening Communities—Youth; Targeted Capacity Expansion—Rural Populations; Strengthening Treatment Access and Retention.

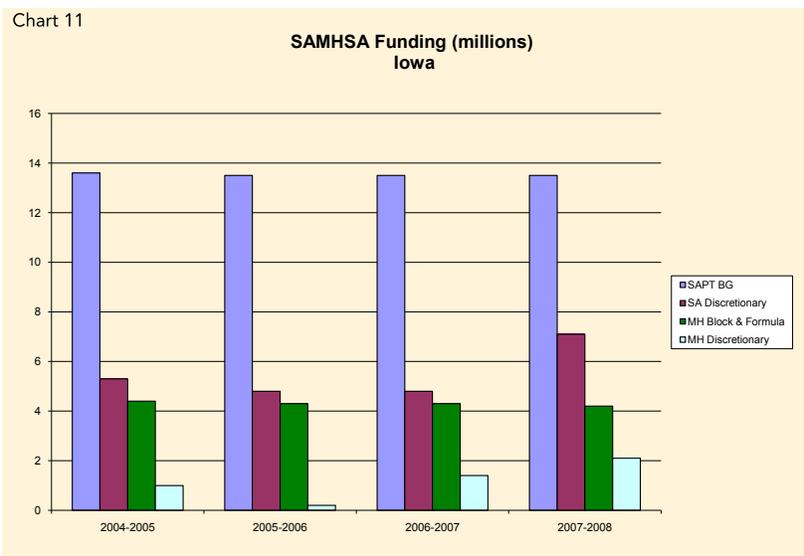
2007-2008:

\$13.5 million	Substance Abuse Prevention and Treatment Block Grant
\$4.2 million	Mental Health Block and Formula Grants
\$9.2 million	SAMHSA Discretionary Program Funds
\$26.9 million	Total SAMHSA Funding

CMHS: Statewide Family Network; Child Mental Health Initiative; State Data Infrastructure; Youth Suicide Prevention and Early Intervention.

CSAP: Drug-Free Communities (27 grants); Drug-Free Communities—Mentoring.

CSAT: Addiction Technology Transfer Center; Access to Recovery; Strengthening Treatment Access and Retention.





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 <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>.

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: nontreatment 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.