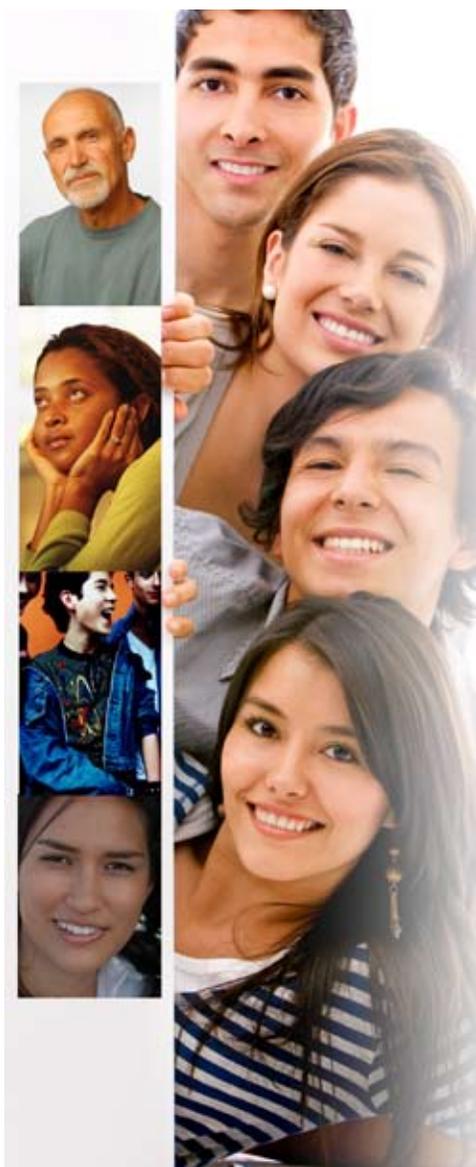


States In Brief



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 18-25; 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, Louisiana has ranked among the 10 states with the *lowest* rates² on the following measures (Table 1):

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

Measure	Age Groups
Past Year Marijuana Use	12-17
Past Month Marijuana Use	12-17
Greatest Perception of Risk Associated with Smoking Marijuana Once a Month	26+
Past Year Cocaine Use	12-17

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 measures of past year dependence on or abuse of alcohol, Louisiana has consistently ranked at or below the national rates for all age groups and across all survey years (Chart 1).

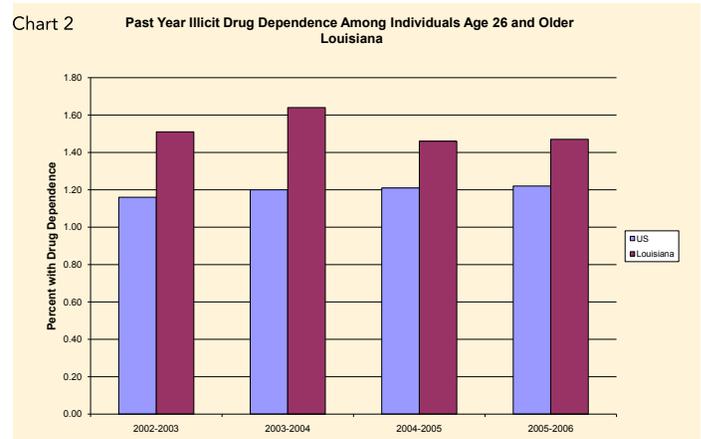
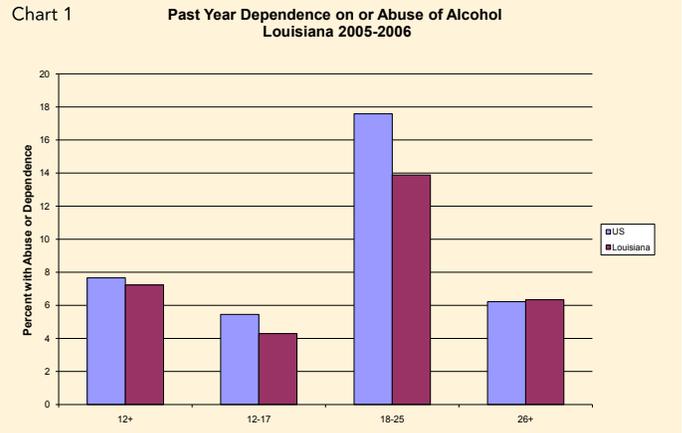
Rates of past year dependence on or abuse of illicit drugs, however, have been more variable; with the 26 and older age group ranking among the highest in the country across all survey years (Chart 2).

Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS),³ Louisiana had a total of 145 treatment facilities. Of these, 53 were private nonprofit, 38 were private for-profit, and 2 facilities were owned/operated by a Tribal authority.

The number of treatment facilities in Louisiana has decreased from 167 in 2002, to 145 in 2006—the most recent year for which data are available. The decrease is primarily accounted for by the loss of 11 private nonprofit facilities and 12 facilities owned/operated by Federal, State, or local government(s).

Although facilities may offer more than one modality of care, in 2006 the majority of Louisiana facilities (104 or 72%) offered some form of outpatient treatment. Another 47 facilities offered some form of residential care, and 10 facilities



offered an opioid treatment program. In addition, 141 physicians and 14 treatment programs were certified to provide buprenorphine therapy for opiate addiction.

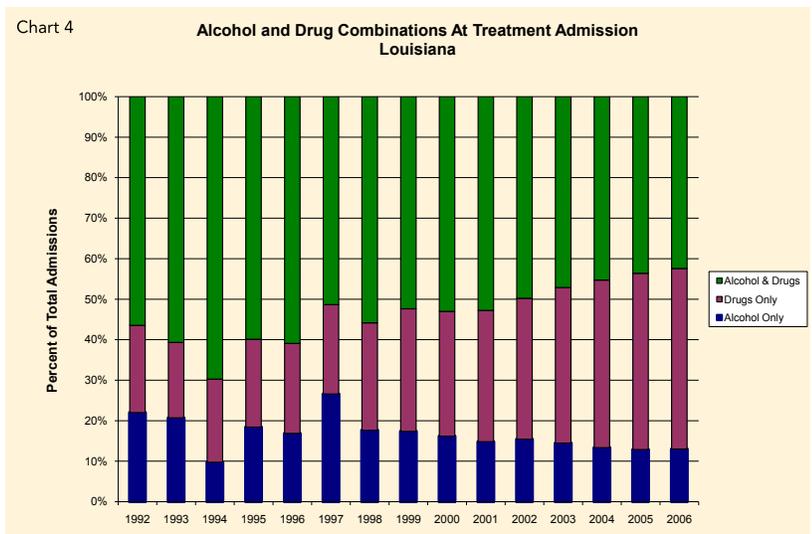
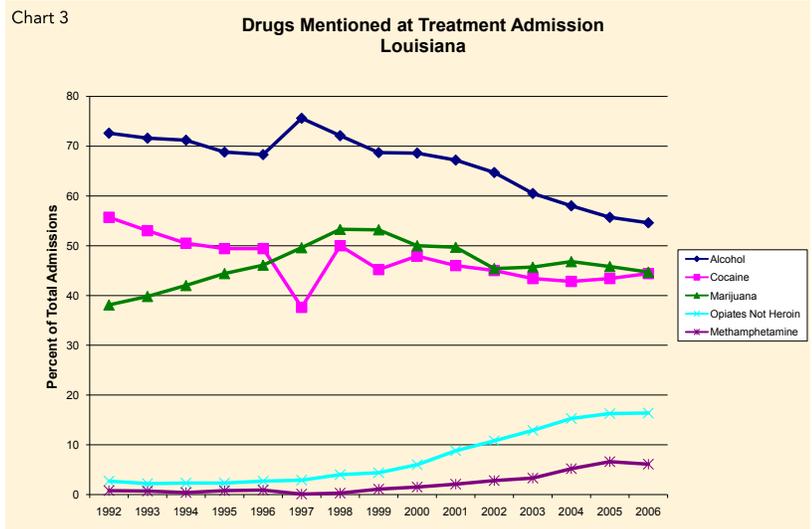
In 2006, 63 percent of all facilities (91) received some form of Federal, State, county, or local government funds, and 37 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

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, Louisiana showed a one-day total of 9,280 clients in treatment, the majority of whom (7,667 or 83%) were in outpatient treatment. Of the total number of clients in treatment on this date, 601 (6%) 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 15 years, there has been a small decline in the number of admissions mentioning alcohol and increases in the number of mentions of opiates other than heroin and methamphetamine.

Across the years for which TEDS data are available, Louisiana has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from 20 percent of all admissions in 1992, to 12 percent in 2006. Concomitantly, drug-only admissions have doubled from 22 percent in 1992, to 44 percent in 2006 (Chart 6).





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.

While rates of unmet drug treatment need have been quite variable across time and among age groups, the rate of unmet treatment need for individuals age 26 and older has consistently been among the 10 highest in the country (Chart 5).

Rates of unmet need for alcohol treatment have also been higher than the national rates across time (Chart 4).

Tobacco Use and Synar Compliance

Since 2003-2004, rates of past month use of cigarettes or other tobacco products by underage individuals 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 customer under the age of 18. Louisiana'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 Among Individuals Age 26 and Older Louisiana

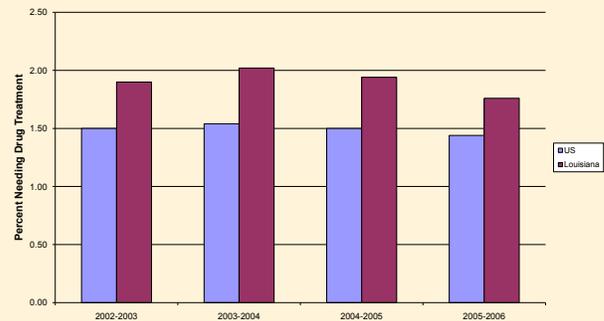


Chart 6 Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 26 and Older - Louisiana

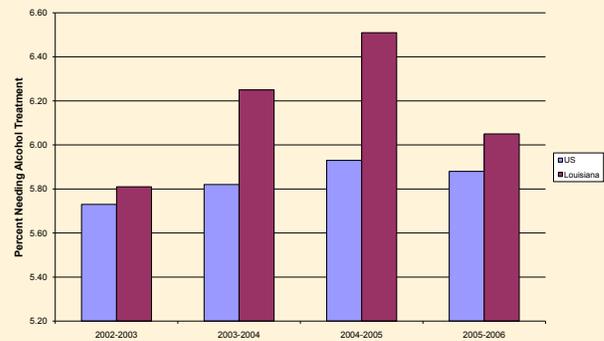


Chart 7 Past Month Cigarette Use Among Individuals Age 12 to 17 Louisiana

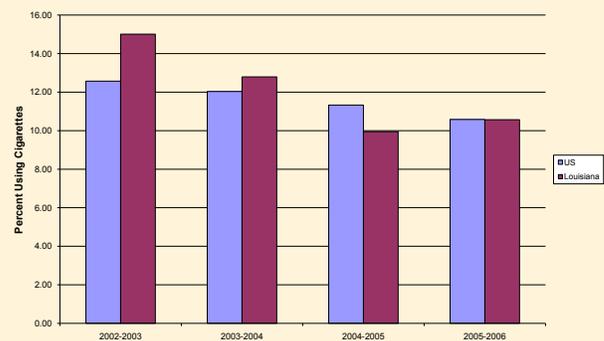
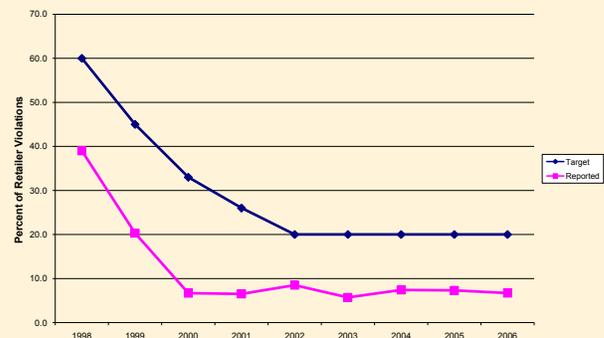


Chart 8 Rate of Retailer Violations Under the Synar Amendment Louisiana



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.

While rates of past year serious psychological distress have been above the national rates for the State population for both those ages 18 and older as well as for those ages 26 and older, similar rates for those individuals ages 18 to 25 were among the lowest in the country in 2005-2006 (Chart 9).

Rates of past year major depressive episodes, however, have remained close to the national rates. (Chart 10).

Chart 9 Past Year Serious Psychological Distress By Age Group 2005-2006 Louisiana

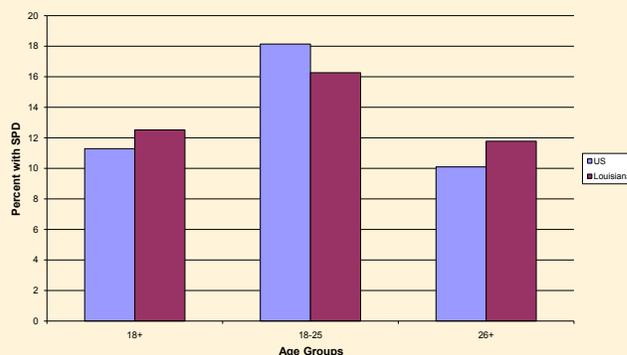
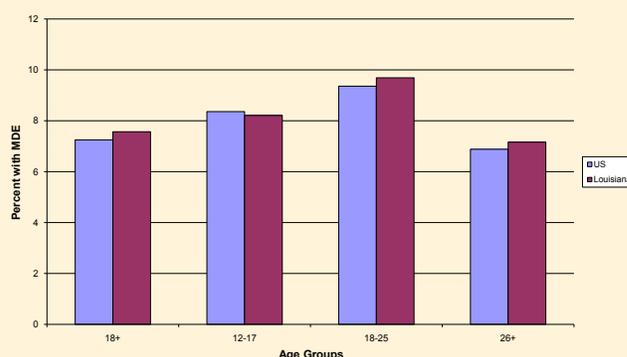


Chart 10 Past Year Major Depressive Episode by Age Group - 2005-2006 Louisiana





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:

\$ 26 million	Substance Abuse Prevention and Treatment Block Grant
\$ 7 million	Mental Health Block and Formula Grants
\$ 16 million	SAMHSA Discretionary Program Funds
\$ 49 million	Total SAMHSA Funding

CMHS: Alternatives to Restraint and Seclusion State Incentive Grant; Statewide Family Network; Children’s Services; Post-traumatic Stress Disorder in Children; Jail Diversion; State Mental Health Data Infrastructure.

CSAP: Drug-Free Communities (5 grants); HIV/AIDS Services.

CSAT: Access to Recovery; State Data Infrastructure (substance abuse treatment); Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Strengthening Access and Retention; and Targeted Capacity Expansion—HIV/AIDS.

2005-2006:

\$ 25.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.9 million	Mental Health Block and Formula Grants
\$ 17.2 million	SAMHSA Discretionary Program Funds
\$ 49.9 million	Total SAMHSA Funding

CMHS: Alternatives to Restraint and Seclusion State Incentive Grant; Statewide Family Network; Children’s Services; Post-traumatic Stress Disorder in Children; Jail Diversion; Emergency Response—Hurricane Katrina; Jail Diversion; State Mental Health Data Infrastructure.

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

CSAT: Access to Recovery; Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Strengthening Access and Retention; and Targeted Capacity Expansion—HIV/AIDS.

2006-2007:

\$ 25.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.9 million	Mental Health Block and Formula Grants
\$ 27.0 million	SAMHSA Discretionary Program Funds
\$ 59.7 million	Total SAMHSA Funding

CMHS: Alternatives to Restraint and Seclusion State Incentive Grant; Statewide Family Network; Disaster Relief; Children’s Services; Post-traumatic Stress Disorder in Children; Youth Suicide Prevention and Early Intervention; Jail Diversion; State Mental Health Data Infrastructure.

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

CSAT: Access to Recovery; Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Strengthening Access and Retention; and Targeted Capacity Expansion—HIV/AIDS.

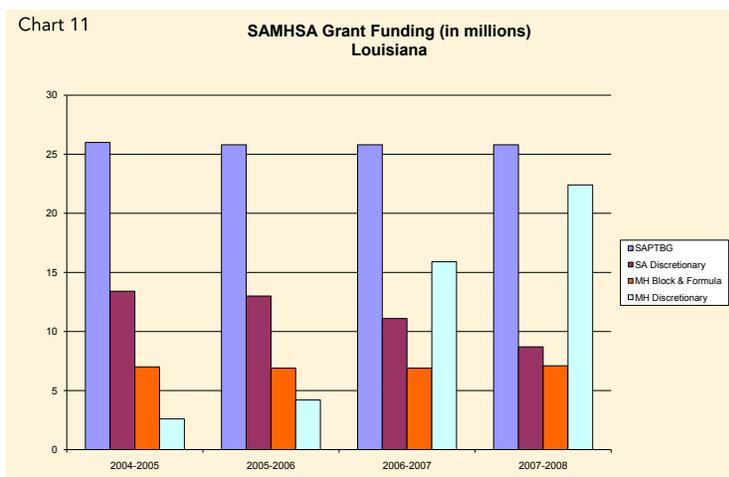
2007-2008:

\$ 25.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 7.1 million	Mental Health Block and Formula Grants
\$ 31.1 million	SAMHSA Discretionary Program Funds
\$ 64.0 million	Total SAMHSA Funding

CMHS: Statewide Family Network; Jail Diversion; Children’s Services; State Mental Health Data Infrastructure; Disaster Relief; Youth Suicide Prevention and Early Intervention.

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

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





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.