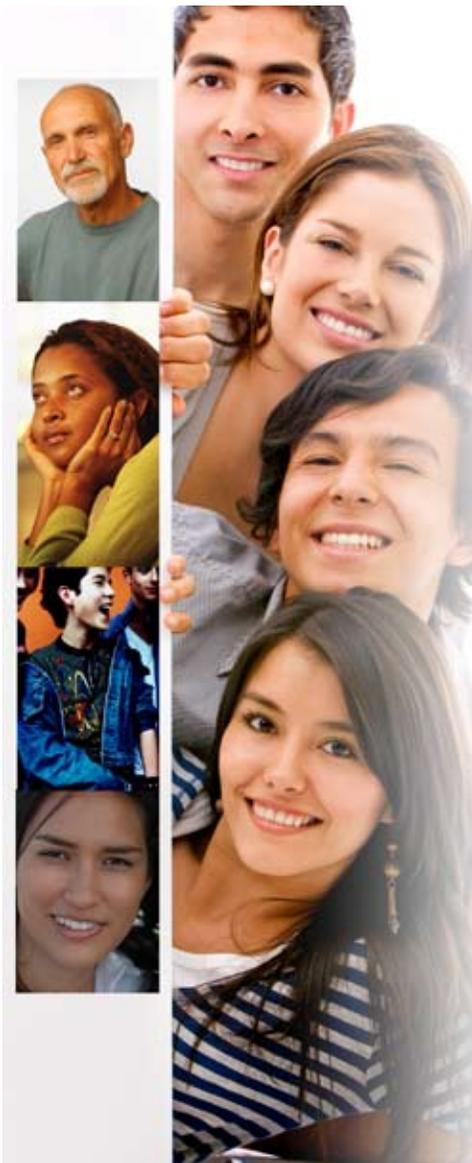




States In Brief

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 and Abuse

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, Maine has ranked among the 10 States with the *highest*² rates of the following measures for given segments of the State's population (Table 1).

Table 1: Maine 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	12+, 12-17 18-25, 26+
Past Year Marijuana Use	12-17, 18-25
Least Perception of Risk Associated with Once a Month Marijuana Use	12-17, 18-25
Least Perception of Risk Associated with Drinking Alcohol Once or Twice a Week	12-17
Past Year Illicit Drug Dependence or Abuse	18-25
Past Year Illicit Drug Dependence	18-25
Needing and Not Receiving Treatment for Drug Use	18-25

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 alcohol abuse and dependence in Maine have been variable over time but have generally remained close to the national rates for the population age 12 and older (Chart 1).

Rates of illicit drug dependence or abuse, however, have generally remained above the national rates for three population groups: those 12 and older; those age 12 to 17; and those age 18 to 25 (Chart 2).

Substance Abuse Treatment Facilities

According to the annual National Survey of Substance Abuse Treatment Services (N-SSATS),³ the number of facilities in Maine providing substance abuse treatment has increased from 177 in 2002, to 191 in 2006. Private for-profit facilities increased from 65 in 2002, to 90 in 2006 and now comprise almost half of all treatment facilities. The number of private nonprofit facilities decreased from 100 in 2002, to 90 in 2006.

Although facilities may offer more than one modality of care, 89 percent (169 facilities) provided some form of outpatient treatment in 2006, and 14 percent (27 facilities) offered some form of residential care. Seven facilities offered opioid treatment, and 71 physicians are certified to provide buprenorphine treatment.

Chart 1

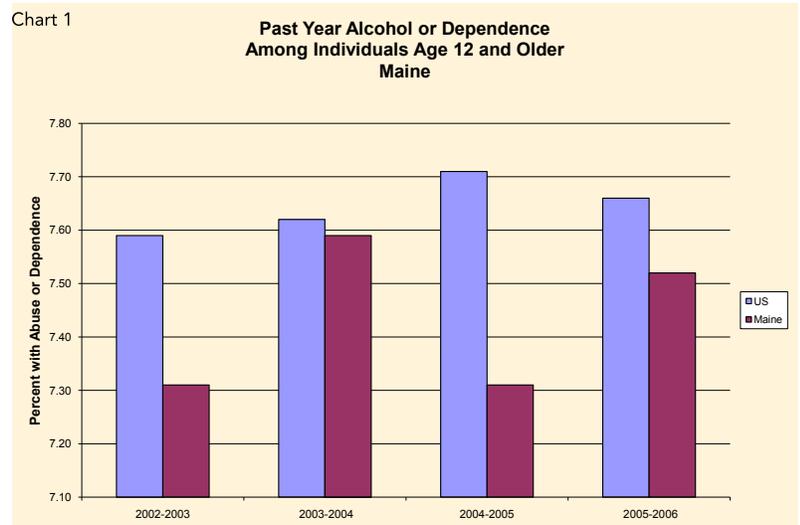
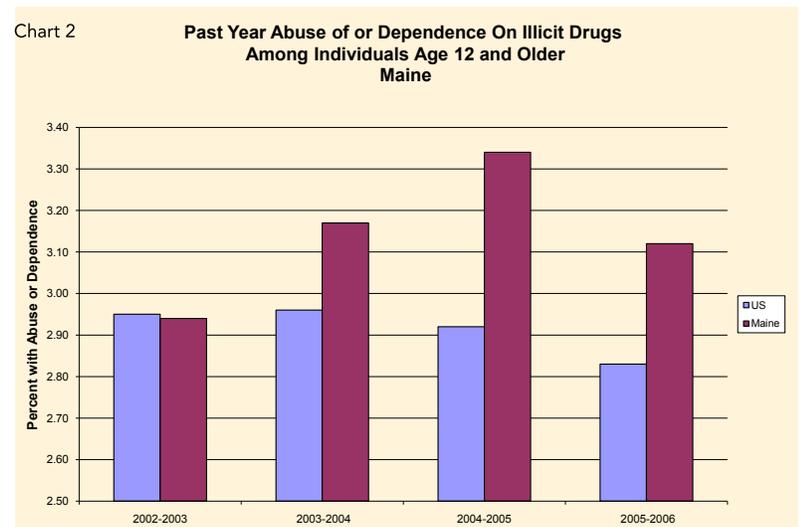


Chart 2



In 2006, 37 percent of all facilities (71) received some form of Federal, State, county, or local government funds, and 106 facilities (55%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

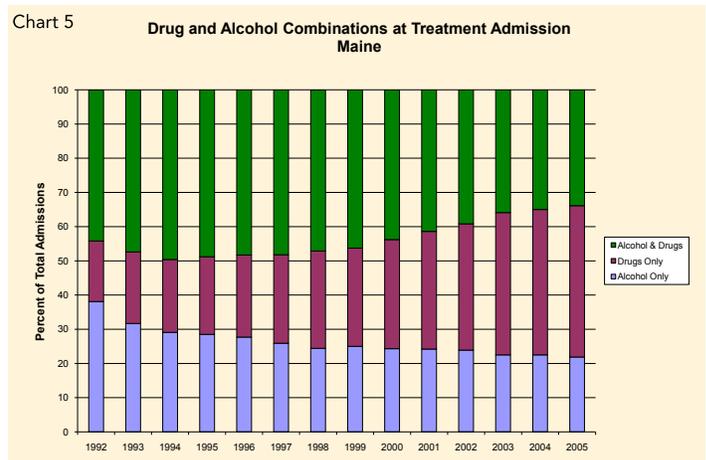
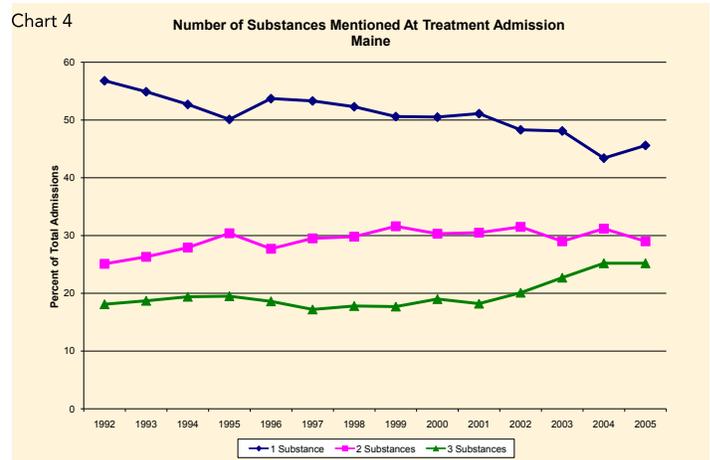
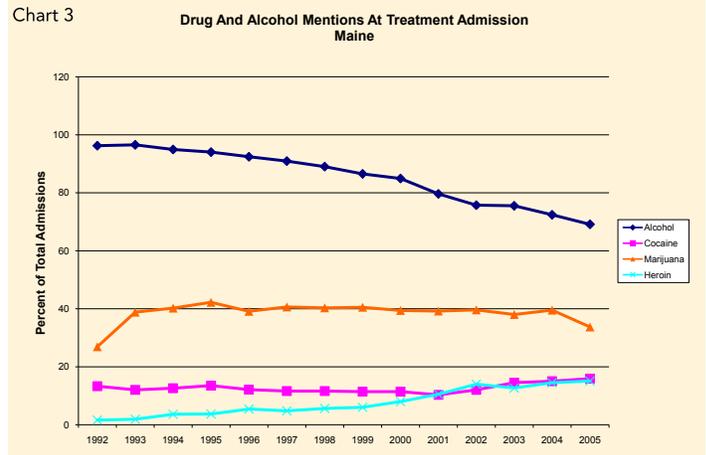
Treatment

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, on March 31, 2006, Maine showed a one-day census of 7,833 clients in treatment. Of these, 874 (approximately 11%) were under the age of 18. The majority of clients (95%) were in outpatient treatment.

Since 2002, there has been a steady increase in the annual number of admissions to treatment in Maine, from 9,125 in 2002 to 13,683 in 2005 (the most recent year for which data are available). Chart 3 the percent of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 14 years, there has been a steady decline in the number of admissions mentioning alcohol as a substance of abuse, and concomitant increases in the mentions of marijuana, cocaine, and heroin.

Maine has also seen a relatively steady increase in the number of treatment admissions who report using two or more substances prior to treatment admissions (Chart 4).

Similarly, Maine has seen a substantial increase in treatment admissions for illicit drugs only, from 18 percent in 1992 to 44 percent in 2005 (Chart 5):





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 individuals needing and not receiving treatment for drug use in Maine have generally remained above the national average (Chart 6). This is particularly true for individuals age 18 to 25 where Maine has consistently ranked among the 10 States with the highest rates of unmet need.

On the other hand, rates of individuals needing and not receiving treatment for alcohol use have generally remained at or below the national average. The one exception was the rate for unmet treatment need for individuals age 12 to 17, which has remained above the national average (Chart 7).

Tobacco Use and Synar Compliance

Rates of underage tobacco products and cigarette use in Maine have generally been at or above the national rates since 2002, and have been among the highest in the country since 2004-2005 (Chart 8).

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. The rates of these violations in Maine have been consistently below the target rate (Chart 9).

Chart 6 Needing And Not Receiving Treatment for Drug Use (2005-2006) Maine

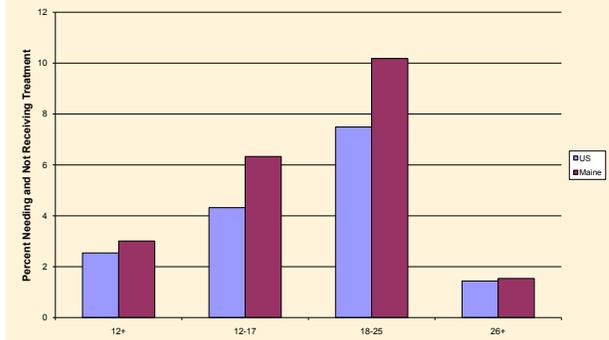


Chart 7 Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 12 to 17 - Maine

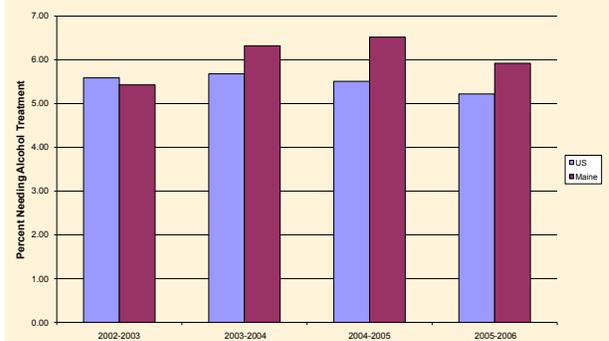


Chart 8 Cigarette Use Among Individuals Age 12 to 17 Maine

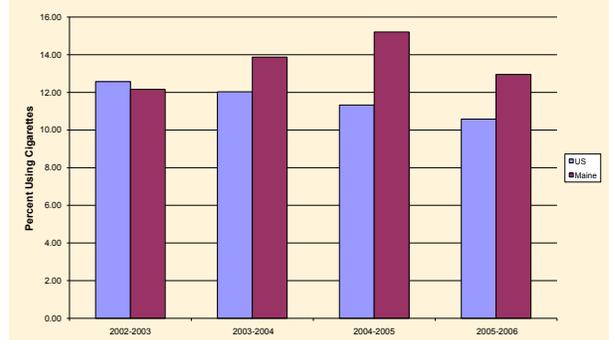


Chart 9 Retailer Violations Rates Under the Synar Amendment - Maine



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 (Chart 10). 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 (Chart 11). 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 for each of these indicators have been at or above the national average since these measures were introduced to the NSDUH.

TEDS also collects information on whether or not psychological problems are noted at treatment admission. Maine's data show an increasing percentage of admissions with psychological problems at treatment entry since 1992 (Chart 12).



Chart 10 Past Year Serious Psychological Distress 2005-2006
Maine

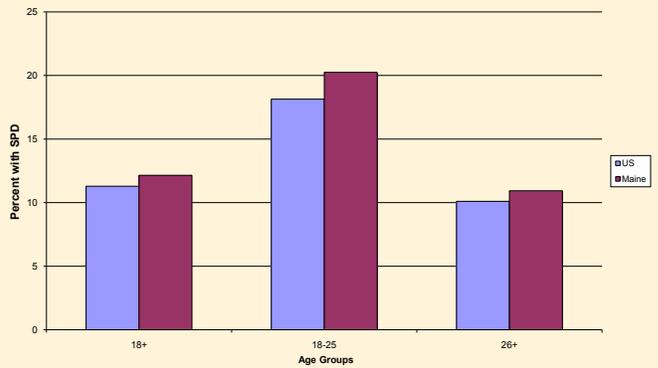


Chart 11 Past Year Major Depressive Episodes 2005-2006
Maine

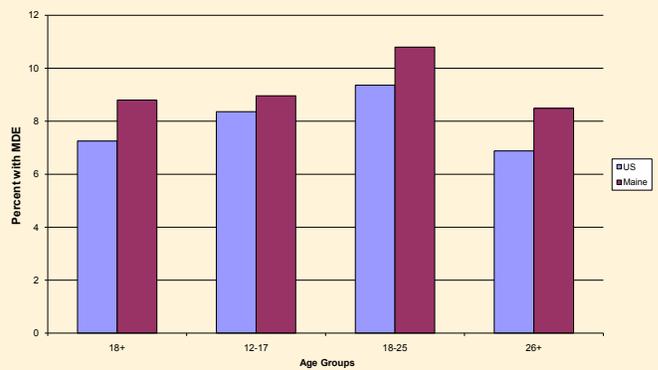
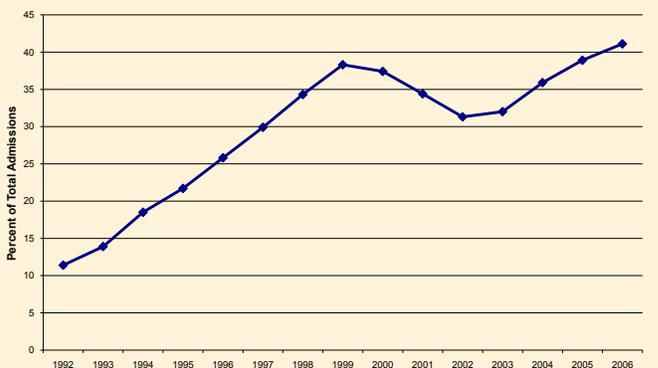


Chart 12 Psychological Problem(s) Noted At Treatment Admission
Maine





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 13). 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:

\$6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$2.4 million	Mental Health Block and Formula Grants
\$5.8 million	SAMHSA Discretionary Program Funds
\$14.8 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grant; Post-Traumatic Stress Disorder in Children; Emergency Response; Statewide Family Networks; Partnership for Youth Transition; Statewide Consumer Networks; Jail Diversion.

CSAP: Drug-Free Communities (8 grants); Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use; HIV/AIDS Services.

CSAT: State Data Infrastructure; Adult, Juvenile and Family Drug Courts; and Effective Adolescent Treatment.

2005-2006

\$6.5 million	Substance Abuse Prevention and Treatment Block Grant
\$2.4 million	Mental Health Block and Formula Grants
\$6.9 million	SAMHSA Discretionary Program Funds
\$15.8 million	Total SAMHSA Funding

CMHS: Partnership for Youth Transition; Child Mental Health Initiative; State Mental Health Data Infrastructure Grant; Statewide Family Networks; Youth Suicide Prevention and Early Intervention; Statewide Consumer Networks; Co-Occurring State Incentive Grant.

CSAP: Drug-Free Communities (8 grants); Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use.

CSAT: Effective Adolescent Treatment.

2006-2007:

\$6.5 million	Substance Abuse Prevention and Treatment Block Grant
\$2.4 million	Mental Health Block and Formula Grants
\$6.5 million	SAMHSA Discretionary Program Funds
\$15.4 million	Total SAMHSA Funding

CMHS: Child Mental Health Initiative; Youth Suicide Prevention and Early Intervention; Statewide Family Networks; State Mental Health Data Infrastructure Grant; Statewide Consumer Networks; Co-Occurring State Incentive Grant.

CSAP: Drug-Free Communities (7 grants); Strategic Prevention Framework State Incentive Grant.

CSAT: Strengthening Treatment Access and Retention—State Implementation.

In 2007-2008, Maine received a total of \$16.6 million in SAMHSA funding. Of that total, \$6.6 million derived from the Substance Abuse Prevention and Treatment Block Grant and \$2.3 million from the three mental health block and formula grants. The remainder came from the following SAMHSA discretionary programs:

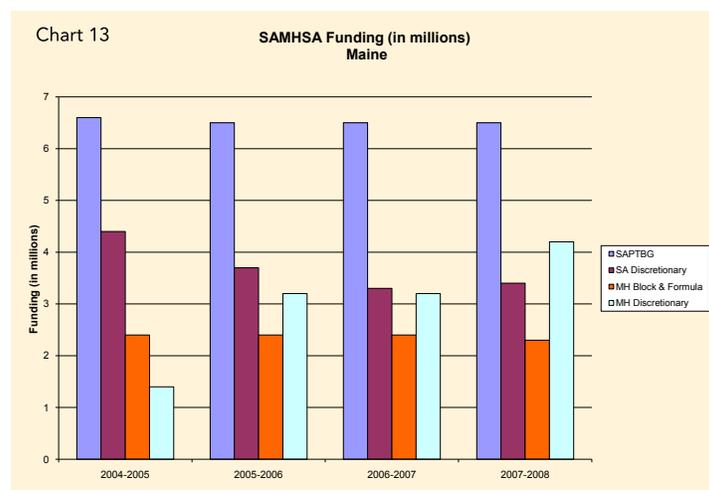
2007-2008:

\$6.5 million	Substance Abuse Prevention and Treatment Block Grant
\$2.3 million	Mental Health Block and Formula Grants
\$7.6 million	SAMHSA Discretionary Program Funds
\$16.4 million	Total SAMHSA Funding

CMHS: Post Traumatic Stress Disorder—Treatment Center; Statewide Family Networks (mental health); Child Mental Health Initiative; State Mental Health Data Infrastructure Grant; Youth Suicide Prevention and Early Intervention; Statewide Consumer Networks (mental health).

CSAP: Drug-Free Communities (8 grants); Strategic Prevention Framework State Incentive Grant.

CSAT: Strengthening Treatment Access and Retention—State Implementation.





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. Non medical 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 could fall into 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.