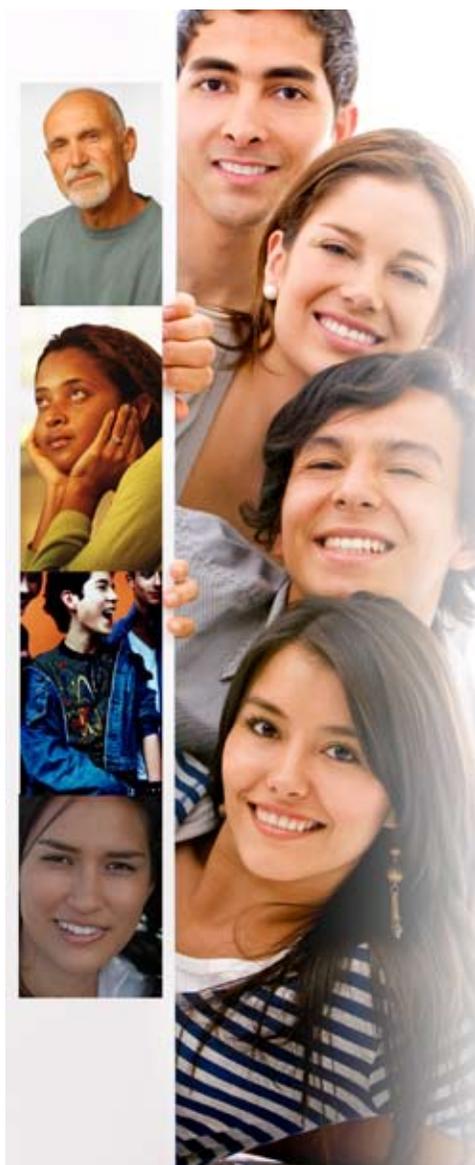




# States In Brief

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 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, rates in Maryland have been among the *lowest*<sup>2</sup> in the country on the following measures (Table 1):

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

Measure	Age Groups
Past Month Use of an Illicit Drug Other than Marijuana	12+, 12-17
Past Year Cocaine Use	12-17
Past Year Nonmedical Use of Pain Relievers	All Age Groups
Past Month Binge Alcohol Use	12-17, 12-20

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.

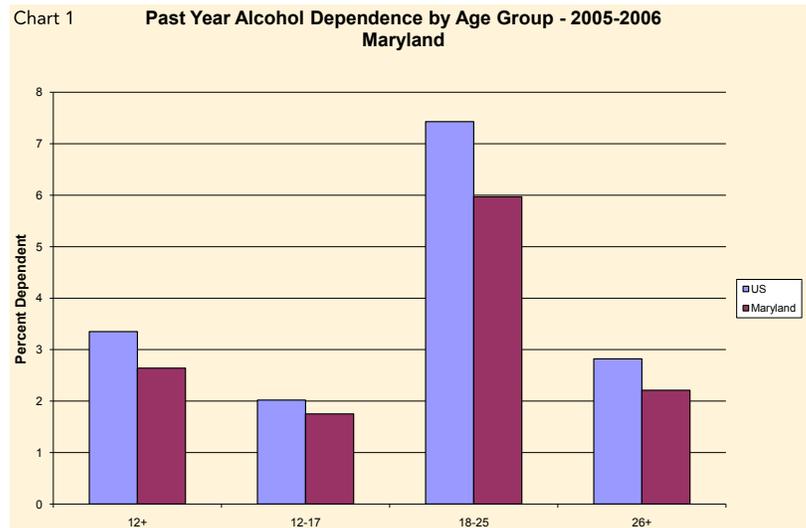




## Abuse and Dependence

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 dependence on or abuse of illicit drugs or alcohol, Maryland's rates have been at or below the national averages for all survey years. Notably, in 2005–2006, the rates of past year alcohol dependence were among the lowest in the country for all age groups (Chart 1).



## Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),<sup>3</sup> the number of treatment facilities in Maryland has increased from 345 in 2002 to 371 in 2006, the most recent year for which data are available. The increase is primarily accounted for by the addition of 11 private nonprofit facilities and 18 private for-profit facilities.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities in Maryland (313 of 371 or 84%) offered some form of outpatient treatment. And additional 82 facilities offer residential care, and 51 facilities offer an opioid treatment program. An additional 286 physicians and 97 treatment programs are certified to provide buprenorphine treatment for opioid addiction.



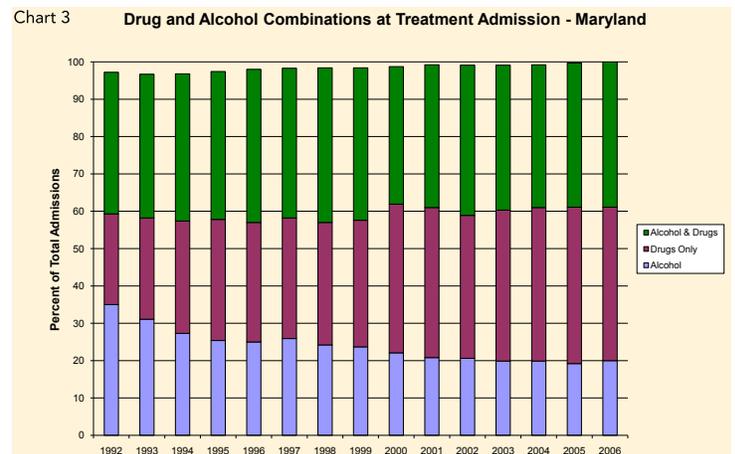
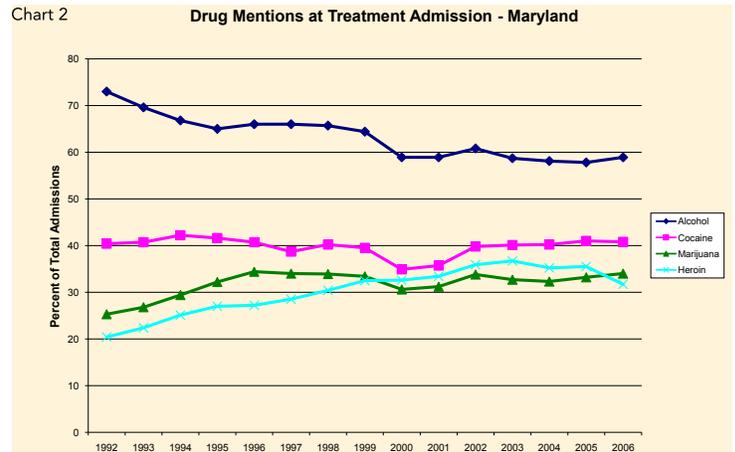
In 2006, 54 percent of all facilities (200 of 371) received some form of Federal, State, county or local government funds, and 167 facilities (45%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

## 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, Maryland showed a one-day total of 35,224 clients in treatment, the majority of whom (32,683 or 93%) were in outpatient treatment. Of the total number of clients in treatment on this date, 2,201 (6%) were under the age of 18.

Since 1992, there has been a steady increase in the annual number of admissions to treatment from 58,000 in 1992 to 65,000 in 2006 (the most recent year for which data are available). Chart 2 shows the percentage 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 as a substance of abuse and a concomitant increase in the number of admissions for heroin use.

Across the years for which TEDS data are available, Maryland has seen a substantial shift in the constellation of problems present at treatment admission (Chart 3). Alcohol-only admissions have declined from 35 percent of all admissions in 1992 to 20 percent in 2006. Concomitantly, drug-only admissions have increased from 24 percent in 1992 to 41 percent in 2005.





## Unmet Need for Treatment

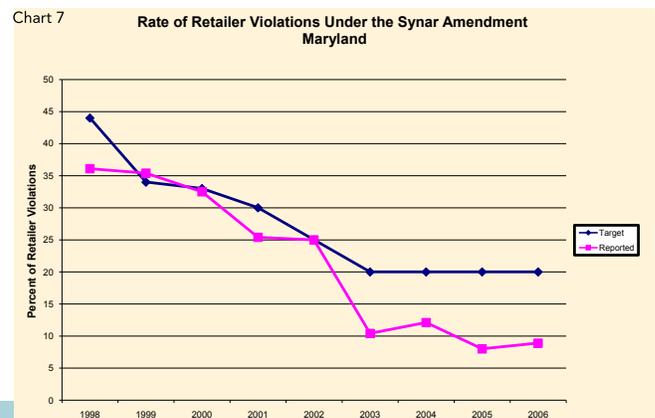
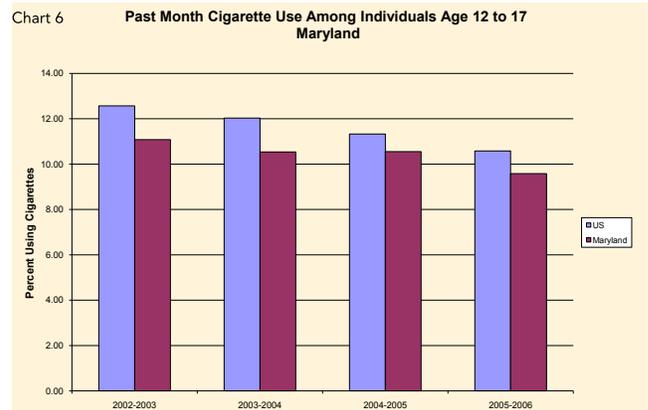
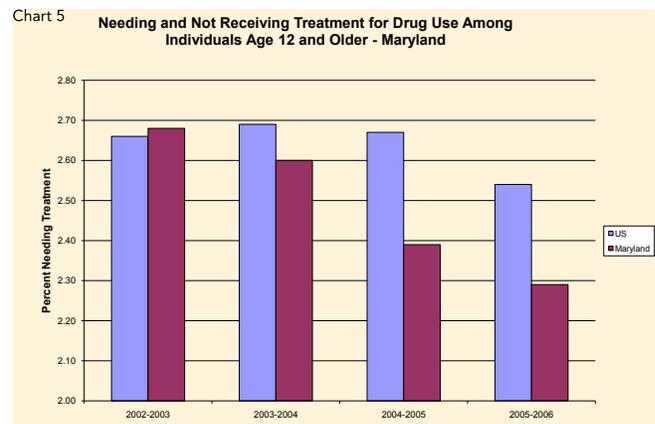
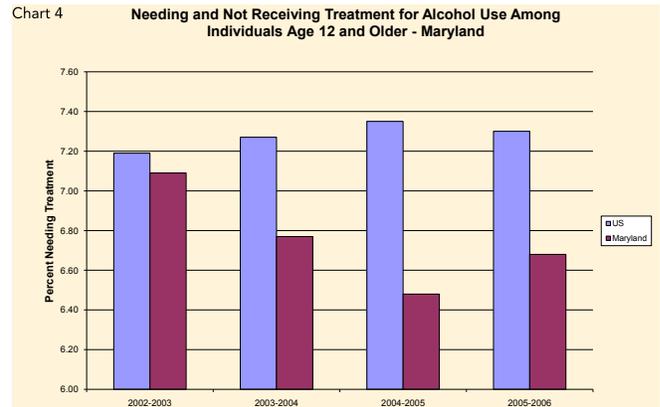
NSDUH defines unmet treatment as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year. In Maryland, the rates for unmet alcohol treatment needs for all age groups and across all survey years have remained at or below the national levels (Chart 4).

Notably, the rate for unmet treatment for drug use for the State population age 12 and older was among the lowest in the country in 2005–2006 (Chart 5).

## Tobacco Use and Synar Compliance

Across all age groups and all survey years, the Maryland rates for past month use of any tobacco product and for past month cigarette use have remained among the lowest in the country for all age groups including underage smokers (Chart 6).

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. Maryland’s rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2003 (Chart 7).



## 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 Maryland, the rates for past year SPD have been among the lowest in the country for those individuals age 18 and older as well as those age 26 and older (Chart 8).

Similarly, rates of past year MDE have been among the lowest in the country for both age groups (Chart 9).

The TEDS also collects information on psychological problems noted at treatment admission. In Maryland, the percentage of treatment admissions with psychological problems has more than tripled, from 7.6 percent in 1992 to 26.2 percent in 2006 (Chart 10).

Chart 8 Past Year Serious Psychological Distress Among Individuals Age 18 and Older - Maryland

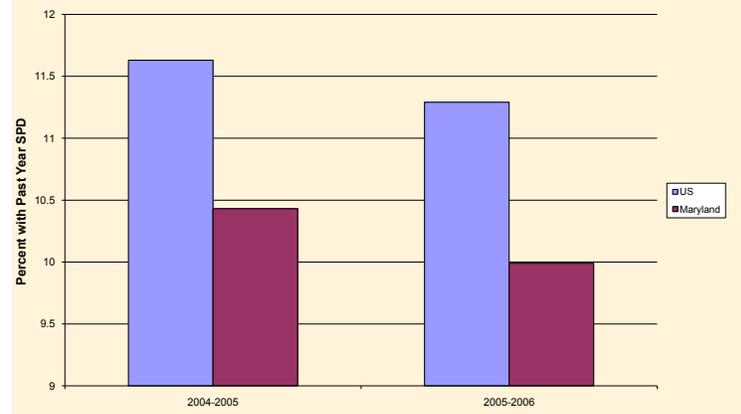


Chart 9 Past Year Major Depressive Episode 2005-2006 Maryland

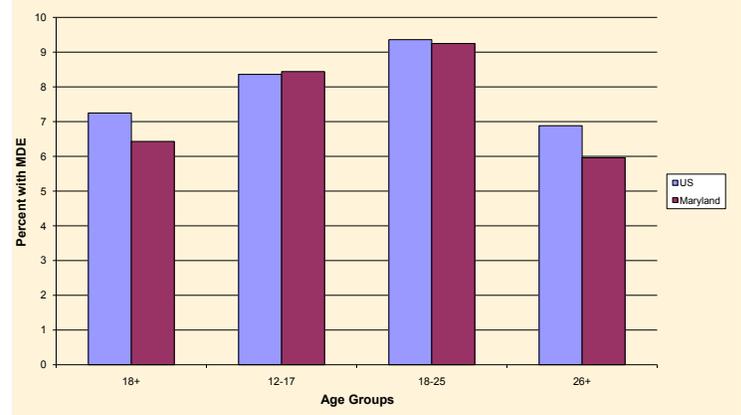
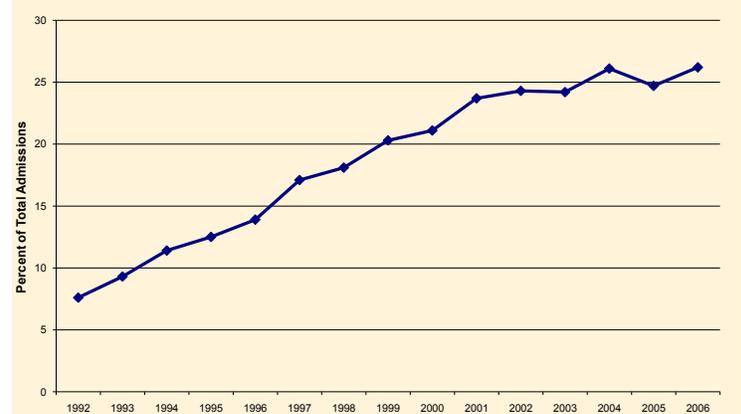


Chart 10 Psychological Problems Noted at Treatment Admission Maryland





## 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:

\$32.2 million	Substance Abuse Prevention and Treatment Block Grant
\$9.6 million	Mental Health Block and Formula Grants
\$11.3 million	SAMHSA Discretionary Program Funds
\$53.1 million	Total SAMHSA Funding

**CMHS:** Post Traumatic Stress Disorder in Children; Statewide Consumer Network; Alternatives to Seclusion and Restraint; State Mental Health Data Infrastructure Grant; Emergency Response; Disaster Relief; Statewide Family Network; Evidence Based Training and Evaluation; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Children’s Services.

**CSAP:** Drug Free Communities (8 grants); Youth Transition to the Workplace; HIV/AIDS Services; Family Strengthening.

**CSAT:** Targeted Capacity Expansion—Innovative Treatment; State Data Infrastructure; Addiction Technology Transfer Center; Residential Substance Abuse Treatment; Targeted Capacity Expansion—HIV/AIDS; DATA Physician Clinical Support System; Effective Adolescent Treatment; and SAMHSA Dissertation Grant.

### 2005–2006:

\$31.8 million	Substance Abuse Prevention and Treatment Block Grant
\$9.5 million	Mental Health Block and Formula Grants
\$7.7 million	SAMHSA Discretionary Program Funds
\$49 million	Total SAMHSA Funding

**CMHS:** Post Traumatic Stress Disorder in Children; Statewide Consumer Network; Alternatives to Seclusion and Restraint; State Mental Health Data Infrastructure Grant; Statewide Family Network; Mental Health Transformation State Incentive Grant; Campus Suicide; Evidence Based Training and Evaluation; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Minority Fellowship Program; SAMHSA Conference Grant.

**CSAP:** Drug Free Communities (9 grants); Drug Free Communities—Mentoring; HIV Strategic Prevention Framework; Youth Transition to the Workplace; HIV/AIDS Services; Ecstasy and Other Club Drug Prevention; SAMHSA Conference grant.

**CSAT:** Targeted Capacity Expansion—Innovative Treatment; Targeted Capacity Expansion—Innovative Treatment; Targeted Capacity Expansion—HIV/AIDS; Homeless Addiction Treatment; Addiction Technology Transfer Center; DATA Physician Clinical Support System; and Effective Adolescent Treatment.

## 2006–2007:

\$31.8 million	Substance Abuse Prevention and Treatment Block Grant
\$9.5 million	Mental Health Block and Formula Grants
\$14.3 million	SAMHSA Discretionary Program Funds
\$55.6 million	Total SAMHSA Funding

**CMHS:** Post Traumatic Stress Disorder in Children; Statewide Consumer Network; Alternatives to Seclusion and Restraint; State Mental Health Data Infrastructure Grant; Child Mental Health Initiative; Statewide Family Network; Mental Health Transformation State Incentive Grant; Campus Suicide; Youth Suicide Prevention and Early Intervention; Disaster Relief.

**CSAP:** Minority Fellowship Program; Drug Free Communities (10 grants); Drug Free Communities—Mentoring; SAMHSA Conference Grant; HIV Strategic Prevention Framework; Youth Transition to the Workplace; HIV/AIDS Services.

**CSAT:** Targeted Capacity Expansion—Innovative Treatment; Targeted Capacity Expansion—HIV/AIDS; Homeless Addiction Treatment; Addiction Technology Transfer Center; Treatment for Homeless—Chronic; DATA Physician Clinical Support System; and Effective Adolescent Treatment.

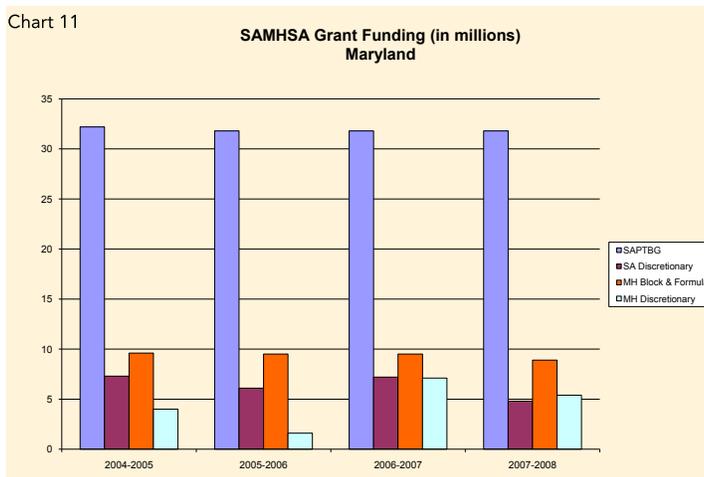
## 2007–2008:

\$31.8 million	Substance Abuse Prevention and Treatment Block Grant
\$8.9 million	Mental Health Block and Formula Grants
\$10.2 million	SAMHSA Discretionary Program Funds
\$50.9 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure Grant; Mental Health Transformation State Incentive Grant; Post-Traumatic Stress Disorder—Adaptation Center; Statewide Consumer Network; Minority Fellowship Program; Campus Suicide; Statewide Family Network; Youth Suicide Prevention and Early Intervention; SAMHSA Conference Grant.

**CSAP:** Drug Free Communities (11 grants); Drug Free Communities—Mentoring; HIV Strategic Prevention Framework; Youth Transition to the Workplace.

**CSAT:** Homeless Addiction Treatment; Addiction Technology Transfer Center; Targeted Capacity Expansion—HIV/AIDS; and Physicians Clinical Report.





---

## 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>.

---

<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.

---

## 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.