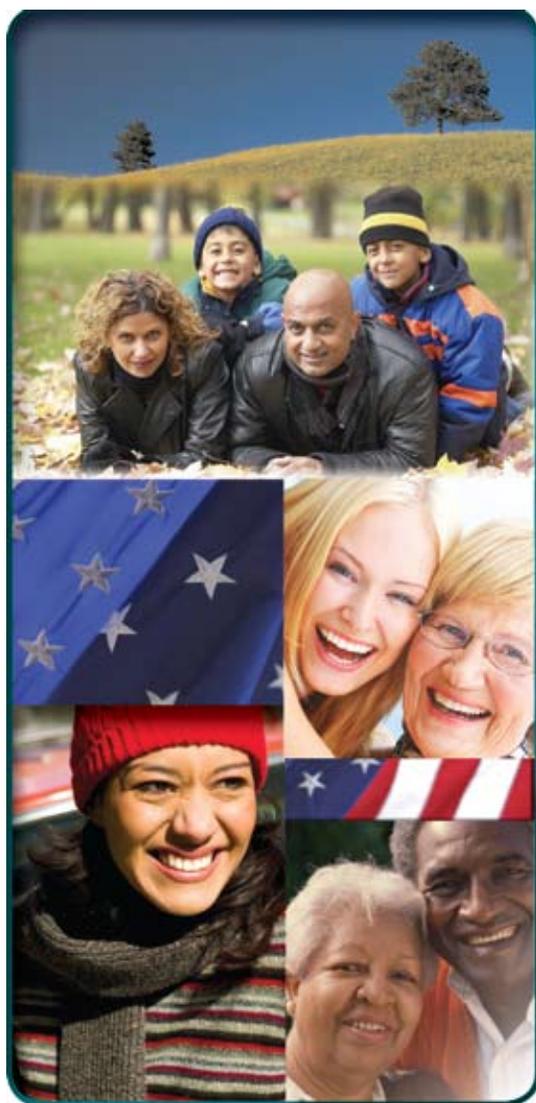




States In Brief

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 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, Minnesota has ranked among the 10 States with the *highest*² rates of the following measures (Table 1):

Table 1: Minnesota is among those states with the highest rates of the following:

Measure	Age Groups
Past Month Alcohol Use	12+, 18-25, 26+
Past Month Binge Alcohol Use	12+, 26+
Least Perception of Risk Associated with Monthly Use of Marijuana	12+, 26+

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. Sources for all data used in this report appear at the end.



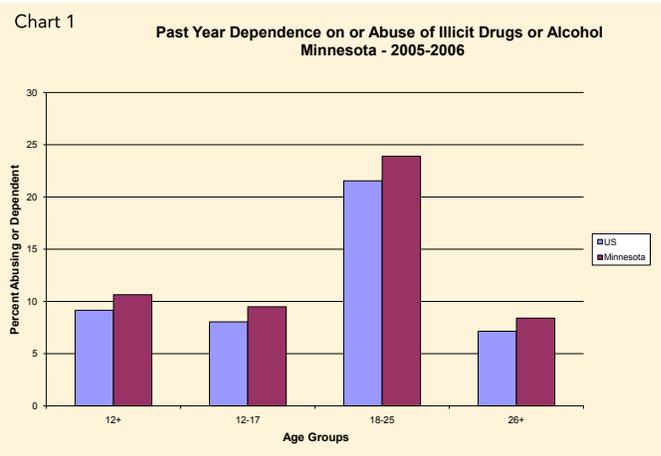


Abuse and Dependence

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, Minnesota's rates for three age groups (12+, 12-17, 26+) were among the 10 highest in the country (Chart 1).

When viewed separately, however, rates of past year illicit drug dependence have tended to be at or below the national rates, while rates of past year alcohol dependence have generally been at or above the national rates.



Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),³ the majority of Minnesota facilities in 2006 (140 of 263, or 53%) were private nonprofit. Another 98 facilities (37%) 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 Minnesota has remained relatively stable.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities (204 of 263, or 78%) offered some form of outpatient treatment, and 112 facilities (43%) offered some form of residential care. Additionally, 9 facilities offered an opioid treatment program, and 57 physicians and 31 programs were certified to provide buprenorphine treatment for opiate addiction.



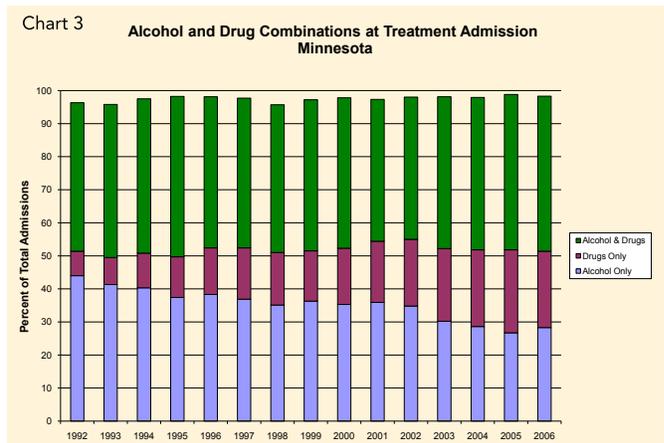
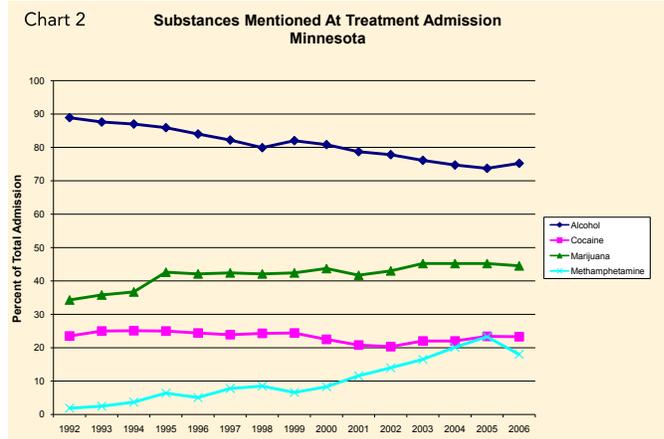
In 2006, 54 percent of all facilities (143) received some form of Federal, State, county, or local government funds, and 185 facilities (70%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

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, Minnesota showed a one-day total of 10,078 clients in treatment, the majority of whom (7,246 or 72%) were in outpatient treatment. Of the total number of clients in treatment on this date, 832 (8%) were under the age of 18.

Chart 2 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 a marked increase in the percent of admissions mentioning methamphetamine (from 1.9% in 1992, to more than 18% in 2006).

Across the years for which TEDS data are available, Minnesota has seen a shift in the constellation of problems present at treatment admission (Chart 3). Alcohol-only admissions have declined from 44 percent of all admissions in 1992, to just over 28 percent in 2006. Concomitantly, drug-only admissions have tripled from 7 percent in 1992, to 23 percent in 2005.



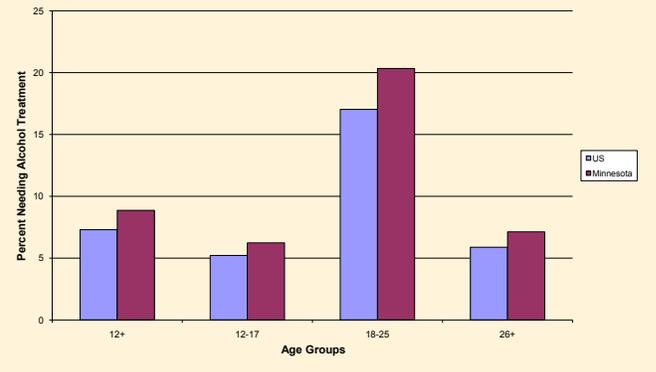


Unmet Need for Treatment

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.

In Minnesota, the rates of individuals needing and not receiving drug treatment have generally been below the national rates; however, the rates of individuals needing and not receiving alcohol treatment have generally been above the national rates. In 2005-2006, Minnesota was among the 10 States with the highest rates of unmet alcohol treatment need for the State population as a whole (12+), and for those individuals age 26 and older (Chart 4).

Chart 4 Individuals Needing and Not Receiving Treatment for Alcohol Use by Age Group 2005-2006 - Minnesota



Tobacco Use and Synar Compliance

The rate of smoking by underage individuals in Minnesota has generally been above the national rates, and in 2002-2003 was among the 10 highest in the country (Chart 5).

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. Minnesota’s rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2000 (Chart 6).

Chart 5 Past Month Cigarette Use Among Individuals Age 12 to 17 Minnesota

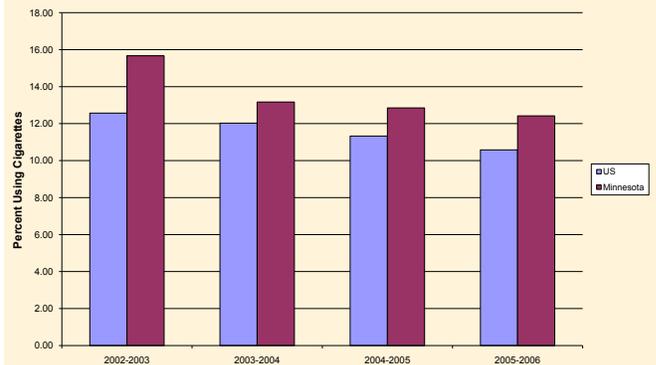
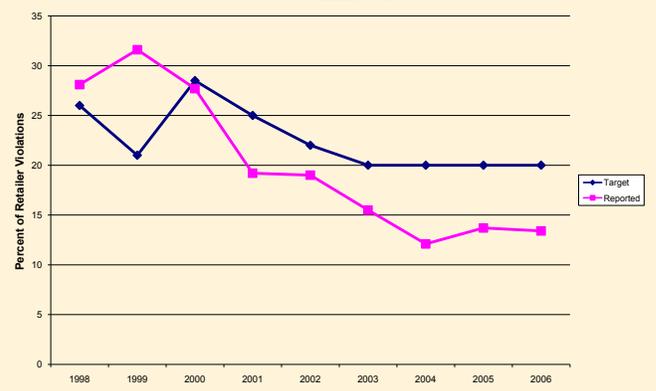


Chart 6 Percent of Retailer Violations Under the Synar Amendment - Minnesota



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 for both SPD and MDE in Minnesota have generally been at or below the national rates (Charts 7 and 8).

Chart 7
Past Year Serious Psychological Distress
Minnesota 2005-2006

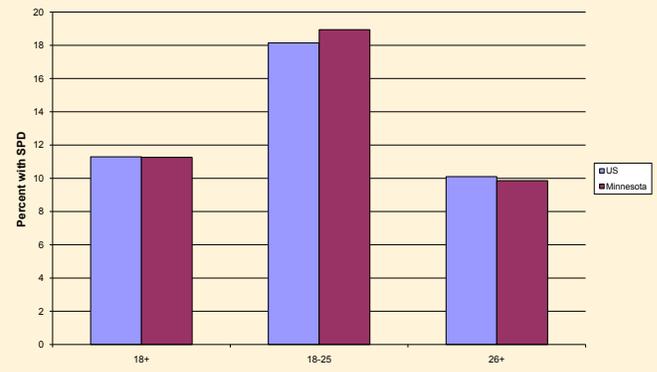
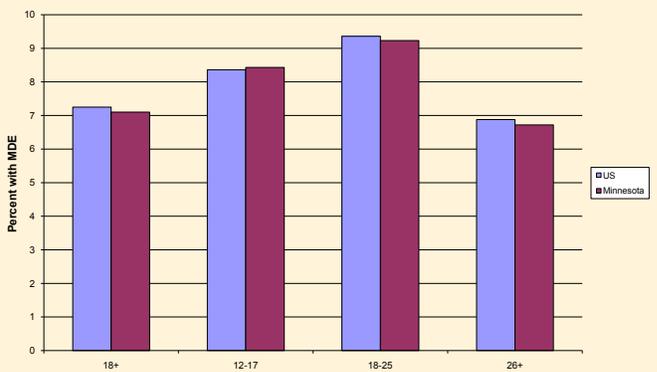


Chart 8
Past Year Major Depressive Episode
Minnesota 2005-2006





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 9). 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:

\$ 21.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.9 million	Mental Health Block and Formula Grants
\$ 4.6 million	SAMHSA Discretionary Program Funds
\$ 33.3 million	Total SAMHSA Funding

CMHS: Statewide Consumer Networks; State Mental Health Data Infrastructure Grants; Children's Services; Partnerships for Youth Transition; Youth Violence Prevention; Statewide Family Networks; Emergency Response.

CSAP: Drug Free Communities (12 grants); and HIV/AIDS Services.

2005-2006:

\$ 22.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.9 million	Mental Health Block and Formula Grants
\$ 6.2 million	SAMHSA Discretionary Program Funds
\$ 35.2 million	Total SAMHSA Funding

CMHS: Statewide Consumer Networks; State Mental Health Data Infrastructure Grants; Children's Services; Partnerships for Youth Transition; Community Treatment and Services Centers of the National Child Traumatic Stress Initiative; Child Mental Health Initiative; Emergency Response.

CSAP: Drug Free Communities (14 grants); Drug Free Communities—Mentoring; HIV/AIDS Strategic Prevention Framework and HIV/AIDS Services.

2006-2007:

\$ 22.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.8 million	Mental Health Block and Formula Grants
\$ 6.5 million	SAMHSA Discretionary Program Funds
\$ 35.4 million	Total SAMHSA Funding

CMHS: Statewide Consumer Networks; State Mental Health Data Infrastructure Grants; Community Treatment and Services Centers of the National Child Traumatic Stress Initiative; Statewide Family Networks; Child Mental Health Initiative.

CSAP: Drug Free Communities—Mentoring; Drug Free Communities (13 grants); HIV/AIDS Strategic Prevention Framework; HIV/AIDS Services.

CSAT: Co-Occurring State Incentive Grant.

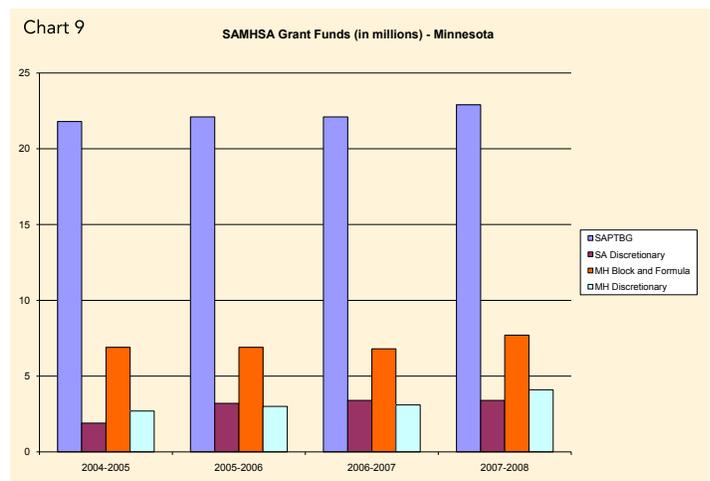
2007-2008:

\$ 22.9 million	Substance Abuse Prevention and Treatment Block Grant
\$ 7.7 million	Mental Health Block and Formula Grants
\$ 7.5 million	SAMHSA Discretionary Program Funds
\$ 38.1 million	Total SAMHSA Funding

CMHS: Statewide Consumer Networks; Statewide Family Networks; State Mental Health Data Infrastructure Grants; Community Treatment and Services Centers of the National Child Traumatic Stress Initiative; Child Mental Health Initiative.

CSAP: Drug Free Communities—Mentoring; Drug Free Communities (13 grants); HIV/AIDS Strategic Prevention Framework; HIV/AIDS Services.

CSAT: Co-Occurring State Incentive Grants.





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.