

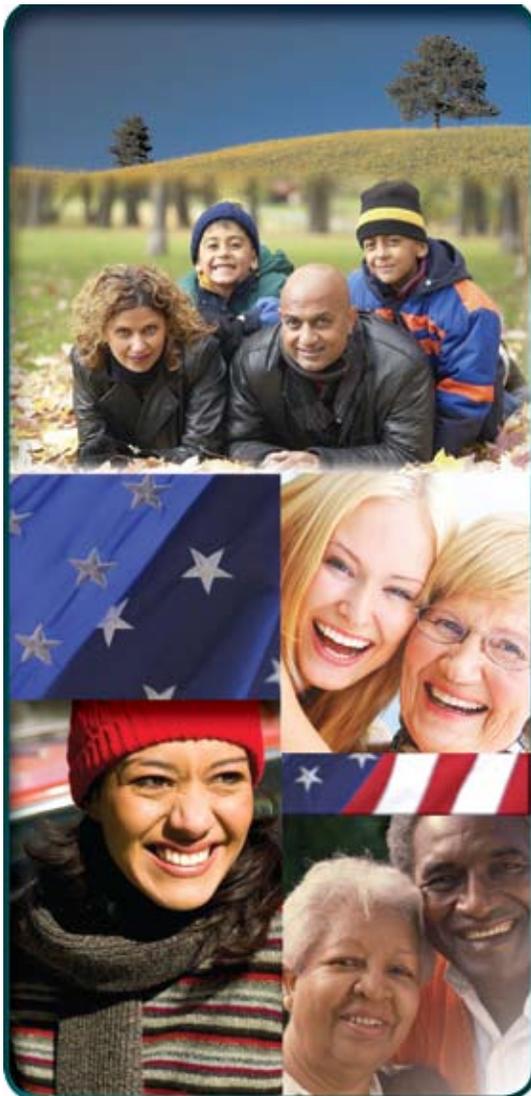
MISSOURI

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, rates on measures of past month and past year use of illicit drugs have been quite variable across all age groups. Generally, the rates of past month use of any illicit substance have been at or below the national rates, including rates for marijuana use. Rates of cocaine use in 2002-2003 were above the national levels, but generally below the national levels by 2005-2006. Rates of past month alcohol use were similar—generally at or below the national rates; however, rates of binge alcohol use were generally at or above the national rates.

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.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov



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 past year alcohol dependence have generally been at or above the national rates for all age groups and across survey years (Chart 1).

Rates of past year drug dependence have generally been at or below the national rates and in 2005-2006 were among the 10 *lowest*² 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 Missouri has remained relatively stable since 2002. In 2006, there were a total of 257 facilities, of which 196 (76%) were private nonprofit facilities and another 48 (19%) were private for-profit.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities in Missouri (240 of 257, or 93%) offered some form of outpatient treatment. An additional 67 facilities offered some form of residential care. Ten facilities offered opioid treatment programs, and 70 physicians and 14 treatment programs were certified to provide buprenorphine treatment for opiate addiction.

Chart 1 Past Year Alcohol Dependence Among Individuals Age 12 and Older Missouri

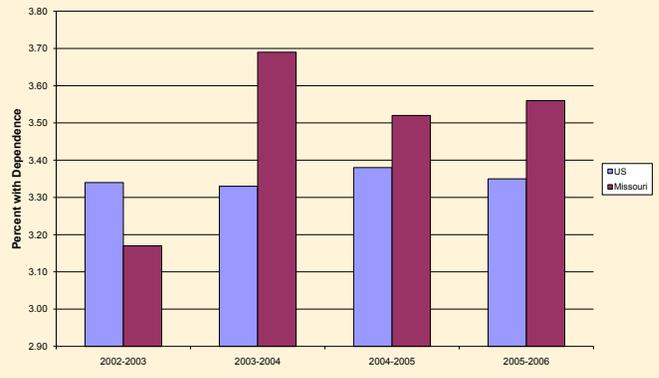
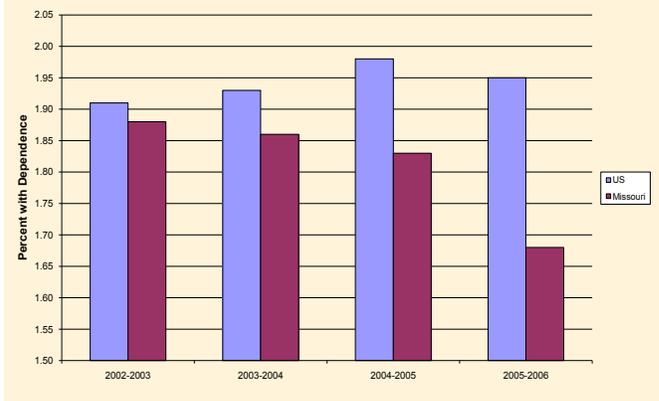


Chart 2 Past Year Illicit Drug Dependence Among Individuals Age 12 and Older - Missouri



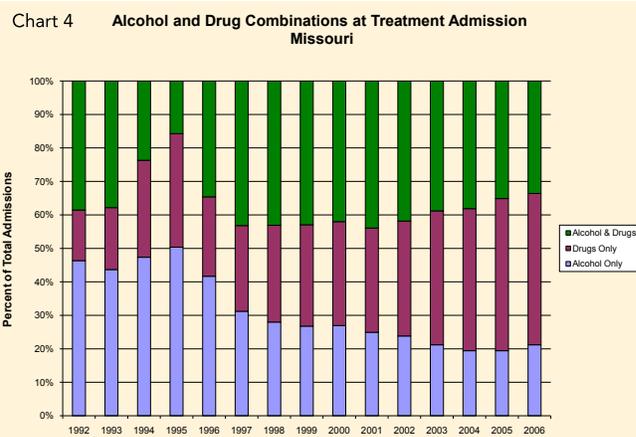
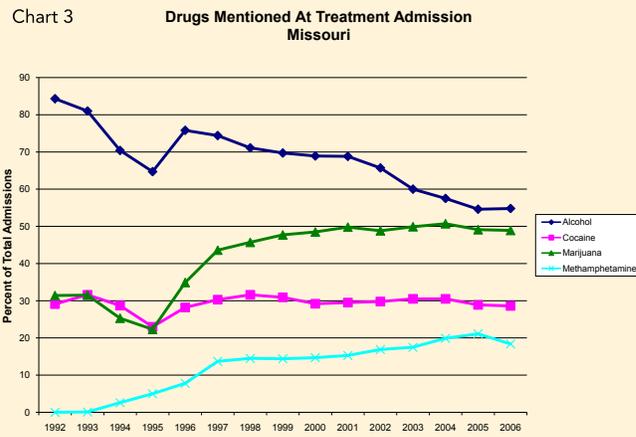
In 2006, 73 percent of all facilities (188) received some form of Federal, State, county, or local government funds, and 126 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

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 According to the 2006 N-SSATS survey, Missouri showed a one-day total of 20,163 clients in treatment, the majority of whom (18,221 or 90%) were in outpatient treatment. Of the total number of clients in treatment on this date, 2,134 (11%) 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 steady decline in the number of admissions mentioning alcohol as a substance of abuse, and marked increases in the percentage of admissions mentioning marijuana and methamphetamine.

Across the years for which TEDS data are available, Missouri has seen a substantial shift in the constellation of problems present at treatment admission (Chart 4). Alcohol-only admissions have declined from 46 percent of all admissions in 1992, to 21 percent in 2005. Concomitantly, drug-only admissions have tripled from 15 percent in 1992 to 45 percent in 2006.





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.

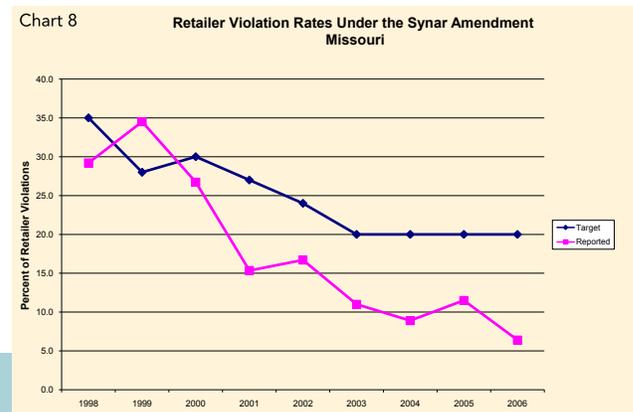
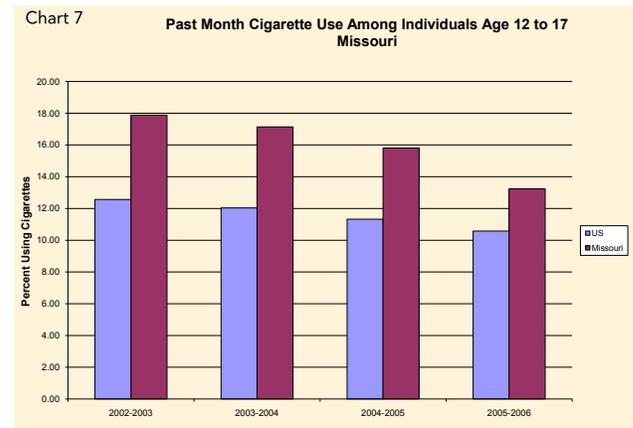
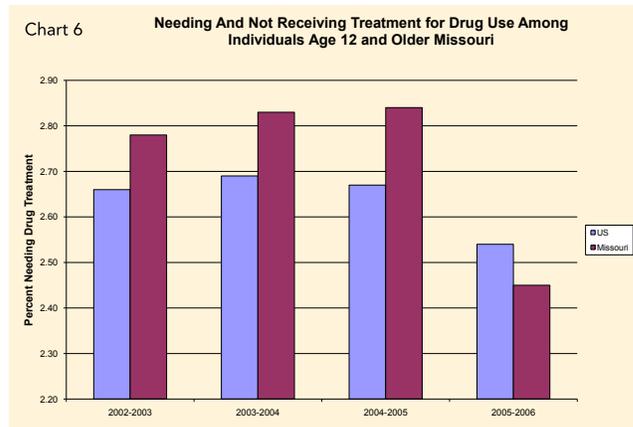
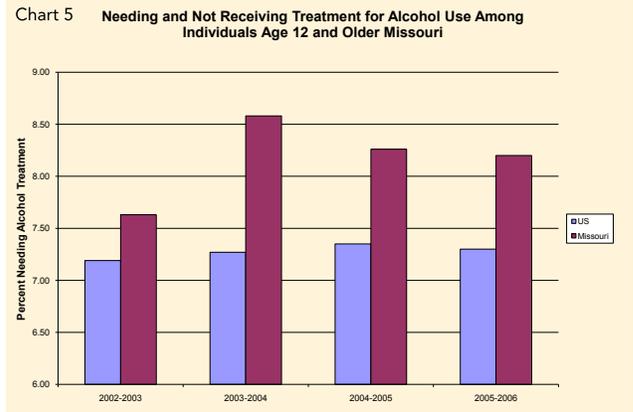
Rates of unmet treatment need for alcohol use have generally been at or above the national average, and in 2005-2006 the rate for individuals age 18 to 25 was among the highest in the country (17.03 for the U.S. vs. 20.97 for Missouri) (Chart 5).

Rates of unmet need for drug treatment have been more variable across time and among age groups (Chart 6).

Tobacco Use and Synar Compliance

Rates of underage smoking in Missouri have consistently been among the 10 highest in the country (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. Missouri's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2000 (Chart 8).



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 of serious psychological distress in Missouri have consistently been above the national rates, and in 2005-2006 were among the highest in the country for all age groups (Chart 9).

Similarly, rates of past year major depressive episode have been at or above the national rates, and in 2005-2006 were among the highest in the country for individuals age 12 to 17 (Chart 10).

Chart 9 Past Year Serious Psychological Distress 2005-2006 Missouri

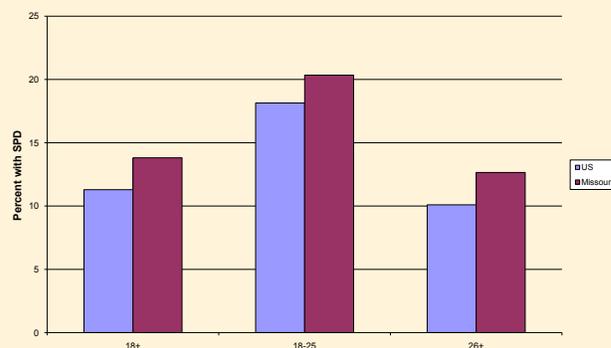
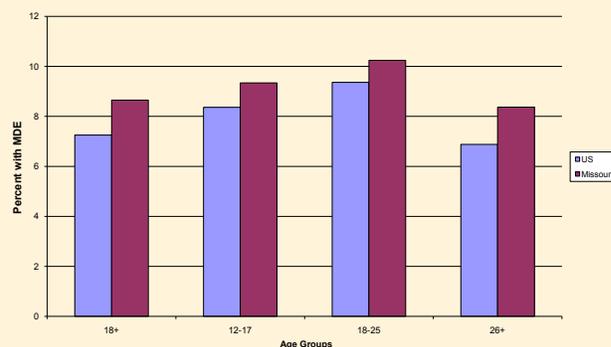


Chart 10 Past Year Major Depressive Episode 2005-2006 Missouri





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:

\$ 26.3 million	Substance Abuse Prevention and Treatment Block Grant
\$ 8.4 million	Mental Health Block and Formula Grants
\$ 23.9 million	SAMHSA Discretionary Program Funds
\$ 58.6 million	Total SAMHSA Funding

CMHS: Children’s Services; Post-Traumatic Stress Disorder in Children; Statewide Family Networks; Youth Violence Prevention; Emergency Response; Statewide Consumer Networks; Jail Diversion; Targeted Capacity Expansion – Prevention/Early Intervention; State Mental Health Data Infrastructure; Alternatives to Restraint and Seclusion State Incentive Grant; Elderly Mental Health Outreach.

CSAP: Drug-Free Communities (14 grants); Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use; HIV/AIDS Services.

CSAT: State Data Infrastructure; Targeted Capacity Expansion—HIV/AIDS; Effective Adolescent Treatment; Addiction Technology Transfer Center; Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Access to Recovery; Homeless Addictions Treatment; Strengthening Communities—Youth.

2005-2006:

\$ 26.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 8.2 million	Mental Health Block and Formula Grants
\$ 24.5 million	SAMHSA Discretionary Program Funds
\$ 58.8 million	Total SAMHSA Funding

CMHS: Alternatives to Restraint and Seclusion State Incentive Grant; Children’s Services; Youth Suicide Prevention and Early Intervention; State Mental Health Data Infrastructure; Statewide Consumer Networks; Jail Diversion; Targeted Capacity Expansion—Prevention/Early Intervention; Campus Suicide.

CSAP: Drug-Free Communities (10 grants); Drug-Free Communities—Mentoring; HIV/ Strategic Prevention Framework; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use.

CSAT: Effective Adolescent Treatment; Strengthening Communities—Youth; Targeted Capacity Expansion—HIV/AIDS; Juvenile Drug Courts; Addiction Technology Transfer Center; Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Access to Recovery; Homeless Addictions Treatment.

2006-2007:

\$ 26.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 8.2 million	Mental Health Block and Formula Grants
\$ 25.0 million	SAMHSA Discretionary Program Funds
\$ 59.3 million	Total SAMHSA Funding

CMHS: AIDS Targeted Capacity Expansion—Service Building in Minority Communities; Disaster Relief; Targeted Capacity Expansion—Jail Diversion; Mental Health Transformation State Incentive Grant; State Mental Health Data Infrastructure Grant; Children’s Services; Alternatives to Seclusion and Restraint State Incentive Grant; Youth Suicide Prevention and Early Intervention; Child Mental Health Initiative; Statewide Consumer Network; Campus Suicide.

CSAP: HIV/Strategic Prevention Framework; Drug-Free Communities (9 grants); Drug-Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant.

CSAT: Targeted Capacity Expansion—HIV/AIDS; Juvenile Drug Courts; Addiction Technology Transfer Center; Access to Recovery; Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; and Homeless Addictions Treatment.

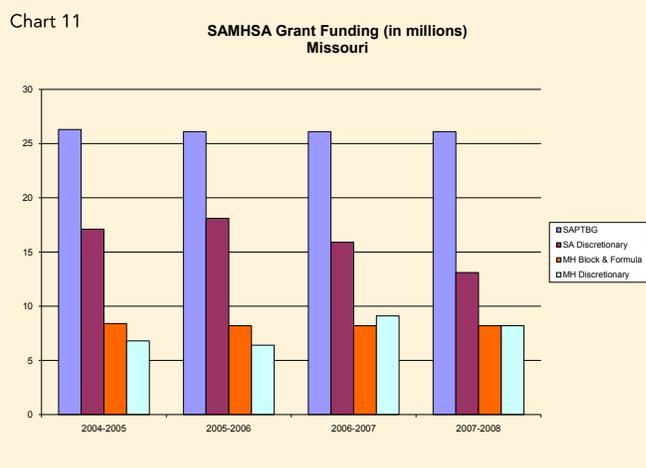
2007-2008:

\$ 26.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 8.2 million	Mental Health Block and Formula Grants
\$ 21.3 million	SAMHSA Discretionary Program Funds
\$ 59.3 million	Total SAMHSA Funding

CMHS: AIDS Targeted Capacity Expansion—Service Building in Minority Communities; Targeted Capacity Expansion—Jail Diversion; Children’s Services; Statewide Consumer Network; Statewide Family Network; Child Mental Health Initiative; Mental Health Transformation State Incentive Grant; State Mental Health Data Infrastructure Grant; Youth Suicide Prevention and Early Intervention; Campus Suicide; State Data Infrastructure; Supportive Housing.

CSAP: Drug-Free Communities (10 grants); HIV/Strategic Prevention Framework; Strategic Prevention Framework State Incentive Grant.

CSAT: Targeted Capacity Expansion—HIV/AIDS; Juvenile Drug Courts; Addiction Technology Transfer Center; Access to Recovery; Homeless Addictions Treatment; and Effective Adolescent Treatment.





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>.

¹NSDUH 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 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 which 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.