

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 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 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](http://www.samhsa.gov)

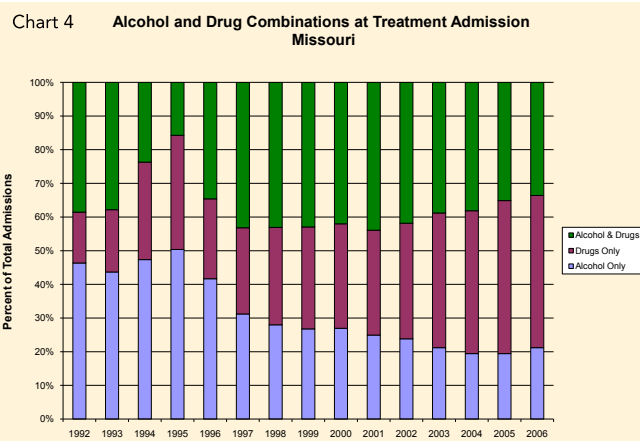
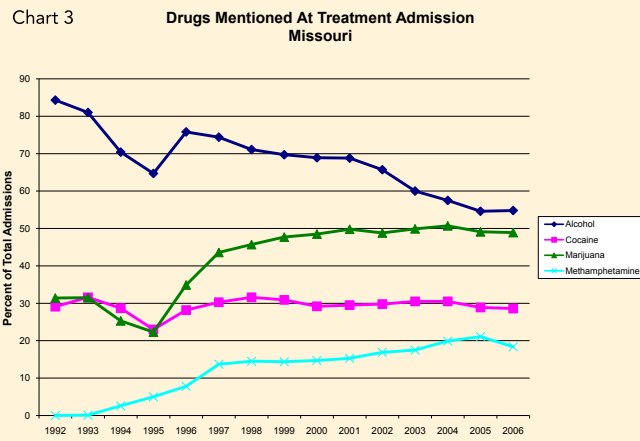


## Treatment

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> 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.<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 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.





## 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.

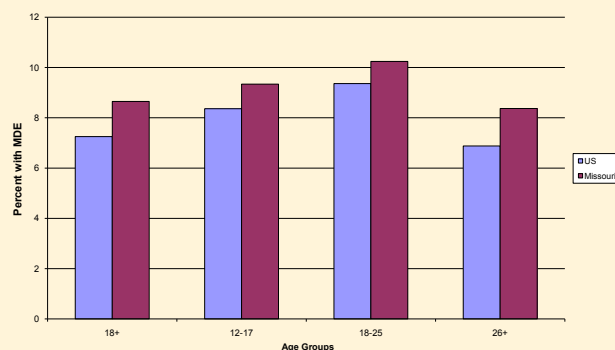
Rates of serious psychological distress in Missouri have consistently been above the national rates, and in 2005-2006 were among the highest in the country for all age groups (Chart 9).

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





## 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.

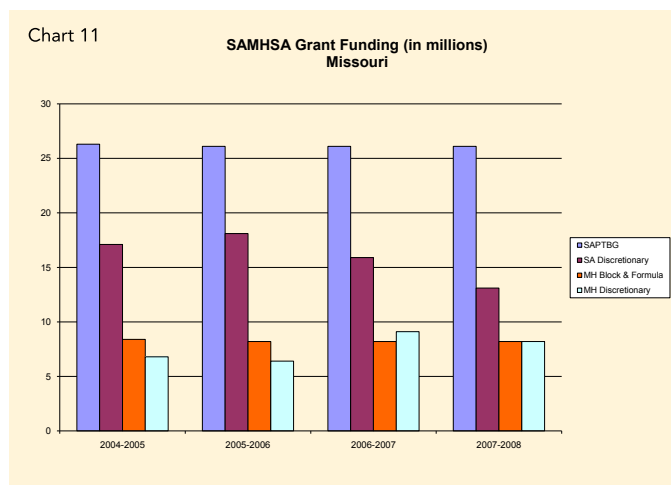
## 2007-2008:

\$ 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.





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## For Further Information

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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>.

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## Data Sources

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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>.

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<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 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.

<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 which lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

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## Prevalence Data

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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.