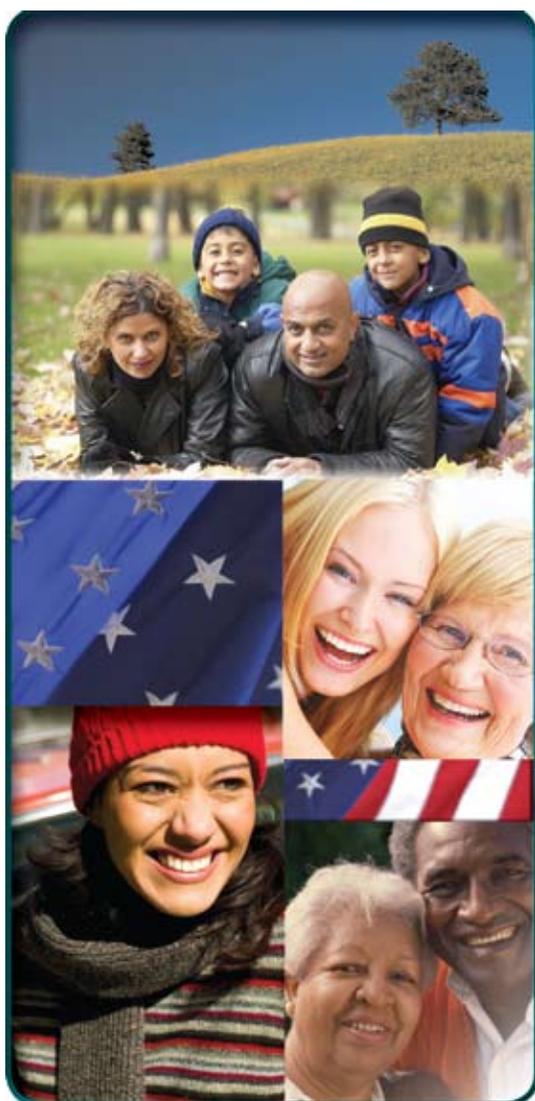


States In Brief



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 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, Montana's rates have been among the *highest*² in the country on the following measures (Table 1).

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

Measure	Age Groups
Past Month Illicit Drug Use	12+, 12-17, 26+
Past Month Marijuana Use	12+, 12-17, 18-25
Past Year Marijuana Use	12+, 12-17, 26+
Past Month Use of an Illicit Drug Other than Marijuana	12-17
Past Year Nonmedical Use of Pain Relievers	12-17
Past Month Alcohol Use	12-17, 12-20
Past Month Binge Alcohol Use	All Age Groups and 12-20
Least Perception of Harm Associated With Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	12+, 12-17, 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. Sources for all data used in this report appear at the end.





Abuse and Dependence

Questions in NSDUH are used to classify persons as 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 and alcohol, Montana's rates have consistently been among the highest in the country and in 2005-2006, the rates were among the highest in the country for all age groups.

Past year alcohol dependence rates in Montana have also consistently been among the highest in the country and in 2005-2006 were among the highest for all age groups (Chart 1).

Similarly, rates of past year dependence on or abuse of illicit drugs have consistently been among the highest in the country for individuals age 12 to 17 (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 Montana has remained relatively stable since 2002. In 2006, the 57 facilities comprised principally 31 private nonprofit, 5 private for-profit, and 11 facilities under the aegis of the Federal Government. An additional four facilities were owned/operated by tribal governments.

Although facilities may offer more than one modality of care, in 2006, 52 of 55 facilities (95%) offered some form of outpatient treatment. Eight facilities offered some form of residential care, and

Chart 1 Alcohol Abuse or Dependence Among Individuals Age 12 to 17 - Montana

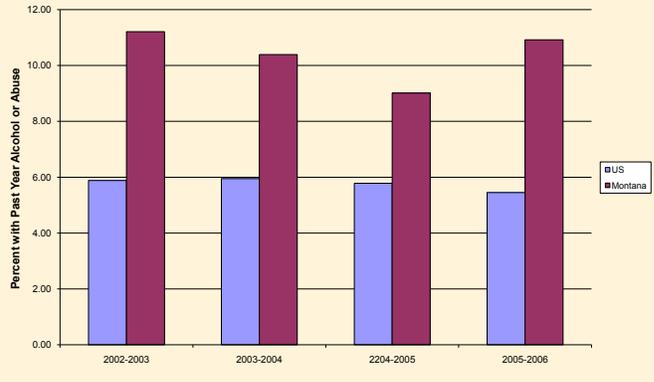
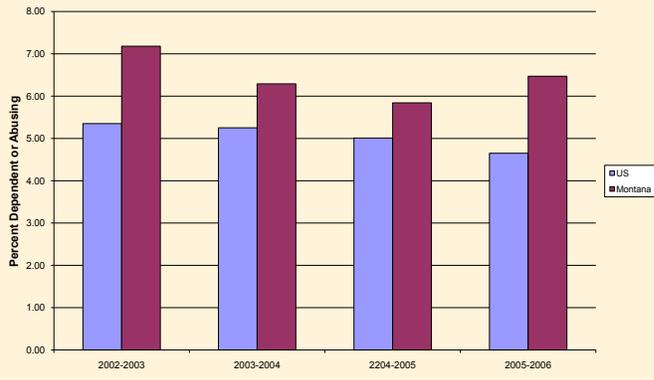


Chart 2 Past Year Drug Dependence or Abuse Among Individuals Age 12 to 17 - Montana



11 physicians and 7 treatment programs were certified to provide buprenorphine for opiate addiction.

In 2006, 46 of all facilities (84%) received some form of Federal, State, county, or local government funds, and 23 facilities (42%) 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, Montana showed a one-day total of 3,047 clients in treatment, the majority of whom (2,809 or 92%) were in outpatient treatment. Of the total number of clients in treatment on this date, 311 (10%) were under the age of 18.

Chart 3 shows the percentage of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 15 years, there has been a relatively steady rate of the number of admissions mentioning alcohol and increases in the mentions of marijuana and methamphetamine. The latter is particularly noteworthy in that the percentage of methamphetamine admissions has increased more than four-fold, from 7 percent in 1992 to 32 percent in 2006.

Across the years for which TEDS data are available, Montana has seen a shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from 45 percent of all admissions in 1992 to 26 percent in 2006. Concomitantly, drug-only admissions have increased from 2 percent in 1992 to 15 percent in 2006. Admissions with both alcohol and drug problems at treatment admissions have also increased from 50 percent to 60 percent across the same time period (Chart 4).

Chart 3 Drug Mentions at Treatment Admission Montana

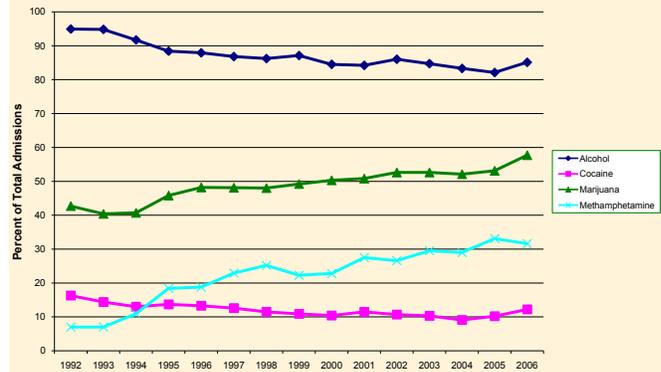
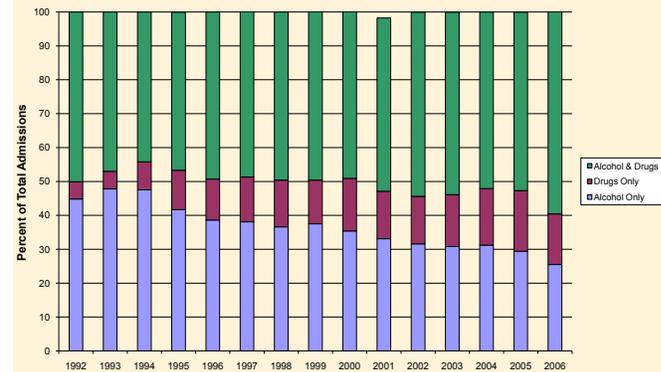


Chart 4 Alcohol and Drug Combinations at Treatment Admission Montana





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 Montana, rates of unmet need for drug treatment have generally been at or above the national rates for all age groups and across all survey years. In particular, the rate of individuals age 12 to 17 needing and not receiving drug treatment has consistently been among the highest in the country (Chart 5).

Similarly, rates of unmet need for alcohol treatment have been at or above the national rates for all age groups and across all survey years (Chart 6).

Tobacco Use and Synar Compliance

Rates of past month tobacco product use and cigarette use for underage individuals (i.e., those age 12 to 17) have consistently been among the highest in the country across all survey years (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 customers under the age of 18. Montana's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2004 (Chart 8).

Chart 5 Needing and Not Receiving Treatment for Drug Use Among Individuals Age 12 to 17 - Montana

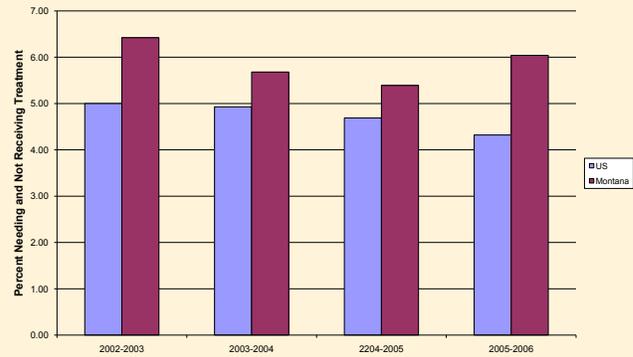


Chart 6 Individuals Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 12 to 17 - Montana

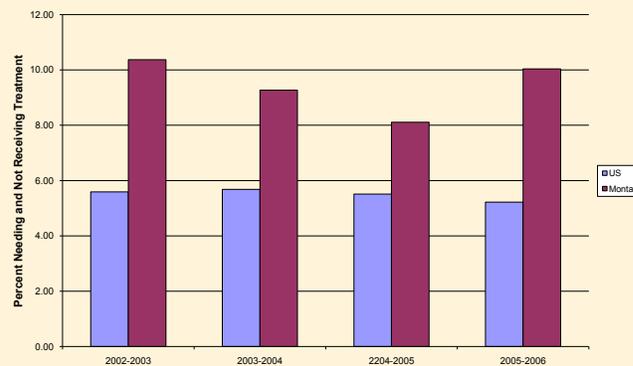
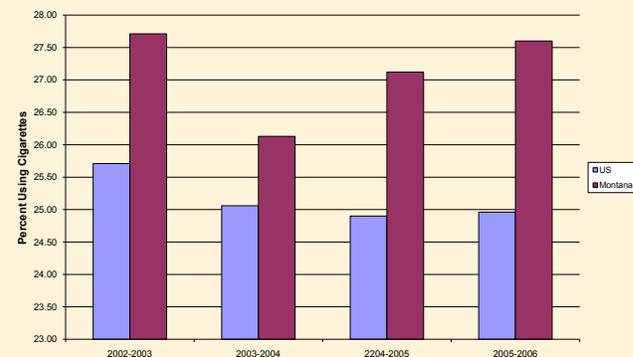


Chart 7 Past Month Cigarette Use Among Individuals Age 12 to 17 Montana



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 9). 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.

Montana's rates of past year SPD have generally been above the national rate, as have rates of past year MDE (Chart 10).

Chart 8 Retailer Violations Reported Under the Synar Amendment Montana



Chart 9 Past Year Serious Psychological Distress 2005-2006 Montana

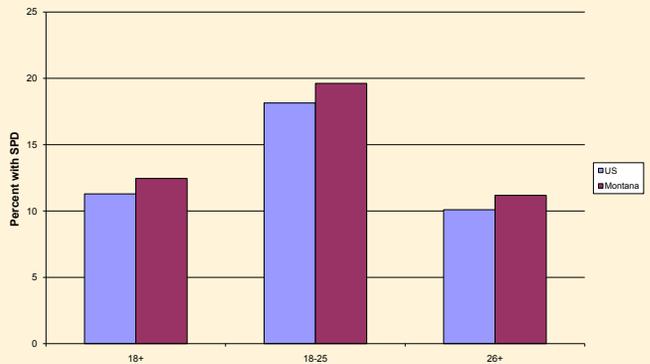
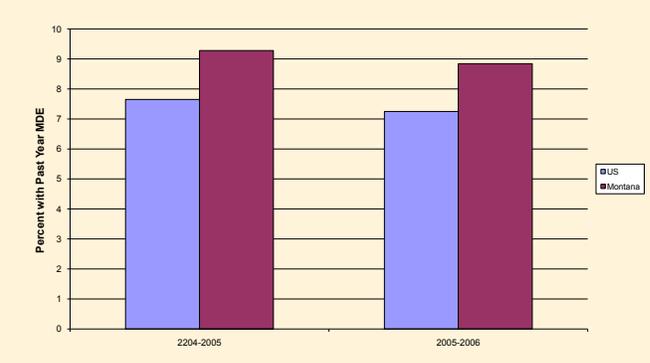


Chart 10 Past Year Major Depressive Episode Among Individuals Age 18 and Older Montana





SAMHSA Funding

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 (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
\$ 1.9 million	Mental Health Block and Formula Grants
\$ 3.6 million	SAMHSA Discretionary Program Funds
\$12.1 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; State Mental Health Data Infrastructure Grants; Children’s Services; Post-Traumatic Stress Disorder in Children.

CSAP: Drug-Free Communities (14 grants); State Incentive Grants.

CSAT: Adult, Juvenile and Family Drug Courts.

2005-2006

\$ 6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.9 million	Mental Health Block and Formula Grants
\$ 7.8 million	SAMHSA Discretionary Program Funds
\$16.3 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; Child Mental Health Initiative; State Mental Health Data Infrastructure Grants; Children’s Services; Post-Traumatic Stress Disorder in Children; Youth Suicide Prevention and Early Intervention.

CSAP: Drug-Free Communities (11 grants); Strategic Prevention Framework State Incentive Grant; SAMHSA Conference Grants.

CSAT: Targeted Capacity Expansion—Rural Populations; Family Drug Courts.

2006-2007:

\$ 6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.9 million	Mental Health Block and Formula Grants
\$ 9.0 million	SAMHSA Discretionary Program Funds
\$17.5 million	Total SAMHSA Funding

CMHS: Youth Suicide Prevention and Early Intervention; Statewide Family Networks (mental health); Child Mental Health Initiative; State Mental Health Data Infrastructure Grants; Children’s Services (mental health); Post-Traumatic Stress Disorder in Children.

CSAP: Drug-Free Communities (13 grants); SAMHSA Conference Grants; Strategic Prevention Framework State Incentive Grant.

CSAT: Targeted Capacity Expansion—Rural Populations; Family Drug Courts.

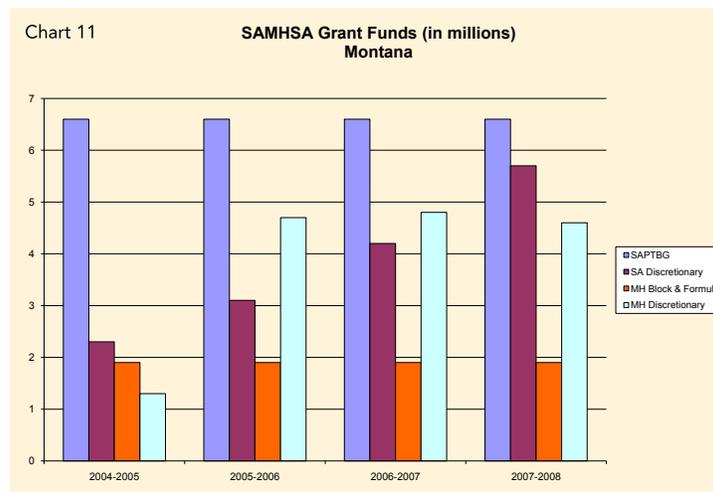
2007-2008:

\$ 6.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.9 million	Mental Health Block and Formula Grants
\$ 9.0 million	SAMHSA Discretionary Program Funds
\$17.5 million	Total SAMHSA Funding

CMHS: Post-Traumatic Stress Disorder—Adaptation Center; Statewide Family Networks; Children’s Services; Child Mental Health Initiative; State Mental Health Data Infrastructure Grants; Youth Suicide Prevention and Early Intervention.

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

CSAT: Access to Recovery; Targeted Capacity Expansion—Rural Populations; and Family Drug Courts.





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.