

# States In Brief

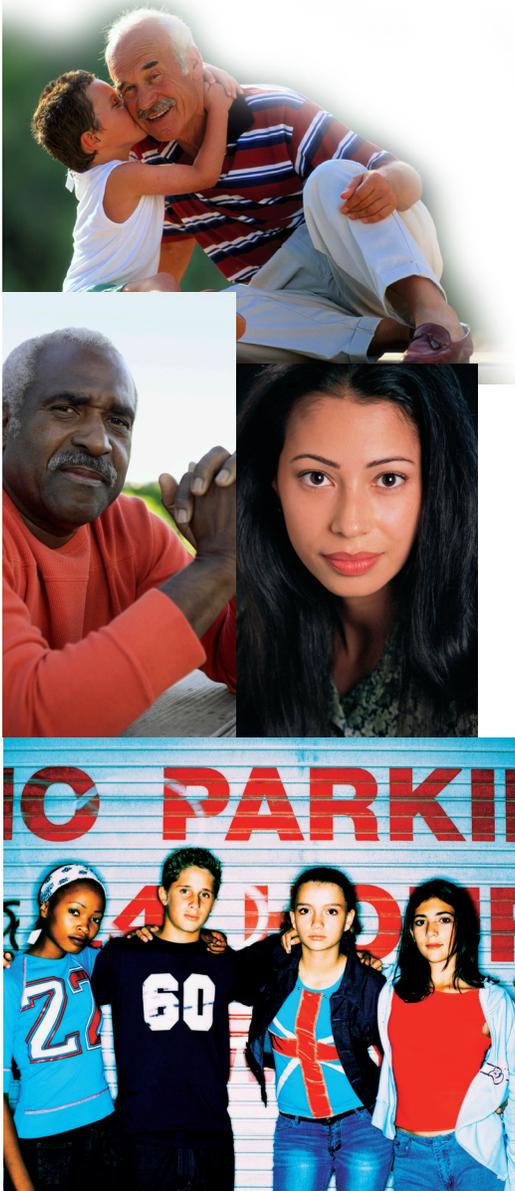


Substance Abuse and Mental Health Issues At-A-Glance

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, the majority of drug use measures in Nebraska have been at or below the national rates for all age groups and across all survey years. Rates on measures of alcohol use and binge alcohol use, however, have been consistently above the national rates. This is particularly true for the State population age 12 and older, as well as for individuals age 12 to 17 where the rates of past month binge alcohol use have consistently been among the 10 *highest*<sup>2</sup> in the country.



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). In Nebraska, there has been a consistent marked difference between abuse of and dependence on alcohol and abuse of and dependence on illicit drugs. While the rates for drug abuse (Chart 1) have been consistently at or below the rates for the country as a whole, rates for alcohol dependence or abuse (Chart 2) have consistently been above the national rates.

## 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 Nebraska has remained relatively consistent since 2002. In 2006, Nebraska had 107 treatment facilities, 68 of which (64%) were private nonprofit. Another 20 facilities were private for-profit, and 4 facilities were owned or operated by tribal governments.

Although facilities may offer more than one modality of care, in 2006 84 facilities (78%) offered some form of outpatient treatment, and 40 facilities (37%) offered some form of residential care. One facility offered an opioid treatment program, and 22 physicians were certified to provide buprenorphine treatment.

Chart 1 Past Year Illicit Drug Dependence or Abuse 2005-2006  
Nebraska

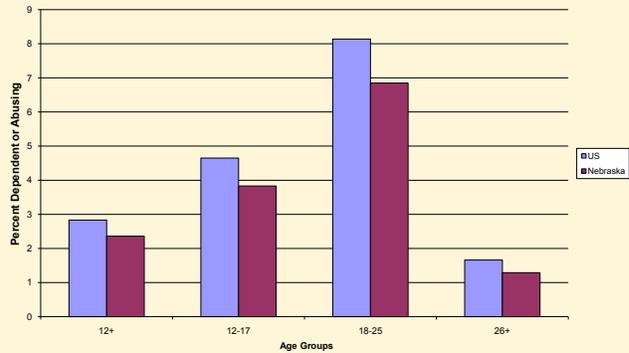
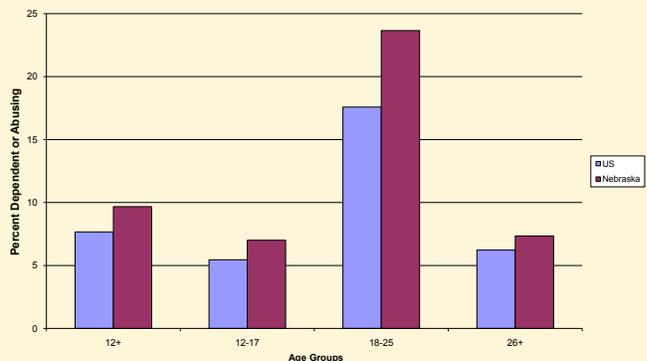


Chart 2 Past Year Alcohol Dependence or Abuse 2005-2006  
Nebraska



In 2006, 73 facilities (68%) received some form of Federal, State, county, or local government funds, and 58 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).<sup>4</sup> In the 2006 N-SSATS survey, Nebraska showed a one-day total of 4,893 clients in treatment, 4,042 of whom (83%) were in outpatient treatment. Of the total number of clients in treatment on this date, 654 (13%) were under the age of 18.

Chart 3 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 modest decline in the number of admissions mentioning alcohol and a sharp increase in the mentions of methamphetamine (2% in 1992 versus 20% in 2006).

Across the years for which TEDS data are available, Nebraska has seen a modest shift in the constellation of problems present at treatment admission (Chart 4). Alcohol-only admissions have remained relatively stable and drug-only admissions have increased from 4 percent in 1992 to 12 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.

Mirroring the rates for alcohol abuse and dependence, unmet treatment need for alcohol use in Nebraska has consistently been above the national rate for all age groups and across all survey years (Chart 5). This is particularly true for individuals

Chart 3 Drug Mentions at Treatment Admission Nebraska

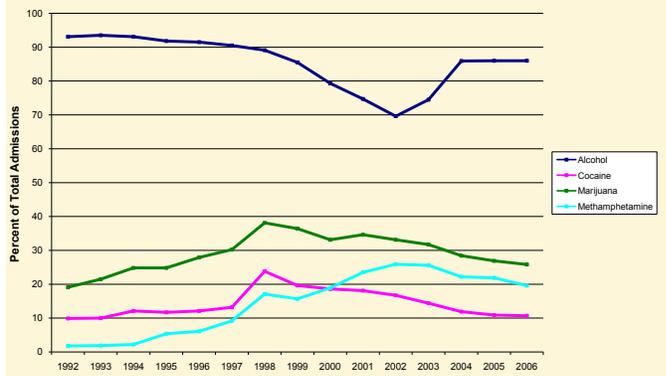


Chart 4 Alcohol and Drug Combinations at Treatment Admission Nebraska

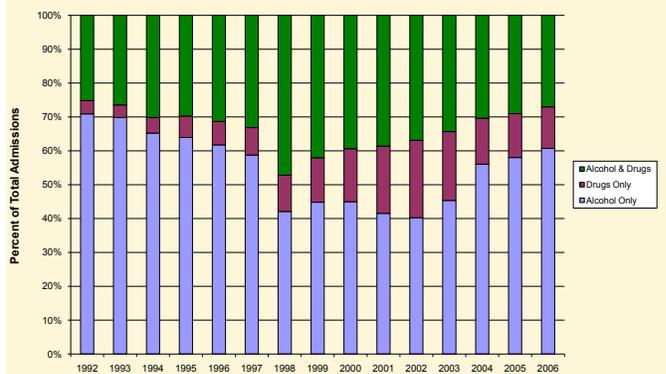
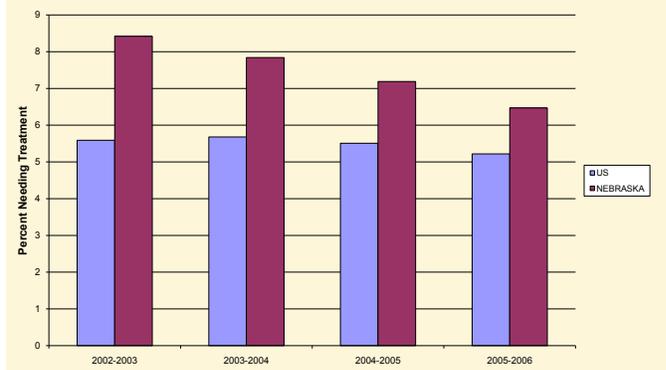


Chart 5 Needing And Not Receiving Treatment for Alcohol Use Among Individuals Age 12 to 17 - Nebraska





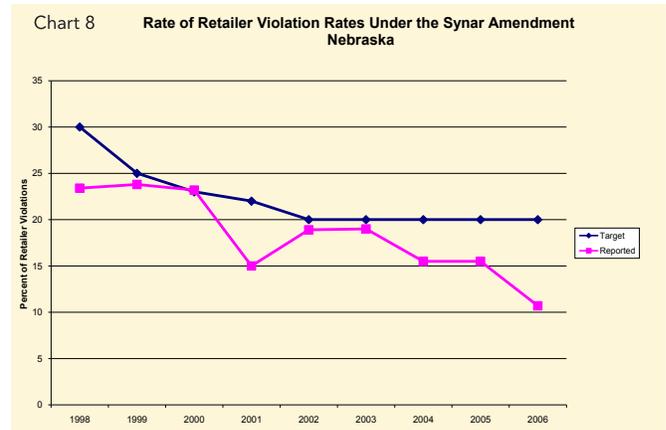
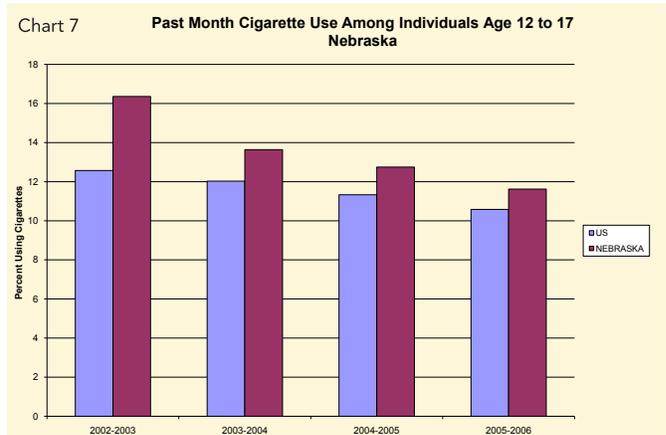
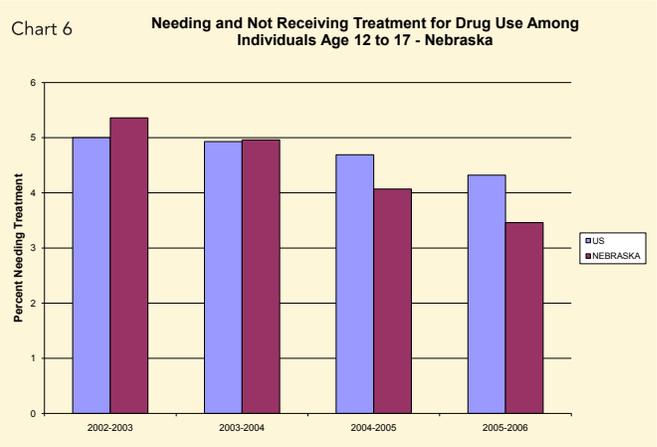
age 12 to 17 for whom the rates of unmet need are among the highest in the country.

Similarly, rates for unmet drug treatment need have generally been at or below the national rates, and for individuals age 12 to 17 were among the lowest in the country for 2004-2005 and 2005-2006 (Chart 6).

## Tobacco Use and Synar Compliance

In Nebraska, rates of past month use of cigarettes by underage smokers (those age 12 to 17) have generally been above the national rate (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. Nebraska'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, 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 (Chart 10). 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 past year serious psychological distress in 2005-2006 were at or above the national rates for all age groups.

Rates of past year major depressive episodes were similarly at or above the national rates for the same time period.

Chart 9 Past Year Serious Psychological Distress 2005-2006 Nebraska

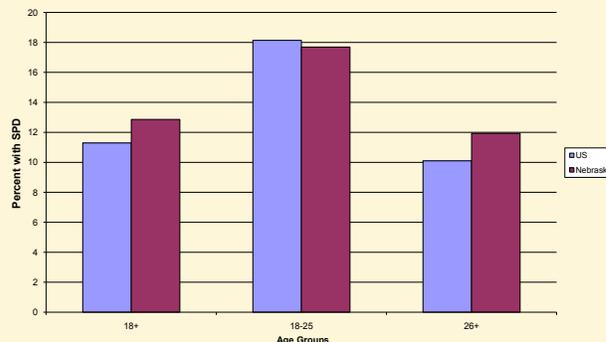
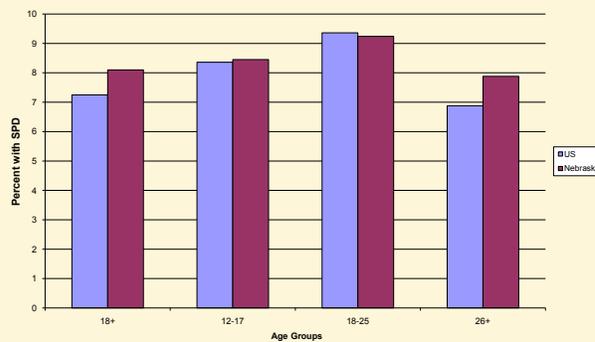


Chart 10 Past Year Major Depressive Episode 2005-2006 Nebraska





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## SAMHSA Funding

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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:

\$ 7.9 million	Substance Abuse Prevention and Treatment Block Grant
\$ 2.8 million	Mental Health Block and Formula Grants
\$ 3.2 million	SAMHSA Discretionary Program Funds
\$13.9 million	Total SAMHSA Funding

**CMHS:** Statewide Consumer Network; State Mental Health Data Infrastructure Grant; Jail Diversion; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Emergency Response; Disaster Relief; Statewide Family Network.

**CSAP:** Drug-Free Communities (3 grants).

**CSAT:** State Data Infrastructure; SAMHSA Conference Grant; and Targeted Capacity Expansion—General.

### 2005-2006

\$ 7.9 million	Substance Abuse Prevention and Treatment Block Grant
\$ 2.7 million	Mental Health Block and Formula Grants
\$ 2.2 million	SAMHSA Discretionary Program Funds
\$12.8 million	Total SAMHSA Funding

**CMHS:** Statewide Consumer Network (mental health); State Mental Health Data Infrastructure Grant; Jail Diversion; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Statewide Family Network.

**CSAP:** Drug-Free Communities (5 grants).

**CSAT:** Targeted Capacity Expansion—General.

## 2006-2007:

\$ 7.9 million	Substance Abuse Prevention and Treatment Block Grant
\$ 2.7 million	Mental Health Block and Formula Grants
\$ 4.6 million	SAMHSA Discretionary Program Funds
\$15.2 million	Total SAMHSA Funding

**CMHS:** Statewide Consumer Network; State Mental Health Data Infrastructure Grant; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Statewide Family Network; Disaster Relief; Campus Suicide.

**CSAP:** Drug-Free Communities (7 grants); Strategic Prevention Framework State Incentive Grant.

**CSAT:** Pregnant and Post-Partum Women.

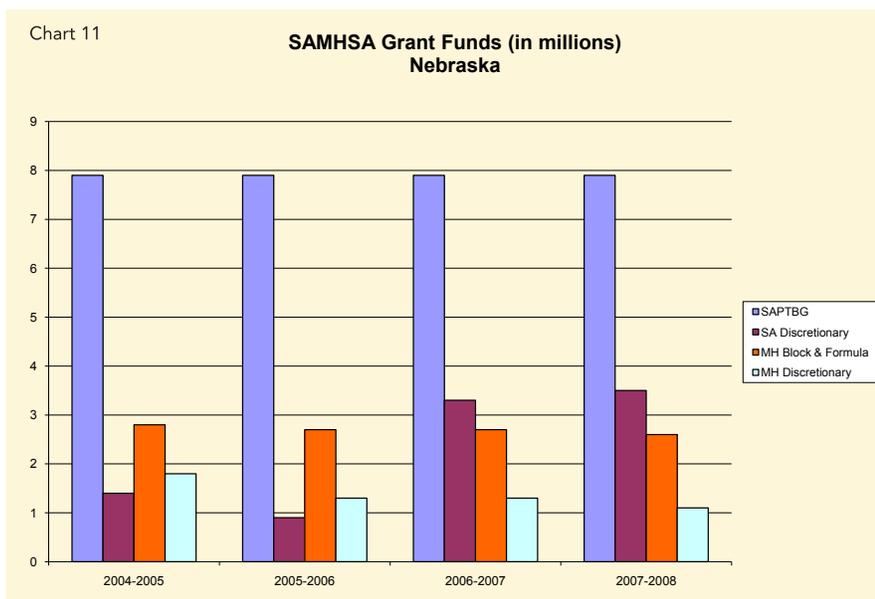
## 2007-2008:

\$ 7.9 million	Substance Abuse Prevention and Treatment Block Grant
\$ 2.6 million	Mental Health Block and Formula Grants
\$ 4.6 million	SAMHSA Discretionary Program Funds
\$15.1 million	Total SAMHSA Funding

**CMHS:** Statewide Family Network; Statewide Consumer Network; State Mental Health Data Infrastructure Grant; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Campus Suicide.

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

**CSAT:** Pregnant and Post-Partum Women.



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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 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: nontreatment 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.

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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.