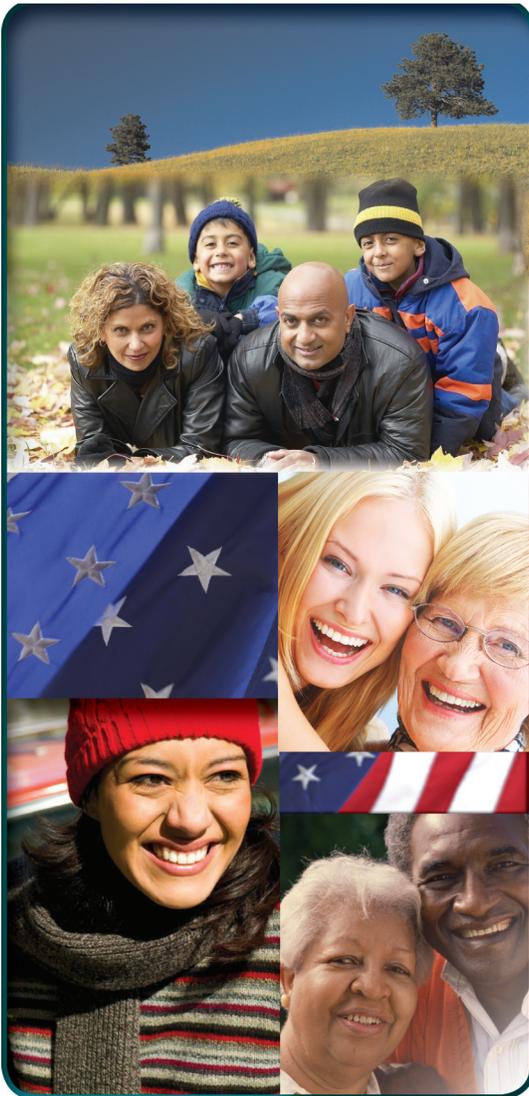




States In Brief

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, Nevada has ranked among the 10 States with the highest rates of the following measures²(Table 1).

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

Measure	Age Groups
Past Month Illicit Drug Use—Not Marijuana	26+
Past Year Non-Medical Use of Pain Relievers	12+, 26+
Past Year Major Depressive Episode	12+, 26+



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 abuse or dependence on alcohol or drugs have shown variability across survey years but have generally remained at or slightly above rates for the country as a whole.

Rates of abuse or dependence on alcohol in Nevada have remained at or above the national rate for all age groups and across all survey years, as have rates of alcohol dependence alone (Chart 1).

Rates of abuse of or dependence on illicit drugs show more variability both across survey years and among age groups, although generally the rates have been at or below the national rates (Chart 2).

Substance Abuse Treatment Facilities

According to the annual National Survey of Substance Abuse Treatment Services (N-SSATS),³ the number of treatment facilities in Nevada has remained relatively stable from 2002 until 2006, the year for which the most recent data are available. In 2006, the majority of facilities (41 out of 77) were private nonprofit. An additional 22 facilities were designated as private for-profit, and 5 facilities were owned or operated by Tribal governments.

Although facilities may offer more than one modality of care, the majority of Nevada facilities in 2006 (72 out of 79, or 91.1%) offered some form of outpatient care, and 15 facilities (19%) offered some form of residential care. Nine facilities offered

Chart 1
Past Year Alcohol Dependence or Abuse 2005-2006
Nevada

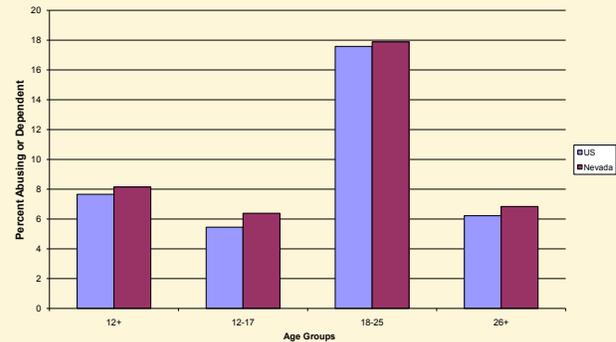
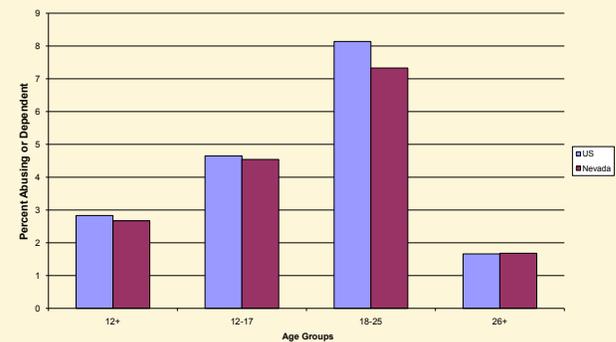


Chart 2
Past Year Illicit Drug Dependence or Abuse 2005-2006
Nevada



opioid treatment programs, and 56 physicians were certified to provide buprenorphine therapy.

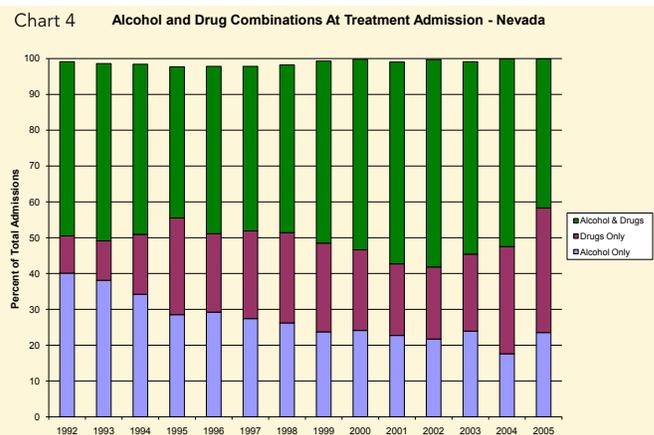
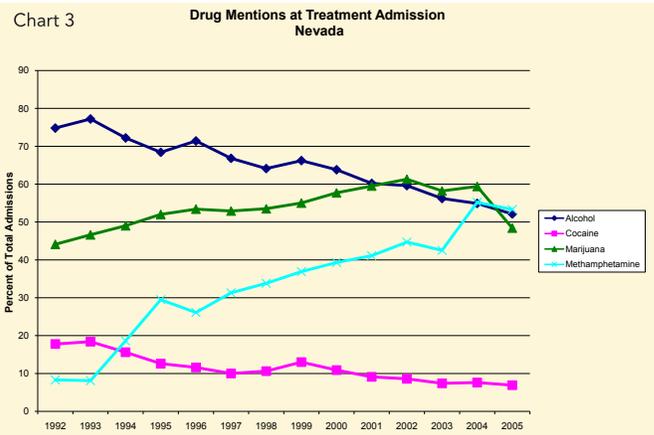
In 2006, 65 percent of all facilities (51 of 77) received some form of Federal, State, county, or local government funds; and 35 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

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 In the 2006 N-SSATS survey, Nevada showed a one-day census total of 7,248 clients in treatment, the majority of whom (6,747 or 93%) were in outpatient treatment. Of the total number of clients in treatment on this date, 469 (6%) 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 and cocaine and a concomitant rise in admissions for methamphetamine abuse.

Across the years for which TEDS data are available, Nevada has seen a substantial shift in the constellation of problems present at treatment admission (Chart 4). Alcohol-only admissions have declined from over 40 percent of all admissions in 1992, to about 25 percent in 2006. Concomitantly, drug-only admissions have increased from 10 percent in 1992, to 35 percent in 2006.



Unmet Need for Treatment

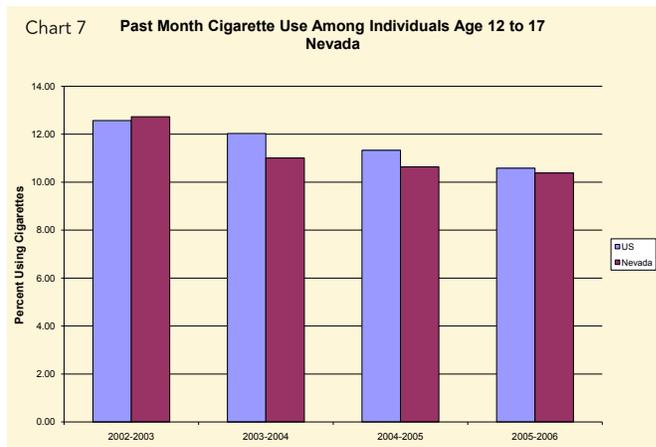
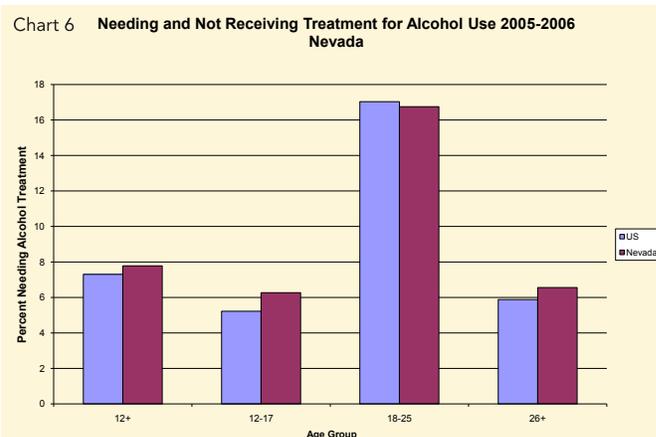
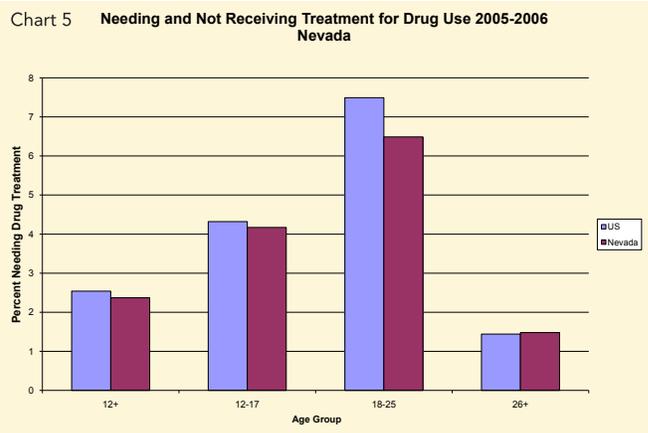
NSDUH defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year.

Rates of unmet need for treatment in Nevada vary for alcohol treatment and drug treatment. While the rate of individuals needing and not receiving drug treatment has generally remained at or below the rate for the country as a whole, the rate of individuals needing and not receiving alcohol treatment has generally remained at or above the national rate (Chart 5 and 6).

Tobacco Use and Synar Compliance

Underage smoking rates in Nevada (i.e., among individuals age 12 to 17) have consistently remained below the national rate since 2002 (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. Nevada's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2003 (Chart 8).



Mental Health Indicators

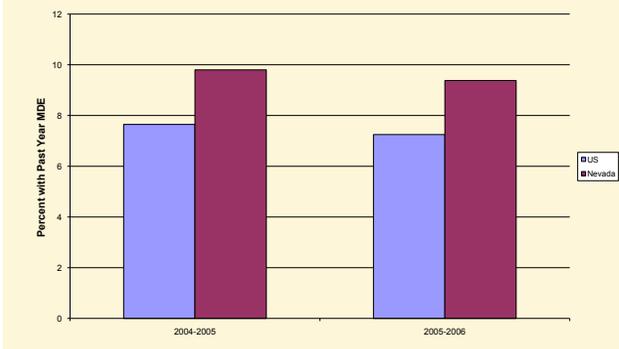
For individuals age 18 and older, the National Survey on Drug Use and Health measures past year serious psychological distress (SPD), an overall indicator of nonspecific psychological distress. Since 2004-2005, the survey also measures past year major depressive episodes (MDE) for the same age group 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.

While rates of SPD have varied considerably across time, the rate of major depressive episodes for individuals age 26 and older in Nevada has consistently ranked among the highest in the country (Chart 9).

Chart 8 Reported Rates of Retailer Violations Under the Synar Amendment Nevada



Chart 9 Past Year Major Depressive Episodes Among Individuals Age 18 and Older - Nevada





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. 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:

\$13.0 million	Substance Abuse Prevention and Treatment Block Grant
\$ 4.2 million	Mental Health Block and Formula Grants
\$10.5 million	SAMHSA Discretionary Program Funds
\$27.7 million	Total SAMHSA Funding

CMHS: Emergency Response; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant program; State Mental Health Data Infrastructure Grant program; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Health Resources Services Administration Collaboration with Community Health Centers; Statewide Family Networks.

CSAP: Drug-Free Communities (8 grants); Drug-Free Communities—Mentoring; HIV/AIDS Expansion; Methamphetamine and Inhalant Use Prevention.

CSAT: State Data Infrastructure; Targeted Capacity Expansion—AIDS; Recovery Community Services; Strengthening Access and Retention; and Addiction Technology Transfer Center.

2005-2006:

\$12.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 4.3 million	Mental Health Block and Formula Grants
\$ 6.9 million	SAMHSA Discretionary Program Funds
\$24.0 million	Total SAMHSA Funding

CMHS: Youth Suicide Prevention and Early Intervention; State Mental Health Data Infrastructure Grant program; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant program; Statewide Family Networks.

CSAP: Strategic Prevention Framework State Incentive Grant; Drug-Free Communities (7 grants); Drug-Free Communities—Mentoring; HIV—Strategic Prevention Framework; Methamphetamine and Inhalant Use Prevention.

CSAT: Targeted Capacity Expansion—AIDS; Homeless Addiction Treatment; Recovery Community Services; and Strengthening Access and Retention.

2006-2007:

\$12.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 4.3 million	Mental Health Block and Formula Grants
\$ 6.8 million	SAMHSA Discretionary Program Funds
\$23.9 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grant program; Youth Suicide Prevention and Early Intervention; Statewide Family Networks; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant program.

CSAP: Strategic Prevention Framework State Incentive Grant; Drug-Free Communities (8 grants); Drug-Free Communities—Mentoring; HIV—Strategic Prevention Framework.

CSAT: Targeted Capacity Expansion—AIDS; Homeless Addiction Treatment; and Addiction Technology Transfer Center.

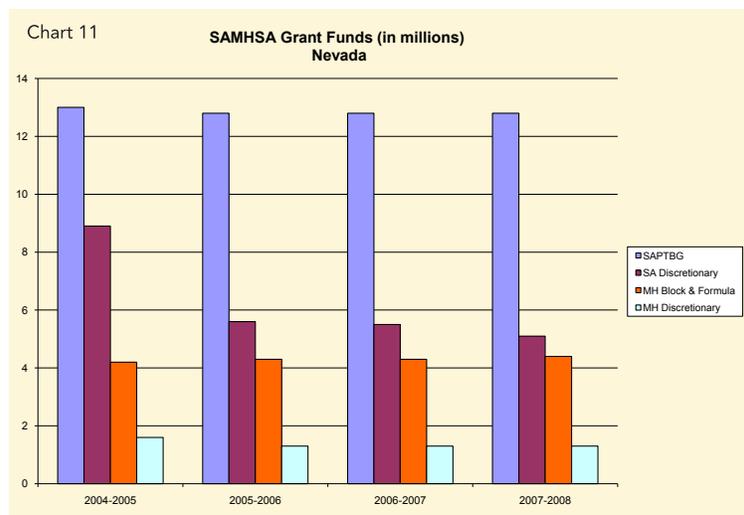
2007-2008:

\$12.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 4.4 million	Mental Health Block and Formula Grants
\$ 6.4 million	SAMHSA Discretionary Program Funds
\$23.8 million	Total SAMHSA Funding

CMHS: Statewide Family Networks (mental health); State Mental Health Data Infrastructure Grant program; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant program; Youth Suicide Prevention and Early Intervention.

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

CSAT: Homeless Addiction Treatment; Effective Adolescent Treatment; and Addiction Technology Transfer Center.



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 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.