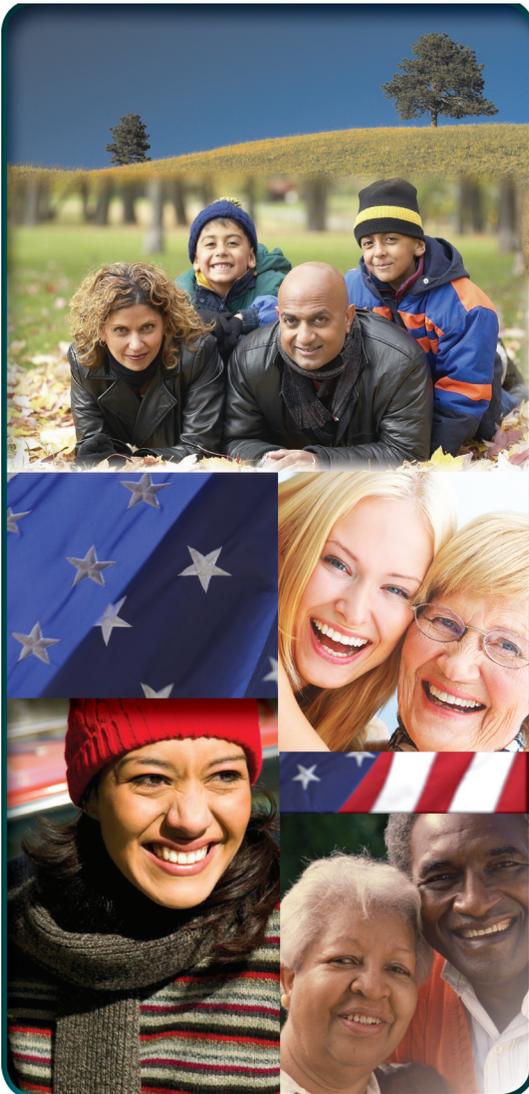


# States In Brief



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, New Jersey has ranked among those states with the *lowest* rates<sup>2</sup> on the following measures (Table 1).

**Table 1: New Jersey is among those states with the lowest rates of the following:**

Measure	Age Groups
Past Year Nonmedical Use of Pain Relievers	12+, 12-17
Past Month Tobacco Use	12+, 26+
Past Month Cigarette Use	12+, 26+
Perception of Great Risk Associated with Smoking One or Two Packs of Cigarettes a Day	12+, 26+
Past Year Alcohol Abuse or Dependence	12+, 26+
Past Year Alcohol Dependence	12+
Past Year Illicit Drug Dependence	12+
Past Year Dependence or Abuse on Illicit Drugs or Alcohol	12+, 26+

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.



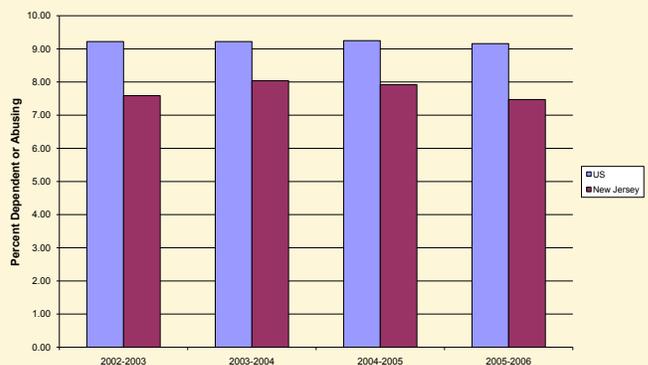


## Abuse and Dependence

Questions in NSDUH are used to classify persons as 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).

Since State estimates were first generated from 2002-2003 data, rates of abuse or dependence on alcohol in New Jersey have generally been at or below the rates for the country as a whole. Rates for abuse or dependence on illicit drugs have also been at or below the national rates for the same time period (Chart 1). On the more global measure of any abuse of or dependence on alcohol or illicit drugs, New Jersey has consistently ranked among the lowest States for the population age 12 and older, as well as for the population age 26 and older.

Chart 1 Past Year Dependence on or Abuse of Illicit Drugs or Alcohol New Jersey



## Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS),<sup>3</sup> the number of treatment facilities in New Jersey was 351, the majority of which (206 or 59%) were private nonprofit. An additional 121 facilities were private for-profit, and the remainder were owned or operated by the Federal, State, or local government.

The number of New Jersey treatment facilities has increased from 315 in 2002 to 351 in 2006. The majority of this increase is accounted for by an additional 42 private for-profit facilities.

Although facilities may offer more than one modality of care, the majority of facilities in New Jersey in 2006 (302 of 351 or 86%) offered some

form of outpatient care. A total of 67 facilities offered some form of residential care, and 37 facilities offered opioid treatment programs. In addition, 365 physicians and 57 treatment programs were certified to provide buprenorphine treatment.

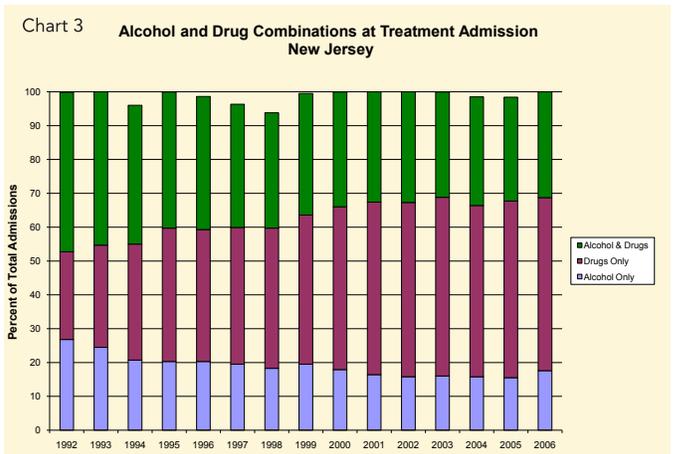
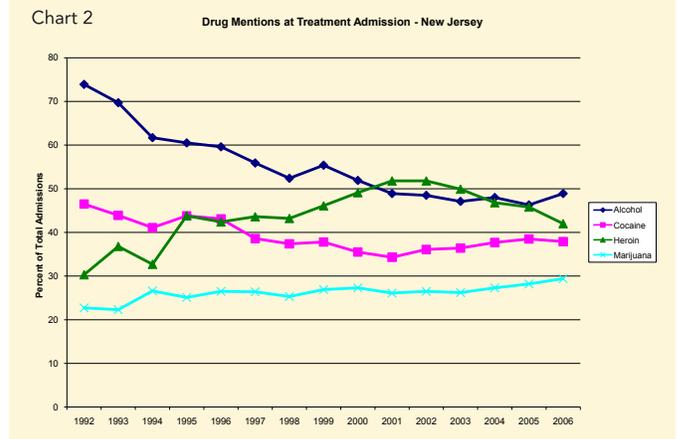
In 2006, 56 percent of all facilities (196) received some form of Federal, State, county, or local government funds, and 137 facilities (39%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

## 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> The 2006 N-SSATS survey, showed a one-day total of 30,106 clients in treatment, the majority of whom (26,699 or 89%) were in outpatient treatment. Of the total number of clients in treatment on this date, 2,111 (7%) were under the age of 18.

Chart 2 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 steady decline in the number of admissions mentioning alcohol or cocaine at treatment admission and increases in the mentions of heroin and marijuana.

Across the years for which TEDS data are available, New Jersey has seen a substantial shift in the constellation of problems present at treatment admission (Chart 3). Alcohol-only admissions have declined from 27 percent of all admissions in 1992 to 18 percent in 2006. Concomitantly, drug only admissions have nearly doubled from 26 percent in 1992 to 51 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.

For all age groups and across all survey years, New Jersey has ranked at or below the national rates for unmet treatment need (Chart 4). This is particularly true for unmet need for drug treatment among those 12 and older and unmet need for alcohol treatment for the same age group (Chart 5).

## Tobacco Use and Synar Compliance

Rates of past month tobacco use and past month cigarette use in New Jersey have consistently been among the lowest in the country for the state population age 12 and older. Rates of underage smokers, however, have generally been at or below the national rates (Chart 6).

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. New Jersey's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 1998 (Chart 7).

Chart 4 Needing and Not Receiving Treatment for Drug Use Among Individuals Age 12 and Older - New Jersey

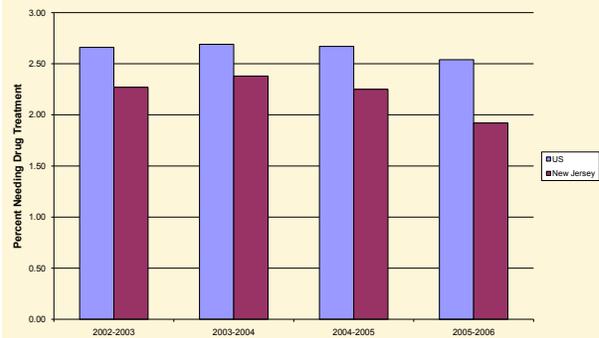


Chart 5 Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 12 and Older - New Jersey

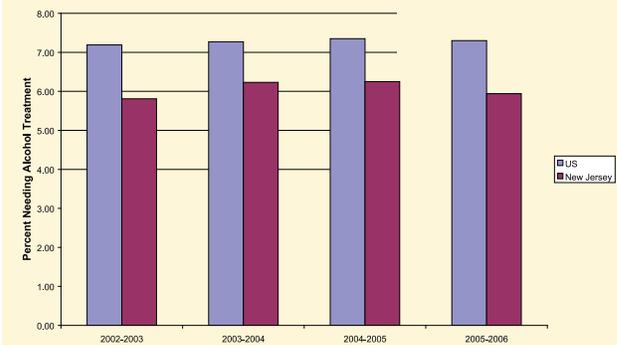


Chart 6 Past Month Cigarette Use Among Individuals Age 12 to 17 New Jersey

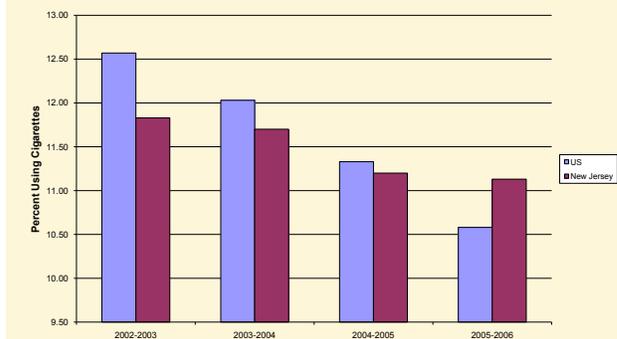


Chart 7 Rate of Retailer Violations Under the Synar Amendment - New Jersey

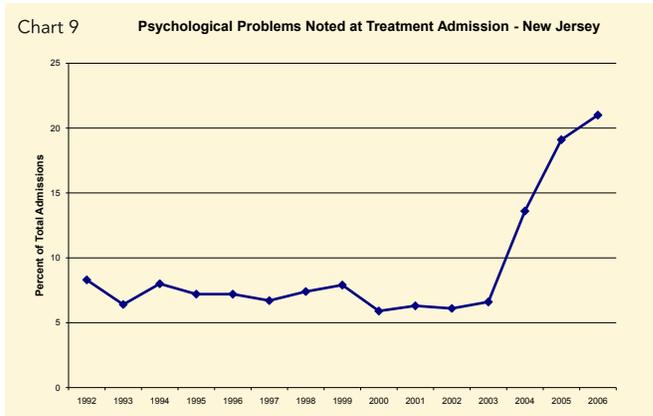
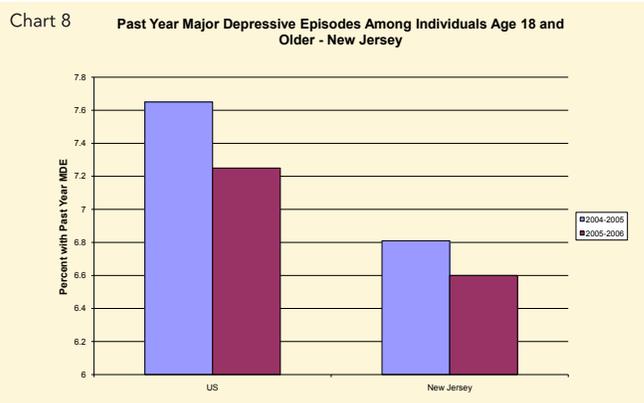


## Mental Health Indicators

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.

New Jersey's rates on both of these measures have been at or below the national rates for all survey years (Chart 8).

The TEDS also collects information on psychological problems noted at treatment admission. Since 1992, New Jersey has seen a doubling of admissions with such problems in addition to substance use disorders (Chart 9)





## 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 10). 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:

\$47.2 million	Substance Abuse Prevention and Treatment Block Grant
\$14.4 million	Mental Health Block and Formula Grants
\$10.6 million	SAMHSA Discretionary Program Funds
\$72.5 million	Total SAMHSA Funding

**CMHS:** Statewide Consumer Networks; Post-Traumatic Stress Disorder in Children; Emergency Response; Children’s Services; Workforce Training; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; State Mental Health Data Infrastructure Grant.

**CSAP:** Drug-Free Communities (10 grants); HIV/AIDS Services.

**CSAT:** Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service; Homeless Addictions Treatment; Effective Adolescent Treatment; and Access to Recovery.

### 2005-2006:

\$46.7 million	Substance Abuse Prevention and Treatment Block Grant
\$14.4 million	Mental Health Block and Formula Grants
\$10.1 million	SAMHSA Discretionary Program Funds
\$71.2 million	Total SAMHSA Funding

**CMHS:** Statewide Consumer Networks; Post-Traumatic Stress Disorder in Children; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; State Mental Health Data Infrastructure Grant; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative.

**CSAP:** Drug-Free Communities (9 grants); Drug-Free Communities—Mentoring; HIV/AIDS Services.

**CSAT:** Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service; Homeless Addictions Treatment; Effective Adolescent Treatment; and Access to Recovery.

## 2006-2007:

\$46.6 million	Substance Abuse Prevention and Treatment Block Grant
\$14.4 million	Mental Health Block and Formula Grants
\$11.4 million	SAMHSA Discretionary Program Funds
\$72.6 million	Total SAMHSA Funding

**CMHS:** Statewide Consumer Networks (mental health); Post-Traumatic Stress Disorder in Children; Campus Suicide; State Mental Health Data Infrastructure Grant; Disaster Relief; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative.

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

**CSAT:** Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; Effective Adolescent Treatment; and Access to Recovery.

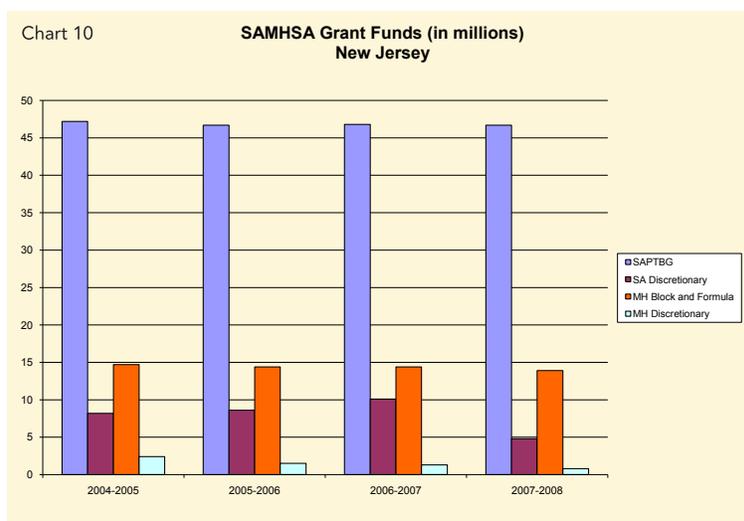
## 2007-2008:

\$46.7 million	Substance Abuse Prevention and Treatment Block Grant
\$13.9 million	Mental Health Block and Formula Grants
\$ 5.6 million	SAMHSA Discretionary Program Funds
\$66.2 million	Total SAMHSA Funding

**CMHS:** Statewide Family Networks; State Mental Health Data Infrastructure Grant; Campus Suicide; Seclusion and Restraint; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative.

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

**CSAT:** Homeless Addictions Treatment; and Targeted Capacity Expansion—HIV/AIDS.





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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>.

<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 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.