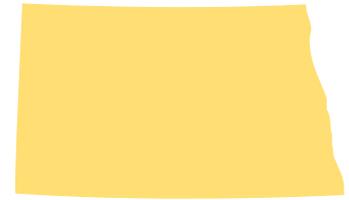
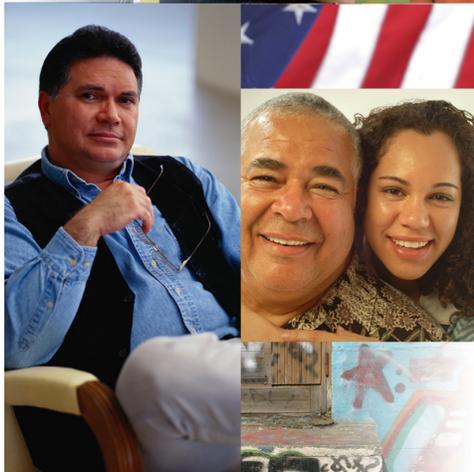


States In Brief



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, North Dakota has ranked among the States with the lowest and highest rates on the following measures² (Table 1).

Table 1: North Dakota is among those states with the lowest rates of the following:

Measure	Age Groups
Past Year Marijuana Use	26+
Past Month Use of an Illicit Drug Other than Marijuana	18-25
Past Year Cocaine Use	12+, 26+
Past Year Nonmedical Use of Pain Relievers	12-17, 18-25
Least Perception of Harm Associated with Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	12+, 18-25, 26+
Illicit Drug Abuse or Dependence	18-25, 26+

Table 2: North Dakota is among those states with the highest rates of the following:

Past Month Alcohol Use	12+, 12-17, 12-20, 18-25
Past Month Binge Alcohol Use	All age groups including 12-20
Alcohol Dependence or Abuse	12+, 12-17, 18-25
Dependence on or Abuse of Illicit Drugs or Alcohol	12+, 12-17

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

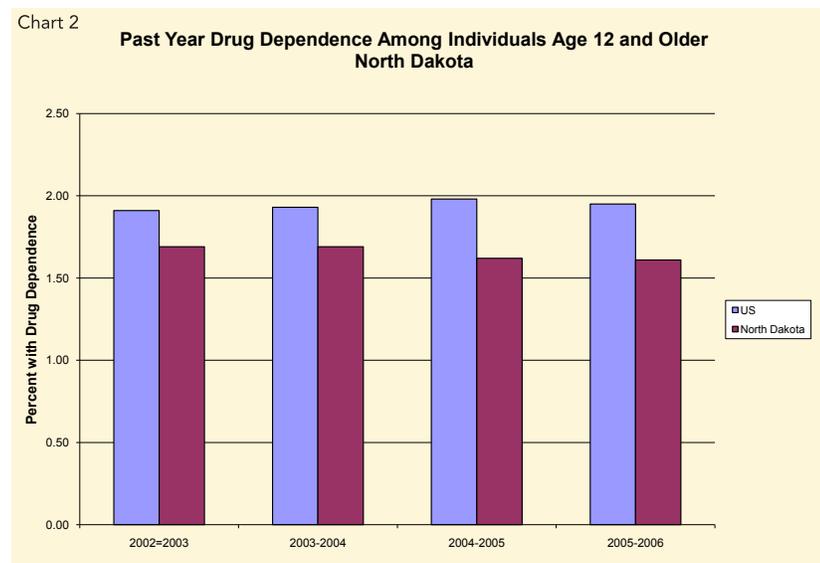
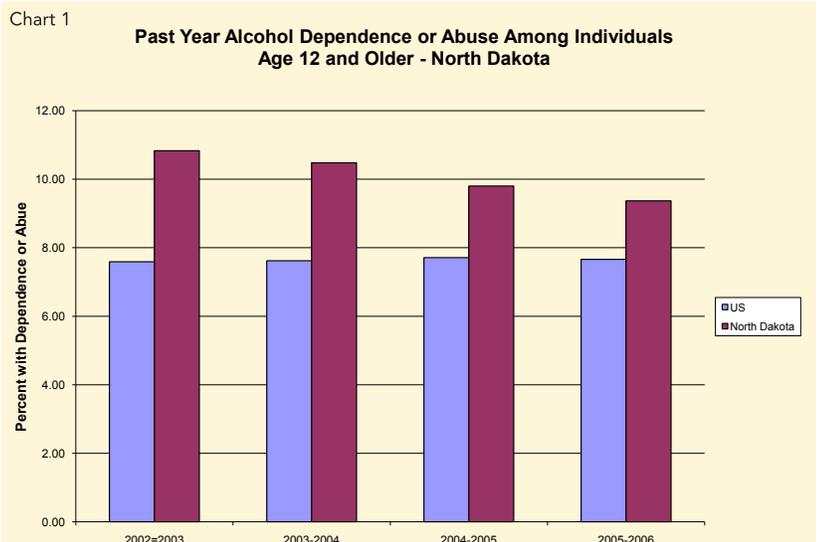
Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994).

NSDUH supports a global measure of past year dependence on or abuse of any illicit substance or alcohol. On this measure, North Dakota's population age 12 and older and the age group of adolescents age 12 to 17 have both ranked among the highest in the country. Viewed independently, however, there are clear differences between alcohol and illicit drugs. For example, while North Dakota ranks among those States with the highest rates of past year alcohol abuse or dependence for all age groups, (Chart 1) it also ranks among those States with the lowest rates of past year drug dependence for individual 18 to 25 and for the population age 26 and older (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 North Dakota has increased from 47 in 2002, to 65 in 2006, the most recent year for which data are available. The increase is principally accounted for by the addition of 12 private nonprofit facilities and 4 State-operated facilities. In 2006, North Dakota had 22 private nonprofit facilities and 25 private for-profit facilities. The State also had three facilities owned/operated by Tribal authorities.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities (60 of 65)



offered some form of outpatient care, and 23 facilities offered some form of residential care. In addition, seven physicians and four treatment programs offered buprenorphine treatment for opiate addiction.

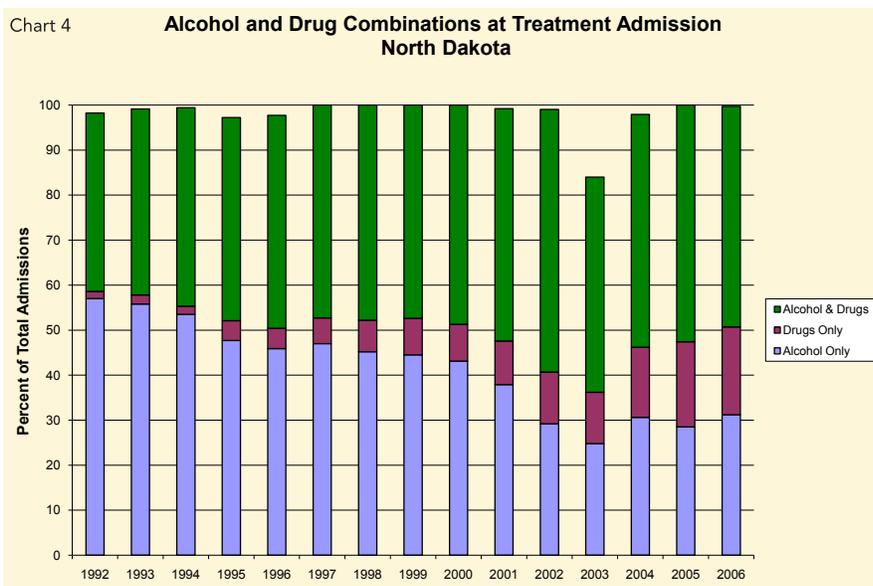
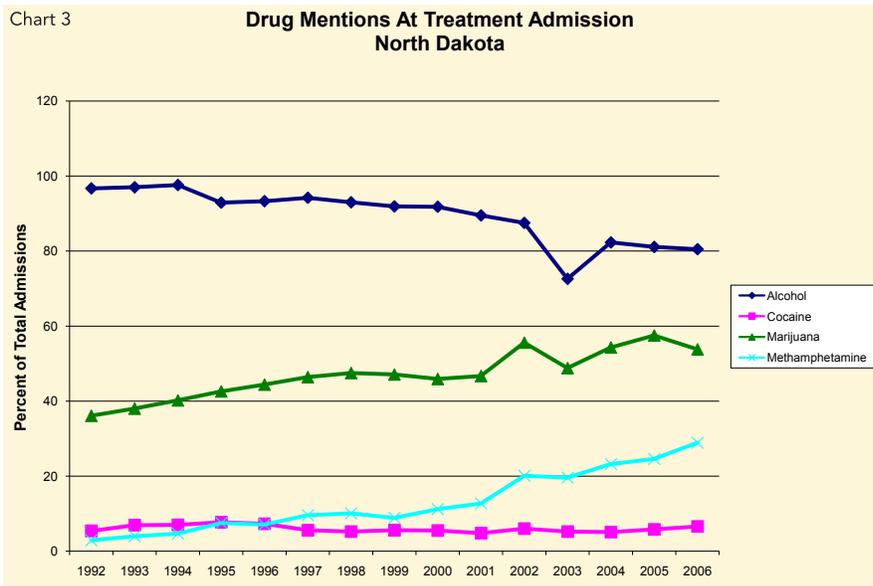
In 2006, 35 percent of all facilities (23 of 65) received some form of Federal, State, county, or local government funds, and 27 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

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, North Dakota showed a one-day census of 2,301 clients in treatment, the majority of whom (1,837 or 80%) were in outpatient treatment. Of the total number of clients in treatment on this date, 270 (12%) 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 as a substance of abuse, and increases in the mentions of both marijuana and methamphetamine.

Across the years for which TEDS data are available, North Dakota has seen a substantial shift in the constellation of problems present at treatment admission (Chart 4). Alcohol-only admissions have declined from 57 percent of all admissions in 1992, to just over 31 percent in 2006. Concomitantly, drug-only admissions have increased from 1.6 percent in 1992 to 20 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 individuals needing but not receiving drug treatment in North Dakota have been among the lowest in the country since 2002 (Chart 5).

However, rates of individuals needing but not receiving alcohol treatment have been among the highest in the country for the same time period (Chart 6).

Tobacco Use and Synar Compliance

Rates of past month tobacco and cigarette use in North Dakota have typically remained among the highest in the country. This is particularly true for individuals age 12 to 17 (Chart 7).

It is also noteworthy that, for the population age 12 and older, the perception of harm associated with smoking one or two packs of cigarettes per day is among the lowest in the country.

SAMHSA monitors the rate of retailer violations of tobacco sales through the Agency's responsibilities under the Synar Amendment (Chart 8). Retailer violation rates represent the percentage of inspected retail outlets that sold tobacco products to a customer under the age of 18. North Dakota's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2000.

Chart 5 Needing and Not Receiving Treatment for Drug Use Among Individuals Age 12 and Older - North Dakota

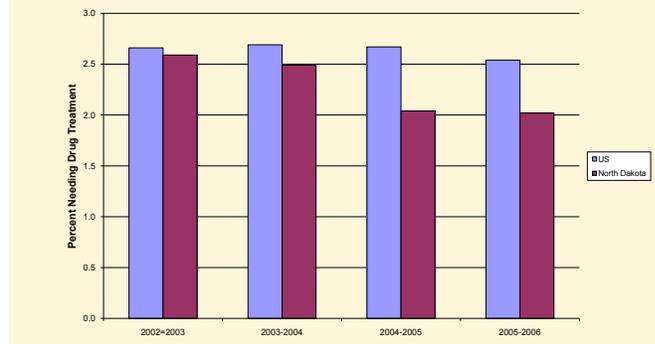


Chart 6 Needing And Not Receiving Treatment for Alcohol Use - North Dakota

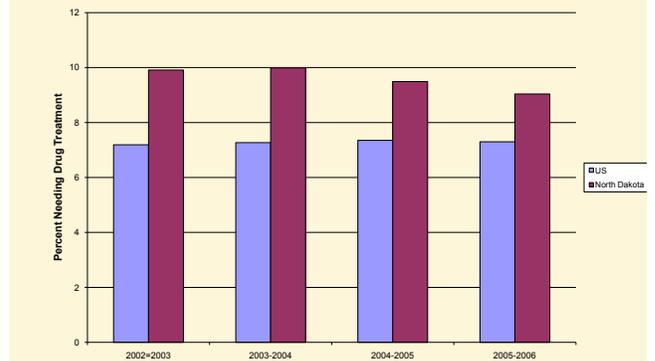


Chart 7 Past Month Cigarette Use Among Individuals Age 12 to 17 - North Dakota

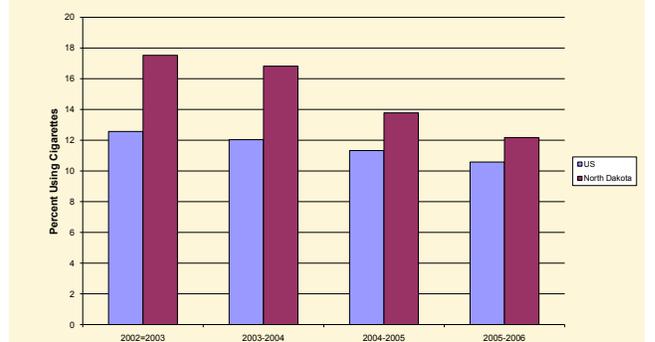


Chart 8 Rates of Retailer Violations Under the Synar Amendment North Dakota

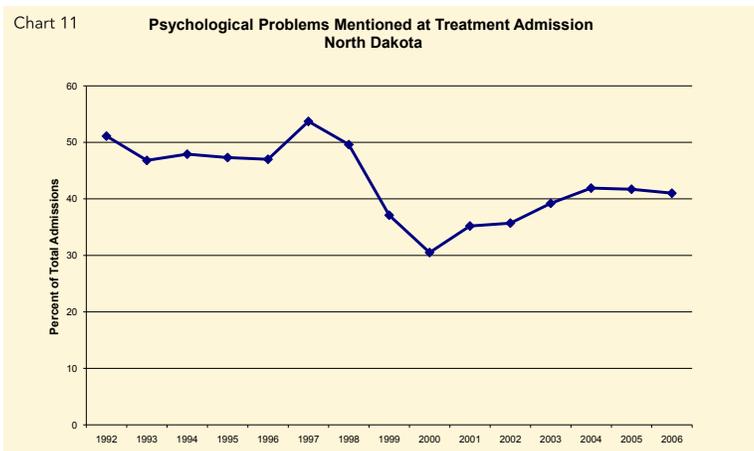
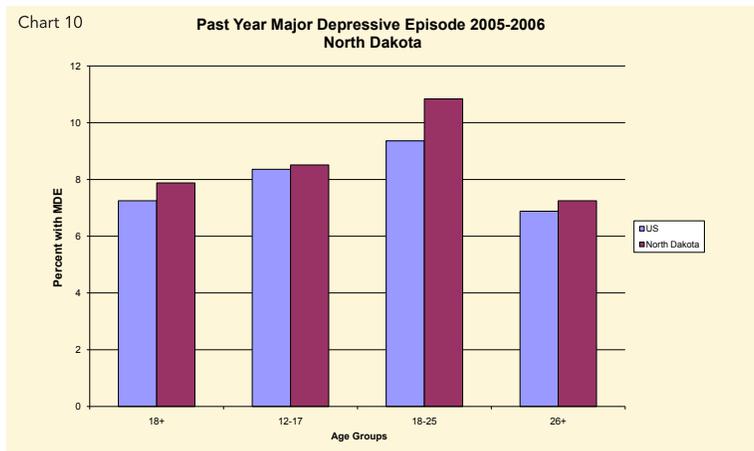
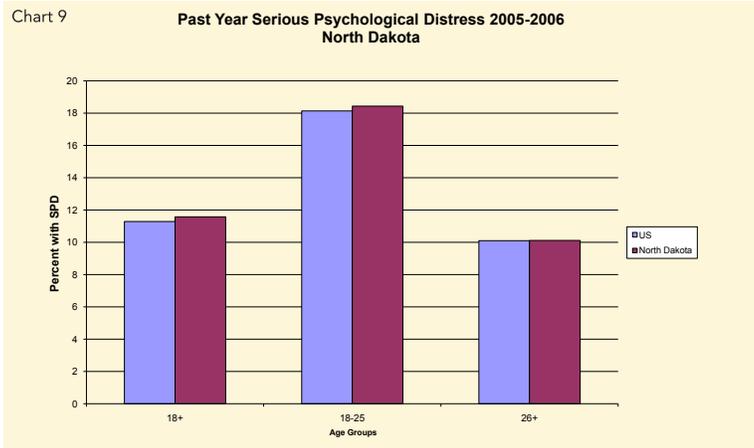


Mental Health Indicators

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 (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 sleeping, eating, energy, concentration, and self-image.

Rates of past year SPD in North Dakota have generally reflected the national rates since 2004, while rates of MDE have been more variable. In 2005-2006, the rate of MDE for the State population 18 and older mirrored the national rate, while the rate for individuals age 18 to 25 was among the highest in the country.

TEDS also collects information on whether or not psychological problems are noted at treatment admission (Chart 11). For North Dakota, the rate of these problems has declined slightly from 51 percent in 1992 to 41 percent in 2006.



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 12). 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:

\$ 5.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.5 million	Mental Health Block and Formula Grants
\$10.15 million	SAMHSA Discretionary Program Funds
\$16.75 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure.

CSAP: Grants and Drug Free Communities (2 grants).

2005-2006

\$ 5.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.5 million	Mental Health Block and Formula Grants
\$ 0.15 million	SAMHSA Discretionary Program Funds
\$ 6.75 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grant and Emergency Response.

CSAP: Drug Free Communities (1 grant).

2006-2007:

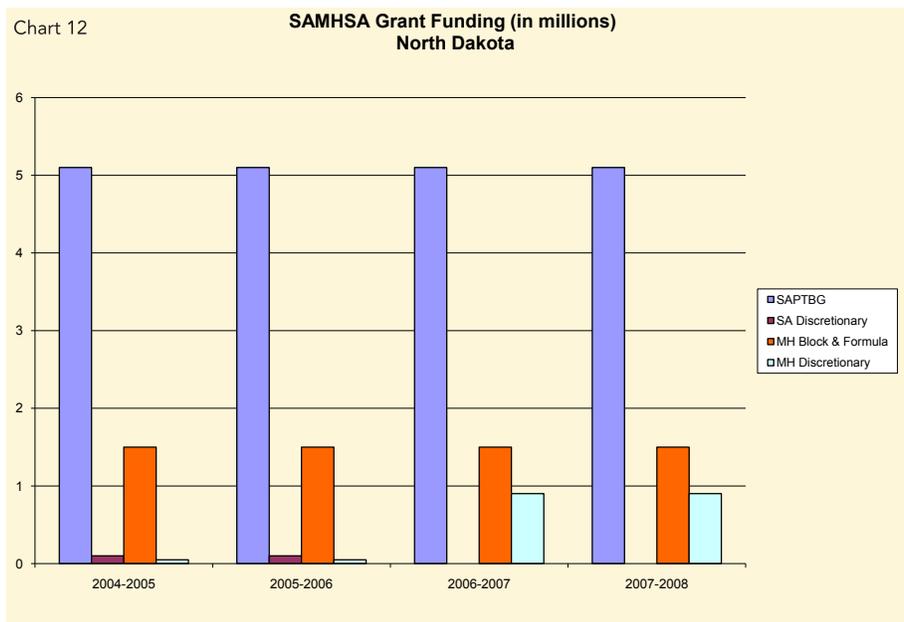
\$ 5.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.5million	Mental Health Block and Formula Grants
\$ 0.9 million	SAMHSA Discretionary Program Funds
\$ 7.5 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grants, Youth Suicide Prevention and Early Intervention (2 grants) and Campus Suicide.

2007-2008:

\$ 5.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 1.5 million	Mental Health Block and Formula Grants
\$ 0.9 million	SAMHSA Discretionary Program Funds
\$ 7.5 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grants, Youth Suicide Prevention and Early Intervention (2 grants) and Campus Suicide.



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: 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.