

OHIO



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, Ohio's rates on most drug and alcohol prevalence measures have been at or below the national rates for all age groups. These include past month and past year marijuana use, past month use of a drug other than marijuana and past month alcohol and binge alcohol use.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

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

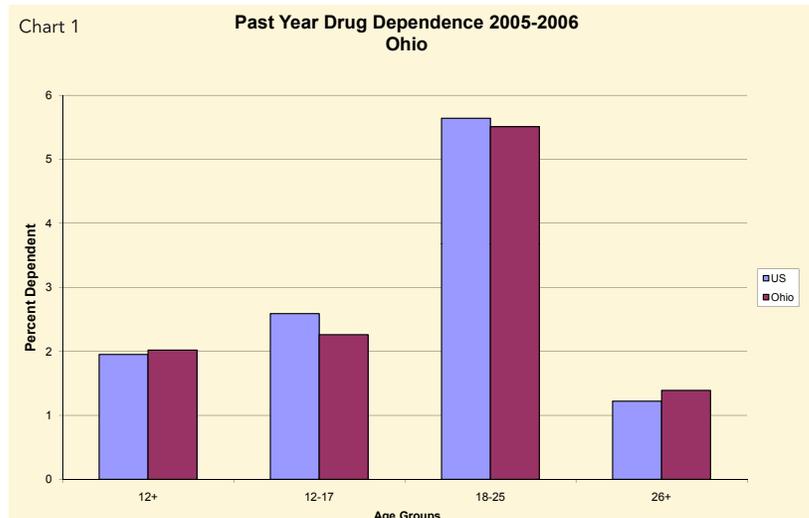
Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994).

Rates of past year dependence on or abuse of illicit drugs have been quite variable across survey years and among age groups. For example, in 2005-2006, the rate for individuals between 12 and 17 was among the lowest² in the country, while the rate for individuals 12 and older was among the 10 highest in the country (Chart 1).

Rates of past year alcohol dependence, however have been less variable and have remained at or below the national rates across all survey years. In 2005-2006, the rates on this measure for both individuals age 12 to 17 and those 26 and older were among the lowest in the country.

Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),³ the number of treatment facilities has declined from 515 facilities in 2002 to 424 facilities in 2006. A decrease of 85 private nonprofit facilities accounts for the majority of this difference. In 2006, 349 of 424 of all Ohio treatment facilities (82%) were private nonprofit, and only 34 facilities (8%) were private for-profit. The remaining facilities were owned or operated by Federal, State, or local government.



Although facilities may offer more than one modality of care, 363 facilities (86%) offered some form of outpatient treatment in 2006. An additional 115 facilities offered some form of residential care, and 19 facilities offered an opioid treatment program. Buprenorphine treatment for opiate addiction is available through 201 physicians and 48 treatment programs.

In 2006, 303 facilities (71%) received some form of Federal, State, county, or local government funds, and 199 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

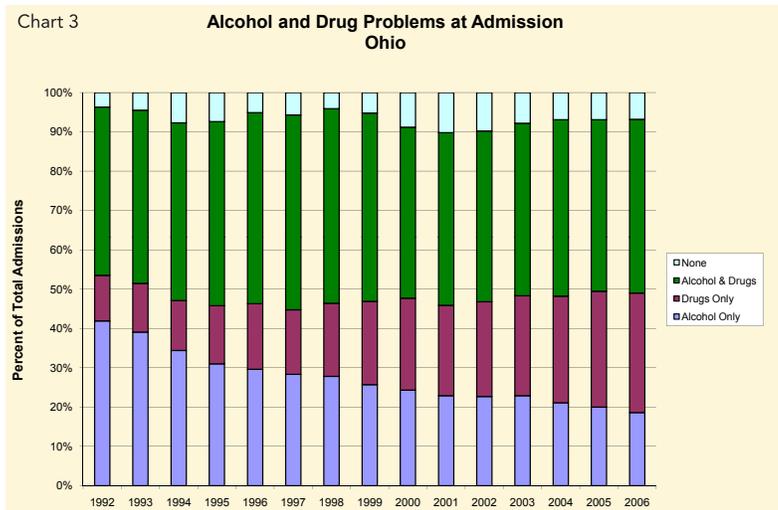
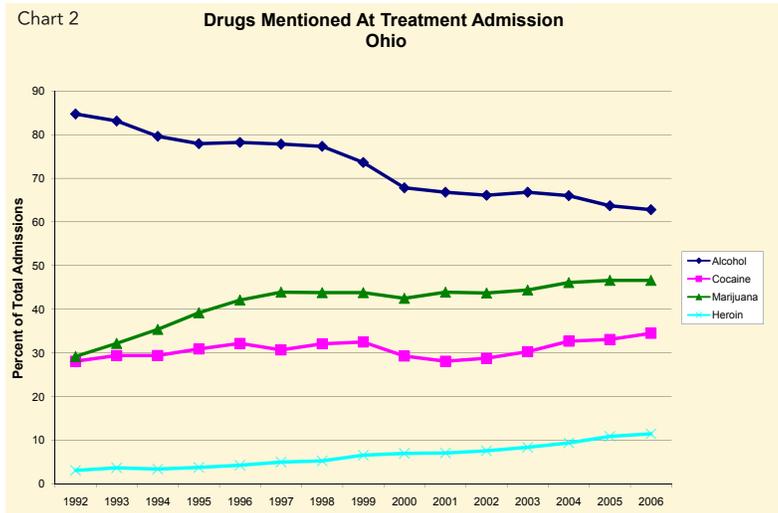


Treatment

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, Ohio showed a total of 34,988 clients in treatment, 32,001 (91%) of whom were in outpatient treatment. Of the total number of clients in treatment on this date, 4,551 (13%) were under the age of 18.

Chart 2 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 steady decline in the number of admissions mentioning alcohol and increases in the percentage of admissions mentioning either marijuana or heroin.

Across the years for which TEDS data are available, Ohio has seen a substantial shift in the constellation of problems present at treatment admission (Chart 3). Alcohol-only admissions have declined from 42 percent of all admissions in 1992 to 19 percent in 2006. Concomitantly, drug-only admissions have increased from 12 percent in 1992 to 30 percent in 2006.





Unmet Need for Treatment

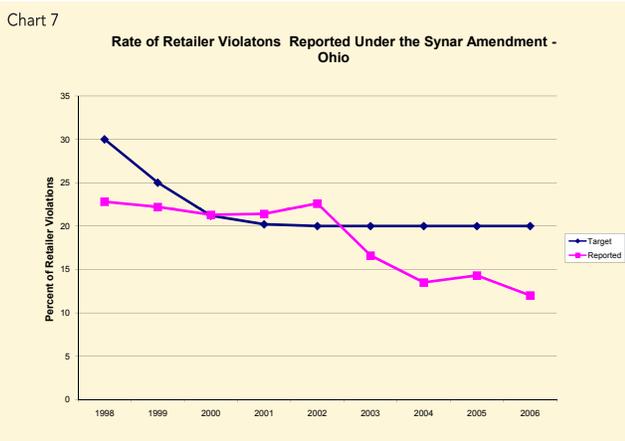
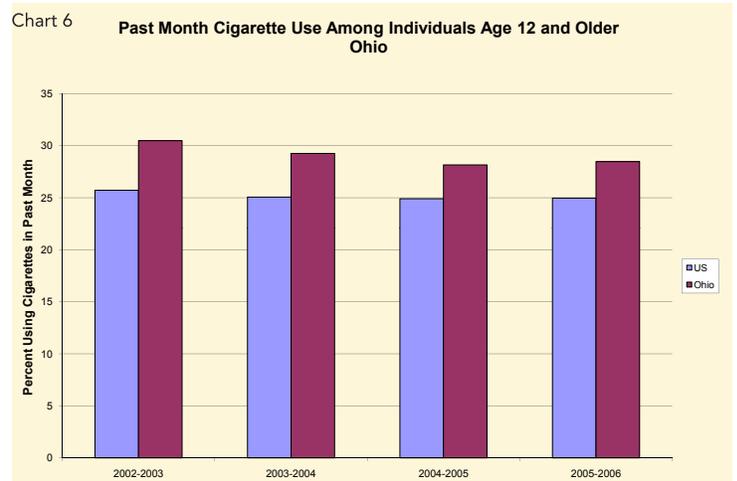
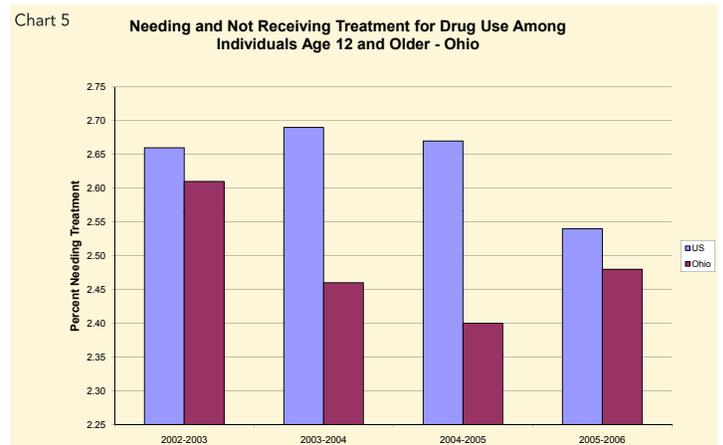
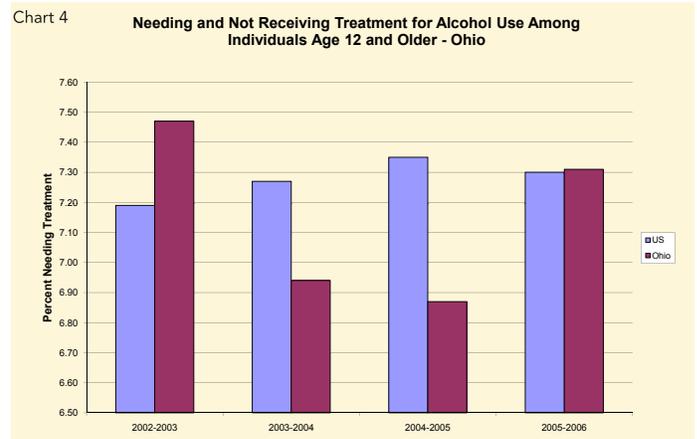
NSDUH defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year.

In Ohio, rates of unmet treatment need for both alcohol use and drug use have been at or below the national rates (Charts 4 and 5).

Tobacco Use and Synar Compliance

Rates of past month use of cigarettes and other tobacco products have consistently been above the national rate for underage smokers in Ohio (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 customers under the age of 18. Ohio's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2003 (Chart 7).



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 8). 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 9). 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 SPD for all age groups have been at or above the national rates; however, for the age group 18 to 25, the rates have consistently been among the highest in the country.

Rates of past year major depressive episode have also been above the national rate, except for individuals age 12 to 17.

Chart 8

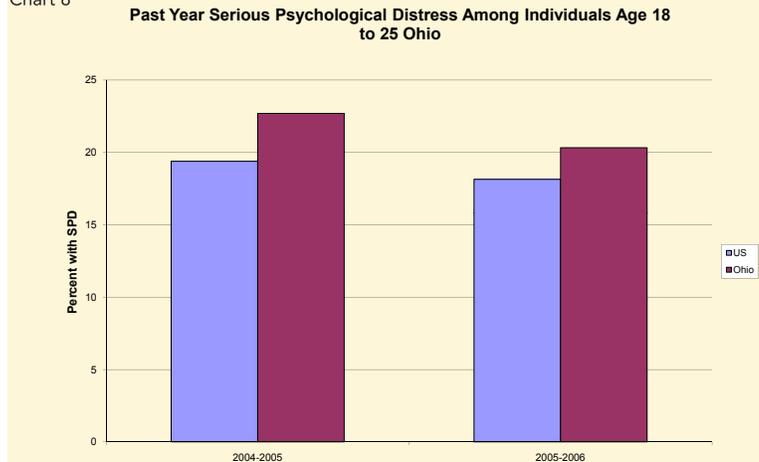
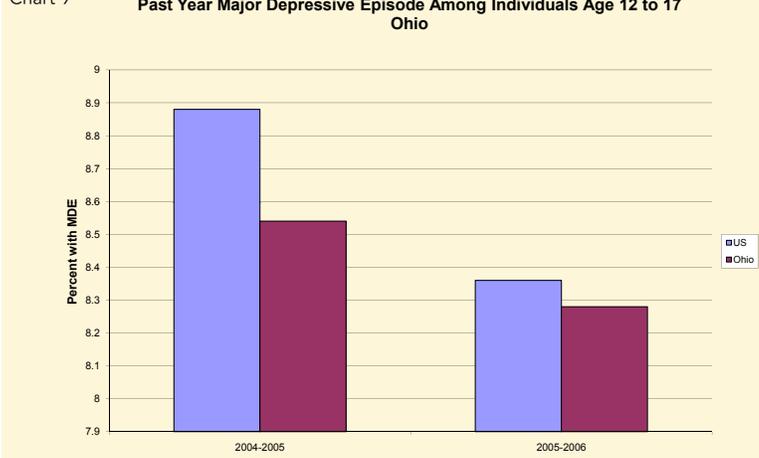


Chart 9





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:

\$ 67.1 million	Substance Abuse Prevention and Treatment Block Grant
\$ 17.3 million	Mental Health Block and Formula Grants
\$ 18.5 million	SAMHSA Discretionary Program Funds
\$102.9 million	Total SAMHSA Funding

CMHS: Post-Traumatic Stress Disorder in Children; Youth Violence Prevention; Children’s Services; Evidence-Based Training and Evaluation; Initiative to End Chronic Homelessness; Emergency Response.

CSAP: Drug-Free Communities (21 grants); Drug-Free Communities—Mentoring; Prevention of Methamphetamine and Inhalant Use; HIV/AIDS Services; State Incentive Cooperative Agreement.

CSAT: Adult, Juvenile and Family Drug Courts; Targeted Capacity—HIV/AIDS; Effective Adolescent Treatment; Recovery Community Support—Recovery; Targeted Capacity Expansion—General; Strengthening Communities—Youth; Rehabilitation and Restitution; and Homeless Addiction Treatment.

2005-2006

\$ 66.4 million	Substance Abuse Prevention and Treatment Block Grant
\$ 17 million	Mental Health Block and Formula Grants
\$ 18.2 million	SAMHSA Discretionary Program Funds
\$102.6 million	Total SAMHSA Funding

CMHS: Campus Suicide; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Children’s Services; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Youth Suicide Prevention and Early Intervention; Mental Health Transformation State Incentive Grant.

CSAP: HIV Strategic Prevention Framework; Drug-Free Communities (23 grants); Drug-Free Communities—Mentoring.

CSAT: Targeted Capacity—HIV/AIDS; Rehabilitation and Restitution; Recovery Community Support—Recovery; Strengthening Communities—Youth; State Adolescent Substance Abuse Treatment Coordination; Young Offender Reentry Program; Family Drug Courts; Homeless Addiction Treatment; Strengthening Treatment Access and Retention; and Effective Adolescent Treatment.

2006-2007:

\$ 66.4 million	Substance Abuse Prevention and Treatment Block Grant
\$ 17.0 million	Mental Health Block and Formula Grants
\$ 15.4 million	SAMHSA Discretionary Program Funds
\$ 98.8 million	Total SAMHSA Funding

CMHS: Evidence-Based Training and Evaluation; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Children’s Services; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Initiative to End Chronic Homelessness; Mental Health Transformation State Incentive Grant.

CSAP: HIV Strategic Prevention Framework; Drug-Free Communities (22 grants); Drug-Free Communities—Mentoring; Prevention of Methamphetamine and Inhalant Use; HIV/AIDS Services.

CSAT: SAMHSA Conference Grant; Rehabilitation and Restitution; Targeted Capacity—HIV/AIDS; Effective Adolescent Treatment; Recovery Community Support—Recovery; Strengthening Communities—Youth; Adult, Juvenile, and Family Drug Courts; Adolescent Substance Abuse Treatment; Young Offender Reentry Program; Effective Adolescent Treatment; and Homeless Addiction Treatment.

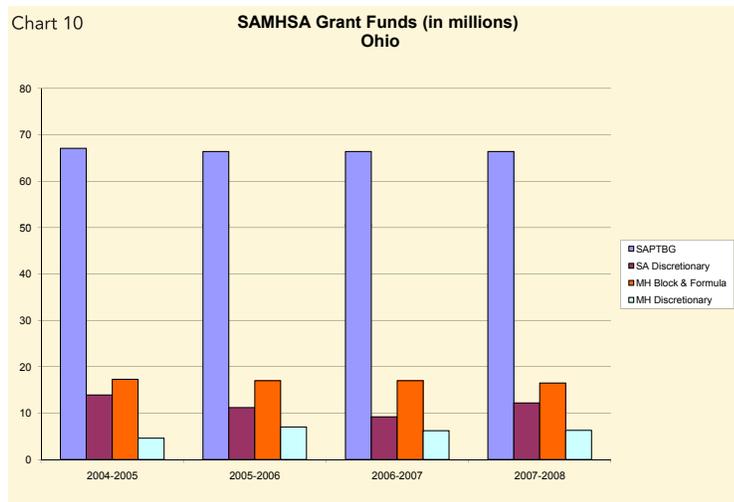
2007-2008:

\$ 66.4 million	Substance Abuse Prevention and Treatment Block Grant
\$ 18.5 million	Mental Health Block and Formula Grants
\$ 15.4 million	SAMHSA Discretionary Program Funds
\$101.8 million	Total SAMHSA Funding

CMHS: Campus Suicide; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Post-Traumatic Stress Disorder—Treatment Center; Children’s Services; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Mental Health Transformation State Incentive Grant; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Youth Suicide Prevention and Early Intervention; Statewide Consumer Network.

CSAP: HIV Strategic Prevention Framework; Drug-Free Communities (26 grants); Drug-Free Communities—Mentoring.

CSAT: E-Therapy; Targeted Capacity—HIV/AIDS; Homeless Addiction Treatment; Family Drug Courts; Recovery Community Support—Recovery; Young Offender Reentry Program; State Adolescent Substance Abuse Treatment; Effective Adolescent Treatment; Access to Recovery; and Strengthening Treatment Access and Retention.





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.