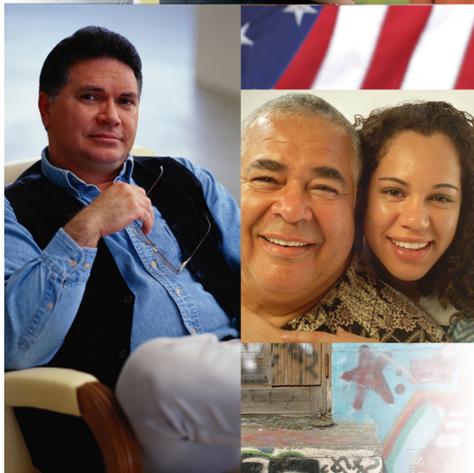


States In Brief



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, Pennsylvania's rates of past month and past year marijuana use have generally been at or above the national rates. Rates of past year use of an illicit drug other than marijuana as well as the nonmedical use of pain relievers, however, have generally been at or below the national rates.



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).

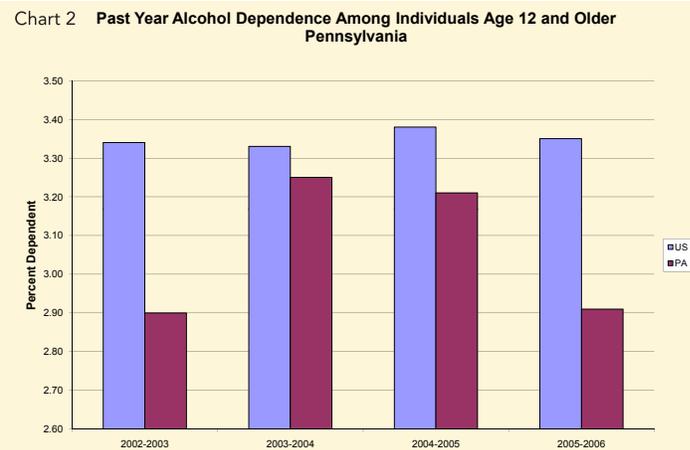
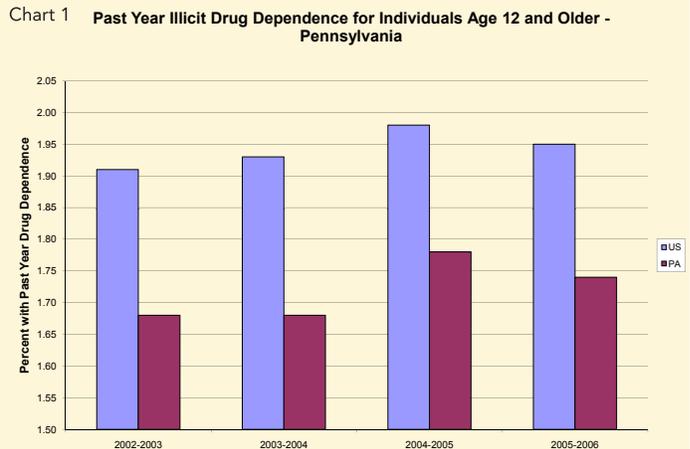
Across all survey years, rates of past year drug dependence for Pennsylvania's State population age 12 and older have been among the *lowest*² in the country (Chart 1).

Rates of past year alcohol dependence have also been at or below the national rates, and in 2005–2006 were among the lowest in the country for the age 12 and older population (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 Pennsylvania has decreased from 488 in 2002, to 446 in 2006. In 2006, the majority of facilities (317 of 447, or 71%) were private nonprofit, and 114 facilities (25%) were private for-profit.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities in Pennsylvania (345 or 77%) offered some form of outpatient treatment, and an additional 132 facilities (29%) offered some form of residential care. Opioid treatment programs were available at 52 facilities, and 417 physicians and 56 treatment programs were certified to provide buprenorphine care for opiate addiction.



In 2006, 65 percent of all facilities (290) received some form of Federal, State, county, or local government funds, and 367 facilities (82%) 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, Pennsylvania showed a one-day total of 44,349 clients in treatment, the majority of whom (39,286 or 89%) were in outpatient treatment. Of the total number of clients in treatment on this date, 2,660 (6%) were under the age of 18.

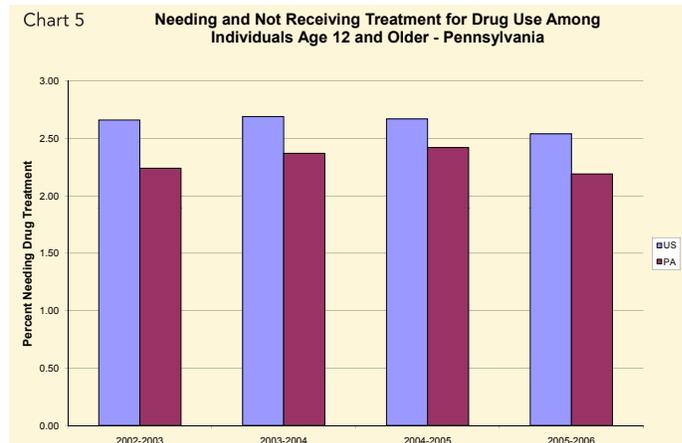
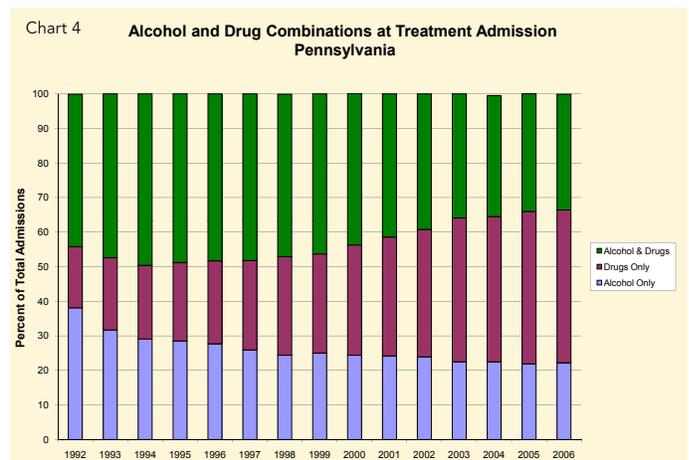
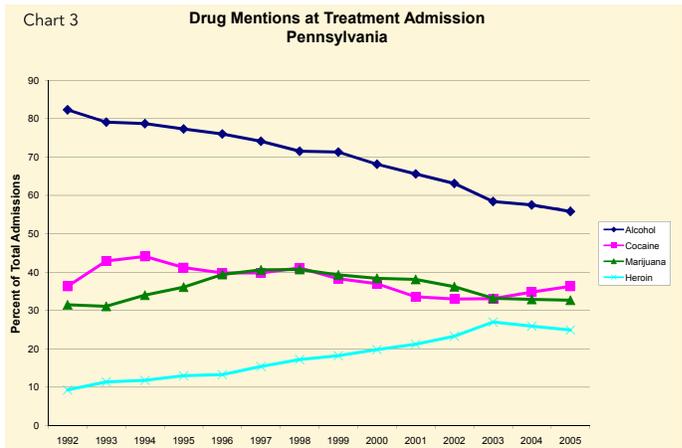
The chart shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 14 years, there has been a steady decline in the number of admissions mentioning alcohol (82% vs. 55%) and a concomitant increase in the percent of admissions mentioning heroin (9% vs. 24% (Chart 3)).

Across the years for which TEDS data are available, Pennsylvania has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from 38 percent of all admissions in 1992, to 22 percent in 2005. Concomitantly, drug-only admissions have increased from 18 percent in 1992, to 44 percent in 2005. (Chart 4)

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 Pennsylvania, the rate of unmet drug treatment need has been among the lowest in the country across all survey years (Chart 5).



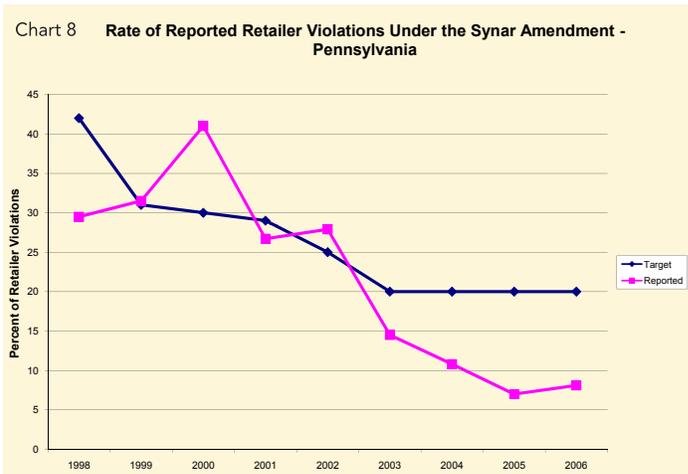
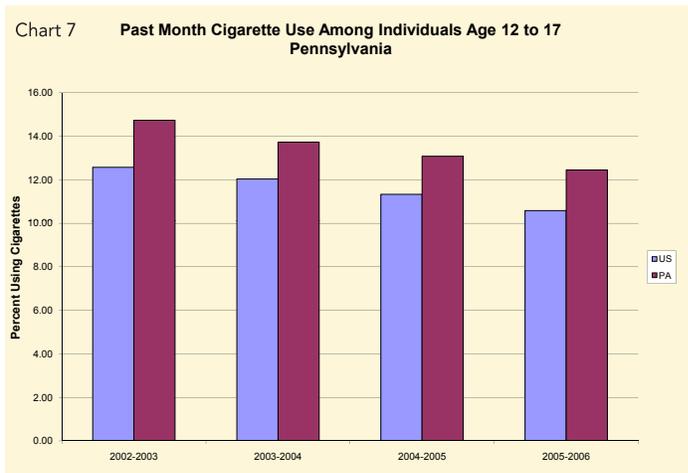
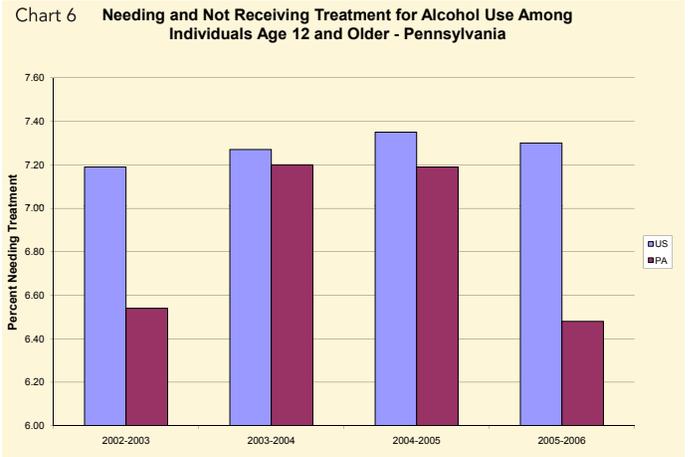


Rates of unmet need for alcohol treatment have generally also been at or below the nation rates, and in 2005–2006 were among the 10 lowest in the country (Chart 6).

Tobacco Use and Synar Compliance

Rates of past month use of cigarettes by underage smokers have generally been higher than the national rates, although not among the highest in the country (Chart 7).

SAMHSA monitors the rates of retailer violations 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. Pennsylvania’s rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2003 (Chart 8).

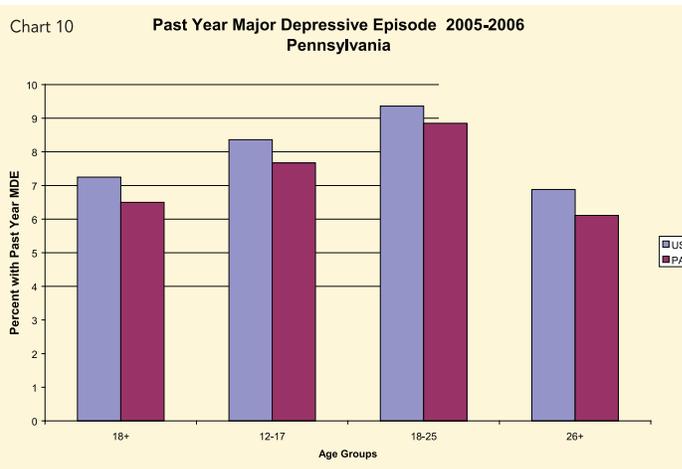
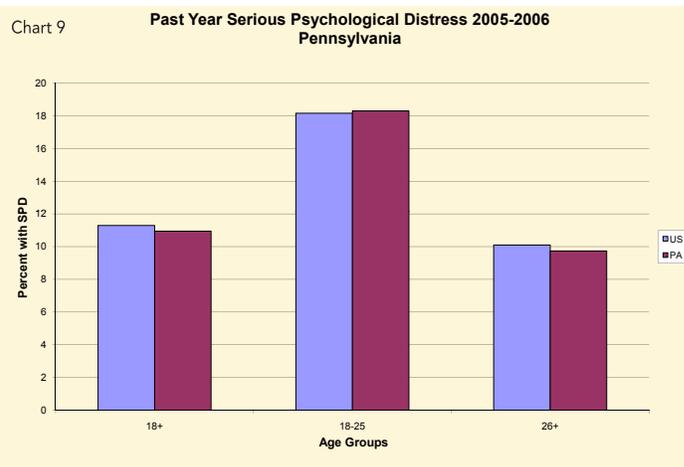


Mental Health Indicators

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.

Rates of past year major depressive episodes in 2005–2006 were among the lowest in the country for all age groups except those age 18 to 25 (Chart 9).

Rates of past year serious psychological distress have generally been at or below the national rates (Chart 10).





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 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:

\$ 59.4 million	Substance Abuse Prevention and Treatment Block Grant
\$ 18.8 million	Mental Health Block and Formula Grants
\$ 19.7 million	SAMHSA Discretionary Program Funds
\$ 97.9 million	Total SAMHSA Funding

CMHS: National Technical Assistance Centers on Consumer/Peer Run Programs; State Mental Health Data Infrastructure Grant; Initiative to End Chronic Homelessness; Workforce Training; Children’s Services; Partnerships for Youth Transition; Post Traumatic Stress Disorder in Children; Targeted Capacity Expansion—Prevention and Early Intervention; Statewide Consumer Network; Emergency Response; Youth Violence Prevention; Statewide Family Network.

CSAP: Drug Free Communities (18 grants); HIV/AIDS Services; Ecstasy and Other Club Drug Prevention Services; Prevention of Methamphetamine and Inhalant Use.

CSAT: Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; Residential Substance Abuse Treatment; Pregnant and Post-Partum Women; Recovery Community Service; Effective Adolescent Treatment; Addiction Technology Transfer Center; and Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment.

2005–2006:

\$ 58.9 million	Substance Abuse Prevention and Treatment Block Grant
\$ 18.4 million	Mental Health Block and Formula Grants
\$ 19.9 million	SAMHSA Discretionary Program Funds
\$ 97.2 million	Total SAMHSA Funding

CMHS: Disaster Relief; National Technical Assistance Centers on Consumer/Peer Run Programs; State Mental Health Data Infrastructure Grant; Linking Adolescents at Risk to Mental Health Services; Initiative to End Chronic Homelessness; Child Mental Health Initiative; Partnerships for Youth Transition; Targeted Capacity Expansion—Prevention and Early Intervention; National Child Traumatic Stress Initiative—Treatment and Service Adaptation Centers; Statewide Consumer Network; Youth Violence Prevention; Statewide Family Network.

CSAP: Drug Free Communities (16 grants); HIV/AIDS Services; HIV Strategic Prevention Framework; Ecstasy and Other Club Drug Prevention Services; Prevention of Methamphetamine and Inhalant Use; SAMHSA Conference Grant.

CSAT: Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Targeted Capacity Expansion—HIV/AIDS; Pregnant and Post-Partum Women; Recovery Community Service; Effective Adolescent Treatment; Addiction Technology Transfer Center; and Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment.

2006–2007:

\$ 58.9 million	Substance Abuse Prevention and Treatment Block Grant
\$ 18.4 million	Mental Health Block and Formula Grants
\$ 15.9 million	SAMHSA Discretionary Program Funds
\$ 93.2 million	Total SAMHSA Funding

CMHS: Disaster Relief; State Mental Health Data Infrastructure Grant; Linking Adolescents at Risk to Mental Health Services; National Technical Assistance Centers on Consumer/Peer Run Programs; Child Mental Health Initiative; Campus Suicide; National Child Traumatic Stress Initiative—Treatment and Service Adaptation Centers; Statewide Consumer Network; Targeted Capacity Expansion—Jail Diversion; Statewide Consumer Network; Statewide Family Network.

CSAP: Drug Free Communities (16 grants); HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; HIV Strategic Prevention Framework; Drug Free Communities—Mentoring.

CSAT: Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Targeted Capacity Expansion—HIV/AIDS; Juvenile Drug Courts; Effective Adolescent Treatment; and Addiction Technology Transfer Center.

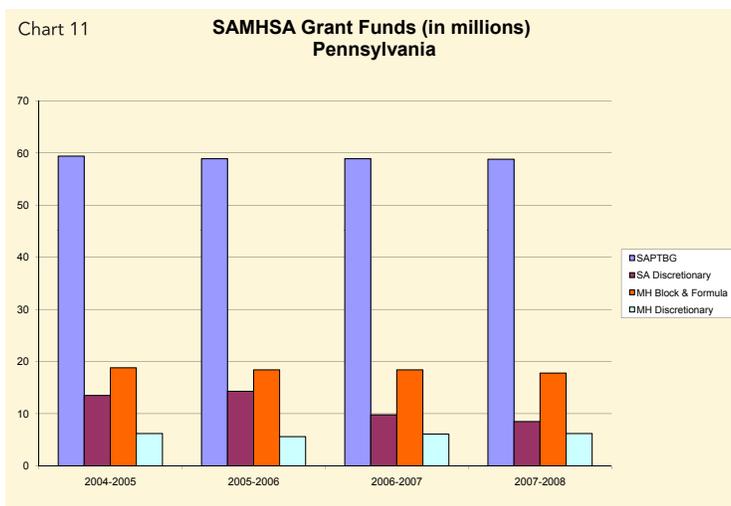
2007–2008:

\$ 58.9 million	Substance Abuse Prevention and Treatment Block Grant
\$ 18.4 million	Mental Health Block and Formula Grants
\$ 15.9 million	SAMHSA Discretionary Program Funds
\$ 93.2 million	Total SAMHSA Funding

CMHS: National Technical Assistance Centers on Consumer/Peer Run Programs; Adolescents at Risk; Post-Traumatic Stress Disorder—Adaptation Center; Child Mental Health Initiative; Campus Suicide; SAMHSA Conference Grant; National Child Traumatic Stress Initiative—Treatment and Service Adaptation Centers; State Mental Health Data Infrastructure Grant; Targeted Capacity Expansion—Jail Diversion; Statewide Family Network.

CSAP: Drug Free Communities (16 grants); HIV/AIDS Services; HIV Strategic Prevention Framework; Drug Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant.

CSAT: Targeted Capacity Expansion—HIV/AIDS; Juvenile Drug Courts; Recovery Community Services—Recovery; Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; 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: <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: <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 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.