

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, Tennessee has ranked among those States with the *lowest*² rates of the following measures (Table 1):

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

Measure	Age Groups
Past Month Marijuana Use	12-17
Past Month Alcohol Use	All Age Groups
Past Month Binge Alcohol Use	All Age Groups

It is worth noting that in all survey years, Tennessee has also ranked among the 10 States with the highest rate of past year nonmedical use of pain relievers.

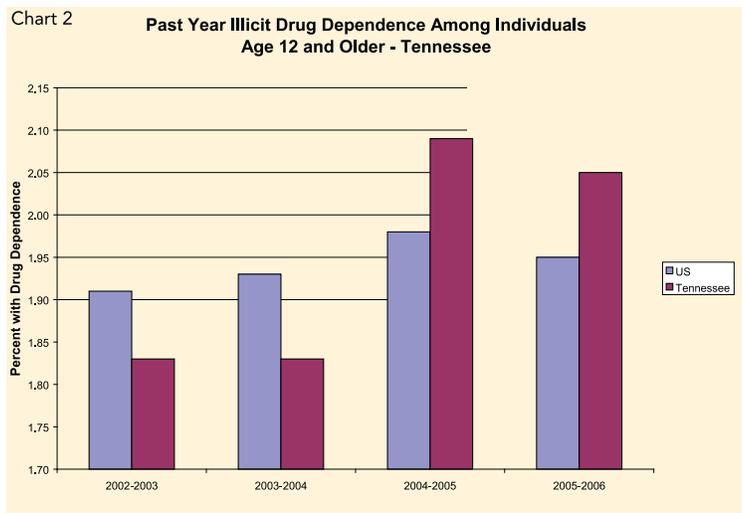
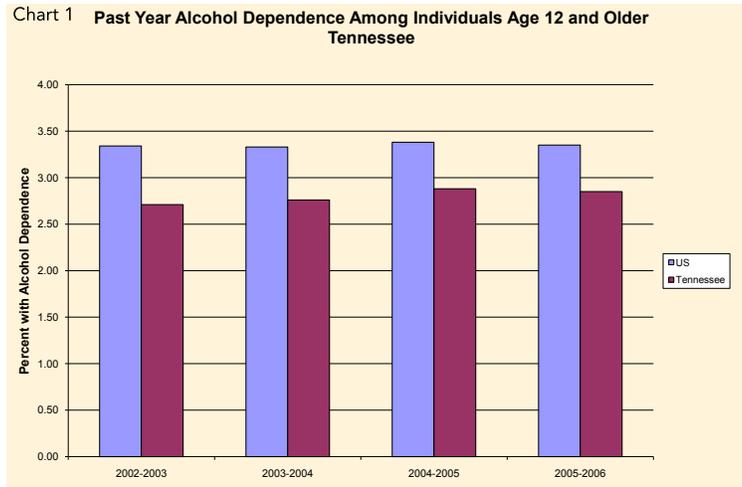


Abuse and Dependence

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).

Tennessee's rates of past year alcohol dependence have consistently been among the 10 lowest in the country for all age groups and across all survey years (Chart 1).

Rates of past year drug dependence have been more variable across all survey years (Chart 2).



Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N SSATS),³ there were 195 treatment facilities in Tennessee. Of these, 147 (75%) were private nonprofit, and 35 (18%) were private for-profit.

Although facilities may offer more than one modality of care, in 2006 the 171 facilities (88%) offered some form of outpatient treatment, and an additional 54 facilities (28%) offered some form of residential care. Seven facilities offered an opioid treatment program, and 124 physicians and 24 treatment programs offered buprenorphine treatment for opiate addiction.

In 2006, 113 facilities (58%) received some form of Federal, State, county, or local government funds, and 116 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

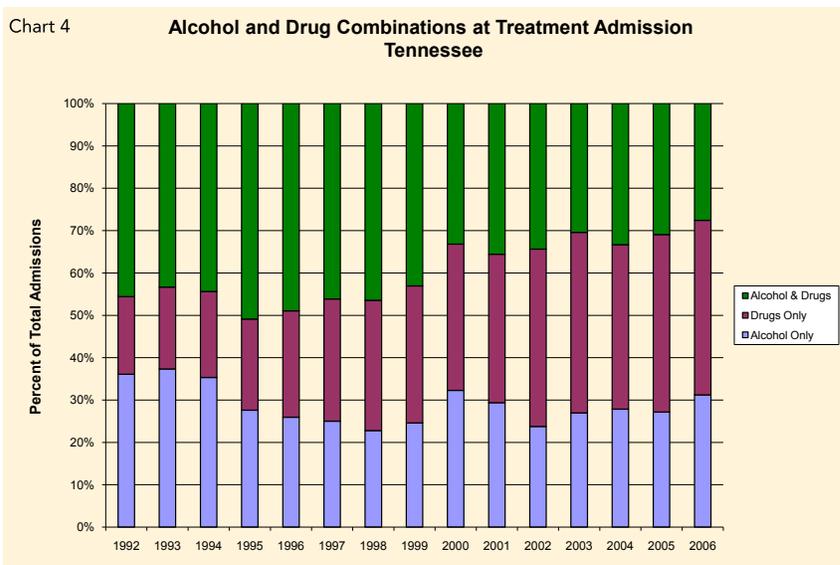
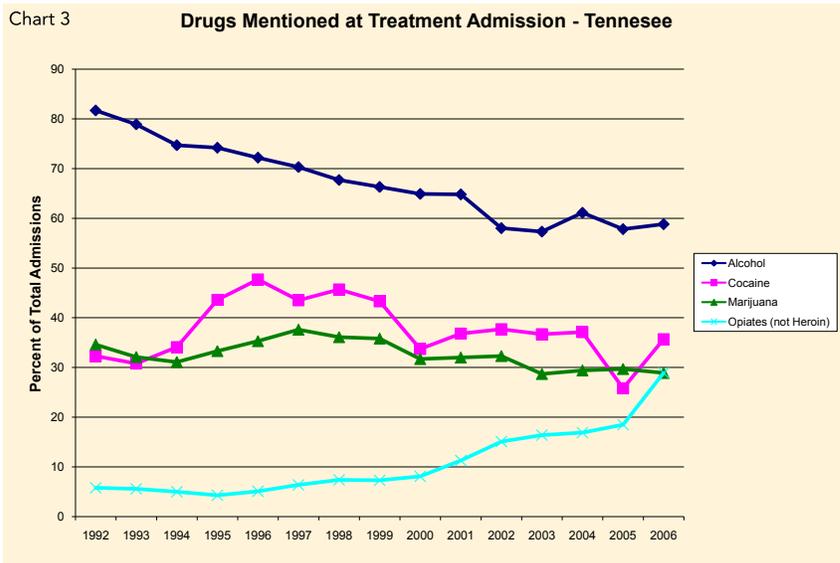


Treatment

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 N-SSATS 2006 survey, Tennessee showed a total of 15,053 clients in treatment, 13,348 of whom (89%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,003 (7%) were under the age of 18.

Chart 3 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 (from 82% in 1992, to 59% in 2006), and a concomitant increase in the percentage of admissions mentioning opiates other than heroin (from 6% in 1992, to 29% in 2006).

Across the years for which TEDS data are available, Tennessee has seen a substantial shift in the constellation of problems present at treatment admission. Drug-only admissions have increased, from 18 percent of all admissions in 1992, to 41 percent in 2006. Concomitantly, admissions for both drugs and alcohol have decreased, from 45 percent in 1992 to 28 percent in 2006 (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.

Rates for unmet drug treatment need have varied considerably across time and among age groups. In 2005-2006, the rates for all age groups were above the national average and, for those individuals age 18 to 25, they were among the 10 highest in the country (Chart 5).

On the other hand, rates of unmet need for alcohol treatment have consistently been below the national rates, and for three age groups (12+, 12-17, and 26+) in 2005-2006 they were among the 10 lowest in the country (Chart 6).

Tobacco Use and Synar Compliance

Rates of past month cigarette use by underage smokers in Tennessee have been above the national rate (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 customers

Chart 5 Needing and Not Receiving Treatment for Drug Use 2005-2006 Tennessee

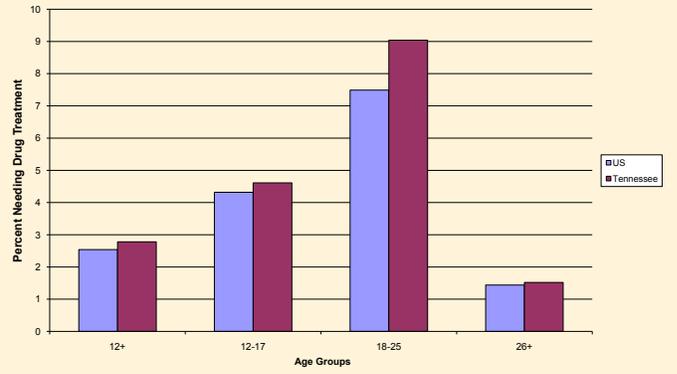


Chart 6 Needing and Not Receiving Treatment for Alcohol Use 2005-2006 Tennessee

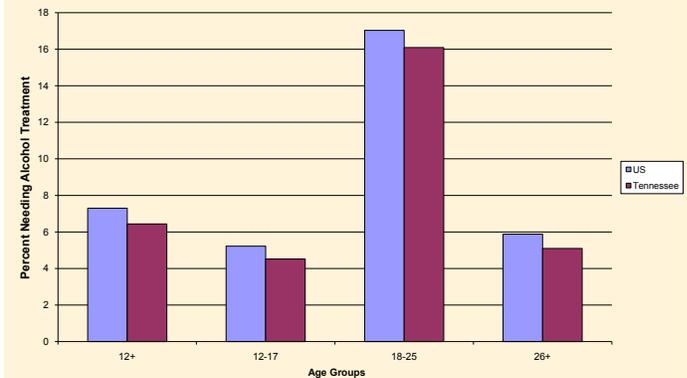
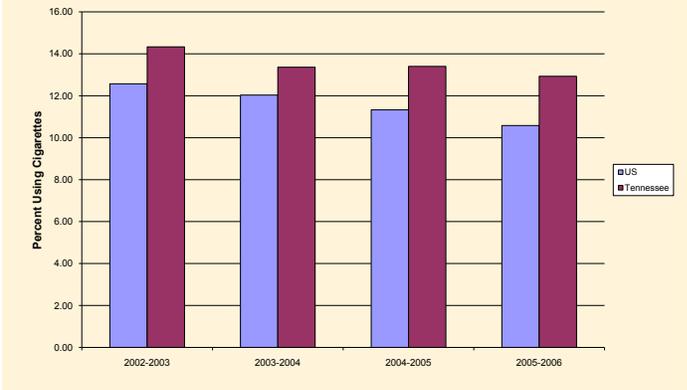


Chart 7 Past Month Cigarette Use Among Individuals Age 12 to 17 Tennessee



under the age of 18. Tennessee's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2004 (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.

Tennessee's rates of past year serious psychological distress have been at or above the national rates, and in 2005-2006 the rates for the State population age 18 and older and 26 and older were among the 10 highest in the country (Chart 9).

Rates of past year major depressive episodes have been quite variable, and in 2005-2006 they were among the 10 highest in the country for the State population age 18 and older as well as for the population 26 and older (Chart 10).

Chart 8 Rate of Retailer Violations Under the Synar Amendment Tennessee

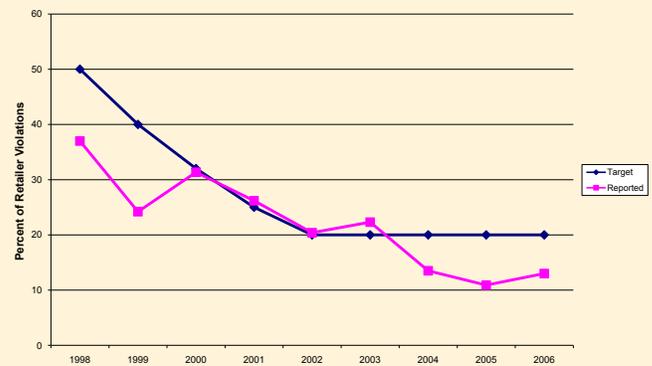


Chart 9 Past Year Serious Psychological Distress 2005-2006 Tennessee

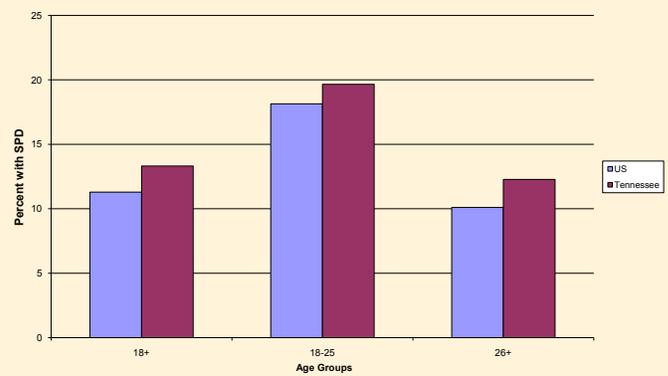
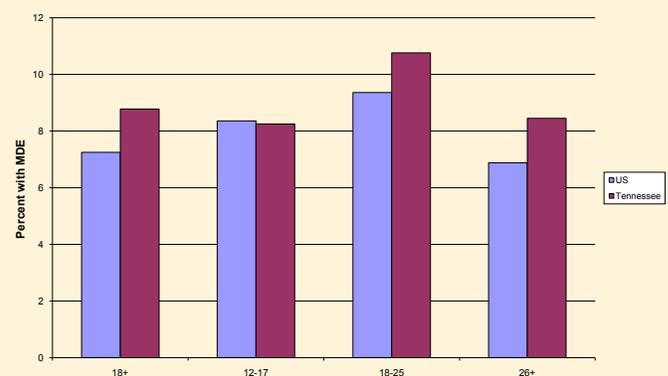


Chart 10 Past Year Major Depressive Episode 2005-2006 Tennessee





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:

\$29.9 million	Substance Abuse Prevention and Treatment Block Grant
\$ 9.2 million	Mental Health Block and Formula Grants
\$16.1 million	SAMHSA Discretionary Program Funds
\$55.2 million	Total SAMHSA Funding

CMHS: Initiative to End Chronic Homelessness; State Mental Health Data Infrastructure Grant; Statewide Family Networks; Post-Traumatic Stress Disorder in Children; Youth Violence Prevention; Children's Services; Emergency Response; Jail Diversion.

CSAP: Drug-Free Communities (9 grants); HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant.

CSAT: Access to Recovery; Adult, Juvenile and Family Drug Courts; Homeless Addictions Treatment; Targeted Capacity Expansion—Rural Populations; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service; and Targeted Capacity Expansion—Minority Populations.

2005-2006

\$29.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 9.1 million	Mental Health Block and Formula Grants
\$16.9 million	SAMHSA Discretionary Program Funds
\$55.6 million	Total SAMHSA Funding

CMHS: Initiative to End Chronic Homelessness; State Mental Health Data Infrastructure Grant; Campus Suicide; Statewide Family Networks; Youth Suicide Prevention and Early Intervention; Post-Traumatic Stress Disorder in Children; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Jail Diversion.

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

CSAT: Access to Recovery; Targeted Capacity Expansion—Campus Screening/Colleges and Universities; Targeted Capacity Expansion—Rural Populations; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Service; Targeted Capacity Expansion—Minority Populations; and Homeless Addictions Treatment.

2006-2007:

\$29.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 9.1 million	Mental Health Block and Formula Grants
\$16.6 million	SAMHSA Discretionary Program Funds
\$55.3 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grant; Child Mental Health Initiative; Post-Traumatic Stress Disorder in Children; Statewide Family Networks; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Campus Suicide; Youth Suicide Prevention and Early Intervention.

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

CSAT: Access to Recovery; Targeted Capacity Expansion—Campus Screening/Colleges and Universities; Treatment for Homeless; Targeted Capacity Expansion—Rural Populations; Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; State Adolescent Substance Abuse Treatment Coordination; and Effective Adolescent Treatment.

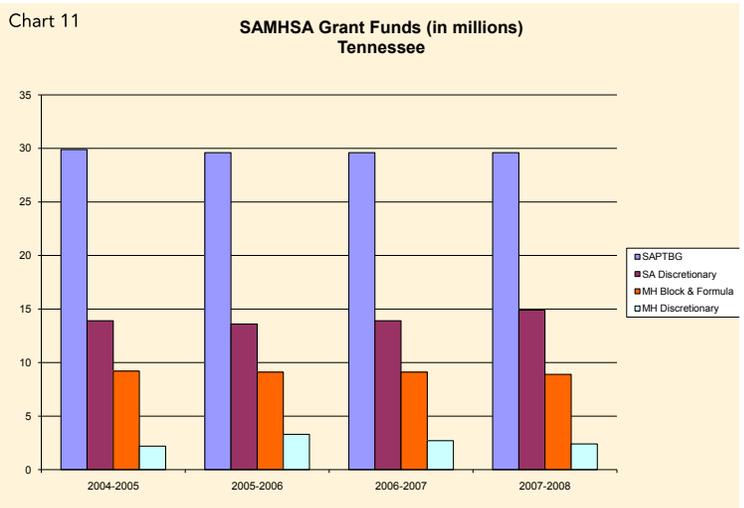
2007-2008:

\$29.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 8.9 million	Mental Health Block and Formula Grants
\$17.3 million	SAMHSA Discretionary Program Funds
\$55.8 million	Total SAMHSA Funding

CMHS: Campus Suicide; Statewide Family Networks (mental health); State Mental Health Data Infrastructure Grant; Child Mental Health Initiative; Youth Suicide Prevention and Early Intervention; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults.

CSAP: Drug-Free Communities (9 grants); Drug-Free Communities—Mentoring; Prevention of Methamphetamine Abuse; Strategic Prevention Framework State Incentive Grant.

CSAT: Targeted Capacity Expansion—Campus Screening/Colleges and Universities; Effective Adolescent Treatment; State Adolescent Substance Abuse Treatment Coordination; Access to Recovery; Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; Targeted Capacity Expansion—Rural Populations; and Targeted Capacity Expansion—Other Populations and Emerging Substance Abuse Issues



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 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.