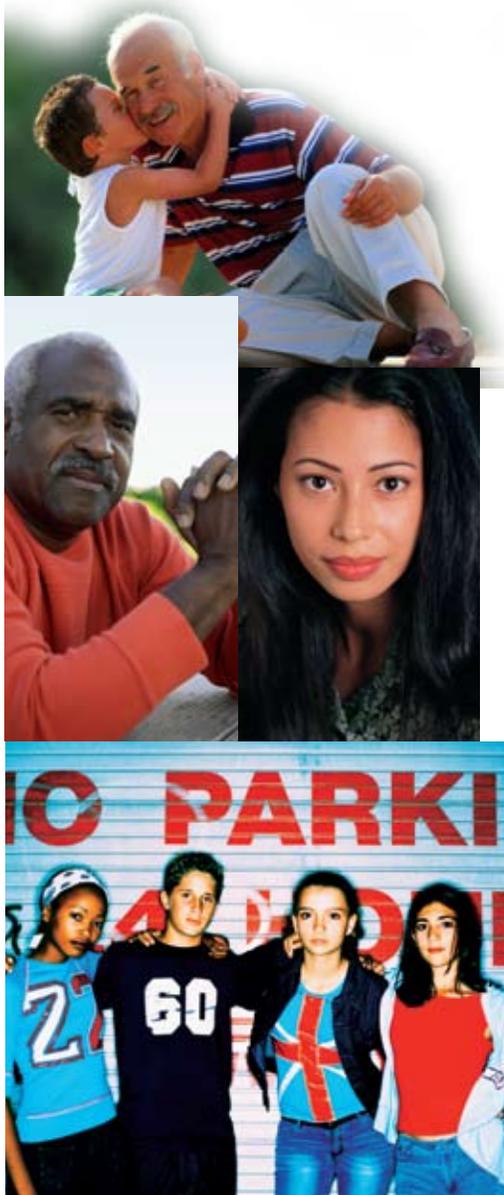




States In Brief

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, Texas has ranked among the 10 States with the lowest² rates on the following measures (Table 1):

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

Measure	Age Groups
Past Month Illicit Drug Use	12+, 12-17, 18-25
Past Month Marijuana Use	All age groups
Past Year Marijuana Use	All age groups

Despite the low prevalence of marijuana use in Texas, the prevalence of cocaine use in the age group 12 to 17 has demonstrated a rate among the *highest* in the country across all survey years.

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.

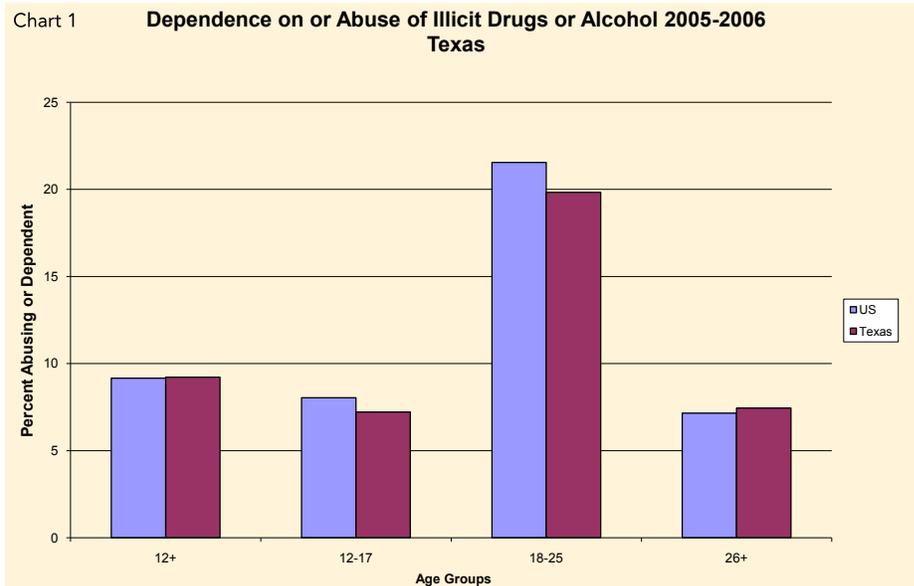




Abuse and Dependence

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 abuse of or dependence on alcohol among all age groups have remained at or below the national rates for all age groups across all survey years, as have rates of past year dependence or abuse on illicit drugs (Chart 1).



Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),³ the number of treatment facilities in Texas has declined from a high of 556 in 2003 to a low of 518 in 2005. In 2006, the most recent year for which data are available, there were 523 facilities, of which 251 (48%) were private nonprofit facilities. An additional 224 facilities were private for-profit, and the remainder were owned and/or operated by Federal, State, or local governments.

Although facilities may offer more than one modality of care, in 2006, there were 431 facilities (82.4%) that offered some form of outpatient treatment, and 162 facilities offered some form of residential care. There were 70 facilities that offered opioid treatment, and 424 physicians were certified to deliver buprenorphine treatment for opioid addiction.

In 2006, 299 of all facilities (57%) received some form of Federal, State, county, or local government funds, and 216 facilities (41%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

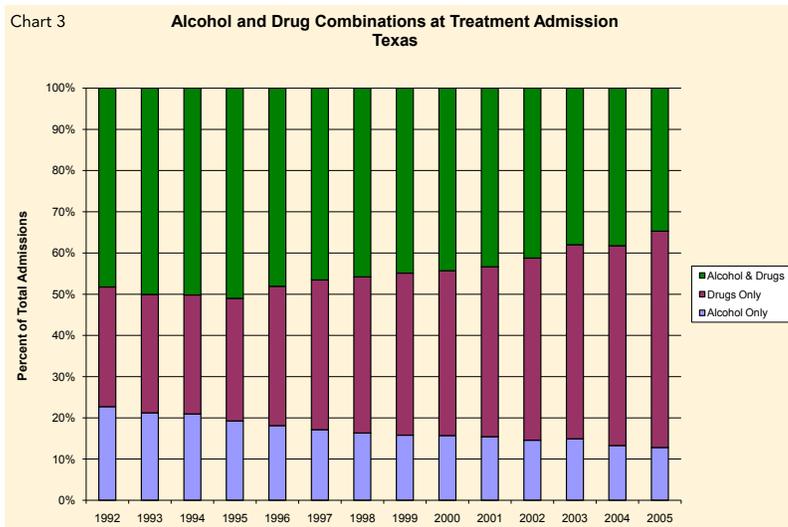
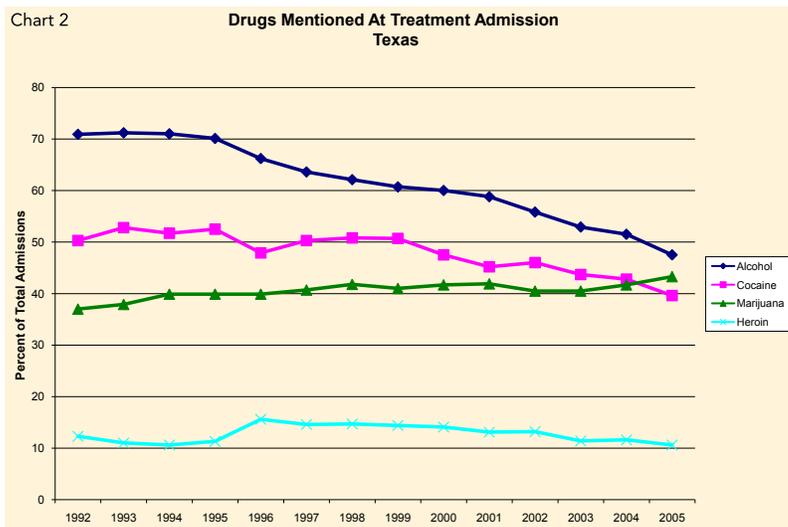


Treatment

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, Texas showed a one-day census of 34,099 clients in treatment, 28,311 of whom (83%) were in outpatient treatment. Of the total number of clients in treatment on this date, 3,536 (11%) 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 14 years, there has been a steady decline in the number of admissions mentioning alcohol and cocaine. In 2005, TEDS data indicated that admissions for methamphetamine abuse accounted for approximately 18.5 percent of all admissions.

Across the years for which TEDS data are available, Texas has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 22 percent of all admissions in 1992 to just over 12 percent in 2005. Concomitantly, drug-only admissions have increased from 29 percent in 1998 to 52.5 percent in 2005 (Chart 3).





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 unmet treatment need for drug or alcohol use in Texas have remained at or below the national rates for all age groups (Charts 4 and 5).

Tobacco Use and Synar Compliance

Rates of past month tobacco use in Texas have remained at or below national rates for all age groups, and the rate for underage users (age 12 to 17) has remained among the lowest in the country since the 2002-2003 NSDUH surveys (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. Rates of noncompliance with the Synar Amendment have been consistently below the target rate since 1999, with the only exception occurring in 2004 (Chart 7).

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

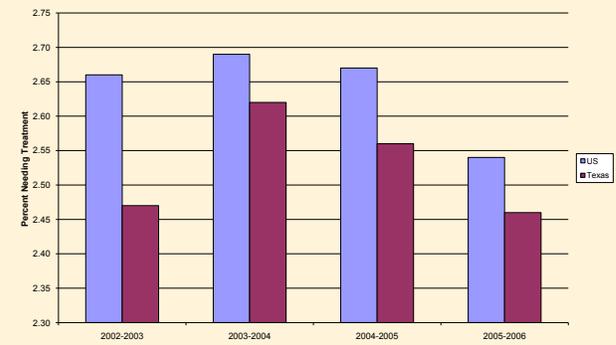


Chart 5 Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 12 and Older - Texas

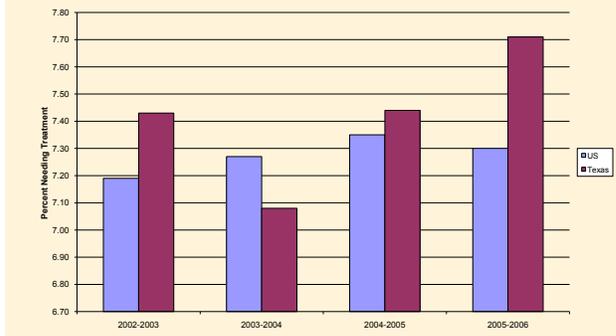


Chart 6 Past Month Cigarette Use Among Individuals Age 12 to 17 - Texas



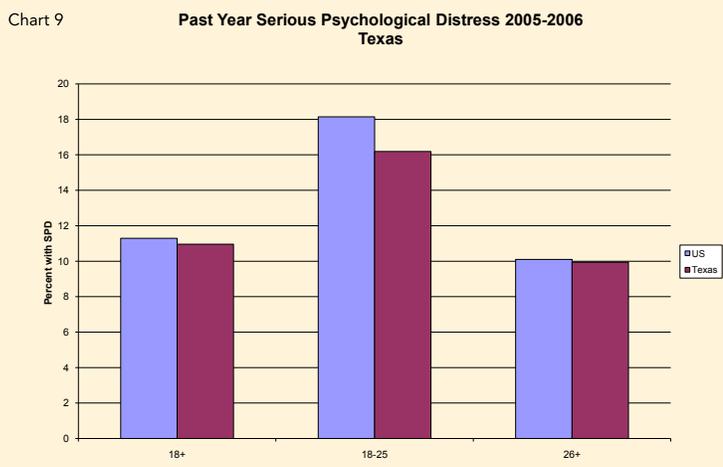
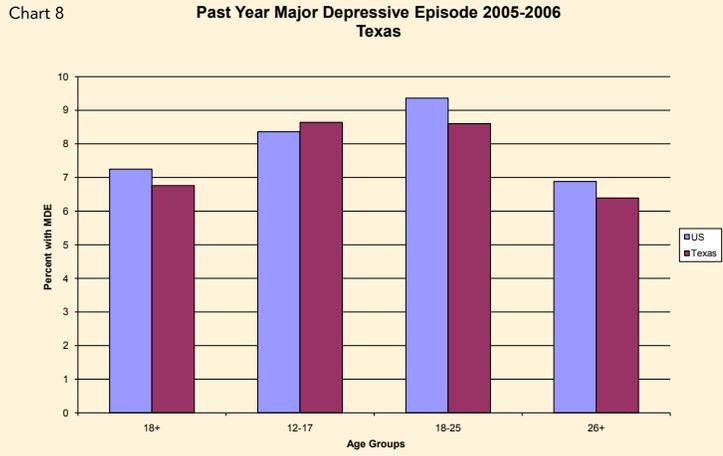
Chart 7 Retailer Violations Reported Under the Synar Amendment - Texas



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 (Chart 8).

While the rates of past year serious psychological distress and major depressive episodes in Texas have remained at or below the national rates, the rates for individuals age 18 to 25 have consistently ranked among the lowest in the country (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:

\$136.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 38.1 million	Mental Health Block and Formula Grants
\$ 48.1 million	SAMHSA Discretionary Program Funds
\$223.3 million	Total SAMHSA Funding

CMHS: Statewide Family Networks; Emergency Response; Disaster Relief; State Mental Health Data Infrastructure Grants; Children’s Services; Elderly Mental Health Outreach; Youth Violence Prevention; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Post-Traumatic Stress Disorder in Children; Jail Diversion; Workforce Training.

CSAP: Drug-Free Communities (22 grants); Ecstasy and Other Club Drug Prevention (4 grants); HIV/AIDS Services (15 grants); State Incentive Cooperative Agreement (substance abuse prevention); Youth Transition to the Workplace; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use.

CSAT: State Data Infrastructure; Strengthening Access and Retention; Homeless Addiction Treatment; Targeted Capacity Expansion—General; Targeted Capacity Expansion—AIDS; Methamphetamine Populations; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Effective Adolescent Treatment; Addiction Technology Transfer Center; Access to Recovery; Adult, Juvenile and Family Drug Courts; Pregnant and Post-Partum Women; Homeless Addiction Treatment; Young Offender Reentry Program; Residential Substance Abuse Treatment; and Recovery Community Services.

2005-2006

\$135.5 million	Substance Abuse Prevention and Treatment Block Grant
\$ 37.7 million	Mental Health Block and Formula Grants
\$ 52.4 million	SAMHSA Discretionary Program Funds
\$225.6 million	Total SAMHSA Funding

CMHS: Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; State Mental Health Data Infrastructure Grants; Statewide Family Networks; Mental Health Transformation State Incentive Grant; Youth Suicide Prevention and Early Intervention; Children’s Services; Emergency Response (Hurricane Katrina); Child Mental Health Initiative; Youth Violence Prevention, Post-Traumatic Stress Disorder in Children; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Jail Diversion; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative.

CSAP: HIV/AIDS Services; Drug-Free Communities (25 grants); Youth Transition to the Workplace; HIV Strategic Prevention Framework; SAMHSA Conference Grant; Strategic Prevention Framework State Incentive Grant; Ecstasy and Other Club Drug Prevention Services; Prevention of Methamphetamine and Inhalant Use.

CSAT: Homeless Addiction Treatment; Targeted Capacity Expansion—AIDS; Methamphetamine Populations; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Effective Adolescent Treatment; Addiction Technology Transfer Center; Access to Recovery; Strengthening Access and Retention; Young Offender Reentry Program; Targeted Capacity Expansion—Campus Screening/Colleges and Universities; Pregnant and Post-Partum Women; Family Drug Courts; Juvenile Drug Courts; Targeted Capacity Expansion—Rural Populations; and Recovery Community Services.

2006-2007:

\$135.5 million	Substance Abuse Prevention and Treatment Block Grant
\$ 37.7million	Mental Health Block and Formula Grants
\$ 56.1 million	SAMHSA Discretionary Program Funds
\$224.8 million	Total SAMHSA Funding

CMHS: Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Statewide Family Networks; Youth Suicide Prevention and Early Intervention; Mental Health Transformation State Incentive Grant; Children’s Services; Campus Suicide; Disaster Relief; Post-Traumatic Stress Disorder in Children; Child Mental Health Initiative; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Targeted Capacity Expansion—Jail Diversion.

CSAP: Drug-Free Communities (27 grants); HIV Strategic Prevention Framework; Drug-Free Communities Support Program—Mentoring; Youth Transition to the Workplace; Strategic Prevention Framework State Incentive Grant; HIV/AIDS Services; Prevention of Methamphetamine Abuse.

CSAT: Targeted Capacity Expansion—HIV/AIDS; Homeless Addiction Treatment; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Treatment of Persons with Co-Occurring Substance Related and Mental Disorders; Juvenile Drug Courts; Addiction Technology Transfer Center; Access to Recovery; Young Offender Reentry Program; Targeted Capacity Expansion—Campus Screening/Colleges and Universities; Recovery Community Services; Pregnant and Post-Partum Women; Family Drug Courts; Effective Adolescent Treatment; Family Drug Courts; Access to Recovery; and Targeted Capacity Expansion—Rural Populations.



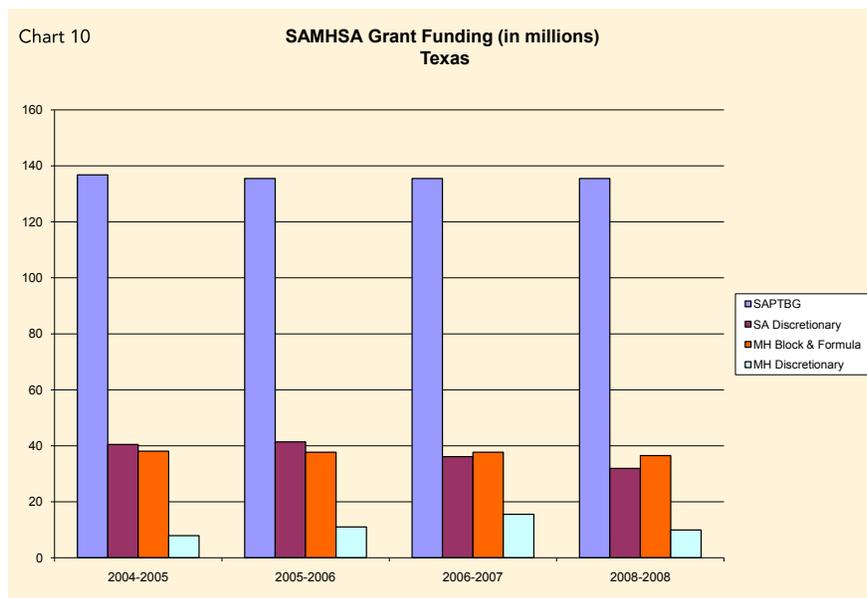
2007-2008:

\$135.5 million	Substance Abuse Prevention and Treatment Block Grant
\$ 36.5 million	Mental Health Block and Formula Grants
\$ 41.8 million	SAMHSA Discretionary Program Funds
\$213.8 million	Total SAMHSA Funding

CMHS: Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; Statewide Family Networks; State Mental Health Data Infrastructure Grants; Seclusion and Restraint; Mental Health Transformation State Incentive Grant; Statewide Consumer Network; Youth Suicide Prevention and Early Intervention; Children’s Services; Campus Suicide; Disaster Relief; Post-Traumatic Stress Disorder in Children; Disaster Relief; Child Mental Health Initiative; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Targeted Capacity Expansion—Jail Diversion;

CSAP: Drug-Free Communities (27 grants); HIV Strategic Prevention Framework; HIV/AIDS Services; SAMHSA Conference Grant; Drug-Free Communities Support Program—Mentoring; Youth Transition to the Workplace; Prevention of Methamphetamine Abuse.

CSAT: Homeless Addiction Treatment; Targeted Capacity Expansion—HIV/AIDS; Effective Adolescent Treatment; Addiction Technology Transfer Center; Treatment of Persons with Co-Occurring Substance-Related and Mental Disorders; Juvenile Drug Courts; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Family Drug Courts; Pregnant and Post-Partum Women; Targeted Capacity Expansion—Campus Screening/Colleges and Universities; Young Offender Reentry Program; Access to Recovery; Recovery Community Services Program—Facilitating; and Targeted Capacity Expansion—Rural Populations.





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 could fall into 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.