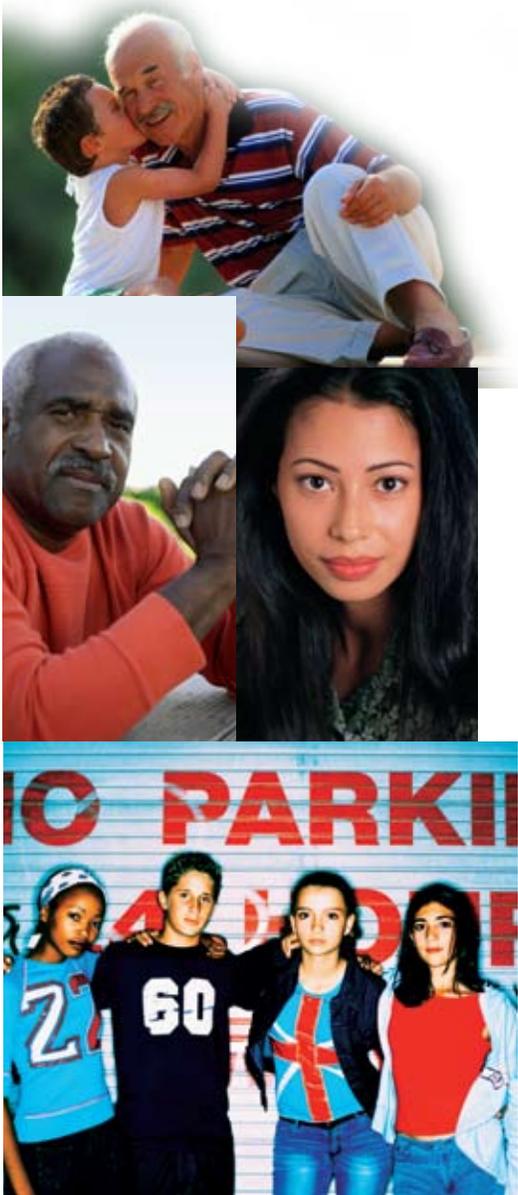




# States In Brief

Substance Abuse and Mental Health Issues At-A-Glance

A Short Report from the Office of Applied Studies



## Prevalence of Illicit Substance<sup>1</sup> and Alcohol Use

Since State estimates of substance use were first generated using the combined 2002-2003 National Survey on Drug Use and Health surveys (NSDUH) and continuing until the most recent State estimates based on the combined 2005-2006 survey, Vermont has consistently ranked among the *highest*<sup>2</sup> 10 States for several measures of use and abuse of alcohol and other substances (Table 1).

**Table 1: Vermont Ranked among the Highest States on the Following Substance Abuse Measures for All Survey Years:**

Measure	Age Groups
Past Month Illicit Drug Use	All
Past Year Marijuana Use	All
Past Month Marijuana Use	All
Least Perception of Risk Associated with Monthly Marijuana Use	All
Past Year Cocaine Use	12+, 12-17, 18-25
Past Month Alcohol Use	12+, 18-25, 26+
Past Month Binge Alcohol Use	18-25
Least Perception of Risk Associated with Alcohol Use Once or Twice a Month	12-17, 18-25
Past Month Tobacco Use	18-25
Past Month Cigarette Use	18-25
Past Year Illicit Drug Dependence or Abuse	18-25
Past Year Illicit Drug Dependence	12+, 18-25
Needing but not Receiving Treatment for Drug Use	18-25

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.





In 2005-2006, the most recent years for which survey data are available, Vermont's rate of past year marijuana use and past month marijuana use for the population age 12 and older were approximately 50 percent higher than the nation as a whole.

Further, since 2003-2004, Vermont has seen a steady rise in the prevalence of underage drinking in the past month by individuals age 12 to 20 from 33.35 percent in 2003-2004 to 38.29 percent in 2005-2006. This rise is mirrored by the rise in binge alcohol drinking by this group—from 24.05 percent in 2003-2004 to 28.02 percent in 2005-2006.

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## Abuse and Dependence

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Across all survey years, Vermont has ranked among the highest states for the prevalence of illicit drug dependence among the total population age 12 and older and for individuals 18 to 25; however, there is no other consistent pattern for the abuse of or dependence on alcohol and illicit drugs in any age group.

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## Substance Abuse Treatment Facilities

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According to the National Survey of Substance Abuse Treatment Services (N-SSATS) annual surveys, the number of treatment facilities in Vermont increased from 37 to 40 between 2004 and 2006. The majority of these facilities are private nonprofit (34); four are private for-profit; and two are operated by the Department of Veterans Affairs. Half of these facilities provide only substance abuse treatment services, and another 16 provide a mix of mental health and substance abuse treatment services.

Although facilities may offer more than one modality of care, nearly all facilities (35 of 40) provide some type of outpatient services, and 10 provide residential care. Four facilities offer maintenance opioid treatment and an additional two provide opioid detoxification. A total of 35 individual physicians provide buprenorphine treatment in the State.

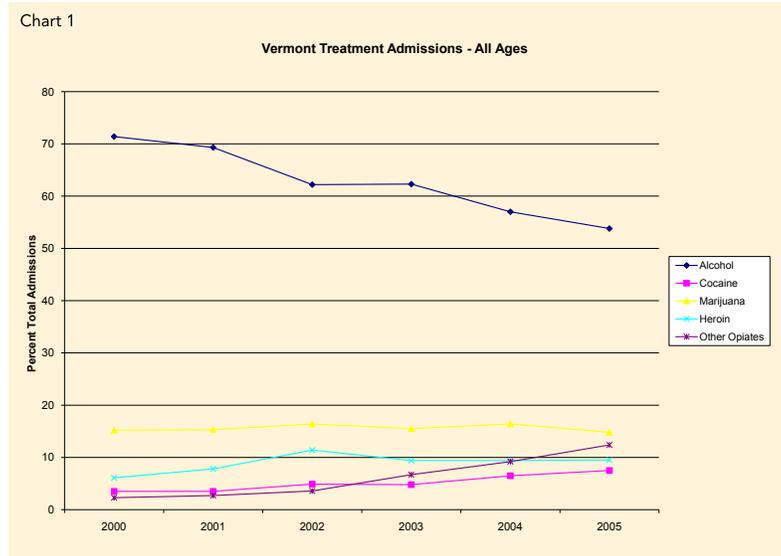
Nearly all Vermont facilities (35 of 40) receive some form of Federal, State, county, or local government funds, and 30 facilities have agreements or contract with managed care organization for the provision of substance abuse treatment services.



## 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)<sup>3</sup>. With all 40 Vermont facilities responding to the 2006 N SSATS survey, Vermont showed a one-day census on March 31, 2006 of 3,726 clients in treatment. A total of 549 of these (approximately 15%) were under the age of 18. The majority of clients (93%) were in outpatient treatment.

Since 2002, there has been a steady increase in the annual number of admissions to treatment in Vermont from 7,641 in 2002 to 8,356 in 2005 (the most recent year for which data are available). Chart 1 shows the percentage of admissions mentioning particular drugs or alcohol at the time of admission. Across the last 13 years, there has been a steady decline in the number of admissions mentioning alcohol as a substance of abuse and concomitant increases in the mentions of marijuana, cocaine, and heroin.





## Unmet Need for Treatment

The prevalence of individuals needing but not receiving treatment for drug or alcohol in Vermont has not changed significantly overtime (Charts 2 and 3).

Chart 2 **Needing and Not Receiving Drug Treatment Among Individuals Age 12 and Older - Vermont**

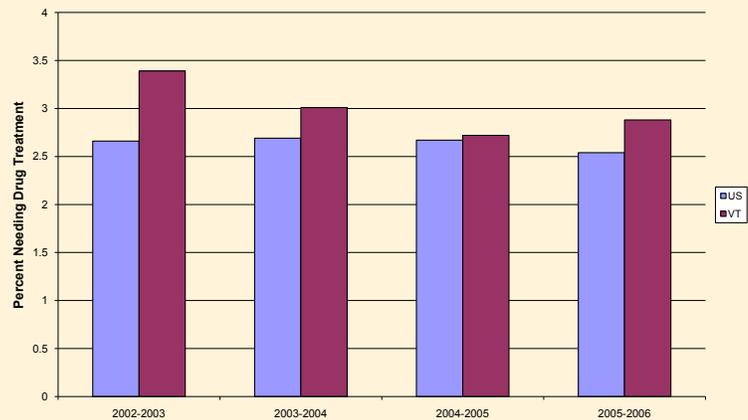
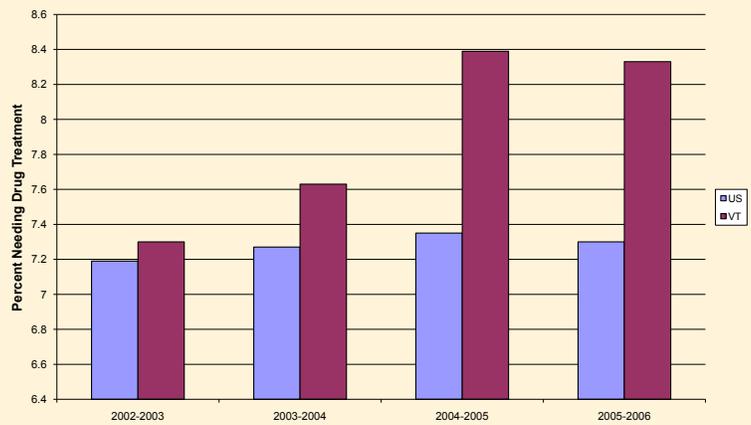


Chart 3 **Needing and Not Receiving Alcohol Treatment Among Individuals Age 12 and Older - Vermont**

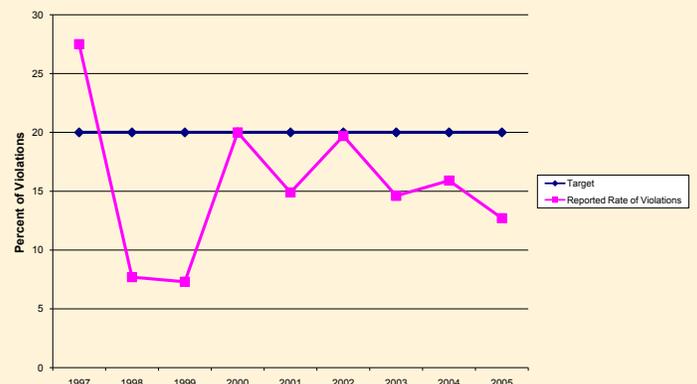


## Tobacco Use and Synar Compliance

Vermont has consistently ranked among the highest 10 States for rates of past month cigarette use by individuals age 18 to 25 since the 2002-2003 survey. In the 2005-2006 survey, Vermont also ranked among the top States for past month cigarette use by individuals age 12 to 17.

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 a customer under the age of 18. Vermont has been at or below the target of 20 percent since the program began in 1998 (Chart 4).

Chart 4  
Reported Rate of Retailer Violations Under the Synar Amendment  
Vermont



## Mental Health Indicators

For individuals age 18 and older, the The National Survey on Drug Use and Health measures past year serious psychological distress for individuals age 18 and older. Since 2004-2005, the survey also measures past year major depressive episodes. In 2004-2005 and in 2005-2006, individuals age 18 to 25 in Vermont ranked in the top 10 States for both past year serious psychological distress and the experience of past year major depressive episode.



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## SAMHSA Funding

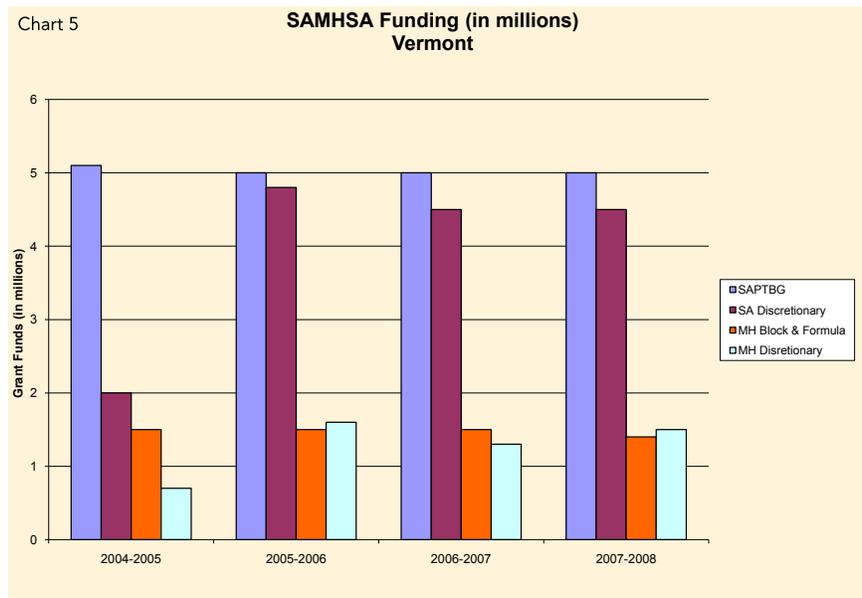
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In FY2004/2005, Vermont received a total of \$9.5 million in SAMHSA funds, of which approximately \$7.2 million derived from substance abuse sources (Chart 5). This total represents Vermont's share of SAMHSA's four block and formula grants as well as funds from 25 discretionary grants. A total of 19 of the 25 discretionary grants were from SAMHSA's Drug-Free Communities Program. Other discretionary funds came from the following SAMHSA programs: Youth Violence Prevention; the Center for Mental Health Services (CMHS) Statewide Family Network Program; CMHS Statewide Consumer Network Program; State Mental Health Data Infrastructure; Evidence-Based Training and Evaluation; Center for Substance Abuse Treatment (CSAT's) State Data Infrastructure program; and the Pregnant and Post-Partum Women Program.

In FY2005/2006, Vermont received a total of \$13.0 million in SAMHSA funds, of which approximately \$9.8 million was derived substance abuse sources. Of the 26 discretionary grants in Vermont at that time, the majority (18) were part of SAMHSA's Drug-Free Communities Program. Other discretionary funds came from the following SAMHSA programs: State Mental Health Data Infrastructure; Co-Occurring State Incentive Grant (COSIGS) Program; CMHS Statewide Family Network Program; CMHS Statewide Consumer Network Program; Evidence-Based Training and Evaluation; and the Pregnant and Post-Partum Women Program.

In FY2006/2007, Vermont received \$12.4 million in grant funds, with \$9.6 million attributable to substance abuse sources. Of the 22 discretionary SAMHSA grants in Vermont, 15 were part of the Drug-Free Communities Program. Other discretionary funds came from the following SAMHSA programs: State Mental Health Data Infrastructure; COSIGS Program; CMHS Statewide Consumer Network Program; CMHS Statewide Family Network Program; and the Pregnant and Post-Partum Women Program.

In FY2007/2008, Vermont received \$12.6 million in grant funds, with \$9.6 million from substance abuse sources. Of the 23 discretionary SAMHSA grants in Vermont, 12 were part of the Drug-Free Communities Program. Other discretionary funds came from the following SAMHSA programs: CMHS Statewide Family Network Program; CMHS State Data Infrastructure Grant program; CMHS Seclusion and Restraint prevention program; CMHS Statewide Consumer Network Program; COSIGS Program; Strategic Preventing Framework State Incentive Grant program; CSAT State Adolescent Substance Abuse Treatment Program; and the Pregnant and Post-Partum Women Program.





## 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>.

<sup>1</sup> 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.

<sup>2</sup> 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.

## 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.