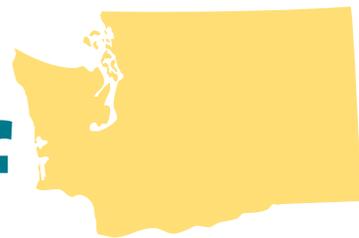
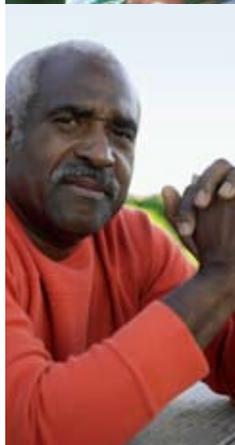


# States In Brief



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

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; individuals age 12 to 17; individuals age 18 to 25; and individuals age 26 and older. 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, Washington's rates on many measures of use and abuse of alcohol and illicit substances have remained at or above the national rates. Of particular note are the rates of past year nonmedical use of pain relievers for all individuals 12 and older, those age 18 to 25, and those age 26 and older. These rates have consistently been among the highest in the country.

In addition, the rates of past month illicit drug use and marijuana use among individuals age 26 and older were consistently above the national rates; likewise, the rate of past month alcohol use for this age group was above the national rate for 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 (American Psychiatric Association, 1994).

While rates of past year alcohol abuse or dependence have been quite variable across all survey years, the rates for individuals age 12 to 17 and those age 18 to 25 have generally been similar to rates for the country as a whole (Chart 1). The rate of past year illicit drug dependence, however, has remained among the highest in the country for the State population age 12 and older, particularly among individuals age 18 to 25 (Chart 2).

## Substance Abuse Treatment Facilities

According to the annual National Survey of Substance Abuse Treatment Services (N-SSATS), the number of treatment facilities in Washington recognized or certified by the Single State Agency has increased steadily, from 310 facilities in 2002 to 439 facilities in 2006, which is the most recent year data are available. The increase is primarily accounted for by additional private for-profit and private nonprofit facilities.

Although facilities may offer more than one modality of care, the majority of facilities (395 or 90%) in Washington State in 2006 offered some form of outpatient care; an additional 60 facilities offered residential treatment; and 17 programs offered opioid treatment. In addition, 96 physicians were certified to provide buprenorphine care.

Chart 1 Past Year Alcohol Dependence Among Individuals Age 12 and older Washington State

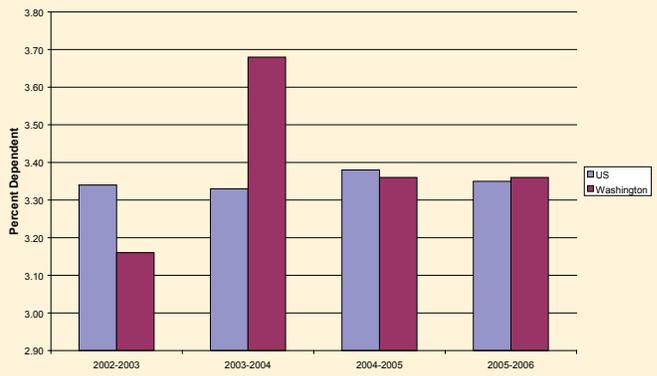
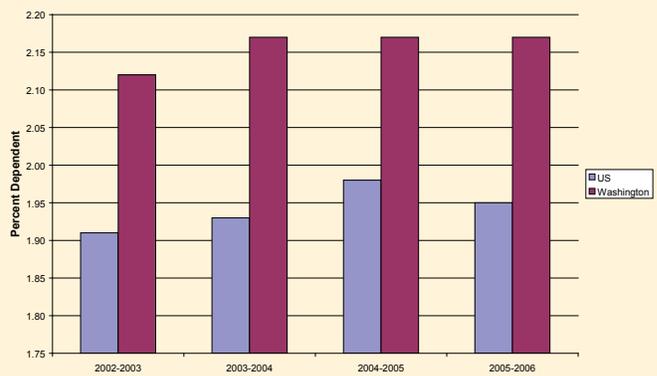


Chart 2 Past Year Dependence on Illicit Drugs Among Individuals Age 12 and Older - Washington State



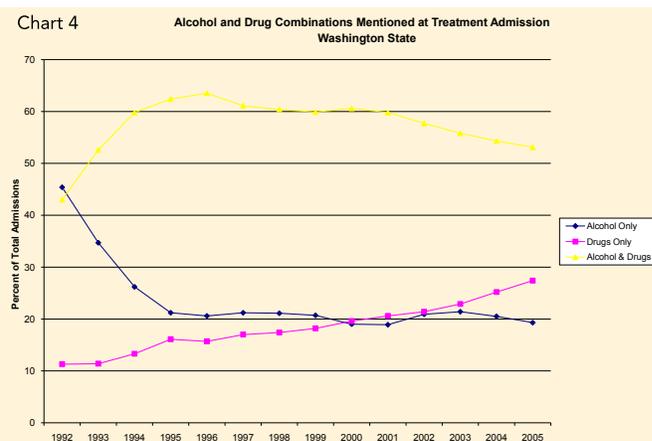
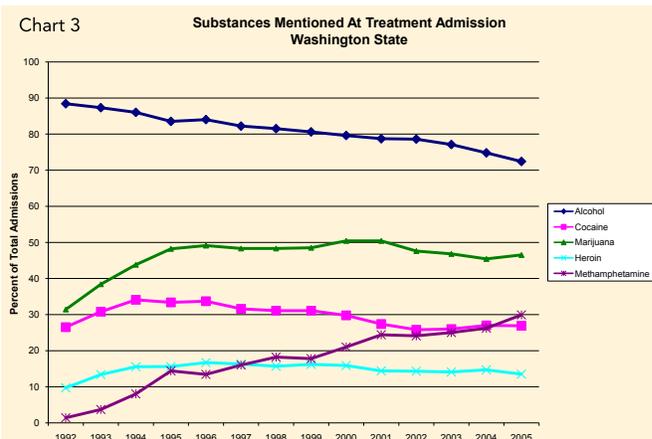
There were 241 facilities (55%) that received some form of Federal, State, county, or local government funds, and 234 facilities (53%) had agreements or contracts with a managed care organization for the provision of substance abuse treatment services.

## 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). With all facilities responding to the 2006 N-SSATS survey, Washington State showed a one-day census total of 42,701 clients in treatment, the majority of whom (40,480 or 95%) were in outpatient treatment. Of the total number of clients in treatment on this date, 3,384 (8 %) were under the age of 18.

There has been a steady increase in the annual number of admissions to treatment in Washington State between 1992 and 2005 (the most recent year for which data are available). Chart 3 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 (from 88% in 1992 to 72% in 2005), and a substantial increase in mentions of methamphetamine abuse (from 1% in 1992 to 30% in 2005).

Across the years for which TEDS data are available, Washington State has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined, from over 45 percent of all admissions in 1992 to just over 19 percent in 2005. Concomitantly, drug-only admissions have increased, from 11 percent in 1992 to 27 percent in 2005 (Chart 4).





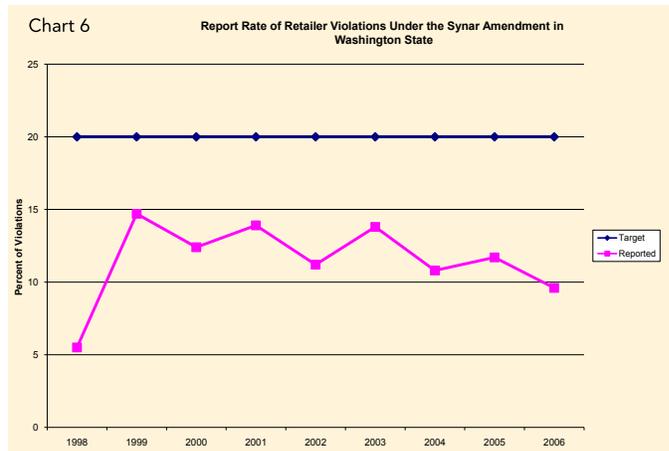
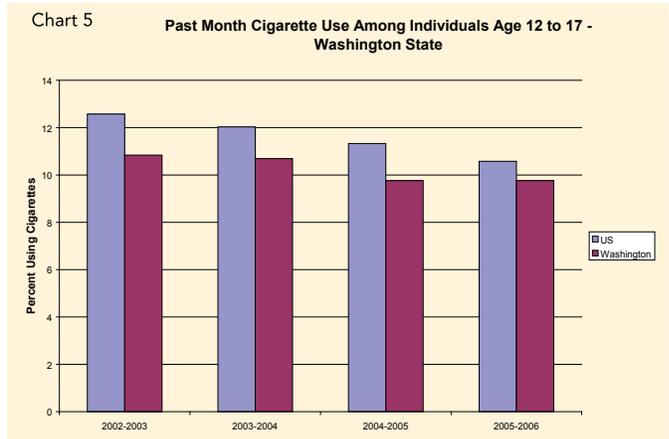
## Unmet Need for Treatment

While rates of unmet treatment need for alcohol use have generally been at or below the national rate, rates of unmet need for drug treatment in Washington State have generally been at or above the national rates for the population as a whole, as well as for those age 18 to 25 and those age 26 and older.

## Tobacco Use and Synar Compliance

In general, the rates of past month tobacco use in Washington State have been at or below the national rate across all survey years. This is particularly true for underage individuals (age 12 to 17), where the rates of past month cigarette use have consistently been among the lowest in the country (Chart 5).

SAMHSA monitors the rate 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. Washington’s rates of Synar Amendment violations have been consistently within the target range since 1998 (Chart 6).

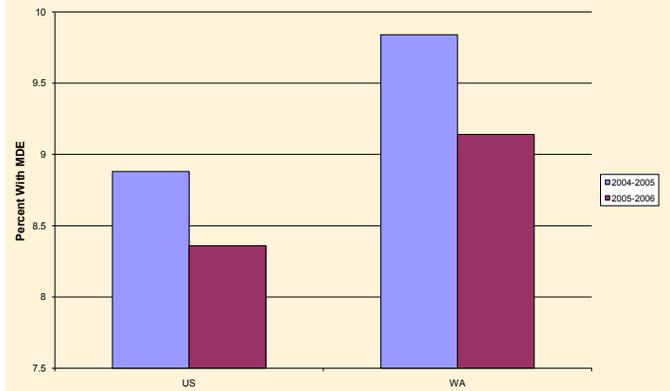


## Mental Health Indicators

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 has also measured past year major depressive episodes for the same age group and for individuals age 12 to 17.

Rates of serious psychological distress in Washington have generally remained above the national average for the population group age 18 to 25; additionally, rates of past year major depressive episodes have been among the highest in the country for youths age 12 to 17 (Chart 7).

Chart 7 Major Depressive Episodes - Youth Age 12-17 - Washington State





## 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 8). Each of the three SAMHSA Centers (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:

\$35.2 million	Substance Abuse Prevention and Treatment Block Grant
\$9.9 million	Mental Health Block and Formula Grants
\$22.6 million	SAMHSA Discretionary Program Funds
\$67.7 million	Total SAMHSA Funding

In 2004-2005, Washington State received a total of \$67.7 million in SAMHSA grant funds. Of these, \$35.2 derived from the Substance Abuse Prevention and Treatment Block Grant (SAPTBG), and \$9.9 million from the mental health block and formula grants. The remainder of Washington’s grant funds came from the following SAMHSA discretionary programs: Statewide Family Networks (mental health); Youth Violence Prevention; Partnerships for Youth Transition (mental health); Targeted Capacity Expansion—Prevention and Early Intervention (mental health); Jail Diversion; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Alternatives to Seclusion and Restraint; State Mental Health Data Infrastructure Grant; Post-Traumatic Stress Disorder in Children; Drug-Free Communities (30 grants); HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; Targeted Capacity Expansion—General (substance abuse treatment); Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Effective Adolescent Treatment; Methamphetamine Populations; Adult, Juvenile and Family Drug Courts; Recovery Community Services; State Data Infrastructure (substance abuse treatment); Grants for the Accreditation of Opioid Treatment Programs; and Access to Recovery.

### 2005-2006:

\$34.8 million	Substance Abuse Prevention and Treatment Block Grant
\$10.0 million	Mental Health Block and Formula Grants
\$23.6 million	SAMHSA Discretionary Program Funds
\$68.4 million	Total SAMHSA Funding

In 2005-2006, Washington State received a total of \$68.4 million in SAMHSA grant funds. Of these, \$34.8 derived from the SAPTBG, and \$10.0 million from the mental health block and formula grants. The remainder of Washington’s grant funds came from the following SAMHSA discretionary programs: Mental Health Transformation State Incentive Grants; Statewide Family Networks (mental health); Partnerships for Youth Transition (mental health); Targeted Capacity Expansion—Prevention and Early Intervention (mental health); Jail Diversion; Circles of Care—American Indian and Alaska Native Children; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; State Mental Health Data Infrastructure Grant; Alternatives to Seclusion and Restraint; Drug-Free Communities (26 grants); SAMHSA Conference Grant; HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; Grants for the Accreditation of Opioid Treatment Programs; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Effective Adolescent Treatment; Young Offender Reentry Program; Methamphetamine Populations; Homeless Addiction Treatment; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Services; Access to Recovery; and State Adolescent Substance Abuse Treatment.

## 2006-2007:

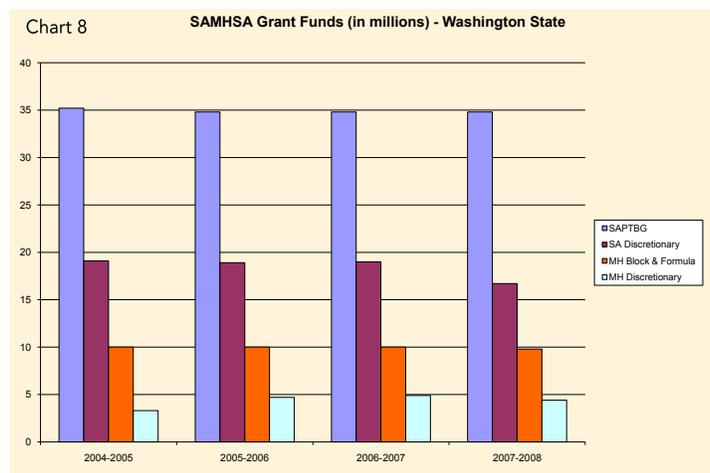
\$34.8 million	Substance Abuse Prevention and Treatment Block Grant
\$10.0 million	Mental Health Block and Formula Grants
\$24.2 million	SAMHSA Discretionary Program Funds
\$69.0 million	Total SAMHSA Funding

In 2006-2007, Washington State received a total of \$69 million in SAMHSA grant funds. Of these, \$34.8 derived from the SAPTBG, and \$10.0 million from the mental health block and formula grants. The remainder of Washington's grant funds came from the following SAMHSA discretionary programs: Mental Health Transformation State Incentive Grants; Statewide Family Networks (mental health); Youth Suicide Prevention and Early Intervention; Jail Diversion; Circles of Care—American Indian and Alaska Native Children; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; State Mental Health Data Infrastructure Grant; Alternatives to Seclusion and Restraint; Drug-Free Communities (29 grants); Prevention of Methamphetamine Abuse; HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; Grants for the Accreditation of Opioid Treatment Programs; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Young Offender Reentry Program; Methamphetamine Populations; Homeless Addiction Treatment; Targeted Capacity Expansion—HIV/AIDS; Recovery Community Services; Access to Recovery; and State Adolescent Substance Abuse Treatment.

## 2007-2008:

\$34.8 million	Substance Abuse Prevention and Treatment Block Grant
\$9.8 million	Mental Health Block and Formula Grants
\$21.3 million	SAMHSA Discretionary Program Funds
\$65.9 million	Total SAMHSA Funding

In 2007-2008, Washington State received a total of \$65.9 million in SAMHSA grant funds. Of these, \$34.8 derived from the SAPTBG, and \$9.8 million from the mental health block and formula grants. The remainder of Washington's grant funds came from the following SAMHSA discretionary programs: Mental Health Transformation State Incentive Grants; State Mental Health Data Infrastructure Grant; Youth Suicide Prevention and Early Intervention; Circles of Care—American Indian and Alaska Native Children; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Statewide Family Networks (mental health); Drug-Free Communities (30 grants); Strategic Prevention Framework State Incentive Grant; HIV/AIDS Services; Prevention of Methamphetamine Abuse; Recovery Community Services—Facilitating; State Adolescent Substance Abuse Treatment; Access to Recovery; Grants for the Accreditation of Opioid Treatment Programs; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Young Offender Reentry Program; Homeless Addiction Treatment; and Targeted Capacity Expansion—HIV/AIDS.





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## For Further Information

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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>.

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## Data Sources

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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>.

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<sup>1</sup> 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.

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## Prevalence Data

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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.