

# 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 (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, West Virginia has ranked among the ten states with the *highest*<sup>2</sup> rates on the following measures (Table 1).

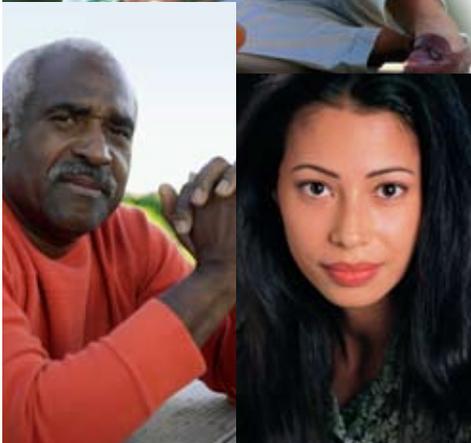
**Table 1: West Virginia is among those States with the highest rates of the following:**

Measure	Age Groups
Past Year Cocaine Use	12-17
Past Year Nonmedical Use of Pain Relievers	18-25
Past Month Tobacco Use	All Age Groups
Past Month Cigarette Use	All Age Groups

At the same time, West Virginia has also ranked among those 10 states with the *lowest* rates on the following measures (Table 2).

**Table 2: West Virginia is among those States with the lowest rates of the following:**

Measure	Age Groups
Least Perception of Risk Associated with Smoking One or Two Packs of Cigarettes a Day	12+, 18-25, 26+
Greatest Perception of Risk Associated with Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	All Age Groups
Past Year Dependence on or Abuse Use Alcohol	12+, 26+
Past Year Alcohol Abuse	12+, 18-25, 26+
Past Year Dependence On or Abuse Of Illicit Drugs or Alcohol	12+, 26+





## 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).

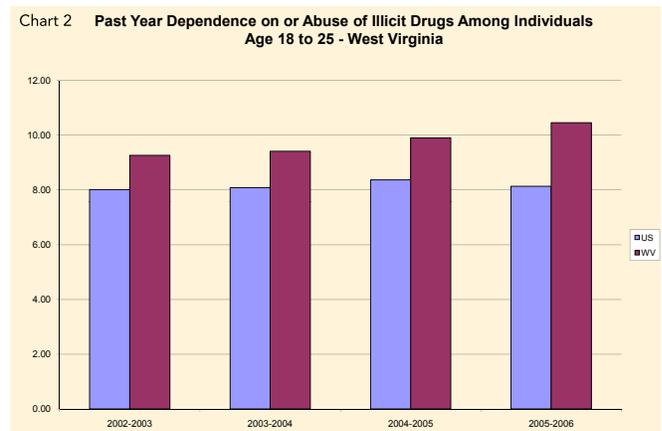
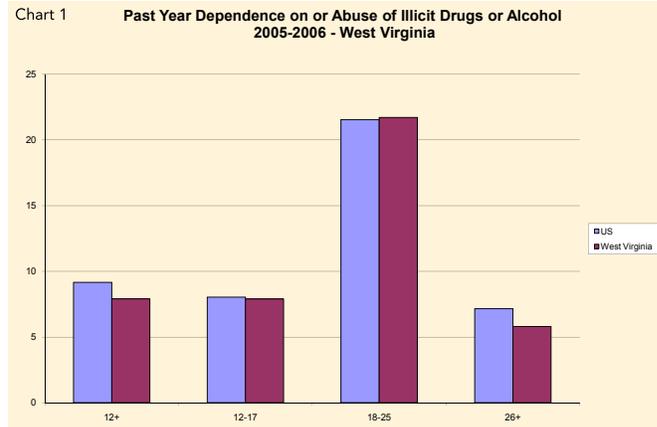
When illicit drug dependence or abuse is considered separately, however, the rates for individuals age 18 to 25 have consistently been among the 10 highest in the country across all survey years (Charts 1 and 2).

## Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),<sup>3</sup> the number of treatment facilities in West Virginia has remained relatively stable since 2002, numbering 83 facilities in 2006. Of these, 59 facilities (71%) were private nonprofit, and another 18 (22%) were private for-profit.

Although facilities may offer more than one modality of care, the majority of facilities (60 of 83 or 72%) offered some form of outpatient treatment. A total of 25 facilities offered some form of residential care, and 8 facilities provided opioid treatment. In addition, 51 physicians and 18 programs are certified to provide buprenorphine treatment for opiate addiction.

In 2006, 61 facilities (74%) received some form of Federal, State, county, or local government funds, and 39 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

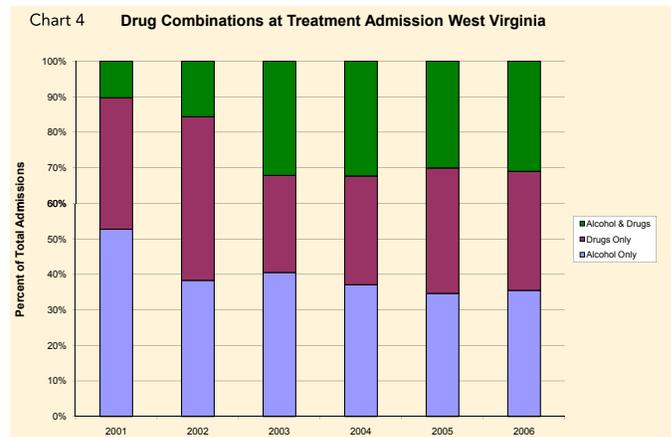
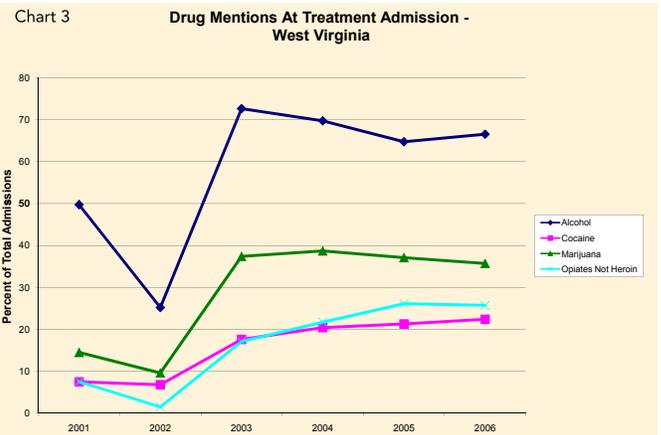


## Treatment

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).<sup>4</sup> In the 2006 N-SSATS survey, West Virginia showed a total of 8,691 clients in treatment, the majority of whom (8,075 or 93%) were in outpatient treatment. Of the total number of clients in treatment on this date, 382 (4%) were under the age of 18.

Chart 3 shows the percentage of admissions mentioning particular drugs or alcohol at the time of admission.<sup>5</sup> Across the last 6 years for which data are available, there has been a decline in the number of admissions mentioning alcohol and a substantive increase in the number of admissions mentioning opiates other than heroin as a substance of abuse.

West Virginia has seen a change in the constellation of problems present at treatment admission. Alcohol-only admissions have decreased from 42 percent of all admissions in 2001 to 35 percent in 2006. Concomitantly, drug-only admissions have slightly increased from 29 percent in 2001 to 34 percent in 2006, and admissions with both alcohol and drugs have increased almost four-fold from 8 percent in 2001 to 31 percent in 2006 (Chart 4).



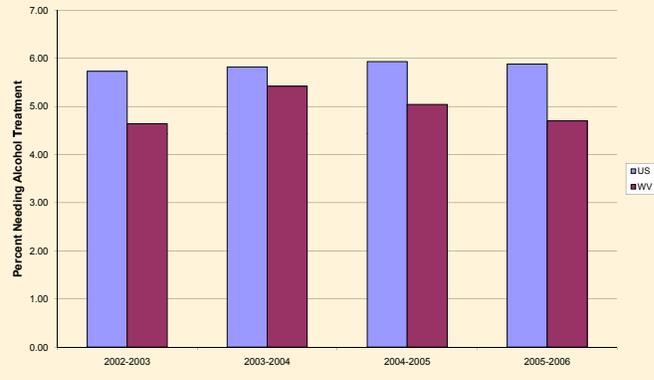


## Unmet Need for Treatment

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.

Conversely, unmet need for alcohol treatment in West Virginia has generally been at or below the national rate for all age groups and particularly for that age 26 and older (Chart 5).

Chart 5 **Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 26 and Older - West Virginia**



## Tobacco Use and Synar Compliance

NSDUH collects information on underage tobacco product and cigarette use. In West Virginia, the rates of underage cigarette use have consistently been among the highest in the country (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 a customer under the age of 18. West Virginia's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2001 (Chart 7).

Chart 6 **Past Month Cigarette Use Among Individuals Age 12 to 17 - West Virginia**

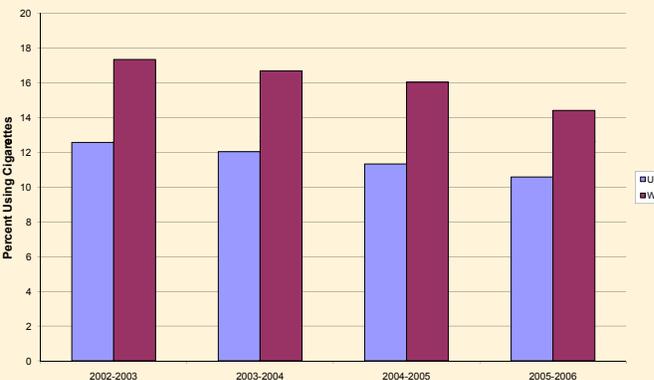


Chart 7 **Rate of Retailer Violations Under the Synar Amendment - West Virginia**



## Mental Health Indicators

For individuals age 18 and older, the National Survey on Drug Use and Health measures past year serious psychological distress, 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.

West Virginia's rates on both of these measures have been among the highest in the country for the State population age 18 and older (Charts 8 and 9).

TEDS also collects information on psychological problems noted at treatment admission. In West Virginia, the percentage of admissions for which psychological problems were noted has consistently remained at more than half of all admissions (Chart 10).

Chart 8 Past Year Major Depressive Episode 2005-2006  
West Virginia

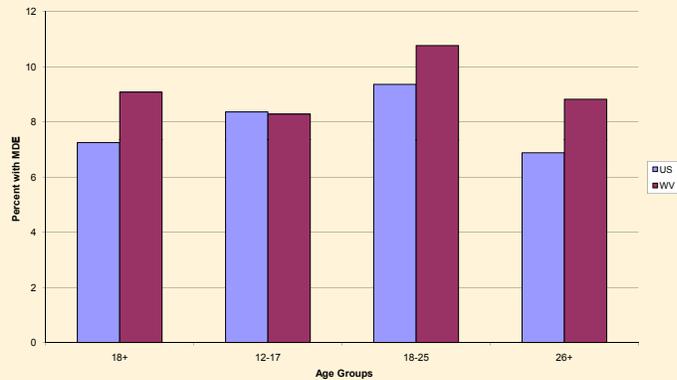


Chart 9 Past Year Serious Psychological Distress 2005-2006  
West Virginia

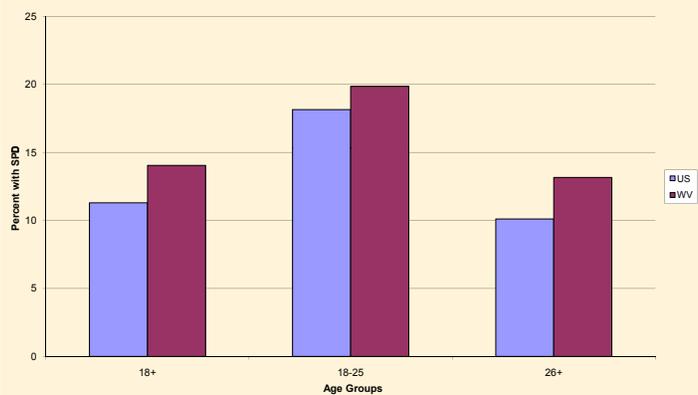
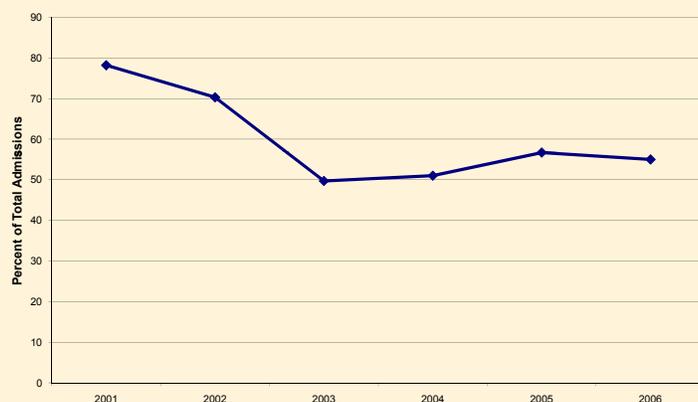


Chart 10 Psychological Problems Mentioned At Treatment Admission -  
West Virginia





## 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:

\$ 8.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 3.2 million	Mental Health Block and Formula Grants
\$ 7.6 million	SAMHSA Discretionary Program Funds
\$19.6 million	Total SAMHSA Funding

**CMHS:** Emergency Response; State Mental Health Data Infrastructure; Disaster Relief; Statewide Family Networks (mental health); National Technical Assistance Centers on Consumer/Peer-Run Programs; Children’s Services (mental health).

**CSAP:** Drug-Free Communities—Mentoring; Drug-Free Communities (4 grants); Strategic Prevention Framework State Incentive Grant;

**CSAT:** Young Offender Reentry Program; Homeless Addictions Treatment; and Targeted Capacity Expansion—General.

### 2005-2006

\$ 8.7 million	Substance Abuse Prevention and Treatment Block Grant
\$ 3.2 million	Mental Health Block and Formula Grants
\$ 5.7 million	SAMHSA Discretionary Program Funds
\$17.6 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Disaster Relief; Statewide Family Networks (mental health); National Technical Assistance Centers on Consumer/Peer-Run Programs; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Disaster Relief.

**CSAP:** Strategic Prevention Framework State Incentive Grant; Drug-Free Communities (4 grants).

**CSAT:** Young Offender Reentry Program; Homeless Addictions Treatment; and Targeted Capacity Expansion—General.

## 2006-2007:

\$ 8.7 million	Substance Abuse Prevention and Treatment Block Grant
\$ 3.2million	Mental Health Block and Formula Grants
\$ 4.7 million	SAMHSA Discretionary Program Funds
\$16 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Statewide Family Networks (mental health); Youth Suicide Prevention and Early Intervention; National Technical Assistance Centers on Consumer/Peer-Run Programs; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Emergency Response.

**CSAP:** Strategic Prevention Framework State Incentive Grant; Drug-Free Communities (3 grants).

**CSAT:** Young Offender Reentry Program and Effective Adolescent Treatment.

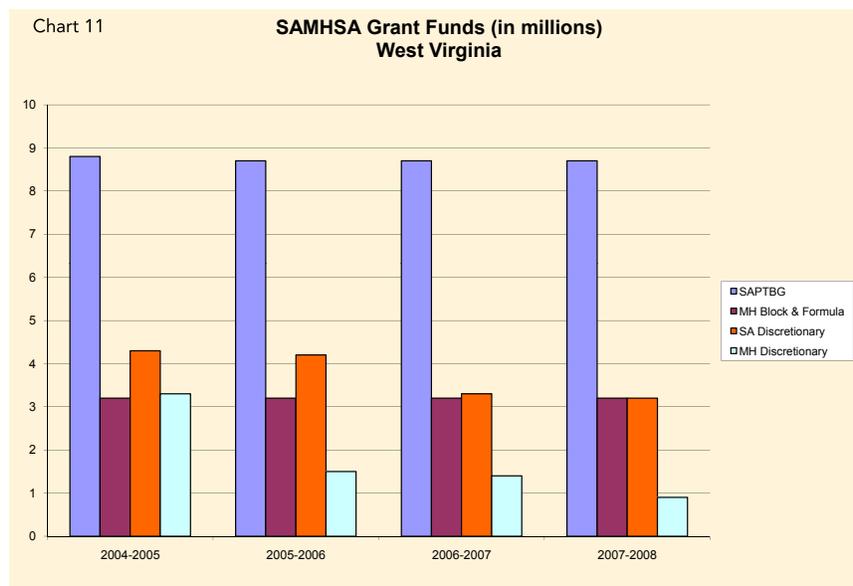
## 2007-2008:

\$ 8.7 million	Substance Abuse Prevention and Treatment Block Grant
\$ 3.2 million	Mental Health Block and Formula Grants
\$ 4.1 million	SAMHSA Discretionary Program Funds
\$16 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Youth Suicide Prevention and Early Intervention; Strategic Prevention Framework State Incentive Grant.

**CSAP:** Drug-Free Communities (3 grants).

**CSAT:** Young Offender Reentry Program and Effective Adolescent Treatment.





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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>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>TEDS collects information on up to three substances of abuse that lead to the treatment

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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.