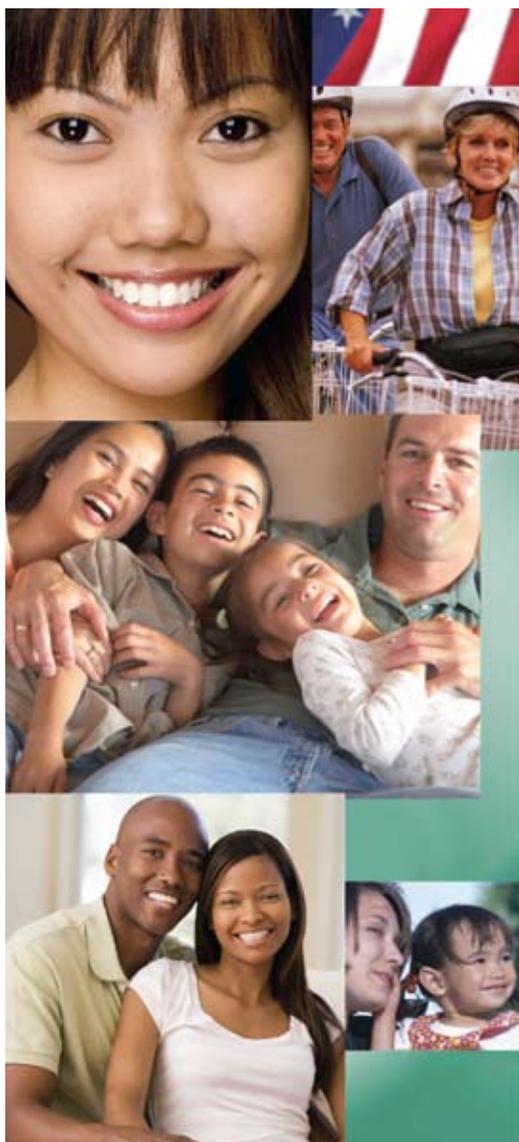




States In Brief

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, Alabama has ranked among the ten states with the *lowest* rates² on the following measures (Table 1):

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

Measure	Age Groups
Past Year Marijuana Use	12+, 26+
Past Month Marijuana Use	12+, 26+
Greatest Perception of Risk Associated with Smoking Marijuana Once a Month	All Age Groups
Past Month Alcohol Use	12+, 12-20, 18-25, 26+
Past Month Binge Alcohol Use	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+, 18-25, 26+
Past Year Alcohol Abuse	12+, 18-25
Past Year Dependence On or Abuse Of Illicit Drugs or Alcohol	12+, 18-25, 16+

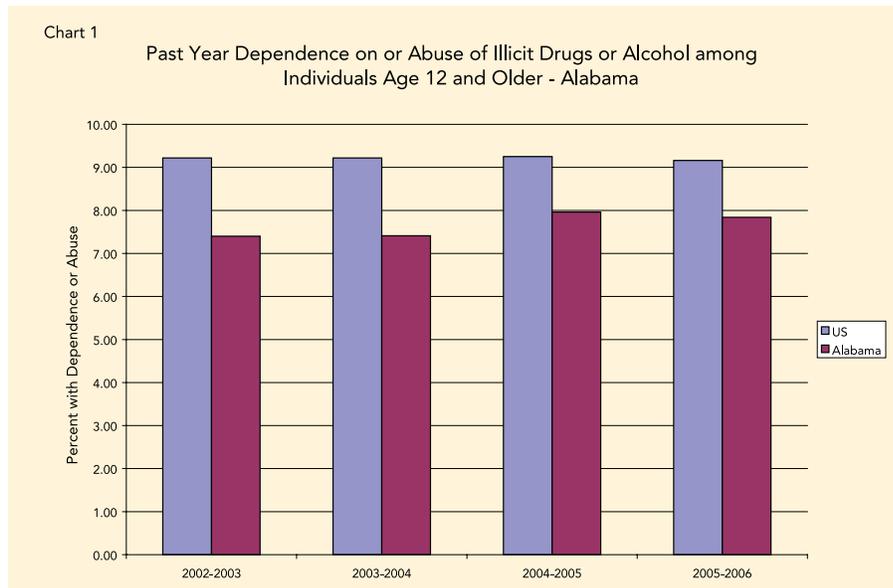
This is one in a series of brief state-based reports intended to give the reader a quick overview of substance abuse and mental health issues within a single state. The data derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental 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 [APA], 1994). In Alabama, rates of past year dependence on or abuse of alcohol or illicit drugs have been generally below the national rates (Chart 1). On the global measure of any dependence on or abuse of illicit drugs or alcohol, Alabama has generally ranked among those states with the lowest rates in the country.



Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS)³ annual surveys, the number of treatment facilities in Alabama was 138. Of these, 66 were private for-profit and 43 were private non-profit. The remainder were owned/operated by federal, State or local government(s). Since 2002, the number of treatment facilities has remained relatively stable.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities (114 or 83%) offered some form of outpatient treatment. Another 38 facilities offered some form of residential care; 19 facilities offered an opioid treatment program; and 104 physicians and 18 programs were certified to provide buprenorphine for opiate addiction.

In 2006, 56% of all facilities (77) 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).⁴ In the 2006 N-SSATS survey, Alabama showed a total of 14,953 clients in treatment, the majority of whom (13,855 or 93%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,541 (1%) were under the age of 18.

Chart 2 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission. Across the last 15 years, there has been a steady decline in the number of admissions mentioning alcohol or cocaine and concomitant increases in the mentions of methamphetamine and opiates other than heroin.

Across the years for which TEDS data are available, Alabama has seen a substantial shift in the constellation of problems present at treatment admission (Chart 3).⁵ Alcohol-only admissions have declined from 29 % of all admissions in 1993 to 14% in 2006. Drug-only admissions have increased from 17% in 1993 to 48% in 2006.

Chart 2

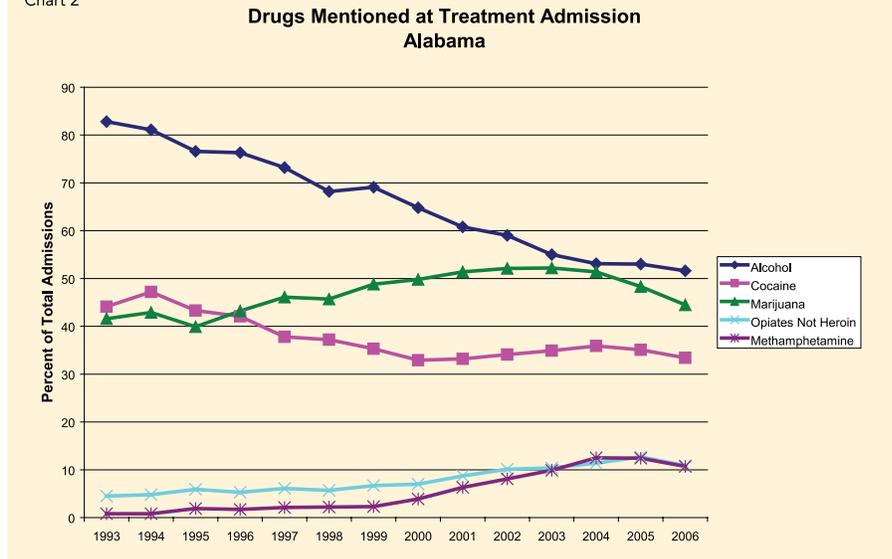
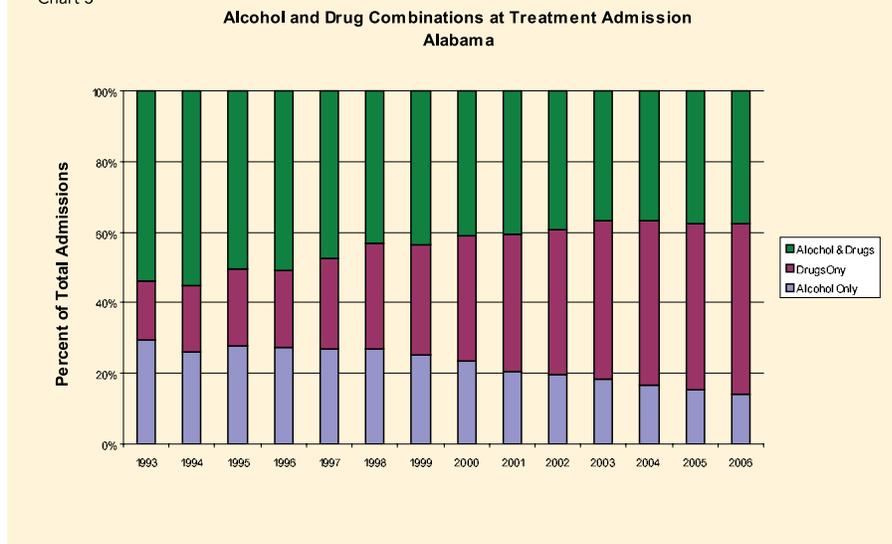


Chart 3





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.

In Alabama, rates of unmet need for alcohol treatment have generally been below the national rate, and for both the state population 12 and older and the population 26 and older, these rates have been among the lowest in the country (Chart 4).

Rates for unmet drug treatment have been somewhat more variable than the comparable rates for alcohol treatment need. These have varied from the national rate to the lowest in the country for three age groups (12+, 12-17, and 18-25) in 2005-2006 (Chart 5).

Chart 4

Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 12 and Older - Alabama

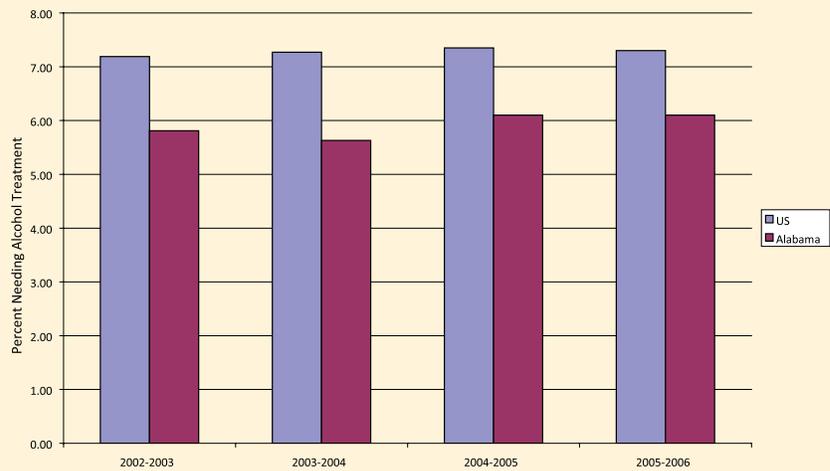
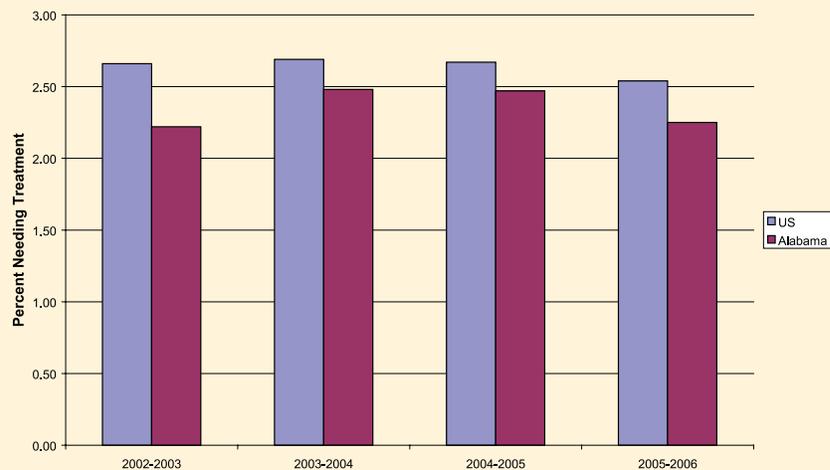


Chart 5

Needing and Not Receiving Treatment for Drug Use Among Individuals Age 12 and Older - Alabama



Tobacco Use and Synar Compliance

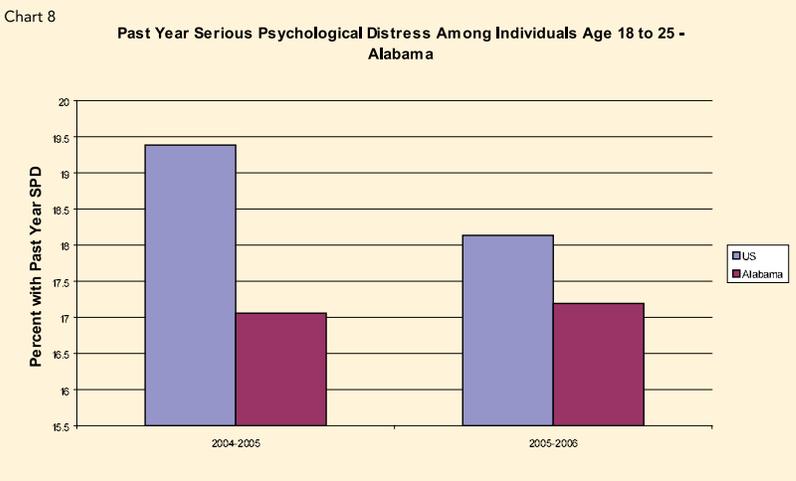
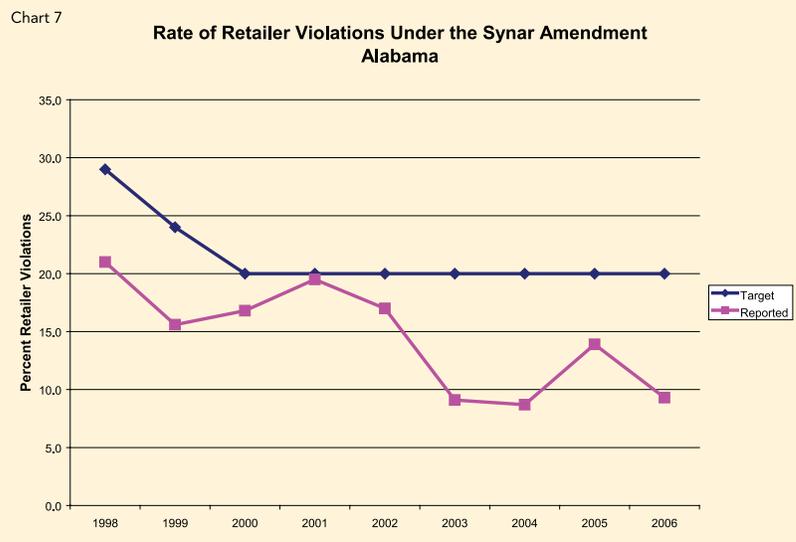
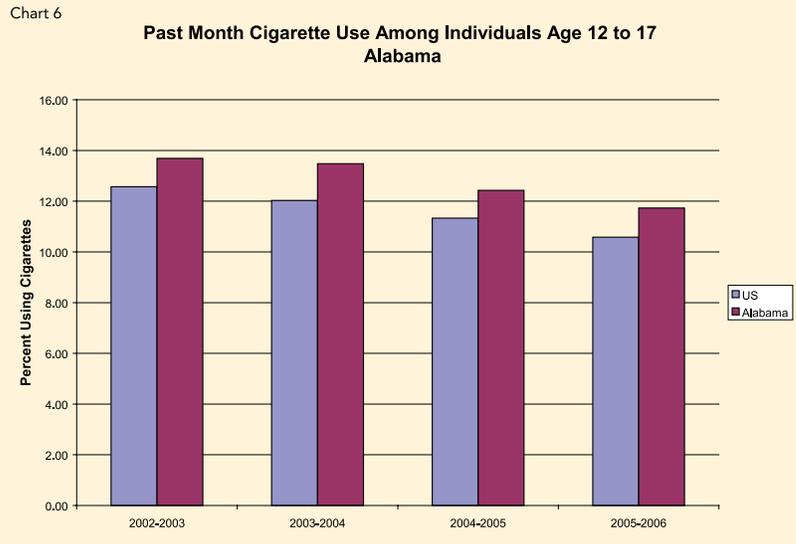
Rates of underage smoking in Alabama have generally been at or above the national rate (Chart 6).

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. Alabama's rates of non-compliance with the Synar Amendment have been consistently below the target rate since 2001 (Chart 7).

Mental Health Indicators

The National Survey on Drug Use and Health measures past year serious psychological distress (SPD) for individuals age 18 and older. 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.

Rates of past year major depressive episodes in Alabama have generally been below the national rate, and rates of past year SPD have been among the lowest in the country for the age group 18 to 25 (Chart 8).





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 9). 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:

\$24 million	Substance Abuse Prevention and Treatment Block Grant
\$ 7.1 million	Mental Health Block and Formula Grants
\$ 9.4 million	SAMHSA Discretionary Program Funds
\$40.5 million	Total SAMHSA Funding

CMHS: Statewide Consumer Networks; Statewide Family Networks; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Emergency Response; State Mental Health Data Infrastructure Grant; Jail Diversion; Post-Traumatic Stress Disorder in Children.

CSAP: Drug Free Communities (12 grants); State Incentive Cooperative Agreement; HIV/AIDS Services.

CSAT: Pregnant and Post-Partum Women; Homeless Addictions Treatment; Targeted Capacity Expansion—HIV/AIDS; and Strengthening Communities—Youth.

2005-2006:

\$23.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.9 million	Mental Health Block and Formula Grants
\$10.5 million	SAMHSA Discretionary Program Funds
\$41.2 million	Total SAMHSA Funding

CMHS: Statewide Consumer Networks; Statewide Family Networks; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Emergency Response; State Mental Health Data Infrastructure Grant; Disaster Relief.

CSAP: Drug-Free Communities (12 grants); State Incentive Cooperative Agreement; HIV/AIDS Services; HIV/Strategic Prevention Framework.

CSAT: Juvenile Drug Courts; Pregnant and Post-Partum Women; Homeless Addictions Treatment; Targeted Capacity Expansion—HIV/AIDS; and Strengthening Communities—Youth.

2006-2007:

\$23.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 6.9 million	Mental Health Block and Formula Grants
\$ 6.4 million	SAMHSA Discretionary Program Funds
\$37.1 million	Total SAMHSA Funding

CMHS: Statewide Consumer Networks (mental health); Statewide Family Networks (mental health); Disaster Relief; State Mental Health Data Infrastructure Grant.

CSAP: Drug-Free Communities (10 grants); HIV/AIDS Services; HIV/Strategic Prevention Framework.

CSAT: Homeless Addictions Treatment; Targeted Capacity Expansion—HIV/AIDS; and Juvenile Drug Courts.

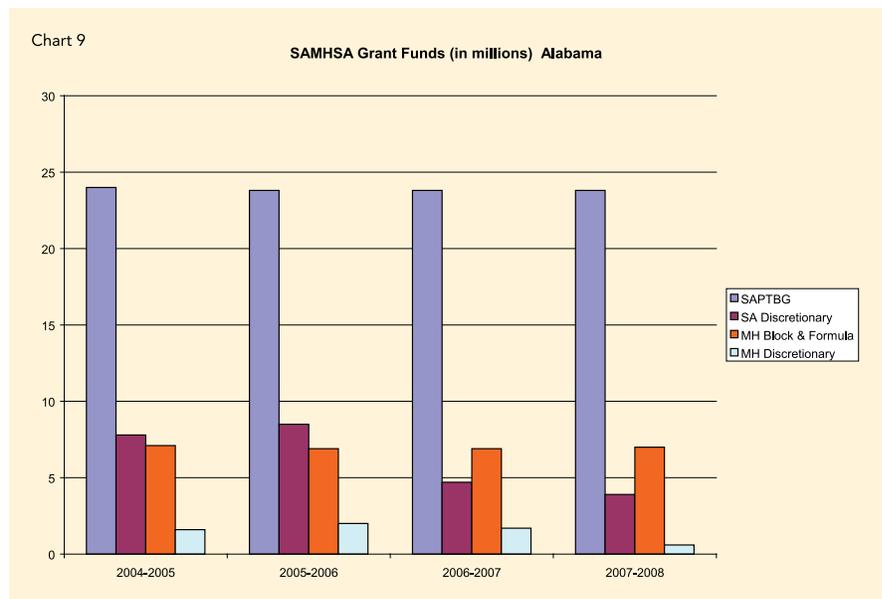
2007-2008:

\$23.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 7 million	Mental Health Block and Formula Grants
\$ 4.5 million	SAMHSA Discretionary Program Funds
\$ 35.3 million	Total SAMHSA Funding

CMHS: Disaster Relief; State Mental Health Data Infrastructure Grant.

CSAP: Drug-Free Communities (11 grants); SAMHSA Conference Grant; HIV/AIDS Services; HIV/Strategic Prevention Framework.

CSAT: Homeless Addictions Treatment; Targeted Capacity Expansion—HIV/AIDS; and Juvenile Drug Courts.





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:

<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: <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.

