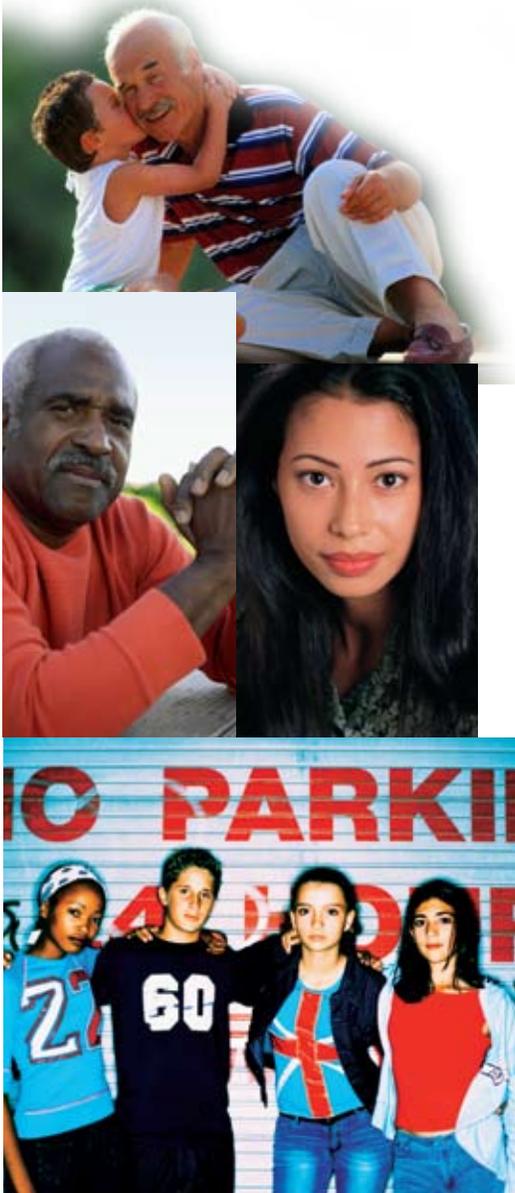


States In Brief

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 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, Utah has been among those States with the *lowest* rates² on the following measures (Table 1).

Table 1: Utah ranked among the lowest States on the following substance abuse measures for all survey years

Measure	Age Groups
Past Month Illicit Drug Use	12-17, 18-25
Past Month Marijuana Use	All Age Groups
Past Year Marijuana Use	All Age Groups
Perception of Great Risk Associated with Monthly Marijuana Use	12-17, 18-25
Past Year Cocaine Use	18-25
Past Month Alcohol Use	12+, 12-17, 12-20, 18-25
Past Month Binge Alcohol Use	All Age Groups
Perception of Great Risk Associated with Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	12+, 12-17, 18-25
Past Month Tobacco Use	All Age Groups
Past Month Cigarette Use	All Age Groups
Perception of Great Risk Associated with Smoking One or Two Packs of Cigarettes a Day	All Age Groups

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.



It is important to note, however, that since the 2003-2004 surveys, Utah has ranked among those States with the highest rates of the past year nonmedical use of pain relievers among those age 12 and older. Similarly, the rates for this measure have been at or above the national rates since this time for the other age groups.

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). On the global measure of any dependence or abuse of illicit drugs or alcohol, Utah has consistently ranked at or below the national rate for all age groups. This is particularly true for past year alcohol dependence or abuse among those individuals age 18 to 25 (Chart 1).

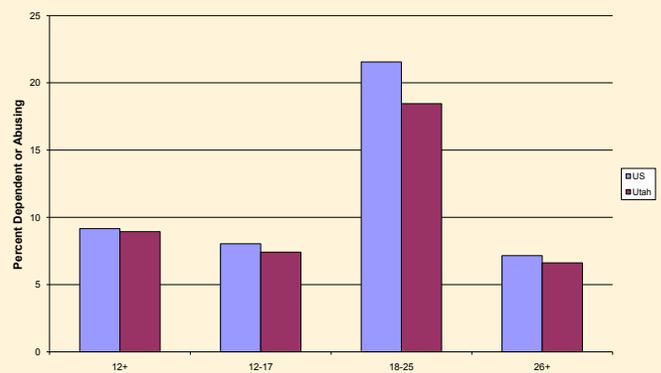
Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS),³ the number of treatment facilities in Utah has increased from 118 in 2003 to 133 in 2006. The majority of this increase is accounted for by the addition of 12 private for-profit facilities. In 2006, there were 57 private nonprofit facilities and 51 private for-profit treatment facilities. One facility was owned by a tribal government and the remainder were operated by Federal, State, and local governments.

Although facilities may offer more than one modality of care, the majority of facilities in Utah



Chart 1 Past Year Dependence on or Abuse of Illicit Drugs or Alcohol 2005-2006 - Utah



in 2006 offered some form of outpatient care (108 of 133, or 81%). An additional 45 facilities offered some form of residential care. Ten facilities offered opioid treatment programs, and 67 physicians were certified to provide buprenorphine treatment for opiate addiction.

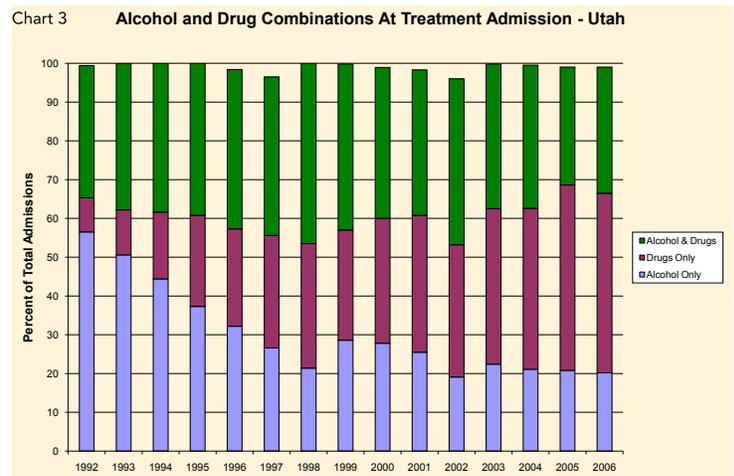
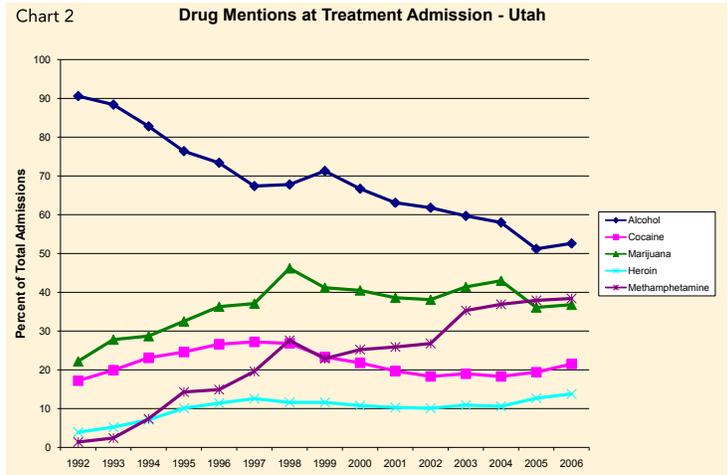
In 2006, 63 facilities (47%) received some form of Federal, State, county, or local government funds, and 53 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

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, Utah showed a one-day census of 12,977 clients in treatment, the majority of whom (11,191 or 86%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,587 (12%) 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 15 years, there has been a steady decline in the number of admissions mentioning alcohol as a substance of abuse and increases in the mentions of marijuana and heroin. The sharpest increase, however, has been in the number of treatment admissions with methamphetamine.

Across the years for which TEDS data are available, Utah has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 56 percent of all admissions in 1992 to just over 20 percent in 2006. Concomitantly, drug-only admissions have increased from 9 percent in 1998 to 46 percent in 2006 (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.

The NSDUH measures for individuals needing but not receiving treatment for drug and alcohol use are consistent with the change in the type of admissions to treatment seen above. For example, Utah has seen an increasing need for drug use treatment since the 2002-2003, with the rate for the population age 12 and older ranking among the highest in the country in 2004-2005 and 2005-2006 (Chart 4).

The rate for individuals needing and not receiving treatment for alcohol use, however, has consistently remained among the lowest in the country (Chart 5).

Tobacco Use and Synar Compliance

As noted above, in Utah the rates of past month tobacco and cigarette use have remained among the lowest in the country for all age groups and across all survey years (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

Chart 4 Needing and Not Receiving Treatment for Drug Problems Among Individuals 12 and Older - Utah

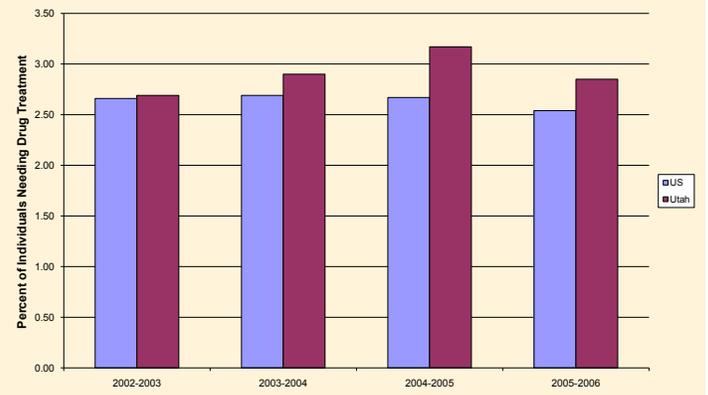


Chart 5 Needing and Not Receiving Treatment For Alcohol Use Among Individuals Age 12 and Older - Utah

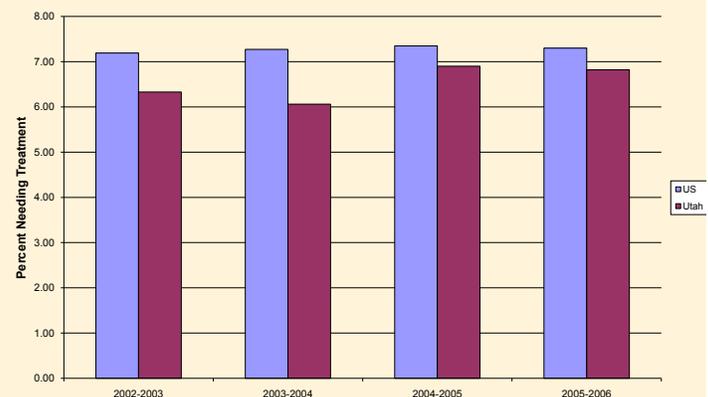
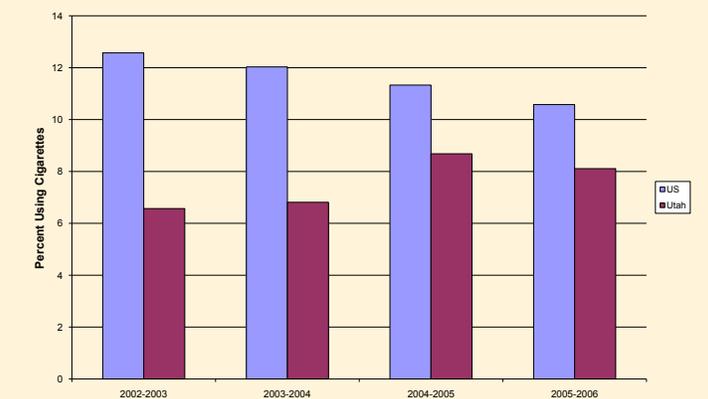


Chart 6 Past Month Cigarette Use Among Individuals Age 12 to 17 - Utah



retail outlets that sold tobacco products to a customer under the age of 18. Utah's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 1998 (Chart 7).

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.

Rates of past year SPD for all age groups have been at or above the national rates; however, for the age group 18 to 25, the rates have consistently been among the highest in the country (Chart 8).

Rates of past year major depressive episode have also been above the national rate, except for individuals age 12 to 17 (Chart 9).

Chart 7 Rate of Retailer Violations Under the Synar Amendment - Utah

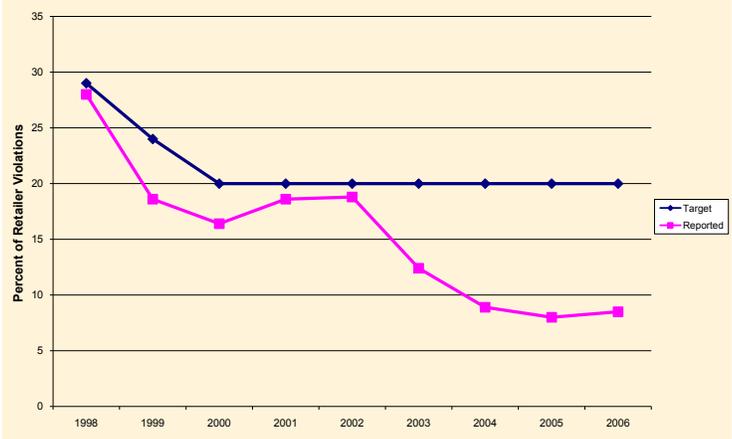


Chart 8 Past Year Serious Psychological Distress Among Individuals 18 and Older - Utah

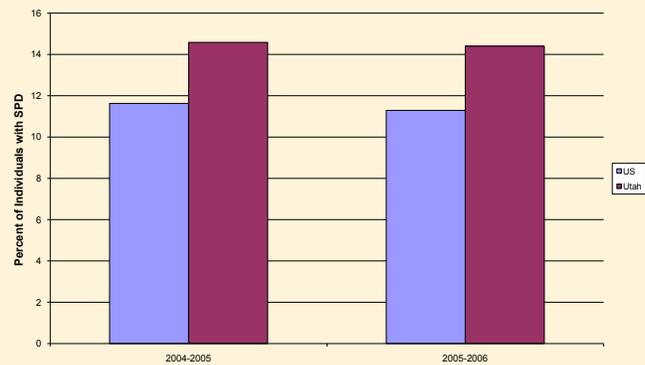


Chart 9 Past Year Major Depressive Episodes 2005-2006 Utah





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 (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:

\$17.2 million	Substance Abuse Prevention and Treatment Block Grant
\$39.9 million	Mental Health Block and Formula Grants
\$5.4 million	SAMHSA Discretionary Program Funds
\$26.5 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grant; Statewide Family Network; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Youth Suicide Prevention and Early Intervention; Campus Suicide.

CSAP: Drug-Free Communities (7 grants); Strategic Prevention Framework State Incentive Grant; and HIV/AIDS Services.

2005-2006

\$17 million	Substance Abuse Prevention and Treatment Block Grant
\$3.8 million	Mental Health Block and Formula Grants
\$4 million	SAMHSA Discretionary Program Funds
\$24.8 million	Total SAMHSA Funding

CMHS: State Mental Health Data Infrastructure Grant; Partnership for Youth Transition; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; SAMHSA Conference Grant; Post-Traumatic Stress Disorder in Children; Statewide Family Network.

CSAP: Drug-Free Communities (8 grants); State Incentive Cooperative Agreements; HIV/AIDS Services; Targeted Capacity Expansion—HIV/AIDS.

CSAT: State Data Infrastructure; Adult, Juvenile and Family Drug Courts; Residential Substance Abuse Treatment; and Targeted Capacity Expansion—General.

2006-2007:

\$17 million	Substance Abuse Prevention and Treatment Block Grant
\$3.8million	Mental Health Block and Formula Grants
\$5.1 million	SAMHSA Discretionary Program Funds
\$25.9 million	Total SAMHSA Funding

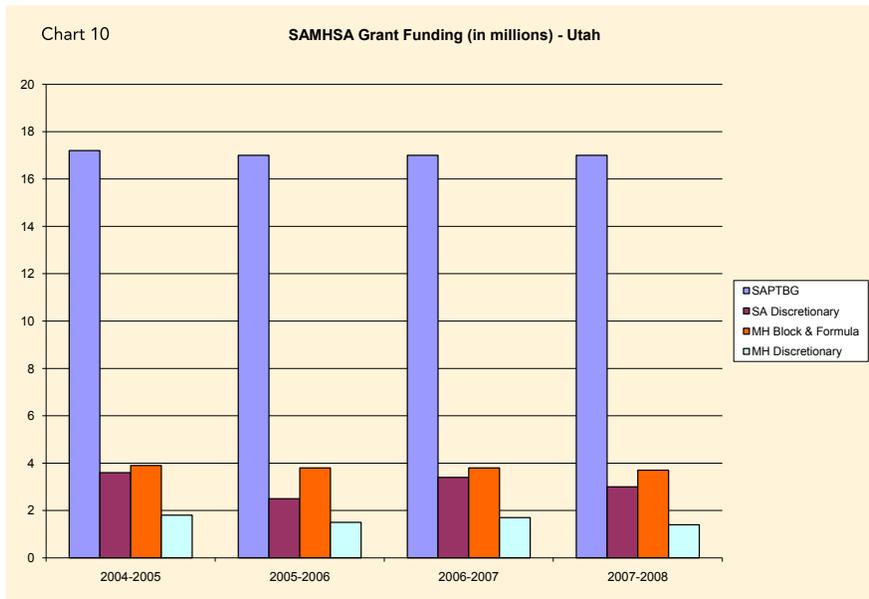
CMHS: Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; State Mental Health Data Infrastructure Grant; Disaster Relief; Youth Suicide Prevention and Early Intervention; Campus Suicide; Statewide Family Network.

CSAP: Drug-Free Communities (6 grants); Strategic Prevention Framework State Incentive Grant; HIV/AIDS Services.

CSAT: Targeted Capacity Expansion—HIV/AIDS.

2007-2008:

\$17 million	Substance Abuse Prevention and Treatment Block Grant
\$3.7 million	Mental Health Block and Formula Grants
\$4.4 million	SAMHSA Discretionary Program Funds
\$25.1 million	Total SAMHSA Funding



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 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: 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.