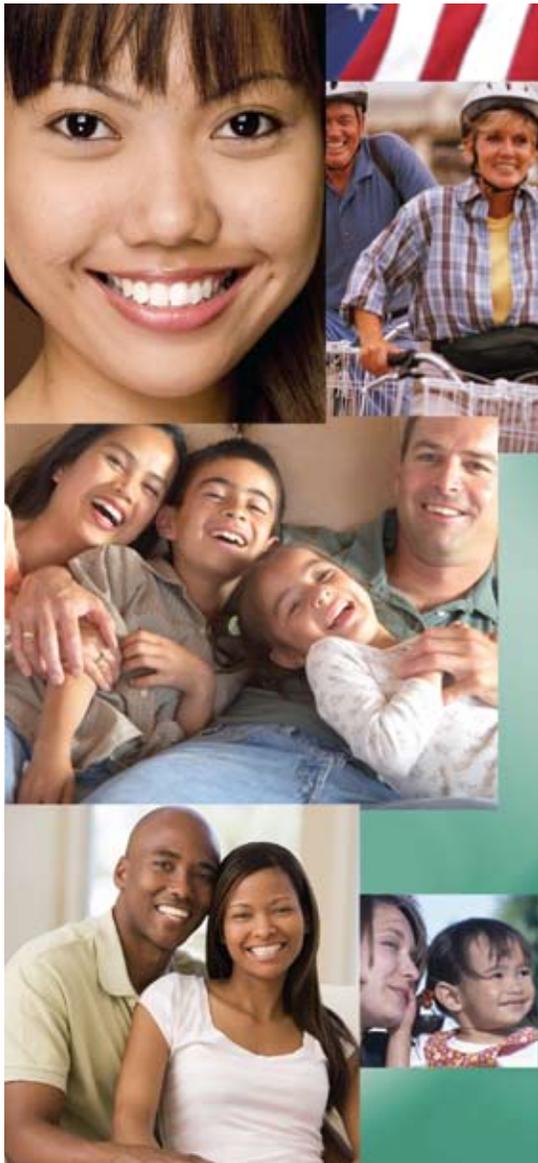


# States In Brief



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 and Abuse

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, Colorado has ranked among the 10 States with the *highest*<sup>2</sup> rates on the following measures (Table 1).

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

| Measure   | Age Groups      |
|---|-----------------|
| Past Month Illicit Drug Use   | 12+, 26+        |
| Past Year Marijuana Use   | 12-17           |
| Least Perception of Risk Associated with Using Marijuana Once or Twice a Month                                    | 12+, 26+        |
| Past Month Use of an Illicit Drug Other than Marijuana  | 18-25           |
| Past Year Cocaine Use   | 12+, 18-25, 26+ |
| Past Year Nonmedical Use of Pain Relievers  | 26+             |
| Past Month Alcohol Use  | 12+, 26+        |
| Least Perception of Risk Associated with Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week | 12-17           |

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 (SAMHSA). Sources for all data used in this report appear at the end.



## Abuse and Dependence

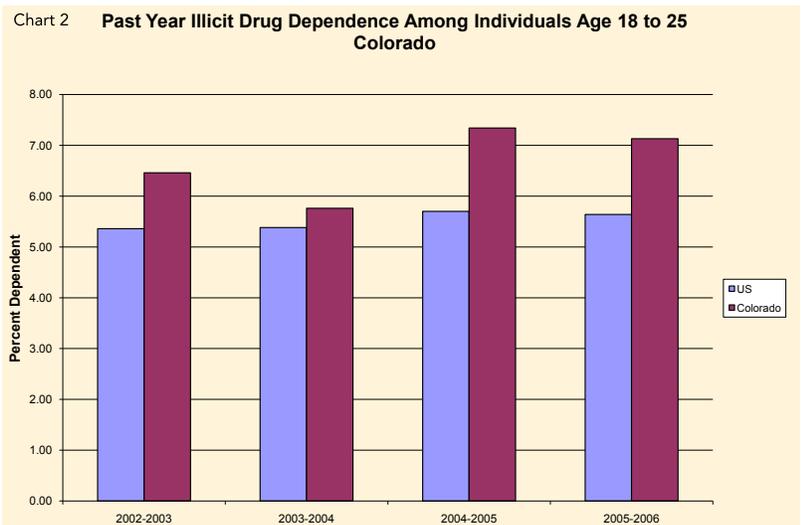
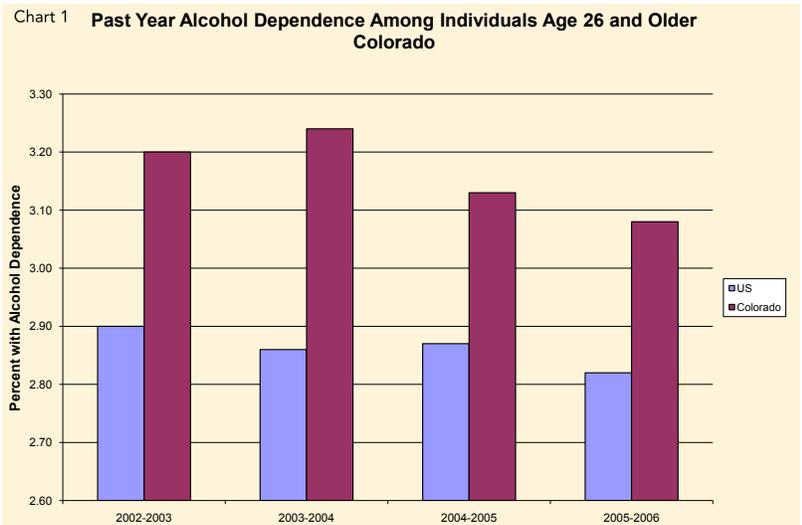
Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994).

On the global measure of any past year dependence on or abuse of illicit drugs or alcohol, rates in Colorado have generally been higher than the national rate. In 2005–2006, the rates were among the 10 highest in the country for all age groups. Viewed separately, however, there are differences between age groups for alcohol and illicit drugs (Charts 1 and 2).

## Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS) annual survey,<sup>3</sup> the number of treatment facilities in Colorado was 443. The majority of these facilities (245 of 443, or 55%) were private for-profit, and 165 (37%) were private nonprofit. Since 2002, the number of treatment facilities in Colorado has increased from 389 to 443. The majority of this increase is accounted for by an additional 45 private for-profit facilities.

Although facilities may offer more than one modality of care, 417 facilities (94%) in 2006 offered some form of outpatient treatment. An additional 68 facilities offered some form of residential care, and 11 facilities offered an opioid treatment program. Additionally, 104 physicians and 18 treatment programs offered buprenorphine treatment for opiate addiction.



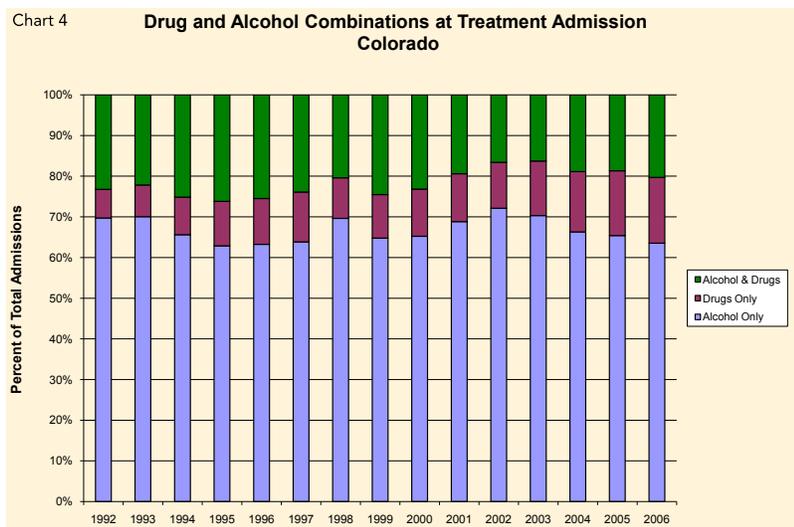
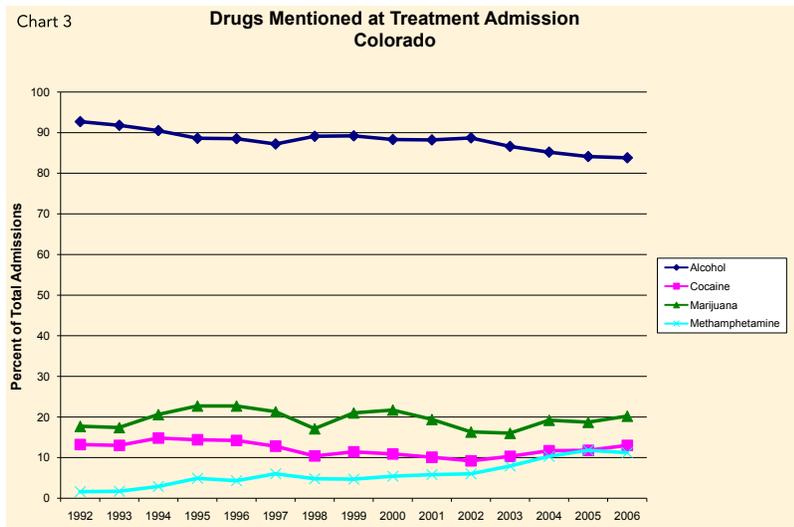
In 2006, 39 percent of all facilities (172) received some form of Federal, State, county, or local government funds, and 72 facilities had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

## Treatment

State treatment data for substance use disorders are derived from two primary sources—an annual 1-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, Colorado showed a 1-day total of 33,264 clients in treatment, the majority of whom (31,591 or 95%) were in outpatient treatment. Of the total number of clients in treatment on this date, 2,717 (8%) were under the age of 18.

Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.<sup>5</sup> Across the last 15 years, the percent of admissions mentioning alcohol, cocaine, or marijuana has remained relatively constant. Methamphetamine admissions, however, have increased from 2 percent in 1992, to 11 percent in 2006.

Across the years for which TEDS data are available, Colorado has seen little change in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from 69 percent of all admissions in 1992, to 63 percent in 2006. Concomitantly, drug-only admissions have increased from 7 percent in 1992, to 16 percent in 2006 (Chart 4).



## Unmet Need for Treatment

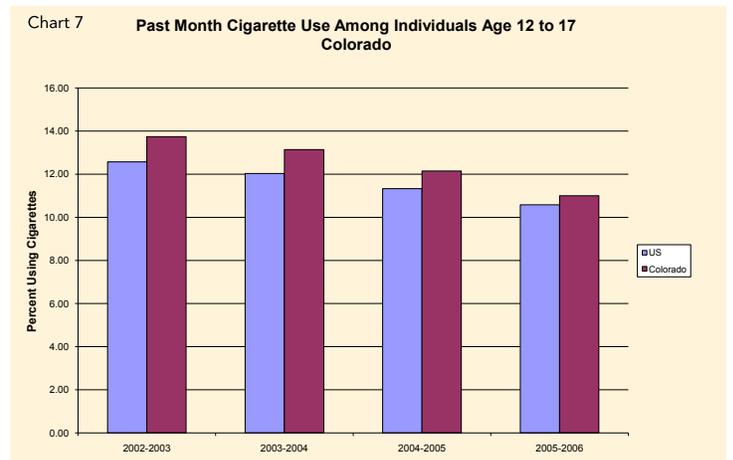
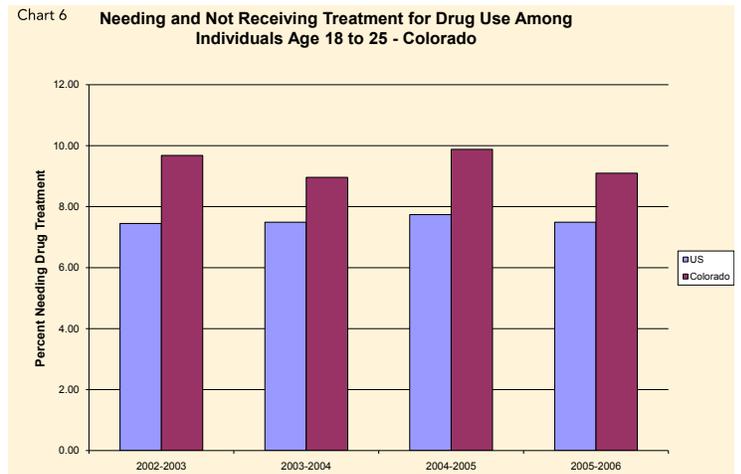
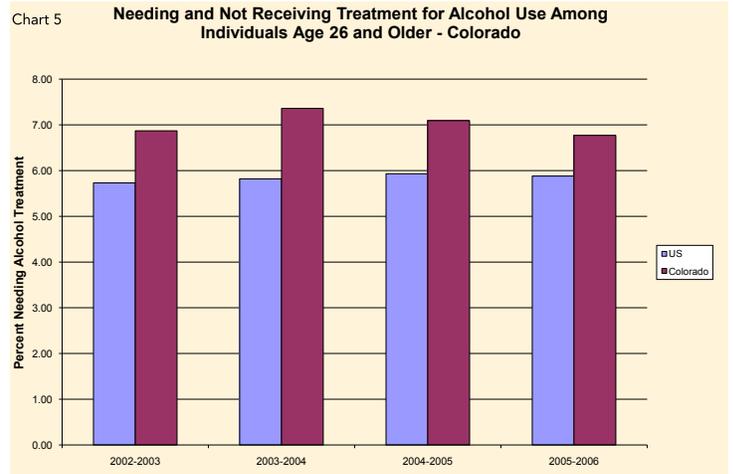
NSDUH defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year.

Rates of unmet need for alcohol treatment have generally been above the national rates for all age groups and across all survey years. This is particularly true for individuals age 26 and older (Chart 5).

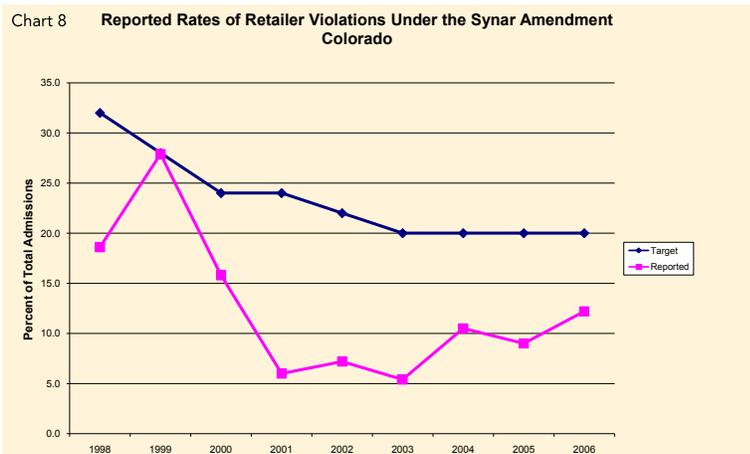
Similarly, rates of unmet need for drug treatment have generally been above the national average, particularly for those age 18 to 25 (Chart 6).

## Tobacco Use and Syнар Compliance

Both past month use of tobacco products and past month use of cigarettes by underage smokers in Colorado have been close to the national rates across all survey years (Chart 7).



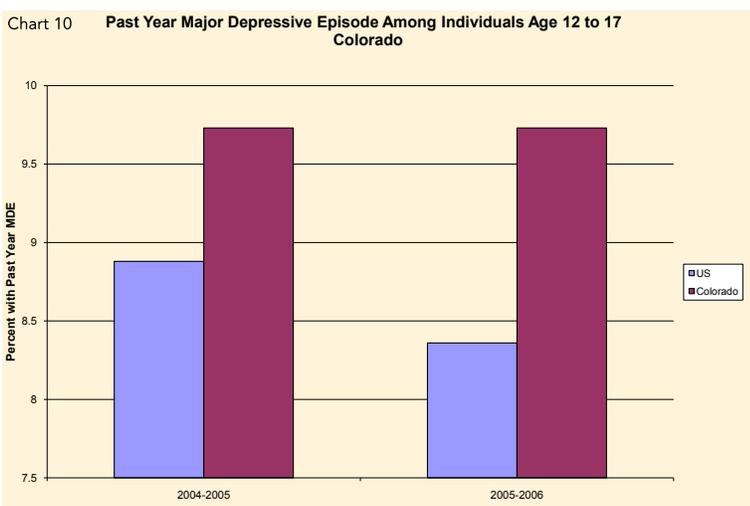
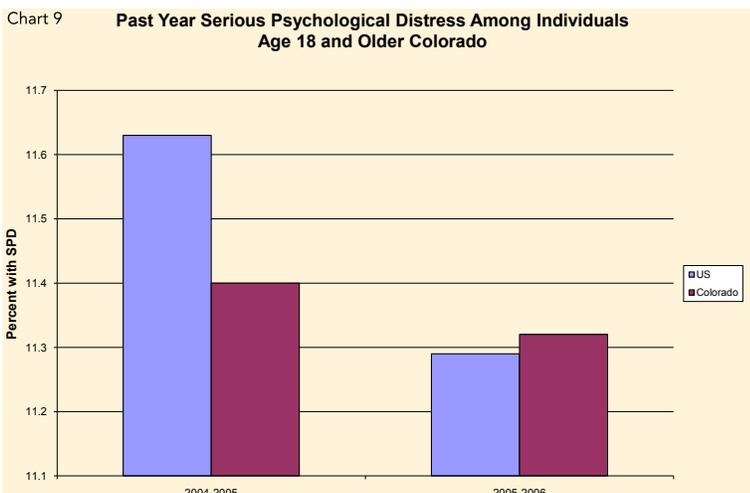
SAMHSA monitors the rate of retailer violation of tobacco sales through the Agency's responsibilities under the Synar Amendment. Retailer violation rates represent the percentage of inspected retail outlets that sold tobacco products to a customer under the age of 18. Colorado's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2000 (Chart 8).



## 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 on both of these measures in Colorado are quite divergent, with those for SPD being at or below the national rates and those for MDE being above the national rate, especially for individuals age 12 to 17 (Charts 9 and 10).



## 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:

|                |  |
|----------------|--|
| \$24.0 million | Substance Abuse Prevention and Treatment Block Grant |
| \$6.9 million  | Mental Health Block and Formula Grants               |
| \$18.1 million | SAMHSA Discretionary Program Funds                   |
| \$49.0 million | Total SAMHSA Funding                                 |

**CMHS:** Youth Violence Prevention; SAMHSA Conference Grant; Statewide Consumer Network; Emergency Response; HRSA Collaboration with CHC; Post-Traumatic Stress Disorder in Children; Initiative to End Chronic Homelessness; State Mental Health Data Infrastructure; Workforce Training; Children’s Services; Targeted Capacity Expansion—Prevention/Early Intervention; Statewide Family Network.

**CSAP:** Drug-Free Communities (18 grants); Drug-Free Communities—Mentoring; Youth Transition to the Workplace; HIV/AIDS Services; Family Strengthening.

**CSAT:** Targeted Capacity Expansion—Minority Populations; Targeted Capacity Expansion—General; Targeted Capacity Expansion—HIV/AIDS; State Data Infrastructure; Residential Substance Abuse Treatment; Homeless Addictions Treatment; Adult, Juvenile and Family Drug Courts; Effective Adolescent Treatment; and Recovery Community Support—Recovery.

### 2005–2006:

|                |  |
|----------------|--|
| \$23.7 million | Substance Abuse Prevention and Treatment Block Grant |
| \$7.0 million  | Mental Health Block and Formula Grants               |
| \$20.5 million | SAMHSA Discretionary Program Funds                   |
| \$51.2 million | Total SAMHSA Funding                                 |

**CMHS:** Initiative to End Chronic Homelessness; Children’s Services; Statewide Consumer Network; State Mental Health Data Infrastructure; Statewide Family Network; Youth Violence Prevention; Circles of Care—American Indian and Alaska Native Children; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults.

**CSAP:** HIV/AIDS Services; HIV/Strategic Prevention Framework; Drug-Free Communities (18 grants); Youth Transition to the Workplace; HIV/AIDS Services; Strategic Prevention Framework State Incentive Grant; SAMHSA Conference Grant.

**CSAT:** Targeted Capacity Expansion—Minority Populations; Targeted Capacity Expansion—HIV/AIDS; Homeless Addictions Treatment; Adult, Juvenile and Family Drug Courts; Effective Adolescent Treatment; Young Offender Reentry Program; and Recovery Community Support—Recovery.

## 2006–2007:

|                |  |
|----------------|--|
| \$23.7 million | Substance Abuse Prevention and Treatment Block Grant |
| \$7.0 million  | Mental Health Block and Formula Grants               |
| \$2.1 million  | SAMHSA Discretionary Program Funds                   |
| \$2.8 million  | Total SAMHSA Funding                                 |

**CMHS:** Campus Suicide; Children’s Services; Statewide Consumer Network; State Mental Health Data Infrastructure; Statewide Family Network; Disaster Relief; Circles of Care—American Indian and Alaska Native Children; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults; HIV/AIDS Services; HIV/Strategic Prevention Framework.

**CSAP:** Drug-Free Communities (17 grants); SAMHSA Conference Grant; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine Abuse.

**CSAT:** Targeted Capacity Expansion—Minority Populations; Targeted Capacity Expansion—HIV/AIDS; Screening, Brief Intervention, Referral and Treatment; Treatment for Homeless; Young Offender Reentry Program; and Recovery Community Support—Recovery.

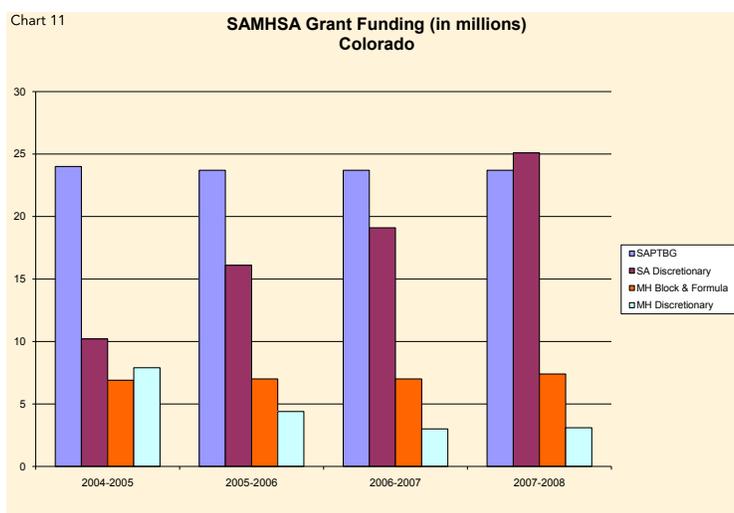
## 2007–2008:

|                |  |
|----------------|--|
| \$23.7 million | Substance Abuse Prevention and Treatment Block Grant |
| \$7.4 million  | Mental Health Block and Formula Grants               |
| \$28.2 million | SAMHSA Discretionary Program Funds                   |
| \$59.3 million | Total SAMHSA Funding                                 |

**CMHS:** Campus Suicide; Post-Traumatic Stress Disorder—Treatment Centers; Children’s Services; State Mental Health Data Infrastructure; Disaster Relief; Youth Suicide Prevention and Early Intervention; Circles of Care—American Indian and Alaska Native Children; Targeted Capacity Expansion—Meeting the Mental Health Needs of Older Adults.

**CSAP:** HIV/AIDS Services; HIV/Strategic Prevention Framework; Drug-Free Communities (17 grants); Prevention of Methamphetamine Abuse; Youth Transition to the Workplace.

**CSAT:** Access to Recovery; Screening, Brief Intervention, Referral and Treatment; Treatment for Homeless; Targeted Capacity Expansion—HIV/AIDS; Effective Adolescent Treatment; E-Therapy Category; Targeted Capacity Expansion—Other Populations and Emerging Substance Abuse Issues; SAMHSA Conference Grant; Young Offender Reentry Program; and Recovery Community Support—Recovery.



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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: <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>.

<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: non-treatment 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 episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

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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. *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.