

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, New Mexico's rates have been among the *highest*² in the country for the following measures (Table 1):

Table 1: New Mexico is among those states with the highest rates of the following:

Measure	Age Groups
Past Month Illicit Drug Use	12-17
Past Year Marijuana Use	12-17
Past Year Cocaine Use	12-17

It is worth noting that across all survey years and all age groups, New Mexico's rates for the above measures as well as for additional ones (past month marijuana use and past month use of an illicit drug other than marijuana) have consistently remained above the national rates.

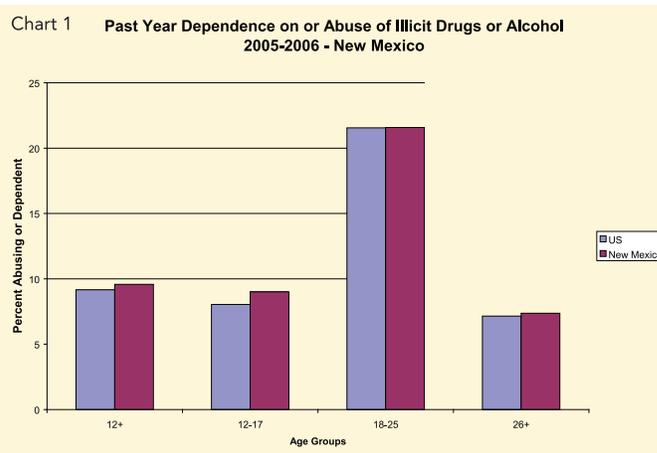
This is one in a series of brief state-based reports intended to give the reader a quick overview of substance abuse and mental health issues within a single state. The data derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental 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, 1994).

On the global measure of any dependence on or abuse of illicit drugs or alcohol, rates in New Mexico for all age groups and across all survey years have generally remained at or above the national rates (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 New Mexico has remained relatively steady, with 120 facilities responding to the 2006 survey (the most recent year for which data are available). Of these facilities, 11 were owned or operated by tribal government(s), and 32 facilities offered treatment in American Indian languages.

Although facilities may offer more than one modality of care, the majority of facilities (103 of 120, or 86%) offer some form of outpatient treatment. An additional 31 facilities offer some form of residential care. Ten facilities offer an opioid treatment program, and 93 physicians and 13 treatment programs are certified to provide buprenorphine care.

In 2006, 94 facilities (78%) received some form of Federal, State, county, or local government funds, and 72 facilities (60%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

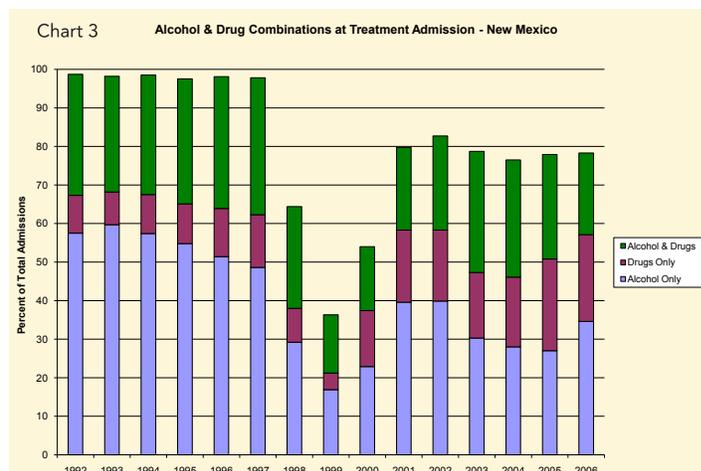
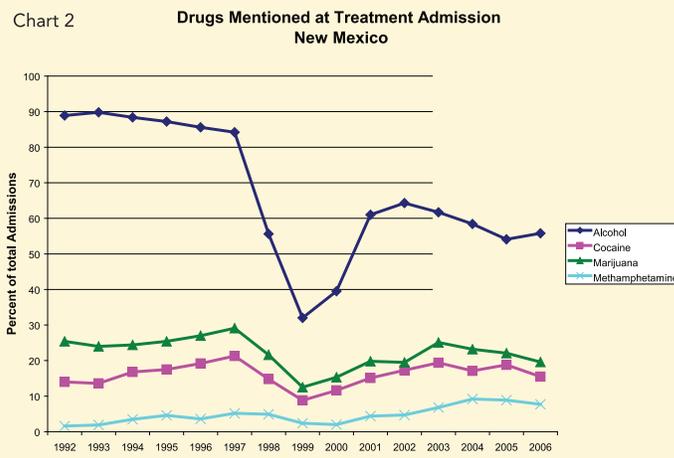


Treatment

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, New Mexico showed a one-day total of 12,634 clients in treatment, the majority of whom (11,908 or 94%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,484 (12%) were under the age of 18.

Chart 2 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.⁵ Across the last 15 years, there has been a decline in the percent of admissions mentioning alcohol (from 89% in 1992, to 56% in 2006), and an increase in the percent of admissions mentioning methamphetamine.

Across the years for which TEDS data are available, New Mexico has seen a substantial shift in the constellation of problems present at treatment admission (Chart 3). Alcohol-only admissions have declined from 58 percent of all admissions in 1992, to just over 34 percent in 2005. Concomitantly, drug-only admissions have increased from 10 percent in 1992, to 22 percent in 2005; and admissions with no substance of abuse have increased from 1 percent in 1992 to 27 percent in 2006.



Unmet Need for Treatment

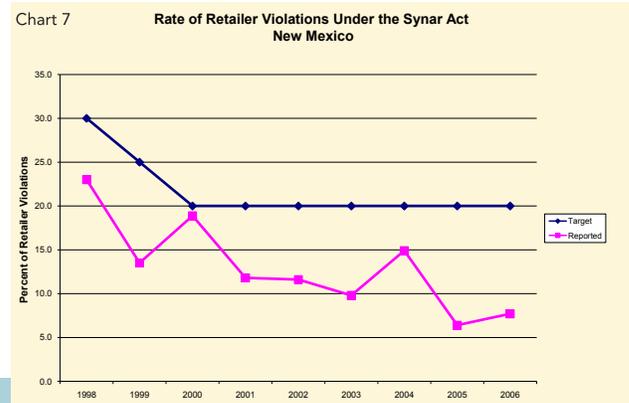
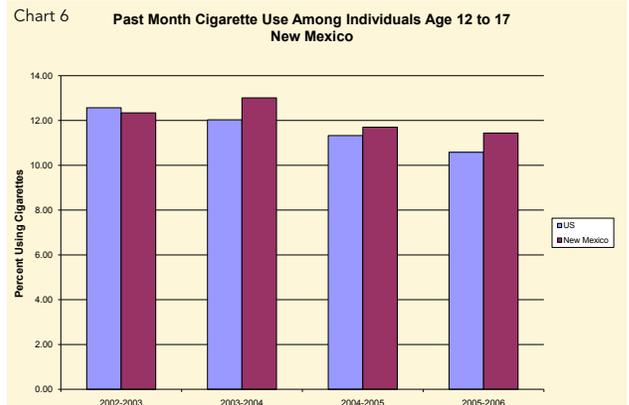
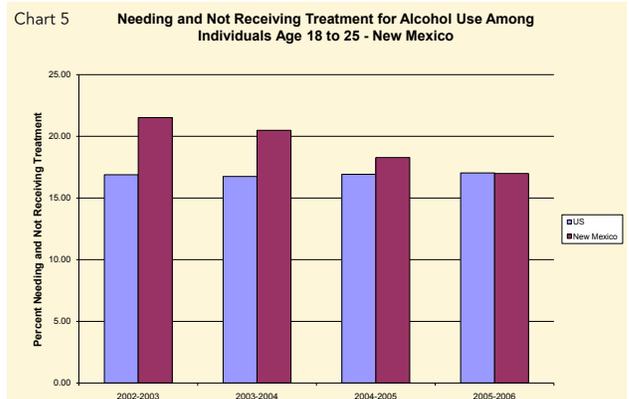
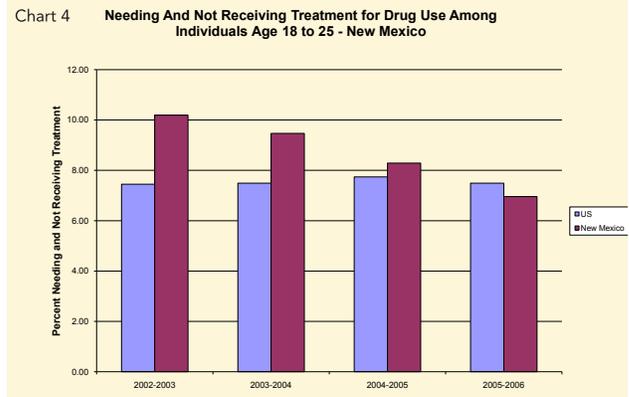
NSDUH defines unmet treatment as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year.

Across all survey years and age groups for both measures, New Mexico's rates have generally declined overall. While the rates for unmet drug treatment need have declined to levels at or below the national average (Chart 4), the rates for unmet alcohol treatment need have remained at or above the national averages, particularly for individuals age 18 to 25 (Chart 5).

Tobacco Use and Synar Compliance

New Mexico's rates of cigarette or any tobacco product use have generally remained at or below the national rates 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 retail outlets that sold tobacco products to a customer under the age of 18. New Mexico'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.

In New Mexico, rates on both of these measures have been variable across time and across age groups. While the rates for past year SPD for the State population have remained below the national average, the rate for the age group 18 to 25 has remained above the national rate (Chart 8). The findings for past year MDE are similar (Chart 9).

The Treatment Episode Data Set (TEDS) also collects information on psychological problems noted at treatment admission. In New Mexico, the percent of total admissions with psychological problems has more than doubled since 1992 (Chart 10).

Chart 8 Past Year Serious Psychological Distress 2005-2006
New Mexico

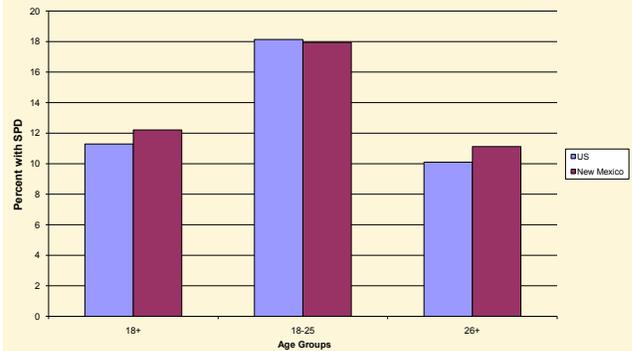


Chart 9 Past Year Major Depressive Episode 2005-2006
New Mexico

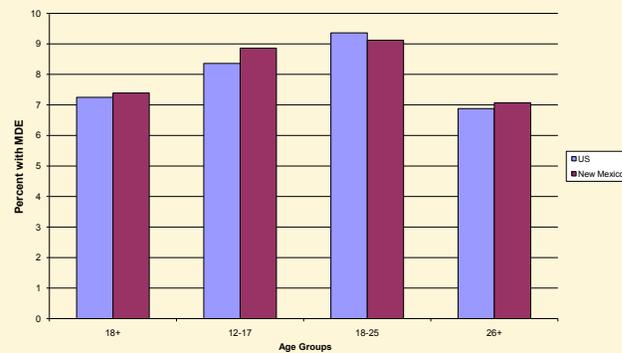
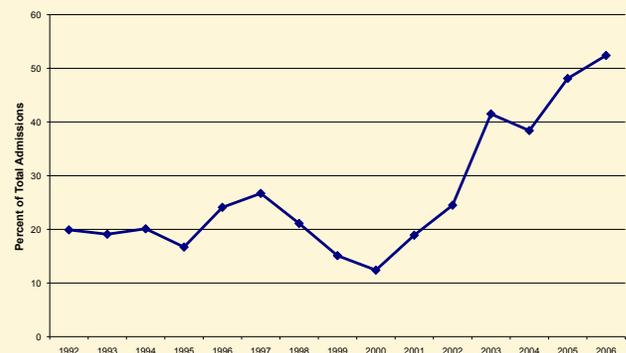


Chart 10 Psychological Problems Noted At Treatment Admission
New Mexico





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
\$ 3.0 million	Mental Health Block and Formula Grants
\$ 20.1 million	SAMHSA Discretionary Program Funds
\$ 31.9 million	Total SAMHSA Funding

CMHS: Youth Violence Prevention; Co-Occurring State Incentive Grant; Post-Traumatic Stress Disorder in Children; Emergency Response; Statewide Family Networks; State Mental Health Data Infrastructure Grant.

CSAP: Drug-Free Communities (14 grants); State Incentive Cooperative Agreement; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use; HIV/AIDS Services.

CSAT: Homeless Addictions Treatment; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Access to Recovery; Effective Adolescent Treatment; Targeted Capacity Expansion—General; Targeted Capacity Expansion—HIV/AIDS.

2005-2006

\$ 8.7 million	Substance Abuse Prevention and Treatment Block Grant
\$ 3.2 million	Mental Health Block and Formula Grants
\$ 22.6 million	SAMHSA Discretionary Program Funds
\$ 34.5 million	Total SAMHSA Funding

CMHS: Youth Violence Prevention; Youth Suicide Prevention and Early Intervention; Co-Occurring State Incentive Grant; Statewide Family Networks (mental health); State Mental Health Data Infrastructure Grant; Mental Health Transformation State Incentive Grant; SAMHSA Conference Grant.

CSAP: Drug-Free Communities (11 grants); Drug-Free Communities—Mentoring; State Incentive Cooperative Agreement; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine and Inhalant Use.

CSAT: Homeless Addictions Treatment; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Access to Recovery; Targeted Capacity Expansion—Rural Populations; Effective Adolescent Treatment; Targeted Capacity Expansion—General; Targeted Capacity Expansion—Campus Screening/Colleges and Universities; and Targeted Capacity Expansion—HIV/AIDS

2006-2007:

\$ 8.7 million	Substance Abuse Prevention and Treatment Block Grant
\$ 3.2 million	Mental Health Block and Formula Grants
\$ 22.6 million	SAMHSA Discretionary Program Funds
\$ 34.5 million	Total SAMHSA Funding

CMHS: Youth Suicide Prevention and Early Intervention; Co-Occurring State Incentive Grant; Targeted Capacity Expansion—Jail Diversion; State Mental Health Data Infrastructure Grant; Mental Health Transformation State Incentive Grant.

CSAP: Drug-Free Communities (10 grants); Drug-Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant; SAMHSA Conference Grant.

CSAT: Homeless Addictions Treatment; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; Access to Recovery; Targeted Capacity Expansion—Rural Populations; Effective Adolescent Treatment; and Targeted Capacity Expansion—Campus Screening/Colleges and Universities.

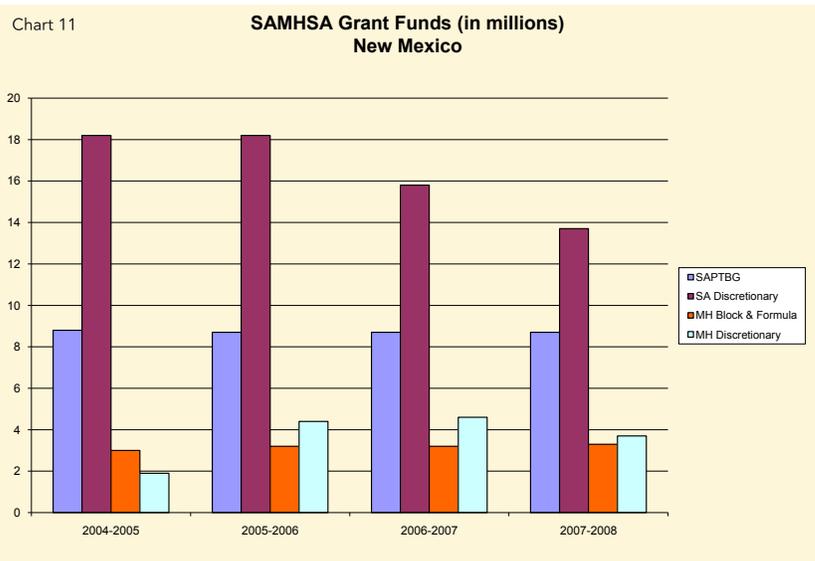
2007-2008:

\$ 8.7 million	Substance Abuse Prevention and Treatment Block Grant
\$ 3.3 million	Mental Health Block and Formula Grants
\$ 17.4 million	SAMHSA Discretionary Program Funds
\$ 29.4 million	Total SAMHSA Funding

CMHS: Statewide Family Network (mental health); Disaster Relief; Targeted Capacity Expansion—Jail Diversion; State Mental Health Data Infrastructure Grant; Mental Health Transformation State Incentive Grant; Youth Suicide Prevention and Early Intervention; Co-Occurring State Incentive Grant.

CSAP: Drug-Free Communities (10 grants); Strategic Prevention Framework State Incentive Grant.

CSAT: Access to Recovery; Targeted Capacity Expansion—Rural Populations; Homeless Addictions Treatment; Targeted Capacity Expansion—HIV/AIDS; Targeted Capacity Expansion—American Indians/Native Alaskans; Targeted Capacity Expansion—Screening, Brief Intervention and Referral to Treatment; and Targeted Capacity Expansion—Campus Screening/Colleges and Universities.



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 <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: 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.