

# 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 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, Oklahoma has remained among the States with the *highest*<sup>2</sup> rates on the following measures (Table 1).

**Table 1: Oklahoma ranked among the highest States on the following substance abuse measures for all survey years**

Measure	Age Groups
Past Year Non-Medical Use of Pain Relievers	12+, 12-17
Past Month Tobacco Use	12+, 12-17, 26+
Past Month Cigarette Use	12+, 26+
Least Perception of Risk Associated with Smoking One or Two Packs of Cigarettes a Day	All Age Groups

In addition, across all survey years, Oklahoma has remained among the States with the lowest rates on the following measures in Table 2:

**Table 2: Oklahoma ranked among the lowest States on the following substance abuse measures for all survey years**

Measure	Age Groups
Past Year Cocaine Use	26+
Past Month Alcohol Use	12+, 26+

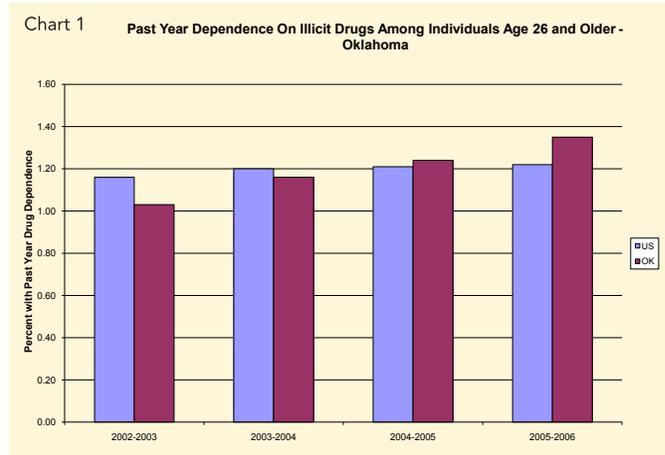
This is one in a series of brief state-based reports intended to give the reader a quick overview of substance abuse and mental health issues within a single state. The data derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental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

Rates of alcohol dependence or abuse in Oklahoma have typically remained at or below national rates for all age groups and across all survey years. Rates of dependence on illicit drugs, however, have generally remained at or above national levels. Of particular note is the rate of dependence on illicit drugs among those age 26 and older (Chart 1).



## Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS),<sup>3</sup> there were 176 treatment facilities in Oklahoma. Of these, the majority (109 or 62%) were private nonprofit, an additional 29 (16%) were private for-profit, and 15 facilities were owned or operated by a Tribal government.

The number of treatment facilities in Oklahoma has increased from a total of 146 facilities in 2002 to 176 facilities in 2006. The increase is primarily accounted for by the addition of 10 private nonprofit facilities and 14 for-profit facilities.

Although facilities may offer more than one modality of care, in 2006 the majority of Oklahoma facilities (152 of 176, or 86%) offered some form of outpatient treatment, and an additional 47 facilities offered some form of residential care. Eight facilities offered opioid treatment, and 45 physicians were certified to provide buprenorphine treatment.

In 2006, 65 percent of all facilities (115) received some form of Federal, State, county, or local government funds, and 36 facilities (20%) 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, Oklahoma showed a one-day census of 2,301 clients in treatment, the majority of whom (1,837 or 80%) were in outpatient treatment. Of the total number of clients in treatment on this date, 270 (12%) were under the age of 18.

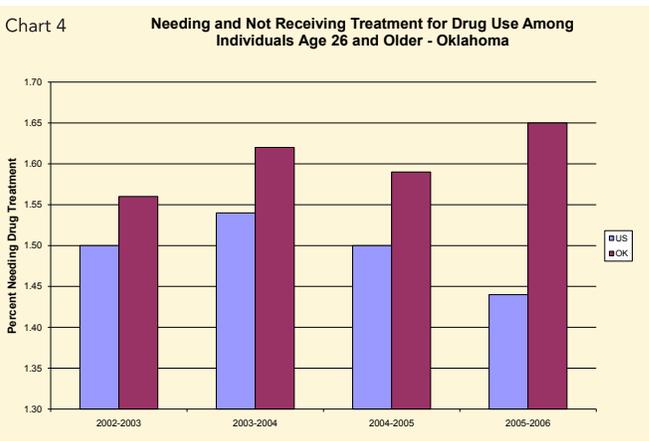
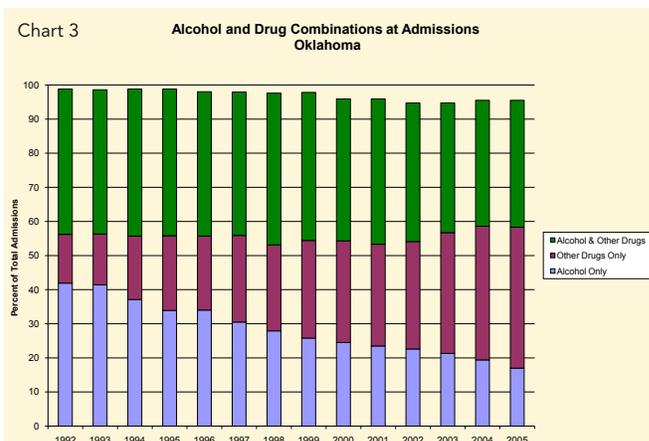
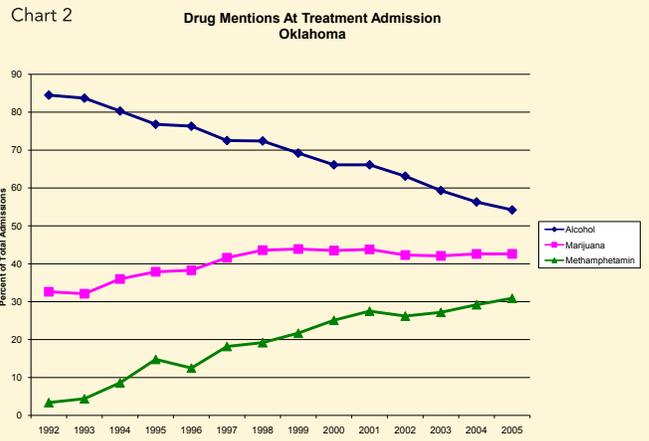
Chart 2 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.<sup>5</sup> Across the last 15 years, there has been a steady decline in the number of admissions mentioning alcohol as a substance of abuse, and increases in the mentions of both marijuana and methamphetamine.

Across the years for which TEDS data are available, Oklahoma has seen a substantial shift in the constellation of problems present at treatment admission (Chart 3). Alcohol-only admissions have declined from 57 percent of all admissions in 1992, to just over 31 percent in 2006. Concomitantly, drug-only admissions have increased from 1.6 percent in 1992 to 20 percent in 2006.

## 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.

While rates of individuals needing and not receiving treatment for drug use have generally remained at or above national rates (Chart 4), rates of unmet need





for alcohol use have generally remained at or below national rates (Chart 5). This is particularly true for the Oklahoma population age 26 and older.

## Tobacco Use and Synar Compliance

Rates of past month tobacco use and past month cigarette use have generally remained at or above the national rates. This is particularly true for the entire State population age 12 and older, as well as for those individuals 26 and older. However, Oklahoma ranks among those States with the highest rates of underage smoking 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. Oklahoma's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2003 (Chart 7).

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

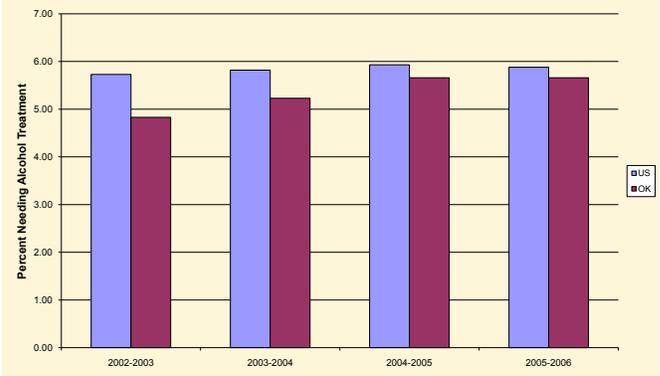


Chart 6 **Past Month Cigarette Use Among Individuals Age 12 to 17 - Oklahoma**

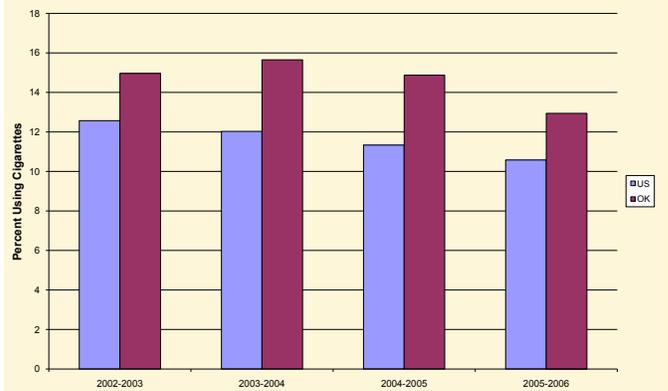
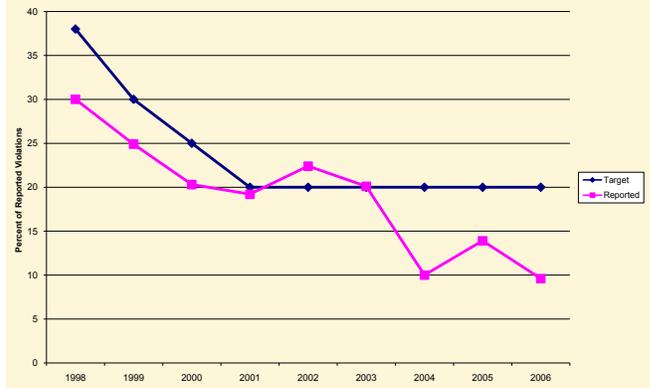


Chart 7 **Reported Rate of Retailer Violations Under the Synar Amendment - Oklahoma**



## 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 (Chart 8). 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 (Chart 9). 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 sleeping, eating, energy, concentration, and self-image.

Rates of serious psychological distress in Oklahoma have remained at or above the national rates across all survey years for all age groups.

In addition, TEDS collects data on the presence of psychological problems at the time of treatment admission. The percent of admissions noted with these problems in Oklahoma has increased from 17.8 percent in 1992 to more than 32 percent in 2006 (Chart 10).

Chart 8 Past Year Serious Psychological Distress Among Individuals Age 18 to 25 - Oklahoma

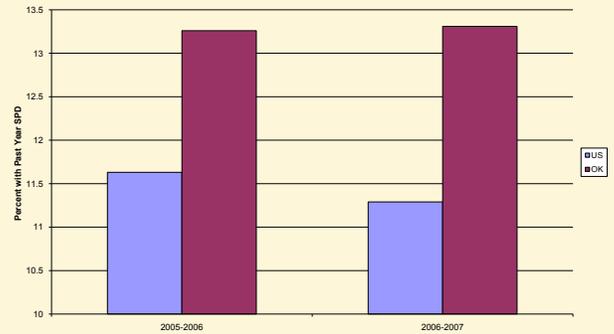


Chart 9 Past Year Major Depressive Episode Among Individuals Age 18 to 25 Oklahoma

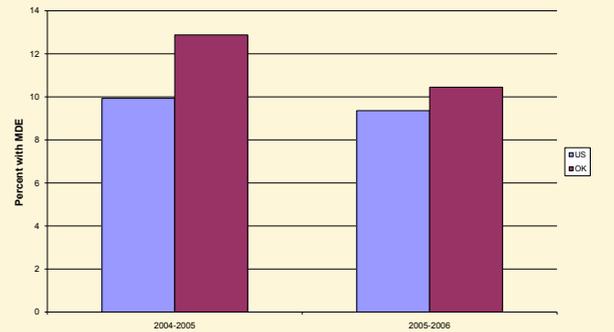
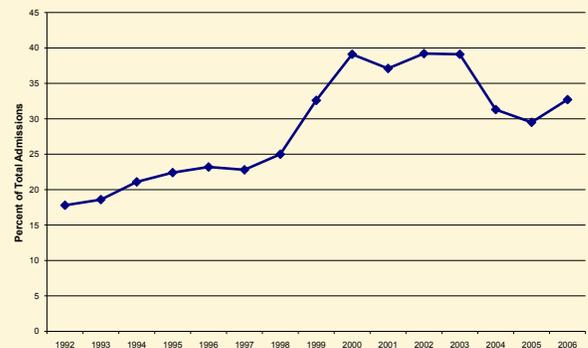


Chart 10 Psychological Problem(s) Noted at Treatment Admission - Oklahoma





## 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:

\$ 17.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 5.4 million	Mental Health Block and Formula Grants
\$ 7.2 million	SAMHSA Discretionary Program Funds
\$ 30.4 million	Total SAMHSA Funding

**CMHS:** Co-Occurring State Incentive Grant; Jail Diversion (mental health); Post-Traumatic Stress Disorder in Children; Statewide Family Networks (mental health); Children’s Services (mental health); State Mental Health Data Infrastructure Grants; Emergency Response.

**CSAP:** Drug-Free Communities (14 grants); HIV/AIDS Youth Services (substance abuse prevention); Drug-Free Communities Mentoring; Centers for the Application of Prevention Technology.

**CSAT:** Homeless Addiction Treatment; Pregnant and Post-Partum Women; and State Data Infrastructure (substance abuse treatment).

### 2005-2006

\$ 17.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 5.4 million	Mental Health Block and Formula Grants
\$ 12.8 million	SAMHSA Discretionary Program Funds
\$ 35.8 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure Grants; Mental Health Transformation State Incentive Grant; Co-Occurring State Incentive Grant; Circles of Care—American Indian and Alaska Native Children; Post-Traumatic Stress Disorder in Children; Linking Adolescents at Risk to Mental Health Services; Children’s Services; Youth Suicide Prevention and Early Intervention; National Child Traumatic Stress Initiative—Treatment and Service Adaptation Centers.

**CSAP:** Drug-Free Communities (15 grants).

**CSAT:** Homeless Addiction Treatment; Pregnant and Post-Partum Women; and Targeted Capacity Expansion—American Indians and Alaska Natives.

## 2006-2007:

\$ 17.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 5.4 million	Mental Health Block and Formula Grants
\$ 14.7 million	SAMHSA Discretionary Program Funds
\$ 37.7 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure Grants; Mental Health Transformation State Incentive Grant; Co-Occurring State Incentive Grant; Circles of Care—American Indian and Alaska Native Children; Post-Traumatic Stress Disorder in Children; Linking Adolescents at Risk to Mental Health Services; Campus Suicide; Children’s Services; Youth Suicide Prevention and Early Intervention; National Child Traumatic Stress Initiative—Treatment and Service Adaptation Centers.

**CSAP:** Drug-Free Communities (16 grants); Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine Abuse.

**CSAT:** Homeless Addiction Treatment; Recovery Community Support Services; Pregnant and Post-Partum Women; and Targeted Capacity Expansion—American Indians and Alaska Natives.

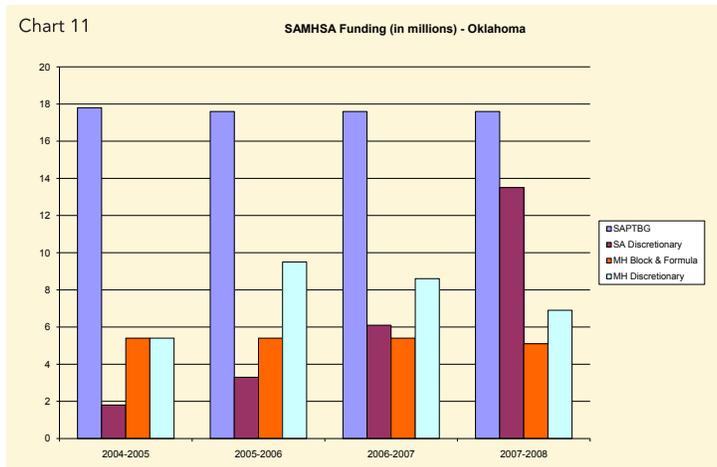
## 2007-2008:

\$ 17.6 million	Substance Abuse Prevention and Treatment Block Grant
\$ 5.1 million	Mental Health Block and Formula Grants
\$ 20.4 million	SAMHSA Discretionary Program Funds
\$ 43.1 million	Total SAMHSA Funding

**CMHS:** Circles of Care—American Indian and Alaska Native Children; Adolescents at Risk; Campus Suicide; Children’s Services; Statewide Family Networks; Seclusion and Restraint; National Child Traumatic Stress Initiative—Treatment and Service Adaptation Centers; State Mental Health Data Infrastructure Grants; Mental Health Transformation State Incentive Grant; Statewide Consumer Network; Co-Occurring State Incentive Grant; Youth Suicide Prevention and Early Intervention.

**CSAP:** Drug-Free Communities (18 grants); SAMHSA Conference Grant; Prevention of Methamphetamine Abuse; Strategic Prevention Framework State Incentive Grant; Prevention of Methamphetamine Abuse.

**CSAT:** Homeless Addiction Treatment; Pregnant and Post-Partum Women; Access to Recovery; Recovery Community Support Services; and Targeted Capacity Expansion—American Indians and Alaska Natives.



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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 [www.samhsa.gov/statesummaries/index.aspx](http://www.samhsa.gov/statesummaries/index.aspx).

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS): 2006, available at [www.dasis.samhsa.gov](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](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 could fall into 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 which 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.