



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

**Table 1: Georgia is among those States with the lowest rates of the following:**

Measure	Age Groups
Past Month Marijuana Use	12-17
Most Perception of Risk Associated with Smoking Marijuana Once a Month	12+, 18-25, 26+
Past Year Cocaine Use	18-25
Past Month Alcohol Use	12-17, 12-20, 18-25
Past Month Binge Alcohol Use	12-17, 12-20, 18-25

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.



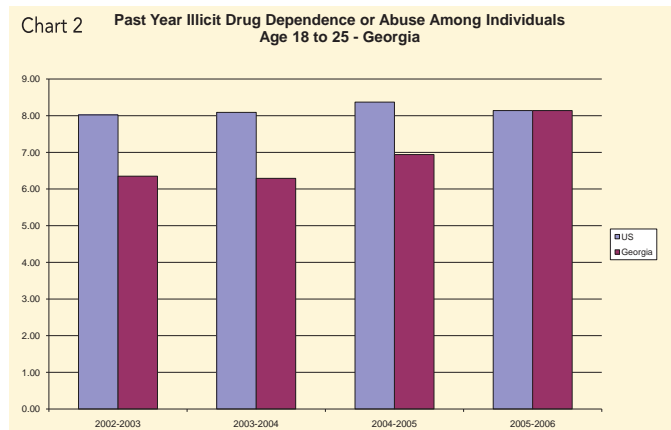
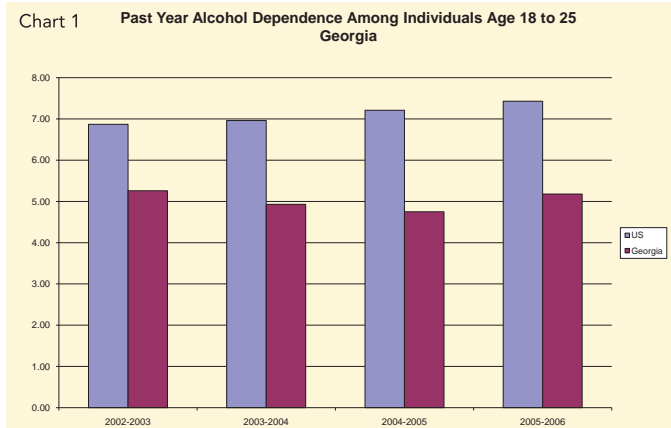


## Abuse and Dependence

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).

Georgia's rates of past year alcohol dependence or abuse have typically been at or below the national rates. This is particularly true for two age groups; those age 12 to 17 and those age 18 to 25 (Chart 1).

Rates of past year drug dependence or abuse have been more variable both across time and among age groups. Generally, for the population as a whole (those age 12 and older) and for individuals age 12 to 17 and 18 to 25, the rates have been at or below the national rates. For the population age 26 and older, however, the rates of past year drug dependence have generally been above the national rates (Chart 2).



## Substance Abuse Treatment Facilities

According to the National Survey of Substance Abuse Treatment Services (N-SSATS)<sup>3</sup> annual surveys, the number of treatment facilities in Georgia has remained relatively constant. In 2006, there were 277 facilities; of these, 84 (30%) were private nonprofit and 76 (27%) were private for-profit. An additional 78 facilities were owned/operated by the State government.

Although facilities may offer more than one modality of care, the majority of facilities (222 of 277, or 80%) offered some form of outpatient treatment in 2006; 76 facilities (27%) offered some form of residential care; and 32 programs offered

opioid treatment. In addition, 240 physicians and 30 treatment programs offered buprenorphine treatment for opiate addiction.

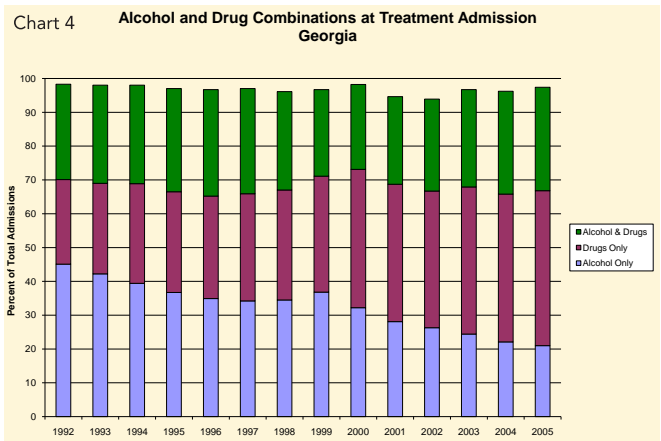
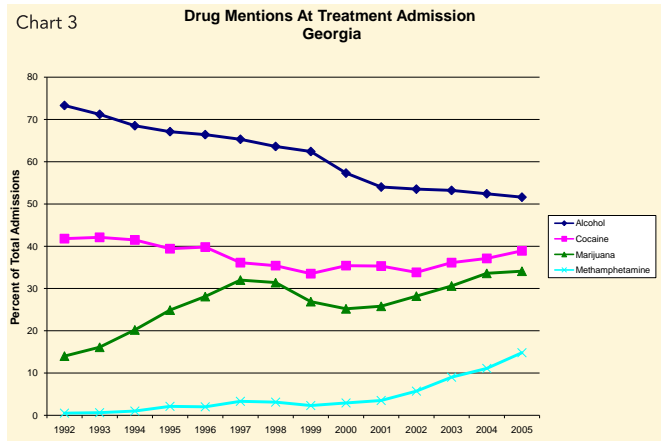
In 2006, 54 percent of all facilities (149) received some form of Federal, State, county, or local government funds, and 118 facilities (43%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

## 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, Georgia showed a one-day total of 17,848 clients in treatment, the majority of whom (14,963 or 84%) were in outpatient treatment. Of the total number of clients in treatment on this date, 1,183 (7%) were under the age of 18.

Since 1992, there has been a steady increase in the annual number of admissions to treatment in Georgia—from approximately 30,000 in 1992, to nearly 45,000 in 2005 (the most recent year for which data are available). Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.<sup>5</sup> Across the last 14 years, there has been a steady decline in the number of admissions mentioning alcohol and an increase in the percent of those mentioning either marijuana or methamphetamine.

Across the years for which TEDS data are available, Georgia has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from over 45 percent of all admissions in 1992, to just over 21 percent in 2005. Concomitantly, drug-only admissions have increased from 25 percent in 1998, to 46 percent in 2005 (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.

Across all survey years and among all age groups, the rates of unmet need for alcohol treatment in Georgia have been at or below the national rates (Chart 5). Consistently, the rates of unmet treatment need for individuals age 12 to 17 have been among the lowest in the country.

To some extent, rates of unmet need for drug treatment mirror those of past year drug dependence or abuse. Rates for three population groups (12+, 12-17, and 18-25) have consistently been at or below the national rates, while rates for those individuals 26 and older have been above the national rate (Chart 6).

## Tobacco Use and Synar Compliance

Rates of past month tobacco and cigarette use by underage individuals have consistently been below the national average and, for each measure, were among the lowest in the country in 2005-2006 (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. Georgia's rates of noncompliance with the Synar Amendment have been consistently below the target rate since 2001 (Chart 8).

Chart 5 Needing and Not Receiving Treatment for Alcohol Use Among Individuals Age 12 to 17 - Georgia

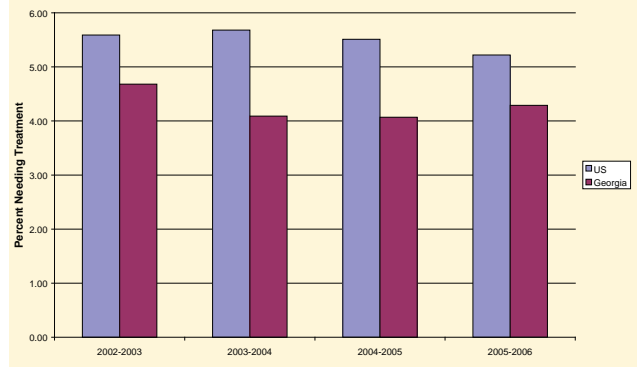


Chart 6 Needing and Not Receiving Treatment for Drug Use Among Individuals Age 26 and Older - Georgia

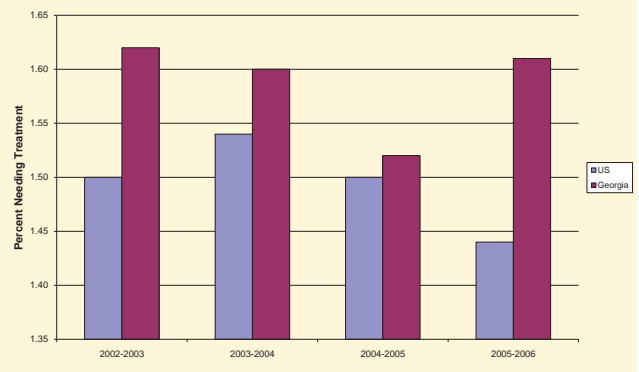


Chart 7 Past Month Cigarette Use Among Individuals Age 12 to 17 - Georgia

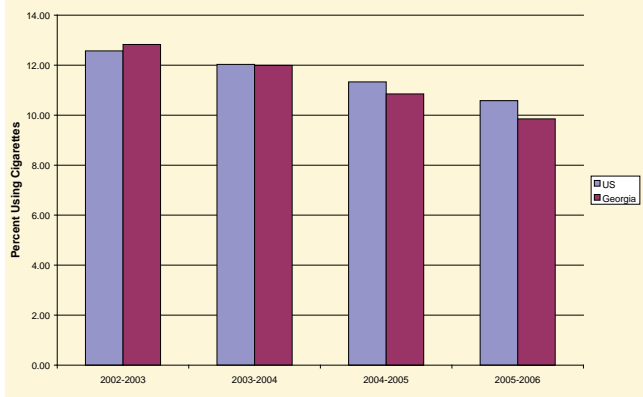
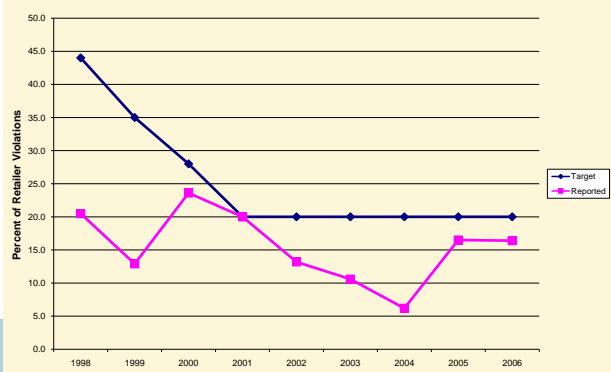


Chart 8 Rates of Retailer Violations Under the Synar Amendment - Georgia

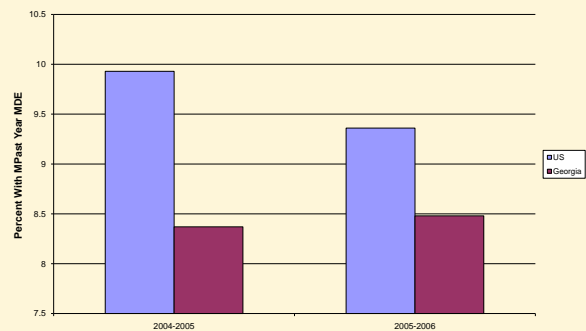


## Mental Health Indicators

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 major depressive episodes have generally been at or below the national rates for all age groups; and for those 18 to 25, have consistently been among the lowest in the country (Chart 9).

Rates of past year serious psychological distresses have been similar—at or below the national rates for all age groups and across all survey years.

Chart 9 Past Year Major Depressive Episodes Among Individuals Age 18 to 25 Georgia





## 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 (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:

\$ 50.8 million	Substance Abuse Prevention and Treatment Block Grant
\$ 15.0 million	Mental Health Block and Formula Grants
\$ 7.4 million	SAMHSA Discretionary Program Funds
\$ 73.2 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Statewide Consumer Network; Statewide Family Network; Post-Traumatic Stress Disorder in Children; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Children’s Services.

**CSAP:** Drug Free Communities (13 grants); HIV Services.

**CSAT:** Target Capacity Expansion—HIV/AIDS; Recovery Community Services; Young Offender Reentry Program; Homeless Addictions Treatment; and Addiction Technology Transfer Center.

### 2005-2006:

\$ 50.3 million	Substance Abuse Prevention and Treatment Block Grant
\$ 14.9 million	Mental Health Block and Formula Grants
\$ 9.4 million	SAMHSA Discretionary Program Funds
\$ 74.6 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Statewide Consumer Network; Statewide Family Network; Post-Traumatic Stress Disorder in Children; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Children’s Services.

**CSAP:** Drug-Free Communities (15 grants); Drug-Free Communities—Mentoring; HIV Services; HIV Strategic Prevention Framework.

**CSAT:** Addiction Technology Transfer Center; Recovery Community Services; Young Offender Reentry Program; Target Capacity Expansion—HIV/AIDS; Historically Black Colleges and Universities—National Resource Center; State Adolescent Substance Abuse Treatment; and Targeted Capacity Expansion—Rural Populations.

## 2006-2007:

\$ 50.4 million	Substance Abuse Prevention and Treatment Block Grant
\$ 14.9 million	Mental Health Block and Formula Grants
\$ 15.0 million	SAMHSA Discretionary Program Funds
\$ 80.3 million	Total SAMHSA Funding

**CMHS:** State Mental Health Data Infrastructure; Statewide Consumer Network; Statewide Family Network; Post-Traumatic Stress Disorder in Children; Disaster Relief; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant; Campus Suicide.

**CSAP:** HIV Services; HIV Strategic Prevention Framework; Drug-Free Communities (13 grants); Drug-Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant.

**CSAT:** Addiction Technology Transfer Center; Recovery Community Services—Recovery; Young Offender Reentry Program; Target Capacity Expansion—HIV/AIDS; Treatment for Homeless; Historically Black Colleges and Universities—National Resource Center; SAMHSA Conference Grant; State Adolescent Substance Abuse Treatment; and Targeted Capacity Expansion—Rural Populations.

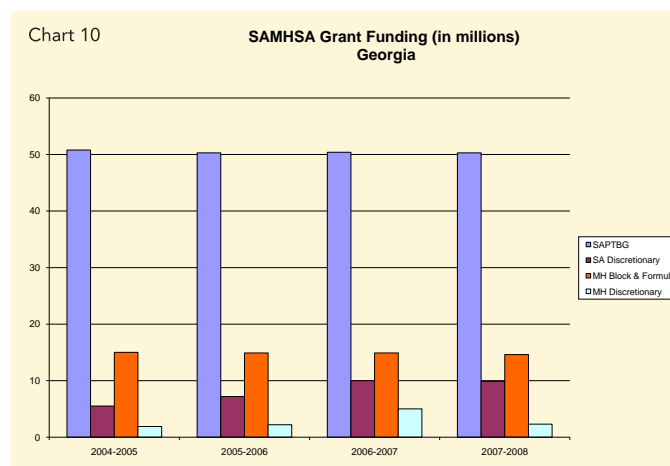
## 2007-2008:

\$ 50.3 million	Substance Abuse Prevention and Treatment Block Grant
\$ 14.6 million	Mental Health Block and Formula Grants
\$ 12.2 million	SAMHSA Discretionary Program Funds
\$ 77.1 million	Total SAMHSA Funding

**CMHS:** AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Jail Diversion; State Mental Health Data Infrastructure; Statewide Consumer Network (mental health); Statewide Family Network (mental health); Disaster Relief; Child and Adolescent Mental Health and Substance Abuse State Incentive Grant.

**CSAP:** Drug-Free Communities (15 grants); Strategic Prevention Framework State Incentive Grant; SAMHSA Conference Grant; HIV Strategic Prevention Framework; HIV Services.

**CSAT:** Treatment for Homeless; Recovery Community Services—Recovery; Target Capacity Expansion—HIV/AIDS; Young Offender Reentry Program; Addiction Technology Transfer Center; Historically Black Colleges and Universities—National Resource Center and Targeted Capacity Expansion—Rural Populations.





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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: <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>.

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<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: nontreatment 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.