

# Needs Assessment for Substance Abuse Prevention and Mental Health Promotion

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Prepared for Combined Block Grant  
Discussions  
January 2013



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# Agenda

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- **Introduction:** *10 minutes – Michael Langer*
- **Data Presentation:** *30 minutes – Alice Huber*
- **Q/A and Discussion:** *30 minutes – Michael Langer*
- **Closing:** *5 minutes – Michael Langer*



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# New Defined Purposes of BG

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States will use the BG ... for prevention, treatment, recovery supports and other services to supplement ... Medicaid, Medicare and private insurance. .... Four purposes:

- Fund ... treatment and support services for those without insurance or for those with intermittent coverage.
- Fund ... treatment and support services not covered by Medicaid ... for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery.
- Fund primary prevention - universal, selective and indicated prevention activities and services....
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a nationwide basis.



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# Changes

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- Combined application.
- Spending to align with Statewide Needs Assessment and Block Grant purpose.
- Emphasis on strategic planning and accountability.
- Planning moves from a Federal to State Fiscal Year. Two-year plans.
- Requested/Mandatory sections.



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# Timeline

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Jan 4	Notice of Application
Jan 22	Public Comment on Needs Assessment
Feb 12	Roundtable #1 with Tribes
Feb 20	BHAC meeting
Feb 22	Public Comment on Plan
Feb 26	Roundtable #2 with Tribes
Mar 5	Consultation with Tribes
Mar 8	DSHS Review
Apr 1	Application Deadline



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# Questions?

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- Questions on overall Block Grant changes?
- Questions on timeline?

*Please 'raise your hand' if you have a question you would like to ask. You can also type into the question box if you prefer.*



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# Review of Needs Assessment for Substance Abuse Prevention and Mental Health Promotion



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# Recent Data Workgroup Process

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- Prevention Redesign Initiative (PRI) and State Prevention Enhancement (SPE)
- SPE and SEOW workgroup partners:
  - State agencies, state associations, universities, stakeholders, BHAC
- Initial criteria identified and data gathered
- Reviewed and refined data
  - Indicators/data from partners
  - Patterns of use
  - Consideration of Age Groups, Race/Ethnicity disparities; Socio-Economic Status (SES)
- Agreement on priorities



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# Needs Assessment Matrix

	Alcohol	Tobacco	Marijuana	Meth- amphetamine	Prescription Drugs
Rates					
Trends					
Economic Impacts					
Social Impacts					



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# Rates

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- Rates of self-reported substance use
  - HYS
  - NSDUH
  - BRFSS
- Rates data give us information about how common or how uncommon the use of a particular substance. For example:
  - Is methamphetamine a large problem in Washington State?

Note: survey details are included at the end of the presentation



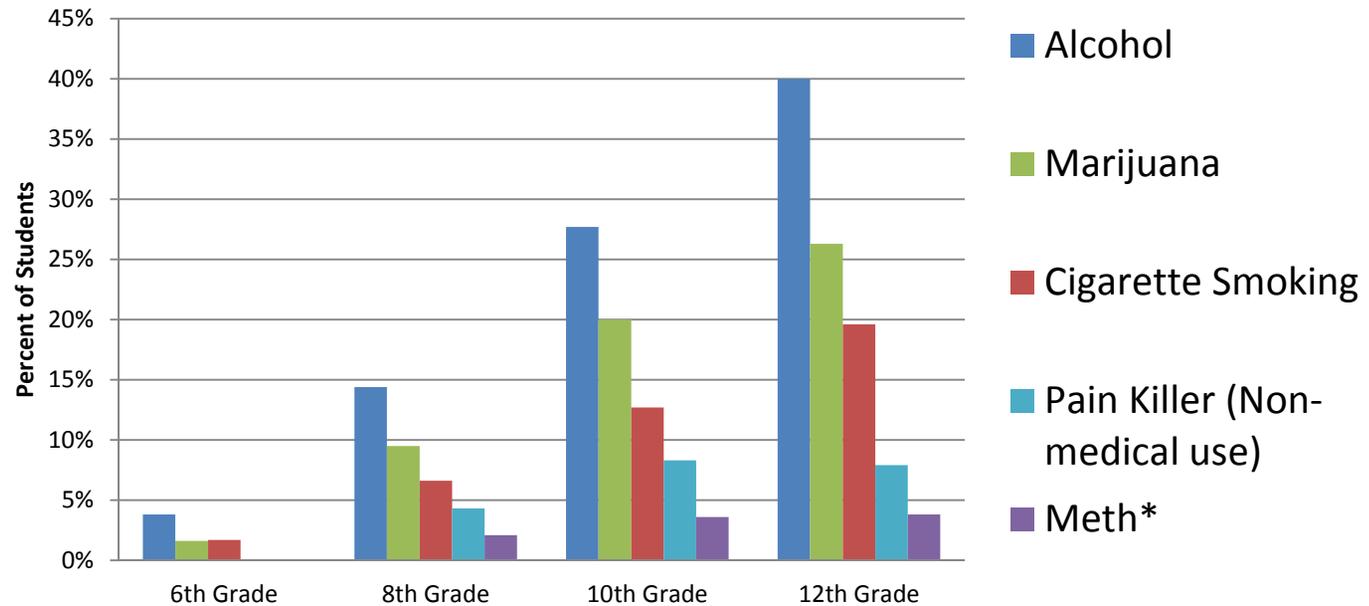
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# Rates: By Youth Age Groups

## 2010 Rates

### Youth substance use (in past 30 days)



Source: Healthy Youth Survey 2010/2008

\*2008 rates. Data not available for 6 graders.

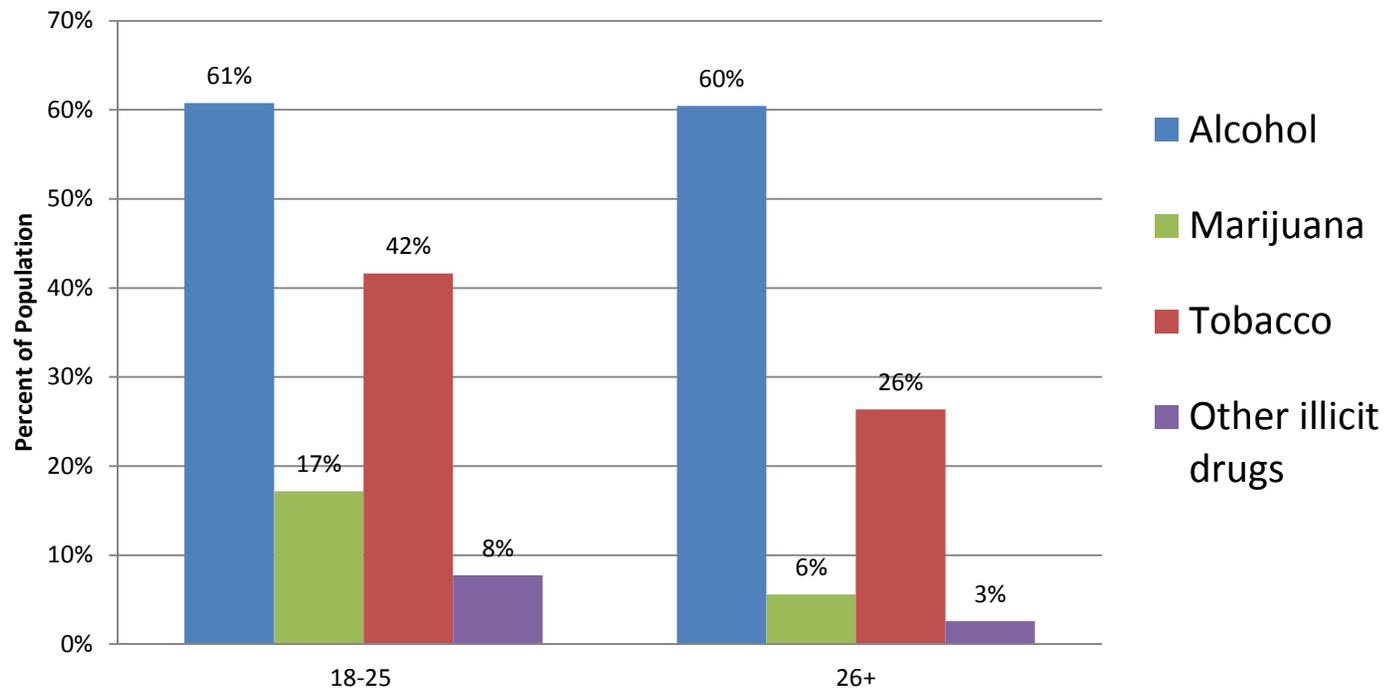


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# Rates: By Adult Age Groups

## 2008-2009 Substance use during past 30 days



Source: National Survey on Drug Use and Health

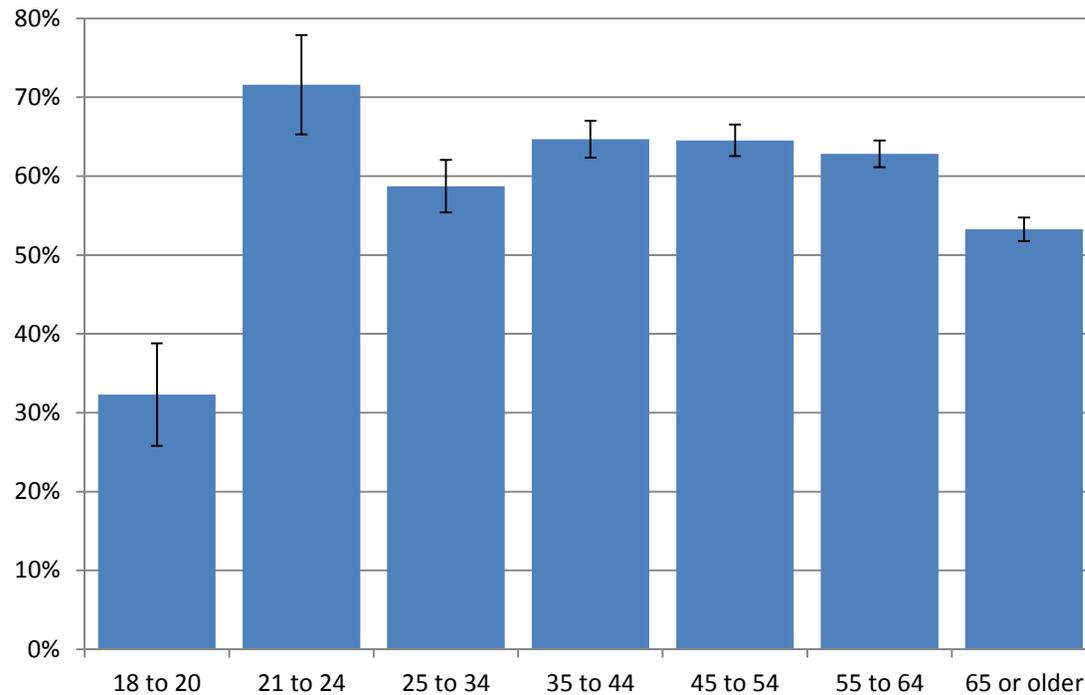


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# Alcohol Rates: By Adult Age Group

Had alcohol in past 30 days by age group



Source: Behavioral Risk Factors Surveillance System (BRFSS), 2010

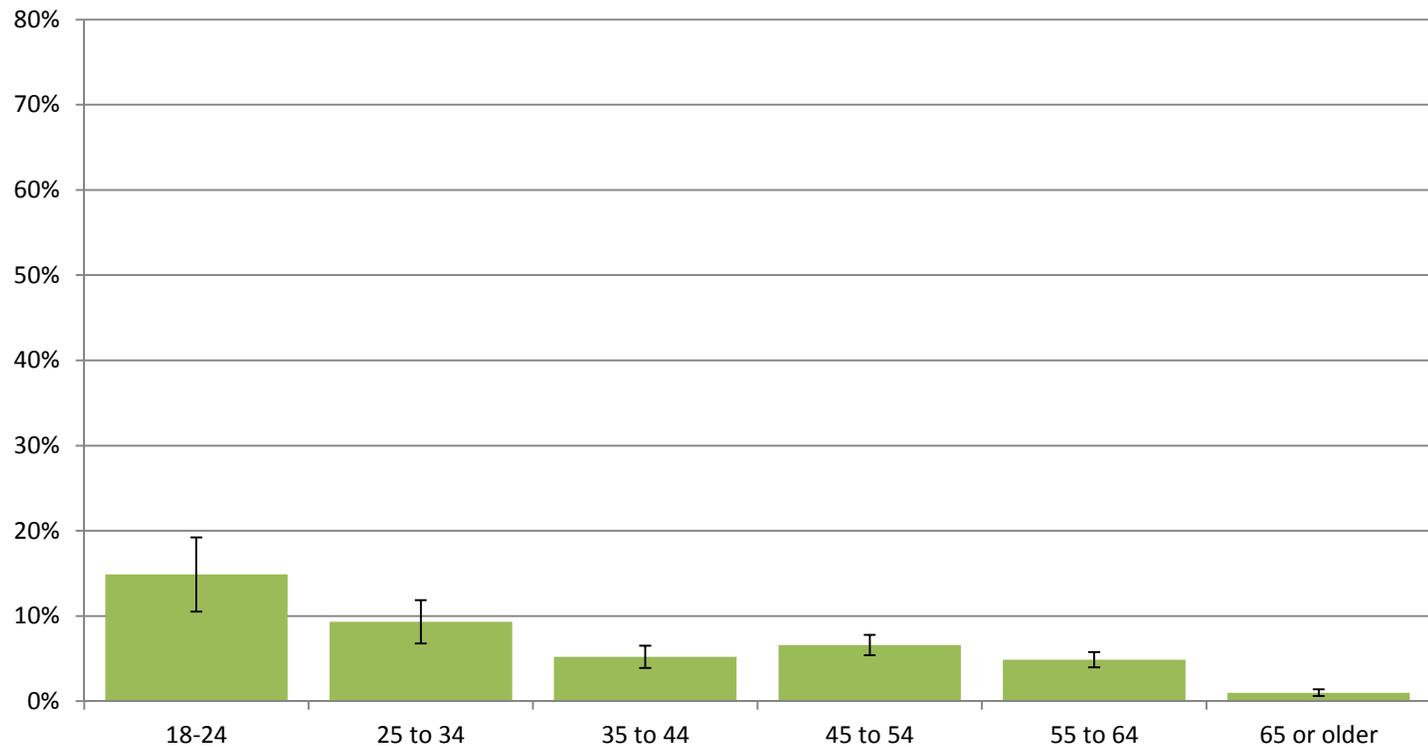


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# Marijuana Rates: By Adult Age Group

Used marijuana in past 30 days, by adult age group



Source: Behavioral Risk Factors Surveillance System (BRFSS), 2010.

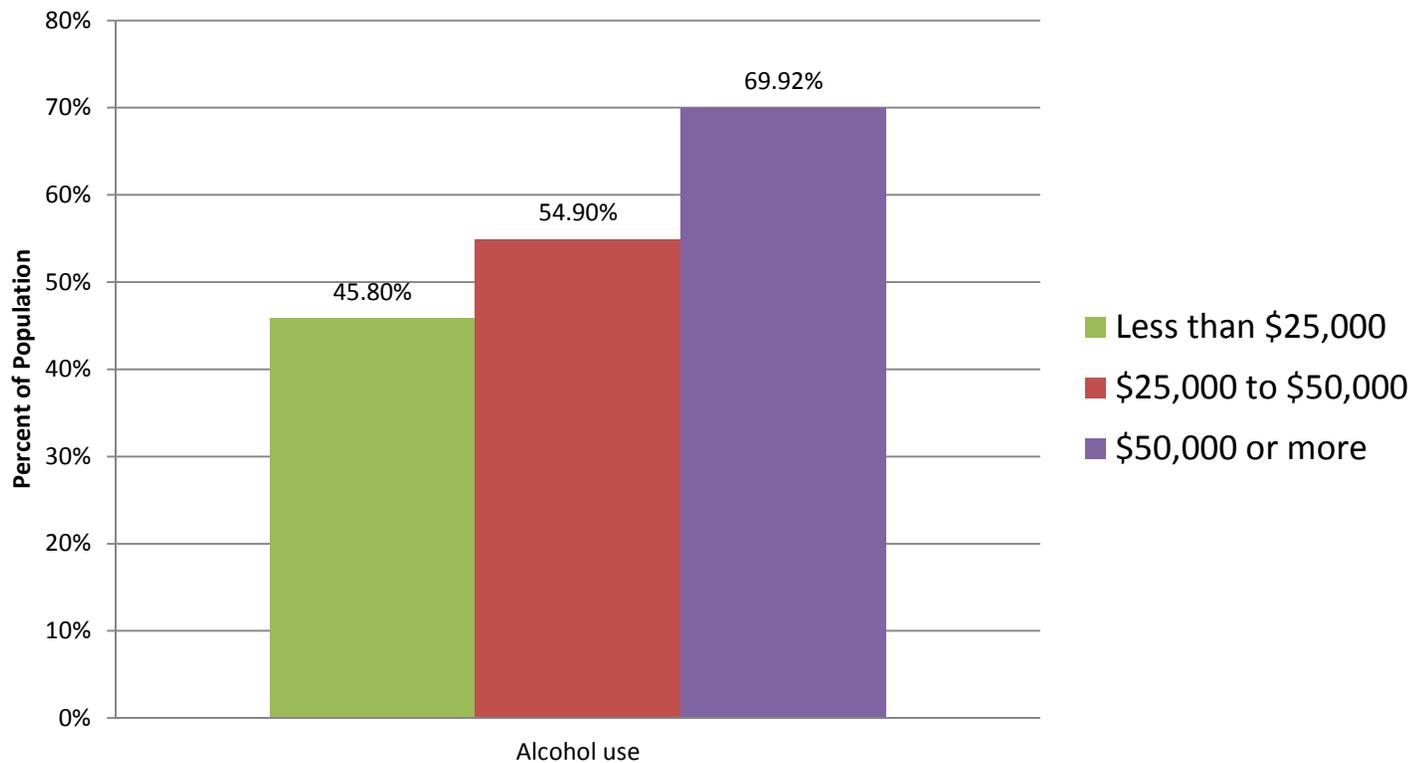


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# Alcohol Rates: By Income Group

## Used alcohol during past 30 days



Source: Behavioral Risk Factors Surveillance System (BRFSS)



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# Trends

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Trends data give us information about the changes in substance use, over time. For example:

- Is the rate of alcohol use going up or going down?
- Is the rate of prescription drug abuse increasing or decreasing?

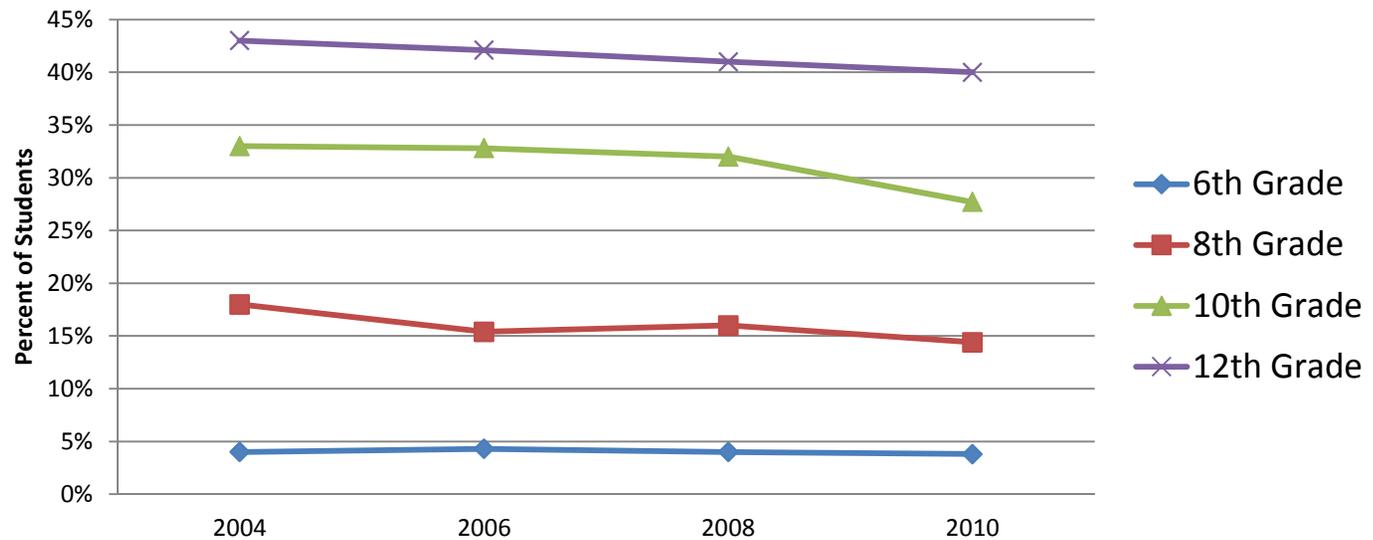


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# Alcohol Trends: By Youth Age Groups

Had alcohol during past 30 days (Youth)



	2004	2006	2008	2010
<b>6th Grade</b>	4%+/-1	4%+/-1	4%+/-1	4%+/-0
<b>8th Grade</b>	18%+/-2	15%+/-2	16%+/-2	14%+/-1
<b>10th Grade</b>	33%+/-2	33%+/-2	32%+/-2	28%+/-2
<b>12th Grade</b>	43%+/-2	42%+/-2	41%+/-3	40%+/-2

Source: Healthy Youth Survey

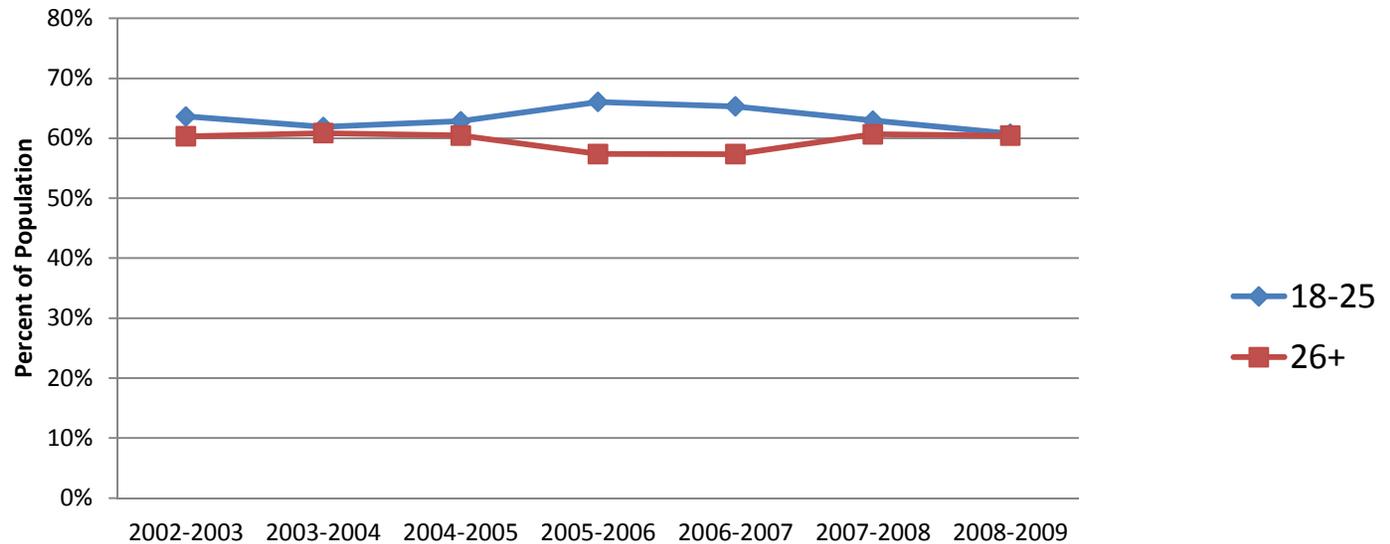


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# Alcohol Trends: By Adult Age Group

## Had alcohol in the past month (Adults)



Source: National Survey on Drug Use and Health

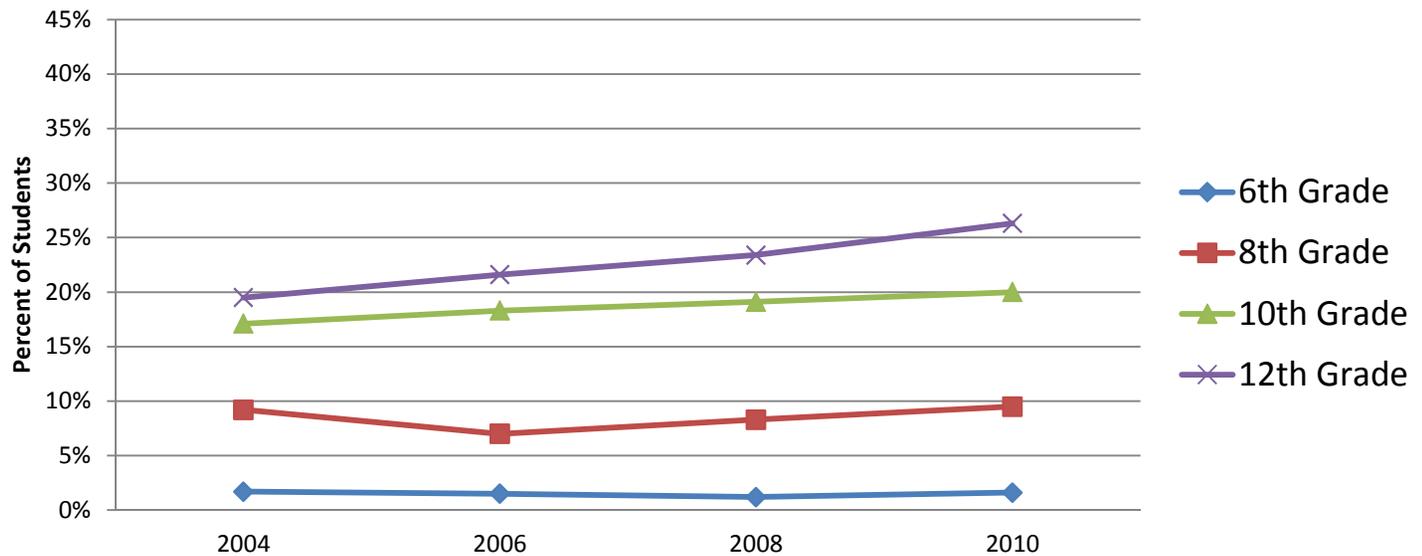


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# Marijuana Trends: By Youth Age Groups

Used marijuana during past 30 days (Youth)



	2004	2006	2008	2010
<b>6th Grade</b>	1.7%+/-0.4	1.5%+/-0.4	1.2%+/-0.3	1.6%+/-0.4
<b>8th Grade</b>	9.2%+/-1.2	7.0%+/-1.2	8.3%+/-1.1	9.5%+/-1.1
<b>10th Grade</b>	17.1%+/-1.4	18.3%+/-1.4	19.1%+/-1.2	20.0%+/-1.8
<b>12th Grade</b>	19.5%+/-2.2	21.6%+/-2.0	23.4%+/-2.3	26.3%+/-2.0

Source: Healthy Youth Survey

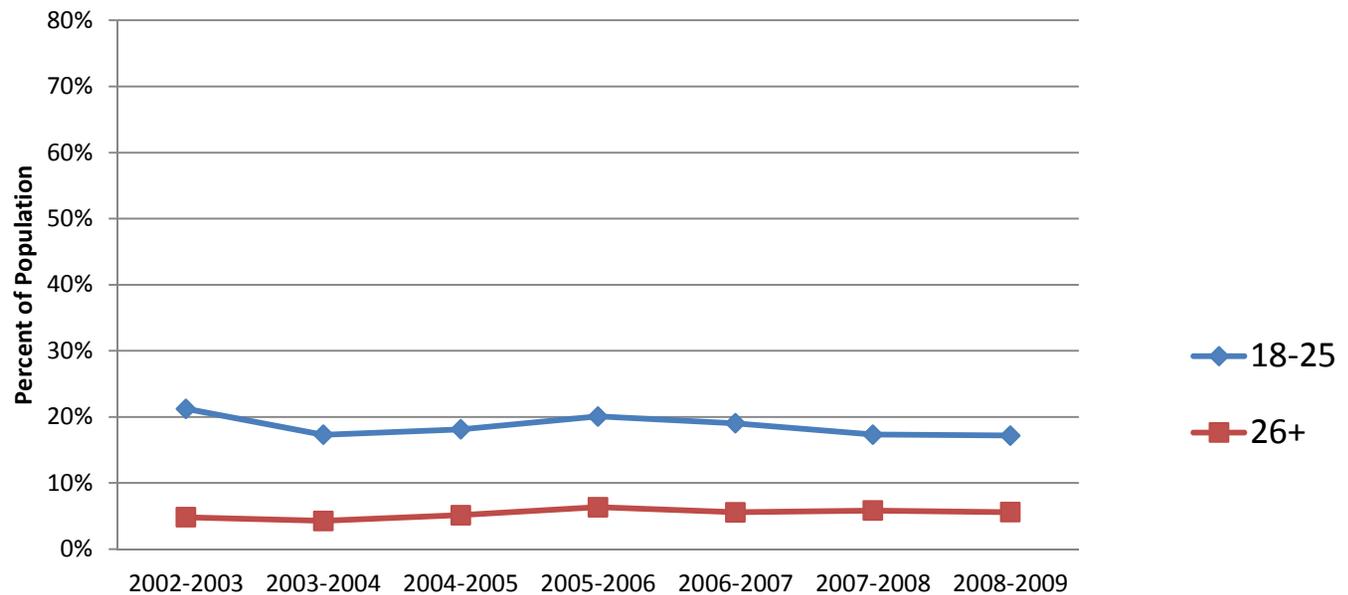


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# Marijuana Trends: By Adult Age Group

## Used marijuana in the past month (Adults)



Source: National Survey on Drug Use and Health



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# Mental Health Indicators

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- Serious mental illness
- Serious psychological distress
- Major depressive episodes and symptoms of depression
- Suicidal ideation

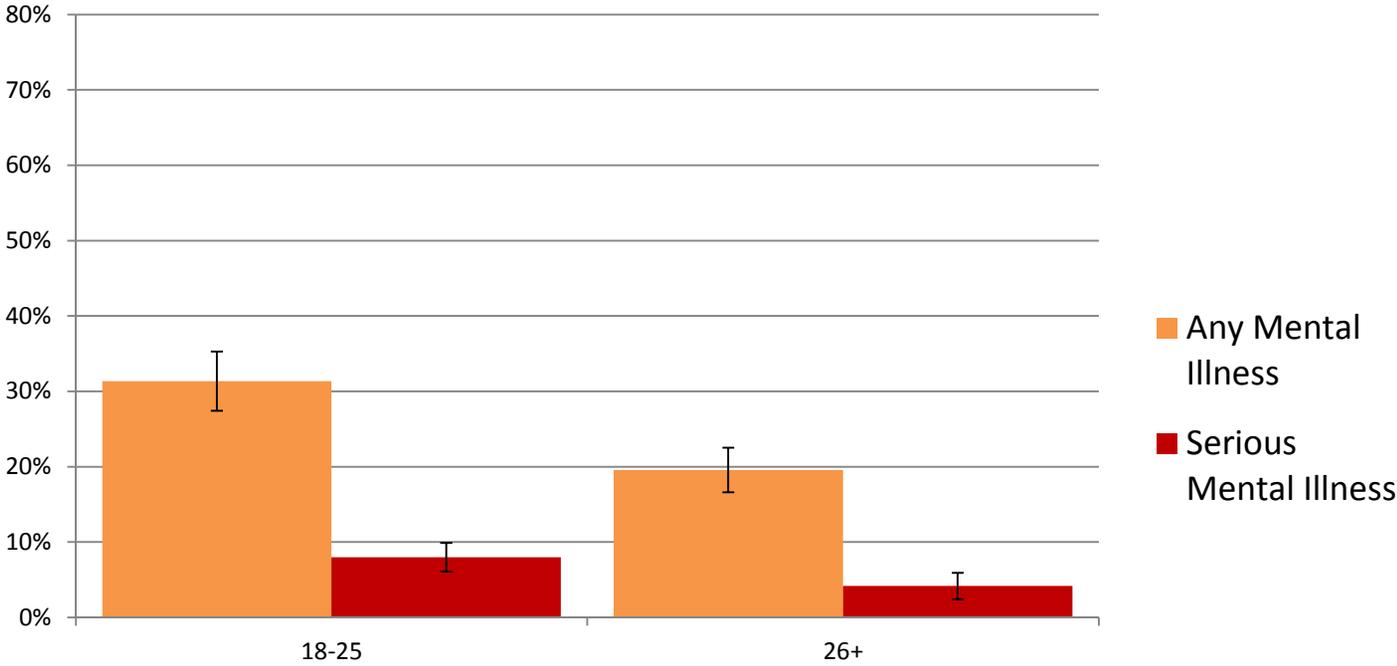


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# Mental Illness Rates: by Adult Age Group

Mental illness in past year, by adult Age Group



Source: National Survey on Drug Use and Health, 2008/2009  
Notes: Any mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a substance use disorder, that met the criteria found in DSM-IV. Serious mental illness is defined as having a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment.

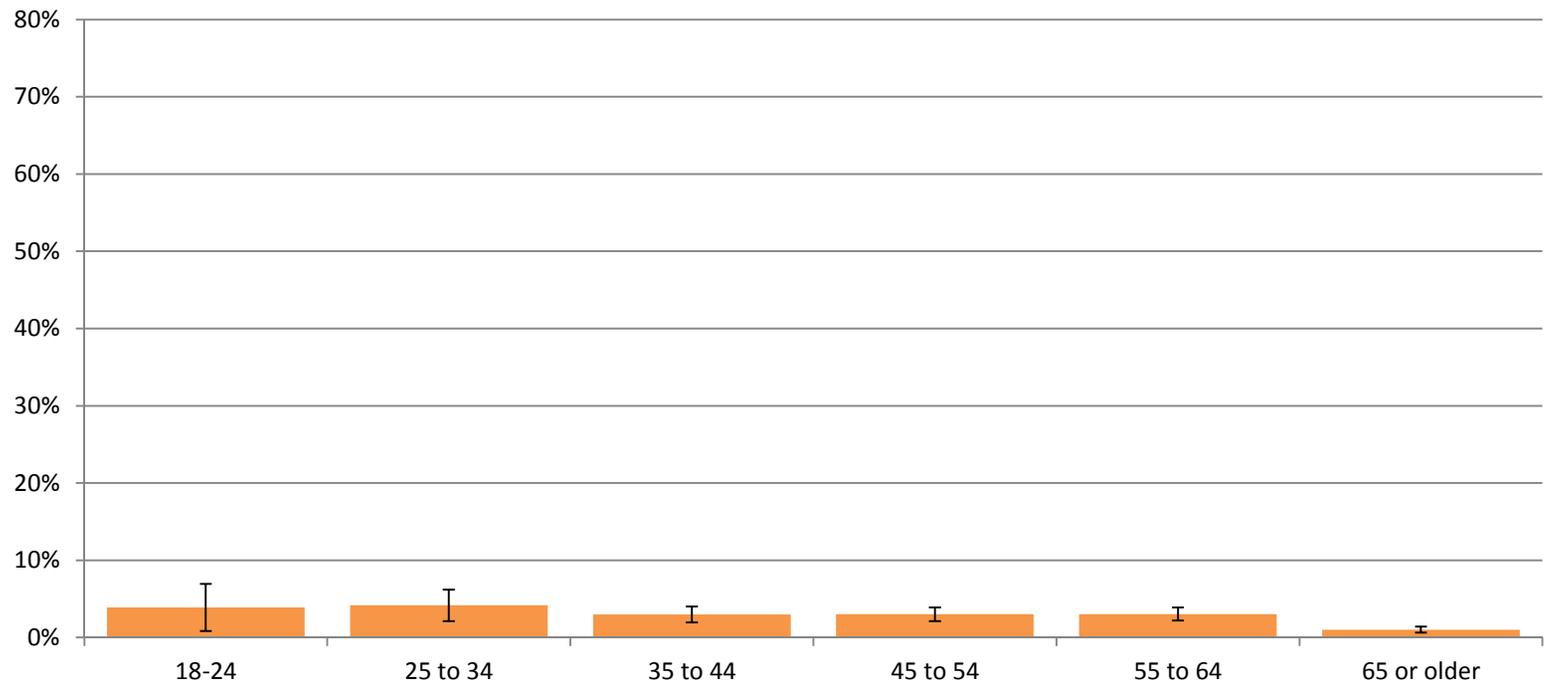


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# Serious Psychological Distress Rates: by Adult Age Group

Past month Serious Psychological Distress, by Adult Age Group



Source: Behavioral Risk Factors Surveillance System (BRFSS), 2010. SPD is defined as a score  $\geq 13$  on Kessler-6 distress scale.

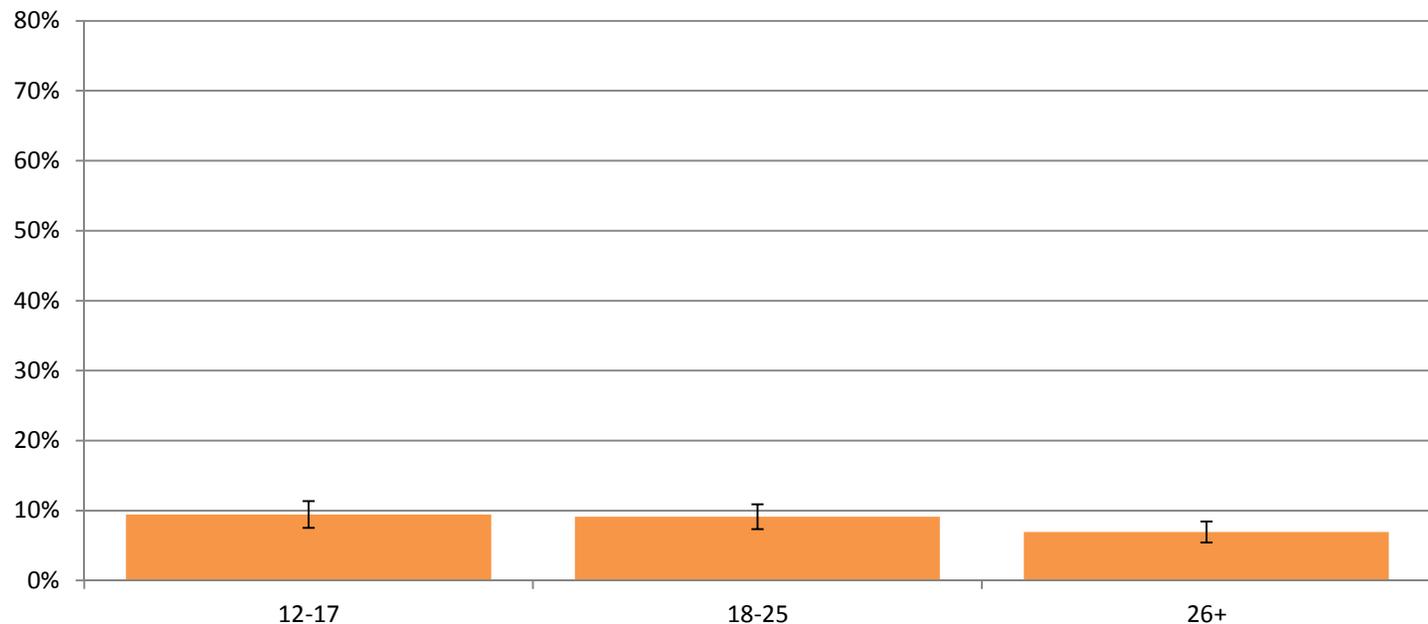


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# Major Depressive Episode Rates: by Age Group

Had at least one major depressive episode in the past year, by age group



Source: National Survey on Drug Use and Health, 2008/2009

Note: Major depressive episode is defined as in DSM-IV, which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.

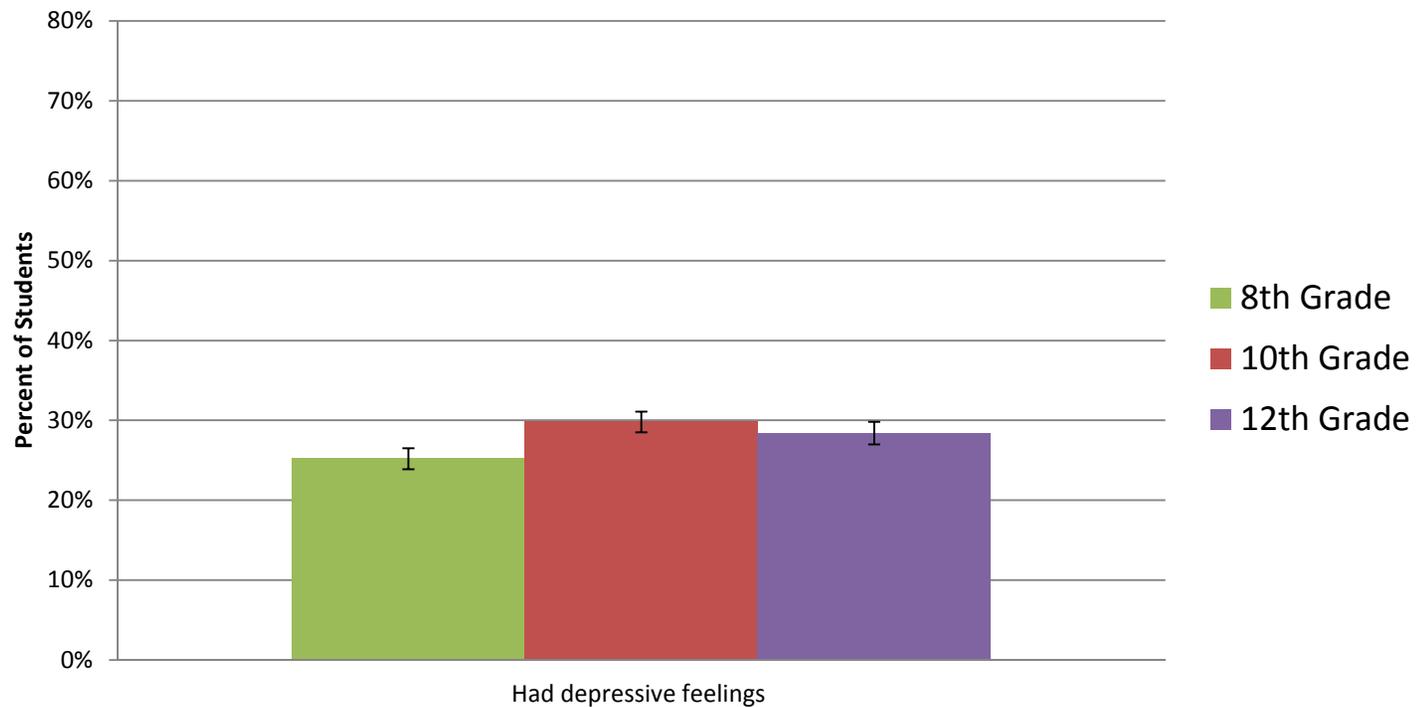


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# Depressive Symptom Rates: by Youth Age Group

Had symptoms of depression during past 12 months, by youth age group



Source: Washington Healthy Youth Survey, 2010

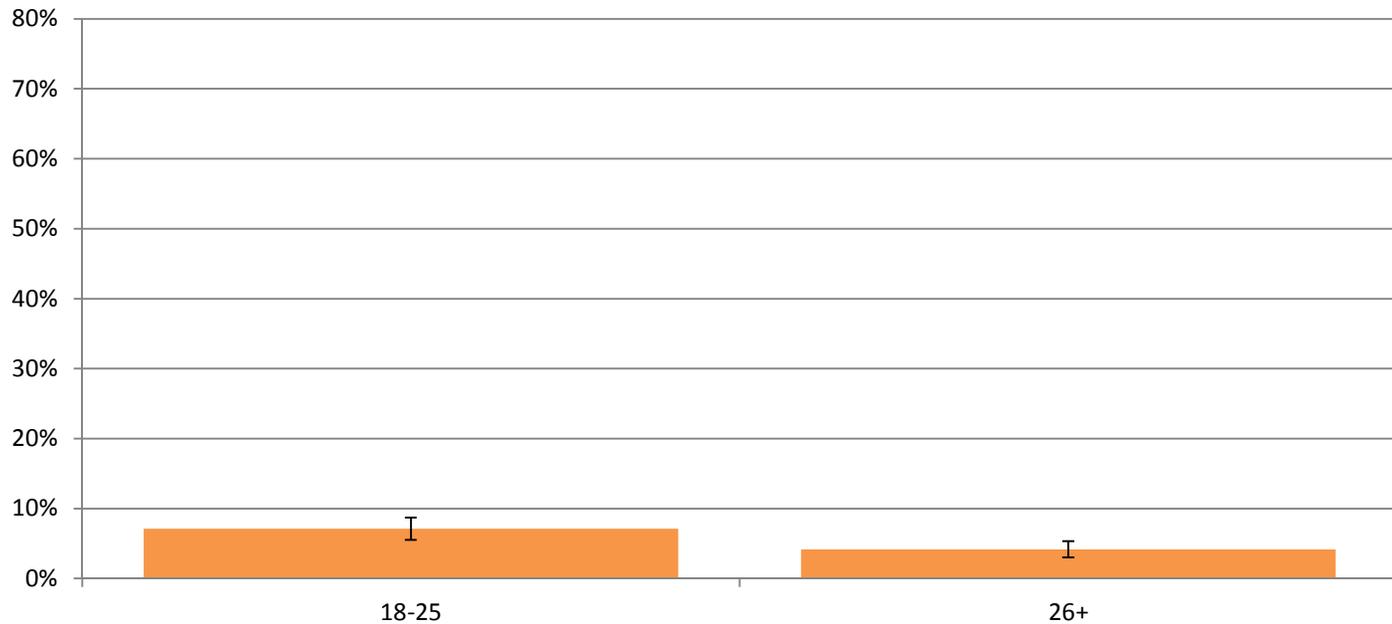


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# Suicidal Ideation Rates: by Adult Age Group

Had serious thoughts of suicide in past year, by adult age group



Source: National Survey on Drug Use and Health, 2008/2009

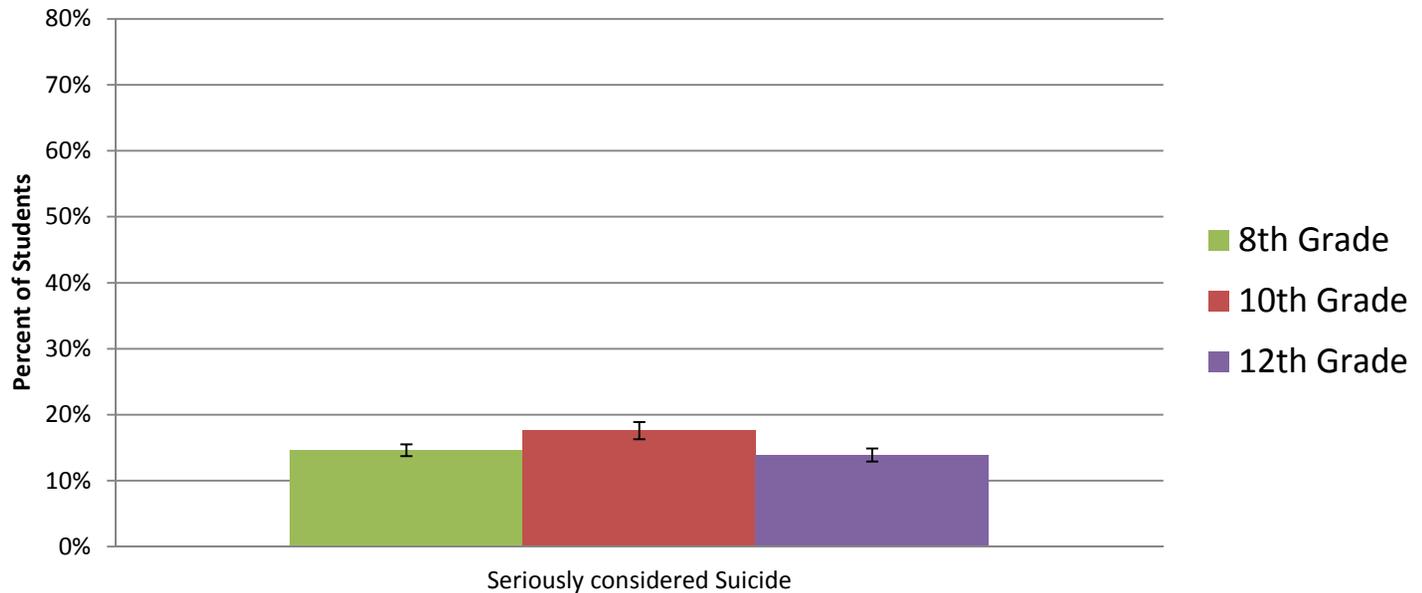


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# Suicidal Ideation Rates: by Youth Age Group

**Seriously considered suicide in past 12 months, by youth age group**



Source: Washington Healthy Youth Survey, 2010



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# Social and Economic Impacts

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- Economic costs are varied:
  - Treatment, medical consequences, lost earnings, accidents, criminal justice
- Broad social impacts
  - School-related consequences
  - Drinking and driving
  - Substance use during pregnancy
  - Adverse Childhood Experiences
  - Deaths

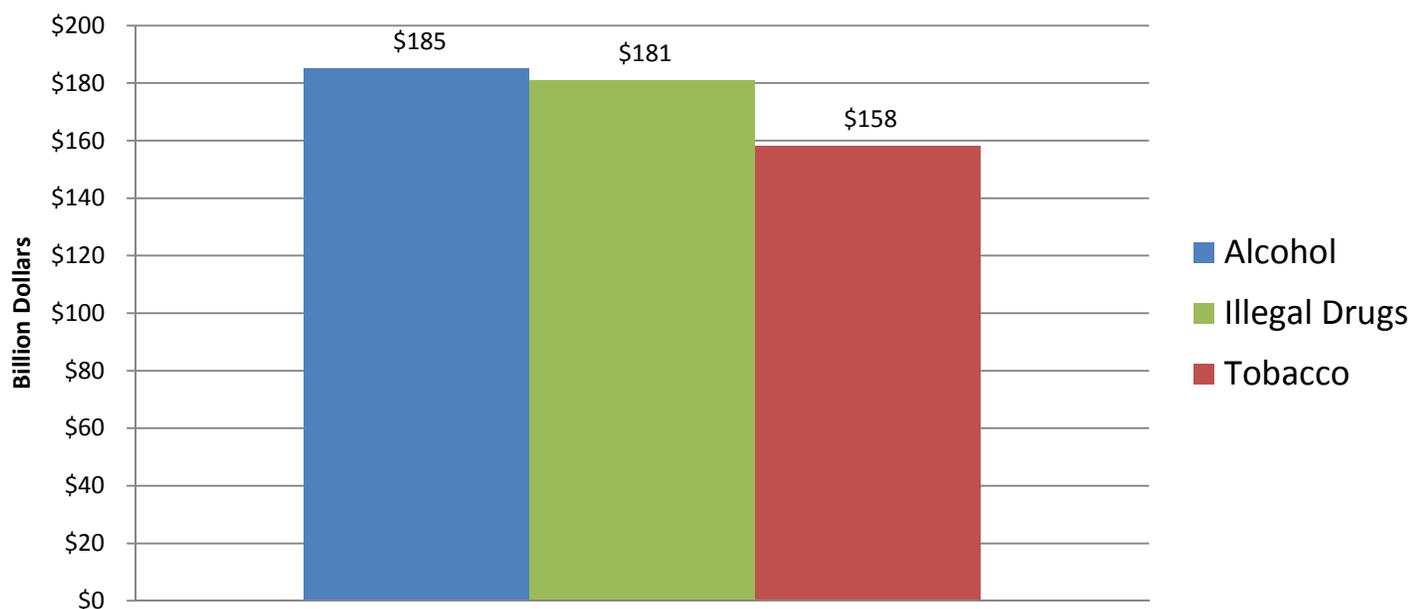


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# Economic Impacts: National Estimates

## Estimated Annual Economic Cost to Society: United States



Source: Surgeon General's Report, 2004; ONDCP, 2004; Harwood, 2000, quoted in NIDA (2008). *Addiction Science: From Molecules to Managed Care*. <http://www.drugabuse.gov/publications/addiction-science>  
Note: Economic costs include specialty treatment, medical consequences, lost earnings, and other costs such as accidents and criminal justice.



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# School Related Consequences

## Correlation between substance use and negative consequences (Odds Ratio)

	Alcohol	Marijuana	Pain Killer*	Tobacco
Depressive Feelings	2.3	2.0	3.1	2.3
Drunk or high at school	12.6	24.7	22.3	14.0
Riding with driver who had alcohol	6.0	4.8	7.3	4.9
Skipping school	3.5	4.1	5.0	4.1

Source: 2010 HYS.

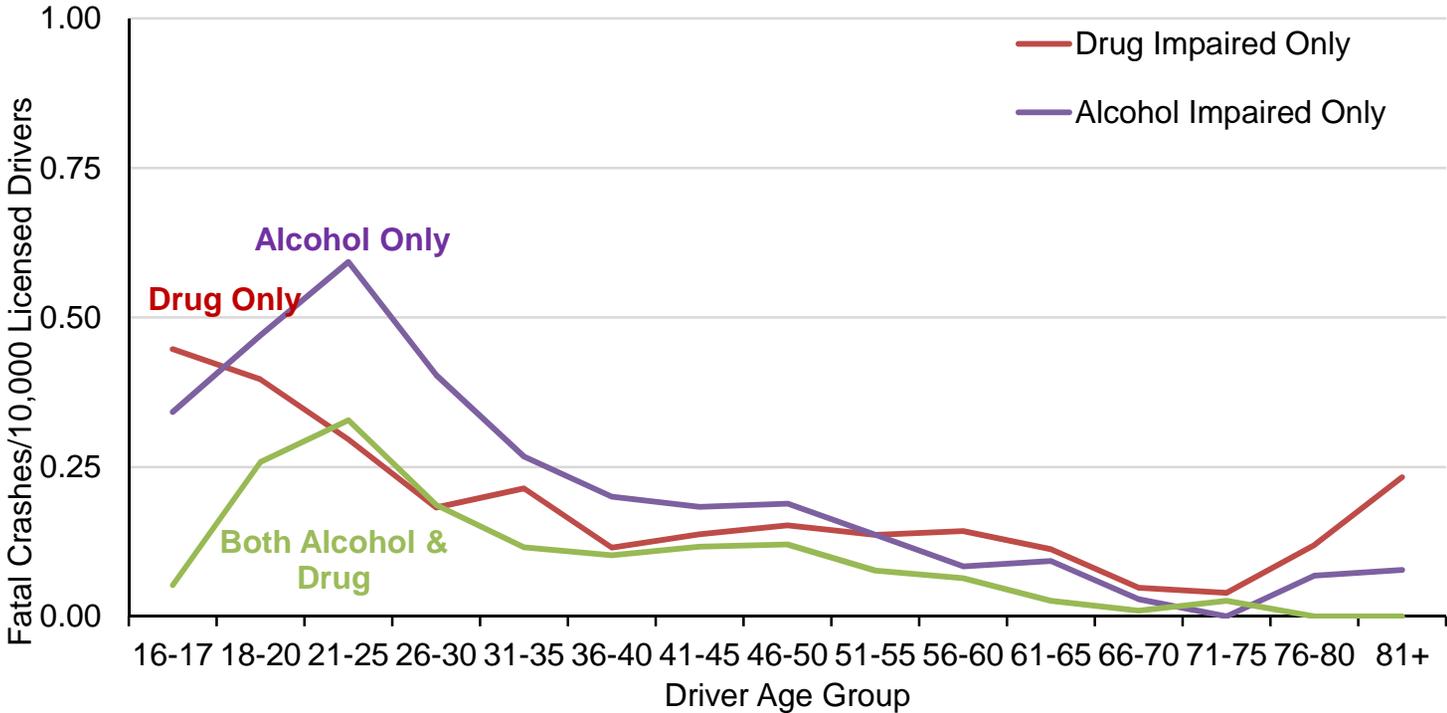
\* Used pain killers to get high



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# Fatal Crashes



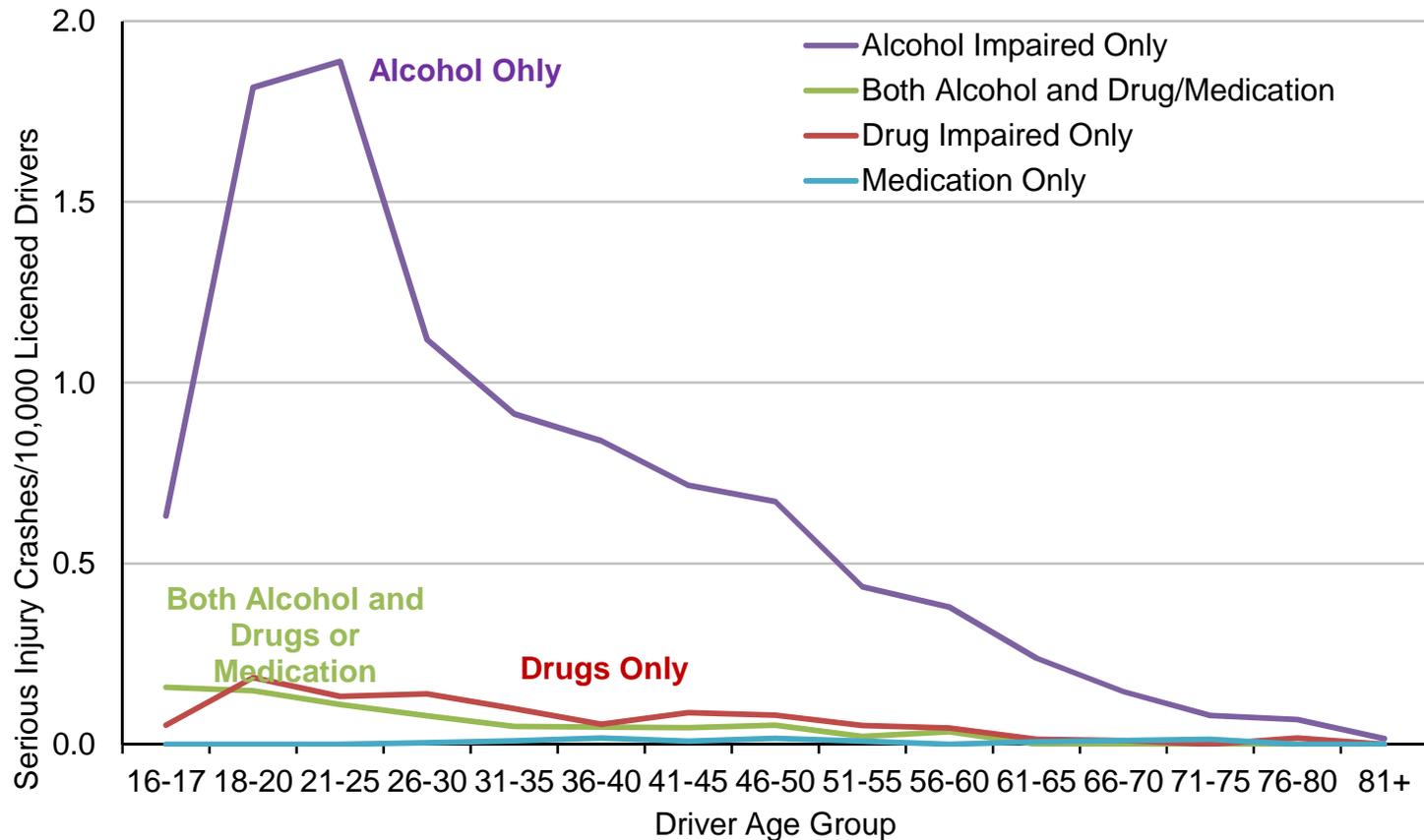
Data source: Fatality Analysis Reporting System (FARS) (1/12/2011)



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# Serious Injury Crashes



Data source: WSDOT (12/15/2010)

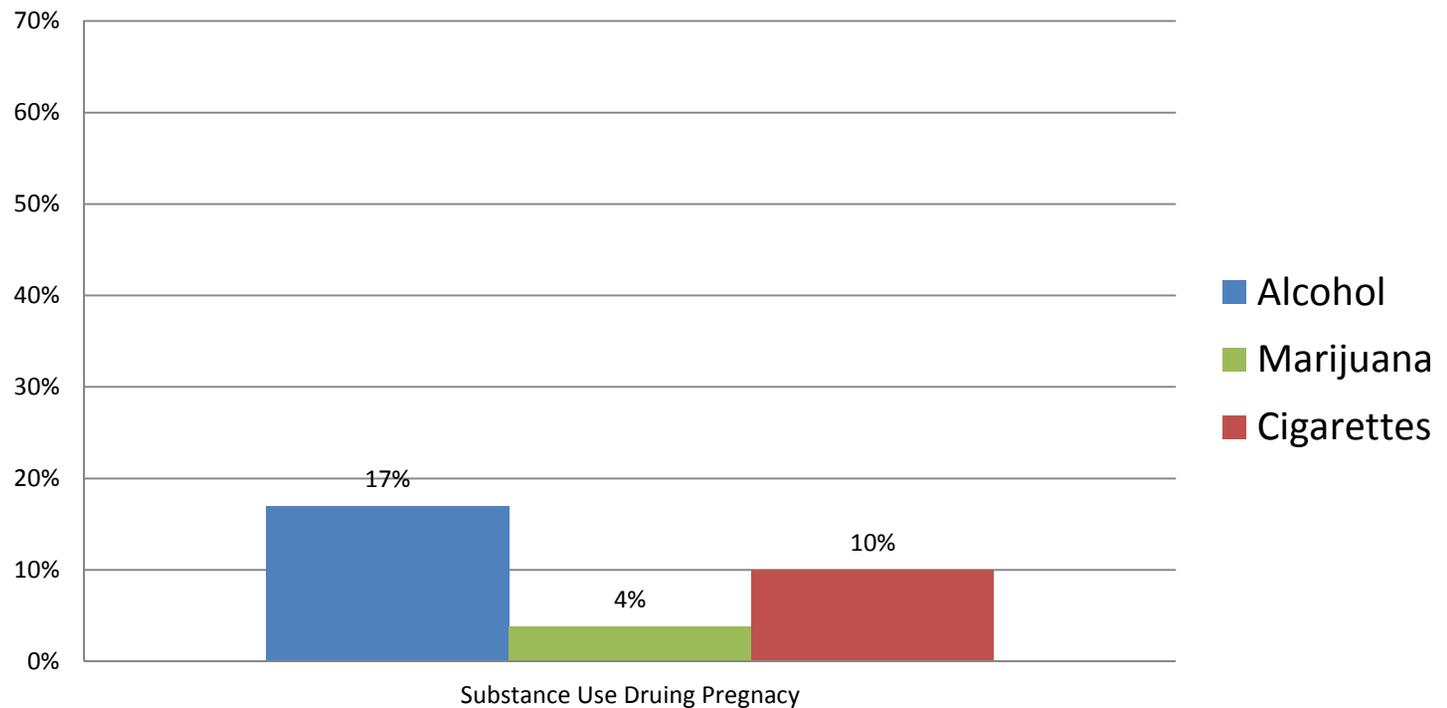


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# Substance Use During Pregnancy

Percentage of Pregnant Women who Reported Substance Use



Source: Behavioral Risk Factors Surveillance System (BRFSS), 2010

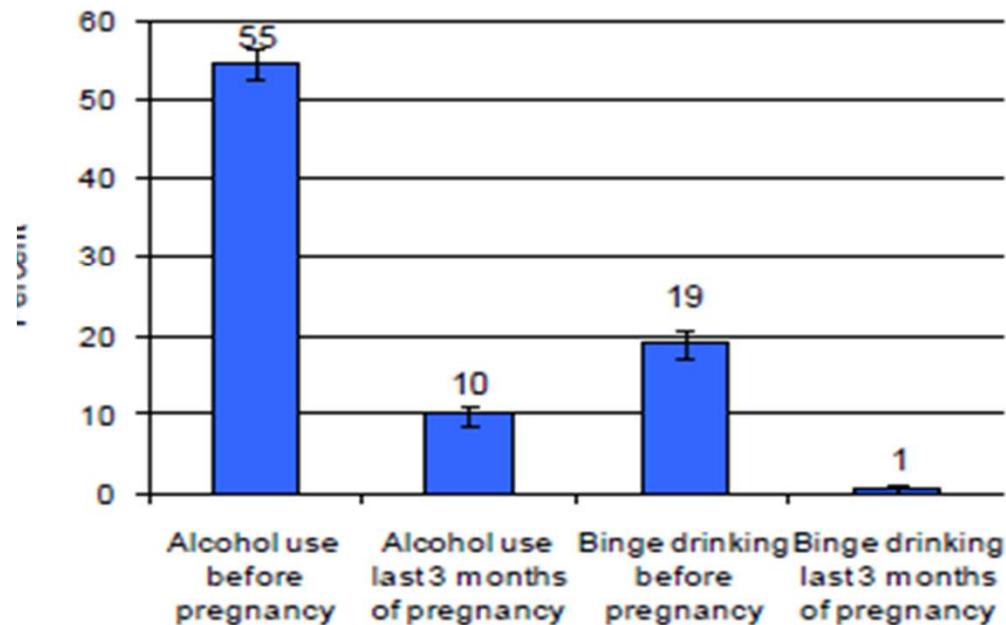


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# Alcohol Use During Pregnancy

Alcohol Use Before and During Pregnancy  
WA PRAMS, 2006-2008



Source: Pregnancy Risk Assessment Monitoring System (PRAMS). Alcohol Use Before and During Pregnancy.  
<http://www.doh.wa.gov/cfh/assessment/docs/datareport/alcusepreg.pdf>



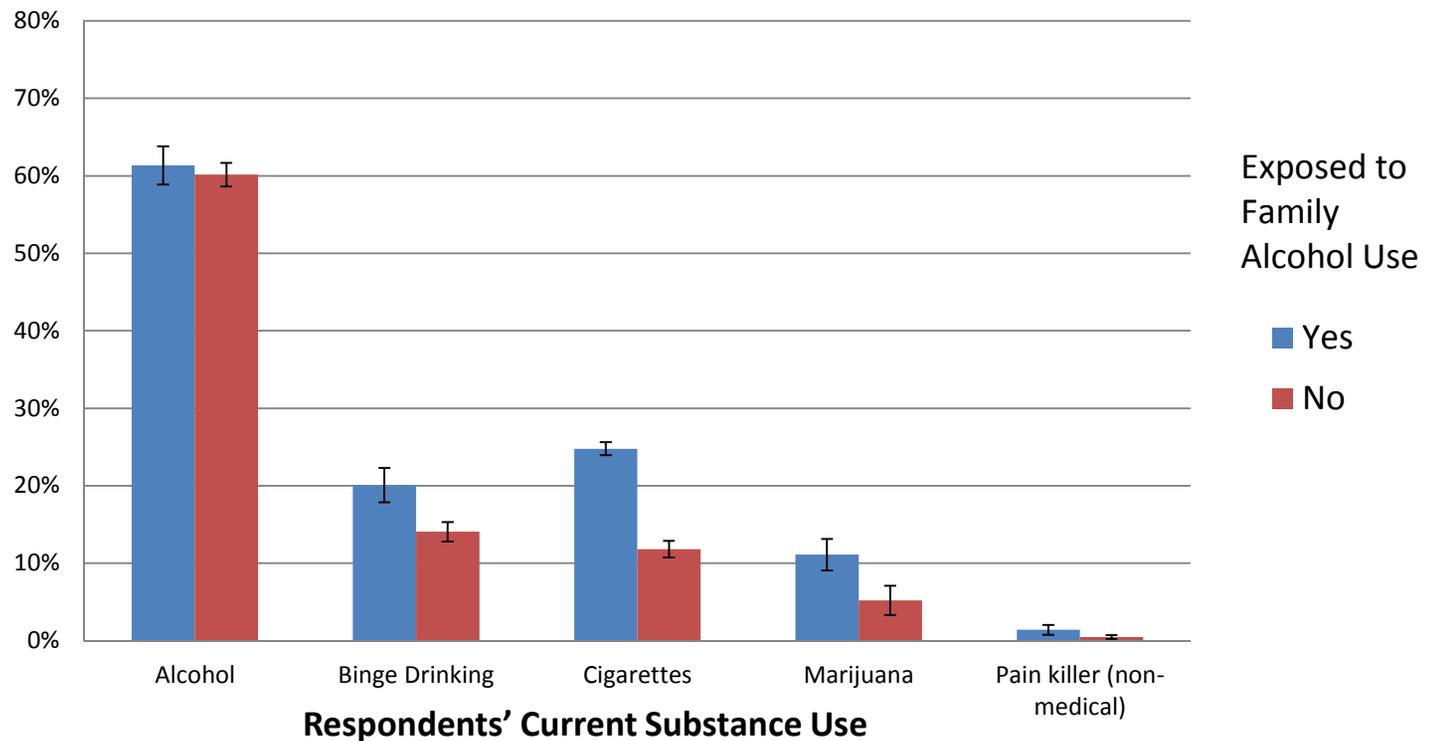
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# Adverse Childhood Experiences

## Family Alcohol Use:

Did you live with anyone who was a problem drinker/alcoholic



Source: Behavioral Risk Factors Surveillance System (BRFSS), 2010



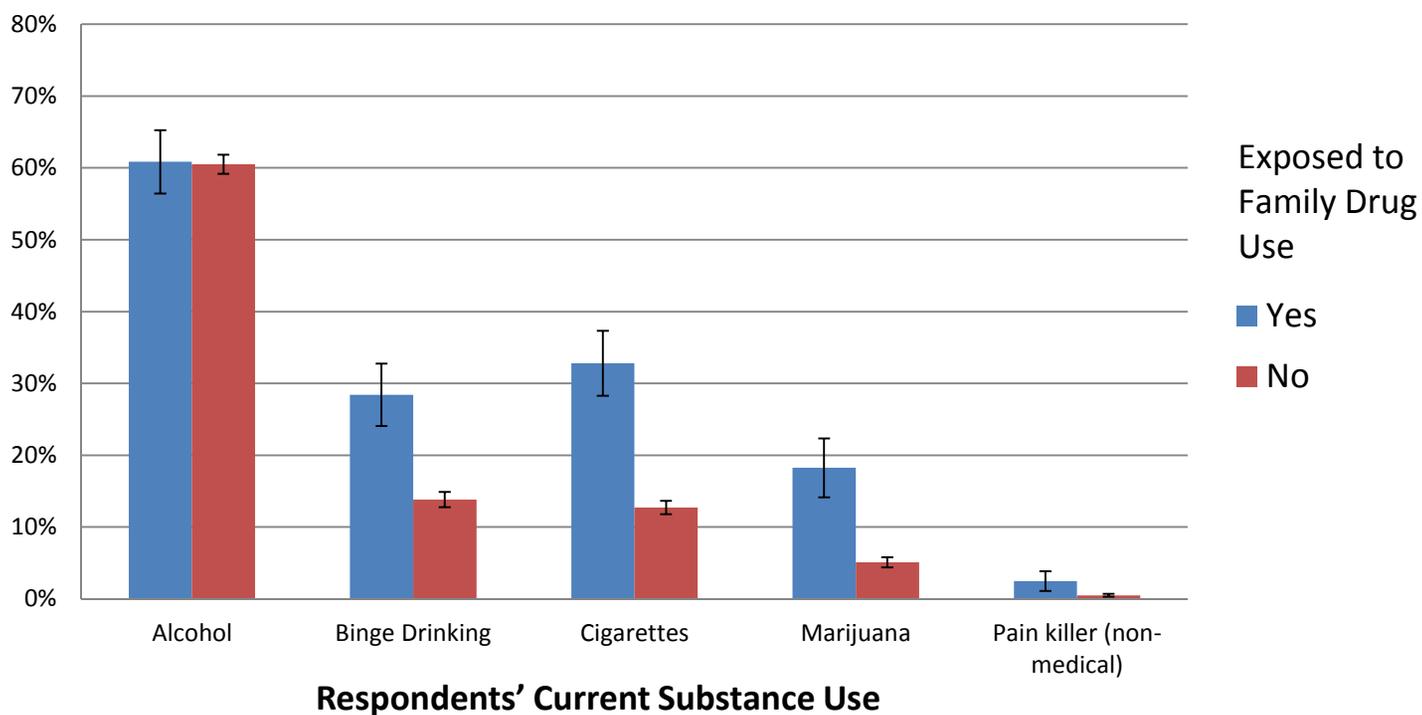
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# Adverse Childhood Experiences

## Family Drug Use

Did you live with anyone who used illegal street drugs or who abused prescription medications



Source: Behavioral Risk Factors Surveillance System (BRFSS), 2010



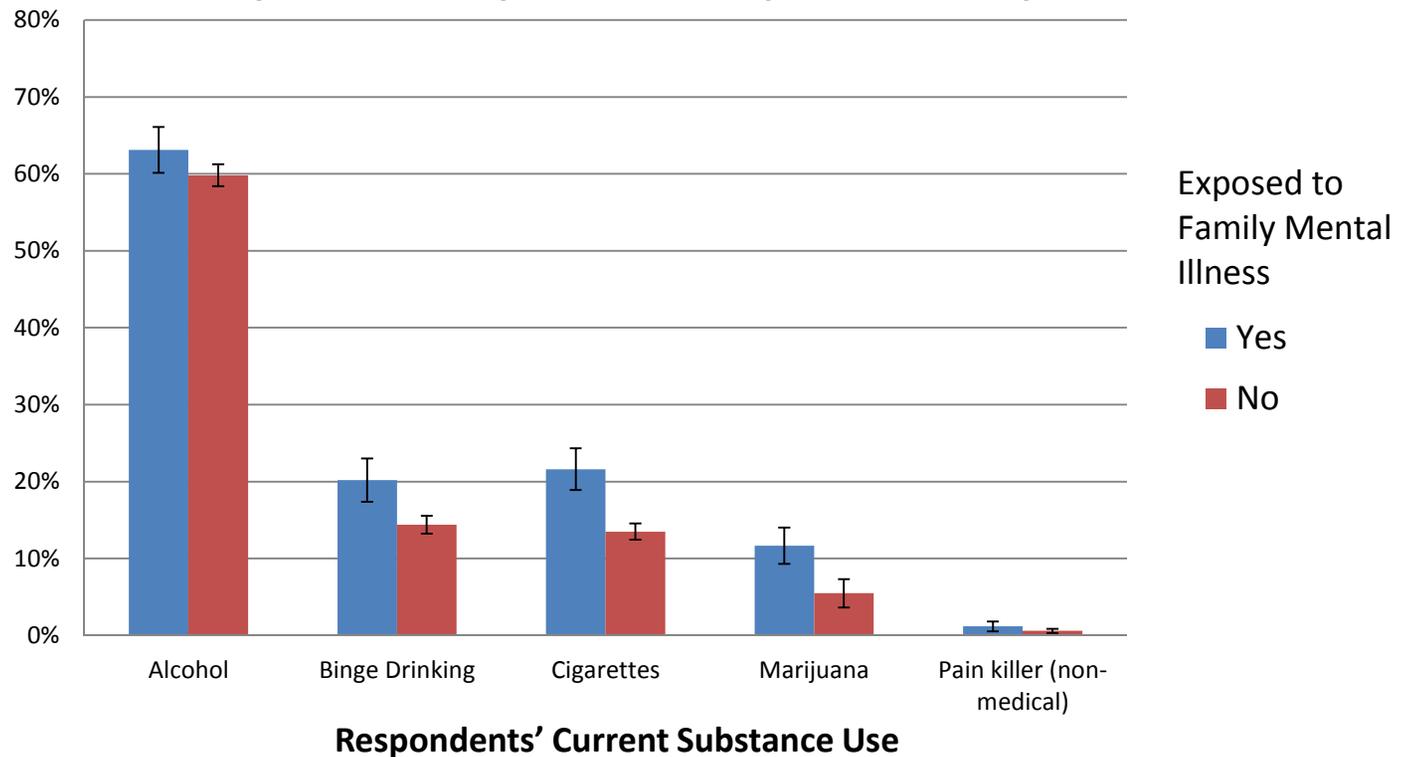
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# Adverse Childhood Experiences

## Family Mental Illness:

Did you live with anyone who was depressed, mentally ill, or suicidal?



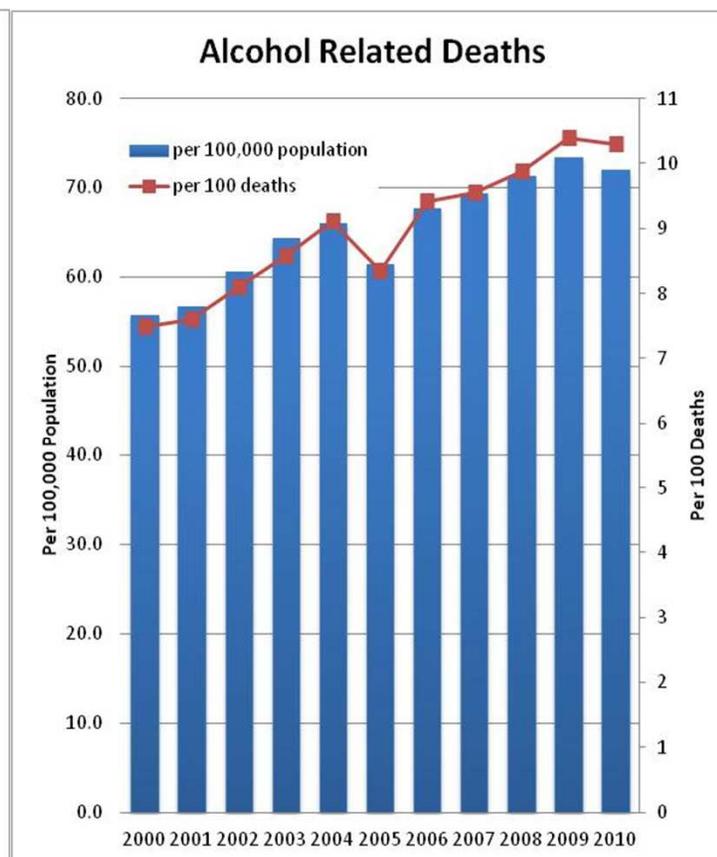
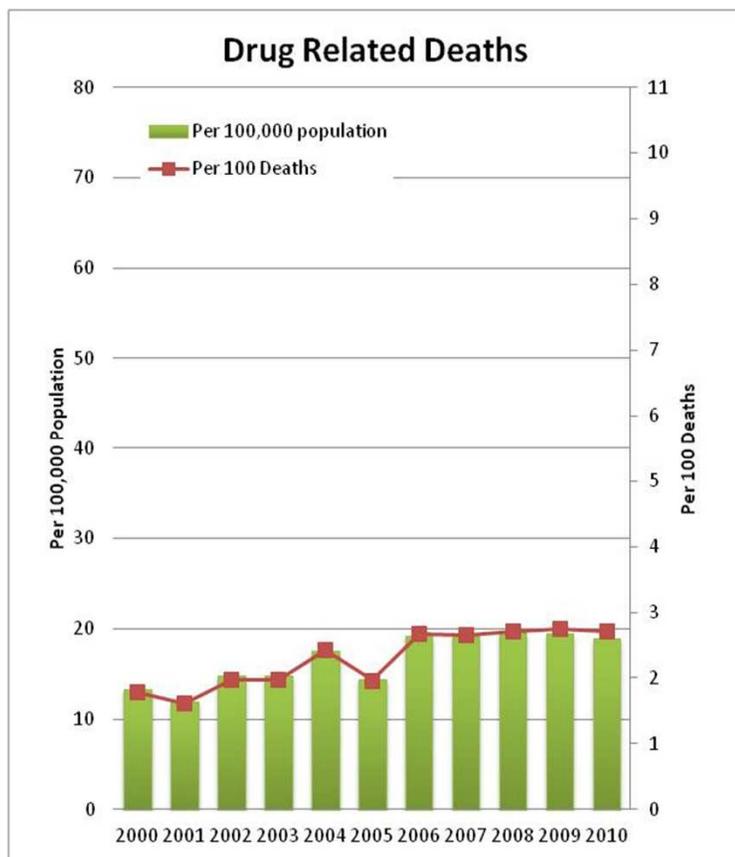
Source: Behavioral Risk Factors Surveillance System (BRFSS), 2010



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# Alcohol or Drug Related Deaths



Source: Department of Health, Center for Health Statistics, Death Certificate Data File

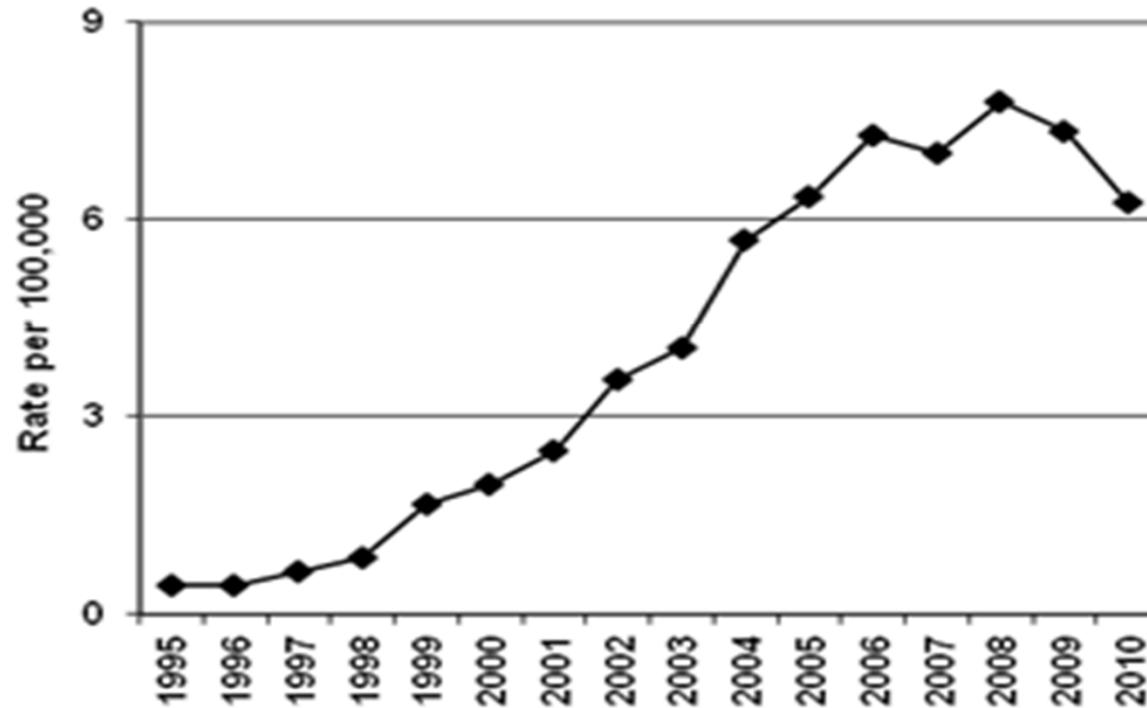


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# Prescription Opioid Involved Deaths

Prescription Opioid Involved Overdose Deaths  
Washington State, 1995-2010



Source: Comprehensive Hospital Abstract Reporting System (CHARS)



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# Conclusions from SA Prevention/ MH Promotion Needs Assessment

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- Mental Health Needs: Less info available
  - Depression and anxiety both important
- Substance Use Prevalence:
  - Alcohol (youth: 1<sup>st</sup>, adults: 1<sup>st</sup>)
  - Marijuana (youth: 2<sup>nd</sup>, adults: 3<sup>rd</sup>)
  - Tobacco (youth: 3<sup>rd</sup>, adults: 2<sup>nd</sup>)
- Impacts:
  - Economic costs: alcohol highest
  - Deaths: alcohol worse than illicit drugs
  - Traffic injuries and fatalities: alcohol highest
  - For pregnant women: alcohol use highest



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# POLL

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**How well do these data align with your community's data?**



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# Proposed Substance Abuse Prevention Priorities based on Needs Assessment

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- Underage drinking remains the top prevention priority for youth and adults.
- Marijuana ranked second due to high prevalence among youth.
- Tobacco ranked third due to high prevalence among adults.
- Substance use prevention must focus on both youth and young adults.



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# Proposed Mental Health Promotion Priorities based on Needs Assessment

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- Depression is the top priority.
- Suicide prevention, particularly is essential.
- Mental health promotion should be focused on youth and young adults.



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# POLL

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**How much do you agree with the stated priorities for substance abuse prevention and mental health promotion?**



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# Discussion/Questions

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*Please 'raise your hand' if you would like to make a comment or have a question you would like to ask.*

*You can also type into the question box if you prefer.*



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# Thank you!

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- Thank you for participating in today's meeting.
- These presentations will be posted to the DBHR website following today's webinar.
- Following this webinar, you will receive an email which includes a link to a survey where you can submit additional comments. The survey will be open until Wednesday, Jan. 30, 2013.



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# Background Information and Sources



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# Acronyms (1)

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- ACES – Adverse childhood experiences
- BG – Block Grant
- BHAC – Behavioral Health Advisory Council
- BRFSS – Behavioral Risk Factors Surveillance System
- CHARS – Comprehensive Hospital Abstract Reporting System
- DSHS – Department of Social and Health Services
- FARS – Fatality Analysis Reporting System
- HYS – Healthy Youth Survey
- NSDUH – National Survey on Drug Use and Health



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# Acronyms (2)

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- ONDCP – Office of National Drug Control Policy
- PRAMS – Pregnancy Risk Assessment Monitoring System
- PRI – Prevention Redesign Initiative
- RDA – Research and Data Analysis
- SEOW – State Epidemiological Outcomes Workgroup
- SES – Socio-Economic Status
- SPE – State Prevention Enhancement
- WSDOT – Washington State Department of Transportation



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# Background Information

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- Source information for surveys and data
  - BRFSS
  - NSDUH
  - HYS
  - PRAMS
  - FARS
- Estimating rates of serious psychological distress, serious mental illness, and depression



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# Behavioral Risk Factors Surveillance System (BRFSS)

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- National and statewide annual telephone survey
- Collects information on health behaviors and preventive practices
- Respondents: adults 18 years and older
- Sample size (2010): approximately 20,000 in Washington State



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# National Survey on Drug Use and Health (NSDUH)

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- Nationwide annual survey conducted through computerized interviews
- Collects data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health Indicators
- Respondents: individuals 12 years and older
- Sample size: approximately 70,000 nationally



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# Health Youth Survey (HYS)

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- Statewide school survey conducted biannually
- Collects data on health risk behaviors that contribute to morbidity, mortality, and social problems among youth
- Respondents: students in the 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grade
- Sample size (2012): approximately 210,000 students



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# Pregnancy Risk Assessment Monitoring System (PRAMS)

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- National and statewide mail and telephone survey
- Collects data on new mothers' behaviors and experiences before, during, and shortly after pregnancy
- Respondents: new mothers 2 to 6 months after delivering a baby
- Sample size: approximately 1,800 surveys mailed each year in Washington with about a 76% response rate



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# Fatality Analysis Reporting System (FARS)

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- Nationwide census with data regarding fatal injuries suffered in motor vehicle traffic crashes
- Maintained by National Highway Traffic Safety Administration (NHTSA)
- Data available yearly from 1975
- Collects data on crashes involving a motor vehicle traveling on a traffic way customarily open to the public and result in the death of a person within 30 days of the crash



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# Measuring Serious Psychological Distress

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- Measured by Kessler-6 distress scale in BRFSS
- Serious psychological distress – defined as a score of 13 or more on K-6



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# Estimating Rates of Mental Illness

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- Data collected in NSDUH
- Psychological distress measured by Kessler-6 distress scale
- Functional impairment measured by the World Health Organization Disability Assessment Schedule (WHODAS) and the Sheehan Disability Scale (SDS)
- Conducted clinical interviews with a subsample to determine mental illnesses
- Rates of mental illness estimated using statistical models based on K-6, WHODAS/SDS, and parameters determined by the clinical interviews



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# Estimating Rates of Depression

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- Data collected in NSDUH
- Major depressive episode: defined as in DSM-IV - a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms
- Adult questions adapted from the National Comorbidity Survey Replication (NCS-R)
- Youth (12 to 17) questions adapted from the National Comorbidity Survey Adolescent (NCS-A)



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# Additional data

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- Additional prevention needs assessment data can be found at:  
[SPE Data Assessment Presentation - March/April 2012](#)



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