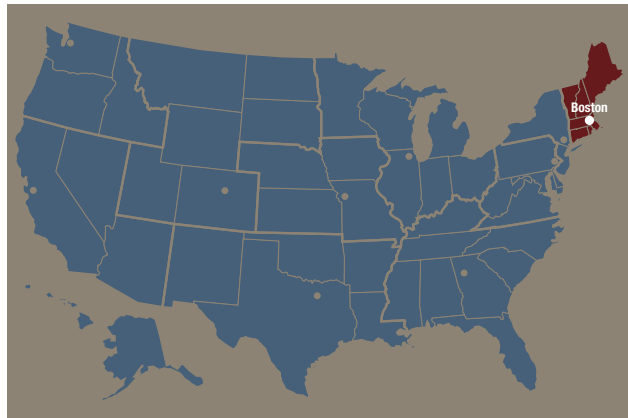




Behavioral Health Barometer

EXECUTIVE SUMMARY

Region I, 2014



Substance Abuse and Mental Health Services Administration

SAMHSA

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Acknowledgments

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Originating Office

Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Rockville, MD 20857.

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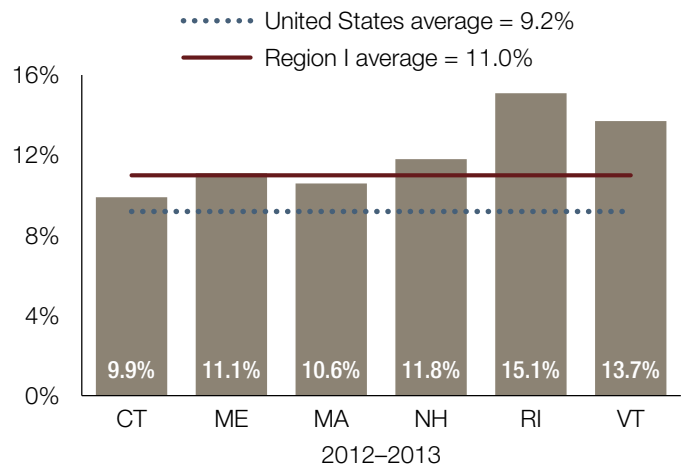
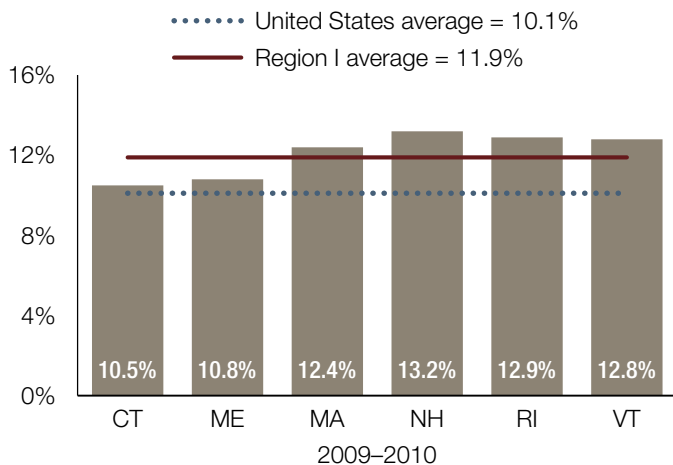
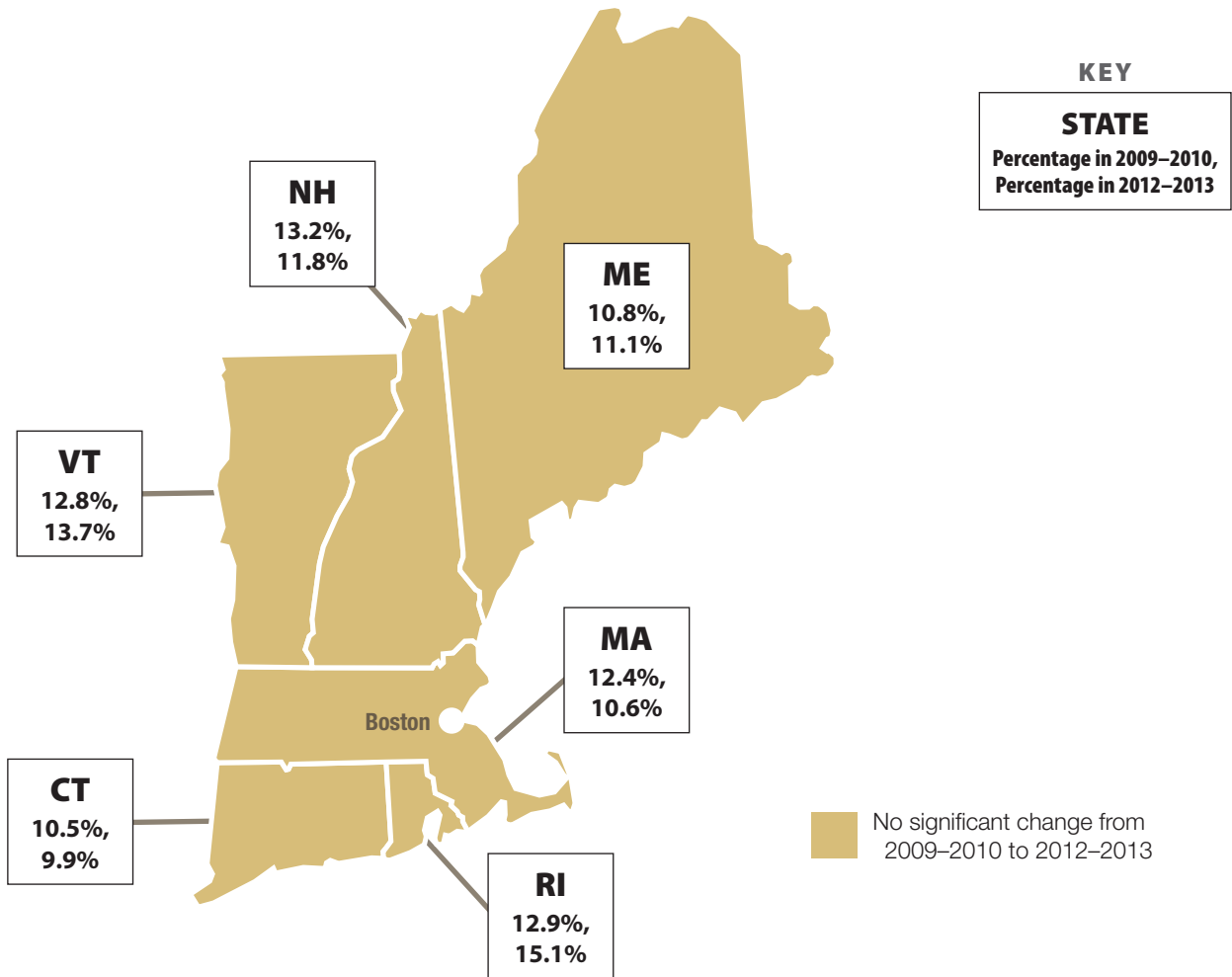
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YOUTH SUBSTANCE USE

ILLICIT DRUG USE



Past-Month Illicit Drug Use Among Adolescents Aged 12–17 in Region I (2009–2010, 2012–2013)¹



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

YOUTH SUBSTANCE USE

ILLICIT DRUG USE



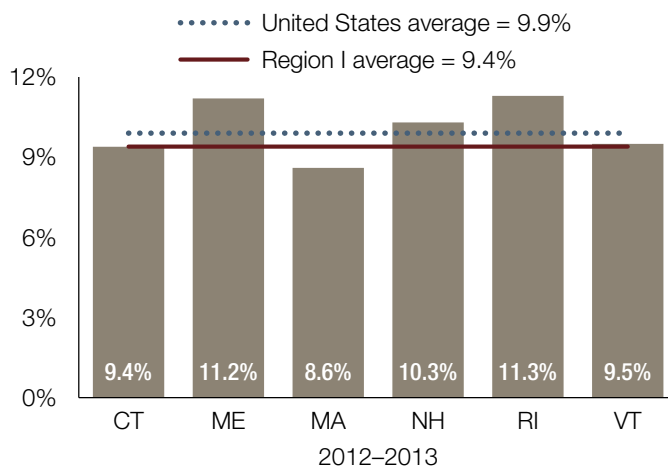
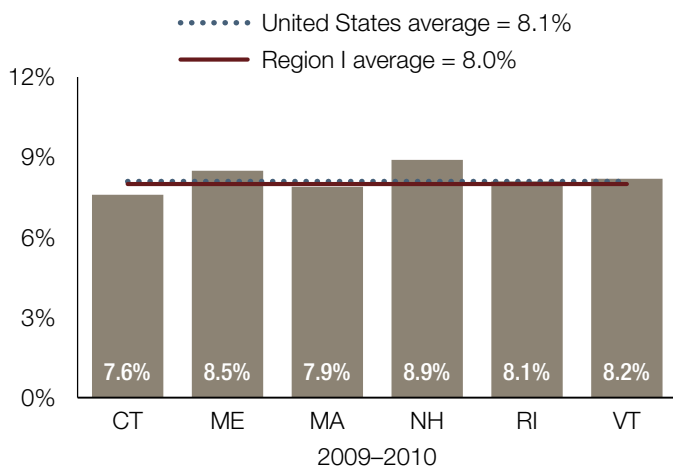
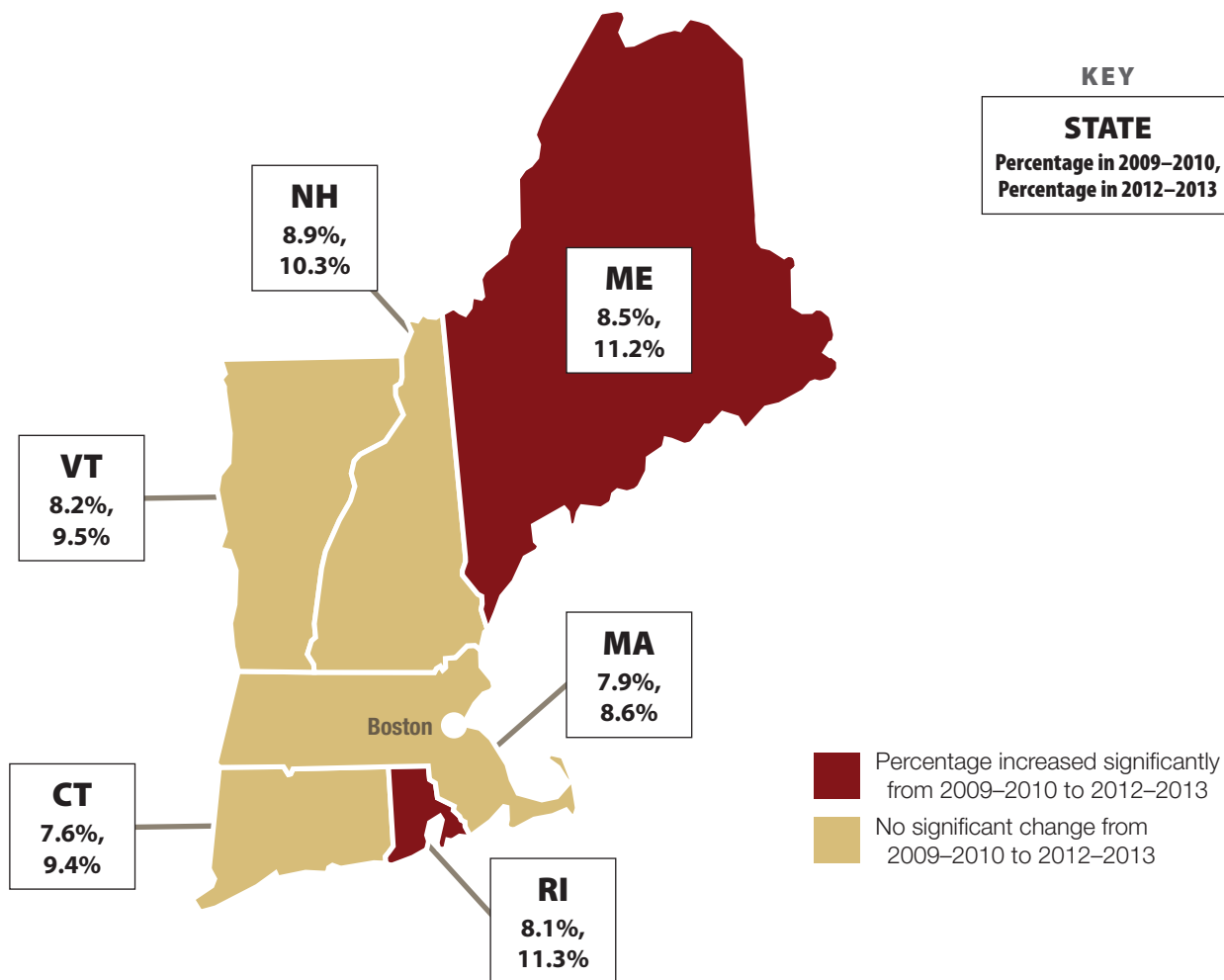
Past-Month Illicit Drug Use Among Adolescents Aged 12–17 in Region I (2009–2010, 2012–2013)¹

- In 2009–2010, 11.9% of adolescents aged 12–17 in Region I used illicit drugs within the month prior to being surveyed. The percentages of past-month illicit drug use among adolescents aged 12–17 across the states in Region I ranged from 10.5% to 13.2% during the same time period.
- In 2012–2013, 11.0% of adolescents aged 12–17 in Region I used illicit drugs within the month prior to being surveyed. The percentages of past-month illicit drug use among adolescents aged 12–17 across the states in Region I ranged from 9.9% to 15.1% during the same time period.
- For all states in Region I, there were no significant changes in the percentages of past-month illicit drug use among adolescents aged 12–17 from 2009–2010 to 2012–2013.
- In 2009–2010, the percentages of past-month illicit drug use among adolescents aged 12–17 in Massachusetts (12.4%), New Hampshire (13.2%), Rhode Island (12.9%), and Vermont (12.8%) were significantly higher than the U.S. (10.1%) average. No significant differences were observed between each of the states in Region I and the regional average (11.9%).
- In 2012–2013, the percentages of past-month illicit drug use among adolescents aged 12–17 in New Hampshire (11.8%), Rhode Island (15.1%), and Vermont (13.7%) were significantly higher than the U.S. (9.2%) average, whereas only the percentages for Rhode Island and Vermont were significantly higher than the Region I (11.0%) average.

YOUTH MENTAL HEALTH DEPRESSION



Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in Region I (2009–2010, 2012–2013)^{1,2}



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

YOUTH MENTAL HEALTH DEPRESSION



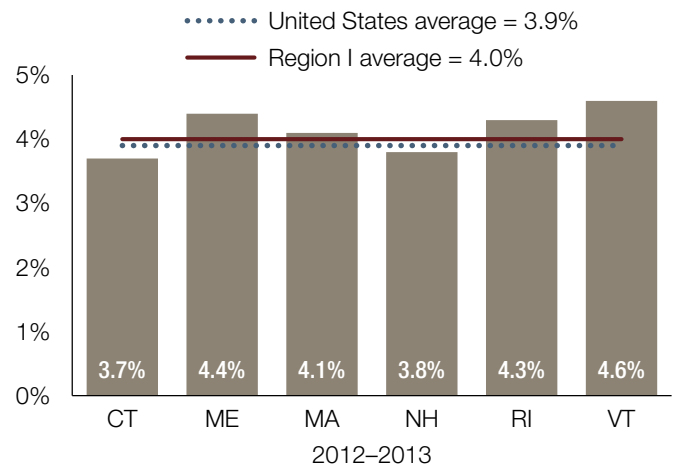
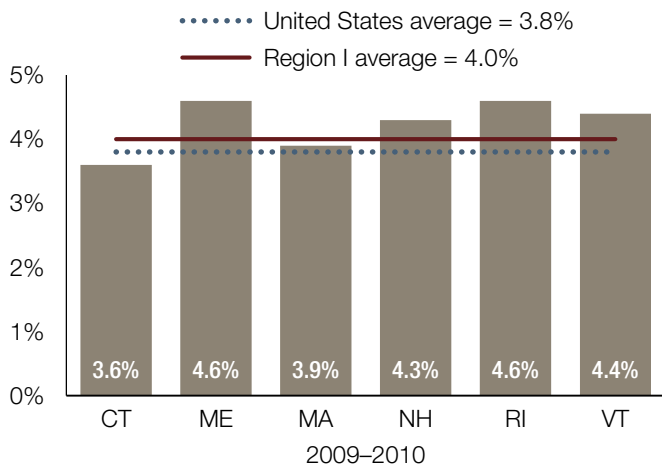
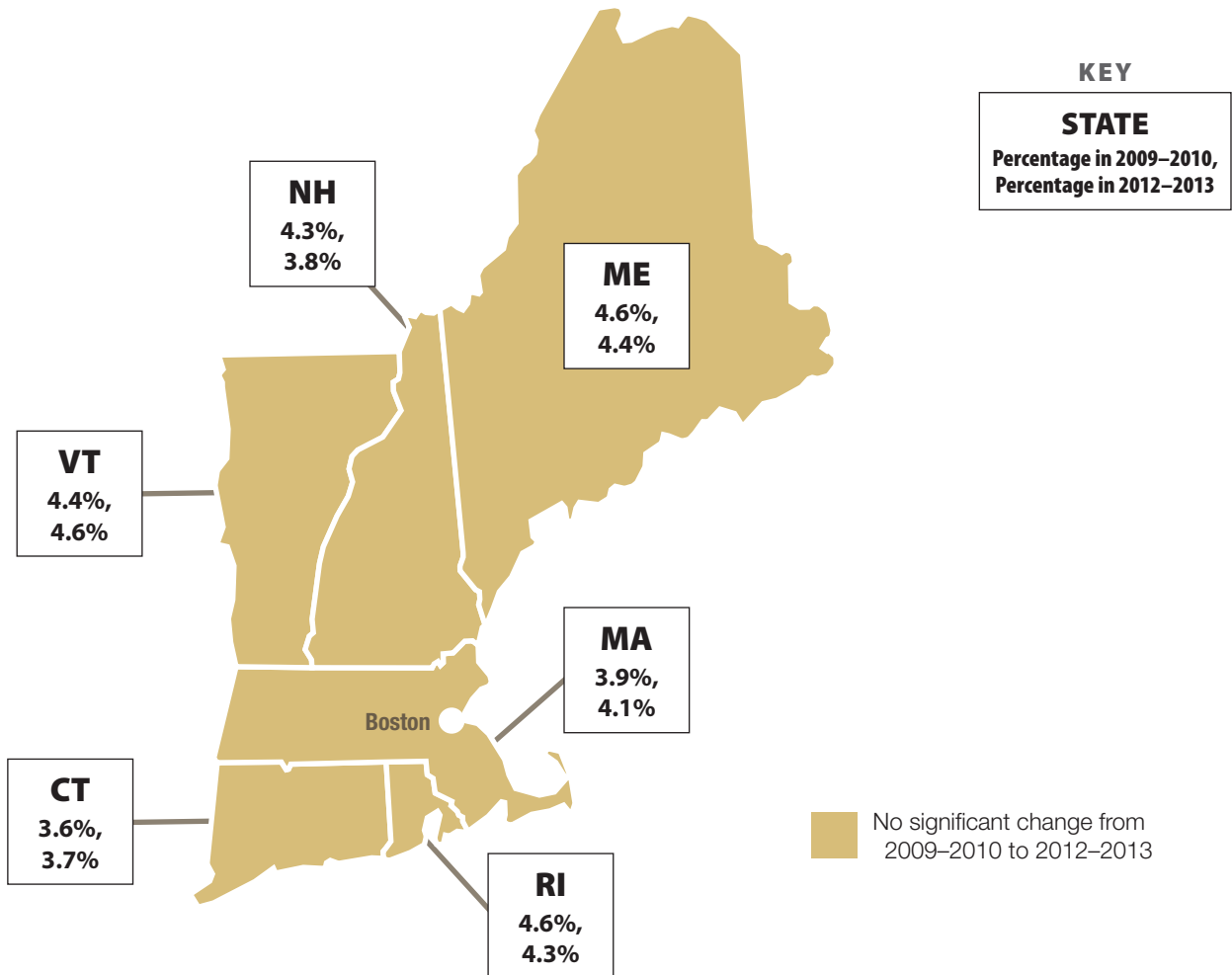
Past-Year Major Depressive Episode (MDE) Among Adolescents Aged 12–17 in Region I (2009–2010, 2012–2013)^{1,2}

- In 2009–2010, 8.0% of adolescents aged 12–17 in Region I had at least one MDE within the year prior to being surveyed. The percentages of MDE among adolescents aged 12–17 across the states in Region I ranged from 7.6% to 8.9%.
- In 2012–2013, about 1 in 10 (9.4%) adolescents aged 12–17 in Region I had at least one MDE within the year prior to being surveyed. The percentages of past-year MDE among adolescents aged 12–17 across the states in Region I ranged from 8.6% to 11.3%.
- The percentages of past-year MDE among adolescents aged 12–17 in Maine and Rhode Island increased significantly from 2009–2010 to 2012–2013. There were no significant changes in the percentages of past-year MDE among adolescents aged 12–17 in Connecticut, Massachusetts, New Hampshire, or Vermont during the same time period.
- In 2009–2010, the percentages of past-year MDE among adolescents aged 12–17 for each state in the region were not significantly different from the Region I (8.0%) or U.S. (8.1%) averages.
- In 2012–2013, the percentages of past-year MDE among adolescents aged 12–17 for each state in the region were not significantly different from the Region I (9.4%) or U.S. (9.9%) averages.

ADULT MENTAL HEALTH THOUGHTS OF SUICIDE



Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in Region I (2009–2010, 2012–2013)^{1,3}



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2010 and 2012–2013.

ADULT MENTAL HEALTH

THOUGHTS OF SUICIDE



Past-Year Serious Thoughts of Suicide Among Adults Aged 18 or Older in Region I (2009–2010, 2012–2013)^{1,3}

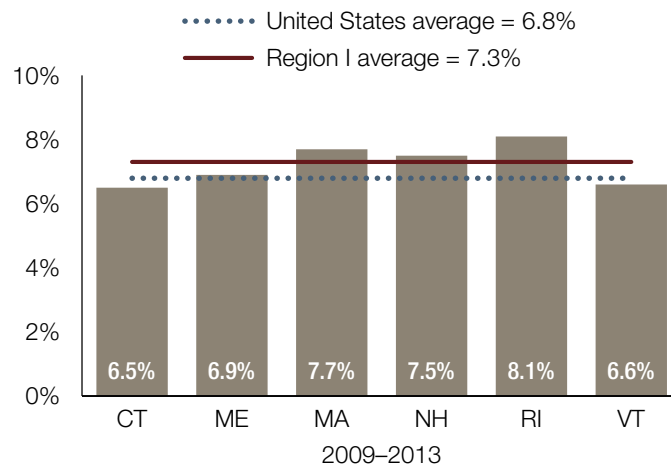
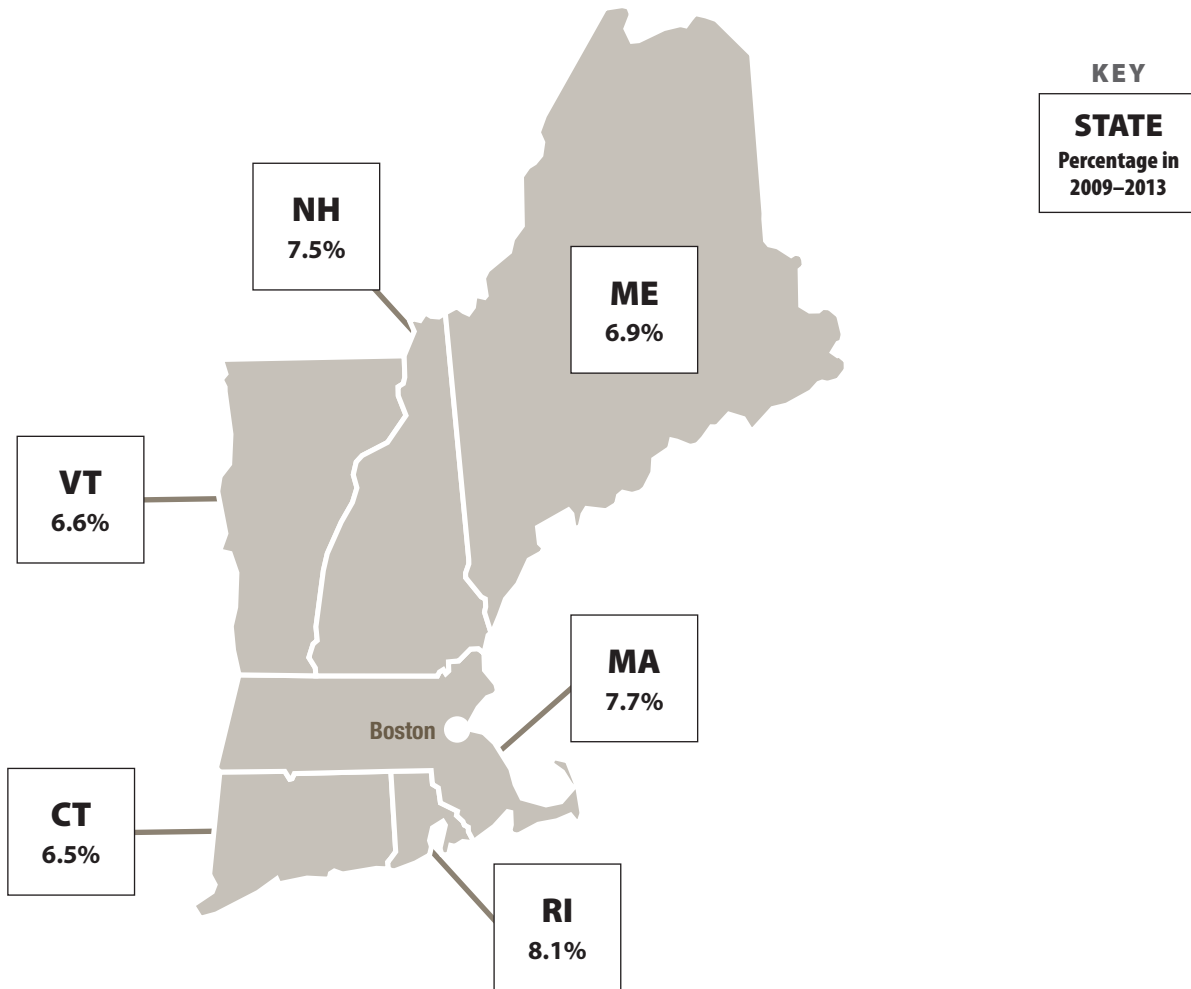
- In 2009–2010, 4.0% of adults aged 18 or older in Region I had serious thoughts of suicide within the year prior to being surveyed. The percentages of serious thoughts of suicide in adults aged 18 or older across the states in Region I ranged from 3.6% to 4.6%.
- In 2012–2013, 4.0% of adults aged 18 or older in Region I had serious thoughts of suicide within the year prior to being surveyed. The percentages of serious thoughts of suicide in adults aged 18 or older across the states in Region I ranged from 3.7% to 4.6%.
- For all states in Region I, there were no significant changes in the percentages of past-year serious thoughts of suicide among adults aged 18 or older from 2009–2010 to 2012–2013.
- In 2009–2010, the percentages of past-year serious thoughts of suicide among adults aged 18 or older for each state in the region were not significantly different from the Region I (4.0%) or U.S. (3.8%) averages.
- In 2012–2013, the percentages of past-year serious thoughts of suicide among adults aged 18 or older for each state in the region were not significantly different from the Region I (4.0%) or U.S. (3.9%) averages.

SUBSTANCE USE

HEAVY ALCOHOL USE



Past-Month Heavy Alcohol Use Among Adults Aged 21 or Older in Region I (2009–2013)⁴



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009–2013.

SUBSTANCE USE

HEAVY ALCOHOL USE



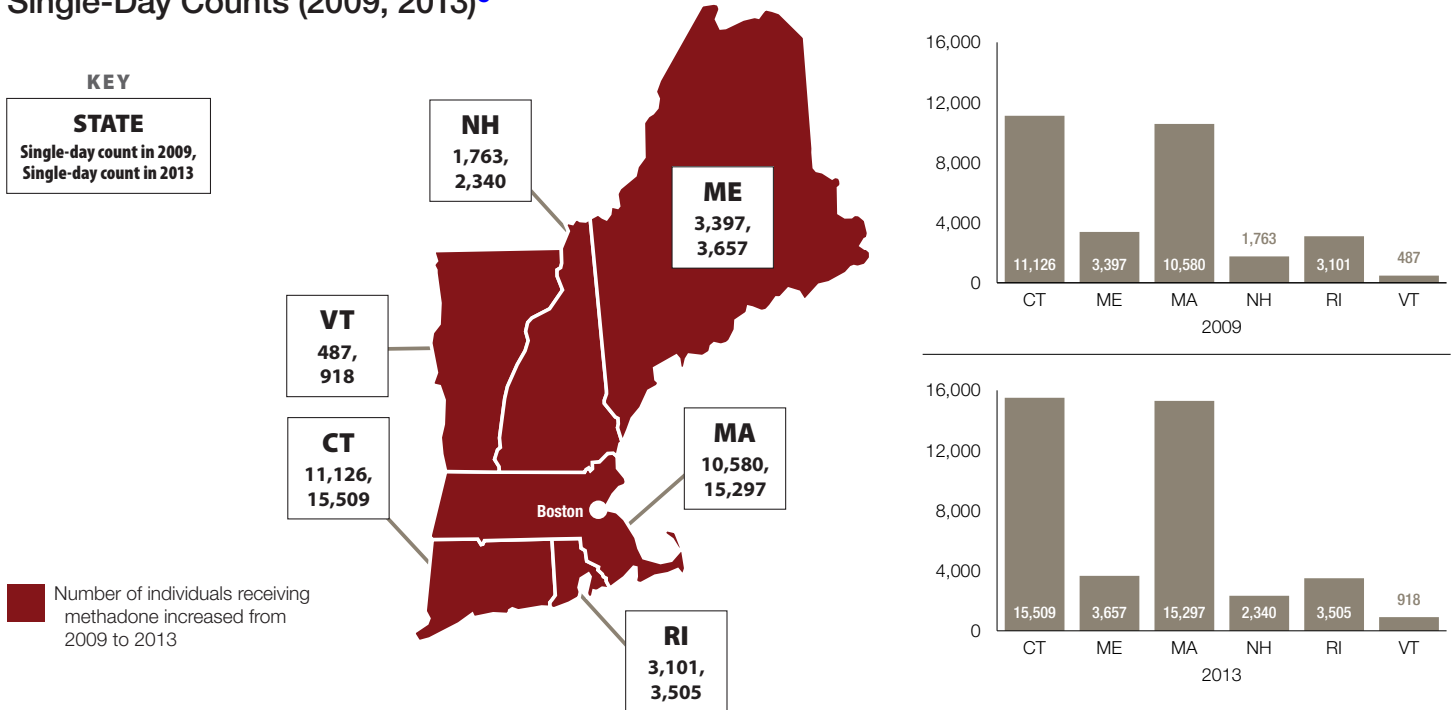
Past-Month Heavy Alcohol Use Among Adults Aged 21 or Older in Region I (2009–2013)⁴

- From 2009 to 2013, an annual average of 7.3% of adults aged 21 or older in Region I reported heavy alcohol use in the month prior to being surveyed. The annual averages of past-month heavy alcohol use among adults aged 21 or older across the states in Region I ranged from 6.5% to 8.1%.
- From 2009 to 2013, the annual average of past-month heavy alcohol use among adults aged 21 or older in Rhode Island (8.1%) was significantly higher than the U.S. (6.8%) annual average, whereas no differences were observed between the remaining states in Region I and the U.S. annual average.
- From 2009 to 2013, the annual averages of past-month heavy alcohol use among adults aged 21 or older for each state in the region were not significantly different from the Region I annual average (7.3%).

SUBSTANCE USE TREATMENT OPIOIDS (MEDICATION-ASSISTED THERAPY)

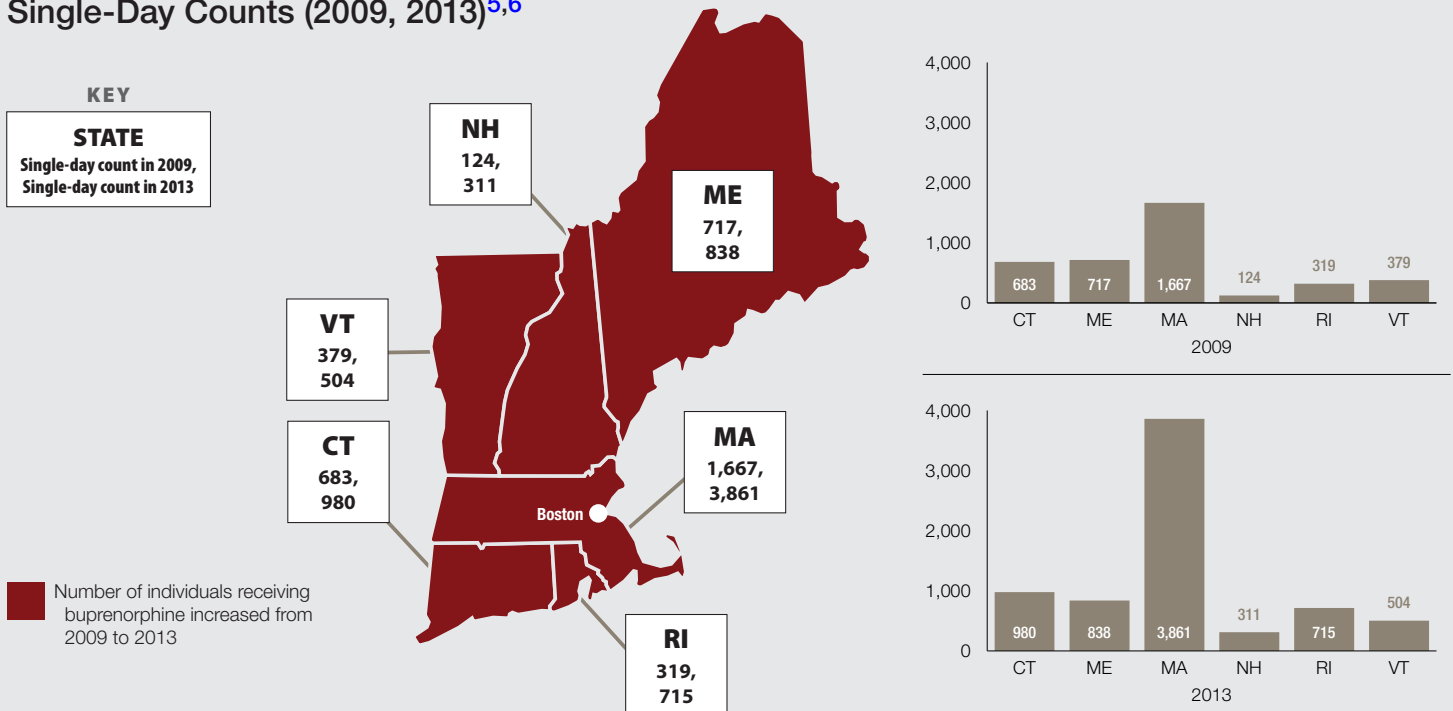


Individuals Enrolled in Opioid Treatment Programs (OTPs) in Region I Receiving Methadone: Single-Day Counts (2009, 2013)⁵



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009 and 2013.

Individuals Enrolled in Substance Use Treatment in Region I Receiving Buprenorphine: Single-Day Counts (2009, 2013)^{5,6}



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey of Substance Abuse Treatment Services, 2009 and 2013.

SUBSTANCE USE TREATMENT

OPIOIDS (MEDICATION-ASSISTED THERAPY)



Individuals Enrolled in Opioid Treatment Programs (OTPs) in Region I Receiving Methadone: Single-Day Counts (2009, 2013)⁵

- In 2009, the numbers of individuals enrolled in OTPs receiving methadone on a single day across the states in Region I ranged from 487 to 11,126 individuals.
- In 2013, the numbers of individuals enrolled in OTPs receiving methadone on a single day across the states in Region I ranged from 918 to 15,509 individuals.
- From 2009 to 2013, every state in Region I saw an increase in single-day counts of individuals enrolled in OTPs receiving methadone.
- Single-day counts for individuals enrolled in OTPs in Region I receiving methadone increased 89% in Vermont from 487 individuals in 2009 to 918 individuals in 2013.

Individuals Enrolled in Substance Use Treatment in Region I Receiving Buprenorphine: Single-Day Counts (2009, 2013)^{5,6}

- In 2009, the numbers of individuals enrolled in substance use treatment receiving buprenorphine on a single day across the states in Region I ranged from 124 to 1,667 individuals.
- In 2013, the numbers of individuals enrolled in substance use treatment receiving buprenorphine on a single day across the states in Region I ranged from 311 to 3,861 individuals.
- From 2009 to 2013, every state in Region I saw an increase in single-day counts of individuals enrolled in substance use treatment receiving buprenorphine.
- Single-day counts of substance use treatment enrollees receiving buprenorphine increased 151% in New Hampshire, 132% in Massachusetts, and 124% in Rhode Island from 2009 to 2013.

FIGURE NOTES



- ¹ State estimates are based on a small area estimation procedure in which state-level National Survey on Drug Use and Health (NSDUH) data from 2 consecutive survey years are combined with local-area county and census block group/tract-level data from the state. This model-based methodology provides more precise estimates of substance use at the state level than those based solely on the sample, particularly for states with smaller sample sizes.
- ² Respondents with unknown past-year major depressive episode (MDE) data were excluded.
- ³ Estimates were based only on responses to suicide items in the NSDUH Mental Health module. Respondents with unknown suicide information were excluded.
- ⁴ Estimates are annual averages based on combined 2009–2013 NSDUH data. These estimates are based solely on the sample, unlike estimates based on the small area estimation procedure as stated above.
- ⁵ Single-day counts reflect the number of persons who were enrolled in substance use treatment on March 31, 2009, and March 29, 2013.
- ⁶ Physicians who obtain specialized training may prescribe buprenorphine. Some physicians are in private, office-based practices; others are affiliated with substance abuse treatment facilities or programs and may prescribe buprenorphine to clients at those facilities. Additionally, opioid treatment programs (OTPs) may also prescribe and/or dispense buprenorphine. The buprenorphine single-day counts include only those clients who received/were prescribed buprenorphine by physicians affiliated with substance abuse treatment facilities or OTPs; they do not include clients from private practice physicians.

DEFINITIONS



Heavy alcohol use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

Illicit drugs is defined as marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically, based on data from original National Survey on Drug Use and Health (NSDUH) questions, not including methamphetamine use items added in 2005 and 2006.

Major depressive episode (MDE) is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), which specifies a period of at least 2 weeks in the past year 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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