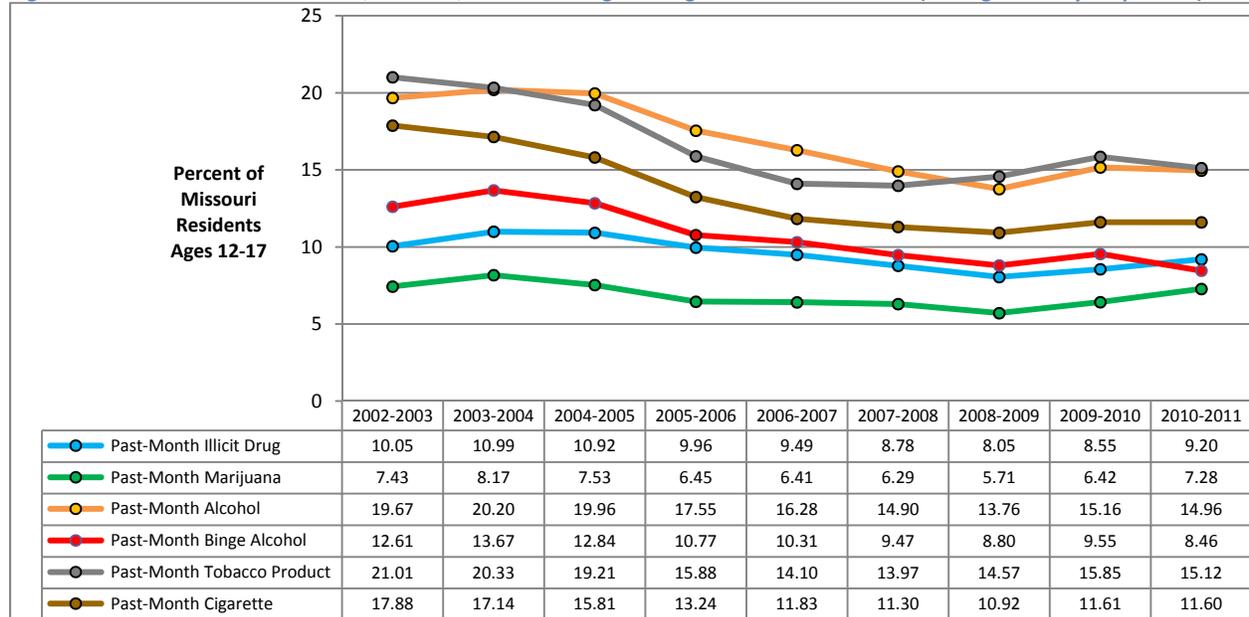


HIGHLIGHTS

ADOLESCENT SUBSTANCE USE

After years of decline, illicit drug use among Missouri adolescents appears to be increasing. According to combined 2010 and 2011 data from the National Survey on Drug Use and Health (NSDUH), an estimated 9% of Missouri’s 12-17 year-old adolescents used an illicit drug in the past month. These rates remained slightly lower than national rates. Marijuana and pain relievers were the most-used illicit drugs. Approximately 15% of Missouri adolescents used alcohol in the past month—higher than the national figure of 13.5% for the age group. While adolescent tobacco use continues to decline nationally and dipped to nearly 10% in 2011, tobacco product use among Missouri adolescents remains at 15%.

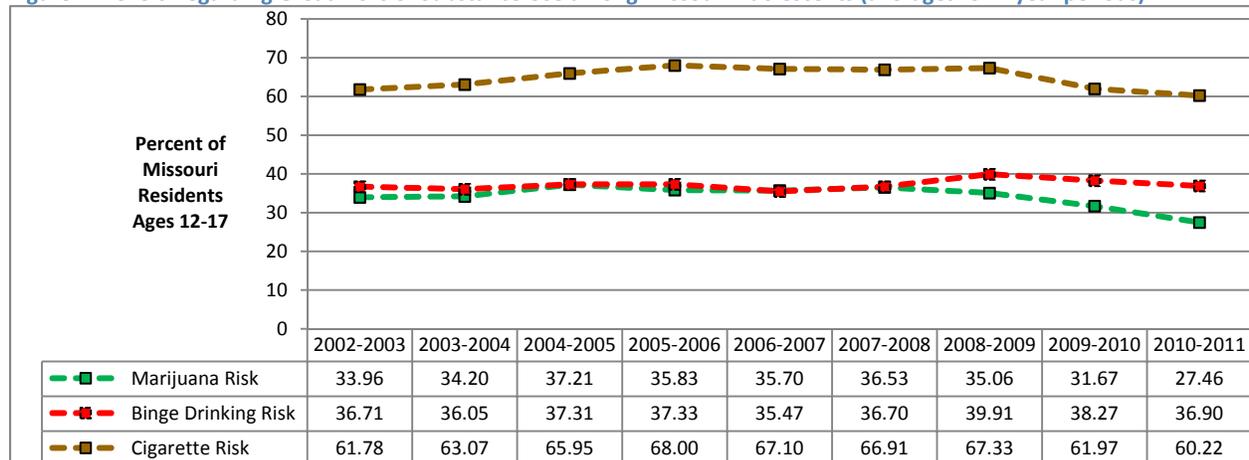
Figure 1: Past-Month use of Alcohol, Tobacco, and Illicit Drugs among Missouri Adolescents (averages for 2-year periods)



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

Trends in past-month use generally mirror trends in perceived risk of using substances. A recent increase in adolescent marijuana use coincides with a lower percentage believing that there is great risk in smoking marijuana once a month. Beliefs of great risk in smoking at least one pack of cigarettes daily and consuming five or more drinks on the same occasion once or twice a week remain more stable.

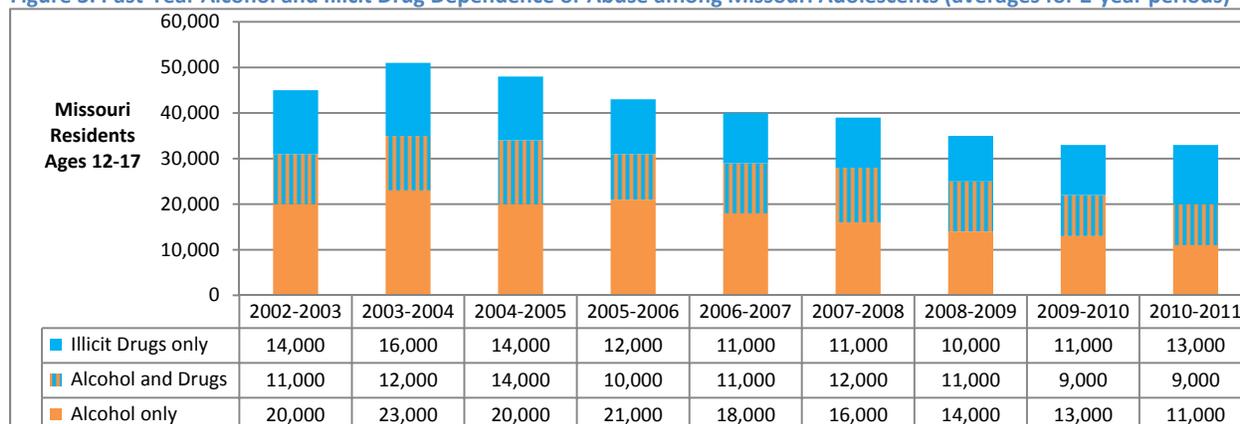
Figure 2: Beliefs Regarding Great Risks of Substance Use among Missouri Adolescents (averages for 2-year periods)



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

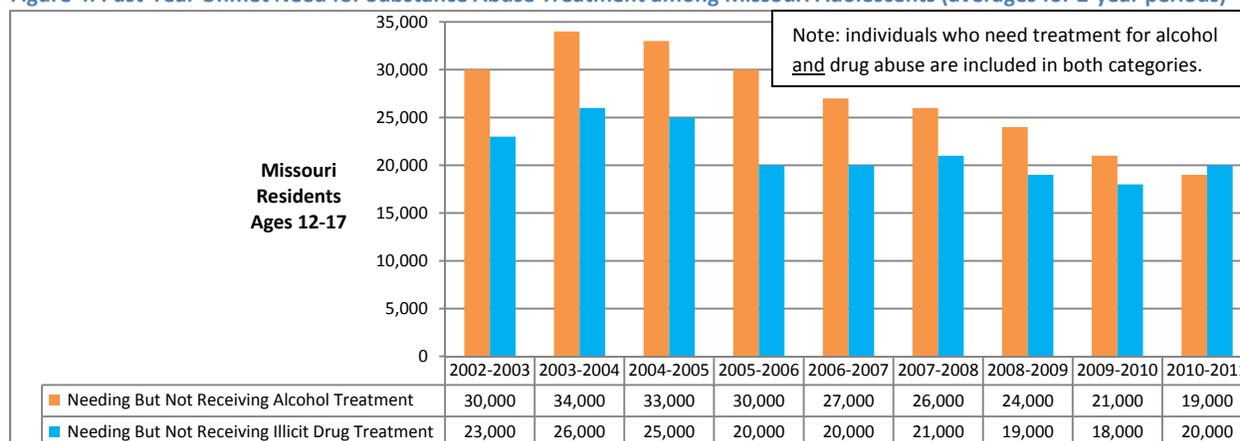
The National Survey on Drug Use and Health has tracked a decrease in adolescent alcohol abuse and the need for alcohol treatment during the last several years, while illicit drug abuse is beginning to rise.

Figure 3: Past-Year Alcohol and Illicit Drug Dependence or Abuse among Missouri Adolescents (averages for 2-year periods)



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

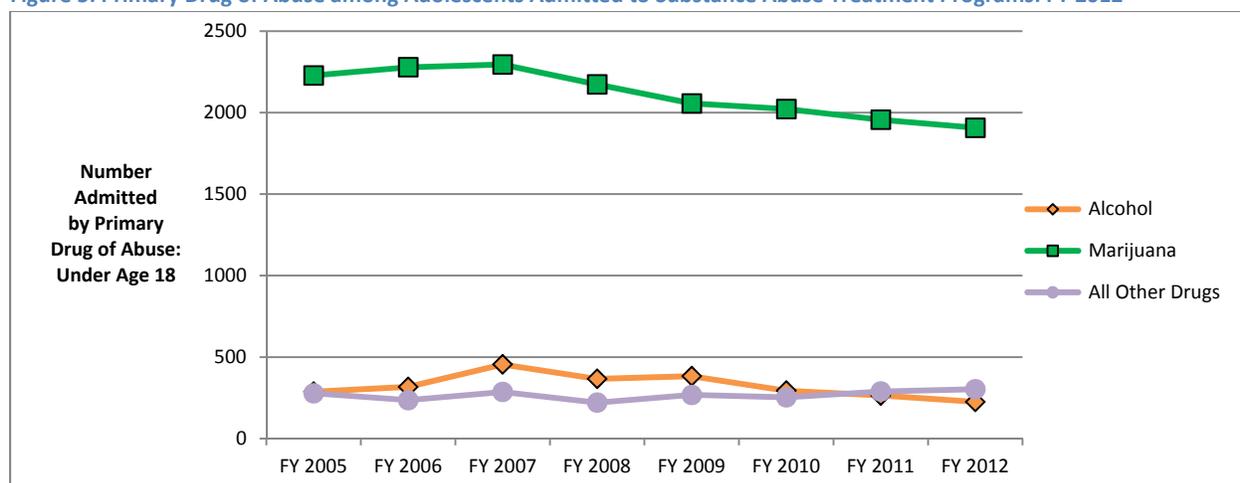
Figure 4: Past-Year Unmet Need for Substance Abuse Treatment among Missouri Adolescents (averages for 2-year periods)



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

Marijuana accounts for a majority of the adolescent substance abuse admissions in Division of Behavioral Health treatment programs. Admissions for methamphetamine are increasing but comprise only 2% of the total, and heroin and cocaine admissions remain at 1% each.

Figure 5: Primary Drug of Abuse among Adolescents Admitted to Substance Abuse Treatment Programs: FY 2012

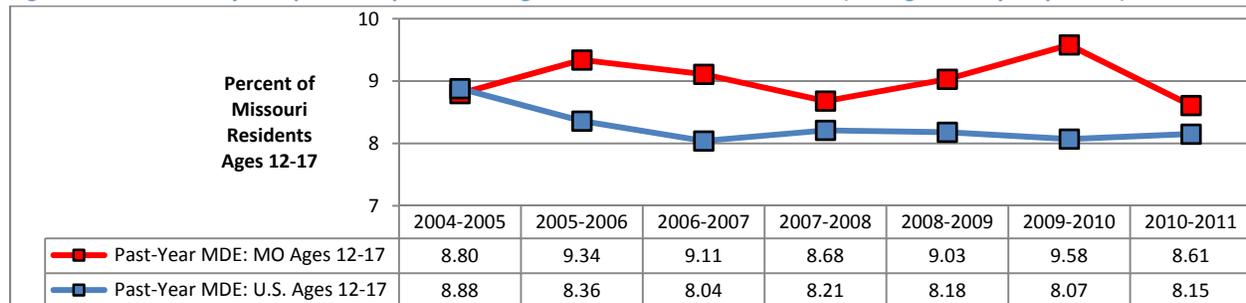


Data Source: Missouri Department of Mental Health, Division of Behavioral Health, CIMOR system.

ADOLESCENT MENTAL ILLNESS

Every year, approximately 9% of Missouri adolescents 12-17 years of age experience at least one major depressive episode. Among adolescents nationwide, the annual rate of major depression (MDE) averages nearly one percentage point lower. Children and adolescents under age 18 annually comprise about one-fifth of the individuals receiving psychiatric services in programs supported by the Division of Behavioral Health (DBH). In fiscal year 2012, 37% were treated for impulse control disorders, 26% for mood disorders, and 14% for anxiety disorders.

Figure 6: Past-Year Major Depressive Episode among Missouri and U.S. Adolescents (averages for 2-year periods)

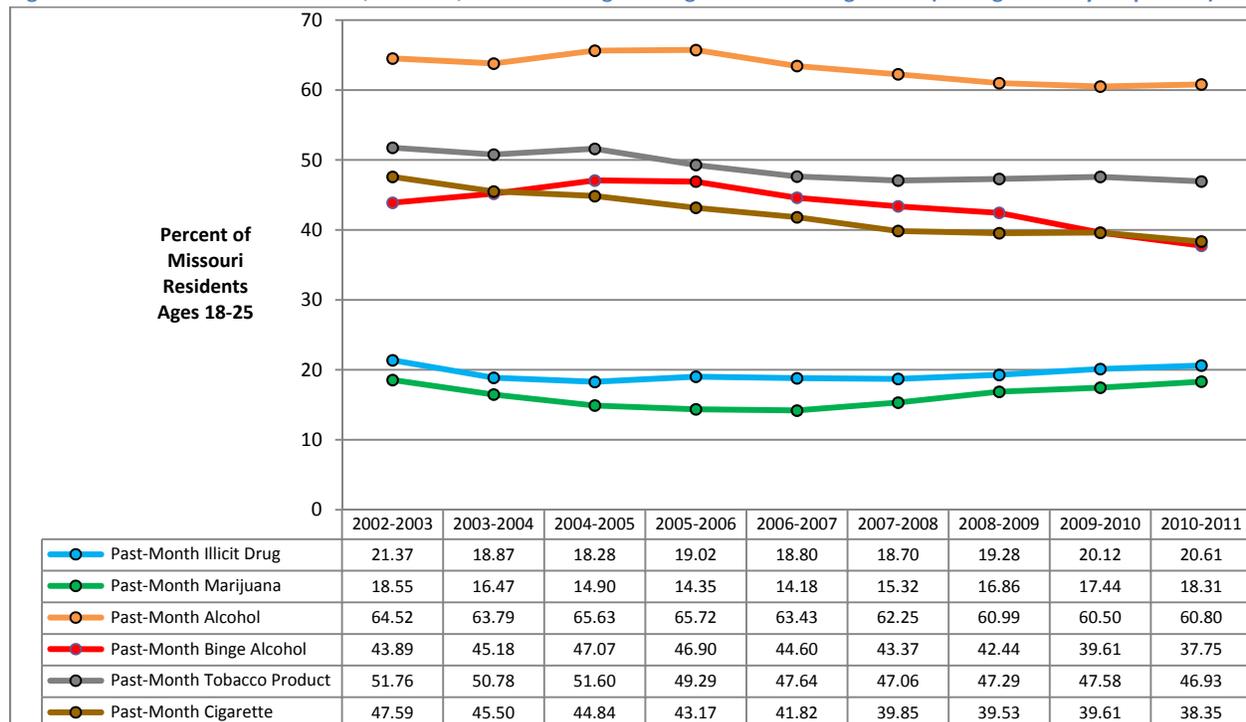


Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

YOUNG ADULT SUBSTANCE USE

Alcohol and drug use rates are highest among Missouri's young adults. Data from the National Survey on Drug Use and Health indicate that 20% of Missouri young adults 18-25 years of age used an illicit drug and 60% used alcohol in the past month. Marijuana use has been slowly rising in Missouri and past-month use among 18-25 year-olds has reached the national rate of 18% for this age group. Past-month binge drinking among Missouri young adults has declined during the past decade and is now lower than the nationwide rate of 40%. An estimated 38% of Missouri's young adults smoked cigarettes in the past month compared to 34% nationwide.

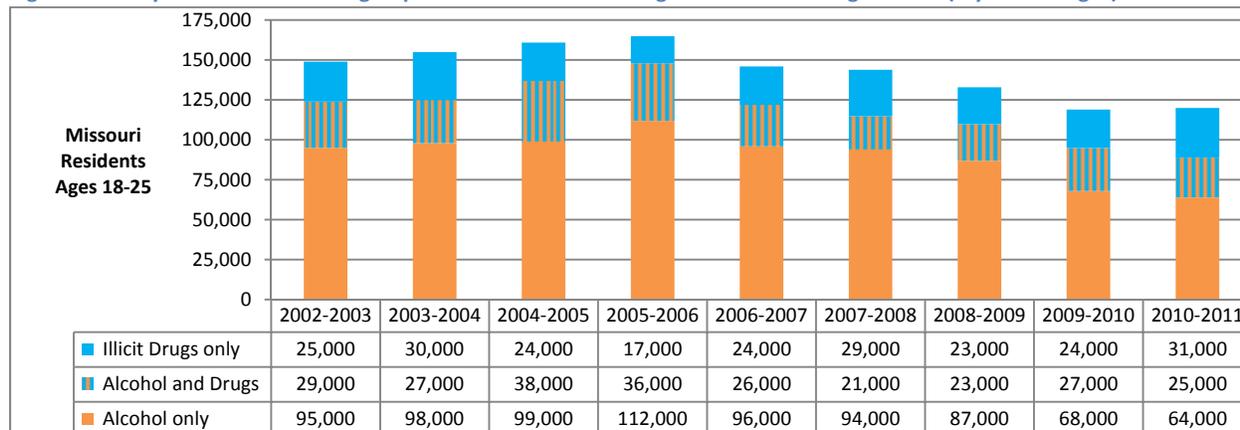
Figure 7: Past-Month use of Alcohol, Tobacco, and Illicit Drugs among Missouri Young Adults (averages for 2-year periods)



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

Among Missouri’s young adults, alcohol dependence and abuse have declined in recent years, but drug dependence and abuse are increasing. The data suggest that fewer young adults are problematic users of alcohol only, while more have problematic use limited to illicit drugs.

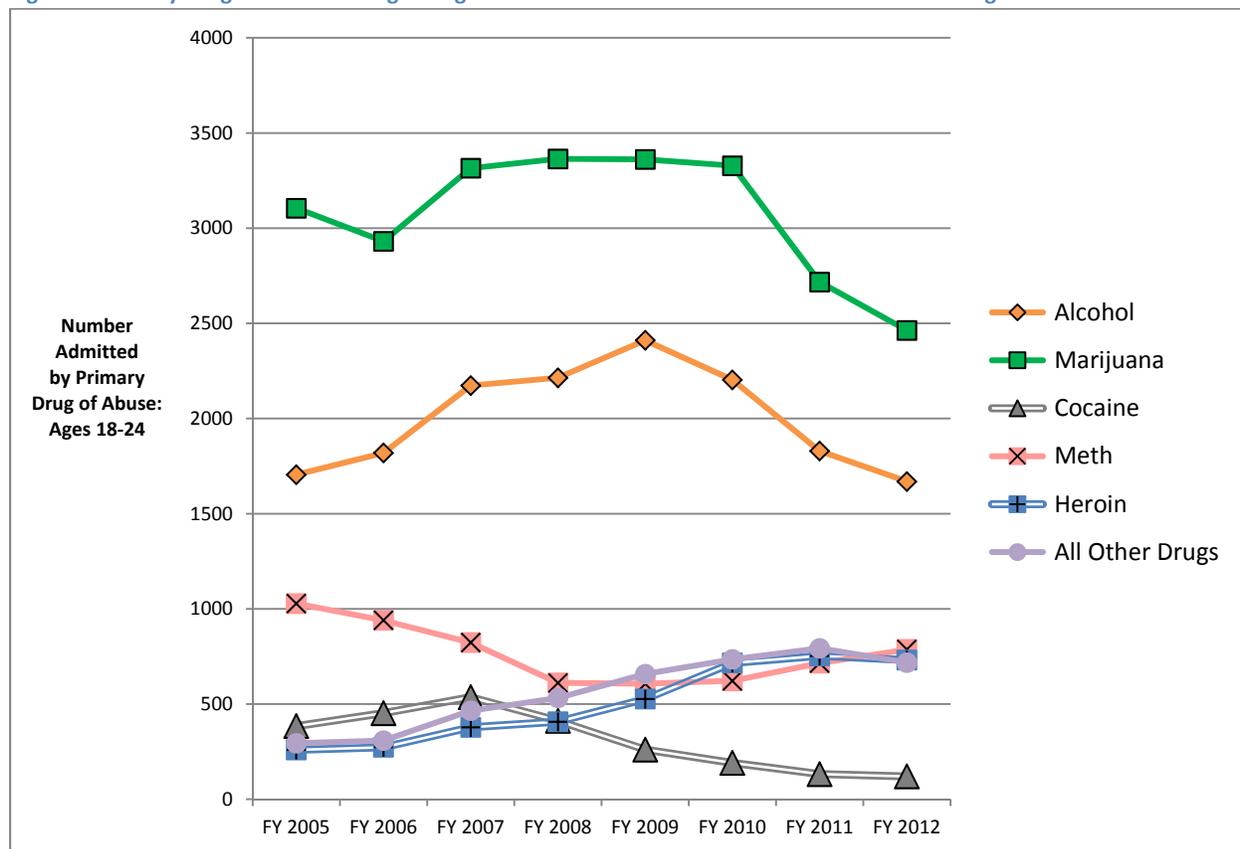
Figure 8: Past-year Alcohol and Drug Dependence or Abuse among Missouri Adults Ages 18-25 (2-year averages)



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

An estimated 85,000 Missouri young adults needed—but did not receive—treatment for alcohol dependence or abuse in 2011, or received an inadequate amount of alcohol treatment. Similarly, 51,000 young adults had an unmet or under-met need for treatment of illicit drug dependence or abuse. Among the 2,435 young adults 18-24 years of age admitted to DBH-funded substance abuse treatment programs in fiscal year 2012, marijuana was the primary problem for 38%, followed by alcohol (26%), methamphetamine (12%), heroin (11%), cocaine (2%), and all other drugs (11%).

Figure 9: Primary Drug of Abuse among Young Adults Admitted to Substance Abuse Treatment Programs: FY 2012

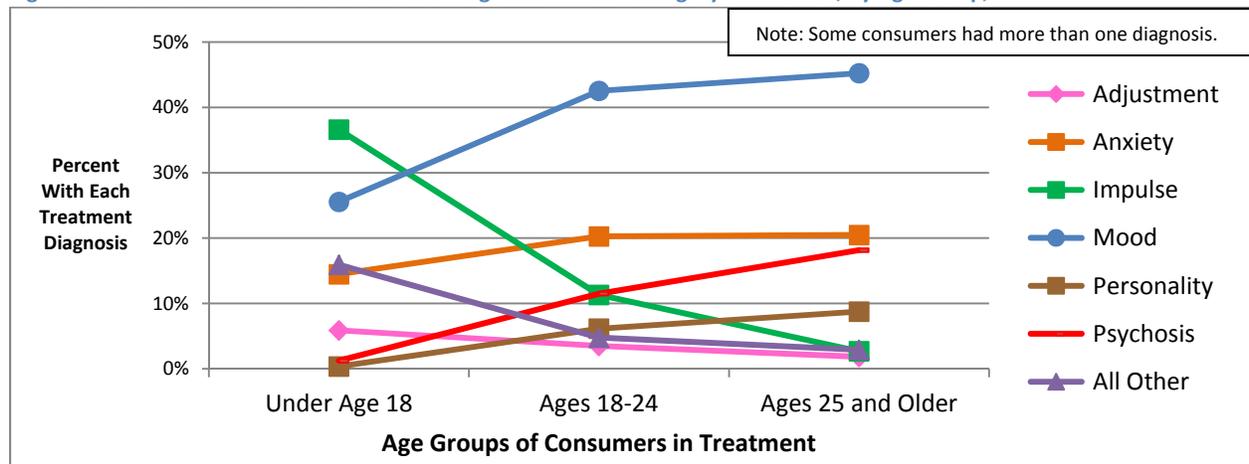


Data Source: Missouri Department of Mental Health, Division of Behavioral Health, CIMOR system.

YOUNG ADULT MENTAL ILLNESS

Missouri's young adults have the state's highest rates of mental illness. Based on combined 2010 and 2011 data from the National Survey on Drug Use and Health, an estimated 29% of Missouri's population in the 18-25 age group had any past-year mental illness and over 7% had serious mental illness. Also, 8% of young adults had at least one major depressive episode and 6% seriously contemplated suicide. Despite their high rates of mental illness, 18-24 year-olds comprise less than one-tenth of those receiving psychiatric services in DBH programs. The prevalence of personality and mood disorders, anxiety, psychoses, and dementia tend to increase through the lifespan while impulse control, adjustment, and developmental disorders decrease. Midway through maturation, young adults may need treatment for any of these conditions. In FY 2012, 43% of the 18-24 year-olds in DBH psychiatric programs were treated for mood, 20% for anxiety, and 11% for impulse disorders.

Figure 10: Percent of Treatment Consumers Diagnosed in Each Category of Disorder, by Age Group, FY 2012

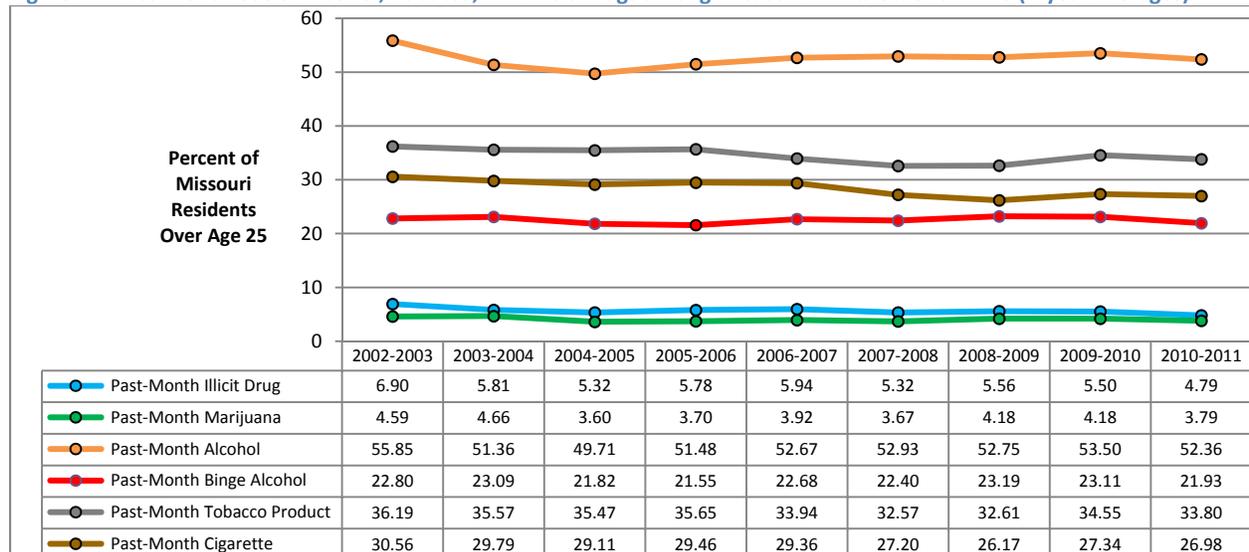


Data Source: Missouri Department of Mental Health, Division of Behavioral Health, CIMOR system.

OLDER ADULT SUBSTANCE USE

Marijuana use comprises the main illicit drug use by Missouri adults over age 25. Past-year cocaine use continues to decline in the adult population. Rates for past-month binge drinking, illicit drug use and tobacco use are considerably lower in this age group than for Missouri young adults 18-25 years of age. Slightly over one-half of Missouri and U.S. adults are past-month users of alcohol.

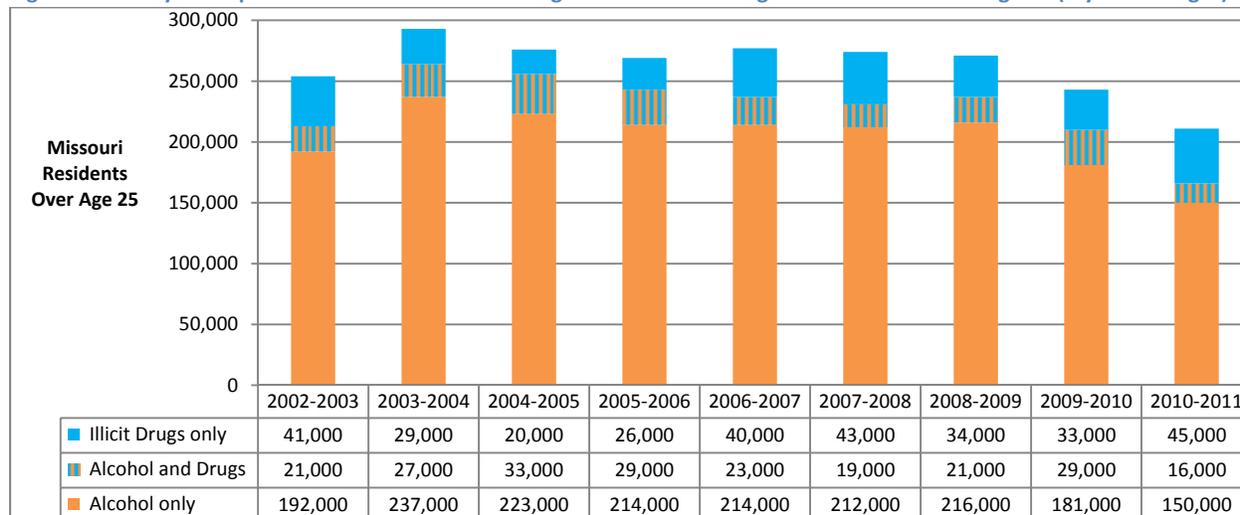
Figure 11: Past-Month Use of Alcohol, Tobacco, and Illicit Drugs among Missouri Adults Older than 25 (2-year averages)



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

Among the Missouri adult population, alcohol dependence and abuse are decreasing. Estimates from the National Survey on Drug Use and Health indicate that the number of Missouri adults over age 25 with alcohol dependence or abuse declined to 166,000 in the 2010-2011 time period, the lowest total in the past ten years. The number of adults with drug dependence or abuse remained steady at 61,000. Approximately 16,000 adults are dependent on both alcohol and illicit drugs.

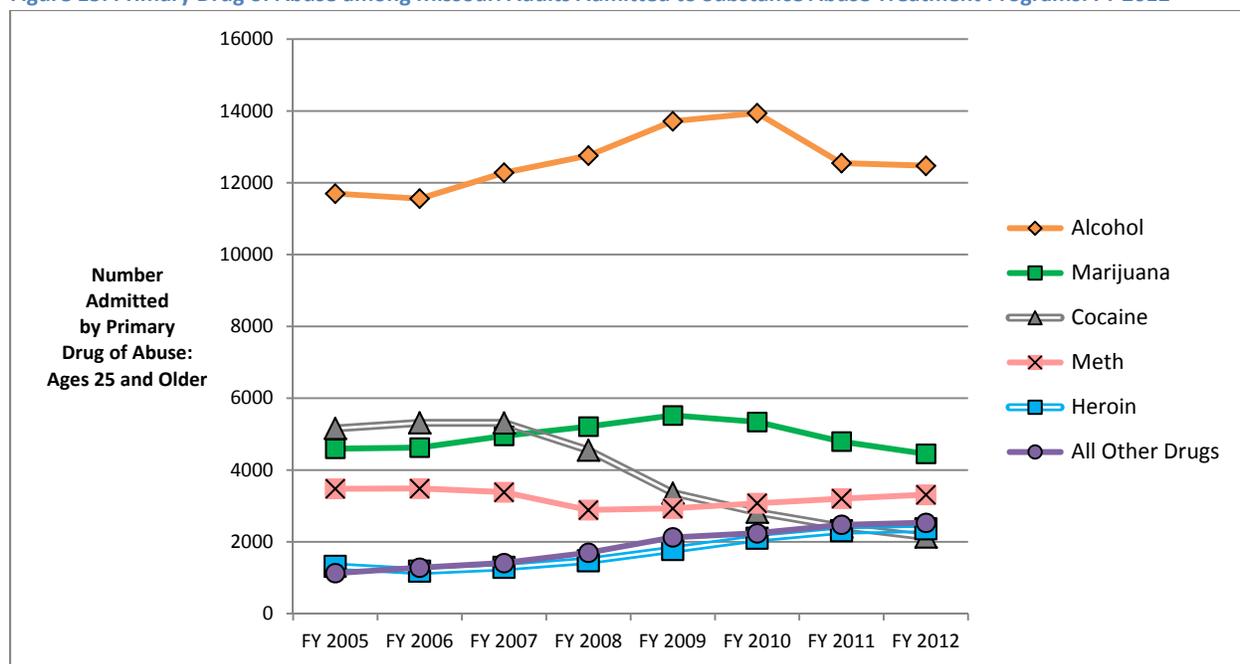
Figure 12: Past-year Dependence or Abuse of Illicit Drugs and Alcohol among Missouri Adults over Age 25 (2-year averages)



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

A substantial number of Missouri adults over age 25 had an unmet need for substance abuse treatment in 2011. They included an estimated 157,000 who needed but did not receive alcohol treatment and 55,000 who did not receive drug treatment. The adult unmet treatment need gap between alcohol and illicit drugs has narrowed in recent years, reflecting the decline in the number of alcohol-dependent adults. Nevertheless, alcohol remained the primary drug of abuse for the largest number of adults ages 25 and older entering DBH programs in FY 2012. Marijuana, methamphetamine, heroin, and cocaine ranked 2nd, 3rd, 4th, and 5th respectively in treatment admissions.

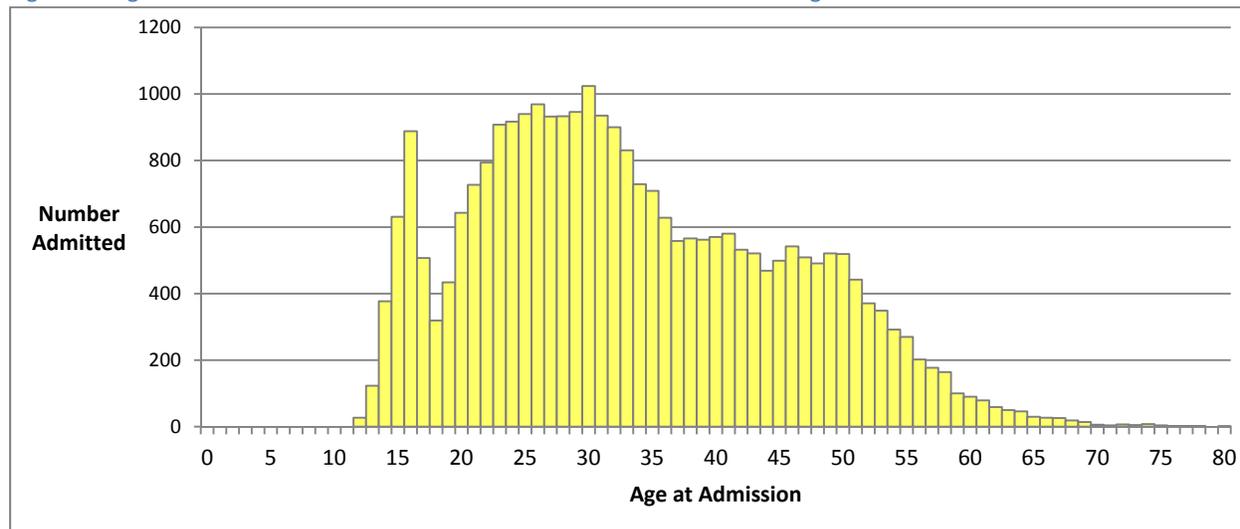
Figure 13: Primary Drug of Abuse among Missouri Adults Admitted to Substance Abuse Treatment Programs: FY 2012



Data Source: Missouri Department of Mental Health, Division of Behavioral Health, CIMOR system.

Adults ages 25 and older comprised three-fourths of FY 2012 substance abuse treatment admissions. Among admissions of all ages, Caucasian males accounted for 50% and Caucasian females 26%. African-American males comprised 14%, African-American females 5%, and other races/ethnicities 5%.

Figure 14: Age Profile of Individuals Admitted to Substance Abuse Treatment Programs: FY 2012

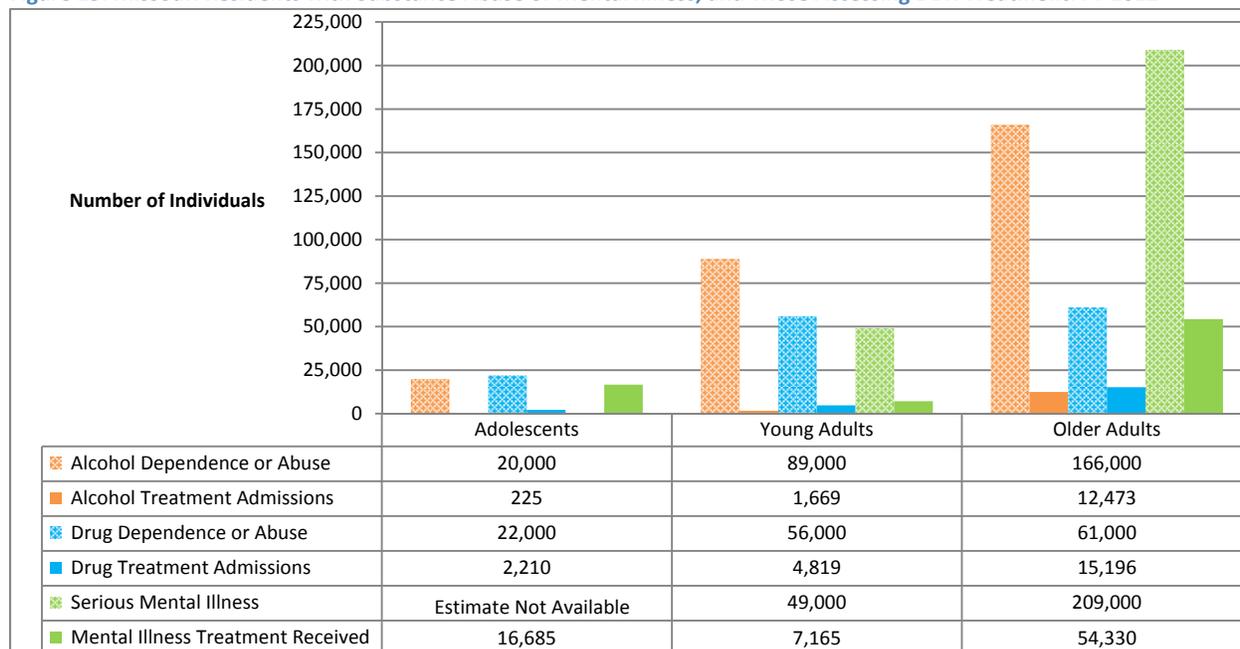


Data Source: Missouri Department of Mental Health, Division of Behavioral Health, CIMOR system.

OLDER ADULT MENTAL ILLNESS

Nearly one-fifth of Missouri adults recently had mental illness. Estimates from the 2010 and 2011 National Survey on Drug Use and Health indicate that 19% of Missouri adults over age 25 (727,000 individuals) had any mental illness in the past year and 209,000 adults had serious mental illness. Approximately 7% of adults experienced a major depressive episode in the past year, over 5% had serious mental illness, and nearly 4% had serious thoughts of suicide. These rates are about the same as prior year estimates. As with substance abuse, individuals accessing DBH mental illness treatment comprise a small percentage of those with *serious* mental illness.

Figure 15: Missouri Residents with Substance Abuse or Mental Illness, and Those Accessing DBH Treatment: FY 2012

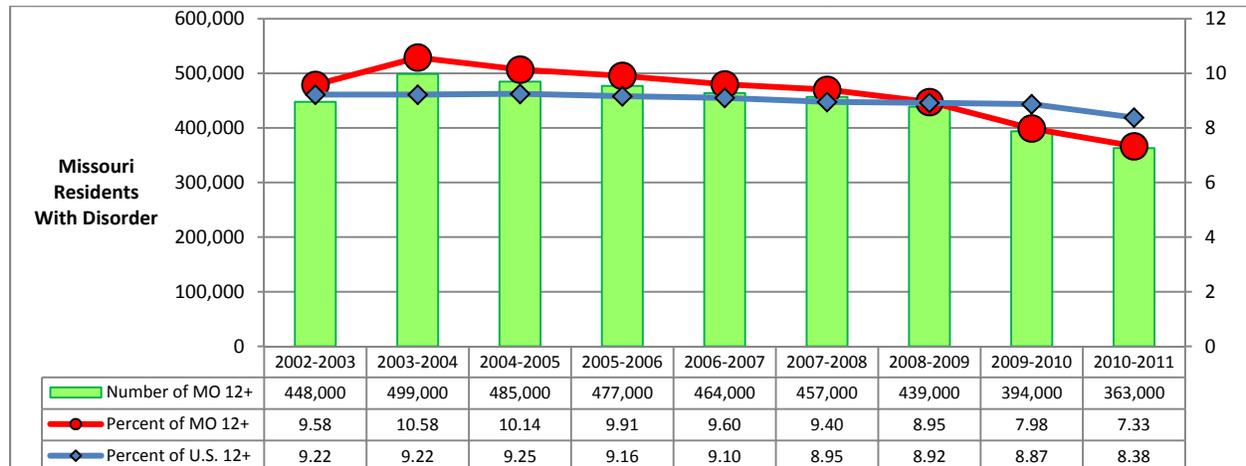


Data Sources: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health; and Missouri Department of Mental Health, Division of Behavioral Health, CIMOR system.

LOOKING AHEAD

Estimates from the National Survey on Drug Use and Health indicate substantially fewer Missouri residents have substance use disorders than several years ago. After reaching a peak of nearly one-half million adolescents and adults with alcohol or illicit drug dependence or abuse in 2004, the lower 2011 estimate of 363,000 is encouraging. Furthermore, this reduction has occurred despite a growth in the state's population.

Figure 16: Estimated Number of Missouri Residents (and Percent of MO and U.S. Ages 12+) with Substance Use Disorders



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health.

Future progress will require more effort and resources. Substance abuse and mental illness have widespread impacts, and a number of agencies and organizations encounter facets of behavioral health problems in the course of their routine responsibilities. The Missouri Division of Behavioral Health collaborates with several of these agencies to develop prevention and intervention programs designed to reach specific high-risk populations. Virtually every tragic tally in this report—whether it is an alcohol related traffic crash, an overdose in an emergency room, a self-inflicted injury, or an out-of-home placement—represents an opportunity to intervene and arrange appropriate treatment. Unfortunately, treatment is not always readily available to those who have garnered the courage to participate in it. Additional treatment capacity could further reduce mental illness and substance abuse prevalence and improve the lives and productivity of more Missouri citizens.