Population Estimates

From 2005 to 2010, the annual average population of persons aged 12 older residing in the St. Louis MSA was 2.3 million (Table 1). Of the 2.3 million persons residing in the MSA, 2.1 were adults (persons aged 18 or older). Missouri’s population aged 12 or older (including those in the St. Louis MSA) was 4.9 million, and the State adult population was 4.4 million. The U.S. population aged 12 or older was 248.7 million, and the U.S. adult population was 223.8 million.

Table 1. Estimated Numbers of Persons in the St. Louis Metropolitan Statistical Area (MSA), Missouri, and the United States, by Age Group: Annual Averages, 2005 to 2010

<table>
<thead>
<tr>
<th>Age Group</th>
<th>St. Louis MSA (Number, in Thousands)</th>
<th>Missouri (Number, in Thousands)</th>
<th>United States (Number, in Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 12 or Older</td>
<td>2,298</td>
<td>4,867</td>
<td>248,723</td>
</tr>
<tr>
<td>Aged 18 or Older</td>
<td>2,057</td>
<td>4,382</td>
<td>223,750</td>
</tr>
</tbody>
</table>

NOTE: Statistical testing was not conducted on the estimated numbers presented in this table.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).
Illicit Drug Use

In the St. Louis MSA, an annual average of 354,000 persons aged 12 or older used an illicit drug in the past year. This represents 15.4 percent of the MSA population, which was higher than the rate in the State of Missouri (13.5 percent) but similar to the rate for the Nation as a whole (14.7 percent) (Figure 1). The rate of marijuana use in the past year was 11.6 percent, which was higher than the rate in Missouri (10.0 percent). The rate of nonmedical use of prescription-type pain relievers was 5.4 percent and was similar to the rates in the State of Missouri and in the Nation as a whole.

Figure 1. Past Year Use of Selected Illicit Drugs for the St. Louis Metropolitan Statistical Area (MSA), Missouri, and the United States among Persons Aged 12 or Older: Annual Averages, 2005 to 2010


a Difference between St. Louis MSA estimate and Missouri estimate is statistically significant at the .05 level.

b Difference between St. Louis MSA estimate and United States estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).
Substance Use or Mental Disorders

In the St. Louis MSA, 9.5 percent or 219,000 persons aged 12 or older were classified as having a substance use disorder in the past year (Figure 2). Among adults aged 18 or older in the St. Louis MSA, 6.9 percent (140,000 adults) experienced a major depressive episode in the past year. These rates were similar to the rates in Missouri and the Nation.

Figure 2. Past Year Substance Use Disorder and Major Depressive Episode for the St. Louis Metropolitan Statistical Area (MSA), Missouri, and the United States among Persons Aged 12 or Older (Except as Noted): Annual Averages, 2005 to 2010


a Difference between St. Louis MSA estimate and Missouri estimate is statistically significant at the .05 level.
b Difference between St. Louis MSA estimate and United States estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).
Cigarette and Binge Alcohol Use

In the St. Louis MSA, 25.8 percent of patients aged 12 or older smoked cigarettes in the past month, which was lower than the rate for the State of Missouri (29.0 percent) (Figure 3). In the MSA, 25.5 percent participated in binge alcohol use in the past month. The MSA past month rate of binge alcohol use was similar to the rates for Missouri and the Nation as a whole.

Figure 3. Past Month Cigarette and Binge Alcohol Use for the St. Louis Metropolitan Statistical Area (MSA), Missouri, and the United States among Persons Aged 12 or Older: Annual Averages, 2005 to 2010

![Graph showing past month cigarette and binge alcohol use for St. Louis MSA, Missouri, and the United States.]


*a* Difference between St. Louis MSA estimate and Missouri estimate is statistically significant at the .05 level.

*b* Difference between St. Louis MSA estimate and United States estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).
End Notes

1. MSAs are geographical entities used by Federal agencies to collect, analyze, and publish statistical data. These areas are defined and updated periodically by the Office of Management and Budget (OMB). MSAs defined in this report are based on updates made by OMB on December 1, 2009, to reflect Census Bureau population estimates for July 1, 2007, and July 1, 2008. More details are provided at http://www.whitehouse.gov/sites/default/files/omb/assets/bulletins/b10-02.pdf (Executive Office of the President, Office of Management and Budget, 2009).

2. The St. Louis MSA consists of Bond County, IL; Calhoun County, IL; Clinton County, IL; Jersey County, IL; Macoupin County, IL; Madison County, IL; Monroe County, IL; St. Clair County, IL; Franklin County, MO; Jefferson County, MO; Lincoln County, MO; St. Charles County, MO; St. Louis County, MO; Warren County, MO; Washington County, MO; and St. Louis City, MO.

3. NSDUH is an annual survey of the U.S. civilian noninstitutional population aged 12 or older in the 50 States and the District of Columbia. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at the respondent’s place of residence. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is managed by SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ). For more information, see the 2010 NSDUH national findings report at http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm (CBHSQ, 2011a).

4. All estimates shown in this report and the detailed tables used the corrected 2006-2010 data files that were updated to account for errors found in Pennsylvania (2006-2010) and Maryland (2008-2009). The erroneous Pennsylvania and Maryland data were removed and the remaining cases were reweighted in the years noted. No corrections were needed for the 2005 data file. These estimates are based solely the weighted sample for each area (i.e., direct estimates) and are weighted to represent the civilian noninstitutional population at the MSA, State, and national levels based on the selection probabilities (at each stage of selection), nonresponse adjustments, and adjustments to State- and national-level population estimates from the U.S. Census Bureau. However, no special adjustments were applied to adjust these weights to Census population estimates for the St. Louis MSA. See Section A.3.3 of Appendix A in the 2010 NSDUH national findings report at http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm (CBHSQ, 2011a).

5. Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. These estimates do not include data from new methamphetamine items added in 2005 and 2006. See Section B.4.8 of Appendix B in the 2008 NSDUH national findings report at http://www.samhsa.gov/data/ndush/2k8ndush/2k8Results.htm (Office of Applied Studies [now CBHSQ], 2009).

6. Substance use disorder is defined as dependence on or abuse of illicit drugs or alcohol based on definitions found in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994). See Section B.4.2 of Appendix B in the 2010 NSDUH national findings report at http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm (CBHSQ, 2011a).

7. Major depressive episode is defined in DSM-IV (American Psychiatric Association, 1994) as 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. See Section B.4.4 of Appendix B in the 2010 NSDUH mental health findings report at http://www.samhsa.gov/data/NSDUH/2k10MH_Findings/2k10MHResults.htm (CBHSQ, 2011b).

8. Binge alcohol use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the 30 days prior to the survey.
References


