TRENDS

Adolescent alcohol and tobacco use continues to decline. Among Missouri’s 12-17 year-olds, alcohol use reached its lowest level in 2011-2012 since the National Survey on Drug Use and Health (NSDUH) began measuring state rates in 1999. Binge drinking in this age group has also declined. Although adolescent tobacco use in Missouri is higher than the national rate, it has declined considerably from an estimated 21% in 2002-2003 to less than 13% in 2011-2012. Cigarette use has led that trend, decreasing from nearly 18% to less than 10% during that 9-year period. Adolescent marijuana use in Missouri has shown no change in the latest NSDUH estimates, while overall illicit drug use is trending upward. Slight year-to-year increases in estimates of past-month illicit drug use are not statistically significant, but suggest that drug use might be slowly increasing in the 12-17 age-group.

Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health, 2011-2012. Estimates are 2-year averages.
Adolescent rates for past year major depressive episode and substance dependence are stable or trending downward. Data from the 2011 and 2012 NSDUH indicate that, among Missouri adolescents 12-17 years of age, the estimated percentage with alcohol dependence or abuse has been reduced from about 7% to less than 4% since 2003-2004. Illicit drug dependence/abuse rates for that age group have hovered around 4% for the last several years.

Figure 10: Past-Year Mental Illness, Substance Disorders, and Treatment Need among Missouri Adolescents

![Figure 10](image)

Source: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health, 2011-2012. Estimates are 2-year averages. Some individuals are in more than one category.

Estimates of Unmet Need indicate most of these adolescents did not receive specialized treatment for substance disorders or received an inadequate amount of treatment. Among those who accessed addiction services supported by the Division of Behavioral Health (DBH) in recent years, the majority identified marijuana as their primary drug problem.

Figure 11 Primary Drug of Abuse among Adolescents Admitted to DBH Treatment Programs, FY 1996-FY 2013

![Figure 11](image)

Source: Missouri Department of Mental Health, Customer Information Management, Outcomes & Reporting (CIMOR) System.
Young adults have the state’s overall highest rates of behavioral health problems. Over 18% of Missouri adults 18-25 years of age had some type of past-year mental illness and over 17% had an alcohol or drug disorder, according to estimates from the 2011 and 2012 National Survey on Drug Use and Health. Among approximately 121,000 young adults with mental illness, over 26,000 had serious mental illness, 42,000 had serious thoughts of suicide, and 56,000 had at least one past-year major depressive episode. An estimated 115,000 had a substance use disorder including 68,000 with alcohol dependence or abuse, 26,000 with illicit drug dependence or abuse, and 21,000 with both alcohol and drug dependence or abuse. Rates for the mental illness measures and drug dependence or abuse have fluctuated little in this age group in recent years. Alcohol dependence and abuse disorders have declined by several percentage points, accompanied by a corresponding reduction in treatment need.

Figure 12: Past-Year Mental Illness, Substance Disorders, and Treatment Need among Missouri Young Adults

![Graph showing trends in mental illness, substance disorders, and treatment need among Missouri young adults.]

Source: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health, 2011-2012. Estimates are 2-year averages. Some individuals are in more than one category.

Tobacco use among young adults is steadily declining. Cigarette use among Missouri adults 18-25 years of age has dropped by about 10 percentage points in the past 10 years. Past-month illicit drug use in this age group has remained at about 20%, with marijuana accounting for most of this use. Alcohol use and binge drinking rates have declined modestly during this period. An estimated 60% of Missouri’s young adults currently drink, and 40% binge-drink.
Young adult treatment admissions for marijuana, alcohol, and cocaine are declining while admissions for heroin and methamphetamine are increasing. Only one-fourth of young adults admitted to Missouri Division of Behavioral Health treatment programs identify alcohol as their primary drug of abuse. Marijuana now accounts for 36% of the admissions, somewhat lower than a decade ago. Young adults are developing disorders with a more diverse variety of substances. Consistent with prevalence estimates, almost equal numbers of young adults have sought treatment for serious mental illness and substance use disorders in recent years.
Older adults have higher rates of mental illness than substance use disorders. An estimated 19% of Missouri adults over age 25—approximately 734,000—have a past-year mental illness, and nearly 5% or 175,000 have serious mental illness. Less than 7% or about 252,000 have a substance use disorder. Of these, about 202,000 have an alcohol dependence/abuse or co-occurring alcohol and illicit drug dependence/abuse disorder.

Figure 15: Past-Year Mental Illness, Substance Disorders, and Treatment Need among Missouri Older Adults

Consistent with these prevalence estimates, considerably more adults age 25 and older sought treatment for mental illness than substance abuse in Division of Behavioral Health programs in FY 2013. Among those admitted for substance use disorders, nearly one-half identified alcohol as their primary drug of abuse.

Figure 16: Primary Drug of Abuse among Older Adults Served in DBH Treatment Programs, FY 1996-FY 2013

Source: U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health, 2011-2012. Estimates are 2-year averages. Some individuals are in more than one category.