

An Analysis of Mental Health and Substance Abuse Disparities & Access to Treatment Services in the Appalachian Region

Appendix

August 2008

Presented to:

Appalachian Regional Commission

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The authors wish to thank the Appalachian Regional Commission for providing the funding for the report.

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Acknowledgments

This report was funded and prepared for the Appalachian Regional Commission (ARC). It was commissioned by the ARC to study the disparities in mental health status and substance abuse prevalence and access to treatment services in the Appalachian Region.

The National Opinion Research Center (NORC) at the University of Chicago, in partnership with East Tennessee State University (ETSU), conducted this study. Zhiwei Zhang, Ph.D. is the lead author and Principal Investigator and Michael Meit, M.A., M.P.H. is the Project Manager. Contributing authors to this report were Alycia Infante, M.P.A. and Ned English, M.S. from NORC, and Michael Dunn, Ph.D. and Kristine Harper Bowers from East Tennessee State University (ETSU). The research, analysis, and report development were guided by Dr. Gregory Bischak, Senior Economist with the ARC.

We would like to acknowledge the important contributions of Randall Jessee, Ph.D. and the members of the Center for Appalachian Substance Abuse Policy (CASAP) for their initial project guidance and review of draft findings, and the members of the Appalachian Health Policy Advisory Council (AHPAC) for their ongoing project guidance and support. We also thank Bruce Behringer, M.P.H. at East Tennessee State University for his guidance and contributions. We appreciate the assistance provided by Katherine Locke, M.P.H., Emily Shortridge, Ph.D., Jacob Feldman, Ph.D., and Sam Schildhaus, Ph.D. from NORC. We thank Art Hughes at the Office of Applied Studies (OAS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) and staff at Research Triangle Institute International Inc. for running data on the National Survey on Drug Use and Health (NSDUH). We thank Deborah Trunzo at OAS/SAMHSA and Leigh Henderson at the Synectics for Management Decisions, Inc for providing the Treatment Episode Data Sets (TEDS) submitted by Appalachian states and jurisdictions.

The data collection in the field for the case study part of this project was approved by the East Tennessee State University's Institutional Review Board. All the data collection, analysis, reporting, and subsequent publications were approved by NORC's Institutional Review Board.

The views expressed are those of the authors and not necessarily those of ARC, NORC, or the East Tennessee State University.

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APPENDIX A: Data Sources

Source Information	Population and Contents of Investigation	Characteristics of the Data	Comparing Regional Data to the U.S.
<p>CHAPTER 2: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA)</p> <p>Years: 2002 – 2005</p> <p>Type of source: Household survey data</p>	<p>Substance use and mental disorders among civilian, non-institutionalized population of the U.S., age 12 or older.</p>	<p>Number of Appalachian States Included: 13</p> <p>Number of Appalachian Counties Included: 352</p> <p>Number of Appalachian Facilities Included: N/A</p> <p>Sample Size: 217,978 respondents</p>	<p>Appalachian counties are compared to non-Appalachian counties for the following variables: demographic characteristics; health insurance status; lifetime, past year, and past month substance use; substance dependence or abuse, mental health measures, and receipt of substance use treatment; access to alcohol treatment; access to drug treatment; reasons for not receiving substance use treatment; and reasons for not receiving mental health treatment.</p>
<p>CHAPTER 3: Treatment Episode Data Set (TEDS), Substance Abuse and Mental Health Services Administration (SAMHSA)</p> <p>Years: 2000 – 2004</p> <p>Type of source: Data from treatment facilities</p>	<p>Location, characteristics, and utilization of all alcohol and drug treatment facilities and services, both public and private, throughout the 50 States, the District of Columbia, and other U.S. jurisdictions.</p>	<p>Number of Appalachian States Included: 12 (<i>Excludes WV</i>)</p> <p>Number of Appalachian Counties Included: 195</p> <p>Number of Appalachian Facilities Included: N/A</p> <p>Sample Size: 511,217 total admissions</p>	<p>Data from Appalachia is compared to U.S. data for the primary substance of abuse at the time of admission to treatment between 2000 and 2004.</p>
<p>CHAPTER 4: Healthcare Cost and Utilization Project, (HCUP), Nationwide Inpatient Sample, Agency for Healthcare Research and Quality (AHRQ)</p> <p>Years: 2004</p> <p>Type of source: Discharge data from community hospitals</p>	<p>Substance abuse and mental disorder related clinical and resource use information available from discharge abstracts of records of hospital stays from about 1,000 hospitals sampled to approximate a 20 percent stratified sample of U.S. community hospitals.</p>	<p>Number of Appalachian States Included: 6 (<i>Includes NC, KY, VA, WV, NY, MD</i>)</p> <p>Number of Appalachian Counties Included: 45</p> <p>Number of Appalachian Hospitals Included: 52</p> <p>Sample Size: 5,666,341 inpatient stays total</p>	<p>Appalachian counties are compared to non-Appalachian counties for the following variables: demographic characteristics across economic development status level; hospital stay characteristics; presence of MHSA; subtype of MHSA stays; comorbidity status; diagnoses contain alcohol use disorder; diagnoses contain mental health disorder; principal reason for hospitalization was alcohol use; principal reason for hospitalization was drug use; and types of SAMH diagnoses for adolescents and adults.</p>
<p>CHAPTER 5: National Survey of Substance Abuse Treatment Services (N-SSATS), Substance Abuse and Mental Health Services Administration (SAMHSA)</p>	<p>Demographic and substance abuse characteristics of annual admissions to treatment for abuse of alcohol and drugs in facilities that report to individual State administrative data systems.</p>	<p>Number of Appalachian States Included: 13</p> <p>Number of Appalachian Counties Included: 318</p> <p>Number of Appalachian Facilities Included: 891</p>	<p>Appalachian counties are compared to non-Appalachian counties for the following variables: Ownership of substance abuse treatment facilities; characteristics of substance abuse treatment facilities (accredited by Commission on Accreditation of Rehabilitation Facilities, licensed/certified by public health department, arrangements/ contracts with managed</p>

Source Information	Population and Contents of Investigation	Characteristics of the Data	Comparing Regional Data to the U.S.
<p>Years: 2005</p> <p>Type of source: Data on admissions to substance abuse treatment services</p>		<p>Sample Size: 13,367 substance abuse treatment facilities</p>	<p>care organizations, receives public funds); services offered at substance abuse treatment facilities, facilities offering inpatient detoxification services; primary focus of substance abuse facilities; facilities accepting adolescents; facilities using a sliding fee scale; facilities offering free or no charge treatment; facilities that accept Medicare; facilities that accept Medicaid; facilities that accept state financed health insurance; and facilities that accept private health insurance.</p>
<p>CHAPTER 6: Coal Mining Data from HCUP and TEDS</p> <p>Years: 2004, 2005</p> <p>Type of source: Data from HCUP and TEDS, see above</p>	<p>See above in HCUP and TEDS.</p>	<p><u>HCUP</u></p> <p>Number of Appalachian Counties Included: 45 (<i>25 coal mining, 20 non-coal mining</i>)</p> <p>Sample Size: 167,957 total hospital admissions (<i>76,083 admissions from coal mining Appalachian counties; 91,874 from non-coal mining Appalachian counties</i>)</p> <p><u>TEDS</u></p> <p>Number of Appalachian Counties Included: (<i>86 coal mining</i>)</p> <p>Sample Size: 511,317 total hospital admissions (<i>211,380 admissions from coal mining Appalachian counties; 299,837 from non-coal mining Appalachian counties</i>)</p>	<p>No comparisons are made between the Appalachian region and the U.S., as this was not the scope of this chapter. Rather, we compare coal-producing Appalachian counties to non-coal producing Appalachian counties for the following variables: heroin use as primary, secondary, or tertiary reason for treatment; other opiates or synthetics use as primary, secondary, or tertiary reason for treatment; characteristics of hospital stays; characteristics of admissions to substance abuse specialty treatment; treatment-related characteristics of admissions to substance abuse treatment; and substance abuse characteristics of admissions to substance abuse treatment.</p>
<p>CHAPTER 7: Case Studies with Twinned Appalachian Counties</p>	<p>Six counties were selected using a 'socioeconomic twinning' methodology, and community stakeholders participated in discussions about perceptions of mental health and substance abuse issues in their communities.</p>	<p>Number of Appalachian Counties Included: 6</p> <p>Number of Appalachian States Included: 3</p>	<p>While this chapter was qualitative in nature, NORC produced county profiles of substance abuse and mental health characteristics that compared county-level data for six Appalachian counties in three states to state-level data.</p>

APPENDIX B: Literature Review of the Prevalence of Substance Abuse and Mental Health Disorders, Access to Treatment Services, and Disparities in Appalachia

Introduction

In Appendix B, we provide a review of the literature related to substance abuse and mental health disorders in Appalachia, access to treatment services, and related disparities in Appalachia. When Appalachia-specific literature has not been available, we have referenced literature on rural substance abuse and mental health disparities as a proxy for Appalachia.

Methods

In order to obtain the most relevant articles for this review, we conducted extensive searches using PubMed, Sociological Abstracts, Lexis/Nexis and Google Scholar. We also used articles cited in relevant journals as sources of information and drew upon reports commissioned by government agencies such as ARC and SAMHSA. Finally, we obtained recommended literature sources from experts in Appalachian research, rural research, and mental health and substance abuse research. A special focus was placed on articles with an Appalachia-wide focus, articles with county-level data obtained from nationally-representative datasets, and articles that offered potential solutions for reducing mental health and substance abuse disparities.

We have organized our findings using Kilbourne et al's conceptual framework for advancing health disparities research (Kilbourne et al, 2006). Using an epidemiological framework, Kilbourne et al divided disparities research into three phases: **detection** (defining disparities and identifying vulnerable populations), **understanding** (identifying the causes and contributing factors of disparities), and **reducing disparities** (identifying successful interventions and policies which lead to a reduction in disparities).

DETECTION

Overall Prevalence of Substance Abuse and Mental Health Disorders

Though substance abuse is often assumed to be an urban problem, data have consistently shown no significant difference in rates of mental health disorders and drug and alcohol abuse between rural and non-rural areas (Hartley, Bird and Dempsey 1999, Robertson and Donnermeyer 1998, Leuekefeld et al 2002). These findings have also been supported by large national surveys: data from the 2004 National Survey on Drug Use and Health found that 8.2% of those living in non-metropolitan areas met criteria for past year alcohol and/or drug abuse, compared to 9.6% in metropolitan areas (SAMHSA Office of Applied Studies, 2005) and the 1991 Comorbidity Survey found no statistical difference in the prevalence of mental health or substance use disorders between urban and rural residents (Simmons and Havens 2006).

Differences in prevalence do exist based on type of substance used, however. For example, many states in the Appalachian region have smoking rates that are higher than the national average (Doescher et al 2006) and women in West Virginia were found to have the highest rate of pre-natal

smoking (Song and Fish 2006). OxyContin® has been mentioned frequently in the media as a major problem in Appalachia and rural areas, and the data, while scant, support that contention. Leukenfeld et al (2005) explored prescription drug use, health services utilization, and health problems in rural Appalachian Kentucky. As part of a larger project designed to examine the effectiveness of two HIV/AIDS risk reduction interventions, Leukenfeld et al studied 295 subjects on felony probation from one of 30 Appalachian counties in Eastern Kentucky. Subjects were divided into two groups: those who had ever used OxyContin and those who had never used OxyContin. Findings suggested statistical differences between the OxyContin-using and non-using subjects. OxyContin users reported greater use of other substances and more emergency room treatments for drug overdose more often than the non-users. Additionally, OxyContin users sought detoxification and self-help more often than the non-users.

In addition, research conducted by the Maine Rural Health Research Center has demonstrated that 2.8% of young adults in the smallest rural areas use OxyContin® as compared to 1.7% of urban young adults, and similarly that young adults in the smallest rural areas report methamphetamine use at nearly twice the rate of urban young adults (2.9% vs. 1.5%). Differences for both OxyContin and methamphetamine, while appearing small, were in fact statistically significant (Maine Rural Health Research Center, June 2007).

Findings from the Maine Rural Health Research Center also noted that while OxyContin and methamphetamine rates were higher in small rural areas, the rates of alcohol abuse were particularly striking. Children aged 12-17 from the smallest rural areas are more likely to have used alcohol, engaged in binge drinking (defined as having 5 or more drinks on a single occasion), heavy drinking (defined as binge drinking on 5 or more occasions within a month) and driving under the influence (DUI) than urban children. Among young adults, the highest rates of binge drinking, heavy drinking, and DUI are seen in larger, non-adjacent rural areas. Findings demonstrated that forty-eight percent of young adults in larger rural areas have engaged in binge drinking in the past month (Maine Rural Health Research Center, 2007).

Though there are many nationally representative surveys that provide insight into the prevalence of mental health and substance use disorders in Appalachia and rural areas, it is important to understand the limitations of these data. Hartley et al (2002) suggest that survey data based on self report may represent an underestimation of true mental health and substance use disorder prevalence. For example, rural areas have higher suicide rates which may be indicative of greater unreported prevalence of depressive disorders. Furthermore, hospital based data may under-report drug and alcohol related injury due to the restrictions of laws that allow insurers to refuse payment for services rendered due to drug or alcohol use. Prescription drug data may also be problematic. For example, Anglin and White's 1999 study of prescription drug problems in Eastern Kentucky describe a scenario where Eastern Kentucky clinics were chastised for seemingly over prescribing Tylenol Three (a specific dosage of Tylenol with Codeine), when in reality, they had a majority of patients who were insured through Medicaid and Tylenol Three was the only pain medicine on the formulary. It appeared that they were over-prescribing this medication, but in fact, they were under-prescribing the wider variety of painkillers.

Disparities in Treatment Utilization and Access

Kilbourne et al define disparities as “observed clinically and statistically significant differences in health outcomes or health care use between socially distinct vulnerable and less vulnerable

populations that are not explained by the effect of selection bias.” The authors identify vulnerable populations as people who face physical, psychological and/or social health risks because of “differences in underlying social status” due to multiple factors such as race/ethnicity, gender, rural residence and Appalachian residence. Rurality is likely a key factor driving disparities in treatment access and utilization for Appalachian residents, and race/ethnicity may also play a role in driving disparities within certain Appalachian sub-regions.

Several studies have found that compared to urban residents, rural individuals are less likely to utilize drug and alcohol treatment (Warner and Leukefeld 2001, Simmons and Havens 2006). This is likely at least partially attributable to the availability of specialty mental health treatment and substance abuse treatment, which has been shown to be significantly lower in rural areas (Hartley et al 1999, SAMHSA 2003). Further, Fortnay et al found that increased travel time, a common rural concern, was associated with poor treatment compliance and health outcomes regarding chronic conditions (Fortnay et al 1999). However, distance from treatment services may be a less important factor than access to a car for personal use or having a friend or relative willing to provide transportation (Arcury et al 2005).

Disparities in treatment utilization may be higher among nonwhite Appalachian residents. The Great Smoky Mountains Study, which compared white and Native American Appalachian youth in Western North Carolina, found similar opportunities to access treatment among white and Native American children, but that Native American children utilized fewer services (Costello et al 1997). They also found that Native American children had higher rates of substance abuse and co-morbid substance abuse and mental health disorders. Another study, based on the Great Smoky Mountains study, compared white children with African-American children (Angold et al 2002), finding that despite similar prevalence of mental health and substance use disorders and no difference in ability to access treatment, African-American youth had lower usage of specialty mental health services.

UNDERSTANDING

The Relationship Between Rural Residence and Disparities in Treatment Access in Appalachia

We have described above that despite having similar prevalence of mental health and substance use disorders, rural residents experience disparities in treatment utilization and access. Socioeconomic conditions as well as cultural factors serve as barriers to treatment utilization in Appalachia. Factors relating to the health care system also contribute to the problems of substance abuse and lack of treatment.

It is impossible to discuss disparities in Appalachia without a discussion of socioeconomic conditions. Economic decline based on struggles in the mining and farming industries have resulted in out-migration and dismantling of kinship networks (Goodrum et al 2004). Recently, researchers have drawn comparisons between these rural areas and highly distressed urban ghettos, describing their similar problems of economic deprivation, lack of opportunity, social isolation and disintegrating kinship networks (Schoenberger et al 2006).

Cultural factors also contribute to the disparities in treatment utilization and access among rural and Appalachian people. Multiple authors have cited the rural values of individualism and self reliance as a barrier to treatment utilization (Leukefeld et al 2002, Schoenberger et al 2006). For example,

Warner and Leukefeld's study of rural-urban differences in substance abuse treatment utilization among prisoners in Kentucky found that the most common reason that rural prisoners did not seek substance abuse treatment was because they did not think they had a problem. This was the key determinant of lower rates of treatment utilization among rural prisoners, even though rural prisoners indicated higher rates of substance use than urban prisoners. Data from the Treatment Episode Data Set (TEDS) found that people in rural treatment centers were more likely to have been referred to treatment through the criminal justice system than people in urban treatment centers (SAMHSA, 2005), indicating that those attending rural treatment centers may have not recognized that they had a substance abuse problem. High rates of co-morbid substance abuse and mental health disorders can also be explained by the problem of lack of recognition of a need for treatment. Simmons and Havens have suggested that these high rates of co-morbid conditions are caused by people with mental health disorders not knowing to seek treatment for their mental health conditions, and instead, medicating with drugs and alcohol.

Lack of adequate insurance and other health care system issues also contribute to both the prevalence of substance use disorders and access/utilization. Anglin and White's study of an Eastern Kentucky community clinic serving a distressed uninsured and under-insured Appalachian area identified various problems with prescription drug misuse. They found that due to financial constraints, informal networks of prescription sharing develop, causing prescription misuse. This misuse is not due to patients wanting to abuse drugs, but because patients are unable to afford appropriate supplies of their medications and have to pool their resources within their communities. They also state that some who become reliant on pain medication did so because they were unable to afford treatment for the chronic condition causing their pain. Havens et al (2006) found that the highest rates of OxyContin® prescribing among Kentucky Medicaid recipients occurred in the ARC-designated distressed Appalachian counties as opposed to non-Appalachian counties and non-distressed Appalachian counties and called for further research into the cause of this over-prescribing.

Clearly, disparities in treatment access and utilization in Appalachia result from a complex interplay of rurality, socioeconomic, cultural, and health system factors.

REDUCING DISPARITIES

Key strategies for reducing disparities are education (both geared towards prevention and treatment options), improved surveillance tools, criminal justice system issues (treatment in prison, drug courts) and health system issues (culturally-competent healthcare delivery and increased staffing in rural areas). The literature related to substance abuse and mental health disparities in Appalachia suggests several methods to reduce disparities related to prevalence and treatment.

Education is a critical method for overcoming disparities in both prevalence and treatment access. Leukefeld et al found that rural substance abusers in a Kentucky prison had a much later onset of drug and alcohol use than urban prisoners. This indicates that there is a greater window of opportunity for rural young people and that preventive efforts may be a good option for Appalachian youth. This becomes especially critical because rates of methamphetamine and OxyContin® use are higher among rural youth, as described above. Educating both providers and consumers regarding signs of a substance abuse or mental health disorder is also critical because of the lack of recognition of having a substance abuse problem described above. Community-level

education about the benefits of treatment would provide a great benefit in rural and Appalachian areas. Mental health-related education may also be helpful for African-American and Native American parents due to the lower rates of mental health services utilization among African-American and Native American children with mental health disorders.

Improved surveillance systems are also needed to allow policymakers and stakeholders to better understand of the impact of substance abuse in Appalachia. Cicero et al describe a surveillance system set up to detect high rates of OxyContin® and other prescription drug diversion. Using a network of key informants, the authors developed a surveillance system to show when an area is having an increased problem, allowing stakeholders to know when a particular diverted drug is becoming a problem in their community. Leukefeld et al used a unique method to improve estimation of drug injection prevalence in rural Kentucky (2002) which also provided insight regarding the numbers of injection drug users who are not in treatment. This type of data will allow state and local governments to more effectively allocate resources and address disparities.

A best practice to reduce the impact of substance abuse (and especially methamphetamine abuse) in Appalachia may be the use of drug courts. This recommendation was generated through a meeting of Appalachian stakeholders organized by East Tennessee State University in 2005. The potential benefits of this strategy can be seen based on the TEDS data described above, which found that people in rural treatment centers were more likely in treatment as a result of a court order. Other authors (Kubiak et al 2006, Mateyoke-Schivner et al 2004, Warner and Leukefeld 2001) found the usage of drug courts and/or treatment within prisons and jails to be a key opportunity for reducing disparities in treatment utilization among rural and Appalachian substance abusers. Given that a lack of recognition of a substance abuse problem is a key barrier to treatment entry, drug courts and prison/jail in-house treatment offer a unique opportunity to ensure treatment access for a population that is hard to identify and unlikely to self-select into treatment.

Finally, the health care system also can provide opportunities to address substance use and mental health disparities in the Appalachian region. Rural areas have fewer available treatment facilities and those that do exist are often understaffed. Mental health staff in rural health centers can access a large number of vulnerable patients and are essential to improving access to mental health services (Van Hook and Ford 1998). Telemedicine and self help groups may also reduce these disparities, although transportation may be a problem in accessing self-help groups in rural areas (Ralph in Hartley, 1999).

Health care providers in Appalachia, especially when providing information about sensitive topics such as mental health and substance abuse, should be trained in effective communication and culturally competent healthcare delivery (Behringer and Friedell 2006, Anglin and White 1999). Clinicians who are able to gain the trust of patients can be more effective in increasing awareness of these issues. Furthermore, clinicians who are more familiar with Appalachian cultural norms will be better equipped to understand their patient's struggles. Anglin and White also call for greater oversight regarding written prescriptions of commonly diverted drugs so that providers who are over prescribing for financial benefit are identified, a key issue in areas with high rates of prescription drug diversion.

WHAT HAVE WE LEARNED?

Much remains to be learned about mental health status and substance abuse prevalence in Appalachia. Studies have found that substance use is higher in Appalachia than the rest of the nation for certain types of substances. While a body of research has explored mental health status in rural communities, few studies have explored mental health status in Appalachian communities specifically. Future research should explore geographic and demographic trends across Appalachian sub-regions and states, and within Appalachian counties.

The literature also suggests that disparities in access to and utilization of treatment for substance abuse and mental health disorders in Appalachia result from a complex interplay of socioeconomic, cultural, and health system factors. Some studies indicate that there is a relationship between rural residence and disparities in treatment access in Appalachia, but further research must be done on this topic. Research should also investigate the impact of socioeconomic, cultural and health system factors on treatment access and utilization at the state and county levels in Appalachia.

Studies have suggested that race and ethnicity may play a role in driving disparities within certain Appalachian sub-regions. Specifically, studies have demonstrated that non-white Appalachian residents have lower utilization of treatment services, including specialty mental health services, and higher rates of substance abuse and co-morbid substance abuse and mental health disorders. Literature has identified various mechanisms to reduce disparities related to treatment access and utilization in Appalachia – methods include education, cultural competency training for providers, surveillance systems, and changes to the health care system (e.g., more mental health staff in rural health centers, health care via telemedicine, and treatment via self help groups). Future research should explore the effectiveness of these methods in specific Appalachian communities.

Overall, research to date does not provide a comprehensive understanding of substance abuse prevalence and mental health status, and disparities in access to and utilization of treatment services in Appalachia. Moving forward, research should investigate more granular patterns and trends related to substance abuse prevalence and mental health status in Appalachia. The identification of geographic and demographic patterns within specific sub-regions, counties, and communities will enable policy makers to design targeted policy interventions to reduce disparities and improve access to treatment services.

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APPENDIX C: Results from the 2005 National Survey on Drug Use and Health: National Findings

Note: Estimates are based on combined 2004 – 2005 data.

Table 2.1A Demographic Characteristics and Health Insurance among Persons Aged 12 or Older, by Age Group and Appalachian Region Status: Numbers in Thousands, Annual Averages Based on 2002-2005

Demographic Characteristic/Health Insurance	AGE GROUP			
	12-17		18 or Older	
	Appalachian Region ¹	Outside Appalachia	Appalachian Region ¹	Outside Appalachia
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	1,826	19,099	17,590	170,094
White	1,579	13,922	15,851	135,270
Black or African American	212	3,545	1,330	22,629
Other ²	34	1,632	408	12,195
Hispanic or Latino	49	4,106	351	26,025
EDUCATION				
< High School	N/A	N/A	3,653	33,182
High School Graduate	N/A	N/A	6,889	61,045
Some College	N/A	N/A	4,090	49,674
College Graduate	N/A	N/A	3,308	52,219
CURRENT EMPLOYMENT				
Full-Time	N/A	N/A	9,161	109,116
Part-Time	N/A	N/A	2,144	25,854
Unemployed	N/A	N/A	616	7,047
Other ³	N/A	N/A	6,020	54,103
HEALTH INSURANCE				
Private	1,268	15,771	12,844	140,071
Medicare	14	202	3,928	34,575
Medicaid/CHIP ⁴	502	5,442	1,607	15,331

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

*Low precision; no estimate reported.

N/A: Not applicable.

¹ Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

² Includes respondents reporting American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and Two or More Races.

³ The Other Employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

⁴ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

Table 2.2A Lifetime, Past Year, and Past Month Substance Use among Persons Aged 12 or Older, by Substance, Age Group, and Appalachian Region Status: Numbers in Thousands, Annual Averages Based on 2002-2005

Substance	AGE GROUP			
	12-17		18 or Older	
	Appalachian Region ¹	Outside Appalachia	Appalachian Region ¹	Outside Appalachia
MARIJUANA USE				
Lifetime	355	4,440	6,855	84,818
Past Year	270	3,402	1,498	20,283
Past Month	131	1,777	878	11,820
COCAINE USE				
Lifetime	47	581	2,097	31,432
Past Year	36	409	389	4,913
Past Month	10	131	139	1,899
METHAMPHETAMINE USE				
Lifetime	26	296	714	10,656
Past Year	13	170	75	1,140
Past Month	6	58	32	479
ALCOHOL USE				
Past Year	633	7,897	10,948	137,605
Binge Alcohol Use ²	198	2,454	3,697	47,995
Heavy Alcohol Use ²	54	588	1,216	14,326
CIGARETTE USE				
Lifetime	690	6,844	13,606	141,234
Past Year	446	4,256	6,191	59,583
Past Month	306	2,690	5,543	51,961
PAST YEAR NONMEDICAL USE OF PSYCHOTHERAPEUTICS³	198	2,027	1,013	11,632

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

*Low precision; no estimate reported.

¹ Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

² 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 past 30 days. 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; all heavy alcohol users are also binge alcohol users.

³ Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

Table 2.3A Substance Dependence or Abuse, Mental Health Measures, and Receipt of Substance Use Treatment in the Past Year among Persons Aged 12 or Older, by Age Group and Appalachian Region Status

Dependence or Abuse/Mental Health/Receipt of Treatment	AGE GROUP			
	Numbers in Thousands, Annual Averages Based on 2002-2005			
	12-17		18 or Older	
	Appalachian Region ¹	Outside Appalachia	Appalachian Region ¹	Outside Appalachia
DEPENDENCE OR ABUSE²				
Illicit Drugs ³	97	1,202	444	5,277
Alcohol	111	1,351	1,156	15,686
Both Illicit Drugs and Alcohol ³	47	542	187	2,470
Illicit Drugs or Alcohol ³	162	2,010	1,414	18,493
PAST YEAR SERIOUS PSYCHOLOGICAL DISTRESS⁴	N/A	N/A	2,426	22,999
PAST YEAR MAJOR DEPRESSIVE EPISODE⁵	165	2,043	1,460	14,970
PAST YEAR RECEIPT OF SPECIALTY TREATMENT FOR ILLICIT DRUG OR ALCOHOL USE^{3,6}	17	163	155	1,879
MENTAL HEALTH TREATMENT/COUNSELING⁷	N/A	N/A	2,429	25,304
Inpatient	N/A	N/A	160	1,668
Outpatient	N/A	N/A	1,303	13,891
Prescription Medication	N/A	N/A	2,155	20,645

*Low precision; no estimate reported.

N/A: Not applicable.

¹ Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

² Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

³ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

⁴ Serious Psychological Distress (SPD) is defined as having a score of 13 or higher on the K6 scale. Due to questionnaire changes, these combined 2004 and 2005 estimates are not comparable with 2004 and earlier estimates published in prior NSDUH reports. See Section B.4.4 in Appendix B of the *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Estimates are based on combined 2004-2005 data.

⁵ Major Depressive Episode (MDE) is defined 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 the symptoms for depression as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Estimates are based on combined 2004-2005 data.

⁶ Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. Estimates include persons who received treatment specifically for illicit drugs or alcohol, as well as persons who received treatment but did not specify for what substance(s).

⁷ Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.4A Demographic Characteristics and Health Insurance among Persons Aged 12 or Older Residing in Appalachian Region, by Age Group and Appalachian Sub-region

Demographic Characteristic/Health Insurance	AGE GROUP					
	Numbers in Thousands, Annual Averages Based on 2002-2005					
	12-17			18 or Older		
	Northern	Central	Southern	Northern	Central	Southern
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	835	165	826	7,875	1,597	8,117
White	777	160	642	7,463	1,546	6,842
Black or African American	38	2	172	269	28	1,034
Other ¹	19	4	12	143	24	242
Hispanic or Latino	18	3	28	86	21	243
EDUCATION						
< High School	N/A	N/A	N/A	1,296	497	1,861
High School Graduate	N/A	N/A	N/A	3,352	648	2,889
Some College	N/A	N/A	N/A	1,806	306	1,978
College Graduate	N/A	N/A	N/A	1,507	169	1,633
CURRENT EMPLOYMENT						
Full-Time	N/A	N/A	N/A	3,911	698	4,552
Part-Time	N/A	N/A	N/A	1,023	146	975
Unemployed	N/A	N/A	N/A	288	62	266
Other ²	N/A	N/A	N/A	2,739	713	2,568
HEALTH INSURANCE						
Private	617	84	566	5,893	1,032	5,918
Medicare	4	1	9	1,775	451	1,702
Medicaid/CHIP ³	191	71	239	647	233	727

^{*}Low precision; no estimate reported.

NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

N/A: Not applicable.

¹ Includes respondents reporting American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and Two or More Races.

² The Other Employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

³ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.5A Lifetime, Past Year, and Past Month Substance Use among Persons Aged 12 or Older Residing in Appalachian Region, by Substance, Age Group, and Appalachian Sub-region

Substance	AGE GROUP					
	Numbers in Thousands, Annual Averages Based on 2002-2005					
	12-17			18 or Older		
	Northern	Central	Southern	Northern	Central	Southern
MARIJUANA USE						
Lifetime	164	30	162	3,094	535	3,226
Past Year	128	21	121	713	107	678
Past Month	64	7	59	438	61	379
COCAINE USE						
Lifetime	19	4	25	937	125	1,035
Past Year	15	3	19	181	27	181
Past Month	5	1	4	65	7	67
METHAMPHETAMINE USE						
Lifetime	10	3	13	315	34	365
Past Year	4	1	8	21	5	50
Past Month	1	1	4	5	1	26
ALCOHOL USE						
Past Year	313	49	272	5,515	705	4,727
Binge Alcohol Use ¹	105	14	79	1,958	226	1,513
Heavy Alcohol Use ¹	28	4	21	654	66	496
CIGARETTE USE						
Lifetime	304	71	315	6,125	1,219	6,262
Past Year	203	41	202	2,799	598	2,794
Past Month	141	29	136	2,511	537	2,495
PAST YEAR NONMEDICAL USE OF PSYCHOTHERAPEUTICS²	77	18	103	395	104	514

*Low precision; no estimate reported.

NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

¹ 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 past 30 days. 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; all heavy alcohol users are also binge alcohol users.

² Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.6A Substance Dependence or Abuse, Mental Health Measures, and Receipt of Substance Use Treatment in the Past Year among Persons Aged 12 or Older Residing in Appalachian Region, by Age Group and Appalachian Sub-region

Dependence or Abuse/Mental Health/Receipt of Treatment	AGE GROUP					
	Numbers in Thousands, Annual Averages Based on 2002-2005					
	12-17			18 or Older		
	Northern	Central	Southern	Northern	Central	Southern
DEPENDENCE OR ABUSE¹						
Illicit Drugs ²	46	5	47	192	50	202
Alcohol	56	7	48	574	78	504
Both Illicit Drugs and Alcohol ²	24	3	19	87	20	81
Illicit Drugs or Alcohol ²	77	10	75	680	108	626
PAST YEAR SERIOUS PSYCHOLOGICAL DISTRESS³	N/A	N/A	N/A	1,123	270	1,034
PAST YEAR MAJOR DEPRESSIVE EPISODE⁴	74	15	76	638	177	645
PAST YEAR RECEIPT OF SPECIALTY TREATMENT FOR ILLICIT DRUG OR ALCOHOL USE^{2,5}	7	1	9	79	9	67
MENTAL HEALTH TREATMENT/COUNSELING⁶	N/A	N/A	N/A	1,085	248	1,095
Inpatient	N/A	N/A	N/A	57	16	87
Outpatient	N/A	N/A	N/A	554	120	628
Prescription Medication	N/A	N/A	N/A	946	232	977

*Low precision; no estimate reported.

NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

N/A: Not applicable.

¹ Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

² Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

³ Serious Psychological Distress (SPD) is defined as having a score of 13 or higher on the K6 scale. Due to questionnaire changes, these combined 2004 and 2005 estimates are not comparable with 2004 and earlier estimates published in prior NSDUH reports. See Section B.4.4 in Appendix B of the *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Estimates are based on combined 2004-2005 data.

⁴ Major Depressive Episode (MDE) is defined 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 the symptoms for depression as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Estimates are based on combined 2004-2005 data.

⁵ Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. Estimates include persons who received treatment specifically for illicit drugs or alcohol, as well as persons who received treatment but did not specify for what substance(s).

⁶ Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.7A Demographic Characteristics and Health Insurance among Persons Aged 12 or Older Residing in Appalachian Region, by Age Group and Appalachian Socioeconomic Status

Demographic Characteristic/ Health Insurance	AGE GROUP					
	Numbers in Thousands, Annual Averages Based on 2002-2005					
	12-17			18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	306	1,073	446	2,981	10,463	4,146
White	273	964	341	2,683	9,665	3,503
Black or African American	29	89	94	258	586	486
Other ¹	3	20	11	40	211	157
Hispanic or Latino	3	29	17	33	148	170
EDUCATION						
< High School	N/A	N/A	N/A	871	2,142	641
High School Graduate	N/A	N/A	N/A	1,261	4,186	1,443
Some College	N/A	N/A	N/A	554	2,511	1,025
College Graduate	N/A	N/A	N/A	329	1,771	1,208
CURRENT EMPLOYMENT						
Full-Time	N/A	N/A	N/A	1,321	5,445	2,395
Part-Time	N/A	N/A	N/A	292	1,305	547
Unemployed	N/A	N/A	N/A	137	346	133
Other ²	N/A	N/A	N/A	1,265	3,514	1,241
HEALTH INSURANCE						
Private	162	765	341	1,906	7,725	3,212
Medicare	3	6	5	765	2,352	811
Medicaid/CHIP ³	125	280	96	426	911	270

*Low precision; no estimate reported. NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states. N/A: Not applicable.

¹ Includes respondents reporting American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and Two or More Races.

² The Other Employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

³ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.8A Lifetime, Past Year, and Past Month Substance Use among Persons Aged 12 or Older Residing in Appalachian Region, by Substance, Age Group, and Appalachian Socioeconomic Status

Substance	AGE GROUP					
	Numbers in Thousands, Annual Averages Based on 2002-2005					
	12-17			18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
MARIJUANA USE						
Lifetime	61	210	84	983	4,065	1,806
Past Year	43	163	65	178	945	374
Past Month	18	80	33	91	566	221
COCAINE USE						
Lifetime	9	31	7	248	1,233	616
Past Year	7	24	6	40	258	91
Past Month	3	6	2	13	94	32
METHAMPHETAMINE USE						
Lifetime	6	16	4	59	448	208
Past Year	3	8	2	12	50	14
Past Month	2	3	1	4	16	12
ALCOHOL USE						
Past Year	97	383	153	1,314	6,586	3,047
Binge Alcohol Use ¹	31	126	41	462	2,324	910
Heavy Alcohol Use ¹	9	34	11	144	800	271
CIGARETTE USE						
Lifetime	135	416	139	2,260	8,079	3,267
Past Year	79	272	94	1,127	3,746	1,319
Past Month	58	186	62	1,018	3,357	1,168
PAST YEAR NONMEDICAL USE OF PSYCHOTHERAPEUTICS²	35	124	39	166	636	211

*Low precision; no estimate reported.

NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

¹ 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 past 30 days. 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; all heavy alcohol users are also binge alcohol users.

² Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.9A Substance Dependence or Abuse, Mental Health Measures, and Receipt of Substance Use Treatment in the Past Year among Persons Aged 12 or Older Residing in Appalachian Region, by Age Group and Appalachian Socioeconomic Status

Dependence or Abuse/Mental Health/Receipt of Treatment <i>Numbers in Thousands, Annual Averages Based on 2002-2005</i>	AGE GROUP					
	12-17			18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
DEPENDENCE OR ABUSE¹						
Illicit Drugs ²	16	62	20	77	279	89
Alcohol	16	73	22	142	717	297
Both Illicit Drugs and Alcohol ²	6	33	8	28	123	37
Illicit Drugs or Alcohol ²	26	102	34	191	873	349
PAST YEAR SERIOUS PSYCHOLOGICAL DISTRESS³	N/A	N/A	N/A	521	1,265	640
PAST YEAR MAJOR DEPRESSIVE EPISODE⁴	28	93	45	313	745	402
PAST YEAR RECEIPT OF SPECIALTY TREATMENT FOR ILLICIT DRUG OR ALCOHOL USE^{2,5}	3	11	3	17	102	36
MENTAL HEALTH TREATMENT/COUNSELING⁶	N/A	N/A	N/A	480	1,392	557
Inpatient	N/A	N/A	N/A	34	83	42
Outpatient	N/A	N/A	N/A	258	761	284
Prescription Medication	N/A	N/A	N/A	427	1,229	499

*Low precision; no estimate reported.

NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

N/A: Not applicable.

¹ Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

² Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

³ Serious Psychological Distress (SPD) is defined as having a score of 13 or higher on the K6 scale. Due to questionnaire changes, these combined 2004 and 2005 estimates are not comparable with 2004 and earlier estimates published in prior NSDUH reports. See Section B.4.4 in Appendix B of the *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Estimates are based on combined 2004-2005 data.

⁴ Major Depressive Episode (MDE) is defined 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 the symptoms for depression as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Estimates are based on combined 2004-2005 data.

⁵ Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. Estimates include persons who received treatment specifically for illicit drugs or alcohol, as well as persons who received treatment but did not specify for what substance(s).

⁶ Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.10A Access to Alcohol Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Region Status: Numbers in Thousands

Annual Averages Based on 2002-2005	Age 12-17		Age 18 or Older	
	Appalachian Region	Outside Appalachia	Appalachian Region	Outside Appalachia
Access to Alcohol Treatment^{1,2}				
Needed But Not Received Alcohol Treatment	105	1,286	1,103	14,901
Felt Need for Alcohol Treatment	4	42	63	796
Felt Need for Alcohol Treatment and Made No Effort	2	28	41	505

*Low precision; no estimate reported.

NOTE: Received Alcohol Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop alcohol use, or for medical problems associated with alcohol use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but have not received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.11A Access to Drug Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Region Status: Numbers in Thousands

Annual Averages Based on 2002-2005	Age 12-17		Age 18 or Older	
	Appalachian Region	Outside Appalachia	Appalachian Region	Outside Appalachia
Access to Drug Treatment^{1,2}				
Needed But Not Received Treatment for an Illicit Drug Problem	91	1,124	388	4,763
Felt Need for Treatment for an Illicit Drug Problem	5	72	51	729
Felt Need for Treatment for an Illicit Drug Problem and Made No Effort	3	55	43	462

*Low precision; no estimate reported.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

NOTE: Received Illicit Drug Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug use, or for medical problems associated with illicit drug use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but have not received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.12A Reasons for Not Receiving Substance Use Treatment and Locations of Treatment by Age Group and Appalachian Region Status

<i>Numbers in Thousands, Annual Averages Based on 2002-2005</i>	Age 12-17		Age 18 or Older	
	Appalachian Region	Outside Appalachia	Appalachian Region	Outside Appalachia
Reasons for Not Receiving Drug or Alcohol Treatment among Persons Who Needed But Did Not Receive Treatment at a Specialty Facility¹				
Cost/Insurance Barriers ²	*	11	*	366
Not Ready to Stop Using Stigma ^{3,7}	*	24	*	399
Did Not Know Where to Go for Treatment	*	18	*	223
Did Not Feel Need for Treatment/Could Handle the Problem Without Treatment ^{4,7}	*	9	*	127
Did Not Have Time ⁷	*	11	*	141
Treatment Would Not Help ⁷	*	4	*	45
Other Access Barriers ⁵	*	4	*	41
	*	11	*	143
Locations Where Past Year Substance Treatment was Received among Persons Who Received Treatment at a Specialty Facility⁶				
Self-Help Group	*	83	89	1,218
Outpatient Rehabilitation	*	109	106	1,273
Inpatient Rehabilitation	*	67	57	843
Mental Health Center	*	69	75	791
Hospital Inpatient	*	59	54	628
Private Doctor's Office	*	26	30	239
Emergency Room	*	33	28	301
Prison or Jail	*	21	12	173

*Low precision; no estimate reported.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs or alcohol, but have not received treatment for an illicit drug or alcohol problem at a specialty facility.

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug or alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

³ Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

⁴ Includes reasons of "No health coverage and could not afford cost," "Had health coverage but did not cover treatment or did not cover cost," and other-specify responses of "Could not afford cost; health coverage not indicated."

⁵ Includes reasons of "Might cause neighbors/community to have negative opinion," "Might have negative effect on job," "Did not want others to find out," and other-specify responses of

"Ashamed/embarrassed/afraid" and "Afraid would have trouble with the police/social services."

⁶ Includes reasons of "Did not feel need for treatment," "Could handle the problem without treatment," and other-specify responses of "Could do it with support of family/friends/ others," and "Could do it through religion/spirituality."

⁷ Includes reasons of "No transportation/inconvenient," "No program having type of treatment," "No openings in a program," and other-specify responses of "No program had counselor/doctors with whom you were comfortable," "Services desired were unavailable or you were currently ineligible," and "Attempted to get treatment but encountered delays."

⁸ Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive.

⁹ Estimates are based only on combined 2003-2005 data. Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.13A Reasons for Not Receiving Mental Health Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Region Status: Numbers in Thousands

Annual Averages Based on 2002-2005	Age 12-17		Age 18 or Older	
	Appalachian Region	Outside Appalachia	Appalachian Region	Outside Appalachia
Reasons for Not Receiving Mental Health Treatment/Counseling among Persons with an Unmet Need for Mental Health Treatment^{1,2}				
Cost/Insurance Barriers ²	N/A	N/A	406	4,745
Did Not Feel Need for Treatment/Could Handle the Problem Without Treatment ^{3,7}	N/A	N/A	339	3,293
Stigma ^{4,7}	N/A	N/A	253	2,193
Did not Know Where to Go for Services	N/A	N/A	114	1,881
Did Not Have Time ⁷	N/A	N/A	122	1,549
Treatment Would Not Help ^{5,7}	N/A	N/A	86	993
Fear of Being Committed/Have to Take Medicine	N/A	N/A	107	755
Other Access Barriers ^{6,7}	N/A	N/A	37	558

*Low precision; no estimate reported.

N/A: Not applicable.

NOTE: Unmet Need for Mental Health Treatment/Counseling is defined as a perceived need for treatment that was not received.

NOTE: Estimates represent reasons for not receiving mental health treatment/counseling for all persons aged 18 or older with an unmet need for treatment, including those with unknown mental health treatment/counseling information.

NOTE: Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

¹ Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

² Includes reasons of "Could not afford," "Health insurance does not pay enough," "Health insurance does not cover mental health treatment," and other-specify responses of "No health insurance."

³ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁴ Includes reasons of "Might cause neighbors/community to have negative opinion," "Might have negative effect on job," "Concerned about confidentiality," "Did not want others to find out," and other-specify responses of "Ashamed/embarrassed/afraid," "Concerned how court system would treat me," and "Concerned how it would affect future insurability."

⁵ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁶ Includes reasons of "No transportation/inconvenient" and other-specify responses of "Too much red tape/hassle to get services," "No openings/long waiting lists/delays," "Services unavailable/limited in area," "Attempted to get treatment but unsuccessful in finding help," and "Could not find program/counselor comfortable with."

⁷ Estimates are based only on combined 2003-2005 data.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.14A Access to Alcohol Use Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Sub-Region: Numbers in Thousands						
Annual Averages Based on 2002-2005	Age 12-17			Age 18 or Older		
	Northern	Central	Southern	Northern	Central	Southern
Access to Alcohol Treatment^{1,2}						
Needed But Not Received Alcohol Treatment	53	7	46	541	74	488
Felt Need for Alcohol Treatment	2	1	1	28	9	26
Felt Need for Alcohol Treatment and Made No Effort	1	1	0	12	8	20
<p>*Low precision; no estimate reported.</p> <p>NOTE: Received Alcohol Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop alcohol use, or for medical problems associated with alcohol use.</p> <p>¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but have not received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).</p> <p>² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.</p> <p>Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.</p>						

Table 2.15A Access to Drug Use Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Sub-Region: Numbers in Thousands

Annual Averages Based on 2002-2005	Age 12-17			Age 18 or Older		
	Northern	Central	Southern	Northern	Central	Southern
Access to Drug Treatment^{1,2}						
Needed But Not Received Treatment for an Illicit Drug Problem	43	5	42	170	46	172
Felt Need for Treatment for an Illicit Drug Problem	3	1	2	19	8	24
Felt Need for Treatment for an Illicit Drug Problem and Made No Effort	1	0	1	13	8	23

*Low precision; no estimate reported.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

NOTE: Received Illicit Drug Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug use, or for medical problems associated with illicit drug use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but have not received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.16A Reasons for Not Receiving Mental Health Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Sub-Region: Numbers in Thousands

Annual Averages Based on 2002-2005	Age 12-17			Age 18 or Older		
	Northern	Central	Southern	Northern	Central	Southern
Reasons for Not Receiving Mental Health Treatment/Counseling among Persons with an Unmet Need for Mental Health Treatment^{1,2}						
Cost/Insurance Barriers ²	N/A	N/A	N/A	172	*	198
Did Not Feel Need for Treatment/Could Handle the Problem Without Treatment ^{3,7}	N/A	N/A	N/A	160	*	145
Stigma ^{4,7}	N/A	N/A	N/A	121	*	106
Did not Know Where to Go for Services	N/A	N/A	N/A	51	*	53
Did Not Have Time ⁷	N/A	N/A	N/A	53	*	60
Treatment Would Not Help ^{5,7}	N/A	N/A	N/A	54	*	*
Fear of Being Committed/Have to Take Medicine	N/A	N/A	N/A	41	8	58
Other Access Barriers ^{6,7}	N/A	N/A	N/A	21	*	16

*Low precision; no estimate reported.

N/A: Not applicable.

NOTE: Unmet Need for Mental Health Treatment/Counseling is defined as a perceived need for treatment that was not received.

NOTE: Estimates represent reasons for not receiving mental health treatment/counseling for all persons aged 18 or older with an unmet need for treatment, including those with unknown mental health treatment/counseling information.

NOTE: Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

¹ Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

² Includes reasons of "Could not afford," "Health insurance does not pay enough," "Health insurance does not cover mental health treatment," and other-specify responses of "No health insurance."

³ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁴ Includes reasons of "Might cause neighbors/community to have negative opinion," "Might have negative effect on job," "Concerned about confidentiality," "Did not want others to find out," and other-specify responses of "Ashamed/embarrassed/afraid," "Concerned how court system would treat me," and "Concerned how it would affect future insurability."

⁵ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁶ Includes reasons of "No transportation/inconvenient" and other-specify responses of "Too much red tape/hassle to get services," "No openings/long waiting lists/delays," "Services unavailable/limited in area," "Attempted to get treatment but unsuccessful in finding help," and "Could not find program/counselor comfortable with."

⁷ Estimates are based only on combined 2003-2005 data.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.17A Access to Alcohol Use Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Socioeconomic Status: Numbers in Thousands

Annual Averages Based on 2002-2005	Age 12-17			Age 18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
Access to Alcohol Treatment^{1,2}						
Needed But Not Received Alcohol Treatment	15	69	21	135	681	286
Felt Need for Alcohol Treatment	2	1	0	13	31	19
Felt Need for Alcohol Treatment and Made No Effort	1	1	0	9	24	8

*Low precision; no estimate reported.

NOTE: Received Alcohol Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop alcohol use, or for medical problems associated with alcohol use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but have not received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.18A Access to Drug Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Socioeconomic Status: Numbers in Thousands

Annual Averages Based on 2002-2005	Age 12-17			Age 18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
Access to Drug Treatment^{1,2}						
Needed But Not Received Treatment for an Illicit Drug Problem	14	58	18	68	240	79
Felt Need for Treatment for an Illicit Drug Problem	1	2	1	9	29	13
Felt Need for Treatment for an Illicit Drug Problem and Made No Effort	1	1	1	8	23	12

*Low precision; no estimate reported.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

NOTE: Received Illicit Drug Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug use, or for medical problems associated with illicit drug use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but have not received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers.

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.19A Reasons for Not Receiving Mental Health Treatment/Counseling among Persons Aged 12 or Older, by Age Group and Appalachian Socioeconomic Status: Numbers in Thousands, Annual Averages Based on 2002-2005

	Age 12-17			Age 18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
Reasons for Not Receiving Mental Health Treatment/Counseling among Persons with an Unmet Need for Mental Health Treatment^{1,2}						
Cost/Insurance Barriers ²	N/A	N/A	N/A	68	260	79
Did Not Feel Need for Treatment/Could Handle the Problem Without Treatment ^{3,7}	N/A	N/A	N/A	67	152	*
Stigma ^{4,7}	N/A	N/A	N/A	60	135	*
Did not Know Where to Go for Services	N/A	N/A	N/A	19	75	21
Did Not Have Time ⁷	N/A	N/A	N/A	23	69	30
Treatment Would Not Help ^{5,7}	N/A	N/A	N/A	11	44	*
Fear of Being Committed/Have to Take Medicine	N/A	N/A	N/A	27	56	23
Other Access Barriers ^{6,7}	N/A	N/A	N/A	4	25	8

*Low precision; no estimate reported.

N/A: Not applicable.

NOTE: Unmet Need for Mental Health Treatment/Counseling is defined as a perceived need for treatment that was not received.

NOTE: Estimates represent reasons for not receiving mental health treatment/counseling for all persons aged 18 or older with an unmet need for treatment, including those with unknown mental health treatment/counseling information.

NOTE: Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

¹ Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

² Includes reasons of "Could not afford," "Health insurance does not pay enough," "Health insurance does not cover mental health treatment," and other-specify responses of "No health insurance."

³ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁴ Includes reasons of "Might cause neighbors/community to have negative opinion," "Might have negative effect on job," "Concerned about confidentiality," "Did not want others to find out," and other-specify responses of "Ashamed/embarrassed/afraid," "Concerned how court system would treat me," and "Concerned how it would affect future insurability."

⁵ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁶ Includes reasons of "No transportation/inconvenient" and other-specify responses of "Too much red tape/hassle to get services," "No openings/long waiting lists/delays," "Services unavailable/limited in area," "Attempted to get treatment but unsuccessful in finding help," and "Could not find program/counselor comfortable with."

⁷ Estimates are based only on combined 2003-2005 data.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.1B Demographic Characteristics and Health Insurance among Persons Aged 12 or Older, by Age Group and Appalachian Region Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

Demographic Characteristic/Health Insurance	AGE GROUP			
	12-17		18 or Older	
	Appalachian Region ¹	Outside Appalachia	Appalachian Region ¹	Outside Appalachia
HISPANIC ORIGIN AND RACE				
Not Hispanic or Latino	0.30	0.28	0.27	0.20
White	0.85	0.36	0.69	0.29
Black or African American	0.80	0.27	0.55	0.20
Other ²	0.25	0.17	0.24	0.14
Hispanic or Latino	0.30	0.28	0.27	0.20
EDUCATION				
< High School	N/A	N/A	0.61	0.20
High School Graduate	N/A	N/A	0.68	0.21
Some College	N/A	N/A	0.54	0.19
College Graduate	N/A	N/A	0.71	0.27
CURRENT EMPLOYMENT				
Full-Time	N/A	N/A	0.73	0.24
Part-Time	N/A	N/A	0.39	0.13
Unemployed	N/A	N/A	0.20	0.07
Other ³	N/A	N/A	0.71	0.24
HEALTH INSURANCE				
Private	0.92	0.32	0.68	0.24
Medicare	0.18	0.05	0.72	0.25
Medicaid/CHIP ⁴	0.86	0.28	0.42	0.13

*Low precision; no estimate reported.
N/A: Not applicable.

¹ Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

² Includes respondents reporting American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and Two or More Races.

³ The Other Employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

⁴ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.2B Lifetime, Past Year, and Past Month Substance Use among Persons Aged 12 or Older, by Substance, Age Group, and Appalachian Region Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

Substance	AGE GROUP			
	12-17		18 or Older	
	Appalachian Region ¹	Outside Appalachia	Appalachian Region ¹	Outside Appalachia
MARIJUANA USE				
Lifetime	0.60	0.18	0.64	0.23
Past Year	0.53	0.16	0.29	0.11
Past Month	0.38	0.12	0.21	0.09
COCAINE USE				
Lifetime	0.23	0.07	0.41	0.16
Past Year	0.20	0.06	0.14	0.05
Past Month	0.09	0.04	0.09	0.03
METHAMPHETAMINE USE				
Lifetime	0.17	0.05	0.25	0.09
Past Year	0.13	0.04	0.05	0.02
Past Month	0.12	0.02	0.04	0.02
ALCOHOL USE				
Past Year	0.70	0.22	0.74	0.23
Binge Alcohol Use ²	0.43	0.15	0.51	0.18
Heavy Alcohol Use ²	0.22	0.07	0.29	0.10
CIGARETTE USE				
Lifetime	0.70	0.22	0.61	0.21
Past Year	0.61	0.18	0.64	0.20
Past Month	0.55	0.15	0.61	0.19
PAST YEAR NONMEDICAL USE OF PSYCHOTHERAPEUTICS³	0.51	0.13	0.23	0.09

*Low precision; no estimate reported.

¹ Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

² 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 past 30 days. 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; all heavy alcohol users are also binge alcohol users.

³ Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.3B Substance Dependence or Abuse, Mental Health Measures, and Receipt of Substance Use Treatment in the Past Year among Persons Aged 12 or Older, by Age Group and Appalachian Region Status

Dependence or Abuse/Mental Health/Receipt of Treatment (Standard Errors of Percentages, Annual Averages Based on 2002-2005)	AGE GROUP			
	12-17		18 or Older	
	Appalachian Region ¹	Outside Appalachia	Appalachian Region ¹	Outside Appalachia
DEPENDENCE OR ABUSE²				
Illicit Drugs ³	0.32	0.10	0.16	0.05
Alcohol	0.37	0.11	0.26	0.10
Both Illicit Drugs and Alcohol ³	0.23	0.07	0.08	0.03
Illicit Drugs or Alcohol ³	0.43	0.13	0.29	0.10
PAST YEAR SERIOUS PSYCHOLOGICAL DISTRESS⁴	N/A	N/A	0.74	0.22
PAST YEAR MAJOR DEPRESSIVE EPISODE⁵	0.61	0.19	0.57	0.18
PAST YEAR RECEIPT OF SPECIALTY TREATMENT FOR ILLICIT DRUG OR ALCOHOL USE^{3,6}	0.14	0.04	0.09	0.04
MENTAL HEALTH TREATMENT/COUNSELING⁷	N/A	N/A	0.43	0.14
Inpatient	N/A	N/A	0.13	0.04
Outpatient	N/A	N/A	0.33	0.11
Prescription Medication	N/A	N/A	0.41	0.13

*Low precision; no estimate reported.

N/A: Not applicable

¹ Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

² Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

³ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

⁴ Serious Psychological Distress (SPD) is defined as having a score of 13 or higher on the K6 scale. Due to questionnaire changes, these combined 2004 and 2005 estimates are not comparable with 2004 and earlier estimates published in prior NSDUH reports. See Section B.4.4 in Appendix B of the *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Estimates are based on combined 2004-2005 data.

⁵ Major Depressive Episode (MDE) is defined 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 the symptoms for depression as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Estimates are based on combined 2004-2005 data.

⁶ Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. Estimates include persons who received treatment specifically for illicit drugs or alcohol, as well as persons who received treatment but did not specify for what substance(s).

⁷ Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.4B Demographic Characteristics and Health Insurance among Persons Aged 12 or Older Residing in Appalachian Region, by Age Group and Appalachian Subregion: Standard Errors of Percentages, Annual Averages Based on 2002-2005

Demographic Characteristic/Health Insurance	AGE GROUP					
	12-17			18 or Older		
	North	Central	South	North	Central	South
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	0.32	0.83	0.55	0.20	0.77	0.51
White	0.93	1.21	1.61	0.56	1.30	1.36
Black or African American	0.77	0.48	1.55	0.41	0.87	1.11
Other ¹	0.30	0.86	0.42	0.27	0.42	0.43
Hispanic or Latino	0.32	0.83	0.55	0.20	0.77	0.51
EDUCATION						
< High School	N/A	N/A	N/A	0.71	2.26	0.98
High School Graduate	N/A	N/A	N/A	0.83	2.52	1.14
Some College	N/A	N/A	N/A	0.70	1.48	0.91
College Graduate	N/A	N/A	N/A	0.75	1.80	1.30
CURRENT EMPLOYMENT						
Full-Time	N/A	N/A	N/A	0.92	2.61	1.18
Part-Time	N/A	N/A	N/A	0.48	1.15	0.68
Unemployed	N/A	N/A	N/A	0.26	0.75	0.34
Other ²	N/A	N/A	N/A	0.89	2.69	1.09
HEALTH INSURANCE						
Private	0.99	2.90	1.66	0.76	2.34	1.19
Medicare	0.14	0.32	0.35	0.81	2.71	1.19
Medicaid/CHIP ³	0.87	3.05	1.60	0.50	2.05	0.68

*Low precision; no estimate reported.

NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

N/A: Not applicable.

¹ Includes respondents reporting American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and Two or More Races.

² The Other Employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

³ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.5B Lifetime, Past Year, and Past Month Substance Use among Persons Aged 12 or Older Residing in Appalachian Region, by Substance, Age Group, and Appalachian Subregion

Substance <i>Standard Errors of Percentages, Annual Averages Based on 2002-2005</i>	AGE GROUP					
	12-17			18 or Older		
	North	Central	South	North	Central	South
MARIJUANA USE						
Lifetime	0.75	1.75	1.01	0.84	1.90	1.02
Past Year	0.64	1.50	0.91	0.40	0.81	0.46
Past Month	0.50	0.70	0.66	0.29	0.60	0.34
COCAINE USE						
Lifetime	0.25	0.63	0.41	0.46	1.01	0.72
Past Year	0.23	0.61	0.36	0.19	0.36	0.24
Past Month	0.12	0.30	0.15	0.12	0.17	0.17
METHAMPHETAMINE USE						
Lifetime	0.20	0.57	0.29	0.30	0.52	0.45
Past Year	0.10	0.32	0.27	0.05	0.20	0.09
Past Month	0.06	0.28	0.24	0.03	0.04	0.08
ALCOHOL USE						
Past Year	0.84	1.99	1.21	0.80	2.42	1.28
Binge Alcohol Use ¹	0.56	0.92	0.72	0.65	1.44	0.85
Heavy Alcohol Use ¹	0.33	0.63	0.36	0.42	0.71	0.47
CIGARETTE USE						
Lifetime	0.85	2.39	1.19	0.66	1.70	1.10
Past Year	0.76	1.92	1.03	0.78	1.95	1.09
Past Month	0.69	1.47	0.92	0.76	1.90	1.03
PAST YEAR NONMEDICAL USE OF PSYCHOTHERAPEUTICS²	0.48	1.24	0.96	0.26	0.75	0.40

*Low precision; no estimate reported. NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

¹ 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 past 30 days. 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; all heavy alcohol users are also binge alcohol users.

² Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.6B Substance Dependence or Abuse, Mental Health Measures, and Receipt of Substance Use Treatment in the Past Year among Persons Aged 12 or Older Residing in Appalachian Region, by Age Group and Appalachian Subregion: Standard Errors of Percentages, Annual Averages Based on 2002-2005

Dependence or Abuse/Mental Health/Receipt of Treatment	AGE GROUP					
	12-17			18 or Older		
	North	Central	South	North	Central	South
DEPENDENCE OR ABUSE¹						
Illicit Drugs ²	0.39	0.64	0.56	0.19	0.50	0.27
Alcohol	0.45	0.88	0.67	0.38	0.54	0.41
Both Illicit Drugs and Alcohol ²	0.27	0.50	0.40	0.11	0.28	0.13
Illicit Drugs or Alcohol ²	0.53	0.94	0.73	0.41	0.66	0.47
PAST YEAR SERIOUS PSYCHOLOGICAL DISTRESS³	N/A	N/A	N/A	0.82	2.38	1.31
PAST YEAR MAJOR DEPRESSIVE EPISODE⁴	0.73	1.59	1.04	0.66	2.05	1.02
PAST YEAR RECEIPT OF SPECIALTY TREATMENT FOR ILLICIT DRUG OR ALCOHOL USE^{2,5}	0.13	0.35	0.26	0.12	0.14	0.14
MENTAL HEALTH TREATMENT/COUNSELING⁶	N/A	N/A	N/A	0.52	1.48	0.71
Inpatient	N/A	N/A	N/A	0.14	0.33	0.24
Outpatient	N/A	N/A	N/A	0.38	0.98	0.57
Prescription Medication	N/A	N/A	N/A	0.50	1.44	0.68

*Low precision; no estimate reported.

NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.

N/A: Not applicable.

¹ Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

² Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

³ Serious Psychological Distress (SPD) is defined as having a score of 13 or higher on the K6 scale. Due to questionnaire changes, these combined 2004 and 2005 estimates are not comparable with 2004 and earlier estimates published in prior NSDUH reports. See Section B.4.4 in Appendix B of the *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Estimates are based on combined 2004-2005 data.

⁴ Major Depressive Episode (MDE) is defined 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 the symptoms for depression as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Estimates are based on combined 2004-2005 data.

⁵ Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. Estimates include persons who received treatment specifically for illicit drugs or alcohol, as well as persons who received treatment but did not specify for what substance(s).

⁶ Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.7B Demographic Characteristics and Health Insurance among Persons Aged 12 or Older Residing in Appalachian Region, by Age Group and Appalachian Socioeconomic Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

Demographic Characteristic/Health Insurance	AGE GROUP					
	12-17			18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	0.37	0.40	0.57	0.44	0.25	0.82
White	1.40	0.88	2.48	1.63	0.67	1.97
Black or African American	1.35	0.76	2.44	1.39	0.55	1.49
Other ¹	0.30	0.27	0.73	0.37	0.29	0.65
Hispanic or Latino	0.37	0.40	0.57	0.44	0.25	0.82
EDUCATION						
< High School	N/A	N/A	N/A	1.58	0.77	1.24
High School Graduate	N/A	N/A	N/A	1.44	0.89	1.44
Some College	N/A	N/A	N/A	1.06	0.75	1.11
College Graduate	N/A	N/A	N/A	1.01	0.79	1.89
CURRENT EMPLOYMENT						
Full-Time	N/A	N/A	N/A	1.83	0.90	1.55
Part-Time	N/A	N/A	N/A	0.69	0.55	0.84
Unemployed	N/A	N/A	N/A	0.52	0.26	0.42
Other ²	N/A	N/A	N/A	1.97	0.86	1.39
HEALTH INSURANCE						
Private	1.99	1.14	2.04	1.83	0.72	1.71
Medicare	0.33	0.15	0.57	1.70	0.91	1.42
Medicaid/CHIP ³	1.88	1.14	1.73	1.21	0.51	0.83

*Low precision; no estimate reported.

NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states. N/A: Not applicable.

¹ Includes respondents reporting American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and Two or More Races.

² The Other Employment category includes retired persons, disabled persons, homemakers, students, or other persons not in the labor force.

³ CHIP is the Children's Health Insurance Program. Individuals aged 19 or younger are eligible for this plan.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.8B Lifetime, Past Year, and Past Month Substance Use among Persons Aged 12 or Older Residing in Appalachian Region, by Substance, Age Group, and Appalachian Socioeconomic Status, 2002 - 2005

Substance	AGE GROUP					
	12-17			18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
MARIJUANA USE						
Lifetime	1.54	0.82	1.19	1.47	0.79	1.38
Past Year	1.25	0.72	1.13	0.50	0.39	0.59
Past Month	0.70	0.53	0.83	0.32	0.29	0.46
COCAINE USE						
Lifetime	0.51	0.33	0.31	0.72	0.50	0.97
Past Year	0.42	0.30	0.26	0.22	0.20	0.27
Past Month	0.29	0.12	0.14	0.14	0.13	0.18
METHAMPHETAMINE USE						
Lifetime	0.52	0.25	0.22	0.30	0.32	0.64
Past Year	0.31	0.20	0.12	0.14	0.07	0.10
Past Month	0.28	0.18	0.10	0.07	0.04	0.10
ALCOHOL USE						
Past Year	1.61	0.91	1.78	1.71	0.86	1.67
Binge Alcohol Use ¹	0.97	0.58	0.79	1.08	0.66	1.07
Heavy Alcohol Use ¹	0.45	0.30	0.47	0.53	0.37	0.65
CIGARETTE USE						
Lifetime	1.75	0.92	1.41	1.29	0.77	1.38
Past Year	1.56	0.85	1.13	1.51	0.78	1.35
Past Month	1.33	0.77	1.06	1.51	0.74	1.28
PAST YEAR NONMEDICAL USE OF PSYCHOTHERAPEUTICS²	1.00	0.70	0.86	0.47	0.30	0.53

*Low precision; no estimate reported. Standard Errors of Percentages, Annual Averages Based on 2002-2005. NOTE: Appalachian region is defined as all areas covered by the 410 designated counties in 13 states.
¹Binge 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 past 30 days. 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; all heavy alcohol users are also binge alcohol users.
² Nonmedical use of prescription-type psychotherapeutics includes the nonmedical use of pain relievers, tranquilizers, stimulants, or sedatives and does not include over-the-counter drugs.
 Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.9B Substance Dependence or Abuse, Mental Health Measures, and Receipt of Substance Use Treatment in the Past Year among Persons Aged 12 or Older Residing in Appalachian Region, by Age Group and Appalachian Socioeconomic Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

Dependence or Abuse/Mental Health/Receipt of Treatment	AGE GROUP					
	12-17			18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
DEPENDENCE OR ABUSE¹						
Illicit Drugs ²	0.71	0.46	0.53	0.34	0.21	0.32
Alcohol	0.70	0.50	0.61	0.45	0.33	0.61
Both Illicit Drugs and Alcohol ²	0.41	0.33	0.30	0.16	0.11	0.17
Illicit Drugs or Alcohol ²	0.88	0.58	0.73	0.56	0.36	0.72
PAST YEAR SERIOUS PSYCHOLOGICAL DISTRESS³	N/A	N/A	N/A	1.62	0.82	1.93
PAST YEAR MAJOR DEPRESSIVE EPISODE⁴	1.52	0.69	1.53	1.35	0.64	1.67
PAST YEAR RECEIPT OF SPECIALTY TREATMENT FOR ILLICIT DRUG OR ALCOHOL USE^{2,5}	0.34	0.20	0.20	0.16	0.12	0.18
MENTAL HEALTH TREATMENT/COUNSELING⁶	N/A	N/A	N/A	1.19	0.54	0.92
Inpatient	N/A	N/A	N/A	0.32	0.14	0.35
Outpatient	N/A	N/A	N/A	0.94	0.42	0.66
Prescription Medication	N/A	N/A	N/A	1.11	0.52	0.87

NOTES:

*Low precision; no estimate reported. NOTE:Appalachian region is defined as all areas covered by the 410 designated counties in 13 states. N/A: Not applicable.

¹ Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

² Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

³ Serious Psychological Distress (SPD) is defined as having a score of 13 or higher on the K6 scale. Due to questionnaire changes, these combined 2004 and 2005 estimates are not comparable with 2004 and earlier estimates published in prior NSDUH reports. See Section B.4.4 in Appendix B of the *Results from the 2005 National Survey on Drug Use and Health: National Findings*. Estimates are based on combined 2004-2005 data.

Table 2.9B Substance Dependence or Abuse, Mental Health Measures, and Receipt of Substance Use Treatment in the Past Year among Persons Aged 12 or Older Residing in Appalachian Region, by Age Group and Appalachian Socioeconomic Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

⁴ Major Depressive Episode (MDE) is defined 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 the symptoms for depression as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). Estimates are based on combined 2004-2005 data.

NOTES (Cont):

⁵ Received Substance Use Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use. Estimates include persons who received treatment specifically for illicit drugs or alcohol, as well as persons who received treatment but did not specify for what substance(s).

⁶ Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.10B Access to Alcohol Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Region Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

	Age 12-17		Age 18 or Older	
	Appalachian Region	Outside Appalachia	Appalachian Region	Outside Appalachia
Access to Alcohol Treatment^{1,2}				
Needed But Not Received Alcohol Treatment	0.37	0.11	0.26	0.09
Felt Need for Alcohol Treatment	0.05	0.02	0.07	0.02
Felt Need for Alcohol Treatment and Made No Effort	0.03	0.02	0.05	0.02

*Low precision; no estimate reported.

NOTE: Received Alcohol Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop alcohol use, or for medical problems associated with alcohol use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but have not received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.11B Access to Drug Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Region Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

	Age 12-17		Age 18 or Older	
	Appalachian Region	Outside Appalachia	Appalachian Region	Outside Appalachia
Access to Drug Treatment^{1,2}				
Needed But Not Received Treatment for an Illicit Drug Problem	0.32	0.10	0.15	0.05
Felt Need for Treatment for an Illicit Drug Problem	0.06	0.02	0.05	0.02
Felt Need for Treatment for an Illicit Drug Problem and Made No Effort	0.05	0.02	0.05	0.02

*Low precision; no estimate reported.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

NOTE: Received Illicit Drug Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug use, or for medical problems associated with illicit drug use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but have not received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers.

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.12B Reasons for Not Receiving Substance Use Treatment and Locations of Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Region Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

	Age 12-17		Age 18 or Older	
	Appalachian Region	Outside Appalachia	Appalachian Region	Outside Appalachia
Reasons for Not Receiving Drug or Alcohol Treatment among Persons Who Needed But Did Not Receive Treatment at a Specialty Facility¹				
Cost/Insurance Barriers ²	*	3.46	*	2.39
Not Ready to Stop Using	*	4.21	*	2.36
Stigma ^{3,7}	*	4.55	*	2.29
Did Not Know Where to Go for Treatment	*	2.35	*	1.42
Did Not Feel Need for Treatment/Could Handle the Problem Without Treatment ^{4,7}	*	3.77	*	1.78
Did Not Have Time ⁷	*	2.00	*	1.17
Treatment Would Not Help ⁷	*	2.23	*	0.94
Other Access Barriers ⁵	*	3.09	*	1.61
Locations Where Past Year Substance Treatment was Received among Persons Who Received Treatment at a Specialty Facility⁶				
Self-Help Group	*	2.54	4.88	1.77
Outpatient Rehabilitation	*	2.20	4.46	1.67
Inpatient Rehabilitation	*	2.62	4.65	1.81
Mental Health Center	*	2.48	5.14	1.86
Hospital Inpatient	*	2.48	4.95	1.71
Private Doctor's Office	*	1.73	3.63	1.24
Emergency Room	*	2.01	3.35	1.30
Prison or Jail	*	1.75	1.96	0.93

*Low precision; no estimate reported.

NOTE: Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year: (1) dependent on illicit drugs or alcohol; (2) abuse of illicit drugs or alcohol; or (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers). Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. NOTE: *Needing But Not Receiving Treatment* refers to respondents classified as needing treatment for illicit drugs or alcohol, but have not received treatment for an illicit drug or alcohol problem at a specialty facility. *Felt Need for Treatment* includes persons who did not receive but felt they needed treatment for an illicit drug or alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

¹ Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

² Includes reasons of "No health coverage and could not afford cost," "Had health coverage but did not cover treatment or did not cover cost," and other-specify responses of "Could not afford cost; health coverage not indicated."

³ Includes reasons of "Might cause neighbors/community to have negative opinion," "Might have negative effect on job," "Did not want others to find out," and other-specify responses of "Ashamed/embarrassed/afraid" and "Afraid would have trouble with the police/social services."

⁴ Includes reasons of "Did not feel need for treatment," "Could handle the problem without treatment," and other-specify responses of "Could do it with support of family/friends/ others," and "Could do it through religion/spirituality."

⁵ Includes reasons of "No transportation/inconvenient," "No program having type of treatment," "No openings in a program," and other-specify responses of "No program had counselor/doctors with whom you were comfortable," "Services desired were unavailable or you were currently ineligible," and "Attempted to get treatment but encountered delays."

⁶ Respondents could indicate multiple locations of treatment; thus, these response categories are not mutually exclusive.

⁷ Estimates are based only on combined 2003-2005 data.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.13B Reasons for Not Receiving Mental Health Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Region Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

	Age 12-17		Age 18 or Older	
	Appalachian Region	Outside Appalachia	Appalachian Region	Outside Appalachia
Reasons for Not Receiving Mental Health Treatment/Counseling among Persons with an Unmet Need for Mental Health Treatment^{1,2}				
Cost/Insurance Barriers ²	N/A	N/A	2.36	0.81
Did Not Feel Need for Treatment/Could Handle the Problem Without Treatment ^{3,7}	N/A	N/A	2.89	0.87
Stigma ^{4,7}	N/A	N/A	2.35	0.72
Did not Know Where to Go for Services	N/A	N/A	1.40	0.63
Did Not Have Time ⁷	N/A	N/A	1.80	0.65
Treatment Would Not Help ^{5,7}	N/A	N/A	1.79	0.58
Fear of Being Committed/Have to Take Medicine	N/A	N/A	1.44	0.36
Other Access Barriers ^{6,7}	N/A	N/A	0.93	0.46

*Low precision; no estimate reported.

N/A: Not applicable.

NOTE: Unmet Need for Mental Health Treatment/Counseling is defined as a perceived need for treatment that was not received.

NOTE: Estimates represent reasons for not receiving mental health treatment/counseling for all persons aged 18 or older with an unmet need for treatment, including those with unknown mental health treatment/counseling information.

NOTE: Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

¹ Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

² Includes reasons of "Could not afford," "Health insurance does not pay enough," "Health insurance does not cover mental health treatment," and other-specify responses of "No health insurance."

³ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁴ Includes reasons of "Might cause neighbors/community to have negative opinion," "Might have negative effect on job," "Concerned about confidentiality," "Did not want others to find out," and other-specify responses of "Ashamed/embarrassed/afraid," "Concerned how court system would treat me," and "Concerned how it would affect future insurability."

⁵ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁶ Includes reasons of "No transportation/inconvenient" and other-specify responses of "Too much red tape/hassle to get services," "No openings/long waiting lists/delays," "Services unavailable/limited in area," "Attempted to get treatment but unsuccessful in finding help," and "Could not find program/counselor comfortable with."

⁷ Estimates are based only on combined 2003-2005 data.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.14B Access to Alcohol Use Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Sub-Region: Standard Errors of Percentages, Annual Averages Based on 2002-2005

	Age 12-17			Age 18 or Older		
	North	Central	South	North	Central	South
Access to Alcohol Treatment^{1,2}						
Needed But Not Received Alcohol Treatment	0.43	0.88	0.66	0.37	0.54	0.41
Felt Need for Alcohol Treatment	0.07	0.27	0.07	0.11	0.21	0.10
Felt Need for Alcohol Treatment and Made No Effort	0.05	0.20	0.04	0.05	0.21	0.09

*Low precision; no estimate reported.

NOTE: Received Alcohol Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop alcohol use, or for medical problems associated with alcohol use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but have not received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.15B Access to Drug Use Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Sub-Region: Standard Errors of Percentages, Annual Averages Based on 2002-2005

	Age 12-17			Age 18 or Older		
	North	Central	South	North	Central	South
Access to Drug Treatment^{1,2}						
Needed But Not Received Treatment for an Illicit Drug Problem	0.38	0.64	0.55	0.18	0.49	0.26
Felt Need for Treatment for an Illicit Drug Problem	0.08	0.15	0.08	0.06	0.23	0.08
Felt Need for Treatment for an Illicit Drug Problem and Made No Effort	0.05	0.15	0.08	0.05	0.23	0.08

*Low precision; no estimate reported.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

NOTE: Received Illicit Drug Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug use, or for medical problems associated with illicit drug use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but have not received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.16B Reasons for Not Receiving Mental Health Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Sub-Region: Standard Errors of Percentages, Annual Averages Based on 2002-2005

	Age 12-17			Age 18 or Older		
	North	Central	South	North	Central	South
Reasons for Not Receiving Mental Health Treatment/Counseling among Persons with an Unmet Need for Mental Health Treatment^{1,2}						
Cost/Insurance Barriers ²	N/A	N/A	N/A	2.86	*	4.19
Did Not Feel Need for Treatment/Could Handle the Problem Without Treatment ^{3,7}	N/A	N/A	N/A	3.42	*	5.17
Stigma ^{4,7}	N/A	N/A	N/A	3.04	*	4.12
Did not Know Where to Go for Services	N/A	N/A	N/A	1.84	*	2.36
Did Not Have Time ⁷	N/A	N/A	N/A	2.07	*	3.40
Treatment Would Not Help ^{5,7}	N/A	N/A	N/A	2.46	*	*
Fear of Being Committed/Have to Take Medicine	N/A	N/A	N/A	1.63	2.53	2.64
Other Access Barriers ^{6,7}	N/A	N/A	N/A	1.31	*	1.65

*Low precision; no estimate reported.

N/A: Not applicable.

NOTE: Unmet Need for Mental Health Treatment/Counseling is defined as a perceived need for treatment that was not received.

NOTE: Estimates represent reasons for not receiving mental health treatment/counseling for all persons aged 18 or older with an unmet need for treatment, including those with unknown mental health treatment/counseling information.

NOTE: Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

¹ Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

² Includes reasons of "Could not afford," "Health insurance does not pay enough," "Health insurance does not cover mental health treatment," and other-specify responses of "No health insurance."

³ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁴ Includes reasons of "Might cause neighbors/community to have negative opinion," "Might have negative effect on job," "Concerned about confidentiality," "Did not want others to find out," and other-specify responses of "Ashamed/embarrassed/afraid," "Concerned how court system would treat me," and "Concerned how it would affect future insurability."

⁵ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁶ Includes reasons of "No transportation/inconvenient" and other-specify responses of "Too much red tape/hassle to get services," "No openings/long waiting lists/delays," "Services unavailable/limited in area," "Attempted to get treatment but unsuccessful in finding help," and "Could not find program/counselor comfortable with."

⁷ Estimates are based only on combined 2003-2005 data.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.17B Access to Alcohol Use Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Socioeconomic Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

	Age 12-17			Age 18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
Access to Alcohol Treatment^{1,2}						
Needed But Not Received Alcohol Treatment	0.67	0.49	0.61	0.44	0.33	0.58
Felt Need for Alcohol Treatment	0.25	0.05	0.08	0.14	0.07	0.19
Felt Need for Alcohol Treatment and Made No Effort	0.17	0.03	0.03	0.12	0.07	0.11

*Low precision; no estimate reported.

NOTE: Received Alcohol Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop alcohol use, or for medical problems associated with alcohol use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for alcohol, but have not received treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers).

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an alcohol problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.18B Access to Drug Treatment among Persons Aged 12 or Older, by Age Group and Appalachian Socioeconomic Status: Standard Errors of Percentages, Annual Averages Based on 2002-2005

	Age 12-17			Age 18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
Access to Drug Treatment^{1,2}						
Needed But Not Received Treatment for an Illicit Drug Problem	0.69	0.46	0.50	0.32	0.20	0.30
Felt Need for Treatment for an Illicit Drug Problem	0.19	0.06	0.12	0.11	0.06	0.13
Felt Need for Treatment for an Illicit Drug Problem and Made No Effort	0.15	0.05	0.09	0.11	0.05	0.13

*Low precision; no estimate reported.

NOTE: Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.

NOTE: Received Illicit Drug Treatment at a Specialty Facility refers to treatment received at a hospital (inpatient), rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug use, or for medical problems associated with illicit drug use.

¹ Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but have not received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], and mental health centers.

² Felt Need for Treatment includes persons who did not receive but felt they needed treatment for an illicit drug problem, as well as persons who received treatment at a location other than a specialty facility but felt they needed additional treatment.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

Table 2.19B Reasons for Not Receiving Mental Health Treatment/Counseling for Persons with an Unmet Need for Mental Health Treatment, by Age Group and Appalachian Socioeconomic Status: Based on 2002-2005

	Age 12-17			Age 18 or Older		
	At-Risk or Distressed	Transitional	Competitive or Attainment	At-Risk or Distressed	Transitional	Competitive or Attainment
Reasons for Not Receiving Mental Health Treatment/Counseling among Persons with an Unmet Need for Mental Health Treatment^{1,2}						
Cost/Insurance Barriers ²	N/A	N/A	N/A	4.29	3.26	4.70
Did Not Feel Need for Treatment/Could Handle the Problem Without Treatment ^{3,7}	N/A	N/A	N/A	5.71	3.26	*
Stigma ^{4,7}	N/A	N/A	N/A	4.66	2.92	*
Did not Know Where to Go for Services	N/A	N/A	N/A	2.27	1.93	3.16
Did Not Have Time ⁷	N/A	N/A	N/A	3.26	2.42	4.04
Treatment Would Not Help ^{5,7}	N/A	N/A	N/A	2.16	2.03	*
Fear of Being Committed/Have to Take Medicine	N/A	N/A	N/A	3.67	1.63	3.34
Other Access Barriers ^{6,7}	N/A	N/A	N/A	1.34	1.34	2.02

*Low precision; no estimate reported.

N/A: Not applicable.

NOTE: Unmet Need for Mental Health Treatment/Counseling is defined as a perceived need for treatment that was not received.

NOTE: Estimates represent reasons for not receiving mental health treatment/counseling for all persons aged 18 or older with an unmet need for treatment, including those with unknown mental health treatment/counseling information.

NOTE: Mental Health Treatment/Counseling is defined as having received inpatient care or outpatient care or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use. Respondents with unknown treatment/counseling information were excluded. Estimates were based only on responses to items in the Adult Mental Health Service Utilization module.

¹ Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

² Includes reasons of "Could not afford," "Health insurance does not pay enough," "Health insurance does not cover mental health treatment," and other-specify responses of "No health insurance."

³ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁴ Includes reasons of "Might cause neighbors/community to have negative opinion," "Might have negative effect on job," "Concerned about confidentiality," "Did not want others to find out," and other-specify responses of "Ashamed/embarrassed/afraid," "Concerned how court system would treat me," and "Concerned how it would affect future insurability."

⁵ Includes reasons of "Did not feel need for treatment," "Could handle problem without treatment," and other-specify responses of "Work on problems with family/friends" and "Work on problems through religion/spirituality."

⁶ Includes reasons of "No transportation/inconvenient" and other-specify responses of "Too much red tape/hassle to get services," "No openings/long waiting lists/delays," "Services unavailable/limited in area," "Attempted to get treatment but unsuccessful in finding help," and "Could not find program/counselor comfortable with."

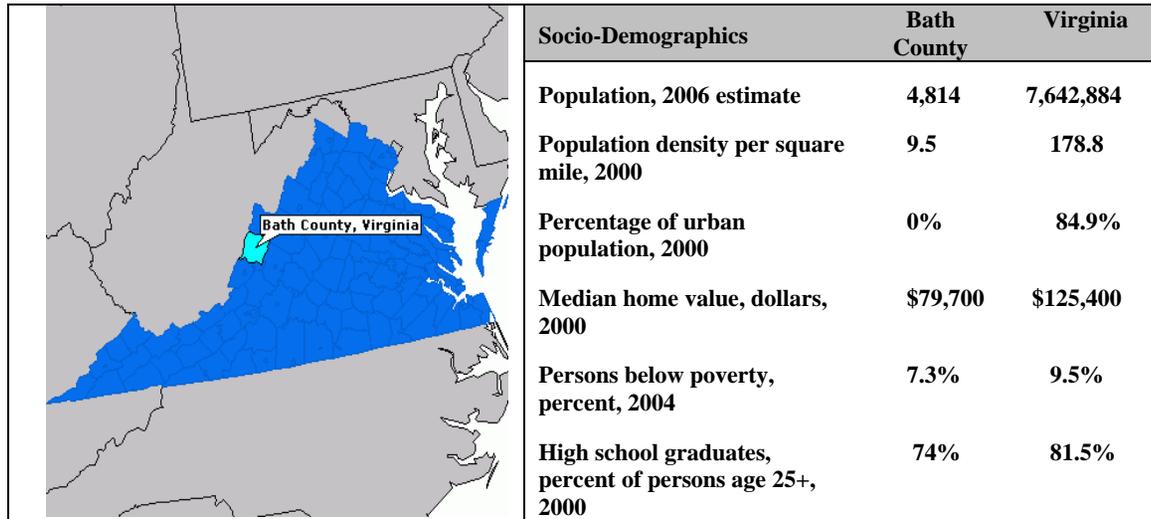
⁷ Estimates are based only on combined 2003-2005 data.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2002, 2003, 2004, and 2005.

APPENDIX D: County-Level Data Profiles for Appalachian Case Studies

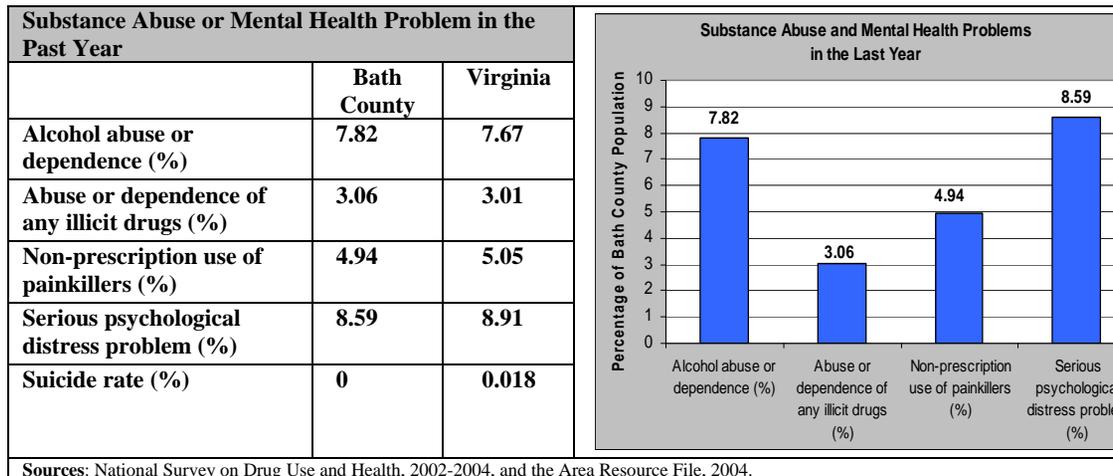
Profile of Bath County, VA

1. Sociodemographic Characteristics



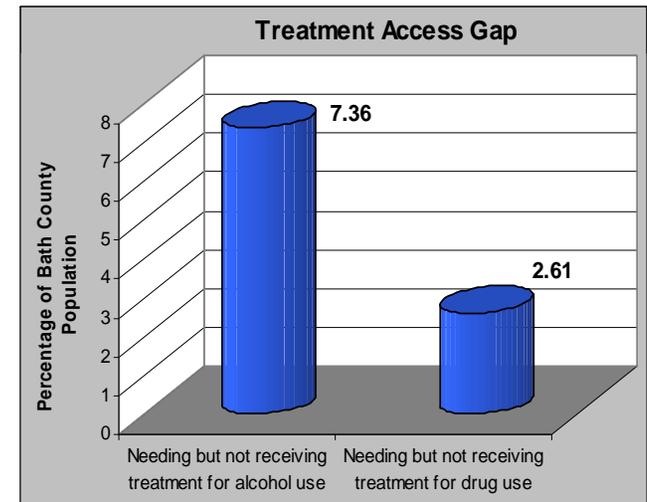
Sources: Population estimates from U.S. Census Bureau State & County Facts. State-level urban population variable from U.S. Department of Agriculture. All other variables from the U.S. Census Bureau, 2000. Map from www.epodunk.com.

2. Overview of Substance Abuse and Mental Health



Sources: National Survey on Drug Use and Health, 2002-2004, and the Area Resource File, 2004.

3. Access to Treatment



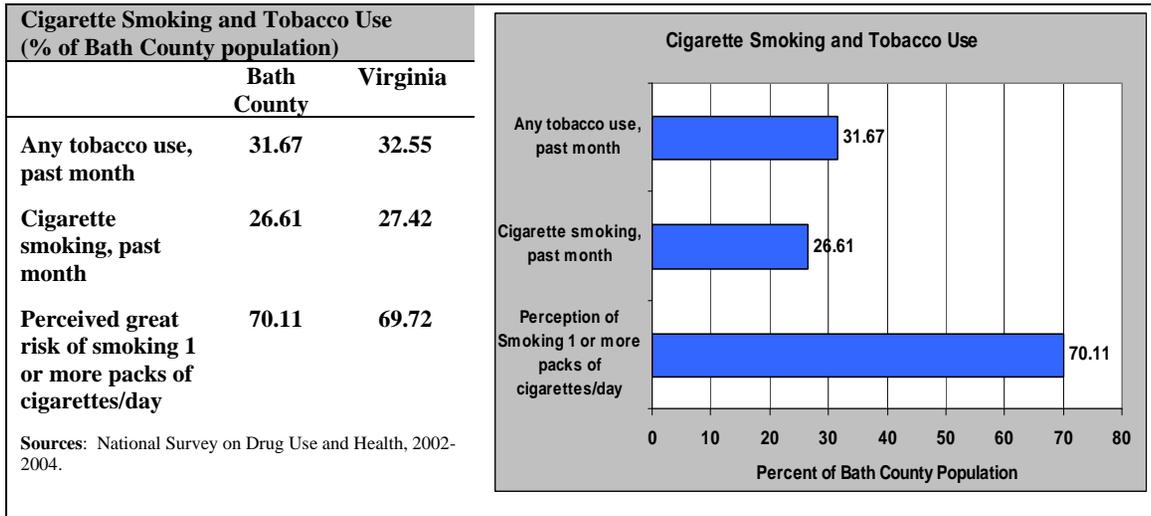
Source: National Survey on Drug Use and Health, 2002-2004.

4. Institutional Characteristics

Institutional Characteristics	Bath County	Virginia	
% In correctional/juvenile institutions	0.12	1.21	
% In mental health hospitals/institutions	0	0.028	
Proportion of mental health professional shortage area	None	None	39.13
		Partial	0.00
		Whole	60.87
Proportion of primary care health professional shortage area	Whole	None	26.09
		Partial	26.09
		Whole	47.83

Source: Area Resource File, 2004.

5. Cigarette Smoking and Tobacco Use

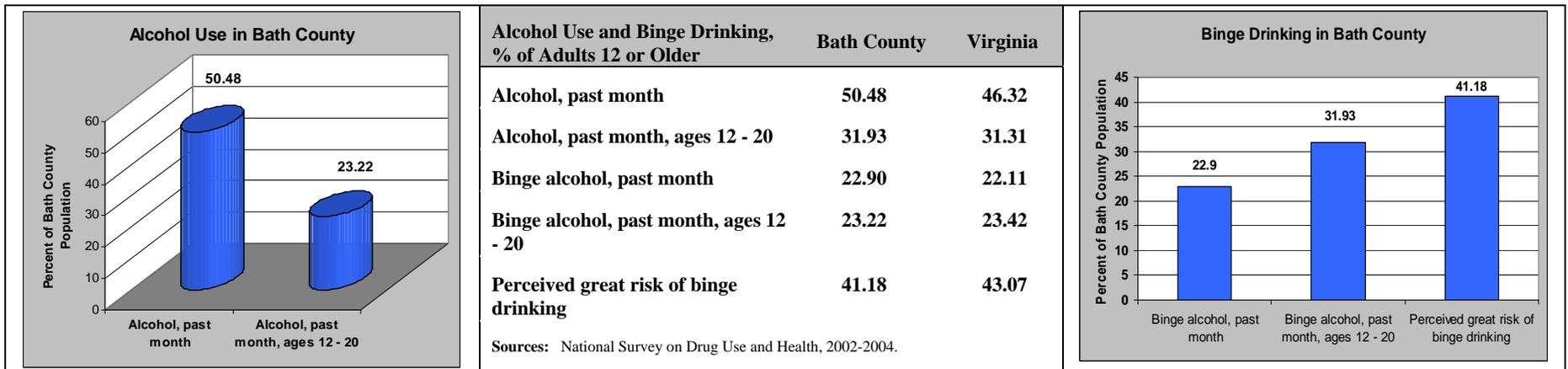


7. Marijuana and Other Illicit Drug Use

% of Adults Age 12 or Older Who Used Illicit Drug Use		
	Bath County	Virginia
Any illicit drug use in the past month	7.63	7.63
Any illicit drug use other than marijuana in the past month	3.92	3.86
Cocaine use in the past year	2.31	2.34
% of Adults Age 12 or Older Who Used Marijuana		
Marijuana use, past month	5.65	5.75
Marijuana use, past year	9.58	9.82
Annual rate of first use of marijuana	1.82	1.98

Sources: National Survey on Drug Use and Health, 2002-2004..

6. Alcohol Use and Binge Drinking



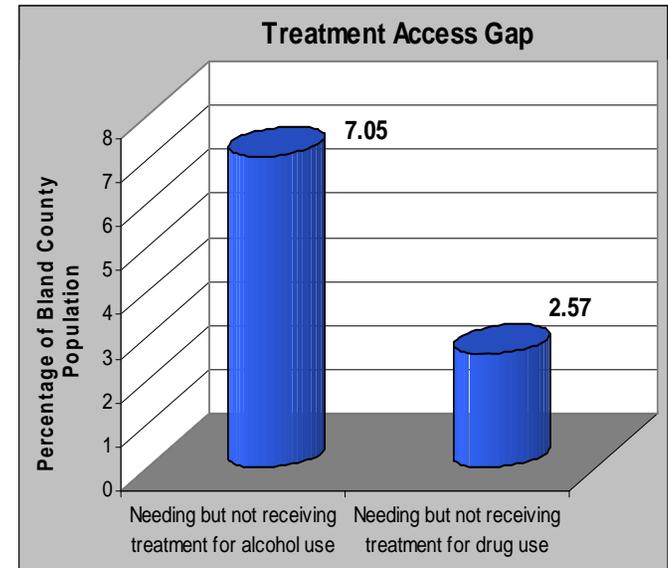
Profile of Bland County, VA

1. Socio-demographic Characteristics

Socio-Demographics	Bland County	Virginia
	Population, 2006 estimate	6,903
Population density per square mile, 2000	19.1	178.8
Percentage of urban population, 2000	0%	84.9%
Median home value, dollars, 2000	\$71,500	\$125,400
Persons below poverty, percent, 2004	11.9%	9.5%
High school graduates, percent of persons age 25+, 2000	70.9%	81.5%

Sources: Population estimates from U.S. Census Bureau State & County Facts. State-level urban population variable from U.S. Department of Agriculture. All other variables from the U.S. Census Bureau, 2000. Map from www.epodunk.com.

3. Access to Treatment

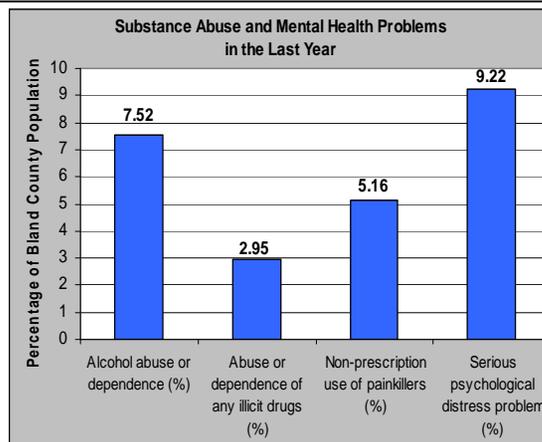


Source: National Survey on Drug Use and Health, 2002-2004.

2. Overview of Substance Abuse and Mental Health

Substance Abuse or Mental Health Problem in the Past Year	Bland County	Virginia
Alcohol abuse or dependence (%)	7.52	7.67
Abuse or dependence of any illicit drugs (%)	2.95	3.01
Non-prescription use of painkillers (%)	5.16	5.05
Serious psychological distress problem (%)	9.22	8.91
Suicide rate (%)	0.029	0.018

Sources: National Survey on Drug Use and Health, 2002-2004, and the Area Resource File, 2004.

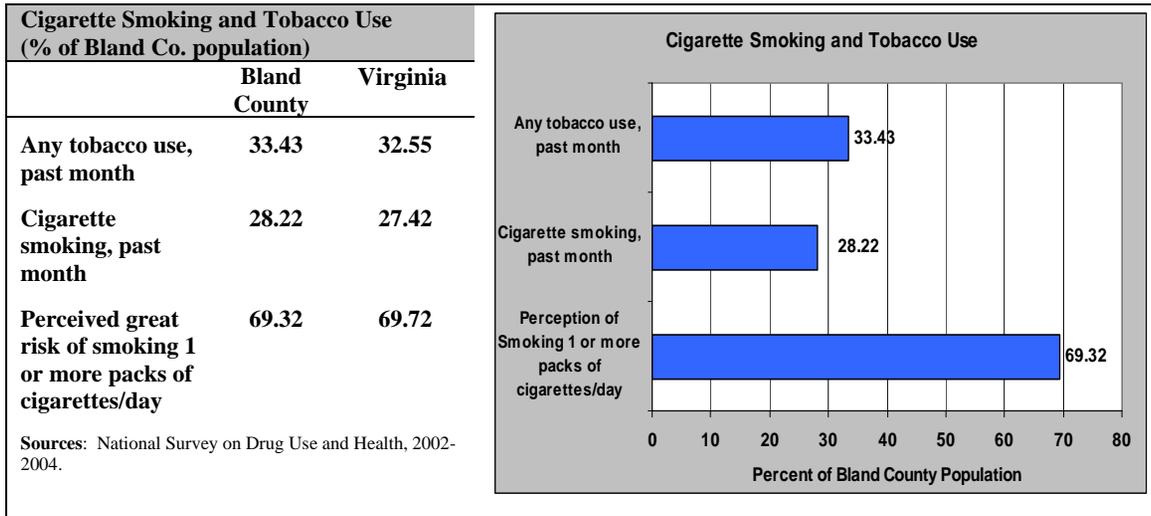


4. Institutional Characteristics

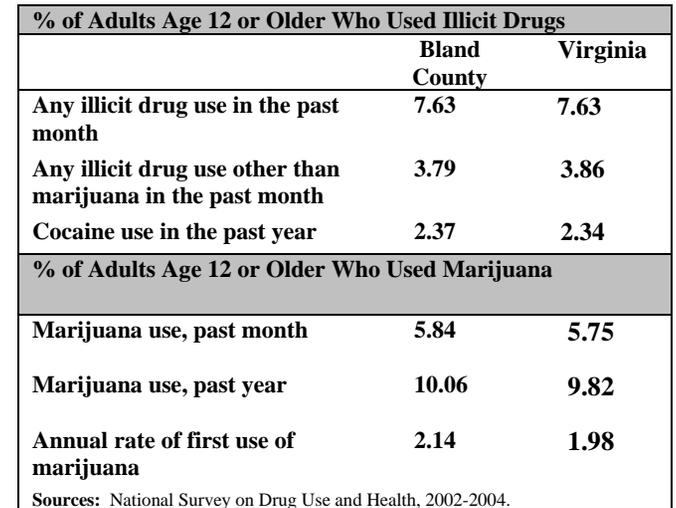
Institutional Characteristics			
	Bland County	Virginia	
% In correctional/juvenile institutions	8.59	1.21	
% In mental health hospitals/institutions	0	0.028	
Proportion of mental health professional shortage area	Whole	None	39.13
		Partial	0
		Whole	60.87
Proportion of primary care health professional shortage area	Whole	None	26.09
		Partial	26.09
		Whole	47.83

Source: Area Resource File, 2004.

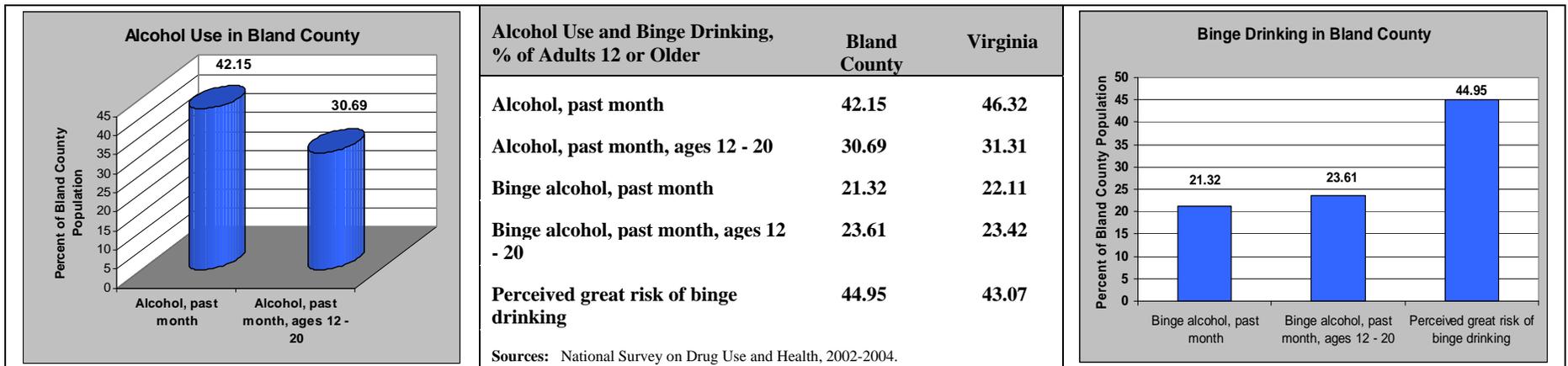
5. Cigarette Smoking and Tobacco Use



7. Marijuana and Other Illicit Drug Use



6. Alcohol Use and Binge Drinking



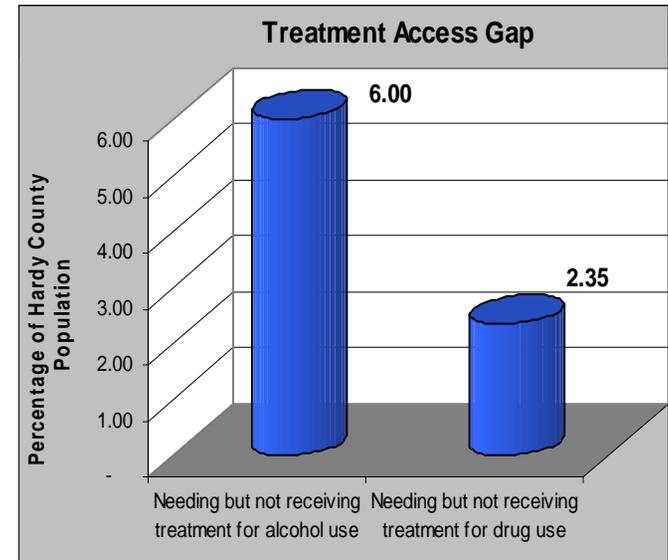
Profile of Hardy County, WV

1. Socio-demographic Characteristics

Socio-Demographics	Hardy County	West Virginia
	Population, 2006 estimate	13,420
Population density per square mile, 2000	21.7	75.1
Percentage of urban population, 2000	0%	55.18%
Median home value, dollars, 2000	\$74,700	\$ 72,800
Persons below poverty, percent, 2004	12.5%	16.2%
High school graduates, percent of persons age 25+, 2000	70.3%	75.2%

Sources: Population estimates from U.S. Census Bureau State & County Facts. State-level urban population variable from U.S. Department of Agriculture. All other variables from the U.S. Census Bureau, 2000. Map from www.epodunk.com.

3. Access to Treatment

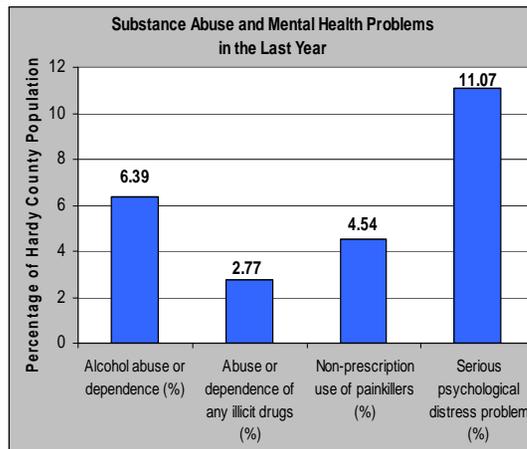


Source: National Survey on Drug Use and Health, 2002-2004.

2. Overview of Substance Abuse and Mental Health

Substance Abuse or Mental Health Problem in the Past Year	Hardy County	West Virginia
Alcohol abuse or dependence (%)	6.39	6.93
Abuse or dependence of any illicit drugs (%)	2.77	3.08
Non-prescription use of painkillers (%)	4.54	5.67
Serious psychological distress problem (%)	11.07	12.26
Suicide rate (%)	0.0079	0.013

Sources: National Survey on Drug Use and Health, 2002-2004, and the Area Resource File, 2004.

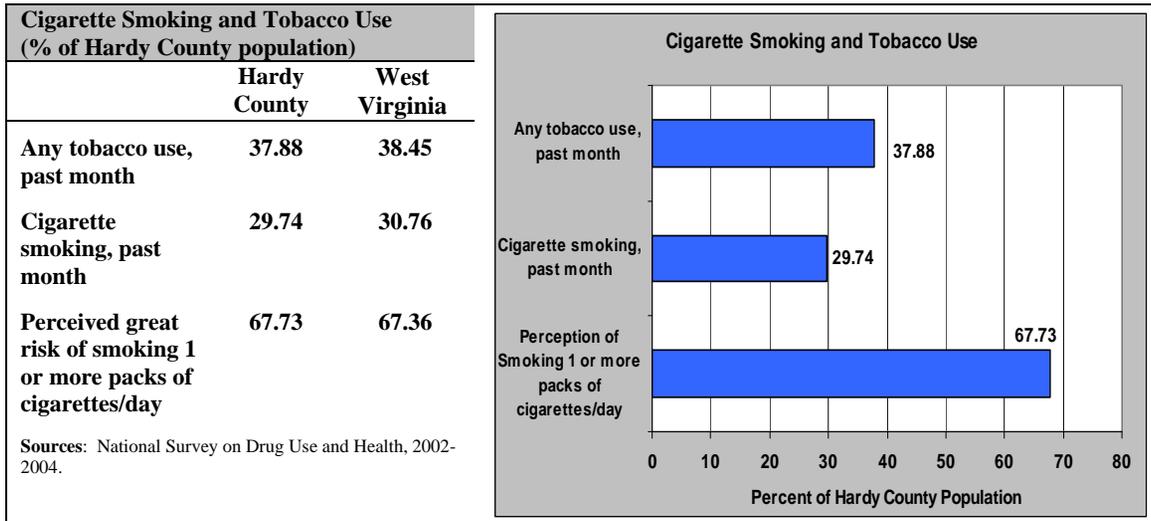


4. Institutional Characteristics

Institutional Characteristics			
	Hardy County	West Virginia	
% In correctional/juvenile institutions	0	0.63	
% In mental health hospitals/institutions	0	0.066	
Proportion of mental health professional shortage area	Whole	None	25.45%
		Partial	40.00%
		Whole	34.55%
Proportion of primary care health professional shortage area	Part	None	54.55%
		Partial	1.82%
		Whole	43.64%

Source: Area Resource File, 2004.

5. Cigarette Smoking and Tobacco Use

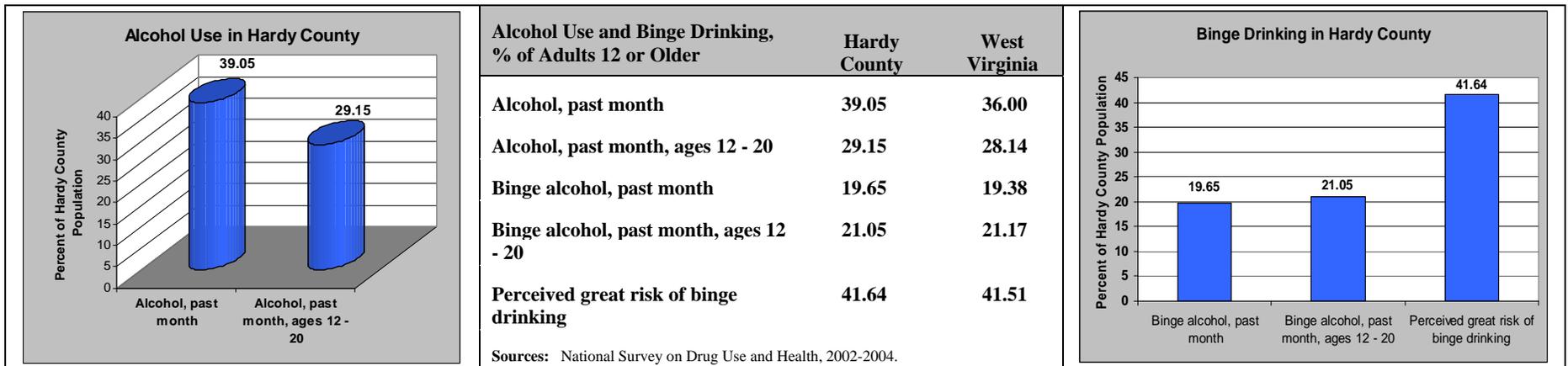


7. Marijuana and Other Illicit Drug Use

% of Adults Age 12 or Older Who Used Illicit Drug Use		
	Hardy County	West Virginia
Any illicit drug use in the past month	6.51	7.12
Any illicit drug use other than marijuana in the past month	3.48	3.82
Cocaine use in the past year	2.05	2.51
% of Adults Age 12 or Older Who Used Marijuana		
Marijuana use, past month	4.83	5.32
Marijuana use, past year	9.26	9.74
Annual rate of first use of marijuana	1.54	1.53

Sources: National Survey on Drug Use and Health, 2002-2004.

6. Alcohol Use and Binge Drinking



Profile of Monroe County, WV

1. Socio-demographic Characteristics

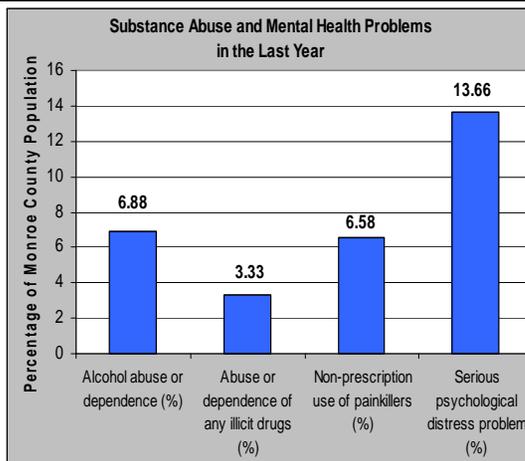
Socio-Demographics	Monroe County	West Virginia
Population, 2006 estimate	13,510	1,818,470
Population density per square mile, 2000	30.8	75.1
Percentage of urban population, 2000	10.3%	55.18%
Median home value, dollars, 2000	\$64,700	\$72,800
Persons below poverty, percent, 2004	14.3%	16.2%
High school graduates, percent of persons age 25+, 2000	73.7%	75.2%

Sources: Population estimates from U.S. Census Bureau State & County Facts. State-level urban population variable from U.S. Department of Agriculture. All other variables from the U.S. Census Bureau, 2000. Map from www.epodunk.com.

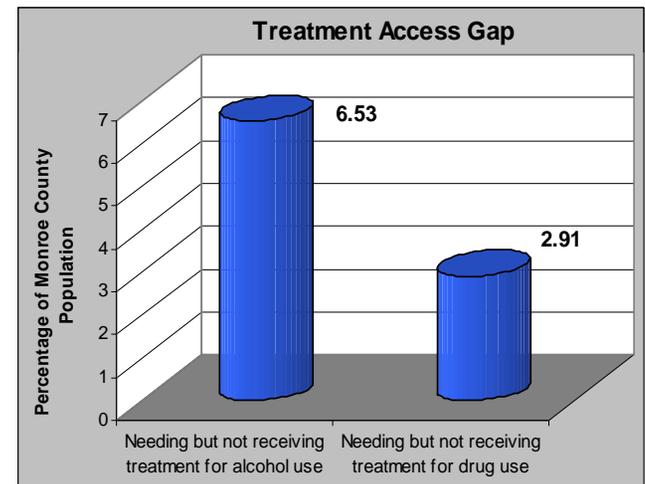
2. Overview of Substance Abuse and Mental Health

Substance Abuse or Mental Health Problem in the Past Year	Monroe County	West Virginia
Alcohol abuse or dependence (%)	6.88	6.93
Abuse or dependence of any illicit drugs (%)	3.33	3.08
Non-prescription use of painkillers (%)	6.58	5.67
Serious psychological distress problem (%)	13.66	12.26
Suicide rate (%)	0.014	0.013

Sources: National Survey on Drug Use and Health, 2002-2004, and the Area Resource File, 2004.



3. Access to Treatment



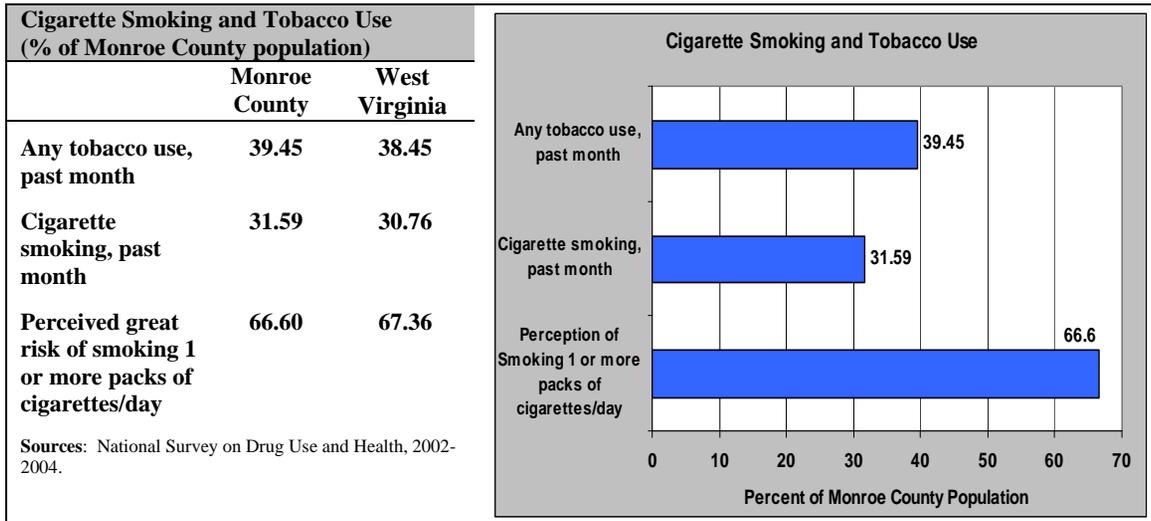
Source: National Survey on Drug Use and Health, 2002-2004.

4. Institutional Characteristics

Institutional Characteristics	Monroe County	West Virginia	
% In correctional/juvenile institutions	9.53	0.63	
% In mental health hospitals/institutions	0	0.066	
Proportion of mental health professional shortage area	None	None	25.45%
		Partial	40.00%
		Whole	34.55%
Proportion of primary care health professional shortage area	Whole	None	54.55%
		Partial	1.82%
		Whole	43.64%

Source: Area Resource File, 2004.

5. Cigarette Smoking and Tobacco Use

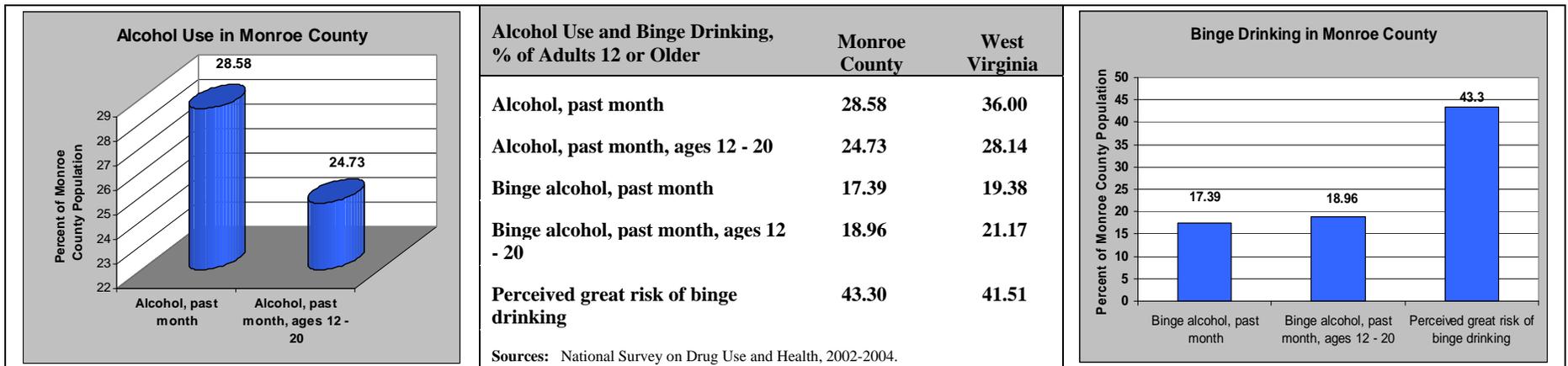


7. Marijuana and Other Illicit Drug Use

% of Adults Age 12 or Older Who Used Illicit Drug Use		
	Monroe County	West Virginia
Any illicit drug use in the past month	7.08	7.12
Any illicit drug use other than marijuana in the past month	4.04	3.82
Cocaine use in the past year	2.48	2.51
% of Adults Age 12 or Older Who Used Marijuana		
Marijuana use, past month	5.08	5.32
Marijuana use, past year	10.01	9.74
Annual rate of first use of marijuana	1.35	1.53

Sources: National Survey on Drug Use and Health, 2002-2004.

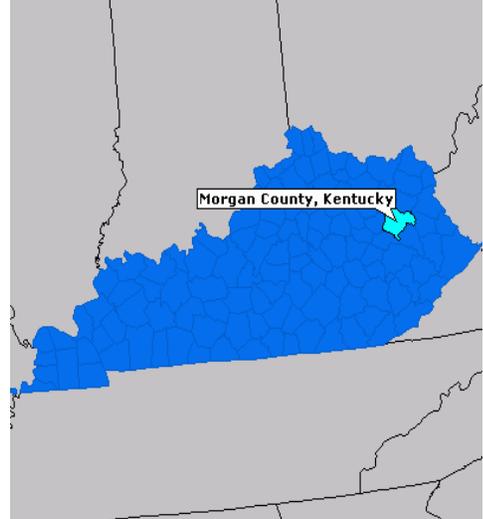
6. Alcohol Use and Binge Drinking



Profile of Morgan County, KY

1. Socio-demographic Characteristics

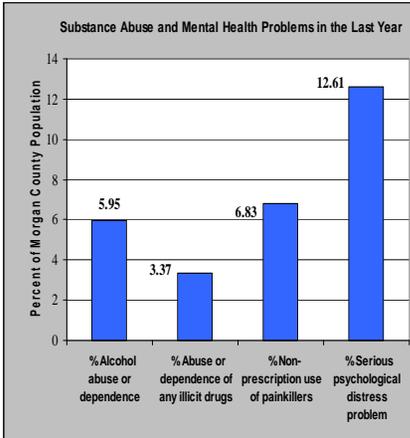
Socio-Demographics	Morgan County	Kentucky
	Population, 2006 estimate	14,306
Population density per square mile, 2000	36.6	101.7
Percentage of urban population, 2000	20.7%	18.3%
Median home value, dollars, 2000	\$55,400	\$86,700
Persons below poverty, percent, 2004	27%	16.3%
High school graduates, percent of persons age 25+, 2000	56.4	74.1



Sources: Population estimates from U.S. Census Bureau State & County Facts. All other variables from the U.S. Census Bureau, 2000, unless otherwise indicated. Map from www.epodunk.com.

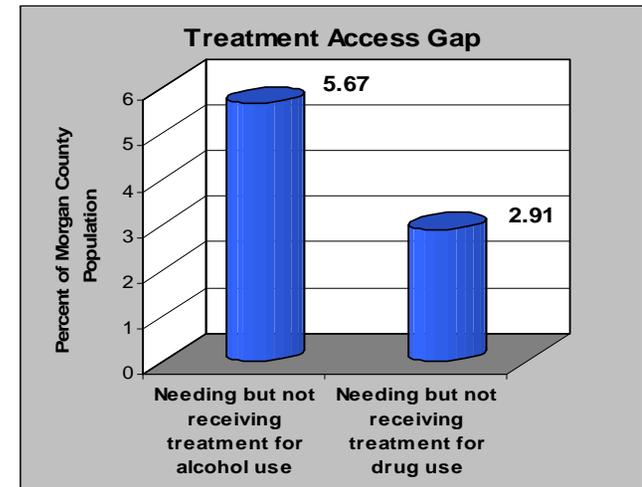
2. Overview of Substance Abuse and Mental Health

Substance Abuse or Mental Health Problem in the Past Year	Morgan County	Kentucky
Alcohol abuse or dependence (%)	5.95	6.47
Abuse or dependence of any illicit drugs (%)	3.37	3.11
Non-prescription use of painkillers (%)	6.83	6.79
Serious psychological distress problem (%)	12.61	11.37
Suicide rate	0.0215	0.0153



Sources: National Survey on Drug Use and Health, 2002-2004, and the Area Resource File, 2004.

3. Access to Treatment



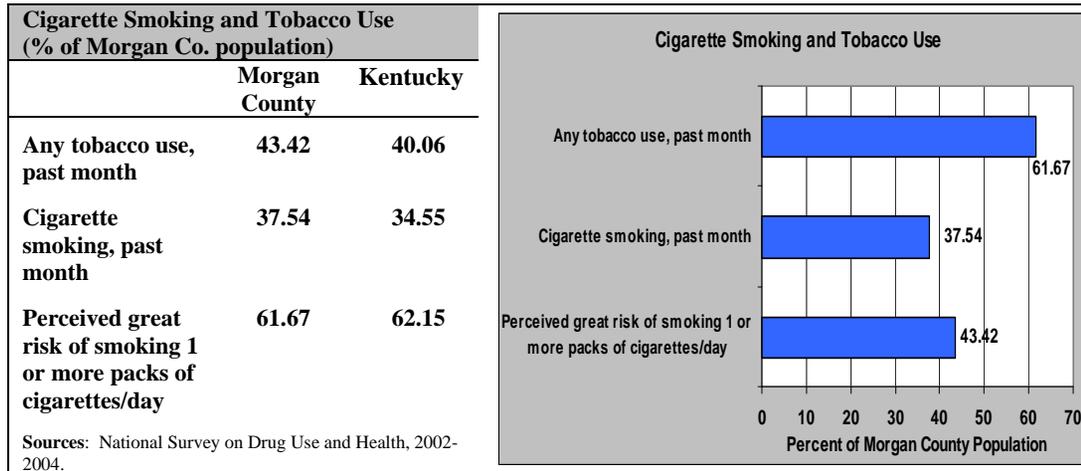
Source: National Survey on Drug Use and Health, 2002-2004.

4. Institutional Characteristics

Institutional Characteristics	Kentucky		
	Morgan County	None	Whole
% In correctional/juvenile institutions	11.93	0.798	
% In mental health hospitals/institutions	0.208	0.0485	
Proportion of mental health professional shortage area	Whole	None	45.1%
Proportion of primary care health professional shortage area	Whole	None	25.5%
		Partial	3.9%
		Whole	70.6%

Source: Area Resource File, 2004.

5. Cigarette Smoking and Tobacco Use



7. Marijuana and Other Illicit Drug Use

% of Adults Age 12 or Older Who Used Illicit Drug Use		
	Morgan County	Kentucky
Any illicit drug use in the past month	7.91	8.22
Any illicit drug use other than marijuana in the past month	4.60	4.57
Cocaine use in the past year	2.48	2.49

% of Adults Age 12 or Older Who Used Marijuana		
	Morgan County	Kentucky
Marijuana use, past month	5.19	5.56
Marijuana use, past year	9.25	9.61
Annual rate of first use of marijuana	1.42	1.52

Sources: National Survey on Drug Use and Health, 2002-2004..

6. Alcohol Use and Binge Drinking

