

TENNESSEE

Adolescent Behavioral Health In Brief

A Short Report from the Office of Applied Studies



Adolescence (12 to 17 years) is a critical and vulnerable stage of human development, during which males and females experience different biological, social, and cognitive changes. During this life stage, millions of adolescents experiment with substance use and engage in behaviors that can affect healthy neurological and psychological development. Understanding the behavioral health differences between adolescent males and females can help to inform public health policy and build prevention and intervention programs that strategically target the different needs of adolescent males and females.

Highlights: Adolescents in Tennessee

- Approximately 41,000 (8.6 percent) of adolescents in Tennessee used an illicit drug in the past month; 21,000 (4.3 percent) used marijuana, and 26,000 (5.4 percent) used an illicit drug other than marijuana.
- 21,000 adolescent males and 25,000 adolescent females used pain relievers nonmedically in the 12 months prior to the interview.
- 12.6 percent (60,000) of adolescents used alcohol in the past month, and 6.6 percent (32,000) engaged in binge drinking.
- 8,000 females (3.6 percent) and 10,000 males (4.1 percent) needed but did not receive treatment for alcohol problems.

This report provides a snapshot of behavioral health among adolescents in Tennessee. National-level data on behavioral and cognitive differences between U.S. adolescent males and females is provided in a separate report entitled, *Adolescent Behavioral Health in the United States*, and is referenced at the end of this report.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

For Further Information

Adolescent Behavioral Health in the United States:

Full Report is available at:

<http://www.samhsa.gov/statesinbrief/>

A comprehensive listing of all NSDUH measures for every State is available at:

<http://oas.samhsa.gov/statesList.cfm>.

Also, information about variations in incidence and prevalence of the NSDUH substance abuse and mental health measures within each State is available at:

<http://oas.samhsa.gov/metro.htm>.

Data Sources

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS)–2006 is available at: **<http://www.dasis.samhsa.gov>**.

Center for Mental Health Services Uniform Reporting System Output Tables 2006 is available at: **<http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2006.asp>**.

Substance Abuse Treatment Data: Treatment Episode Data Set–Concatenated File–is available from the Substance Abuse and Mental Health Data Archive: **<http://www.icpsr.umich.edu/SDA/SAMHDA>**.

Mental Health Treatment Data: Center for Mental Health Services Uniform Reporting System Output Tables 2006 is available at: **<http://mentalhealth.samhsa.gov/cmhs/MentalHealthStatistics/URS2006.asp>**.

¹NSDUH is directed by the Substance Abuse and Mental Health Services Administration and provides information on the incidence and prevalence of substance use in the population and the problems associated with use. The survey collects information on the sociodemographic characteristics of users, perceptions of risk and availability, and mental health issues. Since 1999, the NSDUH sample has been designed to provide State-level estimates, based on about 67,500 respondents per year.

²NSDUH defines “illicit drugs” to include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. “Nonmedical” use is defined as use not prescribed for the respondent by a physician or used only for the experience or feeling the drug(s) caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Non-medical use of stimulants includes methamphetamine use.

³Substance Abuse and Mental Health Services Administration. (2008). *Results from the 2007 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-34, DHHS Publication No. SMA 08-4343). Rockville, MD.

⁴The White House, Executive Office of the President (2009). *National Drug Control Policy: 2009 Annual Report* (Chapter 1). [Available at: <http://www.whitehousedrugpolicy.gov/publications/policy/ndcs09/chapter1.pdf>]

⁵Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) (American Psychiatric Association, 1994).

⁶The National Survey of Substance Abuse Treatment Services (N-SSATS) is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: nontreatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

⁷TEDS is an admissions-based system, and TEDS admissions do not represent individuals. For example, an individual admitted to treatment twice within a calendar year would be counted as two admissions. TEDS collects information on up to three substances of abuse that lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

⁸The Uniform Reporting System (URS) consists of 21 standardized tables (12 basic tables and 9 developmental tables) that State mental health agencies (SMHA) submit each December in their Community Mental Health Services Block Grant Implementation Report to the Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services. The URS data submitted by the States has been used to create 14 different output tables that show performance on issues of access, appropriateness, outcomes, and system management. The intent of the URS tables is to allow both (1) the tracking of individual State performance over time, and (2) the aggregation of State information to develop a national picture of the public mental health systems of the States.

⁹The Federal definition of “serious emotional disturbance” (SED) is provided by the Individuals with Disabilities Education Act (IDEA).