

# The NSDUH Report

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## Substance Use Disorder and Serious Psychological Distress, by Employment Status

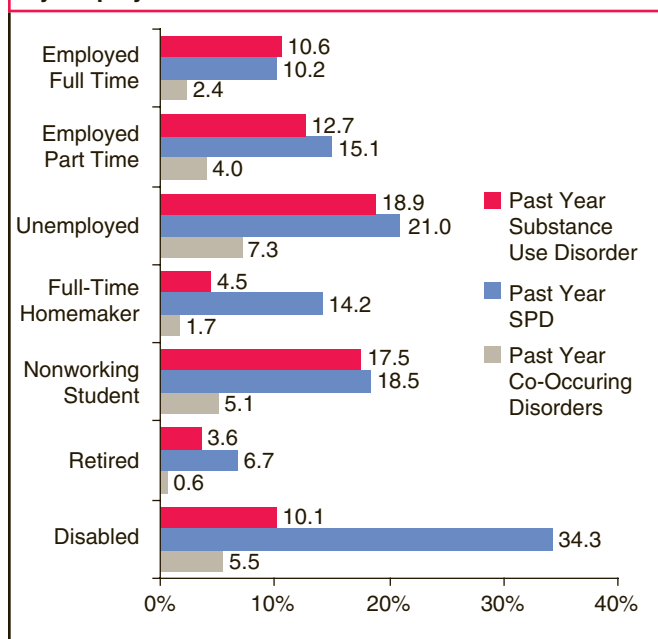
### In Brief

- Among adults aged 18 to 64 who were employed full time, 10.6 percent were classified as having a past year substance use disorder, 10.2 percent experienced serious psychological distress (SPD) during the past year, and 2.4 percent had co-occurring SPD and a substance use disorder
- Males in this age group who were employed full time were nearly twice as likely to have a past year substance use disorder than their female counterparts (13.2 vs. 6.9 percent), while females were nearly twice as likely to have experienced SPD during the past year as were males (14.2 vs. 7.3 percent)
- Of the 2.9 million adults aged 18 to 64 employed full time who had co-occurring SPD and a substance use disorder, nearly 60 percent were not treated for either problem, and less than 5 percent were treated for both problems

Substance use disorders and psychological distress have been shown to have a negative impact on many aspects of the lives of affected persons, including their ability to hold jobs and be productive in the workplace. The National Survey on Drug Use and Health (NSDUH) includes questions about respondents' employment status, substance use, and mental health problems. NSDUH defines full-time employment as usually working 35 or more hours per week and working in the past week or having a job despite not working in the past week. Part-time employment includes those who usually work fewer than 35 hours per week and who were working in the past week or have a job despite not working in the past week. The unemployed category includes those who reported that they did not have a job, were on layoff, and were looking for work and made specific efforts to find work in the past 30 days. Other employment categories include student, full-time homemaker, retired, disabled, or other miscellaneous work statuses.<sup>1</sup>

NSDUH asks persons aged 12 or older to report on their use of alcohol and illicit drugs, as well as symptoms of substance dependence or abuse during the past year.<sup>2</sup> NSDUH defines dependence on or abuse of illicit drugs or alcohol using criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.<sup>3</sup> Substance dependence or abuse includes such symptoms as

**Figure 1. Percentages of Past Year Substance Use Disorder, Serious Psychological Distress (SPD), and Co-Occurring Disorders among Adults Aged 18 to 64, by Employment Status: 2004 and 2005**



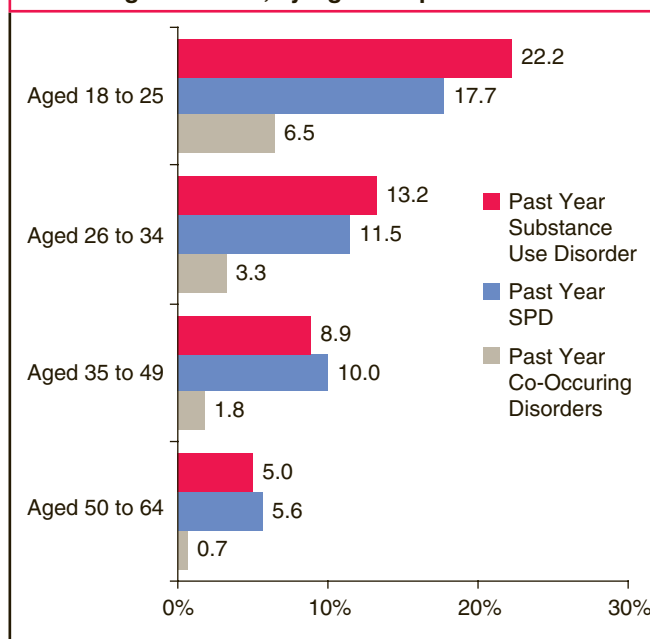
Source: SAMHSA, 2004 and 2005 NSDUHs.

withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference in major obligations at work, school, or home during the past year. NSDUH respondents also are asked whether they have received treatment for a substance use problem. For these analyses, an individual is defined as receiving treatment only if he or she reported specialty treatment<sup>4</sup> for alcohol or illicit drugs in the past year.<sup>5</sup>

NSDUH includes questions to assess serious psychological distress (SPD). SPD is an overall indicator of past year nonspecific psychological distress that is constructed from the K6 scale administered to adults aged 18 or older in NSDUH. The K6 scale consists of six questions that gather information on how frequently a respondent experienced symptoms of psychological distress during the 1 month in the past year when he or she was at his or her worst emotionally.<sup>6,7</sup> NSDUH respondents also are asked about their experiences with mental health treatment, which is defined as the receipt of treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months prior to the interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of a mental or emotional condition. For the purpose of this report, individuals with both SPD and a substance use disorder are said to have co-occurring SPD and a substance use disorder.

This report examines the prevalence of past year substance use disorder, SPD, and co-occurring SPD and a substance use disorder among the U.S. working-age civilian population (i.e., those aged 18 to 64). It is noteworthy that 62.7 percent of adults in this age group who had a past year substance use disorder were employed full time. Among adults aged 18 to 64 who experienced SPD in the past year, 50.7 percent were employed

**Figure 2. Percentages of Past Year Substance Use Disorder, Serious Psychological Distress (SPD), and Co-Occurring Disorders among Full-Time Employed Adults Aged 18 to 64, by Age Group: 2004 and 2005**



Source: SAMHSA, 2004 and 2005 NSDUHs.

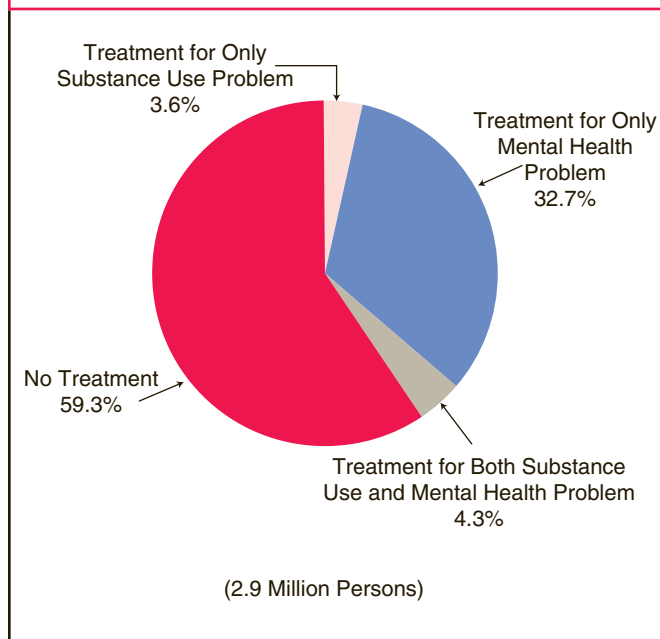
full time. Because of the negative effects of substance use disorders and SPD on the workplace (i.e., decreased productivity, increased accidents, absenteeism, job turnover, and medical costs), rates of past year substance use disorder, SPD, and co-occurring SPD and a substance use disorder among full-time employed persons are highlighted.<sup>8-10</sup> All findings are annual averages based on combined 2004 and 2005 NSDUH data.

### Substance Use Disorder, SPD, and Co-Occurring SPD and a Substance Use Disorder, by Employment Status

Among adults aged 18 to 64 overall, 10.8 percent (20 million persons) were classified as having a past year substance use disorder, 12.9 percent (23 million persons) experienced past year SPD, and 3.0 percent (5 million persons) had co-occurring SPD and a substance use disorder.

Adults aged 18 to 64 who were unemployed and those who were nonworking students had the highest rates of past year substance use disorder (18.9 and 17.5 percent, respectively), while retired adults and full-time homemakers had the lowest rates (3.6 and 4.5 percent, respectively) (Figure 1). Rates of past year SPD were highest among disabled persons (34.3 percent), unemployed persons (21.0 percent), and nonworking adult students (18.5 percent). These same three groups (unemployed adults [7.3 percent], disabled adults [5.5 percent], and nonworking adult students [5.1 percent]) also had the highest rates of co-occurring SPD and a substance use disorder. Retired persons had the lowest rate of SPD (6.7 percent) and co-occurring SPD and a substance use disorder (0.6 percent).

**Figure 3. Past Year Treatment\* among Full-Time Employed Adults Aged 18 to 64 with Co-Occurring Serious Psychological Distress (SPD) and a Substance Use Disorder: 2004 and 2005**



Source: SAMHSA, 2004 and 2005 NSDUHs.

### Substance Use Disorder, SPD, and Co-Occurring SPD and a Substance Use Disorder among Adults Employed Full Time

In 2004-2005, 10.6 percent of adults aged 18 to 64 who were employed full time were classified as having a past year substance use disorder, 10.2 percent experienced past year SPD, and 2.4 percent had co-occurring SPD and a substance use disorder. Among full-time employed adults, males were nearly twice as likely to have a substance use disorder than their female counterparts (13.2 vs. 6.9 percent), but females were nearly twice as likely to have SPD (14.2 vs. 7.3 percent). Rates of co-occurring SPD and a substance use disorder were relatively similar across genders (2.3 and 2.6 percent among males and females, respectively). Full-time employed persons aged 18 to 25 had the highest rates of substance use disorder, SPD, and co-occurring SPD and a substance use disorder when compared with full-time employed adults in other age categories (Figure 2).

### Treatment of Substance Use Disorder, SPD, and Co-Occurring SPD and a Substance Use Disorder among Full-Time Employed Adults

Among adults aged 18 to 64 who were employed full time and who had a past year substance use disorder, less than 5 percent (4.2 percent) received substance use treatment at a specialty facility in the past year. Among adults aged 18 to 64 who were employed full time and who had SPD, 38.5 percent

received treatment for their mental health problem. Adults with co-occurring SPD and a substance use disorder may seek treatment for just their substance use disorder, just their SPD, both problems, or neither problem. Of the 2.9 million adults aged 18 to 64 employed full time who had co-occurring problems, nearly 60 percent were not treated for either problem, and less than 5 percent were treated for both problems (Figure 3).

#### End Notes

<sup>1</sup> Based on the 2004-2005 NSDUH data, 64.2 percent of adults aged 18 to 64 had full-time employment, 13.5 percent were employed part time, 4.1 percent were unemployed, and 18.2 percent were not in the labor force (including 5.9 percent full-time homemakers, 4.7 percent disabled, 3.2 percent retired, 2.6 percent nonworking students, and 1.8 percent not employed or unemployed and not full-time homemakers, students only, retired, or disabled).

<sup>2</sup> *Illicit drugs* refer to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. NSDUH measures the nonmedical use of prescription-type pain relievers, sedatives, stimulants, or tranquilizers. Nonmedical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs.

<sup>3</sup> American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

<sup>4</sup> Specialty treatment is defined as treatment delivered at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), and mental health centers. It excludes treatment at an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient.

<sup>5</sup> Treatment received at a specialty facility for alcohol or illicit drug use includes persons who received treatment specifically for illicit drugs or alcohol, as well as persons who received treatment but did not specify for which substance(s). Respondents with unknown information regarding receipt of treatment for alcohol or illicit drug use in the past year and those who reported receiving treatment for alcohol or illicit drug use in the past year with unknown information about whether this treatment was received at a specialty facility were included with respondents who reported not receiving treatment for alcohol or illicit drug use at a specialty facility in the past year.

<sup>6</sup> Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S. L., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60, 184-189.

<sup>7</sup> The 2004 NSDUH sampling strategy employed a split-sample design in which approximately half of the adult respondents were administered the K6 questions without other mental health symptom questions. In the 2005 NSDUH, all adult respondents were administered only the K6 questions. To ensure comparability across the 2 years of data, estimates for SPD in this report are based on the K6 questions for 2004 and 2005. The responses from those receiving the K6 questions along with other mental health symptom questions in 2004 were adjusted to be comparable with those receiving only the K6 questions in 2004.

<sup>8</sup> Langlieb, A. M., Druss, B. G., & Rosenheck, R. (2003). Cost-effectiveness, cost containment, and worker productivity. In J. P. Kahn & A. M. Langlieb (Eds.), *Mental health and productivity in the workplace: A handbook for organizations and clinicians* (pp. 48-59). San Francisco: Jossey-Bass.

<sup>9</sup> Mack, A. H., Rosecan, J. S., & Frances, R. J. (2003). Drugs: Abuse and dependence. In J. P. Kahn & A. M. Langlieb (Eds.), *Mental health and productivity in the workplace: A handbook for organizations and clinicians* (pp. 481-499). San Francisco: Jossey-Bass.

<sup>10</sup> Schuster, C. L. (2003). Alcohol: Abuse and dependence. In J. P. Kahn & A. M. Langlieb (Eds.), *Mental health and productivity in the workplace: A handbook for organizations and clinicians* (pp. 502-516). San Francisco: Jossey-Bass.

#### Figure Note

\* Respondents with missing data on mental health treatment were excluded from this analysis.

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Research findings from the SAMHSA 2004 and 2005 National Surveys on Drug Use and Health (NSDUHs)

# Substance Use Disorder and Serious Psychological Distress, by Employment Status

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The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2004 and 2005 data are based on information obtained from 86,367 persons aged 18 to 64. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

*The NSDUH Report* is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on NSDUH used in compiling data for this issue is available in the following publications:

Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 06-4194, NSDUH Series H-30). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>.

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2004 and 2005 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.



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