Household Telephone Survey Of The General Adult Population

State of Oklahoma

Final Report

Needs Assessment Studies,
Treatment for Alcohol And Other Drugs
CSAT Contract No. 270-94-0027

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Executive Summary

Background

With funding from the federal Center for Substance Abuse Treatment (CSAT), the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) is conducting a family of studies that will supply Oklahoma with information the State needs to plan and provide effective substance abuse services for its citizens in need. The results of the studies will also meet the data reporting requirements of the federal government. A adult household telephone survey is one component of the project, which also includes a targeted household telephone survey of Native Americans and a face-to-face survey of the corrections population, including inmates, probationers and parolees. This document is an executive summary of the administration and results of the Adult Population Telephone Survey.

Methodology

A Computer-Assisted Telephone Interviewing (CATI) system with random-digit-dialing was used to complete 7,200 telephone interviews. The questionnaire used was developed by the National Technical Center for Substance Abuse Needs Assessment (NTC) with funding from CSAT (refer to the Revised Study Protocols). Interviews were limited to residential phones in Oklahoma, excluding multi-person dwellings, such as military barracks and dormitories. Questions about eight drugs commonly used in Oklahoma (alcohol, marijuana, cocaine, heroin, hallucinogens, sedatives, stimulants, and inhalants) were asked in the survey.

There were 23,120 telephone numbers randomly selected for the sample. Of those, 12,022 were found to be eligible respondents and 7,200 of those resulted in valid interviews. The overall response rate was about 60%, with an average of 20% of refusals converted into valid interviews.

Screening for alcohol use was based on drinking behaviors differentiated by gender. For males, the screening item asked whether the respondent ever drank five or more drinks in one day at least once in the past 18 months. A drink is defined as a glass of wine or beer, a can of beer, a mixed drink, or a shot or jigger of hard liquor. Females were screened by asking for the average number of drinks consumed on days when the respondent drank in the last 18 months. An average of two or more drinks was the

screening threshold. Any respondents identified by the screen were then asked in detail about alcohol use.

For purposes of the study, illicit drug use was defined as non-medical use of any of the seven drugs studied. Any respondent who answered "yes" to use of an illicit drug was asked in detail about using that drug. In the case of sedatives, medical use may also be problematic since dependence may develop when the drugs are used to treat medical problems. Consequently, respondents who used a sedative for medical purposes were asked the diagnostic items if they reported having a seizure after discontinuing use of the drug.

The definition of need for treatment was developed from a standard clinical assessment text titled the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd revised edition (DSM-III-R). That definition was operationalized in an assessment instrument known as the Diagnostic Interview Schedule and adapted by NTC for CSAT study participants. The nine DSM-III-R criteria are: (1) substance often taken in larger amounts or over a longer period than the person intended, (2) persistent desire or one or more unsuccessful efforts to cut down or control substance use, (3) a great deal of time spent in the activities necessary to get the substance, take the substance, or recover from its effects, (4) frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations at work, school, or home, or when substance use is physically hazardous, (5) important social, occupational, or recreational activities given up or reduced because of substance use, (6) continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of the substance, (7) marked tolerance: need for markedly increased amounts of the substance (at least a 50% increase) in order to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount, (8) characteristic withdrawal symptoms, and (9) substance often taken to relieve or avoid withdrawal symptoms. Based on the number and duration of these symptoms reported, a diagnosis of abuse or treatment need may have been determined.

Statistical analyses were performed on the survey data to produce estimates of substance use and treatment need for each of the eight DMHSAS sub-state planning areas by race and sex. Because regions of the state have very different populations, weights were assigned to estimates according to a population-to-sample-size ratio to adjust for the differences. The results provide regional groups with comparable data with which to assess the service needs in their areas.

A Descriptive Analysis has been prepared for service planners and treatment providers with more detailed information about the survey process and analyses. Some highlights from that Descriptive Analysis follow:

Results

Prevalence of Alcohol Use

- Overall lifetime use of alcohol in Oklahoma was 88.9%, 56.4% in the last 18 months, and 36.4% in the last 30 days. While Native Americans and the "Other" race category had the highest lifetime alcohol use (91% for both), Asian and Pacific Islanders had the highest prevalence of alcohol use in the last 18 months (68.7%) and Whites had highest use in the last 30 days (38.1%). Native Americans, historically thought to have a high prevalence of alcohol use, reported the lowest rate of use for the last 30 days (30.5%).

- Respondents age 18-29 had the highest prevalence of alcohol use for the last 18 months (74.6%) and the last 30 days (48.6%), compared to the statewide prevalence of 56.4 and 36.4, respectively.

Prevalence of Drug Use

- Concerning lifetime use of illicit drugs, marijuana was by far the most prevalent (32.9%), followed by stimulants (9.2%). When the time period was narrowed, marijuana was still the most prevalent at 4.7% in the last 18 months and 1.9% in the last 30 days.

- Persons in the 30-44 age category showed the highest lifetime use for "any illicit drug" (53.8%). However, for use in the last 18 months and last 30 days, 18-29 year olds had the highest prevalence (13.8%, 5.8%, respectively).

- Although their rates of use were not much greater than those of other race groups, Native Americans reported the highest illicit drug use for all three time periods (40.1% lifetime, 7.1% last 18 months, 3.9% last 30 days).

Need for Treatment

- About 2.9% of females were in need of treatment (INT), while 8.8% of males were judged to be in need. That is, about 74% of those who were INT were male. This percent matches data from the DMHSAS treatment system wherein 74% of clients are male.

- INTs had a mean age of 33.8 years, with 80% of them under 45 years old, while 19% of NINTs were 65 years or older, with a mean age of 46.2.

- Those judged to be not in need of treatment (NINT) were more likely than those who were INT to be married (62% to 39%) and less likely to be separated (1.4% to 2.7%) or never married (15% to 36%). This was true even after adjustments were made for age differences between the two groups.

- Those NINT were about as likely as those INT to have attended college (59% vs. 60%). However, of those respondents who attended college, NINT were more likely to have obtained a college degree (56% to 40%). Thus, 44% of the NINT who enrolled in college failed to attain a degree, whereas 60% of the INT who enrolled in college did not get a degree.

- Those INT were more likely to be employed than were the NINT (81% to 63%). This held true, even after the affects of age and gender were removed.

- No income differences were apparent, but those NINT were more likely to refuse to reveal their income (8.8% to 2.3%) and also more likely to say they did not know their income (4.4% to 2.6%).

- Poor emotional health over the past 12 months was reported by 4.2% of those NINT and by 14.1% of those INT. INTs were also nearly twice as likely (32% to 18%) to report "fair" emotional health; leaving 77% of NINTs and 56% of INTs who reported their emotional health to be good.

- Approximately 20% of those assessed to be INT had received substance abuse treatment sometime in their lives. About 1.5% of those found to be currently NINT had ever received treatment.

- Of those estimated to be INT, 5.4% (0.3% of the total adult population) received treatment within the 12 months preceding the interview.

- Need for treatment is distributed throughout the Regional Advisory Board areas (RABs) as shown in Table 1 and in Figure 1. A total of 138,902 or 5.7% of the adult population in the state is estimated to have a need for alcohol and/or other drug treatment. The rate of need is highest in the Central and OKC regions and lowest in the North West.

Table 1

Distribution of Treatment Need in Oklahoma Adults By Regional Advisory Board (RAB)

Region	Region Population	Population As Percent of State	Residents In Need of Treatment For ...					
			Alcohol &/or Drugs		Alcohol w/wo Drugs		Drugs w/wo Alcohol	
			Percent	Count	Percent	Count	Percent	Count
Central	254,468	10.44%	8.20%	20,854	7.47%	19,009	0.87%	2,204
East Central	255,383	10.47%	4.71%	12,017	4.71%	12,017	0.45%	1,157
North East	315,146	12.92%	4.85%	15,294	4.45%	14,026	1.09%	3,441
North West	133,452	5.47%	4.39%	5,862	4.08%	5,441	1.00%	1,334
OKC	533,084	21.86%	6.90%	36,800	6.30%	33,565	1.27%	6,769
South East	306,804	12.58%	4.63%	14,214	4.38%	13,447	0.80%	2,456
South West	243,851	10.00%	5.06%	12,327	4.93%	12,018	0.33%	798
Tulsa	396,108	16.25%	5.37%	21,288	4.96%	19,647	0.78%	3,101
State	2,438,295	100.00%	5.70%	138,902	5.31%	129,416	0.87%	21,258

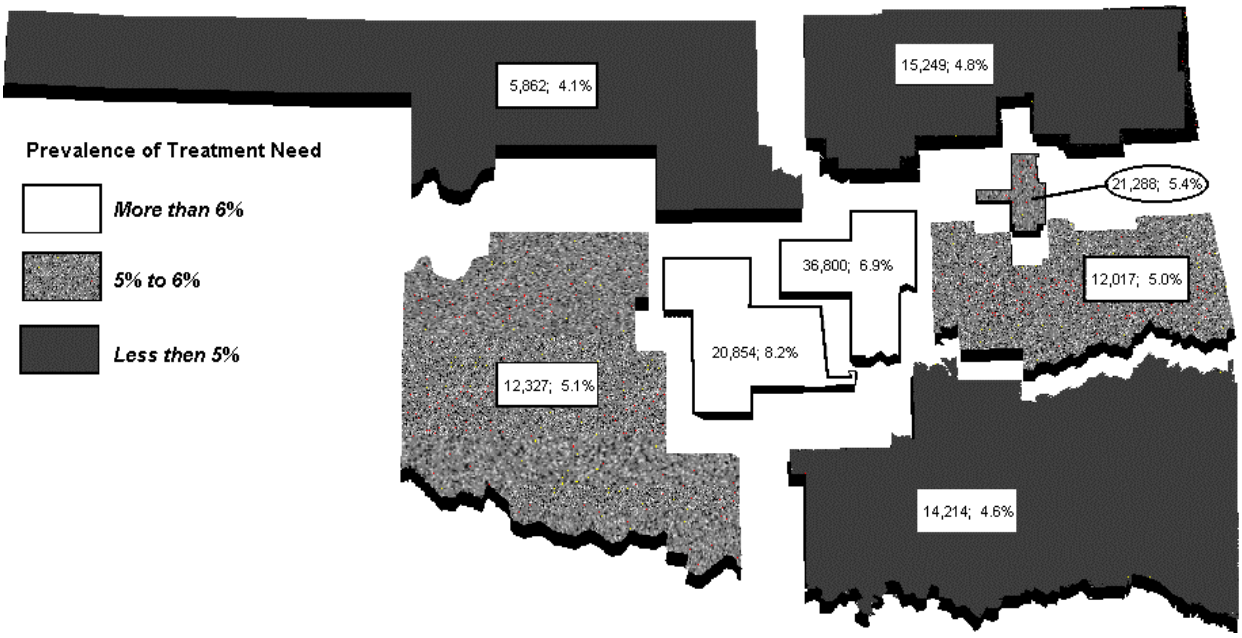

Figure 1

Conclusions

The Oklahoma Treatment Needs Assessment Project has produced information that will be immediately useful to DMHSAS, treatment providers, service recipients and other substance abuse treatment system stakeholders. Results of the household study indicate there are differences in treatment need that can be distinguished by gender, age, race, marital status and other variables. For example, males account for almost three-fourths of Oklahomans in need of treatment, 18–29 year-olds are the age group with the highest prevalence of recent alcohol and illicit drug use, Whites and Asians have the highest prevalence of recent alcohol use among race groups, use of illicit drugs is highest among Native Americans for all time periods, and those single and separated are more likely to be in need of treatment than married persons.

The DMHSAS client database collects client demographic and service information that can be categorized to compare with survey results such as those described above. The numbers of people in need of treatment can be compared to the numbers being served in each Regional Advisory Board area to determine the overall extent to which treatment need is being addressed. Clients served can be categorized by the demographic variables collected in the needs survey for comparison by planners within each region. Goals for reaching population sub-groups in need can then be established. With more analysis of survey results, the distribution of need for treatment by level of care, as identified by the needs survey, can also be compared to the distribution of services currently provided by level of care. This will give planners specific targets for resource allocation and re-alignment within each of the regions.