Survey of Native American Adults in Oklahoma: An Assessment of Substance Use and Needs Final Report

State of Oklahoma

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 targeted household telephone survey of Native Americans is one component of the project, which also includes an adult household telephone survey and a face-to-face survey of the corrections population, including inmates, probationers and parolees. A social indicators study will be conducted to correlate estimates of treatment need with data from the Census, state agencies and other data sources. Finally, data from each of the surveys and the social indicator study will be combined in an integrative analysis to provide ongoing guidance for service planners and treatment providers. This document is an executive summary of the administration and results of the survey of Native Americans in Oklahoma.

Methodology

A Computed-Assisted Telephone Interviewing (CATI) system with random-digit-dialing was used to complete 1,200 telephone interviews for the study. The questionnaire used was developed by the National Technical Center for Substance Abuse Needs Assessment with funding from the CSAT. Questions about eight drugs commonly-used in Oklahoma (alcohol, marijuana, cocaine, heroin, hallucinogens, sedatives, stimulants, and inhalants) were asked in the survey.

There were 24,452 telephone numbers randomly selected for the sample. Of those, 1,614 were found to be eligible Native American respondents and 1,200 of those resulted in valid interviews. The overall response rate is about 74%. In addition, 460 Native Americans were reached through the general adult population survey (described in a separate report) and their responses were combined with those from the targeted Native American surveys.

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 eight 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 important since sedatives may be used to alleviate or diminish symptoms of withdrawal from other substances.

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, taking the substance, or recovering 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 to provide more detailed information about the survey process and analyses. Some highlights from that Descriptive Analysis follow:

Results

Demographic Differences

- About 5.2% of females are in need of treatment (INT) while 13.0% of males were judged to be in need. That is, about 69% of those who are INT are male.

- The observed age distribution in the data was that about 13% of those from 18 to 34 were assessed to be INT, compared to 6.4% of those 35 and older.

- Those INT were found to be less likely than those who are NINT to be married (48% to 63%) and more likely to be separated (2.7% to 1.4%) or never married (36% to 15%). This is true even after adjustments are made for age differences between the two groups.

- Those NINT are less likely than those INT to have attended college (50% to 57%), but more likely to have obtained a college degree (24% to 17%). Thus, 52% of the NINT who attended college failed to attain a degree and 69% of the INT who attended college failed to get a degree.

- Those INT are more likely to be employed than are the NINT (75% to 62%). This holds true, even after the affects of age and gender are removed. However, 41% of males INT were found to be on-leave from work, indicating their substance use may be affecting their job performance.

- No income differences were identified, but those NINT were more likely to refuse to reveal their income (6.8% to 3.7%) and also more likely to say they did not know their income (6.3% to 4.6%).

Health and Treatment Issues

- Poor emotional health over the past 12 months was reported by 6.3% of those NINT and by 18.3% of those INT. INTs were also nearly twice as likely (39% to 20%) to report "fair" emotional health; leaving 73% of NINTs and 43% of INTs who reported their emotional health to be good.

- Approximately one-third (32%) of those assessed to be INT had received substance abuse treatment sometime in their lives. About 2% of those found to be currently NINT had ever received treatment.

- Of those estimated to be INT, 5.9% (0.5% of the total adult Native American population) reported receiving treatment within the 12 months preceding the interview.

- Prevalence of alcohol use is about the same for Native Americans as for other racial groups and the prevalence of illicit drug use is slightly higher. However, Native Americans are about one and one half times as likely to need treatment, based on the duration and severity of their substance-related life problems.

Geographic Differences

- Need for treatment is distributed throughout the Regional Advisory Board areas (RABs) as shown in Table 1 and illustrated in Figure 1. A total of 15,142 or 9% of the adult Native American 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, Tulsa and Southwest regions (around 13% of Native Americans in each of those regions are INT) and lowest in the North West (about 2.5% of Native Americans there are INT).

Table 1

Distribution of Substance Abuse* Treatment Need in Native Americans By Regional Advisory Board (RAB)

Regional Advisory Board (RAB)	Native American Population	Percent of State Native American Population	Regional Number INT**	Regional Percent INT
Central	10,290	6.1%	1,352	13.1%
East Central	39,702	23.5%	3,603	9.1%
North East	32,014	18.9%	2,258	7.1%
North West	2,804	1.7%	70	2.5%
OKC	23,995	14.2%	2,352	9.8%
South East	31,818	18.8%	1,925	6.0%
South West	10,996	6.5%	1,370	12.5%
Tulsa	17,469	10.3%	2,212	12.7%
Total	169,089	100.0%	15,142	9.0%

* Substance Abuse includes alcohol and other drugs

** INT = in need of treatment

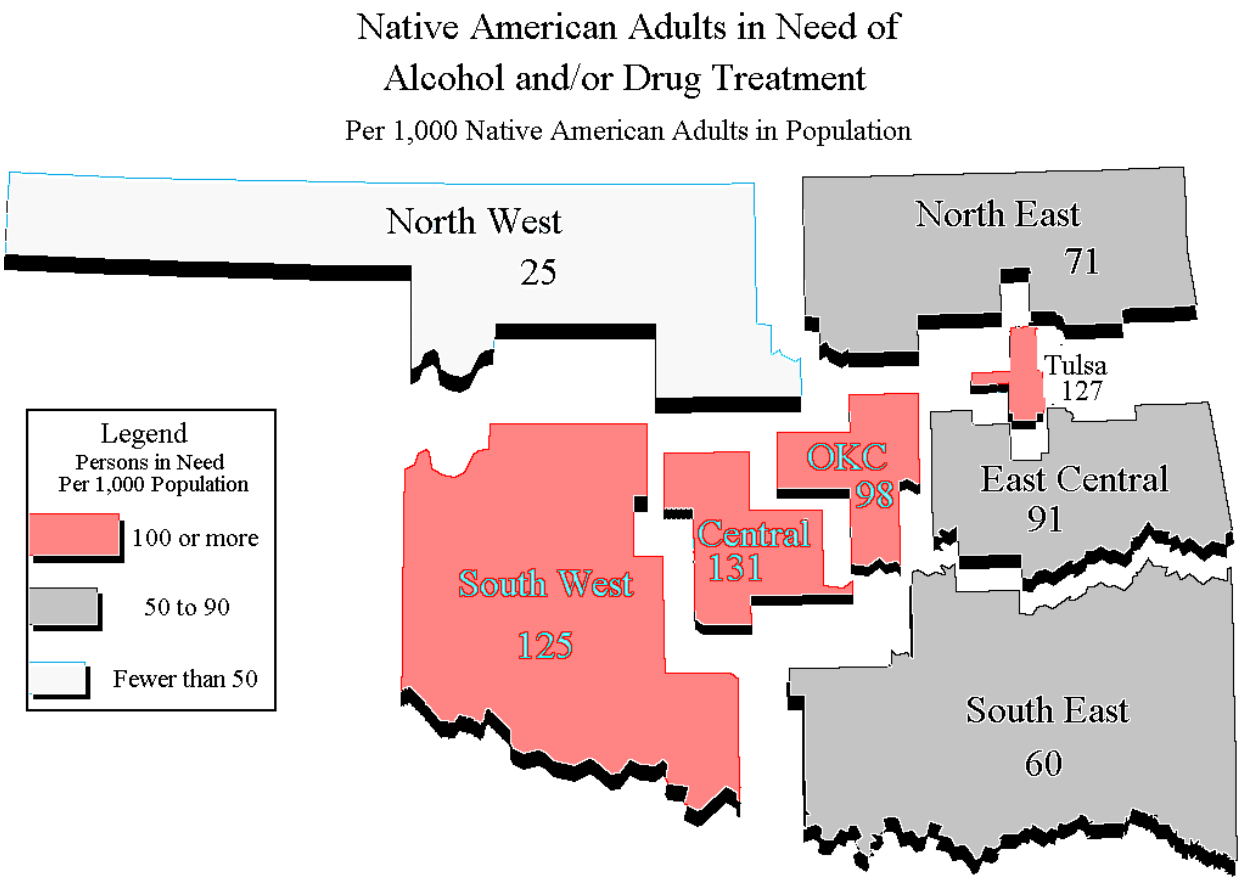

Figure 1: Native American Adults in Need of Alcohol and/or Drug Treatment

Interpretation Issues

- A study of 40 face-to-face, item-by-item interviews with members of diverse Oklahoma tribes found the overall questionnaire was acceptable, but identified some survey questions in which working was awkward or difficult for Native Americans to interpret. Tests for cultural differences on these items will be conducted as part of the integrative analysis.

- The survey results demonstrate one relative strength and two apparent weaknesses of telephone surveys, as compared to face-to-face household surveys. The strength is the ability to collect relatively good data on alcohol use and abuse at low cost. One weakness is the relative difficulty of telephone interviews to uncover illicit drug use or abuse. A second weakness is that persons without telephones who need treatment will not be identified

by a telephone survey. In the tables, alcohol and illicit drug use, abuse, and treatment need are displayed and compared with National Household Survey data on Native Americans.

Oklahoma Survey Findings: Need for Treatment
Table 2

Alcohol Treatment Need by Gender and Age (Percent)						
Sex	Age Group					Total
	18-29	30-44	45-54	55-64	65+	
Female	9.8	5.2	4.6	0.7	-	5.0
Male	14.2	14.0	21.1	5.8	1.1	12.4
Total	12.1	9.6	12.2	3.2	0.5	8.5

Table 3

Illicit Drug Treatment Need by Gender and Age (Percent)						
Sex	Age Group					Total
	18-29	30-44	45-54	55-64	65+	
Female	2.5	0.7	0	0	0	0.9
Male	2.5	2.0	2.0	0	0	1.7
Total	2.5	0.3	0.9	0	0	1.3

Conclusions

The survey of Native Americans in Oklahoma produced some expected results, e.g., those in need of treatment are most often younger, unmarried males, and while almost three-fourths of those NINT reported good emotional health, less than half of INTs did so. On the other hand, INTs were more likely to have attended some college (although less likely to graduate), were more likely to be employed.

At least two findings important to service planners and treatment providers were identified. Less than 6 percent of those INT had received treatment in the last year. Thus, the need for outreach and targeted services for Native Americans is apparent. It was also found that Native Americans' prevalence of alcohol and drug use is not much different from other race groups, but their symptoms indicate they are one and a half times as likely to need treatment; and those in urban areas have the highest need.

These and other results of the survey of Native Americans will be combined with the findings from the general population survey, the survey of corrections department offenders, as well as DMHSAS client treatment and Census demographic information, to produce a final project report that includes social indicators and an integrative analysis. Numbers of Native Americans in need of AOD treatment in each region of the state will be compared to counts of clients served to give state and regional planners an overview of the extent to which treatment need is being met, so resource allocations and budget requests can be

made. Comparisons of demographics of persons in need and clients being served will help guide outreach efforts within regions. In addition, comparisons of level of treatment needed with levels of care available and services provided can be used to direct changes in staffing patterns and service delivery.