

# **OKLAHOMA**

## **STATE TREATMENT NEEDS ASSESSMENT STUDIES, ALCOHOL AND OTHER DRUGS**

Contract No. 270-94-0027

***FINAL REPORT ON STUDY #3,***

***SURVEY OF INMATES, PROBATIONERS, AND  
PAROLEES IN THE OKLAHOMA STATE DEPARTMENT  
OF CORRECTIONS***

Submitted to:

**CENTER FOR SUBSTANCE ABUSE TREATMENT**

Submitted by:

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***Survey Of Inmates, Probationers,  
and Parolees in the Oklahoma  
State Department of Corrections***

State of Oklahoma

***Final Report***

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

June 29, 1999

**EXECUTIVE SUMMARY**

***1.1 Background***

With funding from the federal Center for Substance Abuse Treatment (CSAT), the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) has conducted 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. This survey of the corrections population is one component of the project, which also includes an adult household telephone survey, and a targeted household telephone survey of Native Americans. In addition, a social indicator analysis has been performed to correlate social, economic, treatment and criminal justice data with survey results. A final study period was used to compile data from the four studies and prepare them for distribution to planners, administrators, other policy makers, and researchers. This document is an executive summary of the administration and results of the survey addressing substance abuse treatment need in the Corrections population.

***1.2 Methodology***

Interviews were planned with 1,912 individuals in the custody of, or supervised by, the Department of Corrections (DOC). 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). The sampling frame for inmates included, at the first level, all medium-security and minimum-security prisons and all community corrections centers in the state. Facilities were selected first and a random sample of inmates from within each facility was generated from DOC population data. Individuals on probation and parole (P&P) were sampled by P&P district. The P&P sample was stratified by the eight Probation/Parole/Community Corrections districts in the state. Questions about eight drugs commonly used in Oklahoma (alcohol, marijuana, cocaine, heroin, hallucinogens, sedatives, stimulants, and inhalants) were asked in the survey.

Those incarcerated in the DOC system, or by companies and governments contracting with DOC, numbered 20,669 as of June 30, 1998. Of those, 18,574 (89.9%) were male and 2,095 (10.1%) were female. From that population, interviews were planned with 900 individuals following random selection within gender stratification. The sample totals were 400 females (sampling 19 in 100) and 500 males (sampling 3 in 100). At the end of the surveying period, 927 surveys have been completed. Due to a computer disk-drive malfunction and interviewer errors, the data for 57 interviews were lost after they were completed. The final response rate was 870 usable interviews out of 1005 eligible subjects or about 87%. The P&P surveys were conducted, with assistance from DOC P&P staff who helped explain the confidential nature of the survey to offenders, but the shortened project timeline limited the number of respondents to 382 for the final report. Of the completed P&P surveys, 62% were completed by telephone, with the remaining 38% completed in the field. Additional surveys will be conducted until the sampling is complete and results will be compiled in later reports distributed to DOC and regional planners.

Surveying prison inmates and offenders supervised in the community presented several obstacles for this project to overcome. Geography is an obstacle when surveying inmates because there is generally no relation between county of residence and county of incarceration. A related issue is the distance surveyors must travel to interview P&P respondents who could not be reached by phone. When interviewing inmates, there is an obstacle concerning the time-period referenced in survey questions because it must be decided whether "the last 18 months" should refer to the 18 months preceding the interview or the 18 months preceding incarceration. Lastly, obstacles to the protection of offender rights must be addressed to ensure, when DOC participants choose to participate or not participate, they neither fear pressure from DOC nor hold expectations of special treatment from DOC related to their participation. To ensure freedom of choice and facilitate participation, data must be secured rigorously and assurances made to protect subjects from intrusion by those in control of their DOC status.

The inmate data geography problem was addressed by collecting county of residence in the interview and specifying county of *residence before incarceration*. It was decided to use time referenced from the date of the interview, not from incarceration date. This decision was made to maintain a consistent temporal window for all subjects. Otherwise, referencing the 18 months before incarceration might mean one year and 18 months in the past, or 20 years and 18 months, depending upon the subject. Inmates were also asked to specify whether the substance-use behaviors they described took place while they were in prison or while they were on the street. Subject protection was addressed through a confidentiality certificate (CC) obtained through the Substance Abuse and Mental Health Services Administration (SAMHSA) and designed to protect subjects from the use of subpoenas on research staff (see Appendix B for a copy of the Certificate of Confidentiality). The purpose and limitations of that protection were explained to each subject before the interview.

Statistical analyses were performed on the survey data to produce estimates of substance use and treatment need for the prison population by length of incarceration

before the interview, by race, and by sex. Corresponding analyses were performed on the probation and parole survey responses.

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 on at least one occasion 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 (an indication of sedative dependence).

The definition of need for treatment was developed from a standard clinical assessment text entitled the *Diagnostic and Statistical Manual of Mental Disorders*, 3<sup>rd</sup> revised edition (DSM-III-R). That definition was operationalized in an assessment instrument known as the Diagnostic Interview Schedule (DIS) 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.

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:

## **1.3 Results**

### **1.3.1 Prevalence of Alcohol Use**

Overall lifetime use of alcohol in the prison sample was 97.1%. Prevalence was 22.1% in the last 18 months, and 1.3% in the last 30 days; compared to the general population prevalence of 90.1% lifetime, 57.1% last 18 months, and 36.8% in the last 30 days. Lifetime alcohol use among P&P respondents was about the same as inmates (96.9%), but the less-controlled "street" environment of P&P respondents was obvious in their prevalence rates for the last 18 months and last 30 days (71.4% and 32.2%, respectively).

When responses were categorized according to the length of time in prison (less than 18 months and 18 months or more), lifetime use of alcohol remained similar for both lengths of incarceration (96.8%, 97.2%). However, inmates who had been in prison for less than 18 months had a much higher prevalence rate for the last 18 months (48.5% vs. 13.7%), while inmates having been in prison for 18 months or more had the higher prevalence rate for the last 30 days (1.7% vs. 0.1%). This phenomenon was not observed among P&P respondents.

Males and females had similar lifetime prevalence rates of alcohol use. For inmates in prison less than 18 months, males had a prevalence rate of 96.7% vs. 97.3% for females. For inmates incarcerated for 18 months or more, males' lifetime rate was 97.3% and females' rate was 95.5%. Compared to males, females had a higher last-18-months rate (55.2% vs. 46.7 %) for inmates incarcerated less than 18 months, but a much lower rate (7.3% vs. 14.1%) for inmates in prison for 18 months or more. Females demonstrated a higher rate than males for use in the last 30 days (0.6% vs. 0%) for inmates imprisoned for less than 18 months; and a lower rate (0.6% vs. 1.8%) for inmates who had been in prison for 18 months or longer.

Among P&P respondents, women had slightly lower lifetime prevalence (94.4% vs. 97.7% for men), but had much lower rates for 18-month (59.5% vs. 75.3%) and 30-day prevalence rates (23.5% vs. 35%).

### **1.3.2 Prevalence of Drug Use**

For illicit drug use, the prison sample's prevalence was 89.2% lifetime use, 41.9% for the last 18 months, and 12.4% for the last 30 days, compared to the general population prevalence of 44% lifetime use, 13.8% in the last 18 months, and 5.8% in the last 30 days. Surprisingly, the corresponding rates for P&P respondents were slightly lower than for inmates when illicit drug use was considered (84.8%, 39.8% and 10.5% respectively).

When illicit drug use among inmates was examined by specific drug type, marijuana was by far the most prevalent for all the time periods studied (88% lifetime, 33.4% last 18 months, 11.1% last 30 days). Cocaine was the next most prevalent illicit drug for

lifetime (61.2%) and last 18 months (7.9%), while stimulants were the second most prevalent illicit drug for last 30 days (1.6%). For probationers and parolees, marijuana was also most prevalent for all time periods (81.7%, 34.3% and 9.2% respectively) but the lifetime and last 30 days rates were lower than among inmates. Cocaine was second in lifetime rate (45.6%), but stimulants were second most prevalent for the 18 months and last 30 days (11.1% and 2.2%).

When length of time in prison was taken into account, it is not surprising that inmates having been incarcerated for less than 18 months had a higher prevalence rate for the last 18 months (52.8% vs. 33.3%); however, the reverse is true for use in the last 30 days. Inmates incarcerated for less than 18 months had a prevalence rate of 3.3% vs. 14.9% for inmates imprisoned for 18 months or more.

The lifetime prevalence rates of illicit drug use ranged from 87% to 96%, with females in less than 18 months demonstrating the highest rate and males in less than 18 months reporting the lowest rate. For use in the last 18 months and the last 30 days, females in more than 18 months had the lowest prevalence (9%, 1%, respectively) and males in more than 18 months had the highest prevalence (35%, 16%, respectively). Among P&P respondents, women and men had about the same prevalence rates of illicit drug use, and for most of the specific illicit drugs, across all three time periods; women had slightly higher rates overall.

### 1.3.3 Need for Treatment

For inmates who had been in prison for less than 18 months, 44.3% were found to be in need of treatment, while 19.6% of inmates incarcerated for 18 months or more were determined to need treatment. Although a higher percent of them reported using substances recently, a smaller percentage of P&P respondents (40.4%) than long-term inmates were assessed in need of treatment.

When treatment need was differentiated by race among inmates, Native Americans showed the greatest need (36.5%) followed by Whites (28.2%), the "Other Race" category (27.7%) and African-Americans (17.6%). Native Americans (36.1%) and Whites (26.9%) were also most in need of treatment among probationers and parolees, but African-Americans (25.5%) had a slightly higher need than the "Other" group (24.9%).

It was found that treatment need decreased with age among inmates: 18-29 year olds (32.7%), 30-44 year olds (28.9%), 45-54 year olds (13.1%), 55-64 year olds (7%) and 65 years or older (0%). Among P&P respondents, treatment need varied little by age, but was highest in the youngest (29.7%) and oldest (29.6%) age groups.

Of female inmates found to be in need of treatment, 42.5% reported that their emotional health was poor, while 29.4% of the male inmates in need of treatment reported poor



emotional health. About half of the P&P sample in need of treatment (females, 51%; males, 46%) reported poor emotional health.

**Table 1**

PREVALENCE OF USE AMONG PRISON INMATES IN OKLAHOMA, BY DRUG							
Drug	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Alcohol	20,669	20,063	4,577	277	97.1	22.1	1.3
Illicit Drugs	20,669	18,438	8,661	2,567	89.2	41.9	12.4
Marijuana	20,669	18,183	6,909	2,285	88.0	33.4	11.1
Cocaine	20,669	12,644	1,631	78	61.2	7.9	0.4
Inhalants	20,669	3,876	277	66	18.8	1.3	0.3
Hallucinogens	20,669	10,653	286	0	51.5	1.4	0.0
Stimulants	20,669	10,449	1,920	337	50.6	9.3	1.6
Sedatives	20,669	8,749	1,337	17	42.3	6.5	0.1
Heroin	20,669	5,300	407	66	25.6	2.0	0.3

**Table 2**

Inmate Need for Treatment		
Gender	Months Incarcerated	Percent In Need of Treatment
Female	Less Than 18	53.1
Female	18 or more	6.9
Male	Less Than 18	41.7
Male	18 or more	19.4
Total	Less Than 18	44.3
Total	18 or more	19.6

**Table 3**

PREVALENCE OF USE AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY DRUG							
Drug	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Alcohol	31,471	30,493	22,462	10,125	96.9	71.4	32.2
Illicit Drugs	31,471	26,682	12,524	3,309	84.8	39.8	10.5
Marijuana	31,471	25,720	10,807	2,888	81.7	34.3	9.2
Cocaine	31,471	14,352	3,306	270	45.6	10.5	0.9
Inhalants	31,471	3,941	416	50	12.5	1.3	0.2
Hallucinogens	31,471	11,866	1,675	47	37.7	5.3	0.1
Stimulants	31,471	13,408	3,502	689	42.6	11.1	2.2
Sedatives	31,471	8,921	2,673	669	28.3	8.5	2.1
Heroin	31,471	3,312	223	124	10.5	0.7	0.4

**Table 4**

TREATMENT NEED AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY SEX									
Treatment Need	FEMALES n=169				R	MALES n=213			
	Rate	Std Error	Lower 95% CLim	Upper 95% Clim		Rate	Std Error	Lower 95% CLim	Upper 95% CLim
Alcohol and/or Illicit Drugs	0.277	0.035	0.209	0.345	1.0	0.283	0.031	0.222	0.344
Alcohol	0.161	0.028	0.105	0.217	0.7	0.232	0.029	0.175	0.289
Illicit Drugs	0.180	0.030	0.121	0.238	1.6	0.110	0.021	0.067	0.152

**Table 5**

TREATMENT NEED AMONG DOC SUPERVISEES IN OKLAHOMA, BY PROGRAM	
Program	Percent in Need of Treatment
Probation and Parole (P&P)	28.3%
Prison Facilities	25.6%

**1.4 Conclusions**

The Oklahoma Treatment Needs Assessment Project has produced information that will be immediately useful to DMHSAS, the Department of Corrections, the State Legislature and other substance abuse treatment system stakeholders. Results of the Corrections study demonstrate there is a great need for substance abuse treatment among the incarcerated population and among those under probation and parole

supervision. Over 50 percent of the inmate sample reported that drugs were related to the offense for which they were convicted. One-fifth of the inmate sample and 9 to 15% of the P&P sample had been under the influence when a crime was committed. Further, sending substance abusers to prison does not alleviate their addiction. The study indicates that alcohol and illicit drugs are well within the reach of inmates. Twelve percent of the inmates sampled had used an illicit drug in the last 30 days. Need for treatment was not significantly greater for any one race, nor for one gender; however, need decreased as age increased, with 18 to 29 year-olds being most in need of treatment (33%).

Since 1985, Oklahoma has been among the top 10 states with the highest rates of incarceration in the nation, and the highest rate of female incarceration for the last several years. Over the last decade, the percentage of admissions to the state prison system for drug offenses has increased from 3 to 24 percent. State leaders are urgently seeking answers that will reverse these trends. The results of the Corrections Survey provide empirical evidence of the need for substance abuse treatment for offenders. The “treatment gap” in the inmate population is about 80%. That is, 80% of those who need treatment do not get it. The only treatment resources available to these individuals come through the state system. Consequently, that gap must be filled without help from private agencies which help fill the gap in other populations.

Out of the estimated 8,871 probationers and parolees in need of treatment, only 1,149 clients (14%) were referred from probation or parole to DMHSAS for treatment in 1998. Although many P&P clients may have received treatment at a DMHSAS facility, it is likely they often seek treatment without referral from DOC and, therefore, without any indication of their probation or parole status. Consequently, it is difficult to estimate the treatment gap for this population, however, the “worst case scenario” is a treatment gap of 86%.

***Survey Of Inmates, Probationers,  
and Parolees in the Oklahoma  
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State of Oklahoma

***Final Report***

**NEEDS ASSESSMENT STUDIES,  
TREATMENT FOR ALCOHOL AND OTHER DRUGS  
CSAT Contract No. 270-94-0027**

**June 29, 1999**

## **DESCRIPTIVE ANALYSIS**

### **1 Introduction and Background**

#### ***1.1 Overview of the Oklahoma Studies***

The Department of Mental Health and Substance Abuse Services (DMHSAS), the Single State Authority for alcohol and drug abuse in Oklahoma, has conducted 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, as well as meet the data reporting requirements of the federal government. Modules of work have been performed to address three population groups with an adult household telephone survey; a targeted household telephone survey of Native Americans; and a survey of the corrections population, including face-to-face interviews with inmates, and a combination of telephone and face-to-face interviews with probationers and parolees. In addition, a social indicator analysis has been performed to correlate social, economic, treatment and criminal justice data with survey results. A final study was performed to compile data from the four studies and other sources for distribution to planners, administrators, other policy makers, and researchers.

This document is a report on administration and results of the Corrections Survey. The design and implementation will be described; the quality and accuracy of the dataset have been assessed; any necessary adjustments have been made; and the results are examined. This study will be used to inform resource-allocation decisions for the Special Treatment Populations division of DMHSAS and for the Department of Corrections (DOC). In addition, the findings have been incorporated into an integrated study of treatment need to increase the accuracy of estimates of heroin, cocaine, and methamphetamine use. Telephone-interview-based estimates for those substances are generally gross underestimates, but study of the corrections population provided estimates which were combined with the telephone survey estimates to improve accuracy and detail.

One problem with which service planners contend, and that has been discussed in reports on other modules of the Needs Assessment Project, is the population distribution of the state. Oklahoma has a population of 3.2 million people, half of whom

live in and around two metropolitan areas: Oklahoma City and Tulsa. The remainder of the state is sparsely populated. This was a significant limiting factor in the general planning of the substance abuse needs assessment. On the other hand, a different population distribution problem was faced in the corrections survey. Although there are several facilities in the Oklahoma City area, prisons are generally located in rural areas, some rather remote. Respondents can be categorized by the county in which they resided prior to incarceration, but it remains the case that large numbers of inmates need treatment in rural areas. The inmate population is also mobile, moving from facility to facility depending on behavior, length of time served, availability of beds and other factors. DMHSAS and DOC will need to consider both of these issues when addressing treatment needs.

### 1.1.1 General Aims

*The first broad objective* for Oklahoma's State Treatment Needs Assessment project is to develop statewide and sub-state treatment need and demand estimates for each of the required core drugs (alcohol, marijuana, cocaine, heroin, and hallucinogens), as well as sedatives, stimulants, and inhalants, for the general adult population, for Native Americans, and for supervisees of the Department of Corrections, using established CSAT and National Technical Center (NTC) protocols.

*The second broad objective* for the project is to analyze the compiled population study data with social indicator data and validation studies to prepare reports of treatment need and demand by sub-state planning area to be used by planners, administrators, legislators and other policy makers for the funding, development, location, modification, implementation and evaluation of substance abuse services for Oklahomans.

*The third broad objective* is to cooperate with CSAT, NTC and with other states by participating in conferences, inter-state projects, data sharing, and reporting as directed by CSAT.

*The fourth objective* is to use the results of the data collection and analysis efforts to comply with the statutory requirements for reporting for the Substance Abuse Prevention and Treatment Block Grant.

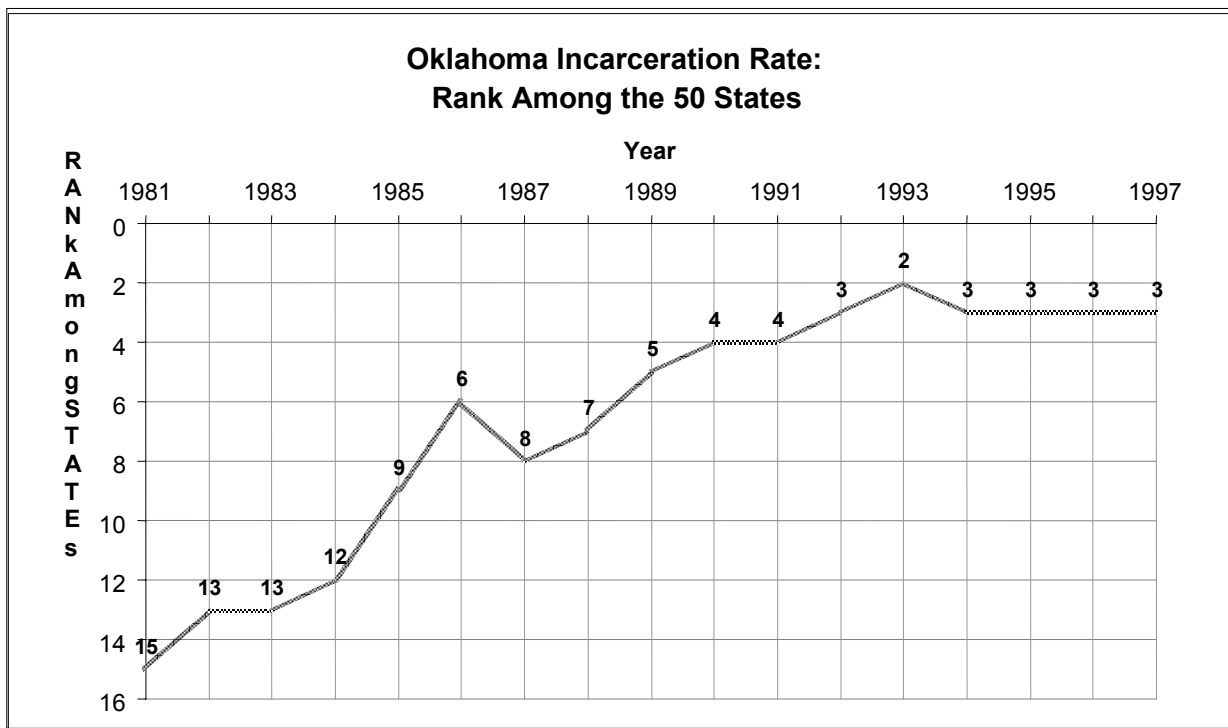
## **1.2 Corrections Population Survey: Overview**

### 1.2.1 Purpose

The purpose of this survey of the Corrections population in Oklahoma is to aid substance abuse treatment planning and resource allocation generally in Oklahoma, and specifically in the State Department of Corrections, by providing decision-makers estimates of (1) the prevalence of use and abuse of alcohol, marijuana, heroin, cocaine, hallucinogens, stimulants, sedatives, and inhalants; and (2) the demand for substance

abuse treatment, in the state as a whole and (through application of social indicator models) in each of eight sub-state planning areas. Stimulants, particularly methamphetamines, and inhalants have been included in the proposed analysis because Oklahoma service providers have identified them as frequent drugs of abuse among their respondents. Methamphetamine use is increasing in Oklahoma and the prevalence of inhalant use is important because of the implications for younger users. (The median age of first use for inhalants in recent DMHSAS client data was 14 years--one year earlier than the median age of first use for alcohol and marijuana.) Non-narcotic analgesics, the other substance suggested by NTC, has not been observed at rates in the treatment population significant enough to justify inclusion in the study, and its use does not have the same implications for younger Oklahomans who may be brought into the drug culture by early use.

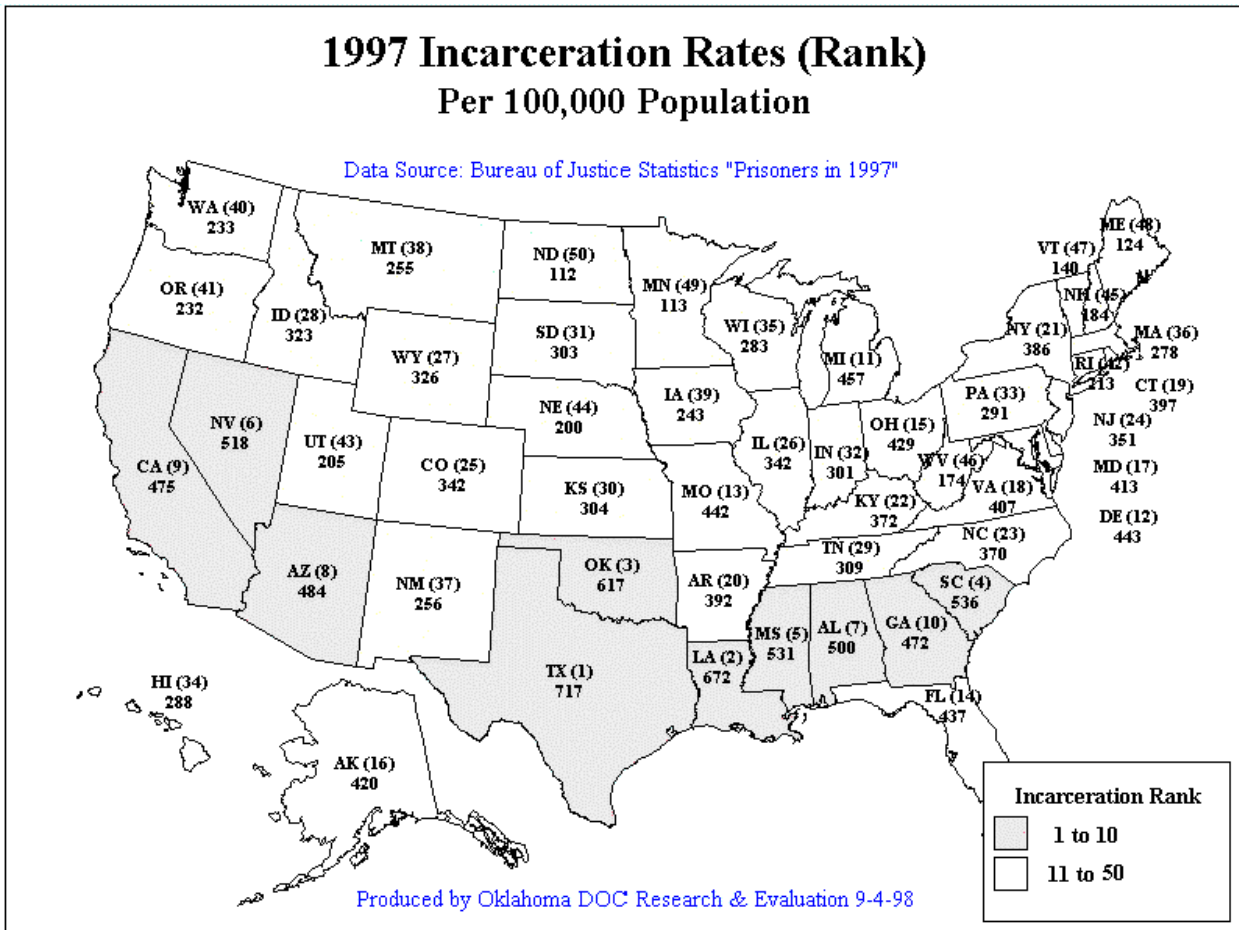
Although the relationship between substance abuse and criminal behavior is complex, there is no doubt it exists. The *Bureau of Justice Statistics* reports that "drug users report greater involvement in crime and are more likely than non-users to have criminal records; persons with criminal records are much more likely than ones without criminal records to report being drug users; and crimes rise in number as drug use increases" (1993).



**Figure 1**

As shown in Figures 1 and 2, Oklahoma has been among the top 10 states with the highest rates of incarceration in the nation since 1985. In 1993, only Texas had a higher rate and, since 1994, Oklahoma has ranked third behind Texas and Louisiana (see Figure 2, below). Reasons for this increase in the number of prisoners include the increase in substance abuse-related offenses, new anti-drug laws, and increased apprehension and adjudication efforts. Over the last decade, the percentage of admissions to the Oklahoma

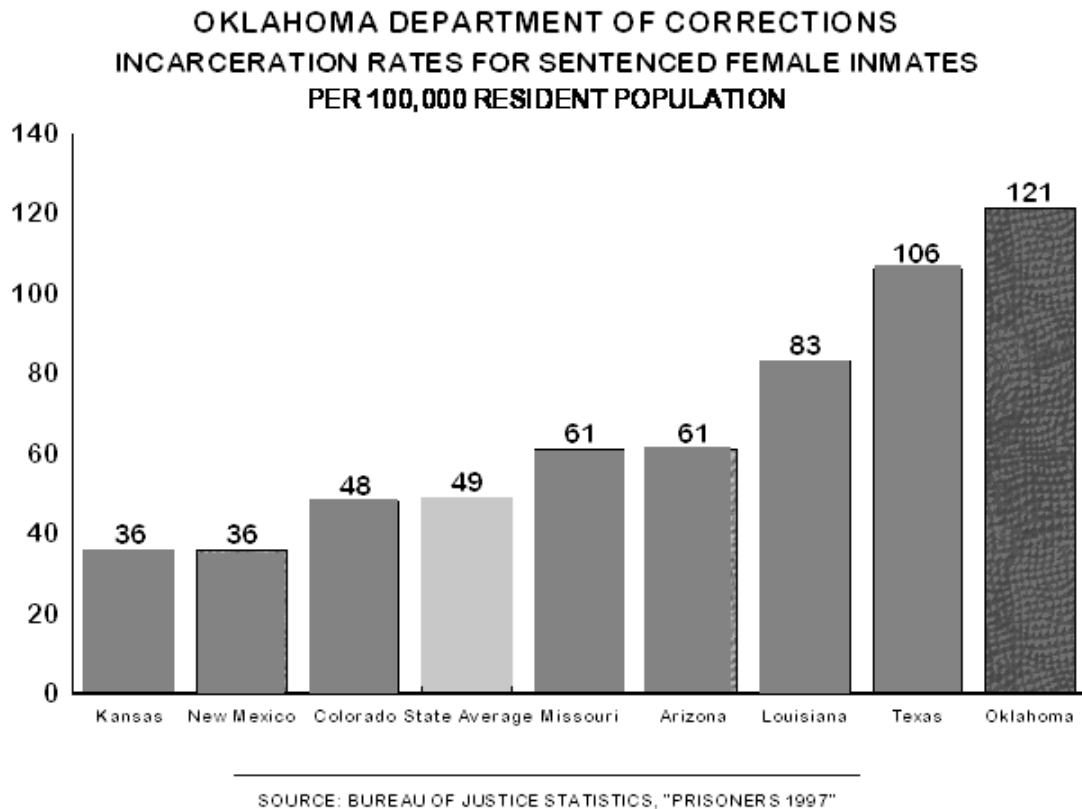
prison system for drug offenses has increased from 3 percent to 24 percent, about 22 percent of males and 37 percent of females incarcerated. The current distribution of controlling offenses, the offense upon which an inmate's incarceration or supervision is based at a point in time, is shown in Table 1.



**Figure 2**

Although women make up a small percentage of those incarcerated nationwide (just over 5 percent) the relationship between substance use and crime is at least as strong, if not stronger, as for their male counterparts. Oklahoma, in particular, must provide treatment resources for women in prison because, for the last several years, Oklahoma has had the largest rate of female incarceration in the nation. Figure 3, below, displays female incarceration rates for Oklahoma and other selected states. The total population inside prison facilities was 20,669 on June 30, 1998, of which 2,095 (10.1% or roughly twice the national average) are female. Unfortunately, only a small percentage of the female inmates receive any type of substance abuse treatment while incarcerated. There has been much cooperation between DMHSAS and the Oklahoma Department of Corrections in the last few years to develop substance abuse treatment programs for the prison population, but much of the work thus far has been aimed toward male inmates. It is

expected that the information gained from this study will give strong support to DMHSAS and DOC efforts to educate stakeholders about the true extent of the relationship between substance abuse and crime for both men and women.



**Figure 3**

DMHSAS recognizes the need to estimate the prevalence of injected drug use, but the data resources to develop such an estimate are almost non-existent. Oklahoma has only in the past few months joined the Arrestee Drug Abuse Monitoring or ADAM program (formerly the Drug Use Forecasting or DUF program), and only one site exists in the state (DMHSAS staff are on the advisory group for this project and will have access to the ADAM data in the future). The corrections population may be the best available source of information about injected drug use, and heavy drug use in general. The federal Office of National Drug Control Policy (ONDCP) uses populations in jails and prisons as one component of its approach to estimating hard-core drug use (ONDCP, 1997 *A Plan for Estimating the Number of "Hardcore" Drug Users in the United States*). We plan for the estimate of injection drug users and of high-intensity users of all kinds to be augmented with this data.



**Table 1**

**Prison Population by Offense and Gender**

CONTROLLING OFFENSE	Males		Females		Total		Female Relative Risk	Female as Percent of offense category
	Count	Percent	Count	Percent	Count	Percent		
BURGLARY II	1,436	7.7	49	2.3	1,485	7.2	0.3	3.3%
LARCENY	1,728	9.3	300	14.3	2,028	9.8	1.5	14.8%
FRAUD	913	4.9	329	15.7	1,242	6	3.2	26.5%
DUI	705	3.8	39	1.9	744	3.6	0.5	5.2%
DRUG OFFENSES	4,145	22.3	780	37.2	4,925	23.8	1.7	15.8%
SEX OFFENSES	1,996	10.7	18	0.9	2,014	9.7	0.1	0.9%
MURDER	1,581	8.5	127	6.1	1,708	8.3	0.7	7.4%
ROBBERY	1,866	10	86	4.1	1,952	9.4	0.4	4.4%
ASSAULT	1,197	6.4	85	4.1	1,282	6.2	0.6	6.6%
OTHER VIOLENT	1,969	10.6	146	7	2,115	10.2	0.7	6.9%
OTHER NON-VIOLENT	953	5.1	120	5.7	1,073	5.2	1.1	11.2%
UNCLASSIFIED	85	0.5	16	0.8	101	0.5	1.6	15.8%
TOTAL	18,574	100	2,095	100	20,669	100	1.0	10.1%

Source: Oklahoma Department of Corrections, 1999.

**1.3 Geography, Regional Subdivisions, and Population**

For this study, persons who are under the supervision of DOC comprise the population of interest. The total DOC population on June 30, 1998 was 51,000 in a state with a total adult population of 2,443,296. Thus over 2 percent of the adult population is being supervised by the Department of Corrections. The map in Figure 4 shows current population concentrations in Oklahoma by sub-state planning areas and Figure 5 displays incarceration rates by county. DMHSAS has established “Regional Advisory Boards” (RABs) in each sub-state area to provide the Department information about local interests and concerns, and to provide feedback to planners and other administrators. A map of the RABs appears in Appendix A. The counties of origin and counties incarcerated should be of interest to all those planning services and allocating resources for substance abuse treatment.

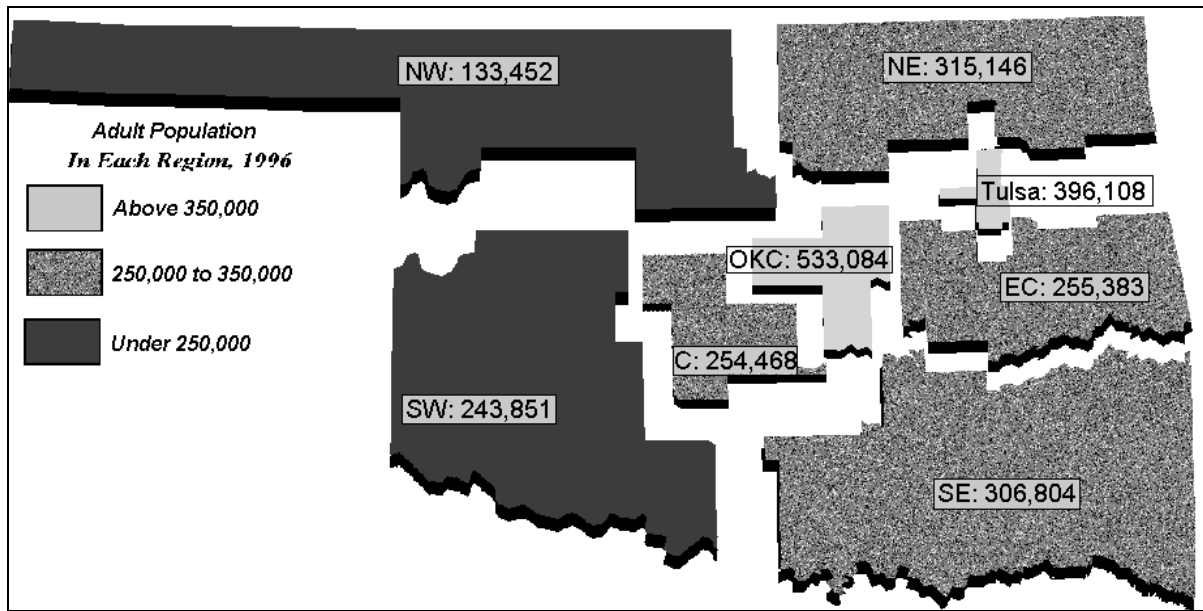
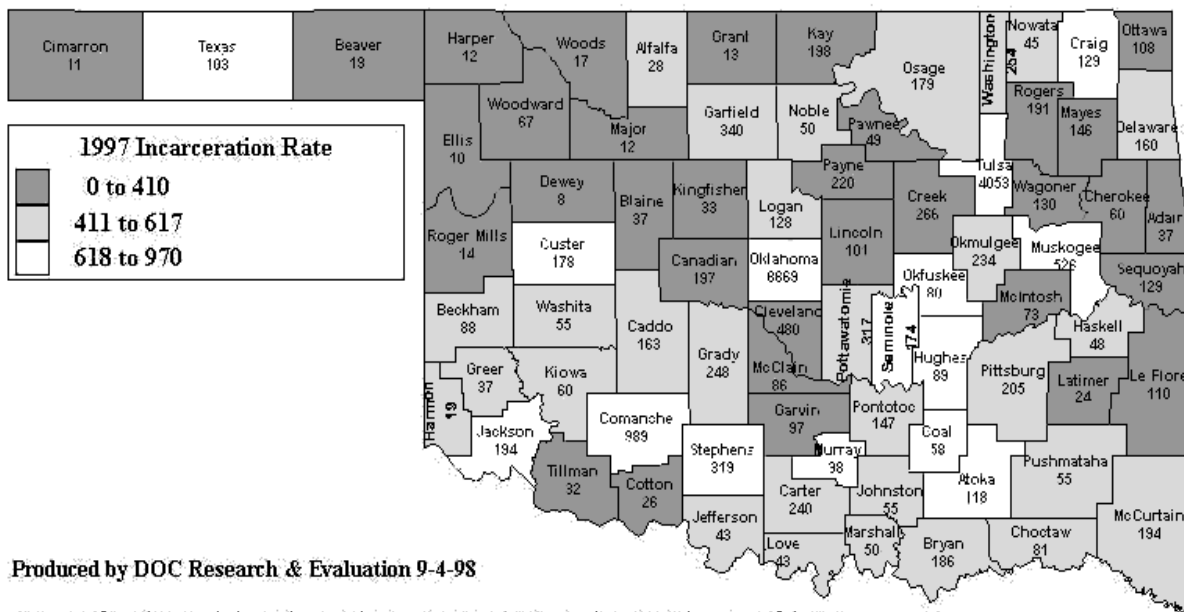


Figure 4

## End of 1997 Number Incarcerated per 100,000 Population By County

Oklahoma County had the highest number incarcerated at 6,669, and the highest incarceration rate at 970



Produced by DOC Research & Evaluation 9-4-98

Bureau of Justice Statistics Prisoners in 1997 reported average incarceration rate of the States was 410

Oklahoma's incarceration rate was 617 per 100,000 population, with 15 counties exceeding the Oklahoma state rate

Figure 5

## 2 Research Design

### 2.1 Sample Design and Selection

The study was conducted on a planned sample of 1,912 persons in the custody of, or supervised by, the Oklahoma Department of Corrections (DOC). Of those, 900 were from prisons and 1,012 were from probation and parole. The study focused on use and abuse among three groups representing different periods within the correctional system supervision cycle: (1) substance use while on probation; (2) substance use while in prison; and (3) substance use while on parole. The distribution of the sample by gender for probationers, prisoners, and parolees is shown in Tables 2, 3 and 4 below.

Probation and Parole. For the probation and parole populations, a random sample was drawn from a master list of offender identification numbers kept by the Department of Corrections. In all, 1,012 probationers and parolees were selected for interviews. The sample was stratified by Probation and Parole (P&P) district (8 levels) and by gender (2 levels) for a planned total of 437 females and 575 males. The interviews were conducted by telephone and in face-to-face interviews and a five- to ten-dollar incentive was paid each participant.

**Table 2**

<b>OKLAHOMA DOC INCARCERATION FACILITIES</b>		
<b>Facility</b>	<b>Male Sample</b>	<b>Female Sample</b>
<b>PRISON FACILITIES</b>		
Women's Correctional Center "A"	0	110
Women's Correctional Center "B"	0	194
Women's Community Correctional Center "A"	0	96
Men's Correctional Center "A"	135	0
Men's Correctional Center "B"	88	0
Men's Correctional Center "C"	64	0
Men's Correctional Center "D"	65	0
Men's Correctional Center "E"	93	0
Men's Community Correctional Center "A"	33	0
Men's Community Correctional Center "B"	22	0
<b>Total Prison Facilities</b>	<b>500</b>	<b>400</b>

**Table 3**

OKLAHOMA DOC PROBATION AND PAROLE (P&P) DISTRICTS			
P&P System Summary	Location	Planned Sample	
		Males	Females
Parole	Urban	29	14
	Rural	46	23
Probation	Urban	215	171
	Rural	285	229
Total	Urban	244	185
	Rural	331	252
<b>Subtotal, Probation &amp; Parole</b>	Statewide	575	437

**Table 4**

OKLAHOMA DOC PLANNED SAMPLE TOTALS BY POPULATION						
Program	Sample			Population		
	Females	Males	Total	Females	Males	Total
Probation and Parole (P&P)	437	575	1,012	7,828	23,519	31,347
Prison Facilities	400	500	900	2,095	18,574	20,669
<b>Total</b>	<b>837</b>	<b>1,075</b>	<b>1,912</b>	<b>9,923</b>	<b>42,093</b>	<b>52,016</b>

Incarcerated offenders. Seven prisons and correctional centers were selected as primary sampling units from the state population of 17 prisons and 7 community correctional centers. A random sample of inmate identification numbers was drawn from the prison population of each of the selected facilities. These participating facilities were chosen to satisfy three criteria. First, DOC stipulated that no maximum-security facilities, including the inmate assessment and reception center, would be made available for the study. The complex logistical problems associated with hosting the interviews, the potential disruption caused in the facility, and concern over the safety of all involved were major reasons cited for that decision. Second, the sample of female inmates was 400, about one-fifth of the total female population, so a concentration on women's prisons was necessary to find and process 400 subjects in the time allotted. The third criterion was geography, to make the project as efficient and cost-effective as possible. The interviews were conducted in private settings and a five-dollar incentive, deposited to inmates' trust accounts was offered to encourage participation.

## **2.2 Summary of Changes to the NTC Questionnaire**

The only changes proposed to the basic methodology defined by NTC are the addition of (1) initial screening questions to identify Native Americans, probationers and parolees who might be surveyed in other project studies; (2) targeting a specific number of the interviews to build profiles of substance users; (3) items specific to corrections inmates, probationers and parolees; and (4) a brief series of questions designed to identify persons who may also have mental health or domestic violence service needs. The importance of including these items is based on (1) DMHSAS being not only the Single

State Authority for substance abuse services, but also having responsibility for mental health and domestic violence services in Oklahoma; and (2) the integration and coordination of these three service areas being a high priority because substance abuse often occurs with mental illness (Regier, *et al.*, 1990) and domestic violence (Kantor and Straus, 1989), and exacerbates the problems of both. The added items are not analyzed for this report, but summaries of that information and its relation to substance abuse treatment needs will be reported at project completion.

For the added mental health questions, two sets of items recommended by Ronald C. Kessler, professor and program director at Harvard University Medical School were used. Dr. Kessler and his colleagues have reviewed and modified items from several scales for inclusion in the revised National Health Interview Survey. They used Item Response Theory to develop a short psychological distress scale (6-10 items) with maximum information value that is reliable across subsamples of the U.S. population (Kessler and Mroczek, 1994). For domestic violence, they recommended the use of three items taken from the work of Straus (1990) that identify conflict tactics used by respondents. In addition, the Canadian survey on Violence Against Women (Canadian Centre for Justice Statistics, 1993) has been mined for appropriate items. Dr. Kessler has expressed interest in including Oklahoma's responses to these items in a national database and analysis he is preparing.

In the criminal justice studies, the core questionnaire developed by the National Technical Center (NTC) was used with minor modifications. The Texas Commission on Alcohol and Drug Abuse questioned Texas inmates about their crime motives and their substance involvement as it related to illegal income, employment status, and diversity and intensity of criminal career (1988). Following the protocol developed by Texas, Oklahoma collected those variables as well. DMHSAS collected additional variables concerning the involvement of drugs in the respondents' crimes, including crimes committed to obtain drugs which might not be classified as a "drug offense" and the use of substances while committing a crime. Those inmates who refused to answer because it would be an admission of guilt were not included in the sample for this particular question. It is typically reported that drug addicts often commit crimes to obtain drugs. Therefore, to determine the correlation between drug use and income made from illicit activities, inquiries were also made about the amount of money made from illegal activities. Employment status in the year prior to their offense was asked to determine whether inmates most in need of money to support their habits are the least likely to maintain adequate employment, as found in the Texas study. The types of offenses committed, even if they were never caught, and the number of times they admitted to perpetrating each crime were used to determine the intensity and diversity of their criminal careers.

### **3 Methods and Procedures**

#### **3.1 Interview Scheduling**

For probationers and parolees, interviews were solicited in three ways: (1) letters were sent to persons selected for the sample, asking them to mail back the enclosed consent form with a telephone number at which they might be reached for the interview, or to call a toll-free telephone number at the subcontractor's survey research center to give oral consent and either complete the interview or schedule a time for the interview; (2) if no response was received to the first letter, a second (follow-up) letter was sent and a telephone call was made to the individual, using the telephone number in DOC records; (3) for individuals who were not found by mail or by telephone, packets were left with their parole and probation officers which described the study and asked for their participation.

The materials left with the parole and probation officers urged subjects to call the university research center and give a telephone interview. The incentive offered was higher for a telephone interview than for an interview in person to limit travel, especially travel into the sparsely populated rural areas. Most meetings with parole officers occur at the beginning of the month, so packets were provided to coincide with the increased traffic through probation and parole offices at that time.

When a potential subject called the survey research center, a standard telephone interview was conducted as in the general population study which was reported as Study #1 of this contract. Interviews were programmed in a Computer-Assisted Telephone Interviewing (CATI) system with the WYNGZ computer language for use on Macintosh computers.

For inmates, Department of Corrections staff explained the purpose of the study to each offender identified in the sample. The voluntary nature of participation was stressed, as well as confidentiality of responses. Prisoners who agreed to be interviewed were provided with informed consent agreements for their signature. Interviewers scheduled a block of time each week during which they visited each institution to which they were assigned. Prisoners who agreed to be interviewed were taken to meet with the interviewer during these times. These interviews used a Computer-Assisted Personal Interviewing (CAPI) version of the questionnaire.

Features of the CATI/CAPI system include:

*Automatic error checking* - response values are checked against the proper valid ranges as the interview progresses; interviewers are immediately prompted if the response value is not within the valid response range;

*Item non-response* - the system can require the interviewer to enter a response to each question, thus minimizing the problem of item nonresponse; and

*Response tracking* - the system records ID number for each interview, allowing quality control tracking.

Programmers had experience completing several applications of the CATI/CAPI system using the WYNGZ programming language. At the beginning of the project, the

programmer and survey research specialist jointly reviewed the questionnaire, discussing potential problem areas and skip patterns. During programming, the programmer and survey staff were in constant contact to resolve problems and interpretations of the needs of the survey project. After testing by the programming staff, the program was tested by the survey research staff to ensure the language of the questionnaire was preserved, skip patterns were accurately replicated, and response data were accurately and reliably recorded.

### ***3.2 Interviewer Recruiting and Training***

Interviewer training took place at the university subcontractor's survey research center in Norman, Oklahoma. Training was coordinated with training for interviewers who participated in other studies for this project. In addition to the general orientation to the needs assessment project, a description of the Corrections Study and its importance was provided. Interviewers were trained to deal with problems that typically arise during interviews and special problems that may occur when interviewing offenders. Interviewers were instructed in departmental, state and federal requirements and/or procedures regarding confidentiality, and security. Interviewers completed several practice interviews under supervision of the subcontractor's staff. An interviewer manual was prepared to describe the study and summarize the information presented at the interviewer training session.

The university subcontractor employs a mix of adult and student personal interviewers at the University of Oklahoma campus. Potential interviewers were carefully screened, particularly for clarity of speech on the telephone and also the ability to operate a mouse-driven CATI/CAPI system. In-person applications are not accepted by the survey research program; potential interviewers must first telephone a survey supervisor. The supervisor then ascertains the ability of the interview candidate to communicate over the telephone; those who do not pass this test are not asked for an in-person interview. Those who are asked to interview in-person must demonstrate an ability to learn the use of a mouse-driven CATI/CAPI system.

During training, interviewers received instruction in the following topics:

the purpose of the household survey and the family of studies

characteristics of quality interviewing

use of the CATI/CAPI system

proper pacing of questions

focusing on the questionnaire as written; limiting explanations

writing down responses verbatim

importance of avoiding bias and probing for clarification when answers are ambiguous

logistical details regarding interview scheduling and transmitting forms to the survey center

the importance of emphasizing that participation is voluntary and responses are confidential

Interviewers were instructed to maintain a neutral tone of voice, but one that elicits interest on the part of the respondent. Interviewers were taught the interviews should not be done rapidly, but at a speed that can be followed with only a modest degree of concentration on the part of the respondent. Interviewers were instructed to limit comments to positive prompts such as 'I see' and 'thank you,' and never to interject their opinions during an interview. In addition, interviewers were trained to deal with problems that typically arise during interviews. Role playing techniques were used in this phase of training. Finally, interviewers completed several practice interviews under supervision of survey project staff.

An interviewer manual was prepared during the first six months of the study period. The manual described the study and summarized the information presented at the interviewer training session, including (1) the purpose, importance, and sponsorship of the survey, (2) answers to typical questions asked by respondents, (3) expectations of the interviewer, including work schedules and expected levels of productivity, (4) techniques on how to deal with a difficult respondent, (5) techniques that can be used to minimize refusals, (6) details regarding benefits and payment rates for interviewers, (7) procedure for converting refusals, (8) screening procedures for inclusion in the profile sample, and (9) drug slang that may be used or understood by respondents.

#### **4 Data Collection**

The disposition code of each interviewing session was recorded in a personal computer spreadsheet the next day. Results of the previous day were compiled on a daily basis, along with cumulative results of all interviews to date. These reports allowed monitoring of interviewer productivity, as well as tracking of completion, nonresponse, and refusal rates.

Respondents were assured of the confidentiality of their responses; that is, data regarding individual responses would not be released to anyone external to the research team. Data released to analysts on the research team included ID code identifiers only; no phone numbers associated with responses were released to the research team. Names and addresses of respondents were neither asked nor recorded if offered. Respondents were told the survey was voluntary and that they might skip any question they did not care to answer, but completeness was encouraged. Interviewers were reminded they should not discuss responses with anyone external to the research team.



The corrections inmate surveying began on January 15, 1999 and finished on May 7, 1999. The Probation and Parole project has resulted in 382 interviews so far and is still in progress. Delays were due mainly to difficulties associated with establishing an acceptable protocol for arranging contacts with potential P&P subjects. Additional surveys will be conducted until the sampling is complete and results will be compiled in later reports distributed to DOC and regional planners.

#### **4.1 Quality Control**

Monitoring interviewer performance is critical for the purpose of ensuring proper delivery of questions to the respondent. Interviewers were monitored by supervisors in mock-interview situations during training. In the field, telephone interviews with P&P subjects were monitored frequently, usually without the interviewer's knowledge. In-person interviews in prisons were occasionally monitored in the field. Feedback related to the monitor's observation was provided to the interviewer concerning items such as tone of voice, speed of the interview, follow-up comments, and reading the question exactly as worded.

Each week (or before final completion of interviews at a facility, whichever came first), the CATI/CAPI data file was reviewed by survey supervisors. This review focused on completeness of the interviews, correct entry of codes, and clarity and spelling regarding open-ended questions. Incomplete interviews or ambiguous entries in open-ended questions were settled with the interviewer

#### **4.2 Response Rates**

##### **4.2.1 Inmate Sample**

Table 5 shows data from the inmate interview logs. Interviews were requested with a total of 1,145 inmates. Of those, 927 completed an interview; 78 refused to be interviewed; and 148 were ineligible. Inmates were categorized as ineligible if they had been transferred to another facility, were temporarily in "lock down" or restrictive housing, were sick, or were otherwise unavailable for the interview. Inmates who were initially requested but were not needed to fill the sample quota at their facility were also considered ineligible.

Thus, 927 of 1,005 or 92% of those eligible completed the survey. Due to a computer disk-drive malfunction and interviewer errors, the data for 57 interviews were lost after they were completed. The final response rate is therefore 870 usable interviews out of 1,005 eligible subjects or about 87%.

##### **4.2.2 Probation and Parole Sample**

The response rate for the Probation and Parole sample is currently 382 completed interviews of 1,000 mailings, or 38.2%. The surveying will continue until an adequate sampling size has been reached. To date, 62% of the surveys have been completed by phone, with the remaining 38% completed in the field.

**Table 5**

<b>SUMMARY OF INTERVIEWS WITH PRISONERS COMPLETED BY CEMR</b>							
<b>Facility</b>	<b>Attempted</b>	<b>Completed</b>	<b>Refused</b>	<b>Ineligibles*</b>	<b>Eligibles</b>	<b>Percent of Attempts</b>	<b>Percent of Eligibles</b>
JOSEPH HARP	81	68	5	8	73	84.0%	93.2%
LEXINGTON	81	63	12	6	75	77.8%	84.0%
KATE BERNARD	120	99	7	14	106	82.5%	93.4%
MABEL BASSETT	150	116	12	22	128	77.3%	90.6%
OK CITY CCC	47	34		13	34	72.3%	100.0%
LAWTON CCC	27	22	2	3	24	81.5%	91.7%
DICK CONNER	177	137	17	23	154	77.4%	89.0%
EDDIE WARRIOR	243	204	10	29	214	84.0%	95.3%
JESS DUNN	106	95	7	4	102	89.6%	93.1%
MAC ALFORD	113	89	6	18	95	78.8%	93.7%
TOTAL FOR ALL FACILITIES	1,145	927	78	140	1005	81.0%	92.2%
DATA MISSING **		57					
NET INTERVIEWS		870				76.0%	86.6%

\*Those who were no longer at that facility, in lock down or restrictive housing, sick, off Center and not available, or for whom the quota had been met and they were not needed.

\*\* Interview data missing due to mechanical failure or interviewer error.

### **4.3 Definitions of Terms and Measures**

This survey included items on the core set of drugs defined by the National Technical Center for Substance Abuse Needs Assessment (NTC, see McAuliffe, *et al.*, 1994). The five core drugs are marijuana, hallucinogens, cocaine, heroin and other opiates, and alcohol. In addition, the Oklahoma study includes sedatives, stimulants and inhalants as other important drugs of abuse.

#### **4.3.1 Illicit Drug Use**

Primarily, 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.

#### 4.3.2 Alcohol Use

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” (McAuliffe, 1994, Chapter 6, page 6-16). The reported sensitivity and specificity for the item have been reported as 90.2% and 51.9%, respectively. 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 was the screening threshold. The reported sensitivity and specificity are 90.6% and 36.4%, respectively. Any respondents identified by the screen (males answering “yes” to their item and females reporting an average of two or more drinks) were then asked in detail about alcohol use. See Chapter 6 of McAuliffe, *et al.* (1994) for further details on operationalizations for screening items.

#### 4.3.3 Need for Substance Abuse Treatment

The definition of need for treatment is developed from the *Diagnostic and Statistical Manual of Mental Disorders*, 3<sup>rd</sup> revised edition (DSM-III-R; American Psychiatric Association, 1987,1989), operationalized in the Diagnostic Interview Schedule (DIS) by Robins, *et al.* (1981) and adapted by McAuliffe, *et al.* (1994) for this CSAT project. The nine DSM-III-R criteria are shown in Table 6.

From McAuliffe’s text comes the following definition:

*“We will define anybody with a lifetime diagnosis of substance abuse or dependence who both used the substance and had a symptom in the past 18 months as in need of some sort of treatment in the past year.”*

**Table 6**

<b>DSM-III-R Criteria for Establishing Substance Abuse Treatment Need</b>	
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.
9.	Substance often taken to relieve or avoid withdrawal symptoms.

The final operationalizations employed in the study are documented in Chapter 3, “Drug Treatment Need,” of McAuliffe, *et al.* (1994).

#### 4.3.4 Symptoms of Dependence and Abuse

“Dependence” and “Abuse” are conditions defined by the severity and duration of behaviors, perceptions and sensory experiences of the individual in question. McAuliffe, *et al.* (1994) have defined the project-specific approach to assessing these conditions. Using the questionnaire items designed to measure the nine symptoms of treatment need, this method evaluates the presence or absence of each symptom and its duration. A diagnosis of substance dependence is made if the respondent has three or more symptoms and the durations of two or more symptoms are sufficient for that substance. If no diagnosis of dependence is fitting then the criteria for substance abuse are evaluated. An individual is given a diagnosis of substance abuse if he/she is determined **not** dependent but has one or more symptoms, with durations of two or more indicator behaviors deemed of sufficient length as specified in McAuliffe’s Chapter 25.

#### **4.4 Data Processing and Analysis**

Weights were assigned only to compensate for the gender imbalance created by the differing sampling fractions (females were sampled at a rate of approximately 1 in 5 and males about 1 in 30). All other differences should be balanced through the process of the simple random sample within each gender-group.

Subsequent to review by the survey supervisors, data entered by the CATI/CAPI system were transposed into a rectangular format for analysis with SAS statistical software application for the personal computer. A code book was developed indicating valid response ranges for each variable and the name used to represent each variable in the data file. The code book also contains documentation regarding skip patterns used in the questionnaire.

##### **4.4.1 Data Quality**

The completed corrections surveys were supplied to DMHSAS on a CD-ROM. The final dataset had been pre-cleaned and screened, and a number of additional interviews had been rejected as not up to standards because of missing data, interviewer judgments of the interview, or other issues of data quality.

The dataset was evaluated and tested a second time at DMHSAS and a few remaining data-quality issues were resolved. As in other survey datasets for this project, open-ended responses required editing and recoding to correct spelling, replace those entries which duplicated an offered response category, and, in one instance, to provide data for an item omitted from the CATI/CAPI questionnaire.

Items concerning ethnicity, race, employment and injected drug use required cleaning. The primary effort was in standardizing the spelling across interviewers and respondents.

Injected drug items contained miscodings because, as with the other surveys, the option "Injected methamphetamines?" was not included in the questionnaire. The open-ended responses were culled for references to methamphetamines ("crank," "speed," "meth," etc.) and the missing item was created from those responses. Several respondents were coded that way; however, it is likely that some individuals who have injected methamphetamines did not get coded as such because they were not asked directly about that drug. Other work in this area included proper categorizations of some responses and correcting spelling mistakes.

#### **5 Prevalence and Correlates of Alcohol and Other Drug Use**

## 5.1 Prevalence and Correlates of Alcohol and Other Drug Use for Inmates

Overall use prevalence in prisons is shown in Table 7 below. Lifetime use ranged from 97% for alcohol to 19% for inhalants. For both the last 18 months and the last 30 days, marijuana was the most frequent (33%, 11%, respectively), followed by stimulants (9%, 2%, respectively) and cocaine (8%, 0.4%, respectively).

**Table 7**

PREVALENCE OF USE AMONG PRISON INMATES IN OKLAHOMA, BY DRUG							
Drug	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Alcohol	20,669	20,063	4,577	277	97.1	22.1	1.3
Illicit Drugs	20,669	18,438	8,661	2,567	89.2	41.9	12.4
Marijuana	20,669	18,183	6,909	2,285	88.0	33.4	11.1
Cocaine	20,669	12,644	1,631	78	61.2	7.9	0.4
Inhalants	20,669	3,876	277	66	18.8	1.3	0.3
Hallucinogens	20,669	10,653	286	0	51.5	1.4	0.0
Stimulants	20,669	10,449	1,920	337	50.6	9.3	1.6
Sedatives	20,669	8,749	1,337	17	42.3	6.5	0.1
Heroin	20,669	5,300	407	66	25.6	2.0	0.3

### 5.1.1 Estimates of the Prevalence of Alcohol Use for Inmates

Table 8 shows estimated alcohol use by sex, and Table 9 displays alcohol use by sex and time incarcerated. In Table 10, estimated alcohol use is cross-tabulated with race, and the alcohol use tabulation by both race and time incarcerated appears in Table 11. The rate estimates are those obtained by weighting each observation according to the population proportion represented by the sex, age, race, incarceration time and region subgroup from which it is collected.

The four tables report estimates of the number of users and the rates of use in the inmate population.

**Table 8**

PREVALENCE OF ALCOHOL USE AMONG PRISON INMATES IN OKLAHOMA, BY SEX							
Sex	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Female	2,095	2,019	663	12	96.4	31.7	0.6
Male	18,574	18,044	3,914	265	97.1	21.1	1.4
Total	20,669	20,063	4,577	277	97.1	22.1	1.3

**Table 9**

PREVALENCE OF ALCOHOL USE AMONG PRISON INMATES IN OKLAHOMA, BY LENGTH OF TIME INCARCERATED AND SEX								
Time Incarcerated	Sex	Total Population	Population Estimates			Rate Estimates (%)		
			Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Less Than 18 Months	Female	1,065	1,036	588	6	97.3	55.2	0.6
	Male	3,980	3,848	1,857	0	96.7	46.7	0.0
	Total	5,045	4,883	2,445	6	96.8	48.5	0.1
18 Months Or More	Female	1,030	983	76	6	95.5	7.3	0.6
	Male	14,594	14,196	2,056	265	97.3	14.1	1.8
	Total	15,624	15,179	2,132	271	97.2	13.7	1.7

**Table 10**

PREVALENCE OF ALCOHOL USE AMONG PRISON INMATES IN OKLAHOMA BY RACE							
Race	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
White	10,797	10,557	2,417	6	97.8	22.4	0.1
African- American	6,971	6,743	1,464	271	96.7	21.0	3.9
Native American	2,338	2,272	595	0	97.2	25.4	0.0
Other	563	491	101	0	87.2	18.0	0.0
Total	20,669	20,063	4,577	277	97.1	22.1	1.3

**Table 11**

PREVALENCE OF ALCOHOL USE AMONG PRISON INMATES IN OKLAHOMA, BY LENGTH OF TIME INCARCERATED AND RACE								
Time Incarcerated	Race	Total Population	Population Estimates			Rate Estimates (%)		
			Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Less Than 18 Months	White	3,201	3,056	1,442	0	95.5	45.1	0.0
	African-American	1,333	1,315	584	6	98.7	43.8	0.4
	Native American	448	448	384	0	100.0	85.7	0.0
	Other	64	64	35	0	100.0	54.6	0.0
	Total	5,045	4,883	2,445	6	96.8	48.5	0.1
18 Months Or More	White	7,596	7,501	975	6	98.7	12.8	0.1
	African-American	5,639	5,428	880	265	96.3	15.6	4.7
	Native American	1,890	1,824	211	0	96.5	11.2	0.0
	Other	499	427	66	0	85.6	13.3	0.0
	Total	15,624	15,179	2132	271	97.2	13.7	1.7

### 5.1.2 Estimates of the Prevalence of Other Drug Use for Inmates

Illicit drug use estimates are presented in the following tables, beginning with the use of “any” illicit drug (Tables 12 and 13) and continuing with Tables 14 – 15 for marijuana and cocaine, by length of time incarcerated and sex. Tables for other drugs were not constructed because prevalence rates were so low. Tables 16 – 19 examine the prevalence of using illicit drugs by race, and prevalence of illicit drugs, marijuana, and cocaine by race and time incarcerated.

**Table 12**

PREVALENCE OF ILLICIT DRUG USE AMONG PRISON INMATES IN OKLAHOMA, BY SEX							
Sex	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Female	2,095	1,920	768	47	91.7	36.7	2.2
Male	18,574	16,518	7,098	2,454	88.9	38.2	13.2
Total	20,669	18,438	7,866	2,501	89.2	38.1	12.1



**Table 13**

PREVALENCE OF ILLICIT DRUG USE AMONG PRISON INMATES IN OKLAHOMA, BY LENGTH OF TIME INCARCERATED AND SEX								
Time Incarcerated	Sex	Total Population	Population Estimates			Rate Estimates (%)		
			Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Less Than 18 Months	Female	1,065	1,018	675	35	95.6	63.4	3.3
	Male	3,980	3,450	1,990	133	86.7	50.0	3.3
	Total	5,045	4,468	2,665	168	88.6	52.8	3.3
18 Months Or More	Female	1,030	902	93	12	87.6	9.0	1.1
	Male	14,594	13,068	5,108	2,322	89.6	35.0	15.9
	Total	15,624	13,970	5,201	2,333	89.4	33.3	14.9

**Table 14**

PREVALENCE OF MARIJUANA USE AMONG PRISON INMATES IN OKLAHOMA, BY LENGTH OF TIME INCARCERATED AND SEX								
Time Incarcerated	Sex	Total Population	Population Estimates			Rate Estimates (%)		
			Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Less Than 18 Months	Female	1,065	978	471	17	91.8	44.3	1.6
	Male	3,980	3,383	1,592	66	85.0	40.0	1.7
	Total	5,045	4,361	2,063	84	86.4	40.9	1.7
18 Months Or More	Female	1,030	821	70	12	79.7	6.8	1.1
	Male	14,594	13,002	4,776	2,189	89.1	32.7	15.0
	Total	15,624	13,822	4,846	2,201	88.5	31.0	14.1

**Table 15**

PREVALENCE OF COCAINE USE AMONG PRISON INMATES IN OKLAHOMA, BY LENGTH OF TIME INCARCERATED AND SEX								
Time Incarcerated	Sex	Total Population	Population Estimates			Rate Estimates (%)		
			Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Less Than 18 Months	Female	1,065	844	431	6	79.2	40.4	0.6
	Male	3,980	2,189	597	0	55.0	15.0	0.0
	Total	5,045	3,033	1,028	6	60.1	20.4	0.1
18 Months Or More	Female	1,030	722	6	6	70.1	0.6	0.6
	Male	14,594	8,889	597	66	60.9	4.1	0.5
	Total	15,624	9,611	603	72	61.5	3.9	0.5

**Table 16**

PREVALENCE OF ILLICIT DRUG USE AMONG PRISON INMATES IN OKLAHOMA BY RACE							
Race	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
White	10,797	9,474	4,212	1,272	87.8	39.0	11.8
African- American	6,971	6,417	3,199	736	92.1	45.9	10.6
Native American	2,338	2,127	1,149	476	91.0	49.1	20.4
Other	563	419	101	84	74.4	18.0	14.9
<b>Total</b>	<b>20,669</b>	<b>18,438</b>	<b>8,661</b>	<b>2,567</b>	<b>89.2</b>	<b>41.9</b>	<b>12.4</b>

**Table 17**

PREVALENCE OF ILLICIT DRUG USE AMONG PRISON INMATES IN OKLAHOMA, BY LENGTH OF TIME INCARCERATED AND RACE								
Time Incarcerated	Race	Total Population	Population Estimates			Rate Estimates (%)		
			Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Less Than 18 Months	White	3,201	2,713	1,512	72	84.8	47.2	2.3
	African- American	1,333	1,249	717	6	93.7	53.8	0.4
	Native American	448	448	402	72	100.0	89.6	16.1
	Other	64	58	35	17	90.9	54.6	27.3
	<b>Total</b>	<b>5,045</b>	<b>4,468</b>	<b>2,665</b>	<b>168</b>	<b>88.6</b>	<b>52.8</b>	<b>3.3</b>
18 Months Or More	White	7,596	6,762	2,700	1,200	89.0	35.5	15.8
	African- American	5,639	5,168	1,688	663	91.7	29.9	11.8
	Native American	1,890	1,679	747	404	88.9	39.5	21.4
	Other	499	361	66	66	72.3	13.3	13.3
	<b>Total</b>	<b>15,624</b>	<b>13,970</b>	<b>5,201</b>	<b>2,333</b>	<b>89.4</b>	<b>33.3</b>	<b>14.9</b>

**Table 18**

PREVALENCE OF MARIJUANA USE AMONG PRISON INMATES IN OKLAHOMA, BY LENGTH OF TIME INCARCERATED AND RACE								
Time Incarcerated	Race	Total Population	Population Estimates			Rate Estimates (%)		
			Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Less Than 18 Months	White	3,201	2,629	1,292	72	82.2	40.4	2.3
	African-American	1,333	1,231	376	6	92.4	28.2	0.4
	Native American	448	448	372	6	100.0	83.1	1.3
	Other	64	52	23	0	81.8	36.4	0.0
	Total	5,045	4,361	2,063	84	86.4	40.9	1.7
18 Months Or More	White	7,596	6,660	2,484	1,067	87.7	32.7	14.1
	African-American	5,639	5,128	1,688	663	90.9	29.9	11.8
	Native American	1,890	1,674	609	404	88.6	32.2	21.4
	Other	499	361	66	66	72.3	13.3	13.3
	Total	15,624	13,822	4846	2,201	88.5	31.0	14.1

**Table 19**

PREVALENCE OF COCAINE USE AMONG PRISON INMATES IN OKLAHOMA, BY LENGTH OF TIME INCARCERATED AND RACE								
Time Incarcerated	Race	Total Population	Population Estimates			Rate Estimates (%)		
			Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Less Than 18 Months	White	3,201	2,029	530	0	63.4	16.6	0.0
	African-American	1,333	677	356	0	50.8	26.7	0.0
	Native American	448	280	113	0	62.6	25.2	0.0
	Other	64	47	29	6	72.7	45.5	9.1
	Total	5,045	3,033	1,028	6	60.1	20.4	0.1
18 Months Or More	White	7,596	4,739	332	6	62.4	4.4	0.1
	African-American	5,639	3,319	133	66	58.9	2.4	1.2
	Native American	1,890	1,391	72	0	73.6	3.8	0.0
	Other	499	162	66	0	32.4	13.3	0.0
	Total	15,624	9,611	603	72	61.5	3.9	0.5

### 5.1.3 Correlates of Alcohol and Drug Use for Inmates

#### 5.1.3.1 Analysis of the Crime/Drug Relationship for Inmates

Each subject was asked about the crime of which she/he was convicted. Table 20, below displays a summary of the responses. The table is organized by gender and by time incarcerated before the interview (“Less than 18 months” and “18 months or more”). Although 19 to 23 percent of the sample admit to being “under the influence” at the time of the crime, 51 to 58 percent report using alcohol and/or other drugs three hours or less before the crime. In all, it is estimated that 48 percent of males and 62 to 70 percent of females are incarcerated for crimes they consider to be “drug-related.” These rates are approximately comparable to those found by the Texas Commission on Alcohol and Drug Abuse (1998) which questioned Texas inmates about their crime motives and their substance involvement as it related to illegal income, employment status, and diversity and intensity of criminal career.

**Table 20**

<b>Prison Inmates Who Report Drug-Related Offenses</b>			
<b>Item</b>	<b>Gender</b>	<b>Percent Responding "Yes"</b>	
		<b>In &lt;18 mo</b>	<b>In 18+mo</b>
Drugs related to the offense of which you were convicted?			
	Female	69.5	61.7
	Male	47.9	48.4
Under the influence when crime committed?			
	Female	22.9	23.0
	Male	18.8	21.7
Crime to get drugs or money for drugs?			
	Female	19.5	28.1
	Male	13.7	13.9
Used Alcohol/Drugs 2-3 hours before the crime?			
	Female	57.6	51.0
	Male	56.4	58.3

### 5.2 Prevalence and Correlates for Probationers and Parolees

Overall use prevalence of probationers and parolees is shown in Table 21 below. Approximately 85 percent of probationers and parolees reported using an illicit drug in their lifetime, and 10 percent admitted using an illicit drug within the last 30 days. Alcohol and marijuana were the most commonly used substances for all three time periods, followed by cocaine and stimulants.

**Table 21**

PREVALENCE OF USE AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY DRUG							
Drug	Total Population	Population Estimates			Rate Estimates (%)		
		Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Alcohol	31,471	30,493	22,462	10,125	96.9	71.4	32.2
Illicit Drugs	31,471	26,682	12,524	3,309	84.8	39.8	10.5
Marijuana	31,471	25,720	10,807	2,888	81.7	34.3	9.2
Cocaine	31,471	14,352	3,306	270	45.6	10.5	0.9
Inhalants	31,471	3,941	416	50	12.5	1.3	0.2
Hallucinogens	31,471	11,866	1,675	47	37.7	5.3	0.1
Stimulants	31,471	13,408	3,502	689	42.6	11.1	2.2
Sedatives	31,471	8,921	2,673	669	28.3	8.5	2.1
Heroin	31,471	3,312	223	124	10.5	0.7	0.4

5.2.1 Estimates of the Prevalence of Alcohol Use for Probationers and Parolees

Table 22 shows estimated alcohol use by sex, and Table 23 displays alcohol use by race. While females were about as likely as males to have used alcohol in their lifetime, they were 20 percent less likely to have used in the last 18 months (females, 60%; males, 75%), and 30 percent less likely to have used in the last 30 days (females, 24%; males, 35%).

**Table 22**

PREVALENCE OF DRUG USE AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY SEX									
Drug and Time Period	Females n=169				R	Males n=213			
	Rate	Std Error	Lower 95% CLim	Upper 95% CLim		Rate	Std Error	Lower 95% CLim	Upper 95% CLim
<b>Alcohol</b>									
Lifetime	0.944	0.018	0.910	0.979	1.0	0.977	0.010	0.957	0.997
Last 18 months	0.595	0.038	0.520	0.669	0.8	0.753	0.030	0.695	0.812
Last 30 days	0.235	0.033	0.171	0.300	0.7	0.350	0.033	0.286	0.415

*RR = Relative risk, calculated for females. (For example, females are about as likely as males to have a lifetime use of alcohol: RR=1.0; but 80% less likely than males to have used alcohol in the last 18 months: RR=0.8; and 70% less likely to need to have used alcohol in the last 30 days: RR=0.7)*

Prevalence of alcohol use did not vary greatly by race for lifetime use or use in the last 30 days, however, Native Americans had the highest rate for last 18 months (82%), while African-Americans had the lowest rate (68%).

**Table 23**

PREVALENCE OF DRUG USE AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY RACE									
Drug	Race	Sample Size	Total Population	Population Estimates			Rate Estimates (%)		
				Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Alcohol	African – American	85	6,707	6,267	4,528	2,277	93.4	67.5	33.9
	Native – American	52	4,771	4,646	3,933	1,780	97.4	82.4	37.3
	White	232	18,607	18,194	12,962	5,773	97.8	69.7	31.0
	Other	13	1,386	-	-	-	-	-	-
	Total	382	31,471	29,107	21,423	9,830	92.5	68.1	31.2

### 5.2.2 Estimates of the Prevalence of Other Drug Use for Probationers and Parolees

Illicit drug use estimates are presented in Table 24, for use of “any” illicit drug and each individual drug by sex. Table 25 demonstrates illicit drug use by race.

For both sexes, marijuana had the highest prevalence rate for lifetime use, last 18 months, and last 30 days. While females from the P&P sample were about as likely as males to have used an illicit drug in their lifetime and in the last 30 days, they were 20% more likely to have used in the last 18 months. Females were also more likely to have used cocaine for all three time periods than their male counterparts.

**Table 24**

PREVALENCE OF DRUG USE AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY SEX									
Drug and Time Period	Females n=169				R	Males n=213			
	Rate	Std Error	Lower 95% CLim	Upper 95% Clim		Rate	Std Error	Lower 95% CLim	Upper 95% Clim
<b>Any Illicit Drug</b>									
Lifetime	0.856	0.027	0.802	0.909	1.0	0.845	0.025	0.796	0.894
Last 18 months	0.447	0.038	0.371	0.522	1.2	0.382	0.033	0.316	0.448
Last 30 days	0.108	0.024	0.060	0.155	1.0	0.104	0.021	0.063	0.146
<b>Marijuana</b>									
Lifetime	0.828	0.029	0.771	0.886	1.0	0.814	0.027	0.761	0.866
Last 18 months	0.344	0.037	0.272	0.417	1.0	0.343	0.033	0.279	0.407
Last 30 days	0.070	0.020	0.031	0.108	0.7	0.099	0.021	0.059	0.140
<b>Cocaine</b>									
Lifetime	0.523	0.039	0.447	0.599	1.2	0.434	0.034	0.367	0.501
Last 18 months	0.129	0.026	0.078	0.180	1.3	0.097	0.020	0.057	0.137
Last 30 days	0.013	0.009	(0.004)	0.030	1.9	0.007	0.006	(0.004)	0.019
<b>Inhalants</b>									
Lifetime	0.065	0.019	0.028	0.103	0.4	0.145	0.024	0.097	0.193
Last 18 months	0.021	0.011	(0.001)	0.044	2.1	0.010	0.007	(0.003)	0.024
Last 30 days	0.006	0.006	(0.006)	0.018	-	-	-	-	-
<b>Hallucinogens</b>									
Lifetime	0.315	0.036	0.244	0.385	0.8	0.398	0.034	0.331	0.464
Last 18 months	0.032	0.014	0.005	0.058	0.5	0.060	0.016	0.028	0.093
Last 30 days	-	-	-	-	-	0.002	0.003	(0.004)	0.008
<b>Stimulants</b>									
Lifetime	0.446	0.038	0.370	0.522	1.1	0.419	0.034	0.353	0.486
Last 18 months	0.148	0.027	0.094	0.202	1.5	0.099	0.021	0.059	0.140
Last 30 days	0.013	0.009	(0.004)	0.030	0.5	0.025	0.011	0.004	0.046
<b>Sedatives</b>									
Lifetime	0.349	0.037	0.276	0.421	1.3	0.262	0.030	0.202	0.321
Last 18 months	0.108	0.024	0.060	0.155	1.4	0.077	0.018	0.041	0.114
Last 30 days	0.038	0.015	0.009	0.067	2.4	0.016	0.009	(0.001)	0.033
<b>Heroin</b>									
Lifetime	0.092	0.022	0.048	0.136	0.8	0.110	0.021	0.067	0.152
Last 18 months	0.013	0.009	(0.004)	0.030	2.6	0.005	0.005	(0.005)	0.015
Last 30 days	-	-	-	-	-	0.005	0.005	(0.005)	0.015

*RR = Relative risk, calculated for females. (For example, females are about as likely as males to have used alcohol in their lifetime: RR=1.0; but 90% more likely than males to have used cocaine in the last 30 days: RR=1.9; and 30% less likely to have used alcohol in the last 30 days: RR=0.7)*

Native Americans had the highest prevalence rate of illicit drug use for all three time periods studied, although Whites had a higher lifetime prevalence use of cocaine and African-Americans had higher last 18 months and last 30 days use of cocaine. While African-Americans reported a high use of cocaine, they reported very little stimulant, sedative or heroin use for the last 18 months or last 30 days.

**Table 25**

PREVALENCE OF DRUG USE AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY RACE									
Drug	Race	Sample Size	Total Population	Population Estimates			Rate Estimates (%)		
				Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
Any Illicit Drug	African-American	85	6,707	5,200	2,549	298	77.5	38.0	4.4
	Native American	52	4,771	4,473	2,544	595	93.8	53.3	12.5
	White	232	18,607	16,119	7,161	2,245	86.6	38.5	12.1
	Other	13	1,386	890	270	171	64.2	19.5	12.3
	Total	382	31,471	26,682	12,524	3,309	84.8	39.8	10.5
Marijuana	African-American	85	6,707	5,150	1,885	248	76.8	28.1	3.7
	Native American	52	4,771	4,349	2,271	471	91.2	47.6	9.9
	White	232	18,607	15,455	6,431	1,998	83.1	34.6	10.7
	Other	13	1,386	766	220	171	55.3	15.9	12.3
	Total	382	31,471	25,720	10,807	2,888	81.7	34.3	9.2
Cocaine	African-American	85	6,707	2,450	887	174	36.5	13.2	2.6
	Native American	52	4,771	2,116	394	50	44.4	8.3	1.0
	White	232	18,607	9,317	1,929	-	50.1	10.4	-
	Other	13	1,386	468	96	47	33.8	6.9	3.4
	Total	382	31,471	14,351	3,306	271	45.6	10.5	0.9
Inhalants	African-American	85	6,707	298	124	-	4.4	1.8	-
	Native American	52	4,771	546	50	50	11.4	1.0	1.0
	White	232	18,607	2,927	242	-	15.7	1.3	-
	Other	13	1,386	171	-	-	12.3	-	-
	Total	382	31,471	3,942	416	50	12.5	1.3	0.2
Hallucinogens	African-American	85	6,707	1,502	124	-	22.4	1.8	-
	Native American	52	4,771	1,808	248	-	37.9	5.2	-
	White	232	18,607	8,260	1,303	47	44.4	7.0	0.3
	Other	13	1,386	295	-	-	21.3	-	-
	Total	382	31,471	11,865	1,675	47	37.7	5.3	0.1
Stimulants	African-American	85	6,707	488	-	-	7.3	-	-
	Native American	52	4,771	2,376	769	124	49.8	16.1	2.6
	White	232	18,607	10,420	2,733	565	56.0	14.7	3.0
	Other	13	1,386	124	-	-	8.9	-	-
	Total	382	31,471	13,408	3,502	689	42.6	11.1	2.2
Sedatives	African-American	85	6,707	460	-	-	6.9	-	-



PREVALENCE OF DRUG USE AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY RACE									
Drug	Race	Sample Size	Total Population	Population Estimates			Rate Estimates (%)		
				Lifetime	Last 18 Months	Last 30 Days	Lifetime	Last 18 Months	Last 30 Days
	Native American	52	4,771	1,858	595	298	38.9	12.5	6.2
	White	232	18,607	6,433	2,077	372	34.6	11.2	2.0
	Other	13	1,386	171	-	-	12.3	-	-
	Total	382	31,471	8,922	2,672	670	28.3	8.5	2.1
	Heroin	African-American	85	6,707	438	-	-	6.5	-
	Native American	52	4,771	595	-	-	12.5	-	-
	White	232	18,607	2,279	223	124	12.2	1.2	0.7
	Other	13	1,386	-	-	-	-	-	-
	Total	382	31,471	3,312	223	124	10.5	0.7	0.4

### 5.2.3 Correlates of Alcohol and Drug Use for Probationers and Parolees

#### 5.2.3.1 Analysis of the Crime/Drug Relationship for Probationers and Parolees

Each subject was asked about the crime of which she/he was convicted. Table 26 below displays a summary of the responses. The table is organized by gender and by time incarcerated before the interview (“Less than 18 months” and “18 months or more”). While 15 percent of females and 9 percent of males admitted to being under the influence when the crime was committed, 35 percent of females and 38 percent of males reported using alcohol or other drugs two to three hours before the crime. Nearly a third of the sample reported that drugs were involved in their crime (females, 32%; males, 28%) and one-fifth of the females reported committing what they considered to be a “drug-related” crime.

**Table 26**

PROBATIONERS AND PAROLEES WHO REPORT DRUG-RELATED OFFENSES, BY SEX			
Crime Characteristics	Percent Responding "Yes"		RR for Females
	Females	Males	
Drugs Involved	31.8	27.6	1.2
Under Influence at the time	15.2	8.9	1.7
Crime to get drugs/ money for drugs	6.1	6.2	1.0
"Drug-related" crime	20.3	14.1	1.4
Had AOD 2-3 hrs before	35.1	37.9	0.9

*RR is relative risk. The risk of a female reporting drugs involved relative to that risk for a male was 31.8 / 27.6 or 1.2*

## 6 Need for Treatment of Alcohol and Other Drug Use

### 6.1 Need for Treatment of Alcohol and Other Drug Use for Inmates

#### 6.1.1 Overall Prevalence of Treatment Need for Inmates

The evaluation of symptoms and durations found in the data reveal substance abuse treatment needs as displayed in Table 27.

**Table 27**

<b>Distribution of Substance Abuse* Treatment Need in Prison Inmates' Prior County of Residence by Regional Advisory Board (RAB)</b>				
Regional Advisory Board (RAB)	Prison Inmate Population	Percent of State Prison Population	Regional Number INT**	Regional Percent INT
Central	834	4.0	23	0.4
East Central	1,691	8.2	294	5.6
North East	2,354	11.4	831	15.7
North West	745	3.6	222	4.2
OKC	5,210	25.2	1,253	23.7
South East	1,398	6.8	384	7.3
South West	1,891	9.1	702	13.3
Tulsa	3,602	17.4	924	17.5
Unknown	2,943	14.2	655	12.4
<b>Total</b>	<b>20,669</b>	<b>100.0</b>	<b>5,289</b>	<b>100.0</b>

\* Substance Abuse includes alcohol and other drugs

\*\* INT = in need of treatment

#### 6.1.2 Relating Need for Treatment to Recent Demand among Inmates

Three agencies contract with DMHSAS to provide services to those in DOC custody. The number of persons treated under those contracts in FY1998 was 1,103 or about 20% of the 5,289 in need of treatment. The treatment gap in corrections, as elsewhere in the system is about 80%. One difference, though, is no undercount of those served is shown here because the state system is the only available treatment provider for the individuals in this population.

#### 6.1.3 Relating Need for Treatment to Individual Characteristics for Inmates

Table 28 shows the relationship of individual characteristics such as education, income, and employment to this study's assessment of treatment need.

**Table 28**

Inmate Need for Alcohol and/or Drug Abuse Treatment Relationship to Individual Characteristics						
Category	Level	Sample Size	Percent of Level in Need of Treatment (Weighted to Population)			Weighted Total
			Female	Male	Total	
Time Incarcerated	18 Months or more	543	6.8	20.5	19.6	15,624
	Less than 18 months	328	54.1	41.7	44.3	5,045
Race	White	460	35.6	27.4	28.2	10,797
	African-American	285	25.2	16.8	17.6	6,971
	Native American	94	27.0	37.5	36.5	2,338
	Other	32	23.5	28.6	27.7	563
Age Group	18 - 29	217	40.43	31.48	32.7	4,129
	30 - 44	469	30	28.77	28.9	10,849
	45 - 54	134	17.31	12.73	13.1	3,951
	55 - 64	24	0	7.14	7.0	952
	65 - 99	14	0	0	0.0	548
Marital Status	Divorced	280	25.0	19.4	19.9	7,461
	Separated	54	28.1	28.6	28.5	1,115
	Widowed	38	17.4	18.2	18.1	864
	Married	213	30.1	33.9	33.4	4,654
	Never Married	285	39.6	25.6	26.8	6,558
Education	No School	3	100	0	4.2	138
	Grades 1 - 8	37	42.86	40	40.2	1,077
	Some HS	228	37.96	29.23	30.3	4,940
	HS or GED	362	28.79	27.5	27.6	8,728
	Some College	183	22.62	14.04	15.0	4,270
	Assoc Degree	29	8.33	33.33	30.7	667
	4-Year Degree	21	62.5	11.11	14.8	644
	Adv Degree	4	0	0	0.0	138
Income	\$0 - \$10k	549	29.65	23.2	23.8	13,322
	\$10k - \$20k	95	29.55	33.33	32.9	2,047
	\$20k - \$30k	63	36.36	28	28.6	1,786
	\$30k - \$40k	31	28.57	20	20.5	704
	\$40k +	37	40	33.33	34.2	684
Federal Poverty Level	Unknown	96	32.61	25	26.0	2,125
	100% or Less	563	28.81	23.63	24.2	13,446
	101% - 200%	109	39.58	30	31.2	2,269
	Over 200%	103	30	27.5	27.7	2,828

Inmate Need for Alcohol and/or Drug Abuse Treatment Relationship to Individual Characteristics						
Category	Level	Sample Size	Percent of Level in Need of Treatment (Weighted to Population)			Weighted Total
			Female	Male	Total	
Physical Health	Poor	64	21.05	27.78	26.7	1,415
	Fair	224	30.17	20.29	21.6	5,252
	Good	581	33.01	26.42	27.0	14,002
Emotional Health	Poor	80	42.55	29.41	32.0	1,401
	Fair	289	33.08	28.74	29.2	6,545
	Good	499	26.11	22.73	23.0	12,723

As with alcohol and drug use, need for treatment also differs depending upon gender and date of incarceration. Those incarcerated within 18 months of the interview are much more likely to be assessed in need of treatment than are those who have been incarcerated longer. Gender differences found in this data present a twist on usual findings regarding male and female use and treatment need. Females in the general population are usually found less likely to be in need of treatment than are males. In the telephone survey of the Oklahoma general population, for example the need-for-treatment rate found among males of was 8.8%, while the female rate was only 2.9% (ODMHSAS, 1999). Similar findings occur in the National Household Survey on Drug Abuse and other studies.

In contrast, this study reveals females in Oklahoma's prison population who have been incarcerated less than 18 months are more likely than comparable males to need treatment for illicit drug abuse. Tables 29 through 31 display the interaction effect of gender and time-since-incarceration upon treatment need.

Females incarcerated less than 18 months were assessed to be in need of AOD treatment at a rate of 53%. Males in the same situation were assessed need at a rate of 42%. This difference is reversed in those incarcerated longer. Both males and females in prison 18 months or longer were less likely to be assessed in need of AOD treatment than were those with shorter stays, but males with longer stays were assessed at a rate of 19% while female need was only 7%. Assuming persons with longer pre-survey stays are otherwise the same as those with shorter stays, the short-to-long-term differences reflect a decrease in treatment need of 54% for males who have been incarcerated longer. Need among females was found to decrease by 87% between those with short and long-term incarcerations before the study interview.

This effect is mainly due to the difference in need for illicit drug treatment which drops 91% in women, but only 39% in men, between the long- and short-term incarceration groups. The same pattern is evident in need for alcohol treatment, but to a lesser degree. Short-term incarcerated males are only a little more likely to need alcohol

treatment than are their female counterparts: 30% to 26%. The 4-point difference in rate also appears in the longer-term inmates but decreases to 9% and 5%. Those decreases in assessed need are 80% in females and 71% in males.

The 18-month period was chosen to coincide with the 18-month window used to assess both use and symptoms related to treatment need. For persons incarcerated less than 18 months, those items would refer to a time during part of which the subjects were not in prison. The drastic changes in assessed treatment need between the short-term and long-term inmates may reflect restriction of use while in prison or they may be produced by inmates refusing to divulge information about alcohol and drugs used during incarceration.

**Table 29**

<b>Treatment Need: Inmates in Oklahoma Prisons</b>				
Treatment Need: Alcohol and/or Other Drugs				
<b>Gender</b>	<b>Months Incarcerated</b>	<b>Percent INT</b>	<b>Female Relative Risk</b>	<b>Percent Change</b>
Female	Less Than 18	53.1%	1.3	-
Female	18 or more	6.9%	0.4	-87.0%
Male	Less Than 18	41.7%	-	-
Male	18 or more	19.4%	-	-53.5%

**Table 30**

<b>Treatment Need: Inmates in Oklahoma Prisons</b>				
Treatment Need: Alcohol				
<b>Gender</b>	<b>Months Incarcerated</b>	<b>Percent INT</b>	<b>Female Relative Risk</b>	<b>Percent Change</b>
Female	Less Than 18	26.3%	0.9	-
Female	18 or more	5.2%	0.6	-80.2%
Male	Less Than 18	30.0%	-	-
Male	18 or more	8.8%	-	-70.7%

**Table 31**

<b>Treatment Need: Inmates in Oklahoma Prisons</b>				
Treatment Need: Illicit Drugs				
<b>Gender</b>	<b>Months Incarcerated</b>	<b>Percent INT</b>	<b>Female Relative Risk</b>	<b>Percent Change</b>

Female	Less Than 18	45.8%	1.8	-
Female	18 or more	4.0%	0.3	-91.3%
Male	Less Than 18	25.0%	-	-
Male	18 or more	15.2%	-	-39.2%

### 6.1.3.1 Poverty Status of Inmates

In the general Oklahoma population telephone survey, about 8.8% of those who responded to questions about income and family composition fell below the federal poverty level or FPL (ODMHSAS, 1999). Significantly, prevalence of treatment need did not seem to differ by poverty level, until gender differences were examined. Females below 200% FPL had a 60% greater risk of being found INT than did females above 200% FPL. The risk for males was found to be 14% greater. Impoverished (below 100% FPL) females had a risk 82% greater than females above 200% FPL, while for males the risk was only 19% greater.

In Table 28, one can see no such differences in the prison sample. The treatment need rates for males range from 24% to 30% while female ranges are 29% to 40%. Females have a consistently higher rate of need but the large relative risk differences are not found here. Females 101% to 200% FPL were found to have a risk 32% greater than that of females in the Over 200% FPL category. For males, that increase in risk was 9%.

## 6.2 Need for Treatment for Probationers and Parolees

### 6.2.1 Overall Prevalence of Treatment Need of Probationers and Parolees

The need for treatment for the P&P sample varied little by sex (approximately 28%). However, as shown in Table 32, females were about 30% less likely to need treatment for alcohol and 60% more likely to need treatment for illicit drugs than males.

**Table 32**

TREATMENT NEED AMONG PROBATIONERS AND PAROLEES IN OKLAHOMA, BY SEX									
Treatment Need	FEMALES n=169				R	MALES n=213			
	Rate	Std Error	Lower 95% CLim	Upper 95% Clim		Rate	Std Error	Lower 95% CLim	Upper 95% CLim
Alcohol and/or Illicit Drugs	0.277	0.035	0.209	0.345	1.0	0.283	0.031	0.222	0.344
Alcohol	0.161	0.028	0.105	0.217	0.7	0.232	0.029	0.175	0.289
Illicit Drugs	0.180	0.030	0.121	0.238	1.6	0.110	0.021	0.067	0.152

6.2.2 Relating Need for Treatment to Individual Characteristics of Probationers and Parolees

Native Americans from the P&P sample demonstrated the greatest need for treatment (38%). When P&P responses cross-tabulated by sex and race, Native Americans still had the greatest need for treatment (36%) among males, and Native American had the second highest rate (46%) among females, led only by the “Other” race category (50%).

Treatment need does not appear to differ by employment status, except that males employed part-time have the lowest rates of need. Females employed part time are not different from other females. Male part-time workers’ likelihood of being in need of treatment is only one-third that of the likelihood for other gender-by-employment status classifications.

Health status is related to treatment need. Of the three physical health categories; Good, Fair, and Poor; those overall least likely to need treatment are in the Good category, those most likely are in the Fair group. There is a gender difference only in the Poor category. Females who report poor physical health are less likely than any other category to be in need of treatment.

Those who report Good emotional health are less likely to need treatment (17%) than are those reporting Fair or Poor emotional health and those reporting Poor emotional health are among the most likely groups to be in need of treatment (47%). Emotional health seems to make more difference for females than for males. Over all the treatment need rate drops 63% (from 47% to 17%) from those in poor emotional health to those in good emotional health. In males that drop is 57% (46% to 20%) but in females, the change is from 50.9% for those in poor emotional health to 8.2% for those reporting good emotional health, a decrease in rate of treatment need of about 84%.

**Table 33**

DISTRIBUTION OF SUBSTANCE ABUSE TREATMENT NEED IN PROBATIONERS AND PAROLEES, BY REGIONAL ADVISORY BOARD AND INDIVIDUAL CHARACTERISTICS							
Category	Level	Sample Size	Percent of Level in Need of Treatment			Total In Need of Treatment	Female Relative Risk
			Female	Male	Total		
Regional Advisory Board (RAB)	Central	18	50.0	74.7	68.4	1,067	0.67
	East Central	17	16.7	36.4	32.8	546	0.46
	North East	48	26.9	17.3	19.6	760	1.56
	North West	31	34.2	42.9	40.2	1,012	0.80
	OKC	95	24.5	31.2	29.2	2,224	0.78
	South East	26	36.4	36.8	36.7	741	0.99
	South West	60	35.8	22.8	25.8	1,234	1.57
	Tulsa	85	16.8	18.0	17.8	1,287	0.93
Race	White	232	28.1	26.5	26.9	5,010	1.06
	African-American	85	16.6	28.7	25.5	1,709	0.58
	Native American	52	46.0	36.1	37.9	1,808	1.27
	Other	13	50.0	22.9	24.9	344	2.18
Age	18 – 29	179	28.9	30.0	29.7	4,541	0.96
	30 – 44	147	25.3	29.9	28.5	3,138	0.85
	45 – 54	38	41.8	25.8	27.3	1,017	1.62
	55 – 64	12	-	-	-	-	-
	65 – 99	4	-	29.6	29.6	124	-
Marital Status	Divorced	96	37.4	24.2	27.8	2,031	1.55
	Separated	22	12.5	39.2	33.8	670	0.32
	Widowed	4	-	-	-	-	-
	Married	103	24.3	16.5	18.5	1,543	1.48
	Never Married	157	27.6	35.7	33.9	4,627	0.77
Education	Grades 1 - 8	17	38.6	65.3	56.3	645	0.59
	Some HS	104	14.9	25.5	23.2	2,081	0.59
	HS or GED	151	26.4	29.5	28.7	3,497	0.89
	Some College	82	40.0	22.6	27.2	1,830	1.77
	Assoc Degree	11	-	15.7	12.5	124	-
	4-Year Degree	14	50.0	54.2	53.2	645	0.92
	Advanced Degree	3	50.0	-	22.2	50	-
Employment Status	Unemployed	136	27.2	29.6	28.8	3,037	0.92
	Part Time	47	32.1	11.1	17.1	642	2.91
	On Leave	8	-	-	-	-	-
	Full Time	191	29.5	31.3	31.0	5,191	0.94
Income	0 - \$10k	142	20.3	31.1	27.9	3,033	0.66
	\$10k - \$20k	86	46.0	22.9	29.6	2,027	2.01
	\$20k - \$30k	65	34.0	28.9	29.7	1,775	1.18
	\$30k - \$40k	24	14.3	32.0	25.4	471	0.45
	\$40k +	24	22.2	30.5	28.7	595	0.73
	Don't know	35	16.1	19.9	19.1	595	0.81
	Refused	47	-	50.0	-	-	-



DISTRIBUTION OF SUBSTANCE ABUSE TREATMENT NEED IN PROBATIONERS AND PAROLEES, BY REGIONAL ADVISORY BOARD AND INDIVIDUAL CHARACTERISTICS							
Category	Level	Sample Size	Percent of Level in Need of Treatment			Total In Need of Treatment	Female Relative Risk
			Female	Male	Total		
Federal Poverty Level	100% or Less	157	22.3	31.8	28.7	3,375	0.70
	101% to 200%	94	44.2	22.9	28.9	2,182	1.93
	Over 200%	90	21.8	29.3	28.2	2,346	0.74
Physical Health Past Year	Poor	38	22.5	33.8	30.6	943	0.67
	Fair	94	37.6	37.3	37.4	2,689	1.01
	Good	250	24.2	24.9	24.7	5,239	0.97
Emotional Health Past Year	Poor	49	50.9	45.5	47.0	1,821	1.12
	Fair	153	39.1	35.1	36.2	4,456	1.11
	Good	178	8.2	19.6	17.1	2,594	0.42
	Don't know	2	-	-	-	-	-
Ever Had Treatment	Not Applicable	125	-	-	-	-	-
	No	113	30.9	28.8	29.2	2,819	1.07
	Yes	144	50.4	51.9	51.5	6,051	0.97
Had Treatment Past Year	Not Applicable	238	13.7	14.5	14.3	2,819	0.95
	No	83	46.2	45.2	45.4	3,266	1.02
	Yes	61	54.1	64.9	61.1	2,786	0.83

#### 6.2.2.1 Poverty Status of Probationers and Parolees

As shown in Table 33, there is little variation in need for treatment by poverty level in the probation and parole sample until cross-tabulations are made by sex. Females below 100% FPL and over 200% had a treatment need rate of 22% while those females at 101% to 200% FPL had a treatment need of 44%. For males the opposite was true. Males below 100% FPL and over 200% had a treatment need rate of 32% to 29% while males at 101% to 200% FPL treatment need fell to 23%. For females 100% or less of FPL and over 200% FPL, they were 30 to 26% less likely than males to need treatment. However, females 101 to 200% FPL were found to have a risk 93% greater than that of males in the same category.

## 7 Conclusions

The Oklahoma Treatment Needs Assessment Project has produced information that will be immediately useful to DMHSAS, the Department of Corrections, the State Legislature and other substance abuse treatment system stakeholders. Results of the Corrections study demonstrate there is a great need for substance abuse treatment among the incarcerated, probation and parole populations. Over 50 percent of the inmate sample and one-third of the P&P sample reported that drugs were related to the offense for which they were convicted. One-fifth of the inmate sample and one-third of the P&P sample had been under the influence when a crime was committed. Further, sending substance abusers to prison does not alleviate their addiction. The study indicates that alcohol and illicit drugs are well within the reach of inmates. Twelve

percent of the inmates sampled had used an illicit drug in the last 30 days. For the P&P sample, 11% had used an illicit drug in the last 30 days. Need for treatment was not significantly greater for any one race, nor for one gender; however, need decreased as age increased, with 18 to 29 year olds being most in need of treatment (33%).

Since 1985, Oklahoma has been among the top 10 states with the highest rates of incarceration in the nation, and the highest rate of female incarceration for the last several years. Over the last decade, the percentage of admissions to the state prison system for drug offenses has increased from 3 to 24 percent. State leaders are urgently seeking answers that will reverse these trends. The results of the Corrections Survey provide empirical evidence of the need for substance abuse treatment for offenders. The “treatment gap” in the inmate population is about 80%. That is, 80% of those who need treatment do not get it. The only treatment resources available to these individuals come through the state system. Consequently, that gap must be filled without help from private agencies which help fill the gap in other populations.

Out of the estimated 8,871 probationers and parolees in need of treatment, only 1,149 clients (14%) were referred from probation or parole to DMHSAS for treatment in 1998. Although many P&P clients may have received treatment at a DMHSAS facility, it is likely they often seek treatment without referral from DOC and, therefore, without any indication of their probation or parole status. Consequently, it is difficult to estimate the treatment gap for this population, however, the “worst case scenario” is a treatment gap of 86%.

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# Appendices



## **Appendix B: SAMHSA Confidentiality Certificate**