State of Oklahoma
State Treatment Needs Assessment Program
Phase II – CSAT Contract No. 270-98-7066
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Survey of Temporary Assistance For Needy Families (TANF) Recipients

EXECUTIVE SUMMARY

E.1 Background

With funding from the federal Center for Substance Abuse Treatment (CSAT), the Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) is conducting a family of studies that will supply Oklahoma with information the State needs to plan and provide effective substance abuse service for its citizens in need. The results of the studies will also meet the data reporting requirements of the federal government. The project includes four studies: (1) Surveys of Temporary Assistance for Needy Families (TANF) Recipients; (2) Survey of Criminal Justice Populations (juvenile offenders under supervision of the Office of Juvenile Affairs and the Arrestee Drug Abuse Monitoring (ADAM) Project); (3) Substance Abuse Treatment Utilization by State-funded Clients; and (4) Integration and Analysis of Data from Internal and External Sources. This document is an executive summary of the administration and results of the Temporary Assistance for Needy Families (TANF) Recipients Surveys.

E.2 Methodology

Oklahoma followed the State Treatment Needs Assessment Program (STNAP) Survey Core Protocol in conducting the TANF survey. The telephone survey was chosen as a cost-effective method for obtaining a scientifically valid sample of respondents among TANF recipients across the state and within sub-state regions. However, the Department of Human Services (DHS) reports 35.8 percent of all TANF recipients in Oklahoma do not have telephones in their residences; therefore, a face-to-face survey component was added to the study and the difference in substance use among those with and without telephones was studied.

A Computer-Assisted Telephone Interview (CATI) system was used to complete the 853 telephone interviews, and a Computer-Assisted Personal Interview (CAPI) was used to complete 163 face-to-face interviews. The sample design and participant selection were the same for both types of data collection. Stratification was based on an urban/rural criterion with 52 percent of the TANF population in an urban setting and the remaining 48 percent in rural areas.

Research staff from the Department of Human Services (DHS) supplied a randomly generated list, by county of residence, of 2,712 TANF recipients who were active clients as of January 2001. Of those, 1,274 were found to have phone service and, of those with phone service, 853 valid telephone interviews were obtained, producing a response rate of 67 percent.

Of the 2,712 recipients in the list provided by DHS, 741 did not have a telephone. Each of those 741 persons was mailed a pre-notification letter requesting his or her participation in the study. Of the 741 pre-notification letters mailed to potential respondents, 52 post cards were returned and over 146 letters were returned indicating a wrong address. The small number of returned post cards prompted a request to the DHS for a new list of addresses for the respondents.

Interviewers approached 368 recipient homes from the new list of addresses, resulting in 163 completed interviews, 4 refusals, and 5 equipment failures. At the remaining 196 residences, the inhabitants failed to respond so it is unknown if those homes housed eligible TANF recipients. Without that information it is not possible to estimate the number of eligible respondents; therefore, the nonresponses were not included in the calculation of the 94.8 percent response rate.

When the total number of completed and attempted interviews were combined for both telephone and face-to-face surveys, the overall response rate was 70.1 percent.

E.3 Terms and Definitions

The following core set of drugs, obtained from the STNAP Survey Questionnaire, was included in the survey: tobacco, alcohol, marijuana, powder cocaine, crack cocaine, hallucinogens, heroin, pain relievers, tranquilizers, sedatives, stimulants and methamphetamine.

Tobacco, Alcohol and Illicit Drugs. Screening for tobacco use was based on cigarette smoking. Cigar and/or pipe smoking, chewing tobacco and snuff use were not included in the prevalence estimates.

Screening for alcohol use was based on drinking behaviors identified by the STNAP Survey Questionnaire. A drink is defined as “a regular size bottle of beer, a wine cooler or a glass of wine, champagne, or sherry, a shot of liquor or a mixed drink or cocktail.” Respondents identified by the screen were then questioned in detail about alcohol use.

Primarily, illicit drug use was defined as non-medical use of any of the 10 drugs studied (marijuana, powder cocaine, crack cocaine, hallucinogens, heroin, pain relievers, tranquilizers, sedatives, stimulants and methamphetamine). Any

respondent who answered "yes" to use of an illicit drug was questioned in detail about using that drug.

Substance Abuse and Dependence. The *Diagnostic and Statistical Manual of Mental Disorders*, 4th revised edition (DSM-IV; American Psychiatric Association, 1994) defines abuse as clinically significant impairment or distress resulting from a maladaptive pattern of substance use as manifested by one or more of the four abuse criteria occurring at any time in the same 12-month period (Table E.1).

Table E.1

Criteria For Substance Abuse	
A.1.	Recurrent substance use resulting in a failure to fulfill major role obligation at work, school or home (e.g., repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).
A.2.	Recurrent substance use in a situation in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by substance use).
A.3.	Recurrent substance-related legal problems (e.g., arrests for substance-related disorderly conduct).
A.4.	Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication, physical fights).
B.	Has never met the criteria for Substance Dependence for this substance.

Criteria for substance dependence were derived from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th revised edition. On page 181, the DSM-IV defines dependence as a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three or more of the criteria listed in Table E.2 occurring at any time in the same 12 month period.

Table E.2

Criteria For Substance Dependence	
1.	Tolerance, as defined by either of the following: (a) need for markedly increased amounts of the substance to achieve intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of the substance.
2.	Withdrawal, as manifested by either of the following: (a) the characteristic withdrawal syndrome for the substance (b) the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
3.	The substance is often taken in larger amounts or over a longer period than was intended.
4.	There is a persistent desire or unsuccessful efforts to cut down or control substance use.
5.	A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
6.	Important social, occupational or recreational activities are given up or reduced because of substance use.
7.	The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Need for Substance Abuse Treatment. Need for treatment is defined in terms of DSM-IV. Persons are in need of treatment if they meet accepted criteria for

alcohol or drug abuse or dependence at any time during the year prior to the time a treatment need estimate for the area is produced (STNAP Core Protocol, 2001).

E.4 Analysis

Weights were assigned according to the population-to-sample-size ratio in the particular stratum occupied by an observation. Strata were defined by the 77 counties in Oklahoma. The 77 different weights thus assigned ranged from 0 to 55. The median weight was 4.27, the average was 6.05, and the standard deviation was 7.0. The results provide regional groups with comparable data with which to assess the service needs in their areas.

E5 Results

E.5.1 Prevalence of Tobacco, Alcohol and Illicit Drug Use

- Four fifths of the respondents (80.4%) reported smoking tobacco sometime during their lives and over half (56.1%) had used tobacco in the last 30 days. Tobacco use in the last 30 days ranged from 48.9 percent in the Oklahoma City Metro sub-state planning region to 72.5 percent in the Central sub-state planning region.

- Nine out of ten respondents had used alcohol in their lifetimes (91.5%), three fifths in the last year (59.3%) and one third in the last month (33.1%). These rates were very similar to those found in the general population study conducted in STNAP Project, Phase I.

- Nearly two thirds of the TANF recipients (63.1%) reported using illicit drugs in their lifetime. This percentage is almost twice as many as had used illicit drugs in the general population study (33.4%). The percentage of those who had used illicit drugs in the last 30 days was four times as high among TANF respondents (8.8%) as it was in the general population (2.1%).

- Of those respondents who reported using illicit drugs, lifetime use of marijuana was 94.4 percent while lifetime use of methamphetamine was 48.7 percent. The three most prevalent drugs used in the last year and the last 30 days were marijuana, pain relievers and methamphetamines.

- When asked about last-month use, women who were pregnant at the time of the interview reported smoking at a rate of 49.4 percent, drinking alcohol at a rate of 10.7 percent and using marijuana at a rate of 3.1 percent.

- When comparing the two survey methods, face-to-face respondents reported a significantly higher rate of alcohol use in the last 30 days than telephone respondents (39.9%, 31.0%, respectively), and significantly higher rates of illicit drug use for both the last year (25.8%, 18.1%, respectively) and the last 30 days (14.1%, 6.5%, respectively).

E.5.2 Need for Treatment of Alcohol and Illicit Drug Use

- Among TANF recipients, 15.4 percent of the survey respondents were estimated as needing alcohol treatment and 16 percent as needing illicit drug treatment, for an overall estimated treatment need of 24.5 percent.

- Respondents in need of treatment used the same types of drugs as the total sample but had a higher rate of use. Marijuana was the most prevalent illicit drug for lifetime (94.2%), last year (45.2%) and last 30 day (25.1%) use. Other drugs prevalent in the two most recent time periods examined were pain relievers (last year, 16%; last 30 days, 6.6%) and methamphetamines (last year, 20.2%; last 30 days, 5.1%).

- When need by level of care was examined, it was determined that 48 percent of respondents in need of treatment would require detox services at the initiation of treatment and 53.5 percent would need residential care either at the initiation of treatment or following detox services.

E.6 Discussion

The survey of TANF recipients identified significant levels of treatment need and patterns of use that warrant close attention by those planning and providing treatment for members of this population. While the overall prevalence of treatment need in the STNAP Phase I general population survey was 5.7 percent, the overall need for alcohol and/or illicit drug treatment among TANF participants was 24.5 percent, over four times the general population percentage.

Not only does the level of treatment need underline the importance of treatment for this group, the information concerning patterns of use and abuse among subsets of TANF recipients provides direction for decision-makers as well. Though the effects of alcohol, tobacco and other drug (ATOD) use during pregnancy may be generally known, 40 percent of pregnant TANF recipients reported using tobacco in the past month and 61 percent in the past year. Eleven percent reported using alcohol in the last month and 56 percent in the last year. Those annual rates are close to the rates in the total TANF population. A much smaller percent (3.1%) reported using only one illicit drug (marijuana) in the past month and about 15 percent reported illicit drug use in the past year, indicating these women are aware of the importance of refraining from (or of not reporting) drug use during pregnancy. Successful drug treatment would not only improve employability among substance abusing TANF recipients, but for those

who are pregnant, treatment would also reduce ATOD-related child health problems.

As planned, Study #1 utilized both telephone and face-to-face surveys. The results provided some support for both the "no difference" and the "face-to-face rapport" theorists. For those whose responses indicated they only needed treatment for alcohol abuse or dependence, and those who only needed drug treatment, there was little difference in the rates identified by the two methods. However, for persons needing both alcohol and drug treatment, the face-to-face interviews identified a higher percentage of respondents with that level of need than did the telephone interviews. This result may be an artifact of the small number of face-to-face surveys in the alcohol-and-drug-treatment need category as well as a higher prevalence of drug use among recipients without telephones, rather than a real difference between the survey types. It is also possible that respondents without phones are in a different socio-economic category – one that is more likely involved in multi-substance use. One result of membership in this category may be a decreased ability to afford common comforts such as a telephone.