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CONCLUDING REMARKS

Existing Need for Drug/Alcohol Treatment

There is a gap between the self-perceived need for drug/alcohol treatment and the same need using established criteria. When respondents were asked whether they needed drug/alcohol treatment and had not received it, it is estimated that 22,243 acknowledged a need for treatment. However, when more objective criteria for treatment need were used; DSM-IV-TR criteria for drug abuse or dependence, self-reported risky behavior (e.g., medical problems caused by drug abuse, DUI, physical fights after drug use), recent use despite considering it a problem, and use during pregnancy, the estimated treatment need increased to 374,884 persons.

Although the overall need for treatment did not change significantly from the 1999 Kentucky Needs Assessment (about 12% of the adult population), treatment need for men and women changed in opposite directions. The male need for treatment declined by 3.8% (from 21.3% to 17.5%) during the five year period between surveys, whereas the female need increased 2.2% (from 4.7% to 6.9%). Even though males continue to report substantially greater need for drug abuse treatment, women appear to be moving toward parity, with about a one-third increase.

Cigarette use among adults in Kentucky parallels national trends. In the five-year period from 1999 to 2004 cigarette use in the past 30 days in Kentucky decreased from 30.0% to 26.7%. Lifetime use also decreased more, from 82.9% to 74.1% for males and from 72.2% to 59.0% for females. Nonetheless, nicotine use is sizeable with an estimated 716,741 adult Kentuckians who are daily smokers; among these, two-thirds smoke at least one pack of cigarettes per day.

A notable decrease in the proportion of Kentucky adults who self-reported alcohol “dependence” using DSM-IV criteria was found in the 1999-2004 comparisons. Overall, 6.7% self-reported alcohol dependence in the 1999 survey while only 1.8% did so in the current survey. The greater portion of this reduction was males who decreased from 11.1% in 1999 to 2.7% in 2004. Alcohol abuse criteria also declined from 6.7% in 1999 to 4.2% in 2004. Again, males accounted for the larger part of this decrease, from 11.2% to 6.3%, whereas females decreased from 2.6% to 2.2%.

Overall use of illicit drugs among adults in Kentucky has not shown the same decline as nicotine use and self-reported alcohol dependence and abuse. When illicit drug use was combined, past-year use increased slightly from 6.1% in 1999 to 6.8% in 2004. Among these illicit drugs, only marijuana declined over the period, with past-year use moving from 5.9% in 1999 to 4.3% in 2004.

Despite the current attention on methamphetamine use and production, past year methamphetamine use among adult Kentuckians is less than one-third the use of cocaine. Past year cocaine use has increased slightly from the 1999 to 2004 period from 0.6% to 1.0% of the adult population of Kentucky. Similarly, the intense focus on Oxycodone use among Kentucky adults should not obscure that the illicit use of other prescribed opiate medication is more than twice the level of Oxycodone.
CONCLUDING REMARKS

A strength of the Kentucky Needs Assessment Project 2004 Adult Household Survey is that estimates of substance use and treatment need were developed for the State as well as the MHMR regions. These estimates indicate that substance use and treatment needs are not uniformly distributed across Kentucky. While urban areas appear to have higher percentages of substance abusers, less populated areas have higher percentages of methamphetamine and illicit prescription opiate use. These regional differences are important and should be taken into consideration for treatment planning.
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REFERENCES

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