

CONCLUDING REMARKS

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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.

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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.

REFERENCES

1. De Leeuw ED., and Joop JH, 2004. "I am not selling anything: 29 experiments in telephone instructions." *International Journal of Public Opinion Research*, 16:4, pp. 464-473.
2. McAuliffe WE, Geller S, LaBrie R, Paletz S, and Fournier E, 1998. "Are telephone surveys suitable for studying substance abuse? Cost, administration, coverage and response rate issues." *Journal of Drug Issues*, 28:2, pp. 455-483.
3. McAuliffe WE., Paletz S, Geller S, and LaBrie R, 1996. *Substance abuse telephone surveys: History, feasibility, and validity*. Cambridge, MA.
4. DeLeeuw, ED, 1992. *Data quality in mail, telephone, and face-to-face surveys*. Amsterdam: TT-publikaties.
5. DeLeeuw, ED, and Van Der Zouwen J, 1988. "Data quality in telephone and face-to-face surveys: A comparative meta-analysis." In R. M. Groves et al. (Eds.). *Telephone Survey Methodology* (pp. 283-299). New York: Wiley.
6. Rehm J, Frick U, and Bondy S, 1999. "A reliability and validity analysis of an alcohol-related harm scale for surveys." *Journal of Studies on Alcohol*, 60:2, pp. 203-208.
7. Ellen JM., Gurvey JE, Pasch L, Tschann J, Nanda J, and Cantania J, 2002. "A randomized comparison of A-CASI and Phone Interviews to Assess STD/HIV-related risk behaviors in teens." *Society for Adolescent Medicine*, 36, pp. 26-30.
8. Slutske WS., True WR, Scherrer JF, Goldburg J, Bucholtz KK, Heath AC, et al, 1998. "Long-term reliability and validity of alcoholism diagnoses and symptoms in a large national telephone interview survey." *Alcoholism: Clinical and Experimental Research*, 22:3, pp. 553-558.
9. Harrison L, and Hughes A, 1997. "The validity of self-reported drug use: Improving the accuracy of survey estimates." *National Institute on Drug Abuse*, 97-4147, pp. 1-17.
10. Office of Applied Studies, 2003. *Results from the 2003 National Survey on Drug Use and Health: Appendix A*. Retrieved May 20, 2005 from <http://oas.samhsa.gov/nhsda/2k3nsduh/appa.htm>
11. Leifman H, 2002. "The six-country survey of the European comparative alcohol study: Comparing patterns and assessing validity." *Contemporary Drug Problems*, 29:3, pp. 477-500.
12. Johnson TP, Hougland JG, and Clayton RR, 2003. "Obtaining reports of sensitive behavior: A comparison of substance use reports from telephone and face-to-face interviews." *Social Science Quarterly*, 70:1, pp. 174-183.

REFERENCES

13. Aquilino WS, 1994. "Interview mode effects in surveys of drug and alcohol use." *Public Opinion Quarterly*, 58, pp. 210-240.
14. Gmel G, 2000. "The effect of mode of data collection and non-response on reported alcohol consumption: A split sample study in Switzerland." *Addiction*, 95, pp. 123-134.
15. Kessler RC, Berglund P, Chui WT, Demler O, Heeringa S, Hiripi E, et al, 2004. The US National Comorbidity Survey Replication (NCS-R): design and field procedures. *International Journal of Methods in Psychiatric Research*, 13(2):69-92
16. Kessler RC, Chui WT., Demler O, and Walters EE, 2005. Prevalence, Severity, and Comorbidity of the 12-Month DSM-IV Disorders in the National Comorbidity Survey. *Archives of General Psychiatry*, 62:617-627
17. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, and Walters EE, 2005. Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62:593-602
18. United States Census, 2003. Data for population estimates by county retrieved May 25, 2005 from <http://www.census.gov/popest/counties/CO-EST2004-01.html>.
19. Wilson RA., and McAuliffe WE (2000). "Synthetic Estimates of the Prevalence of DSM-III-R Alcohol Abuse and Dependence: Issues of Validity and Methodology." In Robert A. Wilson, Mary C Dufour (Eds.), *The Epidemiology of Alcohol Problems in Small Geographic Areas* (pp. 17-36). NIAAA Research Monograph No. 36. Bethesda, MD: U.S. Department of Health and Human Resources.
20. Ciarlo JA, and Tweed DL, 1992. "Implementing indirect needs-assessment models for planning state mental health and substance abuse services." *Evaluation and Program Planning*, 15, pp. 195-210.