Concluding Remarks

Existing Need for Drug/Alcohol Treatment

There is a large gap between the self-reported need and more objectively defined need among adolescent Kentuckians for alcohol or drug treatment. When respondents were asked if they needed alcohol or drug treatment and had not received it, an estimated 757 adolescents acknowledge an unmet treatment need. When objective criteria for treatment need were used, DSM-IV-TR criteria for drug abuse or dependence, the estimated treatment need increases to 25,793 adolescents. An estimated 3,287 adolescent Kentuckians report they would have sought services if they were available.

The overall need for adolescent treatment decreased from 9.6% in the 1998 Kentucky Needs Assessment to 7.6% in 2005. Cigarette use among adolescents in Kentucky parallels national trends in the Monitoring the Future study. In the seven-year period from 1998 to 2005 cigarette use in the past 30 days in Kentucky decreased from 15.3% to 7.1%. Lifetime cigarette use also decreased, from 39.1% to 22.8% for males, and from 49.8% to 21.1% for females. These decreases may be attributed to adolescents’ perception of the harm related to smoking. Approximately 94% of adolescents reported they believed that smoking one or more packs of cigarettes per day was of either moderate or great risk. Furthermore, the use of cigarettes was tied less to being “cool” than was the use of alcohol or marijuana.

Although the percentage of adolescents who used alcohol in their lifetime declined from 1998 to 2005, past year rates increased slightly for males while decreasing for female adolescents. This may be explained by the differences between males and females in their perceived risk of drinking one or two alcoholic beverages a day. The overall percentage of adolescents who have used illicit drugs also decreased from 1998 to 2005, but like alcohol, there was a slight increase in recent use for males.

A clear relationship between age and lifetime use of drugs and alcohol emerged. For many substances, almost no use was found among the youngest group of adolescents but steady increases were found in each subsequent age group. Whereas 12 to 14 year olds used cigarettes, alcohol and illicit drugs at relatively low rates (10.5%, 13.2% and 4.3%, respectively), adolescents aged 15 to 17 report substantially higher rates of using these substances (33.1%, 44.0% and 17.6%, respectively).

Consistent with other research on drug and alcohol use among adolescents, peer group substance use is a strong indicator of an adolescent’s own use. Having at least one close friend who drinks alcohol puts an adolescent at 5.2 times the risk of drinking than if no close friends drink alcohol. Having at least one close friend who uses drugs puts an adolescent at 10 times the risk of using drugs compared to adolescents with no close friends who use drugs.

Also consistent with other findings is that the use of nicotine, alcohol, and marijuana can serve as a gateway to other drug use. Specifically, adolescents who smoked cigarettes
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were 4.4 times more likely to drink alcohol and 14.4 times more likely to use drugs than adolescents who do not smoke. In addition, adolescent Kentuckians who drink alcohol are 14.4 times more likely to use drugs than non-drinking adolescents. Adolescents who smoke marijuana are 31.8 times more likely to use drugs other than marijuana when compared to those who do not smoke marijuana.

A strength of the Kentucky Needs Assessment Project 2005 Adolescent Household Survey is that these estimates of substance use and treatment need were developed for the state as well as for four sampling regions. These estimates indicate that substance use and treatment needs are not uniformly distributed across Kentucky. Although more populated areas generally have higher rates of adolescents who use illicit drugs, the more rural West region have the highest rates of alcohol use and substance treatment need.
References


REFERENCES


