
Kentucky Needs Assessment Project Brief Report

Substance Use and Treatment Need Among Kentucky Adults on Medicaid

IN BRIEF

- Adult Kentuckians who are enrolled in Medicaid report higher rates of drug use and are more likely to be current daily drinkers compared to adult Kentuckians who are not Medicaid recipients.
- Adult Kentuckians who are enrolled in Medicaid are more likely to self-report unmet need for alcohol and drug treatment services compared to adult Kentuckians who are not Medicaid recipients.
- Adult Kentuckians who are enrolled in Medicaid are more likely to currently need alcohol and drug treatment services compared to adult Kentuckians who are not Medicaid recipients.

An estimated 318,692 (9.9%) Kentucky adults are Medicaid recipients (source: Kentucky Cabinet for Health and Family Services). The Kentucky Needs Assessment Project (KNAP) 2007 Adult Household Survey asked adults age 18 and older about their health, alcohol use, and illicit drug use over their lifetime, past 12 months, and/or past 30 days, as well as other information about substance abuse and dependence. Current Medicaid enrollment was asked of all respondents. Illicit drug was defined as the unprescribed use of marijuana, cocaine, other stimulants, oxycodone or Oxycontin, other opiates, sedatives, hallucinogens, club drugs, inhalants, or any other substances used for their psychotropic effects, excluding alcohol and tobacco. Substance abuse and dependence were defined using Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text Revised (DSM-IV-TR) criteria. Abuse and dependence should not be interpreted as clinical diagnoses. This report focuses on differences between Kentucky adults age 18 and over who are and are not currently on Medicaid.

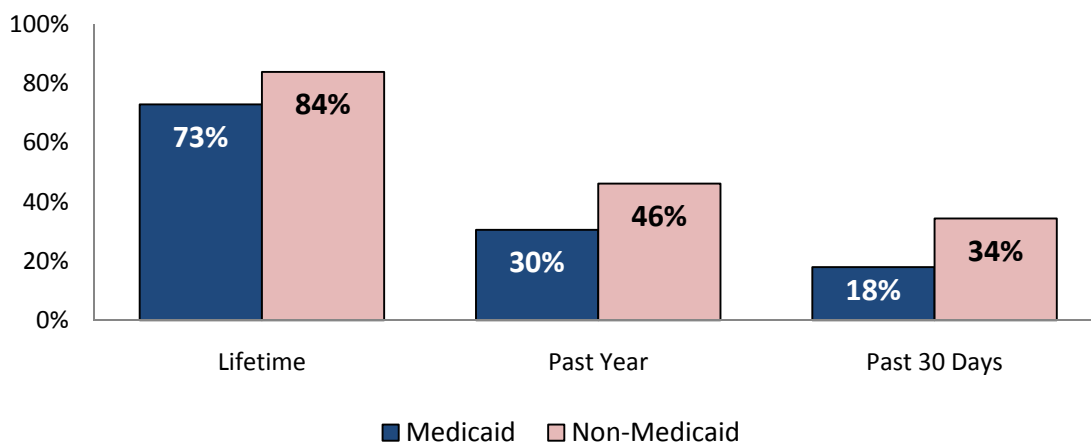
STUDY OVERVIEW

The Kentucky Needs Assessment Project is a series of studies designed to estimate substance use levels and substance abuse treatment need of Kentuckians. Data for this report were taken from the 2007 Adult Household Survey, a telephone survey of 3,312 Kentucky households using random digit dialing. Only respondents in residential households were sampled and included. The findings from this study can only be generalized to adults residing in Kentucky households, and not to those in institutional, dormitory or group home settings. Another potential source of bias is the understatement or overstatement of actual behaviors. The validity of self-report data depends on the honesty, memory, and understanding of the respondents. The detailed methodology of this study is described in the full report which can be viewed at <http://cdar.uky.edu>.

ALCOHOL USE

Lifetime, Past Year, and Past 30 Day Use – Adult Kentuckians who are current Medicaid recipients were less likely to have drunk alcohol in their lifetime, past year, and past 30 days compared to adult Kentuckians who are not enrolled in Medicaid. (Figure 1).

Figure 1: Lifetime, Past Year, and Past 30 Day Alcohol Use



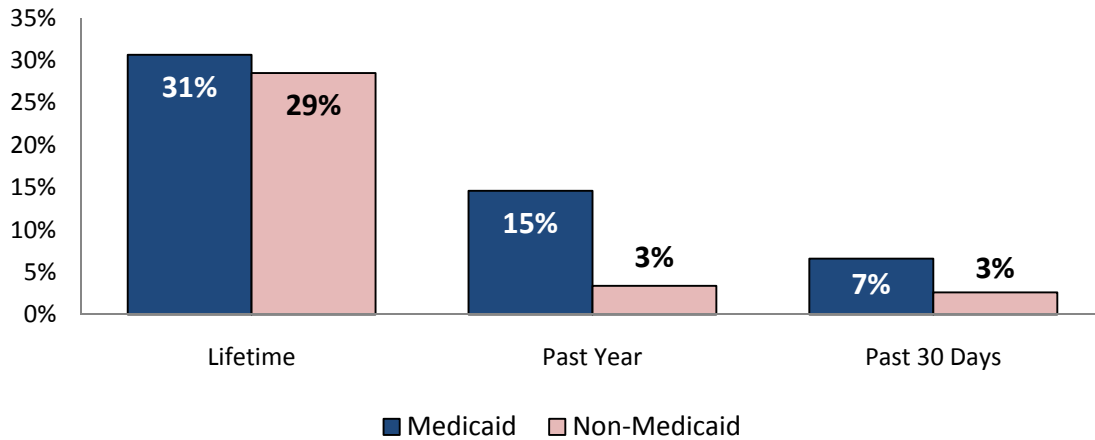
Current Daily Drinking – A current daily drinker is defined as anyone who reported drinking at least 25 days out of the past 30. Adult Kentuckians who are current Medicaid recipients are more likely to be current daily drinkers compared to adult Kentuckians who are not enrolled in Medicaid (4.8% and 3.2% respectively).

Current Problem with Alcohol – All respondents who reported ever drinking were asked if they thought alcohol was a problem in their life. Of adult Kentuckians who ever drank alcohol, current Medicaid recipients were twice as likely to report alcohol as a current problem in their life compared to those who are not enrolled in Medicaid (4.2% and 1.9% respectively).

ILLCIT DRUG USE

Lifetime, Past Year, and Past 30 Day Use – Adult Kentuckians who are current Medicaid recipients were more likely to have used illicit drugs in their lifetime, past year, and past 30 days compared to adult Kentuckians who are not enrolled in Medicaid. (Figure 2).

Figure 2: Lifetime, Past Year, and Past 30 Day Illicit Drug Use

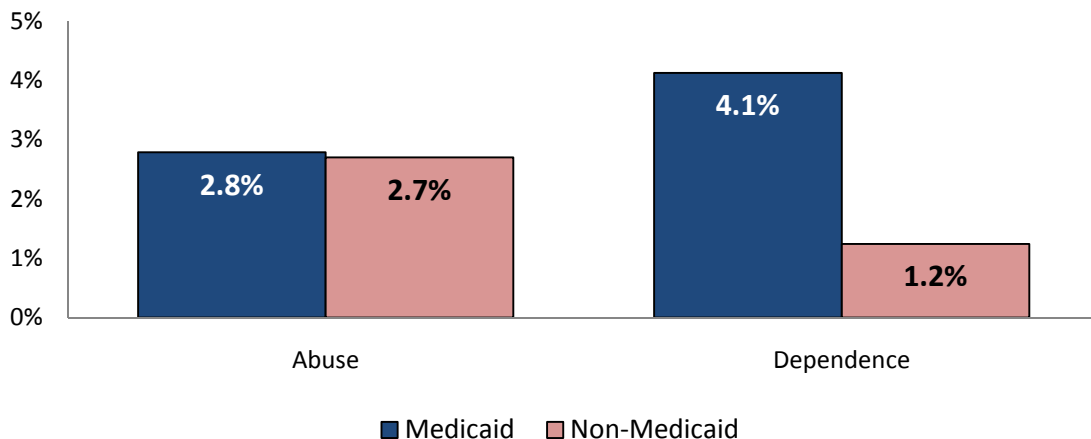


Current Problem with Drugs – All respondents who reported ever using an illicit drug were asked if they thought drugs were a problem in their life. Of adult Kentuckians who ever used illicit drugs, current Medicaid recipients were slightly more likely than non-recipients to report drugs as a current problem in their life (1.3% and 0.7% respectively).

DSM-IV-TR SUBSTANCE USE DISORDERS

Past Year Alcohol Abuse and Dependence – Adult Kentuckians who are current Medicaid recipients were almost equally as likely to meet past year alcohol abuse criteria but much more likely to have met past year alcohol dependence criteria compared to adult Kentuckians who are not enrolled in Medicaid (Figure 3).

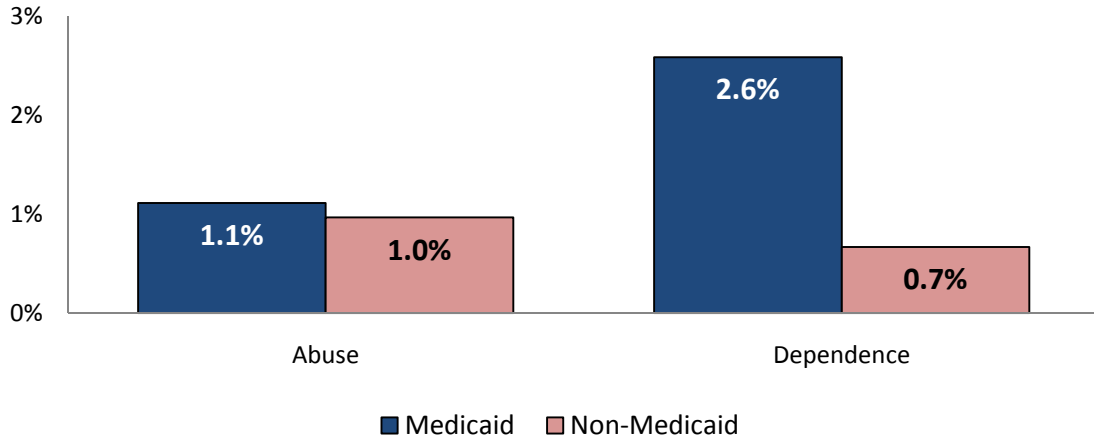
Figure 3: Past Year Alcohol Abuse and Dependence



Past Year Drug Abuse and Dependence – Adult Kentuckians who are current Medicaid recipients were just as likely to meet past year drug abuse criteria and almost four times

more likely to have met past year drug dependence criteria compared to adult Kentuckians who are not enrolled in Medicaid (Figure 4).

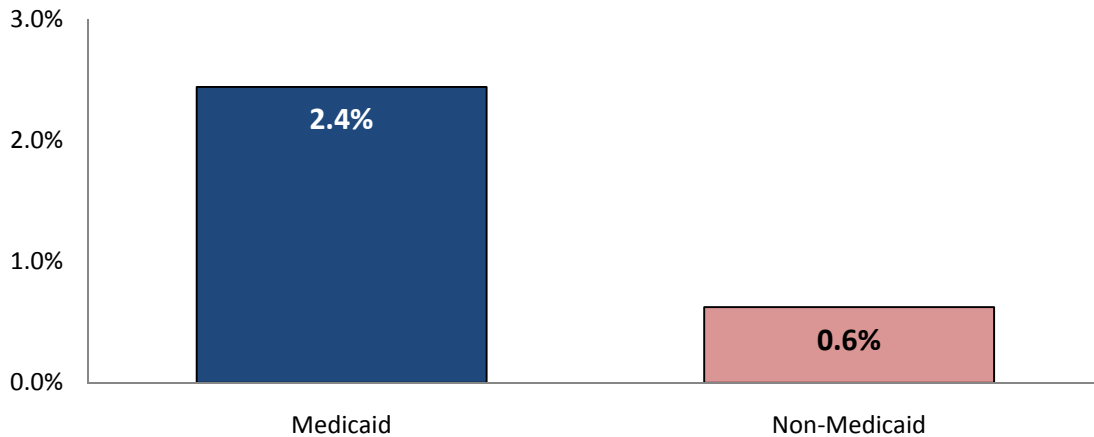
Figure 4: Past Year Drug Abuse and Dependence



TREATMENT NEED

Self-Reported Unmet Treatment Need – Adult Kentuckians who are current Medicaid recipients were four times more likely to report they needed but did not receive alcohol or drug abuse treatment compared to adult Kentuckians who are not enrolled in Medicaid (Figure 5).

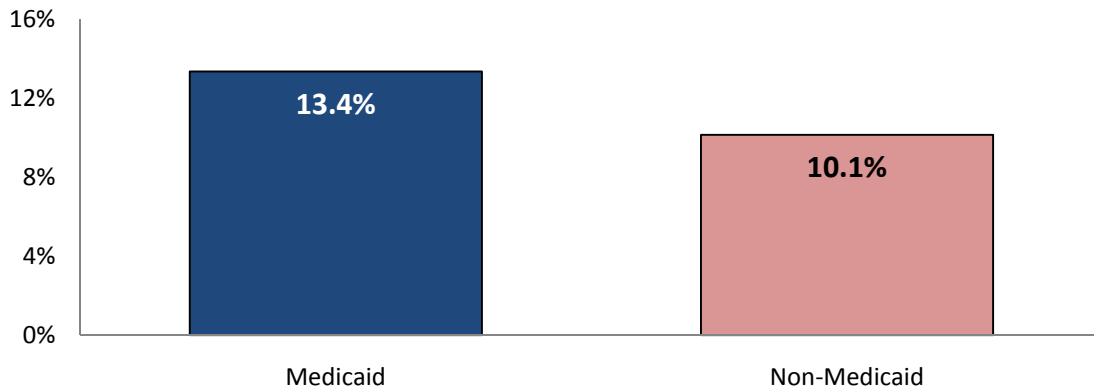
Figure 5: Self-reported Unmet Treatment Need



Current Treatment Need – Persons were considered in need of treatment if they self-reported needing but not receiving treatment, met past year alcohol or drug abuse or dependence criteria, used drugs or alcohol in the past 30 days and were currently pregnant, or engaged in risky behaviors in the past year due to drug or alcohol use. Adult

Kentuckians who are current Medicaid recipients were more likely to need alcohol or drug abuse treatment compared to adult Kentuckians who are not enrolled in Medicaid (Figure 6).

Figure 6: Current Treatment Need



SUMMARY

Adult Kentuckians, who are enrolled in Medicaid report higher rates of drug use, are more likely to be current daily drinkers, and have greater need for alcohol and drug treatment services compared to adult Kentuckians who are not enrolled in Medicaid. In relation to demographic characteristics, adult Kentuckians enrolled in Medicaid were no different than adults not enrolled in Medicaid in average age, gender, or race. Adult Kentuckians enrolled in Medicaid are a group that would likely benefit from an increased availability of drug and alcohol treatment services. A limitation of this study is the possibility that survey participants are not a representative sample of all adult Kentuckians on Medicaid.

Acknowledgements

This report was prepared by the University of Kentucky Center on Drug and Alcohol Research under contract from the Kentucky Cabinet for Health and Family Services, Department of Mental Health and Mental Retardation Services, Division of Mental Health and Substance Abuse. Contributors include Matthew Webster (Principal Investigator), Thomas Garrity (Co-Investigator), and David Clark (Study Director).

Electronic Access to Publications

This publication can be accessed electronically through:
<http://cdar.uky.edu/>