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Department of Social
& Health Services

Research & Data Analysis
Division



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Executive Summary: Findings From the 2003 Washington State Needs Assessment Household Survey

WASHINGTON STATE's Needs Assessment Household Survey project interviewed 6,713 adults to estimate the prevalence of substance use and the need for substance abuse treatment among adult household residents. The 2003 survey estimates update findings from a similar survey conducted 10 years ago. Detailed reports for each of Washington's 39 counties and supplemental tables are available separately. All reports can be accessed at: www1.dshs.wa.gov/rda/research/4/52 or at www1.dshs.wa.gov/dasal. Key findings from the 2003 survey are presented below.

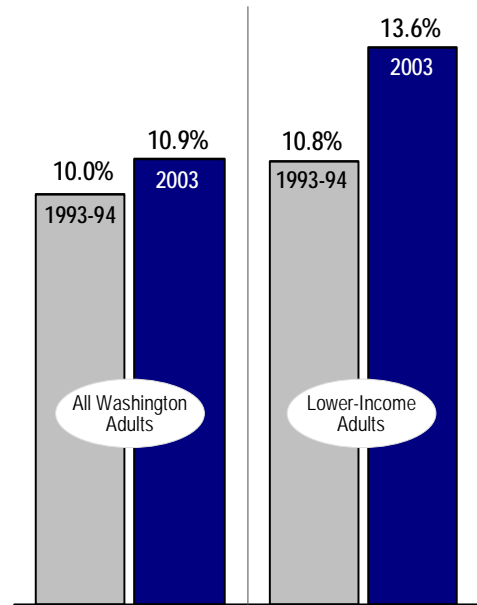
2003 SURVEY ESTIMATES

HIGHLIGHTS | Treatment Need and Treatment Penetration

Need for treatment has increased since 1993-94

- **One in ten adult household residents needs substance abuse treatment** (10.9 percent). A decade ago, the estimate was 10.0 percent.
- **Need for treatment has increased among lower-income adults.** In 2003, 13.6 percent of adults living at or below 200 percent of the federal poverty level need substance abuse treatment, compared to 10.8 percent of lower-income adults in 1993-94.
- **Need for treatment has increased among Hispanics** (12.6 percent) and **Asians** (4.9 percent) compared with 1993-94 rates (7.7 percent and 2.2 percent, respectively).

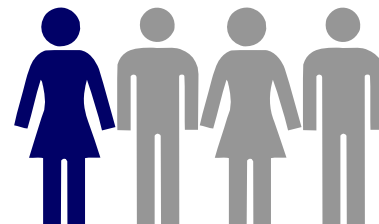
Need for Substance Abuse Treatment
TEN YEAR CHANGE



Most adults who need substance abuse treatment do not receive it

- **The 2003 treatment penetration rate among adults eligible for state-funded treatment is 26.2 percent.** That is, roughly 1 out of 4 adults eligible for DASA-funded treatment actually receives treatment.

One in Four Receives Treatment
WASHINGTON STATE, 2003



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The survey was carried out by the DSHS Division of Research & Data Analysis on behalf of DASA.

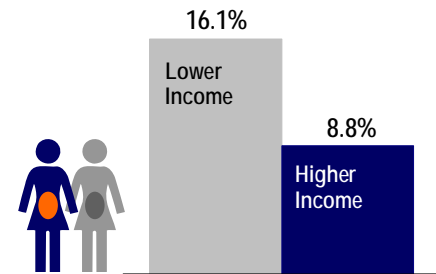
The full report, county reports, and supplemental tables are available at:
www1.dshs.wa.gov/rda/research/4/52/
www1.dshs.wa.gov/dasal/

HIGHLIGHTS | Pregnant Women and Substance Use

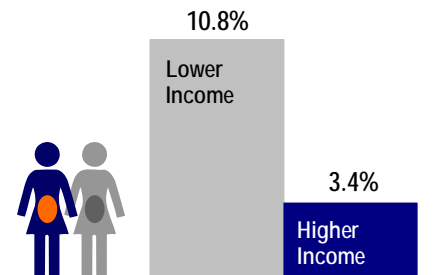
Lower-income pregnant women face greater risks

- **Lower-income pregnant women were twice as likely to use an illicit drug during the past year** (11.4 percent) compared to higher-income pregnant women (5.7 percent).
- **Lower-income pregnant women were twice as likely to drink alcohol in the past month** (16.1 percent) compared to higher-income pregnant women (8.8 percent).
- **Need for substance abuse treatment is three times as likely among lower-income pregnant women** (10.8 percent), compared to higher-income pregnant women (3.4 percent).
- **Lower-income pregnant women were more than twice as likely to smoke cigarettes during the past month** (24.7 percent) compared to higher-income pregnant women (11.9 percent).

Past Month Drinking by Pregnant Women
WASHINGTON STATE, 2003



Need for Treatment Among Pregnant Women
WASHINGTON STATE, 2003



HIGHLIGHTS | Need for Treatment Varies by Race/Ethnicity

- Compared to other racial and ethnic groups, **need for substance abuse treatment is highest among American Indian/Alaska Natives and multi-race adults** (15.8 percent and 16.2 percent, respectively). Need for treatment is lowest among Asians (4.9 percent).

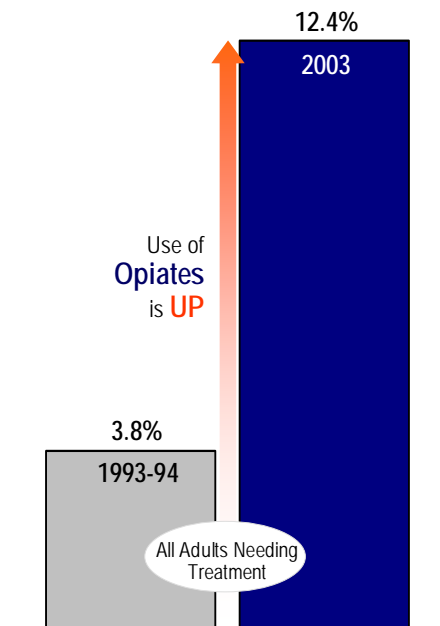
HIGHLIGHTS | Non-Heroin Opiate Use

Use of Non-Heroin Opiates Has Increased

Illicit use of non-heroin prescription opiates (e.g. Oxycontin) represents a growing problem:

- **Past year use of opiates other than heroin (2.0 percent) and sedatives (1.5 percent) has increased** from 1993-94 levels (0.5 percent and 0.6 percent, respectively).
- Among illicit drugs, **the prevalence of past year non-heroin opiate use trails only marijuana use** (7.4 percent).
- **Non-heroin opiate use is more common among lower-income adults** (3.0 percent) than higher-income adults (1.7 percent).
- **Adults who need treatment are now more likely to have used non-heroin opiates during the past year** (12.4 percent), compared to 1993-94 (3.8 percent).

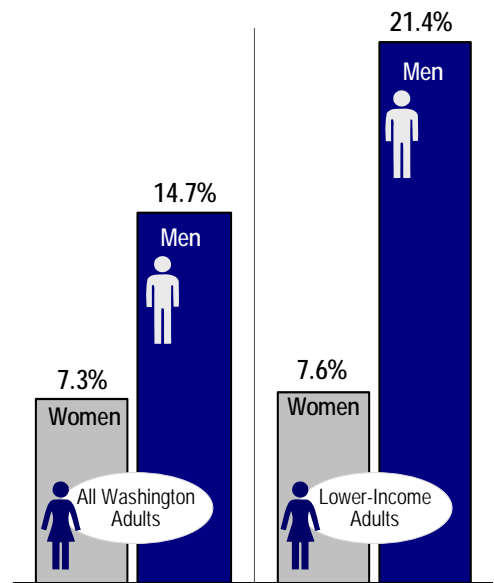
Illicit Use of Non-Heroin Opiates Among
Adults Who Need Treatment
WASHINGTON STATE, 2003



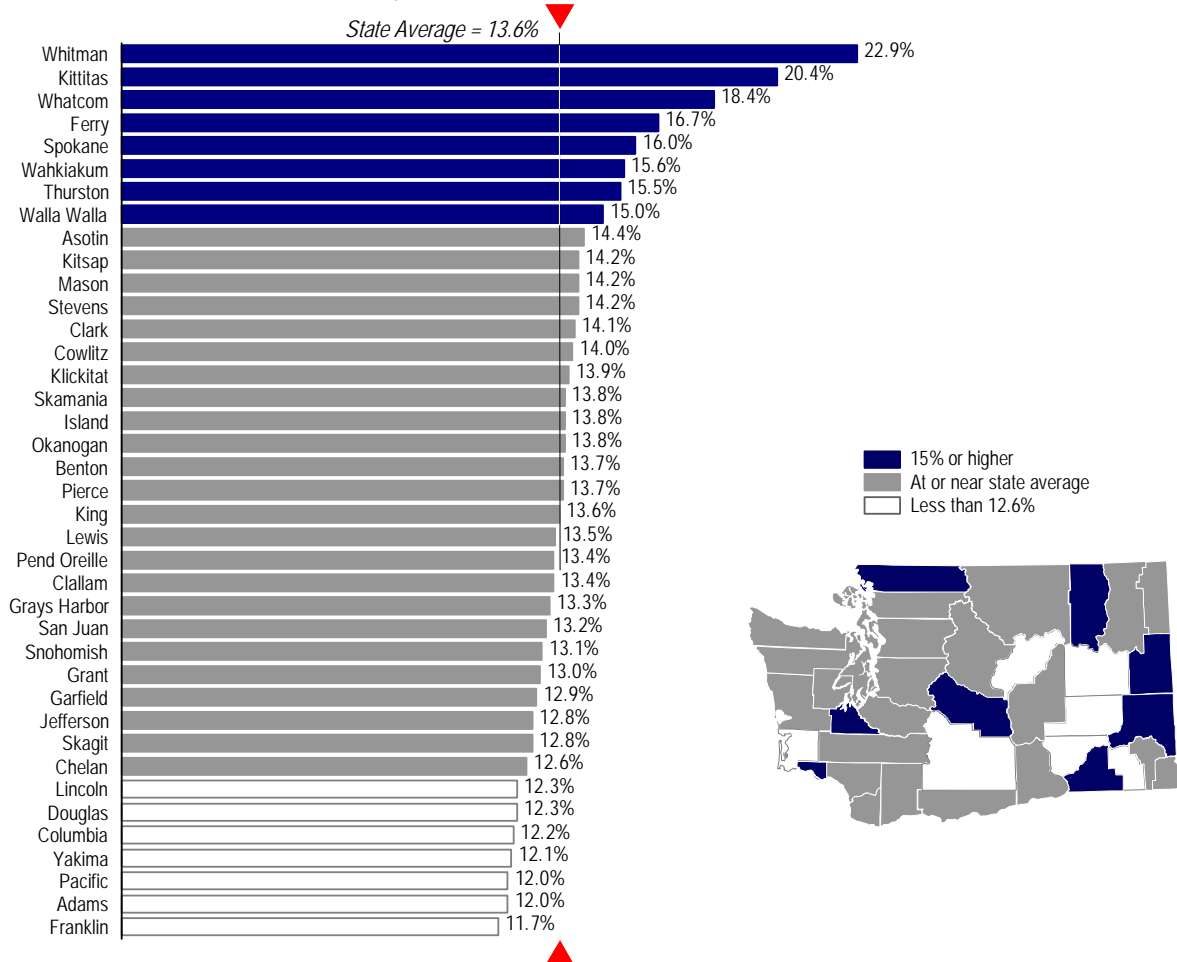
KEY FINDINGS | Need for Substance Abuse Treatment

- **Overall, men are twice as likely to need substance abuse treatment** (14.7 percent) compared to women (7.3 percent).
- **Among lower-income adults, men are nearly three times as likely to need substance abuse treatment** (21.4 percent) compared to lower-income women (7.6 percent).
- **Despite an overall increase in need for substance abuse treatment among lower-income adults, the relationship among counties has changed little over the past 10 years.** The correlation between 2003 and 1993-94 county need for treatment estimates is 91 percent.
- **Need for treatment is highest in Whitman (22.9 percent), Kittitas (20.4 percent), and Whatcom (18.4 percent) counties.** Need is higher in these counties because they have a relatively high proportion of young adults (each of the three counties is home to a major university) and need for treatment is higher among younger adults.
- **24 of 39 counties are within one percent of the state average (13.6 percent).**

Need for Treatment Higher Among Men
WASHINGTON STATE, 2003



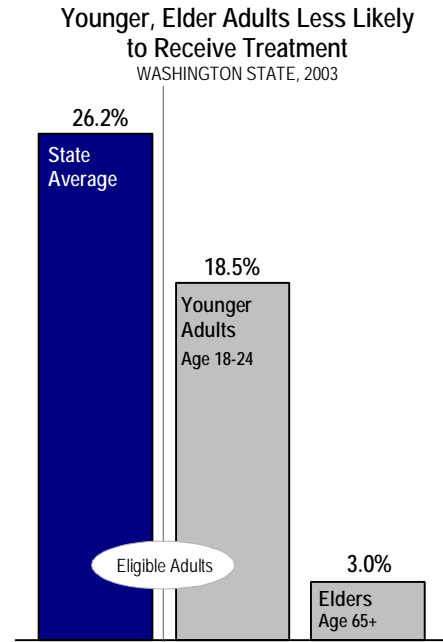
2003 County Need for Treatment Estimates – Lower-Income Adults



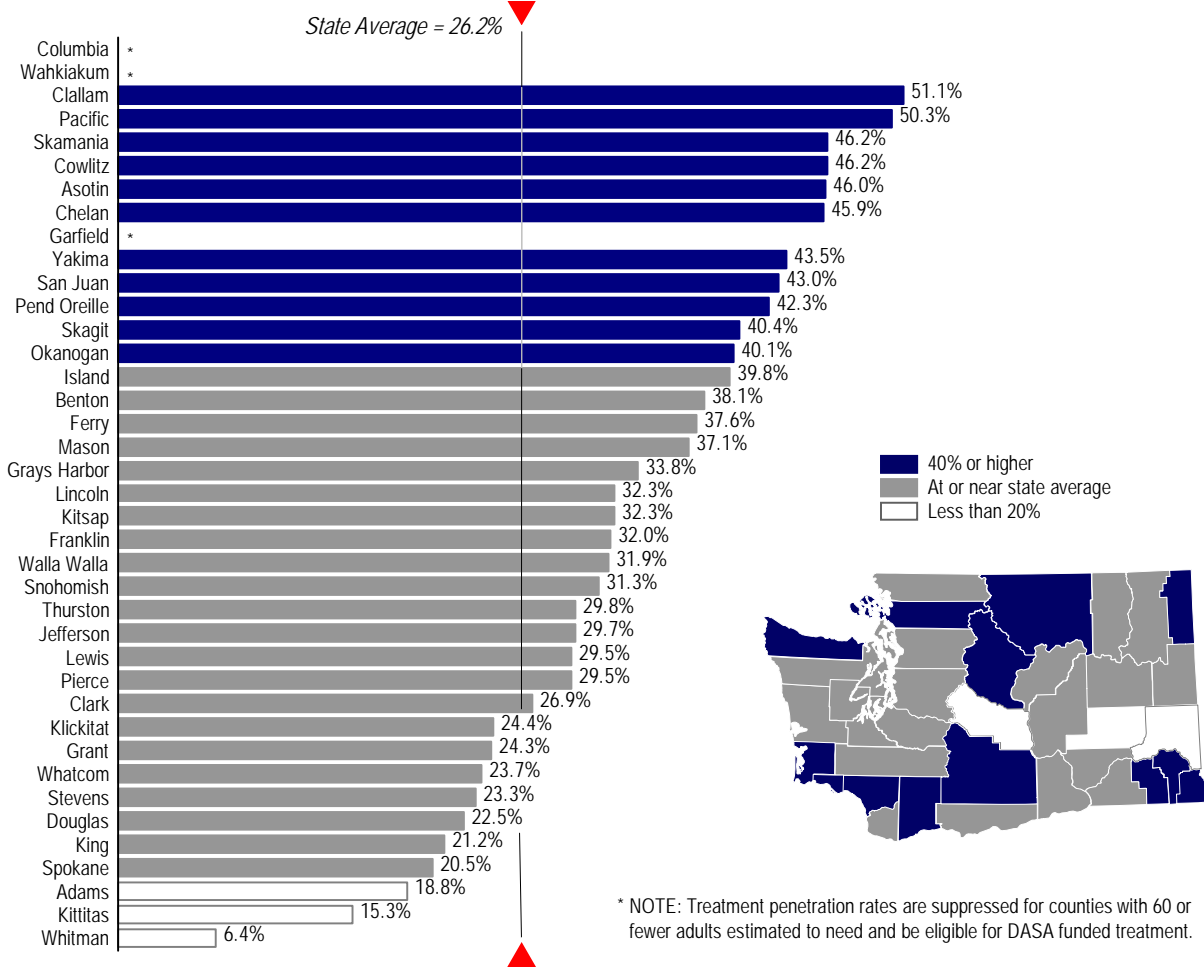
KEY FINDINGS | Treatment Penetration Rates

NOTE: Information from the Treatment and Assessment Report Generation Tool (TARGET) was used to estimate treatment penetration among lower-income adults eligible for DASA-funded treatment.

- **Treatment penetration varies considerably by age, with older adults least likely to receive needed treatment.** The treatment penetration rate among adults aged 65 and older is only 3 percent.
- **Treatment penetration is lower among Native Hawaiian or Other Pacific Islander adults (20.1 percent) and Asians (20.2 percent).** Penetration rates are higher for African Americans (36.8 percent) and American Indians or Alaska Natives (31.7 percent).
- **Higher-income adults who need treatment are less likely to receive treatment than lower-income adults.**



2003 County Treatment Penetration Estimates – Lower-Income Adults



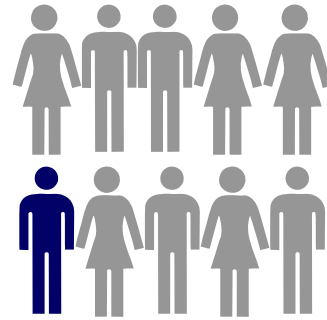
KEY FINDINGS | Illicit Drug Use

- **1 in 10 adults used an illicit substance during the past year** (9.6 percent). Marijuana (7.4 percent) and opiates other than heroin (2.0 percent) are the two most frequently used illicit drugs.
- **Nearly 1 in 4 adults aged 18 to 24 used an illicit substance during the past year** (23.8 percent).
- **Past year illicit drug use among Hispanics** (11.0 percent) increased to nearly twice the 1993-94 rate (5.6 percent).

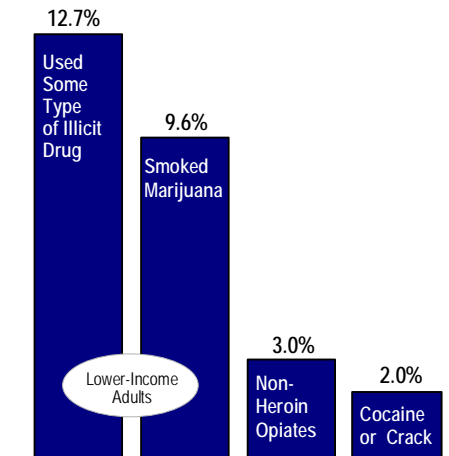
Illicit drug use is higher among lower-income adults

- **Past year use of any illicit drug is higher among lower-income adults** (12.7 percent), compared to higher income adults (8.7 percent). This is an increase over the 1993-94 estimate (10.1 percent).
- **Marijuana** (9.6 percent) **is the substance most commonly used by lower-income adults in the past year** followed by non-heroin opiates (3.0 percent) and cocaine (2.0 percent).
- Among lower-income adults, **American Indian and Alaska Natives** (16.5 percent) **and adults reporting two or more races** (22.9 percent) are most likely to have used an illicit drug during the past year. Asians (3.6 percent) are least likely to have used an illicit substance during the past year.

1 in 10 Used Illicit Drugs in Past Year
WASHINGTON STATE, 2003



Past Year Illicit Drug Use
Among Lower-Income Adults
WASHINGTON STATE, 2003



DEFINITIONS

Types of Illicit Drugs

Marijuana: Mixture of dried, shredded leaves, stems, seeds, and flowers of the hemp plant, *Cannabis sativa*. The primary psychoactive ingredient in marijuana is delta-9-tetrahydrocannabinol (THC).

Cocaine or Crack: A white crystalline powder, the principle alkaloid in the leaves of *Erythroxylon coca*. Cocaine is a powerful central nervous system stimulant. Crack is the freebase form of cocaine.

Stimulants: Increases alertness and physical activity – more widely used are methamphetamines and amphetamines, but methylphenidate (Ritalin) is also a concern. Cocaine is presented separately in this report.

Hallucinogens: Among the oldest known group of drugs used for their ability to alter human perception and mood. Hallucinogenic agents include mushrooms, LSD, Ecstasy (MDMA), PCP, Mescaline, and Peyote.

Heroin: A highly addictive opiate processed from morphine, derived from the resin of the poppy plant.

Non-Heroin Opiates: A broad class of drugs that includes morphine, codeine, and semi-synthetic derivatives of morphine – percodet, percodan, Demerol, methadone, Vicodin, and Oxycontin. *Presented separately from heroin in this report.*

Tranquilizer: A class of drugs that slows the central nervous system. The active chemical is some form of benzodiazepine or meperbamate. Common tranquilizers include Valium, Xanax, Rohypnol, and Librium.

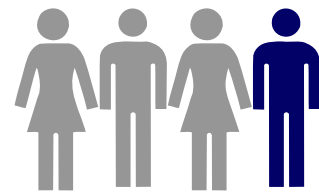
Sedatives: Depresses the central nervous system and may also have effects on cognitive and motor functions; includes barbiturates and methaqualone.

Inhalants: Refers to a diverse group of substances that includes volatile solvents, gases, and nitrites that are sniffed, snorted, huffed, or bagged to produce intoxicating effects.

KEY FINDINGS | Alcohol Use

- **Past year use of alcohol is more common among higher-income adults** (77.5 percent) compared to lower-income adults (58.4 percent).
- **3 out of 4 adults** (72.9 percent) **drank alcohol during the past year; 1 in 4** (25.9 percent) **adults engaged in binge drinking during the past year** (see box below). Lower-income adults were twice as likely to have engaged in “bender” drinking in their lifetime (10 percent vs. 5 percent).

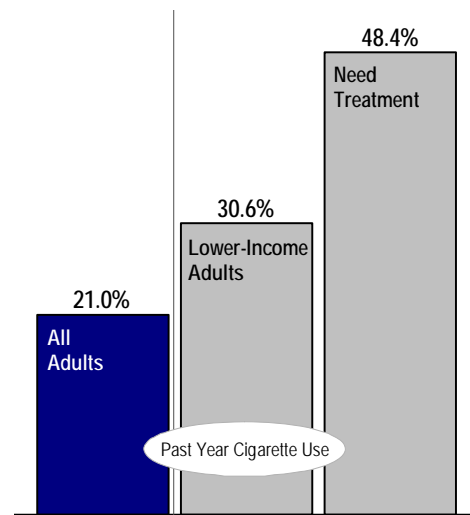
One in Four Binge Drank in Past Year
WASHINGTON STATE, 2003



KEY FINDINGS | Tobacco Use

- **1 out of 5 adults** (21.0 percent) **smoked cigarettes during the past year.**
- **Past year cigarette use is more common among lower-income adults** (30.6 percent), **compared to higher-income adults** (17.9 percent).
- **1 in 10 lower-income adults is a current “heavy smoker”** (9.4 percent). Heavy smokers smoked a pack of cigarettes or more per day during the past month.
- **Past year cigarette use is more common among American Indian and Alaska Natives** (41.2 percent) **and among multi-race adults** (33.2 percent). Past year cigarette use is lowest among Asians (12.5 percent).
- **Past-year cigarette smoking is more common among adults needing substance abuse treatment** (48.4 percent) compared to those who do not (17.6 percent).

Smoking Higher Among Low-Income Adults and Adults Needing Treatment
WASHINGTON STATE, 2003



What is a binge? What is a bender?

BINGE DRINKING – The term “binge drinking” refers to the consumption of five or more drinks on the same day for men or four or more drinks on the same day for women.

A standard “drink” is defined as:

- A shot of hard liquor
- A 5 ounce glass of wine
- A 12 ounce can of beer



The binge drinking definition is intended to measure the consumption of a sufficient amount of alcohol to place the drinker at increased risk of experiencing alcohol-related problems and to place others at risk of experiencing secondhand effects.

Gender-specific cut points are used to account for gender differences in problem levels of alcohol consumption. Research consistently demonstrates that women experience alcohol-related problems at lower drink levels than do men even after controlling for body mass differences. This measure is used extensively in population-based research including in the National Survey on Drug Use and Health (NSDUH).

BENDER DRINKING – The term “bender drinking” refers to a prolonged period of intoxication or excessive heavy drinking that can last for days or weeks.

Respondents who endorsed the following survey item were defined as engaging in bender drinking: “Have you ever gone on binges where you kept drinking for a couple of days or more without sobering up?”

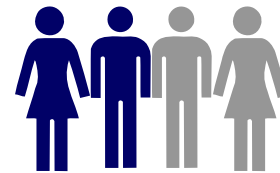
DEFINITIONS

KEY FINDINGS | Gambling

- **More than half of all adults** (54 percent) **gambled for money during the past year**. Higher-income adults are more likely to have gambled (57 percent) than lower-income adults (43 percent).
- **Problem or pathological gambling** (see box below) **is more than twice as common among adults needing substance abuse treatment** (2.5 percent) compared to the state average (1.2 percent).
- **Lower-income adults were more likely to have a pathological gambling symptom** (4.6 percent) compared to higher-income adults (3.7 percent).
- **Problem gambling varies by race**. For lower-income adults, American Indian and Alaska Natives (3.3 percent) and Native Hawaiian or Other Pacific Islanders (3.5 percent) were more likely to be problem or pathological gamblers. Asians (0.8 percent), Whites (1.0 percent), and Hispanics (1.1 percent) were less likely to be problem or pathological gamblers.

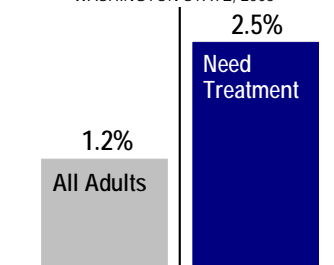
Half of All Adults Gambled for Money in the Past Year

WASHINGTON STATE, 2003



Problem and Pathological Gambling Higher Among Adults Who Need Treatment

WASHINGTON STATE, 2003



Who is a "Pathological" Gambler?

A **Pathological Gambler** is defined under the Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) as a person who exhibits persistent and recurrent maladaptive gambling behavior as indicated by **five (or more)** of the following:

- **Preoccupied with gambling**. Preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble.
- **Needs to gamble with increasing amounts of money** in order to achieve the desired excitement.
- **Repeated unsuccessful efforts to control, cut back, or stop gambling**.
- **Restless or irritable** when attempting to cut down or stop gambling.
- **Gambles as a way of escaping from problems** or of relieving a dysphoric mood. This may include feelings of helplessness, guilt, anxiety, or depression.
- **After losing money gambling, often returns another day** to get even ("chasing" one's losses).
- **Lies to family members, therapist, or others** to conceal the extent of involvement with gambling.
- **Has committed illegal acts** such as forgery, fraud, theft, or embezzlement to finance gambling.
- **Has jeopardized or lost a significant relationship, job, or educational or career opportunity** because of gambling.
- **Relies on others to provide money** to relieve a desperate financial situation caused by gambling.

Under DSM-IV, this gambling behavior is not better accounted for by a Manic Episode.

Measuring Problem Gambling

Definitions of "**at risk**," "**problem**," and "**pathological**" gambling are based on the DSM-IV.* These are the accepted standards by which substance use and gambling disorders are measured. WANAHS measured DSM-IV problem gambling symptoms using the National Opinion Research Center (NORC) DSM Screen for Gambling Problems (**NODS**). We use the following definitions:

AT RISK – Persons reporting **one or two** DSM-IV gambling symptoms are classified as gamblers "at-risk" of developing problem or pathological symptoms.

PROBLEM – Persons reporting **three or four** DSM-IV symptoms are classified as "problem" gamblers.

PATHOLOGICAL – Persons reporting **five or more** DSM-IV symptoms.

* Gerstein, D., et al. (1999). *Gambling impact and behavior study: Report to the national gambling impact study commission*. Chicago, IL: National Opinion Research Center at the University of Chicago.

DEFINITIONS

ABOUT THE SURVEY

The Department of Social and Health Services (DSHS), Division of Alcohol and Substance Abuse (DASA) received a federal grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment to conduct a statewide household survey to determine the need for substance abuse treatment among Washington adults. Data were collected from February 2003 through February 2004. The Research and Data Analysis Division (RDA) of DSHS conducted the project on behalf of DASA. Telephone interviews were performed by Washington State University's Social and Economic Sciences Research Center. The survey achieved a response rate of 50 percent and a cooperation rate of 69 percent. The sample was weighted to U. S. Census data to provide direct statewide estimates of substance use and the need for substance abuse treatment services.

Population Groups for Analysis

Overall prevalence estimates are provided for three primary populations of interest:

1. **All adult household residents: Household residents aged 18+, regardless of income**
2. **Adults above 200% FPL:** Household residents aged 18+ living above 200 percent of the federal poverty level
3. **Adults at or below 200% FPL:** Household residents aged 18+ living at or below 200 percent of the federal poverty level

In Washington State, 24 percent of adult household residents are at or below 200 percent of the federal poverty level.

Measures of Substance Use

The survey measured use of alcohol, tobacco, and illicit drugs. Measures of substance use include having: a) ever used a substance (lifetime use), b) used a substance in the past 12 months, and c) used a substance in the past 30 days.

Need for Treatment

The survey also assessed current need for alcohol or drug treatment. Respondents were classified as having a current need for treatment if they met any of the following four conditions:

1. Reported symptoms of lifetime Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) **alcohol or drug abuse or dependence**, reported at least one symptom in the past 12 months, and used alcohol or drugs in past 12 months. See pages 3-2 and 3-3 in the state report for a description of the DSM-IV substance abuse and dependence criteria.
2. **Received professional alcohol or drug treatment** (excluding detoxification) during the past 12 months.
3. Reported having a **problem with alcohol or drugs** and **used alcohol or drugs regularly** during the past 12 months. Regular alcohol use was defined as having 3 or more drinks at least one day per week. Regular drug use was defined as using marijuana 34 or more times in the past 12 months or as using other illicit drugs 8 or more times in the past 12 months.
4. Reported **heavy use of alcohol or drugs** during the past 12 months. Heavy alcohol use was defined as having 4 or more drinks per drinking day, 3 or more days per week during the past 12 months. Heavy drug use was defined as using any illicit substance 34 or more times during the past 12 months.

Most respondents (72 percent) were determined to need substance abuse treatment based on the first condition.

Measuring Treatment and Penetration Rates

To measure treatment use and estimate treatment penetration, the WANAHHS data are supplemented by data from DASA's Treatment and Assessment Report Generation Tool (TARGET), a database of services provided under DSHS funded programs. Clients used to calculate the treatment penetration rate were selected based on the following conditions:

1. Eligible treatment was limited to residential, outpatient, and methadone services. Clients who received detoxification or transitional housing services were not included.
2. Clients had to reside in a personal residence or a group/foster home. The homeless or institutionalized were not included in these client counts.
3. Treatment had to be funded by DASA. Clients who paid for services through private funds or had their treatment paid for by the Department of Corrections or non-DASA state funds were not counted.
4. Clients had to receive treatment services during the 2003 calendar year.

In addition, penetration rates are calculated only for lower-income adults who are estimated to be eligible for DASA-funded services. Clients eligible for DASA-funded services include adults at or below 200 percent of the federal poverty level who need substance abuse treatment and who do not have private health insurance, Basic Health Plan coverage, or military health insurance.

This represents a change from previous reports using 1993-94 household survey data. Previously, all adult household residents living at or below 200 percent of the federal poverty level who needed substance abuse treatment were included in the penetration rate calculation, regardless of their health insurance coverage status. The net result of this change is that the 2003 treatment penetration rate estimates will be higher than earlier estimates.