



Chapter 1

About the Survey

About the Washington State Needs Assessment Household Survey

The 2003 Washington State Needs Assessment Household Survey (WANAHS) interviewed 6,713 adult household residents about their substance use – including tobacco use, substance use disorders, drug or alcohol treatment experiences, and gambling behaviors.

The primary purpose of the WANAHS study was to update estimates of substance use and need for substance abuse treatment in Washington State. These estimates have broad applications for state and county policy and program planning. Since 1995, state and local policymakers have relied on estimates from the 1993-1994 adult household survey. These data have become outdated in the decade since they were collected given changes in demographics, drug use patterns, and economic trends.

The 2003 WANAHS survey provides estimates of:

- Prevalence of substance use
- Need for substance abuse treatment
- Proportion of those with identified treatment need who are receiving publicly funded substance abuse treatment services

The Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA) conducted the project on behalf of the DSHS Division of Alcohol and Substance Abuse (DASA). Surveys were conducted by telephone by the Washington State University Social and Economic Sciences Research Center (SESRC). The project was funded by a grant from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment to DASA.

Data Collection and Design

Telephone interviews were conducted from February 2003 through February 2004 by SESRC staff. Interviews were structured and computer assisted. A stratified sampling design was

implemented that included over sampling young adults, poorer persons and members of ethnic and racial minority groups. In addition to random digit dialing (RDD) methods, phone numbers were obtained from Food Stamps client lists, school lists, birth certificate records, and ethnic surname sampling of listed telephone numbers. The interview was offered in six languages: English, Spanish, Russian, Chinese, Korean, and Vietnamese. Responses were weighted to U.S. Census population counts to provide direct statewide estimates of substance use and the need for substance abuse treatment services.

Survey Response Rate

A number of techniques were used to increase survey response rates. An advance letter with a brief description of the survey and a one-dollar bill was sent to sampled households with available address information. SESRC attempted a minimum number of 20 callbacks until a final disposition was reached. Experienced interviewers made refusal-conversion attempts, except when respondents expressed a clear desire not to participate in the survey.

The 2003 survey obtained a response rate of 50 percent (proportion of eligible households completing an interview) and a cooperation rate of 69 percent (proportion of contacted eligible households completing an interview). The charts on the facing page describe response rates and data collection efforts in greater detail. The charts highlight the increased difficulty of conducting telephone interviews in 2003 compared to 1993. For example, the 2003 WANAHS survey required two and a half times the number of phone calls (340,791) to obtain a slightly smaller number of completed interviews, compared to the 1993-94 survey (136,215 phone calls).

ADDITIONAL INFORMATION

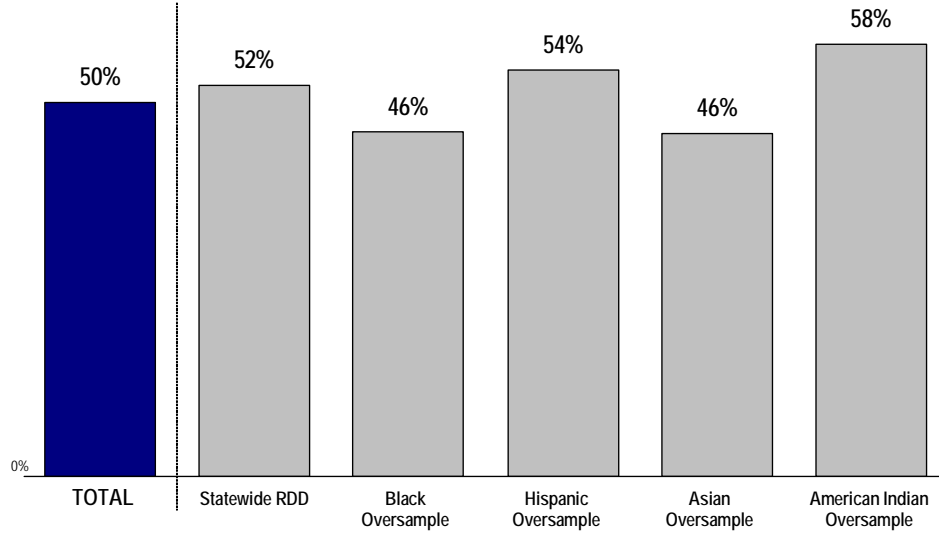
For more detail on the WANAHS study, including technical information on the research design and sampling methodology, please contact Research and Data Analysis at (360) 902-0707 or the Division of Alcohol and Substance Abuse at (360) 725-3700. Either agency may also be contacted via mail at:

Research and Data Analysis
 Department of Social and Health Services
 PO Box 45204
 Olympia, WA 98504-5204

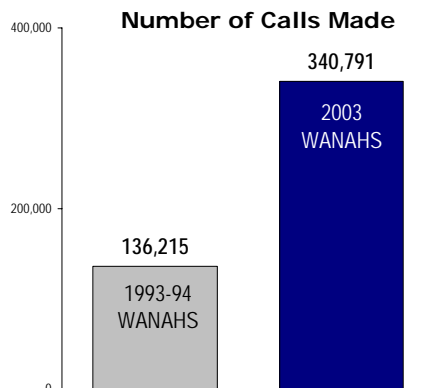
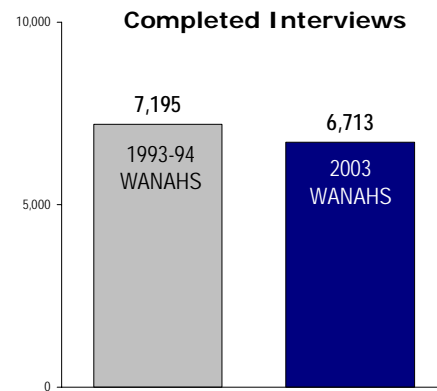
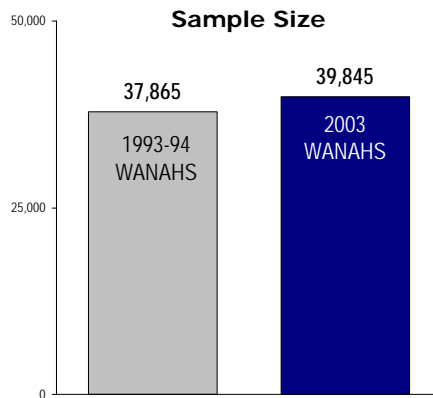
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RESPONSE RATES

2003 WANAHS Response Rates



Complete	6,713	2,304	1,543	1,037	799	1,030
Partial	151	41	52	23	20	15
Ineligible	6,339	806	2,992	557	971	1,013
Refusal	5,905	1,592	2,294	518	888	613
	<i>Based on . . .</i>	<i>RDD</i>	<i>Geographic RDD, Food Stamps, Birth Certificates</i>	<i>Surname</i>	<i>Surname, Food Stamps, Birth Certificates</i>	<i>Geographic RDD, Food Stamps, Birth Certificates, School Districts</i>



NOTES

- The Washington State University Social and Economic Sciences Research Center (SESRC) conducted interviews for both surveys.
- Although the number of completed interviews was similar between the two surveys, SESRC made two and a half times as many calls to complete the 2003 WANAHS.

Measures of Substance Use and Demographic Subgroups

This report provides prevalence estimates for nine classes of illicit drugs – marijuana, powder or crack cocaine, stimulants, hallucinogens, heroin, opiates other than heroin, sedatives, tranquilizers, and inhalants. The inclusion of tranquilizers and inhalants provides additional substance use detail not available in the 1993-94 survey data. Estimates of lifetime, past year, and past 30 day use are provided for each class of substance.

In addition to illicit substances, estimates of alcohol and tobacco use are provided. To focus on problem drinking, much of the discussion of alcohol focuses on “binge drinking” behavior.

We also provide estimates of current need for alcohol or drug treatment, participation in alcohol or drug treatment, and problem or pathological gambling. Identification of need for treatment is based primarily on the American Psychiatric Association’s Diagnostic and Statistical Manual, 4th edition (DSM-IV).

Poverty Subgroups

This report presents estimates for several population subgroups. Income level is of primary interest because of the role it plays in determining eligibility for state-funded treatment services. In general, we present prevalence estimates for three primary populations:

- **Total state population:** This includes all Washington State household residents age 18 or above. Homeless persons and persons residing in institutions (e.g. correctional facilities) are excluded from this population.
- **Adults above 200% FPL:** Adults living above 200 percent of federal poverty.
- **Adults at or below 200% FPL:** Adults living at or below 200 percent of federal poverty.

Race Classification Updated

The race groups used in this report are consistent with federal Office of Management and Budget guidelines. The main changes from the race categories used in the 1993-94 WANAHS are the separation of Asians and Native Hawaiian or other Pacific Islanders into separate race categories, and the addition of the 2+ race category for respondents who identified themselves as belonging to more than one race group.

Sub-analyses will also explore differences among Asian and Hispanic respondents based on primary language, and differences among American Indian or Alaska Native respondents based on reservation status.

DRUG DEFINITIONS

Marijuana: Marijuana is a mixture of the 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: Cocaine, a white crystalline powder, is the principle alkaloid in the leaves of *Erythroxylon coca*, a bush indigenous to the Andean region of South America. Cocaine is a powerful central nervous system stimulant. Crack is the freebase form of cocaine.

Stimulants: Stimulants serve to increase alertness and physical activity. The more widely used forms include amphetamine and methamphetamine. However, the abuse of methylphenidate (Ritalin) is also of concern. Although cocaine has stimulant properties, it is considered separately and is not included as a member of the class of stimulants presented in this report.

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

Heroin: Heroin is a highly addictive opiate processed from morphine. Heroin is derived from the resin of the poppy plant which grows predominantly in southeast and southwest Asia, Mexico, and now in Colombia.


Opiates Other Than Heroin: A broad class of drugs that includes morphine, codeine, and semi-synthetic derivatives of morphine – Percocet, Percodan, Demerol, methadone, Vicodin, and Oxycontin. Heroin is considered separately and is not included in the class of opiates in this report.

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

Sedatives: Sedatives depress the central nervous system and may also have mild effects on cognitive and motor functions. Sedatives are commonly taken as sleeping pills and referred to as “downers.” The most common forms include barbiturates and methaqualone.

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

Demographic Subgroups

ANNUAL HOUSEHOLD INCOME		DEFINITIONS
FAMILY SIZE		<p>Poverty status is determined based on income and size of household. The table on the left lists the household income level corresponding to 200 percent of the federal poverty level for different household sizes in 2002.</p> <p>For this report, 200 percent of the federal poverty level was used to approximate eligibility for publicly funded substance abuse treatment services.</p>
One	\$17,720	
Two	\$23,880	
Three	\$30,040	
Four	\$36,200	
Five	\$42,360	
Six	\$48,520	
Seven	\$54,680	
Eight	\$60,840	
<i>For each additional person, add:</i>		
	\$6,160	

SOURCE: Based on Federal Poverty Guidelines for 2002. See *Federal Register*, Vol. 67, No. 31, February 14, 2002, pp. 6931-6933.

Demographic Categories Used in Report		DEFINITIONS
<p>GENDER</p> <p>Men</p> <p>Women</p>	<p>MARITAL STATUS</p> <p>Married: Includes living with a partner.</p> <p>Divorced/Separated</p> <p>Widowed</p> <p>Never Married</p>	
<p>AGE</p> <p>18-24</p> <p>25-44</p> <p>45-64</p> <p>65+: Adults aged 65 years or older.</p>	<p>EDUCATION</p> <p>Less than High School: No H.S. diploma or GED</p> <p>High School: H.S. degree or GED AND no additional college or training</p> <p>Some College: H.S. degree or GED AND some college or occupational training AND no 4-year degree.</p> <p>College Graduate: 4-year degree or higher.</p>	
<p>RESIDENCE</p> <p>Urban: Urban counties were identified based on population density, percent of persons living in census defined urban places, and percent of persons employed in agriculture, forestry or fishing. King, Pierce, Snohomish, Kitsap, Clark, and Spokane Counties were classified as urban.</p> <p>Rural: All other counties.</p>	<p>EMPLOYMENT STATUS</p> <p>Unemployed: Not employed and in the labor force.</p> <p>Employed Part Time: Working less than 35 hours per week.</p> <p>NILF: Not In Labor Force respondents are retired, full-time homemakers, or full-time students.</p> <p>Employed Full Time: Working 35 or more hours per week or on active military duty.</p> <p>Disabled: Unable to work due to disability.</p>	
<p>RACE/ETHNICITY</p> <p>Hispanic: Hispanic origin, regardless of race.</p> <p>Black: All non-Hispanic persons indicating Black or African American.</p> <p>Asian: All non-Hispanic persons indicating Asian.</p> <p>Am Indian: All non-Hispanic persons indicating American Indian or Alaska Native.</p> <p>NHOPI: All non-Hispanic persons indicating Native Hawaiian or other Pacific Islander.</p> <p>White: All non-Hispanic persons indicating White. Also includes small proportion of persons indicating "Other" race.</p> <p>2+ Races: All non-Hispanic persons indicating two or more races.</p>	<p>HEALTH INSURANCE</p> <p>Not Insured: No health insurance coverage.</p> <p>Some Insurance: At least some medical expenses covered by health insurance. Coverage may be through an employer or union provided plan, a state or federal government health insurance program, or some other form of insurance.</p>	

Changes in Survey Methods Affect National Drug Use Estimates

This section compares national substance use estimates from the National Survey on Drug Use and Health (NSDUH, formerly the National Household Survey on Drug Abuse) with Washington State use rates obtained from the 1993-94 and 2003 WANAHS surveys. Comparisons between state and the national surveys indicate that WANAHS estimates tend to be similar to the national estimates prior to recent changes in the methods used in the national survey.

NSDUH Survey Procedures

The national survey methodology differs in several ways from the telephone survey methodology used in WANAHS. The national survey involves in-person interviews and computer-assisted interviewing (CAI), while the WANAHS surveys uses computer-assisted telephone interviewing (CATI). Beginning in 1999, the national survey procedures underwent several changes that had significant impacts on response rates and estimates of substance use.

First, in 1999 the CAI was altered to include an audio computer-assisted self-interviewing (ACASI) component to provide a more confidential setting to complete sensitive portions of the interview. The logic here was that the privacy of the ACASI would decrease social desirability pressures to underreport substance use.

Next, analyses conducted in conjunction with the 1999 survey revealed that interviews completed by newer field staff yielded higher prevalence rates than those completed by more experienced staff. As the Substance Abuse and Mental Health Services Administration (SAMHSA) reported, "Anecdotal evidence suggested that the newer interviewers were following the survey protocol more closely than the veteran staff.... ...[T]o address this problem, a series of changes in field

procedures were implemented during 2001, and they were institutionalized in the 2002 survey" (Substance Abuse and Mental Health Services Administration, 2003).

Finally, due to declining response rates, a \$30 incentive payment was offered to respondents beginning with the 2002 NSDUH. In 2001, a field experiment was conducted during the national survey to assess the costs and benefits of an incentive payment. Initial analyses of the experiment showed substantial improvement in response rates leading to lower data collection costs. Initial studies also found little impact on substance use prevalence rates.

However, SAMHSA later reported that the impact of the methodological improvements implemented in the 2002 NSDUH have contributed to an increase in prevalence rates: "The 2002 data are simply not comparable with data from previous surveys. With no other basis for explaining these and other results, it would appear this problem is a consequence of changes in the survey process" (Substance Abuse and Mental Health Services Administration, 2003).

Comparing WANAHS with National Rates

The 2003 WANAHS estimates of illicit substance use are not comparable to the 2003 national estimates. The 2003 WANAHS estimates are similar to national estimates obtained in the pre-2000 waves of the national survey, but are lower than the national estimates obtained following the recent changes in NSDUH survey methods. Estimates of past year and 30 day alcohol use from the 2003 WANAHS survey exceed the national estimates from the 2002 and 2003 NSDUH surveys (see charts on facing page).

WANAHHS ESTIMATES

ALL ADULTS

Past Year Substance Use

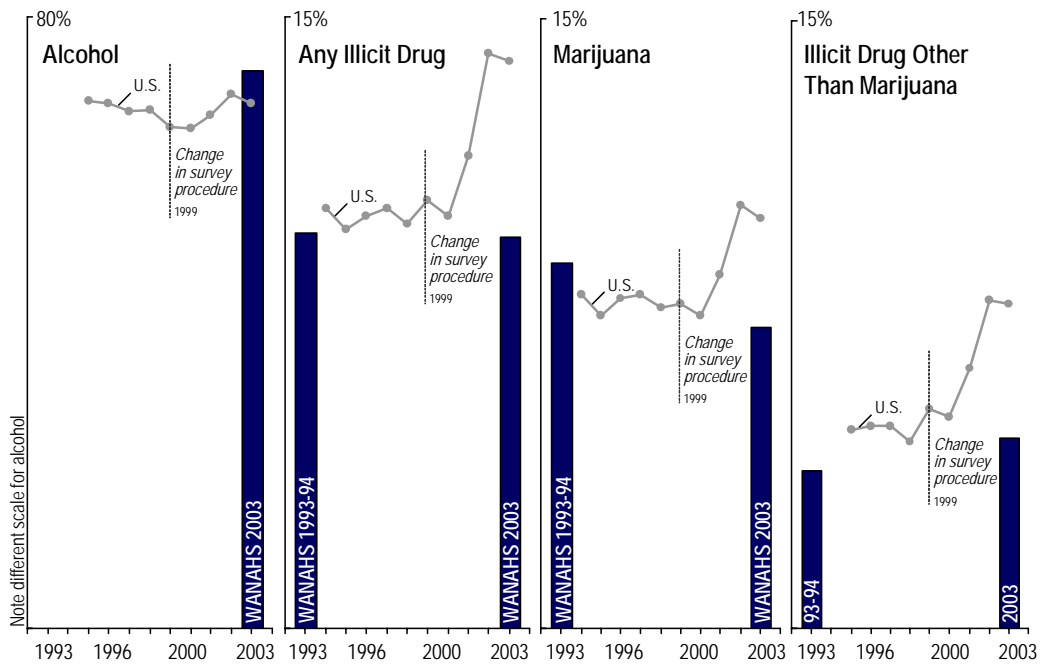
Comparisons With National Estimates



NEEDS ASSESSMENT

Washington State Household Residents Age 18+

Substance Use in Past Year



ALL ADULTS

30 Day Substance Use

Comparisons With National Estimates



NEEDS ASSESSMENT

Washington State Household Residents Age 18+

Substance Use in Past 30 Days

