
**Chapter 3**

# Current Need for Treatment in Washington State

# Defining Need for Treatment

This chapter provides estimates of the current need for substance abuse treatment in Washington State. First, we describe our definition of current need for substance abuse treatment. Next, we provide estimates of need for treatment among different demographic groups. Where possible, we compare estimates from the 2003 survey with estimates from the 1993-94 survey, and indicate which changes over time are statistically significant.

Respondents were classified as needing alcohol or other drug (AOD) treatment in the past year if they met one or more of the following conditions:

1. Reported lifetime **DSM-IV alcohol or drug abuse or dependence symptoms**, reported at least one symptom in the past 12 months, and used alcohol or drugs in past 12 months. See the text boxe on the facing page for more detail about the DSM-IV 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 reported **using 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 drugs or alcohol** during the past 12 months. Heavy alcohol use is defined as 4 or more drinks per drinking day, 3 or more days per week during the past 12 months. Heavy drug use is defined as using any illicit substance 34 or more times during the past 12 months.

These criteria were identical to those used in previous analyses of the 1993-94 survey data, with two notable modifications. First, DSM-III-R criteria were used in the previous survey. Second, a 12-month time frame for symptoms and substance use was used in the 2003 survey, instead of the 18-month time frame used in the 1993-94 survey.

Most respondents identified to have a current need for AOD treatment met the condition based on the DSM-IV abuse and dependence criteria.

**DEFINITIONS**

## DSM-IV Criteria for Substance Abuse

**DSM** is short for the "Diagnostic and Statistical Manual of Mental Disorders" – the guide used by medical practitioners, psychologists, and social workers to classify most mental disorders.

Over the years the DSM criteria have been updated several times. This study uses diagnostic criteria described in the fourth version, and these guidelines are commonly referred to as simply the **DSM-IV Criteria**.

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**Substance abuse** is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:

1. Recurrent substance use resulting in a **failure to fulfill major role obligations at work, school, or home;** examples are repeated absences or poor work performance related to substance use, substance-related absences, suspensions, expulsions from school, and neglect of children or household
2. **Recurrent substance use in situations in which it is physically hazardous**, for example driving an automobile or operating a machine when impaired by substance use
3. **Recurrent substance-related legal problems**, such as arrests for substance-related disorderly conduct
4. **Continued substance use despite having persistent or recurrent social or interpersonal problems** caused or exacerbated by the effects of the substance; this may include arguments with spouse about consequences of intoxication, physical fights

The symptoms have never met the criteria for Substance Dependence for this class of substance.

## DSM-IV Criteria for Substance Dependence

The DSM-IV defines **substance dependence** as a maladaptive pattern of substance abuse, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

1. **Tolerance**, as defined by a need for markedly increased amounts of the substance to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount of the substance
2. **Withdrawal**, as manifested by the characteristic withdrawal syndrome for the substance, or the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
3. The substance is often taken in **larger amounts** or over a l**onger period** than was intended
4. **Persistent desire** or **unsuccessful efforts to cut down or control** substance use
5. A great deal of **time is spent in activities necessary to obtain the substance** (e.g., visiting multiple doctors or driving long distances), **use the substance** (e.g., chain-smoking), or **recover from its effects**
6. Important **social, occupational, or recreational activities are given up or reduced** because of substance use
7. The substance **use is continued despite knowledge of having a persistent or recurrent physical or psychological problem** that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption)

# Need For Treatment Higher Among Males, Younger Adults

This section describes the prevalence of current need for substance abuse treatment by gender, age, and residence. First, 2003 rates are compared with 1993-94 need for treatment estimates. Next, variations in 2003 estimates are discussed.

### Ten-Year Comparison

The overall rate of current need for treatment increased slightly from 10.0 percent in 1993-94 to 10.9 percent in 2003. This increase is driven by an increase in the need for treatment among adults living at or below 200 percent of the federal poverty level (from 10.8 to 13.6 percent).

Some 2003 need for treatment estimates were significantly different from 1993-94 rates when age and residence are examined. Need for treatment nearly doubled from 1993-94 levels among adults aged 45 to 64 years, rising from 4.0 percent to 7.8 percent. This change was driven largely by adults above 200 percent of the federal poverty level where need for treatment increased from 2.9 percent to 7.4 percent. In 1993-94 few (less than 0.1 percent) adults aged 65 years and older living at or below 200 percent of the poverty level needed treatment; however, in 2003 this rate had risen significantly to 3.1 percent. Last, need for treatment increased significantly among rural adults living at or below 200 percent of the federal poverty level.

### 2003 Survey Estimates

The charts on the facing page present 2003 need for treatment prevalence rates. These charts show that males, regardless of poverty status, are more likely to need treatment than are females. This gender difference is particularly evident among adults at or below 200 percent of the federal poverty level where males are nearly three times as likely to need treatment (21.4 percent) than are females (7.6 percent).

A strong association exists between need for treatment and age, with the rate of need for treatment being much greater among younger adults. This pattern holds for both higher and lower-income adults.

Need for treatment is somewhat higher among adults residing in urban counties than among those residing in rural counties.

These variations in need for treatment closely parallel variations in rates of any illicit drug use as described in the charts on page 2-21.

**TEN-YEAR COMPARISON**

## Current Need For Alcohol or Drug Treatment (Past 12 Months): 1993-94 to 2003 Change

**ALL ADULT HOUSEHOLD RESIDENTS**

| | WASHINGTON TOTAL | Gender | | Age | | | | Residence | |
|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | 18-24 yrs | 25-44 yrs | 45-64 yrs | 65+ yrs | Rural | Urban |
| 2003 | 10.9% | 14.7% | 7.3% | 22.6% | 13.5% | 7.8% | 1.8% | 9.9% | 11.7% |
| 1993-94 | 10.0% | 14.2% | 5.9% | 27.2% | 11.4% | 4.0% | 3.4% | 8.7% | 10.5% |
| Difference | +0.9% | +0.5% | +1.4% | (–4.6%) | +2.1% | +3.8% | (-1.6%) | +1.2% | +1.2% |

**ADULTS ABOVE 200% FPL**

| | WASHINGTON TOTAL | Gender | | Age | | | | Residence | |
|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | 18-24 yrs | 25-44 yrs | 45-64 yrs | 65+ yrs | Rural | Urban |
| 2003 | 10.0% | 12.8% | 7.1% | 20.6% | 13.3% | 7.4% | 1.2% | 8.9% | 10.9% |
| 1993-94 | 9.7% | 13.4% | 5.9% | 28.3% | 11.6% | 2.9% | 5.1% | 9.2% | 9.8% |
| Difference | +0.3% | (–0.6%) | +1.2% | (–7.7%) | +1.7% | +4.5% | (-3.9%) | (- 0.3%) | +1.1% |

**ADULTS AT OR BELOW 200% FPL**

| | WASHINGTON TOTAL | Gender | | Age | | | | Residence | |
|---|---|---|---|---|---|---|---|---|---|
| | | Male | Female | 18-24 yrs | 25-44 yrs | 45-64 yrs | 65+ yrs | Rural | Urban |
| 2003 | 13.6% | 21.4% | 7.6% | 25.4% | 14.1% | 9.8% | 3.1% | 12.7% | 14.5% |
| 1993-94 | 10.8% | 16.9% | 6.1% | 25.2% | 10.9% | 9.5% | 0.0% | 7.6% | 13.0% |
| Difference | +2.8% | +4.5% | +1.5% | +0.2% | +3.2% | +0.3% | +3.1% | +5.1% | +1.5% |

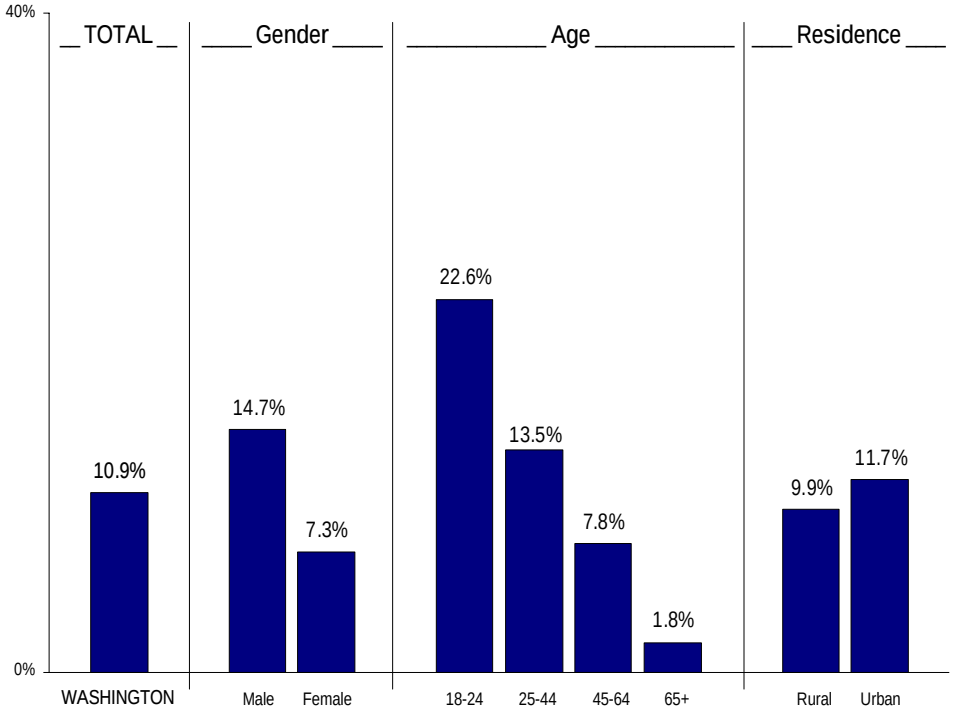
**Bold type** indicates statistical significance at p <.05

## ALL ADULTS

**Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 18+



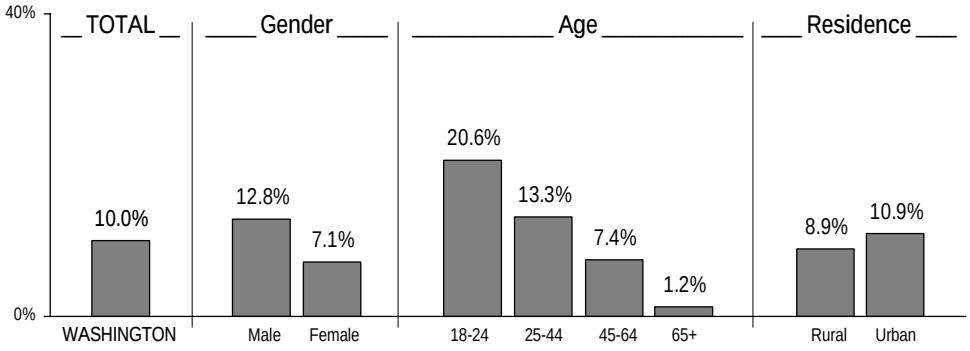

## By Income

Household Income

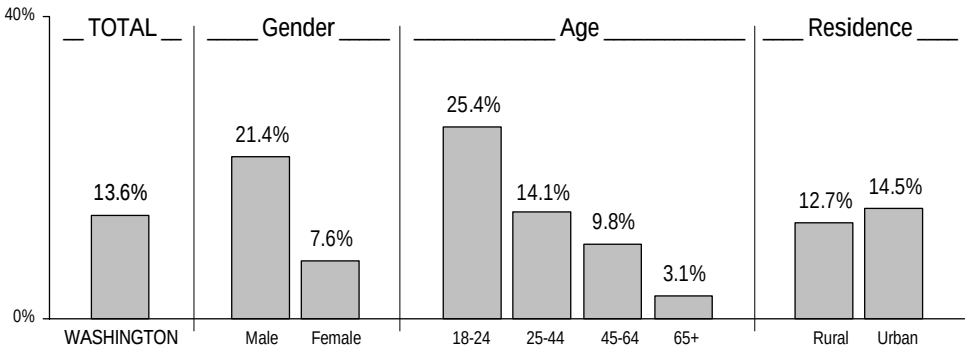
ABOVE 200% Poverty

AT OR BELOW 200% Poverty

### Adults Above 200% FPL




### Adults At Or Below 200% FPL



# Need For Treatment Increasing Among Hispanics and Asians

This section describes the prevalence of current need for treatment among racial and ethnic groups. First, 2003 rates are compared to 1993-94 estimates. Next, variations in 2003 rates are discussed.

### Ten-Year Comparison

In 2003, a significantly higher percentage of Asians needed drug or alcohol treatment (4.9 percent), compared to 10 years ago (2.2 percent). The increase was particularly significant among Asians above 200 percent of the federal poverty level.

Need for treatment also increased significantly among Hispanics, rising from 7.7 percent in 1993-94 to 12.6 percent in 2003. The increase in need for treatment was statistically significant for both higher-income and lower-income Hispanics. No statistically significant changes were found for other racial groups.

For both Asians and Hispanics, this increase in need for treatment mirrors the increase in any illicit drug use described on page 2-22 of this report.

### 2003 Survey Estimates

The charts on the facing page present 2003 estimates of the prevalence of current need for treatment by racial and ethnic groups.

Need for treatment is highest among American Indian or Alaska Natives (15.8 percent) and multiracial adults (16.2 percent). This is particularly evident among lower-income adults, with 22 percent of American Indian or Alaska Natives and multiracial adults estimated to have a current need for substance abuse treatment.

Need for treatment is considerably lower among Asians (4.9 percent), compared to other racial and ethnic groups.

Variations in need for treatment by race/ethnicity parallel differences in rates of substance use as described in the charts on page 2-23.

**TEN-YEAR COMPARISON**

## Current Need For Alcohol or Drug Treatment (Past 12 Months): 1993-94 to 2003 Change

**ALL ADULT HOUSEHOLD RESIDENTS**

| | WASHINGTON TOTAL | Race/Ethnicity | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | White | Black | Asian | American Indian | NHOPI* | 2+ Races | Hispanic |
| 2003 | 10.9% | 10.9% | 10.4% | 4.9% | 15.8% | 13.7% | 16.2% | 12.6% |
| 1993-94 | 10.0% | 10.5% | 7.5% | 2.2% | 16.8% | N/A | N/A | 7.7% |
| Difference | +0.9% | +0.4% | +2.9% | +2.7% | (-1.0%) | N/A | N/A | +4.9% |

**ADULTS ABOVE 200% FPL**

| | WASHINGTON TOTAL | Race/Ethnicity | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | White | Black | Asian | American Indian | NHOPI* | 2+ Races | Hispanic |
| 2003 | 10.0% | 10.0% | 9.8% | 5.4% | 11.2% | 13.7% | 13.4% | 14.3% |
| 1993-94 | 9.7% | 10.0% | 7.7% | 2.1% | 13.8% | N/A | N/A | 10.0% |
| Difference | +0.3% | +0.0% | +2.1% | +3.3% | (-2.6%) | N/A | N/A | +4.3% |

**ADULTS AT OR BELOW 200% FPL**

| | WASHINGTON TOTAL | Race/Ethnicity | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | White | Black | Asian | American Indian | NHOPI* | 2+ Races | Hispanic |
| 2003 | 13.6% | 14.7% | 11.6% | 3.8% | 22.1% | 13.8% | 21.9% | 11.3% |
| 1993-94 | 10.8% | 11.9% | 7.1% | 2.5% | 20.1% | N/A | N/A | 5.6% |
| Difference | +2.8% | +2.8% | +4.5% | +1.3% | +2.0% | N/A | N/A | +5.7% |

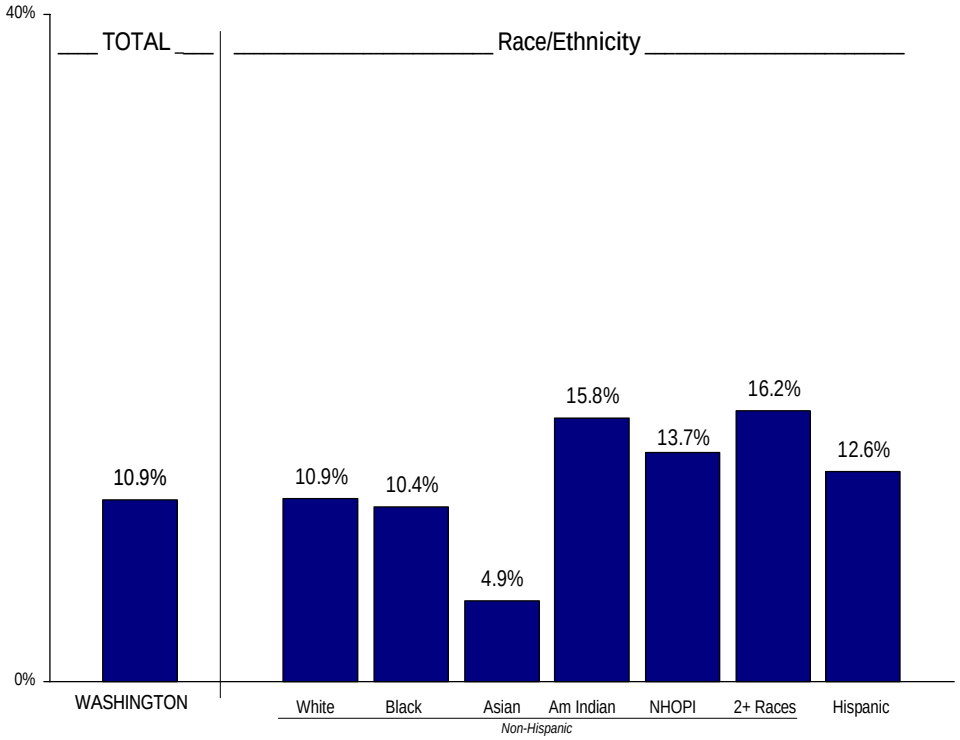
**Bold type** indicates statistical significance at $p < .05$ *The 1993-94 survey did not separately identify Native Hawaiian or other Pacific Islanders, instead they were included with Asians.

## ALL ADULTS

**Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 18+



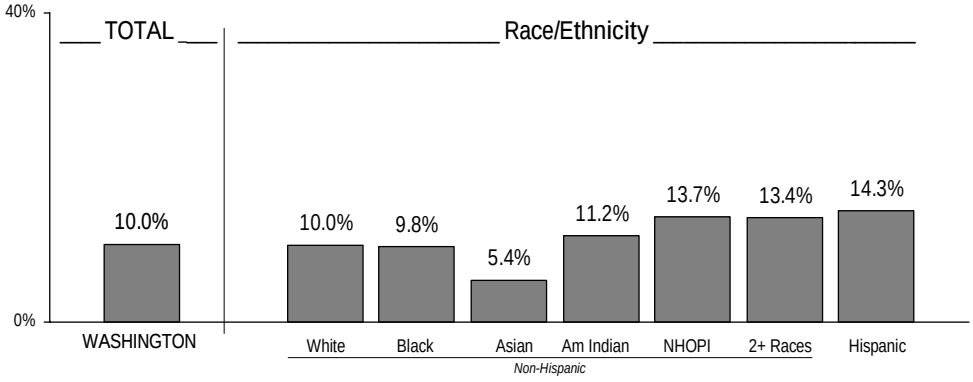

## By Income

Household Income

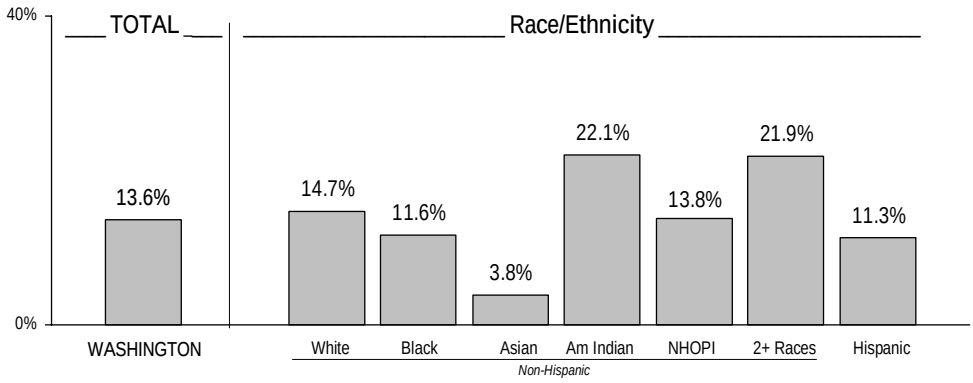
ABOVE 200% Poverty

AT OR BELOW 200% Poverty

### Adults Above 200% FPL




### Adults At Or Below 200% FPL



# Need For Treatment By Marital Status And Education

This section describes the prevalence of current need for treatment by marital status and level of education. First, 2003 rates are compared with 1993-94 estimates. Next, variations in 2003 estimates are described.

### Ten-Year Comparison

As indicated in the table below, few significant changes were found between 1993-94 and 2003 among the marital and education categories examined. The only statistically significant change found was among adults at or below 200 percent of the federal poverty level that had less than a high school education. Here, need for treatment increased significantly from 5.7 percent in 1993-94 to 10.9 percent in 2003.

### 2003 Survey Estimates

The charts on the facing page present 2003 prevalence rates of current need for treatment by marital status and level of education.

Current need for treatment varied widely by marital status. Need for treatment was highest among adults that were never married (21.5 percent) and lowest among adults that were widowed (3.9 percent). These differences largely reflect underlying age differences.

The prevalence of need for treatment among married adults (8.0 percent) was somewhat higher than among widowed adults. The prevalence of need for treatment among divorced or separated adults (11.2 percent) was higher yet.

Little difference in need for treatment was found by level of education. Need for treatment was lower among college graduates (8.1 percent), but other levels of education were all within a percentage point of each other.

Among adults living at or below 200 percent of the federal poverty level, having some college education was associated with a higher level of need for treatment (17.0 percent).

**TEN-YEAR COMPARISON**

## Current Need For Alcohol or Drug Treatment (Past 12 Months): 1993-94 to 2003 Change

**ALL ADULT HOUSEHOLD RESIDENTS**

| | | Marital Status | | | | Education | | | |
|---|---|---|---|---|---|---|---|---|---|
| | WASHINGTON TOTAL | Married | Divorced | Widowed | Never Married | Less Than High School | High School | Some College | College Graduate |
| 2003 | 10.9% | 8.0% | 11.2% | 3.9% | 21.5% | 11.5% | 12.5% | 12.4% | 8.1% |
| 1993-94 | 10.0% | 6.0% | 17.2% | 1.0% | 22.0% | 10.2% | 10.5% | 11.2% | 7.4% |
| Difference | +0.9% | +2.0% | (-6.0%) | +2.9% | (-0.5%) | +1.3% | +2.0% | +1.2% | +0.7% |

**ADULTS ABOVE 200% FPL**

| | | Marital Status | | | | Education | | | |
|---|---|---|---|---|---|---|---|---|---|
| | WASHINGTON TOTAL | Married | Divorced | Widowed | Never Married | Less Than High School | High School | Some College | College Graduate |
| 2003 | 10.0% | 7.6% | 11.3% | 4.2% | 19.6% | 12.4% | 12.5% | 10.9% | 7.8% |
| 1993-94 | 9.7% | 5.6% | 17.8% | 0.8% | 22.5% | 16.4% | 9.7% | 10.9% | 6.9% |
| Difference | +0.3% | +2.0% | (-6.5%) | +3.4% | (-2.9%) | (-4.0%) | +2.8% | +0.0% | +0.9% |

**ADULTS AT OR BELOW 200% FPL**

| | | Marital Status | | | | Education | | | |
|---|---|---|---|---|---|---|---|---|---|
| | WASHINGTON TOTAL | Married | Divorced | Widowed | Never Married | Less Than High School | High School | Some College | College Graduate |
| 2003 | 13.6% | 9.9% | 10.9% | 3.6% | 25.2% | 10.9% | 12.5% | 17.0% | 10.6% |
| 1993-94 | 10.8% | 7.4% | 15.4% | 1.3% | 20.9% | 5.7% | 12.3% | 12.1% | 11.3% |
| Difference | +2.8% | +2.5% | (-4.5%) | +2.3% | +4.3% | +5.2% | +0.2% | +4.9% | (-0.7%) |

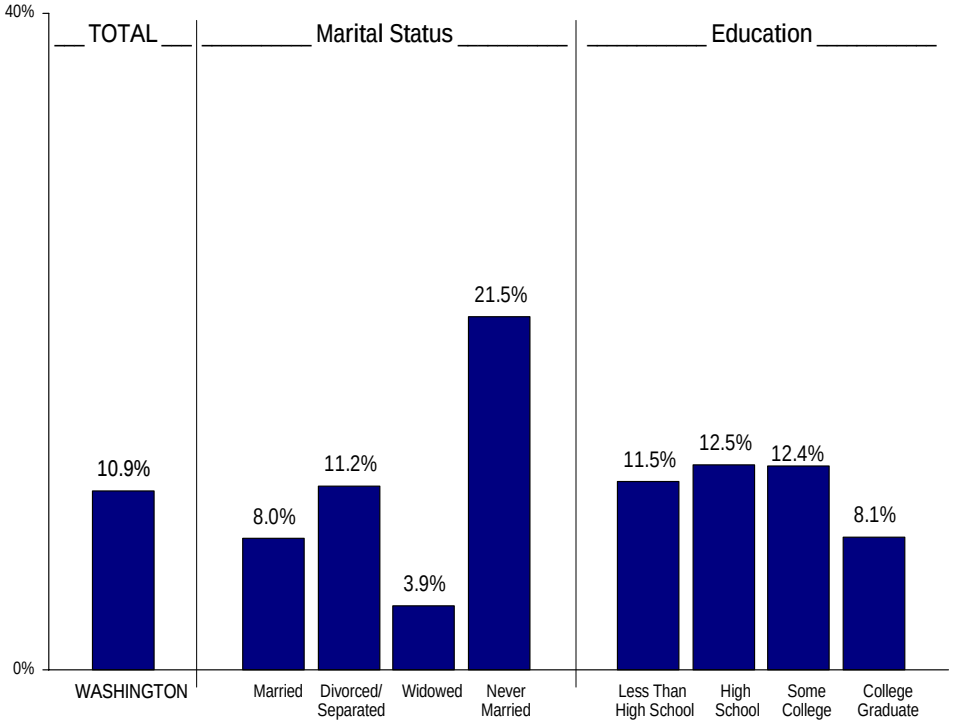
**Bold type** indicates statistical significance at $p < .05$

**ALL ADULTS**

**Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 18+




**By Income**

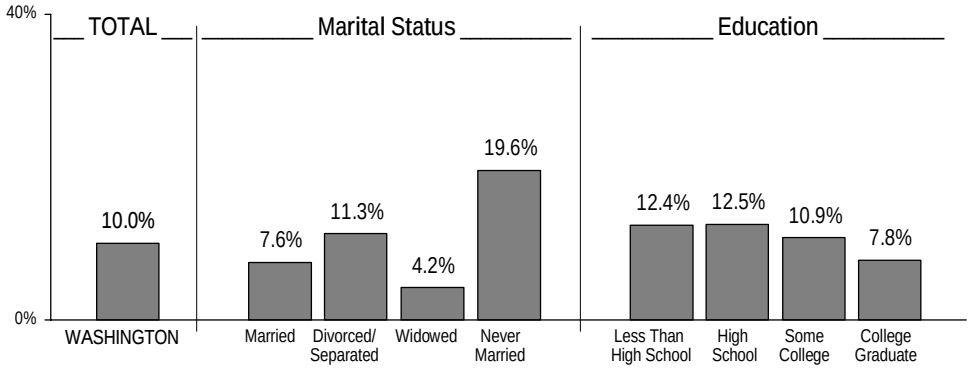
Household Income

ABOVE

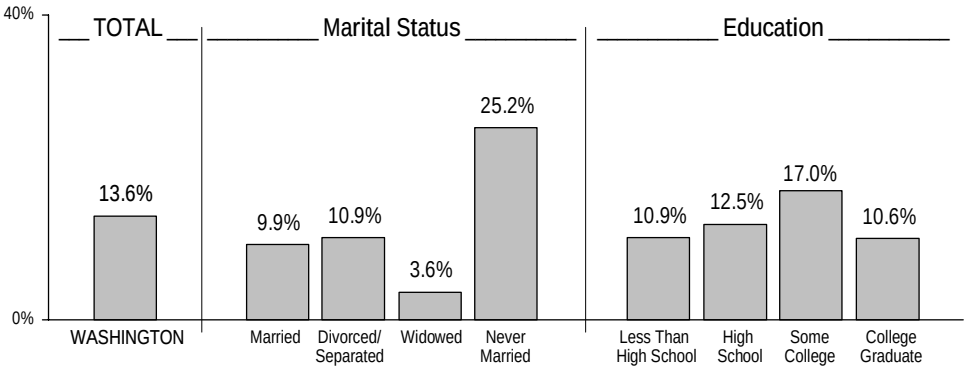
**200% Poverty**

AT OR BELOW

**Adults Above 200% FPL**




**Adults At Or Below 200% FPL**



# Need For Treatment Higher Among The Uninsured

This section describes the prevalence of current need for substance abuse treatment by employment and health insurance status. First, 2003 estimates are compared with 1993-94 estimates. Next, variations in 2003 estimates are described.

### Ten-Year Comparison

As reported in the table below, need for treatment increased significantly among adults employed part-time. In this group, the estimated rate of need for treatment nearly doubled from 6.8 percent in 1993-94 to 13.0 percent. The increase was largest among adults at or below 200 percent of the federal poverty level.

Need for treatment also increased significantly among adults at or below 200 percent of the federal poverty level who had health insurance. Here, the rate rose from 8.0 percent in 1993-94 to 12.1 percent in 2003. Estimated need for treatment also increased among higher-income adults who are uninsured (from 14.1 to 21.3 percent), although this change was not statistically significant.

### 2003 Survey Estimates

The charts on the facing page present 2003 need for treatment rates by employment and health insurance status.

Need for treatment was highest among unemployed (20.3 percent) and disabled (18.7 percent) adults and lowest among adults not in the labor force (5.4 percent).

Need for treatment was twice as high among adults without health insurance (19.3 percent), compared with adults with health insurance (9.7 percent).

**TEN-YEAR COMPARISON**

## Current Need For Alcohol or Drug Treatment (Past 12 Months): 1993-94 to 2003 Change

**ALL ADULT HOUSEHOLD RESIDENTS**

| | | Employment Status | | | | | Health Insurance | |
|---|---|---|---|---|---|---|---|---|
| | WASHINGTON TOTAL | Unemployed | Part Time Employment | Not in Labor Force | Full Time Employment | Disabled | Not Insured | Some Insurance |
| 2003 | 10.9% | 20.3% | 13.0% | 5.4% | 11.4% | 18.7% | 19.3% | 9.7% |
| 1993-94 | 10.0% | 13.6% | 6.8% | 5.6% | 12.7% | N/A | 16.5% | 8.9% |
| Difference | +0.9% | +6.7% | +6.2% | (-0.2%) | (-1.3%) | N/A | +2.8% | +0.8% |

**ADULTS ABOVE 200% FPL**

| | | Employment Status | | | | | Health Insurance | |
|---|---|---|---|---|---|---|---|---|
| | WASHINGTON TOTAL | Unemployed | Part Time Employment | Not in Labor Force | Full Time Employment | Disabled | Not Insured | Some Insurance |
| 2003 | 10.0% | 20.2% | 11.5% | 4.3% | 11.0% | 18.6% | 21.3% | 9.1% |
| 1993-94 | 9.7% | 9.9% | 6.7% | 5.7% | 12.1% | N/A | 14.1% | 9.1% |
| Difference | +0.3% | +10.3% | +4.8% | (-1.4%) | (-1.1%) | N/A | +7.2% | +0.0% |

**ADULTS AT OR BELOW 200% FPL**

| | | Employment Status | | | | | Health Insurance | |
|---|---|---|---|---|---|---|---|---|
| | WASHINGTON TOTAL | Unemployed | Part Time Employment | Not in Labor Force | Full Time Employment | Disabled | Not Insured | Some Insurance |
| 2003 | 13.6% | 20.6% | 17.0% | 7.9% | 13.8% | 18.8% | 17.5% | 12.1% |
| 1993-94 | 10.8% | 19.8% | 6.9% | 5.4% | 15.4% | N/A | 19.1% | 8.0% |
| Difference | +2.8% | +0.8% | +10.1% | +2.5% | (-1.6%) | N/A | (-1.6%) | +4.1% |

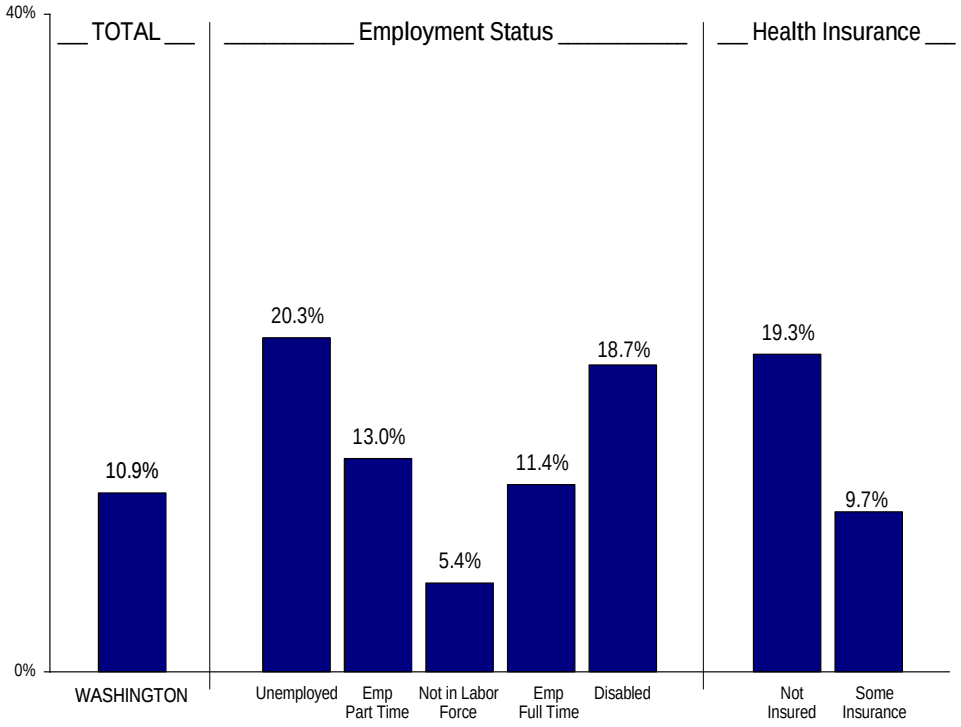
**Bold type** indicates statistical significance at p <.05

## ALL ADULTS

**Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 18+



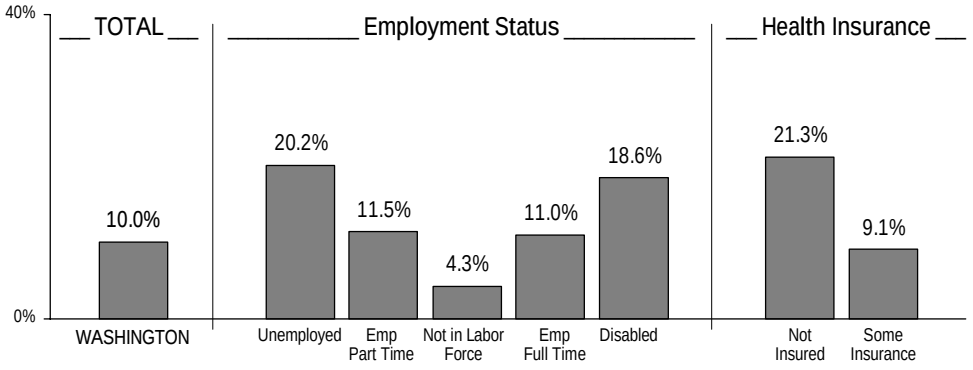

## By Income

Household Income

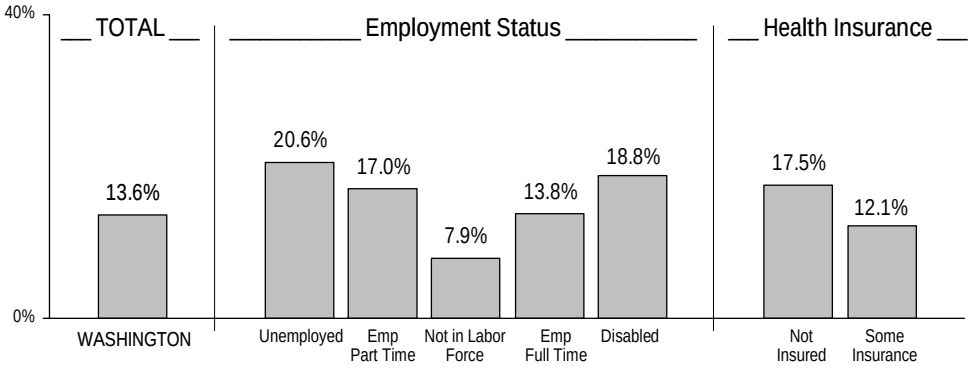
ABOVE 200% Poverty

AT OR BELOW 200% Poverty

### Adults Above 200% FPL




### Adults At Or Below 200% FPL



# Need For Treatment Higher Among Lower-Income Pregnant Women

This section describes the prevalence of current need for treatment among pregnant and parenting women.

Only women under the age of 51 were asked about being currently pregnant and whether they had given birth within the past year. Women who were aged 51 and older were coded as not being pregnant or giving birth within the past year. All women, regardless of age, were asked about the presence of children in their home.

### Currently Pregnant Women

Overall, need for treatment was lower among women who were currently pregnant (5.8 percent), compared to women who were not currently pregnant (7.3 percent). However, considerable differences emerge when poverty status is examined. Lower-income pregnant women are three times as likely to report having a current need for treatment (10.8 percent), compared to higher-income pregnant women (3.4 percent).

### Women Giving Birth in Past Year

Overall, need for treatment was lower among women who had given birth within the past year (4.7 percent) compared to those who had not (7.4 percent). Again, differences emerge when poverty status is considered. Need for treatment was nearly three times as common among women who had given birth within the past year that were at or below 200 percent of the federal poverty level (7.7 percent) compared with those women who had given birth within the past year that were above this poverty threshold (2.8 percent).

### Women With Children

The need for treatment rate was slightly higher among women with children residing in their home (8.3 percent) compared with those who did not have any children (6.6 percent). This pattern was consistent across poverty status.

A description of past year illicit substance use among pregnant and parenting women may be found on page 2-24 of this report.

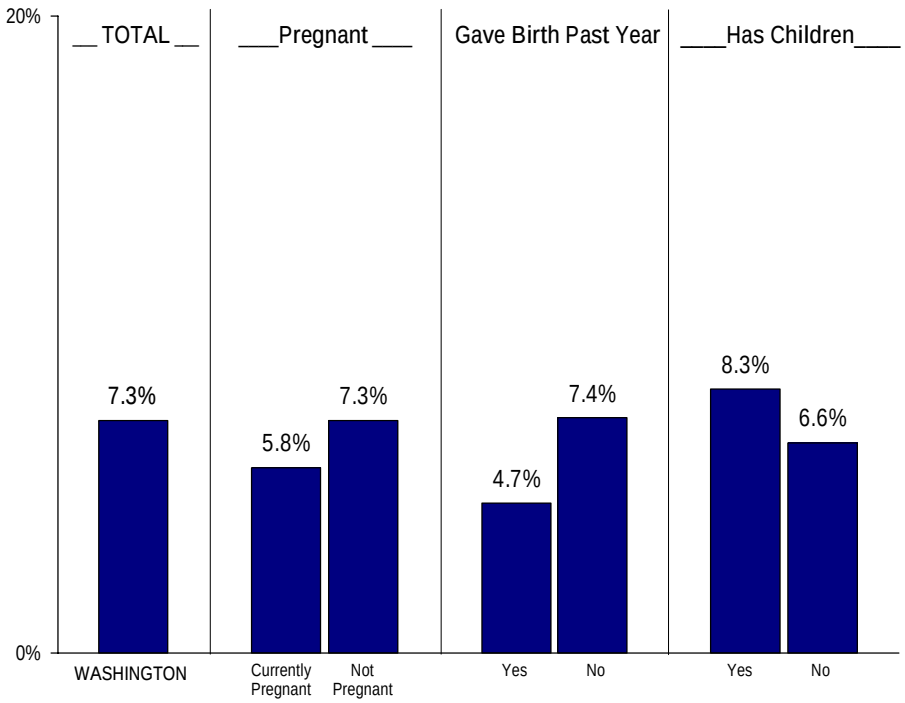
**CLOSEUP**

**Pregnant and Parenting Women: Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents

## Current Need for Treatment



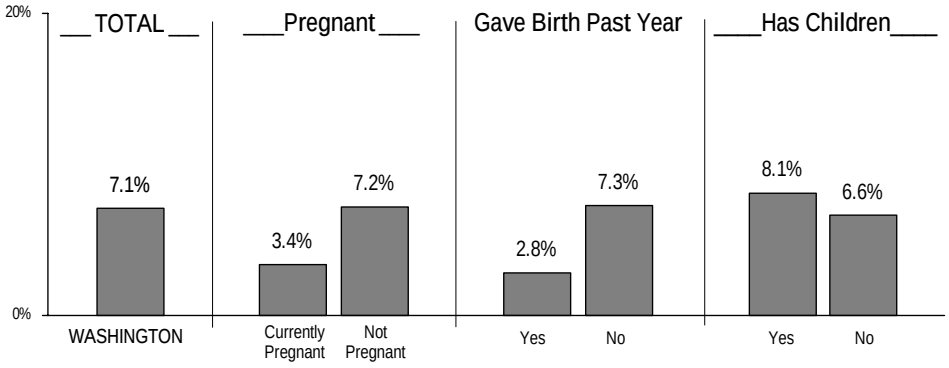

**By Income**

Household Income

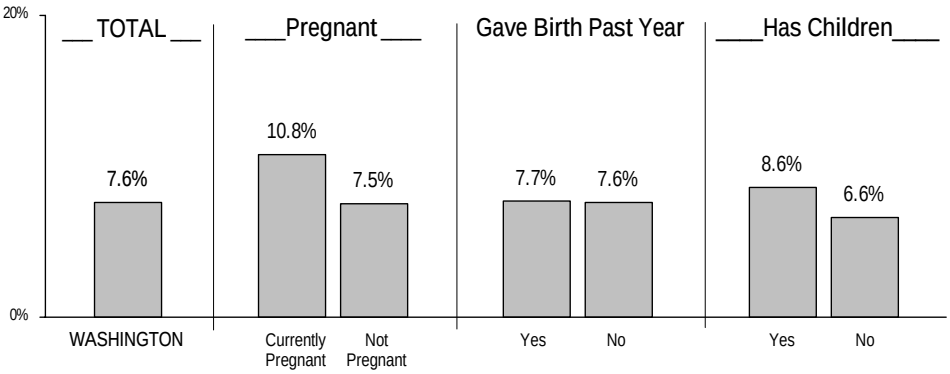
ABOVE 200% Poverty

AT OR BELOW 200% Poverty

## Current Need for Treatment – Women Above 200% FPL




## Current Need for Treatment – Women At Or Below 200% FPL



# County Need for Treatment Estimates

This section provides county level estimates of need for treatment. Estimates in this section are limited to adults at or below 200 percent of the federal poverty level.

First, 1998 county estimates of need for treatment that are based upon the 1993-94 data are compared with 2003 estimates. The chart below shows that, while the statewide need for treatment among adults at or below 200 percent of the federal poverty level increased from 10.8 percent in 1993-94 to 13.6 percent, levels of county need remained generally consistent relative to one another. The correlation between the 1993-94 and 2003 county estimates was quite high (91 percent), indicating that counties with higher need for treatment levels in 1993-94 tended to have higher levels of need in 2003.

The chart on the facing page lists the 2003 need for treatment estimates for each county. Highlights include:

- 24 of 39 counties were within one percentage point of the state estimate of need for treatment.
- Need for treatment in 8 of 39 counties was more than one percentage point higher than the state level. Need for treatment estimates were 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.
- Need for treatment in 7 of 39 counties was more than one percentage point lower than the state level.

Detailed estimates of need for substance abuse treatment are available as part of a series of separate county reports. These reports are available online at: www1.dshs.wa.gov/rda/research/4/52/ or at w1.dshs.wa.gov/dasa/.

**2003 SURVEY ESTIMATES**

**CLOSEUP**

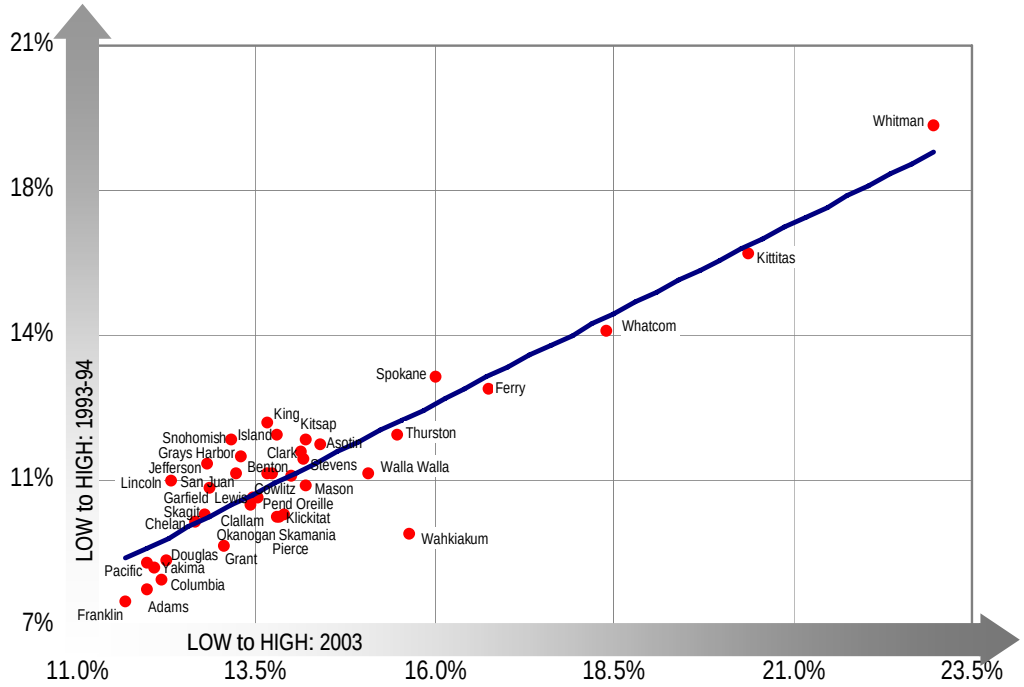
**County Estimates for Lower Income Households**

***How do new estimates compare to ten years ago?***


NEEDS ASSESSMENT

Washington State Household Residents Age 18+

**Correlation Between 1993-94 and 2003 County Need Estimates**




*Correlation between 1993-94 and 2003 = 91%*

## CLOSEUP

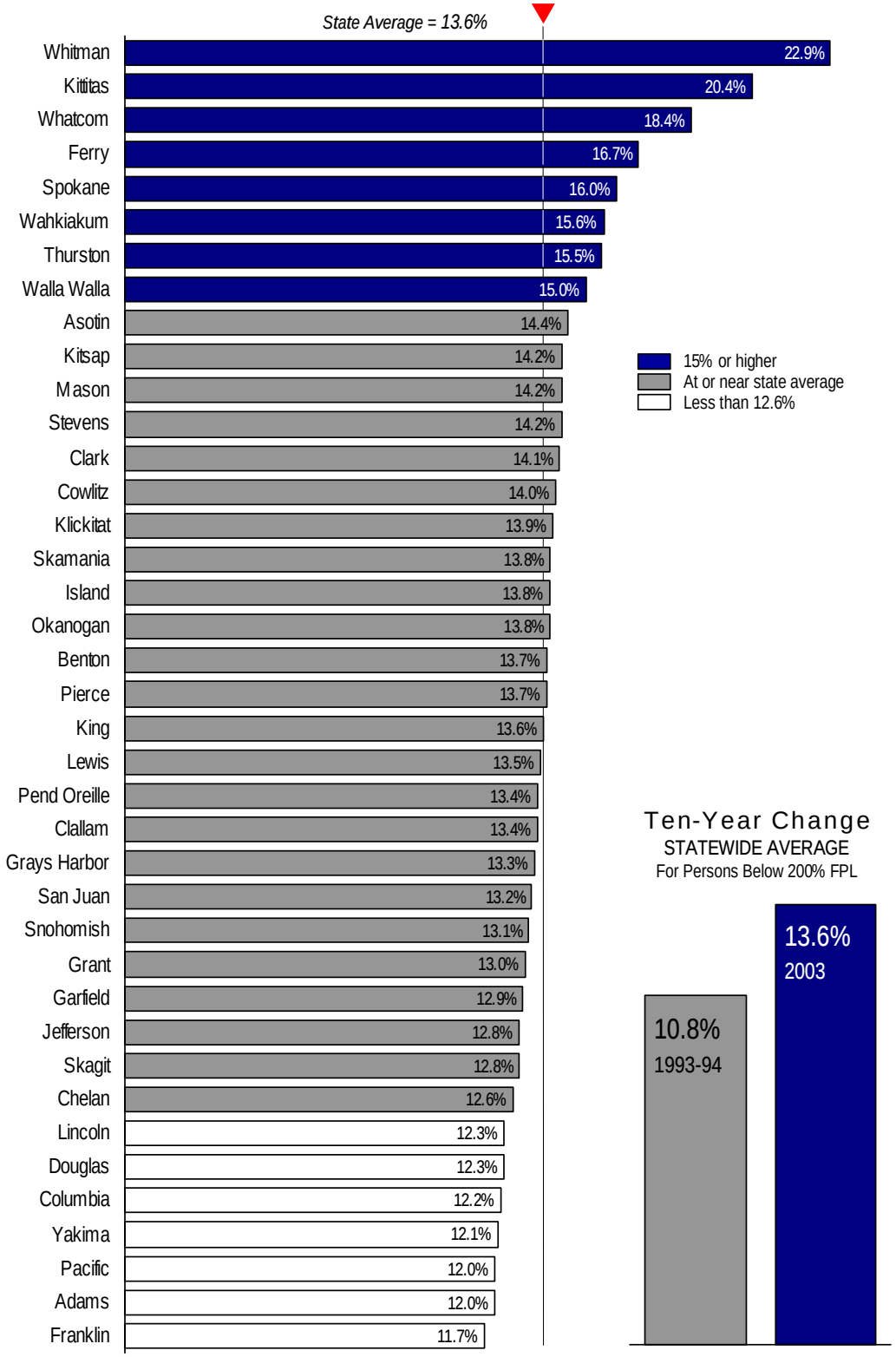
**County Estimates for Lower Income Households**

***What counties have the highest treatment need rates?***

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 18+

## County Need for Treatment Rates for Adults At or Below 200% FPL




### Ten-Year Change

STATEWIDE AVERAGE
For Persons Below 200% FPL

# Half of Adults Needing Treatment Used Illicit Drugs in Past Year, Three Out of Four Engaged in Binge Drinking

This section examines substance use among adults identified as having a current need for alcohol or drug treatment. As expected, past year substance use by adults in need of treatment is considerably greater than in the overall state population (see page 2-4).

### Ten-Year Comparison

The table below compares 2003 with 1993-94 rates of use among adults in need of alcohol or drug treatment. Rates of use of two types of drugs, stimulants and opiates, changed significantly from 1993-94 levels. Stimulant use among adults in need of treatment decreased from 12.3 percent in 1993-94 to 4.4 percent in 2003. Opiate use among adults in need of treatment increased from 3.8 percent in 1993-94 to 12.4 percent in 2003. These changes were statistically significant regardless of poverty status.

### High Levels of Binge Alcohol, Drug Use Among Adults Needing Treatment

The charts on the facing page describe the prevalence of substance use during the past year among those adults classified as needing alcohol or drug treatment. Key findings include:

- 3 out of 4 adults needing treatment engaged in binge drinking during the past year.
- Nearly half (49.6 percent) of all adults needing treatment used an illicit substance during the past year.
- Non-heroin opiate use, reported by 12.4 percent of those in need of treatment, is second only to marijuana use (41.4 percent).

While the prevalence of past year binge drinking was comparable across poverty groups, drug use tended to be higher among those adults in need of treatment who were at or below 200 percent of the federal poverty level. Key differences include:

- Cocaine or Crack use is nearly twice as common among adults at or below 200 percent of the federal poverty level (12.7 percent), compared with those above (6.7 percent).
- Stimulant use is three times as common among adults below the poverty threshold (8.3 percent), compared with those above (2.7 percent).
- Non-heroin opiate and hallucinogen use were nearly twice as common among adults below 200 percent of the federal poverty level.

**TEN-YEAR COMPARISON**

## Past Year Substance Use Among Those Needing Treatment: 1993-94 to 2003 Change

**ALL ADULT HOUSEHOLD RESIDENTS**

| | Binge Drinking | Any Illicit Drug | Marijuana | Cocaine or Crack | Stimulant | Hallucinogen | Heroin | Opiate | Tranquilizer | Sedative | Inhalant |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2003 | 74.9% | 49.6% | 41.4% | 8.5% | 4.4% | 6.2% | 0.9% | 12.4% | 5.1% | 7.7% | 1.6% |
| 1993-94 | N/A | 49.7% | 44.9% | 13.2% | 12.3% | 11.8% | 0.8% | 3.8% | N/A | 5.9% | N/A |
| Difference | N/A | (-0.1%) | (-3.5%) | (-4.7%) | (-7.9%) | (-5.6%) | +0.1% | +8.6% | N/A | +1.8% | N/A |

**ADULTS ABOVE 200% FPL**

| | Binge Drinking | Any Illicit Drug | Marijuana | Cocaine or Crack | Stimulant | Hallucinogen | Heroin | Opiate | Tranquilizer | Sedative | Inhalant |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2003 | 75.9% | 44.3% | 38.4% | 6.7% | 2.7% | 4.8% | 1.1% | 10.0% | 4.8% | 7.3% | 1.5% |
| 1993-94 | N/A | 48.8% | 43.5% | 11.3% | 9.9% | 10.9% | 0.1% | 3.5% | N/A | 4.8% | N/A |
| Difference | N/A | (-4.5%) | (-5.1%) | (-4.6%) | (-7.2%) | (-6.1%) | +1.0% | +6.5% | N/A | +2.5% | N/A |

**ADULTS AT OR BELOW 200% FPL**

| | Binge Drinking | Any Illicit Drug | Marijuana | Cocaine or Crack | Stimulant | Hallucinogen | Heroin | Opiate | Tranquilizer | Sedative | Inhalant |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2003 | 72.5% | 61.8% | 48.1% | 12.7% | 8.3% | 9.3% | 0.5% | 18.0% | 5.8% | 8.7% | 1.9% |
| 1993-94 | N/A | 52.1% | 48.7% | 18.2% | 18.8% | 14.2% | 2.5% | 4.5% | N/A | 8.9% | N/A |
| Difference | N/A | +9.7% | (-0.6%) | (-5.5%) | (-10.5%) | (-4.9%) | (-2.0%) | +13.5% | N/A | (-0.2%) | N/A |

**Bold type** indicates statistical significance at $p < .05$

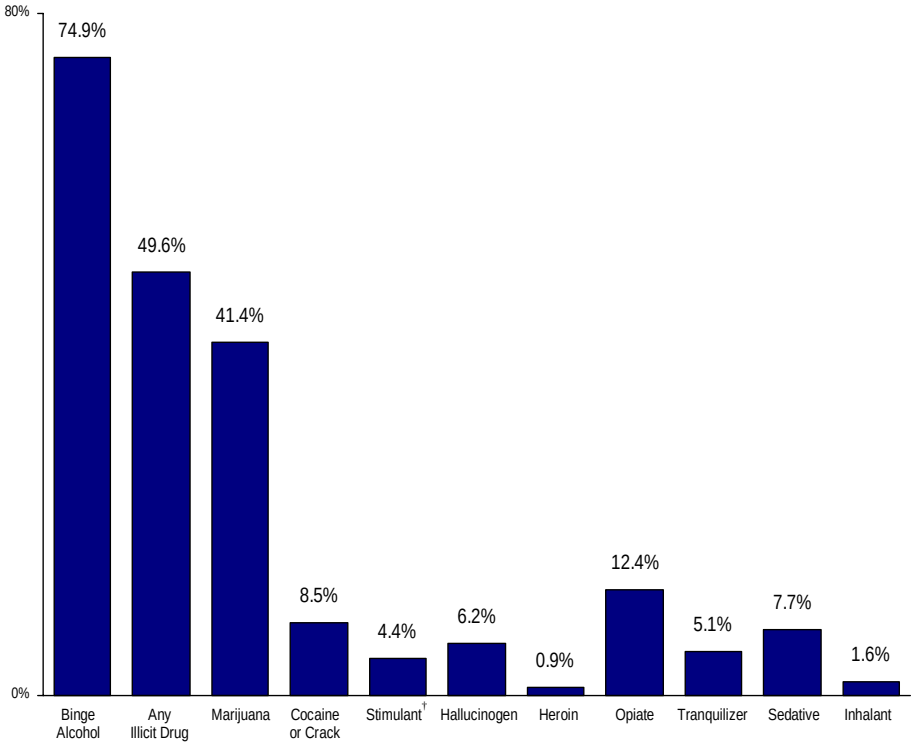
**2003 SURVEY ESTIMATES**

## CLOSEUP

**Past Year Substance Use Among Adults Needing Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 18+



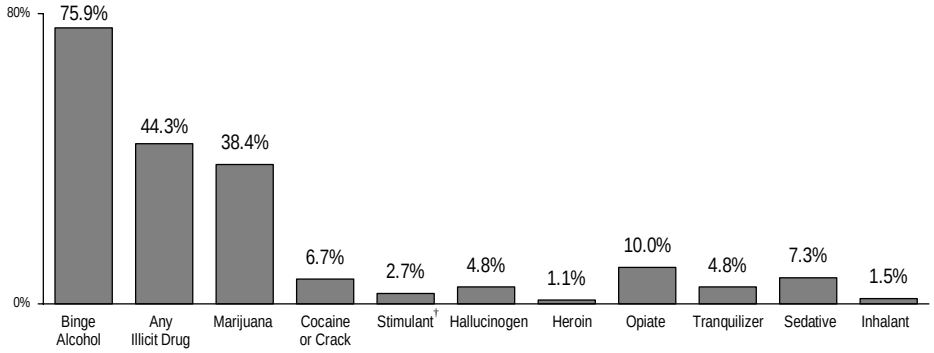

## By Income

Household Income

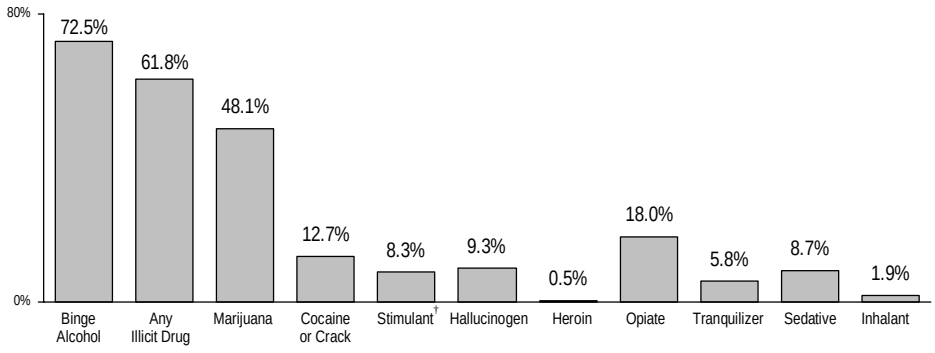
ABOVE 200% Poverty

AT OR BELOW 200% Poverty

### Adults Above 200% FPL




### Adults At Or Below 200% FPL




†Stimulant includes Methamphetamine

# Need For Treatment Higher Among Adults Reporting Earlier Age of First Alcohol Use

Age of first alcohol use is of particular interest given that alcohol use at young ages is associated with alcohol problems later in life (e.g. Warner & White, 2003). Earlier in this report (page 2-12) the extent of drinking among adults who are younger than the legal drinking age (21 years) was described. This section of the report examines need for substance abuse treatment by age of first alcohol use, paralleling a recent NSDUH report, "Alcohol Dependence or Abuse and Age at First Use" (SAMHSA, 2004).

### Half of Adults Aged 21+ Drank Alcohol Before Age 18

Nearly three out of four adults aged 21 or older (72.1 percent) reported that they had first used alcohol before the current legal drinking age of 21. This group consists of adults aged 21 or older who first used alcohol before the age of 15 (18.1 percent), adults who first used alcohol between the ages of 15 and 17 (30.0 percent), and adults who first used alcohol between the ages of 18 and 20 (24.1 percent). Among adults aged 21 and older, 16.7 percent reported they had first used alcohol after the age of 21 and 11.1 percent reported that they had never used alcohol.

### Need for Treatment

The charts on the facing page examine the prevalence of current need for treatment by age of first alcohol use. The relationship between age of first alcohol use and current need for treatment is clear – adults who reported using alcohol at earlier ages were more likely to have a current need for treatment. Adults aged 21 and older who reported first using alcohol before the age of 15 were nearly two and a half times as likely to need treatment (26.8 percent) when compared with the overall state average. Conversely, adults who reported first drinking alcohol after the age of 21 were far less likely to currently need treatment (2.4 percent) compared to the overall state average. Current need for treatment was rare among those adults aged 21 and over who indicated that they had never used alcohol (0.1 percent).

The relationship between age of first alcohol use and current need for treatment was consistent regardless of income level. Regardless of age of first use, need for treatment was higher among adults at or below 200 percent of the federal poverty level.

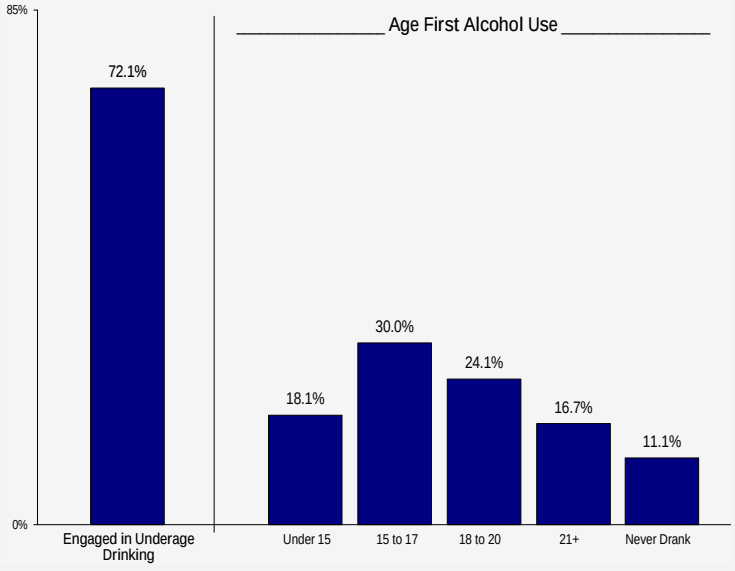
**AGE FIRST ALCOHOL USE**

### Majority of Adults Engaged in Underage Drinking

The figure to the right describes the age of first alcohol use among adults aged 21+. Nearly 3 out of 4 adults (72.1 percent) drank alcohol before the legal drinking age of 21 and nearly half (48.1 percent) before the age of 18. Nationally, nearly 74 percent of adults aged 21 and older reported using alcohol before the current legal drinking age of 21 and 47 percent before the age of 18 (SAHMSA, 2004).

Only about 1 in 10 adults above the age of 21 (11.1 percent) had not used alcohol. This figure was quite similar to the national rate (12 percent).

**Age of First Use Among Adults Aged 21+**

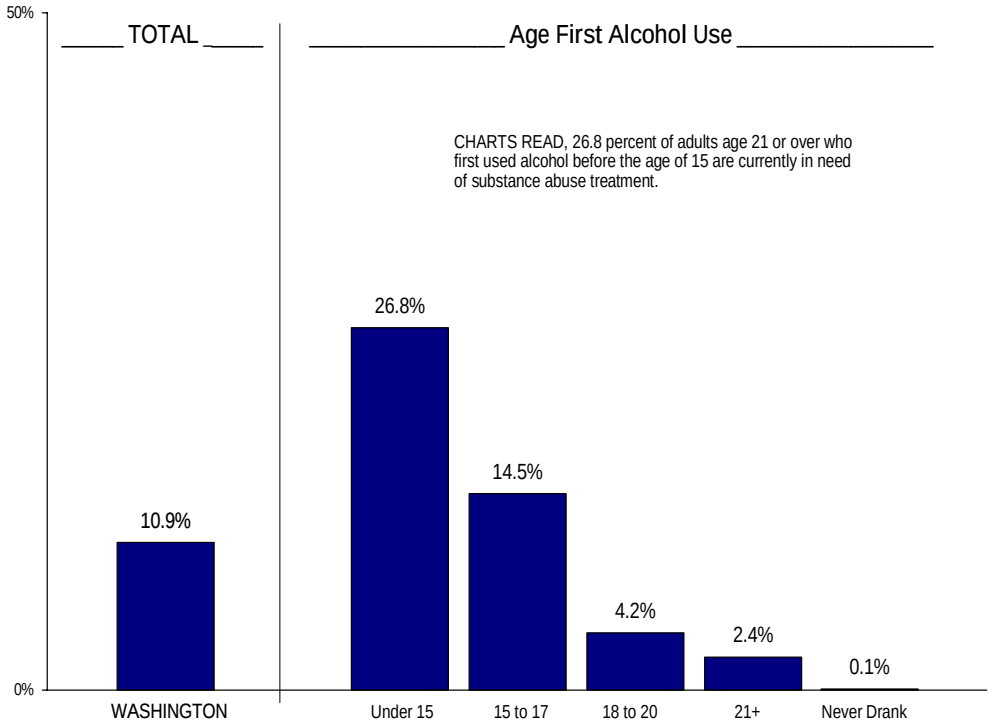


## ALL ADULTS

**Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 21+

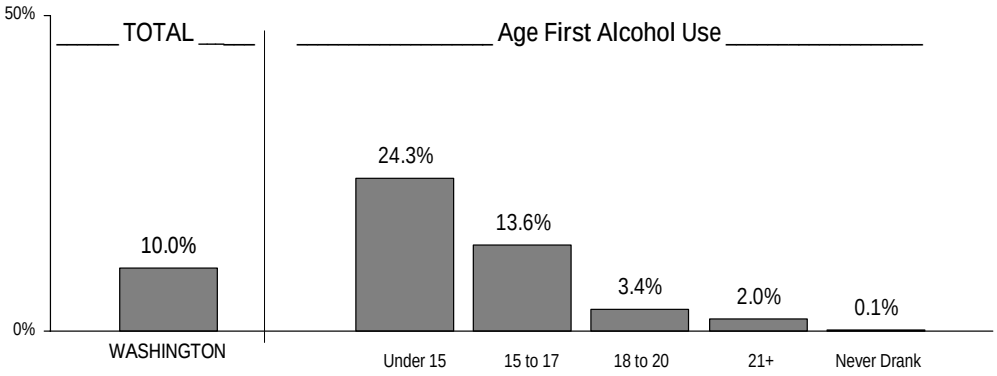



## By Income

### Adults Above 200% FPL

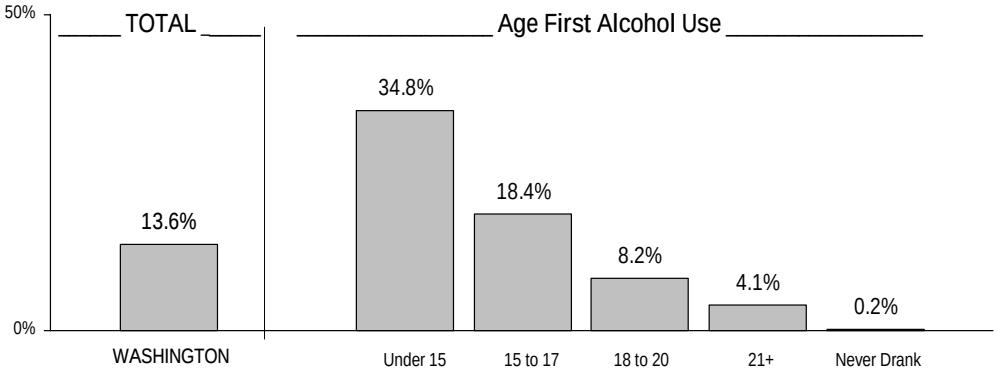
Household Income

ABOVE 200% Poverty




### Adults At Or Below 200% FPL

AT OR BELOW



# Need For Treatment Over Three Times as High Among Adults Using Marijuana Before Age 15

Approximately one out of three adults aged 21 or older (35.6 percent) reported that they had first used marijuana before the age of 21. This group consists of adults aged 21 or older who first used marijuana before the age of 15 (9.0 percent), adults who first used marijuana between the ages of 15 and 17 (15.6 percent), and adults who first used marijuana between the ages of 18 and 20 (11.0 percent). Among adults aged 21 and older, 6.8 percent reported they had first used marijuana after the age of 21 and 57.6 percent reported that they had never used marijuana (see table below).

### Current Need for Treatment

The charts on the facing page examine the prevalence of current need for treatment by age of first marijuana use. Adults aged 21 and older who reported using alcohol at earlier ages were more likely to have a current need for treatment than were adults who reported using marijuana for the first time at older ages.

Adults aged 21 and older who reported first using marijuana before the age of 15 were over three times as likely to need treatment (33.9 percent) when compared with the overall state average. Adults aged 21 and older who first used marijuana after the age of 21 were somewhat less likely to have a current need for treatment (8.7 percent) compared to the overall state average. Current need for treatment was lower still among those adults aged 21 and over who indicated that they had never used marijuana (3.0 percent).

The relationship between age of first marijuana use and current need for treatment was consistent regardless of income level. Regardless of age of first use, need for treatment was higher among adults at or below 200 percent of the federal poverty level.

Need for treatment rates declined among higher-income adults who first used marijuana at an older age. This pattern was also found among lower-income adults; however, the decrease in rates was considerably smaller resulting in a flatter age profile (see figures at right). Little difference in need for treatment was found among higher-income adults who first used marijuana before age 15 (33.6 percent) compared with lower-income adults who first used marijuana before age 15 (34.6 percent). Differences between lower and higher-income adults are more pronounced when age of first use is higher. Only 7.2 percent of higher-income adults who first used marijuana after age 21 were classified as currently needing substance abuse treatment compared to 16.8 percent of lower-income adults who first used marijuana after age 21.

**AGE FIRST MARIJUANA USE**

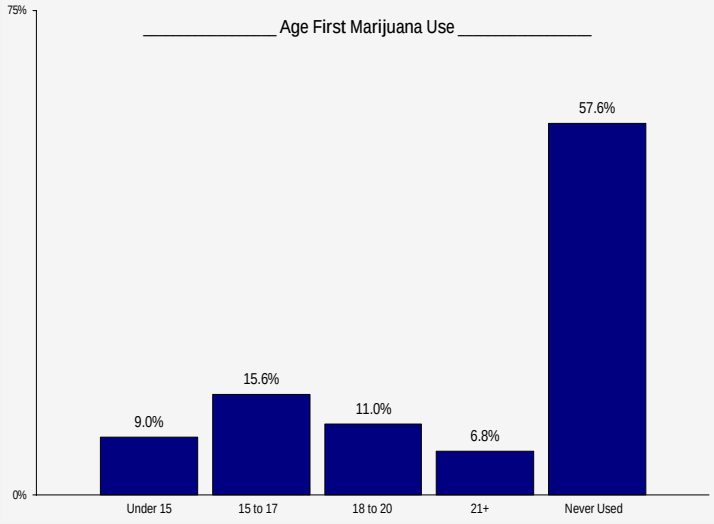
**Most Marijuana Users First Try Marijuana Before Age 21**

The figure to the right describes the age of first marijuana use among adults aged 21+. Roughly one out of three of all adults aged 21 or older (35.6 percent) first used marijuana before the age of 21 and nearly 1 in 4 (24.9 percent) before the age of 18.

Nationally, 23 percent of all adults age 18+ reported using marijuana before age 18* (SAMHSA, 2005).

* Estimate derived from pooled 2002-2003 NSDUH data. The complete report may be accessed from the SAMHSA website under the title, "Age at First Use of Marijuana and Past Year Serious Mental Illness."

**Age of First Use Among Adults Aged 21+**

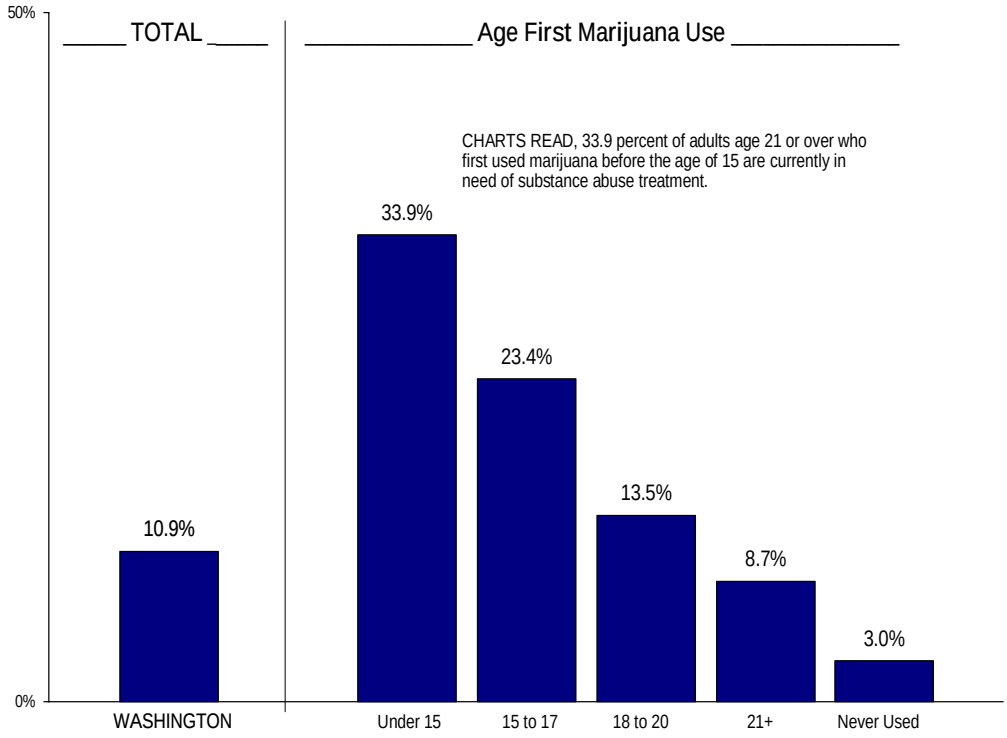


## ALL ADULTS

**Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 21+



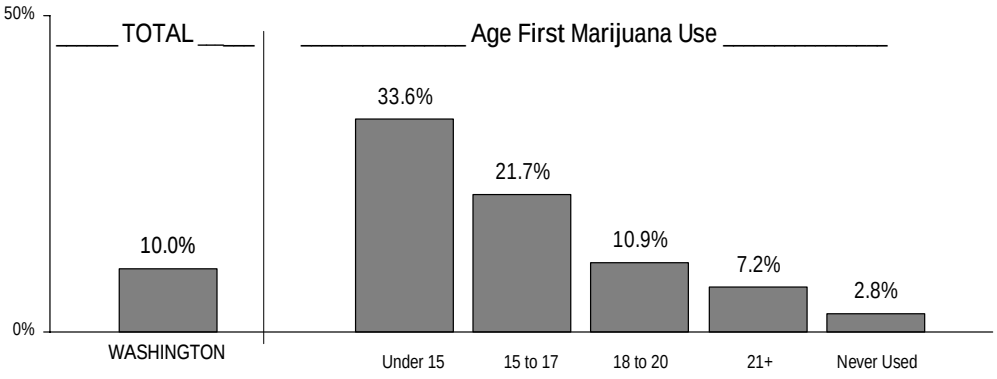

## By Income

Household Income

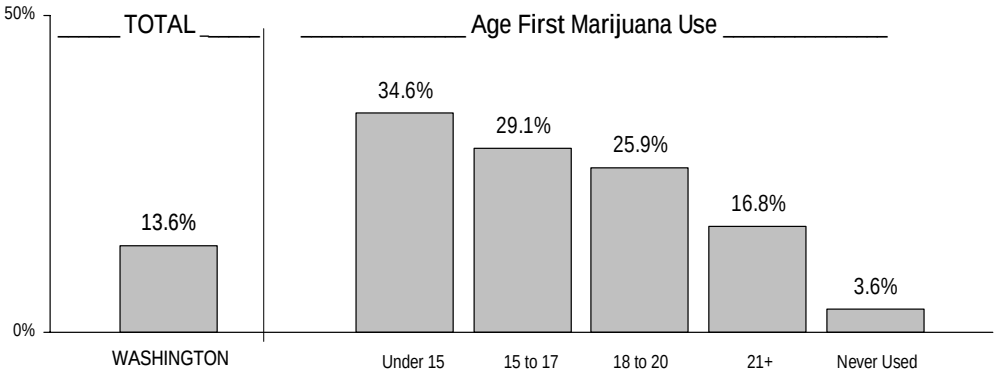
ABOVE 200% Poverty

AT OR BELOW 200% Poverty

### Adults Above 200% FPL




### Adults At Or Below 200% FPL



# Use of an Illicit Drug Other Than Marijuana at Younger Age Associated with Higher Levels of Need for Treatment

One out of five adults aged 21 or older (21.0 percent) reported that they had first used an illicit drug other than marijuana before the age of 21. This group consists of adults aged 21 or older who first used an illicit drug other than marijuana before the age of 15 (4.3 percent), adults who first used an illicit drug other than marijuana between the ages of 15 and 17 (8.2 percent), and adults who first used an illicit drug other than marijuana between the ages of 18 and 20 (8.5 percent). Among adults aged 21 and older, 7.6 percent reported they had first used an illicit drug other than marijuana after the age of 21 and 71.5 percent reported that they had never used an illicit drug other than marijuana.

### Current Need for Treatment

The charts on the facing page examine the prevalence of current need for treatment by age of first use of any illicit drug other than marijuana. Adults aged 21 and older who reported using an illicit drug other than marijuana were more likely to have a current need for treatment. Further, adults who used an illicit drug other than marijuana at a younger age were more likely to have a current need for treatment than were adults who reported using an illicit drug other than marijuana for the first time at an older age.

Adults aged 21 and older who reported first using an illicit drug other than marijuana before the age of 15 were nearly four times as likely to need treatment (41.4 percent) when compared with the overall state average. Adults aged 21 and older who first used an illicit drug other than marijuana after the age of 21 were also more likely to have a current need for treatment (16.4 percent) compared to the overall state average. Current need for treatment was lowest among those adults aged 21 and over who indicated that they had never used an illicit drug other than marijuana (3.7 percent).

The relationship between age of first drug use other than marijuana and current need for treatment was consistent regardless of income level. Regardless of age of first use, need for treatment was higher among adults at or below 200 percent of the federal poverty level.

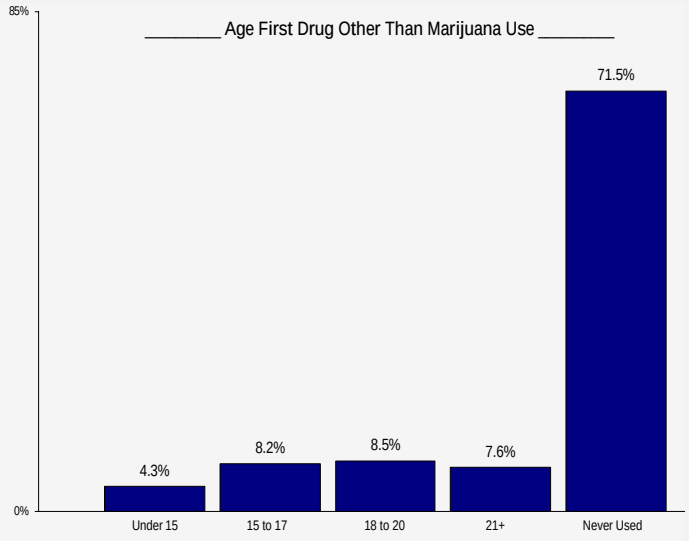
Similar to the pattern described on page 2-20, need for treatment rates declined more rapidly among higher-income adults as they reported an older age of first use. The flatter age profile among lower-income adults (see figures at right) results in a greater difference in need for treatment rates by poverty status at older ages of first use.

**AGE FIRST DRUG OTHER THAN MARIJUANA USE**

**One in Five Adults Report Using Illicit Drug Other Than Marijuana Before Age 21**

The figure to the right describes the age of first illicit drug use other than marijuana among adults aged 21+. Approximately 1 out of 5 adults (21.0 percent) used an illicit drug other than marijuana before the age of 21 and 1 in 8 (12.4 percent) before the age of 18.

**Age of First Use Among Adults Aged 21+**

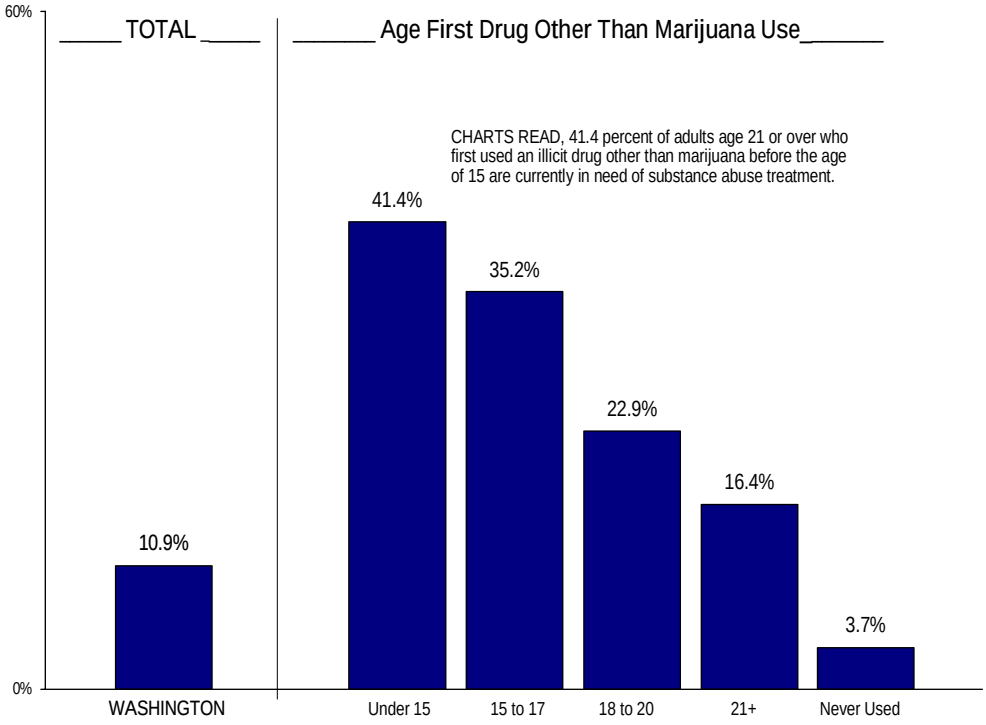


**ALL ADULTS**

**Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 21+




**By Income**

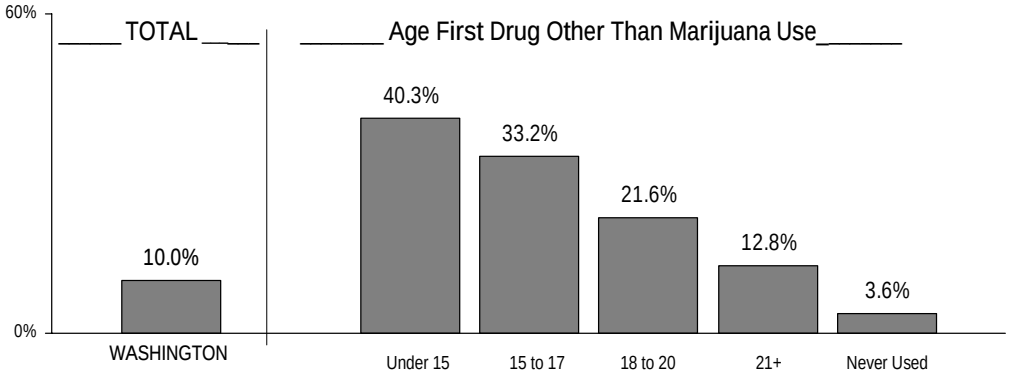
Household Income

ABOVE

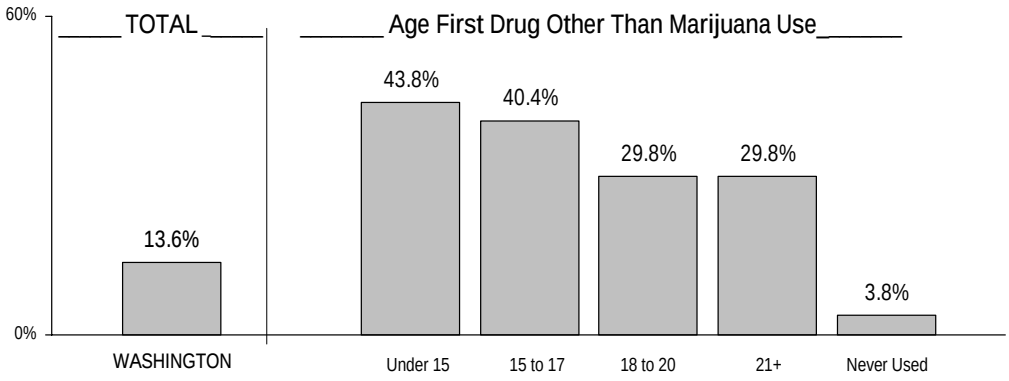
**200%** Poverty

AT OR BELOW

**Adults Above 200% FPL**




**Adults At Or Below 200% FPL**



# Multiple Races, Language, and Reservation Status Related to Need for Treatment

This section further examines the relationship between race and need for alcohol or drug treatment. The box below examines differences in rates of need for treatment by the language spoken by Asian and Hispanic respondents. The box at the bottom of the facing page describes the relationship between reservation status and need for treatment among American Indian and Alaska Natives.

### Need for Treatment Higher Among Adults Reporting Two or More Races

The chart at the top of the facing page compares need for treatment among adults who indicated only one non-Hispanic race with adults who indicated both that race and at least one other non-Hispanic race. For all races, with the exception of American Indian and Alaska Natives, the need for treatment rate was higher for adults who endorsed more than one race.

- Adults indicating they were Asian and at least one other race were three times as likely to need alcohol or drug treatment (15.6%), compared to adults who reported being Asian alone (4.9%).
- Adults indicating they were Native Hawaiian or Other Pacific Islander in combination with at least one other race were more than twice as likely to need treatment (30.2%), compared to adults indicating they were Native Hawaiian or Other Pacific Islander alone (13.7%).

The higher need for treatment patterns for adults endorsing more than one non-Hispanic race mirror the patterns for binge drinking and any illicit drug use presented on page 2-41.

**ASIANS AND HISPANICS**

## CLOSEUP

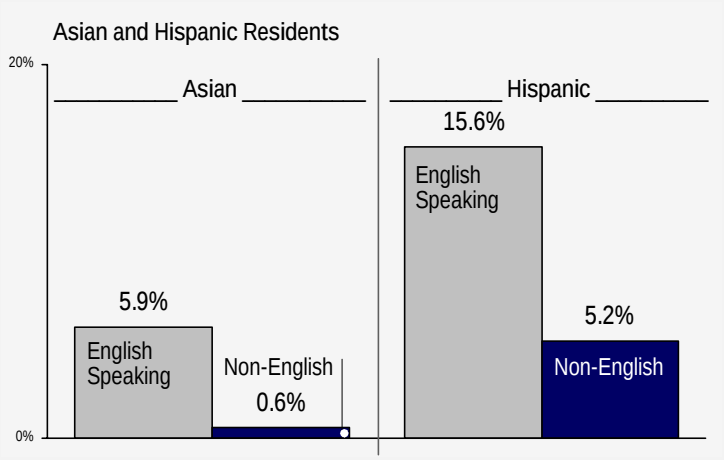
### Need for Treatment Higher Among English Speaking Asians and Hispanics

The adjacent chart compares need for treatment among English and non-English speaking Asians and Hispanics. Among both groups, need for alcohol or drug treatment was considerably higher among those who completed the interview in English.

- Need for treatment was ten times higher among Asians who spoke English (5.9%), compared with those who did not (0.6%).
- Need for treatment was three times higher among Hispanics who spoke English (15.6%), compared with those who did not (5.2%).

See page 2-42 for a similar analysis of binge drinking and any illicit drug use.

**Current Need for Alcohol or Drug Treatment**



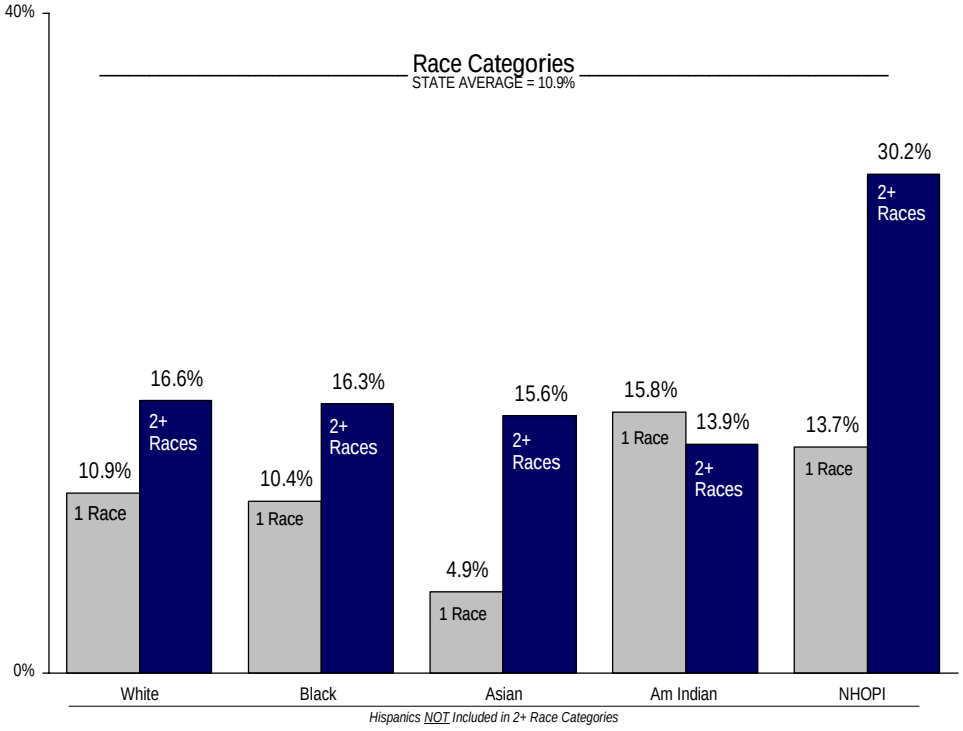
**2003 SURVEY ESTIMATES**

**ALL ADULTS**

**Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 18+




**RESERVATION STATUS**

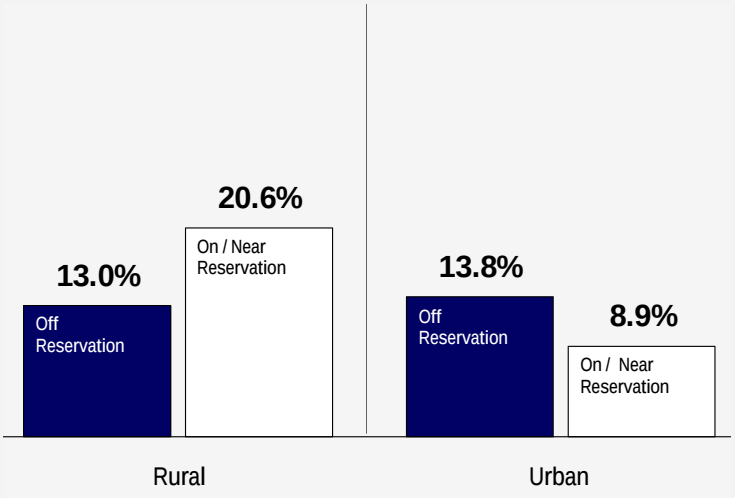
## CLOSEUP

**Need for Treatment Lowest Among Urban American Indian and Alaska Natives Residing On or Near a Reservation**

This chart identifies need for treatment by reservation status for those non-Hispanic adults identifying themselves as an American Indian or Alaska Native. This population includes all non-Hispanic American Indian or Alaska Native residents regardless of whether they reported any other race.

The relationship between need for treatment and reservation status differed depending upon whether they resided in an urban or rural county. In rural counties need for treatment was *higher* for those identified as residing on/near a reservation. In urban counties need for treatment was *lower* for those residing on/near a reservation.

**Current Need for Alcohol or Drug Treatment**




*Reservation status was determined by respondent zip code in the manner described on page 2-43.*

# Estimating Need for Opiate Substitution Treatment

Opiate substitution treatment (OST) is an important treatment modality for opiate addiction. This form of treatment is described in the text box below. OST has become even more important given the recent rise in illicit use of non-heroin opiates (see page 2-26) and the emergence of more accessible, non-methadone OST alternatives.

### OST Need Estimate Based on NSDUH and TARGET data

Need for OST is estimated based on the overall need for treatment for heroin or other opiate addiction, with an adjustment for the proportion of adults estimated to be appropriate for the OST modality. Because WANAHS data do not provide this information we used NSDUH and TARGET data to estimate need for OST.

The NSDUH asks about past year abuse or dependence for each substance separately and these data are used to generate national past-year estimates of heroin or other opiate abuse or dependence. We requested from SAMHSA's Office of Applied Studies (OAS) a special NSDUH run and were able to obtain estimates of past-year abuse or dependence on non-heroin opiates for Washington State. However, past-year abuse or dependence on heroin was too rare to produce a reliable state-level estimate; instead OAS provided a state-level estimate of lifetime heroin use. A state-level estimate of past-year heroin abuse or dependence was generated by taking the ratio of lifetime heroin use in Washington to the national estimate and multiplying this ratio by the national past-year heroin abuse or dependence estimate.

Data from DASA's TARGET database indicate the proportion of clients receiving OST among those who abuse or are dependent on heroin or non-heroin opiates. Analysis of 2003 TARGET data showed that 44 percent of adults receiving treatment for heroin and 11 percent of adults receiving treatment for non-heroin opiates received OST. These rates are similar to national rates. According to recent national Drug and Alcohol Services Information System (DASIS) reports, methadone treatment was planned for 40 percent of all heroin admissions and 20 percent of all non-heroin opiate admissions. Based on these treatment use rates, we estimate that 50 percent of those who abuse or are dependent on heroin and 20 percent of those who abuse or are dependent on non-heroin opiates would be appropriate for OST.

Using this method, we estimate that a total of 10,891 adult residents needed OST in 2003. The textbox on the facing page provides greater detail about this calculation.

**DEFINITIONS**

**Opiate Substitution Treatment**

Opiate substitution treatment (OST) is one form of treatment on a continuum of care for opiate addiction. OST involves the use of a medically prescribed opioid agonist to reduce the craving for illicit opiates. Medications are long acting, requiring less frequent doses to avoid withdrawal. Most commonly, OST includes methadone although levo-alpha-acetyl-methadol (LAAM) and buprenorphine are also used. Typically, OST involves treatment at a methadone clinic. Buprenorphine, because it is considered to be less likely to cause psychological or physical dependence than Methadone or LAAM, is subject to less stringent government regulation, permitting treatment in an office setting.

Considerable evidence exists documenting the effectiveness of OST. The National Institutes of Health (NIH) recently released a consensus statement, *Effective Medical Treatment of Opiate Addiction*, which stated "…MMT (methadone maintenance treatment), combined with attention to medical, psychiatric, and socioeconomic issues, as well as drug counseling, has the highest probability of being effective" (NIH, 1997). The Office of National Drug Control Policy (ONDCP, 2000) concludes that MMT is one of the most monitored and regulated medical treatments in the United States and holds that MMT, "is safe and efficacious for the treatment of narcotic withdrawal and dependence." The Alcohol and Drug Abuse Institute at the University of Washington recently released a report (ADAI, 2003) that found OST programs are successful in reducing the negative consequences of heroin addiction and helping patients achieve safe, secure, self-sufficient, and healthy lives. Further, the ADAI found that OST contributes to significant reductions in crime, utilization of acute health care and psychiatric services, and a decreased reliance on public assistance.

OST clinics have been operating in Washington State for more than 25 years. Presently, DASA-certified OST clinics are operating in seven counties; Clark, King, Pierce, Snohomish, Spokane Thurston, and Yakima. DASA maintains a list of certified OST clinics on their website: http://www1.dshs.wa.gov/DASA/dasaservices.shtml. SAMHSA maintains a list of physicians or physician groups that provide office-based buprenorphine treatment in Washington (http://www.buprenorphine.samhsa.gov/).

**GENERAL FORMULA**

**Formula to Estimate Need for Opiate Substitution Treatment**

Counties may estimate the number of residents needing opiate substitution (OST) by applying the following general formula to their population:

**Need for OST = 0.25% × Adult Household Population**

Thus, we estimate that a county with 100,000 adult residents would contain 250 residents who need OST.

This formula simplifies a number of the underlying steps involved in estimating need for OST. A more detailed explanation of the components used to generate this formula is presented in the text box below.

Previously, the Division of Alcohol and Substance Abuse (DASA) estimated the need for OST by multiplying the adult county population by 0.245 percent, which is almost identical to the new estimate of 0.25 percent based on more recent NSDUH, TARGET, and DASIS data. The older 0.245 percent estimate was derived from a heroin use rate estimate obtained from the 1990 National Household Survey on Drug Abuse, combined with an adjustment factor to estimate the proportion of heroin users who would be appropriate for opiate substitution treatment.

**ESTIMATING OST NEED**

**Parameters Used to Calculate Need for Opiate Substitution Treatment**

2002-03 NSDUH Adjusted Washington Abuse or Dependence Rates

| | LOWER-INCOME | HIGHER-INCOME |
|---|---|---|
| Heroin | **0.40%** | **0.06%** |
| Other Opiates | **1.46%** | **0.70%** |

These rates are subsequently multiplied by the number of Washington adult residents to produce an estimated need for treatment count, using 2003 OFM population estimates.

2003 Estimated Number Needing Treatment for Heroin or other Opiate Abuse or Dependence

| | LOWER-INCOME | HIGHER-INCOME |
|---|---|---|
| Heroin | **4,236** | **2,005** |
| Other Opiates | **15,460** | **23,390** |

An adjustment factor of 50 percent for heroin and 20 percent for other opiates was used to estimate the number of adults eligible for OST from the total population needing treatment for heroin or other opiate abuse or dependence. This adjustment factor was based on TARGET treatment data and supported by national DASIS reports.

Opiate Substitution Treatment Adjustment Factor

| | |
|---|---|
| Heroin | **50%** |
| Other Opiates | **20%** |

Finally, counts of adults needing OST were generated from the product of the estimated number of adults needing treatment for heroin or other opiates and the OST adjustment factor:

2003 Estimated Number of Adults Needing OST

| | LOWER-INCOME | HIGHER-INCOME |
|---|---|---|
| Heroin | **2,118** | **1,003** |
| Other Opiates | **3,092** | **4,678** |

This method produced a total need for OST estimate of **10,891** adults.

# Young Adults Most Likely to Need Treatment

The demographic detail presented earlier in this chapter considered each demographic variable in isolation from one another. This section of the report considers the relationship between need for treatment and demographic characteristics in a multivariate framework. The chart below presents odds ratios derived from a logistic regression model.

These odds ratios show that all age groups are significantly more likely to need treatment than adults aged 65 and older. Further, the younger the age group, the more likely adults are to need treatment, with adults aged 18 to 24 having more than 15 times the odds of needing treatment compared to adults aged 65 and older.

Males are significantly more likely to need treatment than females. Blacks, Asians (both English and Non-English speaking), and non-English speaking Hispanics are all significantly less likely to need treatment than are Whites.

Region of residence did not have a significant impact on need for treatment when considered in this multivariate model. However, adults living at or below 200 percent of the federal poverty level were significantly more likely to need treatment than adults above this threshold.

See text box on page 2-39 for discussion of how to interpret odds ratios.

**2003 SURVEY ESTIMATES**

**ALL ADULTS**

**Current Need for Treatment**

2003 NEEDS ASSESSMENT

Washington State Household Residents Age 18+

*Chart reads: 18 to 24 year olds have 15.55 the odds of needing substance abuse treatment compared to persons 65 and older.*

*Significantly different from 1 at p <.05

## Odds Ratios Associated With Need for Alcohol or Drug Treatment