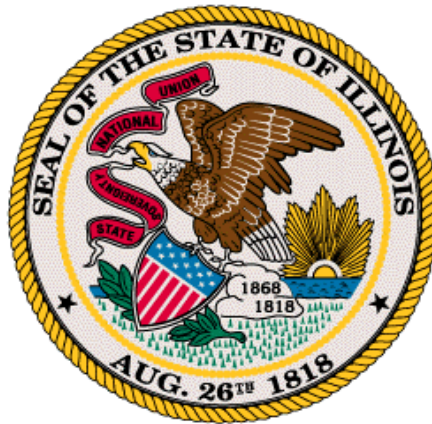


Substance Use in Illinois: Prevalence and Treatment Need, 1990–2000



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Linda Reneé Baker, *Secretary*



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Contents

	Page
List of Tables.....	iv
List of Figures.....	v
Acknowledgments.....	vii
I. Introduction.....	1
II. General Population.....	3
III. Adolescent Populations.....	5
A. School Surveys.....	5
B. Juvenile Detainees.....	10
C. Youth Entering the Juvenile Corrections System.....	12
IV. Criminal Justice Populations.....	15
A. Adult Arrestees.....	15
B. Adult Probationers.....	16
C. Adult Prisoners.....	18
V. Disadvantaged Populations.....	21
A. Homeless Adults.....	21
B. Illinois Office of Mental Health Clients.....	23
C. Medicaid Recipients.....	25
D. Women in the Child Welfare System.....	27
VI. References.....	29

Tables

Table 1.	Lifetime, Past Year, and Past Month ATOD Use Among Illinois Adults.....	4
Table 2.	Lifetime, Past Year, and Past Month Alcohol Use Among Illinois Students, by Age and Grade, 1995–2000	6
Table 3.	Lifetime, Past Year, and Past Month Tobacco Use Among Illinois Students, by Age and Grade, 1995–2000	7
Table 4.	Lifetime, Past Year, and Past Month Marijuana Use Among Illinois Students, by Age and Grade, 1995–2000	7
Table 5.	Comparison of Lifetime, Past Year, and Past Month ATOD Use Among Illinois Probationers and Illinois General Public.....	16
Table 6.	Lifetime, Past Year, and Past Month ATOD Use Among Illinois Adult Prisoners, 1994.....	18
Table 7.	Lifetime, Past Year, and Past Month ATOD Use Among OMH Clients, 2000.....	23
Table 8.	Percentage of OMH Clients Meeting CAGE Criteria for Substance Abuse, 2000.....	24
Table 9.	Lifetime Alcohol or Drug Treatment Need Among Illinois Medicaid Recipients, 1999.....	26
Table 10.	Lifetime, Past Year, and Past Month ATOD Use Among Women in the Illinois Child Welfare System, 1994	28
Table 11.	Alcohol and Other Drug Treatment Need Among Women in the Illinois Child Welfare System, 1994	28

Figures

Figure 1.	Past Month Alcohol Use—Illinois and U.S., by Age, 1990–1998.....	3
Figure 2.	Past Year Tobacco Use—Illinois and U.S., by Age, 1990–1998	3
Figure 3.	Past Year Illicit Drug Use—Illinois and U.S., by Age, 1990–1998.....	4
Figure 4.	Trends in Lifetime Prevalence of Substance Use Among Illinois Youth.....	5
Figure 5.	Trends in Past-Month Prevalence of Alcohol Use Among Students in Illinois and the U.S., by Grade.....	8
Figure 6.	Trends in Past-Month Prevalence of Marijuana Use Among Students in Illinois and the U.S., by Grade.....	9
Figure 7.	Trends in Lifetime Prevalence of Inhalant Use Among Students in Illinois and the U.S., by Grade	9
Figure 8.	Positive Drug Test Results Among Juvenile Detainees in Illinois, 1995.....	10
Figure 9.	Lifetime Diagnosis of Drug Dependence Among Juvenile Detainees in Illinois, 1995.....	10
Figure 10.	Comparison of Urinalysis Results for Marijuana Use and Lifetime Diagnosis of Marijuana Dependence Among Juvenile Detainees in Illinois, by County	11
Figure 11.	Prevalence of Substance Use Among Youth Entering Juvenile Correctional Facilities in Illinois, 2000.....	12
Figure 12.	Alcohol and Other Drug Treatment Need Among Youth Entering Juvenile Correctional Facilities in Illinois, 2000.....	13
Figure 13.	Positive Drug Test Results Among Illinois Adult Arrestees, 1995.....	15
Figure 14.	Lifetime Diagnosis of Drug Dependence Among Illinois Adult Arrestees, 1995.....	15
Figure 15.	Treatment Need Among Illinois Adult Probationers, 2000	17
Figure 16.	Lifetime Treatment Need Among Illinois Adult Prisoners, 1994	19
Figure 17.	Past-Month Substance Use Among Illinois Homeless Adults, 1990.....	21
Figure 18.	Treatment Need Among Illinois Homeless Adults, by Gender, 1990	22
Figure 19.	Lifetime, Past Month, and Past Year ATOD Prevalence Among Illinois Medicaid Recipients, 1999.....	25

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I. Introduction

Substance abuse is one of the leading causes of early death in the United States (Horgan, Skwara, & Strickler, 2001; U.S. Dept. of Health & Human Services, 2000). Among the conditions alcohol and other drug use have been associated with are breast cancer (Smith-Warner et al., 1998), liver disease (Dufour et al., 1993), weakened immune (Cook, 1998) and cardiovascular systems (York & Hirsch, 1997), and accidents and fatal injuries (Felson et al., 1988). Known social costs of substance abuse include both suicide (Ramstedt, 2001) and homicide (Rossow, 2001), as well as domestic and other forms of violence (Koss et al., 1994) and child abuse (Sowder & Burt, 1980).

This document summarizes survey research conducted during the past decade that has sought to identify patterns of substance use and related treatment needs among Illinois citizens. This research, sponsored by the Illinois Office of Alcoholism and Substance Abuse and the national Center for Substance Abuse Treatment, examines patterns among the general public and among several subgroups believed to have special treatment needs. These subgroups include adolescent, criminal justice, and disadvantaged populations. Among adolescents, surveys have been completed with school-based samples of students, in juvenile detention facilities, and among youth entering the juvenile corrections system. Among adults, specific studies have been completed with samples of the following criminal justice populations: arrestees, prisoners, probationers. Samples from several disadvantaged populations also were interviewed during the 1990's, including homeless adults, Medicaid recipients, mothers involved with the child welfare system, and persons receiving mental health treatment in Illinois.

In summarizing this considerable body of research, we have emphasized the presentation of tobacco, alcohol, and illicit drug use prevalence and the estimation of treatment need. Where available, we have included national data for perspective. In most cases, these studies contain far more detailed information than can be summarized neatly in this document. Thus, the interested reader is encouraged to review the original reports, many

of which are available on the University of Illinois Survey Research Laboratory Web site (<http://www.srl.uic.edu/publist/oasa/oasa.htm>).

In reviewing the findings of these studies, the reader should be aware of the numerous sources of error that can systematically bias population estimates derived from survey research. These include sampling error, coverage error, measurement error, and nonresponse error (Groves, 1989). Each may influence the accuracy of survey findings *within* any of the studies reported here and may artificially inflate or decrease differences *across* studies. We mention here only one example related to measurement error: it is generally understood that self-reported substance use behaviors are underreported in epidemiologic surveys and that a variety of factors are associated with the quality of self-reported information regarding substance use (Harrison & Hughes, 1997). For example, considerable research suggests that survey respondents may be more willing to report illicit or stigmatizing behaviors, such as alcohol and other drug use, when provided the opportunity to do so using more private means of data collection (Tourangeau & Smith, 1996).

In addition, telephone surveys are believed to produce greater underreporting of drug use than do other methods, particularly self-administered questionnaires that do not require direct reporting of these behaviors to an interviewer (Aquilino, 1994; Johnson, Hougland, & Clayton, 1989). Consequently, the studies presented in this report that employed telephone survey interviews are likely to provide greater underestimates of substance use than those using other data collection strategies. Therefore, mode of survey data collection should be taken into account when evaluating the quality of each study's findings. More generally, we have been careful to include references to all the primary analytic reports used to develop this summary document. Many of these documents contain detailed evaluations and/or discussions of the specific sources and types of survey error that may influence the results of each, and we strongly encourage the interested reader to consult these primary sources.

II. General Population (1990, 1994, 1998)

As part of the State Needs Assessment Program, the Illinois Office of Alcoholism and Substance Abuse conducted surveys of the Illinois adult population in 1990, 1994, and 1998 to measure alcohol, tobacco, and other drug (ATOD) use (Johnson & Barrett, 1992; Bruni & Gillespie, 1996b; Cho, Johnson, & Pickup, 2000). Stratified random samples of 4,897, 4,644, and 8,282 were interviewed by telephone in those years, respectively.

These studies document that a majority of adults in Illinois have consumed alcoholic beverages at some time in their lives, and more than two-thirds of the respondents reported alcohol use during the past year. Over half of the adults surveyed in 1990 and 1998 reported using alcohol in the last 30 days; less than 45 percent of the adults in 1994 reported current alcohol use.

Figure 1 compares the past month alcohol use among Illinois adults and all adults in the U.S. In general, Illinois adults were less likely to drink in the past month than were adults nationwide across all age groups. The only exceptions were among those age 25 to 34: in 1990 and in 1998, Illinois respondents were more likely to report drinking during the preceding month.

Lifetime use of tobacco (i.e., regular use of cigarettes, cigars, or a tobacco pipe at some time) has gradually decreased from 48.8 percent in 1990 to 46.8 percent in 1994 and to 44.6 percent in 1998. Past year use of tobacco also dropped by about 4 percentage points from 1990 (30.7%) to 1994 (24%) and 1998 (25.8%). The past year prevalence of tobacco use among Illinois adults was consistently lower than among the general U.S. population across all age groups, especially among younger persons (see **Figure 2**).

More than a third of the adults surveyed in 1994 and 1998 reported having

DATA SOURCES

In 1990, 1994, and 1998, representative samples of Illinois adults were interviewed by telephone. Households were selected at random using random-digit-dialing. Within households, respondents were selected using random respondent selection procedures. The studies were sponsored by the U.S. Center for Substance Abuse Treatment and the Illinois Office of Alcoholism and Substance Abuse. The 1990 survey was conducted by Macro System, Inc., while the Survey Research Laboratory at the University of Illinois conducted the 1994 and 1998 studies. Comparisons were made with U.S. data from the National Household Survey on Drug Abuse, sponsored by the Substance Abuse and Mental Health Service Administration.

Figure 1
Past Month Alcohol Use
Illinois and U.S., by Age, 1990-1998

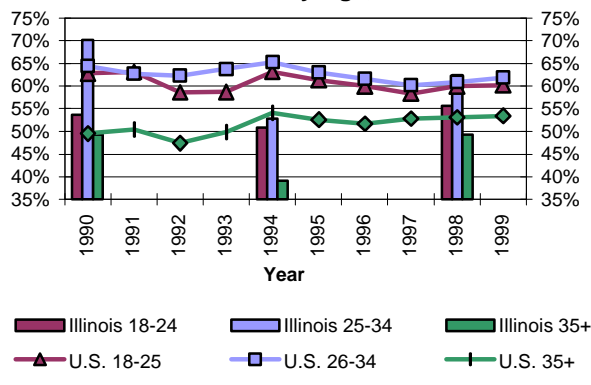
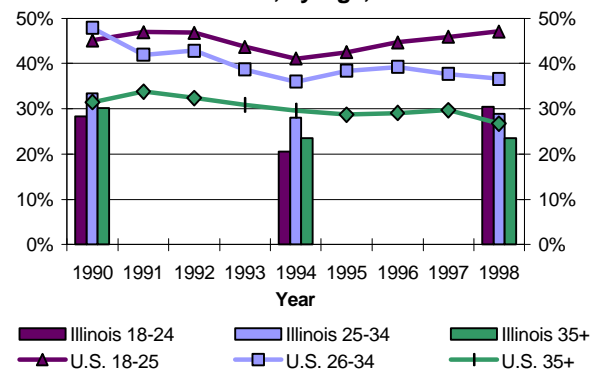


Figure 2
Past Year Tobacco Use
Illinois and U.S., by Age, 1990-1998



used one or more illicit drugs during their lifetimes, which is about six percentage points greater than the lifetime prevalence of illicit drug use estimated in 1990.

The overall past year prevalence of illicit drug use increased from 4.9 percent in 1990 to 7.6 percent in 1998. Past month use of illicit drugs ranged between 2.1 and 3.5 percent. The illicit drugs most frequently used were marijuana and cocaine (see **Table 1**). Lifetime use of these two substances increased during the 1990s.

As with alcohol and tobacco use, current use of illicit drugs was less prevalent among the Illinois adult population than among the general U.S. population (see **Figure 3**).

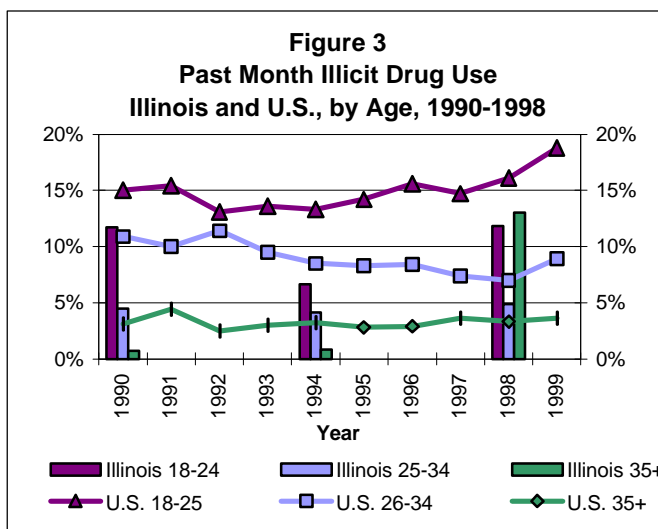


Table 1. Lifetime, Past Year, and Past Month ATOD Use Among Illinois Adults

Substance	Lifetime (%)			Past Year (%)			Past Month (%)		
	1990	1994	1998	1990	1994	1998	1990	1994	1998
Alcohol	82.9	93.1	93.1	67.2	72.6	72.9	53.5	43.2	53.5
Tobacco	48.8	46.8	44.6	30.7	24.0	25.8	N/A	N/A	22.2
Marijuana	24.7	32.7	37.3	4.0	5.0	7.3	2.5	1.8	3.4
Hallucinogens	4.7	8.0	8.5	0.7	0.7	0.7	--	--	--
Cocaine	6.4	9.7	10.6	1.3	0.8	0.8	0.3	--	0.3
Heroin	1.2	0.6	1.9	--	--	0.2	--	--	0.1
Any illicit drugs	26.8	33.1	33.7	4.9	5.4	7.6	2.9	2.1	3.5

The three Illinois surveys also found that (1) males were consistently more likely than females to be substance users; (2) younger persons were more likely to be recent (last 30 days) users of any illicit drugs; and (3) whites more commonly used alcohol, while African Americans were more likely to use illicit drugs (with the exception of cocaine, which was more commonly used by whites).

Using DSM-III-R criteria for diagnoses of substance abuse and dependence, 9 percent of the sample in 1994 was found to be in need of alcohol or drug treatment, with 15 percent of men and 3.6 percent of women needing treatment services.

Of the respondents with a positive diagnosis of substance abuse, a majority (90%) needed treatment only for alcohol abuse, less than five percent needed treatment for drug problems only, and six percent required treatment services for both alcohol and drug abuse.

Young adults (age 18-24) were the most likely to need treatment (22.5%), as were Hispanics (12%). Of those in need of treatment, 11.4 percent were likely to be in demand of such services, meaning that they either had been in treatment in the past or would be willing to enter a program in the future.

II. Adolescent Populations

The following section presents findings on alcohol, tobacco, and other drug use among adolescents from a series of Illinois school surveys. Further, results from studies of special adolescent populations

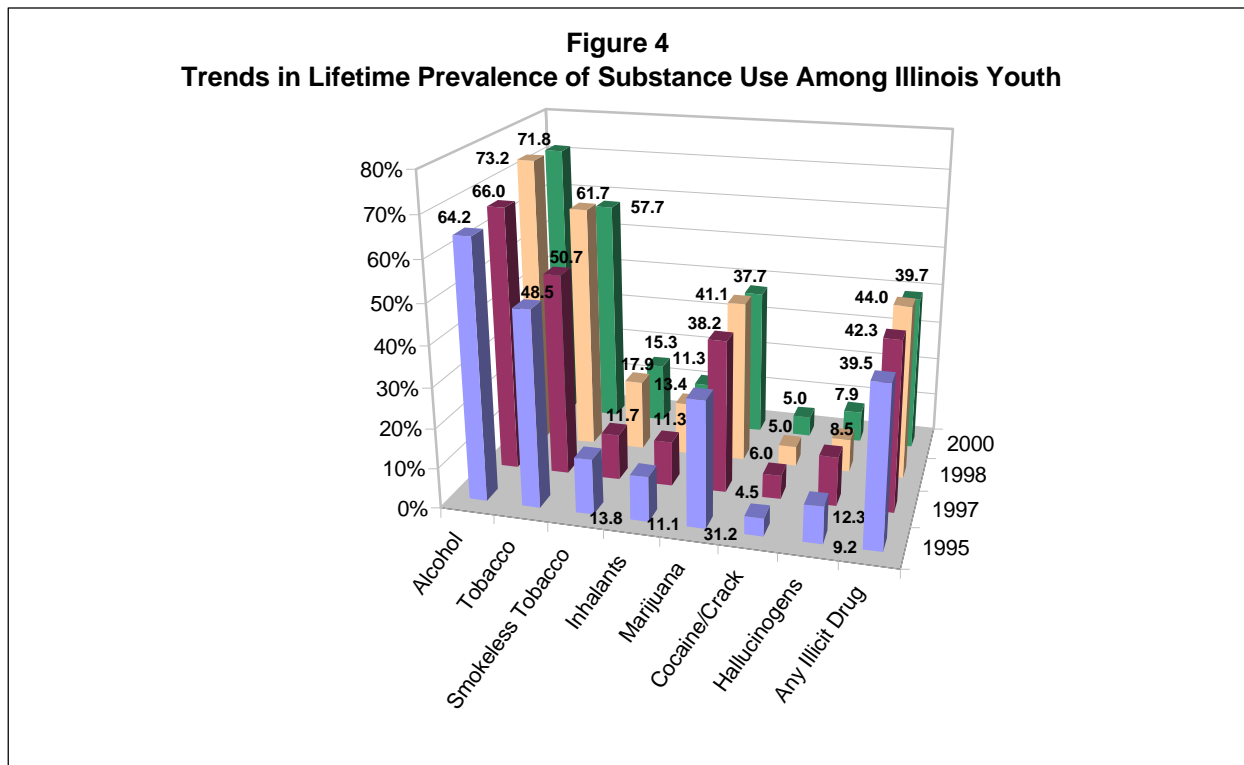
provide information on ATOD use among juvenile detainees, youth entering the Illinois juvenile corrections system, and homeless adolescents.

School Surveys (1990, 1993, 1995, 1997, 1998, 2000)

A series of surveys of Illinois junior high and high school students has tracked substance use among this population (Chestnut Health Systems, 1994, 1999, 2001).

Figure 4 presents lifetime prevalence rates for a number of substances for 1995, 1997, 1998, and 2000. For each of those years, students were most likely to have ever used alcohol, tobacco, and marijuana; much

smaller proportions had tried smokeless tobacco, inhalants, hallucinogens, and cocaine and/or crack. In general, the percentage of students reporting lifetime substance use increased from 1995 to 1998 but decreased slightly in 2000. However, the 2000 prevalence rates for alcohol, tobacco, and marijuana remain higher than the 1995 rates.



Tables 2 through 4 examine lifetime, past year, and past month use of the three drugs most commonly used by Illinois students (alcohol, tobacco, and marijuana) for 1995, 1997, 1998, and 2000.

Between 1995 and 1998, the percentage of Illinois junior and senior high school students reporting having ever consumed alcohol increased, but the most recent student survey results indicate a slight drop in lifetime alcohol use. Approximately 72 percent of respondents

reported having ever drunk in 2000. As shown in **Table 2**, prevalence rates for past year alcohol use follow this same trend, with the exception of 12th graders and females, whose rates increased in 2000. On the other hand, both 1998 and 2000 saw drops in the proportion of students reporting past-month drinking. In fact, in 2000 fewer youth reported drinking during the preceding 30 days than in any of the other years reported here, regardless of grade level or gender.

Table 2. Lifetime, Past Year, and Past Month Alcohol Use Among Illinois Students, by Age and Grade, 1995–2000

	Lifetime (%)				Past Year (%)				Past Month (%)			
	1995	1997	1998	2000	1995	1997	1998	2000	1995	1997	1998	2000
TOTAL	64.2	66.6	73.2	71.8	55.9	58.2	66.0	64.4	41.8	44.4	40.7	38.1
Grade												
8 th	56.4	55.0	60.8	60.0	47.3	45.3	53.1	50.0	31.9	31.0	27.7	23.2
10 th	63.7	67.5	76.5	74.5	55.7	60.1	69.3	66.9	42.3	45.8	41.3	40.2
12 th	74.9	76.9	83.6	82.6	67.1	71.0	77.1	77.7	53.8	58.3	54.9	53.3
Gender												
Male	63.2	64.0	73.1	70.9	55.4	55.7	66.5	63.7	43.2	43.4	43.4	39.1
Female	65.2	67.8	73.1	72.6	56.5	60.6	65.6	67.8	40.6	45.4	38.3	37.2

DATA SOURCES

School-based surveys on substance use among Illinois students were conducted in 1990, 1993, 1995, 1997, 1998, and 2000. The 1990 study was done by the Addictions Research Institute at the Illinois Department of Alcoholism and Substance Abuse; the rest were conducted by Chestnut Health Systems. In each year, students in grades 8, 10, and 12 were asked to complete anonymous self-administered questionnaires. Only more recent data is discussed here, as a change in the weighting strategy to better reflect absenteeism caused discontinuity in trends between 1993 and 1995 (Chestnut Health Systems, 1999). In 1995, 4,475 students were interviewed; in 1997, 4,550; in 1998, 4,810; and in 2000, 6,387. The studies were sponsored by the Illinois Department of Human Services. Results are compared with the adolescent substance use rates reported in the *Monitoring the Future* study, a nationwide annual survey of youth (Johnson, O'Malley, & Bachman, 2001) that also is conducted using anonymous self-administered questionnaires distributed to a random nationwide sample of schools.

Table 3. Lifetime, Past Year, and Past Month Tobacco Use Among Illinois Students, by Age and Grade, 1997–1998

	Lifetime (%)				Past Year (%)				Past Month (%)			
	1995	1997	1998	2000	1995	1997	1998	2000	1995	1997	1998	2000
TOTAL	48.5	50.7	61.7	57.7	40.1	42.0	40.6	34.6	32.2	33.2	28.4	24.4
Grade												
8 th	44.0	43.5	52.5	47.1	36.5	35.1	33.5	24.1	27.1	25.6	21.7	14.0
10 th	46.4	52.0	64.2	58.3	38.1	43.8	41.9	34.9	31.1	35.2	27.9	25.0
12 th	56.8	57.7	69.3	69.8	47.1	48.1	47.4	46.9	39.9	39.7	36.6	36.0
Gender												
Male	49.2	49.3	61.4	56.4	40.4	41.1	40.7	34.8	32.6	33.5	28.7	24.4
Female	47.7	52.0	62.0	58.9	39.7	42.9	40.7	34.5	31.8	32.9	28.3	24.2

Almost 58 percent of Illinois students reported having ever smoked in 2000, down slightly from 1998 but well above the 1995 and 1997 rates. As indicated in **Table 3**, the decrease from 1998 to 2000 was due to fewer 8th and 10th graders reporting lifetime use of tobacco. In contrast, both past year and past month use of tobacco declined for the second year in 2000 to their lowest point in the

period reported here. The most recent decrease in past-year smoking is attributable primarily to the decline in rates among 8th and 10th graders, while a substantially smaller proportion of 8th graders reported using tobacco in the previous 30 days in 2000 than in 1998, which largely explains the decline in past-month smoking rates.

Table 4. Lifetime, Past Year, and Past Month Marijuana Use Among Illinois Students, by Age and Grade, 1995–2000

	Lifetime (%)				Past Year (%)				Past Month (%)			
	1995	1997	1998	2000	1995	1997	1998	2000	1995	1997	1998	2000
TOTAL	31.2	38.2	41.1	37.7	27.3	33.3	33.0	29.1	21.0	25.6	19.7	17.6
Grade												
8 th	22.4	25.9	25.6	23.2	19.4	22.8	21.3	18.7	14.1	17.0	12.7	9.9
10 th	31.2	40.1	45.6	39.3	28.0	35.3	37.2	30.9	21.6	27.5	23.5	19.2
12 th	42.5	50.4	53.7	52.8	36.5	43.2	41.7	39.3	28.9	33.2	23.6	25.0
Gender												
Male	34.9	42.0	44.6	40.4	30.1	36.1	36.2	32.1	23.6	28.0	22.9	19.7
Female	27.9	34.8	37.9	34.9	24.7	30.8	30.0	26.3	18.5	23.3	16.8	15.7

Table 4 summarizes use of marijuana by Illinois students. Rates of lifetime marijuana use increased in 1997 and 1998, then decreased in 2000: approximately 38 percent of respondents reported having ever used marijuana in 2000, compared to just over 41 percent in 1998. Past-year and past-

month use of this drug declined in 1998 and again in 2000, with past-month use showing the largest decrease. About 18 percent of youth indicated they had used marijuana in the last 30 days in 2000, down from 25.6 percent in 1997 and 19.7 percent in 1998.

There were some gender differences in substance use among Illinois students. In general, the rates of use for alcohol and tobacco were similar for male and female students, although slightly more females reported lifetime and past year alcohol use. Otherwise, males reported more substance use than did females: users of inhalants, marijuana, cocaine/crack, and hallucinogens were more likely to be male. Further, female youth were much less likely to report any use of smokeless tobacco.

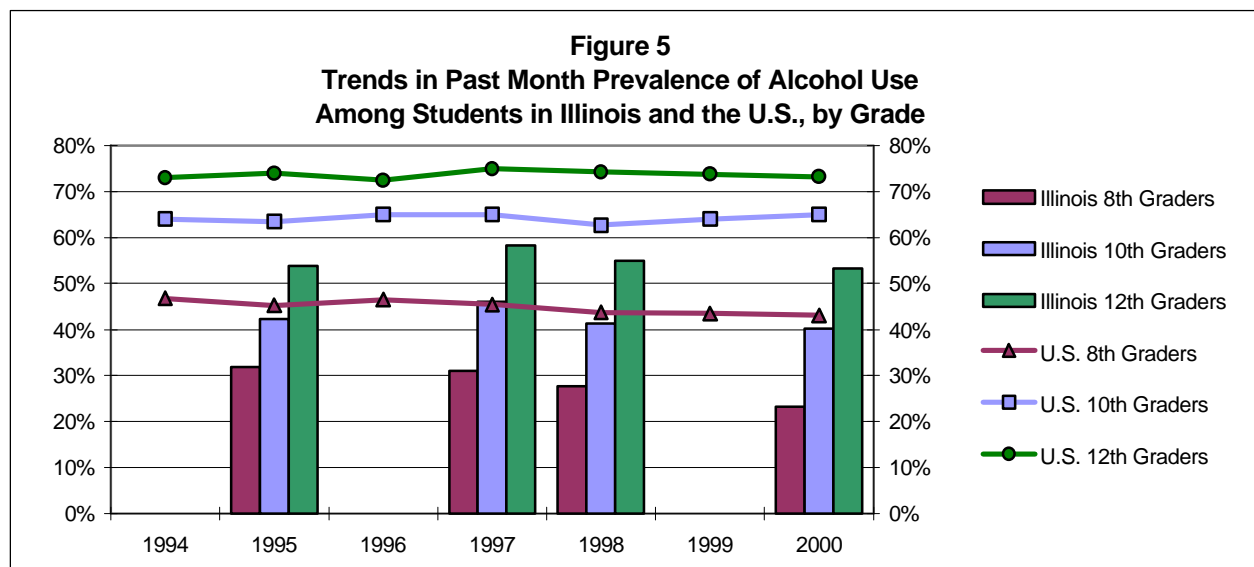
As would be expected, prevalence rates for use of all drugs generally were higher for students in higher grades (i.e., 8th graders reported less substance use than did 10th graders, and rates for 10th graders were lower than the corresponding rates for 12th graders). There was one notable exception, however: inhalants. For example, 13.8 percent of 8th graders reported lifetime use of this drug in 2000, compared to 9.4 percent of 10th graders and 10.5 percent of 12th graders. Similarly, 8th graders were twice as likely as 10th and 12th graders to have used inhalants in the last 30 days

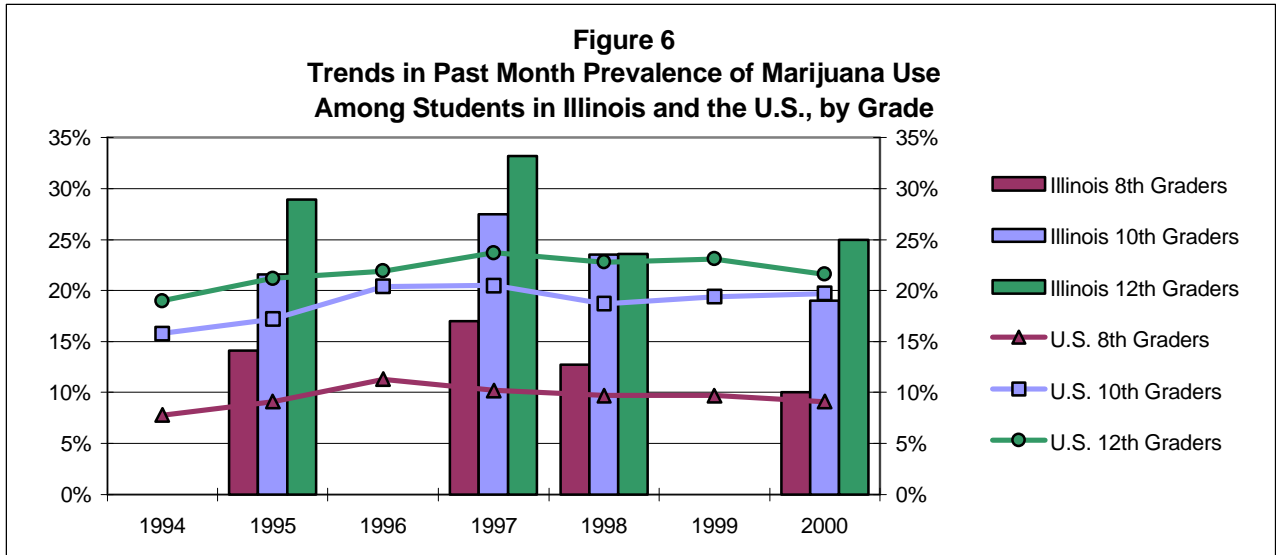
(4.1% vs. 2.1% and 1.4%, respectively). (More information on lifetime prevalence of inhalant use is presented in **Figure 7**.)

Figures 5 through 7 compare Illinois students' use of several drugs to use of these drugs by students nationwide.

As discussed earlier, alcohol is the substance most commonly used by Illinois youth. However, as **Figure 5** shows, rates of past month use of alcohol have been and remain much lower for Illinois students than for students nationwide.

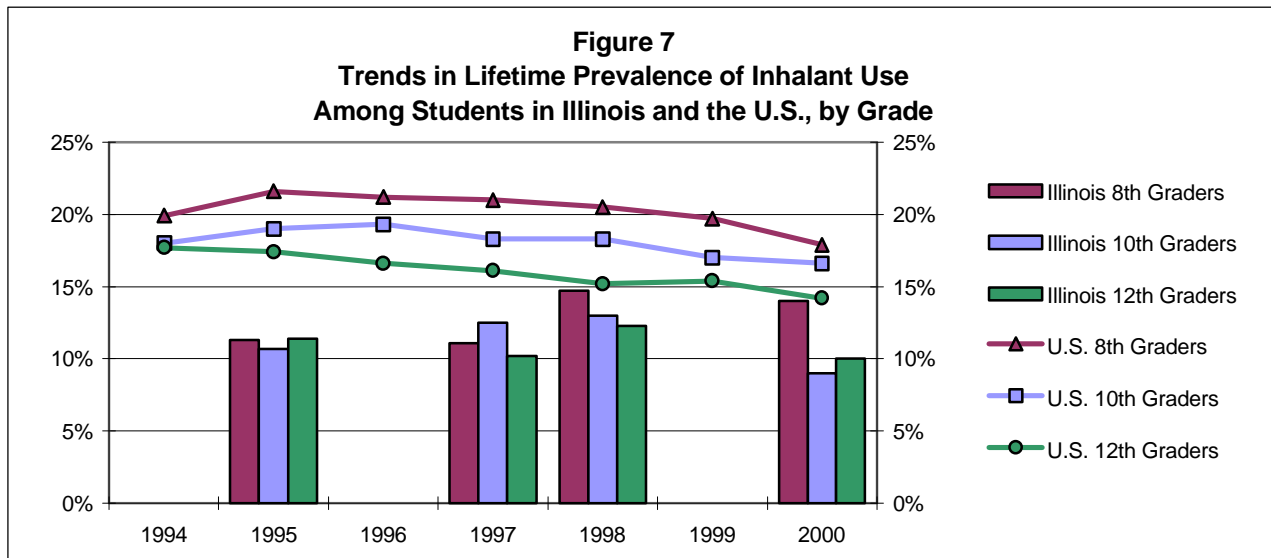
Figure 6 (see next page) compares lifetime use of marijuana by Illinois junior and high school students to lifetime use of this drug by students nationwide. As the graph indicates, Illinois students were more likely than were students nationwide to report past month use of marijuana in 1995, 1997, and 1998. However, decreases in marijuana use by Illinois 10th graders in 2000 narrowed the gap considerably, and the 2000 rate for 8th graders dropped below the national average.





Nationally, the rates of lifetime use of inhalants have decreased gradually for students in all three grades since 1996, with 8th graders consistently more likely to report lifetime use of inhalants. Trends in lifetime inhalant use among Illinois students are somewhat more complicated, as can be seen in **Figure 7**. Rates dropped in 1997 for 8th and 12th grade students but then rose in 1998

to higher than 1995 levels, while reported use increased for 10th grade Illinois students between 1995 and 1998. In 2000, rates declined for Illinois students in all grade levels, although the decrease for 8th graders was slight. Overall, rates of lifetime inhalant use among Illinois students remain lower than national rates, but it appears that, at least for 8th graders, this gap may be closing.

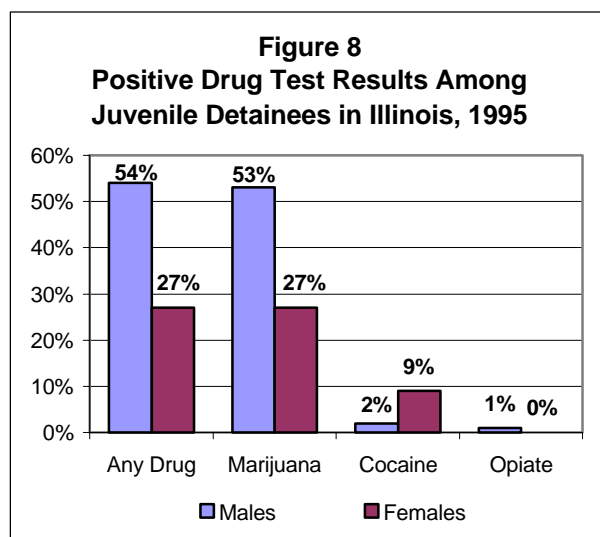


Juvenile Detainees (1995)

One hundred and two juveniles (91 males and 11 females) were interviewed at four county (Winnebago, Peoria, Champaign, and Will) juvenile detention centers between March and October of 1995 (Swartz, 1996). Urine samples also were collected from those interviewed.

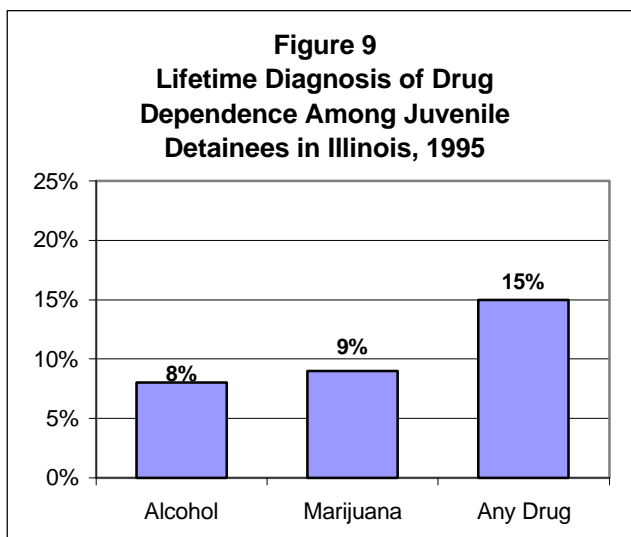
Based on the urinalysis results, marijuana was the most commonly used drug among juvenile detainees. Males were much more likely than females to have used marijuana within the month preceding their admission to detention (53% vs. 27%; see **Figure 8**). Much smaller proportions of detainees tested positive for cocaine (2% of males and 9% of females). Because of the small number of females in the sample (n=11), the comparison between males and females is not meaningful. However, it is interesting that the prevalence of marijuana and cocaine use among male and female youth was similar to that of adult arrestees: more prevalent use of marijuana among males and more prevalent use of cocaine among females. There was some variation in marijuana use across sites: males in the Winnebago County facility had the highest rate of marijuana use (64%), while males in Champaign County's detention center had the lowest rate of use (44%).

As indicated in **Figure 9**, 15 percent of detainees were diagnosed as drug dependent



DATA SOURCE

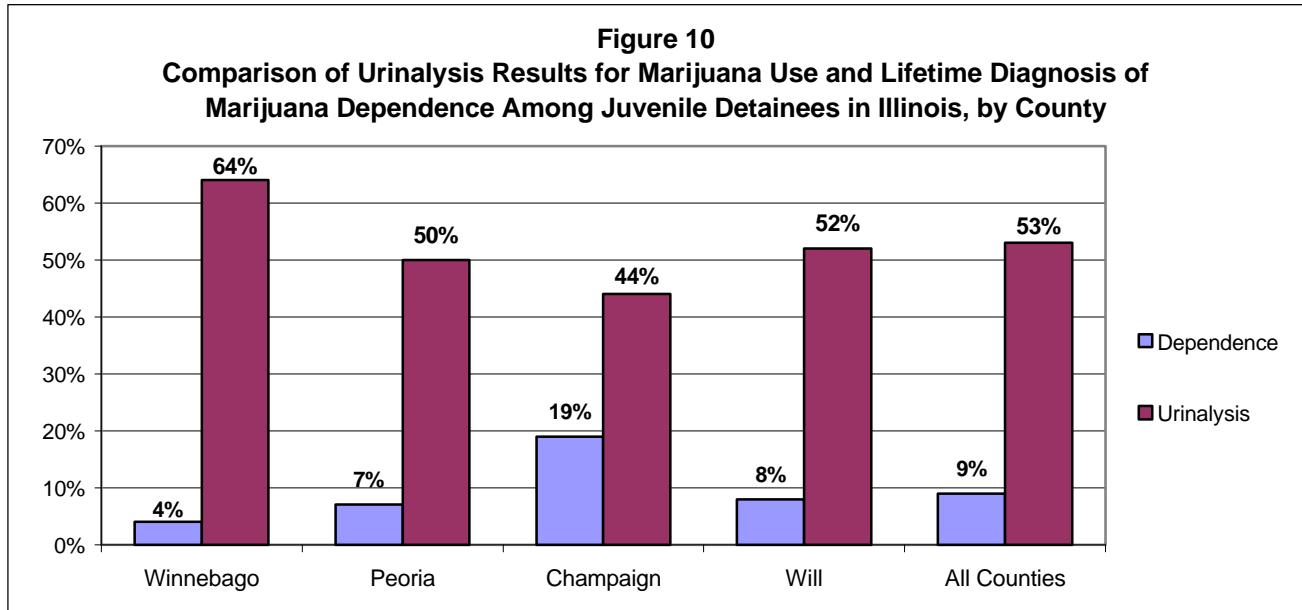
A sample of 102 juveniles were interviewed at four county detention centers in Illinois between March and October 1995. Urine samples also were collected from the interviewed juvenile detainees. The study was supported by the U.S. Center for Substance Abuse Treatment and conducted by Treatment Alternatives for Special Clients, Inc. (TASC).



on either alcohol (8%) or marijuana (9%) based on DSM-III-R diagnostic criteria. Alcohol and marijuana are known to be the drugs first used and consequently the first drugs on which users become dependent. The progression to the use of and dependence upon other drugs, such as cocaine and heroin, tends to occur later (Kandel, 1981; Miller, 1981). However, there was substantial variation across counties: lifetime diagnosis of marijuana dependence, for instance, ranged from 4 percent in Winnebago County to 19 percent in Champaign County (**Figure 10**). Because of the small sample sizes in each county, it is possible that much of this variation is attributable to sampling error and not to any real differences between the counties (Swartz, 1996). Nonetheless, it is interesting that these diagnostic results do not follow the pattern of the urinalysis results. Urinalysis results indicated that drug

use by juveniles was especially prevalent in Winnebago County, but there was not a corresponding high rate of drug dependence in Winnebago. This could be because the diagnoses were based on less reliable self-reported data (Swartz, 1996).

Because the interviews were conducted with a small number of respondents selected non-randomly from unrepresentative detention centers, study results should be interpreted with some caution.



Youth Entering the Juvenile Corrections System (2000)

A sample of 401 youth (326 males and 75 females) age 13–18 who were newly admitted to two of the juvenile correctional facilities in Illinois were interviewed (Cho, Johnson, Graf, & Pickup, 2000). **Figure 11** summarizes reported substance use among this population.

Approximately 90 percent of the respondents reported lifetime use of alcohol and cigarettes. About 15 percent claimed they had used inhalants such as volatile solvents, anesthetics, and nitrites by “huffing” or sniffing.

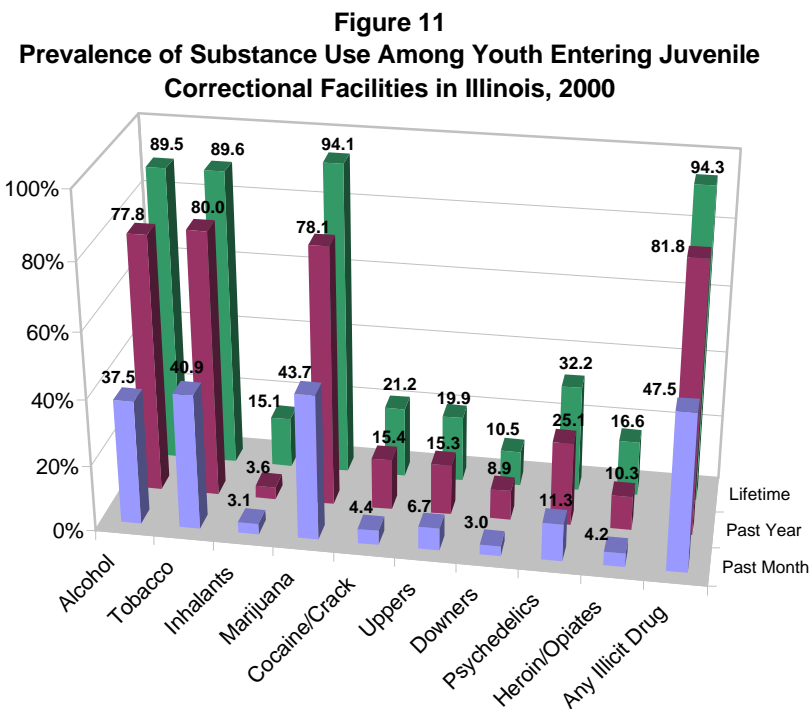
Ninety-four percent of the youth reported having used at least one illicit drug in their lifetimes. The drug most likely to have ever been tried was marijuana (94.1%), followed by psychedelics (32.2%), such as LSD, Ecstasy, Psilocybin mushrooms, MDA, or Eve. Approximately 20 percent of the respondents also indicated that had used “uppers,” such as methamphetamines, “speed,” Ritalin, etc.

DATA SOURCE

The data were gathered via computer-assisted personal interviews with 401 youth age 13–18 who were newly admitted to the juvenile corrections system in Illinois. The interviews were conducted from May to August of 2000 at the State’s juvenile corrections intake facilities in St. Charles and Warrenville. The study was supported by the U.S. Center for Substance Abuse Treatment and conducted by the Survey Research Laboratory.

Seventy-eight percent of the sample said that they used alcohol in the 12 months prior to incarceration, and about 80 percent reported past-year use of cigarettes. Less than nine percent of the respondents admitted to using any inhalants in the year before entering the facilities.

Of the total sample, about 82 percent reported having used at least one illicit drug during the 12 months prior to admittance. Again, the most commonly used drugs were marijuana (78.1%) and psychedelics (25.1%).



More than 15 percent of the respondents also reported past-year use of cocaine or crack, and “uppers” were used by 15.3 percent of the sample.

Over 37 percent of the sample consumed alcohol and about 41 percent smoked cigarettes in the month prior to their admittance. More than 3 percent had used inhalants recently.

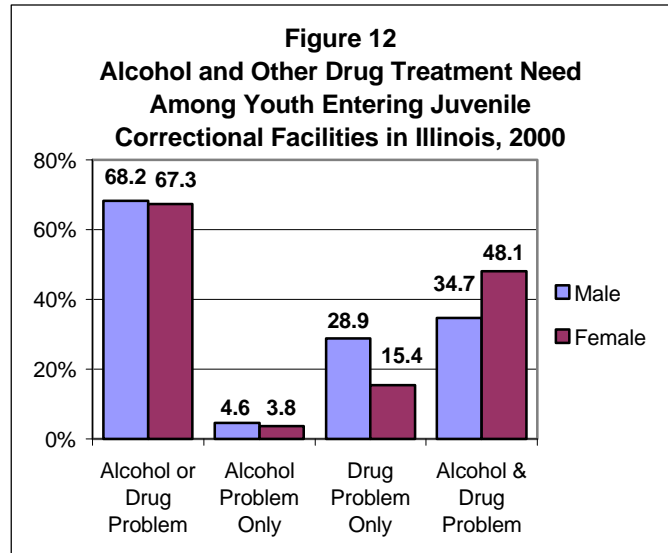
Respondents consumed an average of eight drinks per day during the 30 days before admittance. Of the total sample, over 23 percent of juveniles were heavy drinkers.s

Approximately 48 percent of the youth reported using one or more illicit drugs recently, with marijuana being the most popular choice (43.7%). More than 11 percent of respondents also reported recent use of psychedelics. Overall, males were more likely to report recent illicit drug use, although use of cocaine, “uppers,” and “downers” was more prevalent among females.

Also, it was found that African American youth were less likely than youth of other races/ethnicities to report using inhalants, cocaine/crack, “uppers,” “downers,” psychedelics, and heroin or opiates.

Treatment need was estimated using diagnosis criteria for substance abuse and dependence from the *Mini International Neuropsychiatric Interview*, or MINI (Sheehan & Lecrubier, 2000). The MINI, based on *Diagnostic and Statistical Manual of Mental Disorders* (American Psychological Association, 1987), is an abbreviated psychiatric interview schedule that includes a diagnostic inventory of alcohol abuse and dependence. For this study, the MINI criteria were applied to diagnose alcohol or other drug abuse and dependence.

Overall, 68 percent of youth newly admitted to the Illinois juvenile corrections system were found to be in need of treatment. Less than 5 percent were found to have alcohol problems exclusively, and 27 percent



had drug problems only. More than 36 percent of the youth interviewed were diagnosed as having both alcohol and drug problems.

As indicated in **Figure 12**, male and female juveniles were equally likely to be diagnosed as having alcohol- or drug-related problems. However, males were more likely to be diagnosed as having a problem with drug use only, while a greater number of female inmates were found to be in need of treatment for both alcohol and drug problems simultaneously.

Compared with adolescents of other races/ethnicities, Hispanic and white youth were more likely to be in need of treatment for both alcohol and drug problems. Further, Hispanic and white youth were more likely to need treatment for alcohol or drug problems, as well as both alcohol and drug problems simultaneously.

There was a marginal age difference between respondents needing treatment for alcohol only: a higher percentage of juveniles in the middle age category (age 15–16) were in need of alcohol abuse treatment than were younger (13–14) and older (17 or older) youth.

Difference in treatment need also was found between those attending school and non-attenders. Of those who had been attending school before entering the facilities,

64 percent were found to be in need of treatment, compared to 76.7 percent of those who had dropped out of school or had not been attending school. At the same time, non-

attenders were more likely to be in need of treatment for both alcohol and drug problems.

IV. Criminal Justice Populations

Adult Arrestees (1995)

To examine the substance use patterns and treatment needs of adults coming into contact with the criminal justice system in Illinois, face-to-face interviews were conducted with 993 arrestees in 1995 (Swartz, 1996). Also, respondents provided urine samples.

Illicit drug use was common among both male and female arrestees across sites. Urine test results indicated that more than 60 percent of all respondents had been using an illicit drug near the time of their arrests. Forty-five percent of the men and 27 percent of the women tested positive for marijuana (see **Figure 13**). A higher proportion of the women had been using cocaine before their arrests (46% of women vs. 32% of men). There were no significant differences in the rates of use of marijuana, cocaine, or opiates by offense class (i.e., misdemeanor vs. felony), except that felons tended to have higher rates of opiate use.

As seen in **Figure 14**, approximately 43 percent of the male and 59 percent of the female arrestees met the DSM-III-R dependency criteria for any drug, with 45 percent of all the subjects classified as being drug dependent at some time in their lives. Arrestees dependent on cocaine and opiates tended to have the most severe dependencies as diagnosed by the DSM-III-R: close to 60 percent of those who were dependent on either of these drugs were classified as severe.

Approximately 35 percent of males had been in drug treatment previously, with the majority of these receiving treatment for drug and alcohol use. Only a very small proportion (less than 5%) were in treatment at the time of arrest, while 37 percent felt they were in need of treatment. A similar pattern was observed among female arrestees, except that a smaller proportion of the female sample (28%) had ever received drug treatment.

DATA SOURCE

The data on drug use among Illinois adult arrestees was collected via computer-assisted personal interviews with 831 men between April and November 1995 at jail sites in Will, Winnebago, Peoria, Champaign, St. Clair, and Adams Counties. During the same period, 162 female arrestees were interviewed at Will, Winnebago, Peoria, and Champaign County jail sites. Further, urine samples were obtained from all interviewees. The study was conducted by Treatment Alternatives for Special Clients, Inc. (TASC), with funding from the U.S. Center for Substance Abuse Treatment.

Figure 13
Positive Drug Test Results Among Illinois Adult Arrestees, 1995

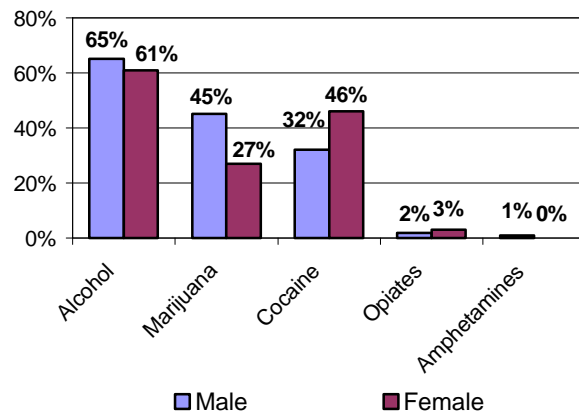
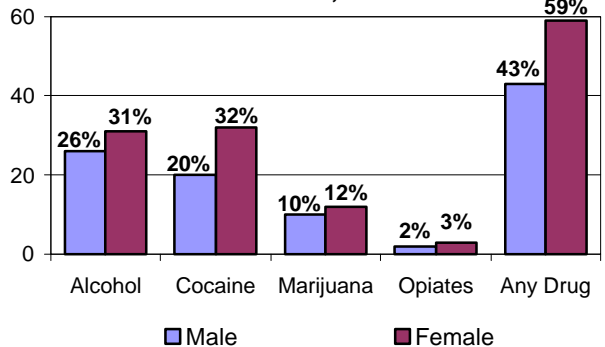


Figure 14
Lifetime Diagnosis of Drug Dependence Among Illinois Adult Arrestees, 1995



Adult Probationers (2000)

A sample of 627 Illinois adult probationers were interviewed to assess prevalence of alcohol, tobacco, and other drug use and substance treatment needs in 1999 and 2000 (Lurigio et al., 2000).

Table 5 compares substance use rates for Illinois probationers and the Illinois general population. Overall, more than 98 percent of probationers reported lifetime use of alcohol. The lifetime prevalence of alcohol among the general population in 1998 was 93.1 percent (Cho, Johnson, & Pickup, 2000). Approximately three-quarters of the probationers said that they have smoked tobacco regularly at some point in their lifetimes. This figure is about 30 percentage points higher than the one estimated for the Illinois general population.

Of the total sample of Illinois adult probationers, more than 88 percent reported use of at least one illicit drug (i.e., marijuana, hallucinogens, cocaine, heroin) in their lifetimes. Compared to the Illinois general population, probationers were about two and a half times more likely to report lifetime use of any illicit drugs. The illicit drug most likely to have ever been used was marijuana

DATA SOURCE

The Survey Research Laboratory conducted computer-assisted personal interviews with a representative sample of 627 adults (469 males and 158 females) currently on probation in Illinois from June 1999 to May 2000. The U.S. Center for Substance Abuse Treatment provided funding for the study.

(86.9%), followed by cocaine (46.4%). Heroin was the drug least likely to have ever been used by the probationers (17.9%). The same pattern was observed among the general population sample, but with much lower prevalence rates: their rates ranged from 1.9 percent for heroin use to 37.3 percent for marijuana use.

Almost 80 percent of probationers reported having used alcohol in the last 18 months, and more than half had used alcohol in the 30 days prior to the interview. In terms of tobacco use, past year and past month prevalence rates were 68.1 percent and 64.4 percent, respectively. These rates were more than 30 percentage points greater than the rates among the general population.

Table 5. Comparison of Lifetime, Past Year, and Past Month ATOD Use Among Illinois Probationers and Illinois General Public

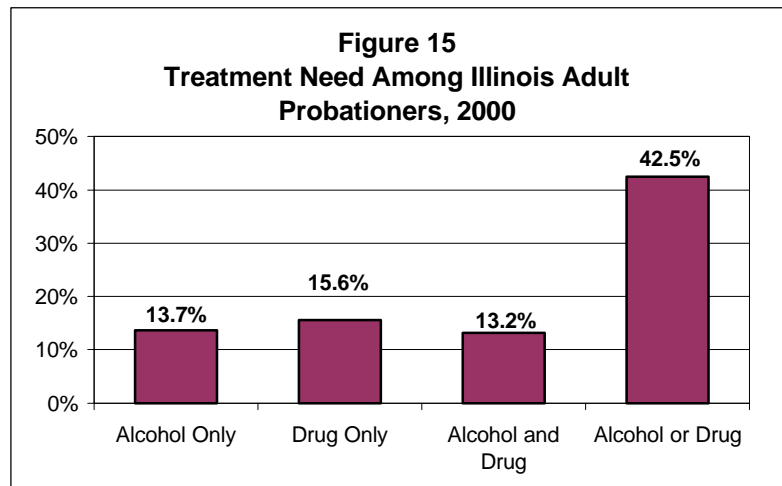
Substance	Lifetime (%)		Past Year (%)		Past Month (%)	
	Probationers	General Public	Probationers	General Public	Probationers	General Public
Alcohol	98.6	93.1	79.6	72.9	50.5	53.5
Tobacco	74.5	44.6	68.1	25.8	64.4	22.2
Marijuana	86.9	37.3	45.3	7.3	21.2	3.4
Hallucinogens	30.6	8.5	6.7	0.7	0.6	--
Cocaine	46.4	10.6	22.2	0.8	8.6	--
Heroin	17.9	1.9	7.7	--	2.9	--
Any illicit drugs	88.5	33.7	54.5	7.6	25.2	3.5

More than half of Illinois probationers reported having used at least one illicit drug in the previous 12 months, and 25.2 percent reported past month use of an illicit drug. In general, probationers were over seven times more likely to have used an illicit drug during the past year or past month than were members of the general public. The most commonly used drug, again, was marijuana, followed by cocaine. Past year and past month prevalence rates of marijuana were 45.3 percent and 21.2 percent, respectively. More than 22 percent of probationers used cocaine in the past 12 months, and 8.6 percent reported having used cocaine in the last 30 days. Overall, probationers were substantially more likely to use tobacco and illicit drugs than were members of the general population.

As presented in **Figure 15**, approximately 43 percent of Illinois probationers were diagnosed as being in need of alcohol or drug treatment in the preceding 12 months. This figure is 30 percentage points higher than the *lifetime* treatment needs estimated for the Illinois household sample in 1998. More than 13 percent of probationers interviewed had alcohol-related problems only, and 15.6 percent had drug problems without having alcohol problems.

Another 13.2 percent of the sample had both alcohol and drug problems. Of the total sample of Illinois adult probationers, 16.6 percent were diagnosed as having a treatment need specifically for marijuana abuse, 14.5 percent for cocaine, 6.1 percent for heroin, and 1.3 percent for hallucinogens. No differences in treatment needs by gender were found. However, the youngest age group (age 18–24) was less likely to be in need of treatment for alcohol-related problems (without accompanying drug problems) compared to older probationers.

Overall, probationers' need for drug or alcohol treatment did not vary by type of offense. However, probationers convicted of a felony were more likely than those charged with a misdemeanor to be in need of treatment for drug problems exclusively.



Adult Prisoners (1994)

A sample of 630 inmates entering the State of Illinois correctional system were interviewed at four sites in 1994.

Drinking and smoking were common among both male and female inmates, with slightly more female inmates reporting lifetime and past year smoking (see **Table 6**). More than 90 percent of inmates (91.4% of male and 88.9% of female) reported using any illicit drugs one or more times in their lifetimes, while more than three-quarters reported past year use of illicit drugs. About 64 percent said that they used one or more illicit drugs during the month before entering the facilities.

The illicit drug most likely to ever have been used among inmates was marijuana, followed by cocaine. However, cocaine was the most commonly used illicit drug among female inmates during the past year and past month (68.9% and 51.1%, respectively). Hallucinogens were the drug least likely to

DATA SOURCE

From February to July 1994, face-to-face computer-assisted interviews were conducted with 526 males and 104 females entering State of Illinois correctional facilities. These interviews were conducted by the Survey Research Laboratory and took place at four intake sites.

have been used by both male and female inmates.

Interestingly, cocaine and heroin were more likely to be used by female inmates. For instance, about 63 percent of male inmates reported lifetime use of cocaine, which was about ten percentage points lower than that of female inmates. Even during the month before being incarcerated, more than 50 percent of female inmates used cocaine, compared to 35.4 percent of male inmates.

Table 6. Lifetime, Past Year, and Past Month ATOD Use Among Illinois Adult Prisoners, 1994

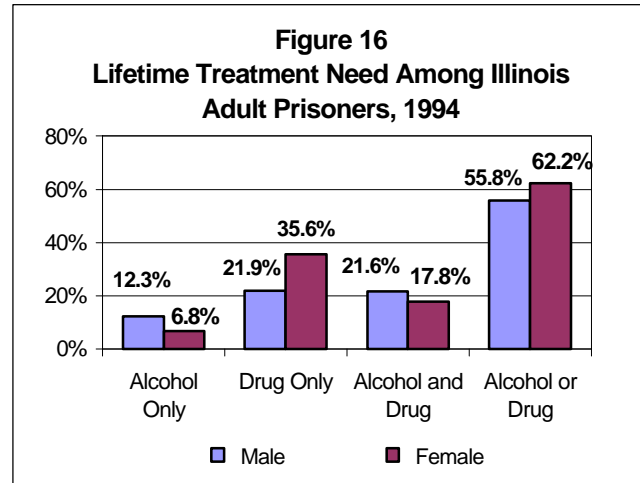
Substance	Lifetime (%)		Past Year (%)		Past Month (%)	
	Male	Female	Male	Female	Male	Female
Alcohol	95.9	97.8	79.6	75.6	--	--
Tobacco	83.9	86.4	77.5	82.2	--	--
Marijuana	90.6	84.1	67.8	44.4	46.7	22.2
Hallucinogens	30.0	27.3	11.5	9.1	4.5	**
Cocaine	62.5	73.3	49.1	68.9	35.4	51.1
Heroin	36.2	37.8	26.9	33.3	19.4	22.7
Any illicit drugs	91.4	88.9	79.1	77.8	64.4	62.2

**Less than 0.5 percent.

Based on DSM-III-R criteria for alcohol and drug abuse/dependence, 55.8 percent of male and 62.2 percent of female inmates were diagnosed as being in need of alcohol or drug treatment at some point in their lives, as indicated in **Figure 16**. Female inmates were considerably more likely to be diagnosed as being in need of treatment exclusively for drug use than were males.

Of the total sample of inmates, 14.7 percent were diagnosed as having a treatment need for marijuana use, 29 percent for cocaine use, 17.3 for heroin use, and 3.1 for hallucinogen use. Female inmates were more in need of treatment for cocaine use than were their male counterparts (44.4% vs. 27.9%).

In general, estimated treatment needs did not vary significantly across racial/ethnic groups or by educational level. However, inmates in the oldest age group (age 35 and older) were more likely to be in need of treatment than were younger inmates.



Inmates' need for alcohol and/or drug use treatment was related to the types of crime ever committed. Respondents who had ever committed a crime against property or person or a crime related to drug dealing were more likely to be in need of treatment than were those who had not engaged in such crimes.

IV. Disadvantaged Populations

Homeless Adults in Cook County (1990)

During October and early November 1990, 481 randomly selected homeless adults were interviewed at 36 facilities serving homeless persons in Cook County (Johnson & Barrett, 1991).

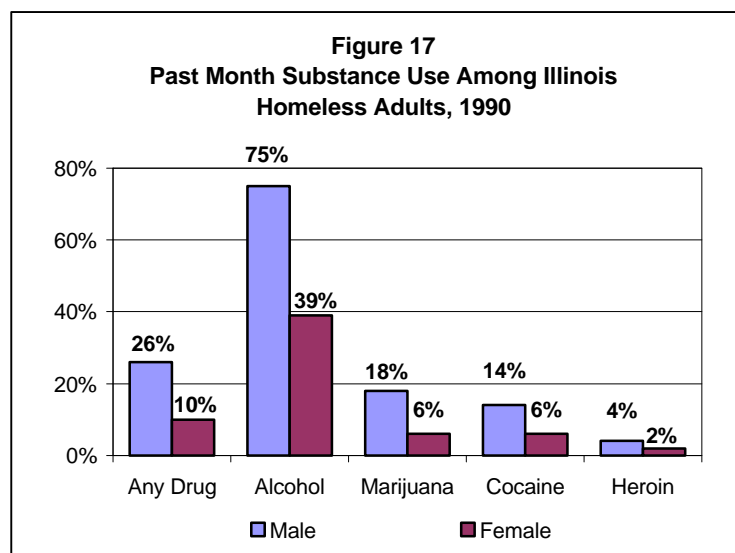
A majority of homeless respondents (85.6%) indicated ever having used alcohol, and approximately 60 percent reported using at least one drug at some time during their lives. The drugs most likely to have been tried were marijuana (59.2%), cocaine (33.6%), hallucinogens (15.9%), stimulants (14.6%), and heroin and tranquilizers (both used by 12.9%). Males were more likely than females to have ever used each of these substances. Older respondents (age 35 and over) and African-American respondents had higher lifetime prevalence rates than did younger respondents and members of other ethnic groups. Also, respondents interviewed in single-room occupancy (SRO) hotels were more likely to have ever used alcohol than were those interviewed in shelters, while shelter interviewees were more likely to report lifetime use of illicit substances, with the exceptions of stimulants and hallucinogens. SRO respondents were more likely to have ever used those two drugs.

Over 71 percent of respondents indicated they had used alcohol during the previous 12 months; males were much more likely to report drinking during this time period, as were those interviewed in SRO hotels. Just over one-third of respondents (34.6%) reported having used at least one drug during the past year, with marijuana (24.2%), cocaine (21.2%), and heroin (6.3%) being the most commonly used drugs. Past-year use of these three drugs was most prevalent among those under age 35, males, and African Americans.

DATA SOURCE

Data were gathered from 481 homeless adults in Cook County, Illinois, during October and November of 1990. Face-to-face interviews were conducted at 36 randomly-selected facilities that serve homeless persons, including emergency shelters, transitional shelters, meal programs, drop-in centers, and single-room occupancy (SRO) hotels. The study was supported by the Illinois Department of Alcoholism and Substance Abuse and conducted by the Survey Research Laboratory.

Just over 60 percent of respondents reported that they had consumed alcohol in the preceding 30 days, and older and SRO hotels respondents were more likely to have used this substance in the past month. Slightly less than 20 percent reported using one or more drugs during the past 30 days. Again, the most commonly used drugs were marijuana (13.2%), cocaine (10.8%), and heroin (2.9%), and African Americans were more likely to report past-month use of these drugs. Younger individuals were more likely to have used marijuana and cocaine, while those age 35 and older were slightly more likely to have used heroin. Compared to those in SROs, persons interviewed in shelters were

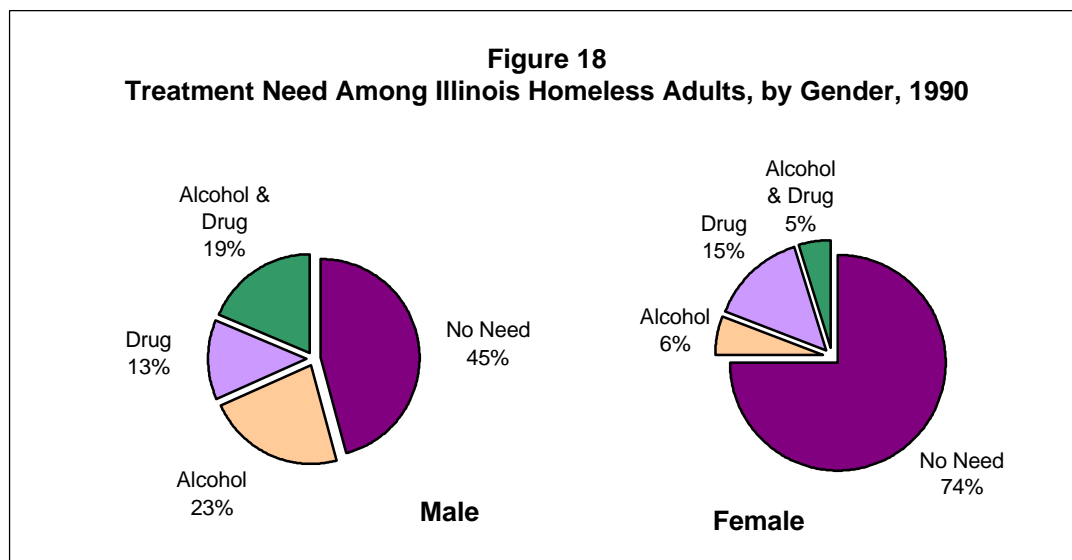


more likely to have used cocaine and heroin in the past month. Also, males were more likely to report past-month substance use, as can be seen in **Figure 17**.

A total of 43.3 percent of the homeless interviewed were classified as being in need of treatment for alcohol or drug abuse. Roughly equal proportions were in need of treatment for alcohol abuse (16.3%), drug abuse (13.5%), and abuse of both alcohol and other drugs (13.5%).

The groups most in need of alcohol treatment were those staying in SRO hotels,

those age 35 and older, males, and whites. Those most in need of drug treatment and dual alcohol/drug treatment were those in shelters, younger respondents, and African Americans. Females were slightly more likely to require drug treatment only, and males were much more likely to need dual treatment. Over one-half of all males (54.3%) were found to be eligible for some form of treatment for substance abuse. In contrast, only one-quarter of all women required treatment. These gender differences are displayed graphically in **Figure 18**.



Illinois Office of Mental Health Clients (2000)

Three hundred inpatient and 302 outpatient clients of service providers funded by the Illinois Office of Mental Health (OMH) were interviewed between June 1999 and February 2000 (Cho, Johnson, Hart et al., 2000).

Table 7 presents overall prevalence rates of use of each substance for inpatients, outpatients, and comparison data from the 1998 Illinois Office of Alcoholism and Substance Abuse survey of Illinois adults. Large majorities of inpatients and outpatients receiving services through the Office of Mental Health reported ever using alcohol. A similar proportion of Illinois adults (93.1%) also reported lifetime alcohol use. However, members of the general population were more likely to report more recent alcohol consumption (i.e., past year and past month) than were either inpatients or outpatients.

Most OMH clients reported experience with tobacco products. More than three-quarters of all inpatients and more than two-thirds of all outpatients reported lifetime use. In contrast, less than half of all Illinois adults (44.6%) reported ever having used tobacco. Among the general public, 22.2 percent reported currently using tobacco, while majorities of each patient group reported

DATA SOURCE

The Survey Research Laboratory interviewed a random sample of 602 clients of service providers funded by the Illinois Office of Mental Health (OMH) between June 1999 and February 2000. Computer-assisted personal interviews were conducted in 13 inpatient and outpatient mental health facilities throughout Illinois. The study was supported by the U.S. Center for Substance Abuse and Treatment.

current use (59.3% of inpatients and 58.3% of outpatients).

OMH clients also were more likely to have used illicit drugs. Whereas approximately 60 percent and 70 percent of outpatients and inpatients, respectively, reported lifetime use of any illicit drugs, one-third of adults in the general population reported lifetime illicit drug use. Patients receiving services through OMH also were more likely to have used illicit substances during the past year and the past month when compared to adults in general. Among the illicit drugs examined, marijuana was the drug of choice among both OMH clients and the general household population, followed by cocaine and hallucinogens.

Table 7. Lifetime, Past Year, and Past Month ATOD Use Among OMH Clients, 2000

Substance	Inpatients (%)			Outpatients (%)			General Household (%)		
	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month	Lifetime	Past Year	Past Month
Alcohol	94.3	64.3	24.0	93.4	47.0	21.9	93.1	72.9	53.5
Tobacco	78.0	70.0	59.3	69.2	60.6	58.3	44.6	25.8	22.2
Marijuana	68.0	33.0	10.3	61.9	18.9	8.3	37.3	7.3	3.4
Hallucinogens	30.7	8.7	1.0	26.5	1.7	0.0	8.5	0.7	--
Cocaine	43.3	25.3	7.0	31.1	7.0	1.7	10.6	0.8	--
Heroin	18.0	4.7	0.3	11.9	0.3	0.0	1.9	--	--
Any illicit drugs	70.7	41.3	14.7	61.9	21.5	9.3	33.7	7.6	3.5

Treatment need was estimated using the CAGE criteria for alcohol and drug abuse. The CAGE is a short, easily administered

screening instrument that has been used in a variety of clinical and research settings over the past several decades (Mayfield, McLeod,

& Hall, 1974; Ewing, 1984). During the interview, patients reporting any use of alcohol or illicit drugs (marijuana, hallucinogens, cocaine, and heroin) in their lifetimes were asked about four CAGE symptoms indicative of abuse:

- Having felt a need to cut down on one's drinking or drug use.
- Being annoyed by people criticizing one's drinking or drug use.
- Having ever felt bad or guilty about one's drinking or drug use.
- Ever having had a drink or used a drug first thing in the morning to steady one's nerves or get rid of a hangover.

Respondents reporting two or more of these symptoms for any specific substance were classified as having a treatment need for that

substance. Findings are summarized in **Table 8**.

Over half of inpatients (55.6%) and slightly less than half of outpatients (48.4%) interviewed had alcohol or other drug treatment need. Most inpatients with treatment need were in need of treatment for both alcohol and other drugs, and treatment need for both types of substances was most common among the outpatients as well.

Among inpatients, males and younger patients were more likely to have some form of treatment need, as were those with a high school education or less. Among outpatients, males were more likely to have drug-related treatment need, and persons with a high school education or less were more likely to have treatment need for both alcohol and drug use.

Table 8. Percentage of OMH Clients Meeting CAGE Criteria for Substance Abuse, 2000

	Inpatients (%)				Outpatients (%)			
	Alcohol or Drug Problem	Alcohol Problem Only	Drug Problem Only	Alcohol & Drug Problem	Alcohol or Drug Problem	Alcohol Problem Only	Drug Problem Only	Alcohol & Drug Problem
TOTAL	55.6	15.0	8.3	32.3	48.4	16.2	10.3	21.9
Gender								
Male	62.8	16.6	8.0	38.2	53.2	14.9	13.6	24.7
Female	41.6	11.9	8.9	20.8	43.2	17.6	6.8	18.9
Race								
White	55.9	16.4	7.9	31.6	47.6	16.5	10.7	20.4
African American	57.4	8.8	13.2	35.3	45.1	12.7	7.0	25.4
Hispanic	64.3	25.0	3.6	35.7	64.3	14.3	14.3	35.7
Other	40.7	11.1	3.7	25.9	63.6	36.4	18.2	9.1
Age								
18–24	67.2	12.1	13.8	41.4	22.2	--	16.7	5.6
25–34	61.0	20.8	7.8	32.5	51.7	16.7	13.3	21.7
35 and older	48.8	13.4	6.7	28.7	49.6	17.4	8.9	23.2
Education								
< High school	58.4	16.8	6.9	34.7	54.3	15.2	9.8	29.3
High school	63.9	16.5	9.3	38.1	50.5	13.2	9.9	27.5
> High school	45.5	11.9	8.9	24.8	41.5	18.6	11.0	11.9
Region								
Cook County	62.4	12.8	11.1	38.5	50.4	12.4	11.6	26.4
Other counties	51.4	16.4	6.6	28.4	46.8	19.1	9.2	18.5

Medicaid Recipients (1999)

In an effort to more precisely identify patterns of alcohol, tobacco, and other drug (ATOD) use among the Illinois Medicaid population and associated treatment needs, 1,382 Medicaid recipients were interviewed between January 1998 and June 1999 (Cho, Johnson, Farrar, & Pickup, 2000).

A majority of respondents reported lifetime use of alcohol: 85 percent have drunk alcohol at least once in their lifetimes. More than half (54%) have smoked tobacco (i.e., cigarettes, cigars, or a tobacco pipe) regularly at some point in their lifetimes (**Figure 19**).

Overall, a little over 40 percent of the sample reported using at least one drug in their lifetimes. The drug most likely to have ever been tried was marijuana (40.9%), followed by cocaine (13%). Hallucinogens and heroin were least likely to be tried by Medicaid recipients.

Fifty-four percent of respondents said that they used alcohol in the last 18 months, and about 31 percent reported drinking in the 30 days before the interview. More than one-third of those interviewed reported having smoked in the past year, and 33 percent smoked in the past month.

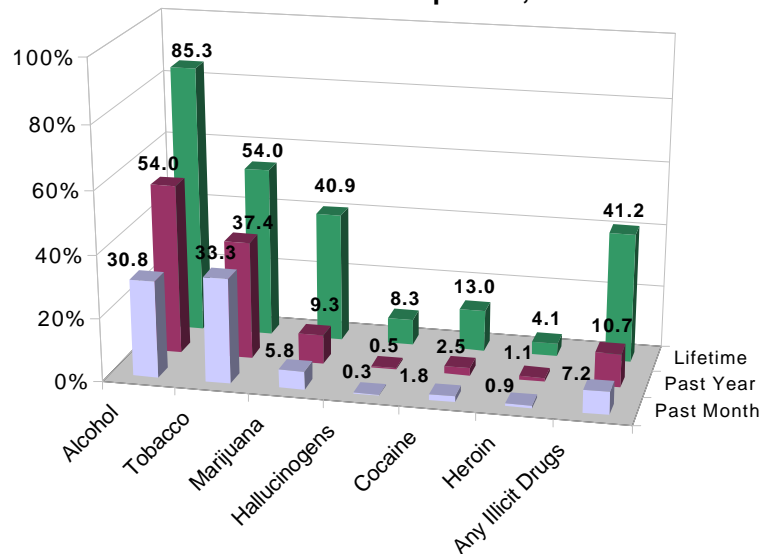
DATA SOURCE

Computer-assisted telephone and face-to-face interviews were conducted with a representative sample of 1,382 Illinois Medicaid recipients (371 males and 1,011 females) between January 1998 and June 1999. The study was supported by the U.S. Center for Substance Abuse and Treatment and conducted by the Survey Research Laboratory.

Of the total sample, 10.7 percent reported using at least one illicit drug during the previous 12 months, with the most commonly used drugs being marijuana (9.3%) and cocaine (2.5%). About 7 percent reported using one or more illicit drugs in the preceding 30 days; again, marijuana was most likely to have been used (5.8%). Very few respondents mentioned using other drugs, such as hallucinogens, cocaine, and heroin, during that time. Past month prevalence rates of these drugs were less than 2 percent.

Compared to the 1994 Illinois household survey, lifetime prevalence rates among Medicaid recipients were higher in all

Figure 19
Lifetime, Past Year, and Past Month ATOD Prevalence Among Illinois Medicaid Recipients, 1999



substance use categories except alcohol. Further, all lifetime, past year, and past month illicit drug use prevalence rates were higher for Medicaid recipients than for the general household sample: the rates for the Medicaid sample were 41.2 percent (vs. 33.1% for the general household sample), 10.7 percent (vs. 5.4%), and 7.2 percent (vs. 2.1%), respectively.

Treatment need was estimated based on diagnosis criteria for substance abuse and dependence from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R). During the interview, Medicaid recipients were asked if they experienced any problems or symptoms associated with the use of each substance (alcohol, marijuana, hallucinogens, cocaine, and heroin) and were asked about the duration of such symptoms or problems.

As shown in **Table 9**, 12 percent of respondents were found to be in need of treatment, which was 3 percent higher than was found in the general household sample in 1994. More than 5 percent had alcohol-related problems only, and 4.4 percent were found to have drug problems exclusively. Only 2.1 percent were diagnosed as having both alcohol and drug problems.

Of the total sample, 3.7 percent were diagnosed as needing treatment for abuse of marijuana, 3.4 percent for cocaine, 1.9 percent for heroin, and less than 1 percent for hallucinogens.

In terms of gender differences in treatment need, males were significantly more likely to meet the DSM-III-R criteria than were females. Approximately 18 percent of male Medicaid recipients were in need of treatment—about twice that of females. About 9 percent of males and 4.3 percent of females were diagnosed as having an alcohol problem only. Although the percentages were small, males also were twice as likely to have a combined alcohol and drug abuse treatment need (3.5% vs. 1.7% of females).

Table 9. Lifetime Alcohol or Drug Treatment Need Among Illinois Medicaid Recipients, 1999

	%
TOTAL	12.0
Gender	
Male	18.3
Female	9.8
Race	
White	13.7
African American	13.9
Other	4.6
Age	
18–24	7.8
25–34	13.2
35+	12.6
Education	
< High school	13.8
High school	11.1
> High school	11.5
Employment Status	
Working	12.2
Not working	11.9
Region	
Cook County	11.9
Other counties	12.3
Assistance Category	
TANF	10.3
Disabled	15.8
Other	12.3

Across racial/ethnic groups, whites and African Americans did not differ significantly in treatment need. Age, education, employment status, and area of residence also were not significantly associated with treatment need.

Among those age 18–24, no respondents were diagnosed with combined alcohol and drug use problems; more than 2 percent of those age 25 and older were found to have both problems.

Finally, Medicaid recipients in the “disabled” assistance category were more likely to need treatment than were TANF or other recipients (15.8%, 10.3%, and 12.3%,

respectively). Further, they were more likely to be diagnosed as having combined alcohol and drug problems.

Women in the Illinois Child Welfare System (1994)

This study involved in-person interviews with 101 mothers with open cases with the Illinois Department of Children and Family Services (DCFS). All interviews were conducted with Cook County residents from January to April of 1994 (Bruni & Gillespie, 1996a).

Nearly all of the women in the DCFS sample (92.9%) reported lifetime alcohol use. Seventy-eight percent reported using alcohol during the 18 months before the interview, and nearly half had used alcohol in the past month.

A large percentage of the DCFS sample (73.2%) claimed to have smoked tobacco regularly at some point in their lifetimes. Sixty-six percent of respondents reported smoking regularly in the past year.

A majority of women involved with the child welfare system (81.4%) claimed to have used marijuana at least once in their lifetimes, and about 40 percent reported past-year marijuana use. Nearly one-fourth (23.4%) had used this substance in the preceding 30 days.

Just under 20 percent of DCFS respondents reported ever using hallucinogens. Well over half (64.9%) reported using cocaine in their lifetimes,

DATA SOURCE

Data were obtained via face-to-face interviews with 101 mothers residing in Cook County with open DCFS cases conducted by the Survey Research Laboratory. Interviews were conducted from January to April of 1994. Findings were compared with results for Cook County women from the 1994 Illinois Household Survey, which was conducted between July 26 and December 17, 1993. Both studies were supported by the U.S. Center for Substance Abuse and Treatment.

and slightly less than half (46.4%) claimed to have used this drug in the past year. About 25 percent and 18 percent of respondents reported lifetime and past year use of heroin, respectively.

As presented in **Table 10**, DCFS respondents were more likely to use alcohol, tobacco, and other illicit drugs than were the female members of the general adult population in Cook County. For example, women in the DCFS sample were more than three times as likely to be recent smokers than were Cook County women. The difference between these two groups was even greater when the use of any illicit drugs was concerned.

Table 10. Lifetime, Past Year, and Past Month ATOD Use Among Women in the Illinois Child Welfare System, 1994 (%)

Substance	Lifetime		Past Year**		Past Month	
	DCFS Women	Cook County Adult Women*	DCFS Women	Cook County Adult Women*	DCFS Women	Cook County Adult Women*
Alcohol	92.8	89.2	78.4	67.0	49.5	29.4
Tobacco	73.2	38.5	66.0	22.3	--	--
Marijuana	81.4	28.8	39.4	4.5	23.4	1.9
Hallucinogens	19.6	6.0	2.1	1.8	2.1	0.8
Cocaine	64.9	6.6	46.4	***	21.6	***
Heroin	24.7	0.5	17.5	***	8.2	***
Any illicit drugs	84.5	28.8	60.8	4.5	36.1	2.6

*Based on 1,082 women in the general population from Cook County in 1994.

**Last 18-month use.

***Less than 0.5%.

Treatment need was estimated based on DSM-III-R criteria of substance abuse or dependence. Overall, 46 percent of the DCFS sample was diagnosed as in need of treatment, which is substantially higher than the need estimated for women in the general Cook County population (see **Table 11**). In terms of differences in treatment need among members of different racial/ethnic groups, African American women in the DCFS sample were significantly more likely to meet the DSM diagnostic criteria than were whites (65.4% vs. 16.7%).

Age appears to be negatively related to treatment need, given that older women (age 35 or older) were less likely to meet the DSM criteria for substance abuse/dependence than were those in younger age groups. Also, there was some evidence that education is linked to treatment need. High school graduates (including G.E.D.) were significantly less likely to have a diagnosis of substance abuse/dependence than those who dropped out of school.

Table 11 also shows a relationship between employment and treatment need among the DCFS sample. Unemployed DCFS respondents were over four times more likely to need treatment than those working full- or part-time. Over half of unemployed DCFS women (53.8%) met the DSM criteria for substance abuse or dependence, whereas only

11.8 percent of the employed had such a diagnosis.

Generally, DCFS women were much more likely to be in need of alcohol or drug abuse/dependence treatment than were the women in the general population of Cook County. Compared to only 4.2 percent of the female general population, 46.6 percent of the DCFS sample were diagnosed as needing treatment.

Table 11. Alcohol and Other Drug Treatment Need Among Women in the Illinois Child Welfare System, 1994 (%)

	DCFS Women	Cook County Adult Women
TOTAL	46.4	4.2
Race/Ethnicity		
White	16.7	4.0
African American	65.4	3.7
Hispanic	N/A	9.6
Age		
18-24	50.0	8.3
25-34	51.0	9.7
35+	36.7	2.1
Education		
< High school	53.1	6.4
High school graduate	39.6	3.9
Employment		
Currently unemployed	53.8	4.4
Currently working	11.8	4.0

VI. References

- Aquilino, W. S. (1994). Interview mode effects in surveys of drug and alcohol use: A field experiment. *Public Opinion Quarterly*, 58, 210–40.
- American Psychological Association (1987). *Diagnostic and statistical manual of mental disorders* (3rd edition, revised). Washington, DC: Author.
- Barrett, M. E. (1991). *DASA youth survey—1990: Our youth is our future*. Chicago: Addictions Research Institute, Illinois Department of Alcoholism and Substance Abuse.
- Bruni, M., & Gillespie, S. (1996a). *Alcohol, tobacco, and other drug use by women in the Illinois child welfare system*. Chicago: Illinois Department of Alcoholism and Substance Abuse.
- Bruni, M., & Gillespie, S. (1996b). *Illinois household survey on alcohol, tobacco, and other drug abuse, 1994: Prevalence and need for treatment*. Chicago: Office of Alcoholism and Substance Abuse.
- Chestnut Health Systems, Inc. (1994). *Youth study on substance use: 1993*. Chicago: Illinois Department of Alcoholism and Substance Abuse.
- Chestnut Health Systems, Inc. (1999). *Youth study on substance use: Comparing the 1995, 1997 and 1998 results*. Bloomington, IL: Author.
- Chestnut Health Systems, Inc. (2001). *Youth study on substance use: Comparing the 1995, 1997, 1998 and 2000 results*. Bloomington, IL: Author.
- Cho, Y. I., Johnson, T. P., Graf, I., & Pickup, L. (2000, September). *Alcohol, tobacco, and other drug use among youth entering juvenile correctional facilities in Illinois: Prevalence and treatment need, 2000*. Chicago: Illinois Office of Alcoholism and Substance Abuse.
- Cho, Y. I., Johnson, T. P., Farrar, I. C., & Pickup, L. (2000, April). *Alcohol, tobacco, and other drug use by Medicaid recipients in Illinois: Assessment of treatment need*. Chicago: Illinois Office of Alcoholism and Substance Abuse.
- Cho, Y. I., Johnson, T. P., Hart, H., Kelly-Wilson, L., & Pickup, L. (2000, September). *Alcohol, tobacco, and other drug use among Illinois Office of Mental Health Clients: Prevalence and treatment need, 2000*. Chicago: Illinois Office of Alcoholism and Substance Abuse.
- Cho, Y. I., Johnson, T. P., & Pickup, L. (2000, April). *Illinois household survey on alcohol, tobacco, and other drug use, 1998*. Chicago: Illinois Office of Alcoholism and Substance Abuse.
- Cook, R. T. (1998). Alcohol abuse, alcoholism, and damage to the immune system—A review. *Alcoholism: Clinical and Experimental Research*, 22, 1927–42.
- Dufour, M. C., Stinson, F. S., & Caces, M. F. (1993). Trends in cirrhosis morbidity and mortality: United States, 1979–1988. *Seminars in Liver Disease*, 13.
- Ewing, J. A. (1984). Detecting alcoholism, the CAGE questionnaire. *Journal of the American Medical Association*, 252, 1905–97.
- Felson, D. T., Kiel, D. P., Anderson, J. J., & Kannel, W. B. (1988). Alcohol consumption and hip fractures: The Framingham Study. *American Journal of Epidemiology*, 128, 1102–10.
- Groves, R. M. (1989). *Survey errors and survey costs*. New York: Wiley.
- Harrison, L., & Hughes, A. (1997). *The validity of self-reported drug use: Improving the accuracy of survey estimates*. Rockville, MD: National Institute on Drug Abuse.
- Johnson, T. P., & Barrett, M. E. (1991). *Homelessness and substance use in Cook County*. Chicago: Survey Research Laboratory, University of Illinois at Chicago.
- Johnson, T. P., & Barrett, M. E. (1992). *Substance use in the adult population of Illinois: 1990*. Chicago: Illinois Department of Alcoholism and Substance Abuse.
- Johnson, T. P., Hougland, J. G., & Clayton, R. R. (1989). Obtaining reports of sensitive

- behavior: A comparison of substance reports from telephone and face-to-face interviews. *Social Science Quarterly*, 70, 174–83.
- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2001). *Monitoring the Future national survey results on drug use, 1975-2000. Volume I: Secondary school students* (NIH Publication No. 01-4924). Bethesda, MD: National Institute on Drug Abuse.
- Kandel, D. B. (1981). Drug use by youth: An overview. In D. J. Lettieri & J. P. Ludford (Eds.), *Drug abuse and the American adolescent* (DDHS Publication No. ADM 85-1166, pp. 1–24). Washington, DC: U.S. Government Printing Office.
- Koss, M. P. et al. (1994). *Male violence against women at home, at work, and in the community*. Washington, DC: American Psychological Association.
- Lurigio, A. et al. (2000, September). *Alcohol, tobacco, and other drug use among adult probationers in Illinois: Prevalence and treatment need, 2000*. Chicago: Illinois Office of Alcoholism and Substance Abuse.
- Mayfield, D. G., McLeod, G., & Hall, P. (1974). The CAGE questionnaire: Validation of a new alcoholism screening instrument. *American Journal of Psychiatry*, 131, 1121–23.
- Miller, J. D. (1981). Epidemiology of drug use among adolescents. In D. J. Lettieri, & J.P. Ludford (Eds.), *Drug abuse and the American adolescent* (DDHS Publication No. ADM 85-1166, pp. 25–38). Washington, DC: U.S. Government Printing Office.
- Ramstedt, M. (2001). Alcohol and suicide in 14 European countries. *Addiction*, 96 (Supplement), S59–S75.
- Rossow, I. (2001). Alcohol and homicide: A cross-cultural comparison of the relationship in 14 European countries. *Addiction*, 96 (Supplement), S77–S92.
- Sheehan, D. V., & Lecrubier, Y. (2000). *Mini International Neuropsychiatric Interview*. <http://www.medical-outcomes.com/pages/MINI/MINI/minihdr.htm>.
- Smith-Warner, S. et al. (1998). Alcohol and breast cancer. *JAMA*, 279, 535–40.
- Sowder, B. J., & Burt, M. R. (1980). *Children of heroin addicts: An assessment of health, learning, behavioral, and adjustment problems*. Westport, CT: Praeger.
- Swartz, J. A. (1996). *Results of the 1995 Illinois Drug Use Forecasting study*. Chicago: Illinois Criminal Justice Information Authority.
- Tourangeau, R., & Smith, T. (1996). Asking sensitive questions: The impact of data collection mode, question format, and question context. *Public Opinion Quarterly*, 60, 275–304.
- U.S. Department of Health and Human Services (2000). *10th Special Report to the U.S. Congress on alcohol and health*. Washington, DC: National Institute on Alcohol Abuse and Alcoholism.
- U.S. Department of Health and Human Services (1999). *National Household Survey on Drug Abuse main findings 1999*. Washington, DC: Substance Abuse and Mental Health Services Administration.
- York, J. L., & Hirsch, J. A. (1997). Association between blood pressure and lifetime drinking patterns in moderate drinkers. *Journal of Studies on Alcohol*, 58, 480–5.