

**Georgia Telephone Household Survey  
of  
Substance Abuse Treatment Need**

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## Summary

The Georgia Telephone Household Survey of Substance Abuse Treatment Need is an important part of Georgia's Substance Abuse Treatment Needs Assessment. The Needs Assessment has been funded in large part by the SAMHSA's Center for Substance Abuse Treatment (CSAT), which is part of the US Department of Health and Human Services and provides funding for a major portion of Georgia's publicly provided substance abuse treatment and prevention services through the SAPT block grant program. The overall purpose of this initiative is make the most accurate possible assessment of the number of people in Georgia who have significant problems resulting from their use of alcohol and other drugs and, accordingly, may need substance abuse treatment services. Among those needing services, it is also important to determine how many have already received services, but may want to receive more, and among those who have not received treatment services, how many want them.

The Household Survey was conducted under contract to Emory University and The Gallup Organization. Emory was responsible for study design, data analysis and reporting, and Gallup was responsible for data collection. The Georgia Household Survey was unique in that it was designed to provide estimates for all Georgians age 12 years of age and older. The issues addressed were:

- the use of alcohol and other drugs,
- significant problems relating to the use of alcohol and other drugs,
- the substance abuse treatment history of those with problems,
- the potential demand for substance abuse treatment services among those in need, and
- the level of care needed to effectively treat the problems.

The Survey was based on a modified version of a questionnaire developed for CSAT by the National Technical Center at Harvard University. It was modified to accommodate sampling of adolescents and to obtain experience and opinions about substance abuse and mental health services from all respondents.

The Survey was conducted between June 1996 and January 1997. In total 11,206 people responded to the survey, 7713 adults (18 and older) and 3493 adolescents (12 to 17). The sample was generally demographically representative of the State, although females were overrepresented and African American adults and Native Americans were underrepresented. The survey response rate was relatively low (65.9% for adults and 62.1% for adolescents). The low response rate, combined with other methodological problems with this particular survey and telephone surveys about substance abuse in general, probably contribute to a bias toward low estimates of need in this survey. Comparisons to other studies using face-to-face interviewing indicate that actual prevalence of people

needed substance abuse treatment may be as much as two to three times larger than the estimates from this study.

The primary findings of the study are as follows:

- Only a small fraction of respondents reported either direct or indirect experience with substance abuse treatment services.
- Opinions regarding the ease of obtaining service and of the effectiveness of services depended on experience: reports of the experience of people close to the respondent were less positive than reports of the respondent's own experience.
- In general, respondents felt that it is very important for the State to provide mental health, mental retardation, substance abuse treatment, and substance abuse prevention services.
- An estimated 3.1 million (58.2%) adults and 126,000 (20.1%) adolescents in Georgia used alcohol during the past year.
- An estimated 241,000 (4.5%) adults and 53,000 (8.4%) adolescents reported using marijuana during the past year.
- More than 186,000 adults (3.5%) and 17,000 adolescents (2.7%) have significant problems resulting from alcohol and/or other drug use.
- The prevalence of both substance use and resulting problems is generally higher in males than females. It is also higher Whites than in African Americans. The difference between Whites and African Americans is larger for adolescents than for adults.
- The percentage of adolescents using any substance other than alcohol and cocaine is higher than the percentage of adults using those substances.
- The percentage of adolescents having significant problems due to marijuana and hallucinogen use is higher than for adults, and nearly as high for alcohol and stimulants.
- White adolescent females have a rate of problems equal to that of White male adolescents. This is of concern because a substantially lower rate would be expected based on previous studies.
- 20.9% of adults and 15.3% of adolescents who need treatment reported ever having received it.
- The estimated demand for services among those currently needing them was 10.7% among adults and 19.0% among adolescents. This finding indicates a strong need to increase awareness of substance use problems and the effectiveness of treatment in alleviating them.
- Slightly more than ¾ of people needing services require intensive outpatient services, but approximately 18% of people needing services would require inpatient services.

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## Introduction

In Georgia, literally millions of people drink alcoholic beverages and over one-quarter of a million use illicit drugs. Among some of these people, the use of alcohol and/or other drugs causes major problems in their everyday life. Those suffering significant problems commonly require substance abuse treatment help alleviate those problems by eliminating the maladaptive use of alcohol and/or other drugs. Although the reasons why some people but not others develop problems from their alcohol and other drug use is a very “hot” research topic, at the policy level, it is more important to have reasonable estimates of how many people need and may request substance abuse treatment. So that services can be planned and efforts made to reach those who would benefit from them.

Recognizing this need, the Center for Substance Abuse Treatment (CSAT), part of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services, initiated the “State Demand and Needs Assessment Studies: Alcohol and Other Drugs” program in 1991. This is an especially important issue to SAMHSA, because it provides a major portion of the funding for publicly provided substance abuse treatment and prevention through the SAPT block grant program. The SAPT block grant application requires need and demand estimates to support continuing funding. The Georgia Department of Human Resources, in collaboration with Emory University, received nearly \$1.3 million of funding under the Needs Assessment program.

This report details the important results of the cornerstone study in Georgia’s Substance Abuse Treatment Needs Assessment: the Georgia Telephone Household Survey of Substance Abuse Treatment Need. In this survey, a random sample of 7713 adults (18 years old and older) and 3493 adolescents (12 to 17 years old) responded by telephone to an extensive questionnaire designed to assess respondent’s use of alcohol and other drugs and any problems that result from that use. For those with current or past problems, the questionnaire addresses their history of substance abuse treatment and their perceived need and desire for further treatment.

One of the most important issues in designing this survey was defining treatment need and the problems of which it is composed. To maximize comparability to results from other States and in the research literature, the criteria established by the American Psychiatric Association for Substance Use Disorders were used. At the time the questionnaire was developed, the current criteria were published in the *Diagnostic and Statistical Manual, 3<sup>rd</sup>*

*Edition, Revised* (DSM-III-R, APA, 1987). Since then, the 4<sup>th</sup> edition (DSM-IV) has been published (APA, 1996).

In DSM-III-R, the major substance use disorders are: **Psychoactive Substance Dependence**, which is defined as “a cluster of cognitive, behavioral, and physiologic symptoms that indicate that a person has impaired control over psychoactive substance use and continues to use despite adverse consequences.” (APA, 1987, p166), and **Psychoactive Substance Abuse** which “is a residual category for noting maladaptive patterns of psychoactive substance use that have never met the criteria for dependence for that particular class of substances.” (APA, 1987, p169).

A diagnosis of **Dependence** requires that a person meet at least three of the following criteria:

- Person *often* uses larger amounts or for longer periods than intended,
- Persistent desire or one or more attempts to cut down or control use,
- A great deal of time spent getting, using or recovering from use,
- Frequent intoxication or withdrawal symptoms when expected to fulfill major role obligations or when use is physically hazardous,
- Important social, occupational or recreational activities given up or reduced because of substance use,
- Continued use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by use,
- Marked tolerance to the substance,
- Characteristic withdrawal symptoms, and
- Substance often taken to relieve or avoid withdrawal symptoms.

A diagnosis of dependence also requires that some symptoms of the disturbance must have persisted for at least one month or occurred repeatedly over a longer period.

The results of this survey apply only to members of Georgia households during the study period that had telephone service. In reviewing the results of this survey, it is important to remember that the excessive use of alcohol and that most use of other drugs is stigmatized in our society. Furthermore, the problems that result from the use of alcohol and other drugs are sensitive and personal. Accordingly, when asked about these issues, people will commonly underreport use and associated problems. As a result, the estimates from this survey should be viewed as minimum values – the actual numbers are almost certainly substantially higher.

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## Methods

The Georgia Telephone Household Survey of Substance Abuse Treatment Need was conducted by Emory University and the Gallup Organization between June 1996 and January 1997, as part of Georgia's CSAT funded Substance Abuse Treatment Needs Assessment.

The questionnaire used in the study was a modification of the *National Technical Center Telephone Substance Dependence Needs Assessment Questionnaire, Version 6.31*. The questionnaire was based on the Diagnostic Interview Schedule (DIS) Substance Abuse Module, and was designed to screen for individuals with DSM-III-R diagnoses of Substance Use Disorders. The Georgia revision of the questionnaire added several "opinion poll" type questions regarding the respondent's direct and indirect experience with mental health and substance abuse treatment and the priority that government should give to funding such treatment. These questions were added to both ease entry into the more personal needs assessment questions and for their own value. In addition, the time frame for screening questions regarding use of alcohol and other drugs was reduced from the original 18 months to 12 months because of unresolved validity concerns regarding recall over the 18-month period. In order to permit use of the same questionnaire for both adults and adolescents, those symptom-related questions that referred to "work" were modified to read "work or school".

Sampling methods to maximize the efficiency of collecting adult and adolescent samples simultaneously were developed. In essence, when a household was contacted by random digit dialing, the interviewer identified his/herself as calling from Gallup for Emory University to conduct a health survey. The person answering the call was then asked if there were any children between 12 and 17 living in the household. If the answer was yes, the adolescent with the most recent birthday was selected with a probability of 87%, in the remaining 13%, the adult in the household with the most recent birthday was selected. If an adolescent was selected, parent/guardian consent for the child's participation was obtained. If no adolescents lived in the household, the adult with the most recent birthday was selected with a probability of 29%. In the remaining 71% of non-adolescent households, no interview was conducted. This permitted sampling of adults from households which would have provided no information in an exclusively adolescent study while obtaining a sample of adults which was also representative with respect to the presence of adolescents in the household.

The protocol called that a minimum of 10 attempts to contact each sampled telephone number be made and that once contacted, at least 10 attempts to complete the interview with the selected household member be made. The protocol also required that calls be made so that 50% of

calls be made in the late evening or on weekends, that 30% would be made during the early evening (6:30-8:00), and only 20% made before 5:00 in the evening on weekdays. In practice, Gallup made 73.6% of calls before 6:30 PM on weekdays. This variance from protocol was due, in part, to initial calls being made during the day on weekdays to most rapidly eliminate business telephone numbers from the sample.

For purposes of sampling, the State was divided into four strata with the following sampling fractions: Rural North Georgia Counties (20%), Metropolitan Atlanta Counties (30%), Rural South Georgia Counties (30%) and Other Urban Counties (20%). A coding error in Gallup's sample selection software resulted in 50% more interviews being collected from the Other Urban Counties than was planned. The final sample consisted of 7713 completed interviews from adults age 18 and older (1539, 2020, 2039 and 2115 for the Rural North, Metropolitan Atlanta, Rural South and Other Urban strata, respectively) and 3493 adolescents age 12-17 (658, 870, 1015 and 950 for the four strata, respectively). Details of the sample distribution are presented in Appendix 1.

The estimation of response rates was complicated by the sampling design. First, our sampling method required that more households be screened than have interviews completed. The adult households in which no interviews were conducted by design were not counted against completion rate. Second, the households that were either never contacted or for which screening was not completed could only be counted once (i.e. they should not be counted against both adult and adolescent completion rates). The overall survey response rate was 65.9% for adults and 62.1% for adolescents. The computation of the response rates is detailed in Appendix 2.

Sample weights to adjust for unequal selection probabilities for the adult and adolescent samples and for poststratification were based on a three-stage weighting process. In the first step, adjustments were made for the number of telephones in the household and the difference between the proportion of the sample drawn from each stratum and estimated proportion of the State population within that stratum. In the second stage, the initial weights were adjusted for the number of adults or adolescents in the household and the selection rules for choosing whether to interview in adult-only households or whether to choose an adult or a juvenile in households with adolescent members. The third stage was a post-stratification weighting to adjust for sampling deviance from the current age, gender and race distribution within each stratum. The result was a set of individual weights that provided a weighted count equal to the Claritas 1996 estimated census population size for each age-gender-race combination within each stratum.

Estimates of statewide prevalence were then computed using the final sampling weights with the SUDAAN sample survey statistical analysis package. Standard errors of the prevalence estimates were obtained using Taylor series estimation procedure.

Statewide estimates of prevalence were much lower than were anticipated based on our reviews of the literature in planning the study. The methods that we originally planned to use to estimate the age-gender-race specific prevalence for each region -- using only data from sampling strata in which that region was included -- were not feasible due to very small numbers of diagnoses in some of the cells. Accordingly, the estimates for the 13 MHMRSA Planning regions were obtained by taking a weighted average of race-sex-age specific statewide prevalence estimates, where the weights were based on the gender-race-age distribution of the given planning region. Because of the very low prevalence estimates, the most general definition of treatment need was used: the presence of *any* DSM-III-R substance use diagnosis. The included diagnoses were substance dependence for alcohol or any other drug, substance abuse or "indeterminate" dependence. "Indeterminate" dependence is not a DSM-III-R diagnosis, because it includes people who report the presence of at least three symptoms, which is required to meet dependence criteria, but did not meet duration/severity criteria for three symptoms, which is also required.

Despite this very broad definition of treatment need, we believe, based on other evidence, that the estimated adult prevalence of 3.5% (standard error 0.3%) is smaller than the actual prevalence by a factor of at least one half to one third. Part of the underestimation is due to the sampling problems cited above. At our request, Gallup estimated the prevalence that would have been obtained if the protocol call-time distribution had been followed. The reweighted estimates were approximately 20% higher than the base estimates. The bulk of the underestimation must be due either to the telephone survey method or the questionnaire. Our next household survey will attempt to address these issues.

**Table 1.** Sex and Race distribution of Georgia Telephone Household Survey of Substance Abuse Treatment Need sample compared to estimated 1996 Georgia civilian, non-institutionalized population.

	Adolescent			Adult		
	Census	Sample		Census	Sample	
	%	%	N	%	%	N
Male	51.2%	48.9%	1,708	47.8%	38.4%	2,960
Female	48.8%	51.1%	1,785	52.2%	61.6%	4,753
White	65.5%	63.3%	2,211	73.5%	72.9%	5,626
Black	32.8%	33.0%	1,153	25.0%	23.4%	1,803
Asian	1.5%	1.1%	37	1.4%	1.2%	90
Nat. Am.	0.2%	0.4%	15	0.2%	0.7%	55
Hispanic		1.2%	43		0.8%	59
Other/Mixed		0.7%	26		0.5%	39
DK/Refused		0.2%	8		0.5%	41

**Table 2.** Age distribution of the sample compared to the estimated 1996 civilian, non-institutionalized population. Percentages are computed separately for adolescents (12-17) and adults.

Age	Percent		Number	
	Census	Sample	Census	Sample
12-14	49.8%	49.5%	313,745	1,729
15-17	50.2%	50.5%	316,365	1,764
18-21	6.8%	5.7%	365,634	439
21-24	6.4%	4.9%	340,090	377
25-29	11.3%	10.4%	602,400	803
30-34	11.1%	11.6%	594,929	892
35-39	11.4%	11.2%	609,218	863
40-44	10.9%	10.6%	580,238	821
45-54	16.9%	17.7%	903,897	1,363
55-64	10.6%	12.2%	568,255	944
65+	14.6%	15.7%	782,219	1,211
Total			5,976,990	11,206

## Results

**Sample Demographics:** Table 1 shows the unweighted distribution of sex and race in the sample compared to the estimated 1996 civilian, non-institutionalized (CNI) population. The sample has a larger proportion of females than the Georgia population, and more so among adults. The distribution of races in the sample is similar to that in the census population, although African American adults were slightly underrepresented. Table 2 shows the unweighted age distribution of the sample compared to the estimated 1996 CNI population. Among adults, the younger age groups (18-29) are somewhat underrepresented and the oldest age groups (45 and older) are somewhat overrepresented.

**Attitudes toward substance abuse treatment:** The questionnaire used in this survey included a series of questions that address the respondent's direct and indirect experience with mental health and substance abuse treatment. It then addressed the importance that the State of Georgia should place on providing services for mental health, mental retardation and substance abuse.

A relatively small fraction of the population has had contact with mental health *or* substance abuse services, either directly or through someone close to them. Over one-half of the people close to respondents receiving services had received substance abuse services, but less than 30% of the respondents who reported having received services

**Table 3.** Responses to experience with treatment and opinion items (percent  $\pm$  95% confidence interval). Ease of obtaining treatment, how much treatment helped and importance of State provided services are percent rating the item at 8 or higher on a scale of 1 to 10.

	Adolescent	Adult
Someone close received treatment	16.7 $\pm$ 1.5	17.7 $\pm$ 1.1
Treatment was for: Mental Health	37.3 $\pm$ 4.7	47.1 $\pm$ 3.3
Substance Abuse	48.7 $\pm$ 4.9	36.2 $\pm$ 3.3
Both	14.0 $\pm$ 3.5	16.7 $\pm$ 2.5
Treatment was easy to get	32.6 $\pm$ 6.1	51.9 $\pm$ 4.9
Treatment helped a lot	43.9 $\pm$ 6.3	42.1 $\pm$ 4.9
Respondent received treatment	3.0 $\pm$ 0.7	6.1 $\pm$ 0.7
Treatment was for: Mental Health	70.3 $\pm$ 12.3	73.8 $\pm$ 5.1
Substance Abuse	18.0 $\pm$ 11.4	18.1 $\pm$ 4.3
Both	11.7 $\pm$ 8.0	8.1 $\pm$ 3.1
Treatment was easy to get	76.8 $\pm$ 17.1	85.2 $\pm$ 7.4
Treatment helped a lot	64.0 $\pm$ 23.3	57.7 $\pm$ 11.6
Percent giving high importance to State providing:		
Mental Health Services	76.4 $\pm$ 1.8	76.6 $\pm$ 1.2
Mental Retardation Services	82.5 $\pm$ 1.6	82.2 $\pm$ 1.2
Substance Abuse Treatment	83.6 $\pm$ 1.6	73.8 $\pm$ 1.2
Substance Abuse Prevention	81.4 $\pm$ 1.6	77.4 $\pm$ 1.2

themselves reported having received substance abuse services. One would expect the proportion of people having received substance abuse treatment to be about equal regardless of whether it referred to self or other. That the two proportion are quite different is a strong indication of reporting bias. Opinions regarding ease of obtaining service and the effectiveness of service were only moderately positive and were less positive regarding the experience of others. Almost all respondents believed that MHMRSAs services are very important State services, although adolescents expressed more positive opinions about substance abuse services than adults.

**Alcohol and other drug use:** Table 4 and Appendices 3 and 4 show the estimated prevalence of alcohol and drug use during the past year among Georgia adults and

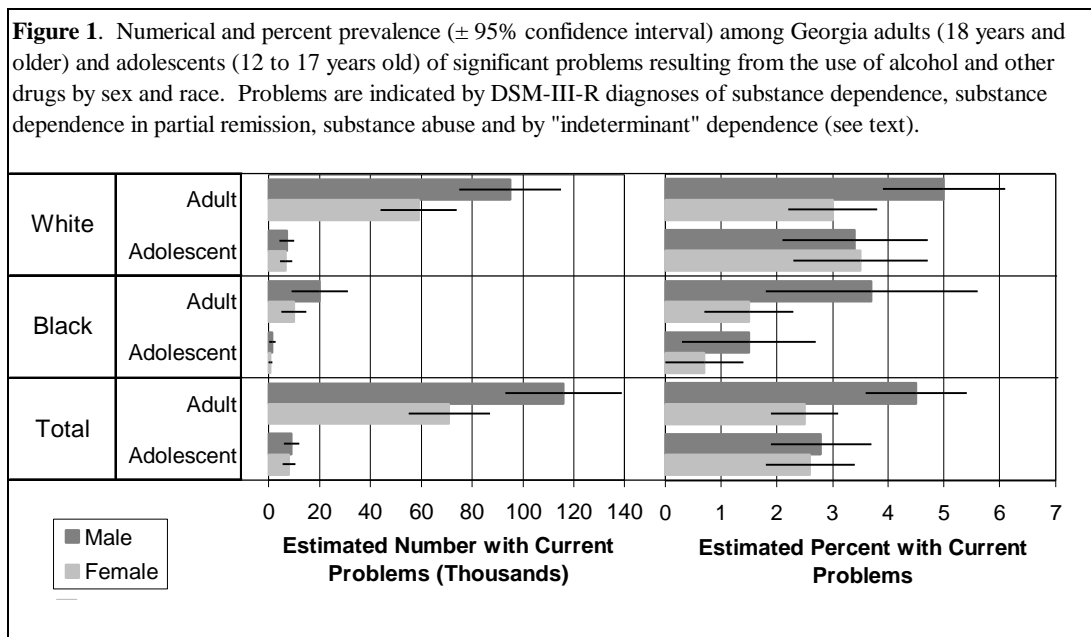
**Table 4.** Estimated prevalence ( $\pm$  95% confidence interval) of the use of alcohol and other drugs during the past year by Georgia adults (18 years and older) and adolescents (12 to 17 years old).

	Adult		Adolescent	
	Percent	Number (1000s)	Percent	Number (1000s)
Alcohol	58.2 $\pm$ 1.3%	3101 $\pm$ 71	20.1 $\pm$ 1.5%	126.4 $\pm$ 9.7
Marijuana	4.5 $\pm$ 0.6%	241 $\pm$ 33	8.4 $\pm$ 1.1%	53.0 $\pm$ 6.9
Hallucinogens	0.7 $\pm$ 0.3%	39 $\pm$ 14	1.0 $\pm$ 0.3%	6.0 $\pm$ 2.1
Cocaine	0.6 $\pm$ 0.2%	32 $\pm$ 12	0.5 $\pm$ 0.2%	3.3 $\pm$ 1.5
Opiates	0.1 $\pm$ 0.1%	6 $\pm$ 05	0.1 $\pm$ 0.1%	0.8 $\pm$ 0.7
Stimulants	0.7 $\pm$ 0.2%	38 $\pm$ 13	1.3 $\pm$ 0.4%	8.4 $\pm$ 2.6

adolescents. Detailed breakdowns of the estimated prevalences of use and related problems by race, sex and age is included in Appendices 3 and 4.

The reported use of alcohol among Georgia adults during the year preceding interview is higher than previous estimates of the national prevalence of alcohol use such as those of Grant (1997), who found a 44% prevalence of alcohol use in the past 12 months. The rate of use of drugs other than alcohol (Table 4) is as high or higher among adolescents than among adults.

**Prevalence of problems:** The prevalence of significant problems resulting from the use of alcohol and other drugs is presented in Figure 1. These estimates indicate that *at least* 186,000 adult (3.5%) and 17,000 adolescent (2.7%) Georgians need substance abuse treatment. The percent prevalence of significant problems in all groups estimated from this survey is smaller by a factor of two to three times than estimates from almost all epidemiological studies of the prevalence of substance use disorders in the general population (e.g. Kessler, et al, 1995 and Grant, 1997). The low rate may be due to biases inherent to telephone sampling and interviewing in general (e.g. Aquilino, 1994), specific biases in this sample due to relatively low



completion rate or the distribution of calling times, or the low rate may be real.

Synthetic estimates based on the National Comorbidity Study (Kessler, et al, 1995) resulted in estimates of the size of the population in need of treatment that were approximately five times larger than the estimates from this survey (Appendices 5 and 6). The statewide prevalence of problems of 17.4% obtained from the synthetic estimate is more than 50% higher than the national estimate upon which it was based, and is, almost certainly, unrealistically high. The likely overestimation of the synthetic estimate is probably due to risk factors like income, education and race having different quantitative relationships with risk of substance use problems in Georgia, and perhaps the South in general, than in the National sample. This leaves us in the very unsatisfactory position of concluding that the number of adults in need of treatment in Georgia is somewhere between 186,000 and 945,000.

The results of this survey are generally consistent with other studies with respect to demographic differences in treatment need. In general, females and African Americans have lower rates of problems due to their use of alcohol and other drugs. In this regard, the fact that the rate of problems among white, adolescent females is equal to that of white, adolescent males is a major point of concern. From the perspectives of both treatment and prevention, the high rate of problems among adolescents is also a point of concern.

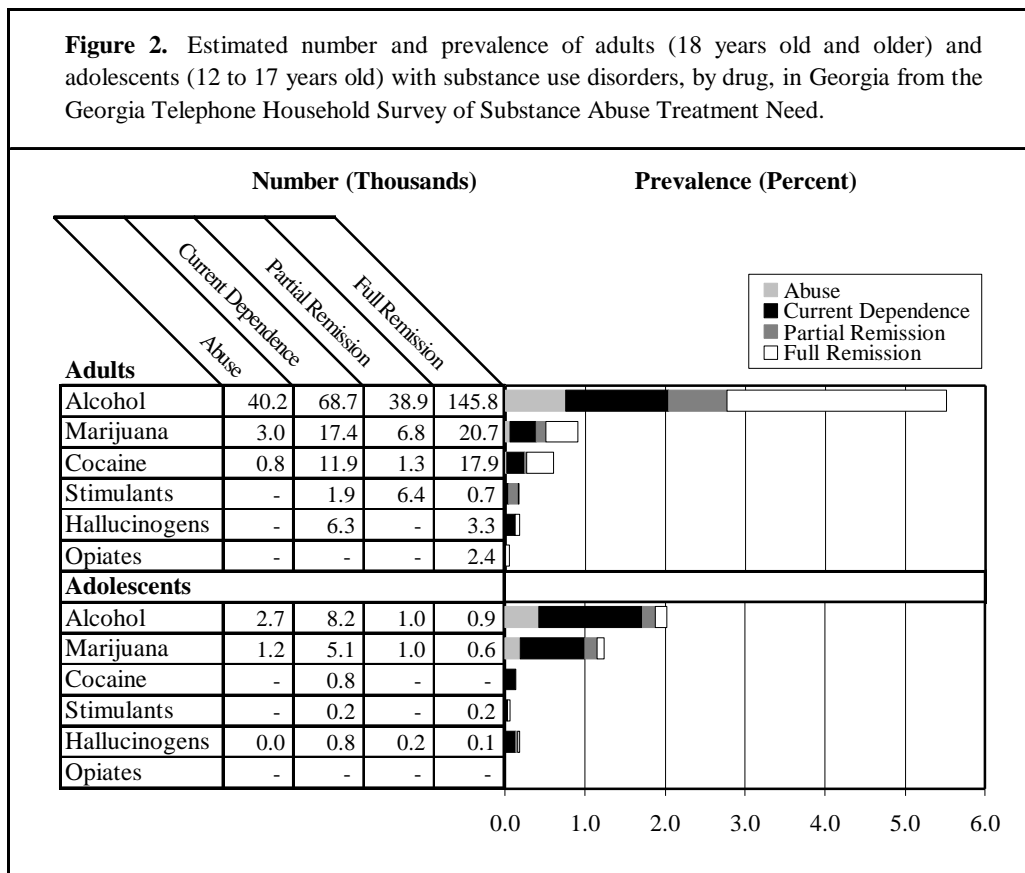
Family income was strongly associated with the prevalence of alcohol and other drug related problems. Among adolescents, those from households with incomes of

\$20,000 or more, the prevalence was 2.5 times higher. This was almost exclusively due to differences among White adolescents, for whom the rate was 98% higher. Among African American adolescents in high-income households, the prevalence was only 6% higher. Among adults, Whites from households reporting less than \$20,000 annual income were 72% more likely to report significant problems, while African Americans from low income households were 19% less likely to report significant problems.

**Status of problems:** Figure 2 shows the prevalence of DSM-III-R diagnoses related to the use of each substance included in the survey. The diagnoses included are:

- *current dependence*, which indicates that within the past 12 months, person has had multiple significant problems resulting from alcohol and/or other drug use,
- *dependence in partial remission*, which indicates that a person has, at some point in his or her life had a diagnosis of dependence, but during the past 12 months had limited problems resulting from the use of alcohol and/or other drugs,
- *dependence in full remission*, which indicates a diagnosis of dependence at some point in life, but *no* significant problems resulting from the use of alcohol and/or other drugs during the past year, and
- *abuse*, which indicates no lifetime diagnosis of dependence, but significant social, psychological or occupational problems resulting from the use of alcohol and/or other drugs during the past year.

**Figure 2.** Estimated number and prevalence of adults (18 years old and older) and adolescents (12 to 17 years old) with substance use disorders, by drug, in Georgia from the Georgia Telephone Household Survey of Substance Abuse Treatment Need.



Among adults, more than one-half of all people having lifetime diagnoses of dependence are currently in full remission – i.e. are not currently having problems. As would be expected because of their younger age and the course of the disease, a far smaller fraction of adolescents is in remission. What is of greater concern is that although the number of people is much smaller, the *rate* of current dependence is higher for adolescents than for adults for all substances except cocaine, for which adults had the higher rate, and opiates, for which no respondent reported current dependence. It is also important to note that the rate of problems associated with marijuana use relative to those associated with alcohol use is much higher among adolescents than among adults.

**Treatment history:** Among those people with any lifetime substance use diagnosis, 20.9% ( $\pm 4.1\%$ ) of adults and 15.3% ( $\pm 8.4\%$ ) of adolescents reported having received treatment at some time during their life. 3.7% ( $\pm 1.8\%$ ) of adults and 7.3% ( $\pm 4.8\%$ ) of adolescents reported receiving treatment during the past 12 months.

Adult males were slightly more likely than adult females needing treatment to have received it during the past 12 months, adolescent males were 2.5 times more likely to have received treatment than adolescent females needing it. Among persons needing treatment, African Americans were 93% more likely than Whites to have received treatment during the past 12 months, but White adolescents were 86% more likely than African American adolescents to have received it. It should be noted that because of the very low prevalence of treatment need among African American adolescents in this study, the estimate of rate of treatment among African American adolescents is subject to large error.

**Level of care needed:** The American Society of Addiction Medicine (ASAM) has published guidelines for the level of treatment that people should receive for substance use problems based on factors such as severity of problems, risk of medical complications and social support for recovery. It was possible to approximate the ASAM Patient Placement Criteria (first edition, PPC-I) using responses to this questionnaire for those people reporting current problems. The criteria in the first edition, resulted in four levels of care:

- I - outpatient services,
- II-intensive outpatient/partial hospitalization services,
- III-residential/inpatient services, and
- IV-medically-managed intensive inpatient services.

Table 5 shows the estimated number and percentage of people needing services in Georgia who would be referred to each level of care by age and sex. In general, the vast majority of people needing care would be placed in intensive outpatient treatment. Nonetheless, among both adults and adolescents, approximately 18% would require inpatient treatment.

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**Table 5.** American Society of Addiction Medicine (ASAM) Patient Placement Criteria level of substance abuse treatment needed by Georgia adults and adolescents. Number (in thousands) and percentage of people with significant problems who need each level of care ( $\pm 95\%$  confidence interval). Level I is minimal outpatient treatment, Level II is intensive outpatient treatment, Level III is residential/inpatient treatment, and Level IV is medically managed inpatient treatment.

			ASAM PPC-I Level of Care Needed			
			I	II	III	IV
Adult	Male	N (1000s)	1.3 $\pm$ 1.7	56.7 $\pm$ 14.6	3.4 $\pm$ 2.8	9.2 $\pm$ 7.1
		%	1.8 $\pm$ 2.4%	80.4 $\pm$ 9.8%	4.8 $\pm$ 3.9%	13.0 $\pm$ 9.2%
	Female	N (1000s)	3.4 $\pm$ 4.6	90.9 $\pm$ 20.2	10.3 $\pm$ 6.7	11.1 $\pm$ 7.0
		%	2.9 $\pm$ 3.9%	78.6 $\pm$ 8.2%	8.9 $\pm$ 5.5%	9.6 $\pm$ 5.8%
	Total	N (1000s)	4.7 $\pm$ 4.9	147.6 $\pm$ 25.0	13.6 $\pm$ 7.2	20.3 $\pm$ 10.0
		%	2.5 $\pm$ 2.6%	79.3 $\pm$ 6.3%	7.3 $\pm$ 3.8%	10.9 $\pm$ 5.0%
Adolescent	Male	N (1000s)	0.1 $\pm$ 0.2	6.5 $\pm$ 2.4	0.9 $\pm$ 0.8	0.4 $\pm$ 0.4
		%	1.5 $\pm$ 3.0%	81.8 $\pm$ 10.6%	11.7 $\pm$ 9.2%	4.9 $\pm$ 4.8%
	Female	N (1000s)	0.9 $\pm$ 1.0	6.5 $\pm$ 2.6	0.4 $\pm$ 0.5	1.2 $\pm$ 1.0
		%	10.3 $\pm$ 10.8%	71.8 $\pm$ 14.8%	4.6 $\pm$ 5.5%	13.4 $\pm$ 10.7%
	Total	N (1000s)	1.1 $\pm$ 1.1	13.0 $\pm$ 3.6	1.3 $\pm$ 0.9	1.6 $\pm$ 1.1
		%	6.2 $\pm$ 6.0%	76.5 $\pm$ 9.4%	7.9 $\pm$ 5.3%	9.4 $\pm$ 6.2%



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Appendix 1. Distribution of adult and adolescent telephone household survey sample by county, sampling stratum and Mental Health, Mental Retardation and Substance Abuse Planning Region. Sampling strata are: 1-Rural North Georgia Counties, 2-Metropolitan Atlanta Counties, 3-Other Urban Counties, and 4-Rural South Georgia Counties.

County			County			County			County						
Stratum	Adolescents	Adults	Stratum	Adolescents	Adults	Stratum	Adolescents	Adults	Stratum	Adolescents	Adults				
<b>Region 1</b>															
			Lumpkin	1	20	10	Twigg	4	12	5	Brooks	4	10	13	
Bartow	1	71	32	Madison	1	20	17	Washington	4	19	7	Charlton	4	7	8
Catoosa	1	51	26	Morgan	1	9	9	Wheeler	4	5	3	Clinch	4	3	4
Chattooga	1	23	12	Oconee	1	20	18	Wilcox	4	6	8	Coffee	4	41	9
Cherokee	1	102	51	Oglethorpe	1	14	6	Wilkinson	4	10	2	Cook	4	7	5
Dade	1	22	11	Rabun	1	19	6					Echols	4	5	3
Fannin	1	22	8	Stephens	1	39	5	<b>Region 9</b>			Irwin	4	8	3	
Floyd	1	130	52	Towns	1	12	5	Chattahoochee	4	14	4	Lanier	4	5	1
Gilmer	1	21	6	Union	1	22	7	Clay	4	2	5	Lowndes	4	81	28
Gordon	1	43	20	Walton	1	45	26	Crisp	4	30	15	Pierce	4	12	7
Haralson	1	29	20	White	1	19	6	Dooley	4	10	3	Tift	4	34	13
Murray	1	22	12	<b>Region 4</b>			Harris	4	36	9	Turner	4	8	3	
Paulding	1	38	22	Cobb	2	399	192	Macon	4	21	13	Ware	4	27	13
Pickens	1	16	6	Douglas	2	62	30	Marion	4	3	6	<b>Region 12</b>			
Polk	1	48	14	<b>Region 5</b>			Muscogee	3	473	246	Burke	4	23	12	
Walker	1	70	33	Fulton	2	556	196	Quitman	4	3	0	Columbia	3	67	37
Whitfield	1	80	38	<b>Region 6</b>			Randolph	4	10	3	Emanuel	4	18	11	
<b>Region 2</b>															
Butts	4	14	4	<b>Region 7</b>			Schley	4	7	0	Glascok	4	4	0	
Carroll	4	81	31	Dekalb	2	436	147	Stewart	4	2	0	Jefferson	4	15	11
Clayton	2	135	77	<b>Region 8</b>			Sumter	4	23	14	Lincoln	4	7	6	
Coweta	4	73	25	Gwinnett	2	295	167	Talbot	4	4	1	McDuffie	4	18	11
Fayette	4	59	45	Newton	2	49	19	Taylor	4	6	2	Richmond	3	462	270
Heard	4	8	2	Rockdale	2	56	29	Webster	4	1	2	Screven	4	18	6
Henry	4	78	26	<b>Region 9</b>			Baker	4	1	1	Taliaferro	4	2	2	
Lamar	4	10	3	Baldwin	4	35	12	Calhoun	4	8	4	Warren	4	5	5
Meriwether	4	18	10	Bibb	3	383	176	Colquitt	4	34	18	Wilkes	4	12	4
Pike	4	6	4	Bleckley	4	10	7	Decatur	4	57	12	<b>Region 13</b>			
Spalding	4	47	26	Crawford	4	11	5	Dougherty	3	54	24	Appling	4	28	15
Troup	4	70	26	Dodge	4	14	7	Early	4	12	6	Bryon	4	21	8
Upton	4	27	8	Hancock	4	11	3	Grady	4	22	11	Bulloch	4	70	16
<b>Region 3</b>															
Banks	1	10	8	Houston	4	101	37	Lee	4	17	11	Camden	4	41	23
Barrow	1	22	17	Jasper	4	12	2	Miller	4	10	0	Candler	4	5	4
Clarke	1	116	20	Johnson	4	8	4	Mitchell	4	17	8	Chatham	3	607	267
Dawson	1	15	7	Jones	4	32	25	Seminole	4	10	4	Effingham	4	34	14
Elbert	1	22	14	Laurens	4	46	20	Terrell	4	11	3	Evans	4	6	2
Forsyth	1	75	22	Monroe	4	30	6	Thomas	4	42	15	Glynn	4	52	28
Franklin	1	22	5	Montgomery	4	4	3	Worth	4	12	9	Jeff Davis	4	2	5
Greene	1	3	3	Peach	4	17	6	<b>Region 10</b>			Liberty	4	47	18	
Habersham	1	39	12	Pulaski	4	10	4	Atkinson	4	8	5	Long	4	7	6
Hall	1	118	51	Putnam	4	12	4	Bacon	4	8	7	McIntosh	4	6	2
Hart	1	25	9	Telfair	4	4	4	Ben Hill	4	17	9	Tattnall	4	13	8
Jackson	1	38	16	Treutlen	4	6	2	Berrien	4	14	11	Toombs	4	17	11
								Brantley	4	15	3	Wayne	4	28	11

**Appendix 2. Computation of survey response rate.** Households were classified as "Adolescent" or "No Adolescent" based on screening questions. If screening was not completed to the point where that classification could be made, the household was classified as "Unknown". Immediately after classifying the household with respect to the presence of at least one adolescent, a random process was used to decide the class of respondent to recruit. "No Adolescent" households were classified as "Interview Adult" or "Interview No One" and "Adolescent" Households were classified as "Interview Adult" or "Interview Adolescent".

To compute the cooperation rates for adults and juveniles, it was necessary to devise a means of assigning working, targeted numbers for which screening was not completed to each of the four interview decision classifications. The assignment of households falling in each column was made proportionately using the formula: "number of incompletely screened contacted numbers" \* "Number of contacted households in the column" / ("total contacted households" - "Number of incompletely screened contacted numbers"). For example, for adults selected in adult households,  $1515 = 8094 * 5941 / (37679 - 5941)$ .

In the tables below, the unshaded rows contain the counts for standard response categories and the shaded rows are computed using the formula in the row description column. Numbers in the formulae refer to row numbers.

	Household Classification	Telephone Numbers of Households with Complete Screening				Not or Partial Screened Numbers	Total
		No Adolescent		Adolescent			
		Adult	No One	Adult	Adol.		
<b>1</b>	<b>Numbers Used</b>						<b>70,923</b>
2	Non-Target Numbers (Business, etc.)						13,311
3	Disconnected Numbers						16,197
<b>4</b>	<b>Working Numbers = (1 - (2 + 3))</b>						<b>41,415</b>
5	Busy						146
6	Answering Machine						561
7	No Answer						3,029
<b>8</b>	<b>Contacted Numbers = (4 - (5 + 6 + 7))</b>	<b>8,094</b>	<b>17,253</b>	<b>1,530</b>	<b>4,861</b>	<b>5,941</b>	<b>37,679</b>
<b>9</b>	<b>Assigned from not/partial-screened numbers</b>	<b>1,515</b>	<b>3,230</b>	<b>286</b>	<b>910</b>		
10	Breakoff Screening Incomplete	62	-	4	5	218	289
11	Callback Screening Incomplete	71	-	-	3	504	578
12	Unknown or Refused Screening Status	-	-	-	244	-	244
13	Refusal	288	-	53	18	4,250	4,609
<b>14</b>	<b>Cooperated = (8 - (10 + 11 + 12 + 13))</b>	<b>7,673</b>	<b>17,253</b>	<b>1,473</b>	<b>4,591</b>	<b>969</b>	<b>31,959</b>
15	Quota Filled	245	17,253	38	253	-	17,789
16	Screen Failure	-	-	-	-	-	-
17	Other (too ill, dead, etc.)	210	-	34	256	424	924
18	Deafness or Language Barrier	92	-	8	10	545	655
<b>19</b>	<b>Nonchargeable Outcomes = (15 + 16 + 17 + 18)</b>	<b>547</b>	<b>17,253</b>	<b>80</b>	<b>519</b>	<b>969</b>	<b>19,368</b>
20	Screening Complete - Unable to contact subject	346	-	71	233	-	650
21	Screening Complete - Interview broken off	332	-	57	346	-	735
<b>22</b>	<b>Chargeable Outcomes = (21 + 22)</b>	<b>678</b>	<b>-</b>	<b>128</b>	<b>579</b>	<b>-</b>	<b>1,385</b>
<b>23</b>	<b>Completed = (14 - (19 + 22))</b>	<b>6,448</b>	<b>-</b>	<b>1,265</b>	<b>3,493</b>	<b>-</b>	<b>11,206</b>

Computation of Response Rate		Adult*	Juvenile
24	Contact Rate = (8 / 4)	90.98%	90.98%
25	Cooperation Rate = (14 / (8 + 9))	80.05%	79.55%
26	Completion Rate = (23 / (14 - 19))	90.54%	85.78%
<b>27</b>	<b>Overall Survey Response Rate = (24 * 25 * 26)</b>	<b>65.94%</b>	<b>62.09%</b>

\*Adults rates were computed using the sums of adults in adolescent and non-adolescent households

**Appendix 3.** Estimated percent prevalence ( $\pm$  95% confidence interval) of alcohol and drug use and of current and lifetime diagnoses of Substance Abuse, S "Indeterminate" Substance Dependence (Any Probable Diagnosis) among Georgia adults (age 18 years and older) and adolescents (age 12 to 17 years old) by on 7713 adult and 3493 adolescent responses to the Georgia Telephone Household Survey of Substance Abuse Treatment Need. Dashes indicate no positive

<b>Adults</b>									
	White			Black			Other		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Any current probable diagnosis	5.0 $\pm$ 1.1%	3.0 $\pm$ 0.8%	3.9 $\pm$ 0.6%	3.7 $\pm$ 1.9%	1.5 $\pm$ 0.8%	2.4 $\pm$ 1.0%	1.2 $\pm$ 1.5%	1.1 $\pm$ 1.3%	1.2 $\pm$ 1.0%
Any lifetime probable diagnosis	11.2 $\pm$ 1.5%	6.5 $\pm$ 1.0%	8.8 $\pm$ 0.9%	7.4 $\pm$ 2.6%	2.9 $\pm$ 1.3%	4.9 $\pm$ 1.4%	6.1 $\pm$ 4.5%	2.2 $\pm$ 1.8%	4.3 $\pm$ 2.6%
Use of Alcohol -- Past Year	67.7 $\pm$ 2.4%	55.5 $\pm$ 2.0%	61.5 $\pm$ 1.5%	58.5 $\pm$ 5.1%	42.5 $\pm$ 3.4%	49.5 $\pm$ 2.9%	58.9 $\pm$ 11.6%	33.8 $\pm$ 9.4%	47.7 $\pm$ 8.0%
Use of Marijuana -- Past Year	6.4 $\pm$ 1.2%	2.9 $\pm$ 0.8%	4.6 $\pm$ 0.7%	5.6 $\pm$ 2.5%	3.3 $\pm$ 1.5%	4.3 $\pm$ 1.4%	6.3 $\pm$ 5.5%	1.9 $\pm$ 1.8%	4.3 $\pm$ 3.2%
Use of Hallucinogens -- Past Year	1.3 $\pm$ 0.6%	0.5 $\pm$ 0.4%	0.9 $\pm$ 0.3%	0.5 $\pm$ 0.7%	0.0 $\pm$ 0.0%	0.2 $\pm$ 0.3%	1.1 $\pm$ 2.1%	0.5 $\pm$ 0.9%	0.8 $\pm$ 1.2%
Use of Cocaine -- Past Year	0.9 $\pm$ 0.5%	0.3 $\pm$ 0.3%	0.6 $\pm$ 0.3%	1.4 $\pm$ 1.0%	0.1 $\pm$ 0.1%	0.7 $\pm$ 0.4%	0.6 $\pm$ 1.1%	0.0 $\pm$ 0.0%	0.3 $\pm$ 0.6%
Use of Opiates -- Past Year	0.2 $\pm$ 0.2%	0.1 $\pm$ 0.1%	0.1 $\pm$ 0.1%	0.0 $\pm$ 0.0%	0.0 $\pm$ 0.0%	0.0 $\pm$ 0.0%	1.1 $\pm$ 2.1%	0.0 $\pm$ 0.0%	0.6 $\pm$ 1.1%
Use of Stimulants -- Past Year	1.1 $\pm$ 0.5%	0.7 $\pm$ 0.4%	0.9 $\pm$ 0.3%	0.0 $\pm$ 0.0%	0.2 $\pm$ 0.4%	0.1 $\pm$ 0.2%	1.1 $\pm$ 1.6%	0.0 $\pm$ 0.0%	0.6 $\pm$ 0.9%

<b>Adolescents</b>									
	White			Black			Other		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Any current probable diagnosis	3.4 $\pm$ 1.3%	3.5 $\pm$ 1.2%	3.4 $\pm$ 0.9%	1.5 $\pm$ 1.2%	0.7 $\pm$ 0.7%	1.1 $\pm$ 0.7%	4.3 $\pm$ 6.0%	2.8 $\pm$ 5.4%	3.4 $\pm$ 4.0%
Any lifetime probable diagnosis	3.9 $\pm$ 1.4%	3.6 $\pm$ 1.2%	3.7 $\pm$ 0.9%	1.5 $\pm$ 1.2%	0.9 $\pm$ 0.8%	1.2 $\pm$ 0.7%	4.3 $\pm$ 6.0%	2.8 $\pm$ 5.4%	3.4 $\pm$ 4.0%
Use of Alcohol -- Past Year	23.7 $\pm$ 2.9%	23.9 $\pm$ 2.8%	23.8 $\pm$ 2.0%	15.2 $\pm$ 3.9%	9.8 $\pm$ 2.9%	12.5 $\pm$ 2.4%	15.0 $\pm$ 10.3%	20.8 $\pm$ 10.7%	18.5 $\pm$ 7.6%
Use of Marijuana -- Past Year	9.8 $\pm$ 2.1%	9.1 $\pm$ 1.9%	9.5 $\pm$ 1.4%	9.7 $\pm$ 3.4%	2.8 $\pm$ 1.4%	6.4 $\pm$ 1.9%	3.9 $\pm$ 4.8%	9.4 $\pm$ 8.1%	7.3 $\pm$ 5.3%
Use of Hallucinogens -- Past Year	1.7 $\pm$ 0.8%	1.1 $\pm$ 0.6%	1.4 $\pm$ 0.5%	-	-	-	2.0 $\pm$ 3.9%	-	0.8 $\pm$ 1.5%
Use of Cocaine -- Past Year	0.9 $\pm$ 0.6%	0.6 $\pm$ 0.4%	0.8 $\pm$ 0.4%	-	-	-	2.0 $\pm$ 3.9%	-	0.8 $\pm$ 1.5%
Use of Opiates -- Past Year	0.1 $\pm$ 0.2%	0.2 $\pm$ 0.2%	0.2 $\pm$ 0.2%	-	-	-	-	-	-
Use of Stimulants -- Past Year	1.5 $\pm$ 0.7%	2.0 $\pm$ 0.9%	1.8 $\pm$ 0.6%	0.4 $\pm$ 0.5%	0.5 $\pm$ 0.9%	0.4 $\pm$ 0.5%	2.1 $\pm$ 4.0%	1.3 $\pm$ 2.5%	1.6 $\pm$ 2.2%
Ever Use of Ritalin to Get High	1.2 $\pm$ 0.8%	1.4 $\pm$ 0.9%	1.3 $\pm$ 0.6%	0.1 $\pm$ 0.2%	1.1 $\pm$ 1.6%	0.6 $\pm$ 0.8%	-	-	-

**Appendix 4.** Estimated numerical prevalence (in thousands of people  $\pm$  95% confidence interval) of alcohol and drug use during the year preceding interview diagnoses of Substance Abuse, Substance Dependence or "Indeterminate" Substance Dependence (Any Probable Diagnosis) among Georgia adults (age 18 years old) by Race and Sex. Estimates are based on 7713 adult and 3493 adolescent responses to the Georgia Telephone Household Survey of Substance Abuse. Dashes indicate no positive responses in the survey sample.

<b>Adults</b>									
	White			Black			Other		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Any current probable diagnosis	95 $\pm$ 20	59 $\pm$ 15	154 $\pm$ 25	20 $\pm$ 11	10 $\pm$ 05	30 $\pm$ 12	1 $\pm$ 02	1 $\pm$ 01	2 $\pm$ 02
Any lifetime probable diagnosis	212 $\pm$ 29	130 $\pm$ 21	343 $\pm$ 36	40 $\pm$ 14	20 $\pm$ 09	60 $\pm$ 17	6 $\pm$ 05	2 $\pm$ 01	8 $\pm$ 05
Use of Alcohol -- Past Year	1289 $\pm$ 45	1112 $\pm$ 39	2402 $\pm$ 60	316 $\pm$ 30	295 $\pm$ 25	611 $\pm$ 39	60 $\pm$ 17	28 $\pm$ 08	88 $\pm$ 19
Use of Marijuana -- Past Year	122 $\pm$ 23	58 $\pm$ 15	180 $\pm$ 28	30 $\pm$ 13	23 $\pm$ 11	53 $\pm$ 17	6 $\pm$ 06	2 $\pm$ 02	8 $\pm$ 06
Use of Hallucinogens -- Past Year	25 $\pm$ 11	10 $\pm$ 07	35 $\pm$ 14	2 $\pm$ 04	-	2 $\pm$ 04	1 $\pm$ 02	0 $\pm$ 01	1 $\pm$ 02
Use of Cocaine -- Past Year	18 $\pm$ 09	6 $\pm$ 06	24 $\pm$ 11	8 $\pm$ 05	0 $\pm$ 01	8 $\pm$ 05	1 $\pm$ 01	-	1 $\pm$ 01
Use of Opiates -- Past Year	3 $\pm$ 04	1 $\pm$ 01	5 $\pm$ 04	-	-	-	1 $\pm$ 02	-	1 $\pm$ 02
Use of Stimulants -- Past Year	21 $\pm$ 10	14 $\pm$ 08	35 $\pm$ 13	-	1 $\pm$ 03	1 $\pm$ 03	1 $\pm$ 02	-	1 $\pm$ 02

<b>Adolescents</b>									
	White			Black			Other		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Any current probable diagnosis	7.2 $\pm$ 2.8	6.9 $\pm$ 2.4	14.1 $\pm$ 3.6	1.5 $\pm$ 1.2	0.7 $\pm$ 0.7	2.2 $\pm$ 1.4	0.4 $\pm$ 0.5	0.4 $\pm$ 0.7	0.7 $\pm$ 0.9
Any lifetime probable diagnosis	8.3 $\pm$ 3.0	7.2 $\pm$ 2.4	15.4 $\pm$ 3.9	1.5 $\pm$ 1.2	0.9 $\pm$ 0.8	2.4 $\pm$ 1.4	0.4 $\pm$ 0.5	0.4 $\pm$ 0.7	0.7 $\pm$ 0.9
Use of Alcohol -- Past Year	50.2 $\pm$ 6.2	47.7 $\pm$ 5.5	97.9 $\pm$ 8.3	15.3 $\pm$ 3.9	9.2 $\pm$ 2.7	24.4 $\pm$ 4.8	1.3 $\pm$ 0.9	2.8 $\pm$ 1.5	4.0 $\pm$ 1.7
Use of Marijuana -- Past Year	20.8 $\pm$ 4.4	18.2 $\pm$ 3.8	39.0 $\pm$ 5.8	9.8 $\pm$ 3.5	2.7 $\pm$ 1.3	12.4 $\pm$ 3.7	0.3 $\pm$ 0.4	1.2 $\pm$ 1.1	1.6 $\pm$ 1.2
Use of Hallucinogens -- Past Year	3.6 $\pm$ 1.7	2.3 $\pm$ 1.2	5.8 $\pm$ 2.1	-	-	-	0.2 $\pm$ 0.3	-	0.2 $\pm$ 0.3
Use of Cocaine -- Past Year	1.9 $\pm$ 1.2	1.2 $\pm$ 0.8	3.2 $\pm$ 1.5	-	-	-	0.2 $\pm$ 0.3	-	0.2 $\pm$ 0.3
Use of Opiates -- Past Year	0.3 $\pm$ 0.4	0.5 $\pm$ 0.5	0.8 $\pm$ 0.7	-	-	-	-	-	-
Use of Stimulants -- Past Year	3.2 $\pm$ 1.5	4.0 $\pm$ 1.8	7.2 $\pm$ 2.3	0.4 $\pm$ 0.5	0.4 $\pm$ 0.8	0.9 $\pm$ 1.0	0.2 $\pm$ 0.3	0.2 $\pm$ 0.3	0.3 $\pm$ 0.5
Ever Use of Ritalin to Get High	2.0 $\pm$ 1.3	2.2 $\pm$ 1.5	4.2 $\pm$ 2.0	0.1 $\pm$ 0.2	0.8 $\pm$ 1.2	0.9 $\pm$ 1.2	-	-	-

Appendix 5. Comparison of estimated numbers of adults in need of substance abuse treatment based on diagnoses of any DSM-III-R substance use disorder among Georgia adults (age 18 and above) for the State and each MHMRS planning region using two methods. The first method is a synthetic estimate based on prevalence and risk factor estimates reported from the National Comorbidity Survey (Kessler, et al, 1995). The second is a direct estimate for the State and synthetic estimates for each region using the results of the Georgia Telephone Household Survey of Substance Abuse Treatment Need. Population rank and synthetic estimates are based on estimates of the 1996 Georgia Census Population provided by Claritas, Inc.

	Georgia Adults with Substance Use Disorders -- Synthetic Estimate										
	Male			Female			Total			Rank	
	White	Non-white	Total	White	Non-white	Total	White	Non-white	Total	Prev.	Pop.
Region 1	71,909	3,233	75,142	35,920	1,432	37,353	107,830	4,665	112,494	1	2
Region 2	55,252	10,030	65,283	26,928	4,931	31,859	82,180	14,962	97,142	3	1
Region 3	60,804	6,360	67,163	29,820	2,857	32,677	90,623	9,217	99,841	2	4
Region 4	50,661	5,156	55,817	24,176	2,304	26,481	74,837	7,460	82,297	5	6
Region 5	32,111	17,743	49,853	14,566	8,434	23,000	46,677	26,176	72,853	7	3
Region 6	27,377	15,873	43,251	12,815	7,373	20,189	40,193	23,247	63,440	9	7
Region 7	49,556	4,081	53,637	23,602	1,773	25,376	73,158	5,854	79,012	6	8
Region 8	36,327	11,606	47,933	17,536	5,696	23,232	53,863	17,302	71,165	8	9
Region 9	20,781	8,961	29,742	9,286	4,323	13,608	30,066	13,284	43,350	12	11
Region 10	20,018	7,457	27,474	9,939	3,765	13,703	29,956	11,221	41,178	13	13
Region 11	26,509	5,768	32,277	13,270	2,800	16,071	39,779	8,569	48,348	11	12
Region 12	25,154	8,469	33,623	12,015	4,224	16,240	37,169	12,694	49,863	10	10
Region 13	46,018	12,031	58,050	21,230	5,391	26,621	67,248	17,423	84,671	4	5
Georgia Total	522,477	116,768	639,245	251,104	55,306	306,410	773,581	172,075	945,655		

	Georgia Adults with Substance Use Disorders -- Household Survey										
	Male			Female			Total			Rank	
	White	Non-white	Total	White	Non-white	Total	White	Non-white	Total	Prev.	Pop.
Region 1	11,959	443	12,402	7,717	219	7,936	19,675	663	20,338	1	2
Region 2	9,784	1,777	11,561	6,285	948	7,233	16,069	2,726	18,795	3	1
Region 3	10,727	1,082	11,809	6,876	547	7,423	17,603	1,628	19,231	2	4
Region 4	10,019	910	10,929	6,551	491	7,042	16,571	1,400	17,971	4	6
Region 5	6,681	3,736	10,417	4,004	2,008	6,012	10,684	5,745	16,429	7	3
Region 6	5,449	3,270	8,719	3,366	1,766	5,132	8,815	5,036	13,851	8	7
Region 7	9,799	656	10,455	6,489	335	6,824	16,288	991	17,279	5	8
Region 8	6,265	2,106	8,371	3,903	1,092	4,995	10,167	3,198	13,365	9	9
Region 9	3,836	1,555	5,391	2,047	785	2,832	5,883	2,340	8,223	12	11
Region 10	3,013	1,156	4,169	1,863	633	2,496	4,876	1,789	6,665	13	13
Region 11	4,250	889	5,139	2,644	467	3,111	6,894	1,355	8,249	11	12
Region 12	4,295	1,512	5,807	2,614	790	3,404	6,909	2,302	9,211	10	10
Region 13	8,482	2,075	10,557	5,070	1,012	6,082	13,553	3,086	16,639	6	5
Georgia Total	94,558	21,167	115,725	59,430	11,092	70,522	153,988	32,259	186,247		

Appendix 6. Comparison of estimated numbers of adolescents in need of substance abuse treatment based on diagnoses of any DSM-III-R substance use disorder among Georgia adolescents (age 12 to 17 years old) for the State and each MHMRSA planning region using two methods. The first method is a synthetic estimate based on prevalence and risk factor estimates reported from the National Comorbidity Survey ( Kessler, et al, 1995). The second is a direct estimate for the State and synthetic estimates for each region using the results of the Georgia Telephone Household Survey of Substance Abuse Treatment Need. Population rank and synthetic estimates are based on estimates of the 1996 Georgia Census Population provided by Claritas, Inc.

	Georgia Juveniles with Substance Use Disorders -- Synthetic Estimate										
	Male			Female			Total			Rank	
	White	Non-white	Total	White	Non-white	Total	White	Non-white	Total	Prev.	Pop.
Region 1	1,798	93	1,891	1,133	60	1,193	2,931	153	3,084	1	2
Region 2	1,478	377	1,854	958	247	1,205	2,436	624	3,059	2	1
Region 3	1,362	201	1,564	868	133	1,000	2,230	334	2,564	3	4
Region 4	1,290	147	1,437	835	97	932	2,126	244	2,369	5	7
Region 5	511	731	1,242	340	485	825	851	1,216	2,067	8	5
Region 6	429	593	1,021	267	392	659	696	985	1,681	9	9
Region 7	1,317	109	1,426	866	69	935	2,183	178	2,362	6	8
Region 8	856	483	1,339	546	322	868	1,402	804	2,206	7	6
Region 9	439	350	789	279	229	509	718	580	1,298	13	13
Region 10	511	347	858	324	232	556	835	579	1,414	12	11
Region 11	640	230	870	410	156	566	1,050	386	1,436	11	12
Region 12	620	355	976	392	228	621	1,013	584	1,597	10	10
Region 13	1,007	433	1,440	649	284	933	1,656	717	2,373	4	3
Georgia Total	12,259	4,449	16,708	7,869	2,934	10,802	20,128	7,382	27,510		

	Georgia Juveniles with Substance Use Disorders -- Household Survey										
	Male			Female			Total			Rank	
	White	Non-white	Total	White	Non-white	Total	White	Non-white	Total	Prev.	Pop.
Region 1	1,065	39	1,104	1,001	22	1,023	2,066	61	2,127	1	2
Region 2	873	157	1,030	847	90	937	1,720	247	1,967	2	1
Region 3	831	96	927	790	54	844	1,620	151	1,771	3	4
Region 4	760	59	819	734	34	768	1,494	93	1,587	5	7
Region 5	297	304	601	289	176	465	586	479	1,065	8	5
Region 6	250	247	497	226	144	370	477	390	867	11	9
Region 7	773	44	817	759	24	783	1,532	68	1,600	4	8
Region 8	506	204	710	480	117	597	985	322	1,307	7	6
Region 9	259	146	405	245	83	328	504	229	733	13	13
Region 10	279	134	413	263	78	341	542	212	754	12	11
Region 11	381	95	476	365	56	421	746	151	897	9	12
Region 12	344	146	490	322	82	404	666	228	894	10	10
Region 13	614	182	796	586	103	689	1,200	285	1,485	6	3
Georgia Total	7,234	1,852	9,086	6,906	1,064	7,970	14,140	2,915	17,055		