

# THE 2004 NEW JERSEY SURVEY OF MENTAL HEALTH PATIENTS ON DRUG USE AND HEALTH

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**THE 2004 NEW JERSEY SURVEY  
OF MENTAL HEALTH PATIENTS  
ON DRUG USE AND HEALTH**

*Conducted for:*

New Jersey Department of Human Services  
Division of Addiction Services

*Conducted by:*

Center for Public Interest Polling  
Eagleton Institute,  
Rutgers, the State University of New Jersey

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PATIENTS ON DRUG USE AND HEALTH**

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# THE 2004 NEW JERSEY SURVEY OF MENTAL HEALTH PATIENTS ON DRUG USE AND HEALTH

## EXECUTIVE SUMMARY

### A. PROJECT OVERVIEW AND BACKGROUND

The 2004 New Jersey Survey of Mental Health Patients on Drug Use and Health was commissioned by the Division of Addiction Services (DAS) with funding from the U.S. Department of Health and Human Services, Center for Substance Abuse Treatment (CSAT), to assess the prevalence of substance use and identify the need for addiction treatment among patients attending New Jersey outpatient and partial care mental health facilities. Administration of the survey was carried out by the Eagleton Institute of Politics, Center for Public Interest Polling at Rutgers, the State University of New Jersey. In addition to estimates of prevalence and need for substance abuse treatment, the 2004 New Jersey survey also sought to document the impact of the September 11 terrorist attacks on the use and abuse of drugs and alcohol among mental health patients in New Jersey. This report describes the survey responses of 700 patients (350 outpatients and 350 partial care patients) selected from a randomized, representative sample of outpatient and partial care facilities throughout New Jersey. Survey participants were interviewed between October 2003 and August 2004. This report also compares the prevalence of substance abuse and need for treatment among mental health patients to that of New Jersey residents as a whole as reported in the 2003 New Jersey Household Survey on Drug Use and Health. The major findings of the 2004 Mental Health Survey are summarized below.

#### ALCOHOL USE

- Most New Jersey adults have had at least one drink of alcohol in their lifetime, including 94% of outpatients, 89% of partial care patients and 87% of all New Jersey residents.
- Mental health patients were somewhat less likely than New Jersey residents as a whole to have drunk in the past 12 months or 30 days. About three-quarters of all New Jersey residents (73%) drank alcohol in the past year and 58% drank in the last month. In contrast, only 59% of outpatients and 32% of partial care patients drank in the past year, and only 35% of outpatients and 12% of partial care patients drank in the last 30 days.
- Though less likely to be current drinkers, mental health patients were substantially more likely than New Jersey adults as a whole to report binge drinking at some time in their lives, with 32% of outpatients, 24% of partial care patients and 4% of New Jersey adults reporting lifetime binge drinking.
- Mental health patients were also more likely than all New Jersey residents to initiate alcohol use before age 15 (40% of outpatients, 30% of partial care patients and 16% of New Jersey adults).

## **ILLICIT DRUG USE**

- A substantially higher proportion of mental health patients than New Jersey residents as a whole reported illicit substance use. In their lifetimes, 77% of outpatients and 63% of partial care patients reported use of one or more illicit drugs, compared to 32% of all New Jersey residents.
- Compared to New Jersey residents as a whole, outpatients and partial care patients were substantially more likely to report lifetime use of each illicit drug investigated, with the highest proportion of drug users for each drug found in the outpatient group.
- Marijuana was the most frequently reported drug in all three groups, with 74% of outpatients, 61% of partial care patients and 30% of New Jersey adults reporting lifetime use. Powdered cocaine was next in frequency, mentioned by 46% of outpatients, 30% of partial care patients and 9% of New Jersey adults. All groups reported a relatively low prevalence of lifetime use of ecstasy and other club drugs.
- Mental health patients were more likely than New Jersey adults to report recent use of illicit substances. Thus, 29% of outpatients, 14% of partial care patients and 6% of all New Jersey residents used one or more illicit drugs in the last 12 months. In the last 30 days, 15% of outpatients, 5% of partial care patients and 3% of New Jersey residents reported using illicit drugs.
- Marijuana was also the most frequently reported substance recently used by all three groups, with 17% of outpatients, 9% of partial care patients and nearly 4% of all New Jersey residents reporting using marijuana in the last 12 months. Among outpatients and partial care patients, cocaine was next in frequency, being reported by 15% of outpatients and 7% of partial care patients in the last 12 months. Among New Jersey residents as a whole, fewer than 1% reported past-year use of cocaine.
- Polydrug use was substantially higher among mental health patients than among New Jersey residents as a whole, with 43% of outpatients, 56% of partial care patients and 13% of New Jersey residents reporting lifetime use of more than one drug. In terms of recent polydrug use, 15% of outpatients, 7% of partial care patients and 2% of New Jersey residents reported use of more than one drug in the past year.
- Mental health patients reported using marijuana at an earlier age than New Jersey residents, with 32% of outpatients and 29% of partial care patients using by age 14, compared to 14% of New Jersey residents who used by age 14.

## **TOBACCO USE**

- About 61% of mental health patients compared to 29% of all New Jersey residents used a tobacco product in the previous 12 months.

- Cigarettes were the most frequently used product, with 61% of outpatients, 57% of partial care patients and 24% of New Jersey residents reporting their use in the last year. About 9% of outpatients, 15% of partial care patients and 7% of New Jersey residents smoked cigars in the past year. Fewer than 5% of each group smoked a pipe or used chewing tobacco.
- Mental health patients smoked cigarettes more frequently and more heavily than New Jersey residents as a whole. In the last 30 days, 51% of outpatients and 48% of partial care patients smoked daily, compared to 15% of New Jersey residents. Similarly, 27% of outpatients and 30% of partial care patients smoked a pack or more of cigarettes a day in the last 30 days, compared to 8% of all New Jersey residents.
- Among both outpatient and partial care patients, men were substantially more likely than women to be current smokers (65% vs. 54% among outpatients and 65% vs. 47% among partial care patients).
- Mental health patients smoked at earlier ages than New Jersey residents as a whole. About 54% of outpatient smokers and 40% of partial care smokers reported having their first cigarette by age 14, compared to 31% of all New Jersey smokers.

## **ABUSE AND DEPENDENCE**

- Outpatient and partial care patients were more likely to meet diagnostic criteria for abuse or dependence on alcohol and/or drugs in the past year than New Jersey residents as a whole. Outpatients, in particular, had a high prevalence of abuse and/or dependence compared to the other populations, with 35% meeting DSM-IV diagnostic criteria. About 14% of partial care patients and 11% of New Jersey residents as a whole met diagnostic criteria for abuse/dependence.
- Among outpatient and partial care patients, drugs were a more prevalent substance of abuse or dependence than alcohol. Among partial care patients, drugs alone or in combination with alcohol affected 8% of all patients, or 55% of those who met DSM-IV criteria. Among outpatients, 16% of all patients, or 46% of those meeting diagnostic criteria for abuse or dependence, had problems with drugs alone or drugs in combination with alcohol. Among New Jersey residents, in contrast, alcohol alone was the most prevalent substance of dependence or abuse, affecting 9% of residents, or about 82% of all those with abuse/dependence problems.
- Among partial care patients, there was a steady decline in abuse/dependency with age, with those aged 18-34 exhibiting the highest prevalence of abuse/dependence (26%) and those aged 50 or older, the lowest (6%). Among outpatients, those aged 50 and older also had the lowest prevalence of abuse/dependence (21%). However, those in the youngest (39%) and middle age groups (41%) were equally likely to meet abuse/dependence criteria for alcohol and/or drugs.

## **ACCESS TO TREATMENT AMONG THOSE IN NEED**

- Mental health patients were substantially more likely than New Jersey residents as a whole to have attended self-help groups or received formal treatment for a substance abuse problem. This finding is predictable since both mental health groups were surveyed in treatment settings where substance abuse counseling and linkages with treatment are commonly provided.
- Fifty percent of outpatients, 40% of partial care patients and 4% of all New Jersey residents reported attending a self-help group, such as Alcoholics or Narcotics Anonymous (AA or NA), sometime in their lifetimes. Similarly, 42% of outpatients, 35% of partial care patients and 3% of New Jersey adults reported enrollment during their lifetimes in formal substance abuse treatment.
- Among those having substance abuse problems serious enough to warrant treatment, mental health patients were substantially more likely than all New Jersey residents with a substance abuse problem to receive it. In the last 12 months, 50% of outpatients and 69% of partial care patients compared to only 3% of all New Jersey residents needing formal substance abuse treatment received it.

## **GAMBLING**

- Gambling prevalence was similar between both patient groups and New Jerseyans as a whole. About 81% of outpatients and 75% of both partial care patients and all New Jersey residents have gambled at some time in their lives. Buying lottery tickets was the most frequent form of gambling, with 72% of outpatients, 61% of partial care patients and 65% of New Jersey residents claiming to have bought at least one ticket.
- About 42% of outpatients, 41% of partial care patients and 46% of all New Jersey residents have engaged in casino gambling. Other forms of gambling were engaged in by 26% of outpatients, 27% of partial care patients and 24% of all New Jersey residents.
- Both partial care and outpatients were only somewhat more likely than New Jersey residents as a whole to engage in frequent gambling. About 30% of outpatients, 25% of partial care patients and 22% of all New Jersey adults gambled more than 20 times in the year they gambled the most.
- Both patient groups were more likely than New Jersey residents as a whole to report one or more problems associated with their gambling. Thus, 12% of both outpatients and partial care patients reported lifetime gambling problems compared to 3% of New Jersey adults. Similarly, 4% of outpatients, 5% of partial care patients and 1% of New Jersey residents reported gambling problems in the last 12 months.

## EFFECT OF WORLD TRADE CENTER ATTACKS

- Mental health patients were somewhat less directly impacted by the 9/11 attacks than New Jersey adults as a whole. About 2% of outpatients and less than 1% of partial care patients were in New York City at the time of the attacks compared to 5% of New Jersey residents as a whole. Similarly, nearly 28% of New Jersey residents reported knowing someone who was hurt or killed on 9/11, compared to 18% of outpatients and 11% of partial care patients.
- Although less directly affected, mental health patients were substantially more likely than New Jersey residents as a whole to report experiencing some psychological effect of the attacks. Since 9/11, 83% of outpatients and 82% of partial care patients reported one or more psychological symptoms, compared to 54% of all New Jersey adults.
- About 59% of both patient populations, compared to 35% of New Jersey adults, experienced PTSD symptoms. Fifty-four percent of outpatients, 59% of partial care patients and 33% of New Jersey adults reported depression. Similarly, 50% of outpatients, 46% of partial care patients and 29% of New Jersey residents reported situational fears (e.g. fear of airplanes, bridges, tunnels, etc.) as a result of the attacks.
- Mental health patients were substantially more likely than New Jersey residents as a whole to increase their use of substances as a result of the 9/11 attacks. Thus, 21% of outpatients and 18% of partial care patients reported increasing their use of one or more substances, compared to 5% of all New Jersey adults.
- Tobacco was the substance most frequently increased among outpatients (12%) and New Jersey adults (3%), while partial care patients were about equally likely to increase their use of tobacco (9%) and prescription drugs (10%).
- Substantially fewer mental health patients and New Jersey adults reported increasing their use of alcohol or illicit drugs. Alcohol was increased by 4% of outpatients, 2% of partial care patients and 1% of all New Jersey adults. Similarly, illicit drugs were increased by 1% or fewer of all mental health patients and New Jersey adults.
- Among both mental health patients and New Jersey residents as a whole, 9/11-related substance use steadily increased with increases in the number of 9/11-related psychological symptoms. Among those reporting no symptoms, 7% of outpatients, 0% of partial care patients and .6% of all New Jersey residents reported increasing their substance use. Among those with four or more symptoms, 29% of outpatients, 33% of partial care patients and 20% of all New Jersey residents reported increased use.
- About 23% of outpatients, 33% of partial care patients and 4% of all New Jersey residents felt they needed counseling as a result of 9/11. Only about half of outpatients (11%) and New Jersey residents (2%), however, received counseling for these problems. Partial care patients had somewhat greater treatment access, with approximately 21% receiving counseling for 9/11-related problems.



# **THE 2004 NEW JERSEY SURVEY OF MENTAL HEALTH PATIENTS ON DRUG USE AND HEALTH**

## **CHAPTER 1**

### **INTRODUCTION AND BACKGROUND**

#### **A. PROJECT OVERVIEW AND BACKGROUND**

As health care reform alters access to the health care industry, accurate measurements of need, demand, cost, and availability of resources take on an ever increasing importance. The 2004 New Jersey Survey of Mental Health Patients on Drug Use and Health is part of a larger family of needs assessment studies conducted by the Division of Addiction Services (DAS) to promote an integrated and rational approach to treatment planning and resource allocation. Specifically, the study focuses on assessing the level of prevalence of legal and illegal substance use and identifying the need and demand for substance abuse treatment services among patients in partial care and outpatient mental health treatment programs.

High rates of co-morbid substance abuse among psychiatric patients with severe Axis I disorders (Mueser, 2000; Rach-Beisel, et al., 1999; Berglund & Ohehagen, 1998) present considerable challenges in treatment. Brady (1998), in her study of the 1980 National Institute of Mental Health (NIMH) Epidemiologic Catchment Area (ECA), found that "...45% of individuals with an alcohol use disorder and 72% of individuals with a drug use disorder had at least one co-occurring psychiatric disorder." Similarly, Swofford, et al. (2000) found co-morbid substance abuse among 47% of schizophrenia patients in the same NIMH ECA study. Although co-morbidity increases the likely use of both mental health and substance abuse treatment services (Wu, et al., 1999), less than half of all co-morbid cases of substance abuse are referred for or ever receive substance abuse treatment (Swofford, et al., 2000). This may be due to the relative difficulty of diagnosing concurrent psychiatric and substance abuse disorders (Brady, 1998). As a result, substance abuse issues often remain undetected, and therefore, untreated, by clinicians and primary care physicians alike (King, et al., 2000).

In New Jersey, the Department of Human Services (NJDHS), Division of Addiction Services (DAS), and the NJDHS, Division of Mental Health Services (DMHS) have long recognized the complexities of co-morbid substance abuse and mental illness, and have collaborated on various projects to improve identification and treatment of this population. This study will extend that collaboration by assessing substance abuse and dependence treatment needs in an important mental health treatment population. The study was commissioned by DAS with funding from the U.S. Department of Health and Human Services, Center for Substance Abuse Treatment (CSAT). Administration of the survey was carried out by the Eagleton Institute of Politics, Center for Public Interest Polling at Rutgers, the State University of New Jersey.

## **B. OBJECTIVES**

The 2004 New Jersey Survey of Mental Health Patients on Drug Use and Health included four main objectives:

1. Assessing the level of use of alcohol, tobacco and other drugs, including stimulants, sedatives, marijuana, hallucinogens, cocaine, and heroin, and estimating the need and demand for treatment services that result from the use of these substances among New Jersey adults in partial care and outpatient mental health treatment programs.
2. Studying correlates of substance use, abuse or dependence to help planners and policy makers make informed decisions regarding future interventions.
3. Documenting the impact of the World Trade Center attack of September 11, 2001 on substance use in the mental health population.
4. Comparing the substance use behaviors of mental health patients to those of the general New Jersey population as reported through a telephone survey in the 2003 New Jersey Survey on Drug Use and Health.

## **C. RESEARCH METHODS**

### **Sample**

The study's research design was developed by the Division of Addiction Services and is outlined in Appendix A. Table 1-1 outlines the statewide mental health treatment population for residents who receive partial care and outpatient services as well as the final sample. Using admissions and discharge data reported by mental health treatment providers to the Department of Human Services, Division of Mental Health Services on the Uniform Services Transaction Form (USTF), DAS calculated the number of open cases in the FY1999 – FY2002 USTF file for both outpatient and partial care programs by treatment provider. The number of open cases equaled the number of observations with an admission prior to July 1, 2002 and either a missing discharge or a discharge date after June 30, 2002. DAS found a total of 93,914 New Jersey residents that had not been discharged prior to July 1, 2002, comprised of 10,017 patients treated in a state-funded partial care facility and 83,897 treated in an outpatient facility. Eligible clients for the study had to be 18 years of age or older and not enrolled in a MICA (Mentally ill/Chemically-addicted) program at a treatment center. In-person interviews were conducted with 700 treatment clients at facilities throughout the state, 350 who received outpatient services and 350 who received partial care services. In addition to an interview of approximately 45 minutes, about two-thirds of study participants also agreed to provide a hair sample for drug testing.

A two-stage, stratified, random sample design was used for the study which grouped all publicly-funded mental health treatment agencies in the state by service type (partial care or outpatient) and by region (North, Central, South). To be eligible for the sample, a facility had to offer both partial care and outpatient services. In all, 53 agencies met that criterion. The total

client population for each agency was based on the current number of open cases calculated for each agency at the end of FY2002 as previously described.

For each modality, a sample of 350 patients was selected for a total sample of 700 New Jerseyans receiving mental health treatment. Once the agencies in each region were selected, the sample was determined proportional to the total population. For instance, the northern region included 36 percent of all outpatient clients so the outpatient sample for the north included 36 percent of the 350 patients, or 127 clients. Within this northern outpatient stratum, sampling was also done proportionally. Hence, if Agency A had 25% of all outpatients in the north, then 25% of the 127 clients (or 32 clients) would come from Agency A. This proportional selection process was used to determine the partial care and outpatient sample for all agencies in all strata.

**Table 1-1: Mental Health Treatment Population and Study Sample**

Regions	Population			Sample		
	Agencies	Outpatient	Partial Care	Agencies	Outpatient	Partial Care
North	23	30,469	4,433	5	127	155
Central	20	36,389	3,874	6	152	135
South	10	17,039	1,710	4	71	60
TOTAL	53	83,897	10,017	15	350	350

The percentages obtained in a sample survey are estimates of what the distribution of responses would be if the entire population had been surveyed. "Sampling error" is a social science term which describes the probable difference between interviewing everyone in a given population and a sample drawn from that population. The overall sampling error associated with a sample of 350 persons, for example, is  $\pm 5.2$  percent at a 95 percent confidence interval and 50/50 margins. Thus, if 47 percent of those in such a sample are found to report a particular behavior, the percentage of people in the population from which the sample is drawn would be between 41.8 percent and 52.2 percent (47 percent  $\pm 5.2\%$ ) 95 times out of 100.

### **Survey Instrument**

The questionnaire used in the study represents a combination of the core questions from the CSAT-sponsored State Needs Assessment Program (STNAP) Survey Core Protocol Questionnaire with questions relating to compulsive gambling and the impact of September 11<sup>th</sup> added by DAS in consultation with the Eagleton Institute.

The specific topics included in the survey are:

- Lifetime experiences with tobacco use
- Lifetime experiences with alcohol use
- Lifetime experiences with non-medical use of drugs
- Treatment history for substance dependence

- Desired treatment services
- Gambling experiences and treatment history
- Issues and experiences regarding September 11<sup>th</sup>
- Basic demographic information

The final version of the survey instrument was programmed into a CAPI (Computer Assisted Personal Interviewing) system. The CAPI interviews were administered on laptops to treatment recipients at the sampled facility by experienced Eagleton interviewers who were trained and monitored by the Eagleton research staff. Interviews were conducted in either English or Spanish, based upon the participant's preference. A more comprehensive description of the research methodology is included in the Appendix A.

### **Field Period**

In total, 700 mental health treatment recipients were interviewed for the study, 350 in partial care and 350 in outpatient. The full sample was completed as outlined in Table A-2 with the sole exception being that five agencies were used in the northern region instead of six. Interviewing at the 15 agencies began on October 29, 2003 and was completed on August 16, 2004. The telephone household survey used to produce statewide results was conducted with a random probability sample of 14,660 New Jersey residents 18 years old and older from September 18, 2002 to March 23, 2003.

### **D. REPORT ORGANIZATION**

This report is organized into seven chapters. Following the Introduction, Chapters 2 and 3 examine usage of alcohol and non-medical drugs, respectively, with a focus on frequency, quantity and age at first use of these substances. Chapter 4 explores usage of tobacco, with a particular focus on cigarette use. Chapter 5 explores past experiences with alcohol and/or drug treatment and provides statewide estimates of alcohol and drug treatment need and demand. Information on compulsive gambling is reported in Chapter 6. Chapter 7 provides information on the impact of September 11<sup>th</sup> on substance abuse treatment need.

Each of these chapters also includes tables and graphs presenting "demographic breakdowns" of substance use behaviors -- that is, the different frequencies of responses given by various sub-groups of the population regarding their use of the different substances examined. Typically, these differences are reported by gender, age and race and, where appropriate, by education, and employment status. When comparing responses of sub-groups of the population, readers must note that the number of study participants in some groups is small, producing larger standard error estimates and wider confidence intervals for the resulting percentages. The reader should also note that standard rounding conventions were used for numbers discussed in the text. For example, 32.4% would be rounded down to 32%, while 32.6% would be rounded up to 33%. In the case of numbers ending in ".5", the number was rounded to the nearest whole even number.

This report is accompanied by appendices providing more detailed information about the survey methodology (Appendix A), as well as the study survey instrument (Appendix B). More

detailed demographic breakdowns of the behaviors of interest were compiled and provided in a separate volume to this report.

## E. PROFILE OF STUDY PARTICIPANTS

### Demographic Characteristics

Table 1-2 presents an overview of the socio-demographic characteristics of survey participants and compares them to those of the state population as reported in the 2003 New Jersey Survey on Drug Use and Health.

The data indicate that the partial care sample closely matched the New Jersey sample, with approximately 53% of each being female and 47% being male. The

outpatient sample, however, included a higher proportion of females (61%) and a lower proportion of males (39%). With respect to age, outpatients and partial care patients were somewhat more likely than New Jersey residents as a whole to be middle aged (33% of New Jersey residents vs. 50% and 42% of outpatient and partial care patients, respectively, were between the ages of 35 and 49). There were few remarkable racial/ethnic<sup>1</sup> differences between the groups, with approximately 12% of all three groups being Hispanic, 65%-68% being White and 13% to 18% being African American.

Notable differences between the three groups were evident with respect to education,

**TABLE 1-2: Demographic Characteristics**

		NJ Sample* (n=14,660)	Outpatients (n=350)	Partial Care (n=350)
<i>Gender</i>	Female	53.0%	61.1%	53.1%
	Male	47.0	38.9	46.9
<i>Age</i>	18 to 34	28.9	23.8	23.2
	35 to 49	32.7	50.1	42.1
	50 and older	38.4	26.1	34.7
<i>Race/Ethnicity</i>	White	68.5	65.7	64.6
	Black	12.6	17.4	18.0
	Hispanic	12.4	12.3	12.0
	Asian	5.2	.9	1.4
	Other	1.3	3.7	4.0
<i>Education</i>	Less than high school	9.4	19.4	24.0
	High school graduate	24.7	30.9	33.9
	Some college or college graduate	66.0	49.7	42.0
<i>Employment Status</i>	Employed full time	57.2	8.4	1.2
	Employed part time	12.4	11.0	7.2
	Not currently employed	30.3	80.6	91.6
<i>Household Income</i>	Under \$25,000	13.7	73.0	89.4
	\$25-49,999	19.6	13.3	7.2
	\$50-79,999	25.2	8.0	1.5
	\$80-99,999	20.4	3.8	1.5
	\$100,000 and over	21.1	1.9	.4
<i>Marital Status</i>	Married or living as	62.6	19.0	5.1
	Never married	21.1	45.8	65.0
	Divorced/Separated	10.1	30.5	26.0
	Widowed	6.2	4.3	3.9

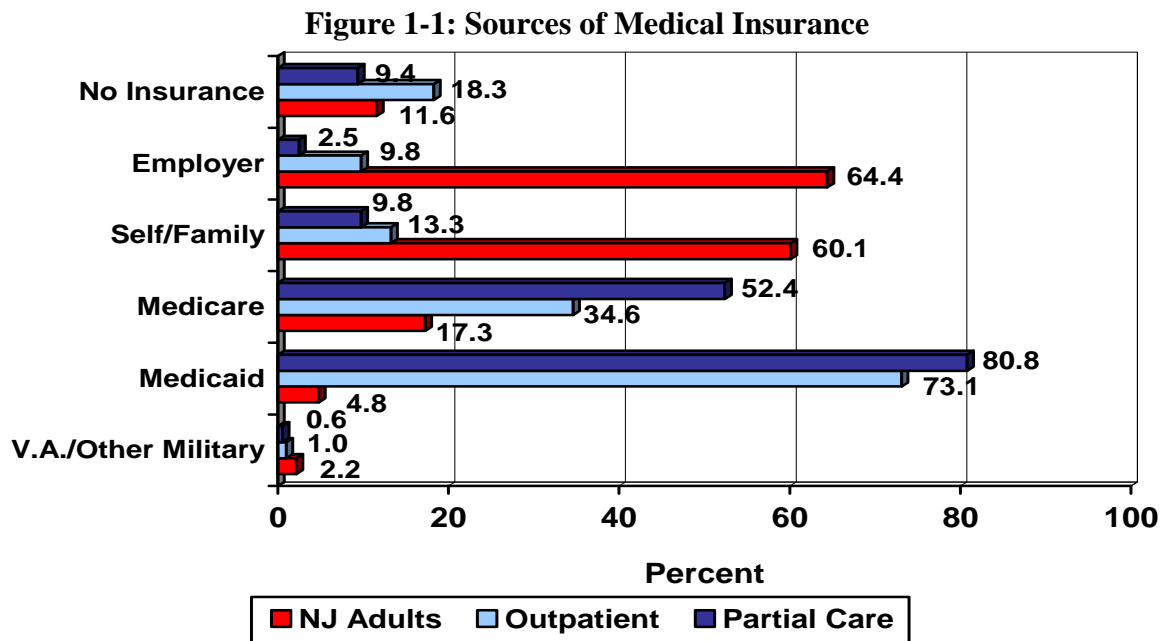
\* Percentages exclude refusals for each demographic question. With the exception of income, which was not reported by 30% of Household Survey respondents, refusals on each of the demographic items averaged 3% or less.

<sup>1</sup> The two questions on race and ethnicity were combined to produce a “Race/Ethnicity” variable. Those who identified themselves as non-Hispanic on the ethnicity variable were classified according to their primary self-reported racial category (either non-Hispanic White, non-Hispanic Black or Asian). Those who self-identified as Hispanic, however, were classified as Hispanic, regardless of their self-reported racial category. Individuals were also allowed to select more than one racial category. Individuals choosing more than one category were classified according to the category selected first.

with the mental health groups being substantially less educated than New Jersey residents as a whole. Thus, 19% of outpatients and 24% of partial care patients had not completed high school compared to 9% of New Jersey residents who had not finished high school. Similarly, 66% of New Jersey residents had better than a high school education, compared to only 50% and 42% of outpatients and partial care patients, respectively. Deficits in education were also reflected in differences in employment and income. Thus, 57% of New Jersey residents were employed full time, compared to 8% and 1% of outpatients and partial care patients, respectively. Similarly, 73% and 89% of outpatients and partial care patients, respectively, had incomes below \$25,000 per year, compared to only 14% of New Jersey residents with incomes in this bracket. Group differences were also pronounced with respect to marital status. Thus, 63% of New Jersey residents were currently married or living together as married, compared to only 19% and 5% of outpatients and partial care patients, respectively.

### Mental and Physical Health

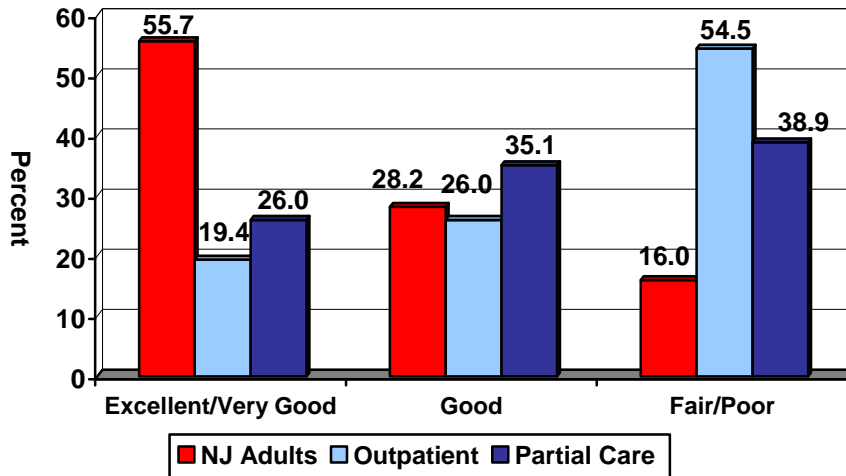
Survey participants were also asked questions about their health insurance, health status and use of medical services in the past 12 months (Figure 1-1). Differences in insurance coverage among the three groups reflected differences in employment status and income. Thus, the mental health groups were substantially more likely than New Jersey residents as a whole to be covered by Medicaid or Medicare (81% of partial care patients and 73% of outpatients had Medicaid, compared to only 5% of New Jersey residents as a whole). In contrast, New Jersey residents were substantially more likely than mental health patients to have health coverage through their employer (64% of New Jersey residents had employer coverage, compared to 10% and 2% of outpatient and partial care patients, respectively). Approximately 12% of New Jersey residents, 18% of outpatients and 9% of partial care patients reported having no health insurance.



Mental health patients also differed substantially from New Jersey residents as a whole in self-ratings of their mental and physical health (Figures 1-2 and 1-3). Thus, nearly 56% of New

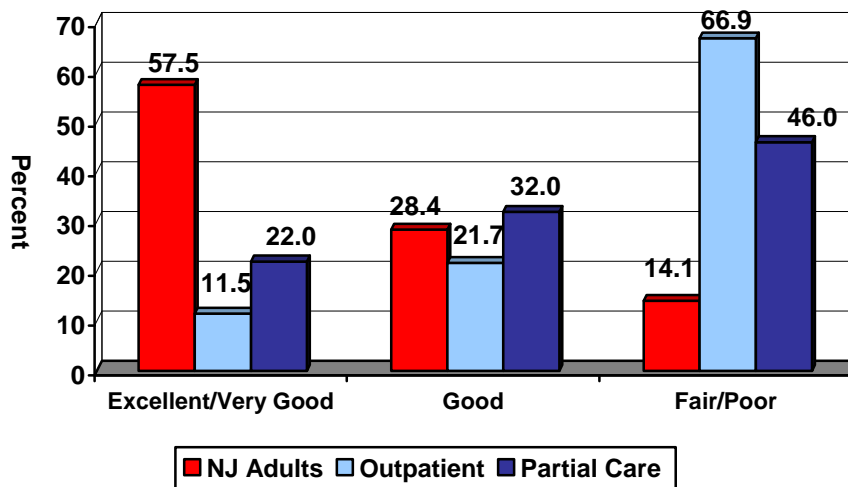
Jerseyans reported that their physical health was excellent or very good, compared to 19% of outpatients and 26% of partial care patients. In contrast, 54% of outpatients and 39% of partial care patients rated their physical health as fair or poor, compared to only 16% of New Jersey residents who felt their health was fair or poor.

**Figure 1-2: Physical Health Status Self Ratings**



Similarly, 58% of New Jersey residents reported that their mental health condition was either excellent or very good, compared to only 12% of outpatients and 22% of partial care patients. Not surprisingly, 67% of outpatients and 46% of partial care patients felt their mental health was fair or poor, compared to 14% of New Jerseyans.

**Figure 1-3: Mental Health Status Self Ratings**



## CHAPTER 2

### ALCOHOL

#### A. INTRODUCTION

This chapter begins by providing information on overall use of alcohol, including current and lifetime prevalence of alcohol use, the frequency and quantity of alcohol consumed and characteristics of current and heavy drinkers. We also present trends in age of first alcohol use.

For the purpose of this report, we use the following definitions:<sup>2</sup>

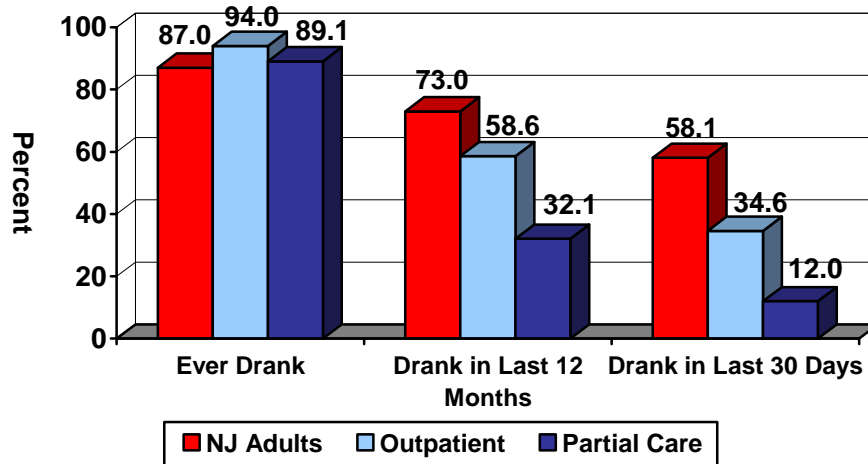
- Current Use: At least one drink in the last 30 days (including heavy and binge drinking).  
Heavy Use: Five or more drinks on the same day on at least 4 days in the past 30 days.  
Binge Use: Drinking for two or more days straight without sobering up.

#### B. OVERVIEW

##### Alcohol Use, Frequency and Quantity

- Most New Jersey adults have had at least one drink of alcohol in their lifetime (Figure 2-1), with 94% of outpatients, 89% of partial care patients and 87% of all New Jersey residents reporting lifetime alcohol consumption.

**Figure 2-1: Alcohol Consumption: Outpatients, Partial Care Patients and NJ Residents**

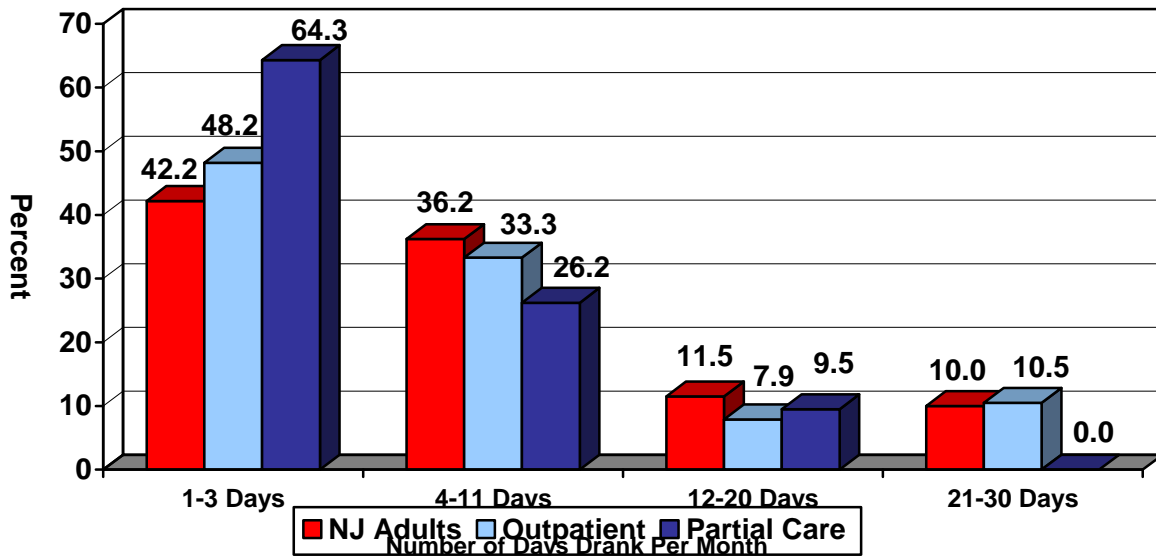


<sup>2</sup> Our definition of “current use” is comparable to that used in the [2002 National Survey on Drug Use and Health: National Findings](#), U.S. Department of Health and Human Services. The National Survey definitions vary for “heavy use” (drinking 5+ drinks in a row on 5 or more days in the last month) and “binge use” (drinking 5+ drinks in a row on at least 1 day in the last 30).



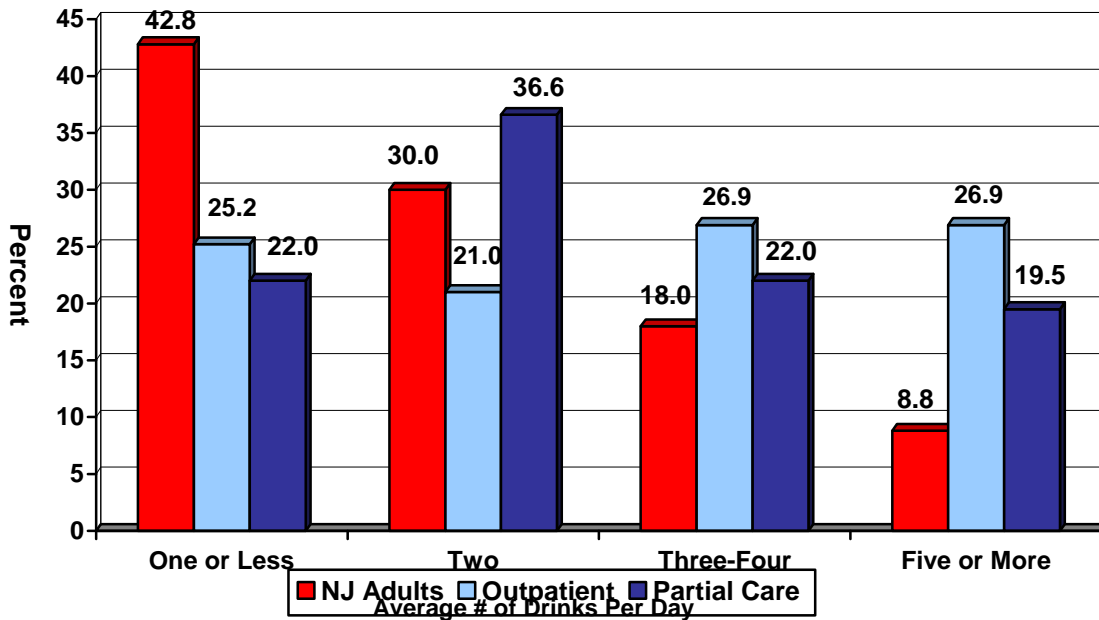
- Mental health patients, however, were somewhat less likely than New Jersey residents as a whole to have drunk in the past 12 months or 30 days. Thus, 73% of all New Jersey residents drank alcohol in the past year and 58% drank in the last month. In contrast, only 59% of outpatients and 32% of partial care patients drank in the past year, and only 35% of outpatients and 12% of partial care patients drank in the last 30 days.
- Among individuals who drank in the last 30 days, partial care patients generally drank on fewer days than outpatients or New Jersey residents as a whole (Figure 2-2). Thus, about 64% of partial care patients drank only 1-3 days in the past month, compared to 48% of outpatients and 42% of all New Jersey residents. Similarly, no partial care patients drank more than 20 days out of the month, compared to about 1-in-10 outpatients (10%) and New Jersey adults (10%) who drank this frequently.

**Figure 2-2: Frequency of Alcohol Use In Last 30 Days Among Individuals Who Drank in Last 30 Days: Outpatients, Partial Care Patients and New Jersey Adults**



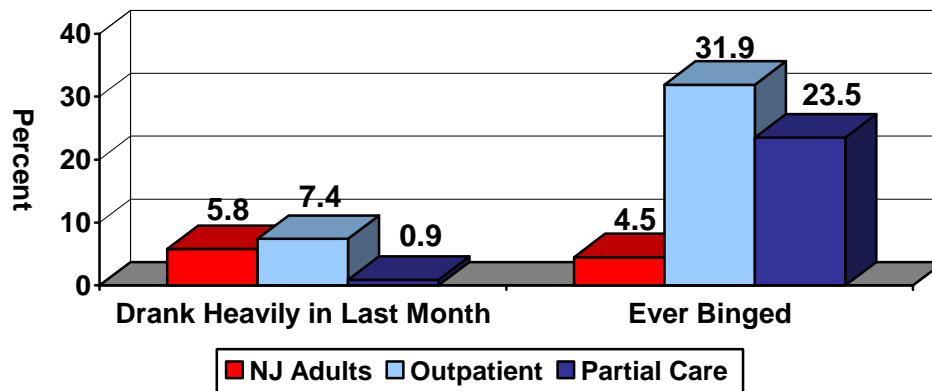
- On days they drank, however, mental health patients consumed more alcohol than New Jersey residents as a whole (Figure 2-3). Thus, 43% of New Jersey adults had only one drink a day, compared to 25% of outpatients and 22% of partial care patients. In contrast, 27% of outpatients and 20% of partial care patients, averaged five or more drinks on the days they drank, compared to only 9% of New Jersey residents as a whole.

**Figure 2-3: Quantity of Alcohol Use in Last 30 Days among Individuals Who Drank in Last 30 Days: Outpatients, Partial Care Patients and New Jersey Adults**



- Mental health patients were also substantially more likely than New Jersey adults as a whole to report binge drinking at some time in their lives (Figure 2-4), with 32% of outpatients, 24% of partial care patients and only 4% of New Jersey adults reporting lifetime binge drinking.
- Outpatients were comparable to New Jersey residents as a whole in terms of heavy drinking in the past month, however (reported by 7% and 6% of outpatients and New Jerseyans, respectively). In contrast, fewer than 1% of partial care patients reported heavy drinking in the past month.

**Figure 2-4: Frequency of Heavy and Binge Drinking: NJ Residents, Outpatients and Partial Care Patients**



**C. DEMOGRAPHIC CHARACTERISTICS OF CURRENT ALCOHOL USERS (Table 2-1)**

**Gender and Age**

- Among outpatients, males and females were equally likely to be current drinkers (35% of males and 34% of females). Among partial care patients, however, females were somewhat less likely than males to drink currently (10% vs. 15%, respectively).
- In both patient groups, current alcohol use steadily decreased with age. Thus, the highest proportion of current drinkers was found in the 18-34 year age group (41% of outpatients and 22% of partial care patients) and the lowest proportion in the 50+ age group (29% of outpatients and 7% of partial care patients).

**Table 2-1: Characteristics of Current Alcohol Users**

Demographics		Outpatients	Partial Care
<b>Total Sample</b>		<b>34.6%</b>	<b>12.0%</b>
<i>Gender</i>	Males	35.3	14.7
	Females	34.1	9.7
<i>Age</i>	18-34	41.0	22.2
	35-49	34.9	10.3
	50+	28.6	7.4
<i>Race/ Ethnicity</i>	White	34.3	10.7
	Black	31.7	17.5
	Hispanic	33.3	12.8
<i>Education</i>	Less than H.S.	26.9	17.7
	H.S. Grad.	35.5	7.1
	More than H.S.	37.8	13.6
<i>Employment Status</i>	Employed FT/PT	43.6	22.2
	Unemployed	32.0	10.7

**Race/Ethnicity**

- Among outpatients, there were no notable racial/ethnic differences in current alcohol use, with about 34% of Whites, 32% of Blacks and 33% of Hispanics being current drinkers. Among partial care patients, Blacks (18%) were slightly more likely to be current drinkers than Whites (11%) or Hispanics (13%).

**Education and Employment Status**

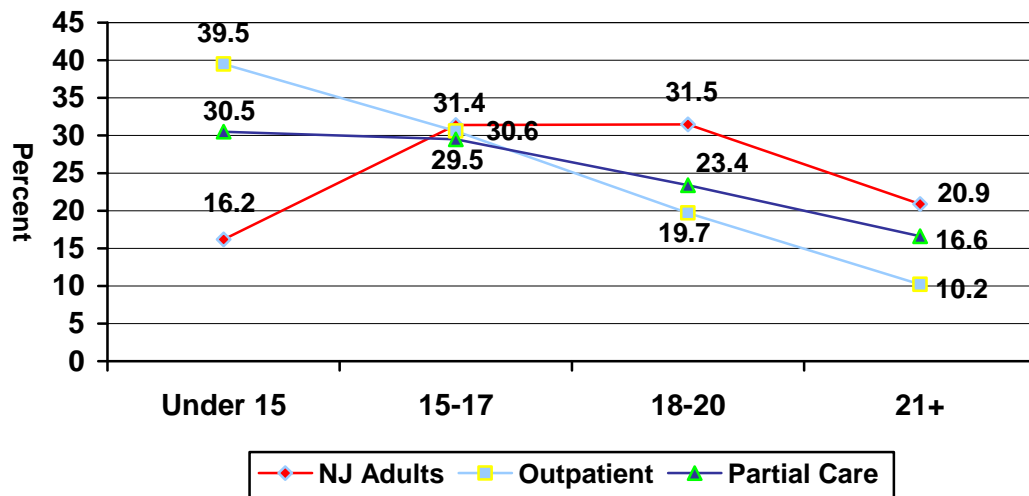
- Current drinking tended to increase as level of education increased among outpatients, with 27% of those having less than a high school education being current drinkers compared to 38% of those with more than a high school education. Among partial care patients, there was no clear relationship between current alcohol consumption and education, with high school graduates being the least likely to currently drink (7%) and those with less than a high school education, the most likely (18%).
- With respect to employment status, patients in both groups who were employed were more likely than the unemployed to be current drinkers (44% vs. 32% among outpatients and 22% vs. 11% among partial care patients).

## D. AGE OF FIRST USE

### Population Overview (Figure 2-5)

- Between 79% and 90% of both mental health groups and New Jersey residents as a whole reported that they were under 21 years of age (the legal New Jersey drinking age) the first time they used alcohol.
- Mental health patients, however, were substantially more likely than all New Jersey residents to initiate alcohol use before age 15 (40% of outpatients, 30% of partial care patients and 16% of New Jersey adults). About 30% to 31% of all groups initiated use between the ages of 15 and 17.
- New Jersey residents were more likely than both outpatients and partial care patients to initiate alcohol use in their late teens or early twenties, with 52% of New Jersey adults reporting first using alcohol after age 17, compared to 40% of partial care patients and 30% of outpatients.<sup>3</sup>

**Figure 2-5: Age of First Alcohol Use: Outpatients, Partial Care Patients and NJ Residents**



### Demographic Characteristics of Early Users (Age 14 or Under) (Table 2-2)

- Among outpatients, males were more likely than females to initiate alcohol use before age 15 (54% vs. 30%). Among partial care patients, however, there was no gender difference in early alcohol initiation (30% of males vs. 31% of females).

<sup>3</sup> The percentages reported in this, and subsequent bullets, may be the sum of two or more percentages in a given figure. For example, the percentage of first time use “under age 18” is the sum of the percentage starting “under age 15” and the percentage started between “15-17.”

- In the partial care group, current age was directly associated with age of first use, with those who were aged 50 or older being the least likely to have used alcohol before age 15 (17%), and those aged 18-34 being the most likely (42%). Among outpatients, those aged 50 and older were also the least likely of the three age groups to have used alcohol before age 15 (24%). Outpatients in the youngest and middle age groups, however, were equally likely to report early use (44% and 45%, respectively).
- Among outpatients, Whites were the most likely of all racial/ethnic groups to report early alcohol use (41%), followed by Blacks (32%) and Hispanics (28%). Among partial care patients, Blacks (34%) were equally likely as Whites (31%) and Hispanics (28%) to report early alcohol use before the age of 15.

**Table 2-2: Prevalence of Early Alcohol Use (Under Age 15)**

		<b>Outpatients</b>	<b>Partial Care</b>
<i>Gender</i>	Males	54.2	30.4
	Females	30.4	30.6
<i>Age</i>	18-34	44.4	42.4
	35-49	44.9	35.2
	50+	24.1	17.0
<i>Race/ Ethnicity</i>	White	41.1	31.4
	Black	32.1	33.9
	Hispanic	28.2	28.1

## CHAPTER 3

### ILLICIT DRUG USE

In this chapter we provide an overview of the prevalence of illicit drug use and characteristics of users. The survey questioned mental health patients on their use of 13 different drugs: marijuana, powdered cocaine, crack cocaine, heroin, non-prescribed pain relievers or other opiates, non-prescribed stimulants, methamphetamine, hallucinogens, such as PCP or LSD, non-prescribed tranquilizers, non-prescribed sedatives or sleeping pills, ecstasy, other club drugs and non-prescribed steroids. Over-the-counter medications and the legitimate, prescribed use of any of these substances are not included. Data on illicit drug use was also obtained through the analysis of hair samples, with testing conducted for marijuana, cocaine, opiates, amphetamines and phencyclidine.

We first present the lifetime prevalence and hair test results for each substance individually. Substance use is based on non-prescription drug use and not those prescribed for medical or behavioral health care. In the remaining analyses, we group these drugs into the same major categories utilized in the National Household Survey. These are as follows:

1. Marijuana
2. Cocaine: Powdered cocaine and crack cocaine
3. Hallucinogens: LSD/PCP, Ecstasy and other club drugs
4. Heroin
5. Psychotherapeutics: All the prescription-type drugs, including stimulants, pain relievers and other opiates, sedatives or sleeping pills, and tranquilizers. Methamphetamine is included in this category as a form of stimulant.

Because few residents acknowledged using any illicit drugs in the last 30 days, we focus our analysis on those who reported using illicit drugs in the last 12 months. We use the following definitions in this chapter:

Recent Use: Use of one or more illicit drugs in the last 12 months.

Polydrug Use: Use of two or more illicit drugs.

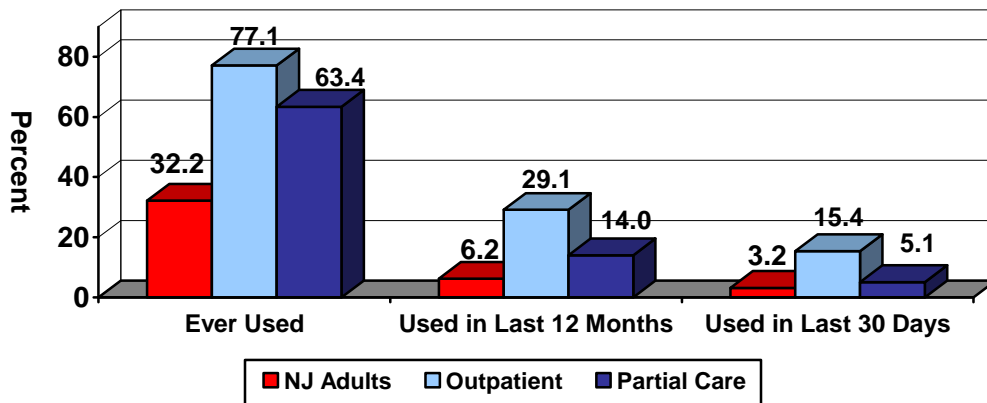
#### A. PREVALENCE OF ILLICIT USE

##### **Prevalence of All Reported Illicit Drug Use and Timeframes for Use**

- In general, a substantially higher proportion of mental health patients than New Jersey residents as a whole reported illicit substance use in their lifetimes, in the last 12 months and in the past 30 days (Figure 3-1). The highest proportion of illicit drug users at all three time points was found in the outpatient group.
- In their lifetimes, 77% of outpatients and 63% of partial care patients reported use of one or more illicit drugs, compared to 32% of all New Jersey residents.

- With respect to recent use, 29% of outpatients, 14% of partial care patients and 6% of all New Jersey residents used one or more illicit drugs in the last 12 months. In the last 30 days, 15% of outpatients, 5% of partial care patients and 3% of New Jersey residents reported using illicit drugs.

**Figure 3-1: Reported Use of Illicit Drugs: Outpatients, Partial Care Patients and New Jersey Adults**



**Reported Lifetime Use of Illicit Drugs, by Type of Drug (Table 3-1)**

- Compared to New Jersey residents as a whole, outpatients and partial care patients were substantially more likely to report lifetime use of every illicit drug investigated, with the highest proportion of drug users for each drug found in the outpatient group. While marijuana, powdered cocaine and hallucinogens were among the most prevalent drugs reported in all groups, the mental health patient groups were also more likely than New Jersey residents as a whole to report use of crack and heroin.
- Marijuana was the most prevalent drug in all three groups, mentioned by 74% of outpatients, 61% of partial care patients and 30% of New Jersey adults as a whole. Powdered cocaine was next in frequency in all groups, mentioned by 46% of outpatients, 30% of partial care patients and 8% of New Jersey adults.
- Hallucinogens were also mentioned frequently by all groups, being fourth in prevalence among outpatients (27%) and partial care patients (19%) and third in prevalence among New Jersey residents as a whole (5%).
- Other drugs were reported with varying frequency across the three groups. Crack was third in frequency in both mental health patient groups, mentioned by 28% of outpatients and 20% of partial care patients, but tenth in frequency among New Jersey residents as a whole, mentioned by less than 2% of residents.

- Heroin was fifth in prevalence among outpatients (23%) and partial care patients (18%), but eleventh in mentions among New Jersey residents as a whole (1%).
- Ecstasy and other club drugs were among the least prevalent drugs in all three groups. Ecstasy was mentioned by 9% of outpatients, 4% of partial care patients and 2% of New Jersey residents. Other club drugs were mentioned by 4% of outpatients, 2% of partial care patients and less than 1% of New Jersey residents as a whole.

**Table 3-1: Lifetime Use of Illicit Drugs by Drug Type**

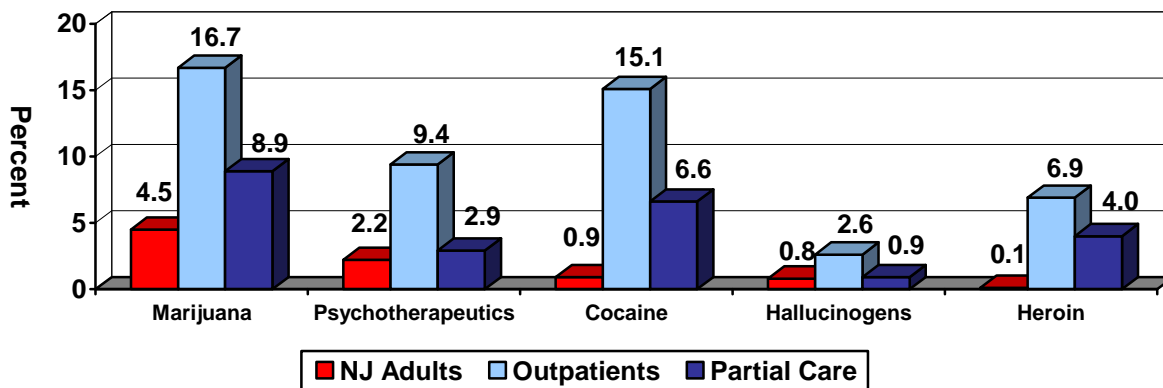
	NJ Adults	Outpatients	Partial Care
<b>Marijuana</b>	30.0	73.6	61.4
<b>Powdered Cocaine</b>	8.5	45.6	30.3
<b>Crack</b>	1.6	27.5	19.7
<b>Heroin</b>	1.2	22.6	17.7
<b>Other Opiates</b>	3.9	20.3	14.3
<b>Methamphetamines</b>	2.6	16.4	9.7
<b>Other Stimulants</b>	3.8	15.4	15.1
<b>Hallucinogens</b>	5.1	26.9	19.3
<b>Tranquilizers</b>	3.3	17.4	13.1
<b>Sedatives</b>	2.9	6.6	5.7
<b>Ecstasy</b>	2.5	8.6	4.3
<b>Other Club Drugs</b>	0.9	3.7	2.3

**Past 12-Month Use of Illicit Drugs, by Category of Drug (Figure 3-2)**

- When we examined last 12 months use of illicit drugs grouped into the National Household Survey categories (Figure 3-2), we found that marijuana was still the most frequently reported substance by all three groups. Thus, 17% of outpatients, 9% of partial care patients and 4% of all New Jersey residents reported using marijuana in the last 12 months.
- Among outpatients and partial care patients, 15% and 7% respectively reported use of cocaine in the last 12 months. Less than 1% of New Jersey residents reported past-year use of cocaine.
- About 1-in-10 outpatients (9%) and 3% of partial care patients reported use of psychotherapeutics in the last 12 months. Among New Jerseyans as a whole, psychotherapeutics were used by 2% of residents in the last 12 months.
- While used by less than 1% of residents statewide in the past year, heroin use was much more prevalent among outpatient (7%) and partial care patients (4%).
- Hallucinogens were reported with the lowest frequency of all these drugs in the mental health population (3% of outpatients and less than 1% of both partial care patients and all New Jersey residents).



**Figure 3-2: Use of Illicit Drugs in Last 12 Months by Category of Drug: Outpatients, Partial Care Patients and NJ Adults**

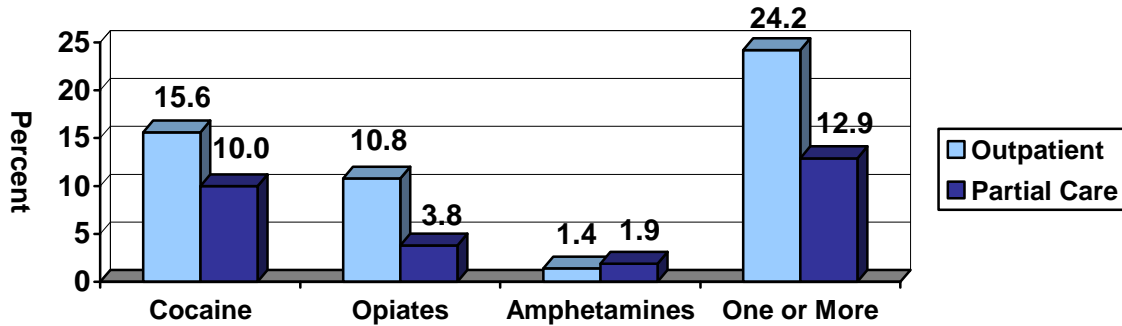


**Hair Test Results for Cocaine, Opiates and Amphetamines: Outpatients and Partial Care Patients (Figure 3-3)**

In order to assess the accuracy of substance abuse estimates among mental health patients, the self-report data collected in the survey process was compared to biological-based measures of use — in this case, hair test analysis. In order to provide a more accurate assessment of substance use in this population, self-reported data are supplemented with data obtained from hair analysis. Overall, 421 patients (209 partial care and 212 outpatient) were tested in the study.

- Hair test results for use of selected drugs used in the last three months by outpatients and partial care patients revealed that, overall, 24% of outpatients and 13% of partial care patients tested positive for the use of at least one substance. These results are consistent with patient self-reports of past 12 month illicit drug use, in which 29% of outpatients and 14% of partial care patients reported use of an illicit substance.
- By drug type, cocaine was the drug most likely to yield a positive result, being detected in hair samples of 16% of outpatients and 10% of partial care patients.
- Opiates were next in prevalence, detected in 11% of outpatients and 4% of partial care patients.
- Few patients tested positive for amphetamines, which were detected in about 1% of outpatients and 2% of partial care patients. There were only two positive results for marijuana and no positive results for phencyclidine. Hair testing does not reliably detect marijuana use unless it is excessive, continuous use over a recent period. Because of these low numbers, hair test results are not compared to self-report findings for marijuana, amphetamines or phencyclidines.

**Figure 3-3: Prevalence of Positive Hair Screens for the Use of Cocaine, Opiates and Amphetamines: Outpatients and Partial Care Patients**



**COMPARISON OF SELF-REPORT TO TEST RESULT (Tables 3-2 and 3-3)**

Comparing hair test results to self-reported drug use is most useful with tests for cocaine and opiate use. (Few positive results occurred in hair samples for marijuana, phencyclidines or amphetamines so no comparisons will be made concerning these classes of drugs.) Table 3-2 provides an overview of the self-reported use of cocaine (crack or powdered) or opiates (heroin or other opiates) in the past year among those who provided a hair sample. Overall, in the partial care population, the hair test confirmed the reported lack of cocaine or opiate use in about 9-in-10 patients while a confirmation of no substance use was provided for 8-in-10 outpatient clients.

**Table 3-2: Hair test results vs. Self-report**

Substance Use (past 12 months)	Confirm Positive	Test Positive-Report Negative	Test Negative-Report Positive	Confirm Negative
PC: Cocaine	4.8%	5.3%	2.9%	87.1%
PC: Opiates	1.9	1.9	4.3	91.9
OP: Cocaine	9.9	5.7	5.2	79.2
OP: Opiates	3.3	7.5	8.5	80.7

Hair testing is generally thought to provide a confirmation of cocaine or opiate use in the past 90 days. Therefore, a negative hair test result and a positive self-report could indicate that the patient used in the past year, but not in the past 90 days. However, a negative self-report and a positive hair test result would seem to indicate a lack of truthfulness in past year substance use. Table 3-3 indicates the percentage of outpatient and partial care patients who self-reported cocaine and opiate use in the past year. In addition, the percentage of those who tested positive but indicated no use in the survey is also reported. From this, an error rate is calculated that indicates about a quarter to two-fifths of the sample submitting hair test results reported no use of cocaine or opiates but actually used based on test results. Therefore, extrapolating these results

to the full sample, it is possible to correct for self-reported use by applying these calculated error rates to the self-reported percentages. For instance, 7% of those in partial care report cocaine use. Adjusting for the hair test results, it would be estimated that 11% of partial care patients actually used cocaine in the past year. (These adjusted percentages assume that the error rate is similar in the tested population as in the non-tested population.)

**Table 3-3: Adjustments for Cocaine and Opiate Use through Hair Testing**

Substance Use (past 12 months)	Among Sample with Hair Test (n=421)			Full Sample (n=700)	
	Self Report Positive (a)	Test Positive Self-Report Negative (b)	Percent error in Self-Report (c)	Self-Report Positive (d)	Adjusted Positive (e)
PC: Cocaine	7.7%	5.3%	40.8%	6.6% (23)	10.9%
PC: Opiates*	6.2%	1.9%	23.5%	5.1% (18)	6.7%
OP: Cocaine	15.1%	5.7%	27.3%	15.1% (23)	20.8%
OP: Opiates*	11.8%	7.5%	39.0%	11.1% (39)	18.2%
*Includes heroin and other opiates. (b)/((a)+(b)) = (c); (1/(1-(c)))*(d) = (e)					

**B. DEMOGRAPHIC CHARACTERISTICS OF PATIENTS WHO REPORTED USE OF MARIJUANA, COCAINE, HEROIN AND ANY ILLICIT DRUG IN THE LAST 12 MONTHS (Tables 3-4 and 3-5)**

**Gender, Age and Race/Ethnicity**

- In both patient groups, males were more likely than females to report use of any illicit drug in the past 12 months (38% vs. 23% among outpatients and 16% vs. 12% among partial care patients). While this gender differential was true for all categories of drugs among outpatients, partial care males exceeded females only in their use of marijuana.
- Among outpatients, males were more likely than females to report past year use of marijuana (27% vs. 10%), but almost equally likely to report use of cocaine (18% vs. 14%) and heroin (8% vs. 6%). Among partial care patients, males were somewhat more likely to have used marijuana than females (12% vs. 6%) and females were somewhat more likely to have used heroin (6% vs. 2%); but males and females were equally likely to have used cocaine (6% vs. 7%)
- With respect to age, the use of all categories of drugs tended to decrease with increasing age in both patient groups, with 18-34 year-olds reporting the highest frequency of use, and those 50 and older the lowest use. The only exception to this trend was found among partial care patients, where approximately equal proportions of both 18-34 and 35-49 year olds reported past year use of heroin.

- Among 18-34 year-old outpatients, past year use of marijuana was reported by 32%, cocaine by 22%, and heroin by 14%. Among outpatients 50 and older, 4% reported using marijuana, 8% cocaine and 1% heroin.

**Table 3-4: Demographic Characteristics of Users of Major Drug Types in Last 12 Months: Outpatients**

		Marijuana	Cocaine	Heroin	Any Illicit Drug
<i>Gender</i>	Female	9.9	13.6	6.1	23.4
	Male	27.4	17.8	8.1	38.2
<i>Age</i>	18 to 34	31.7	22.0	14.5	44.6
	35 to 49	16.1	16.0	6.3	30.9
	50 and older	4.4	7.7	1.1	11.0
<i>Race/Ethnicity</i>	White	18.3	15.7	7.4	31.3
	Black	13.3	21.7	6.7	30.0
	Hispanic	12.2	4.9	7.1	16.7
<i>Education</i>	Less than high school	20.9	20.9	9.0	38.8
	High school graduate	15.0	12.1	6.5	26.2
	More than high school	16.5	15.2	6.4	27.9
<i>Employment Status</i>	Employed full/part time	23.4	23.4	7.7	37.2
	Unemployed	14.3	12.8	6.4	26.7

- Among 18-34 year-old partial care patients, past year use of marijuana was reported by 22%, cocaine by 11% and heroin by 5%. Among partial care patients 50 and older, 3% reported using marijuana, 2% cocaine and 2% heroin.
- By race/ethnicity, Hispanic outpatients were substantially less likely than Black or White outpatients to report past-year use of any illicit substance (17% vs. 30% for Blacks and 31% for Whites). This racial difference was consistent among outpatients across all categories of drugs. Among partial care patients, however, Whites were somewhat less likely than Blacks or Hispanics to report past year use of any illicit drug (12% vs. 21% for Blacks and 18% for Hispanics). There was also variability by race/ethnicity across drug categories in the partial care group.
- Among outpatients, Hispanics were consistently lower than other groups in their use of all drug types, the one exception being heroin. The most notable difference occurred with respect to cocaine, which was reported by 5% of Hispanics versus 22% of Blacks and 16% of Whites.
- Among partial care patients, the most notable racial/ethnic difference in past year drug use was the lower prevalence of marijuana use among Whites (5%) compared to Blacks (16%) or Hispanics (15%). Heroin use was comparable among all racial/ethnic groups in partial care patients (4% for Whites vs. 3% for Blacks and 2% for Hispanics).

**Table 3-5: Demographic Characteristics of Users of Major Drug Types in Last 12 Months: Partial Care Patients**

		Marijuana	Cocaine	Heroin	Any Illicit Drug
<i>Gender</i>	Female	6.5	7.0	5.9	12.4
	Male	11.6	6.1	1.8	15.9
<i>Age</i>	18 to 34	22.2	11.1	4.9	27.2
	35 to 49	6.1	7.5	5.4	14.3
	50 and older	3.3	2.5	1.7	5.0
<i>Race/Ethnicity</i>	White	5.3	4.4	4.4	11.6
	Black	15.9	12.7	3.2	20.6
	Hispanic	15.0	7.5	2.5	17.5
<i>Education</i>	Less than high school	12.5	8.8	2.5	17.5
	High school graduate	4.4	7.1	4.4	10.6
	Some college or college graduate	11.4	5.7	5.0	16.4
<i>Employment Status</i>	Employed full/part time	16.7	5.6	0.0	16.7
	Not currently employed	8.1	6.8	4.2	13.6

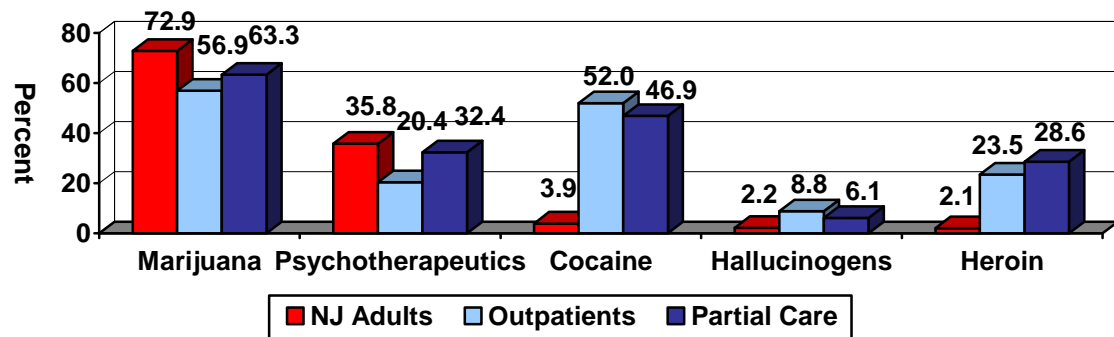
### Education and Employment

- Among both outpatients and partial care patients, past-year illicit drug use was most prevalent among those with less than a high school education, although this trend was less pronounced in the partial care group. Among outpatients, 39% in the lowest educational group used an illicit drug, compared to 26% of those with a high school diploma and 28% of those with better than a high school education. Among partial care patients, 18% in the lowest educational group reported past year use, compared to 11% with a high school education and 16% with more than high school.
- Among outpatients, the most pronounced difference in drug use by educational attainment occurred with respect to cocaine use, where 21% of those in the lowest educational group reported past-year use, compared to 12% of those with a high school education and 15% of those with better than high school. Among partial care patients, the proportions using each drug type were roughly comparable across education groups with the exception of marijuana use, where past-year use was lower among high school graduates (4%) than among those in the lowest (12%) or highest (11%) educational groups.
- With respect to employment status, outpatients who were employed full or part time were more likely than those who were unemployed to report past year illicit drug use (37% vs. 27%) but there was little difference among partial care patients (17% of those employed vs. 14% of those not employed).
- Among outpatients, the greater use of illicit drugs by the employed occurred across all categories of drugs. Among partial care patients, there was greater variability by drug type, with employed patients being more likely to use marijuana (17% vs. 8%) and unemployed patients being more likely to use heroin (4% vs. 0%).

### C. DRUGS USED BY RECENT ILLICIT DRUG USERS (Figure 3-4)

- Among recent drug users, marijuana represented the most frequently used drug, being mentioned by 57% of outpatients, 63% of partial care patients and 73% of New Jersey residents as a whole.
- Among recent illicit drug users, cocaine was next in prevalence (52% of outpatients and 47% of partial care patients) compared to only 4% of New Jerseyans as a whole.
- Psychotherapeutics were used more by New Jersey’s recent users as a whole (36%) in the past year than by outpatients (20%) or those in partial care (32%).
- Heroin was also used by a substantial number of outpatients and partial care patients who recently used drugs (24% and 29%, respectively), but by only 2% of drug users in the New Jersey adult population as a whole.
- Hallucinogens were reported with the lowest frequency among recent users in all three groups (9% of outpatients, 6% of partial care patients and 2% of New Jersey residents).

**Figure 3-4: Drugs Used in Last 12 Months among Illicit Drug Users by Category of Drug: Outpatients, Partial Care Patients and NJ Adults**

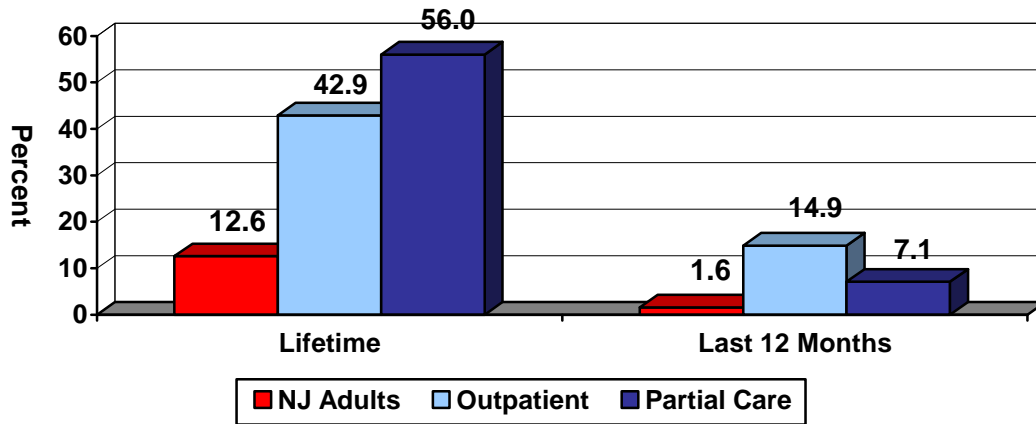


### D. POLYDRUG USE

#### Prevalence: Outpatients, Partial Care Patients and New Jersey Residents (Figure 3-5)

- Polydrug use was substantially higher among mental health patients than among New Jersey residents as a whole, with 43% of outpatients, 56% of partial care patients and 13% of New Jersey residents reporting lifetime use of more than one drug.
- Mental health patients also greatly exceeded New Jersey residents in their reports of past-year polydrug use, with 15% of outpatients, 7% of partial care patients and 2% of New Jersey residents reporting use of more than one drug in the past year.

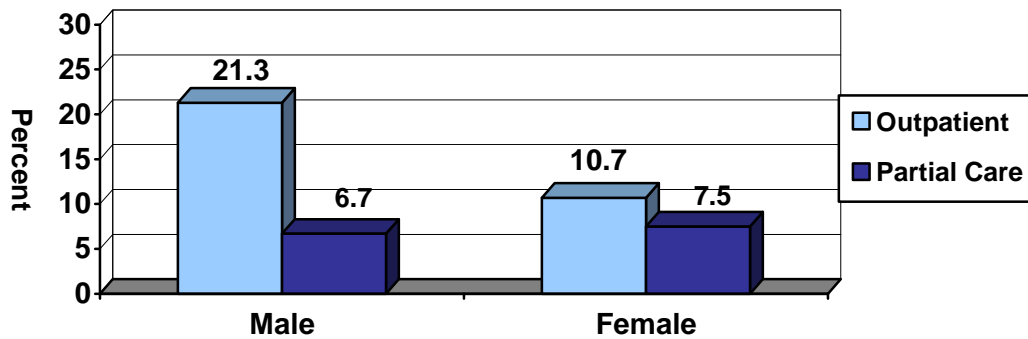
**Figure 3-5: Polydrug Use in Lifetime and the Last 12 Months: Outpatients, Partial Care Patients and NJ Adults**



**Polydrug Use by Gender, Age and Race/Ethnicity: Outpatients and Partial Care Patients**

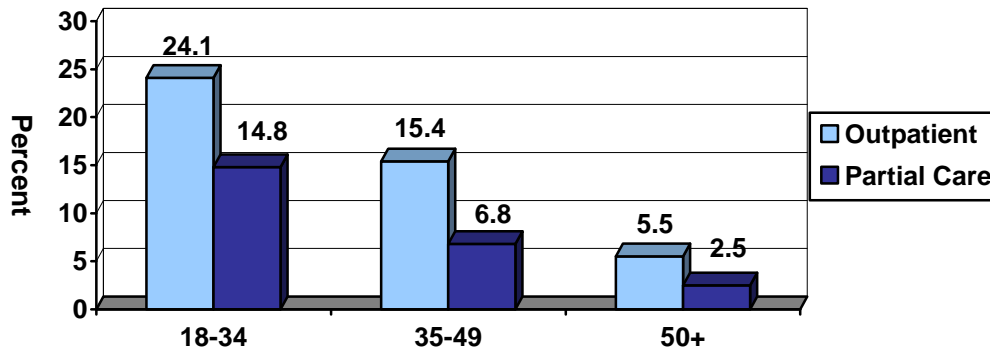
- Among outpatients, males (21%) were substantially more likely than females (11%) to report polydrug use in the past year (Figure 3-6). Among partial care patients, however, there was no notable gender difference in the proportion reporting past year use of more than one illicit drug (about 7% to 8% for males and females respectively).

**Figure 3-6: Polydrug Use in Past 12 Months by Gender: Outpatients and Partial Care Patients**



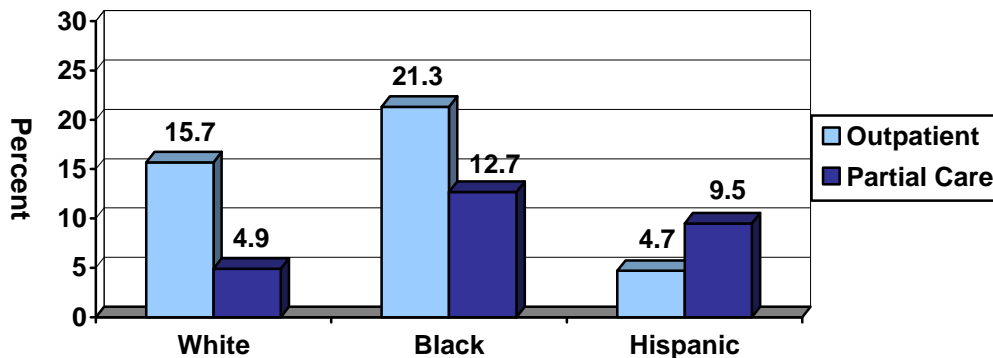
- In both patient groups, past-year polydrug use substantially decreased with age (Figure 3-7). Those in the youngest age group (18-34) reported the highest prevalence of use (24% among outpatients and 15% among partial care patients) and those in the oldest age group (50+) reported the lowest prevalence of use (6% among outpatients and 2% among partial care patients).

**Figure 3-7: Polydrug Use in Past 12 Months by Age: Outpatients and Partial Care Patients**



- By race/ethnicity (Figure 3-8), the highest prevalence of past-year polydrug use in both patient groups occurred among Blacks (21% among Black outpatients and 13% among Black partial care patients). The lowest prevalence of polydrug use occurred among Whites in the partial care group (5%) and among Hispanics in the outpatient group (5%).

**Figure 3-8: Polydrug Use in Past 12 Months by Race: Outpatients and Partial Care Patients**



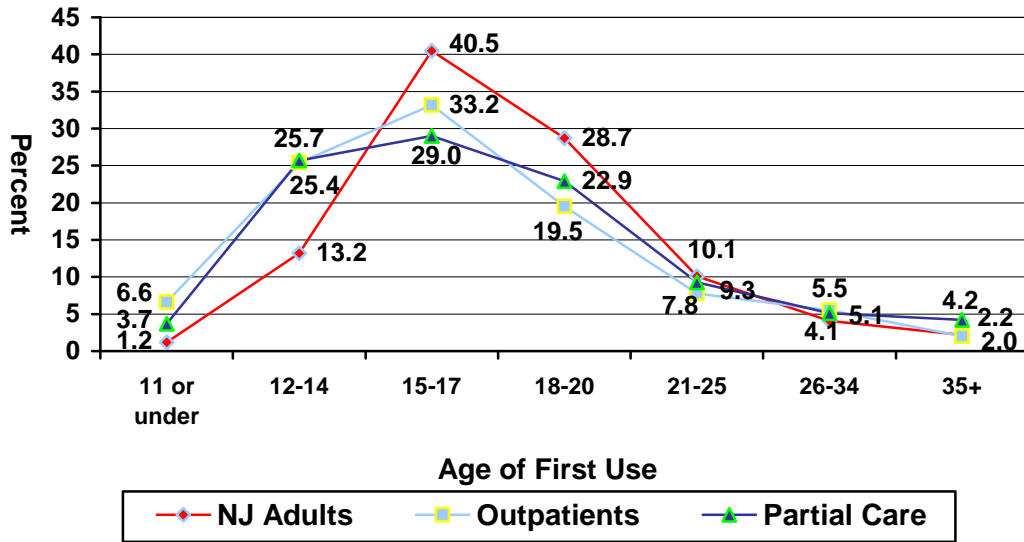
**Age of First Use of Illicit Drugs (Figure 3-9)**

- Of the two most prevalent substances reported by mental health patients (marijuana and cocaine), marijuana was used at the earliest age by both mental health patients and New Jersey residents as a whole. Mental health patients, however, tended to use marijuana at an earlier age than did New Jersey residents, with 32% of outpatients and 29% of partial care patients using by age 14, compared to 14% of New Jersey residents who used by this age.<sup>4</sup>

<sup>4</sup> The percentages reported in this, and subsequent bullets, may be the sum of two or more percentages in a given figure. For example, the percentage of first time use “under age 14” is the sum of the percentage starting by age “11 and under” and the percentage started between “12-14.”

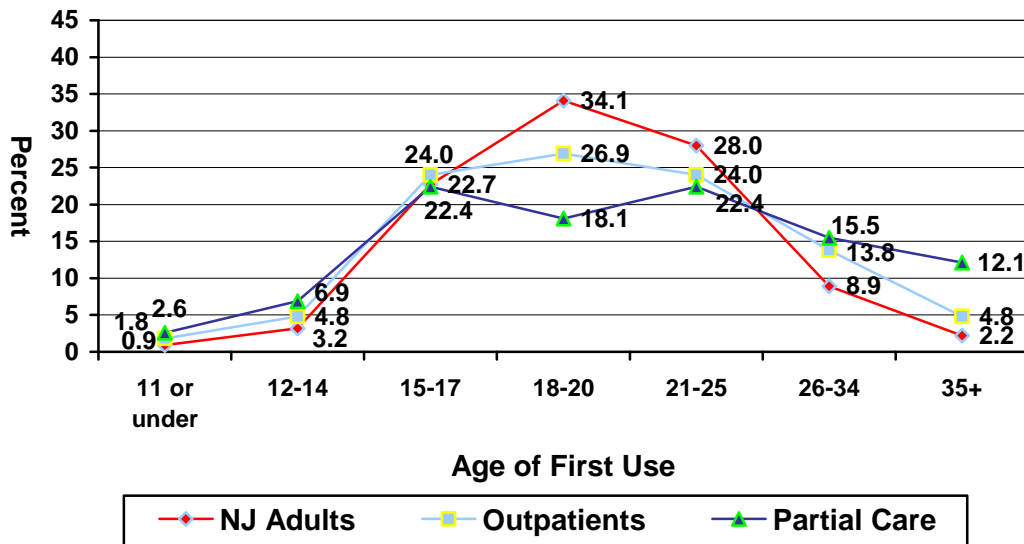


**Figure 3-9: Age of First Use of Marijuana among Illicit Drug Users: Outpatients, Partial Care Patients and NJ Adults**



- Although fewer respondents in all groups reported using cocaine by age 14, mental health patients were more likely than New Jersey residents as a whole to report early cocaine use (Figure 3-10). Thus, 7% of outpatients and 10% of partial care patients reported cocaine use before age 15, compared to 4% of New Jersey residents as a whole.
- First use of cocaine peaked for New Jersey residents and outpatients between the ages of 18 and 20, then tapered off substantially. For partial care patients, first use of cocaine peaked twice, once between 15 and 17, and again between 21 and 25, before tapering off.

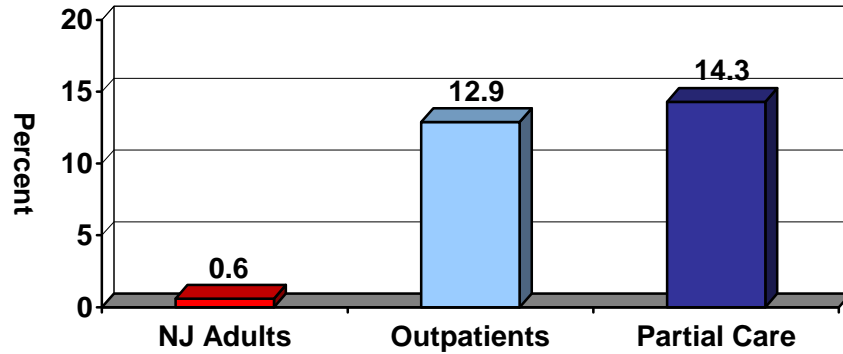
**Figure 3-10: Age of First Use of Cocaine among Illicit Drug Users: Outpatients, Partial Care Patients and NJ Adults**



### Drug Injection (Figure 3-11)

- Mental health patients were substantially more likely than New Jersey residents as a whole to report injecting drugs in their lifetimes. Thirteen percent of outpatients and 14% of partial care patients reported lifetime drug injection, compared to less than 1% of all New Jersey residents.

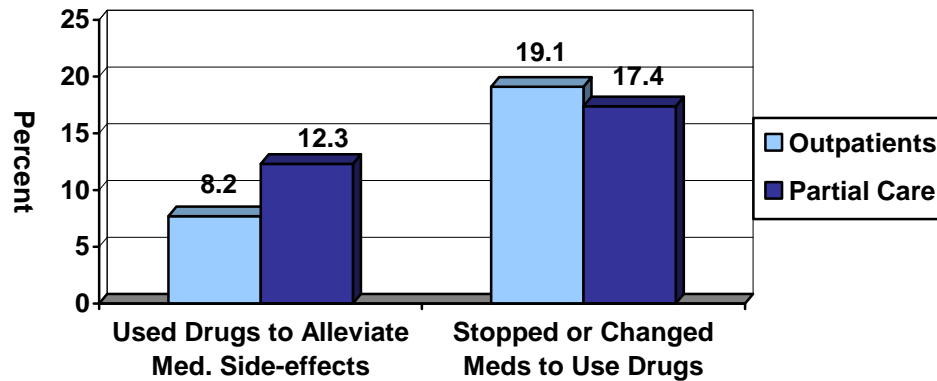
**Figure 3-11: Prevalence of Injection Drug Use in Lifetime: Outpatients, Partial Care Patients and NJ Adults**



### Illicit Drug Use and Psychiatric Medication: Outpatients and Partial Care Patients (Figure 3-12)

- About 8% of outpatients and 12% of partial care patients reported using illicit drugs as a means of alleviating side effects of psychiatric medications.
- A larger proportion of patients, however, namely 19% of outpatients and 17% of partial care patients, reported changing their medication dosage or eliminating their use of psychiatric medication entirely in order to use illicit drugs.

**Figure 3-12 Relationship between Illicit Drug Use and Psychiatric Medication: Outpatients and Partial Care Patients**



## CHAPTER 4

### TOBACCO

#### A. INTRODUCTION

This chapter focuses on the prevalence of tobacco use, with a primary emphasis on cigarettes, which far surpass other tobacco products in their prevalence of use. The chapter presents an overview of the use of all tobacco products in the previous year. It then provides more specific information on the timeframes during which New Jersey mental health patients have smoked cigarettes, their frequency and quantity of use, age of first use and a description of the demographic characteristics of mental health patients who smoke.

For the purpose of this report, we use the following definitions:

Current Use: Smoking at least one cigarette in the last 30 days.

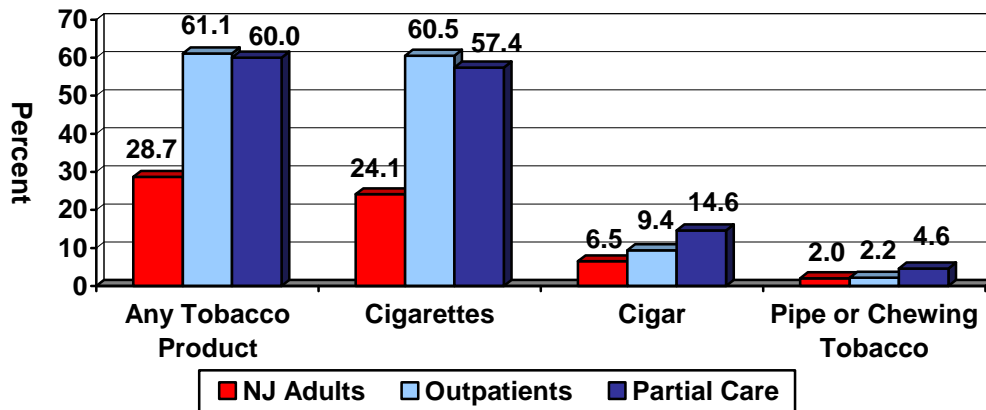
Daily Use: Smoking at least one cigarette per day in the last 30 days.

Heavy Use: Smoking a pack per day or more in the last 30 days.

#### B. OVERVIEW OF TOBACCO USE IN THE PREVIOUS YEAR (FIGURE 4-1)

- About 3-in-5 mental health patients (61% of outpatients; 60% of those in partial care) compared to 29% of all New Jerseyans used a tobacco product in the previous 12 months.
- Cigarettes were the most frequently used product, with 60% of outpatients, 57% of partial care patients and 24% of New Jersey residents reporting their use in the last year.
- About 9% of outpatients, 15% of partial care patients and 6% of New Jersey residents smoked cigars in the past year. Fewer than 5% of each group smoked a pipe or used chewing tobacco.

**Figure 4-1: Use of Tobacco Products in Last 12 Months by Type of Product: Outpatients, Partial Care Patients and NJ Residents**

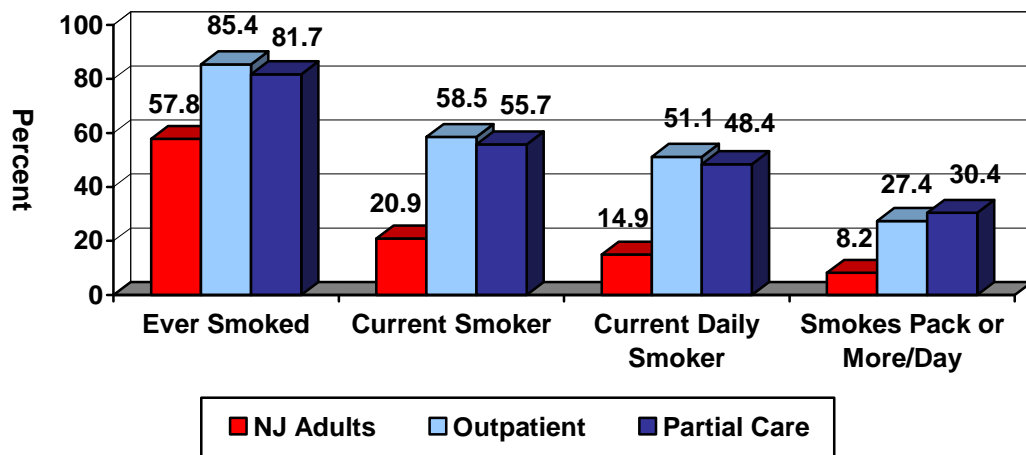


### C. OVERVIEW OF CIGARETTE USE: TIMEFRAMES, FREQUENCY AND QUANTITY OF USE

#### Prevalence Overall (Figure 4-2)

- Mental health patients were substantially more likely than New Jersey residents as a whole to have smoked cigarettes in their lifetimes and to smoke currently. Thus, 85% of outpatients and 82% of partial care patients were lifetime smokers compared to 58% of all New Jerseyans. Similarly, 58% of outpatients and 56% of partial care patients smoked currently, compared to 21% of New Jersey residents.
- Mental health patients smoked more frequently and more heavily than New Jersey residents as a whole. In the last 30 days, 51% of outpatients and 48% of partial care patients smoked daily, compared to 15% of New Jersey residents. Similarly, 27% of outpatients and 30% of partial care patients smoked a pack or more of cigarettes a day in the last 30 days, compared to 8% of all New Jersey residents.

**Figure 4-2: Patterns of Cigarette Use, Lifetime and Past 30 Days: Outpatients, Partial Care Patients and NJ Adults**



### D. CHARACTERISTICS OF CURRENT SMOKERS: OUTPATIENTS AND PARTIAL CARE PATIENTS (TABLE 4-1)

#### Gender and Age

- In both mental health groups, men were substantially more likely than women to be current smokers (65% vs. 54% among outpatients and 65% vs. 47% among partial care patients).
- There were no consistent trends in current smoking by age across the mental health patient groups. Among outpatients, those in the youngest and middle aged groups were

## Race/Ethnicity

- Consistent trends across patient groups also failed to emerge with respect to race/ethnicity. Among outpatients, Hispanics were only slightly less likely to smoke (52%) than Blacks (63%) or Whites (59%). Among partial care patients, Whites were slightly less likely to smoke (54%) than Blacks or Hispanics (about 62% for each).

## Education and Employment

- Current smoking was inversely related to education in both outpatients and partial care patients, with those at the lowest education level being most likely, and those at the highest level being least likely, to currently smoke. Among outpatients, 72% of those with less than a high school education currently smoked compared to 50% of those with more than a high school education. Similarly, among partial care patients, 68% of non-high school graduates smoked cigarettes compared to 52% of those with education beyond high school.

**Table 4-1: Characteristics of Current Smokers: Outpatients and Partial Care Patients**

Demographics		Outpatients	Partial Care
<b>Total</b>		<b>58.5%</b>	<b>55.7%</b>
<i>Gender</i>	Males	65.4	65.2
	Females	54.0	47.3
<i>Age</i>	18-34	62.7	51.9
	35-49	63.2	60.5
	50+	46.2	52.1
<i>Race/Ethnicity</i>	White	59.4	53.8
	Black	63.3	61.9
	Hispanic	52.4	62.5
<i>Education</i>	Less than H.S.	71.6	67.5
	H.S. Grad.	66.4	57.5
	More than H.S.	49.7	52.1
<i>Employment Status</i>	Employed FT/PT	58.4	55.6
	Unemployed	58.6	55.5

- There were no differences in smoking by employment status in either patient group, with roughly equal proportions of the employed and unemployed reporting that they currently smoked cigarettes.

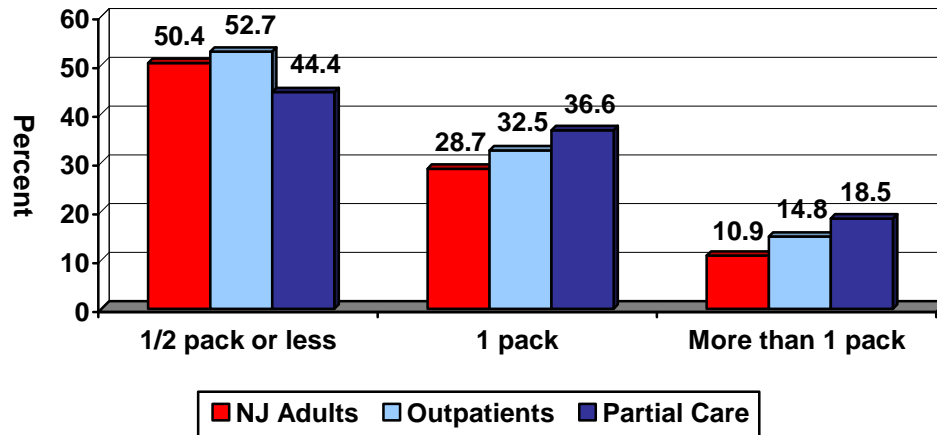
## E. CURRENT SMOKERS

### Frequency and Quantity of Use

- The vast majority of current smokers reported smoking daily in the last 30 days, including 87% of outpatients (that is, 51.1% divided by 58.5%), 87% (48.4% divided by 55.7%) of partial care patients and 71% (14.9% divided by 20.9%) of New Jersey smokers as a whole (Figure 4-2).

- Mental health patients who smoked tended to smoke more heavily than New Jersey smokers as a whole. Thus, 47% of outpatient smokers and 55% of partial care smokers smoked a pack or more per day, compared to 40% of all New Jersey smokers (Figure 4-3).

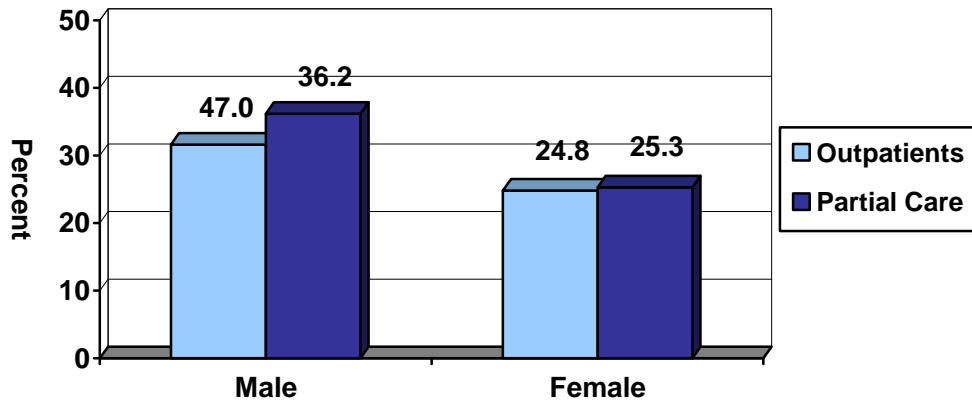
**Figure 4-3: Quantity of Cigarette Use in Last 30 Days among Current Smokers: Outpatients, Partial Care Patients and NJ Adults**



**F. CHARACTERISTICS OF HEAVY SMOKERS: OUTPATIENTS AND PARTIAL CARE PATIENTS**

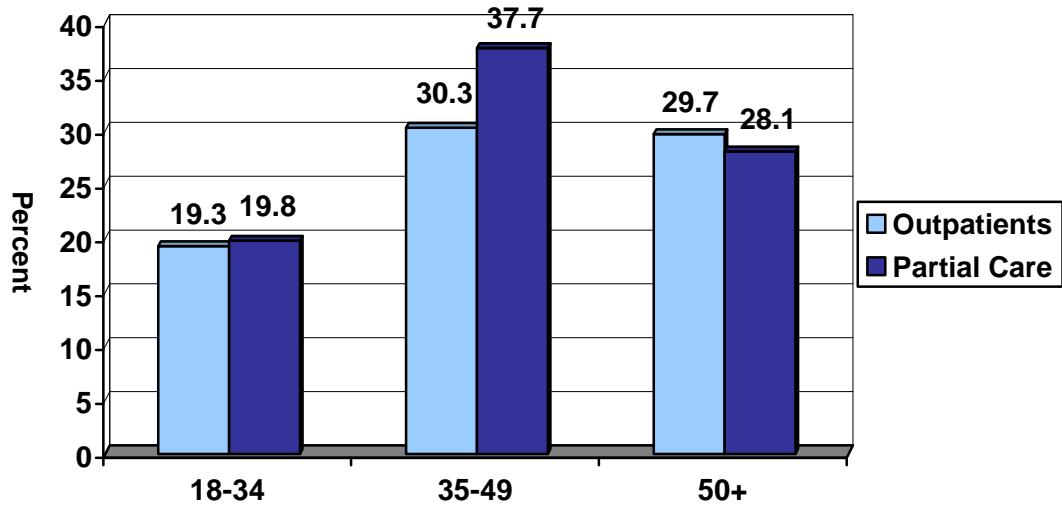
- In both patient groups, males were more likely to smoke a pack or more per day than females (47% vs. 25% among outpatients and 36% vs. 25% among partial care patients) (Figure 4-4).

**Figure 4-4: Heavy Smoking By Gender: Outpatients and Partial Care Patients**



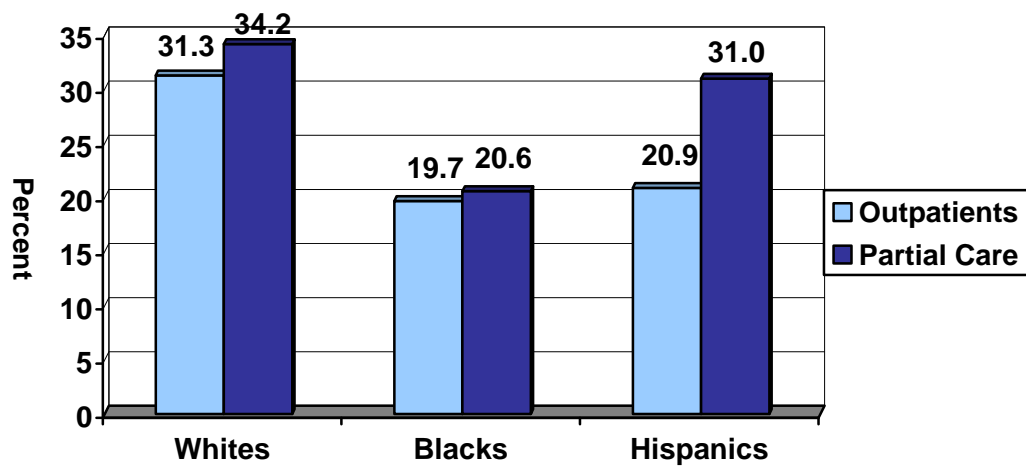
- Among both outpatients and partial care patients, those in the youngest age group (ages 18-34) were the least likely of all age groups to smoke heavily (19% among outpatients and 20% among partial care patients) (Figure 4-5). Among outpatients, those in the

**Figure 4-5: Heavy Smoking By Age: Outpatients and Partial Care Patients**



- In both patient groups, Whites were the most likely of the three racial/ethnic groups to be heavy smokers (31% among outpatients and 34% among partial care patients) (Figure 4-6). Among outpatients, Blacks (20%) and Hispanics (21%) were equally likely to smoke heavily, while among partial care patients, Hispanics (31%) were more likely than Blacks (21%) to smoke a pack or more per day.

**Figure 4-6: Heavy Smoking By Race/Ethnicity: Outpatients and Partial Care Patients**

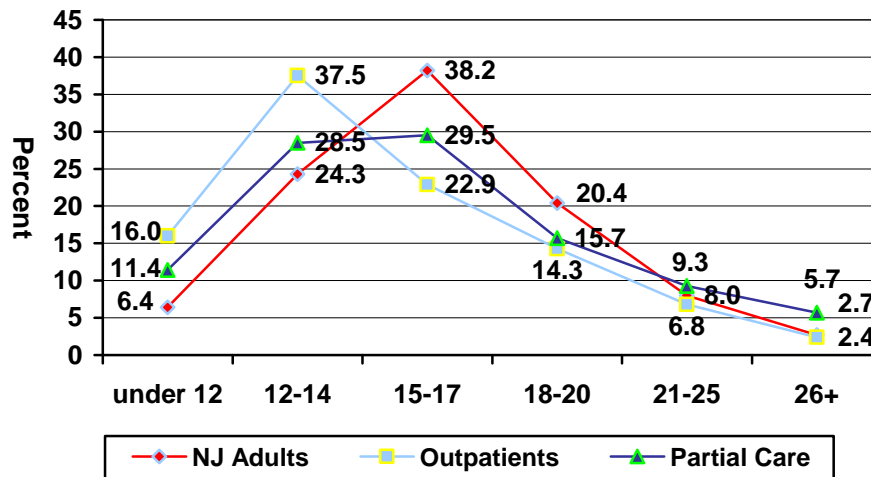


## G. AGE OF ONSET

### Age of Initiation (Figure 4-7)

- Although it is illegal for merchants to sell cigarettes to persons under age 18 in New Jersey, a majority of smokers in all groups reported smoking “part or all” of their first cigarette before age 18, including 69% of both partial care smokers and New Jersey smokers as a whole and 76% of outpatient smokers.
- In general, however, mental health patients tended to smoke at earlier ages than New Jersey residents as a whole. About 54% of outpatient smokers and 40% of partial care smokers reported having their first cigarette by age 14, compared to 31% of all New Jersey smokers.

**Figure 4-7: Age of First Cigarette Use: NJ Smokers**

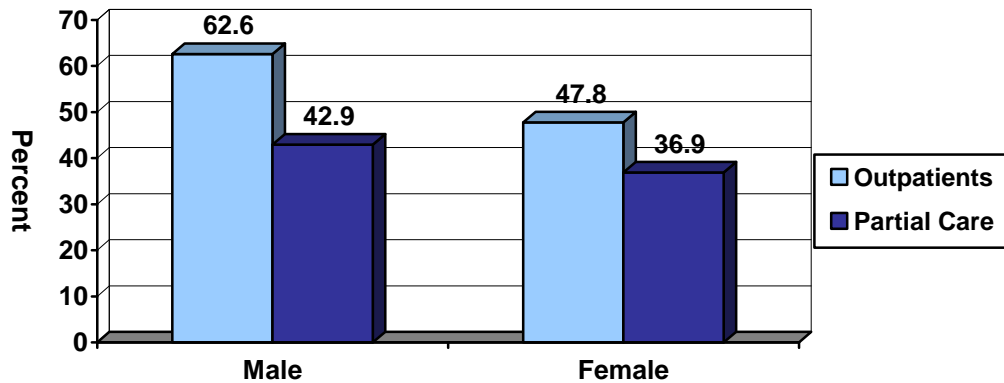


### Characteristics of Early Smokers: Outpatients and Partial Care Patients (Figure 4-8)

- In both patient groups, males were more likely than females to initiate cigarette use by age 14 (63% vs. 48% among outpatients and 43% vs. 37% among partial care patients).

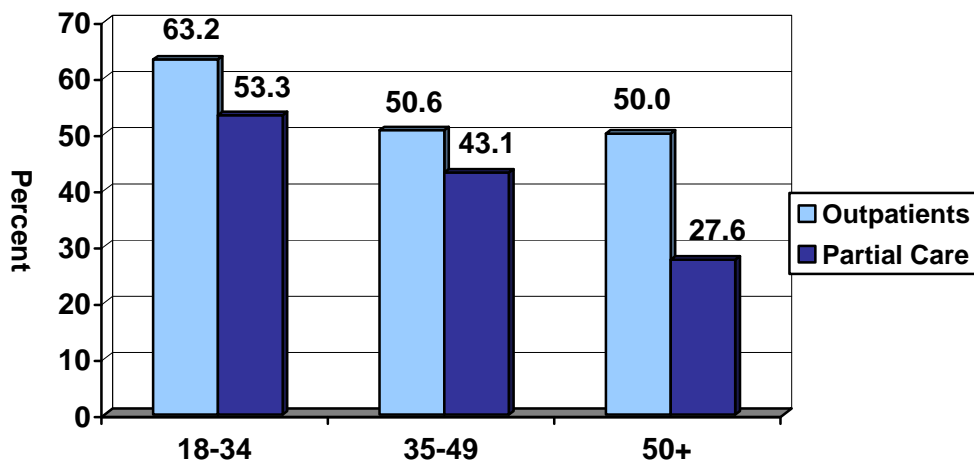


**Figure 4-8: Early Smoking (age 14 or younger) By Gender: Outpatients and Partial Care Patients**



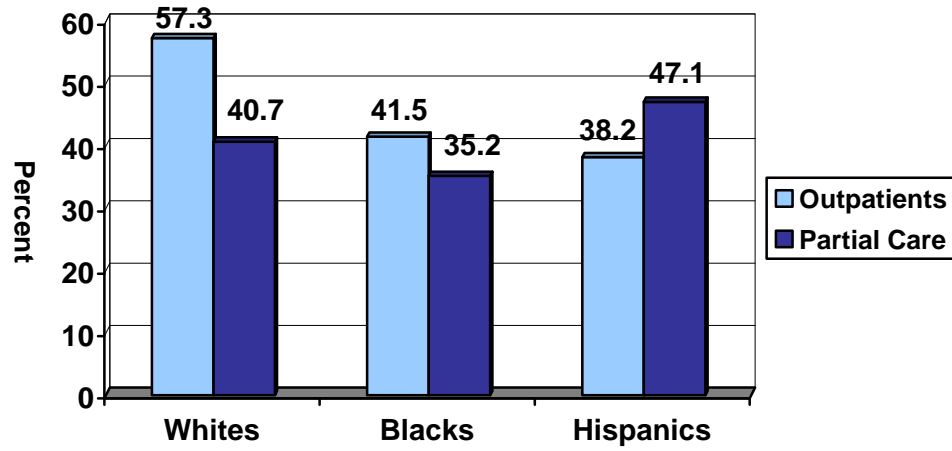
- In both patient groups, the younger the patients' current age, the more likely they were to report using cigarettes by age 14 (Figure 4-9). Thus, among those aged 18-34, 63% of outpatients and 53% of partial care patients reported early smoking. In contrast, among those 50 and older, 50% of outpatients and 28% of partial care patients reported early use.

**Figure 4-9: Early Smoking (age 14 or younger) By Current Age: Outpatients and Partial Care Patients**



- Among outpatients, Whites (57%) were more likely than Blacks (42%) or Hispanics (38%) to report smoking by age 14 (Figure 4-10). Among partial care patients, however, Hispanics (47%) had the highest prevalence of early smoking, followed by Whites (41%) and Blacks (35%).

**Figure 4-10: Early Smoking (age 14 or younger) By Race/Ethnicity:  
Outpatients and Partial Care Patients**



## CHAPTER 5

### SUBSTANCE ABUSE, DEPENDENCE AND TREATMENT HISTORY

This chapter presents information on the prevalence of alcohol and drug abuse and dependence in the New Jersey outpatient and partial care populations. It also describes patterns of addiction treatment utilization, including levels of treatment access among those in need, population differences in access, types of treatment obtained and payment sources. Dependence and abuse of alcohol and drugs were assessed using questions based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition (DSM-IV) (American Psychiatric Association, 1994). The questions pertaining to dependence reflect a higher level of problem severity than those pertaining to abuse. Dependence questions measure such behaviors as continued use in the face of medical and mental health problems, tolerance, withdrawal and attempts to cut down or refrain from use. Questions pertaining to abuse relate to problems experienced in the workplace, at home or school, conflicts with family or other social relationships and legal difficulties relating to substance use. Persons were classified as abusing a substance only if they did not also meet the criteria for dependence on that substance. Classification of drug abuse or dependence was made if the person met the appropriate criteria for at least one drug – abuse or dependence on each of the specific drugs examined in this survey was not measured.

We use the following definitions in this chapter:

Treatment need – A person was classified as having a need for treatment if they met the criteria for abuse of, or dependence on, alcohol or drugs in the last 12 months.

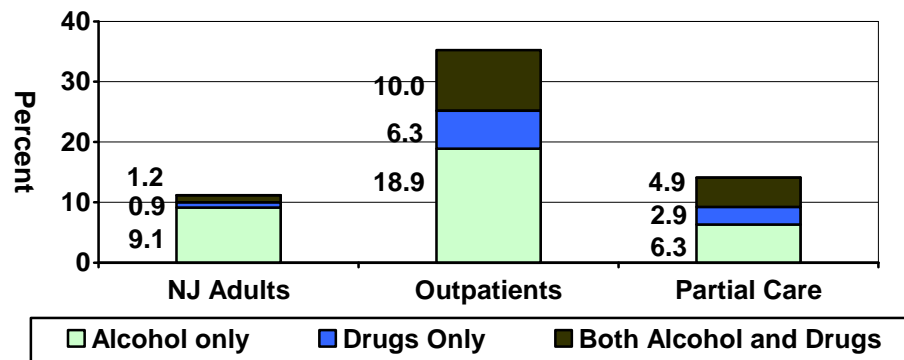
Formal treatment – Formal addiction treatment includes all interventions other than self-help groups (e.g. Alcoholics Anonymous or Narcotics Anonymous). Hospital inpatient, detoxification, residential and outpatient rehabilitation programs, mental health clinics, private therapists, prison treatment programs and private MDs are all considered formal treatment.

#### A. PREVALENCE OF ABUSE AND DEPENDENCE

##### Outpatients, Partial Care patients and General Population (Figure 5-1)

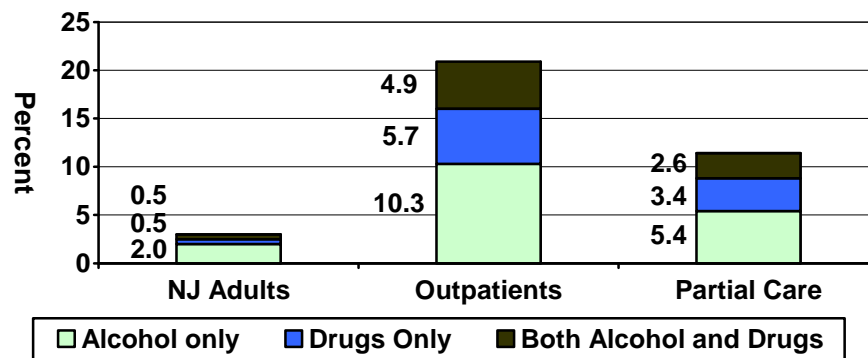
- Both mental health groups were more likely to meet diagnostic criteria for abuse or dependence on alcohol and/or drugs in the past year than New Jersey residents as a whole. Outpatients, in particular, had a high prevalence of abuse and/or dependence compared to the other populations, with 35% meeting DSM-IV diagnostic criteria. About 14% of partial care patients and 11% of New Jersey residents as a whole met diagnostic criteria for abuse/dependence.
- Among New Jersey residents as a whole, alcohol alone was the most prevalent substance of dependence or abuse, affecting 9% of residents or about 82% of all those with abuse/dependence problems. In the mental health populations, however, drugs were a more prevalent substance of abuse or dependence. Among partial care patients, drugs

**Figure 5-1: Individuals Who Met Criteria for Abuse or Dependence in the Last 12 Months: Outpatients, Partial Care Patients and NJ Adults**



- Mental health patients were also more likely than New Jersey residents as a whole to meet the criteria for dependence on alcohol or illicit drugs in the past 12 months (Figure 5-2). Thus, 21% of outpatients, 11% of partial care patients and 3% of all New Jersey residents met the criteria for abuse or dependence on drugs and/or alcohol in the past year.
- Among those with dependency problems in the past 12 months, dependence on drugs was more prevalent in the mental health populations than in the New Jersey population as a whole. Thus, slightly more than 50% or more of outpatients and partial care patients with past year dependency problems had problems with drugs alone or drugs in combination with alcohol. Only about a third of New Jersey adults meeting criteria for dependency, however, had problems with drugs alone or in combination.

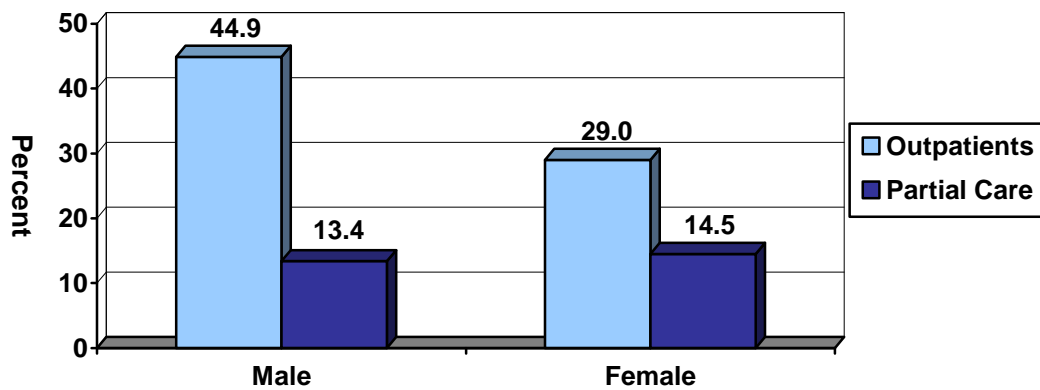
**Figure 5-2: Individuals Who Met Criteria for Dependence in the Last 12 Months: Outpatients, Partial Care Patients and NJ Adults**



### Gender, Age and Race/Ethnicity

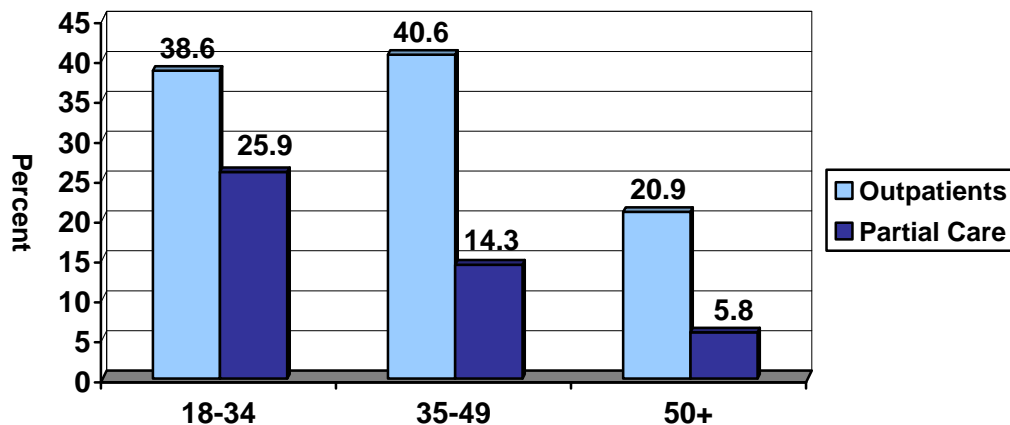
- Among outpatients, males were substantially more likely than females to abuse or be dependent on alcohol and/or drugs in the past 12 months (45% vs. 29%). Among partial care patients, however, there were no notable differences between males (13%) and females (14%) in their prevalence of abuse/dependency problems (Figure 5-3).

**Figure 5-3: Abuse or Dependence in the Last 12 Months, by Gender: Outpatients and Partial Care Patients**



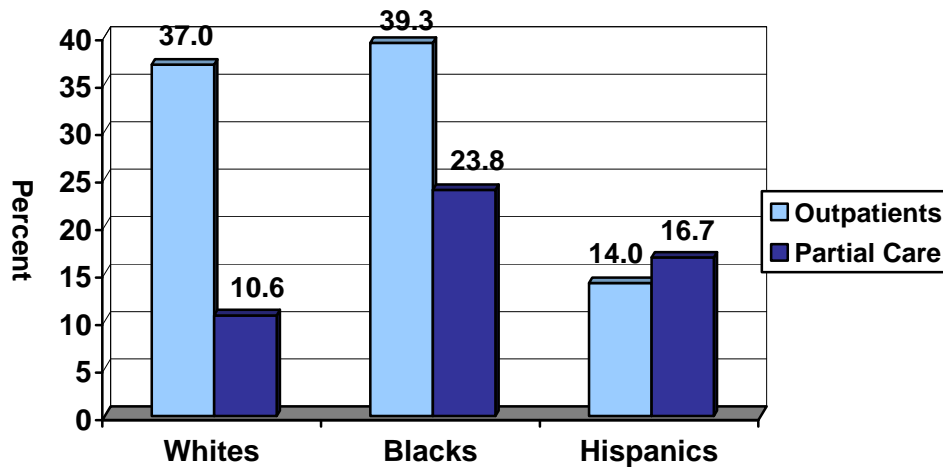
- Among partial care patients, there was a steady decline in abuse/dependency with age, with those aged 18-34 exhibiting the highest prevalence of abuse/dependence (26%) and those aged 50 or older, the lowest (6%). Among outpatients, those aged 50 and older also had the lowest prevalence of abuse/dependence (21%). Meanwhile, those in the youngest (39%) and middle age groups (41%) were equally likely to meet abuse/dependence criteria (Figure 5-4).

**Figure 5-4: Abuse or Dependence in the Last 12 Months, by Age: Outpatients and Partial Care Patients**



- Among outpatients, Whites (37%) and Blacks (39%) were equally likely to meet DSM-IV criteria for abuse or dependence, while Hispanics (14%) were the least likely of the three groups to have abuse/dependence problems. Among partial care patients, however, Whites (11%) had the lowest prevalence of abuse/dependence, followed by Hispanics (17%) and Blacks (24%) (Figure 5-5).

**Figure 5-5: Abuse or Dependence in the Last 12 Months by Race/Ethnicity: Outpatients and Partial Care Patients**

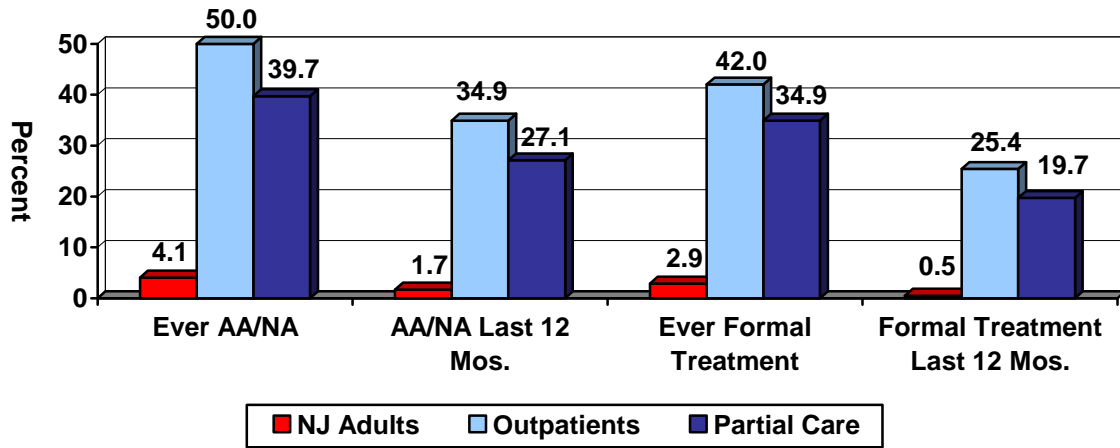


## B. TREATMENT ACCESS AND UTILIZATION PATTERNS

### Prevalence of Treatment: Among the Populations as a Whole and Those in Need

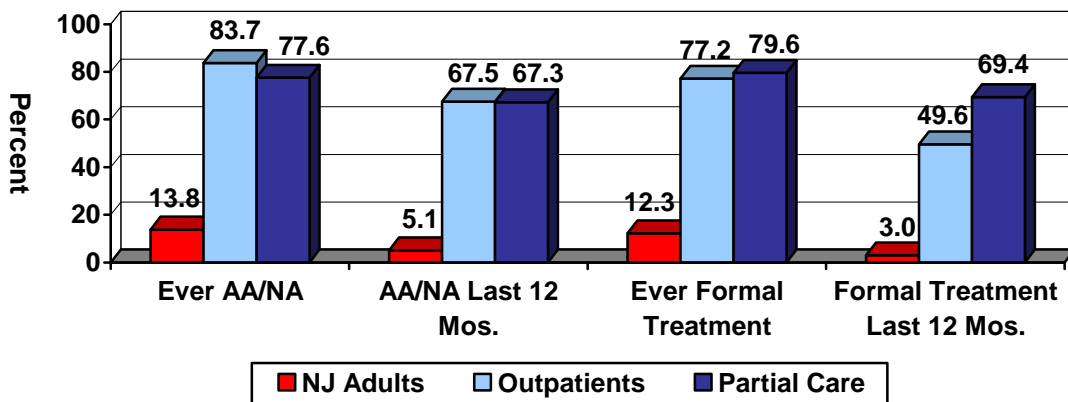
- Mental health patients were substantially more likely than New Jersey residents as a whole to have attended self-help groups or received formal treatment for a substance abuse problem. This finding is to be expected since both mental health groups were surveyed while in treatment settings where substance abuse counseling and linkages with self-help groups are commonly provided (Figure 5-6).
- Fifty percent of outpatients, 40% of partial care patients and only 4% of all New Jersey residents reported attending a self-help group, such as Alcoholics or Narcotics Anonymous (AA or NA), sometime in their lifetimes. Similarly, 42% of outpatients, 35% of partial care patients and 3% of New Jersey adults reported enrollment during their lifetimes in formal substance abuse treatment (Figure 5-6).
- In the last 12 months, 35% of outpatients, 27% of partial care patients and less than 2% of New Jersey residents reported attending AA or NA. Twenty-five percent of outpatients, 20% of partial care patients and less than 1% of New Jersey residents received formal treatment for a substance abuse problem.

**Figure 5-6: Receipt of AA/NA or Formal Treatment: All Outpatients, Partial Care Patients and NJ Adults**



- Among those having substance abuse problems serious enough to warrant treatment (Figure 5-7), mental health patients were also substantially more likely than all New Jersey residents with a substance abuse problem to have gained access to self help groups or formal treatment. However, given that the mental health groups were surveyed in treatment settings where substance abuse problems are typically addressed, a surprisingly large proportion of those in need failed to receive treatment.
- Thus, in the last 12 months, only 50% of outpatients and 69% of partial care patients needing formal substance abuse treatment received it. Access to treatment of all New Jersey residents in need of treatment was substantially lower, with only 3% receiving formal treatment.

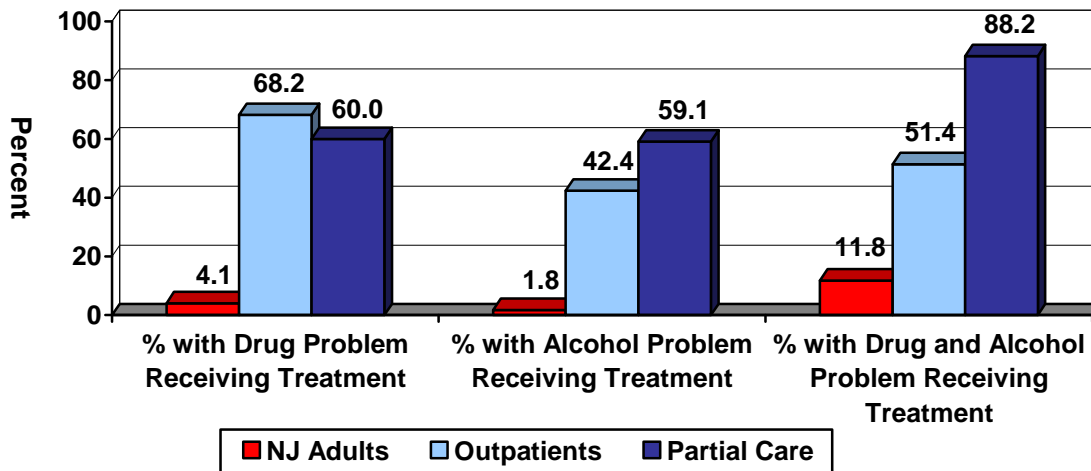
**Figure 5-7: Receipt of AA/NA or Formal Treatment among Those in Need of Treatment: Outpatients, Partial Care Patients and NJ Adults**



### Treatment Access by Type of Problem

- Patients and New Jersey residents as a whole differed in their access to treatment by type of substance problem (Figure 5-8). In general however, those receiving mental health treatment services were much more likely than those in the general population to have accessed treatment services if they had a problem. Among outpatients, 42% of those with alcohol problems accessed treatment services while over two-thirds of those with drug problems received treatment services (68%). Few New Jersey residents as a whole with alcohol-only problems access treatment for these problems (2%) while those with both drug and alcohol problems had higher rates of accessing treatment for these problems (12%). Among partial care patients, those with both drug and alcohol problems enjoyed the greatest treatment access (88%). Access of partial care patients with drug problems only and alcohol problems only, however, had equal access to treatment (60% and 59%, respectively).

**Figure 5-8: Past Year Receipt of Formal Treatment by Type of Substance Problem: Outpatients, Partial Care Patients and NJ Adults Needing Treatment**

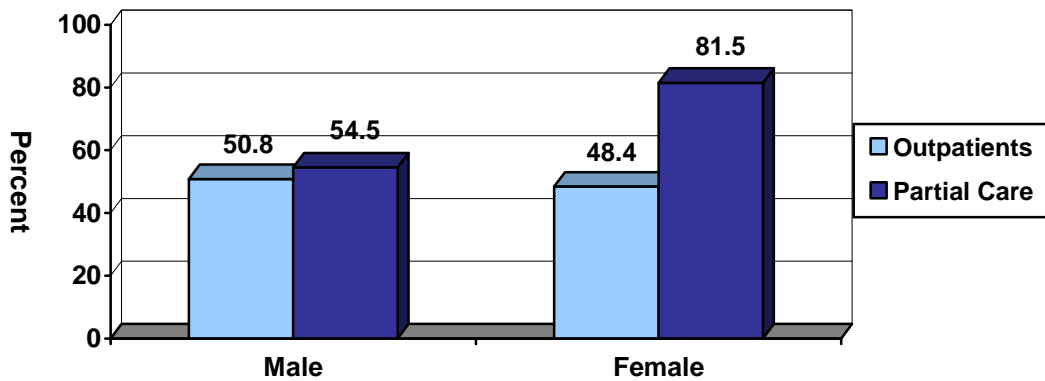


### Treatment Access by Age, Gender and Race/Ethnicity

- Among outpatients needing treatment, males and females had almost equivalent access to formal treatment (51% and 48%, respectively) (Figure 5-9). Among partial care patients, however, females were substantially more likely to have received treatment than males (82% vs. 54%).

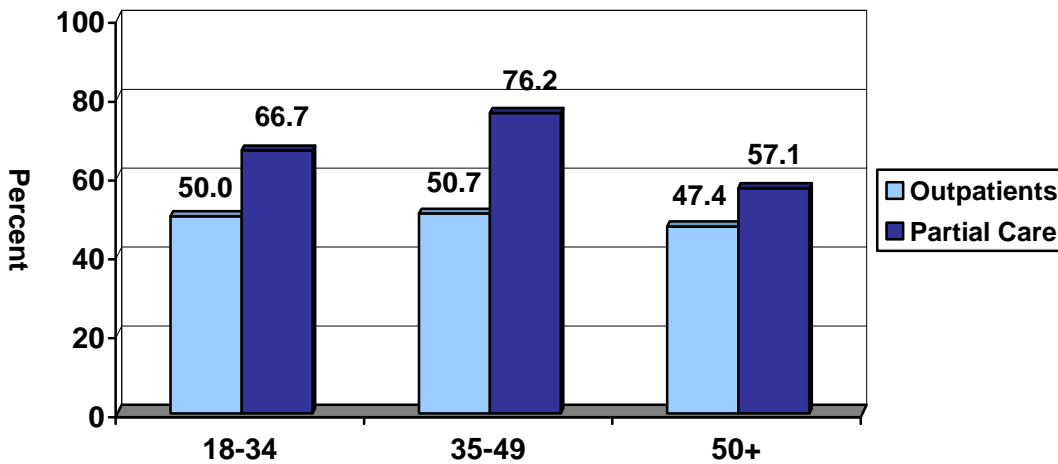


**Figure 5-9: Past Year Formal Treatment among Those Needing Treatment, by Gender: Outpatients, Partial Care Patients and NJ Adults**



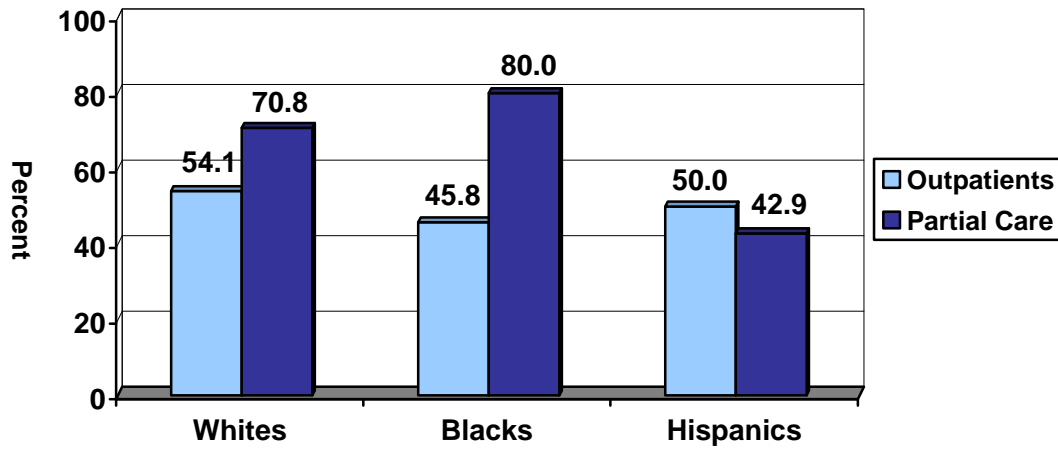
- Patients 50 and older were less likely to receive formal treatment than younger patients among partial care patients, but this trend was not evident among outpatients. Thus, among outpatients 50 and older, 47% received treatment, compared to 51% of those aged 35-49 and 50% of those aged 18-34. Among partial care patients, 57% aged 50 and older received treatment compared to 76% of those aged 35-49 and 67% of those aged 18-34 (Figure 5-10).

**Figure 5-10: Past Year Formal Treatment among Those Needing Treatment, by Age: Outpatients, Partial Care Patients and NJ Adults**



- Among partial care patients, Hispanics (43%) were less likely than Whites (71%) or Blacks (80%) to receive treatment. Among outpatients, there were few differences among Blacks (46%), Whites (54%) or Hispanics (50%) with regard to receiving treatment services (Figure 5-11).

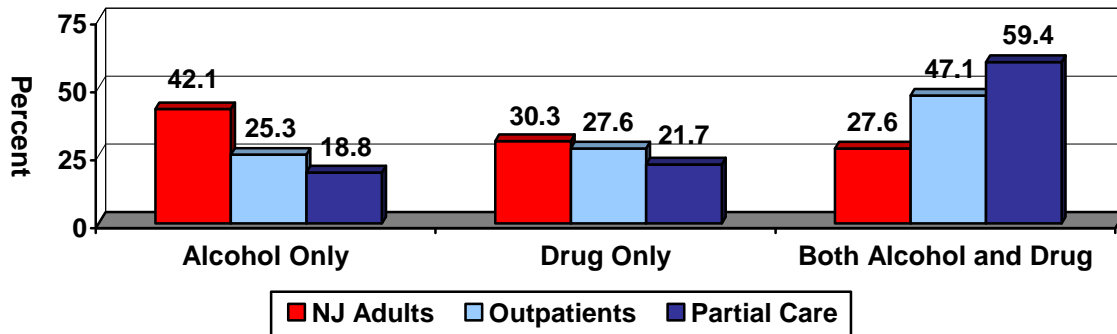
**Figure 5-11: Past Year Formal Treatment among Those Needing Treatment, by Race/Ethnicity: Outpatients, Partial Care Patients and NJ Adults**



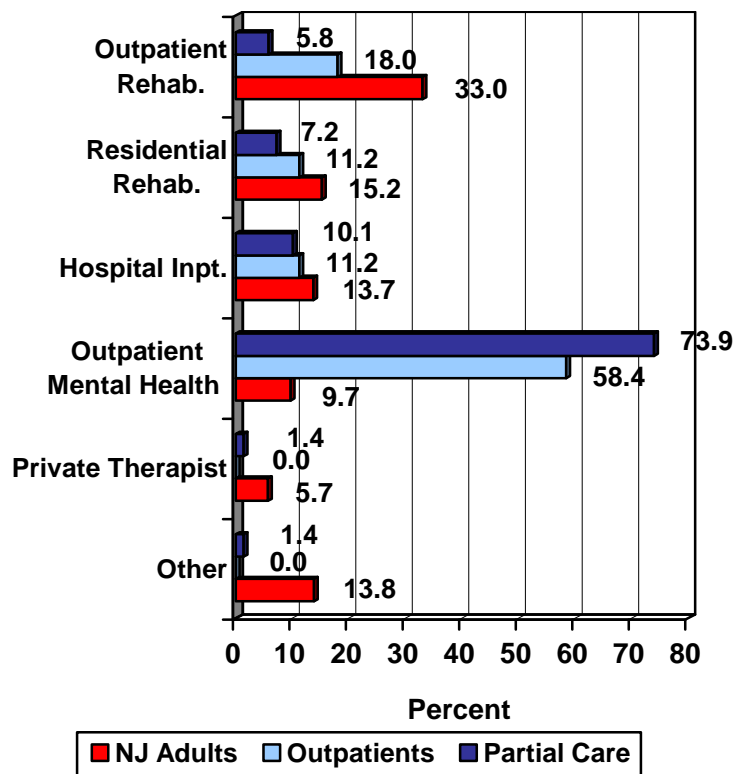
**Treatment Type, Setting and Payment Sources**

- Among mental health patients who entered formal treatment in the previous year (Figure 5-12), most (47% of outpatients and 59% of partial care patients) were treated for both alcohol and drug problems. Among New Jersey residents as a whole, however, most of those who were treated (42%) received treatment for alcohol problems alone.

**Figure 5-12: Type of Past Year Formal Treatment Received by Those Treated in Last 12 Months: Outpatients, Partial Care Patients and NJ Adults**

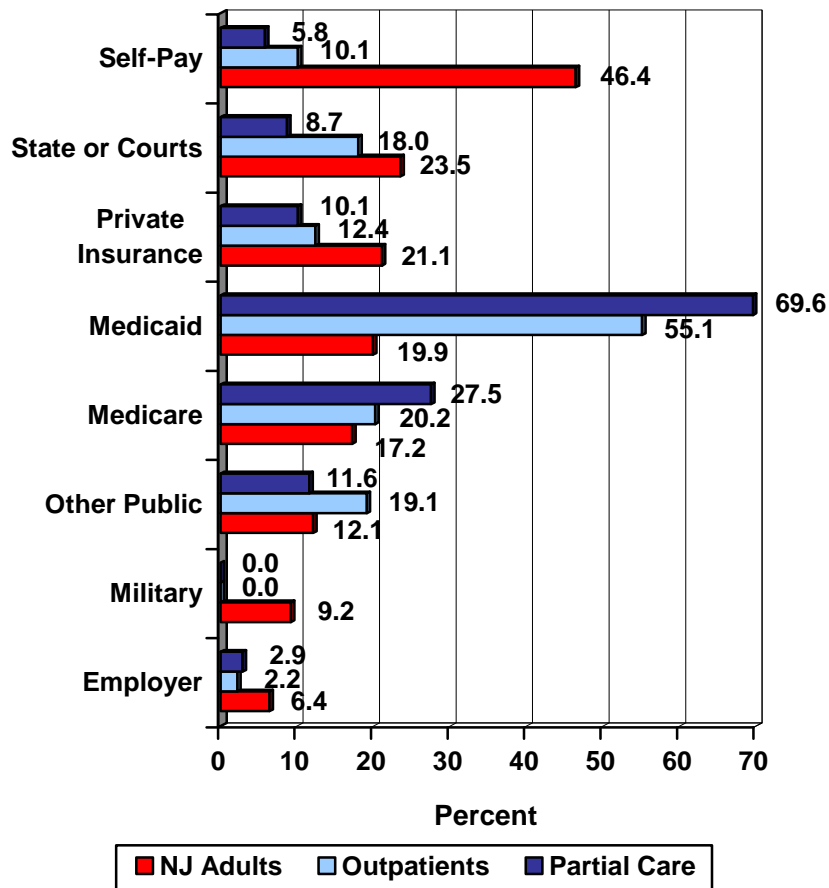


**Figure 5-13: Setting of Last Treatment Episode: Outpatients, Partial Care Patients and NJ Adults Treated in Last 12 Months**



- Among all individuals treated in the past year, treatment was most frequently provided in outpatient settings. Thus, 74% of treated partial care patients and 58% of outpatients were treated in outpatient mental health settings and 33% of all treated New Jersey residents were treated in outpatient rehabilitation settings (Figure 5-13).
- Residential rehabilitation and hospital inpatient settings were next in frequency, with between 7% and 15% of treated patients in all three groups being treated in in-patient settings.
- Public funding represented the most frequent sources of funding for substance abuse treatment among all patients treated in the past year (Figure 5-14). Thus, 97% of partial care patients and 75% of outpatients cited Medicaid and/or Medicare as a treatment payment source. An additional 12% of partial care patients and 19% of outpatients reported “other public funding” for treatment received in the past year. While self-pay was also an important payment source among treated New Jersey residents as a whole (46%), 37% of all treated New Jersey residents reported Medicaid and/or Medicare as a payment source and an additional 12% reported “other public funding” for their past year treatment.

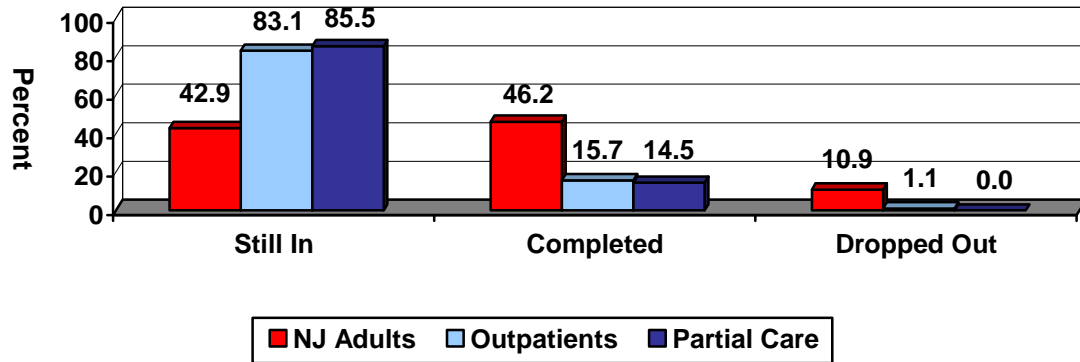
**Figure 5-14: Sources of Payment for Treatment: Outpatients, Partial Care Patients and NJ Adults Treated In Last 12 Months**



**Treatment Outcomes**

- Of those who entered treatment in the past year, 83% of outpatients and 86% of partial care patients were still in treatment. A higher proportion of New Jersey residents receiving treatment in the past year reported that they had completed treatment (46%) than were still in treatment (43%). One percent or fewer of mental health patients and 11% of New Jersey residents had dropped out of treatment (Figure 5-15).

**Figure 5-15 Outcome of Last Treatment Episode: Outpatients, Partial Care Patients and NJ Adults Treated in Last 12 Months**



## CHAPTER 6

### GAMBLING

This chapter presents information on the prevalence of gambling among mental health patients and New Jersey residents. In addition to questioning patients about the type and frequency of gambling, the questionnaire included questions pertaining to gambling-associated behaviors that may be indicative of a gambling problem. These include such behaviors as spending a lot of time thinking of ways to raise money for gambling, planning bets or studying odds in place of other activities, spending increasing amounts of money on gambling, trying to quit or cut down, using gambling to relieve a bad mood, being in financial trouble as a result of gambling, having problems with family, friends or work over gambling or engaging in illegal activity to raise money for gambling.

For the purpose of this report, we use the following definitions:

Problem gambling – Reporting at least one of the above problems.

Frequent gambling – Gambling 20 times or more in a year.

#### A. PREVALENCE AND FREQUENCY

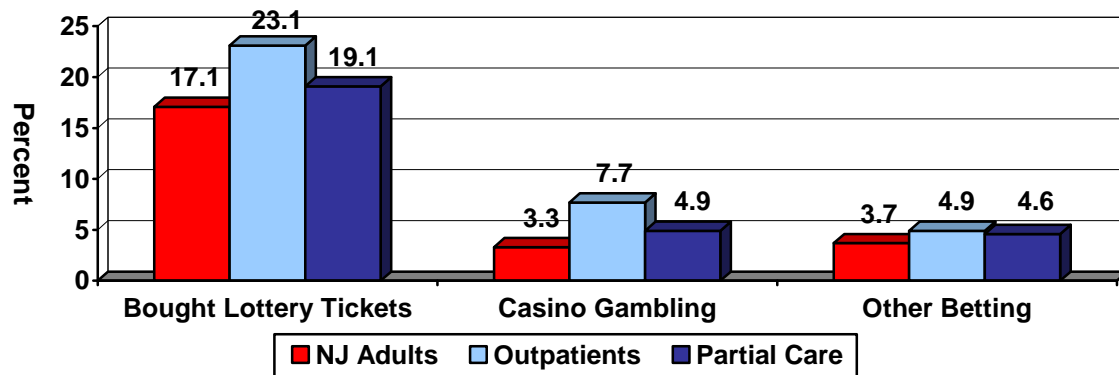
##### Types of Gambling

- There were few differences in the prevalence of gambling among those receiving mental health services and New Jersey residents as a whole. About 81% of outpatients and 75% of both partial care patients and all New Jersey residents have gambled at some time in their lives. During the year they gambled the most, 30% of outpatients, 25% of partial care patients and 22% of all New Jersey adults gambled more than 20 times.
- Buying lottery tickets was the most frequent form of gambling, with 72% of outpatients, 61% of partial care patients and 65% of New Jersey residents claiming to have bought at least one ticket.
- About 42% of outpatients, 41% of partial care patients and 46% of all New Jersey residents have engaged in casino gambling. Other forms of gambling were engaged in by 26% of outpatients, 27% of partial care patients and 24% of all New Jersey residents.

##### Frequent Gambling (Figure 6-1)

- Both partial care and outpatients were only slightly more likely than New Jersey residents as a whole to engage in frequent gambling. Mental health patients reported similar frequencies of gambling with respect to all forms of gambling studied. Thus, 23% of outpatients, 19% of partial care patients and 17% of all New Jersey residents purchased lottery tickets frequently. Slightly higher percentages of those in the treatment groups -- 8% of outpatients, 5% of partial care patients compared to 3% of New Jersey adults -- engaged in frequent casino gambling. Other gambling was also reported with similar frequencies among both patient groups (5%) than among New Jersey residents (4%).

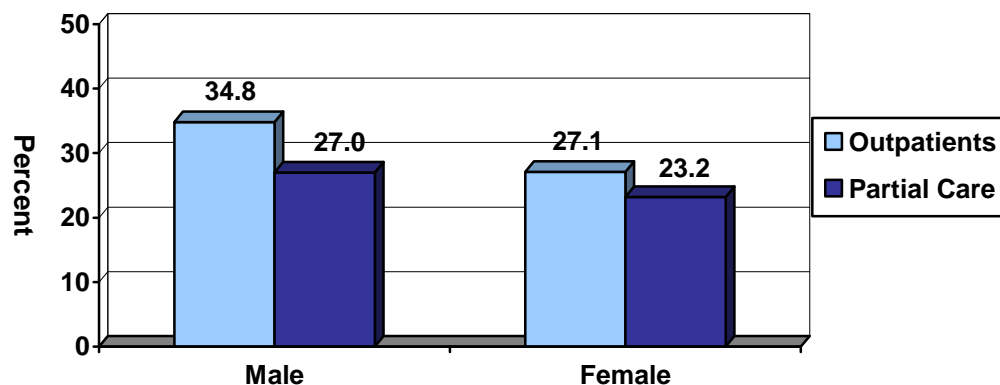
**Figure 6-1: Frequent Gambling (20+ times) During Year of Heaviest Gambling Activity, by Type of Gambling: Outpatients, Partial Care Patients and NJ Adults**



**Age, Gender and Race/Ethnicity**

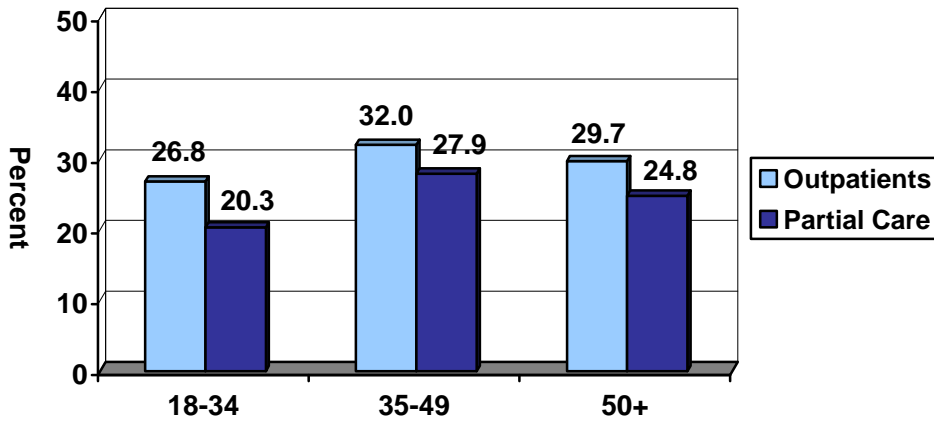
- In both patient groups, males were only slightly more likely than females to have engaged in any form of gambling 20 times or more during their heaviest gambling year (35% vs. 27% among outpatients and 27% vs. 23% among partial care patients) (Figure 6-2).

**Figure 6-2: Prevalence of Frequent Gambling (20+ Times Per Year), by Gender: Outpatients, Partial Care Patients and NJ Adults**



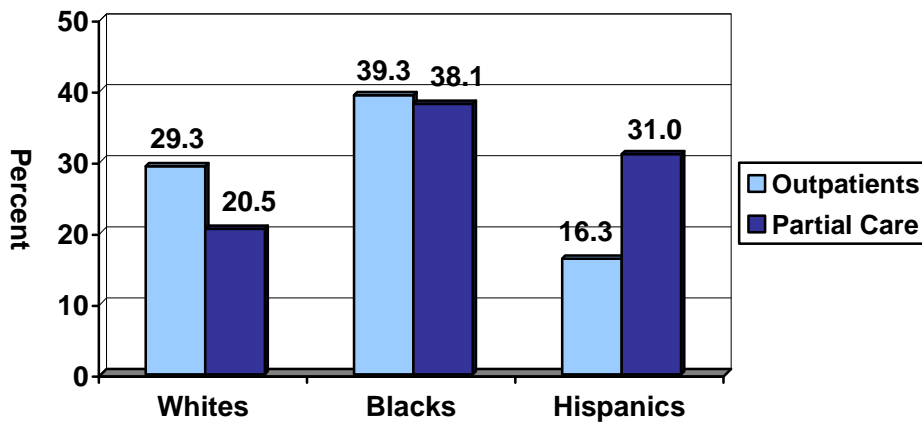
- By age (Figure 6-3), those aged 35-49 were no more likely to gamble frequently than younger or older patients in both patient groups. Among outpatients, 32% of those in the middle aged group were frequent gamblers compared to 27% of those aged 18-34 and 30% of those aged 50+. Among partial care patients, 28% of 35-49 year olds gambled frequently, compared to 20% of 18-34 year olds and 25% of those aged 50 and older.

**Figure 6-3: Prevalence of Frequent Gambling (20+ Times Per Year), by Age: Outpatients, Partial Care Patients and NJ Adults**



- In both patient groups, Blacks were more likely to be frequent gamblers than Whites or Hispanics (Figure 6-4). Among outpatients, 39% of Blacks gambled frequently compared to 29% of Whites and 16% of Hispanics. Among partial care patients, 38% of Blacks gambled frequently compared to 20% of Whites and 31% of Hispanics.

**Figure 6-4: Prevalence of Frequent Gambling (20+ Times Per Year), by Race/Ethnicity: Outpatients, Partial Care Patients and NJ Adults**

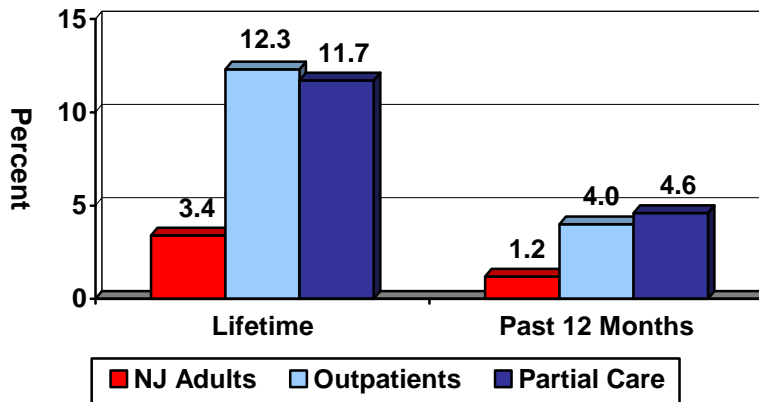


### Problem Gambling

- While gambling prevalence was similar between patient groups and the New Jersey population as a whole and gambling frequency was only slightly higher in the treatment groups, both patient groups were more likely than New Jersey residents to report one or more problems associated with their gambling. Thus 12% of both outpatients and partial care patients reported lifetime gambling problems compared to 3% of New Jersey adults. Similarly, 4% of outpatients, 5% of partial care patients and 1% of New Jersey residents reported gambling problems in the last 12 months (Figure 6-5).

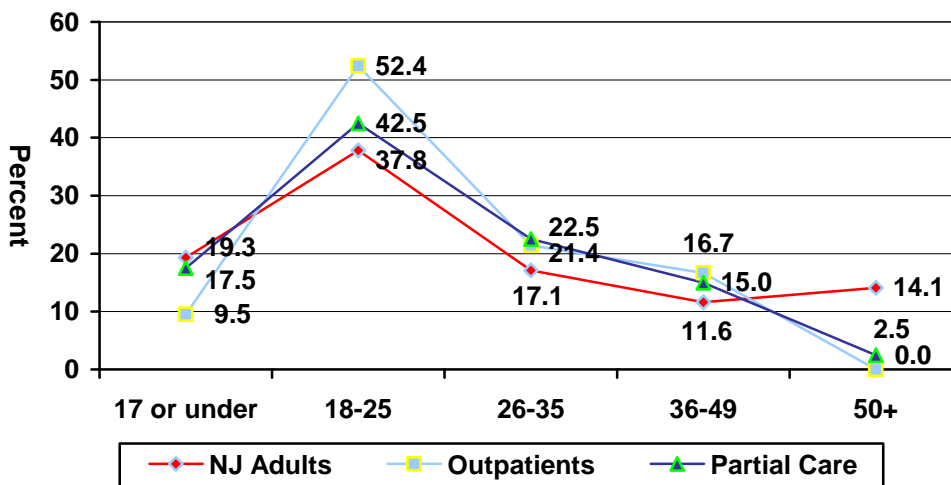


**Figure 6-5: Prevalence of Problem Gambling: Outpatients, Partial Care Patients and NJ Adults**



- Among persons who experienced gambling problems, mental health patients were more likely than New Jersey residents as a whole to report the onset of problems in their late teens and young adult years (Figure 6-6). New Jersey residents, in contrast, were more likely than mental health patients to report first experiencing problems after age 50.
- For example, 52% percent of outpatients, 42% of partial care patients and 38% of New Jersey residents first experienced gambling problems between ages 18 and 25. After age 50, however, 14% of New Jersey residents compared to only 2% of partial care patients and 0% of outpatients reported experiencing their first gambling problem.

**Figure 6-6: Age of First Gambling Problem among Individuals with Gambling Problem: Outpatients, Partial Care Patients and NJ Adults**



## CHAPTER 7

### IMPACT OF WORLD TRADE CENTER ATTACK ON NEW JERSEY RESIDENTS

A special module was added to the current New Jersey Mental Health Survey and to New Jersey's 2002 Telephone Household Survey to examine the psychological and behavioral effects of the September 11, 2001 World Trade Center terrorist attacks on New Jersey residents. While the 2002 Telephone Household Survey was administered within months of the first year anniversary of September 11<sup>th</sup> (9/11), the current survey was administered more than two to almost three years after the incident. This chapter presents findings from the 9/11 modules in each survey. The chapter describes the impact of 9/11 on the psychological well-being and substance use of mental health patients and all New Jersey residents. It also examines their need for, and access to, counseling to address problems arising from 9/11.

The survey measured the following psychological and behavioral effects of 9/11:

Post Traumatic Stress Disorder (PTSD) - This was assessed through 5 items measuring symptoms that are among those identified in the DSM-IV as being indicative of post-traumatic stress disorder. These included having repeated, disturbing memories of the event, feeling as if reliving the event, having physical reactions when thinking about the attacks, avoiding thinking, talking about or having feelings related to the attacks and avoiding situations or activities reminiscent of the attacks. Respondents were asked if they experienced these symptoms since the attacks and in the last 30 days. The present chapter reports on proportions of individuals reporting one or more symptom since the attacks.

Depression - Seven items were used to assess depressive reactions to 9/11, based on symptoms of depression identified in the DSM-IV criteria. These included feeling sad or blue, losing interest or pleasure in things, changes in appetite or weight, changes in sleep patterns, loss of energy, difficulty concentrating and suicidal thoughts. Respondents were asked if they experienced each of these symptoms for a period of 2 weeks or more in the 12 months before 9/11, in the 12 months after 9/11 and in the last 30 days. The present chapter reports on proportions of individuals who experienced one or more of these symptoms since, but not before, 9/11.

Situational Fears - Respondents were asked five items pertaining to situational fears related to 9/11, including fear of public places, flying on an airplane, riding on public transportation or crossing bridges or tunnels, being alone and going into New York City. This chapter reports on proportions of individuals experiencing at least one of these fears who report that their fear was greater after 9/11 when compared to before..

Increased Substance Use - Respondents were asked about changes in smoking, prescription drug use, alcohol use and the use of illicit drugs since 9/11. This chapter reports on individuals who report increasing their use of one or more of these substances and attribute the change to the events of 9/11.

## A. PROXIMITY TO ATTACKS AND KNOWLEDGE OF VICTIMS

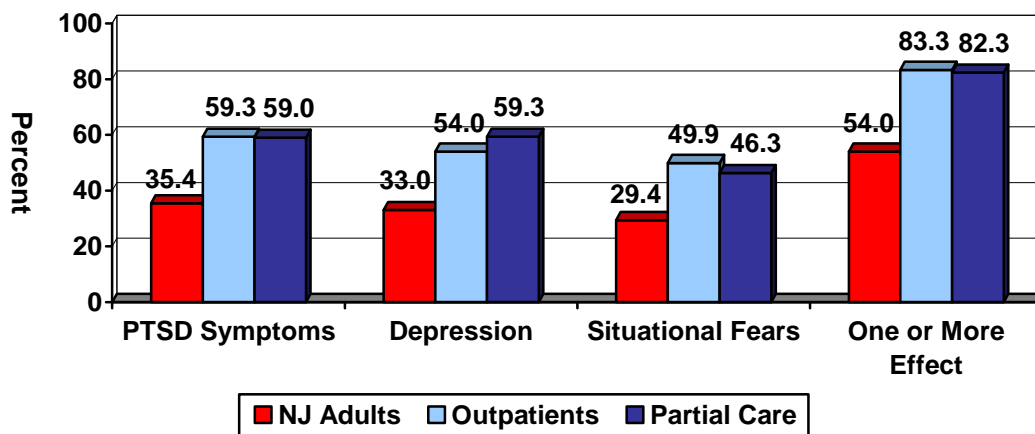
- Mental health patients were somewhat less directly impacted by the 9/11 attacks than New Jersey adults as a whole.
- About 2% of outpatients and fewer than 1% of partial care patients were in New York City at the time of the attacks compared to 5% of New Jersey residents as a whole. Similarly, nearly 28% of New Jersey residents reported knowing someone who was hurt or killed on 9/11, compared to 18% of outpatients and 11% of partial care patients.

## B. PSYCHOLOGICAL EFFECTS OF ATTACKS

### PTSD, Depression and Situational Fears: All NJ Residents

- Although less directly affected, mental health patients were substantially more likely than New Jersey residents as a whole to report experiencing some psychological effect of the attacks since September 11.
- Eighty-three percent of outpatients and 82% of partial care patients reported one or more psychological symptoms, compared to 54% of all New Jersey adults. About 59% of both patient populations, compared to 35% of New Jersey adults, experienced PTSD symptoms. Fifty-four percent of outpatients, 59% of partial care patients and 33% of New Jersey adults reported depression. Similarly, 50% of outpatients, 46% of partial care patients and 29% of New Jersey residents reported situational fears associated with the attacks. (Figure 7-1).

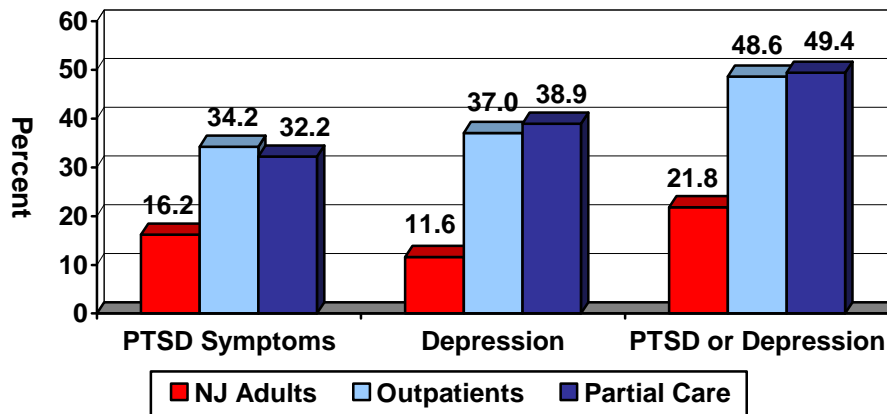
**Figure 7-1: Psychological Effects Experienced at Any Time Subsequent to WTC Attack: Outpatients, Partial Care Patients and NJ Adults**



- A sizeable number of New Jerseyans reported experiencing symptoms of 9/11-related PTSD or depression in the 30 days prior to the survey (Figure 7-2). Mental health patients, again, were more likely than New Jersey residents as a whole to report recent

- In the 30 days before the survey, about 49% of both patient groups reported 9/11-related symptoms of PTSD or depression. Depression was reported by almost 4-in-10 of outpatients (37%) and partial care patients (39%), and PTSD by 34% of outpatients and 32% of partial care patients. In contrast, 22% of all New Jersey residents reported PTSD and/or depression, including 16% who reported PTSD and 12% who reported depression.

**Figure 7-2: Symptoms of Depression and/or PTSD as a Result of WTC Attack Experienced in Last 30 Days: Outpatients, Partial Care Patients and NJ Adults**

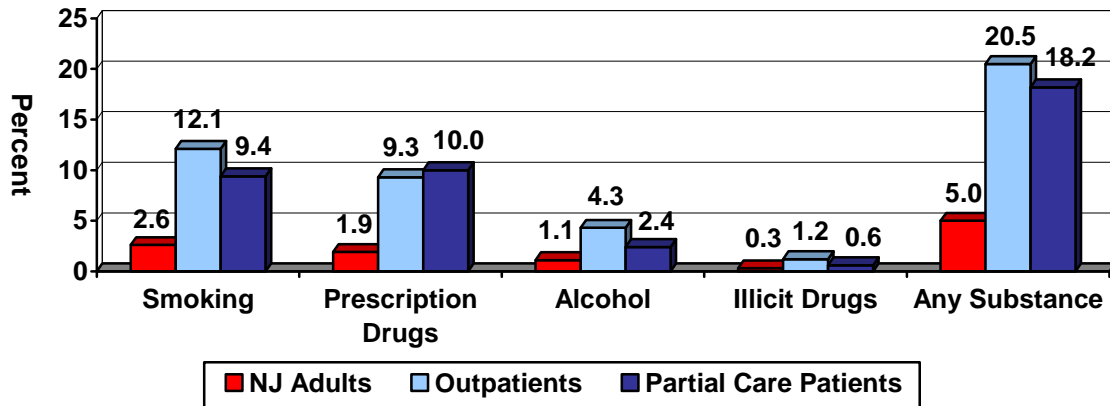


### C. CHANGES IN SUBSTANCE USE AS A RESULT OF 9/11

#### Overall and by Gender, Age and Race/Ethnicity

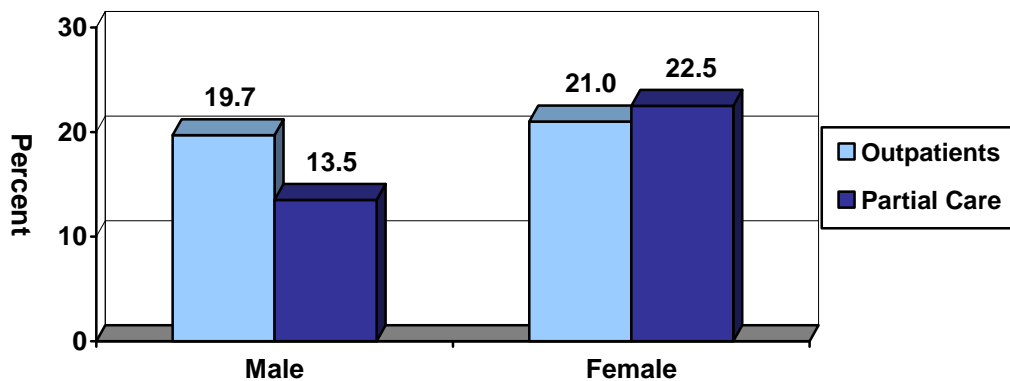
- Overall, mental health patients were substantially more likely than New Jersey residents as a whole to increase their use of substances as a result of the 9/11 attacks (Figure 7-3). Thus, 20% of outpatients and 18% of partial care patients reported increasing their use of one or more substances, compared to 5% of all New Jersey adults.
- Tobacco was the substance most frequently increased among outpatients (12%) and New Jersey adults (3%), while partial care patients were about equally likely to increase their use of tobacco (9%) and prescription drugs (10%). Prescription drugs were cited second in frequency of use by both outpatients (9%) and New Jersey adults (2%).
- Substantially fewer mental health patients and New Jersey adults reported increasing their use of alcohol or illicit drugs. Alcohol was increased by 4% of outpatients, 2% of partial care patients and 1% of all New Jersey adults. Similarly, illicit drugs were increased by 1% or fewer of all mental health patients and New Jersey adults.

**Figure 7-3: Reported Increases in Substance Use As A Result of WTC Attack: Outpatients, Partial Care Patients and NJ Adults**



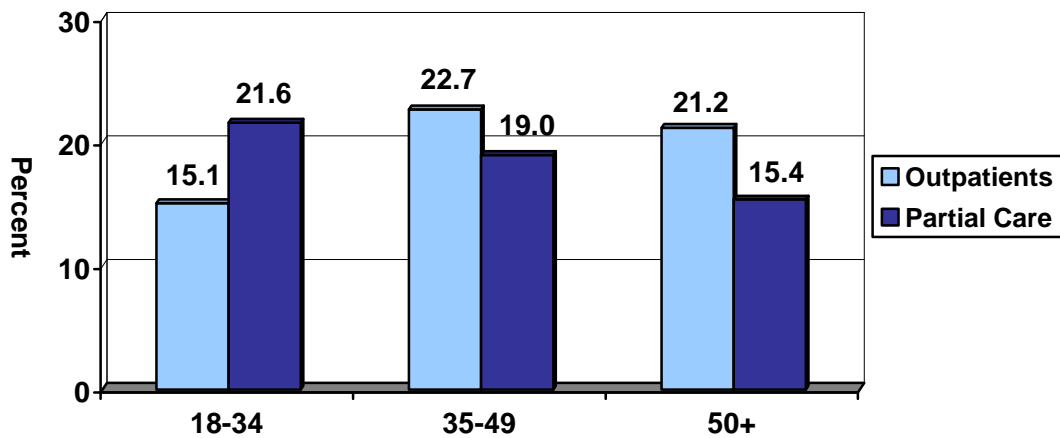
- Among outpatients, males and females were equally likely to report increases in substance use as a result of 9/11 (20% and 21%, respectively). Among partial care patients, however, females (22%) were substantially more likely than males (14%) to increase their use of substances (Figure 7-4).

**Figure 7-4: Reported Increases in Any Substance Use As A Result of WTC Attack, by Gender: Outpatients and Partial Care Patients**



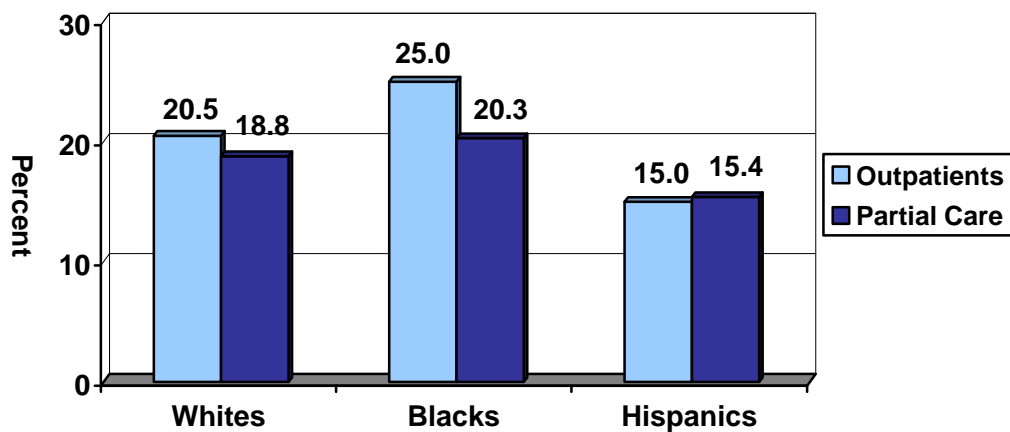
- Among partial care patients, 9/11-related increases in reported substance use decreased slightly with age, with the highest increases reported among patients aged 18-34 (22%) and the lowest, among patients aged 50 and older (15%). Among outpatients, age-related differences in substance use were also not pronounced, with 9/11-related increases reported by 15% of patients aged 18 to 34, 23% of patients aged 35-49, and 21% of patients aged 50 and older (Figure 7-5).

**Figure 7-5: Reported Increases in Any Substance Use As A Result of WTC Attack, by Age: Outpatients and Partial Care Patients**



- By race/ethnicity, Blacks were the most likely, and Hispanics the least likely, to increase their use of substances in both patient groups. The magnitude of the racial/ethnic differences in reported increases, however, was not large. Among outpatients, 25% of Blacks reported increasing their use of substances, compared to 20% of Whites and 15% of Hispanics. Among partial care patients, 20% of Blacks reported increases, compared to 19% of Whites and 15% of Hispanics (Figure 7-6).

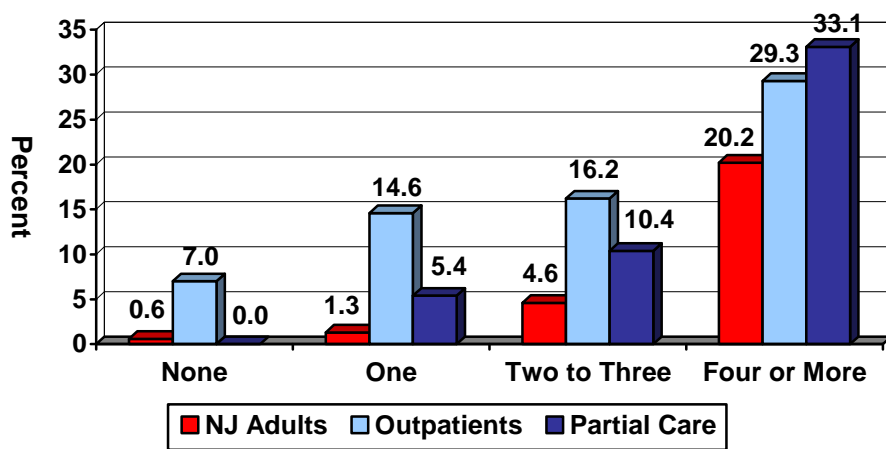
**Figure 7-6: Reported Increases in Any Substance Use As A Result of WTC Attack, by Race/Ethnicity: Outpatients, Partial Care Patients and NJ Adults**



**Relationship between Increased Substance Use Following 9/11 and Reported Psychological Distress**

- Among both mental health patients and New Jersey residents as a whole, 9/11-related substance use steadily increased with increases in the number of 9/11-related psychological symptoms. Among outpatients, for example, 7% of those reporting no

**Figure 7-7: Prevalence of Increased Substance Use by Total Number of Psychological Symptoms Reported As A Result of WTC Attack**



**D. NEED FOR, AND ACCESS TO, COUNSELING FOR 9/11-RELATED PROBLEMS**

- About 23% of outpatients, 33% of partial care patients and 4% of all New Jersey residents felt they needed counseling as a result of 9/11. Only about half of outpatients (11%) and New Jersey residents (2%), however, received counseling for these problems. Partial care patients had somewhat greater access, with approximately 21% receiving counseling for 9/11-related problems.