

A comparison of U.S. jail inmates and the U.S. general population with Diagnostic and Statistical Manual of Mental Disorders IV alcohol use disorders: sociodemographic and symptom profiles

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Abstract

The objective of this study was to compare sociodemographic and symptom profiles between U.S. jail inmates and the U.S. general population with Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) alcohol use disorder. Data for the study were derived from two large nationally representative surveys, the 2002 Survey of Inmates in Local Jails and the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions. U.S. inmates were significantly more likely ($P < .007$) to be younger, male, Black or Hispanic, to have lower education, and to be separated/divorced/widowed or never married relative to their U.S. general population counterparts. Inmates were also more likely to have more severe alcohol abuse and dependence. Implications of this study are discussed in terms of meeting the unique alcohol treatment needs of U.S. jail inmates including implementation of more intensive alcohol treatment and intervention programs targeting specific needs of inmates with alcohol use disorder as revealed from unique sociodemographic profiles. © 2008 Elsevier Inc. All rights reserved.

Keywords: Alcohol use disorders; Jail; General population; Sociodemographic characteristics; Symptom profile; Alcohol abuse; Alcohol dependence

Introduction

The jail population in the United States has continued to increase steadily, from 405,320 in 1999 to 747,529 in 2005 (Bureau of Justice Statistics, 2006). The large increase has been attributed to an increase in drug-related crime and changes in law enforcement practices related to drug-related crime during this period (Belenko and Peugh, 1998, 2005) and consequently high rates of substance use disorders among inmates. In 2002, the Bureau of Justice Statistics estimated that 47.8% of convicted U.S. jail inmates had an alcohol use disorder (i.e., alcohol abuse or dependence).

Despite the growing number of inmates with alcohol use disorder, little is known about how sociodemographic characteristics and diagnostic criteria for alcohol use disorder differ between convicted inmates of U.S. jails and the general U.S. population. Understanding differences in sociodemographic and alcohol-related symptom profiles among affected individuals in these two populations could provide information on how alcohol treatment delivered to the U.S.

general population might be tailored to address unique characteristics of inmates with alcohol use disorder.

Accordingly, this study provides a direct comparison of sociodemographic characteristics and symptom criteria for alcohol use disorder between U.S. jail inmates and their U.S. general population counterparts. Data were derived from the 2002 Survey of Inmates of Local Jails (SILJ; Karberg and James, 2004) and the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC; Grant et al., 2003a, 2003b, 2004). Both national surveys used identical diagnostic symptom items to derive Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV; American Psychiatric Association, 1994) diagnoses of alcohol abuse and dependence.

Materials and methods

All potential NESARC and SILJ respondents were informed in writing about the nature of the survey, the statistical uses of the survey data, the voluntary aspect of their participation, and the Federal laws that rigorously provide for the strict confidentiality of identifiable survey information. Those respondents consenting to participate after

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receiving this information were interviewed. The research protocols for the NESARC and the SILJ, including informed consent procedures, were approved in their entirety by the institutional review board of the U.S. Census Bureau and the U.S. Office of Management and Budget.

NESARC sample

The NESARC is based on a U. S. representative sample, as described in detail elsewhere (Grant et al., 2003a, 2003b, 2004). The target population included those residing in households and group quarters, 18 years and older. Face-to-face interviews were conducted with 43,093 respondents. The survey response rate was 81%. Blacks, Hispanics, and young adults (ages 18–24 years) were oversampled, with data adjusted for oversampling and nonresponse. The weighted data were then adjusted to represent the U.S. civilian population based on the 2000 Census. Field methods included extensive home study and structured in-person training, supervision, and quality control, including random call-backs to respondents to verify data, described in detail elsewhere (Grant et al., 2004).

SILJ sample

The 2002 SILJ (Karberg and James, 2004) provides nationally representative data on persons held before trial and convicted offenders serving sentences at local jails or awaiting transfer to prison. In the United States criminal justice system, jails are locally operated correctional facilities that confine persons before or after adjudication. Inmates sentenced to jail usually have been convicted of a misdemeanor where the sentence is less than 1 year. In contrast, federal- and state-operated prisons are facilities for holding convicted felons (i.e., offenders who commit crimes where the sentence is more than 1 year). The present study focuses on the U.S. jail inmate population.

The sampling frame for the 2002 survey was selected from a total universe of 3,365 U.S. jails. The SILJ was a stratified two-stage sampling survey, with jails being selected in the first stage and inmates being selected and interviewed in the second stage. The target jail sample size of 465 consisted of six separate strata based on the size of each jail. A total of 6,982 interviews were completed with a final response rate of 84.1%. The data were weighted so that the sum of all sample weights would equal 631,241, which was the total number of inmates in local jails on June 30, 2001. The data were adjusted for jail and inmate nonresponse and selection of jails within strata and further adjustments were made to weight the survey estimate to the jail population based on the 1999 Census of Jails and 2001 Annual Survey of Jails. For the analyses presented here, only data from convicted jail inmates ($n = 4,869$) were used.

All interviews for the NESARC and SILJ were conducted by experienced U.S. Bureau of the Census

interviewers. On average, the interviewers had 5 years of experience working on census and related surveys. Interviewers for each survey completed 10 days of extensive in-person training. NESARC and SILJ training was standardized through centralized training at the Bureau regional offices under the direction of the National Institute on Alcohol Abuse and Alcoholism and Bureau of Justice Statistics and census headquarters staff.

DSM-IV alcohol use disorder

The assessment instrument used to derive diagnoses of DSM-IV alcohol use disorder was the National Institute on Alcohol Abuse and Alcoholism's Alcohol Use Disorders and Associated Disabilities Schedule-DSM-IV Version (AUDADIS-IV) (Grant et al., 2001). The AUDADIS is a fully structured diagnostic interview designed for use by experienced lay interviewers.

Consistent with DSM-IV, current diagnoses of alcohol abuse required respondents to meet at least one of the four DSM-IV criteria for abuse in the 12-month period preceding incarceration for SILJ respondents or the 12-month period preceding the interview for NESARC respondents: (1) recurrent drinking resulting in failure to fulfill major role obligation; (2) recurrent drinking in hazardous situations; (3) recurrent legal problems related to drinking; and/or (4) continued drinking despite recurrent social or interpersonal problems caused by exacerbated drinking. DSM-IV alcohol dependence diagnoses required that the respondent satisfied at least three of seven DSM-IV criteria for dependence during that period. DSM-IV dependence criteria include: (1) tolerance; (2) withdrawal or drinking to avoid withdrawal symptoms; (3) drinking larger amounts for a longer period than needed; (4) persistent desire or unsuccessful attempts to cut down on drinking; (5) spending a great deal of time obtaining, using, or recovering from the effects of drinking; (6) giving up important social, occupational, or recreational activities in favor of drinking; and (7) continued drinking despite psychological/physical problems. Diagnoses of alcohol abuse and dependence were mutually exclusive. For example, respondents classified with alcohol abuse had alcohol abuse only and not dependence, whereas respondents classified with alcohol dependence had dependence with or without abuse (Grant et al., 2004; Karberg and James, 2004).

The good to excellent test-retest reliability and validity of the AUDADIS-IV alcohol use disorder criteria and diagnoses are well documented in numerous psychometric studies (Grant et al., 1995, 2003a; Hasin et al., 1994, 1997a, 1997b, 2003; Nelson et al., 1999) including clinical reappraisals conducted by psychiatrists, in clinical and general population samples (Canino et al., 1999; Cottler et al., 1997) and several countries as part of the World Health Organization/National Institutes of Health's International Study on Reliability and Validity (Hasin et al.,

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