

STATUS REPORT ON MISSOURI'S ALCOHOL AND DRUG ABUSE PROBLEMS

Fourteenth Edition - 2008



MISSOURI DEPARTMENT OF MENTAL HEALTH

Division of Alcohol and Drug Abuse

STATUS REPORT ON MISSOURI'S ALCOHOL AND DRUG ABUSE PROBLEMS

FOURTEENTH EDITION — 2008

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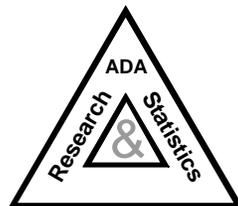
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FOREWORD

This Fourteenth Edition of the *Status Report on Missouri's Alcohol and Drug Abuse Problems* has been prepared by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse, Research and Statistics Unit. The report compiles national and state survey data, substance abuse related events recorded by other state agencies, and data from substance abuse treatment programs. Data tables and charts identify and illustrate substance abuse consequences and compare Missouri and national rates for alcohol, tobacco, and illicit drug use.

The Status Report provides county-level data on substance abuse indicators and the demographics of consumers receiving treatment and intervention services in programs contracted by the Division of Alcohol and Drug Abuse.

The district and satellite offices of the Division of Alcohol and Drug Abuse located in Kansas City, Saint Louis, Jefferson City, Springfield, and Rolla can provide assistance in accessing prevention, treatment, and compulsive gambling services. Please refer to the district map in the Status Report appendix.

Inquiries and comments pertaining to the Status Report should be directed to the Research and Statistics Unit. The 2002-2008 editions are accessible on the following website:

<http://www.dmh.missouri.gov/ada/rpts/status.htm>

Sincerely,

A handwritten signature in black ink, appearing to read "M. Stringer", written over a large, stylized flourish.

Mark Stringer
Director

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Nodaway	E199-E200
Oregon	E201-E202
Osage	E203-E204
Ozark	E205-E206
Pemiscot	E207-E208

Perry	E209-E210
Pettis	E211-E212
Phelps	E213-E214
Pike	E215-E216
Platte	E217-E218
Polk	E219-E220
Pulaski	E221-E222
Putnam	E223-E224
Ralls	E225-E226
Randolph	E227-E228
Ray	E229-E230
Reynolds	E231-E232
Ripley	E233-E234
St. Charles	E235-E236
St. Clair	E237-E238
Ste. Genevieve	E239-E240
St. Francois	E241-E242
St. Louis County	E243-E244
Saline	E245-E246
Schuyler	E247-E248
Scotland	E249-E250
Scott	E251-E252
Shannon	E253-E254
Shelby	E255-E256
Stoddard	E257-E258
Stone	E259-E260
Sullivan	E261-E262
Taney	E263-E264
Texas	E265-E266
Vernon	E267-E268
Warren	E269-E270
Washington	E271-E272
Wayne	E273-E274
Webster	E275-E276
Worth	E277-E278
Wright	E279-E280
St. Louis City	E281-E282

SECTION F: APPENDIX

Missouri Population Estimates by Age, Race, and Hispanic Origin: Males, 2006	F1
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Map Illustrating Missouri Regions for Estimates from the National Survey on Drug Use and Health	F3
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INTRODUCTION

The *Status Report on Missouri's Alcohol and Drug Abuse Problems* is issued annually by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse (ADA). The purpose of this document is to support research, education, policy-making, planning, and evaluation activities. As a reference tool, the report provides consistent sets of year-to-year data on alcohol and drug usage rates and reported events that result from substance abuse. A long-standing component of the *Status Report* is summary data on clinical admissions in substance abuse treatment programs.

Alcohol and drug abuse is a complex cluster of medical, mental, and behavioral dysfunctions that deserve a strong public response. Some of society's most intractable problems are often rooted in substance abuse. Chronic alcohol and drug use can lead to poor socialization, lack of personal responsibility, under-education, lack of productivity, economic distress, and addiction. Impairment resulting from acute alcohol and drug use is often cited as the cause of emergency room episodes, home and workplace accidents, traffic crashes, and interpersonal conflict. Substance abuse impacts the health of the user and fetal development. Many of these problems and conditions—as well as property crime and violent crime—could be greatly diminished if alcohol and drug use rates could be substantially reduced. The *Status Report* tracks data on these rates and on several substance abuse indicators. Some indicators are events resulting directly from alcohol and drug abuse, and others are underlying conditions that encourage or are correlated with substance abuse. These data are summarized and discussed later in Section A and quantified for statewide Missouri in trend tables and charts presented in Section C. Three-year tables for statewide Missouri, the ADA Planning Regions and Service Areas, and Missouri's 115 counties are located in Section E.

Alcohol, tobacco, and other drug use rates are presented in tables in Section B. Data are derived from national and state surveys and surveillance systems. They include the National Survey on Drug Use and Health (NSDUH), the Monitoring the Future Survey, the Youth Risk Behavior Survey, the Behavioral Risk Factor Survey, the Missouri Student Survey, and the Missouri College Health Behavior Survey. These surveys are discussed in more detail later in Section A.

Substance abuse treatment and intervention services administered by ADA are supported with federal and state funding and comprise a large portion of all substance abuse services provided in Missouri. Treatment admissions data serve as a type of problem indicator, providing demographic information on the substance abuse population that receives treatment. To enhance understanding of substance abuse treatment need geographically, admissions in the *Status Report* are listed by consumers' county of residence rather than the county in which they received services. Nine categories of treatment admissions are quantified: Comprehensive Substance Treatment and Rehabilitation (CSTAR) Adolescent, CSTAR Women and Children, CSTAR General Adult, CSTAR Opioid, Primary Recovery Detoxification, Primary Recovery Treatment, Substance Abuse Traffic Offenders Program (SATOP) clinical services, Department of Corrections ADA Treatment, and Other Substance Abuse Treatment. Admission counts—but not demographic detail—are provided for other services administered by ADA. These include SATOP education, services for co-dependents, Recovery Supports, and Compulsive Gambling treatment. Statewide admissions tables and charts are provided in Section D, while admissions tables for ADA Regions, Service Areas, and counties are linked to the substance abuse indicators tables in Section E. The counties are arranged according to their Federal Information Processing Standards (FIPS) code numbers. Data represent calendar years unless identified by FY for Missouri's state fiscal year (July 1 through June 30) or FFY for the federal fiscal year (October 1 through September 30).

ECONOMIC COSTS OF SUBSTANCE ABUSE

The Introduction to the *Status Report* alluded to the significant role of substance abuse in contributing to conditions that stifle personal potential. Economic studies have been conducted to assess the costs associated with alcohol and drug abuse. These studies have cited lost productivity as major impacts. Besides long-term opportunity losses, alcohol and drug abuse problems require huge financial outlays by society—both individually and collectively. These expenditures pay for substance abuse related medical conditions, fetal alcohol spectrum disorders and other adverse birth conditions, property damage, insurance, criminal justice and social services programs, substance abuse treatment, and other costs.

The charts on page C-1 illustrate the costs of alcohol abuse, drug abuse, and smoking identified in nationwide studies. In 1998, alcohol abuse generated costs estimated at \$184.6 billion annually in the United States. These were comprised of expenditures of \$50.43 billion and lost productivity of \$134.21 billion. Major expenditures included health care costs of \$26.34 billion—\$7.47 billion for alcohol services and \$18.87 billion for medical treatment of alcohol related health problems. Other outlays totaled \$24.09 billion including \$15.74 billion for property damage caused by intoxicated drivers, \$1.54 billion for fire damage related to intoxication, and \$6.33 billion for alcohol-related crime. The productivity losses included lost earnings due to alcohol related illnesses, premature deaths, and alcohol related crime. Illnesses accounted for \$87.62 billion while lost earnings amounted to an estimated \$36.50 billion, including \$8.59 billion due to alcohol related traffic crash deaths. Alcohol related motor vehicle crash injuries and deaths had a total economic cost of \$24.34 billion in 1998 and an immeasurable personal impact on victims and families. Alcohol related crime expenditures and lost productivity totaled \$16.41 billion annually.

Drug abuse has similarly large economic costs. In 2002, the estimated national costs to society for drug abuse totaled \$180.8 billion. Drug related expenditures included \$15.84 billion for substance abuse treatment and health care and \$36.41 billion for law enforcement, criminal justice, and welfare. Productivity losses of crime victims reached \$128.56 billion.

Missouri's portion of the alcohol and drug related costs were not determined in the nationwide economic studies. Missouri has 1.95 percent of the total U.S. population. However, the State has 2.13 percent of the nation's adolescents and adults with alcohol or illicit drug dependence or abuse, according to 2005 and 2006 data from the National Survey on Drug Use and Health (NSDUH). Missouri has a larger portion—2.25 percent—with alcohol dependence or abuse than the 1.88 percent with drug dependence or abuse. Based on census figures and the prevalence rates, the Missouri Division of Alcohol and Drug Abuse estimates the State's portion of the economic cost of alcohol abuse (in 1998 dollars) is \$3.88 billion per year. Similarly, Missouri's estimated cost of drug abuse (in 2002 dollars) is \$3.46 billion annually.

A recent report from the Centers for Disease Control and Prevention titled *Sustaining State Programs for Tobacco Control: Data Highlights 2006* provides smoking related cost estimates for each State in 2004. Nationwide medical costs for smoking were \$96.8 billion, and productivity losses due to smoking were \$97.7 billion. Missouri's annual costs were \$2.14 billion for medical expenditures—including \$532 million in direct Medicaid payments—and \$2.42 billion in lost productivity. These combined costs were 2.34 percent of the U.S. smoking related costs and proportional to smoking prevalence estimates. The 2005 and 2006 NSDUH data indicate Missouri has an estimated 1,427,000 cigarette smokers—2.34 percent of the U.S. total of 61,048,500.

NATIONAL AND STATE SURVEYS

National surveys provide estimates of alcohol, tobacco, and other drug use in the United States. The surveys are conducted annually or biennially to track patterns of use. All of the surveys collect information on the frequency of use of various substances to estimate prevalence—the percentage of a population using alcohol and other drugs during a specified time period. They may also include questions about magnitude and problems associated with the use to indicate alcohol or drug dependence, high-risk use, or the need for treatment or intervention services. Some surveys use a sampling methodology that includes residents of each State to provide comparable estimates of state-level rates. Because surveys rely on a subset to represent a population, results are subject to sampling error. The Missouri estimates, in particular, from the national surveys should be interpreted with caution due to relatively small sample sizes. Nevertheless, consistent multi-year trends are generally considered to be indicative of changing use patterns.

National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is administered by the federal Substance Abuse and Mental Health Services Administration. The survey uses a sampling methodology that provides national, state, and sub-state (regional) estimates of alcohol, illicit drug, and tobacco use. Respondents are adolescents and adults ages 12 and older. The survey collects information on past month (current), past-year, and lifetime use of these substances. It also measures perceptions of great risk for smoking, using marijuana, and binge drinking. Many years of data from the NSDUH and the National Household Survey on Drug Abuse (its predecessor) have shown that attitudes and beliefs are good predictors of future use of these substances. Analysis of the NSDUH also yields estimated rates of initiation of use (incidence), alcohol and drug abuse, alcohol and drug dependence, and unmet treatment need. Single-year estimates are provided for the national data. Due to smaller sample sizes for the state data, state estimates and comparison national data are based on rolling two-year samples to improve reliability of the estimates. Sub-state estimates use three-year samples. Data users are interested in the magnitude of usage rates and multi-year changes (trends) in these rates.

The tables on page B-1 provide national trends in current and lifetime drug use for adolescents and adults, and page B-2 provides these rates for specific age groups for the past four years. In the tables on page B-3, data from 2005 and 2006 combined compare national and Missouri rates of current and past-year substance use, dependence, and unmet treatment need. Missouri population estimates based on these rates are provided in the tables on page B-4.

Charts with associated data tables illustrate rate comparisons between the U.S. and Missouri populations based on the NSDUH. The charts on page B-14 compare past-month alcohol use, by age group, from 1999-2006. Page B-15 provides the same comparisons for binge alcohol use, and page B-16 examines perceptions of binge drinking risk. The charts on page B-17 compare Missouri age group rate estimates for the three alcohol measures. Page B-18 provides sub-state estimates, comparing combined 2002/2003/2004 and 2004/2005/2006 rates for the alcohol measures in the five ADA planning regions and in the two urban ADA service areas. The map on page F-3 illustrates the NSDUH sampling areas.

Similarly, the charts on page B-23 compare U.S. and Missouri past-month cigarette use rates from 1999-2006 and the first chart on page B-26 provides direct comparisons of the Missouri age groups. Page B-24 illustrates three-year rate comparisons, by Missouri region, for three tobacco measures. Page B-27 provides comparisons of U.S. and Missouri past-month marijuana use, by age group, while page B-28 illustrates perceptions of risk of monthly marijuana use. The charts on page B-29 compare the three-year time periods, by region, for marijuana prevalence, incidence (first

use), and perceived risk. Charts on page B-30 illustrate Missouri age group rate comparisons for past-month marijuana use and perceptions of risk. The charts on page B-33 compare U.S. and Missouri estimates for past-year use of pain relievers in each age group.

Charts on pages B-34 through B-36 provide rates of past-year alcohol or illicit drug dependence or abuse. Page B-34 compares U.S. and Missouri rates, by age group, from 1999-2006 and page B-35 presents Missouri population estimates based on the rates. The charts on page B-36 provide age group and gender population estimates for the ADA regions and urban service areas. The NSDUH analysis also includes estimates of the number of individuals needing treatment for alcohol use and illicit drug use. Page B-37 presents trend charts for unmet treatment need by age group and page B-38 provides rates for the ADA regions. These topics are examined in the “Substance Abuse Treatment Need” chapter of section A.

The NSDUH also collects data on mental health problems. Charts on page B-39 provide U.S. and Missouri estimates of past-year serious mental illness and serious psychological distress among adults. An additional chart shows U.S. and Missouri adolescent and adult age group rates for past-year major depressive episodes.

Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is administered by the federal Centers for Disease Control and Prevention (CDC). The survey is conducted nationwide in odd-numbered years to students in grades 9-12. The YRBS uses a sampling methodology that provides national and state estimates. The tables on pages B-5 and B-6 provide U.S. and Missouri rate estimates by grade level for alcohol, marijuana, cigarettes, inhalants, cocaine, and methamphetamine. Small apparent changes in the estimated Missouri rates between adjacent years, and differences between the Missouri and U.S. estimates for a single year, are usually not statistically significant due to small state survey samples. However, the estimates’ consistent multi-year trends indicate that actual reductions are occurring in the use of alcohol, tobacco, and other drugs among Missouri high school students.

The charts on pages B-19 and B-20 illustrate trends in estimated past 30-day alcohol use and binge alcohol use by U.S. and Missouri students in each grade level. Page B-21 contains Missouri charts that provide direct grade-level rate comparisons for the alcohol measures. The charts on page B-25 provide comparisons of U.S. and Missouri cigarette use by grade level, and one of the charts on page B-26 illustrates grade-level comparisons of smoking trends. Similarly, a chart on page B-30 shows trends in marijuana use with grade-level comparisons. Page B-31 provides trends in U.S. and Missouri estimates for past 30-day marijuana use by grade level. A trend chart on page B-32 compares early marijuana use by grade level by Missouri students.

Behavioral Risk Factor Survey

The CDC also administers the Behavioral Risk Factor Surveillance System (BRFSS), a network of state-based health surveys. The surveys are conducted annually and provide national and state estimates of adult alcohol and tobacco use and other health-impacting behaviors. The tables on page B-7 provide recent U.S. and Missouri estimates for the BRFSS alcohol and smoking measures.

Monitoring the Future Survey

Monitoring The Future (MTF) is a survey funded by the National Institute on Drug Abuse and conducted by the University of Michigan, Institute for Social Research. The nationwide survey is administered annually to students in grades 8, 10, and 12, college students, and young adults 19-28 years of age. The trend tables on pages B-8 through B-12 provide U.S. rates for these populations for past-month and lifetime use of alcohol, tobacco, illicit drugs, and prescription drugs.

The sampling methodology does not provide state estimates. Comparable Missouri data are generated by the YRBS, the Missouri Student Survey, and the Missouri College Health Behavior Survey.

Missouri Student Survey

The Missouri Student Survey (MSS) is a web-based survey conducted in even-numbered years for students in grades 6 through 12, with a primary focus on grade 9. The tables on page B-13 provide past 30-day and lifetime use rates by grade level for alcohol, cigarettes, and several illicit drugs based on the 2004 and 2006 MSS. The charts on page B-22 illustrate grade-level comparisons for current alcohol use and binge alcohol use among Missouri students. The last chart on page B-26 shows comparisons, by grade level, for current cigarette use. Page B-32 contains charts providing grade-level comparisons for current and lifetime marijuana use.

Missouri College Health Behavior Survey

The Missouri College Health Behavior Survey is administered annually by the Partners in Prevention coalition to students at Missouri's 12 state colleges and universities. The survey collects data on alcohol and drug use and other behaviors that impact health, safety, and performance. Page B-22 includes a chart that illustrates the combined rate of binge alcohol use, defined as five or more drinks in one sitting during the past two weeks, for the 12 campuses.

SUBSTANCE ABUSE INDICATORS

Health and Mortality

Prenatal exposure to alcohol, tobacco, and other drugs jeopardizes the developing fetus. Maternal use of these substances during pregnancy puts the newborn at risk for low birth weight, drug withdrawal, birth defects from fetal alcohol spectrum disorders, and mental retardation. The charts on page C-2 illustrate and provide trend data on reported prenatal exposure to these substances in Missouri since 1995. Studies have shown that these occurrences are substantially under-reported, and the actual number of exposed newborns is unknown. The reported number of newborns whose mothers drank alcohol during their pregnancies has gradually declined during the past several years. The number of drug-affected births reported by hospitals declined until 2001 but has been increasing in recent years. Reported births to women who smoked during their pregnancies have increased during each of the last four years, reaching 14,945 in 2006—18.4 percent of Missouri's live births.

Communicable diseases such as hepatitis and HIV/AIDS are often acquired through substance abuse. Page C-4 contains charts that have tracked hepatitis-B, hepatitis-C, tuberculosis, and HIV disease in Missouri since 1999. Newly diagnosed cases of hepatitis-B, hepatitis-C, and tuberculosis have fluctuated but not shown any consistent trends during the past few years. Among the 4,928 new HIV disease cases reported since 1999, 432 have involved injection drug use.

Medically related deaths due to substance abuse are estimated and shown in the trend charts on page C-5. The estimates are based on the documented medical conditions that caused the deaths and research-derived correlations of those conditions to use/abuse of alcohol, illicit drugs, and tobacco. The estimates do not include behavioral substance abuse deaths, such as alcohol related traffic crashes or homicides committed by impaired individuals. Annual alcohol induced deaths have remained fairly constant in Missouri since 1999, remaining under 400 per year. Drug related deaths, however, have been increasing each year—from 285 in 1999 to 808 in 2006. Smoking related deaths continue to number about 9,500 per year.

Emergency room and hospital services related to alcohol and other drug use are illustrated in the charts on page C-3. Each chart shows the number of episodes involving only emergency room treatment, emergency room services followed by hospitalization, and direct hospital admissions. The first chart provides a count of total emergency and hospital services and the others enumerate services for alcohol induced cirrhosis, other alcohol, and drug related conditions. Alcoholic cirrhosis episodes have increased in recent years, averaging over 3,500 for this chronic disease compared to about 3,000 at the beginning of the decade. Other alcohol related episodes have been trending upward—from under 40,000 in 1999 to over 50,000 in 2006. Services are first provided by emergency rooms in approximately three-fourths of these episodes. Emergency room and hospital services for drug abuse have increased steadily and dramatically, almost doubling from 22,464 in 1999 to 43,981 in 2006. Seventy percent of these episodes involve emergency room services.

Public Safety and Law Enforcement

Alcohol and drug related traffic crashes during the past ten years are summarized in the charts on pages C-6 and C-7. Alcohol related crashes have been trending downward in Missouri, dropping below 8,000 in 2005 and 2006. Intoxicated drivers were involved in 94 percent of these crashes and the remainder involved only intoxicated pedestrians. The number of people injured non-fatally in these crashes has been declining steadily—from 6,776 in 1997 to 5,157 in 2006. However, the number killed annually in alcohol related crashes has fluctuated only slightly from the 10-year average of 263. Drug related traffic crashes have increased sharply, reaching 1,024 in 2006

compared to 587 in 1997. The number killed in drug related crashes reached a record high of 45 in 2006, and an additional 671 were injured.

Missouri arrests for alcohol and drug impaired driving and boating are illustrated in the first two charts on page C-8. Impaired driving arrests totaled 39,809 in 2006, a large increase from the 35,551 reported in 2005. Arrests for impaired boating declined to 355 in 2006--considerably lower than the 562 reported in 2001. Drug arrests and confiscations of methamphetamine labs for years 2001-2006 are also displayed on page C-8. Drug arrests reached a record-high of 45,814 in 2006. Methamphetamine labs seizures remained lower in 2006 and 2007—at 1,284 and 1,285 respectively—than in previous years. However, Missouri continued to confiscate the largest number of methamphetamine labs in the nation.

Court and Corrections

Juvenile court data are provided in the charts on page C-9. The first chart shows Missouri court-ordered out-of-home placements of juveniles due to parental alcohol and drug abuse. Trends in juvenile alcohol and drug violations are summarized in the second chart. After reaching a record-high of 2,296 in 2005, out-of-home placements of children resulting from substance abuse by their parents declined to 1,968 in 2006—35 percent of total placements. Referrals for juvenile alcohol and drug offenses increased to 4,715 in 2006 after declining steadily during the four previous years. Alcohol offenses accounted for most of the increase and comprised one-third of the juvenile substance abuse violations.

The charts on page C-10 illustrate probation and parole openings and prison admissions for adult drug convictions and intoxicated driving convictions. Drug offenses declined in fiscal year 2007 yet accounted for 36 percent of new probation and parole cases and 33 percent of prison admissions. Convictions for driving while intoxicated brought increases in probation and parole openings and 1,277 state prison admissions—the highest number of new incarcerations for that offense since fiscal year 2001.

SUBSTANCE ABUSE TREATMENT NEED

Alcohol and Drug Dependence and Abuse

Several state-level studies have been conducted during the past 30 years to determine the prevalence of alcohol and drug abuse in Missouri and the number of individuals needing treatment services. Since 1999 the National Household Survey on Drug Abuse and its successor, the National Survey on Drug Use and Health (NSDUH), have provided continuity and a consistent methodology to produce state estimates of alcohol and illicit drug dependence and abuse. The NSDUH includes items that identify problems using criteria of the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV)*. The NSDUH analysis combines two consecutive years of data to produce the state estimates and uses three years for the sub-state estimates.

In 1999/2000, an estimated 6.29 percent of the Missouri population 12 years of age and older—approximately 286,000 residents—had past-year alcohol or illicit drug dependence or abuse. This percentage increased rapidly to 10.58 percent involving 499,000 Missouri residents by 2003/2004, outpacing the national rate which peaked at 9.36 percent in 2002. The trend charts on page B-34 compare Missouri and U.S. rates by age group. According to the 2005/2006 NSDUH, an estimated 9.91 percent of Missouri's adolescent and adult population has alcohol and/or illicit drug dependency or abuse problems. Among adolescents 12-17 years of age, the estimated Missouri rate peaked at 10.48 percent in 2003/2004 and fell to 8.67 percent in 2005/2006. The current rate is highest—25.45 percent—for the population of young adults ages 18-25 and four percentage points higher than the U.S. rate for that age group. The charts on page B-35 provide estimated numbers for the Missouri age groups based on the rates. The total number of Missouri residents with past-year substance abuse problems declined to 485,000 in 2004/2005 and 477,000 in 2005/2006. This most recent estimate includes 422,000 with alcohol dependence or abuse and 130,000 with illicit drug dependence or abuse. The combined alcohol and drug total overlap the 477,000 because 75,000 Missouri residents have problems with both alcohol *and* illicit drugs. Almost one-half of these individuals with combined alcohol and drug problems—an estimated 36,000—are in the 18-25 age group and 10,000 are under age 18. Using three years of data (2004/2005/2006) on past-year alcohol or illicit drug dependence or abuse, rate estimates have been developed for the ADA planning regions and the two largest metropolitan ADA service areas. ADA has applied those rates to the state's 2004-2006 population estimates to produce the sub-state projections for age and gender groups shown on page B-36.

ADA-Funded Specialty Treatment Services

Based on the 2005/2006 NSDUH, the estimated 43,000 Missouri adolescents 12-17 years of age with alcohol or illicit drug dependence or abuse comprise 9.01 percent of the state total of 477,000. Similarly, that adolescent age group accounted for 7.70 percent of the approximately 40,000 individuals admitted to ADA substance abuse treatment programs in fiscal year 2007. The estimated 165,000 young adults ages 18-25 with substance abuse problems are 34.59 percent of the state total; however, that age group had only 23.08 percent of the treatment admissions. Conversely, adults over age 25 constitute an estimated 56.39 percent of those with alcohol or illicit drug problems yet accounted for 69.22 percent of the individuals admitted to ADA treatment programs. These variances reflect widespread and lengthy delays in receiving treatment services after substance abuse problems become apparent. The charts on page D-10 illustrate the age profiles of ADA program admissions for substance abuse, co-dependency, and compulsive gambling treatment in fiscal year 2007. The tables on pages D-1 through D-3 and the charts on pages D-4 through D-9 provide statewide overviews of ADA admissions and treatment demographics. Section E includes tables of admissions data for ADA planning regions, service areas, and Missouri counties.

Unmet Need for Substance Abuse Treatment

The 2005/2006 NSDUH analysis estimates that 394,000 Missourians needed treatment for alcohol, but did not receive treatment in a specialty facility. Also, 118,000 needed treatment for illicit drugs but did not receive specialty treatment. As with estimates of alcohol or illicit drug dependence and abuse, some individuals are in both categories due to an unmet need for treatment of alcohol *and* other drug problems. Numerically, adults over age 25 account for the largest volume of unmet need—an estimated 229,000 for alcohol treatment and 51,000 for drug treatment. Missouri’s young adults 18-25 years of age have the most concentrated unmet need, consisting of 20.97 percent of that age group with an unmet need for alcohol treatment and 7.23 percent with an unmet need for illicit drug treatment. The charts on page B-37 illustrate the Missouri multi-year trend in unmet treatment need. Page B-38 provides estimated rates of unmet need for adolescents and adults in each ADA planning region and the metropolitan service areas.

YOUTH AND TOBACCO IN MISSOURI

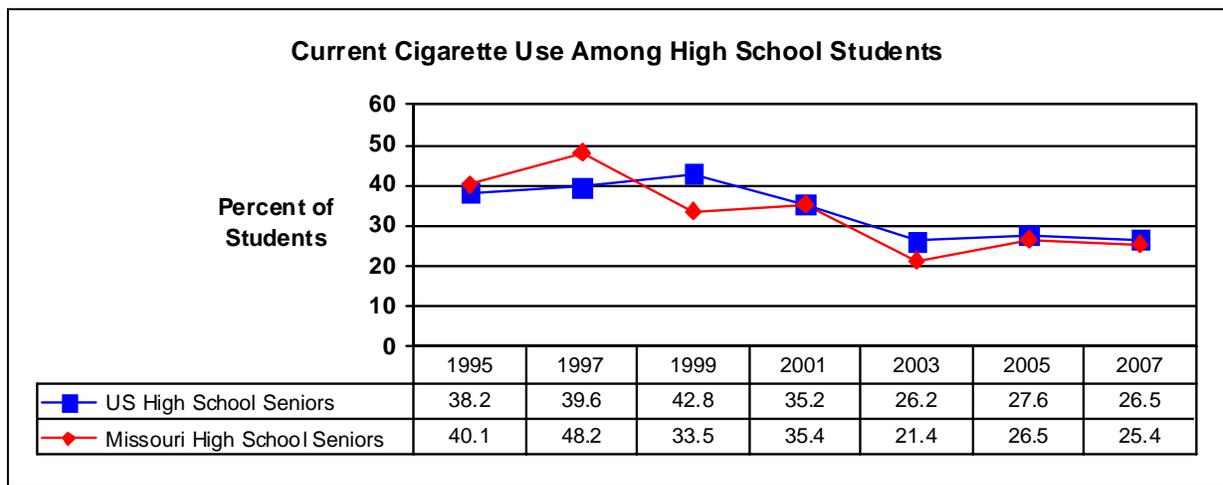
Youth Tobacco Access and Possession Laws

- No Tobacco Sales to Persons under Age 18: Missouri state law prohibits the selling of tobacco products to anyone under the age of 18 years. Merchants are also required to post a state law sign at every tobacco display, including cigarette machines. (RSMO 407.926-407.927)
- State Law Enforcement: The Department of Public Safety, Division of Alcohol and Tobacco Control has the authority to enforce the state's laws related to the control and sale of tobacco. (RSMO 407.934)
- Vending Machines: As of January 1, 2002, vending machines are required to be located within employee's line of sight or be equipped with a locking device. Vending machines located in areas where patrons must be over the age of 18 or in places not generally accessible to the general public are exempt from this requirement. (RSMO 407.931)
- Minor Possession: No person under the age of 18 shall purchase, attempt to purchase, or possess tobacco products unless in the course of employment. Persons under the age of 18 will have their tobacco products confiscated. (RSMO 407.933)
- Tobacco Registry: The Department of Revenue is required to establish and maintain a listing of establishments that sell tobacco products in the state. (RSMO 407.934)
- Federal Regulation: Federal Synar regulation, administered by the U.S. Department of Health and Human Services, requires all states to establish laws that make it unlawful to sell or distribute tobacco products to any individual under the age of 18 years and to enforce such laws in a manner that can reasonably be expected to reduce youth access to tobacco products. It also requires states to annually measure compliance through random, unannounced inspections. All states are expected to achieve a violation rate of no more than 20 percent. (42 U.S.C. 300x-26 and 45 C.F.R. 96.130)

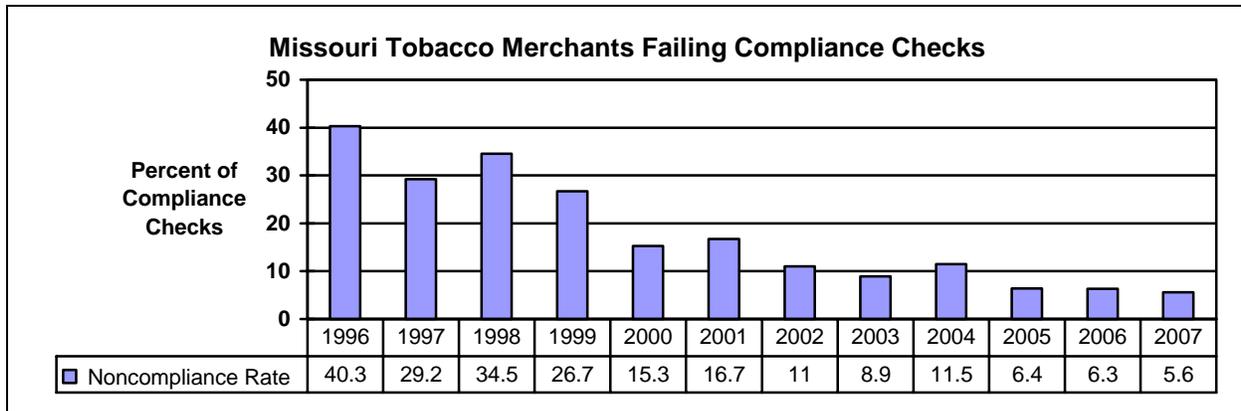
Current Status of Tobacco Use and Merchant Compliance

- Youth Lifetime Use: In 2007, about 54 percent of Missouri high school students surveyed reported that they had tried cigarette smoking – down from the 76 percent reporting lifetime use in 1995. The next Missouri Youth Risk Behavior Survey is scheduled for 2009.
- Youth Current Use: In 2007, 25.4 percent of Missouri high school seniors reported current use of cigarettes—down slightly from the previous year's rate of 26.5 percent and down significantly from a high of 40.1 percent in 1995. The recent figure for the state is comparable and slightly lower than that for the country as a whole. The percent of US high school seniors reporting current use of cigarettes was 26.5 percent.

Data sources: Data from the Youth Risk Behavior Survey (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>).



Merchant Compliance: In 2007, an estimated 5.6 percent of Missouri merchants failed to deny cigarettes and/or smokeless tobacco to individuals under the age of 18 years—little change from the previous year. For the past eight years, the State has realized a non-compliance rate below the long-term Synar target rate of 20 percent. The State has used a combination of law enforcement and merchant education activities in order to bring down the non-compliance rate from a high of 40 percent (baseline year) to a rate less than the 20 percent target rate.



State Initiatives Aimed at Youth Tobacco Access

- **Law Enforcement Surveillance and Inspections:** The Division of Alcohol and Tobacco Control (DATC) has 38 field agents to enforce both alcohol and tobacco laws. Between October 2006 and June 2007, DATC conducted 119 enforcement checks. Of these, 47 were found non-compliant with resulting dispositions of 17 letters of reprimand, 11 exemptions from penalties, and 19 pending for dispositions.
- **Merchant Education Program:** The Division of Alcohol and Drug Abuse (ADA) continues to conduct a comprehensive merchant education program that includes mailings, educational visits, compliance tests, and feedback to clerks and owners/managers.

In January 2007, ADA printed and distributed 6,537 “age checker” calendars. In addition, educational phone contacts and visits to tobacco outlets were made to provide merchants with information regarding the state’s laws on youth access to tobacco products. An initial phone contact was made in February 2007. From March and May 2007, the prevention teams conducted walk-in visits to tobacco retailers in the state. Retailers generally received two visits. In total, 11,340 walk-in visits were conducted in which contact was made with the store owner, manager, and/or other employees.

Throughout the year, compliance tests are conducted in which a youth age 16 or 17 requests a tobacco product from a store clerk. If the mode of sale is over-the-counter, the event is considered a successful unconsummated buy if the retail clerk fails to request ID or the age of the youth prior to requesting payment for the tobacco product and fails to refuse the sale. If the mode of sale is vending machine, the event is considered a successful unconsummated buy if the youth is able to insert a quarter into the vending machine and leave the premises without intervention by store employees whereby they request ID or the age of the youth. During these checks, the youth inspectors purchase no tobacco products. If the test results in a successful (unconsummated) buy, the clerk receives a caution card. The test is followed-up by a caution letter to the owner/manager generally within two weeks of the check. If the store employee refuses the sale, the store employee is given a congratulatory card. These tests are followed up with a congratulatory letter to the owner/manager of the retail establishment. Between August 2006 and July 2007 there were 3,804 checks (including Synar checks), with 264 (6.9%) resulting in the issuance of caution cards.