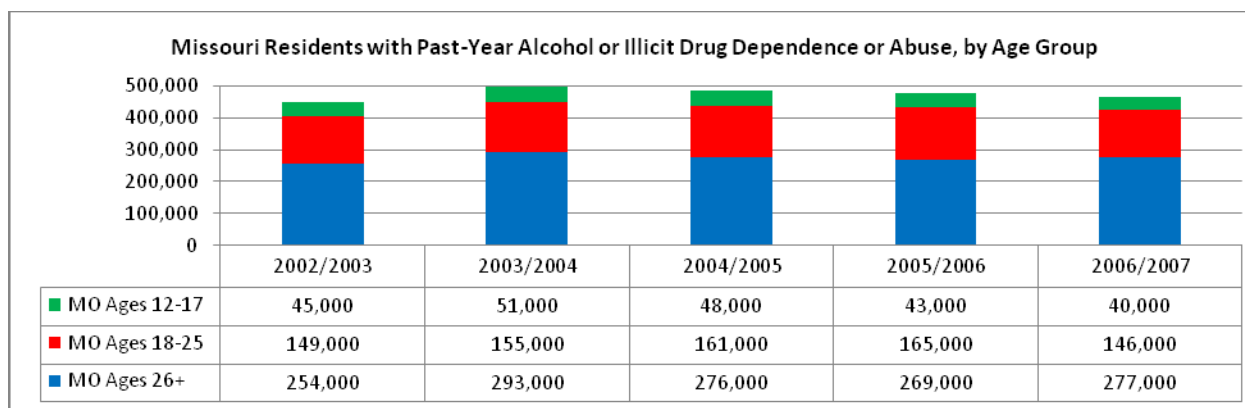


HIGHLIGHTS

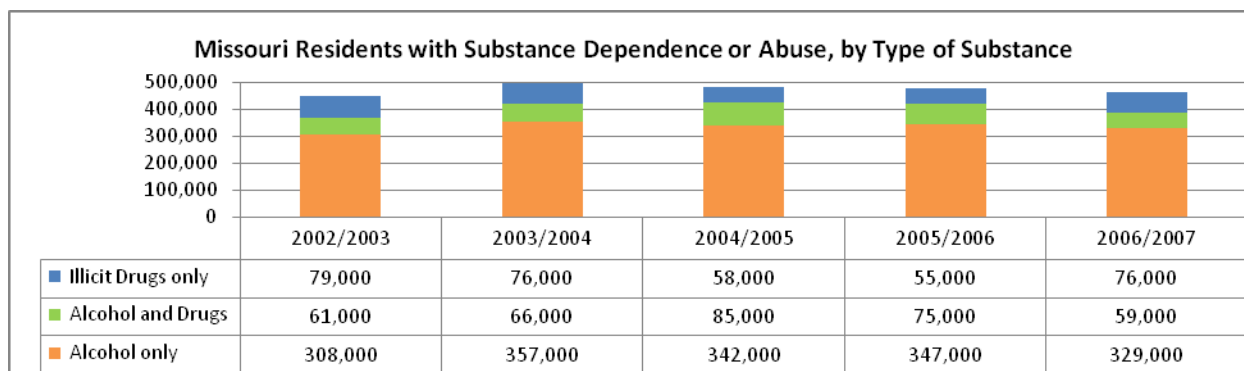
Alcohol and drug abuse contribute to an array of tragic, life-changing events. Thousands of these events are recorded in Missouri every year. The involvement of substance abuse is often documented in overdose deaths, medical emergencies, traffic crashes, traffic deaths and injuries, and arrests for violations of alcohol and drug laws. Substance abuse is often an undocumented factor in many other events such as school failure, unemployment, divorce, and crime. Countless other alcohol and drug related incidents are known only by those who are personally involved. Substance abuse places a significant burden on the criminal justice, healthcare, and social services systems, and ultimately impacts everyone through societal economic costs that total an estimated \$7.7 billion annually in Missouri.

The Missouri Division of Alcohol and Drug Abuse produces the Status Report on Missouri's Alcohol and Drug Abuse Problems to support education, policy development, planning, and research. The report uses consistent year-to-year data sources and criteria to provide comparisons and document trends. The data are presented in tables that provide numeric counts of alcohol and drug related events, and in charts that illustrate multi-year trends for some of these problems. Alcohol and drug use rates are included, based on several national and state surveys. The Division of Alcohol and Drug Abuse arranges treatment and intervention for thousands of Missouri residents each year, and additional tables summarize those services. This section of the Status Report provides a brief overview of some of the most notable trends and impacts on the Missouri population.

Alcohol and drug abuse are declining in Missouri but remain substantial. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) recently estimated that 464,000 Missouri residents have a problem with dependence on, or abuse of, alcohol or illicit drugs. The estimate is based on combined data from the 2006 and 2007 National Survey on Drug Use and Health (NSDUH). Although this represents 9.6% of the current Missouri population of adolescents and adults 12 years of age and older, the number with substance abuse dependence or abuse has been declining in recent years after reaching 499,000 in 2004 and 10.6% of that year's population ages 12 and older. Substance abuse rates are highest among Missouri residents 18-25 years of age, currently involving 23.1% of that age group.

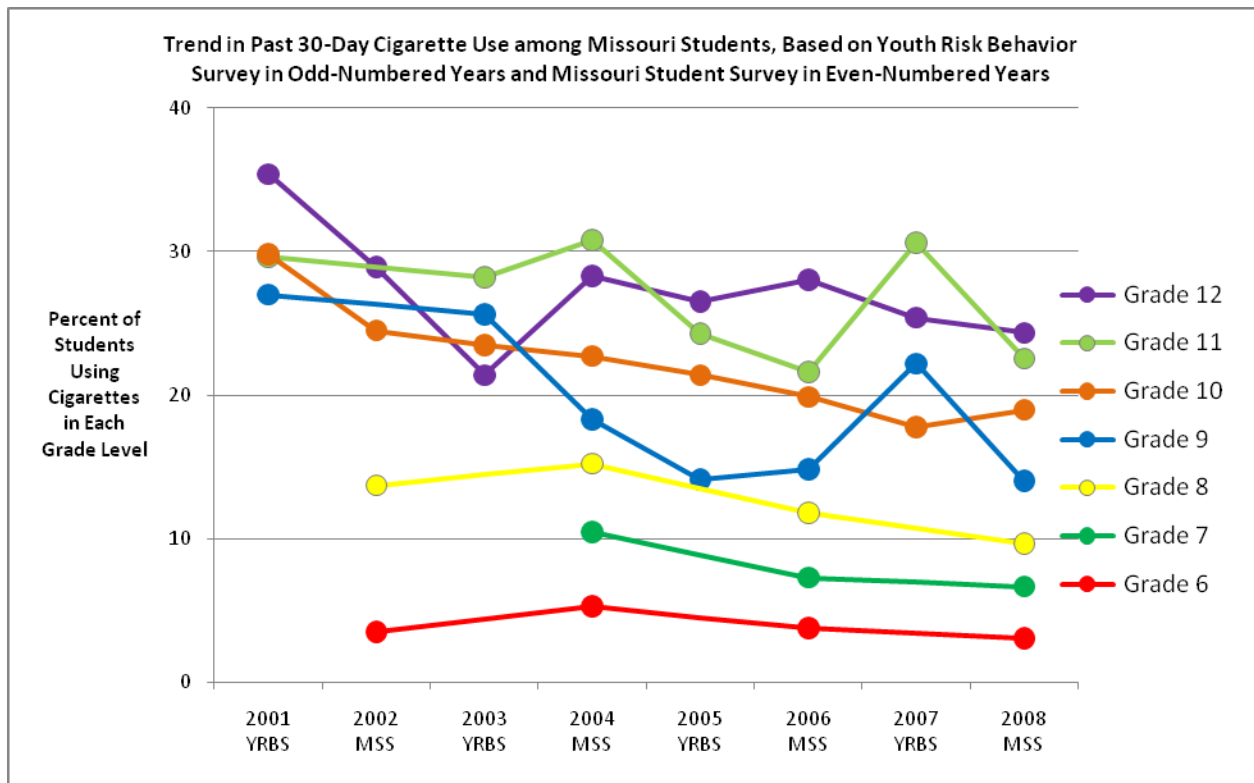
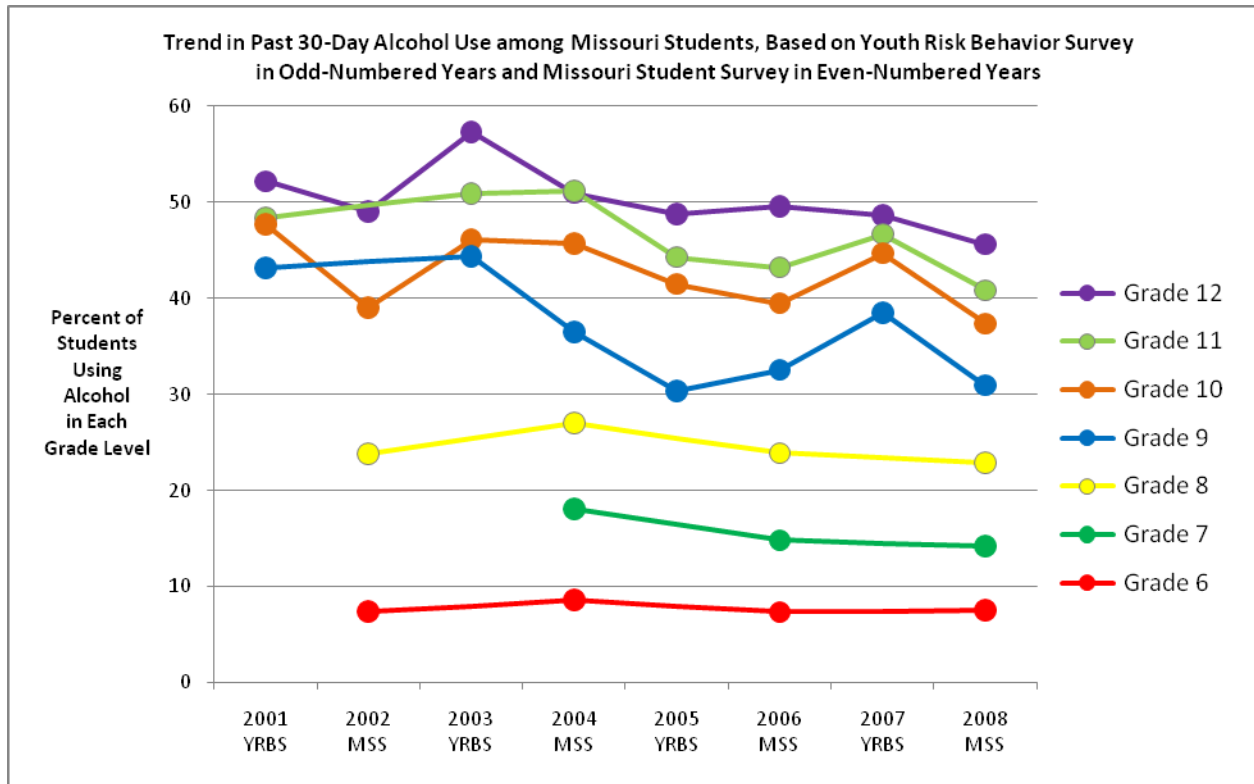


Alcohol accounts for many of the 464,000. An estimated 329,000 residents have only alcohol dependence or abuse, 76,000 have only illicit drug dependence or abuse, and 59,000 have dependence or abuse problems with alcohol and one or more illicit drugs. Among the high-prevalence group of 18-25 year-olds, approximately 15% abuse alcohol only, 4% abuse illicit drugs only, and 4% abuse alcohol and one or more illicit drugs.

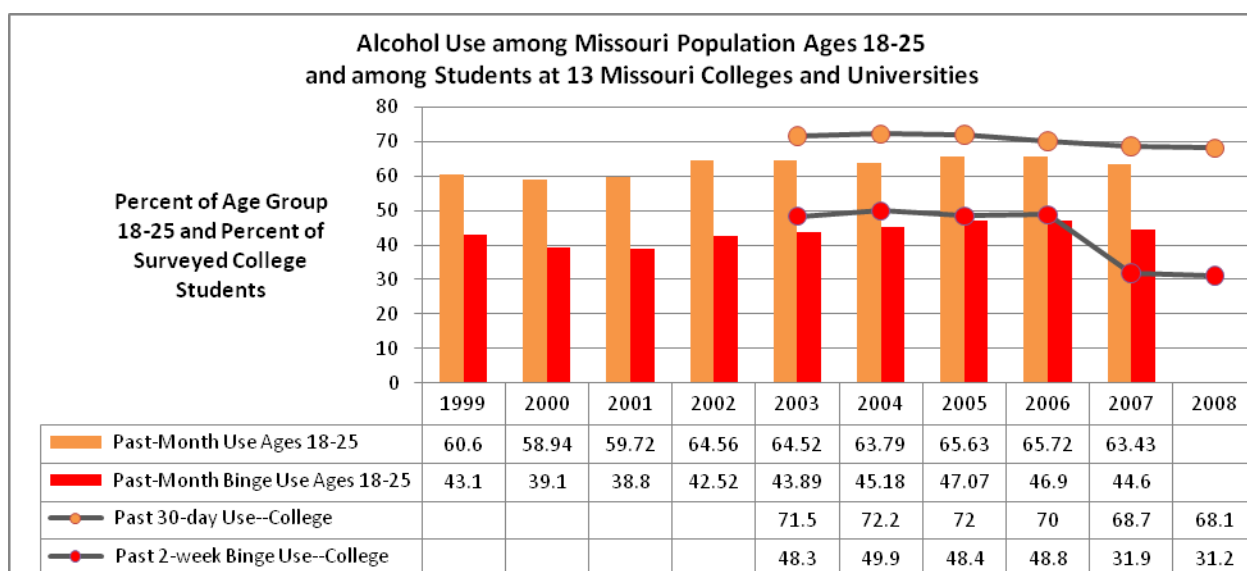


Adolescent alcohol and drug use in Missouri is declining. NSDUH surveys indicate past-month alcohol use among Missouri 12-17 year-olds peaked at an estimated 20.2 in 2004 and declined to 16.3% in 2007. Binge drinking (five or more drinks during a drinking occasion) has declined from 13.7% in 2004 to 10.3% in 2007. Past-month cigarette use in this age group reached 18.5% in 2002, but has since declined steadily to 11.8% in 2007. Adolescent past-month use of any illicit drug has gradually declined since 2004 to 9.5% in 2007. Marijuana use accounts for most of this drug use and it has declined from an estimated 8.2% in 2004 to 6.4% in 2007. Past-year cocaine use in the 12-17 age group has declined from 2.0% in 2003 to 1.6% in 2007. The Youth Risk Behavior Survey (YRBS) developed by the Centers for Disease Control and Prevention (CDC) provides Missouri estimates by high school grade level in odd-numbered years. In recent years, the YRBS has shown trends similar to those reported by the NSDUH. According to the Missouri Student Survey (MSS) conducted in even-numbered years, alcohol use rates were stable in the middle school grades in 2008 but continued to decline among high school students.

Cigarette use between 1995 and 2007 has declined from 39.22% to 22.2% among 9th graders, from 37.6% to 17.8% among 10th graders, from 41.9% to 30.6% among 11th graders, and from 40.1% to 25.4% among 12th graders. The continued downward trend in adolescent cigarette use is also apparent from the 2008 MSS data. Past 30-day marijuana use declined from 22.8% in 1995 to 12.5% in 2007 among 9th graders and from 22.4% to 16.7% among 10th graders. Between 1995 and 2007, it increased from 21.9% to 26.6% among 11th graders and from 19.5% to 21.2% among 12th graders. Marijuana trend data are difficult to interpret because marijuana use rates have generally been lower on the MSS than on the YRBS. According to the YRBS, lifetime use of methamphetamine among Missouri 12th graders reached 14.8% in 2001 but has dropped to 4.7% in 2007. Lifetime cocaine use was reported by 14.5% of 12th graders in 1997, but by 2007 it declined to 9.4%. Inhalant use also peaked at 16.6% of 12th graders in 1997 but dropped to 10.1% in 2007. During the past decade, similar reductions in the use of these drugs have been reported by Missouri 9th, 10th and 11th grade students.



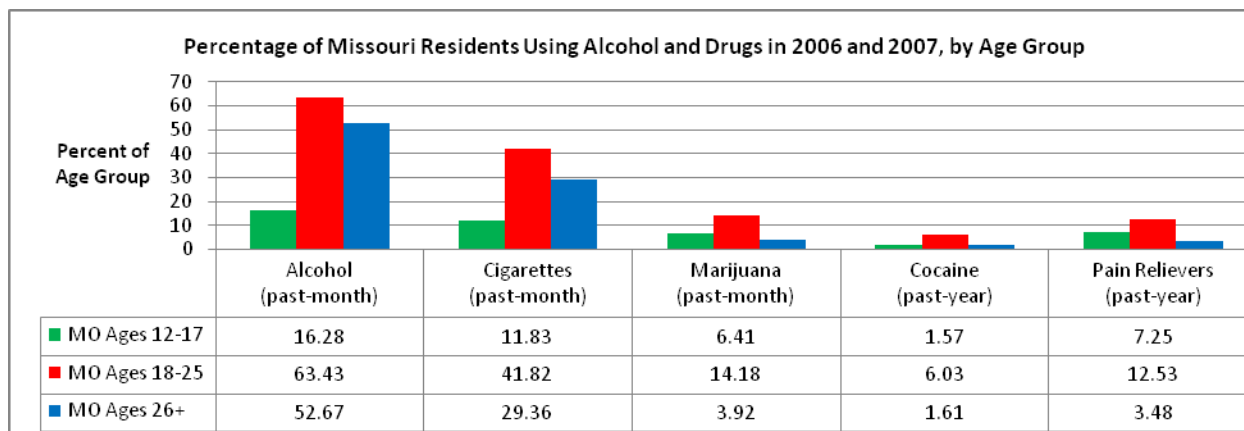
Young adults continue to have Missouri's highest rates of alcohol and drug use. While the NSDUH estimates that 50.4% of the Missouri population ages 12 and older were past-month users of alcohol in 2007, 63.4% of young adults 18-25 years of age reported that they drank in the past month – a rate that was surpassed only by the 2006 estimate of 65.7%. Young adults also had a binge use rate of 44.6% – almost double the binge drinking rate of 22.7% among adults over age 25. Binge use among 18-25 year-olds reached 47.1% in 2005 before modest reductions in the past two years. Past-month alcohol use rates among college students responding to the Core Alcohol and Drug Survey and the Missouri College Health Behavior Survey (MCHBS) have declined from 71.5% in 2003 to 68.1% in 2008. Past 2-week binge alcohol use (during one sitting) among this college population declined to 31.2% in 2008 after reaching 49.9% in 2004.



Cigarette smoking among Missouri young adults is the highest of any age group but has been declining steadily in recent years. In 2007, 41.8% of 18-25 year-olds reported past-month cigarette use compared to 49.1% in 2002. Nationwide, 37.3% of this age group used cigarettes in 2007. Past-month illicit drug use among young adults in Missouri reached 22.9% in 2002 before declining to 18.8% in 2007. Marijuana use in this age group has declined from 18.6% in 2003 to 14.2% in 2007. Within the Missouri college population, past-year marijuana use declined from 28.8% in 2003 to 21.8% in 2008. Past-year cocaine use among Missouri's 18-25 year-olds fluctuated from 7.2% to 8.2% during 2002-2005, but dropped to 6.0% in 2007. Past-year non-medical use of pain relievers in the age group 18-25 has remained close to 13% since being included in the NSDUH in 2003.

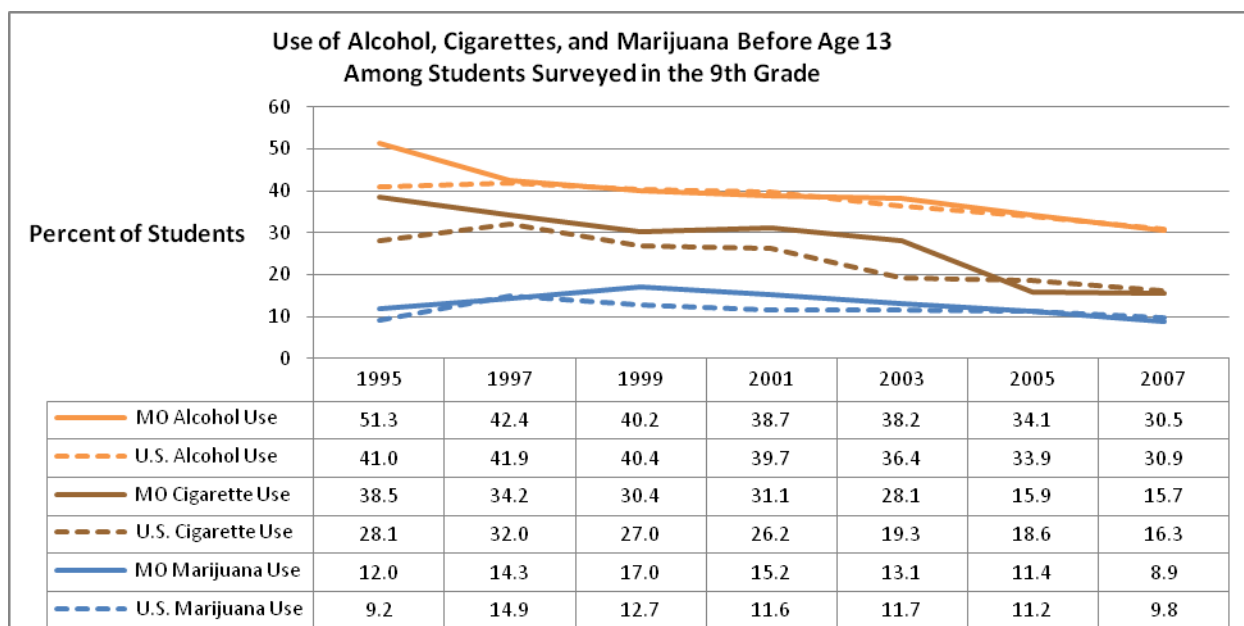
Alcohol and drug use among Missouri adults over age 25 is gradually rising. Estimates from the NSDUH indicate that past-month alcohol use among this age group increased in 2006 and again in 2007 to 52.7%, but remains slightly lower than the nationwide rate of 53.9%. The last two surveys also showed an increase in past-month use of illicit drugs to 5.9%, matching the U.S. rate. Past-month marijuana use comprised most of the illicit drug use, with the last two surveys indicating slight increases and a 2007 Missouri rate of 3.9% compared to the U.S. rate of 4.0%. Past-year use of cocaine and non-medical use

of pain relievers also increased slightly in the last two survey years but remained below nationwide rates. Despite the upward trend, NSDUH alcohol and illicit drug use estimates for Missouri adults remain lower than the rates from the early part of the decade. Based on the NSDUH, past-month cigarette smoking rates in the over-25 population have remained near 30% for several years – five percentage points higher than the U.S. rate for this age group. Using the Behavioral Risk Factor Survey, the CDC estimated Missouri's smoking rate for adults 18 and older was 24.9% in 2008 – more than six percentage points higher than the median rate of all states.

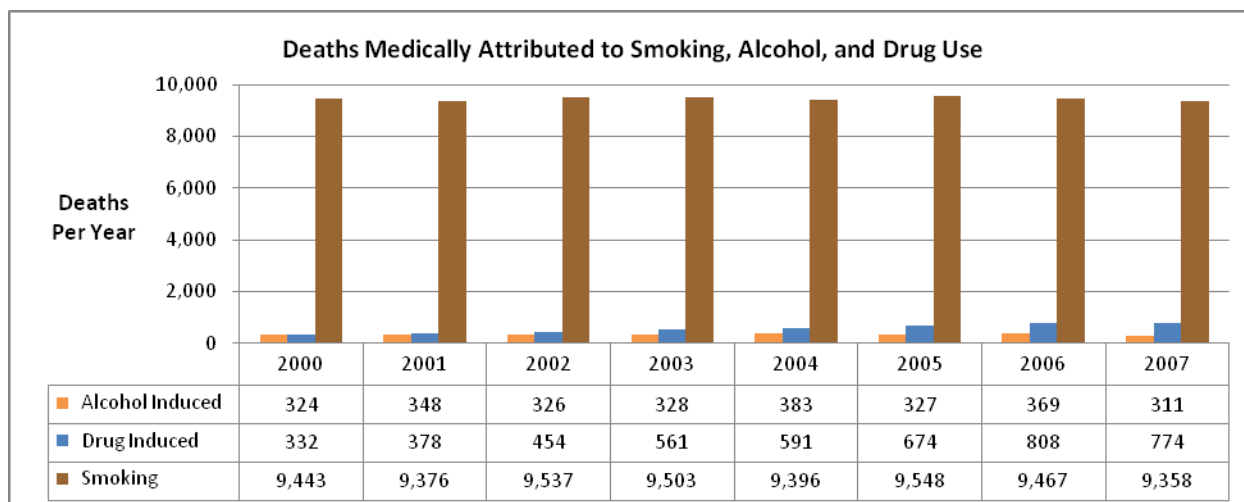


Annual rates of first use of substances, their first use at an early age, and attitudes toward their use have historically been good indicators of future use rates. Data from the 2007 NSDUH show that Missouri's rate of first use of marijuana is lower than the national average among 12-17 year-olds, and higher than the U.S. average for 18-25 year-olds. The data sources suggest that more Missouri adolescents may be delaying first use of marijuana until they are older. Indeed, the NSDUH survey shows that 35.7% of Missouri 12-17 year-olds perceive great risk in smoking marijuana once per month compared to 34.6% of U.S. adolescents in that age group. Consistent with the higher first-use rates of Missouri's young adults 18-25 years of age, their rates of perceived marijuana risk are lower than those of 18-25 year-olds nationwide.

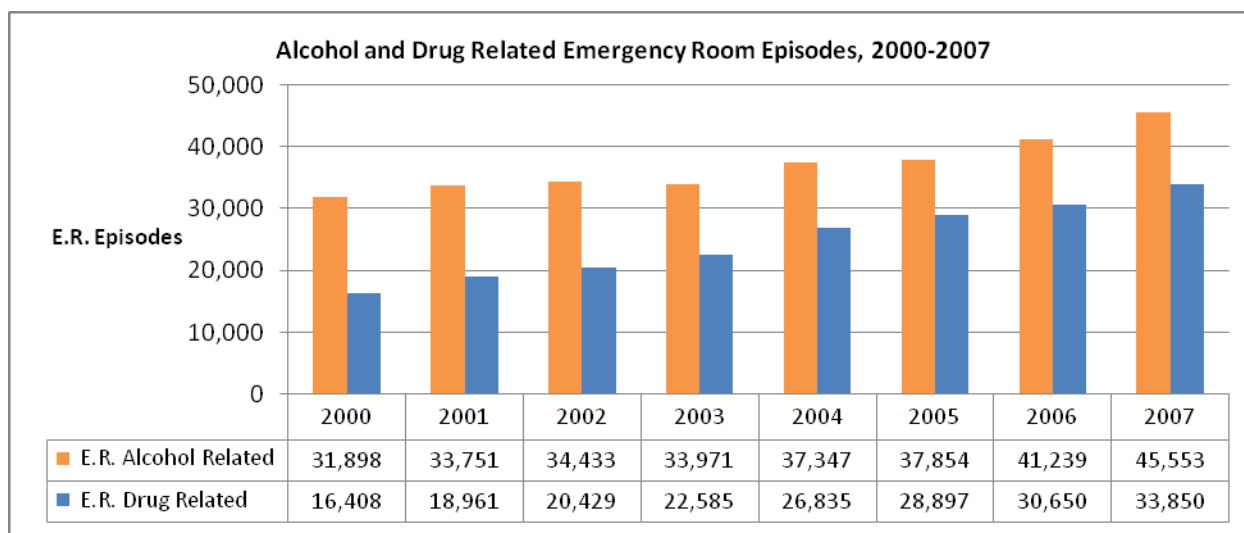
Fewer Missouri adolescents are using alcohol, tobacco, and marijuana before age 13. In 2007, Missouri's rate for early marijuana use for all high school grades combined was lower than the national average for the first time since YRBS state estimates were introduced in 1995. Due to the time lag between students' early first use of substances and their high school recollections of first use, the 9th grade data might be the most valid. Although alcohol use prior to age 13 among 9th graders has declined 10 percentage points nationwide – from 41.0% in 1995 to 30.9% in 2007 – early alcohol use among Missouri 9th grade students has dropped 20 points – from 51.3% to 30.5%. Missouri has also had larger reductions in first-time use of cigarettes before age 13, declining from 38.5% in 1995 to 15.7% in 2007 among 9th grade students.



While the overall death rate in Missouri is declining, drug induced deaths are increasing and smoking related deaths are beginning to decrease. In the year 2000, 332 Missouri residents had drug induced deaths – those resulting from overdoses or medical disorders caused by drug abuse. These deaths reached 808 in 2006 and declined to 774 in 2007. The rate of these drug induced deaths doubled from 0.59 per 10,000 population in 2000 to 1.32 per 10,000 in 2007. Alcohol induced deaths – those resulting from alcohol overdoses and the medical consequences of alcohol abuse – have remained fairly constant. In 2007, Missouri had 311 alcohol induced deaths, the lowest annual total of the current decade and a rate of 0.53 per 10,000 population. Estimated smoking related deaths declined to 9,358 in 2007 – the lowest number since 1994. Despite the decrease, smoking still causes over 17% of Missouri deaths.

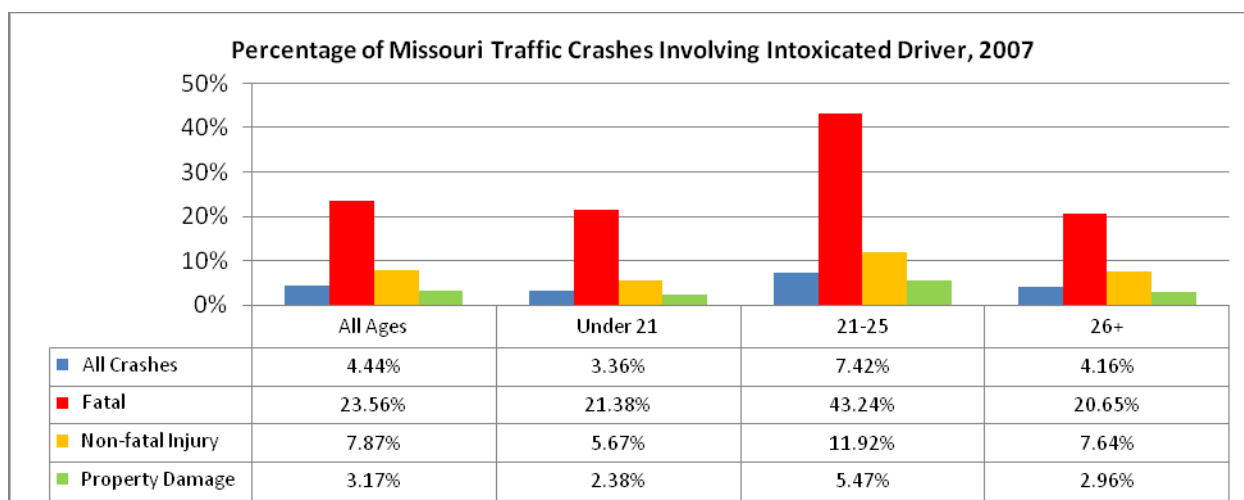


Emergency room episodes resulting from alcohol and drug use have been increasing at a faster rate than episodes not related to substance abuse. In the year 2000, Missouri residents had 2,141,391 emergency room (E.R.) episodes for all causes, a rate of 3,827 per 10,000 in the population. In 2007, these E.R. episodes totaled 2,676,546, a rate of 4,553 per 10,000. During this same time period, alcohol related E.R. episodes increased from 31,898 (57 per 10,000) to 45,553 (77 per 10,000) and drug related episodes doubled from 16,408 (29 per 10,000) to 33,850 (58 per 10,000). The portion of E.R. episodes attributed to alcohol and drug use has increased. Alcohol related episodes were 1.49% of all E.R. episodes in 2000 and 1.70% in 2007. Drug related episodes were 0.77% of all E.R. episodes in 2000 and 1.26% in 2007.



During the current decade, newly diagnosed cases of human immunodeficiency virus (HIV) among Missouri residents have averaged 567 per year, and those involving injection drug use as a risk factor have averaged 48 per year – over 8% of the total. New HIV cases associated with injection drug use declined to 32 in 2007. The highest number of such cases recorded during this decade was 61 in 2001. Injection drug use is also a risk factor for hepatitis B (which had 383 newly-diagnosed cases in Missouri in 2007), hepatitis C (4,468 newly-diagnosed cases in 2007), and tuberculosis disease (118 newly-diagnosed cases in 2007). More than 4,000 injection drug users enter Missouri ADA treatment programs each year.

While total motor vehicle crashes are declining in Missouri, the percentage that is alcohol related is increasing. In addition, Alcohol tends to be involved in the most severe crashes. Traffic crashes have declined in each of the last 10 years despite increases in total vehicle miles travelled. Missouri had 194,992 motor vehicle crashes in 1998, but only 166,052 in 2007. The number of alcohol related crashes has also been gradually declining – dropping to 7,380 in 2007 – but the percentage of crashes involving an intoxicated driver has been trending upward. In 2007, 4.44% of all traffic crashes and 23.56% of fatal crashes were alcohol related. Drivers under the legal drinking age of 21 and young adults 21-25 years of age have higher rates of alcohol related crashes than those over age 25. Among fatal crashes in 2007, 43.24% of drivers 21-25 years of age were intoxicated.



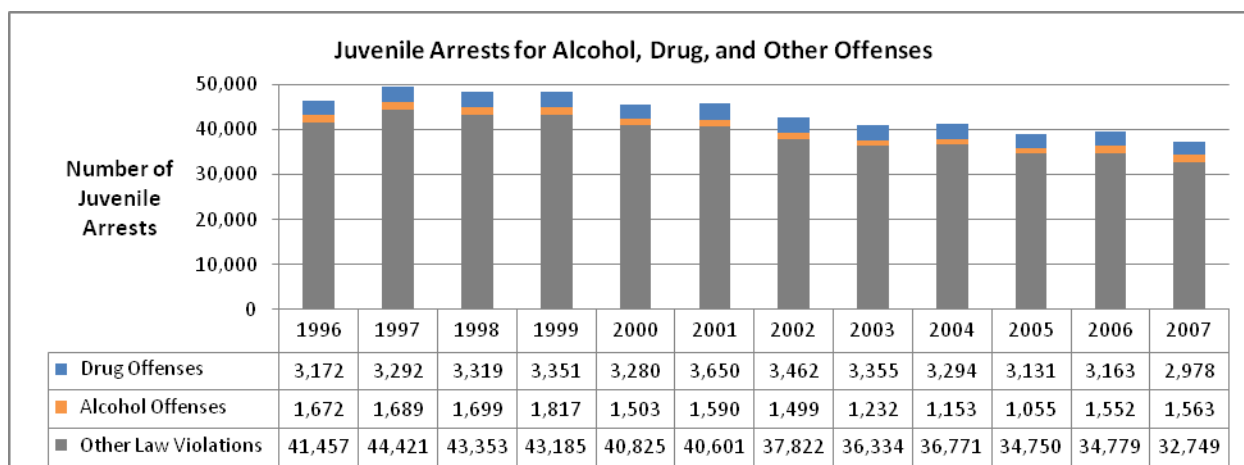
In addition to the large number of alcohol crashes, drug-involved crashes continue to increase and reached over 1,000 for the first time in 2007.

Many Missouri children are removed from their homes because of their parents' alcohol and drug abuse. Juvenile court out-of-home placements of children totaled 5,198 in 2007. One-third of these placements were due to parental substance abuse. Treatment and recovery for these parents is essential in order to reunite the children with their families.

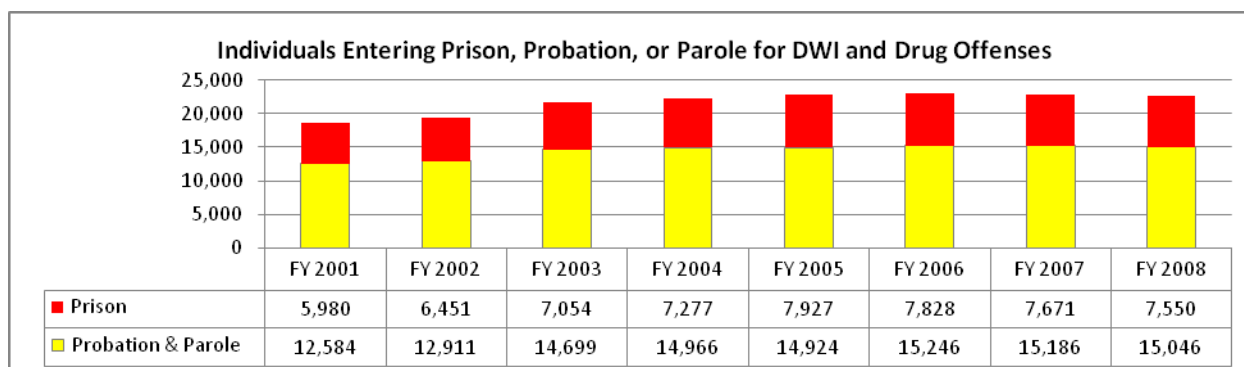
Every year in Missouri, about 35,000 to 40,000 individuals are arrested for driving while intoxicated. There is no consistent trend in the annual number of arrests. During this decade, the years 2002 and 2006 had the most arrests – nearly 40,000 – while 2004 and 2007 had the least – around 35,000. During the same time period, arrests for boating while intoxicated were highest in 2001 and 2005 with about 500 arrests each year.

Every year in Missouri, about 40,000 to 45,000 individuals are arrested for drug manufacturing, sales or possession. In 2007, drug arrests reached their lowest level of the decade with a total of 41,525. This followed the year with the decade's most drug arrests – 45,814 in 2006. Methamphetamine lab incidents leveled off in 2006 and 2007 at 1,285 after reaching a peak of 2,860 in 2003.

Every year in Missouri, at least 10% of juvenile arrests are for alcohol and drug offenses. Total juvenile arrests reached a peak of nearly 50,000 in 1997 and declined to below 38,000 in 2007. Annual drug arrests have been trending downward to about 3,000. Alcohol arrests show little change from the beginning of the decade and remain at about 1,500 per year.



Over 7,000 Missouri residents enter prison every year due to serious drug or alcohol offenses. In each of the last five years, at least 6,000 have been incarcerated for drug convictions and 1,000 for repeatedly driving while intoxicated. Additionally, around 15,000 Missouri residents are assigned to probation or parole each year for alcohol and drug offenses. Last year, about 5,000 individuals were given the opportunity to receive substance abuse treatment services through drug courts instead of traditional corrections programs.



The Division of Alcohol and Drug Abuse annually provides treatment or intervention services to about 75,000 people. The Division plans, funds, and coordinates specialized treatment and intervention services for alcohol and drug abuse and compulsive gambling. In fiscal year 2008, 39,025 Missouri residents were admitted for substance abuse treatment services and 35,451 were admitted to a Substance Abuse Traffic Offenders Program (SATOP) for assessment and intervention services or referral to treatment. An additional 6,921 individuals accessed recovery support services without treatment, 1,129 were admitted for co-dependency services, and 209 were admitted for compulsive gambling problems.

Treatment admissions for pharmaceutical analgesics and heroin are increasing the most rapidly. Since FY 2005, treatment admissions have increased 65.7% for analgesics (pain relievers), 53.0% for heroin, 34.6% for tranquilizers, 11.4% for alcohol, and 7.9% for marijuana. Admissions have decreased 22.1% for methamphetamine and 12.3% for cocaine. Alcohol continues to have the most treatment admissions for

primary drug of abuse followed by marijuana, cocaine, methamphetamine, heroin, analgesics, and tranquilizers. Criminal justice referrals account for more than half of the treatment program admissions. An increasing portion of the individuals entering ADA treatment programs are required to do so as a result of a legal problem. Criminal justice referrals accounted for less than one-fourth of the treatment admissions a decade ago but 58.3% of the FY 2008 admissions. In addition, virtually all of the SATOP admissions result from arrests for alcohol or drug impaired driving.

