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Missouri Substance Use - Key Findings

**Alcohol Use**

51.4% of all Missourians aged 12 and older reported using alcohol in the past month while 24.9% reported binge drinking in the same time period.

These numbers have remained relatively steady over the last decade; the binge rate is slightly higher than the national average.

**Tobacco Use**

25.1% of all Missourians aged 12 and older reported smoking cigarettes in the past month. This is a number that remains well above the national average (20.1%).

Missouri has been higher than the national average for rate of deaths due to tobacco use for the last decade.

**Marijuana Use**

8.1% of all Missourians aged 12 and older reported using marijuana in the past month. This is a number that has increased slightly over the past few years and is similar to the national average.

Missouri has been higher than the national average for number of property crimes for the last decade. Rates for both Missouri and the US are trending downward.
Missouri Mental Health - Key Findings

Depression

Rates for adults having at least one major depression episode are typically higher in Missouri than nationally.

22.7% of Missouri youth said they were sad in the last month “often” or “always” while 13.5% said they felt hopeless about their future.

Suicide

Missouri has been higher than the national average for rate of deaths due to suicide for the last decade, and the rate continues to climb.

9.9% of Missouri youth made a plan to die by suicide.

LGBTQ & Military

Students who identify as LGBTQ are twice as likely as students identifying as straight to report having suicidal thoughts or feeling sad or depressed “often” or “always”.

Although stable over time, suicide rates in Missouri among veterans are more than double those among civilians.
Introduction

Missouri is located in the Midwest. The geography of the state is largely rural, although over half of the population clusters around two metropolitan areas. Slightly over six million people make Missouri their home making it the 18th most populated state. Twenty-three percent (23.0%) of the population is under 18 years old, 61.7% are ages 19-64 and 15.3% are 65 and older. The population is primarily white (82.5%) with African Americans making up the second largest group (11.6%). Hispanics are a small group (3.9%), but growing. Less than 4% of the population is foreign born and approximately 2% of the households are limited English speaking. ¹

Slightly over eleven percent (11.2%) of the adult population do not have a high school diploma while only 27.6% have graduated from a 4-year college. Over a third (36.7%) of the population ages 16 and older are not in the labor force. Around fifteen percent (15.3%) of the households fall below the poverty level. The median household income is $49,593 and 18.4% of the population spend at least a third of their income on housing. ¹

The Missouri Department of Mental Health (DMH), Division of Behavioral Health (DBH) is the state authority responsible for developing and implementing a statewide response addressing the impact of substance use disorder on Missouri families and communities. The DBH works collaboratively with other state and local agencies to ensure that the Missouri’s response is comprehensive and appropriate. In the fall 2010, DBH submitted a request for a subcontract through Synectics to the Center for

Substance Abuse Prevention (CSAP), a part of the Substance Abuse and Mental Health Services Administration (SAMHSA), to increase the epidemiological capacity of the state. As a result, the state was awarded a grant and formed the Missouri Behavioral Health Epidemiology Workgroup (MO-BHEW). One of the products of the MO-BHEW is a State Epidemiological Profile. The first Profile was completed Spring 2011. The State Epidemiological Profile provides an overview of the current available data on substance use and mental health across the state, including subpopulation data where possible. In addition, it discusses available Risk and Protective Factor data for the state, data gaps that need to be addressed, and final conclusions on the condition of the state.

For the past 16 years, the DMH has also produced an annual Status Report with data on alcohol and drug use across the state. The Status Report includes data from national surveys as well as available local data. This historical data collection, in combination with the indicators suggested by the federal funders, led to the choice of indicators covered throughout this report.

Lastly, MO-BHEW identified two high-risk subpopulations, lesbian, gay, bisexual, transgender or queer (LGBTQ) individuals and military personnel. While mental health and substance use data on these subpopulations are difficult to find, what is available is presented in this report.
Key Substance Use Measures
Alcohol Consumption

Drinking Rates

In 2015-16, 51.4% of all Missourians aged 12 and older reported using alcohol in the past month. This is a number that has remained relatively steady over the last decade and is similar to the national average.

Over nine percent (9.9%) of Missourians aged 12-17 years reported drinking in the last month. This compares to 59.0% of 18-25 year olds and 55.1% in the 26+ age group.

Those in the 18-25 year old age group are most likely to have reported drinking in the past month although the gap between the adult groups has been decreasing. Those aged 12-17 years continue a slight decrease in use in the previous month.

Figure 1: Estimated Past-Month Alcohol Use (%): U.S. and Missouri Ages 12 and Older, 2002-2016

Figure 2: Estimated Past-Month Alcohol Use (%): In Missouri by Age Group, 2002-2016

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health
**Age of First Use**

In 2015, less than one in five (17.3%) of all students currently in high school reported having their first drink of alcohol before the age of 13. This percentage has been decreasing over the last decade and is similar to the U.S average.

Males consistently report a higher percentage of drinking before age 13 than females. In 2015, the percentage of males initiating drinking before age 13 was 20.5% compared to 14.2% for females.

Missouri data for 2011 is not available.

Figure 3: % Students in 9-12 Grades Reporting First Use of Alcohol Before Age 13, U.S. and Missouri, 1999-2015

![Figure 3](image1)

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS)

Figure 4: % Students in 9-12 Grades Reporting First Use of Alcohol Before Age 13: In Missouri by Gender, 1999-2015

![Figure 4](image2)

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS)
Per Capita Ethanol Consumption

Per Capita data should be interpreted cautiously – it may not be sensitive in identifying areas where a high prevalence of heavy use is also seen with high rates of abstinence.

The overall pattern of per capita ethanol consumption for Missouri is similar to that of the nation as a whole.²

Beer has the highest consumption rate for the state although the gap between that and wine / spirits has been decreasing.

Figure 5: Per capita ethanol consumption for Missouri, ages 14 and older (in gallons), 2000-2015

Source: U.S. National Institutes of Health, NIAAA. Estimates of Per capita alcohol consumption, based on alcohol sales data

² http://dmh.mo.gov/docs/ada/statusreport2015-c11.pdf
Binge Drinking

In 2015, the National Survey on Drug Use and Health (NSDUH) increased the threshold for determining binge alcohol use for females from 5+ drinks on one occasion to 4+ drinks on one occasion. Therefore, data from before 2015 are not comparable to current data.

In 2015-16, 25.1% of Missourians aged 12 and older reported binge drinking in the past month. This is slightly above as the national average (24.6%).

In 2015-16, 5.6% of Missourians aged 12-17 reported binge drinking in the last month. This compares to 40.6% of the 18-25 year olds and 24.8% in the 26+ age group.

As seen with overall drinking rates, those in the 18-25 year old age group are also most likely to have reported binge drinking in the past month.

While this number had started to decrease since 2005, it slightly increased over the last 4 years. There is a decrease in reported binge drinking among people aged 12-17 year olds over the last decade.

Figure 6: Estimated Past-Month Binge Drinking (%): U.S. and Missouri Ages 12 and Older, 2002-2014. NOTE: NSDUH refined definition of “binge drinking” in 2015.

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health
When comparing the percentage of people who reported any drinking to those who reported binge drinking, it becomes clear that binge drinking is a concern, especially in the younger age groups. Of those under 25 who reported drinking in the last 30 days, over half of them engaged in at least one session of binge drinking.

Table 1: Comparison of 30 Day and Binge Drinking in Missouri, 2015-2016

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% of Sample Reporting 30 day Use</th>
<th>% of Sample Reporting Binging in the last 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17</td>
<td>9.9%</td>
<td>5.6%</td>
</tr>
<tr>
<td>18-25</td>
<td>59.0%</td>
<td>40.6%</td>
</tr>
<tr>
<td>26+</td>
<td>55.1%</td>
<td>27.0%</td>
</tr>
</tbody>
</table>

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health.
**Drinking and Pregnancy**

Prior reports have stated that PRAMS data are not available for Missouri. Instead they contained information from the Missouri Department of Health and Senior Services. However, in 2009 MDHSS stopped collecting these data.

PRAMS data began to be reported in 2007 (data not available for 2008) and so was chosen as a replacement for the DHSS data. However, these data have not been updated since 2011.

As the latest data available are now from 2011, this report does not have any new information to report on maternal drinking and pregnancy. See prior reports if older data are needed.
Drinking and Driving

In 2016, 2.6% of Missourians reported at least one episode of alcohol-impaired driving in the past 30 days. Both the state and national numbers have increased in the past several years.

Note the past report incorrectly reported the statistic as “driving after drinking ‘perhaps too much’”. The survey question has been corrected in this report.

Figure 8: % of Adults Aged 18+ Reporting at Least One Episode of Alcohol-Impaired Driving in the Past 30 Days: U.S. and Missouri, 1999-2016

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)
Alcohol Consequences

Traffic Crashes

Total traffic crashes in Missouri are on the decline, falling from 194,995 in 1998 to 154,458 in 2016.

The percentage of crashes that were caused by alcohol impaired drivers have declined slightly over the last decade.

The percentage of crashes that were caused by alcohol impaired drivers that resulted in fatalities or injuries has declined over the last decade.

Figure 9: % of Missouri Highway Safety Burden Caused by Alcohol Impaired Drivers, 2000-2016

Source: Missouri Dept of Public Safety, Missouri State Highway Patrol, Statistical Analysis Center. Annual Tabulation
Mortality Rates

Missouri has been lower than the national average for rate of deaths due to cirrhosis (chronic liver disease) for the last decade.

When looking at rates by demographics, men and Whites are more likely to die due to cirrhosis.

Figure 10: Rate of All Cirrhosis Deaths per 100,000 Pop: U.S. and Missouri, 1998-2016

Figure 11: Rate of All Cirrhosis Deaths by Demographics per 100,000 Pop: MO only, 1998-2016

Source: National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database
Homicide rates have been higher than the national average the last decade.

When looking at rates by demographics, men and African Americans are much more likely to die due to homicide.

Figure 12: Rate of Homicides per 100,000 Population: U.S. and Missouri, 1998-2016

Source: Death certificate data: National Center for Health Statistics (NCHS), NVSS, Mortality Detail files

Figure 13: Rate of Homicides by Demographics per 100,000 Pop: MO only, 1998-2016
NOTE: Change in Scale

Source: National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database
Tobacco Rates

In 2014-15, 25.1% of all Missourians aged 12 and older reported smoking cigarettes in the past month. This is a number that remains well above the national average (20.1%).

In 2014-15, 7.0% of Missourians aged 12-17 years reported smoking cigarettes in the past month. This compares to 35.7% of 18-25 year olds and 25.5% in the 26+ age group. Those aged 18-25 year old are most likely to have reported smoking in the past month.

All age groups have decreased their use over the last decade.

Figure 14: Estimated Past-Month Cigarette Use (%): U.S. and Missouri Ages 12 and Older, 2002-2015

![Figure 14: Estimated Past-Month Cigarette Use (%): U.S. and Missouri Ages 12 and Older, 2002-2015](source)

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health

Figure 15: Estimated Past-Month Cigarette Use (%) in Missouri, By Age Group, 2002-2015

![Figure 15: Estimated Past-Month Cigarette Use (%) in Missouri, By Age Group, 2002-2015](source)

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health
Males are much more likely to report using smokeless tobacco in the last month than females are.

Missouri data for 2011 are not available.

Figure 16: Estimated Past-Month Smokeless Tobacco Use (%) in Missouri, By Gender, 1999-2015

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS)
Daily Use

In 2016, 17.4% of all Missourians aged 18 and older reported using smoking cigarettes daily in the past month. This is a number that is above the national average of 11.1%.

Males were slightly more likely than females to report daily smoking.

Figure 17: Estimated Daily Cigarette Use (%): U.S. and Missouri Ages 18 and Older, 2002-2016

Figure 18: Estimated Daily Cigarette Use (%) in Missouri Ages 18 and Older, By Gender, 2002-2016

Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)
When looking at high school students only, Missouri is close to national average in the last few years.

Missouri data for 2011 are not available.

Figure 19: % of Students in 9-12 Grade Reporting Smoking Cigarettes on 20 or More Days within the Past 30 Days: U.S and Missouri, 1999-2015

Source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS)
**Age of First Use**

In 2015, 8.0% of all students currently in high school reported using tobacco before the age of 13. This percentage has been decreasing over the last decade.

Males typically reported a higher percentage of tobacco use before age 13 than females. In 2015, the male percentage was 8.0% compared to 5.0% for females.

Missouri data for 2011 are not available.

Figure 20: % Students in 9-12 Grades Reporting First Use of Tobacco Before Age 13, U.S. and Missouri, 1999-2015

![Graph](source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS))

Figure 21: % Students in 9-12 Grades Reporting First Use of Cigarettes Before Age 13 in Missouri, By Gender, 1999-2015

![Graph](source: Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS))
Per Capita Cigarette Consumption

Per Capita data should be interpreted cautiously – it may not be sensitive in identifying areas where a high prevalence of heavy use is also seen with high rates of abstinence.

Cigarettes sold per capita seem to indicate higher smoking rates in rural areas than in the major cities, although this number is declining. Jackson County rates have been similar to rural areas for the past several years.

Figure 22: Packs of Cigarettes Per Capita Sold in Missouri Based on Cigarette Tax Revenues, by county, Fiscal Years 2001-2017

Source: Missouri Department of Revenue. Annual revenue reports. Total cigarette sales estimates are based on the cigarette tax portion of tobacco tax receipts. Breakouts for Jackson County and St. Louis County are based on supplemental county cigarette tax receipts.
Smoking and Pregnancy

In 2016, 15.1% of pregnant women in Missouri reported smoking during pregnancy. This is nearly twice the US rate (7.2%) but has been steadily declining.

When looking at rates by race, African-American women are more likely to smoke during pregnancy than white women.

Figure 23: % Births with Mother Smoking during Pregnancy, U.S. and Missouri, 2012-2016.

Figure 24: % Births with Mother Smoking during Pregnancy in Missouri, By Race, 2012-2016.

Source: Missouri Department of Health & Senior Services, Birth MICA.
Tobacco Consequences

Mortality Rates

Missouri has been higher than the national average for rate of deaths due to tobacco use (lung cancer, COPD and emphysema, and cardiovascular and ischemic cerebrovascular disease) for the last decade.

When looking at rates by demographics, men and whites are more likely to die due to lung cancer. White are also more likely to die due to COPD and emphysema and cardiovascular and ischemic cerebrovascular disease although there is not a strong difference between the genders.

Figure 235: Rate of Deaths from Lung Cancer per 100,000 Population: U.S. and MO, 1998-2016

Figure 246: Rate of Deaths from Lung Cancer by Demographics per 100,000 Pop: MO only, 1998-2016

Source: National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database
Figure 25: Rate of Deaths from COPD and Emphysema per 100,000 Population: U.S. and MO, 1998-2016

Source: National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database

Figure 268: Rate of Deaths from COPD and Emphysema by Demographics per 100,000 Pop: MO only, 1998-2016

Source: Death certificate data: National Center for Health Statistics (NCHS), NVSS, Mortality Detail files

Source: National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database
Figure 279: Rate of Deaths from Cardiovascular and Ischemic Cerebrovascular Disease per 100,000 Pop: U.S. and MO, 1998-2016  NOTE: Change in Scale.

Source: Death certificate data: National Center for Health Statistics (NCHS), NVSS, Mortality Detail files

Figure 30: Rate of Deaths from Cardiovascular and Ischemic Cerebrovascular Disease by Demographics per 100,000 Pop: MO only, 1998-2016  NOTE: Change in Scale

Source: National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database
Prescription Drugs

Nonmedical Use of Pain Relievers in the Past Year

In 2015, NSDUH updated the survey question to reflect use of a pain reliever “in a way that the doctor
did not direct them to use them” rather than “nonmedical use”. Because of this, data prior to 2015 are
not comparable.

In 2015-16, 4.46% of all Missourians aged 12 and older reported using pain relievers in a way a doctor
did not prescribe them. This number is similar to the national average (4.52%).

Those aged 18-25 years are most likely to have reported non-medical use of pain relievers in the past
month.

Figure 31: Estimated Past Year Non-Medical Use of Pain Relievers (%): U.S. and Missouri Ages 12 and
Older, 2002-2014

![Graph 31](image1)

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health

Figure 32: Estimated Past Year Non-Medical Use of Pain Relievers (%) in Missouri, By Age Group,
2002-2014

![Graph 32](image2)

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health
Prescription Drug-Related Mortality

Missouri is consistently lower than the national average for rate of deaths due to prescription drugs.

When looking at rates by demographics, men are more likely to die due to prescription drugs. There is a slight difference in prescription drug deaths by race. Whites have been more likely to die due to prescription drugs every year except for 2016.

Data this year were calculated differently than those presented in previous reports. The data presented in the graphs below have been updated to reflect this.

Figure 33: Rate of Deaths from Prescription Drug per 100,000 Pop: U.S. and Missouri, 2000-2016

![Graph showing rate of prescription drug-related deaths by year for U.S. and Missouri](image1)

Source: Death certificate data: National Center for Health Statistics (NCHS), NVSS, Mortality Detail files

Figure 34: Rate of Deaths from Prescription Drug by Demographics per 100,000 Pop: MO only, 2000-2016. NOTE: Change in Scale

![Graph showing rate of prescription drug-related deaths by gender and race for Missouri](image2)

Source: National Center for Health Statistics. Underlying Cause of Death 2000-2016 on CDC WONDER Online Database
Illicit Drugs

Marijuana

In 2015-16, 8.1% of all Missourians aged 12 and older reported using marijuana in the past month, which has slightly increased over the past few years and is just below the national average (8.6%).

Around six percent (6.2%) of Missourians in the 12-17 age group reported smoking marijuana in the last month. This compares to 18.4% of 18-25 year olds and 6.7% in the 26+ age group.

Those in the 18-25 year old age group are most likely to have used marijuana in the past month. Rates for the 26+ age group have been increasing for the last few years while rates for the 18-25 year age group have decreased.

Data on students in 9-12 grades reporting first use of marijuana before age 13 have not been updated since 2009 and so were discontinued for this report. More current information for Missouri students and illicit drug use can be found in the Missouri Student Survey report (http://dmh.mo.gov/ada/rpts/survey.html).

Figure 35: Estimated Past-Month Marijuana Use (%): U.S. and Missouri Ages 12 and Older, 2002-2016

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health
Figure 36: Estimated Past-Month Marijuana Use (%): In Missouri by Age Group, 2002-2016

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health
Other Illicit Drugs

“Other illicit drugs” is defined as an illegal drug other than marijuana, or an abusable product that can be obtained legally, such as prescription drugs. In 2015, NSDUH made changes to survey questions on hallucinogens, inhalants, methamphetamine, and psychotherapeutic drugs; therefore data prior to 2015 are no longer comparable to current data.

In 2015-16, 3.2% of all Missourians 12 and older reported using illicit drugs in the previous month. This is slightly lower than the national average (3.4%).

Over four percent (4.3%) of Missourians in the 12-17 age group reported using illicit drugs in the past month, compared to 5.9% of 18-25 year olds and 2.6% in the 26+ age group.

Those in the 18-25 year old age group are most likely to have reported using illicit drugs in the past month.

Data on students in 9-12 grades reporting illicit drug use have not been updated since 2009 and so were discontinued for this report. More current information for Missouri students and illicit drug use can be found in the Missouri Student Survey report (http://dmh.mo.gov/ada/rpts/survey.html).

Figure 37: Estimated Past-Month Other Illicit Drug Use (%): U.S. and Missouri Ages 12 and Older, 2002-2014. NOTE: Due to changes in 2015 NSDUH, data from 2015-16 are not comparable to previous years.

Source: U.S. Dept. of Health and Human Services, SAMHSA, Estimates from the National Survey on Drug Use and Health
Figure 38: Estimated Past-Month Other Illicit Drug Use (%): In Missouri by Age Group, 2002-2016. 
NOTE: Due to changes in 2015 NSDUH, data from 2015-16 are not comparable to previous years. 

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health
Illicit Drug Consequences

Illicit Drug-Related Mortality

Missouri has been lower than the national average for rate of deaths due to drug related behaviors for the last decade.

Due to small numbers, data for gender or race are unreliable for this variable and not reported.

Figure 39: Rate of Deaths from Drug Related Behavior per 100,000 Pop: U.S. and Missouri, 1998-2016

Source: Death certificate data: National Center for Health Statistics (NCHS), NVSS, Mortality Detail files
Missouri has been higher than the national average for rate of deaths related to drug related overdose / poisonings since 2003. This number has been consistently increasing for both Missouri and the U.S.

Men are more likely than women to die from drug related overdose / poisonings. Over time, there have been more deaths in the White population compared to the African American population. However, deaths among African Americans has increased over the past several years.

Data this year were calculated differently than those presented in previous reports. The data presented in the graphs below have been updated to reflect this.

Figure 40: Rate of Deaths from Drug Related Overdose/Poisonings per 100,000 population: U.S. and Missouri, 2000-2016. NOTE: Scale has changed from the above graph

Figure 41: Rate of Deaths from Drug Related Overdose/Poisonings by Demographics per 100,000 Pop: MO only, 2000-2016.

Source: National Center for Health Statistics. Underlying Cause of Death 2000-2016 on CDC WONDER Online Database.
Crime

Missouri has been higher than the national average for number of property crimes for the last decade. Rates for both Missouri and the US are trending downward.

Figure 42: Number of Property crimes (larceny, burglary, motor vehicle theft) Reports to Police per 100,000 Pop, U.S. and Missouri, 1999-2014.

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program
Illicit Drug Use Disorder

Illicit Drug Use Disorder is defined as meeting criteria for illicit drug dependence or abuse. In 2015, NSDUH made changes to survey questions on hallucinogens, inhalants, methamphetamine, and psychotherapeutic drugs; therefore data prior to 2015 are no longer comparable to current data.

Over two percent (2.6%) of Missourians aged 12 and older met criteria for Illicit Drug Use Disorder in 2015. This is a number that has remained relatively steady over the past few years and is similar to the national average (2.8%).

In 2015-16, 3.2% of those in the 12-17 age group reported dependence or use of an illicit drug in the past year. This compares to 6.2% of 18-25 year olds and 2.1% in the 26+ age group.

Those in the 18-25 year old age group are most likely to be dependent on or misusing illicit drugs.

Figure 43: % of Persons Aged 12 or Older Reporting Dependence on or Use of Any Illicit Drug in the Past Year: U.S. and Missouri Ages 12 and Older, 2002-2014. NOTE: Due to changes in 2015 NSDUH, data from 2015-16 are not comparable to previous years.

Figure 44: % of Persons Aged 12 or Older Reporting Dependence on or Use of Any Illicit Drug in the Past Year: In Missouri by Age Group, 2002-2014. NOTE: Due to changes in 2015 NSDUH, data from 2015-16 are not comparable to previous years.

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health
Key Risk and Protective Factors
(i.e. Intervening Variables)
Youth Risk and Protective Factors

During the Strategic Prevention Framework State Incentive Grant (SPF SIG) and continuing into the Partnerships for Success Grant (PFS), Missouri coalitions were encouraged to use the Hawkins and Catalano Model of Risk and Protective Factors in their strategic planning process. The model provides a variety of risk factors and protective factors that may contribute to youth’s drinking behaviors and has been adapted to apply to other problem behaviors (e.g., drugs, violence, etc.). Coalition members used the model to decide what intervening variables might be at the root of the priority issues in their communities. Then they gathered data on the selected intervening variables and used data based decision making to determine which variables would be addressed under the grant. In order to continue building upon what communities learned in these efforts, Missouri will continue to define Risk and Protective Factors according to the Hawkins and Catalano Model.

The only data source currently available in Missouri for these risk and protective factors is the Missouri Student Survey (MSS)³. This section borrows heavily from the 2018 Missouri Student Survey Report³. Data are collected in the Spring of even number years.

Peer Engagement in the Problem Behavior

Most youth surveyed had no friends who used substances.

The large amount of youth who reported having four or more friends engaging in substance use indicates that, if somebody is using, it is probably common among their social group.

Table 2: % of Youth who have Friends that Use Substances, 2018

<table>
<thead>
<tr>
<th></th>
<th>0 friends</th>
<th>1 friend</th>
<th>2 friends</th>
<th>3 friends</th>
<th>4 + friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>73.7%</td>
<td>10.6%</td>
<td>5.5%</td>
<td>2.7%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>56.3%</td>
<td>11.2%</td>
<td>7.7%</td>
<td>4.3%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>65.5%</td>
<td>9.8%</td>
<td>7.1%</td>
<td>4.0%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Other Illegal Drugs</td>
<td>89.8%</td>
<td>4.8%</td>
<td>2.4%</td>
<td>0.9%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>


---

Perception of Harm

Most youth believed that alcohol and drug use poses a moderate or great risk to them.

E-cigarettes and marijuana are seen as the least risky of the substances.

Table 3: Youths’ Perception of Risk of Harm from Using Substances, 2018

<table>
<thead>
<tr>
<th>Substance</th>
<th>No Risk at All</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes (1+ packs per day)</td>
<td>6.8%</td>
<td>8.2%</td>
<td>20.4%</td>
<td>64.7%</td>
</tr>
<tr>
<td>Alcohol:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any alcohol use</td>
<td>9.5%</td>
<td>30.2%</td>
<td>32.0%</td>
<td>28.3%</td>
</tr>
<tr>
<td>One or two drinks nearly every day</td>
<td>10.4%</td>
<td>21.0%</td>
<td>31.8%</td>
<td>36.7%</td>
</tr>
<tr>
<td>Five or more drinks once or twice a week</td>
<td>8.5%</td>
<td>14.4%</td>
<td>26.8%</td>
<td>50.3%</td>
</tr>
<tr>
<td>E-Cigarettes</td>
<td>14.7%</td>
<td>27.1%</td>
<td>28.1%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Marijuana (1-2 times per week)</td>
<td>18.1%</td>
<td>18.9%</td>
<td>18.9%</td>
<td>44.1%</td>
</tr>
<tr>
<td>Over the Counter Drugs</td>
<td>7.2%</td>
<td>14.5%</td>
<td>27.4%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>5.4%</td>
<td>7.7%</td>
<td>19.5%</td>
<td>67.4%</td>
</tr>
<tr>
<td>Other Illegal Drugs</td>
<td>5.5%</td>
<td>3.5%</td>
<td>11.4%</td>
<td>79.6%</td>
</tr>
<tr>
<td>Synthetic Drugs</td>
<td>6.2%</td>
<td>6.6%</td>
<td>14.6%</td>
<td>72.7%</td>
</tr>
</tbody>
</table>


Law Enforcement

Most youth did not believe that the police would catch a substance user in their neighborhood. This is fairly consistent across all drugs.

Table 4: % of Youth who Think The Police would Catch Substance Users in their Neighborhood, 2018

<table>
<thead>
<tr>
<th>Substance</th>
<th>No!</th>
<th>no</th>
<th>yes</th>
<th>Yes!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>29.5%</td>
<td>41.0%</td>
<td>21.5%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>28.2%</td>
<td>40.4%</td>
<td>21.3%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>23.9%</td>
<td>32.3%</td>
<td>25.3%</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

Availability

Approximately half of all youth surveyed thought that over the counter drugs and alcohol were either “very easy” or “sort of easy” to obtain.

While youth thought that remaining substances were more difficult, over a third still thought marijuana and cigarettes (both types) were at least sort of easy to obtain. It should be noted that, at least for older participants, cigarettes are legal for them to purchase in many areas of the state.

Interestingly, less than 1 out of 3 youth thought that prescription drugs would be “very easy” or “sort of easy” to obtain.

Table 5: Youths’ Perception of Substance Availability, 2018

<table>
<thead>
<tr>
<th></th>
<th>Very Easy</th>
<th>Sort of Easy</th>
<th>Sort of Hard</th>
<th>Very Hard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>24.3%</td>
<td>20.1%</td>
<td>17.6%</td>
<td>38.1%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>28.0%</td>
<td>20.9%</td>
<td>18.7%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Over-the-Counter Drugs</td>
<td>31.7%</td>
<td>18.6%</td>
<td>14.5%</td>
<td>35.2%</td>
</tr>
<tr>
<td>E-Cigarettes</td>
<td>30.4%</td>
<td>17.8%</td>
<td>14.8%</td>
<td>37.0%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>21.7%</td>
<td>15.2%</td>
<td>13.6%</td>
<td>49.5%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>11.2%</td>
<td>14.2%</td>
<td>21.3%</td>
<td>53.2%</td>
</tr>
<tr>
<td>Synthetic Drugs</td>
<td>11.1%</td>
<td>11.5%</td>
<td>18.0%</td>
<td>59.3%</td>
</tr>
<tr>
<td>Other Illegal Drugs</td>
<td>5.3%</td>
<td>7.6%</td>
<td>16.2%</td>
<td>70.9%</td>
</tr>
</tbody>
</table>

Perception of ‘wrongness’

Most youth thought that it was “very wrong” to use all substances with the exception of alcohol.

Youth were most likely to accept alcohol use.

Table 6: Youths’ Perception of Wrongfulness of Substance Use, 2018

<table>
<thead>
<tr>
<th></th>
<th>Not wrong at all</th>
<th>A little bit wrong</th>
<th>Wrong</th>
<th>Very wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes</td>
<td>5.2%</td>
<td>7.7%</td>
<td>17.5%</td>
<td>69.5%</td>
</tr>
<tr>
<td>Alcohol:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any type of alcohol</td>
<td>12.4%</td>
<td>19.9%</td>
<td>16.5%</td>
<td>51.2%</td>
</tr>
<tr>
<td>One or two drinks every day</td>
<td>4.6%</td>
<td>9.1%</td>
<td>18.8%</td>
<td>67.4%</td>
</tr>
<tr>
<td>Five or more drinks once or twice a week</td>
<td>4.8%</td>
<td>6.4%</td>
<td>15.7%</td>
<td>73.2%</td>
</tr>
<tr>
<td>E-Cigarettes</td>
<td>9.6%</td>
<td>13.4%</td>
<td>18.8%</td>
<td>58.1%</td>
</tr>
<tr>
<td>Marijuana:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any use</td>
<td>10.1%</td>
<td>10.7%</td>
<td>12.5%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>9.2%</td>
<td>8.6%</td>
<td>12.8%</td>
<td>69.4%</td>
</tr>
<tr>
<td>Over the Counter Drugs</td>
<td>3.1%</td>
<td>4.0%</td>
<td>13.2%</td>
<td>79.7%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>1.9%</td>
<td>3.3%</td>
<td>10.2%</td>
<td>84.6%</td>
</tr>
<tr>
<td>Other Illegal Drugs</td>
<td>1.7%</td>
<td>1.4%</td>
<td>6.6%</td>
<td>90.3%</td>
</tr>
</tbody>
</table>


Rebellious attitudes

Most youth did not report rebellious attitudes.

Table 7: Extent of Rebellious Attitudes, 2018

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I ignore rules that get in my way.</td>
<td>40.5%</td>
<td>43.2%</td>
<td>13.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td>I do the opposite of what people tell me, just to get them mad.</td>
<td>50.2%</td>
<td>37.2%</td>
<td>9.9%</td>
<td>2.6%</td>
</tr>
<tr>
<td>I think sometimes it is okay to cheat at school.</td>
<td>46.9%</td>
<td>31.2%</td>
<td>17.2%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

Parental attitudes

Most youth thought that their parents would think they were “very wrong” to use all of the substances asked about.

However, again youth saw alcohol as the least “wrong” drug when considering their parents’ perception. When a dosage was indicated (1-2 drinks nearly every day), youth reported similar rates for alcohol as compared to other drugs.

Table 8: Youths’ Perception of Parental Perception of Wrongfulness of Substance Use, 2018

<table>
<thead>
<tr>
<th>Substance</th>
<th>Not wrong at all</th>
<th>A little bit wrong</th>
<th>Wrong</th>
<th>Very wrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>2.5%</td>
<td>3.6%</td>
<td>11.2%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Alcohol (dosage not indicated)</td>
<td>5.8%</td>
<td>12.1%</td>
<td>17.0%</td>
<td>65.1%</td>
</tr>
<tr>
<td>Alcohol (1-2 drinks nearly every day)</td>
<td>2.6%</td>
<td>3.6%</td>
<td>10.7%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Marijuana (dosage not indicated)</td>
<td>3.6%</td>
<td>5.4%</td>
<td>10.1%</td>
<td>80.9%</td>
</tr>
<tr>
<td>Marijuana (1-2 times per week)</td>
<td>3.6%</td>
<td>3.4%</td>
<td>8.2%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Over the Counter Drugs</td>
<td>2.6%</td>
<td>1.2%</td>
<td>6.6%</td>
<td>89.5%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>2.2%</td>
<td>2.2%</td>
<td>8.2%</td>
<td>87.4%</td>
</tr>
</tbody>
</table>


School bonding

The majority of youth had positive things to say about their school environment.

Youth were least likely to endorse the item asking if the school notified their parents of their achievements.

Table 9: Perceptions and Attitudes toward School by Youth, 2018

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My teacher(s) notice(s) when I am doing a good job and let me know about it.</td>
<td>6.0%</td>
<td>20.2%</td>
<td>57.6%</td>
<td>16.2%</td>
</tr>
<tr>
<td>The school lets my parents know when I have done something well.</td>
<td>19.3%</td>
<td>39.8%</td>
<td>32.7%</td>
<td>8.3%</td>
</tr>
<tr>
<td>In my school, rules are enforced fairly.</td>
<td>11.2%</td>
<td>23.2%</td>
<td>50.7%</td>
<td>14.9%</td>
</tr>
<tr>
<td>In my school, students of all races and ethnic groups are treated equally.</td>
<td>7.4%</td>
<td>13.3%</td>
<td>42.6%</td>
<td>36.7%</td>
</tr>
</tbody>
</table>

Adult Attitudes and Perceptions of Drug Use

A community level survey was implemented in 2018 to capture data similar to the Missouri Student Survey with a more randomized sample of adults. Questions were generated by Missouri’s Prevention Resource Centers. The survey was completed using the online survey tool, Qualtrics, and advertised to the public through geographically targeted Facebook ads. A total of 3349 adults completed the survey. Parents made up 79.4% of sample

Perception of Harm

Most adults believed that binge drinking, smoking, and drug use pose a moderate or great risk to them. Marijuana was considered the least risky of the substances.

Table 10: Adults’ Perception of Risk of Harm from Using Substances, 2018

<table>
<thead>
<tr>
<th>Substances</th>
<th>No Risk at All</th>
<th>Slight Risk</th>
<th>Moderate Risk</th>
<th>Great Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having 1-2 drinks nearly every day</td>
<td>9.3%</td>
<td>36.9%</td>
<td>36.9%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Having 5+ drinks 1-2 times a week</td>
<td>2.8%</td>
<td>16.1%</td>
<td>39.5%</td>
<td>41.6%</td>
</tr>
<tr>
<td>Smoking 1+ packs of cigarettes per day</td>
<td>4.4%</td>
<td>8.6%</td>
<td>19.7%</td>
<td>67.2%</td>
</tr>
<tr>
<td>Drinking 5+ drinks 1-2 times a week</td>
<td>2.8%</td>
<td>16.1%</td>
<td>39.5%</td>
<td>41.6%</td>
</tr>
<tr>
<td>Smoking marijuana 1-2 times per week</td>
<td>19.7%</td>
<td>26.9%</td>
<td>25.5%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Using prescription drugs that have not been prescribed to them by a doctor</td>
<td>1.2%</td>
<td>4.7%</td>
<td>17.6%</td>
<td>76.4%</td>
</tr>
</tbody>
</table>

Table 11: Adults’ Perception of Substance Availability, 2018

<table>
<thead>
<tr>
<th>Substances</th>
<th>Very Easy</th>
<th>Sort of Easy</th>
<th>Sort of Hard</th>
<th>Very Hard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>44.9%</td>
<td>30.3%</td>
<td>15.0%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Prescription drugs that were not prescribed to you by a doctor</td>
<td>26.7%</td>
<td>28.6%</td>
<td>24.7%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Heroin</td>
<td>14.2%</td>
<td>17.6%</td>
<td>23.5%</td>
<td>44.6%</td>
</tr>
<tr>
<td>Other illegal drugs including cocaine, LSD, methamphetamine, or club drugs</td>
<td>22.2%</td>
<td>21.6%</td>
<td>22.2%</td>
<td>34.0%</td>
</tr>
</tbody>
</table>

Availability

Three-quarters of adults surveyed thought that marijuana was “very easy” or “sort of easy” to obtain. Over half (55%) felt that prescription drugs not prescribed to them by a doctor would be “very easy” or “sort of easy” to obtain. Over 40% of adults felt that other illegal drugs such as cocaine, LSD, methamphetamine, or club drugs would be at least somewhat easy to obtain. Heroin was seen as the most difficult drug to obtain.

Table 11: Adults’ Perception of Substance Availability, 2018
Attitudes toward Marijuana Use

Over thirty-five percent (37.5%) of adults surveyed felt that marijuana use was fine for those who wish to use it. About half of adults (47%) supported use of marijuana for medical purposes, but did not support recreational use. Fifteen percent (15%) did not support marijuana use at all.

Table 12: Adults’ attitudes toward marijuana use, 2018

<table>
<thead>
<tr>
<th>% of Adults</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Using marijuana for medical purposes is OK but it should not be used</td>
<td>47.3%</td>
</tr>
<tr>
<td>recreationally</td>
<td></td>
</tr>
<tr>
<td>Using marijuana is fine for people who wish to do so</td>
<td>37.5%</td>
</tr>
<tr>
<td>Using marijuana is never a good thing</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

Source: Special run, DMH Adult Survey (2018).

Of those adults who supported recreational marijuana use, about 56% felt that using marijuana was only OK for those over 21 years old. Another 22% felt occasional use was fine for those under age 21, as long as it did not interfere with daily activities.

Table 13: Adults’ attitudes toward recreational marijuana use, 2018

<table>
<thead>
<tr>
<th>% of Adults</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Using marijuana is only OK for people 21 or over</td>
<td>56.3%</td>
</tr>
<tr>
<td>Using marijuana occasionally is OK for people under age</td>
<td>21.9%</td>
</tr>
<tr>
<td>21, as long as it does NOT interfere with their daily</td>
<td></td>
</tr>
<tr>
<td>activities</td>
<td></td>
</tr>
<tr>
<td>Using marijuana at least once a week is fine for people</td>
<td>4.4%</td>
</tr>
<tr>
<td>under the age of 21 who wish to do so</td>
<td></td>
</tr>
<tr>
<td>Using marijuana occasionally is fine for people under</td>
<td>0.7%</td>
</tr>
<tr>
<td>age 21, even if sometimes it DOES interfere with their</td>
<td></td>
</tr>
<tr>
<td>daily activities</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

Source: Special run, DMH Adult Survey (2018).

Of adults who supported medical marijuana use, over half (55%) felt that those under 21 should be required to have parental permission, while 25% felt that use for medical purposes was fine regardless of age.

Table 14: Adults’ attitudes toward medical marijuana use, 2018

<table>
<thead>
<tr>
<th>% of Adults</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Using marijuana for medical purposes is OK but those under 21 should</td>
<td>55.3%</td>
</tr>
<tr>
<td>be required to have parental permission</td>
<td></td>
</tr>
<tr>
<td>Using marijuana for medical purposes is OK, regardless of age</td>
<td>24.6%</td>
</tr>
<tr>
<td>Using marijuana for medical purposes is OK, for those who are at least</td>
<td>13.2%</td>
</tr>
<tr>
<td>age 21</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Source: Special run, DMH Adult Survey (2018).
Key Mental Health Indicators
National Comparison

Rates for having at least one major depression episode are typically higher in Missouri than nationally.

Missourians do not show a lot of variability in depressive episodes between the age categories.

However, the wide range of the 26+ age group may be obscuring other peaks that occur later in life.

Figure 45: % of Adults Aged 18 and more Having at Least One Major Depressive Episode in the Previous Year: U.S. and Missouri, 2004-2016

Figure 46: % of Missourians Having at Least One Major Depressive Episode in the Previous Year: by Age Group, 2004-2016

Source: U.S. Dept. of Health and Human Services, SAMHSA. Estimates from the National Survey on Drug Use and Health
According to NSDUH, Missouri is slightly lower than the national average for having serious thoughts about suicide in the last year. The Missouri rate for 2014-15 was 3.92% and 2015-16 was 3.47%. This compares to the national average of 3.99% and 4.04% respectively.

Missouri has been higher than the national average for rate of deaths due to suicide for the last decade, and the rate continues to climb.

Figure 47: Rate of Suicides per 100,000 Pop: U.S. and Missouri, 1998-2016

*Source: Death certificate data: National Center for Health Statistics (NCHS), NVSS, Mortality Detail files*
Missouri Youth

According to the Missouri Student Survey:\(^4\):

- 24.4% said they were sad in the last month “often” or “always”
- 13.2% said they felt hopeless about their future “often” or “always”
- 21.8% said they felt like not eating or eating more than usual while 33.4% slept more or less than usual “often” or “always”
- 14.1% of youth surveyed reported that they considered suicide in the last year
- 10.9% made a plan to attempt suicide

Table 15: Number of Suicide Attempts in the Past Year (12 months), 2018

<table>
<thead>
<tr>
<th>How many times did you actually attempt suicide?</th>
<th>0 times</th>
<th>1 time</th>
<th>2 or 3 times</th>
<th>4 or 5 times</th>
<th>6 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>93.8%</td>
<td>3.5%</td>
<td>1.7%</td>
<td>0.4%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>


Self-harm is defined as attempting to harm oneself on purpose in a deliberative, but not suicidal, way. While the majority of youth did not report any attempt of self-harm in their lifetime, 18.0% reported one or more incidents. The most common method of self-harm was “cut, scratched or hit myself on purpose”.

Table 16: Students Reporting Lifetime Types of Self-Harm, 2018

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cut, scratched or hit myself on purpose to hurt myself</td>
<td>14.1%</td>
</tr>
<tr>
<td>Pulled my hair or eyelashes</td>
<td>4.4%</td>
</tr>
<tr>
<td>Swallowed more medicine than a doctor told me to take to hurt myself</td>
<td>2.9%</td>
</tr>
<tr>
<td>Burned myself</td>
<td>3.2%</td>
</tr>
<tr>
<td>Used drugs or alcohol to hurt myself</td>
<td>2.1%</td>
</tr>
</tbody>
</table>


---

Of the known diagnoses, Division of Behavioral Health: Psychiatric Services treats mood (affective) disorders most commonly followed by anxiety disorders and psychotic disorders.

Table 10: Diagnoses of Clients Served by Psychiatric Services, 2008-2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment Disorder</td>
<td>2,674</td>
<td>2,826</td>
<td>2,987</td>
<td>2,870</td>
<td>2,973</td>
<td>3,043</td>
<td>3,069</td>
<td>3,336</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>15,459</td>
<td>17,381</td>
<td>19,960</td>
<td>22,842</td>
<td>24,141</td>
<td>26,854</td>
<td>27,803</td>
<td>29,739</td>
</tr>
<tr>
<td>Dementia</td>
<td>284</td>
<td>199</td>
<td>209</td>
<td>132</td>
<td>152</td>
<td>567</td>
<td>710</td>
<td>581</td>
</tr>
<tr>
<td>Developmental Disorder</td>
<td>827</td>
<td>884</td>
<td>959</td>
<td>1,032</td>
<td>1,070</td>
<td>1,112</td>
<td>1,115</td>
<td>852</td>
</tr>
<tr>
<td>Impulse Control Disorder</td>
<td>8,889</td>
<td>9,976</td>
<td>11,333</td>
<td>11,504</td>
<td>11,707</td>
<td>12,491</td>
<td>13,020</td>
<td>13,415</td>
</tr>
<tr>
<td>Mood Disorder</td>
<td>35,387</td>
<td>38,273</td>
<td>42,599</td>
<td>45,193</td>
<td>45,731</td>
<td>47,484</td>
<td>47,021</td>
<td>47,536</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>7,079</td>
<td>6,758</td>
<td>6,892</td>
<td>4,694</td>
<td>5,016</td>
<td>5,161</td>
<td>5,269</td>
<td>5,313</td>
</tr>
<tr>
<td>Psychotic Disorder</td>
<td>13,021</td>
<td>13,602</td>
<td>14,509</td>
<td>14,602</td>
<td>14,635</td>
<td>15,154</td>
<td>15,222</td>
<td>15,133</td>
</tr>
<tr>
<td>Sexual Disorder</td>
<td>176</td>
<td>160</td>
<td>162</td>
<td>276</td>
<td>280</td>
<td>313</td>
<td>266</td>
<td>372</td>
</tr>
<tr>
<td>Other Diagnosis</td>
<td>4,599</td>
<td>4,500</td>
<td>4,764</td>
<td>4,462</td>
<td>4,738</td>
<td>5,217</td>
<td>7,347</td>
<td>8,167</td>
</tr>
<tr>
<td>Diagnosis Unknown</td>
<td>16,016</td>
<td>8,161</td>
<td>9,681</td>
<td>8,005</td>
<td>6,961</td>
<td>6,277</td>
<td>7,224</td>
<td>6,483</td>
</tr>
<tr>
<td>Total Numbers Served</td>
<td>73,731</td>
<td>70,287</td>
<td>78,254</td>
<td>77,539</td>
<td>75,906</td>
<td>77,165</td>
<td>78,094</td>
<td>78,740</td>
</tr>
</tbody>
</table>

Source: Division of Comprehensive Psychiatric Services -- Clinical Data.

NOTE: The total number of diagnoses is larger than the number served because some individuals had more than one type of disorder.

Psychiatric Services serves approximately equal number of males and females. The majority of clients are White, followed by African American. This distribution is similar to that of the state’s population. Most clients are referred by themselves, family or a friend.

---

As Missourians age out of childhood, the numbers served by Comprehensive Psychiatric Services (CPS) increase. This peaks for the first time at the 18-24 age group and most dramatically in the 40s and 50s.

Missourians in their mid to late 40s are typically most commonly served by CPS, although in 2013 this shifts into the early 50s.

Figure 48: Number of Clients Served by Comprehensive Psychiatric Services, by Age Group, 2008-2016

Source: Division of Comprehensive Psychiatric Services -- Clinical Data.
Hospital admissions for affective disorders showed highest rates in the southeast and lowest rates in the northeast and central parts of the state.

Figure 49: Inpatient Hospitalizations for Affective Disorders Rates per 10,000: Residents of Missouri, Aggregate data 2015. NOTE: Regions are based on BRFSS Regions (http://health.mo.gov/data/pdf/brfss.pdf).

Source: Division of Health and Senior Services, MICA database
Mortality Rates of Death due to Suicide

Missouri has been higher than the national average for rate of deaths due to suicide for the last decade.

Men and Whites are much more likely to die due to suicide.

Figure 50: Rate of Death due to Suicide per 100,000 Pop: U.S. and Missouri, 1998-2016

Figure 51: Rate of Deaths due to Suicide by Demographics per 100,000 Pop: MO only, 1998-2015

Source: National Center for Health Statistics. Underlying Cause of Death 1999-2015 on CDC WONDER Online Database
High Risk Subpopulations
The MO-BHEW surveyed individuals that work in the behavioral health field in Missouri in 2011 and 2013, asking about their data needs. Both surveys indicated a desire for data on high risk subpopulations. In response, in 2013, the MO-BHEW identified high risk subpopulations with available substance use and mental health data. Below, data are reported on two of those identified subpopulations: lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals and military personnel. Additional state level data sources for other identified high risk populations is not available.

**LGBTQ**

Data on the LGBTQ population comes from the 2018 Missouri Student Survey (MSS) (N=120,063). Questions about sexual orientation and gender identity are part of an optional module of the MSS. Schools register prior to the survey administration and schools may opt out of participating in the optional modules. Therefore, the data is not necessarily representative of Missouri. The sample consists of primarily high school students (69%) and 31% were middle school students (31%). Approximately 10.7% (N=1445) of the sample identify as lesbian, gay, or bisexual, and 1.6% (N=220) of the sample identified as transgender.

Most (45.1%) of the LGBTQ sample was from the Eastern Region, 24.3% from the Southwest region, 14.4% from the Southeast Region, 10.8% from the Central Region, and 5.4% from the Northwest region.

Table 18: % of LGBTQ Sample, By Region, 2018

<table>
<thead>
<tr>
<th>Region</th>
<th>% of LGBTQ Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>10.8%</td>
</tr>
<tr>
<td>Northwest</td>
<td>5.4%</td>
</tr>
<tr>
<td>Southwest</td>
<td>24.3%</td>
</tr>
<tr>
<td>Southeast</td>
<td>14.4%</td>
</tr>
<tr>
<td>Eastern</td>
<td>45.1%</td>
</tr>
</tbody>
</table>


**Substance Use Indicators**

LGBTQ students consistently reported higher rates of substance use over the past 30 days than their non-LGBTQ peers. Both groups used alcohol, e-cigarettes, and marijuana most commonly. Twenty one percent (21%) of LGBTQ students used alcohol compared to 15% of straight students, and 19% used alcohol compared to 15% of straight students. Marijuana use among LGBTQ youth was over twice that of straight students (16% and 7%, respectively).
Table 19: Past 30 Day Substance Use, by Sexual Orientation, 2018

<table>
<thead>
<tr>
<th></th>
<th>% LGBTQ</th>
<th>% Straight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>21.0%</td>
<td>15.1%</td>
</tr>
<tr>
<td>E-Cigarettes</td>
<td>18.8%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>15.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>14.6%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>13.2%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Hookah</td>
<td>3.7%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Over-the-Counter Drugs</td>
<td>3.3%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>2.5%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Synthetic Drugs</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>


Mental Health Indicators
Students who identified as LGBTQ are much more likely than students identifying as straight to report having suicidal thoughts and attempting suicide. The rate of LGBTQ suicide attempts (20.3%) was nearly five times the rate in straight students (4.4%)

Table 20: Suicidality, by Sexual Orientation, 2018

<table>
<thead>
<tr>
<th></th>
<th>% LGBTQ</th>
<th>% Straight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considered suicide</td>
<td>43.8%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Made a plan to attempt suicide</td>
<td>30.3%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>20.3%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>


Similarly, many more LGBTQ students reported experiencing symptoms of depression than straight students. Over half of LGBTQ students reported feeling very sad (53%), feeling grouchy or irritable (56%), and experiencing changes in sleep patterns (53%)

Table 21: Symptoms of Depression in the Past Month, by Sexual Orientation, 2018

<table>
<thead>
<tr>
<th></th>
<th>% LGBTQ</th>
<th>% Straight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt very sad</td>
<td>52.7%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Felt grouchy or irritable</td>
<td>55.6%</td>
<td>32.8%</td>
</tr>
<tr>
<td>Felt hopeless about the future</td>
<td>36.5%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Felt like not eating or eating more than usual</td>
<td>44.5%</td>
<td>19.9%</td>
</tr>
<tr>
<td>Slept a lot more or a lot less than usual</td>
<td>53.4%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Had difficulty concentrating on school work</td>
<td>49.3%</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

Bullying and Violence
LGBTQ youth experienced bullying at higher rates than straight students. Seventy percent (70%) of LGBTQ youth had been made fun of, compared to 57% of straight students. Also, 56% of LGBTQ students had rumors or lies spread about them at school compared to 45% of straight students. LGBTQ youth were also more likely to experience physical and online bullying.

Table 22: Bullying in the Past 3 Months, by Sexual Orientation 2018

<table>
<thead>
<tr>
<th></th>
<th>% LGBTQ</th>
<th>% Straight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made fun of you</td>
<td>69.8%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Spread mean rumors or lies about you at school</td>
<td>56.1%</td>
<td>45.3%</td>
</tr>
<tr>
<td>Posted something online or sent a text that embarrassed or hurt you</td>
<td>34.0%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Hit, shoved or pushed you and was not just fooling around</td>
<td>27.3%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>


LGBTQ students experienced violence at higher rates. Twenty percent (20%) reported being in a physical fight within the past year and 11% had been threatened or injured with a weapon on school property.

Table 23: Experiencing Violence in the Last Year, by Sexual Orientation, 2018

<table>
<thead>
<tr>
<th></th>
<th>% LGBTQ</th>
<th>% Straight</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a physical fight</td>
<td>20.2%</td>
<td>16.6%</td>
</tr>
<tr>
<td>In a physical fight in which you were injured and had to be treated by a doctor or nurse</td>
<td>3.2%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Threatened or injured with a weapon such as a gun, knife, or club on school property</td>
<td>11.1%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Military Personnel

Data on military personnel are available from NSDUH. While there is a wealth of data regarding tobacco use among military personnel, data on drugs and mental illness are more limited. Where possible, Missouri military personnel are compared to both military personnel nationally and Missouri civilians. Unless otherwise indicated, numbers in this section are representative of both active and inactive military personnel, including veterans.

Note that NSDUH data has replaced BRFSS data, as it is publically available.

Tobacco Use

The percent of Missouri military personnel who have ever smoked a cigarette is slightly lower than the average of U.S. military personnel.

In Missouri, the percent of military personnel and civilians who have ever smoked a cigarette has declined slightly.

Figure 52: % of Military Personnel (U.S. and Missouri) & Civilians (Missouri) who have Ever Smoked a Cigarette, 2002-2015.

In 2015, the NSDUH replaced questions about snuff and chewing tobacco use with questions about smokeless tobacco in general. Smokeless tobacco includes snuff, dip, chewing tobacco or "snus." Therefore, numbers about smokeless tobacco use are not necessarily comparable to previous years.

The percent of individuals in every category who have ever used snuff has remained relatively stable since 2002-2003.

Military personnel in general use smokeless tobacco at a higher rate than citizens. In 2015-2016, 29% of US military personnel reported ever using smokeless tobacco, compared to 30.9% of Missouri military personnel and 21.1% of Missouri civilians.

Figure 53: % of Military Personnel (U.S. and Missouri) & Civilians (Missouri) who have Ever Used Snuff or Chewing Tobacco, 2002-2013.

As with other tobacco products, military personnel tend to use pipe tobacco at a higher rate than civilians.

Pipe tobacco rates for military personnel have decreased slightly over time.

Figure 54: % of Military Personnel (U.S. and Missouri) & Civilians (Missouri) who have Ever Smoked Pipe Tobacco, 2002-2015

Marijuana

With the exception of a data anomaly in 2008-2009, rates for marijuana use have remained relatively steady and similar for all groups.

Figure 55: % of Military Personnel (U.S. and Missouri) & Civilians (Missouri) who have Ever Used Marijuana / Hashish, 2002-2015

Illicit Drugs Other than Marijuana

Rates for cocaine use have also remained relatively steady and similar for all groups.

Figure 56: % of Military Personnel (U.S. and Missouri) & Civilians (Missouri) who have Ever Used Cocaine, 2002-2015

In Missouri, the percent of military personnel who have ever used LSD has increased slightly since 2010-2011. The rate is similar among all groups.

Currently, more military personnel reported ever using LSD than civilians in Missouri.

Figure 57: % of Military Personnel & Civilians who have Ever Used LSD, in Missouri, 2002-2015.

Mental Health Indicators

Although stable over time, suicide rates in Missouri among veterans are more than double those among civilians.6

Data after 2011 are not available.

Figure 58: Rate of Veteran Suicides per 100,000 Pop, in Missouri, 2005-2011

Source: Centers for Disease Control: Deaths and Missouri Department of Health and Senior Services

6 Rates presented here are crude rates and may differ from reports using age-adjusted rates.
The percent of all groups who reported feeling sad, empty, or depressed for several days or longer has decreased slightly since 2006-2007.

The rate of military personnel feeling sad, empty, or depressed for several days or longer is lower than the civilian rate.

Data were unavailable for the years between 2007 and 2010.

Figure 59: % of Military Personnel Who Felt Sad/Empty/Depressed for Several Days or Longer, in U.S. and Missouri, 2006-2015.

The percent of Missouri military personnel who reported feeling sad, empty, or depressed for two weeks or longer has decreased since 2006-2007.

Data were unavailable for the years between 2007 and 2010.

Figure 60: % of Military Personnel Who Felt Sad/Empty/Depressed for Two Weeks or Longer, in Missouri, 2006-2013

Data Limitations and Gaps

This report attempts to provide an overview of the state of Missouri’s behavioral health data. However, due to limitations in the data available and resources to write the report, there are gaps that remain.

For example, the risk and protective factors and the in-depth mental health data lack high quality and lack national comparable data sources. Therefore, local data were used to explore these variables in order to have some indication of their current status in Missouri and while some inferences can be made with local data, they should be interpreted cautiously. Methodological issues may cause some variability with the data that is not a true reflection of population. In addition, the lack of comparable numbers from other states and national level data makes it difficult to determine the relative magnitude of the issues in Missouri.

Another concern that needs to be taken into consideration is the use of risk and protective factors as defined by the Hawkins and Catalano Model, which only allowed for middle and high school students to be examined with a single data source. This does provide a starting point; however, further efforts will have to be made to determine which risk and protective factors play a role in influencing the behavioral health of people across the lifespan.

Data quality was improved in 2016 with the introduction of a random sample at the state level; however, response rates are slightly less than desired.

Although data on consequences are available at the state level from the national data set and are included in this report, stakeholders would like data on the cost to the state for each variable, but currently that data is unobtainable.

Data shows that individuals 18-21 and 21-25 years of age are the heaviest users for alcohol, tobacco and other drugs so subpopulation data for these age groups that would be most helpful. However, those ages 18-21 are not legally allowed to drink which raises concerns for this group’s ability to access available resources. While there are some data available on usage rates from the national surveys, there is no information there on risk and protective factors, where the young people are accessing the substances or other information which could be used to target interventions to this high risk group. Additional subpopulation data would also be helpful for the high-risk subpopulations the MO-BHEW identified in 2013: 1) military personnel, 2) homeless, 3) persons with a disability, and 4) LGBTQ individuals. The MO-BHEW was able to obtain some Missouri data for LGBTQ youth and veterans, and is currently in the process of exploring data sources for disabled persons and homeless individuals.
Current data for LGBTQ individuals is limited to a small sample of youth from the Missouri Student Survey, so we will continue to explore data sources pertaining to substance use and mental health in this population. Data on substance use in pregnant women would also be helpful but there is no current data source for this information.
Conclusions

Alcohol and tobacco are the two most commonly used drugs in Missouri and the overall past-month usage rates for alcohol are similar to the national average. Binge drinking is common among young (under 25) drinkers, raising concerns about risky drinking and the associated consequences. The past-month usage rates for cigarettes are increasing from 2011. Missourians aged 18 years and older had much higher daily usage rates for cigarettes than the U.S. population, while the daily usage rates among students are similar to the national average. Tobacco consumption related mortality rates are consistently higher than the national average.

While prescription drugs and illicit drugs are not as commonly used, the consequences of their use in Missouri tend to be higher than the national average. Risk and protective factor data indicated that youth consider e-cigarette use to be less risky than other drugs. Over-the-Counter Drugs are the most available drug. Those 18-25 and males tend to have the highest use rates across all drugs.

When examining the risk and protective factors, over one-third of all youth surveyed found drinking alcohol to be of no risk or slight risk, much more than that of cigarette smoking. Alcohol use was reported to be less wrong than other drug usage by the parents.

When examining the mental health variables that have nationally comparable numbers, depression and suicide are larger problems in the state than is average for the nation. White males are the most vulnerable to suicide.

Finally, the MO-BHEW identified two high-risk subpopulations with data on mental health and substance use: LGBTQ individuals and military personnel. LGBTQ students are more than twice as likely as straight students to sometimes feel sad or depressed. They are at a much higher risk of suicidal thoughts as well. Missouri veterans and military personnel, similarly, are more likely than civilians and military personnel nationally to use tobacco. Missouri military personnel usage rates for marijuana and other illicit drugs are similar to civilian and American military personnel rates. However, veterans and military personnel are more likely to die by suicide and feel sad, empty, or depressed for two weeks and longer than civilians. Further, longitudinal research on veterans suggests that service members with combat exposures are at increased risk of alcohol-related problems, such as binge drinking, and an increase in smoking initiation. This additional information suggests that Missouri military personnel are a population that is at risk for substance use and mental health issues, and should continue to be monitored.

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Appendix A - Data Sources, Indicators and Selection Criteria

### Data Sources

Table 24: Data Sources

<table>
<thead>
<tr>
<th>Name of Survey</th>
<th>Frequency of Reporting</th>
<th>Mode of Data Collection</th>
<th>Group Surveyed</th>
<th>Level Data Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>Annual</td>
<td>Telephone interview</td>
<td>Ages 18 or older, includes veterans</td>
<td>National, state, and Missouri Department of Health and Senior Services planning regions</td>
</tr>
<tr>
<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>Annual</td>
<td>Face-to-face interview</td>
<td>Ages 12 or older, includes veterans</td>
<td>National but can also obtain state and sub-state planning regions by combining multiple survey years</td>
</tr>
<tr>
<td>Missouri Student Survey (MSS)</td>
<td>Every even numbered year</td>
<td>Web-based at school</td>
<td>Grades 6th - 12th but emphasis on 9th grade</td>
<td>State and county</td>
</tr>
<tr>
<td>Youth Risk Behavior Survey (YRBS)</td>
<td>Every odd-numbered year</td>
<td>Paper questionnaire at school</td>
<td>9th through 12th</td>
<td>National and State</td>
</tr>
<tr>
<td>National Vital Statistics System Mortality (NVSS-M)</td>
<td>Annual</td>
<td>Death certificate data</td>
<td>Population level</td>
<td>National and State – see Appendix A for more information</td>
</tr>
</tbody>
</table>
Additional State Level Data Sources:

**Data Subject: Maternal drinking during pregnancy**  
**Data Source:** Missouri Department of Health & Senior Services  
**Report Name:** Missouri Vital Statistics  
**Report Frequency:** Annual  
**Record Source:** Birth certificates  
**Recording Method:** Check box  
**Data Strengths:** Birth certificate data are collected for every live birth. Missouri has reciprocal reporting arrangements with most other states, so out-of-state births to Missouri residents are included. Beginning in 1989, medical condition information on birth records is collected using check boxes rather than the previous open-ended questions. The use of check boxes increased reporting of medical risk factors by 50 percent in 1989 compared to 1988.  
**Data Limitations:** Drinking during pregnancy is substantially under-reported in the birth records. In 2007 and 2008, the Missouri Pregnancy Risk Assessment Monitoring System (PRAMS), administered a mailed stratified random sample survey to mothers of Missouri newborns. The survey found that 5.8 percent of mothers acknowledged drinking alcohol in the last three months of their pregnancies. The 95% confidence interval for that estimate is 4.6%-6.9%. Due to likely under-reporting on the survey, the actual drinking rate is probably higher than the survey estimate. During the same two-year period, birth records indicated 484 births in 2007 and 416 in 2008 involved maternal drinking during their pregnancies -- a two-year total of 900 among 162,825 live births and a rate of only 0.55 percent. Thus, the actual rate of maternal drinking during pregnancy is probably at least 10 times the rate reported in the birth records.

**Data Subject: Maternal smoking during pregnancy**  
**Data Source:** Missouri Department of Health & Senior Services  
**Report Name:** Missouri Public Health Information Management System - Birth Missouri Information for Community Assessment (MICA)  
**Report Frequency:** Annual  
**Record Source:** Birth certificates  
**Recording Method:** Check box  
**Data Strengths:** Birth certificate data are collected for every live birth. Missouri has reciprocal reporting arrangements with most other states, so out-of-state births to Missouri residents are included. Beginning in 1989, medical condition information on birth records is collected using check boxes rather than the previous open-ended questions. The use of check boxes increased reporting of medical risk factors by 50 percent in 1989 compared to 1988.  
**Data Limitations:** Smoking during pregnancy is under-reported in the birth records. In 2007 and 2008, the Missouri Pregnancy Risk Assessment Monitoring System (PRAMS), administered a mailed stratified random sample survey to mothers of Missouri newborns. The survey found that 20.1 percent of mothers acknowledged smoking in the last three months of their pregnancies. The 95% confidence
interval for that estimate is 18.2%-22.0%. During the same two-year period, birth records indicated 14,533 births in 2007 and 14,211 in 2008 involved maternal smoking during their pregnancies—a two-year total of 28,744 among 162,825 live births and a rate of 17.65 percent. Thus, the actual rate of maternal smoking during pregnancy is probably higher than the rate reported in the birth records.

**Data Subject:** Juvenile court out-of-home placements of children due to parental substance use / abuse (categorized according to parental alcohol use, drug use, or alcohol and drug use).

**Data Source:** Missouri Department of Social Services

**Report Name:** Unpublished report

**Report Frequency:** Provided annually to recipient requesting agency

**Record Source:** Statewide Automated Child Welfare Integrated System (SACWIS)

**Recording Method:** Information requested but not available as of the date the report is to be submitted.

**Data Subject:** Alcohol-involved traffic crashes (categorized as fatal, non-fatal, and non-injury crashes) and injuries (categorized as fatalities and non-fatal injuries)

**Data Source:** Missouri Department of Public Safety, State Highway Patrol, Statistical Analysis Center

**Report Name:** Unpublished report

**Report Frequency:** Provided annually to recipient requesting agency

**Record Source:** Missouri Uniform Accident Report

**Recording Method:** Check box

**Data Strengths:** Uniform Accident Report has a check box for alcohol as a probable contributing circumstance, based on the judgment of the investigating officer. There are check boxes for alcohol involvement for drivers and passengers. Data have been collected for many years. Data can be amended if Blood Alcohol Content (BAC) testing later indicates the offer was incorrect in their initial assessment; this is most often done in electronic records (approximately 1/3 of all reports are electronic).

**Data Limitations:** The check box system is not based on an objective method or a specific BAC threshold to determine whether alcohol contributed to the crash. The classification of alcohol involvement is different than the .01+ percent BAC criteria used by the National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS).
**Data Selection**

For the last 16 years, DBH (formerly ADA) has produced an annual Status Report with data on alcohol and drug use across the state. This report includes data from national surveys as well as some local data where available. This historical data collection, in combination with the indicators listed in the guidance document, led to the choice of indicators covered. NSDUH was chosen as the primary data source (where available) over BRFSS due to its historical use in Missouri. However, when BRFSS data are used, data by gender are included, as that is not available in NSDUH.

Similarly, Missouri State Highway Patrol (MSHP) data were used instead of NHTSA. Traditionally, these were used as MSHP only reports those known to have alcohol involvement while NHTSA attempts to estimate the percentage that were alcohol related from the pool of unknown.

Where State Epidemiological Data System (SEDS) data were not available, local sources were used to provide some information on the indicator, although they may not be as valid or reliable.
Mortality Data

Note that the following ICD-10 codes were used to define the mortality categories. Data can be queried at [http://wonder.cdc.gov/ucd-icd10.html](http://wonder.cdc.gov/ucd-icd10.html).

<table>
<thead>
<tr>
<th>Category</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular and Ischemic Cerebrovascular Disease</td>
<td>I20–I25 and I60-69, I00-109, I11, I13, I26-I51(exclude I32, I39, I41)</td>
</tr>
<tr>
<td>Chronic Liver Disease &amp; Cirrhosis</td>
<td>K70, K73-K74</td>
</tr>
<tr>
<td>COPD And Emphysema</td>
<td>J43-J44</td>
</tr>
<tr>
<td>Drug Related Behavior</td>
<td>F11- F16, F18-F19, F55 and G62</td>
</tr>
<tr>
<td>Drug Related Poisoning</td>
<td>X40-X44, X46, X60-X64, X66, Y10-Y14 and Y16</td>
</tr>
<tr>
<td>Homicide</td>
<td>X85-Y09 and Y87.1</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>C34</td>
</tr>
<tr>
<td>Suicide</td>
<td>X60-X84 and Y87.0</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>T36-T39, T40.2-T40.4, T41-T43.5, and T43.8-T50.8 [prescription OPR (T40.2-T40.4), benzodiazepines (T42.4)]</td>
</tr>
</tbody>
</table>