STATUS REPORT ON MISSOURI'S ALCOHOL AND DRUG ABUSE PROBLEMS

Sixteenth Edition - 2010

MISSOURI DEPARTMENT OF MENTAL HEALTH

Division of Alcohol and Drug Abuse

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SIXTEENTH EDITION — 2010

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FOREWORD

The Missouri Division of Alcohol and Drug Abuse annually produces the *Status Report on Missouri's Alcohol and Drug Abuse Problems*. This 16th Edition provides continuity in reporting a consistent set of year-to-year data that tracks important substance abuse indicators. The report consists of data derived from national and state surveys on alcohol and drug use, reported consequences of alcohol and drug abuse in Missouri, and data on publicly supported addiction treatment and intervention. Substance abuse affects all of us and negatively impacts the health, safety, social, legal, moral, and economic fabric of our society. The *Status Report* series is useful for monitoring trends, assessing needs, allocating resources, and planning prevention and treatment services.

The Division of Alcohol and Drug Abuse has district offices located in Kansas City, Saint Louis, Jefferson City, Springfield, and Rolla. District staff can provide additional information and assistance regarding alcohol and drug abuse treatment, traffic offender programs, compulsive gambling services, and substance abuse prevention projects. Please refer to the ADA district map in the *Status Report* appendix.

Inquiries and comments pertaining to this report should be directed to the Research and Statistics office at the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. Recent editions of the *Status Report* are accessible at this website:

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

Sincerely,

Mark Stringer

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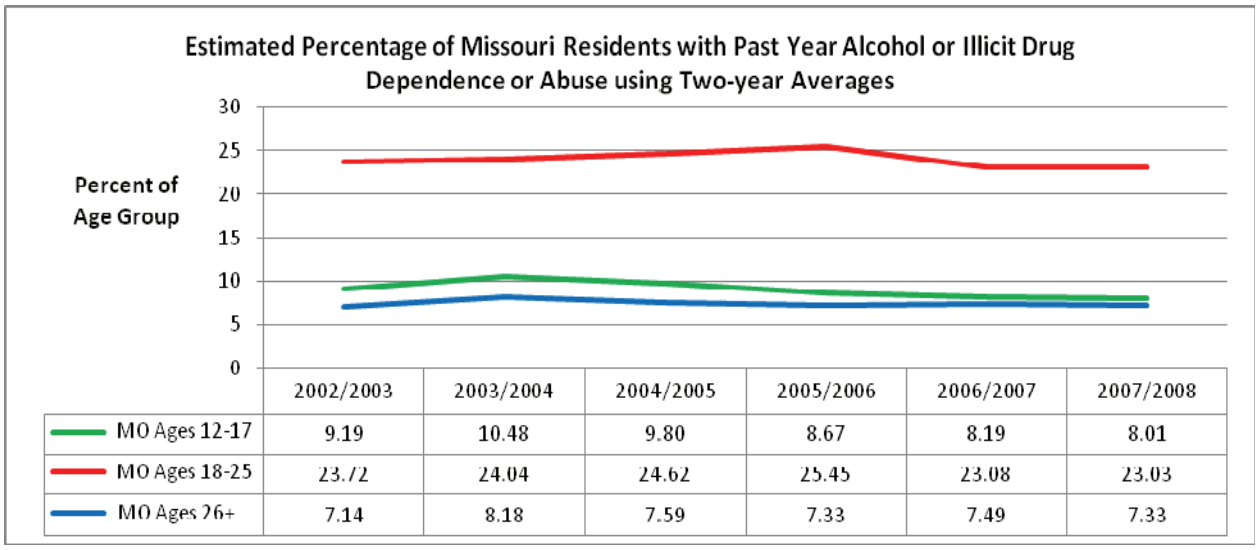
HIGHLIGHTS

SUBSTANCE ABUSE PREVALENCE

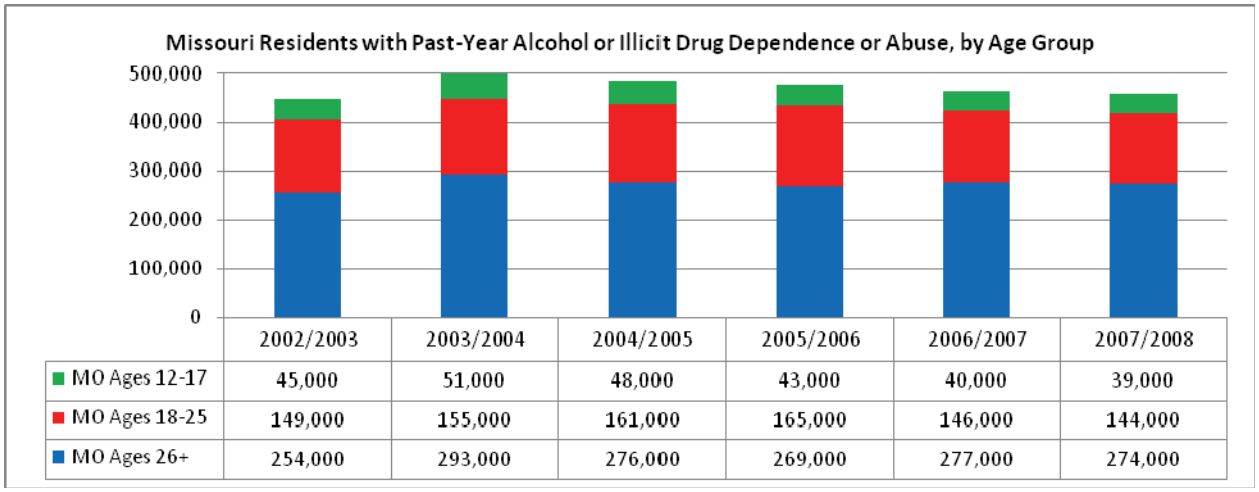
Substance abuse rates in Missouri have declined in recent years. Combined 2007 and 2008 Missouri data from the National Survey on Drug Use and Health indicate an estimated 9.4% of the state's population ages 12 years and older have an alcohol or illicit drug dependency or abuse problem. This is a decrease from the previous estimate of 9.9% using data from the 2005 and 2006 surveys. Among adolescents 12-17 years of age, estimated rates have declined from 10.5% in 2003/2004 to 8.0% in 2007/2008. Substance abuse rates remain at about 23% for Missourians ages 18-25. Due to limited survey samples, small differences in year-to-year estimates are generally not statistically significant.



	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
MO Ages 12-17	9.19	10.48	9.80	8.67	8.19	8.01
MO Ages 18-25	23.72	24.04	24.62	25.45	23.08	23.03
MO Ages 26+	7.14	8.18	7.59	7.33	7.49	7.33

Source: National Survey on Drug Use and Health.

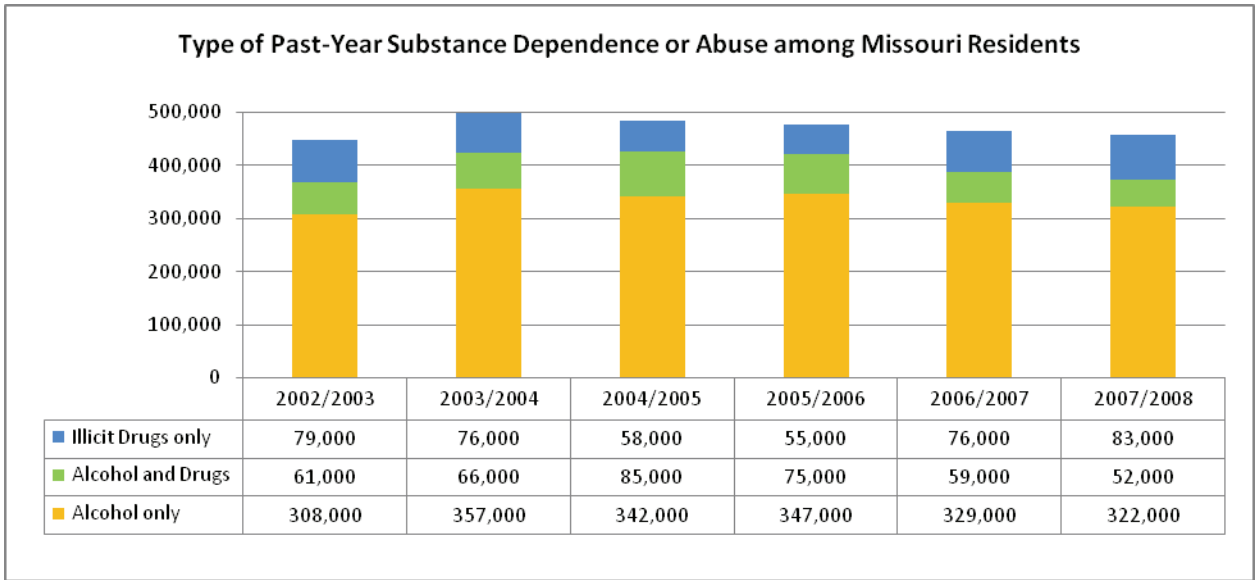
Based on the overall dependency and abuse rate of 9.4%, 457,000 Missouri residents currently have alcohol or drug abuse problems, a decrease from the previous estimate of 464,000.



	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
MO Ages 12-17	45,000	51,000	48,000	43,000	40,000	39,000
MO Ages 18-25	149,000	155,000	161,000	165,000	146,000	144,000
MO Ages 26+	254,000	293,000	276,000	269,000	277,000	274,000

Source: National Survey on Drug Use and Health.

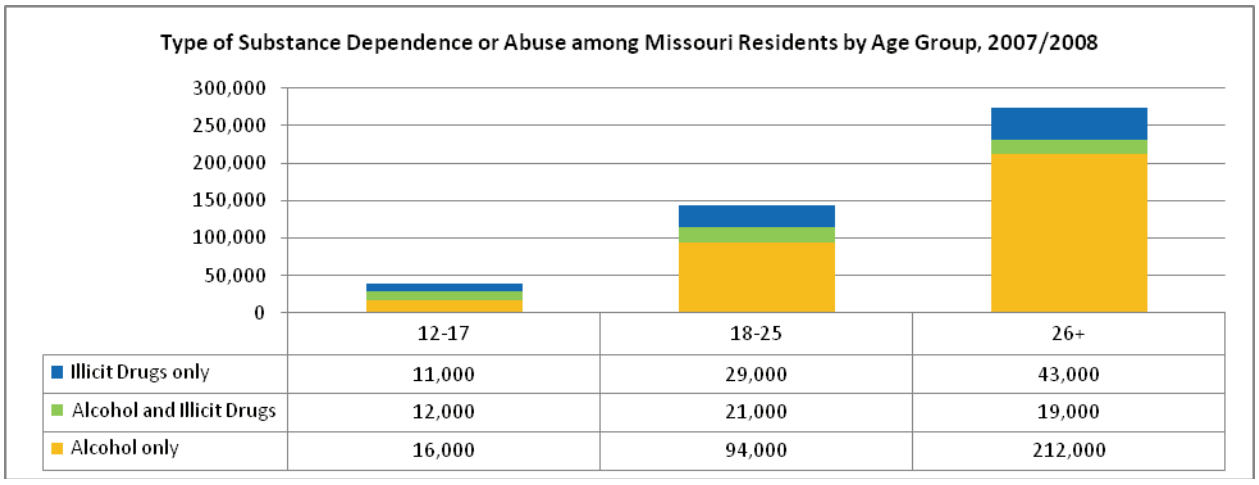
Among the 457,000 individuals, over 11% have alcohol and illicit drug dependence or abuse problems, while the remaining 405,000 have alcohol or illicit drug problems. They consist of almost 71% with alcohol dependence or abuse and over 18% with illicit drug dependence or abuse.



	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2007/2008
Illicit Drugs only	79,000	76,000	58,000	55,000	76,000	83,000
Alcohol and Drugs	61,000	66,000	85,000	75,000	59,000	52,000
Alcohol only	308,000	357,000	342,000	347,000	329,000	322,000

Source: National Survey on Drug Use and Health.

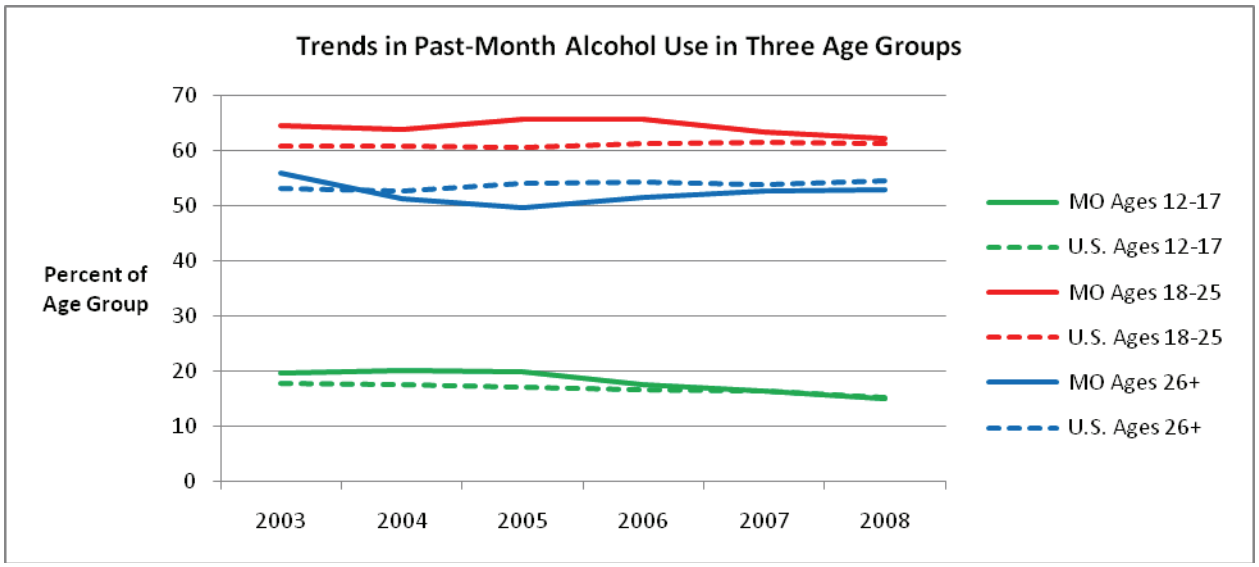
Illicit drug dependence or abuse is nearly as prevalent as alcohol dependence or abuse among Missouri adolescents 12-17 years of age. Alcohol begins to emerge as the more prominent problem among young adults 18-25 years of age, although many individuals in this age group abuse both alcohol and illicit drugs. Alcohol is the dominant substance abuse problem among adults older than 25.



	12-17	18-25	26+
Illicit Drugs only	11,000	29,000	43,000
Alcohol and Illicit Drugs	12,000	21,000	19,000
Alcohol only	16,000	94,000	212,000

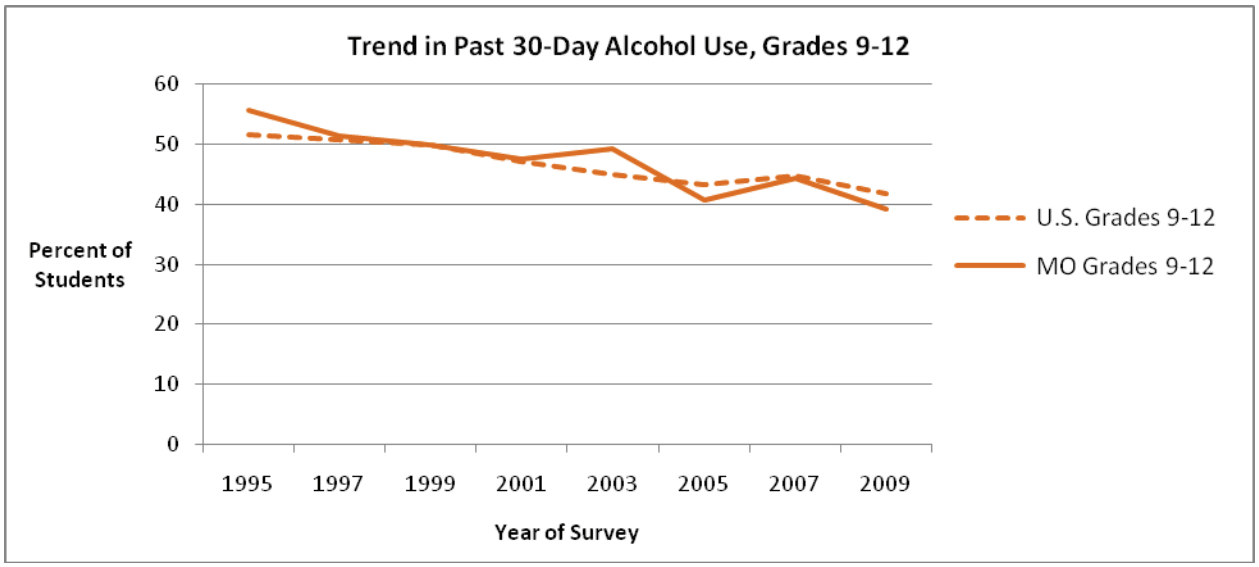
Source: 2007/2008 National Survey on Drug Use and Health

Youth alcohol use continues to decline. The 2008 NSDUH indicates past-month alcohol use among Missouri 12-17 year-olds has dipped to 14.9%, compared to its peak of 20.2% in 2004. Binge drinking, defined as consuming five or more drinks during a single drinking occasion, has declined to 9.5% for that age group after reaching 13.7% in 2004.



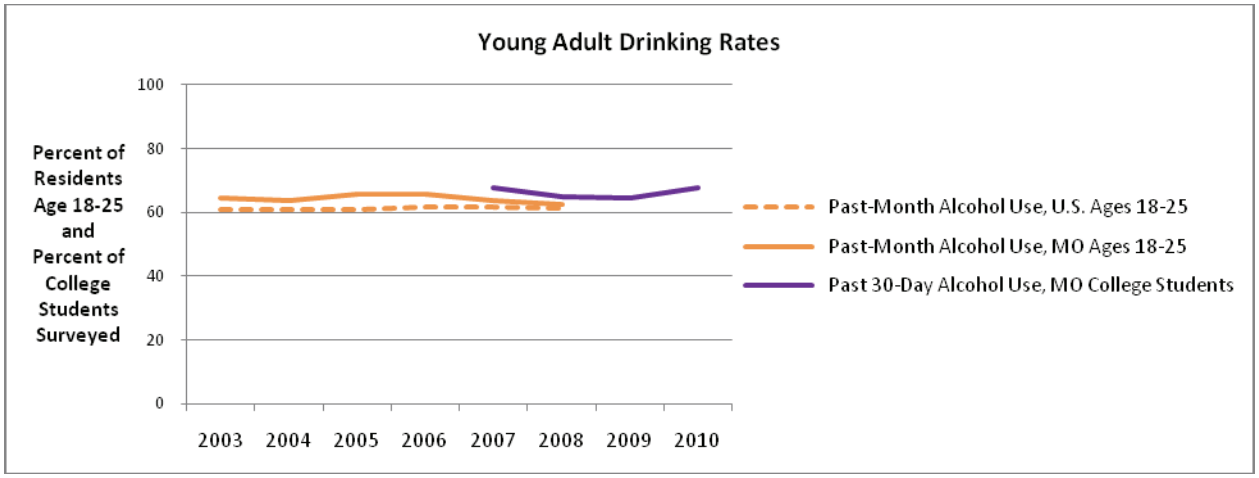
Source: National Survey on Drug Use and Health.

According to the Youth Risk Behavior Survey (YRBS), alcohol use among Missouri students in grades 9-12 has declined dramatically in the past decade. Missouri high school students now have lower past 30-day alcohol use rates than students nationwide, but their binge drinking rates are still generally higher than their U.S. counterparts.

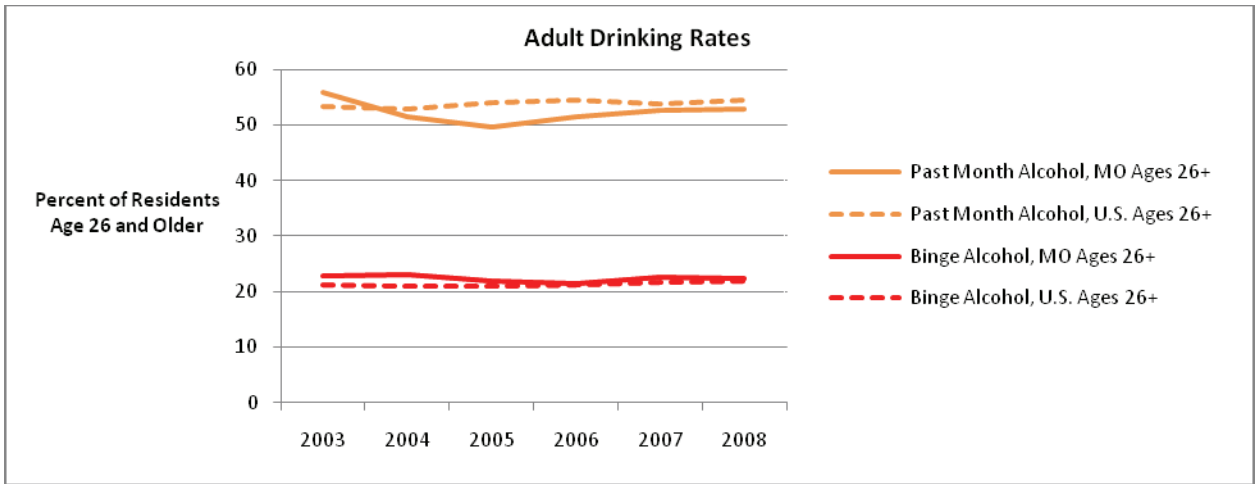


Source: Youth Risk Behavior Survey.

Young adults have the highest drinking rates. Since 2003, about 61% of young adults 18-25 years of age in the U.S. have used alcohol in the past month, according to NSDUH estimates. Missouri residents in this age group had estimated drinking rates reaching over 65% in 2005 and 2006. These rates began to decline in 2007, and in 2008 alcohol use among Missouri young adults was only one percentage point higher than the U.S. rate. Almost two-thirds of the students completing the Missouri College Health Behavior Survey during the past four years have reported past-month alcohol use.

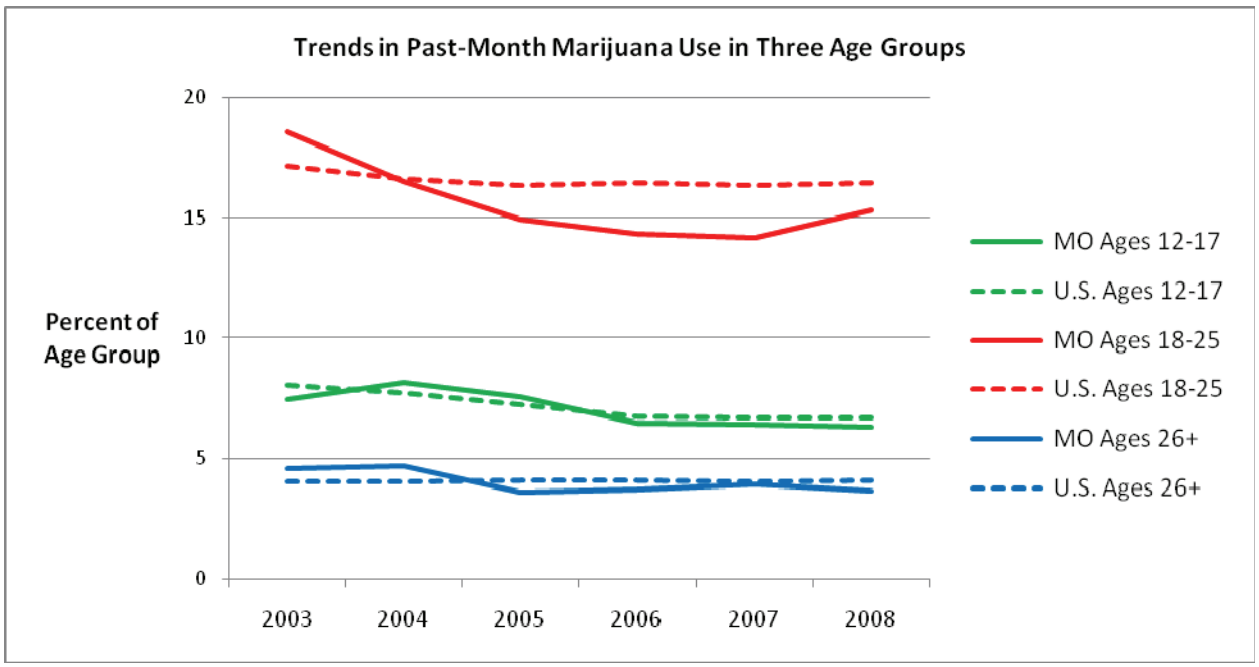


Drinking is problematic for adults over age 25. The 2007/2008 NSDUH estimates that 53% of Missouri residents older than 25 are past-month drinkers. Two-fifths of these drinkers are binge drinkers, consuming five or more drinks on the same occasion or within a couple of hours of each other during the past month. Drinking to intoxication causes most of the alcohol-related life events identified in the substance abuse indicators. Missouri adults over age 25 comprise 65% of the intoxicated drivers involved in traffic crashes, 88% of the individuals with an alcohol related hospital emergency department episode, 97% of the individuals put on probation or entering prison for driving while intoxicated, and almost all who die from alcohol overdoses and chronic alcohol abuse. This age group also includes 70% of the individuals admitted to ADA treatment programs.



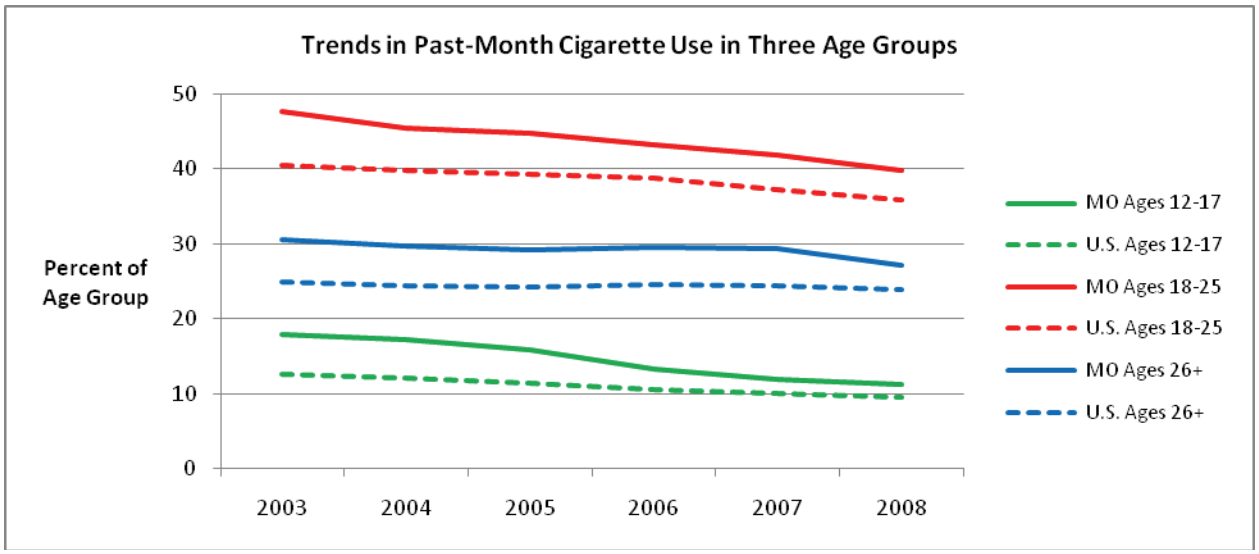
Source: National Survey on Drug Use and Health.

Past-month marijuana use is lower in Missouri than nationwide. Estimates from the NSDUH indicate that marijuana use in the U.S. has leveled off after declining earlier in the decade. Missouri's rates remain slightly lower than the U.S. rates in the three age groups. Compared to high school students nationwide, the YRBS indicates that Missouri students in grades 11 and 12 have higher past-month marijuana use rates while those in grades 9 and 10 have lower rates. Marijuana use in the 18-25 age group is an estimated 15.3% in Missouri, about one percentage point lower than the U.S. rate of 16.5%. Missouri's adults older than age 25 have a slightly lower rate of marijuana use than adults nationwide.



Source: National Survey on Drug Use and Health.

Cigarette smoking continues to decline nationwide and in Missouri. According to estimates from the NSDUH, Missouri is gradually closing the gap between its smoking rates and the U.S. rates. Despite this progress, 40% of young adults and over 10% of adolescents in Missouri continue to use cigarettes.



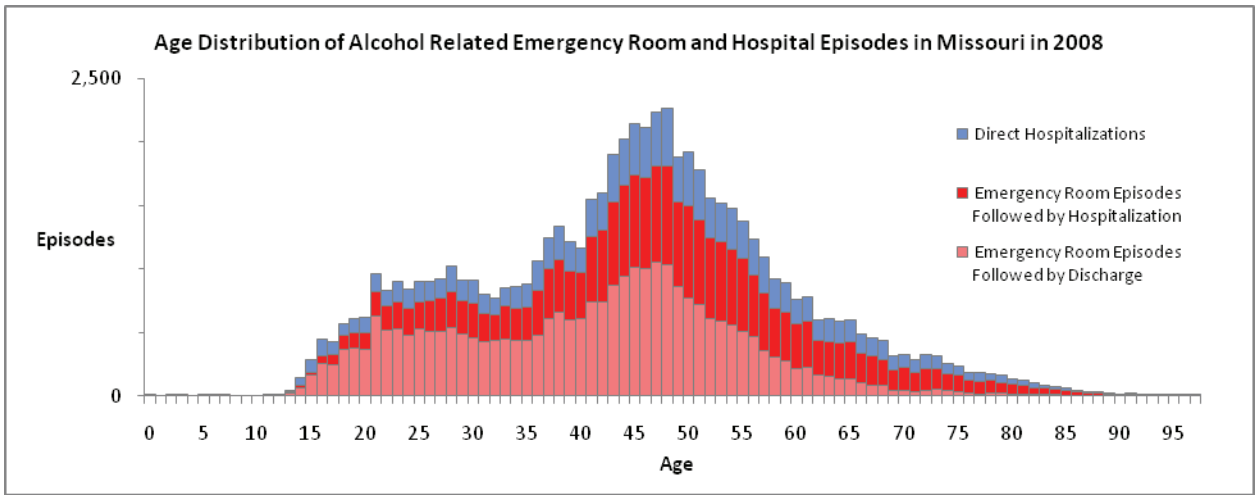
Source: National Survey on Drug Use and Health.

Non-medical use of pain relievers decreased in all age groups, but 6.7% of Missouri's 12-17 year-olds and 11.7% of the 18-25 year-olds used pain relievers in the past year without a prescription. The rate was only 3.0% for adults older than 25. Cocaine use continued to decline in Missouri. Among the population 12 years of age and older, 2.0% used cocaine in the past year. However, nearly 6% of young adults 18-25 years of age were past-year cocaine users. An estimated 1.3% of Missouri's adolescents 12-17 years old were cocaine users in 2007/2008, the lowest rate since the beginning of the decade.

SUBSTANCE ABUSE INDICATORS

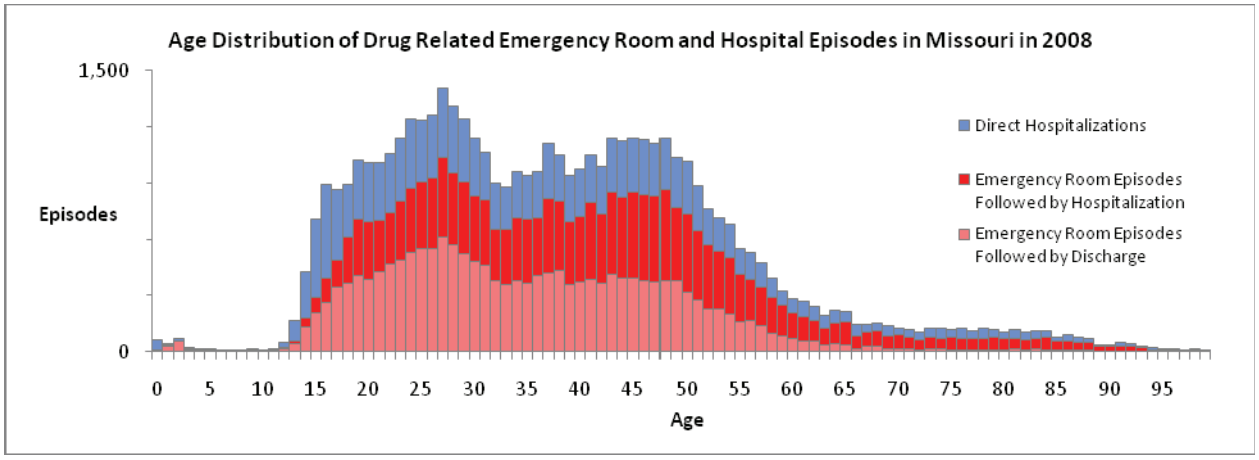
HOSPITAL EMERGENCY DEPARTMENT EPISODES

Alcohol and drug related emergency room episodes are increasing. During the past 10 years, substance abuse related E.R. episodes among Missouri residents have almost doubled, increasing from 42,333 in 1999 to 83,807 in 2008. They now comprise 3.3% of all E.R. visits, compared to 2.0% in 1999. The most notable alcohol related increases since 1999 are episodes involving alcohol withdrawal syndrome and non-dependent alcohol intoxication. In 2008, Missouri residents with alcohol related emergencies had a median age of 48, and 45% of them were admitted to the hospital for further treatment after the emergency services were provided.



Source: Data provided by Missouri Department of Health and Senior Services.

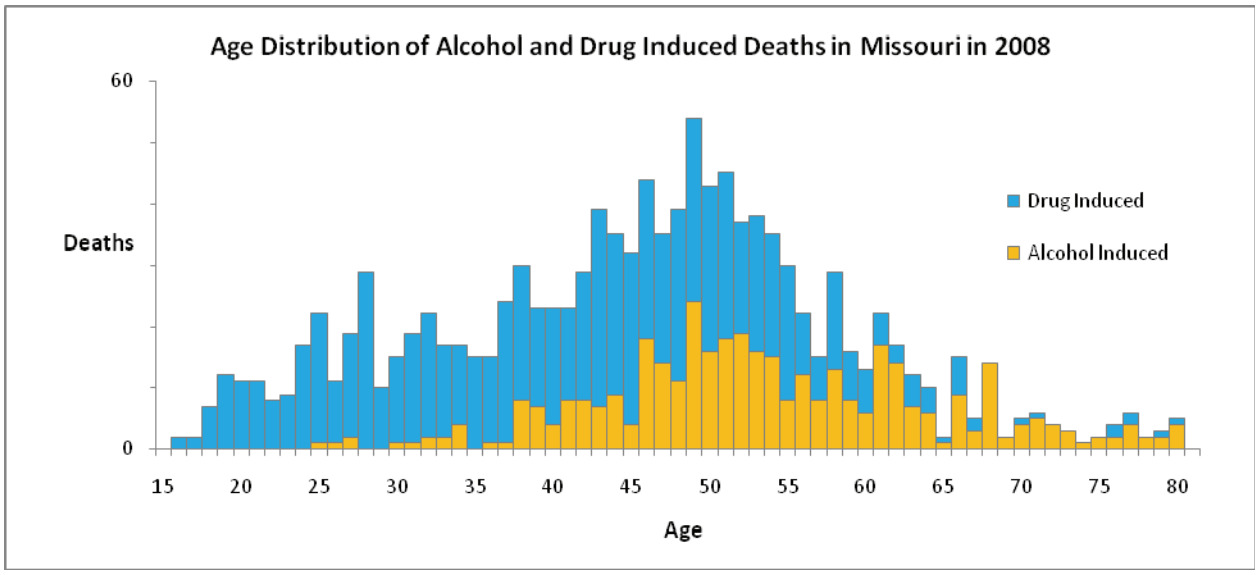
Drug withdrawal syndrome, unspecified drug abuse, delirium, marijuana abuse, and cocaine abuse account for much of the large increase in E.R. drug episodes since 1999. Compared to individuals with alcohol emergencies, those with drug related emergencies in 2008 were younger, with a median age of 44. One-half were admitted to the hospital for additional medical treatment after the emergency services were provided.



Source: Data provided by Missouri Department of Health and Senior Services.

ALCOHOL AND DRUG INDUCED DEATHS

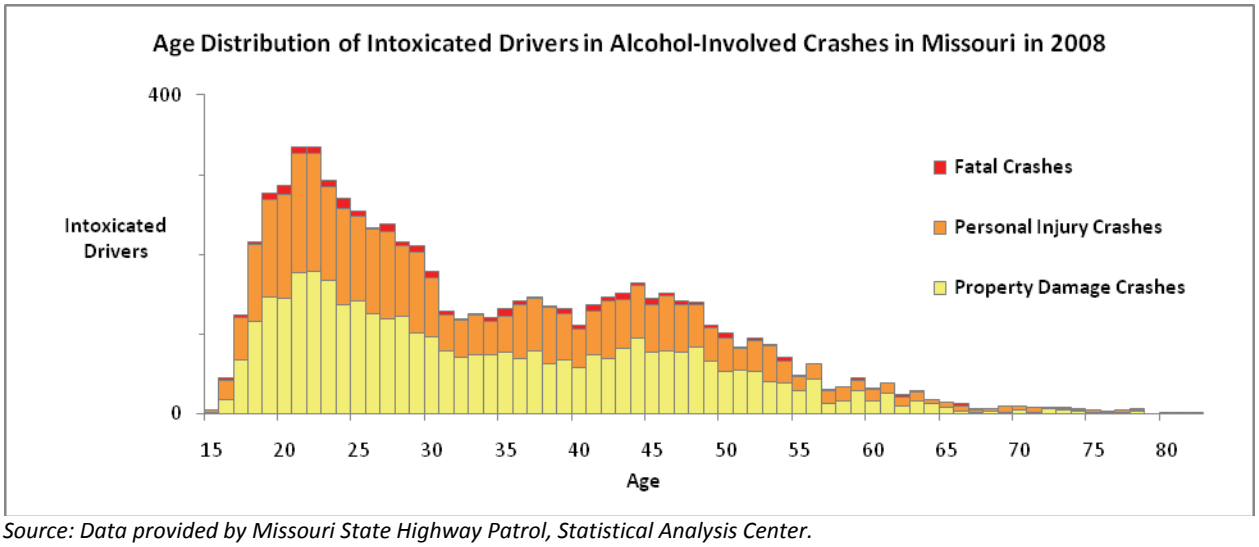
While the number of Missouri deaths from alcohol has remained steady during the past decade, drug-related deaths have increased sharply. Annually, the state has more than 1,000 deaths resulting from the medical consequences of substance abuse. In 2008, approximately one-third were attributed to alcohol, one-third to illicit drugs, and one-third to prescription, over-the-counter, and unspecified drugs. Individuals who died from alcohol abuse had a median age of 54. Those with drug-induced deaths had a median age of 46.



Source: Data provided by Missouri Department of Health and Senior Services.

TRAFFIC CRASHES

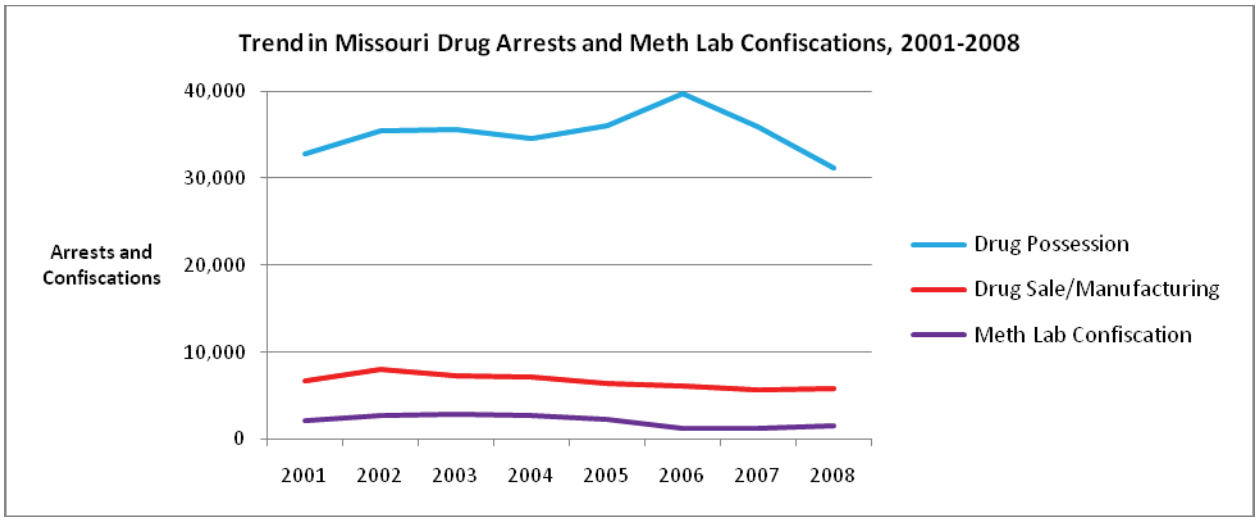
Alcohol-related traffic crashes are decreasing. Continuing a multi-year decline, Missouri had 6,955 traffic crashes attributed to drinking drivers in 2008. Those crashes involved 7,338 intoxicated drivers with a median age of 30. Nearly 40% of these drivers were in their twenties.



Source: Data provided by Missouri State Highway Patrol, Statistical Analysis Center.

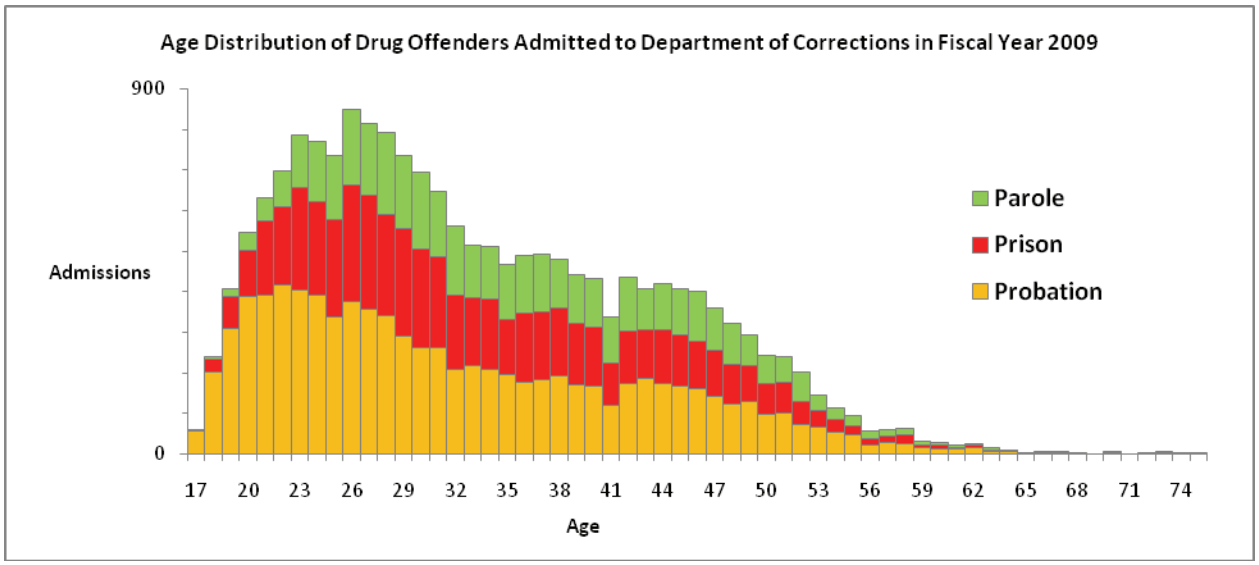
METH LABS AND DRUG ARRESTS

Methamphetamine lab confiscations are again on the rise. After reaching a peak of over 2,800 in 2003, the number of labs and equipment confiscated dipped to below 1,300 in 2006 and 2007 but climbed to nearly 1,800 in 2009. Meth lab confiscations have closely paralleled arrests for drug sales and manufacturing. Overall arrests for drug offenses reached 45,814 in 2006 and declined to 36,908 in 2008 to post the lowest annual total recorded in the decade.



CORRECTIONS SUPERVISION

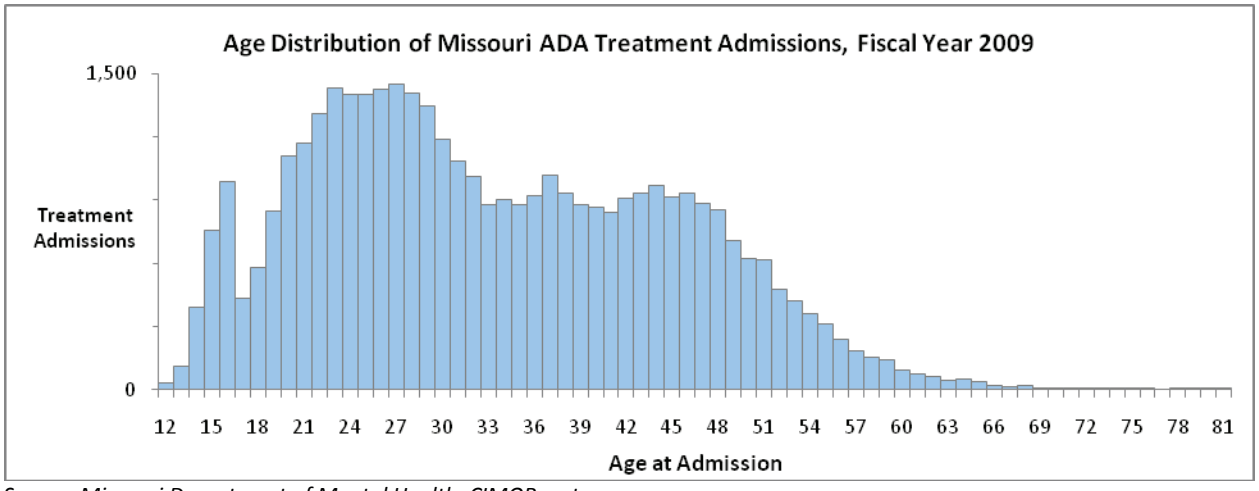
More than 5,000 Missouri residents are serving prison sentences for drug offenses. At the end of the state fiscal year 2009 (July 1, 2008 – June 30, 2009), 36% of the probation caseload, 35% of the parole caseload, and 18% of prison inmates were drug offenders. Drug offenders entering the corrections system during fiscal year 2009 had a median age of 35.



Source: Data provided by Missouri Department of Corrections.

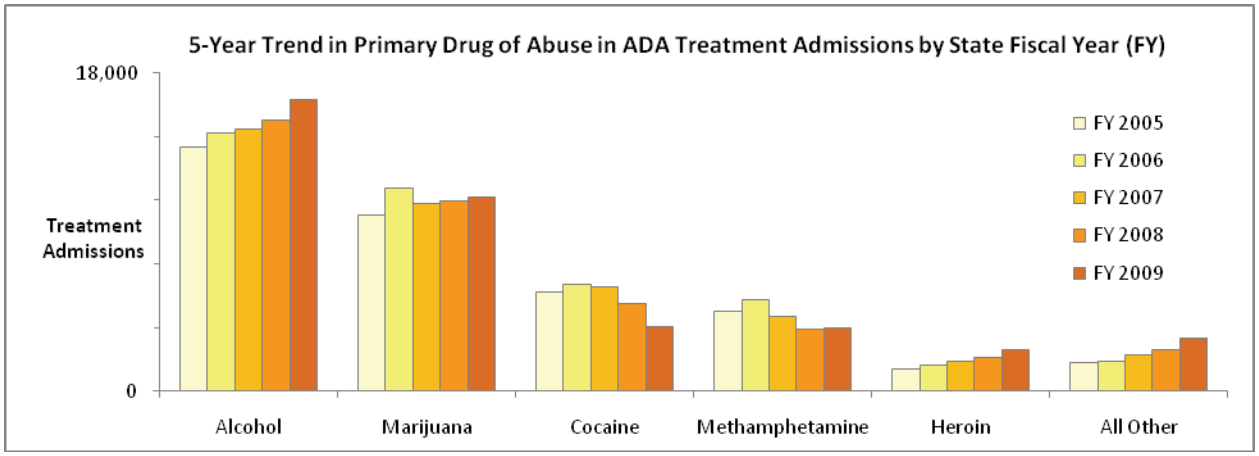
SUBSTANCE ABUSE SERVICES

In fiscal year 2009, approximately 75,000 people began treatment or received intervention, education, or supportive services funded through the Division of Alcohol and Drug Abuse. These included 40,000 who entered clinical substance abuse treatment programs; 34,000 who received a Substance Abuse Traffic Offender Program (SATOP) assessment and referral; and 1,500 who received other treatment including co-dependency and compulsive gambling treatment. Among the 40,000 who received clinical treatment, 71% were male and 29% were female. The median age was 37 and the average age was 33.



Source: Missouri Department of Mental Health, CIMOR system.

Admissions for alcohol treatment continue to increase, accounting for the primary substance of abuse in 41% of the fiscal year 2009 treatment admissions, compared to 37% in fiscal year 2005. Marijuana has remained the primary drug of abuse in about 27% of admissions during the past five years. Admissions for cocaine have had the biggest decline, from 15% of the fiscal year 2005 admissions to 9% in fiscal year 2009. Methamphetamine also accounted for 9% of primary drug admissions in fiscal year 2009. Heroin admissions are gradually increasing, reaching 6% of all fiscal year 2009 admissions. Admissions for all other illicit drugs and prescription and over-the-counter medications are also increasing, accounting for 7% of the fiscal year 2009 admissions.



Source: Missouri Department of Mental Health, CIMOR system.

LOOKING AHEAD

Changes are occurring in the alcohol and drug abuse arena. There is increased recognition that a variety of substances — not just alcohol and illegal drugs — have the potential to be used, misused, and abused with wide-ranging consequences. They include tobacco, over-the-counter medicines, prescription medicines, steroids, inhalants, and endless new chemical discoveries and inventions. Many individuals use more than one substance, sometimes in combination. The term "substance abuse" is now commonly used to identify the broad array of problematic usage.

Substance abuse may contribute to, result from, or be related to co-occurring mental health disorders and medical, social, legal, economic, environmental, and other personal factors. Substance abuse prevention and treatment services must address a variety of these synergistic conditions. In that regard, the Division of Alcohol and Drug Abuse is collaborating with the Division of Comprehensive Psychiatric Services (CPS) and other state agencies to augment treatment. Consistent with the integration of substance abuse and mental illness services for individuals with a dual diagnosis, plans are underway to expand future editions of this *Status Report* to include CPS data.

Increasingly, prevention programs are using local data on substance abuse prevalence and problem indicators to plan and prioritize services. Although the *Status Report* provides counts of major substance abuse related events in many geographic locales, basic descriptive information such as gender and average age of the affected individuals could help to identify the most appropriate target populations for interventions. The statewide age profiles displayed for some of the substance abuse indicators in the Highlights section is a starting point for providing a demographic dimension to the data.

National studies suggest that the problems associated with alcohol abuse, drug abuse, and cigarette smoking cost Missouri residents more than $10 billion annually. Although economic studies do not account for pain and suffering, they provide a method to quantify the overall impact of a variety of substance abuse problems and generally attach more cost to those substance-related events that are the most serious. The indicators included in the *Status Report* could serve as the basis for developing estimates of the financial impact of substance abuse in Missouri. Such estimates could be used for planning services to achieve the greatest economic cost reductions.

Missouri has an opportunity to continue to reduce its substance abuse prevalence rates. Overcoming dependence on alcohol and drugs is necessary for ending involvement in other types of undesirable or illegal behavior, removing the personal limitations it imposes, and reducing dependence on public assistance. As a society we need a competent, substance-free workforce to successfully participate in the emerging opportunities of tomorrow.

ABOUT THE SURVEYS – A QUICK REFERENCE

Survey data represent a valuable source of information on prevalence estimates, use and behavior patterns, drug preferences, and emerging trends. Survey data, however, are not without limitations. No single survey exists which covers all populations abusing substances. Substance abuse surveys typically fall into the following categories: 1) household surveys, 2) criminal justice surveys, and 3) school surveys. These surveys can miss segments of the population that have been impacted by substance abuse including the homeless population and school dropouts. The survey data are self-report data and have inherent validity concerns due to respondent dishonesty, forgetfulness, or poor comprehension. Assessments of validity have been mixed. Research suggests that validity concerns are more evident for the criminal justice population and for reporting use of some drugs such as cocaine and heroin that may have an associated stigma. Nevertheless, collection of alcohol and drug use data via surveys provides useful information on large diverse populations that would not otherwise be available. Characteristics and highlights of the following survey data sources are provided:

Behavioral Risk Factor Survey (BRFS)

- **Conducted by:** Centers for Disease Control (CDC) in partnership with state health departments
- **Established:** 1984
- **Frequency of Reporting:** Annual
- **Type of survey:** Household
- **Mode of survey:** Telephone interview
- **Age groups:** Ages 18 or older
- **Completed interviews:** About 431,000 nationwide and about 5,200 in Missouri.
- **Level of reporting:** National, state, and Missouri Department of Health and Senior Services planning regions
- **Some strengths:** BRFS does include data on adult consumption of alcohol and use of tobacco. BRFS has a relatively large sample size. The survey allows for year-to-year comparisons.
- **Some limitations:** BRFS does not include data on drug use nor does it include adolescents in its target population.

- **Other notes:** BRFS definitions of binge drinkers and heavy drinkers differ from that of the National Survey on Drug Use and Health (NSDUH) – BRFS definitions depend upon gender.
- **Website:** **http://www.cdc.gov/brfss** and **http://cntysvr1.lphamo.org/pubdocs/brfss/index.php**

Core Alcohol and Drug Survey

- **Conducted by:** Missouri Partners in Prevention
- **Established:** 1990 for the University of Missouri in Columbia. The other eleven public campuses began implementation in 2001.
- **Frequency of Reporting:** Annual
- **Type of survey:** School/Higher Education
- **Mode of survey:** Paper Questionnaire
- **Grade levels:** Undergraduate students at 12 Missouri higher education institutions
- **Completed interviews:** Varies by campus
- **Level of reporting:** Campus level
- **Some strengths:** Core captures data on attitudes, perceptions, and opinions about use of alcohol and drugs in addition to use and consequences of use.
- **Some limitations:** Core is used primarily as a tool at the local campus level.
- **Website:** http://coreinst.siuc.edu/

Missouri College Health Behavior Survey (MCHBS)

- **Conducted by:** Missouri Partners in Prevention
- **Established:** 2007 to replace annual Core Alcohol and Drug Survey
- **Frequency of Reporting:** Annual
- **Type of survey:** School/Higher Education
- **Mode of survey:** On-line Survey
- **Grade levels:** Undergraduate students at 13 Missouri higher education institutions
- **Completed interviews:** Varies by campus
- **Level of reporting:** Campus level
- **Some strengths:** The MCHBS measures attitudes, perceptions, and opinions about use of alcohol and drugs in addition to use and consequences of use. Other behaviors surveyed include gambling, safe driving, mental health issues, and tobacco use. Measure has been validity tested against the Core Alcohol and Drug Survey with favorable results.
- **Some limitations:** MCHBS is not a national survey.
- **Website:** http://pip.missouri.edu/mchbs/

National Survey on Drug Use and Health (NSDUH)

- **Conducted by:** Substance Abuse and Mental Health Services Administration (SAMHSA)
- **Established:** 1971
- **Frequency of Reporting:** Annual
- **Type of survey:** Household
- **Mode of survey:** Face-to-face interview
- **Age groups:** Ages 12 or older
- **Completed interviews:** About 68,000 nationwide and about 900 in Missouri.
- **Level of reporting:** National but can also obtain state and sub-state planning regions by combining multiple survey years
- **Some strengths:** NSDUH allows for year-to-year comparisons for national data and a rolling multi-year comparison for state and sub-state data. In addition to substance use data, NSDUH provides data on past year alcohol or illicit drug dependence or abuse.
- **Some limitations:** NSDUH does not capture or under-reports on the homeless population, hard-core drug users, IV drug users, and institutionalized individuals. Limited drug and demographic data are available at the state level because of the small sample size. NSDUH does not separate out smokeless tobacco and chewing tobacco. Age categories generally limited to 12-17, 18-25, and 26 and older.
- **Other notes:** NSDUH definitions of binge drinkers and heavy drinkers differ from that of the Behavioral Risk Factor Survey (BRFS) – NSDUH definitions do not depend on gender.
- **Website:** **http://www.oas.samhsa.gov/nsduh.htm**

Missouri Student Survey (MSS)

- **Conducted by:** Missouri Department of Mental Health (DMH)
- **Established:** 2000
- **Frequency of Reporting:** Every even numbered year
- **Type of survey:** School
- **Mode of survey:** Web-based
- **Grade levels:** Grades 6th through 12th but more concentrated on 9th grade
- **Completed interviews:** 115,000
- **Level of reporting:** State and county
- **Some strengths:** MSS is offered to all Missouri public school districts. MSS includes the younger middle school population in addition to the high school population. MSS also captures data on risk and protective factors and antisocial behaviors in addition to substance use patterns.
- **Some limitations:** Some school districts opt out of the survey – 106 (20%) in 2008. Caution must be used if using data combining grades because weighting is not applied. Data is available only every other year.
- **Other notes:** MSS definition of binge drinking is different than that of NSDUH. MSS combines ecstasy with other club drugs which is different than NSDUH.
- **Website:** **http://www.dmh.missouri.gov/ada/rpts/survey.htm**

Monitoring the Future (MTF)

- **Conducted by:** National Institute on Drug Abuse (NIDA)
- **Established:** 1975
- **Frequency of Reporting:** Annual
- **Type of survey:** School
- **Mode of survey:** Paper questionnaire
- **Grade levels:** 8th, 10th, and 12th graders; college students; and young adults
- **Completed interviews:** About 46,000 students nationwide
- **Level of reporting:** National
- **Some strengths:** MTF provides data on lifetime, past year, and past 30 day use of various illicit drugs including methamphetamine. Questions regarding prescription drug use including use of OxyContin, Vicodin, and Ritalin have been added in recent years. MTF also captures data on perception of harm and disapproval.
- **Some limitations:** MTF does not provide state level data.
- **Other notes:**
- **Website:** http://www.monitoringthefuture.org/

Youth Risk Behavior Survey (YRBS)

- **Conducted by:** Centers for Disease Control
- **Established:** 1991
- **Frequency of Reporting:** Every odd-numbered year
- **Type of survey:** School
- **Mode of survey:** Paper questionnaire
- **Grade levels:** 9th through 12th
- **Completed interviews:** About 14,000 nationwide and 1,500 in Missouri
- **Level of reporting:** National and State
- **Some strengths:** YRBS includes questions on alcohol, drug, and tobacco use. YRBS includes questions on lifetime steroid use and lifetime IV drug use.
- **Some limitations:** Some states do not participate in the YRBS. YRBS does not capture data on private schools or home-school children. Current drug use limited to marijuana and cocaine. Limited data are available at the state level due to small sample size. Data only available every other year.
- **Other notes:** YRBS definition of binge drinking similar to that of the National Survey on Drug Use and Health (NSDUH).
- **Website:** http://www.cdc.gov/HealthyYouth/yrbs/index.htm

RESTRICTING YOUTH ACCESS TO TOBACCO

Missouri Law

- No Tobacco Sales to Persons under Age 18: Missouri state law prohibits the selling of tobacco products to anyone under the age of 18 years. Merchants are also required to post a state law sign at every tobacco display, including cigarette machines. *(RSMO 407.926-407.927)*
- State Law Enforcement: The Department of Public Safety, Division of Alcohol and Tobacco Control has the authority to enforce the state's laws related to the control and sale of tobacco. *(RSMO 407.934)*
- Vending Machines: As of January 1, 2002, vending machines are required to be located within employee's line of sight or be equipped with a locking device. Vending machines located in areas where patrons must be over the age of 18 or in places not generally accessible to the general public are exempt from this requirement. *(RSMO 407.931)*
- Minor Possession: No person under the age of 18 shall purchase, attempt to purchase, or possess tobacco products unless in the course of employment. Persons under the age of 18 will have their tobacco products confiscated. *(RSMO 407.933)*
- Tobacco Registry: The Department of Revenue is required to establish and maintain a listing of establishments that sell tobacco products in the state. *(RSMO 407.934)*

Federal Regulations

The Family Smoking Prevention and Tobacco Control Act

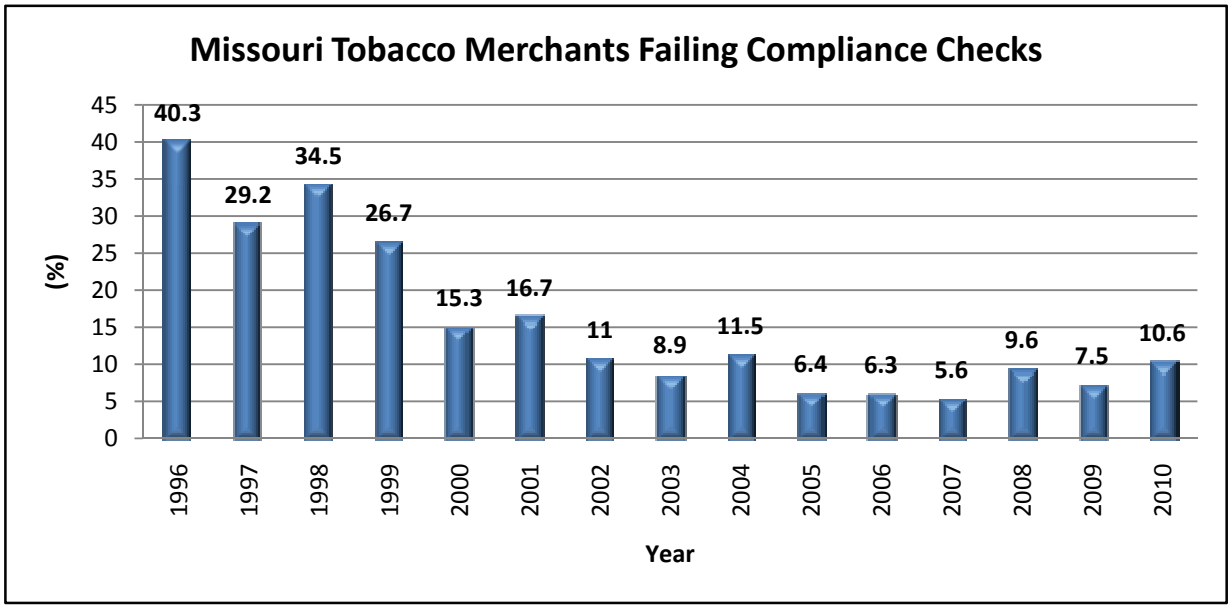
New federal regulations regarding the sale and distribution of cigarettes and smokeless became effective June 22, 2010. Issued by the U.S. Food and Drug Administration, these regulations include, but are not limited to:

- No Tobacco Sales to Persons under Age 18: Federal regulations prohibit the sale of cigarettes or smokeless tobacco to anyone younger than 18 years of age. *(21 CFR 1140.14)*
- Photo ID Check: Age verification is required for any patron seeking to purchase cigarettes or smokeless tobacco who appears to be younger than 27 years. Photo identification bearing the person's birth date must be examined. *(21 CFR 1140.14)*
- No Self-Service Displays: Federal regulations prohibit the sale of cigarettes or smokeless tobacco through self-service displays, except where youth under the age of 18 are prohibited from entering. *(21 CFR 1140.14)*

Additional information regarding the FDA tobacco regulations can be found at: www.fda.gov/TobaccoProducts.

The Synar Regulation

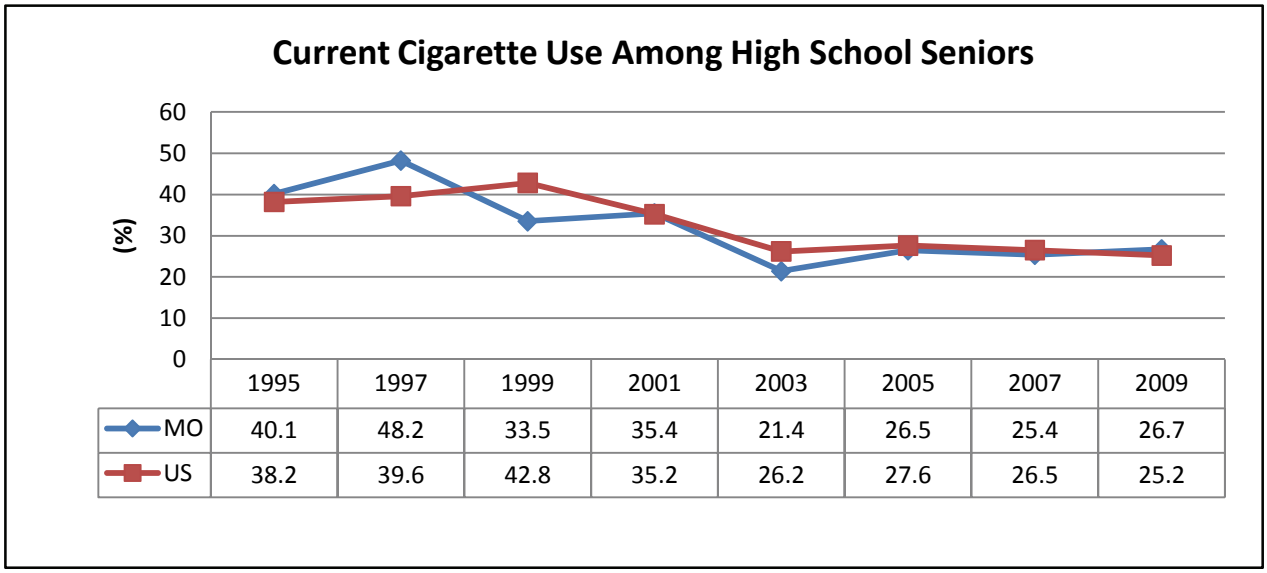
- State Requirements: Federal Synar regulation, administered by the U.S. Department of Health and Human Services, requires all states to establish laws that make it unlawful to sell or distribute tobacco products to any individual under the age of 18 years and to enforce such laws in a manner that can reasonably be expected to reduce youth access to tobacco products. It also requires states to annually measure compliance through random, unannounced inspections. All states are expected to achieve a violation rate of no more than 20 percent. *(42 U.S.C. 300x-26 and 45 C.F.R. 96.130)*



Data source: Missouri Annual Synar Report (http://www.dmh.missouri.gov/ada/SYNARReports_000.htm)

Merchant Compliance with Access Laws

In 2010, an estimated 10.6 percent of Missouri merchants, when tested, failed to refuse the sale of cigarettes to individuals under the age of 18 years. This is lower than the maximum 20 percent allowed by federal Synar regulation but higher than the prior year's measured rate of 7.5 percent. The State has used a combination of law enforcement and merchant education activities in order to bring down the non-compliance rate from a high of 40 percent in 1996 (baseline year) to a rate less than 20 percent.



	1995	1997	1999	2001	2003	2005	2007	2009
MO	40.1	48.2	33.5	35.4	21.4	26.5	25.4	26.7
US	38.2	39.6	42.8	35.2	26.2	27.6	26.5	25.2

Data source: Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm)

Current Status of Youth Tobacco Use

From the most recent survey data, about 58 percent of Missouri high school seniors surveyed reported that they had ever tried cigarette smoking and about 27 percent reported use in the past 30 days. These figures are down considerably from those reported in 1995 when 76 percent reported having ever tried cigarettes and 40 percent reported current use. The next Missouri Youth Risk Behavior Survey is scheduled for 2011.

State Initiatives Aimed at Youth Tobacco Access

Enforcement

The Missouri Division of Alcohol and Tobacco Control (ATC) has the authority to inspect tobacco retailers for compliance with the state's laws related to youth tobacco access. Between October 2009 and July 2010, ATC performed 603 enforcement checks whereby a 17-year-old youth attempted to purchase a tobacco product. Of these checks, 98 were issued citations due to non-compliance.

Merchant Education

The Missouri Division of Alcohol and Drug Abuse (ADA) has used merchant education activities to promote compliance with the state's tobacco laws. These activities have included:

- Distribution of "age checker" calendars, state law signs, and other informational materials to tobacco retailers;
- Merchant trainings on the state's tobacco laws, and
- Compliance tests that do not involve enforcement but are designed to increase awareness of the need to comply with the law.

In addition, ADA is responsible for overseeing the state's compliance with the federal Synar Regulations. The Division's five-year Strategic Plan for Prevention includes reducing youth use of tobacco and limiting youth access to tobacco products.