

Know the Facts:

Substance Abuse in Arkansas

ALCOHOL COCAINE MARIJUANA METHAMPHETAMINE

**A series of Fact Sheets from
Arkansas Strategic Prevention Framework (SPF)
State Incentive Grant (SIG)**

Prepared for:



Division of Behavioral Health Services
Office of Alcohol and Drug Abuse Prevention

Prepared by:



College of Medicine
Department of Psychiatry
Division of Health Services Research

***Implementing and sustaining a statewide
prevention framework that enhances the capacity
and collaboration of key stakeholders
on both the state and community level***

August 2006

Introduction

In 2005, the Substance Abuse and Mental Health Administration (SAMHSA) and Center for Substance Abuse Prevention (CSAP) awarded the state of Arkansas a Strategic Prevention Framework State Incentive Grant (SPF SIG). The SPF SIG takes a public health and community-level approach to substance abuse prevention by funding community-level projects. This approach looks at a variety of factors that affect substance abuse throughout an entire population, focusing on a solid understanding of consumption and consequence patterns.

One key to the SPF SIG's success is making data-driven decisions at all levels of the prevention framework. To this end, a State Epidemiological Workgroup (SEW) was created to collect and analyze available data on substance abuse in Arkansas. The SEW allows for systematic, analytical thinking about the causes and consequences of substance abuse in order to effectively and efficiently utilize prevention resources.¹ The SEW acquired and analyzed data from various sources, including health, criminal justice, and educational institutions.

These Fact Sheets are intended to provide a concise, yet comprehensive overview of substance abuse in Arkansas. They give a brief snapshot of substance abuse in Arkansas for four substances: alcohol, cocaine, marijuana, and methamphetamine. While the Fact Sheets do not discuss all abused substances in Arkansas, they do focus on the four major substances in terms of consumption and consequence rates. Categories of interest for each substance include prevalence and impact on children and adolescents, health, and the criminal justice system.

If you have questions or want additional information, please contact:

Jill Presley Cox
SPF SIG Project Coordinator

Phone:
(501)686-9580

Email:
jill.cox@arkansas.gov

Prepared for:
Arkansas Department of Health
and Human Services
Division of Behavioral
Health Services
Office of Alcohol and
Drug Abuse Prevention

Prepared by:
University of Arkansas
for Medical Sciences
College of Medicine
Department of Psychiatry
Division of Health Services Research

¹SPF SIG Overview and Expectations: New Grantee Workshop. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention.

*Special thanks to the
Drug Enforcement Administration (DEA)
for financial assistance in publishing
"Know the Facts: Substance Abuse in Arkansas"*



ALCOHOL



Office of Alcohol and Drug Abuse Prevention

Arkansas SPF

Mission Statement:

Implementing and sustaining a statewide prevention framework that enhances the capacity and collaboration of key stakeholders on both the state and community level



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Prevalence

- Sales of alcohol (beer, wine, and spirits) have remained constant in recent years¹
- AR rates for binge drinking (past 30-day use) are same as U.S. averages (**rates are still high**)²:
 - ◆ Ages 18-25, 40%; ages 26+, 20%
- 18% of those aged 18-25 years report alcohol addiction, 8% for 26+ years²
- Male rates **twice** that of females; Binge drinking rates similar for Whites and African Americans; African Americans more likely to abstain²

Underage Drinking

- 11% of persons aged 12-17 reported binge drinking in the past 30 days²
- 5% of 6th graders reported drinking alcohol (any) within past 30 days, and 4% reported binge drinking in the past 2 weeks³
- 34% of 10th graders and 43% of 12th graders reported consuming alcohol within the past 30 days³
- 21% of 10th graders and 27% of 12th graders reported binge drinking within the past 2 weeks³
- Rates higher for whites; rates generally equal for male and female^{2,3}

Impact: Criminal Justice

- 6% of men and 1% of women report driving after drinking (2002 estimates)¹⁰
- 11,137 alcohol-related arrests for 21+ years in 2004¹¹
- Limited research suggests that persons with FASD (fetal alcohol spectrum disorders) are more likely to enter the criminal justice system^{12,13}
 - ◆ Research suggests alcohol is involved in 30% of homicides, 23% of sexual assaults, 30% of other assaults, 5% of child abuse (sexual and physical) and 3% of property crime¹⁴

Impact: Children and Adolescents

- Students who drank in past 30 days are twice as likely to be suspended, one and a half times likely to feel like a failure, and 5 times as likely to report being arrested³
- 28% of high school students have ridden with a driver who drank, and 13% drove after drinking (2005 estimates)¹⁵
- **AR underage (<21 years) alcohol-related crash death rate (4 per 100,000 vs. 3 per 100,000) higher than U.S. rate**⁷
- Children removed from home for parental abuse of alcohol: 194 (FY 2000) to 109 (FY 2005)¹⁶

Impact: Health

- Excessive alcohol use can cause a myriad of health issues, including memory loss, gastrointestinal and cardiovascular damage, infertility, obesity, vitamin deficiency, and death⁴
- AR death rates for alcoholic liver cirrhosis (3.5 per 100,000) **SLIGHTLY LOWER** than national average⁵
- 2.7% of new AR mothers under 20 years and 4% aged 21 and older reported having 1-2 drinks per week during last 3 months of pregnancy⁶
- **AR alcohol-related crash death rate for 21+ years (11 per 100,000 vs. 7 per 100,000) higher than national average**⁷
- There were 11,841 hospital stays for alcohol-related conditions in 2004, **second only to tobacco**. Hospital stays for alcohol have been fairly constant from 2000-2004, constituting 2.5-2.8% of all discharges⁸
- Treatment admissions for alcohol-related issues have **decreased** from 6,268 (1999) to 4,441 (2004)—**more admissions for alcohol abuse than other substances**⁹

COCAINE

Prevalence

- Use across the lifespan is comparable or lower than national averages²
- Past year usage: 12 and older, 0.5%; 12-17, 2%; 18-25, 6%; and 26 and older, 2%
- 5% of college students admitted using within past year¹⁷
- 3% of 10th graders and 5.6% of 12th graders reported using cocaine within their lifetimes³
- 0.8% of 10th graders and 1.4% of 12th graders reported using cocaine within the past 30 days³
- African Americans have higher rates of consumption and treatment for smoked cocaine (crack); consumption rates for powdered cocaine are slightly higher among Whites^{2,3}



Office of Alcohol and Drug Abuse Prevention

Arkansas SPF

Mission Statement:

Implementing and sustaining a statewide prevention framework that enhances the capacity and collaboration of key stakeholders on both the state and community level



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Impact: Health

- **Most frequently mentioned illegal substance in emergency rooms nationally**¹⁸
- Side effects of cocaine use include cardiac arrest, seizures, respiratory problems, lung trauma and bleeding, restlessness, anxiety, irritability^{19,20}
- AR treatment admissions for cocaine abuse have remained stable⁹:
 - ◆ Approximately 62% of those receiving treatment are African-American; percentage of women large (34%) compared to other drugs
 - ◆ 1999 (smoked and powder): 1,962 (14% of admissions)
 - ◆ 2004 (smoked and powder): 2,111 (15% of admissions)

Impact: Criminal Justice

- 16% of positive urine screens for probation/parole offenders were for cocaine (2004)²¹
- There were 1,368 cocaine and opium-related arrests for ages 18 and older in 2004; 11.3% of total drug arrests¹¹.
- Federal seizure rates and samples analyzed show slight increase^{19,22}:
 - ◆ Seizures: 291 kg (1998) and 303 kg (2002)
 - ◆ Crime Evidence: 5,564 items tested (2002) and 6,729 items tested (2005) about 25% of total

Impact: Children and Adolescents

- Students who used cocaine in the past 30 days were more likely to be suspended, arrested (10 times more likely) and report feeling like a failure than non-users³
- Widespread debate on the effects of prenatal use of cocaine and long-term development and social delays of babies born addicted^{20,23}
- Can increase chances of miscarriage and placental abruption²⁴
- 27% of the 373 new mothers tested under Garrett's law had cocaine in their systems²⁵

MARIJUANA



Office of Alcohol and Drug Abuse Prevention

Arkansas SPF

Mission Statement:

Implementing and sustaining a statewide prevention framework that enhances the capacity and collaboration of key stakeholders on both the state and community level



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Prevalence

- **Most commonly abused illicit drug in Arkansas²**
- Arkansas' 30-day consumption rates across the lifespan are similar to the national averages, with **increased use in young adulthood²**:
 - ◆ **Age 12 and older, 6%; age 12-17, 8%; age 18-25, 17%; and age 26+, 3%**
- 15% of Arkansas college students reported using marijuana in the past 30 days¹⁷
- 25.7% of Arkansas 10th graders and 36.7% of Arkansas 12th graders reported using marijuana in their lifetimes³
- 11.8% of Arkansas 10th graders and 15.9% of Arkansas 12th graders have used marijuana in the past 30 days³
- Consumption rates similar across ethnic and gender lines^{2,3,17}

Impact: Health

- Health effects include impaired sense of timing, coordination, and short-term memory loss; and one can develop signs of dependency²⁶
- Marijuana can suppress the body's immune system, decreasing the ability to fight off infection²⁶
- Long-term marijuana use can increase the risk of developing certain mental illnesses²⁶
- Marijuana contains 4 times the amount of tar as a filtered cigarette²⁷
- Treatment admissions show slight increase (21%) between 1999 and 2004 (2,685 to 2,991); more African Americans in treatment than representative of population⁹

Impact: Criminal Justice

- 49% of positive urine screens for probation/parole offenders were for marijuana (FY 2004)²¹
- **Marijuana arrests for under 18 years increased from 679 in 2000 to 930 in 2004**
- **Marijuana accounts for 64% of drug-related arrests for Arkansans under 18 and 46% of drug arrests for those 18 and older¹¹**
- Increased federal seizure rates and samples analyzed^{19,22}:
 - ◆ Seizures: 1,273 kg (1998) to 1,330 kg (2002);
 - ◆ Crime Evidence: 10,730 items (2002) to 14,317 items (2005), 51% of total

Impact: Children and Adolescents

- Students who have used marijuana in the past 30 days are more likely to be suspended, arrested (8.5 times more likely), and report feeling like a failure than non-users³
- 61.8% of students who smoked marijuana in the past 30 days said they will smoke marijuana as adults³
- Research has shown that babies born to women who used marijuana during their pregnancies may have neurological problems in development²⁶
- 51% of the 373 new mothers tested under Garrett's law had marijuana in their systems²⁵

METHAMPHETAMINE

Prevalence

- 0.6% of Arkansans aged 12 and up report having used methamphetamine within past 30 days²
- 5% of college students report having used amphetamines within past 30 days¹⁷
- 3.4% of 10th graders and 4.7% of 12th graders reported using methamphetamine in their lifetime³
- 0.9% of 10th graders and 1.3% of 12th graders reported using methamphetamine within the past 30 days
- Predominantly used among Whites and males; signs of increased use in African American population^{2,3,17}



Office of Alcohol and Drug Abuse Prevention

Arkansas SPF

Mission Statement:

Implementing and sustaining a statewide prevention framework that enhances the capacity and collaboration of key stakeholders on both the state and community level



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Impact: Health

- Users are paranoid, unpredictable, confused, and violent; users are prone to progressive social and occupation deterioration—**symptoms can last long after use has ceased**²⁸
- Causes a variety of cardiovascular problems and brain damage, resulting in effects similar to Parkinson's and Alzheimer's diseases²⁸
- Extensive dental decay, or "meth mouth," is particularly noticeable among users; researchers debating cause of this phenomenon (toxicity vs. neglect of hygienic practices)^{29,30}
- **The fraction of treatment admissions with amphetamine as the primary substance is roughly three times larger in Arkansas than the U.S. as a whole**⁹

Impact: Criminal Justice

- 43 youth (under 18) and 1,378 adults were arrested for synthetic narcotics in 2004¹¹
- In 2004, 29% of positive urine screens for probation/parole offenders were for amphetamines²¹
- Number of clandestine lab seizures has decreased from 785 (2003) to 347 (2005), with the new law regarding precursor chemicals (2005) likely responsible for decrease³¹

Impact: Children and Adolescents

- Students who used methamphetamines in past 30 days were more likely than non-users to be suspended, arrested (11 times more likely), and report feeling like a failure³
- 34% of the 373 new mothers tested under Garrett's law had amphetamine/methamphetamine in their systems²⁵
- Fetal exposure may result in premature delivery, abnormal neonatal behavior patterns, and congenital deformities²⁸
- Children living at/near methamphetamine labs are exposed to toxic and volatile chemicals³²
- Children affected by clandestine lab seizures has decreased from 230 (2003) to 51 (2005)³¹

Much of the information for METHAMPHETAMINE is from categories also containing Other Amphetamines & Stimulants

DATA SOURCES for FACT SHEETS

Citations/references from fact sheets on Alcohol, Cocaine, Marijuana and Methamphetamine



Office of Alcohol and Drug Abuse Prevention

Arkansas SPF

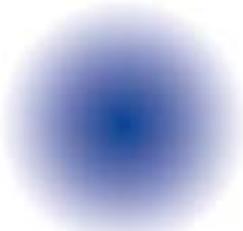
Mission Statement:

Implementing and sustaining a statewide prevention framework that enhances the capacity and collaboration of key stakeholders on both the state and community level



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

- Alcohol Sales Data. Available through the State Epidemiological Data System (SEDS) Data Set at <http://www.epidcc.samhsa.gov/default.asp>
- National Survey on Drug Use and Health, 2002-2003 Figures. Available through <https://nsduhweb.rti.org/> or SEDS website <http://www.epidcc.samhsa.gov/default.asp>
- 2005 Arkansas Prevention Needs Assessment survey. Available at http://tel.occe.ou.edu/arkansas_reports/
- Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill. Risks of Alcohol and Drug Use. Available at <http://www.med.unc.edu/alcohol/prevention/effects.html>
- Mortality Reports: Arkansas. Available through the State Epidemiological Data System (SEDS) Data Set at <http://www.epidcc.samhsa.gov/default.asp>
- Arkansas Pregnancy Risk Assessment Monitoring System, 2000-2003. Available at <http://www.cdc.gov/PRAMS/States/Arkansas.htm>
- Fatality Analysis Reporting System. Available through the State Epidemiological Data System (SEDS) Data Set at <http://www.epidcc.samhsa.gov/default.asp>
- Arkansas Hospital Discharge Data. Request for information available at <http://www.healthylarkansas.com/data/data.html>
- Treatment Episode Data Set (TEDS) Series, 1999-2004. Available at <http://webapp.icpsr.umich.edu/cocoon/SAMHDA-SERIES/00056.xml>
- Behavioral Risk Factor Surveillance System (BRFSS), Arkansas. Available through the State Epidemiological Data System (SEDS) Data Set at <http://www.epidcc.samhsa.gov/default.asp>
- Arkansas Crime Information Center. Crime Statistics in Arkansas. Available at <http://www.acic.org/statistics/stats.htm>
- Moore, TE and Green, M. Fetal Alcohol Spectrum Disorder (FASD): A Need for Closer Examination by the Criminal Justice System. Criminal Reports. 9(Part 1), p. 99-108. Available at <http://depts.washington.edu/fadu/legalissues/FASDCrimRep.pdf>
- U.S. Dept. of Health and Human Services. Substance Abuse and Mental Health Services Administration (SAMHSA). Fetal Alcohol Spectrum Disorders and the Criminal Justice System. Available at http://fasdcenter.samhsa.gov/documents/WYNK_Criminal_Justice5.pdf
- Harwood, H., D. Fountain, and G. Livermore. (1998). The Economic Costs of Alcohol and Drug Abuse in the United States 1992. Rockville, MD: U.S. Department of Health and Human Services
- Youth Risk Behavior Surveillance (YRBS) System. 2005 Results. Information regarding survey available at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- Arkansas Department of Health and Human Services, Division of Children and Family Services. Report: Children Removed from the Home in SFY 2000 through 2005.
- The Core Alcohol and Drug Survey, 2004 Arkansas results.
- Drug Abuse Warning Network. Drug Abuse Warning Network, 2004: National Estimates of Drug-Related Emergency Department Visits. Available at <http://dawninfo.samhsa.gov/pubs/edpubs/default.asp>.
- National Drug Intelligence Center. Arkansas: Drug Threat Assessment. October 2003.
- National Institute on Drug Abuse. Research Report Series – Cocaine Abuse and Addiction. Available at <http://www.drugabuse.gov/ResearchReports/Cocaine/cocaine4.html>
- Arkansas Department of Community Correction. 2003-2004 Annual Report. Available at <http://www.dcc.state.ar.us/>
- National Forensic Laboratory Information System. Arkansas State Crime Lab Statistics, 2002-2005.
- Beattie, R. Putting the Crack Baby Myth to Bed: Researchers Fail to Link Cocaine Use and Neonatal Outcomes. National Review of Medicine, 2(3), July 30, 2005. Available at http://www.nationalreviewofmedicine.com/issue/2005/07_30/2_feature04_13.html
- March of Dimes. Quick Reference: Illicit Drug Use During Pregnancy. Available at http://www.marchofdimes.com/professionals/14332_1169.asp.
- Garrett's Law Data, 2005.
- National Institute on Drug Abuse. NIDA InfoFacts: Marijuana. Available at <http://www.nida.nih.gov/Infofacts/marijuana.html>
- U.S. Dept. of Health and Human Services. Substance Abuse and Mental Health Services Administration (SAMHSA). Tips for Teens: The Truth about Marijuana. Available at <http://www.health.org/govpubs/phd641/>
- NIDA – Research Report Series: Methamphetamine Abuse and Addiction. Available at <http://www.nida.nih.gov/ResearchReports/methamph/methamph4.html#medical>
- American Dental Association. ADA.org: A-Z Topics: Methamphetamine Use (Meth Mouth). Available at <http://www.ada.org/prof/resources/topics/methmouth.asp>
- Davies, Monica. Grisly Effect of One Drug: Meth Mouth. New York Times, June 11, 2005. Available at <http://www.nytimes.com/2005/06/11/national/11meth.html?ex=1276142400&en=d2ce61d667005d4/&ei=5088&partner=rssnyt&emc=rss>
- El Paso Intelligence Center, U.S. Drug Enforcement Administration. 2003-2005 Statistics.
- U.S. Department of Justice, Office of Justice Programs, Office for Victims of Justice. OVC Bulletin, June 2003. Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims. Available at <http://www.ojp.usdoj.gov/ovc/publications/bulletins/children/197590.pdf>



Know the Facts:
Substance Abuse in Arkansas

