

SUBSTANCE ABUSE INDICATORS REPORT

2007

Prepared by Paul C. Friday, PhD, University of North Carolina-Charlotte Cindy Murphy, MPA, Chemical Dependency Center Sarah Turk, University of North Carolina-Charlotte

With

Sandy DuPuy and Susan Long-Marin Data and research materials provided by Coalition member agencies and with the cooperation of public and private agencies.

January, 2008

Charlotte-Mecklenburg Drug Free Coalition

MISSION & VISION

The mission of the **Charlotte-Mecklenburg Drug Free Coalition** is to collaboratively promote data-driven awareness, knowledge-based action, and purposeful advocacy to reduce the harmful impacts of alcohol & other drug abuse and addiction on youth, families and the community.

The **Charlotte-Mecklenburg Drug Free Coalition** envisions Charlotte-Mecklenburg as an active, vibrant, diverse community that promotes collective and individual responsibility for wellness and fosters safe, healthy, and substance abuse free lifestyles for children and adults.

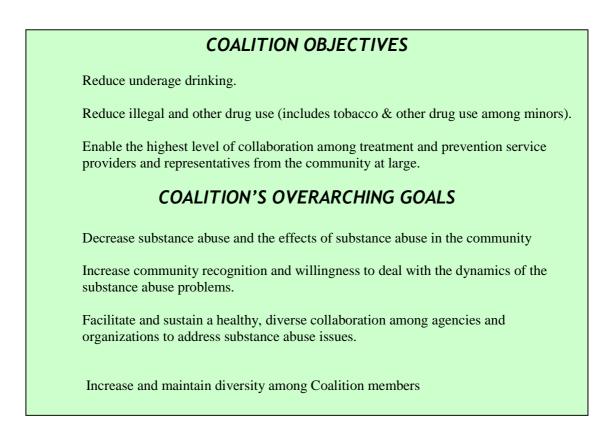
While the Charlotte-Mecklenburg Drug Free Coalition is relatively new to the Charlotte-Mecklenburg community, the concept of collaboration to reduce substance abuse is not. The Coalition's roots can be traced to Mecklenburg Healthy Carolinians (MHC), an organization of citizens and community and government health agencies engaged in encouraging and supporting collaborative action in addressing data-determined health priorities. In 2001, the MHC Community Health Assessment identified substance abuse as a priority issue and subsequently formed the Mecklenburg Healthy Carolinians Substance Abuse Task Force. Also in 2001, the Mecklenburg Board of County Commissioners formally recognized substance abuse as a public health problem and included the goal of reducing substance abuse in their Vision 201. And in that same year, District Attorney Peter Gilchrist convened the Substance Abuse Indicators Task Force to compile local data on the extent and impact of problems associated with substance abuse to be used as a community decision-making tool.

Common themes emerging from leaders and professionals in the field suggested that substance abuse contributes to numerous social problems, affects individuals across the socioeconomic spectrum, and touches most families, directly or indirectly. The various groups also recognized that successfully addressing the problem would require a coordinated and collaborative community effort. During 2002, the Healthy Carolinians Substance Abuse Task Force developed an action plan identifying three primary goals: advocacy, prevention, and a full continuum of services. On completion of the plan, they moved to creating an advocacy body to mobilize community efforts in achieving the plan's goals.

In 2003, the Healthy Carolinians Substance Abuse Task Force, the Substance Abuse Indicators Task Force, and the Charlotte Mecklenburg Police Department came together to form a Community Substance Abuse Planning Committee and jointly develop a comprehensive community response to substance abuse issues. On March 10, 2004, the Committee voted unanimously to adopt the "community anti-drug coalition model" for the purpose of mobilizing Charlotte-Mecklenburg in becoming more involved in drug prevention and treatment, and subsequently adopted the name Charlotte-Mecklenburg Drug-Free Coalition.

Coalition members are committed to reducing the problems of drug abuse, addiction, and related social issues in Mecklenburg County in an effort to create a safe, healthy, and drug free community. While many may perceive our primary focus as underage

drinking, that is only one of many issues the Coalition addresses. Currently there are nearly 60 organizations who serve on the Coalition and 100 or more volunteers supporting its collaborative efforts.



EXECUTIVE SUMMARY

The Charlotte-Mecklenburg Drug Free Coalition (CMDFD) is committed to reducing the problems of drug abuse, addiction, and related social issues in Mecklenburg County in order to create a safe, healthy, and drug free community. Substance abuse is an issue that complicates the lives of many. In fact, there are few if any families who have not been touched or who do not know someone who has been touched by the negative effects of substance use and abuse. Yet, these problems remain almost a forbidden or "taboo" topic of objective discussion. A rational community response is hampered by our collective difficulty in viewing the issue comprehensively through data, a step required to realize the full scope and impact of the intemperate use of alcohol and drugs.

This document is the third Indicators Report presented by the CMDFD. An objective and empirical publication, the report seeks to raise community awareness of the nature and extent of substance use and abuse, stimulating discussion and thought, and resulting in the generation of appropriate data-based policy decisions. The data for each indicator are included as provided to the Coalition. We have also reviewed any existing historical data (may date back as far as 2000) for each indicator to look for patterns or trends, a summary of which are presented in the following tables. Please see the full report for sources and additional information.

Negative Patterns

Substance Use

\triangleright	There	has been an inc	crease in alcohol con	nsumption and binge drinking from
	2002 to	b 2006.		
	0	Past year:	82% to 86%	
	0	Last 30 days	68% to 73%	Under 21: 63% to 65%
	0	Binge:	39% to 43%	

Youth Risk Behavior Surveillance System (YRBSS)

- The percentage of students who used marijuana one or more times during their life for Charlotte-Mecklenburg is higher than for N.C and the U.S.
 - Charlotte-Mecklenburg is 42.5%; N.C. is 40.1% and nationally 38.4%.
- The percentage of students who were offered, sold, or given an illegal drug by someone during the past 12 months for Charlotte-Mecklenburg is 34%, NC 27.4% and nationally 25.4%.

Youth Drug Survey (Substance Abuse Prevention Services):

- Cigarette use increase is significant within the Hispanic and "other" race/ethnic groups but not for White or African American students.
- 25% of high school students consumed alcohol within 30 days of the study- up slightly from 24%; 36% binge drank down from 55% in 2004
- Alcohol use increase is significantly higher for African American, Hispanic and "other" race/ethnic groups but not white students.
- Male and female student lifetime consumption of alcohol is about the same: 40% of males and 41% of females; 14.7% of males binge drank; 14.1% of females.
- Marijuana use has significantly increased for African Americans and Hispanics with significant increases in grades 9 and 11.
- The increase in *marijuana* smoking is significant for females. Lifetime up from 15% to 20% and 30 day use up from 5% to 10%.
- > *Inhalant and steroid* use is significantly up for 7th and 8th grades.

Arrestee Drug Abuse Monitoring (ADAM):

- The proportion of arrestees testing positive for any drug has remained stable at around 66% of all male arrestees, regardless of charge, testing positive for some drug (excluding alcohol)
- Methamphetamine use has more than doubled since 2003 (0.6% to 1.6%), but is still proportionately much less than the primary drugs of marijuana and cocaine.
- Arrestees testing positive for drugs are often arrested for non drug-related offenses.
 - 72.8% of persons arrested on property crime charges test positive and 56.7% of arrestees charged with person crimes test positive for some drug.
- 82.1% of arrestees under 21 tested positive for some drug in August 2007; 77.4% tested positive for marijuana.

Law Enforcement and System Responses

(These patterns may reflect actual increases in substance use/abuse or may reflect increased awareness and action)

- > There has been an increase in all types of marijuana arrest charges, specifically marijuana possession since 2001.
- Cocaine Possession arrests have increased by 31% since 2003, which is higher than the previous high rate in 1999/2000.
- Within all post-secondary institutions in the area there has been an increase in arrests and judicial referrals for both drugs and alcohol.
- Young persons can purchase alcohol about 40% of the time without being asked for identification. Identification checks for underage alcohol purchases are lax.
- There has been a 10% increase in the proportion of persons with DWI convictions assigned to treatment since FY01/02, while in the same period of time there has been a 28% decrease in the proportion assigned to Alcohol and Drug Education Traffic School (ADETS).

Facts to focus on:

Chemical Dependency Center analysis of DWI convictions:

- Persons 21-30 years of age account for 45% of DWI convictions.
- 80% are male; 51% of whom are white
- White females account for approximately 79% of female convictions

Positive Patterns

Substance Use

Youth Drug Survey:

- Binge drinking is significantly lower for grades 10-12. The exception to the decrease in binge drinking is an increase for Hispanic students.
- Benzodiazepines use has significantly declined in grades 10, 11, and 12 and Over-the-counter use is significantly down for 12th grade students

Youth Risk Behavior Surveillance System (YRBSS)

- Heavy drinking has decreased for adults by 29% since 2001, comparable to the same decline in the state.
- > The percent of current adult smokers has decreased by 20% since 2001.

Core Alcohol and Drug Survey for Post-secondary Institutions (CORE)

There has been a decrease in the use of illegal drugs from 2002 to 2006 15% of UNCC students reported using marijuana in the past 30 days, which is a 4% decrease from 2002.

Law Enforcement and System Responses

- There has been a 22% decrease in DWI charges since 2000 and a 43% decrease in driving after consuming under the age of 21 in the same time period.
- There has been a substantial decline both in Mecklenburg County and in the State for DWI charges per 1,000.

Harm

The number of injuries by alcohol related crashes is down 15.6% since 2001.

Other Patterns of Note

- In 2005/6 there were 2,558 active retail permits for both mixed beverage and commercial sales. This year the number increased by 3.6% to 2,651. (Mecklenburg ABC Board, 2007).
- For adults, there has been a steady decline (26%) in binge drinking trends since 2002, but the current numbers are still higher than those levels reported in 2001. (Mecklenburg Behavioral Risk Factor Surveillance System, 2007).
- There has been a 5% increase in arrests for intent to sell cocaine in the past year but there has been a 42% decrease in this charge since 1999/2000. (Mecklenburg County Sheriff's Office, 2007).
- > The number of fatal injuries is down from 2004 but is still significantly higher than they were in 2001. (NC DMV, 2007).

Conclusion

Our community is in a constant state of transition and the increases in population bring increasing challenges. Review of the diverse data-sets over time suggests that substance use and abuse in the Charlotte-Mecklenburg metropolitan area *remain major problems*. It is especially noteworthy that self-reported use of most substances is on an upward trend, although the rates are lower than in the 1990s. Arrests for and substance use verification of use by persons entering the Mecklenburg County jail is also increasing.

With the publication of this report the community has, for the first time, a "Big Picture" of the nature and extent of our substance use and abuse situation over time. It is not a very positive picture despite some positive trends and the hard and dedicated work of individuals and the many agencies struggling to make a difference. But since the results are clearly mixed, we, as a community, need to become both more aware of the dynamics of the problem and the need to develop meaningful, integrated and coordinated policies.

The collection of data is an important first step. We now have a foundation on which action must be based. These data show specific areas where action must be focused if there are to be more positive changes. These areas are:

- ✓ Continued and expanded prevention and education addressed to the school population, parents and the community as a whole
- \checkmark Early recognition and intervention before people enter the criminal justice system
- ✓ The increase in the availability of affordable treatment services for specific populations showing the greatest increases: minorities and females
- ✓ An increase in the availability of affordable treatment services for persons with a dual diagnosis of addiction and mental illness.

The Charlotte-Mecklenburg Drug Free Coalition hopes that the presentation of these data will enable individuals, families and the community to make choices based on fact rather than assumption and rhetoric. We recognize that some choices are forever, so we need to choose wisely.

Charlotte Mecklenburg Drug Free Coalition Member Agencies

26th Judicial District Courts 108th Division Dept of Defense Regional Reserve Command ACCESS **ARC of Mecklenburg County** Behavioral Health Center - Carolinas Medical Center (CMC) – Mercy Horizons **Behavioral Health Center - Carolinas Medical Center** (CMC) - Randolph Behavioral Health Center (First Step) - Carolinas Medical Center (CMC) - Union **Bethlehem Center Big Brothers Big Sisters of Greater Charlotte Carolinas Center for Injury Prevention/Safe** Communities **Carolinas Community Health Institute CASCADE** Services **Catholic Social Services Charlotte Area Health Education Center (AHEC) Charlotte Housing Authority Substance Abuse** Services **Charlotte Mecklenburg Police Department Charlotte Mecklenburg Schools (CMS) Parent Teacher** Association (PTA) **Charlotte Mecklenburg Schools (CMS) Student** Assistance Program (SAP) **Charlotte Rescue Mission Chemical Dependency Center** Counseling Insights, Inc. **Covenant Presbyterian Church** Department of Defense 108th Division Institutional **Training Reserve Command** Dilworth Center for Chemical Dependency, Inc. **District Attorney's Office** Family Treatment Court **Footprint Ministry Greater Faith Temple Ministries** Girls Scouts - Hornets' Nest Council H.U.G.S. Program Harris Teeter Hope Haven, Inc. Human Services Council International Lighthouse Group, Inc Leading to Change Consulting Mary Howerton Consulting, Inc. McLeod Addictive Disease Center, Inc. Mecklenburg County Alcoholic Beverage Control Board

** Mecklenburg Area Mental Health, Developmental **Disabilities and Substance** Mecklenburg Consumer and Family Advisory Committee **Mecklenburg County Health Department** Mecklenburg AMHDDSA* Local Management Entity (LME) Mecklenburg AMHDDA Provided Services Organization **Child and Adolescent Community Support Fighting Back** Substance Abuse Services Center (Detox) Mecklenburg County Department of Social Services Mecklenburg County District Attorney Mecklenburg County Drug Treatment Court Program Mecklenburg County Public Defender's Office Mecklenburg County Sheriff's Office Mecklenburg County Structured Day Program Mecklenburg Healthy Carolinians Mecklenburg Ministries Mental Health Association of the Central Carolinas Mental Health Court Coordinator Metrolina Native American Association NC Air National Guard **NC Providers of Abuser Treatment** NOVA (New Actions for Violent Actions) Program Project ASSIST Queen City Treatment Regional HIV/AIDS Consortium Research & Training Specialists, Inc (RTS) Safe Communities/CCIPC SAIL (Southeast Addiction Institute and Learning Center) St. Andrews Episcopal Church **Stonecrest Psychiatric Substance Abuse Prevention Services** Superior Court Judge The Centex Homes Corporation: Thomasboro Community of Shalom Trinity Counseling Services, LLC University of North Carolina at Charlotte **Counseling Center Criminal Justice Department** Health Psychology Program **Student Health Center Union County Safe and Drug Free Schools** United Way of Central Carolinas **Urban Ministry Center**