

Drug Use

According to the National Drug Intelligence Center, the Kansas City metropolitan area is a significant consumer market for illicit drugs with excellent transportation resources.⁵⁷² It serves as a major shipping point for drugs and money to narcotics markets throughout the nation. Employer drug testing programs reveal that Kansas City has a higher positivity rate for amphetamines (80%), cocaine (30%), marijuana (60%), opiates (20%), and PCP (900%) than national averages (*Kansas City Star* 7/20/08 A1).

The Centers for Disease Control and Prevention, illicit drug use is the 10th leading actual cause of death in the United States and the 2nd leading cause of accidental deaths. In 2006, an estimated 8.3% of the population ≥ 12 years of age were current illicit drug users.⁵⁷³

Surveys by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicate that marijuana was the most commonly used illicit drug, 72.8% of drug users. An estimated 18.5% of unemployed adults ≥ 18 years old were current illicit drug users compared to 8.8% of full-time and 9.4% of part-time workers. Overall, most illicit drug users (74.9%) were employed. Rates of drug use are associated with age. Among youths aged 12 to 17, the rates of current illicit drug use increased with age: 3.9% at ages 12 or 13, 9.1% at ages 14 or 15, and 16.0% at ages 16 or 17. The highest rate was among persons aged 18 to 20 (22.2%) and declined among adults with increasing age. Males were about twice as likely to use marijuana as females (8.1% vs. 4.1%). In addition, SAMHSA reported that 4.7% of current drivers > 18 years of age, in the past year, drove while under the influence of illicit drugs.⁵⁷⁴

In recent years, the trends in drug use have become more complex, and thus more difficult to describe.⁵⁷⁵ A major reason for this increased complexity is that cohort effects have emerged, beginning with the increases in drug use that occurred during the early 1990s. "Cohort effects" refer to lasting differences between class cohorts that stay with them as they advance through school and beyond. These effects result in the various grades reaching peaks or valleys in different years, and thus the various age groups are sometimes moving in different directions at a given point in history.

Because drug use usually begins during adolescence, the National Institute on Drug Abuse sponsors a program known as *Monitoring the Future* which is based on a series of surveys examining the behaviors, attitudes, and values of secondary school students, college students, and young adults up to age 45 years old towards drugs and their use. At the core of *Monitoring the Future* is a series of annual surveys of adolescents. In the Kansas City area, similar surveys of adolescents by the Partnership for Children no longer are conducted.

⁵⁷² National Drug Intelligence Center. Drug Market Analysis 2008: Midwest, High Intensity Drug Trafficking Area. www.usdoj.gov/ndic

⁵⁷³ Substance Abuse and Mental Health Services Administration. Overview of findings from the 2006 national survey on drug use and health. www.samhsa.gov

⁵⁷⁴ Substance Abuse and Mental Health Services Administration. State estimates of persons aged 18 or older driving under the influence of alcohol or illicit drugs. *The NSDUH Report*, April 17, 2008. www.oas.samhsa.gov

⁵⁷⁵ Johnston LD et al. 2006. Monitoring the Future national results on adolescent drug use; overview of key findings, 2007. National Institute of Drug Abuse. www.monitoringthefuture.org

According to *Monitoring the Future*, males to have somewhat higher rates of illicit drug use than females (particularly, higher rates of frequent use), and much higher rates of steroid use. The differences, in which males end up with higher rates of use, appear to emerge as students grow older. In 8th grade, females actually have higher rates of use for some drugs. Contrary to popular assumption, at all grade levels, black students have substantially lower rates of use of most licit and illicit drugs than do whites.

In Missouri, the prevalence of the use of illicit drugs in the prior month is approximately 8%, with 1.9% of the population ≥ 12 years of age being illicit drug dependent and 3% being dependent or an abuser.⁵⁷⁶ Each year, about 2% of Missourians ≥ 12 years of age try marijuana for the first time. For the period 1999-2001, the northwestern counties of Missouri were reported to have an estimated 5% of the population being current marijuana users and to have an average annual rate of 1.5% for first use of marijuana.⁵⁷⁷ For the counties embracing the Kansas side of the Kansas City metropolitan area, the current usage rate was estimated at 4.7% and 2% for first use. A telephone survey in 2004 commissioned by the Kansas City Health Department had 1.1% of respondents reporting use of illicit drugs.⁵⁷⁸ In 2007, the Kansas City Police Department made 5,431 arrests for narcotics.

Emergency department visits and hospitalization

SAMHSA's Drug Abuse Warning Network (DAWN 2005 data estimated that, nationally, over 1.5 million emergency department visits were drug-related visits and that 56% were associated with use of one or more illicit drugs (Table 157).⁵⁷⁹ Cocaine was involved in approximately 55% of illicit drug related emergency department visits; marijuana was the next most common reason (30%). A DAWN case is defined as any emergency department visit related to recent drug use, including use of drugs plus alcohol, or alcohol alone in persons <21 years of age.

In Kansas City, the rate of emergency department visits due to drug abuse remained stable between 2000 and 2006, while the rate of hospitalization decreased 78.7% (Figure 122). The rates for emergency department visits for both non-Hispanic whites and non-Hispanic blacks varied over the 7 year period but remained fairly similar when 2006 is compared to 2000 (Figure 123). And, although non-Hispanic blacks had a hospitalization rate 2.1 times higher than non-Hispanic whites in 2000, their rates both declined and were essentially identical in recent years (Figure 124).

⁵⁷⁶ Wright D, Sathe N. State estimates of substance use from the 2003-2004 National Surveys on Drug Use and Health. Substance Abuse and Mental Health Services Administration. www.oas.samhsa.org.

⁵⁷⁷ Substance Abuse and Mental Health Services Administration. Substate estimates from the 1999-2001 national surveys on drug use and health. www.oas.samhsa.gov.

⁵⁷⁸ Kansas City Health Department. 2004 Health Assessment Survey. www.kcmo.org/health.

⁵⁷⁹ Substance Abuse and Mental Health Services Administration. Drug Abuse Warning Network 2005: national estimates of drug-related emergency department visits. <http://DAWNinfo.samhsa.gov>.

Table 157 Percentage of drug-related emergency department visits nationally, based on DAWN, 2005

Drug	Percentage
Illicit drug only	31%
Pharmaceutical only	27%
Illicit drug plus alcohol	14%
Illicit drug plus pharmaceutical	8%
Illicit drug plus pharmaceutical plus alcohol	4%

Figure 122 Rates per 10,000 population of emergency department visits and hospitalizations that were drug-related, Kansas City, Mo

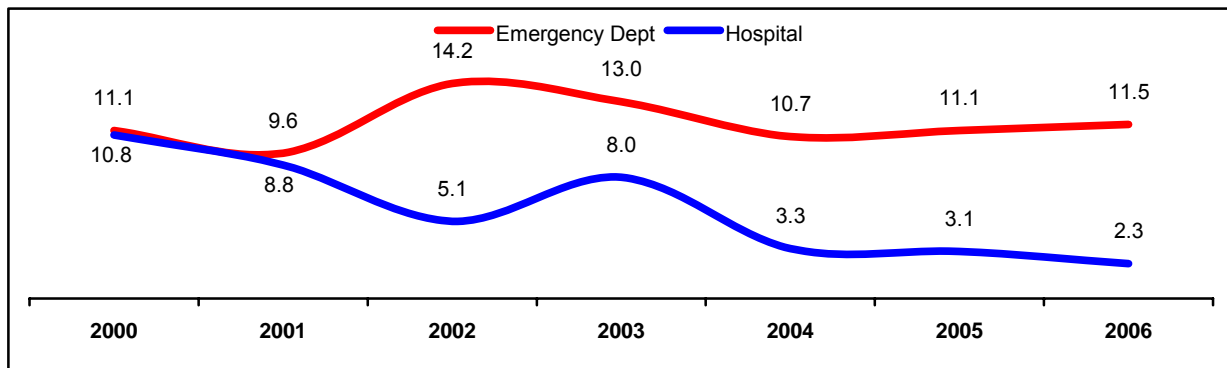
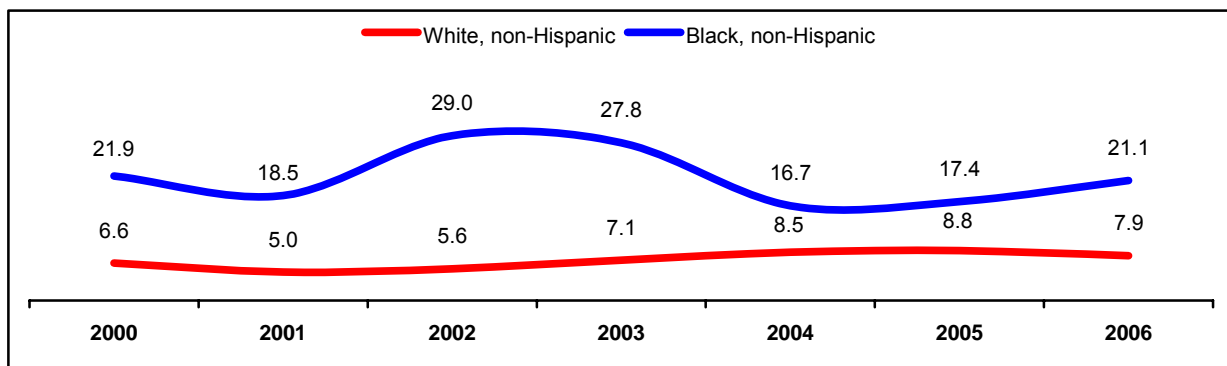


Figure 123 Rates per 10,000 population of emergency department visits by race/ethnicity that were drug-related, Kansas City, Mo



Deaths

Between 2000 and 2006, the age-adjusted drug-related death rate among Kansas City residents has remained relatively stable and, on average, 7.7 times higher than the *Healthy People 2010* objective (Figure 125). Over the years, non-Hispanic blacks were 50% more likely to have a drug-related death than non-Hispanic whites. The age distribution of deaths in 2006 is shown in Figure 126.

Figure 124 Rates per 10,000 population of hospitalizations by race/ethnicity that were drug-related, Kansas City, Mo

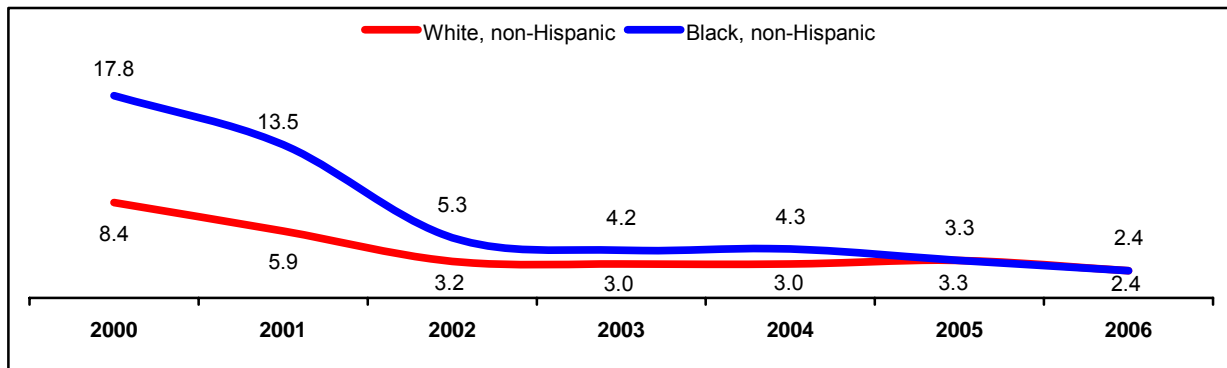


Figure 125 Age-adjusted drug-related death rates per 100,000 population, Kansas City, Mo

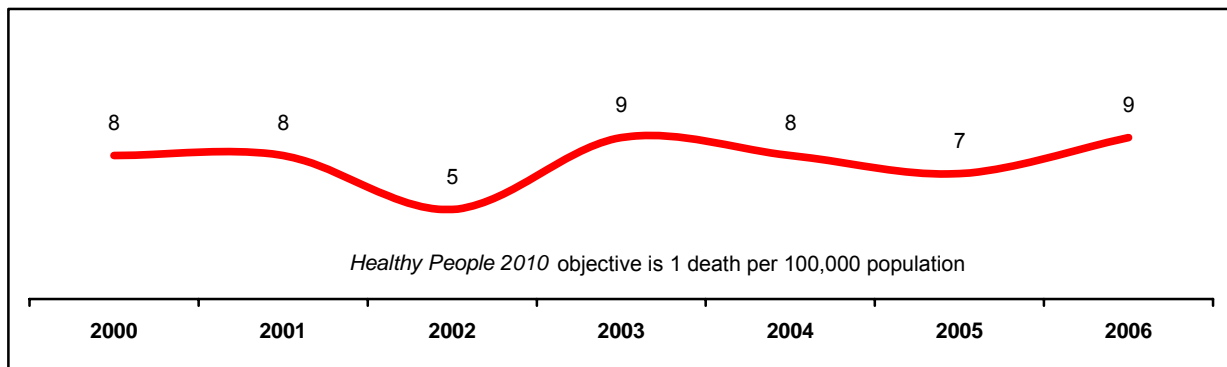


Figure 126 Distribution of 37 drug related deaths for Kansas City, Mo, residents by age, 2006

