

Among persons aged at least 12 years, 1.9% are illicit drug dependent and 3% are abusers.⁷ Missouri, however, is an average state in terms of residents who use illicit drugs (Figure 20.1). The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 19.6% of unemployed adults aged at least 18 years are current illicit drug users compared to 8.0% of full-time workers and 10.2% of part-time workers. Overall, most illicit drug users (72.7%) are employed. Surveys by SAMHSA indicate that marijuana is the most commonly used

illicit drug among drug users (75.7%).

Rates of drug use are associated with age. The rates of current illicit drug use among youth and young adults increase with age, being the highest among persons aged 18 to 20 years and declining with increasing age among adults. Males are about twice as likely to use marijuana as females, although among adolescents the percentages are fairly similar.⁸ In addition, SAMHSA reports that, in the past year, 12.3% of current drivers aged 18 to 25 years drove while under the influence of illicit drugs.

Emergency Department Visits and Hospitalization

SAMHSA's Drug Abuse Warning Network (DAWN) 2009 data estimated that, nationally, over 970,000 emergency department visits were drug-related visits and that 51% were associated with use of one or more illicit drugs.⁹ Cocaine was involved in 43% of illicit drug related emergency department visits; marijuana was the next most common reason (38%). 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 aged less than 21 years. In addition, more Americans are visiting emergency departments and being hospitalized due to prescription drug overdoses.^{10 11}

Between 2007 and 2009, the rate of emergency department visits among Kansas City residents due to drug abuse remained stable while the rate of hospitalization decreased (Figure 20.2). The rates for emergency department visits for both non-Hispanic whites and non-Hispanic blacks varied over the 7 year period (Figure 20.3). Although hospitalization rates due to drug abuse have declined for both non-Hispanic blacks and whites, the rates for non-Hispanic blacks generally are higher (Figure 20.4).

Figure 20.2. Rates per 10,000 population of emergency department visits and hospitalizations that were drug-related, Kansas City, MO, 2002-2009

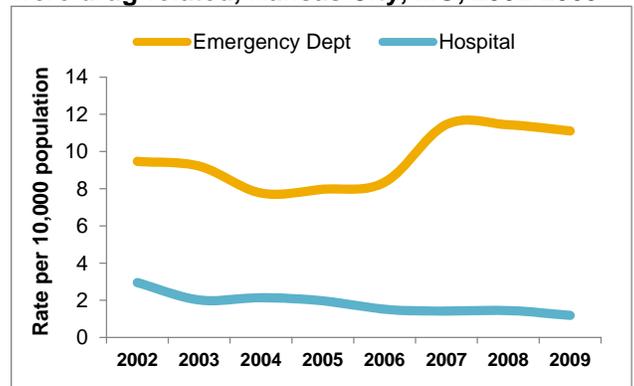


Figure 20.3. Rates per 10,000 population of emergency department visits by race/ethnicity that were drug-related, Kansas City, MO, 2002-2009

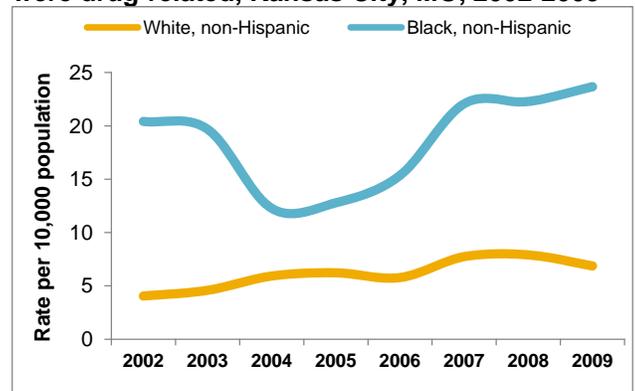


Figure 20.4. Rates per 10,000 population of hospitalizations by race/ethnicity that were drug-related, Kansas City, MO, 2002-2009

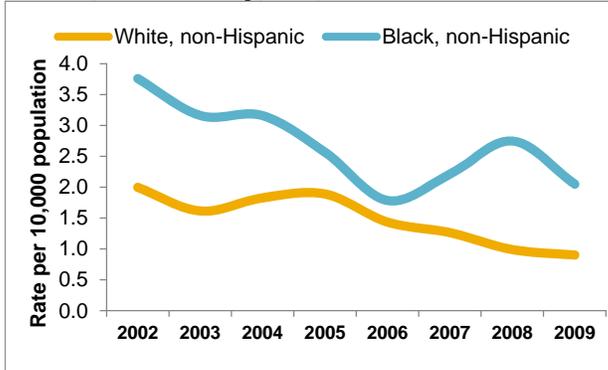
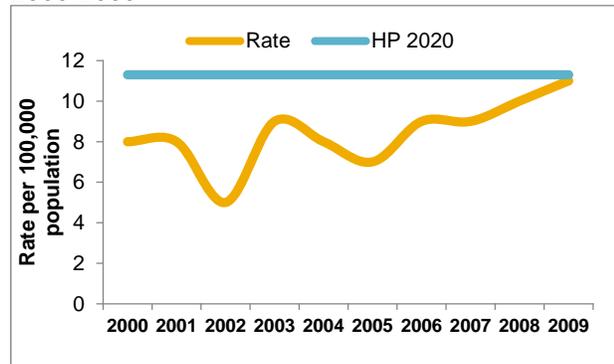


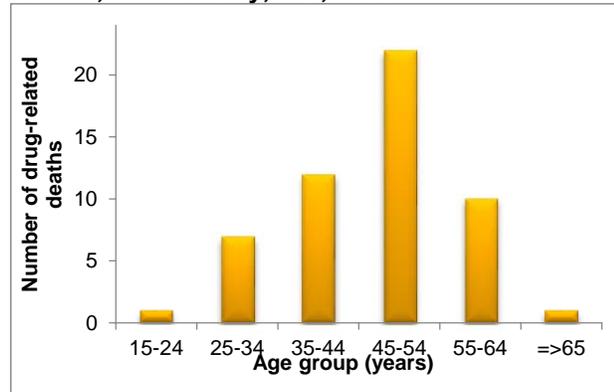
Figure 20.5. Age-adjusted drug-related death rates per 100,000 population, Kansas City, MO, 2000-2009



Deaths

Between 2000 and 2009, the age-adjusted drug-related death rate among Kansas City residents has remained relatively stable and slightly lower than the *Healthy People 2020* objective of 11.3 deaths per 100,000 population (Figure 20.5). Over the years, non-Hispanic blacks were 50% more likely to have a drug-related death than non-Hispanic whites. The age distribution of 53 deaths in 2009 is shown in Figure 20.6.

Figure 20.6. Age distribution of drug related deaths, Kansas City, MO, 2009



Literature cited

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