Substance Abuse Prevention and Treatment Agency 2013 Epidemiologic Profile

Nevada Division of Mental Health and Developmental Services
Department of Health and Human Services

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Nevada Division of Mental Health and
Developmental Services
Department of Health and Human Services

Substance Abuse Prevention and Treatment Agency 2013 Epidemiologic Profile

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Data Sources Used for the 2013 Epidemiologic Profile

BRFSS

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

BRFSS was established in 1984 by the Centers for Disease Control and Prevention (CDC); currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts. States can add specific relevant questions to the annual survey.

CDC Wonder

This furthers CDC's mission of health promotion and disease prevention by speeding and simplifying access to public health information for state and local health departments, the Public Health Service, and the academic public health community. CDC WONDER is valuable in public health research, decision making, priority setting, program evaluation, and resource allocation. The Wide-ranging Online Data for Epidemiologic Research is an easy-to-use, menu-driven system that makes the information resources of the CDC available to public health professionals and the public at large. It provides access to a wide array of public health information.

DAWN

The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors: Drug-related visits to hospital emergency departments (EDs) and Drug-related deaths investigated by medical examiners and coroners (ME/Cs).

FARS

The Fatality Analysis Reporting System (FARS) is coordinated by the National Highway Traffic Safety Administration. FARS tracks all traffic fatalities and compiles statistics on fatal crashes nationwide.

MTF

Monitoring the Future (MTF) is an ongoing series of national surveys of American adolescents and adults that has provided the nation with a vital window into the important, but largely hidden problem behaviors of illegal drug use, alcohol use, tobacco use, anabolic steroid use and psychotherapeutic drug use. MTF is an investigator-initiated study that originated with, and is conducted by, a team of research scientists at the University of Michigan's Institute for Social Research. It has been continuously funded since its onset in 1975 by the National Institute on Drug Abuse, a division of the National Institutes of Health.

NCHA

The National College Health Assessment **(NCHA)** is a nationally recognized research survey that collects data from college students nationwide about health habits, behaviors, and perceptions. Topics included in the survey are alcohol, tobacco, and other drug use, sexual health, weight, nutrition, and exercise, mental health, and personal safety and violence. The survey is done on the University of Nevada, Reno campus and at the University of Nevada, Las Vegas campus.

NDIC

The National Drug Intelligence Center (NDIC) was established by the Department of Defense Appropriations Act, 1993 (Public Law 102-396) signed into law on October 6, 1992. Placed under the direction and control of the Attorney General, NDIC was established to "coordinate and consolidate drug intelligence from all national security and law enforcement agencies, and produce information regarding the structure, membership, finances, communications, and activities of drug trafficking organizations".

NV Office of Vital Statistics

Vital records include information on births, deaths, causes of death, marriages, paternity, and other population based data.

Nevada Office of Traffic Safety

The Impaired Driving program through the Nevada Office of Traffic Safety tracks alcohol and drug impaired driving incidents throughout the state.

NHTSA

The National Highway Traffic Safety Administration (NHTSA) directs the highway safety and consumer programs established by the National Traffic and Motor Vehicle Safety Act of 1966, the Highway Safety Act of 1966, the 1972 Motor Vehicle Information and Cost Savings Act, and succeeding amendments to these laws.

NDOT

The mission of the Nevada Department of Transportation (NDOT) is to provide a better transportation system for Nevada through unified and dedicated efforts. The department is responsible for the planning, construction, operation, and maintenance of the 5,400 miles of highway and over 1,000 bridges which make up the state highway system.

NSDUH

The National Survey on Drug Use and Health (NSDUH) is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general U.S. civilian non institutionalized population, age 12 and older. It is currently conducted by SAMHSA's Office of Applied Studies (OAS).

ONDCP

The White House Office of National Drug Control Policy (ONDCP), a component of the Executive Office of the President, was established by the Anti-Drug Abuse Act of 1988.The principal purpose of ONDCP is to establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences. To achieve these goals, the Director of ONDCP is charged with producing the National Drug Control Strategy. The Strategy directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities.

SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established a clear vision for its work -- a life in the community for everyone. To realize this vision, the Agency has sharply focused its mission on building resilience and facilitating recovery for people with or at risk for mental or substance use disorders. SAMHSA provides statistical information and does research of the population to develop policies and programs that address substance abuse and mental health issues in the U.S.

UCR

The purpose of the state Uniform Crime Reporting (UCR) program is to systematically collect and analyze statistical information related to crime and delinquency and to publish information that can be used by a wide variety of sources, both public and private. The state database follows the national Uniform Crime Reporting Model so that valid comparisons of crime trends can be made between states and forecasts of these trends can be developed.

The program's focus is to provide a better understanding of crime in Nevada which will, in turn, assist criminal justice administrators, practitioners, and academicians to plan, budget, and provide services to the public. Crime statistics are important to business leaders, educators, students, and interested private citizens as well.

YRBS

The Youth Risk Behavior Survey (YRBS) is conducted by the Centers for Disease Control and Prevention (CDC). The survey monitors six categories of priority health-risk behaviors among youth and young adults, including behaviors that contribute to unintentional injuries and violence and alcohol and other drug use. YRBS includes a national school based survey conducted by CDC and state and local school based surveys conducted by state and local education and health agencies.


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Executive Summary

The Substance Abuse Prevention and Treatment Agency (SAPTA) is an agency within the Nevada Department of Health and Human Services, Division of Mental Health and Developmental Services (MHDS). The SAPTA mission is to reduce the impact of substance abuse in Nevada. An Epidemiologic Profile is required to meet the requirements established in the State Epidemiological Outcomes Workgroups Program grant which SAPTA receives from SAHMSA's center of Substance Abuse Prevention (CSAP). SAPTA continues to integrate substance abuse and mental health services in its funding initiatives. Additionally, the Agency is striving to improve its use of data to influence substance abuse and mental illness prevention practice and to promote positive mental health.

In this report, data indicators central to substance abuse were collected from many sources. These indicators were reported at the State level and compared to national level data. Data describing the consequences of substance use and abuse is presented first, because policy makers and prevention providers are primarily concerned with substance abuse outcomes. Consumption data is commonly gathered using self report methods and thus may not be completely accurate. Consumption of alcohol and other drugs in Nevada is compared to that in other parts of the country. Risk and protective factors that influence the use and abuse of alcohol and other drugs are considered.

Much of the information presented was based on SAPTA priorities, identified in the Substance Abuse Prevention and Treatment Block Grant, or were findings of the Statewide Epidemiological Outcomes Workgroup. Some key findings identified indicate the following:

> Prescription drug abuse continues to increase in Nevada in adults and adolescents, as is the case nationwide. Nevada ranks in the one fifth of states in prescription drug abuse in people ages 12 and older.
>
> The percentage of Nevada students who reported through the YRBS that they had been offered or sold drugs at school was 36% in 2009 compared to 22% nationwide.
>
> Between 2008 and 2010, the number of SAPTA clients treated for methamphetamine use declined. However, since 2010, the numbers of meth users treated in Nevada has increased by 18%.
>
> The National Surveys on Drug Use and Health includes questions on mental illness, suicidal ideation and youth and adult depression. Nevada ranks in the top one fifth of states for people 18 and over reporting any mental illness in the past year. Among persons 26 or older, 3.95 percent of Nevadans reported having had serious thoughts of suicide in the past year.

As additional federal requirements become known, data driven decision making will be key to driving SAPTA priorities and strategic initiatives. SAPTA will continue to use evidence-based practices. A crucial step to successful healthcare reform will be the continued integration of mental health and substance abuse services. Five SAPTA pilot programs, two of which partner with Department of Mental Health and Developmental Services, now provide treatment to clients with mild to severe mental health conditions. Providing a more complete continuum of care increases the likelihood of positive outcomes.

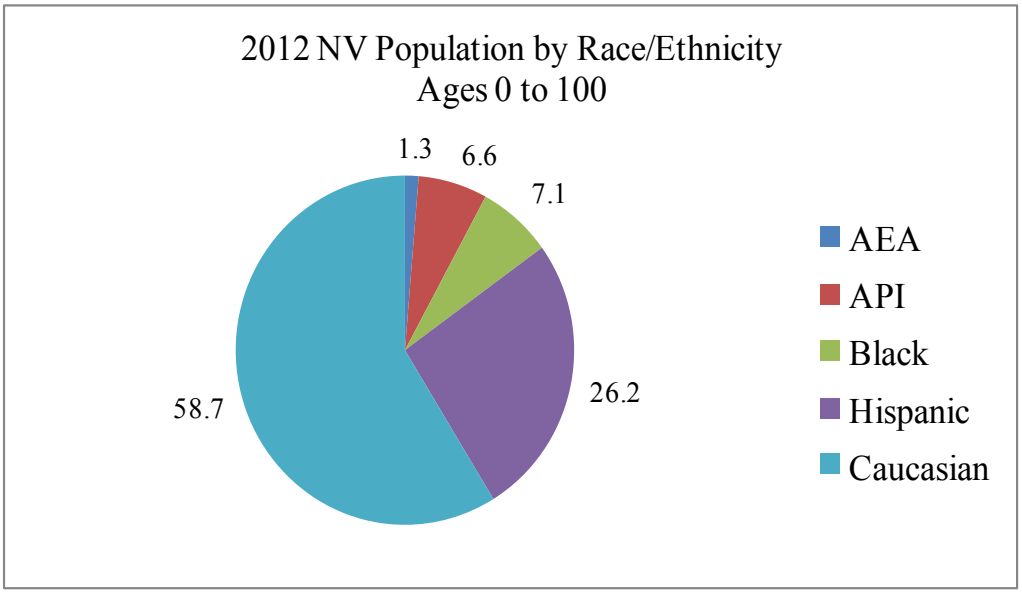
Nevada Substance Abuse Epidemiologic Profile

The Nevada Epidemiologic Profile is a tool for substance abuse prevention planners at the county and community level. The primary purpose was to support efforts related to the Strategic Prevention Framework State Incentive Grant (SPF-SIG) received by the Nevada Department of Health and Human Services. The SPF -SIG provided funding to communities to conduct needs assessments regarding substance use and its consequences, build capacity to address those needs, plan, implement and evaluate evidence-based programs, policies and practices designed to address the intervening variables related to substance related problems. The current Statewide Epidemiologic Outcomes Workgroup (SEOW) funding started in October 2010 with the goal to continue the work of the workgroup in collecting and disseminating data on substance abuse in Nevada.

The Epidemiologic Profile presents several major indicators of substance abuse in Nevada. The major indicators include substance abuse consequence data and substance abuse consumption data. Risk and protective factors that affect substance use and abuse are also addressed.

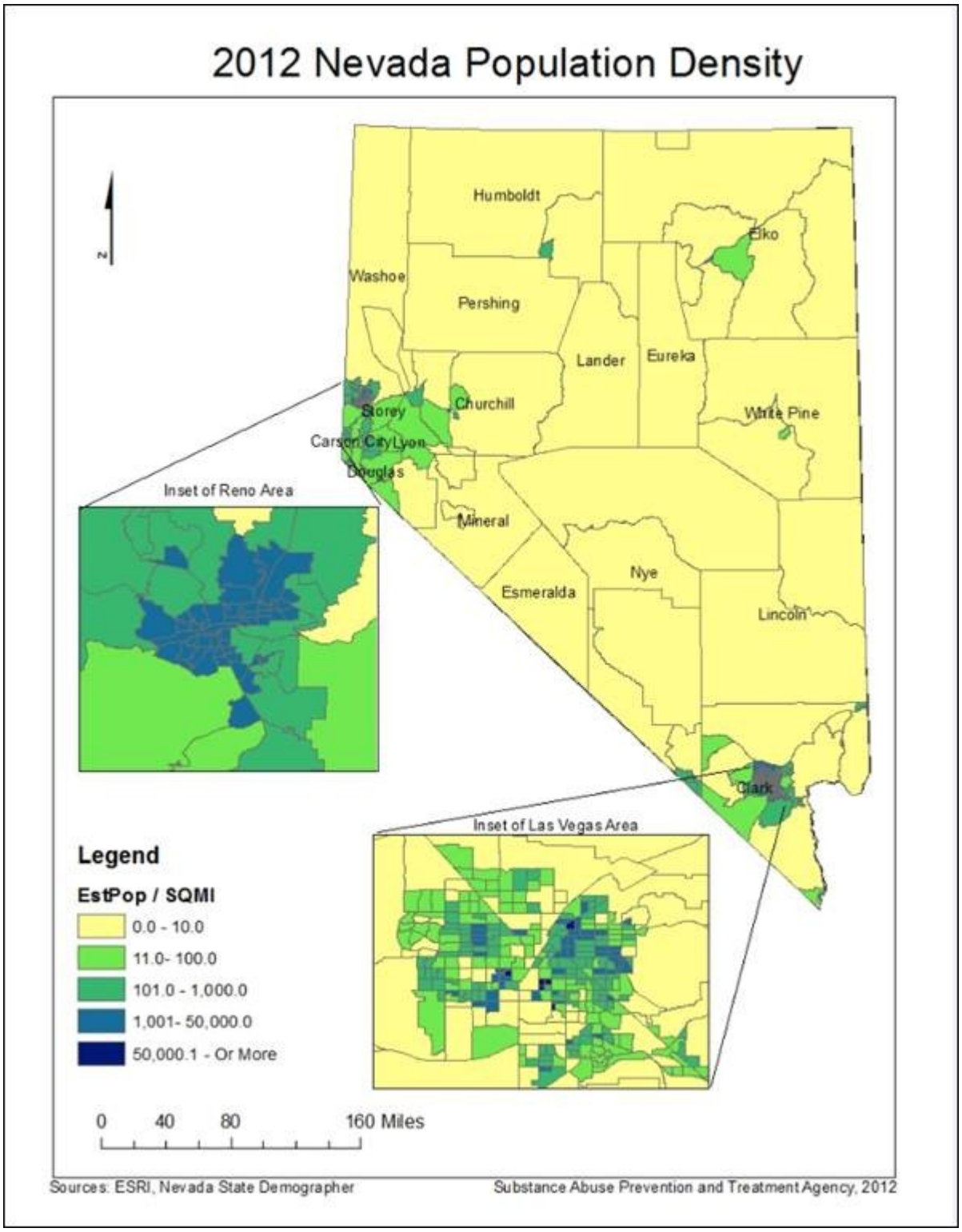
Nevada

Nevada is the seventh largest state in the U.S. geographically with 110,561 square miles. The state ranks 35th in the country in terms of population with 2,726,410 people in 2012. Nevada's population is 88% urban, with most people living in the Las Vegas area (Clark County) and the Reno area (Washoe County). The remaining 12% live in rural areas which are sometimes referred to as being "frontier." In Nevada, 12 of the 17 counties have fewer than 50,000 inhabitants and 7 of the smallest counties have fewer than 5,000 inhabitants.

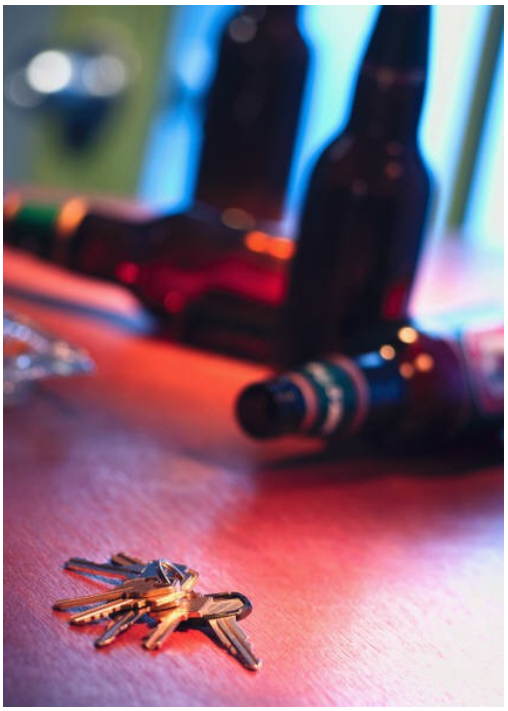


Data on the Race/Ethnicity of Nevadans is from the State Demographer's Office. AEA refers to Alaskans and Native Americans. API refers to Asians and Pacific Islanders.

MAP 1.

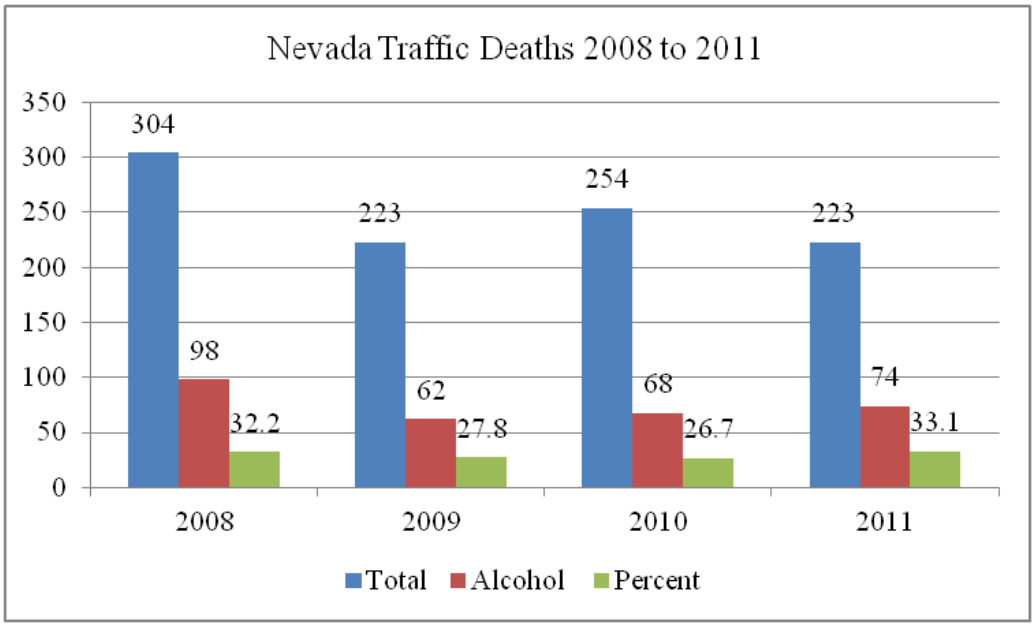

2012 Nevada Population Density
N
Humboldt
Elko
Washoe
Pershing
Lander
Eureka
Churchill
Storey
White Pine
Carson City
Lyon
Douglas
Inset of Reno Area
Mineral
Nye
Esmeralda
Lincoln
Clark
Inset of Las Vegas Area
Legend
EstPop / SQMI
0.0 - 10.0
11.0- 100.0
101.0 - 1,000.0
1,001- 50,000.0
50,000.1 - Or More
0
40
80
160 Miles
Sources: ESRI, Nevada State Demographer
Substance Abuse Prevention and Treatment Agency, 2012

Substance abuse has consequences to the individual, family, society, the criminal justice system, the educational system, and the health care system. This section of the profile presents the consequences of substance abuse for adults, college age people, adolescents, and in some cases, children. The consequences of using different substances are considered. Nevada statewide data are often compared to national data to give the reader a sense of the impacts here compared to those nationwide.



Alcohol Related Traffic Fatalities

Chart 1.

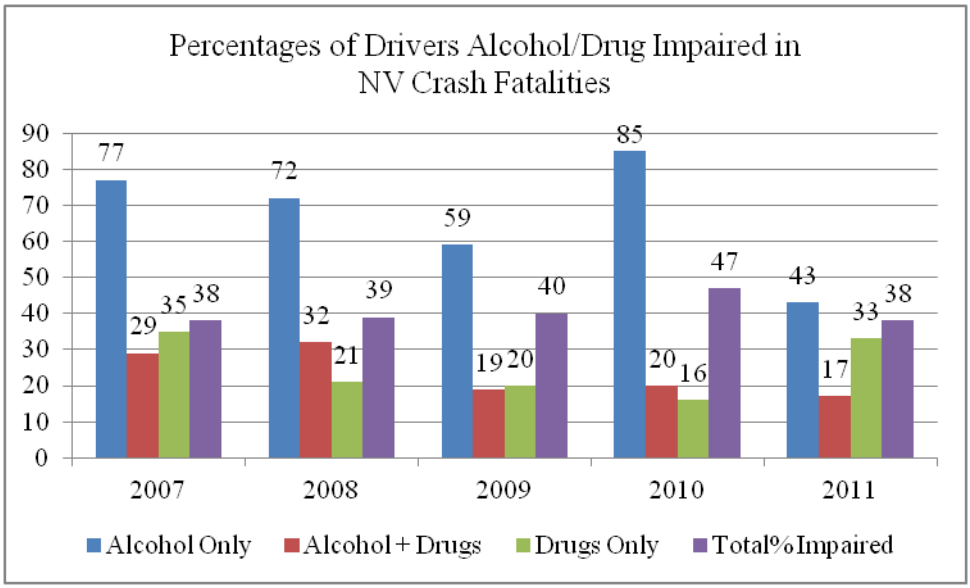


The chart above shows that the numbers of alcohol related traffic deaths in Nevada is decreasing steadily, but the percentage of alcohol related traffic deaths of total traffic deaths remains around thirty percent which is similar to the national percentage. (Nevada Office of Traffic Safety, 2011).

In 2011, 9,878 people were killed in alcohol-impaired-driving crashes nationwide. Alcohol-impaired-driving fatalities accounted for 32 percent of the total motor vehicle traffic fatalities in the United States. The rate of alcohol impairment among drivers involved in fatal crashes was four times higher at night than during the day. (NHTSA, Traffic Safety Facts, Alcohol Impaired Driving, 2011).

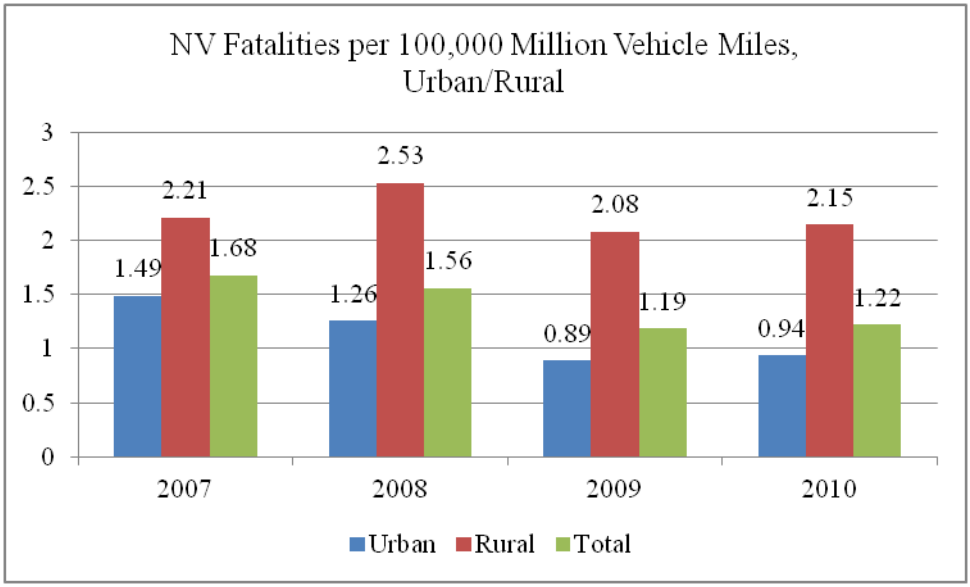
Traffic fatalities nationwide in alcohol-impaired-driving crashes decreased by 15.6 percent from 11,711 in 2008 to 9,878 in 2011. The alcohol-impaired-driving fatality rate per 100 million vehicle miles traveled (VMT) decreased to from 0.39 in 2008 to 0.34 in 2011. An average of one alcohol-impaired-driving fatality occurred every 48 minutes in 2011. (Traffic Safety Facts, 2011, NHTSA)

Chart 2.



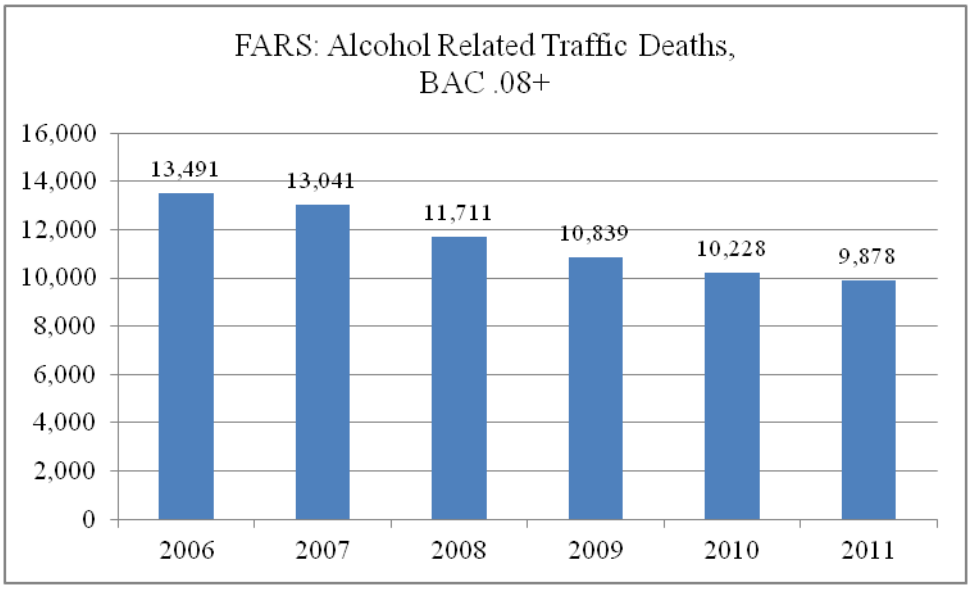
Drugs other than alcohol (e.g., marijuana and cocaine) were involved in about 38% to 47% of motor vehicle driver deaths in Nevada since 2007. These other drugs are often used in combination with alcohol. Combined data from 2007 to 2011 indicated that two thirds of drugged drivers aged 16 and older (66.3%) drove under the influence of illicit drugs and alcohol at the same time. Rates of drug driving have been decreasing since 2002. (NSDUH Report: State Estimates of Drunk and Drugged Driving, December 2010).

Chart 3.



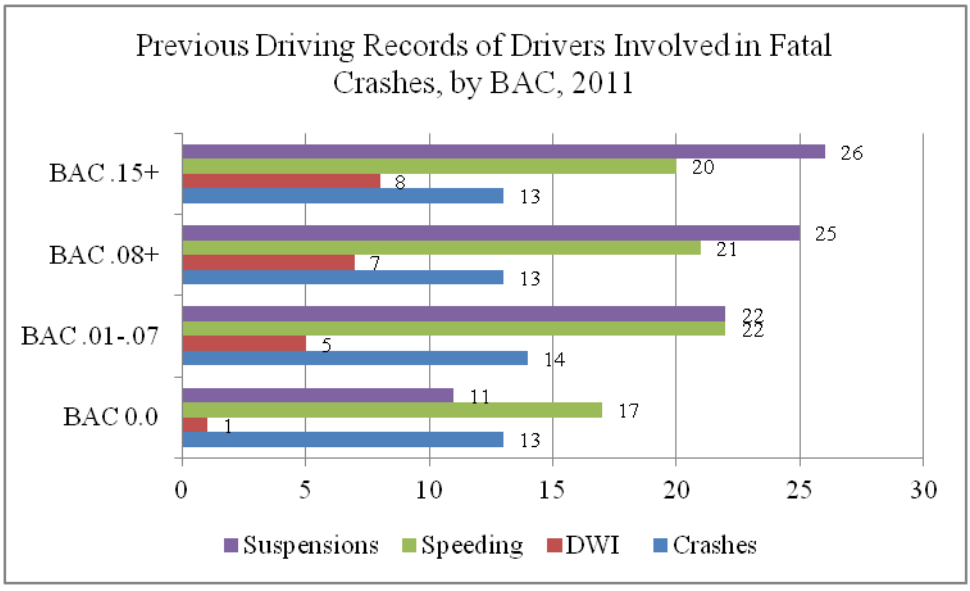
Seventy-six percent of Nevada's population lives in Clark County and 12% of the population lives in Washoe County, thus 88% of the population is urban. The chart shows that the rate per 100,000 population of alcohol related traffic fatalities is higher in the rural areas of Nevada than in the urban areas.

Chart 4.



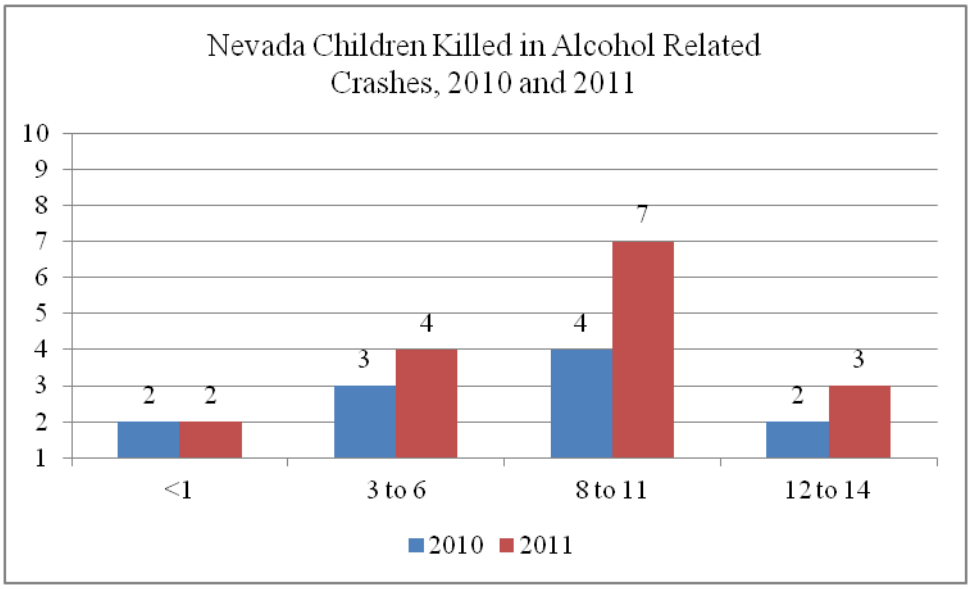
Traffic fatalities in alcohol-impaired driving crashes decreased by 3.4% from 2010 to 2011. However, the total still represents about 31% of the total traffic deaths nationwide. An average of one alcohol impaired driving fatality occurred every 53 minutes in 2011. (Traffic Safety Facts, December 2012, National Highway Traffic Safety Administration).

Chart 5.



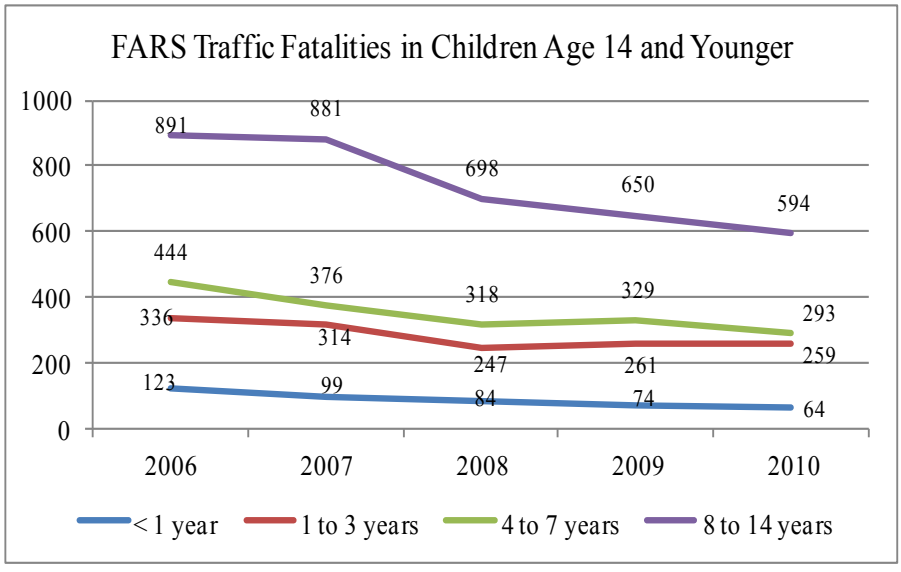
In 2011, 85% of the 10,910 drivers with a Blood Alcohol Content (BAC) of .01 or higher who were involved in fatal crashes had BAC levels at or above .08, and 57 percent had BAC levels at or above .15. The most frequently recorded BAC level among drinking drivers in fatal crashes was .16, or twice the legal limit. Drivers with a BAC level of .08 or higher in fatal crashes in 2011 were seven times more likely to have a prior conviction for driving while impaired than were drivers with no alcohol. (Traffic Safety Facts 2012)

Chart 6. **Alcohol Impaired Driving Crashes and Children**



In Nevada in 2011, 14 children under the age of 14 died in alcohol related crashes, or 7% of the total. (Impaired Driving: Get the Facts, CDC Motor Vehicle Safety – Injury Center, October, 2012).

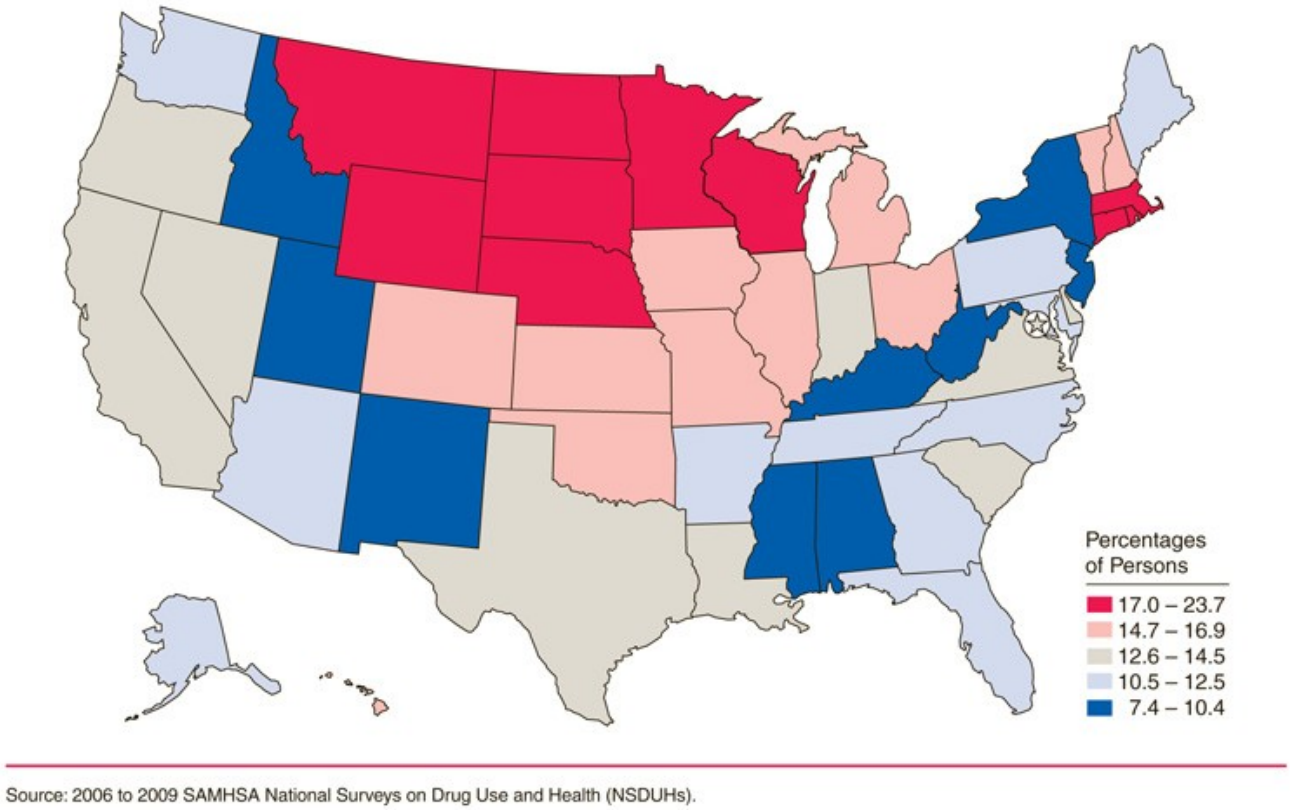
Chart 7.



Nationwide in 2010, 1,210 children under the age of 14 died in traffic crashes. Two hundred eleven children under age 14 were killed in alcohol related crashes (17% of the total). Of the 211 child passengers ages 14 and under who died in alcohol impaired driving crashes in 2010, over half (62%) were riding in the vehicle with the alcohol impaired driver. (Traffic Safety Facts, NHTSA)

MAP 2:

Percentages of Persons Aged 16 or Older Driving under the Influence (DUI) of Alcohol in the Past Year, by State: 2006 to 2009



Source: 2006 to 2009 SAMHSA National Surveys on Drug Use and Health (NSDUHs).

Combined 2006 to 2009 data indicate that 13.2% of persons aged 16 or older (an estimated 30.6 million persons) drove under the influence of alcohol in the past year and 4.3% (an estimated 10.1 million persons) drove under the influence of illicit drugs in the same time period.

The rates of past year *drunk* driving were among the highest in Wisconsin (23.7%) and North Dakota (22.4 percent); the rates of *drugged* driving were among the highest in Rhode Island (7.8%) and Vermont (6.6%). (State Estimates of Drunk and Drugged Driving, The NSDUH Report, December 9, 2010)

Driving Under the Influence of Alcohol, Nevada

Chart 8.

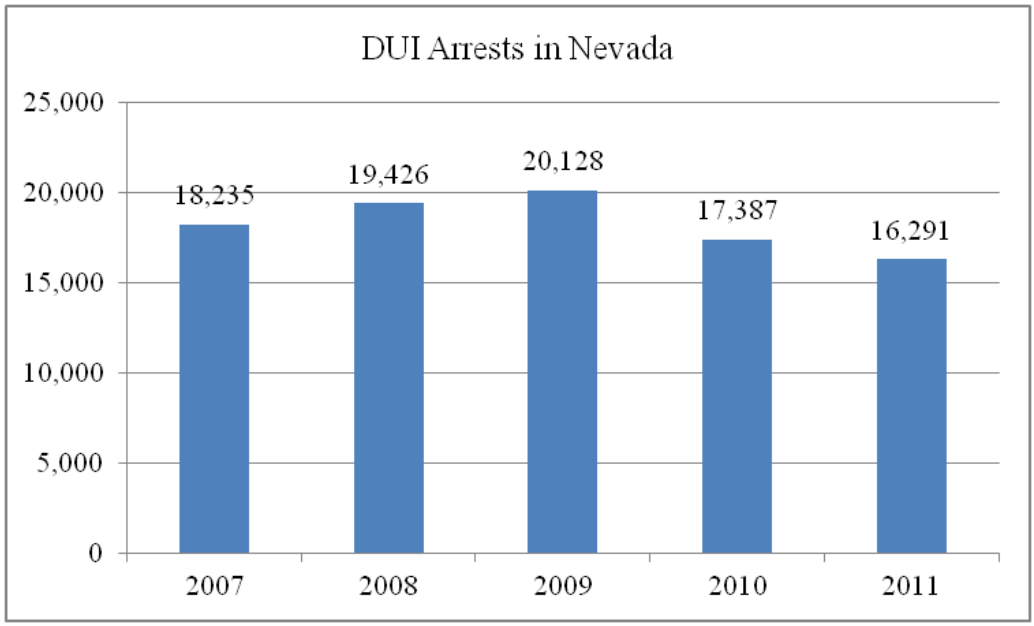
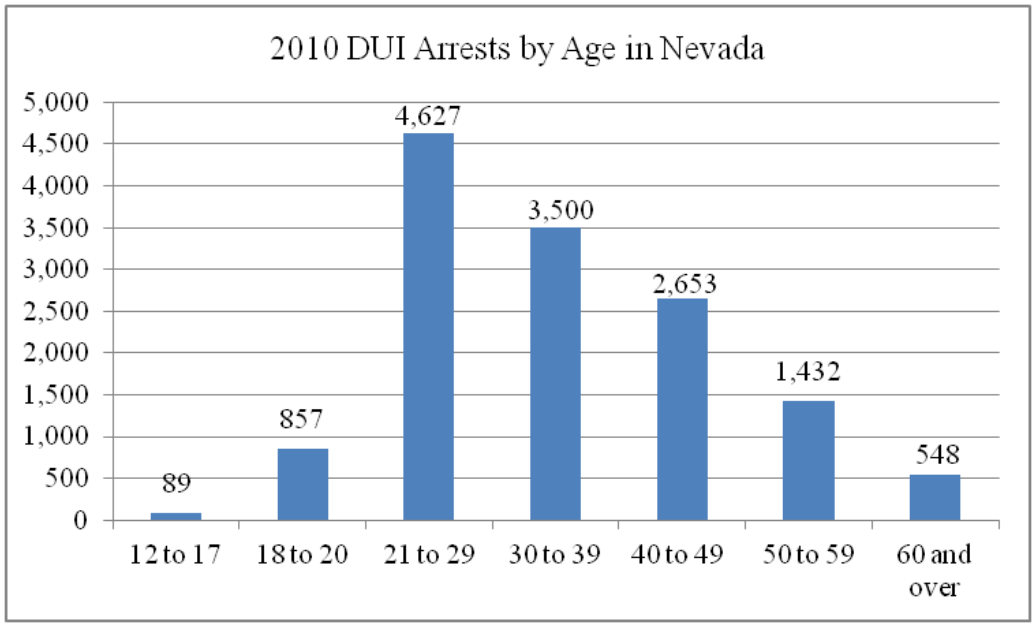


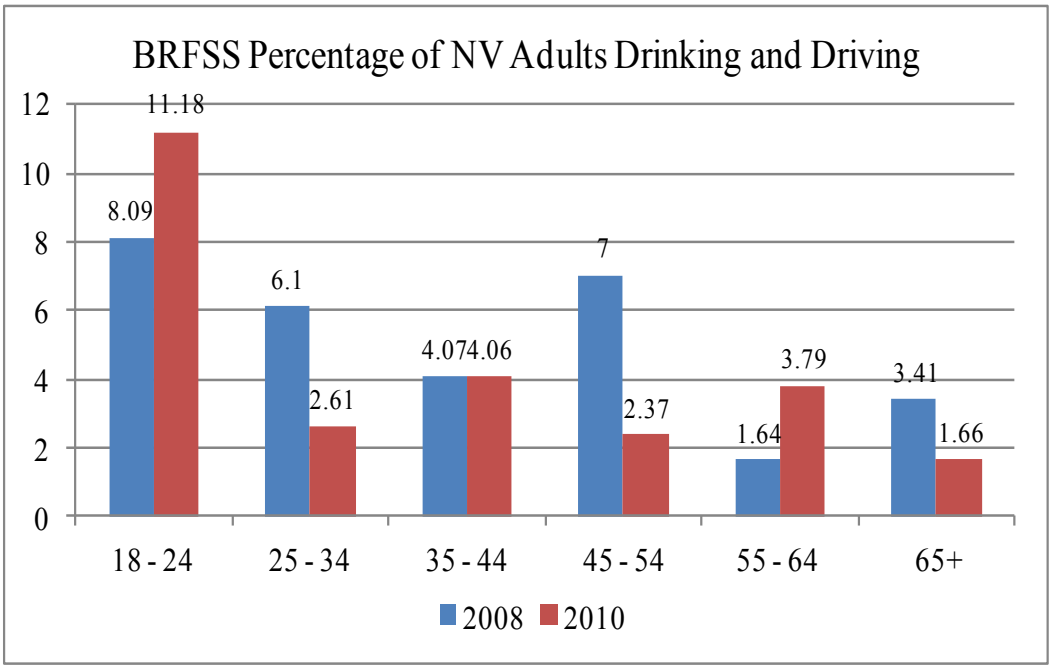
Chart 9.



The chart above shows that people between ages 21 and 29 are arrested for drinking under the influence more frequently than those in other age groups in Nevada.

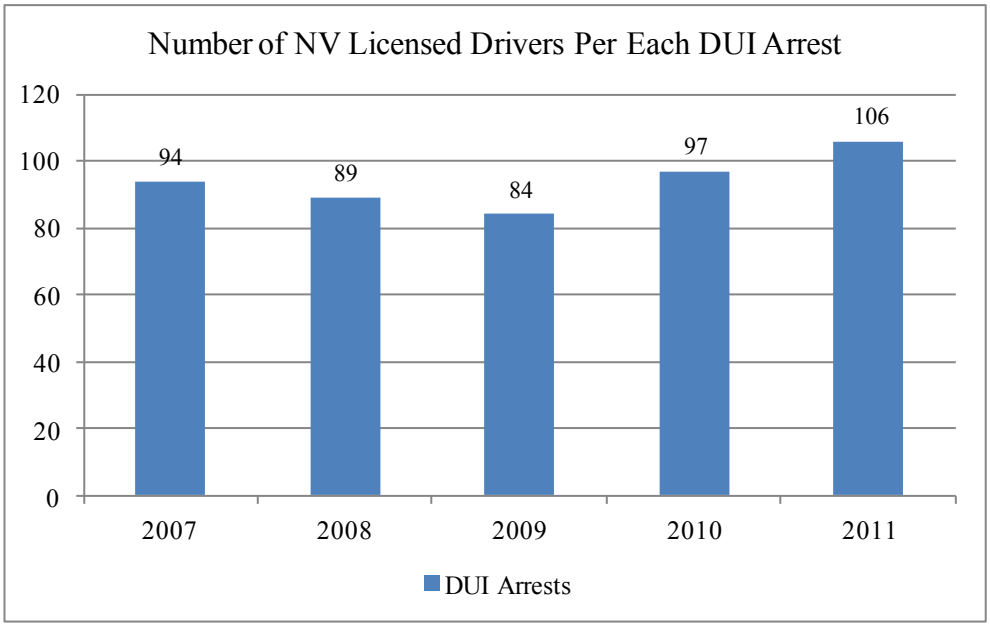
BRFSS: DUI Reported by Respondents

Chart 10.



In 2008 and 2010 SAPTA added a question regarding impaired driving to the Nevada BRFSS. "During the past 12 months have you driven a vehicle while you were under the influence of alcohol?" In each age group except for 18 to 24 and 55 to 64, fewer respondents reported drinking and driving in 2010 than in 2008.

Chart 11.



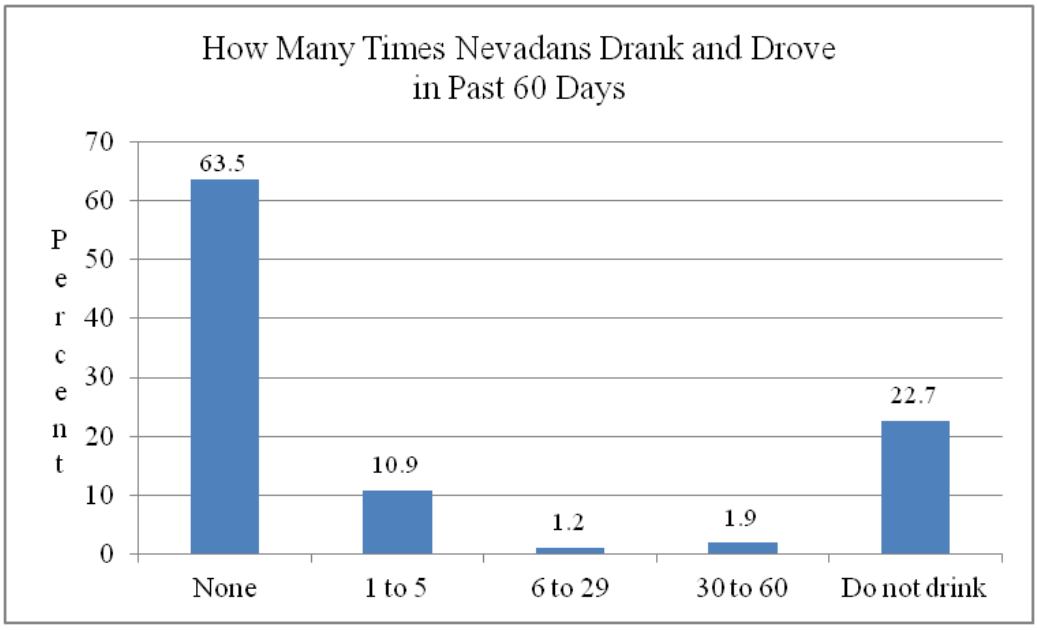
Research on the effectiveness of DUI checkpoints in deterring drinking and driving shows that the random use of checkpoints decreases the prevalence of drinking and driving by about 22%. (*Sobriety Checkpoints Annotated Bibliography***.** Insurance Institute for Highway Safety. November 2006). The National Highway Traffic Safety Administration works to discourage impaired driving through a three-pronged strategy: high-visibility law enforcement with supporting communication campaigns; enhanced prosecution and adjudication; and medical screening and brief intervention for alcohol abuse problems. Special emphasis is placed on reaching high-risk populations; including those under age 21, those ages 21 to 34, repeat offenders, and high-BAC level offenders.

Hardcore drunk drivers, those who drive at high BAC's (0.15 or above), do so repeatedly as demonstrated by having more than one drunk driving arrest. They are highly resistant to changing their behavior despite previous sanctions, treatment or education, and continue to account for a disproportionate share of alcohol-related traffic fatalities each year. In 2009, 70% of drivers involved in alcohol-impaired driving fatalities had a a BAC level of 0.15 or higher – a trend that has remained relatively unchanged for more than a decade. (Source: NHTSA/FARS, 2010) Three percent of drivers involved in fatal crashes in 2009 had a prior Driving While Intoxicated (DWI) conviction within the past three years. Among these drivers with a prior DWI conviction, 44% were involved in a fatal crash and had a BAC level of 0.15 or higher at the time of the crash. (Source: NHTSA/FARS, 2010)

The median BAC level remains twice the legal limit at 0.17, and drivers with a BAC level of 0.15 or higher in fatal crashes were nine times more likely to have a prior conviction for driving while impaired than drivers with no alcohol. (Source: NHTSA, Traffic Safety Facts "Alcohol-Impaired Driving," 2010).

Nevada Office of Traffic Safety, Community Attitudes Survey, 2010

Chart 12.



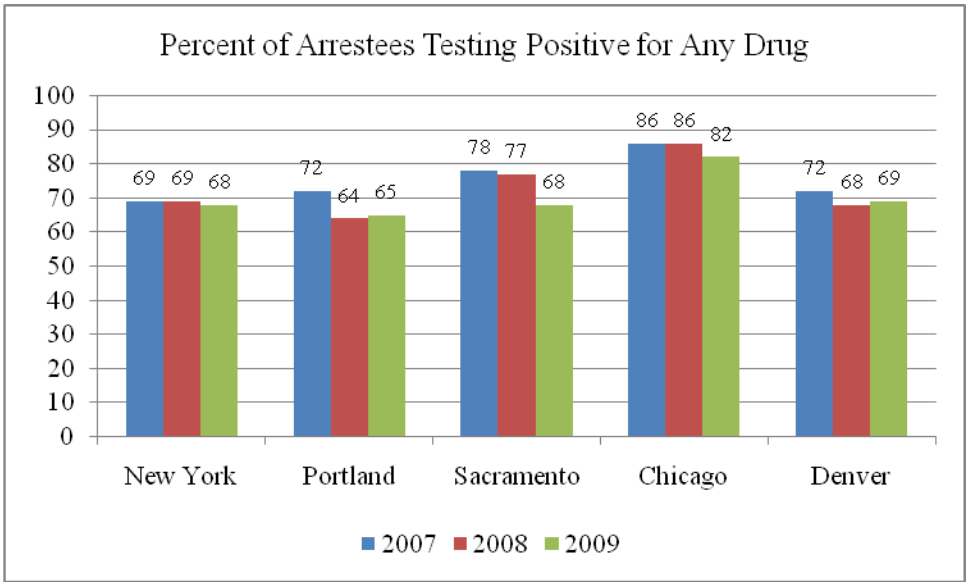
The Nevada Community Attitudes Survey done by the Nevada Office of Traffic Safety in 2010 found that 14% of Nevadans reported having driven after drinking in the past 60 days. This is about the same percentage found by the NSDUH survey that combined data from 2006 through 2009. (State Estimates of Drunk and Drugged Driving, The NSDUH Report, December 9, 2010)

Crime and Substance Abuse

More than half of all the people arrested in the United States test positive for illegal drugs. Drug addiction can lead to increased property crime and robberies as a means to pay for the habit. Drug and alcohol abuse contribute to high rates of domestic violence, child abuse, and sexual violence. (National Institute of Justice, U.S. Department of Justice, 2007).

The Arrestee Drug Monitoring program (ADAM II) is a data collection program that conducts interviews and collects urine specimens in police booking facilities with adult male arrestees within 48 hours of arrest. The program is now active in ten U.S. counties and 36,000 interviews and specimens have been collected. Data from the ADAM II program reflect a very different population than that captured by the NSDUH or the BRFSS. ADAM II respondents are more likely to be unemployed, uninsured, living in a transient way, involved with drugs, and experienced with crime. (ADAM II 2009 Annual Report, Office of National Drug Control Policy). In 2008, only eight percent of males 18 and older reported to the NSDUH that they had used marijuana in the past 30 days. Thirty-four percent (Washington DC) to 52% (Chicago) of ADAM II arrestees reported using and tested positive for marijuana use in 2009.

Chart 13.



ADAM II is not done in Nevada so data is reported here from three cities in the West and New York and Chicago. "Any drug" in this chart refers to marijuana, cocaine, opiates, barbiturates, PCP, methamphetamine, amphetamine, methadone, oxycodone, Darvon, and benzodiazepines. The most common drugs reported here were marijuana and cocaine, followed by seventy other combinations across sites and users.

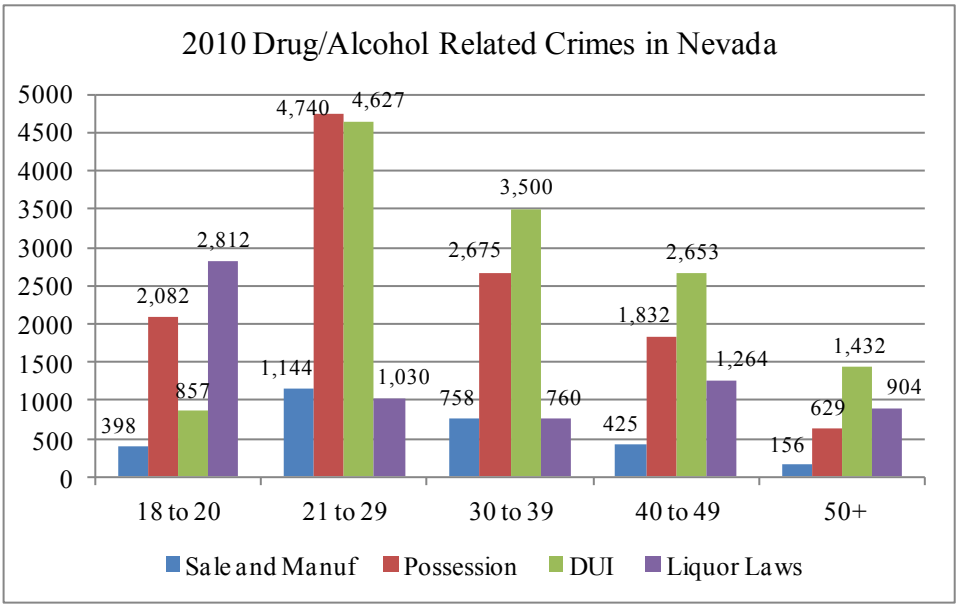
ADAM II data from Sacramento confirm that methamphetamine is much more common in the West than it is in other parts of the country. Thirty percent of arrestees in Sacramento tested positive for methamphetamine, while meth levels in Chicago and New York were zero to less than one percent.

Nevada Crime Related to Drugs and Alcohol

The chart shows statistics from 2010 County and Municipal Drug and Liquors Arrests by Age from the Uniform Crime Statistics database. People ages 18 to 20 have the highest number of liquor law violations since they are drinking underage. People from 21 to 29 are involved in more crime relating to drugs and alcohol than those in other age groups.

Sale and manufacture of drugs refers to growing marijuana, manufacturing methamphetamine, or selling any illicit or prescription drugs. Possession refers to having or transporting drugs. DUI refers to driving under the influence of drugs or alcohol. Violation of liquor laws refers to selling alcohol to minors or drinking in places where open containers are prohibited.

Chart 14.



Consequences of Prescription Drug Abuse, Adults

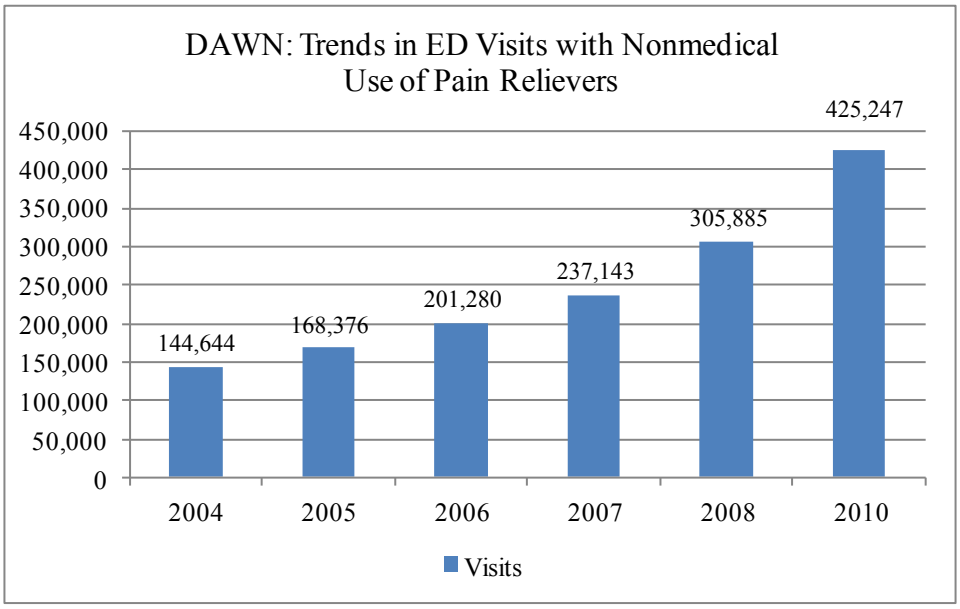
Nonmedical use of prescription pain relievers continues to be a public health issue in the United States that merits serious concern. During 2010 nonmedical use of pain relievers among persons aged 12 or older in the United States was a leading form of drug abuse, second only to marijuana. While prescription pain relievers offer important medical benefits when used appropriately, these drugs can have serious health consequences when taken without medical supervision, in larger amounts than prescribed, or in combination with alcohol or other prescription or over-the-counter (OTC) drugs.

DAWN is a public health surveillance system that monitors drug-related emergency department (ED) visits in the United States. To be a DAWN case, an ED visit must have involved a drug, either as the direct cause of the visit or as a contributing factor. The issue of *The DAWN Report* July 2, 2012 focuses on recent trends in ED visits involving the nonmedical use of narcotic pain relievers. These drugs (also called opioids) are powerful pain relievers that are chemically related to opium. In DAWN, nonmedical use includes taking more than the prescribed dose of a prescription medication or more than the recommended dose of an OTC medication or supplement; taking a prescription medication prescribed for another individual; being deliberately poisoned with a pharmaceutical by another person; and misusing or abusing a prescription medication, an OTC medication, or a dietary supplement.

Overall Trends

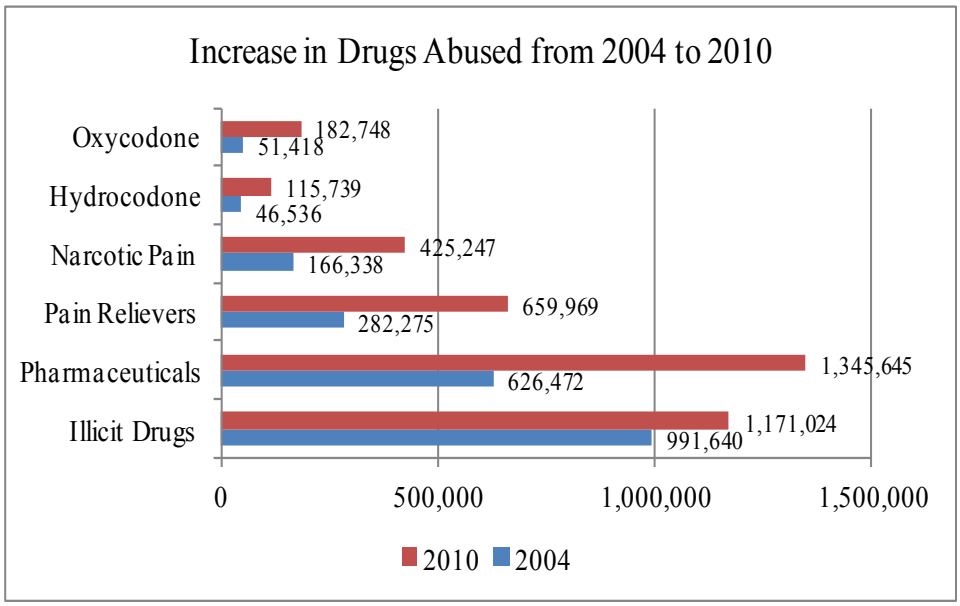
The following charts show that the estimated number of ED visits involving nonmedical use of narcotic pain relievers rose from 144,644 in 2004 to 425,247 in 2010, an increase of 111%. Visits more than doubled for both male and female patients (increasing 110% and 113%, respectively), and among both patients younger than 21 and those aged 21 or older (increasing 113% and 112%, respectively).

Chart 15.



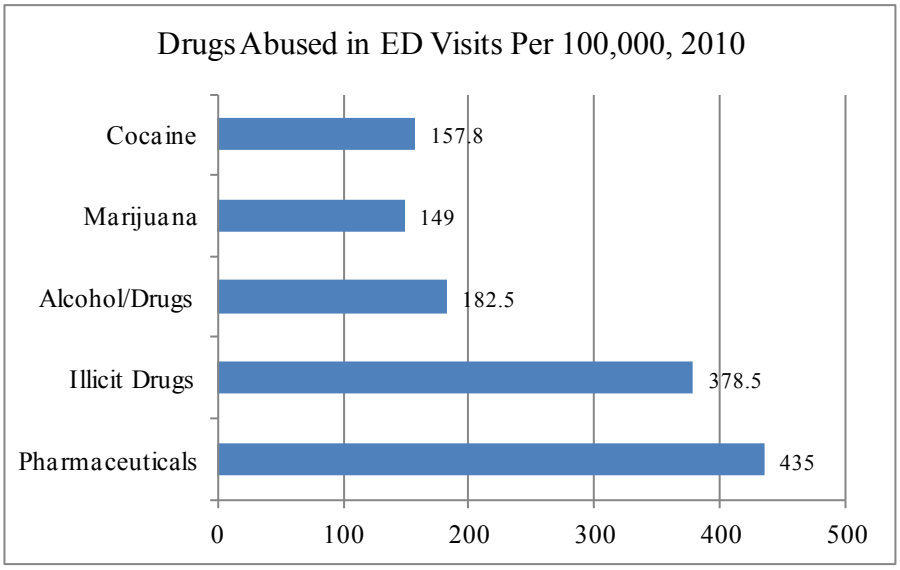
DAWN Reports on Prescription Drug ED Visits

Chart 16.



The chart above shows drugs with increasing involvement in ED visits for misuse or abuse. Oxycodone products abuse increased by 255% between 2004 and 2010, the largest increase noted. Narcotic pain reliever visits increased by 156% and hydrocodone increased by 149%. Illicit drugs showed no increase in ED visits during that time.

Chart 17.



In 2010, ED visits resulting from the misuse or abuse of pharmaceuticals occurred at a rate of 434.9 visits per 100,000 population. About half of these visits involved pain relievers (213/100,000). Oxycodone and hydrocodone were the type of pain relievers most commonly involved. (The DAWN Report, July 2, 2012)

Prescription Drug Overdose Deaths in the U.S.

Opioids drive continued increase in drug overdose deaths

Drug overdose deaths increase for 11th consecutive year

Drug overdose deaths increased for the 11th consecutive year in 2010, according to an analysis from the Centers for Disease Control and Prevention. The findings are published today in a research letter, "Pharmaceutical Overdose Deaths, United States, 2010," in the Journal of the American Medical Association (JAMA).

CDC's analysis shows that 38,329 people died from a drug overdose in the United States in 2010, up from 37,004 deaths in 2009. This continues the steady rise in overdose deaths seen over the past 11 years, starting with 16,849 deaths in 1999. Overdose deaths involving opioid analgesics have shown a similar increase. Starting with 4,030 deaths in 1999, the number of deaths increased to 15,597 in 2009 and 16,651 in 2010.

In 2010, nearly 60 percent of the drug overdose deaths (22,134) involved pharmaceutical drugs. Opioid analgesics, such as oxycodone, hydrocodone, and methadone, were involved in about 3 of every 4 pharmaceutical overdose deaths (16,651), confirming the predominant role opioid analgesics play in drug overdose deaths.

CDC researchers analyzed data from CDC's National Center for Health Statistics 2010 multiple cause-of-death file, which is based on death certificates.

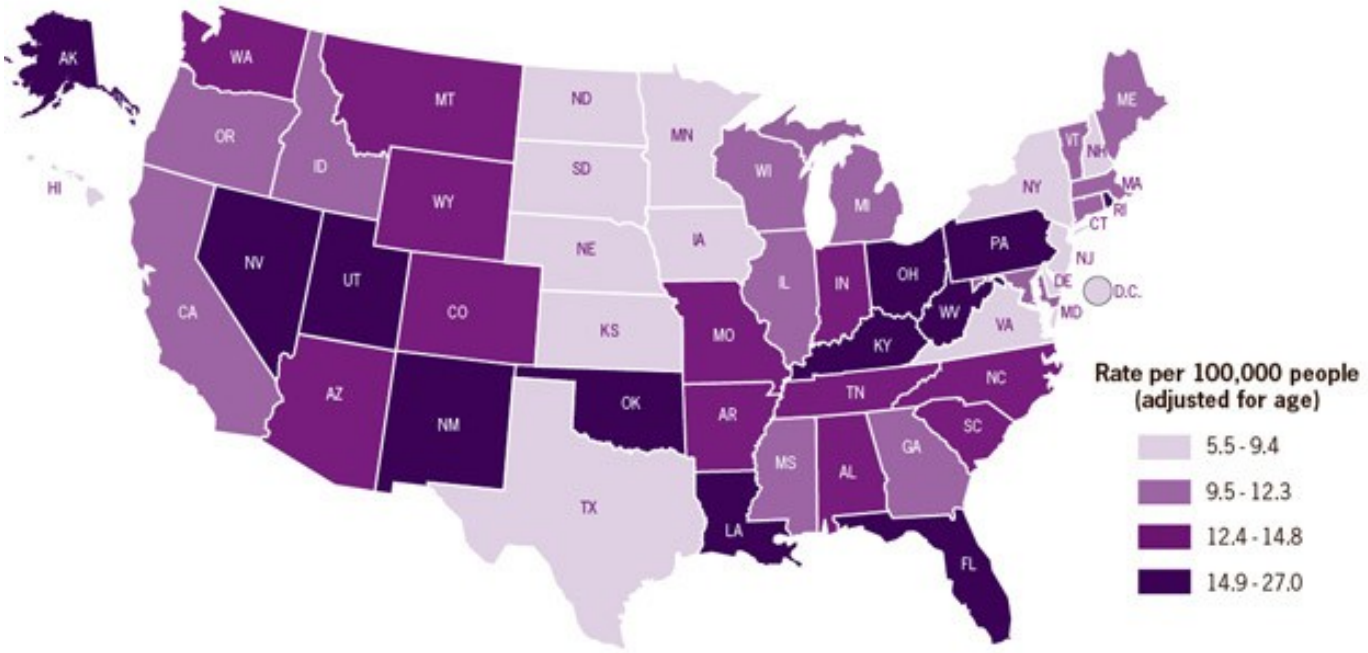
The researchers also found that drugs often prescribed for mental health conditions were involved in a significant number of pharmaceutical overdose deaths. Benzodiazepines (anti-anxiety drugs) were involved in nearly 30 percent (6,497) of these deaths; antidepressants in 18 percent (3,889), and antipsychotic drugs in 6 percent (1,351). Deaths involving more than one drug or drug class are counted multiple times and therefore are not mutually exclusive.

"Patients with mental health or substance use disorders are at increased risk for nonmedical use and overdose from prescription painkillers as well as being prescribed high doses of these drugs," said CDC Director Tom Frieden, M.D., M.P.H. "Appropriate screening, identification, and clinical management by health care providers are essential parts of both behavioral health and chronic pain management."

Source: Press Release, February 20, 2013, Centers for Disease Control and Prevention.

Drug Overdose Death Rates by State per 100,000 People (2008)

MAP 3.



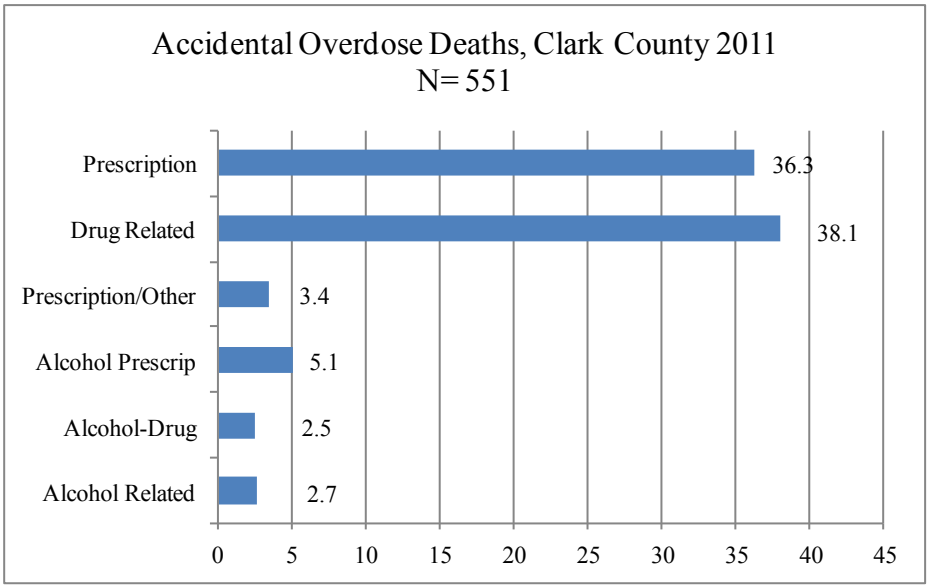
SOURCE: National Vital Statistics System, 2008

The map above is from Vital Signs, Prescription Painkiller Overdoses in the US. Published by the CDC in November 2011. The article also states that states with higher sales per person and more nonmedical use of prescription painkillers tend to have more deaths from drug overdoses. Also, people in rural counties are nearly twice as likely to overdose on prescription painkillers than people in big cities.

Prescription Drug Overdose Deaths, Clark County, 2011

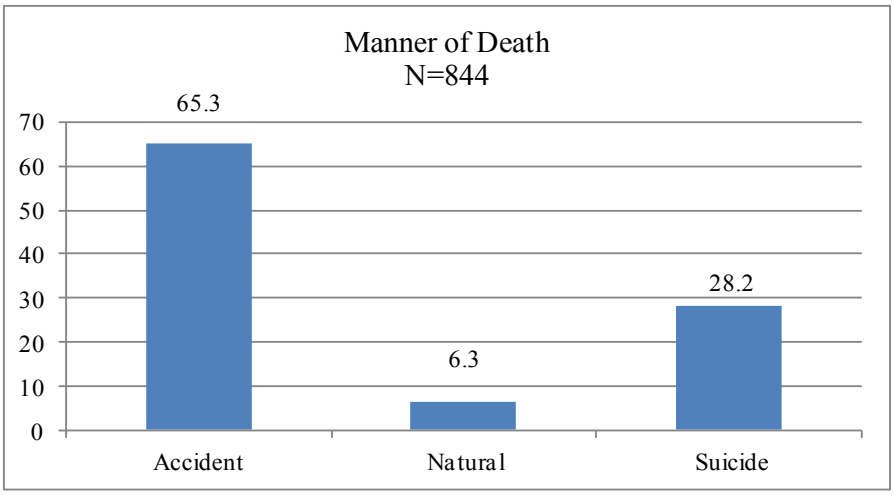
SAPTA contracted with Coop Consulting to develop a report on alcohol and drug related deaths recorded at the Clark County Coroner's Office in 2011. The report includes information on 844 deaths that involved alcohol, drugs or medication. Clark County is home to 75% of the population of Nevada, thus this report offers a fairly comprehensive view of the incidence of substance related deaths in the State.

Chart 18.



The chart above shows that there were 551 deaths related to substance abuse that were classified as accident deaths in 2011. The majority of these cases were drug and prescription medication related. The deceased ranged from age 0 to 93. The majority (26%) were between 40 to 49 years old. About two thirds (64%) of the deceased were male.

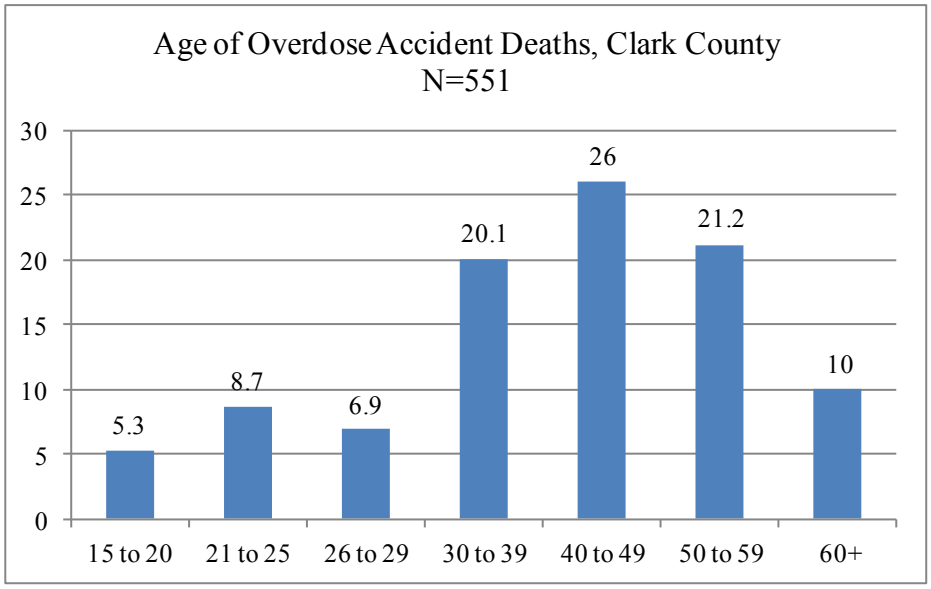
Chart 19.



The chart above shows that the majority of substance related deaths in Clark County were ruled accidents.

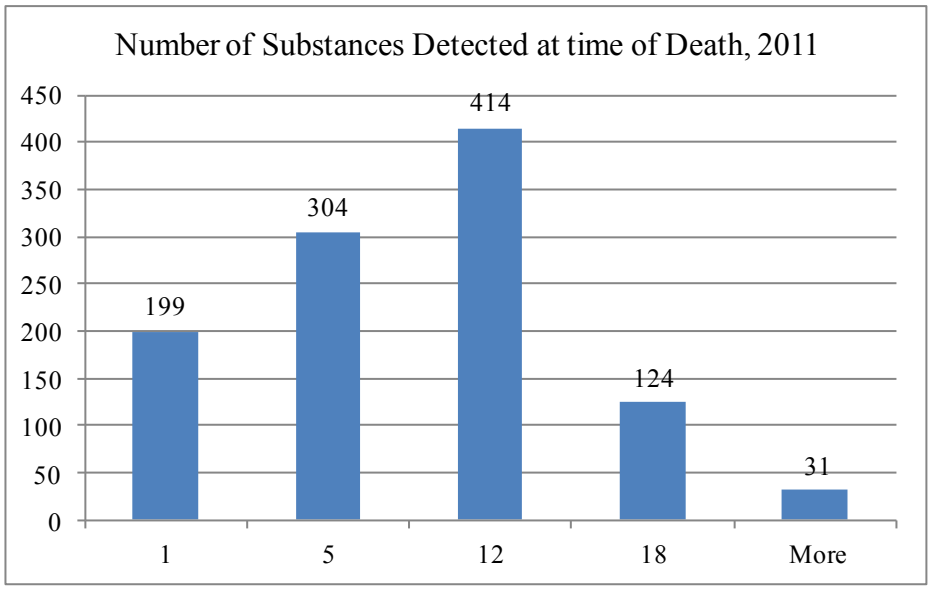
Prescription Drug Overdose Deaths, Clark County, 2011

Chart 20.



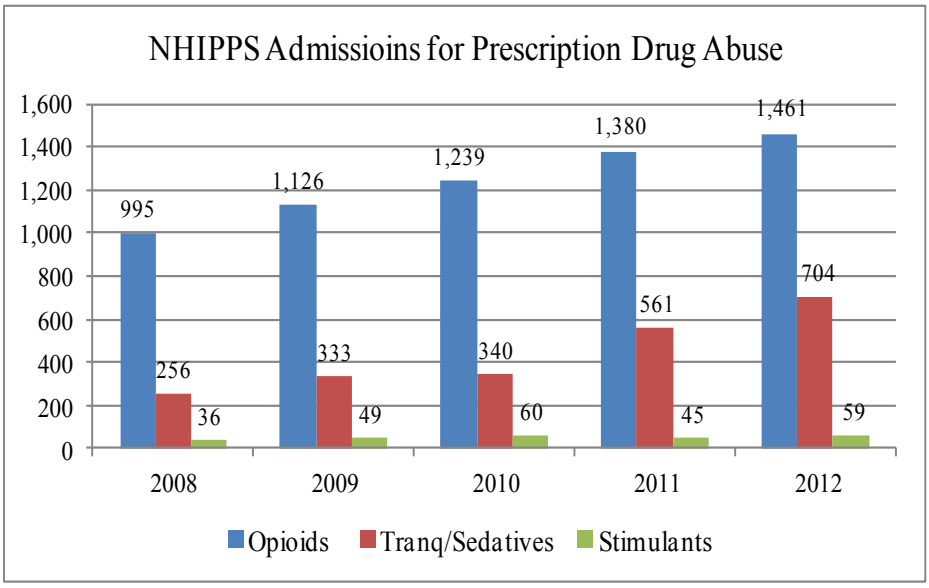
The chart above shows that 67.3% of those who died of accidental overdose deaths in Clark County in 2011 were between the ages of 30 and 59. The majority of these people also had twelve substances in their systems at the time of death and a history of substance abuse.

Chart 21.



NHIPPS Admissions for Prescription Drug Abuse

Chart 22.



The chart shows that since 2008, the numbers of people admitted for treatment in Nevada for treatment for prescription drug abuse has increased steadily. Opioids were the class of prescription drugs abused most frequently. Only about one percent of people who are abusing drugs or alcohol seek treatment so the actual numbers of Nevadans who are abusing prescription drugs is much higher than the numbers presented here.

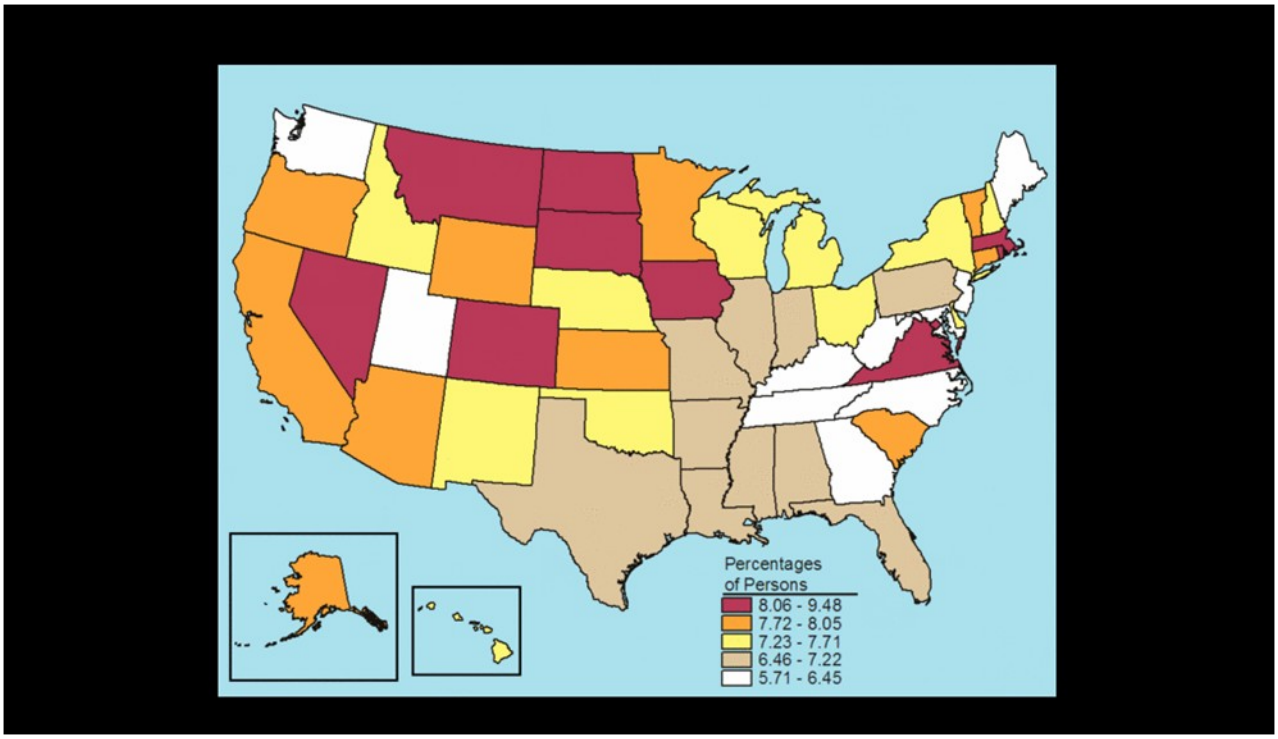
According to results from the 2010 National Survey on Drug Use and Health, an estimated 2.4 million Americans used prescription drugs non medically for the first time within the past year, which averages to approximately 6,600 initiates per day. More than one-half were females and about a third were aged 12 to 17. Although prescription drug abuse affects many Americans, certain populations, such as youth, older adults, and women, may be at particular risk.

Alcohol Dependence and Abuse, Adults

In 2009-2010, 7.27% of the population aged 12 or older was classified with dependence on or abuse of alcohol nationwide in the past year. Persons aged 18 to 25 had the highest rate of alcohol dependence or abuse (15.91%) in the Nation. At the State level, Montana had the highest rate (9.25%) among persons aged 12 or older, and Kentucky had the lowest rate (6.14%). The rate for 2009-2010 in Nevada was 8.44% for people 12 and older and was in the highest quintile nationwide. Nevada was in the highest quintile for age groups (12 to 17, and 26 and older). Nationally, past year dependence on or abuse of alcohol remained relatively unchanged between 2008-2009 and 2009-2010 at 7.42% and 7.27%, respectively, for persons aged 12 or older. (NSDUH, 2009-2010).

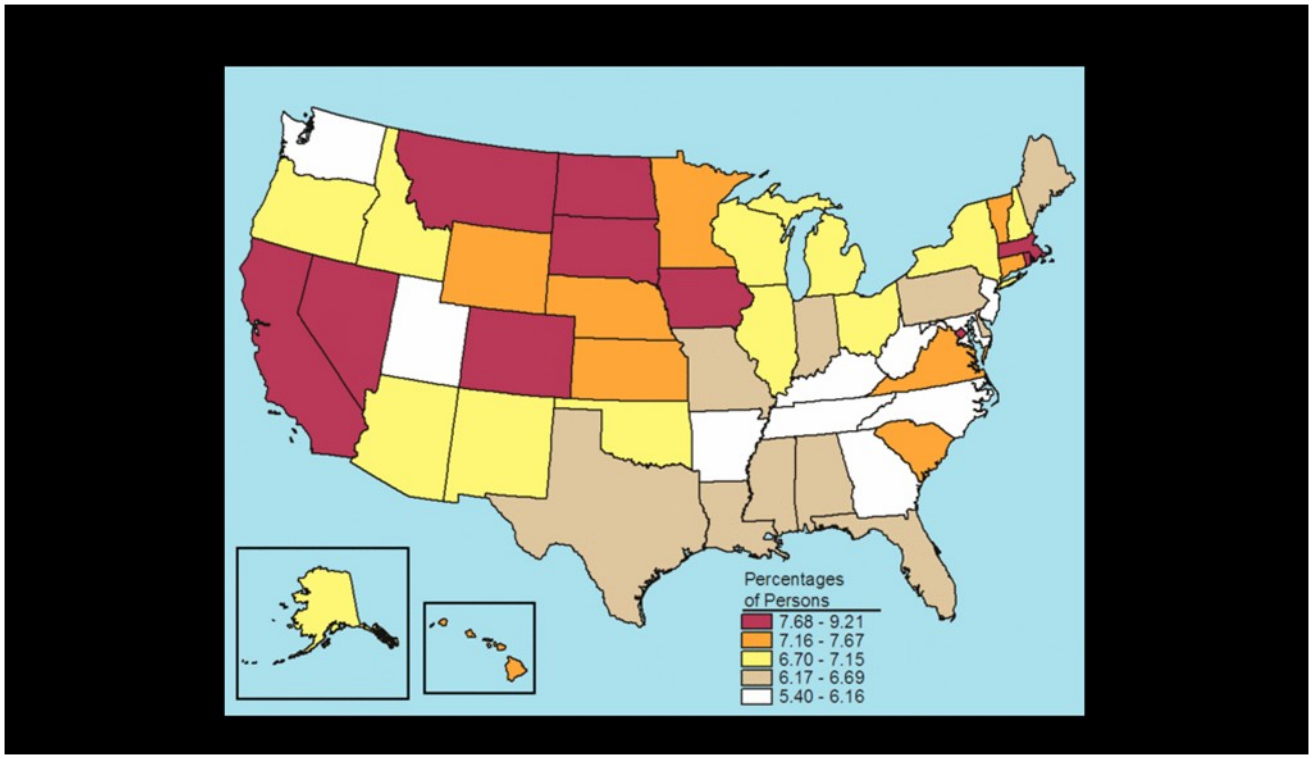
Alcohol Dependence or Abuse in Past Year Among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2009-2010 NSDUH

MAP 4.



Needing But Not Receiving Treatment for Alcohol Use in Past Year Among Persons Aged 12 or Older by State.

MAP 5.



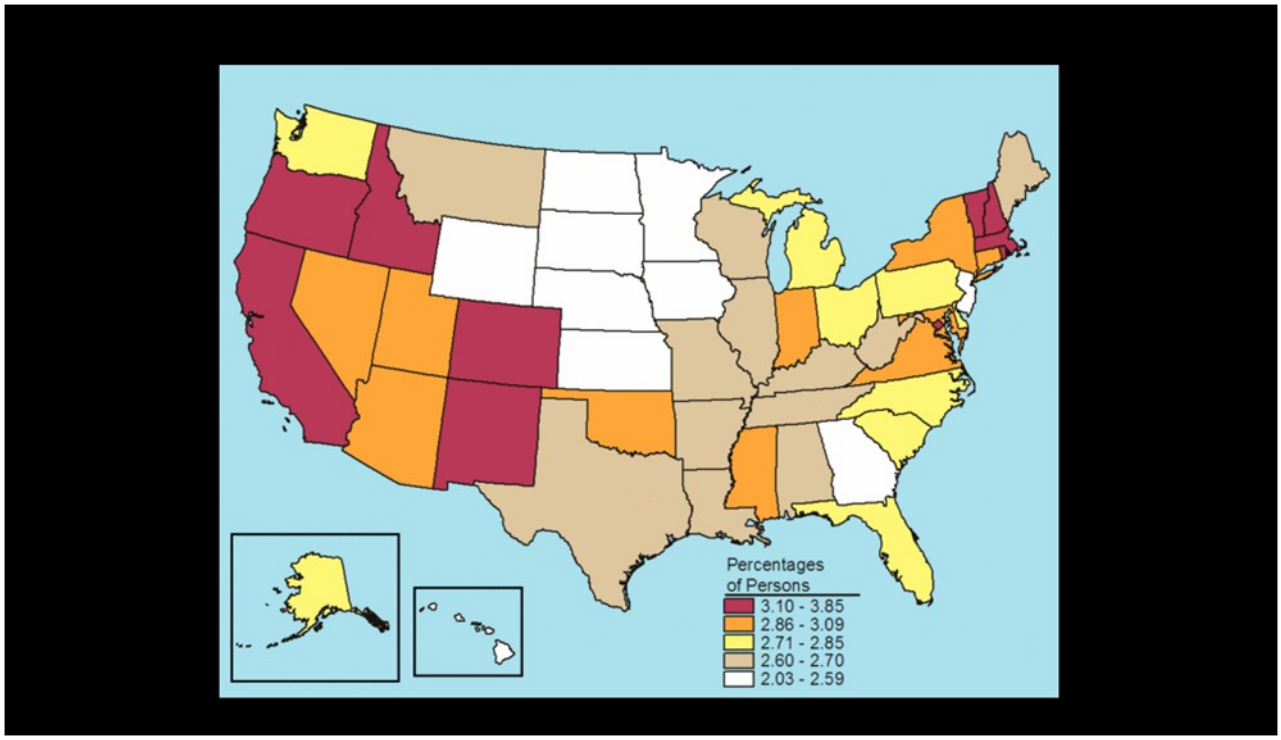
Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2008 and 2009.

The definition of a person needing but not receiving treatment for an alcohol problem is that the person meets the criteria for abuse of or dependence on alcohol in the past year according to the Diagnostic Statistical Manual-IV (DSM-IV), but did not receive specialty treatment for an alcohol problem in the past year. The percentage of persons aged 12 or older needing but not receiving treatment for alcohol problems in Nevada was 8.0% in 2009-2010, which was almost 3 times larger than the corresponding percentage of persons needing but not receiving treatment for illicit drug problems (3.1%).

Dependence on or Abuse of Illicit Drugs

Illicit Drug Dependence or Abuse in Past Year Among persons 12 or Older, by State

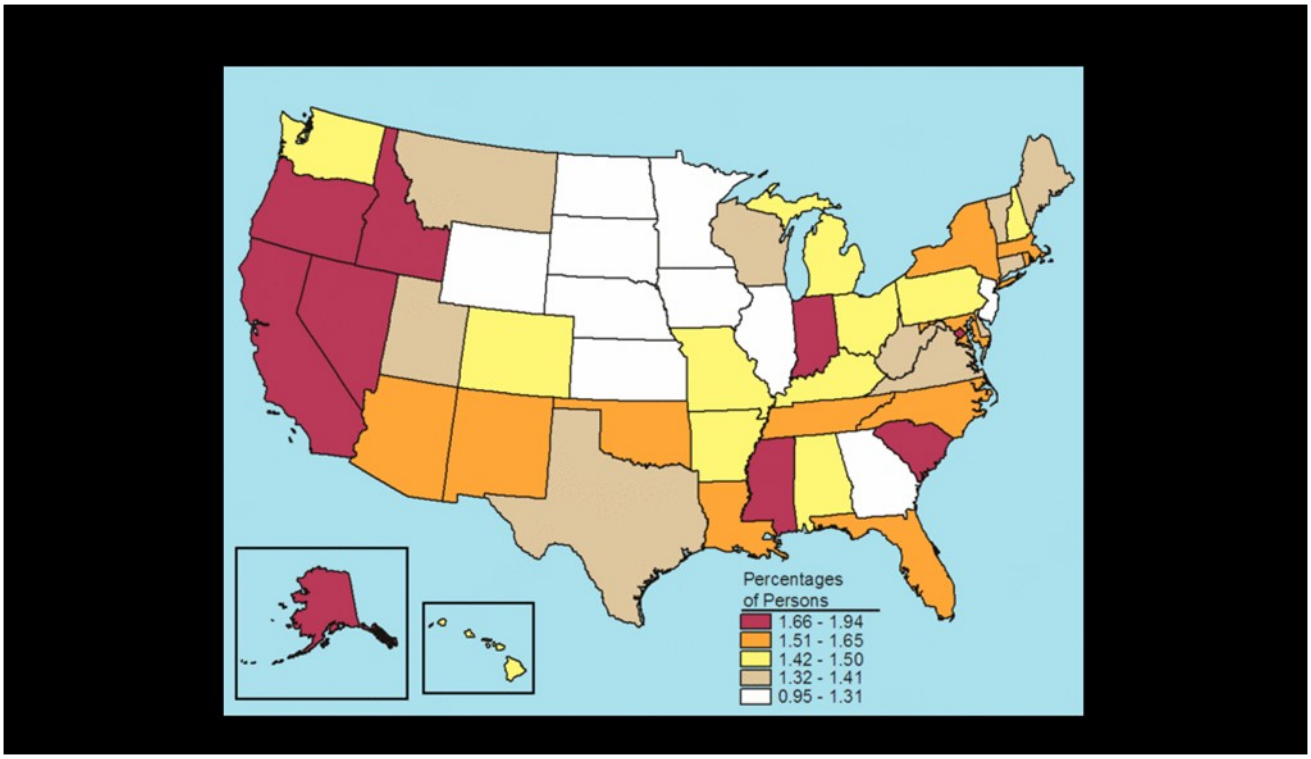
MAP 6.



In 2008-2009, Nevada was in the highest quintile of States (3.46%) on illicit drug dependence or abuse in the past year in people 12 and older and in each of the other age groups (12 to 17, 18 to 25 and 26 and older). In 2009-2010, Nevada was in the top quintile of states only in the age group 26 and older. In the other three age groups the percentage of Nevadans reporting this decreased to a statistically significant degree.

Needing But Not Receiving Treatment for Illicit Drug Use in Past Year among Persons Aged 26 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 7.

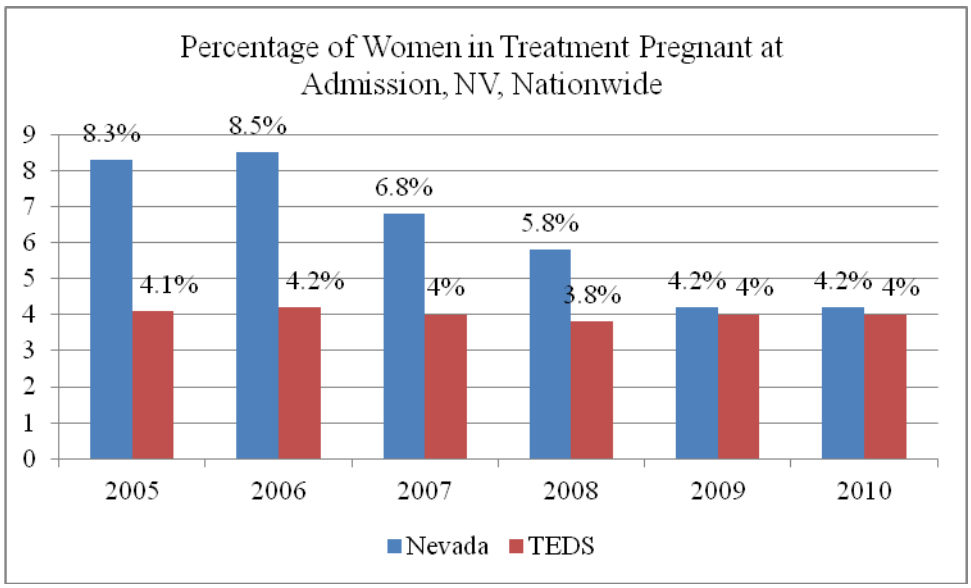


The definition of a person needing but not receiving treatment for an illicit drug problem is that the person meets the criteria for abuse of or dependence on illicit drugs in the past year according to the DSM-IV, but did not receive specialty treatment for an illicit drug problem in the past year. Specialty treatment is treatment received at a drug or alcohol rehabilitation facility (inpatient or outpatient), hospital (inpatient only), or mental health center. It does not include treatment at an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient.

The national rate in 2009-2010 for needing but not receiving treatment for an illicit drug problem among persons aged 26or older was 1.52% and the percentage for Nevada was 1.69% in that age group. In 2008-2009, Nevada was in the highest quintile on this measure in every age group and in 2009-2010 the State was in the highest quintile only in 26 and older age group.

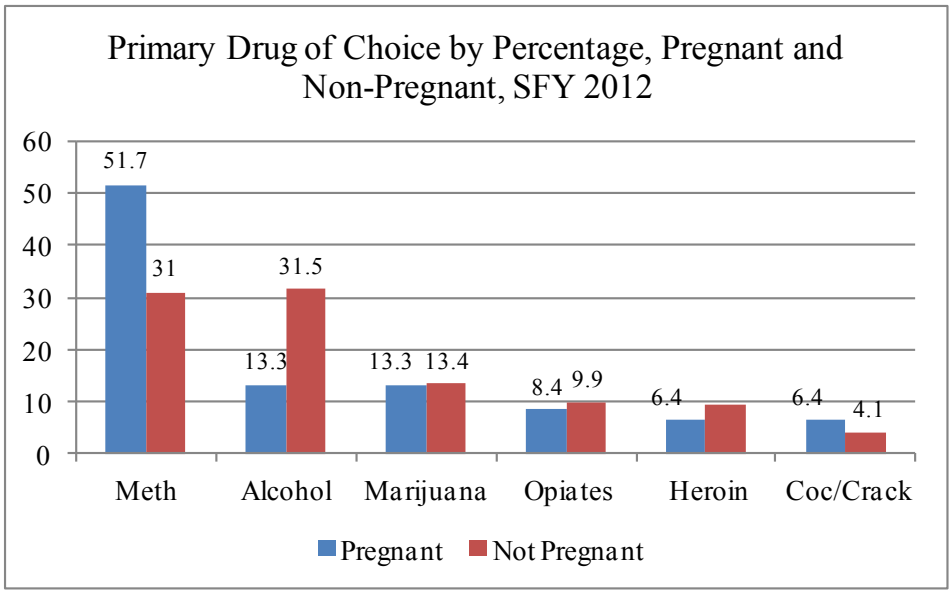
Pregnant Women and Substance Abuse in Nevada

Chart 23.



Nationwide, the percentage of clients who were pregnant at admission has been steady at about 4% since 2005. Nevada admission of pregnant clients was higher than the national percentage but since 2009 the Nevada percentage has been about the same as the national percentage. (Data from Treatment Episode Date Set, Department of Health and Human Services).

Chart 24.



The chart above shows that methamphetamine is the primary drug of choice for the majority of pregnant women admitted to treatment.

4 P's Plus

Dr. Ira Chasnoff and his colleagues at the Children's Research Triangle at the University of Chicago developed a screening instrument called the 4 P's Plus to identify at risk pregnant women who are using alcohol, tobacco or drugs during pregnancy. The screening instrument has been used in different populations around the U.S. The 4 P's Plus has been used in several Northern Nevada clinics since 2010 and as of January 2012, 13,108 screens have been done.

The 4 P's are:

*P*arents

- Did either of your parents ever have a problem with alcohol or drugs?

*P*artner

- Does your partner have a problem with alcohol or drugs?

*P*ast

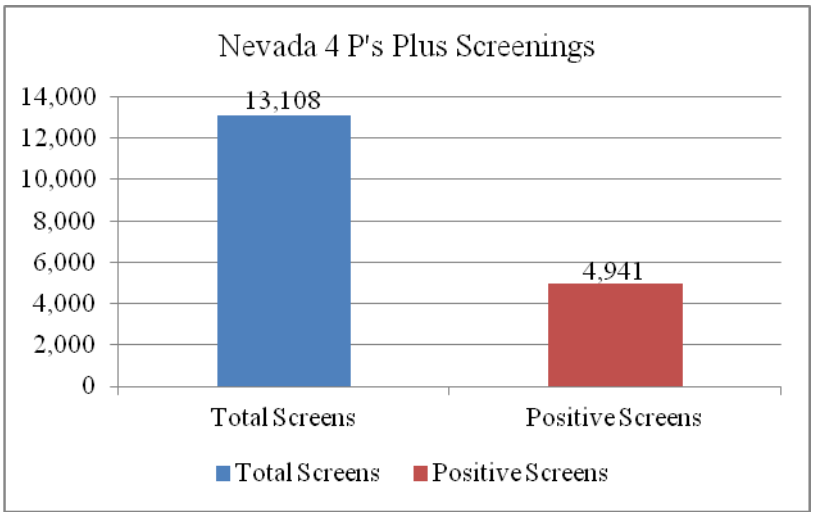
- Have you ever drunk beer, wine, or liquor?

*P*regnancy

- In the month before you knew you were pregnant, how many cigarettes did you smoke?
- In the month before you knew you were pregnant, how many beers/how much wine/how much liquor did you drink?
- In the month before you knew you were pregnant, how much marijuana did you smoke?

Women who answer one of the Pregnancy and substance use questions positively are given an immediate assessment for substance abuse. The assessment is conducted in the primary prenatal care setting immediately following screening. Based on the assessment at the first prenatal visit, any woman who had evidence of any alcohol or illicit substance use during pregnancy, including the month prior to knowledge of pregnancy, was defined as a substance user. All women with a positive assessment were provided a brief intervention and education regarding substance use and its impact on pregnancy and child outcome and, if appropriate, were offered a referral to a Peri-natal treatment program in the community. (Perinatal Substance Use Screening in California, Chasnoff, IJ, et. al. 2008)

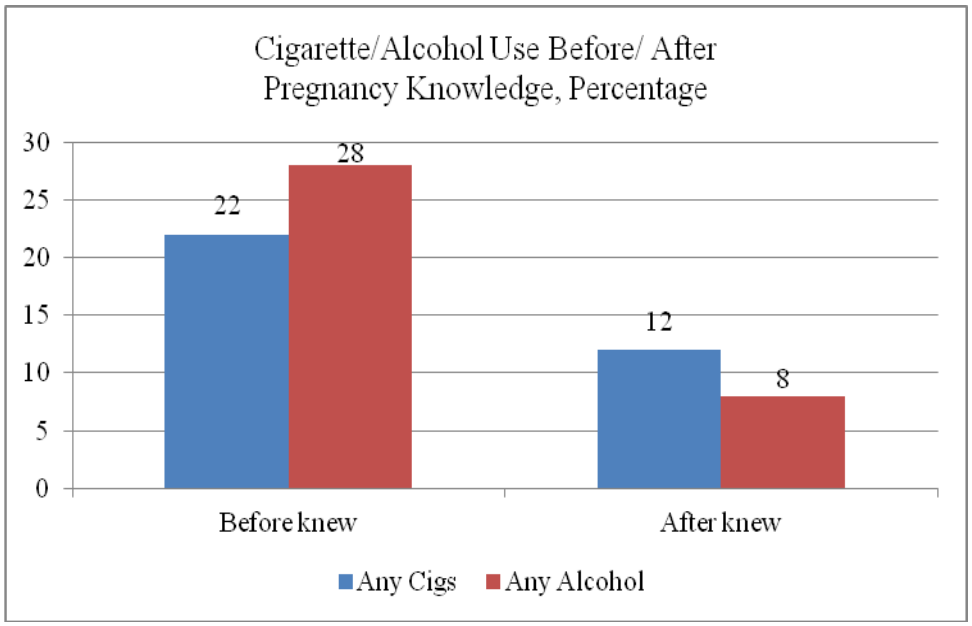
Chart 25.



Substance Use in the Month Before Aware of Pregnancy

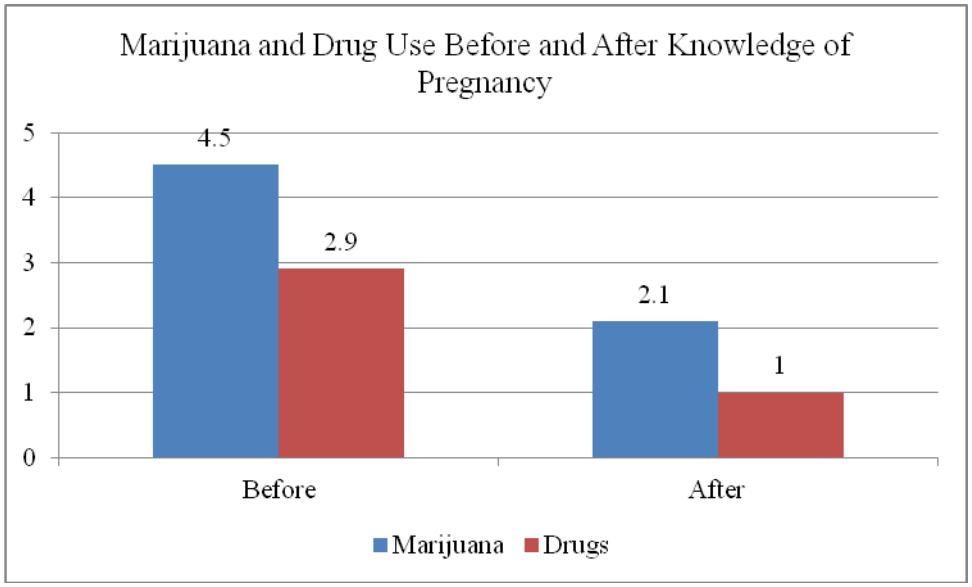
Women were asked about their use of cigarettes, alcohol and drugs before they knew they were pregnant and after they found out about their pregnancy.

Chart 26.



The chart shows that 10% of women who smoked before they knew of their pregnancy quit smoking when they found out they were pregnant. Twenty percent of the women who drank alcohol before knowing quit drinking when they found out they were pregnant.

Chart 27.



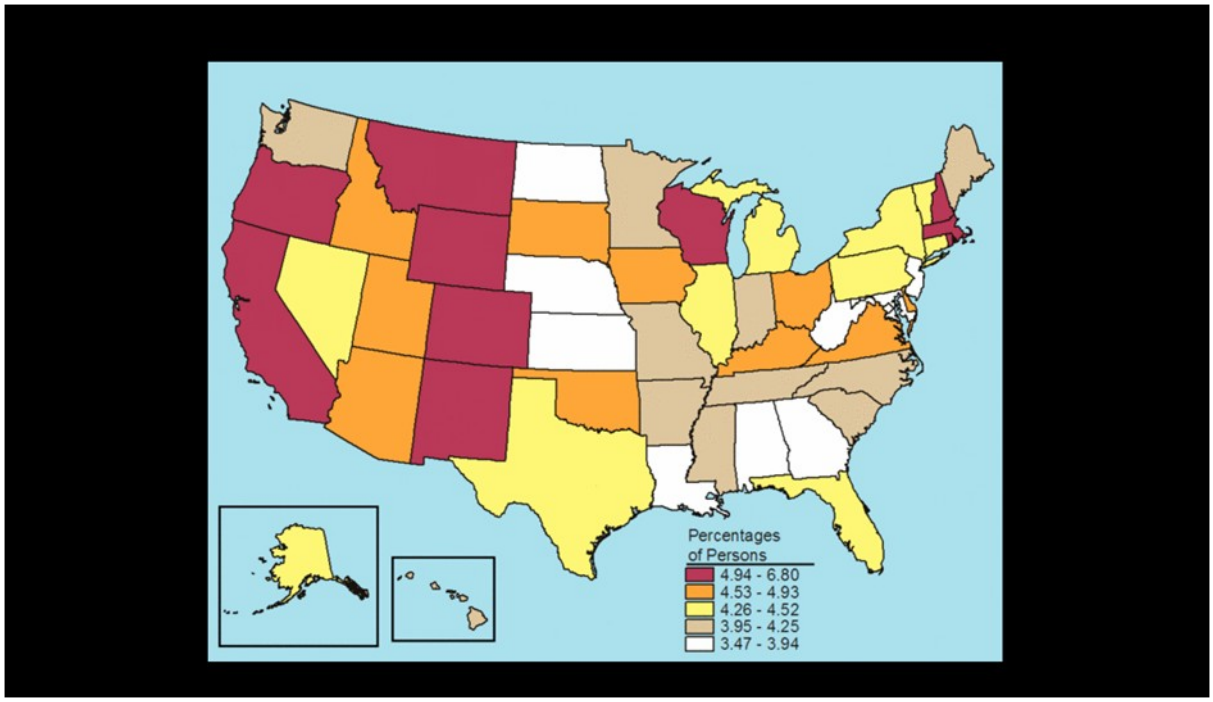
More than half of the women who were using marijuana or other drugs before learning of their pregnancy quit using after finding they were pregnant.

Consequence Data, Adolescents

Alcohol and drug abuse are major contributing factors in homicides, suicides and motor vehicle crashes, which are the leading causes of death and disability among young people in the U.S. and in Nevada. Heavy drinking and drug abuse among youth are linked to physical fights, drunken driving, feeling unsafe at school, school failure, and delinquency.

Illicit Drug Dependence or Abuse in Past Year among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 8.

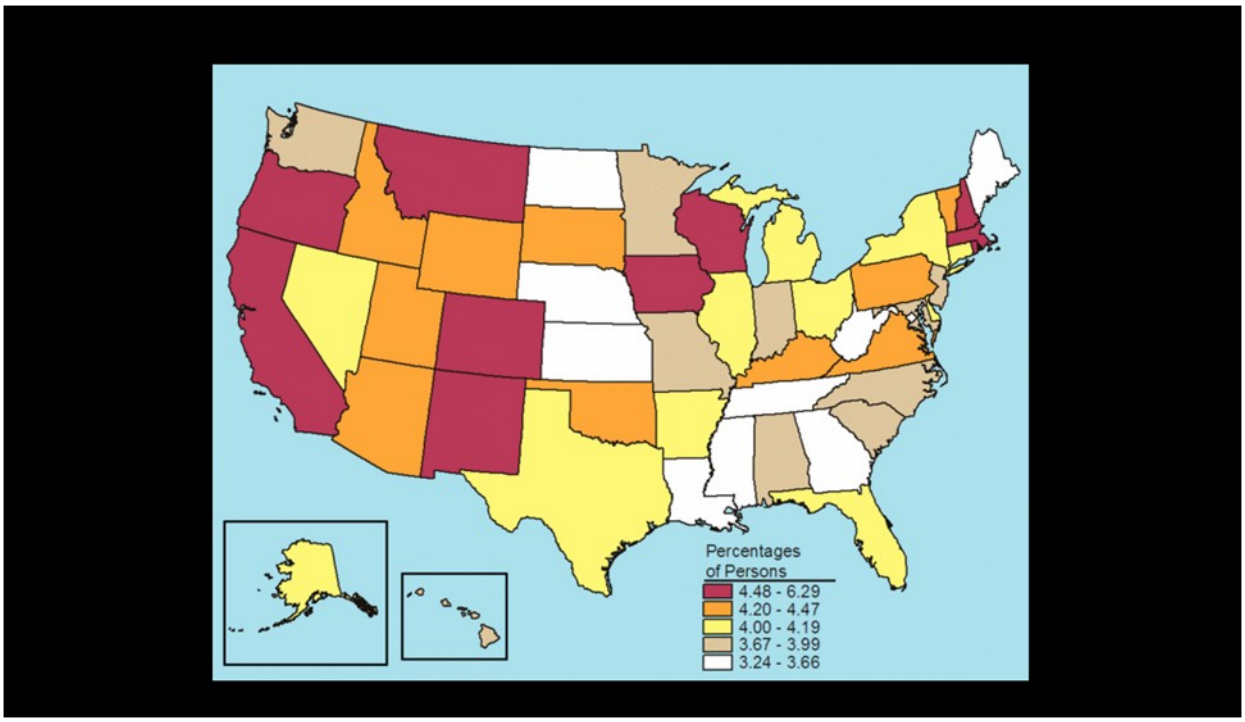


Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2009– 2010.

The 2008-2009 NSDUH reported that 4.97 percent of adolescents ages 12 to 17 in Nevada responded that they had been dependent upon or had abused illicit drugs in the past year. The 2009-2010 survey reported that that percentage decreased to 4.37 percent, moving Nevada into the middle quintile on this measure among all of the states.

Needing But Not Receiving Treatment for Illicit Drug Use in Past Year among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 9.

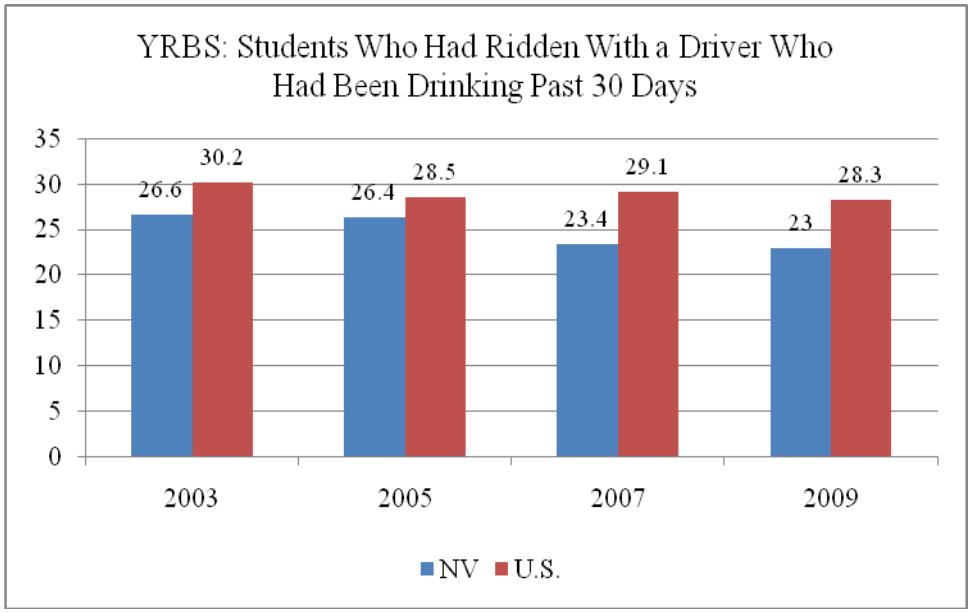


Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2009– 2010.

Fewer Nevada adolescents reported illicit drug dependence or abuse in 2009-2010 than in the previous year. Consequently, fewer adolescents reported needing but not receiving treatment for illicit drug use in the past year in 2009-2010. Nevada went from the top quintile on both measures in 2008-2009 to the middle quintile nationwide in 2009-2010.

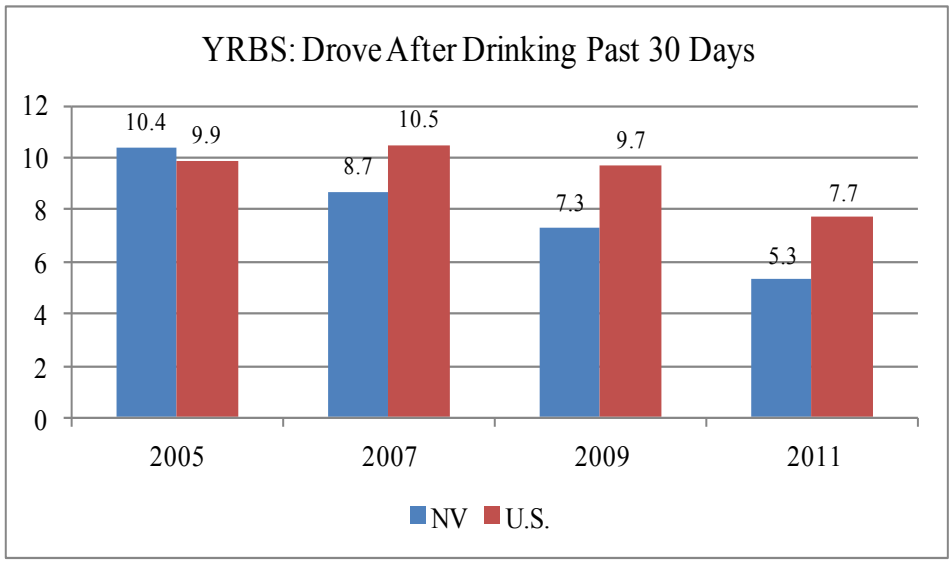
YRBS Data on Students Having Ridden With a Driver Who Had Been Drinking

Chart 28.



Fewer students in Nevada report having ridden (in the past 30 days) with a driver who had been drinking. In the previous section on DUI in adults, it was shown that fewer adults in Nevada reported having driven after drinking than adults nationwide.

Chart 29.



Motor vehicle crashes are the leading cause of death among those age 5-34 in the U.S. More than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes in 2009. The economic impact is also notable: the lifetime costs of crash-related deaths and injuries among drivers and passengers were $70 billion in 2005. (CDC Injury Statistics Query and Reporting System)

Motor vehicle injuries are the greatest public health problem facing children today. In fact, they are the leading cause of death among children in the United States. More than two-thirds of the children who are fatally injured in traffic crashes were riding with a driver who had been drinking. Unintentional injury, which includes traffic crashes, is the leading cause of death in people from one to forty four years old. (CDC Injury Statistics Query and Reporting System).

Indicators of School Crime and Safety, 2011 National Center for Education Statistics

Bureau of Justice Statistics

"Any instance of crime or violence at school not only affects the individuals involved but may also disrupt the educational process and affect bystanders, the school itself and the surrounding community. For both students and teachers, victimization at school can have lasting effects. In addition to experiencing loneliness, depression and adjustment difficulties, victimized children are prone to truancy, poor academic performance and violent behaviors."

Chart 30.

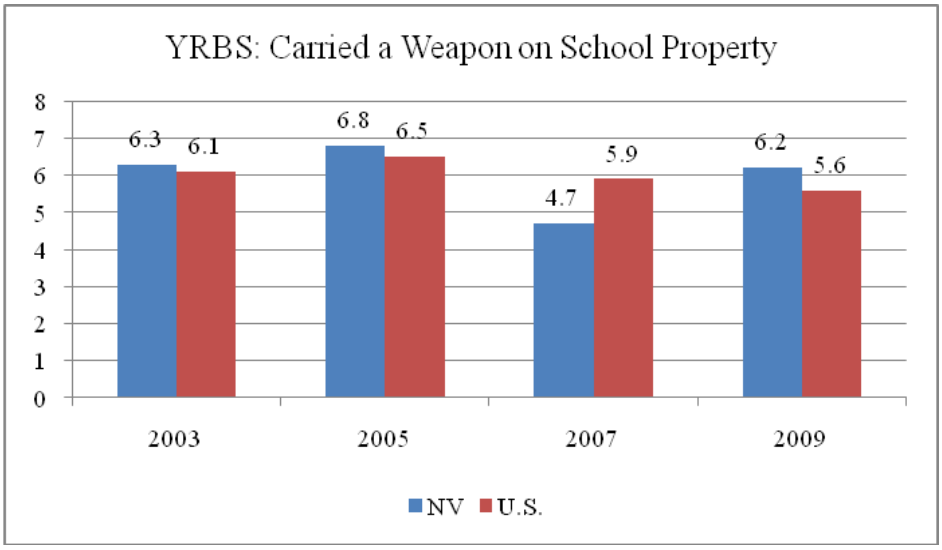
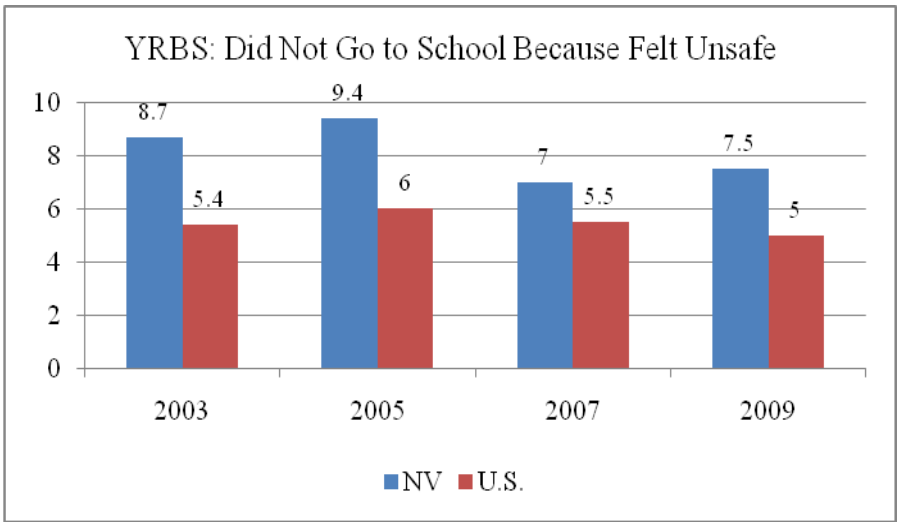


Chart 31.



The YRBS asks high school students a series of questions about safety and well being at school within the thirty days prior to taking the survey or within one year of taking the survey. Some of the results are shown here: Overall, the prevalence of having carried a weapon on school property was higher for males (9%), than females (2.7%) and was about the same among Black, White and Hispanic males (9.1%).

Overall, the prevalence of having been threatened or injured with a weapon on school property within the 12 months prior to taking the survey was 8.1%. It was higher among males (10.2%) than females (5.45%) and highest among Hispanic males (12%), followed by Black males (11.25%) and White males (9.2%).

Chart 32.

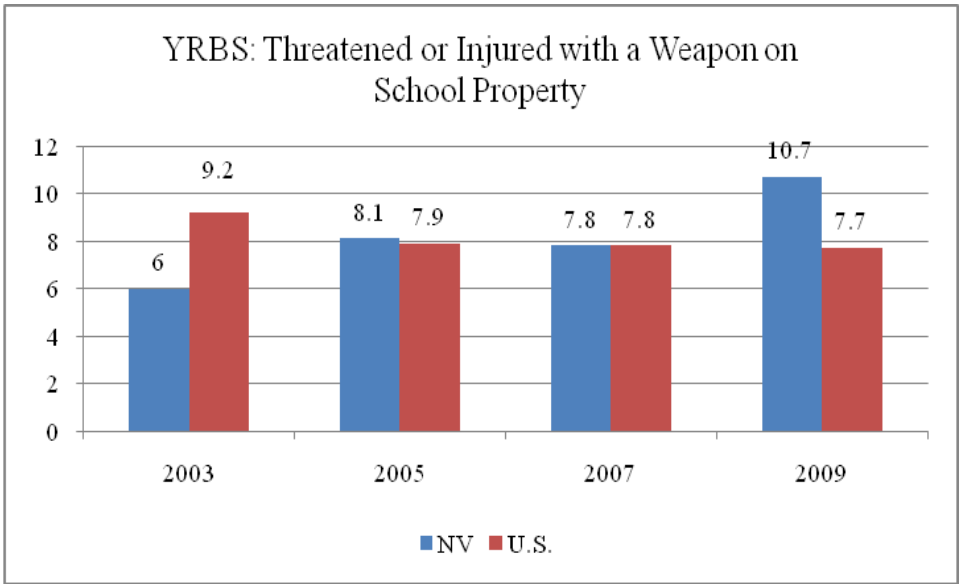
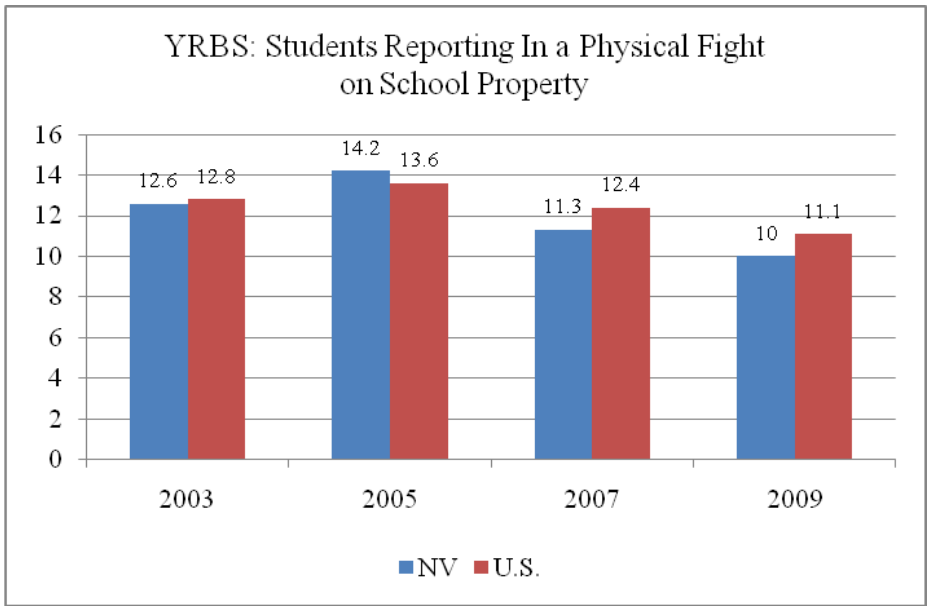


Chart 33.



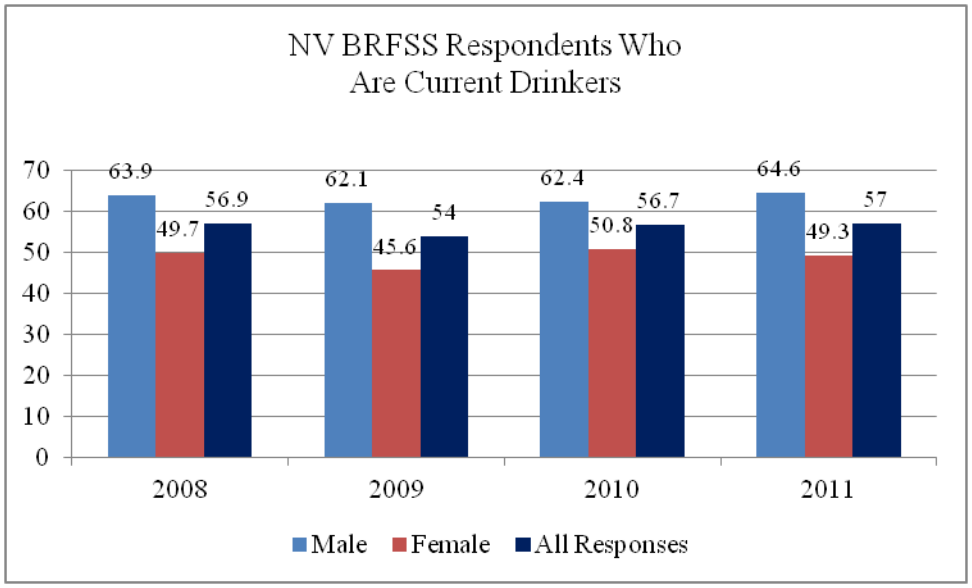
Nationwide, the average percentage over four years of having had a physical fight on school property was 12.5%. Overall, the prevalence of having been in a physical fight on school property in the last year was higher among male (16.3%) than female (8.5%) and highest among Black males (20%), followed by Hispanic males (18.5%) and White males (14.5%).

Alcohol Consumption, Adults

Americans drank enough in 2010 for every person to drink 7 bottles of liquor, 12 bottles of wine and 230 cans of beer. That may sound like a lot, but one-third of Americans don't drink and the U.S. ranks 40th in the world in alcohol consumption per person.

There are approximately 80,000 deaths attributable to excessive alcohol use each year in the United States. This makes excessive alcohol use the third leading lifestyle-related cause of death for the nation. Excessive alcohol use is responsible for 2.3 million years of potential life lost (YPLL) annually, or an average of about 30 years of potential life lost for each death. In 2006, there were more than 1.2 million emergency room visits and 2.7 million physician office visits due to excessive drinking. The economic costs of excessive alcohol consumption in 2006 were estimated at $223.5 billion.

Chart 34.



Current drinking is defined by the BRFSS as having had at least one alcoholic drink in the past 30 days. Nationwide in 2011, 65% of men and 49% of women reported drinking in the past 30 days.

BRFSS Heavy Drinking

The BRFSS defines heavy drinking as adult men having more than two drinks per day and adult women having more than one drink per day. The percentages of people reporting heavy drinking remains fairly stable from year to year.

Chart 35.

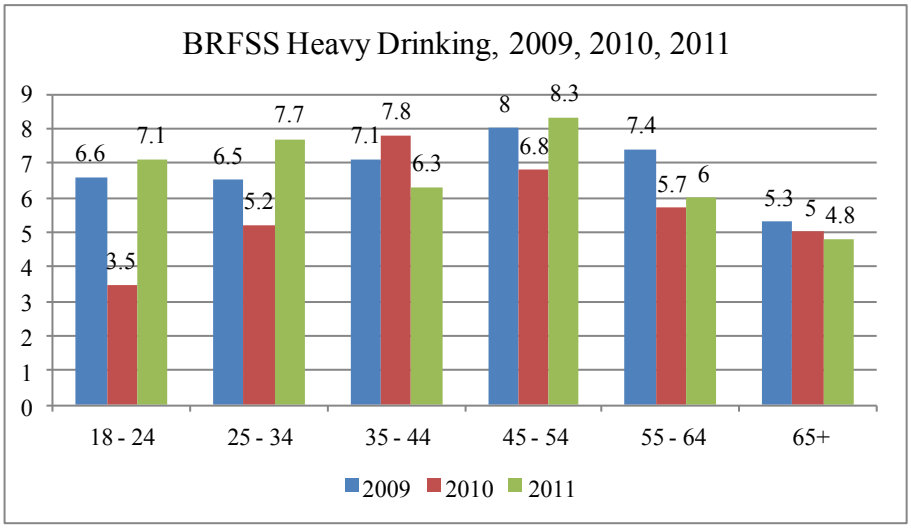
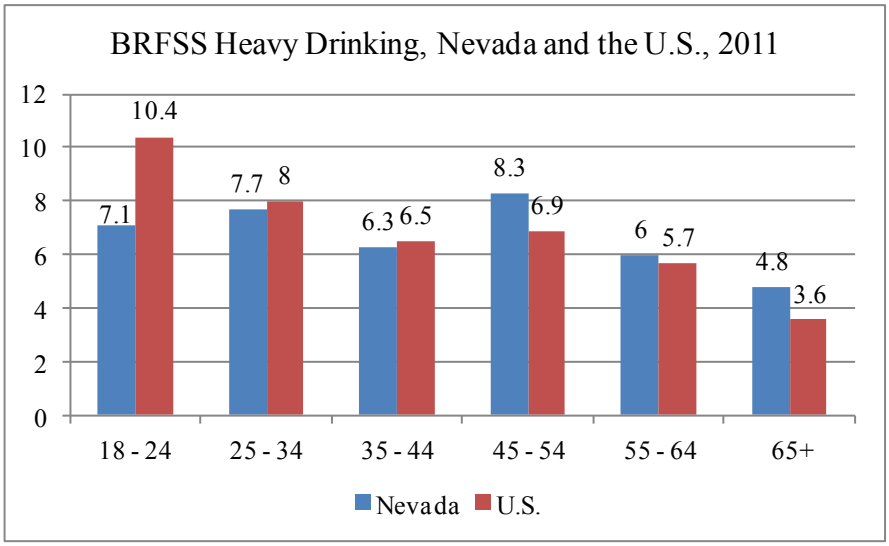


Chart 36.



In 2010 and 2011, fewer Nevadans ages 18 to 24 reported heavy drinking than people in that age group nationwide. About the same percentage of Nevadans in older age groups report heavy drinking as people nationwide.

BRFSS Binge Drinking

Binge drinking is defined by the BRFSS as males having five or more drinks on one occasion and females having four or more drinks on one occasion. Binge drinking is common in people 18 to 34 and becomes less common as people age. The percentage of people in Nevada who engage in binge drinking is slightly higher than the nationwide percentage.

Chart 37.

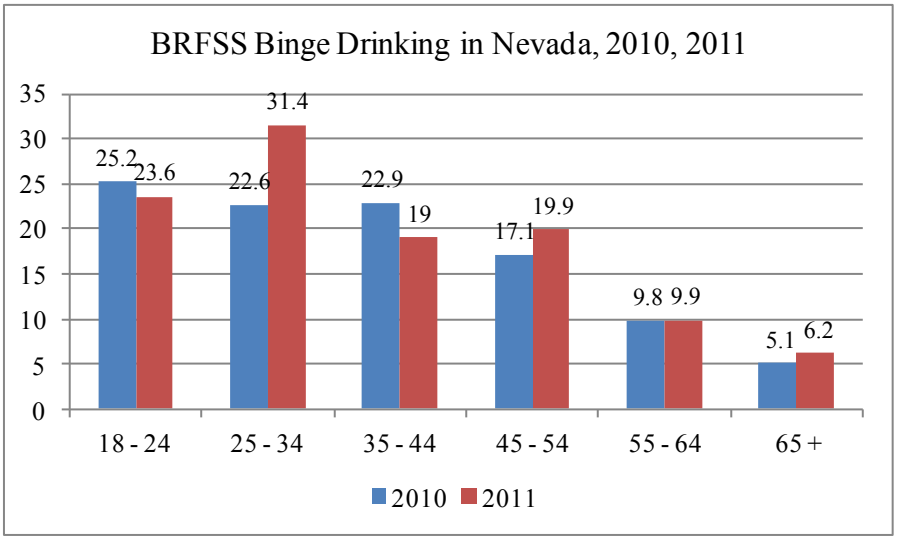
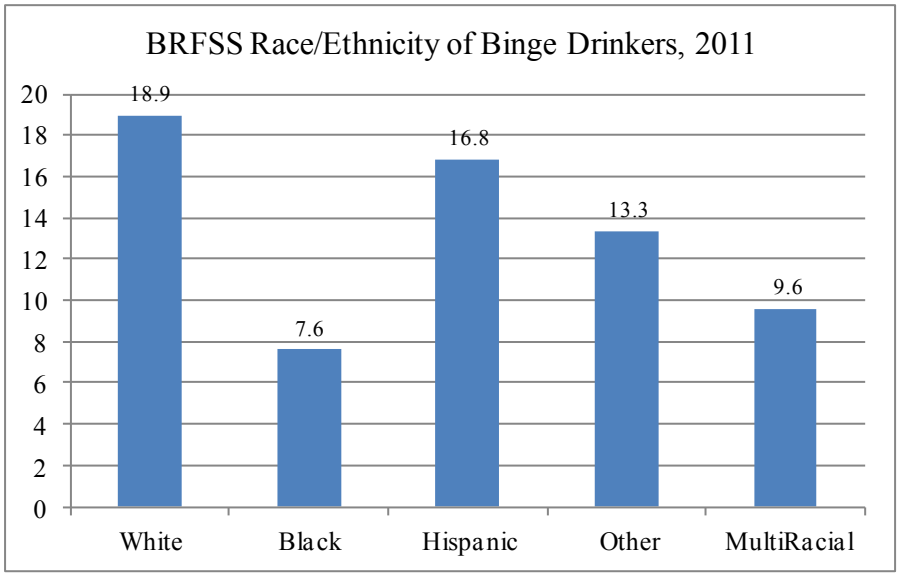


Chart 38.

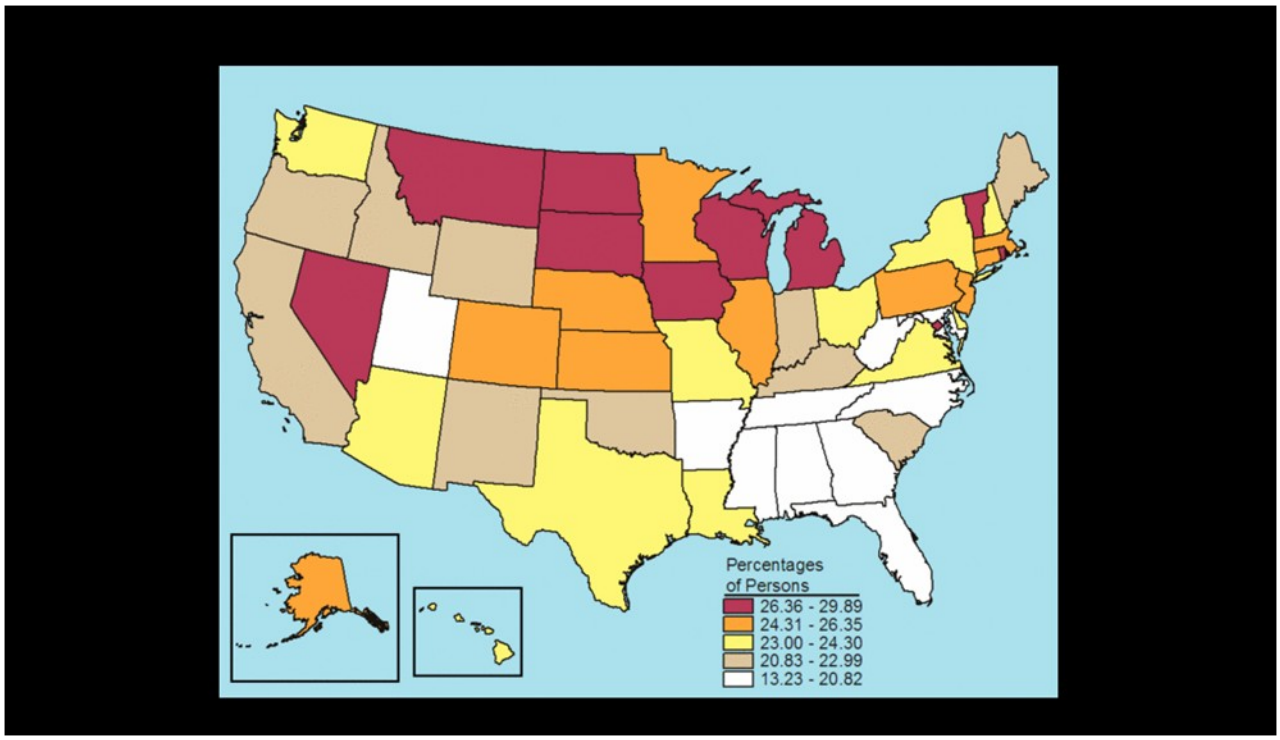


Among binge drinkers, the frequency of binge drinking was 4.4 episodes per month, and the intensity was 7.9 drinks on occasion. Binge drinking prevalence (28.2%) and intensity (9.3 drinks) were highest among persons aged 18–24 years. Frequency was highest among binge drinkers aged ≥65 years (5.5 episodes per month). Respondents with household incomes ≥$75,000 had the highest binge drinking prevalence (20.2%). (CDC, MMWR, January 13, 2012)

Binge Drinking in Nevada and Other States, NSDUH 2009– 2010

Binge Alcohol Use in Past Month among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 10.



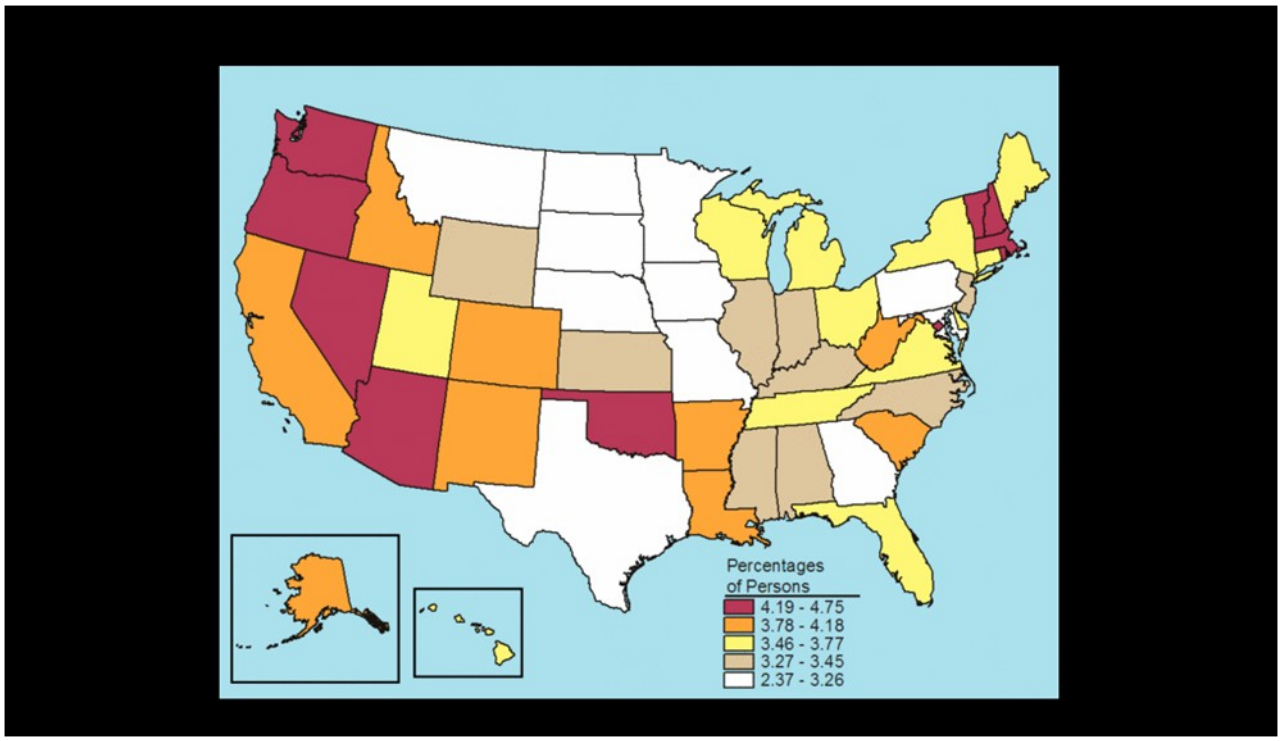
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2008 and 2009.

Binge drinking is more common in the upper Midwest than it is in the Western States. The highest rates of binge alcohol use nationwide were in young people ages 18 to 25. Binge drinking is defined as a pattern of alcohol consumption that brings the BAC level to 0.08% or above. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours. According to the latest estimates from the Centers for Disease Control and Prevention, about 47% of homicides, 32% of falls injury/deaths, 29% of drug overdose deaths, and 23% of suicide deaths are alcohol attributable to binge drinking. Likewise, alcohol consumption is the primary causal factor in roughly 45% of motor vehicle crash deaths among males aged 20-44, and in more than a third of motor vehicle crash deaths among females aged 20-44. Binge drinking is also associated with a wide range of other social problems, including domestic violence, and sexual violence, crime and risky sexual behavior.

Illicit Drug Use in Nevada

Illicit Drug Use Other Than Marijuana in Past Month among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 11.



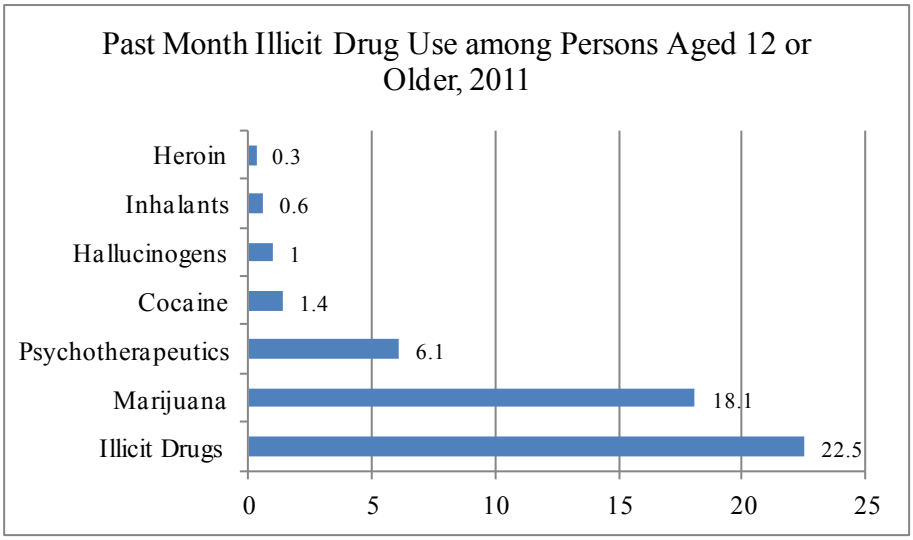
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2008 and 2009

In Nevada in 2009—2010, 4.70% of those 12 and older reported having used an illicit drug other than marijuana in the past month. Nationwide 3.60% of those 12 and older reported having used an illicit drug other than marijuana. Drugs included are cocaine, heroin, hallucinogens, inhalants, and the non-medical use of prescription type pain relievers, tranquilizers, stimulants and sedatives.

Nevada ranks in the top quintile nationwide in the percentage of respondents reporting use of illicit drugs other than marijuana in all of the other age groups. Rhode Island had the highest percentage of users at 4.75%. (2009 –2010 NSDUH Results)

Past Month Illicit Drug Use Among Persons Aged 12 and Older: 2011, NSDUH

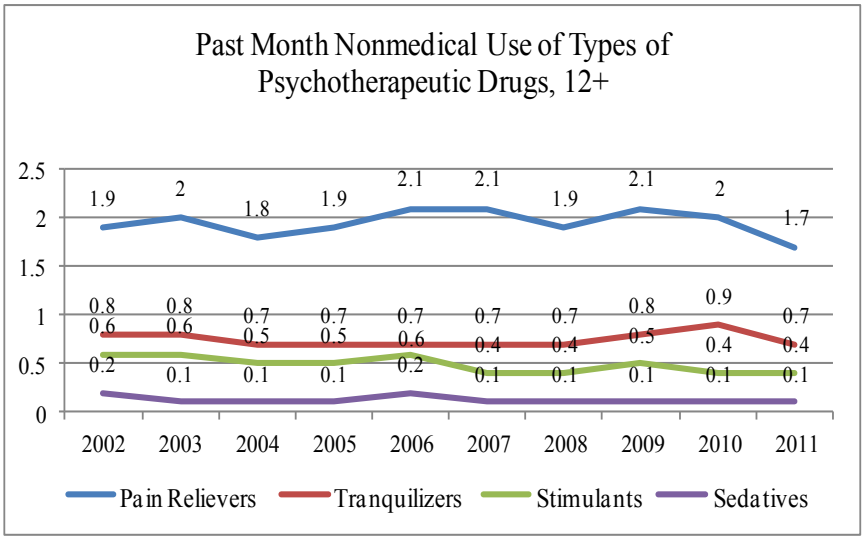
Chart 39.



Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or Prescription type psychotherapeutics used non medically.

An estimated 8 million people aged 12 or older (3.1 percent) were current users of illicit drugs other than marijuana in 2011. The majority of these users (7.1 million persons or 2.1 percent of the population) were non medical users of psychotherapeutic drugs, including 4.5 million users of pain relievers, 1.8 million users of tranquilizers, 970,000 users of stimulants and 231,000 users of sedatives.

Chart 40.

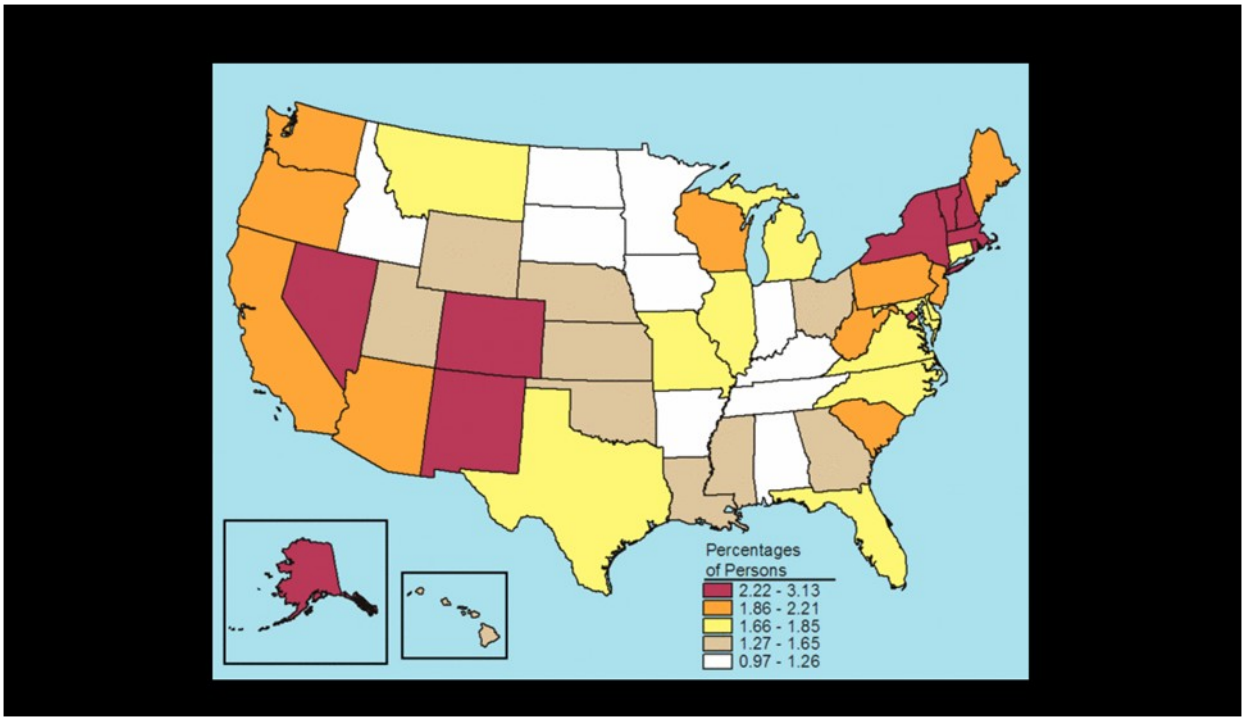


Data from the 2011 National Survey on Drug Use and Health: Summary of National Findings

Cocaine Use in Nevada, NSDUH 2009-2010

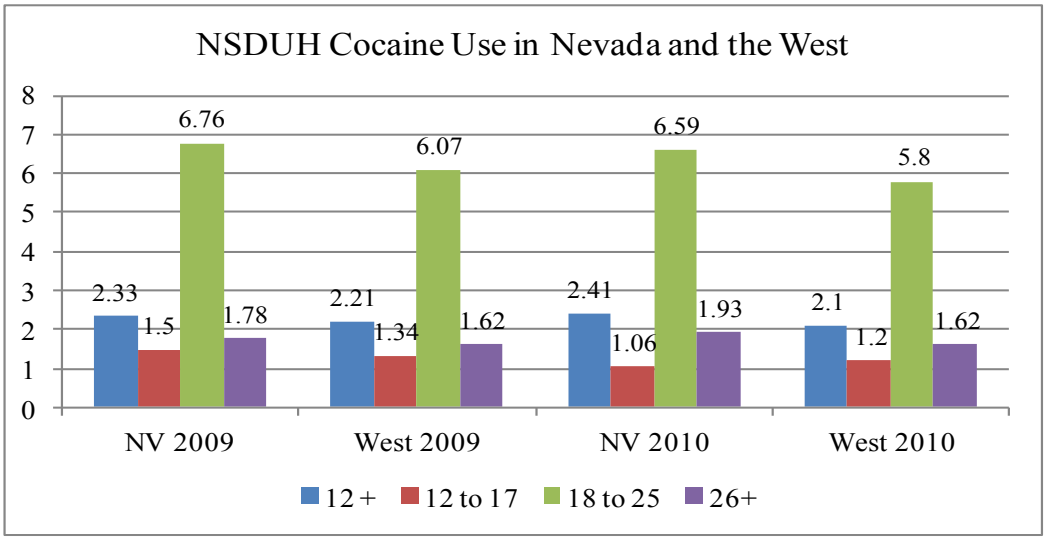
Cocaine Use in Past Year among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 12.



Nevada ranks in the top quintile for cocaine use in those 12 and older.

Chart 41.



Cocaine use is most prevalent in people ages 18 to 25 and Nevadans reported using it slightly more often than others in Western states. Cocaine use in Nevada and the Western states has decreased significantly since 2003.

Methamphetamine

High levels of production in Mexico combined with an increase in the number of domestic manufacturing operations have combined to make methamphetamine readily available throughout the United States in 2010 and 2011. Methamphetamine production in Mexico is robust and stable, as evidenced by recent law enforcement reporting, lab seizure data, and an increasing flow from Mexico. Meth use is more prevalent in the Western States that are close to production sources. *Source: 2010 National Methamphetamine Threat Assessment*

Chart 42.

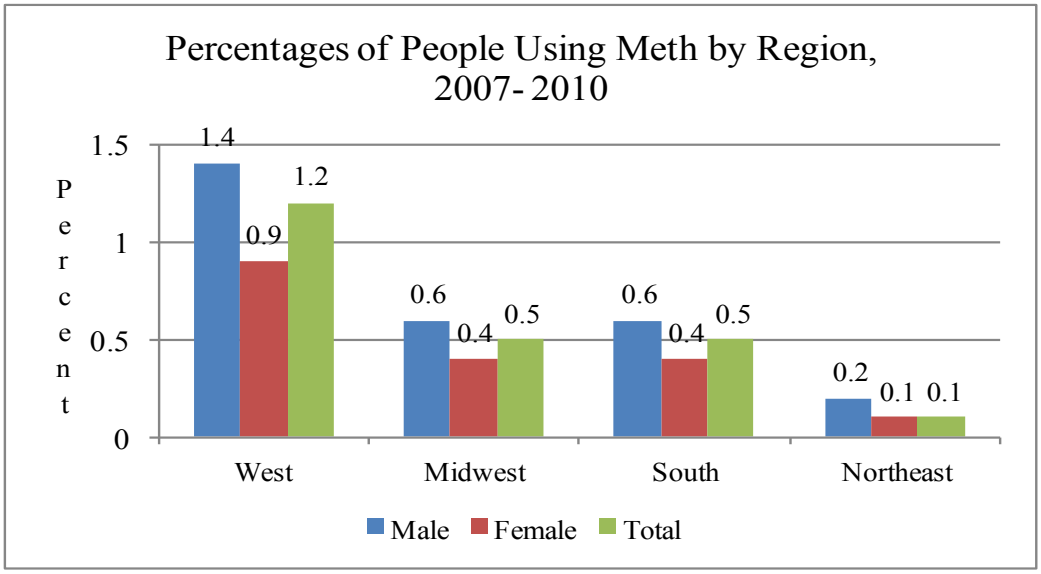
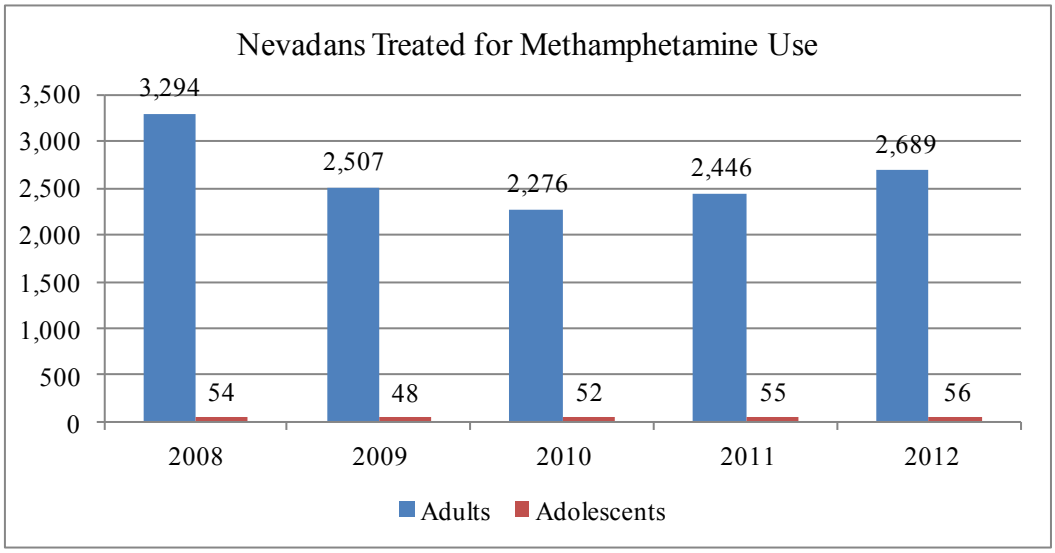


Chart 43.



Since 2010, the numbers of people in Nevada who have been treated for methamphetamine addiction has increased. This increase reflects the decline in the price of meth and an increase in its purity. *Source: 2010 National Methamphetamine Threat Assessment*

Prescription Drug Abuse, Adults, Drug Enforcement Administration Brief, December, 2010

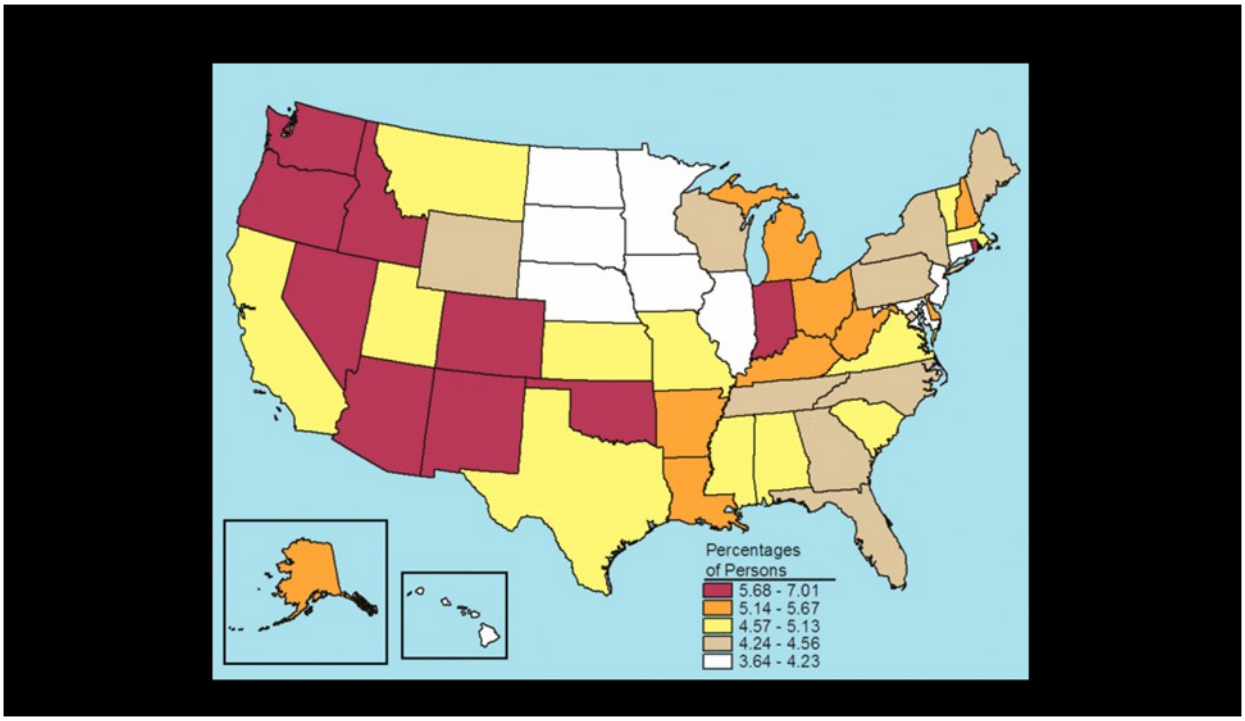
Nearly 7 million Americans are abusing prescription drugs—more than the number who are abusing cocaine, heroin, hallucinogens, ecstasy, and inhalants, combined. That 7 million was just 3.8 million in 2000, an 80% increase in just twelve years. Prescription pain relievers are new drug users drug of choice, vs. marijuana or cocaine. Opioid painkillers now cause more drug overdose deaths than cocaine and heroin combined.

Nearly 1 in 10 high school seniors admits to abusing powerful prescription painkillers. Forty percent of teens and an almost equal number of their parents think abusing prescription painkillers is safer than abusing "street" drugs. Misuse of painkillers represents three-fourths of the overall problem of prescription drug abuse; hydrocodone is the most commonly diverted and abused controlled pharmaceutical in the U.S.

Twenty-five percent of drug-related emergency department visits are associated with abuse of prescription drugs. Methods of acquiring prescription drugs for abuse include getting them from friends or relatives (57%),"doctor-shopping (18%)," from one physician (18%), traditional drug-dealing (5%), and, illicitly acquiring prescription drugs via the internet (2%).

Nonmedical Use of Pain Relievers in Past Year among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

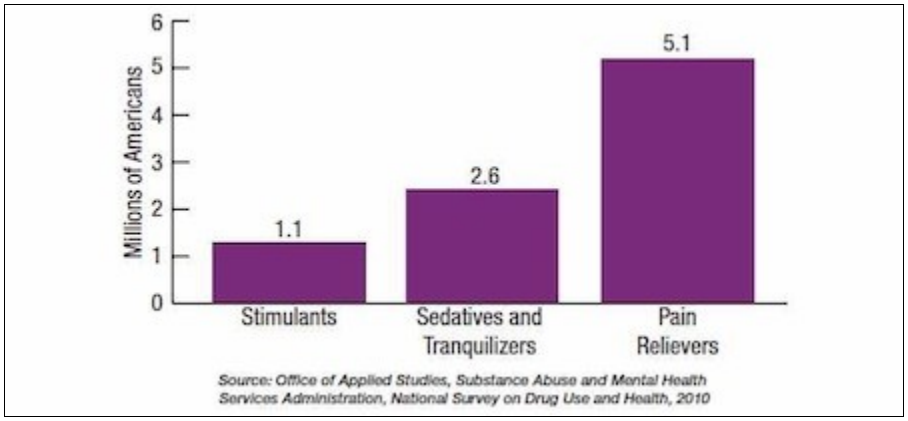
MAP 13.



Nevada ranked in the top quintile in people 12 and older, 12 to 17 and 26 and older who reported non-medical use of pain relievers in 2009 –2010. People 18 to 25 were in the second quintile.

Facts About Prescription Drug Abuse

Chart 44.

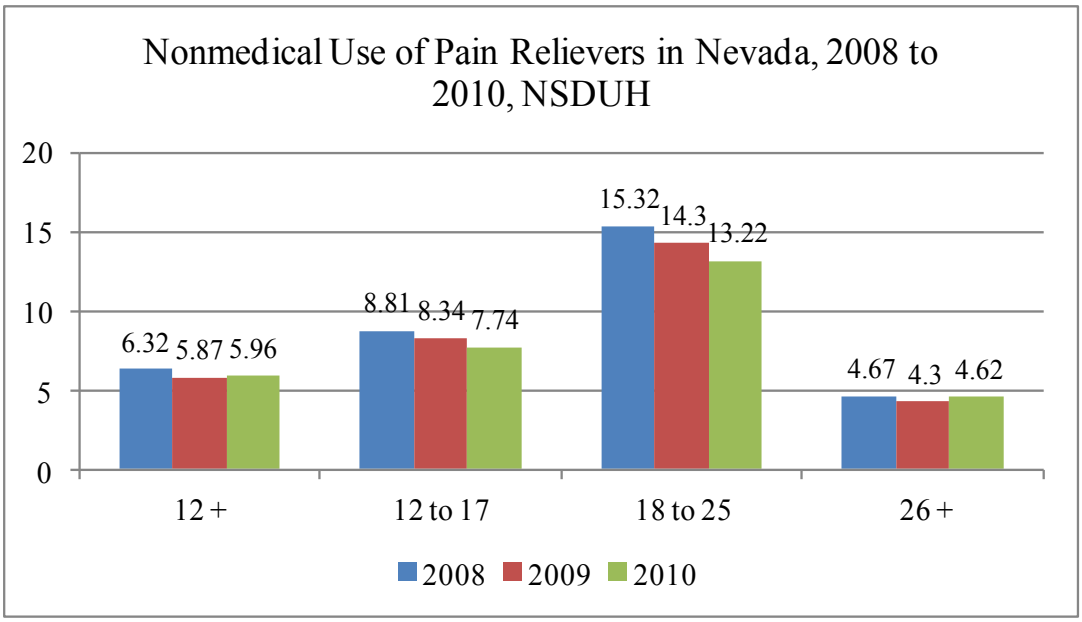


What types of prescription drugs are abused?

Three types of drugs are abused most often:

- Opioids—prescribed for pain relief
- CNS depressants—barbiturates and benzodiazepines prescribed for anxiety or sleep problems (often referred to as sedatives or tranquilizers)
- Stimulants—prescribed for attention-deficit hyperactivity disorder (ADHD), the sleep disorder narcolepsy, or obesity.

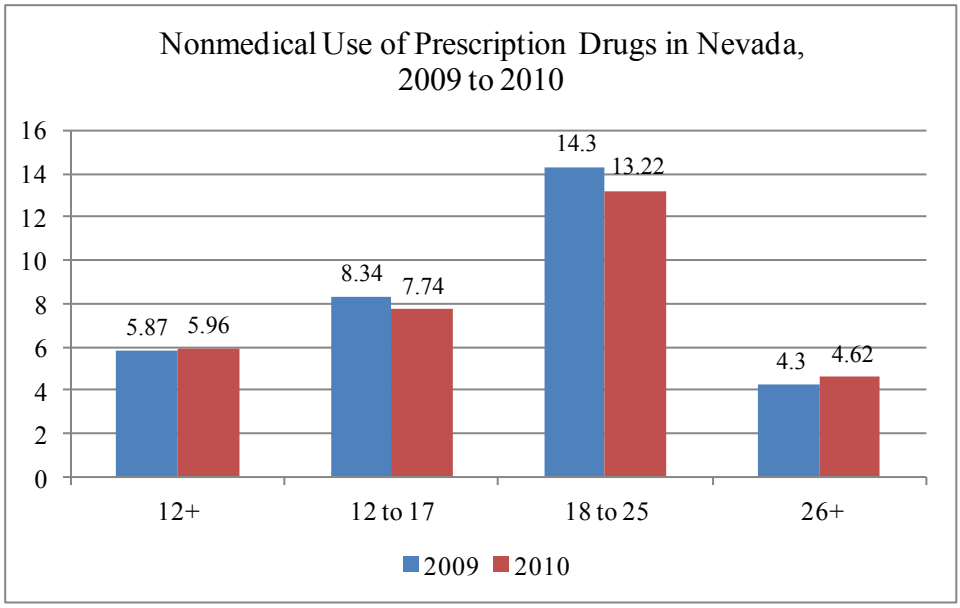
Chart 45.



Nonmedical use of pain relievers in people ages 18 to 25 has decreased since 2008.

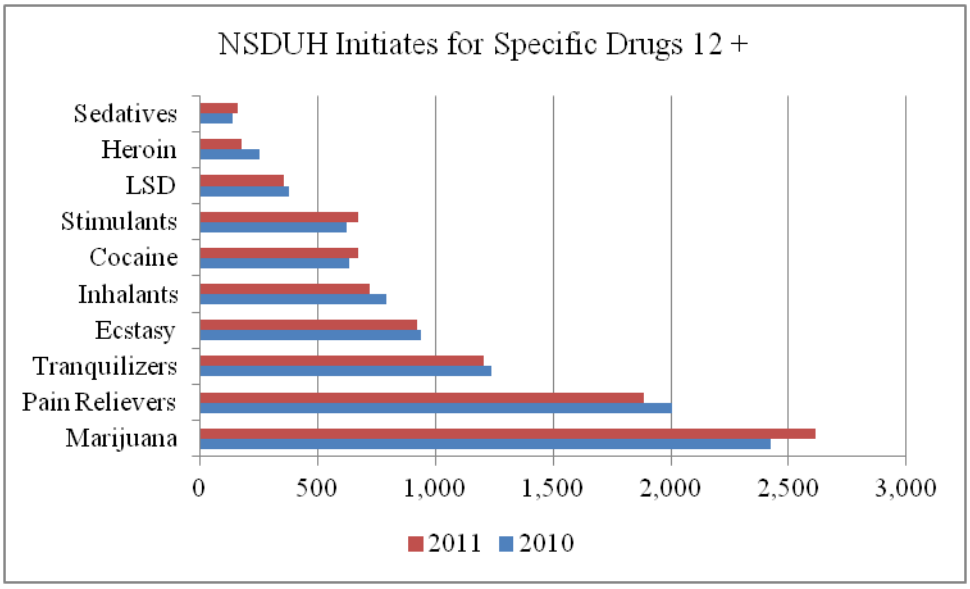
Nonmedical Use of Prescription Drugs, continued

Chart 46.



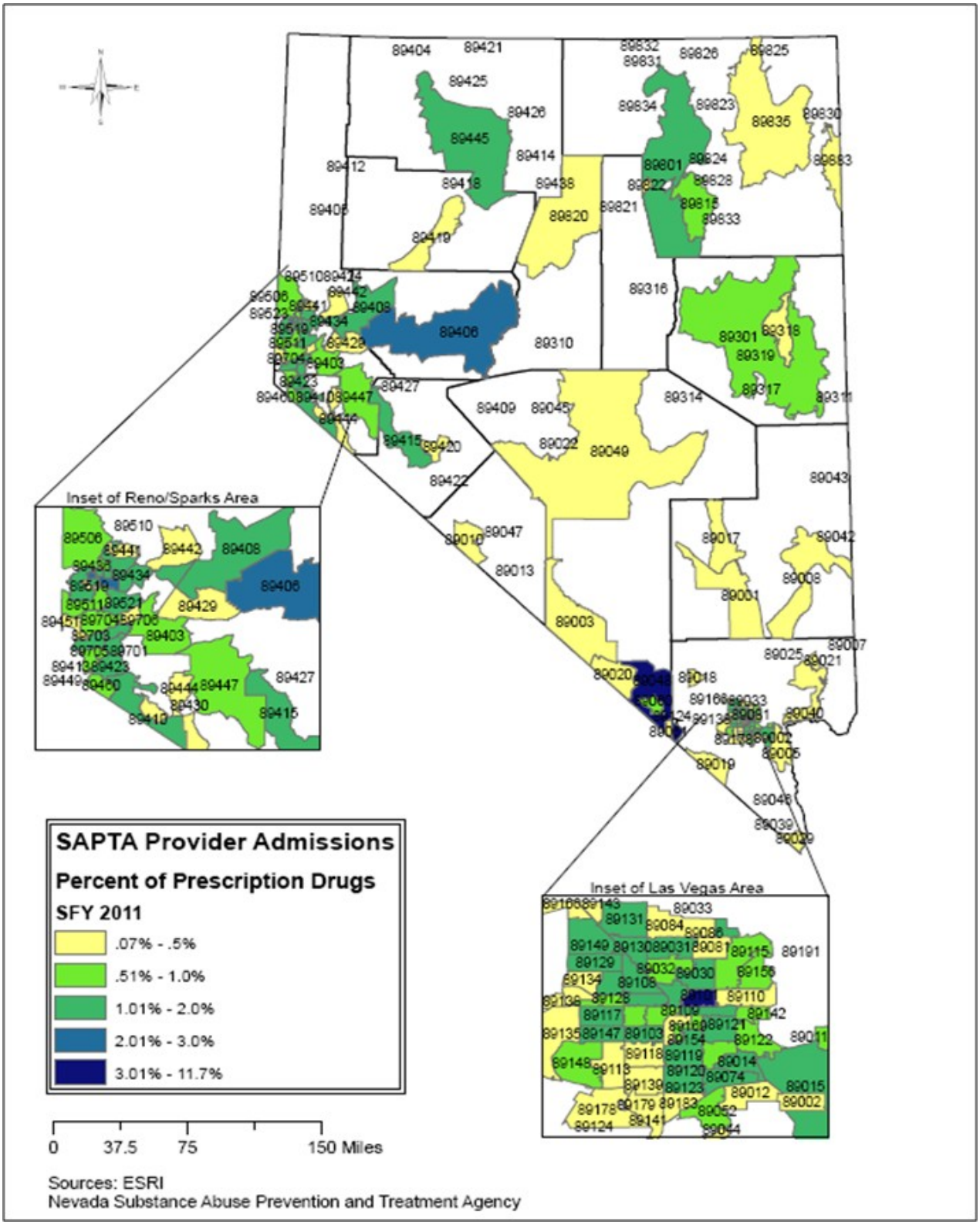
Nonmedical use of prescription drugs decreased in those 12 to 25 from 2009 to 2010 and remained stable in those 12 and older.

Chart 47.



There was an increase from 2010 to 2011 in the numbers of people nationwide reporting that they had started using marijuana. The numbers of people initiating use of other substances remained stable or declined slightly.

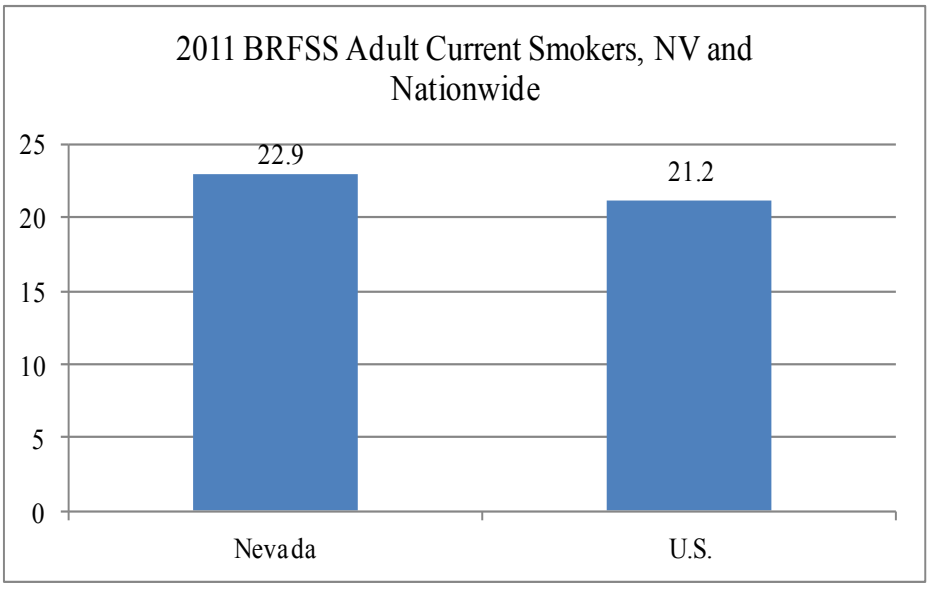
The map shows admissions to substance abuse treatment for prescription drugs in Nevada. The darker blue and green colors indicate areas in which higher numbers of people were treated for prescription drug abuse



Tobacco Use in Nevada

- Tobacco use remains the leading preventable cause of death in the United States, causing more than 520,000 deaths each year and resulting in an annual cost of more than $96.7 billion in direct medical costs.
- Currently, the smoking attributable cost for adults in Nevada, including annual health care costs ($565 million) and costs related to loss of productivity ($832 million), was estimated at approximately $1.4 billion. With the current smoking prevalence rate in Nevada of 21.5%, or an estimated 584,442 smokers in the State, the average cost per smoker was $2,395.45 per year. Source: Tobacco Free Kids
- Each year, smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires combined.
- Nationally, smoking results in more than 5 million years of potential life lost each year.
- Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 3,000 young people under the age of 18 become regular smokers.

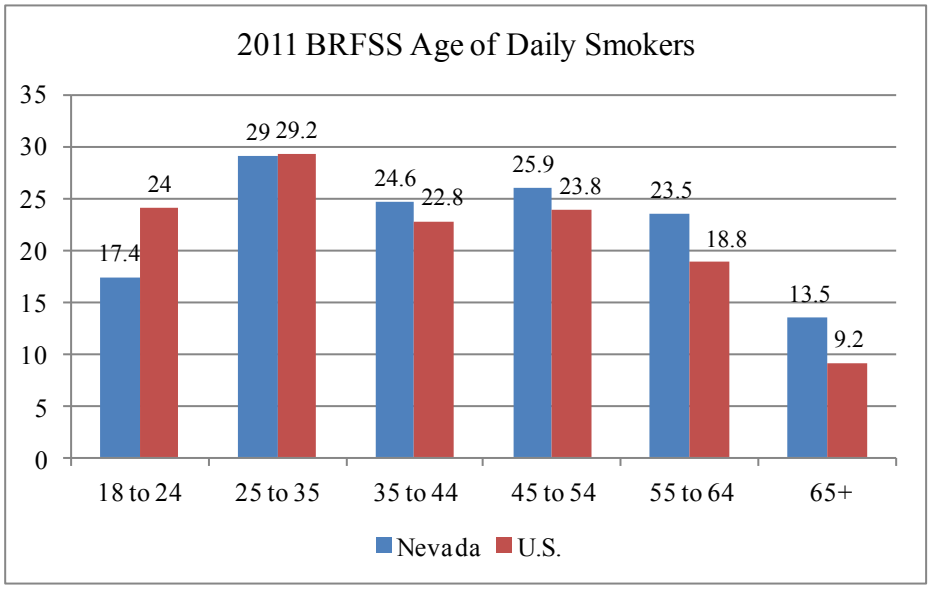
Chart 48.



The percentage of those reporting current smoking in Nevada and the nationwide were about the same in 2011. (BRFSS, 2011).

Tobacco Use Continued

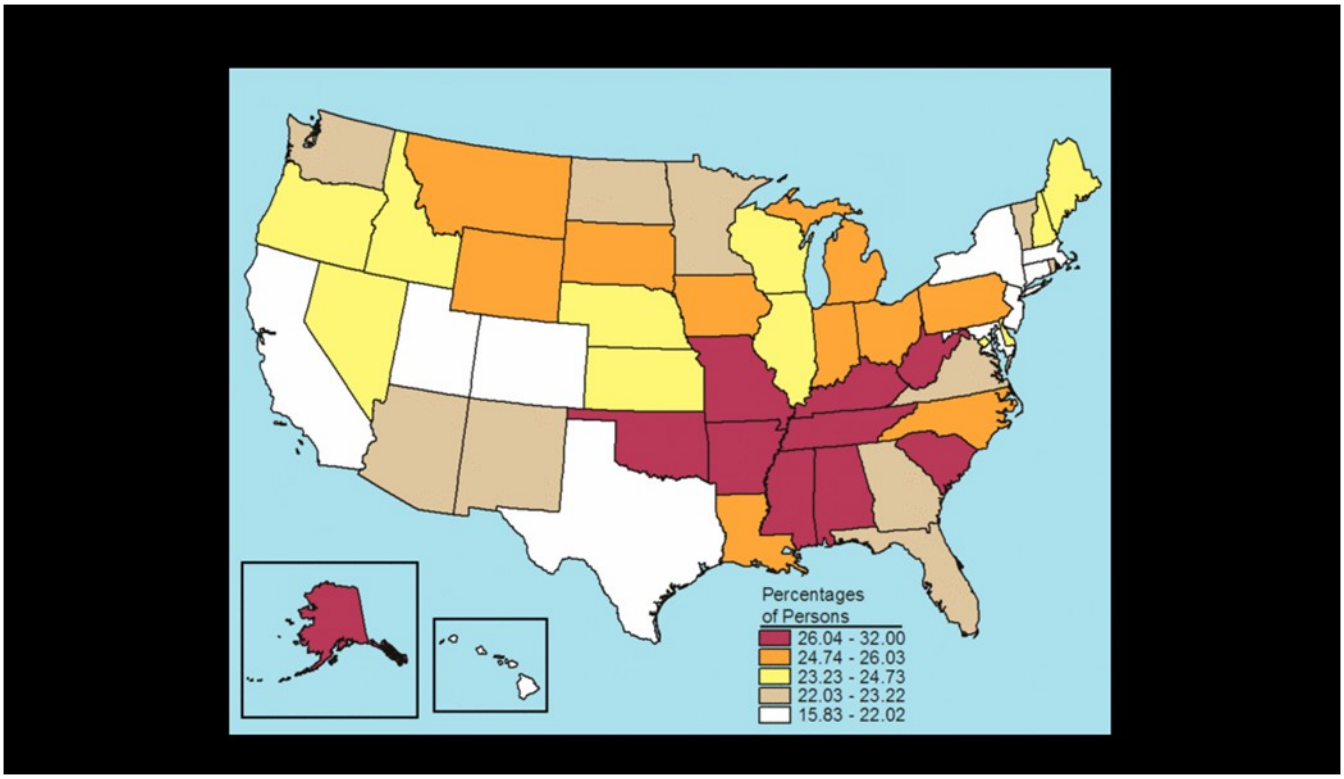
Chart 49.



Fewer Nevadans ages 18 to 24 smoke than those nationwide. However, a slightly higher percentage of Nevadans over age 35 smoke than those nationwide.

Cigarette Use in Past Month among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

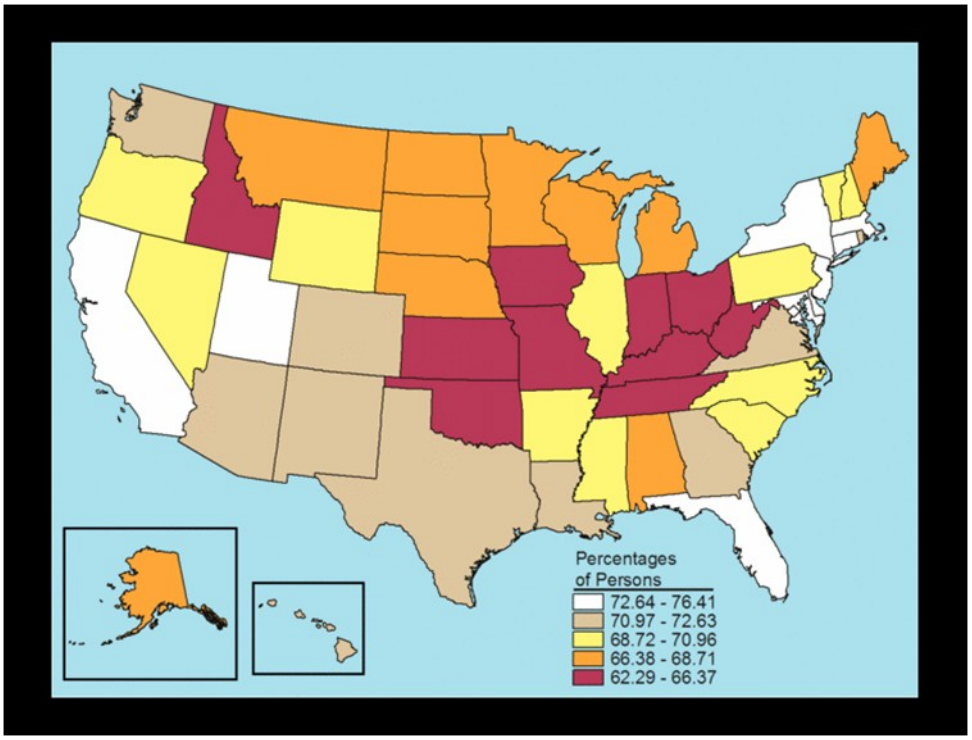
MAP 14.



Tobacco Use

Perceptions of Great Risk of Smoking One or More Packs of Cigarettes Per Day among Persons Aged 12 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 15.

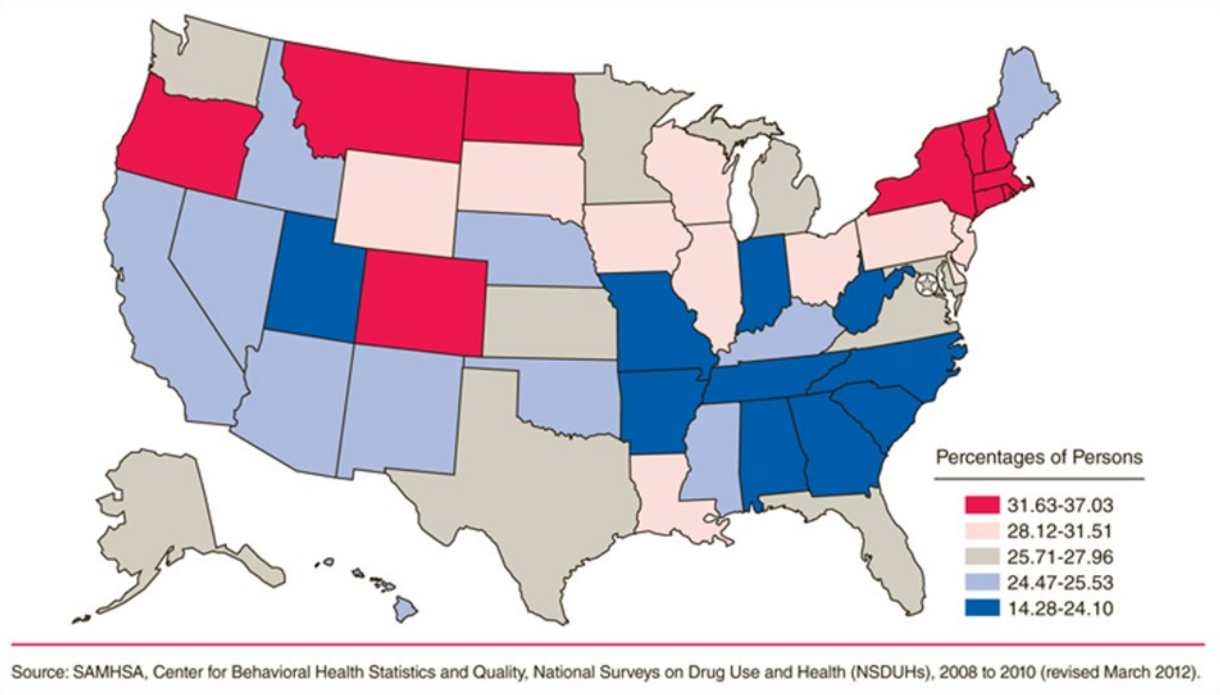


Nationwide, the rates of perception of great risk of smoking one or more packs of cigarettes per day decreased from 2008-2009 to 2009-2010 among persons aged 12 or older (from 72.2 to 71.2 percent), youths aged 12 to 17 (from 67.5 to 65.4 percent), young adults aged 18 to 25 (from 66.8 to 65.2 percent), and persons aged 26 or older (from 73.8 to 73.0 percent). Decreases also were observed in all four census regions among youths aged 12 to 17, in all but the West region among young adults aged 18 to 25, in the Midwest region among persons aged 26 or older, and in all but the Northeast region among persons aged 12 or older. In Nevada the perception of risk of heavy smoking did not change from 2008 to 2010.

Consumption Data on Adolescents

Percentages of Past Month Alcohol Use among Persons Aged 12 to 20, by State: 2008 to 2010

MAP 16.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2008 to 2010 (revised March 2012).

- Combined 2008 to 2010 data indicate that 26.6 percent of persons aged 12 to 20 drank alcohol in the past month
- Rates of underage past month alcohol use were among the lowest in Utah (14.3 percent) and among the highest in Vermont (37.0 percent)
- Approximately 8.7 percent of past month drinkers aged 12 to 20 purchased their own alcohol the last time they drank
- The rates of past month drinkers aged 12 to 20 buying their own alcohol were among the lowest in New Mexico (2.5 percent), Idaho (2.6 percent), and Oregon (2.6 percent), and among the highest in New York (15.0 percent)

YRBS Alcohol Use in High School Students

The YRBS was not administered in Nevada schools in 2012 and 2013. Thus, the most recent data available is from 2011.

Chart 50.

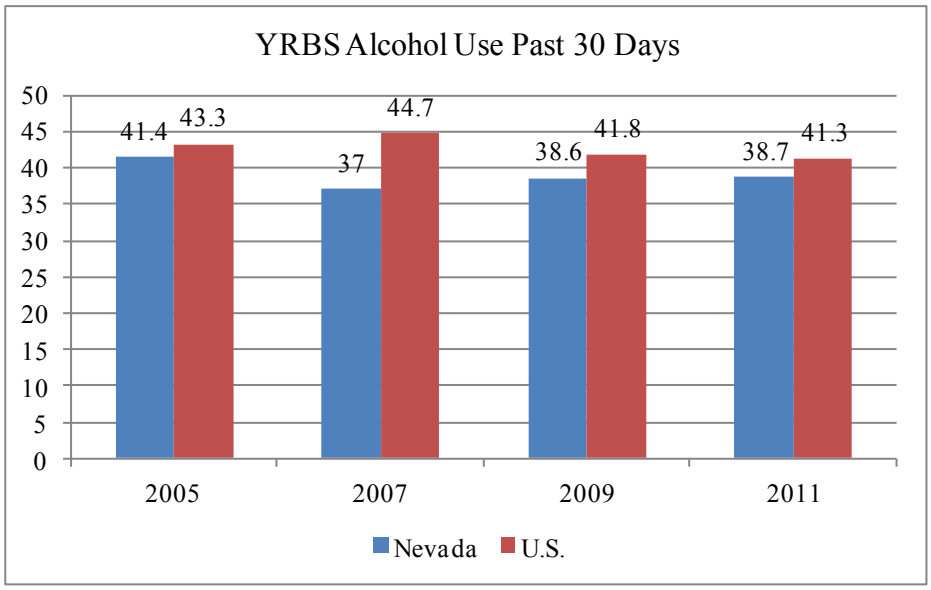
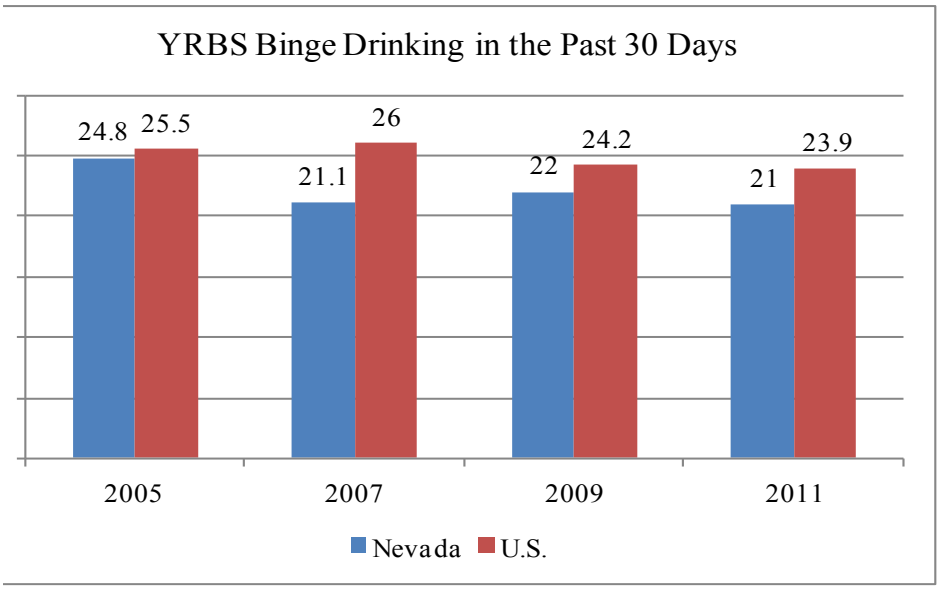


Chart 51.



YRBS data on high school students indicates that smaller percentages of Nevada students report drinking in the past 30 days and engage in binge drinking less than students nationwide.

Monitoring the Future Alcohol Use in 8th, 10th and 12th Graders

Chart 52.

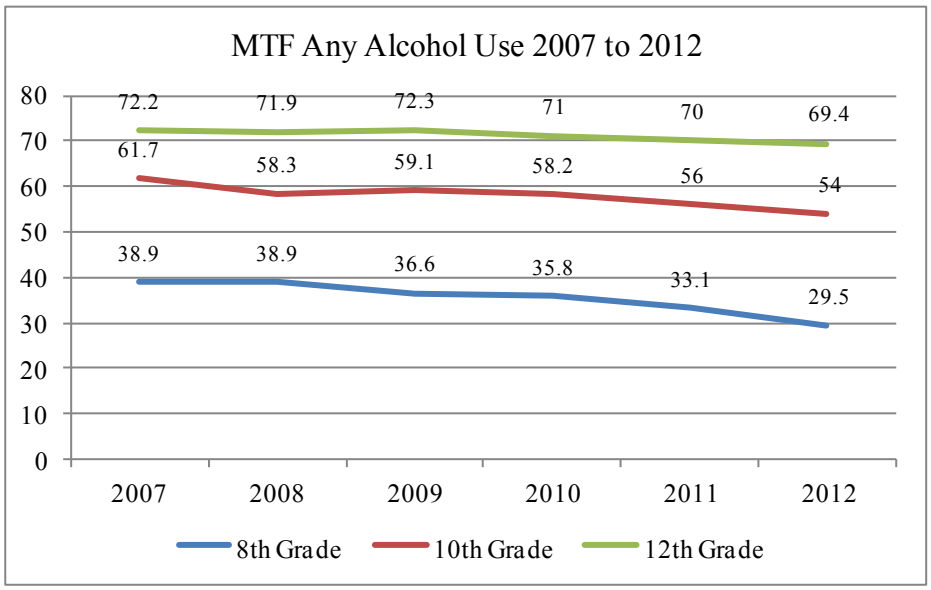
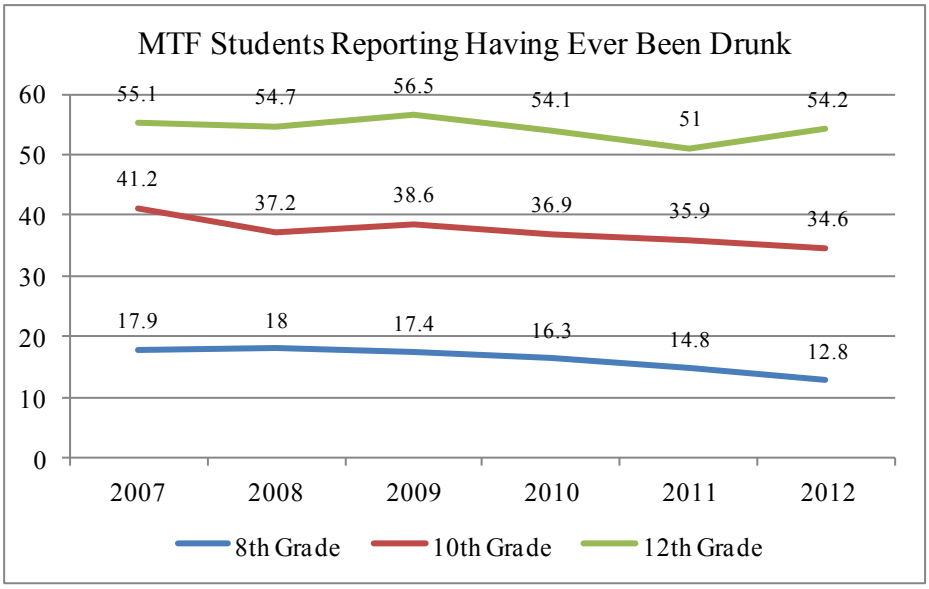


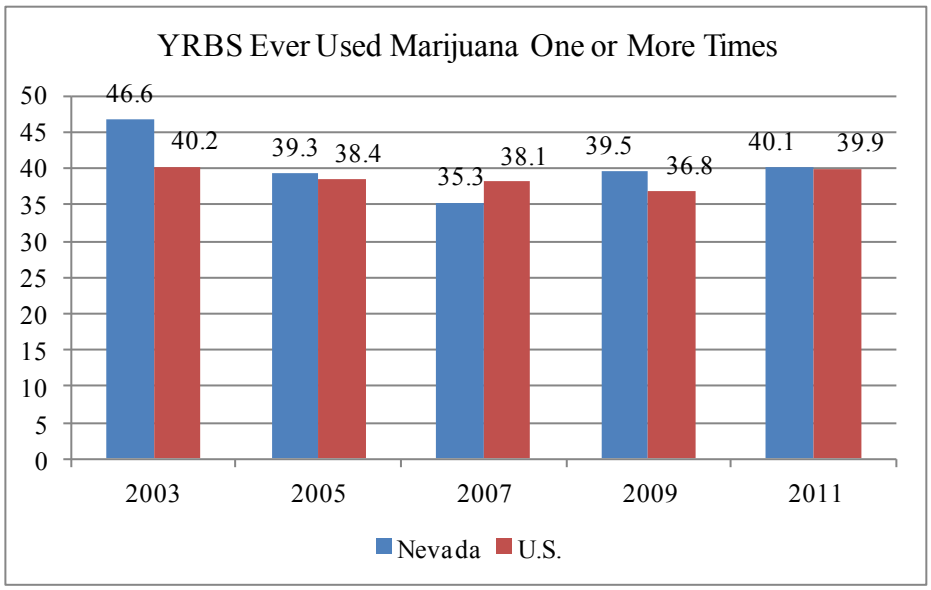
Chart 53.



In 2011 all measures of alcohol use—lifetime, annual, 30 day and binge drinking– reached historic lows over the life of the MTF survey in all three grades. New lows were also seen in the 2012 survey results with the exception of 12th graders reporting on having ever been drunk which showed a statistically significant increase from 2011 to 2012.

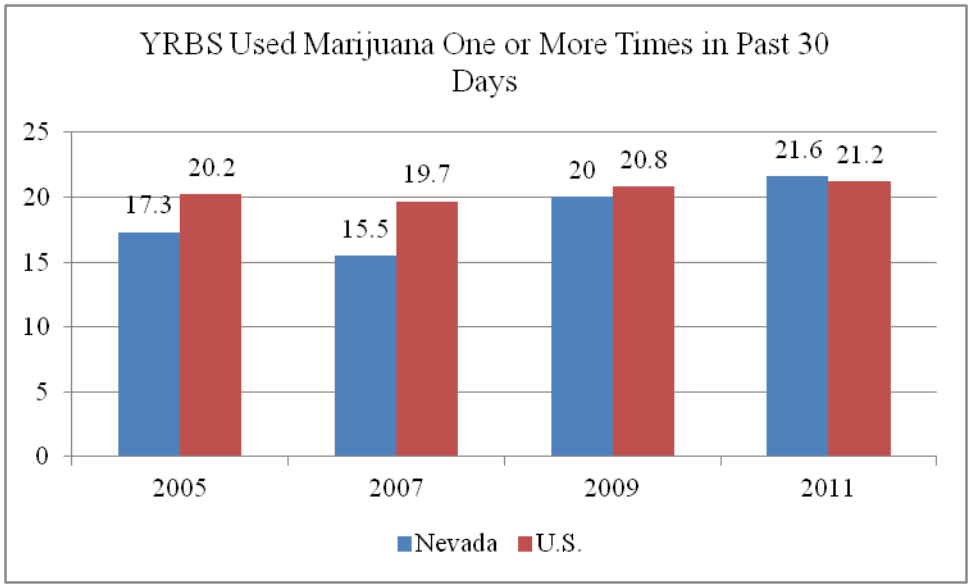
YRBS: Marijuana Use Grades 9 through 12

Chart 54.



The charts show that marijuana use among adolescents has been increasing since 2007 in Nevada and nationwide.

Chart 55.



Adolescent Marijuana Use, NSDUH

The percentage of adolescents who perceived great risk of harm from smoking marijuana once or twice a week increased between 2002 and 2003 but remained relatively stable until 2007; the percentage then decreased each year from 54.6 percent in 2007 to 44.8 percent in 2011. The rate of past month marijuana use among adolescents was relatively stable between 2002 and 2004, and then decreased between 2004 and 2005. The rate of past month marijuana use in Nevada increased from 2007 to 2009 and then decreased in 2010.

Perceptions of Great Risk of Smoking Marijuana Once a Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 17.

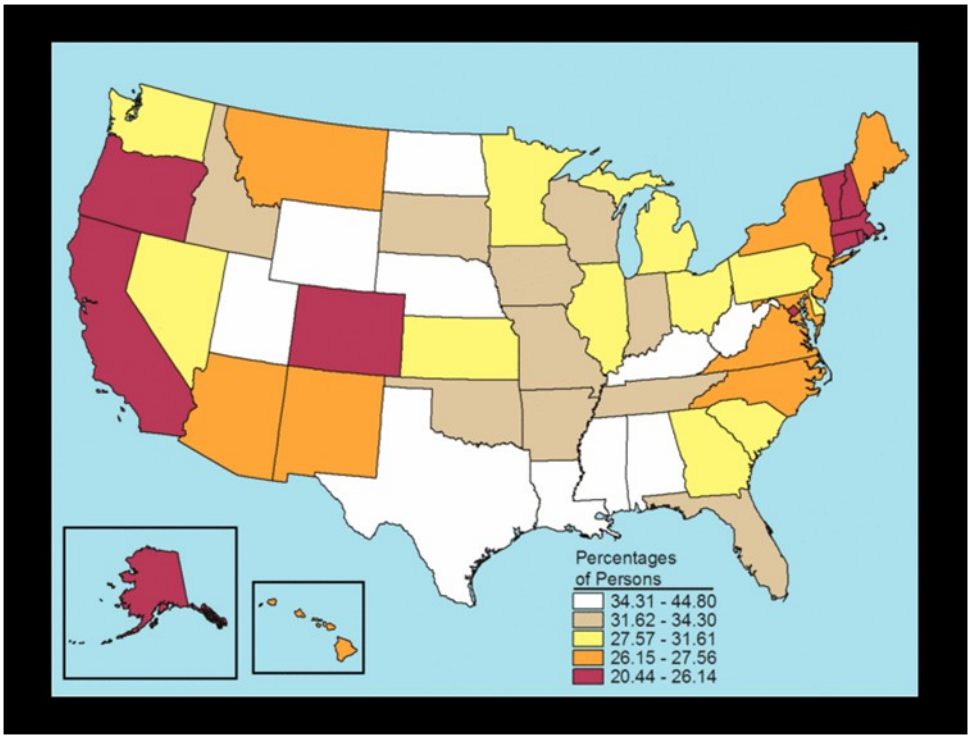
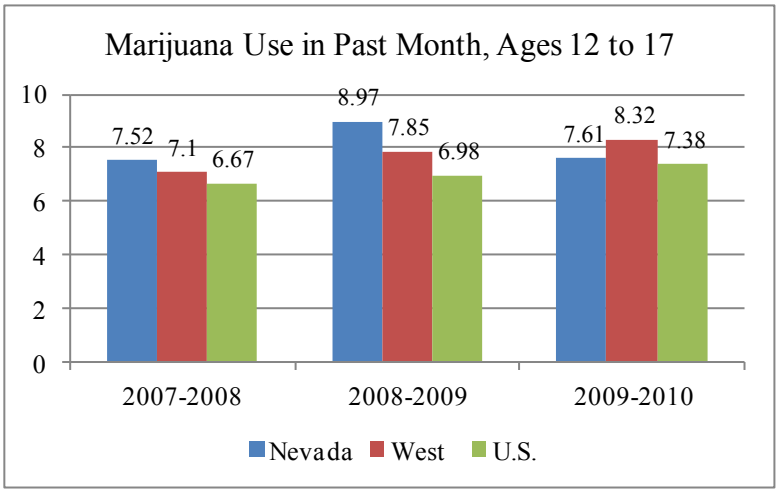


Chart 56.



Monitoring the Future, Nationwide Data

The Monitoring the Future Survey has shown a slight increase in marijuana use since 2008 in all three grades. 12th graders reported in 2011 and 2012 that their use has stabilized.

Chart 57.

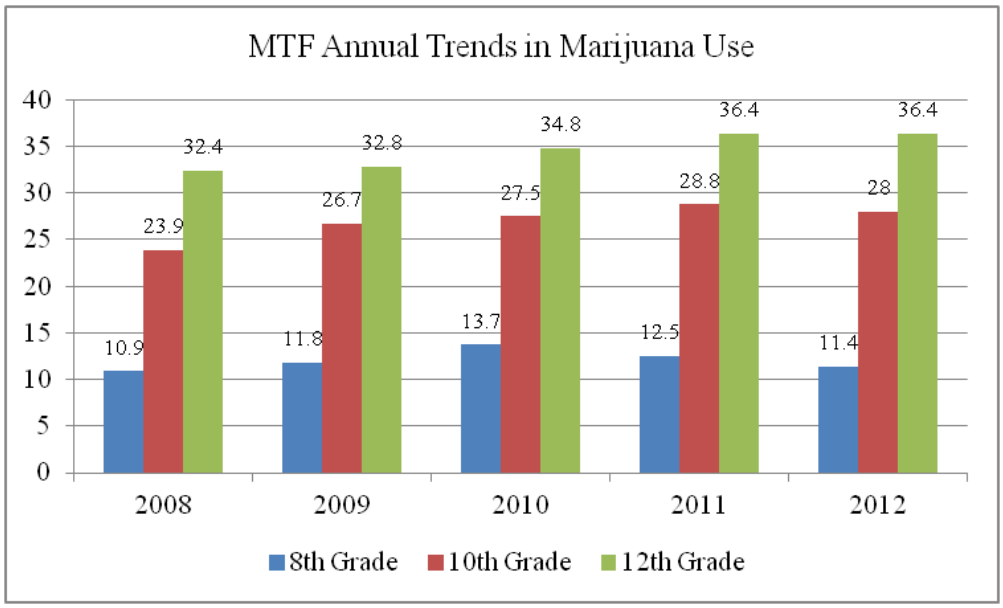
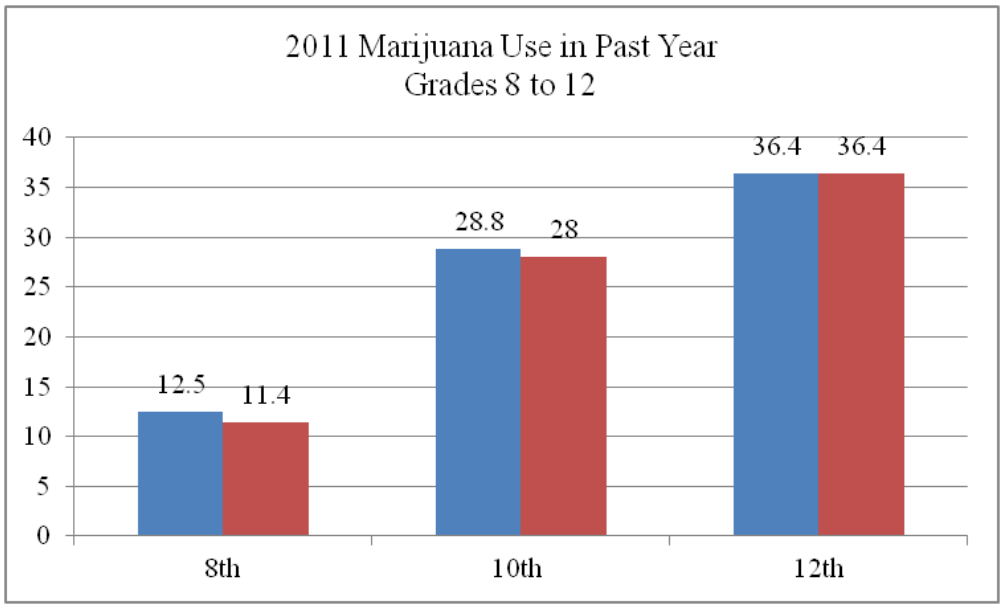


Chart 58.



This chart shows current use of marijuana among 8th to 12th graders. Three times as many 12th graders report using marijuana as 8th graders. Marijuana use increases dramatically in early adolescence.

Regular marijuana use by teens continues to be a concern

NIDA's 2012 Monitoring the Future survey shows rates stable or down for most drugs

Continued high use of marijuana by the nation's eighth, 10th and 12th graders combined with a drop in perceptions of its potential harms in this year's Monitoring the Future survey, an annual survey of eighth, 10th, and 12th-graders conducted by researchers at the University of Michigan. The survey was carried out in classrooms around the country earlier this year, under a grant from the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health.

The 2012 survey shows that 6.5 percent of high school seniors smoke marijuana daily, up from 5.1 percent five years ago. Nearly 23 percent say they smoked it in the month prior to the survey, and just over 36 percent say they smoked within the previous year. For 10th graders, 3.5 percent said they use marijuana daily, with 17 percent reporting past month use and 28 percent reporting use in the past year. The use escalates after eighth grade, when only 1.1 percent reported daily use, and 6.5 percent reported past month use. More than 11 percent of eighth graders said they used marijuana in the past year.

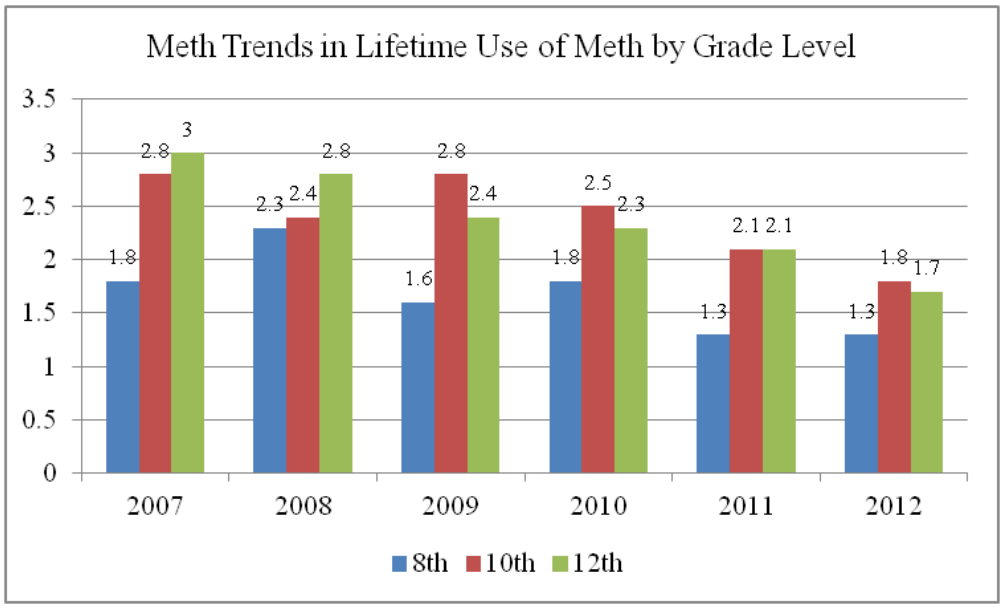
The Monitoring the Future survey also showed that teens' perception of marijuana's harmfulness is down, which can signal future increases in use. Only 41.7 percent of eighth graders see occasional use of marijuana as harmful; 66.9 percent see regular use as harmful. Both rates are at the lowest since the survey began tracking risk perception for this age group in 1991. As teens get older, their perception of risk diminishes. Only 20.6 percent of 12th graders see occasional use as harmful (the lowest since 1983), and 44.1 percent see regular use as harmful, the lowest since 1979.

A 38-year NIH-funded study, published this year in the Proceedings of the National Academy of Sciences, showed that people who used cannabis heavily in their teens and continued through adulthood showed a significant drop in IQ between the ages of 13 and 38 — an average of eight points for those who met criteria for cannabis dependence. Those who used marijuana heavily before age 18 (when the brain is still developing) showed impaired mental abilities even after they quit taking the drug. These findings are consistent with other studies showing a link between prolonged marijuana use and cognitive or neural impairment.

"We are increasingly concerned that regular or daily use of marijuana is robbing many young people of their potential to achieve and excel in school or other aspects of life," said NIDA Director Nora D. Volkow, M.D. "THC, a key ingredient in marijuana, alters the ability of the hippocampus, a brain area related to learning and memory, to communicate effectively with other brain regions. In addition, we know from recent research that marijuana use that begins during adolescence can lower IQ and impair other measures of mental function into adulthood."
Research clearly demonstrates that marijuana has the potential to cause problems in daily life or make a person's existing problems worse. In one study, heavy marijuana abusers reported that the drug impaired several important measures of well-being and life achievement, including physical and mental health, cognitive abilities, social life, and career status.
"We should also point out that marijuana use that begins in adolescence increases the risk they will become addicted to the drug," said Volkow. "The risk of addiction goes from about 1 in 11 overall to about 1 in 6 for those who start using in their teens, and even higher among daily smokers."

Methamphetamine Use, Adolescents

Chart 59.



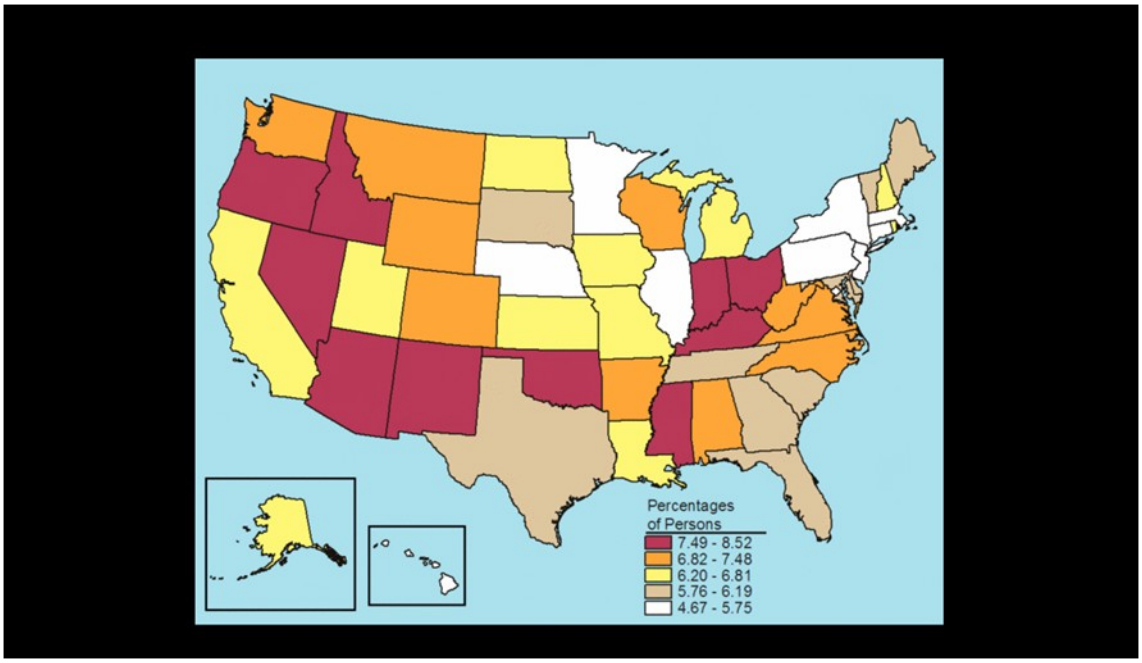
The MTF questions for methamphetamine show annual prevalence rates in 2012 of 1.0% for 8th and 10th graders, and 1.1% for 12th graders. All of these levels are down considerably from the first measurement taken in 1999, when they were 3.2%, 4.6%, and 4.7%. So, despite growing public concern about the methamphetamine problem in the United States, use actually has shown a fairly steady decline over the past 13 years, at least among secondary school students.

Methamphetamine use nationwide has been decreasing since 2001. Nevada and other Western states have had the highest rates of methamphetamine use, although it has been decreasing in those states as well. Mexican drug trafficking organizations are the principal producers, transporters, and wholesale distributors of meth so it is widely available in Nevada and other Western states. (National Methamphetamine Threat Assessment, 2010, National Drug Intelligence Center.)

Prescription Drug Abuse, Adolescents

Nonmedical Use of Pain Relievers in Past Year among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 19.



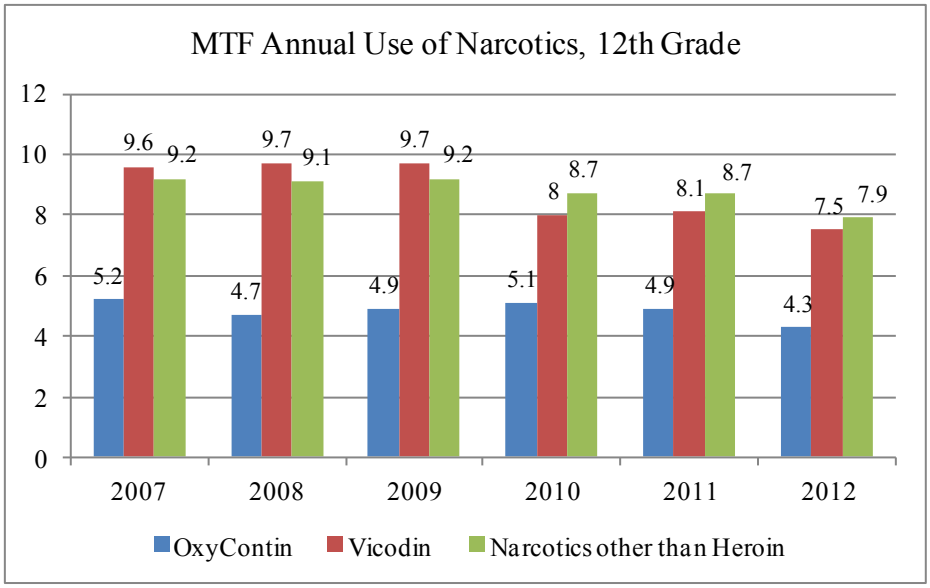
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2009 and 2010.

The map shows nonmedical use of pain relievers in the past year among those 12 to 17, by State: percentages, annual averages based on 2009 and 2010 NSDUHs. States in the highest group (7.49 to 8.52) were Arizona, Idaho, Indiana, Kentucky, Louisiana, Nevada, New Mexico, Ohio, Oklahoma, Oregon, Rhode Island, West Virginia, and Washington. Nevada is in the top quintile of states in all age groups for nonmedical use of prescription drugs in 2009 and 2010.

Nevada is also in the top quintile of states on the measure of illicit drug use other than marijuana in the 12 to 17 age group. Illicit drugs include nonmedical use of prescription drugs.

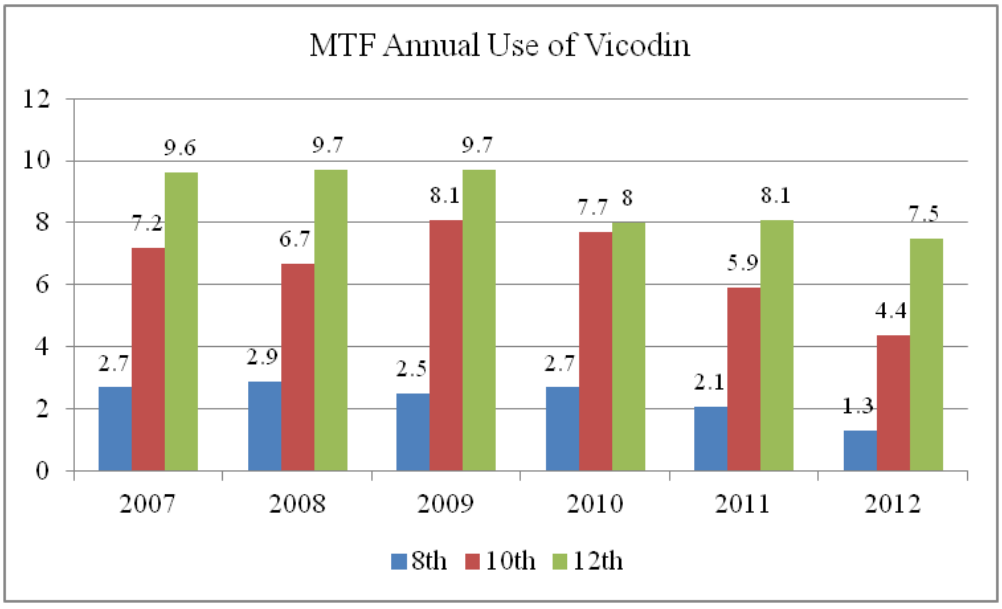
Monitoring the Future Nonmedical Use of Prescription Drugs

Chart 60.



Student's annual use of Oxycontin, Vicodin and narcotics other than Heroin has decreased steadily since 2007.

Chart 61.

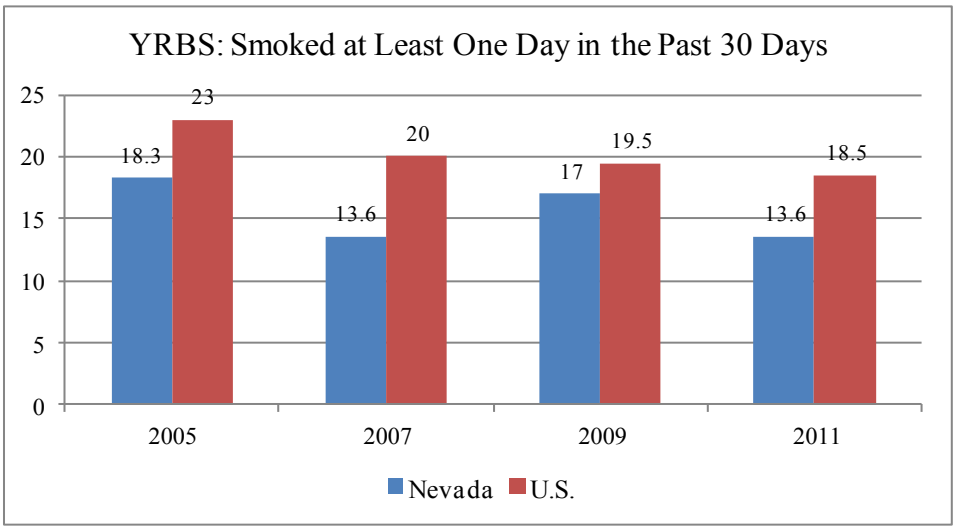


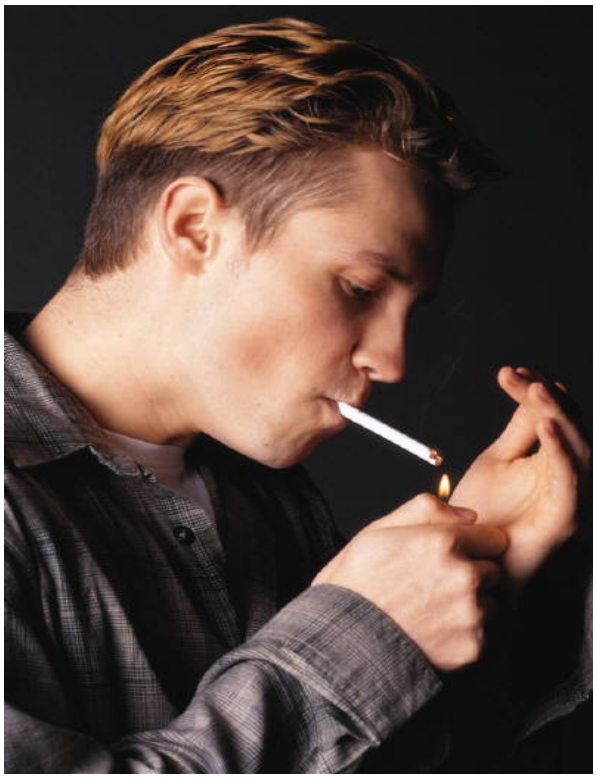
Since the survey started measuring the use of Vicodin in 2002, rates have hovered near 10% until 2010, when the survey started reporting a modest decline.

YRBS Smoking in Adolescents

Students in Nevada report smoking less often than students nationwide. Fewer students in Nevada and nationwide report having smoked in the past thirty days and smoking cigarettes on twenty or more days. This downward trend started in 2001 and continued through 2007. Fewer Nevada adolescents reported smoking in 2011 than in 2009. These data are confirmed by the National Survey on Drug Use and Health, 2009-2010.

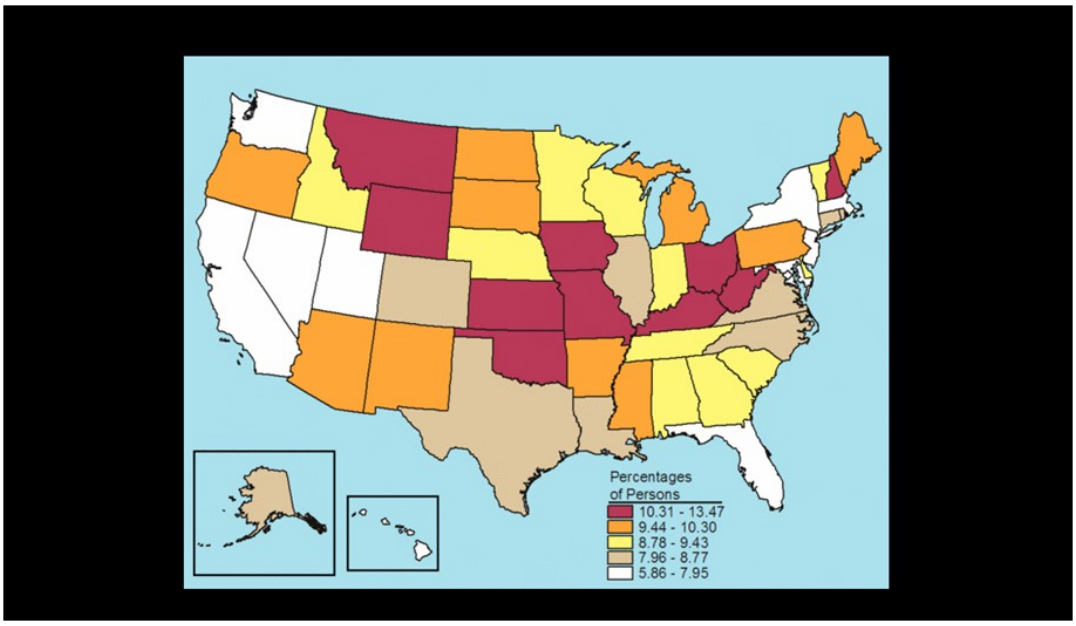
Chart 62.





Cigarette Use in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

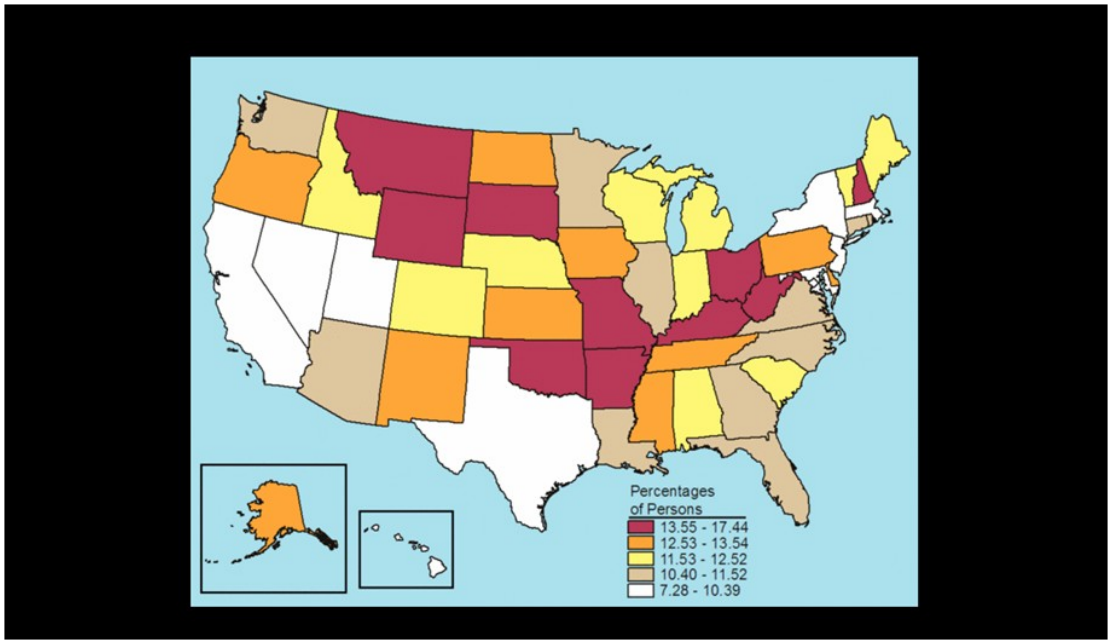
MAP 20.



Cigarette use among those 12 to 17 in Nevada has been decreasing since 2006. According to the NSDUH from 2006-2007, 12.7% of Nevadans in this age group reported smoking. In 2009-2010, 7.39% of people in this age group reported smoking.

Tobacco Product Use in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 21.



Adolescents in Nevada rank in the lowest quintile for use of tobacco products.

Mental Illness and Substance Abuse

In order to generate estimates of mental illness in the United States, (SAMHSA) designed and implemented the Mental Health Surveillance Study (MHSS). Each year since 2008, a subsample of adults has been selected from the main study to participate in a follow-up telephone interview that obtains a detailed mental health assessment administered by a trained mental health clinician. The MHSS interview uses the Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Non-patient Edition (SCID-I/NP) (First, Spitzer, Gibbon, & Williams, 2002). A prediction model using the clinical interview data collected in 2008 was developed to produce estimates of AMI for the entire NSDUH adult sample.

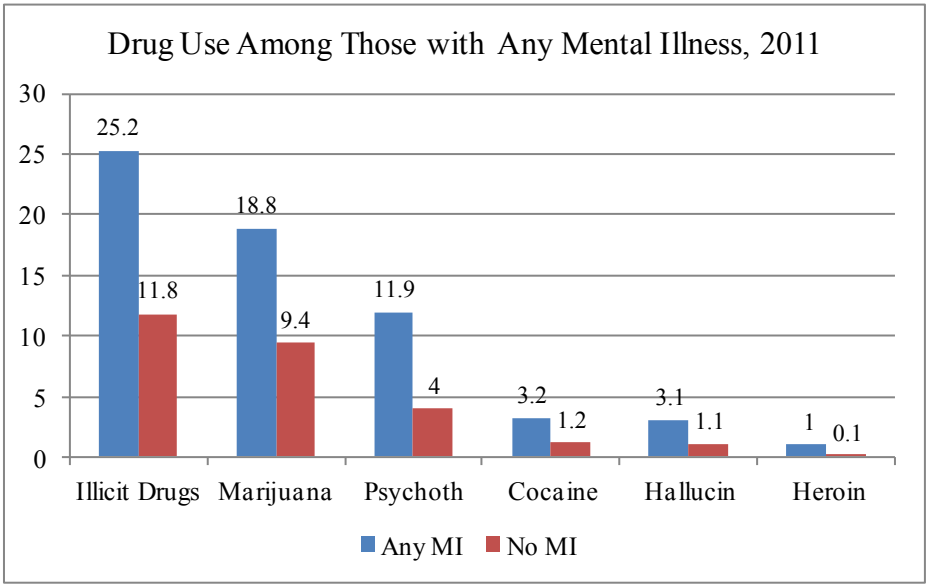
The survey asks questions that determine whether the respondent has experienced any mental illness, serious mental illness, major depressive episode or suicidal thoughts or behaviors in the past year.

- Any Mental Illness (AMI) among adults aged 18 or older is defined as currently or at any time in the past year having had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association [APA], 1994).
- SAMHSA defined Serious Mental Illness (SMI) as persons aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within DSM-IV (APA, 1994) that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities.
- Respondents who had Major Depressive Episode (MDE) in their lifetime were defined as having past year MDE if they had a period of depression lasting 2 weeks or longer in the past 12 months while also having some of the other symptoms of MDE. It should be noted that, unlike the DSM-IV criteria for MDE, no exclusions were made in NSDUH for depressive symptoms caused by medical illness, bereavement, or substance use disorders.
- Responding to a need for national data on the prevalence of suicidal thoughts and behavior, a set of questions has been included in the NSDUH questionnaire since 2008. These questions ask all adult respondents if at any time during the past 12 months they had serious thoughts of suicide, and among those with suicidal ideation, whether they made suicide plans or attempts in the past year. If an attempt was made, additional items asked whether the respondent received medical attention or hospitalization as a result of attempted suicide.

Mental Illness and Substance Abuse

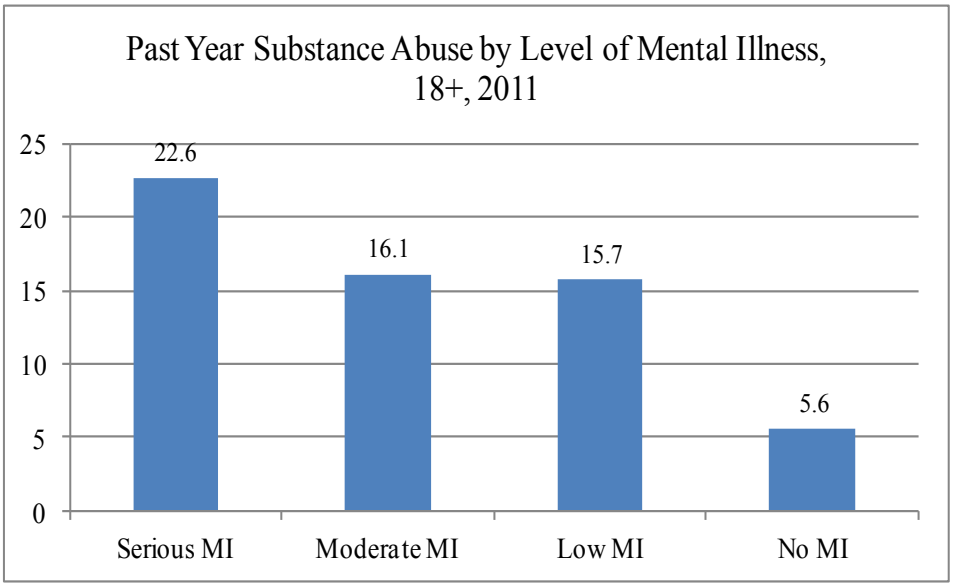
NSDUH Mental Health Findings, 2011

Chart 63.



In 2011, the use of illicit drugs in the past year was more likely among adults aged 18 or older with past year AMI (25.2%) than it was among adults who did not have mental illness in the past year (11.8%). This pattern was similar for most specific types of illicit drug use, including the use of marijuana, cocaine, hallucinogens, inhalants, or heroin and the nonmedical use of prescription-type psychotherapeutics.

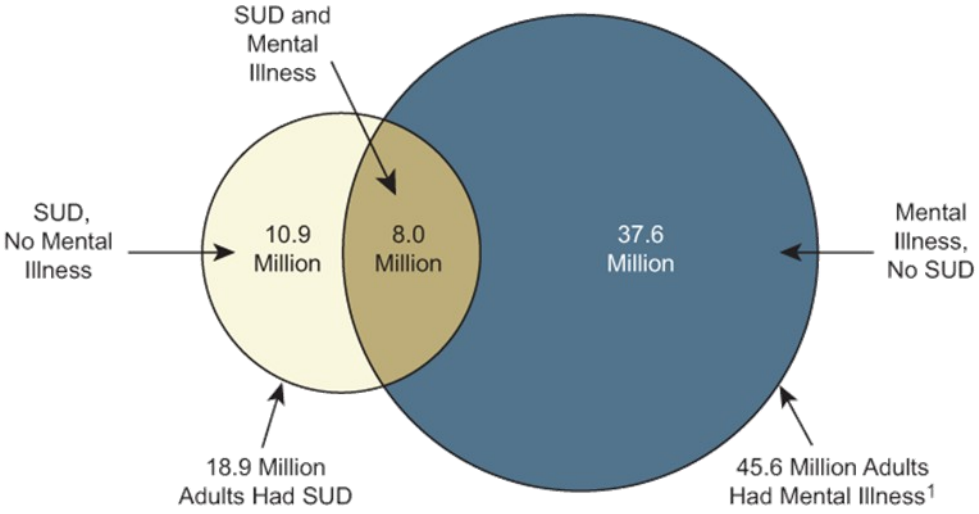
Chart 64.



Past Year Substance Dependence or Abuse and Mental Illness among Adults Aged 18 or Older: 2011

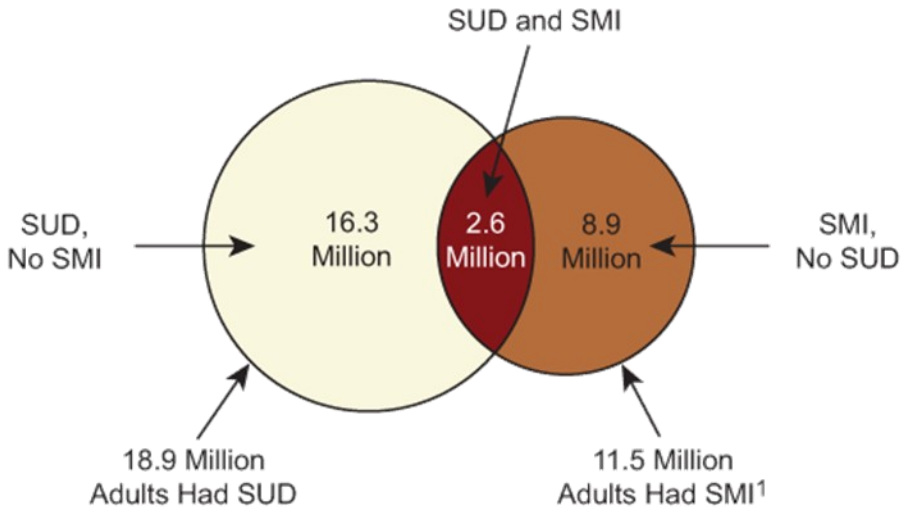
Among the 45.6 million adults aged 18 or older with AMI in the past year, 17.5% (8 million adults) met criteria for substance dependence or abuse, compared to 5.8% of adults who did not have mental illness.

Chart 65.



Past Year Substance Dependence or Abuse and Serious Mental Illness among Adults Aged 18 or Older: 2011

Chart 66.

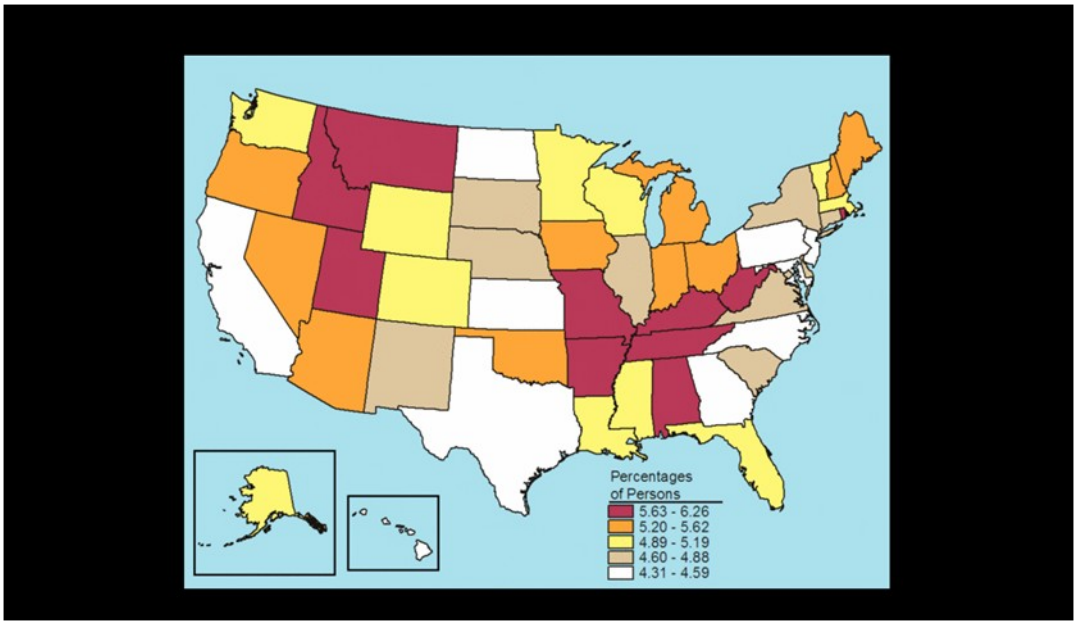


Among the 11.5 million adults aged 18 or older with SMI in the past year, 22.6% also had past year substance dependence or abuse, followed by 16.1% Of adults with moderate mental illness and 15.7% of adults with low (mild) mental illness, then by 5.8% of adults who did not have mental illness.

Serious Mental Illness

Serious Mental Illness in Past Year among Persons Aged 18 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 22.

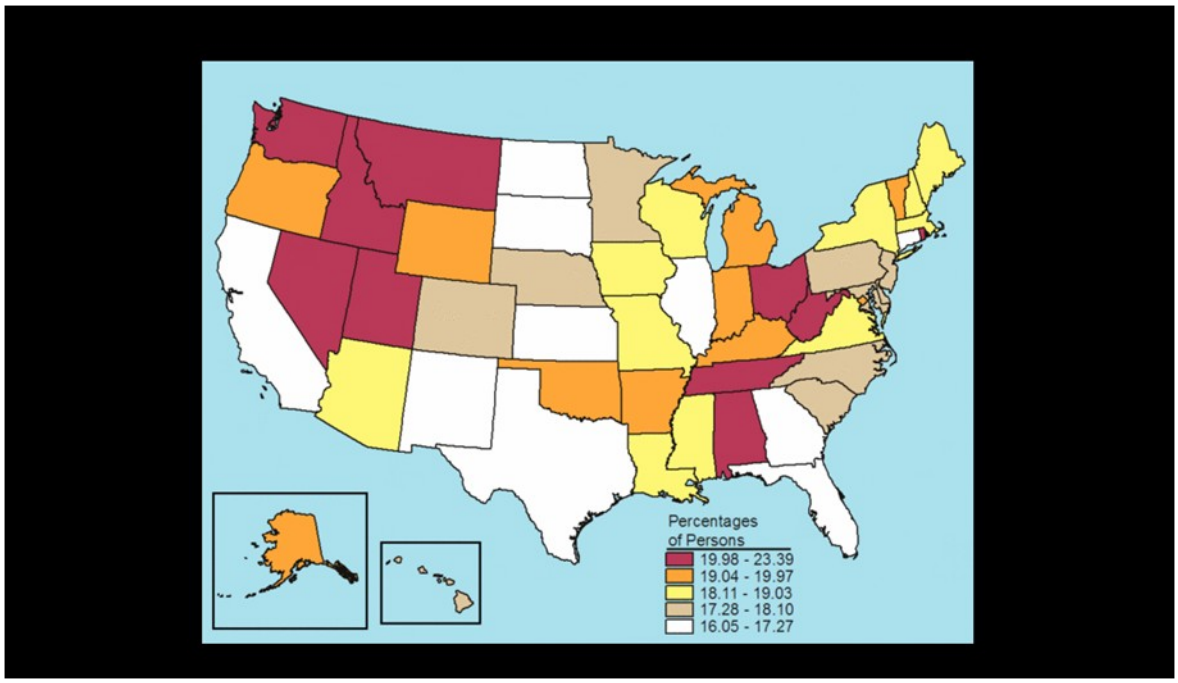


In 2009-2010, Nevada ranked in the second quintile of states in terms of the percentage of respondents (5.29%) who reported having experienced serious mental illness in the past year. As was mentioned on the previous page, 22.6% of people with serious mental illness also have substance abuse issues.

Any Mental Illness

Any Mental Illness in Past Year among Persons Aged 26 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 24.



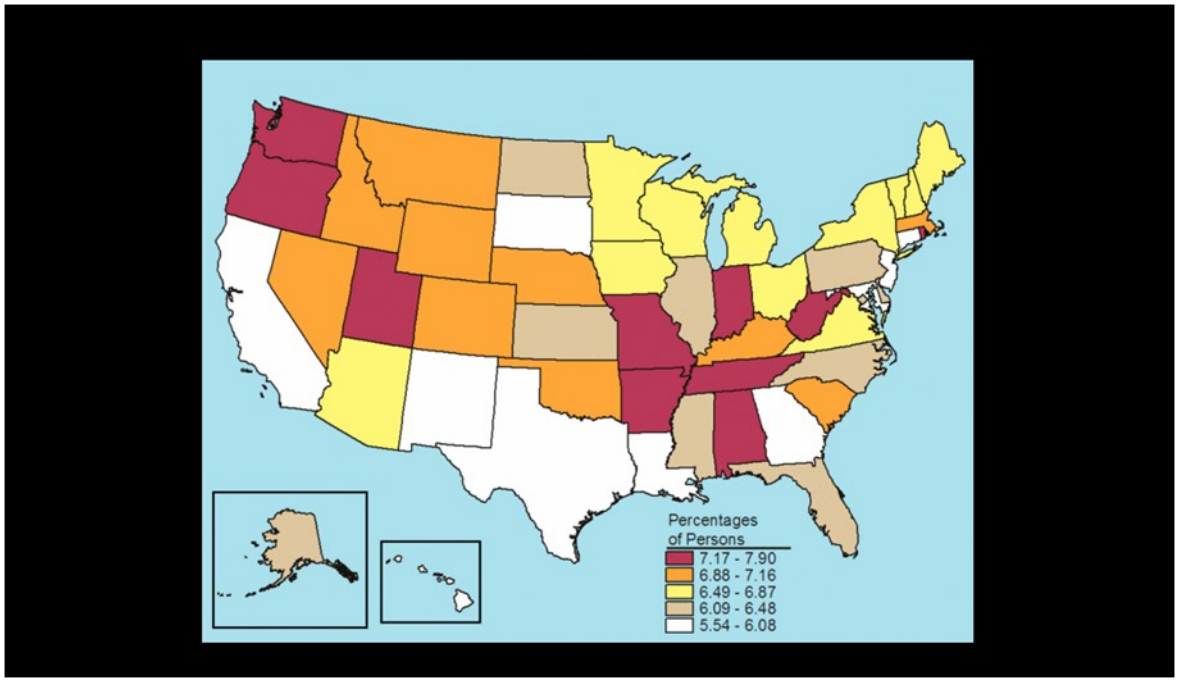
In 2009-2010, 20.94% of those 26 and older in Nevada reported having had any mental illness in the past year. In 2009-2010, the national rate of past year any mental illness among adults 18 and older was 20%.

Nevada also ranked in the top quintile of the states on this measure in 2008-2009.

Major Depressive Episode

Had at Least One Major Depressive Episode in Past Year among Persons Aged 26 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 25.



Nationwide in 2009-2010, 6.7% of adults aged 18 and over had a major depressive episode in the past year, which was similar to the rate fro 2008– 2009. The rate in Nevada in 2009-2010 was 6.97 which is slightly higher than the nationwide percentage for that year.

BRFSS

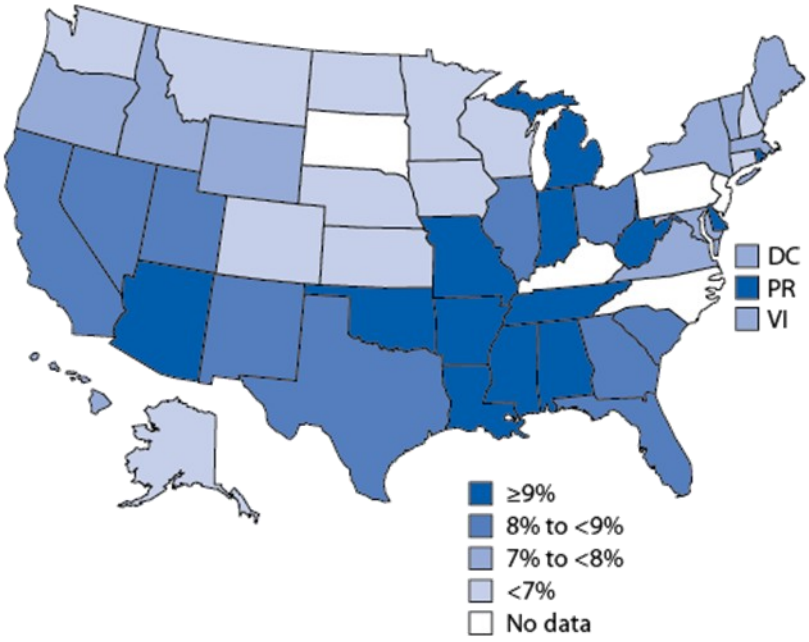
How widespread is mental illness?

According to the World Health Organization, mental illness results in more disability in developed countries than any other group of illnesses, including cancer and heart disease. Other published studies report that about 25% of all U.S. adults have a mental illness and that nearly 50% of U.S. adults will develop at least one mental illness during their lifetime.

The BRFSS included a module on mental illness in the surveys done in 2006 and 2007. The data presented here are form that module and the results are similar to those from the NSDUH. (The BRFSS data are reported in quartiles and not quintiles like the NSDUH data). Nevada ranked in the second quartile for current depression in the 2006 survey.

Prevalence of Current Depression Among Adults Aged ≥18 years, by State Quartile — Behavioral Risk Factor Surveillance System, United States, 2006

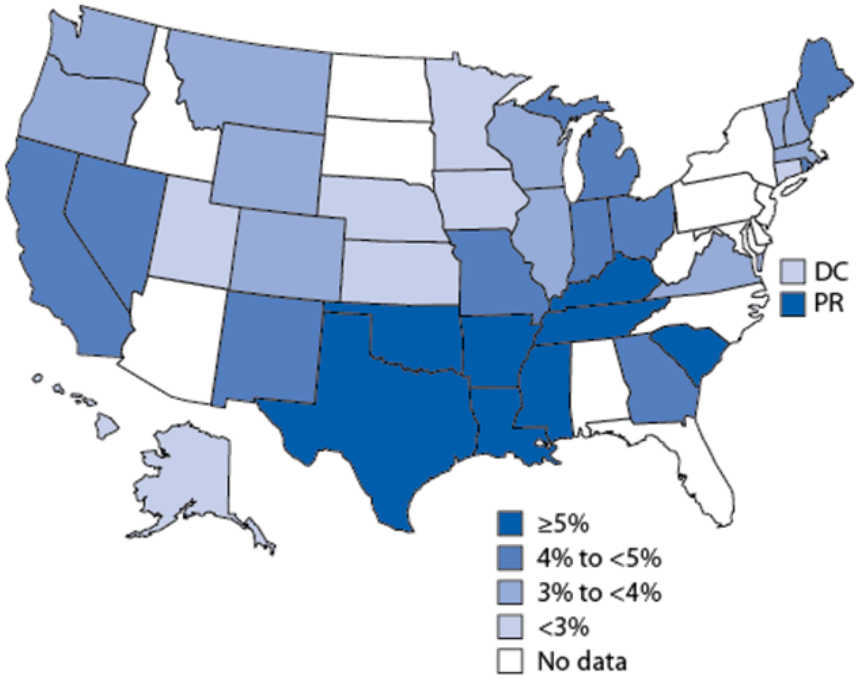
MAP 25.



The CDC defines "current depression" as depression having occurred in the past 12 months. So the definition is the same as that used for the NSDUH.

Prevalence of Serious Psychological Distress among Adults Aged ≥18 years, by State Quartile — Behavioral Risk Factor Surveillance System, United States, 2007

MAP 26.



Serious psychological distress is defined as an overall indicator of past year psychological distress that is derived from the Kessler 6 screening instrument for nonspecific psychological distress. The BRFSS module given in 2006 and 2007 included the K6 survey questions.

Risk Factors, Suicide

Nevada Suicide Quick Facts

- Nevada has the 2nd highest rate in the nation at 19.2/100,000.
- Nevada's rate is nearly double the national average of 10.9/100,000.
- Suicide is the 6th leading cause of death for Nevadans.
- Suicide is the 3rd leading cause of death for Nevada youth age 10-24.
- Males make up 80% of suicide deaths at an average rate of 33.3 per 100,000.
- Nevada seniors over 60 have the highest suicide rate in the nation, over double the national average rate for the same age group.
- More Nevadans die by suicide than by homicide, HIV/AIDS, or automobile accidents.
- Native American youth have the highest rate of suicide.
- Firearms are used in 59% of suicide deaths in Nevada.
- (*Source: Suicide Prevention Resource Center, State of Nevada Fact Sheet Online, 2010.)

Factors Leading to Suicide in Substance Abusers:

A leading researcher on suicide risk among substance abusers identified the following factors that are frequently associated with the suicide deaths of substance abusers:

- Substance abuse (alcohol included) is found in 25%-55% of suicides.
- The rise of substance abuse other than alcohol is likely to have contributed substantially to the increase in suicide among young people in the past 30 years, particularly males.
- Two-thirds of substance-abusing individuals who die from suicide have a major depressive disorder.
- Major depression has been seen as a late complication of alcoholism more often than its antecedent.
- The loss of a close personal relationship is a frequent contributor to suicide in substance abusers for both alcoholics only and those not primarily alcoholic.
- Half of the suicide victims were unemployed.
- Half had serious medical problems.
- Nearly two-fifths lived alone.
- Of the suicides among people who were alcoholics, more than four-fifths of them had communicated suicidal thoughts verbally, behaviorally, or by both means.
- Thirty-eight percent had a previous suicide attempt.

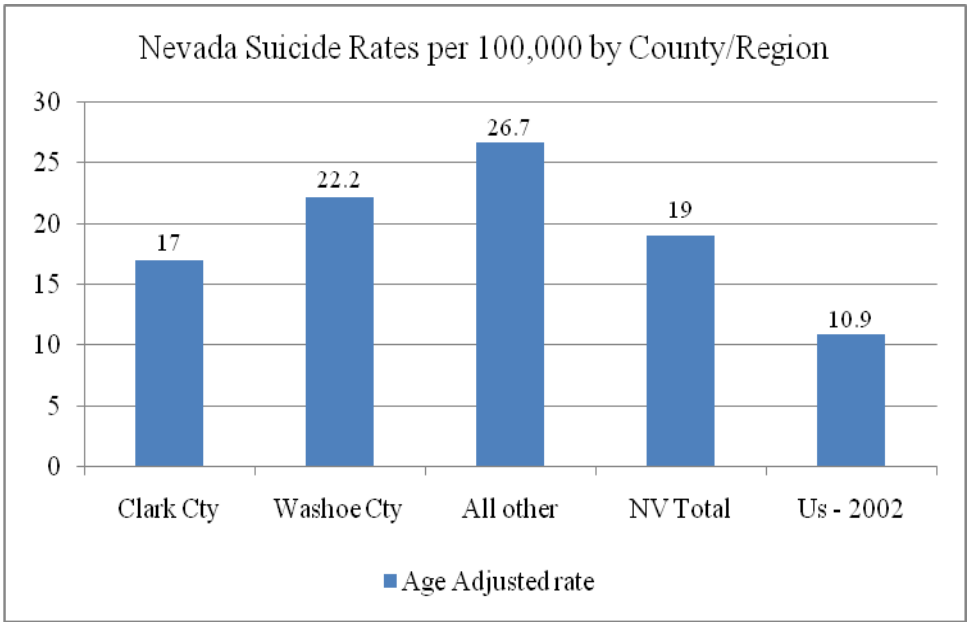
(*Source: Suicide Prevention Resource Center, State of Nevada Fact Sheet Online, 2010.)

Misuse of Legal Drugs and Suicide:

- Opioid dependence/abuse has been linked to a **10 times higher risk** of suicide.
- Misuse of legal drugs (prescription and over-the-counter) has been linked to a **30 times higher risk.**
- Legal drugs plus alcohol has been linked to a **39 times higher risk.**
- Legal drugs plus illegal drugs has been linked to an **86 times higher risk.**

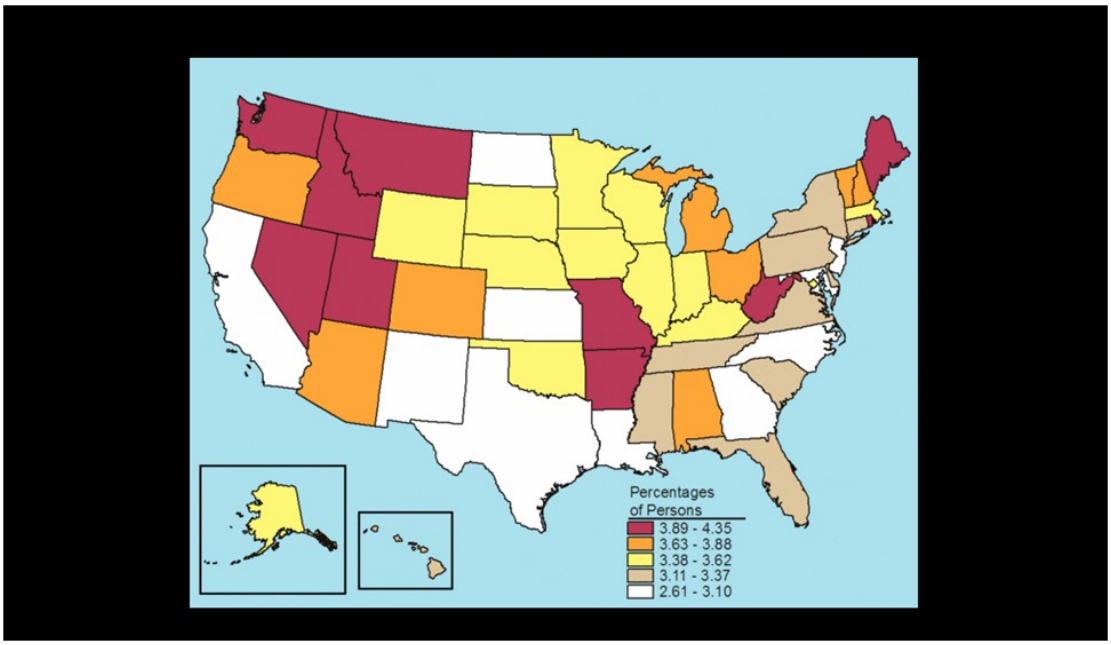
Suicide in rural counties, though very few in number, occurs at a much higher rate than suicide in metropolitan counties. A well-established rural-urban gradient in suicide rates exists in the United States, with rural areas having consistently higher rates of suicide than urban areas since at least the 1970s (Singh & Siapush 2002; Branas et al. 2004). This gradient exists within Nevada as well, with rural counties generally exhibiting higher rates of suicide than urban counties. (UNLV Center for Democratic Culture, Edited by Dimitri N. Shalin, 2011)

Chart 67.



Had Serious Thoughts of Suicide in Past Year among Persons Aged 26 or Older, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 27.



The rate of suicide in Nevada among people 26 and older is in the highest quintile of states nationwide. The rate among those 65 and older is 34 per 100,000, which is among the highest rates in the U.S.

Suicide by Age

Suicide is a public health concern that transcends State and regional borders. Research has shown that reported prevalence of serious suicidal thought, suicidal planning and suicide attempts vary across States and within States. Suicidal thoughts and attempts in Las Vegas are the highest among 33 metropolitan areas in the U.S. (Suicidal Thoughts and Behavior in 33 Metropolitan Statistical Areas , 2010, The NSDUH Report)

Chart 68.

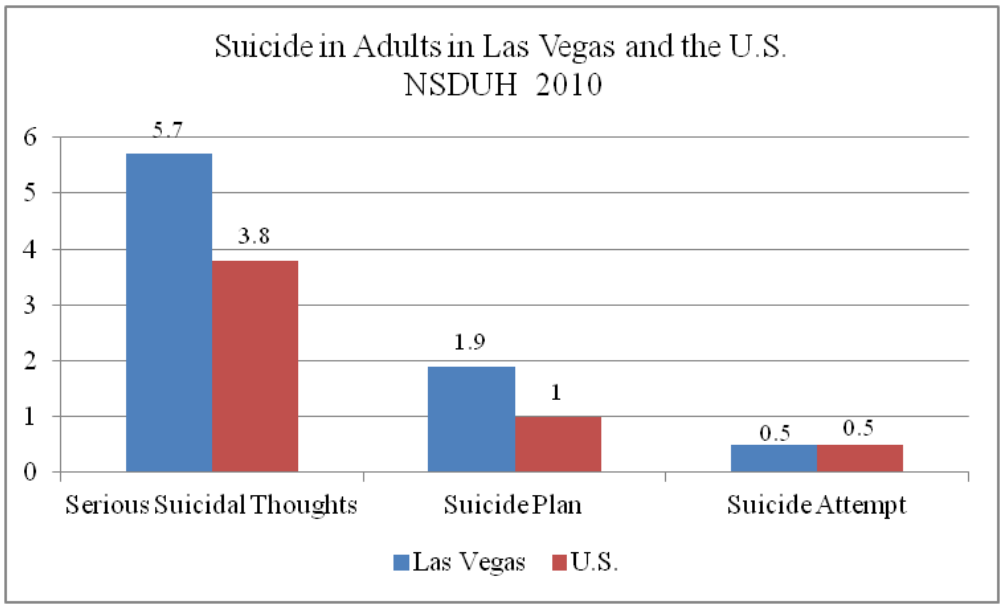
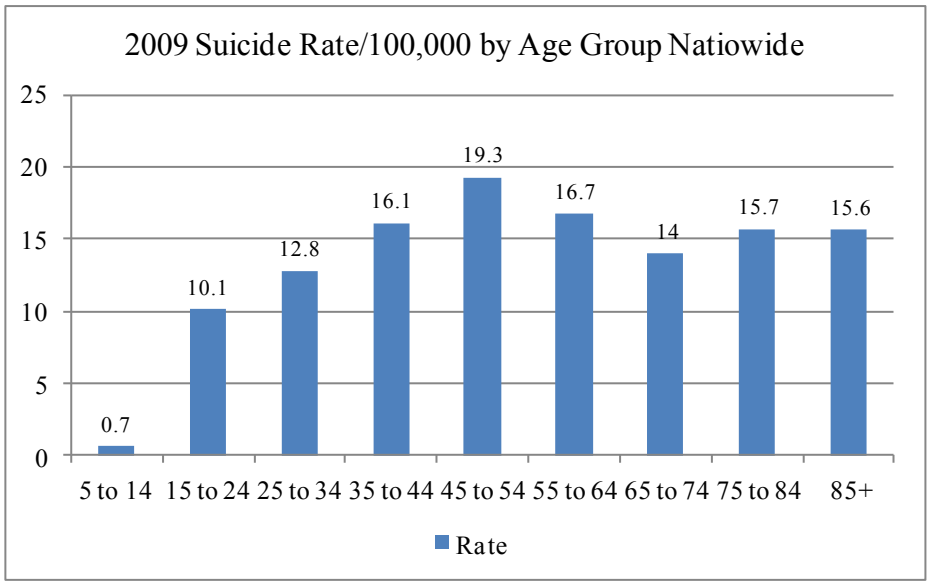


Chart 69.



Nationwide in 2009, the suicide rate in those 45 to 54 was higher than that in other age groups.

New CDC Report Shines Light on Teen Suicide Trends

June 12, 2012 by James Swift

The report by the Centers for Disease Control and Prevention -- *Youth Risk Behavior Surveillance - United States 2011*, published last week in the agency's Morbidity and Mortality Weekly Report -- examined several teenage suicide trends. It found the attempted suicide rate increased from 6.3 percent of the nation's high school population in 2009 to 7.8 percent in 2011.

Additionally, the report finds that almost 16 percent of the nation's high school students seriously considered attempting suicide in 2011, an increase from 13.8 percent just two years earlier.

Compared to 2009 statistics, researchers say that American high school students are generally more depressed, with more than a quarter of students reporting that they felt "sad or hopeless almost every day" for two or more weeks in a row. The 2011 figures, standing at 28.5 percent of the high school population, eclipse the estimates from two years ago, which stood at just 26 percent.

Last year, almost one-tenth of the nation's female high schoolers attempted suicide, with younger students more likely to injure themselves than their older classmates, according to the report. Researchers say that in 2011, approximately 11.8 percent of female 9th graders and 11.6 percent of female 10th-graders attempted suicide, with 3.7 percent of 9th graders and 3.4 percent of 10th graders requiring medical attention.

According to the report, 13.5 percent of Hispanic female high school students attempted suicide last year, with four percent of the population requiring medical treatment for their injuries. Additionally, the report states that 21 percent of Hispanic female high schoolers considered attempting suicide last year, with 17.6 percent of the population making "serious plans" to injure themselves.

Alex Crosby, a medical epidemiologist at the CDC's division of Violence Prevention, said that several factors, including acculturation and immigration processes, could be key stressors that lead Hispanic female teens to attempt suicide at elevated rates compared to the general population.

"Suicide is a complex behavior," he said. "Almost always, there are multiple factors that play a role in a person engaging in suicidal behavior."

Suicide, Nevada Adolescents

Chart 70.

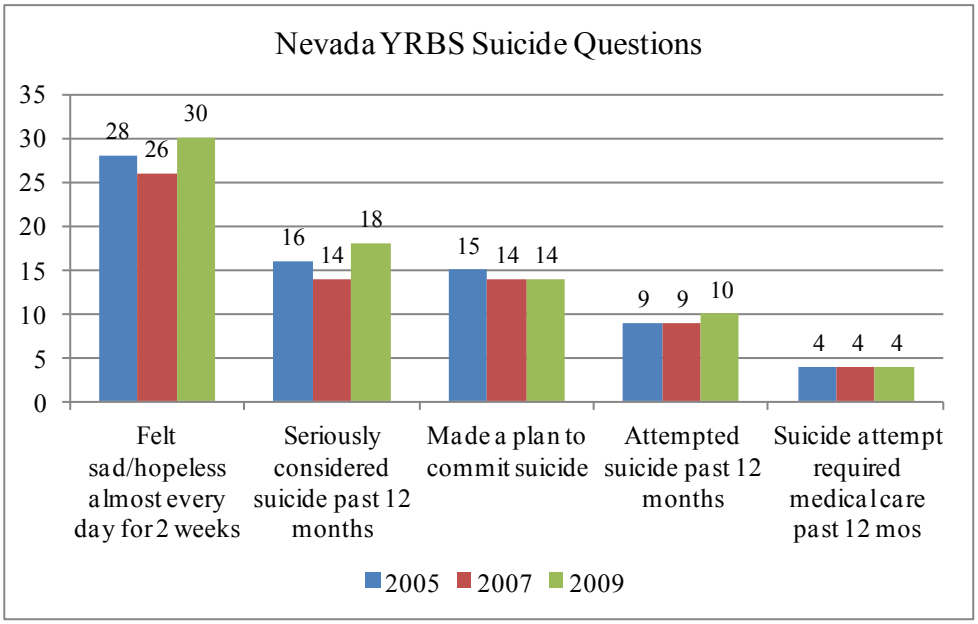
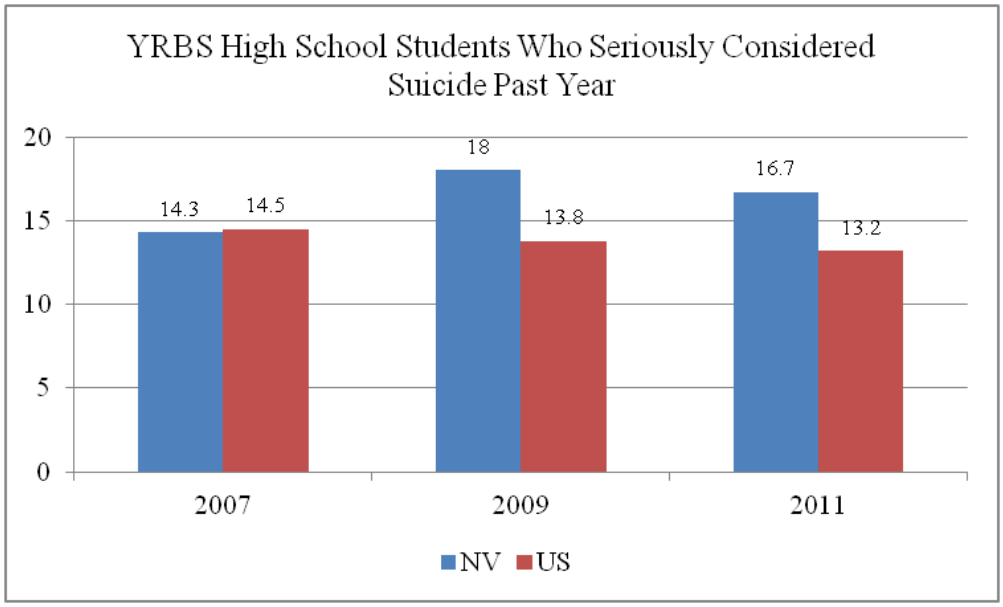
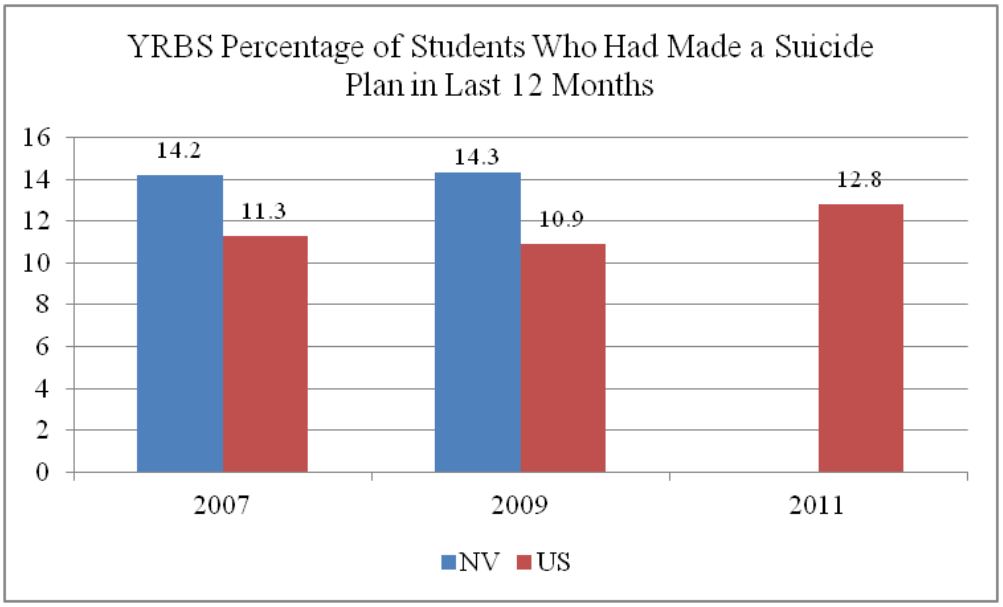


Chart 71.



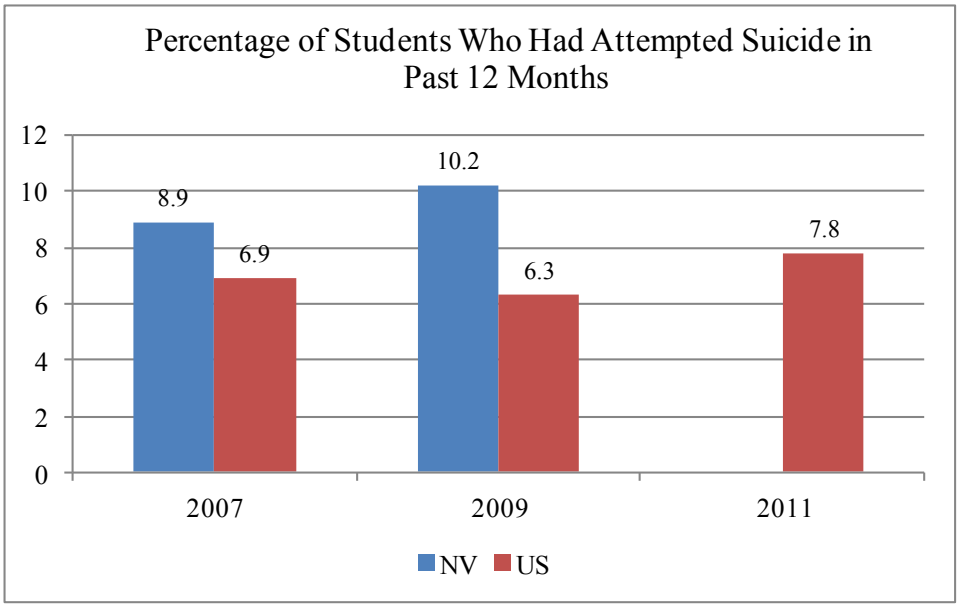
In 2007, about the same percentages of students and those nationwide reported they had seriously considered suicide in the past year. But in 2009, significantly more students in Nevada reported considering it than those nationwide. The percentage declined slightly in 2011. Major depressive episode is a risk factor for suicide in all age groups. So the fact that 30% of Nevada students reported feeling sad or hopeless in 2009 is important in that those students are at increased risk of suicide or suicidal tendencies.

Chart 72.



In 2011, the percentage of students nationwide who had made a suicide plan increase significantly. In 2011, YRBS data for Nevada was not weighted, and thus is not reliable.

Chart 73.

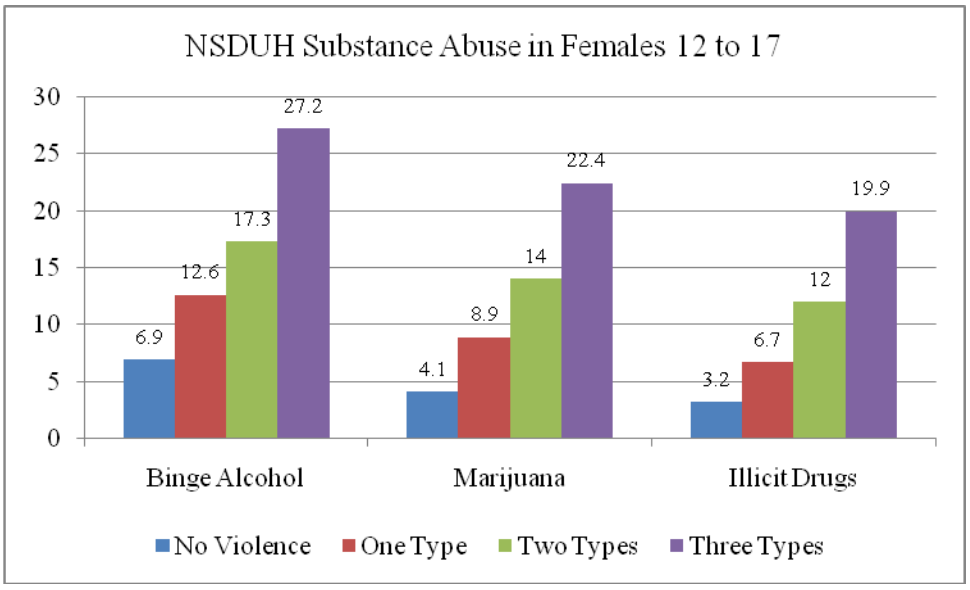


In 2007, almost 9% of students in Nevada reported having attempted suicide in the past 12 months and that increased to 10.2% in 2009. In 2011, YRBS data fro Nevada was not weighted, thus not reliable. In 2011, the percentage of students nationwide reporting having attempted suicide increased significantly.

The NSDUH Report - Violent Behaviors among Adolescent Females, December 17, 2009

Combined 2006 to 2008 data indicate that about one quarter (26.7%) of adolescent females engaged in at least one of the following violent behaviors in the past year: 18.6% of adolescent females got into a serious fight at school or work in the past year; 14.1% participated in a group-against-group fight; and, 5.7% attacked others with the intent to seriously hurt them. Adolescent females who engaged in at least one of these violent behaviors were more likely than those who did not to have indicated past month binge alcohol use (15.1% vs. 6.9%), marijuana use (11.4% vs. 4.1%), and use of illicit drugs other than marijuana (9.2% vs. 3.2%). The rate of substance use was higher the more types of violent behaviors the girls engaged in (e.g., binge drinking in the past month was reported by 6.9% of girls with none of the violent behaviors, 12.6% of those with one type of violent behavior, 17.3% of those with two types, and 27.2% of those with three types).

Chart 74.



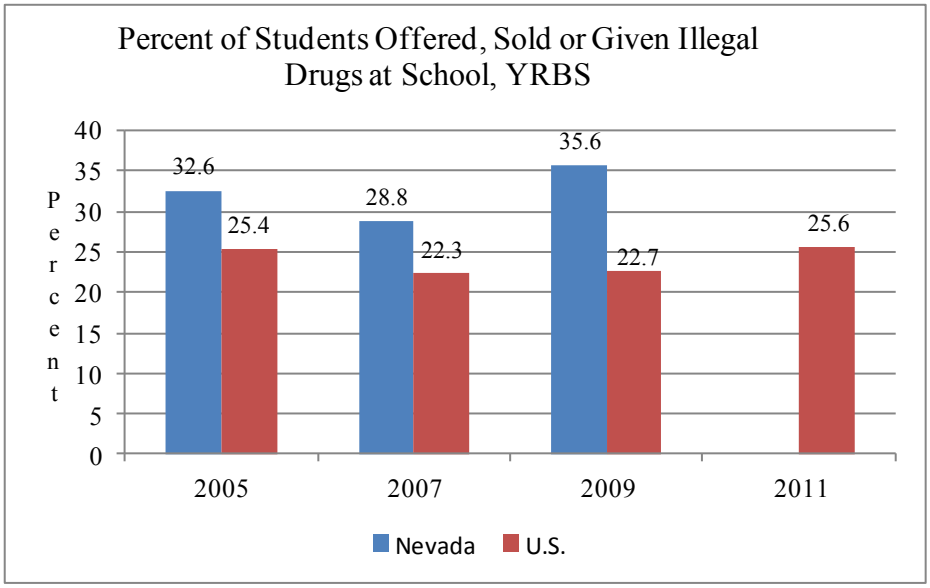
Violent behavior is defined as getting into a serious fight at school or work, participating in a group against group fight, or attacking others with the intent to seriously hurt them. Binge alcohol use is defined as drinking five (five for men and four for women) or more drinks on the same occasion on at least one day in the past 30. Illicit drugs include cocaine, inhalants, hallucinogens, heroin, or prescription drugs used non-medically.

One in four adolescent girls has been the perpetrator of or has participated in a violent act in the past year. As with male counterparts, for young girls, the correlations are many – alcohol and drug use, poor school performance, an impoverished family background, and other factors.

An estimated 40.5% of adolescents in families with annual incomes of less than $20,000 participated in violent behaviors. Twenty-five percent of adolescents whose families had incomes of $75,000 or more participated in violent behaviors: violent behavior and socio-demographic factors are related. Over 50% of students who had average grades of "D" or lower participated in violent behaviors regardless of family income. (The NSDUH Report: Violent Behaviors and Family Income among Adolescents, August 2010.)

YRBS Percent of Students Offered, Sold or Given Illegal Drugs at School

Chart 75.

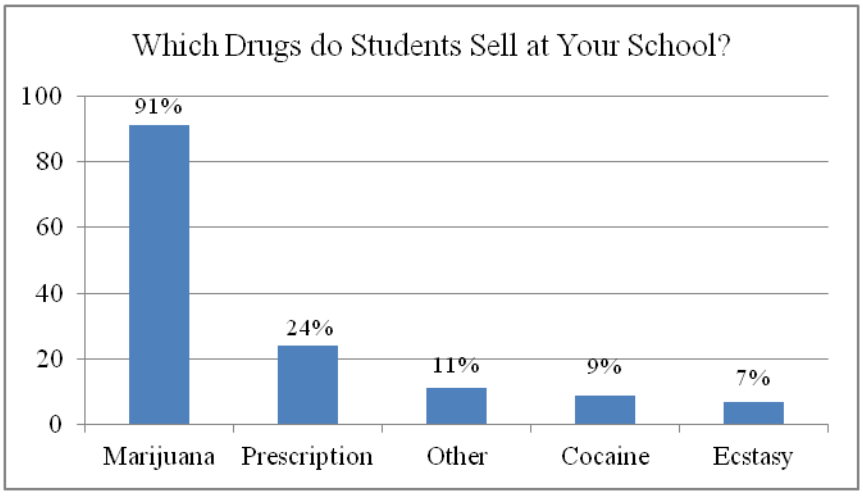


Students Smoking, Drinking, Using Drugs During the School Day

Student drug use is not confined to the weekends or afterschool. Nearly nine out of 10 high school students (86%) say that some classmates drink, use drugs and smoke during the school day, and they estimate that 17% of their classmates are doing so.

Schools, a Safe Haven for Student Substance Use : More than half of high school students (52%) say that there is a place on school grounds or near the school where students go to drink, use drugs or smoke during the school day. More than a third of high school students (36%) say it is very easy or fairly easy for students to drink, use drugs or smoke during the school day without getting caught. Almost half of high school students (44%) in 2012 reported knowing a student who sells drugs at their school.

Chart 76.



National Survey of American Attitudes on Substance Abuse XVII: Teens. National Center on Addiction and Substance Abuse

Age of Initiation of Substance Abuse

Research based on problem-behavior theory has found that early age of onset of substance use is associated with engaging in multiple health risk behaviors among high school students. The objective of this study by Durant et. al. was to examine the relationships between early age of onset of cigarette, alcohol, marijuana, and cocaine use and engaging in multiple risk behaviors among middle school students. Male sex, early marijuana or cocaine use, older age, lower academic rank, white race, and living in a 1-parent family were all important factors in predicting later risky behavior and continued substance use and abuse. (Durant, et. al. The relationship between early age of onset of initial substance use and engaging in multiple health risk behaviors among young adolescents, 1999).

Age of Initiation, YRBS

Chart 77.

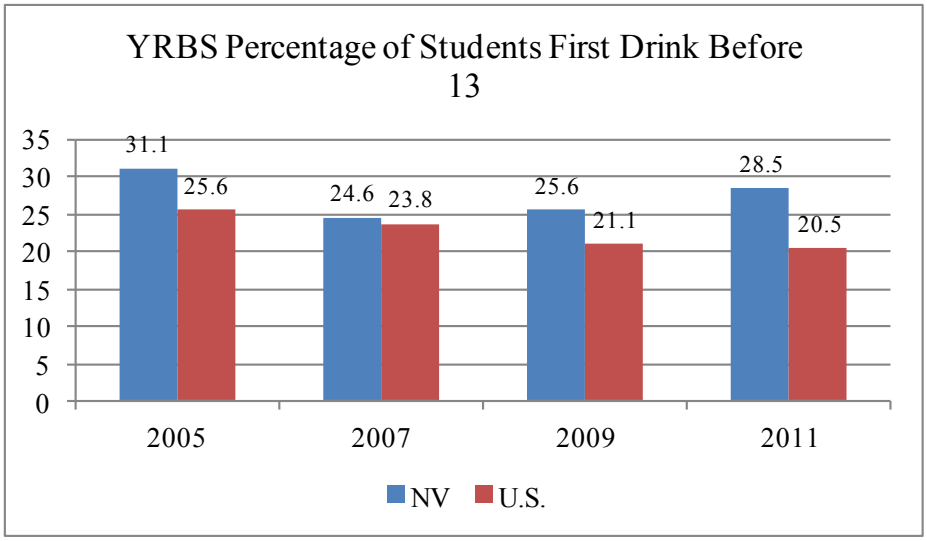
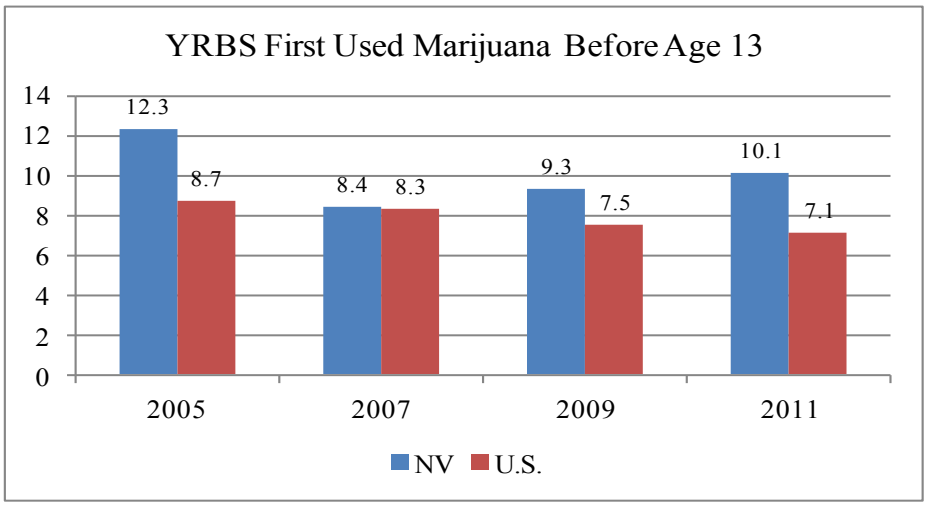
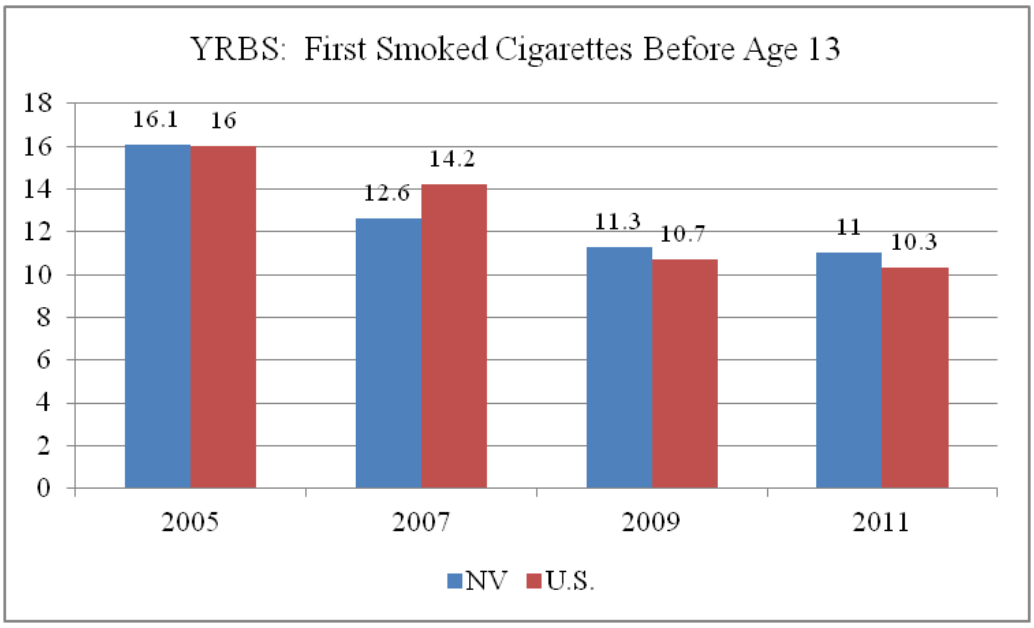


Chart 78.



Initiation of Cigarette Use

Chart 79.



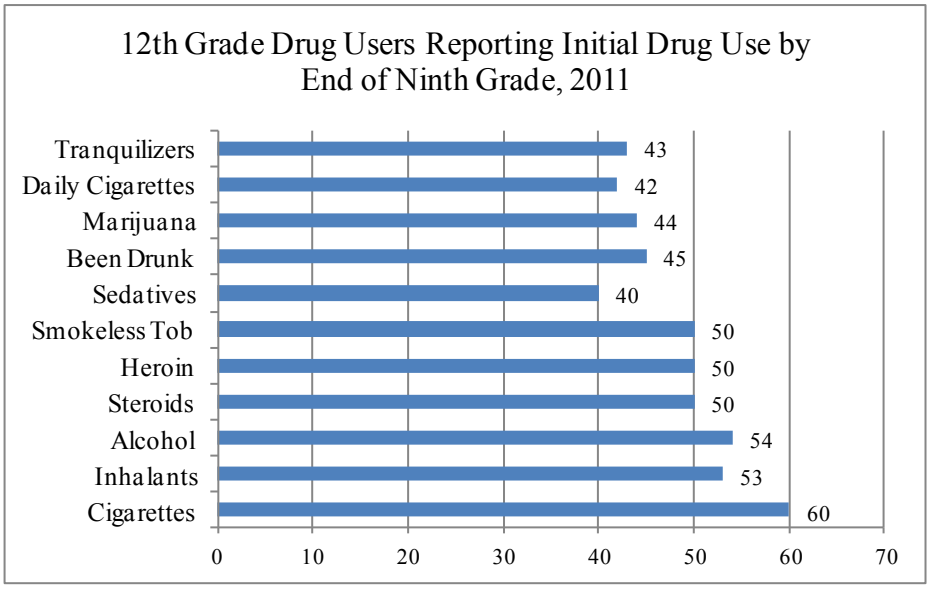
Smoking in adulthood is closely associated with smoking during adolescence: 90% of adult smokers smoked their first cigarette before the age of 18, and virtually all started smoking before age 26. Every day in the United States, almost 4,000 youths between 12 and 17 years of age take up smoking, and about 1,000 become daily smokers. Since 2003, there has been a statistically significant decrease in the rate of adolescent past month cigarette use in the U.S. (The NSDUH Report, November 15, 2012)

Because nicotine significantly affects the structural and chemical changes in the developing brains of adolescents, smoking cigarettes makes teens more vulnerable to alcohol and drug addiction and to mental illness, according to research by The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

Analyzing data from the National Survey on Drug Use and Health (NSDUH), CASA researchers found that teens who smoke are nine times more likely to meet the medical criteria for past year alcohol abuse or dependence and 13 times more likely to meet the medical criteria for abuse and dependence on an illegal drug compared with teens who don't smoke. Comparing those who started to smoke before age 12 to non-smokers, the study found: More than three times more likely to binge drink. Nearly 15 times more likely to smoke marijuana. Nearly seven times likelier to use heroin and cocaine. (Teen Smoking Linked to Substance Abuse, Mental Illness, About Alcoholism, November 2010).

Age of Initiation

Chart 80.



Monitoring the Future Initial Use of Any Drug

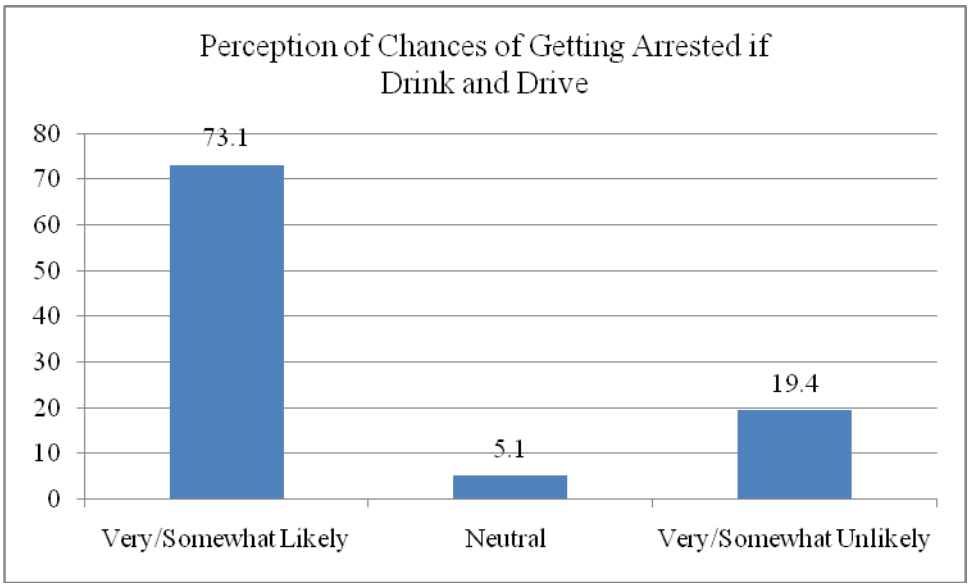
The chart shows the percentage of 12th graders nationwide who reported prior use of any drug, the proportion reporting initial use of that drug *by the end of 9th grade.* This listing is a good indicator of the order of age of initiation (using grade level) in a group of adolescents who use drugs and alcohol. (Monitoring the Future, Secondary School Students, Volume I, 2011, page 272.)

Protective Factors, Adults

Perceptions of Drunk Driving Enforcement

The Center for Research Design and Analysis at the University of Nevada, Reno was contracted by the Nevada Office of Traffic Safety in 2010 to conduct a telephone survey about driving behavior and attitudes of Nevadans. Respondents were asked how likely they thought it was that they would be arrested if they drive after drinking. The following chart shows the results:

Chart 81.



Source: Office of Traffic Safety Community Attitudes Survey 2010

Most of the respondents (73%) thought that it was very or somewhat likely that they would be arrested if they were to drink and drive. So the perception that they would be arrested is a strong deterrent to that behavior. Five percent of the respondents thought it would be neither likely or unlikely they would be arrested and 19.4% thought arrest would be very or somewhat unlikely.

Protective Factor, Adults, Data from Nevada Adult Telephone Survey

The data in these tables was collected in a telephone survey done by Coop Consulting for SAPTA. The Nevada Telephone Survey sample included a disproportionate number of White respondents. Land line phones and cell phones were included in the survey resulting in the inclusion of respondents in older and younger age groups. Data were collected in 2007 (by Join Together Northern Nevada and SAPTA) and in 2010 (by SAPTA). The question for the chart below was "Suppose you drove a motor vehicle after drinking alcohol and the amount of alcohol in your blood was over the legal BAC? How likely is it that the police would stop you?"

Chart 82.

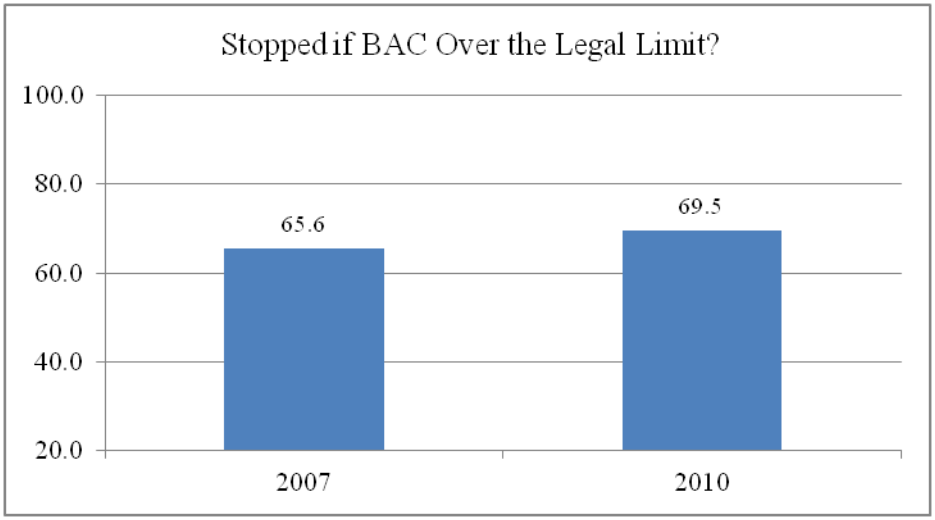
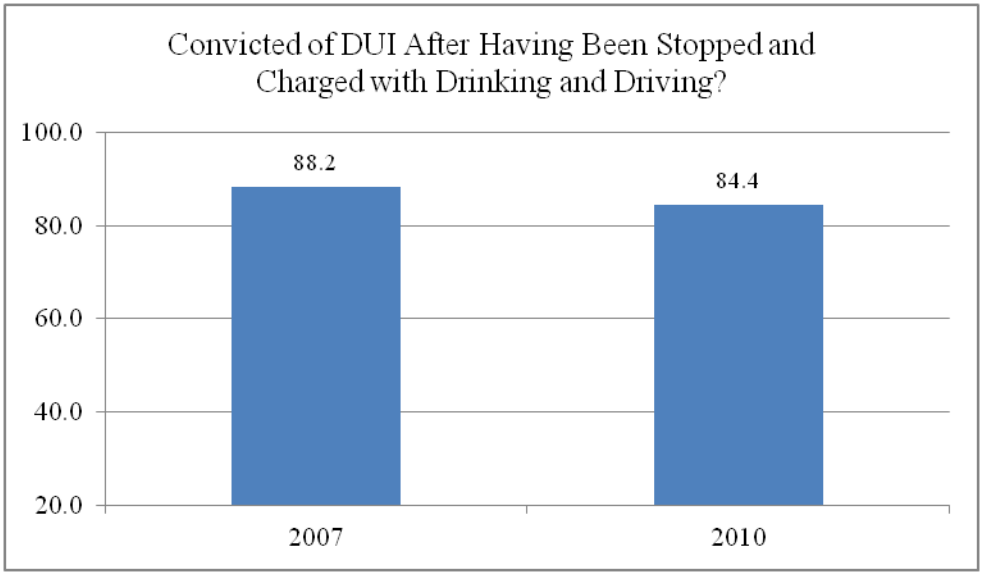


Chart 83.



The question for chart 83 was "If you were driving after you had been drinking and charged with DUI, how likely is it that you would be convicted?" The majority of respondents, 88.2% and 84.4%, thought that if they were charged with drinking and driving they would be convicted. The perception that one would be convicted if charged for drinking and driving is very high among Nevada adults.

Protective Factors, Adults

The question for this chart was "If you were driving after you had been drinking and you were stopped by the police for a DUI how likely is it that you would be arrested?" This question and the previous one are very similar and the responses are very similar, too. Respondents believe that being stopped by the police for a suspected DUI makes it highly likely that you would be arrested and convicted.

Chart 84.

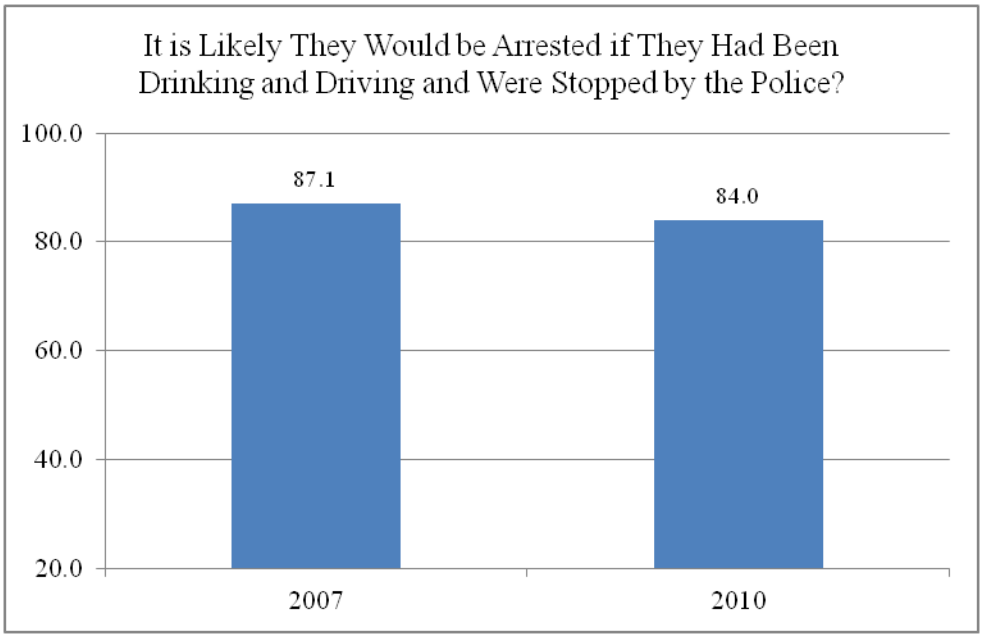
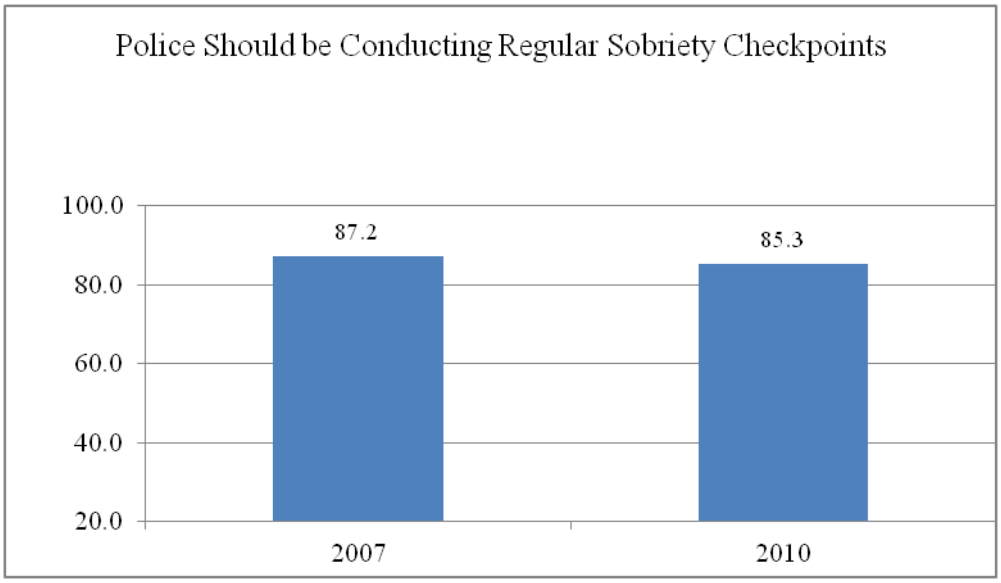


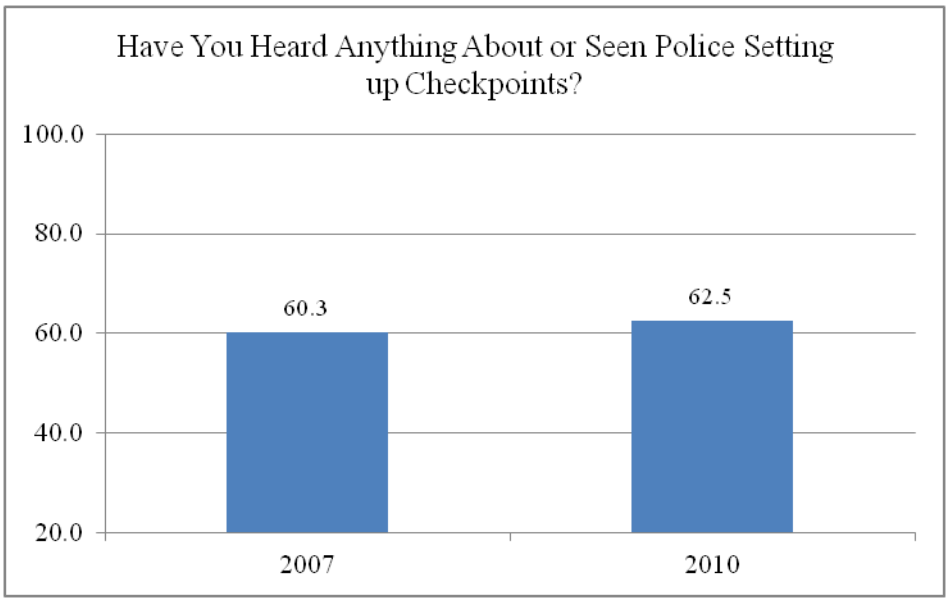
Chart 85.



The question for chart 85 was "Should police be conducting regular sobriety checkpoints to detect drinking and driving?" Respondents think that police should conduct regular sobriety checkpoints to detect drinking and driving. Checkpoints are a protective factor against drinking and driving.

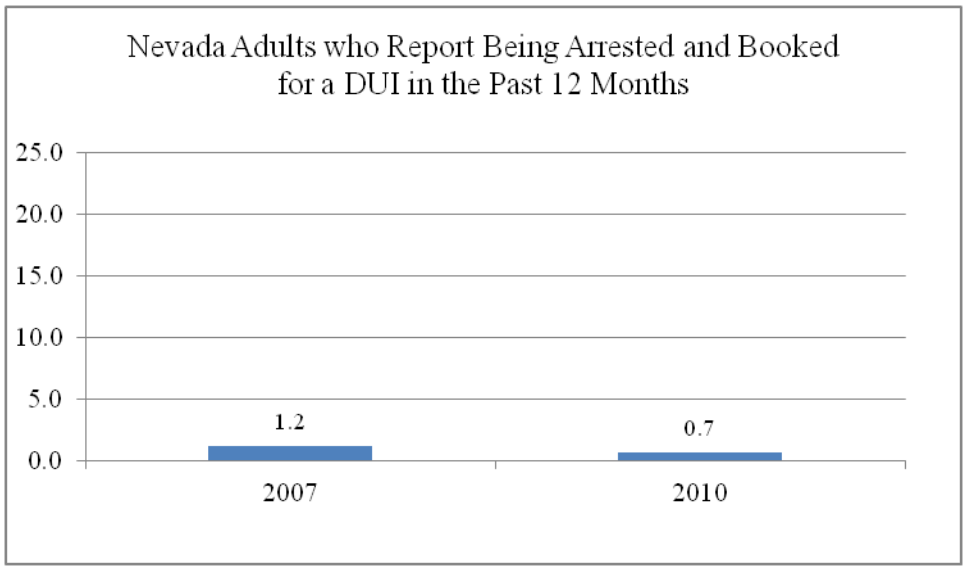
Protective Factors, Adults

Chart 86.



The question for this chart was "In the past 12 months, have you heard or seen anything about police setting up checkpoints or other law enforcement efforts to catch drivers who were driving while under the influence of alcohol?" About 60% of those surveyed had seen or heard something about police setting up checkpoints. Checkpoints are used around summer and winter holidays when many people are out celebrating and socializing. So if the survey were done at a different time of year, respondents may have forgotten about DUI public service announcements.

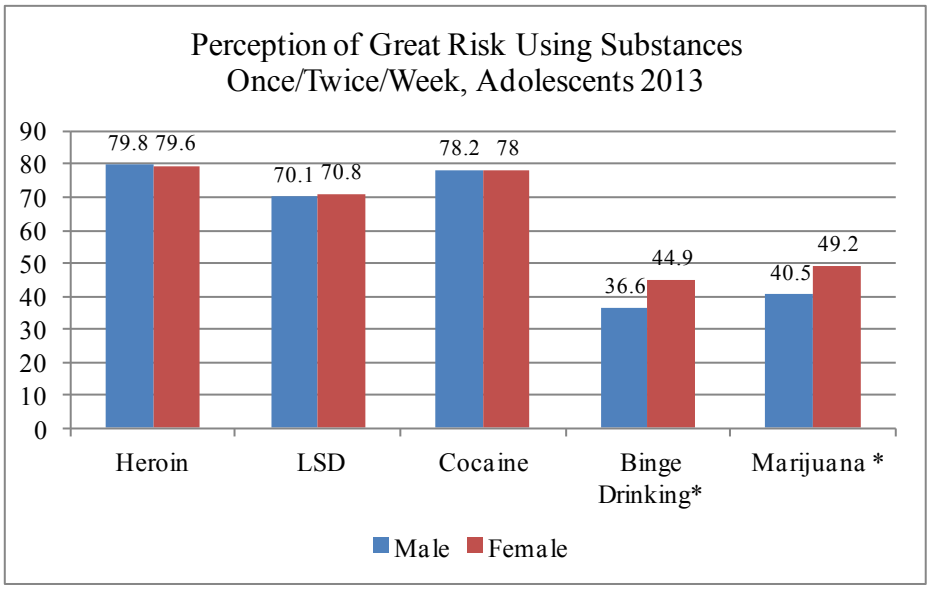
Chart 87.



The question for chart 87 was "In the past 12 months, were you arrested and booked for driving under the influence of alcohol or drugs?" Only about one percent of respondents had been arrested for DUI in the past 12 months.

Protective Factors, Adolescents

Chart 88.



Source: The NSDUH Report, Trends in Adolescent Substance Use Perception of Risk From Substance Use, January 3, 2013

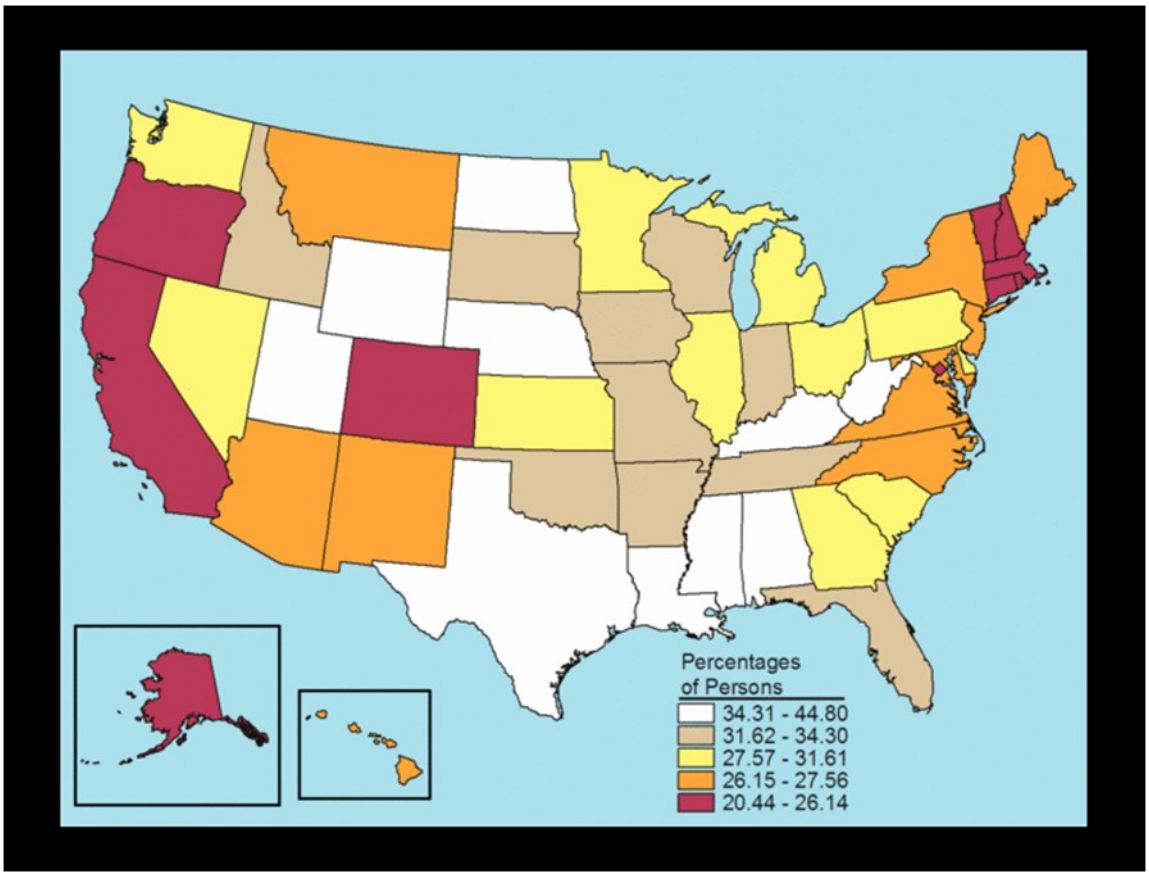
An adolescent's perception of the risks associated with substance use is an important determinant of whether he or she engages in substance use. For example, youths who perceive high risk of harm are less likely to use drugs than youths who perceive low risk of harm. Thus, providing adolescents with credible, accurate, and age -appropriate information about the harm associated with substance use is a key component in prevention programming.

The chart shows that adolescent males and females perceive great risk of using heroin, LSD, and cocaine in about the same high percentages. However, females perceive that binge drinking and marijuana smoking pose less risk than do males and the differences are statistically significant.

Protective Factors, Adolescents

Perceptions of Great Risk of Smoking Marijuana Once a Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 28.



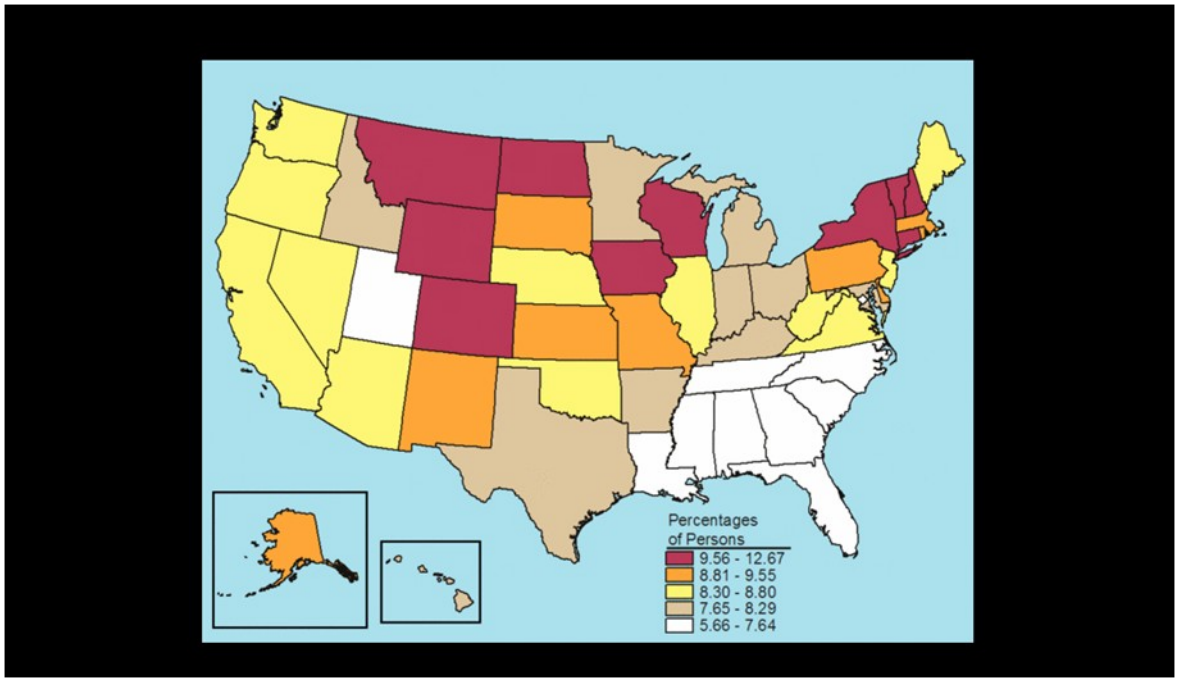
Source: SAMHSA, National Survey on Drug Use and Health, 2009-2010

In Nevada the perception of risk of smoking marijuana among 12 to 17 year olds is moderate. However, the percentage of 12 to 17 year olds in Nevada who report smoking marijuana once a month is high, in the top quintile. So a high percentage of adolescents smoke marijuana regularly and don't think it is risky behavior.

Protective Factors, Adolescents

Binge Alcohol Use in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2009 and 2010 NSDUHs

MAP 29.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2009 and 2010.

In 2009-2010, 39.68% of Nevada adolescents reported having a perception that binge drinking once or twice a week puts a person at moderate risk. Their perception that binge drinking declined slightly since 2008-2009. In all the other age groups (12 and older, 18 to 25 and 26 and older) the perception of risk of binge drinking was in the second highest quintile nationwide. In the Midwestern states, where binge and heavy drinking are most prevalent, the perception of risk of those behaviors is very low. (NSDUH State Estimates, 2009, 2010.)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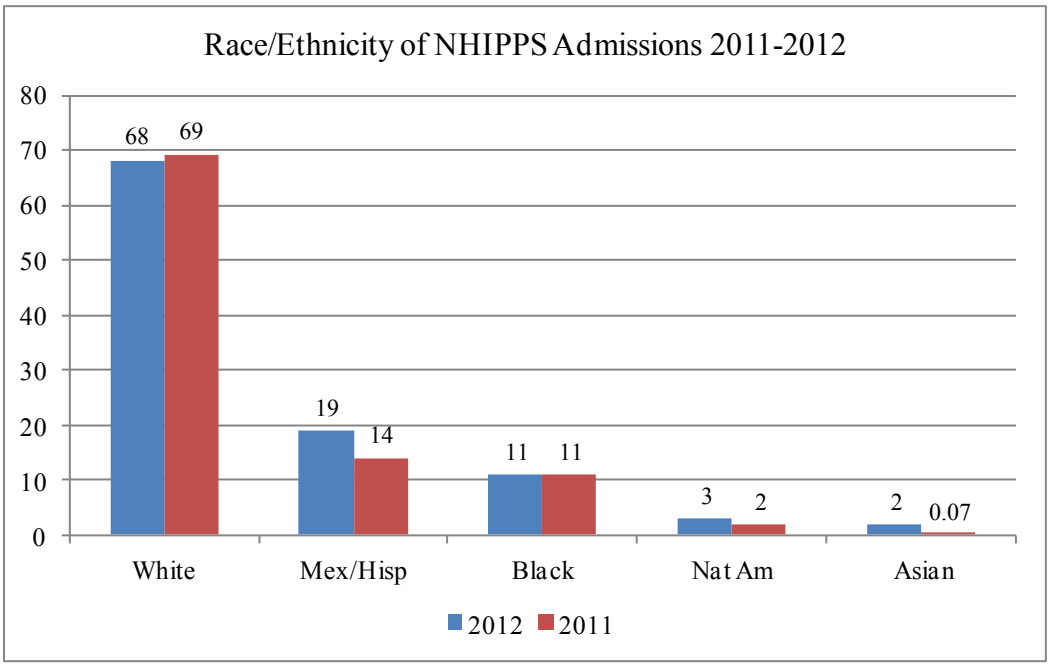
Primary Substance of Abuse by Race/Ethnicity

SAPTA uses a client tracking system called Nevada Health Information Provider Performance System which is used to log services provided to clients. NHIPPS includes demographic data such as age, race/ethnicity, gender, referral source, service type, and primary substance of abuse.

The following charts are based on data for the state and from the NHIPPS system from 2011 and 2012. There is not much variation in the percentages of those in each group needing treatment. The Hispanic population in Nevada has been increasing yearly, thus the numbers of Hispanics needing treatment has increased.

Chart 89.



Some racial groups are over represented in the treatment group, as are White people and Black people, meaning that the percentage of White and Black people in treatment is greater than the percentage of those groups in the state population. Other ethnic groups are underrepresented in the treatment group, as in the Mexican/Hispanic group.

Nevada Treatment Data

Chart 90.

Nevada TX Data	2010	2011	2012
	Number Percent	**Number Percent**	**Number Percent**
Detox Admissions	**2,656 24%**	**2,460 22%**	**2,428 21%**
Total TX Admissions	**8,475 76%**	**8,730 78%**	**9,075 79%**
Total Admissions	**11,131 100%**	**11,190 100%**	**11,503 100%**

	Number	Percent
Gender		
Male	7,231	63%
Female	4,272	37%
Age		
< 18	1,072	9%
=>18	10,431	91%
Race Ethnicity		
Alaska Native	17	<1%
Native American	293	3%
Asian/Pacific Islander	200	2%
Black	1,270	11%
Latino/Hispanic	2,224	19%
Other/Multiple	1,840	16%
White	7,851	68%
Veteran	594	5%
Referral Source		
Self/Family/Friend	2,769	24%
Criminal Justice	5,849	51%
Mental Health	985	9%
Other	1,900	16%

Service Type	Number	Percent
Residential	2,229	18%
Intensive Outpatient	1,194	10%
Outpatient	5,542	48%
Methadone	110	1%
Primary Substance		
Alcohol	4,012	35%
Drugs	7,491	65%
Health Coverage	2,736	24%
Pregnant/Parenting Women	2,234	19%

Washoe County Treatment Data

Chart 91.

Washoe TX Data	2010		2011		2012	
	Number	Per-	Number	Per-	Number	Per-
Detox Admissions	**250**	**14%**	**320**	**12%**	**391**	**14%**
Total TX Admissions	**2,200**	**90%**	**2,247**	**88%**	**2,463**	**86%**
Total Admissions	**2,450**	**100%**	**2,567**	**100%**	**2,854**	**100%**

	Num-	Per-
Gender		
Male	1,746	61%
Female	1,108	39%
Age		
<= 18	298	10%
>18	2,556	90%
Race Ethnicity		
Alaska Native	5	<1%
Native American	55	2%
Asian/Pacific Islander	39	1%
Black	164	6%
Latino/Hispanic	565	20%
Other/Multiple	449	16%
White	2,134	75%
Veteran	145	5%
Referral Source		
Self/Family/Friend	551	19%
Criminal Justice	1,792	63%
Mental Health	232	8%
Other	279	10%

Service Type	Number	Percent
Residential	752	26%
Intensive Outpatient	295	10%
Outpatient	1,416	50%
Methadone	0	0%
Primary Substance		
Alcohol	1,050	37%
Drugs	1,804	63%
Health Coverage	673	24%
Pregnant/Parenting Women	567	20%

Clark County Treatment Data

Chart 92.

Clark TX Data	2010	2011	2012
	Number Percent	**Number Percent**	**Number Percent**
Detox Admissions	**2,047 37%**	**1,627 31%**	**1,508 29%**
Total TX Admissions	**3,527 64%**	**3,540 69%**	**3,759 71%**
Total Admissions	**5,574 100%**	**5,167 100%**	**5,267 100%**

	Num-	Per-
Gender		
Male	3,436	65%
Female	1,831	35%
Age		
< 18	414	8%
=>18	4,853	92%
Race Ethnicity		
Alaska Native	6	<1%
Native American	88	2%
Asian/Pacific Islander	145	3%
Black	1,058	20%
Latino/Hispanic	1,134	22%
Other/Multiple	1,021	19%
White	2,937	56%
Veteran	320	6%
Referral Source		
Self/Family/Friend	1,594	30%
Criminal Justice	1,760	33%
Mental Health	579	11%
Other	1,334	26%

Service Type	Number	Percent
Residential	876	17%
Intensive Outpatient	497	9%
Outpatient	2,276	43%
Methadone	110	2%
Primary Substance		
Alcohol	1,551	29%
Drugs	3,716	71%
Health Coverage	1,039	20%
Pregnant/Parenting Women	963	18%

Balance of the State Treatment Data

Chart 93.

Balance TX Data	2010	2011	2012
	Number Percent	Number Percent	Number Percent
Detox Admissions	**359 12%**	**513 15%**	**529 16%**
Total TX Admissions	**2,748 81%**	**2,943 85%**	**2,853 84%**
Total Admissions	**3,107 100%**	**3,456 100%**	**3,382 100%**

	Num-	Per-
Gender		
Male	2,049	61%
Female	1,333	39%
Age		
<18	360	11%
=>18	3,022	89%
Race Ethnicity		
Alaska Native	6	<1%
Native American	150	4%
Asian/Pacific Islander	16	<1%
Black	48	1%
Hispanic/Latino	525	16%
Other/Multiple	370	11%
White	2,780	82%
Veteran	129	4%
Referral Source		
Self/Family/Friend	624	19%
Criminal Justice	2,297	68%
Mental Health	174	5%
Other	287	8%

Service Type	Number	Percent
Residential	601	18%
Intensive Outpatient	402	12%
Outpatient	1,850	55%
Methadone	0	0%
Primary Substance		
Alcohol	1,411	42%
Drugs	1,971	58%
Health Coverage	1,024	30%
Pregnant/Parenting Women	704	21%

Chart 94.

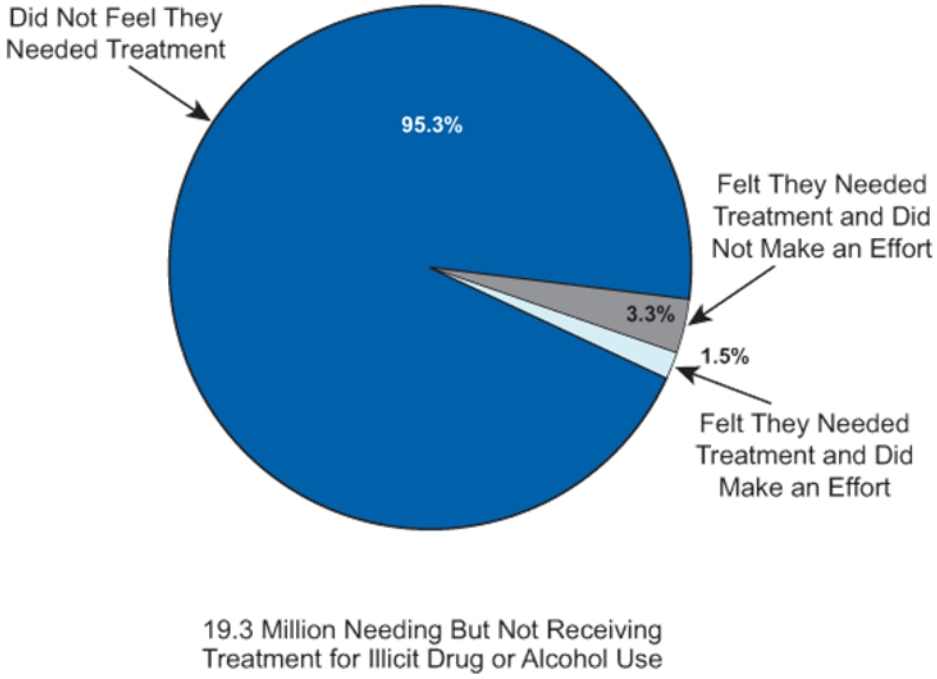


Chart 95.