

# AR STATE OF WELL-BEING

a report on substance abuse

**2016 SPRING BOOK**

ARKANSAS STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP





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# AR STATE OF WELL-BEING: A REPORT ON SUBSTANCE ABUSE

## EXECUTIVE SUMMARY

The State Epidemiological Outcome Workgroup (SEOW) serves as a forum for policymakers, researchers and community representatives to have data-driven exchange of ideas. One of SEOW's goals is to "bring systematic, analytical thinking to the causes and consequences of the use of alcohol, tobacco, and other drugs in order to effectively and efficiently utilize prevention resources." In support of this goal, SEOW collaborated with AFMC to update the State Epidemiological Profile.

The primary purpose of the State Epidemiological Profile is to devise a tool for data-driven, informed decision-making pertaining to substance abuse prevention. This report provides information on the consumption and consequences of substance abuse. It also highlights the risk factors, protective factors, and mental health or behavioral health problems as they relate to substance abuse issues. This report is intended to analyze systematically disparate sources of data from across the nation and state and to synthesize a comprehensive informational tool. This report serves as a resource in supporting the efforts of key social players to conduct community need assessments relating to substance abuse and its consequences and strategizing evidence-based programs and policies for substance abuse prevention.

Individual factors, such as education and income, and societal factors, such as community support and crime, play an influential role in substance abuse initiation and prevention. Therefore, it is important to have an understanding of the concerned population. For this reason, the State Epidemiological Profile also includes a brief overview of Arkansas population. A change in variables over time, such as youth smoking rates, provides useful information about any impact of the efforts/actions on that variable. Trend data, where available, were also studied to assess the changes in substance abuse and its relating factors over time.

Questions pertaining to this report should be directed to DBHS' Prevention Service Section at 501-686-9030.

## PREPARED FOR

- Arkansas Department of Human Services
- Division of Behavioral Health, Prevention Services

## PREPARED BY

- Arkansas Foundation for Medical Care (AFMC)

This material was prepared by AFMC under contract with the Arkansas Department of Human Services, Division of Behavioral Health Services. The contents presented do not necessarily reflect Arkansas DHS policy. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act. All data are verified and accurate as of publication date.



## ARKANSAS STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP CHARTER

The Arkansas State Epidemiological Outcomes Workgroup (SEOW) was developed in 2005 and initially funded through the Strategic Prevention Framework State Incentive Grant (SPF SIG) from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP). It is now funded through the Substance Abuse Prevention and Treatment Block Grant. SEOW is housed in the Arkansas Department of Human Services' Division of Behavioral Health Services (DBHS). The current charter represents an extension of SEOW's important service to the citizens and policymakers in Arkansas. SEOW serves as a forum for policymakers, researchers and community representatives to hold a data-driven exchange of ideas.

### MISSION

The mission of SEOW is to provide policy-relevant analysis to state and community leaders by comprehensively assessing the health and societal factors that contribute to substance abuse. To accomplish this mission, SEOW will:

- ▶ Provide a mechanism for the exchange, access, analysis and utilization of data across organizations related to substance use and consequences
- ▶ Integrate information about the nature and distribution of substance abuse into ongoing assessment, planning and monitoring
- ▶ Facilitate interagency and community collaboration to inform and enhance prevention practices

### GOALS

The two primary goals of SEOW are:

- ▶ To bring systematic, analytical thinking to the causes and consequences of the use of alcohol, tobacco and other drugs in order to effectively and efficiently utilize prevention resources
- ▶ To promote data-driven, decision-making methods to effectively utilize prevention resources throughout the state.

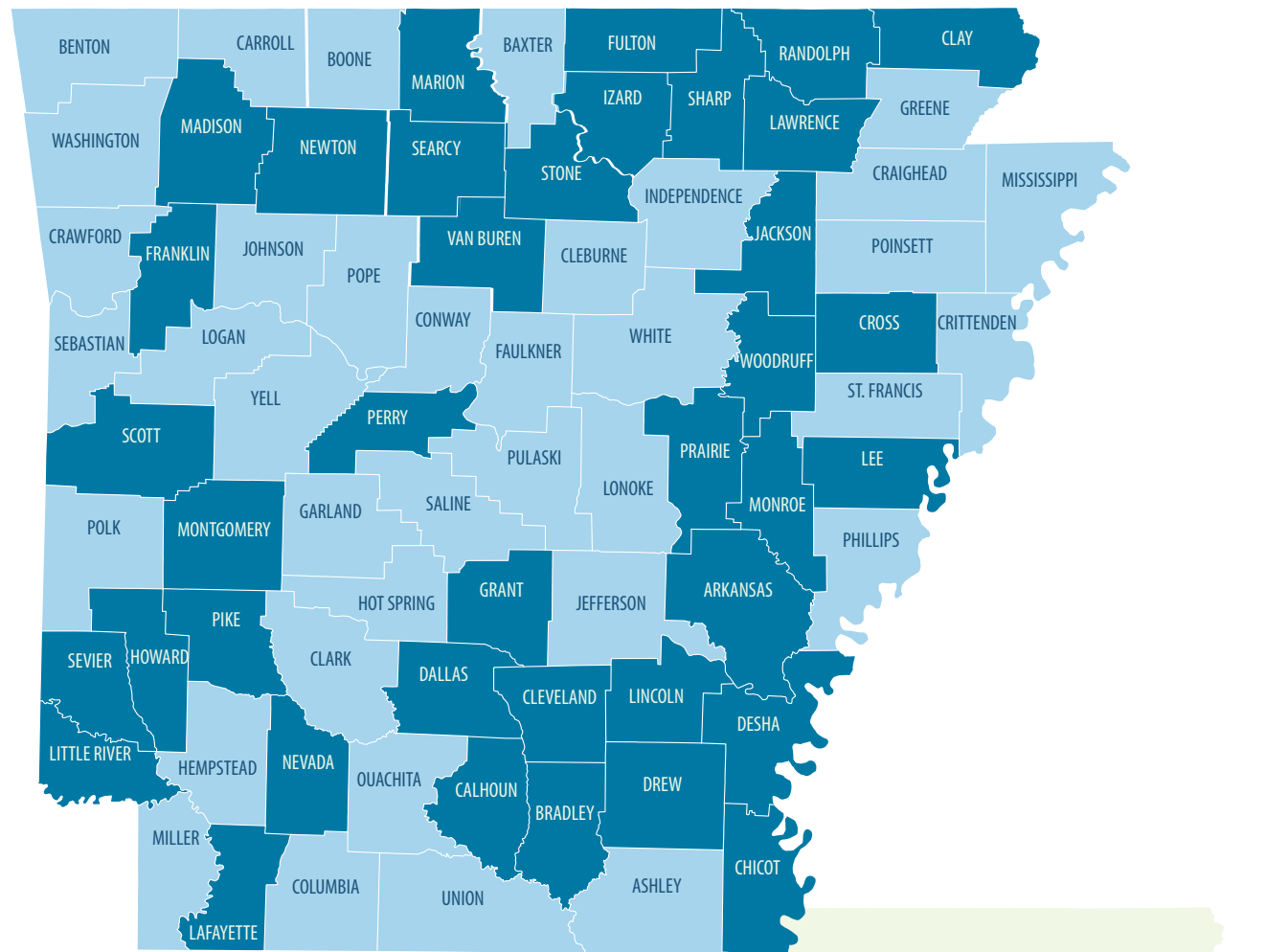
### LINKAGE WITH PREVENTION SYSTEM

SEOW will support DBHS in its decision-making process regarding the delivery of prevention services. SEOW will facilitate interagency communication and collaboration of data. SEOW will use epidemiological profiles and other work products to provide detailed assessment of priority areas and prevention effectiveness efforts.

# ARKANSAS OVERVIEW

## POPULATION

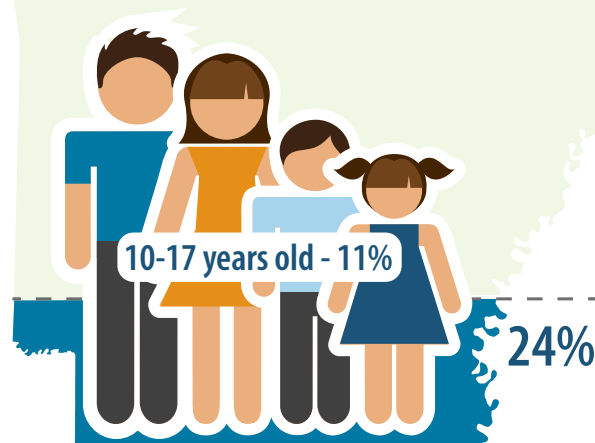
Arkansas is predominantly a rural state, with 38 of the 75 counties having a population of fewer than 20,000 people in 2012.<sup>1</sup>



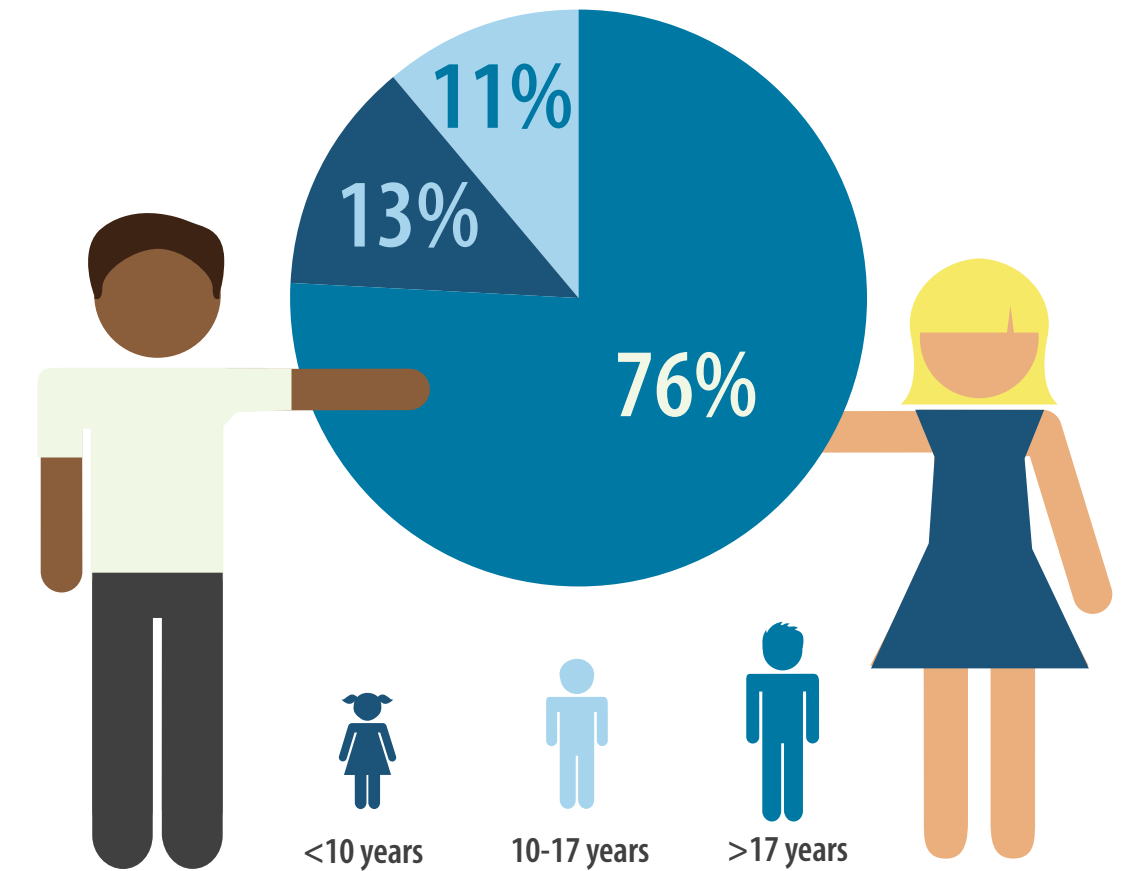
Fewer than 20,000

20,000 or greater

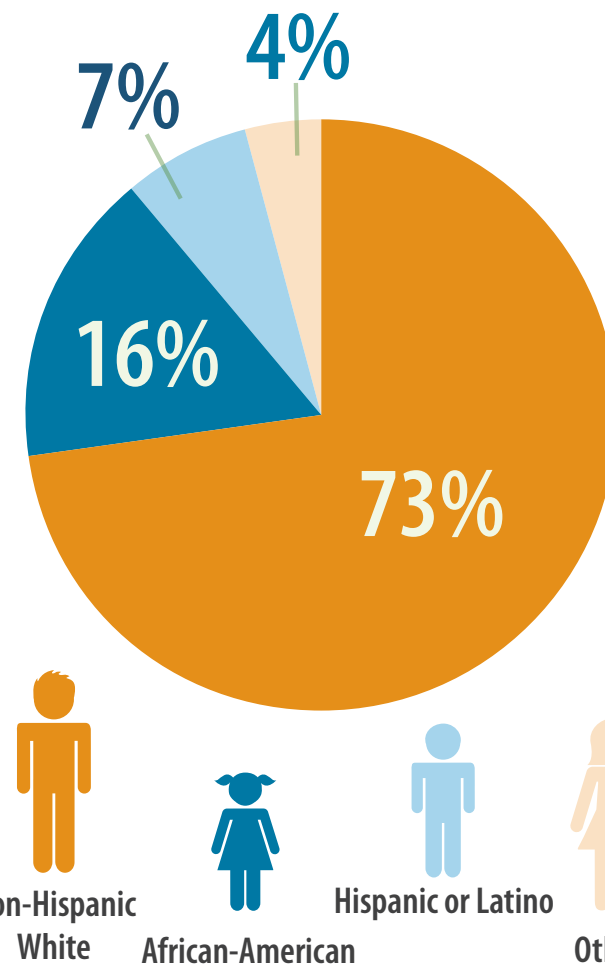
Approximately 24 percent of the state's population consists of children under the age of 18.<sup>2</sup> Of importance in this report are adolescent children (ages 10-17), who accounted for 11 percent of the population for 2011.<sup>1</sup>



## Arkansas population by age group



## Arkansas population by race/ethnicity



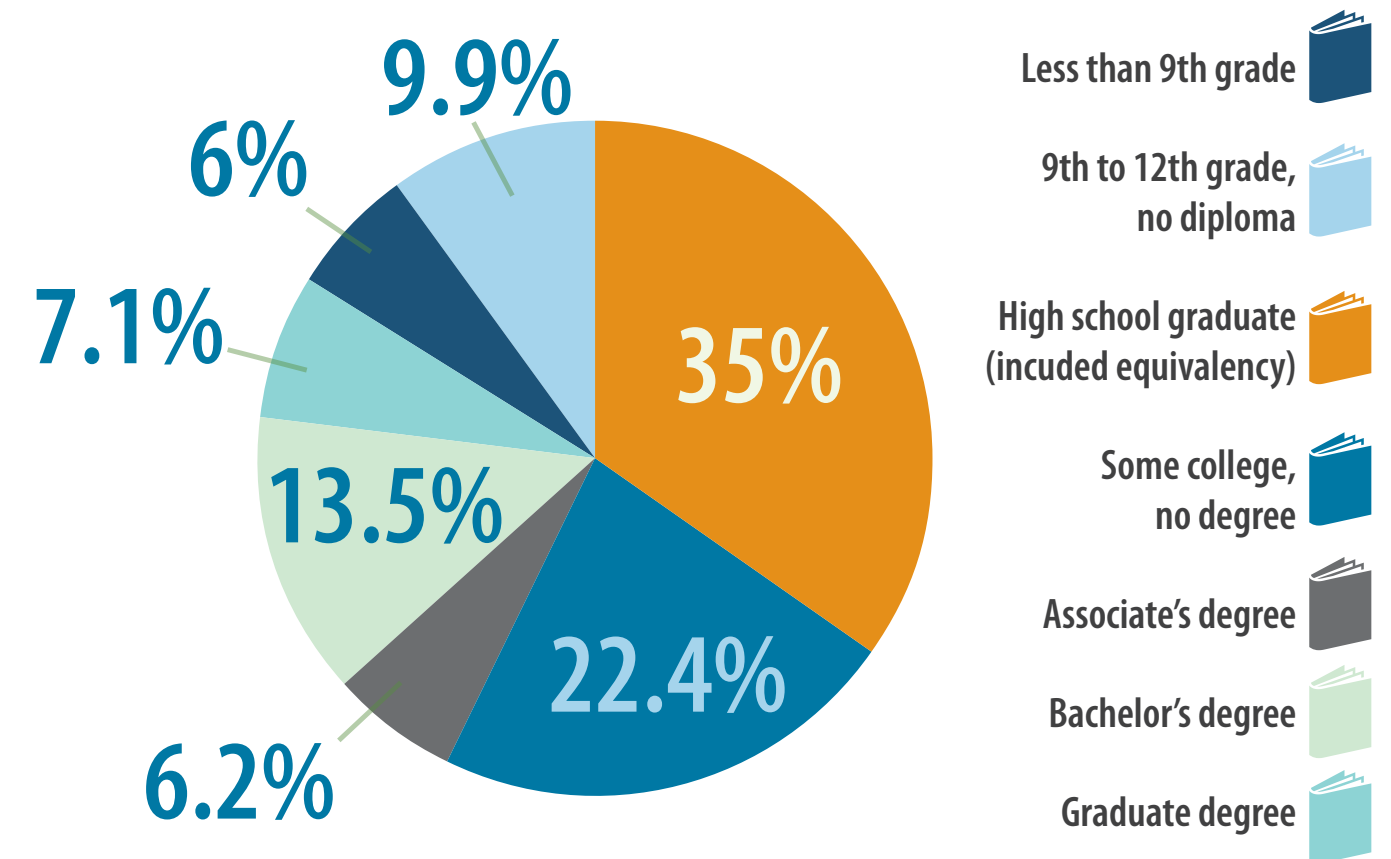
The state population is largely non-Hispanic white (73.4%) with the largest minority group being African-American (15.6%).<sup>2</sup> However, much like the rest of the United States, the fastest growing minority group is the Hispanic or Latino population.<sup>3</sup>



# EDUCATION

According to the American Community Survey's (ACS) five-year estimates for 2010–2014, approximately 84 percent of Arkansas adults over age 25 have attained at least a high school diploma, and 20 percent are college graduates.<sup>4</sup> Approximately 2 percent of Arkansas students drop out or withdraw from schools in grades 7–12 due to incarceration, failing grades, suspension or expulsion, lack of interest, conflict with school, economic hardship, pregnancy or marriage, peer conflict, enrolling in GED, alcohol or drugs, health problems, and other reasons.<sup>5</sup>

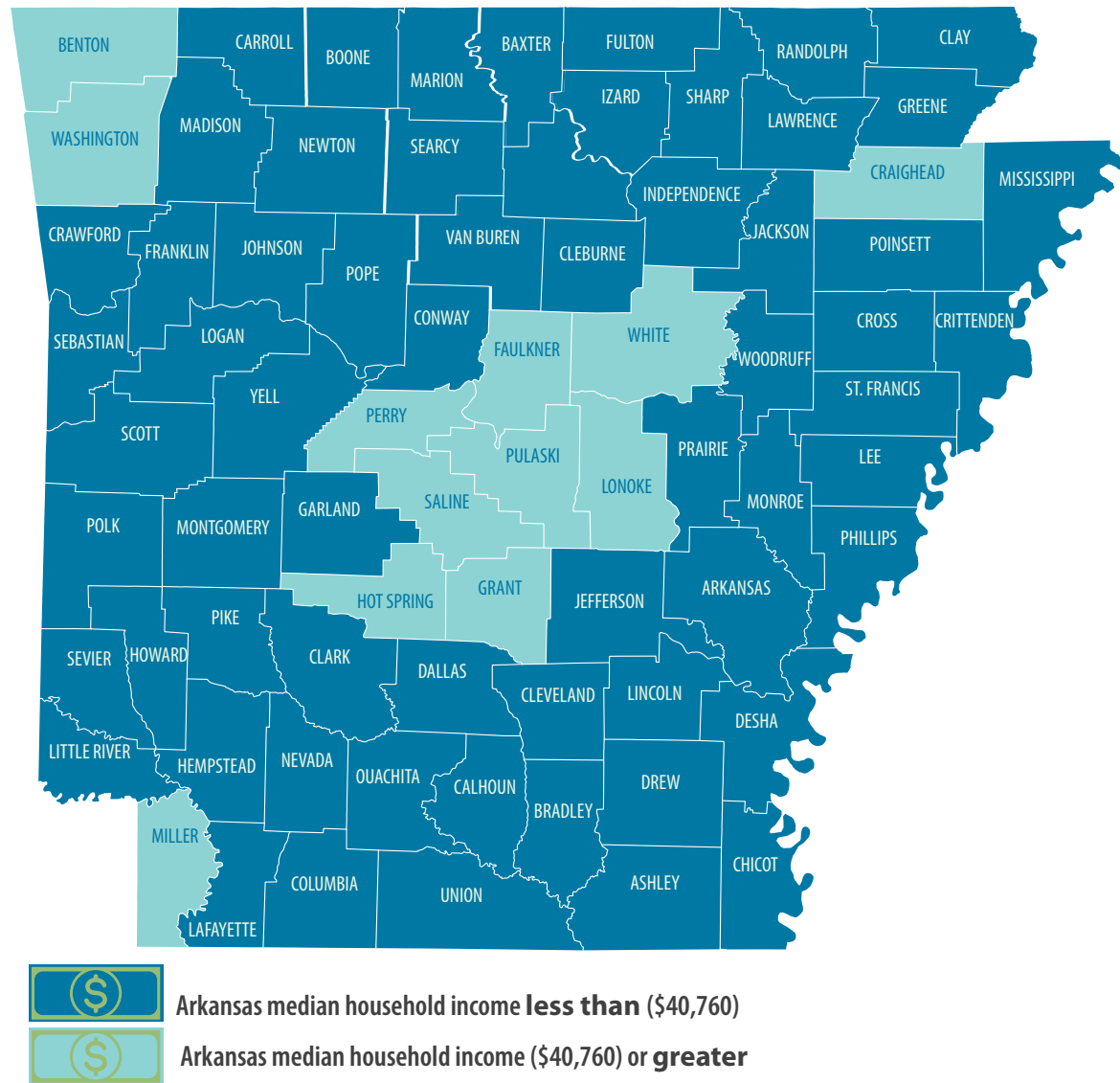
Arkansas population by education



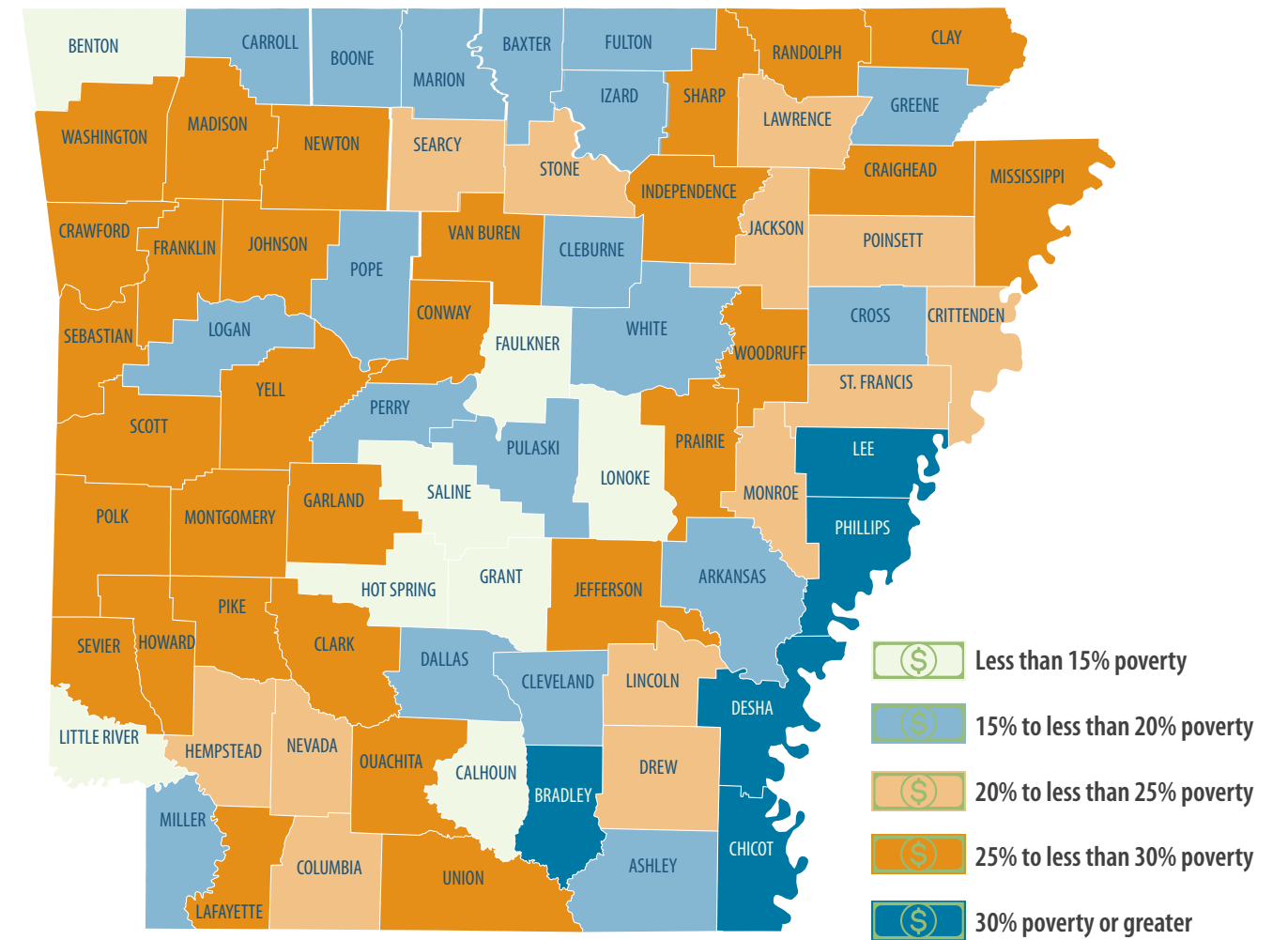
# ECONOMY

The median three-year average (2011–2013) household income for Arkansas was the third lowest in the nation at \$40,760.<sup>6</sup> Median household income from 2007–2011 varied by county of residence.

## Arkansas income by county



## Arkansas poverty by county



The percentage of the population below the poverty level was 19.7 percent for Arkansas in 2013, compared with 15.8 percent for the United States.<sup>7</sup> The percentage of the population below the poverty level also varied by county.

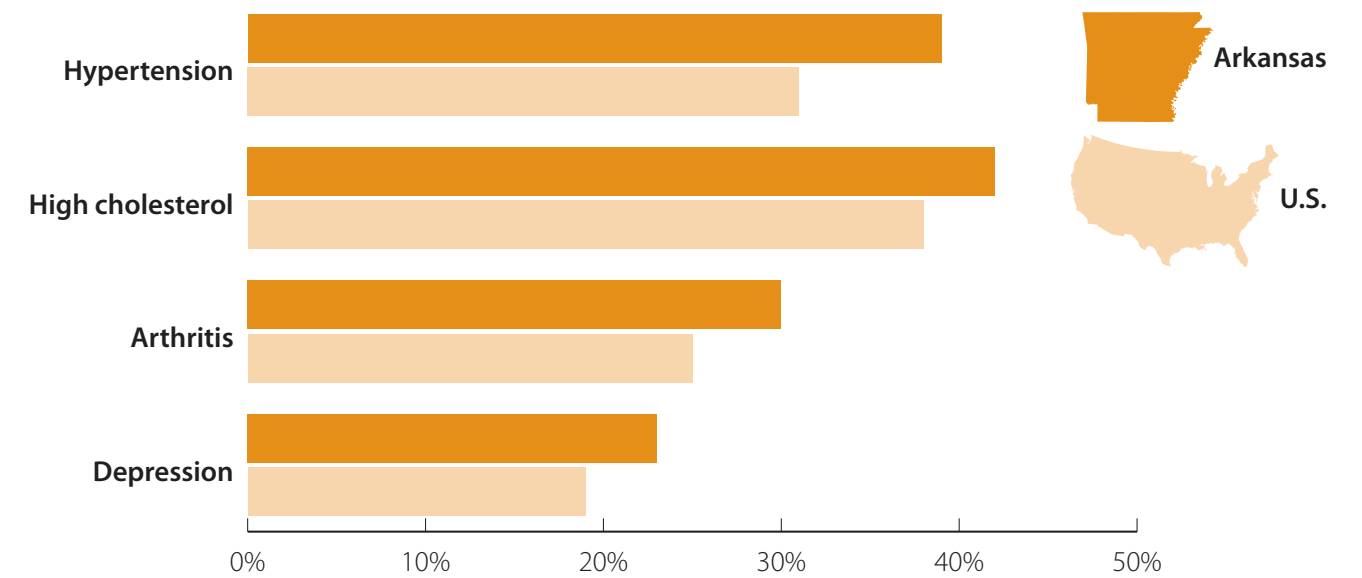




# HEALTH

In overall health, Arkansas ranks 48th among U.S. states according to America’s Health Rankings for 2014, conducted by the United Health Foundation.<sup>8</sup> Chronic disease conditions may contribute to poor physical health found in portions of the Arkansas population. Compared with the general U.S. population, Arkansas has a higher prevalence of common chronic conditions, including hypertension (Ark.: 38.7%, U.S.: 31.4%), high cholesterol (Ark.: 42.4%, U.S.: 38.4%), arthritis (Ark.: 30.0%, U.S.: 25.1%) and depression (Ark.: 23.1%, U.S.: 18.7%), which are among the highest in prevalence in Arkansas of all chronic diseases.<sup>9</sup>

## Chronic disease conditions



Poor physical and mental health can be linked to specific causes of mortality in Arkansas. In 2010, the top five causes of deaths in Arkansas and 11 of the top 15, were related to chronic disease, poor mental health and substance abuse.<sup>10</sup> All of the top five causes of death in Arkansas can be caused or exacerbated by alcohol, tobacco or other substance abuse (diseases of the heart, malignant neoplasms, chronic lower respiratory diseases, cerebrovascular diseases and accidents).



# SUBSTANCE USE

## ALCOHOL

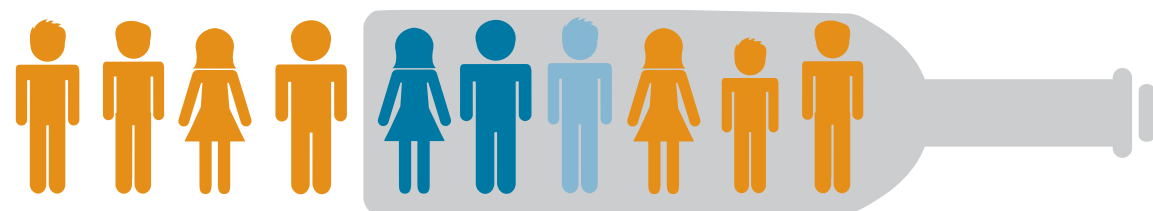
- Teenagers who drink are more likely to become alcohol dependent as adults<sup>12,22</sup>
- Teenagers who binge drink are risking their lives<sup>11</sup>
- Moderate drinking can impair judgment, leading to aggressive behaviors, high-risk sex and car crashes<sup>12</sup>
- When a pregnant woman drinks alcohol, alcohol in her blood passes through the placenta to the baby through the umbilical cord, exposing her unborn baby to alcohol

## SUCCESSES SO FAR

- Fewer Arkansas high school students are drinking
- According to APNA, the percent of high school students responding that they have used alcohol in the past 30 days has decreased steadily over the last six years<sup>11</sup>
- Fewer Arkansas high school students are binge drinking
- The average percentage of students who did binge drink in the past two weeks fell from 8.9 percent in 2012 to 7.8 percent in 2013<sup>11</sup>
- Fewer Arkansas adults drink compared with the national average
- Arkansas had a much lower rate (39.8%) of adults currently drinking when compared with national rates (54.4%)<sup>9</sup>
- Fewer Arkansas women are drinking during pregnancy
- Since 2000, births in women who drank alcohol during pregnancy decreased from 9.3 per 1,000 births to 4.1 per 1,000 births in 2012<sup>20</sup>

## AREAS FOR FOCUS

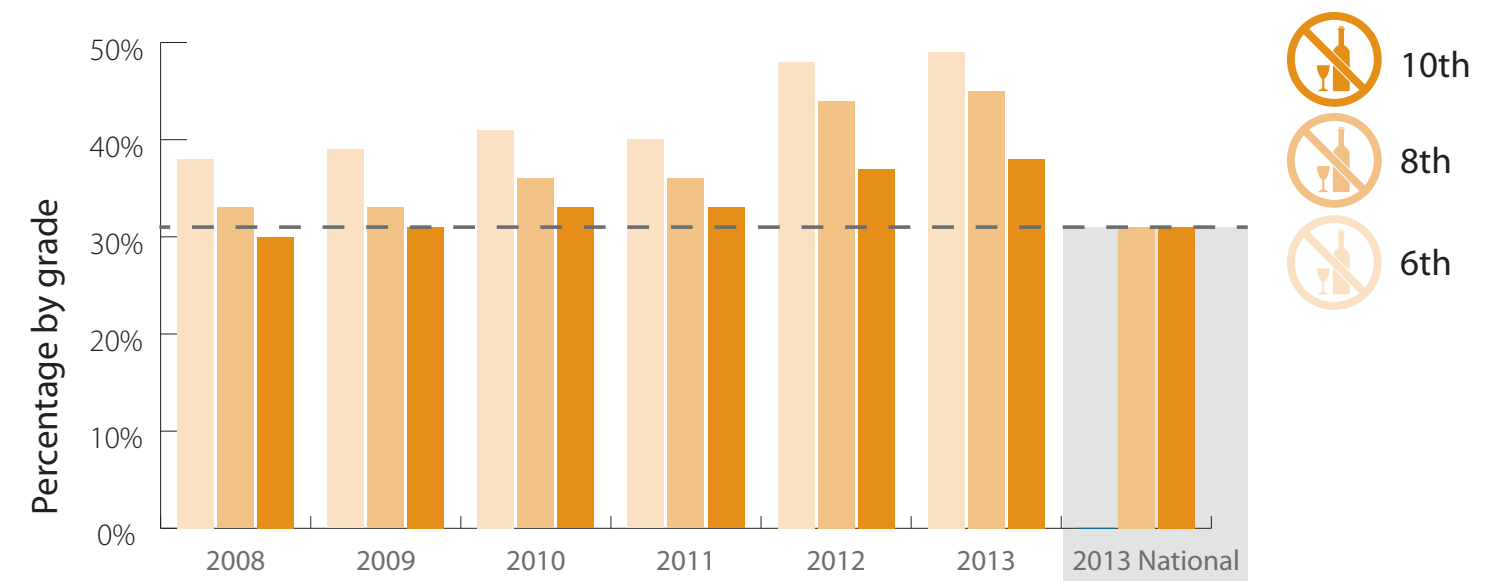
- Out of 10 high school seniors, six had tried alcohol, three drink alcohol, and two binge drink<sup>11</sup>



- There has been no change in the percentage of Arkansas adults who drink heavily and binge drink in recent years
- Although the percentage of Arkansas adults who participated in heavy drinking and binge drinking in the past 30 days was lower than the national level, there was no drastic decrease in the rates since 2006<sup>9</sup>
- Continue education on the effects of alcohol during pregnancy to support awareness of FASD and preventable outcomes

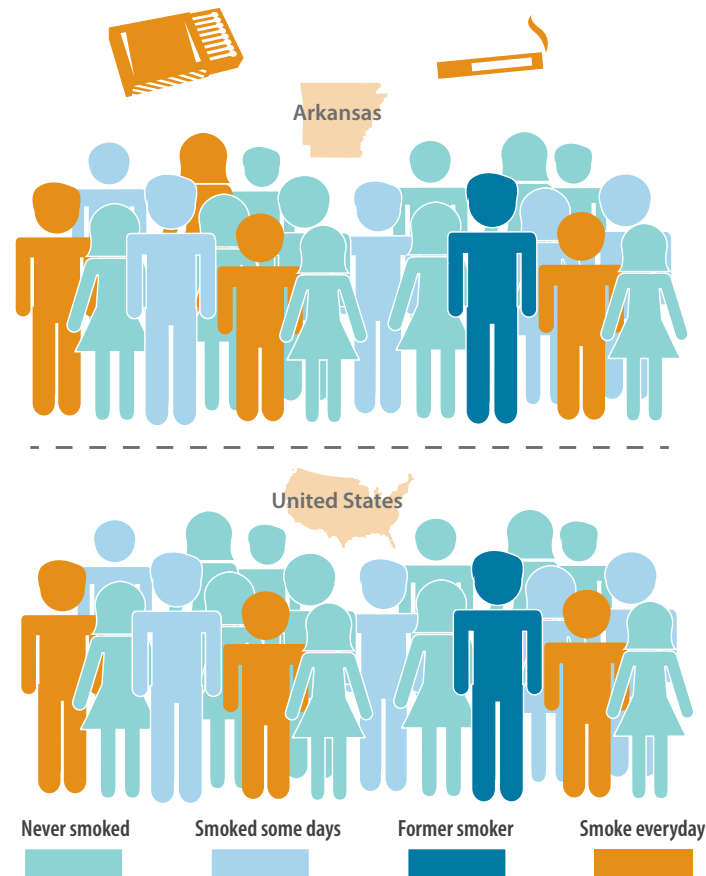
Fetal alcohol spectrum disorders (FASD) are a group of conditions that can occur in a child whose mother drank alcohol during pregnancy. The effects on the child could include physical and behavioral problems, such as trouble with learning, remembering and following directions. This disorder could even impact daily life skills, such as communicating, feeding and bathing.<sup>22</sup>

## Percentage of youth who perceive drinking 1–2 alcoholic beverages every day as a “great risk”: 2008–2013



# TOBACCO

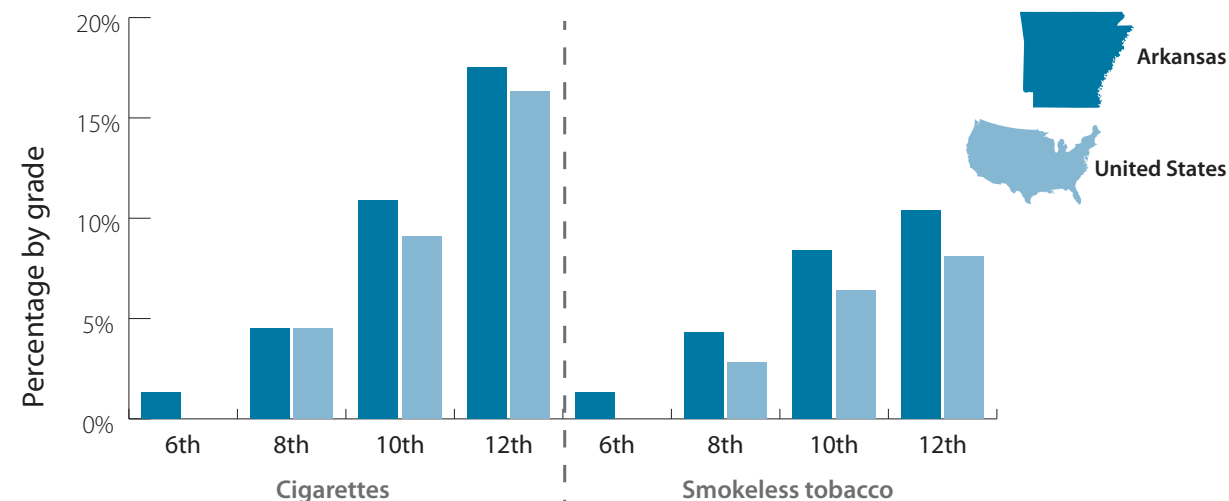
- Teens who smoke become adults who smoke<sup>11</sup>
- Tobacco use puts individuals at greater risk of developing cancer, cardiovascular disease and chronic respiratory diseases<sup>11</sup>
- In 2013, significantly more Arkansans (19.5%) indicated smoking daily than the national rate (13.4%)<sup>9</sup>
- Mothers who smoke and drink can seriously harm their baby



## SUCCESSES SO FAR

- Fewer students are smoking
  - The percentage of youth reporting current use and lifetime use of cigarettes has been decreasing at each grade level<sup>11</sup>
- Fewer Arkansas adults are using tobacco
  - A reduction in the percentage of Arkansas adults reporting cigarette use was observed from 2011–2013: 27.0 percent in 2011
- Fewer Arkansas women are using tobacco during pregnancy
  - Since 2000, the rate of births to women who used tobacco during pregnancy decreased from 181.4 per 1,000 births to 133.5 per 1,000 births in 2012<sup>20</sup>

### Youth current use of tobacco in 2013



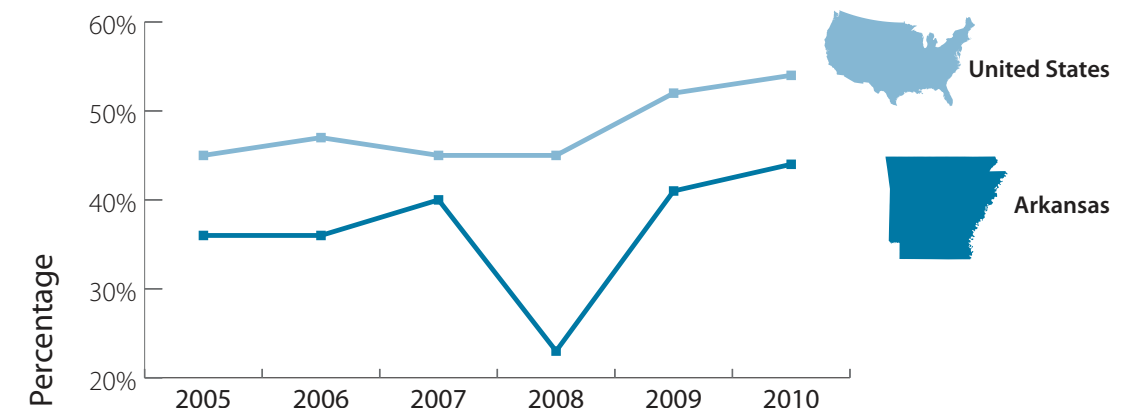
## AREAS FOR FOCUS

- A larger percentage of Arkansas youth report current tobacco use (both cigarettes and smokeless) than nationally<sup>11</sup>
- More Arkansans suffer from cardiovascular and lung disease than the national average<sup>9</sup>
- The prevalence of smoking before, during and after pregnancy was higher for 2000–2010 in Arkansas than nationally<sup>24</sup>
- Fewer Arkansas women quit smoking during pregnancy than the national average<sup>24</sup>

Mothers who smoke during pregnancy put their babies at risk for premature birth, birth defects and infant death. Babies born to women who smoke during or after pregnancy are also at increased risk for sudden infant death syndrome (SIDS).<sup>21</sup>



### Percentage of smokers who quit during pregnancy



# OTHER DRUGS

- ❏ Marijuana can decrease IQ<sup>15,16,17,18</sup>
- ❏ Prescription drugs can be addictive and put abusers at risk for other adverse health effects or death<sup>19</sup>
- ❏ Physical and mental health suffers from drug and alcohol use. Communities are also affected each time an individual uses drugs or alcohol and then drives.

## SUCCESSES SO FAR

- ❏ Fewer Arkansas students are using inhalants
- ❏ Inhalant use has decreased for all grades since 2009<sup>11</sup>
- ❏ Fewer Arkansas students use marijuana than the national average<sup>11</sup>
- ❏ Fewer Arkansas students are using prescription drugs
- ❏ There has been a decrease in the percentage of students who have either tried at least once or are currently using prescription drugs not prescribed to them since 2008<sup>11</sup>
- ❏ Fewer Arkansas young adults are using prescription pain relievers
- ❏ The nonmedical use of prescription pain relievers (opiates) has decreased since 2007–2008 among 18–25-year-olds, while staying almost the same in adults ages 26 and older<sup>31,32,33</sup>

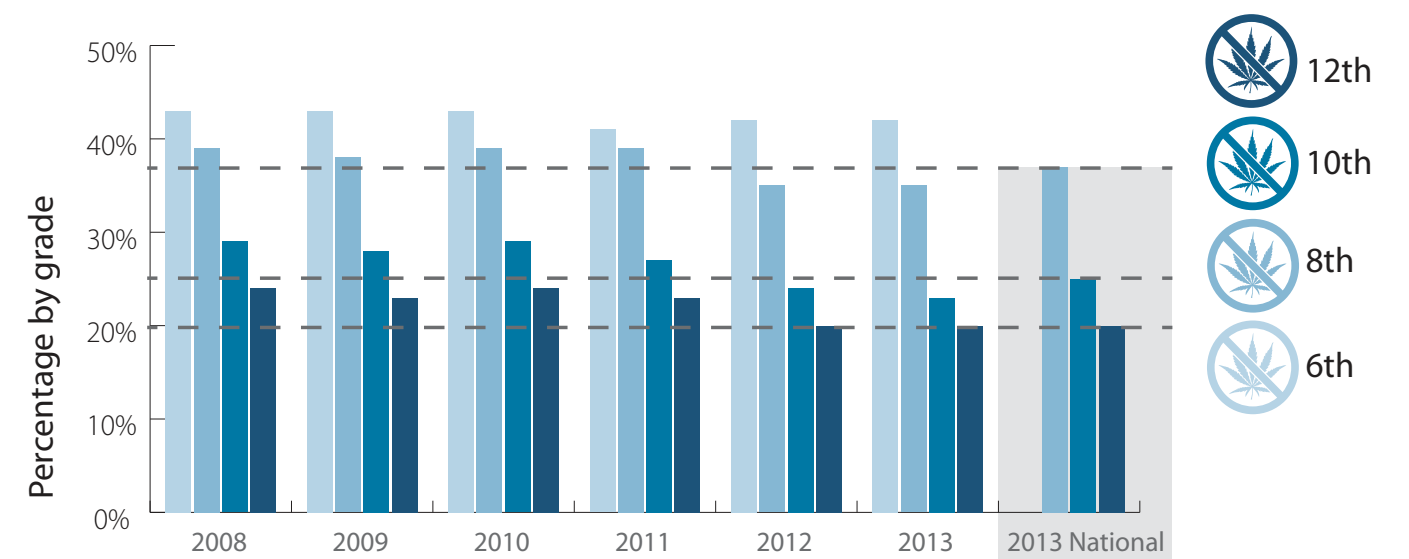
## AREAS FOR FOCUS

- ❏ More Arkansas students use inhalants than the national average<sup>11</sup>
- ❏ More Arkansas high school seniors use heroin and meth than the national average<sup>11</sup>
- ❏ More Arkansas young adults use illicit drugs than those ages 26 and older<sup>37</sup>
- ❏ More Arkansas young adults use prescription pain relievers than then national average<sup>31,32,33</sup>
- ❏ Almost half of drug-related arrests in Arkansas was attributed to marijuana or hashish<sup>27</sup>

Each time an individual gets behind the wheel of a vehicle after drinking alcohol or using drugs, they put themselves and other community members at risk for crashes, injuries and fatalities.



Percentage of students who indicate trying marijuana once or twice puts a person at “great risk”: 2008–2013



# TREATMENT ADMISSIONS FOR SUBSTANCE USE

- ❏ The Arkansas Tobacco Quitline was established as a public health service to aid smokers in Arkansas in their efforts to quit smoking.
- ❏ The Quitline provides services for both health care providers and the population at large. Information collected over the Quitline is useful when applied to smoking cessation media and also provides valuable insight for other substance abuse treatments.<sup>36</sup>
- ❏ Assessing the counts of drug treatment admissions over time gives a snapshot of how many people are seeking treatment. Indicators of substance abuse treatment assists in organization and evaluation of programs.<sup>35,38</sup>
- ❏ Without treatment, individuals may not have the tools necessary to recover from abuse. There are many reasons why a person who needs help may not receive treatment, from cost to refusing to stop using drugs or alcohol.

## SUCCESSES SO FAR

- ❏ The largest percentage of those registering for the Arkansas Tobacco Quitline heard about the program through mass media, such as television commercials.<sup>36</sup>
- ❏ There was a 6-percent increase in the number of 2013 Arkansas Tobacco Quitline respondents who indicated that a health professional had advised them to quit tobacco products.<sup>36</sup>
- ❏ There was a decrease in alcohol and marijuana treatment admissions from 2011 to 2013.<sup>35,38</sup>
- ❏ In 2012, compared to the United States, a slightly lower percentage of Arkansans needed but did not receive alcohol treatment.

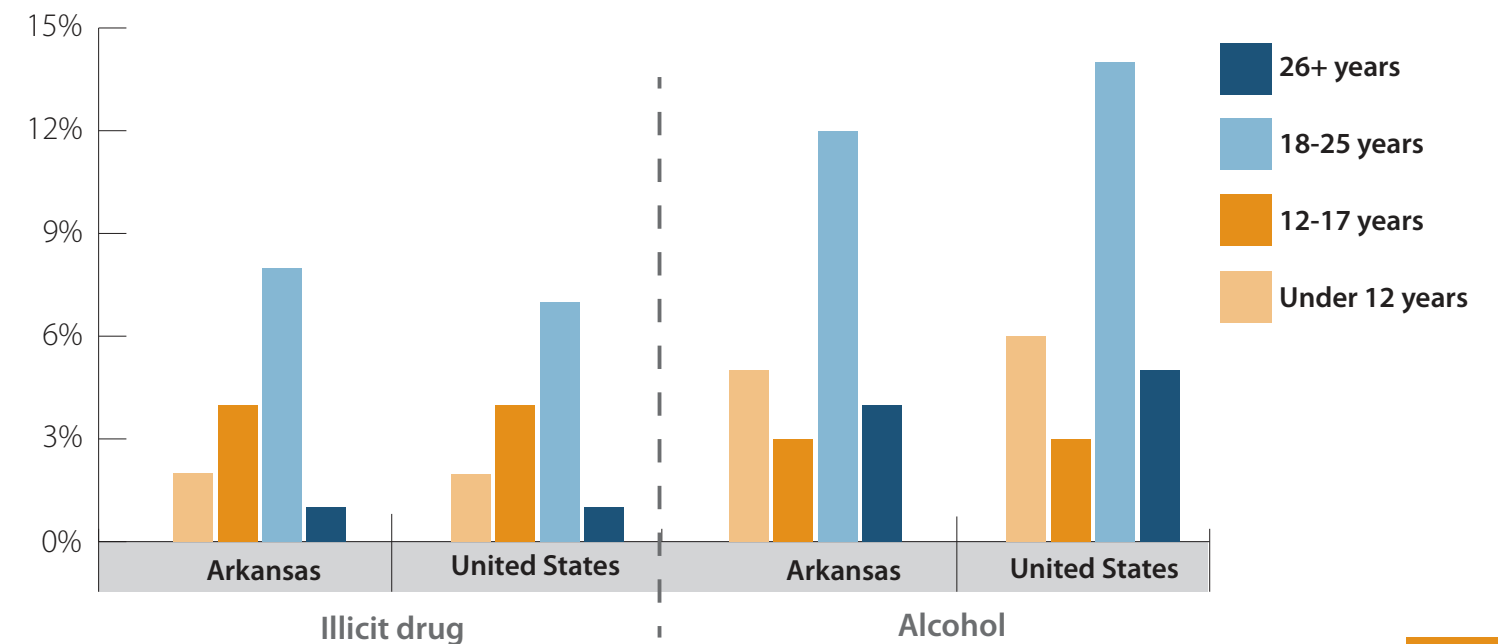
## AREAS FOR FOCUS

- ❏ There was an increase in methamphetamine treatment admissions from 2011–2013.<sup>35,38</sup>
- ❏ From 2007–2013, there was an 83-percent increase in discharges where there was a tobacco diagnosis.<sup>35,38</sup>
- ❏ Arkansas young adults ages 18–25 represent the highest estimated percentages for needing but not receiving treatment for illicit drug and alcohol use.<sup>37</sup>

In 2013, more than 10,000 Arkansans were admitted to an alcohol or drug treatment state-supported facility.<sup>35</sup>



**Estimated percentages for needing, but not receiving, treatment for illicit drug or alcohol use: 2011–2012**





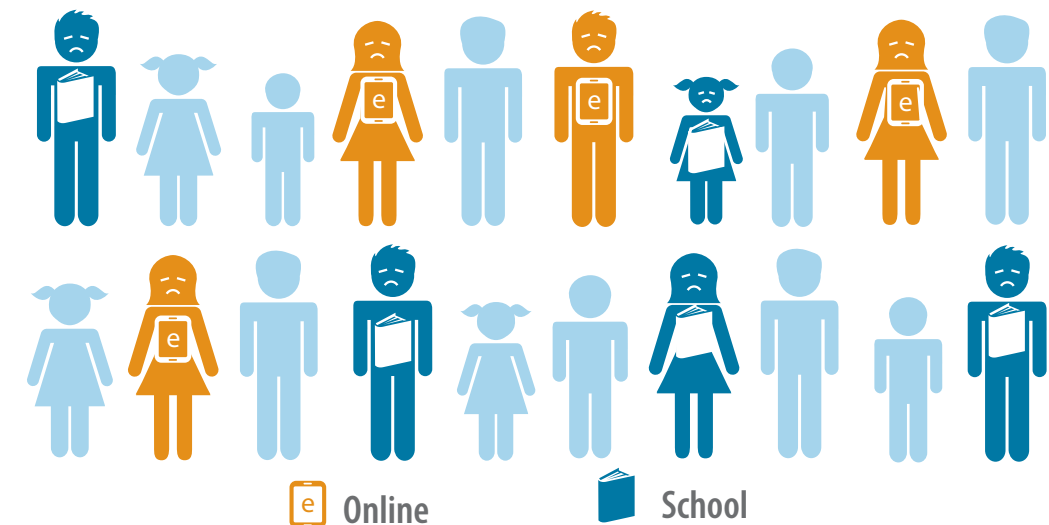
# WHAT ELSE CAN WE DO?

- ▮ Limiting access limits smokers
  - The Center for Disease Control and Prevention (CDC) recognizes the enforcement of limiting minors' access to tobacco products as a best practice for tobacco control programs.<sup>29</sup>
  - Arkansas, like many other states, regularly enforces and documents retailer violations for selling cigarettes to minors.<sup>30</sup> However, this does not fully limit adolescents' abilities to obtain cigarettes.
- ▮ Victims of bullying are at an increased risk for substance abuse
  - Bullying is defined as behavior that is intended to harm another person physically or emotionally
  - Victims of bullying are at an increased risk for mental health issues, suicide and substance use
  - Students who are involved in bullying classmates are also more likely to use substances like tobacco, alcohol and marijuana compared with peers who do not engage in bullying other students<sup>25</sup>
- ▮ The homeless rate of Arkansas public school children increased more than 50 percent from 2007–2012<sup>5</sup>
- ▮ The prevalence of depression is higher in Arkansas than in the rest of the United States<sup>9</sup>
- ▮ More Arkansans live below the poverty line than in the rest of the country<sup>7</sup>

## SUCCESSES SO FAR

- ▮ Fewer students are purchasing cigarettes from a store<sup>21</sup>
- ▮ In 2013, five out of 20 Arkansas students reported being bullied at school, and almost four out of 20 reported being bullied online<sup>25</sup>

### Students being bullied in 2013





# CONCLUSIONS

Arkansas substance use prevention programs have made great strides in impacting substance use levels among several indicators, including lowering smoking levels among youth and adults and lowering inhalant use among teens. However, there are still areas of concern which require attention. Multiple indicators within this report showed that Arkansas adult and youth substance usage was higher than national averages, including adult and youth smoking levels, as well as those before, during and after pregnancy. In addition, several indicators showed minimal improvement, such as smokeless tobacco use rates among youth. Differences in use among males compared with females and various age groups were also noted within indicators of consumption as well as indicators measuring consequences of use. These observations should all be considered as programs move forward in prevention planning.

The contributing factors documented within this report are also valuable to prevention planning efforts. Although caution should be taken when considering these contributing factors in isolation, when taken as a whole, contributing factors provide prevention program planners a more cohesive understanding of the areas in which they can strive to impact the populations at risk. Targeting activities to at-risk youth and adults will further strengthen prevention programs throughout the state. Monitoring the available treatment options and use of those services also provides valuable information as programs move forward to support individuals who are substance users and unreached by prevention measures.





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