

MY HEALTH, MY RESPONSIBILITY, OUR COMMUNITY

State of Community Health Report

on

Alcohol and Drug Abuse

This is the tenth in a series of monthly reports from the

Chattanooga-Hamilton County Regional Health Council

Viston Taylor, Chairman

William Hicks, Vice Chairman

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The Regional Health Council is a community-based organization designated by the Tennessee Department of Health to be responsible for community health assessment, regional health planning, and providing input on funding decisions for health and health-related initiatives. Council members are appointed by the County Executive and the Hamilton County Commission.

The Council identified and prioritized the key health issues facing the community and is developing targeted strategies to address each issue. The five key preventable health issues are: obesity, poor diet and lack of exercise; tobacco use; risky sexual behavior; alcohol and drug use; and lack of involvement in health screenings and other preventive measures.

Data in the report come from two local health risk assessment surveys, Tennessee Department of Safety, the Hamilton County Department of Education, the National Institute on Drug Abuse (NIDA), and other sources. This report was compiled by the Community Research Council in conjunction with the Chattanooga-Hamilton County Regional Health Council.

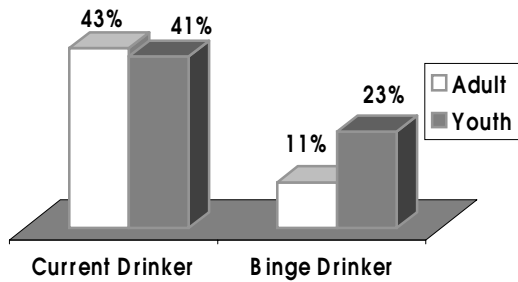
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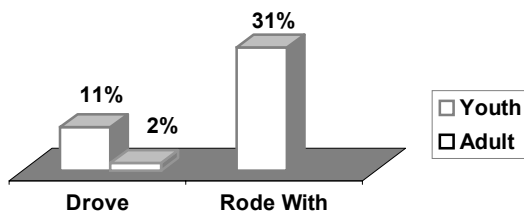
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Adult and Youth Alcohol Use in Hamilton County



Source: BRFSS and YRBS

Driving or Riding With Someone Under the Influence of Alcohol (Past Month)



Source: BRFSS and YRBS

Alcohol Use

- ❑ Hamilton County youth and adults are equally likely to drink alcohol. However, youth are twice as likely to have engaged in binge drinking (5 or more drinks in a row) in the past month (23% vs. 11%). (BRFSS and YRBS)
- ❑ Thirty one percent of youth had ridden with someone in the past month who had been drinking, while 11% admitted to driving under the influence themselves. Two percent of adults admitting to driving after having had too much to drink in the past month. (BRFSS and YRBS)
- ❑ One in four children in a regular classroom is a member of an alcoholic household. (American Journal of Public Health)

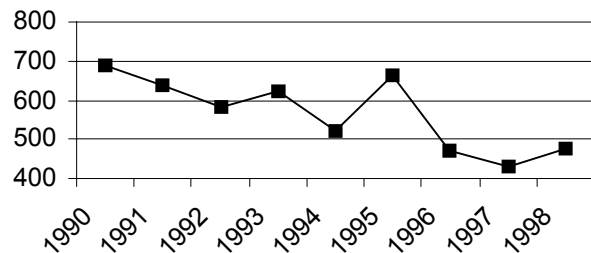
School Related Discipline

While most substance use takes place off the school campus, there were several drug and alcohol related suspensions, expulsions and remandments (sent to alternative school) during the 1999-2000 school year.

- ❑ 213 students were suspended for tobacco offenses.
- ❑ 46 students were suspended for alcohol related offenses.
- ❑ 73 students were expelled for drug related offenses, while 55 were remanded and 5 were suspended.

Source: Hamilton County Department of Education

DUI Convictions per 100,000 Hamilton County



Source: TN Department of Safety

Driving under the Influence

- ❑ In 1998, Hamilton County had 1,396 DUI convictions.
- ❑ Over the last 8 years, DUI convictions have decreased by 31.5% in Hamilton County. However, rates may vary with the degree of enforcement as well as with the incidence of the offense.
- ❑ Between 1993 and 1998, the percentage of fatal crashes that were alcohol related in Tennessee dropped from 44% to 38%.

(TN Department of Safety)

This report represents a subset of data from the 1999 Behavioral Risk Factor Surveillance Survey (BRFSS) of 1,037 adults, and the 1998 Youth Risk Behavior Survey (YRBS) of 2,990 Hamilton County public high school students. The questionnaires and methodologies used were similar to the Centers for Disease Control's BRFSS and YRBS surveys, which are conducted nationwide (the BRFSS survey annually; the YRBS biannually). While every effort was made to design questionnaires that would not be leading or tend to encourage particular responses, and the methodologies were designed to collect data in as impersonal a manner as possible, it should be remembered that all activities and personal information were self-reported. Due to the personal nature of this study and human nature, certain health-related behaviors may have been over- or under-reported.

Hamilton County Youth Drug and Alcohol Use

Current Alcohol Use (past month)

Total	41%		
Sex*		Race*	
Male	45%	White	46%
Female	37%	Black	32%

Current Marijuana Use (past month)

Total	24%		
Sex*		Race	
Male	29%	White	26%
Female	19%	Black	21%

Current Cocaine Use (past month)

Total	4%		
Sex		Race	
Male	5%	White	6%
Female	4%	Black	1%

Inhalant Use (lifetime)

Total	20%		
Sex		Race*	
Male	16%	White	26%
Female	16%	Black	9%

Other Illegal Drug Use (over lifetime) (LSD, PCP, ecstasy, mushrooms, etc.)

Total	16%		
Sex		Race*	
Male	21%	White	23%
Female	20%	Black	2%

Steroid Use (over lifetime) (without doctor's prescription)

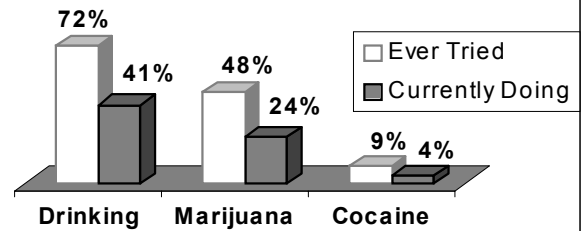
Total	5%		
Sex		Race*	
Male	7%	White	7%
Female	4%	Black	2%

Use on School Property (past month)

Cigarettes	15%
Alcohol	4%
Marijuana	4%
Offered Illegal Drugs	33%

*represents statistically significant differences
Source: YRBS

Youth Substance Use Ever Tried vs. Currently Doing



Source: YRBS

Age of First Experimentation (Percentages of those who have ever tried)

	Smoking	Drinking	Marijuana
Under 13	48%	42%	32%
13-14	33%	32%	41%
15-16	16%	23%	22%
Over 16	3%	5%	6%

Source: YRBS

Substance Use Among Hamilton County High School Students

- Approximately half of the youth in Hamilton County who have ever tried alcohol, marijuana and cocaine reported they were current users of these substances.
- With the exception of marijuana, use of all illegal substances was significantly higher among white students than black students.
- Male students were more likely than female students to drink alcohol and smoke marijuana, but were equally likely to have used other substances.
- Twenty three percent of students who had ever had sexual intercourse reported they had used alcohol or drugs before their first sexual experience
- Between a third and a half of students who had ever tried cigarettes, alcohol or marijuana had their first experience before age 13.
- One fifth of youth reported they had ever used inhalants.
- Sixteen percent of youth reported they had ever used other illegal substances such as LSD, PCP, ecstasy, mushrooms, etc.
- Five percent of Hamilton County high school students reported they had ever taken steroid pills or shots without a doctor's prescription.
- By and large, students did not report using substances on school property. Rather, they were being used at other community venues.

Source: YRBS

Emerging Trends

Recent Brain Research

□ The National Institute on Drug Abuse (NIDA) reports that recent brain imaging research demonstrates that prolonged drug abuse changes the brain function in ways that are not healthy. NIDA states that drug addiction is a brain disease. Drug induced brain changes range from fundamental and long-lasting changes in the biochemical makeup of the brain, to mood changes, to changes in memory processes and motor skills. (NIDA)

Methamphetamine

□ Methamphetamine is a highly toxic and addictive drug whose use is becoming increasingly prevalent in Chattanooga and the rural counties surrounding it. In fact, some have called Grundy County the “methamphetamine capital of the South.” The drug can easily be made in clandestine laboratories from relatively inexpensive over-the-counter ingredients and can be purchased at a relatively low cost. Many highly toxic and potentially explosive chemicals are used in its manufacture, often requiring toxic waste cleanup procedures after police shut down a lab. (*Chattanooga Times and Free Press*)

□ Methamphetamine is sometimes referred to as “speed,” “meth,” and “chalk.” In its smoked form it is often referred to as “ice,” “crystal,” “crank,” and “glass.” (NIDA)

□ Because it can be made with readily available materials, there is great variation in the processes and chemicals used. This means that the final product that is sold as “methamphetamine” may not be methamphetamine at all, but rather a highly altered chemical mixture with some stimulant-like effects. Uncertainties about the drug’s sources and the pharmacological agents used in its production makes it especially difficult to determine its toxicity, and resulting consequences and symptoms. (NIDA)

MDMA

□ MDMA, called “Adam,” “ecstasy,” or “XTC” on the street, is a synthetic, psychoactive (mind-altering) drug with amphetamine-like and hallucinogenic properties. (NIDA)

□ In Chattanooga, MDMA is reportedly being used primarily in large public areas where groups of young people congregate. Nationally, and to a lesser extent in Chattanooga, MDMA is used at all-night dance parties known as “raves,” dance clubs, and bars. (*Regional Health Council, Alcohol and Drug Committee*)

□ According to its proponents, MDMA can make people trust each other and can break down barriers between therapists and patients, lovers, and family members. In reality, MDMA has several risks involved with its use which are similar to those found with use of amphetamines and cocaine. MDMA increases heart rate and blood pressure, a special risk for people with circulatory problems or heart disease. Recent research links MDMA use to long-term damage to those parts of the brain critical to thought and memory. Psychological side effects associated with its use include confusion, depression, sleep problems, severe anxiety and paranoia. Physical side effects include muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, and chills or sweating. (NIDA)

□ As with methamphetamine, uncertainties about the drug’s source, its pharmacological agents, chemicals used to manufacture it, and possible contaminants make it difficult to determine toxicity, consequences, and symptoms that might be expected in a particular community. (NIDA)

What Does Addiction Cost Us?

□ In 1995, our country incurred a total of \$276.3 billion in direct medical costs and indirect productivity costs due to alcohol and drug use. The health care costs for alcohol abuse were about twice that for drug abuse. (*SAMSA Statistics Source Book*)

□ Absenteeism among alcoholics or problem drinkers is 3.8 to 8.3 times greater than normal (*US Department of Labor*)

□ Employees who use illicit drugs consume three times as many sick benefits as other workers and are five times more likely to file a worker’s compensation claim. (*National Institute for Drug Abuse*)

□ Non-alcoholic members of alcoholics families use 10 times as much sick leave as members of families in which alcoholism is not present (*Bernstein & Mahoney*)

□ 43% of CEOs responding to one survey estimated that alcohol and other drugs use cost 1% to 10% of payroll. (*National Association of Addiction Treatment Providers*)