

MISSOURI DEPARTMENT OF MENTAL HEALTH

THE BURDEN OF SUBSTANCE ABUSE ON THE STATE OF MISSOURI



Prepared by the
Missouri Division of Alcohol and Drug Abuse

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Highlights

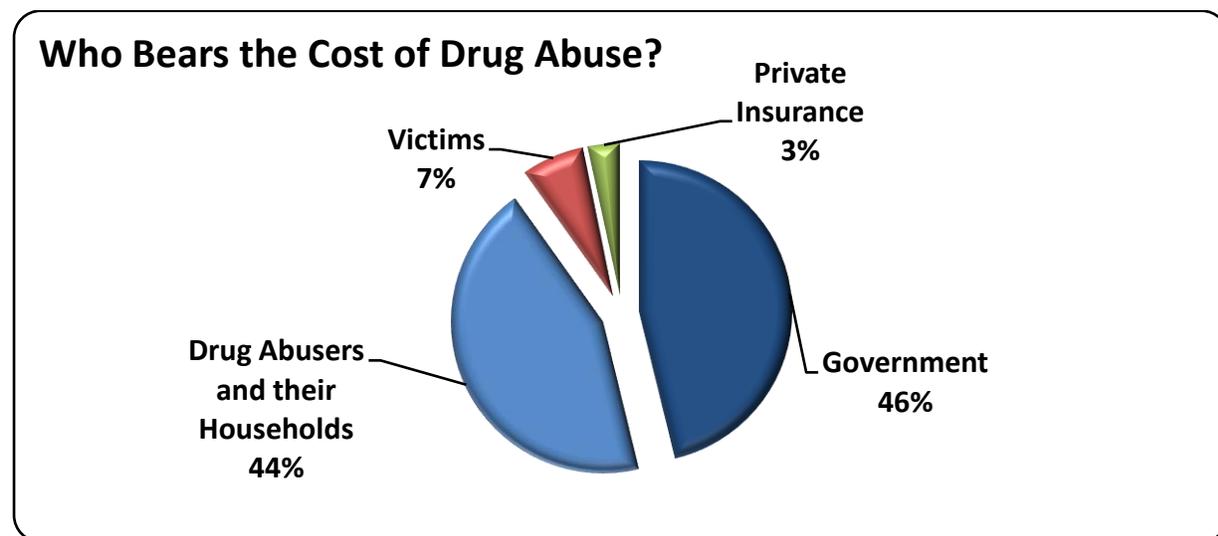
- The impact of substance abuse on state government is substantial – in the neighborhood of \$1.3 billion annually. Societal costs for Missouri are estimated at \$7 billion.
- Most of the cost to state government is related to the burden of substance abuse and addiction – particularly on the criminal justice and education systems.
- State government spends more money dealing with the burdens of substance abuse than on its prevention or treatment.
- The Missouri Division of Alcohol and Drug Abuse is charged with providing substance abuse prevention and treatment programming throughout the state and provides treatment to thousands of Missourians annually.
- The average cost to treat a substance addicted individual is \$1,346 vs. a \$17,300 cost to society **not** to treat.

HERE’S A PARTIAL BILL FOR THE STATE OF MISSOURI	
✓ Lifetime costs to treat 50 new HIV cases resulting from injection drug use	\$ 7.9 million
✓ Lifetime cost to care for 16 new babies impacted by fetal alcohol spectrum disorder	32 million
✓ Annual cost for methamphetamine laboratory clean-up	3 million
✓ Annual cost to incarcerate Missouri offenders using drugs or driving under the influence at the time of their offense	148.7 million
✓ Annual cost to provide residential beds to delinquent youth abusing drugs and alcohol	15+ million
✓ Annual cost (state’s portion) for alcohol and drug-related crashes	20.5 million
✓ Annual cost (Missourians’ portion) for alcohol and drug-related crashes	288.2 million
✓ Annual cost for premature death due to substance abuse	411.9 million
✓ Annual cost for alcohol and drug-related school suspensions	1.6 million
✓ Annual cost (state’s portion) for alcohol and drug-related hospital and emergency room visits	77.2 million
✓ Annual loss of property suffered by Missourians due to drug-related crime	47.7 million
✓ Annual cost for statewide substance abuse prevention and treatment (state’s portion)	32.4 million
✓ Annual cost for treatment for the prison population (state’s portion)	7.3 million



Introduction

Substance abuse and addiction have a tremendous impact on the lives of Missourians, burdening individuals, families, communities, and government with the negative consequences which include property theft, motor vehicle crashes, school failure, low worker productivity, family dysfunction, and homelessness. This impact is felt by individuals and families of every ethnic group and in every tax bracket. The burden of substance abuse and addiction is costly. Estimated societal costs for Missouri is over \$7 billion annually with about 70 percent of this amount due to productivity losses - negatively impacting Missouri's economy and prosperity.^{1,2} The National Institute on Drug Abuse estimates that government bears 45 percent of the cost of drug abuse.³ Non-abusers are impacted by drug and alcohol-related crime, motor vehicle crashes, taxes to pay for incarceration and rehabilitation services, and increased insurance premiums.



Data Source: National Institute on Drug Abuse (November 1998). Drug Abuse Cost to Society Set at \$97.7 Billion, Continuing Steady Increase since 1975.

Costs to local and state government are certainly felt by the criminal justice system as well as social programs designed to ameliorate the damage caused by substance abuse and addiction. Each year, Missouri state government spends an estimated \$1.3 billion on the burden resulting from substance abuse, or about \$245 per Missourian. *Only \$3 of every \$100 the state spends on the cost of substance abuse is spent on prevention and treatment.*⁴ Much of the cost to state government – nearly half - deals with criminal behavior brought about substance abuse.

The impact on Missouri's justice system is significant. At mid-year 2006, Missouri's institutional population totaled 30,825 offenders with another 69,165 under supervised probation or parole. About 23 percent of the offenses resulting in incarceration are directly related to drugs and driving under the influence.⁵ This, however, does not include all crime committed while under the influence of alcohol and drugs. Substance abuse is often a contributing factor in property crime and assaults due to impaired judgment and the need to obtain money to buy drugs. *Past surveys of state and federal inmates found that nearly one-third reported having used drugs at the time of their offense.*

The Burden of Substance Abuse on the State of Missouri

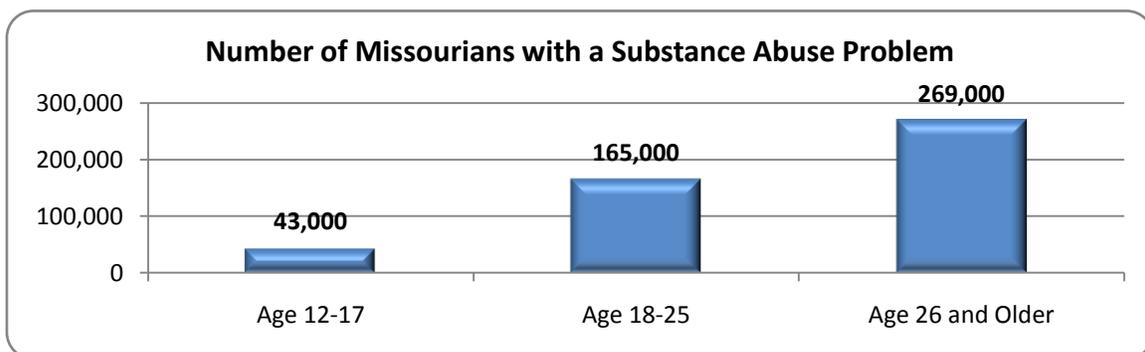
With drug and alcohol experimentation and use, Missouri's youth are an "at risk" population. Given their developmental stage in life, youth can suffer serious and long-term consequences from alcohol and drug use. It can be difficult for substance abusing youth to recover from lost educational opportunities, impaired social behavior, undeveloped or underdeveloped job skills, adverse health effects, and family discord. Youth can also be negatively impacted by parental substance abuse. The economic burden of substance abuse directly by the youth, indirectly by the youth's family members, or the state's education, family assistance, and mental health systems can be substantial, but often difficult to quantify. State spending on children impacted by substance abuse includes education costs, juvenile justice, child welfare, and prevention and treatment programs and is estimated to be in the neighborhood of \$480 million annually.

The Department of Mental Health, Division of Alcohol and Drug Abuse, implements and supports statewide alcohol and drug abuse prevention and treatment services. The Division also administers the Substance Abuse Traffic Offender Program (SATOP) and treatment services for compulsive gamblers. The Division contracts with agencies throughout the state to provide publicly supported substance abuse treatment for thousands of Missourians each year. Regional support centers located throughout the state are the primary source of technical assistance, resources, and training for community-based organizations and schools to develop substance abuse prevention initiatives in their communities. This report includes data that illustrates the prevalence of and trends in alcohol and drug abuse in Missouri and provides some context as to how substance abuse impacts Missouri families, communities, and state government.

Missouri's Substance Abuse Picture

How Prevalent is Substance Abuse?

According to the National Survey on Drug Use and Health (NSDUH), an estimated 477,000 individuals in Missouri have alcohol or illicit drug dependence or abuse within the past year, representing roughly 10 percent of the State's population. About 60 percent of those with a substance abuse problem are male.⁶ On a positive note, this figure has been declining somewhat in recent years, although it still remains sizable.



Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health, 2005 and 2006.

The Missouri Student Survey

Youth who begin using drugs and alcohol today are likely to be fueling the cost of substance abuse tomorrow. The Division of Alcohol and Drug Abuse partners with the Department of Elementary and Secondary Education to survey students in grades 6 through 12 on risky behaviors. The 2008 Missouri Student Survey collected data from 115,120 Missouri students. From 2002 to 2008, the state is experiencing a decline in reported alcohol and drug use among Missouri students.⁷⁻⁸

Student Substance Use: Comparison between Missouri Student Use in 2008 vs. 2002

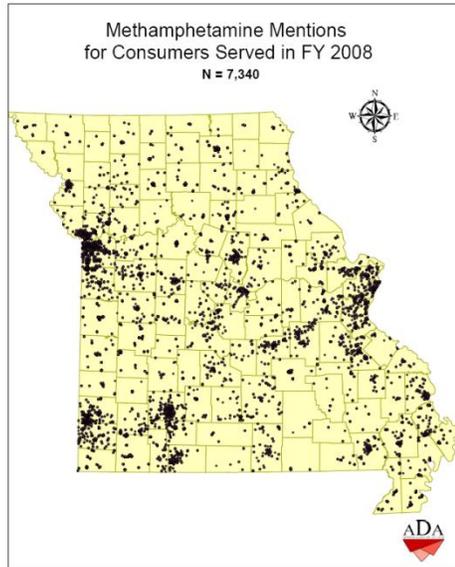
Substance Use	Missouri 2008	Missouri 2002
30-day alcohol use	26.6%	29.3%
30-day marijuana use	7.8%	10.2%
Lifetime use of inhalants	9.4%	10.4%
Lifetime use of speed/methamphetamine	2.7%	4.9%
Lifetime use of cocaine	2.4%	3.8%
Lifetime use of ecstasy/club drugs	2.5%	---
Lifetime use of non-prescribed steroids	2.4%	---

Data Source: Missouri Department of Mental Health. Missouri Study Survey Summary 2008 (draft); University of Missouri-Columbia School of Medicine, Missouri Institute of Mental Health (2002). Substance Use, Delinquent Behavior, & Risk and Protective Factors Among Students in the State of Missouri: 2002.

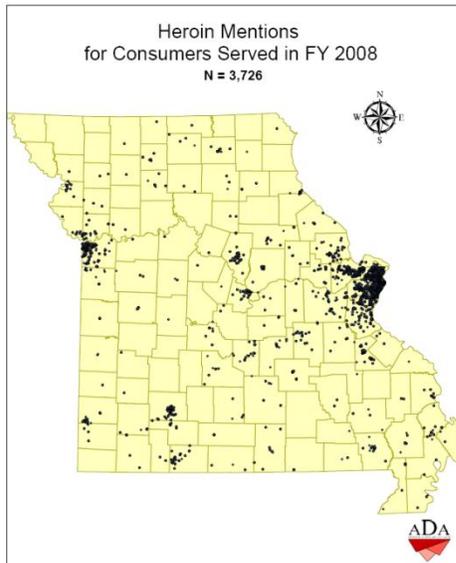
The Drugs of Abuse

The Missouri Division of Alcohol and Drug Abuse collects demographic data on individuals admitted to publicly funded treatment programs. This data provides a picture of substance abuse in the State, although it can be impacted by the pharmacological nature of the substance abused, the availability of treatment, and other factors. Alcohol is by far the most common substance problem for those entering treatment followed by marijuana, cocaine, methamphetamine, and heroin. Geographically, marijuana is well represented in both rural and urban areas. Methamphetamine is prominent in the rural areas – in particular, the Southwest region including Joplin, Springfield, and Branson – as well as in the Kansas City area. Cocaine is highly concentrated in the urban areas – Kansas City and St Louis – as well as Columbia and Springfield. Heroin is noticeably concentrated in the St Louis area.

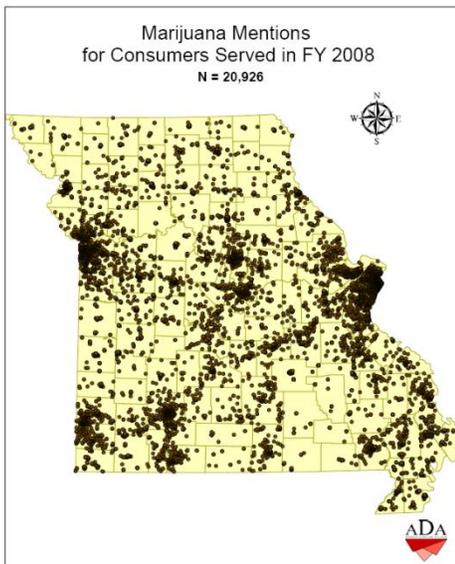
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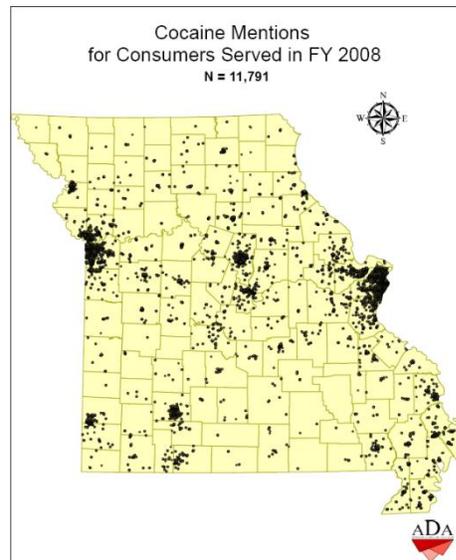
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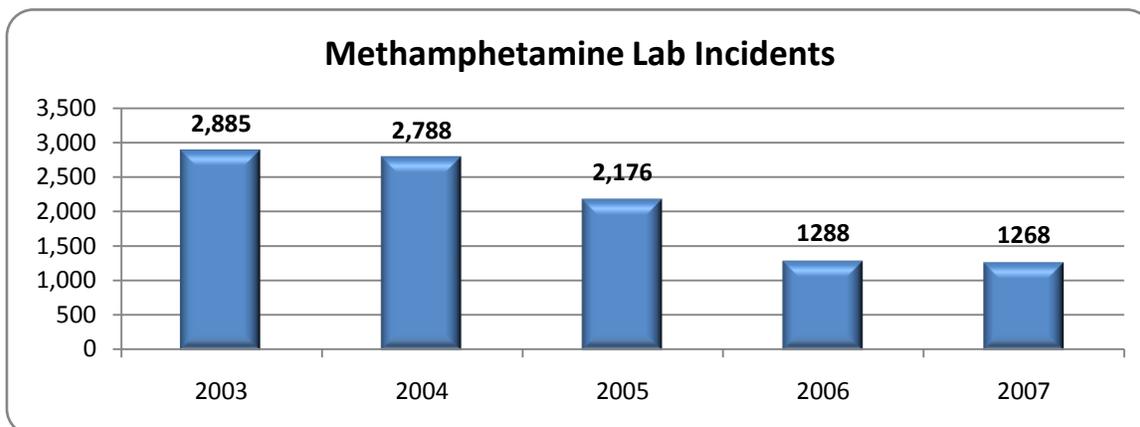
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Data Source: Missouri Department of Mental Health (2008). Customer Information, Management, and Outcomes Reporting (CIMOR) System database tabulations for fiscal year 2008.

Much of the methamphetamine, cocaine, marijuana, and heroin distributed in Missouri is largely controlled by Mexican drug trafficking organizations according to the U.S. Drug Enforcement Administration (DEA). Historically, Missouri has been known as a methamphetamine-producing state. From 2005-2006, the state experienced a dramatic drop – from 2,170 to 1,288 - in methamphetamine laboratory seizures after the enactment of legislation limiting the sale of pseudoephedrine products. From 2006-2007, the methamphetamine laboratory seizures declined only slightly (1,189) with methamphetamine continuing to be “homegrown” to some degree, in the rural areas.⁹ The DEA estimates the cost to clean up a methamphetamine laboratory to be between \$2,000 and \$3,000. Technological advances have lowered the clean-up cost

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significantly in recent years.¹⁰ Even so, this puts Missouri's 2007 laboratory clean-up costs in the neighborhood of \$3 million.

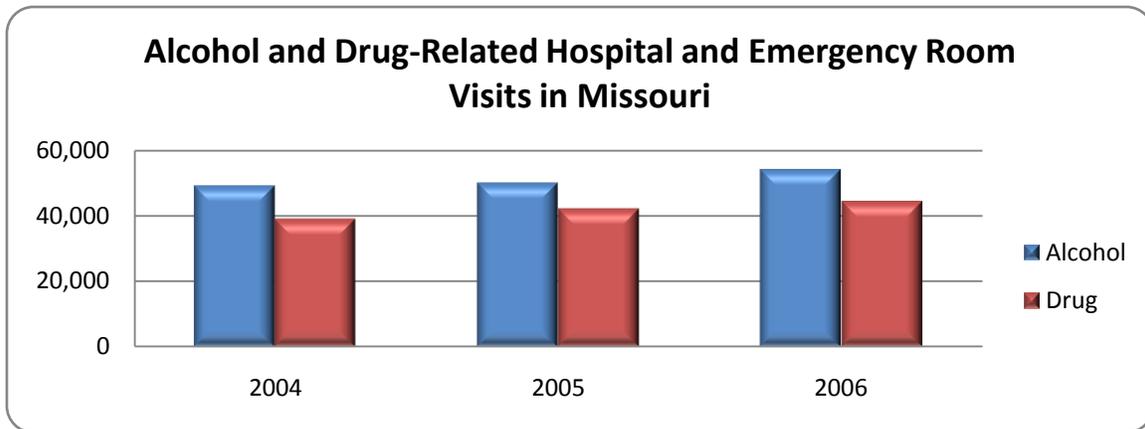


Data Source: U.S. Drug Enforcement Administration. National Clandestine Laboratory Database

Prescription drug abuse has become an increasing concern in Missouri. The most common prescription drug problems identified by Missourians entering substance abuse treatment include Alprazolam (Xanax), Oxycodone (Oxycontin), and the amphetamines (Adderall and Dexedrine). The DEA also identifies hydrocodone (Vicodin), methadone, and codeine as problematic prescription drugs in the state. Methods of obtaining pharmaceuticals include forged prescriptions, theft, “doctor shopping”, and online purchasing.¹¹

Burdening the Health Care System

Substance abuse can have devastating effects on one's physical health. Physical effects of cocaine may include heart attacks, respiratory failure, strokes, and seizures. Chronic, long-term use of methamphetamine can result in psychotic behavior, hallucinations, and stroke. Abuse of prescription drugs may lead to paranoia, dangerously high body temperatures, and irregular heartbeat.¹² In 2006, 54,161 Missouri hospital and emergency room visits were related to alcohol and 43,981 were drug-related. Costs for these visits totaled \$77.2 million.¹³ During the same year, 808 deaths in Missouri were drug-related and 369 were alcohol-related. The National Institute on Drug Abuse estimates the economic cost of premature death due to alcohol and drugs is \$350,000 per person.¹⁴ For the loss of Missouri lives due to substance abuse, this amounts to \$411.9 million per year.



Data Source: Department of Health and Senior Services, Bureau of Health Informatics (2007). Alcohol and Drug-Related Inpatient and Emergency Room Records of Treatment. Annual tabulation for 2006.

Drug and alcohol use during pregnancy can result in serious physical and developmental impairments to the newborn. In Missouri, the cost of a drug-affected birth is about \$27,000 compared to that of a normal birth (\$8,500).¹⁵ Additional costs are likely to be incurred from ongoing medical care that a drug-impacted infant may require. For a pregnant women abusing alcohol, the lifetime cost of treating a child born with fetal alcohol spectrum disorder (FASD) is estimated at \$2 million. In 2006, 467 births occurred in Missouri in which the mother reported drinking during pregnancy. The Centers for Disease Control estimates the rate of FASD to be in the range of 0.2 to 1.5 cases per 1,000 live births.¹⁶ For Missouri, this puts the number of FASD births at a lower bound of 16 per year – representing \$32 million in lifetime costs.¹⁷

Special Issues with Injection Drug Use

Substance abuse treatment admission data collected by the Missouri Division of Alcohol and Drug Abuse shows that injection drug use is most common among methamphetamine users, closely followed by heroin. Injection drug use presents a particular public health concern due to blood-borne pathogens that can be transmitted to individuals via shared needles. In 2007, there were 375 Missourians living with HIV attributed to injection drug use and another 466 living with AIDS attributed to injection drug use. Approximately one in eight new HIV cases and one in seven AIDS cases in Missouri were intravenous drug use related (IDU related).¹⁸ The cost of lifetime HIV treatment for an infected individual averages about \$155,000.¹⁹ Every new 50 cases of HIV resulting from injection drug use represents an additional \$7.9 million in lifetime health care expenditures. St. Louis City and Kansas City reported higher rates of HIV incidence (34.3 and 23.5 per 100,000, respectively) than other geographic areas in the State.

Substance Abuse and Crime: A Big Ticket Item

Substance abuse and crime are closely linked. In a survey of state prisons, the Bureau of Justice found that 32 percent of inmates committed their offense under the influence of drugs, and 17 percent committed their crime to obtain money for drugs. About 27 percent of sexual assault offenses, 40 percent of robbery offenses, and 28 percent of homicides were committed under the influence of drugs.²⁰ Applying these findings to Missouri's 2006 inmate population results in an

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estimated 3,119 violent offenders, 738 sexual offenders, 2,899 non-violent/property offenders, and 2,725 drug offenders were using drugs at the time of their offenses – for a total of 9,481. An additional 852 inmates had a DWI offense.²¹ The annual average cost to incarcerate an offender was \$14,391 in state fiscal year 2006 or \$148.7 million dollars to incarcerate the 10,333 estimated offenders using drugs or driving under the influence of alcohol at the time of their offense.²²

Estimates of inmates who used drugs at the time of their offense

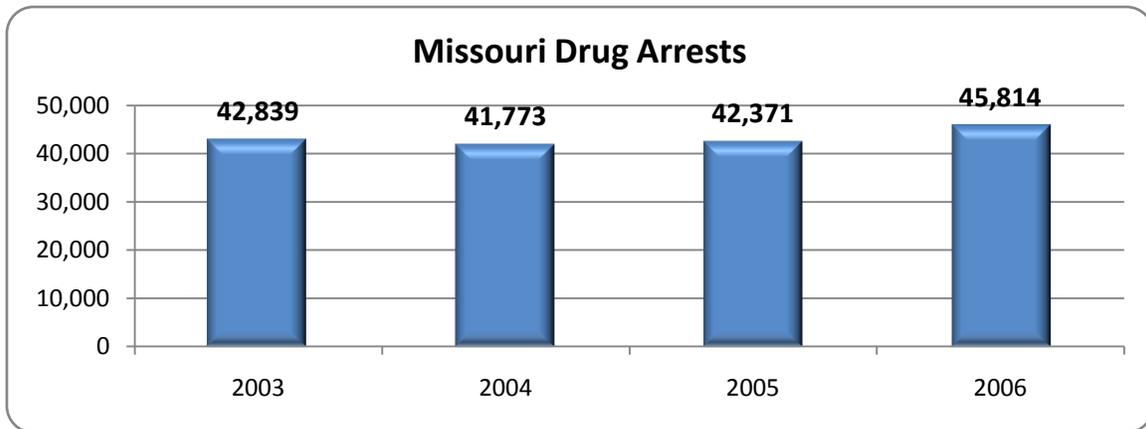
Offense Group	Percent Using Drugs at the Time of the Offense	Missouri Institutional Population on 6/30/2006	Estimated Number of Inmates Using Drugs at the Time of the Offense
Violent	27.7%	11,260	3,119
Sex	17.4%	4,247	738
Non-violent	38.5%	7,530	2,899
Drug offenses	43.6%	6,252	2,725

Data Sources: Mumola CJ and Karberg JC. US Department of Justice, Bureau of Justice Statistics (2004). Special Report. Drug Use and Dependence, State and Federal Prisoners. (NCJ Number 213530); Missouri Department of Corrections (2006). A Profile of the Institutional and Supervised Offender Population on June 30, 2006.

When substance abusers become desperate for alcohol or drugs, they often turn to theft, burglary, and other means to get money to make their purchase. The Bureau of Justice survey of state prison inmates found that 30 percent of burglary offenders, 31 percent of larceny/theft offenders, and 27 percent of robbery offenders committed their offense for money to buy drugs.²³ In 2007, Missouri residents and businesses lost \$59.9 million due to burglary, \$89.1 million due to theft, and \$7.8 million due to robbery.²⁴ The loss of property suffered by Missourians in 2007 due to drug use is estimated at \$47.7 million.

Each year over 40,000 drug arrests are made in Missouri. About 85 percent of these arrests involve possession charges and about 15 percent involve the sale or manufacture of drugs. Of the 29,389 drug cases processed by the Missouri Crime Laboratory in 2006, about 38 percent involved marijuana, 23 percent involved cocaine, 20 percent involved methamphetamine, 7 percent involved heroin/opiates, 0.3 percent involved hallucinogens, and the remainder was for other drugs.²⁵

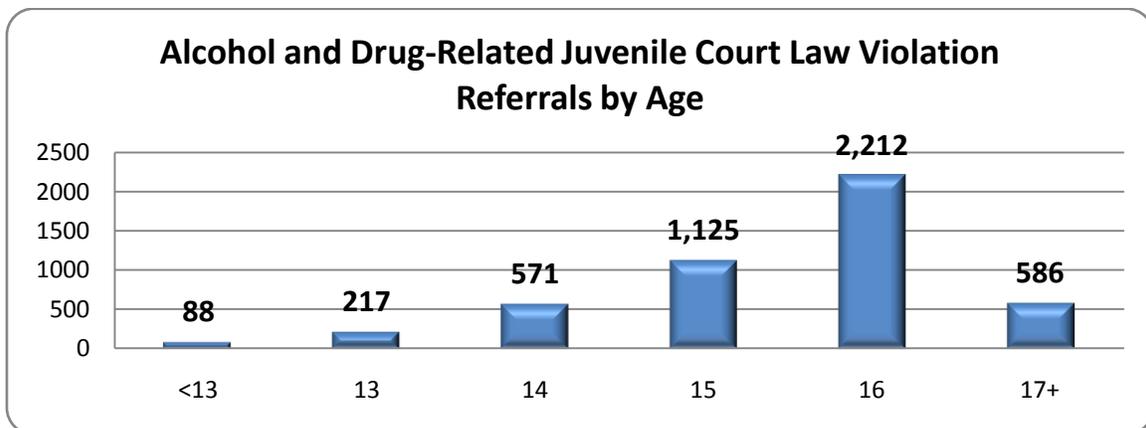
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Data Sources: Missouri Department of Public Safety and Statistical Analysis Center (2007). *Nature and Extent of the Illicit Drug Problem in Missouri*; Missouri Department of Public Safety and Statistical Analysis Center (2007). *Crime in Missouri - 2007*.

Contribution to Youth Delinquency

In Missouri, the Department of Social Services, Division of Youth Services, maintains statistics on juvenile court referrals and on commitments of juveniles into the Division's care. In 2006, 3,161 law violation referrals were made due to dangerous drugs, 1,638 due to liquor law violations, and 3 due to driving while intoxicated. Alcohol and drug-related law violation referrals were highest for youth age 16.²⁶



Data Source: Missouri Department of Social Services, Division of Youth Services. *2006 Juvenile Court Statistics Report*.

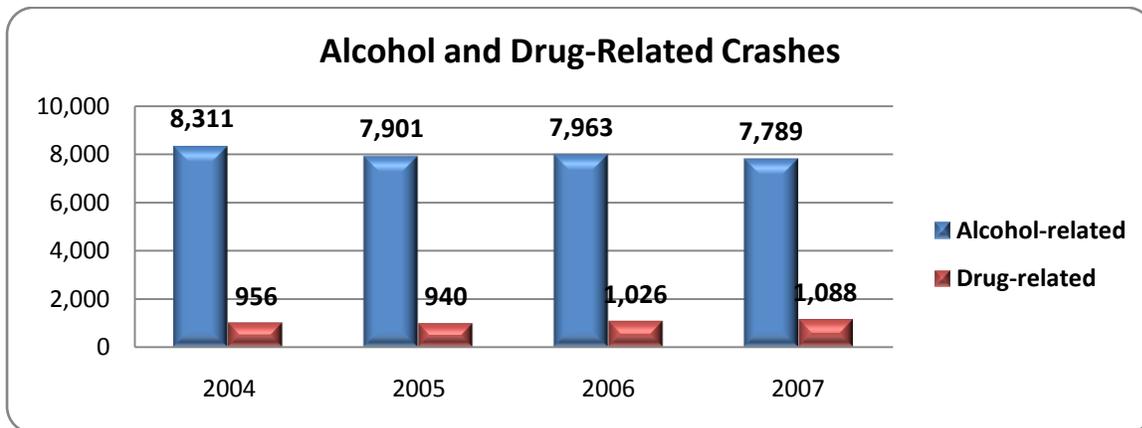
Of the 2,793 youth served by the Division of Youth Services in state fiscal year 2007, 1,083 had a serious to significant pattern of substance abuse and another 684 had moderate to intermittent incidents of substance abuse. Ninety percent of the Division's \$57 million budget is directed toward treatment, housing, and rehabilitative services. The annual cost per bed ranges from approximately \$41,000 to \$57,500, depending upon the level of security required. To provide care and treatment to youth struggling with substance abuse issues, residential costs alone could exceed \$15 million²⁷

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Roughly 16,700 discipline incidents occurred in Missouri's elementary and secondary public schools in 2007. Of these, 2,142 (12.8 percent) were drug related and 448 (2.7 percent) were alcohol related.²⁸ A discipline incident results when the student is removed from the traditional classroom for ten or more consecutive days. The average annual, per student cost in Missouri's public schools is about \$11,000 or roughly \$63 per school day.²⁹ Out-of-school suspensions for alcohol and drug related discipline incidents could realistically result in at least 25,900 days of missed school and \$1.6 million in costs borne by the educational system.

Driving Under the Influence

In 2007, 34,561 arrests were made for driving under the influence and 355 arrests were made for impaired boating. Each arrest that did not involve a crash-related incident represents lives saved. In Missouri, traffic crashes related to alcohol use totals almost 7,800 while those related to drug use are about 1,000. Combined, this represents 28.7 percent of all motor vehicle crashes in the state. Approximately 1 in 20 crashes, and 1 in 4 fatal crashes, were alcohol-related. A total of 3,814 alcohol and drug-related crashes resulted in injuries and another 249 resulted in fatalities.³⁰ In 2000, the U.S. Department of Transportation estimated that alcohol-involved crashes cost the nation \$50.9 billion. Missouri's share is almost \$1.1 billion in goods and services that must be purchased and/or productivity that is lost as a result of alcohol-related crashes. This does not include costs associated with quality of life issues. It is estimated that state government picks up the tab for about 2.7 percent of the costs of associated with motor vehicle crashes – the majority of the burden being carried by insurance companies (50.3 percent) and individuals (26.2 percent). The state's tab for medical and emergency services resulting from alcohol and drug-related crashes is estimated to be \$20.5 million per year.³¹



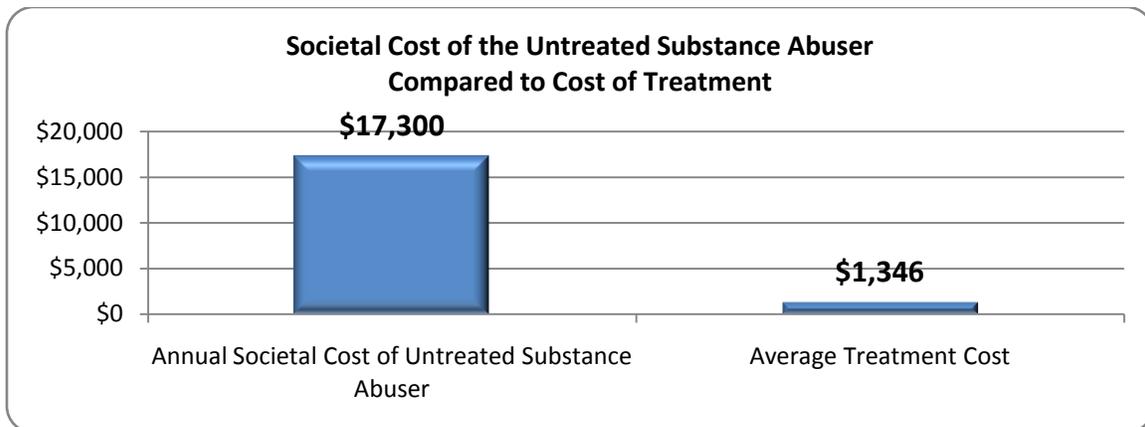
Data Source: Missouri Department of Public Safety and Statistical Analysis Center (2008-2005). Missouri Traffic Crashes (2007-2004).

The Missouri Division of Alcohol and Drug Abuse

The Missouri Division of Alcohol and Drug Abuse is charged with providing substance abuse prevention and treatment programming statewide. The cost of treatment for those in need is based on their ability to pay. For thousands of Missourians afflicted with substance abuse problems, these programs offer the opportunity to regain control of their lives and be productive

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members of their communities. Treatment is typically not a one-time event due to the chronic nature of addiction. Research demonstrates that the efficacy of treatment builds over time with each treatment episode. Although relapse is part of the recovery process, many believe it translates to failure. Research, including large-scale, multi-site studies, has shown that substance abuse treatment is effective and the benefits far outweigh the costs. In Missouri, the average cost to treat and individual for substance abuse is \$1,346. The average societal cost to **not** treat is \$17,300. Not providing treatment to these individuals places a heavy burden on Missouri families, communities, and state government.



Data Source: Missouri Department of Mental Health, Division of Alcohol and Drug Abuse (2008). Tabulations of treatment cost.

Treating the “At Risk” and Special Needs Populations

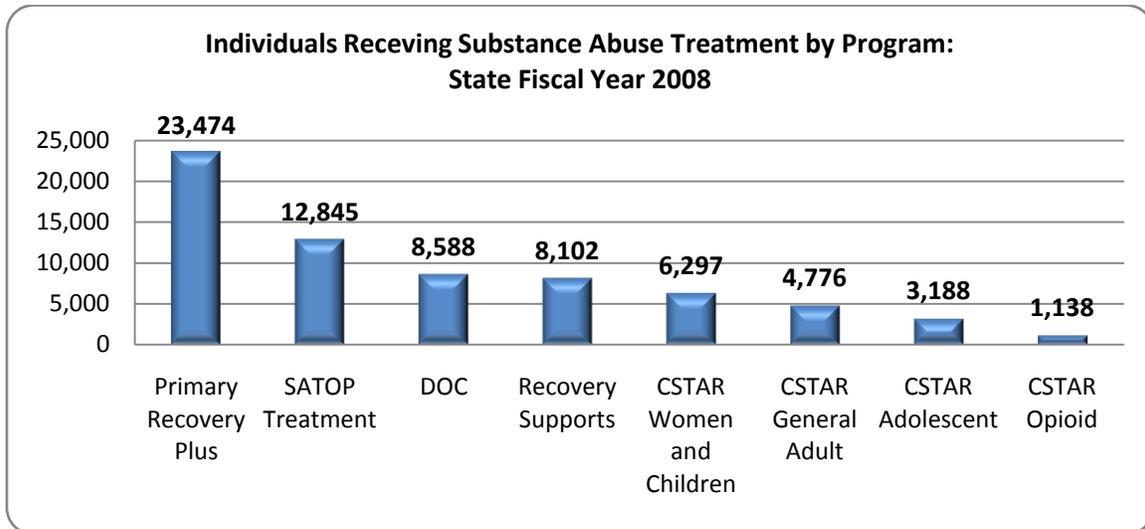
The Division provides specialized programs and services to priority and “at risk” populations including pregnant women and women with dependent children, adolescents, and injection drug users, in addition to the general adult population struggling with addiction. The Division’s Comprehensive Substance Treatment and Rehabilitation (CSTAR) programs are the only MO HealthNet (Medicaid) funded substance abuse treatment programs in the state. The CSTAR programs offer an array of individualized treatment services to persons with substance abuse problems and their families. The CSTAR Opioid programs provide services on an outpatient basis to individuals who demonstrate physiological dependence to heroin, oxycontin, and other narcotics. Priority admission is given to women who are pregnant and persons who are HIV positive.

Between state fiscal years 2005 and 2008, a total of 395 babies were born drug-free to women in the CSTAR Women and Children’s programs. In Missouri, the cost of a drug-affected birth is about \$27,000 – compared to that of a normal birth (\$8,500).³² These drug-free babies represent a savings of \$7.3 million on just their first hospital stay alone. In state fiscal year 2008, 110 children were returned to mothers in treatment. Foster care maintenance reimbursements range from \$282 to \$372 per month, per child depending upon the child’s age.³³ Annual foster care costs for 110 children would be a minimum of \$372,300.

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In state fiscal year 2008, the Division served 5,284 injection drug users. Most of these individuals had a methamphetamine or heroin addiction. The Division partners with the Department of Health and Senior Services to provide TB, HIV, STD, and Hepatitis screening, testing, and counseling to individuals in substance abuse treatment. Intervention which prevents HIV infection and spread to others saves \$155,000 in lifetime health care costs per individual at risk.³⁴ The Division spent a total of \$688,164 on HIV services for 7,077 individuals, or \$97 per individual.

During State fiscal year 2008, the Division served nearly 7,947 individuals who had co-occurring substance abuse and mental illness, 1,994 who were veterans of the armed forces, 1,048 who were hearing impaired, 3,300 who were homeless, 14,947 who were of a minority race, 1,066 who were of Hispanic ethnicity, and 311 who were seniors age 65 or older. *The Division served a total of 59,937 Missourians in its clinical treatment and recovery support programs.*



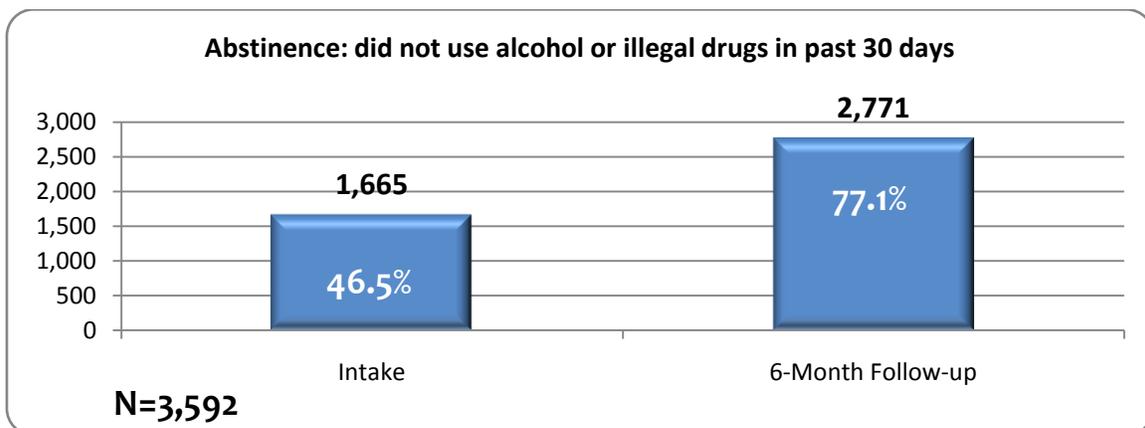
Data Source: Missouri Department of Mental Health, Division of Alcohol and Drug Abuse (2008). Tabulations of number served.

The “Meth” Addict

Since the early 1990’s, Missouri communities – particularly, the rural communities – have been besieged by a substance known as methamphetamine. Methamphetamine is a highly addictive stimulant. Short-term effects may include increased activity, euphoria, rapid/irregular heartbeat, and elevated body temperature. Long-term effects may include psychosis, memory loss, violent behavior, and mood disturbances. These effects may remain even after cessation of the drug.³⁵ In state fiscal year 2008, the Division of Alcohol and Drug Abuse provided substance abuse treatment to 7,340 methamphetamine users and about 2,400 of these users had been injecting the drug.

Access to Recovery: Outcomes Data and the Faith Community

In 2004, Missouri was awarded a federal Access to Recovery (ATR) grant. With those resources, the state made a bold move to convert its statewide primary care program – basically serving non-Medicaid substance abusing adults – into the Access to Recovery model. Under this model, services became highly individualized to meet the needs of the consumer, comparable to the CSTAR model. A network of recovery support providers was developed by engaging faith-based (about 80 agencies) and non-traditional organizations (about 10 agencies) to provide supportive services to those facing the challenges of recovery. In 2007, the state was awarded a second ATR grant which allowed for the continued provision of recovery support services in addition the array of clinical treatment services. In state fiscal year 2008, about 8,100 Missourians received recovery support services and nearly 23,500 received clinical treatment services under Missouri’s Access to Recovery Program. As part of the Access to Recovery II grant, survey data is collected at intake and at six months post-intake. Data collected to date shows improvement in rates of abstinence, employment, housing, and criminal activity.



Data Source: Missouri Department of Mental Health, Division of Alcohol and Drug Abuse (2008). Tabulations of Government Performance and Results Act (GPRA) data (September 30, 2008).

The Corrections Population

An estimated 74 percent of the corrections population needs some level of substance abuse intervention or treatment.³⁶ In state fiscal year 2006, the Missouri Department of Corrections (DOC) spent nearly \$9 million on substance abuse-related services including treatment (\$7.1 million) and drug testing (\$0.9 million). The Department provided substance abuse-related services to 7,261 incarcerated offenders – 24 percent of the institutional population – as well as another 1,631 offenders on parole and 2,601 offenders through community sentencing. In state fiscal year 2006, DOC transferred \$3.5 million for community substance abuse services to the Department of Mental Health, Division of Alcohol and Drug Abuse. The Division works closely with the Department of Corrections to ensure appropriate treatment is available to offenders with substance abuse issues who are on parole and probation. The state has a vested interest in providing treatment to this population. A return to prison translates into an incarceration cost of

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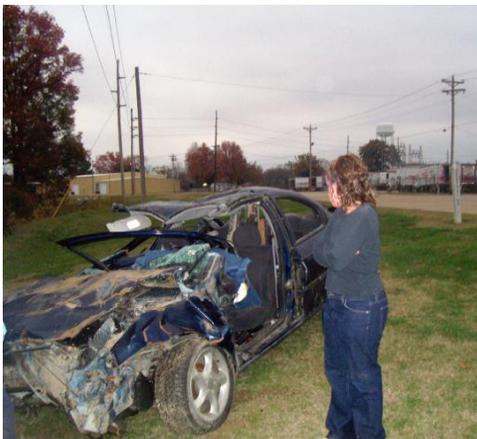
about \$15,000 (FY 2007) per offender per year.³⁷ In state fiscal year 2008, the Division served 8,588 DOC-supervised offenders in community-based treatment.

Treating the Impaired Drivers

A concern to anyone traveling on Missouri's highways and side roads is the driving capabilities of fellow drivers traveling the same roadways. Alcohol and drug use impacts visual perception, coordination, reflex speed, concentration, and information processing.³⁸ Missouri had 39,809

Poplar Bluff, Missouri

In 2007, the Butler County Community Resource Council partnered with local law enforcement, health care agencies, and a media company to develop a DVD addressing binge and underage drinking. The program, called "It's Not Worth It: Understanding Missouri's Alcohol Laws," explores alcohol issues through the eyes of Butler County residents including law officers, medical responders, youth and their parents, DUI offenders behind bars, and victims' families.



driving under the influence (DUI) arrests in 2006. The Division of Alcohol and Drug Abuse oversees the state's Substance Abuse Traffic Offenders Program (SATOP). Missouri law requires DUI offenders to be assessed and complete an appropriate level of SATOP for reinstatement of their driver's license. SATOP ranges from a 10-hour educational program to an intensive 18 month treatment program for chronic offenders, depending upon assessed need of the offender. About 80 percent of offenders entering SATOP are first-time entrants. SATOP fees paid by the offender can range from about \$370 to \$1,270.³⁹ In state fiscal year 2008, SATOP served 15,662 in educational programs and 13,145 in clinical treatment programs.

Reaching Families in the Communities and Children in the Schools

The Division of Alcohol and Drug Abuse provides training and support to 164 community coalitions across the state. The coalitions are comprised of community volunteers numbering over 1,700 who focus on reducing the incidence of substance abuse in their communities. Technical assistance and training are provided through regional support

centers. Partners in Prevention is a statewide coalition comprised of representatives from 12 Missouri public universities. Its mission is to prevent high-risk drinking among Missouri's 130,000 college students. In 2008, three of Missouri's programs received national recognition for their work in the field of substance abuse prevention. These included "Partners in Prevention" headquartered at the University of Missouri-Columbia, "Promoting Responsibility through Education and Preparation" (PREP) in St. Louis, and "How to Cope" in Kansas City. Of

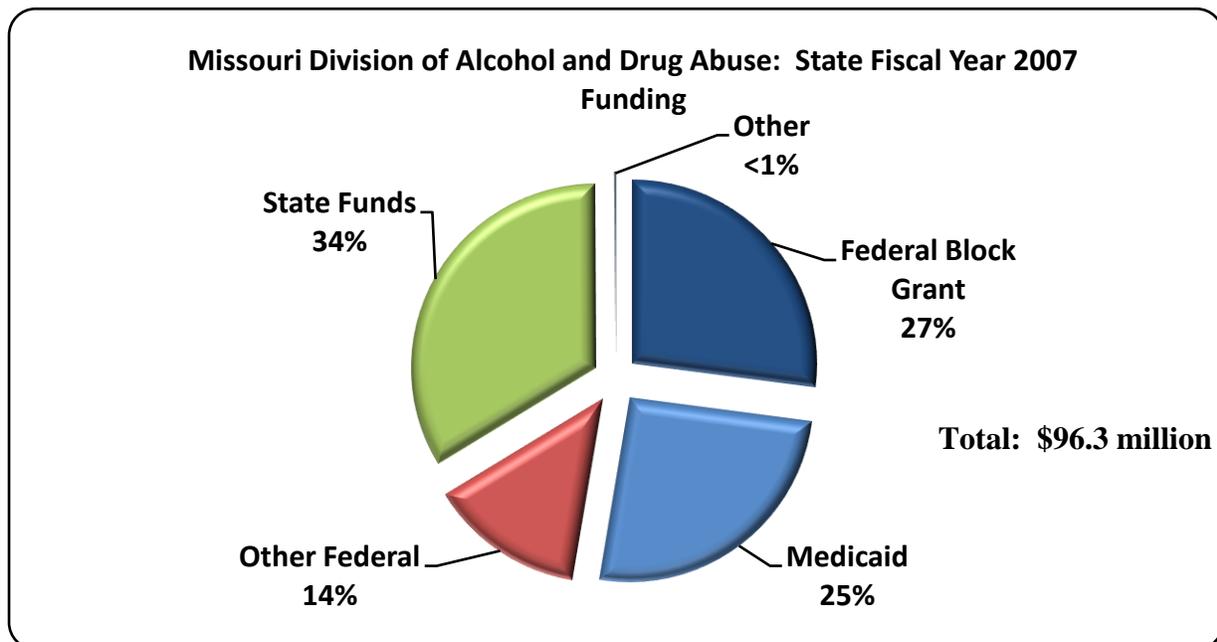
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the six national awards that are presented annually, Missouri brought home three of the awards with its programs receiving the highest rankings.

The Division of Alcohol and Drug Abuse provides school-based intervention through its School-Based Prevention Intervention and Resources Initiative (SPIRIT). Five school districts participate in the SPIRIT program including Carthage R-IX, Hickman Mills C-I (Kansas City), Knox Co. R-1, New Madrid Co R-1, and Ritenour (St. Louis). Over 7,300 students in grades K-12 receive evidence-based prevention programming and referral and assessment services as needed. The most recent evaluation study shows that SPIRIT students report lower alcohol and marijuana use compared to state and national averages.⁴⁰

What it Costs to Provide Statewide Prevention and Treatment Services

The majority of funding for the Missouri Division of Alcohol and Drug Abuse is federal – largely from Medicaid and the Substance Abuse Prevention and Treatment Block Grant. Nearly all (96 percent) of the state’s prevention services are supported by federal dollars. For both prevention and treatment, State funding totals \$32.4 million – less than the dollar value of property lost by Missourians each year due to drug-related theft and burglary. In total, the annual cost of the statewide substance abuse prevention and treatment system is \$96.3 million, or \$16 per Missourian.



Data Source: Missouri Department of Mental Health, Division of Alcohol and Drug Abuse (2008). Fiscal Year 2009 Substance Abuse Block Grant Application (September 30, 2008).

Closing Comments

Addiction is a chronic condition hardwired into physical and behavioral processes. Addiction has no cure, but can be managed just as any other chronic illness such as heart disease or

The Burden of Substance Abuse on the State of Missouri

diabetes. Recovery from substance abuse and addiction is a long-term process which takes different forms for different people. Relapse does not translate to failure, and it may take multiple treatment events for an individual to bring his or her condition under control. Treatment is effective and is far less costly to the state than the burden of substance abuse and addiction.

The destructive nature of alcohol and drug abuse results in a hefty price tag. It presents a significant economic cost that is placed on Missouri families, businesses, communities, and government. People will have different views regarding morals, character, and retribution directed at the individual who develops an addiction. The bottom line, however, is that an untreated substance abuser is more expensive to society than the cost of getting the abuser into treatment and preventing the non-user from initiating use.

Appendix 1: State Maps



MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF ALCOHOL AND DRUG ABUSE

PREVENTION RESOURCE NETWORK

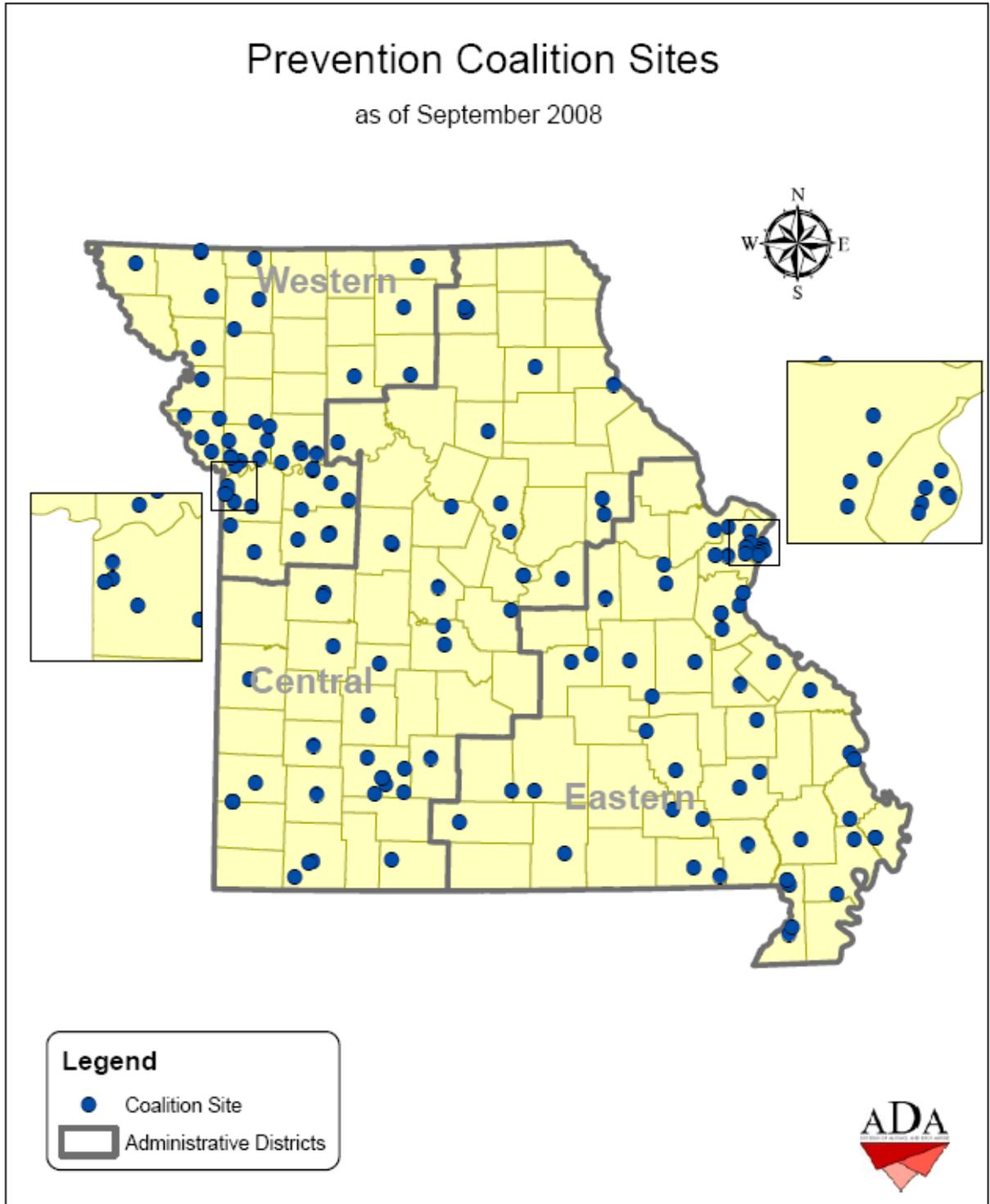


SUPPORT CENTERS AND COVERAGE AREAS

- Support Center Sites
- Statewide Center: ACT Missouri; 428 E Capitol Avenue, 2nd Floor, Jefferson City, MO 65101; Phone 573-635-6669; Fax 573-635-7267; Connie Berhorst: cberhorst@admissouri.org
- Community Partnership of the Ozarks; 330 N Jefferson; Springfield, MO 65806; Phone 417-888-2020; Fax 417-888-2322; Chris Davis: odevis@commpartnership.org
- Family Counseling Center Inc; 925 Hay V V, PO Box 71; Kennett, MO 63857-0071; Phone 573-888-0642 ext 215; Fax 573-888-9365; Jessica Howard: c2000@fccinc.org
- Family Counseling Center of Missouri; Prevention Resource Center; 117 N Garth; Columbia, MO 65203; Phone 573-442-2691; Fax 573-675-6607; Linda Frost: lfrost@FCCmo.org
- National Council on Alcoholism and Drug Dependence; 633 E 63rd Street; Kansas City, MO 64110; Phone 816-361-5900 ext 114; Fax 816-361-7290; Ron Griffin: prevent@recoverycentral.org
- Pathways Community Behavioral Healthcare; 1800 Community Drive; Clinton, MO 64735; Phone 660-885-8131; Fax 660-885-2393; Donni Kuck: dkuck@PSHC.org
- Preferred Family Healthcare; PO Box 767; Kirksville, MO 63501; Phone 816-407-1754; Fax 816-407-1739; Gary Hillebrand: ghillebrand@pfh.org
- Prevention Consultants of Missouri; 104 E 7th Street; Rolla, MO 65401; Phone 573-368-4755; Fax 573-368-2780; Jamie Myers: Jamie@preventionconsultants.org
- Saint Louis Area National Council on Alcoholism and Drug Abuse; 8790 Manchester Road; St. Louis, MO 63144; Phone 314-962-3456; Fax 314-968-7394; Jenny Otto: jotto@ncade-stl.org
- Southeast Missouri Community Treatment Center; 101 S Main, Poplar Bluff, MO 63901; Phone 573-686-5090; Fax 573-785-4104; Crystal Jones: cjones@semotc.org
- SEMO Univ.; Southeast Regional Support Center; Parker Room 204/205, MS 7650; Cape Girardeau, MO 63701; Phone 573-651-5153; Fax 573-651-2856; Wendy Blankenship: wblankenship@semo.edu
- Tri-County Mental Health Services; 3100 NE 83rd Street, Suite 1001; Kansas City, MO 64119-9998; Phone 816-468-0400 ext 111; Fax 816-468-5635; Vicky Ward: vickyw@tri-countymhs.org

Prevention Coordination:
Missouri Division of Alcohol and Drug Abuse; 1706 E Elm, PO Box 687; Jefferson City, MO 65102; Phone 573-751-4942; Fax 573-751-7814; Angie Stuckenschneider: angie.stuckenschneider@dmh.mo.gov

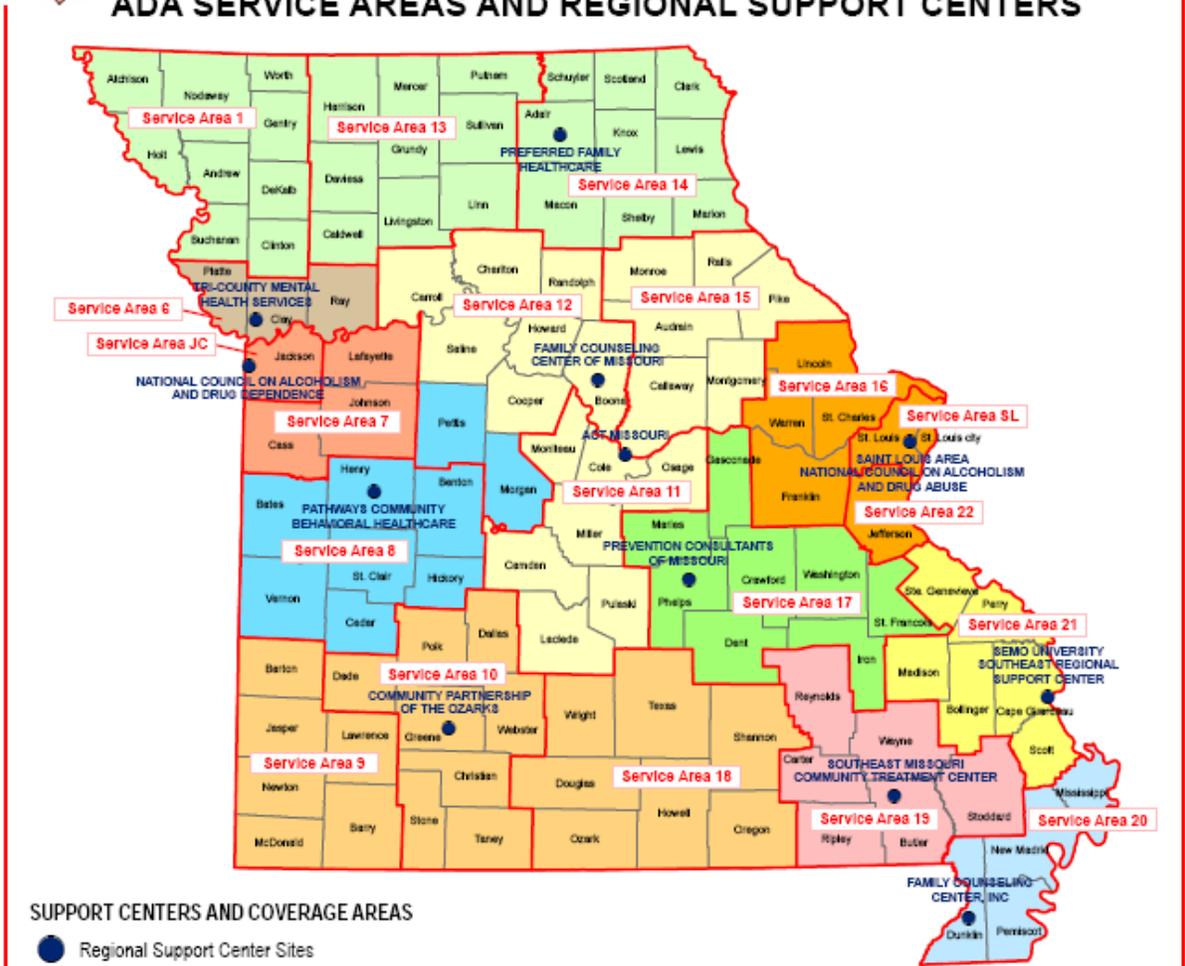
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MISSOURI DEPARTMENT OF MENTAL HEALTH
DIVISION OF ALCOHOL AND DRUG ABUSE

ADA SERVICE AREAS AND REGIONAL SUPPORT CENTERS

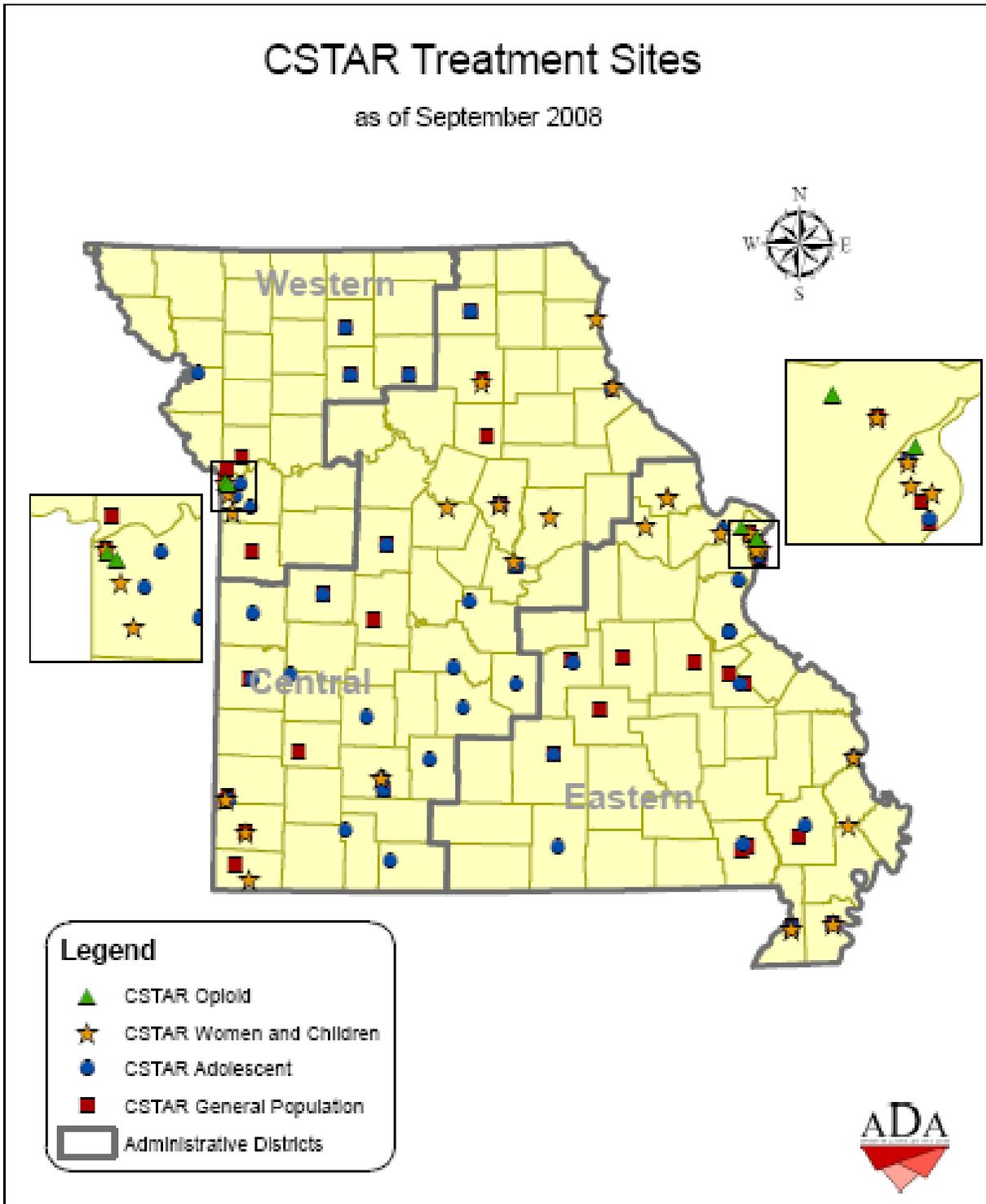


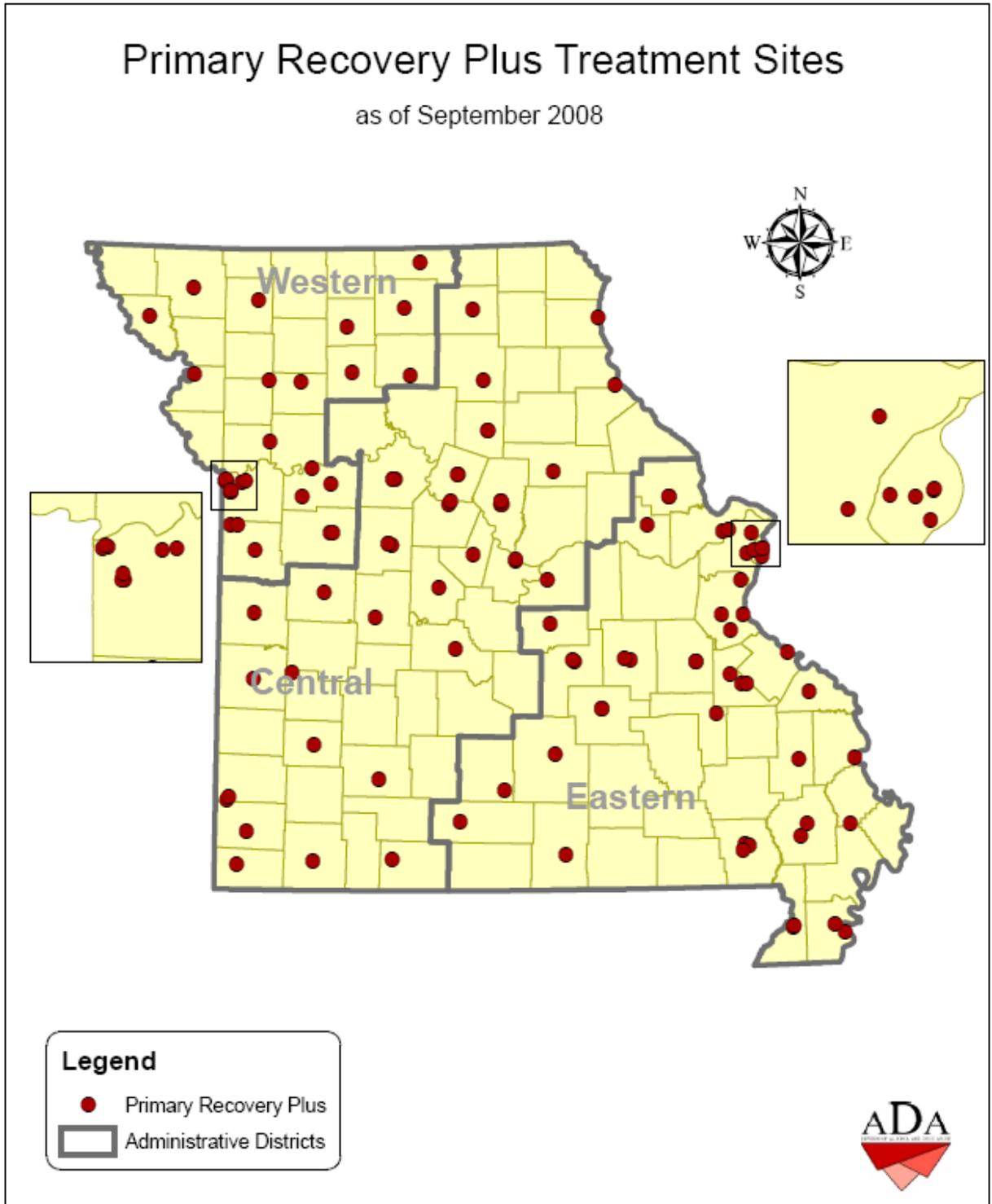
SUPPORT CENTERS AND COVERAGE AREAS

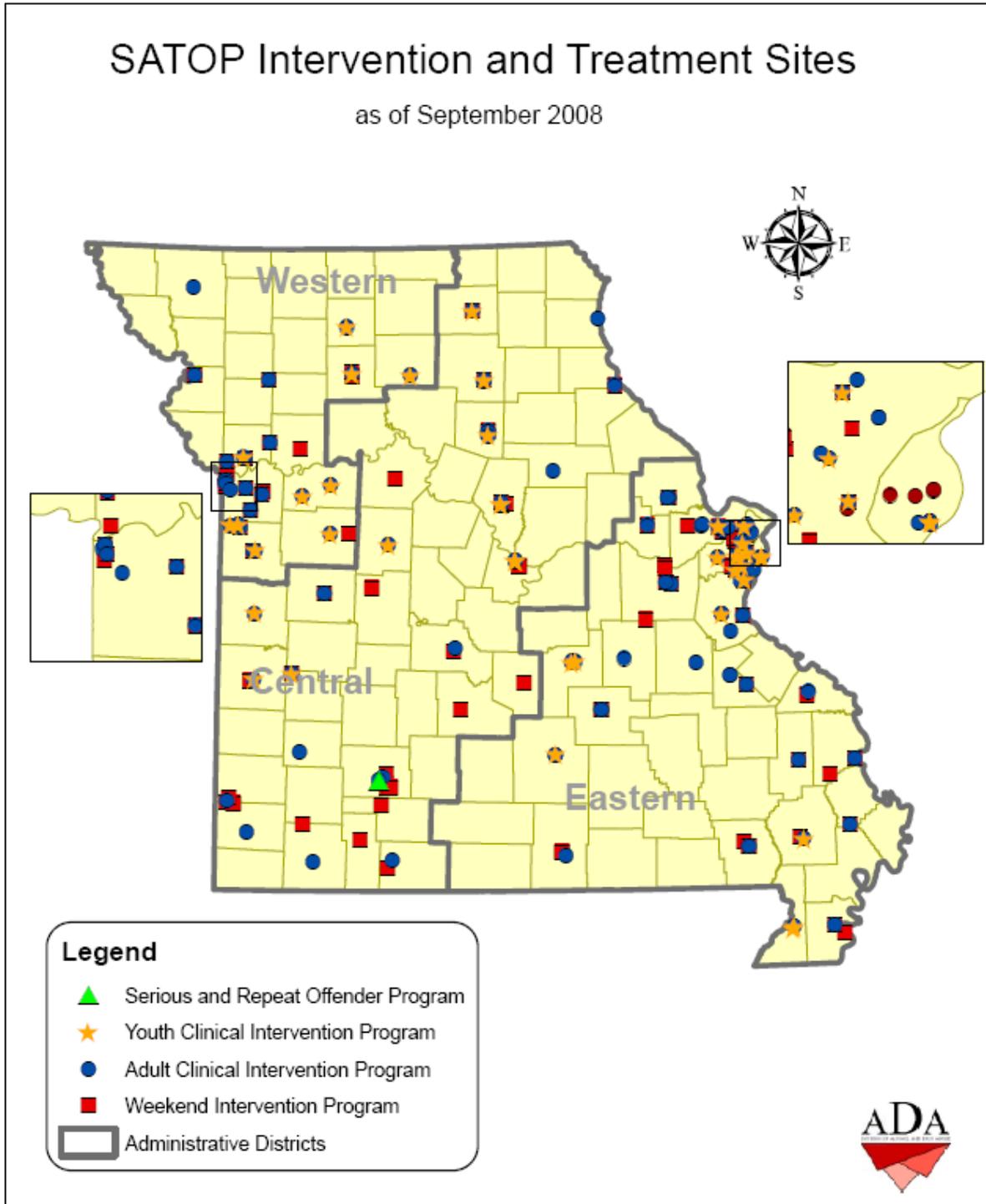
- Regional Support Center Sites
- Statewide Center: ACT Missouri; 428 E Capitol Avenue, 2nd Floor, Jefferson City, MO 65101; Phone 573-635-6669; Fax 573-635-7257; Connie Behorst: cbehorst@actmissouri.org
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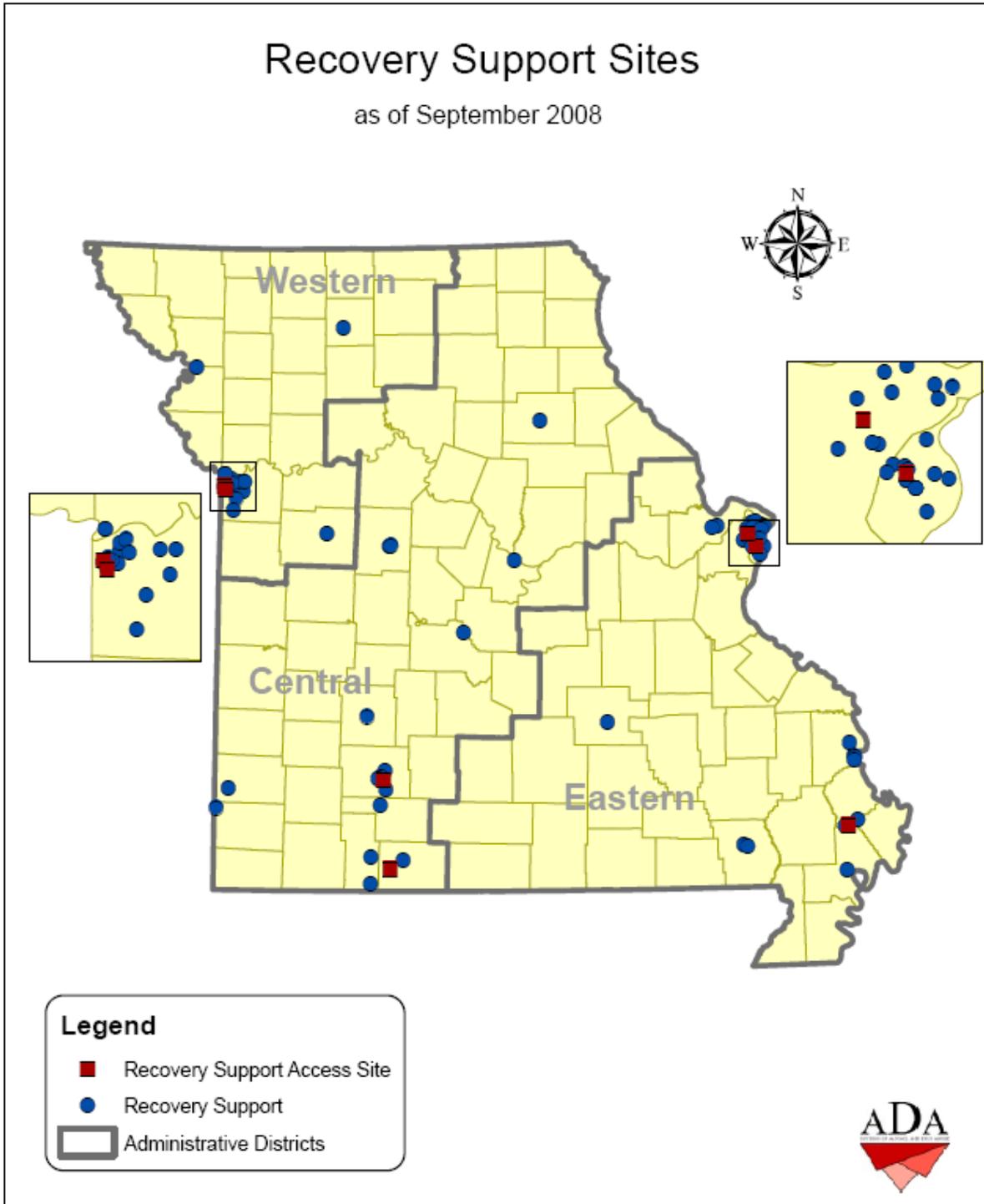
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