

Annual Report of The Task Force on Substance Abuse Prevention

**Submitted by the
Task Force on Substance Abuse Prevention**
(legislated by Act 629 of the 86th General Assembly of the State of Arkansas)

September, 2008

Executive Summary

Substance abuse is a key public health issue with severe consequences for affected individuals and society at large. When substance abuse is prevented, individuals, families, and communities reap the benefits in terms of quality of life and economic impact. Act 629 of 2007 was established to authorize formation of the Arkansas Legislative Task Force on Substance Abuse Prevention (referred to throughout this document as "The Task Force"). The Task Force examined the current picture of substance abuse in Arkansas and identified strategies to enhance statewide prevention efforts that will have a lasting impact on the health of Arkansans.

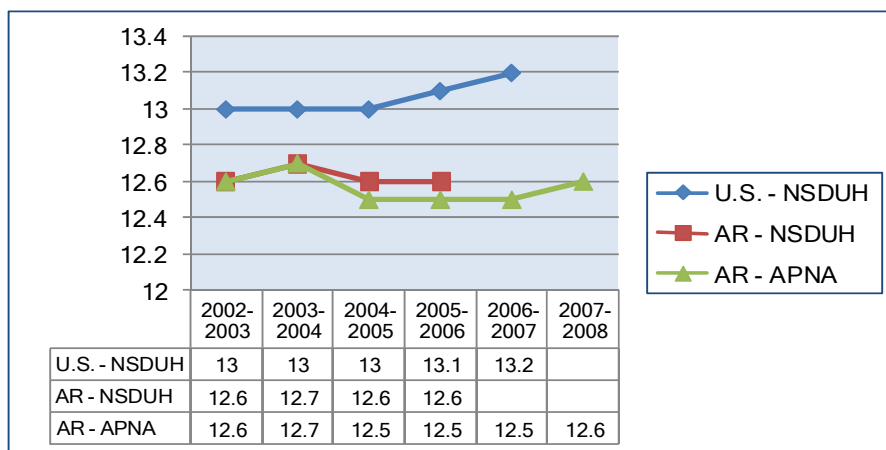
Through intensive study, testimony, and discussion, the Task Force reached the consensus that underage drinking should be the current focus of its efforts. Underage drinking was identified as a priority based on:

- Prevalence
- Consequences
- Availability of data
- Resources to address the issue

The Task Force has identified the following as root causes of the underage drinking problem in Arkansas. See page 15 for additional information on underage drinking in Arkansas.

- 48.6% of 12th graders report drinking at home or at someone else's home (Arkansas Prevention Needs Assessment [APNA] student survey, 2007)
- 29.7% of 12th graders obtained alcohol from someone 21 or older (APNA, 2007)
- 78.6% of 12th graders report it would be "sort of easy" or "easy" to get alcohol (APNA, 2007)
- 19.4% of Arkansas youth report that it is a "little bit wrong" or "not wrong at all" to drink alcohol (APNA, 2007)
- 57.3% of 12th graders perceive that 5 or more drinks once or twice per weekend DOES NOT place users at "great risk" (APNA, 2007)
- 67.7% of youth report they would NOT be caught by police if they drank alcohol in their neighborhood (APNA, 2007)
- Juvenile alcohol arrests and incidents are not documented routinely and consistently. In 2007, only 175 juvenile DUI's, 205 underage drinking, and 224 drunkenness arrests among Arkansas adolescents were reported throughout the state (Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas [Archival Risk Factors], 2007)

In addition to the above, Arkansas youth drink at a younger age than their peers throughout the nation. The average age of first alcohol use in AR (among those who drink) is 12.6 years old.



NSDUH - National Survey on Drug Use and Health; APNA - Arkansas Prevention Needs Assessment.

Based on what is demonstrated by research to be effective, and following a thorough review of state data, the Task Force recommends the following no-cost prevention strategies as a starting point for reducing consequences of substance abuse in Arkansas:

- **Maintain 21 as the minimum legal drinking age**
- **Strengthen Social Host Liability Law in Arkansas**
- **Tax and regulate the sale of alcopops* as distilled spirits**
- **Obtain statewide participation in the Arkansas Prevention Needs Assessment (APNA)**
- **Increase penalties for providing alcohol to a minor**
- **Expand data collection and reporting requirements for all juvenile alcohol-related arrests and incidents**

*Alcopops are sweet, fruity-tasting alcoholic beverages, which are made with distilled spirits and typically have an alcohol content higher than most beer.

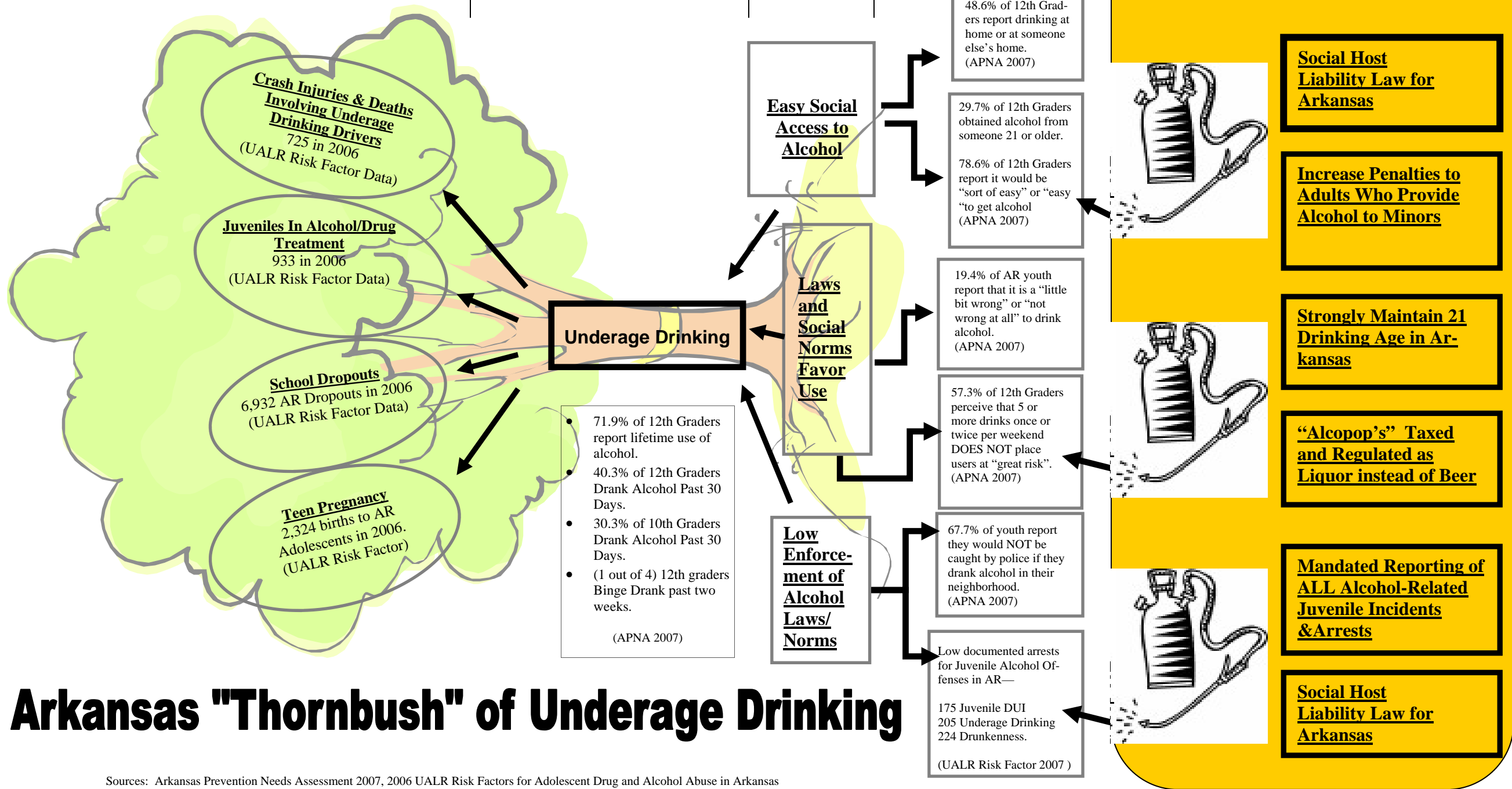
Consequences Of Underage Drinking

Community Problem Problem of Underage Drinking

Why?

Why in
Arkansas?
(root causes)?

Arkansas Prevention Task Force Recommended Solutions to Reduce Underage Drinking in Arkansas



History and Purpose of Act 629 of 2007

Prevention of substance abuse is an effort, validated by research, capable of making a positive impact on the rising costs associated with substance abuse. Effective prevention efforts address various substances of abuse throughout the lifespan and are sustained at the community level. To date, Arkansas' substance abuse prevention programs and infrastructure have been primarily funded and directed by the federal government, leaving the State vulnerable to cuts in funding and jeopardizing opportunities for successful outcomes in prevention. In 2007, the 86th General Assembly of the State of Arkansas created Act 629. The Act provided legislative authority to form the Task Force on Substance Abuse Prevention*, whose duties include:

- Evaluate the current substance abuse prevention service delivery system and its capacity to respond to current and projected prevention needs across the full life spectrum, from the prenatal state and early childhood development through adolescence and until the conclusion of adult life;
- Assess the degree of community awareness across the state of the value of effective evidence-based substance abuse prevention;
- Assess financial resources available to invest in substance abuse prevention programs and to identify all available revenue streams, including underutilized revenue and revenue not currently documented as prevention spending;
- Identify all active substance abuse prevention programs in each county throughout the state and determine the specific areas of the state where prevention programs are inadequate or absent; and
- Make recommendations designed to improve and increase sustainable substance abuse prevention services throughout the state, including identifying methods to enhance the development and support of effective community-based programs.

*Task Force members are listed on page 7.

Process Undertaken by the Task Force

The Task Force convened as a whole on several occasions, with subcommittee tiers meeting more regularly. Three (3) subcommittee tiers were established to carry out the work of the Task Force.

| Tier # | Tasked with... | Progress |
|---------------|---|--|
| 1 | Identifying funding sources | Representatives from 4 Arkansas agencies presented to the full Task Force in February 2008. Their remarks focused on the prevention goals of their agencies and the sources of funding for accomplishing those goals. For the most part, these agencies function with federal funds, which continue to wane. |
| 2 | Identify providers | The Committee conducted research related to social host laws, obtained relevant data and examples of such laws from other states, and presented this information to the Task Force |
| 3 | Identify agencies doing prevention work with no funding | This group is working toward compilation of a comprehensive list of agencies currently performing prevention work. |

Progress reports have been shared at scheduled meetings of the full Task Force, with appropriate discussion ensuing. Representatives of the Bureau of Legislative Research have regularly participated in Task Force meetings and provided support as necessary. Presentations, subsequent discussions, and supplemental materials have been compiled and analyzed to arrive at the findings and recommendations presented below.

Findings

Regular, repeated survey information confirms that prevention works. The data depict behaviors, attitudes and perceptions relating to substance abuse and indicate where there has been progress in reducing and preventing use. The most compelling benefit of effective substance abuse prevention is saved lives, including lives that have barely begun, to the lives of our older generations and all those in between. Additionally, it is estimated that benefits of a universal prevention program could save from \$2.40 to \$10.00 for every \$1.00 spent (Substance Abuse and Mental Health Services Administration, and National Institute on Drug Abuse). More information on the cost effectiveness of prevention can be found on page 16.

Just as there are multiple factors that place individuals at risk for substance abuse, multiple prevention strategies are needed to produce results. These strategies include evidence-based programs and broader "environmental" strategies which alter the environment in such a way as to deter use. Prevention programs are most effective when implemented rigorously with close attention to quality control and adherence to the original design of the program particularly when monitored through a state entity. This combination of approaches, targeting individuals throughout their lives, will work synergistically to address the root causes of substance abuse in Arkansas.

Sustainability of efforts is also key to success. An assessment of financial resources confirmed that four state agencies make funds available to support community-based substance abuse prevention efforts. These delivery systems operate with no state general revenue. Thus, the state's ability to maintain the existing level of substance abuse prevention services or to meet projected future needs lies in the hands of the federal government.

Recommendations

In light of the findings summarized above, the Task Force recommends the following no-cost or low-cost strategies, which have the potential to reduce underage drinking in Arkansas. A brief description of each strategy is provided below, with additional information on each beginning on page 8.

- **Maintain 21 as the minimum legal drinking age.** The research is clear that the minimum drinking age of 21 saves lives and results in lower rates of underage drinking. To preserve the health and welfare of Arkansans, it is imperative that the legal drinking age remain at 21.
- **Strengthen the Social Host Liability Law in Arkansas.** APNA data indicates that youth get their alcohol primarily from adults, and that they consume alcohol primarily at private residences. To deter adults from providing alcohol to minors or allowing minors to consume alcohol on their property, Arkansas' current social host law should be revised to include liability for knowingly allowing underage drinking on one's property. Such laws have been shown to be effective at reducing underage drinking.
- **Tax and regulate the sale of alcopops as distilled spirits.** Current Arkansas Alcoholic Beverage Control regulations specify that these sweet beverages should be taxed and regulated as distilled spirits, due to the method in which they are manufactured. These regulations should be enforced to ensure that alcopops are not sold at establishments without licenses to sell distilled spirits, and that they are taxed appropriately.
- **Obtain statewide participation in the Arkansas Prevention Needs Assessment (APNA).** While this student survey is currently optional for school districts, deliberate steps should be taken to ensure that all public school districts participate. Full, statewide data collection will equip Arkansas with data needed for funding applications, and will allow for targeted prevention planning to take place at the state and local levels.
- **Increase penalties for providing alcohol to a minor.** Non-commercial provision of alcohol to a minor is currently included as an offense under general "contributing to delinquency of a minor" and child abuse sections of Arkansas Code. Commercial violations are included in current law as well. The current penalties are not appropriate given the consequences of underage drinking. The Code should be revised to increase penalties in an effort to deter this behavior.
- **Expand data collection and reporting requirements for all juvenile alcohol-related arrests and incidents.** In an effort to reduce alcohol-related crime, car crashes, and other consequences associated with consumption of alcohol by juveniles, all alcohol-related juvenile arrests and incidents within the state must be routinely and consistently reported.

Members of the Arkansas Legislative Task Force on Substance Abuse Prevention

| Legislative Members | Appointed by: |
|--------------------------------|--|
| Senator Bill Pritchard (Chair) | Senator Jack Critcher, President Pro Tempore of the Senate |
| Senator Jack Critcher | Senator Jack Critcher, President Pro Tempore of the Senate |
| Representative Fred Allen | Representative Benny C. Petrus, Speaker of the House |
| Representative Gene Shelby | Representative Benny C. Petrus, Speaker of the House |
| Non-Legislative Members | Agency/Position Authorized by Act 629 |
| Teresa Belew | Mothers Against Drunk Driving (MADD) Arkansas |
| Willa Black Sanders | Office of Alcohol and Drug Abuse Prevention |
| Fran Flener | State Drug Director |
| Clifford Hawkins | Prevention Resource Centers |
| LaKisha Johnson | MidSOUTH Prevention Institute, University of Arkansas at Little Rock |
| Tommie Johnson Waters | Office of Alcohol and Drug Abuse Prevention |
| Joy Laney | Arkansas Department of Health, Hometown Health Improvement Office |
| Terry Love | Arkansas Prevention Network (APNet) |
| Stacie Morris | AR Collegiate Drug Education Committee |
| Ann Patterson | Arkansas Head Start Collaboration Office |
| Lisa Ray | University of Central Arkansas, College of Health and Behavioral Sciences |
| Laurie Reh | Arkansas Prevention Network (APNet) |
| Susan Rumph | Arkansas Prevention Certification Board |
| Otistene Smith | Arkansas Department of Education - Safe and Drug Free Schools Program (state level) |
| Max Snowden | Arkansas Commission on Child Abuse, Rape, and Domestic Violence |
| Sanford Tollette | Office of Alcohol and Drug Abuse Prevention (prevention provider) |
| Wanda Williams | Arkansas Department of Education, Safe and Drug Free Schools Program (LEA) |

Recommendation Detail: Maintain 21 as Minimum Drinking Age

Source: Office of the Surgeon General, Mothers Against Drunk Driving (MADD)

The minimum legal drinking age of 21 saves lives, decreases underage drinking, and must be maintained.

For almost 40 years, most states voluntarily set their minimum drinking age law at 21. But at the height of the Vietnam War in the early 1970s, 29 states began lowering their drinking age to more closely align with the newly reduced military enlistment and voting age.

The results of this “natural experiment” were fairly immediate and hard to miss: The decrease in the drinking age brought about an increase in alcohol traffic fatalities and injuries. So much so that, by 1983, 16 states voluntarily raised their drinking age back to 21—a move that brought about an immediate decrease in alcohol-related fatalities and injuries.

Some states, however, kept a lower drinking age. This created a patchwork of states with varied drinking ages that led to what was known as “blood borders”. They were called blood borders because teens would drive across state lines, drink and then drive back home across state lines killing and injuring themselves and others.

Around this time, the nation began taking a firm stance on the issue of drunk driving. And because it was apparent that a 21 drinking age law reduced alcohol-related fatalities and injuries, there was a groundswell to help decrease drunk driving deaths and injuries by raising the minimum drinking age to 21. President Ronald Reagan responded to the growing evidence.

On July 17, 1984, President Reagan signed into law the Uniform Drinking Age Act mandating all states to adopt 21 as the legal drinking age within five years. This action included restrictions on Federal Highway Funding for states that did not comply with the Federal standard. By 1988, all states had set 21 as the minimum drinking age, which is where it should remain.

Since that time, the 21 minimum drinking age law has saved about 900 lives per year as estimated by the National Traffic Highway Administration (NHTSA). In short, there are more than 17,000 people alive today since all states adopted the law in 1988. That’s about as many people in a sold-out crowd at a professional basketball game or a medium-sized U.S. college.

Youth drinking rates have also declined since the 21 age law went into effect. A look at all of the research on the minimum drinking age from 1960 to 2000 found that the bulk of the evidence shows that 21 minimum drinking age laws decrease underage consumption of alcohol. Over the last 15 years, after the passage of the 21 minimum drinking age laws, the percentage of 8th, 10th, and 12th graders who drank alcohol in the past year decreased 38%, 23% and 14%, respectively.

Adolescent drinking results in many negative consequences. According to recent research, the human brain is not fully developed until a person reaches his early to mid-twenties. The specific area affected is the prefrontal cortex, which is responsible for judgment and decision-making. Alcohol can damage this area and thwart development of these important life skills.

Recommendation Detail: Strengthen Social Host Liability Law in Arkansas

Sources: American Medical Association, Journal on Studies of Alcohol, Accident Analysis and Prevention, SAMHSA, MADD, Parents who Host Lose the Most Drug-Free Alliance, Arkansas Prevention Needs Assessment Survey.

An enhanced Social Host Liability Law is needed in Arkansas to deter underage drinking parties by holding individuals responsible for knowingly allowing underage drinking on their property.

2007 Arkansas Prevention Needs Assessment (APNA) data indicate:

- **6th, 8th, 10th, and 12th graders report “private residences” as their most frequent site of drinking.**
- Arkansas children begin drinking at 12.5 year of age - almost one-half year earlier than the national average.
- One in four Arkansas 12th graders report binge drinking (five or more drinks per episode) during the past 30 days.
- Thirty percent of 10th graders report drinking alcohol during the past 30 days.
- The most frequent source of alcohol for younger adolescents is family members and those over 21.

What Is Social Host Liability?

- **Underage Drinking Party (Social Host) laws target the location in which underage drinking takes place.** Social host liability laws hold non-commercial individuals responsible for underage drinking and underage drinking events on their property.
- **Underage Drinking Party (Social Host) laws have research evidence documenting their effectiveness.**
 - In one analysis of all 50 states, social host laws were associated with reductions in heavy drinking as well as drinking and driving .
 - In another study, these laws were related to decreases in adult alcohol-related traffic deaths across all states for the years 1984-1995
 - In addition to the research evidence, these laws are based on sound theory. Arkansas youth report obtaining alcohol from home or from those over 21 that purchase it for them.
- **Underage Drinking Party (Social Host) laws may deter parents and other adults (and youth) from hosting underage parties and purchasing/providing alcohol for underage youth** by educating them about the law, sending a clear message that it is illegal, and providing a significant consequence (i.e. being arrested).
- **Without Underage Drinking Party (Social Host) laws, it can be difficult to enforce laws against adults who provide alcohol to underage youth or intoxicated persons.** Social host liability laws may act as a strong deterrent if providers believe that they will be sued if injury or death occurs as a result of the provision of alcohol to an underage or intoxicated person.

Key Benefits of an Underage Drinking Party Prevention (Social Host) Law

- **An Underage Drinking Party Prevention (Social Host) Law** is a powerful law enforcement tool that allows officers to address a significant factor associated with underage drinking: parties and gatherings where youth have easy access to alcohol.
- **Underage Drinking Party Prevention (Social Host) Laws** increases police availability and resources to respond to other important community needs. Underage drinking parties generate thousands of police calls for service and place a tremendous strain on law enforcement resources, which are already scarce;
- An **Underage Drinking Party Prevention (Social Host) Law** provides for a person (of any age) who allows underage drinking to be held criminally liable.
- **Underage Drinking Party Prevention (Social Host) Law** will change community norms by decreasing acceptance of underage drinking parties and related problems and deterring people who might otherwise allow youth easy access to alcohol at private gatherings.

Recommendation Detail: Tax and Regulate Alcopops as Distilled Spirits (Liquor)

Source: The Marin Institute

To deter underage drinking and follow state regulations as they are currently written, alcopops should be regulated and taxed as distilled spirits.

Alcopops are sweet, fruity drinks which include but are not limited to Mike's Hard Lemonade, Smirnoff Ice, and Skyy Blue. Several states are examining the issue of whether alcopops should be taxed or otherwise treated as beer or as hard liquor.

- Maine recently became the first state to tax these beverages at a higher rate than beer.
- Utah's Attorney General has urged his state's Alcoholic Beverage Control Commission to consider a similar measure.
- Despite efforts of a California Assemblyman with significant alcohol industry backing, California now requires the industry to market and distribute alcopops as distilled spirits.

According to the American Medical Association, alcopops are marketed to underage drinkers and are quickly becoming the drink of choice among teenagers—especially teen girls. These products help perpetuate the nation's underage drinking epidemic, a serious public health problem that costs the United States nearly \$62 billion each year.

Because underage drinkers are responsive to price changes in alcoholic beverages, they consume less when prices rise. Taxing alcopops as spirits would increase prices and reduce youth access by limiting the type of retail outlets selling these products—both are strategies for reducing underage drinking recommended by the National Academy of Sciences to Congress. Furthermore, the higher tax rate for distilled spirits could generate up to a million dollars in revenue for Arkansas while helping to prevent underage drinking.

Recommendation Detail: Statewide Participation in the Arkansas Prevention Needs Assessment (APNA) Survey

Statewide participation in the APNA survey will equip Arkansas and its communities with needed data to engage in purposeful prevention planning and to apply for prevention funding, thus resulting in enhanced prevention services and a healthier, safer state.

The Arkansas Prevention Needs Assessment (APNA) student survey is administered to students in grades 6, 8, 10 and 12. In 2007, 208 of Arkansas' 254 school districts participated in this effort, which is conducted at no cost to participating public school districts. The survey is designed to measure the need for prevention services in the areas of substance abuse, delinquency, antisocial behavior, and violence. The survey asks youth about factors that place them at risk for substance use and other problem behaviors, along with factors that reduce the probability of their engaging in problem behaviors. The survey also inquires about the use of alcohol, tobacco and other drugs (ATODs) and participation in various antisocial behaviors.

Administration of the APNA by every public school district would provide complete census data at the state, regional, county, district, and school building levels. Such data 1) allows participating areas the opportunity to obtain trend data and other in-depth information for schools and communities to use in planning prevention services, and 2) positions Arkansas communities with their own unique data needed to apply for grant funding to address substance abuse and other high risk youth behaviors. Toward reaching the goal of 100% participation among Arkansas school districts, the Task Force recommends the following strategies:

- The Commissioner of Education will send out a Commissioner's memorandum with follow-up from his staff to those school districts who are not participating in the annual survey.
- The contracted provider of the APNA survey will make presentations to Administrators, the Arkansas School Boards Association, and Education Cooperatives to inform them of the purpose of APNA and to share the actual survey instrument to be used.

The APNA student survey is coordinated by the Office of Alcohol and Drug Abuse Prevention (ADAP), Division of Behavioral Health, Arkansas Department of Human Services, through a contracted provider. The APNA project was developed with federal funds from the Substance Abuse Prevention and Treatment Block Grant, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

Recommendation Detail: Increase Penalties for Providing Alcohol to a Minor

Sources: APNA 2007, The Marin Institute

Penalties for providing alcohol to a minor should be increased to deter this behavior and ultimately decrease underage drinking and its consequences.

The Committee on Developing a Strategy to Reduce and Prevent Underage Drinking (Institute of Medicine, and others) conducted a study and concluded that underage drinking cannot be successfully addressed by focusing on youth alone. The Committee reports that youth drink within the context of a society in which alcohol use is an accepted behavior. Efforts to reduce underage drinking must focus on adults and engage the society at large.

Arkansas data support the need to change the environment by including adults in prevention efforts:

- The most frequent sources of alcohol for Arkansas adolescents are family members and those over 21.
- 78.6% of 12th graders report it would be "sort of easy" or "easy" to get alcohol (APNA, 2007)

Non-commercial provision of alcohol to a minor is currently included as an offense under general "contributing to delinquency of a minor" and child abuse sections of Arkansas Code, but penalties are not appropriate given the consequences of underage drinking. Likewise, penalties currently assigned to commercial violations of providing alcohol to a minor are minimal considering the impact of underage drinking. Arkansas Code should be revised to increase penalties in an effort to deter this behavior.

Recommendation Detail: Mandatory Reporting of All Alcohol-Related Juvenile Arrests and Incidents

In an effort to reduce alcohol-related crime, car crashes, and other consequences associated with consumption of alcohol by juveniles, all alcohol-related juvenile arrests and incidents must be reported.

While surveys of youth suggest that underage alcohol offenses are common, only a small percentage of all such offenses are formally prosecuted and result in sanctions. Law enforcement officers are challenged in apprehending youth for alcohol-related offenses for several different reasons. The social norms held by some communities deem underage drinking as a rite of passage. Understaffing may force officers to give priority to other areas of drug-related offenses. Additionally, juvenile arrest procedures and legal requirements are time-consuming in both short and long term processing of the case.

Other alcohol-related incidents are underreported as well, including those occurring in Arkansas schools. Without accurate data surrounding these infractions, effective prevention planning cannot occur, and there is no data-driven support for needed services.

With all of the above taken into consideration, the swiftness and certainty of punishment are important in deterring underage drinking. According to the National District Attorneys Association (NDAA), immediate consequences are especially important to deter youthful offenders. If a youth is required to appear in court several months after committing an offense, the deterrent effect of the sanctions is diminished (NDAA, 1991).

Specific recommendations of the Task Force include:

- Maintain data on alcohol-related juvenile arrests and incidents in one central location.
- Collect data on key law enforcement forms as part of routine policing, including these details:
 1. Did this person consume alcohol prior to the offense?
 2. If so, where was the last drink consumed?
 - Licensed premises
 - Home
 - Private residence
 - Public place(If the last place is not identified, what is the reason?)
 - Refused to answer.
 - Unfit to respond.

Adolescent Alcohol Use in Arkansas

Alcohol use by adolescents in Arkansas is a serious health and safety problem...

Of the over 88,000 students (grades 6, 8, 10, and 12) who participated in the 2007 Arkansas Prevention Needs Assessment (APNA) survey¹,

- 45.4% have used alcohol sometime in their lives
- 20.5% have used alcohol during the past 30 days
- Most drink at their own homes or at others' homes

Regarding "regular" use (having used in the past 30 days),

- Arkansas students in grades 8, 10, and 12 report similar use to their peers throughout the Nation
- Alcohol use increases with grade level
- Nearly half of Arkansas' 12th graders report using alcohol in the past 30 days

Arkansas students report using alcohol for the first time at age 12

Heavy drinking among youth is also a concern in Arkansas.

- Binge drinking is defined as having 5 or more drinks in a row
- 26% of Arkansas' 12th graders report binge drinking
- Over 800 Arkansas 6th graders report binge drinking

Arkansas youth tend to start using alcohol earlier than their peers throughout the Nation.

- The national age of first use is 13.2 years old (National Survey on Drug Use and Health, 2005-2006)
- Arkansas youth begin drinking at an average age of 12.6 (APNA, 2007)

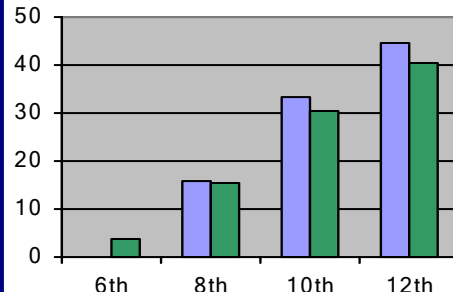
Parents and other adults should talk with young people about these consequences of underage drinking:

- Alcohol is the leading cause of death among young people (FACE Project)
- Alcohol use results in deaths due to car crashes, homicides, suicides, and other injuries
- The brain continues to develop into a person's twenties. Underage drinking can keep the brain from developing as it should. This results in problems with judgment and decision-making.
- Drinking is associated with other risky behaviors such as sexual activity, violence, and delinquency
- Those who use alcohol prior to age 15 are four times more likely to have long-term problems with alcohol abuse than those who wait until they are 21 to begin drinking (Office of the Surgeon General, 2007).

¹ The APNA student survey is conducted annually by the AR Department of Human Services

² The Monitoring the Future Survey is a project of the National Institute on Drug Abuse (NIDA)

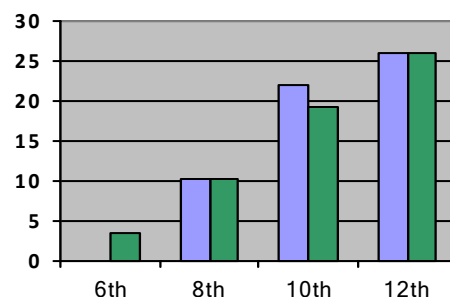
Past 30 Day Alcohol Use



Source: Monitoring the Future², 2007; APNA, 2007
Note: MTF data is not available for 6th graders

United States Arkansas

Binge Drinking



Source: Monitoring the Future, 2007; APNA, 2007
Note: MTF data is not available for 6th graders

United States Arkansas

Cost Effectiveness of Substance Abuse Prevention

Studies reveal that efforts to prevent substance abuse may have compelling economic benefits...

The economic cost of illicit drug abuse in the U.S. was estimated at \$180.9 billion in 2002.¹

This *excludes* alcohol and tobacco. Figure 1 (right) illustrates the distribution of costs across three major components:

- \$ *Productivity*—work never performed due to drug abuse
- \$ *Health*—treatment, state/federal support, hospital and ambulatory care
- \$ *Other costs*—criminal justice, social welfare

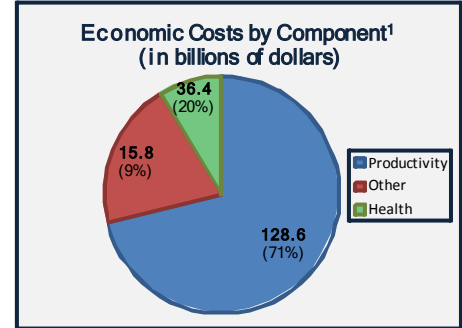


Figure 1

Health care costs due to drug and alcohol abuse are alarming.

Health care costs of abuse of alcohol, tobacco, and illicit drugs in the 1990s = approximately \$447.5 billion; Economic costs of cancer, heart disease, obesity, and diabetes combined in the 1990s = approximately \$447.5 billion¹.

Underage drinking alone costs Arkansas \$687 million annually².

Figure 2 (right) shows how Arkansans spent their millions in 2005. According to the *Journal of Studies on Alcohol*³, U.S. taxpayers pay an astounding \$61.9 billion annually as a result of underage drinking. Arkansas only spends \$22 million annually on prevention, largely with support of waning federal funds.²

| Consequences of Underage Drinking | Cost to AR, 2005 (in millions) |
|-----------------------------------|--------------------------------|
| Youth Violence | \$338.6 |
| Youth Traffic Crashes | \$206.4 |
| High-Risk Sex, Ages 14-20 | \$64.6 |
| Youth Property Crime | \$31.5 |
| Youth Injury | \$19.1 |
| Poisonings and Psychoses | \$3.8 |
| FAS Among Mothers Age 15-20 | \$12.3 |
| Youth Alcohol Treatment | \$10.9 |
| Total | \$687.2 |

Figure 2

There is impressive potential for return on investment (ROI) in prevention.

Research shows that for every dollar invested in prevention, up to \$10 can be saved on the cost of substance abuse treatment⁴. The return on investment is greater when evidence-based programs and strategies are employed.

¹ Office of National Drug Control Policy (ONDCP), "The Economic Costs of Drug Abuse in the United States, 1992-2002"

² International Institute for Alcohol Awareness, <http://www.iaaonline.org>

³ Mothers Against Drunk Driving (MADD), www.madd.org

⁴ Pentz 1998; Hawkins 1999; Aos et al. 2001; Spoth et al. 2002, as referenced by the National Institute on Drug Abuse (NIDA)

To learn more about prevention efforts in your area, contact:

Alcohol and Drug Abuse Prevention

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