



## SUBSTANCE ABUSE INDICATORS REPORT

2007

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December, 2008

# Charlotte-Mecklenburg Drug Free Coalition

## *MISSION & VISION*

*The mission of the **Charlotte-Mecklenburg Drug Free Coalition** is to collaboratively promote data-driven awareness, knowledge-based action, and purposeful advocacy to reduce the harmful impacts of alcohol & other drug abuse and addiction on youth, families and the community.*

*The **Charlotte-Mecklenburg Drug Free Coalition** envisions Charlotte-Mecklenburg as an active, vibrant, diverse community that promotes collective and individual responsibility for wellness and fosters safe, healthy, and substance abuse free lifestyles for children and adults.*

While the Charlotte-Mecklenburg Drug Free Coalition is relatively new to the Charlotte-Mecklenburg community, the concept of collaboration to reduce substance abuse is not. The Coalition's roots can be traced to Mecklenburg Healthy Carolinians (MHC), an organization of citizens and community and government health agencies engaged in encouraging and supporting collaborative action in addressing data-determined health priorities. In 2001, the MHC Community Health Assessment identified substance abuse as a priority issue and subsequently formed the Mecklenburg Healthy Carolinians Substance Abuse Task Force. Also in 2001, the Mecklenburg Board of County Commissioners formally recognized substance abuse as a public health problem and included the goal of reducing substance abuse in its Vision 2015. And in that same year, District Attorney Peter Gilchrist convened the Substance Abuse Indicators Task Force to compile local data on the extent and impact of problems associated with substance abuse to be used as a community decision-making tool.

Common themes emerging from leaders and professionals in the field suggested that substance abuse contributes to numerous social problems, affects individuals across the socioeconomic spectrum, and touches most families, directly or indirectly. The various groups also recognized that successfully addressing the problem would require a coordinated and collaborative community effort. During 2002, the Healthy Carolinians Substance Abuse Task Force developed an action plan identifying three primary goals: advocacy, prevention, and a full continuum of services. On completion of the plan, it moved to create an advocacy body to mobilize community efforts to achieve the plan's goals.

In 2003, the Healthy Carolinians Substance Abuse Task Force, the Substance Abuse Indicators Task Force, and the Charlotte Mecklenburg Police Department came together to form a Community Substance Abuse Planning Committee and jointly develop a comprehensive community response to substance abuse issues. On March 10, 2004, the Committee voted unanimously to adopt the "community anti-drug coalition model" for the purpose of mobilizing Charlotte-Mecklenburg to become more involved in drug prevention and treatment, and subsequently adopted the name Charlotte-Mecklenburg Drug-Free Coalition.

Coalition members are committed to reducing the problems of drug abuse, addiction, and related social issues in Mecklenburg County in an effort to create a safe, healthy, and drug free community. While many may perceive our primary focus as underage

drinking, that is only one of many issues the Coalition addresses. Currently there are nearly 60 organizations who serve on the Coalition and 150 or more volunteers supporting its collaborative efforts.

### ***COALITION OBJECTIVES***

Reduce underage drinking.

Reduce illegal and other drug use (includes tobacco & other drug use among minors).

Enable the highest level of collaboration among treatment and prevention service providers and representatives from the community at large.

### ***COALITION'S OVERARCHING GOALS***

Decrease substance abuse and the effects of substance abuse in the community

Increase community recognition and willingness to deal with the dynamics of the substance abuse problems.

Facilitate and sustain a healthy, diverse collaboration among agencies and organizations to address substance abuse issues.

Increase and maintain diversity among Coalition members

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## EXECUTIVE SUMMARY

The Charlotte-Mecklenburg Drug Free Coalition (CMDFC) is committed to reducing the problems of drug abuse, addiction, and related social issues in Mecklenburg County in order to create a safe, healthy, and drug free community. Substance abuse is an issue that complicates the lives of many. In fact, there are few if any families who have not been touched or who do not know someone who has been touched by the negative effects of substance use and abuse. Yet, these problems remain almost a forbidden or “taboo” topic of objective discussion. A rational community response is hampered by our collective difficulty in viewing the issue comprehensively through data, a step required to realize the full scope and impact of the intemperate use of alcohol and other drugs.

This document is the third Indicators Report presented by the CMDFD. An objective and empirical publication, the report seeks to raise community awareness of the nature and extent of substance use and abuse, stimulating discussion and thought, and resulting in the generation of appropriate data-based policy decisions. The data for each indicator are included as provided to the Coalition. We have also reviewed any existing historical data (may date back as far as 2000) for each indicator to look for patterns or trends, a summary of which is presented in the following tables. Please see the full report for sources and additional information.

### ***Negative Patterns***

#### **Substance Use**

##### **Core Alcohol and Drug Survey for Post-secondary Institutions (CORE)**

- **There has been an increase in alcohol consumption and binge drinking from 2002 to 2006.**
  - **Past year: 82% to 86%**
  - **Last 30 days 68% to 73%**                      **Under 21: 63% to 65%**
  - **Binge: 39% to 43%**

##### **Youth Risk Behavior Surveillance System (YRBSS)**

- **The percentage of students who used marijuana one or more times during their life for Charlotte-Mecklenburg is higher than for N.C and the U.S.**
  - **Charlotte-Mecklenburg is 42.5%; N.C. is 40.1% and nationally is 38.4%.**
- **The percentage of students who were offered, sold, or given an illegal drug by someone during the past 12 months for Charlotte-Mecklenburg is 34%, NC is 27.4% and nationally is 25.4%.**

### **Youth Drug Survey (Substance Abuse Prevention Services):**

- ***Cigarette* use increase is significant within the Hispanic and “other” race/ethnic groups but not for white or African American students.**
- ***25% of high school students consumed alcohol within 30 days of the study- up slightly from 24%; 36% binge drank – down from 55% in 2004***
- ***Alcohol* use increase is significantly higher for African American, Hispanic and “other” race/ethnic groups but not white students.**
- **Male and female student lifetime consumption of alcohol is about the same: 40% of males and 41% of females; 14.7% of males binge drank; 14.1% of females.**
- ***Marijuana* use has significantly increased for African Americans and Hispanics with significant increases in grades 9 and 11.**
- **The increase in *marijuana* smoking is significant for females. Lifetime up from 15% to 20% and 30 day use up from 5% to 10%.**
- ***Inhalant and steroid* use is significantly up for 7<sup>th</sup> and 8<sup>th</sup> grades.**

### **Arrestee Drug Abuse Monitoring (ADAM):**

- **The proportion of arrestees testing positive for any drug, excluding alcohol has remained stable at around 66% for all men arrested, regardless of charge.**
- **Methamphetamine use has more than doubled since 2003 (0.6% to 1.6%), but is still proportionately much less than the primary drugs of marijuana and cocaine.**
- **Arrestees testing positive for drugs are often arrested for non drug-related offenses.**
  - **72.8% of persons arrested on property crime charges test positive and 56.7% of arrestees charged with crimes against person test positive for some drug.**
- **82.1% of arrestees under 21 tested positive for some drug in August 2007; 77.4% tested positive for marijuana.**

### **Law Enforcement and System Responses**

**(These patterns may reflect actual increases in substance use/abuse or may reflect increased awareness and action)**

- **There has been an increase in all types of marijuana arrest charges, specifically marijuana possession since 2001.**
- **Cocaine possession arrests have increased by 31% since 2003, which is higher than the previous high rate in 1999/2000.**
- **Within all post-secondary institutions in the area there has been an increase in arrests and judicial referrals for both drugs and alcohol.**
- **Young persons can purchase alcohol about 40% of the time without being asked for identification. Identification checks for underage alcohol purchases are lax.**
- **There has been a 10% increase in the proportion of persons with DWI convictions assigned to treatment since FY01/02, while in the same period of time there has been a 28% decrease in the proportion assigned to Alcohol and Drug Education Traffic School (ADETS).**

**Facts to focus on:**

**Anuvia Prevention & Recovery Center analysis of DWI convictions:**

- **Persons 21-30 years of age account for 45% of DWI convictions.**
- **80% are men; 51% of whom are white**
- **White women account for approximately 79% of female convictions.**

## **Positive Patterns**

### **Substance Use**

#### **Youth Drug Survey:**

- **Binge drinking is significantly lower for grades 10-12. The exception to the decrease in binge drinking is an increase for Hispanic students.**
- **Benzodiazepines use has significantly declined in grades 10, 11, and 12 and over-the-counter use is significantly down for 12<sup>th</sup> grade students**

#### **Youth Risk Behavior Surveillance System (YRBSS)**

- **Heavy drinking has decreased for adults by 29% since 2001, comparable to the same decline in the state.**
- **The percent of current adult smokers has decreased by 20% since 2001.**

#### **Core Alcohol and Drug Survey for Post-secondary Institutions (CORE)**

- **There has been a decrease in the use of illegal drugs from 2002 to 2006**  
15% of UNCC students reported using marijuana in the past 30 days, which is a 4% decrease from 2002.

### **Law Enforcement and System Responses**

- **There has been a 22% decrease in DWI charges since 2000 and a 43% decrease in driving after consuming under the age of 21 in the same time period.**
- **There has been a substantial decline both in Mecklenburg County and in the State for DWI charges per 1,000.**

## Harm

- **The number of injuries by alcohol related crashes is down 15.6% since 2001.**

## Other Patterns of Note

- **In 2005-2006 there were 2,558 active retail permits for both mixed beverage and commercial alcohol sales. This year the number increased by 3.6% to 2,651.** (Mecklenburg ABC Board, 2007).
- **For adults, there has been a steady decline (26%) in binge drinking trends since 2002, but the current numbers are still higher than those levels reported in 2001.** (Mecklenburg Behavioral Risk Factor Surveillance System, 2007).
- **There has been a 5% increase in arrests for intent to sell cocaine in the past year but there has been a 42% decrease in this charge since 1999/2000.** (Mecklenburg County Sheriff's Office, 2007).
- **The number of fatal injuries is down from 2004 but is still significantly higher than it was in 2001.** (NC DMV, 2007).

## Conclusion

Our community is in a constant state of transition and the increases in population bring increasing challenges. Review of the diverse data-sets over time suggests that substance use and abuse in the Charlotte-Mecklenburg metropolitan area *remain major problems*. It is especially noteworthy that self-reported use of most substances is on an upward trend, although the rates are lower than in the 1990s. Arrests for and substance use verification of use by persons entering the Mecklenburg County jail are also increasing.

With the publication of this report the community has, for the first time, a “Big Picture” of the nature and extent of our substance use and abuse situation over time. It is not a very positive picture despite some positive trends and the hard and dedicated work of individuals and the many agencies struggling to make a difference. But since the results are clearly mixed, we, as a community, need to become more aware of both the dynamics of the problem and the need to develop meaningful, integrated and coordinated policies.

The collection of data is an important first step. We now have a foundation on which action must be based. These data show specific areas where action must be focused if there are to be more positive changes. These areas are:

- ✓ Continued and expanded prevention and education addressed to the school population, parents and the community as a whole
- ✓ Early recognition and intervention before people enter the criminal justice system
- ✓ The increase in the availability of affordable treatment services for specific populations showing the greatest increases: minorities and females
- ✓ An increase in the availability of affordable treatment services for persons with a dual diagnosis of addiction and mental illness.

The Charlotte-Mecklenburg Drug Free Coalition hopes that the presentation of these data will enable individuals, families and the community to make choices based on fact rather than assumption and rhetoric. We recognize that some choices are forever, so we need to choose wisely.

## PRIMARY REPORT

### *Perceptions*

#### **University of North Carolina at Charlotte (UNCC) Bi-Annual Adult Survey**

The Urban Institute at the University of North Carolina at Charlotte (UNCC) conducts an annual telephone survey of 850 randomly selected Mecklenburg County adult residents. The survey covers a variety of attitudes and needs ranging from transportation to government effectiveness. The Charlotte-Mecklenburg Drug Free Coalition submitted five questions for the 2005 survey to establish a baseline of adult attitudes about substance use. The Coalition will continue to use this survey to monitor community attitudes.

The 2005 survey revealed the following:

When those surveyed were asked about approval of underage alcohol use:

- 79.9% disapprove of youth under 21 consuming alcohol under parental supervision; 18.0% approve; 2.1% don't know, refused. **However, when asked at what age they would approve of alcohol consumption, the average age response was 17.3 years.**

When asked about their personal feelings about problems caused by alcohol usage:

- 85.8% believe that alcohol creates a major or minor problem across the community.

<b>Problems created by Alcohol</b>		<b>Percent</b>
	1. Does not create problems	1.3
	2. Creates minor problems in certain parts of the community	12.9
	3. Creates minor problems across the community	26.5
	<b>4. Creates major problems</b>	<b>59.3</b>
	Total	100.0

- 50.9% agree or strongly agree that public events in Charlotte over-emphasize the marketing, sale and consumption of alcohol. 29.2%, on the other hand, disagree or strongly disagree while 20% have no opinion

<b>Over-Emphasis on Alcohol</b>	<b>Percent</b>	
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	1. Strongly agree	18.8	50.9%
	2. Agree	32.1	
	3. No opinion	19.9	19.9%
	4. Disagree	24.3	29.2%
	5. Strongly disagree	4.9	
	Total	100.0	

The adult community preferred the following ways to respond to the use of illegal drugs. (in rank order of agreement; more than one response was possible):

- Jail time for dealers - 44.6%
- Court monitored (Drug Court) treatment – 41.4%
- Prevention, education and information – 41.0%
- Jail for users – 35.9%
- Voluntary treatment – 27.2%

## Youth Perceptions of Alcohol and Other Drug Use

Data from the bi-annual Youth Drug Survey (YDS) conducted by Substance Abuse Prevention Services in 2006 and reported in 2007:

- On average, youth surveyed think that 46 % of students in their schools drink alcohol. (up from 40% in 2004)
  - If students drink, they think, on average, that 68% drink but the most frequent response by students who drink is 80%. Non-drinkers think that 42% drink.
  - Middle School students think that 24 % drink but the most frequent response is 10 %
  - High School students think that 63% drink and the most frequent response is 80%
- On average, youth surveyed think that 48% (up from 44% in 2004) of students use some kind of drug
  - Students using a drug other than tobacco or alcohol, think that 64% of the students are using drugs other than tobacco or alcohol with the most frequently selected percent being 80%. Non-users think 45% of the students in their schools use drugs other than tobacco and alcohol with the most frequent percent being 10%.
  - Middle School students think that 26% of students use some kind of drug
  - High School students think that 65% of students use drugs.
- 19.8% of all students feel that peers would approve of *occasional marijuana* smoking
  - 6.3% of Middle School and
  - 29.4% of High School students.

- 15.8% feel peer approval for *regular drinking*
  - 6.5% of Middle School
  - 22.3% of High School students

**It should be noted, however, that of all students surveyed in 2006, 52.3% feel there is peer disapproval of occasional drinking. For 2004, this was 55.6%**

## ***Availability***

### **Alcohol Outlets**

In 1935 the North Carolina Legislature authorized the Governor to appoint a commission to study the question of control of alcoholic beverages for the purpose of making recommendations to the 1937 General Assembly. The commission examined two types of control under which distilled spirits were being sold in other states: one utilizing a State Licensing system and the other a State Monopoly system. The commission submitted the Alcoholic Beverage Control bill to the 1937 General Assembly, and, with a few changes, it was enacted into law. The Control Act established a State Board of Control consisting of a Chairman and two associate members who would be appointed by the Governor.

The State Board of Control is today known as the North Carolina Alcoholic Beverage Control Commission (NCABC). The Control Act also provided that no county or city in the State would be required to sell alcohol without approval by the voters. Today North Carolina is a "local option" state with 49 county and 107 municipal ABC Boards that sell distilled spirits at retail. In addition, other alcoholic beverage sales may be legal at both on and off premise businesses depending on whether the majority of local voters approved the alcohol issue.

According to the Mecklenburg County ABC Board,

- There are 2,651 current (active) retail permits in Mecklenburg County.
- From that number, 1,912 are retail permits for malt beverages, wine, or unfortified wine. The other 739 are for distilled spirits to be sold by the drink.
- In FY 2005/2006, 497 new permits were issued.
- Overall there has been a 3.6% increase in the number of active permits since 2004/2005.

<p><u>Active Permits</u>          2004/2005 → 2,558          2205/2006 → 2,651</p>
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**TREND: The net number of active permits**

### Substance Use

## ***Self-Reported Substance Use among Youth: Youth Drug Survey<sup>1</sup>***

Substance Abuse Prevention Services (formerly the Drug Education Center) has regularly conducted a countywide Youth Drug Survey (YDS) since 1972 in the Charlotte-

<sup>1</sup> Data analysis was by Dr. Paul C. Friday

Mecklenburg public schools. This survey has helped to identify the extent of problems with youth substance use and abuse throughout the community and to assist in identifying and promoting needed services. . As a result, Charlotte has one of the longest time frames within which to see change and to monitor community based programs. In December 2006, Substance Abuse Prevention Services in collaboration with the Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Authority, Charlotte-Mecklenburg Schools and the Charlotte-Mecklenburg Drug Free Coalition administered the self-report YDS to 2,193 students in grades 6-12.

Data from the 2006 YDS show a *slight increase* in cigarette smoking, alcohol, marijuana, downers (tranquilizers, etc.) and steroids since 2004.

- The Charlotte-Mecklenburg data on current use is higher than the national average for cigarettes, alcohol and marijuana use by 12-17 year old students, but lower than North Carolina averages for all three for 9-12<sup>th</sup> grades. The increases are not uniform across the system *and they have not reached the highest levels of use found in 2002*
- Over-the-counter drug use is down and may be due in part to the change in State law requiring that they be behind the counter.
- Binge drinking has also significantly decreased among those who drink.
- System-wide there is a general decline in reported use of the primary gateway drugs of alcohol, cigarettes and marijuana since 1995.

The proportion of students admitting to use of any substance in the last 30 days increases steadily by grade.

- Of the students surveyed, 17.2% admitted to consuming alcohol in the last 30 days.
- Of those who consumed alcohol in the past 30 days, 32.5% admitted to binge drinking which is a decrease of 15.2% from 2004. Binge drinking is defined as 4 or more alcoholic drinks for females and 5 or more alcoholic drinks for males in one drinking session. Cigarette smoking in the last 30 days is admitted by 2.9% of 6<sup>th</sup> graders and that increases to 21.7% of 12<sup>th</sup> graders.
- The percentages that say they smoked cigarettes in the last 30 days increases by age.
- Smoking is statistically significantly related to having a sibling who smokes and to having a parent who smokes ( $p < .000$ ).
- Marijuana use also increases steadily by grade. Of the students surveyed, 10.8% admitted to using marijuana in the past 30 days.

Usage varies by gender with males reporting more steroid, marijuana, and hallucinogen usage, while females report more downers, pain pill and over-the-counter drug usage.

- It appears that the alcohol gender gap has disappeared.

White students report noticeably higher rates of usage among all categories with 20% reporting current (last 30 days) use of alcohol and 9.7% reporting current binge drinking, followed by Hispanics and African Americans. Asian students reported low rates of drug use.

For all drugs, reported lifetime use increases significantly as a student moves from grade 6 to 12, with the exception of inhalants for which usage rates peak in grade 8 and steroids in grade 10. Lifetime usage for “gateway” drugs in the 2006 survey steadily increases each year from grade 6 through 12. This pattern of usage remains fairly consistent among current users (used in the last 30 days).

The primary source of all substances, for those admitting to use, is from friends.

- Of those students admitting use of cigarettes, 49.8% got them from friends followed by 18.6% saying they had someone buy them.
- Of those students admitting use of alcohol, 35.4% reported getting it from friends.
- Alcohol given by parents was the second highest with 24.5%, which is an increase of 8.7% from the 2004 survey.
- Finally, of those students admitting use of drugs, 50.1% reported getting them from friends.

Since 1995, the YDS requested respondents to identify their zip code to provide information about varying levels of substance use in different areas of the country. The use of gateway drugs varies greatly by zip code. If interested in specific data regarding certain zip codes in Mecklenburg County, please visit [www.preventionservices.org](http://www.preventionservices.org).

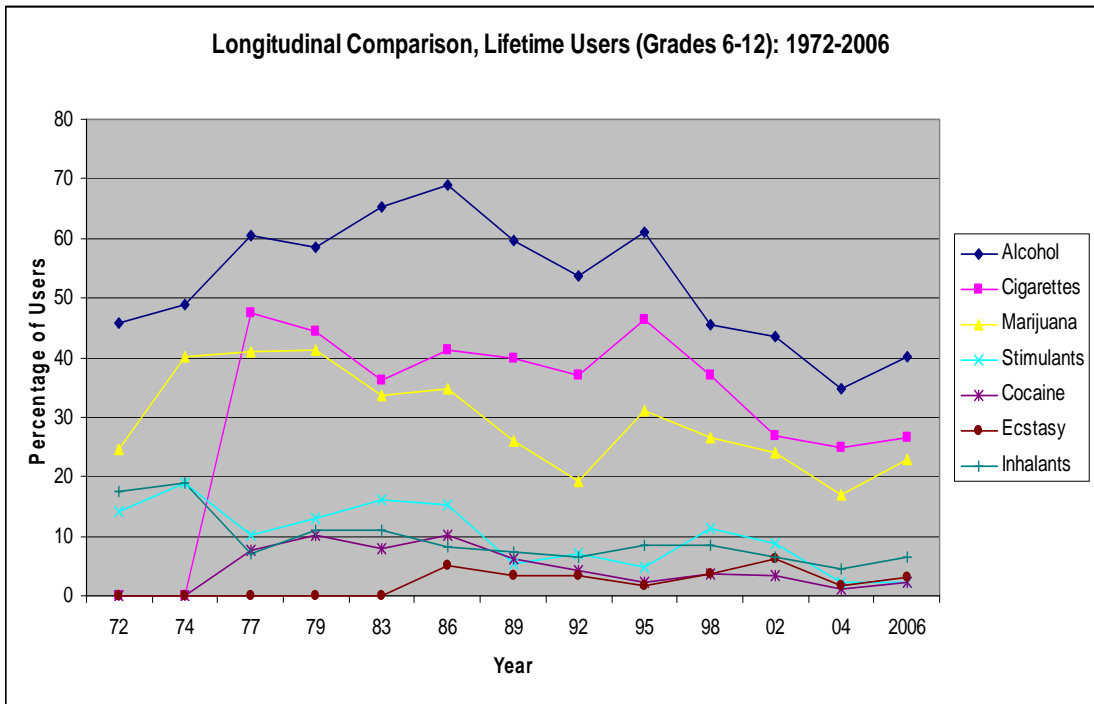
**The reduction in reported student drug usage in Mecklenburg County is also significant when compared to national data.**

Comparison of SAPS* & NIDA** Monitoring The Future Data: 2006 Lifetime Users (Grades 8,10,12)						
Drug	Grade 8		Grade 10		Grade 12	
	SAPS	NIDA	SAPS	NIDA	SAPS	NIDA
Alcohol	27.8	40.5	50.3	61.5	67.1	72.7
Cigarettes	18.3	24.6	32.9	36.1	44.8	47.1
Marijuana	11.6	15.7	27.8	31.3	41.5	42.3
Cocaine	1.1*	3.4**	3.5*	4.8**	3.4*	8.5**

\* SAPS survey data includes cocaine & crack cocaine

\*\* National Institute on Drug Abuse (NIDA) survey data includes just cocaine use

Source: Substance Abuse Prevention Services, 2007



Source: Substance Abuse Prevention Services.

Use within the last 30 days

Substance	Middle School	High School	System 2004	System 2006
Alcohol	6.2	25.3	14.8	17.2
Binge drinking	1.2	9.5	6.1	6.0
Cigarettes	5.2	18.1	10.7	12.7
Marijuana	3.1	16.4	7.3	10.8
Cocaine	0.3	0.6	0.3	0.5
Benzodiazepines (Xanax etc)	0.2	1.5	0.6	0.9
Uppers: Speed, meth	0.4	0.7	0.6	0.6
Downers	2.3	4.2	2.3	3.4
Inhalants	2.1	1.1	1.4	1.5
Hallucinogens	0.2	1.0	0.5	0.7
Ecstasy	0.4	1.1	0.5	0.8
Other rave	0	0	0.1	0
Steroids	1.0	0.6	0.1	0.8
Over the counter	0.7	1.5	1.3	1.1

- 32.5% of those who drank alcohol in the last 30 days say they binge drank. This compares with 47.7% in 2004.
  - 12.7% middle school (22.7% in 2004)
  - 36.0% high school (55.5% in 2004)

The trends since 2004 show:

**The cigarette use increase is significant within the Hispanic and “other” race/ethnic groups but not for White or African American students.**

**Alcohol use increase is significantly higher for African American, Hispanic and “other” race/ethnic groups.**

**Increased alcohol use is significant for both males and females.**

**Marijuana used has significantly increased for African Americans and Hispanics with significant increases in grades 9 and 11.**

**The increase in marijuana smoking is also seen for females.**

**Inhalant and steroid use is significantly up for 7<sup>th</sup> and 8<sup>th</sup> grades.**

**Binge drinking is significantly lower for grades 10-12. The exception to the decrease in binge drinking is an increase for Hispanic students.**

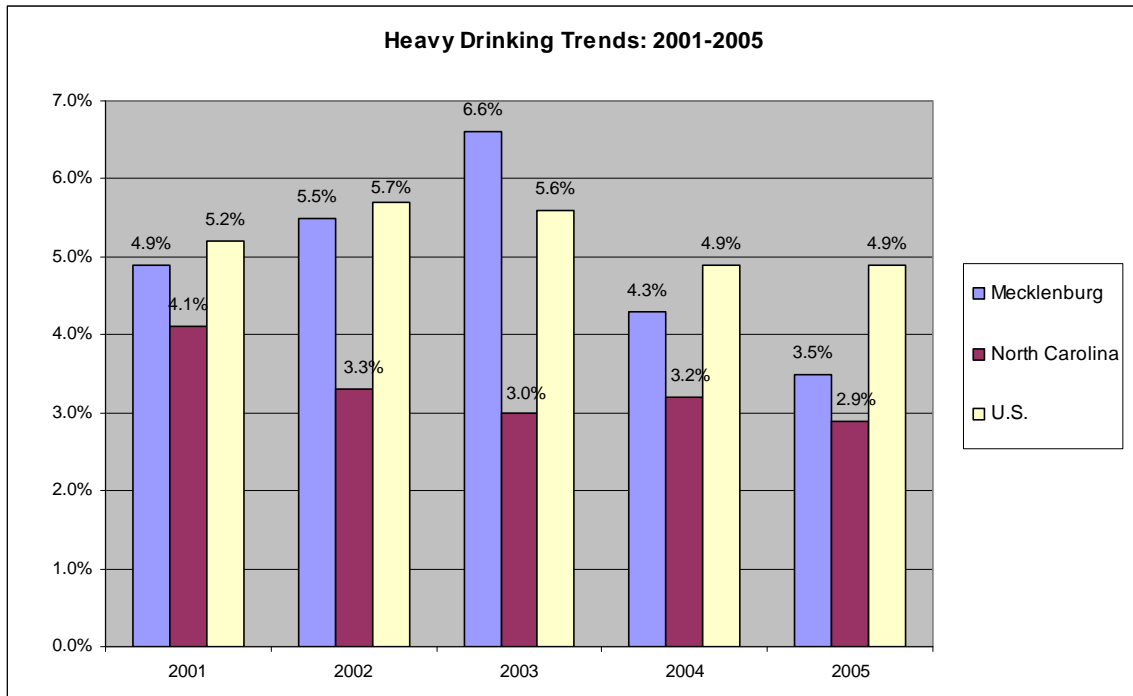
**Benzodiazepines use has significantly declined in grades 10, 11, and 12 and Over-the-counter use is significantly down for 12<sup>th</sup> grade students**

### **Self-Reported Substance Use/Abuse among Adults (BRFSS)**

The Behavioral Risk Factor Surveillance Survey (BRFSS) contains data that serves as an estimate of adult alcohol and tobacco consumption. BRFSS is a random telephone survey of North Carolina residents aged 18 and older. The BRFSS was initially developed in the early 1980's by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia, and three U.S. territories. Through BRFSS, information is collected in a routine, standardized manner on a variety of health behaviors and preventative health practices related to the leading causes of death and disability such as cardiovascular disease, cancer, diabetes and injuries. Interviews for this survey are conducted monthly and the data gathered are analyzed annually.

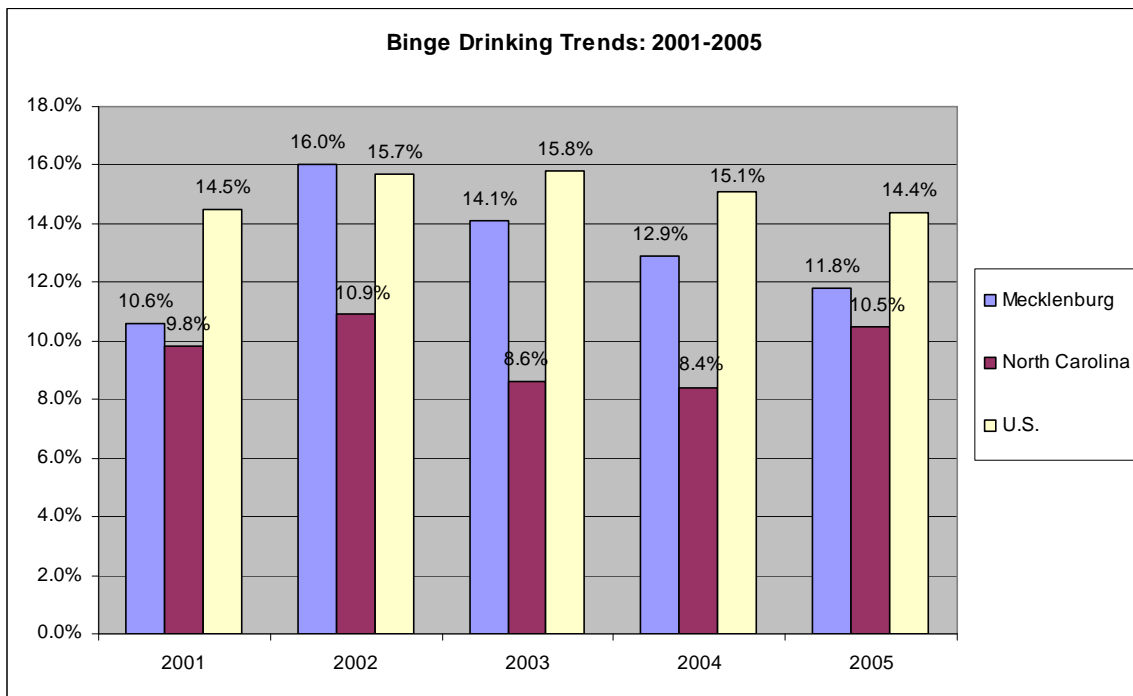
According to the North Carolina State Center for Health Statistics, the North Carolina BRFSS program conducted a record 17,261 interviews in 2005, making the N.C. BRFSS the second largest state-based health survey in the nation. In 2005, a total of 882 surveys were completed in Mecklenburg County. Data were weighted and projected to the population of Mecklenburg County regarding alcohol consumption and tobacco use. The U.S. Census Bureau estimated the population of Mecklenburg County to be 796,369 in 2005.

- In Mecklenburg County, approximately 3.5% of residents (27,872) report participating in heavy drinking which is defined as men having more than 2 drinks per day and women having more than 1 drink per day.
- Nearly 12% (93,971) of residents report binge drinking defined as the consumption of 5 or more drinks in one sitting.
- Approximately 16% of adult residents currently smoke (127,419).



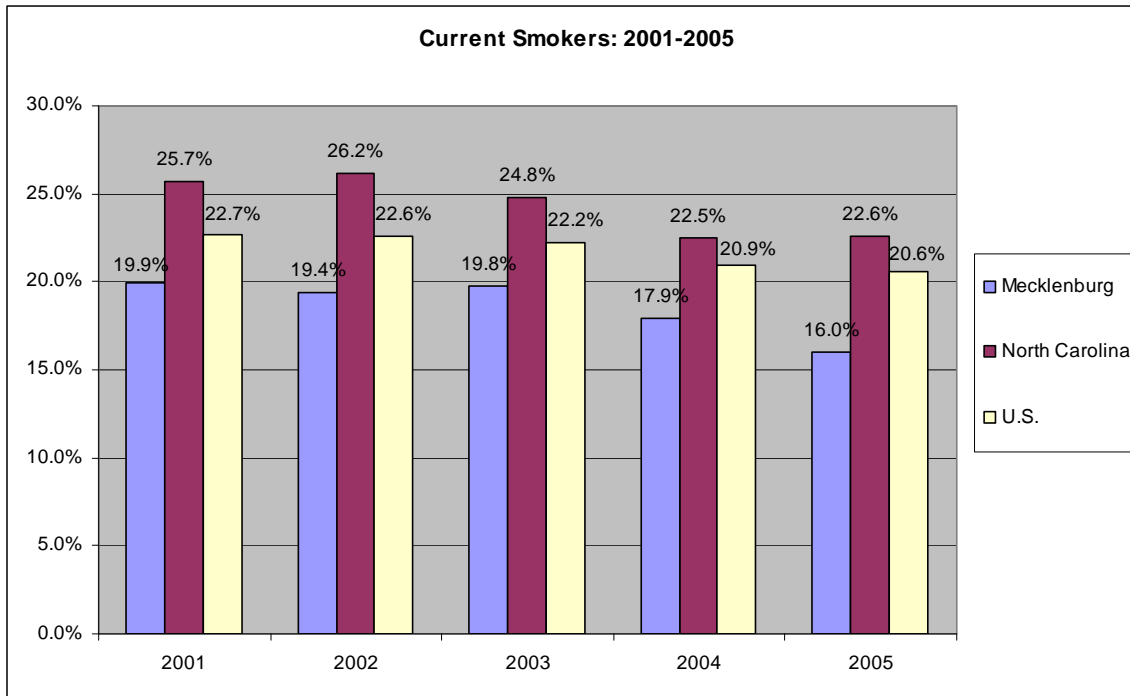
\*Heavy Drinking is more than 2 drinks per day for males and 1 for females

Source: North Carolina State Center for Health Statistics, 2007

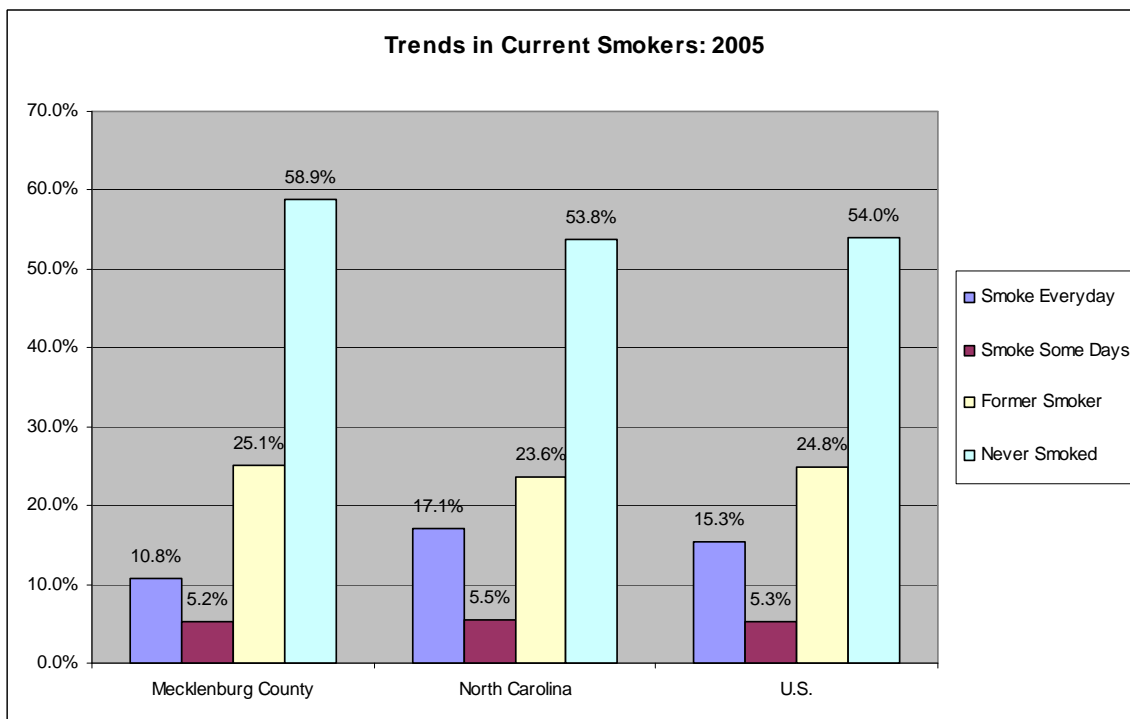


\*Consumption of 5 or more drinks in one sitting

Source: North Carolina State Center for Health Statistics, 2007



Source: North Carolina State Center for Health Statistics, 2007



Source: North Carolina State Center for Health Statistics, 2007

For more information on this indicator, please contact the **Mecklenburg County Epidemiology Program** at **(704)353-0543**.

**TREND: There has been a steady decline (26%) in binge drinking trends among**

**TREND: Heavy drinking by adults has decreased by 29% since 2001.**

**TREND: The percent of current adult**

## Drug Use among Adult Arrestees (ADAM)<sup>2</sup>

From January, 2000, through the Third Quarter of 2003, Charlotte was one of 36 cities throughout the country participating in the National Institute of Justice's Arrestee Drug Abuse Monitoring (ADAM) program, funded initially by a grant to the Mecklenburg County Sheriff's Office and then by the National Institute of Justice. The ADAM project was designed to track trends in the prevalence and types of drug use among persons who were arrested in urban areas.

The data proved extremely valuable to the criminal justice and substance abuse professional communities as an indicator of substance use by the offender population. In 2003, the federal government ceased funding for any of the ADAM sites. In 2004 with the establishment of the Charlotte-Mecklenburg Drug Free Coalition and funding from the Charlotte-Mecklenburg Police Department, the Coalition was able to set aside funds to develop a modified version of the original ADAM interviews. In April, 2007, Charlotte became one of ten American cities to have the ADAM project funded by the Office of Drug Control Policies with data being collected twice a year.

The four-year trend in male arrestee testing positive for any drug showed a "spike" in fall 2006 but remains about the same for all drugs.

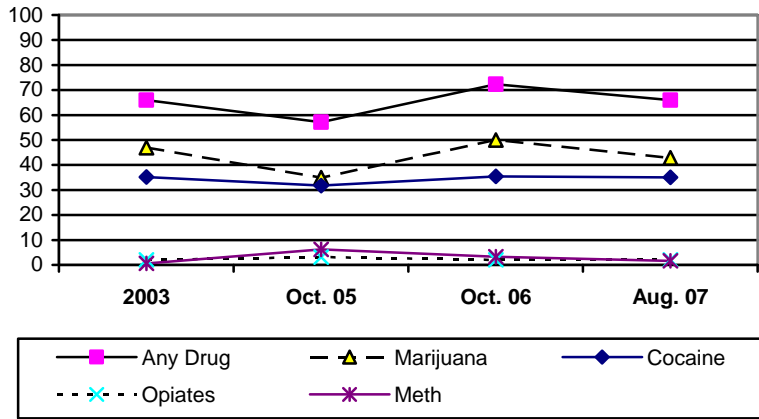
- 66% of male arrestees entering the jail, regardless of charge, test positive for some kind of drug (excluding alcohol). This is consistent over time.
- Those under 21 have the highest proportion of arrestees testing positive for some drug. 83.3% of those under 21 years of age and 68.8% of those over 40 years of age tested positive for at least one of the drugs.
- Marijuana and cocaine remain the most frequently identified drugs among arrestees who test positive for drug use.
- Arrestees testing positive for drugs are often arrested for non drug-related offenses. Those testing positive were also arrested for crimes against people, property crimes, driving while impaired (DWI) and non-DWI traffic offenses.

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<sup>2</sup> Data collected and analyzed by Dr. Paul C. Friday

- 72.8% of persons arrested on property crime charges test positive and 56.7% of arrestees charged with crimes against persons test positive for some drug.
- Methamphetamines use went from 0.6% in 2005 to 1.6% in 2007

### Male Arestee Drug Use Trends



### ADAM Male Drug Use Trends: 2003-2007

	2003	Oct 2005	Oct-2006	August 2007
<b>Any Drug</b>	65.9	57.1	72.3	66.0
<b>Marijuana</b>	46.9	34.9	50.0	42.8
<b>Cocaine</b>	35.2	31.7	35.5	35.1
<b>Opiates</b>	2	3.2	2.0	2.1
<b>Methamphetamine</b>	0.6	6.3	3.3	1.6
<b>N</b>	520	63	65	234

The difference by race is not significant.

- 67.8% of African Americans, 67.6% of whites and 43.7% of Hispanics tested positive for some drug.
- 82.1% of arrestees under 21 tested positive for some drug in August 2007; 77.4% tested positive for marijuana.
- 11.2% of males 26-30 tested positive for methamphetamine.

**TREND:**

- **Methamphetamine use has more than doubled since 2003 but is still proportionately much less than the primary drugs of marijuana and cocaine. 0.6% to 1.6%**
- **Arrestees testing positive for drugs are often arrested for non drug-related offenses. Those testing positive were also arrested for crimes against people, property crimes, driving while impaired (DWI) and non-DWI traffic offenses.**
  - **72.8% of persons arrested on property crime charges test positive and 56.7% of arrestees charged with person crimes test positive for some drug.**
- **82.1% of arrestees under 21 tested positive for some drug in August 2007; 77.4% tested positive for marijuana.**

## **Alcohol Consumption**

North Carolina is one of nineteen “control jurisdictions” in which the distribution and sale of beverage alcohol is handled by the State. Today, North Carolina is a “local option” state with 154 Alcohol Beverage Control (ABC) Boards that operate 392 retail stores. In addition, other alcohol beverage sales, for consumption both on and off premise, may be legal at businesses depending on whether the majority of voters approved the alcohol issue.

North Carolina ABC Boards are local independent political subdivisions of the State. Each Board operates as a separate entity establishing policies and procedures and retaining the authority to set policy and adopt rules in conformity with ABC Laws and North Carolina Commission Rules. The Mecklenburg County ABC Board exists to regulate the sale of distilled spirits in the county consistent with local, state and federal law, and in compliance with the regulations of the North Carolina ABC Commission. The Mecklenburg County ABC Board operates solely on the revenue derived from liquor sales in Mecklenburg County.

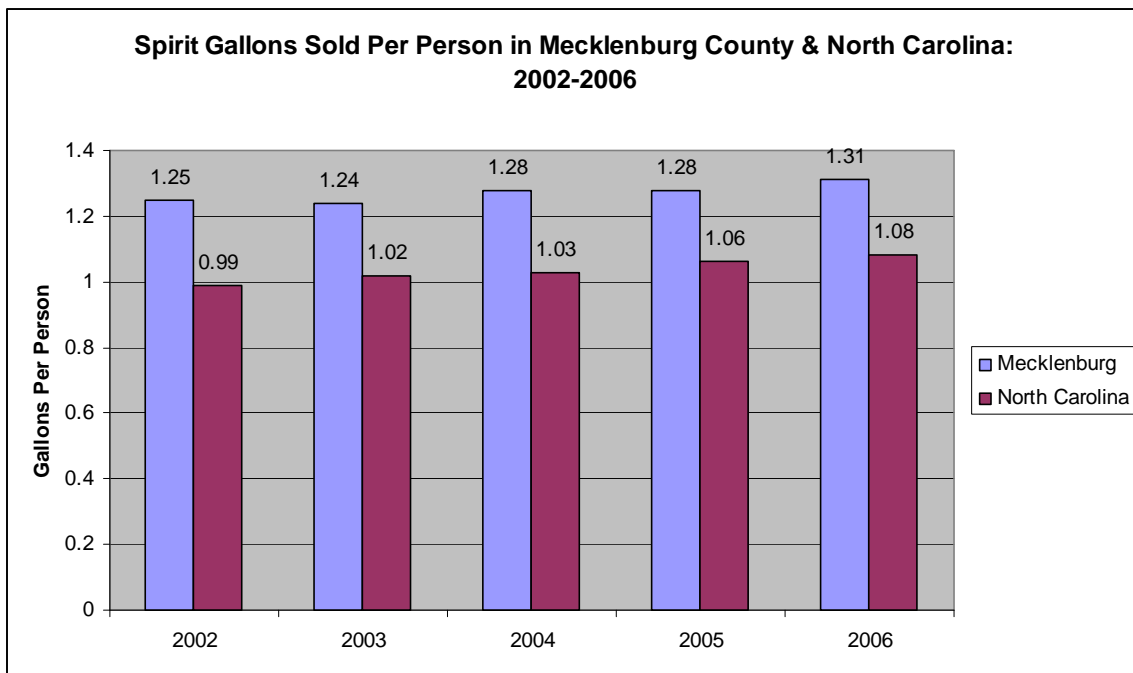
North Carolina law requires local ABC Boards to designate no less than 5% of their profits before distributions on behalf of law enforcement services and no less than 7% for substance abuse treatment, education and rehabilitation. The Mecklenburg County ABC Board returns the profits from the retail sales of distilled spirits to local government, the public library, and to the State of North Carolina in the form of taxes.

For the year ending June 30, 2006, the mixed beverage tax collected from restaurants, hotels and private clubs in North Carolina totaled \$2,968,674. (General taxes returned to the State of North Carolina equaled \$20,992,074.)

From the mixed beverage tax, \$2,125,000 was given to both the City of Charlotte and to Mecklenburg County; \$1,591,004 went to law enforcement; \$379,904 went toward educational mini-grants; Mecklenburg Area Mental Health, Developmental Disabilities and Substance Abuse Authority received \$269,880; the Public Library was given \$223,685; and \$2,164,269 was put forth to support alcohol education and rehabilitation at the Anuvia Prevention & Recovery Center (formerly the Chemical Dependency Center).

- Since 2002, there has been an increase in alcohol tax revenue returned to all areas. The amount allocated to the city and county has increased by 13%, educational mini grants by 46%, Law Enforcement by 23%, Mecklenburg Area Mental Health, Developmental Disabilities and Substance Abuse Authority by 24%, Public Libraries by 13%, and Alcohol Education & Rehabilitation at Anuvia by 16%.

In 2006, there was a total of 1,086,577 gallons of distilled spirits sold in Mecklenburg County. When divided by the total population of the county in 2006, the number of gallons sold per person is 1.31. In 2006, there was a total of 9,562,172 gallons of distilled spirits sold in the State of North Carolina; the total number of gallons sold per person for the State in 2006 is 1.08. This represents spirits sold retail to the public as well as to businesses that are licensed to sell spirits by the drink.



Source: Mecklenburg County ABC Board, 2007

These numbers of gallons sold do not accurately indicate the complete picture of how local residents are drinking. Because Charlotte has a growing hospitality and tourism industry and because it serves as an international airport hub, these numbers reflect the amount of spirits purchased in the area and cannot be accurately connected only to local consumption.

Consumption of spirits also presents only a partial picture of alcohol consumption. According to the National Institute of Alcohol Abuse and Alcoholism, data on alcohol consumption by beverage type indicates that sales of beer and wine combined, both in gallons and in total ethanol content, consistently exceeds sales of spirits. Unfortunately, an estimate on the quantity of beer and wine sold is not currently available for Mecklenburg County or the State of North Carolina

**TREND: The amount of alcohol tax revenue returned to the community has increased since 2004.**

## **Youth Risk Behavior Surveillance System (YRBSS)**

The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults in grades 9-12. These behaviors include those that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV; unhealthy dietary behaviors; and physical inactivity. In addition, the YRBSS monitors general health status and the prevalence of overweight and asthma. YRBSS includes a national school-based survey conducted by the CDC and state and local school surveys conducted by state and local education and health agencies.

YRBS data are used to measure progress toward achieving 15 national health objectives for Healthy People 2010 and three of the 10 leading health indicators, to assess trends in priority health risk behaviors among high school students, and to evaluate the impact of broad school and community interventions at the national, state and local levels. Results suggest that more effective school health programs and other policy and programmatic interventions are needed to reduce risk and improve health outcomes among youth.

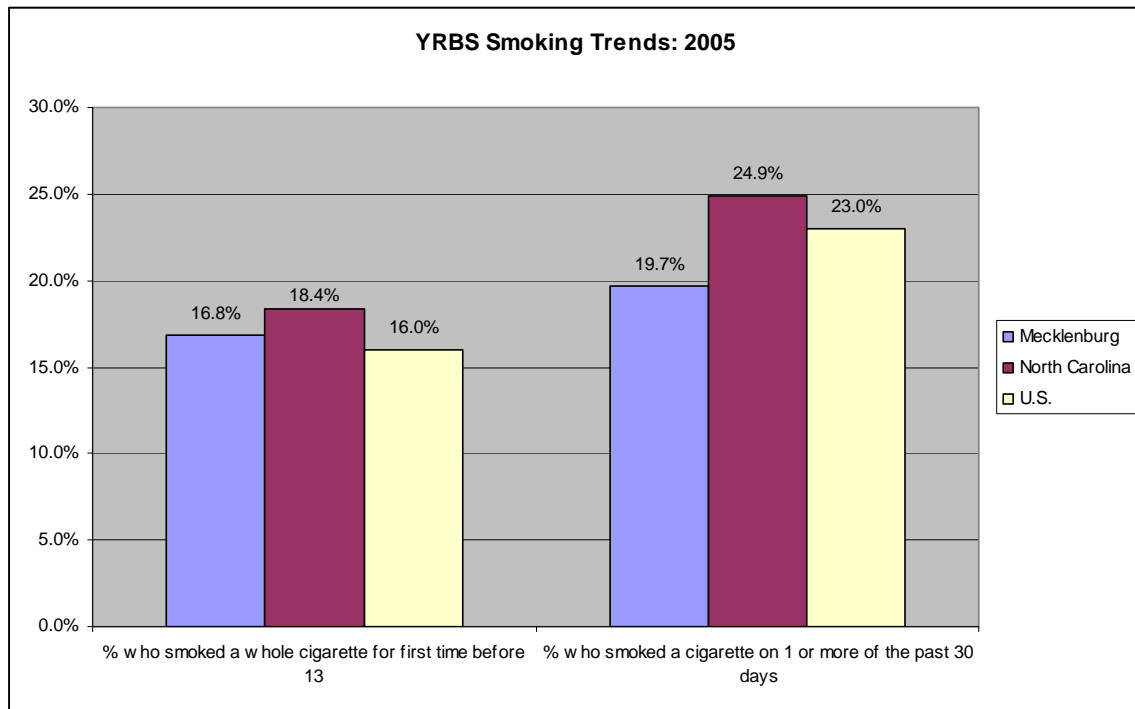
Nationwide since 1991, the prevalence of many health risk behaviors among high school students has decreased. However, too many high school students continue to engage in behaviors that place them at risk for the leading causes of mortality and morbidity. The prevalence of health-risk behaviors varies across cities and states.

- 2005 was the first year that Charlotte Mecklenburg Schools participated in the YRBSS. For tobacco use Charlotte-Mecklenburg has lower rates when compared at both the national and state levels. The percentage of students who smoked cigarettes on one or more of the past 30 days for Charlotte-Mecklenburg is 19.7%; the rate for N.C. is 24.9% and 23% is the national rate.
- The drinking trends for Mecklenburg County are also lower than the state and national levels.
  - The percentage of students who had their first drink of alcohol other than a few sips before age 13 years for Charlotte-Mecklenburg is 21.1%; the rate in N.C. is 21.3% and the national rate is 25.6%.
  - Binge drinking trends are also reflected in the YRBS, with the percent of students who had five or more drinks of alcohol in a row, that is, within a

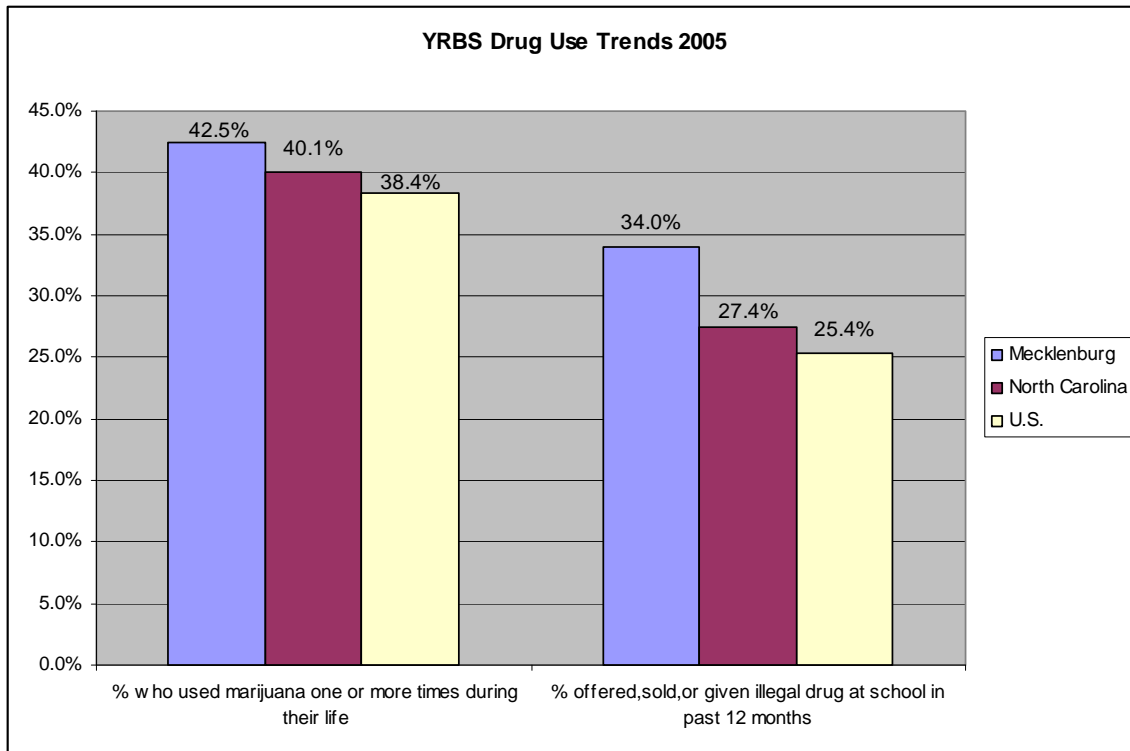
couple of hours, on one or more of the past 30 days for Charlotte-Mecklenburg is 19.6%, for N.C. it is 23.1% and nationally is it 25.5%.

- Charlotte-Mecklenburg students' results on certain types of drug use were, unfortunately, higher than both the state and national levels.
  - The percentage of students who used marijuana one or more times during their life for Charlotte-Mecklenburg is 42.5%; for N.C. it is 40.1% and nationally it is 38.4%.
  - Also, the percentage of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months for Charlotte-Mecklenburg is 34%, in NC it is 27.4% and nationally it is 25.4%.

Source: National Center for Chronic Disease Prevention and Health Promotion  
([www.cdc.gov/HealthyYouth/yrbs](http://www.cdc.gov/HealthyYouth/yrbs))



Source: National Center for Chronic Disease Prevention and Health Promotion  
([www.cdc.gov/HealthyYouth/yrbs](http://www.cdc.gov/HealthyYouth/yrbs))



Source: National Center for Chronic Disease Prevention and Health Promotion  
[www.cdc.gov/HealthyYouth/yrbs](http://www.cdc.gov/HealthyYouth/yrbs)

**TREND:** Tobacco use and the percent of youth having their first alcohol (more than a sip) before age 13 and binge drinking are lower than state and national averages.

**TREND:** Lifetime use of marijuana and the percent of students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months are higher than state and national rates.

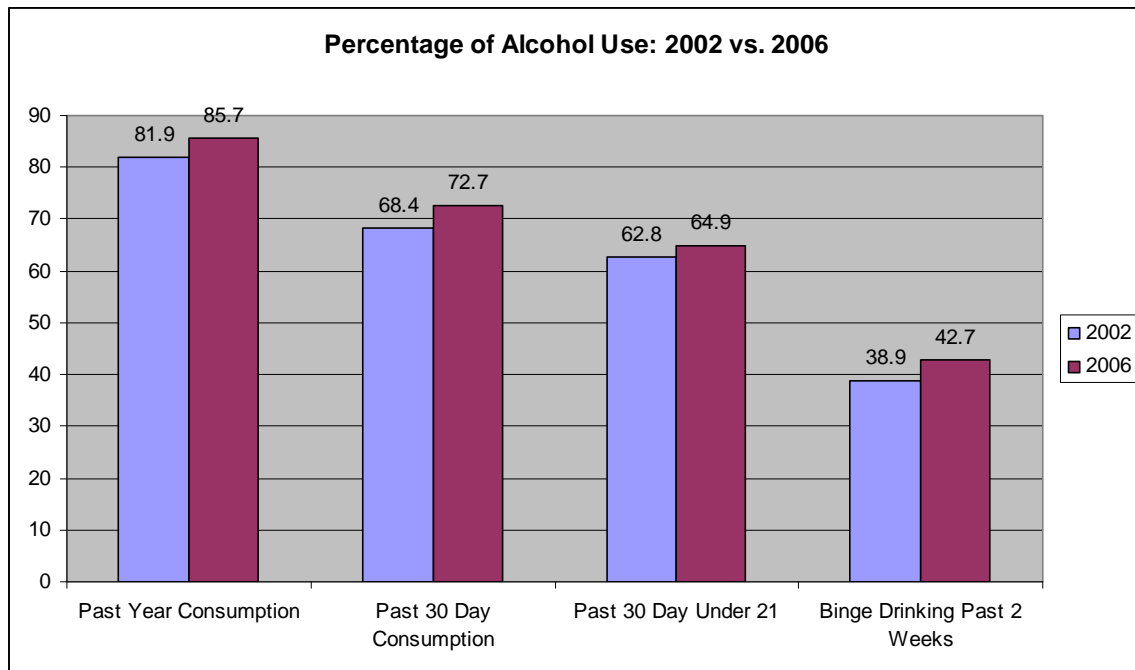
## University of North Carolina at Charlotte: CORE Survey

The Core Alcohol and Drug Survey is designed to assist post-secondary institutions in assessing the nature and extent of alcohol and other drug use on their campuses. The Core Alcohol and Drug Survey facilitates investigation into the nature, scope and consequences of alcohol and other drug use on individuals and campuses and thereby assists administrators and program directors in making programming decisions based upon specific campus patterns and needs. The survey includes several types of items about alcohol and other drugs. One type deals with the student's attitudes, perceptions and opinions about alcohol and other drugs, and the other deals with the student's own use and consequences of use. There are also several items on students' demographics and background characteristics as well as perception of campus climate issues and policy.

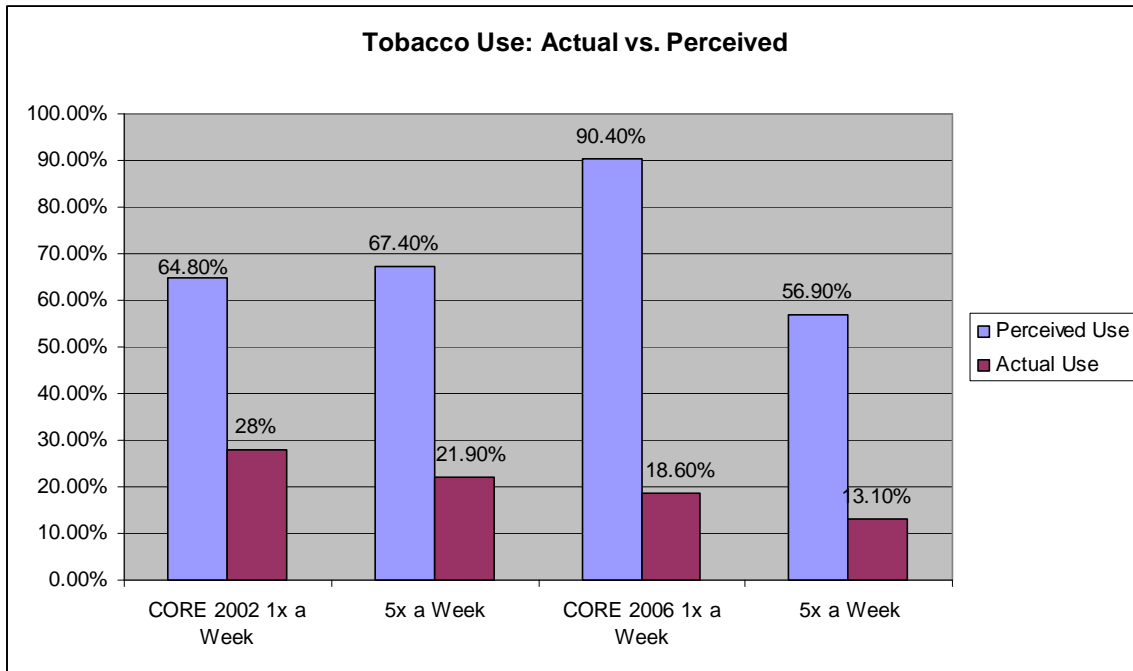
The University of North Carolina at Charlotte began using the Core Survey in the spring of 2002 and had 1,539 respondents. The second, and most recent, survey was done in the spring of 2006 and had 715 respondents. The 2006 survey was sent out through UNC-Charlotte's campus e-mail, while the 2002 survey was done in the classrooms.

The results of UNC-Charlotte's 2006 survey fall close to national averages.

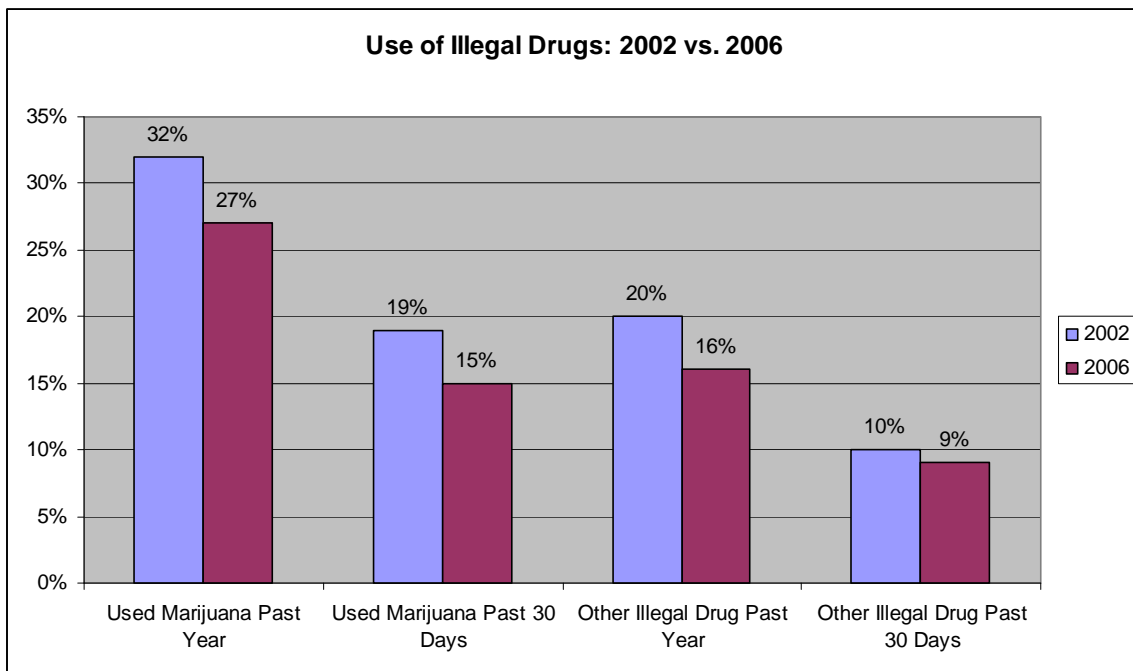
- The percentage of students that reported using alcohol within the past 30 days was 72.7%. For those students under the age of 21, 64.9% had consumed alcohol in the past 30 days. When compared with a national reference group the numbers for use of alcohol for UNCC students are the same or below.
- The percentage of students that reported never using tobacco in the past year was 59.8%. An interesting finding is that students report an extremely high perceived use of tobacco use among their peers when compared with actual use. 90.4% of students perceive that their peers use tobacco once a week, when the actual weekly use is only 18.6%.
- The use of illegal drugs among UNCC students has decreased since the CORE survey was administered in 2002. 15% of UNCC students reported using marijuana in the past 30 days, which is a 4% decrease from 2002.



Source: CORE Institute & The University of North Carolina at Charlotte, Brockner Health, 2007.



Source: CORE Institute & The University of North Carolina at Charlotte, Brocker Health, 2007.



Source: CORE Institute & The University of North Carolina at Charlotte, Brocker Health, 2007.

**TREND: There has been a decrease in the use of illegal drugs from 2002 to 2006 at UNC Charlotte.**

**TREND: There has been an increase in alcohol consumption and binge drinking from 2002 to 2006 at UNC Charlotte.**

## ***Law Enforcement and Regulation***

### **Substance Abuse Arrests, Drug Seizures and Illegal Drugs Street Values**

The Mecklenburg County Sheriff's Office continuously collects data on persons arrested who were processed through the Mecklenburg County Jail.

- There have been 159,738 arrest charges filed in Mecklenburg County from 2003-2006 (FY03 to FY06).
- In 2006, there were 41,333 arrest charges filed, with nearly 17 % (7,026) resulting from drugs.
- In 2006, marijuana-related charges were the most frequent (4,297), followed by cocaine-related charges (2,971).

In all of the following graphs:  
SD = Sell & Distribute  
PWISD = Possession With Intent to Sell & Distribute  
MFG = Manufacturing

#### Marijuana

Marijuana is presumed to be the most widely used illicit drug in the United States. Marijuana usage spans all races, ages, genders, and socioeconomic backgrounds. Marijuana, like cocaine, can be purchased in many ways, from street corners, at school, at nightclubs, in parking lots, etc. Marijuana is usually smoked in a cigarette or in a pipe or bong.

Charlotte-Mecklenburg Vice and Narcotics Detectives note that the risk of imprisonment for street and mid-level marijuana dealers is minimal due to the competition for courtroom time for those with more serious charges involving drugs such as cocaine and heroin. These officers also explain that some cocaine dealers are now switching to dealing marijuana because of the reduced risk of imprisonment.

The following is an estimate of the street value of marijuana in Charlotte-Mecklenburg:

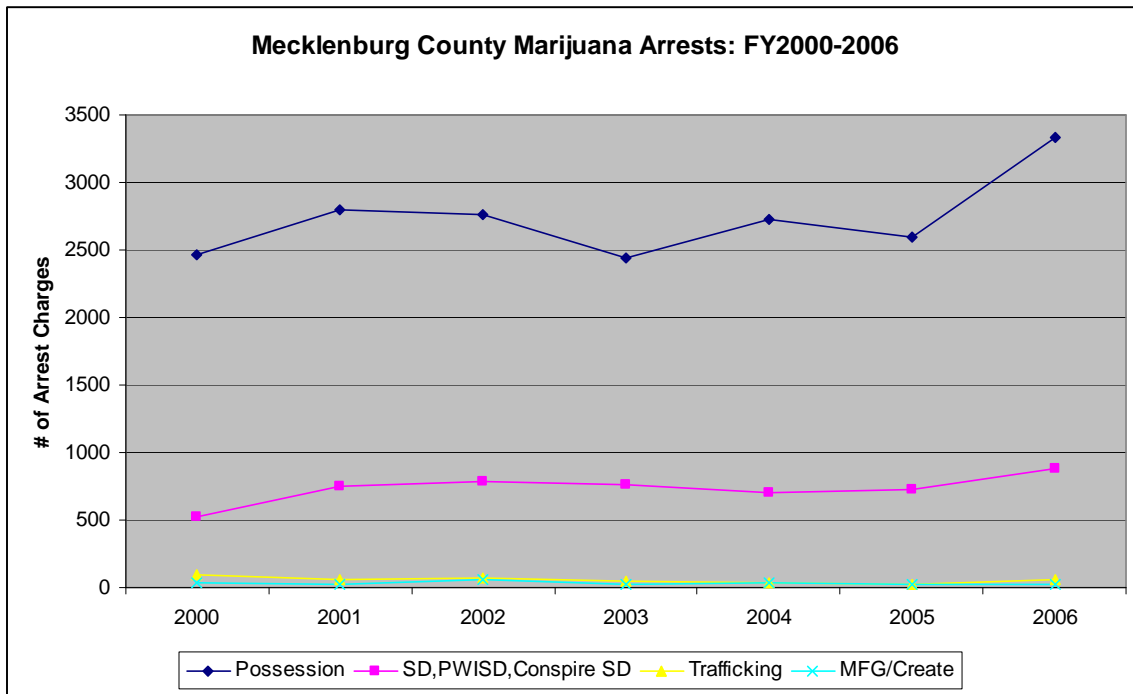
	<u><i>Street Value</i></u>	
¼ oz. bag CG*		\$20

28 grams (1 ounce)	CG*	\$100 - \$125
1 lb. CG*		\$500 - \$700
1 lb. BC**		\$2,500 - \$3,500

\*CG (Commercial Grade)  
 \*\*BC (BC Bud – Canada produced marijuana)

In Mecklenburg County, there were 4,297 marijuana-related arrests in 2006.

- That is higher than the number of arrests made the previous year (3,376).
- This reflects a 36% increase since 2003 and an 18% increase over the high in 2001.



Source: Mecklenburg County Sheriff's Office

### Cocaine

Cocaine is a powerfully addictive stimulant drug. The powdered, hydrochloride salt form of cocaine can be snorted or dissolved with water and injected. Complications associated with cocaine use include chest pain, respiratory failure, heart attacks, strokes, seizures, headaches, nausea, and lack of appetite.

Narcotics investigators reveal that the cost of cocaine can vary depending on numerous variables: location of purchase, recent seizures and arrests, the individual who is selling the drug, the relationship between buyer and seller, etc.

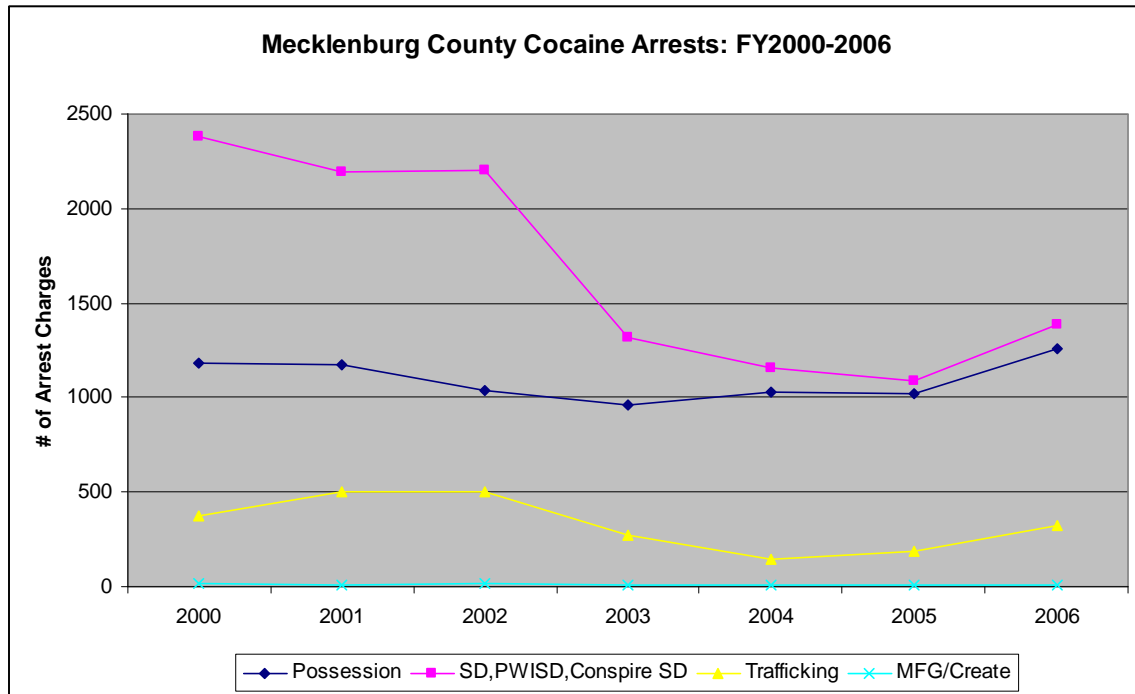
The following is an estimate of the street value of powder cocaine in Charlotte-Mecklenburg:

	<u>Street Value</u>
1 gram	\$100
28 grams (1 ounce)	\$600 - \$800

1000 grams (36 ounces; 1 kilo)

\$21,000 - \$23,000

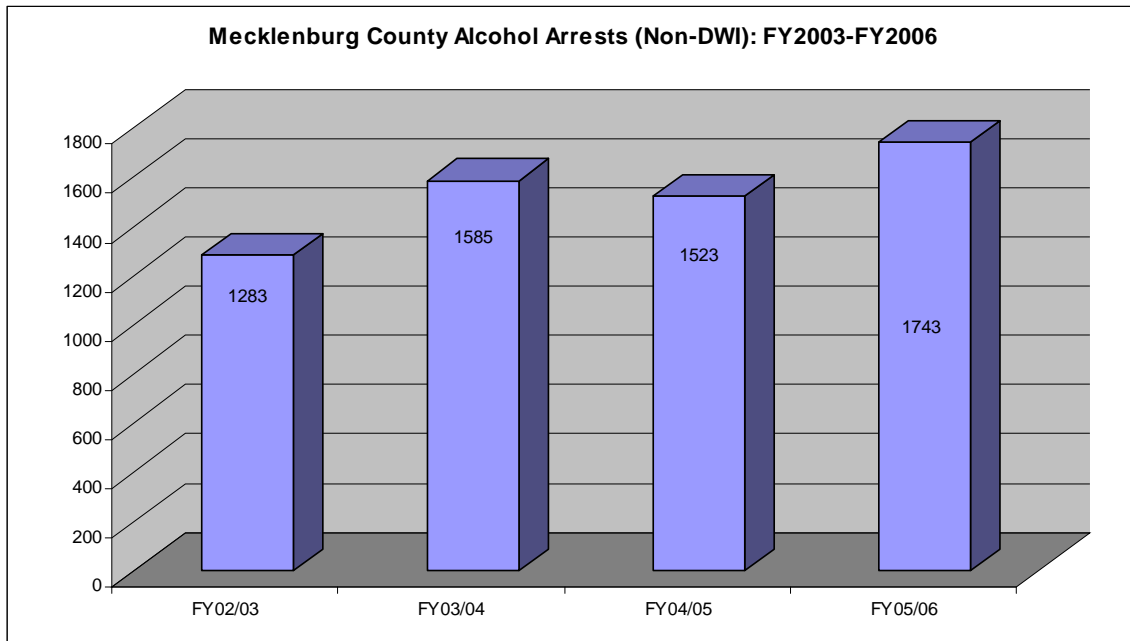
- In Mecklenburg County, there were 2,971 cocaine-related arrests made in 2006.
- That number is higher than the number of arrests made in 2005, which was 2,308, and represents a 28.7% increase.



Source: Mecklenburg County Sheriff's Office

### Alcohol

- In Mecklenburg County non-DWI charges increased from 1523 in FY05 to 1743 in FY06. These charges usually include possession by a person under 21, consuming in public, open container in a vehicle, etc.



Source: Mecklenburg County Sheriff's Office

### Crack Cocaine

Crack cocaine is a Schedule II substance under the Controlled Substances Act; schedule II drugs, which include PCP and methamphetamine, have a high potential for abuse and addiction.

Crack cocaine is a highly addictive and powerful stimulant that is derived from powdered cocaine using a simple conversion process. Crack is produced by dissolving powdered cocaine in a mixture of water and ammonia or sodium bicarbonate (baking soda). The mixture is boiled until a solid substance forms. The solid is removed from the liquid, dried, and then broken into the chunks (rocks) that are sold as crack cocaine. These rocks typically weigh from one-tenth of a gram to one-half gram. The DEA (Drug Enforcement Administration) estimates that crack rocks are between 75% and 90% pure cocaine.

Crack is nearly always smoked. Smoking crack cocaine delivers large quantities of the drug to the lungs, heart, and brain, producing an immediate and intense euphoric effect.

Crack emerged as a drug of abuse in the mid-1980s. It is abused because it produces an immediate high and because it is easy and inexpensive to produce--rendering it readily available and affordable. The following is an estimate of the street value of crack cocaine in Charlotte-Mecklenburg:

	<u>Street Value</u>
1 Rock	\$20
1 8ball (1/8 of 1 ounce)	\$200
28 grams (1 ounce)	\$800 - \$950
1000 grams (36 ounces; 1 kilo)	\$21,000 - \$23,000

- There are no specific arrest data for crack cocaine since it is not legally defined differently from cocaine.

## Heroin

Heroin is a highly addictive and rapidly acting opiate (a drug that is derived from opium). Specifically, heroin is produced from morphine, which is a principal component of opium. Opium is a naturally occurring substance that is extracted from the seedpod of the opium poppy.

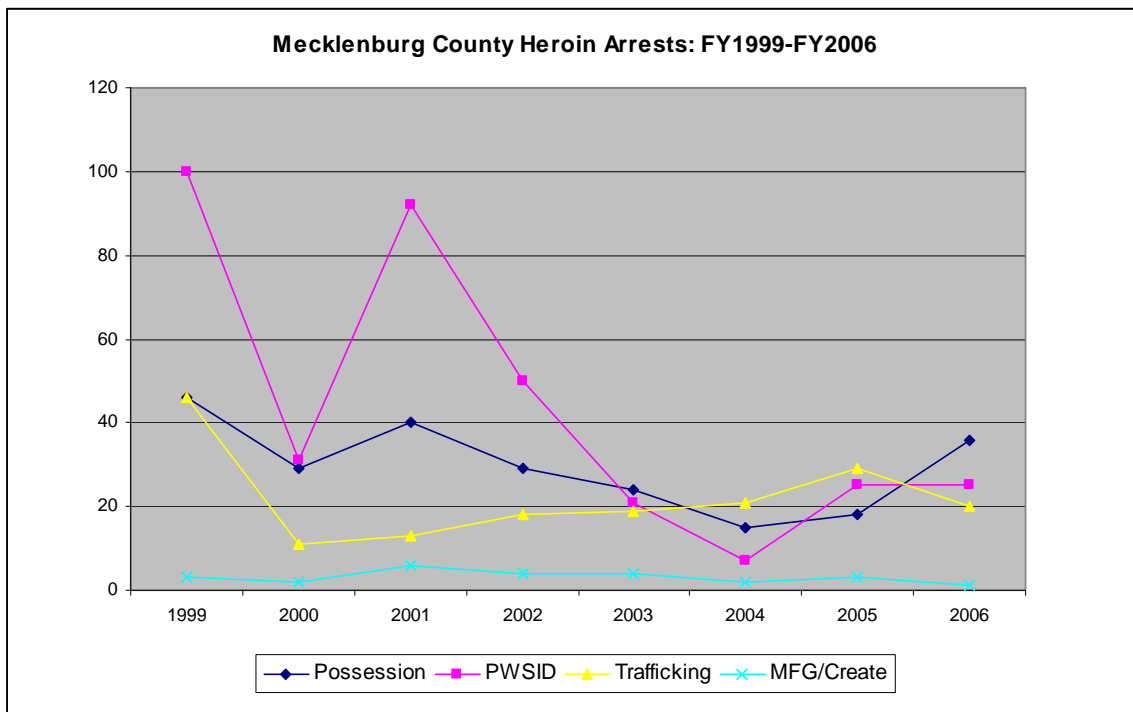
There is a relatively small population of persons who are addicted to heroin in Charlotte (CMPD Drug Threat Assessment, 2002). Most of the addicts in Charlotte use white heroin. However, in recent years, Mexican black tar heroin has become more sought after than white heroin.

The following is an estimate of the street value of heroin in Charlotte-Mecklenburg:

<u>Street Values</u>	
1 balloon (MBT)*	\$5
1 bindle (MBP)**	\$20 - \$25
1 bindle	\$25
1 gram	\$250

\* Mexican Black Tar  
\*\* Mexican Black Powder

The following is a representation of the arrests made that were associated with heroin in Mecklenburg County from 1999-2006.



Source: Mecklenburg County Sheriff's Office

**TREND: Since 2000 there has been an increase in all types of marijuana arrest charges, specifically marijuana possession.**

**TREND: Cocaine Possession has increased by 31% since 2003, which is higher than the previous high rate in 1999/2000.**

**TREND: There has been a 5% increase in arrests for intent to sell cocaine in the past year but there has been a 42% decrease in this charge since 1999/2000.**

## **Alcohol- and Other Drug-Related Arrests and Disciplinary Actions in Higher Education Institutions**

The “Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act” (originally known as the “Campus Security Act”) became a federal law in 1990. The Clery Act requires colleges and universities to disclose certain timely and annual information about campus crime and security policies. All public and private institutions of postsecondary education participating in federal student aid programs are subject to the act. The Clery Act was championed by Howard and Connie Clery after their daughter, Jeanne, was murdered at Lehigh University in 1986.

Annually, each school must disclose crime statistics for the campus and surrounding areas, as well as certain non-campus facilities including Greek housing. Crimes are reported in the following major categories: homicide, sex offenses, robbery, assault, burglary, theft, and arson. Schools are also required to report the following three types of incidences if they result in either an arrest or disciplinary referral: liquor law violations, drug law violations, and illegal weapons possession.

It must be noted that incidences reported under the Clery Act represent only a partial picture of the alcohol and other drug use on college campuses for two reasons. First, liquor law violations as defined by the Clery Act, do not include underage drinking, drunkenness, or driving under the influence. Second, incidences reported in the Clery Act only reflect violations of law and do not reflect infractions of university conduct. .

The following statistics represent alleged criminal offenses reported to campus security authorities or local police agencies; therefore the data collected do not necessarily reflect prosecutions or convictions for crime. Because some statistics are provided by non-police

authorities, the data are not directly comparable to data from the FBI's Uniform Crime Reporting System that only collects statistics from police authorities.

The Coalition is making efforts to increase awareness of alcohol and other drug use and abuse on all local college campuses.

Institution	Population	Violation	Arrests			Judicial Referrals		
			2003	2004	2005	2003	2004	2005
Central Piedmont Community College	16,400	<i>Liquor</i>	0	0	1	0	0	1
		<i>Drug</i>	2	7	3	1	7	1
University of North Carolina at Charlotte	19,846	<i>Liquor</i>	3	5	5	331	472	567
		<i>Drug</i>	11	20	38	71	95	138
Queens University	2,107	<i>Liquor</i>	0	0	40	40	38	101
		<i>Drug</i>	1	0	3	1	0	6
Johnson C. Smith University	1,415	<i>Liquor</i>	0	1	1	0	0	5
		<i>Drug</i>	6	6	9	6	9	7
Davidson College	1,714	<i>Liquor</i>	0	0	4	145	198	165
		<i>Drug</i>	0	0	0	6	6	3
Total All Institutions	41,482	<i>Liquor</i>	3	6	51	516	708	839
		<i>Drug</i>	20	33	53	85	117	155

Source: U.S. Department of Education, Office of Postsecondary Education

**TREND: For all institutions there has been an increase in both arrests and judicial referrals. The increase has been for both drugs and alcohol.**

## ABC and ALE Permit Violations

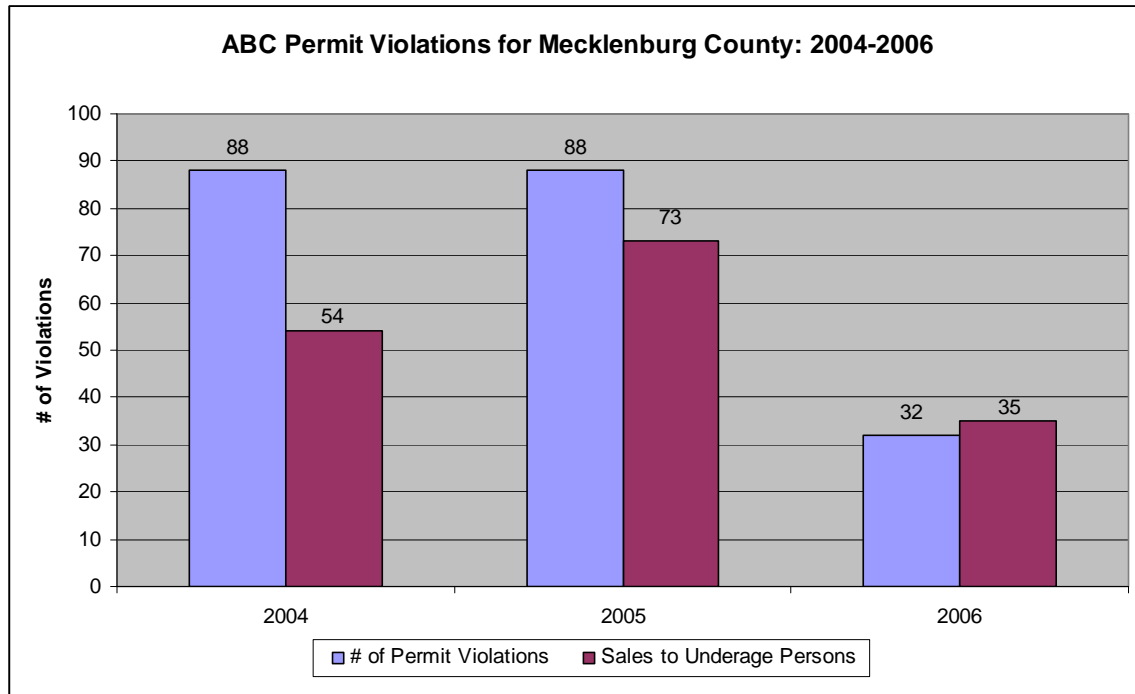
The North Carolina Alcoholic Beverage Control (ABC) Commission issues permits for retail establishments to sell alcoholic beverages. Several types of permits exist which determine the type of alcohol that can be sold or served, locations of consumption, and other factors.

As required by statute, each ABC Board in North Carolina is responsible for law enforcement efforts. Some Boards contract with local authorities, while others employ their own law enforcement division. The Mecklenburg County ABC Board has 14 sworn officers. Their primary responsibility is to enforce alcohol laws but they are involved in other enforcement activities as well. Their activity depends on areas of need and fluctuates. For example, numbers for underage sales may increase due to enhanced enforcement while others numbers may decline. This shift does not necessarily indicate a decrease in particular offenses, it reflects the focus of the enforcement division.

- In 2006, the Mecklenburg County ABC Board Law Enforcement Division reported 32 permitted establishment violations.
- The most frequent violation reported in 2006 was for underage possession of alcohol, with 112 violations; followed by sales of alcohol to underage

individuals and purchase of alcohol by a minor with 35 and 25 violations respectively.

- In 2004, the sales to underage individuals resulted in 54 violations, which is significantly more than in 2006.



Source: Mecklenburg County ABC Board, 2007

**TREND: The variance between 2005 and 2006 has been attributed to the assignment of enforcement officers being assigned to pre-lottery permit investigations making trend comparisons difficult.**

## ALE Violations

In North Carolina, it is illegal to sell alcohol without a permit, to sell to anyone under the age of 21, to have an open container of alcohol in the car, or to sell wine, beer or liquor to anyone who is intoxicated. Alcohol Law Enforcement (ALE) agents enforce these laws as well as laws related to consumption and possession of alcoholic beverages in the State.

ALE, a division of the NC Department of Crime Control and Public Safety, is also responsible for enforcing the state's tobacco, controlled substance and gambling laws, taking legal action on nuisance establishments, and housing the Center for Missing Persons.

ALE's 117 sworn agents have broad authority as peace officers to arrest and take other investigatory and enforcement actions for any criminal offense. ALE is unique in that it is the only law enforcement agency with statewide jurisdiction that has, as its primary

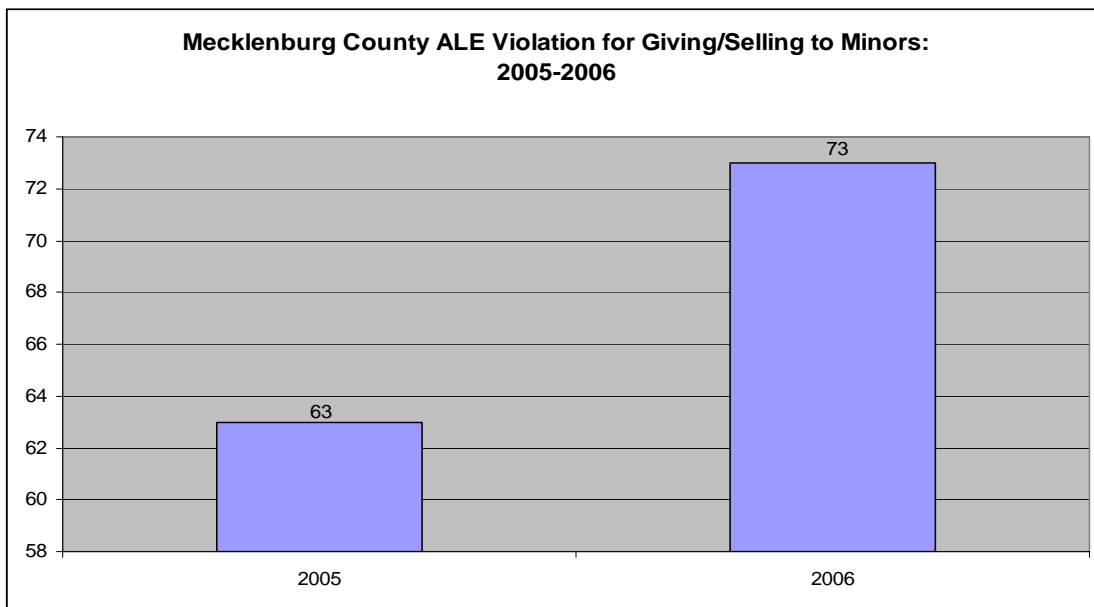
mission, enforcement of alcoholic beverage laws. Agents ensure consistent enforcement throughout the state.

ALE puts a major emphasis on protecting youth by enforcing underage drinking laws and providing educational programs that show teens the potentially tragic consequences of underage drinking.

Statistics:

- Statewide, the Alcohol Beverage Control Commission (ABC) annually issues 44,000 permits to sell alcohol.
- There are 17,500 licensed ABC outlets such as restaurants or night clubs in the state.
- In Mecklenburg County, there are currently 1,912 temporary and active permits.

The following statistics show the work done in Mecklenburg County to help stop underage alcohol consumption:



Source: North Carolina Division of Alcohol Law Enforcement, 2007

**TREND: A trend is not calculable for a one year fluctuation.**

## Charlotte Mecklenburg Drug Free Coalition Underage Alcohol Purchase Study

Underage drinking is considered to be a major problem in this community. In recent years, there has been a number of auto accident deaths caused by underage drinkers and some deaths of youths from excessive blood alcohol levels. The Charlotte-Mecklenburg Drug Free Coalition (CMDFC) has a focus on reducing underage drinking as one of its three objectives.

The Coalition received a grant from the North Carolina Office of Juvenile Justice and Delinquency Prevention<sup>3</sup> as part of the Coalition's underage drinking initiative. Part of the grant was designed to conduct underage "buys" to monitor the extent to which local establishments request age verification before selling alcohol

Studies were conducted in April, 2006, October, 2006, and January, 2007. The impetus for these projects was the finding from the Substance Abuse Prevention Services' Youth Drug Survey (YDS) in 2004 that 35% of all students in grades 6 through 12 and 53% of high school students admitted using alcohol. The April, 2006, survey focused on seven zip codes where students who drank in the last 30 days lived and said that alcohol was "easy" to get. The second survey focused on the six zip codes where students lived who said it was "fairly hard" or "can't get." The Coalition wanted to see what the differences would be in how frequently establishments actually sold to persons without checking for age identification in those areas.

A 25% random sample of the establishments with ABC permits for off-premise sales from the identified zip codes was selected. Each establishment was approached twice on two different days and different times by different "buyers" in an attempt to purchase a six-pack of domestic beer. "Buyers" were university students who were 21 years of age but who were perceived to be under 21 by a five person panel.

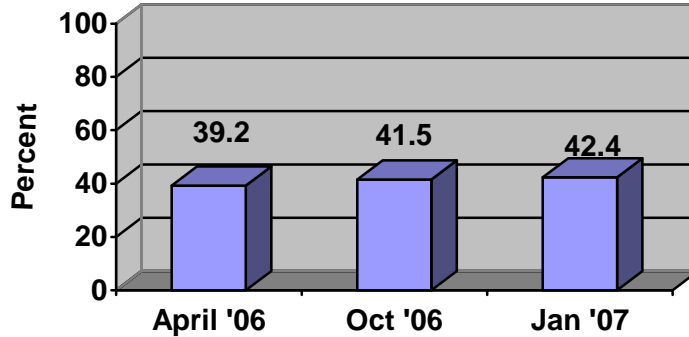
After each study, the establishments that sold without an ID were sent letters from the CMDFC informing them and offering ABC training for employees; establishments not selling were sent letters supporting their efforts (There is no law in NC *requiring* ID checks). The third study was a return visit to all establishments that sold in the first two studies, all of which had received letters from the Coalition.

- In the first two purchase attempts, sales were made without ID about 40% of the time.
- After having been sent "advice notices" from the Coalition, 42.4% again sold without asking for identification in January, 2007.

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<sup>3</sup> The purchase study was funded by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services/N.C. Department of Health and Human Services through an award from the Office of Juvenile Justice and Delinquency Prevention. It is administered by Innovation Research and Training, Inc. based in Durham, NC. Award # 2003-AH-FX-0056. The research was done by Dr. Paul C. Friday, Research and Training Specialists, Inc. Concord, NC. [www.RTSpecialists.com](http://www.RTSpecialists.com)

### Percent Total Buys - April/October/January\*



\*Based on 102 attempts in April, 101 attempts in October and 59 in January

### Conclusions

- While it is not required by law that sellers of alcohol check for identification under NC §18B-302 (a), it is a defense under sections d (1) and d (2). This suggests that *checking of identification should be considered a “best practice” for retailers to follow.*
- As such, the checking for identification is one of many ways to make the purchase and consumption of alcohol by underage persons more difficult.
- The community needs to develop a strategy to increase the monitoring of sales without ID checks, increase enforcement, and hold establishments accountable.
- There needs to be stronger legislation on the state or local level to require identification in retail sales. Given the resource constraints on alcohol enforcement, the community would be well-served if identification were required.

**TREND: The checking of identification for the sale of alcohol is lax.**

### *Harm*

### Injecting Drug Use Related HIV/AIDS Cases

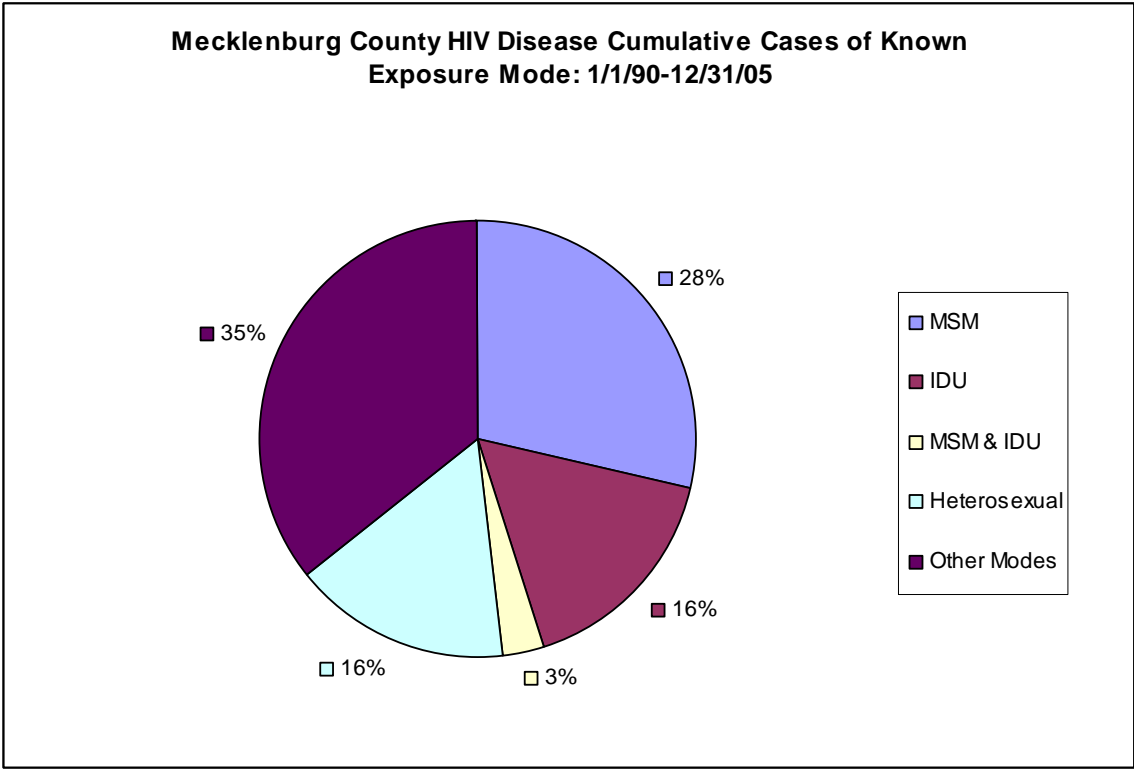
HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). Early in the U.S. HIV/AIDS pandemic, the role of substance abuse in the transmission of HIV and AIDS became alarmingly clear. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. HIV is most efficiently transmitted through exposure to contaminated blood, usually through sexual activity, or injecting drug use, and - now less commonly - through blood transfusions.

Sharing syringes and other equipment for drug injection is a well-known route of HIV transmission, yet injection drug use contributes to the epidemic's spread far beyond the circle of those who inject. People who have sex with an injecting drug user (IDU) also are at risk for infection, as are children born to mothers who are themselves IDUs or have sex with IDUs.

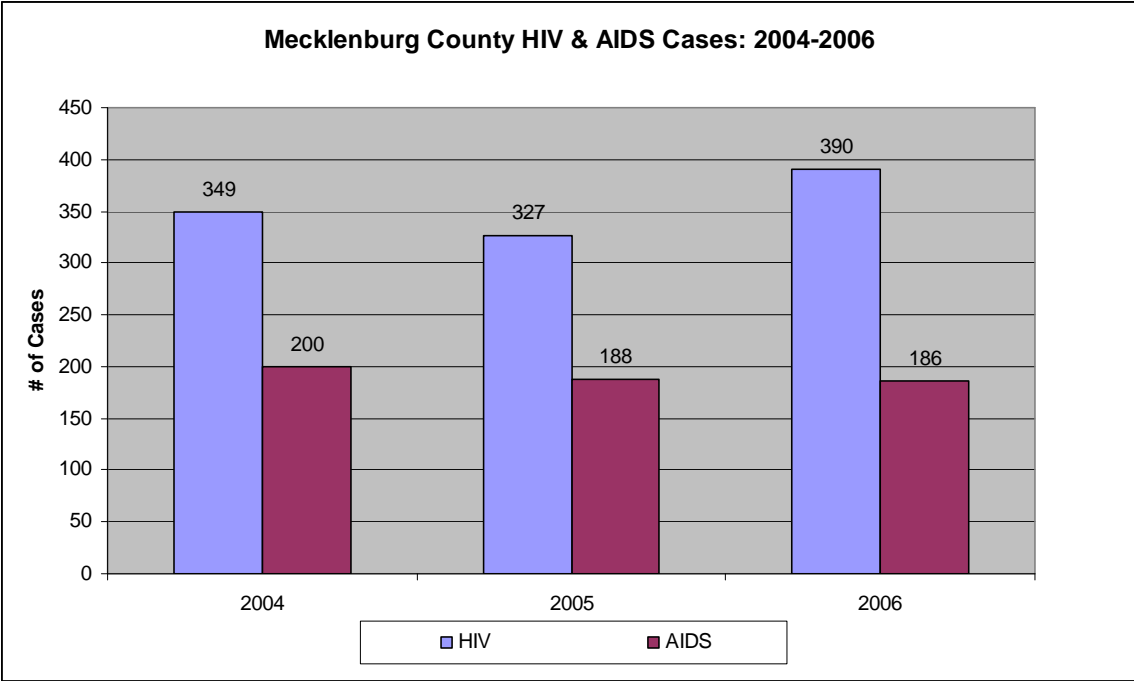
In addition, non-injection drugs also contribute to the spread of HIV when users trade sex for drugs or money, or when they engage in risky sexual behaviors they might not otherwise engage in when sober. Persons who use drugs are also at an elevated risk for other sexually transmitted diseases and tend to have compromised immune systems, factors which only increase the risk of contracting the HIV infection.

Since the epidemic began, injecting drug use has directly and indirectly accounted for approximately one quarter (24%) of AIDS cases in the United States (Centers for Disease Control and Prevention [CDC], 2005). Of the 45,669 new cases of AIDS reported in 2005, 8,985 (20%) were IDU-associated (CDC, 2006).

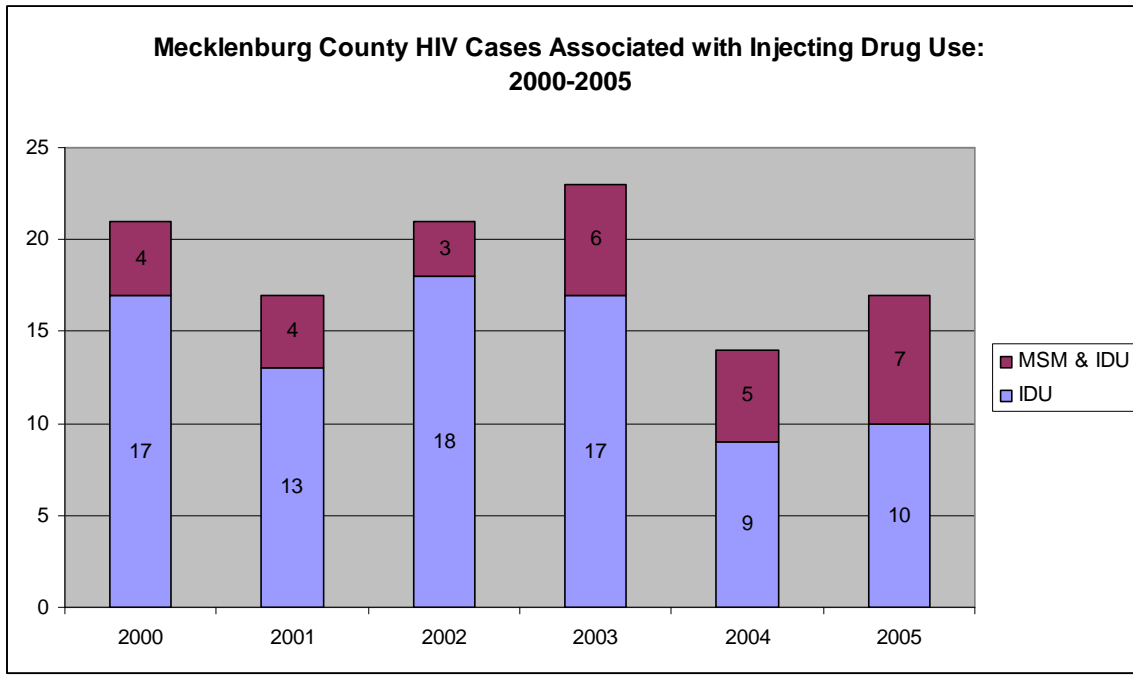
- As of December 31, 2006, there were 19,996 people living with HIV/AIDS in North Carolina.
- According to the North Carolina Department of Health and Human Services, there were 3,051 new cases of HIV/AIDS in North Carolina in 2006. This is an increase from 2005, which had 2,923 new cases.
- In 2006, there were 2,227 new cases of HIV/AIDS cases in men, of these 44.4% were attributed to men having sex with men (MSM), 1.4% MSM who also inject drugs (MSM/IDU) and 3.8% to injecting drug use (IDU) only (NCDHHS, 2006).
- In Mecklenburg County there were 390 new cases of HIV and 186 cases of AIDS reported in 2006.



Note: MSM = Men who have sex with men, IDU= Injecting Drug Use  
 Source: NC Department of Health and Human Services (DHHS), HIV/STD Prevention and Care



Source: NC DHHS Epidemiology & Special Studies Unit—HIV/STD Prevention and Care Branch



*Note: MSM= Men who have sex with men, IDU= Injecting Drug Use  
(The data for 2006 were not available in time for this report)  
Source: NC DHHS, HIV/STD Prevention and Care*

For more information on this indicator, please contact the **Mecklenburg Epidemiology Program at 704-353-0543.**

**TREND: Without the data from 2006, a trend is not discernable.**

### **Adult and Underage Impaired Driving Charges**

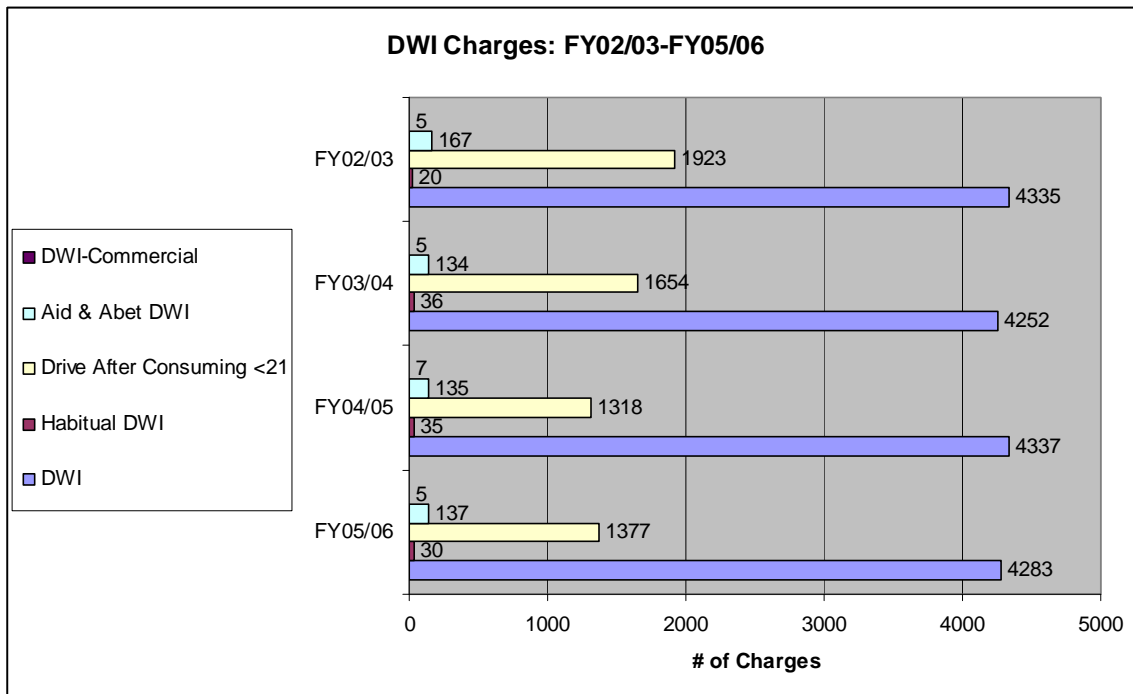
The Mecklenburg County District Attorney’s Office reports a total of 5,832 charges associated with impaired driving in the County during fiscal year 2005-2006. These charges include driving while impaired, driving after consuming for persons less than 21 years of age, driving while impaired in a commercial vehicle, habitual impaired driving, and aiding and abetting impaired driving.

Of all charges associated with driving under the influence of alcohol in Mecklenburg County in fiscal year 2005-2006, driving while impaired accounts for the majority (73%) of charges, followed by driving after consuming for persons age 21 years and younger (24%). The rate of DWI charges in Mecklenburg County is less than that of NC and Wake County, the next largest county in population in North Carolina.

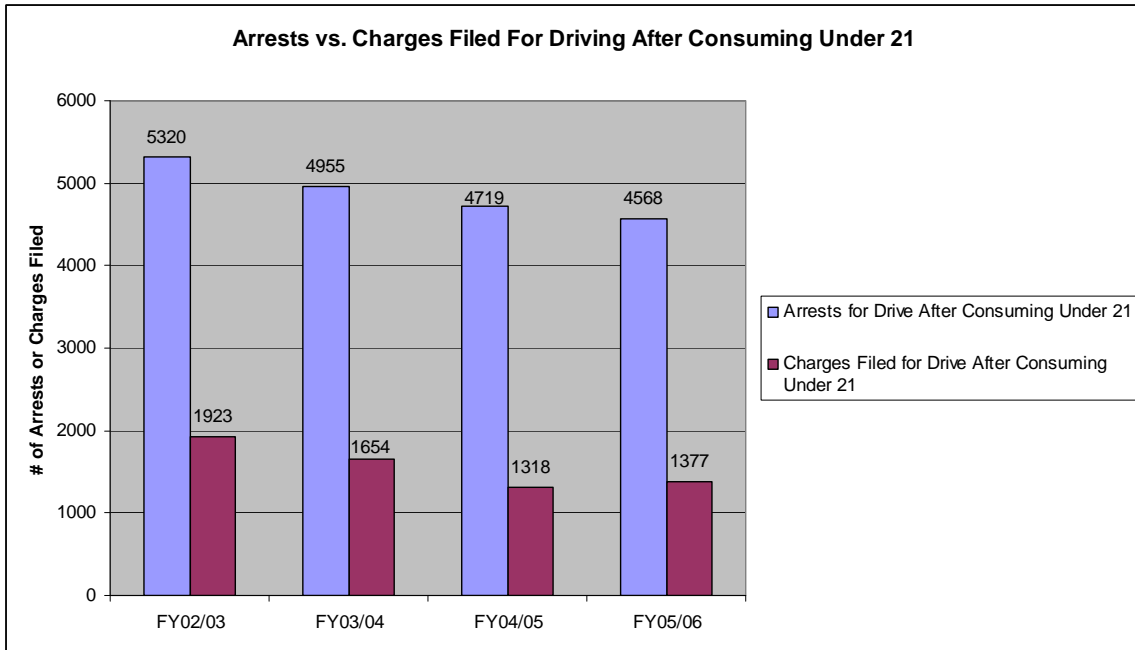
According to North Carolina law, a person is charged with the offense of driving while impaired (DWI) if he drives a vehicle while under the influence of an impairing substance or after having consumed sufficient alcohol that he has a blood alcohol concentration of 0.08 or more. Driving after consuming is charged for persons less than

21 years old who drive while consuming alcohol or while any alcohol or substance remains in the body that was previously consumed. A person is charged with the offense of impaired driving in a commercial vehicle if he drives that vehicle while under the influence of an impairing substance or after having consumed sufficient alcohol such that the blood alcohol concentration is 0.04 or greater. Habitual impaired driving is charged when a person has been convicted of three or more offenses involving impaired driving within seven years. Aiding and abetting impaired driving is charged when the owner of a vehicle knowingly allows someone impaired to drive his or her vehicle.

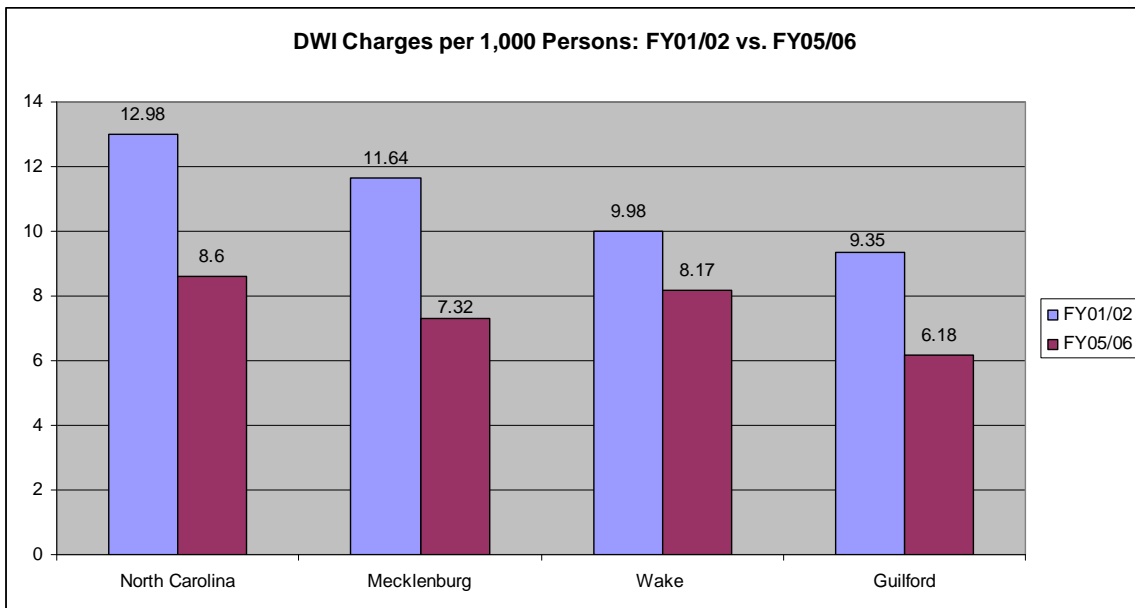
Note that these are counts of charges, not cases or defendants. In theory, but extremely rare in practice, there could be more than one impaired driving charge within one case. However, there are often multiple cases involving the same defendant.



Source: North Carolina Administrative Office of the Courts, 2007.



Source: North Carolina Administrative Office of the Courts, 2007.



Source: North Carolina Administrative Office of the Courts, 2007.

**TREND: There has been a substantial decline both in Mecklenburg County and in the State for DWI charges per 1,000.**

**TREND: There has been a 22% decrease in DWI charges since 2000 and a 43% decrease in driving after consuming under the age of 21 in the same time period.**

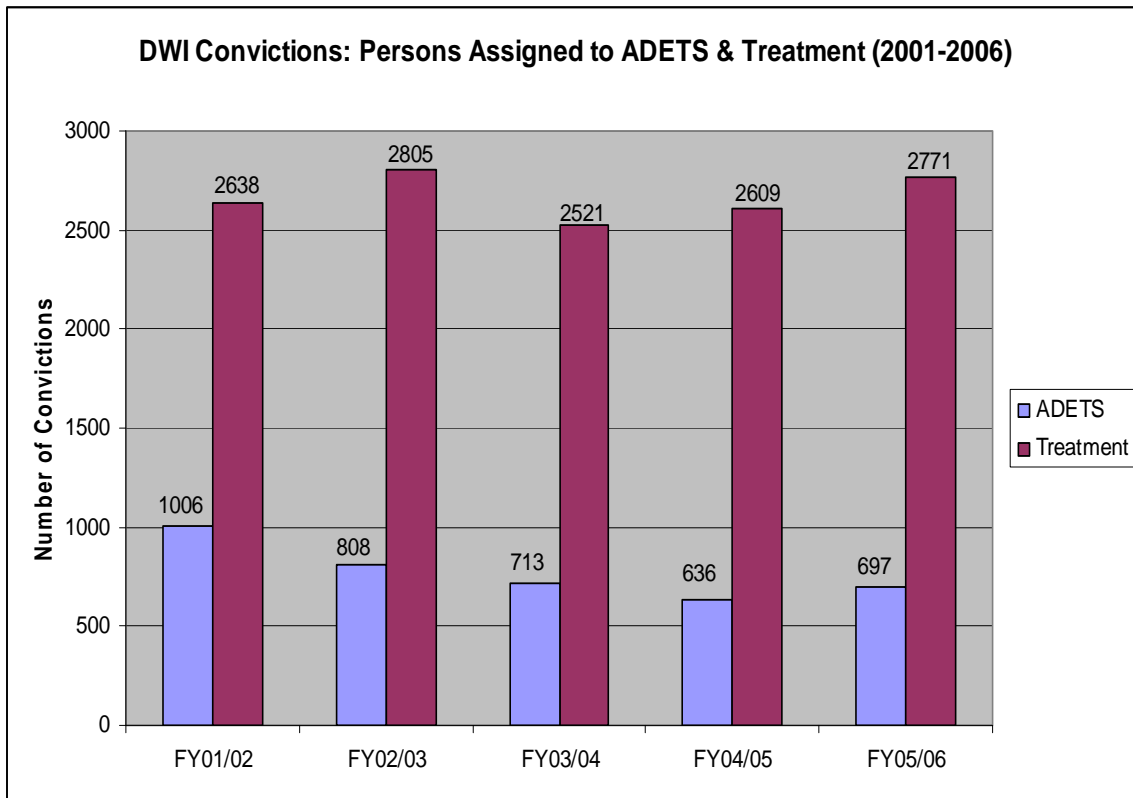
**TREND: There are a significantly greater number of DWI arrests than the actual number of DWI charges actually filed.**

### **Abuse/Dependence Among Persons (Youth and Adults) Charged with DWI**

Upon conviction of Driving While Impaired (DWI), the North Carolina Division of Motor Vehicles requires a substance abuse assessment and, depending on the outcome of the assessment, a person must complete either an Alcohol and Drug Education Traffic School (ADETS) or a substance abuse treatment program. ADETS is prescribed for individuals who do not exhibit abuse or dependence issues and/or are convicted of a first DWI with blood alcohol concentration (BAC) of less than 0.15%. Short term and intensive outpatient treatment are recommended for persons assessed as having abuse or dependence issues and/or blood alcohol concentration (BAC) is higher than 0.15% and prior DWI convictions.

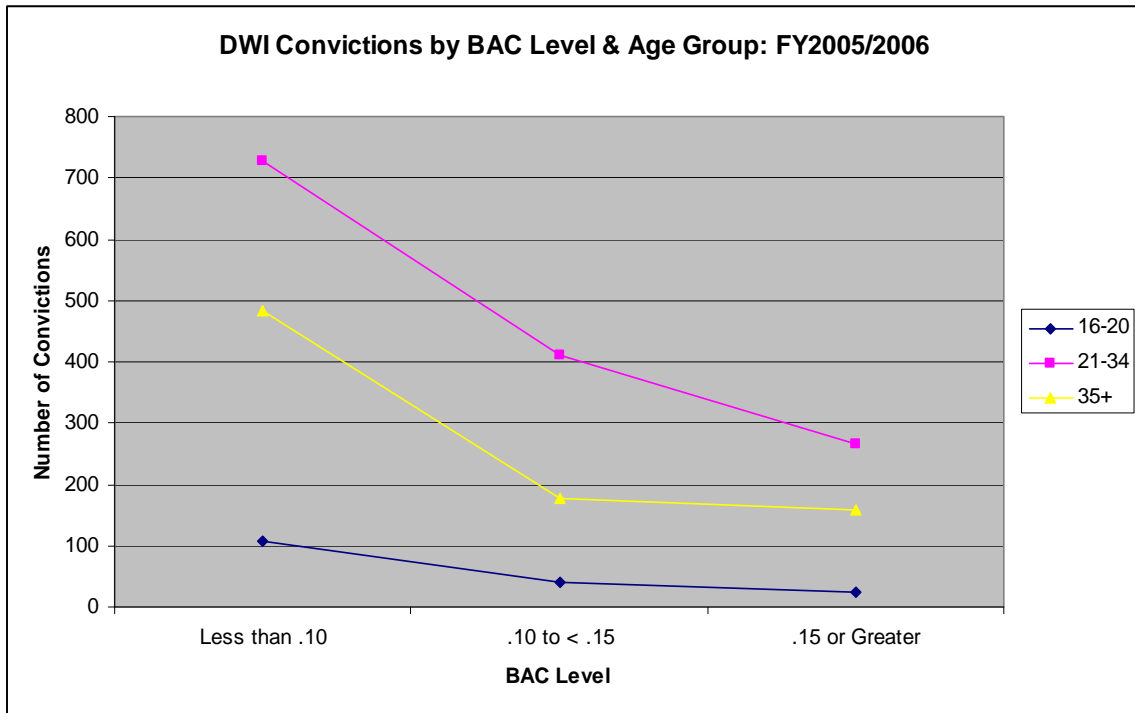
The Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Authority contracts with Anuvia to track those individuals convicted of DWI.

- Of those convicted of DWI during the last several fiscal years, a majority were diagnosed as having substance abuse or dependence issues, had high blood alcohol content at the time of arrest and/or multiple DWIs.

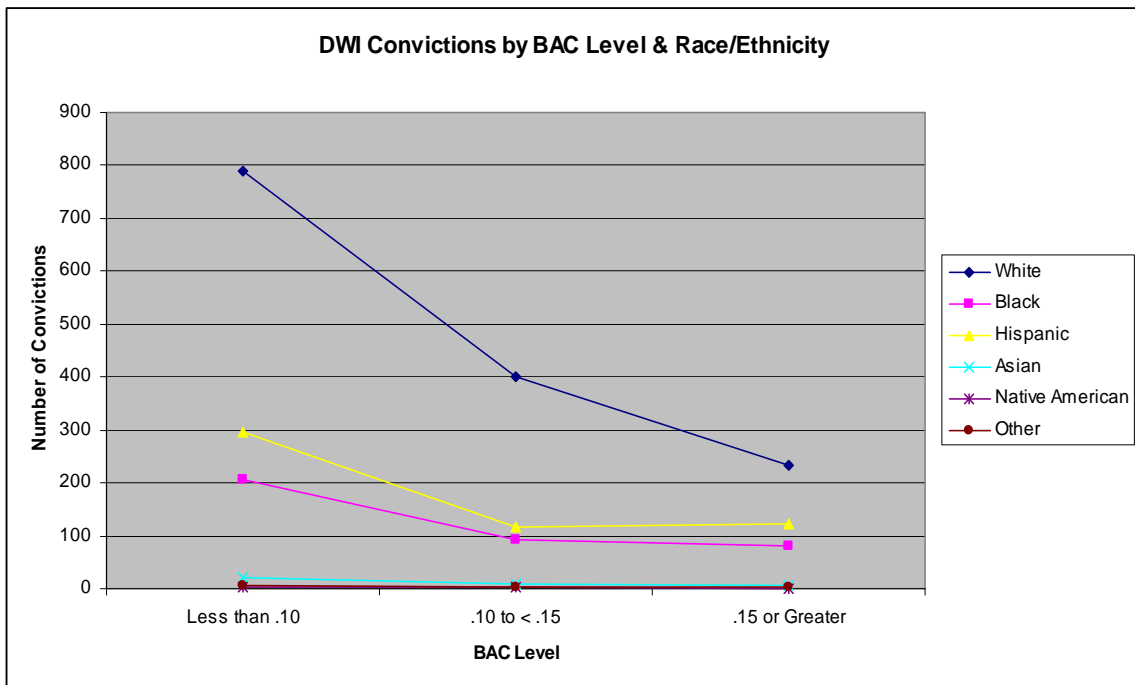


Source: Anuvia Prevention & Recovery Center, 2007.

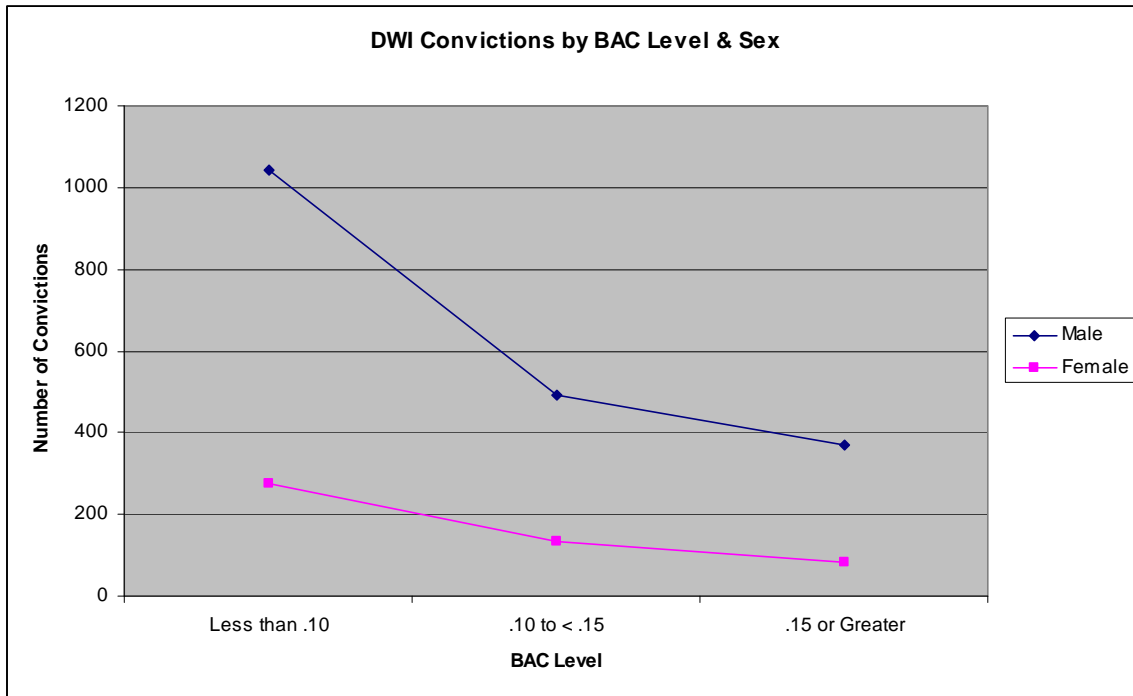
- Among those DWI convictions tracked by Anuvia during the fiscal year 2005-2006, men accounted for the majority of convictions (80%), with white males accounted for just over half of all convictions among men (51%).
- Among females, white females accounted for approximately 79% of female convictions and black females for 15%, while Asian females, Hispanic females, Native American females and other races combined accounted for approximately 5.7% of females convicted.
- Persons 21-30 years of age accounted for 45% of DWI convictions.



Source: Anuvia Prevention & Recovery Center, 2007.



Source: Anuvia Prevention & Recovery Center, 2007.



Source: Anuvia Prevention & Recovery Center, 2007.

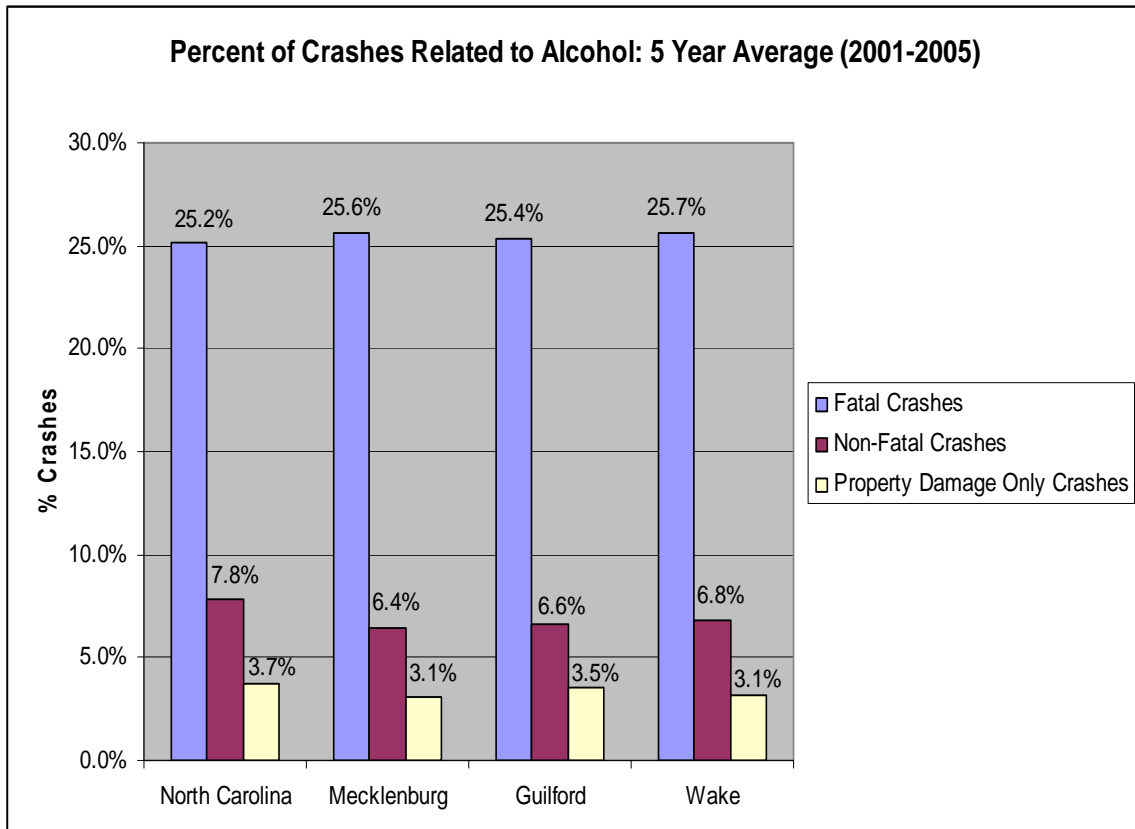
**TREND: There has been a 10% increase in the proportion of persons with DWI convictions assigned to treatment since FY01/02, while in the same period of time there has been a 28% decrease in the proportion assigned to ADETS.**

## Alcohol-Related Traffic Injuries and Fatalities

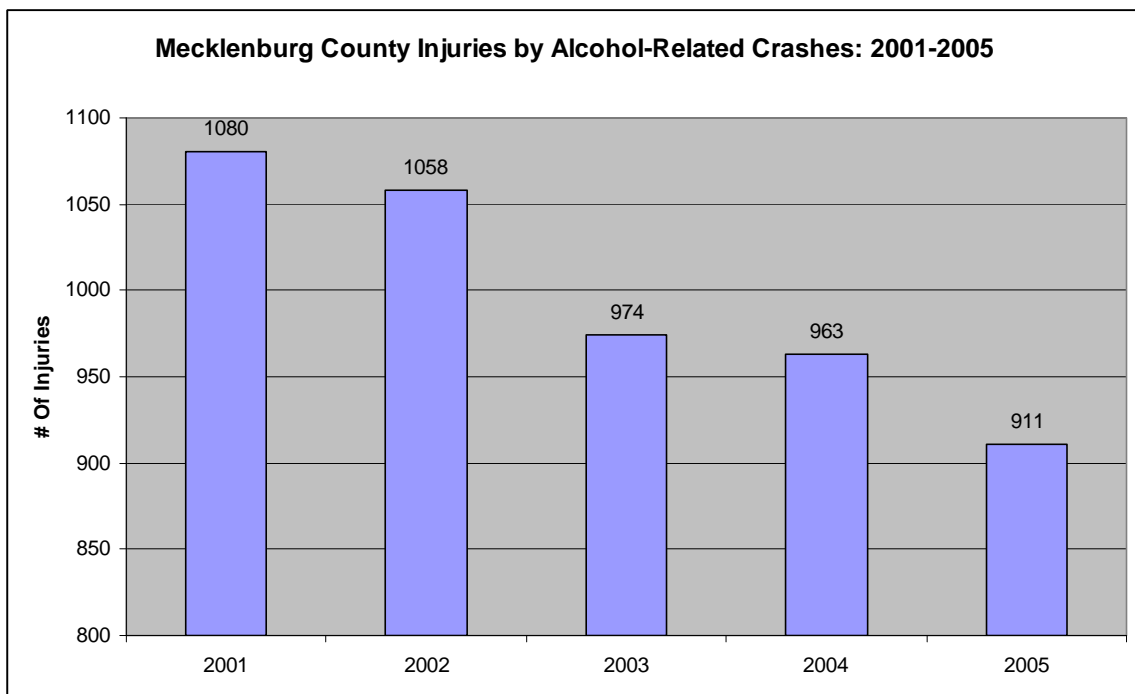
On average (2001-2005), 26,800 crashes occur in Mecklenburg County per year and 4.3% (1,150) are alcohol-related.

- In Mecklenburg County, about 6.4% of crashes with non-fatal injuries were alcohol-related (five-year average, 2001-2005).
- The proportion of non-fatal injury crashes that are alcohol-related is slightly greater for Wake County (6.8%) (the next largest county), Guilford County (6.6%), and North Carolina (7.8%) overall.
- In 2005, 932 injuries were caused by crashes that involved alcohol in Mecklenburg County. In North Carolina, there were 9,713 injuries caused by crashes that involved alcohol in 2005.
- The proportion of fatal alcohol-related crashes for 2005 in Mecklenburg County (25%) is less than the next largest county, Wake, (34.6%) and North Carolina as a whole (26.8%).

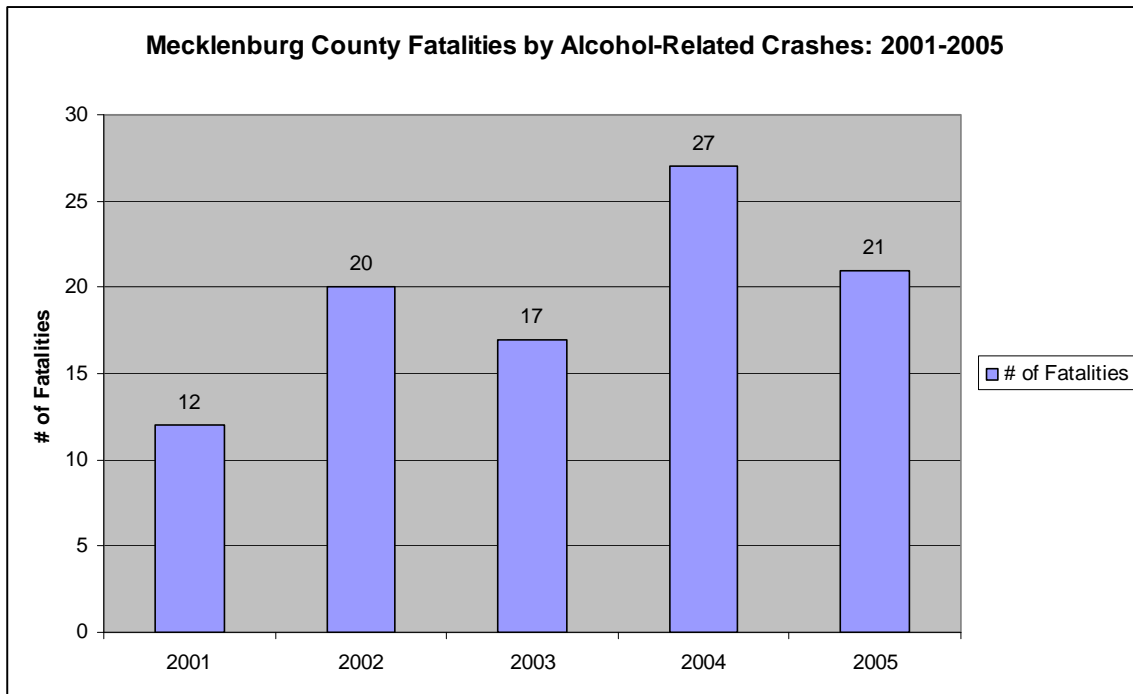
- Overall, in 2005, in Mecklenburg County, 21 people lost their lives as a result of being involved in an alcohol-related traffic crash. This is a drop in fatalities from 2004, when 27 people lost their lives in alcohol-related traffic crashes.



Source: North Carolina Division of Motor Vehicles, Traffic Records Division.



Source: North Carolina Division of Motor Vehicles, Traffic Records Division.



*Source: North Carolina Division of Motor Vehicles, Traffic Records Division.*

**TREND: The number of alcohol related fatal injuries is down from 2004, but still is significantly higher than they were in 2001.**

**TREND: The number of injuries by alcohol related crashes is down 15.6% since 2001.**

## ***Prevention and Treatment***

### **Substance Abuse Prevention**

Substance abuse prevention is a proactive, evidence-based process that focuses on increasing protective factors and decreasing risk factors that are associated with alcohol and drug abuse in individuals, families, and communities. Risk factors for substance abuse include gang involvement, family conflict, availability of drugs, and community norms favorable towards substance use and abuse. Protective factors are those characteristics and processes that have been shown by research to mediate the negative effects of exposure to risk factors by young people.

Substance abuse prevention and the conceptual framework that supports it have continuously evolved over time. Current research of prevention efforts is proving that effective substance abuse prevention includes evidence-based strategies for addressing risk and protective factors across multiple domains: individual, family, peer, school, community, and society. The strategies considered effective for substance abuse prevention include information dissemination, prevention education, alternative activities, identification and referral, community-based processes, and social/environmental strategies. The most effective prevention programs comprehensively incorporate multiple strategies that address risk *and* protective factors across multiple domains.

The six major providers of substance abuse prevention in Mecklenburg County are Charlotte Mecklenburg Schools (CMS), the Anuvia Prevention & Recovery Center, Mecklenburg Area Mental Health, Developmental Disabilities and Substance Abuse Authority Provided Services Organization - Fighting Back Program, Substance Abuse

Prevention Services (SAPS) the Bethlehem Center, and the Mecklenburg County Health Department.

The Coalition is currently working with the providers to gather accurate and consistent data on the number of persons within their programs who receive prevention services.

## **Tobacco Free School Environments**

The Charlotte-Mecklenburg School (CMS) Board is committed to providing its students, staffs, faculties, and visitors with 100% tobacco free environments. This 100% tobacco free policy was adopted in May of 2003 at the request of the Mecklenburg County Health Department's Project ASSIST,<sup>4</sup> educators and different student-led tobacco prevention organizations.

The 100% tobacco-free school policy prohibits tobacco use by all students, staff, faculty, and visitors in school buildings, on all school property, in vehicles and during all school events – including outdoor events – 24 hours a day, seven days a week.

The first anti-tobacco policies were written and adopted by the Mecklenburg County Board of Education in 1966 and have been continuously revised over the years. The most recent revision was completed in May, 2003.

### The CMS tobacco policy for students is as follows:

Policy Code: JICG Smoking and Use of Tobacco Products by Students  
Smoking and use of other tobacco products shall be prohibited on all Board of Education property and in school owned vehicles, whether the property or vehicles are owned, leased, used, or rented by the Board of Education.

Any person or organization using school owned facilities pursuant to Policy KF shall agree to abide by this policy as a condition of agreement for the use of the facilities.

Programs to help students and employees understand the dangers of using tobacco products will be provided by the school system.

Board of Education property includes the physical premises of all school campuses and properties, bus stops, all vehicles under the control of the district, and all school sponsored curricular or extra-curricular activities, whether occurring on or away from a school campus.

Date of Adoption: 12/13/66

Date of last revision: 5/2003

### The CMS tobacco policy for employees is as follows:

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<sup>4</sup> Project ASSIST is the Health Department's tobacco use prevention and reduction program, which is funded in part by grants from the North Carolina Health and Wellness Trust Fund Commission. Project ASSIST is focused on helping adolescents, pregnant women, and tobacco users who want to quit. For more information on the program, call the Health Department at 704-336-4660, or visit their Web site at <http://www.meckhealth.org> and look for Project ASSIST under Programs and Services

Policy Code: GBED Smoking and Use of Tobacco Products by Employees  
Smoking and use of other tobacco products shall be prohibited on all Board of Education property and in school owned vehicles, whether the property or vehicles are owned, leased, used, or rented by the Board of Education.

Any person or organization using school owned facilities pursuant to Policy **KF** shall agree to abide by this policy as a condition of agreement for the use of the facilities.

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Date of Adoption: 12/13/66

Date of last revision: 5/2003

Within Mecklenburg County there are also a number of businesses that are choosing to make the workplace smoke-free. All of Carolinas Medical Center facilities and Presbyterian Novant medical facilities are examples.

- From the 2005 Behavioral Risk Factor Surveillance Survey (BRFSS), in Mecklenburg County 80.9% of worksites prohibit smoking in both public and work areas.

**TREND: There has been a local community effort to make work/business environments tobacco free, but efforts to make Mecklenburg County 100% tobacco free have not passed through legislation.**

## **Substance Abuse Treatment**

### **Services Provided**

Substance abuse treatment programs help people overcome addiction and lead them to recovery (SAMHSA, 2004). In addition to reducing substance abuse, substance abuse treatment results in declines in related social issues including criminal activity, medical expenditures, and homelessness (National Treatment Improvement Study, 1999).

According to the Center for Substance Abuse Treatment (SAMHSA, 1998), the treatment of substance abuse can be understood as a continuum of options with differences in setting, type, and range of services selected according to the gravity of the substance abuse problem. Detoxification services serve residents whose problems with the areas of

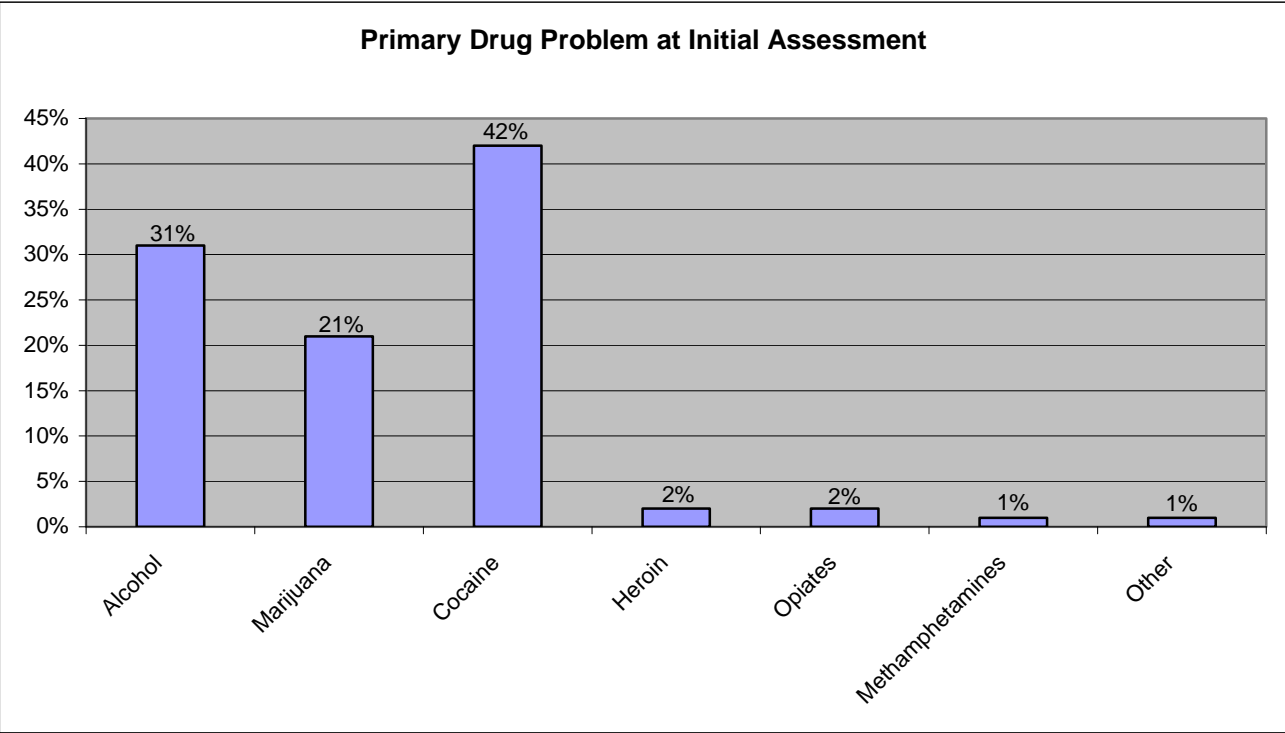
physical withdrawal, emotional/behavioral concerns, treatment acceptance, and relapse potential are of primary focus. Residential treatment is designed for clients with similar, yet less severe concerns and provides a live-in facility with 24-hour supervision. Intensive outpatient treatment requires a minimum of 9 hours of weekly attendance, usually in increments of 3 to 8 hours per day. Less intensive is outpatient treatment with scheduled attendance of less than 9 hours per week, usually including once- or twice-weekly individual, group, or family counseling as well as other services. Aftercare, or continuing care, is the stage following primary care completion, when the client no longer requires services at the same intensity. For opiate and opiate derivative addicted individuals, methadone treatment utilizes the synthetic narcotic to medically stabilize the patient and is usually accompanied by individual and group counseling, as well as education. Relapse prevention provides clients with cognitive and behavioral skills to support the maintenance of recovery.

## **Individual Consumer Outcomes**

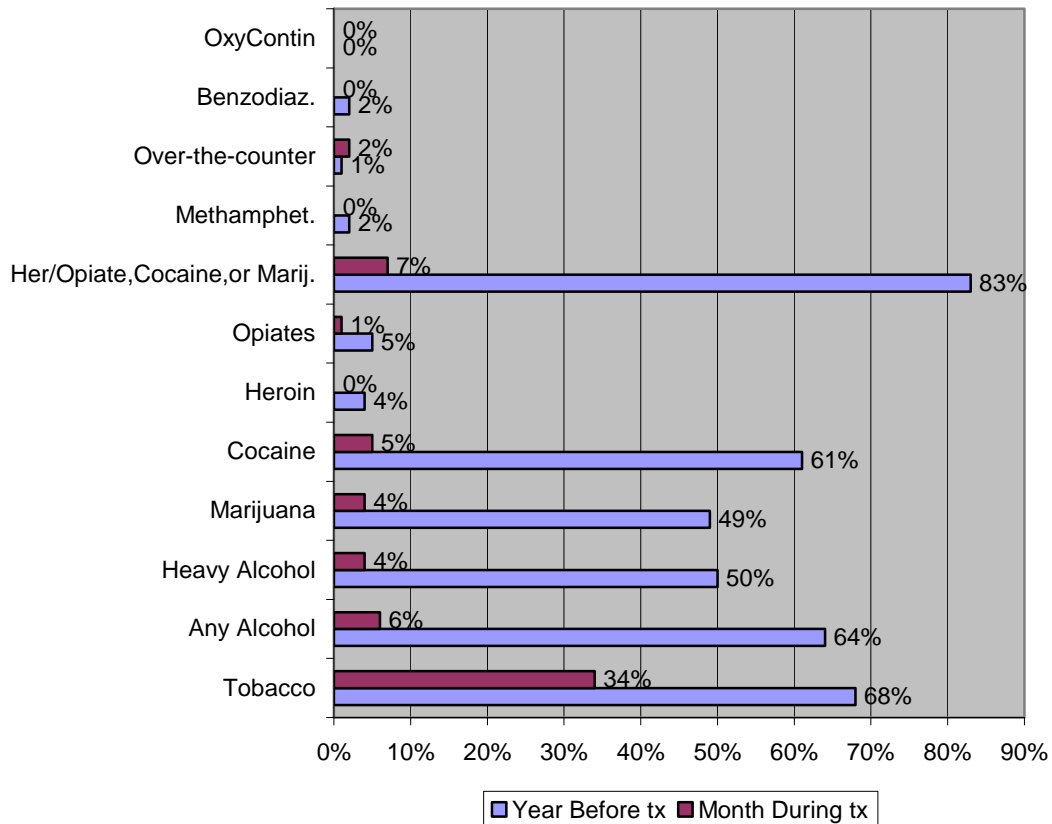
The North Carolina - Treatment Outcomes and Program Performance System (NC-TOPPS) is the program by which the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) measures the quality of publicly funded substance abuse and mental health services provided to children and adults (consumers) and their impact on those individuals' lives. By capturing key information on a consumer's service needs and life situation during a current episode of care, NC-TOPPS aids in developing appropriate person-centered plans and evaluating an individual's progress and the outcomes of services.

The NC-TOPPS was designed to support Local Management Entities (LMEs) across the State in their responsibilities for monitoring services. The data generated through NC-TOPPS helps the Division, LMEs and provider agencies improve the quality of services. In addition, NC-TOPPS captures information on demographic characteristics, substance use, symptoms, behaviors and activities, service needs, supports and barriers, and family and housing issues for persons being served. It also provides data for meeting federal performance and outcome measurement requirements, which allows North Carolina to evaluate its service system in comparison to other states. Qualified professionals submit "interview" reports at the beginning, during and at the end of an episode of care to the web-based NC-TOPPS data system. Aggregate reports are posted on the NC-TOPPS website; and local reports are returned to the Mecklenburg Area Mental Health, Developmental Disabilities and Substance Abuse Authority LME. It should be noted that some consumers, families and advocates have ongoing concerns about NC-TOPPS data. They believe that some questions in the interviews are inappropriate and unduly invasive; more than a majority of questions deal with matters other than true person-centered quality of life outcomes, and "interviews" may be completed and submitted by a qualified professional without an actual interview taking place with the person being served.

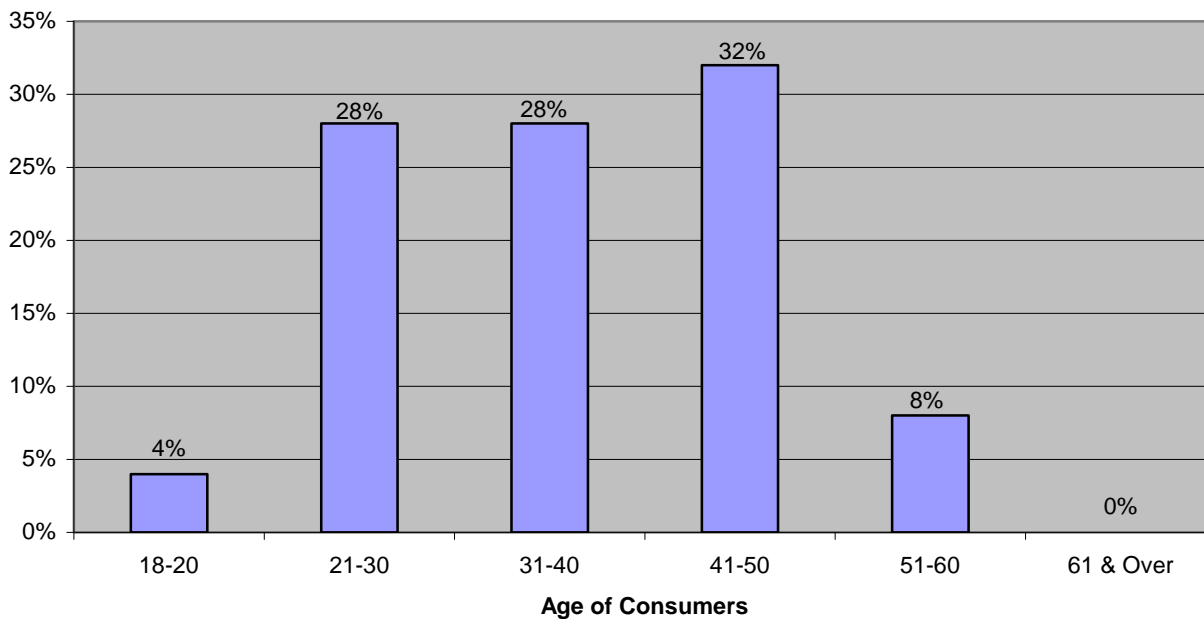
The following information is based on reports on consumers matched to a 3-Month or Completed Treatment Assessment for the period of July 1, 2005, through June 30, 2006.



### Primary Substance Used Before-During Treatment



### Age of Consumers



## Race/Ethnicity of Mecklenburg County Consumers

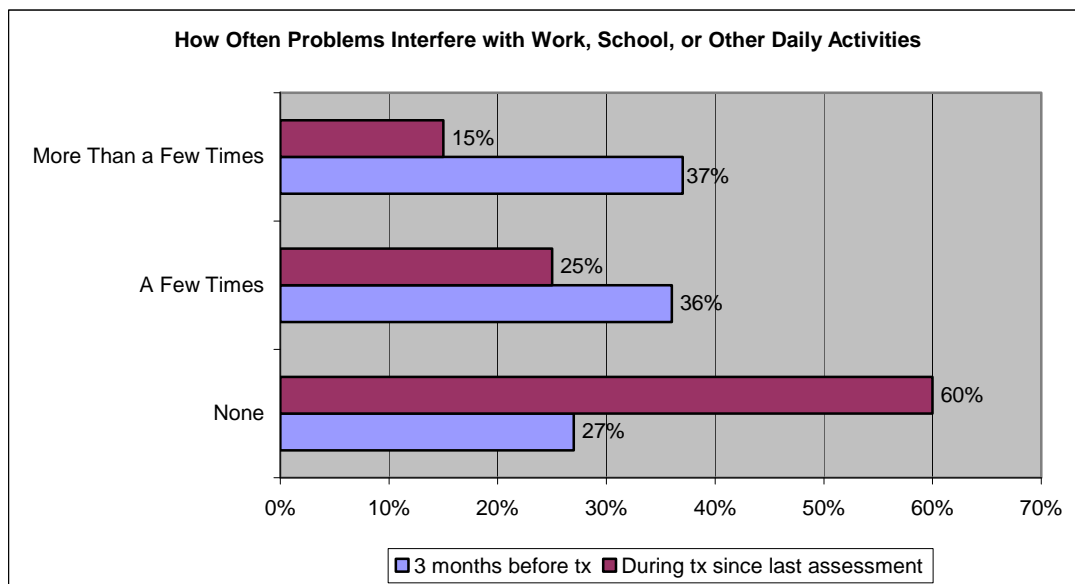
- 0% Alaska Native
- 1% American Indian
- 0% Asian
- 69% African American
- 0% Multiracial
- 27% White/Caucasian
- 2% Other
- 2% Hispanic

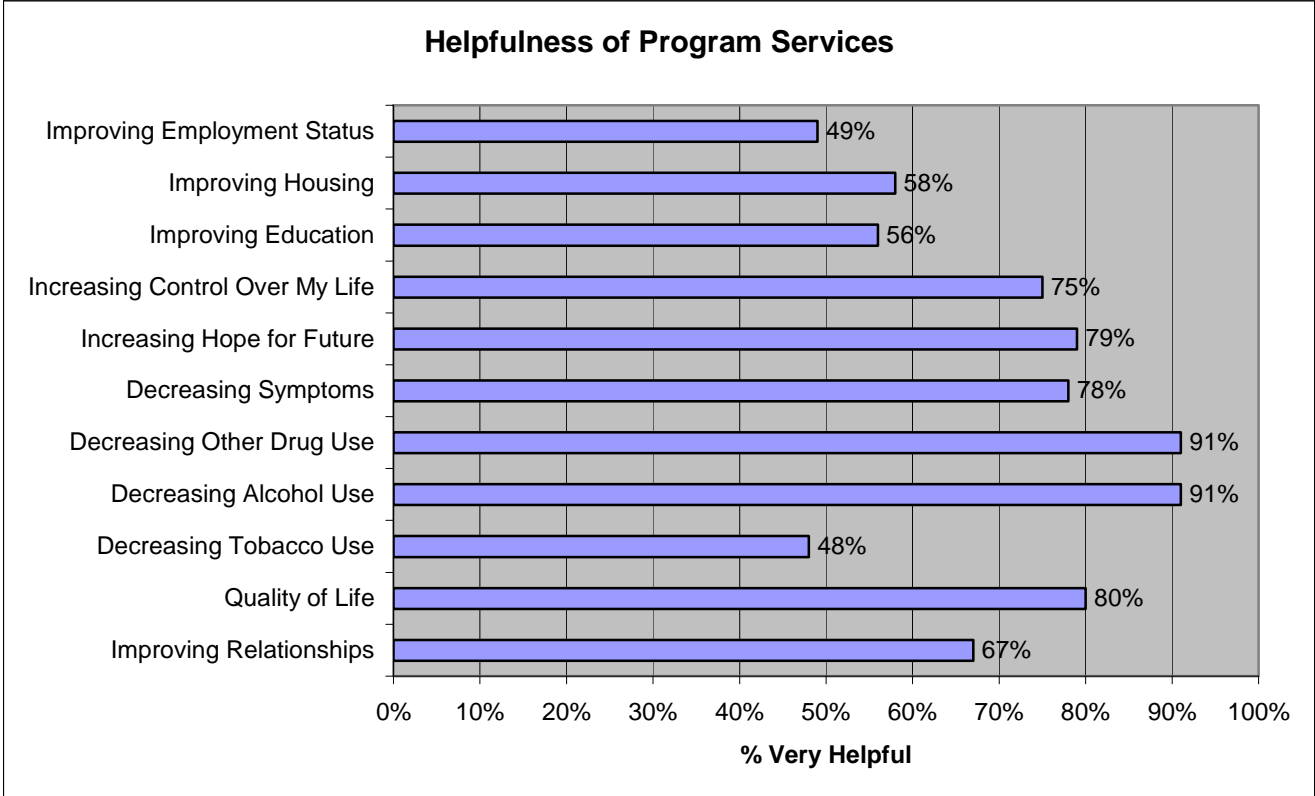
## Treatment Impact: Arrests

Mecklenburg County Consumer Arrests:

- Six months before treatment 42% were arrested and 1% were arrested during treatment since their last assessment.
- 29% were arrested for a misdemeanor six months before treatment and 1% were arrested for a misdemeanor during treatment since their last assessment.
- 26% of consumers were arrested for a felony six months before treatment, while zero were arrested for a felony during treatment.

## Treatment Impact: Effect of Drugs on Life





## Drug Treatment Court

*“The mission of the Mecklenburg County Drug Treatment Court is to reduce drug and alcohol dependence, criminality, and incarceration of substance-addicted offenders through a court-directed drug and alcohol treatment Program that provides a continuum of appropriate treatment and other necessary services under close supervision.”*

All North Carolina Drug Courts were funded and implemented under the authorization of the Administrative Office of the Courts (AOC) based on legislation mandated in 1995 by the North Carolina General Assembly. The goals of North Carolina’s Drug Treatment Courts are as follows:

1. *To reduce alcoholism and other drug dependencies among adult and juvenile offenders and defendants and among respondents in juvenile petitions for abuse, neglect, or both;*
2. *To reduce criminal and delinquent recidivism and the incidence of child abuse and neglect;*
3. *To reduce the alcohol-related and other drug-related court workload;*
4. *To increase the personal, familial and societal accountability of adult and juvenile offenders and defendants and respondents in juvenile petitions for abuse, neglect, or both; and*
5. *To promote effective interaction and use of resources among criminal and juvenile justice personnel, child protective services personnel, and community agencies.*

Below is information related to Mecklenburg County’s Drug Treatment Court Programs.

<b>Program</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>Adult DTC</b>							
Graduations	60	67	51	75	91	103	81
<b>Family DTC – FIRST Level II</b>							
Graduations	N/A	6	8	7	7	10	12
<b>Family DTC - FIRST Level I</b>							
# Referred	N/A	N/A	N/A	164	193	211	290
# Referred to SA Treatment	N/A	N/A	N/A	113	163	120	176
# Active in Treatment	N/A	N/A	N/A	97	111	58	75
<b>Youth TC</b>							
Graduations	N/A	N/A	N/A	N/A	4	3	6
# babies born drug free (Adult and Family DTCs)						12	7
# of children reunified w/parents FIRST Levels I and II	N/A	10	15	20	9	6	34
# of children who had been separated from their parents due to substantiated abuse and/or neglect. FIRST Levels I and II.					208	383	190

*Source: Mecklenburg County Drug Treatment Court, 2007*

## Jail Treatment Recidivism

The Mecklenburg County Sheriff's Office, in cooperation with Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Authority – Provided Services Organization, operates multiple drug and alcohol treatment programs for the jail population. The programs are available to any inmate who has been assessed to be addicted and who is classified at a minimum or medium custody level. Separate programs are available for men, women, and youthful offenders (ages 16 and 17).

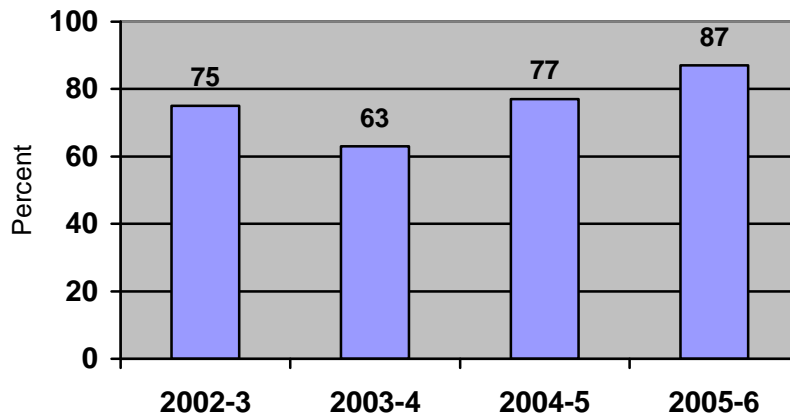
The jail operates two 48-bed therapeutic community programs for the male population. One is for basic recovery and the other is more focused on relapse prevention. Both are open entry/exit 28 day programs, and both housing units have licensed clinicians as well as specially trained detention officers who function as a team and who operate the programs. There is also an after-care program that meets in the jail and has a community component. The women's program is conducted as a 28 day outpatient program with 12 participants in primary care and 12 in relapse prevention.

All the programs are voluntary and all have long waiting lists. Data collected since the program initiation in the early nineties demonstrates that inmates who successfully complete the program are much less likely to return to jail compared to those who do not complete the program. In addition to the treatment programs, both NA and AA volunteers conduct weekly NA and AA meetings for jail inmates who are in treatment or who have completed treatment.

In FY 2006, the Substance Abuse programs in the Mecklenburg County Jail admitted 1,207 participants.

- Across all programs, 1054 successfully completed their program for an overall completion rate of 87% up from 77% in 2005, which was up from 63% in 2004.
- 100% of persons in the men's relapse-prevention program and the women's primary care program completed the programs.
- Of those who completed the programs and were released from the jail, 55% were rearrested in Mecklenburg County within one year. The average number of days to re-arrest was 127 and three-fourths recidivated within 181 days. There are no comparable data for non-treatment persons released from the jail.

## Jail Treatment Completion Rates



Source: Mecklenburg County Sheriff's Office.

## Conclusion

Our community is in a constant state of transition and the increases in population bring increasing challenges. Review of the diverse data-sets over time suggests that substance use and abuse in the Charlotte-Mecklenburg metropolitan area *remain major problems*. It is especially noteworthy that self-reported use of most substances is on an upward trend, although the rates are lower than in the 1990s. Arrests for and substance use verification of use by persons entering the Mecklenburg County jail are also increasing.

For the first time, with the publication of this report, the community has a “Big Picture” of the nature and extent of our substance use and abuse situation over time. It is not a very positive picture despite the hard and dedicated work of individuals and the many agencies struggling to make a difference. But since the results over time are clearly mixed, we, as a community, need to become both more aware of the dynamics of the problem and the need to develop meaningful, integrated and coordinated policies.

The collection of data is an important first step. We now have a foundation on which action must be based. These data show specific areas where action must be focused if there are to be more positive changes. These areas are:

- ✓ Continued and expanded prevention and education addressed to the school population, parents and the community as a whole
- ✓ Early identification of individual alcohol and other drug problems and intervention before people enter the criminal justice system
- ✓ An increase in the availability of affordable treatment services for minorities and females, the specific populations showing the greatest increases in use.
- ✓ An increase in the availability of affordable treatment services for persons with a dual diagnosis of addiction and mental illness.



## Charlotte Mecklenburg Drug Free Coalition Member Agencies

26th Judicial District Courts  
108<sup>th</sup> Division Dept of Defense Regional Reserve  
Command  
**ACCESS**  
Anuvia Prevention & Recovery Center  
ARC of Mecklenburg County  
Behavioral Health Center - Carolinas Medical Center  
(CMC) – Mercy Horizons  
Behavioral Health Center - Carolinas Medical Center  
(CMC) – Randolph  
Behavioral Health Center (First Step) – Carolinas  
Medical Center (CMC) - Union  
Bethlehem Center  
Big Brothers Big Sisters of Greater Charlotte  
Carolinas Center for Injury Prevention/Safe  
Communities  
Carolinas Community Health Institute  
CASCADE Services  
Catholic Social Services  
Charlotte Area Health Education Center (AHEC)  
Charlotte Housing Authority Substance Abuse  
Services  
Charlotte Mecklenburg Police Department  
Charlotte Mecklenburg Schools (CMS) Parent Teacher  
Association (PTA)  
Charlotte Mecklenburg Schools (CMS) Student  
Assistance Program (SAP)  
Charlotte Rescue Mission  
Counseling Insights, Inc.  
Covenant Presbyterian Church  
Department of Defense 108th Division Institutional  
Training Reserve Command  
Dilworth Center for Chemical Dependency, Inc.  
District Attorney's Office  
Family Treatment Court  
Footprint Ministry  
Greater Faith Temple Ministries  
Girls Scouts - Hornets' Nest Council  
H.U.G.S. Program  
Harris Teeter  
Hope Haven, Inc.  
Human Services Council  
International Lighthouse Group, Inc  
Leading to Change Consulting  
Mary Howerton Consulting, Inc.  
McLeod Addictive Disease Center, Inc.  
Mecklenburg County Alcoholic Beverage Control  
Board

Mecklenburg Consumer and Family Advisory  
Committee  
Mecklenburg County Health Department  
Mecklenburg AMHDDSA\*  
Local Management Entity (LME)  
Mecklenburg AMHDDA Provided Services  
Organization  
Child and Adolescent Community Support  
Fighting Back  
Substance Abuse Services Center (Detox)  
Mecklenburg County Department of Social Services  
Mecklenburg County District Attorney  
Mecklenburg County Drug Treatment Court Program  
Mecklenburg County Public Defender's Office  
Mecklenburg County Sheriff's Office  
Mecklenburg County Structured Day Program  
Mecklenburg Healthy Carolinians  
Mecklenburg Ministries  
Mental Health Association of the Central Carolinas  
Mental Health Court Coordinator  
Metrolina Native American Association  
NC Air National Guard  
NC Providers of Abuser Treatment  
NOVA (New Actions for Violent Actions) Program  
Project ASSIST Queen City Treatment  
Regional HIV/AIDS Consortium  
Research & Training Specialists, Inc (RTS)  
Safe Communities/CCIPC  
SAIL  
(Southeast Addiction Institute and Learning Center)  
St. Andrews Episcopal Church  
Stonecrest Psychiatric  
Substance Abuse Prevention Services  
Superior Court Judge  
The Centex Homes Corporation:  
Thomasboro Community of Shalom  
Trinity Counseling Services, LLC  
University of North Carolina at Charlotte  
Counseling Center  
Criminal Justice Department  
Health Psychology Program  
Student Health Center  
Union County Safe and Drug Free Schools  
United Way of Central Carolinas  
Urban Ministry Center

\*\* Mecklenburg Area Mental Health, Developmental Disabilities and Substance