



# Substance Abuse

## Substance Abuse: The National Challenge\*

Substance abuse and its related problems are among society's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of health care, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and drug abuse.

### This issue:

Substance Abuse:	1
Tobacco Use: The National Challenge	1
Jacksonville Substance Abuse Report Card	2-3
Jacksonville Substance Abuse	4
Adverse Consequences of Substance Abuse: Health Disparities at the Local Level	5
Adolescents and Drug Abuse	6-7
Youth and Tobacco Use	8
Substance Use Related Motor Vehicle Injury and Death: A Global to Local Perspective	9
The SEN/JUDICIAL Team: Outlook on Drugs and Pregnancy	10

A substantial proportion of the population drinks alcohol. Forty-four percent of adults aged 18 years and older (more than 82 million persons) report having consumed 12 or more alcoholic drinks in the past year. Among these current drinkers, 46 percent report having been intoxicated at least once in the past. Nearly 10 percent of current drinkers meet diagnostic criteria for alcohol dependence. An additional 7 percent meet diagnostic criteria for alcohol abuse.

Excessive drinking has consequences for virtually every part of the body. The wide range of alcohol-induced disorders is due (among other factors) to differences in the amount, duration, and patterns of alcohol consumption, as well as differences in genetic vulnerability to particular alcohol-related consequences.

Long-term heavy drinking increases risk for high blood pressure, heart rhythm irregularities, heart muscle disorders, and stroke. Long-term heavy drinking also increases the risk of developing certain forms of cancer, especially of the esophagus, mouth, throat, and larynx. Heavy alcohol use also increases risk for cirrhosis and other liver disorders and worsens the outcome for patients with hepatitis C. Drinking also may increase the risk for developing cancer of the colon and rectum. Women's risk of developing breast cancer increases if they drink two or more drinks per day.

## Tobacco: The National Challenge\*

Tobacco is the number one cause of death in the U.S. accounting for more than 400,000 deaths per year. Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth, and bladder), and chronic lung disease. Cigarette smoking also contributes to cancer of the pancreas, kidney, and cervix. Smoking during pregnancy causes spontaneous abortions, low birth weight, and sudden infant death syndrome.

Other forms of tobacco are not safe alternatives to smoking cigarettes. Use of spit tobacco causes a number of serious oral health problems, including cancer of the mouth and gum, periodontitis, and tooth loss.<sup>1</sup> Cigar use causes cancer of the larynx, mouth, esophagus, and lung. In recent years, reports have shown an increase in the popularity of bidis. Bidis are small brown cigarettes, often flavored, consisting of tobacco hand-rolled in tendu or temburni leaf and secured with a string at one end. Research shows that bidis are a significant health hazard to users, increasing the risk of coronary heart disease and cancer of the mouth, pharynx and larynx, lung, esophagus, stomach, and liver.

Tobacco use is responsible for more

\*From Healthy People 2010, U.S. Department of Health and Human Services

# Jacksonville Substance Abuse Report Card

## 2010 Substance Abuse Objectives

Obj #	Objective	U.S. (1998)	FL (2001)	Duval (2001)	2010 Target
<b>Adverse Consequences of Substance Use and Abuse</b>					
<b>26-1</b>	<b>Motor vehicle crash deaths and injuries</b>				
26-1a	Alcohol-related deaths (per 100,000)	5.9	6.1 <sup>1</sup>	6.3 <sup>1</sup>	4
26-1b	Alcohol-related injuries (per 100,000)	113	121.9 <sup>1</sup>	113.5 <sup>1</sup>	65
<b>26-2</b>	<b>Cirrhosis deaths (per 100,000)</b>	9.5	10.6 <sup>2</sup>	11.0 <sup>2</sup>	3
<b>26-3</b>	<b>Drug-induced deaths (per 100,000)</b>	6.3	10.8 <sup>2</sup>	12.5 <sup>2</sup>	1
<b>26-6</b>	<b>Adolescents riding with a driver who has been drinking</b>	33%	32% <sup>3</sup>	Not Avail.	30%
<b>Substance Use and Abuse</b>					
<b>26-9</b>	<b>Substance-free youth increase in average age of first use in adolescents aged 12 to 17 years</b>				
26-9a	Alcohol (average age)	13.1	12.5 <sup>4</sup>	12.4 <sup>4</sup>	16.1
26-9b	Marijuana (average age)	13.7	13.5 <sup>4</sup>	13.3 <sup>4</sup>	17.4
26-9c	Increase in high school seniors never using substances - alcoholic beverages (FL & Duval all HS 10 <sup>th</sup> – 12 <sup>th</sup> )	19%	43.5% <sup>4</sup>	35.7% <sup>4</sup>	29%
26-9d	Increase in high school seniors never using substances - illicit drugs (FL & Duval all HS 10 <sup>th</sup> – 12 <sup>th</sup> )	46%	69.1% <sup>4</sup>	61.6% <sup>4</sup>	56%
<b>26-10</b>	<b>Adolescent and adult use of illicit substances</b>				
26-10a	Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.	79%	65.2% <sup>4</sup>	71.4% <sup>4</sup>	89%
26-10b	Reduce the proportion of adolescents reporting use of marijuana during the past 30 days.	8.3%	12.1% <sup>4</sup>	13.4% <sup>4</sup>	0.7%
<b>26-11</b>	<b>Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.</b>				
26-11a	High school seniors students during past 2 weeks	32%	22.3% <sup>4</sup>	Not Avail.	11%
26-11c	Adults aged 18 years and older, during past month	16.6%	14.1 <sup>5</sup>	10.9 <sup>5</sup>	6.0%
26-11d	Adolescents aged 12 to 17 years, during past month	7.7%	16.0 <sup>4</sup>	13.9 <sup>4</sup>	2.0%

<sup>1</sup> Florida Department of Highway Safety and Motor Vehicle (DHSMV), 2001 Traffic Crash Facts

<sup>2</sup> Florida Department of Health, Office of Vital Statistics, 2001 Death Files

<sup>3</sup> 2001 Youth Risk Behavioral Surveillance System, CDC

<sup>4</sup> 2002 Florida Youth Substance Abuse Survey: Duval County Report & Florida Report

<sup>5</sup> 2002 Florida Behavioral Risk Factor Surveillance System, FDOH

<sup>6</sup> National Highway Traffic Safety Administration

<sup>7</sup> 2001 Secondary Level Alcohol Tobacco, Other Drugs and Violence Survey: Knowledge Attitudes and Behaviors, Duval County School Board

# Jacksonville Substance Abuse Report Card

## 2010 Substance Abuse Objectives

Obj #	Objective	U.S. (1998)	FL (2001)	Duval (2001)	2010 Target
26-14	<b>Steroid use among adolescents</b>		.6% <sup>4</sup>	.5% <sup>4</sup>	
26-15	<b>Reduce the proportion of adolescents who use inhalants in the past year (FL &amp; Duval past 30 days).</b>	2.9%	3.6% <sup>4</sup>	4.8% <sup>4</sup>	0.7%
<b>Risk of Substance Use and Abuse</b>					
26-16	<b>Increase the proportion of adolescents who disapprove of substance abuse.</b>				
26-16a	Adolescents Who Disapprove of Having One or Two Alcoholic Drinks Nearly Every Day		66.4% <sup>4</sup>	69.6% <sup>4</sup>	83%
26-16d	Increase in adolescents who disapprove of trying marijuana or hashish once or twice		79.9% <sup>4</sup>	77.0% <sup>4</sup>	72%
26-17	<b>Increase in adolescent aged 12-17 years perceiving great risk associated with substance abuse.</b>				
26-17a	Adolescents who perceive consuming 5 or more alcoholic drinks at a single occasion once or twice a week.	41%	38.5% <sup>4</sup>	41.1% <sup>4</sup>	80%
26-17b	Adolescents who perceive smoking marijuana once a month.	37%	58.1% <sup>4</sup>	55.7% <sup>4</sup>	80%
26-17c	Adolescents who perceive using cocaine once a month. (FL & Duval illicit drugs)	54%	94.6% <sup>4</sup>	93.9% <sup>4</sup>	80%
<b>State and Local Efforts</b>					
26-24	<b>Extend administrative license revocation laws, or programs of equal effectiveness, for persons who drive under the influence of intoxicants.</b>		Florida has <sup>6</sup>	Florida has <sup>6</sup>	
26-25	<b>Extend legal requirements for maximum blood alcohol concentration levels of 0.08 percent for motor vehicle drivers aged 21 years and older.</b>		Florida has <sup>6</sup>	Florida has <sup>6</sup>	
27-1a	Reduction in tobacco use by adults aged 18 years and older	24%	22.2% <sup>5</sup>	23% <sup>5</sup>	12%
27-2b	Reduction in tobacco use by students in grades 9 Through 12	35%	21.5% <sup>4</sup>	14% <sup>7</sup>	16%
27-5	<b>Increase smoking cessation attempts by adult smokers.</b>	41%	55.3% <sup>5</sup>	69.5% <sup>5</sup>	75%
27-15	<b>Increase the number of states and the District of Columbia that suspend or revoke state retail licenses for violations of laws prohibiting the sale of tobacco to minors.</b>	34 states	Florida has	Florida has	Total Coverage

## Jacksonville Substance Abuse Report Card Summary

There are 72 objectives and sub-objectives related to substance abuse and tobacco in Healthy People 2010. This report addresses only the objectives where data were available at the local level. A total of twenty-three were included. The data came from a number of sources such as DHSMV, DOH's Office of Vital Statistics, YRBS and BRFSS.

In the area of adverse consequences related to substance abuse, Duval County is similar to Florida on two objectives 26-1a & 26-2 (alcohol-related motor vehicle (mv) and cirrhosis death) but higher in objective 26-3 (drug-induced deaths) and lower in 26-1b (mv alcohol-related injuries).

On objectives related to substance use and abuse, although not significant,

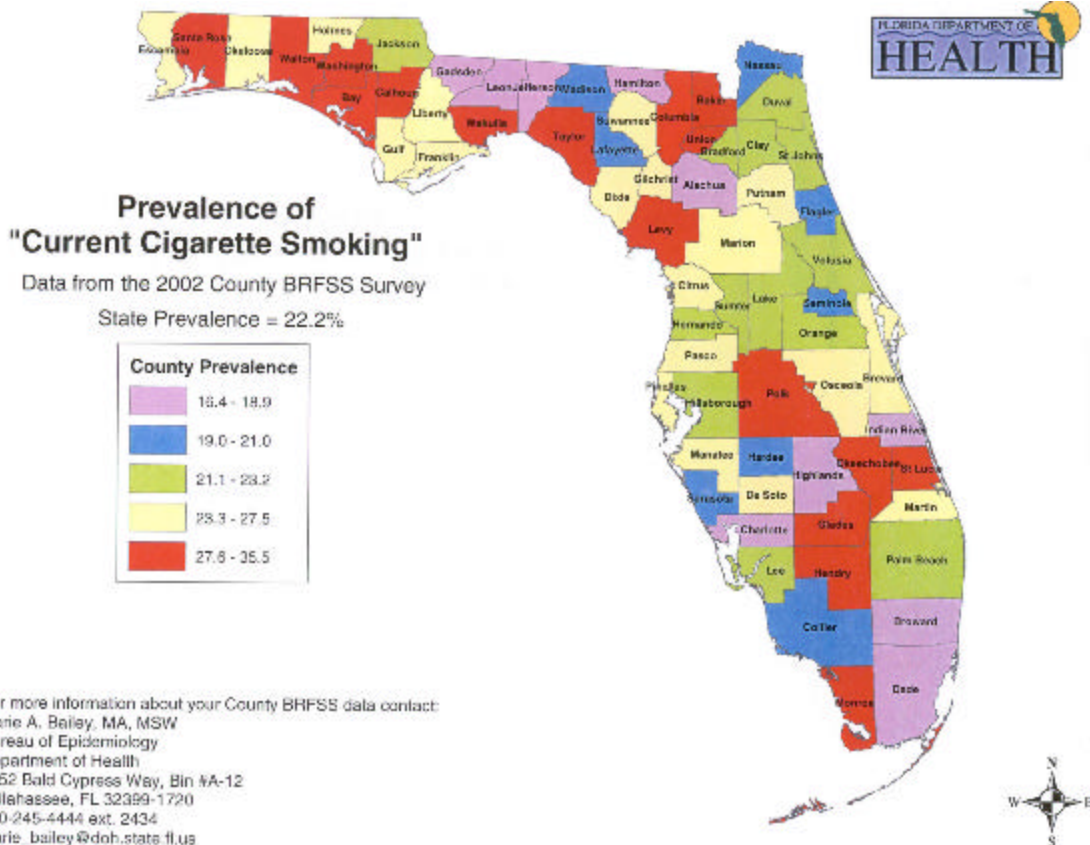
Duval had a lower average age of first use than Florida for both alcohol and marijuana. However, Duval had higher percentages in adolescents using marijuana (26-10b) and inhalants (26-15) in the past 30 days than Florida.

The risk of substance abuse objectives 26-16 to 26-17 (disapprove of use and risk) show that Duval County adolescents are not much different than the state's. In four of the five objectives the difference is less than 3 percentage points.

The objectives 26-4 & 5 (revocation & .08 Blood Alcohol Concentration laws) related to state and local efforts have been met. Florida has both a revocation and a .08 BAC level laws.

For the adult tobacco related objectives (27-1a and 27-5), Duval is on target with Florida (See map below), and is ahead in attempts to quit smoking. For adolescents (27-2b), Duval has a much lower percent of current users (14) than the state (21.5).

For the most part, Duval County statistics related to substance abuse and tobacco are similar to the state's but have a long way to go to reach the Healthy People 2010 objectives. These objectives will be addressed by state and local agencies including the Duval County Health Department, Smoke-Free Coalition, Duval County School Board, Healthy Jacksonville and other partners and collaborators.



## Adverse Consequences of Substance Use and Abuse: Health Disparities at the Local Level

Substance use and abuse have a number of adverse consequences. Drug induced deaths, cirrhosis and alcohol-related motor vehicle injury and deaths are the most common consequences. In each of these situations, there are noticeable populations that are being impacted.

For drug induced deaths, whites are twice as likely to die than non-whites, 13.4 to 6.6 per 100,000 respectively (See Graph 1). The same disparity is apparent when comparing gender. Males have a much higher rate (15.1) than females (7.1) (See Graph 2).

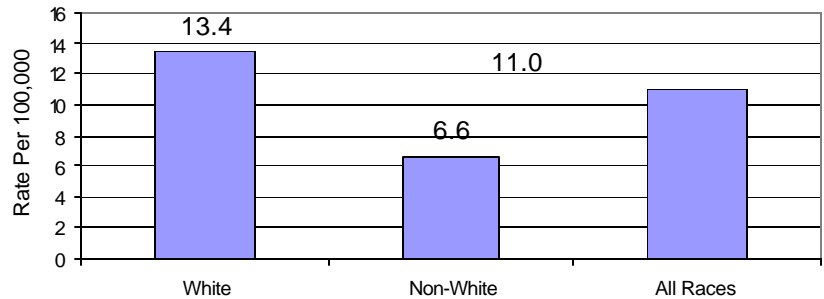
We also see disparities for cirrhosis. When looking at race, whites have a slightly larger rate than non-whites 12.2 to 10.0 per 100,000. However, when looking at gender, males have a much higher rate than females, 17.3 to 7.0 per 100,000 (See Graph 3).

Disparities are evident in substance abuse-related motor vehicle deaths and injury as well. In 2001 males drivers accounted for 66.2 percent of these crashes while females only accounted for 33.8 percent.

Consequences related to substance abuse are major problems at the national, state and local level. Data have shown that these adverse effects are not random. Certain demographic groups and/or geographic regions are more likely to suffer from substance abuse. Understanding this illuminates the need to target at risk groups to reduce or eliminate disparities.

Graph 1

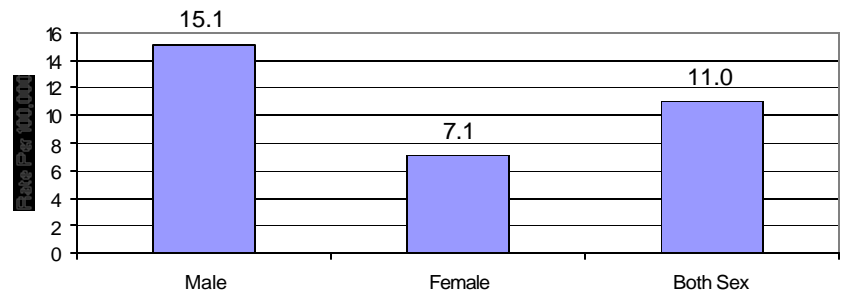
### Drug-Induced Mortality by Race, Duval County 2000-02 (02 Provisional)



Source: FDOH, Office of Vital Statistics  
 Population: FDOH, Office of Planning, Evaluation and Data Analysis  
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

Graph 2

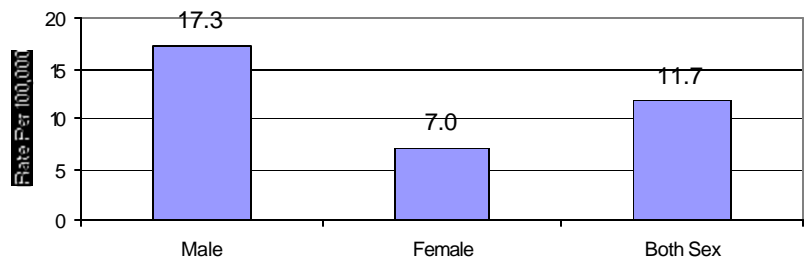
### Drug-Induced Mortality by Gender, Duval County 2000-02 (02 Provisional)



Source: FDOH, Office of Vital Statistics  
 Population: FDOH, Office of Planning, Evaluation and Data Analysis  
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

Graph 3

### Cirrhosis Mortality by Gender, Duval County 2000-02 (02 Provisional)



Source: FDOH, Office of Vital Statistics  
 Population: FDOH, Office of Planning, Evaluation and Data Analysis  
 Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

## Adolescents and Drug Abuse

According to Healthy People 2010, alcohol use and alcohol-related problems are common among adolescents. Age at onset of drinking strongly predicts development of alcohol dependence over the course of the lifespan. About 40 percent of those who start drinking at age 14 years or under develop alcohol dependence at some point in their lives; for those who start drinking at age 21 years or older, about 10 percent develop alcohol dependence at some point in their lives. Persons with a family history of alcoholism have a higher prevalence of lifetime dependence than those without such a history.

The Secondary Level Alcohol Tobacco, Other Drugs and Violence Survey: Knowledge, Attitudes and Behaviors, is an annual survey published by the Duval County School Board. According to this survey, from 1997 to 2001 there has been a decline in current and lifetime use of alcohol (See Graph 4) among adolescents in Duval. In the 2001 survey males had a higher percentage in current alcohol use (See Graph 5) than females. When looking at race, the multi-racial group reported the highest percentage while blacks were the lowest (See Table 1).

In addition, alcohol was by far the most commonly used drug (8% for middle school and 27% for high school) in 2002. Also indicated in the 2002 survey, was that lifetime alcohol use for girls was greater than boys. This was the first time in the history of the Duval survey this has occurred.

Drug use among adolescents aged 12 to 17 years doubled between 1992 and 1997, from 5.3 percent to 11.4 percent. Youth marijuana use has been associated with a number of dangerous behaviors. Nearly 1 million youth aged

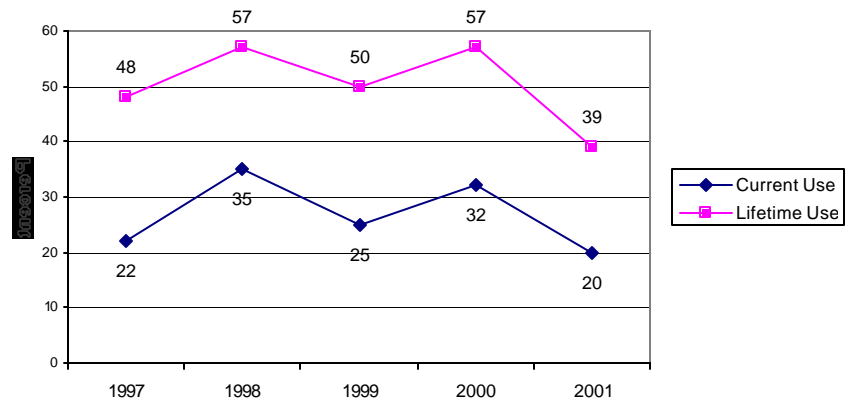
16 to 18 years (11 percent of the total) have reported driving in the past year at least once within 2 hours of using an illegal drug (most often marijuana). Adolescents aged 12 to 17 years who smoke marijuana were more than twice as likely to cut class, steal, attack persons, and destroy property than those who did not smoke marijuana. Drug and alcohol use by youth also is associated with other forms of unhealthy and unproductive behavior, including delinquency and high-risk sexual activity.

At the local level, there has been a slight increase in current and lifetime use of marijuana from 1997 to 2001 (See Graph 6). Unlike the 2002 results in alcohol for lifetime use, boys have a greater marijuana use than girls in current use. When looking at race, the multiracial group reported the highest percentage while blacks were the lowest (See Table 1).

Other illicit drugs include cocaine, heroin, inhalants etc. have a lower prevalence rates than alcohol or marijuana. For certain illicit drugs, like over the counter drugs, prescription drugs and depressants, girls abuse more

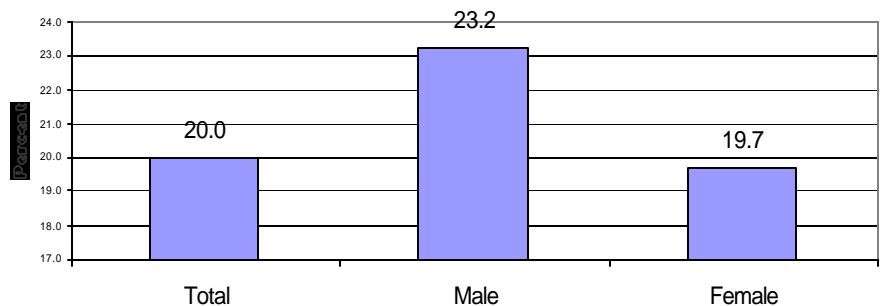
(Continued on page 7)

**Graph 4** Percent of Current and Lifetime Alcohol Use, Duval County 1997-2001



Source: 2001 Secondary Level Alcohol Tobacco, Other Drugs and Violence Survey: Knowledge Attitudes and Behaviors, Duval County School Board  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

**Graph 5** Current Adolescent Alcohol Use by Gender, Duval County 2001



Source: 2001 Secondary Level Alcohol Tobacco, Other Drugs and Violence Survey: Knowledge Attitudes and Behaviors, Duval County School Board  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

## Adolescents and Drug Abuse (cont.)

(Continued from page 6)

than boys. However when comparing club drugs, males have a higher use. Table 1 provides an overview of substance use for each of the race or ethnic groups identified. Reported use for the six most commonly used substances (i.e. alcohol, cigarettes, MDMA, marijuana, Over-the Counter, and wine coolers), is lowest for Black students and highest for Hispanic, American Indian and Multi-racial students.

The Duval County School Board has a number of initiative addressing drug abuse. The following is a list of these interventions:

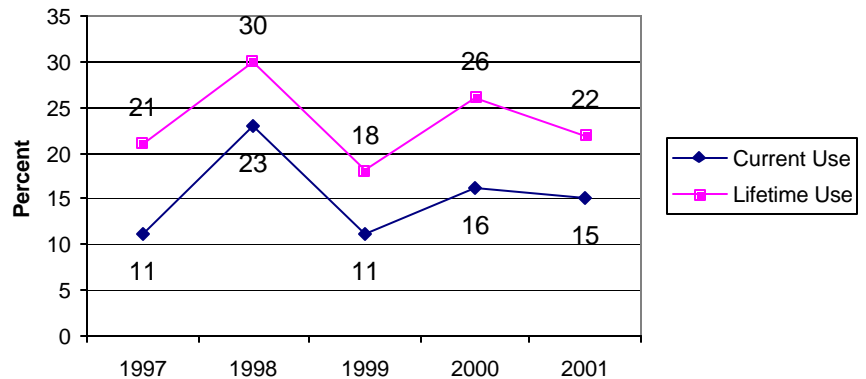
- Comprehensive Plan for Safe, Disciplined and Drug-Free School
- D-FY-INCE
- Jacksonville Coalition for Prevention
- Night-time Substance Abuse Program
- Safe & Drug Free Schools and
- Zip Club

For more information on these programs go to the Duval County School Board web-site

[www.educationcentral.org/dcps/safety/asp](http://www.educationcentral.org/dcps/safety/asp)

Graph 6

**Marijuana Use Percent by Current and Lifetime, Duval County 1997-2001**



Source: 2001 Secondary Level Alcohol Tobacco, Other Drugs and Violence Survey: Knowledge Attitudes and Behaviors, Duval County School Board  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

Table 1

**Current Use of Alcohol, Tobacco and Other Drugs by Race or Ethnic Group, Duval County 2001**

	White	Black	Hispanic	American Indian	Asian	Multi-Racial
Alcohol	26.4%	12.5%	26.0%	25.9%	22.5%	29.0%
Depressants	6.1%	2.4%	8.4%	10.2%	6.9%	9.0%
Cigarettes	18.8%	9.4%	21.1%	21.2%	17.0%	23.4%
Cocaine	4.1%	2.9%	8.8%	9.6%	7.7%	8.6%
Crack Cocaine	2.8%	2.4%	7.6%	8.0%	5.2%	7.8%
Stimulants	4.9%	2.6%	9.4%	11.0%	7.4%	8.7%
MDMA	7.0%	2.7%	11.6%	11.8%	10.7%	11.5%
Heroin	2.7%	2.2%	6.5%	6.6%	6.0%	7.2%
Inhalants	7.7%	3.5%	10.6%	14.0%	9.2%	11.6%
LSD	5.5%	2.4%	9.6%	11.0%	8.1%	9.4%
Marijuana	17.6%	9.8%	21.5%	18.5%	14.8%	23.4%
Over-the-Counter	37.5%	25.7%	32.7%	36.9%	33.8%	41.1%
Hallucinogens	5.2%	2.4%	8.7%	8.3%	6.7%	10.0%
Narcotics	3.6%	2.3%	7.4%	9.1%	6.8%	7.6%
Wine Coolers	23.7%	18.6%	27.9%	27.3%	23.9%	31.0%

Source: 2001 Secondary Level Alcohol Tobacco, Other Drugs and Violence Survey: Knowledge Attitudes and Behaviors, Duval County School Board  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

## Youth and Tobacco Use

Tobacco use and addiction usually begin in adolescence. Among adults in the United States who have ever smoked daily, 82 percent tried their first cigarette before age 18 years, and 53 percent became daily smokers before age 18 years. Furthermore, tobacco use may increase the probability that an adolescent will use other drugs. Preventing tobacco use among youth has emerged as a major focus of tobacco control efforts.

Tobacco use among adolescents increased in the 1990s after decreasing in the 1970s and 1980s. Data from the 1999 Monitoring the Future Study indicated that past-month smoking among 8th, 10th, and 12th graders was 18, 26, and 35 percent, respectively. These rates represent increases of 20 to 33 percent since 1991. Data from the Youth Risk Behavior Survey revealed that past-month smoking among 9th to 12th graders rose from 28 percent in 1991 to 36 percent in 1997. Past-month spit tobacco use among 9th to 12th graders was 9 percent in 1997 (2 percent among females and 16 percent among males). In 1997, past-month cigar use among 9th to 12th graders was 22 percent (11 percent of females and 31 percent of males).

Youth are put at increased risk of initiating tobacco use by sociodemographic, environmental, and personal factors. Sociodemographic risk factors include coming from a family with low socioeconomic status. Environmental risk factors include accessibility and availability of tobacco products, cigarette advertising and promotion practices, the price of tobacco products, perceptions that tobacco use is normal, peers' and siblings' use and approval, and lack of parental involvement. Personal risk factors include low self-image and low self-esteem, the belief that tobacco use provides a benefit, and the lack of ability to refuse offers to use tobacco.

An annual survey published by the Duval County School Board (DCSB) has seen a decline in current use and lifetime use of cigarettes (See Graph 7) among adolescents at the local level from 1997 to 2001. In the 2001 survey males had a higher percentage in current cigarette use (See Graph 8) than females. When looking at race, the multi-racial group reported the highest percentage (23.4) while blacks were the lowest (9.4) (See Table 1 on page 7).

The DCSB has a number of initiatives addressing tobacco use. The

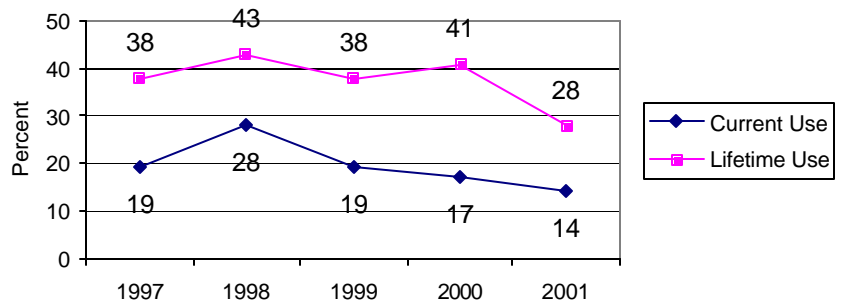
following is a list of these interventions:

- Not on Tobacco (NOT)
- Smoke-Free Jacksonville Coalition
- Students Working Against Tobacco (SWAT)
- Teens Against Tobacco Use (TATU) and
- Unpuffables

For more information on these programs go to the Duval County School Board web-site at:

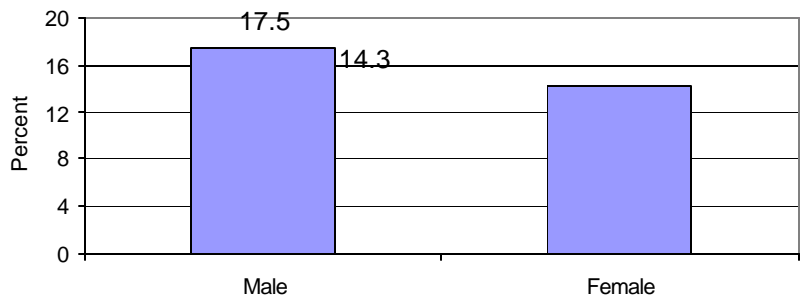
[educationcentral.org/dcps/safety/asp](http://educationcentral.org/dcps/safety/asp)

**Graph 7**  
**Cigarette Use Percent by Current or Lifetime, Duval County 1997-2001**



Source: 2001 Secondary Level Alcohol Tobacco, Other Drugs and Violence Survey: Knowledge Attitudes and Behaviors, Duval County School Board  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

**Graph 8**  
**Current Cigarette Use by Gender, Adolescent Duval County 2001**



Source: 2001 Secondary Level Alcohol Tobacco, Other Drugs and Violence Survey: Knowledge Attitudes and Behaviors, Duval County School Board  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

## Substance Use Related Motor Vehicle Crash Deaths And Injury: A Global to Local Perspective

Stephen McCloskey, Injury Prevention Program Manager, DCHD

**National:** Driving under the influence (DUI) is the leading contributing factor for deaths during motor vehicle (mv) crash events in the United States. Forty percent of all fatal crashes are alcohol or drug related. The national statistics also reveal that males are four times more likely to drive after drinking. Half of all weekend teen fatalities are alcohol related. This identifies some key demographics of at risk populations that need to be targeted with interventions aimed at reducing drinking and driving.

**State:** In the state of Florida, alcohol was involved in thirty percent (30%) of motor vehicle deaths and nine percent (9%) of the mv crashes resulting in injuries.

**Local:** Duval County's alcohol-related mv crashes fatality rate has doubled in the past five years from 1997 – 2001 (3.1 to 6.3 per 100,000) (See Graph 1). However in the same years, there was only a slight rise in the alcohol-related crash rate 161.8 to 162.8 (See Graph 2). These crash types have consistently accounted for forty percent (40%+) of all crashes in Duval County for the last 6.5 years. In 2001 eleven percent (11%) of all pedestrians hurt or killed during a mv crash in Duval County were under the influence of alcohol.

### Some Local Efforts to Reduce Alcohol and Drug-related MV Mortality & Morbidity

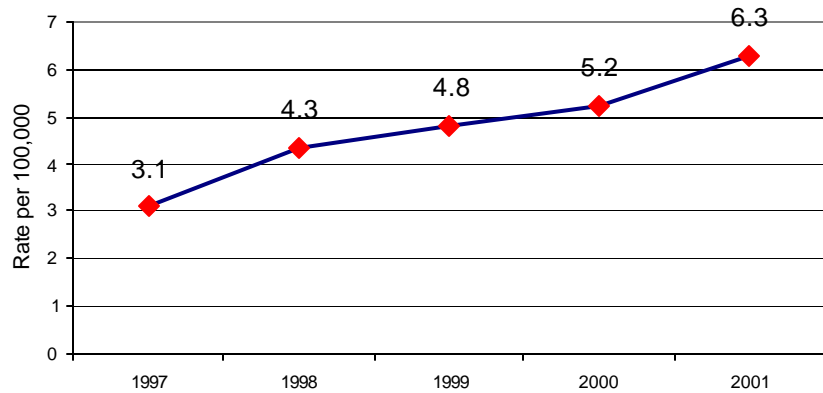
The largest coalition that attempts to address this problem is the Duval County Community Traffic Safety Team. The partners or co-collaborators are derived

from four major safety disciplines: Education, Engineering, EMS and Enforcement.

This local injury prevention coalition conducts DUI – related public information and education campaigns a couple of times per year. These events include “Mock DUI crash reenactments”, videos in schools, public service announcements, and promotion of designated driver and mock cocktail campaigns during the Christmas holiday season. Other community

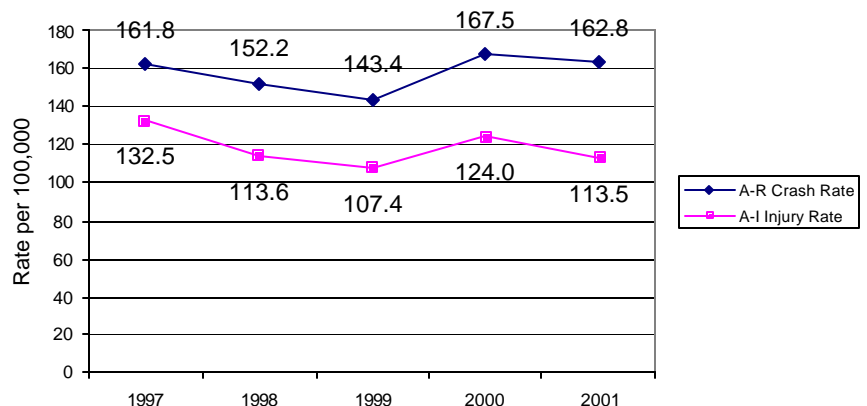
groups such as Mothers Against Drunk Drivers, Students Against Drunk Drivers, D.A.R.E. and Victim Impact Panels also are active with prevention messages throughout Jacksonville. However, more precise planning and coordination need to occur between the team's partners and other community stake holders to measure process, impact and outcome evaluation of targeted interventions. For more information call 630-3344.

**Graph 3 Alcohol-Related Crash Fatality Rates, Duval County 1997-2001**



Source: SHSMV, 2001 Traffic Crash Facts  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

**Graph 4 Alcohol-Related Crash & Injury Rates Duval County 1997-2001**



Source: DHSMV, 2001 Traffic Crash Facts  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

## The Substance Exposed Newborn/Judicial Team Outlook on Drugs and Pregnancy

Claudette Newman, RN, MSCh. SCHNS Healthy Start

Substance abuse among women of childbearing age has long been a problem in the United States. According to the National Institute on Drug Abuse, since the mid 1980's about 1 million babies born in this country were born to mothers who used cocaine during pregnancy. However, substance abuse is not limited to "street" drugs but does include legal substances such as alcohol, cigarettes, amphetamines, oxycontin and other prescription drugs.

It is well known fact that drug usage and pregnancy are not a compatible combination and have been proven to cause serious complications, including miscarriage, STDs, premature delivery increased risks of Sudden Infant Death Syndrome (SIDS), low birth, weight growth retardation and Fetal Alcohol Syndrome (FAS). Drug exposed babies face a myriad of health problems including those that are life threatening.

A 20% increase in illicit drug use as indicated in toxicology at time of labor has been documented in large medical centers. Postgraduate studies by Jeffrey King MD showed that alcohol and nicotine are the substances most used during pregnancy (King, 1997). Of the more than 4 million women who become pregnant yearly, 800,000 (20%) smoke cigarettes and 757,000 (18.8%) drink alcohol. The studies are also showing that 10% of pregnant women expose their unborn child to illicit drugs.

Substance abuse in Duval County is not decreasing significantly (See Graph 5). Twenty percent of women self reported substance abuse, during 2000 Healthy Start Prenatal Screenings. Fetal Infant Mortality Review findings in 2001 showed 133 substance-exposed infants were born at Shands Jacksonville. As of January 2003 Healthy Start has started to zero in on women who through toxicology and self-disclosure are pregnant and using illicit drugs. Local public health officials have responded to the problem by creating the Substance Exposed Newborn (SEN)/ Judicial Team. The goal of the SEN/JUDICIAL Team is to address the disparities in Duval County among all women of childbearing age who are abusing drugs. The

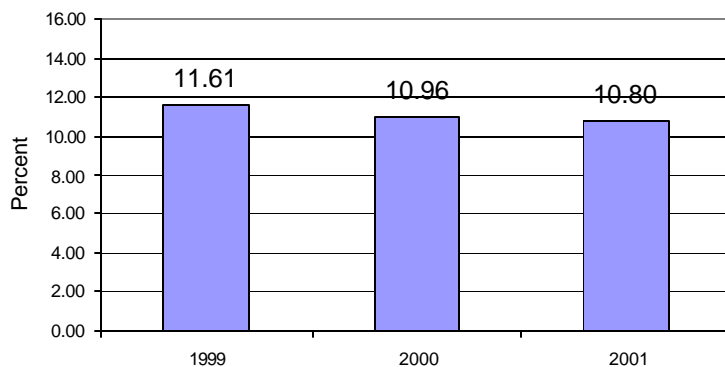
hope of the team is to get these ladies into some kind of treatment program that will allow for a healthy and drug free baby at time of delivery. From Jan 1, 2003-Jul 31, 2003 there were 32 substance-exposed infants reported to Healthy Start.

The greatest challenge that we as providers are faced with, is availability of treatment beds for these ladies who are identified as pregnant and abusing drugs. How do we counteract the recidivism rate when there are limited resources for these drug dependent ladies? How do we turn awareness into action?

For more information call Claudette Newman at 665-2652.

Graph 5

### Self-Reporting Tobacco and/or Alcohol Use While Pregnant, Duval County 1999-2001



Source: FDOH, Office of Vital Statistics  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003

## Substance Abuse: The National Challenge\*

*(Continued from page 1)*

Alcohol use has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior. In 1998, alcohol use was associated with 38 percent of all motor vehicle crash fatalities, a significantly lower percentage than in the 1980s.

Although there has been a long-term drop in overall use, many people in the United States still use illicit drugs. In 1998, there were 13.6 million current users of any illicit drug in the total household population aged 12 years and older, representing 6.2 percent of the total population. Marijuana is the most commonly used illicit drug, and 60 percent of users abuse marijuana only. Relatively rare in 1996, methamphetamine use began spreading in 1997.

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with other serious consequences, including injury, illness, disability, and death as well as crime, domestic violence, and lost workplace productivity. Drug users and persons with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections. Long-term consequences, such as chronic depression, sexual dysfunction, and psychosis may result from drug use.

The stigma attached to substance abuse

increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

## Tobacco Use: The National Challenge\*

*(Continued from page 1)*

than 5 million years of potential life lost. If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years will die prematurely from a smoking-related disease. Direct medical costs related to smoking total at least \$50 billion per year; direct medical costs related to smoking during pregnancy are approximately \$1.4 billion per year.

Evidence is accumulating that shows maternal tobacco use is associated with mental retardation and birth defects such as oral clefts. Exposure to secondhand smoke also has serious health effects. Researchers have identified more than 4,000 chemicals in tobacco smoke; of these, at least 43 cause cancer in humans and animals. Each year, because of exposure to secondhand smoke, an estimated 3,000 nonsmokers die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months experience lower respiratory tract infections. Asthma and other respiratory conditions often are triggered or worsened by tobacco smoke.

Studies also have found that secondhand smoke exposure causes heart

disease among adults. Data reported from a study of the U.S. population aged 4 years and older indicated that among non-tobacco users, 88 percent had detectable levels of serum cotinine, a biological marker for exposure to secondhand smoke. Both home and workplace environments have contributed to the widespread exposure to secondhand smoke. Data from a 1996 study indicated that 22 percent of U.S. children under age 18 years (approximately 15 million children and adolescents) were exposed to secondhand smoke in their homes.

Smoking among adults declined steadily from the mid-1960s through the 1980s. However, smoking among adults appears to have leveled off in the 1990s. The rate of smoking among adults in 1997 was 25 percent.

Overwhelming evidence indicates that nicotine found in tobacco is addictive and that addiction occurs in most smokers during adolescence. Among students who were high school seniors during 1976–86, 44 percent of daily smokers believed that in 5 years they would not be smoking. Follow-up studies, however, indicated that 5 to 6 years later 73 percent of these persons remained daily smokers. In 1995, 68 percent of current smokers wanted to quit smoking completely, and 46 percent of the current daily smokers had stopped smoking for at least 1 day during the preceding 12 months. Less than 3 percent of current smokers stopped smoking permanently.

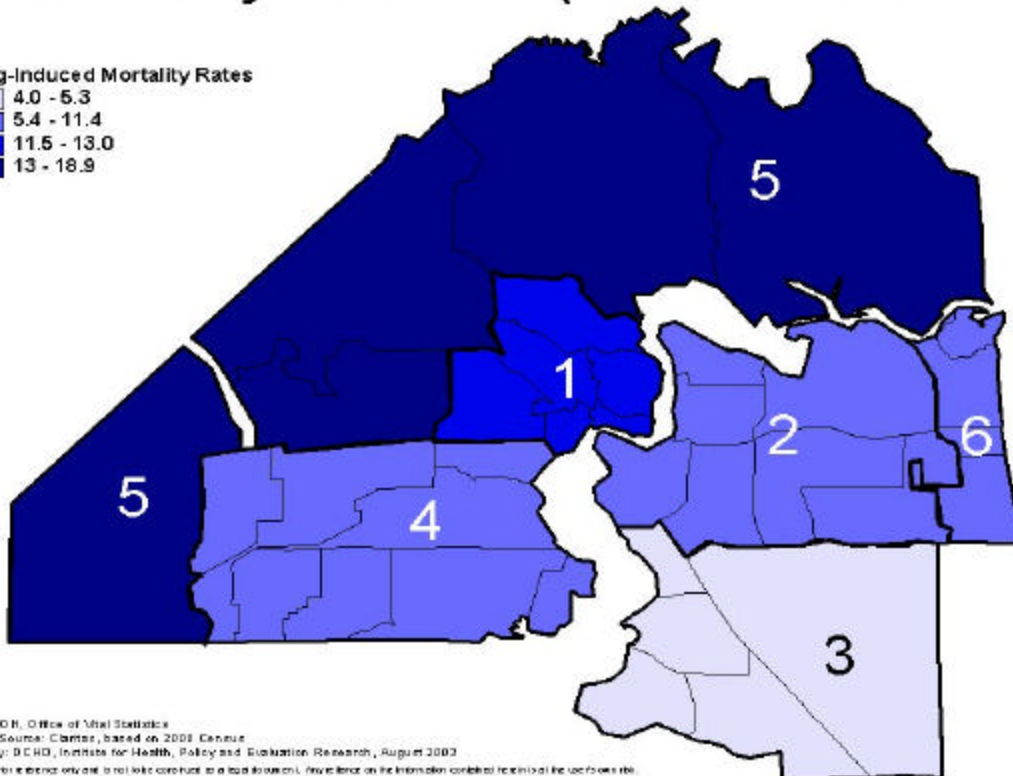
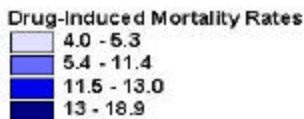
Duval County Health Department  
Institute for Health, Policy & Evaluation Research  
900 University Blvd. North, Suite 604 (MC-99)  
Jacksonville, Florida 32211

Phone: 904-630-3255  
Fax: 904-665-3111



Visit our website!  
[www.dchd.net](http://www.dchd.net)

## Drug-Induced Mortality Rates by Health Zone, Duval County 2000-2002 (2002 is Provisional)



Source: F DCH, Office of Vital Statistics  
Population Source: Census, based on 2000 Census  
Prepared by: DCHD, Institute for Health, Policy and Evaluation Research, August 2003  
This product is for reference only and is not to be construed as a legal document. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and Health Services has no responsibility for any use of the information contained herein or any other resulting information.

