



# **New Orleans Community Needs Assessment**

## **Report No. 1**

### **Quantifying the Problem**

**Submitted to the**

**Greater New Orleans  
Drug Demand Reduction Coalition**

**and the**

**Metropolitan Human Services District**

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## Definition of Selected Acronyms

ADAM II	Arrestee Drug Abuse Monitoring
BRFSS	Behavior Risk Factor Surveillance System
BJA	Bureau of Justice Assistance
CCYS	Louisiana Caring Communities Youth Survey
Core Survey	Core Institute Alcohol and Drug Survey of students at institutions of higher education
CPDs	controlled prescription drugs
CPS	Child Protective Services
DAWN-ME	Drug Abuse Warning Network – Medical Examiner (Coroners)
DAWN-ED	Drug Abuse Warning Network – Emergency Department (hospitals)
DSM-IV	Diagnostic and Statistical Manual, Fourth Edition of the American Psychiatric Assoc.
FARS	Fatality Analysis Reporting System
FASD	Fetal Alcohol Spectrum Disorders
HIDTA	High Intensity Drug Trafficking Area
LaPRAMS	Louisiana Pregnancy Risk Assessment and Monitoring Surveillance
NCANDS	National Child Abuse and Neglect Data System
NDCS	Nation Drug Control Strategy
NOPD	New Orleans Police Department
NSDUH	National Survey on Drug Use and Health
NVSS	National Vital Statistics System
ONDCP	Office of National Drug Control Policy
OPSO	Orleans Parish Sheriff's Office
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	Substance use disorder
UCR	Uniform Crime Reports
YRBS	Youth Risk Behavior Survey

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## Preface

The Greater New Orleans Drug Demand Reduction Coalition has developed a strategic plan that coordinates the efforts of the *enforcement*, *prevention*, and *treatment* communities to reduce drug abuse as well as the negative consequences of substance use and addiction. The needs assessment is intended to support the development, implementation, evaluation and continuing refinement of the strategic plan.

This report describes the threat that drugs present to New Orleans and the Gulf coast region due to the high intensity of drug trafficking. It documents the impact of violence and crime on New Orleans, and the relationship to drug and alcohol use in terms of homicides, violence and property crime, drug and alcohol arrests, and jail and prison populations. Survey data paint a picture of troubling levels of alcohol and drug use, and resulting negative consequences, among our adolescents, adults, young adults and college students. Administrative data reveal unacceptable levels of death and injury due to drug poisoning and alcohol-related vehicle accidents. The effects of substance use on fetal alcohol exposure, child abuse and neglect, emergency room visits and homelessness are described at the state or national level. The report quantifies the substantial social and economic costs of drug and alcohol misuse affecting individuals, families, communities, and our state budget, as well as the benefits of prevention and treatment.

Report No. 1 is limited to readily accessible data from local and national sources, typically available in published reports or on Web sites. A second report will provide strategies and recommendations for improving data collection and the development of indicators to monitor progress. Additional reports will describe current resources and unmet need, identify coordination issues, and initiate specification of model service systems.

The Coalition's approach is consistent with the Nation Drug Control Strategy (NDCS) which stresses the importance of a coordinated approach of prevention, treatment and enforcement. The Coalition is also employing the Strategic Prevention Framework (SPF) developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). This framework includes five phases: assessment, capacity building, planning, implementation and evaluation. The Community Needs Assessment addresses the first phase. However, effective drug demand reduction strategies, the National Drug Control Strategy and the Strategic Prevention Framework call for continuing epidemiological effort to support planning, implementation and evaluation, in order to ensure that the actions are effectively targeted to needs and are achieving their intended purposes, and so that the outcomes of these initiatives can be objectively measured and reported to the community.

The Community Needs Assessment is funded by Metropolitan Human Services District (MHSD) which is the local Human Services Authority responsible for substance abuse, mental health and developmental disability services for the three parishes: Orleans, Plaquemines and St. Bernard.

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## Introduction

The Greater New Orleans Drug Demand Reduction Coalition (the Coalition) is concerned about the effects of alcohol and drug abuse and substance use disorders on our community, including social, economic and public health problems. They are especially concerned about violence. The Coalition envisions that “New Orleans will be a safe, crime and drug-free, healthy community with a good quality of life for all of its citizens.”

The Coalition seeks to “develop and guide the implementation of a strategic plan involving prevention, treatment and enforcement to decrease the use of illicit drugs and abuse of alcohol and other drugs, and the negative consequences of substance abuse/addiction” including crime, poor health, disrupted neighborhoods, domestic violence, child abuse, poor school and work performance, automobile accidents and violence.

The approach the Coalition is taking is consistent with the Nation Drug Control Strategy (NDCS) which stresses prevention, intervention and treatment as well as enforcement-related efforts. The NDCS includes alcohol use among its concerns, especially underage drinking. The Coalition’s approach is also consistent with the Strategic Prevention Framework developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). This framework includes five phases: assessment, capacity building, planning, implementation and evaluation. Throughout the phases, sustainability of the effort and cultural competence must be addressed. SAMHSA’s first phase includes assessment of both the need in the community and the resources available to address the need.

The needs assessment is intended to support the development, implementation and continuing refinement of the strategic plan by (1) developing frameworks and methods for assessing needs as well as the adequacy and integration of resources to meet those needs, and (2) implementing those methods to the greatest extent possible within a limited time frame, including production specific reports and products useful to the planning process.

The Strategic Plan is being built on three pillars: **enforcement, prevention and treatment**. Within these areas, the needs assessment will address needs, resources, and the coordination and integration of resources. This first report will focus principally on needs within the general population. Subsequent reports will address the need for specific services and the resources available within the community.

## Population and Geographical Context

In 2005, Hurricane Katrina destroyed much of the physical infrastructure of New Orleans, but also greatly damaged its social institutions. Many of its residents who evacuated have not returned to the City. While not all problems can be blamed on the hurricane, the damage left the City especially vulnerable. Similarly, alcohol and drug abuse leaves the community vulnerable and threatens its recovery. While more could have been done to prevent the damage caused by Katrina, more can be done now to reduce substance use and its consequences.

The New Orleans Metropolitan Statistical Area (MSA) encompasses 7 parishes and over 1 million residents. (Orleans Parish and the City of New Orleans are coterminous.) The MSA population is concentrated in Orleans and in the urban part of its immediately surrounding parishes: Jefferson, St. Bernard and Plaquemines. Geographically, these four parishes are relatively isolated from the rest of Louisiana by Lake Pontchartrain and marsh and bayou areas with few residents. Commuting from other parishes is principally by routes I-10 and US-90 east and west and by a 24-mile long causeway across Lake Pontchartrain north and south. In this report, Orleans, Jefferson, St. Bernard and Plaquemines parishes will be referred to as the **Metro Area**. These four parishes constitute health region No. 1.<sup>1</sup>

One of the principal legacies of Hurricane Katrina is that the New Orleans MSA lost over 10 percent of its population from 2000 to 2010. While the three parishes outside the Metro Area gained population (especially St. Tammany), the Metro Area lost 19 percent of its population, almost 200,000 residents. In particular, Orleans lost almost one-third and St. Bernard almost half of their residents between 2000 and 2010. While population has been increasing, abandoned residential property remains a problem.

**Population Change by Parish for the New Orleans Metropolitan Statistical Area (MSA), 2000 to 2010**

Parish	Population, April 1		Population Change	
	2000	2010	Number	Percent
Orleans Parish	484,674	343,829	-140,845	-29.1
Jefferson Parish	455,466	432,552	-22,914	-5.0
Plaquemines Parish	26,757	23,042	-3,715	-13.9
St. Bernard Parish	67,229	35,897	-31,332	-46.6
<b>Metro Area</b>	1,034,126	835,320	-198,806	-19.2
St. Charles Parish	48,072	52,780	4,708	9.8
St. John Parish	43,044	45,924	2,880	6.7
St. Tammany Parish	191,268	233,740	42,472	22.2
<b>New Orleans MSA</b>	1,316,510	1,167,764	-148,746	-11.3

Source: U.S. Census Bureau, 2010 Census and Census 2000, released September 2011.

The dynamic state of the Metro Area population complicates the needs assessment. For instance, in examining trends in rates, it is especially difficult to estimate population denominators. Further, population components (gender, age, race, ethnicity, housing and socio-economic status) may be changing.

**Population Estimates for Needs Assessment Age Categories based on 2010 US Census SF-1 Data for Parishes**

Age Group	Orleans	Jefferson	St. Bernard	Plaque-mines	Metro Area	Louisiana
Ages 0-11	49,367	65,303	6,231	4,123	125,024	745,731
Ages 12-17	23,848	32,094	2,946	2,206	61,094	372,284
Aged 18-25	49,215	44,705	4,538	2,151	100,609	528,543
Ages 26 & older	221,399	290,450	22,182	14,562	548,593	2,886,814
<b>Total</b>	343,829	432,552	35,897	23,042	835,320	4,533,372
Adults 18 & older	270,614	335,155	26,720	16,713	649,202	3,415,357
Ages 18-20	17,265	15,768	1,645	857	35,535	204,473
Ages 12-20	41,113	47,862	4,591	3,063	96,629	576,757

Source: National Center for Health Statistics from 2010 US Census. [www.cdc.gov/nchs/nvss/bridged\\_race.htm](http://www.cdc.gov/nchs/nvss/bridged_race.htm) . Population for age 25 is estimated by interpolation.

Fortunately, the 2010 US Census provides a useful anchor point. In many cases, the most recent data available from survey and administrative sources are for 2010.

<sup>1</sup> For purposes of substance abuse, mental health and developmental disability services, the Metropolitan Human Services District serves Orleans, St. Bernard and Plaquemines parishes while Jefferson Parish is served by the Jefferson Parish Human Services Authority. Jefferson parish is sometimes referred to as Region 10.

## Drug Threat Assessment for the Gulf Coast Region

The Gulf Coast High Intensity Drug Trafficking Area (HIDTA) program includes state and local law enforcement officials from 26 counties/parishes in four states: Louisiana, Mississippi, Alabama and Arkansas. In addition to sharing intelligence, the HIDTA produces an annual Drug Threat Assessment for the region. The Gulf Coast is a corridor for transporting illicit drugs from the Mexican border areas to the northeast and from Florida to the west and mid-west. Drugs may also enter the region through the Port of New Orleans and other ports along the Gulf Coast as well as by commercial airlines and other carriers. The most current information available is the 2011 Drug Market Analysis:<sup>2</sup>

Cocaine is the greatest drug threat to the Gulf Coast HIDTA region because of its widespread availability, with strong and stable supplies of cocaine to most drug markets in the region. Cocaine seizures increased in the Gulf Coast HIDTA region in 2010, totaling 1,339 kilograms—a 58 percent increase from 2009. Law enforcement officials report that cocaine is available in sufficient quantities to meet demand and that cocaine prices have remained relatively stable over the past 12 months in most Gulf Coast HIDTA drug markets.

Availability of methamphetamine is consistently high throughout most of the Gulf Coast HIDTA region. Most of the methamphetamine available in the Gulf Coast HIDTA region is produced locally. The number of methamphetamine laboratories seized in all Gulf Coast HIDTA counties increased nearly 220 percent from 2006 through 2010. While lab seizures in Louisiana increased dramatically in 2009 and 2010, of the 71 seizures, none occurred in Orleans Parish and only 2 occurred in Jefferson Parish. However, local producers are now using a “one pot” method so that small amounts of methamphetamine can actually be produced in a large plastic soda bottle, “shake and bake.” Local producers employ users to purchase small quantities of pseudoephedrine at multiple pharmacies; this is called “smurfing.” Small scale production may make urban areas more vulnerable as potential production sites and consumption areas.

The availability and abuse of prescription opioids have increased in the Gulf Coast HIDTA region over the past 18 months. Law enforcement officers report that increased diversion of controlled prescription drugs (CPDs) from rogue pain management clinics (commonly referred to as pill mills) in Florida and Texas has led to increased availability and abuse of these drugs in the Gulf Coast HIDTA region. Officers report that local residents often travel to Florida or Texas to acquire prescription drugs at pill mills and either transport them back by car or, in an attempt to thwart highway interdiction operations, mail the drugs to their home addresses. In addition, some law enforcement officials report that distributors and abusers are diverting CPDs through local doctor-shopping, prescription fraud, and pharmacy robberies. CPD seizures increased in the Gulf Coast HIDTA region in 2010, further supporting the notion of increased availability. In 2010, HIDTA initiatives reported a greater than 15 percent increase in CPD seizures from 2009 (86,279 dosage units) through 2010 (99,612 dosage units).

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<sup>2</sup> National Drug Intelligence Center. *Gulf Coast High Intensity Drug Trafficking Area, Drug Market Analysis 2011*. Office of National Drug Control Policy, Dept. of Justice, September 2011. [http://www.justice.gov/ndic/dmas/Gulf\\_Coast\\_DMA-2011%28U%29.pdf](http://www.justice.gov/ndic/dmas/Gulf_Coast_DMA-2011%28U%29.pdf)

Heroin availability and abuse in the Gulf Coast HIDTA region are most prevalent in the New Orleans metropolitan area. *Law enforcement officials in New Orleans indicate that heroin poses the greatest drug threat* and is available at high levels in their jurisdictions. They report that *heroin distribution and abuse are significant contributors to crime in New Orleans*, where levels of violent and property crime remain high. Heroin also poses a significant threat to Birmingham, Huntsville, and Memphis. Throughout most of the region, however, heroin is available at low levels.

Marijuana poses a lower threat to the Gulf Coast HIDTA region than cocaine, methamphetamine, and CPDs. Marijuana availability and abuse remain stable at high levels throughout the region. Much of the marijuana available in the region is commercial-grade Mexican marijuana; however, over the past 12 months, the availability of high-potency marijuana supplied from sources in California, Colorado, and Oregon has increased in some markets in the region. Locally grown marijuana is also available in the region; however, the extent of cannabis grow operations in Gulf Coast HIDTA counties cannot be fully evaluated because county-level cannabis eradication data are not available.

Law enforcement officials report some abuse of synthetic cannabinoids, such as Spice and K2, especially among teens and young adults. In 2010, every state in the Gulf Coast HIDTA region passed laws or authorized emergency bans prohibiting the sale of products containing the chemicals commonly found in these synthetic cannabinoids. However, law enforcement officers report that manufacturers of these products have responded to the bans by altering the chemical compounds so that the products are no longer prohibited. Consequently, new legal forms of synthetic cannabinoids, similar to Spice and K2, are being sold in some areas in the region.

Alcohol, although a legal, regulated substance, presents great challenges to law enforcement and the community in general, especially in the Greater New Orleans area. The legal drinking age in Louisiana is 21 years; however, there is a loophole in the State's law allowing 18 year olds to enter bars and lounges where social availability of alcohol is common. In addition there are drive-thru daiquiri shops where only the driver is asked for identification for age verification.<sup>3</sup>

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<sup>3</sup> Office of Behavioral Health. Louisiana FY 2012 Combined Behavioral Health Assessment and Plan. (Public Draft of SAMHSA Block Grant Application) Department of Health and Hospitals, September 1, 2011.

## Impact on the Crime and Justice

### Drug and Alcohol Arrests

Over two years, drug offense arrests in New Orleans declined by half, from 6,723 in 2009 to 3,378 in 2011. Arrests for public intoxication also declined by half, from 5,608 in 2009 to 2,314 in 2011. At the same time arrests for driving while intoxicated increased almost 50 percent, from 1,206 in 2009 to 1,743 in 2011. These arrest trends were the results of changes in policies and procedures intended to improve the efficiency and effectiveness of policing while reducing unnecessary detention and incarceration. The New Orleans Police Department has begun issuing summons for minor drug offenses, accounting for some of the decrease in drug arrests. In addition they have begun using a crisis team approach for handling mental health and severe intoxication problems. Arrests of juveniles, which represent a very small portion of all arrests, show a similar trend. However, a disturbing finding from the 2010 Caring Communities Youth Survey (discussed below) is that about 6 percent of New Orleans high school students self-reported that they themselves had sold illegal drugs in the past year.

Comparative data for Louisiana and nationwide are available for 2010 (at the mid-point of 2009 and 2011). In 2010 the drug offense arrest rate for New Orleans is 1,434 per 100,000, twice the rate for Louisiana and almost three times the national rate. The 2010 public intoxication arrest rate for New Orleans is 1,001 per 100,000, ten times greater than for Louisiana. While the New Orleans rate is about five times greater than the nationwide rate, this is not actually comparable since in many states public intoxication is not an offense, so the true difference would be somewhat less dramatic. The 2010 New Orleans arrest rate for driving while intoxicated is 398 per 100,000, more than one-quarter higher than the rate for Louisiana. Although lower than the nationwide rate for 2010, the New Orleans drinking driver arrest may have exceeded the national rate in 2011.

The apparent increase in drinking driver enforcement would seem to be appropriate. In 2010, a total of 27 persons died in traffic accidents on the streets and highways of New Orleans. Alcohol was involved in 17 of these deaths (63%). In addition, 493 persons were injured in alcohol-related crashes. Orleans Parish ranked 7<sup>th</sup> in alcohol-related injury crashes per licensed driver, exceeded by only 6 rural parishes. The total cost of alcohol-related accidents in Orleans Parish amounted to \$48.3 million in 2010.<sup>4</sup>

**Drug and Alcohol Arrests\* Tallied by the New Orleans Police Department**

	2009	2010	2011
All Arrests			
Drug Abuse Viol.	6,723	4,931	3,378
DWI	1,206	1,367	1,743
Public Drunkenness	5,608	3,443	2,314
Total	13,537	9,741	7,435
Juvenile Arrests			
Drug Abuse Viol.	290	239	154
DWI	62	83	74
Public Drunkenness	254	128	108
Total	606	450	336

\*These counts represent "physical arrests" in which the offender is taken into custody rather than just issued a summons.

**Drug and Alcohol Arrests Rates per 100,000 Population, Calendar Year 2010**

Adult and Juvenile Arrests	New Orleans	Louisiana*	National*
Drug Abuse Viol.	1,434	738	531
DWI	398	311	453
Liquor Law Viol.	n.a.	83	167
Public Drunkenness	1,001	92	184

\* Louisiana rates are based on 106 reporting agencies and the population covered by those jurisdictions. National rates are similarly based on reporting jurisdictions and their populations. Source: Crime in the United States, FBI, online.

<sup>4</sup> Schnieder, H. *Louisiana Traffic Records Data Report 2010*. Highway Safety Group, Louisiana State University, 2011. (Tables D-2, D-5, J-11-13, O-38) [http://datareports.lsu.edu/Reports/SpecialReports/2010\\_FactBook.pdf](http://datareports.lsu.edu/Reports/SpecialReports/2010_FactBook.pdf)

## Violent Offenses and Property Offenses

Drug and alcohol abuse can erode family and community value systems, contributing to an ethic of lawlessness. Crime to support a drug lifestyle can become an accepted norm. The use of alcohol and drugs can change behavior, resulting in criminal activity when people do things they would not do if they were rationale, free of the drug's influence. Some offenders suffer emotional and/or brain damage due to drug use, contributing to mental illness and anti-social behavior.

Based on Uniform Crime Reports, the number of both violent and property crimes in New Orleans decreased between 2007 and 2010. While 2007 may have been a high point in many crime categories, this decline occurred at the same time that the population in New Orleans increased.

The number of property crimes as a whole decreased 19 percent, from 15,583 in 2007 to 12,645 in 2010. Violent crime numbers as a whole decreased 25 percent, from 3,451 in 2007 to 2,593 in 2010. Only forcible rape appears to have increased. Murder and non-negligent manslaughter declined 16 percent from 209 in 2007 to 175 in 2010.

**Uniform Crime Report for New Orleans  
By Calendar Year**

	2007	2008	2009	2010
<b>Violent Crime</b>				
Murder/Manslaughter	209	179	174	175
Forcible rape	115	65	98	144
Robbery	1,154	1,085	932	953
Aggravated assault	1,973	1,540	1,410	1,321
Total	3,451	2,869	2,614	2,593
<b>Property Crime</b>				
Burglary	5,039	4,591	3,821	3,695
Larceny-theft	7,354	7,081	6,507	6,540
Motor vehicle theft	3,190	3,208	2,612	2,410
Total	15,583	14,880	12,940	12,645

Source: Uniform Crime Reporting Statistics – Data Online, FBI

Nevertheless crime rates for 2010 indicate that crime continues to plague the City. In particular, the violent crime rate at 754 per 100,000 population is over a third higher than for Louisiana and nearly double the national average of 404. Of particular concern is the number of homicides which has not declined since 2008. At 51 per 100,000, the New Orleans homicide rate is 5 times greater than the Louisiana rate and 10 times greater than the national average.

The 2010 New Orleans property crime rate of 3,678 per 100,000 is about equal with the Louisiana rate but about one-quarter greater than the national average. While the larceny rate is about the same as the national average, the burglary rate for both New Orleans and Louisiana is about 50 percent higher than the national average. Of particular note, the New Orleans auto theft rate at 701 per 100,000 is three times the rate for Louisiana and the nation.

**Uniform Crime Rates per 100,000  
Population, Calendar 2010**

	New Orleans	Louisiana	National
<b>Violent Crime</b>			
Murder/Manslaughter	51	11	5
Forcible rape	42	27	28
Robbery	277	115	119
Aggravated assault	384	396	252
Total	754	549	404
<b>Property Crime</b>			
Burglary	1,075	1,002	700
Larceny-theft	1,902	2,427	2,004
Motor vehicle theft	701	218	239
Total	3,678	3,648	2,942

Source: Uniform Crime Reporting Statistics – Data Online, FBI

## Homicide Rates

The National Vital Statistics System (NVSS) indicates that in 2008 there were 541 homicides in Louisiana, yielding a rate of 12.2 per 100,000. This rate is more than double the national of 5.9 for that year. Louisiana ranked first among states in homicide, followed by Mississippi (11.3) and Alabama (10.0).<sup>5</sup> New Orleans represents a little over 7 percent of the Louisiana population but accounts for over one-quarter of homicides. Without Orleans Parish, the state homicide rate would have been about 10 per 100,000.

A study of homicide in New Orleans sponsored by the Federal Bureau of Justice Assistance (BJA) was recently completed.<sup>6</sup> Although New Orleans' violent crime rate and property crime rate are higher than the national rates, what stands out is the homicide rate which in 2009 was 52 per 100,000 residents—5 times higher than the average for cities of similar size and 10 times higher than the national rate. The number of homicides reached a peak of 209 in 2007, followed by 179, 174 and 175 in 2008 through 2010. While the recent number of homicides is unacceptable and preventable, the number has been high historically since at least 1985, having reached over 400 in 1994.

The BJA study reviewed records for 200 homicides in 2009 and 2010. This analysis found the following: About 40 percent of homicides occur between the hours of 8:00 PM and midnight; 75 percent occur outside; 59 percent occur in residential areas; 90 percent involved firearms. The official classification of motive was: 29 percent drug-related; 24 percent revenge; 19 percent argument or conflict. Only 10 percent involved robbery, 6 percent were classified as domestic, and one case was classified as rape. (The official classification of motive was validated by the study's record review.) Thus, in addition to the 29 percent that were manifestly drug-related, 42 percent involved interpersonal conflicts that are often fueled by alcohol and drug use.

Findings regarding the homicide victims include: 92 percent of victims were Black; only 1 percent were involved in a gang; 49 percent of victims had been previously arrested for a drug offense; 42 percent had been arrested for a violent offense; 40 percent had been arrested for a property offense; and 29 percent had been arrested on a firearms charge. Only 27 percent had no arrest record.

Of the 200 homicides in the study, 102 had been cleared by the end of data collection, meaning that the offender is known. Finding regarding offenders include: 78 percent knew their victim, but only 4 percent were rival drug dealers; only 3 percent were gang members; 17 percent were juveniles under age 18 while 38 percent were young adults aged 18-24; 50 percent had a prior arrest for a violent offense; 49 percent had a prior arrest for a drug offense; 47 percent has a prior arrest for a property offense; and 35 percent had been arrested on a firearms charge.

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<sup>5</sup> Miniño, Arialdi M et al. Deaths: Final Data for 2008, *National Vital Statistics Reports* Volume 59, Number 10 December 7, 2011, p. 138.

<sup>6</sup> Wellford, Charles; Bond, Brenda; and Goodison, Sean. *Crime in New Orleans: Analyzing Crime Trends and New Orleans' Responses to Crime*. Sponsored by the Bureau of Justice Assistance, Department of Justice, March 2011.

Thus, half the offenders and victims of homicide had involvement with drugs to the point of being arrested. Many others are likely to have had alcohol or drug problems and many of the homicides are likely to have been fueled by intoxication.

### **Arrest and Recent Drug Use**

The 2010 Annual Report for the Arrestee Drug Abuse Monitoring (ADAM II) system finds that, across 10 major cities, between 50 and 85 percent of arrestees test positive for recent use of illicit drugs based on urinalysis screens.<sup>7</sup> New Orleans is not currently part of the ADAM program, but did participate in the late 1990's and early 2000's. The ADAM report for 2000 indicates that 69 percent of male arrestees in New Orleans tested positive for recent illicit drug use.<sup>8</sup> Drugs involved included cocaine (32%), opiates (15%) and marijuana (47%); 20 percent were positive for multiple drugs. Among arrestees, 20 percent were heavy drinkers, bingeing at least 5 times in the past month, while 34 percent were heavy drug users, using drugs 13 or more days in the past month, and 9 percent had injected drugs in the past month. Only 4 percent had received any treatment in the past year.

### **Jail Populations**

The 2002 national Survey of Inmates in Local Jails found that 50 percent of jail inmates had used alcohol or drugs at the time of their offense—33 percent had used alcohol and 29 percent had used drugs. Among violent offenders, 47 percent had used alcohol or drugs—38 percent using alcohol and 22 percent using drugs. Based on type of offense and/or substance use, 77 percent of inmates could be characterized as alcohol or drug-involved offenders.<sup>9</sup>

The Orleans Parish Sheriff's Office (OPSO) operates jail facilities with a capacity of 3,500. Utilization has been between 2,900 and 3,200 over the past year. The jail population includes: detainees awaiting arraignment, bail, or trail; inmates sentenced for misdemeanor offenses; and inmates transferred from state prison for "re-entry" to the community. Approximately 35,000 persons went through the jail intake process in 2011, which includes screening by a nurse in the Medical Unit. About 80 percent receive follow-up appointments based on the screening findings. The intake includes screening for mental health and substance use issues. As part of the intake, individuals are asked if they would like to see the jail's substance abuse counselor.

During intake only between 10 and 15 percent self-report using drugs. However, based on 2010 ADAM findings in other major cities and 2000 ADAM findings for New Orleans, we would expect between 50 and 80 percent to have recently used drugs. This suggests that a more structured screening, brief intervention and treatment referral process would be warranted for this population. There is the question, what type of services should be provided to which populations within the jail setting. Medical and program staff never know when an inmate may

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<sup>7</sup> Office of National Drug Control Policy. *ADAM II, 2010 Annual Report*, Arrestee Drug Abuse Monitoring Program, May 2011.

<sup>8</sup> National Institute of Justice. *ADAM Preliminary 2000 Findings on Drug Use and Drug Markets, Adult Male Arrestees*. December 2001.

<sup>9</sup> Bureau of Justice Statistics. *Profile of Jail Inmates, 2002, Special Report*. US Department of Justice, July 2004 (revised 10/12/04).

be transferred or released, which makes providing a regime of services or planning referrals very difficult. Further, as New Orleans continues to reform its arrest and bail policies and procedures, fewer and fewer persons will be detained or incarcerated. Thus access to screening, intervention and referral services might more efficiently and effectively be provided in the court setting.

### **State Prison Populations and Re-entry**

The 2004 national Survey of Inmates in State and Federal Correctional Facilities found that almost one-third (32%) of all offenders in state prisons, including 28 percent of violent offenders, committed their crime under the influence of drugs, that is, having used drugs at the time of the offense. One-in-six (17%) committed the crime to obtain money for drugs and, among those whose most serious offense was a property crime, one-third (30%) committed the crime to get money for drugs. Over half (53%) of state prisoners met the diagnostic criteria for drug dependence or abuse.<sup>10</sup>

As of December 31, 2011, there were a total of 39,476 state prisoners in Louisiana. About half of these prisoners are housed in local sheriffs' facilities, especially those who are expected to be released soon to their communities. Based on the highest charge of conviction, these prisoners can be classified as violent (37%), drug (35%), property (17%) and other (11%). Each year over 1,500 prisoners are released from state incarceration. In 2010 a total of 17,246 prisoners were released. Because of differences in length of sentence, the classification of prisoners released is different from those incarcerated: violent (15%), *drug* (39%), property (35%) and other (11%). On December 31, 2011, there were 811 state inmates housed in the Orleans Parish Jail. Many of these would be receiving re-entry services; 72 were enrolled in the Work Transition Program.<sup>11</sup>

According to materials describing the re-entry program, 80 percent of offenders in the state correctional system have substance abuse problems that contribute to their criminality. The re-entry program for state prisoners includes basic education, job skills training, substance abuse treatment, values development (faith-based), and community involvement. The Transition Work Program is a work release program. Probation/parole officers provide supervision and oversight of work release facilities.<sup>12</sup>

### **Survey of Justice Agencies in New Orleans**

A survey of criminal justice agencies in New Orleans has been initiated. Agencies to be surveyed include: New Orleans Police, Sheriff's Office, Coroner's Office, District Attorney, City Attorney, Public Defender, District Court, Municipal Court, and Parole. The focus is on the offender populations the agencies deal with, the number and characteristics of offenders with drug or alcohol problems, how these problems are identified and what the agency attempts to do in regard to drug and alcohol problems. The survey also asks about issues and problems in accessing community services and coordination among justice agencies as well as

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<sup>10</sup> Bureau of Justice Statistics. *Drug Use and Dependence, State and Federal Prisoners, 2004, Special Report*. US Department of Justice, October 2006 (revised 1/19/07).

<sup>11</sup> Louisiana Department of Public Safety and Corrections. Briefing Book, January 2012 Update.

<sup>12</sup> Louisiana Department of Public Safety and Corrections. Reentry Initiatives Overview, <http://doc.la.gov/pages/reentry-initiatives/overview/> (accessed 4/26/2012).

recommendations for system improvement. The survey should provide a broad view of what resources currently exist to deal with substance use problems in justice populations, how they are deployed, and the current and potential demand for various prevention, intervention and treatment services. The results of the survey will be described in future reports.

## Community-level Population Surveys

### Adolescents

Biennially, in the fall of even numbered years, Louisiana conducts the Caring Communities Youth Survey (CCYS) of students in Grades 6, 8, 10 and 12. The CCYS provides the most comprehensive data about substance use among Louisiana adolescents and is available for 2006, 2008 and 2010. For Orleans Parish there are serious problems with the CCYS sample due to exceptionally poor school participation. Nevertheless, there are sufficient data to provide *reasonable but conservative estimates* for purposes of strategic planning; however, these estimates are not accurate enough to be used for monitoring trends or evaluating programming at the community or parish levels.<sup>13</sup>

Alcohol and other drugs are widely available to our children. By the 10<sup>th</sup> grade (approximately age 15): 60 percent of students in Orleans Parish had had a full drink of alcohol; about 24 percent had smoked cigarettes; about 16 percent had tried marijuana; about 9 percent had used inhalants; about 5 percent had used prescription sedatives (without a doctor’s direction); and about 3 percent had used prescription narcotics (again without a doctor’s direction).

**Estimates of Substance Use Among  
10<sup>th</sup> Graders in Orleans Parish**

Substance Used	Lifetime Use	Past 30 days
Alcohol	60%	30%
Binge Drinking	n.a.	12%**
Cigarettes	24%	6%
Marijuana	16%	7%
Inhalants	9%	n.a.
Sedatives Meds	5%	3%
Opiate Meds	3%	2%
Source: 2010 Caring Communities Youth Survey. **in the past 2 weeks.		

Current use of a substance is usually defined as use in the past 30 days.<sup>14</sup> Among 10<sup>th</sup> graders in Orleans parish approximately 30 percent used alcohol in the past 30 days while 12 percent engaged in binge drinking *in the past 2 weeks*—having 5 or more drinks on one occasion. Approximately 6 percent smoked cigarettes in the past 30 days; 7 percent used marijuana; 3 percent used prescription sedatives (without doctors direction); and 2 percent used prescription narcotics (with a doctor’s direction) in the past 30 days.

Students in Orleans Parish, surveyed in grades 8, 10 and 12, self-reported a number of serious consequences of substance use. About 9 percent had been drunk or high at school in the past year. In the past 30 days, over one-quarter of students had been in a car being driven by someone who had been drinking. About 5 percent had themselves, in the past 30 days, driven a car after drinking. (This figure may be as high as 15 percent for 12<sup>th</sup> graders.) *About 6 percent of students self-reported that they themselves had sold illegal drugs in the past year.*

<sup>13</sup> Except where otherwise indicated, the data source for adolescent need assessment is the Caring Communities Youth Survey conducted biennially in Louisiana in grades 6, 8, 10 and 12. (This report focuses only on grades 8, 10 and 12 which approximates the population ages 12-17.) Because of small sample sizes for New Orleans, estimates are made by reviewing data from the 2006, 2008 and 2010 surveys. Data from adjacent parishes (Jefferson and Plaquemines) and statewide figures are also considered to assure that estimates are reasonable and conservative. Tenth grade findings may be given more weight in representing ages 12-17 because this grade is at the mid point of the grade distribution and 10-grade responses are less likely to be affected by potential reading and comprehension problems at younger grades and high drop-out rates among older adolescents.

<sup>14</sup> A person who is a regular user of a substance would be a current user (past 30 days); but “current use” does not imply regular use. For instance, some current users may only have begun to use a substance in the past month, and some may not use it in the future.

In addition to selling of illicit drugs, the CCYS survey asks about other violent and or criminal behaviors. These behaviors are often influenced by substance use, but the CCYS survey does not explicitly ask whether substance use was involved. Prevention of violent and criminal behaviors can be addressed within the risk and protective factor framework. Reductions in these behaviors would be an expected outcome of well-implemented, evidence-based substance abuse prevention services. Violent and criminal behaviors self-reported by our students include the following:

- About 3 percent of students reported having stolen or having tried to steal a vehicle in the past year.
- About 20 percent reported having attacked someone and trying to seriously hurt them in the past year.
- About 6 percent had carried a hand gun in the past year—one-in-a-hundred brought it to school.
- Over 20 percent of students had been suspended from school in the past year.
- Finally, about 8 percent had been arrested in the past year.

The CCYS survey includes 34 scales measuring risk and protective factors in 4 domains: Community, Family, School and Peer-Individual. These are designed to enable prevention planners and providers to select appropriate evidence-based program models and design effective prevention services in both the school and the community. The 2010 CCYS also includes questions about perceived risk, parental disapproval and peer disapproval regarding alcohol, cigarette and marijuana use. Unfortunately, due to the poor level of participation in the survey by New Orleans schools, no findings can be reported here.<sup>15</sup>

Approximately 8 percent of students, in addition to using alcohol and or drugs, self-reported experiencing 3 or more symptoms of substance dependence (6 percent for alcohol and 2 percent for other drugs). Thus, they meet the criteria in the American Psychiatric Association's Diagnostic and Statistical Manual for alcohol or drug dependence. These students qualify for admission to addictions treatment. Applying the 8 percent rate to the Orleans Parish adolescent population (about 24,000 aged 12-17) means that about 2,000 adolescents under age 18 are in need of services for a substance use disorder.

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<sup>15</sup> Two issues present themselves. (1) In 2010, about 10 percent of students enrolled were surveyed. But, since the survey is administered to all students within the surveyed grades, this means that only about 10 percent of schools participated, resulting in a non-random, self-selected, non-representative sample. Samples in 2006 and 2008 were only slightly better. (2) New Orleans is a large city. For purposes of prevention services, the City cannot be considered one community. Different communities or neighborhoods of the City will have different needs, differences that the CCYS is intended to measure. Unlike simply trying to provide a reasonable and conservative estimate of substance use, interpretation of the risk and protective factor scales explicitly requires comparison to state and national norms. There is no reason to believe that students in a neighboring parish would experience the same risk and protective factors. If we ignore these fundamental problems, the data would suggest there is high risk due to low neighborhood attachment and early initiation of anti-social behavior. New Orleans appears to score low risk on family attitudes favorable to antisocial behavior and drug use, friends' drug use and rewards for antisocial behavior. New Orleans appears to score high on protective factors concerning the opportunity and reward for pro-social involvement across the family, school and peer domains. However, these apparent findings could be completely wrong, simply an artifact of the poor sample.

## Adults and Young Adults

The National Survey on Drug Use and Health (NSDUH) provides sub-state estimates for a limited number of indicators measuring substance use, substance use disorders and risk factors. For Louisiana sub-state areas include the Metropolitan District (Orleans, Plaquemines and St. Bernard parishes) combined with the South Central parishes. In this report, these parishes will be referred to as the “New Orleans area.” (NSDUH provides separate estimates for Jefferson Parish.) Thus NSDUH does not provide Orleans-specific or metropolitan-specific statistics, and therefore may not be sensitive to the unique substance use aspects of New Orleans. While NSDUH interviews about 70,000 persons annually, the number of respondents in each sub-state area is limited. Therefore, estimates are made by pooling 3 years of data. The most current estimates available are based on data from 2006, 2007 and 2008; on average the data are four years old. This is an important limitation given the dynamic population changes resulting from Hurricane Katrina. Nevertheless, *NSDUH provides the most comprehensive information available based on a national standard and permits comparisons across sub-state areas, states and regions as well as monitoring of trends over time.*<sup>16</sup> For the New Orleans area, we find:

Illicit drugs were used by 7.2 percent of adults in the New Orleans area in the past month. This is consistent with the state as a whole and southern states in general, but slightly less than the national rate (8.0%).

Marijuana was used by 5.1 percent of adults in the New Orleans area in the past month. Again this figure is consistent with the state as a whole and southern states in general, but slightly less than the national rate (5.9%).

Four percent of adults in the New Orleans area used an illicit drug other than marijuana in the past month. This figure is consistent with the state as a whole. New Orleans and Louisiana rates may be slightly higher than those for southern states in general and the nation as a whole (but this difference is not statistically significant).

**Drug and Alcohol Use Indicators from the National Survey on Drug Use and Health (NSDUH) Pooled Survey Data from 2006, 2007 and 2008.**

Adults Ages 18 and Older (percentages)	Regions				
	Metro-politan & South Central	Jeffer-son	Louisi-ana	Southern States	Total United States
Illicit Drug Use in Past Month	7.2	7.6	7.1	7.2	8.0
Illicit Drug Use Other Than Marijuana in Past Month	4.1	4.1	4.0	3.6	3.6
Marijuana Use in Past Month	5.1	5.3	5.0	5.1	5.9
First Use of Marijuana ( <i>in past year</i> )	0.9	0.9	0.9	0.9	1.0
Marijuana Use <i>in Past Year</i>	10.2	8.4	9.0	8.9	10.0
Cocaine Use <i>in Past Year</i>	3.1	2.7	2.6	2.3	2.4
Nonmedical Use of Pain Relievers <i>in Past Year</i>	5.5	5.1	5.7	4.8	4.8
Alcohol Use in Past Month	56.4	n/a	53.6	51.0	55.2
Binge Alcohol Use in Past Month	28.5	26.9	26.2	23.4	24.8

n/a – indicator could not be estimates due to small sample size.

<sup>16</sup> The National Survey on Drug Use and Health (NSDUH) is conducted annually by the Substance Abuse and Mental Health Services Administration (SAMHSA). <http://www.samhsa.gov/data/NSDUH.aspx> Recommendations will include redefining sub-state areas to provide estimates for the Metropolitan District which has regained sufficient population to permit separate estimates.

Nonmedical use of pain relief medication *in the past year* was reported by 5.5 percent of adults in the New Orleans area. This figure is consistent with Louisiana as a whole, but slightly greater than the southern states and national rates (4.8%).

Over half (56%) of adults in the New Orleans area drank alcohol in the past month while over one-quarter (28.5%) engaged in binge alcohol use in the past month—having 5 or more drinks on one occasion. The binge drinking rate for the New Orleans area and Louisiana are higher than for southern states in general (23.4%) while the binge drinking rate for southern states is slightly lower than the national rate.<sup>17</sup> The rate of past-month binge alcohol use among adults is over 3 times greater than the past-month use of illicit drugs.

### Young Adults

The National Survey on Drug Use and Health provides estimates for young adults (ages 18-25) and older adults (26 and older) as well as for adults as a whole. NSDUH also provides the same statistics for adolescents (ages 12-17), but these underestimate the adolescent substance abuse when compared to school-based surveys.

Illicit drugs were used by 16.8 percent of young adults in the New Orleans area in the past month. This is more than twice the rate for all adults (7.2%) but slightly less than the national average for young adults (19.7%).

Marijuana was used by 13.0 percent of young adults in the New Orleans area in the past month. This is more than twice the rate for all adults (5.1%) but slightly less than the national average for young adults (16.4%).

Illicit drugs other than marijuana were used by 8.4 percent of young adults in the New Orleans area in the past month. This is twice the rate for all adults (4.1%) but about the same as the national average for young adults (8.3%).

**Drug and Alcohol Use Indicators from the National Survey on Drug Use and Health (NSDUH) Pooled Survey Data from 2006, 2007 and 2008.**

Young Adults Ages 18 to 25 (percentages)	Regions				
	Metro-politan & South Central	Jeffer-son	Louisi-ana	Southern States	Total United States
Illicit Drug Use in Past Month	16.8	n/a	17.4	18.0	19.7
Illicit Drug Use Other Than Marijuana in Past Month	8.4	8.9	8.6	8.3	8.3
Marijuana Use in Past Month	13.0	n/a	13.7	14.4	16.4
First Use of Marijuana ( <i>in past year</i> )	5.5	6.8	5.4	5.7	6.4
Marijuana Use <i>in Past Year</i>	25.1	n/a	23.3	24.4	27.6
Cocaine Use <i>in Past Year</i>	5.2	5.7	5.5	5.8	6.3
Nonmedical Use of Pain Relievers <i>in Past Year</i>	12.9	13.0	13.3	12.2	12.2
Alcohol Use in Past Month	n/a	n/a	60.0	57.4	61.4
Binge Alcohol Use in Past Month	n/a	n/a	38.6	38.0	41.7

n/a – indicator could not be estimates due to small sample size.

<sup>17</sup> The 2009 Louisiana Behavior Risk Factor Surveillance System (BRFSS) for the New Orleans Metro Area provides similar results regarding adult alcohol use in the past month (54%) but differs in estimates of binge drinking (17%). Louisiana Department of Health and Hospitals. *The 2009 Louisiana Behavior Risk Factor Surveillance System Report*. March 2011.

[http://www.dhh.state.la.us/assets/oph/pcrh/brfss/BRFSS\\_2009\\_Final\\_Version.pdf](http://www.dhh.state.la.us/assets/oph/pcrh/brfss/BRFSS_2009_Final_Version.pdf)

Nonmedical use of pain relief medication *in the past year* was reported by 12.9 percent of young adults in the New Orleans area. This is more than twice the rate for all adults (5.5%). The rate of past-year nonmedical use of pain relievers by young adults in Louisiana (13.3%) is slightly greater than the national rate (12.2).

While the alcohol use indicators could not be precisely estimated, we can state that approximately 40 percent of young adults in the New Orleans area engaged in binge drinking in the past month.<sup>18</sup> This is more than one-third greater than the rate for all adults (28.5%). The rate of past-month binge alcohol use among young adults is over 2 times greater than the past-month use of illicit drugs.

### Risk and Protective Factors among Adults

The National Survey on Drug Use and Health (NSDUH) includes a number of questions addressing risk and protective factors; however, only the three items on perception of risk are estimated for sub-state areas. Almost half (47%) of all adults in the New Orleans area indicated that smoking marijuana once a month posed a great risk. This figure is consistent with the state as a whole. Louisiana state figures are slightly higher than those for southern states and substantially higher than national figures. Among young adults (ages 18-25), less than one-third (30%)

**Perception of Risk from Substance Use, National Survey on Drug Use and Health (NSDUH) Pooled Survey Data from 2006, 2007 and 2008.**

Perception of Great Risk (percentages)	Regions				
	Metro-politan & South Central	Jeffer-son	Louisi-ana	Southern States	Total United States
<i>Smoking Marijuana Once a Month</i>					
All Adults (ages 18 and older)	47.3	43.8	46.3	42.9	38.8
Young Adults (ages 18-25)	30.4	n/a	30.3	27.1	24.2
<i>Five or More Drinks of an Alcoholic Beverage Once or Twice a Week</i>					
All Adults (ages 18 and older)	44.4	45.5	45.2	44.7	42.2
Young Adults (ages 18-25)	41.7	38.6	40.2	35.8	33.0
<i>Smoking One or More Packs of Cigarettes Per Day</i>					
All Adults (ages 18 and older)	73.9	74.4	73.5	73.3	74.2
Young Adults (ages 18-25)	69.4	70.7	70.3	69.0	69.8

n/a – indicator could not be estimated due to small sample size.

indicated that smoking marijuana once a month posed a great risk. Across the regions, young adult figures are about one-third lower than those for all adults.

Almost half (44%) of all adults in the New Orleans area indicated that consuming five or more drinks of an alcoholic beverage once or twice a week posed a great risk. This rate is consistent across regions, with a national rate of 42 percent of adults indicating great risk. Among young adults the figure is slightly lower for the New Orleans area and Louisiana, 42% and 40 percent, respectively. For southern states and nationally the young adult rates are substantially lower than adult rates.

Three-quarters (74%) of all adults and 69 percent of young adults in the New Orleans area indicated that smoking one or more packs of cigarettes per day posed a great risk. These figures are consistent with state, regional and national rates.

<sup>18</sup> SAMHSA was unable to estimate this figure (binge drinking) for the New Orleans area, but the Louisiana rate and national rate are 38.6% and 41.7%, respectively. Thus the figure would be about 40% based on New Orleans' relative position on related indicators.

## Prevalence of Substance Use Disorders

Substance use disorder (SUD) is defined in the *Diagnostic and Statistical Manual (DSM-IV)* of the American Psychiatric Association as “a maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by ... [the following criteria], occurring at any time in the same 12-month period.”<sup>19</sup> Separate criteria are provided for dependence and abuse. A dependence condition can be considered more clinically serious or a progression from an abuse condition, but consequences and costs can be substantial in any case. An assessment of dependence or abuse based on DSM-IV criteria is generally accepted as a requirement for admission to treatment services (but does not itself determine the level of care needed). NSDUH provides separate SUD estimates for alcohol and other drugs, but does not provide estimates for specific other drugs at the state and sub-state levels.

Among all adults, 9.7 percent experienced a substance use disorder (dependence or abuse) in the past year. Applying this rate to 2010 US Census population estimates, this means there are over 26,000 adults with substance use disorders in Orleans Parish.

Among just young adults, 18.1 percent experienced a substance use disorder in the past year. Again, applying this to 2010 population estimates, means that about 9,000 young adults in Orleans Parish have substance use disorders—over a third of the adult total.

Substance Use Disorders and Receiving Treatment Services (percentages)	Regions				
	Metro-politan & South Central	Jeffer-son	Louisi-ana	South-ern States	Total United States
<b>All Adults Ages 18 and Older</b>					
Alcohol Dependence in Past Year	3.85	3.58	3.73	3.45	3.64
Illicit Drug Dependence in Past Year	2.30	1.95	2.06	1.88	1.89
Alcohol Dependence or Abuse in Past Year	7.90	7.58	7.57	7.23	7.80
Illicit Drug Dependence or Abuse in Past Year	3.23	3.25	2.82	2.68	2.63
Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year	9.68	9.49	9.24	8.73	9.22
Needing But Not Receiving Treatment for Alcohol Use in Past Year	7.68	7.39	7.39	6.94	7.41
Needing But Not Receiving Treatment for Illicit Drug Use in Past Yr.	2.62	3.09	2.48	2.38	2.34
<b>Young Adults Ages 18 to 25</b>					
Alcohol Dependence in Past Year	5.95	5.97	6.23	6.75	7.37
Illicit Drug Dependence in Past Year	5.31	5.13	5.22	5.38	5.51
Alcohol Dependence or Abuse in Past Year	15.27	14.70	14.38	15.44	17.19
Illicit Drug Dependence or Abuse in Past Year	7.82	8.79	7.17	7.75	7.88
Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year	18.10	18.23	17.90	19.26	20.91
Needing But Not Receiving Treatment for Alcohol Use in Past Year	14.56	13.60	14.04	14.95	16.58
Needing But Not Receiving Treatment for Illicit Drug Use in Past Yr.	6.69	8.37	6.63	7.16	7.32

<sup>19</sup> American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. Washington DC, 1994, pp. 181-2. Physiological dependence symptoms (withdrawal and/or tolerance) are neither necessary nor sufficient conditions for a dependence diagnosis. Substance use disorders (SUDs) are defined for different classes of substances using the same criteria. Dependence and abuse conditions have separate sets of criteria, although a diagnosis of dependence supersedes a diagnosis abuse.

NSDUH asks the respondents whether they received any substance use treatment in the past year and whether that treatment was received in a specialty treatment facility (such as would be licensed by the state).<sup>20</sup> SAMHSA calculates *treatment need* by counting those who received specialty treatment or experienced a substance use disorder in the past year.<sup>21</sup> Unmet treatment need is calculated by subtracting the estimated number of persons receiving specialty treatment in the past year from the treatment need. NSDUH provides state and sub-state estimates of unmet treatment need, but not for treatment need itself or specialty treatment utilization.

NSDUH estimates that 7.7 percent of all adults needed treatment for an alcohol use problem but did not receive it in the past year while 2.6 percent needed treatment for a drug use problem but did not receive it. Among young adults, NSDUH estimates that 14.6 percent needed treatment for an alcohol use problem but did not receive it while 6.7 percent of these young adults needed treatment for a drug use problem but did not receive it. Although NSDUH provides state and sub-state estimates of unmet treatment need separately for alcohol and other drugs, it does not publish state or sub-state estimates of the unmet need for substance use treatment (combining alcohol and drugs). Simply adding the alcohol and drug figures would over estimate unmet need by double counting individuals with both unmet needs. However, for planning purposes, this figure can be extrapolated from tabulations of the 2009 and 2010 NSDUH which provide national estimates of unmet need for alcohol and drugs treatment combined and separately. Based on NSDUH's definition of treatment need, and by extrapolation, 9.2 percent of all adults and 17.8 percent of young adults needed but did not receive treatment services.

NSDUH may provide reasonable, probably conservative, estimates of the prevalence of substance use disorders. But SAMHSA's method for estimating treatment need and unmet need is not practical. A system capable of providing treatment services to 10 percent of the population would be grossly underutilized, and costly. Alternative methods for estimating treatment service need will be discussed in a future report.

## In Summary

Seven percent of adults in the New Orleans area used an illicit drug in the past month while 29 percent of adults engaged in binge drinking in the past month (consuming 5 or more drinks on one or more occasions). One-in-ten adults (9.7%) experienced a substance use disorder in the past year. Based on SAMHSA's definitions, 9 percent of adults needed but did not receive treatment services in the past year.

Seventeen percent of young adults in the New Orleans area used an illicit drug in the past month, a rate more than twice that for all adults. About 40 percent of young adults engaged in binge drinking in the past month (consuming 5 or more drinks on one or more occasions), a rate over one-third higher than for adults as a whole. Eighteen percent of young adults experienced a

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<sup>20</sup> NSDUH considers the following responses to be specialty treatment facilities: hospital inpatient, inpatient or outpatient rehabilitation, and mental health centers. The following responses are not considered specialty treatment: self-help groups, prison/jail, emergency room and private doctor's office.

<sup>21</sup> There are a number of rationales for this calculation. (1) We could assume that persons receiving specialty care had a substance use disorder but were not included in the estimate of substance use disorder due to social desirability bias or other downward bias in the survey. (2) Persons in treatment or completing treatment may not have experienced the symptoms (criteria) during the past year although clinically they would have carried the diagnosis.

substance use disorder in the past year, almost twice the rate for all adults. Based on SAMHSA’s definition, almost 18 percent of young adults needed but did not receive treatment in the past year.

## College Students

The Core Institute survey has been conducted biennially in Louisiana. The most recent data available is from the Spring 2011.<sup>22</sup> The Core Survey provides individual institutions of higher education (IHEs) with information to assess their student population and campus environment. This information can be used to develop preventive policy and programming, and to monitor change. This is consistent with the risk and protective framework used in other settings. Metro Area institutions of higher education (IHEs) participating in the survey included: Xavier University of Louisiana; Tulane University; Southern University of New Orleans; Our Lady of Holy Cross; Loyola University of New Orleans; Dillard University; Delgado Community College; and University of New Orleans.

Three-quarters (75%) of college students in the Metro Area used alcohol in the past 30 days and almost one-third (30%) used alcohol 3 or more times per week. Figures for the Metro Area are

**Substance Use: Percentage of College Students Using Alcohol or Other Drugs Among Students Attending Institutions of Higher Learning Who Responded to the 2011 Core Survey by Type of Substance and Level of Use for the Metro Area (including Jefferson Parish), Louisiana Statewide and a National Comparison Sample.**

Substance Type	Lifetime Use			Used in the Past Year			Used in Past 30 Days			3+ Times per Week/past yr		
	Metro Area	Louisiana	National	Metro Area	Louisiana	National	Metro Area	Louisiana	National	Metro Area	Louisiana	National
sample size=	1,646	9,763	74,481	1,646	9,763	74,481	1,646	9,763	74,481	1,646	9,763	74,481
Tobacco	45.2	46.6	48.5	38.2	33.6	37.4	27.3	25.1	24.8	12.8	16.8	13.4
Alcohol	88.2	84.8	86.9	84.7	78.3	84.3	74.9	62.6	71.7	29.9	17.0	21.8
Underage Drinking	–	–	–	–	–	–	74.5	60.2	62.4#	–	–	–
Binge Drinking*	–	–	–	–	–	–	50.1*	36.0*	43.1*#	–	–	–
Marijuana	56.2	43.2	45.1	46.4	27.0	31.1	31.4	16.3	17.3	13.6	8.2	6.7
Illicit Drugs ex marijuana**	–	–	–	24.2	14.3	12.0	14.7	8.0	5.9#	–	–	–
Cocaine	14.9	8.4	9.2	11.6	4.0	5.0	5.5	1.7	1.8	0.3	0.3	0.2
Amphetamines	17.2	17.4	11.1	11.7	8.7	5.0	7.2	4.9	2.4	2.6	2.8	1.2
Sedatives	13.0	11.0	7.4	8.0	4.9	3.9	3.9	2.4	1.7	0.7	0.6	0.4
Hallucinogens	14.9	7.9	8.6	10.2	3.6	4.3	3.5	1.3	1.2	0.2	0.2	0.1
Opiates	4.9	3.1	3.0	2.8	1.5	1.4	1.3	0.8	0.7	0.6	0.4	0.2
Inhalants	5.6	3.5	3.4	3.0	1.1	1.0	1.4	0.7	0.4	0.2	0.2	0.1
Designer drugs	17	11.1	6.5	13.0	5.0	2.8	5.0	1.8	0.8	0.2	0.2	0.1
Steroids	0.7	2.2	0.9	0.4	1.0	0.5	0.6	0.6	0.4	0.2	0.3	0.2
Other drugs	6.3	4.6	4.4	3.9	2.1	2.0	1.4	0.9	0.7	0.1	0.3	0.2

\*In past 2 weeks engaged in binge drinking, i.e., 5 or more drinks in one sitting. \*\*Illicit drugs other than marijuana.

#These figures are from the 2009 national sample; figures for 2011 have not been published online. “–” indicates not available.

substantially higher than for Louisiana as a whole (63% and 17%) and slightly greater than for

<sup>22</sup> Core Institute. *Louisiana 2011 Core Survey Statewide Results* and *Louisiana 2011 Core Survey – Region 1: Metropolitan Results*. Core Institute, Southern Illinois University Carbondale, 2011. <http://uiswcmsweb.prod.lsu.edu/edco/lacasu/> ; 2009 national sample figures are from <http://core.siu.edu/index.html>.

the national comparison sample (72% and 22%). In addition, 50 percent of students in the Metro Area engaged in binge drinking at least once in the past 2 weeks compared to 36 percent for the state and 42 percent for the national sample.

One-third (31%) of college students in the Metro Area used marijuana in the past 30 days and 14 percent used marijuana 3 or more times per week. Figures for the Metro Area are substantially higher than those for the state as a whole (16% and 8%) and for the national comparison sample (17% and 7%).

One-in-seven (15%) of college students in the Metro Area used illicit drugs other than marijuana in the past 30 days. This figure is substantially higher than for the state as a whole (8%) and the national comparison sample (6%). The two drugs that students were most likely to report using in the past 30 days (other than marijuana) were amphetamines (7%) and cocaine (6%).

### Violence and Substance Use among College Students

The use of alcohol and drugs makes Metro Area college students more vulnerable to violence. One-in-ten students (11%) reported being subject to threats of violence around campus in the last year. Of these, half (50%) had consumed alcohol or drugs shortly before the incident. Statewide relatively fewer students experienced threats of violence compared to Metro Area students and, when they did, they were less likely to have been using alcohol or drugs.

Six percent of Metro Area college students experienced actual physical violence around campus in the last year. Of these, 60 percent had consumed alcohol or drugs shortly before the incident. Again statewide relatively fewer students experienced actual violence compared to Metro Area students and, when they did, they were less likely to have been using alcohol or drugs.

Six percent of Metro Area college students were subjected to forced sexual touching or fondling while 5 percent were subjected to unwanted sexual intercourse around campus. In 69 percent and 72 percent of these cases the victim had consumed alcohol or drugs shortly before the incident. Metro Area students were more likely to experience forced touching or unwanted intercourse than students statewide, but the involvement of alcohol and drugs was similar.

**Victimization: Percent of College Students Experiencing Harassment or Violence and, Among These, the Percent Who Used Alcohol or Drugs Shortly Before to the Incident, 2011 Core Survey**

Type of Harassment or Violence around campus in past year	Metro Area (including Jefferson Parish)		Louisiana Statewide	
	Experienced Harassment or Violence	Used Alcohol or Drugs Prior to Incident	Experienced Harassment or Violence	Used Alcohol or Drugs Prior to Incident
Ethnic or racial harassment	8.6	9.0	7.0	10.7
Threats of physical violence	10.6	49.7	7.4	39.5
Actual physical violence	5.9	60.2	4.2	47.0
Theft involving force or threat of force	2.0	34.8	1.7	41.4
Forced sexual touching or fondling	5.6	68.8	3.2	58.7
Unwanted sexual intercourse	4.5	71.9	2.7	67.1

### Negative Consequences of Substance Use

The Core Survey asks students about experiences they have had “due to your drinking or drug use during the past year.” One-third (33%) of Metro Area college students indicated that they had gotten into an argument or fight in the past year due to their drinking or drug use. Metro

Area students were more likely to get into an argument of fight than students statewide (26%) but were equally likely as the national comparison sample (31%) to do so.

Although relatively fewer college students in the New Orleans area would have cars, 26 percent of Metro Area students reported driving under the influence of alcohol or drugs in the past year compared to 27 percent statewide and 22 percent for the national comparison sample. Nevertheless, only about one-in-a-hundred college students reported being arrested for DWI/DUI.

Thirteen percent of Metro Area college students reported having been in trouble with the police, residence hall or other college authorities in the past year due to their alcohol or drug use. This figure is substantially higher than for the state as a whole (8%) but about the same as for the national comparison sample (13%).

Many Metro Area students reported missing a class due to alcohol or drug use in the past year (39%) and one-quarter (26%) reported doing poorly on a test or important project due to alcohol or drug use. These figures are substantially higher than for the state as a whole (27% and 20%) and the national comparison sample (28% and 21%).

**Negative Consequences: Percent of College Students Attributing Negative Experiences to Their Own Alcohol or Drug Use in the Past Year, 2011 Core Survey**

Negative Experience Attributed to Alcohol or Drug Use	Metro Area	Louisiana	National
Damaged property, pulled fire alarms, etc. [criminal mischief]	5.6	3.9	5.6
Got into an argument or fight	33.0	25.5	31.2
Driven a car while under the influence	25.5	27.2	22.3
Been arrested for DWI/DUI	1.1	1.7	1.2
Been in trouble with police, residence hall, or other college authorities	12.7	8.0	13.3
Missed a class	38.9	27.0	28.1
Performed poorly on a test or important project	25.9	19.9	20.8
Been hurt or injured	19.6	11.5	16.3
Seriously thought about suicide	5.0	4.0	4.2
Tried to commit suicide	1.3	1.4	1.1
Done something I later regretted	40.6	28.4	36.0
Been taken advantage sexually	10.3	7.2	9.5
Taken advantage of another sexually	2.3	2.6	2.5
Had a hangover	67.7	55.7	62.0
Got nauseated or vomited	57.2	45.9	54.0
Had a memory loss [blackout]	44.0	27.2	34.7
Been criticized by someone I know	33.8	24.1	29.7
Thought I might have a drinking or other drug problem	15.2	9.1	10.8
Tried unsuccessfully to stop using	6.1	5.1	4.9

One-in-five (20%) Metro Area college students reported being hurt or injured in the past year due to their alcohol or drug use. This figure is substantially higher than the rate for the state as a whole (12%) and slightly higher than the rate for the national comparison sample (16%).

Due to alcohol or drug use, 5 percent of Metro Area college students seriously thought about suicide in the past year. The rate of suicidal ideation appears to be similar for the state as a whole and for the national comparison sample, but the local sample size is too small to be sure.

Ten percent of Metro Area college students reported having been taken advantage of sexually due to their drinking or drug use in the past year. This figure is higher than for the state as a whole (7%) but about the same as for the national comparison sample (10%).

While the Core Survey does not provide an estimate of the prevalence of substance use disorders (SUDs), some items are close to diagnostic criteria. Of Metro Area college students, 15 percent indicated that, in the past year, they thought they might have a drinking or other drug problem. This figure is substantially higher than for the state as a whole (9%) and slightly larger than for the national comparison sample (11%). Of the Metro Area students, 6 percent indicated that they had tried unsuccessfully to stop using alcohol or drugs in the past year.

## Risk Factors

Over one-third (37%) of Metro Area college students indicated that the social environment on their campus promoted drug use while 63 percent indicated that the social environment promoted alcohol use. These figures are substantially higher than those for the state as a whole (17% and 34%) and the national comparison group (20% and 48%). Over one-third (38%) of Metro Area college students indicated they had experienced peer pressure to drink or use drugs.

Most Metro Area college students believed that alcohol enhances social activities (80%) and facilitates a connection with peers (65%). These figures are substantially higher than for the state as a whole (67% and 50%) and slightly higher than for the national comparison group (74% and 60%). Three-quarters (73%) of Metro Area students indicated that alcohol gave people something to do. Almost half (46%) believed that alcohol made it easier to deal with stress.

Nine-of-ten Metro Area college students (89%) indicated that their campus has alcohol and drug policies. This implies that 10 percent of students were unaware of school policies. Two-thirds (63%) of students thought there was concern about alcohol and drug use, but only 40 percent were aware of a prevention program on campus. This implies that 60 percent were unaware of an existing prevention program or that there was no prevention program.

## Protective Factors

Substance use can be deterred or moderated by a student's perception of risk associated with substance use or the belief that close friends would disapprove. Only one-quarter (27%) of Metro Area college students perceived great risk from regular use of marijuana, and only 62 percent thought their close friends would disapprove if they were to use marijuana regularly. Perception of risk and friends' disapproval were substantially greater for the state as a whole and the national comparison sample.

Greater risk and disapproval was attributed to cocaine use. Three-quarters (75%) of Metro Area college students perceived great risk from regular use of cocaine. But this means 25 percent did not believe that the risk was that great. Almost all Metro Area students (95%) thought their close

**Risk Factors: Percent of College Students Agreeing with Statements about Campus Environment, Alcohol Beliefs and School Policy\***

Percent in Agreement	Metro Area	Louisiana	National#
<b>Campus Environment</b>			
Social environment on campus promotes <i>drug use</i>	36.7	17.1	19.5
Social environment on campus promotes <i>alcohol use</i>	62.7	33.5	47.7
Drinking is a central part of social life for <i>male</i> students	84.9	73.7	80.0
Drinking is a central part of social life for <i>female</i> students	80.6	63.9	71.9
[You] experienced peer pressure to <i>drink or use drugs</i>	37.7	26.2	35.9
[You] held a drink to have people stop bothering you about why you weren't drinking	15.6	10.0	13.2
<b>Beliefs About Alcohol</b>			
Enhances <i>social</i> activities	79.6	67.2	74.0
Facilitates <i>connection</i> with peers	65.2	50.3	60.0
Gives people <i>something to do</i>	73.1	61.8	71.6
Makes it easier to deal with <i>stress</i>	45.5	42.5	42.6
<b>School Policy and Prevention</b>			
Campus has <i>alcohol and drug policies</i>	89.4	81.5	88.4
Campus is <i>concerned</i> about prevention of drug and alcohol use	62.9	63.8	74.9
Campus has a drug and alcohol <i>prevention program</i>	39.8	29.4	46.8

\*for Students Who Responded to the 2011 Core Survey

#These figures are from the 2009 national sample; figures for 2011 have not been published online.

friends would disapprove of regular use of cocaine. For Cocaine, there was no substantial difference among the Metro Area, the state as a whole and the national comparison sample in perceptions of risk and disapproval.

The perception of risk from regular amphetamine use was only slightly lower than for cocaine. Over two-thirds (69%) of Metro Area college students perceived great risk from regular use of amphetamines. Similar to cocaine, there was no substantial difference among the Metro Area, the state as a whole and the national comparison sample in perceptions of risk and disapproval.

Less than two-thirds (61%) of Metro Area college students perceived great risk from taking 4 or 5 drinks every day, meaning that 39 percent did not believe that the risk was that great. However, 88 percent thought their close friends would disapprove if they were to drink this much. These rates are almost identical for the state as a whole and the national comparison sample.

### In Summary

Overall, our college students in the Metro Area, engaged in more alcohol and drug use, and experienced greater negative consequences, than students in the rest of the state, the southern states and even the nation as a whole. Our students were at higher risk and lower on protective factors.

- One-third (30%) of our college students drank alcohol 3 times a week or more over the last year and rates of drinking among underage students appear to be the same as for students as a whole.
- One-in-seven (14%) students smoked marijuana 3 times a week or more over the last year.
- Alcohol or drugs were involved in 60 percent of the cases of physical violence and over two-thirds of cases of forced sexual touching and unwanted intercourse.
- One-in-four college students (26%) reported driving under the influence of alcohol or drugs in the past year.
- One-quarter (26%) of students reported performing poorly on a test or school project due to their alcohol or drug use.

**Protective Factors: Percent of College Students Perceiving Great Risk and Friends' Disapproval from Substance Use Behaviors**

Substance Use Behavior	People are in great risk of harm if they...			My close friends would disapprove if I...		
	Metro Area	Louisiana	National	Metro Area	Louisiana	National
Try marijuana once or twice	7.6	14.8	11.3	30.3	52.8	46.6
Smoke marijuana occasionally	10.2	20.9	17.7	38.9	62.6	59.6
Smoke marijuana regularly	26.5	39.6	41.6	62.3	77.1	79.2
Try cocaine once or twice	37.1	49.0	46.6	75.1	88.2	88.8
Take cocaine regularly	74.6	74.6	79.2	95.3	95.7	96.8
Try LSD once or twice	39.6	52.9	52.8	71.9	86.7	87.8
Take LSD regularly	71.9	72.7	77.4	94.5	95.1	96.4
Try amphetamines once or twice	39.3	47.3	48.6	na	na	na
Take amphetamines regularly	69.2	66.4	73.4	na	na	na
Take 1 or 2 drinks every day	20.2	26.7	22.0	53.1	60.8	61.0
Take 4 or 5 drinks every day	60.7	59.5	61.6	87.6	87.5	88.5
Have five or more drinks at one sitting	42.4	55.0	49.6	49.8	66.2	57.7
Take steroids for athletic performance	53.2	57.1	56.2	na	na	na

\*for Students Who Responded to the 2011 Core Survey

## Administrative and Other Data

### Deaths Attributable to Drug and Alcohol Use

Nationally *drug poisoning deaths* doubled between 1999 and 2008, rising from 6.0 to 12.0 per 100,000 population.<sup>23</sup> Drug poisoning will soon surpass motor vehicle traffic accidents as the leading cause of injury deaths in the United States. In Louisiana in 2008, there were 695 deaths due to drug poisoning—a rate of 16.1 per 100,000, 20 percent higher than the national rate.<sup>24</sup> In 2008, Louisiana ranked 17<sup>th</sup> among states in the rate of drug poisoning deaths. The number of deaths due to drug poisoning in 2007 was 862; thus drug poisoning deaths in Louisiana may be declining. Drug poisoning accounts for almost all “drug-induced causes” of death reported each year. Drug-induced causes include a large number of drug-induced medical disorders. Excluded are accidents, homicides, and other causes only *indirectly* related to drug use, as well as newborn deaths associated with the mother’s drug use.<sup>25</sup>

Alcohol-induced deaths totaled 210 in 2008, and the rate (4.5 per 100,000) is lower than the national rate (7.4). Alcohol-induced causes include a large number of alcohol-induced medical disorders as well as intentional and accidental poisoning. Excluded are accidents, homicides, and other causes only *indirectly* related to alcohol use, and newborn deaths associated with the mother’s alcohol use.<sup>26</sup> Metropolitan area data for drug-induced and alcohol-induced mortality are not routinely published.

The Drug Abuse Warning Network (DAWN-ME), operated by the Substance Abuse and Mental Health Services Administration, collects data on drug-related deaths from participating medical examiner and coroner offices in major metropolitan areas in order to identify emerging trends, including the specific drugs involved.<sup>27</sup> The New Orleans metropolitan statistical area (MSA) consists of 7 parishes. Although Orleans Parish has not been participating in DAWN, Jefferson Parish has consistently participated. Because they are adjacent and include many of the same

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<sup>23</sup> Warner, M. et al. *Drug Poisoning Deaths in the United States, 1980–2008*. National Center Health Statistics, Data Brief, No. 81, December 2011. <http://www.cdc.gov/nchs/data/databriefs/db81.htm> .

<sup>24</sup> This is the age-adjusted rate compared to the national age-adjusted rate of 13.4.

<sup>25</sup> National Center for Health Statistics. Deaths: Final Data for 2008, National Vital Statistics Reports, Vol. 59, No. 10., 2011. [http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf) . Drug-induced death is a broader concept that includes drug poisoning. However, the drug-induced figures are a few cases lower, probably due to a six month difference in the analysis and report publication.

<sup>26</sup> National Center for Health Statistics. Deaths: Final Data for 2008, National Vital Statistics Reports, Vol. 59, No. 10., 2011. [http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_10.pdf) . Drug-induced death is a broader concept that includes drug poisoning. However, the drug-induced figures are a few cases lower, probably due to a six month difference in the analysis and report publication.

<sup>27</sup> *Drug-related* death means a death related to *recent* drug use, intentional or accidental. (Although deaths resulting from legitimate therapeutic use are recorded, such deaths are not included under this term.) “Drug-related” includes deaths (a) directly caused by drug use as well as deaths (b) in which drug use *contributed* to death but did not cause it, (c) in which a drug was simply *implicated* (presumed to be related to death), or (d) in which a drug’s involvement was not well defined. The presence of current medications unrelated to the death are not included. DAWN includes the following types of cases: suicide, homicide by drug, accidental ingestion, overmedication, other accidental, and not determined. The preceding is cited from Substance Abuse and Mental Health Services Administration. Drug Abuse Warning Network, 2003: Area Profiles of Drug-related Mortality, 2005, Page 9. <http://www.samhsa.gov/data/DAWN/files/ME2003/ME03FullReport.pdf>

populations, Jefferson may serve as a surrogate for Orleans Parish. The most recent published DAWN-ME data is for 2009.

From 2006 to 2009, drug-related deaths reported to the DAWN system by the Jefferson Parish Coroner’s Office decreased by more than one-third, from 130 to 78. The 2009 figure is approximately 18 deaths per 100,000 residents. While not strictly comparable, this appears to be substantially greater than the 2008 statewide rate for drug poisoning (12.0).

Year	Drug-related*	Suicide Drug-related
2006	130	2
2007	120	5
2008	90	6
2009	78	2

\*excludes suicide

Almost all deaths involved a combination of substance. Opiates were most prevalent, present in 87 percent of cases. Perhaps more important, opiates other than heroin or methadone were present in 74 percent of these deaths. This *suggests that prescription pain medications are the principal substances involved in drug-related deaths in the New Orleans area.* Benzodiazepines were present in 45 percent of deaths while cocaine was present in 29 percent. Marijuana and alcohol were equally likely to be present. (Alcohol alone is not reportable unless the individual was under age 21 at time of death.) Many of the other non-opioid drugs related to death are prescription or over-the-counter medications.

Drugs Implicated	Number	Percent
Total Deaths	78	100%
Opiates/Opioids	68	87%
Heroin	17	22%
Methadone	16	21%
All other opioids	58	74%
Benzodiazepines	35	45%
Cocaine	23	29%
Alcohol in combination	19	24%
Marijuana	19	24%
Muscle relaxants	16	21%
Misc. Analgesics	13	17%
Antidepressants	12	15%
Stimulants	9	12%

\*excludes suicide

### Alcohol and Drug-impaired Driving

Alcohol-impaired driving contributed to 225 deaths in Louisiana in 2010, a rate of 4.95 per 100,000—50 percent higher than the national rate of 3.31. Alcohol-impaired driving fatalities represent 32 percent of all driving fatalities in Louisiana.<sup>28</sup>

In 2010, a total of 27 persons died in traffic accidents on the streets and highways of New Orleans. Alcohol was involved in 17 of these deaths (63%). In addition, 493 persons were injured in alcohol-related crashes. Orleans Parish ranked 7<sup>th</sup> in alcohol-related injury crashes per licensed driver, exceeded by only 6 rural parishes. The total cost of alcohol-related accidents in Orleans Parish amounted to \$48.3 million in 2010.<sup>29</sup>

At the national level 62 percent of all drivers fatally injured in 2009 were tested for the presence of drugs. Over half of these, or 37 percent of all fatally injured drivers, were found to have some type of licit or illicit drug in their system. These data are recorded in the federal Fatality Analysis Reporting System (FARS). In Louisiana a similar portion of fatally injured drivers were tested for drugs; however in almost half the cases the results of testing were unknown or not reported to FARS. As a result, only 10 percent of fatally injured drivers are known to have had a drug in their system. FARS records the following categories of drugs: narcotics, depressants, stimulants,

<sup>28</sup> Based on National Highway Traffic Safety Administration. *Traffic Safety Facts, Louisiana 2006-2010*. n.d. (accessed 3/14/2012) [http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/22\\_LA/2010/22\\_LA\\_2010.PDF](http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/22_LA/2010/22_LA_2010.PDF)

<sup>29</sup> Schnieder, H. Louisiana Traffic Records Data Report 2010. Highway Safety Group, Louisiana State University, 2011. (Tables D-2, D-5, J-11-13, O-38) [http://datareports.lsu.edu/Reports/SpecialReports/2010\\_FactBook.pdf](http://datareports.lsu.edu/Reports/SpecialReports/2010_FactBook.pdf)

hallucinogens, cannabinoids, phencyclidines, anabolic steroids, and inhalants. The presence of a drug does not imply that the drug contributed to accident and the drug may have been taken according to prescription. FARS does not record the amount of drug present.<sup>30</sup> Since there is no generally accepted standard for the amount of a drug that corresponds to a level of impairment, and since many of these substances are illegal, the Office of National Drug Control Policy (ONDCP) advocates that states enact “per se” laws making it illegal to drive with any detectable amount of drugs.<sup>31</sup>

## **Child Abuse and Neglect**

A review of the research on child maltreatment indicates that among substantiated child abuse and neglect cases, 18 to 24 percent involve substance abuse on the part of parents or care givers. Among children placed in foster care, parental substance abuse was a factor in 50 to 79 percent of the cases.<sup>32</sup> The relationship between substance abuse and child maltreatment is complex and may include co-occurring problems such as domestic violence or depression, lack of attention to the child due to preoccupation with substances, and/or a lack of money for both substances and necessities.<sup>33</sup>

Laws, policies and practices regarding child maltreatment vary from state to state. However, the federal Administration for Children and Families (ACF) has established the National Child Abuse and Neglect Data System (NCANDS) which is a source for relatively standardized statistics. Child Protective Services (CPS) agencies, such as the Louisiana Department of Children and Family Services, receive referrals through a state child abuse reporting system. Most referrals come from mandated reporters—health, education and human services professionals and institutions. Referrals are screened to determine whether there is a basis for investigation. The possible outcomes of an investigation include: substantiated, alternative response, unsubstantiated, closed with no finding and other. In substantiated cases the child is considered a victim. Use of these categories varies by state. A child can be considered a victim and the family still receive an “alternative response,” but in Louisiana, as in most states that provide alternative response, the child is not considered a victim.

In 2010, NCANDS data for Louisiana indicate that there were 35,443 referrals “screened-in” for investigation. Most of these (21,631) were unsubstantiated, closed or other. Substantiated cases totaled 8,848, which represented 8,344 unique children. Of these children, 82 percent experienced neglect; 27 percent experienced physical violence; 8 percent experienced sexual abuse; and 1 percent experienced psychological maltreatment. Alternative response cases numbered 4,964; in these cases the child is not considered a victim. In 2,326 of the substantiated cases, the child was removed from the home and placed in foster care. In addition, there were 838 non-substantiated cases in which the child was removed from the home and placed in foster

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<sup>30</sup> National Highway Traffic Safety Administration. *Drug Involvement of Fatally Injured Drivers*, Traffic Safety Facts, Crash Stats, November 2010 <http://www-nrd.nhtsa.dot.gov/Pubs/811415.pdf>

<sup>31</sup> Office of National Drug Control Policy. National Drug Control Strategy, 2011. [www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

<sup>32</sup> Testa, Mark F and Smith, Brenda. Prevention and Drug Treatment in *The Future of Children*, Vol. 19, No. 2, Preventing Child Maltreatment (Fall 2009), p. 151.

<sup>33</sup> Wulczyn, Fred. Epidemiological Perspectives on Maltreatment Prevention in *The Future of Children*, Vol. 19, No. 2, Preventing Child Maltreatment (Fall 2009), p. 56.

care.<sup>34</sup>

NCANDS provides for the recording of risk factors including domestic violence, alcohol abuse and drug abuse of parents/caregivers; however, risk factors were not reported for Louisiana. Therefore there is no data available from NCANDS indicating the involvement of drugs or alcohol in the cases for Louisiana.

### **Other Health and Social Impacts**

The Drug Abuse Warning Network (DAWN-ED) provides national estimates of drug-related visits to hospital emergency departments. Of 120 million visits to hospital emergency rooms in 2009, 4.5 million were drug-related, an increase of 80 percent since 2004. This increase primarily reflects growth in the number of adverse reactions and accidental drug ingestions. Visits involving *drug misuse or abuse* numbered 2.1 million in 2009 and this figure remained relatively stable from 2004. Of these 2.1 million visits, 52 percent involved pharmaceuticals, 35 percent involved pharmaceuticals alone. Illicit drugs were involved in 47 percent of these visits. Alcohol use was involved in 32 percent of the visits. DAWN-ED does not collect information about visits that involve alcohol misuse alone, except for underage drinking. Seven percent of visits involved alcohol alone in patients aged 20 or younger. The most frequently involved substances were: cocaine (43%), marijuana (39%), alcohol (30%), heroin (22%) and stimulants (10%).<sup>35</sup> Hospitals in the New Orleans area are not currently participating in the DAWN-ED system.

Fetal alcohol spectrum disorders (FASD) affect children for the rest of their lives, but are 100 percent preventable. The Louisiana Pregnancy Risk Assessment and Monitoring Surveillance (LaPRAMS) system indicates for 2008 that 8.4 percent of infants were exposed to alcohol in the 3<sup>rd</sup> trimester of their mother's pregnancy. The rate was slightly higher among black (9.2%) than white (8.1%) mothers.<sup>36</sup> This indicator is published at the state level but is not included with the other Maternal and Child Health data indicators published at the parish level.

Substance use problems are especially prevalent among the homeless, typically contributing to the situation they find themselves in. According to the 2010 Annual Homelessness Assessment Report (AHAR) to Congress, one-third (35%) of sheltered homeless individuals have chronic substance use issues. Studies in New York and Philadelphia indicate that almost one-third of the transitionally homeless and about half of the episodically homeless individuals experience substance abuse problems. According to the 2010 AHAR, 41 percent of mothers of homeless families experience substance use disorders.<sup>37</sup>

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<sup>34</sup> Administration for Children and Families. *Child Maltreatment 2010*. U.S. Department of Health and Human Services, 2011. Available from [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#can](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can) .

<sup>35</sup> Substance Abuse and Mental Health Services Administration. *Drug Abuse Warning Network, 2009: National Estimates of Drug-related Emergency Department Visits*. HHS Publication No. (SMA) 11-4659, DAWN Service D-35. Rockville, MD: 2011. <http://store.samhsa.gov> .

<sup>36</sup> Louisiana Department of Health and Hospitals. *Maternal and Child Health Data Indicators 2007-2009* <http://new.dhh.louisiana.gov/index.cfm/page/398> (Accessed March 31, 2012)

<sup>37</sup> Homeless Resource Center. Current Statistics on the Prevalence and Characteristics of People Experiencing Homelessness in the United States. Substance Abuse and Mental Health Services Administration. Last Updated July 2011. [http://homeless.samhsa.gov/ResourceFiles/hrc\\_factsheet.pdf](http://homeless.samhsa.gov/ResourceFiles/hrc_factsheet.pdf)

# Cost of Drug and Alcohol Use and Benefit of Prevention and Treatment

## Economic and Social Costs

The economic and social costs of substance abuse have been estimated in terms of losses in productivity, health-related costs, crime-related costs and other costs. At the national level, estimates for 2007 are as follows: \$235 billion for alcohol use,<sup>38</sup> \$193 billion for drug use<sup>39</sup> and \$194 billion for tobacco use.<sup>40</sup> (Please note that, whereas drug costs were directly estimated for 2007 by the National Drug Intelligence Center, the alcohol costs presented here are projected from 1998 estimates using an inflation factor.<sup>41</sup>)

For both alcohol and drugs, the largest component of cost is lost productivity, which totals \$120 billion for drugs and \$170 billion for alcohol. This is measured principally in terms of the inability to participate in the workforce due to premature death, alcohol or drug-related illness, or incarceration. It includes costs to both drinkers/users and victims. The largest component of lost productivity is measured as lost earnings due to alcohol and drug-related illness: \$49 billion for drugs and \$110 billion for alcohol. The second major component of lost productivity is lost earnings due to crime, principally due to incarceration: \$52 billion for drugs and \$13 billion for alcohol.

**Economic and Social Costs of Drug and Alcohol Use, Nationwide, 2007**

Cost Components	Drug Use (\$ billions)	Alcohol Use (\$ billions)
<b>Total Cost</b>	<b>193</b>	<b>235</b>
Lost Productivity Cost	120	170
Illness Alcohol and Drug-related	49	110
Incarceration et cetera	52	13
Other	19	47
Crime-related Cost	61	28
Health-related Cost	11	34
Medical Consequences	6	24
<b>Prevention, Treatment, Research</b>	<b>5</b>	<b>10</b>

Crime-related costs (including police, courts and prisons) total \$61 billion for drugs and \$28 billion for alcohol. The figure for alcohol includes about \$20 billion in property damage costs due to motor vehicle accidents.

<sup>38</sup> Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon Y., Patra, J. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet*, 373(9682):2223–2233, 2009. Harwood, H. Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates, Update Methods, and Data. Report prepared by The Lewin Group for the National Institute on Alcohol Abuse and Alcoholism, 2000. <http://pubs.niaaa.nih.gov/publications/economic-2000/alcoholcost.PDF>. (Accessed 3/10/2012). For purposes of this analysis, 2007 estimates are based on figures provided by Harwood et alia for 1998 inflated by a factor of 1.272, i.e., the ratio of the Consumer Price Index for 1998 and 2007. This makes the estimates comparable with the published estimates for drug use.

<sup>39</sup> National Drug Intelligence Center. *Economic Impact of Illicit Drug Use on American Society*. Washington DC: U.S. Department of Justice, 2011. <http://www.justice.gov/ndic/pubs44/44731/44731p.pdf>

<sup>40</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, U.S. Department of Health and Human Services. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Available at: [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2007/bestpractices\\_complete.pdf](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/bestpractices_complete.pdf). This report provides estimated average daily costs which are multiplied by 365 to obtain annual estimates.

<sup>41</sup> Simple projection does not take into account changes in substance use behaviors, changes in resource allocations, changes in treatment availability and utilization, differences in price inflation across sectors, and other factors.

Health-related costs mostly involve treating the medical consequences of alcohol and drug use: \$6 billion for drugs and \$24 billion for alcohol. The amount spent on substance use treatment, prevention and research totals about \$15 billion. Thus, nationally, services designed to prevent and treat substance use problems represent about one-third of health-related costs of alcohol and drug use and only 4 percent of the total cost (\$428 billion) of alcohol and drug use.<sup>42</sup>

Costs of tobacco use have been estimated in terms of health and lost productivity. Nationally about \$95 billion is spent annually on direct medical costs related to smoking. In addition, premature deaths from tobacco-related diseases account for approximately \$99 billion in lost productivity annually.

### State Expenditures

State governments spent \$128 billion in 2005 on the consequences of alcohol, tobacco and other drug use while only \$3 billion was spent on programs to prevent or treat substance use problems. In 2005 Louisiana spent \$1.375 billion, about 17 percent of its budget, on the consequences of alcohol, tobacco and other drug use.<sup>43</sup> This included substance use-related expenditures in the following areas: Justice and Public Safety, \$495 million, Health, \$374 million; Education, \$361 million; Child and Family Assistance, \$58 million; Mental Health and Developmental Disabilities, \$71 million. Louisiana spent about \$44 million in 2005 on service designed to prevent and treatment substance use problems, about one-half percent of the state budget.

**State Expenditures on Consequences of Alcohol, Tobacco and Other Drug (ATOD) Use, and Expenditures on Prevention and Treatment of ATOD Problems, 2005**

Budget Category	Nationwide (\$ millions)	Louisiana (\$ millions)
<b>Total Expenditures, Consequences</b>	<b>128,000</b>	<b>1,375</b>
Justice and Public Safety	43,000	495
Health	37,000	374
Education	29,000	361
Child and Family Assistance	10,000	58
Mental Health/Dev. Disabilities	8,000	71
State Workforce	677	16
<b>Prevention, Treatment, Research</b>	<b>3,235</b>	<b>44</b>

### Cost of Alcohol-related Motor Vehicle Accidents

Alcohol-related motor vehicle accidents account for \$700 million in economic costs statewide in 2010. Within the Metro Area, alcohol-related accidents generated \$86 million in costs, with most of the costs resulting from accidents in Orleans Parish (\$48 million). These figure do not include costs due to lost quality of life or pain and suffering.<sup>44</sup>

**Cost of Alcohol-related Motor Vehicle Accidents in the Greater New Orleans Area, 2010 (\$ millions)**

Parish	Deaths	Injuries	Property	Total
Orleans	20.4	26.9	1.0	48.3
Jefferson	7.2	20.5	1.2	28.9
Plaquemines	3.6	1.1	0.1	4.8
St. Bernard	1.2	2.3	0.1	3.6
Metro Area	32.4	50.8	2.4	85.6
Statewide	367.2	316.9	12.9	698.4

<sup>42</sup> These figures are for 2007; the figures for alcohol are projections based on the Consumer Price Index, not directly estimated, and are therefore only approximately correct.

<sup>43</sup> National Center on Addiction and Substance Abuse at Columbia University. *Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets*. New York, 2009. [http://www.casacolumbia.org/templates/publications\\_reports.aspx](http://www.casacolumbia.org/templates/publications_reports.aspx)

<sup>44</sup> Louisiana Highway Safety Research Group. Louisiana Traffic Records Data Report 2010. Louisiana State University, Baton Rouge, 2011. [http://datareports.lsu.edu/Reports/SpecialReports/2010\\_FactBook.pdf](http://datareports.lsu.edu/Reports/SpecialReports/2010_FactBook.pdf) Figure are taken from Table D2. Statewide figures are estimated by aggregating parish-level data and may under estimate

## Benefit of Prevention and Treatment Services

Loren Scott and Associates reviewed numerous cost studies of alcohol and drug treatment for the Louisiana Department of Health and Hospitals, Office of Addictive Disorders.<sup>45</sup> Their analysis indicated that:

- Each additional dollar the State of Louisiana spends on addiction treatment will result in a reduction in future crime and health care costs of \$3.69 to \$5.19.
- Each additional dollar that the State of Louisiana spends on addiction treatment will reduce future *state expenditures* on criminal justice, medical care and public assistance by approximately \$3.83.

There are numerous prevention strategies which can be targeted to different populations and specific problems in a variety of venues. A common venue for prevention services is primary and secondary schools. Louisiana allocates about \$5 million in federal Block Grant funds to school-based prevention programs. Research staff at the Rand Corporation's Drug Policy Research Center evaluated the long-term benefits and costs of school-based prevention programs, reviewing numerous studies. Benefits included reductions in lost productivity, government costs and health care costs. Not included were decreases in pain and suffering and loss of life. Results included two estimates:<sup>46</sup>

- A "best estimate" indicated that every dollar spent on school-based prevention produced \$5.60 in benefits.
- A very conservative estimate indicated that every dollar spent on school-based prevention produced \$2.00 in benefit.

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statewide costs. Figures are based on methods developed by the National Highway Traffic Safety Administration and are adjusted for inflation using the Consumer Price Index.

<sup>45</sup> Scott, L. *Potential Cost Savings To The State Of Louisiana From The Expansion Of Substance Abuse Treatment Programs, Report Prepared for Department of Health and Hospitals, Office for Addictive Disorders*. Loren Scott & Associates, Inc., Baton Rouge, LA, 2003.

<sup>46</sup> Rand Drug Policy Research Center Research Brief: What Are the True Benefits of School-Based Drug Prevention Programs?, 2002. [http://www.rand.org/content/dam/rand/pubs/research\\_briefs/2005/RB6009.pdf](http://www.rand.org/content/dam/rand/pubs/research_briefs/2005/RB6009.pdf)

## Summary of Findings

The metro area (Orleans, Jefferson, St. Bernard and Plaquemines parishes) continues to recover from Hurricane Katrina which made land fall in 2005. As of the 2010 Census, the metro area as a whole was still 20 percent below its 2000 population while the City of New Orleans was 30 percent below its 2000 population.

The Gulf Coast High Intensity Drug Trafficking Area assessment indicates that cocaine, methamphetamine and prescription drugs are major threats. However, New Orleans stands out with a continuing threat from heroin.

Drug and public intoxication arrests in New Orleans have declined dramatically in the past 3 years, in part due to issue of summons in lieu of arrest. Nevertheless drug and alcohol arrests rates are twice the national rate. While violent crime and property crime is decreasing in New Orleans, crime rates are higher than the national rate and the homicide rate is 10 times higher. A recent analysis of New Orleans Police Department records revealed that half of homicide perpetrators and half of victims had prior drug arrests, although very few homicides were gang-related.

The Arrestee Drug Abuse Monitoring (ADAM) system for 2010 found that, across 10 major cities, between 50 and 85 percent of arrestees had recently used illicit drugs. An ADAM report for 2000 found that 69 percent of arrestees in New Orleans had recently uses illicit drugs; however, currently only between 10 and 15 percent of arrestees detained in the Orleans Parish Jail/Prison are identified as having an alcohol or drug use problem.

As many as 80 percent of Louisiana state prison inmates have substance use problems. Each year more than 15,000 inmates are released from state custody. As of December 31, 2011, there were over 800 state prisoners housed in the Orleans Parish Prison in anticipation of release to the community. Of these, 72 were enrolled in the Work Transition Program.

Results of the 2010 Louisiana Caring Communities Youth Survey indicate that 12 percent of 10<sup>th</sup> grade New Orleans students are engaging in binge drinking and 7 percent use marijuana. About one-in-ten 10<sup>th</sup> graders have been drunk or high at school in the past year, about 5 percent recently drove a car after drinking, and about 6 percent had themselves sold drugs in the past year. Finally, about 8 percent of 7 through 12<sup>th</sup> grade students, in addition to using alcohol or drugs, have experienced 3 or more symptoms of substance dependence, meaning that about 2,000 are in need of services for a substance use disorder.

Results of the 2008 National Survey on Drug Use and Health indicate that 7 percent of adults in the New Orleans area used an illicit drug in the past month while 29 percent of adults engaged in binge drinking in the past month (consuming 5 or more drinks on one or more occasions). One-in-ten adults (9.7%) experienced a substance use disorder in the past year. Based on SAMHSA's definitions, 9 percent of adults needed but did not receive treatment services in the past year.

Seventeen percent of *young adults* in the New Orleans area used an illicit drug in the past month, a rate more than twice that for all adults. About 40 percent of young adults engaged in binge drinking in the past month (consuming 5 or more drinks on one or more occasions), a rate over one-third higher than for adults as a whole. Eighteen percent of young adults experienced a substance use disorder in the past year, almost twice the rate for all adults. Based on SAMHSA's definition, almost 18 percent of young adults needed but did not receive treatment in the past year.

Results of the 2010 Core Survey indicate that our college students in the Metro Area engaged in more alcohol and drug use, and experienced greater negative consequences, than students in the rest of the state, the southern states and even the nation as a whole. Our students were at higher risk and lower on protective factors. One-third (30%) of our college students drank alcohol 3 times a week or more over the last year and rates of drinking among underage students appear to be the same as for students as a whole. One-in-seven (14%) students smoked marijuana 3 times a week or more over the last year. Alcohol or drugs were involved in 60 percent of the cases of physical violence and over two-thirds of cases of forced sexual touching and unwanted intercourse. One-in-four college students (26%) reported driving under the influence of alcohol or drugs in the past year. One-quarter (26%) of students reported performing poorly on a test or school project due to their alcohol or drug use.

Based on the National Vital Statistics System, the rate of drug poisoning deaths in Louisiana in 2008 was twice the national rate. The alcohol-impaired driving death rate for Louisiana is 50 percent higher than the national rate. Orleans Parish ranked 7<sup>th</sup> in alcohol-related injury crashes behind 6 rural parishes. The Louisiana Pregnancy Risk Assessment and Monitoring System indicates for 2008 that 8.4 percent of infants were exposed to alcohol in the 3<sup>rd</sup> trimester. Louisiana reports cases to the National Child Abuse and Neglect Data System, but apparently does not record risk factors such as parental alcohol and drug problems. New Orleans hospitals are not participating in SAMHSA's DAWN-ED system for reporting drug-related emergency room visits.

The economic and social costs of alcohol and drug use totaled \$428 billion nationally in 2007. Louisiana state expenditures on the consequences of alcohol, drug and tobacco use totaled \$1.375 billion in 2005 while only \$44 million was spent on prevention, treatment and research to address these problems. The cost of alcohol-related motor vehicle accidents in the metro area was \$86 million in 2010; costs just for New Orleans were \$48 million. A study commissioned by the Louisiana Department of Health and Hospitals indicated that each additional dollar spent on treating addiction will result in a \$3.83 reduction in state expenditures on criminal justice, medical care and public assistance. A review of studies of school-based prevention programs indicated a benefit-cost ratio between \$2.00 and \$5.60.