Alcohol: Its Impact on Our State
What We Are Talking About is Brain Health

• Alcohol abuse and dependence
  • Inhibit brain development
  • Change brain chemistry
  • Negatively affect the brain in multiple ways

• Alcohol is like any other drug – and is a top substance of abuse in Oklahoma.
Alcohol Abuse/Dependence is An Issue in Oklahoma – And Has Been for DECADES

• 326,000 Oklahomans ages 12+ are dependent/abuse alcohol or illicit drugs
  • 251,000 are dependent/abuse alcohol
  • Only 7.6% of Oklahomans in need of alcohol treatment accessed help

• Oklahoma has the 11th highest rate of alcohol poisoning in the nation (CDC)

• 159,000 Oklahomans ages 21 or older reported heavy alcohol use – meaning five or more drinks on at least five different occasions – in the past 30 days

• 72,000 Oklahomans ages 12-20 report binge drinking in the past month

• 30% of people receiving substance abuse treatment through ODMHSAS-supported services report alcohol as their primary “drug of choice”

Sources: SAMHSA, 2015; ODMHSAS
And, It Is Impacting A Broad Cross-Section of Our State

A recent Princeton study concluded that three causes of death account for increased midlife white mortality: accidental poisonings (mostly drug overdoses), suicides and chronic liver diseases/cirrhosis associated with alcohol consumption. These three factors have risen in tandem, killing twice as many working-age whites in 2014 as in 1999.
Tulsa County: Treatment Rates, Binge Drinking and DUIs

• Mirroring the state, alcohol is the primary drug of choice for 27% of Tulsa County residents receiving substance abuse treatment in ODMHSAS-supported facilities. Alcohol was a contributing factor in 45% of treatment admissions.

• 14.3% of Tulsa County adults report binge drinking in the past 30 days (for ages 18-34, it was 21%)

• Tulsa County’s DUI rate is 20% higher than the state average.

Data Sources: Oklahoma Department of Mental Health and Substance Abuse Services; Oklahoma Behavioral Risk Factor Surveillance System, 2012-2014; Uniform Crime Reporting System Data obtained from the OSBI’s ‘Crime in Oklahoma’ report.
But, the Impact Can Be Measured In More Specific Ways – Beyond the Individual

• In Oklahoma, excessive alcohol use cost $3.08 billion, or $2.49 per drink consumed, in 2010 as a result of lost workplace productivity, healthcare expenses, and crime. (CDC, 2015)

• Oklahoma ranks 6th in the nation for alcohol-related mortality. (CDC)

• 6.1% of women consumed alcohol during the last trimester of pregnancy in Oklahoma in 2008. Fetal Alcohol Syndrome is one of the most costly birth defects, averaging $250,000 the first year alone. (Pregnancy Risk Assessment Monitoring Survey; CDC)

• 2,205 people were killed in crashes involving a drunk driver in Oklahoma (2003-2012). (CDC)

• In 2014, the number of alcohol-related arrests (30,796) exceeded both index crimes, which include murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft and drug-related crimes. (Uniform Crime Report)

• Excessive drinking results in 1,350 deaths and 41,460 years of potential life lost each year in Oklahoma. (CDC. Alcohol and Public Health: Alcohol-Related Disease Impact)
But, the Impact Can Be Measured In More Specific Ways – Beyond the Individual

• In the workplace, the costs of alcoholism and alcohol abuse manifest themselves in many different ways. **Absenteeism** is estimated to be **4 to 8 times greater** among alcoholics and alcohol abusers. Other family members of alcoholics also have higher rates of absenteeism. **Accidents and on-the-job injuries are far more prevalent** among alcoholics and alcohol abusers. *(U.S. Office of Personnel Management)*

• In 2011, of the nearly **440,000** drug abuse–related **ER visits** made by patients aged 20 or younger, more than **40% involved alcohol**. *(Drug Abuse Warning Network)*

• **24-31% of all patients treated in the ER** and as many as **50% of severely injured trauma patients** have positive results when screened for alcohol problems. *(D’Onofrio and Degutis, 2002)*

• Researchers have summarized the percentages of violent offenders who were drinking at the time of the offense as follows:
  • Up to **86% of homicide offenders**
  • 37% of assault offenders
  • 60% of sexual offenders
  • 57% of men and 27% of women involved in marital violence
  • 13% of child abusers
  • 42% of violent crimes reported to police involved alcohol, although 51% of victims believed their assailants had been drinking.
We Can’t Have a Discussion About Alcohol Unless We Also Discuss Policy

- Proposed legislation would make wine and strong beer more accessible by making it available in more locations, more hours of the day, more days of the week.

- Increased access does impact use, abuse and result in negative consequences.

- We already have enough negative consequences ... particularly as this issue impacts Oklahoma youth.
Alcohol and Our Youth: A Dangerous Mix

• Oklahoma ranks **#3 nationally** for the percentage of alcohol consumed by underage youth. *(Pacific Institute for Research and Evaluation)*

• Underage drinkers account for nearly **17% of all alcohol consumed** in Oklahoma, totaling **$258.6 million in sales** and providing **$126.6 million in profits** to the alcohol industry in 2013. *(PIRE)*

• **68%** of Oklahoma students grades 9-12 report having at least one drink of alcohol on one or more days during their lifetime. *(PIRE)*

• In 2013, an estimated **633 teen pregnancies** and **11,987 teens** having **high-risk sex** were attributed to underage drinking in Oklahoma. *(PIRE)*

• **24%** of Oklahoma 9th-12th graders report **driving a vehicle while drinking** during the **past 30 days**; nearly **40% had ridden with a driver** who had been **drinking** during the **past 30 days**. *(YRBSS, 2013)*

• Youth who start drinking **before age 15** are **six times** more likely to develop **alcohol dependence or abuse** later in life than those who begin drinking at or after the **legal age of 21**. *(SAMHSA, 2013)*

• In 2013, underage drinking **cost the citizens** of Oklahoma **$1 billion**. *(PIRE)*
We All Have a Role in Addressing These Problems

What can we do as a community? We can create or reinforce:

• Policies that work to limit access
• Community-based solutions to problems
  • Regional Prevention Coordinators and community coalitions
  • Employee education programs
  • Enforcement of laws
  • Responsible beverage sales and service training
  • Engagement of the health community
  • More treatment options
The Cost to Provide Treatment in the First Place is Much Less Than the Alternatives

Annual Cost Comparison

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>ODMHSAS Treatment</td>
<td>$2,000</td>
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<tr>
<td>Drug Court</td>
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<tr>
<td>Mental Health Court</td>
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<td>Single Hospital Stay</td>
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<tr>
<td>Person Incarcerated</td>
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<tr>
<td>Child Entering Foster Care</td>
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<tr>
<td>Person Incarcerated (SMI)</td>
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