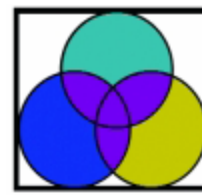


Substance Abuse Indicators Report
Charlotte-Mecklenburg Drug Free Coalition, 2006



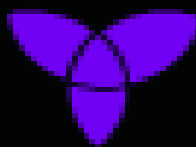


Charlotte-Mecklenburg Drug Free Coalition

In 2001, the Mecklenburg County Healthy Carolinians, a grassroots coalition of citizens and community leaders, identified Substance Abuse as a priority issue facing Mecklenburg County and subsequently formed the Mecklenburg Healthy Carolinians Substance Abuse Task Force. Due in part to the efforts of the task force, the Mecklenburg Board of County Commissioners (BOCC) adopted a public policy position that recognized substance abuse as a public health problem and adopted the goal of reducing substance abuse as a *Vision 2015* plan priority goal. Also in 2001, District Attorney Peter Gilchrest, convened the Substance Abuse Indicators Task force for the purpose of compiling local data on the extent and impact of problems associated with substance abuse to serve as a community decision-making tool.

As a result, community leaders and professionals in the field recognized that substance abuse contributes to most, if not all, social problems. They also recognized that successfully addressing the problem required a coordinated community effort. Throughout 2002, the Healthy Carolinians Substance Abuse Task Force developed a community substance abuse plan which identified three primary goals: advocacy, prevention, and continuum of services. Having completed the community plan, the task force believed that it was necessary to establish a substance abuse advocacy body to mobilize community efforts to ultimately achieve all of the goals of the plan.

In early 2003, the Mecklenburg Healthy Carolinians Substance Abuse Task Force established a Substance Abuse Advocacy Planning Committee and invited interested individuals and community organizations to begin developing an action plan to establish an advocacy presence in Mecklenburg County. In September of 2003, the Mecklenburg Healthy Carolinians Substance Abuse Task Force and Advocacy Planning Committee joined forces with the Charlotte Mecklenburg Police Vice and Narcotics Division and Police Chief, Darryl Stephens, to develop a Community Substance Abuse Plan. Finally in 2004, the combined Community Substance Abuse Planning Committee adopted the Drug Free Community Model and in March of that same year, the Committee adopted the name Charlotte-Mecklenburg Drug Free Coalition.



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executive summary

Substance abuse is an issue that complicates the lives of many in our community. We know this by our personal experiences or those of family and friends. Yet our community's response is hampered by our collective difficulty in viewing the issue comprehensively through data to realize the full scope of its impact.

The purpose of the *Substance Abuse Indicators Report* is to collect, document, and illustrate factors that contribute to determining the extent of the drug and alcohol problem in our community. No single measure can provide an adequate picture of the impact of alcohol and drugs; however, a number of indicators can provide a good representation of important aspects of the problem. Indicators were selected for the *Report* using four major criteria: first, that the indicator is reliable – that it can be measured consistently from year to year; second, that the indicator is valid – that it measures what it intends to measure; third, that it is practical to collect; and fourth, that it provides an accurate representation of a significant aspect of community alcohol and drug problems.

While an overview of the indicators in this Report provides a general picture of drug and alcohol issues in Mecklenburg County, individual indicators may be influenced by other factors. For example, law enforcement resources and priorities may influence arrests and funding levels may influence the number of people treated for drug and alcohol problems or even the ability to collect and analyze data.

According to a sampling of the Indicators contained in this report, the following are true for Mecklenburg County:

Perceptions

- When adult residents were asked in a 2005 survey about their personal feelings about problems caused by alcohol usage:

°Only 1.3% did not see it as presenting problems. That means that 98.7% see alcohol as causing some kinds of problems either across the community or in sub-populations.

°However, the community is split, as to whether there is too much emphasis on alcohol surrounding public events in Charlotte. 51% believe there is, 29% do not and 20% have no opinion.

Context

- There are 2,558 current (active) retail permits for both mixed beverage and commercial sales. In FY 2004/2005, 369 new permits were issued and 401 permits were closed or inactive.

Use

- The use of all gateway drugs (alcohol, tobacco, and marijuana) among Charlotte-Mecklenburg School students in grades 6-12 has decreased significantly since 2002. The most significant decrease was seen with use of alcohol, which decreased almost 9%. Since 1995, admitted alcohol use by public school students has declined from 61.2% in 1995 to 34.8% in 2004, which represents a 43.1% decline;

executive summary

Of **high school** students who indicated that they drank alcohol within 30 days of the 2004 survey, 55% indicated “binge-drinking” (5 or more drinks in a single setting). In 2002 this percentage was 56%;

- ★ Among adult residents, approximately 4.3% report participating in heavy drinking, 13% report binge drinking, and about 18% currently smoke cigarettes.
 - Heavy drinking is down from 5% and
 - Smoking is down from 20% in 2002.Binge drinking is up from 11% in 2001.

In 2005, 1.28 spirit gallons were sold per person in Mecklenburg County, exceeding by 21% the 1.06 gallons sold per person in the state overall. The County exceed the state rate by 30% in 2001;

Law Enforcement and Regulation

- In 2005, a total of 39,769 arrest charges were filed and of those, 6,259, or nearly 16% were directly resulting from drugs and alcohol. This is down from 40% in 2001/2002;
In 2005, marijuana-related charges were the most frequent (3,376), followed by cocaine-related charges (2,308), and then charges related to alcohol (575) – which excludes charges of driving while impaired (DWI).
- 57% of males and over 36% of females arrested during 2005 had positive drug screen results for at least one of four drugs analyzed: marijuana, cocaine, opiates or methamphetamines. The proportion is down from 66% for males and down from 52% in 2003 for females.
 - Nearly 70% of those under age 21 and 66% of those over 40 years of age tested positive for at least one of the drugs.
 - At least 51% of male and 38% of female arrestees are at risk of drug abuse or dependence. Male risk is about the same, female risk is slightly lower;
- In 2005, the Mecklenburg County ABC Board Law Enforcement Division reported 88 permit violations, which were exactly the same as the previous year. The most frequent violation reported in 2005 was for sales to underage individuals with 73 violations. Statewide citations for underage alcohol sales is up over 200% from 2000;

A limited compliance research project by the Coalition showed that in a random selection of stores in seven zip codes that 63% sold at least once after two attempts;

executive summary

Harm

- From 2000-2004, on average, approximately 27% of fatal traffic crashes were alcohol-related. This is the same proportion as in the period 1997-2002; and
- Over 5,800 charges associated with impaired driving were filed during fiscal year 2004/2005. Over 8,000 were charged in 2001/2002;
- People aged 21-30 account for 46% of DWI convictions;
- As of December 31, 2004, there were 3,129 people living with either HIV (2,180) or AIDS (949);

Intervention/Prevention

- The four major providers of substance abuse prevention in Mecklenburg County are Substance Abuse Prevention Services (SAPS), the Chemical Dependency Center (CDC), Fighting Back and the Charlotte-Mecklenburg School System (CMS). Collectively they served 175,124 persons in prevention programming in during fiscal year 2004/2005. (This includes 121,640 from CMS, who are primarily served by SAPS, CDC, and Fighting Back. The numbers from individual agencies may represent a duplicated population.) The total amount spent on prevention from these four organizations in FY 04/05 was \$2,181,077.
- In Mecklenburg County, an array of treatment options is available from a variety of providers. The agencies that provided data are Mecklenburg County Substance Abuse Services, the Chemical Dependency Center of Charlotte-Mecklenburg, CMC-Mercy Horizons, Hope Haven, SAIL, and McLeod Addictive Disease Center. Collectively, these organizations served a total of 20,126 adolescents and adults with a range of treatment services in FY 2004/2005. This has increased from 14,413 in 2002/03.

According to the Mecklenburg Vision 2015, our County will have the “lowest per capita incidence of substance abuse in the nation.” For fiscal year 2004/05 during FY 2004/2005 the county budget for substance abuse prevention and treatment was \$9,940,334, or .87% of the total county budget. In 2001 it was \$872,810, or .07% of total county budget.

Summary and Conclusion

The use of alcohol, tobacco and other drugs continues to cause and contribute to a range of significant personal, social, economic, health and law enforcement problems throughout the Charlotte/Mecklenburg community as it does in communities across America. But there are some positive signs that progress is being made in this community. There are also a few areas where we need to focus even more attention.

Areas showing progress

Overall the use of alcohol, tobacco and other drugs by school age youths has declined between 2002 and 2004. The most significant decrease was in the use of alcohol. Since 1995 admitted alcohol use by CMS students in grades six through 12 has declined from 61.2% in 1995 to 34.8% in 2004, which represents a decline of 43.1%.

executive summary

Self-reported adult use of cigarettes and the heavy use of alcohol by adults have declined since 2002

In 2005, nearly 16% of local arrest charges directly resulted from alcohol or other drugs. This percentage is down significantly from 40% in 2001/2002.

The percentage of arrestees testing positive for drugs at the time of arrest has declined also.

The number of local impaired driving charges has decreased 27.78% from 8,076 in 2001/2002 to 5,832 in 2004/2005 and between 2000 and 2004 the number of fatalities in Charlotte/Mecklenburg resulting from alcohol related traffic accidents dropped from 26 to four.

The number of persons being served in prevention programs has increased and the number of youths receiving treatment has doubled since 2002 and the number of adults who have received treatment has increased by 38%.

Continuing Concerns

The volume of alcohol spirit sales per person in Mecklenburg County is 20% higher than the state.

Over 50% of 10th graders and 2/3 of 12 graders are drinking. Of those who admit drinking in the last 30 days, 48% say they binge drink; 55% of high school drinkers binge drink. This proportion was 56% in 2002.

63% of retail establishments in selected zip codes, after being approached twice, sold at least once without asking a young person for proper identification.

On-campus judicial referrals for alcohol and drugs are up across our local colleges and universities.

The use of prescription drugs without the proper authorization has increased among young people in Charlotte/Mecklenburg schools.

The percentage of adults who report binge drinking has increased since 2001 from 10% to 13%.

More arrestees are testing positive for the drug methamphetamine, particularly white arrestees. The percentage of African American arrestees testing positive for opiates (heroin, Oxycontin, Dilaudid, etc.) has also increased as has the percentage of Hispanic/Latino arrestees testing positive for cocaine.

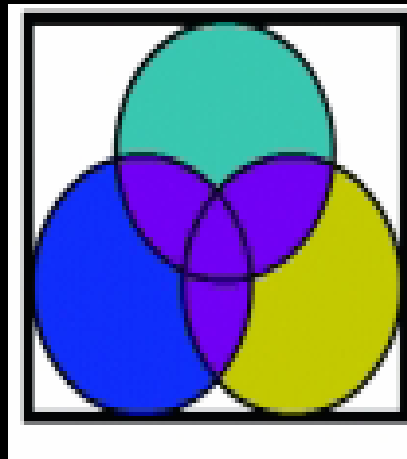
Approximately 27% of fatal traffic crashes in Mecklenburg County are still alcohol related.

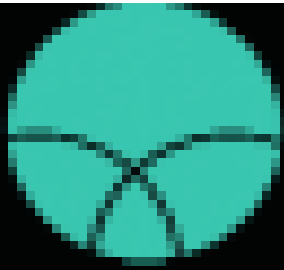
The majority of the recent alcohol, tobacco and other drug use trends in Charlotte/Mecklenburg are positive but there is still much too much death and destruction being caused requiring this community's immediate and continued vigilance and intervention.

executive summary

This report is not a full perspective on the issue of substance use and abuse in Mecklenburg County. It is a collection of indicators from a variety of organizations that is a continuing effort to portray the local status of drug and alcohol use, its impact on our community, and our community's responses to the issue. It is our intention in future reports to add additional indicators and to improve upon those presented here. We invite community members, leaders, and providers of service to add to the strength of the Substance Abuse Indicators Report by contributing data and/or by collaborating in any fashion to present such data.

Note: The data presented here are as accurate as the sources from which they were drawn. However, variations may exist due to differences in data collection and reporting methods among agencies that contributed





Perceptions

UNCC Annual Adult Survey

The Urban Institute at the University of North Carolina at Charlotte (UNCC) conducts an annual telephone survey of 850 randomly selected adult residents. The survey covers a variety of attitudes and needs. The questions range from transportation needs to government effectiveness. The Charlotte-Mecklenburg Drug Free Coalition submitted five questions for the October 2005 survey. This was the first year these questions were asked but they serve as a baseline of adult community attitudes.

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

- 79.9% disapprove of youth under 21 consuming alcohol under parental supervision; 18.0% approve; 2.1% don't know, refused

However, when asked at what age they would approve of alcohol consumption, the average age response was 17.3 years.

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

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

	Percent
1. Does not create problems	1.3
2. Creates minor problems in certain parts of the community	12.9
3. Creates minor problems across the community	26.5
4. Creates major problems	59.3
Total	100.0

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

The adult community's preferred responses to drug use are (in rank order of agreement):

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

	Percent
1. Strongly agree	18.8
2. Agree	32.1
3. No opinion	19.9
4. Disagree	24.3
5. Strongly disagree	4.9
Total	100.0

The adult community's preferred responses to drug use are (in rank order of agreement):

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


Context

Alcohol Outlets

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

The State Board of Control is today known as the North Carolina Alcoholic Beverage Control (ABC) Commission. The Control Act also provides for a control plan under which no county or city in the State would be required to sell alcohol unless first approved by the voters. Today North Carolina is a "local option" state with 49 county and 106 municipal ABC boards that sell spirituous liquor at retail. In addition, other alcohol





beverage sales may be legal at both on and off premise businesses depending on whether the majority of voters approved the alcohol issue.

The Mecklenburg County Alcoholic Beverage Control manages the sale of spirituous liquor through business principles that promote excellence in customer service; establishes effective alcohol education partnerships; administers regulatory provisions; and instills financial accountabilities that benefit those they serve.

The Mecklenburg ABC Board exists to regulate the sale of spirituous liquor in the county consistent with local, state and federal law, and in compliance with the regulations of the North Carolina ABC Commission. Towards this goal, the board works to provide the highest level of service to all customers; generates a source of revenue to benefit the county, city and state; enforce the laws governing the sale and use of alcohol and provide resources for alcohol education and rehabilitation, either directly or through other agencies. The ABC Board operates solely on the revenue derived from liquor sales in Mecklenburg County and does not receive any public funding dollars directly or in the form of taxes. Spirituous liquor refers to distilled spirits or ethyl alcohol, including spirits of wine, whiskey, rum, brandy, and gin, as well as mixtures of cordials, liqueur, and premixed cocktails in closed containers for beverage use regardless of their dilution.

The North Carolina ABC Commission operates solely on the revenue derived from liquor sales in its jurisdiction. No property, state or other local taxes are used to support control system operations.

The North Carolina ABC Commission's Permit Compliance Division (Retail) reviews and processes all permit applications for retail activity. The Division also processes applications for special occasion parties and other limited special functions like non-profit fundraisers.

The Product Compliance Division (Commercial) reviews and processes all permit applications for commercial activity involving malt beverages and wine products. All types of these products sold in North Carolina are approved in this Division.

According to the Mecklenburg County ABC Board, there are 2,558 current (active) retail permits for both mixed beverage and commercial sales. In FY 2004/2005, 369 new permits were issued and 401 permits were closed or inactive.

Use

Self-Reported Substance Use among Youth

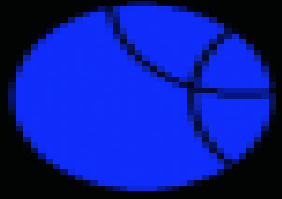
Substance Abuse Prevention Services (SAPS) has conducted a countywide Youth Drug Survey (YDS) every two to three years since 1972. This survey provides data on the incidence and prevalence of alcohol, tobacco, marijuana, and other drug use among school-age adolescents. This survey has been an important administrative tool to help identify the extent of problems throughout the community and to assist in generating and providing services. In February 2004, Substance Abuse Prevention Services, in collaboration with Mecklenburg County's Area Mental Health Authority, Charlotte-Mecklenburg Schools, and the Charlotte-Mecklenburg Drug Free Coalition administered the self-report YDS to approximately 3,500 students in grades 6-12.

In the majority of drug categories, the number of students who have tried and currently use drugs has decreased since the 2002 YDS results. There appears to have been a significant drop between 2002 and 2004 in the proportion of students admitting use of all substances except Downers. In particular, the use of all gateway drugs (alcohol, cigarettes, and marijuana) has decreased; most significantly, the use of alcohol decreased by nearly 9%. YDS results from 2004 reflect a continuing trend in reduced student drug use across almost all categories of drugs since the early 1990s. System-wide there is a general decline in reported use of the primary gateway drugs of alcohol, cigarettes and marijuana since 1995. Alcohol use has declined from 61.2% in 1995 to 34.8% in 2004. This represents a 43.1% decline

However, the rates of usage/exposure continue to be high with almost 35% reporting exposure to alcohol, approximately 25% reporting exposure to cigarettes, and about 17% reporting exposure to marijuana.

The proportion of students admitting use of any substance in the last 30 days increases steadily by grade. Of the students surveyed, 14.8% admitted to consuming alcohol in the past 30 days. Of those who consumed alcohol in the past 30 days, 47.7% admitted to binge drinking; for high school students it is 55.5%. Binge drinking is defined as 4 or more alcoholic drinks for females and 5 or more alcoholic drinks for males in one drinking session.

Cigarette smoking in the last 30 days is admitted by 2.8% of 6th graders and that increases to 18.6% of 12th graders. The percentages that say they smoked cigarettes in the last 30 days increases by age. The percentage almost doubles between ages 13 and 14 and more than doubles between the ages 17 and 19. With regards to usage of drugs other than alcohol, tobacco and prescription drugs, 11.5% of all students reported some usage in the past 30 days.



reported lifetime use increases significantly as a student moves from Grade 6 to Grade 11 with the exception of inhalants

Usage varies by gender with males reporting more tobacco, marijuana, and steroid usage, while females report more alcohol usage. It appears that the alcohol gender gap has disappeared.

Anglo Americans report noticeably higher rates of usage in almost all categories with 59% reporting lifetime use of alcohol and 17% reporting current binge drinking, followed by African Americans and Native Americans. Asian American students report low rates of use, with the exception of use of alcohol.

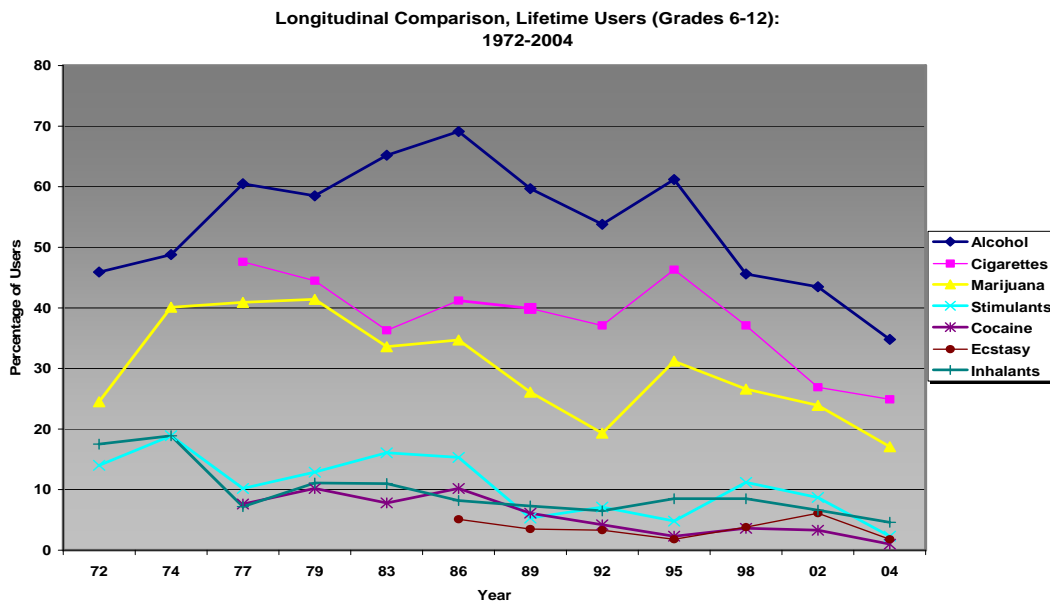
Across almost all drugs, reported lifetime use increases significantly as a student moves from Grade 6 to Grade 11 with the exception of inhalants for which usage rates peak in Grade 6 (5.6%), and ecstasy, steroids, and prescription drugs, for which usage rates peaked in Grade 10. Lifetime usage for “gateway” drugs in the 2004 survey increases at a rate of about 5-15% per grade level sixth through the twelfth grade. This pattern of usage remains fairly consistent among current users (last 30 days). Current binge drinking (last 30 days) also increases consistently from 6th to 12th grade.

The primary source of all substances, for those admitting use, is from friends. Of those students admitting use of cigarettes, 47.3% got them from friends. Of those admitting use of alcohol, 35.0% reported getting it from friends. Finally, of those students admitting use of drugs, 46.4% got them from friends.

Since 1995, the YDS requested respondents to identify their zip code to provide information about varying levels of substance use in different areas of the county. The use of gateway drugs varies greatly by zip code. If interested in specific data regarding

certain zip codes in Mecklenburg County, please visit www.preventionservices.org.

The reduction in reported student drug usage in Mecklenburg County is also significant when compared to national data. The National Institute on Drug Abuse (NIDA) Monitoring the Future Survey of students in Grades 8, 10, and 12 shows usage for all drugs notably higher for the national student sample than the Mecklenburg County students.



Source: Substance Abuse Prevention Services, 2004

Comparison of SAPS & NIDA Monitoring The Future Data: 2004 Lifetime Users (Grades 8,10,12)						
Sub-stance	Grade 8		Grade 10		Grade 12	
	SAPS	NIDA	SAPS	NIDA	SAPS	NIDA
Alcohol	28.5	43.9	54.0	64.2	65.5	76.8
Ciga- rettes	23.7	27.9	36.2	40.7	42.8	52.8
Mari- juana	12.8	16.3	27.7	35.1	40.0	45.7
Cocaine	0.2*	3.4**	2.4*	5.4**	2.5*	8.1**

* SAPS survey data includes cocaine & crack cocaine

** NIDA survey data includes just cocaine use

Source: Substance Abuse Prevention Services, 2006.

Self-Reported Substance Use/Abuse among Adults

The Behavioral Risk Factor Surveillance Survey (BRFSS) is a random telephone survey of state residents aged 18 and older. The BRFSS was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia, and three U.S. territories

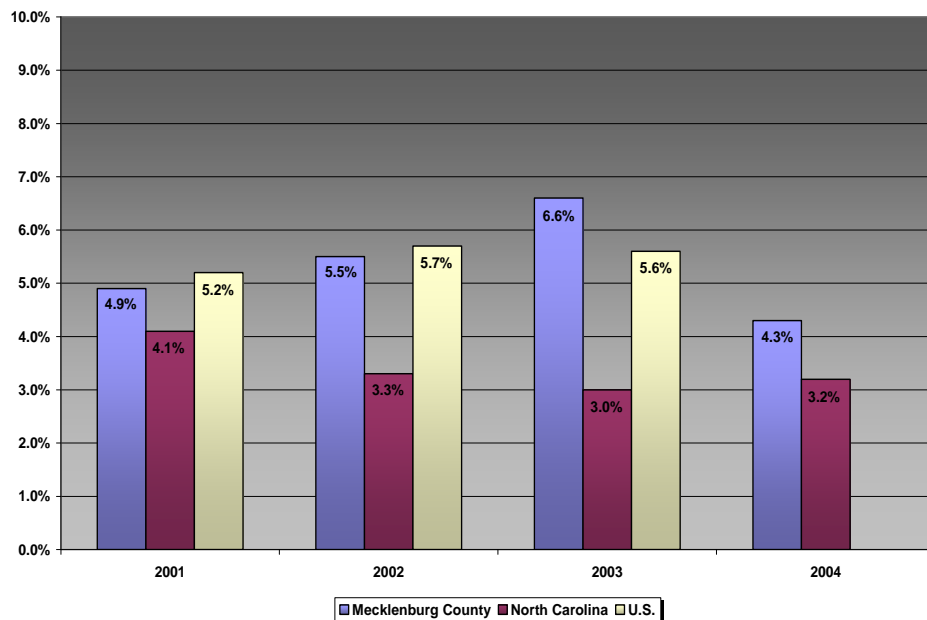
. Through BRFSS, information is collected in a routine, standardized manner on a variety of health behaviors and preventative health practices related to the leading causes of death and disability such as cardiovascular disease, cancer, diabetes, and injuries. Interviews for this survey are conducted monthly and the data gathered are analyzed annually.

According to the North Carolina State Center for Health Statistics, the North Carolina BRFSS program conducted a record 15,053 interviews, making the N.C. BRFSS the second largest state-based health survey in the nation. In 2004, a total of 643 surveys were completed in Mecklenburg County. Data were weighted and projected to the population of Mecklenburg County regarding alcohol consumption, tobacco use, and substance use/abuse related issues. The U.S. Census Bureau estimated the population of Mecklenburg County to be 771,617 in 2004.

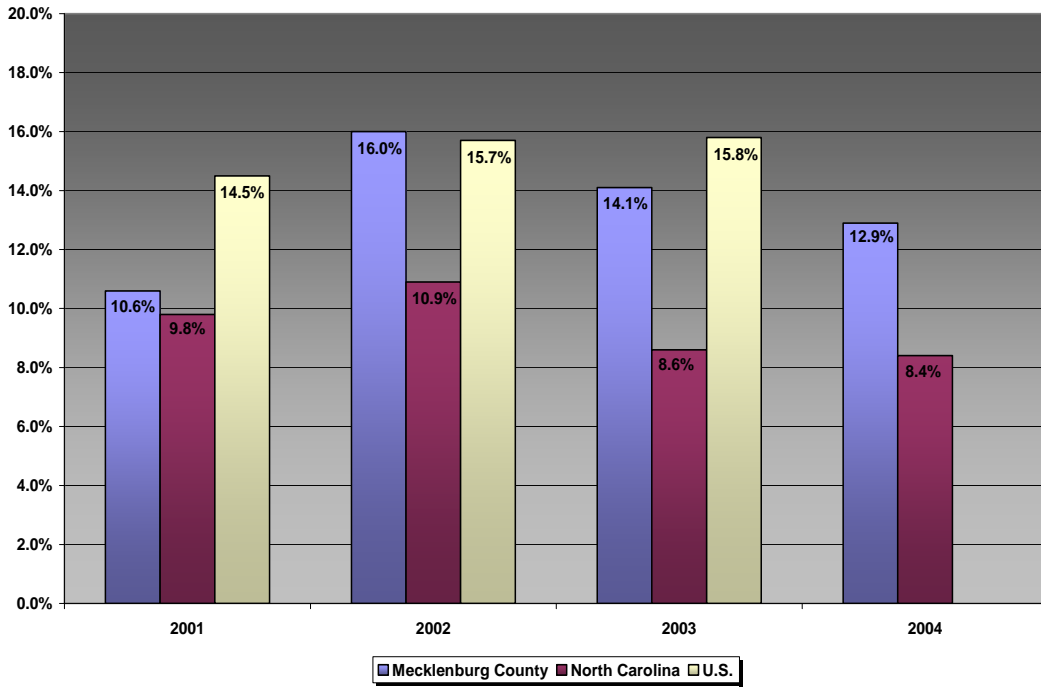
In Mecklenburg County, approximately 4.3% of residents (33,180) report participating in heavy drinking which is defined as males having more than 2 drinks per day and females having more than 1 drink per day. Nearly 13% (100,310) of residents report binge drinking - defined as the consumption of 5 or more drinks in one sitting. The number of those reporting binge drinking is up from 11% in 2001. Approximately 18% of adult residents currently smoke (138,891).

In Mecklenburg County, approximately 4.3% of residents (33,180) report participating in heavy drinking which is defined as males having more than 2 drinks per day and females having more than 1 drink per day.

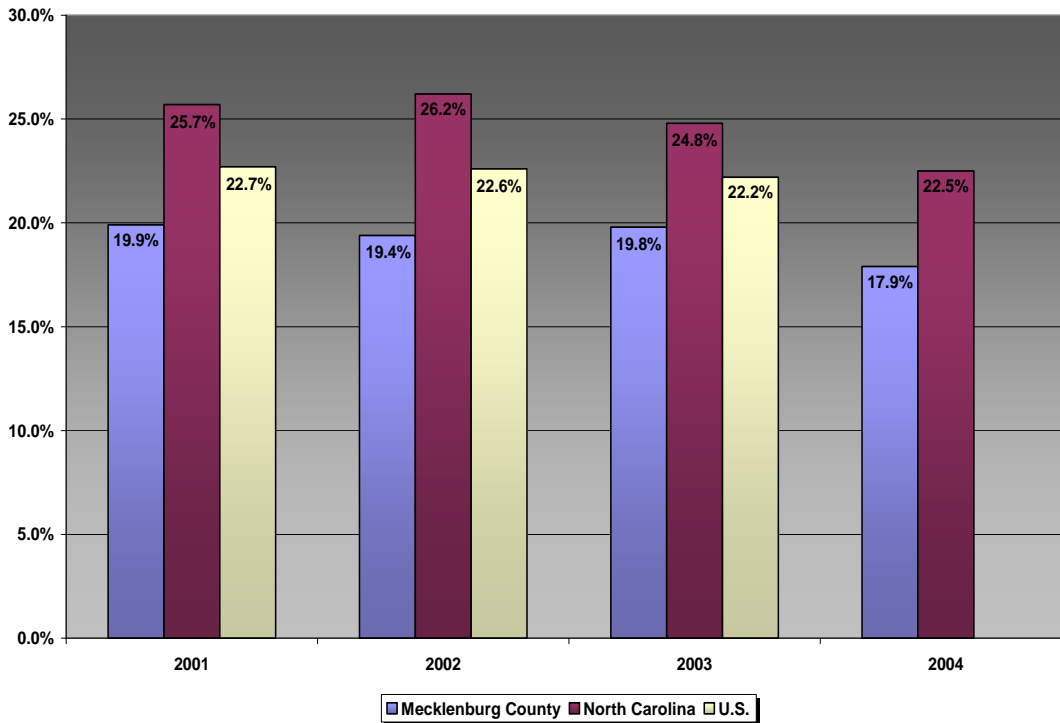
Heavy Drinking Trends (2001-2004)



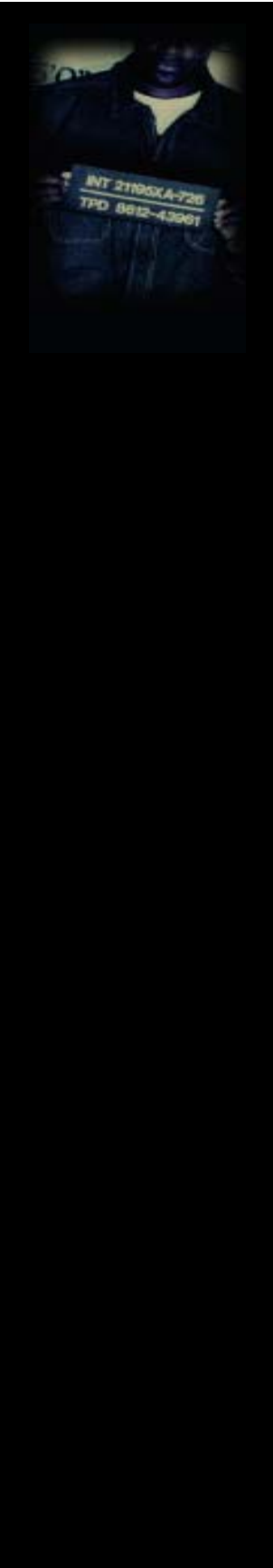
Binge Drinking Trends (2001-2004)



Smoking Trends (2001-2004)



Source: Behavioral Risk Factor Surveillance System

A person in a dark jacket is holding a sign that reads "INT 21190KA-726" and "TPD 8812-43901".

For more information on this indicator, please contact the **Mecklenburg County Epidemiology Program** at **704.353.0543**.

Drug Use among Arrestees (ADAM)

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

The data proved extremely valuable to the criminal justice and substance abuse professional community as an indicator of substance use by the offender population. In 2003, the Federal Government ceased funding for any of the ADAM sites. In 2004, with the establishment of the Charlotte-Mecklenburg Drug Free Coalition, the coalition was able to set aside funds to develop a modified version of the original ADAM interviews.

According to the data compiled for the Charlotte-Mecklenburg's ADAM Project by Paul C. Friday, Ph.D., on average, 54.1% of those arrested tested positive for at least one of the four drugs analyzed: marijuana, cocaine, opiates or methamphetamines. Of those surveyed:

- 57.1% of males tested positive, representing a decrease from the 65.9% testing positive in 2003.
- 36.4% of females tested positive, representing a significant decrease from the 51.8% testing positive in 2003.
- Nearly 70% of those under 21 years of age and 66% of those over 40 years of age tested positive for at least one of the drugs.

Marijuana and cocaine remain the most frequently identified drugs among arrestees who test positive for drug use. Arrestees testing positive for drugs are arrested for not only drug-related offenses. Those testing positive were arrested for crimes against people, property crimes, driving while impaired (DWI), and non-DWI traffic offenses. Interestingly, 100% of those charged with possession of a stolen vehicle tested positive for at least one of the drugs.

For male arrestees, the rates of use of any drug have decreased significantly since 2003. Males testing positive for marijuana and cocaine has decreased but male use of opiates has increased from 2.0% in 2003 to 3.2% in 2005. Their use of methamphetamine has also increased from 0.6% in 2003 to 6.3% in 2005, which represents a 950% increase.

The numbers are not completely comparable since the original ADAM urine tests were for 9 drugs and the number of Hispanics, who had lower rates of positive results in 2000-2003, was higher in 2005. However, previous data showed Charlotte arrestees to predominantly use either marijuana or cocaine. It is believed, however, that both the previous and current data are within $\pm 5\%$.

For female arrestees, the rates of use of any drug have also decreased since 2003. Positive tests for marijuana have decreased slightly from 27.7% in 2003 to 27.3% in 2005. Those testing positive for opiates has also decreased from 2.4% in 2003 to 0% in 2005. The use of cocaine by females has, however, increased significantly from 25.3% in 2003 to 36.4% in 2005. Positive testing for methamphetamine remained at 0%.

Drug	2000-2001	2002	2003
Marijuana	47.1	44.4	46.9
Cocaine	33.8	33.7	35.2
Opiates	3.0	3.4	2.0
Benzodiazepines	4.5	3.3	3.1
Amphetamine	1.4	2.1	2.6
Methamphetamine	0.6	0.2	0.6
Methadone	0.1	1.0	0.7

Drug	2000-2001	2002	2003	Male 2005
Marijuana	47.1	44.4	46.9	34.9
Cocaine	33.8	33.7	35.2	31.7
Opiates	3.0	3.4	2.0	3.2
Methamphetamine	0.6	0.2	0.6	6.3

The difference by race is statistically significant, $p < .04$

- 65.7% of African Americans and 58.8% of whites tested positive for some drug.
- 28.6% of Hispanics tested positive
- Comparing data from 2003:
 - ◊ There is decrease in the presence of any drug for all racial groups
 - ◊ There is a decrease in marijuana use by all racial groups
 - ◊ There is a slight decrease in cocaine use by white and African American arrestees but a substantial increase in positive cocaine results for Hispanics
 - ◊ There is a substantial decrease in opiates for whites but a substantial increase in opiates for African Americans
 - ◊ Methamphetamine has significantly increased for both white and African American arrestees. Whites increased from 0.4% to 5.9% and African Americans increased meth use from 0.5% to 0.7%

Arrestee Self Report Alcohol Use

- 57.7% of arrestees admit to binge drinking (five or more drinks in a setting)
- 48.9% admit binge drinking in the last 30 days

- The average age of first binge drinking is 18.6 years
- 25.7% admit binge drinking more than once a week
- 31.4% admit binge drinking at least once a week

Self-Reported Lifetime Use – Arrestees, 2005					
	Marijuana	Rock	Powder	Opiate	Meth
Total Sample	61.5	17.9	27.6	5.3	5.2
Age		P<.000			
Under 21	70.6	5.9	23.5	6.3	5.9
21-25	50.0	5.6	29.4	5.6	5.6
25-30	61.5	7.7	25.0	0	7.7
30-40	36.4	9.1	18.2	10.0	0
40+	78.9	52.6	36.8	5.3	5.3
<i>Average age first use</i>	<i>14.7</i>	<i>22.4</i>	<i>19.5</i>	<i>17.2</i>	<i>13.5</i>
Gender					
Male	60.0	15.4	28.6	3.2	4.7
Female	69.2	30.8	23.1	15.4	7.7
Race	P<.000		P<.016		
White	85.0	25.0	55.0	15.0	20.0
African American	77.1	25.7	17.1	2.9	0
Hispanic	13.6	0	20.0	0	0

Arrestee Alcohol and Drug Dependence

Using a set of questions based on the DSM IV defining alcohol and substance abuse or dependence:

- 51.7% of males and 38.5% of females are at risk for drug dependence.
- 40% of males and 7.7% of females are at risk of alcohol dependence.
- Arrestees over 40 have the highest proportion of both drug and alcohol dependence followed by those 21-25.

For more information on this indicator, please contact Research and Training Specialists, Inc. through the website www.RTSpecialists.com.

Alcohol Consumption

North Carolina is one of nineteen “control jurisdictions,” in which the distribution and sale of beverage alcohol is handled by an Alcoholic Beverage Control (ABC) Commission. Today, North Carolina is a “local option” state with 154 ABC systems that operate 390 retail stores. In addition, other alcohol beverage sales, for consumption both on and off premise, may be legal at businesses depending on whether the majority of voters approved the alcohol issue.

ABC Boards in North Carolina are local independent political subdivisions of the State. They operate as separate entities establishing their own policies and procedures and they retain authority to set policy and adopt rules in conformity with ABC Laws and North Carolina Commission Rules.

North Carolina law requires local ABC Boards to designate no less than 5% of its profits before distributions on behalf of law enforcement services; and no less than 7% for substance abuse, treatment, education and rehabilitation.

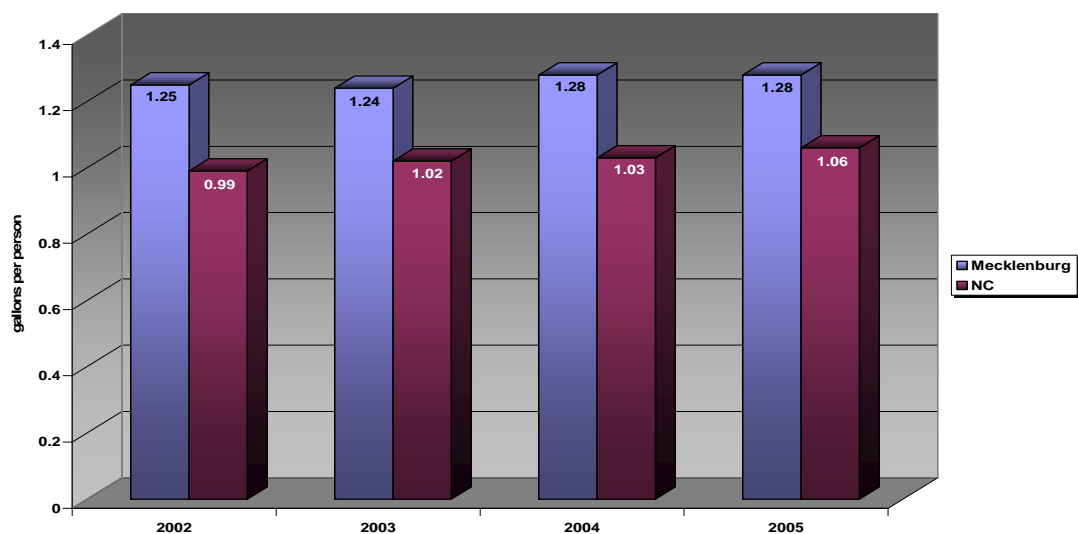
The Mecklenburg County ABC Board returns the profits from the retail sales of spirituous liquors to the local government and community and to the State of North Carolina in the form of taxes. For the year ending June 30, 2005, the mixed beverage tax collected from restaurants, hotels and private clubs totaled \$4,842,977; general taxes returned to the State of North Carolina equaled \$13,103,070; \$2,000,000 was given to both the City of Charlotte and to Mecklenburg County; \$1,375,954 went to law enforcement; \$263,921 went towards substance abuse educational mini-grants; Mecklenburg County Mental Health received \$245,723; the Public Library was given \$210,526; and \$2,123,715 was put forth to support Alcohol Education and Rehabilitation at the Chemical Dependency Center.

In 2005, there was a total of 1,023,013 gallons of alcohol sold in Mecklenburg County. This represents nearly 1.28 gallons sold per person in Mecklenburg County. In the state of North Carolina, there was a total of 9,222,425 gallons sold in 2005. There were approximately 1.06 gallons sold per person in North Carolina. These statistics do not measure actual consumption, but are a measure of the amounts of spirits purchased in the selected area and therefore available for consumption.

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



Spirit Gallons Sold Per Person in Mecklenburg County and North Carolina: 2002-2005



Methamphetamine Usage

According to the Substance Abuse and Mental Health Services Administration, or SAMHSA, in 2004, an estimated 1.4 million persons aged 12 or older (0.6% of the population) had used methamphetamine in the past year, and 600,000 persons (0.2% of the population) had used methamphetamine in the past month, nationwide.

Although the number of past year and past month methamphetamine users did not change significantly between 2002 and 2004, the number of past month methamphetamine users who met criteria for abuse or dependence on one or more illicit drugs in the past year increased from 164,000 (27.5% of past month methamphetamine users) in 2002 to 346,000 (59.3%) in 2004.

The average age of first use among new methamphetamine users was 18.9 years in 2002, 20.4 years in 2003, and 22.1 years of age in 2004.

Methamphetamine usage among Americans is growing at an alarming rate. The use of this potent psycho-stimulant is an extremely serious problem. Clandestine methamphetamine labs are being found not only in rural country settings, but now in urban and suburban neighborhoods, as well. The production of one pound of methamphetamine releases poisonous gas into the atmosphere and creates 5 to 7 pounds of toxic waste.

Methamphetamine is a highly addictive Schedule II stimulant that is closely related to amphetamines, however, the effects methamphetamine has on one's central nervous system is much greater. While meth affects the central nervous system, it also affects other parts of the body.

Meth users may experience a number of symptoms including but not limited to; enhanced mood and body movements, a sense of euphoria, increased sexual drive, nervousness, nausea, vomiting, diarrhea, acne, sores from picking and scratching the skin, kidney and liver damage, stroke, tooth decay, insomnia, violence, extreme anorexia, homicidal or suicidal thoughts, and death – just to name a few. Meth usage also contributes to increased risk and levels of HIV/AIDS. Meth brings violence and danger into neighborhoods, puts children who live in homes where the drug is made at risk, and pollutes our ground and water with toxic chemicals.

Methamphetamine has many street names including crystal, crystal meth, crank, speed, ice, glass, chalk, tweak, and poor man's coke.

In the past few years, the number of illegal clandestine drug labs in North Carolina has skyrocketed, going from nine labs busted by State Bureau of Investigation, or SBI, agents in 1999 to 328 in 2005. Common lab locations include: inside vehicles, motor homes, neighborhood homes, rental storage units and motel rooms. Most labs in North Carolina have been found in private residences.

North Carolina State Attorney General Roy Cooper, along with SBI experts, has brought together law enforcement officers, health and social services workers, and prosecutors to fight the spread of these secret drug labs across the state. Thanks to tougher laws, criminals who manufacture methamphetamine now serve active prison time. Penalties for possessing precursor ingredients needed to "cook" the drug have also increased. In addition, meth has been added to the list of drugs that carry with it a charge of second-degree murder when the drug causes death by result of an overdose.

SBI agents who bust meth labs find children living in more than one-third of homes where this dangerous drug is manufactured. North Carolina law now makes it an additional criminal penalty when a child is present in a meth lab or endangered by meth, and also adds 24 months to a convicted meth maker's sentence if a law enforcement officer or other first responder is injured in a meth lab bust.

Information regarding this indicator can be found online at: www.ncsbi.gov and at: http://www.ncsbi.gov/offices/offices_specialops_decu_clanlab_fighting.jsp.





Law Enforcement

Substance Abuse Arrests, Drug Seizures and Narcotic Street Values

The Mecklenburg County Sheriff's Office continuously collects data on arrests processed through the Mecklenburg County Jail. There have been a total of 118,405 arrest charges filed in Mecklenburg County from 2003-2005 (FY03 to FY05). In 2005, there were 39,769 arrest charges filed, with 6,259, or nearly 16%, directly resulting from drugs and alcohol.

In 2005, marijuana-related charges were the most frequent (3,376), followed by cocaine-related charges (2,308), and then charges related to alcohol (575) – which excludes charges of driving while impaired (DWI). These charges usually include possession by person under 21, open container in a vehicle, drunk and disorderly conduct, public consumption, etc.

Non-DWI charges have increased from FY04 (554) to FY05 (575). Overall arrests for cocaine and marijuana have remained fairly constant from FY03 to FY05. Cocaine related charges have decreased slightly each year from 2,557 in 2003 to 2,339 in 2004, to 2,308 in 2005.

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

Marijuana

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

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

According to the *National Survey on Drug Use and Health (2004)*, in 2004, an estimated 2.1 million persons had used marijuana for the first time within the past 12 months—approximately 6,000 per day.

In 2004, an estimated 19.1 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview.

Marijuana was the most commonly used illicit drug (14.6 million past month users or current users). In 2004, it was used by 76.4 percent of current illicit drug users.

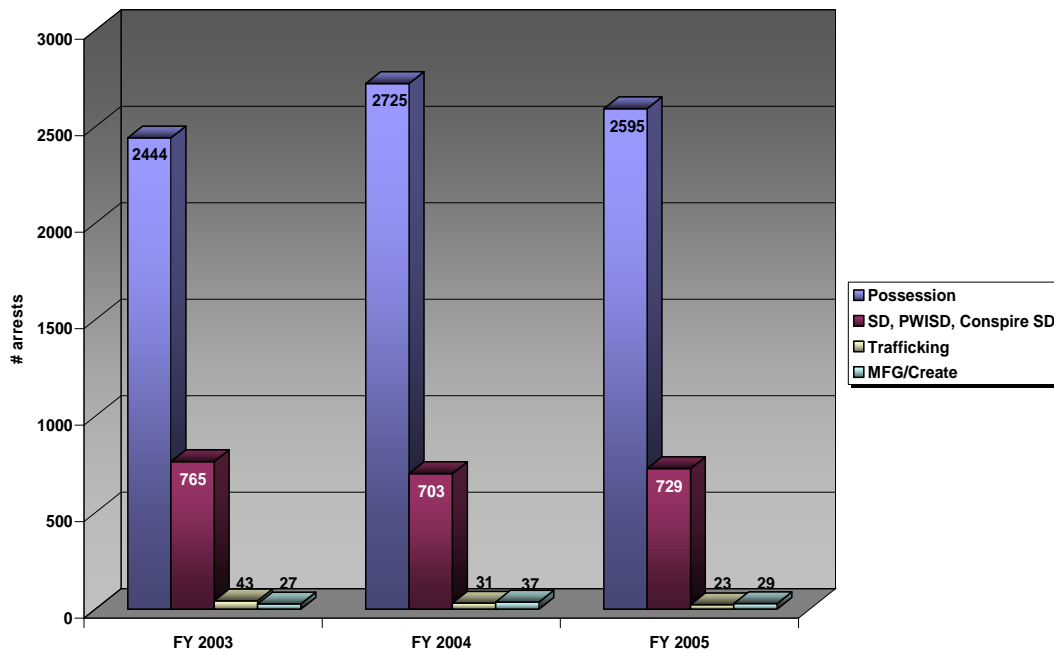
The following is an estimate of the street value of marijuana in Charlotte-Mecklenburg:

		<i>Street Value</i>
¼ oz. bag	CG*	\$20
28 grams (1 ounce)	CG*	\$100 - \$125
1 lb.	CG*	\$500 - \$700
1 lb.	BC**	\$2,500 - \$3,500

*CG (Commercial Grade)

**BC (BC Bud – Canada produced marijuana)

Mecklenburg County Marijuana Arrests: FY03-FY05



Source: Mecklenburg County Sheriff's Office

Cocaine

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

According to the *National Survey on Drug Use and Health (2004)*, in 2004, an estimated 1.0 million persons had used cocaine for the first time within the past 12 months—approximately 2,700 per day. This was not significantly different from the number in 2002 (1.0 million) or 2003 (1.0 million).

In 2004, an estimated 2.0 million persons (0.8%) in the United States were current cocaine users; of these, 467,000 used crack during the same time period (0.2 %).

Rates of drug use showed substantial variation by age. For example, 3.8 percent of youths aged 12 or 13 reported current illicit drug use in 2004. As in prior years, illicit drug use in 2004 tended to increase with age among young persons, peaking among 18 to 20 year olds (21.7 percent) and generally declining after that point with increasing age.

Narcotics investigators reveal that the cost of cocaine can vary depending on numerous variables: location of purchase, recent seizures and arrests, the individual who is selling the drug, the relationship between buyer and seller, etc. [Move this paragraph down to just before where you provide the street costs]

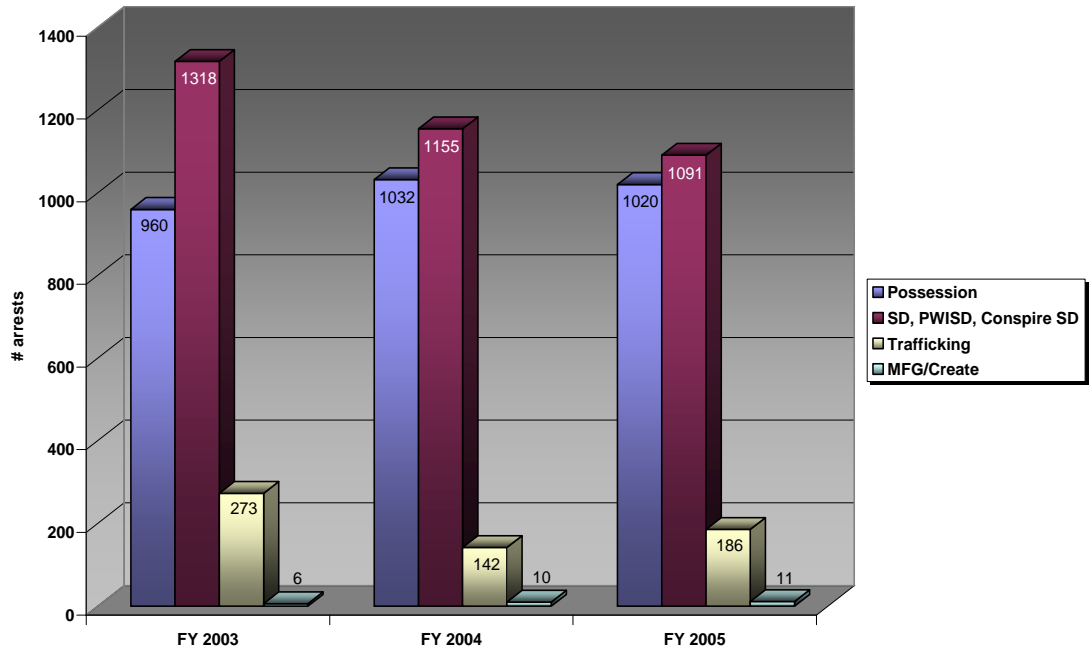
The following is an estimate of the street value of powder cocaine in Charlotte-Mecklenburg:

	<i>Street Value</i>	
1 gram		\$100
28 grams (1 ounce)		\$600 - \$800
1000 grams (36 ounces; 1 kilo)		\$21,000 - \$23,000

In Mecklenburg County, there were 2,308 cocaine-related arrests made in 2005. That number is slightly lower than the number of arrests made in 2004, which were 2,339.



Mecklenburg County Cocaine Arrests: FY03-FY05



Source: Mecklenburg County Sheriff's Office

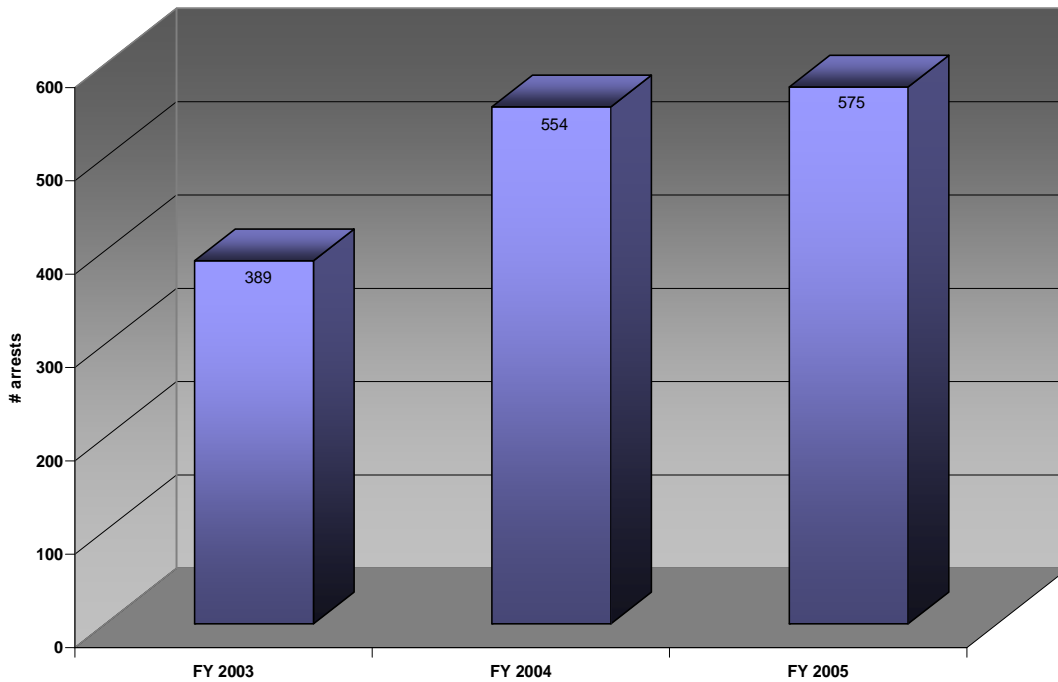
Alcohol

According to the *National Survey on Drug Use and Health (2004)*, among youths aged 12 to 17, an estimated 17.6% used alcohol in the month prior to the survey interview (i.e., were current drinkers). An estimated 11.1 percent of youths aged 12 to 17 were binge drinkers, and 2.7% were heavy drinkers. These percentages for current, binge, and heavy drinking were similar to those obtained in 2002 and 2003.

In 2004, about 10.8 million underage persons aged 12 to 20 (28.7%) reported drinking alcohol in the past month. Nearly 7.4 million (19.6%) were binge drinkers, and 2.4 million (6.3%) were heavy drinkers. These figures were similar to the 2002 and 2003 estimates.

The Mecklenburg County Sheriff's Office reported 389 non-DWI arrests in FY 03, 554 non-DWI arrests in FY 04, and 575 non-DWI arrests in FY 05. These charges usually include, possession by person under 21, consuming in public, open container in a vehicle, etc.

Mecklenburg County Alcohol Arrests, non-DWI: FY03-FY05



Source: Mecklenburg County Sheriff's Office

Crack Cocaine

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

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

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

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

Street Value

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

Heroin

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

According to the *National Survey on Drug Use and Health (2004)*, approximately 3.1 million Americans ages 12 and older reported trying heroin at least once during their lifetimes.

Heroin use among high school students is a particular problem. Nearly 2 percent of high school seniors in the United States used the drug at least once in their lifetime, and nearly half of those injected the drug, according to the *National Survey on Drug Use and Health (2004)*.

There is a relatively small population of regular heroin users in Charlotte (CMPD Drug Threat Assessment, 2002). Most of the users in Charlotte use white heroin, however in recent years, Mexican black tar heroin has become more sought after than white heroin.

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

Street Value

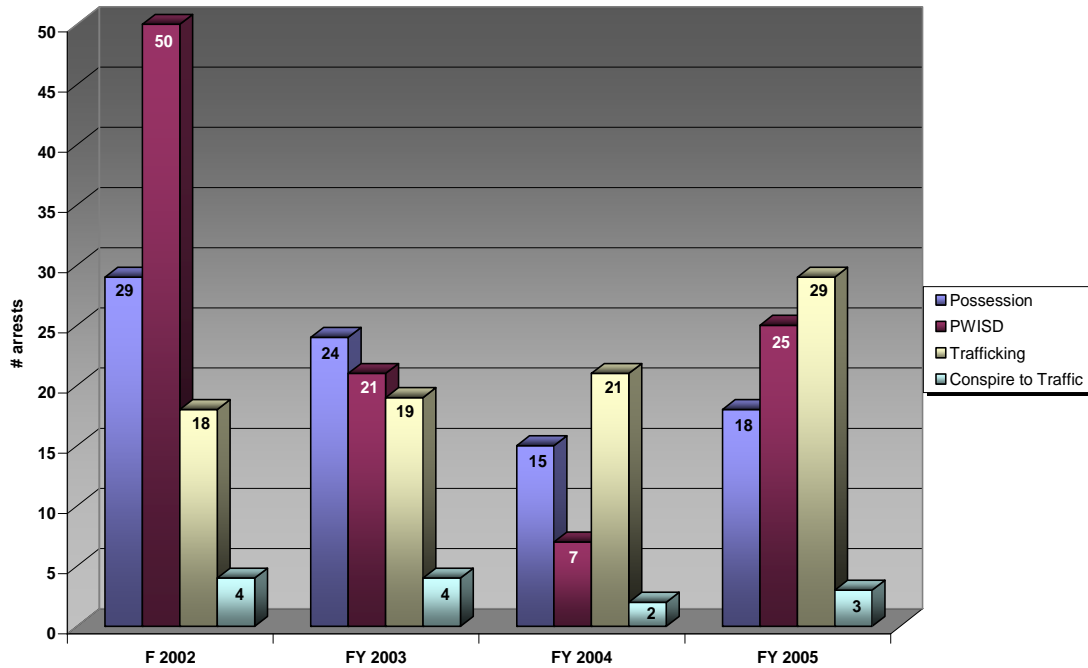
1 balloon (MBT)*	\$5
1 bindle (MBP) **	\$20 - \$25
1 bindle	\$25
1 gram	\$250

* Mexican Black Tar

** Mexican Black Powder

The following is a representation of the arrests made that were associated with heroin in Mecklenburg County from 2002-2005.

Mecklenburg County Heroin Arrests: 2002-2005



Source: Mecklenburg County Sheriff's Office

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

The "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" (originally known as the "Campus Security Act") was enacted by the United States Congress and signed into law by President George Bush in 1990. The Clery Act is a federal law that requires colleges and universities to disclose certain timely and annual information about campus crime and security policies. All public and private institutions of postsecondary education participating in federal student aid programs are subject to the act. The Clery Act was [championed](#) by Howard & Connie Clery after their daughter Jeanne was murdered at Lehigh University in 1986.

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

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

The following statistics represent *alleged* criminal offenses *reported* to campus security authorities or local police agencies. *Therefore, the data collected do not necessarily reflect prosecutions or convictions for crime.* Because some statistics are provided by non-police authorities, the data are not directly comparable to data from the FBI's Uniform Crime Reporting System that only collects statistics from police authorities.

1999 - 2001

Institution	Population	Violation	Arrests			Judicial Referrals		
			1999	2000	2001	1999	2000	2001
Central Piedmont Community College	15,648	Liquor	1	0	0	1	0	3
		Drug	1	1	0	1	1	1
University of North Carolina at Charlotte	18,308	Liquor	13	7	1	283	223	270
		Drug	54	10	23	78	70	87
Queens University	1,701	Liquor	0	0	0	24	34	27
		Drug	0	0	0	2	1	2
Johnson C. Smith University	1,595	Liquor	43	46	0	0	0	6
		Drug	161	200	18	16	16	11
Davidson College	1,673	Liquor	120	159	153	65	86	86
		Drug	0	0	6	0	0	3
Total All Institutions	38,925	Liquor	177	212	154	373	343	392
		Drug	216	211	6	97	88	104

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

2002 - 2004

Institution	Population	Violation	Arrests			Judicial Referrals		
			2002	2003	2004	2002	2003	2004
Central Piedmont Community College	16,400	Liquor	0	0	0	0	0	0
		Drug	0	2	7	1	1	7
University of North Carolina at Charlotte	19,846	Liquor	5	3	3	364	331	337
		Drug	23	9	15	65	71	78
Queens University	2,107	Liquor	0	0	0	37	40	38
		Drug	0	1	0	4	1	0
Johnson C. Smith University	1,474	Liquor	0	0	-*	1	7	-*
		Drug	4	4	-*	11	6	-*
Davidson College	1,714	Liquor	73	0	0	73	145	198
		Drug	0	0	0	0	6	6
Total All Institutions	41,541	Liquor	78	3	3	475	523	573
		Drug	27	16	22	81	85	91

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

*The numbers representing Johnson C. Smith University are not currently available for 2004.

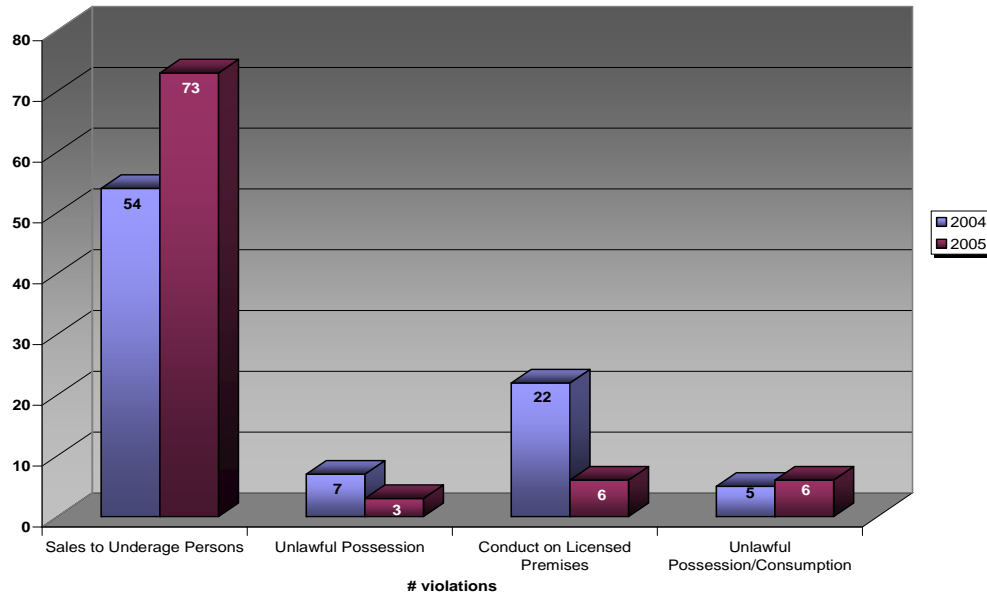
ABC & ALE Permit Violations

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

In 2005, the Mecklenburg County ABC Board Law Enforcement Division reported 88 permit violations, which were exactly the same as the previous year. The most frequent violation reported in 2005 was for sales to underage individuals with 73 violations, followed by disorderly conduct on the premises of licensed establishments and unlawful possession/consumption, each with 6 violations and then unlawful possession with 3 violations. In 2004, the most common violation was for sales to underage individuals with 54 violations, which is significantly less than in 2005. Disorderly conduct on licensed premises in 2004, however, was significantly higher with 22 violations.

The arrests made for violations of liquor laws by the Mecklenburg County ABC Board Law Enforcement Division totaled 499 in 2005, which is down from 594 in 2004. Of those arrests, 144 were made for underage possession and 28 were made for aiding/abetting an underage individual.

ABC Violations by Permittees: 2004 & 2005



Source: Mecklenburg County ABC Board

ALE Violations

The Division of Alcohol Law Enforcement:

In North Carolina, it is illegal to sell alcohol without a permit, to sell to anyone under the age of 21, to have an open container of alcohol in the car, or to sell wine, beer or liquor to anyone who is intoxicated. Alcohol Law Enforcement (ALE) agents enforce these, and many other laws that deal with the sale, purchase, transportation, manufacture, consumption, and possession of alcoholic beverages in the state.

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

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

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

Statistics:

The Alcohol Beverage Commission (ABC) issues 44,000 permits to sell alcohol each year. There are 17,500 licensed ABC outlets such as restaurants or night-clubs. ALE has 117 agents to make inspections and enforce the state's alcohol, tobacco, bingo and gambling laws. The following statistics show the work done each year by ALE agents.

ALE Arrest Charges	2000	2001	2002	2003	2004
Alcohol	4,828	3,991	4,947	5,551	6,229
Fictitious ID	271	477	488	513	637
Tobacco	887	1,032	846	2,169	1,993
Controlled Substance	1,328	1,010	1,168	1,794	2,111
Bingo & Gambling	193	198	106	171	276
DWI & Open Container	296	784	772	984	635
Traffic & Other Criminal	249	357	1,417	1,019	820
Assaults & Weapons					190
TOTAL ARREST CHARGES	8,052	7,849	9,744	12,204	12,891
ALE Underage Violations					
Sale to Minors (Surveillance)	197	142	203	243	210
Sale to Minors (Undercover)	148	182	698	421	516
Other Actions					
Violation of ABC Laws	--	648	1,306	1,211	1,911
Official Complaints of Non-compliance	--	1,557	1,423	--	--
Written Warnings	--	818	1,135	1,461	1,933

Source: North Carolina Division of Alcohol Law Enforcement

CMDFC Underage Alcohol Purchase Study

This project was designed to determine how easy it is to purchase alcohol without providing legitimate identification. We proportionately and randomly selected 25% of the establishments with ABC permits for off-premise sales from the seven zip codes where the highest proportion of students in the YDS who drank in the previous 30 days said it was “easy” to get and that they or someone bought it for them. Those zip codes were: 28205, 28208, 28216, 28226, 28227, 28269 and 28270. Each establishment, with the exception of four where circumstances did not permit, were approached twice on two different days and times by different “buyers” in an attempt to purchase a six-pack of domestic beer. 102 attempts were made at 52 establishments. The study was done between April 21 and May 5, 2006.

- 40 buys (39%) were made in 102 attempts
- 63.3% (31 of 49) stores sold at least once
 - 16.3% (8) sold *both* times
 - 46.9% (23) sold one of the two times
- 36.7% (18 of 49) did not sell either time
- Of the four stores with one attempt, 1 (25%) sold.



90% of the establishments in zip code 28227 sold at least once.

Small grocery stores/delis and convenience stores without gas are proportionately more likely to sell without asking for ID

2/3 of the 9 supermarkets in the sample sold without asking for ID

This research shows that the perception by students that access to alcohol in Charlotte-Mecklenburg is easy and that it can be purchased without an ID is supported.

This research was conducted for the Coalition and Substance Abuse Prevention Services by Research and Training Specialist, Inc. RTSpecialists.com



Harm

Injecting Drug Use Related HIV/AIDS Cases

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

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

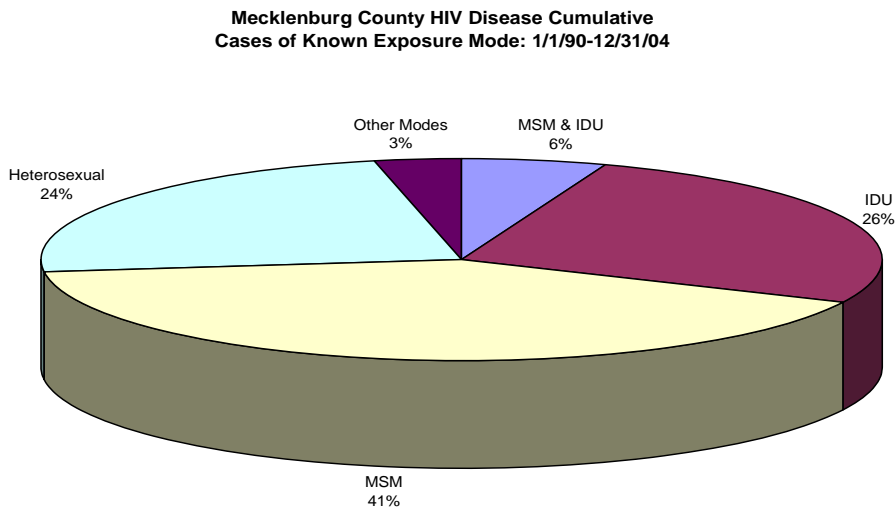
In addition, non-injection drugs also contribute to the spread of HIV when users trade sex for drugs or money, or when they engage in risky sexual behaviors they might not otherwise engage in when sober. Drug users are also at an elevated risk for other sexually transmitted diseases and tend to have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

Since the epidemic began, injection drug use has directly and indirectly accounted for approximately one quarter (24%) of AIDS cases in the United States (Centers for Disease Control and Prevention [CDCP], 2005). Of the 42,514 new cases of AIDS reported in 2004, 9,152 (22%) were IDU-associated (CDCP, 2005). Among women, 51% of all AIDS cases have been attributed to injection drug use or sex with partners who inject drugs (CDCP, 2005).

As of December 31, 2004, there were 17,960 people living with HIV/AIDS in North Carolina. According to the Centers for Disease Control and Prevention, there were 1,641 new cases of HIV/AIDS reported throughout the state in 2004. This represents a 4% increase from the year before, and makes 2004 the fourth year there has been an increase in cases in North Carolina. In 2004, 68 percent of new adult and adolescent HIV disease reports for males was attributed to men who have sex with men (MSM) and MSM who also inject drugs (MSM/IDU), about 9 percent to injecting drug use (IDU) only, and 22 percent was attributed to heterosexual contact. (CDCP, 2005)

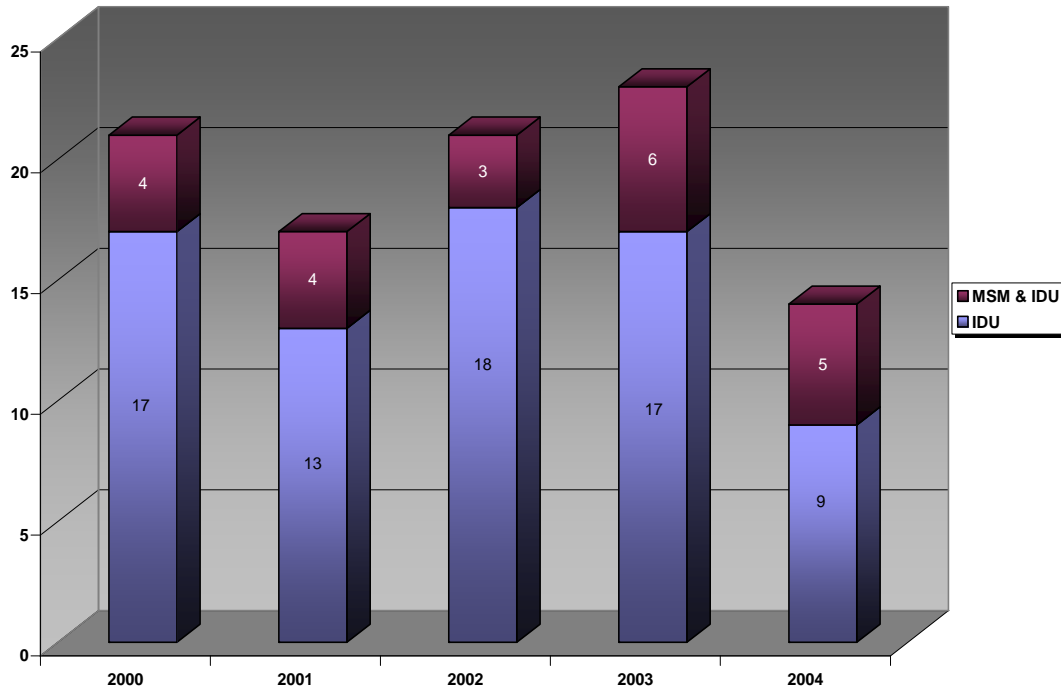
There were 344 new cases of HIV and 197 cases of AIDS reported in Mecklenburg County in 2004. As of December 31, 2004, there were 3,129 people in Mecklenburg County living with either HIV (2,180) or AIDS (949).

For more information about this indicator, please contact the **Mecklenburg Epidemiology Program** at **704.353.0543**.



Note: MSM=Men who have sex with men, IDU=Injecting drug use
Source: NC DHHS, HIV/STD Prevention and Care, Data presented by Mecklenburg County Epidemiology Program

Mecklenburg County HIV Cases Associated with Injecting Drug Use: 2000-2004



Note: MSM=Men who have sex with men, IDU=Injecting drug use

Source: NC DHHS, HIV/STD Prevention and Care, Data presented by Mecklenburg County Epidemiology Program

Suicides and Accidental Deaths Attributed to Substances

The Mecklenburg County Medical Examiner is an officer of the State of North Carolina, charged with the duty of investigating and certifying specified categories of human deaths. The Medical Examiner's primary purpose is to detect, analyze and document the medical aspects of certain types of deaths so that deaths can be better understood scientifically, legally, and socially. Accidental deaths and suicides are among the deaths reported to the Medical Examiner.

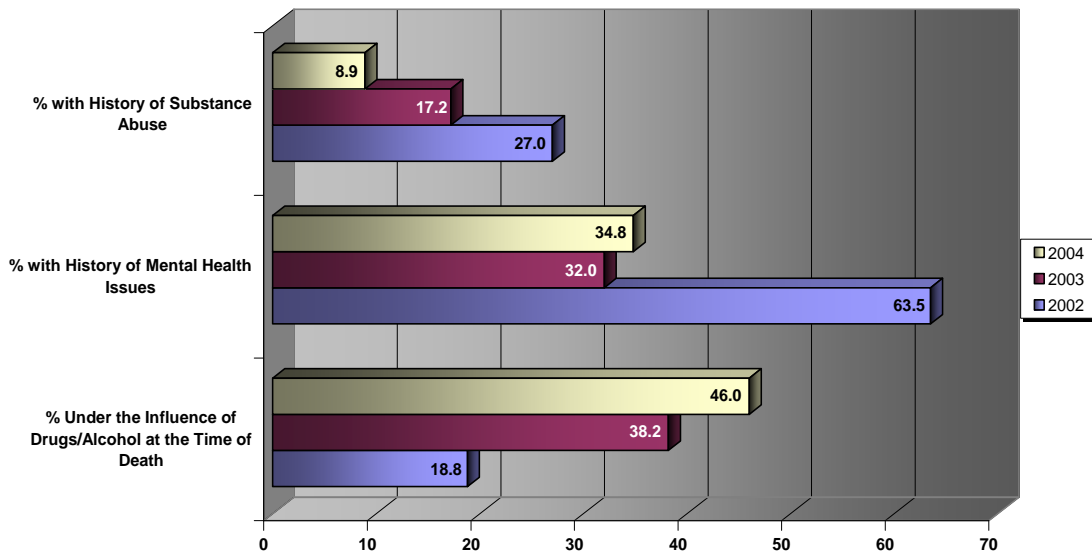
According to the Centers for Disease Control, unintentional injury (or accident) was the fifth leading cause of death for all Americans, responsible for 108,694 deaths in 2004. According to the Centers for Disease Control's National Center for Injury Prevention and Control, alcohol and drugs are known risk factors for a wide range of unintentional injuries including those associated with traffic accidents, fires, violence, drowning, and child maltreatment, as well as directly from overdoses.

In 2004, suicide was the eleventh leading cause of mortality for all Americans, responsible for 31,647 deaths (Centers for Disease Control, 2006). According to the U.S. Surgeon General, nearly 500,000 people require emergency treatment as a result of attempted suicides each year. In addition, the Surgeon General reports that suicidal behavior typically occurs in the presence of mental or substance abuse disorders.

From 2002 to 2004, there were 1,019 deaths in Mecklenburg County attributed to either accident or suicide. From 2002 to 2004, deaths attributed to suicides totaled 254. After reviewing these suicide deaths, approximately 25% of the decedents had a recorded history of substance abuse. In addition, an average of 44% had a recorded history of mental health issues and an average of 35% was under the influence of alcohol and/or other drugs at the time of death.

Deaths ruled accidental totaled 765 between 2002 and 2004. These deaths may include, but are not limited to deaths caused by overdoses, car accidents, drowning, and on-the-job accidents. During these three years, 765 deaths were ruled as accidental. After reviewing the accidental deaths, approximately 13% of the decedents had a recorded history of substance abuse. In addition, an average of 4% had a recorded history of mental health issues and an average of 28% was under the influence of alcohol and/or other drugs at the time of death.

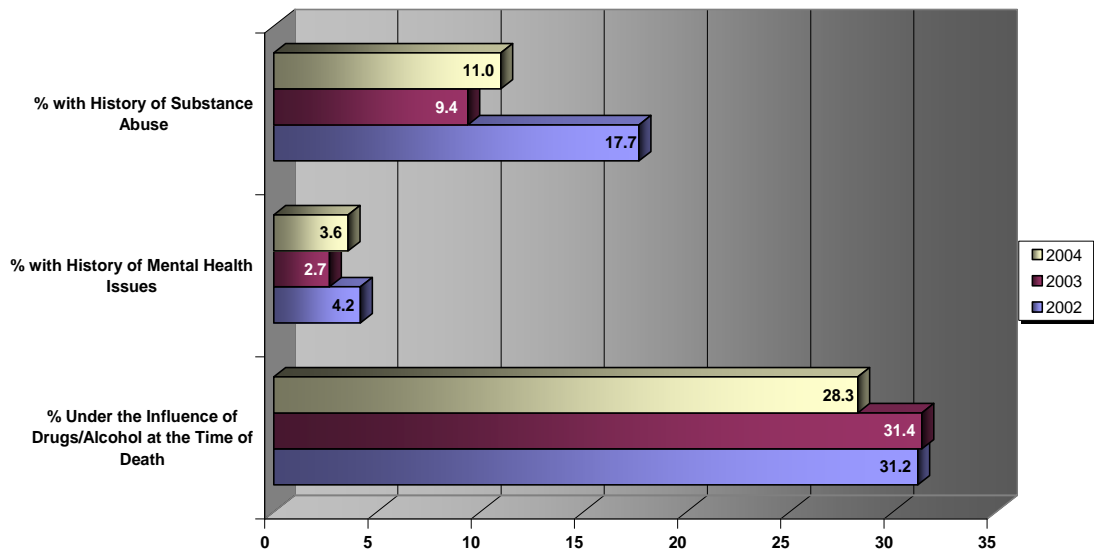
**Mecklenburg County Deaths Attributed to Suicide
(2002-2004)**



Source: Mecklenburg County Medical Examiner's Office



Mecklenburg County Deaths Attributed to Accidents
(2002-2004)



Source: Mecklenburg County Medical Examiner's Office

Impaired Driving Charges

The Mecklenburg County District Attorney's Office reports a total of 5,832 charges associated with impaired driving in the County during fiscal year 2004/2005. These charges include driving while impaired, driving after consuming for persons under 21 years of age, driving while impaired in a commercial vehicle, habitual impaired driving, and aiding and abetting impaired driving.

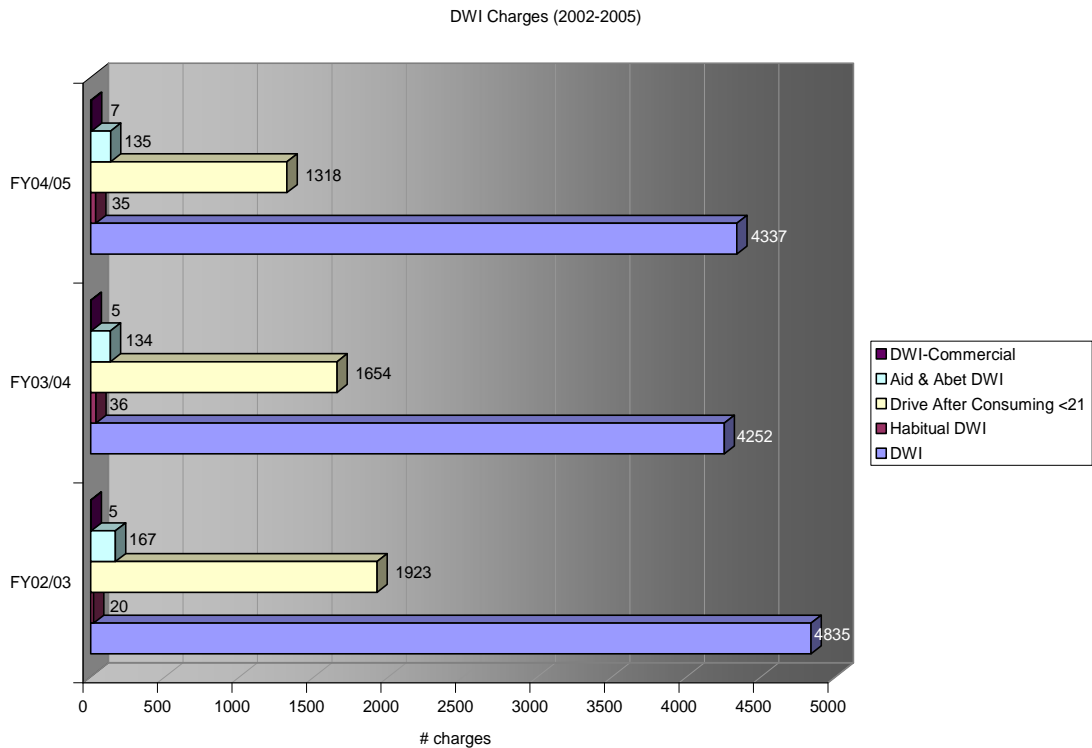
Of all charges associated with driving under the influence of alcohol in Mecklenburg County in fiscal year 2004/2005, driving while impaired accounts for the majority (74%) of charges, followed by driving after consuming for persons age 21 years and younger (23%). The rate of DWI charges in Mecklenburg County is less than that of North Carolina overall, but exceeds that of both Wake and Guilford Counties.

In Mecklenburg County, according to the DA's office there were four deaths related to traffic accidents involving the use of alcohol in 2004. Three of these involved persons over 21 years of age and one involved persons less than 21 years of age. In 2005, there were four deaths resulting from traffic accidents involving alcohol, with all four of these deaths involving persons over the age of 21. Speed related accidents accounted for 9 deaths in 2004 and 17 deaths in 2005. Speed continues to be the number one contributing factor of traffic fatalities in Mecklenburg County.

According to the general statutes of the State of North Carolina, a person is charged with the offense of driving while impaired (DWI) if he drives a vehicle while under the influence of an impairing substance or after having consumed sufficient alcohol that he has a blood alcohol concentration of 0.08 or more. Driving after consuming is charged for persons less than 21 years old who drive while consuming alcohol or while any alcohol or substance remains in the body that was previously consumed. A person is charged with the offense of impaired driving in a commercial vehicle if he drives that vehicle while under the influence of an impairing substance or after having consumed sufficient alcohol such that the blood alcohol concentration is 0.04 or greater. Habitual impaired driving is charged when a person has been convicted of three or more offenses involved impaired driving within seven years. Aiding and abetting impaired driving is charged when the owner of a vehicle knowingly allows someone impaired to drive his or her vehicle.

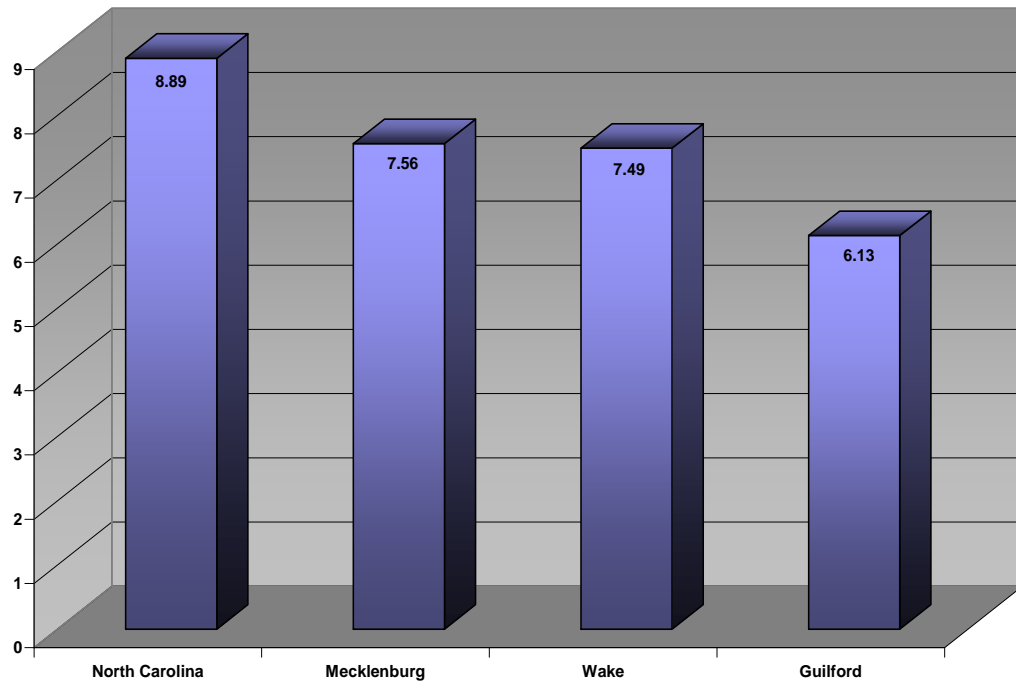


Note that these are counts of charges, not cases or defendants. In theory, but extremely rarely in practice, there could be more than one impaired driving charge within one case. However, there are often multiple cases involving the same defendant.



Source: North Carolina Administrative Office of the Courts. Data presented by the Mecklenburg County District Attorney's Office.

DWI Charges per 1,000 Persons: FY 2004/2005



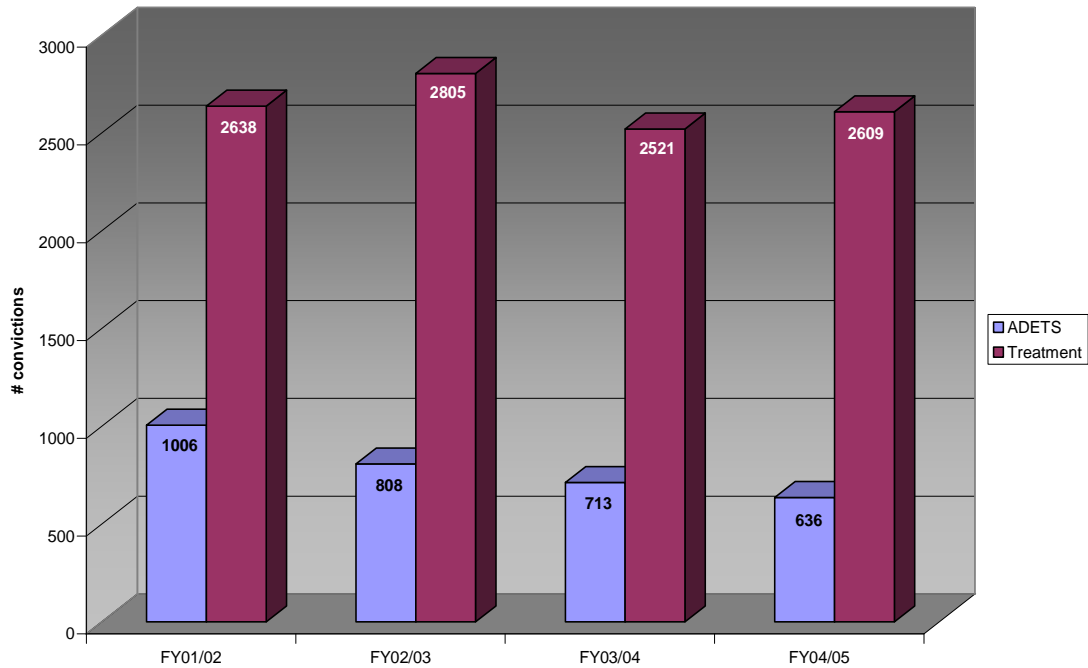
Source: North Carolina Administrative Office of the Courts. Data presented by the Mecklenburg County District Attorney's Office.

Abuse/Dependence among Persons Charged with DWI

Upon conviction of Driving While Impaired (DWI), the North Carolina Division of Motor Vehicles requires a substance abuse assessment and, depending on the outcome of the assessment, completion of either an alcohol and drug education traffic school (ADETS) or a substance abuse treatment program. ADETS is prescribed for individuals who do not exhibit abuse or dependence issues and/or are convicted of a first DWI with blood alcohol concentrations (BAC) of less than 0.15%. Short-term and intensive outpatient treatment are recommended for clients assessed as having abuse or dependence issues and/or BACs higher than 0.15% and prior DWI convictions.

The Mecklenburg County Area Mental Health, Developmental Disabilities and Substance Abuse Authority contracts with the Chemical Dependency Center to track those individuals convicted of DWI. Of those convicted of DWI during fiscal years 99/00, 00/01, 01/02, and July to December of 02/03, a majority were diagnosed as having substance abuse or dependence issues, had high BACs at the time of arrest, and/or multiple DWIs.

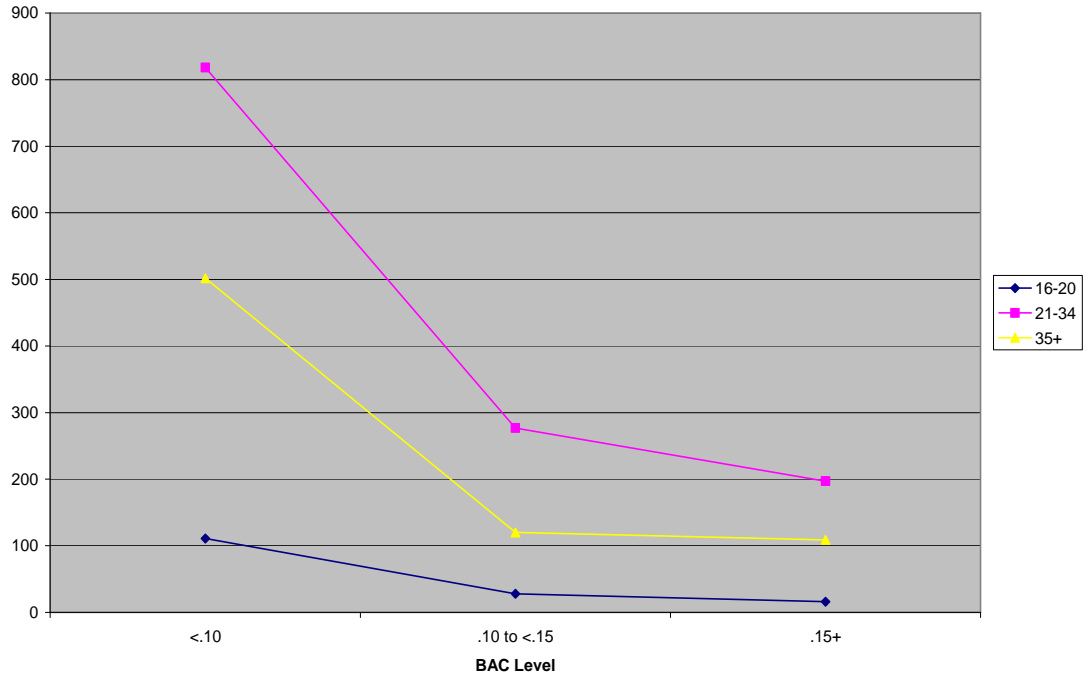
DWI Convictions: Persons Assigned to ADETS & Treatment (2001-2005)



Source: Chemical Dependency Center, 2006

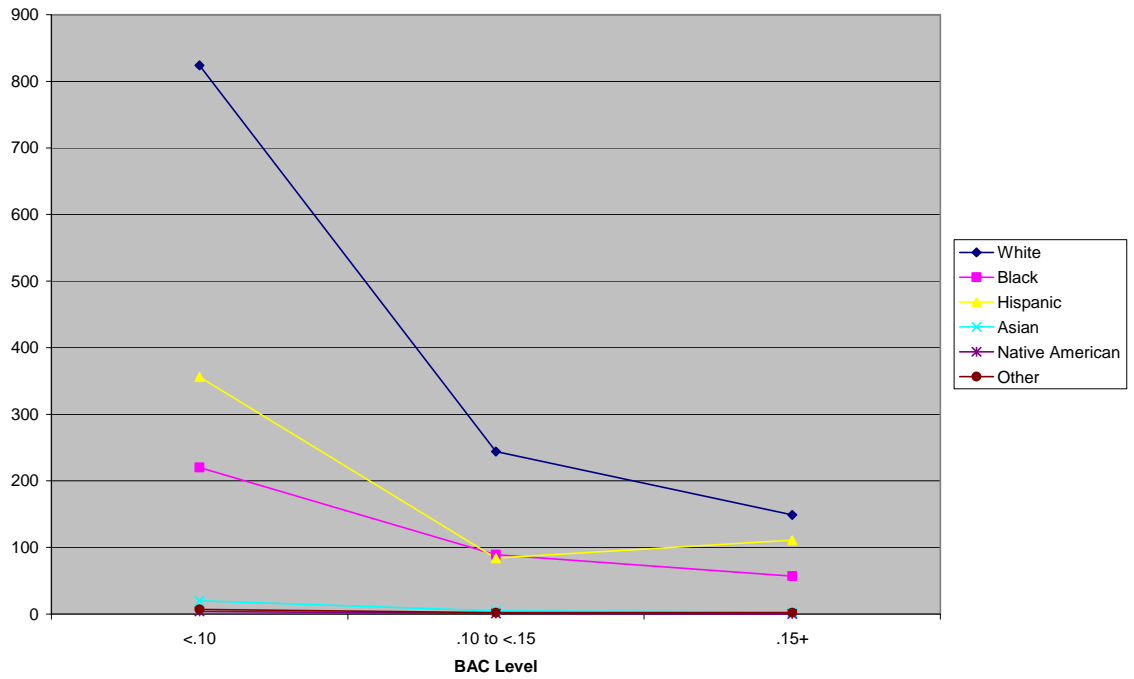
Among those DWI convictions tracked by the Chemical Dependency Center during fiscal year 2004/2005, men account for the majority of convictions (83%) with white males accounting for just under half of all convictions among men (48%). Among females, White females account for approximately 81% of convictions and Black females for 15%, while Asian females, Hispanic females, Native American females, and other races combined account for approximately 4% of female convictions. Persons 21-30 years of age account for 46% of DWI convictions.

DWI Convictions by BAC Level & Age Group: FY 04/05



Source: Chemical Dependency Center, 2006.

DWI Convictions by BAC Level & Race/Ethnicity



Source: Chemical Dependency Center, 2006.

Alcohol-Related Traffic Injuries and Fatalities

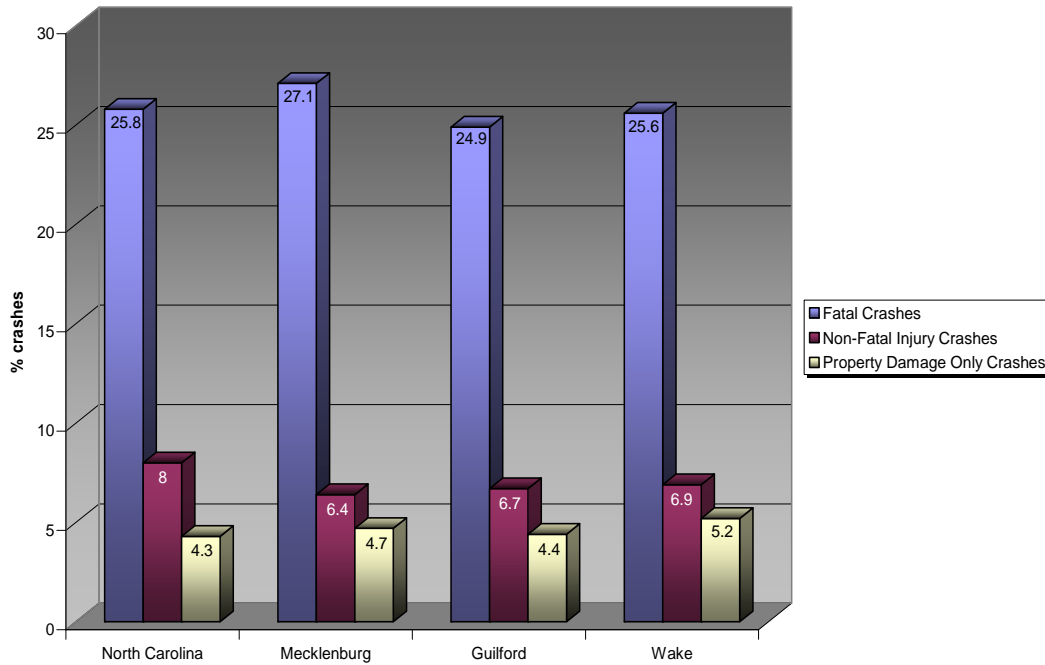
According to the North Carolina Division of Motor Vehicles, in 2004 in Mecklenburg County, a traffic accident occurred every 12 minutes at a cost of \$90,857 per hour. On average (2000-2004), 27,288 crashes occur in Mecklenburg County per year and 4.4% (1,213) are alcohol-related. (*The most recent data available on alcohol-related traffic injuries and fatalities from the State is for 2004). According to the NC DMV, data will not be available for 2005.)

In Mecklenburg County, about 6.4% of crashes with non-fatal injuries were alcohol-related (five-year average, 2000-2004). The proportion of non-fatal injury crashes that are alcohol related is slightly greater for Wake County (6.9%), Guilford County (6.7%), and North Carolina (8.0%) overall. In 2004, 1,075 injuries were caused by crashes that involved alcohol in Mecklenburg County. In North Carolina, there were 11,044 injuries caused by crashes that involved alcohol in 2004.

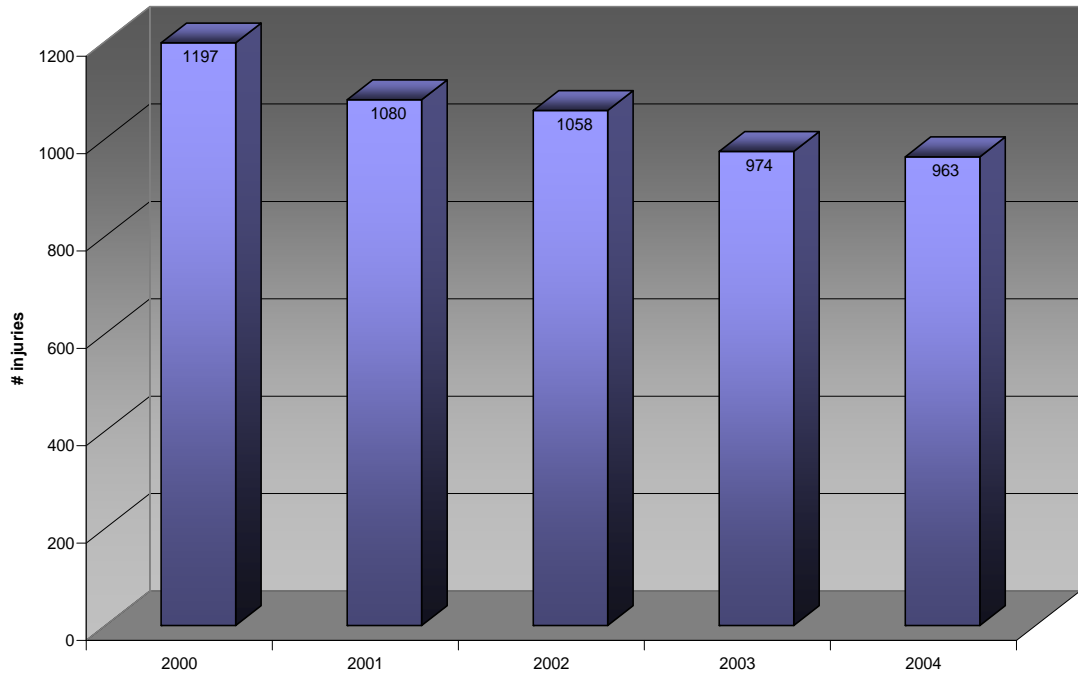
The proportion of fatal, alcohol-related crashes in Mecklenburg County (27.1%) slightly exceeds that of Guilford County (24.9%), Wake County (25.6%), and North Carolina (25.8%).

Overall, in 2003, in Mecklenburg County, 14 people lost their lives as a result of being involved in an alcohol-related traffic accident. This is a drop in fatalities from the year before, when 20 people lost their lives in alcohol-related traffic accidents.

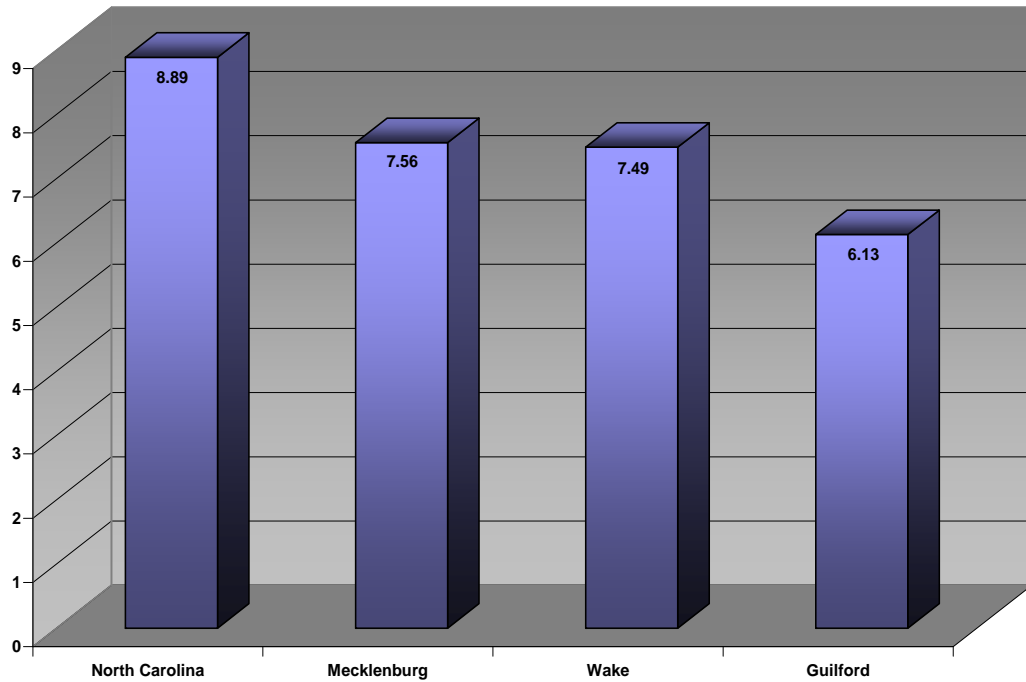
Percent of Crashes Related to Alcohol: 5-Year Average (2000-2004)



Mecklenburg County Injuries by Alcohol-Related Crashes: 2000-2004



DWI Charges per 1,000 Persons: FY 2004/2005



Source: North Carolina Division of Motor Vehicles, Traffic Records Division: North Carolina Traffic Crash Facts 2003-2005.

Prevention and Education

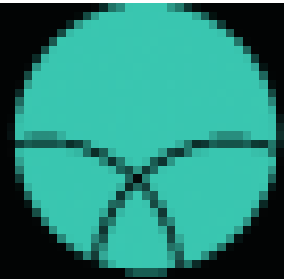
Substance Abuse Prevention & Education

There is an extensive variety of substance abuse prevention programs currently in operation throughout the United States. These programs serve all ages, races, education levels, etc. The goal of these programs is to educate the public about the many consequences of alcohol and drug use. The common structure for substance abuse prevention is based on risk and protective factors. Risk factors place individuals at greater than average risk for substance abuse, while protective factors buffer individuals from initiating or continuing use. For example, someone who experiences teenage pregnancy is at a greater risk for substance abuse later in life, while success in school is a protective factor.

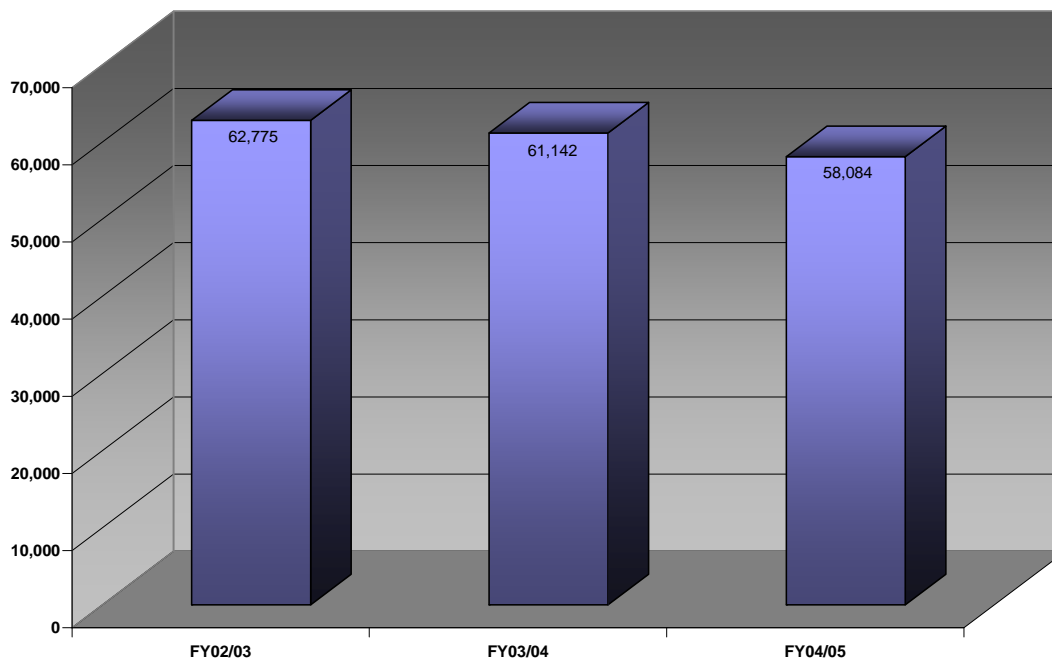
Further, such risk factors are categorized into six life domains – individual, family, peer, school, community, and society. This framework emphasizes that substance abuse develops in response to multiple influences. The strategies considered effective for substance abuse prevention range from personal skill building and opportunities for family bonding to community awareness and youth-oriented mass media campaigns.

The four major providers of substance abuse prevention in Mecklenburg County are Substance Abuse Prevention Services (SAPS), the Chemical Dependency Center (CDC), Fighting Back and the Charlotte-Mecklenburg School System (CMS). Each organization delivers a variety of prevention services to universal and selected populations of youth and adults throughout Mecklenburg County. Such services are delivered in a multitude of settings, including Charlotte Mecklenburg Schools, neighborhood sites, faith-based institutions, other collaborative agencies, after-school programs, and college campuses.

Collectively, SAPS, the CDC, Fighting Back, and CMS served 175,124 persons in prevention programming in Mecklenburg County during fiscal year 2004/2005. The total amount spent on prevention from these four organizations in FY 04/05 was \$2,181,077. This represents persons served in both single and recurring sessions. Because each of these organizations vary in the methods of their data collection, it is currently only possible to present total numbers of persons served. (The total persons served in 2004/2005 include 121,640 from CMS, who are primarily served by SAPS, CDC, and Fighting Back. These numbers may represent a duplicated population.)



Substance Abuse Prevention/Education Participants: 2002-2005



Source: Substance Abuse Prevention Services, the Chemical Dependency Center, Charlotte-Mecklenburg Schools, and Fighting Back.

For more information about this indicator, please contact **Substance Abuse Prevention Services** at **704.375.3784** or www.preventionservices.org, the **Chemical Dependency Center** at **704.376.7447** or www.chemdepctr.com, the **Mecklenburg County Substance Abuse Program Administrator** at **704.336.7155**, **Fighting Back** at **704.336.4634** or <http://fightingback.charmeck.org>, and **Charlotte-Mecklenburg Schools** at **980.343.2604** or email at: kristi.roe@cms.k12.nc.us.

Tobacco Free School Environments

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

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

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

The CMS tobacco policy for students is as follows:

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

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

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

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

Date of Adoption: 12/13/66

Date of last revision: 5/2003

The CMS tobacco policy for employees is as follows:

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

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

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

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

Date of Adoption: 12/13/66

Date of last revision: 5/2003

*Project ASSIST is the Mecklenburg County Health Department's tobacco use prevention and reduction program, which is funded in part by grants from the North Carolina Health and Wellness Trust Fund Commission. Project ASSIST is focused on helping adolescents, pregnant women, and tobacco users who want to quit. For more

information on the program, call the Health Department at 704-336-4660, or visit their web site at <http://www.meckhealth.org> and look for Project ASSIST under Programs and Services.

Substance Abuse Treatment

Recent research provides proof that substance abuse prevention does, indeed, reduce substance abuse and that substance abuse treatment programs do help people to overcome their addictions and lead them to recovery (SAMHSA, 2004).

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health conducted in 2002, 22.8 million people aged 12 or older needed treatment for a serious alcohol problem or a diagnosable drug problem. Only 2.3 million of those in need of treatment for their substance abuse problems actually received specialized treatment for their problems (2004). Of those surveyed by SAMHSA, more than 85% people with untreated substance abuse problems felt they did not require treatment. Of the 1.2 million people who reported they thought they did need care for their substance abuse problems but did not receive it, 446,000 said they made an effort to get treatment, but were unable to get treatment (2004).

According to the Center for Substance Abuse Treatment, the treatment of substance abuse can be understood as a spectrum of treatment options with differences in setting, type, and range of services selected according to the gravity of the substance abuse problem. Detoxification services, under the direction of a physician or managed by addiction specialists, serve residents whose problems with the areas of physical withdrawal, emotional/behavioral concerns, treatment acceptance, and relapse potential are of primary focus. Residential treatment is designed for clients with similar, yet less severe concerns and provides a live-in facility with 24-hour supervision. Intensive outpatient treatment requires a minimum of 9 hours of weekly attendance, usually in increments of 3 to 8 hours a day. Less intensive is outpatient treatment with scheduled attendance of less than 9 hours per week, usually including once- or twice-weekly individual, group, or family counseling as well as other services. Aftercare, or continuing care, is the stage following primary care completion, when the client no longer requires services at the same intensity. For opiate and opiate derivative addicted individuals, methadone treatment utilizes the synthetic narcotic to medically stabilize the patient and is usually accompanied by individual and group counseling, as well as education. Relapse prevention provides clients with cognitive and behavioral skills to support the maintenance of recovery.

In Mecklenburg County, an array of treatment options is available from a variety of providers. The agencies that provided data are Mecklenburg County Substance Abuse Services, the Chemical Dependency Center of Charlotte-Mecklenburg, CMC-Mercy Horizons, Hope Haven, SAIL, and McLeod Addictive Disease Center. Collectively, these organizations served a total of 20,126 adolescents and adults with a range of treatment services in FY 2004/2005.

In a survey of substance abuse service providers conducted on March 6, 2006, by the Mecklenburg County Substance Abuse Program Administrator, 236 people were on a waiting list for the following services: substance abuse assessments, intensive outpatient treatment, halfway houses, residential treatment, and day treatment. The providers responding to the survey were Mecklenburg County Substance Abuse Services, McLeod Addictive Disease Center, the Chemical Dependency Center, the Dilworth Center for Chemical Dependency and Hope Haven, and SAIL.

The following chart shows adults and youth served in substance abuse treatment in Mecklenburg County by the aforementioned providers:

Treatment Services	FY 02/03		FY 03/04		FY 04/05	
	Youth	Adult	Youth	Adult	Youth	Adult
Detoxification Services - Medical	0	0	0	0	0	0
Detoxification Services - Social Setting	0	2513	0	2596	0	2580
Day Treatment	122	990	107	1124	155	1198
Residential Treatment	70	813	57	594	71	636
Intensive Outpatient Services	8	1049	622	4212	357	5571
Outpatient Services - meeting less than 9 hrs/ wk	0	1398	0	1607	0	1219
Continuing Care/Aftercare	68	760	68	727	73	562
Relapse Prevention	0	284	0	252	0	505
Metadone	0	6065	0	6027	0	6956
Halfway House/Aftercare Services	35	238	15	184	28	215
Total Substance Abuse Services	303	1411	869	1732	684	1944
		0		3		2

Sources: Mecklenburg County Substance Abuse Services, McLeod Addictive Disease Center, the Chemical Dependency Center, the Dilworth Center for Chemical Dependency, Hope Haven and SAIL.

For more information on this indicator, please email info@mecklenburgindicators.com.

Drug Treatment Court

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

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

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

The Mecklenburg County Drug Treatment Court's total program budget for FY2004/2005 was \$1,353,243. This budget is down significantly from \$1,978,834 in FY 2003/2004.

Below is additional information related to Mecklenburg County's Drug Treatment Court Program.

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

Jail Treatment Recidivism

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

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

In addition, both NA and AA volunteers conduct weekly NA and AA meetings for jail inmates in treatment or who have completed treatment.

The first alcohol/drug treatment program was established when the Sheriff's Office instituted direct supervision jails in the early nineties, and the research over the years continues to show that inmates who successfully complete the programs are much less likely to return to jail compared to those who do not complete the program.

This information represents the male population only.

In FY 2004 (7/1/03-6/30-04), there was a 75% completion rate in the Mecklenburg County Jail Substance Abuse Treatment Program, which included 470 total admissions and 354 completions.

Of those who graduated the program in FY 2004, 83% were in state custody, while the remaining 17% were in federal custody. Of the graduates, 76% were black, 22% were white, 1% was Hispanic, and the remaining 1% was Asian. The average age of a graduate of the Jail Substance Abuse Treatment Program in 2004 was 34.

A recidivism analysis was conducted of 185 of the 2004 graduates. Of those who had been out of jail for 3-5 months, 62 had recidivated, of which 16% were rearrested. Of those who had been out of jail for 6-11 months, 100 had recidivated, of which 26% were rearrested. Finally, of those graduates who had been out of jail for 12 months, 23 had recidivated, of which 52% were rearrested.

In FY 2005 (7/1/2004-6/30/2005), there was a 63% graduation rate among male inmates who were in the Mecklenburg Co. Jail Substance Abuse Treatment Program, which included 442 admissions and 277 completions. Of the 63% who successfully completed

the program, 47 had recidivated with 17% being rearrested within 3-5 months of their release. Of those who had been released within the previous 6-11 months, 64 had recidivated, with 23% of those being rearrested. Of those who had been released within the last 12 months, 17 had recidivated, of which 53% were rearrested.

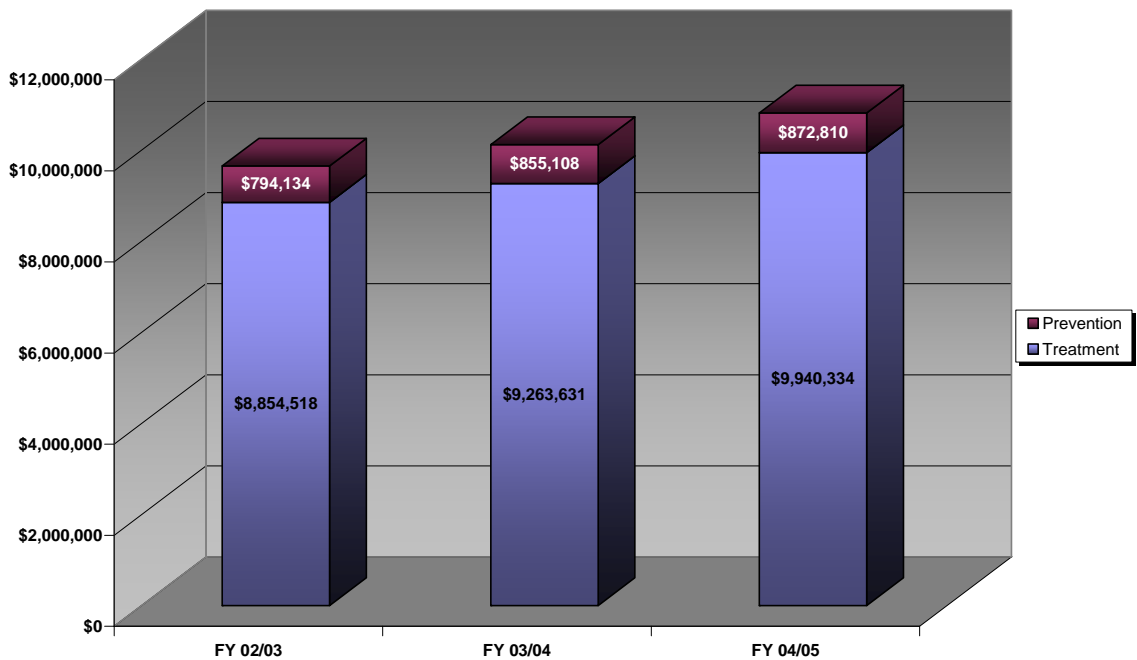
County Expenditures on Substance Abuse Prevention & Treatment

The mission of the Mecklenburg County government is to serve Mecklenburg County residents by helping improve their lives and community. On June 5, 2001, the Board of County Commissioners adopted a vision of Mecklenburg County for the year 2015. According to the Vision 2015, “Mecklenburg County will be a community of pride and choice for people to LIVE, WORK, and RECREATE.”

The issue of substance abuse is included within the Mecklenburg Vision 2015. Specifically, the vision states, “We will have the lowest per capita incidence of substance abuse in the nation.”

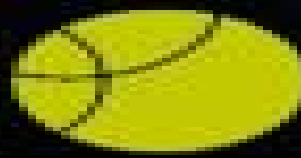
According to the Mecklenburg County Area Mental Health Authority, the County’s total expenditures for substance abuse treatment services during FY 2004/2005 were \$9,940,334, or .87% of the total county budget. Also in that year, the County’s total expenditures for substance abuse prevention services were \$872,810, or .07% of Mecklenburg’s total county budget.

Mecklenburg County Substance Abuse Expenditures



Sources: Mecklenburg County Budget Office & Mecklenburg County Area Mental Health.

Coalition Membership



Acknowledgements

Special appreciation is extended to Sandy Dupuy, Paul Friday, Shannon Hames, Mary Howerton, Cindy Murphy, Steve Newman, Karen Simon, Susan Slazas, Abbra Terry and Anita Turner compiling and editing this report and to all of the agencies that made the special effort necessary to provide us

Dr. Mary Howerton, Chair, Mary Howerton Consulting, Inc.

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Sandy Dupuy, Consumer & Family Advocacy Council

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Cindy Murphy, Chemical Dependency Center

Dr. Steve Newman, Mecklenburg County Health Department

Charles Odell, Dilworth Center

Kristi Roe, Charlotte Mecklenburg Schools

Karen Simon, Substance Abuse Prevention Services

Jan Thompson, Mecklenburg County Sheriffs Department

Bob Ward, Public Defenders Office

Substance Abuse Prevention Services, Fiscal Agent

- 26th Judicial District Courts
- Carolinas Community Health Institute
- CASCADE Services
- Carolinas Center for Injury Prevention/Safe Communities
- Carolinas Medical Center Mercy Horizons
- Catholic Social Services
- Charlotte Area Health Education Center (CAHEC)
- Charlotte Housing Authority Substance Abuse Services
- Charlotte Mecklenburg Police Department
- Charlotte Mecklenburg Schools (CMS)
- Chemical Dependency Center
- CMS Parent Teacher Association (PTA)
- Counseling Insights
- Criminal Justice Department- UNCCCharlotte
- Dilworth Center for Chemical Dependency, Inc.
- The Girl Scouts
- Greater Faith Temple Ministries
- Horizons Outpatient Services
- McLeod Addictive Disease Center, Inc.
- Mecklenburg County Consumer & Family Advisory Committee
- Mecklenburg County Alcoholic Beverage Control Board
- Mecklenburg County Department of Social Services
- Mecklenburg County District Attorney
- Mecklenburg County Drug Treatment Court Program
- Mecklenburg County Health Department
- Mecklenburg County Health Department – Fighting Back Project
- Mecklenburg County Area Mental Health Authority-Provided Services
- Mecklenburg County Public Defender's Office
- Mecklenburg County Sheriff's Office
- NOVA Program
- Project Assist
- Regional HIV/AIDS Consortium
- SAIL
- St. Andrews Episcopal Church
- Substance Abuse Prevention Services
- United Way of Central Carolinas