



# PROGRESS REVIEW

## Substance Abuse

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ May 6, 1998

The Assistant Secretary for Health and Surgeon General chaired the third review this decade on Healthy People 2000 objectives for substance abuse. As the lead agency for this priority area, the Substance Abuse and Mental Health Services Administration led a discussion that focused on the abuse of alcohol and illegal drugs by young people and on strategies for reducing these practices. Attention was given to the following objectives during the course of the review:

**4.1** The rate of alcohol-related motor vehicle crash deaths for the total population declined from the 1987 baseline of 9.8 per 100,000 to 6.5 in 1997. The Healthy People 2000 (HP2000) target is 5.5. The change from baseline is even greater for people aged 15-24 years, whose rate of alcohol-related crash deaths declined from 21.5 per 100,000 in 1987 to 12.9 in 1996. HP2000 target is 12.5. (See chart.)

**4.3** Preliminary data indicate that the rate of drug-related deaths for the total population increased from the 1987 baseline of 3.8 per 100,000 to 4.7 in 1996. Since 1990, the drug-related death rate has increased 21 percent for blacks and 40 percent for Hispanics. HP2000 target is 3 deaths per 100,000 for all groups.

**4.4** The rate of drug-related hospital emergency department visits increased from 176 per 100,000 in 1991, the baseline year, to 207 in 1996. This may be due to increased utilization. The HP2000 target is 140.6 visits per 100,000, or a 20 percent reduction.

**4.5** The average age of first use of marijuana increased from 13.4 years in 1988 to 14.4 in 1996, meeting the HP2000 target of 14.4. In 1996, the average age of first use of alcohol among this group was 13.1 years, unchanged from the 1988 baseline. HP2000 target is 14.1 years. The average age of first use of cigarettes by adolescents aged 12-17 increased from 11.6 years in 1988 to 12.4 in 1996, approaching the HP2000 target of 12.6. However, it should be noted that an increased number of older adolescents use cigarettes, according to the CDC Youth Risk Behavior Survey.

**4.6** The proportion of young people aged 12-17 years who used alcohol in the previous month declined from 33 percent in 1988 to 19 percent in 1996. HP2000 target is 12.6 percent. The proportion of those aged 18-20 using alcohol in the previous month also declined, from 55 percent in 1988 to 50 percent in 1996, well short of the HP2000 target of 29 percent. After a

decrease between 1988 and 1992, marijuana use by adolescents aged 12-17 and young adults aged 18-25 began increasing in 1993, and the 1996 rates of usage are almost twice the target levels. However, the rates of current cocaine use by both groups in 1996 were half the rates of usage in 1988, and the HP2000 targets for reductions in cocaine use have been met. Cigarette smoking among 12-17 year-olds declined from 23 percent in 1988 to 18 percent in 1996. HP2000 target is 6 percent.

**4.7** In each of the years from 1989 to 1997, about a third of high school seniors reported a recent occasion of heavy drinking (5 or more drinks). HP2000 target is 28 percent. Among college students, the proportion of occasional heavy drinkers varied little from 1989 to 1997, remaining at about 40 percent. HP2000 target is 32 percent.

**4.9** From the late 1980s to the early 1990s, an increasing proportion of high school seniors perceived parent and peer disapproval of heavy drinking, occasional marijuana use, experimentation with cocaine, and smoking. In more recent years, however, this proportion has decreased.

**4.14** The proportion of worksites with 50 or more employees that adopted alcohol and/or drug policies rose to over 90 percent in 1995.

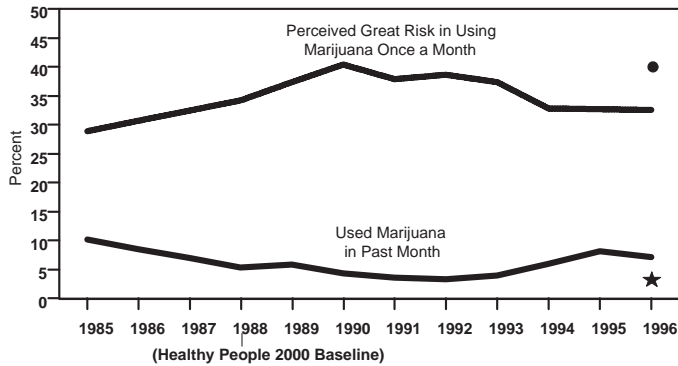
**4.15** In 1997, 40 states had driver's license suspension/revocation laws for intoxicated drivers, as compared with 29 states in 1990. HP 2000 target is 50 states and the District of Columbia.

**4.16** and **4.17** In 1996, 46 states had enacted statutes beyond those existing in 1989 to reduce minors' access to beverage alcohol. Thirteen states had enacted statutes to restrict promotion of beverage alcohol to young audiences. HP2000 targets are 50 states and 20 states, respectively.

### HIGHLIGHTS

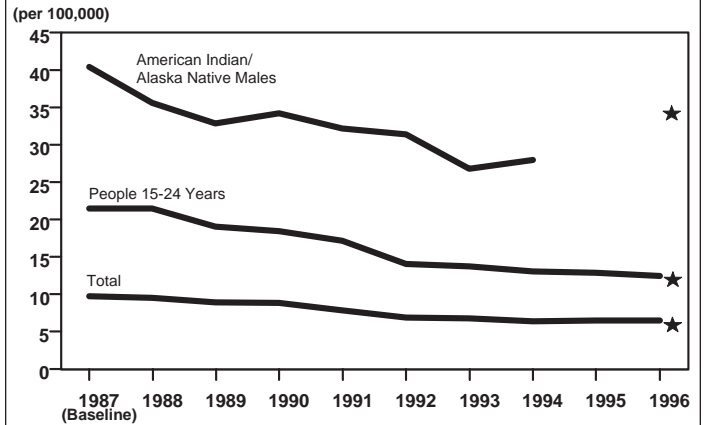
- As perception of harm from substance abuse increases among teenagers, their use of these substances declines. (See chart.)
- Since the legal age for drinking was raised from age 18 to 21 in all states, there has been a 15 percent reduction in motor vehicle fatalities among young people, saving 600 lives annually. It is further estimated that around 400 suicides are prevented annually.
- Recent actions by the states (enforcement of BAC laws, administrative driver's license revocation, and restrictions on the sale and distribution of alcoholic beverages to underage youth) have led to a large reduction in the death rate from motor vehicle crashes. As an example, for the first time in decades, survey data show a decline in the rate of alcohol-related motor vehicle deaths among American Indians and Alaska Natives.
- It is estimated that two-thirds to three-quarters of alcohol outlets sell to underage purchasers without asking for identification.
- Cigarette smoking appears to be used increasingly as a way to maintain and enhance the effects of marijuana.
- Alcohol abuse and smoking are both factors leading to an increased risk of developing certain kinds of cancers, cardiac irregularities, and heart failure.
- Within 5 years of their arrival in the U.S., young Hispanic males tend to increase their consumption of alcohol. Second generation young female Hispanics in the U.S. consume greater amounts of alcohol than their first generation counterparts.

## Perception of Great Risk in Use of Marijuana and Actual Use in Past Month (Age 12-17)



• Proposed Healthy People 2010 objective and target  
 ★ Year 2000 Target  
 Source: SAMHSA, National Household Survey on Drug Abuse

## Alcohol-Related Motor Vehicle Deaths



★ Year 2000 Target  
 Source: DOT, NHTSA, Fatality Analysis Reporting System

**4.18** The number of states with statutory blood alcohol content (BAC) levels of 0.08 percent for adults aged 21 and over increased from 7 in 1993 to 15 in 1997. The number of states with BAC levels of 0.02 percent or less for people under 21 (zero tolerance) increased from 9 in 1993 to 48 (and the District of Columbia) in 1998. HP2000 target for each is 50 states.

**4.19** In baseline year 1992, the proportion of primary care providers who screened patients for alcohol or other drug use problems ranged from 23 percent of family physicians to 63 percent of internists. HP2000 target is 75 percent.

## PARTICIPANTS

Avance, Inc.  
 Bethel A.M.E. Church  
 Brown University  
 California State University  
 Centers for Disease Control and Prevention  
 Columbia University  
 COSMOS Corporation  
 Database ER, Inc.  
 Department of Education  
 Department of Housing and Urban Development  
 Department of Justice  
 Department of Transportation  
 Health Resources and Services Administration  
 Indian Health Service  
 Johns Hopkins University  
 National Association of State Alcohol and Drug Abuse Directors  
 National Institutes of Health  
 Office of Disease Prevention and Health Promotion  
 Office of Minority Health  
 Office of National Drug Control Policy  
 Pan American Health Organization  
 Substance Abuse and Mental Health Services Administration  
 Weyerhaeuser Company

## FOLLOW-UP

- Summarize the current scientific bases for substance abuse prevention and treatment, and address identified gaps.
- Make model programs and best practices available to substance abuse prevention and treatment practitioners, including culturally appropriate prevention and treatment interventions.
- Provide career development and training for substance abuse practitioners, through qualification standards and examinations, and continuing education.
- Increase training for primary health care practitioners on alcohol and other drug problems (screening and referral) through both academic courses and continuing education.
- Consider developing objectives for Healthy People 2010 on: drugged-driving fatalities and alcohol and drug-related motor vehicle injuries; documenting the unrecognized consequences of drinking; linking alcohol and drug-related behaviors to legal consequences; lost productivity due to substance abuse among workers; infrastructure for substance abuse prevention. Add measures of quality to the Healthy People objective on school programs.
- Coordinate Healthy People 2010 development with the Office of National Drug Control Policy and the U.S. Departments of Justice, Education, Housing and Urban Development, and Transportation, to ensure compatibility among strategic plans and performance measures under the Government Performance and Results Act.
- Explore the use of community-based epidemiology to detect and more thoroughly characterize substance abuse problems at the community level.
- Foster community partnerships, including faith-based programs, after-school programs, neighborhood efforts, merchant and workplace programs.
- Increase public awareness of the unrecognized consequences of binge drinking (alcohol poisoning, unprotected sex, non-traffic-related accidents, crime perpetration and victimization), focusing particularly on binge drinking among college students.
- Provide incentives to ensure insurance coverage for adequate substance abuse treatment.



*David Satcher*

**David Satcher, M.D., Ph.D.**  
 Assistant Secretary for Health and  
 Surgeon General