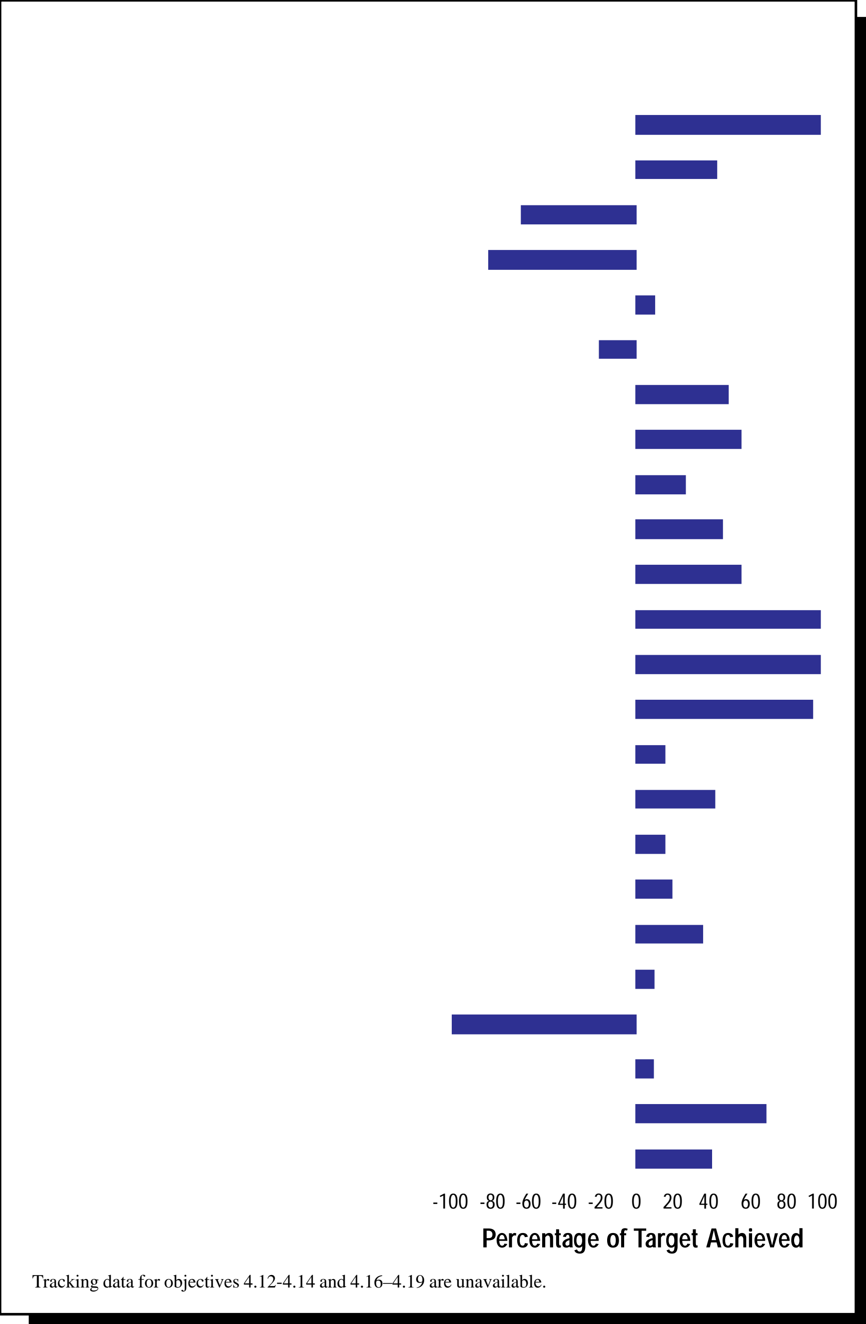


Tracking data for objectives 4.12-4.14 and 4.16–4.19 are unavailable.

SUBSTANCE ABUSE: ALCOHOL AND OTHER DRUGS

Alcohol and other drug abuse undermines citizens' health directly and indirectly. Substance abuse is estimated to be the actual cause of some 120,000 deaths per year with 100,000 attributed to alcohol and 20,000 to other drug use.[1] Alcohol and other drugs contribute to unintentional injury (particularly automobile crashes), suicide, and other violent deaths as well as being factors in a high percentage of chronic disease deaths. AIDS resulting from injecting drugs, babies born HIV-positive or exposed to crack cocaine, and drug-related violence all exact human and economic costs. An equally devastating, though less tangible effect, is the psychological, familial, and social damage that accompanies substance abuse. Serious attention to alcohol and other drug use prevention is fundamental to the control of health care costs. Because of the pervasive effects of substance abuse, effective prevention and control strategies require the collaboration of the public health, education, social service, and law enforcement sectors.

Review of Progress

The reduction of alcohol-related vehicle deaths is one of the greatest success stories of public health in this decade. From a 1987 baseline of 9.8 deaths per 100,000 people to a 1993 level of 6.8 deaths per 100,000 people, the year 2000 target of 8.5 deaths has been achieved. Success in attaining the HEALTHY PEOPLE 2000 target for alcohol-related motor vehicle crashes reflects the passage of administrative license revocation laws in 37 States and the District of Columbia and the lowering of blood alcohol concentration (BAC) tolerance levels from .10 to .08 in 11 States. Enforcement of those laws and education of individuals cited for driving while intoxicated (DWI) offenses also have played a major role. Annual per capita alcohol consumption measured for people aged 14 and older in the United States declined from 2.54 gallons in 1987 to 2.31 gallons in 1991.

When alcohol-related motor vehicle crash death rates are examined by State using 1993 data from the National Highway Traffic Safety Administration (NHTSA), 36 States had rates lower than the year 2000 target of 8.5 deaths per 100,000. In 1993, twelve States (mostly in the Northeast) and the District of Columbia met the target of 5.5 deaths per 100,000—a more challenging target that has been established as a part of the 1995 revisions.

At an October 1994 progress review with the Assistant Secretary for Health the discussion focused on adolescent substance abuse. The average age of first use of cigarettes, alcohol, or marijuana has shown little change over the past 5 years. In 1993, the average age of first use of cigarettes was 11.7; alcohol was 12.9; and marijuana was 13.9.

One strategy for addressing child and adolescent substance abuse is through alcohol and drug education in schools. Alcohol and marijuana use among adolescents (aged 12–17) declined from 1988 to 1992 according to the National Household Survey on Drug Abuse. However, this survey detected an increase in the use of these two

substances by this age group beginning in 1992. In an apparent contradiction, the 1994 Monitoring the Future Survey showed that alcohol use among high school seniors had declined to the lowest level recorded by this survey. On the other hand, this same survey showed an increase in marijuana use in 1992 that continued in 1993 and 1994. If truly reflective of the trends, these use patterns may derive from apparent declines in high school seniors' perception of social disapproval about heavy use of alcohol, occasional use of marijuana, and trying cocaine. Anabolic steroid use by high school senior males has declined in the past 4 years. Strategies for addressing child and adolescent substance abuse include education in the schools, community-focused public education campaigns, and environmental policies.

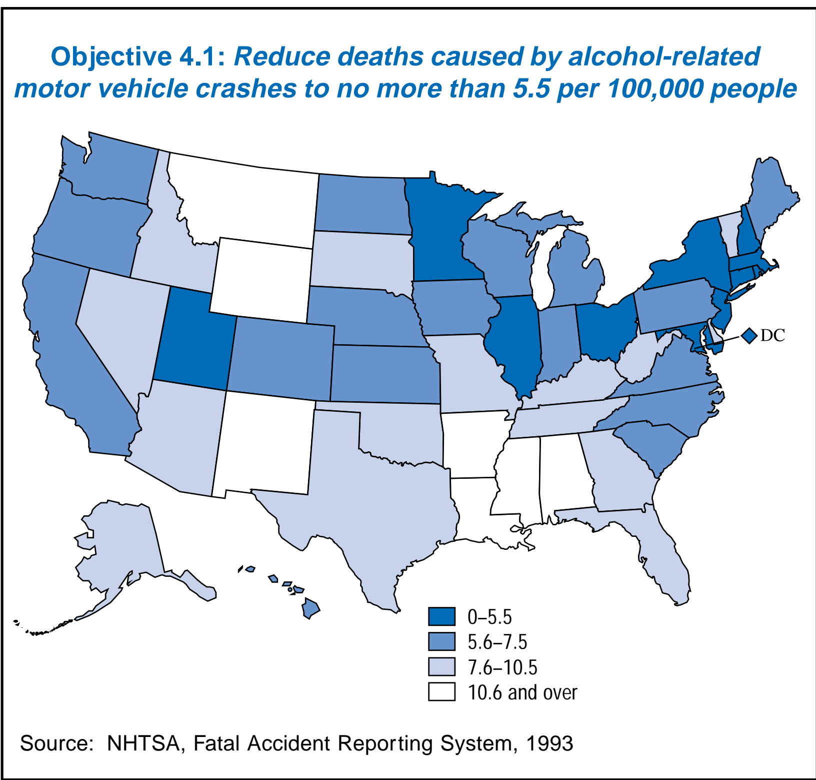
Workplace programs can be an effective way to address adult substance abuse. A 1992 survey of employers with 50 or more employees found that 88 percent had established policies addressing alcohol use at the worksite and 89 percent had set drug policies, thereby exceeding the year 2000 target for objective 4.14. The most common policies promote drug-free and alcohol-free workplaces. More than one-third of the worksites offer information and 40 percent offer employee assistance programs.

Another strategy for addressing substance abuse problems is to increase the proportion of primary care providers who screen and counsel for alcohol and other drug use problems. The 1992 Primary Care Providers' Survey established the baseline for this objective on inquiry about alcohol use and referrals; 63 percent of internists said they routinely inquire about alcohol use and 34 percent routinely inquire about drug use.

Drug abuse-related emergency room visits have risen and are moving away from the year 2000 target, as is the number of drug-related deaths which increased in 1992 to 4.3 per 100,000 population. Cirrhosis deaths declined from 9.2 per 100,000 population in 1987 to 7.8 according to provisional 1993 data.

Baselines have not been established yet for objectives 4.12, 4.16, and 4.17. Data to track these objectives are collected in State Substance Abuse Prevention and Treatment Block Grant applications. Objective 4.12 seeks to

Objective 4.1: ***Reduce deaths caused by alcohol-related motor vehicle crashes to no more than 5.5 per 100,000 people***



Source: NHTSA, Fatal Accident Reporting System, 1993

establish comprehensive plans at the State level to ensure access to alcohol and drug treatment programs for underserved people, including substance-abusing pregnant women, intravenous drug users, and injecting drug users with HIV infection. Objective 4.16 encourages States to adopt policies or to enact statutes to reduce access to alcoholic beverages by minors. Objective 4.17 seeks to increase the number of States with laws that restrict the promotion of alcoholic beverages to young audiences.

1995 Revisions

Because of success in reducing alcohol-related vehicle crash deaths, the targets already have been met for the total population and for people aged 15–24. Therefore, revisions are made to the target for objective 4.1 and for the special population targets to make them more challenging. The American Indian/Alaska Native men baseline has been changed to include all American Indian/Alaska Native men, not just those living in Reservation States. A new target was set. Similarly for objective 4.2, the American Indian/Alaska Native cirrhosis death baseline was changed to include all American Indians/Alaska Natives, not just those living in Reservation States. As a result, a new target was established.

Special population targets have been added to a number of objectives to narrow the gap between the total population and the particular subgroup. Cirrhosis deaths will be tracked for Hispanics. Drug-related deaths will be monitored for blacks and Hispanics.

Cigarettes have been added to the substances tracked in objectives 4.6, 4.9, and 4.10. This addition seeks to address tobacco use by young people as a gateway phenomenon to alcohol and other drug use.

One new objective has been added as a part of the midcourse review. It seeks to increase to 30 the number of States with Hospitality Resource Panels that are broadly representative of the community with alcohol industry, insurance associations, State regulatory, public health, highway safety, and law enforcement agencies defining standards for responsible hospitality.

Objective 4.18 has been revised to track State laws that lower BAC tolerance levels to .08 for adults and zero tolerance (.02) for drivers younger than 21. This revision makes the Healthy People 2000 target consistent with the policies of the National Highway Traffic Safety Administration.

The priority area name has been revised from Alcohol and Other Drugs to Substance Abuse: Alcohol and Other Drugs to emphasize the problem of illegal drug use.

Reference

1. McGinnis, J.M.; and Foege, W.H. Actual causes of death in the United States. *JAMA* 270:2207–12. 1993.