

FOCUS

Substance Abuse—Reduce Substance Abuse To Protect the Health, Safety, and Quality of Life for All, Especially Children

Substance Abuse Trends

Substance abuse continues to be one of the Nation's most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths each year.

While light-to-moderate drinking can have beneficial effects on the heart, particularly among those at greatest risk for heart attacks, long-term heavy drinking increases risk for high blood pressure, heart rhythm irregularities, heart muscle disorders, and stroke. Long-term heavy drinking also increases the risk of developing certain forms of cancer, especially of the esophagus, mouth, throat, and larynx. Heavy alcohol use also increases the risk for cirrhosis and other liver disorders and worsens the outcome for patients with hepatitis C. Drinking also may increase the risk for developing cancer of the colon and rectum. Women's risk of developing breast cancer increases slightly if they drink two or more drinks per day.

Illegal use of drugs, such as heroin, marijuana, cocaine, and methamphetamine, is associated with serious consequences, including injury, illness, disability, and death as well as crime, domestic violence, and lost workplace productivity. Drug users and people with whom they have sexual contact run high risks of contracting gonorrhea, syphilis, hepatitis, tuberculosis, and the human immunodeficiency virus (HIV). The relationship between injection drug use and HIV/AIDS transmission is well known. Injection drug use also is associated with hepatitis B and C infections.

Research confirms that a substantial number of frequent users of cocaine, heroin, and illicit drugs other than marijuana have co-occurring chronic mental health disorders. Some of these people can be identified by their behavior problems at the time of their entry into elementary school. Such youth tend to use substances at a young age and exhibit sensation-seeking (or "novelty-seeking") behaviors. These youths benefit from more intensive preventive interventions, including family therapy and parent training programs. Those who suffer from co-occurring disorders, however, frequently are turned away from treatment designed for one or the other problem but not for both.

The stigma attached to substance abuse increases the severity of the problem. Hiding one's substance abuse, for example, may prevent a person from seeking and continuing treatment, and from having a positive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of people seeking treatment for illicit drug use or problem alcohol use.

Existing Disparities in Substance Abuse

Substance abuse affects all racial, cultural, and economic groups. Alcohol is the most commonly used substance, regardless of race or ethnicity, and there are far more people who smoke cigarettes than people who use illicit drugs. Usage rates for an array of substances reveal that, for adolescents aged 12 to 17 years, whites and Hispanics are more likely than African Americans to use alcohol; whites are more likely than African Americans and

Hispanics to use tobacco; and whites and Hispanics are more likely than African Americans to use illicit drugs.

Effective Interventions

Drug addiction is a treatable disorder. Research has shown that substance abuse treatment can be as effective as treatments for chronic diseases such as diabetes, hypertension, and asthma. While no single approach for substance abuse and addiction treatment exists, comprehensive and carefully tailored treatment works. There are several types of substance abuse treatment programs. Short-term methods such as residential therapy, medication therapy, and drug-free outpatient therapy typically last less than 6 months. Long-term treatment options include residential therapeutic community treatment, a highly structured program that focuses on the resocialization of the patient to a drug-free and crime-free lifestyle, or drug-specific treatment alternatives such as methadone maintenance treatment for people addicted to heroin. Behavior change therapies also have demonstrated effectiveness in achieving initial and prolonged abstinence.

Substance abuse treatment models often must be adapted for specific populations. For example, women receive the most benefit from drug treatment programs that provide comprehensive services to meet their basic needs. These services may include food, clothing, shelter, transportation, job counseling and training, legal assistance, educational opportunities, medical care, childcare, psychological assessment, mental health services, or assertiveness training. Among adolescents, new research shows that longer stays in age-specific treatment programs can decrease drug and alcohol use, reduce criminal activity, and improve school performance and psychological adjustment.

Opportunities To Reduce Substance Abuse

Scientific research has identified many opportunities to prevent alcohol-related problems. For example, studies indicate that school-based programs focused on altering perceived peer-group norms about alcohol use and developing skills in resisting peer pressures to drink reduce alcohol use among participating students. Communitywide programs involving school curricula, peer leadership, parental involvement and education, and community task forces also have reduced alcohol use among adolescents. In college settings, brief one-on-one motivational counseling has proved effective in reducing alcohol-related problems among high-risk drinkers.

Core strategies for preventing drug abuse among youth include raising awareness, educating and training parents and others, strengthening families, providing alternative activities, building skills and confidence, mobilizing and empowering communities, and employing environmental approaches. Studies indicate that making youth and others aware of the health, social, and legal consequences associated with drug abuse has an impact on use.

Parents also play a primary role in helping their children understand the dangers of substance abuse and in communicating their expectation that drug and alcohol use will not be tolerated. Research suggests that improving parent/child attachment and supervision and monitoring also protect youth from substance abuse.

For substance abuse prevention to be effective, people need access to culturally, linguistically, and age-appropriate services; job training and employment; parenting training; general education; more behavioral research; and programs for women, dually diagnosed patients, and people with learning disabilities. Particular attention must be given to young people under age 18 years who have an addicted parent because these youth are at increased risk for substance

abuse. Because alcoholism and drug abuse continue to affect lesbians, gay men, and transgender people at two to three times the rate of the general population, programs that address the special risks and requirements of these population groups also are needed. Government, employers, the faith community, and other organizations in the private and nonprofit sectors must increase their level of cooperation and coordination to ensure that multiple service needs are met.

Healthy People 2010 Objectives

- 26-1. Reduce deaths and injuries caused by alcohol- and drug-related motor vehicle crashes.
- 26-2. Reduce cirrhosis deaths.
- 26-3. Reduce drug-induced deaths.
- 26-4. Reduce drug-related hospital emergency department visits.
- 26-5. (Developmental) Reduce alcohol-related hospital emergency department visits.
- 26-6. Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.
- 26-7. (Developmental) Reduce intentional injuries resulting from alcohol- and illicit drug-related violence.
- 26-8. (Developmental) Reduce the cost of lost productivity in the workplace due to alcohol and drug use.
- 26-9. Increase the age and proportion of adolescents who remain alcohol and drug free.
- 26-10. Reduce past-month use of illicit substances.
- 26-11. Reduce the proportion of persons engaging in binge drinking of alcoholic beverages.
- 26-12. Reduce average annual alcohol consumption.
- 26-13. Reduce the proportion of adults who exceed guidelines for low-risk drinking.
- 26-14. Reduce steroid use among adolescents.
- 26-15. Reduce the proportion of adolescents who use inhalants.
- 26-16. Increase the proportion of adolescents who disapprove of substance abuse.
- 26-17. Increase the proportion of adolescents who perceive great risk associated with substance abuse.
- 26-18. (Developmental) Reduce the treatment gap for illicit drugs in the general population.
- 26-19. (Developmental) Increase the proportion of inmates receiving substance abuse treatment in correctional institutions.

- 26-20. Increase the number of admissions to substance abuse treatment for injection drug use.
- 26-21. (Developmental) Reduce the treatment gap for alcohol problems.
- 26-22. (Developmental) Increase the proportion of persons who are referred for followup care for alcohol problems, drug problems, or suicide attempts after diagnosis or treatment for one of these conditions in a hospital emergency department.
- 26-23. (Developmental) Increase the number of communities using partnerships or coalition models to conduct comprehensive substance abuse prevention efforts.
- 26-24. Extend administrative license revocation laws, or programs of equal effectiveness, for persons who drive under the influence of intoxicants.
- 26-25. Extend legal requirements for maximum blood alcohol concentration levels of 0.08 percent for motor vehicle drivers aged 21 years and older.

Related Objectives From Other *Healthy People 2010* Focus Areas

1. Access to Quality Health Services

- 1-1. Persons with health insurance
- 1-2. Health insurance coverage for clinical preventive services
- 1-3. Counseling about health behaviors
- 1-4. Source of ongoing care
- 1-5. Usual primary care provider
- 1-6. Difficulties or delays in obtaining needed health care
- 1-7. Core competencies in health provider training
- 1-8. Racial and ethnic representation in the health professions
- 1-10. Delay or difficulty in getting emergency care
- 1-11. Rapid prehospital emergency care
- 1-12. Single toll-free number for poison control centers
- 1-13. Trauma care systems
- 1-14. Special needs of children

3. Cancer

- 3-10. Provider counseling about cancer prevention

6. Disability and Secondary Conditions

- 6-2. Feelings and depression among children with disabilities

7. Educational and Community-Based Programs

- 7-1. High school completion

- 7-2. School health education
- 7-3. Health-risk behavior information for college and university students
- 7-3. School nurse-to-student ratio
- 7-5. Worksite health promotion programs
- 7-6. Participation in employer-sponsored health promotion activities
- 7-7. Patient and family education
- 7-8. Satisfaction with patient education
- 7-9. Health care organization sponsorship of community health promotion activities
- 7-10. Community health promotion programs
- 7-11. Culturally appropriate and linguistically competent community health promotion programs
- 7-12. Older adult participation in community health promotion activities

9. Family Planning

- 9-8. Abstinence before age 15 years
- 9-9. Abstinence among adolescents aged 15 to 17 years
- 9-10. Pregnancy prevention and sexually transmitted disease (STD) protection
- 9-11. Pregnancy prevention education
- 9-12. Problems in becoming pregnant and maintaining a pregnancy

13. HIV

- 13-3. AIDS among persons who inject drugs
- 13-4. AIDS among men who have sex with men and who inject drugs
- 13-8. HIV counseling and education for persons in substance abuse treatment
- 13-12. Screening for STDs and immunization for hepatitis B
- 13-13. Treatment according to guidelines

14. Immunization and Infectious Diseases

- 14-28. Hepatitis B vaccination among high-risk groups

15. Injury and Violence Prevention

- 15-12. Emergency department visits
- 15-13. Deaths from unintentional injuries
- 15-14. Nonfatal unintentional injuries
- 15-15. Deaths from motor vehicle crashes
- 15-16. Pedestrian deaths
- 15-17. Nonfatal motor vehicle injuries
- 15-18. Nonfatal pedestrian injuries
- 15-29. Drownings
- 15-32. Homicides
- 15-37. Physical assaults

16. Maternal, Infant, and Child Health

- 16-17. Prenatal substance exposure
- 16-18. Fetal alcohol syndrome

17. Medical Product Safety

- 17-3. Provider review of medications taken by patients

18. Mental Health and Mental Disorders

- 18-6. Primary care screening and assessment
- 18-10. Treatment for co-occurring disorders
- 18-13. State plans addressing cultural competence

23. Public Health Infrastructure

- 23-2. Public access to information and surveillance data
- 23-3. Use of geocoding in health data systems
- 23-4. Data for all population groups
- 23-5. Data for Leading Health Indicators, Health Status Indicators, and Priority Data Needs at Tribal, State, and local levels
- 23-6. National tracking of *Healthy People 2010* objectives
- 23-7. Timely release of data on objectives
- 23-8. Competencies for public health workers
- 23-9. Training in essential public health services
- 23-10. Continuing education and training by public health agencies
- 23-11. Performance standards for essential public health services
- 23-12. Health improvement plans
- 23-13. Access to epidemiology services
- 23-14. Model statutes related to essential public health services
- 23-16. Data on public health expenditures
- 23-17. Population-based prevention research

25. Sexually Transmitted Diseases

- 25-11. Responsible adolescent sexual behavior
- 25-12. Responsible sexual behavior messages on television
- 25-13. Hepatitis B vaccine services in STD clinics
- 25-14. Screening in youth detention facilities and jails

27. Tobacco Use

- 27-1. Adult tobacco use
- 27-2. Adolescent tobacco use
- 27-3. Initiation of tobacco use
- 27-4. Age at first tobacco use
- 27-5. Smoking cessation by adults
- 27-6. Smoking cessation during pregnancy
- 27-7. Smoking cessation by adolescents
- 27-8. Insurance coverage of cessation treatment
- 27-9. Exposure to tobacco smoke at home among children
- 27-10. Exposure to environmental tobacco smoke
- 27-11. Smoke-free and tobacco-free schools
- 27-12. Worksite smoking policies
- 27-13. Smoke-free indoor air laws
- 27-14. Enforcement of illegal tobacco sales to minors laws
- 27-15. Retail license suspension for sales to minors
- 27-16. Tobacco advertising and promotion targeting adolescents and young adults
- 27-17. Adolescent disapproval of smoking
- 27-18. Tobacco control programs
- 27-19. Preemptive tobacco control laws
- 27-20. Tobacco product regulation
- 27-21. Tobacco tax