

# PREVENTION *Report*

U.S. Department of Health and Human Services Volume 17: Issue 1 Fall 2002

<http://odphp.osophs.dhhs.gov/pubs/prevrpt/>

## NEWS

Effective December 2002, Elizabeth Majestic, M.S., M.P.H., was named Acting Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion) and Acting Director of the Office of Disease Prevention and Health Promotion (ODPHP). Ms. Majestic recently served as a Special Assistant to HHS's Deputy Chief of Staff, and has eleven years of experience at the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion. She will be leading ODPHP in coordinating two key initiatives for Secretary Thompson—the President's HealthierUS and the Secretary's Prevention Initiative: Steps to a Healthier US. Together, these initiatives focus both on preventing disease by addressing major risk factors (such as physical inactivity and poor nutrition) and on reducing the burden of disease through appropriate health screenings and prevention of secondary conditions. The Secretary's initiative will have a special emphasis on diabetes, obesity, and asthma.

For more information about HealthierUS, visit <http://www.healthierus.gov/>. Healthy People 2010 activities will continue to provide specific goals and objectives that underpin these efforts and to frame measurable actions and enabling programs that need to be pursued if the President's vision is to be achieved.

## 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
- 7-4. 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
- 23-14. Access to epidemiology services
- 23-15. 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

## SPOTLIGHT

### **Household Survey Finds Millions of Americans Are in Denial About Drug Abuse**

The 2001 National Household Survey on Drug Abuse provides a more accurate and comprehensive 1-year snapshot of the problem of drug abuse in America than previously available. The survey indicates that the number of Americans who could benefit from drug treatment is significantly larger than previously understood. It also indicates that too many American drug users—more than 4.6 million—who meet the criteria for needing treatment do not recognize that they have a problem.

In early September, the U.S. Department of Health and Human Services released the annual survey of approximately 70,000 people aged 12 and older as part of the kickoff for the 13th annual National Drug and Alcohol Addiction Recovery Month observance. It is important to note that because of the year-to-year variations in Household Survey data, conclusions about trends are best made by looking at estimates from 3 or more years. The Household Survey is conducted by the Substance Abuse and Mental Health Services Administration ([www.samhsa.gov](http://www.samhsa.gov)).

#### **Epidemiological Trends**

Key epidemiological findings of the 2001 survey include the following:

- Nearly 16 million Americans aged 12 years and older used an illicit drug in the month immediately before the survey interview. This number represents an estimated 7.1 percent of the population in 2001 compared with an estimated 6.3 percent the previous year.
- Some 10.9 percent of youths aged 12 to 17 were current drug users in 2001 compared with 9.7 percent in 2000.
- Youth cigarette use in 2001 was slightly below the rate for 2000, continuing a downward trend since 1999.

- Among young adults aged 18 to 25 years, current drug use increased from 15.9 percent in 2000 to 18.8 percent in 2001. There were no statistically significant changes in the rates of drug use among adults aged 26 and older.
- An estimated 2.4 million Americans used marijuana for the first time in 2000. Because of the way trends in the new use of substances are estimated, estimates of first-time use are always a year behind estimates of current use. The annual number of new marijuana users has varied considerably since 1965 when there were an estimated 0.6 million new users. The number of new marijuana users reached a peak in 1976 and 1977 at around 3.2 million. Between 1990 and 1996, the estimated number of new users increased from 1.4 million to 2.5 million and has remained at this level.
- The number of people who had ever tried Ecstasy (MDMA) increased from 6.5 million in 2000 to 8.1 million in 2001. There were 786,000 current users in 2001. In 2000, an estimated 1.9 million people used Ecstasy (MDMA) for the first time compared with 0.7 million in 1998. This change represents a tripling in incidence in just 2 years.
- About 10.1 million people aged 12 to 20 years reported current use of alcohol in 2001. This number represents 28.5 percent of this age group for whom alcohol is an illicit substance. Of this number, nearly 6.8 million, or 19 percent, were binge drinkers, and 2.1 million, or 6 percent, were heavy drinkers.
- In 2001, more than 1 in 10 Americans, or 25.1 million people, reported driving under the influence of alcohol at least once in the 12 months before the interview. The rate of driving under the influence of alcohol increased from 10 percent to 11.1 percent between 2000 and 2001. Among young adults aged 18 to 25 years, 22.8 percent drove under the influence of alcohol.

### **Perception of Risk**

The measure of perceived risk in the use of marijuana provides an important predictor of drug use, particularly among youths. As perceived risk of using marijuana decreases, rates of marijuana use tend to increase. Perceived great risk of smoking marijuana once or twice a week decreased from 56.4 percent in 2000 to 53.3 percent in 2001. Among youths aged 12 to 17, the percentage reporting great risk in marijuana use declined from 56 percent to 53.5 percent.

### **The Need for Treatment**

One of the central messages to be gleaned from the findings of the 2001 survey is that many Americans need treatment for addiction but, for many reasons, never get treatment. Consider these facts:

- An estimated 16.6 million people aged 12 or older (7.3 percent of the population) were classified with dependence on or abuse of either alcohol or illicit drugs in 2001. Of these, 2.4 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.2 million were dependent on or abused illicit drugs but not alcohol, and 11 million were dependent on or abused alcohol but not illicit drugs. The number of people with substance dependence or abuse increased from 14.5 million (6.5 percent of the population) in 2000 to 16.6 million (7.3 percent) in 2001.

- Between 2000 and 2001, there was a significant increase in the estimated number of people aged 12 or older needing treatment for an illicit drug problem. This number increased from 4.7 million in 2000 to 6.1 million in 2001. During the same period, there also was an increase from 0.8 million to 1.1 million in the number of people receiving treatment for this problem at a specialty facility. However, the overall number of people needing but not receiving treatment increased from 3.9 million to 5 million.
- Of the 5 million people who needed but did not receive treatment in 2001, an estimated 377,000 reported that they believed they needed treatment. This number includes an estimated 101,000 who reported that they made an effort but were unable to get treatment and 276,000 who reported making no effort to get treatment.

### **The Relationship Between Mental Health Problems and Substance Abuse**

For the first time in 2001, the Household Survey included questions that measured serious mental illness. Both youths and adults were asked questions about mental health treatment in the past 12 months. The survey found a strong relationship between substance abuse and mental health problems. For example:

- Among adults with serious mental illness in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs. The rate among adults without serious mental illness was 6.3 percent. An estimated 3 million adults had both serious mental illness and substance abuse or dependence problems during the year.
- In 2001, there were an estimated 14.8 million adults aged 18 or older with serious mental illness. This number represents 7.3 percent of all adults. Of this group with serious mental illness, 6.9 million received mental health treatment in the 12 months before the interview.
- In 2001, an estimated 4.3 million youths aged 12 to 17 received treatment or counseling for emotional or behavioral problems in the 12 months before the interview. This figure represents 18.4 percent of this population and is significantly higher than the 14.6 estimate for 2000. The reason cited most often by youths for the latest mental health treatment session was “felt depressed” (44.9 percent of youths receiving treatment), followed by “breaking rules or acting out” (22.4 percent) and “thought about or tried suicide” (16.6 percent).

### **For More Information**

Findings from the 2001 National Household Survey on Drug Abuse are available at [www.DrugAbuseStatistics.samhsa.gov](http://www.DrugAbuseStatistics.samhsa.gov).

## **RESOURCES**

More information about substance abuse and related public health issues are available from the following online resources:

*Healthy People 2010* is a set of health objectives for the Nation to achieve over the first decade of the new century. It can be used by many different people, States, communities, professional organizations, and others to help them develop programs to improve health. More information about *Healthy People 2010* is available at <http://www.healthypeople.gov/>.

**healthfinder®** ([www.healthfinder.gov](http://www.healthfinder.gov)) is a free guide to reliable consumer health and human services information developed by the U.S. Department of Health and Human Services ([www.hhs.gov](http://www.hhs.gov)). healthfinder® links to selected online publications, clearinghouses, databases, Web sites, and support and self-help groups, as well as Government agencies and not-for-profit organizations that produce reliable information for the public.

The **Addiction Technology Transfer Center Network** ([www.nattc.org/](http://www.nattc.org/)) furnishes information and training resources that translate into better care for people with substance use disorders.

The **Administration on Aging** ([www.aoa.dhhs.gov](http://www.aoa.dhhs.gov)) offers information designed for Older Americans and their families as well as those concerned about providing the opportunities and services to enrich the lives of older persons and support their independence.

The **Agency for Healthcare Research and Quality** ([www.ahrq.gov](http://www.ahrq.gov)) is the lead agency charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services.

The **AIDS National Information Clearinghouse** ([www.cdcnpin.org](http://www.cdcnpin.org)) is a comprehensive information service for people working in the fields of HIV prevention, care, and support.

The **Bureau of Alcohol, Tobacco, and Firearms** ([www.atf.treas.gov/](http://www.atf.treas.gov/)) enforces and administers the Federal Alcohol Administration Act and eliminates trafficking of contraband cigarettes.

The **Center for Substance Abuse Prevention Decision Support System** ([www.preventiondss.org/](http://www.preventiondss.org/)) promotes scientific methods and programs for substance abuse prevention for use within communities and State prevention systems.

The **Food and Drug Administration** ([www.fda.gov](http://www.fda.gov)) is a public health agency charged with protecting American consumers by enforcing the Federal Food, Drug, and Cosmetic Act and several related public health laws.

**For Real** ([www.forreal.org](http://www.forreal.org)) is a site designed for teens wanting to find out what is the real deal behind marijuana. The goal of ForReal.org is to provide a safe space for young people to ask questions and get answers about marijuana, the most widely used illicit drug in America. ForReal.org is also part of the National Clearinghouse for Alcohol and Drug Information (NCADI), the information service of the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services.

The **HHS Center for Faith-Based and Community Initiatives** (<http://www.hhs.gov/fbci>) pulls together resources from across the department to provide one-stop-shopping for faith-based and community organizations looking for information about HHS programs and opportunities.

The **Indian Health Service** ([www.ihs.gov](http://www.ihs.gov)) is an agency within the U.S. Department of Health and Human Services and is responsible for providing Federal health services to American Indians and Alaska Natives.

**Leadership To Keep Children Alcohol Free** ([www.alcoholfreechildren.org](http://www.alcoholfreechildren.org)) is an initiative to prevent the use of alcohol by children ages 9 to 15. It is the only national effort that focuses on alcohol use in this age group. The initiative was founded by the National Institute on Alcohol

Abuse and Alcoholism and The Robert Wood Johnson Foundation, and has been joined by additional Federal sponsors.

The **National Clearinghouse for Alcohol and Drug Information** ([www.health.org](http://www.health.org)) is the world's largest resource for current information and materials concerning substance abuse.

The **National Health Information Center** ([www.health.gov/nhic](http://www.health.gov/nhic)) is a health information referral service that puts health professionals and consumers who have health questions in touch with those organizations that are best able to provide answers.

The **National Institute on Drug Abuse** ([www.drugabuse.gov](http://www.drugabuse.gov)) brings the power of science to bear on drug abuse and addiction.

The **National Women's Health Resource Center** ([www.healthywomen.org](http://www.healthywomen.org)) is the national clearinghouse for information and resources about women's health. Its primary goal is to educate healthcare consumers and empower them to make intelligent decisions.

The **NIDA Club Drug Web Site** ([www.clubdrugs.org](http://www.clubdrugs.org)) is a comprehensive Web site on club drugs, their effects, and initiatives to combat the problem.

The **National Institute on Alcohol Abuse and Alcoholism** ([www.niaaa.nih.gov](http://www.niaaa.nih.gov)) offers publications, resources, and information on NIAAA intramural and extramural research. The Web site also provides materials and information on NIAAA campaigns and program activities.

The **National Mental Health Services Knowledge Exchange Network** ([www.mentalhealth.org](http://www.mentalhealth.org)) is a national, one-stop source of information and resources on prevention, treatment, and rehabilitation services for mental illness.

The **Office of Minority Health Resource Center** ([www.omhrc.gov](http://www.omhrc.gov)) offers information on a variety of health topics, including substance abuse, cancer, heart disease, violence, diabetes, HIV/AIDS, and infant mortality. The resource center offers customized database searches, publications, mailing lists, referrals, and more regarding American Indian and Alaska Native, African American, Asian American and Pacific Islander, and Hispanic populations.

The **Office of National Drug Control Policy** ([www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)) establishes policies, priorities, and objectives for the Nation's drug control program, the goals of which are to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences.

The **Safe & Drug Free Schools Program** ([www.ed.gov/offices/OESE/SDFS/](http://www.ed.gov/offices/OESE/SDFS/)) is the Federal Government's primary vehicle for reducing drug, alcohol, and tobacco use, and reducing violence, through education and prevention activities in our Nation's schools.

The **Substance Abuse and Mental Health Services Administration** ([www.samhsa.gov](http://www.samhsa.gov)) assures that quality substance abuse and mental health services are available to the people who need them, and that prevention and treatment knowledge is used more effectively in the general health care system. The SAMHSA Web site also features data from the National Household Survey on Drug Abuse, which is conducted by SAMHSA.

The **Substance Abuse Treatment Facility Locator** (<http://findtreatment.samhsa.gov/facilitylocator/doc.htm>) lists private and public facilities that are

licensed, certified, or otherwise approved for inclusion by their State substance abuse agency and treatment facilities administered by the Department of Veterans Affairs, the Indian Health Service, and the Department of Defense.

### **Other Online Resources**

- American College Health Association ([www.acha.org](http://www.acha.org))
- American Medical Association's StopCollegeBingeing Campaign (<http://www.stopcollegebingeing.org/>)
- AlcoholMD ([www.alcoholmd.com](http://www.alcoholmd.com))
- Center for Addiction and Mental Health ([www.camh.net](http://www.camh.net))
- Community Anti-Drug Coalitions of America ([www.cadca.org](http://www.cadca.org))
- Employee Assistance Professional Association ([www.eap-association.com](http://www.eap-association.com))
- Hazelden Library and Information Resources ([www.hazelden.org/library](http://www.hazelden.org/library))
- Higher Education Center for Alcohol and Other Drug Prevention ([www.edc.org/hec](http://www.edc.org/hec))
- ImpacTeen ([www.impacteen.org](http://www.impacteen.org))
- Instituto para el Estudio de las Adicciones ([www.ieanet.com](http://www.ieanet.com))
- Join Together ([www.jointogether.org](http://www.jointogether.org))
- March of Dimes ([www.modimes.org](http://www.modimes.org))
- Mothers Against Drunk Driving ([www.madd.org](http://www.madd.org))
- National Asian Pacific American Families Against Substance Abuse ([www.napafasa.org](http://www.napafasa.org))
- National Association for Children of Alcoholics ([www.nacoa.org](http://www.nacoa.org))
- National Association of Lesbian & Gay Addiction Professionals ([www.nalgap.org](http://www.nalgap.org))
- National Association of State Alcohol and Drug Abuse Directors ([www.nasadad.org](http://www.nasadad.org))
- National Black Alcoholism and Addictions Council ([www.borg.com/~nbac](http://www.borg.com/~nbac))
- National Council of La Raza ([www.nclr.org](http://www.nclr.org))
- National Council on Alcoholism and Drug Dependence, Inc. ([www.ncadd.org](http://www.ncadd.org))
- National Information Center for Children and Youth with Disabilities ([www.nichcy.org](http://www.nichcy.org))
- National Inhalant Prevention Coalition ([www.inhalants.com](http://www.inhalants.com))

- National Women’s Health Network ([www.womenshealthnetwork.org](http://www.womenshealthnetwork.org))
- Pride Institute ([www.pride-institute.com](http://www.pride-institute.com))
- Rutgers University Center of Alcohol Studies ([www.rci.rutgers.edu/~cas2](http://www.rci.rutgers.edu/~cas2))
- The Center for Science in the Public Interest ([www.cspinet.org](http://www.cspinet.org))
- The Center for Substance Abuse Research ([www.cesar.umd.edu](http://www.cesar.umd.edu))
- The Gay and Lesbian Medical Association ([www.glma.org](http://www.glma.org))
- The Robert Wood Johnson Foundation ([www.rwjf.org](http://www.rwjf.org))
- U.S. Anti-Doping Agency ([www.usantidoping.org](http://www.usantidoping.org))
- White Bison, Inc. ([www.whitebison.org](http://www.whitebison.org))
- Women for Sobriety ([www.womenforsobriety.org](http://www.womenforsobriety.org))

## ACTIVITIES

**Drug Abuse Warning Network (DAWN) Survey Shows Marijuana and Cocaine Emergency Department Visits Up.** Emergency department mentions of cocaine increased 10 percent, and marijuana mentions increased 15 percent from 2000 to 2001, according to new DAWN data released by the Substance Abuse and Mental Health Services Administration (SAMHSA). The 2001 DAWN data show 638,484 drug-related hospital emergency department visits in the continental United States in 2001, an increase of 6 percent over 2000 for both visits to emergency departments involving drugs and in mentions of drugs. Marijuana mentions, which rose to the same level as heroin in 1997, continued to increase. Marijuana mentions rose 15 percent between 2000 and 2001 and were concentrated in patients aged 12 to 34 years. Increases for marijuana were reported in Minneapolis, San Diego, San Francisco, and Baltimore. Decreases were reported only in New Orleans. Cocaine mentions increased 10 percent from 2000 to 2001, with 24 percent of these mentions attributed to crack. Increases for cocaine were noted in Atlanta, Minneapolis, San Francisco, and Boston. Decreases in cocaine reports occurred in New Orleans, San Diego, and Dallas. Heroin mentions were statistically unchanged, and methamphetamine and club drug mentions showed no significant nationwide change. The complete report, including text and tables, is available at [www.drugabusestatistics.samhsa.gov](http://www.drugabusestatistics.samhsa.gov).

**HHS Report Shows Fewer Teens Using Tobacco or Marijuana or Engaging in Risky Sexual Behavior.** High school students are acting more responsibly by avoiding tobacco, marijuana, and risky sexual behavior and other potentially dangerous behaviors that increase their risk for injury, illness, and death according to a new report recently released by the Centers for Disease Control and Prevention (CDC). The report, which is based on surveys of 9th- to 12th-grade students conducted in 2001, also showed that teenagers are more likely to wear seatbelts and stay out of cars with drivers who had been drinking.

The 2001 Youth Risk Behavior Surveillance System report revealed continued positive trends in most measures of students' injury- and violence-related behaviors, as well as sexual behaviors that increase the risk for HIV infection, other sexually transmitted diseases, and unintended pregnancies. In a few areas, the trends go the other way, including a significant drop since 1991 in the percentage of students who receive daily physical education instruction, which increases their risk for obesity and related illnesses. More information about the report is available at [www.cdc.gov/yrbs](http://www.cdc.gov/yrbs).

**ONDCP Launches New Public Service Announcements Promoting Community Coalitions.**

The Office of National Drug Control Policy (ONDCP) and the Ad Council recently launched new ads to promote awareness of, and involvement with, community drug prevention coalitions and to demonstrate what community can accomplish when multiple sectors join forces. This theme is exemplified in the campaign's tagline, "You get more when you get together." Television, radio, print, outdoor, and Web banner ads feature a national toll-free number, 1-877-KIDS-313, and a dedicated Web site, [www.helpyourcommunity.org](http://www.helpyourcommunity.org). A specially designed ZIP Code-based search feature of almost 500 antidrug coalitions provides an outstanding opportunity for local organizations to reach interested individuals and groups in their communities. To preview some of the ads, visit [www.adcouncil.org/campaigns/community\\_drug\\_prevention](http://www.adcouncil.org/campaigns/community_drug_prevention).

**Television and Radio Public Service Announcements Unveiled for 2002 National Alcohol and Drug Addiction Recovery Month.** SAMHSA recently released a series of television and radio public service announcements (PSAs) with two distinct themes designed to motivate target audiences to support those individuals in recovery and to refer those in need of treatment services to SAMHSA's 24-hour helpline at 1-800-662-HELP. The theme for this year's Recovery Month observance, held in September, was "Join the Voices of Recovery: A Call to Action." The Recovery Month PSA's, kit, Webcasts, and other materials and information are available at [www.samhsa.gov](http://www.samhsa.gov). Information also is available by calling 1-800-729-6686. The theme for the 2003 Recovery Month observance is "Join the Voices of Recovery: Celebrating Health."

**Government Annual "Seal of Approval" Awarded to 25 Substance Abuse Prevention Programs.** SAMHSA recently announced the names of 25 substance abuse prevention programs that received the Government "seal of approval" for preventing and reducing illegal drug use, alcohol abuse, and other risky behaviors in communities across the United States. The programs were selected after a rigorous scientific review of more than 200 substance abuse prevention programs. The 25 model programs will receive the Exemplary Substance Abuse Prevention Program Award and be listed in SAMHSA's National Registry of Effective Prevention Programs. SAMHSA also identified five promising programs for implementing innovative, community-based prevention programs that have shown promising results in preventing youth from engaging in the use of alcohol and illicit drugs. Community leaders and interested organizations may access information on the model programs at [www.modelprograms.samhsa.gov](http://www.modelprograms.samhsa.gov).

**SAMHSA and the National Council on Aging (NCOA) Release New Guide on Substance Abuse and Mental Health Problems Among Older Adults.** SAMHSA and NCOA recently released a guide for community-based organizations to use in meeting the mental health and substance abuse needs of older adults. The new guide, *Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol and Mental Health Problems* provides concrete, practical guidance for mental health, substance abuse, primary care, and aging services providers to help them join forces to provide education, prevention, screening, referrals, and treatment for seniors dealing with substance abuse and mental health problems. Copies of the guide are available by calling the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

**NIAAA and NOFAS Launch Awareness Campaign in the District of Columbia: “Play It Safe. Alcohol and Pregnancy Don’t Mix.”** The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Organization on Fetal Alcohol Syndrome (NOFAS) recently launched a campaign to raise awareness of the risks associated with drinking during pregnancy, the leading known preventable cause of birth defects and learning difficulties. The “Play it safe. Alcohol and pregnancy don’t mix.” campaign begins with a 2-year pilot program that targets African-American women of childbearing age in the District of Columbia and their families and friends through mass media events, special events, and community partnership activities. Campaign materials and additional information are available by calling 202-546-9166.

## IN THE LITERATURE

### *Suicide*

**SAMHSA Unveils Data on Youth Contemplating Suicide.** SAMHSA recently released new data from the National Household Survey on Drug Abuse (NHSDA) showing that there were approximately 3 million youth ages 12 to 17 years who thought seriously about suicide or attempted suicide in 2002. These data were collected for the first time in the 2000 survey. The data show that 13.7 percent of youth aged 14 to 17 years considered suicide in the past year, but only 36 percent of at-risk children received mental health treatment or counseling. The data also reveal that youth who used alcohol or illicit drugs in the past year were more likely than youth who did not use illegal substances to consider taking their own lives. Of the 3 million youth ages 12 to 17 years who thought about suicide or attempted it during the past year, one-third, or 37 percent, actually tried to kill themselves. Females (16 percent) were more likely than males (8 percent) to report contemplating suicide during the past year. The risk was higher among youth aged 14 to 17 years than among those aged 12 to 13 years. The likelihood of suicide risk was similar among white, black, Hispanic, and Asian youth. More information is available at [www.samhsa.gov](http://www.samhsa.gov).

### *Alcohol Use*

**Harvard Study Finds College Neighbors More Than Twice as Likely To Be Plagued by Vandalism, Assault, and Other Disturbances Due to Binge Drinking.** New findings from the Harvard School of Public Health College Alcohol Study show that neighbors living within 1 mile of college campuses are 135 percent more likely to suffer from public disturbances—also called “secondhand effects”—due to college students’ binge drinking than those who live more than a mile from campus. Neighbors near high-binge colleges are also 81 percent more likely to experience these secondhand effects than those near low-binge colleges. Secondhand effects include vandalism, assault, noise, litter, drunkenness, and other public disturbances. As a result of experiencing these effects, college neighbors reported a much lower quality of life.

The study appears in the July 2002 issue of the international journal *Social Science & Medicine* (Volume 55, Number 3) and was funded by The Robert Wood Johnson Foundation.

The new findings were based on a telephone survey of adults from 4,661 households in the United States. Reports from residents living near campus, who were asked about the quality of neighborhood life and the number of alcohol outlets—bars and liquor stores—in their neighborhood, were compared with those residents who did not live near colleges.

Binge drinking is defined as men who had five or more drinks—or women who had four or more drinks—in a row at least once in the 2 weeks before completing the survey. Secondhand effects are problems associated with high levels of alcohol use. High-binge colleges are those where 50 percent of students are found to binge drink.

Additional information on the Harvard School of Public Health College Alcohol Study can be found at [www.hsph.harvard.edu/cas](http://www.hsph.harvard.edu/cas).

**New CDC Study Shows Stronger State Prevention Activities May Discourage Alcohol-Impaired Driving.** Strong State activities designed to prevent driving under the influence (DUI) may reduce the incidence of drinking and driving, according to a new study from the Centers for Disease Control and Prevention (CDC). The study, published in the June issue of *Injury Prevention*, finds self-reported cases of drinking and driving were linked with the strength of State activities to prevent DUI.

CDC analyzed data collected from a national telephone survey, the 1997 Behavioral Risk Factor Surveillance System (BRFSS) and Mothers Against Drunk Driving (MADD) Rating the States 2000 survey, which graded States on their DUI countermeasures from 1996 to 1999. Results showed that residents of States with a MADD grade of “D” were 60 percent more likely to report alcohol-impaired driving than were residents from States with a MADD grade of “A”.

The CDC study also found 4.2 percent of the residents who consume alcohol reported they had driven after having too much to drink during the previous month. Men were nearly three times as likely as women to report alcohol-impaired driving. Single people were about 50 percent more likely to report alcohol-impaired driving than married people or people living with a partner. MADD based the grades on 11 categories that included legislation involving DUI and underage drinking, political leadership, availability of statistics and records, resources devoted to enforcing DUI laws, administrative penalties and criminal sanctions, regulatory control, availability of alcohol prevention and education, and victim compensation and support.

For more information or a copy of MADD’s Rating the States 2000 report, visit the MADD Web site at <http://www.madd.org/news/0,1056,4794,00.html>.

**Researchers Shed Light on Mechanics of Voluntary Alcohol Consumption.** Researchers at the Ernest Gallo Clinic and Research Center, University of California-San Francisco, reported in the June 14 issue of *Cell* that the brain’s chemical messenger dopamine and ethanol (beverage alcohol) act through independent mechanisms to synergistically produce a common cellular response that sustains voluntary alcohol consumption. The work may provide an additional target for pharmacologic treatment of alcoholism. A copy of the article is available by contacting [press@cell.com](mailto:press@cell.com).

**More than One in Three College Students Can Be Diagnosed with Alcohol Disorders.** The new Harvard University School of Public Health College Alcohol Study (CAS) shows that 6 percent of college students meet criteria for a diagnosis of alcohol dependence (also referred to as alcoholism), and 31 percent meet the clinical criteria for alcohol abuse. The study found that more than two of every five students report at least one symptom of these conditions, putting them at increased risk of developing a true alcohol disorder. Previous studies on college drinking have concentrated on the type, frequency, and amount of alcohol consumed. This is the first study to assess the actual extent of alcohol diagnoses among college students.

These findings released by CAS researchers may be reviewed online at [www.hsph.harvard.edu/cas](http://www.hsph.harvard.edu/cas). The article appears in the May 2002 issue of the *Journal of Studies on Alcohol*.

Researchers based their findings on survey responses from more than 14,000 students at 119 4-year colleges. The survey included questions that correspond to criteria set by the American Psychiatric Association to diagnose alcohol disorders, the most severe of which is alcohol dependence (alcohol abuse is a less advanced, although still a serious disorder). The diagnostic guidelines can be found in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

Heavy episodic drinkers (often called binge drinkers), and especially frequent heavy episodic drinkers, are at increased risk of alcohol disorders. Heavy episodic drinkers are defined as men who had five or more drinks—or women who had four or more drinks—in a row at least once in the 2 weeks before the students completed the survey questionnaire. Frequent heavy episodic drinkers have consumed these amounts at least three times in the previous 2 weeks.

The citation for the article in this release is Knight JR et al. Alcohol abuse and dependence among U.S. college students. *J Stud Alcohol* May 2002;63(3):263-70.



The mission of the Office of Disease Prevention and Health Promotion (ODPHP) is to provide leadership for disease prevention and health promotion among Americans by stimulating and coordinating prevention activities. *Prevention Report* is a service of ODPHP.

This information is in the public domain.

Duplication is encouraged.

