

Preventing Drug Abuse and Excessive Alcohol Use

Preventing drug abuse and excessive alcohol use increases people's chances of living long, healthy, and productive lives. Excessive alcohol use includes binge drinking (i.e., five or more drinks during a single occasion for men, four or more drinks during a single occasion for women), underage drinking, drinking while pregnant, and alcohol impaired driving.¹⁵⁰ Drug abuse includes any inappropriate use of pharmaceuticals (both prescription and over-the-counter drugs) and any use of illicit drugs.¹⁵¹ Alcohol and other drug use can impede judgment and lead to harmful risk-taking behavior. Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness; reduces crime and criminal justice expenses; reduces motor vehicle crashes and fatalities; and lowers health care costs for acute and chronic conditions.¹⁵²

KEY FACTS

Excessive Alcohol Use

- Excessive alcohol use is a leading cause of preventable death in the United States among all adult age groups, contributing to more than 79,000 deaths per year.¹⁵³ The alcohol-related death rate for American Indians and Alaska Natives is six times the national average.¹⁵⁴
- Over half of the alcohol consumed by adults and 90 percent of the alcohol consumed by youth occurs while binge drinking.¹⁵⁵ Most Americans who binge drink are not dependent on alcohol.¹⁵⁶
- The relative low cost and easily availability of alcohol and the fact that binge drinking is frequently not addressed in clinical settings contribute to the acceptability of excessive alcohol use.¹⁵⁷
- Every day, almost 30 people in the United States die in motor vehicle crashes that involve an alcohol impaired driver – one death every 48 minutes.¹⁵⁸

Drug Abuse

- Prescription drug abuse is our nation's fastest growing drug problem.¹⁵⁹ In a typical month, approximately 5.3 million Americans use a prescription pain reliever for nonmedical reasons.¹⁶⁰ Emergency department visits involving the misuse or abuse of pharmaceutical drugs have doubled over the past five years.¹⁶¹
- Chronic drug use, crime and incarceration are inextricably connected.¹⁶² At least half of both state and Federal inmates were active drug users at the time of their offense. Further, nearly 1/3 of state prisoners and a 1/4 of Federal prisoners committed their crimes while under the influence of drugs.¹⁶³
- Six million children (9 percent) live with at least one parent who abuses alcohol or other drugs.¹⁶⁴ Children of parents with substance use disorders are more likely to experience abuse (physical, sexual, or emotional) or neglect and are more likely to be placed in foster care.¹⁶⁵
- Drugs other than alcohol (i.e., illicit, prescription, or over-the-counter drugs) are detected in about 18 percent of motor vehicle driver deaths.¹⁶⁶
- Injection drug use accounts for approximately 16 percent of new HIV infections in the U.S. In addition, injection and non-injection drug use is associated with sexual transmission of HIV and other STIs.¹⁶⁷
- Rates of marijuana use by youth and young adults are on the rise and fewer youth perceive great risk from smoking marijuana once or twice a week.¹⁶⁸

Recommendations: What can be done?

Effective local drug abuse and excessive alcohol use prevention include implementing policies to reduce access, identifying substance abuse early and providing people with necessary treatment, and changing people's attitudes toward drug abuse and excessive alcohol use.

1 Support state, tribal, local, and territorial implementation and enforcement of alcohol control policies.

States with more stringent alcohol control policies tend to have lower levels of binge drinking among adults and college students.¹⁶⁹ Evidence-based policies that decrease excessive alcohol use and related harms include those that prohibit the sale of alcohol to minors and intoxicated persons; reduce days and hours of sale; and limit the number of places that legally sell alcohol.¹⁷⁰ Laws addressing alcohol impaired driving – including 0.08 percent blood alcohol limits, zero tolerance for persons under age 21, and ignition interlock systems (i.e., devices that prevent vehicle operation when blood alcohol concentration is above a specified level) – have cut alcohol-related traffic deaths in half over the past 30 years.¹⁷¹ Current age 21 minimum legal drinking age laws are effective in reducing alcohol-related motor vehicle crashes and associated injuries and deaths.¹⁷² Adopting campus-based policies and practices (e.g., alcohol-free late-night student activities, restrictions of alcohol marketing to primarily underage audiences, supporting and enforcing the minimum legal drinking age) can reduce high-risk alcohol use among college students.¹⁷³

2 Create environments that empower young people not to drink or use other drugs.

Environments can create social conditions that help teens avoid underage and binge drinking, or use of other drugs.¹⁷⁴ Exposure to alcohol marketing may increase the likelihood that young people will start drinking or drink more; therefore, reducing youth exposure to alcohol marketing can change attitudes toward drinking.¹⁷⁵ Furthermore, exposing youth to counter-marketing, such as anti-drug media messages, may be effective. Furthermore, exposing youth to counter-marketing, such as anti-drug media messages, may be effective. For example, youth exposed to the National Anti-Drug Youth Media Campaign are less likely to begin marijuana use.¹⁷⁶ Social environments that provide meaningful

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PROJECT HIGHLIGHT: Consistent Care Program: Spokane, Washington

The Emergency Department (ED) Consistent Care Program helps clinicians increase the quality of care for their patients and limit inappropriate use of prescription drugs. The program, implemented across hospitals in central southwest Washington State, identifies people who frequent the ED due to chronic health problems, unmanaged medical conditions, chemical dependency, or mental illness and links them to a multidisciplinary team that develops an individualized plan of care that includes guidelines on treatment, including prescribing of painkillers. In an evaluation of the program, patients experienced a 55 percent reduction in annual ED visits and a 54 percent reduction in inflation-adjusted charges to insurance companies (70 percent of which were charges to government payers).

alternative youth activities, enhance family relationships, build self esteem, and dispel myths about drinking and other drug use can help youth make healthy decisions.¹⁷⁷

3 Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment.

Implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services in primary care and trauma centers reduces excessive alcohol consumption and alcohol-related deaths among adults.¹⁷⁸ In addition, early detection and referral to treatment is effective in reducing illicit drug use in the short term.¹⁷⁹

4 Reduce inappropriate access to and use of prescription drugs.

A comprehensive approach to address prescription drug abuse, driven primarily by abuse of prescription pain relievers (opioids), should focus on reducing abuse while ensuring legitimate access for pain management.¹⁸⁰ Developing, linking, and encouraging use of prescription drug monitoring programs, coupled with implementation and enforcement of laws that reduce inappropriate access (e.g., laws to prohibit

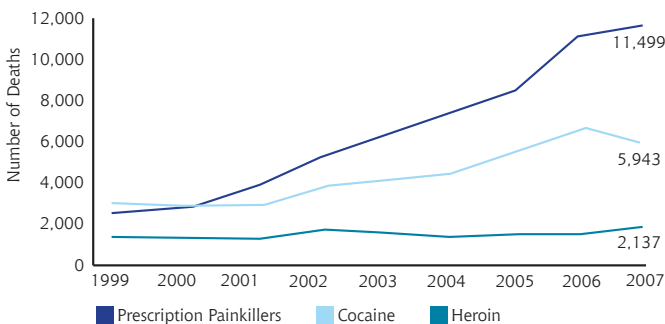
doctor shopping and “pill mill” pain clinics), can reduce misuse of prescription drugs.¹⁸¹ In addition, consumer and prescriber education about appropriate and safe medication use and disposal practices can help them manage prescription drugs safely.¹⁸²

Actions

The Federal Government will

- Foster development of a nationwide community-based prevention system involving state, tribal, local, and territorial governments and partners such as schools, health and social service systems, law enforcement, faith communities, local businesses, and neighborhood organizations.
- Enhance linkages between drug prevention, substance abuse, mental health, and juvenile and criminal justice agencies to develop and disseminate effective models of prevention and care coordination.
- Educate health care professionals on proper opioid prescribing, SBIRT, and effective use of prescription drug monitoring programs.
- Educate and inform consumers regarding the risks and benefits of regulated products using strategies appropriate to culture, language, and literacy skills (e.g., prescription drug safety and side effects, public health alerts, general information about safe and appropriate medication use).
- Conduct ongoing, independent, and brand-specific monitoring of youth exposure to alcohol marketing in order to ensure compliance with advertising standards.
- Promote implementation of interoperable state prescription drug monitoring programs.
- Develop programs consistent with Drug Enforcement Agency regulations that provide easily accessible, environmentally responsible ways to properly dispose of medications.
- Provide education, outreach, and training to address parity in employment-based group health plans and health insurance

Prescription Painkillers Cause More Overdose Deaths than Cocaine and Heroin Combined



Source: National Vital Statistics System, CDC, 1999–2007

Key Indicators	Current	10-Year Target
Proportion of adults aged 18 years and older who reported that they engaged in binge drinking during the past month	27.0%	24.3%
Proportion of high school seniors who reported binge drinking during the past two weeks	25.2%	22.7%
Proportion of persons aged 12 or older who reported nonmedical use of any psychotherapeutic drug in the past year	6.1%	5.5%
Proportion of youth aged 12 to 17 years who have used illicit drugs in the past 30 days	10.0%	9.3%

coverage for substance use disorders.

- Further investigate and heighten attention to issues related to driving under the influence of illicit and prescription drugs.

Partners Can

State, Tribal, Local, and Territorial Governments can

- Maintain and enforce the age 21 minimum legal drinking age (e.g., increasing the frequency of retailer compliance checks), limit alcohol outlet density, and prohibit the sale of alcohol to intoxicated persons.
- Require installation of ignition interlocks in the vehicles of those convicted of alcohol impaired driving.
- Implement or strengthen prescription drug monitoring programs.
- Facilitate controlled drug disposal programs, including policies allowing pharmacies to accept unwanted drugs.
- Implement strategies to prevent transmission of HIV, hepatitis and other infectious diseases associated with drug use.

Businesses and Employers can

- Implement policies that facilitate the provision of SBIRT or offer alcohol and substance abuse counseling through employee assistance programs.
- Include substance use disorder benefits in health coverage and encourage employees to use these services as needed.
- Implement training programs for owners, managers, and staff that build knowledge and skills related to responsible beverage service.

Health Care Systems, Insurers, and Clinicians can

- Identify and screen patients for excessive drinking using SBIRT, implement provider reminder systems for SBIRT (e.g., electronic medical record clinical reminders) and evaluate the effectiveness of alternative methods for providing SBIRT (e.g., by phone or via the internet).
- Identify, track, and prevent inappropriate patterns of prescribing and use of prescription drugs and integrate prescription drug monitoring into electronic health record systems.
- Develop and adopt evidence-based guidelines for prescribing opioids in emergency departments, including restrictions on the use of long-acting or extended-release opioids for acute pain.

- Train prescribers on safe opioid prescription practices and institute accountability mechanisms to ensure compliance. For example, the use of long-acting opioids for acute pain or in opioid-naïve patients could be minimized.

Early Learning Centers, Schools, Colleges, and Universities can

- Adopt policies and programs to decrease the use of alcohol or other drugs on campuses.
- Implement programs for reducing drug abuse and excessive alcohol use (e.g., student assistance programs, parent networking, or peer-to-peer support groups).

Community, Non-Profit, and Faith-Based Organizations can

- Support implementation and enforcement of alcohol and drug control policies.
- Educate youth and adults about the risks of drug abuse (including prescription misuse) and excessive drinking.
- Work with media outlets and retailers to reduce alcohol marketing to youth.
- Increase awareness on the proper storage and disposal of prescription medications.

Individuals and Families can

- Avoid binge drinking, use of illicit drugs, or the misuse of prescription medications and, as needed, seek help from their clinician for substance abuse disorders.
- Safely store and properly dispose of prescription medications and not share prescription drugs with others.
- Avoid driving if drinking alcohol or after taking any drug (illicit, prescription, or over-the-counter) that can alter their ability to operate a motor vehicle.
- Refrain from supplying underage youth with alcohol and ensure that youth cannot access alcohol in their home.

KEY DOCUMENTS

- National Drug Control Strategy
- Prescription Drug Abuse Prevention Plan
- Drinking in America: Myths, Realities, and Prevention Policy
- Surgeon General's Call to Action to Prevent and Reduce Underage Drinking

PROJECT HIGHLIGHT: The Drug Free Communities Program

Operating under the philosophy that local problems require local solutions, the Drug Free Communities (DFC) Support Program involves community-based coalitions working to prevent youth substance use. Coalition strategies are aimed at reducing availability and accessibility of alcohol and other drugs. Approaches include reducing the number of alcohol and tobacco retail outlets, addressing high rates of alcohol and drug abuse in blighted urban areas, and working to increase fines pertaining to illegal possession of substances. Rates of alcohol, tobacco, and marijuana use have declined significantly in DFC communities over the life of the program.