

# SUBSTANCE ABUSE

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# SUBSTANCE ABUSE

◆ Tobacco Use    ◆ Alcohol Abuse    ◆ Drug Abuse

## TOBACCO USE

### Background

Centers for Disease Control and Prevention reports:<sup>1</sup>

- ◀ 80% of adult smokers began smoking before the age of 18.
- ◀ Tobacco use is the leading preventable cause of death in the United States.
- ◀ Cigarette smoking is the single most alterable risk factor causing 430,000 deaths annually.
- ◀ More people die of tobacco use than AIDS, alcohol, drug abuse, car crashes, murders and suicides combined.
- ◀ Early use and experimentation with tobacco products such as cigarettes and snuff leads to adult addiction.

Tobacco use may be associated with an increased risk of osteoporosis.<sup>2</sup>

### Size

#### *San Diego County*

Approximately 17% or 323,000 San Diego adults ages 18 and over are smokers. Approximately 8.6% or 18,920 San Diego youth, 12 to 17 years old, are smokers.<sup>3</sup>

A 1997 survey of San Diego City Schools high school students found that 70% had tried cigarette smoking, 24% had smoked cigarettes on one or more of the 30 days preceding the survey, and 8% had smoked cigarettes on 20 or more of the 30 days preceding the survey.<sup>4</sup> **(Fig. 1)**

#### *State*

16.2% of adult Californians are current smokers.<sup>5</sup> **(Table 1)**

#### *National*

##### **Adults**

In 1996, more than 1.85 million Americans became daily smokers.<sup>1</sup>

In 1995, 24.7% of adults age 18 and over smoked.<sup>6</sup>

In 1994, 28% of men and 23% of women ages 18 and over smoked cigarettes.<sup>7</sup>

##### **Adolescents and Children**

At least 4.5 million adolescents (aged 12-17 years) in the United States smoke cigarettes.<sup>1</sup>

In 1996, an estimated 1.23 million adolescents under age 18 years became smokers.<sup>1</sup> This represents 66.2 percent of all new daily smokers that year.

In 1994, 20% of adolescents ages 12-17 smoked cigarettes.<sup>7</sup>

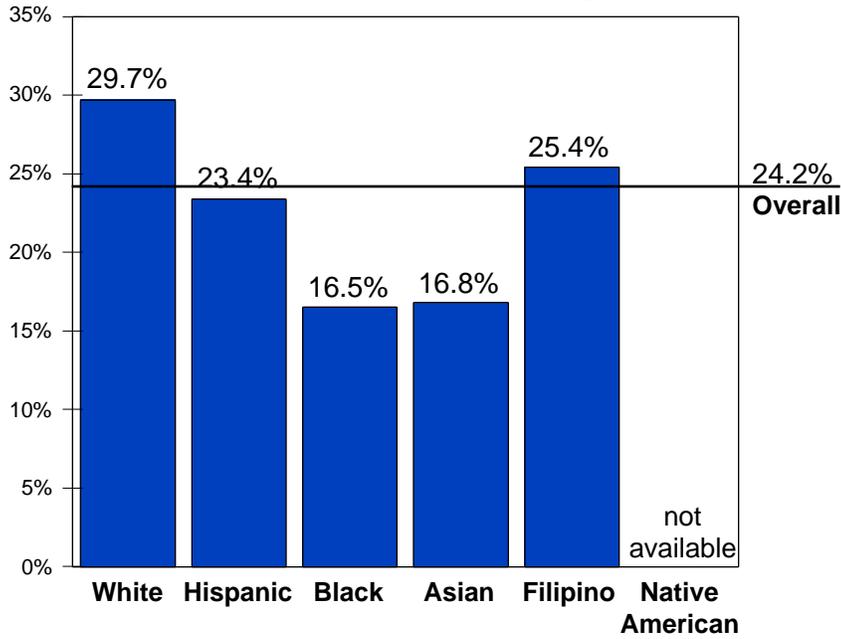
Teen smoking has been increasing since 1992.<sup>1</sup>

A quarter of all surveyed high school seniors reported smoking in the 6<sup>th</sup> grade.<sup>1</sup>

##### **Secondhand Smoke**

In 1996, 21.9% (approximately 15 million) of children and adolescents under 18 in the United States were exposed to secondhand smoke in their homes.<sup>6</sup>

**Figure 1**  
**Percentage of High School Students Surveyed who Currently use Tobacco by Race/Ethnicity 1997<sup>4</sup>**



**Table 1**  
**San Diego vs. the Nation—Adult Smoking Prevalence**

San Diego County	County Trends	California 1995	National 1997	HP2000 Objective
Not available	Not available	16.2%	34.8%	15.0%

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## Seriousness

**Total Years of Productive Life Lost in the US:** 5 million years for all deaths due to tobacco use per year.<sup>6</sup> Smokers die nearly seven years earlier than nonsmokers.<sup>1</sup>

### Cost

Direct medical costs from smoking total about \$50 billion per year and direct medical costs from smoking during pregnancy are approximately \$1.4 billion per year.<sup>6</sup>

For every dollar invested in smoking cessation for pregnant women, about \$6 is saved in neonatal intensive care costs and long-term care associated with low-birthweight deliveries.<sup>1</sup>

### Mortality

Over 400,000 deaths per year among adults in the United States are related to tobacco.<sup>6</sup>

Tobacco use is the leading preventable cause of death in the United States.<sup>6</sup>

Tobacco products are related to approximately one-third of all cancer deaths in the United States.<sup>6</sup>

Smoking accounts for one out of every five deaths in the US.<sup>2</sup>

Tobacco is one of the most potent of human carcinogens, causing an estimated 148,000 deaths among smokers annually due to smoking-related cancers. The majority of all cancers of the lung, trachea, bronchus, larynx, pharynx, oral cavity, and esophagus are attributable to the use of smoked or smokeless tobacco. Smoking also accounts for a significant but smaller proportion of cancers of the pancreas, kidney, bladder, and cervix.

Smoking promotes atherosclerosis and is a leading risk factor for myocardial infarction and coronary artery, cerebrovascular, and peripheral vascular disease. It is responsible for about 100,000 deaths from coronary heart disease and 23,000 deaths due to cerebrovascular disease each year.

Smoking is an important risk factor for respiratory illnesses, causing 85,000 deaths per year from pulmonary diseases such as chronic obstructive pulmonary disease (COPD) and pneumonia.

Finally, cigarettes are responsible for about 25% of deaths from residential fires, causing some 1,000 fire-related deaths and 3,300 injuries each year.<sup>2</sup>

### Adolescents and Children

Teens who smoke are three times more likely than nonsmokers to use alcohol, eight times more likely to use marijuana, and 22 times more likely to use cocaine. Smoking is associated with a host of other risky behaviors, such as fighting and engaging in unprotected sex.<sup>1</sup>

Children and adolescents who are active smokers have an increased prevalence and severity of respiratory symptoms and illnesses, decreased physical fitness, and retardation of lung growth.<sup>2</sup>

### Secondhand Smoke

Annually, exposure to second hand smoke or environmental tobacco smoke (ETS) causes an estimated 3,000 deaths from lung cancer among American adults. Studies also link ETS with heart disease.<sup>1</sup>

About 150,000 to 300,000 children suffer from lower respiratory tract infections from exposure to secondhand smoke.<sup>6</sup>

The odds of developing asthma are twice as high among children whose mothers smoke at least 10 cigarettes a day. Between 400,000 and 1 million asthmatic children have their condition worsened by exposure to secondhand smoke.<sup>1</sup> Between 8,000 and 26,000 children are diagnosed with asthma every year in the United States.<sup>1</sup>

### Smoking During Pregnancy

Smoking has a damaging effect on women's reproductive health and is associated with reduced fertility and early menopause.<sup>1</sup>

Smoking during pregnancy causes about 5-6% of perinatal deaths, 17-26% of low-birth-weight births, and 7-10% of preterm deliveries, and it increases the risk of miscarriage and fetal growth retardation. It may also increase the risk for sudden infant death syndrome (SIDS).<sup>2</sup>

Research suggests intrauterine exposure and passive exposure to secondhand smoke after pregnancy are associated with an increased risk of Sudden Infant Death Syndrome (SIDS) in infants.<sup>1</sup>

### Risk Factors

Some of the risk factors of smoking are:<sup>1</sup>

- < Peer pressure
- < Parental smoking
- < Role models who smoke
- < Lack of knowledge and understanding of health consequences
- < Advertising/Promotion
- < Easy access to tobacco

### High Risk Populations

#### Race/Ethnicity(s):

- < In 1996, Whites had the highest rate of chronic lung disease deaths (57.0) in San Diego County. **(Fig. 2)**
- < The highest percentage of surveyed San Diego County high school students who used tobacco products were White (30%).

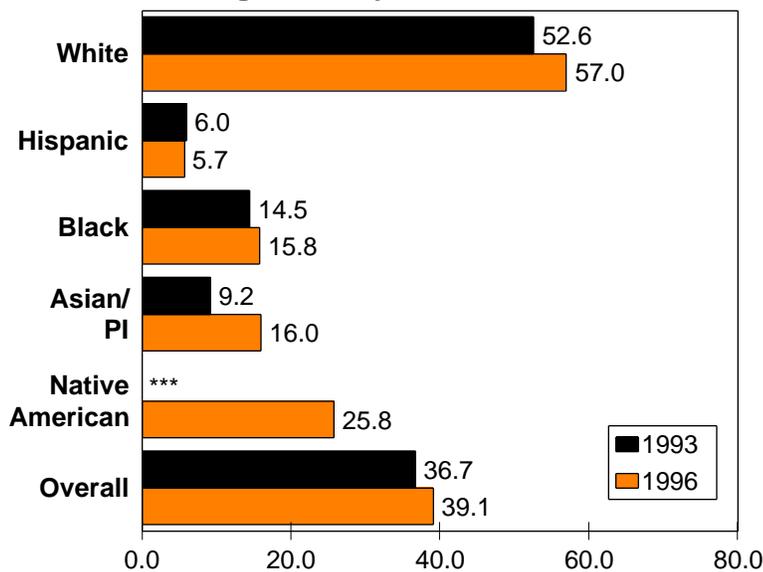
#### Age:

- < In 1994, 38% of high school dropouts age 25 and over smoked compared to 12% of people with 16 or more years of education.<sup>7</sup>
- < 80% of adult smokers began smoking before age 18.<sup>1</sup>

Cigarette smoking is more common among men, Native Americans and Alaska Natives, and persons of low socioeconomic status or with 9-11 years of education.<sup>2</sup>

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**Figure 2**  
**Chronic Lung Disease Death Rates by Race/Ethnicity\***  
**San Diego County 1993 and 1996\*\*,<sup>1</sup>**



\* Rates per 100,000 population

\*\*Age adjusted using the US 1940 standard million population

## Prevention

Data shows that increasing excise taxes on cigarettes is one of the most cost-effective short-term strategies to reduce tobacco consumption among adults and to prevent initiation among youth. Per capita reduction in consumption is greater when the tax increase is combined with an antismoking campaign.<sup>6</sup>

Increase the number of health care providers who routinely advise smoking cessation and provide assistance, follow up, and document charts for all of their tobacco using patients.<sup>6</sup>

A comprehensive approach to tobacco use prevention includes:<sup>1</sup>

- ◀ Eliminating exposure to ETS
- ◀ Preventing initiation among youth
- ◀ Promoting quitting among adults and youth
- ◀ Eliminating disparities among population groups

Certain strategies can increase the effectiveness of counseling against tobacco use by health care providers:<sup>2</sup>

- ◀ Direct, face-to-face advice and suggestions
- ◀ Reinforcement
- ◀ Office reminders
- ◀ Self-help materials
- ◀ Community programs for additional help in quitting
- ◀ Drug therapy

To prevent initiation of tobacco use and to help **adolescents** quit requires a comprehensive approach. This approach should include:<sup>1</sup>

- ◀ Increasing tobacco prices;
- ◀ Reducing the access and appeal of tobacco products;
- ◀ Conducting mass media campaigns and school-based tobacco use prevention programs;
- ◀ Increasing provision of smoke-free indoor air;
- ◀ Regulating tobacco products;
- ◀ Decreasing tobacco use by parents, teachers, and influential role models;
- ◀ Developing and disseminating effective youth cessation programs; and
- ◀ Increasing support and involvement from parents and schools.

The following research-based guidelines summarize effective school-based strategies for preventing tobacco use among youth.<sup>10</sup>

- ◀ Develop and enforce a school policy on tobacco use
- ◀ Provide instruction on the short-term and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills
- ◀ Provide K-12 tobacco use prevention education
- ◀ Provide program specific training for teachers
- ◀ Involve parents and families in support of school based programs to prevent tobacco use
- ◀ Support cessation efforts among students and all school staff who use tobacco
- ◀ Assess the tobacco use prevention program at regular intervals

Effective **school-based programs** teach children skills to recognize and resist social pressure to smoke, dip, or chew tobacco as well as to understand the short-term (e.g., bad breath, cost, decreased athletic ability, cough, phlegm production, and shortness of breath) and long-term adverse consequences of tobacco use.<sup>2</sup>

## Model Programs

### *Smoking Cessation: Evidence-Based Recommendations for the Healthcare System – St. George Hospital Medical School, University of London*

- ◀ Several studies have shown that smoking cessation interventions implemented in the healthcare system are cost effective, and successful in reducing smoking
- ◀ Brief advice by healthcare professionals can motivate attempts to stop smoking as well as increase cessation rates by identifying and referring heavy smokers for additional help
- ◀ Guidelines for healthcare professionals to implement brief smoking cessation interventions include four simple steps:
  - Ask (about smoking at every opportunity; assess smoking status)
  - Advise (all smokers to stop)
  - Assist (the smoker to stop; provide support)
  - Arrange (follow-up; refer to specialist if necessary)

## Resources

Tobacco Control Resource Center, Health and Human Services Agency, County of San Diego, (619) 515-6502

American Lung Association, (619) 297-3901, [www.lungusa.org](http://www.lungusa.org)

Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, [www.cdc.gov/nccdphp/osh](http://www.cdc.gov/nccdphp/osh)

Smoke-Free Kids, National Cancer Institute, [www.smokefree.gov](http://www.smokefree.gov)

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2. US Preventive Services Task Force. (1996). Guide to Clinical Preventive Services, 2<sup>nd</sup> Edition. Retrieved from the World Wide Web: <http://text.nlm.nih.gov>
3. University of California San Diego Cancer Prevention and Control. (1998, June 30). Final Report to the California Department of Health Services. Tobacco Control in California, Who's Winning the War?: An Evaluation of the Tobacco Control Program from 1989 - 1996.
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# ALCOHOL ABUSE

## Size

Eighty percent of American youth consume alcohol before their 21<sup>st</sup> birthday.<sup>1</sup>

The average age when youth first try alcohol is 11 years old for boys and 13 years old for girls.<sup>2</sup>

Fifty-two percent of Americans ages 12 and over drank alcohol in the past month. Sixteen percent of these are binge drinkers, drinking five or more drinks on the same occasion at least once in the past month.<sup>3</sup>

### *San Diego County*

A 1997 survey of San Diego City Schools high school students found that 76% had at least one drink of alcohol during their lifetime, 47% had at least one drink of alcohol during the 30 days preceding the survey (**Fig. 1**), and 27% had five or more drinks on at least one occasion during the 30 days preceding the survey (**Figs. 2 & 3**).<sup>4</sup>

47.1% of surveyed San Diego City high school students reported current alcohol use meaning they drank one or more drinks in the 30 days prior to the survey.<sup>4</sup>

17.5% of adults responding to a 1996 survey reported “heavy drinking” meaning that at least once during the past month they had five or more drinks on one occasion.<sup>5</sup> (**Fig. 4**)

### *State*

In 1995, over 7% of Californians were chronic drinkers meaning they had 60 or more drinks in the past month.<sup>5</sup>

### *National*

Alcohol is the most widely used psychoactive drug in the United States.<sup>6</sup>

More than 14% of respondents to a national survey had a lifetime history of alcohol dependence, and just over 7% were dependent upon alcohol within the last 12 months.<sup>7</sup> (**Table 1**)

6.5 – 10% of the national population are heavy drinkers.<sup>6</sup>

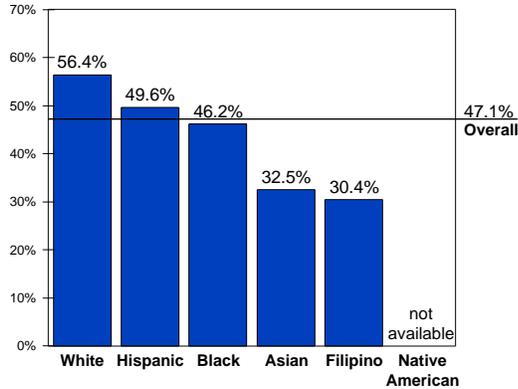
1 in 7 adults who drink have a drinking problem.<sup>6</sup>

4 out of 10 people have been exposed to an alcoholic family member.<sup>3</sup>

By the time youths are high school seniors, at least 90% report drinking alcohol.<sup>8</sup>

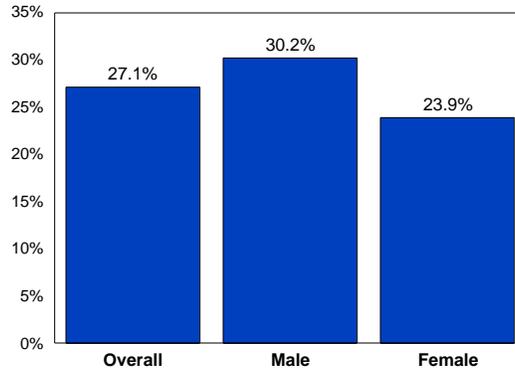
Binge drinking is especially prevalent among college students: half of all men and roughly one third of all women report heavy drinking within the previous 2 weeks.<sup>9</sup>

**Figure 1**  
**Percentage of Surveyed San Diego High School Students Reporting Current Alcohol Use\* by Race/Ethnicity 1997<sup>4</sup>**



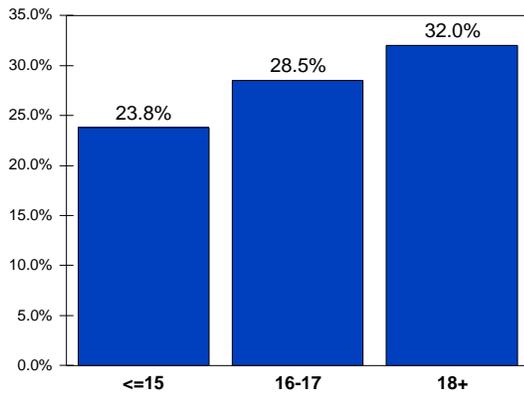
\* 1 or more drinks in the past 30 days

**Figure 2**  
**Percentage of Surveyed San Diego High School Students Reporting Heavy Drinking\*\* by Gender 1997<sup>4</sup>**

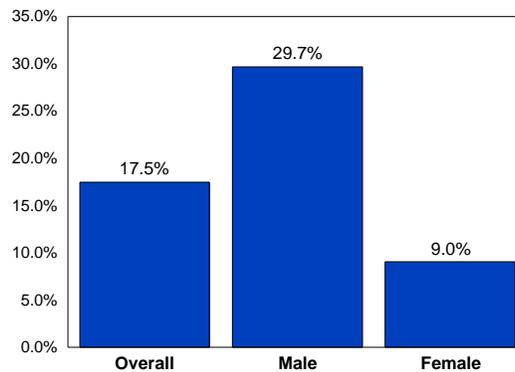


\*\*5 or more drinks within a two-hour period in the past 30 days

**Figure 3**  
**Percentage of Surveyed San Diego High School Students Reporting Heavy Drinking\*\* by Age Group 1997<sup>4</sup>**



**Figure 4**  
**Percentage of Adults Surveyed Reporting Heavy Drinking\*\*\* by Gender 1996<sup>5</sup>**



\*\*\* 5 or more drinks on one occasion in the past month.

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## Seriousness

### Mortality

There are over 25,000 deaths in the United States each year from chronic liver disease and cirrhosis. In 1996, chronic liver disease and cirrhosis was the 10<sup>th</sup> leading cause of death in the United States.<sup>3</sup>

Of the more than 100,000 deaths attributed to alcohol annually, nearly half are due to unintentional and intentional injuries, including 44% of all traffic fatalities in 1993 and a substantial proportion of deaths from fires, drowning, homicides, and suicides.<sup>9</sup>

One half of all murders, accidental deaths, suicides and crimes are linked to alcohol.<sup>6</sup>

One third of all drowning, boating and aviation deaths are linked to alcohol use.<sup>3</sup>

Alcohol is a factor in a significant number of homicides, firearm-related deaths, arrests for violent offenses such as robbery, assault, and weapons offenses, and incidents of violent and abusive behavior including child abuse, spousal abuse, and partner violence.<sup>1</sup>

### Morbidity or Comorbidity

Heavy alcohol use increases the risk for cirrhosis and other liver disorders.<sup>1</sup>

Sixty percent of college women diagnosed with a sexually transmitted disease were drunk at the time of infection.<sup>2</sup>

Nearly 20% of drinkers report problems with friends, family, work, or police due to drinking. Persons who abuse alcohol have a higher risk of divorce, depression, suicide, domestic violence, unemployment, and poverty. Intoxication may lead to unsafe sexual behavior that increases the risk of sexually transmitted diseases, including human immunodeficiency virus (HIV).<sup>9</sup>

Alcohol consumption can cause major health consequences and behavioral problems including:<sup>9</sup>

- ◀ Fetal Alcohol Syndrome, which is the leading environmental cause of mental retardation in the Western world<sup>6</sup>
- ◀ Distorted vision, hearing and coordination
- ◀ Increased cancer risk
- ◀ Sexual impotence
- ◀ Cirrhosis of the liver
- ◀ Damage to the heart and central nervous system
- ◀ Memory loss

### Children and Adolescents

In the United States, nearly one in five children grows up with a parent who is dependent on alcohol or another substance.<sup>2</sup>

Children of alcoholics have symptoms of depression and anxiety more often, have difficulties in school more often, score lower on test measuring verbal ability, and experience more frequent and higher health care costs than children from non-alcoholic families.<sup>2</sup>

A recent study found that more than 43% of teenagers who began drinking before age 14, later became alcoholics.<sup>2</sup>

Adult alcohol abuse contributes to up to 70% of child abuse cases.<sup>2</sup>

Finally, an estimated 27 million American children are at risk for abnormal psychosocial development due to the abuse of alcohol by their parents.<sup>9</sup>

Driving under the influence of alcohol is more than twice as common in adolescents than in adults.<sup>9</sup>

The American Medical Association reports:<sup>8</sup>

- ◀ Drinking alcohol places adolescents at a higher risk for accidents and unsafe sexual behavior.
- ◀ One half of all youth deaths are linked to either illicit drug or alcohol use.
- ◀ Youth who begin drinking before the age of 15 are four times more likely to develop alcoholism than those that begin drinking at 21.

**Table 1**  
**Percent Reported Prevalence of Alcohol Abuse Nationally over Lifetime or Within the Last 12 Months by Adults Surveyed Nationwide<sup>7</sup>**

	Male		Female		Total	
	Lifetime	Past 12 Months	Lifetime	Past 12 Months	Lifetime	Past 12 Months
Alcohol abuse without dependence*	12.5%	3.4%	6.4%	1.6%	9.4%	2.5%
Alcohol dependence*	20.1%	10.7%	8.2%	3.7%	14.1%	7.2%

\*As defined by the Diagnostic and Statistical Manual-III-R

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**Community Concerns**

**Focus Group Discussion Points:**

- ◀ Participants in the adolescent, African American and Central San Diego focus groups ranked alcohol and drug abuse among their top three concerns.
- ◀ It was generally recognized that substance abuse leads to other problems such as violence, school problems, auto accidents and other health problems. The adolescents’ group believed access to alcohol is too easy. The Central San Diego group highlighted the need for additional alcohol and drug abuse treatment slots in existing or new treatment centers.
- ◀ Alcohol use was also stated to be a problem among the senior population – particularly in the African American community. This problem often goes undetected or is misdiagnosed as seniors drink alone more often than other age groups.
- ◀ Alcohol was a health concern for the Hmong community. The rate of alcoholism is quite high within this community and often leads to other health problems. This population is not very acculturated and they may not access health services.

## Risk Factors

Risk factors for children and adolescents<sup>10</sup>:

- ◀ Genetics and family history including history of alcohol abuse, family dysfunction, poor parenting, absence of role models for alcohol use in moderation, and parental tobacco use.
- ◀ Environmental factors including easy access to alcohol and other drugs, cultural support for alcohol abuse, media, and peers who model problem behavior.
- ◀ Personal development including learning disorders, attention deficit disorders or depression, social isolation, poor self-esteem, and low expectation of success.

## High Risk Populations

Children raised in alcohol and other drug-abusing households.

Children of drug-abusing parents, particularly drug-abusing mothers.<sup>1</sup>

More men (68%) between the ages of 18 and 25 drink than women (55%).<sup>3</sup>

## Prevention

Increase the number of primary care providers who monitor and screen patients, particularly patients 60 years and older, for alcohol and drug abuse, discuss alcohol and prescription drug interactions, and refer to prevention or treatment services, if necessary.<sup>1</sup>

Comprehensive prevention programs should include interventions that influence individual behavior and attitudes as well as interventions that change environments through controls on availability.<sup>1</sup>

The following policies and strategies have been identified to address the problem of binge drinking and reduce access to alcohol by underage populations:<sup>1</sup>

- ◀ Toughen State restrictions and penalties for alcoholic beverage retailers to ensure compliance with the national minimum purchase age.
- ◀ Restrict the sale of alcoholic beverages at recreational facilities and entertainment events where youth constitute a majority of the participants or consumers.
- ◀ Implement server training and standards for responsible hospitality for waitresses, waiters, bartenders, and supervisory staff on how to avoid serving alcohol to minors and to people who are intoxicated.
- ◀ Encourage the hospitality industry to take the initiative to identify a set of standards and an appropriate course of training that will result in an industry-sponsored certification of a restaurant, bar, or other retail outlet as a responsible server.
- ◀ Require college students to report to student health services following a binge-drinking incident to receive an alcohol assessment. The assessment will provide student health services with data to evaluate the student's drinking and an opportunity to provide education and referral to an appropriate intervention based on the student's drinking history.
- ◀ Limit advertisements and promotions aimed at underage populations who cannot legally purchase the products and restrict marketing to underage populations.

Numerous studies demonstrate that clinicians are frequently unaware of problem drinking by their patients. Early detection and intervention may alleviate ongoing medical and social problems due to drinking and reduce the future risks from excessive alcohol use.

Recent reviews of school-based prevention programs found that most results were inconsistent, small, and short-lived; programs that sought to develop social skills to resist drug use seem to be more effective than programs that emphasize factual knowledge.<sup>9</sup>

Studies have demonstrated that brief interventions can reduce alcohol consumption in problem drinkers identified by screening questionnaires or self-reported heavy drinking. A meta-analysis of six brief-intervention trials estimated that interventions reduced average alcohol consumption by 24%.<sup>9</sup>

The Center for Substance Abuse Prevention recommends implementing the following prevention services in managed health care:<sup>11</sup>

- ◀ Early identification of heavy users of alcohol or other drugs through simple screening;
- ◀ Brief intervention services designed to reduce drinking and drug use by non-dependent users;
- ◀ Timely diagnosis and treatment services for dependent people to reduce physical health damage and future medical costs;
- ◀ Specific training for health care workers in early identification and brief intervention techniques; and
- ◀ Utilization of brief intervention with drug users and dependent drinkers when treatment services are not available.

## Model Programs

### *Escondido Health Care and Community Services Project: Screening and Brief Intervention*<sup>12</sup>

The project provides screening and brief interventions for patients of the Palomar Medical Center's Emergency Department and the Escondido Community Health Center, and public drunkenness offenders contacted by the Escondido Police Department. Specially-trained health educators using a 10-question interview identify at-risk drinkers and advise them about their harmful drinking pattern and how they can change it. The project springs from an Institute of Medicine report pointing out that such services targeting moderate-drinkers can significantly reduce alcohol problems in a community and more than recover the cost in savings to health, law enforcement, and social service agencies. The Escondido project provides more than 1,000 screenings and brief interventions per month in a city of 120,000 population. **For more information, contact:** Dennis Kelso, Ph.D., Project Director, Neighborhood & Organizational Development, City of Escondido (760) 839-4533.

### *Friday Night Live/Club Live, San Diego County Office of Education*<sup>14</sup>

- ◀ Peer programs designed to build partnerships for positive and health youth development
- ◀ Engages youth as active leaders and resources in their schools and communities
- ◀ Programs are youth driven and led, helping youth to develop skills and resilient traits that foster a sense of power and autonomy
- ◀ Promotes a belief in youth's ability to contribute by providing leadership development, community service opportunities, and positive activities
- ◀ Provides safe, fun, healthy, and supportive places for youth while promoting caring relationships among youth and their adult advisors
- ◀ Youth work together to be better able to face life's complex problems and live free of alcohol, tobacco, other drugs, and violence

## Resources

Alcohol and Drug Services, Health and Human Services Agency, County of San Diego, (619) 692-5717

Office of Education, Substance Abuse Prevention, (619) 292-3500

Alcoholics Anonymous, (619) 265-8762

Adult Children of Alcoholics, (619) 276-6232

Al-anon and Ala-teen, (619) 296-2666

Mothers Against Drunk Driving, (760) 746-6233

Substance Abuse and Mental Health Services Administration, [www.samhsa.gov](http://www.samhsa.gov)

National Clearinghouse for Alcohol and Drug Information, [www.health.org](http://www.health.org)

National Institute on Alcohol Abuse and Alcoholism, [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

National Center for Chronic Disease Prevention and Health Promotion, [www.cdc.gov/nccdphp/nccdhome.htm](http://www.cdc.gov/nccdphp/nccdhome.htm)

Friday Night Live/Club Live, [www.fridaynightlive.org](http://www.fridaynightlive.org)

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# DRUG ABUSE

## Size

### *San Diego County*

#### **San Diego County Drug Overdose Deaths**

**1996 Rate:** 9.4 per 100,000 (not age adjusted). (Table 1)

**1993 – 96 Trend:** 9.0 – 9.4 per 100,000 (not age adjusted rates) (Fig. 2)

A 1997 survey of San Diego City Schools high school students found the following:<sup>1</sup> (Fig. 1)

- < 50% had used marijuana during their lifetime
- < 26% had used marijuana at least once during the 30 days preceding the survey
- < 10% had used some form of cocaine during their lifetime
- < 4% had used some form of cocaine at least once during the 30 days preceding the survey
- < 16% had used some other illegal drug during their lifetime
- < 14% had used some form of inhalants during their lifetime

### *National*

In a 1991 survey of over 8,000 persons aged 15-54 years, 3.6% met diagnostic criteria for drug dependence or drug abuse in the past year.<sup>2</sup>

Drug-related emergency visits in the US reached all-time highs in 1993.<sup>2</sup>

An estimated 5.5 million Americans, half of whom are in the criminal justice system, are affected by drug abuse or dependence.<sup>2</sup>

In a national household survey in 1993, 14% of adults ages 18-25 and 3% of those over 35 reported using illicit drugs within the last month.<sup>2</sup>

An estimated 5 million Americans smoke marijuana regularly (at least once a week), and almost 500,000 use cocaine weekly. It is estimated that up to 500,000 Americans are addicted to heroin and 1-1.6 million currently use injection drugs.<sup>2</sup>

In 1995, there were 142,164 cocaine related emergency room visits.<sup>3</sup>

Nearly a third of all Americans between 15 and 54 years of age experience one or more addictive or mental health disorders in any year. Almost half will experience one or more episodes during their lifetime.<sup>4</sup>

### *Youth*

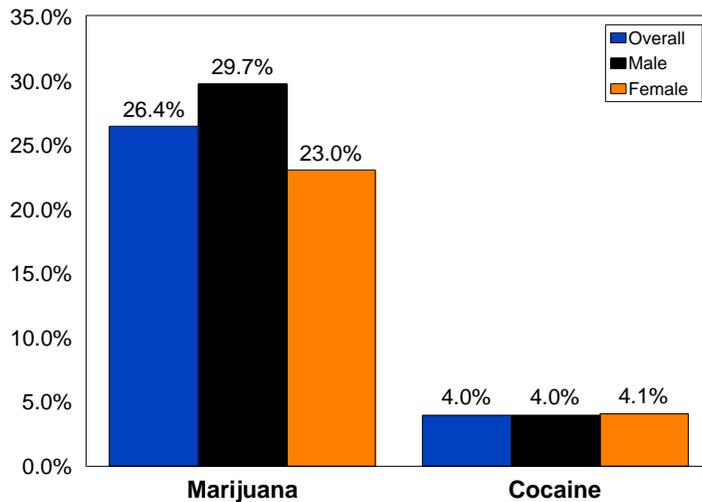
Approximately 260,000 California youth, between the age of 12 and 18, are in need of alcohol or drug treatment.<sup>4</sup>

Nationally, 8% of youth ages 12-17 have smoked marijuana in the past month; 22% of high school seniors have smoked marijuana in the past month; over 1% of persons aged 18-25 have used cocaine in the past month; 2% of high school seniors have used cocaine in the past month; and over 2% of high school seniors have used inhalants in the past month.<sup>3</sup>

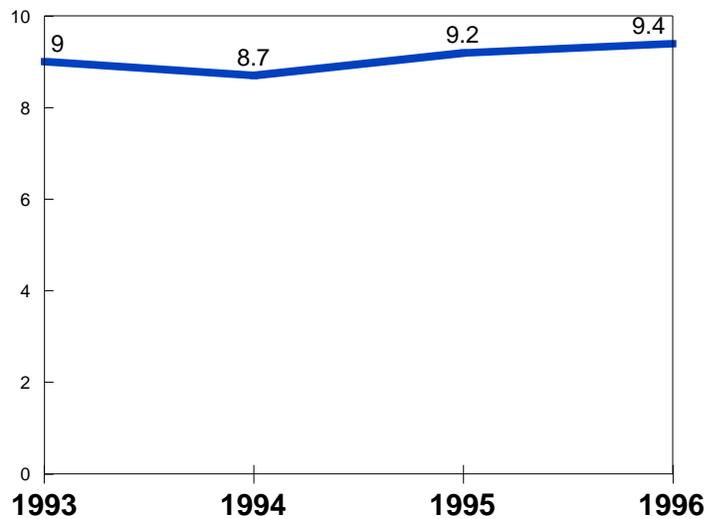
**Table 1**  
**San Diego vs. the Nation—Drug Related Death Rates,\* 1996\*\*<sup>5</sup>**

San Diego County 1996	County Trends 1993-1996	California 1992	National 1995	HP2000 Objective
8.9 (age adjusted)	Increased 9.0 - 9.4 (not age adjusted)	7.8 (age adjusted)	5.1 (age adjusted)	3.0 (age adjusted)

**Figure 1**  
**Percentage of Surveyed High School Students Reporting Current Drug Use by Gender San Diego 1997<sup>1</sup>**



**Figure 2**  
**Drug-Related Death Rates\* —San Diego County Trend 1993-1996\*\*\*<sup>5</sup>**



\* Rates per 100,000 population

\*\*Age adjusted using the US 1940 standard million population

\*\*\*Not age adjusted

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## Seriousness

**Average Years of Productive Life Lost in San Diego County:** 24.3 years per death<sup>5</sup>

**Healthy People 2000 Objective:** The 1996 San Diego County rate of drug-related deaths (8.9 age adjusted) is higher than the Healthy People 2000 Objective of (3.0 age adjusted).

Substance abuse costs every person in the United States approximately \$1,000 each year including health care, law enforcement, motor vehicle crashes, crime, and lost productivity costs.<sup>6</sup>

In 1995, there were 14,218 drug-induced deaths in the United States.<sup>3</sup>

The indirect medical and social consequences of drug use are equally important: criminal activities related to illegal drugs take a tremendous toll in many communities, use of injection drugs and crack are major factors in the spread of HIV infection and drugs play a role in many homicides, suicides, and motor vehicle injuries. Nearly half of all users of cocaine or marijuana reported having driven a car shortly after using drugs.<sup>2</sup>

The age for experimenting with illegal drugs has decreased. Youth who use drugs have a high risk of addiction as adults.<sup>7</sup>

Illicit drug use causes a host of problems including:<sup>8</sup>

- ◀ Brain seizures
- ◀ Cardiac malfunctions
- ◀ Enhanced cancer risk
- ◀ Increased risk for injuries from car crashes, falls, burns, drowning
- ◀ Suicide
- ◀ Wasted productivity – Over \$70 billion per year annually in the US.
- ◀ Premature death
- ◀ Increases risk of transmission of HIV
- ◀ Birth defects

## Community Concerns

**Focus Group Discussion Points:** As reported in the CHIP Community Input Supplement, many focus group participants expressed concern over what appears to be an inadequate number of substance abuse prevention and treatment services. Such services are needed to address high and ever-growing rates of alcohol and drug abuse, particularly among youth. Adolescents and parents of children with drug abuse problems reported that drugs are readily available and being used at epidemic proportions, so access to treatment is critical. Even insured participants expressed that HMOs were reluctant to refer patients who needed treatment, and when they were referred, the individual received only cursory treatment. Community-based services are needed that are culturally competent and located in the participant's general neighborhood to be effective.

## Risk Factors

Drug use is more common among men, the unemployed, adults who have not completed high school, and urban residents.<sup>2</sup>

Some of the risk factors for drug abuse are:<sup>7</sup>

- ◀ Family history of substance abuse
- ◀ Low self-esteem
- ◀ Poverty
- ◀ Low education/Few job opportunities
- ◀ Parenting practices

## High Risk Populations

Illegal drug use including LSD, PCP, ecstasy, mushrooms, speed, ice and heroin has increased for White and Hispanic youth and decreased for African Americans.<sup>1</sup>

Children raised in alcohol and other drug-abusing households.

Children of drug-abusing parents, particularly drug-abusing mothers.

Children who perceive low risk in using drugs.<sup>6</sup>

**Age(s):** Locally, the highest rate of drug-related deaths is among 25-64 year olds (16.0 per 100,000, not age adjusted). (Fig. 3)

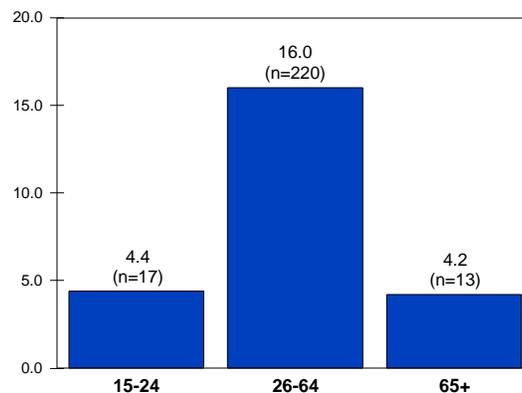
**Ethnicity(s):** In 1996 in San Diego County, Whites had the highest rate of drug-related deaths (10.2 age adjusted), followed by Blacks (9.9). (Fig. 4)

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**Table 2**  
**Reported Prevalence of Drug Abuse Nationally Over Lifetime and Within the Last 12 Months<sup>7</sup>**

	Male		Female		Total	
	Lifetime	Past 12 Months	Lifetime	Past 12 Months	Lifetime	Past 12 Months
Drug abuse without dependence**	5.4%	1.3%	3.5%	0.3%	4.4%	2.8%
Drug dependence**	9.2%	3.8%	5.9%	1.9%	7.5%	2.8%

**Figure 3**  
**Drug-Related Death Rates by Age\* San Diego County 1996<sup>5</sup>**



\* Rates per 100,000 population, not age adjusted.

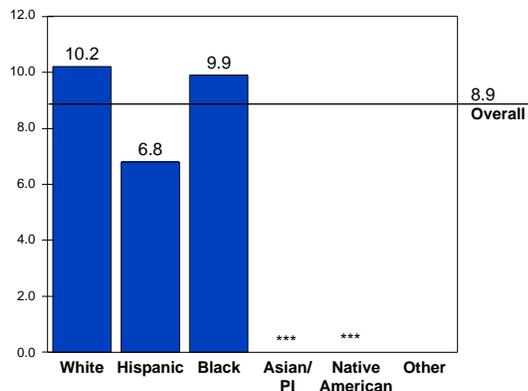
\*\*As defined by the Diagnostic and Statistical Manual-III-R

**Gender:** Nationally, more males (9.2%) have experienced dependence on illicit drugs sometime during their lives than females (5.9%).<sup>7</sup> (Table 2)

**County Areas:** (1996 age adjusted) (Fig. 5)

- ◀ **Region:** Central
- ◀ **SRAs:** Central, Coastal, Chula Vista

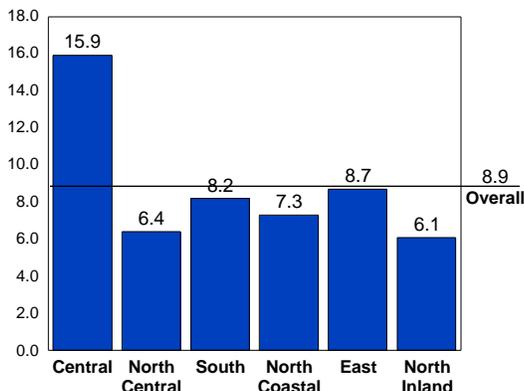
**Figure 4**  
**Drug-Related Death Rates\* by Race/Ethnicity San Diego County 1996\*\***



\* Rates per 100,000 population.

\*\* Age adjusted using the 1940 US standard million population.

**Figure 5**  
**Drug-Related Death Rates\* by Region San Diego County 1996\*\***



## Prevention

Strengthening the ability of children and youth to reject substances is an important element in prevention activities because the required skills and attitudes can carry over and remain effective in adulthood.<sup>6</sup>

Additional efforts are needed to increase the percentage of public, private, and alternate schools that provide age-appropriate primary and secondary school science-based programs on substance abuse prevention to students, which are preferably a part of school health programs.<sup>6</sup>

Comprehensive prevention programs should include interventions that influence individual behavior and attitudes as well as interventions that change environments through controls on availability.<sup>6</sup>

According to the Center for Substance Abuse Prevention (CSAP), successful youth substance abuse prevention strategies must be multi-faceted to address the various dimensions of an adolescent's life. Prevention efforts should target parents and caregivers of adolescents, educators and leaders of community organizations, and adolescents themselves. Prevention efforts should:<sup>9</sup>

- ◀ Raise awareness of the dangers of drug use and the benefits of constructive behavior;
- ◀ Promote good parenting skills and strengthen the family as the first defense against substance abuse;

- ◀ Build academic and vocational skills, to give adolescents concrete ways of developing their potential and becoming contributing members of society;
- ◀ Provide mentoring and positive role modeling;
- ◀ Build social skills to help adolescents develop the kind of strong self-image that leads to positive life decisions;
- ◀ Mobilize communities to set up the kinds of environments that promote positive personal development; and
- ◀ Strengthen and support policies that promote healthy lifestyles and change community norms.

Early intervention has the potential to avert some of the serious consequences of drug abuse, including injuries, legal problems, and medical complications. Reducing drug use is also likely to have important benefits to society in reducing criminal activity and the spread of HIV.<sup>2</sup>

## Model Programs

### *Mom's Project, Boston Public Health Commission<sup>10</sup>*

- ◀ Helps pregnant addicted women to overcome barriers to care through a supportive network of over 300 community health and social services agencies
- ◀ Connects women to services and enables them to become healthier, more productive community members
- ◀ Helps women discover and use their own internal strengths to build supportive relationships within their communities
- ◀ Serves African American and Latina women who live in neighborhoods with high rates of poverty, substance abuse, interpersonal violence, and HIV/AIDS
- ◀ Women are recruited through street and community outreach
- ◀ Sixty-seven percent of participants significantly reduced or stopped alcohol use and 58% significantly reduced or stopped using drugs
- ◀ Post-intervention assessments showed significant improvements in depression symptoms, self esteem, self efficacy, and social support
- ◀ Clients were three times more likely to be in stable housing
- ◀ Infants born to project participants weighed approximately 209 grams more and were two times less likely to be classified as low birthweight infants when compared to pregnant women who received prenatal care but did not participate in the program, matched for level and type of drug use

### ***The Healing Place, Louisville, Kentucky<sup>10</sup>***

- ◀ Recovery from addiction program for homeless alcoholic or chemically dependent men and women through a mutual help program that sustains their desire to return to meaningful and productive lives
- ◀ Sixty-four percent of the men and women who have completed the program have maintained continuous abstinence
- ◀ Provides comprehensive services including lodging, sober up and recovery programs, meals, clothing, and medical services to over 350 individuals at any time at a cost of about \$25.00 per individual, per day
- ◀ Serves 23,000 free meals and provides 6,500 clean linen beds per month
- ◀ Provides over 1,600 prescriptions in one year for less than \$2,000
- ◀ Coordinates over 75 volunteers to provide free health care services four days per week

### **Resources**

Alcohol and Drug Services, Health and Human Services Agency, County of San Diego, (619) 692-5717

Office of Education, Substance Abuse Prevention, (619) 292-3500

Narcotics Anonymous, (619) 584-1007

Cocaine Anonymous, (619) 268-9109

National Institute on Drug Abuse, [www.nida.nih.gov](http://www.nida.nih.gov)

Substance Abuse and Mental Health Services Administration, [www.samhsa.gov](http://www.samhsa.gov)

National Center for Chronic Disease Prevention and Health Promotion, [www.cdc.gov/nccdphp/nccdhome.htm](http://www.cdc.gov/nccdphp/nccdhome.htm)

National Center on Addiction and Substance Abuse, [www.casacolumbia.org](http://www.casacolumbia.org)

National Clearinghouse for Alcohol and Drug Information, [www.health.org](http://www.health.org)

The Healing Place, [www.thehealingplace.org](http://www.thehealingplace.org)

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