ALCOHOL ABUSE: "ROBBING OUR FUTURE"

Substance abuse, in general (including alcohol abuse, tobacco, and illicit drug use), is one of the most pressing health issues facing our nation today. More people die, become ill, or are disabled from using these substances than from any other preventable behavior.[1] Alcohol is the most "acutely destructive" of the most widely used drugs in the U.S.[2] Although much progress has been made in the science of substance abuse prevention and treatment, the evidence suggests that a substantial gap exists between what we know about prevention and treatment and what we actually do to prevent and treat this enormous problem.[3]

Although this summary report focuses on alcohol abuse, references are made at times to substance abuse in general due to the fact that much of the available information describes statistical facts in general terms rather than separately by type of substance abused. Otherwise, attempts have been made to provide specific information about alcohol abuse.

GLOBAL IMPACT

If, in an ideal world, alcohol related illness, disease, and suffering were eliminated, there would be:

- 40% fewer patients admitted to the nation's hospitals.[4]
- 100,000+ fewer deaths due to motor vehicle accidents, disease, violence, and suicide each year.[5]
- 25% of the nation's children no longer growing up in homes with substance abusing parents.[6]
- an additional $186 billion dollars saved in direct medical, lost productivity, property damage, and criminal justice system costs (1998 estimates.[7]
- a recoup of 15% to the annual U.S. budget for health care.[8]
- 2 million less unintentional injuries.[9]

FACTS SHEET

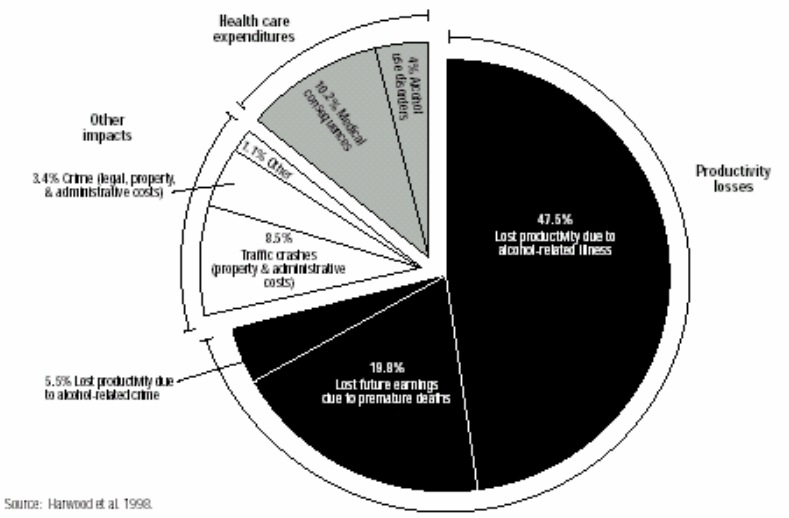
- Alcohol is the number one drug of choice for adolescents and adults, the most widely available drug, and the drug most often listed as the problem substance by abusers in treatment programs.[10]
- Nearly half of Americans aged 12 and older (104 million) report using alcohol.[11]
- 14 million Americans—7.4% of the population—meet the diagnostic criteria for alcohol abuse or alcoholism.[12]
- One in five Americans has a drinking pattern that puts them at risk. (It is reported that most of the burden of alcohol-related mortality, morbidity, lost productivity, etc., is attributable to moderate, non-dependent drinkers).[13]
- Alcohol use is the leading cause of male disability worldwide.
- Alcoholics have a significant increased risk in developing psychiatric disorders such as manic-depression.[14]
- Lifetime prevalence of alcohol abuse in men is 20.1% and 8.2% for women. (Higher risks exist for men, especially aged 30-50 years, with lower income, education).[15]

- Persons with persistent alcohol problems are likely to die 15 years earlier than those in the general population.[16]
- Alcohol represents the nation's third leading actual cause of death, behind tobacco and diet/physical activity patterns.[17]
- One in 10 Americans aged 12 and older in 2000 (22.3 million persons) had driven under the influence of alcohol at least once in the last 12 months.[18]
- The age specific rate of first use among 12- to 17-year-old adolescents has doubled from 76 per 1000 new users in 1968 to 159 per 1,000 new users in 1996.[19]
- The alcohol-related mortality rate is historically higher in the State of California (33.6 deaths per 100,000) than for the U.S. overall (32.2/100,000), notwithstanding recent declines (down from 38.7/100,000 in 1990).[20]
- 70% to 80% of the County of San Diego's Department of Social Services Child Protective Services caseload is associated with parental alcohol and other drug use.[21]

ECONOMIC COSTS

Of the estimated $290.1 billion economic burden in 1995 for all types of substance abuse, alcohol-specific costs accounted for nearly 60% or $166.6 billion.[22] The 1998 estimate (for alcohol only) was $184.6 billion in 1998, with per capita costs of $683.[23] Applied to San Diego County's population for the same year, total alcohol-related costs approach $2 billion. This estimate is consistent with a more in-depth economic analysis commissioned by the San Diego County Board of Supervisors in 1995 that estimated total costs to be $1.8 billion.[24]

Figure 1: Economic costs of alcohol abuse, United States, 1998
(Total estimated cost: $184.6 billion)



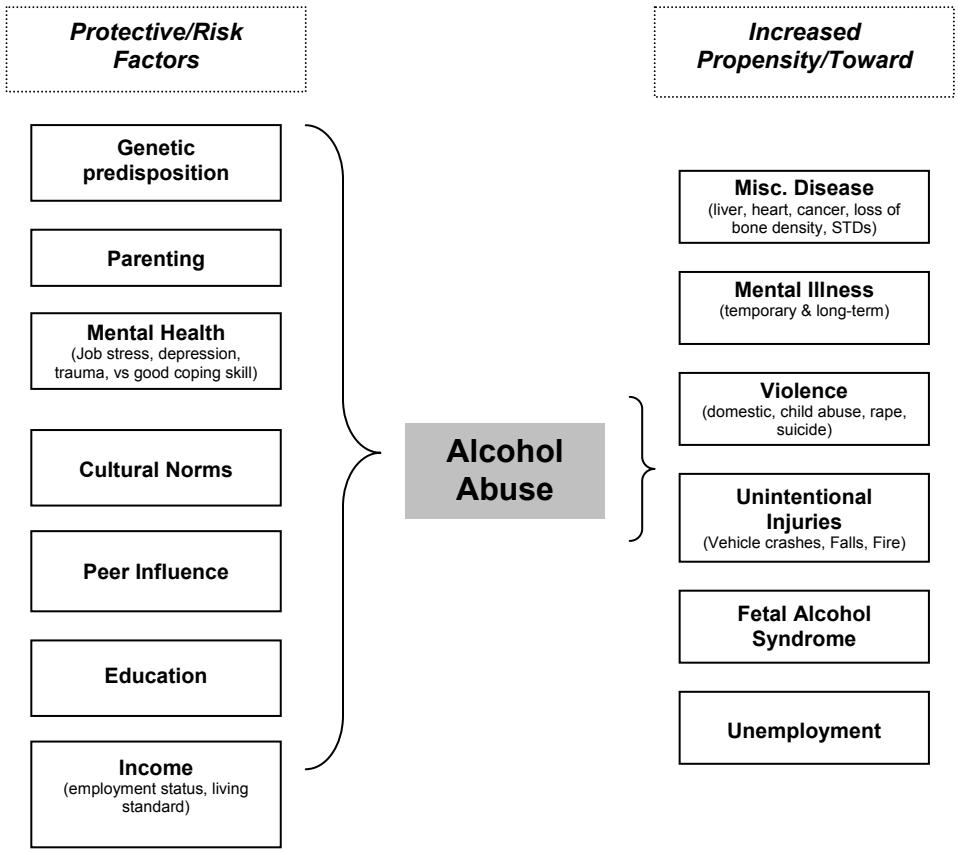
The chart to the right, reproduced in the 10th Alcohol and Health Special Report to Congress, shows that nearly three quarters of the $186 billion costs are attributable to lost productivity due to premature death, disability, and crime. Approximately 15% of the costs, or $28 billion, was attributable to direct health care expenditures.

Much of the economic burden of alcohol and drug problems falls on the population that does not abuse alcohol and drugs.[25] For alcohol problems, government bore costs of $57.2 billion (38.6%) in 1992, compared with $15.1 billion for private insurance, $9 billion for victims, and $66.8 billion for alcohol abusers and members of their households.[26]

DETERMINANTS & CONSEQUENCES

The model below provides a simple illustration of the major determinants for and consequences of alcohol abuse. In the descriptive model below and for the three other sub-issues reviewed subsequently in this report, determinants are further defined as "Protective/Risk Factors;" consequences are further defined as "Increased Propensity Towards."

Research identifies the influence of both risk factors and protective factors. Simply, the greater the number of risk factors an individual is exposed to, the greater propensity or risk of developing the problem. Although predictably insightful, such exposure does not, in itself, "cause" the problem, but rather increases one's propensity toward developing the problem—in this case, alcohol abuse. Mitigating influences, referred to as "protective factors," reduce one's tendency toward developing alcohol dependency. For example, while poor parenting and negative peer influence are risk factors, good parenting and positive peer support are protective factors. This helps to explain why some individuals at high risk of developing an alcohol or other drug dependence problem actually do not.



GUIDELINES FOR EFFECTIVE PLANNING

It is important to highlight guidelines for effective prevention and/or treatment programs derived from outcomes research on effective practices. This information is scientifically based and, although not exhaustive, it can be used as a starting place for program development or evaluation.[27]

General

- Work to develop community-wide initiatives with broad based support for unified goals and activities.
- Maximize resources through coordinating efforts across agencies and disciplines.
- Implement cost-benefit analysis along with other measures of program impact.

Specific

- Focus beyond the individual to a broader approach that includes social and environmental influences, especially the effect of peers, and accepted perceptions of alcohol use.
- Emphasize interactions with parents, peers, and the community-at-large.
- Incorporate broad-based screening and brief intervention programs within the medical community.
- Develop effective policies relative to advertising and media promotion.

LOCAL MODEL INITIATIVES & RESOURCES

Local Model Initiative

The Substance Abuse Summit (SAS) is a model initiative for San Diego County that incorporates many of the guidelines outlined above. The SAS mission is to promote partnerships for the development of cross-system integrated approaches to reduce alcohol and other drug problems in San Diego County. SAS consists of 12 community workgroups that represent higher education, parents, sports, media, youth, health care, business, tobacco, justice, the Meth Strike Force, and treatment. Each SAS workgroup develops an annual work plan with specific goals and activities, reviews progress, and sets new priorities. To date, six annual conferences have convened from which new partnerships have developed along with strategic county-wide initiatives. Although the SAS leadership acknowledges gaps and challenges within the program, the consortium represents an important model of community-wide participation with agreed upon values used for priority setting and action.

Local Resources

- Alcoholics Anonymous - 619/265-8762, http://www.alcoholics-anonymous.org/
- Community Health Improvement Partners–1998 Community Health Needs Assessment - http://www.sdchip.org/Publications/Assessment/assessment.html
- County of San Diego Health and Human Services Agency, Alcohol and Drug Services - 619/692-5717
  http://www.co.sandiego.ca.us/cnty/cntydepts/health/services/functions.html#ads

- Office of Education, Substance Abuse Prevention - 619/292-3500, http://www.sdcoe.k12.ca.us/student/ss/drug.html
- Substance Abuse Summit - http://www.substanceabusesummit.com/
- Substance Abuse Work Team - http://sdchip.org/CHIP_Overview/CHIP_Initiatives/sawt.html

National Resources

- National Clearinghouse for Alcohol and Drug Information - www.health.org
- National Institute on Alcohol Abuse and Alcoholism - www.niaaa.nih.gov
- Special Report to Congress on Alcohol and Health, June 2000 - http://www.niaaa.nih.gov/publications/10report/intro.pdf
- Substance Abuse and Mental Health Services Administration - www.samhsa.gov
- Substance Abuse Resource Center – Robert Wood Johnson Foundation - http://substanceabuse.rwjf.org

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[1] Robert Wood Johnson Foundation (RWJF). *Substance Abuse: The Nation's Number One Health Problem – Key Indicators for Policy*. Princeton, NJ: Robert Wood Johnson Foundation, February 2001. http://www.rwjf.org/app/rw_substance_abuse/rw_res_sa_chartbook.html
[2] Schuckit MA. *Drug and Alcohol Abuse: A Clinical Guide to Diagnosis and Treatment; Fifth Edition*. New York: Kluwer Academic/Plenum Publisher, 2000: p. 54
[3] ibid
[4] National Institute on Alcohol Abuse and Alcoholism (NIAAA). *10th Alcohol and Health Special Report to the U.S. Congress*. Bethesda, MD: U.S. Department of Health and Human Services (USDHHS), Public Health Service; National Institutes of Health (NIH), June 2000: preface. http://www.niaaa.nih.gov/publications/10report/intro.pdf
[5] ibid
[6] ibid
[7] ibid
[8] Schuckit, p. 1
[9] ibid
[10] RWJF. *Substance Abuse: The Nation's Number One Health Problem*.
[11] Substance Abuse and Mental Health Services Administration (SAMHSA). *Summary of Findings from the 2000 National Household Survey on Drug Use*. http://www.samhsa.gov/news/click3_frame.html
[12] NIAAA. *10th Alcohol and Health Special Report to the U.S. Congress*, preface. http://www.niaaa.nih.gov/publications/10report/intro.pdf
[13] Institute of Medicine (IOM). *Broadening the Base of Treatment for Alcohol Problems*. Washington, DC: IOM, 1990.
[14] Schuckit, p.62
[15] ibid, p.81
[16] ibid, p.82
[17] McGinnis JM & Foege W. "Actual Causes of Death in the United States." *JAMA 1993 Nov 10;270*(18):2207-12.
[18] SAMHSA. *Summary of Findings from the 2000 National Household Survey on Drug Use*. http://www.samhsa.gov/news/click3_frame.html
[19] SAMHSA. *Patterns of Alcohol Use Among Adolescents and Associations with Emotional and Behavioral Problems*. Rockville, MD: Office of Applied Studies, SAMHSA, USDHHS, March 2000. http://www.health.org/govstudy/adolemotion/index.htm
[20] National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. http://www.niaaa.nih.gov/databases/armort01.txt
[21] County of San Diego Health & Human Services Agency, Alcohol & Drug Services Department Website. http://www.co.san-diego.ca.us/cnty/cntydepts/health/services/ads/aclimpct105.html
[22] NIAAA. *10th Alcohol and Health Special Report to the U.S. Congress*, p. 364
[23] ibid
[24] Community Health Improvement Partners – CHIP Substance Abuse Work Team. *Best Practices and Cost Benefit of Substance Abuse Prevention in Health Care Settings, A White Paper*. May 2000.
[25] National Institute on Drug Abuse & National Institute on Alcohol Abuse and Alcoholism. *The Economic Costs of Alcohol and Drug Abuse in the United States*, 1992. http://www.health.org/govstudy/bkd265/
[26] ibid
[27] NIAAA. *10th Alcohol and Health Special Report to the U.S. Congress*, p. 399.