



CADCA Comments on the National Prevention and Health Promotion Strategy

Community Anti-Drug Coalitions of America (CADCA), which represents more than 5,000 community coalitions nationwide, appreciates the opportunity to provide comments on the National Prevention and Health Promotion Strategy (the Strategy). CADCA wholeheartedly supports the goals of creating community environments that are conducive to making healthy choices as well as implementing effective prevention practices. CADCA is also pleased to see that the draft Strategic Directions include a focus on countering alcohol/substance misuse. However, we would like to see more emphasis placed on preventing illegal drug use and the misuse and abuse of prescription and over-the-counter drugs, as well as a broader focus on prevention strategies than just screening and brief intervention.

While underage and excessive drinking are major contributors to unintentional injuries, chronic diseases, suicide, and motor vehicle crashes, we cannot stress enough that preventing illegal drug use as well as the misuse and abuse of prescription and over-the-counter drugs must also be explicitly emphasized in the Strategy. In addition, although screening and brief intervention is critical, it is also critical to implement universal programming and environmental strategies to help stop the use of illegal drugs as well as the misuse and abuse of prescription and over-the-counter drugs before it starts.

Delaying the age of first use is the key to ensuring a healthier America:

- The younger a person first uses drugs or alcohol, the greater the likelihood that they will become dependent and/or addicted to drugs and alcohol as an adult.¹
- Children who first smoke marijuana under the age of 14 are more than five times as likely to abuse drugs as adults, than those who first use marijuana at age 18.²
- Adolescents who begin drinking before the age of 15 are four times more likely to develop alcohol dependence. Each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14%.³
- Of youth who began drinking before age 15, 40% were classified as dependent later in life.⁴
- Compared to their non-using peers, high school students who use alcohol or other drugs are up to five times more likely to drop out of school.⁵

The economic cost of drug, alcohol and tobacco abuse in the United States is nearly \$500 billion,⁶ and impacts 100 million people's lives, either directly or indirectly. This is more than the total costs associated with diabetes and cancer combined.⁷ The estimated total cost of medical

¹ National Institute on Alcohol Abuse and Alcoholism. (2006). *Underage Drinking A Growing Healthcare Concern*. Available: <http://pubs.niaaa.nih.gov/publications/PSA/underagepg2.htm>. The National Household Survey on Drug Abuse (NHSDA) report. August 23, 2002. Available: <http://oas.samhsa.gov/2k2/MJ&dependence/MJdependence.htm>

² The National Household Survey on Drug Abuse (NHSDA) report. August 23, 2002. Available: <http://oas.samhsa.gov/2k2/MJ&dependence/MJdependence.htm>

³ National Institute on Alcohol Abuse and Alcoholism. (2006). *Underage Drinking A Growing Healthcare Concern*. Available: <http://pubs.niaaa.nih.gov/publications/PSA/underagepg2.htm>.

⁴ Grant, B.F., and Dawson, D.A. Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. *J Sub Abuse* 9:103-110, 1997.

⁵ Lane, J., Gerstein, D., Huang, L., & Wright, D., (1998) *Risk and protective factors for adolescent drug use: Findings from the 1997 National Household Survey on Drug Abuse*. [Online]. Available at www.samhsa.gov/hhsurvey/hhsurvey.html; Bray, J.W., Zarkin, G.A., Ringwalt, C., & Qi, J. (2000). "The relationship between marijuana initiation and dropping out of high school." *Health Economics*, 9(1), 9-18.

⁶ National Institute on Drug Abuse. (2006). *NIDA InfoFacts: Treatment Approaches for Drug Addiction*. Available: <http://www.drugabuse.gov/Infofacts/treatmeth.html>

⁷ National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available: <http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>

consequences (including hospital and ambulatory care, drug-exposed infants; tuberculosis; HIV/AIDS; Hepatitis B and C; crime victim health care costs; and health insurance administration) associated with drug abuse in the United States was \$5.7 billion.⁸ The good news is that substance use is preventable and cost effective. Every dollar invested in research-based substance use prevention programs, strategies and activities has the potential to save up to \$7 in areas such as substance abuse treatment and criminal justice system costs.⁹

Given the widespread impact of substance abuse and the fact that the latest national survey data indicate that substance use rates are currently on the rise, it is critical that the Strategy explicitly address substance use prevention that stops use before it starts, not only for tobacco and underage drinking, but for the use of illegal drugs and the misuse and abuse of prescription and over-the-counter drugs as well because these behaviors are often linked:

- **Youth binge drinkers were more likely than non drinkers and current drinkers to engage in other drug use, such as marijuana, (53.4%)** while only (24.4%) of current drinkers and (5.5%) of non drinkers currently used marijuana.¹⁰
- **Youth binge drinkers were more likely than non-drinkers and current drinkers to report smoking cigarettes or cigars (62.5%),** in comparison to current drinkers who did not binge drink (26.5%) and non drinkers (7.9%).¹¹
- **In 2008, the rate of current illicit drug use was more than 9 times higher among youths aged 12 to 17 who smoked cigarettes in the past month (49.0 percent) than it was among youths who did not smoke cigarettes in the past month (5.3 percent).**¹²
- **Past month alcohol use was reported by 67.4 percent of current cigarette smokers** compared with 46.7 percent of those who did not smoke cigarettes in the past month.¹³

In addition, according to the 2009 Monitoring the Future (MTF) Survey results, there are **more 10th graders smoking marijuana than cigarettes, and prescription and over-the-counter drugs accounted for 8 out of the 13 most frequently abused drugs.**

The latest National Survey on Drug Use and Health also found that there were **2.6 million new users of the nonmedical use of prescription drugs**, 2.2 million of which were for nonmedical use of pain relievers, and the **Centers for Disease Control recently reported that drug-related deaths have over taken traffic deaths in 16 states.**

For all of the above reasons it is necessary that the Strategy place an explicit emphasis on preventing substance use and abuse – not just misuse – before it ever starts, and that this focuses not only on alcohol and tobacco, but also illegal drug use and the use and abuse of prescription and over-the-counter medicines.

⁸ Office of National Drug Control Policy (2001). *The Economic Costs of Drug Abuse in the United States, 1992-1998*. Washington, DC: Executive Office of the President (Publication No. NCI-190636). Available: http://www.whitehouse.gov/publications/pdf/economic_costs98.pdf

⁹ National Institute on Drug Abuse. (2007). *Research Update from the National Institute on Drug Abuse — Drug Abuse is a Preventable Behavior*. Bethesda: MD. Available: <http://www.drugabuse.gov/tib/prevention.html>.

¹⁰ Miller, J.W., Naimi, T.S., Brewer, R.D., & Jones, S.E. (2007). *Binge drinking and associated health risk behaviors among high school students*. *Pediatrics*, 119(1), 76-85.

¹¹ Ibid

¹² SAMHSA. (2008). *National Survey on Drug Use and Health*. Available: <http://www.oas.samhsa.gov/nsduhLatest.htm>

¹³ Ibid

The Strategic Directions contained in the Strategy should also include an emphasis on implementing environmental strategies to achieve population level changes in substance use rates at the national level, as well as in states and communities throughout the country. Research substantiates that effective alcohol, tobacco and other drug prevention hinges on the extent to which schools, parents, law enforcement, business, the faith community, the medical and public health providers, as well as other community groups work comprehensively and collaboratively through community-wide efforts to implement a full array of education, prevention, and wellness strategies¹⁴, to include reducing access and availability and changing social norms favorable to substance use. The public health model, which involves data-based planning and targeted implementation in all community sectors with comprehensive strategies to change community environments, norms and policies that lead to population level outcomes has been used broadly by the community-based substance abuse prevention field, as well as other public health fields, and has achieved documented results and outcomes.

In fact, community anti-drug coalitions funded by the Drug Free Communities (DFC) program have been extremely effective in reducing substance use rates. The recent independent national evaluation of the program, conducted by ICF International, found that **prevalence of past 30-day use of alcohol, tobacco, and marijuana was lower for high school students in DFC-funded communities** than among a nationally representative sample of high school students taking the Youth Risk Behavior Survey (YRBS). Differences in prevalence of 30-day use **between YRBS and DFC were statistically significant** for alcohol and marijuana in 2003, 2005, and 2007. In real numbers, national DFC estimates suggest **a reduction of 181,000 youth using alcohol, a reduction of 200,000 youth using tobacco, and a reduction of nearly 115,000 youth using marijuana**. In addition, the national evaluation found that the **perception of risk increased significantly** for alcohol, tobacco, and marijuana use among DFC youth.

Therefore, CADCA recommends that the Strategy engage community anti-drug coalitions throughout the country and build upon the DFC program, as it utilizes this comprehensive, multi-sector, data driven model and therefore can greatly contribute to the successful implementation of the Strategic Directions.

¹⁴ Treno, A.J.; Gruenewald, P.J.; Lee, J.P.; et al. (2007). "The Sacramento neighborhood alcohol prevention project: outcomes from a community prevention trial." *Journal of Studies on Alcohol and Drugs*. (68)197-207. Wagenaar, A.C.; Erickson, D.J.; Harwood, E.M.; et al. (2006). "Effects of state coalitions to reduce underage drinking: A national evaluation." *American Journal of Preventive Medicine*. 31(4)307-315. Weitzman, E.R.; Nelson, T.F.; Lee, H.; and Wechsler, H. (2004). "Reducing drinking and related harms in college: Evaluation of the 'A Matter of Degree' program." *American Journal of Preventive Medicine*. 27:187-196. Holder HD, Gruenewald PJ, Ponicki WR, Treno AJ, Grube JW, Saltz RF, Voas RB, Reynolds R, Davis J, Sanchez L, Gaumont G, Roeper P. (2000). "Effect of community-based interventions on high-risk drinking and alcohol-related injuries." *Journal of the American Medical Association*, 284(18):2341-2347. Hingson, R.W.; Zakocs, R.C.; Heeren, T.; et al. (2005). Effects on alcohol related fatal crashes of a community based initiative to increase substance abuse treatment and reduce alcohol availability." *Injury Prevention*. 11(2):84-90.