



Substance Abuse >

CHAPTER 26

Lead Agencies

National Institutes of Health
Substance Abuse and Mental Health Services Administration

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GOAL:

Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.



This chapter includes objectives that track alcohol and drug-related deaths, the use of alcohol and illicit drugs by adolescents and young adults, adolescent attitudes toward alcohol and/or drug use, and state laws addressing driving under the influence of alcohol (DUI).

All Healthy People tracking data quoted in this chapter, along with technical information and Operational Definitions for each objective, can be found in the Healthy People 2010 database, DATA2010, available from <http://wonder.cdc.gov/data2010/>.

More information about this focus area can be found in the following publications:

- › *Healthy People 2010: Understanding and Improving Health*, available from <http://www.healthypeople.gov/2010/Document/tableofcontents.htm#under>.
- › *Healthy People 2010 Midcourse Review*, available from <http://www.healthypeople.gov/2010/data/midcourse/html/default.htm#FocusAreas>.

Highlights

- › Substantial progress was achieved in objectives for this Focus Area during the past decade [1]. Almost two thirds (63%) of the Substance Abuse objectives with data to measure progress moved toward or achieved their Healthy People 2010 targets (Figure 26-1). However, health disparities of 10% or more were observed among racial and ethnic populations, as well as by sex, education level, and income (Figure 26-2), as highlighted below [2].
- › The rate of alcohol-related motor vehicle crash deaths (objective 26-1a) declined 24.5% between 1998 and 2009, from 5.3 to 4.0 deaths per 100,000 population, exceeding the Healthy People 2010 target of 4.8.
- › Among racial and ethnic populations, the Asian population had the lowest (best) rate of alcohol-related motor vehicle crash deaths, 0.6 per 100,000 population in 2008. The Hispanic or Latino, non-Hispanic white, non-Hispanic black, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native populations had rates of 3.3, 3.6, 3.9, 3.9 and 10.9 per 100,000 population, respectively.
- › The rates for the Hispanic or Latino, non-Hispanic white, non-Hispanic black, and Native Hawaiian or Other Pacific Islander populations were five and a half to six and a half times the best rate (that for the Asian population). The rate for the American Indian or Alaska Native population was more than 18 times the best rate [2].
- › Between 2000 and 2008, the disparities between these populations and the Asian population increased by at least 100 percentage points [3].
- › Females had a lower (better) rate of motor vehicle crash deaths than males, 1.7 per 100,000 population in 2009. The rate for males, 6.3, was more than three and a half times the rate for females [2].
- › The cirrhosis death rate (objective 26-2) declined 5.2% between 1999 and 2007, from 9.6 to 9.1 deaths per 100,000 population (age adjusted), moving toward the target of 3.2.
- › Among racial and ethnic groups, the combined Asian or Pacific Islander population had the lowest (best) cirrhosis death rate, 3.3 deaths per 100,000 population (age adjusted) in 2007. The non-Hispanic white, non-Hispanic black, Hispanic or Latino, and American Indian or Alaska Native populations had rates of 7.5, 8.7, 13.8, and 24.8 deaths per 100,000 (age adjusted), respectively.

- The rate for the non-Hispanic white population was almost two and a half times the best rate (that for the Asian or Pacific Islander population); the rate for the non-Hispanic black population was more than two and a half times the best rate; the rate for the Hispanic or Latino population was more than four times the best rate; and the rate for the American Indian or Alaska Native population was about seven and a half times the best rate [2].
 - Females had a better cirrhosis death rate than males, 5.9 vs. 12.7 deaths per 100,000 population (age adjusted) in 2007. The rate for males was more than twice the rate for females.
 - Among education groups, persons aged 25–64 with at least some college education had the lowest (best) cirrhosis death rate, 5.6 deaths per 100,000 population (age adjusted) in 2002. High school graduates had a rate of 15.2 and persons with less than a high school education had a rate of 20.9. The rate for high school graduates was more than two and a half times the best group rate, whereas the rate for persons with less than a high school education was more than three and a half times the best group rate [2].
- › Cirrhosis death rates varied by geographical area. In 2005–07, the rates were highest in areas of the Southwest and West (Figure 26-3).
- › The rate of drug-induced deaths (objective 26-3) increased 85.3% between 1999 and 2007, from 6.8 deaths per 100,000 population (age adjusted) to 12.6, moving away from the 2010 target of 1.2.
- Among racial and ethnic groups, the combined Asian or Pacific Islander population had the lowest (best) rates of drug-induced deaths: 1.4 per 100,000 population (age adjusted) in 1999 and 2.0 in 2007. The Hispanic or Latino population had rates of 6.5 per 100,000 (age adjusted) in 1999 and 6.5 in 2007; the non-Hispanic black population had rates of 9.4 per 100,000 (age adjusted) in 1999 and 11.4 in 2007; the American Indian or Alaska Native population had rates of 6.1 per 100,000 (age adjusted) in 1999 and 12.1 in 2007; and the non-Hispanic white population had rates of 6.8 per 100,000 (age adjusted) in 1999 and 15.1 in 2007.
 - In 2007, the rate for the Hispanic or Latino population was almost three and a half times the best rate (that for the Asian or Pacific Islander population); the rates for the non-Hispanic black and American Indian or Alaska Native population were about six times the best rate; the rate for the non-Hispanic white population was more than seven and a half times the best rate [2].
 - Between 1999 and 2007, the disparity between the American Indian or Alaska Native population and the Asian or Pacific Islander population (the group with the best rate) increased 169.3 percentage points, whereas the disparity between the non-Hispanic white and the Asian or Pacific Islander populations increased 269.3 percentage points.
 - During the same period, the disparity between the Hispanic or Latino population and the Asian or Pacific Islander population decreased 132 percentage points [3].
 - Among education groups, persons aged 25–64 with at least some college education had the lowest (best) rate of drug induced deaths, 7.4 per 100,000 population (age adjusted), in 2002. High school graduates had a rate of 22.4, about three times the best group rate. Persons with less than a high school education had a rate of 27.3, more than three and a half times the best group rate [2].
- › Drug-related hospital emergency department visits (objective 26-4) increased 27.9% between 2004 and 2009, from 1,619.05 (thousands) to 2,070.44, moving away from the 2010 target of 1,044.46 (thousands).
- › The proportion of students in grades 9–12 who reported riding with a driver who had been drinking alcohol within the past 30 days (objective 26-6) decreased 15.2% between 1999 and 2009, from 33% to 28%, exceeding the 2010 target of 30%.
- › The proportion of high school seniors who never consumed alcohol (objective 26-9c) increased 47.4% between 1998 and 2009, from 19% to 28%, moving toward the 2010 target of 29%. During the same period, the proportion of high school seniors who never used illicit drugs (objective 26-9d) increased 15.2%, from 46% to 53%, moving toward the 2010 target of 56%.
- › Between 1998 and 2009, steroid use among students in eighth, tenth, and twelfth grades (objectives 26-14a through c) increased 8.3%, 8.3%, and 29.4% respectively, from 1.2% to 1.3%, from 1.2% to 1.3%, and from 1.7% to 2.2% respectively, moving away from the 2010 targets of 0.4% each.
- › The number of states and the District of Columbia with laws restricting the legal operation of motor vehicles for drivers who had been drinking alcohol to a maximum blood alcohol concentration of 0.08 (objective 26-25) increased from 15 in 1998 to 51 in 2006, meeting the 2010 target of 51.

Summary of Progress

- › Figure 26-1 presents a quantitative assessment of progress in achieving the Healthy People 2010 objectives for Substance Abuse [1]. Data to measure progress toward target attainment were available for 38 objectives. Of these:
 - Four objectives (26-1a, 26-6, 26-16d, and 26-25) met or exceeded their 2010 targets.
 - Twenty objectives moved toward their targets. A statistically significant difference between the baseline and the final data points was observed for 14 of these objectives (26-2, 26-9a through d, 26-10a and b, 26-11a and d, 26-15, 26-16b and e, and 26-17a and b). No significant differences were observed for three objectives (26-16a, c, and f); and data to test the significance of the difference were unavailable for three objectives (26-13a and b, and 26-20).
 - Three objectives (26-10c, 26-18b, and 26-24) showed no change.
 - Eleven objectives moved away from their targets. A statistically significant difference between the baseline and final data points was observed for two of these objectives (26-3 and 26-4). No significant differences were observed for seven objectives (26-11c, 26-14a through c, 26-17c, 26-18a, and 26-21); and data to test the significance of the difference were unavailable for two objectives (26-11b and 26-12).
- › Five objectives (26-5, 26-7, 26-19, 26-22, and 26-23) remained developmental and two objectives (26-8a and b) had no follow-up data available to measure progress [4]. Three objectives (26-1b through d) were deleted at the Midcourse Review.
- › Figure 26-2 displays health disparities in Substance Abuse from the best group rate for each characteristic at the most recent data point [2]. It also displays changes in disparities from baseline to the most recent data point [3].
 - Twenty-three objectives had statistically significant racial and ethnic health disparities of 10% or more (objectives 26-2 through 26-4; 26-6; 26-9a through d; 26-10a through c; 26-11a, c, and d; 26-14a; 26-16a c, d, and f; 26-17a through c; and 26-21). Three additional objectives had racial and ethnic health disparities of 10% or more but lacked data to assess statistical significance (objectives 26-1a, and 26-13a and b). Of these 26 objectives, the non-Hispanic black population had the best rate for 9 objectives (26-4, 26-9c and d, 26-10a and b, 26-11a and c, 26-17c, and 26-21). The Asian population had the best rate for 6 objectives (26-1a, 26-9a, 26-13a and b, and 26-17a

and b). The non-Hispanic white population had the best rate for 5 objectives (26-6, 26-9b, 26-14a, and 26-16a and d); the Hispanic or Latino population had the best rate for 4 objectives (26-10c, 26-11d, and 26-16c and f); and the Asian or Pacific Islander population had the best rate for 2 objectives (26-2 and 26-3).

- Sixteen objectives had statistically significant health disparities of 10% or more by sex (objectives 26-2 through 26-4, 26-9d, 26-10b and c, 26-11a through c, 26-16a through f, and 26-17a). One additional objective had health disparities of 10% or more by sex but had no data to assess statistical significance (objective 26-1a). Females had the better group rate for all 17 of these objectives.
- Three objectives had statistically significant health disparities of 10% or more by education level (objectives 26-2, 26-3, and 26-10c) and one objective had health disparities of 10% or more by education level but had no data to assess statistical significance (objectives 26-13b). Persons with at least some college education had the best group rate for all four of these objectives.
- Persons in the poor population had the best group rate for four of the six objectives with statistically significant health disparities of 10% or more by income (objectives 26-10a, 26-11d, and 26-18a and b). Persons in the middle/high-income population had the best group rate for the remaining two objectives (26-9b and 26-15).
- Racial and ethnic health disparities of 100% or more were observed for several objectives, as were health disparities of 100% or more by sex and education level. Changes in disparity between the baseline and most recent data points also were observed. Many of these disparities are discussed in the Highlights section, above.

Transition to Healthy People 2020

For Healthy People 2020, the focus of the Substance Abuse Topic Area continues to address a wide range of health behaviors and interventions. Specific objectives are targeted to protect the health, safety, and quality of life for all, especially children.

The Healthy People 2020 Substance Abuse Topic Area objectives can be grouped into three sections:

- › Policy and prevention
- › Screening and treatment
- › Epidemiology and surveillance.

The differences between the Healthy People 2010 and Healthy People 2020 objectives are summarized below:

- › The Healthy People 2020 Topic Area has 44 objectives whereas the Healthy People 2010 Substance Abuse Focus Area had 48 objectives.
- › Twenty-seven Healthy People 2010 objectives were retained “as is” [5]. These include: nine objectives that target perceptions about and disapproval of substance use and abuse (objectives 26-16a through f and 26-17a through c), eight drug use/abstinence objectives (26-9d, 26-10b and c, 26-12, 26-14a through c, and 26-15), four treatment objectives (26-18a and b, 26-20 and 26-21), three alcohol use/abstinence objectives (26-9c, and 26-11a and b), two mortality objectives (26-2 and 26-3), and an objective that targets riding with a driver who has been drinking alcohol (objective 26-6).
- › Five Healthy People 2010 objectives were archived [6]:
 - Statistics to track lost productivity due to alcohol and drug abuse have not been calculated at the national level since baseline year data were obtained. As a result, these two objectives (26-8a and b) could not be retained in Healthy People 2020.
 - During the course of the tracking period for Healthy People 2010, all states and the District of Columbia had enacted laws restricting the legal operation of motor vehicles for drivers, aged 21 and over, who had been drinking alcohol to a maximum blood alcohol concentration of 0.08. Due to the success experienced in the past decade, this objective (26-25) was archived in Healthy People 2020.
 - Drug-related emergency department visits were tracked with data obtained from the Drug Abuse Warning Network (DAWN). Because all data collection activity will end once 2010 data have been collected, this objective (26-3) will be archived in Healthy People 2020.
 - The Healthy People 2010 objective (26-24) that tracked administrative license revocation laws for persons under the influence of intoxicants also was archived in Healthy People 2020.
- › Three objectives were deleted at the Midcourse Review:
 - Drug-related motor vehicle crash deaths (objective 26-1c)
 - Drug-related motor vehicle crash injuries (objective 26-1d)
 - Alcohol-related motor vehicle crash injuries (objective 26-1b).
- › Five Healthy People 2010 objectives that remained developmental were removed during the Healthy People 2020 planning process. The data systems proposed to measure these Substance Abuse objectives were unable to produce reliable estimates:
 - Alcohol-related emergency department visits (objective 26-5)
 - Intentional injuries from alcohol- and drug-related violence (objective 26-7)
 - Treatment in correctional institutions (objective 26-19)
 - Emergency department referrals for alcohol or drug problems and suicide attempts (objective 26-22)
 - Community partnerships and coalitions to prevent substance abuse (objective 26-23).
- › Eight Healthy People 2010 objectives were modified to create seven Healthy People 2020 objectives [7].
 - Alcohol-related motor vehicle crash deaths (objective 26-1a) were tracked in Healthy People 2010 as a rate per 100,000 population. In Healthy People 2020, the rate of death will be tracked per vehicle miles traveled.
 - The Healthy People 2010 objectives that tracked the average age at first use of adolescents who used alcohol (objective 26-9a) and marijuana (objective 26-9b) for the first time in the previous year were modified. The two revised objectives will track the proportion of at risk adolescents who used alcohol and marijuana for the first time in the previous year.
 - The proportion of adolescents who did not use alcohol or illicit drugs in the past 30 days (objective 26-10a) was tracked in Healthy People 2010. In Healthy People 2020, the complement of this objective will be monitored (i.e., the proportion of adolescents who did use alcohol or illicit drugs in the past 30 days).
 - In 2002, the National Institute on Alcohol Abuse and Alcoholism revised the definition of binge drinking for women from drinking five or more alcoholic beverages at the same time or within a couple of hours of each other to four or more alcoholic beverages [8]. For Healthy People 2010, binge drinking for adolescents and adults (objectives 26-11c and d) was tracked with the original definition. Healthy People 2020 will track binge drinking with the revised definition.
 - Male and female adults who exceeded guidelines for low-risk drinking (objectives 26-13a and b) were tracked separately in Healthy People 2010. In Healthy People 2020, the focus was modified slightly to track excessive drinking and the two objectives were combined.

- › Ten new objectives, two of which are developmental, were added to the Healthy People 2020 Topic Area:
 - Five objectives track past-year use of prescription drugs:
 - Pain relievers
 - Tranquilizers
 - Stimulants
 - Sedatives
 - Any psychotherapeutic drug (including any noted above).
 - Two new infrastructure-related objectives were added: one will track drug, driving while intoxicated (DWI), and other specialty courts, and the other will track states with mandatory ignition interlock laws for DWI offenders.
 - Two new treatment-related objectives were added: one will track referrals and follow up of emergency department patients treated for alcohol and/or drug problems, and the other will track medical facilities that implement alcohol Screening and Brief Intervention.
 - One new objective will track the number of deaths attributable to alcohol use.

[Appendix D](#), “A Crosswalk Between Objectives From Healthy People 2010 to Healthy People 2020,” summarizes the changes between the two decades of objectives, reflecting new knowledge and direction for this area.

Data Considerations

Education and income are the primary measures of socioeconomic status in Healthy People 2010. Most data systems used in Healthy People 2010 define income as a family’s income before taxes. To facilitate comparisons among groups and over time, while adjusting for family size and for inflation, Healthy People 2010 categorizes income using the poverty thresholds developed by the Census Bureau. Thus, the three categories of family income that are primarily used are:

- › Poor—below the Federal poverty level
- › Near poor—100% to 199% of the Federal poverty level
- › Middle/high income—200% or more of the Federal poverty level.

These categories may be overridden by considerations specific to the data system, in which case they are modified as appropriate. See *Healthy People 2010: General Data Issues*, referenced below.

Beginning in 2003, education data for cirrhosis and drug-induced deaths (objectives 26-2 and 26-3) from

the National Vital Statistics System were suppressed. The educational attainment item was changed in the new U.S. Standard Certificate of Death in 2003 to be consistent with the Census Bureau data and to improve the ability to identify specific types of educational degrees. Many states, however, are still using the 1989 version of the U.S. Standard Certificate of Death, which focuses on highest school grade completed. As a result, educational attainment data collected using the 2003 version are not comparable with data collected using the 1989 version [9].

In general, data on educational attainment are presented for persons aged 25 and over, consistent with guidance given by the Census Bureau. However, because of the requirements of the different data systems, the age groups used to calculate educational attainment for any specific objective may differ from the age groups used to report the data for other Healthy People 2010 objectives, as well as from select populations within the same objective. Therefore, the reader is urged to exercise caution in interpreting the data by educational attainment shown in the Health Disparities Table. See *Healthy People 2010: General Data Issues*, referenced below.

Additional information on data issues is available from the following sources:

- › All Healthy People 2010 tracking data can be found in the Healthy People 2010 database, DATA2010, available from <http://wonder.cdc.gov/data2010/>.
- › Detailed information about the data and data sources used to support these objectives can be found in the Operational Definitions on the DATA 2010 website, available from <http://wonder.cdc.gov/data2010/focusod.htm>.
- › More information on statistical issues related to Healthy People tracking and measurement can be found in the [Technical Appendix](#) and in *Healthy People 2010: General Data Issues*, which is available in the General Data Issues section of the NCHS Healthy People website under Healthy People 2010; see http://www.cdc.gov/nchs/healthy_people/hp2010/hp2010_data_issues.htm.

References and Notes

1. Displayed in the Progress Chart (Figure 26-1), the percent of targeted change achieved expresses the difference between the baseline and the final value relative to the initial difference between the baseline and the Healthy People 2010 target. As such, it is a relative measure of progress toward attaining the Healthy People 2010 target. See the [Reader’s Guide](#)

for more information. When standard errors were available, the difference between the baseline and the final value was tested at the 0.05 level of significance. See the Figure 26-1 footnotes, as well as the [Technical Appendix](#), for more detail.

2. Information about disparities among select populations is shown in the Health Disparities Table (Figure 26-2). Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic. For example, racial and ethnic health disparities are measured as the percent difference between the best racial and ethnic group rate and each of the other racial and ethnic group rates. Similarly, disparities by sex are measured as the percent difference between the better group rate (e.g., female) and the rate for the other group (e.g., male). Some objectives are expressed in terms of favorable events or conditions that are to be increased, while others are expressed in terms of adverse events or conditions that are to be reduced. To facilitate comparison of health disparities across different objectives, disparity is measured only in terms of adverse events or conditions. For comparability across objectives, objectives that are expressed in terms of favorable events or conditions are re-expressed using the adverse event or condition for the purpose of computing disparity, but they are not otherwise restated or changed. For example, objective 1-1, to increase the proportion of persons with health insurance (e.g., 72% of the American Indian or Alaska Native population under age 65 had some form of health insurance in 2008), is expressed in terms of the percentage of persons without health insurance (e.g., $100\% - 72\% = 28\%$ of the American Indian or Alaska Native population under age 65 did not have any form of health insurance in 2008) when the disparity from the best group rate is calculated. See the [Reader's Guide](#) for more information. When standard errors were available, the difference between the best group rate and each of the other group rates was tested at the 0.05 level of significance. See the Figure 26-2 footnotes, as well as the [Technical Appendix](#), for more detail.
3. The change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point and, therefore, is expressed in percentage points. See the [Reader's Guide](#) for more information. When standard errors were available, the change in disparity was tested at the 0.05 level of significance. See the Figure 26-2 footnotes, as well as the [Technical Appendix](#), for more detail.
4. To be included in Healthy People 2010, an objective must have a national data source that provides a baseline and at least one additional data point for tracking progress. Some objectives lacked baseline data at the time of their development but had a potential data source and were considered of sufficient national importance to be included in Healthy People. These are called “developmental” objectives. When data become available, a developmental objective is moved to measurable status and a Healthy People target can be set.
5. As of the Healthy People 2020 launch, Healthy People 2020 objectives that were retained “as is” from Healthy People 2010 had no change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that were developmental in Healthy People 2010 and are developmental in Healthy People 2020, and for which no numerator information is available.
6. Archived objectives had at least one data point in Healthy People 2010 but were not carried forward into Healthy People 2020.
7. As of the Healthy People 2020 launch, objectives that were modified from Healthy People 2010 had some change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that went from developmental in Healthy People 2010 to measurable in Healthy People 2020, or vice versa.
8. NIAAA Newsletter, NIH Publication No. 04-5346. Available from http://pubs.niaaa.nih.gov/publications/Newsletter/winter2004/Newsletter_Number3.pdf.
9. Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National vital statistics reports; vol 58 no 19. Hyattsville, MD: National Center for Health Statistics. 2010. Available from http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf.

Comprehensive Summary of Objectives: Substance Abuse

Objective	Description	Data Sources or Objective Status
26-1a	Alcohol-related motor vehicle crash deaths (per 100,000 population)	Fatality Analysis Reporting System (FARS), Department of Transportation (DOT).
26-1b	Alcohol-related motor vehicle crash injuries (per 100,000 population)	Deleted at the Midcourse Review.
26-1c	Drug-related motor vehicle crash deaths (per 100,000 population)	Deleted at the Midcourse Review.
26-1d	Drug-related motor vehicle crash injuries (per 100,000 population)	Deleted at the Midcourse Review.
26-2	Cirrhosis deaths (age adjusted, per 100,000 population)	National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.
26-3	Drug-induced deaths (age adjusted, per 100,000 population)	National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.
26-4	Drug-related hospital emergency department visits (thousands)	Drug Abuse Warning Network (DAWN), SAMHSA.
26-5	Alcohol-related hospital emergency department visits	Developmental.
26-6	Students who rode with a driver who had been drinking alcohol (grades 9–12)	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHS.
26-7	Intentional injuries from alcohol and drug-related violence	Developmental.
26-8a	Lost productivity due to alcohol abuse (loss in dollars per capita)	NIH, NIAAA.
26-8b	Lost productivity due to drug abuse (loss in dollars per capita)	Office of National Drug Control Policy (ONPCP).
26-9a	Average age at first use among adolescents who used alcohol for the first time in past year (12–17 years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-9b	Average age at first use among adolescents who used marijuana for the first time in past year (12–17 years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-9c	High school seniors never consuming alcoholic beverages	Monitoring the Future Study (MTF), NIH, NIDA.
26-9d	High school seniors never using illicit drugs	Monitoring the Future Study (MTF), NIH, NIDA.
26-10a	Adolescents not using alcohol or illicit drugs in past 30 days (12–17 years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-10b	Adolescents using marijuana in past 30 days (12–17 years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-10c	Adults using illicit drugs in past 30 days (18+ years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-11a	Binge drinking in the past 2 weeks—High school seniors	Monitoring the Future Study (MTF), NIH, NIDA.
26-11b	Binge drinking in the past 2 weeks—College students	Monitoring the Future Study (MTF), NIH, NIDA.
26-11c	Binge drinking in the past month—Adults (18+ years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-11d	Binge drinking in the past month—Adolescents (12–17 years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-12	Average annual alcohol consumption (gallons per person, 14+ years)	Alcohol Epidemiologic Data System (AEDS), NIH, NIAAA.
26-13a	Adults who exceed guidelines for low-risk drinking—Females (21+ years)	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), NIH, NIAAA.
26-13b	Adults who exceed guidelines for low-risk drinking—Males (21+ years)	National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), NIH, NIAAA.

Comprehensive Summary of Objectives: Substance Abuse (continued)

Objective	Description	Data Sources or Objective Status
26-14a	Steroid use among students—8 th graders	Monitoring the Future Study (MTF), NIH, NIDA.
26-14b	Steroid use among students—10 th graders	Monitoring the Future Study (MTF), NIH, NIDA.
26-14c	Steroid use among students—12 th graders	Monitoring the Future Study (MTF), NIH, NIDA.
26-15	Inhalant use among adolescents (12–17 years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-16a	Disapproval of people who take 1–2 drinks a day of alcohol—8 th graders	Monitoring the Future Study (MTF), NIH, NIDA.
26-16b	Disapproval of people who take 1–2 drinks a day of alcohol—10 th graders	Monitoring the Future Study (MTF), NIH, NIDA.
26-16c	Disapproval of people who take 1–2 drinks a day of alcohol—12 th graders	Monitoring the Future Study (MTF), NIH, NIDA.
26-16d	Disapproval of people who try marijuana or hashish once or twice—8 th graders	Monitoring the Future Study (MTF), NIH, NIDA.
26-16e	Disapproval of people who try marijuana or hashish once or twice—10 th graders	Monitoring the Future Study (MTF), NIH, NIDA.
26-16f	Disapproval of people who try marijuana or hashish once or twice—12 th graders	Monitoring the Future Study (MTF), NIH, NIDA.
26-17a	Adolescents' perception of risk (12–17 years)—5+ alcoholic drinks, once or twice per week	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-17b	Adolescents' perception of risk (12–17 years)—Smoking marijuana once a month	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-17c	Adolescents' perception of risk (12–17 years)—Cocaine use once a month	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-18a	Treatment for illicit drugs (12+ years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-18b	Treatment for alcohol and/or drugs (12+ years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-19	Substance abuse treatment in correctional institutions	Developmental.
26-20	Admissions for treatment for injection drug use (thousands)	Treatment Episodes Data System (TEDS), SAMHSA.
26-21	Treatment for alcohol abuse or dependence (12+ years)	National Survey on Drug Use and Health (NSDUH), SAMHSA.
26-22	Hospital emergency department referrals for alcohol or drug problems and suicide attempts	Developmental.
26-23	Community partnerships and coalitions to prevent substance abuse	Developmental.
26-24	Administrative license revocation laws for DUI (no. states and D.C.)	Department of Transportation (DOT), National Highway Traffic Safety Administration (NHTSA).
26-25	Maximum blood alcohol concentration of 0.08 for motor vehicle drivers (21+ years, no. states and D.C.)	Department of Transportation (DOT), National Highway Traffic Safety Administration (NHTSA).

Figure 26-1. Progress Toward Target Attainment for Focus Area 26: Substance Abuse






















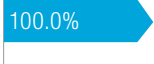
LEGEND		 Moved away from target ¹	 Moved toward target	 Met or exceeded target				
Objective	Percent of targeted change achieved ²	2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final			
					Difference ³	Statistically Significant ⁴	Percent Change ⁵	
26-1a. Alcohol-related motor vehicle crash deaths (per 100,000 population)	 260.0%	4.8	5.3 (1998)	4.0 (2009)	-1.3	Not tested	-24.5%	
26-2. Cirrhosis deaths (age adjusted, per 100,000 population)	 7.8%	3.2	9.6 (1999)	9.1 (2007)	-0.5	Yes	-5.2%	
26-3. Drug-induced deaths (age adjusted, per 100,000 population)		1.2	6.8 (1999)	12.6 (2007)	5.8	Yes	85.3%	
26-4. Drug-related hospital emergency department visits (thousands)		1,044.46	1,619.05 (2004)	2,070.44 (2009)	451.39	Yes	27.9%	
26-6. Students who rode with a driver who had been drinking alcohol (grades 9–12)	 166.7%	30%	33% (1999)	28% (2009)	-5	Yes	-15.2%	
26-9a. Average age at first use among adolescents who used alcohol for the first time in past year (12–17 years)	 8.7%	17.0	14.7 (2002)	14.9 (2008)	0.2	Yes	1.4%	
26-9b. Average age at first use among adolescents who used marijuana for the first time in past year (12–17 years)	 10.0%	17.0	15.0 (2002)	15.2 (2008)	0.2	Yes	1.3%	
26-9c. High school seniors never consuming alcoholic beverages	 90.0%	29%	19% (1998)	28% (2009)	9	Yes	47.4%	
26-9d. High school seniors never using illicit drugs	 70.0%	56%	46% (1998)	53% (2009)	7	Yes	15.2%	
26-10a. Adolescents not using alcohol or illicit drugs in past 30 days (12–17 years)	 30.8%	91%	78% (2002)	82% (2008)	4	Yes	5.1%	
26-10b. Adolescents using marijuana in past 30 days (12–17 years)	 20.0%	0.7%	8.2% (2002)	6.7% (2008)	-1.5	Yes	-18.3%	
26-10c. Adults using illicit drugs in past 30 days (18+ years)	0.0%	3.2%	7.9% (2002)	7.9% (2008)	0	No	0.0%	
26-11. Binge drinking in the past 2 weeks								
a. High school seniors	 33.3%	11%	32% (1998)	25% (2009)	-7	Yes	-21.9%	
b. College students		20%	39% (1998)	40% (2009)	1	Not tested	2.6%	
Binge drinking in the past month								
c. Adults (18+ years)		13.4%	24.3% (2002)	24.9% (2008)	0.6	No	2.5%	
d. Adolescents (12–17 years)	 25.0%	3.1%	10.7% (2002)	8.8% (2008)	-1.9	Yes	-17.8%	
26-12. Average annual alcohol consumption (gallons per person, 14+ years)		1.96	2.14 (1997)	2.31 (2007)	0.20	Not tested	7.9%	

Figure 26-1. Progress Toward Target Attainment for Focus Area 26: Substance Abuse (continued)

Objective	Percent of targeted change achieved ²					Baseline vs. Final					
	0	25	50	75	100	2010 Target	Baseline (Year)	Final (Year)	Difference ³	Statistically Significant ⁴	Percent Change ⁵
26-13. Adults who exceed guidelines for low-risk drinking (21+ years)											
a. Females			77.3%			50%	72% (1992)	55% (2001–02)	-17	Not tested	-23.6%
b. Males			54.2%			50%	74% (1992)	61% (2001–02)	-13	Not tested	-17.6%
26-14. Steroid use among students											
a. 8 th graders						0.4%	1.2% (1998)	1.3% (2009)	0.1	No	8.3%
b. 10 th graders						0.4%	1.2% (1998)	1.3% (2009)	0.1	No	8.3%
c. 12 th graders						0.4%	1.7% (1998)	2.2% (2009)	0.5	No	29.4%
26-15. Inhalant use among adolescents (12–17 years)			22.7%			2.2%	4.4% (2002)	3.9% (2008)	-0.5	Yes	-11.4%
26-16. Disapproval of people who take 1–2 drinks a day of alcohol											
a. 8 th graders			16.7%			83%	77% (1998)	78% (2009)	1	No	1.3%
b. 10 th graders			37.5%			83%	75% (1998)	78% (2009)	3	Yes	4.0%
c. 12 th graders			7.1%			83%	69% (1998)	70% (2009)	1	No	1.4%
Disapproval of people who try marijuana or hashish once or twice											
d. 8 th graders			200.0%			72%	69% (1998)	75% (2009)	6	Yes	8.7%
e. 10 th graders			25.0%			72%	56% (1998)	60% (2009)	4	Yes	7.1%
f. 12 th graders			15.0%			72%	52% (1998)	55% (2009)	3	No	5.8%
26-17. Adolescents' perception of risk (12–17 years)											
a. 5+ alcoholic drinks, once or twice per week			25.0%			50%	38% (2002)	41% (2008)	3	Yes	7.9%
b. Smoking marijuana once a month			50.0%			36%	32% (2002)	34% (2008)	2	Yes	6.3%
c. Cocaine use once a month						57%	51% (2002)	50% (2008)	-1	No	-2.0%
26-18a. Treatment for illicit drugs (12+ years)						24%	18% (2002)	16% (2008)	-2	No	-11.1%
26-18b. Treatment for alcohol and/or drugs (12+ years)			0.0%			16%	10% (2002)	10% (2008)	0	No	0.0%

Figure 26-1. Progress Toward Target Attainment for Focus Area 26: Substance Abuse (continued)

Objective	Percent of targeted change achieved ²	2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final		
					Difference ³	Statistically Significant ⁴	Percent Change ⁵
26-20. Admissions for treatment for injection drug use (thousands)		256,680	215,560 (1997)	254,278 (2008)	38,718	Not tested	18.0%
26-21. Treatment for alcohol abuse or dependence (12+ years)		11.9%	8.3% (2002)	8.2% (2008)	-0.1	No	-1.2%
26-24. Administrative license revocation laws for DUI (no. States and D.C.)	0.0%	51	42 (1998)	42 (2007)	0	Not tested	0.0%
26-25. Maximum blood alcohol concentration of 0.08 for motor vehicle drivers (21+ years, no. States and D.C.)		51	15 (1998)	51 (2006)	36	Not tested	240.0%

NOTES

See the [Reader's Guide](#) for more information on how to read this figure. See DATA2010 at <http://wonder.cdc.gov/data2010> for all HealthyPeople 2010 tracking data. Tracking data are not available for objectives 26-5, 26-7, 26-8a, 26-8b, 26-19, 26-22, and 26-23. Objectives 26-1b through d were deleted at the Midcourse Review.

FOOTNOTES

¹ Movement away from target is not quantified using the percent of targeted change achieved. See [Technical Appendix](#) for more information.

² Percent of targeted change achieved = $\frac{\text{Final value} - \text{Baseline value}}{\text{Healthy People 2010 target} - \text{Baseline value}} \times 100$.

³ Difference = Final value - Baseline value. Differences between percents (%) are measured in percentage points.

⁴ When estimates of variability are available, the statistical significance of the difference between the final value and the baseline value is assessed at the 0.05 level. See [Technical Appendix](#) for more information.

⁵ Percent change = $\frac{\text{Final value} - \text{Baseline value}}{\text{Baseline value}} \times 100$.

DATA SOURCES

- 26-1a. Fatality Analysis Reporting System (FARS), Department of Transportation (DOT).
- 26-2–26-3. National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.
- 26-4. Drug Abuse Warning Network (DAWN), SAMHSA.
- 26-6. Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
- 26-9a–b. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-9c–d. Monitoring the Future Study (MTF), NIH, NIDA.
- 26-10a–c. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-11a–b. Monitoring the Future Study (MTF), NIH, NIDA.
- 26-11c–d. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-12. Alcohol Epidemiologic Data System (AEDS), NIH, NIAAA.
- 26-13a–b. National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), NIH, NIAAA.
- 26-14a–c. Monitoring the Future Study (MTF), NIH, NIDA.
- 26-15. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-16a–f. Monitoring the Future Study (MTF), NIH, NIDA.
- 26-17a–c. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-18a–b. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-20. Treatment Episodes Data System (TEDS), SAMHSA.
- 26-21. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-24–26-25. Department of Transportation (DOT), National Highway Traffic Safety Administration (NHTSA).

Figure 26-2. Health Disparities Table for Focus Area 26: Substance Abuse

Disparities from the best group rate for each characteristic at the most recent data point and changes in disparity from the baseline to the most recent data point.

Population-based objective	Race and Ethnicity							Sex		Education				Income				
	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary index	Female	Male	Less than high school	High school graduate	At least some college	Summary index	Poor	Near poor	Middle/high income	Summary index
26-1a. Alcohol-related motor vehicle crash deaths (per 100,000 population) (1998, 2009) ^{1,2†}	↑↑	B	↑↑		↑↑	↑↑	↑↑	↑↑	B	↑								
26-2. Cirrhosis deaths (age adjusted, per 100,000 population) (1999, 2007) ^{3*}		B ⁱⁱ				↓			B			↑	B					
26-3. Drug-induced deaths (age adjusted, per 100,000 population) (1999, 2007) ^{3*}	↑↑	B ⁱⁱ			↓		↑↑		B	↓	↓		B					
26-4. Drug-related hospital emergency department visits (thousands) (2004, 2009) [*]						B ⁱⁱⁱ	↑↑		B	↓								
26-6. Students who rode with a driver who had been drinking alcohol (grades 9–12) (1999, 2009) [*]							B			B ^{iv}								
26-9a. Average age at first use among adolescents who used alcohol for the first time in past year (12–17 years) (2002, 2008) ^{4*}		B						i		B ^{iv}							B	
26-9b. Average age at first use among adolescents who used marijuana for the first time in past year (12–17 years) (2002, 2008) ^{4*}		b					B			B							B	↑
26-9c. High school seniors never consuming alcoholic beverages (1998, 2009) ^{5,6,7‡}						B			B	B ^{iv}								
26-9d. High school seniors never using illicit drugs (1998, 2009) ^{5,6,7‡}					↓	B	↓	↓	B									
26-10a. Adolescents not using alcohol or illicit drugs in past 30 days (12–17 years) (2002, 2008) ^{4*}		b				B				B					B ^{iv}			
26-10b. Adolescents using marijuana in past 30 days (12–17 years) (2002, 2008) ^{4*}		b				B ^{iv}			B							B		
26-10c. Adults using illicit drugs in past 30 days (18+ years) (2002, 2008) [*]		b				B			B			B						
26-11a. Binge drinking in the past 2 weeks—High school seniors (1998, 2009) ^{5,6,7‡}					↓	B	↓	↓	B									
b. Binge drinking in the past 2 weeks—College students (1998, 2009) ^{8*}									B	↓								
26-11c. Binge drinking in the past month—Adults (18+ years) (2002, 2008) ^{4*}		b				B			B							B		

Figure 26-2. Health Disparities Table for Focus Area 26: Substance Abuse (continued)

Population-based objective	Race and Ethnicity							Summary index	Sex		Education				Income			
	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic		Female	Male	Less than high school	High school graduate	At least some college	Summary index	Poor	Near poor	Middle/high income	Summary index
d. Binge drinking in the past month—Adolescents (12–17 years) (2002, 2008) ^{4*}	↓	b		b	B ^{iv}	b	↓		B					B ^{iv}				
26-13a. Adults who exceed guidelines for low-risk drinking—Females (21+ years) (1992, 2001–02) [†]	↑	B ^{iv}			↑		↑	i				B ^{iv}						
b. Adults who exceed guidelines for low-risk drinking—Males (21+ years) (1992, 2001–02) [†]	↑	B ^{iv}			↑		↑	i				B						
26-14a. Steroid use among students—8 th graders (1998, 2009) ^{5,6,7‡}							B ^{iv}											
b. Steroid use among students—10 th graders (1998, 2009) ^{5,6,7‡}					↓	b	B ^{iv}											
c. Steroid use among students—12 th graders (1998, 2009) ^{5,6,7‡}					b		B ^{iv}											
26-15. Inhalant use among adolescents (12–17 years) (2002, 2008) ^{4*}		b		b		b	B			B ^{iv}						B		i
26-16a. Disapproval of people who take 1–2 drinks a day of alcohol—8 th graders (1998, 2009) ^{5,6,7‡}					↑		B		B									
b. Disapproval of people who take 1–2 drinks a day of alcohol—10 th graders (1998, 2009) ^{5,6,7‡}						B	↓	↓	B									
c. Disapproval of people who take 1–2 drinks a day of alcohol—12 th graders (1998, 2009) ^{5,6,7‡}					B ^{iv}		↓	↓	B									
d. Disapproval of people who try marijuana or hashish once or twice—8 th graders (1998, 2009) ^{5,6,7‡}						↓	B	↓	B									
e. Disapproval of people who try marijuana or hashish once or twice—10 th graders (1998, 2009) ^{5,6,7‡}						B ^{iv}			B	↑								
f. Disapproval of people who try marijuana or hashish once or twice—12 th graders (1998, 2009) ^{5,6,7‡}					B				B									
26-17a. Adolescents' perception of risk (12–17 years)—5+ alcoholic drinks, once or twice per week (2002, 2008) ^{4*}		B ^{iv}	b						B					B				
b. Adolescents' perception of risk (12–17 years)—Smoking marijuana once a month (2002, 2008) ^{4*}	↑	B ^{iv}		↑					B					B ^{iv}				
c. Adolescents' perception of risk (12–17 years)—Cocaine use once a month (2002, 2008) ^{4*}						B			B ^{iv}					B				

Figure 26-2. Health Disparities Table for Focus Area 26: Substance Abuse (continued)

Population-based objective	Race and Ethnicity							Sex		Education				Income				
	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Summary index	Female	Male	Less than high school	High school graduate	At least some college	Summary index	Poor	Near poor	Middle/high income	Summary index
26-18a. Treatment for illicit drugs (12+ years) (2002, 2008) ^{4*}																		
b. Treatment for alcohol and/or drugs (12+ years) (2002, 2008) ^{4*}																		
26-21. Treatment for alcohol abuse or dependence (12+ years) (2002, 2008) ^{4*}																		

NOTES

See DATA2010 at <http://wonder.cdc.gov/data2010> for all Healthy People 2010 tracking data. Disparity data are either unavailable or not applicable for objectives 26-5, 26-7, 26-8a and b, 26-12, 26-19, 26-20, and 26-22 through 26-25. Objectives 26-1b through d were deleted at Midcourse Review.

Years in parentheses represent the baseline and most recent data years (if available).

Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic (e.g., race and ethnicity). The summary index is the average of these percent differences for a characteristic. Change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point. Change in the summary index is estimated by subtracting the summary index at baseline from the summary index at the most recent data point. See [Technical Appendix](#) for more information.

LEGEND

The “best” group rate at the most recent data point.



The group with the best rate for specified characteristic.



Most favorable group rate for specified characteristic, but reliability criterion not met.



Reliability criterion for best group rate not met, or data available for only one group.

Percent difference from the best group rate

Disparity from the best group rate at the most recent data point.



Less than 10%, or difference not statistically significant (when estimates of variability are available).



10%–49%



50%–99%



100% or more

Changes in disparity over time are shown when:

(a) disparities data are available at both baseline and most recent time points; (b) data are not for the group(s) indicated by “B” or “b” at either time point; and (c) the change is greater than or equal to 10 percentage points and statistically significant, or when the change is greater than or equal to 10 percentage points and estimates of variability were not available. See [Technical Appendix](#).

Increase in disparity (percentage points)



10–49 points



50–99 points



100 points or more

Decrease in disparity (percentage points)



10–49 points



50–99 points



100 points or more

Availability of Data



Data not available.



Characteristic not selected for this objective.

Figure 26-2. Health Disparities Table for Focus Area 26: Substance Abuse (continued)

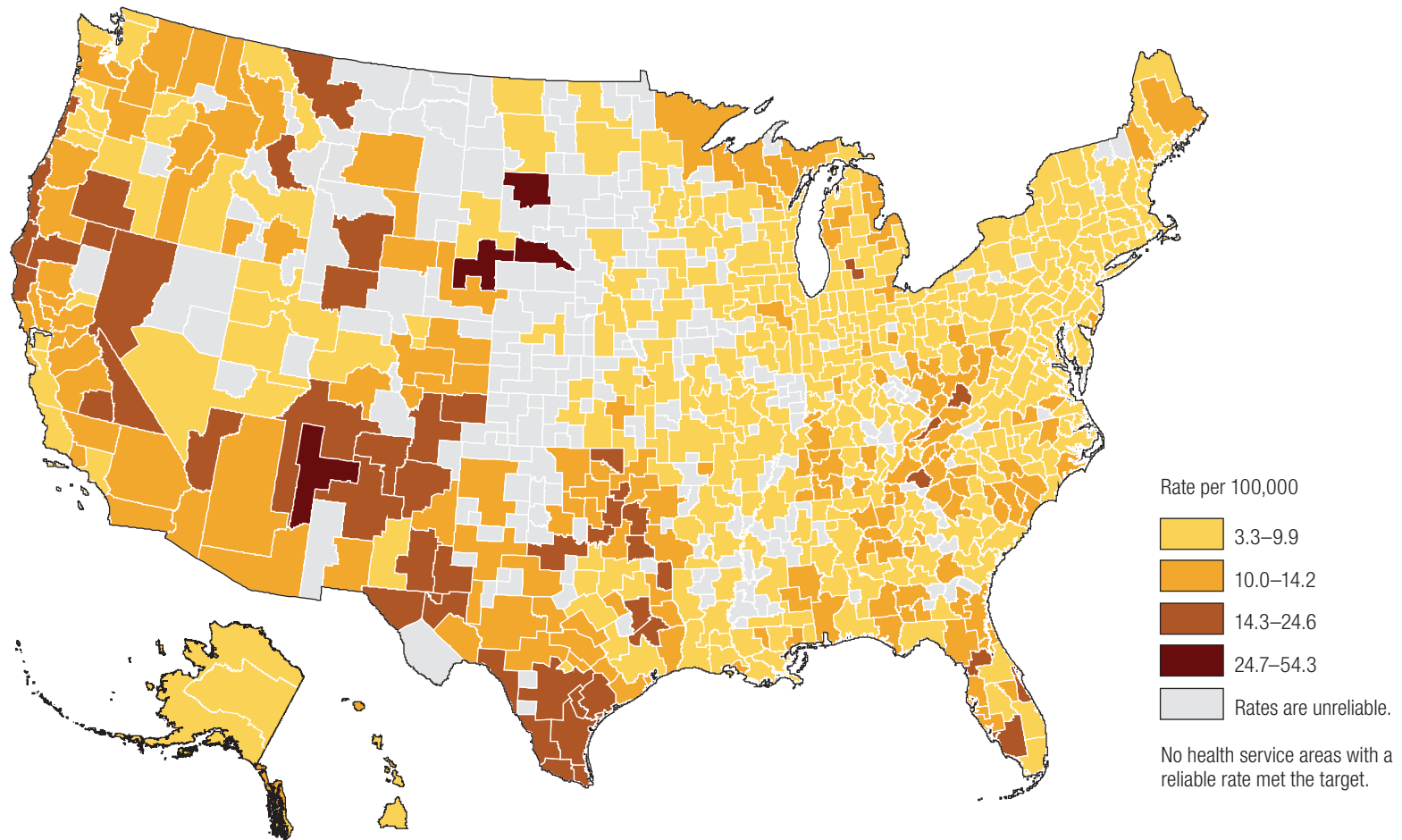
FOOTNOTES

- * Measures of variability were available. Thus, the variability of best group rates was assessed, and statistical significance was tested. Disparities of 10% or more are displayed when the differences from the best group rate are statistically significant at the 0.05 level. Changes in disparities over time are indicated by arrows when the changes are greater than or equal to 10 percentage points and are statistically significant at the 0.05 level. See [Technical Appendix](#).
- † Measures of variability were not available. Thus, the variability of best group rates was not assessed, and statistical significance could not be tested. Nonetheless, disparities and changes in disparities over time are displayed according to their magnitude. See [Technical Appendix](#).
- ‡ Measures of variability were available only for the most recent data. Thus, the variability of best group rates was assessed only for the most recent data, and statistical significance was tested only for the most recent data. Disparities of 10% or more are displayed when the differences from the best group rate are statistically significant at the 0.05 level. Changes in disparities over time are displayed according to their magnitude, since measures of variability were not available at baseline and therefore statistical significance of changes in disparity could not be tested. See [Technical Appendix](#).
- ¹ Baseline data by race and ethnicity are for 2000.
- ² Most recent data by race and ethnicity are for 2008.
- ³ Data by education level are for persons aged 25–64 years. Most recent data by education level are for 2002.
- ⁴ Baseline data by income are for 2005.
- ⁵ Baseline data by race and ethnicity are for 2004–05.
- ⁶ Most recent data by race and ethnicity are for 2008–09.
- ⁷ Measures of variability were available for data by sex. See footnote * above.
- ⁸ Most recent data by sex are for 2007.
- ⁱ Change in the summary index cannot be assessed. See [Technical Appendix](#).
- ⁱⁱ Data are for Asian or Pacific Islander.
- ⁱⁱⁱ Data include persons of Hispanic origin.
- ^{iv} The group with the best rate at the most recent data point is different from the group with the best rate at baseline. Both rates met the reliability criterion. See [Technical Appendix](#).

DATA SOURCES

- 26-1a. Fatality Analysis Reporting System (FARS), Department of Transportation (DOT).
- 26-2–26-3. National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.
- 26-4. Drug Abuse Warning Network (DAWN), SAMHSA.
- 26-6. Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.
- 26-9a–b. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-9c–d. Monitoring the Future Study (MTF), NIH, NIDA.
- 26-10a–c. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-11a–b. Monitoring the Future Study (MTF), NIH, NIDA.
- 26-11c–d. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-13a–b. National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), NIH, NIAAA.
- 26-14a–c. Monitoring the Future Study (MTF), NIH, NIDA.
- 26-15. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-16a–f. Monitoring the Future Study (MTF), NIH, NIDA.
- 26-17a–c. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-18a–b. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-18b. National Survey on Drug Use and Health (NSDUH), SAMHSA.
- 26-21. National Survey on Drug Use and Health (NSDUH), SAMHSA.

Figure 26-3. Cirrhosis Deaths, 2005–07
 Healthy People 2010 objective 26-2 • Target = 3.2 per 100,000



NOTES: Data are for ICD-10 codes K70, K73, and K74 reported as underlying cause. Rates are age adjusted to the 2000 standard population. Rates are displayed by a manual classification for U.S. health service areas.

SOURCE: National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.