

## CHAPTER 40

# Substance Abuse (SA)

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### Lead Agencies

National Institutes of Health

Substance Abuse and Mental Health Services Administration

### Contents

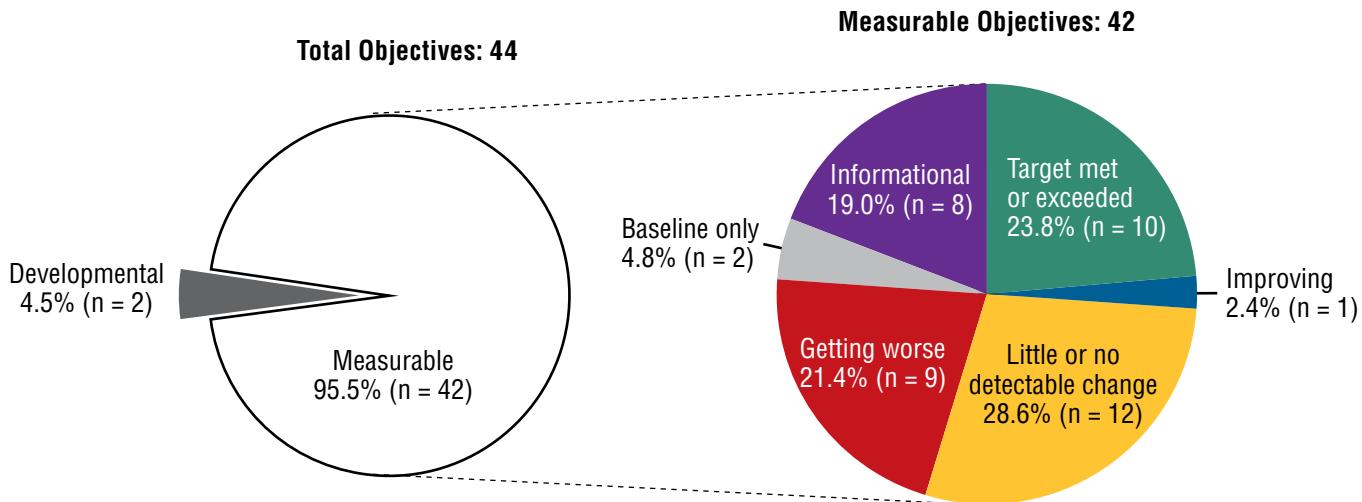
Goal	40–2
Status of Objectives	40–2
Figure 40–1. Midcourse Status of the Substance Abuse Objectives	40–2
Selected Findings	40–2
More Information	40–7
Footnotes	40–7
Suggested Citation	40–8
Table 40–1. Substance Abuse Objectives	40–9
Table 40–2. Midcourse Progress for Measurable Substance Abuse Objectives	40–14
Table 40–3. Midcourse Health Disparities for Population-based Substance Abuse Objectives	40–18
Map 40–1. Cirrhosis Deaths, by State: 2013	40–24
Map 40–2. Drug-induced Deaths, by State: 2013	40–25
Map 40–3. Adults (18+ years) Who Used Any Illicit Drugs in the Past 30 Days, by State: 2010–2013	40–26
Map 40–4. Adults (18+ years) Who Engaged in Binge Drinking in the Past 30 Days, by State: 2010–2013	40–27

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

This chapter includes objectives that monitor policies and prevention efforts related to alcohol and drug use, screening for and treatment of alcohol and drug abuse, epidemiology and surveillance of alcohol and drug abuse, alcohol- and drug-related mortality, and steroid and prescription drug abuse. The *Reader's Guide* provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.<sup>1</sup>

### Status of Objectives

**Figure 40-1. Midcourse Status of the Substance Abuse Objectives**



Of the 44 objectives in the Substance Abuse Topic Area, 2 objectives were developmental,<sup>2</sup> and 42 were measurable<sup>3</sup> (Figure 40-1, Table 40-1). The midcourse status of the measurable objectives was as follows (Table 40-2):

- 10 objectives had met or exceeded their 2020 targets,<sup>4</sup>
- 1 objective was improving,<sup>5</sup>
- 12 objectives demonstrated little or no detectable change,<sup>6</sup>
- 9 objectives were getting worse,<sup>7</sup>
- 2 objectives had baseline data only,<sup>8</sup> and
- 8 objectives were informational.<sup>9</sup>

### Selected Findings

#### Policy and Prevention

Fourteen of the 15 measurable objectives in this section focus on adolescent use of and attitudes toward alcohol and drugs. One objective tracking laws for impaired

driving offenders had baseline only data, so progress toward the 2020 target could not be assessed.

#### Adolescent Behavior Regarding Alcohol and Drug Use

Two of the five objectives measuring adolescent behavior related to alcohol and drug use met or exceeded their 2020 targets at midcourse, one objective had improved, one demonstrated little or no detectable change, and one had worsened (Table 40-2).

- The proportion of **students in grades 9–12 who, within the past 30 days, had ridden with a driver who had been drinking alcohol** (SA-1) decreased from 28.3% in 2009 to 21.9% in 2013, exceeding the 2020 target (Table 40-2).
  - » In 2013, there was a statistically significant disparity by race and ethnicity in the proportion of students in grades 9–12 who, in the past 30 days, had ridden with a driver who had been drinking alcohol (Table 40-3, SA-1). The disparity by sex was not statistically significant.

- The proportion of **at-risk adolescents aged 12–17 who, in the past year, had refrained from using alcohol for the first time** (SA-2.1) increased from 85.6% in 2008 to 87.7% in 2013, moving toward the 2020 target (Table 40–2).
  - » In 2013, there were statistically significant disparities by sex and family income in the proportion of at-risk adolescents aged 12–17 who, in the past year, had refrained from using alcohol for the first time (Table 40–3, SA-2.1). Disparities by race and ethnicity and geographic location were not statistically significant.
- There was little or no detectable change (94.3% in 2008 and 94.5% in 2013) in the proportion of **at-risk adolescents aged 12–17 who, in the past year, had refrained from using marijuana for the first time** (Table 40–2, SA-2.2).
  - » In 2013, there were statistically significant disparities by sex and geographic location in the proportion of at-risk adolescents aged 12–17 who, in the past year, had refrained from using marijuana for the first time (Table 40–3, SA-2.2). Disparities by race and ethnicity and family income were not statistically significant.
- The proportion of **high school seniors who had never used alcoholic beverages** (SA-2.3) increased from 27.7% in 2009 to 34.0% in 2014, exceeding the 2020 target (Table 40–2).
  - » In 2014, there were statistically significant disparities by sex and race and ethnicity in the proportion of high school seniors who had never used alcoholic beverages (Table 40–3, SA-2.3). The disparity by geographic location was not statistically significant.
- The proportion of **high school seniors who had never used illicit drugs** (SA-2.4) decreased from 53.3% in 2009 to 50.9% in 2014, moving away from the baseline and 2020 target (Table 40–2).
  - » In 2014, there were statistically significant disparities by sex and geographic location in the proportion of high school seniors who had never used illicit drugs (Table 40–3, SA-2.4). The disparity by race and ethnicity was not statistically significant.
- Three objectives monitoring the proportions of **adolescents who disapproved of people having 1–2 alcoholic drinks every day** demonstrated little or no detectable change between 2009 and 2014. The proportions of **8th graders** (SA-3.1) were 78.5% and 79.6%; the proportions of **10th graders** (SA-3.2) were 77.6% and 77.9%; and the proportions of **12th graders** (SA-3.3) were 70.5% and 71.7% (Table 40–2).
  - » In 2014, there were statistically significant disparities by sex and race and ethnicity in the proportion of 8th graders who disapproved of people having 1–2 alcoholic drinks every day (Table 40–3, SA-3.1). The disparity by geographic location was not statistically significant.
  - » In 2014, there were statistically significant disparities by sex and geographic location in the proportion of 10th graders who disapproved of people having 1–2 alcoholic drinks every day (Table 40–3, SA-3.2). The disparity by race and ethnicity was not statistically significant.
  - » In 2014, there was a statistically significant disparity by sex in the proportion of 12th graders who disapproved of people having 1–2 alcoholic drinks every day (Table 40–3, SA-3.3). The disparities by race and ethnicity and geographic location were not statistically significant.
- Between 2009 and 2014, the proportions of **adolescents who disapproved of trying marijuana or hashish once or twice** declined among **8th graders** (SA-3.4) from 75.3% to 70.5%, among **10th graders** (SA-3.5) from 60.1% to 53.8%, and among **12th graders** (SA-3.6) from 54.8% to 48.0%, moving away from their respective baselines and 2020 targets (Table 40–2).
  - » In 2014, there were statistically significant disparities by race and ethnicity and geographic location in the proportion of 8th graders who disapproved of trying marijuana or hashish once or twice (Table 40–3, SA-3.4). The disparity by sex was not statistically significant.
  - » In 2014, there were statistically significant disparities by sex and geographic location in the proportion of 10th graders who disapproved of trying marijuana or hashish once or twice (Table 40–3, SA-3.5). The disparity by race and ethnicity was not statistically significant.

## Adolescent Disapproval of Alcohol and Drug Use

Five of the nine objectives monitoring adolescent attitudes toward alcohol and drug use showed little or no detectable change at midcourse, and four had worsened (Table 40–2).

- » In 2014, there was a statistically significant disparity by geographic location in the proportion of 12th graders who disapproved of trying marijuana or hashish once or twice (Table 40–3, SA-3.6). The disparities by sex and race and ethnicity were not statistically significant.
  - There was little or no detectable change (40.0% in 2008 and 39.0% in 2013) in the proportion of **adolescents aged 12–17 who perceived great risk in consuming 5 or more alcoholic drinks on a single occasion once or twice a week** (Table 40–2, SA-4.1).
    - » In 2013, there were statistically significant disparities by sex, family income, and geographic location in the proportion of adolescents aged 12–17 who perceived great risk in consuming 5 or more alcoholic drinks on a single occasion once or twice a week (Table 40–3, SA-4.1). The disparity by race and ethnicity was not statistically significant.
  - The proportion of **adolescents aged 12–17 who perceived great risk in smoking marijuana once a month** (SA-4.2) decreased from 33.4% in 2008 to 24.2% in 2013, moving away from the baseline and 2020 target (Table 40–2).
    - » In 2013, there were statistically significant disparities by sex, race and ethnicity, family income, and geographic location in the proportion of adolescents aged 12–17 who perceived great risk in smoking marijuana once a month (Table 40–3, SA-4.2).
  - There was little or no detectable change (49.4% in 2008 and 49.3% in 2013) in the proportion of **adolescents aged 12–17 who perceived great risk in using cocaine once a month** (Table 40–2, SA-4.3).
    - » In 2013, there was a statistically significant disparity by sex in the proportion of adolescents aged 12–17 who perceived great risk in using cocaine once a month (Table 40–3, SA-4.3). The disparities by race and ethnicity, family income, and geographic location were not statistically significant.
- The number of **admissions to substance abuse treatment programs for treatment of injection drug use** (SA-7) increased from 255,374 in 2006 to 300,230 in 2011, exceeding the 2020 target (Table 40–2).
  - Between 2008 and 2013, the proportion of **persons aged 12 and over who, in the past year, had needed and received illicit drug treatment at a specialty facility** (SA-8.1) increased from 16.0% to 19.5%, exceeding the 2020 target (Table 40–2).
    - » In 2013, there were statistically significant disparities by sex, family income, and geographic location in the proportion of persons aged 12 and over who, in the past year, needed and received illicit drug treatment at a specialty facility (Table 40–3, SA-8.1). The disparities by race and ethnicity and education were not statistically significant.
  - Between 2008 and 2013, the proportion of **persons aged 12 and over who, in the past year, had needed and received illicit drug and/or alcohol treatment at a specialty facility** (SA-8.2) increased from 9.9% to 10.9%, meeting the 2020 target (Table 40–2).
    - » In 2013, there were statistically significant disparities by education and family income in the proportion of persons aged 12 and over who, in the past year, needed and received illicit drug and/or alcohol treatment at a specialty facility (Table 40–3, SA-8.2). The disparities by sex, race and ethnicity, and geographic location were not statistically significant.
  - There was little or no detectable change (8.2% in 2008 and 7.9% in 2013) in the proportion of **persons aged 12 and over who, in the past year, had needed and received alcohol treatment at a specialty facility** (Table 40–2, SA-8.3).
    - » In 2013, there was a statistically significant disparity by family income in the proportion of persons aged 12 and over who, in the past year, needed and received alcohol treatment at a specialty facility (Table 40–3, SA-8.3). The disparities by sex, race and ethnicity, education, and geographic location were not statistically significant.

## Screening and Treatment

Three of the five measurable objectives monitoring screening and treatment of substance abuse had met or exceeded their 2020 targets at midcourse, and one demonstrated little or no detectable change. One objective had baseline data only, so progress toward the 2020 target could not be assessed (Table 40–2).

## Epidemiology and Surveillance

The 22 objectives in this section monitor alcohol- and drug-related mortality, alcohol and illicit drug use, and steroid and prescription drug abuse.

## Alcohol- and Drug-related Mortality

One of the four objectives monitoring alcohol- and drug-related mortality had exceeded the 2020 target at midcourse, and three had worsened (Table 40–2).

- Between 2007 and 2013, the age-adjusted **cirrhosis death rate** (SA-11) increased from 9.1 to 10.2 deaths per 100,000 population, and the age-adjusted **drug-induced death rate** (SA-12) increased from 12.6 to 14.6 per 100,000 population, moving away from their respective baselines and 2020 targets (Table 40–2).
  - » Age-adjusted cirrhosis death rates (SA-11) varied by state. In 2013, 10 states (Connecticut, Delaware, Hawaii, Kansas, Maryland, Massachusetts, New Jersey, New York, Pennsylvania, and Utah) and the District of Columbia had met or exceeded the national target (Map 40–1).
  - » Age-adjusted drug-induced death rates (SA-12) also varied by state. In 2013, eight states (Iowa, Minnesota, Mississippi, Nebraska, North Dakota, South Dakota, Texas, and Virginia) had met or exceeded the national target (Map 40–2).
  - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and geographic location in the age-adjusted cirrhosis death rate (SA-11) and the age-adjusted drug-induced death rate (SA-12) (Table 40–3).

- **Alcohol-related motor-vehicle crash deaths (deaths involving a driver with a blood alcohol level of 0.08 or higher)** (SA-17) decreased from 0.39 deaths per 100 million vehicle miles traveled in 2008 to 0.34 in 2013, exceeding the 2020 target (Table 40–2).
- The average annual number of **alcohol-attributable deaths** (SA-20) increased from 79,646 in 2001–2005 to 87,798 in 2006–2010, moving away from the baseline and 2020 target (Table 40–2).

## Alcohol and Illicit Drug Use

Four of the nine objectives monitoring alcohol and illicit drug use had met or exceeded their 2020 targets at midcourse, four demonstrated little or no detectable change, and one had worsened (Table 40–2).

- The proportion of **adolescents aged 12–17 who had used alcohol or illicit drugs in the past 30 days** (SA-13.1) decreased from 18.4% in 2008 to 15.9% in 2013, exceeding the 2020 target (Table 40–2).
  - » In 2013, there were statistically significant disparities by race and ethnicity and family income in the proportion of adolescents aged 12–17 who

had used alcohol or illicit drugs in the past 30 days (Table 40–3, SA-13.1). The disparities by sex and geographic location were not statistically significant.

- There was little or no detectable change (6.7% in 2008 and 7.1% in 2013) in the proportion of **adolescents aged 12–17 who had used marijuana in the past 30 days** (Table 40–2, SA-13.2).
  - » In 2013, there were statistically significant disparities by sex, race and ethnicity, family income, and geographic location in the proportion of adolescents aged 12–17 who had used marijuana in the past 30 days (Table 40–3, SA-13.2).
- The proportion of **adults aged 18 and over who had used any illicit drugs in the past 30 days** (SA-13.3) increased from 7.9% in 2008 to 9.4% in 2013, moving away from the baseline and 2020 target (Table 40–2).
  - » The proportion of adults aged 18 and over who had used any illicit drugs in the past 30 days varied by state. In 2010–2013, 11 states (Iowa, Kansas, Louisiana, Missouri, Nebraska, North Dakota, South Dakota, Texas, Utah, West Virginia, and Wyoming) met or exceeded the national target (Map 40–3, SA-13.3).
  - » In 2013, there were statistically significant disparities by sex, race and ethnicity, education, family income, and geographic location in the proportion of adults aged 18 and over who had used any illicit drugs in the past 30 days (Table 40–3, SA-13.3)
- The proportion of **high school seniors who had engaged in binge drinking in the past 2 weeks** (SA-14.1) decreased from 25.2% in 2009 to 19.4% in 2014, exceeding the 2020 target (Table 40–2).
  - » In 2014, there were statistically significant disparities by sex and race and ethnicity in the proportion of high school seniors who had engaged in binge drinking in the past 2 weeks (Table 40–3, SA-14.1). The disparity by geographic location was not statistically significant.
- The proportion of **college students who had engaged in binge drinking in the past 2 weeks** (SA-14.2) decreased from 41.1% in 2007 to 35.4% in 2014, exceeding the 2020 target (Table 40–2).
- Between 2008 and 2013, there was little or no detectable change in the proportion of **adults aged 18 and over who engaged in binge drinking in the past 30 days** (SA-14.3, 27.1% and 26.9%), and in the proportion of **adults aged 18 and over who drank excessively in the past 30 days** (SA-15, 28.2% and 28.0%) (Table 40–2).

- » The proportion of adults aged 18 and over who engaged in binge drinking in the past 30 days varied by state. In 2010–2013, 10 states (Alabama, Arkansas, Florida, Georgia, Kentucky, Mississippi, North Carolina, Tennessee, Utah, and West Virginia) had met or exceeded the national target (Map 40–4, SA-14.3).
- » In 2013, there were statistically significant disparities by sex, race and ethnicity, education, family income, and geographic location in the proportion of adults aged 18 and over who had engaged in binge drinking in the past 30 days (Table 40–3, SA-14.3).
- » In 2013, there were statistically significant disparities by sex, race and ethnicity, education, family income, and geographic location in the proportion of adults aged 18 and over who drank excessively in the past 30 days (Table 40–3, SA-15).
- The proportion of **adolescents aged 12–17 who engaged in binge drinking in the past month** (SA-14.4) declined from 9.5% in 2008 to 6.8% in 2013, exceeding the 2020 target (Table 40–2).
  - » In 2013, there were statistically significant disparities by race and ethnicity and family income in the proportion of adolescents aged 12–17 who had engaged in binge drinking in the past month (Table 40–3, SA-14.4). The disparities by sex and geographic location were not statistically significant.

### Steroid and Prescription Drug Abuse

One of the nine objectives monitoring steroid and prescription drug abuse demonstrated little or no detectable change at midcourse. The remaining eight objectives were being tracked for informational purposes (Table 40–2).

- Targets were not set for three objectives monitoring the proportions of **adolescents who used steroids in the past year**. The rates for **8th graders** (SA-18.1) were 0.78% in 2009 and 0.55% in 2014; the rates for **10th graders** (SA-18.2) were 0.79% in both years; and the rates for **12th graders** (SA-18.3) were 1.49% in 2009 and 1.45% in 2014 (Table 40–2).
  - » In 2014, the disparities by sex, race and ethnicity, and geographic location in the proportion of 8th graders who had used steroids in the past year were not statistically significant (Table 40–3, SA-18.1).
  - » In 2014, there were statistically significant disparities by sex and geographic location in the proportion of 10th graders who had used steroids in the past year (Table 40–3, SA-18.2). The disparity by race and ethnicity was not statistically significant.

- » In 2014, there was a statistically significant disparity by sex in the proportion of 12th graders who had used steroids in the past year (Table 40–3, SA-18.3). The disparities by race and ethnicity and geographic location were not statistically significant.

Targets were not set separately for the proportions of persons aged 12 and over who had used prescription pain relievers, tranquilizers, stimulants, or sedatives for nonmedical purposes in the past year.

- The proportion of **persons aged 12 and over who used prescription pain relievers for nonmedical purposes in the past year** (SA-19.1) was 4.8% in 2008 and 4.2% in 2013 (Table 40–2).
  - » In 2013, there were statistically significant disparities by sex, race and ethnicity, education, and family income in the proportion of persons aged 12 and over who had used prescription pain relievers for nonmedical purposes in the past year (Table 40–3, SA-19.1). The disparity by geographic location was not statistically significant.
- The proportion of **persons aged 12 and over who used prescription tranquilizers for nonmedical purposes in the past year** (SA-19.2) was 2.0% in both 2008 and 2013 (Table 40–2).
  - » In 2013, there were statistically significant disparities by race and ethnicity, education, family income, and geographic location in the proportion of persons aged 12 and over who had used prescription tranquilizers for nonmedical purposes in the past year (Table 40–3, SA-19.2). The disparity by sex was not statistically significant.
- The proportion of **persons aged 12 and over who used prescription stimulants for nonmedical purposes in the past year** (SA-19.3) was 1.06% in 2008 and 1.33% in 2013 (Table 40–2).
  - » In 2013, there were statistically significant disparities by race and ethnicity and family income in the proportion of persons aged 12 and over who had used prescription stimulants for nonmedical purposes in the past year (Table 40–3, SA-19.3). The disparities by sex, education, and geographic location were not statistically significant.
- The proportion of **persons aged 12 and over who used prescription sedatives for nonmedical purposes in the past year** (SA-19.4) was 0.25% in 2008 and 0.24% in 2013 (Table 40–2).
  - » In 2013, there was a statistically significant disparity by geographic location in the proportion of persons aged 12 and over who had used prescription

sedatives for nonmedical purposes in the past year (Table 40–3, SA-19.4). The disparities by sex, race and ethnicity, education, and family income were not statistically significant.

- There was little or no detectable change (6.1% in 2008 and 5.8% in 2013) in the proportion of **persons aged 12 and over who used any prescription psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives) for nonmedical purposes in the past year** (Table 40–2, SA-19.5).
  - » In 2013, there were statistically significant disparities by sex, race and ethnicity, and family income in the proportion of persons aged 12 and over who had used any prescription psychotherapeutic drug for nonmedical purposes in the past year (Table 40–3, SA-19.5). The disparities by education and geographic location were not statistically significant.
- A target was not set for the proportion of **adolescents aged 12–17 who had used inhalants in the past year** (SA-21). The rates were 4.0% in 2008 and 1.9% in 2013 (Table 40–2).
  - » In 2013, there was a statistically significant disparity by race and ethnicity in the proportion of adolescents aged 12–17 who had used inhalants in the past year (Table 40–3, SA-21). The disparities by sex, family income, and geographic location were not statistically significant.

## More Information

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Readers interested in more detailed information about the objectives in this topic area are invited to visit the [HealthyPeople.gov](http://www.healthypeople.gov) website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>
- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives>  
*Select an objective, then click on the “Data Details” icon.*
- For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: <http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/objectives>  
*Select an objective, then click on the “Data2020” icon.*

Data for the measurable objectives in this chapter were from the following data sources:

- Alcohol Epidemiologic Data System: [http://pubs.niaaa.nih.gov/OrderForm/EncForm/Data\\_Directory](http://pubs.niaaa.nih.gov/OrderForm/EncForm/Data_Directory)
- Alcohol-Related Disease Impact System: <http://www.cdc.gov/alcohol/onlinetools.htm>
- Bridged-race Population Estimates: [http://www.cdc.gov/nchs/nvss/bridged\\_race.htm](http://www.cdc.gov/nchs/nvss/bridged_race.htm)
- Fatality Analysis Reporting System: [http://www.hrsa.gov/Data/Fatality-Analysis-Reporting-System-\(FARS\)](http://www.hrsa.gov/Data/Fatality-Analysis-Reporting-System-(FARS))
- Monitoring the Future: <http://www.monitoringthefuture.org/>
- National Survey on Drug Use and Health: <http://www.samhsa.gov/data/population-data-nsduh>
- National Trauma Registry System: <https://www.facs.org/quality-programs/trauma/ntdb>
- National Vital Statistics System—Mortality: <http://www.cdc.gov/nchs/nvss/deaths.htm>
- Status of State Ignition Interlock Laws: <http://www.madd.org/drunk-driving/ignition-interlocks/status-of-state-ignition.html>
- Treatment Episode Data Set: <http://wwdasis.samhsa.gov/webt/information.htm>
- Youth Risk Behavior Surveillance System: <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

## Footnotes

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<sup>1</sup>The **Technical Notes** provide more information on Healthy People 2020 statistical methods and issues.

<sup>2</sup>**Developmental** objectives did not have a national baseline value.

<sup>3</sup>**Measurable** objectives had a national baseline value.

<sup>4</sup>**Target met or exceeded**—One of the following, as specified in the Midcourse Progress Table:

- » At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
- » The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)

<sup>5</sup>**Improving**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

<sup>6</sup>**Little or no detectable change**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
- » Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.
- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- » There was no change between the baseline and the midcourse data point.

<sup>7</sup>**Getting worse**—One of the following, as specified in the Midcourse Progress Table:

- » Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
- » Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

<sup>8</sup>**Baseline only**—The objective only had one data point, so progress toward target attainment could not be assessed.

<sup>9</sup>**Informational**—A target was not set for this objective, so progress toward target attainment could not be assessed.

## Suggested Citation

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Substance Abuse. Healthy People 2020 Midcourse  
Review. Hyattsville, MD. 2016.

## Table 40–1. Substance Abuse Objectives

### LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

 Not Applicable Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
<b>Policy and Prevention</b>			
SA-1	Reduce the proportion of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP	 
SA-2.1	Increase the proportion of at-risk adolescents aged 12 to 17 years who, in the past year, refrained from using alcohol for the first time	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-2.2	Increase the proportion of at-risk adolescents aged 12 to 17 years who, in the past year, refrained from using marijuana for the first time	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-2.3	Increase the proportion of high school seniors never using substances—Alcoholic beverages	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-2.4	Increase the proportion of high school seniors never using substances—Illlicit drugs	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-3.1	Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—8th graders	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-3.2	Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—10th graders	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-3.3	Increase the proportion of adolescents who disapprove of having one or two alcoholic drinks nearly every day—12th graders	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-3.4	Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice—8th graders	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-3.5	Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice—10th graders	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-3.6	Increase the proportion of adolescents who disapprove of trying marijuana or hashish once or twice—12th graders	Monitoring the Future Study (MTF), NIH/NIDA	 

## Table 40-1. Substance Abuse Objectives—Continued

### LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

 Not Applicable	Midcourse data availability is not applicable for developmental and archived objectives. <b>Developmental</b> objectives did not have a national baseline value. <b>Archived</b> objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.
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Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
<b>Policy and Prevention—Continued</b>			
SA-4.1	Increase the proportion of adolescents aged 12 to 17 years perceiving great-risk associated with substance abuse—Consuming five or more alcoholic drinks at a single occasion once or twice a week	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-4.2	Increase the proportion of adolescents aged 12 to 17 years perceiving great-risk associated with substance abuse—Smoking marijuana once per month	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-4.3	Increase the proportion of adolescents aged 12 to 17 years perceiving great-risk associated with substance abuse—Using cocaine once per month	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-5	(Developmental) Increase the number of drug, driving while impaired (DWI), and other specialty courts in the United States	To be determined	
SA-6	Increase the number of states with mandatory ignition interlock laws for first and repeat impaired driving offenders in the United States	Status of State Ignition Interlock Laws, Mothers Against Drunk Driving (MADD)	
<b>Screening and Treatment</b>			
SA-7	Increase the number of admissions to substance abuse treatment for injection drug use	Treatment Episode Data Set (TEDS), SAMHSA	
SA-8.1	Increase the proportion of persons who need illicit drug treatment and received specialty treatment for abuse or dependence in the past year	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-8.2	Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-8.3	Increase the proportion of persons who need alcohol abuse or dependence treatment and received specialty treatment for abuse or dependence in the past year	National Survey on Drug Use and Health (NSDUH), SAMHSA	 

**Table 40–1. Substance Abuse Objectives—Continued**

## LEGEND

 Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

 Not Applicable	Midcourse data availability is not applicable for developmental and archived objectives. <b>Developmental</b> objectives did not have a national baseline value. <b>Archived</b> objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.
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Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
<b>Screening and Treatment—Continued</b>			
SA-9	(Developmental) Increase the proportion of persons who are referred for followup care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (ED)	(Potential) National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC/NCHS	
SA-10	Increase the number of Level I and Level II trauma centers and primary care settings that implement evidence-based alcohol Screening and Brief Intervention (SBI)	National Trauma Registry System (TRACS), American College of Surgeons (ACS)	
<b>Epidemiology and Surveillance</b>			
SA-11	Reduce cirrhosis deaths	National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	  
SA-12	Reduce drug-induced deaths	National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census	  
SA-13.1	Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-13.2	Reduce the proportion of adolescents reporting use of marijuana during the past 30 days	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-13.3	Reduce the proportion of adults reporting use of any illicit drug during the past 30 days	National Survey on Drug Use and Health (NSDUH), SAMHSA	  
SA-14.1	Reduce the proportion of students engaging in binge drinking during the past 2 weeks—High school seniors	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-14.2	Reduce the proportion of students engaging in binge drinking during the past 2 weeks—College students	Monitoring the Future Study (MTF), NIH/NIDA	
SA-14.3	Reduce the proportion of persons engaging in binge drinking during the past 30 days—Adults aged 18 years and older	National Survey on Drug Use and Health (NSDUH), SAMHSA	  

**Table 40-1. Substance Abuse Objectives—Continued****LEGEND**

 Data for this objective are available in this chapter's Midcourse Progress Table.



Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.



A state or county level map for this objective is available at the end of the chapter.

 Not Applicable	Midcourse data availability is not applicable for developmental and archived objectives. <b>Developmental</b> objectives did not have a national baseline value. <b>Archived</b> objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.
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<b>Objective Number</b>	<b>Objective Statement</b>	<b>Data Sources</b>	<b>Midcourse Data Availability</b>
<b>Epidemiology and Surveillance—Continued</b>			
SA-14.4	Reduce the proportion of persons engaging in binge drinking during the past month—Adolescents aged 12 to 17 years	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-15	Reduce the proportion of adults who drank excessively in the previous 30 days	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-16	Reduce average annual alcohol consumption	Alcohol Epidemiologic Data System (AEDS); Population Estimates, Census	
SA-17	Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities	Fatality Analysis Reporting System (FARS), DOT/NHTSA	
SA-18.1	Reduce steroid use among 8th graders	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-18.2	Reduce steroid use among 10th graders	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-18.3	Reduce steroid use among 12th graders	Monitoring the Future Study (MTF), NIH/NIDA	 
SA-19.1	Reduce the past-year nonmedical use of pain relievers	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-19.2	Reduce the past-year nonmedical use of tranquilizers	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-19.3	Reduce the past-year nonmedical use of stimulants	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-19.4	Reduce the past-year nonmedical use of sedatives	National Survey on Drug Use and Health (NSDUH), SAMHSA	 
SA-19.5	Reduce the past-year nonmedical use of any psychotherapeutic drug (including pain relievers, tranquilizers, stimulants, and sedatives)	National Survey on Drug Use and Health (NSDUH), SAMHSA	 

## Table 40–1. Substance Abuse Objectives—Continued

### LEGEND

	Data for this objective are available in this chapter's Midcourse Progress Table.		Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.		A state or county level map for this objective is available at the end of the chapter.
Not Applicable	Midcourse data availability is not applicable for developmental and archived objectives. <b>Developmental</b> objectives did not have a national baseline value. <b>Archived</b> objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.				

Objective Number	Objective Statement	Data Sources	Midcourse Data Availability
<b>Epidemiology and Surveillance—Continued</b>			
SA-20	Reduce the number of deaths attributable to alcohol	Alcohol Related Disease Impact System (ARDI), CDC	
SA-21	Reduce the proportion of adolescents who use inhalants	National Survey on Drug Use and Health (NSDUH), SAMHSA	

**Table 40–2. Midcourse Progress for Measurable<sup>1</sup> Substance Abuse Objectives**

## LEGEND

	Target met or exceeded <sup>2,3</sup>		Improving <sup>4,5</sup>		Little or no detectable change <sup>6–10</sup>		Getting worse <sup>11,12</sup>		Baseline only <sup>13</sup>		Informational <sup>14</sup>
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Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target <sup>15</sup>	Movement Away From Baseline <sup>16</sup>	Movement Statistically Significant <sup>17</sup>
<b>Policy and Prevention</b>						
<sup>2</sup> SA-1 Adolescents who, within the past 30 days, rode with a driver who had been drinking alcohol (percent, grades 9–12)	28.3% (2009)	21.9% (2013)	25.5%	228.6%		Yes
<sup>4</sup> SA-2.1 At-risk adolescents who, in the past year, refrained from alcohol use for the first time (percent, 12–17 years)	85.6% (2008)	87.7% (2013)	94.2%	24.4%		Yes
<sup>6</sup> SA-2.2 At-risk adolescents who, in the past year, refrained from marijuana use for the first time (percent, 12–17 years)	94.3% (2008)	94.5% (2013)	96.3%	10.0%		No
<sup>2</sup> SA-2.3 High school seniors never using alcoholic beverages (percent)	27.7% (2009)	34.0% (2014)	30.5%	225.0%		Yes
<sup>11</sup> SA-2.4 High school seniors never using illicit drugs (percent)	53.3% (2009)	50.9% (2014)	58.6%		4.5%	Yes
<sup>6</sup> SA-3.1 Adolescents who disapprove of 1–2 alcoholic drinks every day—8th graders (percent)	78.5% (2009)	79.6% (2014)	86.4%	13.9%		No
<sup>6</sup> SA-3.2 Adolescents who disapprove of 1–2 alcoholic drinks every day—10th graders (percent)	77.6% (2009)	77.9% (2014)	85.4%	3.8%		No
<sup>6</sup> SA-3.3 Adolescents who disapprove of 1–2 alcoholic drinks every day—12th graders (percent)	70.5% (2009)	71.7% (2014)	77.6%	16.9%		No
<sup>11</sup> SA-3.4 Adolescents who disapprove of trying marijuana or hashish once or twice—8th graders (percent)	75.3% (2009)	70.5% (2014)	82.8%		6.4%	Yes
<sup>11</sup> SA-3.5 Adolescents who disapprove of trying marijuana or hashish once or twice—10th graders (percent)	60.1% (2009)	53.8% (2014)	66.1%		10.5%	Yes
<sup>11</sup> SA-3.6 Adolescents who disapprove of trying marijuana or hashish once or twice—12th graders (percent)	54.8% (2009)	48.0% (2014)	60.3%		12.4%	Yes
<sup>8</sup> SA-4.1 Adolescents perceiving great risk in consuming 5+ alcoholic drinks once or twice a week (percent, 12–17)	40.0% (2008)	39.0% (2013)	44.0%		2.5%	No
<sup>11</sup> SA-4.2 Adolescents perceiving great risk in smoking marijuana once a month (percent, 12–17)	33.4% (2008)	24.2% (2013)	36.7%		27.5%	Yes
<sup>8</sup> SA-4.3 Adolescents perceiving great risk in using cocaine once a month (percent, 12–17)	49.4% (2008)	49.3% (2013)	54.3%		0.2%	No
<sup>13</sup> SA-6 States with mandatory ignition interlock laws for impaired driving offenders (number of states and D.C.)	13 (2009)		51			

**Table 40–2. Midcourse Progress for Measurable<sup>1</sup> Substance Abuse Objectives—Continued**

## LEGEND

	Target met or exceeded <sup>2,3</sup>		Improving <sup>4,5</sup>		Little or no detectable change <sup>6–10</sup>		Getting worse <sup>11,12</sup>		Baseline only <sup>13</sup>		Informational <sup>14</sup>
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Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target <sup>15</sup>	Movement Away From Baseline <sup>16</sup>	Movement Statistically Significant <sup>17</sup>
<b>Screening and Treatment</b>						
<sup>2</sup> SA-7 Admissions to substance abuse treatment programs for treatment of injection drug use (number)	255,374 (2006)	300,230 (2011)	280,911	175.7%		
<sup>2</sup> SA-8.1 Persons who needed and received illicit drug treatment at a specialty facility in the past year (percent, 12+ years)	16.0% (2008)	19.5% (2013)	17.6%	218.7%		No
<sup>2</sup> SA-8.2 Persons who needed and received illicit drug and/or alcohol treatment at a specialty facility in the past year (percent, 12+ years)	9.9% (2008)	10.9% (2013)	10.9%	100.0%		No
<sup>8</sup> SA-8.3 Persons who needed and received alcohol treatment at a specialty facility in the past year (percent, 12+ years)	8.2% (2008)	7.9% (2013)	9.0%		3.7%	No
<sup>13</sup> SA-10 Level I and II trauma centers implementing evidence-based alcohol Screening and Brief Intervention (number)	325 (2009)		358			
<b>Epidemiology and Surveillance</b>						
<sup>11</sup> SA-11 Cirrhosis deaths (age-adjusted, per 100,000 population)	9.1 (2007)	10.2 (2013)	8.2		12.1%	Yes
<sup>11</sup> SA-12 Drug-induced deaths (age-adjusted, per 100,000 population)	12.6 (2007)	14.6 (2013)	11.3		15.9%	Yes
<sup>2</sup> SA-13.1 Adolescents using alcohol or illicit drugs in past 30 days (percent, 12–17 years)	18.4% (2008)	15.9% (2013)	16.6%	138.9%		Yes
<sup>8</sup> SA-13.2 Adolescents using marijuana in past 30 days (percent, 12–17 years)	6.7% (2008)	7.1% (2013)	6.0%		6.0%	No
<sup>11</sup> SA-13.3 Adults using any illicit drug in past 30 days (percent, 18+ years)	7.9% (2008)	9.4% (2013)	7.1%		19.0%	Yes
<sup>2</sup> SA-14.1 Binge drinking in past 2 weeks—High school seniors (percent)	25.2% (2009)	19.4% (2014)	22.7%	232.0%		Yes
<sup>2</sup> SA-14.2 Binge drinking in past 2 weeks—College students (percent)	41.1% (2007)	35.4% (2014)	37.0%	139.0%		
<sup>6</sup> SA-14.3 Binge drinking in past 30 days—Adults (percent, 18+ years)	27.1% (2008)	26.9% (2013)	24.4%	7.4%		No
<sup>2</sup> SA-14.4 Binge drinking in past month—Adolescents (percent, 12–17 years)	9.5% (2008)	6.8% (2013)	8.6%	300.0%		Yes

**Table 40–2. Midcourse Progress for Measurable<sup>1</sup> Substance Abuse Objectives—Continued**

## LEGEND

	Target met or exceeded <sup>2,3</sup>		Improving <sup>4,5</sup>		Little or no detectable change <sup>6–10</sup>		Getting worse <sup>11,12</sup>		Baseline only <sup>13</sup>		Informational <sup>14</sup>
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Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target <sup>15</sup>	Movement Away From Baseline <sup>16</sup>	Movement Statistically Significant <sup>17</sup>
<b>Epidemiology and Surveillance—Continued</b>						
<sup>6</sup> SA-15 Adults who drank excessively in past 30 days (percent, 18+ years)	28.2% (2008)	28.0% (2013)	25.4%	7.1%		No
<sup>10</sup> SA-16 Average annual alcohol consumption (gallons per person, 14+ years)	2.3 (2007)	2.3 (2013)	2.1		0.0%	
<sup>2</sup> SA-17 Alcohol-related motor vehicle crash deaths (per 100 million vehicle miles, 0.08+ blood alcohol content)	0.39 (2008)	0.34 (2013)	0.38	500.0%		Yes
<sup>14</sup> SA-18.1 Steroid use among 8th graders in the past year (percent)	0.78% (2009)	0.55% (2014)				
<sup>14</sup> SA-18.2 Steroid use among 10th graders in the past year (percent)	0.79% (2009)	0.79% (2014)				
<sup>14</sup> SA-18.3 Steroid use among 12th graders in the past year (percent)	1.49% (2009)	1.45% (2014)				
<sup>14</sup> SA-19.1 Persons with nonmedical use of prescription pain relievers in the past year (percent, 12+ years)	4.8% (2008)	4.2% (2013)				
<sup>14</sup> SA-19.2 Persons with nonmedical use of prescription tranquilizers in the past year (percent, 12+ years)	2.0% (2008)	2.0% (2013)				
<sup>14</sup> SA-19.3 Persons with nonmedical use of prescription stimulants in the past year (percent, 12+ years)	1.06% (2008)	1.33% (2013)				
<sup>14</sup> SA-19.4 Persons with nonmedical use of prescription sedatives in the past year (percent, 12+ years)	0.25% (2008)	0.24% (2013)				
<sup>6</sup> SA-19.5 Persons with nonmedical use of any prescription psychotherapeutic drug in the past year (percent, 12+ years)	6.1% (2008)	5.8% (2013)	5.5%	50.0%		No
<sup>12</sup> SA-20 Deaths attributable to alcohol (average annual number)	79,646 (2001–2005)	87,798 (2006–2010)	71,681		10.2%	
<sup>14</sup> SA-21 Adolescents using inhalants in the past year (percent, 12–17 years)	4.0% (2008)	1.9% (2013)				

**Table 40–2. Midcourse Progress for Measurable<sup>1</sup> Substance Abuse Objectives—Continued**

NOTES	DATA SOURCES
See <a href="#">HealthyPeople.gov</a> for all Healthy People 2020 data. The <a href="#">Technical Notes</a> provide more information on the measures of progress.	SA-1 Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP SA-2.1 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-2.2 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-2.3 Monitoring the Future Study (MTF), NIH/NIDA SA-2.4 Monitoring the Future Study (MTF), NIH/NIDA SA-3.1 Monitoring the Future Study (MTF), NIH/NIDA SA-3.2 Monitoring the Future Study (MTF), NIH/NIDA SA-3.3 Monitoring the Future Study (MTF), NIH/NIDA SA-3.4 Monitoring the Future Study (MTF), NIH/NIDA SA-3.5 Monitoring the Future Study (MTF), NIH/NIDA SA-3.6 Monitoring the Future Study (MTF), NIH/NIDA SA-4.1 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-4.2 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-4.3 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-6 Status of State Ignition Interlock Laws, Mothers Against Drunk Driving (MADD) SA-7 Treatment Episode Data Set (TEDS), SAMHSA SA-8.1 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-8.2 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-8.3 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-10 National Trauma Registry System (TRACS), American College of Surgeons (ACS) SA-11 National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census SA-12 National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census SA-13.1 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-13.2 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-13.3 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-14.1 Monitoring the Future Study (MTF), NIH/NIDA SA-14.2 Monitoring the Future Study (MTF), NIH/NIDA SA-14.3 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-14.4 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-15 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-16 Alcohol Epidemiologic Data System (AEDS); Population Estimates, Census SA-17 Fatality Analysis Reporting System (FARS), DOT/NHTSA SA-18.1 Monitoring the Future Study (MTF), NIH/NIDA SA-18.2 Monitoring the Future Study (MTF), NIH/NIDA SA-18.3 Monitoring the Future Study (MTF), NIH/NIDA SA-19.1 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-19.2 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-19.3 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-19.4 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-19.5 National Survey on Drug Use and Health (NSDUH), SAMHSA SA-20 Alcohol Related Disease Impact System (ARDI), CDC SA-21 National Survey on Drug Use and Health (NSDUH), SAMHSA
<b>FOOTNOTES</b>	
<sup>1</sup> Measurable objectives had a national baseline value.	
<b>Target met or exceeded:</b>	
<sup>2</sup> At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)	
<sup>3</sup> The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)	
<b>Improving:</b>	
<sup>4</sup> Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.	
<sup>5</sup> Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.	
<b>Little or no detectable change:</b>	
<sup>6</sup> Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.	
<sup>7</sup> Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.	
<sup>8</sup> Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.	
<sup>9</sup> Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.	
<sup>10</sup> There was no change between the baseline and the midcourse data point.	
<b>Getting worse:</b>	
<sup>11</sup> Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.	
<sup>12</sup> Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.	
<sup>13</sup> <b>Baseline only:</b> The objective only had one data point, so progress toward target attainment could not be assessed.	
<sup>14</sup> <b>Informational:</b> A target was not set for this objective, so progress toward target attainment could not be assessed.	
<sup>15</sup> For objectives that <b>moved toward</b> their targets, movement toward the target was measured as the percentage of targeted change achieved (unless the target was already met or exceeded at baseline):	
$\text{Percentage of targeted} = \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100$	
<sup>16</sup> For objectives that <b>moved away</b> from their baselines and targets, movement away from the baseline was measured as the magnitude of the percentage change from baseline:	
$\text{Magnitude of percentage} = \frac{ \text{Midcourse value} - \text{Baseline value} }{\text{Baseline value}} \times 100$	
<sup>17</sup> Statistical significance was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.	

**Table 40–3. Midcourse Health Disparities<sup>1</sup> for Population-based Substance Abuse Objectives**

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios<sup>2,3</sup> for selected characteristics at the midcourse data point

## LEGEND

At the midcourse data point	Group with the most favorable (least adverse) rate	Group with the least favorable (most adverse) rate	Data are available, but this group did not have the highest or lowest rate.	Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.
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Population-based Objectives	Characteristics and Groups																									
	Sex		Race and Ethnicity				Education <sup>4</sup>		Family Income <sup>5</sup>		Disability		Location													
	Male	Female	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	Less than high school	High school graduate	At least some college	Associate's degree	4-year college	Advanced degree	Poor	Near-poor	Middle	Near-high	High	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio <sup>3</sup>	Metropolitan	Nonmetropolitan	Summary Disparity Ratio <sup>2</sup>
<b>Policy and Prevention</b>																										
<b>SA-1</b> Adolescents who, within the past 30 days, rode with a driver who had been drinking alcohol (percent, grades 9–12) (2013)																										
<b>SA-2.1</b> At-risk adolescents who, in the past year, refrained from alcohol use for the first time (percent, 12–17 years) (2013)																						1.041*				
<b>SA-2.2</b> At-risk adolescents who, in the past year, refrained from marijuana use for the first time (percent, 12–17 years) (2013)																							1.012			
<b>SA-2.3</b> High school seniors never using alcoholic beverages (percent) (2014)										a	a	a											1.011*			
<b>SA-2.4</b> High school seniors never using illicit drugs (percent) (2014)										a	a	a											1.051			
<b>SA-3.1</b> Adolescents who disapprove of people having 1–2 alcoholic drinks every day—8th graders (percent) (2014)										a	a	a											1.159*			
<b>SA-3.2</b> Adolescents who disapprove of people having 1–2 alcoholic drinks every day—10th graders (percent) (2014)										a	a	a											1.013			
<b>SA-3.3</b> Adolescents who disapprove of people having 1–2 alcoholic drinks every day—12th graders (percent) (2014)										a	a	a											1.087*			
																								1.013		

**Table 40–3. Midcourse Health Disparities<sup>1</sup> for Population-based Substance Abuse Objectives—Continued**

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios<sup>2,3</sup> for selected characteristics at the midcourse data point

## LEGEND

At the midcourse data point	Group with the most favorable (least adverse) rate	Group with the least favorable (most adverse) rate	Data are available, but this group did not have the highest or lowest rate.	Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.
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Population-based Objectives	Characteristics and Groups										
	Sex		Race and Ethnicity			Education <sup>4</sup>		Family Income <sup>5</sup>		Disability	Location
	Male	Female	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 Disparity Ratio <sup>3</sup>	
<b>Policy and Prevention—Continued</b>											
<b>SA-3.4</b> Adolescents who disapprove of trying marijuana or hashish once or twice—8th graders (percent) (2014)			1.002				a	a	a	1.140*	
<b>SA-3.5</b> Adolescents who disapprove of trying marijuana or hashish once or twice—10th graders (percent) (2014)			1.083*				a	a	a	1.066	
<b>SA-3.6</b> Adolescents who disapprove of trying marijuana or hashish once or twice—12th graders (percent) (2014)			1.111				a	a	a	1.062	
<b>SA-4.1</b> Adolescents perceiving great-risk in consuming 5+ alcoholic drinks once or twice a week (percent, 12–17) (2013)			1.138*							1.193	
<b>SA-4.2</b> Adolescents perceiving great-risk in smoking marijuana once a month (percent, 12–17) (2013)			1.144*							1.276*	
<b>SA-4.3</b> Adolescents perceiving great-risk in using cocaine once a month (percent, 12–17) (2013)			1.053*							1.161	
<b>Screening and Treatment</b>											
<b>SA-8.1</b> Persons who needed and received illicit drug treatment at a specialty facility in the past year (percent, 12+ years) (2013)			1.303*							1.599	
<b>SA-8.2</b> Persons who needed and received illicit drug and/or alcohol treatment at a specialty facility in the past year (percent, 12+ years) (2013)			1.050							1.156	

**Table 40-3. Midcourse Health Disparities<sup>1</sup> for Population-based Substance Abuse Objectives—Continued**

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios<sup>2,3</sup> for selected characteristics at the midcourse data point

## LEGEND

At the midcourse data point	Group with the most favorable (least adverse) rate	Group with the least favorable (most adverse) rate	Data are available, but this group did not have the highest or lowest rate.	Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.
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Population-based Objectives	Characteristics and Groups																									
	Sex		Race and Ethnicity				Education <sup>4</sup>		Family Income <sup>5</sup>		Disability		Location													
	Male	Female	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	Poor	Near-poor	Middle	Near-high	High	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio <sup>3</sup>	Metropolitan	Nonmetropolitan	Summary Disparity Ratio <sup>2</sup>						
<b>Screening and Treatment—Continued</b>																										
<b>SA-8.3</b> Persons who needed and received alcohol treatment at a specialty facility in the past year (percent, 12+ years) (2013)			1.114								1.258						1.454				2.107*					1.167
<b>Epidemiology and Surveillance</b>																										
<b>SA-11</b> Cirrhosis deaths (age-adjusted, per 100,000 population) (2013)			2.046*			b					4.265*												1.164*			
<b>SA-12</b> Drug-induced deaths (age-adjusted, per 100,000 population) (2013)			1.622*			b					4.993*												1.080*			
<b>SA-13.1</b> Adolescents using alcohol or illicit drugs in past 30 days (percent, 12–17 years) (2013)			1.000								1.544*												1.075			
<b>SA-13.2</b> Adolescents using marijuana in past 30 days (percent, 12–17 years) (2013)			1.270*								1.944*												1.219*			
<b>SA-13.3</b> Adults using any illicit drug in past 30 days (percent, 18+ years) (2013)			1.621*								3.534*							1.303*						1.249*		
<b>SA-14.1</b> Binge drinking in past 2 weeks—High school seniors (percent) (2014)			1.343*					a	a	a	1.962*							1.127*							1.108	
<b>SA-14.3</b> Binge drinking in past 30 days—Adults (percent, 18+ years) (2013)			1.533*								1.901*							1.105*						1.102*		

**Table 40–3. Midcourse Health Disparities<sup>1</sup> for Population-based Substance Abuse Objectives—Continued**

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios<sup>2,3</sup> for selected characteristics at the midcourse data point

## LEGEND

At the midcourse data point	Group with the most favorable (least adverse) rate	Group with the least favorable (most adverse) rate	Data are available, but this group did not have the highest or lowest rate.	Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.
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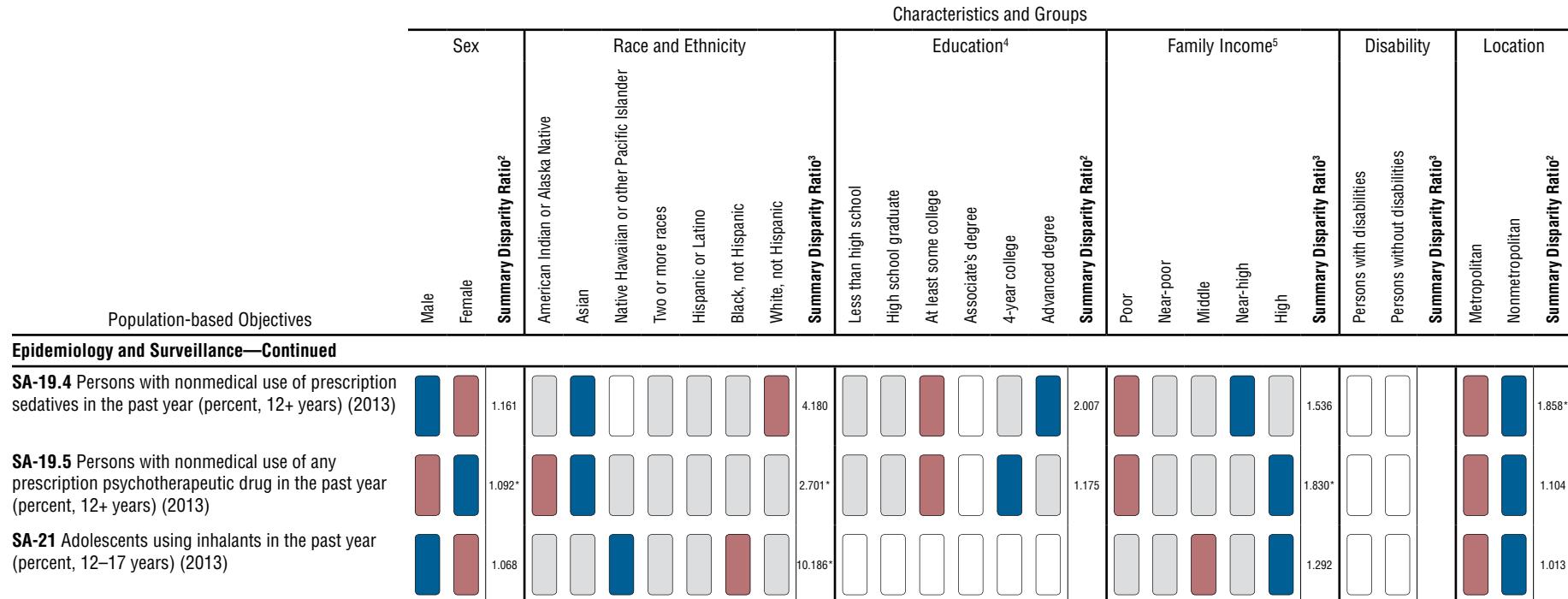
Population-based Objectives	Characteristics and Groups																									
	Sex		Race and Ethnicity				Education <sup>4</sup>		Family Income <sup>5</sup>		Disability		Location													
	Male	Female	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic	Less than high school	High school graduate	At least some college	Associate's degree	4-year college	Advanced degree	Poor	Near-poor	Middle	Near-high	High	Persons with disabilities	Persons without disabilities	Summary Disparity Ratio <sup>3</sup>	Metropolitan	Nonmetropolitan	Summary Disparity Ratio <sup>2</sup>
<b>Epidemiology and Surveillance—Continued</b>																										
<b>SA-14.4</b> Binge drinking in past month—Adolescents (percent, 12–17 years) (2013)																								1.044	1.080	
<b>SA-15</b> Adults who drank excessively in past 30 days (percent, 18+ years) (2013)																								1.461*	1.108*	
<b>SA-18.1</b> Steroid use among 8th graders in the past year (percent) (2014)										a	a	a											1.382	1.445		
<b>SA-18.2</b> Steroid use among 10th graders in the past year (percent) (2014)										a	a	a											2.077*	1.769*		
<b>SA-18.3</b> Steroid use among 12th graders in the past year (percent) (2014)										a	a	a											3.037*	1.433		
<b>SA-19.1</b> Persons with nonmedical use of prescription pain relievers in the past year (percent, 12+ years) (2013)																								1.183*	1.023	
<b>SA-19.2</b> Persons with nonmedical use of prescription tranquilizers in the past year (percent, 12+ years) (2013)																								1.038	1.225*	
<b>SA-19.3</b> Persons with nonmedical use of prescription stimulants in the past year (percent, 12+ years) (2013)																								1.173	1.152	

**Table 40–3. Midcourse Health Disparities<sup>1</sup> for Population-based Substance Abuse Objectives—Continued**

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios<sup>2,3</sup> for selected characteristics at the midcourse data point

## LEGEND

At the midcourse data point	Group with the most favorable (least adverse) rate	Group with the least favorable (most adverse) rate	Data are available, but this group did not have the highest or lowest rate.	Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.
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**Table 40–3. Midcourse Health Disparities<sup>1</sup> for Population-based Substance Abuse Objectives—Continued****NOTES**

See [HealthyPeople.gov](#) for all Healthy People 2020 data. The [Technical Notes](#) provide more information on the measures of disparities.

**FOOTNOTES**

<sup>1</sup>Health disparities were assessed among population groups within specified demographic characteristics (sex, race and ethnicity, educational attainment, etc.). This assessment did not include objectives that were not population-based, such as those based on states, worksites, or those monitoring the number of events.

<sup>2</sup>When there were only two groups (e.g., male and female), the **summary disparity ratio** was the ratio of the higher to the lower rate.

<sup>3</sup>When there were three or more groups (e.g., white non-Hispanic, black non-Hispanic, Hispanic) and the most favorable rate ( $R_b$ ) was the highest rate, the **summary disparity ratio** was calculated as  $R_b/R_a$ , where  $R_a$  = the average of the rates for all other groups. When there were three or more groups and the most favorable rate was the lowest rate, the summary disparity ratio was calculated as  $R_a/R_b$ .

<sup>4</sup>Unless otherwise footnoted, data do not include persons under age 25 years.

<sup>5</sup>Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.

\*The summary disparity ratio was significantly greater than 1.000. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.

<sup>a</sup>Data are 2-year averages.

<sup>b</sup>Data are for Asian or Pacific Islander persons.

**DATA SOURCES**

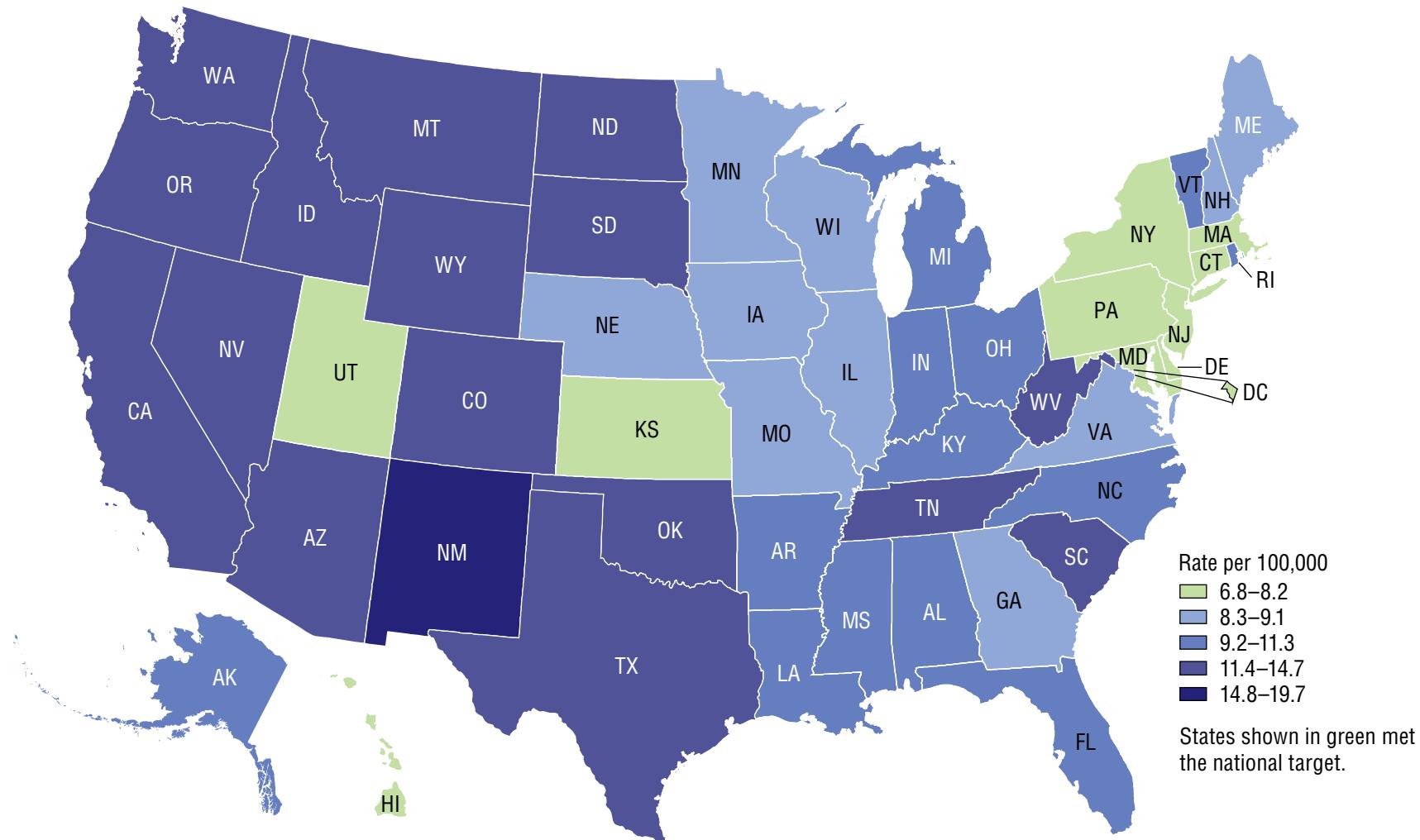
SA-1	Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP
SA-2.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-2.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-2.3	Monitoring the Future Study (MTF), NIH/NIDA
SA-2.4	Monitoring the Future Study (MTF), NIH/NIDA

**DATA SOURCES—Continued**

SA-3.1	Monitoring the Future Study (MTF), NIH/NIDA
SA-3.2	Monitoring the Future Study (MTF), NIH/NIDA
SA-3.3	Monitoring the Future Study (MTF), NIH/NIDA
SA-3.4	Monitoring the Future Study (MTF), NIH/NIDA
SA-3.5	Monitoring the Future Study (MTF), NIH/NIDA
SA-3.6	Monitoring the Future Study (MTF), NIH/NIDA
SA-4.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-4.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-4.3	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-8.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-8.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-8.3	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-11	National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
SA-12	National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census
SA-13.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-13.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-13.3	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-14.1	Monitoring the Future Study (MTF), NIH/NIDA
SA-14.3	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-14.4	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-15	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-18.1	Monitoring the Future Study (MTF), NIH/NIDA
SA-18.2	Monitoring the Future Study (MTF), NIH/NIDA
SA-18.3	Monitoring the Future Study (MTF), NIH/NIDA
SA-19.1	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-19.2	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-19.3	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-19.4	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-19.5	National Survey on Drug Use and Health (NSDUH), SAMHSA
SA-21	National Survey on Drug Use and Health (NSDUH), SAMHSA

## Map 40–1. Cirrhosis Deaths, by State: 2013

Healthy People 2020 Objective SA-11 • National Target = 8.2 per 100,000 population • National Rate = 10.2 per 100,000 population

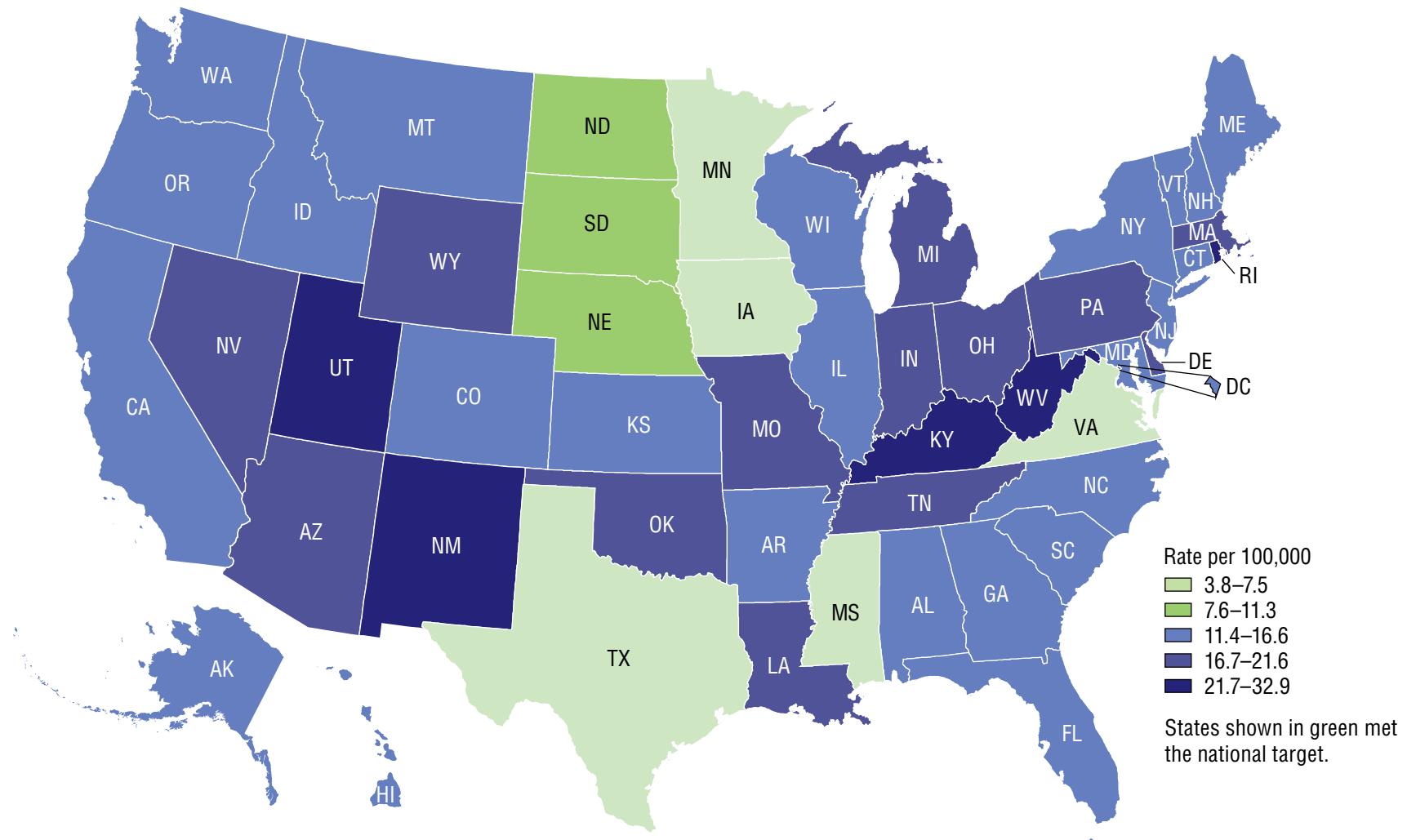


NOTES: Data are for ICD-10 codes K70 and K73–K74 reported as the underlying cause of death and are age-adjusted to the 2000 standard population. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCES: National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

## Map 40–2. Drug-induced Deaths, by State: 2013

Healthy People 2020 Objective SA-12 • National Target = 11.3 per 100,000 population • National Rate = 14.6 per 100,000 population

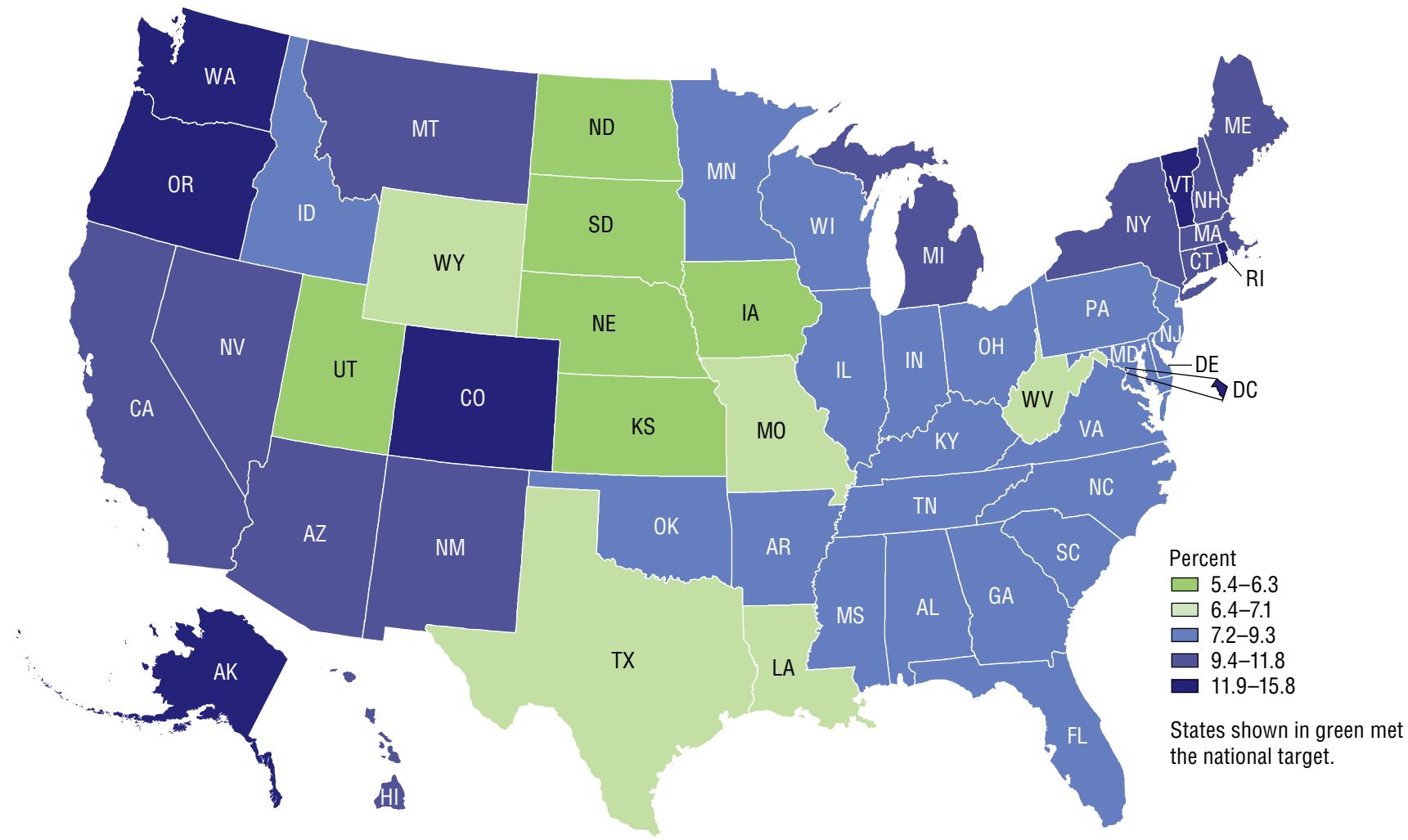


**NOTES:** Data are for ICD-10 codes D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11.0–F11.5, F11.7–F11.9, F12.0–F12.5, F12.7–F12.9, F13.0–F13.5, F13.7–F13.9, F14.0–F14.5, F14.7–F14.9, F15.0–F15.5, F15.7–F15.9, F16.0–F16.5, F16.7–F16.9, F17.0, F17.3–F17.5, F17.7–F17.9, F18.0–F18.5, F18.7–F18.9, F19.0–F19.5, F19.7–F19.9, G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2–J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1–R78.5, X40–X44, X60–X64, X85, and Y10–Y14 reported as the underlying cause of death and are age-adjusted to the 2000 standard population. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

**DATA SOURCES:** National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS; Bridged-race Population Estimates, CDC/NCHS and Census

## Map 40-3. Adults (18+ years) Who Used Any Illicit Drugs in the Past 30 Days, by State: 2010–2013

Healthy People 2020 Objective SA-13.3 • National Target = 7.1% • National Rate = 9.4% (2013)

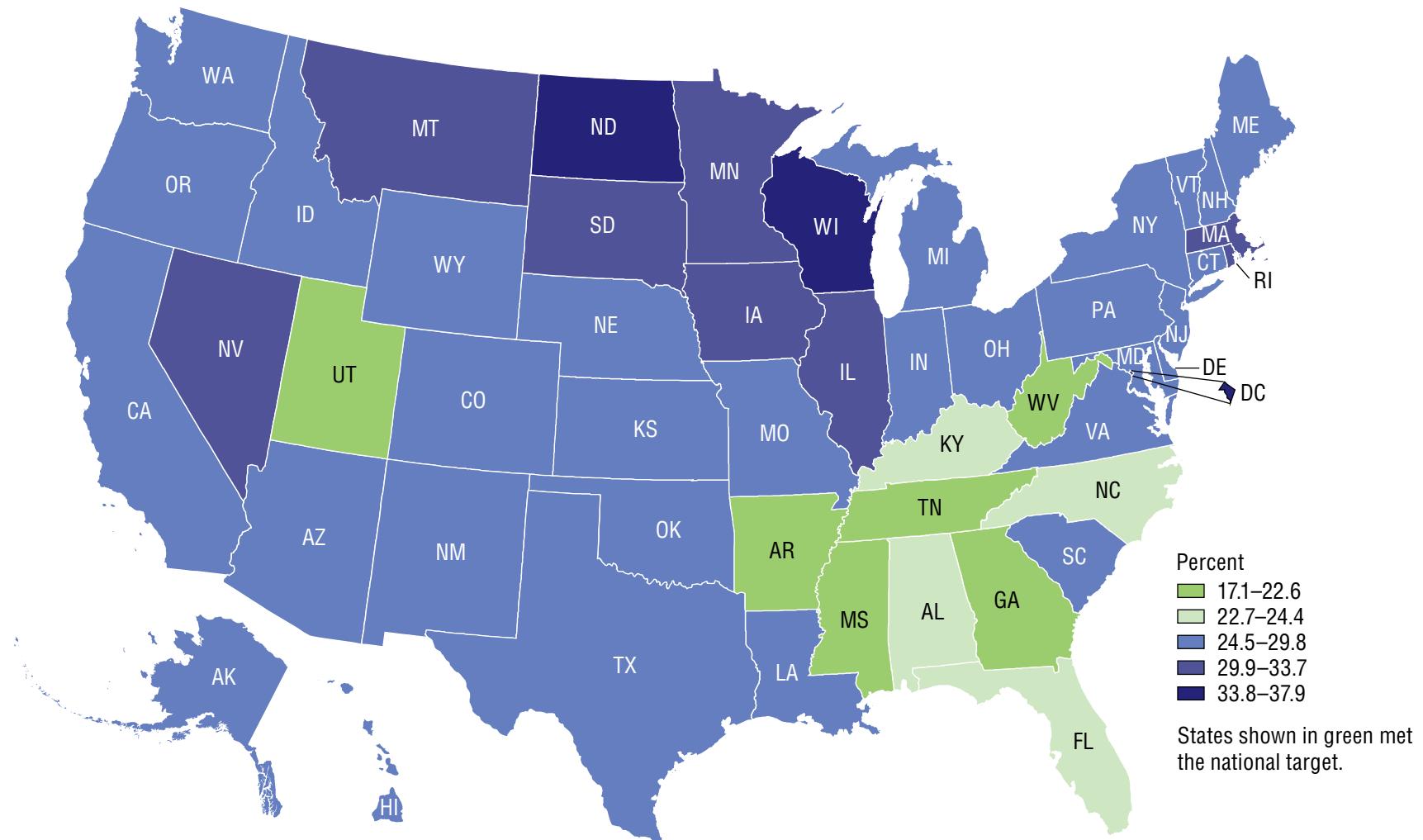


**NOTES:** Data are for adults aged 18 years and over who used at least one of the following substances in the past month: marijuana or hashish, cocaine (including "crack"), inhalants, hallucinogens (including PCP and LSD), heroin, or any nonmedical use of analgesics, tranquilizers, stimulants, or sedatives. The rate from all states combined in 2010–2013 was 9.0%. National data for the objective are based on data from a single year and are the basis for setting the target. Data are not age-adjusted; therefore, direct comparisons between states may not be appropriate. National and state data may not be comparable. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

**DATA SOURCE:** National Survey on Drug Use and Health (NSDUH), SAMHSA

## Map 40–4. Adults (18+ years) Who Engaged in Binge Drinking in the Past 30 Days, by State: 2010–2013

Healthy People 2020 Objective SA-14.3 • National Target = 24.4% • National Rate = 26.9% (2013)



NOTES: Data are for adults aged 18 years and over who reported having five or more drinks (for men) or four or more drinks (for women) at the same time or within a couple of hours of each other during the 30 days prior to the survey. The rate from all states combined in 2010–2013 was 26.9%. National data for the objective are based on data from a single year and are the basis for setting the target. Data are not age-adjusted; therefore, direct comparisons between states may not be appropriate. National and state data may not be comparable. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The [Technical Notes](#) provide more information on the data and methods.

DATA SOURCE: National Survey on Drug Use and Health (NSDUH), SAMHSA