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8
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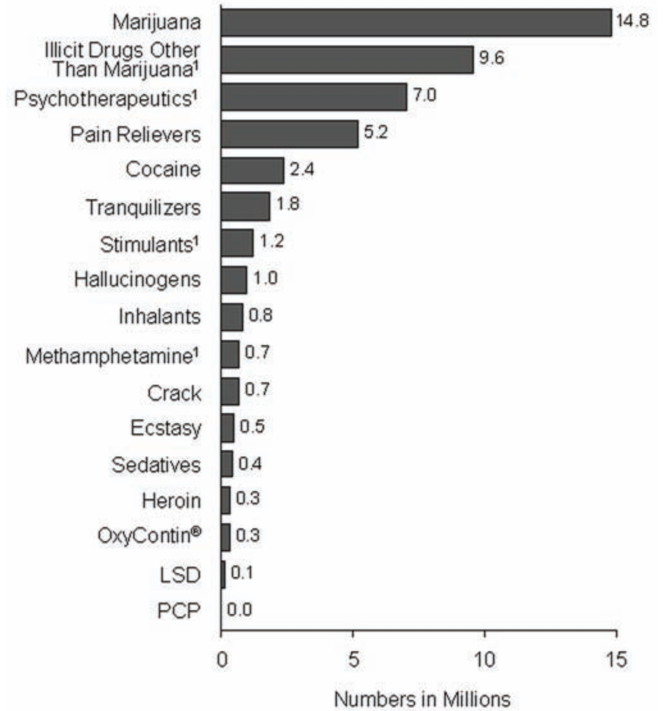
NSDUH Report for 2006 Released as Part of National Recovery Month Activities

NSDUH is the primary source of statistical information on the use of illegal drugs by the U.S. population. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at the respondent's place of residence. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, and is planned and managed by SAMHSA's Office of Applied Studies (OAS).

This report is the only comprehensive study and report which attempts to examine the use of "drugs" in this country and their associated impact on the health of individuals and society. Some of the summary findings of this report include:

- In 2006, an estimated 20.4 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 8.3 percent of the population aged 12 years old or older.
- The overall rate of current illicit drug use among persons aged 12 or older in 2006 (8.3 percent) was similar to the rate in 2005 (8.1 percent) and has remained stable since 2002 (8.3 percent).
- Marijuana was the most commonly used illicit drug (14.8 million past month users). In 2006, marijuana was used by 72.8 percent of current illicit drug users and was the only drug used by 52.8 percent of them. Illicit drugs other than marijuana were used by 9.6 million persons or 47.2 percent of illicit drug users aged 12 or older. Current use of other drugs but not marijuana was reported by 27.2 percent of illicit drug users, and 20.0 percent used both marijuana and other drugs.
- Among persons aged 12 or older, the overall rate of past month marijuana use in 2006 (6.0 percent) was the same as in 2005 and was similar to the rates in earlier years going back to 2002.

The National Survey on Drug Use and Health (NSDUH) includes questions about the recency and frequency of consumption of alcoholic beverages, such as beer, wine, whiskey, brandy, and mixed drinks. An extensive list of examples of the kinds of beverages covered is given to respondents prior to the question administration. A "drink" is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when the respondent only had a sip or two from a drink are not considered to be consumption. For this report, estimates for the prevalence of alcohol use are reported primarily at



Past Month Use of Specific Illicit Drugs among Persons Aged 12 or Older: 2006

three levels defined for both males and females and for all ages as follows:

Current (past month) use - At least one drink in the past 30 days (includes binge and heavy use).

Binge use - Five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days (includes heavy use).

Heavy use - Five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

- Slightly more than half of Americans aged 12 or older reported being current drinkers of alcohol in the 2006 survey (50.9 percent). This translates to an estimated 125 million peo-

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AS RJH SEES IT

Earlier this fall, the Substance Abuse and Mental Health Services Administration released its 2006 initial report on the 2006 National Survey on Drug Use and Health (NSDUH). The 2006 summary report is a substantial document containing well over 200 pages. Given the length of time that SAMHSA has been engaged in this household survey and given the significant length of the document, we might have hoped for a bit more than the same old, same old. Instead of a report that tries to understand the numbers, it continues to be an exercise in supporting policies to *stop illegal and excessive use of illegal drugs*. From the "Just Say No" slogan policy of the 1980's to the punitive approach to student educational loans and drug use convictions, our policies seems to focus on "use" rather than on the disease and treatment of the disease. While reducing the use of illegal drugs is certainly a very important goal, to focus on this at the expense of looking at the disease is to miss the forest for the trees!

Basically the NSDUH is a statistical snapshot of the population's use of illegal drugs. This snapshot does provide us with some interesting and rather consistent statistics in the area of illegal drug use. The highlights of the 2006 study suggest:

- Approximately 9.2% of the population report that they have either a substance abuse or dependency problem in the past year. This percentage of the population is relatively consistent with the rates reported in recent previous studies.
- The abuse of prescription drugs is of increasing concern. In the past year the percentage of the population abusing prescription drugs has increased from 5.4 to 6.4%.
- The percentage of adolescents acknowledging drug use in the past month dropped from 11.6% in 2002 to 9.8% in 2006, and that the use of marijuana among adolescents also decreased between 2002 and 2006.

To obtain the survey's data, approximately 67,000 phone interviews were conducted. Despite whatever shortcomings there may be with the survey, it remains the only survey that attempts to take a look at the prevalence and impact of addiction in our society. The survey's purpose is sound, but the process may be fundamentally flawed. The survey seems more interested in reporting on *illegal use of drugs* than it does on looking at addiction in our society and its impact on health. If we focused on the cost to society of not treating this disease and if we focused on the cost shifting from the private to the public sector to pay for this disease we would have a much more comprehensive and useful survey.

Here are just a few of the flaws that keep this survey from both being taken seriously by the health professionals and by those involved in the treatment of addictions.

- Because the survey is conducted under the auspices of a federal agency, it runs the risk of being a report that becomes a report card on the programs and policies of whatever administration has appointed the directors of the agency. The report by nature is always looking to support the programs and policies in place by the current administration. *Is that really the way we want to spend our money on such an important process, which could look at addiction and its overall impact on the health of society*? Because the federal government has put so much emphasis on performance based outcomes, all federal departments are under scrutiny to demonstrate the value of their programs.
- To a large if not complete extent, the survey is conducted without any input from the treatment community. Leaders committed to delivering quality care for persons with this disease and addressing the impact of this disease on the larger society have not been a part of the survey design. At a minimum one might think that these individuals could suggest areas of focus and questions to explore. Likewise, before the report is released it might be helpful to determine if the survey's findings are in sync with treatment programs' daily reality.
- The survey is essentially a self-report process. I learned a long time ago that self-reports from persons with the disease of addiction were highly suspect. There seems to be little acknowledgement of this phenomena. Additionally, the stigma of addiction suggests that persons are more likely to minimize the involvement of themselves or family members in this disease process.
- The report seems to have a very significant underlying bias or agenda. The report's emotional language is heavily weighted in the direction of illegal drugs including illegal use of prescription drugs. Without denying the seriousness of these drugs, where is the emphasis on alcohol? Ask almost any addiction treatment provider what the number-one drug of choice (and gateway drug) is in this country and they will tell you alcohol. *Why isn't this reflected in the survey report?* This report, along with previous ones tends to minimize the impact of alcohol and alcoholism on the larger society. The majority of reference is to *illegal use of alcohol* by underage individuals.

So we have another large report. Wouldn't it make much more sense to conduct a survey asking questions that really would help those involved in addressing this disease? Wouldn't it make much more sense to make sure that the report corresponded to the reality of those involved in addiction treatment? To test the report with the reality as experienced by treatment programs would go a long way in bridging the gap between self report and what is seen day after day in treatment programs. The government operates under the assumption that if we could just keep folks from using illegal drugs the disease miraculously would go away. What is most disturbing is that this report might suggest that those making policy have a different viewpoint than those providing treatment. If we had a survey that focused on the impact of this disease on the total health of our society, and on the impact of treatment for this disease, then it is conceivable that we would see policy also change to focus on the disease and not just illegal drug use. The NSDUH could be that survey!

THAT'S THE PERSPECTIVE OF RJH

Continued From Page 1

ple, which is similar to the 2005 estimate of 126 million people (51.8 percent).

• More than one fifth (23.0 percent) of persons aged 12 or older participated in binge drinking at least once in the 30 days prior to the survey in 2006. This translates to about 57 million people. The rate in 2006 is similar to the rate in 2005 (22.7 percent).

• In 2006, heavy drinking was reported by 6.9 percent of the population aged 12 or older, or 17 million people. This percentage is similar to the rate of heavy drinking in 2005 (6.6 percent).

Age

• In 2006, rates of current alcohol use were 3.9 percent among persons aged 12 or 13, 15.6 percent of persons aged 14 or 15, 29.7 percent of 16 or 17 year olds, 51.6 percent of those aged 18 to 20, and 68.6 percent of 21 to 25 year olds. Among older age groups, the prevalence of alcohol use decreased with increasing age, from 63.5 percent among 26 to 29 year olds to 48.0 percent among 60 to 64 year olds and 38.4 percent among people aged 65 or older.

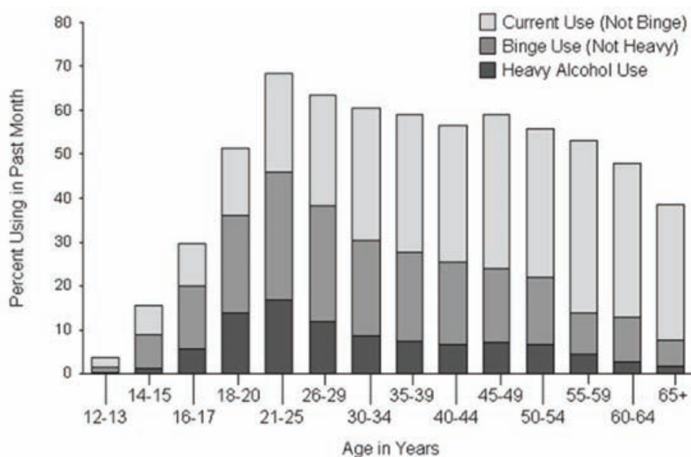
• Rates of binge alcohol use in 2006 were 1.5 percent among 12 or 13 year olds, 8.9 percent among 14 or 15 year olds, 20.0 percent among 16 or 17 year olds, 36.2 percent among persons aged 18 to 20, and 46.1 percent among those aged 21 to 25. The rate peaked at ages 21 to 23 (49.3 percent at age 21, 48.9 percent at age 22, and 47.2 percent at age 23), then decreased beyond young adulthood from 34.2 percent of 26 to 34 year olds to 18.4 percent of persons aged 35 or older.

• The rate of binge drinking was 42.2 percent for young adults aged 18 to 25. Heavy alcohol use was reported by 15.6 percent of persons aged 18 to 25. These rates are similar to the rates in 2005 (41.9 and 15.3 percent, respectively).

• Persons aged 65 or older had lower rates of binge drinking (7.6 percent) than adults in other age groups. The rate of heavy drinking among persons aged 65 or older was 1.6 percent.

• The rate of current alcohol use among youths aged 12 to 17 was 16.6 percent in 2006. Youth binge and heavy drinking rates were 10.3 and 2.4 percent, respectively. These rates are essentially the same as the 2005 rates (16.5 percent, 9.9 percent, and 2.4 percent, respectively).

Figure 3.1 Current, Binge, and Heavy Alcohol Use among Persons Aged 12 or Older, by Age: 2006



Underage Alcohol Use

• In 2006, about 10.8 million persons aged 12 to 20 (28.3 percent of this age group) reported drinking alcohol in the past month. Approximately 7.2 million (19.0 percent) were binge drinkers, and 2.4 million (6.2 percent) were heavy drinkers. These figures have remained essentially the same since the 2002 survey.

• More males than females aged 12 to 20 reported current alcohol use (29.2 vs. 27.4 percent, respectively), binge drinking (21.3 vs. 16.5 percent), and heavy drinking (7.9 vs. 4.3 percent) in 2006.

The National Survey on Drug Use and Health (NSDUH) includes a series of questions to assess the prevalence of substance use disorders (i.e., dependence on or abuse of a substance) in the

Continued On Page 6

Items Needed for Silent Auction at 2008 NAATP Annual Meeting

In addition to the normally vibrant and electric exhibit hall associated with the NAATP Annual Leadership Conference, the 2008 Conference will feature a silent auction area as part of the 30th anniversary celebration. In order to make this as successful as possible, the 2008 Conference Planning Committee is looking for items to be donated of importance to the addiction treatment field and items of particular historical significance to NAATP.

If you have access to such items or if you are willing to contact those whom you think would donate items to the silent auction, contact the NAATP office so that we can begin the planning. We are looking for early publications; signed copies of manuscripts, etc.

We need to hear from you as soon as possible so that we can begin our planning for this addition to the exhibit and conference experience.

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Career Opportunities

Founding Executive Director Search

The Board of Directors of Webster Place Recovery Center, Inc. is pleased to announce its search for its founding Executive Director. The successful candidate will be a person of significant business and social service acumen who will lead a growing and committed network of stakeholders and supporters in providing a nurturing, understanding and dignified environment in which guests will work through a twelve step process for recovery from alcohol and other drug abuse and dependence. The Center is located on the historic Daniel Webster homestead in the pastoral farmlands of central New Hampshire, in buildings that have served a common good for the past 200 years, including as a Civil War era orphanage and as a retirement community for the Sisters of the Holy Cross. Purchased and renovated in 2007, the property will house the Recovery Center when it opens its doors in January 2008 with a completely restored forty bed facility for men and women seeking support in their recovery from alcohol and other drug dependence. The Board of Directors is looking for a leader with a unique combination of entrepreneurial spirit and residential social service delivery and management skills and is casting a broad net to find the right visionary and hands-on leadership style for this rewarding opportunity. For a detailed description of required and preferred competencies as well as contact information for application submission, please visit the employment page at www.websterplace.org.

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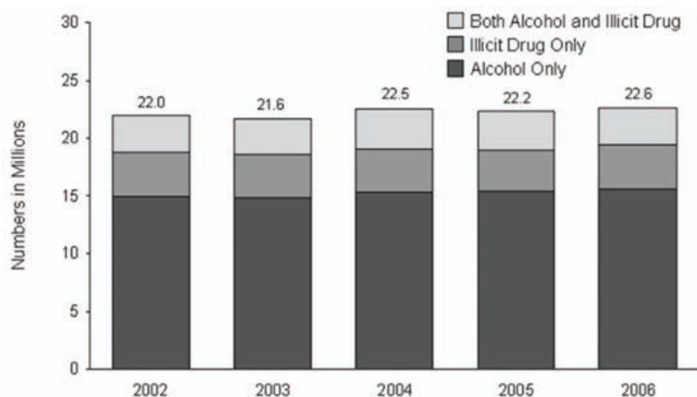
past 12 months. Substances include alcohol and illicit drugs, such as marijuana, cocaine, heroin, hallucinogens, and inhalants, and the nonmedical use of prescription-type psychotherapeutic drugs. These questions are used to classify persons as dependent on or abusing specific substances based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994).

- In 2006, an estimated 22.6 million persons aged 12 or older were classified with substance dependence or abuse in the past year (9.2 percent of the population aged 12 or older). Of these, 3.2 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.8 million were dependent on or abused illicit drugs but not alcohol, and 15.6 million were dependent on or abused alcohol but not illicit drugs.
- The number of persons with substance dependence or abuse was stable between 2002 and 2006 (22.0 million in 2002, 21.6 million in 2003, 22.5 million in 2004, 22.2 million in 2005, and 22.6 million in 2006). In 2006, 18.8 million persons aged 12 or older were classified with dependence on or abuse of alcohol (7.6 percent), which has remained unchanged since 2002.
- The specific illicit drugs that had the highest levels of past year dependence or abuse in 2006 were marijuana, followed by cocaine and pain relievers. Of the 7.0 million persons aged 12 or older classified with dependence on or abuse of illicit drugs in 2006, 4.2 million were dependent on or abused marijuana and hashish (representing 1.7 percent of the total population aged 12 or older, and 59.4 percent of all those classified with illicit drug dependence or abuse), 1.7 million persons were classified with dependence on or abuse of cocaine, and 1.6 million persons were classified with dependence on or abuse of pain relievers).
- Between 2002 and 2006, the percentages of persons with dependence on or abuse of illicit drugs (3.0 percent in 2002, 2.9 percent in 2003, 3.0 percent in 2004, 2.8 percent in 2005, and 2.9 percent in 2006) and with dependence on or abuse of alcohol (7.7 percent in 2002, 7.5 percent in 2003, 7.8 percent in 2004, 7.7 percent in 2005, and 7.6 percent in 2006) remained unchanged.

There is a great deal more information on this report and it can be found at http://www.oas.samhsa.gov/nsduh.htm.

Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2002-2006



+Difference between this estimate and the 2006 estimate is statistically significant at the .05 level.

CARON's
Jasper G. Chen See, M.D.
Volunteer Leadership Award

Caron's Jasper G. Chen See, M.D. Volunteer Leadership Award recognizes individuals who have provided exceptional volunteer leadership in the area of addiction treatment through board membership and philanthropy. This award will be presented annually at the NAATP board reception held as part of the NAATP Annual Leadership Conference. The award will be presented by a Caron Executive to a volunteer from a small, medium and large organization. Therefore three awards will be presented each year.

To obtain an application or for more information please visit www.naatp.org

Iff you have questions related to the CARON Jasper G. Chen See, M.D.Volunteer Leadership Award or about the application and evaluation process, please contact:

Ronald J. Hunsicker
President/CEO NAATP
Phone: 717-392-8480

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FROM THE BOARD ROOM

Through my organization, St. Christopher's, I have been a member of NAATP since 2002 and was honored to be appointed to our Board in the spring of 2007. Back in July of this year, Ron Hunsicker, our president, sent me and other board members an e-mail, giving us notice of an opportunity to write a brief article for the monthly membership newsletter.

I knew that this was an excellent opportunity for me to express my concerns of an issue that has long existed in our country, affected the lives of my immediate family, as well as many acquaintances, and appears to be worsening. It deals with our military soldiers from Iraq and Afghanistan. As they fight to win our war in formidable conditions, it is no secret that many of our volunteers have sought relief with mood altering chemicals, and will continue this course. There is little dispute that chemicals provide fleeting aid for these soldiers, equipping them with an ability to operate during physical and mental hardships they are faced with on a daily basis. Upon their return to what is ironically termed a normal civilian lifestyle, these Americans are not getting the treatment they both need and deserve. As I stated above, this problem will only worsen, as drugs are increasingly accessible, and historically, there has been a need to help our veterans.

The recent military operations in Iraq and Afghanistan, which have involved the first sustained ground combat undertaken by the United States since the war in Vietnam, raise important questions about the effect of the experience on the mental health of members of the military services who have been deployed there. Research conducted after other military conflicts has shown that deployment stressors and exposure to combat result in considerable risks of mental health problems, including post-traumatic stress disorder (PTSD), major depression, substance abuse, impairment in social functioning and in the ability to work, and the increased use of health care services. One study that was conducted just before the military operations in Iraq and Afghanistan began found that at least 6 percent of all U.S. military service members on active duty receive treatment for a mental disorder each year. Given the ongoing military operations in Iraq and Afghanistan, substance abuse disorders are likely to remain an important health care concern among those serving there.

Many gaps exist in the understanding of the full psychosocial effect of combat.The all-volunteer force deployed to Iraq and Afghanistan and the type of warfare conducted in these regions are very different from those involved in past wars, differences that highlight the need for studies of members of the armed services who are involved in the current operations. Most studies that have examined the effects of combat on mental health were conducted among veteran's years after their military service had ended. A problem in the methods of such studies is the long recall period after exposure to combat. Very few studies have examined a broad range of mental health outcomes near to the time of subjects' deployment.

Little of the existing research is useful in guiding policy with regard to how best to promote access to and the delivery of substance abuse services to members of the armed services. Although screening for mental health problems is now routine both before and after deployment and is encouraged in primary care settings, I am not aware of any studies that have assessed the use of substance abuse care, the perceived need for such care, and the perceived barriers to treatment among members of the military services before or after combat deployment.

So what can we, as Treatment Providers, do to help our soldiers? What can we do to help the men and women who volunteer to serve and protect us and give us the opportunity to live the "American Dream"? I feel confident that if we come together, we can find the answers. In my opinion what makes our association so well-suited to help our soldiers is the fact that most of us have fought our own personal wars with the disease of alcoholism and drug addiction. In addition, we have some of the most talented and resourceful treatment professionals in the world. I believe we need to find and/or create appropriate programs within our facilities to offer treatment and lifelong support to our veterans.

While the Veterans Administration (VA) has treatment programs in place to treat our veterans, it is simply insufficient. In addition to what the VA offers, we can explore avenues to provide services that are out of the VA's reach. We can work to remove the perceived barriers to treatment.

If we are willing to address it now, we could make a difference.

DWAYNE BEASON, PRESIDENT/CEO
ST. CHRISTOPHER'S
MEMBER, NAATP BOARD OF DIRECTORS

MENTAL HEALTH PARITY BILL SAILS THROUGH SENATE

THE SENATE ON SEPTEMBER 18 PASSED BY VOICE VOTE A BIPARTISAN MENTAL HEALTH PARITY BILL THAT IS THE PRODUCT OF NEGOTIATIONS BETWEEN SEN. PETE DOMENICI, R-N.M., AND HEALTH, EDUCATION, LABOR AND PENSIONS CHAIRMAN KENNEDY. THE DISCUSSIONS INCLUDED EMPLOYERS, MENTAL HEALTH ADVOCATES AND INSURERS.

THE HOUSE IS EXPECTED TO VOTE ON A MORE COMPREHENSIVE BILL THAT DOES NOT HAVE BUSINESS SUPPORT LATER THIS YEAR.

THE SPONSOR OF THE HOUSE BILL, REP. PATRICK KENNEDY, D-R.I., SAID TUESDAY THAT HE WOULD PREFER TO WAIT UNTIL AFTER THE NEXT ELECTION TO PUSH HIS BILL, RATHER THAN SETTLE FOR THE SENATE BILL.

HE ACKNOWLEDGED THAT MENTAL HEALTH PARITY ADVOCATES AND MEMBERS LIKE DOMENICI, WHO HAVE PUSHED FOR THE CHANGES FOR YEARS, WOULD HAVE A HARD TIME WAITING UNTIL 2009 FOR LEGISLATION.

Upcoming Events for Your Calender

The Hanley Center will host the One Step at a Time 5K Walk/Race for Recovery **October 20**, West Palm Beach, FL. Bring a team from your facility for a morning of exercise, uplifting speakers and fun in beautiful Okeeheelee Park in West Palm Beach, Florida. Join this fund-raising event to support Recovery Ambassadors Program For more information, visit www.hanleycenter.org/walkrun

Little Hill Alina Lodge will be present "Women and Addiction: A Gender Responsive Approach" **October 19, 2007,** Little Hill – Alina Lodge, Blairstown, NJ **and** Alina Lodge 50th Anniversary Gratitude Gala**, Nov. 10, 2007,** Hotel Westminster, Livingston, NJ. Contact Jacki Morris or Leigh Anne Soroka at 800-575-6343 or email leighs@alinalodge.org

New Directions for Women residential treatment center is holding their 13th Annual Charity Golf Classic at the beautiful Strawberry Farms Golf Club located in Irvine, California on **Monday, October 15, 2007.** Contact Kim Farthing at 949.548.5546 xt. 502 or visit www.newdirectionsforwomen.org for more information and to download a registration form.

Ben Franklin Institute will present the 2007 Summits for Clinical Excellence Conferences **October 18-21**, TEMPE, AZ. For more information, visit www.BFIsummit.com or call 1-800-643-0797.

CeDAR, Center for Dependency, Addiction and Rehabilitation at the University of Colorado Hospital, presents *Falling Off the Edge-The Truth about Compulsive Gambling Conference*, **October 18-19, 2007.** The conference will focus on legal, medical and clinical treatment issues and will include nationally known experts in the field of problem gambling. For information or registration, contact: winnie.moll@uch.edu or 720-848-3020.

The National Association of Addiction Treatment Providers will present SECAD 2007 November 28-30, 2007 in Atlanta, GA. For more information, visit www.naatp.org or call 717-.392-8480.

The Dallas Chapter of the Texas Association of Addiction Professionals will sponsor NOVA 2008, STRENGTH, PROSPECTIVE & ADVOCACY, THE ANNUAL UPDATE ON ADDICTIONS, **January 24-26, 2008**. For information contact: Dallas Chapter TAAP.P.O. Box 192186, Dallas, Texas 75219 Or email Paula at lcdctraining@yahoo.com

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