CONSUMPTION DATA

A small number of widely-used surveys collect national and state data on alcohol, tobacco, and other drug use. Some of these include questions which indicate alcohol or drug dependence, high-risk behaviors, and the need for treatment or intervention services. Surveys are used to estimate prevalence—the percentage and number of people using alcohol and other drugs within a population. However, most surveys rely on a subset to represent a population and therefore are subject to sampling error. The Missouri estimates, in particular, from the national surveys should be interpreted with caution due to relatively small sample sizes.

National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is administered by the federal Substance Abuse and Mental Health Services Administration. The survey uses a sampling methodology that provides national, state, and sub-state (regional) estimates of alcohol, illicit drug, and tobacco use. The survey collects information on past month (current), past-year, and lifetime use of these substances. The perceived risks of smoking, using marijuana, and binge drinking are probed because many years of data from the NSDUH and the National Household Survey on Drug Abuse (its predecessor) have shown that attitudes and beliefs are good predictors of future use of these substances. Analysis of the NSDUH also yields estimated rates of initiation of use, alcohol and drug abuse, alcohol and drug dependence, and unmet treatment need. Single-year estimates are provided for the national data. Due to smaller sample sizes for the state data, state estimates and comparison national data are based on rolling two-year samples to improve the reliability of the estimates. Substate estimates use three-year samples. Data users are interested in the magnitude of the usage rates and in multi-year changes (trends) in these rates. Most apparent year-to-year changes in the Missouri rates are not large enough to rule-out sampling error and conclude that they reflect actual changes in usage. National and Missouri rate changes that meet the statistical tests for significance are noted in the discussions below. The table on page 36 provides national trends in current and lifetime drug use for adolescents and adults age 12 and older, and page 37 provides these rates for specific age groups for recent years. In the table on page 38, data from 2004 and 2005 includes comparisons of national and Missouri rates of current and past-year substance use, dependence, and unmet treatment need. Missouri population estimates based on these rates are provided in the table on page 39.

Alcohol Use: Among Missouri's population at least 12 years of age, the estimated percentage of current (past month) drinkers decreased from 53.21 percent in the combined 2002/2003 survey sample to 49.81 percent in 2003/2004—a statistically significant reduction—and then decreased again to 48.83 percent in the 2004/2005 sample. This latest Missouri rate is two percentage points lower than the U.S. rate of 51.05 percent. Past-month alcohol use rates for Missouri adolescents 12-17 years of age are higher than the U.S. rates and have changed little in recent surveys. The 2004/2005 Missouri rate was 19.96 percent, compared to 20.20 percent in 2003/2004 and 19.67 percent in 2002/2003. By contrast, the national rate in 2004/2005 was almost three percentage points lower at 17.06 percent. Missouri's past-month alcohol use rate is also higher than the national average for young adults 18-25 years of age. Based on the 2004/2005 sample, this age group had a rate of 65.63 percent, compared to only 60.69 percent for young adults nationwide. Missouri's 2003/2004 rate was 63.79 and the 2002/2003 rate was 64.52 percent. Although Missouri's past-month drinking rates are higher than the U.S. rates for the 12-17 and 18-25 age groups, they are lower for those older than age 25. Missouri's estimated drinking rate for these older adults was 49.71 percent in 2004/2005 and continued a downward trend after posting a rate of 51.36 percent in 2003/2004—statistically lower than the 2002/2003 rate of 55.85 percent. Nationwide, the older