

SOCIETAL COSTS OF SUBSTANCE ABUSE

The economic costs of alcohol abuse in the United States were estimated to be \$184.6 billion annually in 1998 and were increasing at a rate of 3.8 percent per year [51]. Productivity losses accounted for more than two-thirds of these costs, including 47 percent for alcohol related illnesses, 20 percent for premature deaths, and five percent for alcohol related crime. Other major cost components were 14 percent for alcohol related health care expenditures and 13 percent for property damage. Missouri's portion of the 1998 cost was at least \$3.7 billion.

Projected costs to society of drug abuse were \$160.7 billion in 2000 [57], and Missouri's share was an estimated \$3.2 billion. As with alcohol abuse, productivity losses comprised almost 70 percent of these costs, including 40 percent for the perpetrators and victims of crime, 16 percent for drug related illnesses, and 14 percent for premature deaths. Other crime-related losses, including goods and services, accounted for 22 percent of the societal costs, and health care expenditures totaled nine percent.

The estimated societal costs of cigarette smoking in the United States were \$167 billion per year during the period 1997-2001. Productivity losses due to premature deaths accounted for 55 percent of these costs, and 45 percent were smoking related health care expenditures [47]. Missouri's estimated annual costs were \$3.94 billion, including \$2.27 billion in lost productivity and \$1.67 billion in health care and related expenditures [48]. These estimates yield Missouri per capita costs of \$704 per year, somewhat higher than the nation-wide cost burden of \$593 per person.

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) uses a sampling methodology that provides national and state data on alcohol, illicit drugs and tobacco [54]. The survey collects information on past month (current), past-year, and lifetime use of these substances. It also probes attitudes toward substance use, problems experienced by users, and efforts to receive substance abuse treatment. Analysis yields estimates of alcohol and drug abuse, dependence, and unmet treatment need. 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. The table on page 38 compares national and Missouri rates of current and past-year use of several drugs, alcohol and drug problems, and beliefs regarding the risk associated with drug use, while the table on page 39 converts the Missouri rates into population estimates [53, 55]. Data from years 2003 and 2004 are combined to increase sample sizes and improve estimates. Some of the NSDUH results and projections are discussed below and in other sections of the report.

Alcohol: Among adolescents and adults, Missouri's estimated percentage of current drinkers decreased from 53.2 percent in the combined 2002/2003 samples to 49.8 percent in 2003/2004—a reduction that is statistically significant. This percentage is very close to the