

Costs of Substance Abuse in Tennessee

This fact sheet describes the costs associated with substance abuse in Tennessee and, more specifically, the costs associated with abuse of prescription opioids or pain relievers. All Tennesseans are affected by the costs associated with substance abuse. Costs related to substance abuse ripple through the Tennessee economy impacting individuals, families, and employers as well as the criminal justice, health care, child welfare and juvenile justice systems.

Prescription drug abuse remains a significant problem in the United States.

- In 2013, 6.5 million Americans aged 12 or older (or 2.5 percent) had used prescription drugs nonmedically in the past month. Prescription drugs include pain relievers, tranquilizers, stimulants, and sedatives. And 1.3 million Americans (0.5 percent) had used hallucinogens (a category that includes ecstasy and LSD) in the past month.

<http://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

- In the US alone, more than 15 million people abuse prescription drugs.
Source: Foundation for a Drug-Free World
- 52 million Americans over the age of 12 have used prescription drugs non-medically in their lifetime.

Source: National Institute on Drug Abuse

The prevalence of substance abuse in Tennessee

- Tennessee has a Controlled Substance Monitoring Database, which reveals the extent of the prescription drug problem in Tennessee; in 2010, evidence showed there were enough prescriptions dispensed to represent:
 - 51 pills of hydrocodone for EVERY Tennessean above the age of 12
 - 22 pills of Xanax for EVERY Tennessean above the age of 12.
 - 21 pills of oxycodone for EVERY Tennessean above the age of 12-14.

https://tn.gov/assets/entities/behavioral-health/sa/attachments/Prescription_For_Success_SECTION_1.pdf

Untreated Substance abuse

- Based on 2010-2013 combined data, among persons aged 12 or older who needed but did not receive illicit drug or alcohol use treatment, felt a need for treatment, and made an effort to receive treatment, commonly reported reasons for not receiving treatment were
 - (a) no health coverage and could not afford cost (37.3 percent),
 - (b) not ready to stop using (24.5 percent),
 - (c) did not know where to go for treatment (9.0 percent),
 - (d) had health coverage but did not cover treatment or did not cover cost (8.2 percent), and
 - (e) no transportation or inconvenient (8.0 percent) (Figure 7.11)."

<http://www.drugwarfacts.org/cms/Treatment#sthash.hjLnadds.dpuf>

- In 2013, among the 20.2 million persons aged 12 or older who were classified as needing substance use treatment but not receiving treatment at a specialty facility in the past year, 908,000 persons
 - (4.5 percent) reported that they perceived a need for treatment for their illicit drug or alcohol use problem (Figure 7.10). Of these 908,000 persons who felt they needed treatment but did not receive treatment in 2013, 316,000
 - (34.8 percent) reported that they made an effort to get treatment, and 592,000 (65.2 percent) reported making no effort to get treatment. These estimates were stable between 2012 and 2013.
 - "• The rate and the number of youths aged 12 to 17 who needed treatment for an illicit drug or alcohol use problem in 2013
 - (5.4 percent and 1.3 million) were lower than those in 2012 (6.3 percent and 1.6 million), 2011 (7.0 percent and 1.7 million), 2010 (7.5 percent and 1.8 million), and 2002 (9.1 percent and 2.3 million).
 - Of the 1.3 million youths who needed treatment in 2013, 122,000 received treatment at a specialty facility (about 9.1 percent of the youths who needed treatment), leaving about 1.2 million who needed treatment for a substance use problem but did not receive it at a specialty facility. "
 - <http://www.drugwarfacts.org/cms/Treatment#sthash.hjLnadds.dpuf>

Prescription drug abuse affects everyone

- As of 2012, overdose deaths involving prescription opioid analgesics, which are medications used to treat pain, have increased to almost 17,000 deaths a year in the United States.
- Experts say the increase in heroin use is linked to prescription opioid abuse. Young people often become addicted to pain pills and progress to heroin — which provides the same euphoric high — when pills are hard to come by.
- In 2009, there were nearly 4.6 million drug-related emergency department (ED) visits of which about one half (49.8 percent, or 2.3 million) were attributed to adverse reactions to pharmaceuticals and almost one half (45.1 percent, or 2.1 million) were attributed to drug misuse or abuse.
- Nearly 9 out of 10 poisoning deaths are caused by drugs—both illicit and prescribed.[8] Between 2001 and 2010, drug poisoning deaths in the U.S. almost doubled to now measure nearly 17,000 deaths in 2010.[9] Moreover, opioid analgesic pain relievers were involved in more drug poisoning deaths than any other drug, including heroin and cocaine.
- In 2010, pharmaceutical drug overdoses were established as one of the leading causes of death in the United States. Below, some of the leading causes of death for 2010 are assembled in a table. Total drug overdoses killed more Americans than firearms or motor vehicle accidents in 2010.
- In 2012, an estimated 493,000 persons aged 12 or older used a prescription pain reliever nonmedically for the first time within the past 12 months. This averages to about 1,350 initiates per day.
- Of those who started abusing drugs in the last year, more than a quarter began by abusing a prescription medication (26.0 percent, including 17.0 percent with pain relievers, 4.1 percent with tranquilizers, 3.6 percent with stimulants, and 1.3 percent with sedatives)
- Over 1.2 million emergency room visits involved nonmedical use of prescription medication in 2011. In 29 percent of these medical emergencies, opioids were involved.
- Medical emergencies resulting from prescription drug abuse increased 132 percent over the last seven years, with opioid involvement rising 183 percent.

- Opioid pain relievers such as oxycodone, hydrocodone, fentanyl and hydromorphone are responsible for three-fourths of all prescription drug overdose deaths according to the Center for Disease Control (CDC). The CDC reports that Tennessee's overdose death rate of 16.9 per 100,000 population is significantly above the national rate of 12.4 percent.

Prescription drug abuse affects youth

NSDUH data tracks prescription drug misuse or abuse among youth:

- In 2014, the rate of past year nonmedical pain reliever use among youth aged 12 to 17 was 6.2%. For young adults ages 18 to 25, the rate was 11.8%.
- In 2014, youths aged 12 to 17, or young adults aged 18 to 25, were more likely to misuse prescription drugs in the past year than adults aged 26 or older.
- The percentage of current misusers of prescription drugs significantly increased for those aged 12-17 from 2.2% in 2013 to 2.6% in 2014.
- On an average day during the past year, an average of 5,784 adolescents used prescription pain relievers non-medically for the first time.

Prescription drug abuse especially affects women

- The number of women who lost their lives to opioid pain reliever overdoses rose 415% between 1999 and 2010 (compared to 250% for men).
Source: *Centers for Disease Control and Prevention (CDC) via Center for Lawful Access and Abuse Deterrence*
- 4.6 million women (or 3.8 percent) ages 18 and older have misused prescription drugs in the past year. (SAMHSA, 2014)
- Every 3 minutes, a woman goes to the emergency room for prescription painkiller misuse or abuse. (CDC Vital Signs, 2013)
- ***If a pregnant woman attempts to withdraw suddenly from addictive drugs and alcohol without medical help, she can put the baby at risk.***
- *The number of women who lost their lives opioid pain reliever overdoses rose 415 percent between 1999 and 2010 (compared to 250 percent for men), according the Centers for Disease Control and Prevention (CDC). In 2010, a total of 6,631 deaths among women involved opioid pain reliever overdose, compared with the 1999 total of 1,287 deaths among women due to opioid pain reliever overdose.[11]*

Opioid use in Tennessee

Map 2.14. Number and percent of TDMHSAS funded treatment admissions with opioids identified as a substance of abuse



MH Region	County	FY 2012		FY 2013		FY 2014		
		#	%	#	%	#	%	
1	Carter	61	48.0%	62	62.8%	55	41.7%	
1	Greene	215	65.0%	110	48.7%	150	58.8%	
1	Hancock	22	78.6%	11	17	1	1	
1	Hawkins	66	63.2%	66	57.9%	116	73.9%	
1	Johnson	29	34.5%	11	19	1	1	
1	Sullivan	340	69.6%	178	33.7%	328	45.7%	
1	Union	19	23	60.5%	18	1	1	
1	Washington	249	67.2%	131	28.9%	289	64.9%	
2	Anderson	141	78.6%	91	95.5%	140	70.2%	
2	Blount	190	70.5%	213	62.6%	250	73.1%	
2	Campbell	78	64.2%	87	71.9%	103	69.6%	
2	Claiborne	75	90.6%	44	51.5%	50	63.3%	
2	Cooke	69	58.5%	54	71.1%	33	64.7%	
2	Granger	56	88.6%	34	72.5%	37	78.5%	
2	Hambden	175	73.5%	105	60.7%	152	67.4%	
2	Jefferson	66	61.1%	37	59.7%	57	74.0%	
2	Knox	774	62.6%	534	49.4%	803	63.5%	
2	Loudon	36	65.5%	32	62.7%	40	69.0%	
2	Monroe	34	47.2%	27	37.5%	40	50.0%	
2	Morgan	15	1	29	78.6%	31	83.3%	
2	Roane	41	75.9%	54	70.1%	46	70.8%	
2	Scott	20	87.0%	16	26	76.5%	1	1
2	Sevier	148	55.0%	98	51.9%	119	65.7%	
2	Union	25	90.6%	32	80.0%	36	80.0%	
3	Bledsoe	0	1	<5	1	7	1	
3	Bradley	52	39.4%	21	24.7%	31	33.0%	
3	Clay	10	1	8	21	52.5%	1	1
3	Cumberland	31	48.4%	46	47.4%	72	72.0%	
3	DeKalb	38	71.7%	42	55.3%	57	75.0%	
3	Fentress	41	71.9%	41	75.9%	50	82.0%	
3	Grundy	42	82.6%	22	56.2%	23	65.7%	
3	Hamilton	256	57.5%	170	24.6%	307	36.0%	

MH Region	County	FY 2012		FY 2013		FY 2014		
		#	%	#	%	#	%	
3	Jackson	8	17	20	57.1%	1	1	
3	Macon	14	10	19	1	1	1	
3	Marion	19	11	26	47.3%	1	1	
3	McMinn	49	68.1%	24	32.0%	49	69.0%	
3	Meigs	<5	7	5	1	1	1	
3	Overton	15	13	25	78.1%	1	1	
3	Pickett	6	<5	6	1	1	1	
3	Polk	19	5	7	1	1	1	
3	Putnam	90	55.2%	64	48.6%	127	65.5%	
3	Rhea	23	71.9%	14	25	67.6%	1	1
3	Sequatchie	7	<5	<5	<5	1	1	
3	Smith	15	18	16	1	1	1	
3	Van Buren	<5	<5	10	1	1	1	
3	Warren	24	37.5%	25	30.9%	52	56.5%	
3	White	32	65.3%	34	45.3%	66	75.0%	
4	Davidson	334	19.1%	243	19.7%	468	21.6%	
5	Bedford	10	12	15	1	1	1	
5	Cannon	11	13	14	1	1	1	
5	Cheatham	25	64.2%	25	24	48.0%	1	1
5	Coffee	54	32.5%	20	17.9%	48	23.4%	
5	Dickson	26	35.1%	29	33.3%	32	45.7%	
5	Franklin	36	33.0%	24	36.4%	36	46.9%	
5	Giles	12	11	14	1	1	1	
5	Hickman	19	12	14	19	1	1	
5	Houston	<5	<5	<5	<5	1	1	
5	Humphreys	17	7	6	1	1	1	
5	Lawrence	55	56.1%	23	35.9%	42	56.3%	
5	Lewis	20	51.3%	11	22	48.9%	1	1
5	Lincoln	15	9	8	1	1	1	
5	Marshall	5	6	9	1	1	1	
5	Maury	42	25.0%	25	17.0%	62	30.4%	
5	Montgomery	43	28.2%	41	22.3%	61	44.5%	

MH Region	County	FY 2011		FY 2012		FY 2013		
		#	%	#	%	#	%	
5	Moore	<5	0	<5	<5	1	1	
5	Perry	19	6	8	1	1	1	
5	Robertson	111	37.3%	19	34	47.9%	1	1
5	Rutherford	100	33.7%	84	25.2%	139	36.9%	
5	Stewart	8	5	6	1	1	1	
5	Sumner	93	38.0%	71	28.2%	96	43.8%	
5	Trousdale	<5	<5	<5	<5	1	1	
5	Wayne	18	<5	<5	10	1	1	
5	Williamson	27	25.0%	15	35	33.3%	1	1
5	Wilson	56	43.5%	30	31.6%	70	51.5%	
6	Benton	40	72.2%	17	19	1	1	
6	Carroll	22	27.5%	17	32	43.8%	1	1
6	Chester	17	12	20	50.0%	1	1	
6	Crockett	12	6	15	1	1	1	
6	Decatur	<5	<5	7	1	1	1	
6	Dyer	35	32.4%	19	41	27.9%	1	1
6	Fayette	12	9	19	1	1	1	
6	Gibson	63	32.3%	30	20.1%	50	24.6%	
6	Hardeman	33	30.6%	12	11	1	1	
6	Harvin	61	64.2%	18	53	51.0%	1	1
6	Haywood	10	<5	<5	11	1	1	
6	Henderson	44	64.9%	25	28.9%	36	40.4%	
6	Henry	35	64.9%	21	27.3%	25	30.5%	
6	Lake	13	8	15	1	1	1	
6	Lauderdale	18	10	34	30.4%	1	1	
6	Madison	112	24.0%	55	15.7%	107	20.7%	
6	McNairy	33	60.0%	16	35	59.2%	1	1
6	Obion	32	26.9%	19	30	30.6%	1	1
6	Tipton	25	26.9%	13	16	1	1	
6	Weakley	14	8	29	48.3%	1	1	
7	Shelby	314	13.1%	160	6.4%	402	16.1%	
7	Unknown	15	14	<5	<5	1	1	
	Tennessee	5,775	38.1%	3,912	28.4%	6,323	40.2%	

Note: <5 = Events less than 5 but greater or equal to 1; 0 events reported if applicable; * Rates not reported for events <20.
Data source: Tennessee Web Interface Technology System (TN-WITS), Tennessee Department of Mental Health and Substance Abuse Services.

Prescription Opioid legislation has affected the rate of increase of prescription abuse – but heroin arrests are increasing across the state:

TBI - Heroin arrests for 2010 / 2011 / 2012

- East Tenn. 14 / 17 / 44
- Hamilton 2 / 4 / 4
- Knox 4 / 5 / 22
- Middle Tennessee 77 / 121 / 241
- Davidson 58 / 96 / 189
- West Tennessee 75 / 107 / 143
- Shelby 72 / 103 / 138

Costs due to lost workplace productivity

The economic cost of drug abuse in the United States was estimated at \$193 billion in 2007,¹ the last available estimate. This value includes:

- \$120 billion in lost productivity, mainly due to labor participation costs, participation in drug abuse treatment, incarceration, and premature death;
- \$11 billion in healthcare costs – for drug treatment and drug-related medical consequences; and
- \$61 billion in criminal justice costs, primarily due to criminal investigation, prosecution and incarceration, and victim costs.

<https://www.whitehouse.gov/ondcp/ondcp-fact-sheets/how-illicit-drug-use-affects-business-and-the-economy>

Costs to law enforcement, the legal and criminal justice system

- On average, it costs \$25,251 to incarcerate a federal prisoner for one year.
- There are at least 346,605 people serving sentences in state and federal prisons for drug possession or sales in the U.S. (including more than half the entire federal inmate population).
- There were also 767,620 inmates held in local jails in the U.S. in 2009, and in 2002 (the most recent year offense data was collected), possessing or selling drugs was the most serious crime committed by a quarter of jail inmates. (An unknown number of additional persons are incarcerated for crimes that occur due to the currently illegal and unregulated nature of drug markets, such as property crimes used to pay for illegal drugs or violent disputes for control of the market).
- In 2009, there were an additional 582,759 adults on probation and 261,666 adults on parole for drug law violations in the U.S. <http://www.leap.cc/for-the-media/the-war-on-drugs-at-a-glance/>

Costs to health care

- Experts recommend that society works to foster early secure attachment in children, which offers them stability and trust as they grow. That support can be found in the form of free parent support groups and other community agencies. Hammonds-White says it's important to remember the "origin of addiction" for most people.
- Medical emergencies resulting from prescription drug abuse increased 132% over the last seven years, with opioid involvement rising 183%.
Source: *Center for Lawful Access and Abuse Deterrence*
- According to the report, for every \$1.00 spent on prevention of substance abuse, the state saves a little less than \$5.00 in treatment.
- <http://www.publicnewsservice.org/2015-02-05/health-issues/report-highlights-high-cost-of-substance-abuse-prevention-in-tennessee/a44359-1>

Costs of Substance Abuse

Abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting more than \$700 billion annually in costs related to crime, lost work productivity and health care.**

<http://www.drugabuse.gov/related-topics/trends-statistics>

	Health Care	Overall
Tobacco	\$130 billion	\$295 billion
Alcohol	\$25 billion	\$224 billion
Illicit Drugs	\$11 billion	\$193 billion

2015 prescription drug abuse statistics

<https://talbotcampus.com/index.php/resources/disease-info/2015-prescription-drug-abuse-statistics/>

- NASHVILLE – Even with the availability of naloxone, the opioid overdose antidote, and fewer prescription drugs being diverted, the number of Tennesseans who die each year due to drug overdoses increased again in 2014. The total of overdose deaths rose by nearly 100, from 1,166 in 2013 to a record-setting 1,263 in 2014. If those numbers are hard to comprehend, consider this: more people died from drug overdoses in Tennessee last year than were killed in motor vehicle accidents.
- 2014 1,263 deaths 19.3 rate
- 2013 1,166 deaths 17.9 rate
- 2012 1,094 deaths 16.9 rate
- 2011 1,062 deaths 16.6 rate <https://tn.gov/health/news/17419#sthash.qp9yLHvL.dpuf>
- The number of heroin-related overdose deaths also rose from 18 deaths in 2009 to 147 deaths in 2014, a 700 percent increase. <http://wkrn.com/2015/12/28/officials-tennessee-in-the-midst-of-heroin-epidemic/>

Costs to the child welfare system

- DAWN estimates that in 2011 there were about 845,000 drug-related ED visits by young adults aged 18 to 25, of which 488,937 visits involved the use of illicit drugs, alcohol in combination with other substances, or intentional misuse or abuse of pharmaceuticals (e.g., prescription medicines, over-the-counter remedies, dietary supplements).¹⁴
<http://www.samhsa.gov/data/sites/default/files/CBHSQ-SR168-TypicalDay-2014/CBHSQ-SR168-TypicalDay-2014.pdf>
- Estimated costs associated with adolescents with a substance abuse problem entering the juvenile justice system increased from \$2.6 million to \$4.8 million from 2008 to 2011.ⁱ

- The percentage of Tennessee children entering state custody with a related substance abuse problem increased from 19% to 33%.
- *Estimated costs of caring for these children increased from \$29 million to over \$52 million.*
- The percentage of Tennessee adolescents with a substance abuse problem entering state custody through the juvenile justice system increased from 5% to almost 11%.

Substance Abuse Treatment

Addiction Treatment Act of 2015 — Legislation which aims to save the life of a person seeking medical assistance for a drug overdose has been signed into law. The Addiction Treatment Act of 2015 prevents certain criminal drug charges from being filed against an individual who is seeking emergency medical assistance upon experiencing an illegal drug overdose if it is their first time. The protection also applies to good Samaritans assisting them in seeking medical care. The bill does not prohibit police officers from charging either of these individuals with other crimes based on evidence.

Another section of the bill restricts the prescription of Buprenorphine, a semisynthetic opioid with a variety of formulations like Subutex and Suboxone, to the treatment of opiate dependence in accordance with Federal Drug Administration (FDA)-approved limitations. This action prevents the drugs from being used for pain management, keeping Buprenorphine from being prescribed for indications not approved by the FDA and in amounts that are not within recognized parameters.

In addition, the measure repeals a section of Tennessee law that allows insurers to refuse payment for a patient if they are under the influence of alcohol or illegal drugs.

Finally, the legislation authorizes the Commissioner of Health to make available recommendations for training first responders in the appropriate use of opioid antagonists, specifically naloxone hydrochloride. The recommendations must include a provision concerning the appropriate supply of opioid antagonists to first responders to administer consistent with the requirements of this bill.

The new law was supported by the addiction treatment and recovery community in collaboration with the Tennessee Medical Association.

(Senate Bill 871 / Sponsors: Dickerson, Yager / Status: Public Chapter 396 / Effective date: July 1, 2015)

Opioid Abuse / Intractable Pain Treatment Act — The General Assembly moved this year to repeal Tennessee’s Intractable Pain Treatment Act in an effort to reduce opioid abuse in Tennessee. The legislation was supported by the state’s district attorneys and the Tennessee Bureau of Investigation. The Intractable Pain Treatment Act was passed in 2001 and included a “Pain Patient’s Bill of Rights” which gave patients a great amount of responsibility to choose opiate medications as a first line of treatment even through other modalities of pain relief exist. Under the law’s “Patient Bill of Rights,” physicians were required either to provide requested opiate medication or refer to physicians who will.

Since the passage of the 2001 law, Tennessee has experienced multiple negative consequences, including being ranked second in the nation for the rate of opioid pain relievers sold per 10,000 persons.

Prescription opioids also rank as the worst abused drug among individuals receiving state-funded treatment services in Tennessee.

(Senate Bill 157 / Sponsors: Bowling, McNally, Yager, Watson, Jackson, Bailey, Haile, Kyle / Status: Public Chapter 26 / Effective date: July 1, 2015)

<http://www.tngopsenate.com/laws-that-will-be-enacted-on-july-1-2015/>

Costs of substance abuse treatment in Tennessee

- Substance abuse costs the nation more than \$600 billion annually, according to the National Institute on Drug Abuse. Right now, two cents of every dollar spent to combat abuse goes to treatment, with the rest paying for hospital care, jails and courts, according to a report from a Columbia University addiction center.
- Experts say that preventing addiction, rather than simply reacting to it, could have great social and health benefits that translate into cost savings, specifically when it comes to the criminal justice system. Estimates show that every dollar invested into an addiction program yields between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft. Ultimately, savings will eclipse initial costs by a 12 to 1 ratio, mainly through the reduction of interpersonal conflicts, overdoses, and death. <http://thinkprogress.org/health/2015/05/26/3662873/addiction-treatment-hard-to-find/>
- ***A study comparing the costs of people in substance abuse treatment with people not in treatment found lower medical costs (\$311 in savings/month) and reductions in the likelihood of arrests (16%) and felony convictions (34%).xi TennCare paid \$78 million in claims in fiscal year (FY) 2011 (7/1/2010-6/30/2011) for people with drug-related diagnoses, an increase of 20% over FY 2010, with an average per member per year payment of \$8,122, twice that of an average TennCare member.xii <https://www.vbhcs.org/wp-content/uploads/Data-Spotlight-1.pdf>

College Aged Substance Abuse

Each year, drinking affects college students, as well as college communities, and families. The consequences of drinking include:

- **Death:** 1,825 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries.
- **Assault:** More than 690,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking.
- **Sexual Abuse:** More than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape.
- **Injury:** 599,000 students between the ages of 18 and 24 receive unintentional injuries while under the influence of alcohol.

- **Academic Problems:** About 25 percent of college students report academic consequences of their drinking including missing class, falling behind, doing poorly on exams or papers, and receiving lower grades overall.
- **Health Problems/Suicide Attempts:** More than 150,000 students develop an alcohol-related health problem and between 1.2 and 1.5 percent of students indicate that they tried to commit suicide within the past year due to drinking or drug use.

<http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/college-drinking>

- DAWN estimates that in 2011 there were about 845,000 drug-related ED visits by young adults aged 18 to 25, of which 488,937 visits involved the use of illicit drugs, alcohol in combination with other substances, or intentional misuse or abuse of pharmaceuticals (e.g., prescription medicines, over-the-counter remedies, dietary supplements).¹⁴ <http://www.samhsa.gov/data/sites/default/files/CBHSQ-SR168-TypicalDay-2014/CBHSQ-SR168-TypicalDay-2014.pdf>

School Aged Substance Abuse

- Percent of high school students who drank alcohol for the first time before age 13 years (other than a few sips): Tennessee: 20% United States: 20%
- Percent of high school students who had at least one drink of alcohol on at least one day (during the 30 days before the survey): Tennessee 33% United States: 39%
- Percent of high school students who had five or more drinks of alcohol in a row within a couple of hours on at least one day (during the 30 days before the survey): Tennessee 19% United States: 22%
- Percent of high school students who usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol, during the 30 days before the survey):
- Tennessee: 40% United States: 40%
- Percent of high school students who drove when drinking alcohol one or more times (in a car or other vehicle during the 30 days before the survey): Tennessee: 8% United States: 8%
- Percent of high school students who rode with a driver who had been drinking alcohol one or more times (in a car or other vehicle during the 30 days before the survey): Tennessee: 20% United States: 24%
- Percent of high school students who ever used marijuana one or more times (during their life): Tennessee: 38% United States: 40%
- Percent of high school students who ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times (during their life): Tennessee: 12% United States: 11%
- Percent of high school students who used any form of cocaine one or more times (for example, powder, crack, or freebase, during the 30 days before the survey): Tennessee: 3% United States: 3%
- Percent of adolescents ages 12-17 who used pain relievers for nonmedical reasons (during the 12 months before the survey): Tennessee: 6% United States: 6%
- Percent of adolescents ages 12-17 who needed but did not receive treatment for alcohol use (during the 12 months before the survey): Tennessee: 4% United States: 4%
- Percent of adolescents ages 12-17 who needed but did not receive treatment for illicit drug use (during the 12 months before the survey): Tennessee: 4% United States: 4%

<http://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/states/tn.html#>