ATTACHMENT 2

OBJECTIVES AND MAJOR PURPOSES/USES OF THE NESARC-III DATA

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Objective	Major Purpose/Use
<u>Magnitude of the Problem</u> (1) To determine the extent of alcohol use disorder among the general population. (2) To estimate the size and characteristics of populations of special concern, including individuals with alcohol used disorders and persons in the general population otherwise impaired by the use of alcohol.. (3) To provide more complete recording and tabulation of the consequences of alcohol.	(1) Prevalence estimates will be used to express burden and to define the amount and distribution of alcohol use levels, alcohol use disorders, and their associated disabilities in the general population. (2) Prevalence estimates will be used as a tool for planning alcohol-related treatment programs, services, and manpower. (3) Periodic prevalence estimates will be used to track changes in alcohol use levels, alcohol use disorders, and their associated disabilities over time (4) Evidence of non-random variation in the prevalence rates of alcohol use levels, alcohol use disorders, and their associated disabilities will help identify important subgroups in the population at high risk, especially those defined in terms of race-ethnicity, age and sex. (5) Prevalence estimates will be used for the purpose of providing the insight necessary for developing rational preventive measures.
<u>Treatment Utilization and Needs/Health Disparities</u> (4) To determine the number and characteristics of individuals seeking and receiving treatment through alcohol treatment programs and services, including those not otherwise represented in period surveys of treatment facilities or populations in treatment. (5) To monitor and explain health disparities in	(1) Prevalence estimates of alcohol-related treatment utilization will be used to express anticipated burden on the alcohol treatment delivery system not otherwise obtained in periodic surveys of treatment facilities or populations in treatment. This more complete picture of treatment utilization in the general population will be used for the purpose of planning alcohol-related treatment facilities

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deleterious alcohol use levels and alcohol-related disorders and their associated disabilities with a view toward their elimination. (6) To capture information related to alcohol-related treatment utilization among persons in the general population who are not represented in periodic surveys of treatment facilities or populations in treatment. (7) To measure the number of people in the population in need of but not currently receiving treatment for alcohol abuse and its associated disabilities. (8) To provide information concerning barriers to alcohol-related treatment services, particularly among low income groups, women, young adults, and minorities.	and services. (2) Information on treatment utilization will be combined with information on alcohol use disorders and their associated disabilities to contrast the number of individuals experiencing these conditions who have sought treatment compared to the number of individuals experiencing these conditions who have not sought treatment. The comparison will be used for the purpose of constructing measures of unmet treatment need in different segments of the general population. Information on unmet needs will be used to re-direct alcohol-related treatment and services to those segments of the general population most in need of them. (3) Information on structural, linguistic, social, economic, and cultural barriers to alcohol-related treatment services will be used to strengthen the treatment service delivery system to assure access by traditionally underserved populations and to monitor health disparities in treatment
Economic Costs (9) To determine the economic impact of alcohol use disorders on impaired productivity in the workplace.	(1) Information on the prevalence of alcohol use disorders, together with detailed income-related data, will serve the econometric purpose of quantifying impaired productivity as a key component of the costs of alcohol use disorders to the nation.
Environmental and Genetic Risk Factors (10) To identify environmental and genetic risk and protective factors of various drinking levels, alcohol use disorders, and their associated disabilities in the general population. (11) To sequence the whole genome to identify genetic markers for alcohol use disorders	(1) Information on environmental and genetic risk factors can identify subgroups of the population at high risk of acquiring various drinking levels and alcohol use disorders and their associated disabilities and suggest underlying biological processes. (2) Information from sequencing will be used to

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and their associated disabilities in terms of single nucleotide polymorphisms (SNPs) and copy number variations (CNVs) and related variants.	correlate genotype with disease phenotypes (e.g., alcohol use disorders and their comorbid disorders). (3) Information from sequencing will be used to identify all the genetic variations that are associated with alcohol use disorders and their associated disabilities. (4) Information on genetic variations associated with alcohol use disorders and their associated disabilities will be combined with their associated environmental risk factors to explore gene-environment and gene-gene interactions.