

Alcohol, Tobacco, and Other Drugs: Consumption and Consequences in Alabama



Alabama Epidemiological Outcomes Workgroup

Department of Mental Health

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Table of Contents

List of Figures	v
List of Tables	ix
List of Abbreviations	xi
Introduction	1
Executive Summary	2
Key Indicators	4
Alcohol	6
Alcohol Consequences.....	8
Adults—Alcohol Abuse or Dependence.....	9
Adults—Needing Treatment for Alcohol Abuse or Dependence	10
Alcohol-Related Motor Vehicle Accidents.....	11
Alcohol-Related Morbidity.....	13
Alcohol-Related Mortality.....	14
Alcohol-Related Crime	17
Youth—Alcohol Abuse or Dependence	18
Youth—Needing Treatment for Alcohol Abuse or Dependence	19
Youth—Alcohol-Related Years of Potential Life Lost	20
Prenatal Alcohol Use and Birth Outcomes	21
Alcohol Consumption	22
Per Capita Consumption of Alcohol.....	23
Adults—Current Use of Alcohol	24
Adults—Excessive Use of Alcohol.....	26
Youth—Current Use of Alcohol.....	29
Youth—Age at First Use of Alcohol	31
Youth—Excessive Use of Alcohol	32
Youth—Perception of Excessive Use of Alcohol	34

Youth—Alcohol-Related Behaviors	35
Prenatal Alcohol Use	37
Tobacco	38
Tobacco Consequences	40
Tobacco-Related Morbidity	41
Tobacco-Related Mortality	43
Youth—Tobacco-Related Health Effects	46
Prenatal Smoking and Birth Outcomes.....	47
Tobacco Consumption	48
Adults—Current Use of Tobacco	49
Youth—Current Use of Tobacco.....	52
Youth—Age at First Use of Cigarettes.....	57
Prenatal Smoking.....	59
Other Drugs	60
Other Drugs Classification	61
Other Drugs Consequences.....	63
Adults—Illicit Drug Abuse or Dependence.....	64
Adults—Needing Treatment for Illicit Drug Dependence or Abuse	65
Youth—Illicit Drug Abuse or Dependence	67
Youth—Needing Treatment for Illicit Drug Abuse or Dependence.....	68
Drug-Related Morbidity	69
Drug-Related Mortality	71
Drug-Related Crimes	72
Other Drugs Consumption	75
Lifetime and Recent Use of Illicit Drugs.....	76
Adults—Current Use of Illicit Drugs	77
Youth—Age at First Use of Illicit Drugs	80
Youth—Current Use of Illicit Drugs.....	81

Substance Abuse Related Data from Alabama State Agencies	86
Administrative Office of Courts.....	87
Department of Corrections	89
Department of Human Resources.....	90
Department of Mental Health	92
Department of Youth Services	93
References	94
Appendix A: Substance Abuse Services in Alabama	96
Appendix B: Members of the Alabama Epidemiological Outcomes Workgroup	97
Appendix C: Methodology	98
Appendix D: Glossary	103

List of Figures

Figure 1—Wet and dry counties and cities in Alabama.....	7
Figure 2—Percent of adults in Alabama who met DSM-IV criteria for alcohol abuse or dependence in past year by age group, 2004-2008.....	9
Figure 3—Percent of adults in Alabama who needed treatment for an alcohol problem but did not receive treatment by age group, 2004-2008	10
Figure 4—Percent of alcohol-involved motor vehicle accidents that occurred in Alabama by age group of driver, 2000-2008	Error! Bookmark not defined.
Figure 5—Percent of motor vehicle accident fatalities in Alabama that involved alcohol-impaired driving, 2000-2009	12
Figure 6—Age-adjusted incidence rate of liver cancer in Alabama and the United States by gender, 2000-2008	13
Figure 7—Chronic and acute causes of alcohol-attributable deaths in Alabama, 2001-2005	14
Figure 8—Age-adjusted mortality rate for chronic liver disease and cirrhosis* by race and gender in Alabama, 1999-2007	15
Figure 9—Age-adjusted mortality rate for alcohol induced mental disorders or alcohol dependence* by race in Alabama, 1999-2006	16
Figure 10—Rate per 100,000 persons for forcible rape, robbery, and aggravated assault in Alabama and United States, 2009.....	17
Figure 11—Percent of Alabama youth, ages 12-17 years, who met DSM-IV criteria for alcohol abuse or dependence, 2002-2008	18
Figure 12—Percent of youth identified as needing treatment for an alcohol problem but not receiving treatment for Alabama and United States, 2002-2008	19
Figure 13—Years of potential life lost due to alcohol-related premature deaths for Alabama youth, 2001-2005.....	20
Figure 14—Percent of mothers in Alabama who reported drinking during the 3 months prior or last 3 months of their pregnancy and who gave birth to low birth weight birth babies, 2002-2007	21
Figure 15—Per capita ethanol consumption in Alabama by type and year, 2000-2008.....	23
Figure 16—Percent of Alabama adults who had at least one alcoholic drink in past 30 days by gender, 2001-2010	24
Figure 17—Percent of adults in Alabama who reported heavy drinking, 2001-2010.....	26
Figure 18—Percent of adults in Alabama who reported binge drinking in past 30 days overall and by gender, 2006-2010	27

Figure 19—Percent of Alabama youth in 9 th -12 th grades who had at least one alcoholic drink in past 30 days overall and by gender, 1991-2009	29
Figure 20—Percent of Alabama youth in 6 th -12 th grades who reported use of any alcohol within past 30 days, 2002-2010	30
Figure 21—Percent of Alabama youth who reported first use of alcohol before age 13, overall and by gender, 1991-2009	31
Figure 22—Percent of Alabama youth who reported binge drinking in past 30 days, overall and by gender, 1991-2009	32
Figure 23—Percent of Alabama youth in 6 th -12 th grades who reported ever binge drinking, 2002-2010	33
Figure 24—Percent of Alabama youth who drove a car or other vehicle when they had been drinking alcohol one or more times during the past 30 days, overall and by gender, 1991-2009.	35
Figure 25—Percent of Alabama youth who rode in a car or other vehicle driven by someone who had been drinking alcohol in the previous 30 days, overall and by gender, 1991-2009	36
Figure 26—Percent of Alabama mothers who had recently given birth who reported drinking alcohol during the 3 months prior to their pregnancy or during the last 3 months of their pregnancy, 1998-2009.....	37
Figure 27—Per capita sales of cigarette packs in Alabama and United States, 2000-2009	39
Figure 28—Incidence rate of lung or bronchus cancer in Alabama by race and gender groups, 2000-2009.....	41
Figure 29—Incidence rate of lung or bronchus cancer in Alabama and United States, 2007	42
Figure 30—Average annual age-adjusted smoking-attributable mortality rate (per 100,000) in Alabama, 2000-2004	43
Figure 31—Age-adjusted mortality rate per 100,000 in Alabama and United States for lung or bronchus cancer, 2007	44
Figure 32—Age-adjusted mortality rate (per 100,000) for chronic lower respiratory diseases in Alabama by race and gender, 1999-2007	45
Figure 33—Percent of youth in 9 th -12 th grades in Alabama and United States who reported ever being told by a doctor or nurse that they had asthma, 2009	46
Figure 34—Percent of Alabama mothers who reported smoking during their pregnancy and who gave birth to low birth weight birth babies, 2002-2007	47
Figure 35—Percent of current smokers in Alabama by smoking frequency, 2001-2010.....	50
Figure 36—Percent of adults in Alabama who reported any ever use of smokeless tobacco, overall and by gender, 2009	51

Figure 37—Percent of youth in Alabama and United States who reported use of any tobacco in the past month, 1999-2009.....	52
Figure 38—Percent of Alabama youth who smoked cigarettes on one or more of the previous 30 days overall and by gender, 1995-2009	53
Figure 39—Percent of youth in Alabama and United States who smoked cigarettes on 20 or more of the previous 30 days, 1999-2009	54
Figure 40—Percent of youth in Alabama and United States who used chewing tobacco, snuff, or dip on one or more of the previous 30 days by gender, 1995-2009.....	55
Figure 41—Percent of Alabama youth who have tried bidis and/or kreteks, overall and by gender, 2006-2008.....	56
Figure 42—Percent of youth in Alabama and United States who smoked a whole cigarette for the first time before 13 years of age, 1995-2009.....	57
Figure 43—Percent of Alabama mothers who recently gave birth who reported smoking before or during pregnancy, 1994-2009.....	59
Figure 44—Number of clients assessed at publicly funded substance abuse treatment facilities in Alabama by primary diagnosis, 2009-2010	65
Figure 45—Incidence rate (per 100,000 persons) for hepatitis in Alabama, 1999-2007	69
Figure 46—Percent of reported AIDS cases in Alabama by transmission category, cumulative through 2008.....	70
Figure 47—Age-adjusted mortality rate (per 100,000) for drug-induced deaths [†] in Alabama and United States, 1999-2007	71
Figure 48—Rate per 100,000 for motor vehicle theft, burglary, and larceny-theft in Alabama and United States, 2009	72
Figure 49—Number of arrests for the sale or possession of drugs for youths and adults in Alabama, 2001-2010	73
Figure 50—Number of clandestine methamphetamine laboratory incidents in Alabama,	74
Figure 51—Percent of youth in 9 th -12 th grades in Alabama and United States who tried marijuana before age 13 years by gender and year, 1999-2009	80
Figure 52—Percent of youth in 9th-12th grades in Alabama and United States who reported marijuana use in past month by gender and year, 1999-2005.....	81
Figure 53—Percent of Alabama youth in 6 th -12 th grades who perceived no harm of marijuana to health, 2002-2010.....	82
Figure 54—Number of court referrals for monitoring programs/services in Alabama, 2002-2010	87
Figure 55—Location of drug courts in Alabama, 2011	88

Figure 56—Reason for incarceration among new admissions in Alabama, FY 2009 89

Figure 57—Number of child removals done by Alabama DHR that were alcohol and/or drug
abuse related by who abused alcohol/drugs, 2009-2010..... 90

List of Tables

Table 1—Socio-demographic characteristics of Alabama, 2010 (unless otherwise noted)	5
Table 2—Percent of adults in Alabama who had at least 1 alcoholic drink in past 30 days by age group and year, 2005-2008	25
Table 3—Percent of adults in Alabama who reported binge drinking in past 30 days by age group and year, 2005-2008	28
Table 4—Percent of youth in Alabama, ages 12-17 years, who perceived great risk of drinking 5+ drinks weekly, 2005-2008.....	34
Table 5—Percent of adults in Alabama and United States who used tobacco in past month by age group and year, 2005-2008	49
Table 6—Percent of youth (ages 12-17 years) in Alabama and United States who perceived great risk of smoking, 2005-2008	58
Table 7—Commonly abused drugs by category and schedule.....	61
Table 8—Cumulative distribution in grams per 100,000 persons in Alabama, 2006	62
Table 9—Percent of adults in Alabama and the United States who were drug dependent or abused [†] illicit drugs [‡] by age group, 2005-2008	64
Table 10—Percent of adults in Alabama and United States who needed but did not receive treatment [†] for illicit drug [‡] use by age group, 2005-2008	66
Table 11—Percent of youth (ages 12-17 years) in Alabama and the United States who were drug dependent or abused [†] illicit drugs, [‡] 2005-2008.....	67
Table 12—Percent of youth (ages 12-17 years) in Alabama and United States who needed but did not receive treatment [†] for illicit drug [‡] use, 2005-2008.....	68
Table 13—Percent of Alabama residents ages 12 years and older who reported illicit drug use by drug type and time period used, 2002-2004.....	76
Table 14—Percent of adults in Alabama and United States who used marijuana in the past month by age group and year, 2005-2008	77
Table 15—Percent of adults in Alabama and United States who reported using illicit drugs (other than marijuana) in the past month by age group and year, 2005-2008	78
Table 16—Percent of adults in Alabama and United States who reported non-medical use of prescription pain relievers in the past month by age group and year, 2005-2008	79
Table 17—Percent of Alabama youth in 9th-12th grades who reported use of drugs during lifetime by gender and year, 1999-2009	83

Table 18—Percent of youth (ages 12-17 years) in Alabama and United States who reported non-medical use of pain relievers in past year, 2002-2005 84

Table 19—Percent of Alabama youth in 9th-12th grades who reported using a needle to inject illegal drugs into their body one or more times during their life, 1999-2009 85

Table 20—Number of allegations investigated by DHR for child neglect or abuse among newborns in Alabama, 2010 90

Table 21—Child death investigations related to alcohol or drug use completed by Alabama DHR, 1997-2010..... 91

Table 22—Number of clients treated for alcohol and/or drug problems in publicly funded[†] facilities in Alabama by fiscal year, 2008-2010 92

Table 23—Amount of money spent on prevention and treatment services in Alabama, by source and fiscal year, 2006-2008 92

Table 24—Number of Alabama youths referred to DYS for alcohol and/or drug use by gender, 2009 93

Table 25—Number of Alabama youths referred for chemical addiction treatment at a DYS facility (Chalkville or Mount Meigs), 2009 93

List of Abbreviations

AEDS	Alcohol Epidemiologic Data System
AOC	Administrative Office of Courts
ARDI	Alcohol-Related Disease Impact
ASAIS	Alabama Substance Abuse Information System
ATOD	Alcohol, Tobacco, and Other Drugs
AYTS	Alabama Youth Tobacco Survey
BAC	Blood Alcohol Concentration
BRFSS	Behavioral Risk Factor Surveillance System
CDC WONDER	Centers for Disease Control and Prevention Wide-ranging OnLine Data for Epidemiologic Research
CLRD	Chronic Lower Respiratory Diseases
DEA	Drug Enforcement Administration
DHR	Department of Human Resources
DOC	Department of Corrections
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4 th edition
DYS	Department of Youth Services
FARS	Fatality Analysis Reporting System
ICD-10	International Classification of Diseases, 10 th Revision
MVA	Motor Vehicle Accident
NSDUH	National Survey on Drug Use and Health
PRAMS	Pregnancy Risk Assessment Monitoring System
SAMMEC	Smoking-Attributable Mortality, Morbidity, and Economic Costs
SAPT	Substance Abuse Prevention and Treatment
SEER	Surveillance, Epidemiology, and End Results
TEDS	Treatment Episode Data Set
UCR	Uniform Crime Reports
YPLL	Years of Potential Life Lost
YRBS	Youth Risk Behavior Surveillance System

Introduction

This epidemiological profile assesses trends in the consequences and consumption of alcohol, tobacco, and other drugs among youth and adults in Alabama.

This profile is divided into sections according to the substance evaluated: 1) alcohol; 2) tobacco; and 3) other drugs. For each substance, data on consequences and consumption are presented. Consequences include data on substance-related morbidity, mortality, motor vehicle accidents, crime, arrests, and treatment needs. Consumption includes data on current use, age at first use, risky behaviors, and perception of risk for each substance. Data from multiple national and state sources are included in this profile to assess the consequences and consumption of alcohol, tobacco, and other drugs. The primary data sources are BRFSS and NSDUH for adult data and YRBS, Alabama Pride Survey, and NSDUH for youth data. Additionally, data from state agencies is included such as substance-related child abuse/neglect investigations, clients treated in public funded facilities, and drug court information.

The findings in this profile will be used to guide the development of the strategic plan for substance use prevention in Alabama, monitor the impact of state and local policies, and inform programmatic responses to identified needs related to alcohol, tobacco, and other drugs in Alabama.

Executive Summary

This state epidemiological profile evaluates the consequences and consumption of alcohol, tobacco, and other drugs in Alabama among adults and youth. A summary of key findings from this epidemiological profile are presented below.

Alcohol

- ❖ The per capita consumption of alcohol in Alabama was among the lowest in the country, ranking in the 9th decile.
- ❖ Current alcohol consumption among Alabama adults (37.5%) ranked below the national median (54.6%).
- ❖ In 2007-2008, 223,000 adults in Alabama were estimated to be alcohol dependent or abuse alcohol and 208,000 were estimated to have needed but did not receive treatment for alcohol use.
- ❖ Current alcohol consumption among Alabama youth in 9th-12th grades (39.5%) was similar to the national average (41.8%).
- ❖ Alabama boys in 9th-12 grades were more likely to report first using alcohol before age 13 compared with Alabama girls in 9th-12th grades.
- ❖ In 2009, 12.3% of Alabama youth in 9th-12th grades reported driving after consuming an alcoholic beverage within the past 30 days, which was higher than the national average (9.7%).

Tobacco

- ❖ Alabama ranked 46th in the nation for its tax rate on cigarettes.
- ❖ Current cigarette smoking among adults in Alabama (21.9%) ranked above the national median (17.3%).
- ❖ Alabama ranked 9th in the nation for the prevalence of smokeless tobacco use among adults.
- ❖ Current cigarette smoking among Alabama youth (20.8%) was similar to the national average (19.5%).
- ❖ In 2009, the use of chewing tobacco, snuff, or dip was higher among Alabama youth (12.4%) compared with the national average (8.9%).
- ❖ Perception of great risk of smoking 1 or more cigarette packs daily was lower among Alabama youth (63.3%) compared with the national average (69.3%).

Other Drugs

- ❖ The use of other illicit drugs in Alabama was comparable with national averages.
- ❖ The leading other drugs used (lifetime, past year, and past month) in Alabama were marijuana and non-medical use of prescription pain relievers.

- ❖ In 2007-2008, 102,000 Alabama adults were estimated to abuse or be dependent on illicit drugs and 87,000 were estimated to have needed but did not receive treatment for illicit drug use.
- ❖ Alabama youth in 9th-12th grades were less likely to report current marijuana use (16.2%) compared with national average (20.8%).
- ❖ Perception of no harm of marijuana use to health increased from 8.9% in 2002-03 to 15.8% in 2009-10 among youth in 6th-12th grades.
- ❖ In 2007-2008, 27,000 Alabama youth ages 12-17 were estimated to abuse or be dependent on illicit drugs and 14,000 were estimated to have needed but did not receive treatment for illicit drug use.

Key Indicators

Indicator	Alabama is <u>higher</u> than US	Alabama is <u>lower</u> than US	No difference
Alcohol			
Adult current use		▼	
Adult binge drinking		▼	
Adult abuse/dependence		▼	
Youth current use			—
Youth binge drinking			—
Youth driving after drinking	▲		
Tobacco			
Adult current cigarette use	▲		
Adult lung, bronchus cancer mortality	▲		
Youth current cigarette use			—
Youth current smokeless tobacco use	▲		
Youth perception of great risk of smoking		▼	
Youth smoke 1 st whole cigarette before age 13	▲		
Other drugs			
Adult current marijuana use		▼	
Adults current non-medical use of prescription pain reliever			—
Adults needing treatment for drug abuse/dependence			—
Youth current marijuana use		▼	
Youth first tried marijuana before age 13			—
Youth need treatment for drug abuse/dependence			—

Alabama

Alabama is located in the southeastern United States, bordered by the states of Florida, Georgia, Mississippi, and Tennessee. The capital city of Alabama is Montgomery (located in Montgomery County) and the most populous city is Birmingham (located in Jefferson County). Alabama had an estimated population of 4,779,736 in 2010¹ in its 67 counties, with 28.5% of the population residing in rural areas.²

The overall socio-demographic characteristics for Alabama are presented in Table 1. The majority of Alabama residents are white (68.5%) and African-Americans represent the largest minority group in the state (26.2%) followed by Asians (1.1%) and American Indian/Alaska Native (0.6). Urban and rural areas of Alabama have different socio-demographic profiles, with rural areas being less advantaged than urban areas. In 2009, the state's overall poverty rate was 17.5% with rural areas having a higher poverty level (21.0%) than urban areas (16.2%). Similarly, residents in rural Alabama had a higher unemployment rate (11.9%) compared with residents in urban Alabama (9.1%).²

Table 1—Socio-demographic characteristics of Alabama, 2010 (unless otherwise noted)

Characteristic	Alabama
Population	4,779,736
% Age < 18 years	23.7
% Age ≥ 65 years	13.8
% Female	51.5
% White	68.5
% Hispanic or Latino	3.9
% Bachelor's degree or higher, 2005-2009	21.5
% Below poverty level, 2009	17.5
Median household income, 2009	\$40,547
% Homeownership, 2005-2009	70.8
Median value of owner-occupied housing units, 2005-2009	\$111,900

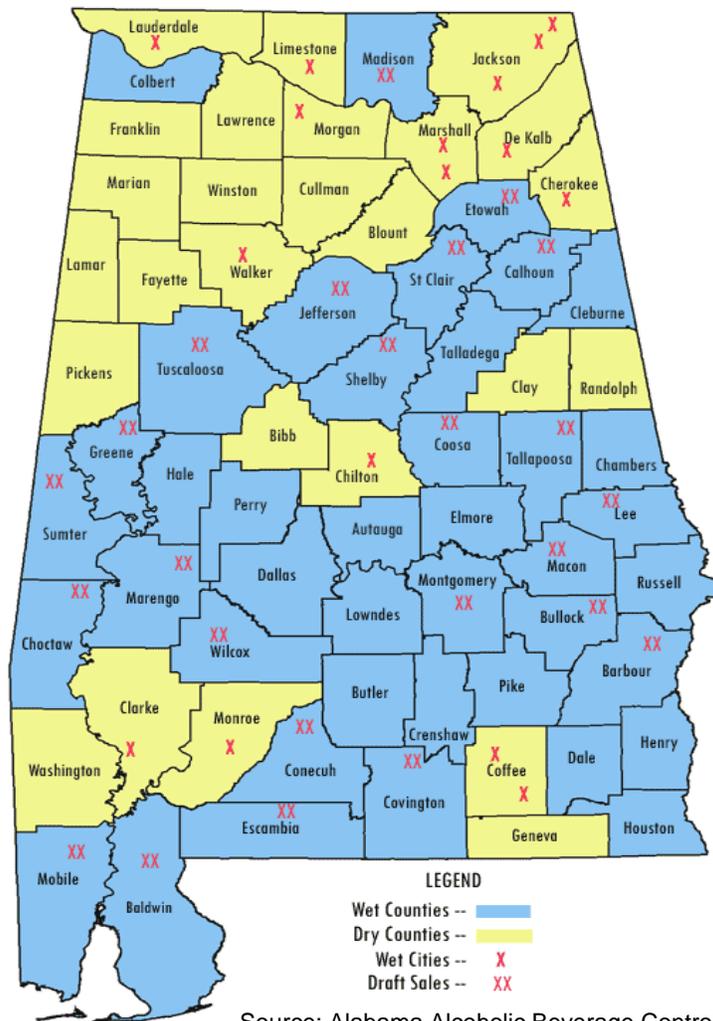
Source: US Census Bureau Alabama Quick Facts

Alcohol

Alcohol

- The minimum legal age to purchase, use, possess, or transport alcoholic beverages in Alabama is 21 years.
- Alcohol sales are regulated by the Alabama Alcoholic Beverage Control Board, which is responsible for the distribution of alcohol, licensing of retail outlets, and enforcement of policies.
- Alabama has 26 dry counties that do not permit the sale of any alcoholic beverages, except in designated wet cities (Figure 1).

Figure 1—Wet and dry counties and cities in Alabama



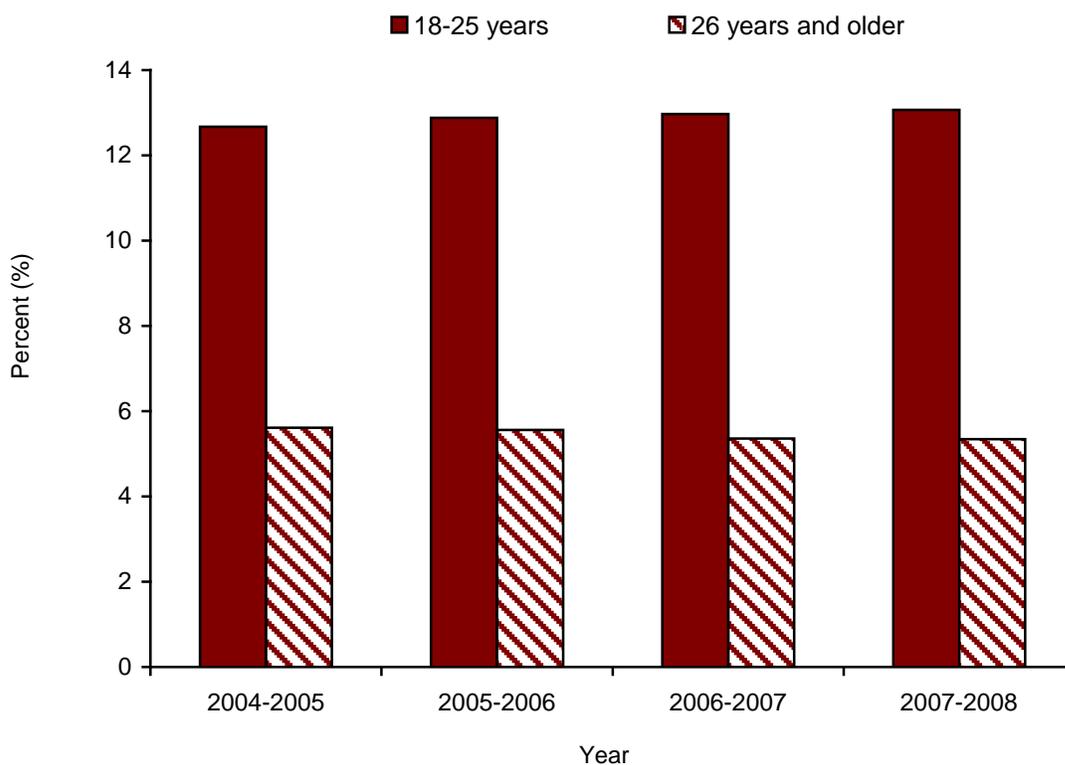
Source: Alabama Alcoholic Beverage Control Board

Alcohol Consequences

Adults—Alcohol Abuse or Dependence

- The Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) defines alcohol abuse or dependence as maladaptive patterns of alcohol use leading to clinically significant impairment or distress, and identifies specific criteria for the clinical diagnosis of these conditions based on occurrences within a 12-month period.³
- The prevalence of alcohol abuse or dependence among Alabama adults was higher for adults ages 18-25 compared with adults ages 26 years and older (Figure 2). In 2007-2008, 13.1% of adults ages 18-25 years and 5.3% of adults 26 years and older in Alabama met DSM-IV criteria for alcohol abuse or dependence, which was less than national estimates of 17.0% for adults ages 18-25 years and 6.1% for adults 26 years and older.

Figure 2—Percent of adults in Alabama who met DSM-IV criteria for alcohol abuse or dependence in past year by age group, 2004-2008

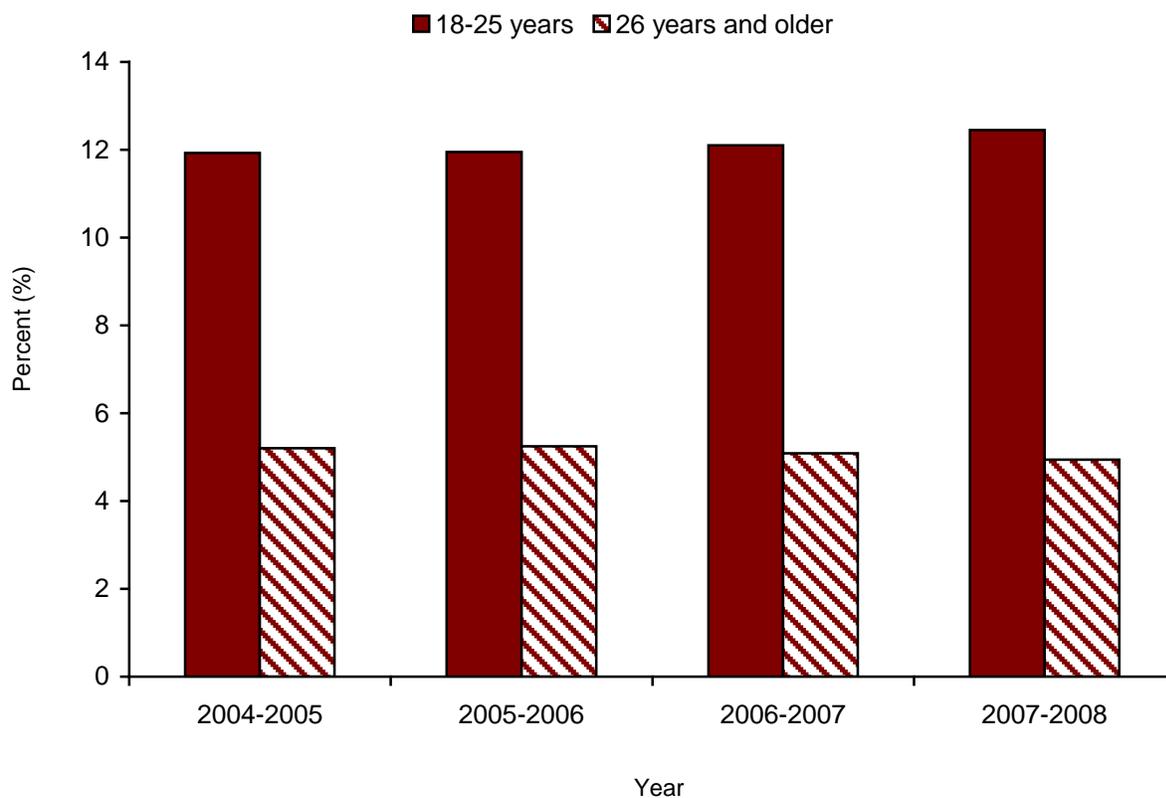


Source: NSDUH

Adults—Needing Treatment for Alcohol Abuse or Dependence

- Alcohol abuse or dependence can adversely impact normal daily activities, such as job performance and family responsibilities, in addition to causing deleterious health effects if left untreated.⁴
- In 2007-2008, 12.5% of Alabama adults ages 18-25 years and 4.9% of Alabama adults ages 26 years and older were identified as needing treatment for an alcohol problem but not receiving treatment at a drug and alcohol rehabilitation center, mental health center, or hospital (Figure 3). These estimates were less than national estimates of 16.4% for adults ages 18-25 years and 5.7% for adults ages 26 years and older in 2007-2008.

Figure 3—Percent of adults in Alabama who needed treatment for an alcohol problem but did not receive treatment by age group, 2004-2008

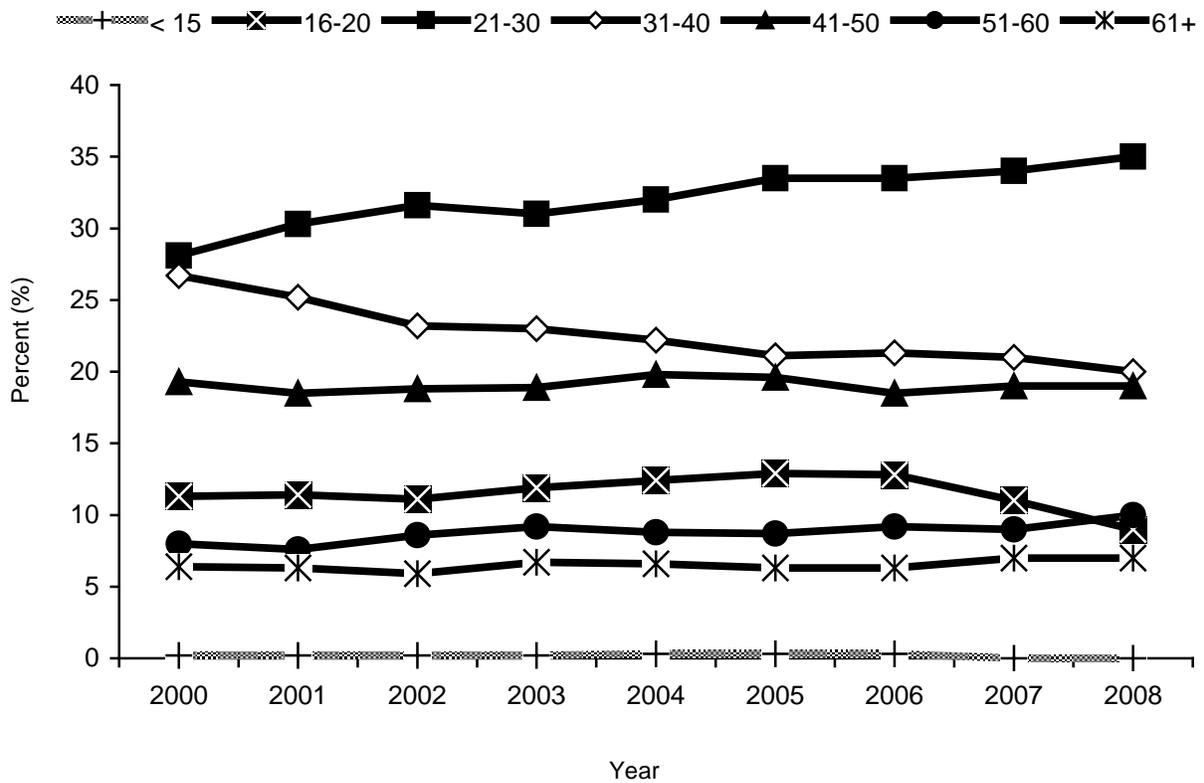


Source: NSDUH

Alcohol-Related Motor Vehicle Accidents

- The legal limit for operating a motor vehicle in Alabama is a 0.08 blood alcohol concentration (BAC) for adults 21 years and older and a 0.02 BAC for minors (Code of Alabama 1975, §32-5A-191). In 2008, the 21-30 year age group accounted for 35% of alcohol-involved MVAs in Alabama (Figure 4) followed by the 31-40 year age group (20%), the 41-50 year age group (19%), and the 51-60 year age group (10%).

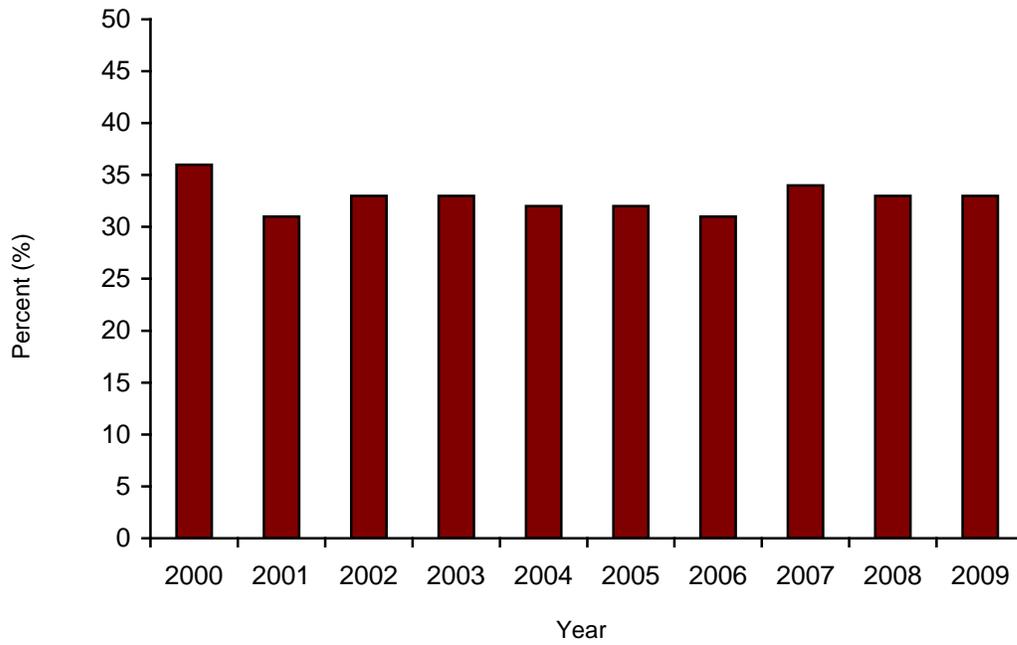
Figure 4—Percent of alcohol-involved motor vehicle accidents that occurred in Alabama by age group of driver, 2000-2008



Source: Alabama Department of Public Safety

- In 2009, 33% of MVA fatalities in Alabama were alcohol-related, defined as at least one driver involved in the accident with a BAC ≥ 0.08 . The percent of MVA fatalities that were alcohol-related in Alabama has been stable since 2000 (Figure 5).

Figure 5—Percent of motor vehicle accident fatalities in Alabama that involved alcohol-impaired driving, 2000-2009

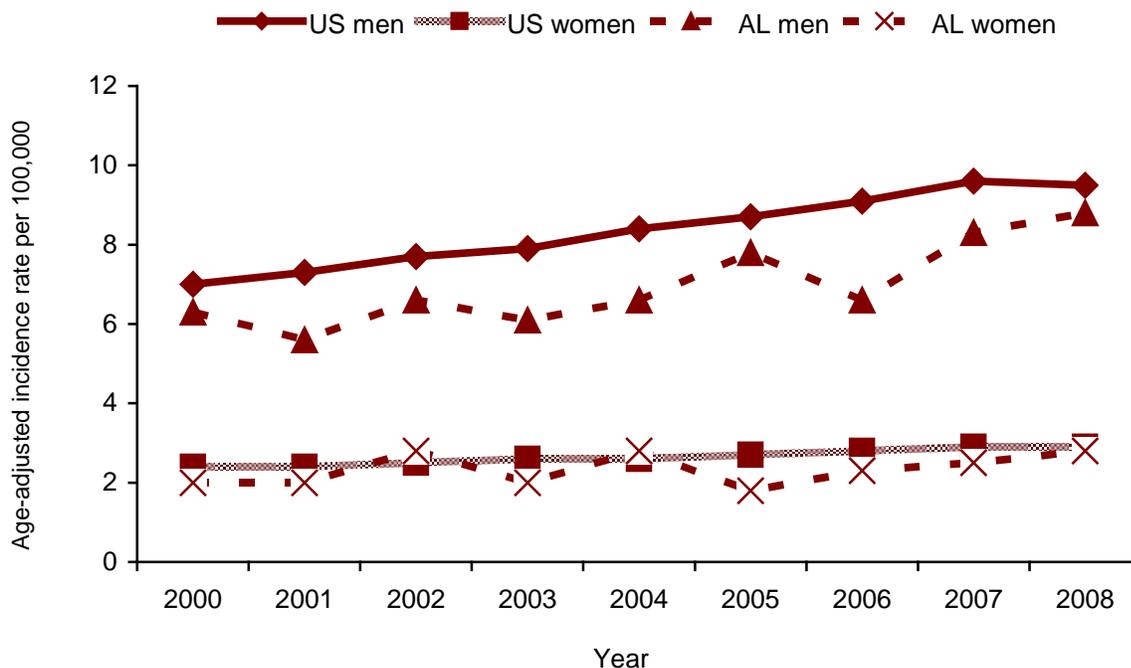


Source: FARS

Alcohol-Related Morbidity

- The incidence rate of liver cancer increased from 2000 to 2008 in Alabama, which was similar to national trends.
- In 2008, the age-adjusted incidence rate of liver cancer was 8.8 per 100,000 persons for men in Alabama and 2.8 per 100,000 for women in Alabama, compared with 9.5 per 100,000 for US men and 2.9 per 100,000 for US women, respectively (Figure 6).

Figure 6—Age-adjusted incidence rate of liver cancer in Alabama and the United States by gender, 2000-2008

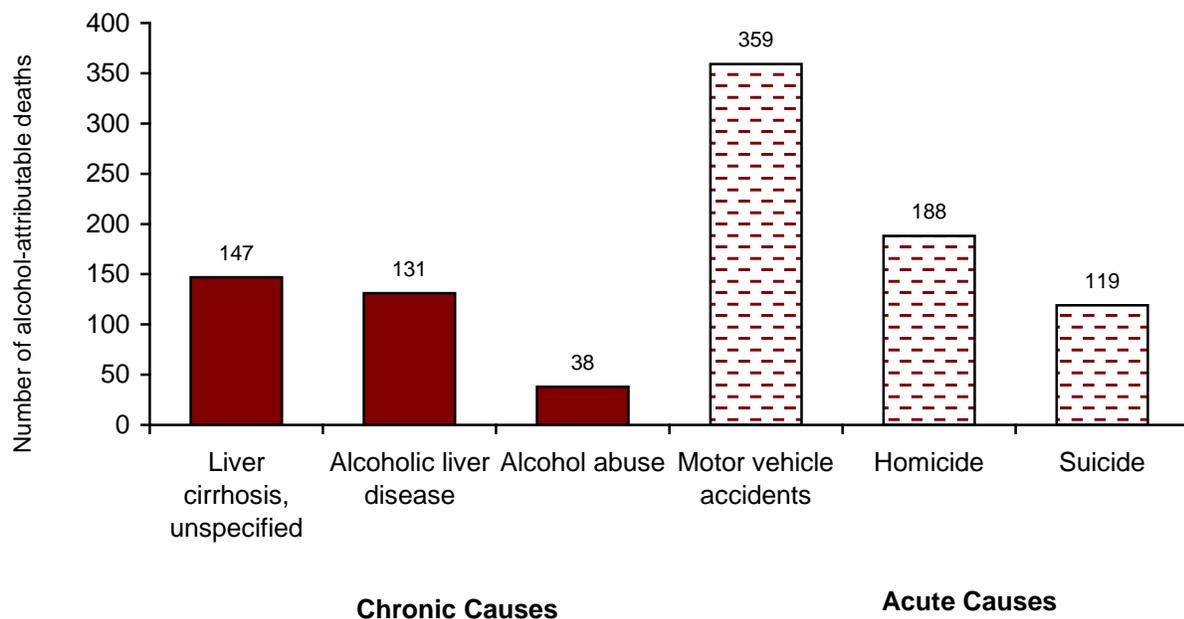


Source: CDC Wonder

Alcohol-Related Mortality

- Excessive alcohol intake is also associated with mortality from other chronic and acute causes.
- The leading chronic causes of alcohol-attributable deaths in Alabama between 2001 and 2005 were liver cirrhosis, alcoholic liver disease, and alcohol abuse and the leading acute causes were motor vehicle accidents, homicide, and suicide (Figure 7).

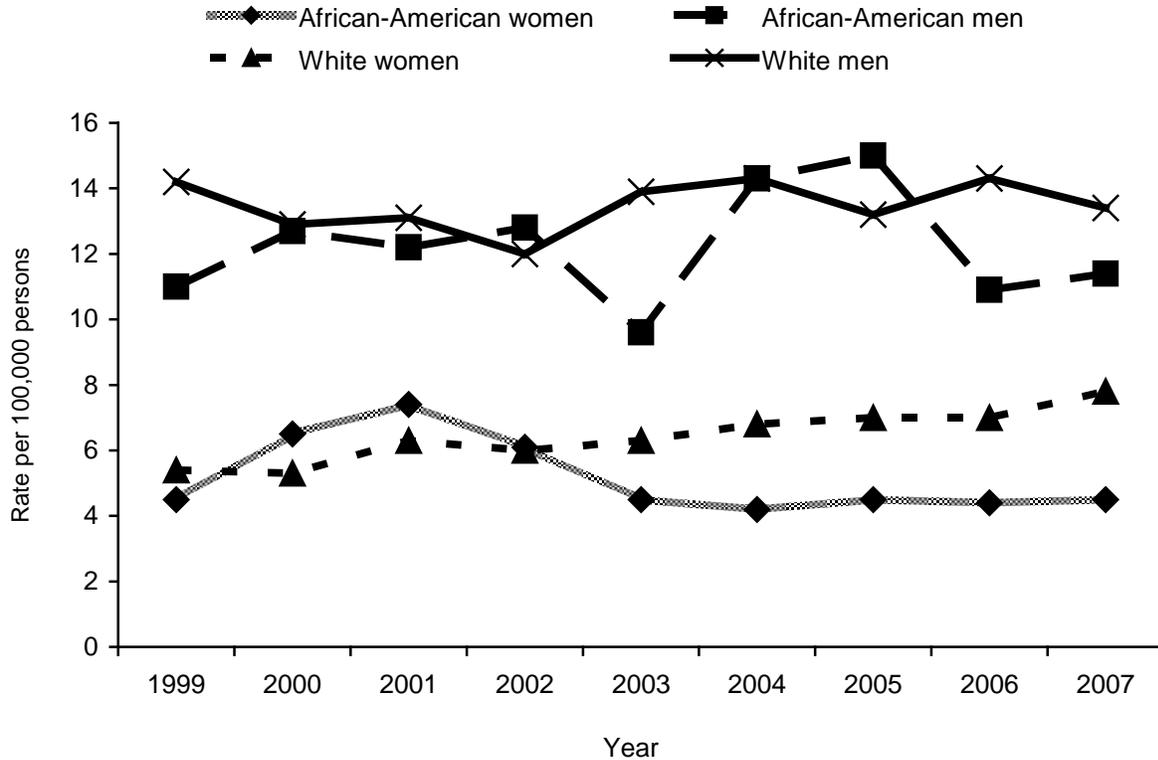
Figure 7—Chronic and acute causes of alcohol-attributable deaths in Alabama, 2001-2005



Source: ARDI

- The mortality rate for alcohol-related conditions (chronic liver disease and cirrhosis) has been relatively stable in Alabama since 1999, with higher rates for men than women (Figure 8).

Figure 8—Age-adjusted mortality rate for chronic liver disease and cirrhosis* by race and gender in Alabama, 1999-2007

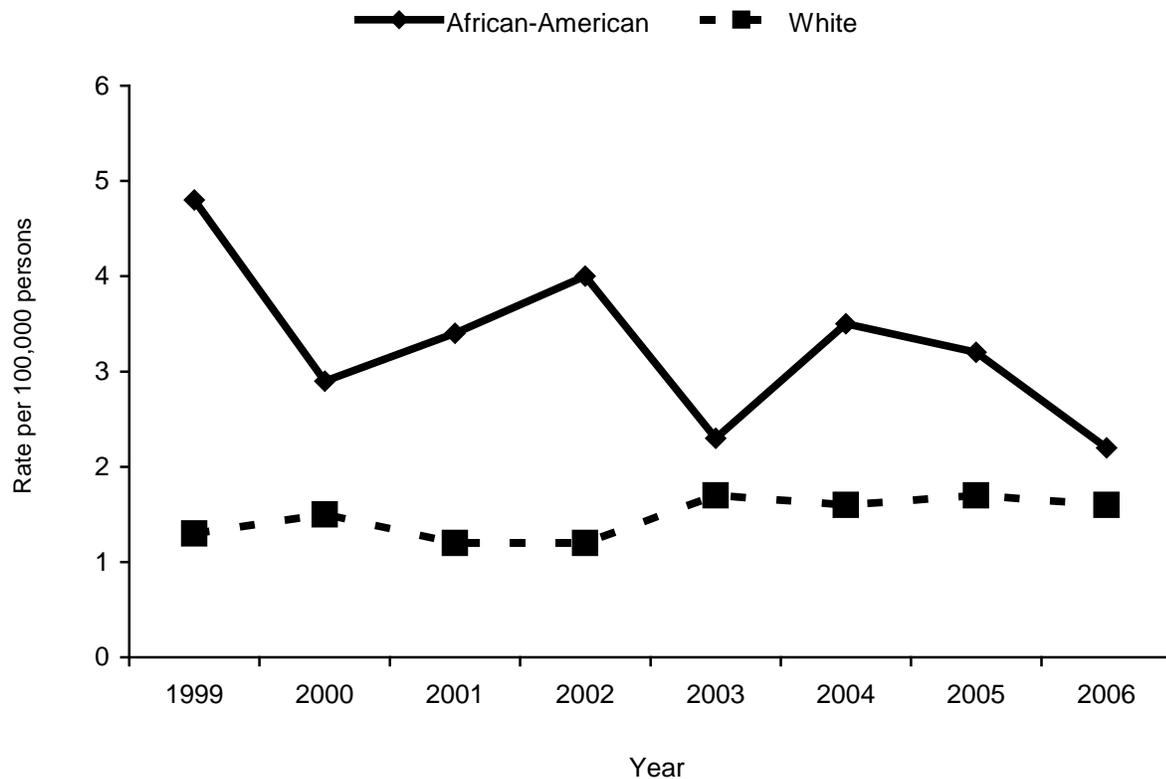


Source: CDC Wonder

*Chronic liver disease and cirrhosis mortality identified using ICD-10 codes K70, K73, and K74.

- The mortality rate for alcohol-induced mental disorders and alcohol dependence syndrome has also been relatively stable in Alabama since 1999, with higher rates for African-Americans than whites (Figure 9). Note: Gender-specific data unavailable due to small numbers.

Figure 9—Age-adjusted mortality rate for alcohol induced mental disorders or alcohol dependence* by race in Alabama, 1999-2006



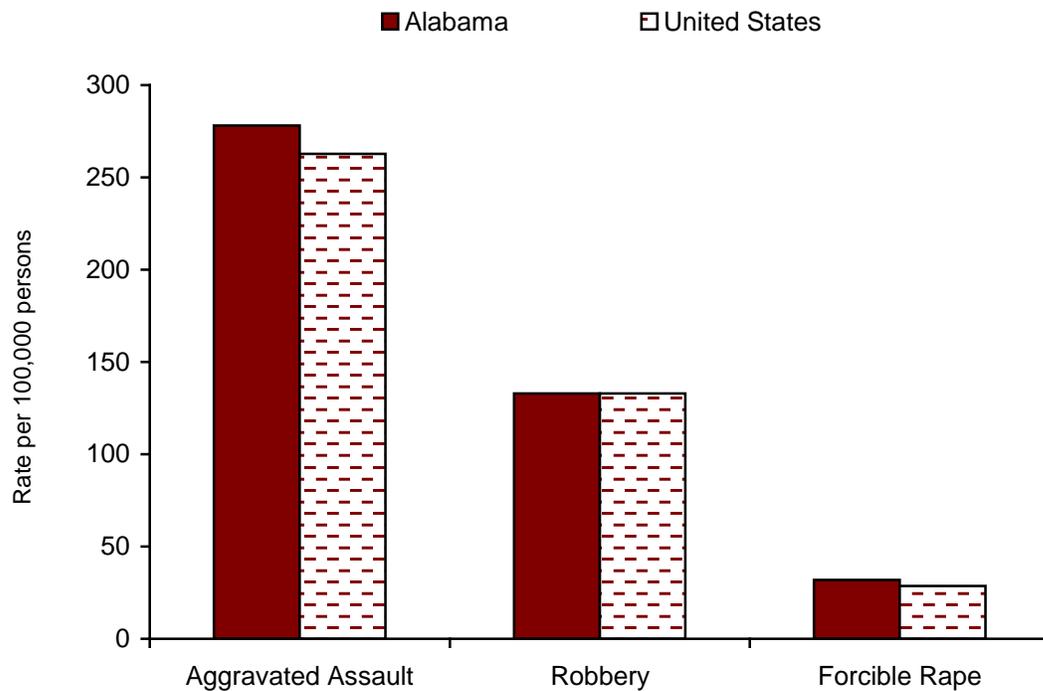
Source: CDC Wonder

*Alcohol-induced mental disorders and alcohol dependence mortality identified using ICD-10 code F10.

Alcohol-Related Crime

- Another possible consequence of excessive alcohol consumption is violent crime, such as forcible rape, robbery, and aggravated assault, although the proportion due to alcohol abuse or dependence is unknown and cannot be ascertained from current crime data.
- In 2009, the rate per 100,000 Alabama residents was 278.1 for aggravated assault, 132.9 for robbery, and 31.9 for forcible rape (Figure 10). The violent crime rates for Alabama were similar to national rates.

Figure 10—Rate per 100,000 persons for forcible rape, robbery, and aggravated assault in Alabama and United States, 2009

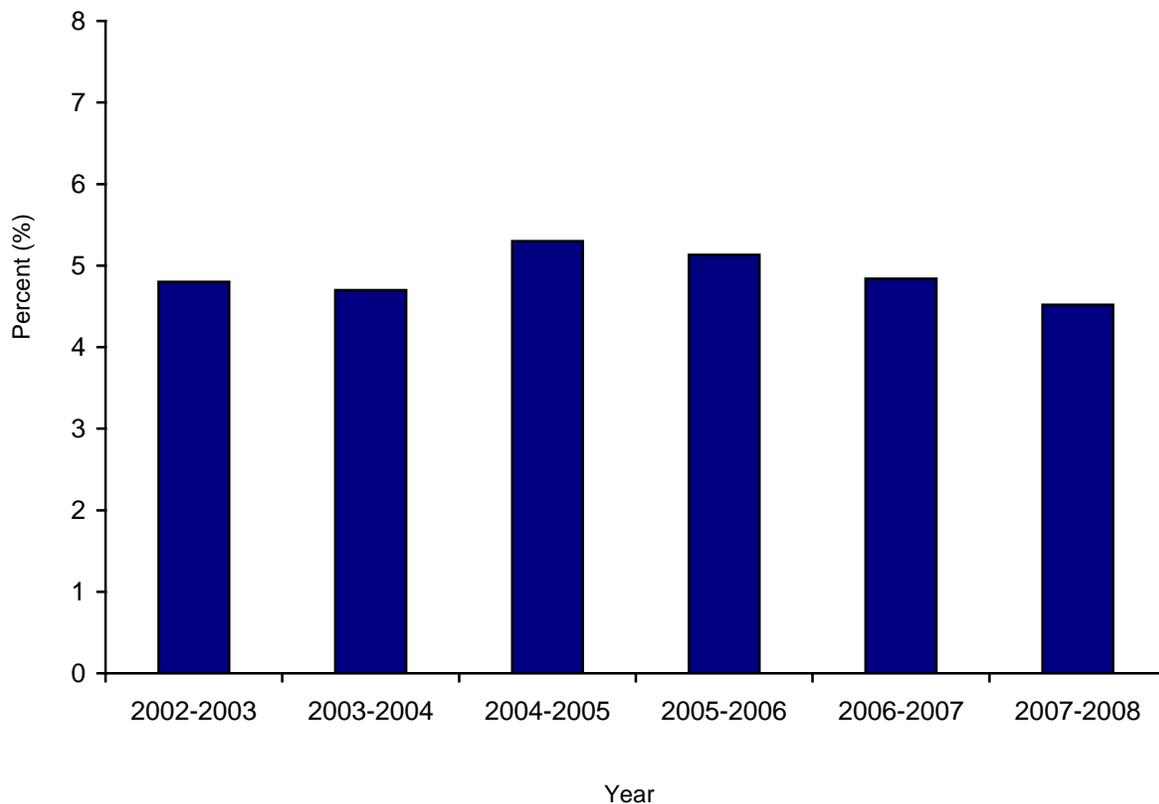


Source: UCR

Youth—Alcohol Abuse or Dependence

- Alcohol abuse or dependence during youth can lead to continued abuse or dependence in young adulthood if left untreated.
- In 2007-2008, 4.5% of children in Alabama ages 12-17 years met the DSM-IV criteria for alcohol abuse or dependence (Figure 11).

Figure 11—Percent of Alabama youth, ages 12-17 years, who met DSM-IV criteria for alcohol abuse or dependence, 2002-2008

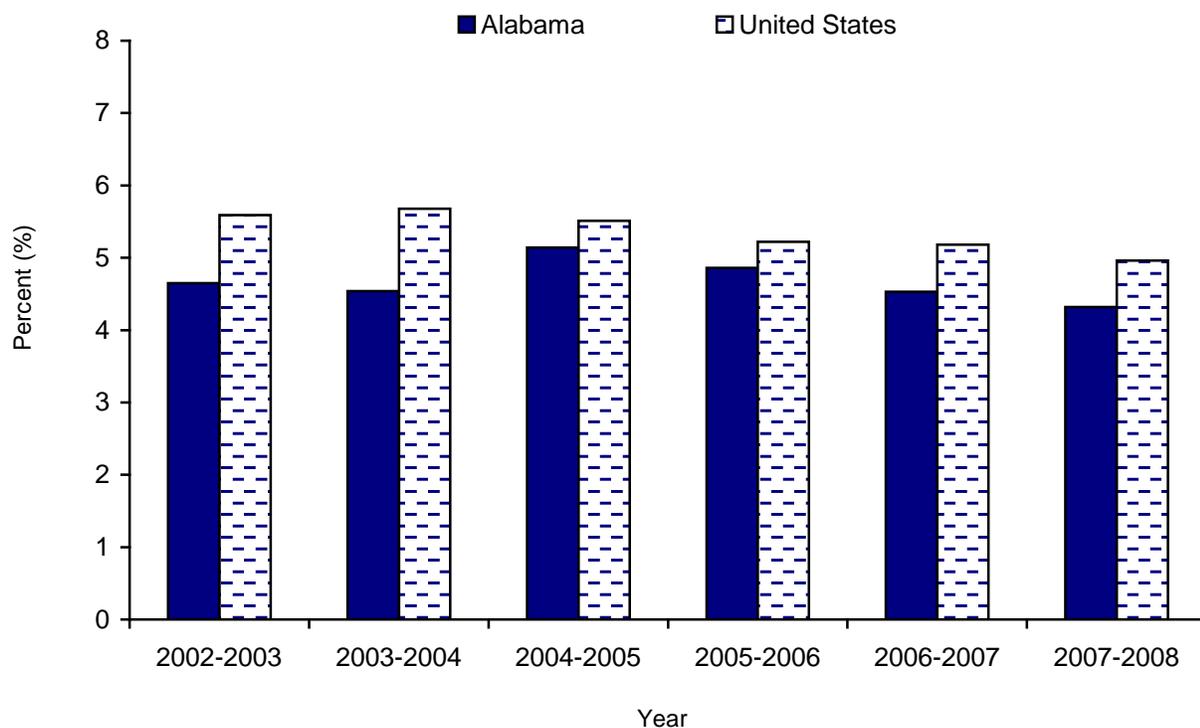


Source: NSDUH

Youth—Needing Treatment for Alcohol Abuse or Dependence

- Alcohol abuse or dependence can adversely affect school performance and family relationships and have long-term health implications for youth.
- In 2007-2008, 4.3% of Alabama youth, ages 12-17 years, were identified as needing treatment for an alcohol problem but not receiving treatment at a specialty trained facility, i.e. drug or alcohol rehabilitation center, mental health center, or hospital (Figure 12). The national estimate was higher (5.0%) but this difference was not statistically significant.

Figure 12—Percent of youth identified as needing treatment for an alcohol problem but not receiving treatment for Alabama and United States, 2002-2008

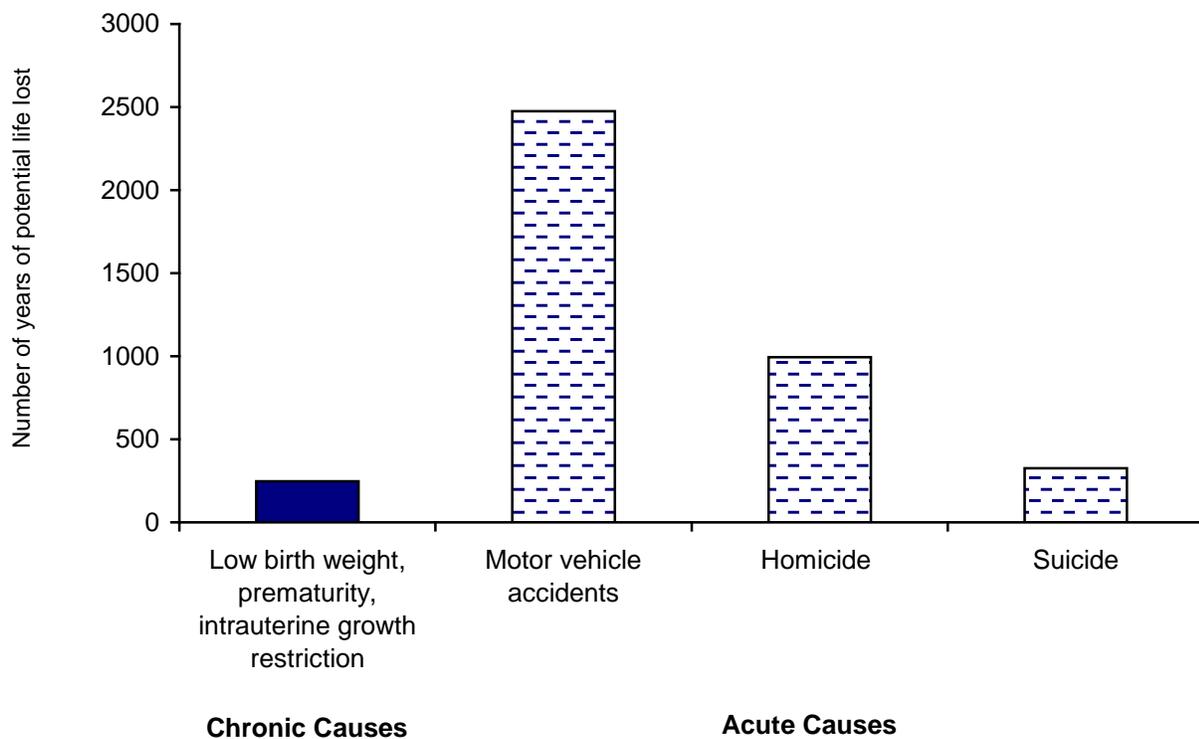


Source: NSDUH

Youth—Alcohol-Related Years of Potential Life Lost

- Years of potential life lost (YPLL) due to alcohol-related premature mortality among youth may be due to alcohol exposure directly, e.g. their own consumption, or indirectly, e.g. *in utero* or riding in a car driven by someone who had been drinking.
- The leading contributors to YPLL among youth in Alabama between 2001 and 2005 were acute causes, specifically motor-vehicle accidents, homicide, and suicide. The leading chronic cause of YPLL was low birth weight, prematurity and intrauterine growth restriction (Figure 13).

Figure 13—Years of potential life lost due to alcohol-related premature deaths for Alabama youth, 2001-2005

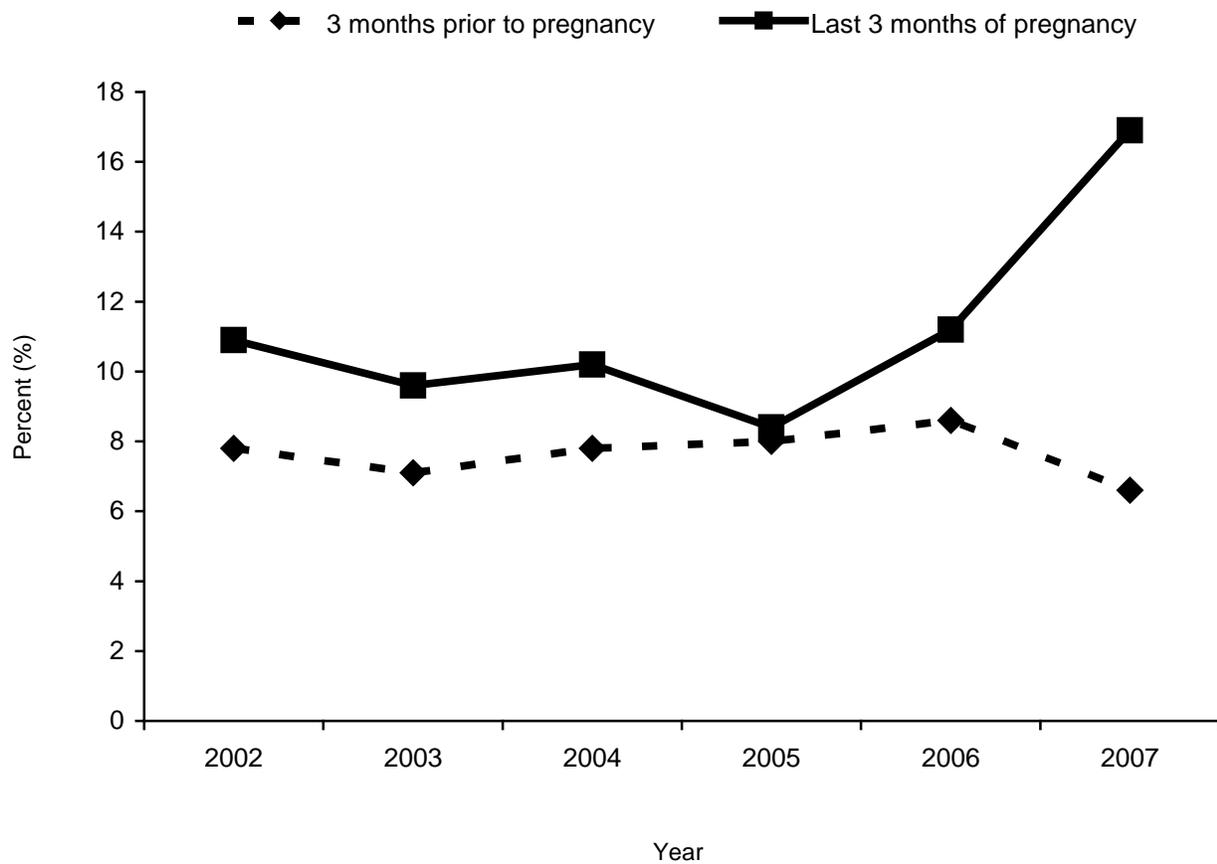


Source: ARDI

Prenatal Alcohol Use and Birth Outcomes

- Alcohol consumption during pregnancy, particularly in combination with tobacco and other drug use, has been associated with adverse perinatal outcomes such as low birth weight (< 2500 grams or 5.5 pounds).⁷
- In 2007, 6.6% of mothers who reported drinking during the 3 months prior to their pregnancy and 16.9% of mothers who reported drinking during the last 3 months of their pregnancy had low birth weight babies (Figure 14).

Figure 14—Percent of mothers in Alabama who reported drinking during the 3 months prior or last 3 months of their pregnancy and who gave birth to low birth weight birth babies, 2002-2007



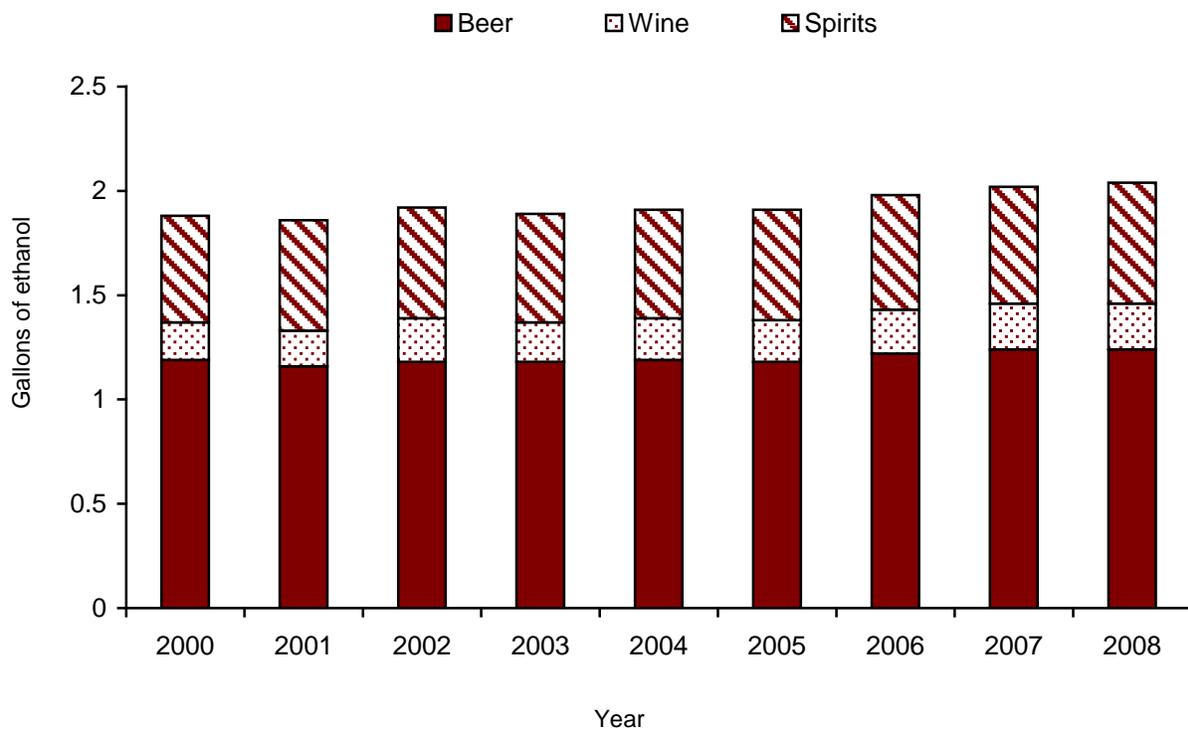
Source: PRAMS

Alcohol Consumption

Per Capita Consumption of Alcohol

- Alabama has one of the lowest levels of per capita consumption of alcohol in the United States, ranking in the 9th decile of per capita consumption for beer, wine, and spirits.⁸
- The per capita consumption of alcohol in the state was stable between 1999-2008, with beer having the greatest per capita consumption followed by spirits and wine (Figure 15).

Figure 15—Per capita ethanol consumption in Alabama by type and year, 2000-2008

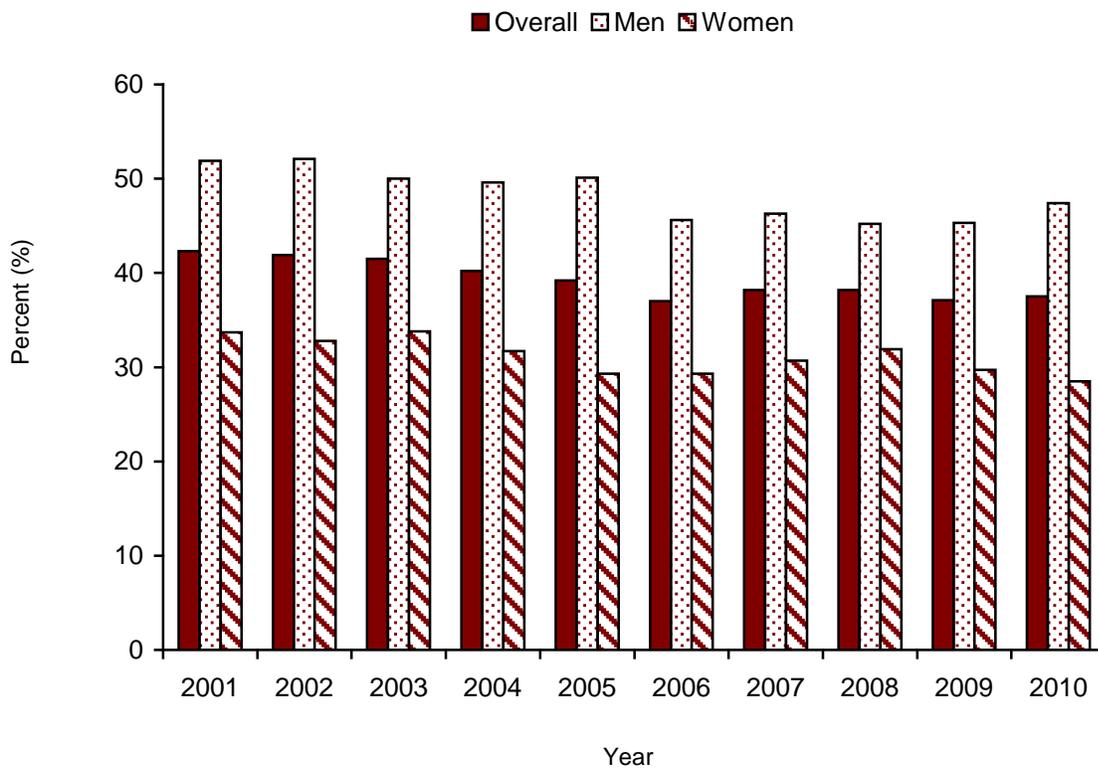


Source: AEDS

Adults—Current Use of Alcohol

- Overall, current alcohol use was lower in Alabama (37.5%) in 2010 compared with the national median (54.6%).
- More Alabama men (47.4%) reported current use of alcohol than Alabama women (28.5%) in 2010, which was consistent with significant gender differences observed in earlier years (Figure 16).

Figure 16—Percent of Alabama adults who had at least one alcoholic drink in past 30 days by gender, 2001-2010



Source: BRFSS

- Current alcohol use was more common among adults in Alabama ages 18-25 years (52.3%) compared with adults ages 26 years and older (41.9%). This pattern was also observed nationally, although the national prevalence of current alcohol use was greater than Alabama within both age groups (Table 2).

Table 2—Percent of adults in Alabama who had at least 1 alcoholic drink in past 30 days by age group and year, 2005-2008

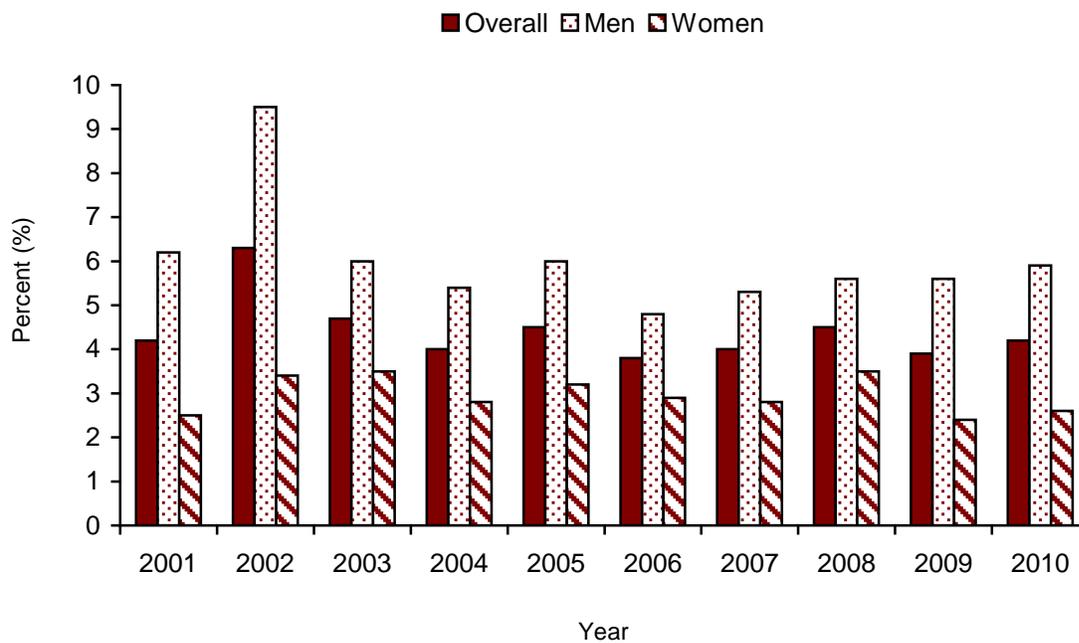
	Age Group					
	18-25 years			26 and older		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Alabama	53.4	52.1	52.3	44.1	41.0	41.9
United States	61.4	61.6	61.2	54.3	53.9	54.4

Source: NSDUH

Adults—Excessive Use of Alcohol

- While moderate consumption of alcohol has been associated with positive health outcomes, excessive alcohol intake can have adverse health effects.⁹
- Alabama ranked below the national median for measures of excessive alcohol intake, specifically heavy drinking defined as an average daily consumption of >2 drinks for men or >1 drink for women. The national median for heavy drinking of alcohol in 2010 was 5.0%.
- In 2010, 4.2% of Alabama adults reported heavy drinking (Figure 17), with more men (5.9%) reporting heavy drinking than women (2.6%).

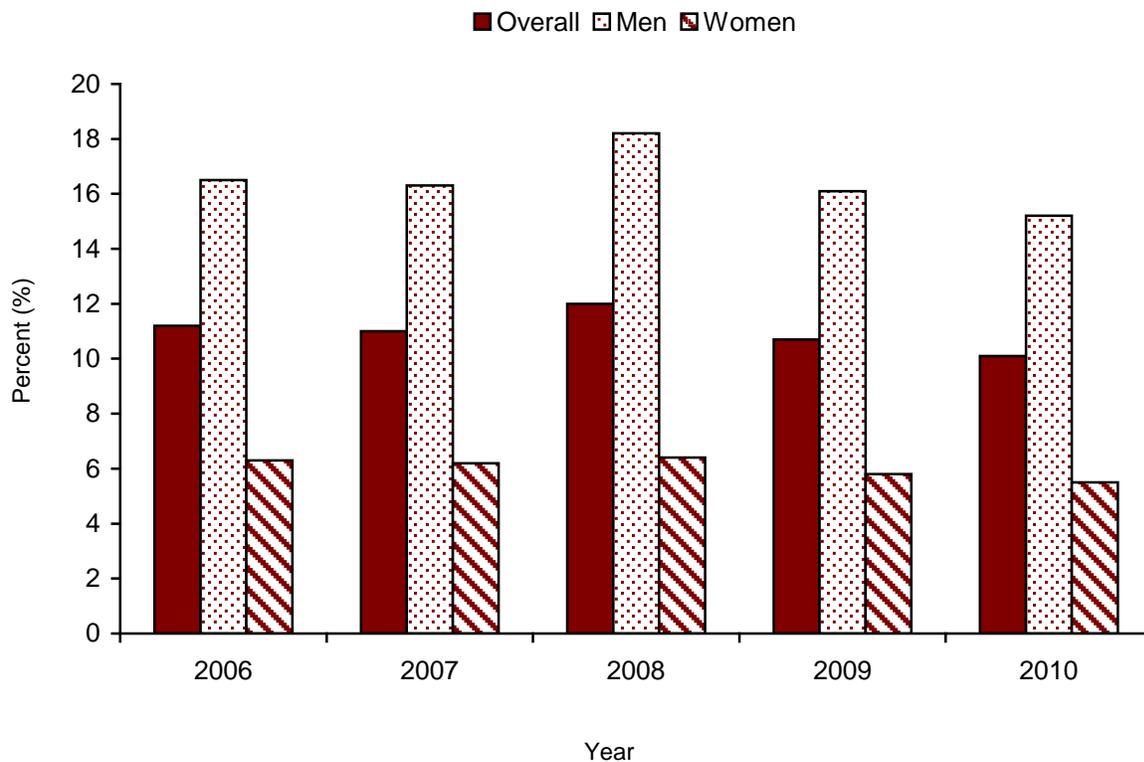
Figure 17—Percent of adults in Alabama who reported heavy drinking, 2001-2010



Source: BRFSS

- Binge drinking, defined as 5 or more drinks for men or 4 or more drinks for women, on at least one occasion in the past 30 days was also lower in Alabama compared with national estimates. In 2010, the national median for binge drinking was 15.1% compared with 10.1% in Alabama.
- A significant gender difference existed for binge drinking, with almost 3 times as many men than women reporting binge drinking in 2010 (Figure 18).

Figure 18—Percent of adults in Alabama who reported binge drinking in past 30 days overall and by gender, 2006-2010



Source: BRFSS

Note: BRFSS uses gender-specific cut-points for binge drinking, i.e. 5 or more drinks for men and 4 or more drinks for women. This definition differs from binge drinking definitions used in other national studies which use the same cut-point for men and women.

- Binge drinking was more common among adults in Alabama ages 18-25 years (33.9%) compared with adults ages 26 years and older (18.1%). This pattern was also observed nationally, although the national prevalence of binge drinking was higher than Alabama within both age groups (Table 3).

Table 3—Percent of adults in Alabama who reported binge drinking in past 30 days by age group and year, 2005-2008

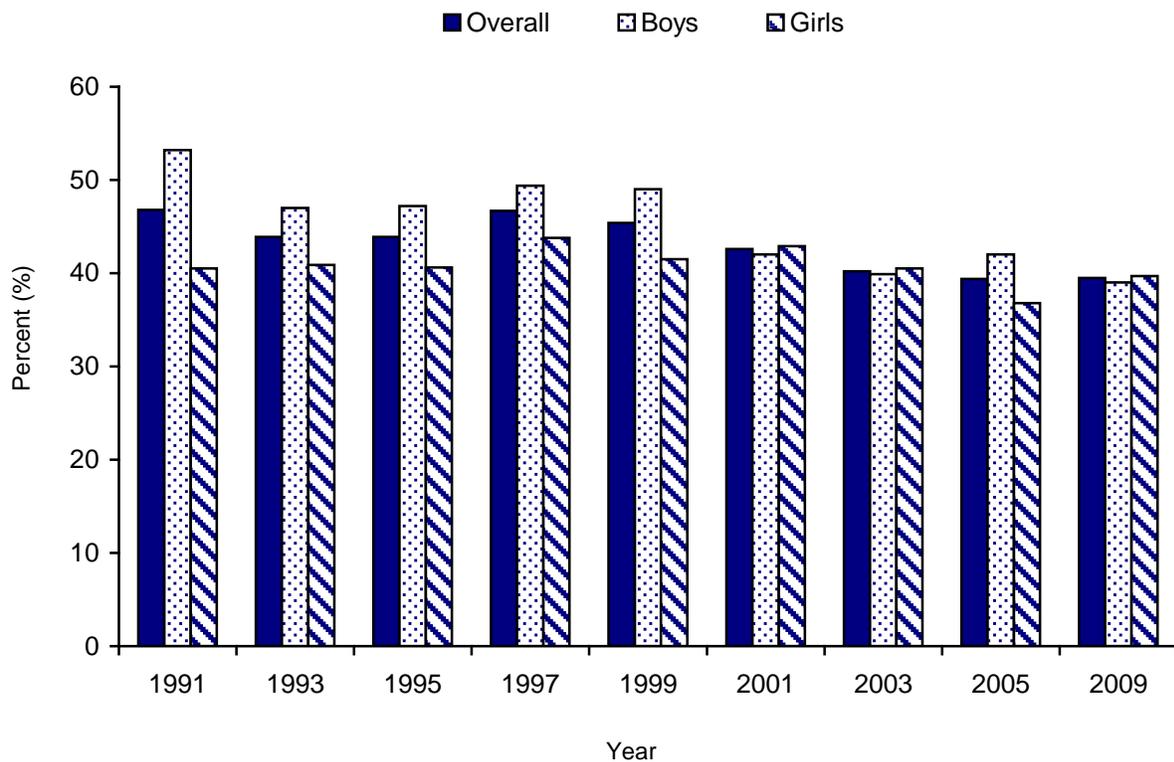
	Age Group					
	18-25 years			26 and older		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Alabama	33.8	33.1	33.9	17.4	17.7	18.1
United States	42.0	42.0	41.4	21.2	21.7	22.0

Source: NSDUH

Youth—Current Use of Alcohol

- In 2009, 39.5% of youth in 9th-12th grades in Alabama reported having at least one alcoholic drink in the past 30 days, which was similar to the national estimate (41.8%).
- Current alcohol use by youth in Alabama was stable between 1991-2009, with more boys than girls reporting alcohol use in the past 30 days, although these differences were only statistically significant in 1991, 1995, and 1999 ($p < 0.05$) and weakened during the later years (Figure 19).

Figure 19—Percent of Alabama youth in 9th-12th grades who had at least one alcoholic drink in past 30 days overall and by gender, 1991-2009

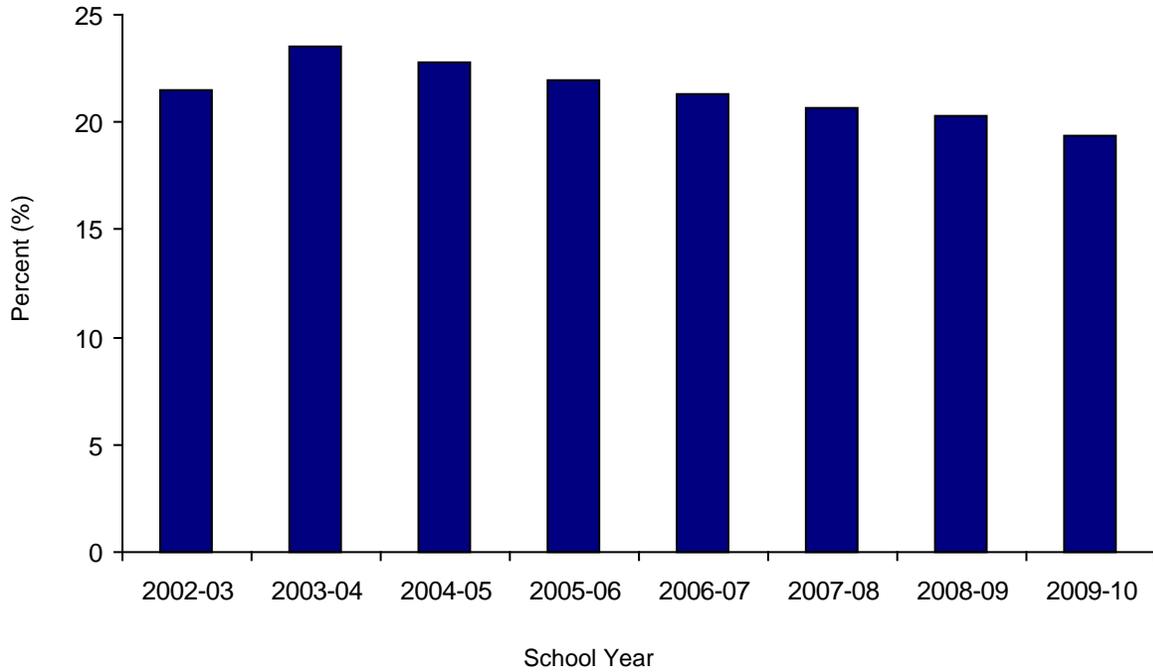


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- Current alcohol use by youth in Alabama was less common when evaluating those in 6th-12th grades combined. In 2009-10, 19.4% of Alabama youth reported using alcohol within the past 30 days (Figure 20).

Figure 20—Percent of Alabama youth in 6th-12th grades who reported use of any alcohol within past 30 days, 2002-2010

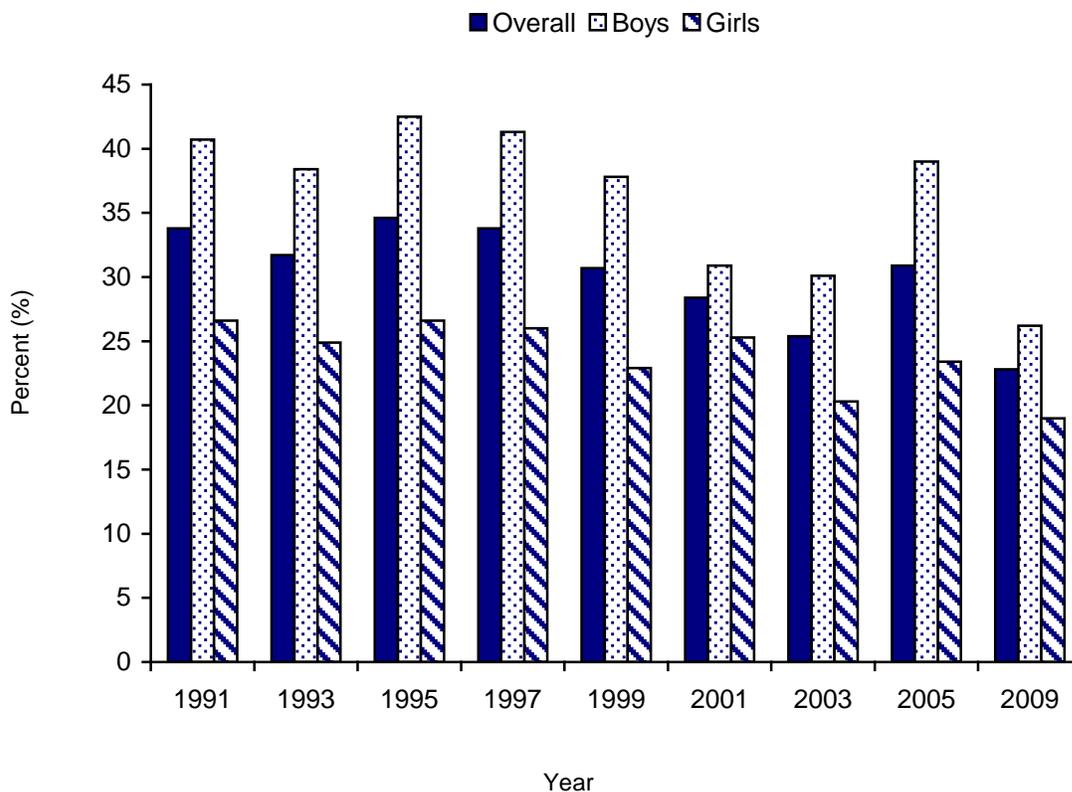


Source: Alabama Pride Survey

Youth—Age at First Use of Alcohol

- A factor that may be related to current alcohol use by youth and alcohol abuse in young adulthood is the age at first use of alcohol.¹⁰
- In 2009, 22.8% of youth in Alabama reported alcohol use prior to age 13, which was similar to national average of 21.1%.
- More boys (26.2%) reported early alcohol use than girls (19.0%) in Alabama during 2009, and this gender difference for alcohol use prior to age 13 was statistically significant for each study year except 2001 (Figure 21).

Figure 21—Percent of Alabama youth who reported first use of alcohol before age 13, overall and by gender, 1991-2009



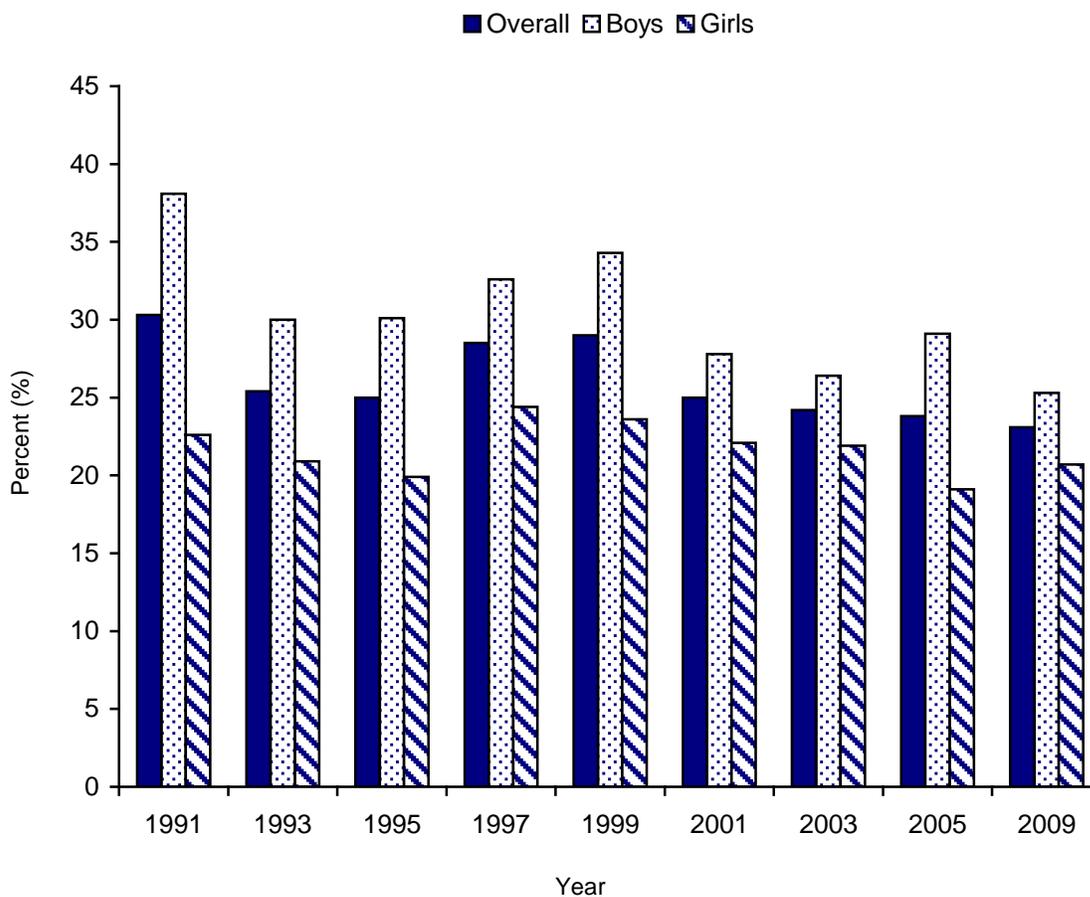
Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

Youth—Excessive Use of Alcohol

- Excessive alcohol intake among youth also increases with grade in school.¹¹
- The percent of youth in 9th-12th grades in Alabama who reported binge drinking, defined as 5 or more drinks in a row within a couple of hours, in the past 30 days was 23.1% in 2009, which was comparable to the national average (24.2%).
- More boys (25.3%) reported binge drinking than girls (20.7%) in Alabama during 2009 but this difference in the prevalence of binge drinking by gender was not statistically significant (Figure 22).

Figure 22—Percent of Alabama youth who reported binge drinking in past 30 days, overall and by gender, 1991-2009

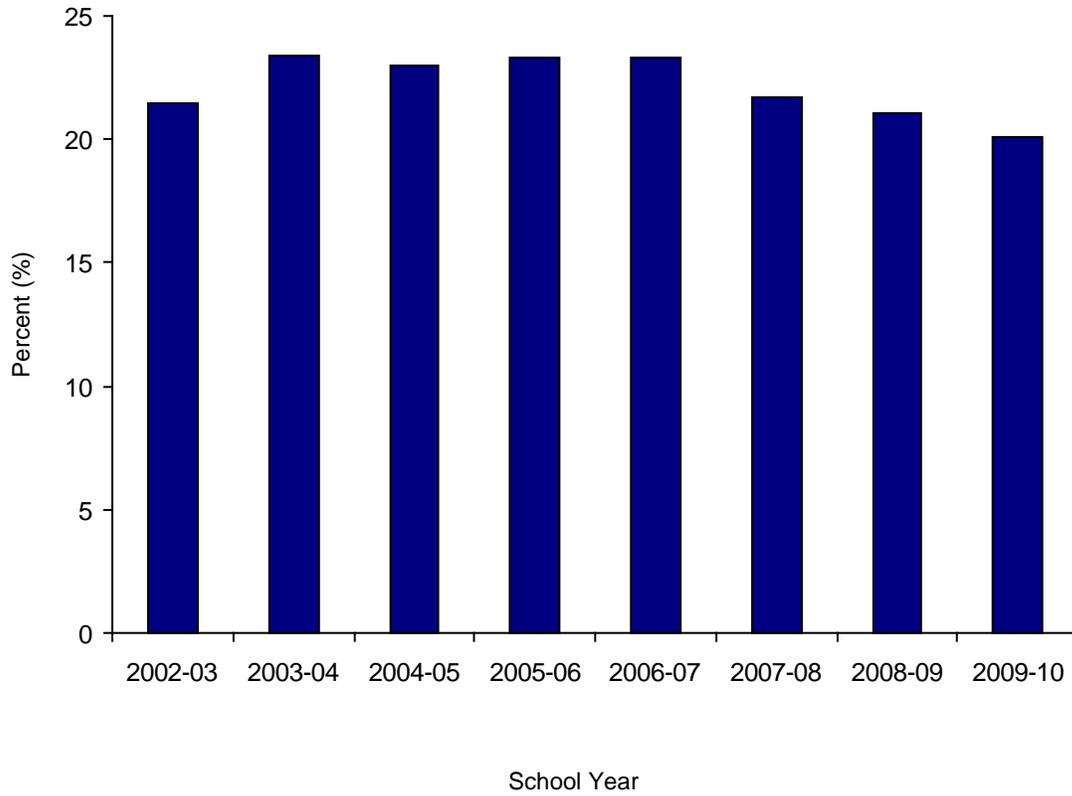


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- The proportion of youth in 6th-12th grades who reported ever binge drinking was 20.1% during the 2009-2010 school year. This has been relatively stable since 2002-03 (Figure 23).

Figure 23—Percent of Alabama youth in 6th-12th grades who reported ever binge drinking, 2002-2010



Source: Alabama Pride Survey

Youth—Perception of Excessive Use of Alcohol

- The perception of great risk of binge drinking among youth ages 12-17 was higher in Alabama compared with national estimates (Table 4).

Table 4—Percent of youth in Alabama, ages 12-17 years, who perceived great risk of drinking 5+ drinks weekly, 2005-2008

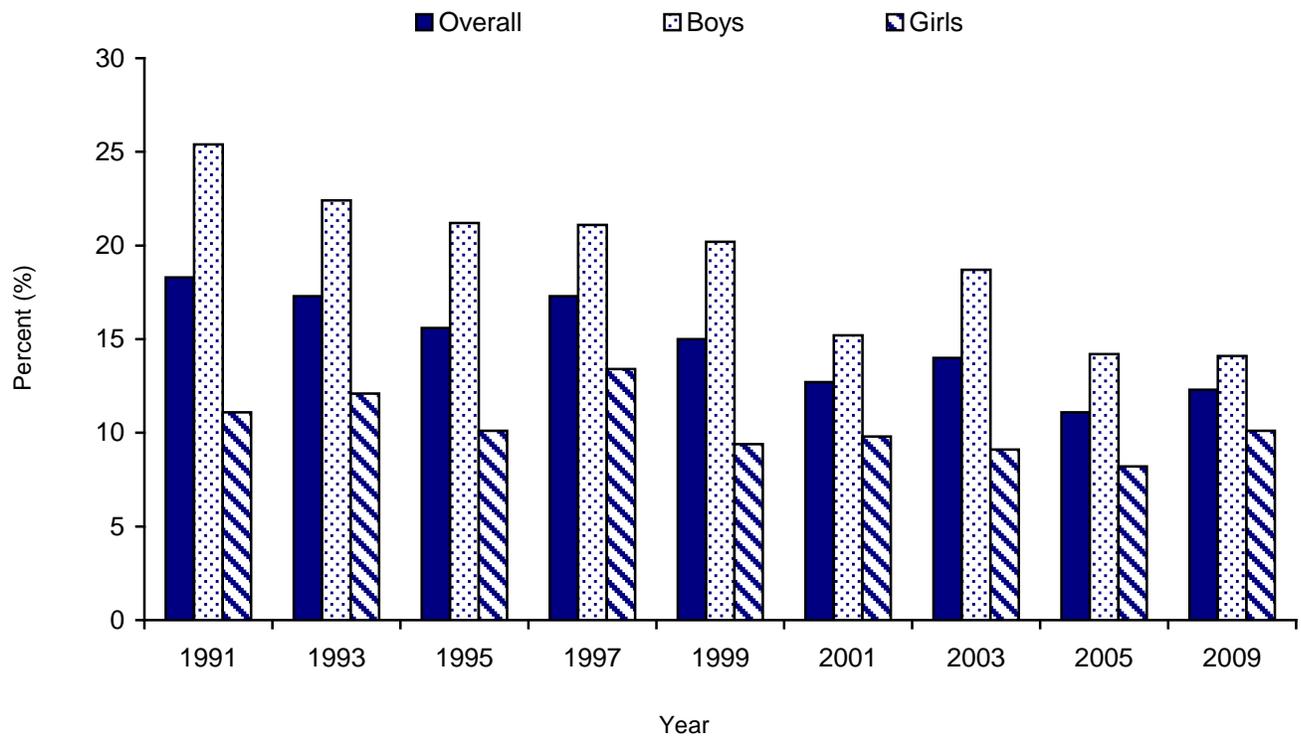
	2005-06	2006-07	2007-08
Alabama	42.3	41.9	43.5
United States	38.9	39.4	40.0

Source: NSDUH

Youth—Alcohol-Related Behaviors

- Alcohol use is associated with risky behaviors, such as drinking and driving.^{5,6}
- In 2009, 12.3% of 9th-12th grade students in Alabama drove a car or other vehicle after drinking alcohol in the past 30 days which was significantly higher than the national average (9.7%). A statistically significant difference was also found by gender, with more boys (14.1%) reporting drinking and driving than girls (10.1%) in Alabama (Figure 24).

Figure 24—Percent of Alabama youth who drove a car or other vehicle when they had been drinking alcohol one or more times during the past 30 days, overall and by gender, 1991-2009

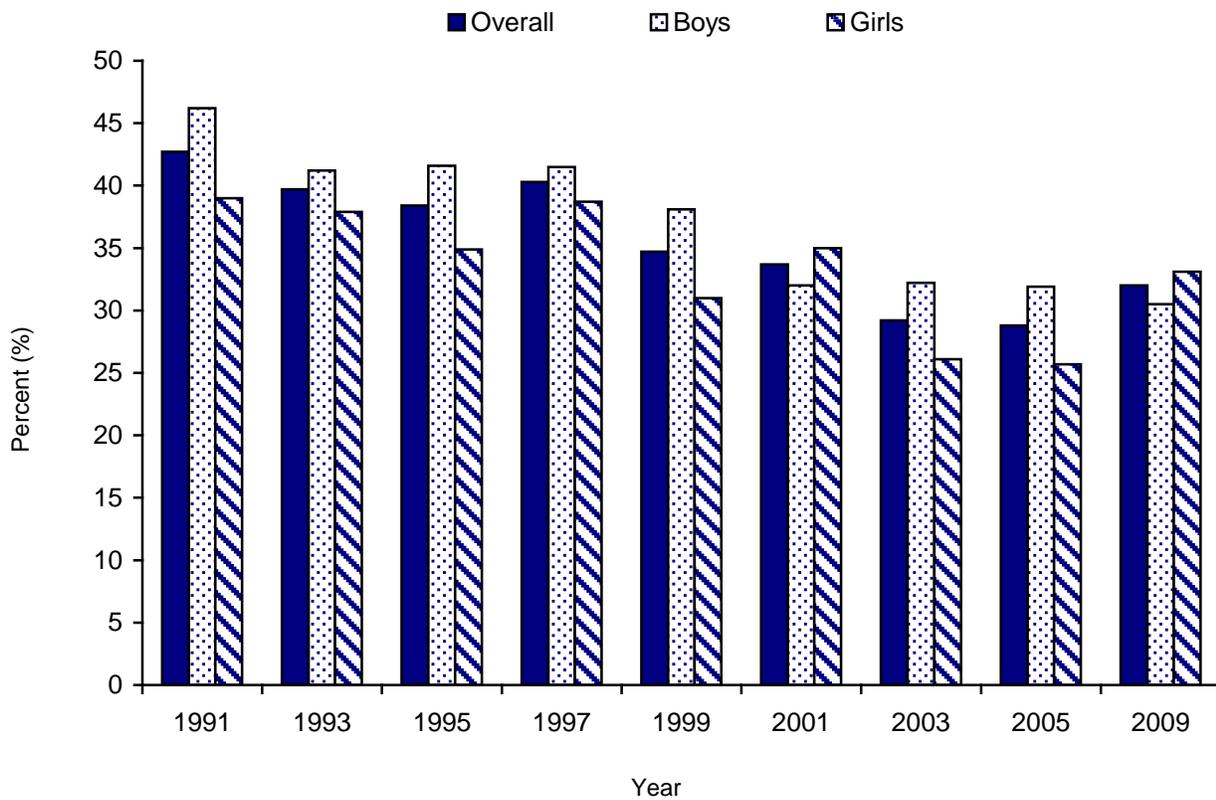


Source: YRBS

Note: YRBS data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- In 2009, 32.0% of youth reported riding in a car or other vehicle driven by someone who had been drinking which was significantly higher than the national average (28.3%).
- No significant gender difference was noted in 2009 for Alabama youths who reported riding in a car or other vehicle driven by someone who had been drinking (boys 30.5%; girls 33.1%) (Figure 25).

Figure 25—Percent of Alabama youth who rode in a car or other vehicle driven by someone who had been drinking alcohol in the previous 30 days, overall and by gender, 1991-2009



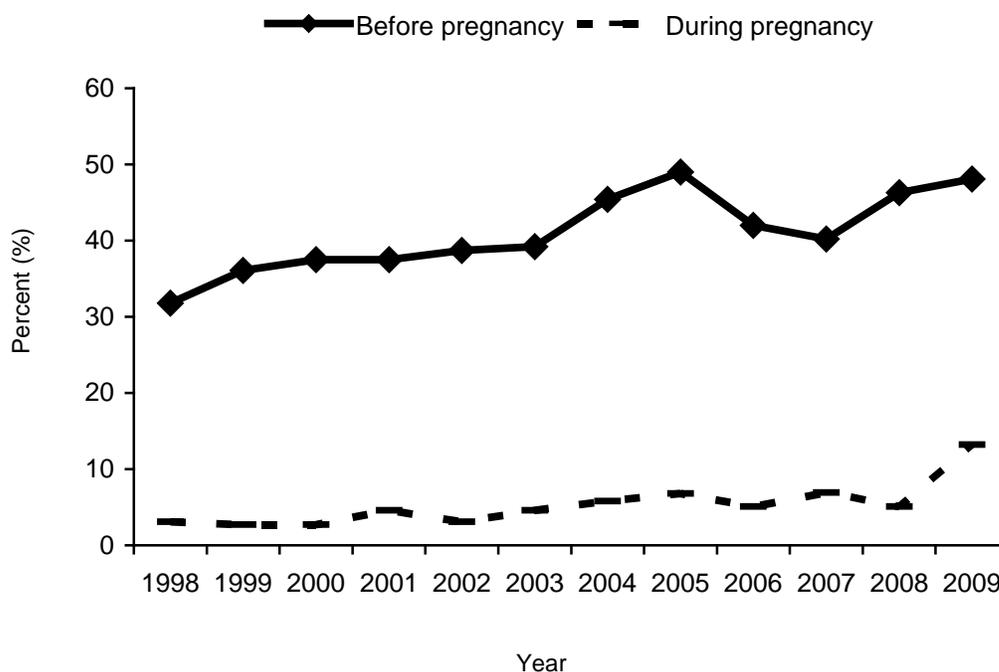
Source: YRBS

Note: YRBS data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

Prenatal Alcohol Use

- Prenatal alcohol consumption can lead to fetal alcohol spectrum disorders (FASD), a group of adverse health conditions that are characterized by birth defects, developmental disabilities, and behavioral issues in babies exposed to alcohol *in utero*.^{12,13}
- To prevent FASD, the U.S. Surgeon General updated a 1981 advisory that had recommended women limit their alcohol intake during pregnancy with a 2005 advisory that recommended total abstinence from alcohol consumption for women who are pregnant or may become pregnant.¹⁴
- In 2009, 48.1% of Alabama mothers who had recently given birth reported drinking alcoholic beverages during the 3 months preceding their pregnancy and 13.2% reported drinking alcoholic beverages during the last 3 months of their pregnancy (Figure 26).

Figure 26—Percent of Alabama mothers who had recently given birth who reported drinking alcohol during the 3 months prior to their pregnancy or during the last 3 months of their pregnancy, 1998-2009



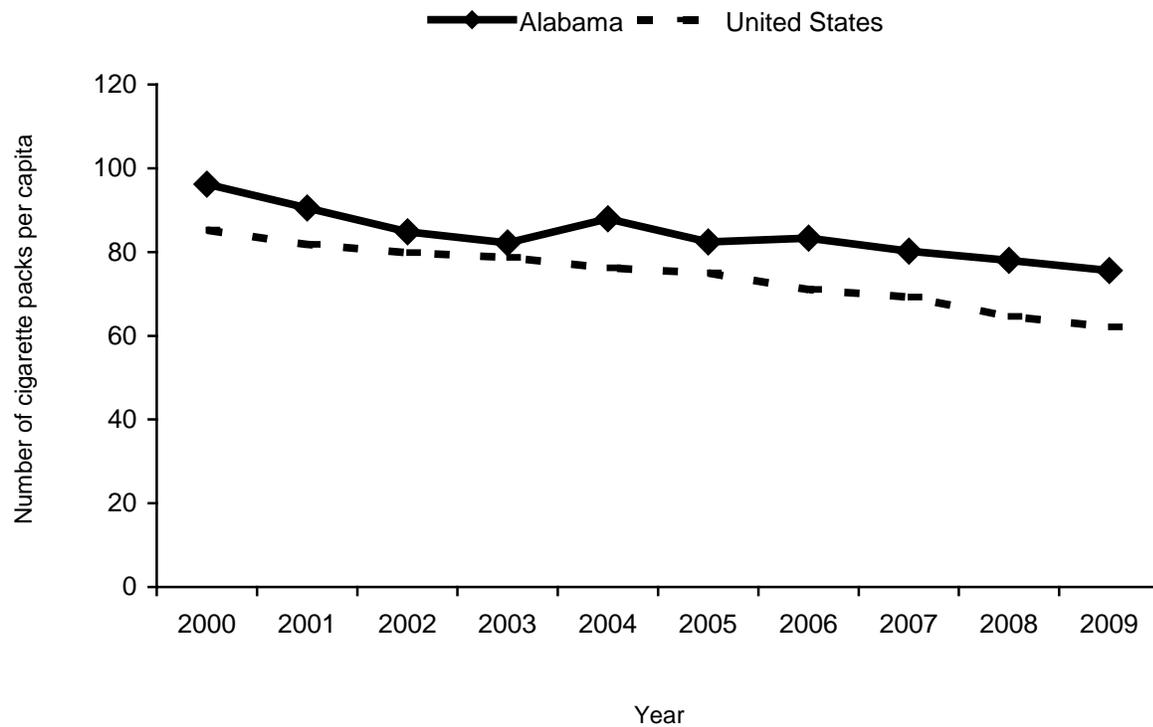
Source: PRAMS

Tobacco

Tobacco

- The minimum legal age to purchase, use, possess, or transport tobacco products in Alabama is 19 years.
- Alabama ranks 46th out of all 50 states plus the District of Columbia for its tax rate on cigarettes, which is 42.5¢ per pack; however, cities and counties may impose an additional tax of 1 to 6¢ per pack.¹⁵
- The per capita sales of cigarette packs has declined since 2000 in Alabama, but remains higher than the national average (Figure 27).

Figure 27—Per capita sales of cigarette packs in Alabama and United States, 2000-2009



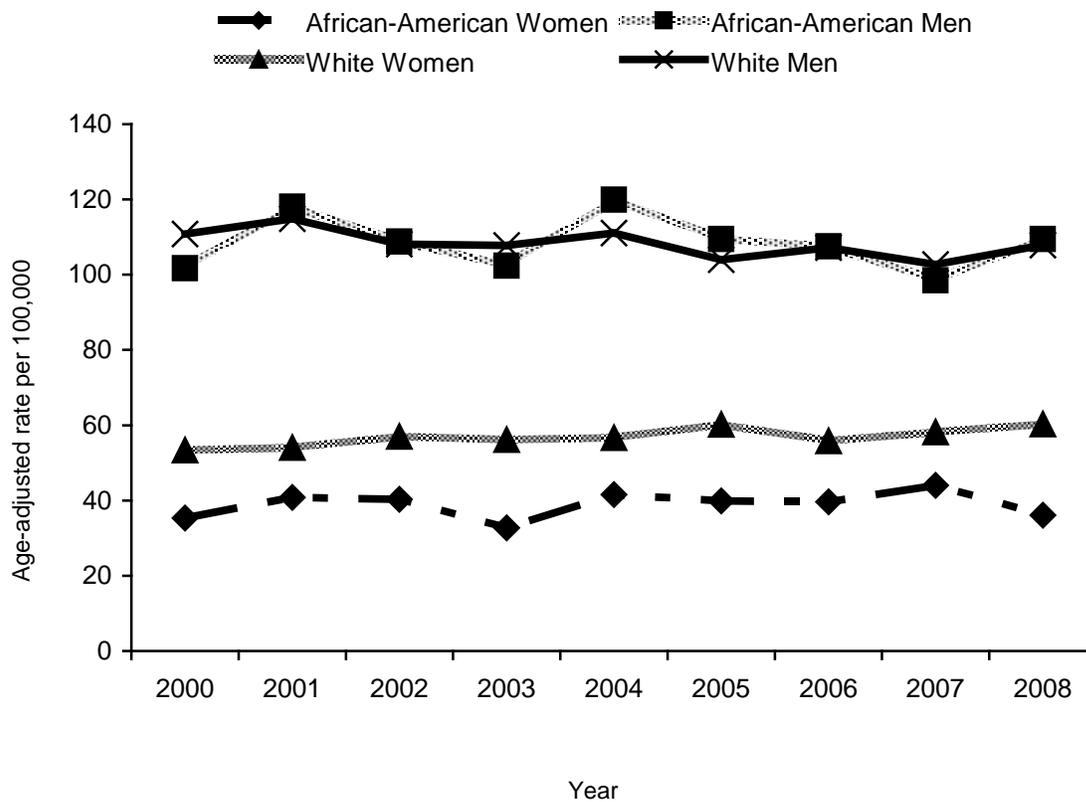
Source: Orzechowski and Walker (2009). *The Tax Burden on Tobacco*.

Tobacco Consequences

Tobacco-Related Morbidity

- The incidence rate of lung or bronchus cancer was higher among men in Alabama than women in Alabama between 2000 and 2008 (Figure 28), but no racial differences were noted among men while white women had a higher incidence compared with African-American women.

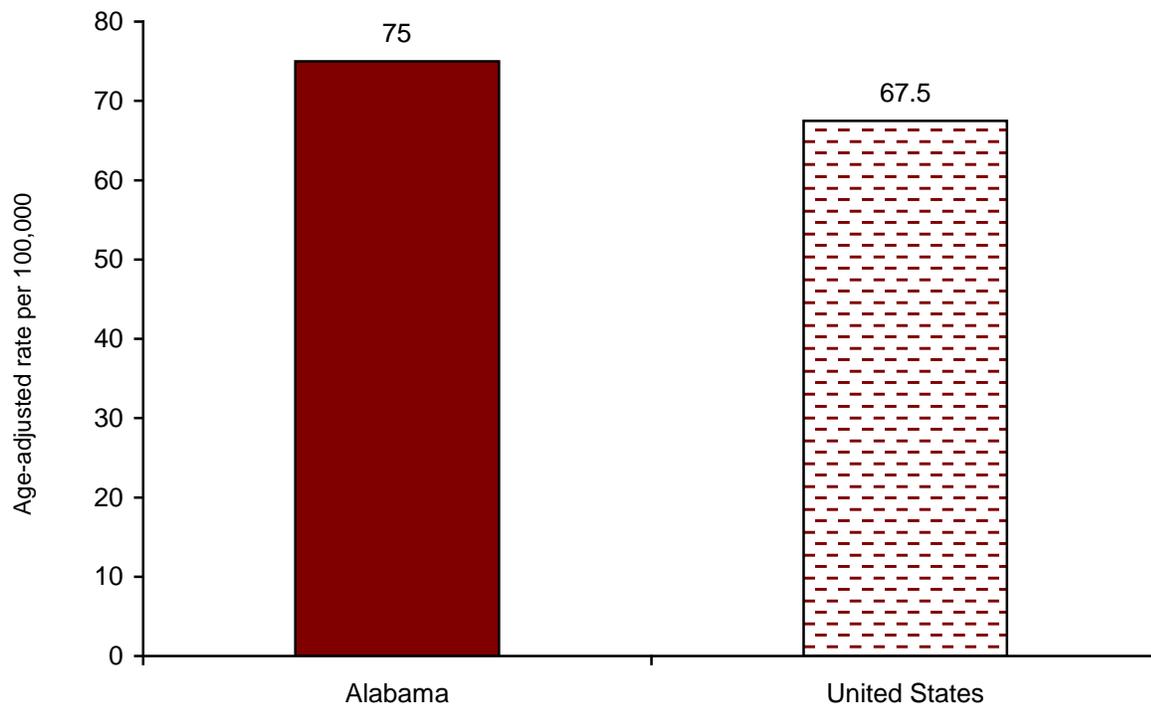
Figure 28—Incidence rate of lung or bronchus cancer in Alabama by race and gender groups, 2000-2009



Source: CDC Wonder

- The incidence of lung and bronchus cancer was slightly higher in Alabama compared with the national average (Figure 29).

Figure 29—Incidence rate of lung or bronchus cancer in Alabama and United States, 2007

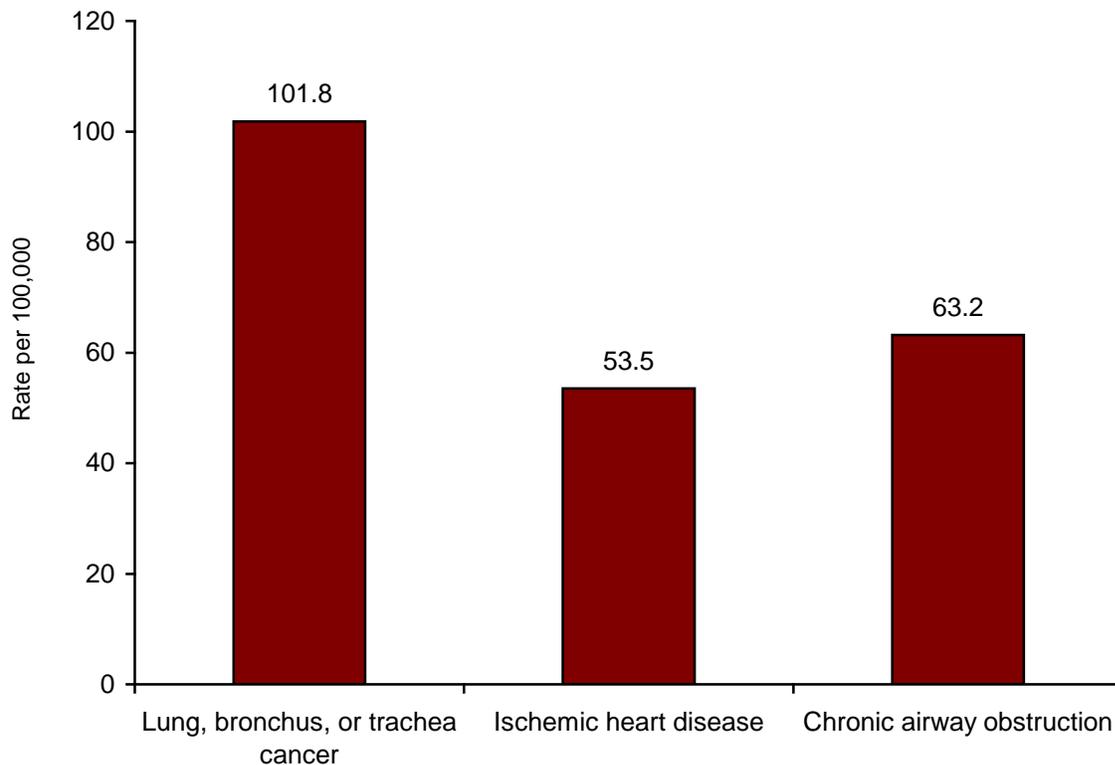


Source: SEER

Tobacco-Related Mortality

- Tobacco consumption is associated with an increased risk of morbidity and mortality.
- In Alabama, the smoking-attributable mortality rate (per 100,000) was greatest for cancer of the lung, bronchus, or trachea followed by ischemic heart disease and chronic airway obstruction (Figure 30).

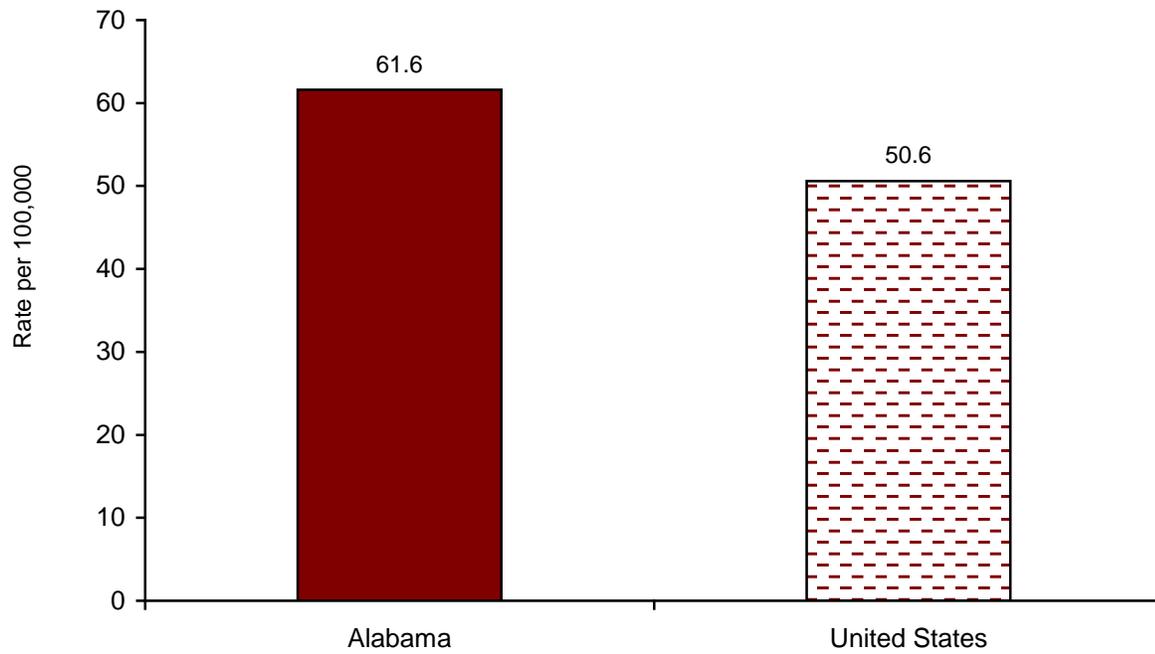
Figure 30—Average annual age-adjusted smoking-attributable mortality rate (per 100,000) in Alabama, 2000-2004



Source: SAMMEC

- The mortality rate for lung or bronchus cancer was significantly greater in Alabama than in the United States (Figure 31).

Figure 31—Age-adjusted mortality rate per 100,000 in Alabama and United States for lung or bronchus cancer, 2007

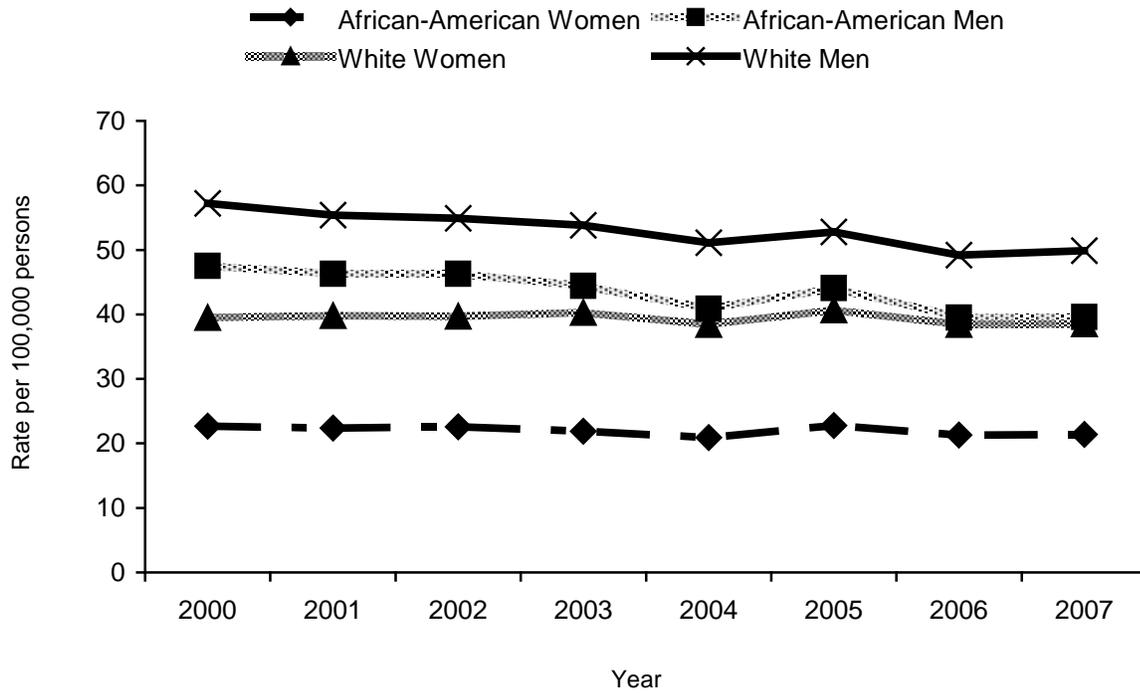


Source: SEER

Lung and bronchus mortality identified using ICD-10 code C34.

- The mortality rate for chronic lower respiratory diseases (CLRD), which includes bronchitis, asthma, emphysema, and other chronic obstructive pulmonary diseases, was highest for white men, followed by African-American men, white women, and African-American women in Alabama (Figure 32).

Figure 32—Age-adjusted mortality rate (per 100,000) for chronic lower respiratory diseases in Alabama by race and gender, 1999-2007



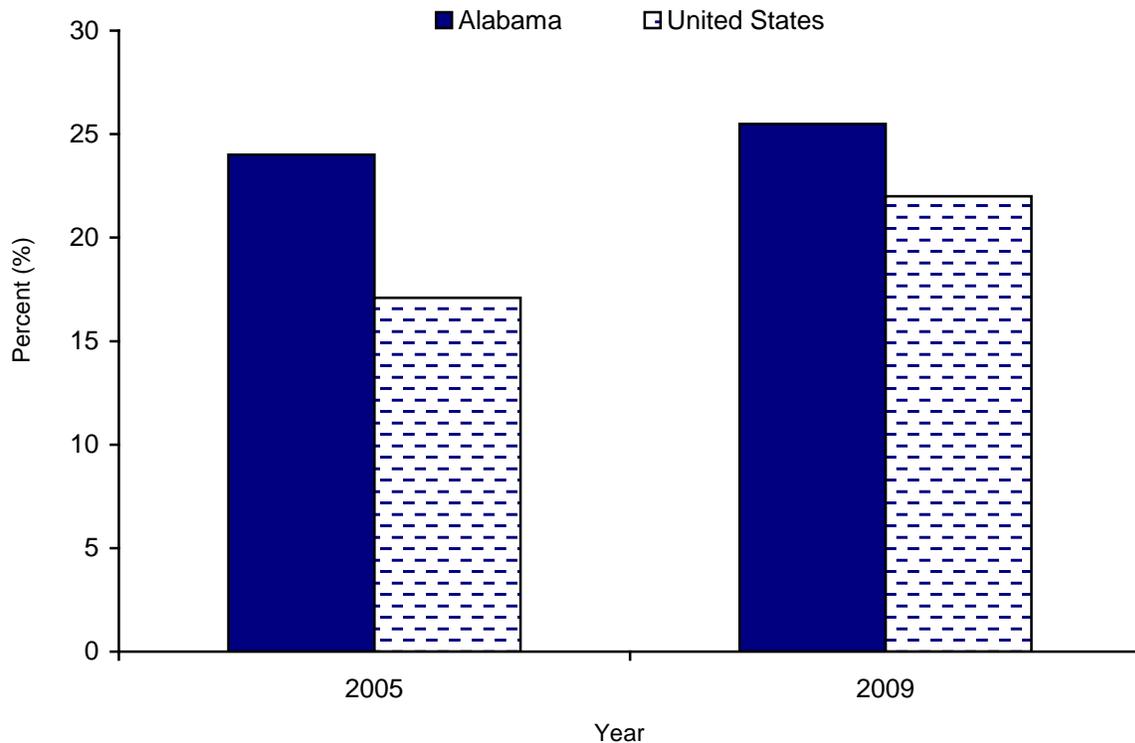
Source: CDC Wonder

Chronic lower respiratory diseases identified using ICD-10 codes J40-J47.

Youth—Tobacco-Related Health Effects

- While most of the adverse health effects of tobacco are not manifest until adulthood, there is a growing concern about the prevalence of asthma among youth and the ensuing symptoms triggered by tobacco smoke.^{16,17}
- In 2009, 25.5% of Alabama youth reported being told by a doctor or nurse that they had asthma (Figure 33). This was significantly higher than the national average.

Figure 33—Percent of youth in 9th-12th grades in Alabama and United States who reported ever being told by a doctor or nurse that they had asthma, 2009



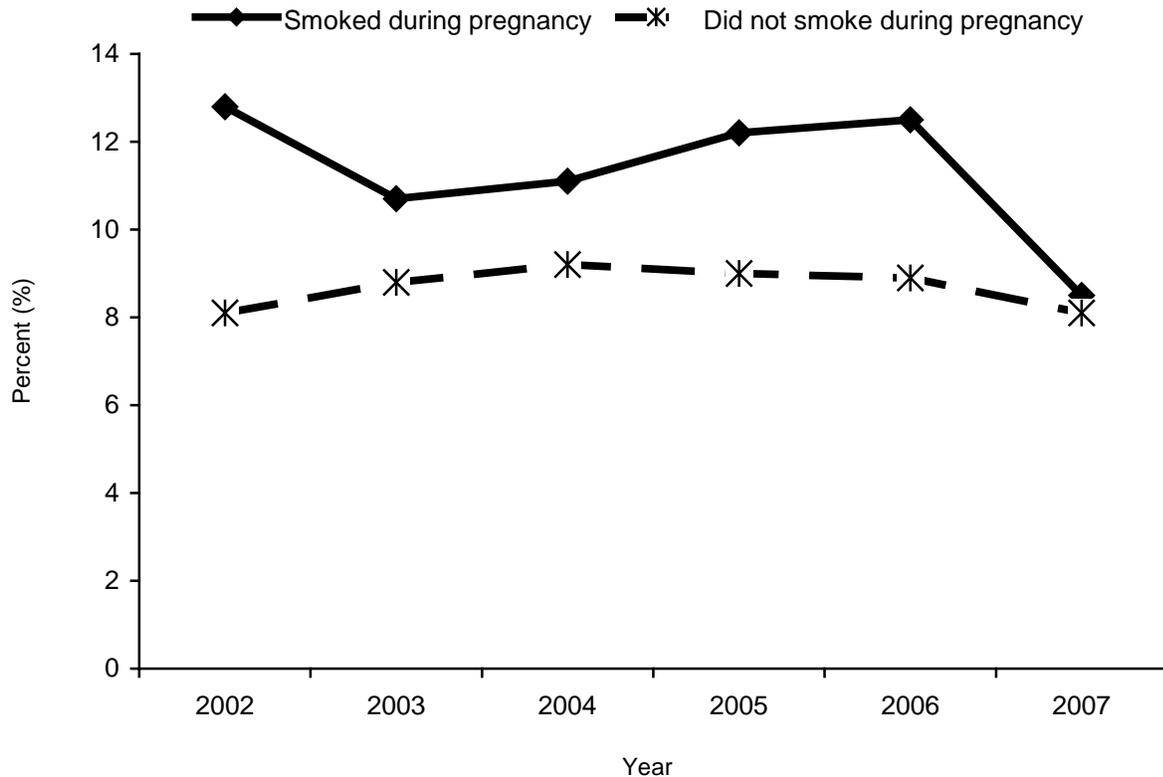
Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

Prenatal Smoking and Birth Outcomes

- Smoking during pregnancy is associated with various health problems including premature births and low birth weight babies.^{16,18}
- In 2007, there was not a statistically significant difference by smoking status during pregnancy, with 8.5% of women who smoked during pregnancy and 8.1% of women who did not smoke during pregnancy giving birth to low birth weight babies (Figure 34).

Figure 34—Percent of Alabama mothers who reported smoking during their pregnancy and who gave birth to low birth weight birth babies, 2002-2007



Source: PRAMS

Data after 2007 on alcohol use and low birth weight births is unavailable.

Tobacco Consumption

Adults—Current Use of Tobacco

- The percent of adults who used tobacco in the past month was higher in Alabama compared with national estimates between 2005 and 2008 (Table 5), with the prevalence being higher among adults ages 18-25 years compared with adults ages 26 years and older.

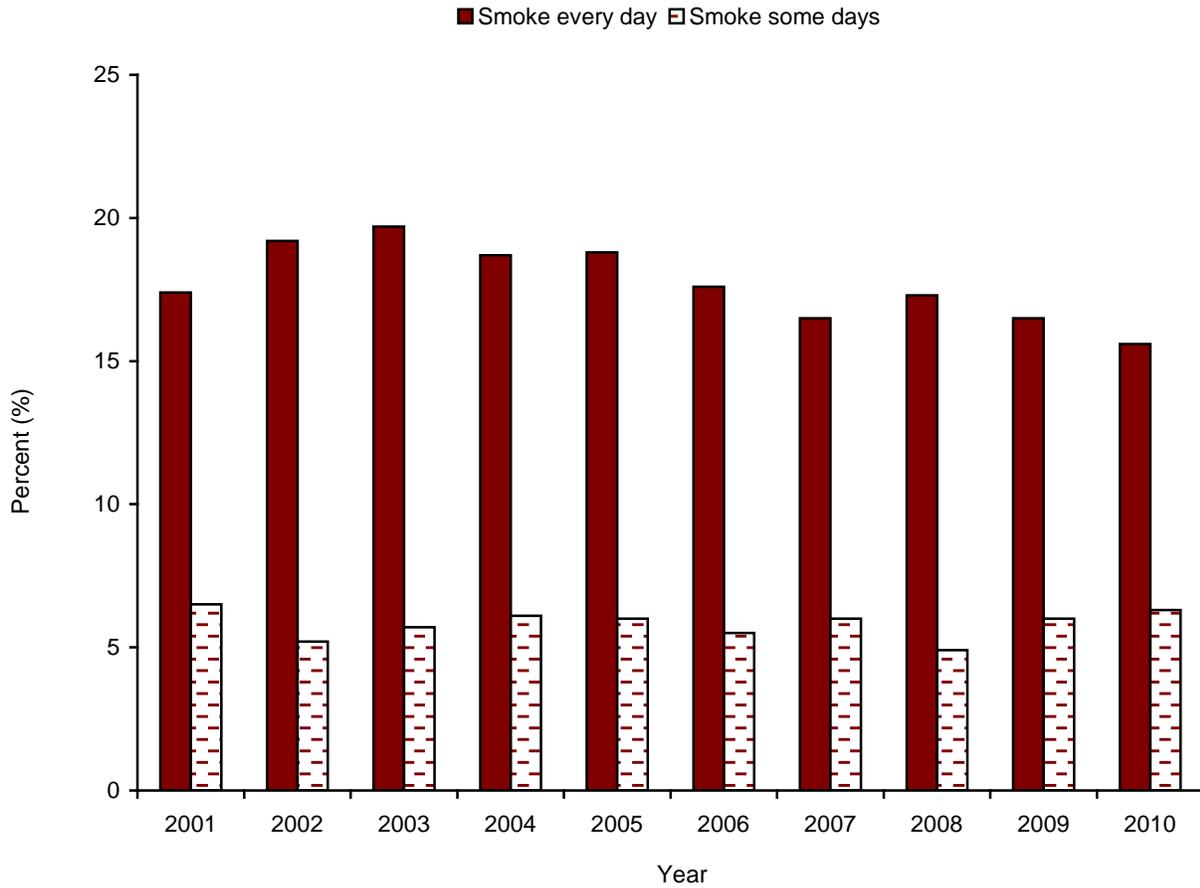
Table 5—Percent of adults in Alabama and United States who used tobacco in past month by age group and year, 2005-2008

	Age Group					
	18-25 years			26 and older		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Alabama	45.8	47.7	47.5	33.9	34.4	32.5
United States	44.1	42.9	41.6	29.2	28.9	28.4

Source: NSDUH

- In 2010, the percent of current smokers among adults was higher among Alabama adults (21.9%) compared with the national median (17.9%). Of the current smokers in Alabama, 15.6% reported smoking every day and 6.3% reported smoking on some days (Figure 35).

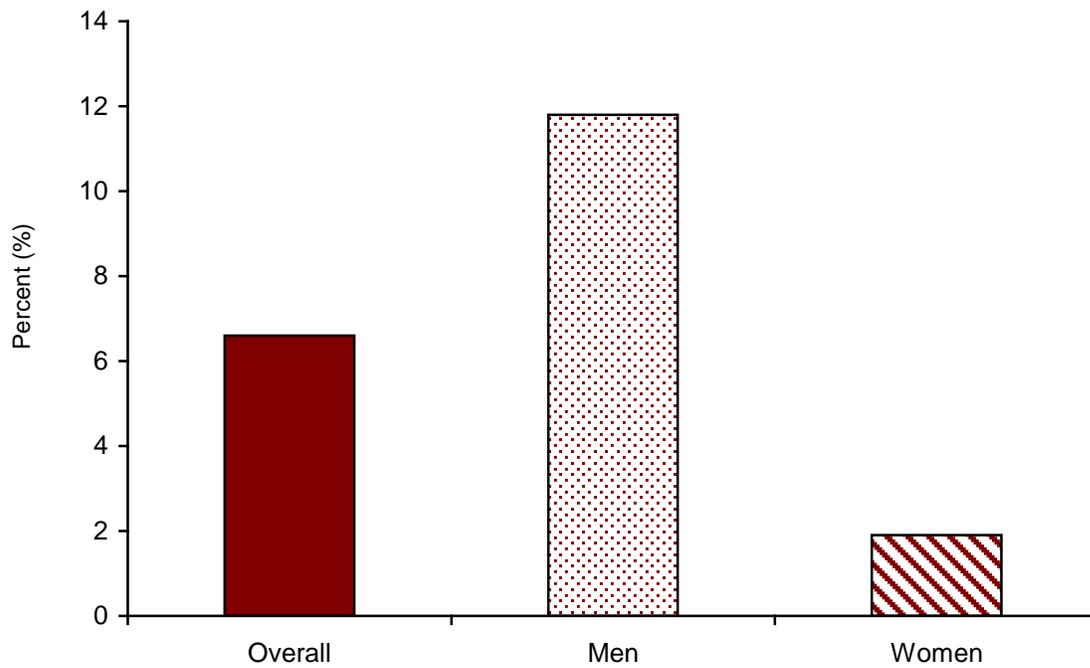
Figure 35—Percent of current smokers in Alabama by smoking frequency, 2001-2010



Source: BRFSS

- In 2009, 6.6% of Alabama adults reported ever using smokeless tobacco, with significant differences between men (11.8%) and women (1.9%) (Figure 36).
- Also, Alabama ranked in the top quartile of states in 2009 for the highest percent of current smokers who also used smokeless tobacco (9.8%).

Figure 36—Percent of adults in Alabama who reported any ever use of smokeless tobacco, overall and by gender, 2009



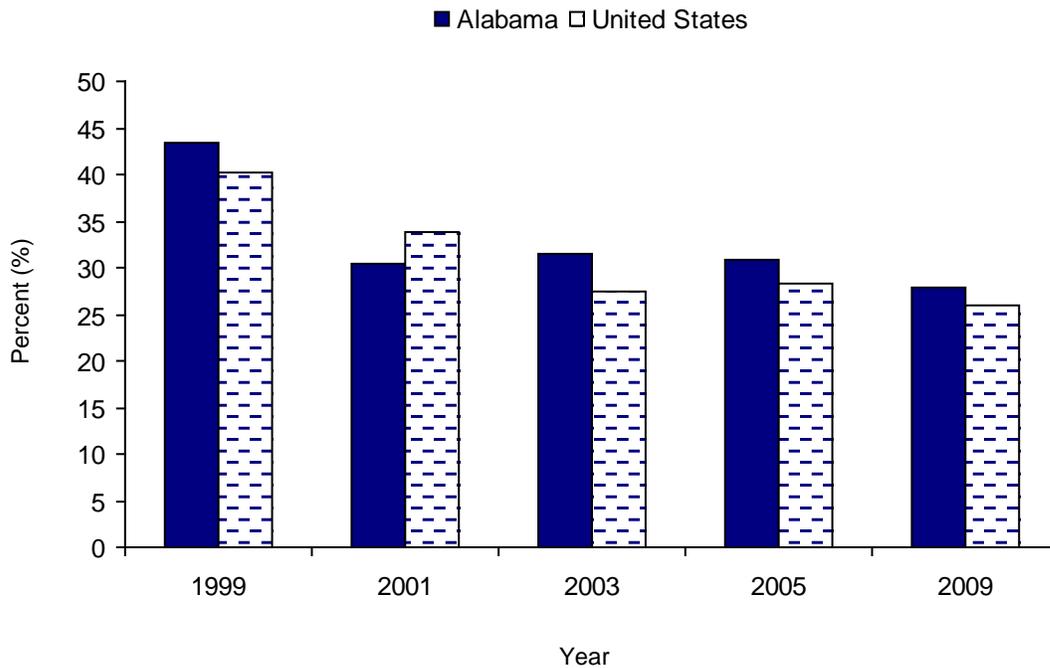
Source: BRFSS

MMWR 2010; 59(43):1400-1406

Youth—Current Use of Tobacco

- The percent of youth in 9th-12th grades who reported use of any tobacco within the past month has declined since 1999 in Alabama and the United States.
- In 2009, Alabama had a slightly higher percent of youth who reported any tobacco use compared with the national average, but this difference was not statistically significant (Figure 37).

Figure 37—Percent of youth in Alabama and United States who reported use of any tobacco in the past month, 1999-2009

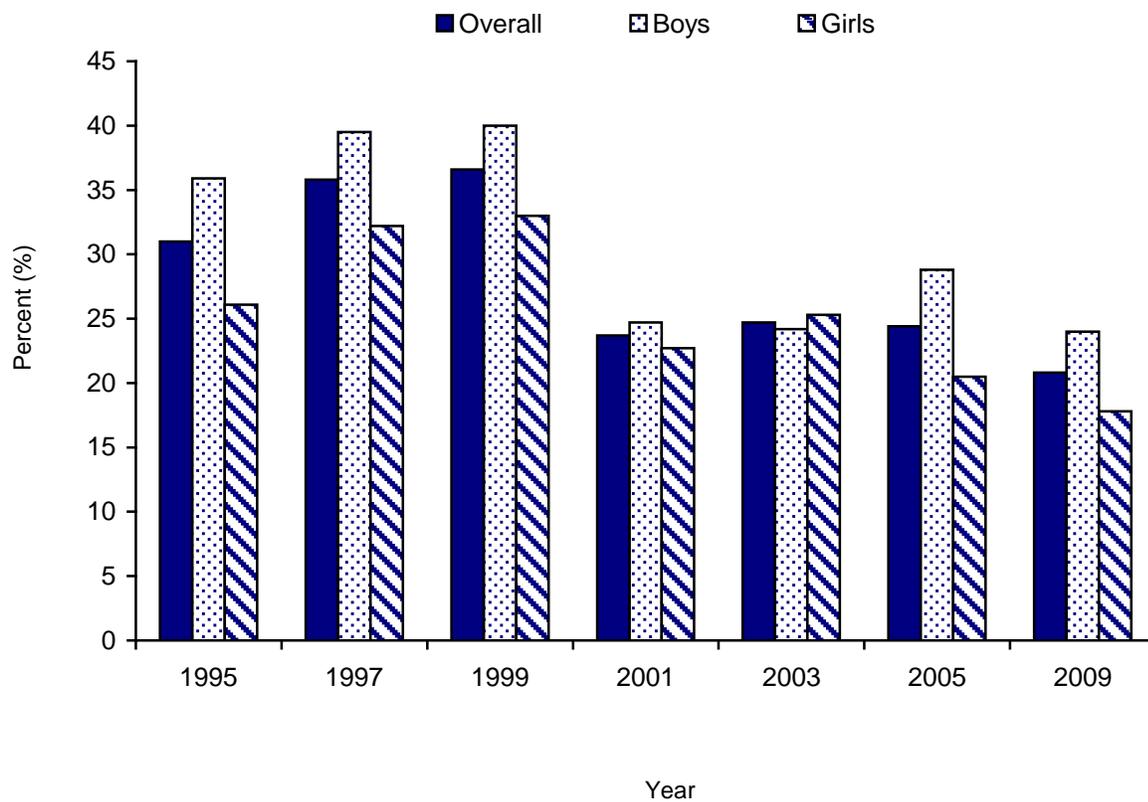


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009. Any tobacco includes cigarettes, smokeless tobacco, cigars, and pipe tobacco.

- The prevalence of current cigarette smoking among Alabama youth has declined since 1995 (Figure 38).
- In 2009, 20.8% of youth in 9th-12th grades in Alabama reported smoking cigarettes on one or more of the previous 30 days, which was similar to the national estimate (19.5%). Current cigarette smoking was more common among boys (24.0%) than girls (17.8%) in Alabama in 2009.

Figure 38—Percent of Alabama youth who smoked cigarettes on one or more of the previous 30 days overall and by gender, 1995-2009

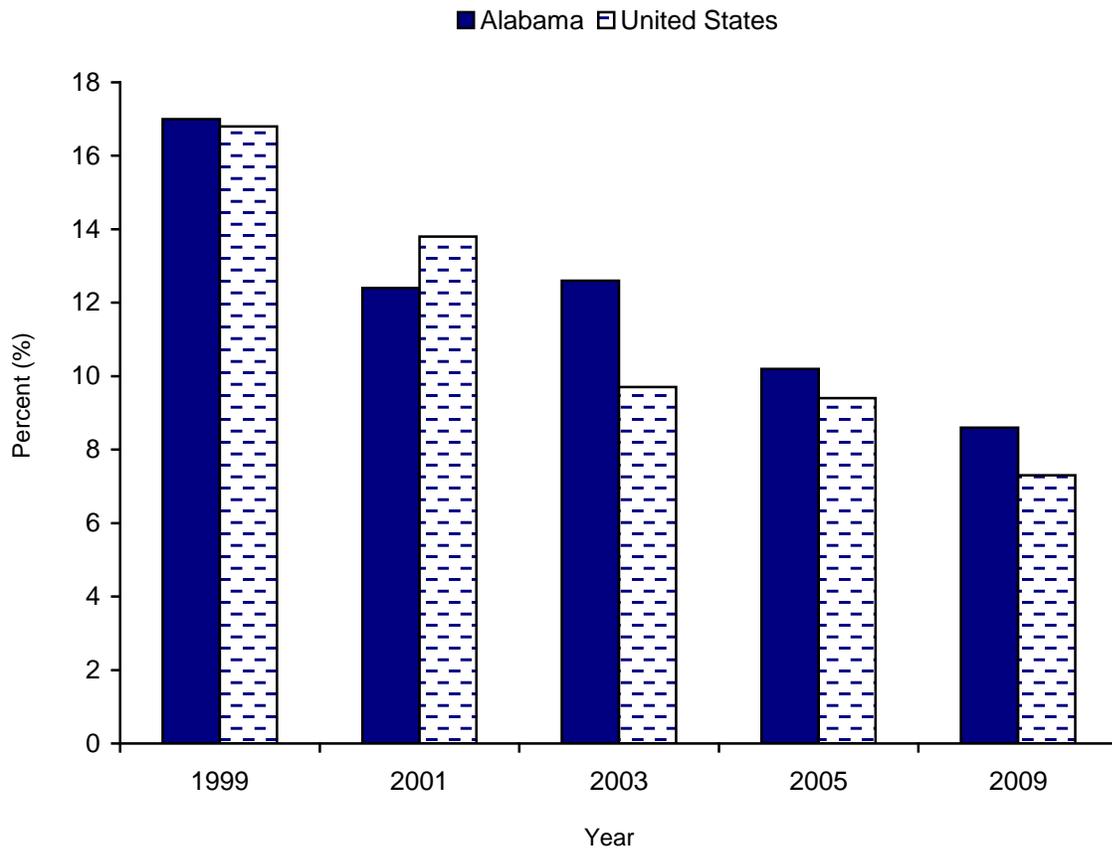


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- Regular cigarette smoking, defined as smoking cigarettes on 20 or more of the previous days, declined among youth in Alabama and the United States between 1999 and 2009 (Figure 39) and there was not a statistically significant difference between the state and national averages.
- The percent of youth in 9th-12th grades in Alabama who smoked cigarettes regularly (20 or more days out of the previous 30 days) declined from 17.0% in 1999 to 8.6% in 2009.

Figure 39—Percent of youth in Alabama and United States who smoked cigarettes on 20 or more of the previous 30 days, 1999-2009

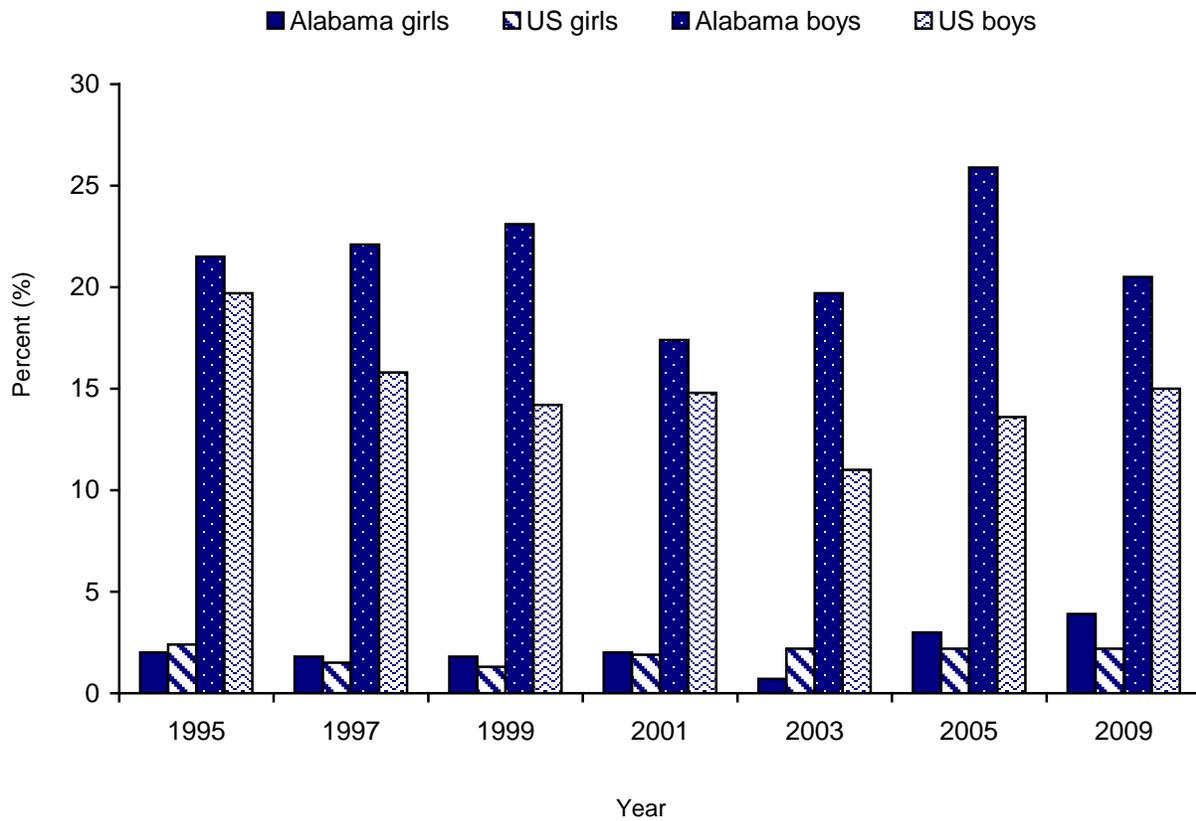


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- Overall, the percent of Alabama youth who reported current use of chewing tobacco, snuff, or dip was 12.4% compared with 8.9% nationwide in 2009.
- There was a significant difference by gender at both the state- and national-levels for chewing tobacco use with more boys reporting current use than girls during 1995-2009 (Figure 40).
- In 2009, boys and girls in Alabama were more likely than boys and girls nationally to have used chewing tobacco, snuff, or dip in the previous 30 days (Figure 40).

Figure 40—Percent of youth in Alabama and United States who used chewing tobacco, snuff, or dip on one or more of the previous 30 days by gender, 1995-2009

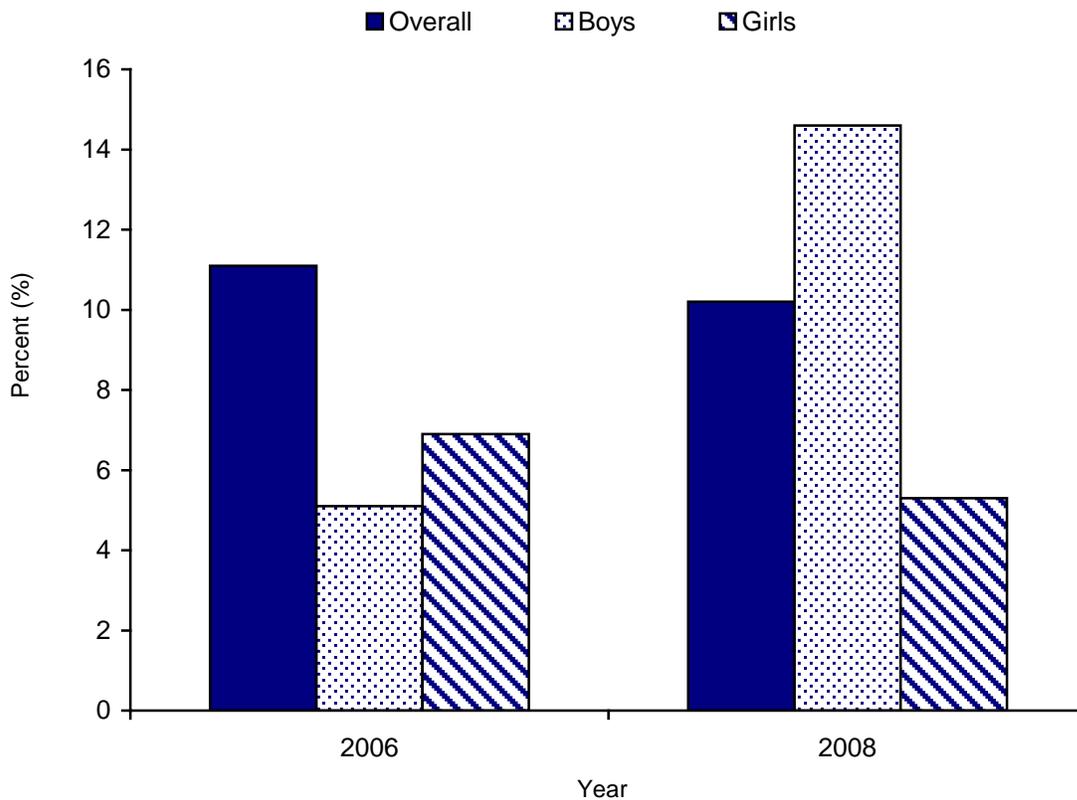


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- In addition to traditional cigarettes and smokeless tobacco products, youth reported using bidis and kreteks, imported cigarettes that may be flavored or unflavored and have more nicotine, tar, and carbon monoxide than traditional cigarettes.^{19,20}
- Overall, the use of bidis and/or kreteks among Alabama youth was similar in 2006 and 2008. In 2008, more boys (14.6%) in Alabama reported ever trying bidis or kreteks than girls (5.3%) (Figure 41).

Figure 41—Percent of Alabama youth who have tried bidis and/or kreteks, overall and by gender, 2006-2008

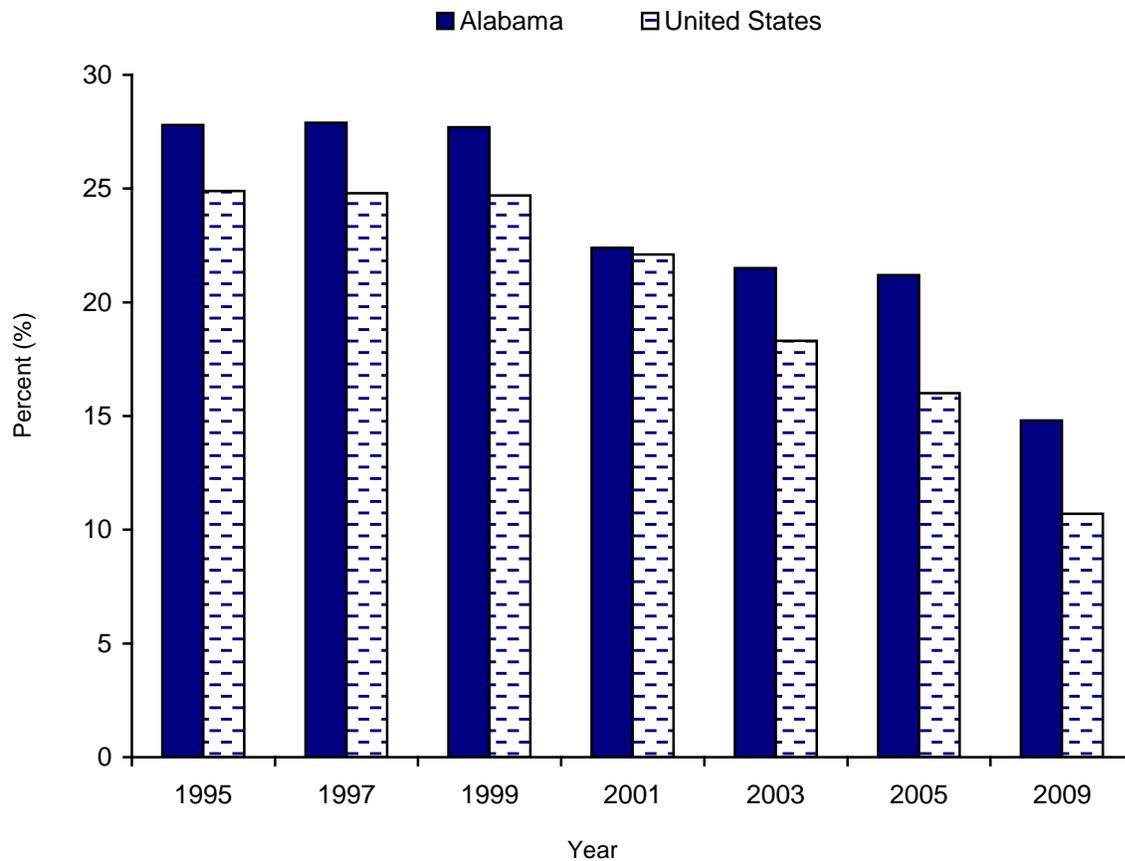


Source: AYTS

Youth—Age at First Use of Cigarettes

- The age at first use of cigarettes is associated with an increased risk of nicotine dependence and smoking-related cancers.²¹
- The age at first use of cigarettes has declined in Alabama and the United States since 1995 (Figure 42).
- In 2009, 14.8% of Alabama youth in 9th-12th grades reported smoking their first whole cigarette before age 13 compared to 10.7% of youth nationwide, which was a statistically significant difference.

Figure 42—Percent of youth in Alabama and United States who smoked a whole cigarette for the first time before 13 years of age, 1995-2009



Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- The percent of youth ages 12-17 years in Alabama who perceived great risk of smoking declined between 2005 and 2008, and was lower than the national average (Table 6).

Table 6—Percent of youth (ages 12-17 years) in Alabama and United States who perceived great risk of smoking, 2005-2008

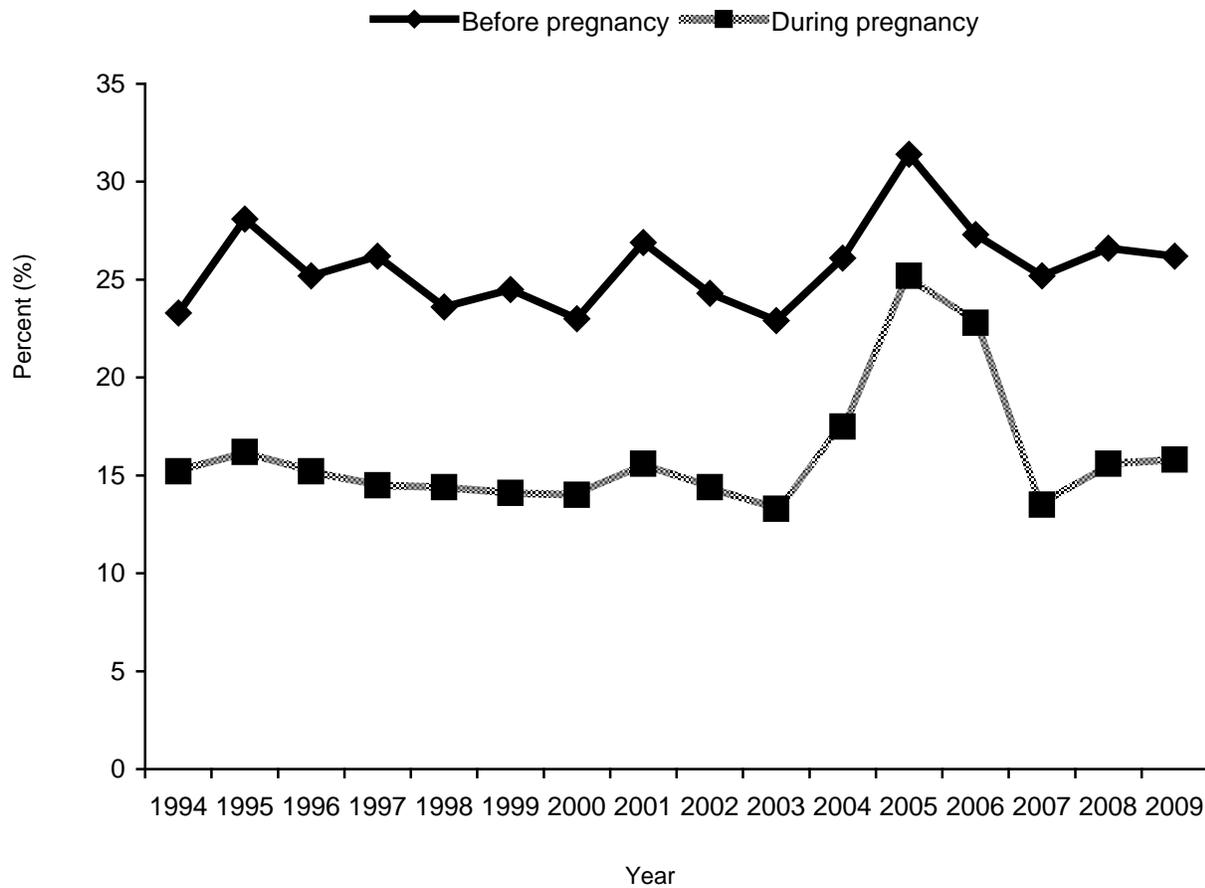
	2005-06	2006-07	2007-08
Alabama	65.4	63.7	63.3
United States	68.5	68.8	69.3

Source: NSDUH

Prenatal Smoking

- Smoking during pregnancy has been associated with an increased risk of preterm birth, low birth weight, placental complications, and sudden infant death syndrome.¹⁸
- In 2009, 26.2% of Alabama mothers who had recently given birth reported smoking before pregnancy and 15.8% during pregnancy (Figure 43).

Figure 43—Percent of Alabama mothers who recently gave birth who reported smoking before or during pregnancy, 1994-2009



Source: PRAMS

Other Drugs

Other Drugs Classification

- The Controlled Substances Act of 1970 established 5 schedules of drugs to regulate the manufacture and distribution of these drugs in the United States based on potential for abuse and accepted medical uses (21 Code of Federal Regulations Part 1308). Commonly abused drugs by schedule are presented in Table 2.
 - Schedule I: No approved medical uses
 - Schedule II: Requires a non-refillable prescription and order form
 - Schedule III, IV: Requires a prescription; limited refills are allowed
 - Schedule V: Some availability over the counter

Table 7—Commonly abused drugs by category and schedule

Category	Name	Schedule
Cannabinoids	Hashish	I
	Marijuana	I
Depressants	Barbituates	II, III
	Benzodiazepines	IV
	Flunitrazepam	IV
	GHB (gamma-hydroxybutyrate)	I
	Methaqualone	I
Dissociative Anesthetics	Ketamine	III
	PCP (phencyclidine)	I, II
Hallucinogens	LSD (lysergic acid diethylamide)	I
	Mescaline	I
	Psilocybin	I
Opioids and morphine derivatives	Codeine	II, III, IV, V
	Fentanyl	I, II
	Heroin	I
	Morphine	II, III
	Opium	II, III, V
	Oxycodone HCL	II
Stimulants	Hydrocodone bitartrate, acetaminophen	II
	Amphetamine	II
	Cocaine	II
	MDMA (methylenedioxyamphetamine)	I
	Methamphetamine	II
	Methylphenidate	II
Other compounds	Nicotine	Not scheduled
	Anabolic steroids	III
	DXM (dextromethorphan)	Not scheduled
	Inhalants	Not scheduled

Source: National Institute of Drug Abuse <http://www.drugabuse.gov/DrugPages/DrugsofAbuse.html>

- In 2004, Alabama enacted a Prescription Drug Monitoring Program to collect data on drugs in Schedules II-V that were dispensed throughout the state. Mandatory reporting for this program began in April 2006.
 - Prescription data for drugs in schedules II-V that are dispensed in Alabama are required to be reported to a central database.
 - Drugs provided by samples, during inpatient care, during physician office visits (injection, oral, topical, or suppository administration), or through assistance programs are not subject to the regulations of the monitoring program.
 - The goal of the program is to identify any potential problems with prescription abuse early and to prevent people from filling multiple prescriptions from multiple physicians at multiple pharmacies, i.e. “doctor shopping.”
- Alabama ranks in the top 5 states for the distribution of two prescription pain relievers, meperidine and hydrocodone.
 - In 2006, Alabama ranked 2nd in the distribution of meperidine with 4,745.63 grams/100,000 and 5th in the distribution of hydrocodone with 20,141.86 grams/100,000 persons (Table 8).

Table 8—Cumulative distribution in grams per 100,000 persons in Alabama, 2006

Drug name	Drug code	Grams/100,000 persons	Rank*
Buprenorphine	9064	157.66	12
D-Amphetamine base	1100D	2,427.09	7
DL-Amphetamine base	1100B	2,025.54	5
Hydrocodone	9193	20,141.86	5
Meperidine	9230	4,745.63	2
Methadone	9250B	4,529.27	7

*Ranking is based on 50 states plus the District of Columbia and selected US territories.

Source: DEA http://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/2005/05_rpt4.pdf

Other Drugs Consequences

Adults—Illicit Drug Abuse or Dependence

- Illicit drug use, including recreational and experimental use, can result in dependence or abuse.
- In 2007-2008, 7.9% of adults in Alabama ages 18-25 years were dependent or abused illicit drugs in the past year compared to 2.1% of adults ages 26 years and older (Table 9).
- The national and state-level estimates were comparable within both age groups and there were no statistically significant changes between 2005 and 2008.

Table 9—Percent of adults in Alabama and the United States who were drug dependent or abused[†] illicit drugs[‡] by age group, 2005-2008

	Age Group					
	18-25 years			26 and older		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Alabama	7.6	7.4	7.9	1.8	2.1	2.1
United States	8.1	7.9	7.9	1.7	1.7	1.7

Source: NSDUH

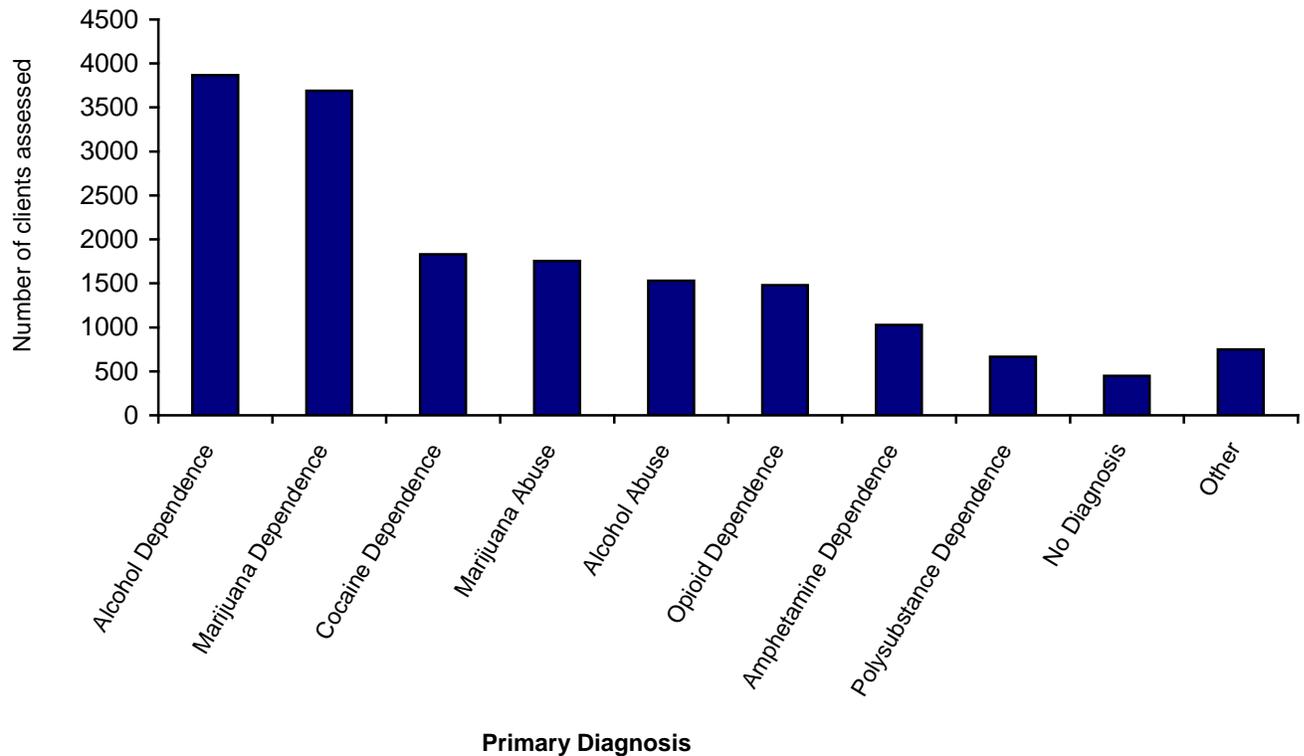
[†] Dependence or abuse is based on definitions in the DSM-IV.

[‡] Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

Adults—Needing Treatment for Illicit Drug Dependence or Abuse

- Treatment and after-care services are needed to combat the effects of drug dependence or abuse.
- In fiscal year 2010, alcohol dependence was the leading primary diagnosis for clients who were seen at publicly funded substance abuse treatment facilities in Alabama. However, the next three leading diagnoses were marijuana dependence, cocaine dependence, and marijuana abuse and when combined, exceeded the number of alcohol dependence/abuse diagnoses (Figure 44).

Figure 44—Number of clients assessed at publicly funded substance abuse treatment facilities in Alabama by primary diagnosis, 2009-2010



Source: ASAIS

- In 2007-2008, 7.3% of adults in Alabama ages 18-25 years needed but did not receive treatment for illicit drug use compared to 1.7% of adults ages 26 years and older (Table 10).
- The national and state-level estimates were comparable within both age groups.

Table 10—Percent of adults in Alabama and United States who needed but did not receive treatment[†] for illicit drug[‡] use by age group, 2005-2008

	Age Group					
	18-25 years			26 and older		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Alabama	6.4	6.8	7.3	1.4	1.5	1.7
United States	7.5	7.4	7.3	1.4	1.4	1.5

Source: NSDUH

[†] Defined as no treatment at a specialty facility (i.e., drug and alcohol rehabilitation facilities, hospitals [inpatient only], and mental health centers).

[‡] Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

Youth—Illicit Drug Abuse or Dependence

- In 2007-2008, 4.2% of youth in Alabama ages 12-17 years were dependent or abused illicit drugs in the past year (Table 11).
- The national and state-level estimates were comparable and there were no statistically significant changes between 2005 and 2008.

Table 11—Percent of youth (ages 12-17 years) in Alabama and the United States who were drug dependent or abused[†] illicit drugs,[‡] 2005-2008

	Study Year		
	2005-06	2006-07	2007-08
Alabama	4.0	4.0	4.2
United States	4.7	4.5	4.5

Source: NSDUH

[†] Dependence or abuse is based on definitions in the DSM-IV.

[‡] Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically

Youth—Needing Treatment for Illicit Drug Abuse or Dependence

- In 2007-2008, 3.6% of youth in Alabama ages 12-17 years needed but did not receive treatment for illicit drug use (Table 12).
- The national and state-level estimates were comparable within both age groups.

Table 12—Percent of youth (ages 12-17 years) in Alabama and United States who needed but did not receive treatment[†] for illicit drug[‡] use, 2005-2008

	Study Year		
	2005-06	2006-07	2007-08
Alabama	3.6	3.6	3.6
United States	4.3	4.1	4.2

Source: NSDUH

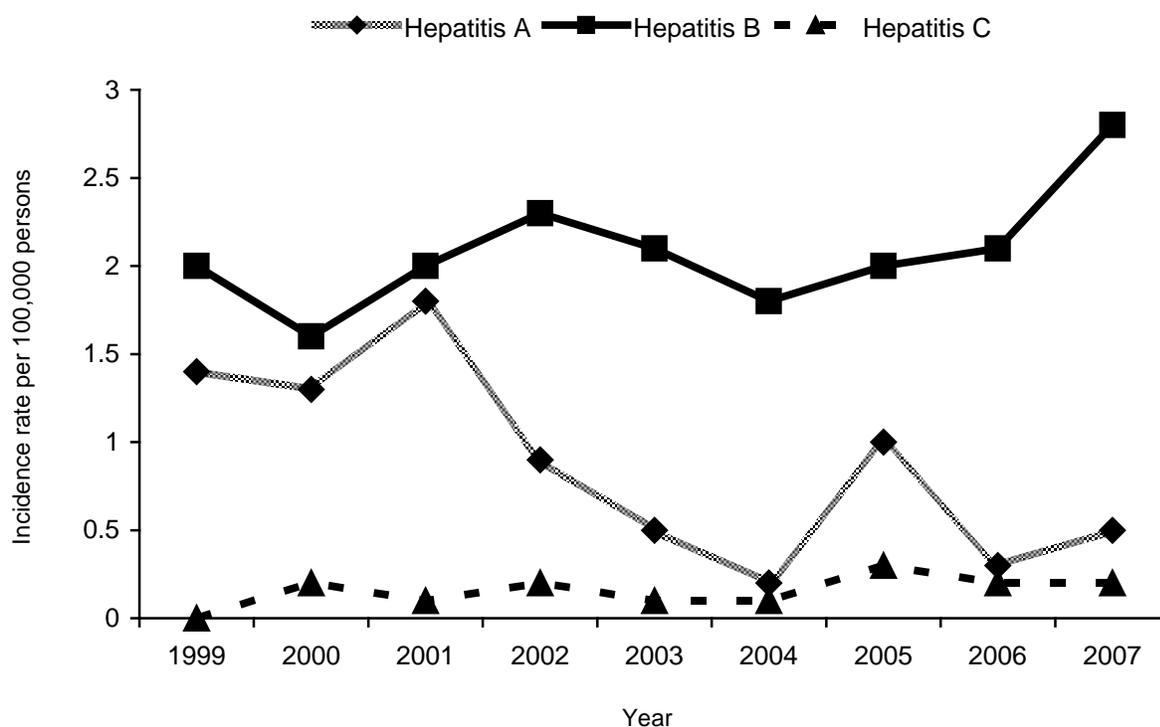
[†] Defined as no treatment at a specialty facility (i.e., drug and alcohol rehabilitation facilities, hospitals [inpatient only], and mental health centers).

[‡] Illicit drugs include marijuana, cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

Drug-Related Morbidity

- Illicit drug use, particularly injection drug use, may contribute to serious health infections including hepatitis and HIV/AIDS.
- The incidence of hepatitis B was greater than Hepatitis A and Hepatitis C in Alabama between 1999 and 2007 (Figure 45).

Figure 45—Incidence rate (per 100,000 persons) for hepatitis in Alabama, 1999-2007



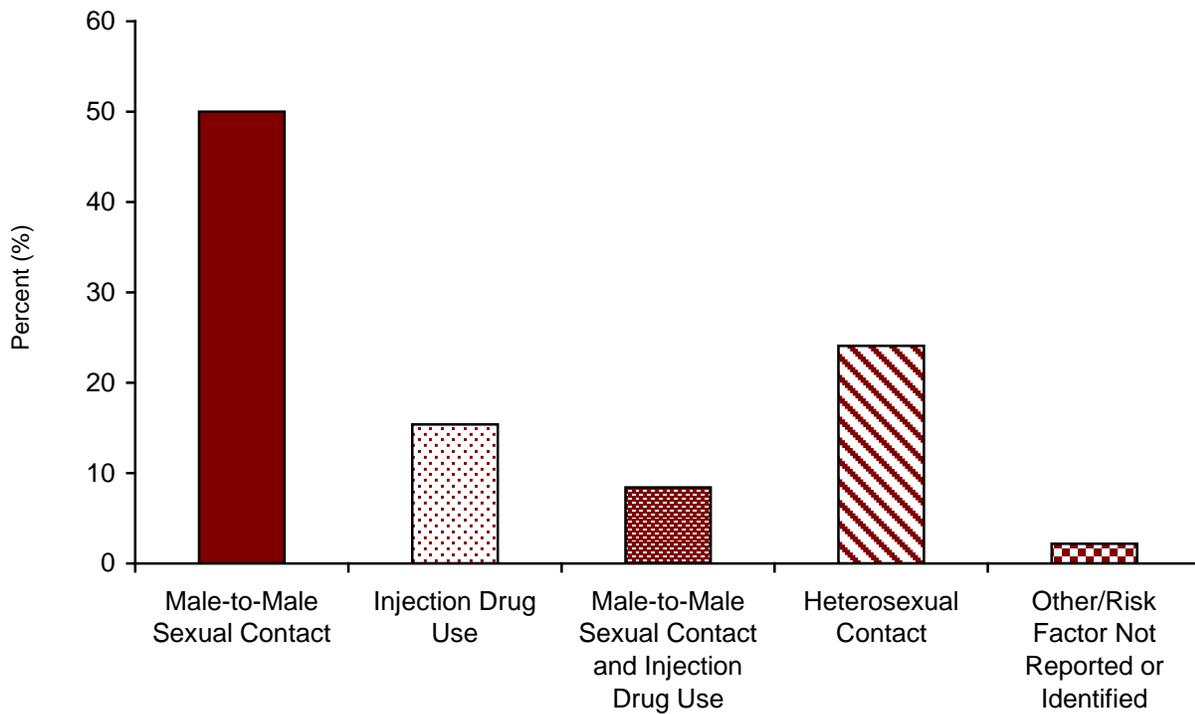
Source: Centers for Disease Control and Prevention. Surveillance for Acute Viral Hepatitis—United States, 2007. Surveillance Summaries. MMWR 2009;58(No.SS-3).

- According to national surveillance data, injection drug use was reported as a risk factor* in 48% of Hepatitis C cases, 15.0% of Hepatitis B cases, and 1.2% of Hepatitis A cases in 2007.²²

*Note: Risk factors were identified by assessing exposures during the 6 weeks to 6 months before illness onset and calculated as the percent of cases in which the risk factor was reported divided by the total number of cases in which any exposure information was reported.

- Injection drug use is also a contributing factor in the transmission of HIV/AIDS.
- For all reported cases in Alabama through 2008, injection drug use accounted for 15.4% of AIDS cases and male-to-male sexual contact and injection drug use combined accounted for an additional 8% of AIDS cases (Figure 46).

Figure 46—Percent of reported AIDS cases in Alabama by transmission category, cumulative through 2008

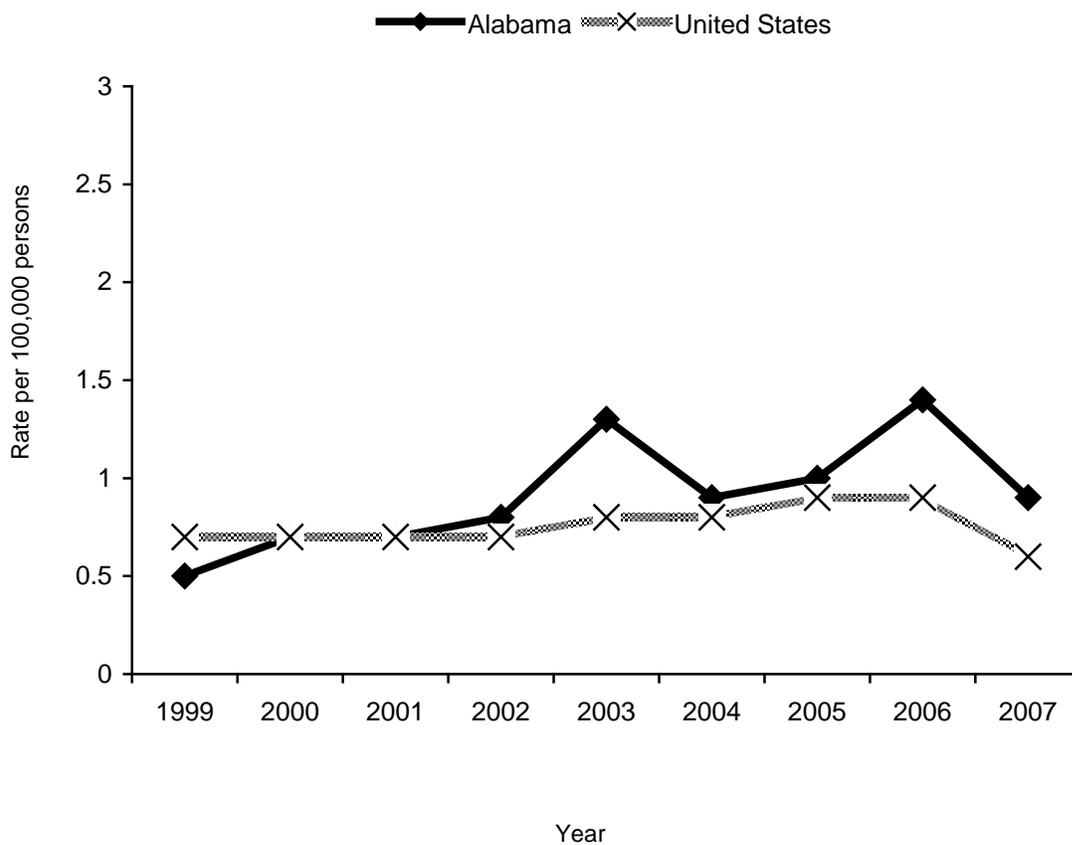


Source: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention-Surveillance and Epidemiology.
<http://www.statehealthfacts.org/profileind.jsp?ind=507&cat=11&rqn=2>

Drug-Related Mortality

- Illicit drug use can result in mortalities due to drug overdose or other adverse health effects.
- The age-adjusted mortality rate for drug-induced deaths has been stable for both Alabama and the United States since 1999 (Figure 47).

Figure 47—Age-adjusted mortality rate (per 100,000) for drug-induced deaths[†] in Alabama and United States, 1999-2007



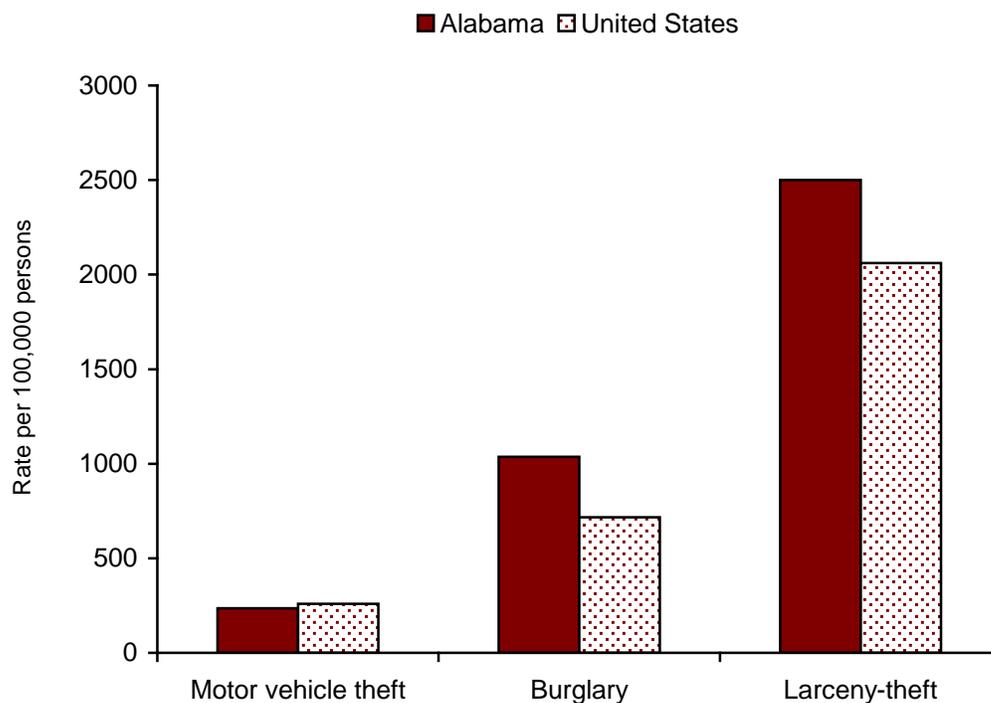
Source: CDC Wonder

[†]Drug-induced deaths identified using ICD-10 codes F11-F16, and F19.

Drug-Related Crimes

- Another possible consequence of illicit drug use is property crime, such as motor vehicle theft, burglary, and larceny-theft, although the proportion due to illicit drug use is unknown and cannot be ascertained from current crime data.
- In 2009, the rate per 100,000 Alabama residents was 235.3 for motor vehicle theft, 1037.2 for burglary, and 2499.9 for larceny-theft (Figure 48).

Figure 48—Rate per 100,000 for motor vehicle theft, burglary, and larceny-theft in Alabama and United States, 2009

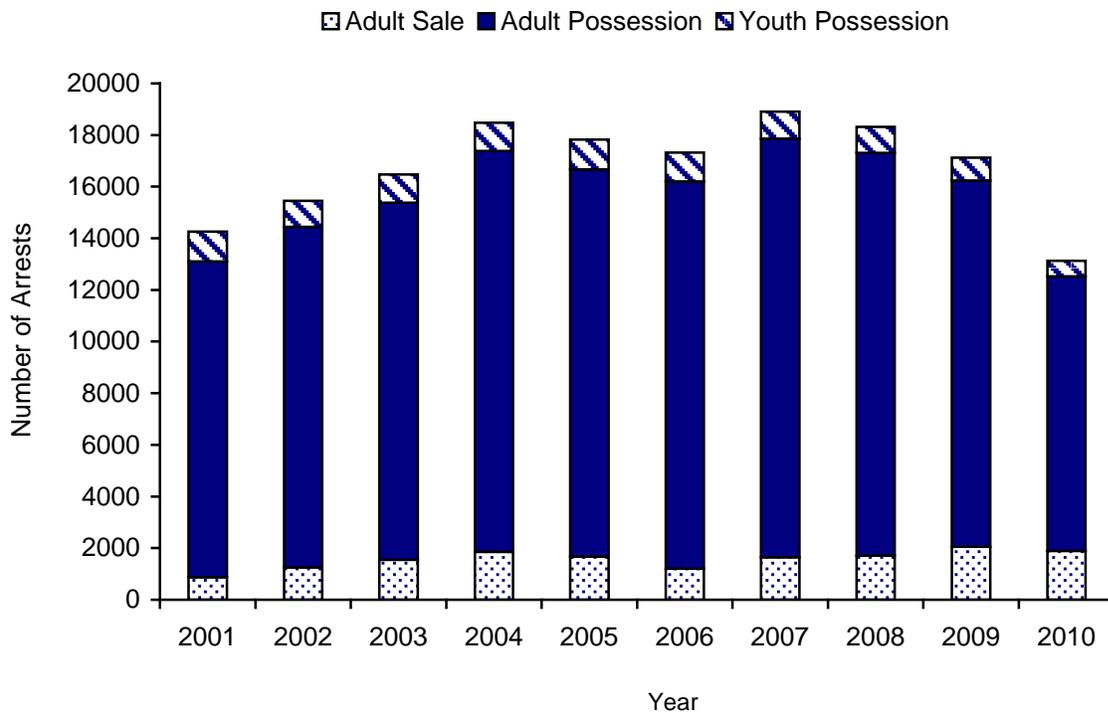


Source: UCR

*Data may include duplicate counts and may be affected by resources available to enforce laws.

- Criminal arrests for the sale or possession of drugs are also possible consequences.
- In 2010, there were 12,529 adult arrests and 643 youth arrests for the sale or possession of drugs (Figure 49). Arrests for youth drug sales were low (< 55 in a given calendar year), and the majority of arrests for both adults (84.9%) and youth (94.1%) were due to drug possession in 2010.

Figure 49—Number of arrests for the sale or possession of drugs for youths and adults in Alabama, 2001-2010

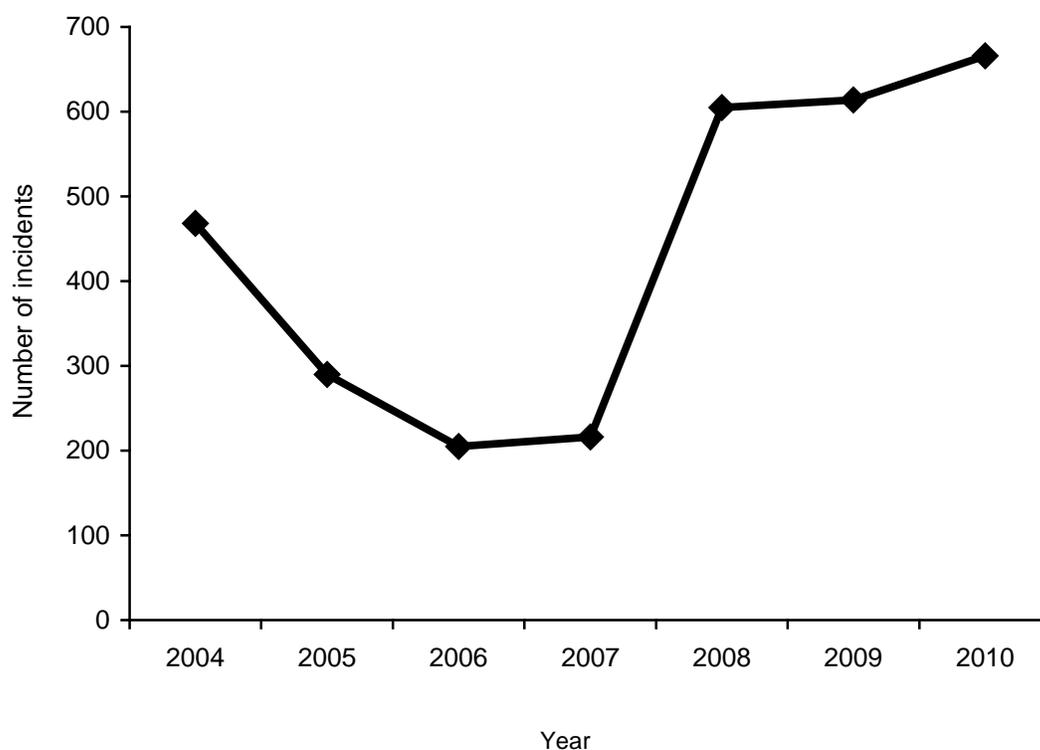


Source: ACJIC

*Data may include duplicate counts and may be affected by resources available to enforce laws.

- Clandestine laboratories used to manufacture illicit drugs, particularly methamphetamine, may result in serious injury from explosions, fires, chemical burns, and toxic fumes and create environmental hazards.²³
- The number of clandestine methamphetamine laboratory incidents in Alabama decreased from 2004 to 2007, but then increased (Figure 50).
- This initial decline may have been partially due to the enactment of Code of Alabama 1975, § 20-2-190 in 2004, which restricted the sale of products containing pseudoephedrine or ephedrine, ingredients used to make methamphetamine. The law requires products with those ingredients to be placed behind the counter or in a locked display; buyers to be ages 18 years or older; presentation of photo identification; and a signature.

Figure 50—Number of clandestine methamphetamine laboratory incidents in Alabama, 2004-2010



Source: DEA www.justice.gov/dea/concern/map_lab_seizures.html

*Incidents include labs, dumpsites, and chemical/glass/equipment seizures.

Other Drugs Consumption

Lifetime and Recent Use of Illicit Drugs

- During 2002-2004, 38% of persons ages 12 years and older in Alabama reported use of other illicit drugs (marijuana/hashish, cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically) at some point during their lifetime, with 12.6% reporting use in the past year, and 6.9% reporting use in the past month (Table 13).
- The leading illicit drug used during each time period was marijuana followed by the non-medical use of psychotherapeutics, particularly pain relievers.

Table 13—Percent of Alabama residents ages 12 years and older who reported illicit drug use by drug type and time period used, 2002-2004

Drug	Time Period		
	Lifetime	Past Year	Past Month
Illicit Drug	38.0	12.6	6.9
Marijuana/Hashish	32.6	8.7	4.4
Cocaine	8.8	2.0	0.8
Crack	2.4	0.7	0.3
Heroin	0.8	0.2	0.1
Hallucinogens	8.3	1.2	0.3
LSD	5.8	0.3	0.1
PCP	1.2	0.0	0.0
Ecstasy	4.5	0.9	0.2
Inhalants	7.4	0.7	0.2
Non-medical use of psychotherapeutics ¹	19.0	6.5	3.3
Pain Relievers	13.0	5.0	2.4
OxyContin ^{®2}	2.0	0.8	0.2
Tranquilizers	8.8	2.8	1.1
Stimulants	6.7	1.5	0.7
Methamphetamine	3.2	0.8	0.4
Sedatives	4.0	0.5	0.2

Source: NSDUH

¹ Non-medical use of prescription-type pain relievers, tranquilizers, stimulants, or sedatives; does not include over-the-counter drugs.

² OxyContin[®] use estimates are based on 2004 data only.

Adults—Current Use of Illicit Drugs

- The percent of Alabama adults who reported using marijuana was relatively stable between 2005 and 2008, with more people in the 18-25 year age group reporting use than the 26 and older age group (Table 14).
- The proportion of Alabama adults who reported using marijuana was lower than national estimates within both age groups.

Table 14—Percent of adults in Alabama and United States who used marijuana in the past month by age group and year, 2005-2008

	Age Group					
	18-25 years			26 and older		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Alabama	12.2	11.3	12.9	3.3	3.3	3.1
United States	16.4	16.3	16.5	4.1	4.0	4.1

Source: NSDUH

- The percent of Alabama adults who used illicit drugs other than marijuana (cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically) was also relatively stable between 2005 and 2008, with more persons in the 18-25 year age group reporting use than the 26 and older age group (Table 15).
- The proportion of Alabama adults who reported using illicit drugs other than marijuana was comparable to national estimates within both age groups.

Table 15—Percent of adults in Alabama and United States who reported using illicit drugs (other than marijuana) in the past month by age group and year, 2005-2008

	Age Group					
	18-25 years			26 and older		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Alabama	9.8	8.6	8.5	2.8	2.9	2.9
United States	8.8	8.5	8.0	2.8	2.9	2.7

Source: NSDUH

- The non-medical use of prescription pain medications did not change significantly between 2005 and 2008, although the estimates for Alabama were slightly higher than national estimates for the 18-25 year age group (Table 16).

Table 16—Percent of adults in Alabama and United States who reported non-medical use of prescription pain relievers in the past month by age group and year, 2005-2008

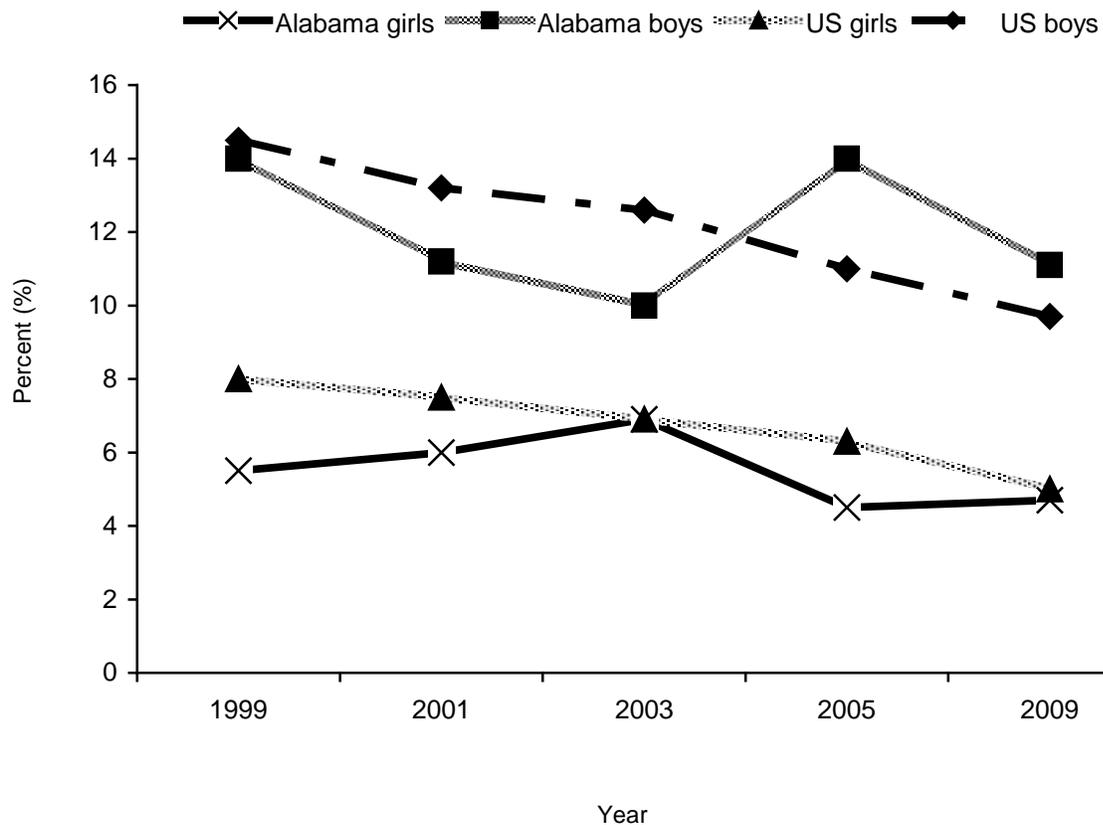
	Age Group					
	18-25 years			26 and older		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
Alabama	14.1	13.8	13.3	3.3	4.2	3.8
United States	12.4	12.3	12.1	3.4	3.6	3.4

Source: NSDUH

Youth—Age at First Use of Illicit Drugs

- More boys than girls reported trying marijuana before age 13 years at both the state and national levels (Figure 51).
- The estimates for Alabama youth were comparable to national estimates on average, with the exception of a non-significant increase in 2005 for Alabama boys.

Figure 51—Percent of youth in 9th-12th grades in Alabama and United States who tried marijuana before age 13 years by gender and year, 1999-2009



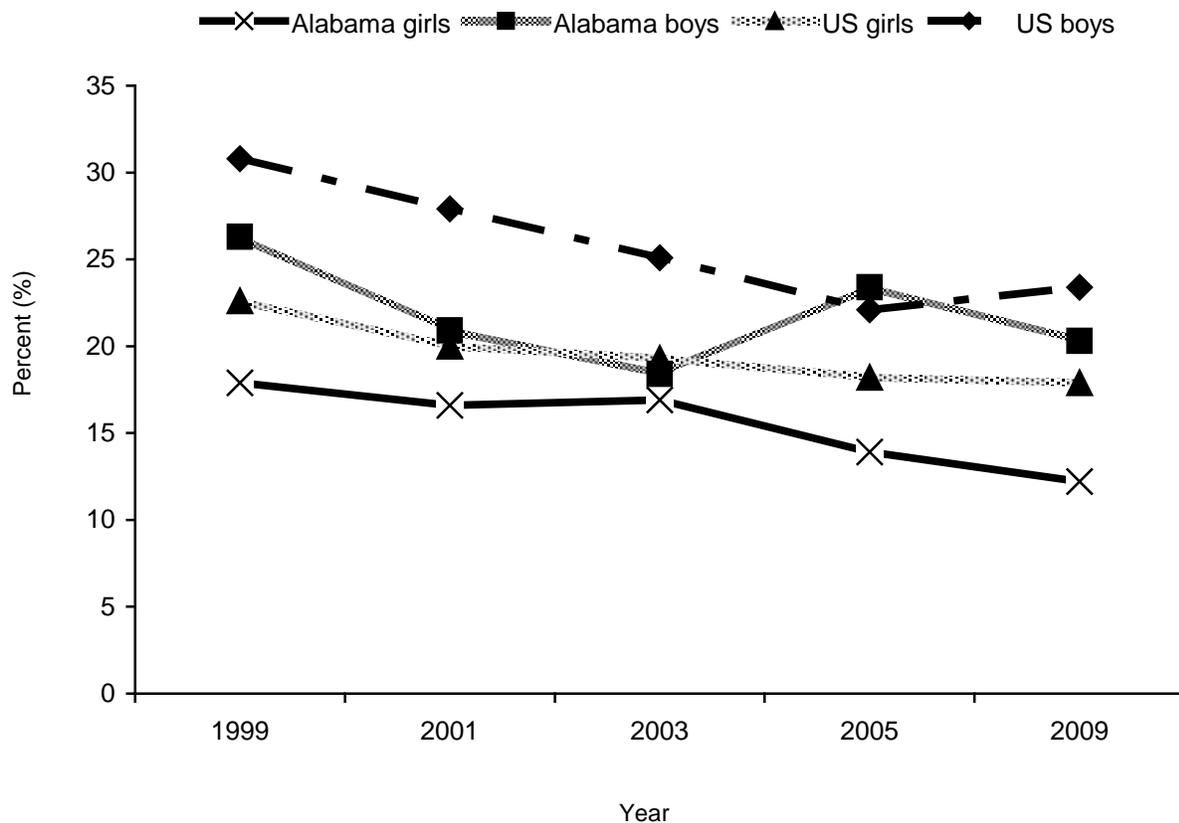
Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

Youth—Current Use of Illicit Drugs

- The percent of Alabama youth who reported using marijuana during the previous 30 days declined between 1999 and 2009 (Figure 52). In 2005, 13.9% of girls and 23.4% of boys in Alabama reported current use of marijuana, but the increase among boys was not significantly different from 2003.
- Current marijuana use was lower among Alabama youth compared to national estimates on average. In 2009, overall current use of marijuana was 16.2% in Alabama compared with 20.8% nationwide.

Figure 52—Percent of youth in 9th-12th grades in Alabama and United States who reported marijuana use in past month by gender and year, 1999-2005

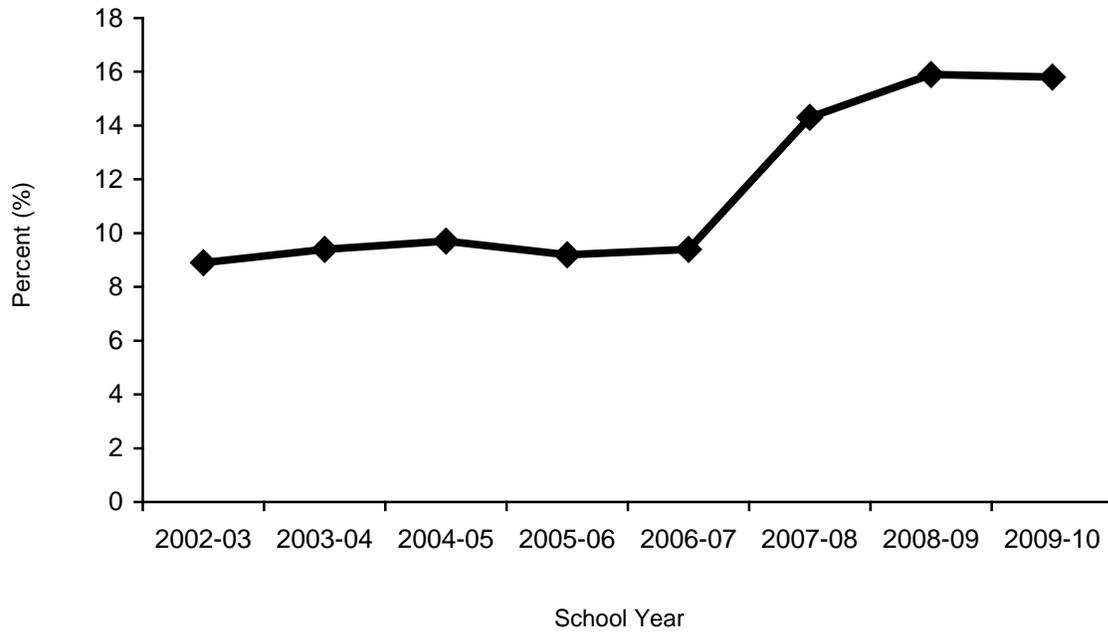


Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

- The perception of no harm of marijuana to overall health increased among Alabama youth in 6th-12th grades (Figure 53).
- In 2009-10, 15.8% of Alabama youth perceived no harm in marijuana use compared with 8.9% during 2002-2003.

Figure 53—Percent of Alabama youth in 6th-12th grades who perceived no harm of marijuana to health, 2002-2010



Source: Alabama Pride Survey

- Between 1999 and 2009, the percent of boys in 9th-12th grades who reported use of cocaine, ecstasy, heroin, inhalants, or methamphetamines was relatively stable with no statistically significant changes during this period (Table 17).
- The percent of girls in 9th-12th grades who reported use of cocaine, ecstasy, and heroin also did not change significantly between 1999 and 2009, although inhalant use and methamphetamine use significantly decreased.

Table 17—Percent of Alabama youth in 9th-12th grades who reported use of drugs during lifetime by gender and year, 1999-2009

Drug		1999	2001	2003	2005	2009
Cocaine	<i>Boys</i>	9.6	6.9	7.1	10.1	9.3
	<i>Girls</i>	6.8	6.2	7.0	5.0	2.6
Ecstasy	<i>Boys</i>	N/A	N/A	8.8	11.9	9.3
	<i>Girls</i>	N/A	N/A	6.9	5.1	4.5
Heroin	<i>Boys</i>	4.7	3.7	4.3	8.5	5.4
	<i>Girls</i>	1.5	1.1	0.8	2.0	1.8
Inhalants	<i>Boys</i>	16.1	12.8	11.5	17.9	14.1
	<i>Girls</i>	15.9	14.2	9.5	13.3	9.3
Methamphetamines	<i>Boys</i>	11.0	6.9	8.9	10.3	7.7
	<i>Girls</i>	10.7	7.9	8.2	4.4	2.6

Source: YRBS

Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009. The estimates for 2005 are less precise than previous years, so while there appears to be a substantial change in the percent of youths reporting use between 2003 and 2005, there was not a statistically significant increase or decrease for boys or girls.

- Overall, the non-medical use of pain relievers was higher among Alabama youth compared with national averages between 2005 and 2008 (Table 18).
- The percent of youth ages 12-17 years who reported non-medical use of pain relievers decreased both at the state- and national-level.

Table 18—Percent of youth (ages 12-17 years) in Alabama and United States who reported non-medical use of pain relievers in past year, 2002-2005

	2005-06	2006-07	2007-08
Alabama	8.9	8.9	7.3
United States	7.0	6.9	6.6

Source: NSDUH

- The percent of youth in 9th-12th grades who reported using a needle to inject illegal drugs into their body was significantly higher for boys than girls in Alabama during 1999, 2003, and 2005 (Table 19).

Table 19—Percent of Alabama youth in 9th-12th grades who reported using a needle to inject illegal drugs into their body one or more times during their life, 1999-2009

	1999	2001	2003	2005	2009
Alabama boys	4.5	2.1	2.8	6.6	4.4
Alabama girls	1.2	1.5	0.5	1.8	2.4

Source: YRBS

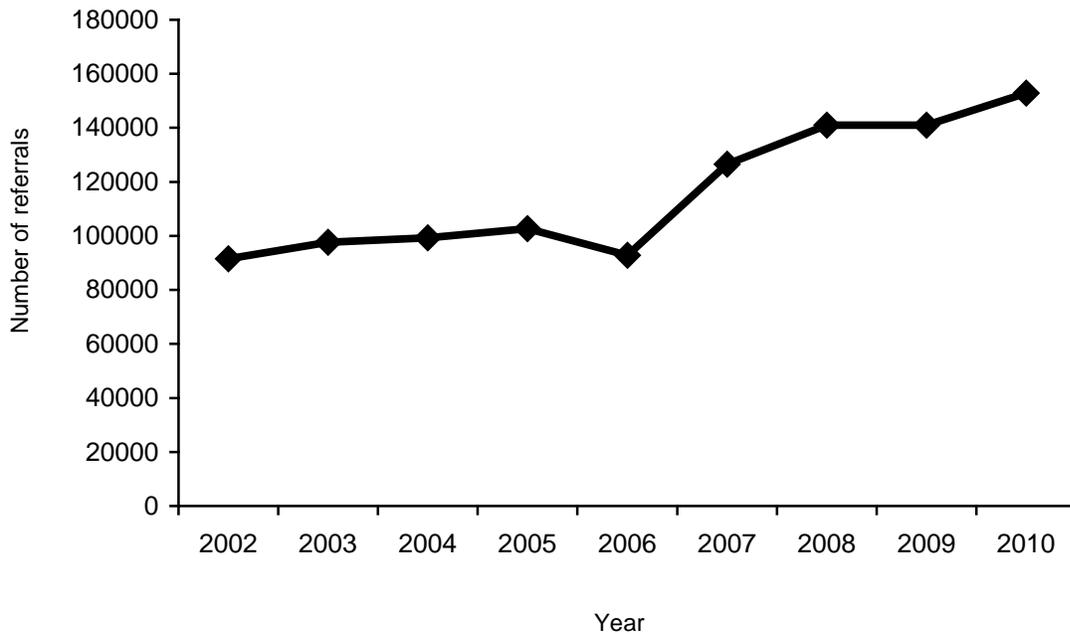
Note: Data for Alabama in 2007 is not available, resulting in a four-year gap between 2005 and 2009.

Substance Abuse Related Data from Alabama State Agencies

Administrative Office of Courts

- The Administrative Office of Courts (AOC) is responsible for providing centralized administrative support for Alabama’s court system and collecting and disseminating information for policy development related to court operations.
- AOC collects information about court referrals for officer monitoring programs/services, which includes those with alcohol and drug offenses. The number of referrals for these programs/services has increased since 2002 (Figure 54).

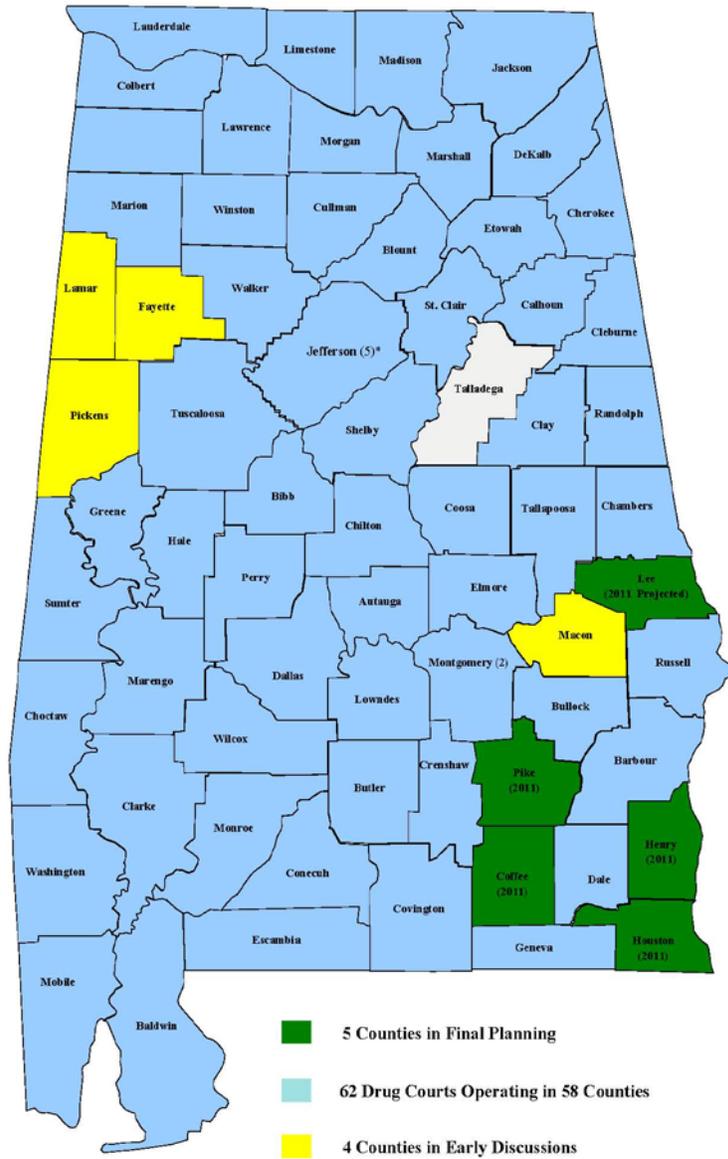
Figure 54—Number of court referrals for monitoring programs/services in Alabama, 2002-2010



Source: AOC

- AOC also provides support for the state’s drug courts which integrate treatment services with the judicial system processing. Alabama has 62 drug courts operating in 58 counts (Figure 55).

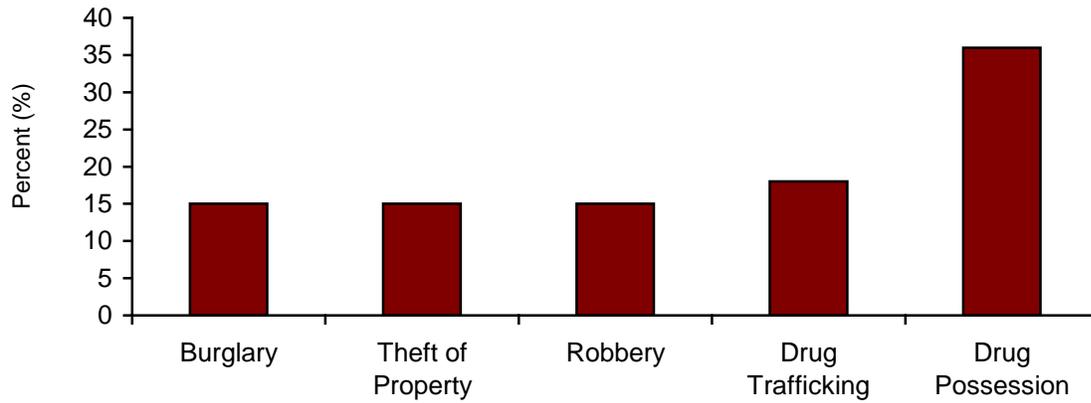
Figure 55—Location of drug courts in Alabama, 2011



Department of Corrections

- The Department of Corrections (DOC) maintains facilities to incarcerate persons convicted of crimes. In fiscal year 2009, drug-related crimes were the leading factor for incarceration among new admissions in Alabama (Figure 56).

Figure 56—Reason for incarceration among new admissions in Alabama, FY 2009



Source: DOC

Department of Human Resources

- The Department of Human Resources (DHR) investigates allegations of child abuse and neglect. In fiscal year 2010, there were 10 indicated allegations for fetal alcohol syndrome/drug withdrawal and 372 positive tests for alcohol/drugs at birth (Table 20).

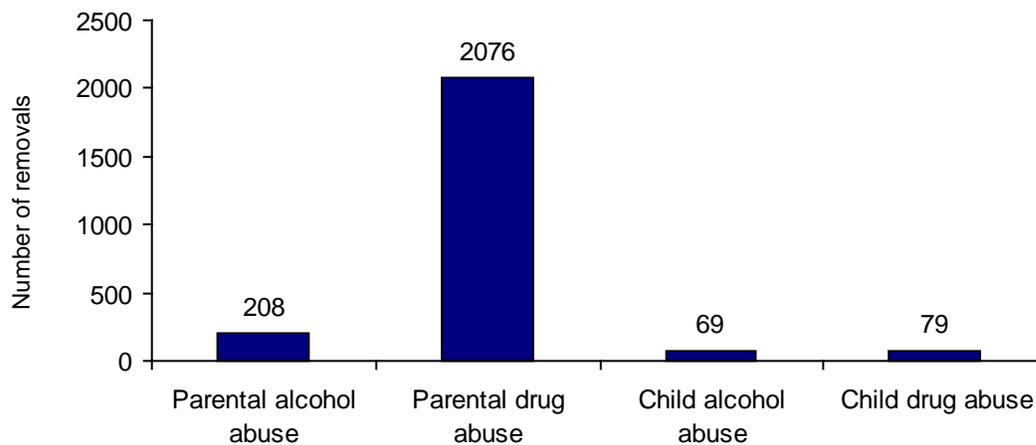
Table 20—Number of allegations investigated by DHR for child neglect or abuse among newborns in Alabama, 2010

	Fiscal Year (October 1 to September 30)	
	2008-09	2009-10
Fetal Alcohol Syndrome/ Drug Withdrawal	34	10
Positive Test for Alcohol/ Drugs at Birth	255	372

Source: DHR

- DHR performed 2,432 child removals from a home because of alcohol and/or drug abuse in fiscal year 2010. Most of these removals were due to drug abuse by a parent (Figure 57).

Figure 57—Number of child removals done by Alabama DHR that were alcohol and/or drug abuse related by who abused alcohol/drugs, 2009-2010



Source: DHR

- DHR was involved in 29 child death investigations between 1997-2010 that were attributed to alcohol or drug use, with half of these deaths due to motor vehicle accidents involving alcohol or drugs (Table 21).

Table 21—Child death investigations related to alcohol or drug use completed by Alabama DHR, 1997-2010

Year	County	Gender	Race	Age	Date of Death	Description
2010	Shelby	Female	White	1 year	12/27/2009	Multiple injuries-mother's paramour admitted to using meth
2009	Jackson	Male	Biracial	5 months	7/6/2009	Auto accident-father DUI
2009	Shelby	Male	White	11 months	5/21/2009	Drowned-child left unattended by mother who was using drugs
2008	Blount	Male	White	17 years	11/25/2007	Auto accident-child had alcohol in system
2008	Colbert	Male	White	1 day	4/29/2008	Born premature-death related to mother meth use during pregnancy
2008	Etowah	Male	Black	10 months	11/12/2007	Drowned-in bathtub unsupervised by mother who was using marijuana
2008	Jefferson	Male	White	4 years	3/31/2008	Auto accident-father tested positive for cocaine, opiates & benzodiazepines
2008	Jefferson	Female	Hispanic	2 years	7/6/2008	Auto accident-drunk driver; child no restraint
2008	Jefferson	Male	Black	2 years	7/27/2008	Multiple injuries-father using illegal substances
2008	Lowndes	Female	Black	2 years	2/16/2008	Acute hydrocodone toxicity -overdose prescription drug not prescribed for her
2008	Shelby	Female	White	11 years	6/16/2008	Gunshot wound-perpetrator was intoxicated
2007	Elmore	Female	Black	5 years	2/3/2007	Auto accident-mother DUI
2007	Elmore	Female	Black	5 years	9/7/2007	Auto accident-drunk driver
2007	Geneva	Female	White	6 days	6/12/2007	Multiple organ failure-born positive opiates & marijuana
2007	Morgan	Male	White	1 day	10/29/2006	Strangulation and head trauma-cocaine in child system
2007	Winston	Female	White	2 months	4/17/2007	Suffocation-alcohol in child system
2006	Bibb	Female	White	3 months	2/3/2006	Brain condition-attributed to alleged prenatal drug/alcohol use
2006	Mobile	Female	White	7 months	6/8/2006	Auto accident-drunk driver
2006	Mobile	Female	White	5 years	7/24/2006	Auto accident-drunk driver
2005	Butler	Male	Black	3 years	12/27/2005	Auto accident-drunk driver
2005	Montgomery	Female	Black	16 years	11/8/2004	Auto accident-drunk driver
2003	Mobile	Male	White	7 years	2/23/2003	Auto accident-riding with friend who was allegedly DUI
2002	Jefferson	Male	White	15 years	6/4/2002	Gunshot wound-victim was intoxicated
2001	Calhoun	Male	White	9 years	10/1/2000	Auto accident-riding with father who was DUI
2001	Jefferson	Male	White	6 years	8/2/2001	Auto accident-riding with step father who was DUI
2001	Shelby	Female	Black	2 years	1/13/2001	Auto accident-riding with father who was DUI
2000	Mobile	Male	White	2 years	3/29/2000	Drowned-in pool while in care of intoxicated grandmother
1997	Mobile	Male	Black	< 1 month	7/5/1997	Smothered-mother allegedly intoxicated rolled over on him
1997	Montgomery	Male	Black	1 month	9/25/1997	Death by asphyxiation-tests revealed alcohol in child system

Department of Mental Health

- In fiscal year 2009-10, 21,610 clients received treatment for an alcohol and/or drug problem in a publicly funded facility in Alabama, representing a decrease of 659 from 2008-09 (Table 22).

Table 22—Number of clients treated for alcohol and/or drug problems in publicly funded[†] facilities in Alabama by fiscal year, 2008-2010

	Fiscal Year (October 1 to September 30)	
	2008-09	2009-10
Total	22,269	21,610

Source: Alabama DMH; [†]Funding provided by federal block grant and/or state sources.

- Between fiscal years 2006-07 and 2007-08, the amount of federal Substance Abuse Prevention and Treatment (SAPT) block grant funds spent on prevention and treatment decreased, while the amount of Medicaid funds and state funds spent on prevention and treatment spent increased (Table 23). No state funding was provided for primary prevention in either fiscal year.

Table 23—Amount of money spent on prevention and treatment services in Alabama, by source and fiscal year, 2006-2008

	Fiscal Year (October 1 to September 30)	
	2006-07	2007-08
SAPT Federal Block Grant		
Prevention[†] and Treatment	\$16,637,015	\$16,637,413
Primary Prevention	\$4,753,434	\$4,753,547
State Funds		
Prevention[†] and Treatment	\$8,751,715	\$11,372,2223
Primary Prevention	\$0	\$0
Medicaid Funds		
Prevention[†] and Treatment	\$2,734,461	\$2,611,732

Source: Alabama DMH; [†]Prevention other than primary prevention.

Department of Youth Services

- The Department of Youth Services (DYS) manages court and other referrals for youth with substance abuse problems. In 2009, most of the referrals were boys (Table 24).

Table 24—Number of Alabama youths referred to DYS for alcohol and/or drug use by gender, 2009

January 1, 2009 to December 31, 2009		
	Boys	Girls
General referral	407	65

Source: DYS

- DYS also operates facilities that provide a comprehensive Chemical Addiction Program, particularly for serious or repeat juvenile offenders. In 2009, 188 boys and 40 girls were referred to these facilities for chemical addiction treatment (Table 25).

Table 25—Number of Alabama youths referred for chemical addiction treatment at a DYS facility (Chalkville or Mount Meigs), 2009

January 1, 2009 to December 31, 2009		
	Boys	Girls
Facility referral	188	40

Source: DYS

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Appendix A: Substance Abuse Services in Alabama

The Alabama Department of Mental Health is the state agency authorized to supervise, coordinate, and establish standards for all operations and activities related to mental health services in the State of Alabama. The department has three service divisions (Mental Illness, Developmental Disabilities, and Substance Abuse Services) to address the mental health needs of Alabama residents.

The Substance Abuse Services Division is responsible for contracting with community providers, overseeing services provided, certifying programs, and promoting a continuum of prevention, intervention, treatment, and after-care services for substance abuse in Alabama.

Prevention Services

The Office of Prevention within the Substance Abuse Services Division coordinates and manages all prevention services and programs throughout the state, including the Strategic Prevention Framework, State Incentive Grant, Alabama Epidemiological Outcomes Workgroup, Synar (Tobacco Sales to Minors Program), and Regional Information Clearinghouses. *Currently, 22 prevention providers with locations in 20 counties receive funding from the State of Alabama to deliver substance abuse prevention services.*

Treatment Services

The Office of Treatment within the Substance Abuse Services Division coordinates and manages all treatment services throughout the state, including Adolescent Treatment, Adult Treatment, Co-occurring Disorders, Opiate Replacement Therapy, and Medicaid Services. *Currently, 42 certified community-based providers with locations in 45 counties receive funding from the State of Alabama to provide substance abuse treatment services. An additional 46 community-based providers are certified but are privately funded to deliver substance abuse treatment services.*

Note: All treatment providers in Alabama must be certified according to the standards developed by the Substance Abuse Services Division, with the exception of professionals in private practice.



Appendix B: Members of the Alabama Epidemiological Outcomes Workgroup

Table B1—Members of the Alabama Epidemiological Outcomes Workgroup 2010-2011

Name	Title	Agency
Burks, Henry	Chief Drug Inspector	Alabama Board of Pharmacy
Burleson, Erin	Prevention Consultant	Department of Mental Health
Castaldo, Lisa	Deputy Director	Governor's Office Faith-Based and Community Initiatives
Davis, Ashley	Graduate Intern	Department of Mental Health
Desmond, Kimberly	Program Supervisor	Department of Human Resources
Douglass, Charon	Prevention Consultant	Department of Mental Health
Folks, Brandon	Prevention Associate	Department of Mental Health
Fuller, Debra	State Youth Program Manager	MADD (Mothers Against Drunk Driving)
Harkless, Sarah	Director of Community Programs	Department of Mental Health
Leary, Joan	Project Manager of Southern Coast ATTC	Alabama Council of Community Mental Health Boards
Lewis, Marilyn	Safe & Drug Free Schools Specialist	Department of Education
McCladdie, Stephanie	Prevention Services Director	Department of Mental Health
Oakes, Robert	Assistant Executive Director	Pardons and Parole
Patton, Capt. Vance	Assistant Director of Special Operations	Alcohol Beverage Control Board (ABC)
Pendergast, Pat	Screening & Placement Coordinator	Department of Youth Services
Quinn, Michael	Program Coordinator	Department of Rehabilitation
Reese, Sondra	Epidemiologist	Department of Public Health
Rygiel, Robert	Court Management Analyst IV	Administrative Office of Courts
Shanks, Bill	Senior Statistician	Department of Public Safety
Underwood, Cynthia	Assistant Commissioner	Department of Revenue
Vilamaa, Kris	Director of Information Services	Department of Mental Health
Withers, Ting	Epidemiologist	Department of Mental Health
Wright, Bennet	Statistician	Sentencing Commission
Wynn, Bob	Director of Treatment Services	Department of Mental Health

Appendix C: Methodology

The indicators that were included in this state-level epidemiological profile were selected based on the following criteria:

1. Availability of data;
2. Relevance to ATOD consumption and consequences;
3. Study design and data collection methods;
4. Validity and reliability of data.

Many of the indicators included in this profile are reasonable measures of ATOD consumption and consequences at the state-level for youth and adults in Alabama.

Some measures (e.g. arrests, homicide mortality rate) were included as consequence indicators in this profile, but these measures may be influenced by enforcement policies and available resources and may not be representative of the underlying issue of substance use and abuse. Also, these measures may include duplicate counts so that persons may be included more than once.

The indicators included in this profile, the data sources, and comments are provided in Table C1. The study description for each data source is provided in Table C2.

Table C1 — Indicators and data sources included in state epidemiological profile for Alabama.

Indicator	Source	Comments
Alcohol Consequences		
% adults meeting DSM-IV criteria for alcohol abuse or dependence	NSDUH	Reasonable measure of alcohol abuse/dependence.
% adults needing but not receiving treatment for alcohol use	NSDUH	Reasonable measure of treatment need.
% of motor vehicle accidents that involved alcohol	DPS	Reasonable measure of alcohol-related MVA. May not include some alcohol-related accidents because alcohol involvement determined by officer report at the accident scene and any requested lab tests.
% of motor vehicle fatal accidents that were alcohol-related	FARS	Reasonable measure of alcohol-related fatal MVA. May not include some alcohol-related MVA because alcohol involvement determined by officer report at the accident scene and any requested lab tests.
% of drivers in fatal MVA with a BAC≥0.8	FARS	Reasonable measure of BAC of drivers involved in fatal MVA.
Alcohol-attributable deaths	ARDI	Measure of chronic and acute deaths attributable to alcohol. May be subject to competing causes of death.
Chronic liver disease or cirrhosis mortality	CDC Wonder	Reasonable measure of mortality due to CLD/cirrhosis. May not be entirely attributable to alcohol.
Alcohol-induced mental disorders or dependence syndrome mortality	CDC Wonder	Reasonable measure of mortality due to alcohol-induced causes. May be subject to competing causes of death.
Rate for forcible rape, robbery, and aggravated assault	UCR	May be affected by available personnel, resources, and enforcement policies and can vary substantially across jurisdictions. Proportion attributable to alcohol unknown
% youth ages 12-17 years meeting DSM-IV criteria for alcohol abuse or dependence	NSDUH	Reasonable measure of alcohol abuse/dependence.
% youth ages 12-17 needing but not receiving treatment for alcohol use	NSDUH	Reasonable measure of treatment need.
% of youth in 9 th -12 th grades who drove a car or other vehicle when they had been drinking within the past 30 days	YRBS	Reasonable measure of drinking and driving among youth.
% of youth in 9 th -12 th grades who rode in a car or other vehicle driven by someone who had been drinking within the past 30 days	YRBS	Reasonable measure of youth endangerment by riding with impaired drivers.
Years of potential life lost due to alcohol-related deaths	ARDI	Reasonable measure of YPLL due to alcohol. May be subject to competing causes of death.
% of mothers who reported drinking during pregnancy and gave birth to low birth weight baby	PRAMS	Measures adverse perinatal outcome by drinking status. LBW may be due to other factors.
Alcohol Consumption		
% of adults reporting use of alcohol in past 30 days	BRFSS	Reasonable measure of alcohol use.
% of adults reporting heavy drinking in past 30 days	BRFSS	Reasonable measure of heavy drinking.
% of adults reporting binge drinking in past 30 days	BRFSS	Reasonable measure of binge drinking.
% of youth in 9 th -12 th grades reporting use of alcohol in past 30 days	YRBS	Reasonable measure of alcohol use.
% of youth in 9 th -12 th grades reporting first use of alcohol before age 13	YRBS	Reasonable measure of alcohol initiation.
% of youth in 9 th -12 th grades reporting binge drinking in past 30 days	YRBS	Reasonable measure of binge drinking.
% of mothers who consumed alcohol during last 3 months of pregnancy	PRAMS	Reasonable measure of alcohol use during pregnancy.
Tobacco Consequences		
Smoking-attributable mortality rate	SAMMEC	Measure of deaths attributable to tobacco. May be subject to competing causes of death.
Incidence and mortality rates for lung, bronchus, or trachea cancer	SEER	Measure of tobacco-related cancer morbidity and mortality. Proportion due to smoking unknown.
Mortality rate for chronic lower respiratory diseases per 100,000 population	CDC Wonder	Measure of tobacco-related mortality from CLRD. Proportion due to smoking unknown.
% of students ever told by doctor or nurse that they had asthma	YRBS	Measure of tobacco-related morbidity. Proportion due to exposure to smoking unknown.
% of mothers who reported smoking during pregnancy and gave birth to low birth weight baby	PRAMS	Measure of adverse perinatal outcome by smoking status.

Table C1 (continued)—Indicators and data sources included in state epidemiological profile for Alabama.

Indicator	Source	Comments
Tobacco Consumption		
% of adults who are current smokers	BRFSS	Reasonable measure of tobacco use.
% of adults reporting ever use of smokeless tobacco	BRFSS	Reasonable measure of smokeless tobacco use.
% of youth in 9 th -12 th grades who smoked cigarettes on 1 or more of the previous 30 days	YRBS	Reasonable measure of tobacco use.
% of youth in 9 th -12 th grades who smoked cigarettes on 20 or more of the previous 30 days	YRBS	Reasonable measure of regular tobacco use.
% of youth in 9 th -12 th grades who used chewing tobacco, snuff, or dip on 1 or more of the previous 30 days	YRBS	Reasonable measure of use of alternative forms of tobacco.
% of youth who have tried bidis/kreteks	AYTS	Reasonable measure of use of alternative forms of tobacco.
Age of first use of tobacco by youth in 9 th -12 th grades	YRBS	Reasonable measure of age at first use.
% of mothers who reported smoking during pregnancy	PRAMS	Reasonable measure of tobacco use during pregnancy
Other Drug Consequences		
% adults meeting DSM-IV criteria for illicit drug abuse or dependence	NSDUH	Reasonable measure of illicit drug abuse/dependence.
% adults needing but not receiving treatment for illicit drug use	NSDUH	Reasonable measure of treatment need.
% youth ages 12-17 years meeting DSM-IV criteria for illicit drug abuse or dependence	NSDUH	Reasonable measure of illicit drug abuse/dependence.
% youth ages 12-17 needing but not receiving treatment for illicit drug use	NSDUH	Reasonable measure of treatment need.
Incidence rate for hepatitis	CDC	May be subject to other transmission modes so proportion due to illicit drug use unknown.
% of reported AIDS cases by transmission category	CDC	May be subject to multiple exposure routes.
Mortality rate for drug-induced deaths	CDC WONDER	Measure of mortality due to drug-induced deaths. May be affected by competing causes of death.
Mortality rate for homicides	CDC WONDER	Measure of mortality due to homicides. Proportion due to illicit drug use unknown.
Mortality rate for suicides	CDC WONDER	Measure of mortality due to suicides. Proportion due to illicit drug use unknown.
Rate for motor vehicle theft, burglary, and larceny-theft	UCR	May be affected by available personnel, resources, and enforcement policies and can vary substantially across jurisdictions. Proportion attributable to illicit drug use unknown.
Number of arrests for drug possession or sale per 100,000 population	ACJIC	May be affected by available personnel, resources, and enforcement policies and can vary substantially across jurisdictions.
Number of clandestine methamphetamine laboratory incidents	DEA	May be affected by available personnel, resources, and enforcement policies and can vary substantially across jurisdictions.
Other Drug Consumption		
% of persons 12 years and older who reported illicit drug use during the past month, past year, and lifetime	NSDUH	Reasonable measure of illicit drug use.
% of adults who used marijuana in past month	NSDUH	Reasonable measure of marijuana use.
% of adults who used illicit drugs (other than marijuana) in past month	NSDUH	Reasonable measure of other drug use (excluding marijuana).
% of adults who reported non-medical use of prescription pain relievers in past month	NSDUH	Reasonable measure of non-medical use of prescription pain relievers.
% of youth in 9 th -12 th grades who tried marijuana before age 13	YRBS	Reasonable measure of age at initiation for marijuana use.
% of youth in 9 th -12 th grades who reported marijuana use in past month	YRBS	Reasonable measure of youth marijuana use.
% of youth in 9 th -12 th grades who reported use of drugs during lifetime	YRBS	Reasonable measure of youth drug use during lifetime.
% of youth ages 12-17 who reported non-medical use of prescription pain relievers in past month	NSDUH	Reasonable measure of youth non-medical use of prescription pain relievers.
% of youth in 9 th -12 th grades who reported using a needle to inject drugs into their body during their lifetime	YRBS	Reasonable measure of youth use of needles for drug injection.

Table C2—Study descriptions for data sources included in state epidemiological profile for Alabama.

Study Name	Type of Study	Year(s)	Participants	Data Collected	Citation
Alabama Accident Summary	N/A	Annually	Statewide	accidents involving alcohol/drugs	Alabama Department of Public Safety. Alabama Accident Summary--Statewide Accidents 2008. http://dps.alabama.gov/Administrative/accidentsummary.aspx
Alabama Accident Summary	N/A	Annually	statewide-rural	accidents involving alcohol/drugs	Alabama Department of Public Safety. Alabama Accident Summary--Statewide Rural Accidents 2008. http://dps.alabama.gov/Administrative/accidentsummary.aspx
Alabama Criminal Justice Information Center	reporting system	Annually	statewide	collects data on crimes in AL	Alabama Criminal Justice Information Center. http://www.acjic.alabama.gov/cia/2009_cia.pdf
Alabama Pride Survey	Cross-sectional survey in public schools	Every school yr since 2002	6th-12th grade students	extensive data on ATOD	http://www.pridesurveys.com/Reports/index.html#state
Alabama Youth Tobacco Survey	Cross-sectional survey	Biennially since 2000	6th-12th grade students	collects data on tobacco use	http://www.adph.org/tobacco/assets/alabamayouthtobaccosurvey.pdf
Alcohol Epidemiologic Data System (AEDS)	reporting system	Annually	14 years and older	estimate of per capita consumption based on alcohol sales and census population counts	Lakins NE, Williams GD, and Yi H. Surveillance Report #78--Apparent per capita alcohol consumption: national, state, and regional trends 1977-2004. National Institute on Alcohol Abuse and Alcoholism, Alcohol Epidemiologic Data System (AEDS). http://pubs.niaaa.nih.gov/publications/surveillance78/CONS04.htm#top
Alcohol Related Disease Impact (ARDI)	online computational application	N/A	statewide	alcohol-attributable mortality; years of potential life lost	http://apps.nccd.cdc.gov/ARDI/HomePage.aspx
Automation of Reports and Consolidated Orders System (ARCOS)	reporting system	N/A	statewide	monitors sale of controlled substances	www.deadiversion.usdoj.gov/arcos/index.html
Behavioral Risk Factor Surveillance System (BRFSS)	Cross-sectional survey	Annually since 1984	18 years and older	alcohol consumption; binge drinking; preventive counseling (module); tobacco use; secondhand smoke policies	Centers for Disease Control and Prevention (CDC). <i>Behavioral Risk Factor Surveillance System Survey Data</i> . Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. http://www.cdc.gov/brfss/
Centers for Disease Control and Prevention Wide-ranging OnLine Data for Epidemiologic Research (CDC Wonder)	reporting system	Annually	statewide	mortality data by cause of death	http://wonder.cdc.gov/

Table C2 (continued)—Study descriptions for data sources included in state epidemiological profile for Alabama.

Study Name	Type of Study	Year(s)	Participants	Data Collected	Citation
Federation of Tax Administrators (FTA)	reporting system	Annually	N/A	monitors tax rates for cigarettes	http://www.taxadmin.org/fta/rate/tax_stru.html#Excise
HIV/AIDS in the state of Alabama	surveillance report	N/A	statewide	AIDS diagnoses; modes of transmission	State of Alabama Department of Public Health, Bureau of Communicable Diseases. Division of HIV/AIDS prevention and control. 2005. http://www.adph.org/aids/assets/SurveillanceReport2005.pdf
National Survey on Drug Use and Health (NSDUH)	Cross-sectional survey	Annually since 1971	12 years and older	ATOD use, perceptions, and consequences	Substance Abuse and Mental Health Services, Office of Applied Studies. National Survey on Drug Use and Health. U.S. Department of Health and Human Services. http://www.oas.samhsa.gov/states.htm
Pregnancy Risk Assessment Monitoring System (PRAMS)	Surveillance study; nationwide	1993 to present	women with recent live births in AL	health behaviors of pregnant mothers	Alabama Department of Public Health, Center for Health Statistics. PRAMS Surveillance Report. http://www.adph.org/healthstats/index.asp?ID=1518
Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)	online computational application	N/A	statewide	smoking-attributable mortality, YPLL, medical expenditures, productivity losses; smoking-attributable infant mortality; excess neonatal costs	http://apps.nccd.cdc.gov/sammec/
Tax Burden on Tobacco	reporting system	N/A	18 years and older	per capita sales of tobacco	The Tobacco Institute. Monthly State Cigarette Tax Reports. February 1983 through May 1998. 1875 I Street, N.W. Washington, DC 20006. Orzechowski & Walker. The Tax Burden on Tobacco. Historical Compilation, Vol. 37, 2002. Arlington, VA: 2003. http://ssdc.ucsd.edu/tobacco/sales/
Treatment Episode Data Set (TEDS)	Admission-based data reporting system	Annually	statewide	collects data on admissions for SA treatment	Substance Abuse and Mental Health Services Administration, Office of Applied Studies. http://www.dasis.samhsa.gov/webt/tedsweb/tab_year.choose_year?t_state=AL
Uniform Crime Reports (UCR)	reporting system	Annually	statewide	collects data on crimes	Federal Bureau of Investigation. Uniform crime reports. http://www.fbi.gov/ucr/ucr.htm
Youth Risk Behavior Surveillance System (YRBSS)	Cross-sectional survey in schools	Biennially since 1991	9th-12th grade students	alcohol consumption; tobacco use	Centers for Disease Control and Prevention. Youth Risk Behavior Survey. http://www.cdc.gov/yrbss .

Appendix D: Glossary

Acute — Describes a disease, illness, or injury that is characterized by a rapid onset, short duration, and symptom presentation. Examples include colds and influenza.

Age-adjusted rate — A weighted average of age-specific rates where the weights are the proportions of persons in the corresponding age groups of a standard population. A standard population is used (2000 U.S. standard population) to allow for comparisons among counties, states, and national estimates by taking into account differences in the age composition of different areas.

Age-specific rate — A rate determined by the number of cases or events that occur within a specific age group divided by the population of that age group. Example: age-specific mortality rates can be calculated for youth 11-14 years and 15-17 years or any other age group of interest.

Chronic — Describes a disease, illness, or injury that is characterized by a long duration and may be asymptomatic. Examples include coronary heart disease, cancer, and diabetes.

Crude rate — An unadjusted rate based on the total number of cases or events divided by the population.

Epidemiology — The study of the distribution and determinants of health-related states and events in populations and the application of this study to control health problems.

ICD-10 codes — The International Classification of Diseases, 10th Revision, is a classification system published by the World Health Organization that is used to classify causes of death.

Incidence — The number of new cases of a disease, illness, or injury that occurs in a population.

Morbidity — The effects of disease, illness, or injury in a population. Typical measures of morbidity are incidence rates and prevalence rates.

Mortality — The total number of deaths due to a particular disease, illness, or injury in a population.

Prevalence — The total number of cases (existing and new) of a disease, illness, or injury that occurs in a population.

Years of potential life lost — A measure of the relative impact of a disease on a population that is determined by calculating the loss of expected years of life due to early deaths from the particular disease.