

Alabama Epidemiological Profile: Alcohol, Tobacco, Other Drugs Usage and Abuse

2014



Prepared by:
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Office of Prevention Vision Statement

Vision: Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness through evidence based prevention strategies which promote healthier decisions and healthier lives for individuals and families to thrive in their communities.

Office of Prevention Mission Statement

Mission: Encourage, support, and sustain culturally competent prevention prepared communities statewide for Alabamians to attain optimal health, wellness, and independence.

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LIST OF ABBREVIATIONS

2014 GC DTA	2014 Gulf Coast Drug Threat Assessment
ABC	Alabama Beverage Control
ACJIC	Alabama Criminal Justice Information Center
AEDS	Alcohol Epidemiologic Data System
AEOW	Alabama Epidemiological Outcomes Workgroup
ARDI	Alcohol Related Disease Impact
ATOD	Alcohol, Tobacco, and Other Drugs
BAC	Blood Alcohol Concentration
BHIS	Behavioral Health Indicator System
BRFSS	Behavioral Risk Factor Surveillance System
CDC Wonder	Centers for Disease Control and Prevention Wide-ranging Online Data Epidemiologic Research
Epi Profile	Alabama Epidemiological Profile
FARS	Fatality Analysis Reporting System
FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorders
GC HIDTA	Gulf Coast High Intensity Drug Trafficking Area
NCHS	National Center for Health Statistics
NHTSA	National Highway Traffic Safety Administration
NSDUH	National Survey on Drug Use and Health
NVSS-M	National Vital Statistics System-Mortality
PRAMS	Pregnancy Risk Assessment Monitoring System
SAMHSA	Substance Abuse and Mental Health Services Administration
TEDS	Treatment Episode Data Set
UCR	Uniform Crime Reporting Program
USCS	United States Cancer Statistics
YPLL	Years of Potential Life Lost
YRBS	Youth Risk Behavioral Survey

EXECUTIVE SUMMARY

The goal of the Alabama Epidemiological Profile (Epi Profile) is to assess alcohol, tobacco, and other drugs (ATOD) consumption and consequence patterns among youth and adults. The profile is divided into sections according to the substance evaluated: 1) alcohol; 2) tobacco; and 3) other drugs. For each substance, data on consequences (negative outcomes associated with use), consumption (measures of substance use), and risk/protective factors (influencing consumption) are presented. Various data constructs (what you want to measure) and indicators (how you want to measure it) are presented for each substance's section on consequences, consumptions, and risk/protective factors. Data sources included were selected based on availability, validity, consistency, periodic collection over at least three to five past years, and sensitivity. Data dimensions (relative comparison, trends, severity, and magnitude) were used to select indicators that are presented in the profile. In addition, data was presented by demographic variables.

In order to provide an overall picture of alcohol, tobacco, and other drugs in the State, new data and data sources are constantly being sought. In this Epi Profile, previously used data sources are included, however, new data from those sources are presented such as the alcohol-impaired driving by time of day from the Fatality Analysis Reporting System and county breakdown alcohol crashes by youth from the Alabama Department of Public Safety. The Gulf Coast Drug Threat Assessment by the Gulf Coast High Intensity Drug Trafficking Area, a new data source, provides information on current drug trends and their impact on the area.

Substance abuse findings in Alabama vary across various demographic and geographic characteristics. Current use of alcohol, defined as past 30-days or past month, has increased in Alabama from 2006-2007 (40%) to 2011-2012 (43.2%) in ages 12 and older (NSDUH). In Alabama, 14% of college graduates and 21.5% of adults who are ages 18 to 24 participate in binge drinking (BRFSS, 2012). In 2012, the largest percentages of fatal crashes involving alcohol-impaired driving occurred from midnight to 2:59 am followed by 3 am to 5:59 am (FARS).

In 2011-2012, the percentage of current tobacco product use among persons aged 12 or older in Alabama was more than the US percentage (NSDUH). In 2011, the rate of cancer deaths were 56.9 per 100,000 Alabama population compared to 46 per 100,000 US population.

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 2007 and 2012, with more persons in the 18-25 year age group reporting use than the 26 and older age group. From 2003 to 2013, the percentage of students in 9th-12th grade reporting any use of heroin in their lifetime increased from 2.6% to 5.3% (YRBS). Approximately 9% of boys and 7% of girls reported trying marijuana before age 13, with an increase for females between 2005 (4.5%) and 2013 (7.0%) and a decrease for males between 2005 (14.0%) and 2013 (9%) (YRBS).

In 2008-2010, the percentage of current alcohol use ages 12 to 17 (13.0%) and 18 and older (48.6%) plus current binge alcohol use in ages 12-17 was highest in Region 2 in Alabama. Similar regions which reported highest percentages in alcohol dependence/abuse also reported highest percentages of illicit drug dependence/abuse. In 2008-2010, the percentage of alcohol dependence/abuse in the past year was highest in Region 3 for persons ages 18 and older (7.6%) while Region 3 reported the highest percentage for persons ages 18 and older needing but not receiving treatment for alcohol use in the past year (7.1%). See Appendix 1 for map of Regions A.

The 2014 Gulf Coast Drug Threat Assessment has reported a significant threat of heroin trafficking and abuse in the Birmingham, Alabama areas while remaining relatively low in other areas of the Gulf Coast High Intensity Drug Trafficking Area except New Orleans, LA. An increase in availability in the Birmingham, Alabama area has resulted in a spike in heroin related overdose deaths in the past 12 months of the assessment. In addition an increasing threat of pharmaceuticals was reported along with a high availability.

The findings in this profile will be used to determine prevention needs based on available substance abuse data, monitor the impact of state and local policies, and inform programmatic responses to identified needs related to alcohol, tobacco, and other drugs in Alabama.

INTRODUCTION

This Epi Profile compiles and summarizes indicators of alcohol, tobacco, and other drugs (ATOD) among youth and adults in Alabama used to effectively assess and monitor regarding consumption, consequences, and risk/protective factors. The state of Alabama is divided into 4 planning regions that are divided based on geographic location: Region 1 includes 18 counties in northern Alabama; Region 2 includes 14 counties in north-central Alabama; Region 3 includes 19 counties in south-central Alabama; and Region 4 includes 16 counties in southern Alabama (Appendix 1).

The Epi Profile is divided into sections according to substance evaluated: 1) alcohol; 2) tobacco; and 3) other drugs. For each substance, data on consequences, consumption, and risk/protective factors are presented from multiple national and state sources. Consequences are negative outcomes associated with use. Consumption patterns are measures of substance use. Risk/protective factors influence consumption. Data dimensions, including gender, age, race/ethnicity, and region, are presented when possible. Criteria for inclusion in the Epi Profile is based on availability, validity, consistency, periodic collection, and sensitivity.

1. Availability

- The data is readily available and accessible. The measure must be available in disaggregated form at the age, gender, race/ethnicity, geographic level.
- The data is currently available over at least three to five past years.

2. Validity

- There must be research-based evidence that the indicator accurately measures the specific construct and yields a true snapshot of the phenomenon at the time of the assessment.
- The indicator provides a true representation of what is actually occurring in Alabama

3. Consistency

- The method or means of collecting and organizing data should be relatively unchanged over time, such that the method of measurement is the same from time i to $i+1$. Alternatively, if the method of measure has changed, sound data should exist that determines and allows adjustment for differences resulting from data collection changes.
- The questions are asked the same way over a period of years
- The indicators are collected the same way over a period of time.

4. Periodic Collection over at Least Three to Five past Years

- The information is consistently available over a number of years preferably annually or at least biannually.
- There are no sporadic delays in the collection of the data.

5. Sensitivity

- Able to detect change associated with substance use (alcohol, illicit drug or tobacco) over time

The findings in this profile will be used to determine prevention needs based on available substance abuse data, monitor the impact of state and local policies, and inform programmatic responses to identified needs related to alcohol, tobacco, and other drugs in Alabama.

ALABAMA OVERVIEW

Alabama is located in the southeastern United States, bordered by the states of Florida, Georgia, Mississippi, and Tennessee. It is the 30th largest of the 50 states covering 52,423 square miles. 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 estimate population of 4,833,722 in 2013 in its 67 counties. Washington is the oldest county in Alabama created on June 4, 1800 when what is now Alabama was then part of the Mississippi Territory. Houston is the newest county in Alabama created on February 9, 1903. Forty-one percent of Alabamians live in rural areas (2010).

Table 1—Demographic Characteristics of Alabama, 2013¹

Characteristic	Alabama
Population, 2013 estimate	4,833,722
Age, Under 5 years, %, 2012	6.3
Age, Under 18 years, %, 2012	23.3
Age, 65 years and over, %, 2012	14.5
% Female, 2012	51.5
% White, 2012	70.0
Black, %, 2012	26.5
American Indian & Alaska Native	0.7
Asian	1.2
Native Hawaiian & Other Pacific Islander	0.1
Two or More Races	1.5
Hispanic or Latino	4.1
Veterans, 2008-2012	398,343

DATA DIMENSIONS

The Alabama Epidemiological Outcomes Workgroup (AEOW) reviewed the list of consumption and consequence indicators by examining them across four dimensions. Purposeful strategies for presenting, interpreting, comparing, and synthesizing multiple indicators from different perspectives are required to translate empirical information into an understandable and meaningful epidemiological assessment. Data on all dimensions may not be available for each indicator.

1. Magnitude

Magnitude describes the number of individuals directly impacted by a particular indicator and explores the basic issue of addressing the size of ATOD occurrence in Alabama. Magnitude is described in terms of relative numbers (e.g. percentages or rates) and absolute numbers (e.g. total number of cases).

2. Relative Comparison

Relative Comparison is the prevalence for ATOD consumption and related consequences in Alabama compared to a standard reference population such as the United States. Some of the commonly used relative comparisons are comparing national statistics to state statistics and comparing statistics among each of the state's mental health regions. Statewide or regional indicators that are higher or increasing more rapidly than their comparative indicators may identify problems that warrant priority attention.

3. Trends

Trends over time in Alabama were examined to determine if prevalence were increasing (deteriorating) or decreasing (improving). Trends help in detecting growing problems that may demand attention.

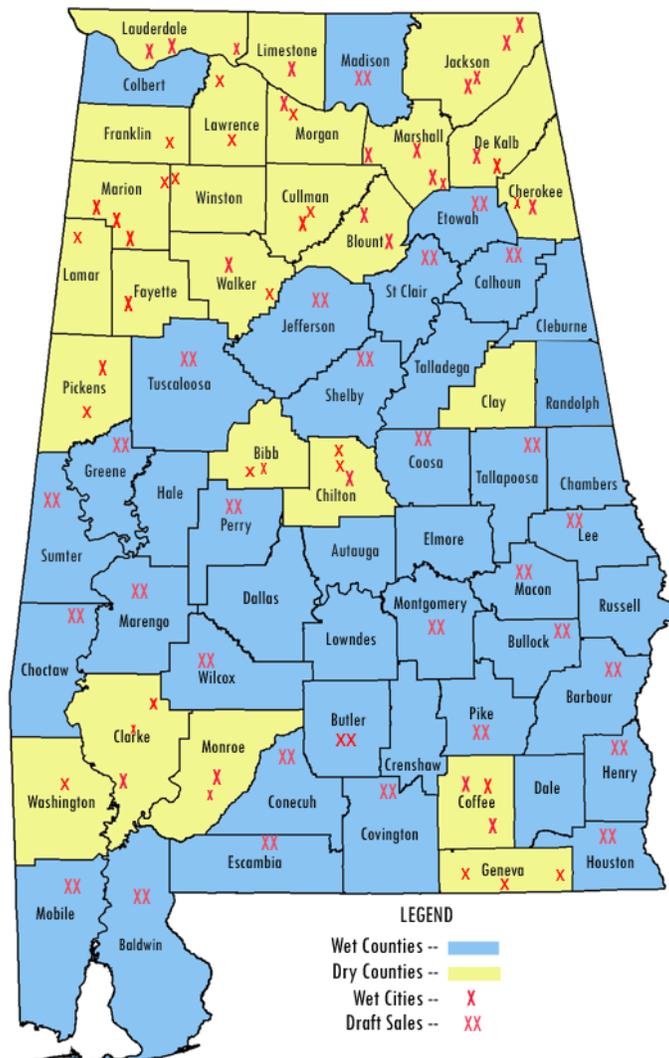
4. Severity

Severity examines the potential impact of outcomes on individuals or society that are associated with substance abuse. It helps to determine how serious is the extent of outcomes associated with substance abuse compared to those of other problems since some consumption patterns or consequences are potentially more severe in nature.

ALCOHOL

- Alcohol is the most frequently used drug. 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 (ABC) Board, which is responsible for the distribution of alcohol, licensing of retail outlets, and enforcement of policies.
- Alabama has 25 dry counties that do not permit the sale of any alcoholic beverages except in designated wet cities (Figure 1). Clay County is the only county that is completely dry without any cities designated as wet within the county.
- Region 1 has the highest percentage of dry counties (83%), followed by Region 2 (36%) and Region 4 (31%). All of the counties in Region 3 are wet counties.

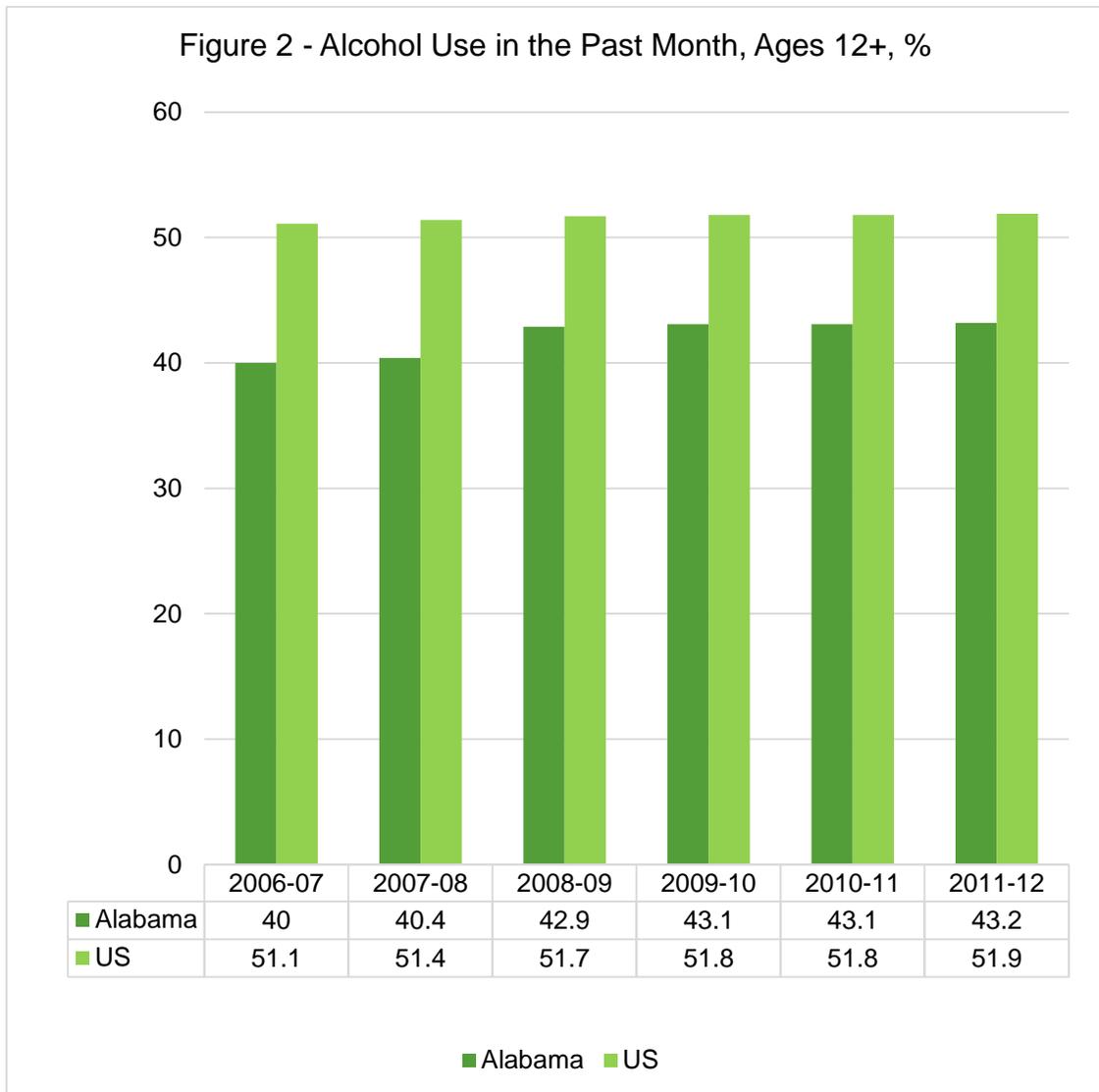
Figure 1 – Wet and Dry Counties and Cities in Alabama



ALCOHOL CONSUMPTION

Construct: Current Use

- Current Use is drinking at least one drink of alcohol on at least one day during the 30 days (or past month) before reporting usage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 3 - Alcohol Use in the Past Month by Age Groups, %

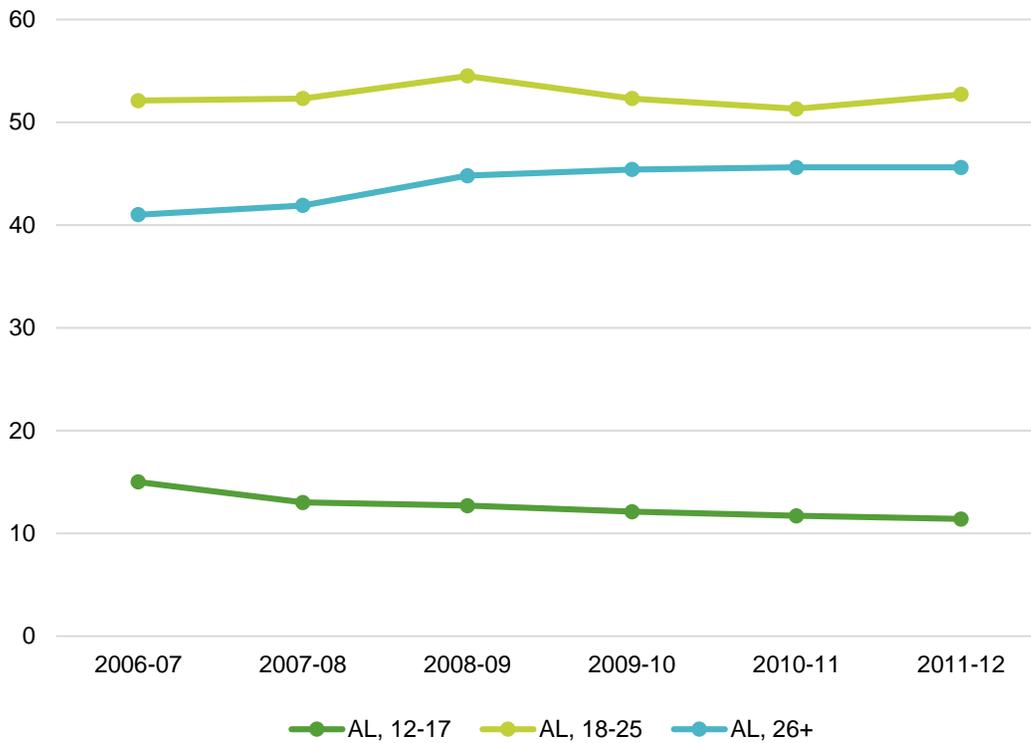
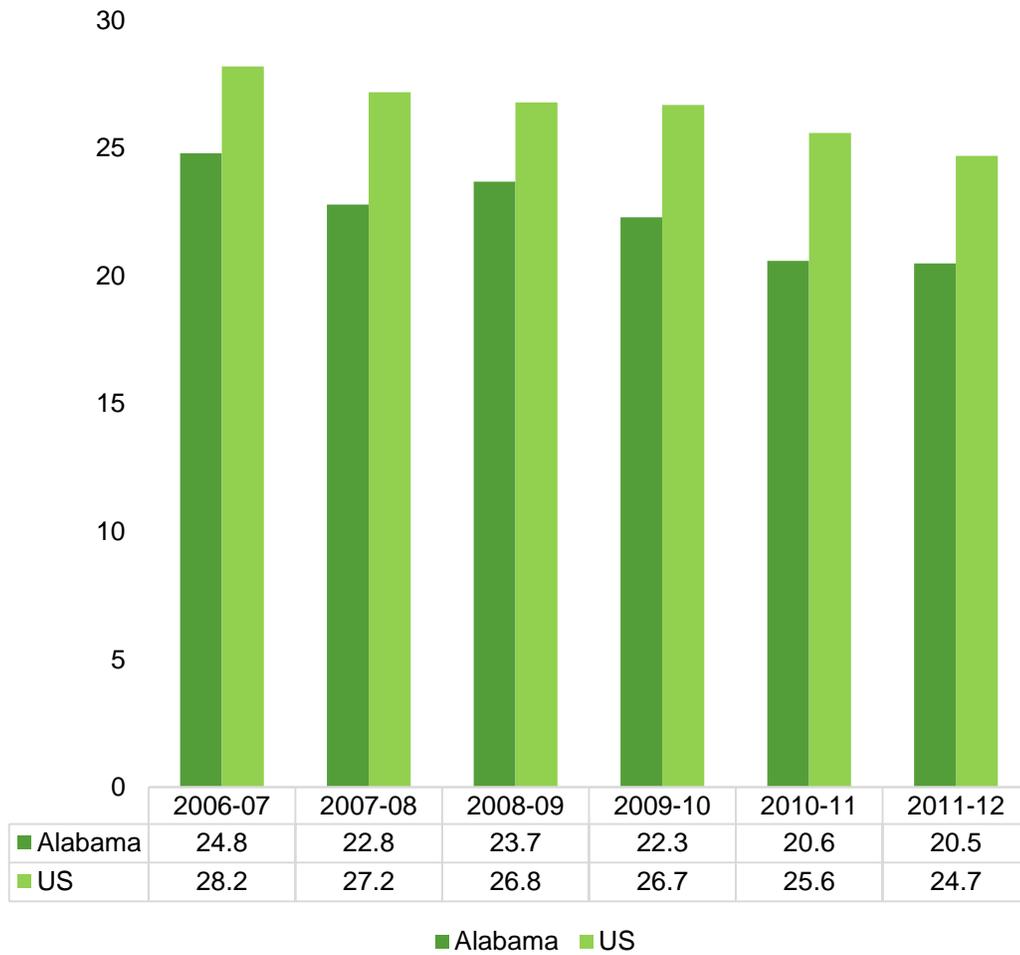


Table 2 – Alcohol Use in the Past Month by Age Groups, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	15	13	12.7	12.1	11.7	11.4
Ages 18-25	52.1	52.3	54.5	52.3	51.3	52.7
Ages 26+	41	41.9	44.8	45.4	45.6	45.6
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	16.3	15.4	14.8	14.2	13.5	13.1
Ages 18-25	61.6	61.2	61.5	61.6	61	60.5
Ages 26+	53.9	54.4	54.8	54.9	55	55.3

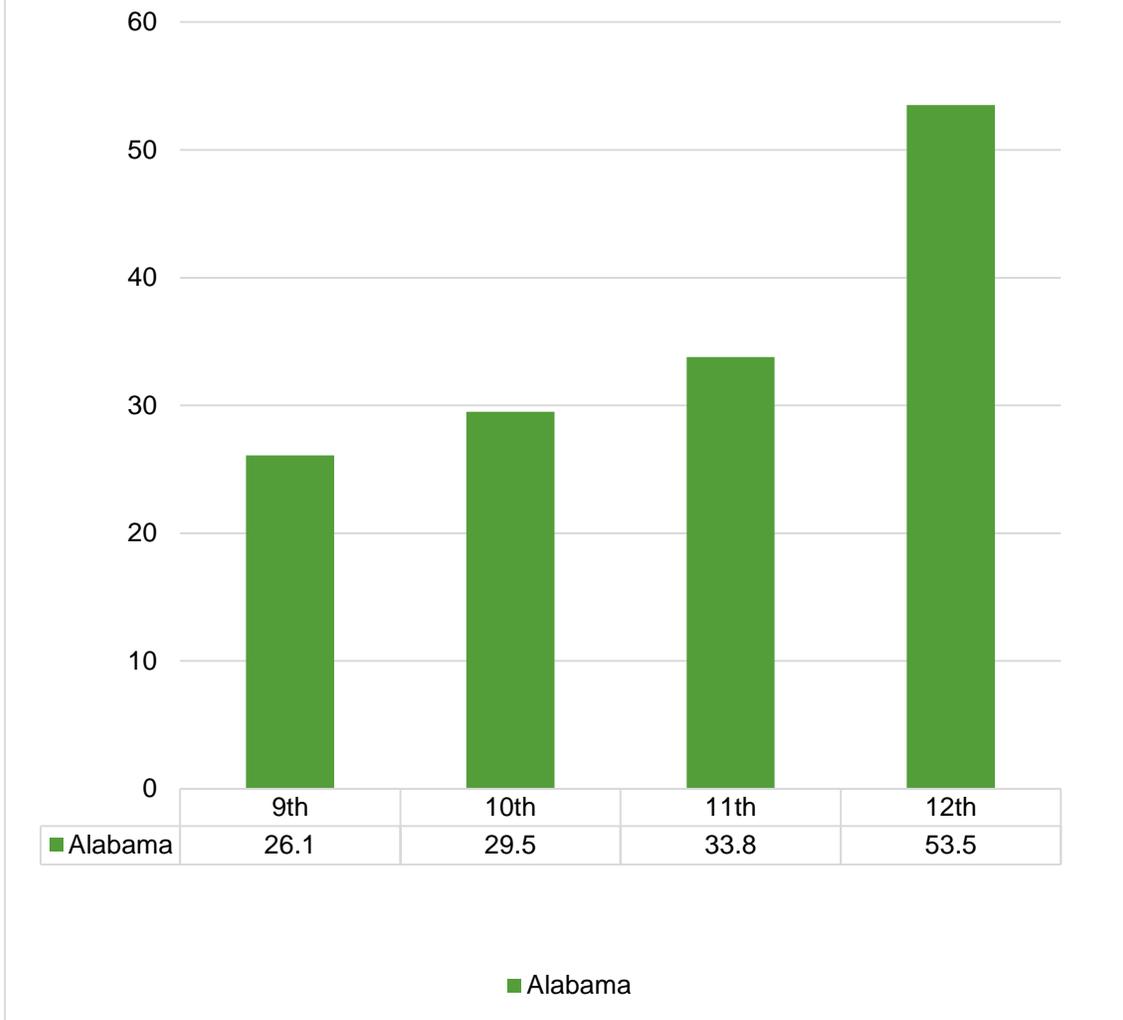
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 4 - Alcohol Use in the Past Month, Ages 12-20, %



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

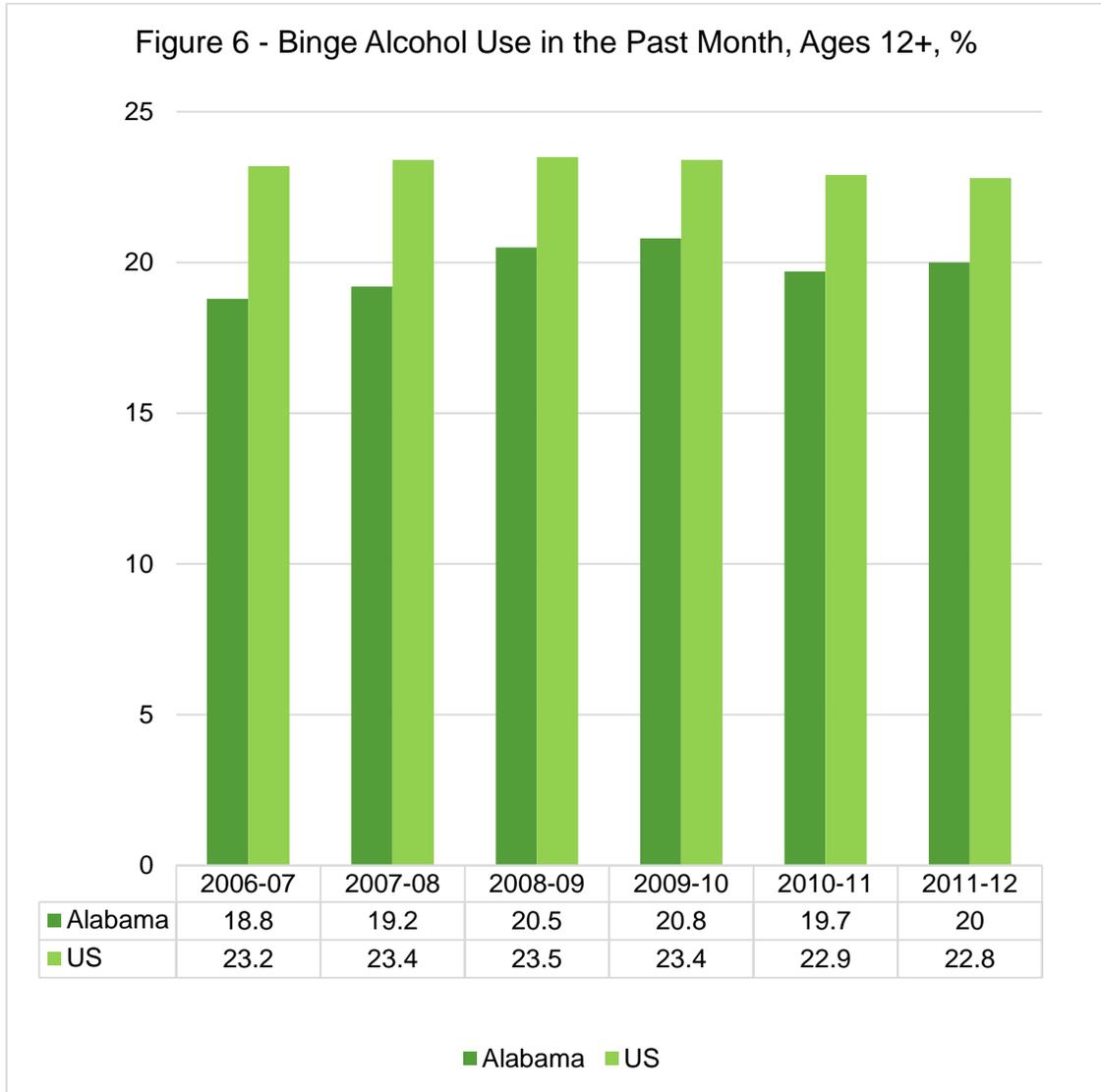
Figure 5 - Currently Drank Alcohol, Grades 9th-12th, %



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Construct: Current Binge Drinking

- Binge drinking is defined as males having five or more drinks on one occasion, or females having four or more drinks on one occasion.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

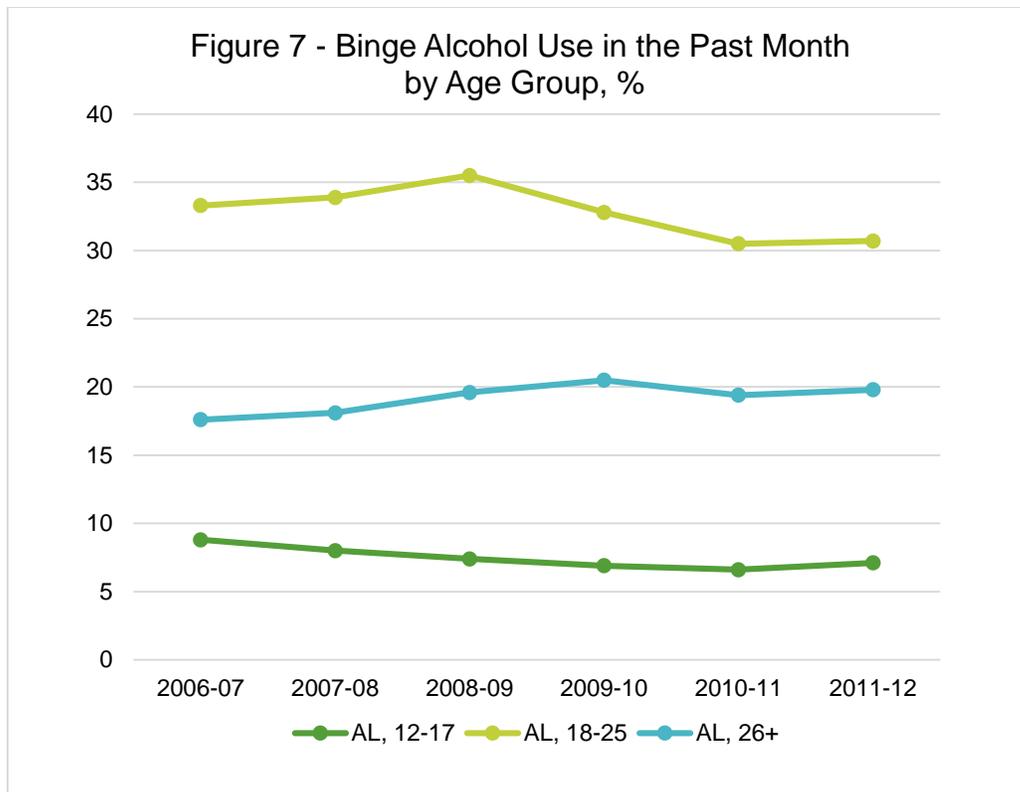
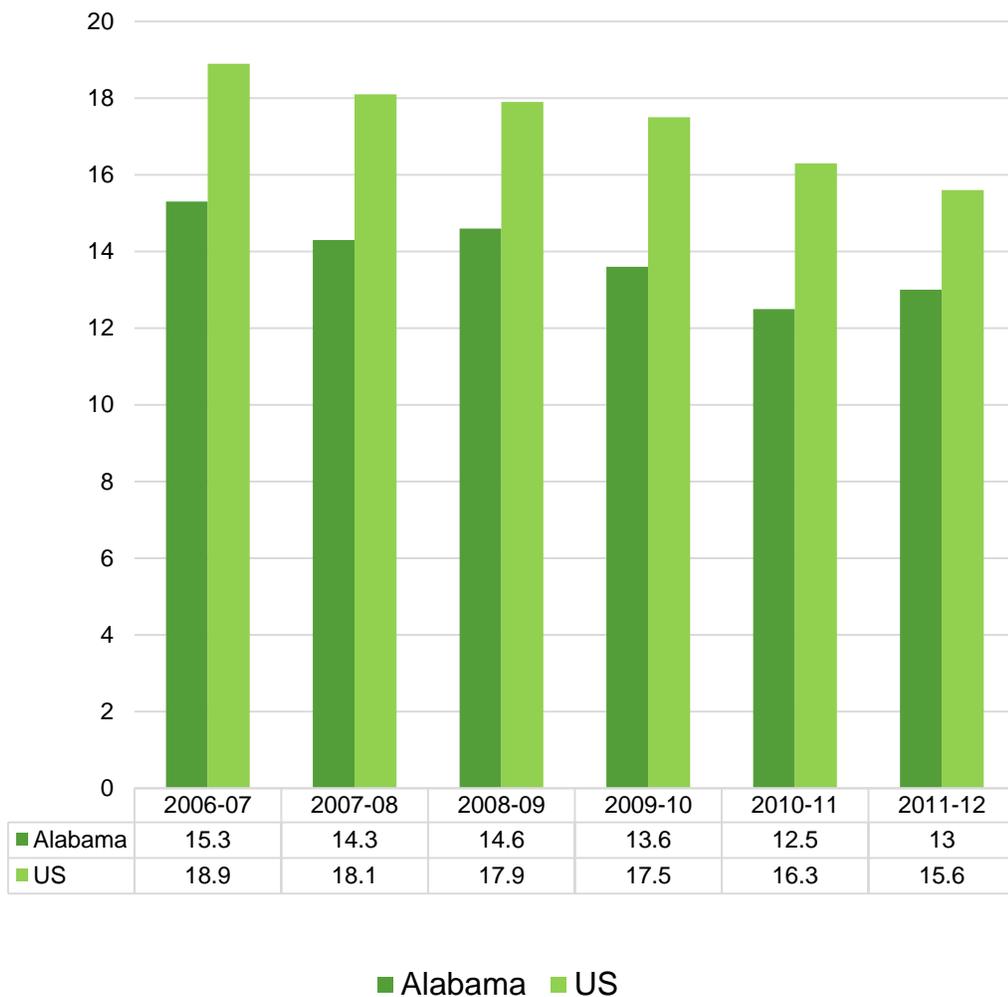


Table 3 – Binge Alcohol Use in the Past Month by Age Group, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	8.8	8	7.4	6.9	6.6	7.1
Ages 18-25	33.3	33.9	35.5	32.8	30.5	30.7
Ages 26+	17.6	18.1	19.6	20.5	19.4	19.8
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	10	9.3	8.9	8.4	7.6	7.3
Ages 18-25	42.1	41.6	41.5	41.2	40.2	39.7
Ages 26+	21.7	22.1	22.3	22.2	21.8	21.8

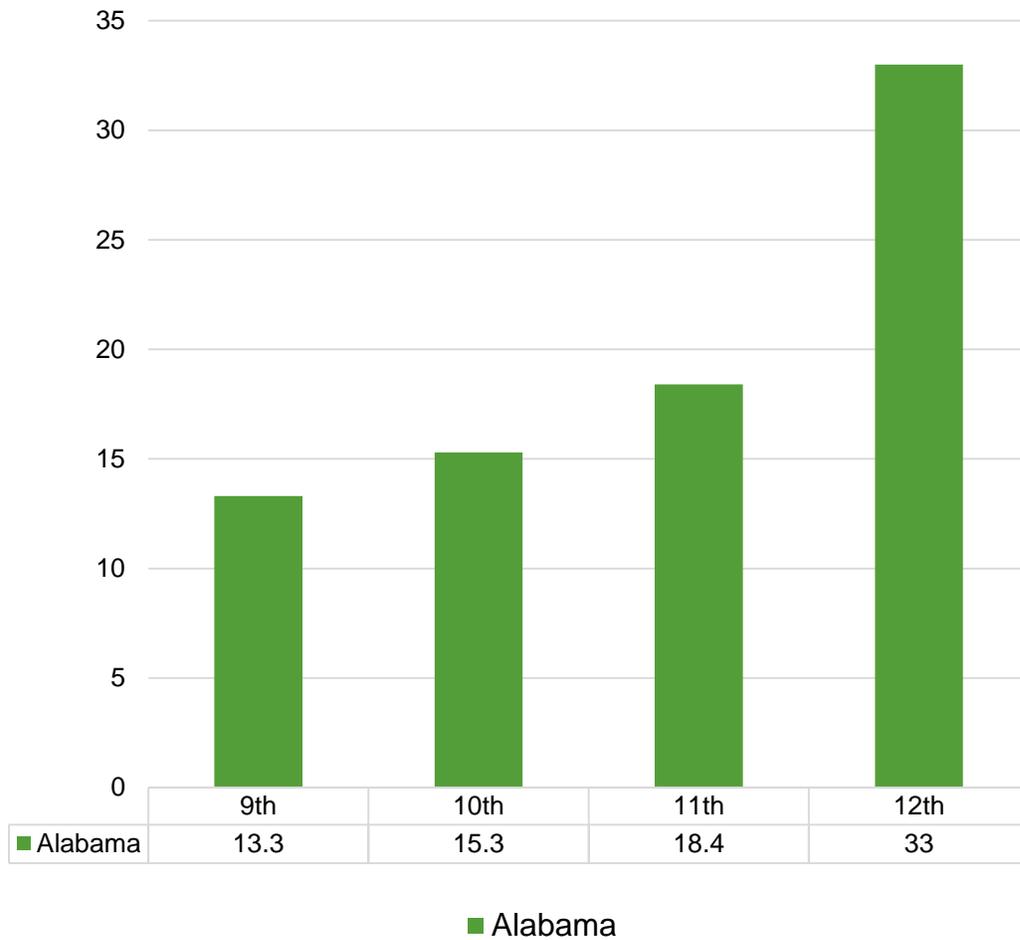
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 8 - Binge Alcohol Use in the Past Month, Ages 12-20, %



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 9 - Had Five or More Drinks of Alcohol in a Row in Past 30 Days, Grades 9th-12th, %



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

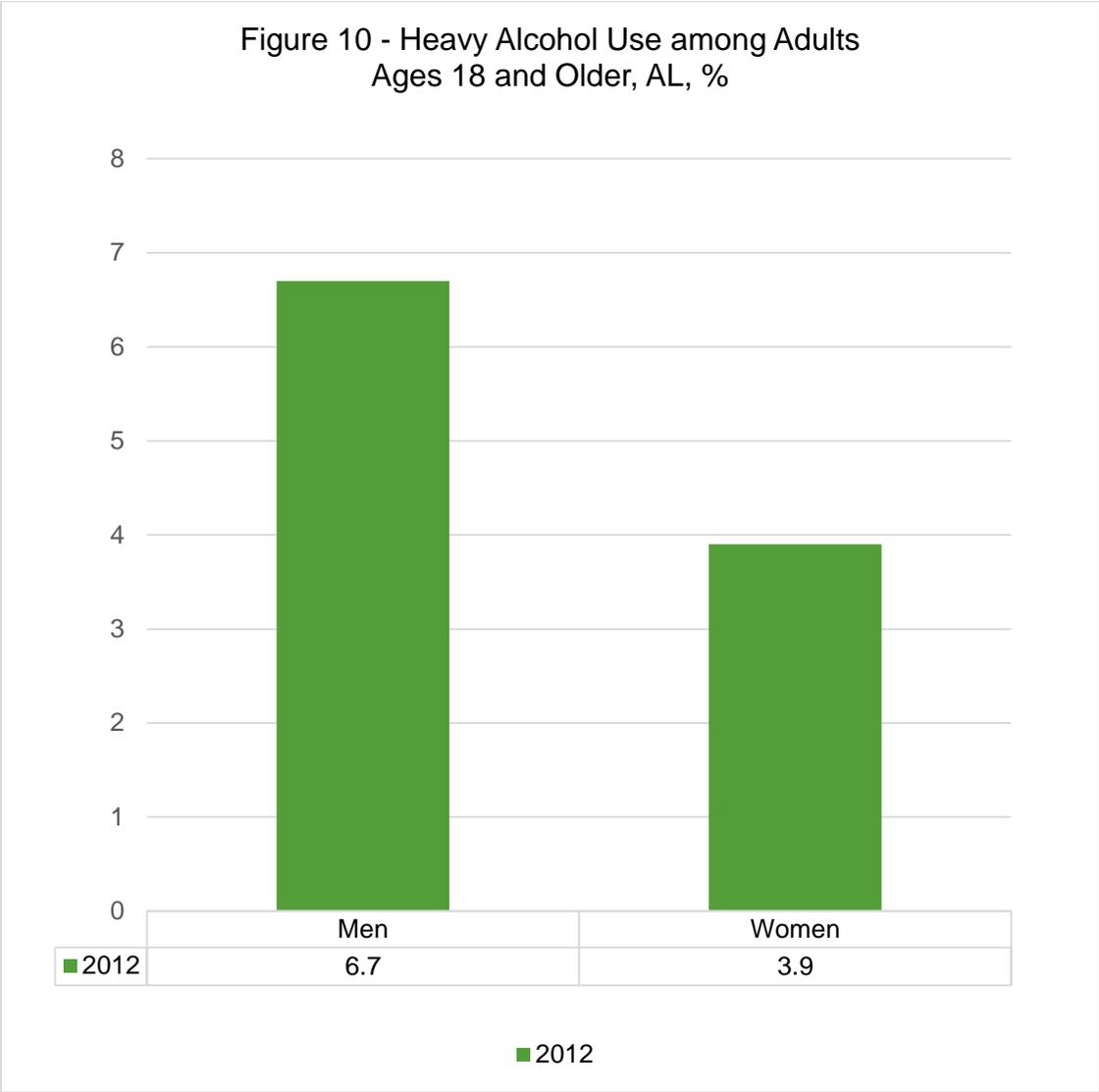
Table 4: Percentage of Alabama Adults Participating in Binge Drinking by Demographics, 2012.

	Adults (Men and Women)	Men	Women
Overall (%)	12.3	18.2	7
By Race (%)			
White/Non-Hispanic	12.3	18.9	6.3
Black or Afr. Am./Non-Hispanic	12.3	17	8.6
By Age Group (%)			
18-24	21.5	25.5	17.5
25-34	18.8	29.1	9.1
35-44	16.1	23.6	9
45-54	10.9	16	6
55-64	7.9	11.9	4.1
65+	2.9	5.4	1.1
By Education Level Completed (%)			
Less Than H.S.	11	15	7.7
H.S. or G.E.D.	11.7	18.9	5.1
Some Post-H.S.	12.5	18.6	7.3
College Graduate	14	19.3	8.6
By Income (%)			
Less than \$15,000	12.2	20.1	6.7
\$15,000- 24,999	12.2	17.6	7.9
\$25,000- 34,999	13.7	18.2	9.7
\$35,000- 49,999	12.9	20.1	6.2
\$50,000- 74,999	15	22.5	6.4
\$75,000+	13.4	19.3	6.2

Source: Alabama Department of Public Health, Alabama Behavior Risk Factor Surveillance System, 2012.

Construct: Heavy Drinking

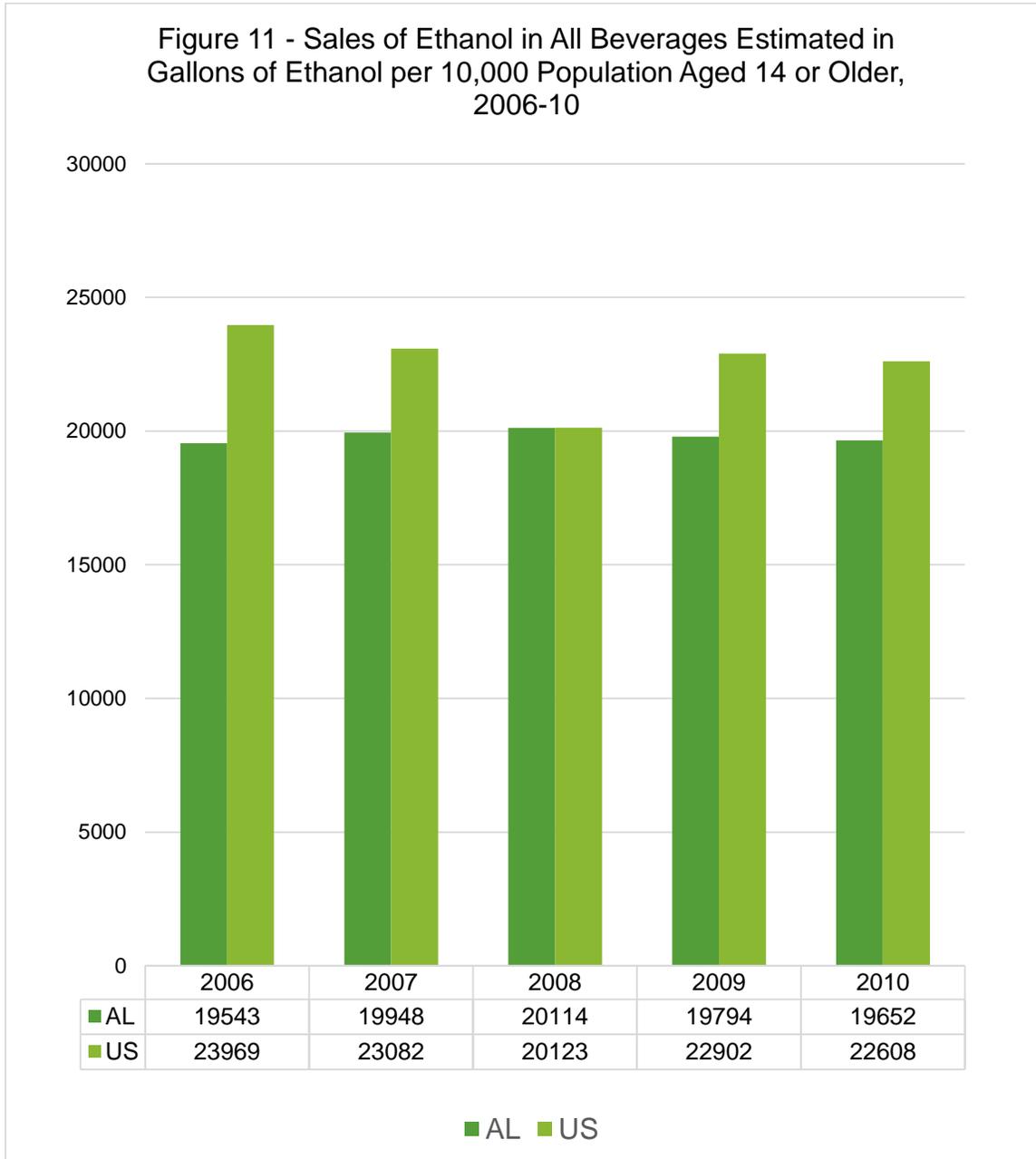
Heavy drinking is defined as adult men having more than two alcoholic beverages per day, and women having more than one alcoholic beverage per day. Based on the Behavioral Risk Factor Surveillance System (BRFSS), 5.20% of Alabama adults (18 years and older) are heavy drinkers for 2012. Men (6.7%) are more likely to engage in heavy drinking than women (3.9%) in Alabama.



Source: Alabama Department of Public Health, Alabama Behavior Risk Factor Surveillance System, 2012.

Construct: Total Ethanol Consumption Per Capita

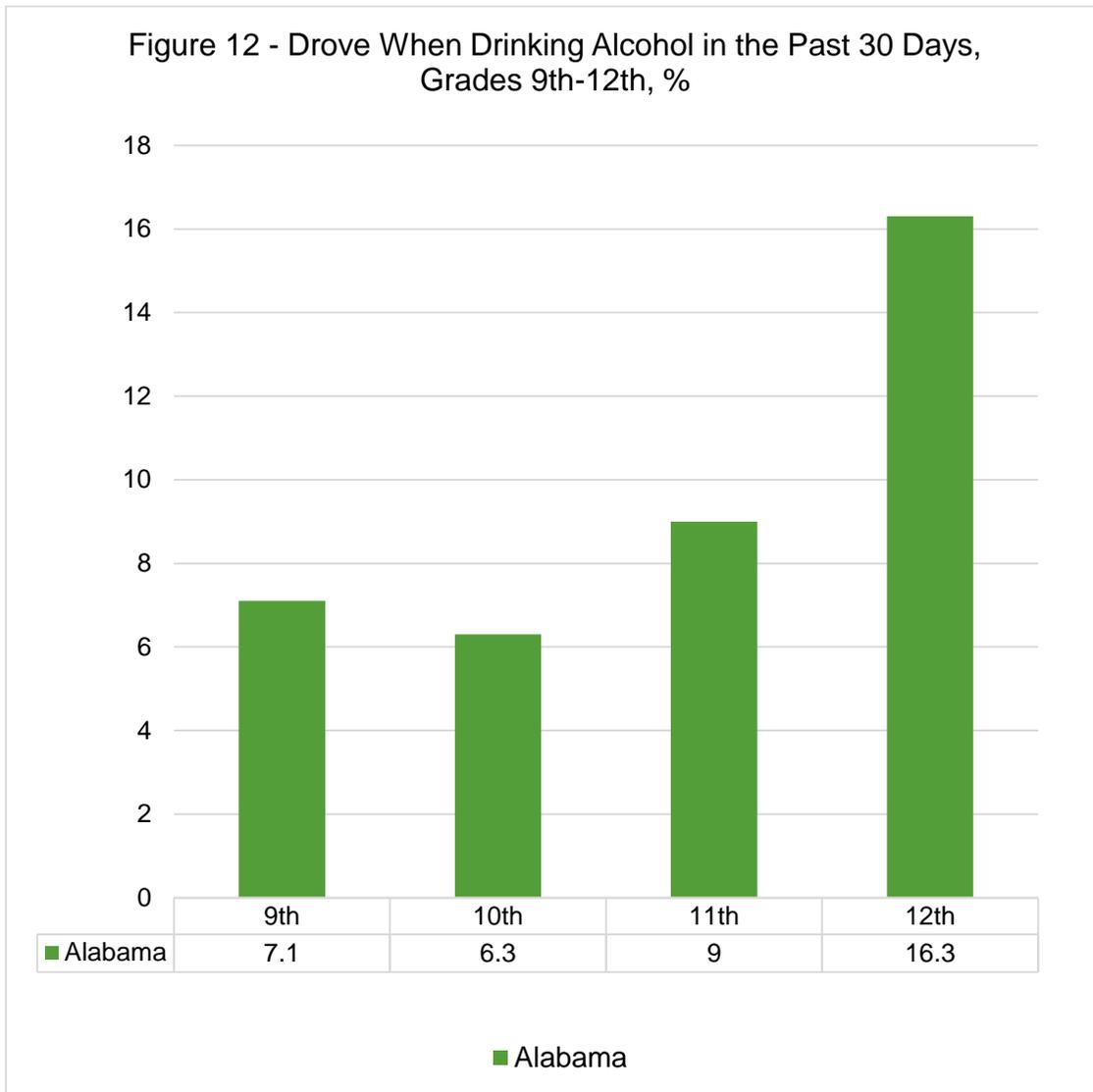
- Alabama has one of the lowest levels of per capita consumption of alcohol in the United States, ranking in the 9th decile of per capita consumption for beer, wine, and spirits.¹⁵



Source: Lakins, N. E., LaVallee, R. A., Williams, G. D., & Yi, H. (2011). Surveillance Report #92: Apparent per capita alcohol consumption: National, State, and regional trends, 1977–2009. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism (NIAAA), Alcohol Epidemiologic Data System (AEDS).

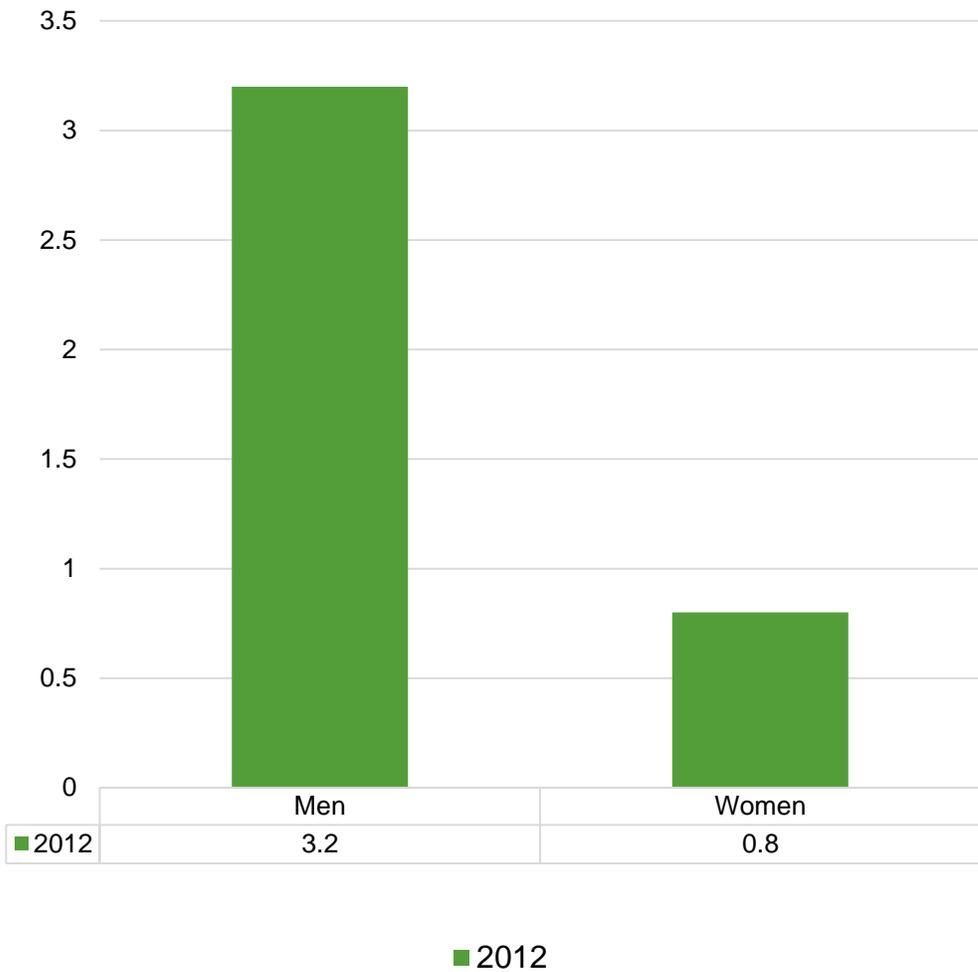
Construct: Drinking and Driving

- Alcohol use is associated with risky behaviors, such as drinking and driving. Twelfth graders have a higher tendency than those in grades 9-11 to drive when drinking.



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Figure 13 - Driven at Least Once After Having Too Much to Drink, Ages 18+, %

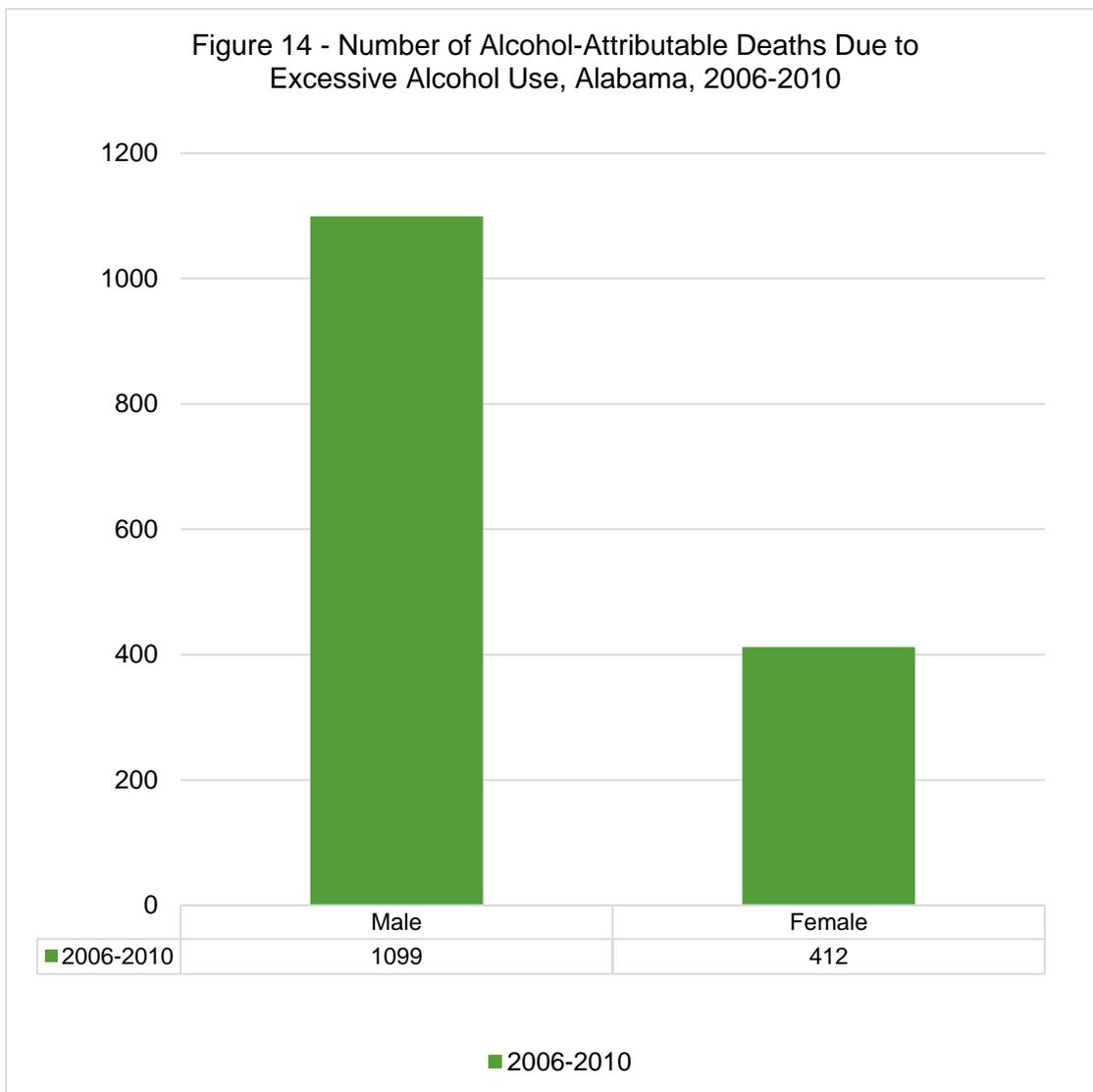


Source: Alabama Department of Public Health, Alabama Behavior Risk Factor Surveillance System, 2010.

ALCOHOL CONSEQUENCES

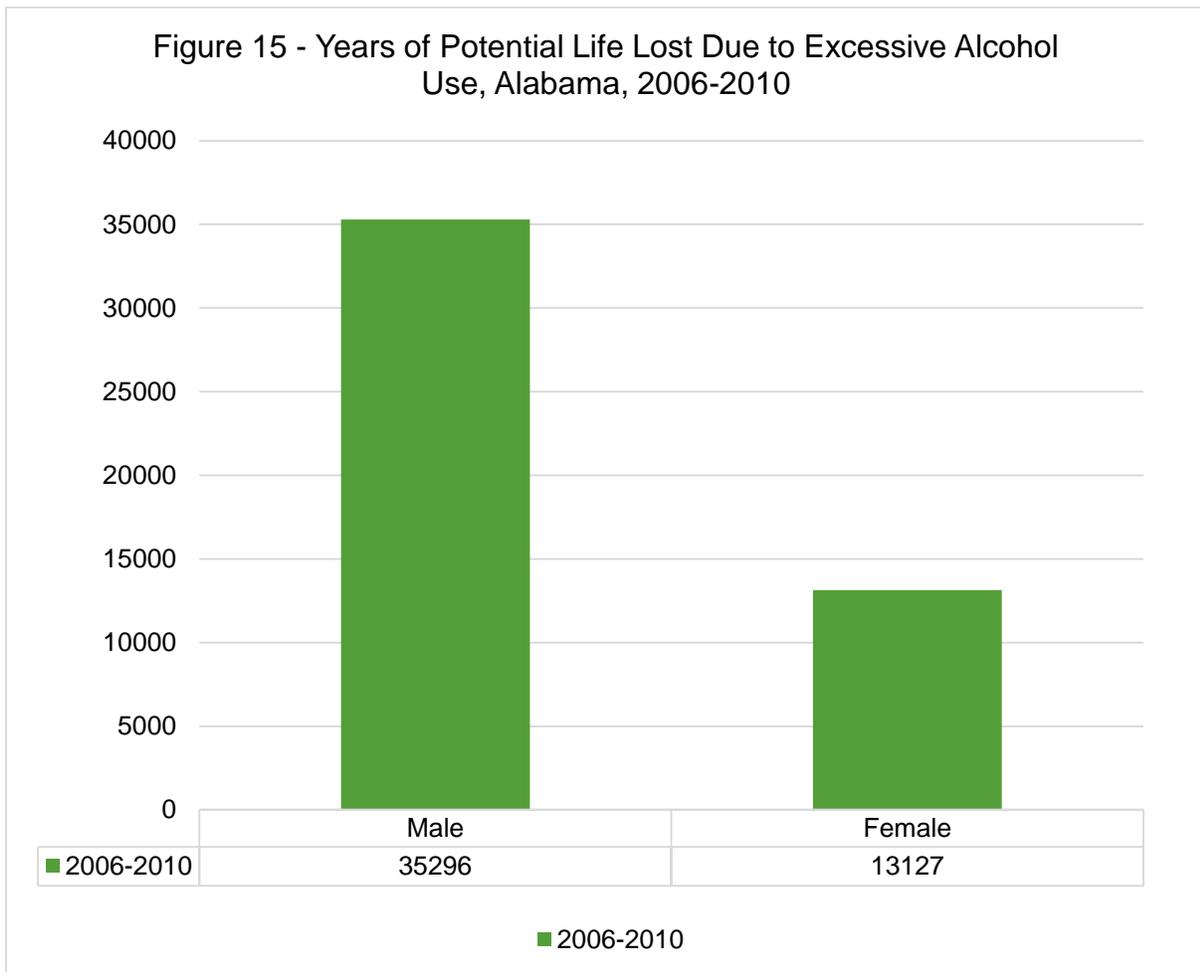
Construct: Alcohol-Related Mortality

In 2011, the death rate of alcohol-induced causes was 5.2 per 100,000 population. According to the Alcohol Related Disease Impact (ARDI) Application, the leading chronic causes of alcohol-attributable deaths in Alabama between 2006 and 2010 were liver cirrhosis (172) and alcoholic liver disease (149) while the leading acute causes were motor vehicle traffic crashes (343), homicide (196), suicide (143), and poisoning, not alcohol (136)



Source: Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2013.

- According to ARDI, the leading contributors to YPLL among ages 21 and under in Alabama between 2006 and 2010 were acute causes, specifically motor-vehicle traffic crashes (2,570), homicide (1,394), suicide (473) and poisoning, not alcohol (344). The leading chronic cause of YPLL among ages 21 was low birth weight, prematurity, intrauterine growth restriction, death (212)
- The leading contributors to YPLL among all ages in Alabama between 2006 and 2010 were acute causes, specifically motor-vehicle traffic crashes (14,389), homicide (8,247), poisoning, not alcohol, (5,255) and suicide (4,764). The leading chronic cause of YPLL was alcoholic liver disease (3,794) and liver cirrhosis (3,625).



Source: Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2013.

Construct: Motor Vehicle Crashes

- In Alabama, 21% of drivers involved in fatal crashes had a blood alcohol concentration (BAC) of .08 or higher in 2012 according to the Fatality Analysis Reporting System (FARS).
- Alcohol-Impaired Driving is at least one driver or motorcycle rider had a BAC of .08 or higher. In 2012, 56% of fatal crashes occurring from midnight to 2:59 am involved alcohol-impaired driving followed by 47% of fatal occurring from 3 am to 5:59 am involved alcohol-impaired driving.

Table 5 - Fatal Crashes and Percent Alcohol-Impaired Driving by Time of Day, AL, 2012

Time of Day	Number of Fatal Crashes	Alcohol-impaired Driving	Percent Alcohol-impaired Driving
Midnight to 2:59 a.m.	105	59	56
3 a.m. to 5:59 a.m.	77	36	47
6 a.m. to 8:59 a.m.	81	12	15
9 a.m. to 11:59 a.m.	82	8	10
Noon to 2:59 p.m.	111	12	11
3 p.m. to 5:59 p.m.	132	28	21
6 p.m. to 8:59 p.m.	104	36	35
9 p.m. to 11:59 p.m.	115	51	44
Unknown	2	1	30
Total	809	244	30

Source: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2012

Table 6 – Alabama Crashes: Causal Driver Age Between 16 and 20, 2010-2012

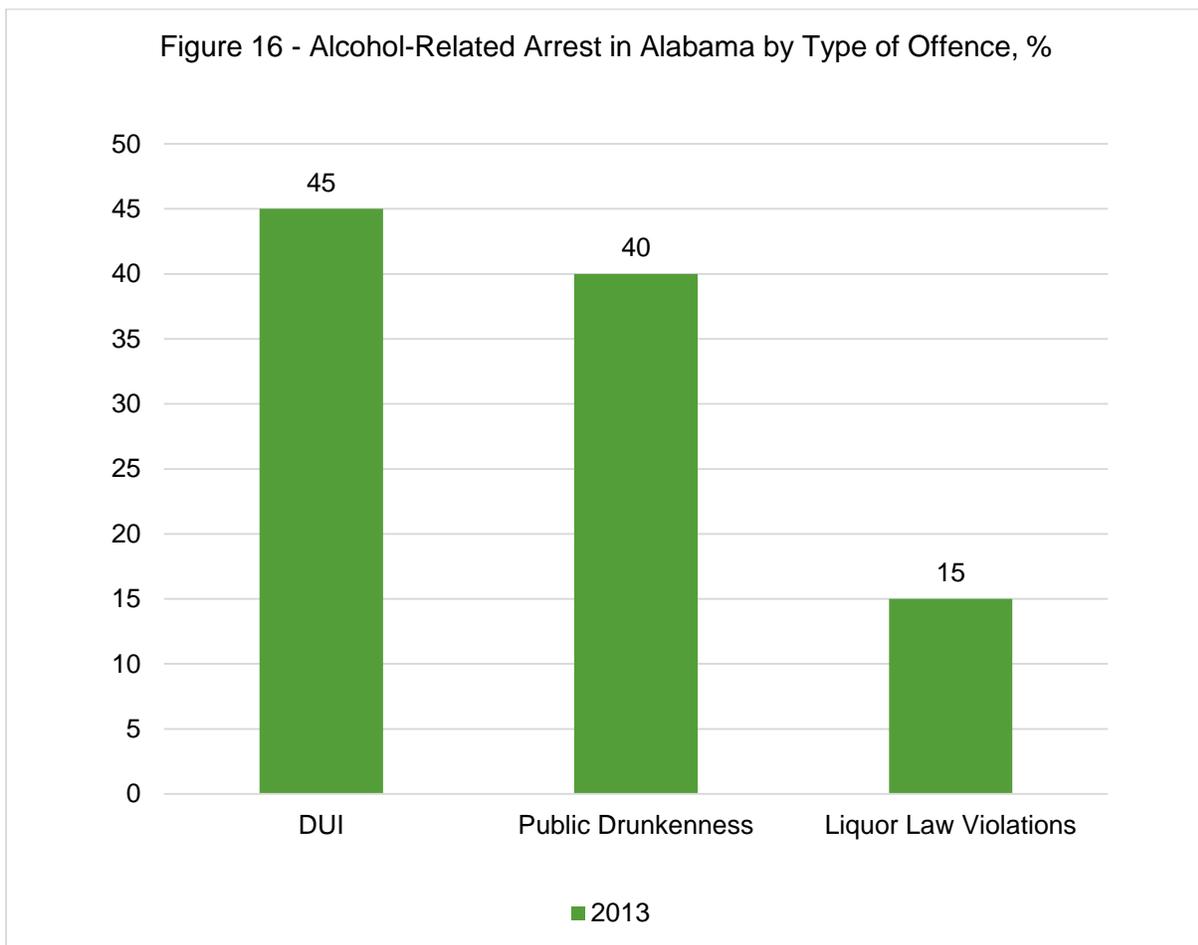
COUNTY	2010		2011		2012	
	ALCOHOL RELATED CRASHES	ALL CRASHES	ALCOHOL RELATED CRASHES	ALL CRASHES	ALCOHOL RELATED CRASHES	ALL CRASHES
Autauga	8	290	9	263	7	263
Baldwin	18	688	29	756	21	808
Barbour	2	67	2	77	3	66
Bibb	2	62	4	68	5	66
Blount	9	174	10	208	1	182
Bullock	3	22	3	21	0	18
Butler	2	98	2	83	5	92
Calhoun	22	697	13	656	16	597
Chambers	4	160	2	165	6	145
Cherokee	3	106	4	87	4	83
Chilton	5	152	10	179	9	179
Choctaw	2	29	0	17	3	38
Clarke	2	80	3	78	4	82
Clay	0	48	2	28	0	29
Cleburne	1	64	3	67	3	48
Coffee	6	253	10	224	5	233
Colbert	1	270	6	242	8	258
Conecuh	0	47	3	54	2	62
Coosa	3	30	1	41	1	34
Covington	3	116	2	126	5	130
Crenshaw	0	38	2	56	5	55
Cullman	4	446	10	404	11	462
Dale	7	174	3	142	5	151
Dallas	5	160	2	152	5	148
Dekalb	3	204	9	168	5	216
Elmore	13	390	12	351	11	426
Escambia	7	120	8	123	8	101
Etowah	17	583	13	506	12	523
Fayette	3	60	3	55	2	55
Franklin	3	116	2	119	1	75
Geneva	3	74	6	80	3	71
Greene	1	21	1	26	1	15
Hale	1	45	0	36	2	36
Henry	5	43	3	48	4	33
Houston	16	607	14	560	12	544
Jackson	11	220	6	198	6	172
Jefferson	40	2692	38	2862	40	2688
Lamar	0	33	3	23	2	35
Lauderdale	10	470	13	493	14	404
Lawrence	5	97	2	104	5	99
Lee	33	922	30	892	30	909
Limestone	5	284	9	315	10	322
Lowndes	4	28	1	20	1	28

Macon	6	102	4	79	6	88
Madison	45	1850	40	1681	42	1701
Marengo	1	61	3	53	3	44
Marion	6	123	3	92	6	99
Marshall	14	508	12	431	16	420
Mobile	46	2255	28	2131	40	2106
Monroe	1	57	1	36	2	32
Montgomery	18	1212	19	1108	10	1140
Morgan	10	615	14	586	11	583
Perry	0	12	1	21	2	20
Pickens	3	42	1	43	2	53
Pike	10	196	13	196	8	161
Randolph	0	76	1	74	1	79
Russell	4	302	5	321	5	326
Shelby	18	946	14	917	18	1055
Saint Clair	9	293	10	325	6	300
Sumter	0	38	5	54	1	30
Talladega	7	280	9	283	7	282
Tallapoosa	5	141	4	162	5	141
Tuscaloosa	49	1504	54	1399	56	1333
Walker	3	290	11	273	9	281
Washington	1	44	1	37	1	30
Wilcox	2	16	0	17	2	19
Winston	0	60	2	51	3	63
TOTAL	550	22303	563	21543	565	21367

Source: State of Alabama, Alabama Department of Public Safety, 2010-2012

Construct: Crime

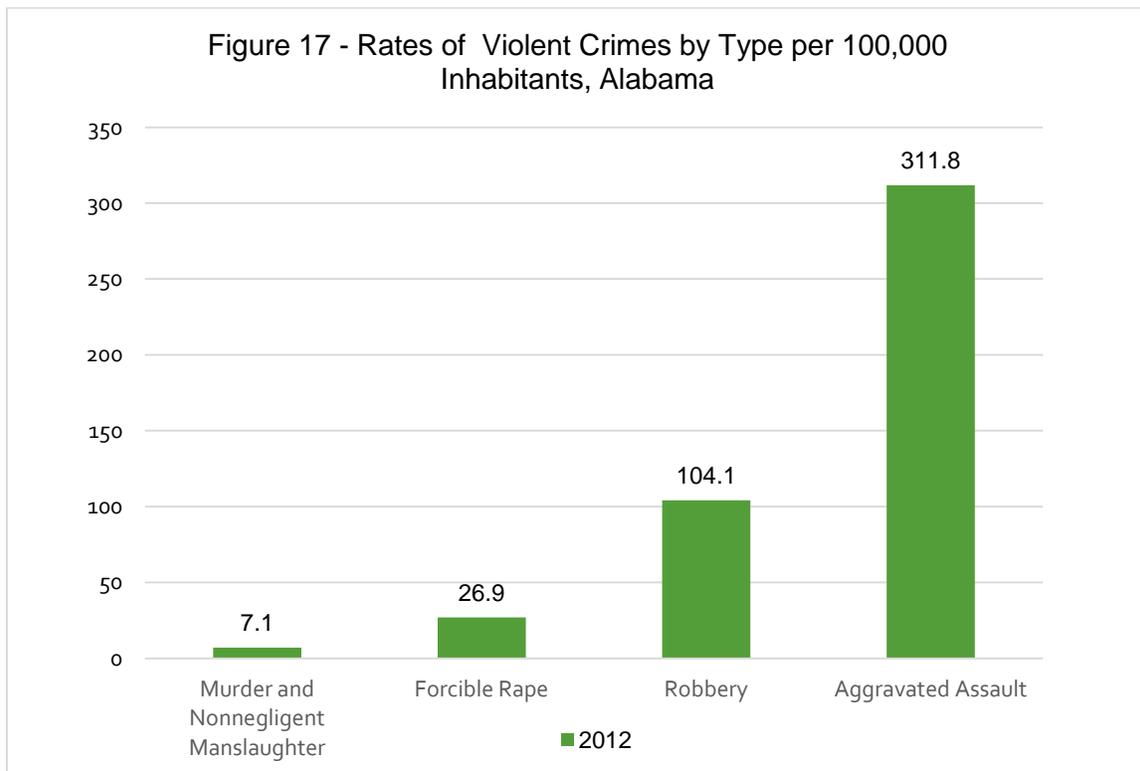
- Alcohol-related arrests, such as driving under the influence (DUI), liquor law violations (e.g. bootlegging, selling to minors), and public drunkenness, may result from alcohol use and abuse.
- In 2013, there were 23,114 arrests in Alabama for alcohol violations: DUI accounted for 45% of those offenses, followed by public drunkenness (40%), and liquor law violations (15%) according to the Alabama Criminal Justice Information Center (ACJIC)*



Source: Alabama Criminal Justice Information Center, Crime in Alabama 2013

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

- Another possible consequence of excessive alcohol consumption is violent crime, such as forcible rape, robbery, and aggravated assault.
- Scientists and non-scientists alike have long recognized a two-way association between alcohol consumption and violent or aggressive behavior².
- Based on published studies, Judith Roizen summarized the percentages of violent offenders who were drinking at the time of the offense as follows: up to 86% of homicide offenders, 37% of assault offenders, 60% of sexual offenders, up to 57% of men and 27% of women involved in marital violence, and 13% of child abusers³.
- In 2012, the rate of violent crimes in Alabama was 449.9 violent crimes per 100,000 inhabitants according to the Uniform Crime Reporting Program (UCR). In the metropolitan statistical area (pop. – 3,650,288) of Alabama, the rate of violent crimes (estimated total) was 466.6 violent crimes per 100,000 inhabitants. In the cities outside Metropolitan Statistical Area (pop. – 530,240) of Alabama, the rate of violent crimes (estimated total) was 560.5 violent crimes per 100,000 inhabitants. In nonmetropolitan counties (pop. – 641,495) of Alabama, the rate of violent crimes (estimated total) was 263 violent crimes per 100,000 inhabitants.



Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 2012.

Figure 18- Rates of Violent Crimes by Type per 100,000 Inhabitants, Metropolitan Statistical Area of Alabama

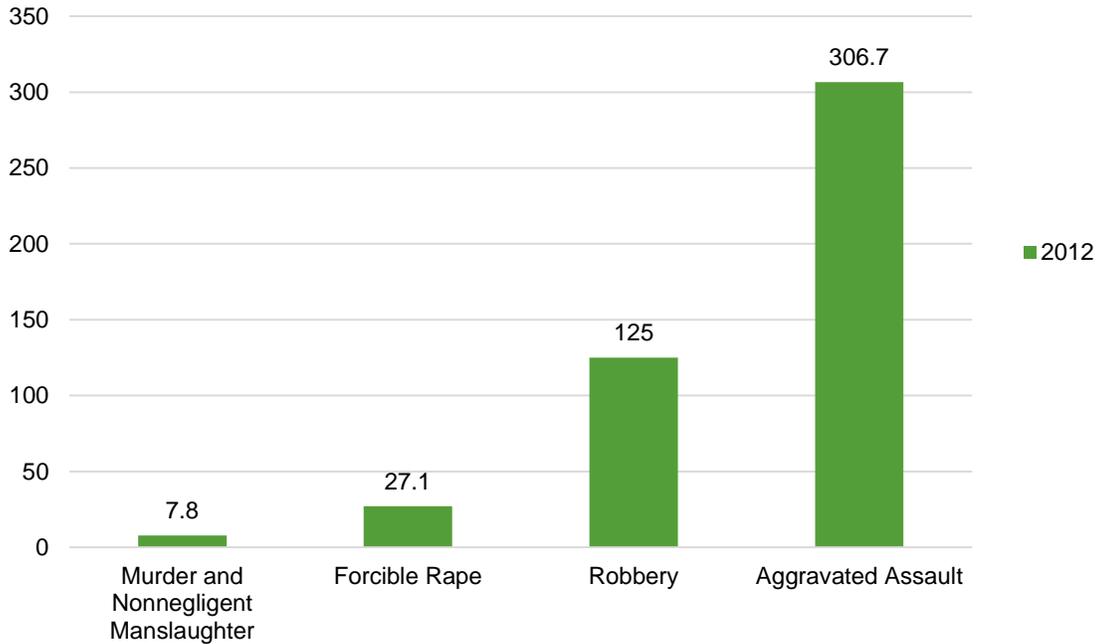
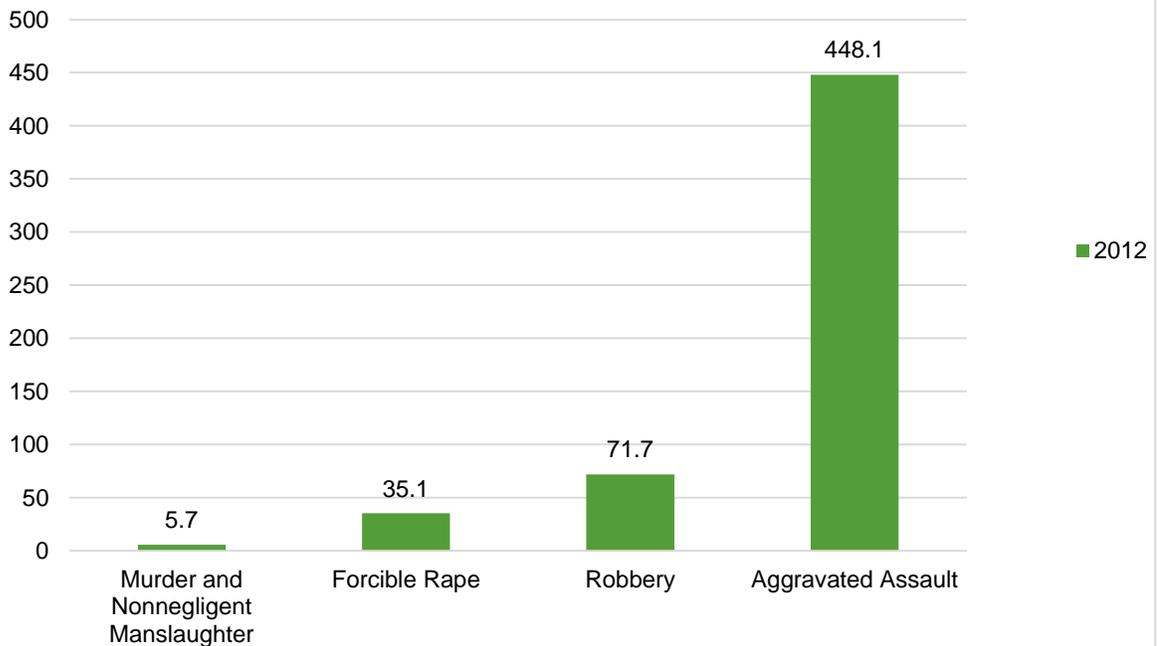
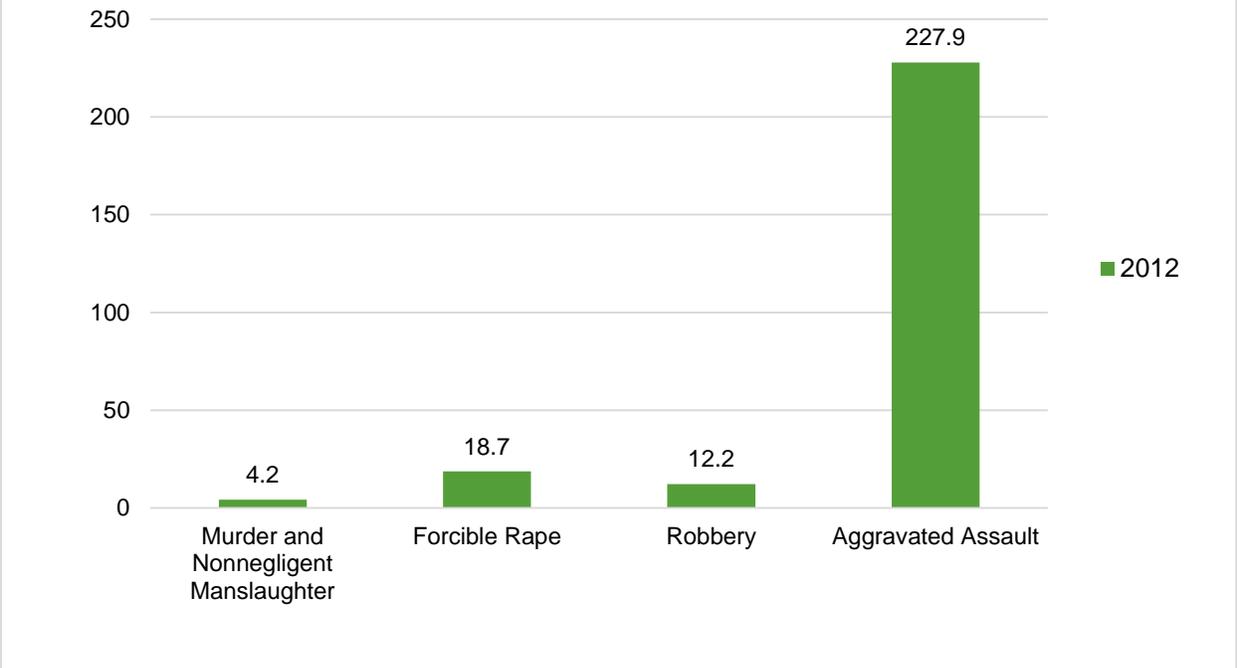


Figure 19 - Rates of Violent Crimes by Type per 100,000 Inhabitants, Cities Outside Metropolitan Statistical Area of Alabama



Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 2012 (estimated totals).

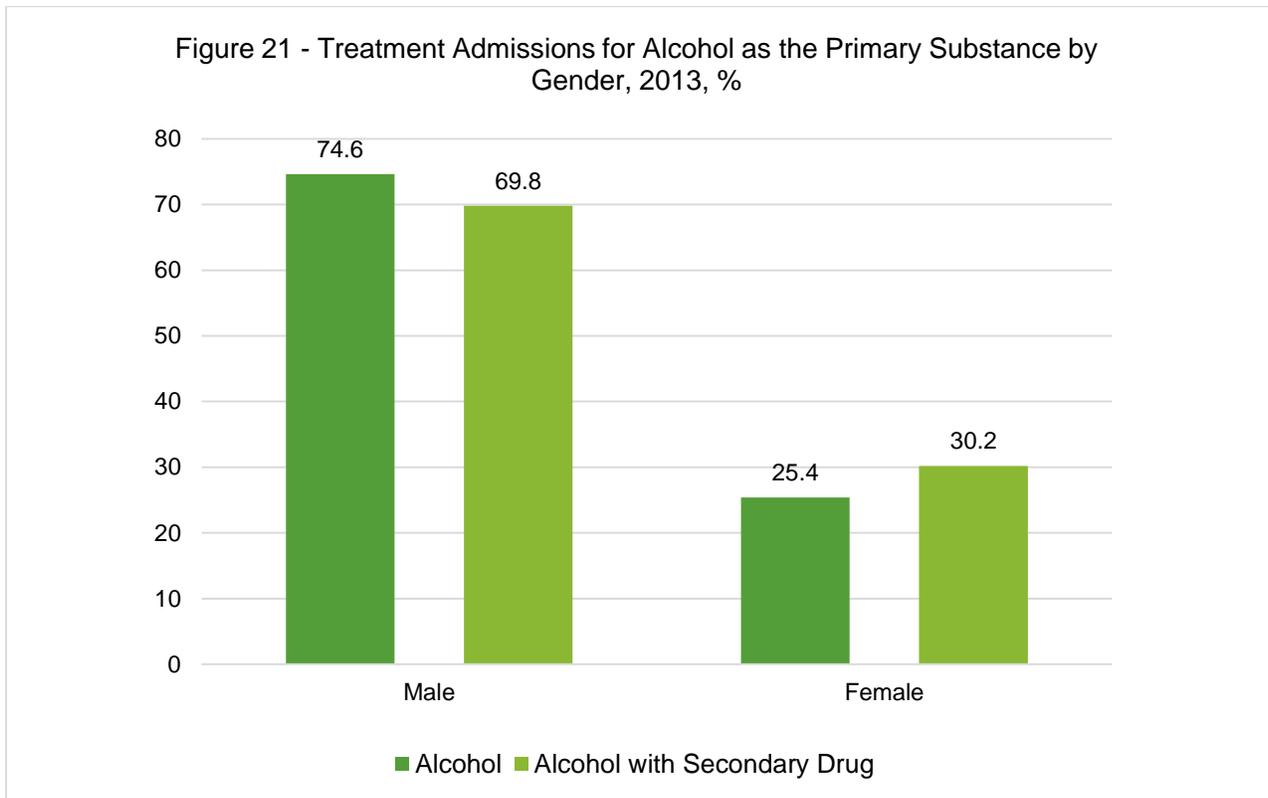
Figure 20 - Rates of Violent Crimes by Type per 100,000 Inhabitants, Nonmetropolitan Counties of Alabama



Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 2012 (estimated totals).

Construct: Treatment

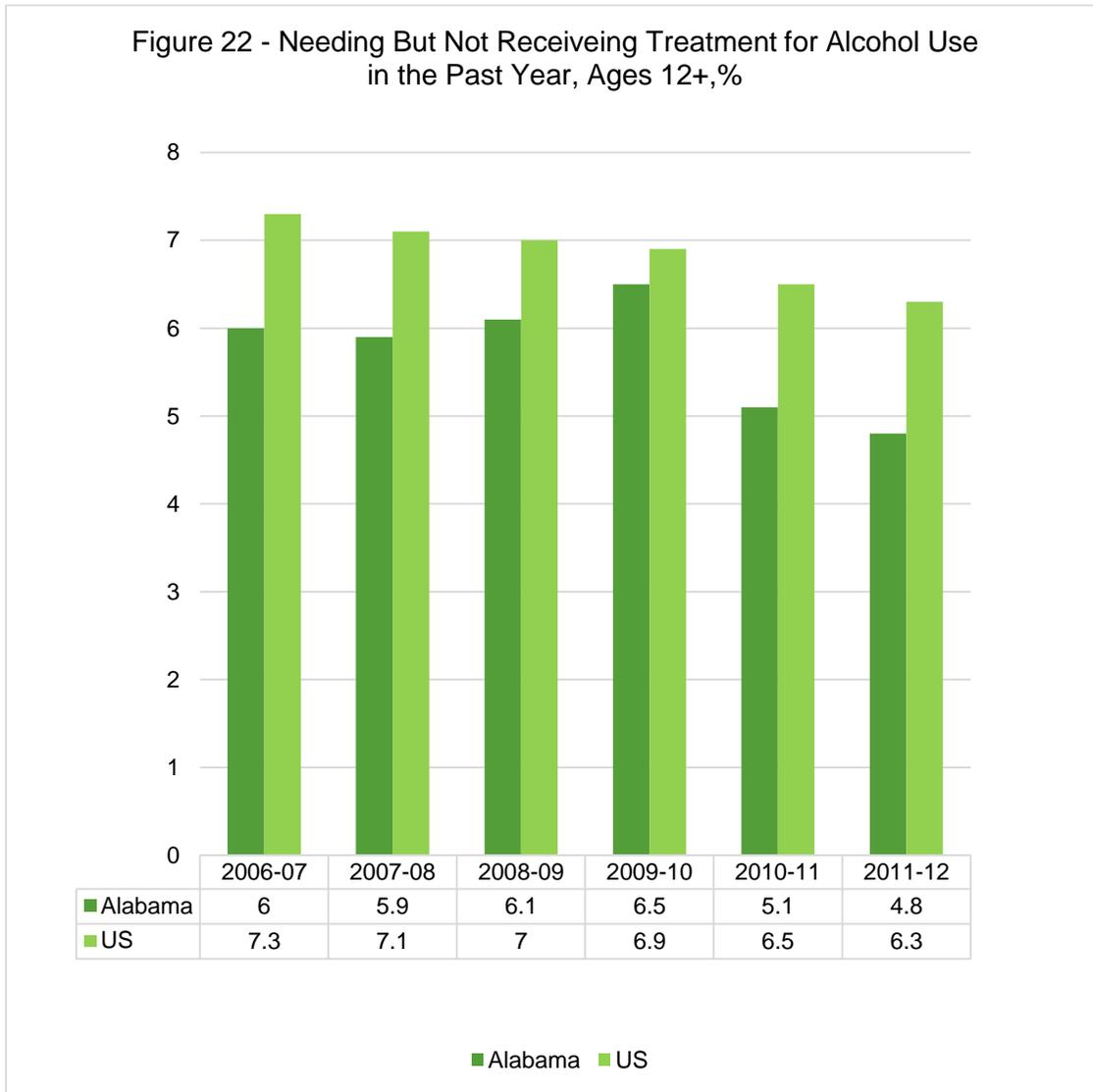
- Alcohol abuse or dependence can adversely impact normal daily activities, such as job performance and family responsibilities, in addition to causing deleterious health effects if left untreated.⁴ It can also affect school performance and family relationships and have long-term health implications for youth. Men accessing treatment for alcohol as the primary substance far exceed the percentage of women for treatment admissions.



Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2013

Construct: Treatment Gap

- The percentage of Alabama residents (ages 12 and older) needing but not receiving treatment for alcohol use in the past year has decreased from 6.5% in 2009-2010 to 4.8% in 2011-2012.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 23 - Needing But Not Receiving Treatment for Alcohol Use in the Past Year by Age Groups, %

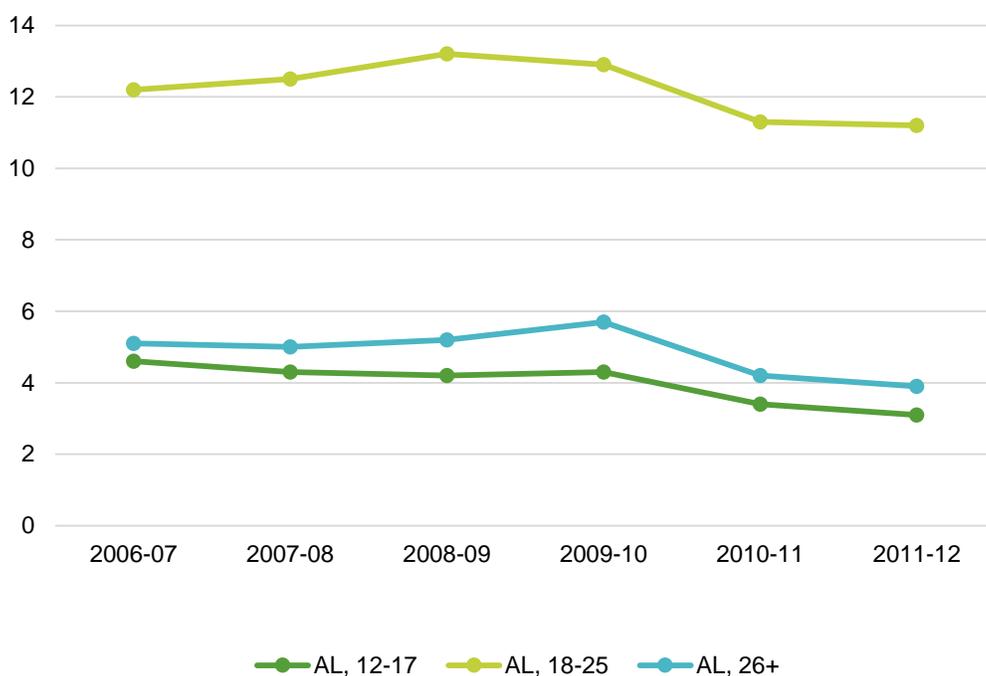


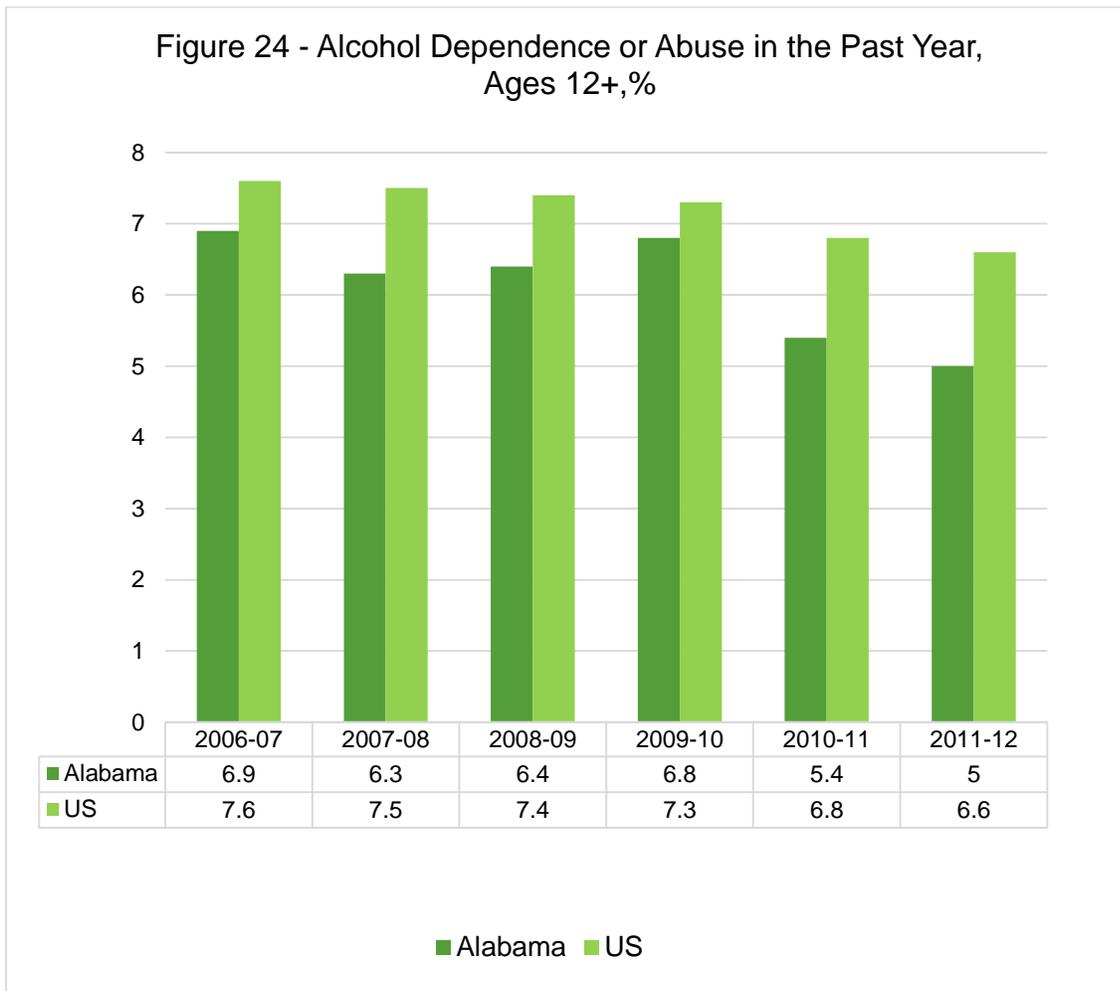
Table 7 – Needing But Not Receiving Treatment for Alcohol Use in the Past Year by Age Group, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	4.6	4.3	4.2	4.3	3.4	3.1
Ages 18-25	12.2	12.5	13.2	12.9	11.3	11.2
Ages 26+	5.1	5.0	5.2	5.7	4.2	3.9
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	5.2	5.0	4.6	4.4	4.0	3.5
Ages 18-25	16.7	16.5	16.1	15.3	14.5	13.9
Ages 26+	5.9	5.8	5.8	5.7	5.3	5.3

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Construct: Abuse/Dependence

- Alcohol abuse or dependence during youth can lead to continued abuse or dependence in young adulthood if left untreated.
- Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). 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 occurrence within a 12-month period.¹⁴



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 25 - Alcohol Dependence or Abuse in the Past Year by Age Groups, %

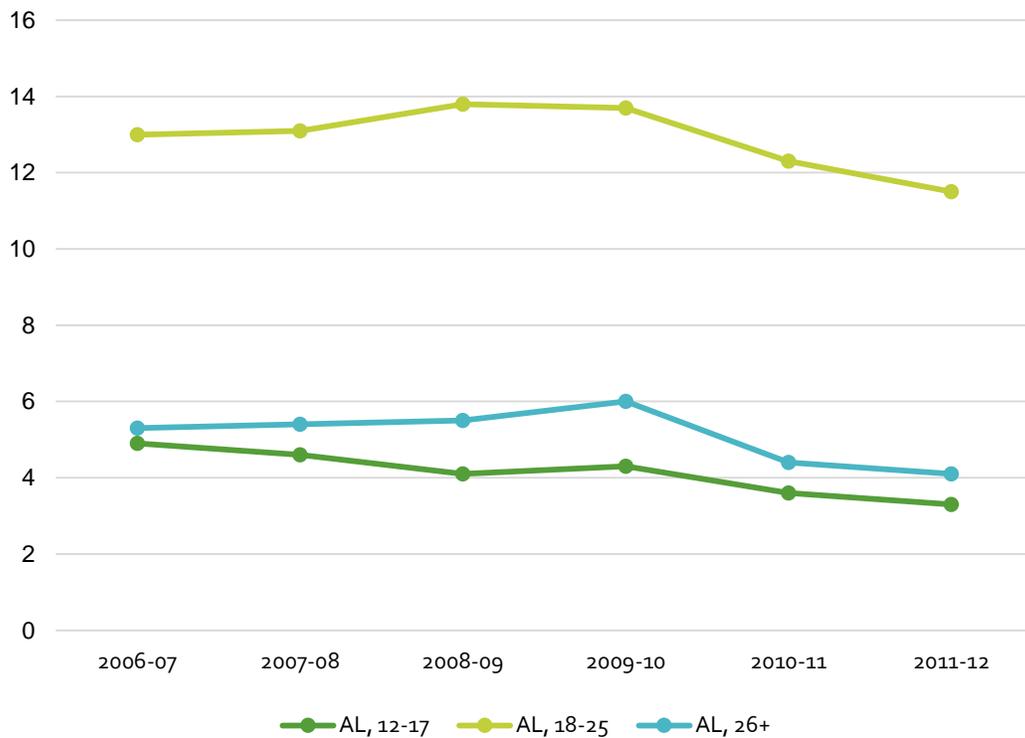
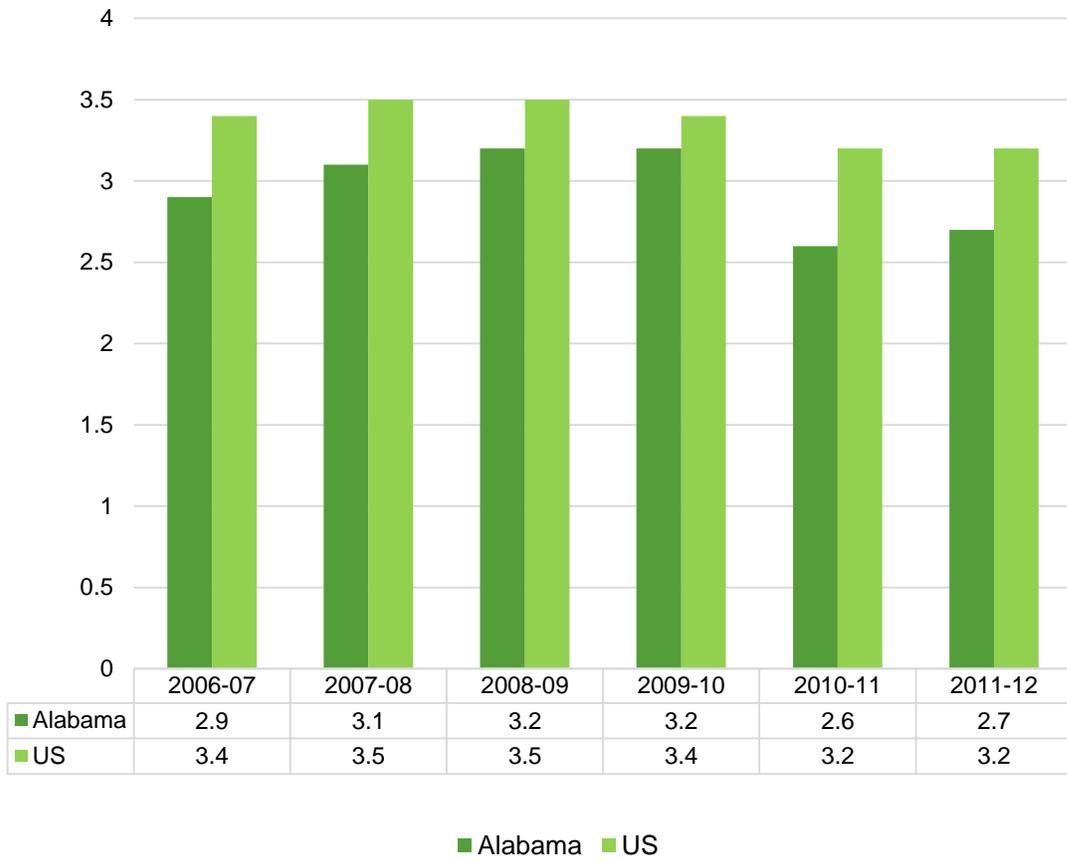


Table 8 – Alcohol Dependence or Abuse in the Past Year by Age Groups, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	4.9	4.6	4.1	4.3	3.6	3.3
Ages 18-25	13.0	13.1	13.8	13.7	12.3	11.5
Ages 26+	5.3	5.4	5.5	6.0	4.4	4.1
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	5.4	5.2	4.8	4.6	4.2	3.6
Ages 18-25	17.3	17.1	16.8	15.9	15.0	14.4
Ages 26+	6.2	6.1	6.2	6.1	5.8	5.7

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 26 - Alcohol Dependence in the Past Year,
Ages 12+,%



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 27 - Alcohol Dependence in the Past Year
by Age Groups, %

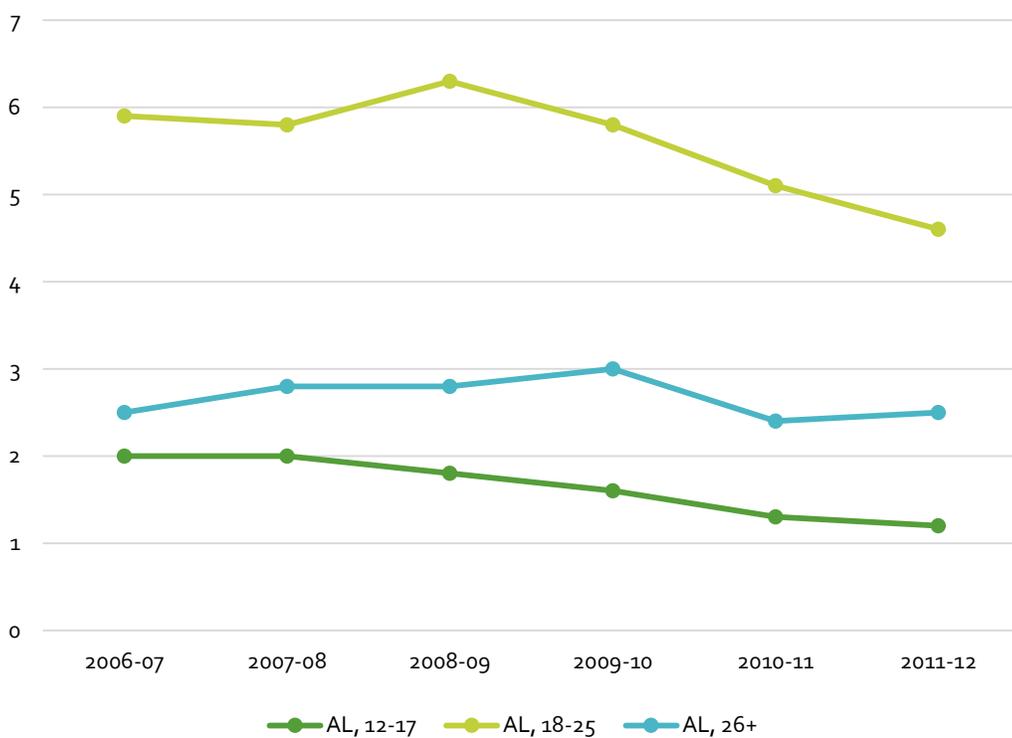


Table 9 – Alcohol Dependence in the Past Year by Age Group, AL vs. US, %

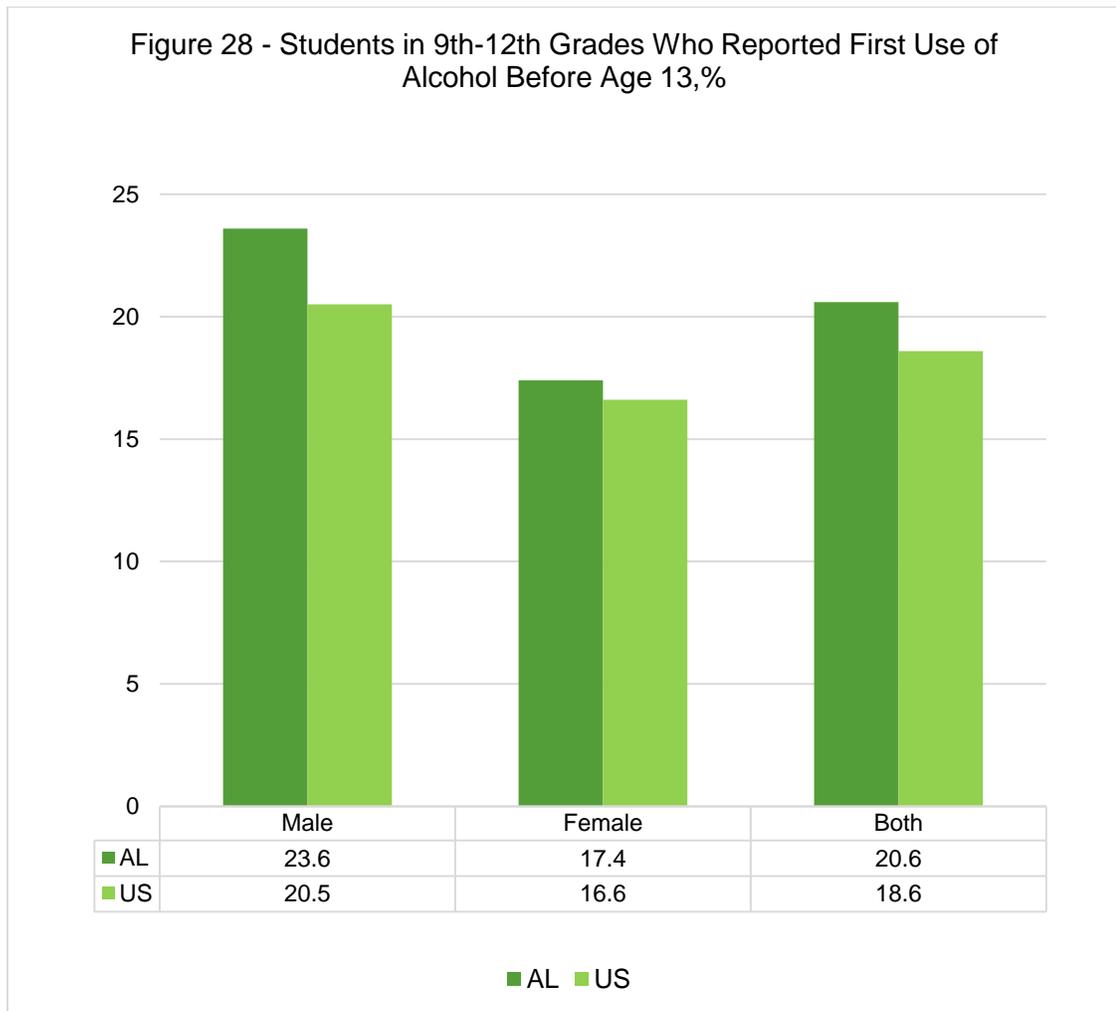
Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	2.0	2.0	1.8	1.6	1.3	1.2
Ages 18-25	5.9	5.8	6.3	5.8	5.1	4.6
Ages 26+	2.5	2.8	2.8	3.0	2.4	2.5
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	2.0	2.0	1.9	1.8	1.6	1.3
Ages 18-25	7.5	7.3	7.0	6.6	6.3	6.0
Ages 26+	2.9	3.0	3.2	3.1	2.8	2.9

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

ALCOHOL RISK/PROTECTIVE FACTORS

Construct: Age of Initial Use

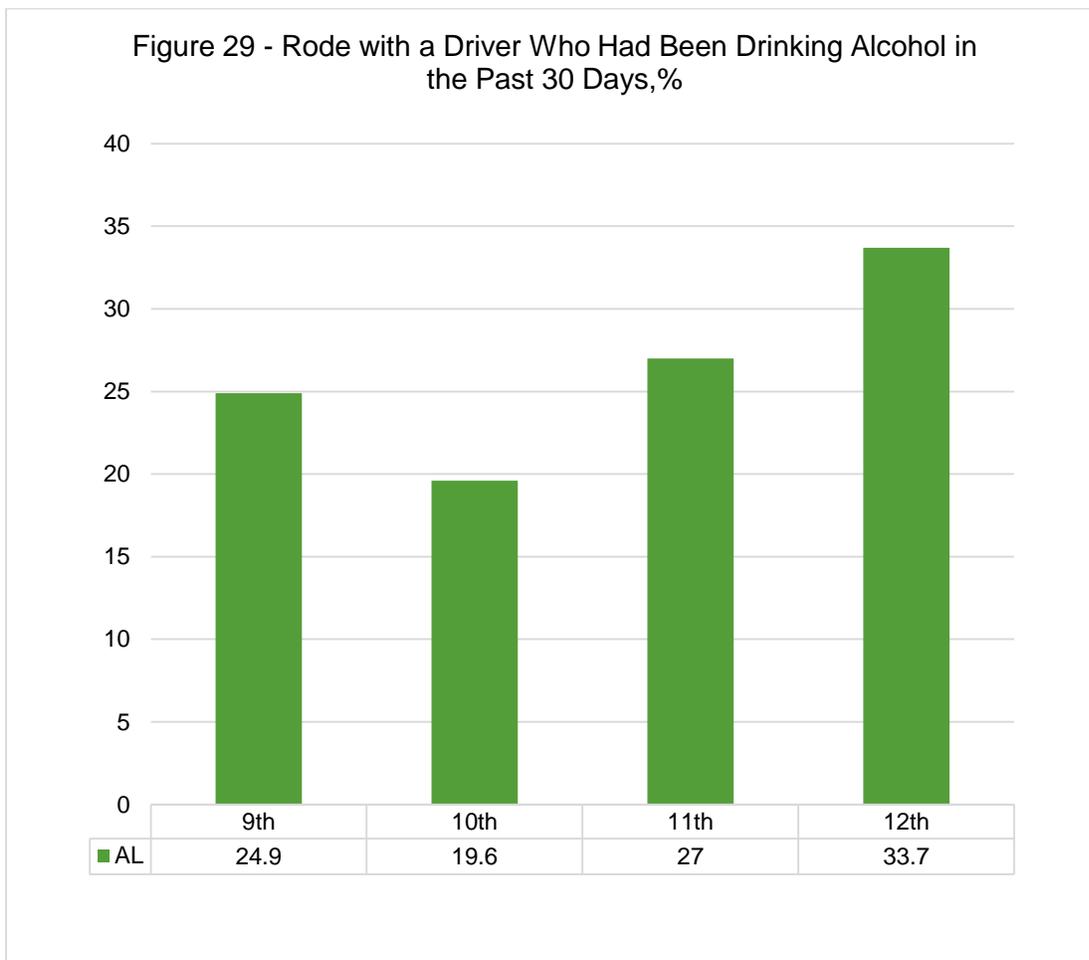
- A factor that may be related to current alcohol use by youth and alcohol abuse in young adulthood is the age at first use of alcohol. ⁴



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Construct: Riding with Drinking Driver

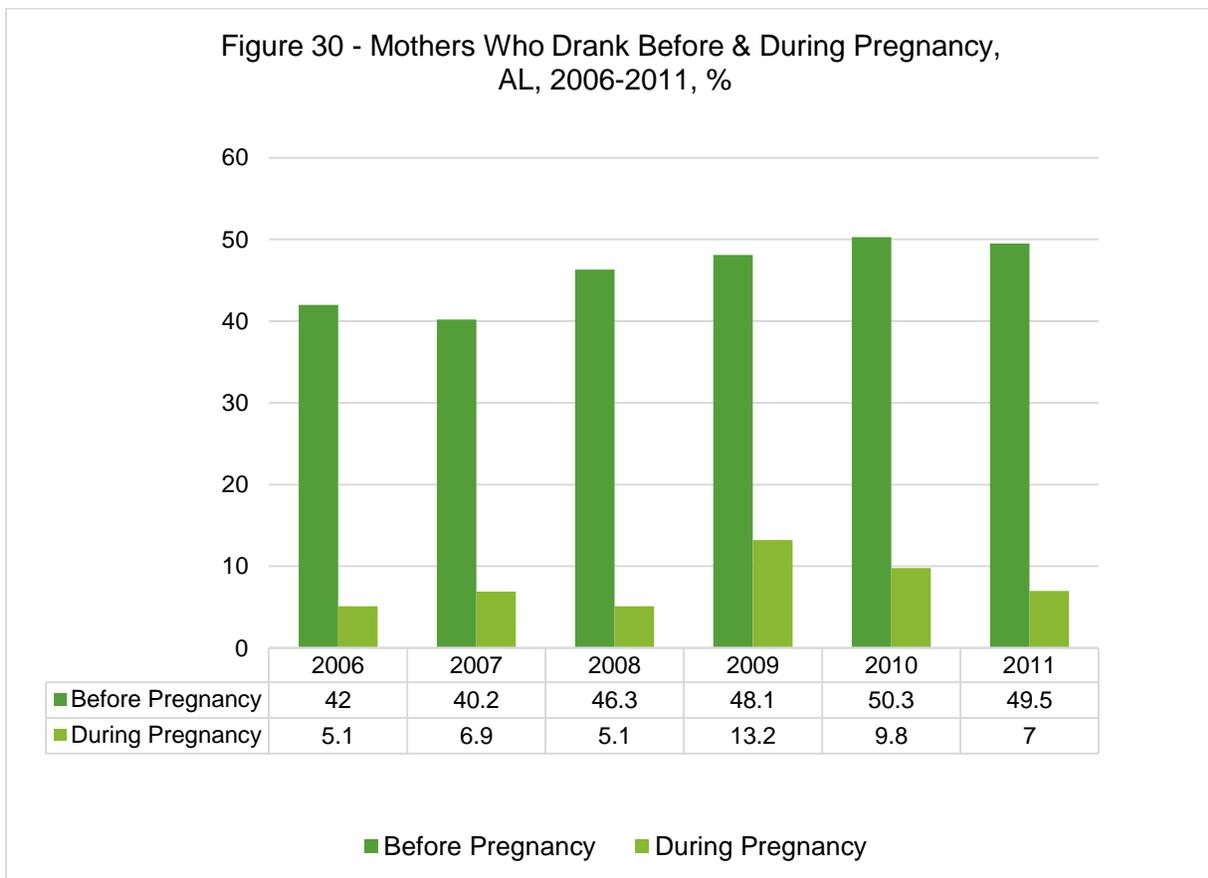
- The percent of youth in Alabama who reported riding in a car with a driver who had been drinking alcohol was comparable among 6th through 12th graders (Figure 53).
- In 2013, 12th grade students (33.7%) have a higher percentage of riding with a driver who had been drinking alcohol in the past 30 days than 9th grade students (24.9%) in Alabama
- In 2013, Black 9th-12th grade students (31.7%) in Alabama were statistically more likely than White 9th-12th grades students (22.2%) to ride with a driver who have been drinking alcohol (YRBS).



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Construct: Alcohol Use during Pregnancy

- Fetal Alcohol Spectrum Disorders (FASD) are a group of condition that can occur in person whose mother drank alcohol during pregnancy. Conditions include physical and intellectual disabilities, as well as problems with behavior and learning.^{5,6,7,8}
- FASDs are a leading known cause of intellectual disability and birth defects.
- Exactly how many people have an FASD is not known. CDC studies have shown that 0.2 to 1.5 cases of fetal alcohol syndrome (FAS) occur for every 1,000 live births in certain areas of the United States. Other studies using different methods have estimated the rate of FAS at 0.5 to 2.0 cases per 1,000 live births.⁹
- The lifetime cost for one individual with FAS in 2002 was estimated to be \$2 million. This is an average for people with FAS and does not include data on people with other FASDs. People with severe problems, such as profound intellectual disability, have much higher costs. It is estimated that the cost to the United States for FAS alone is over \$4 billion annually.⁹



Source: Alabama Dept. of Public Health, Division of Statistical Analysis, Center for Health Statistics, Pregnancy Risk Assessment Monitoring System (PRAMS) Surveillance Report Alabama 2011.

TOBACCO

- The minimum legal age to purchase, use, possess, or transport tobacco products in Alabama is 19 years.
- As of June 30, Alabama ranks 47th out of all 50 states plus the District of Columbia for its tax rate on cigarettes, which is 42.5¢ per pack.¹⁰
- State Smoke-Free Policy: As of June 30, 2012, Alabama had laws that do not fully protect individuals from secondhand smoke by allowing smoking in indoor areas of workplaces, restaurants, and bars. The state allowed communities to enact local smoke-free laws.

Figure 31-

Smoke-Free Legislation

Workplaces	Restaurants	Bars	Local Laws Permitted
 No*	 No[†]	 No[‡]	 Yes
* Designated Smoking Areas † Ventilated Smoking Areas ‡ No Restrictions § Allowed smoking in venues that prohibit minors			* Allowed for non-hospitality workplaces. † Prohibited for non-hospitality workplaces.
Note: Not all footnotes may be used.		Source: STATE System, June 2012	

- Over-the-Counter Retail Licensure: As of June 30, 2012, Alabama required all establishments selling cigarettes and smokeless tobacco products over-the-counter to be licensed. Nationally, 37 states required over-the-counter licensure for cigarettes, 29 of which also have a requirement for smokeless tobacco, with various renewal frequencies, fees and penalties for violations.

Figure 32-

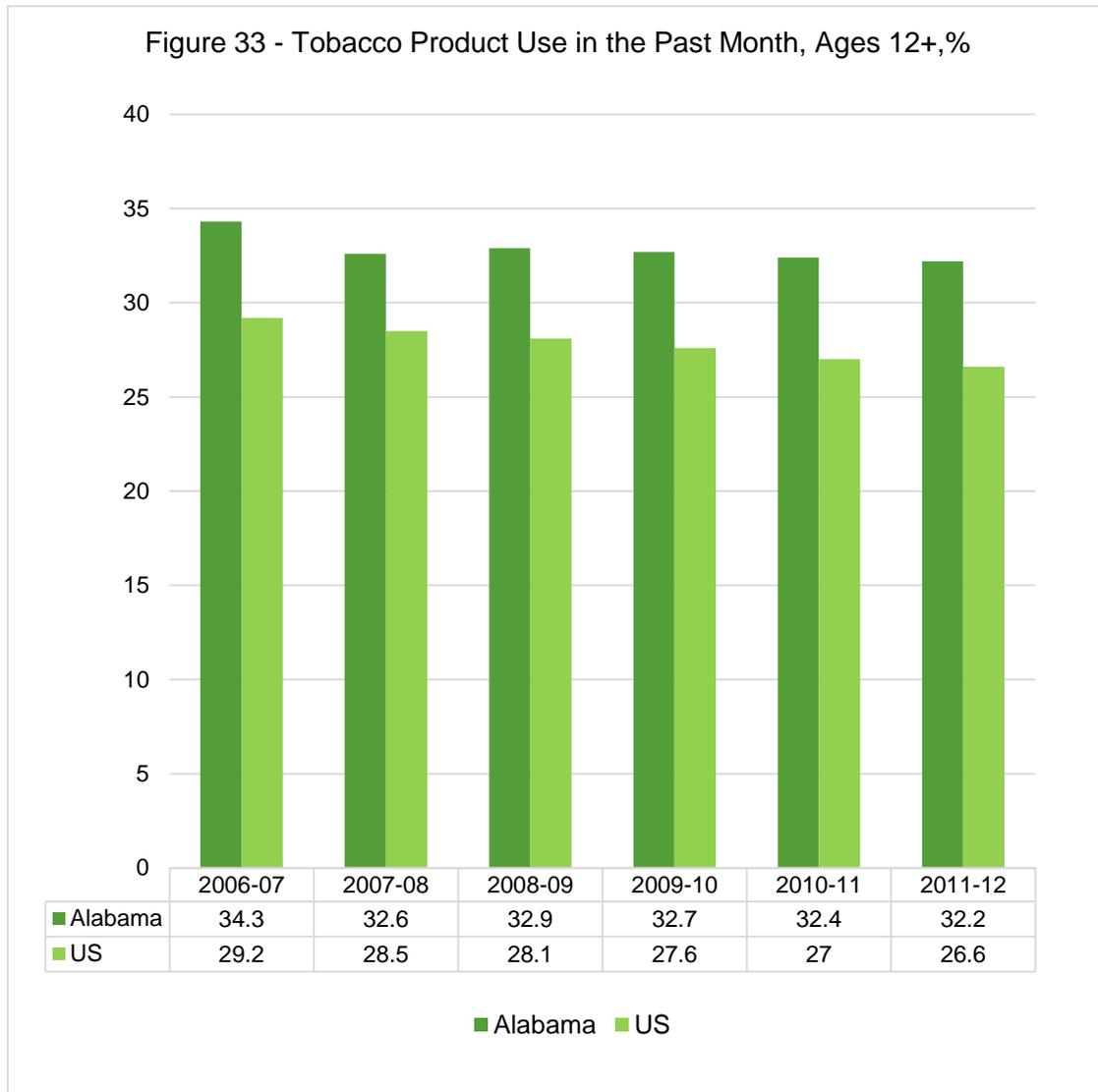
Over-the-Counter Licensure and Penalties

Over-the-Counter License Required	Minimum License Fee	Renewal Required (& Frequency)	Penalty to Business	Licensure Includes Smokeless Tobacco
 Yes	\$2.00	 Yes^a	 Yes^b	 Yes
* Annually ^b Fine of 15% of license fee		Note: Not all footnotes may be used. Source: STATE System, June 2012		

TOBACCO CONSUMPTION

Construct: Tobacco Current Use

- Tobacco products include cigarettes, smokeless tobacco (chewing tobacco or snuff), cigars, or pipe tobacco.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 34 - Tobacco Product Use in the Past Month
by Age Groups, %

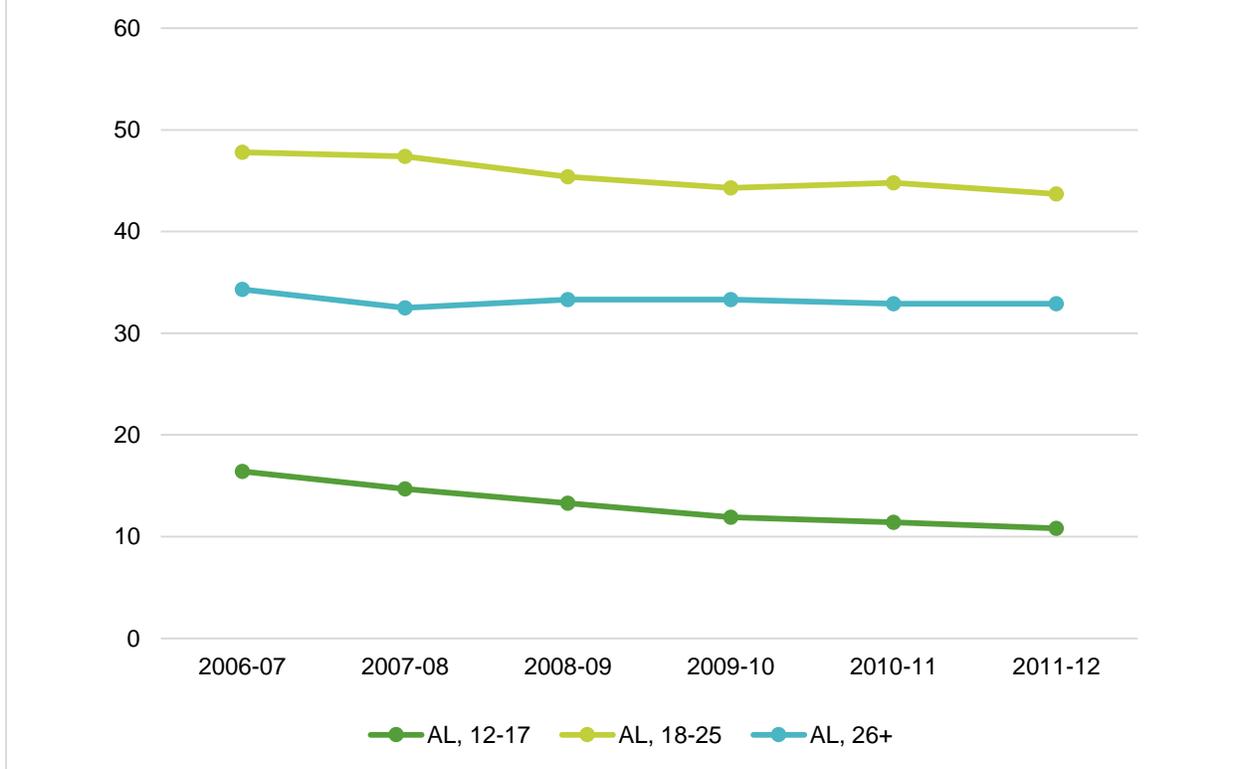
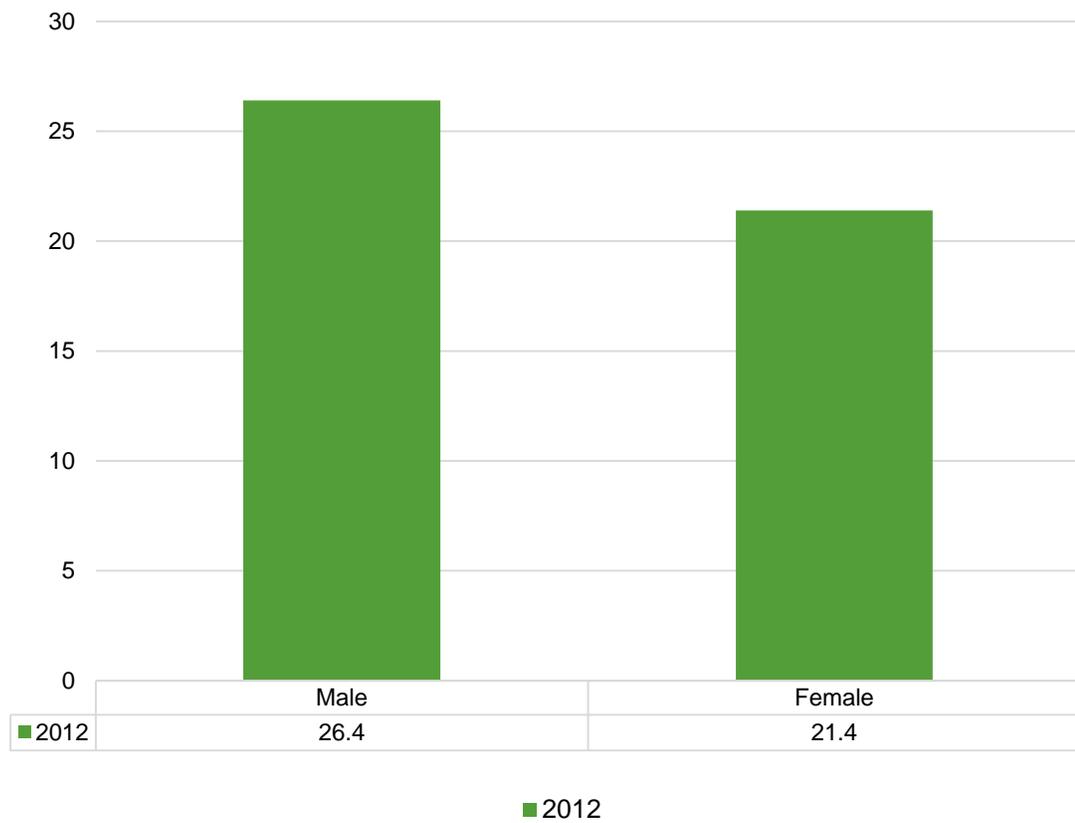


Table 10 – Tobacco Product Use in the Past Month by Age Group, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	16.4	14.7	13.3	11.9	11.4	10.8
Ages 18-25	47.8	47.4	45.4	44.3	44.8	43.7
Ages 26+	34.3	32.5	33.3	33.3	32.9	32.9
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	12.7	12.0	11.6	11.3	10.3	9.3
Ages 18-25	42.9	41.6	41.5	41.3	40.2	38.8
Ages 26+	29.0	28.5	27.9	27.3	26.8	26.7

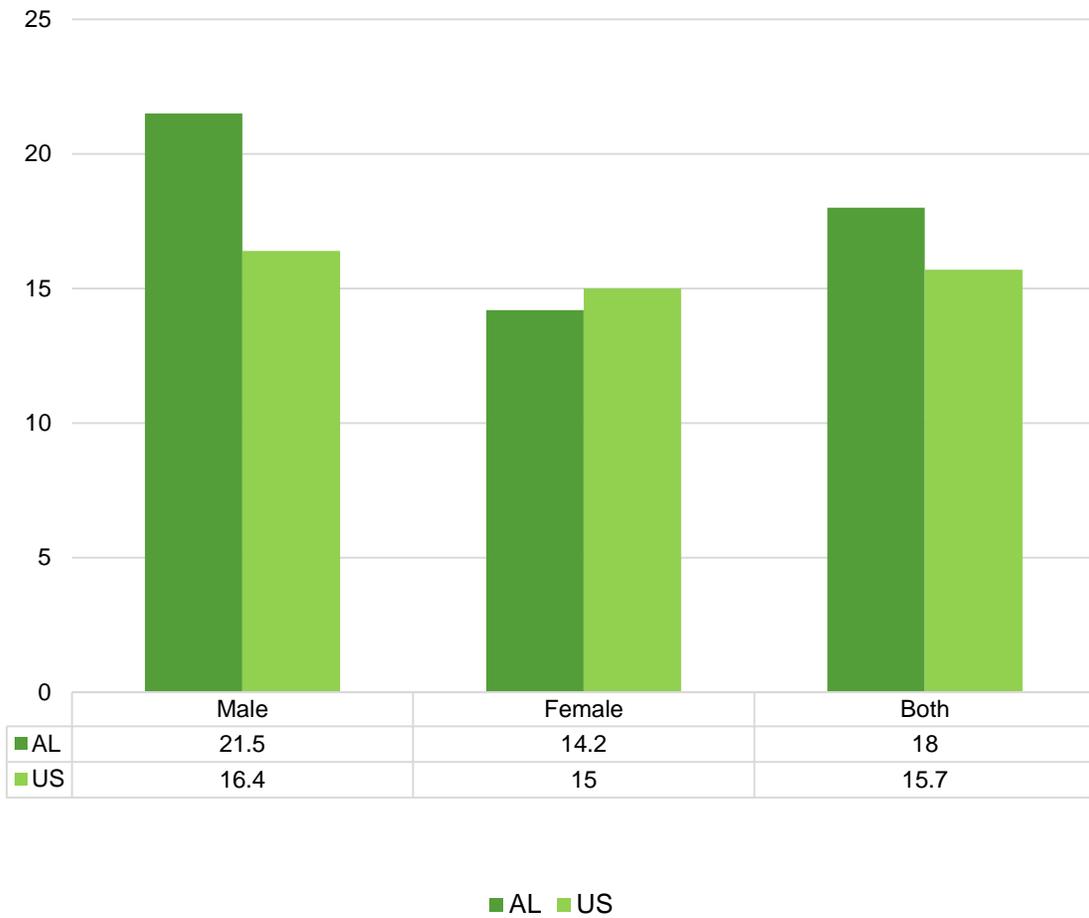
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 35 - Adults 18 and Older Who Are Current Smokers, %



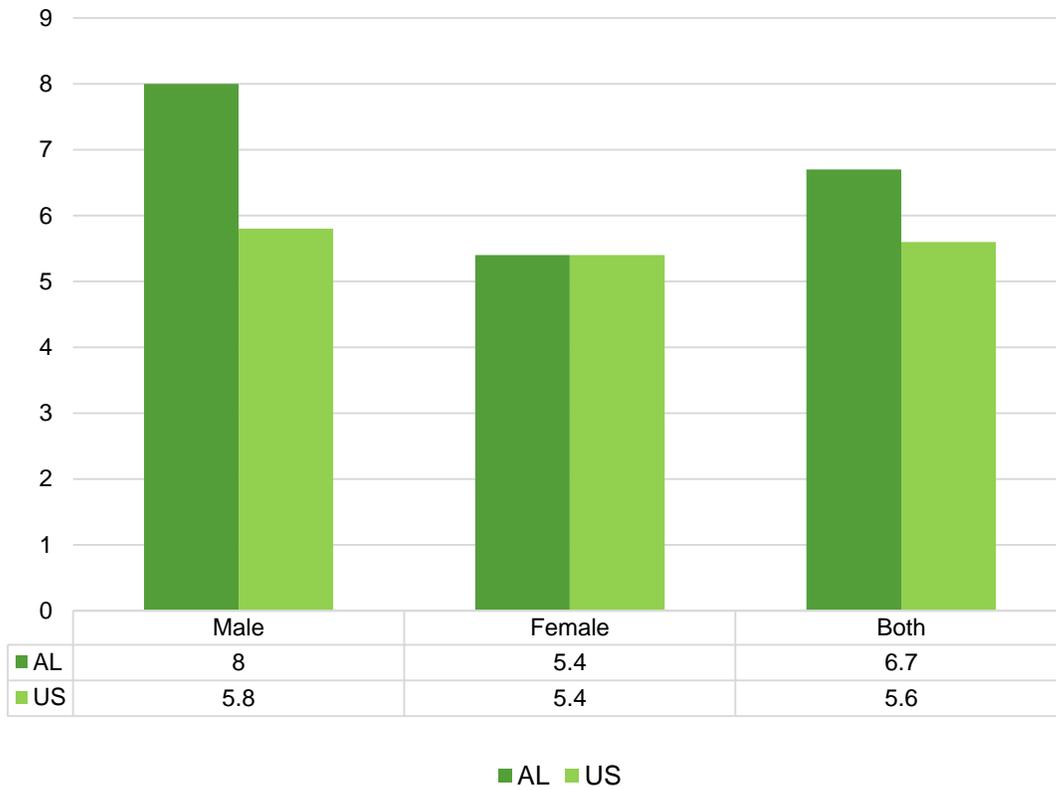
Source: Alabama Department of Public Health, Alabama Behavior Risk Factor Surveillance System, 2012.

Figure 36 - Students in 9th-12th Grades who Smoked Cigarettes on One or More of the Past 30 Days, 2013, %



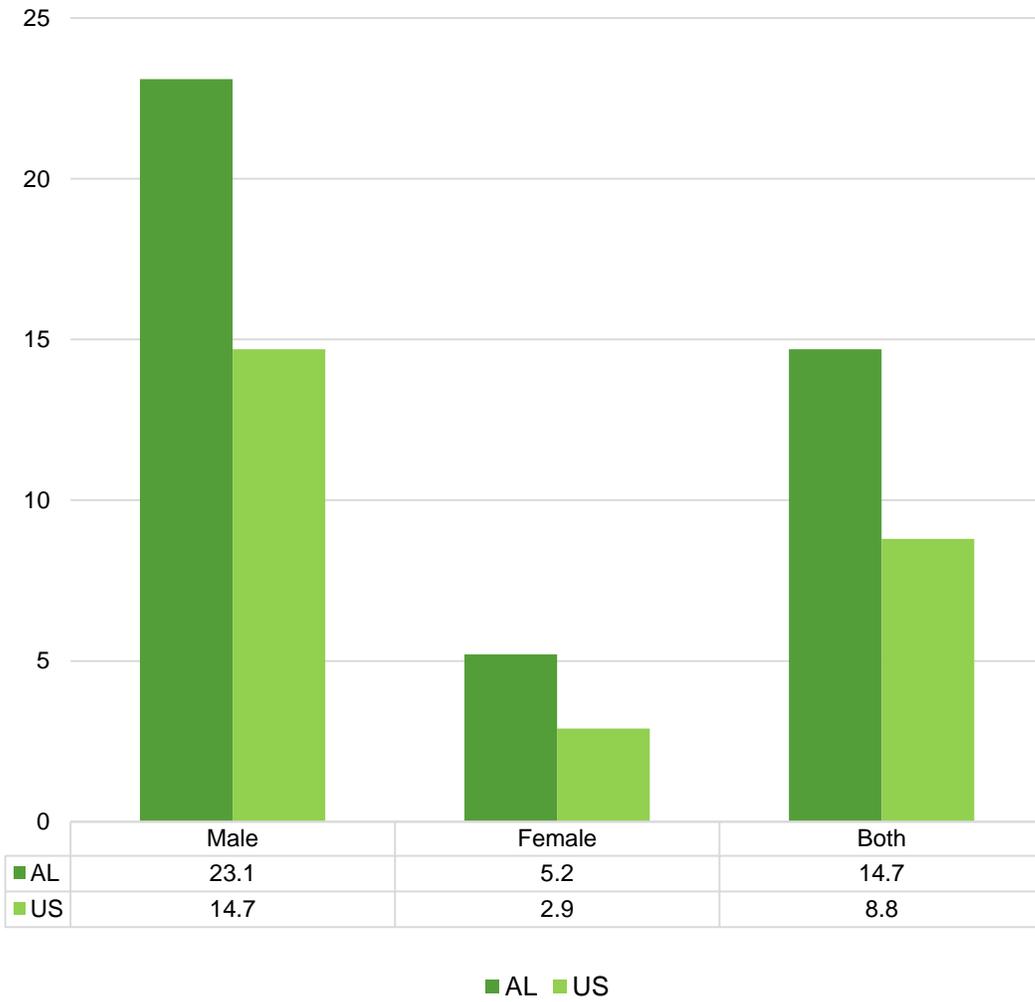
Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Figure 37 - Students in 9th-12th Grades who Smoked Cigarettes on Twenty or More of the Past 30 Days, 2013, %



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

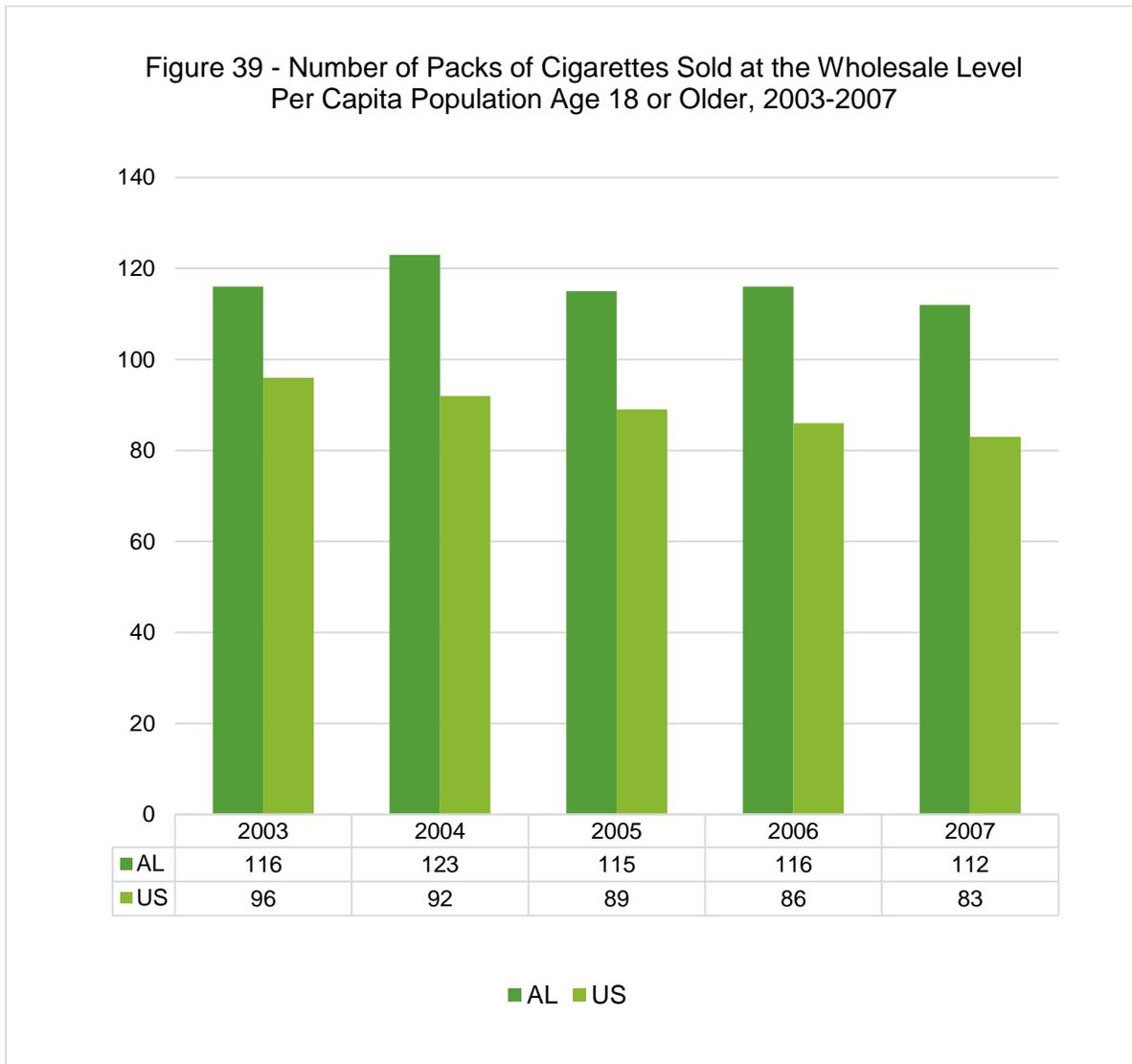
Figure 38 - Students in 9th-12 Grades who Reported Any Use of Smokeless Tobacco in the Past 30 Days, 2013, %



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Construct: Total Cigarette Consumption Per Capita

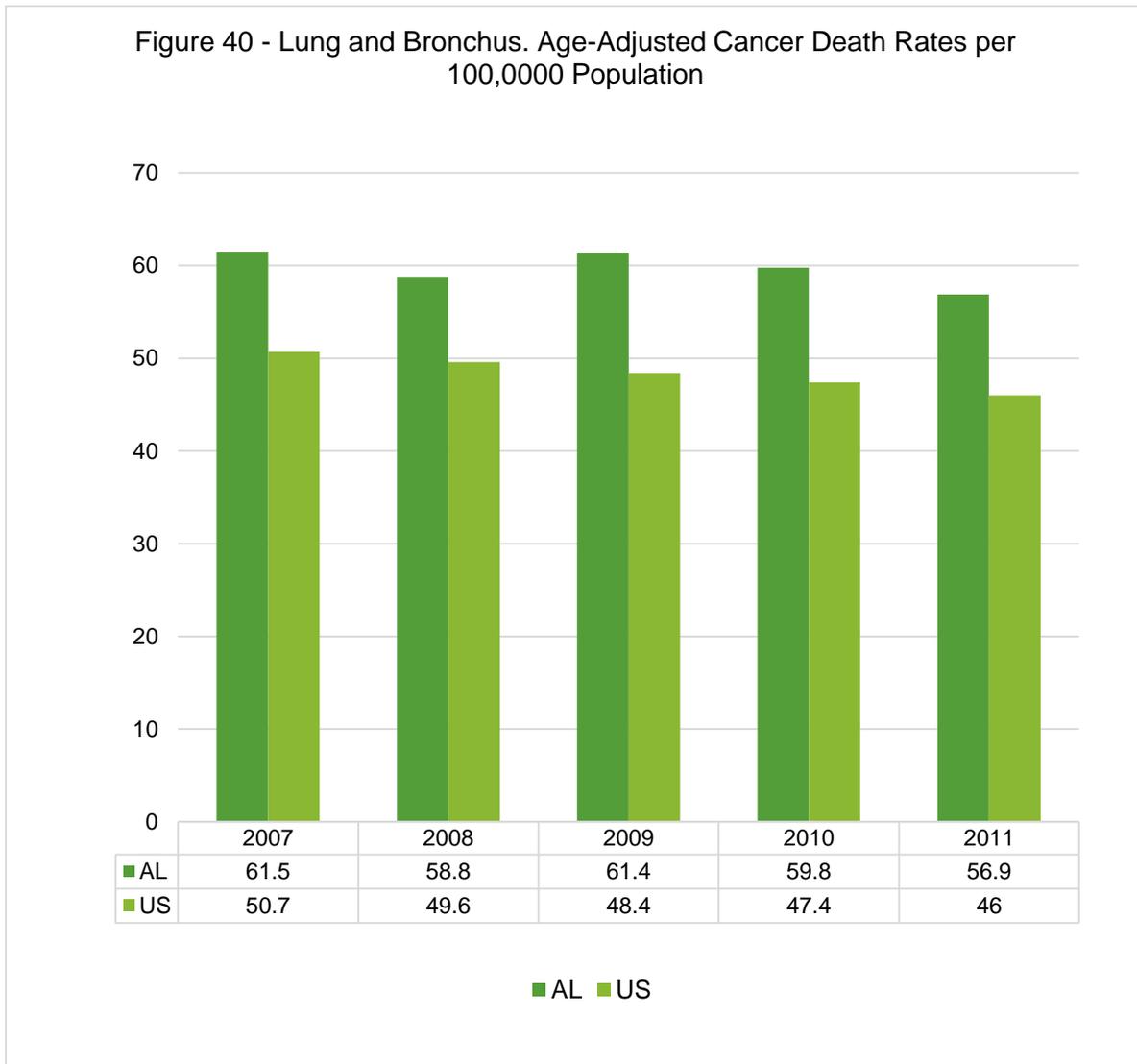
- The per capita sales of cigarette packs has declined since 2003 in Alabama, but remains higher than the national average.



Source: State-level data from 1990 through 2002 were downloaded from the University of California at San Diego (UCSD) Social Sciences and Humanities Library website (<http://libraries.ucsd.edu/ssds/pub/CTS/tobacco/sales/>). Data from 2002 through 2007 are from the following resource: Orzechowski, W., & Walker, R. (2008). *The tax burden on tobacco: Historical compilation volume 42, 2007*. Arlington, VA: Authors.

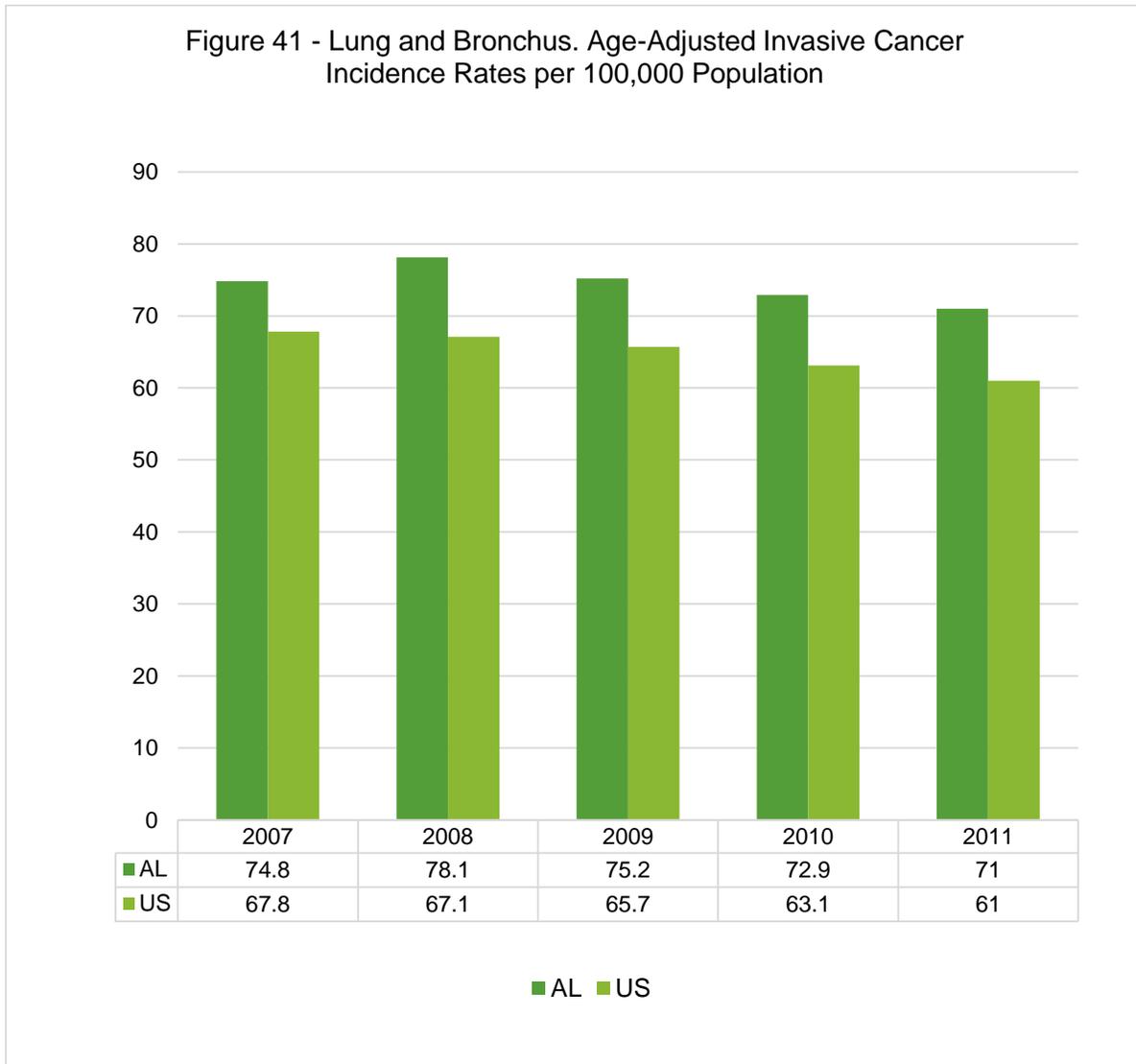
TOBACCO CONSEQUENCES

- Smoking is the leading preventable cause of death in the United States.
- Smokers are more likely than nonsmokers to develop heart disease, stroke, and lung cancer.
- In Alabama, Black Males (87.9 per 100,000) have the highest rate of age-adjusted cancer deaths followed by White Males (78.4 per 100,000), White Females (42.0 per 100,000), and Black Females (32.6 per 100,000) in 2011.



Source: U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2011 Incidence and Mortality Web-based Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2014. Available at: www.cdc.gov/uscs.

- In Alabama, Black Males (98.6 per 100,000) have the highest rate of age-adjusted cancer deaths followed by White Males (90.4 per 100,000), White Females (59.5 per 100,000), and Black Females (42.2 per 100,000) in 2011.



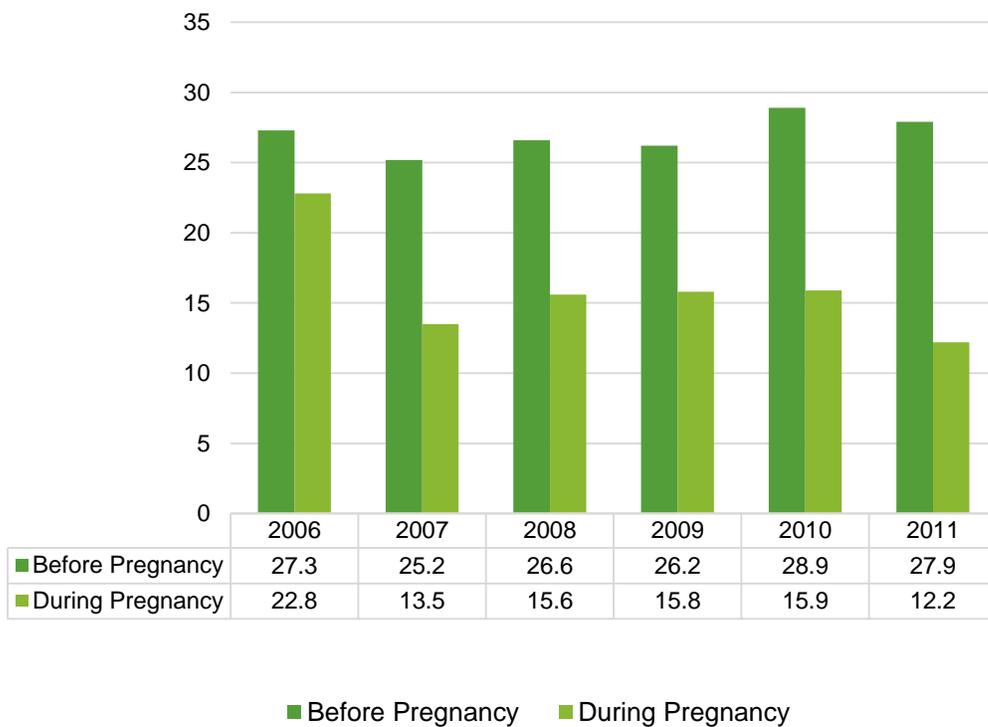
Source: U.S. Cancer Statistics Working Group. *United States Cancer Statistics: 1999–2011 Incidence and Mortality Web-based Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2014. Available at: www.cdc.gov/uscs.

TOBACCO RISK/PROTECTIVE FACTORS

Construct: Tobacco Use during Pregnancy

- “Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants.” - CDC
- Smoking during pregnancy has been associated with an increased risk of preterm birth, low birth weight, placental complications, and sudden infant death syndrome.^{11,12}
- In 2011, a higher percentage of white mothers smoked than did black and other mothers. White teen mothers (24.5% during pregnancy) had the highest rates of smoking, followed by White adult mothers (13.1% during pregnancy), Black and Other adult mothers (8.5% during pregnancy) and black and other teen mothers (5.6% during pregnancy) with the lowest rates.

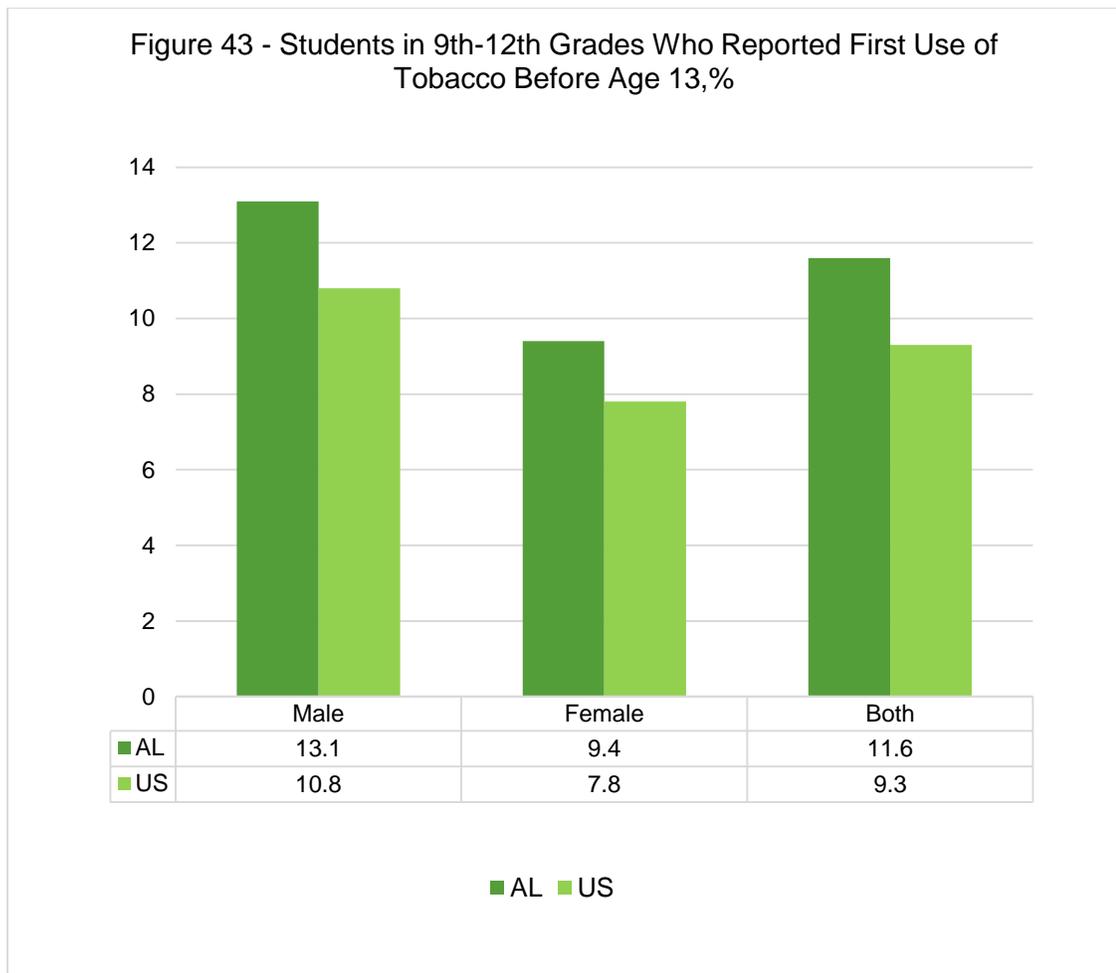
Figure 42 - Mothers Who Smoked Before & During Pregnancy, AL, 2006-2011, %



Source: Alabama Dept. of Public Health, Division of Statistical Analysis, Center for Health Statistics, PRAMS Surveillance Report Alabama 2011.

Construct: Age of Initial Use

- The age at first use of cigarettes is associated with an increased risk of nicotine dependence and smoking-related cancers.¹³
- In 2013, 11.6% of Alabama students in 9th-12th grades reported smoking a whole cigarette before age 13 years which is a statistically significant decrease from 2009 when 14.8% of Alabama students in 9th – 12th grades reported smoking a whole cigarette before age 13 years.



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

OTHER DRUGS

- 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 11.
 - 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 11 —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
	Hydrocodone bitartrate, acetaminophen	II
Stimulants	Amphetamine	II
	Cocaine	II
	MDMA (methylenedioxyamphetamine)	I
	Methamphetamine	II
	Methylphenidate	II
	Nicotine	Not scheduled
Other compounds	Anabolic steroids	III
	DXM (dextromethorphan)	Not scheduled
	Inhalants	Not scheduled

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

Prescription Drug Monitoring Program

- 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.”
- Controlled prescription drugs are mostly acquired through friends, family, internet pharmacies, doctor shopping, prescription fraud or theft.
- Pain relievers are the most widely diverted and abused prescription psychotherapeutics and most are controlled prescription opioids. Abuse is mostly because of their euphoric effects.

Gulf Coast High Intensity Drug Trafficking Area 2014 Gulf Coast Drug Threat Assessment¹⁶

- The Gulf Coast High Intensity Drug Trafficking Area (GC HIDTA) encompasses a four-state area, comprised of 26 HIDTA designated counties/parishes; eight in Louisiana; seven in Mississippi; six in Alabama; four in Arkansas; and Shelby County, Tennessee.
- The 2014 Gulf Coast Drug Threat Assessment (2014 GC DTA) details the drug threat in Alabama, Arkansas, Louisiana, Mississippi, and Shelby County, Tennessee.

Table 12: Trends of Drug Impact in the GC HIDTA

DRUG	IMPACT
Cocaine and Crack Cocaine	Most significant threat in the GC HIDTA; leading contributor to violent and property crime
Methamphetamine	Continued significant threat
Pharmaceuticals	High availability; increasing threat
Heroin	Low-moderate threat throughout area; continued high threat in New Orleans and Birmingham areas
Other Dangerous Drugs	Continued increase in synthetic drug abuse; moderate abuse of MDMA
Marijuana	Drug of choice; highly abused; widely available

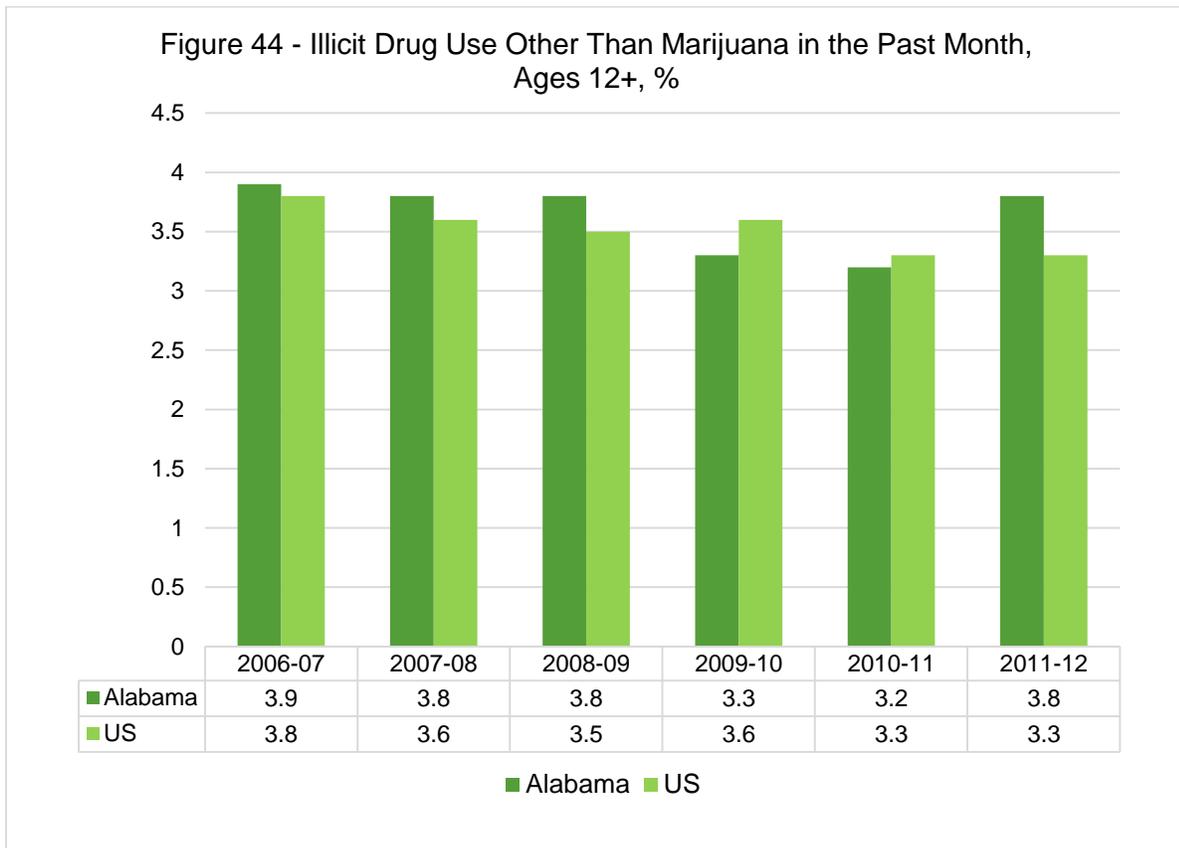
Source: GC HIDTA, 2014 Gulf Coast HIDTA Threat Assessment, <http://www.arc-ssociates.net>

- Heroin trafficking and abuse in the GC HIDTA remains relatively low. However, it is a significant threat in the Birmingham, Alabama areas. An increase in availability in the Birmingham, Alabama area has resulted in a spike in heroin related overdose deaths in the past 12 months of the assessment. – 2014 GC DTA
- Law enforcement officials also report that young adults who abuse pharmaceuticals switch to heroin when pharmaceuticals such as oxycodone, hydrocodone, and hydromorphone are not available or become too expensive. The Hoover and Huntsville, Alabama Police Departments have witnessed a continued increase in heroin availability. There are two types of heroin found within the GC HIDTA; Colombian and Mexican heroin. – 2014 GC DTA
- Alabama, particularly in the greater Mobile area, has reported an increase in smurfing efforts due to Mississippi House Bill 512 prohibiting the sale of pseudoephedrine without a prescription. Methamphetamine laboratory operators in Mississippi seek out new sources of ephedrine and pseudoephedrine in neighboring states. To combat smurfers from Mississippi, the Alabama State Legislature enacted House Bill 363 in 2012 prohibiting the sale of products containing pseudoephedrine to residents from other states requiring a prescription for the drug. - 2014 GC DTA

OTHER DRUGS CONSUMPTION

Construct: Current Use

- Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. The NSDUH also includes data from original methamphetamine questions.
- In Alabama, illicit drug use other than marijuana in the past month remains about the same from 2006-2007 (3.9%) to 2011-2012 (3.8%)
- In Alabama, the percentage of persons who use illicit drugs other than marijuana in the past month is highest in the ages 18-25 years (7.4%) followed by ages 12-17 years (4.6%) and ages 26 years and older (3.0%) in 2011-2012.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

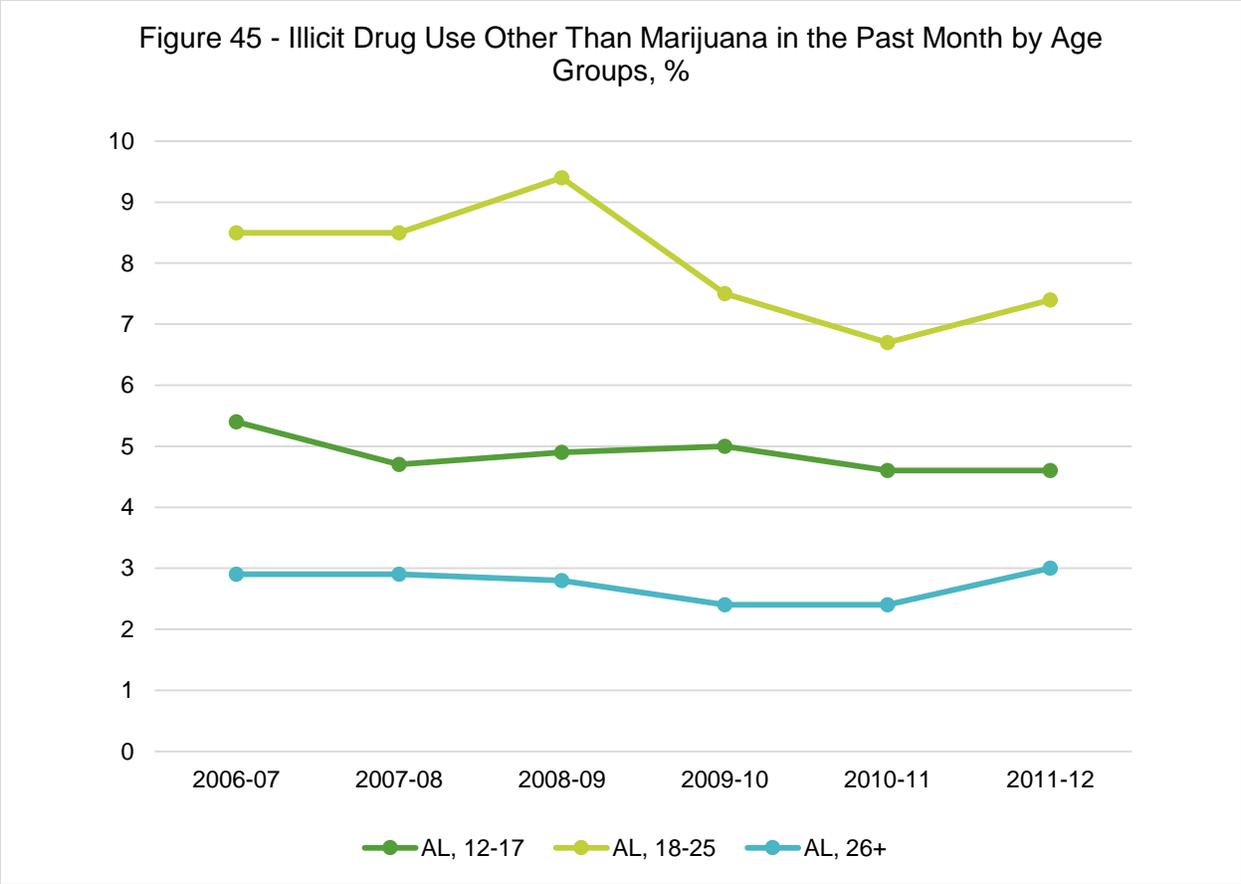
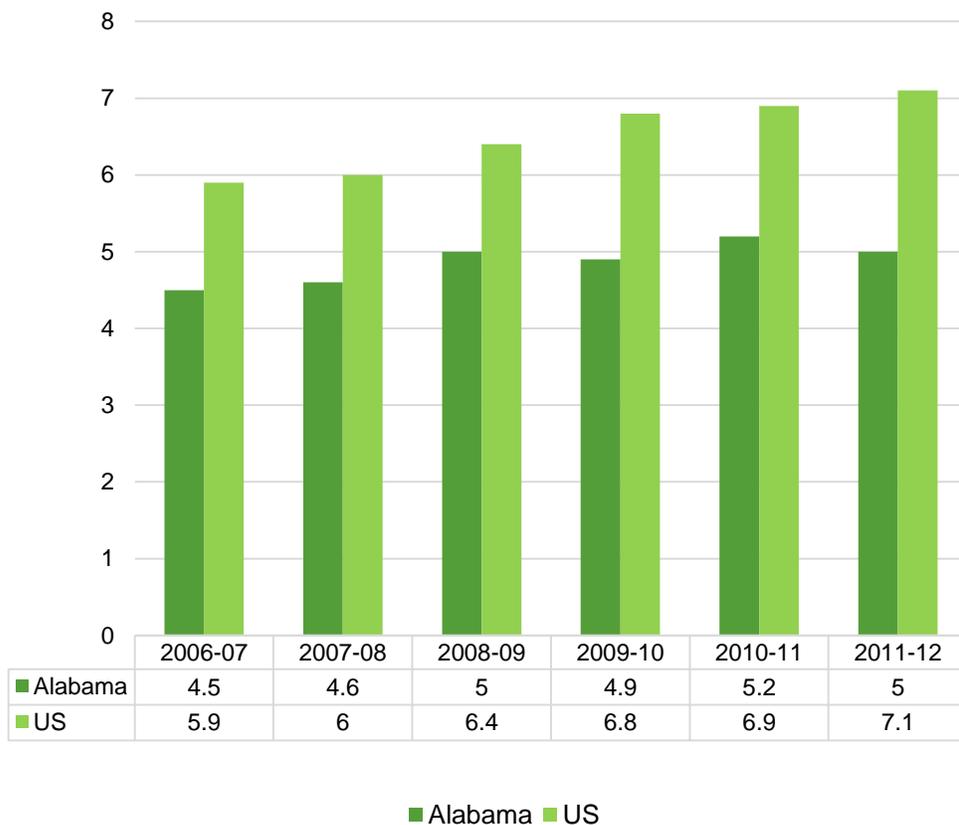


Table 13 – Illicit Drug Use Other Than Marijuana in the Past Month by Age Group, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	5.4	4.7	4.9	5.0	4.6	4.6
Ages 18-25	8.5	8.5	9.4	7.5	6.7	7.4
Ages 26+	2.9	2.9	2.8	2.4	2.4	3.0
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	4.8	4.5	4.4	4.5	4.3	3.9
Ages 18-25	8.5	8.0	8.1	8.2	7.5	7.0
Ages 26+	2.9	2.7	2.6	2.7	2.5	2.5

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 46 - Marijuana Use in the Past Month, Ages 12+,%



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

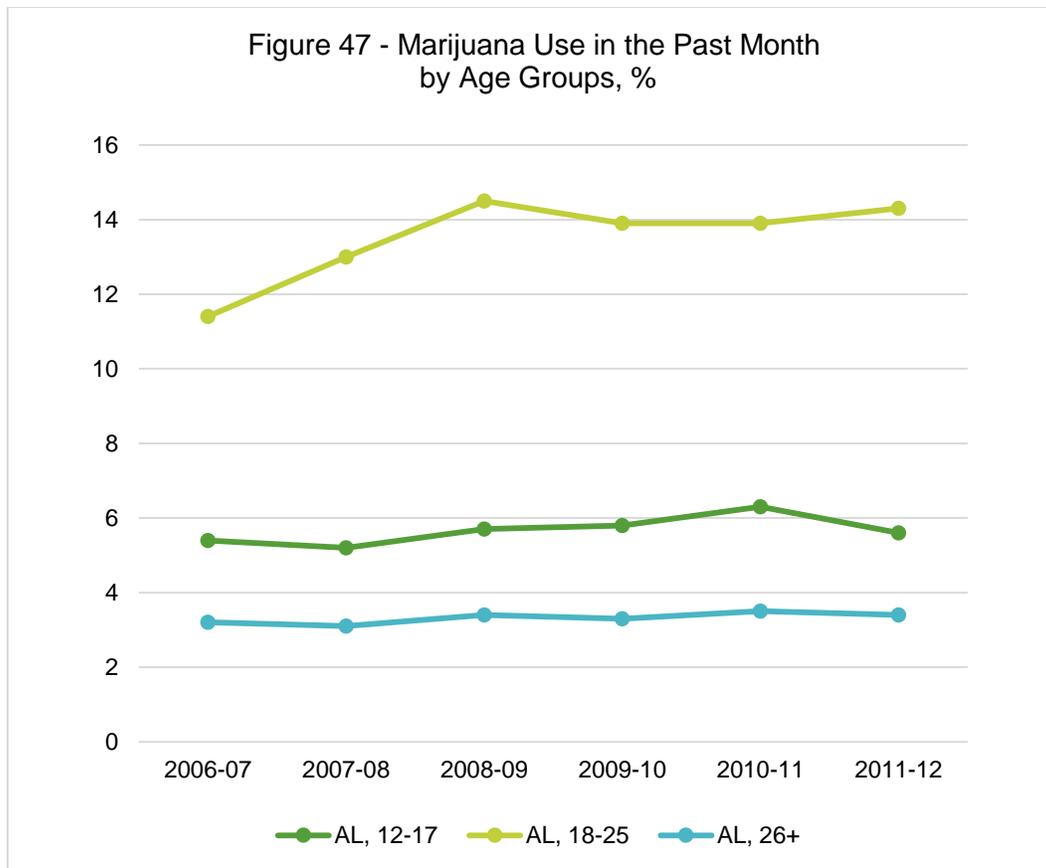
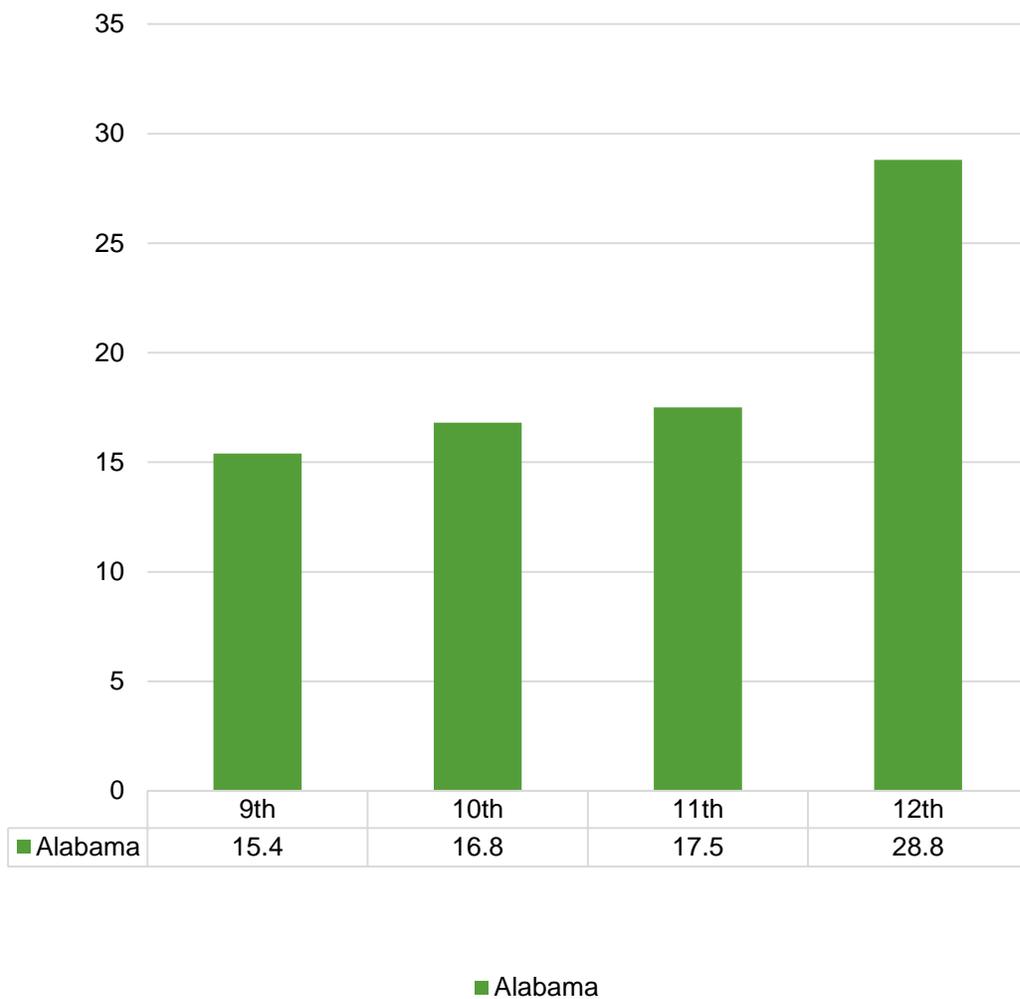


Table 14 – Marijuana Use in the Past Month by Age Groups, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	5.4	5.2	5.7	5.8	6.3	5.6
Ages 18-25	11.4	13.0	14.5	13.9	13.9	14.3
Ages 26+	3.2	3.1	3.4	3.3	3.5	3.4
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	6.7	6.7	7.0	7.4	7.6	7.6
Ages 18-25	16.4	16.5	17.4	18.4	18.8	18.9
Ages 26+	4.0	4.1	4.4	4.7	4.8	5.1

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

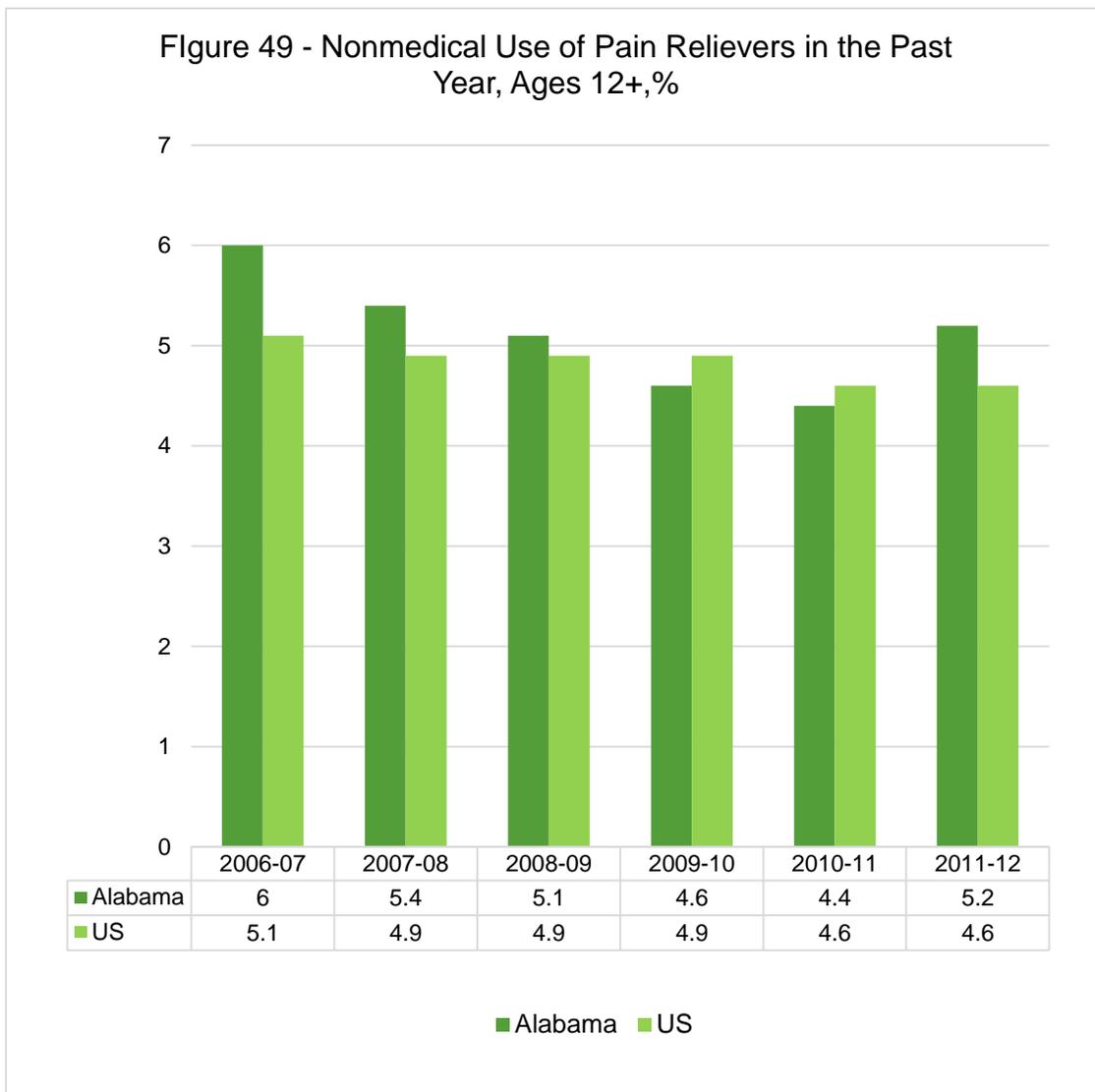
Figure 48 - Currently Used Marijuana, Grades 9th-12th, %



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Construct: Past Year Use

- In Alabama, nonmedical use of pain relievers in the past year decreased from 2006-2007 (6.0%) to 2010-2011 (4.4%) with an increase in 2011-2012 (5.2%).
- In Alabama, the percentage of persons who use pain relievers for nonmedical use in the past year is highest in the ages 18-25 years (10.6%) followed by ages 12-17 years (7.2%) and ages 26 years and older (4.1%) in 2011-2012.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 50 - Nonmedical Use of Pain Relievers in the Past Year by Age Groups, %

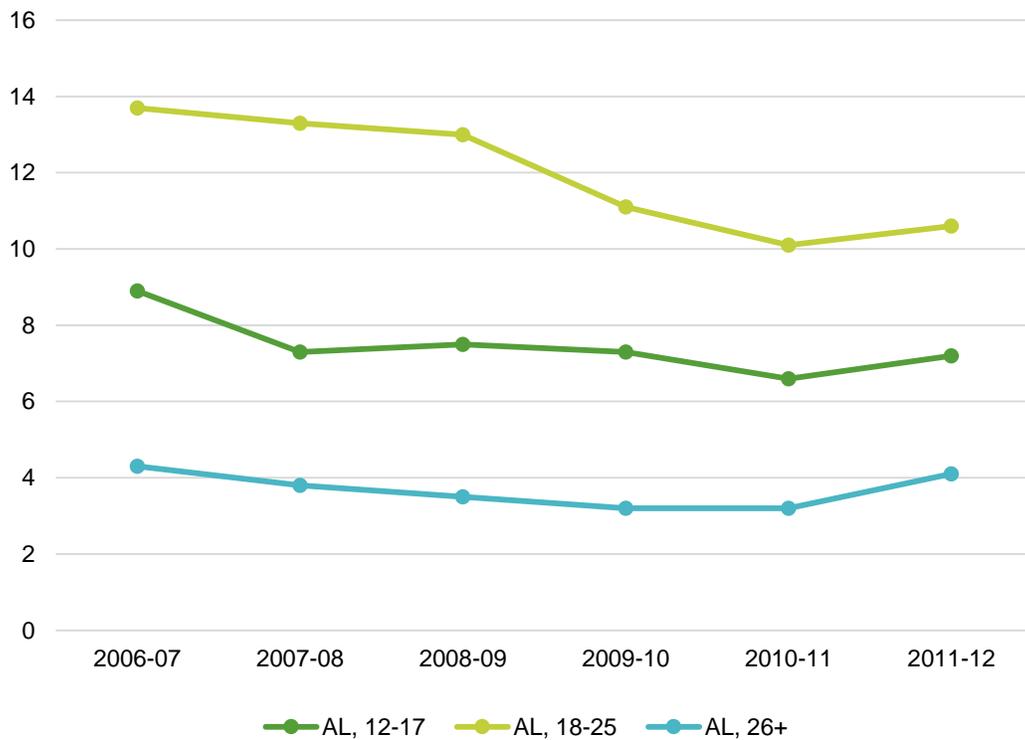


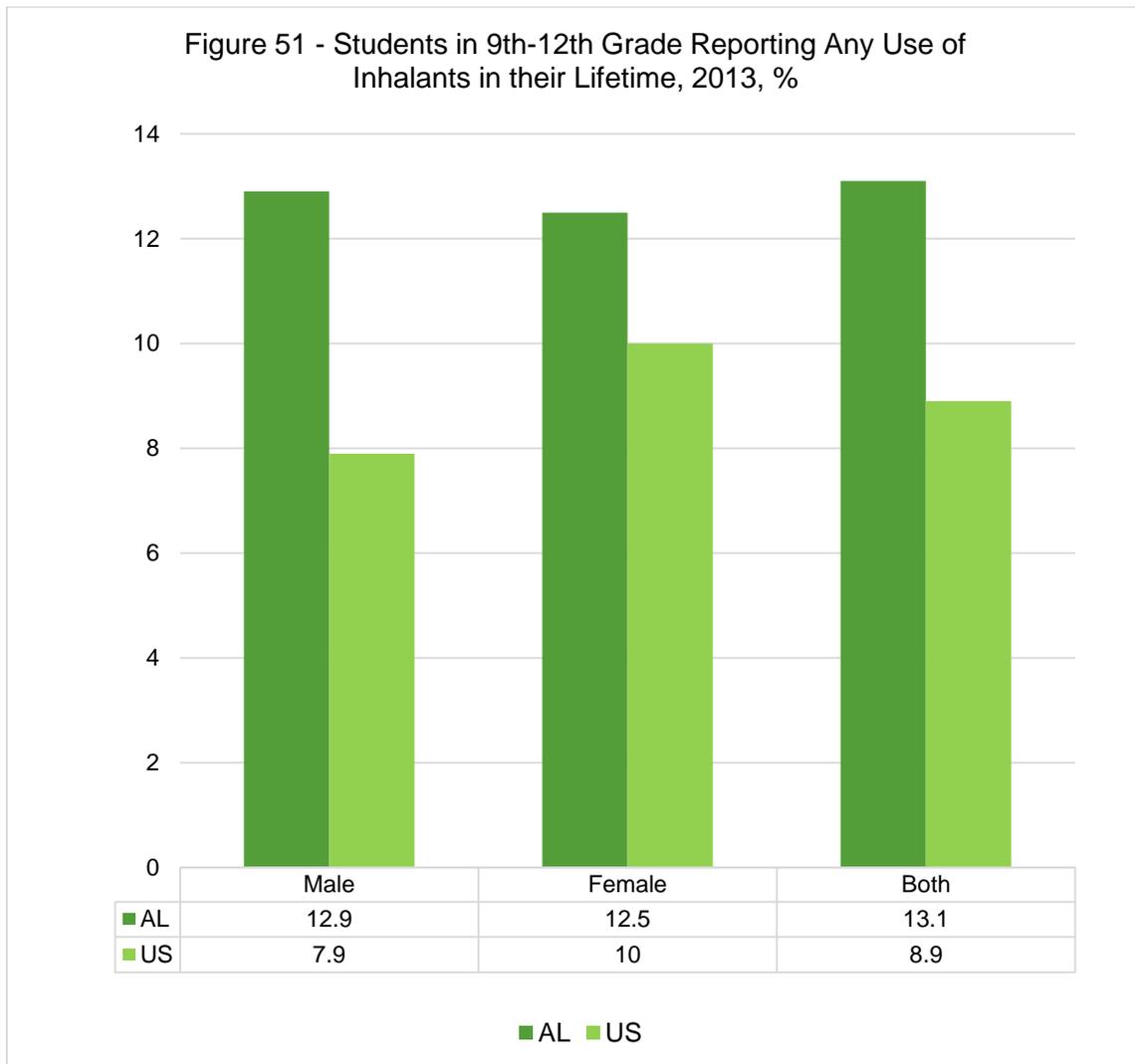
Table 15 – Nonmedical Use of Pain Relievers in the Past Year by Age Groups, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	8.9	7.3	7.5	7.3	6.6	7.2
Ages 18-25	13.7	13.3	13.0	11.1	10.1	10.6
Ages 26+	4.3	3.8	3.5	3.2	3.2	4.1
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	6.9	6.6	6.6	6.4	6.1	5.6
Ages 18-25	12.3	12.1	12.0	11.5	10.4	10.0
Ages 26+	3.6	3.5	3.4	3.5	3.4	3.5

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

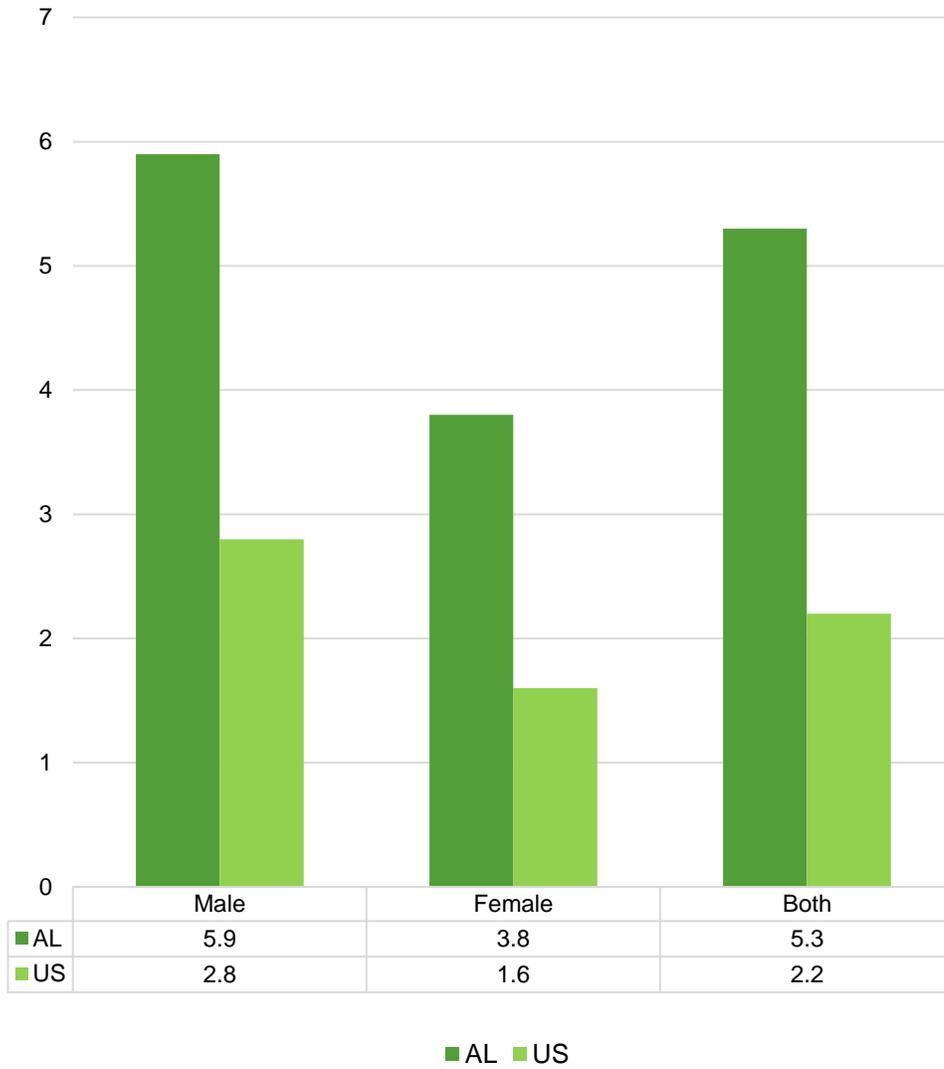
Construct: Lifetime Use

- Alabama 9th-12th grade students are statistically more likely than US 9th -12th grade students to reporting any use in their lifetime of the following: Inhalants, Heroin, Methamphetamine, Steroids without a Doctor's Prescription, and Injection of Illegal Drugs.
- In Alabama, there were an increase in the percentage of Alabama 9th-12th grade students who ever took prescription drugs without a doctor's prescription from 2011 (15.0%) to 2013 (17.9%).



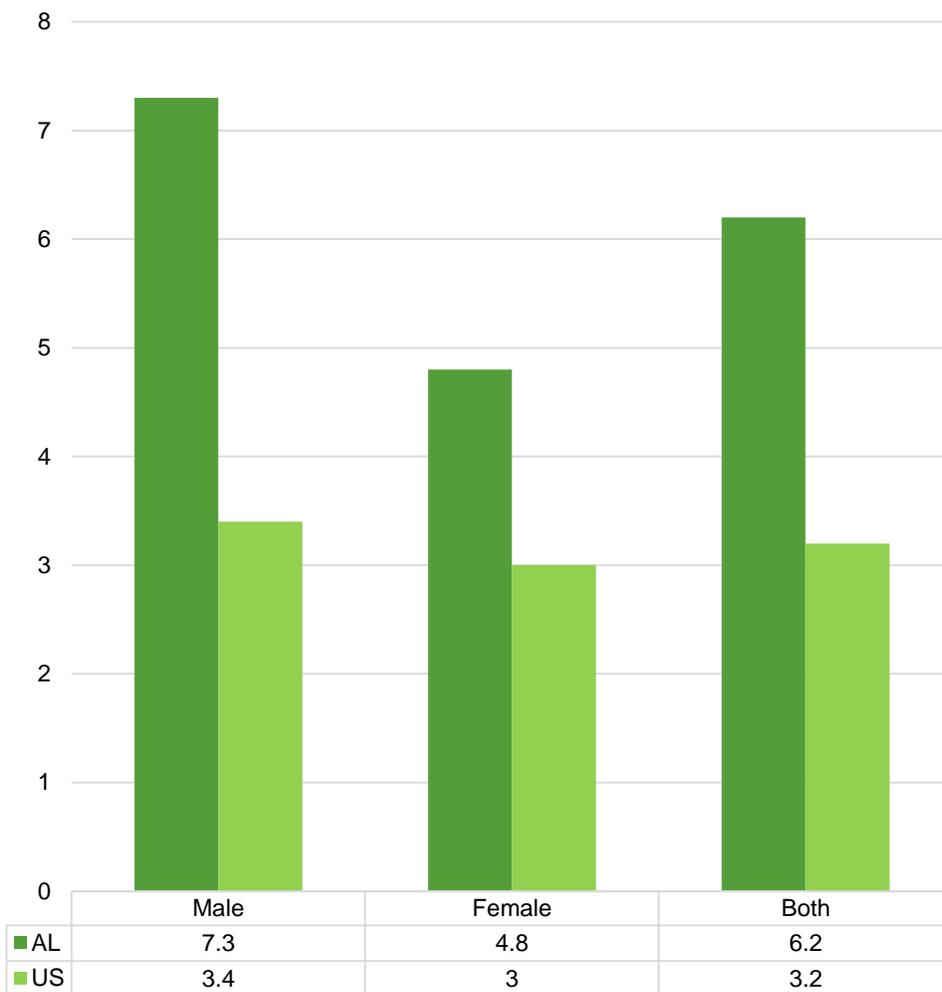
Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Figure 52 - Students in 9th-12th Grade Reporting Any Use of Heroin in their Lifetime, 2013, %



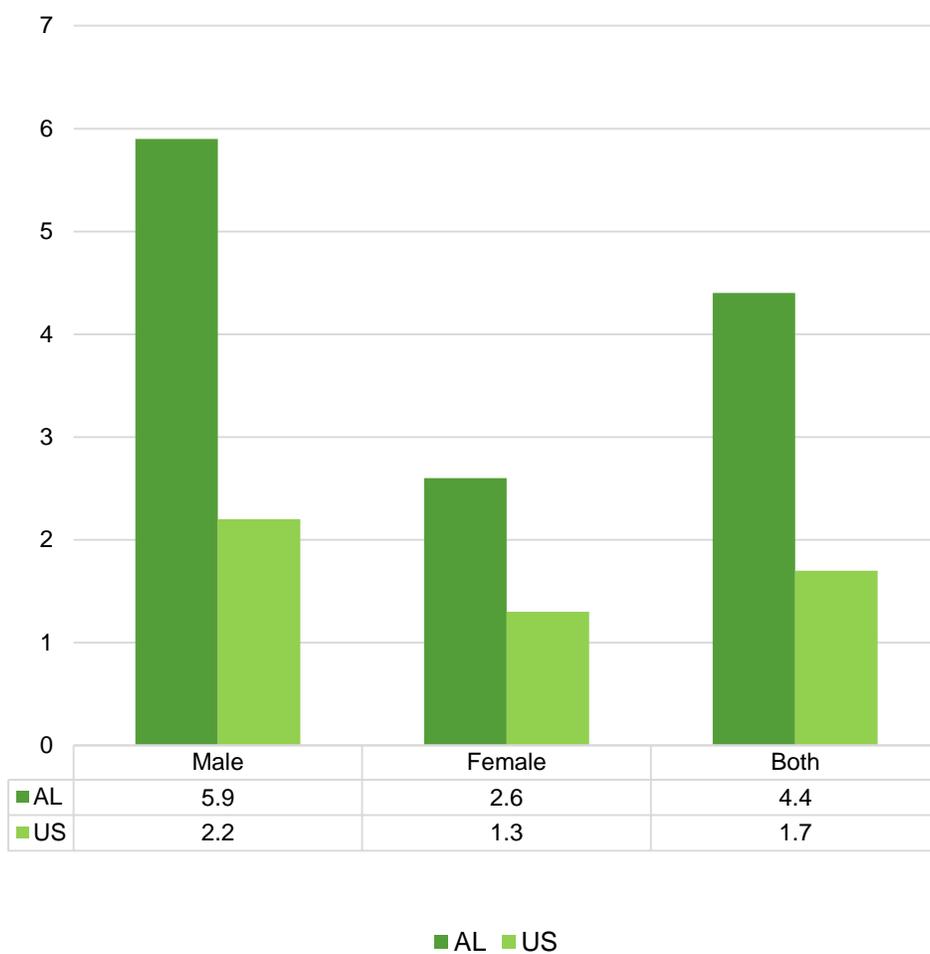
Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Figure 53 - Students in 9th-12th Grade Reporting Any Use of Methamphetamine in their Lifetime, 2013, %



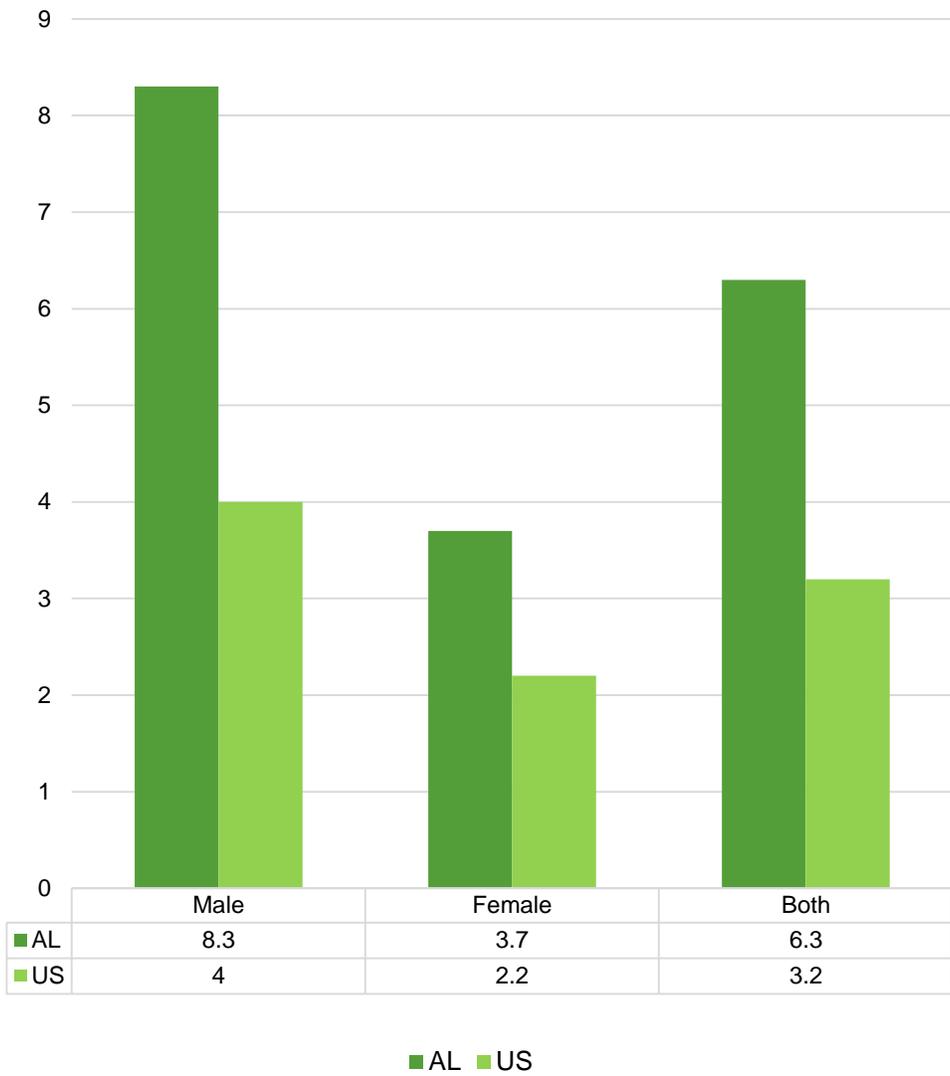
Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Figure 54 - Students in 9th-12th Grade Reporting Any Illegal Drug via Injection in their Lifetime, 2013, %



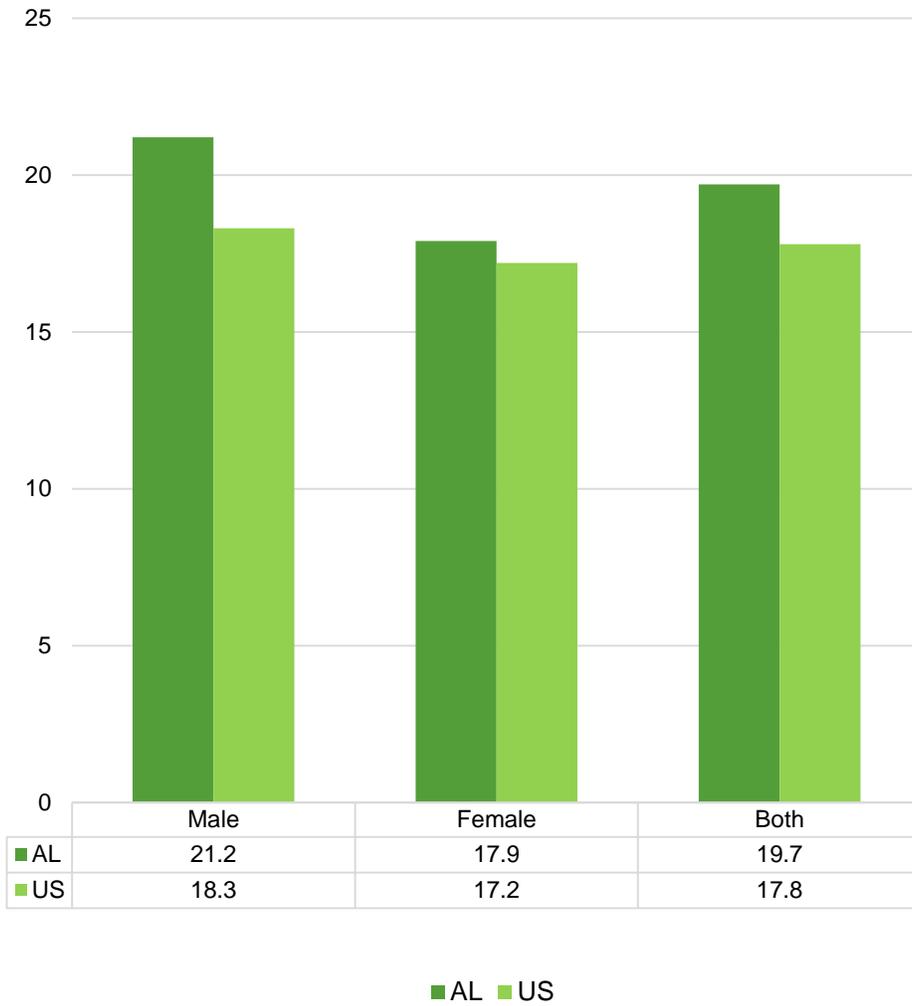
Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Figure 55 - Students in 9th-12th Grade Reporting Any Use of Steroids Without a Doctor's Prescription in their Lifetime, 2013, %



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Figure 56 - Students in 9th-12th Grade Reporting Any Use of Prescription Drugs Without a Doctor's Prescription in their Lifetime, 2013, %



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

OTHER DRUGS CONSEQUENCES

Construct: Crime

- “Drugs are related to crime in multiple ways. Most directly, it is a crime to use, possess, manufacture, or distribute drugs classified as having a potential for abuse. Cocaine, heroin, marijuana, and amphetamines are examples of drugs classified to have abuse potential. Drugs are also related to crime through the effects they have on the user’s behavior and by generating violence and other illegal activity in connection with drug trafficking” – U.S. Department of Justice, Bureau of Justice Statistics
- Criminal arrests for the sale or possession of drugs are also possible consequences.
- In 2013, 10,930 persons were arrested for drug violations. Drug abuse violations involve the illegal sale, possession, manufacture, use, cultivation, etc. of narcotic and non-narcotic drugs (ACJIC). Twenty percent were for sale of drugs and 80% were for possession.

Table 16 - Juvenile and Adult Arrests for the Sale of Drugs, 2013

Sex/Race of Persons Arrested	Opium/Cocaine		Marijuana		Synthetic Drugs		Other Dangerous	
	Adults	Juvenile	Adults	Juvenile	Adults	Juvenile	Adults	Juvenile
White Males	61	1	174	7	73	1	702	5
White Female	30	0	36	1	19	0	333	0
Black Male	275	0	268	4	39	0	67	2
Black Female	29	0	21	1	8	0	13	1
Other Male	0	0	0	0	7	0	4	0
Other Female	0	0	0	0	0	0	2	0
Total	395	1	499	13	146	1	1,121	8
Grand Total	396		512		147		1,129	

Source: Alabama Criminal Justice Information Center, Crime in Alabama 2013

Table 17 - Juvenile and Adult Arrests for the Possession of Drugs, 2013

Sex/Race of Persons Arrested	Opium/Cocaine		Marijuana		Synthetic Drugs		Other Dangerous	
	Adults	Juvenile	Adults	Juvenile	Adults	Juvenile	Adults	Juvenile
White Males	502	5	853	52	544	24	1189	13
White Female	276	2	218	10	311	3	682	10
Black Male	1042	19	1813	87	341	11	218	4
Black Female	161	4	179	11	79	0	39	0
Other Male	2	0	9	1	8	1	17	0
Other Female	2	1	0	0	1	0	2	0
Total	1,985	31	3,072	161	1,284	39	2,147	27
Grand Total	2,016		3,233		1,323		2,174	

Source: Alabama Criminal Justice Information Center, Crime in Alabama 2013

- In 2012, the rate of violent crimes in Alabama was 3,502.2 property crimes per 100,000 inhabitants. In the metropolitan statistical area (pop. – 3,650,288) of Alabama, the rate of property crimes (estimated total) was 3,693.3 property crimes per 100,000 inhabitants. In the cities outside Metropolitan Statistical Area (pop. – 530,240) of Alabama, the rate of property crimes (estimated total) was 4,439.7 property crimes per 100,000 inhabitants. In nonmetropolitan counties (pop. – 641,495) of Alabama, the rate of violent crimes (estimated total) was 1,639.9 property crimes per 100,000 inhabitants.

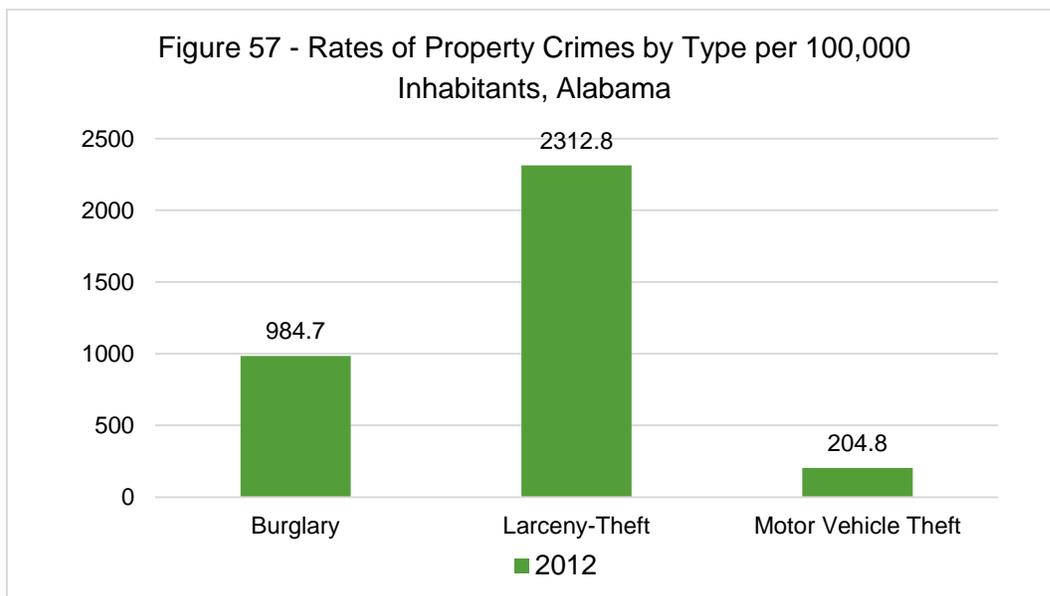


Figure 58 - Rates of Property Crimes by Type per 100,000 Inhabitants, Metropolitan Statistical Area of Alabama

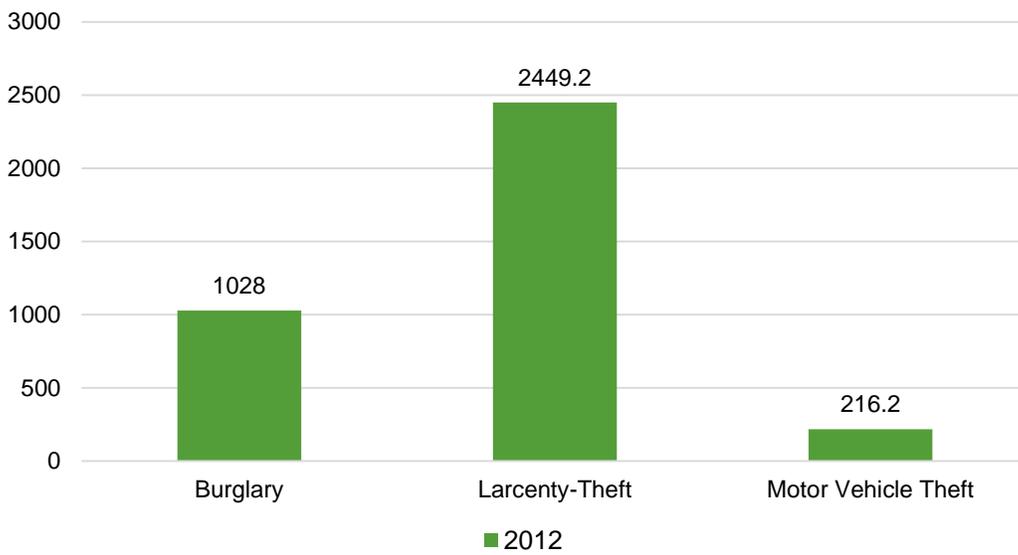
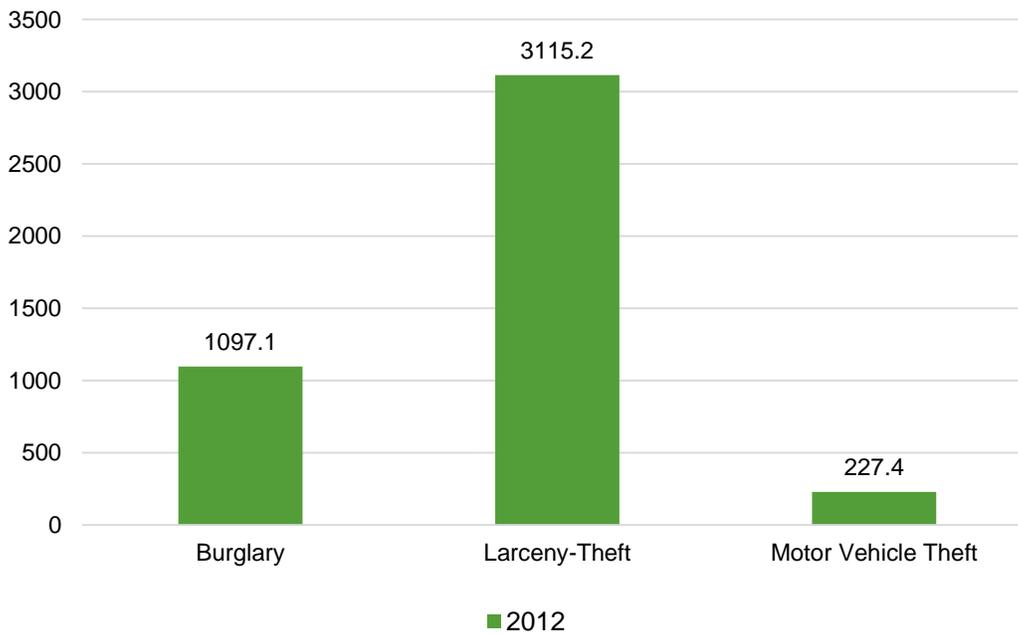
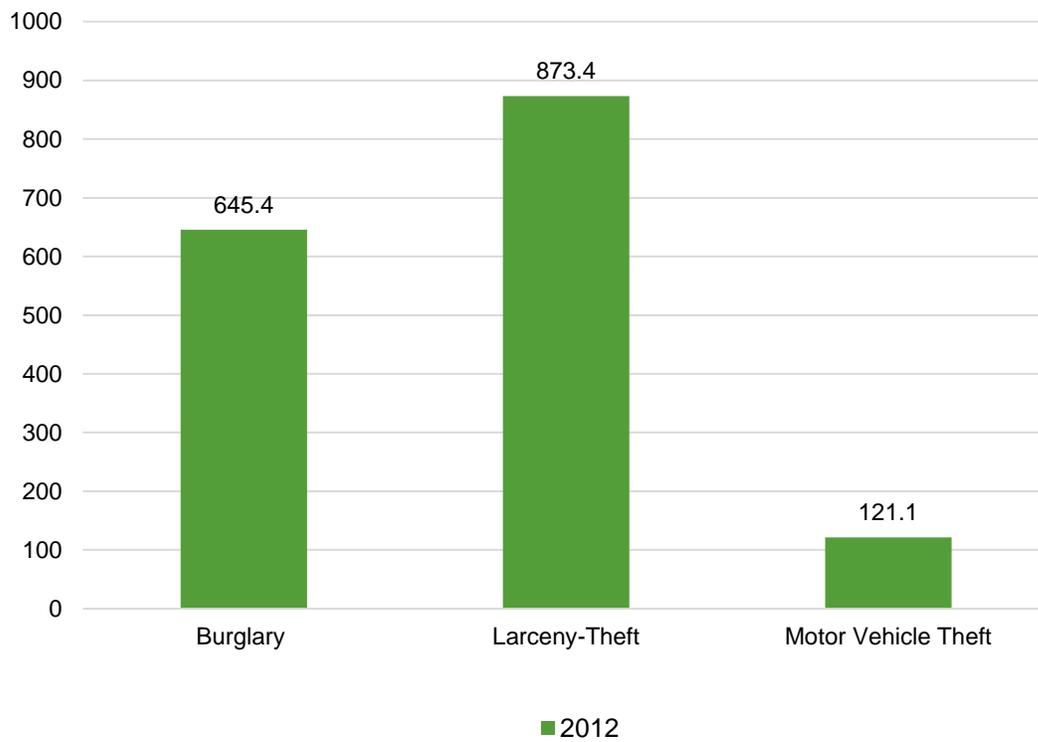


Figure 59 - Rates of Property Crimes by Type per 100,000 Inhabitants, Cities Outside Metropolitan Statistical Area of Alabama



Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 2012.

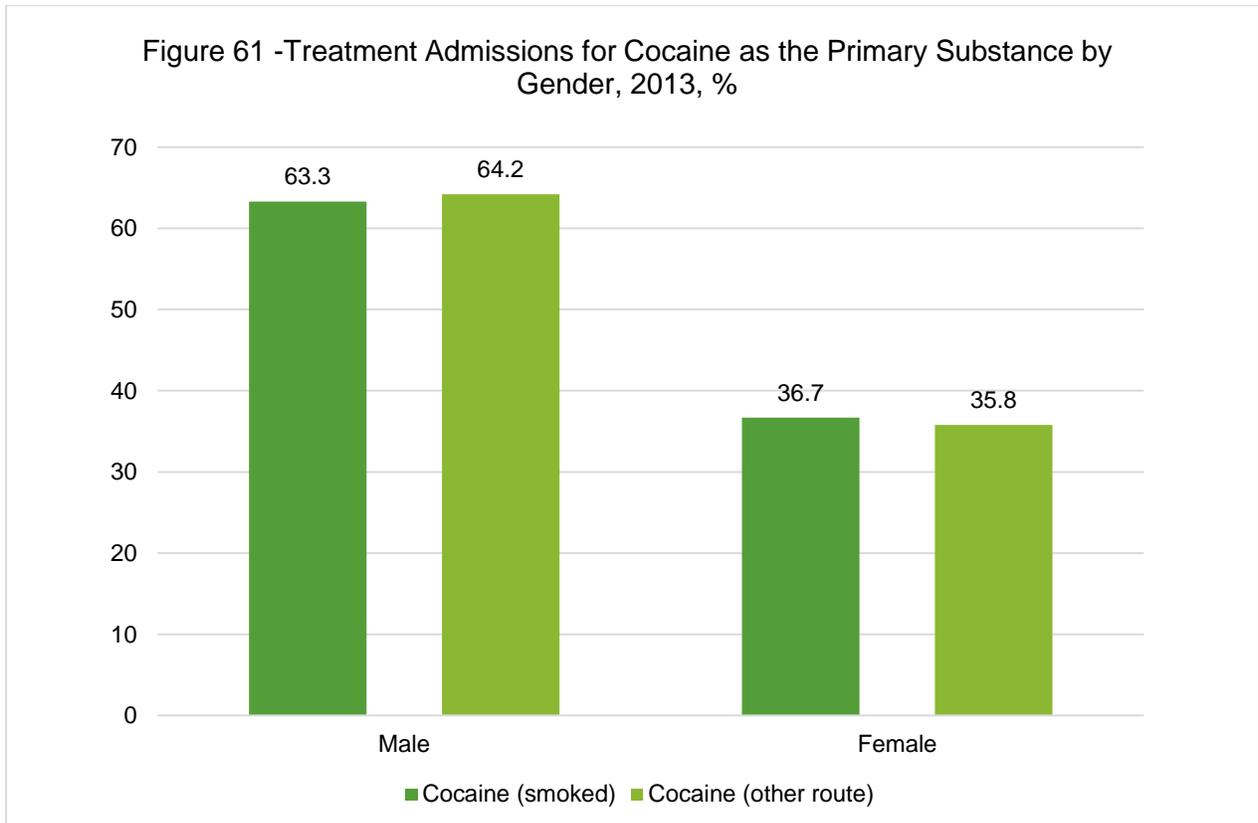
Figure 60 - Rates of Property Crimes by Type per 100,000 Inhabitants, Nonmetropolitan Counties of Alabama



Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 2012 (estimated totals).

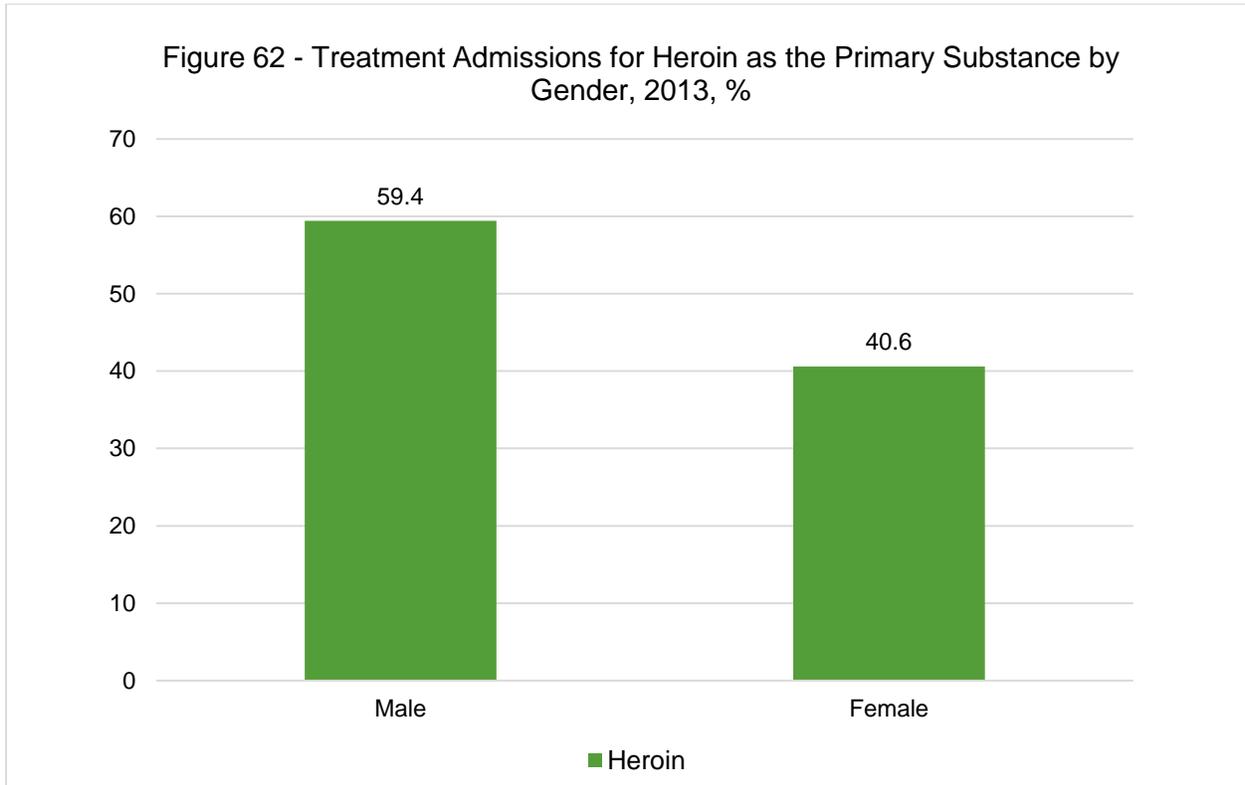
Construct: Treatment

- In Alabama, there were 753 treatment admissions for cocaine, smoked and 279 treatment admissions for cocaine, other route. In 2013, the percentage of treatment admissions for cocaine, smoked among males (63.3%) increased from 2012 (58.6%) while percentage of treatment admissions for cocaine, smoked among female in 2013 (36.7%) decreased from 2012 (41.4%).



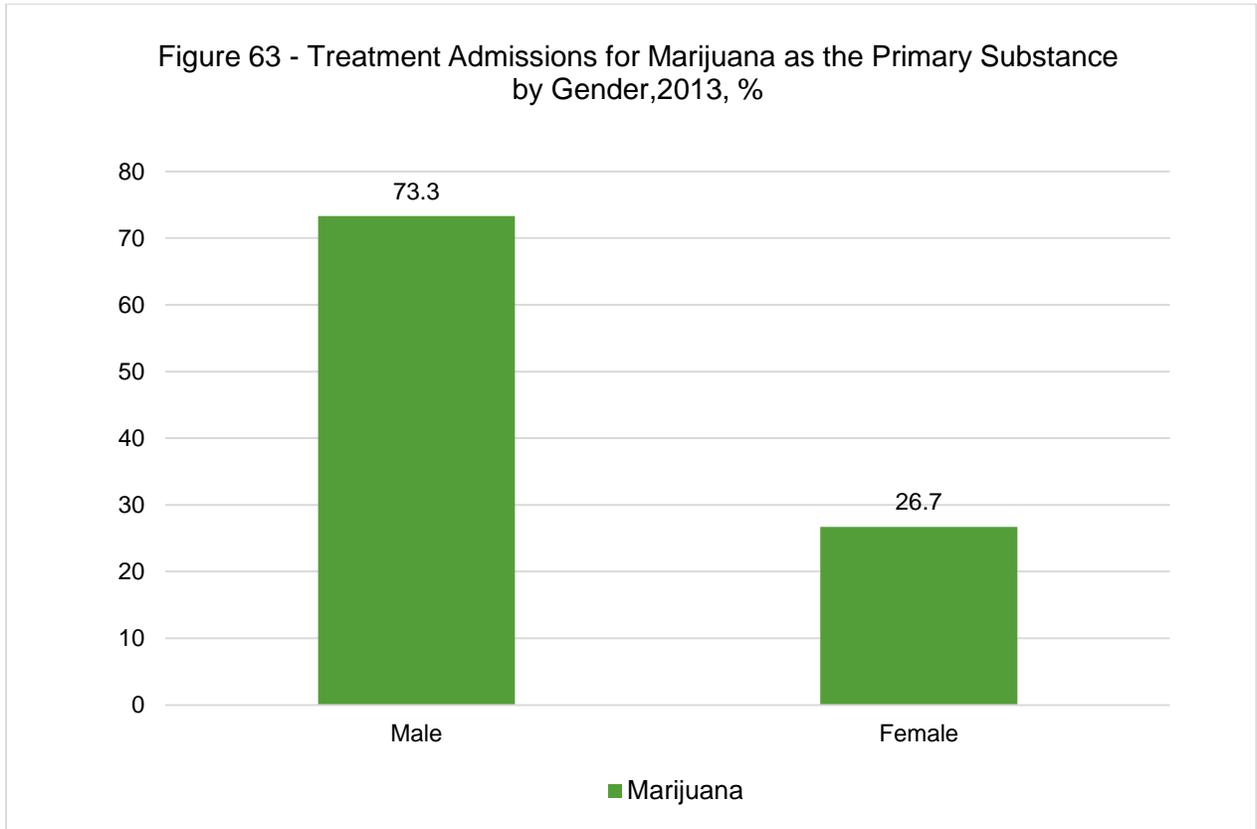
Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2013

- In Alabama, there were 347 treatment admissions for heroin. In 2013, the percentage of treatment admissions for heroin among males (59.4%) remained similar from 2012 (58.1%) while percentage of treatment admissions for heroin among female in 2013 (40.6%) remained similar from 2012 (41.9%).



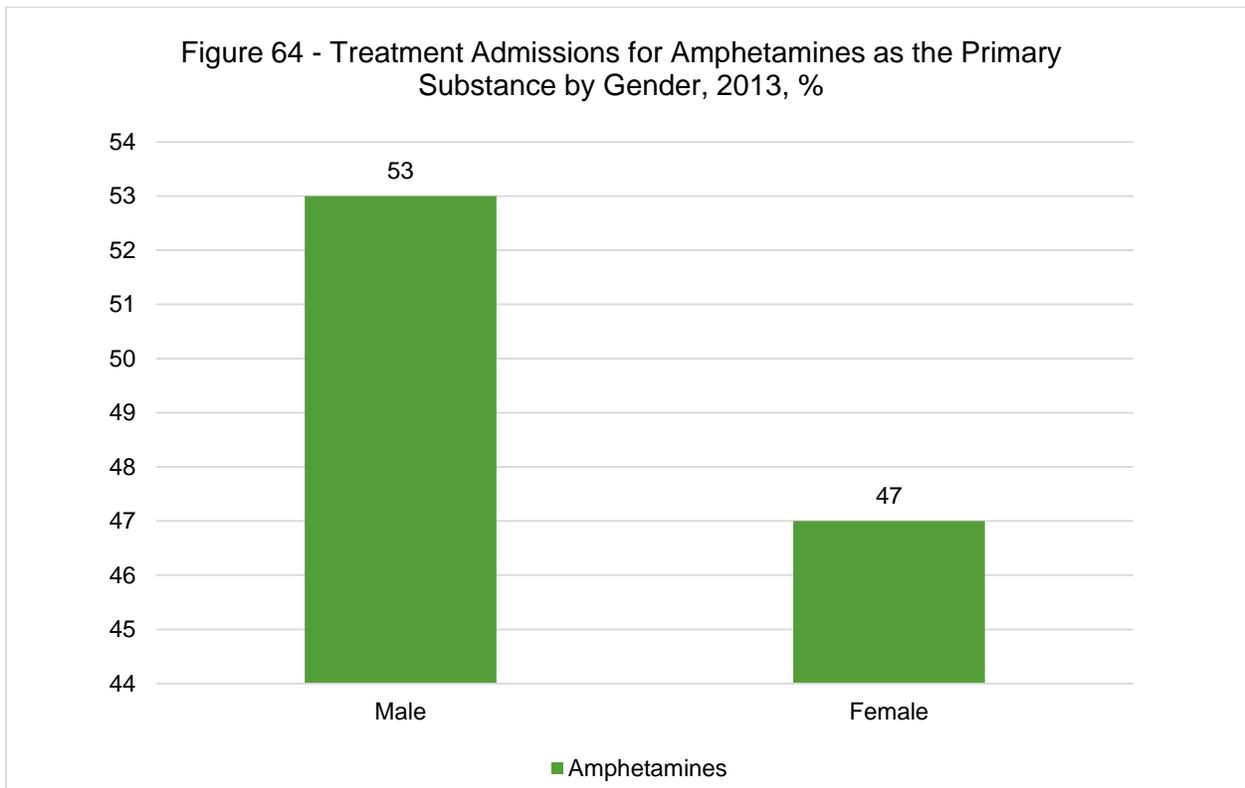
Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2013

- In Alabama, there were 2,426 treatment admissions for marijuana. In 2013, the percentage of treatment admissions for marijuana among males (73.3%) slightly decrease from 2012 (76.3%) while percentage of treatment admissions for marijuana among female in 2013 (26.7%) slightly increased from 2012 (23.7%).



Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2013

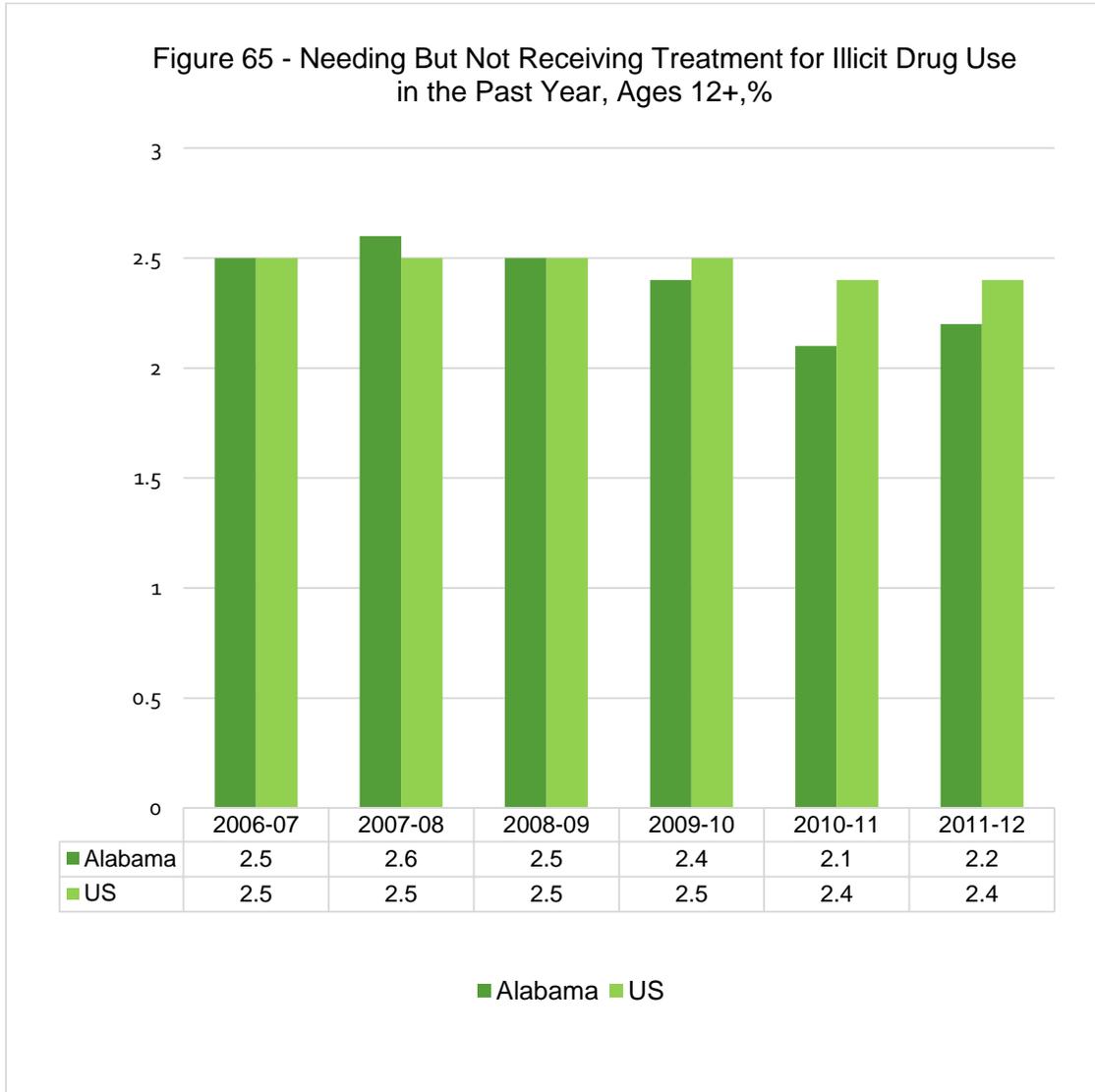
- In Alabama, there were 1,220 treatment admissions for amphetamines. In 2013, the percentage of treatment admissions for amphetamines among males (53.0%) remained similar from 2012 (53.7%) while percentage of treatment admissions for amphetamines among female in 2013 (47.0%) remain similar from 2012 (46.3%).



Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2013

Construct: Treatment Gap

- The percentage of Alabama residents (ages 12 and older) needing but not receiving treatment for illicit drug use in the past year has decreased from 2.5% in 2006-2007 to 2.2% in 2011-2012.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 66 - Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year by Age Groups, %

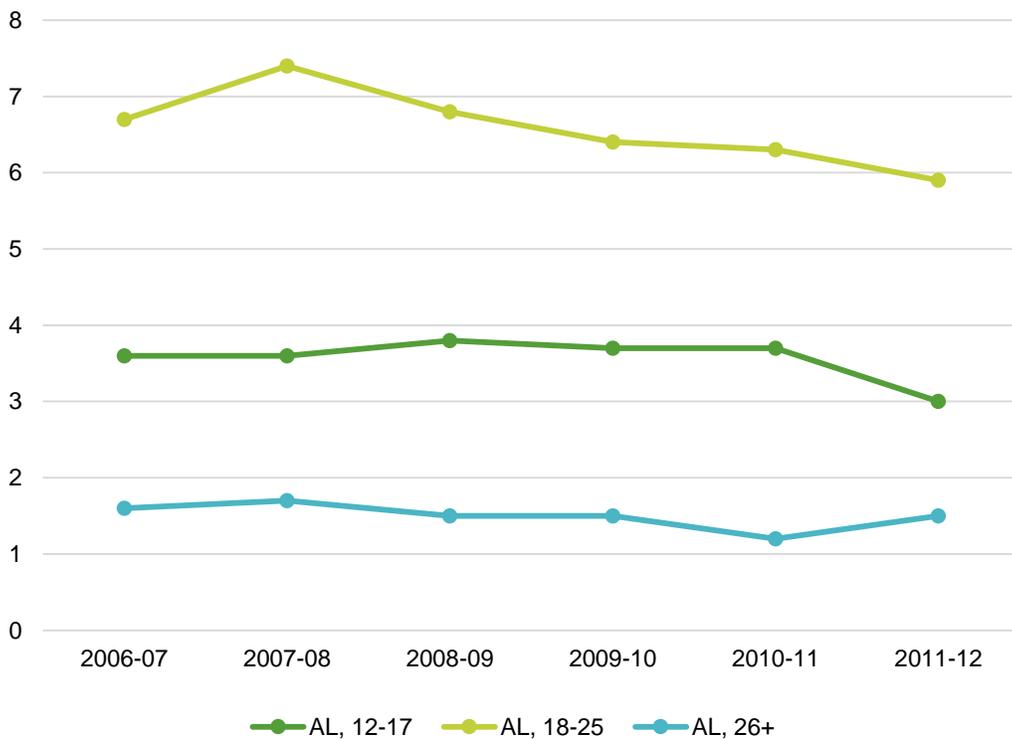


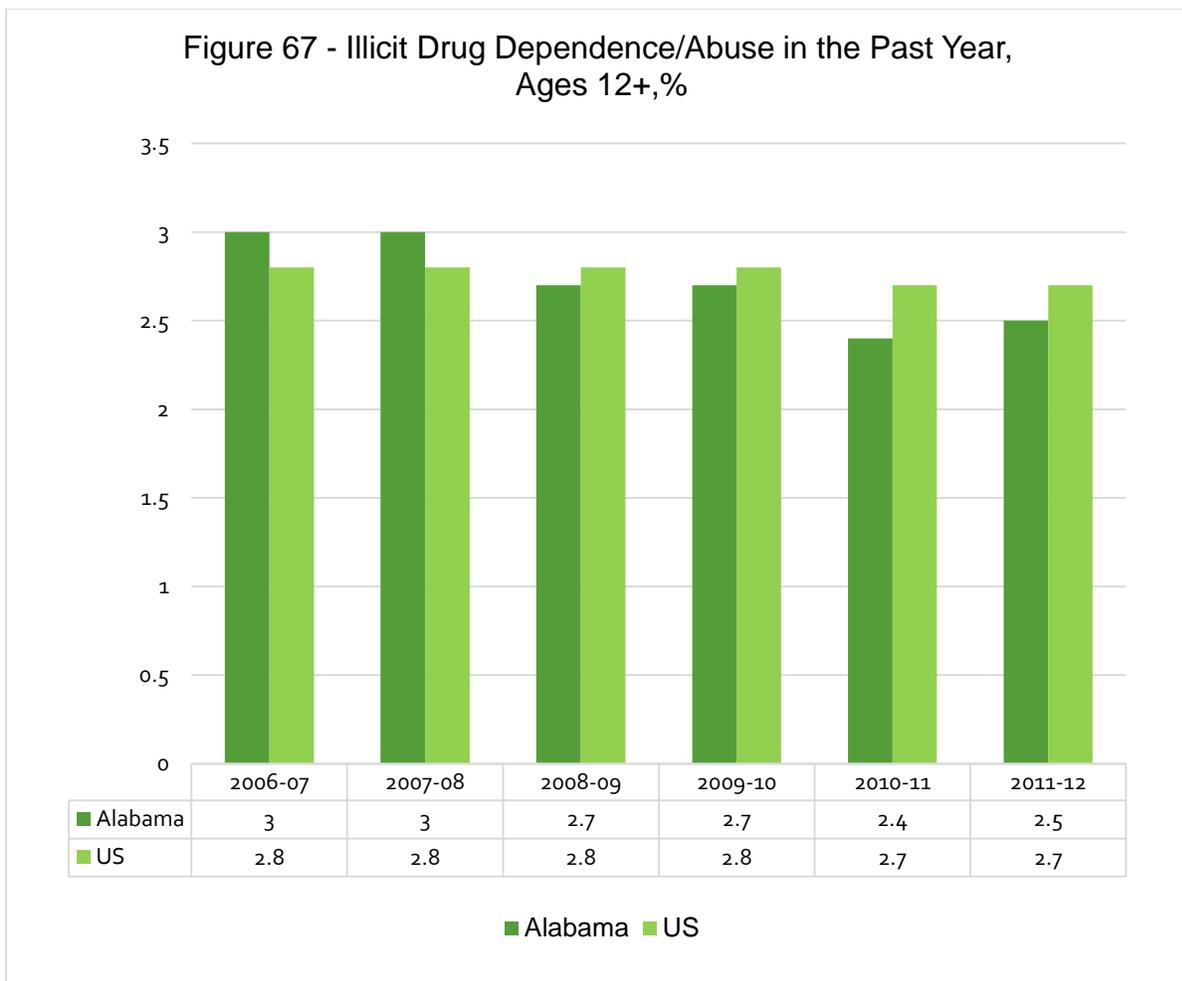
Table 18 – Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year by Age Groups, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	3.6	3.6	3.8	3.7	3.7	3.0
Ages 18-25	6.7	7.4	6.8	6.4	6.3	5.9
Ages 26+	1.6	1.7	1.5	1.5	1.2	1.5
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	4.1	4.2	4.2	4.2	4.3	4.0
Ages 18-25	7.4	7.4	7.2	7.1	7.1	7.0
Ages 26+	1.4	1.5	1.5	1.5	1.3	1.4

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Construct: Abuse/Dependence

- Illicit drug use, including recreational and experimental use, can result in dependence or abuse.
- The percentage of Alabama residents (ages 12 and older) who reported illicit drug dependence/abuse in the past year has decreased from 3.0% in 2006-2007 to 2.5% in 2011-2012.
- In Alabama, the percentage of persons who reported illicit drug dependence/abuse in the past year is highest in the ages 18-25 years (6.2%) followed by ages 12-17 years (3.1%) and ages 26 years and older (1.8%) in 2011-2012.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 68 - Illicit Drug Dependence/Abuse in the Past Year
by Age Groups, %

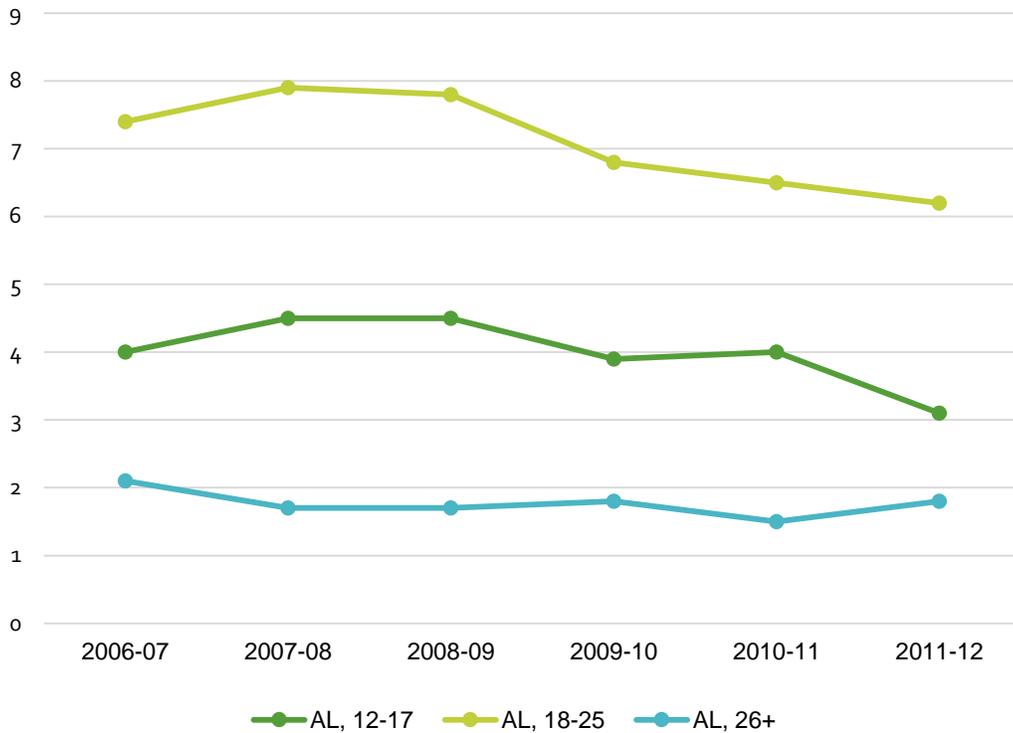
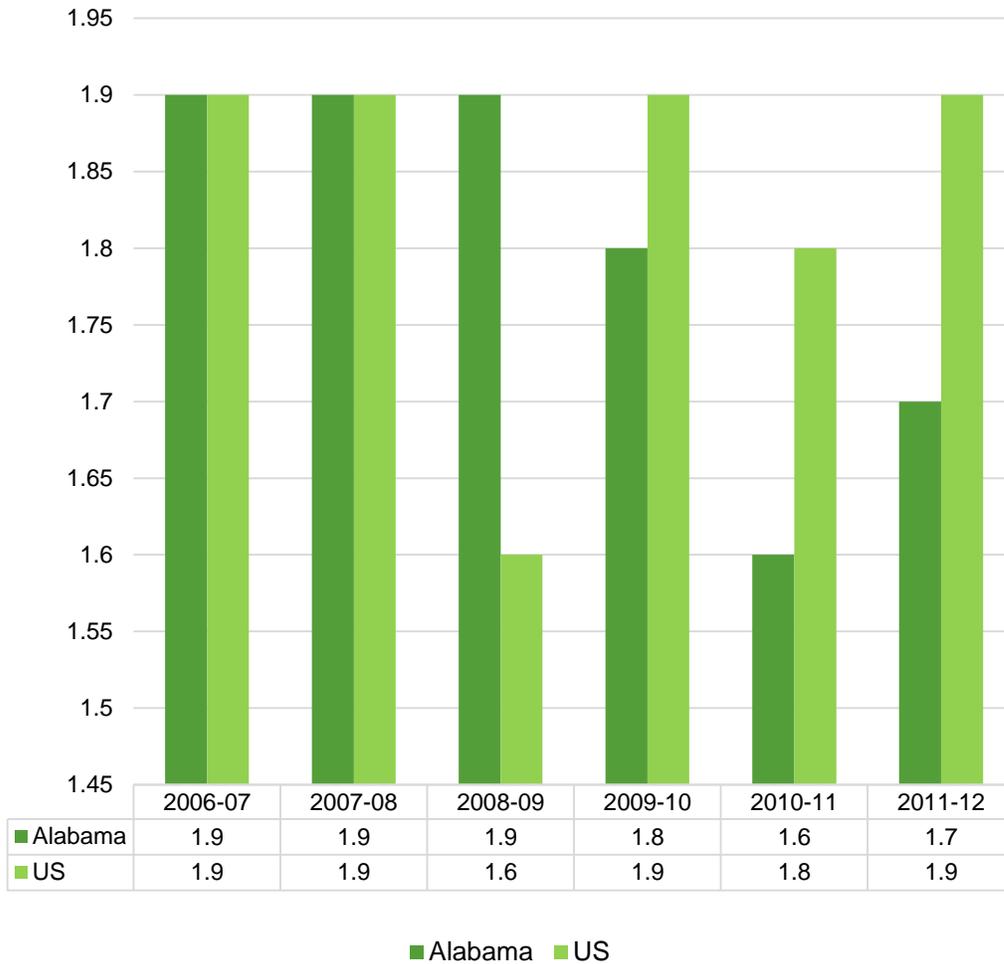


Table 19 – Illicit Drug Dependence/Abuse in the Past Year by Age Groups, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	4.0	4.5	4.5	3.9	4.0	3.1
Ages 18-25	7.4	7.9	7.8	6.8	6.5	6.2
Ages 26+	2.1	1.7	1.7	1.8	1.5	1.8
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	4.5	4.5	4.5	4.5	4.7	4.3
Ages 18-25	7.9	7.9	7.8	7.8	7.7	7.7
Ages 26+	1.7	1.7	1.7	1.7	1.6	1.6

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 69 - Illicit Drug Dependence in the Past Year, Ages 12+,%



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Figure 70 - Illicit Drug Dependence in the Past Year
by Age Groups, %

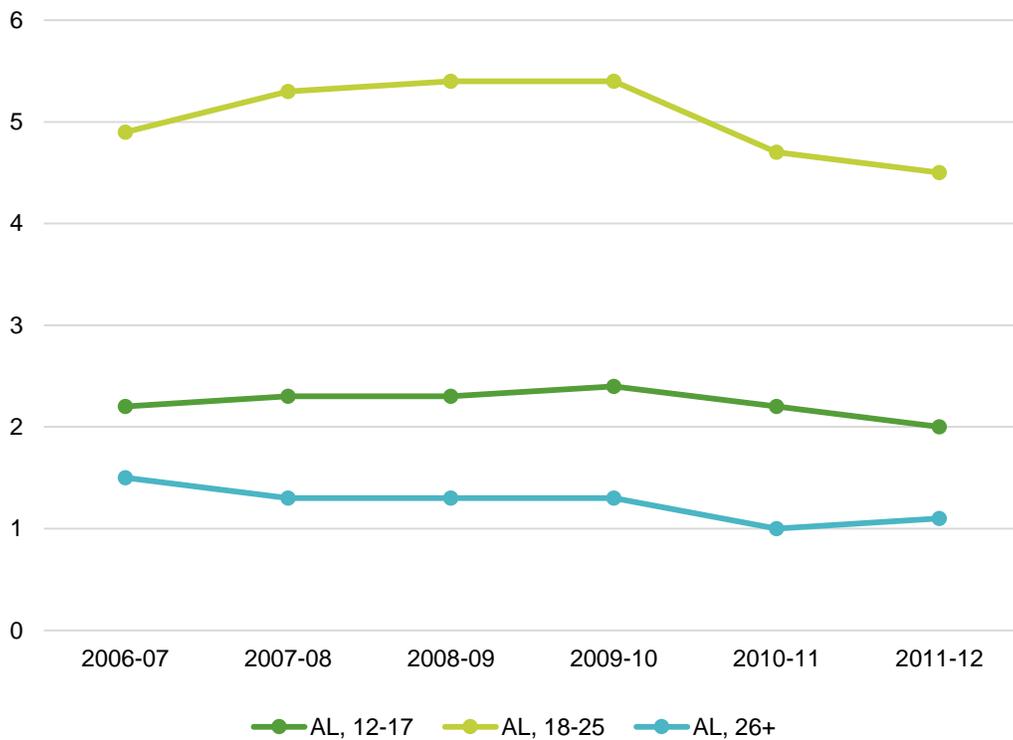


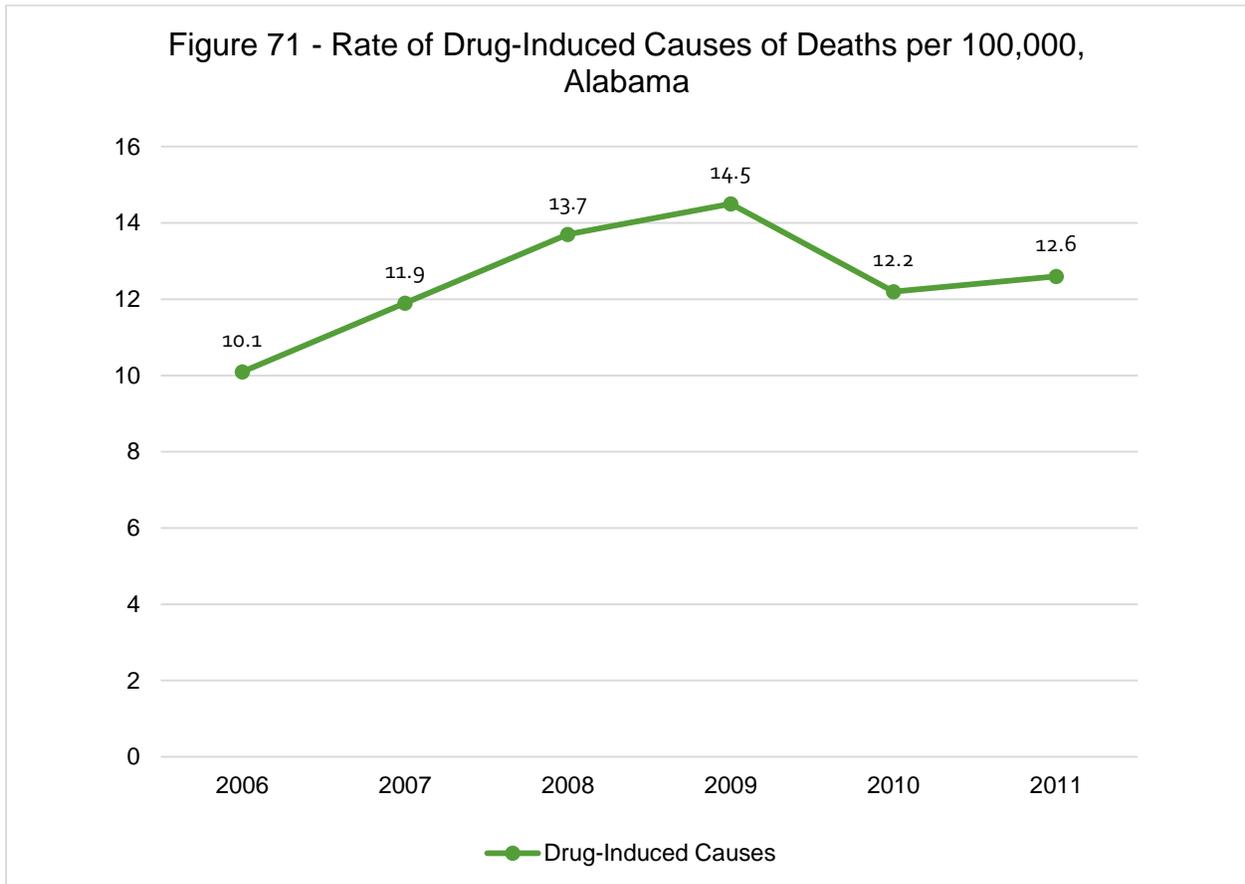
Table 20 – Illicit Drug Dependence in the Past Year by Age Groups, AL vs. US, %

Alabama (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	2.2	2.3	2.3	2.4	2.2	2.0
Ages 18-25	4.9	5.3	5.4	5.4	4.7	4.5
Ages 26+	1.5	1.3	1.3	1.3	1.0	1.1
United States (%)	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Ages 12-17	2.4	2.4	2.5	2.1	2.5	2.3
Ages 18-25	5.5	5.6	5.6	4.9	5.4	5.4
Ages 26+	1.3	1.2	1.3	1.2	1.1	1.2

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2006-2012.

Construct: Drug Related Mortality

- The rate of drug-induced causes of deaths increased from 2006 (10.1 per 100,000 persons) to 2009 (14.5 per 100,000 persons) followed by a decrease in rate in 2011 (12.6 per 100,000 persons).

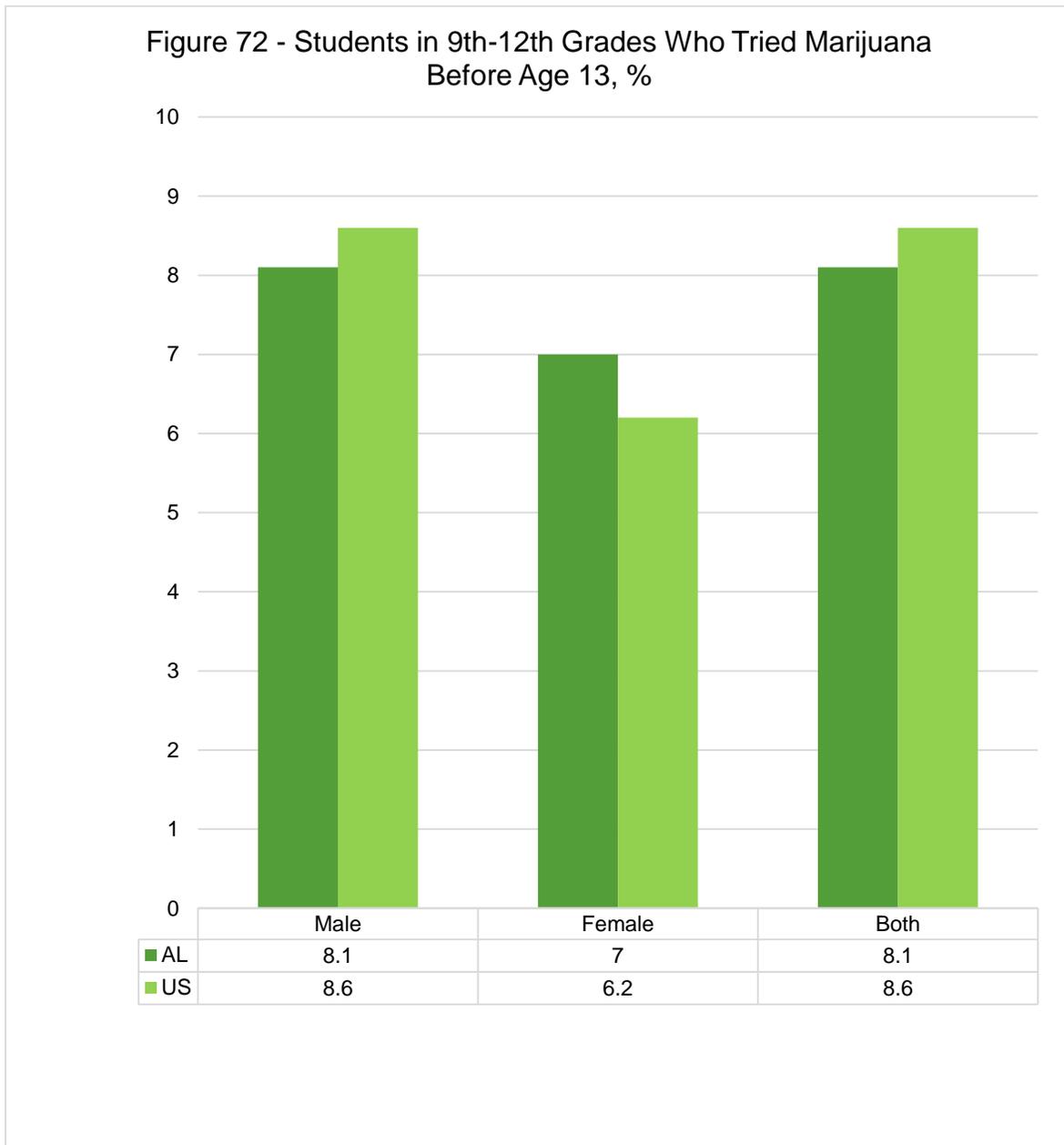


Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2011 on CDC Wonder Online Database, released 2014. Data are from the Multiple Cause of Death Files, 1999-2011, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Sept. 21, 2014 6:53:56 PM.

OTHER DRUGS RISK/PROTECTIVE FACTORS

Construct: Age of Initial Use

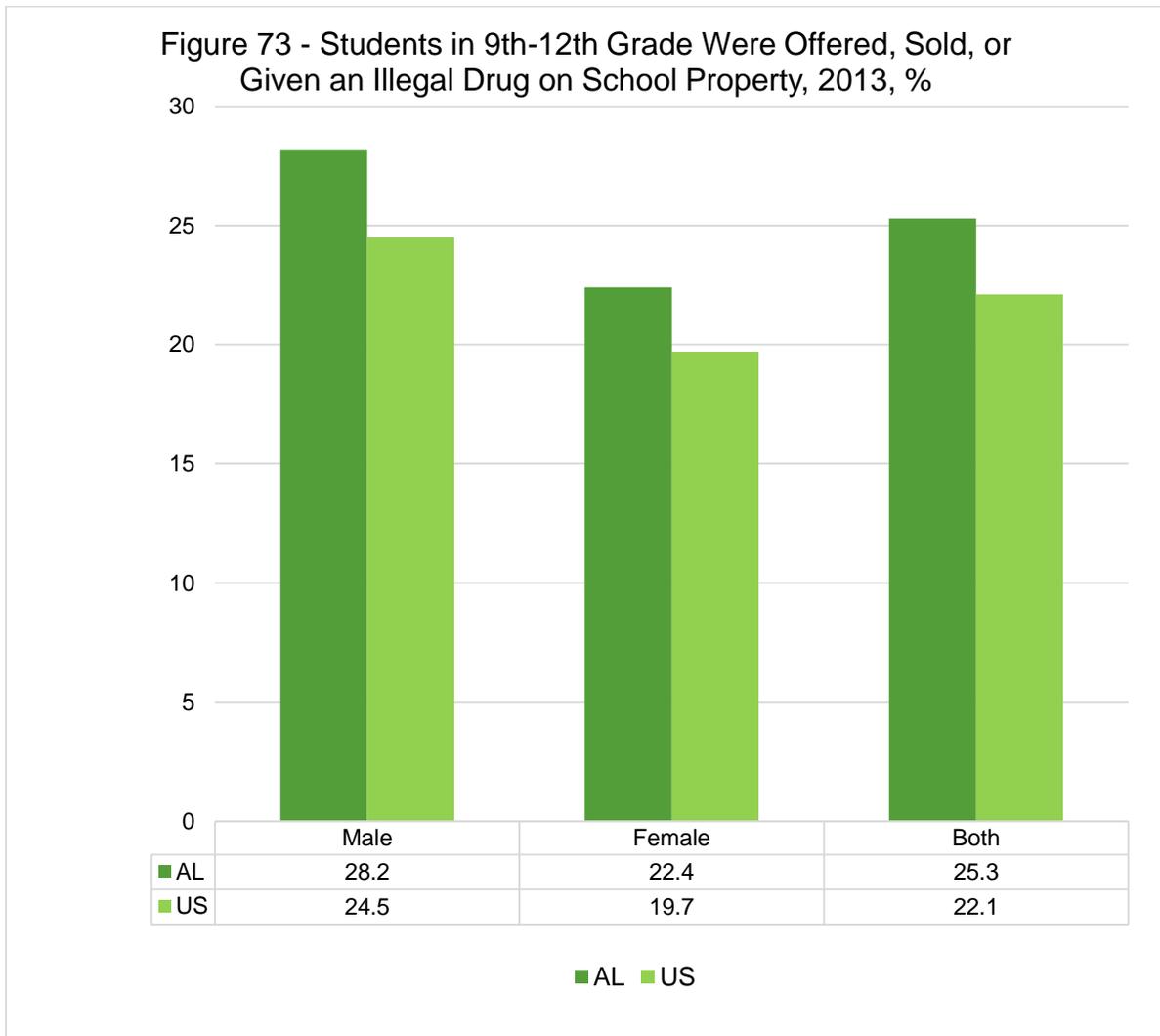
- In 2013, 8.1% of Alabama students in 9th-12th grades reported trying marijuana before age 13 years which showed no difference from 2009 when 8.0% of Alabama students in 9th – 12th grades reported trying marijuana before age 13 years.



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

Construct: School Property

- In 2013, 27.1% of Alabama students in 9th grade reported they offered, sold, or given an illegal drug on school property while 22.5% of 10th graders, 25.9% of 11th graders and 25.3% of 12th graders.
- Overall, Alabama 9th-12th grade students are statistically more likely than US 9th-12th grade students to be offered, sold, or given an illegal drug on school property in 2013.



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2013

REGIONS

The following sections assesses consequences and consumption of alcohol, tobacco, and other drugs among youth and adults in Alabama by state planning regions. The state of Alabama has four planning regions that are divided based on geographic location. Consumption data includes current use while consequences data includes substance-related dependence, abuse, and treatment gap.

Region 1

Planning region 1 includes 18 counties located in the northern part of the state: Cherokee, Colbert, Cullman, DeKalb, Etowah, Fayette, Franklin, Jackson, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Walker, and Winston. The estimated 2013 population for Region 1 is 1,349,252 persons. Madison County is the most populous county in Region 1 and is home to Redstone Arsenal and Marshall Space Flight Center.

Region 2

Planning region 2 includes 14 counties located in the north-central part of the state: Bibb, Blount, Calhoun, Chilton, Clay, Cleburne, Coosa, Jefferson, Pickens, Randolph, St. Clair, Shelby, Talladega, and Tuscaloosa. The estimated 2013 population for Region 2 is 1,554,461 persons. Jefferson County is the most populous county in the state and its largest employer is the University of Alabama at Birmingham.

Region 3

Planning region 3 includes 19 counties located in the south-central part of the state: Autauga, Bullock, Chambers, Choctaw, Dallas, Elmore, Greene, Hale, Lowndes, Lee, Macon, Marengo, Montgomery, Pike, Perry, Russell, Sumter, Tallapoosa, and Wilcox. The estimated 2013 population for Region 3 is 857,474 persons. Montgomery County is the most populous county in Region 3 and its largest employers are Maxwell-Gunter Air Force Base and the State of Alabama.

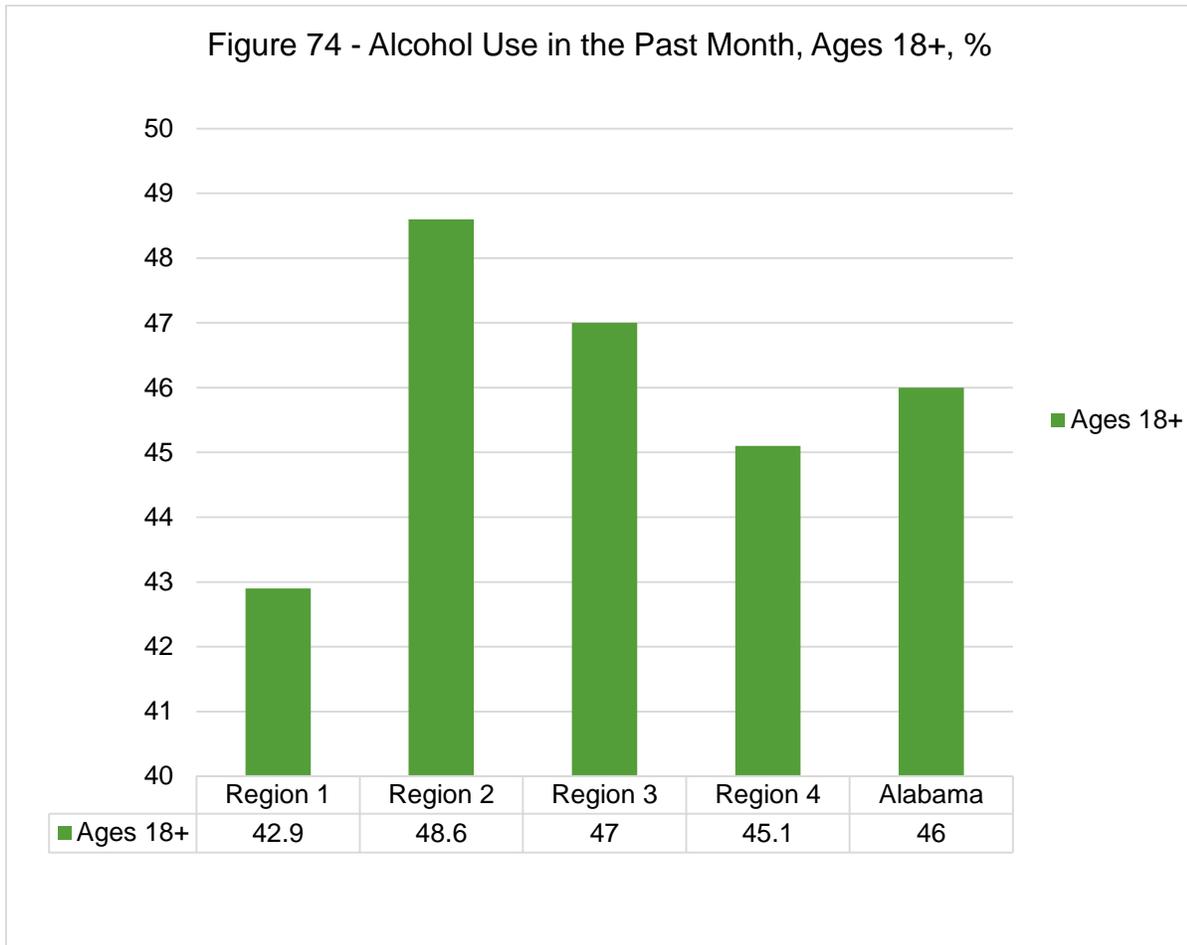
Region 4

Planning region 4 includes 16 counties located in the southern part of the state: Baldwin, Barbour, Butler, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Escambia, Geneva, Henry, Houston, Mobile, Monroe, and Washington. The estimated population for Region 4 is 1,072,535 persons. Mobile County is the most populous county in Region 4 and is Alabama's major seaport.

REGIONAL CONSUMPTION

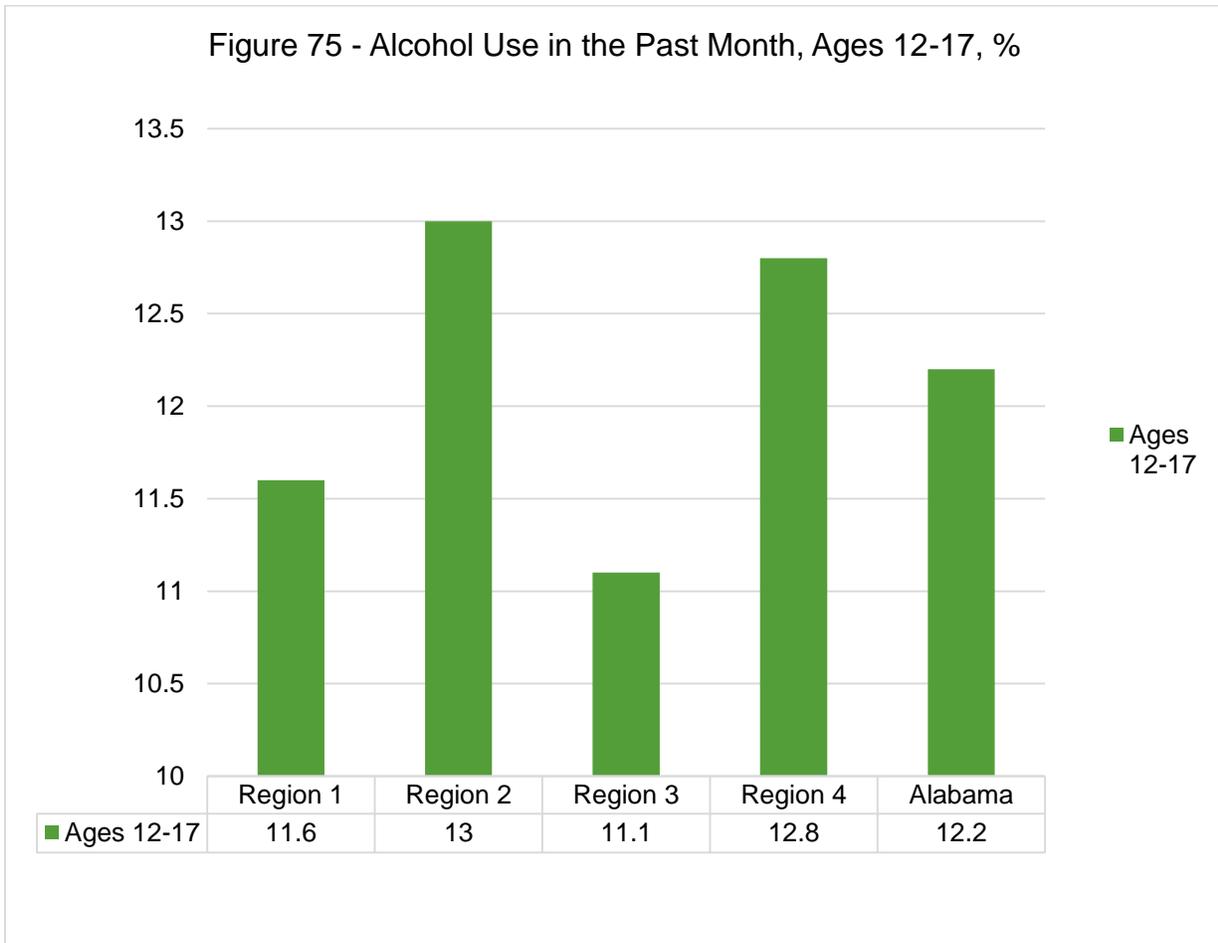
Construct: Current Use

- Region 2 (48.6%) had the highest percentage of persons age 18 and older who reported alcohol use in the past month while Region 1 (42.9%) had the lowest percentage.



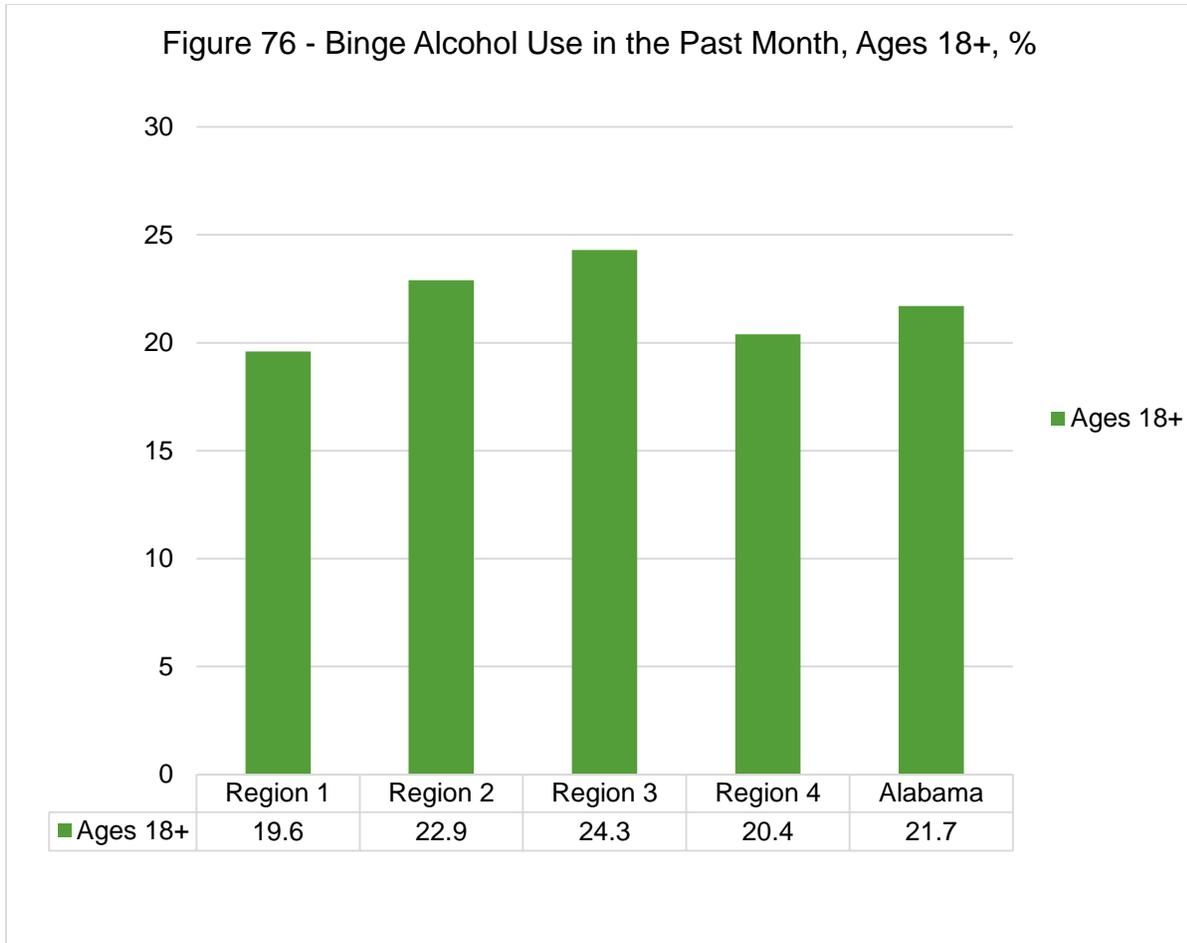
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 2 (13%) had the highest percentage of persons age 12 to 17 who reported alcohol use in the past month while Region 3 (11.1%) had the lowest percentage.



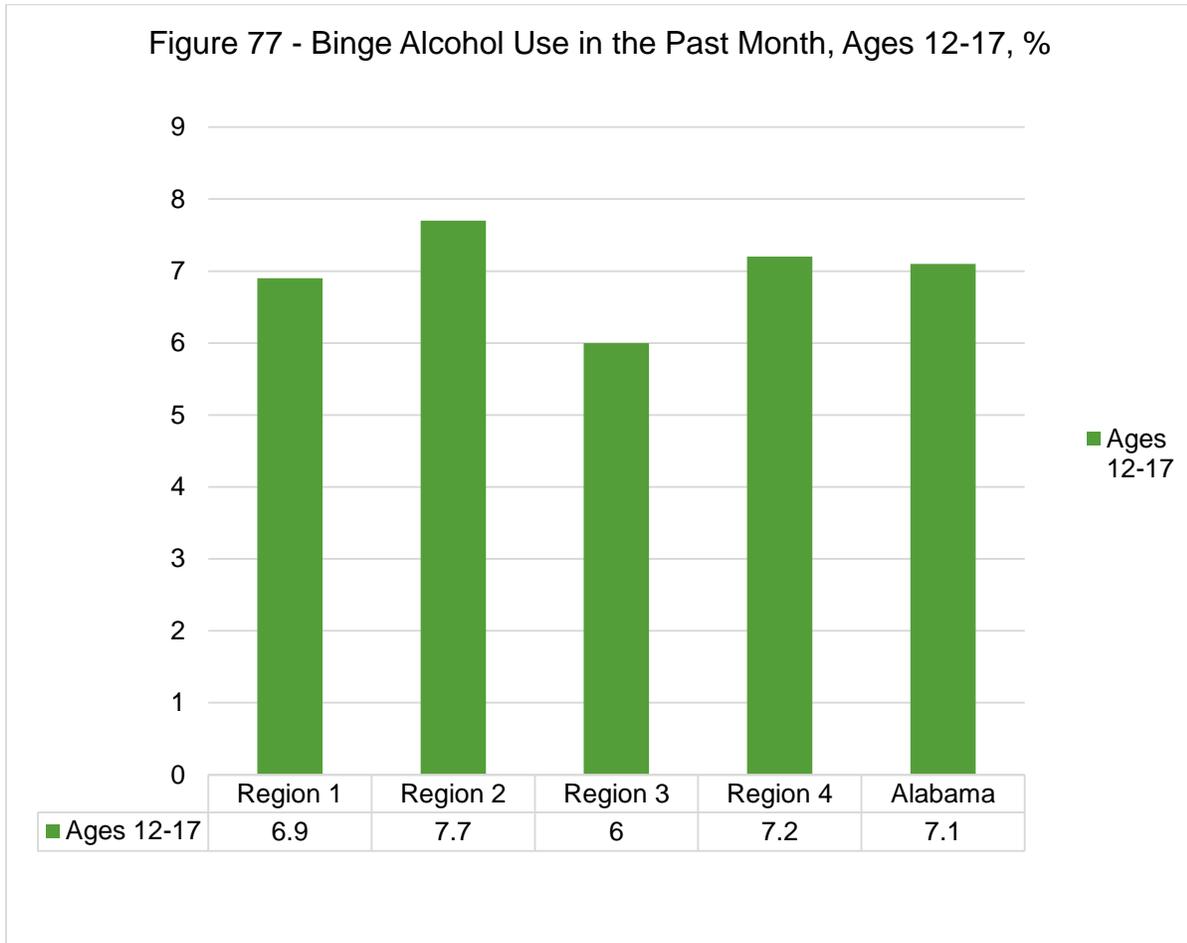
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 3 (24.3%) had the highest percentage of persons age 18 and older who reported binge alcohol use in the past month while Region 1 (19.6%) had the lowest percentage.



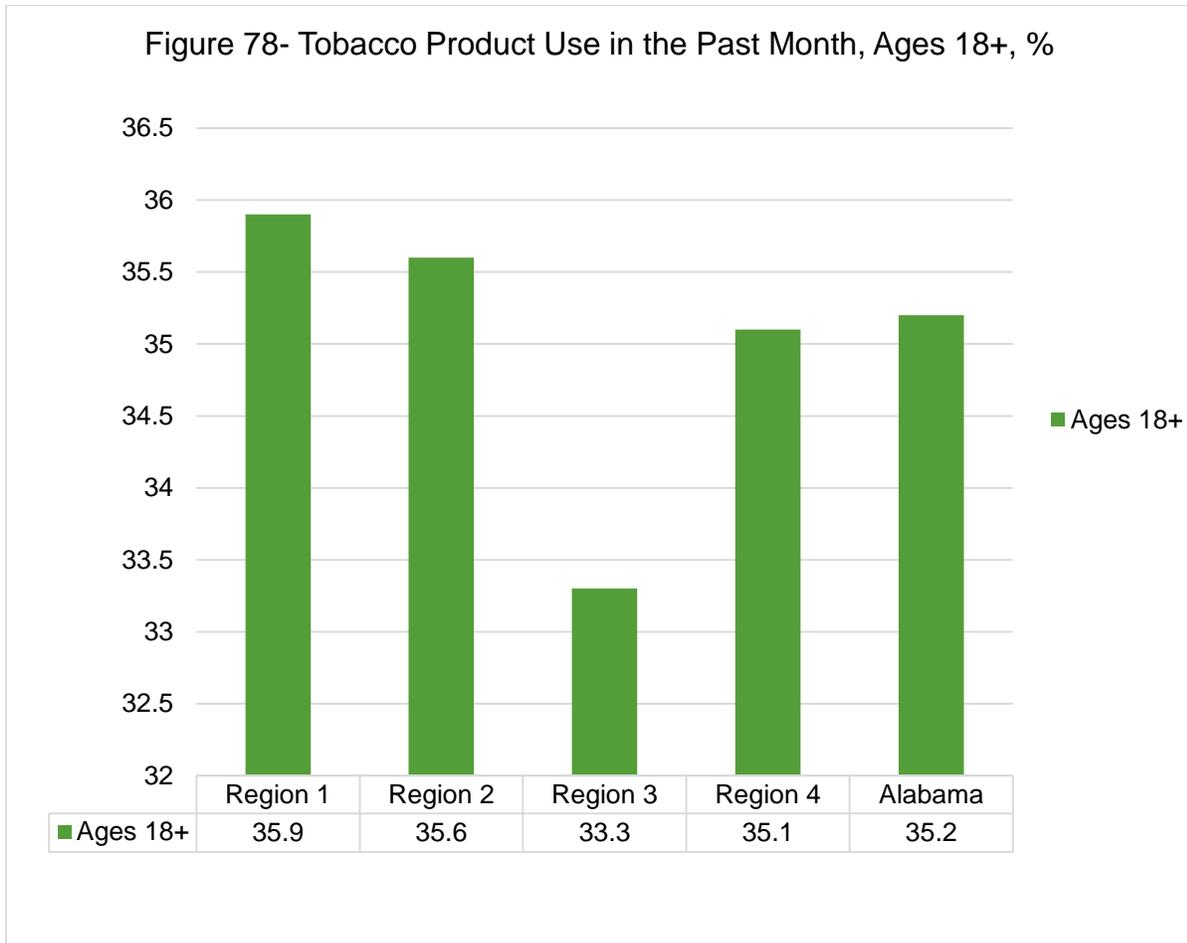
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 2 (7.7%) had the highest percentage of persons age 12 to 17 who reported binge alcohol use in the past month while Region 3 (6%) had the lowest percentage.



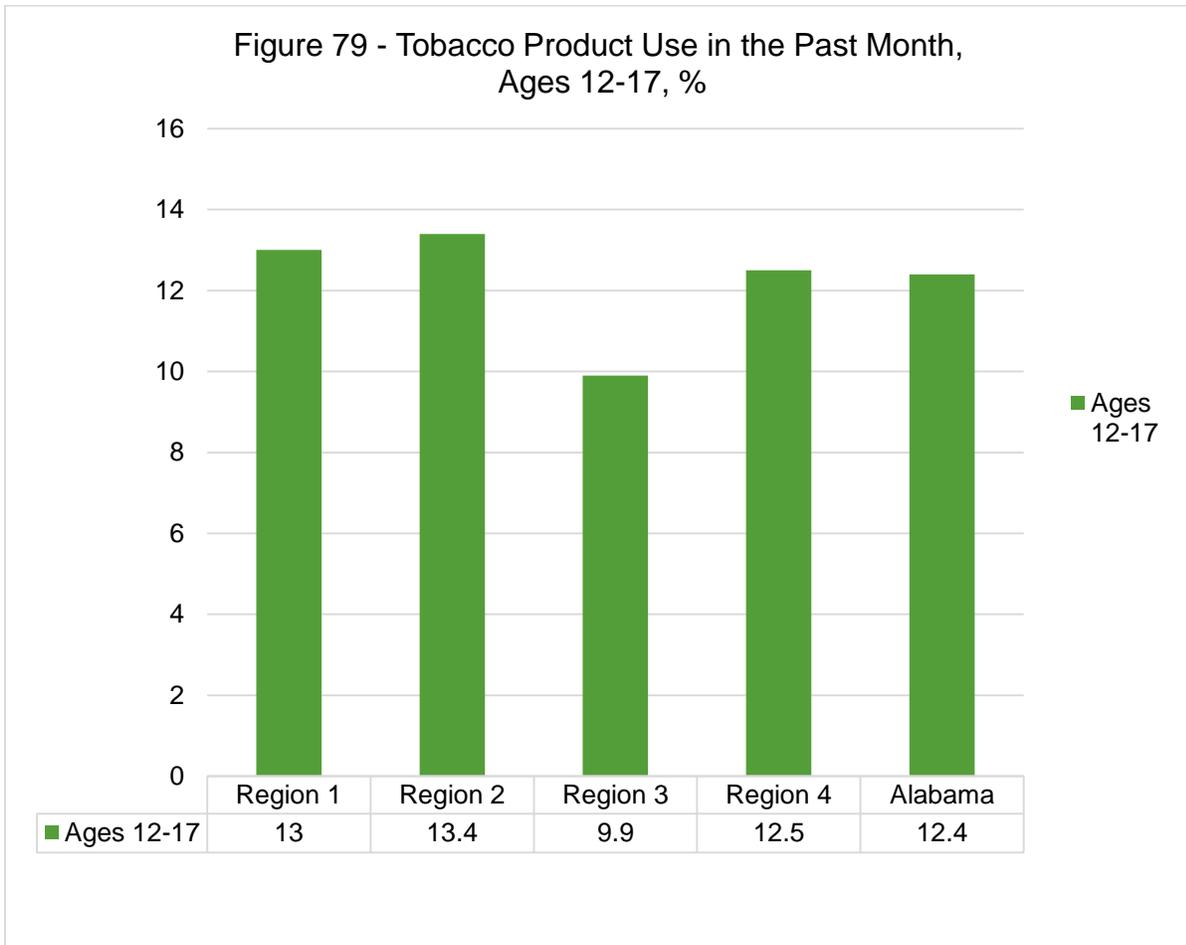
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 1 (35.9%) had the highest percentage of persons age 18 and older who reported tobacco product use in the past month while Region 3 (33.3%) had the lowest percentage.



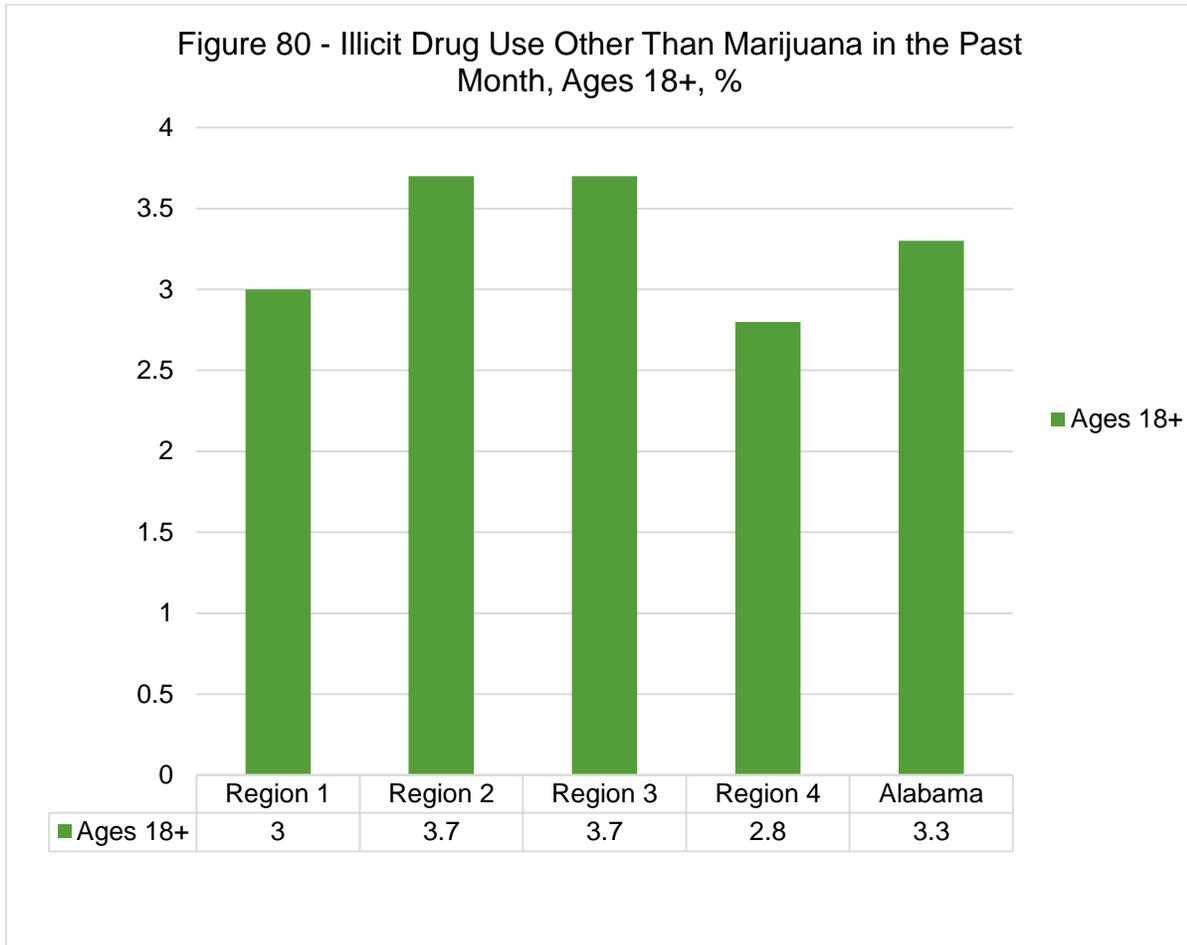
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 2 (13.4%) had the highest percentage of persons age 12 to 17 who reported binge alcohol use in the past month while Region 3 (9.9%) had the lowest percentage.



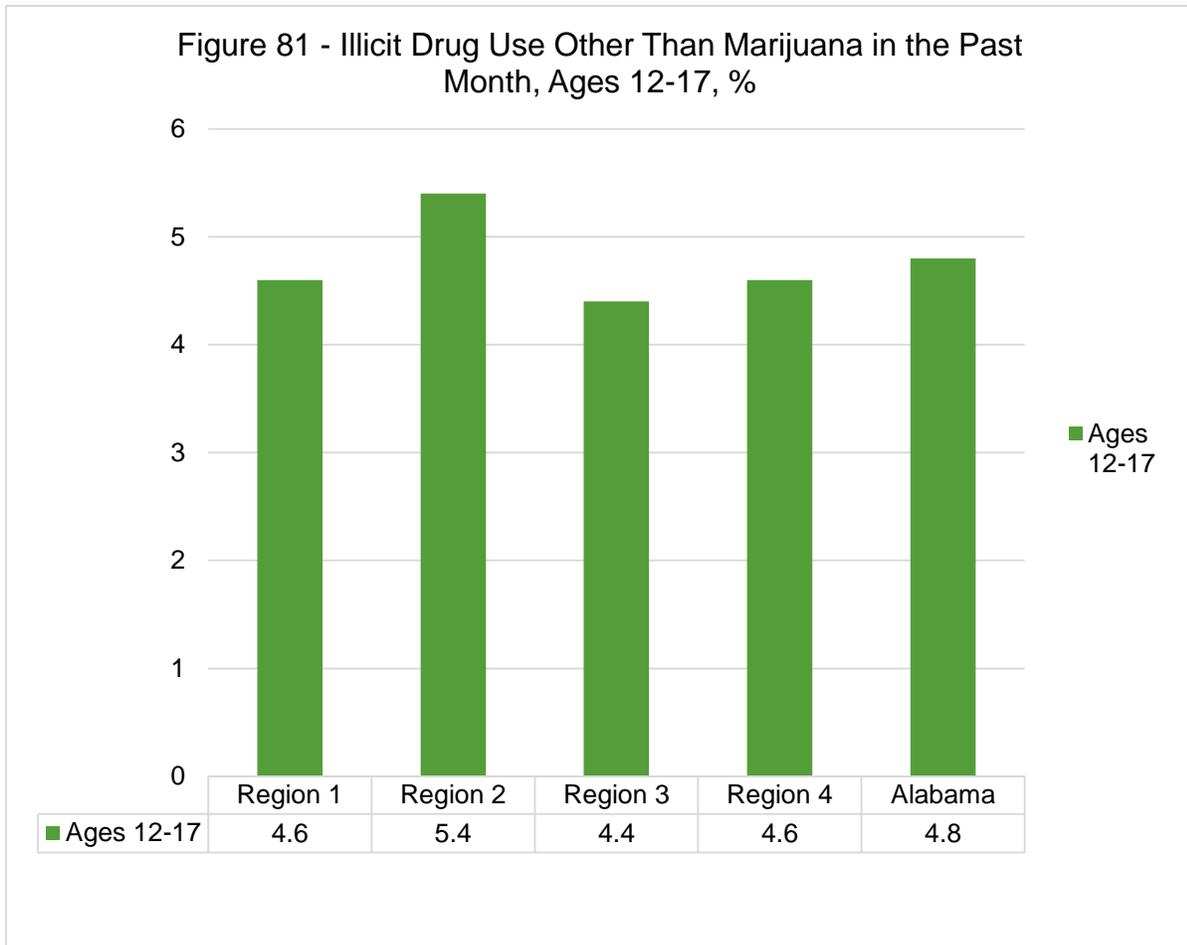
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 2 and 3 (3.7%) had the highest percentage of persons age 18 and older who reported illicit drug use other than marijuana in the past month while Region 4 (2.8%) had the lowest percentage.



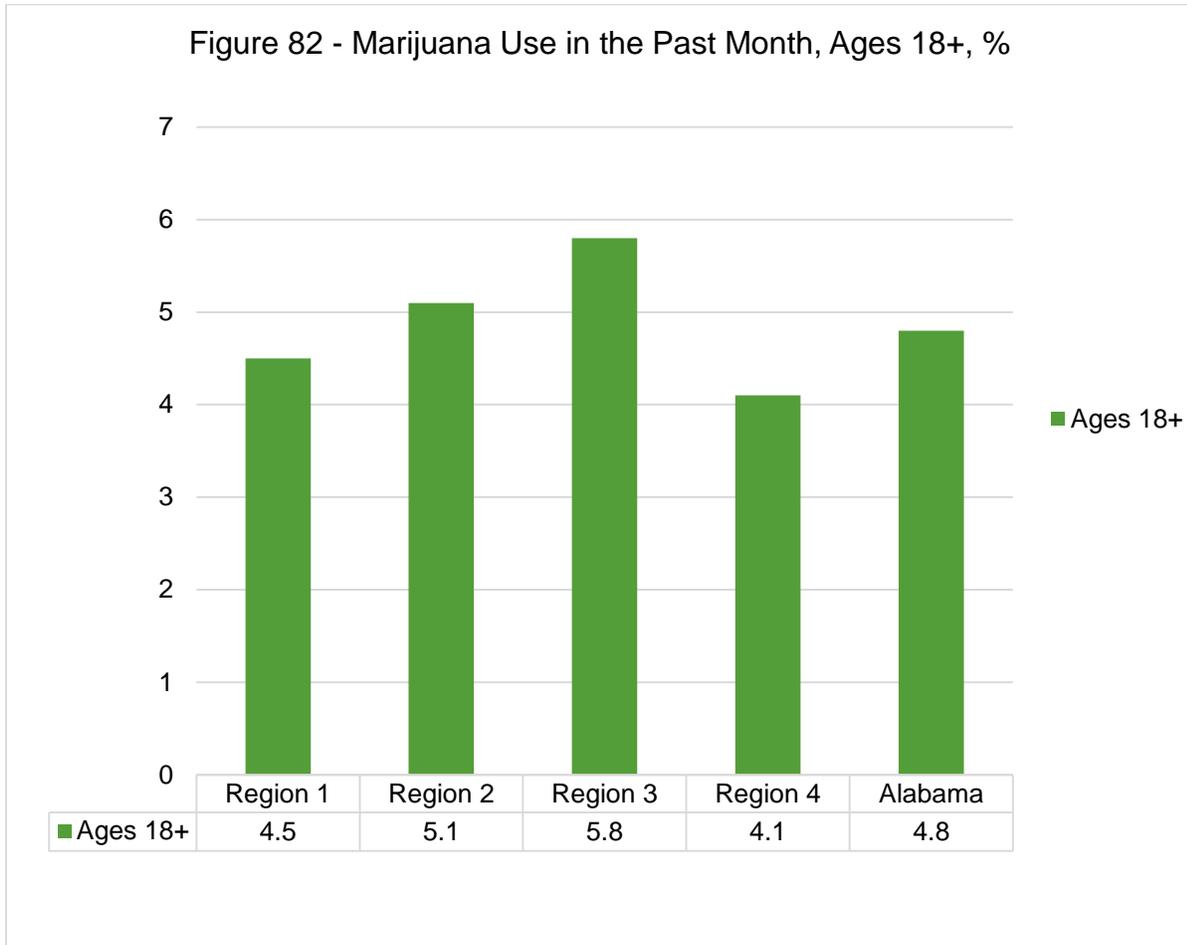
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 2 (5.4%) had the highest percentage of persons age 12 to 17 who reported illicit drug use other than marijuana in the past month while Region 3 (4.4%) had the lowest percentage.



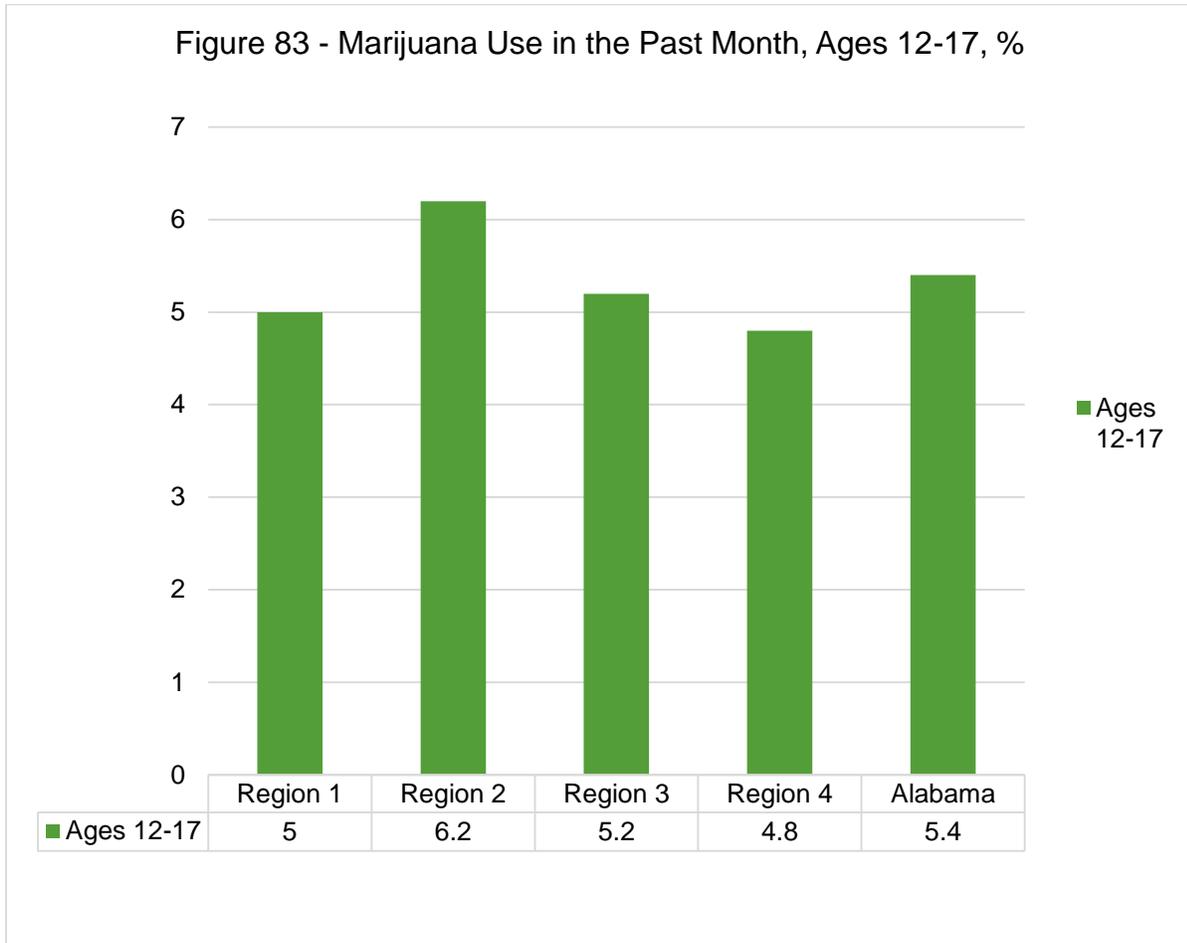
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 3 (5.8%) had the highest percentage of persons age 18 and older who reported marijuana use in the past month while Region 4 (4.1%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

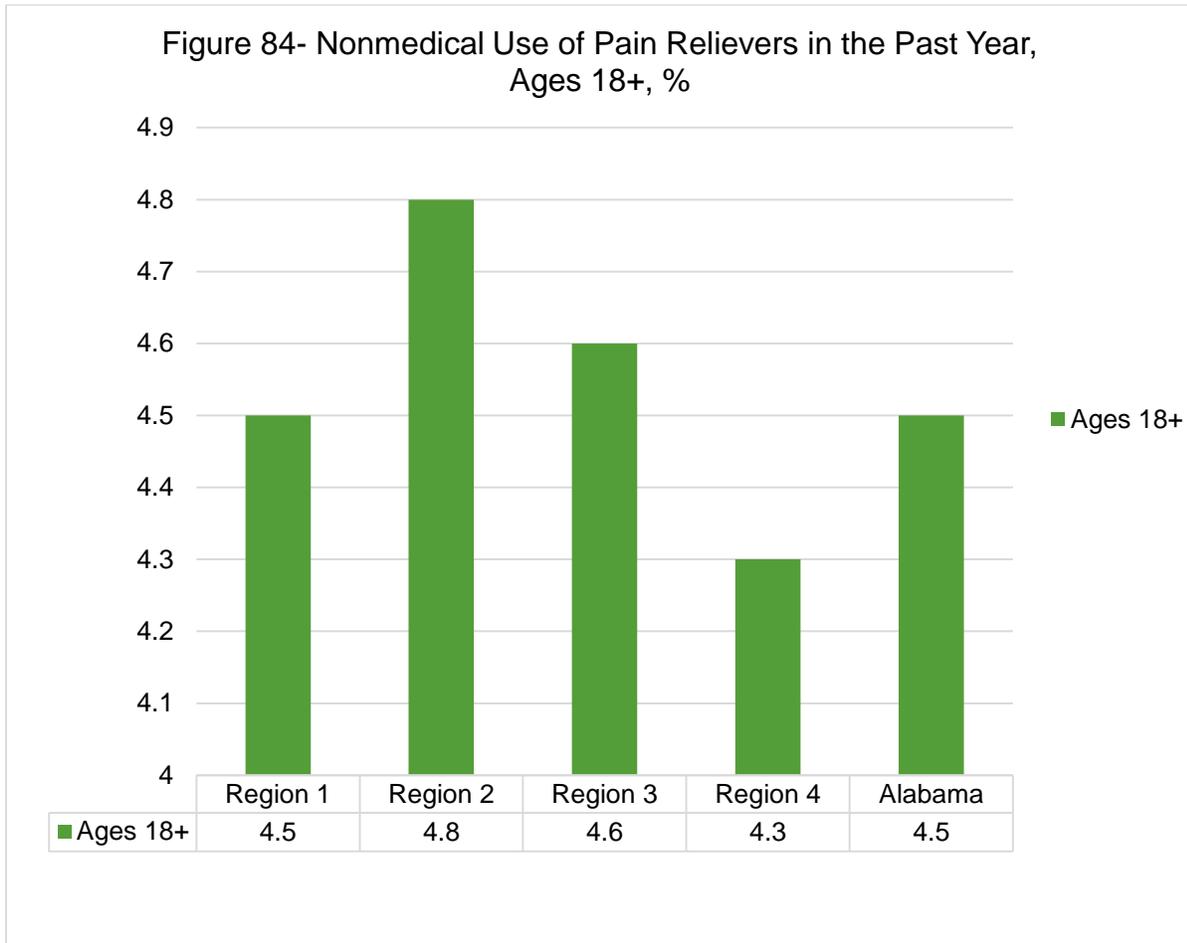
- Region 2 (6.2%) had the highest percentage of persons age 12 to 17 who reported marijuana use in the past month while Region 4 (4.8%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

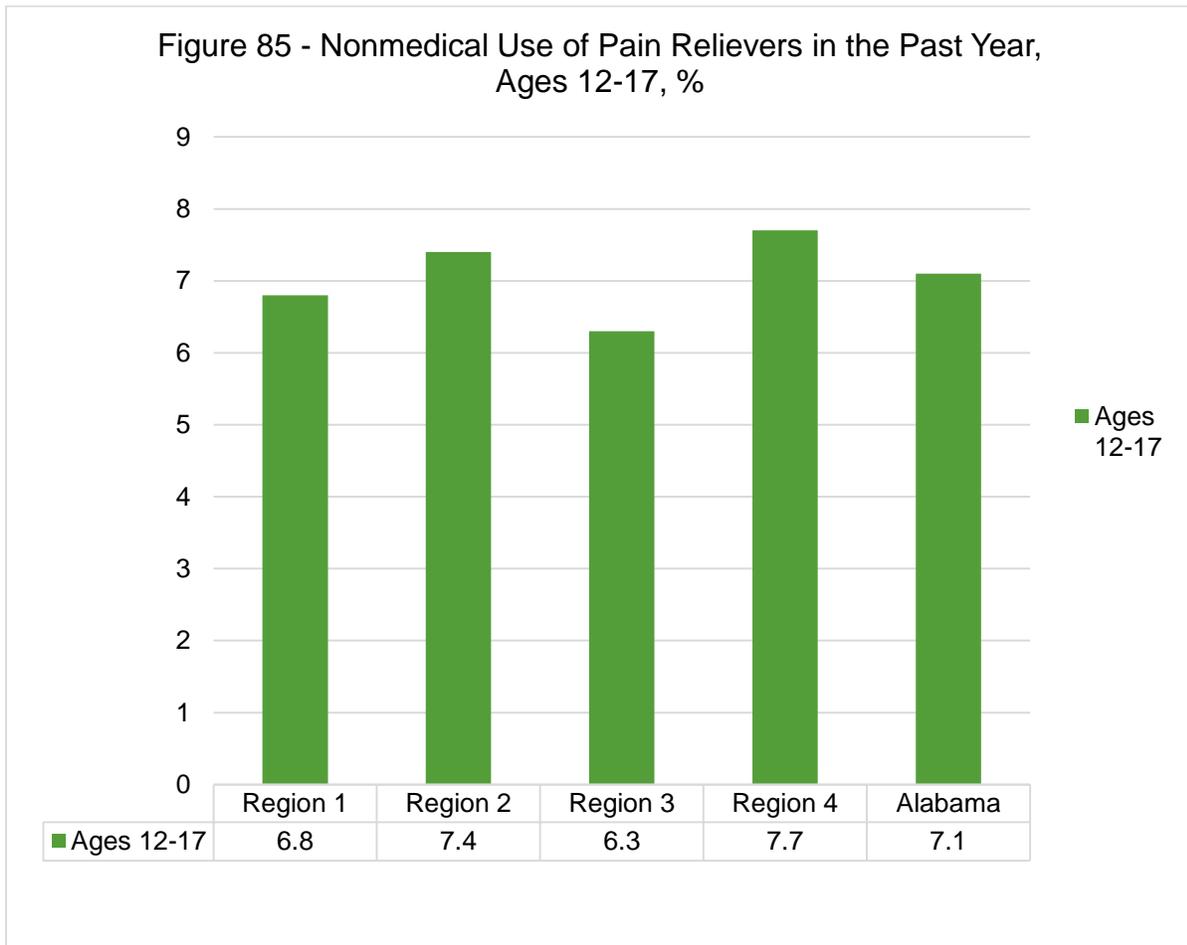
Construct: Past Year

- Region 2 (4.8%) had the highest percentage of persons age 18 and older who reported nonmedical use of pain relievers in the past year while Region 4 (4.3%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 4 (7.7%) had the highest percentage of persons age 12 to 17 who reported nonmedical use of pain relievers in the past year while Region 3 (6.3%) had the lowest percentage.

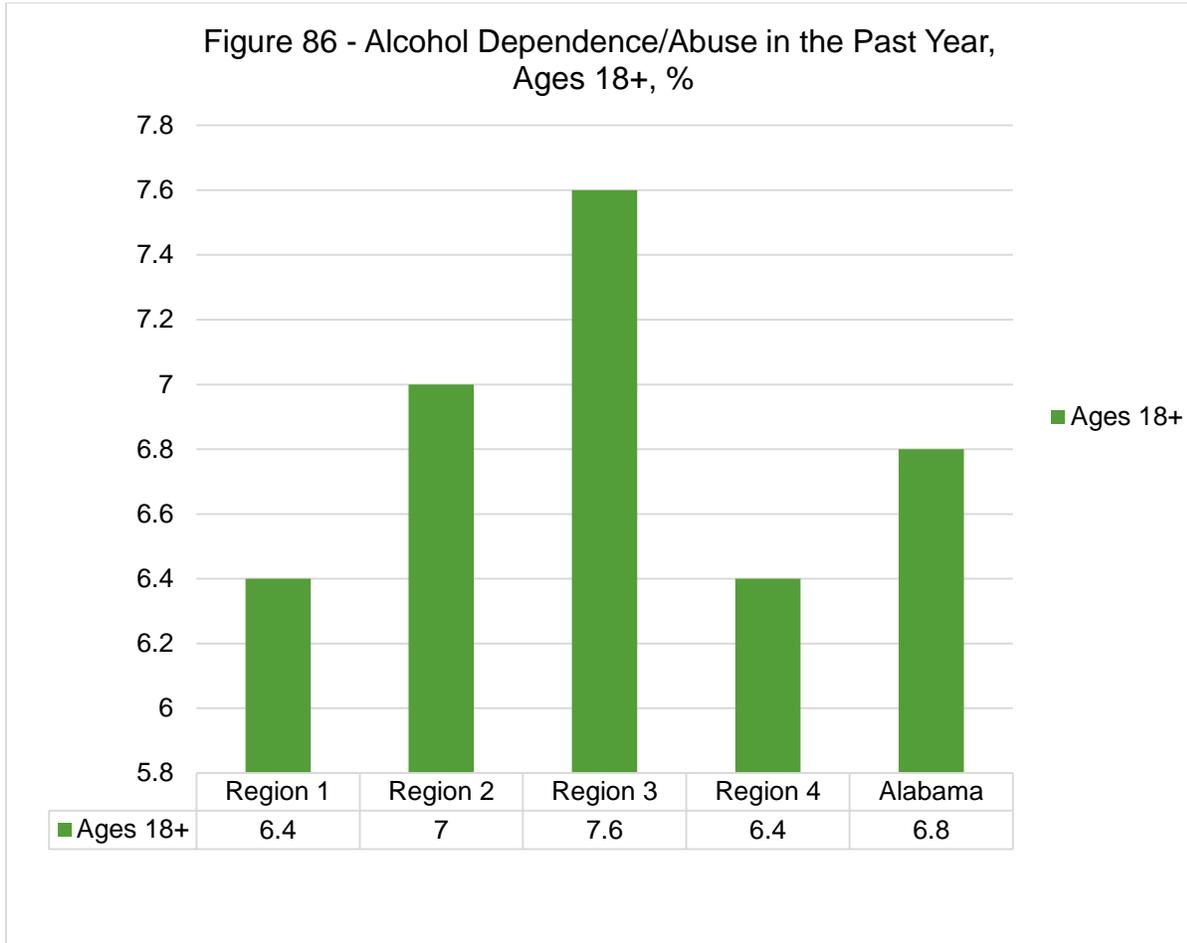


Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

REGIONAL CONSEQUENCES

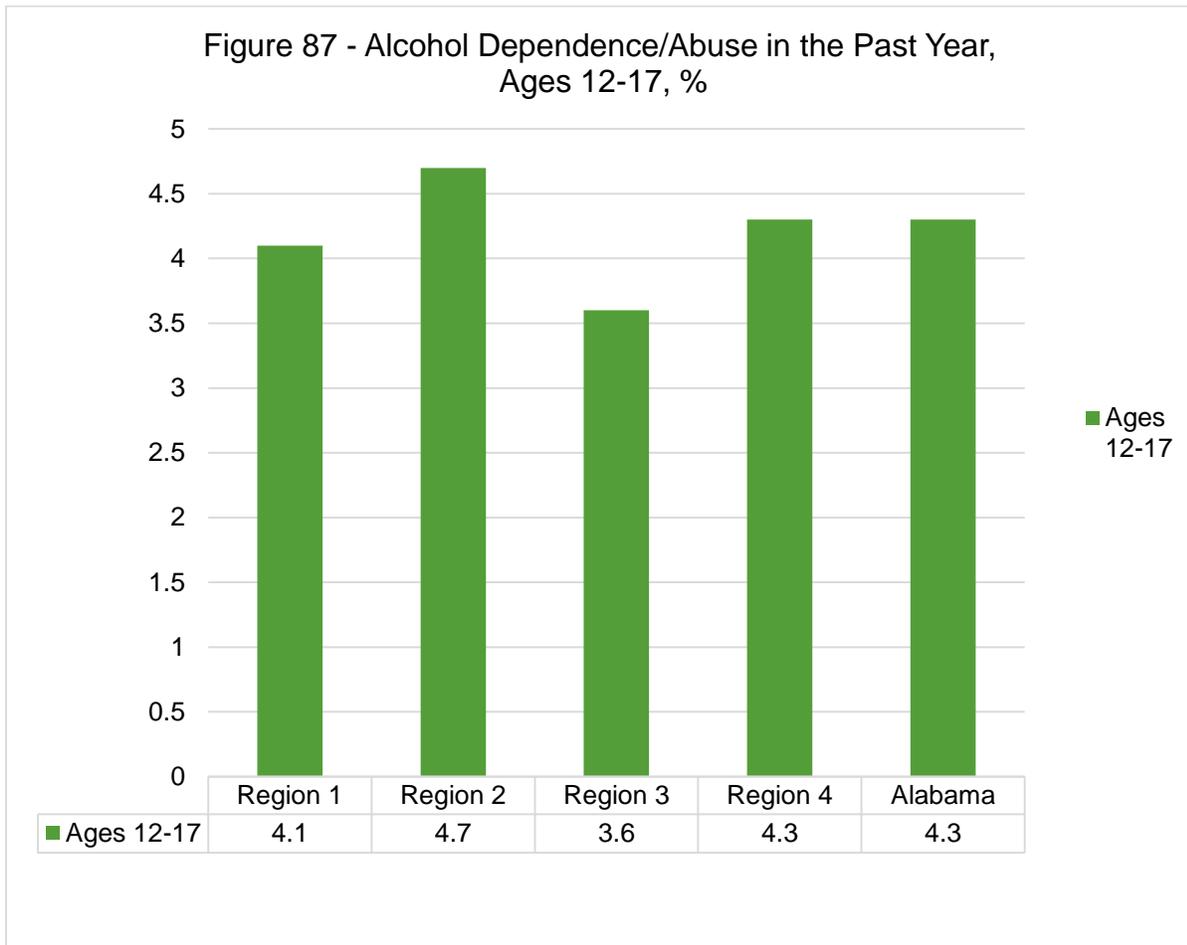
Construct: Dependence/Abuse

- Region 3 (7.6%) had the highest percentage of persons age 18 and older who reported alcohol dependence/abuse in the past year while Region 1 and 4 (6.4%) had the lowest percentage.



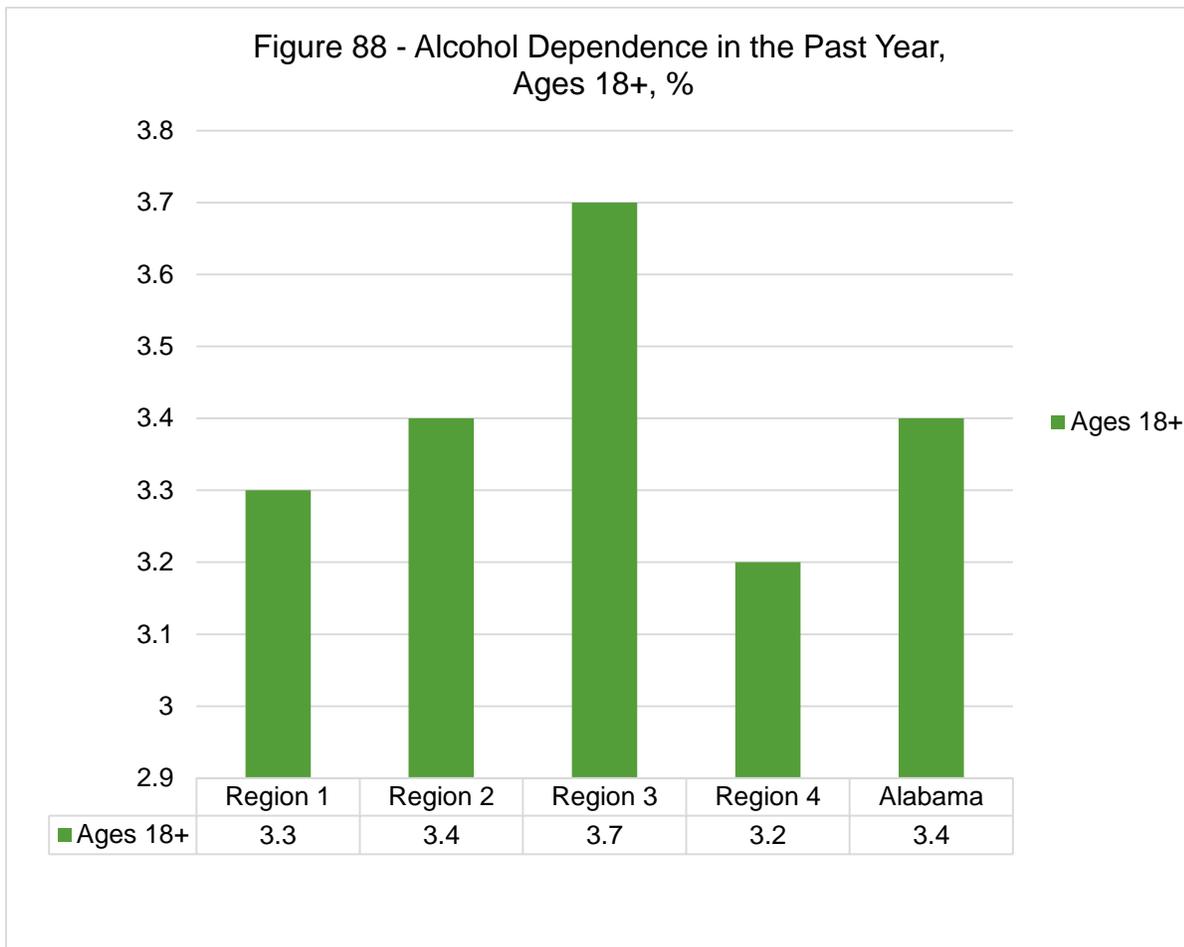
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 2 (4.7%) had the highest percentage of persons age 12 to 17 who reported alcohol dependence/abuse in the past year while Region 3 (3.6%) had the lowest percentage.



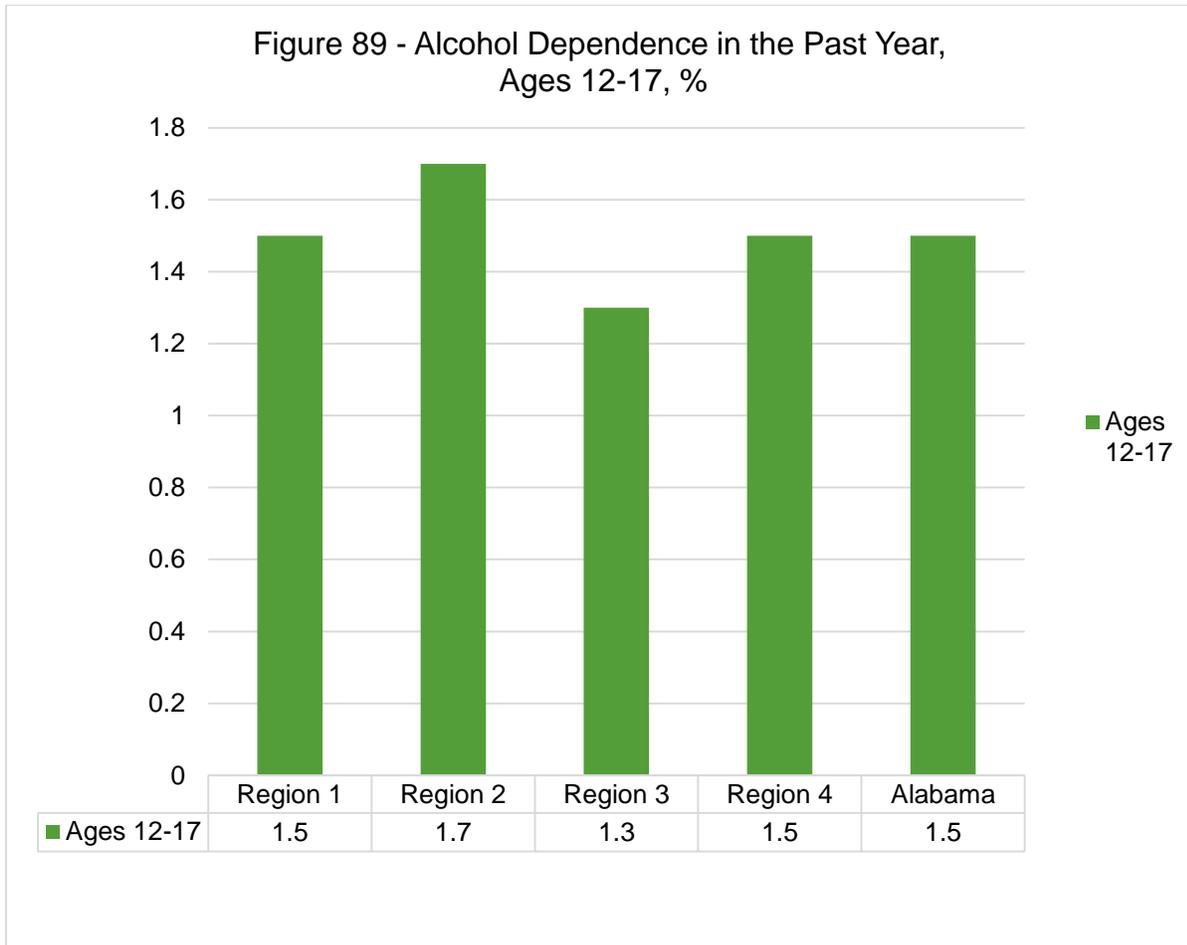
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 3 (3.7%) had the highest percentage of persons age 18 and older who reported alcohol dependence in the past year while Region 4 (3.2%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

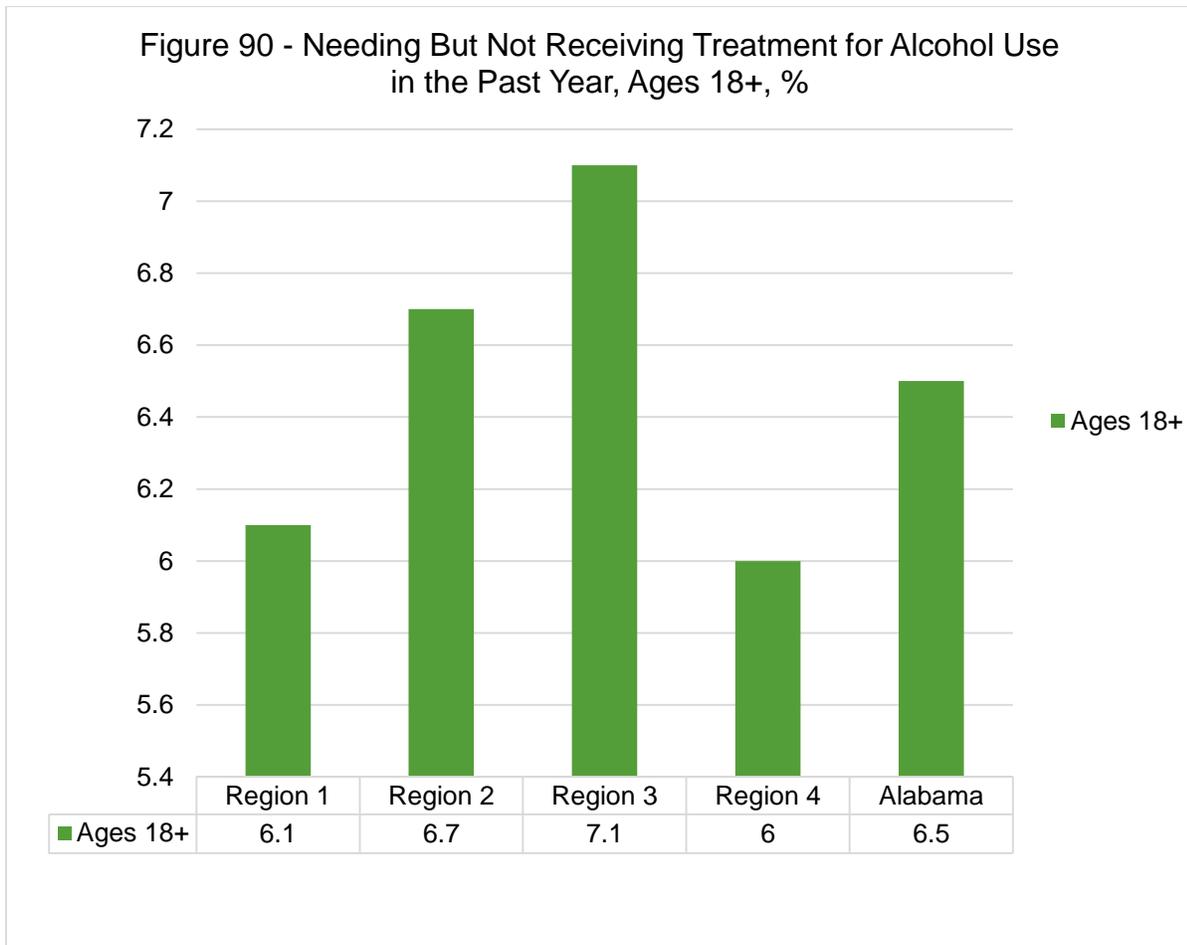
- Region 2 (1.7%) had the highest percentage of persons age 12 to 17 who reported alcohol dependence in the past year while Region 3 (1.3%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

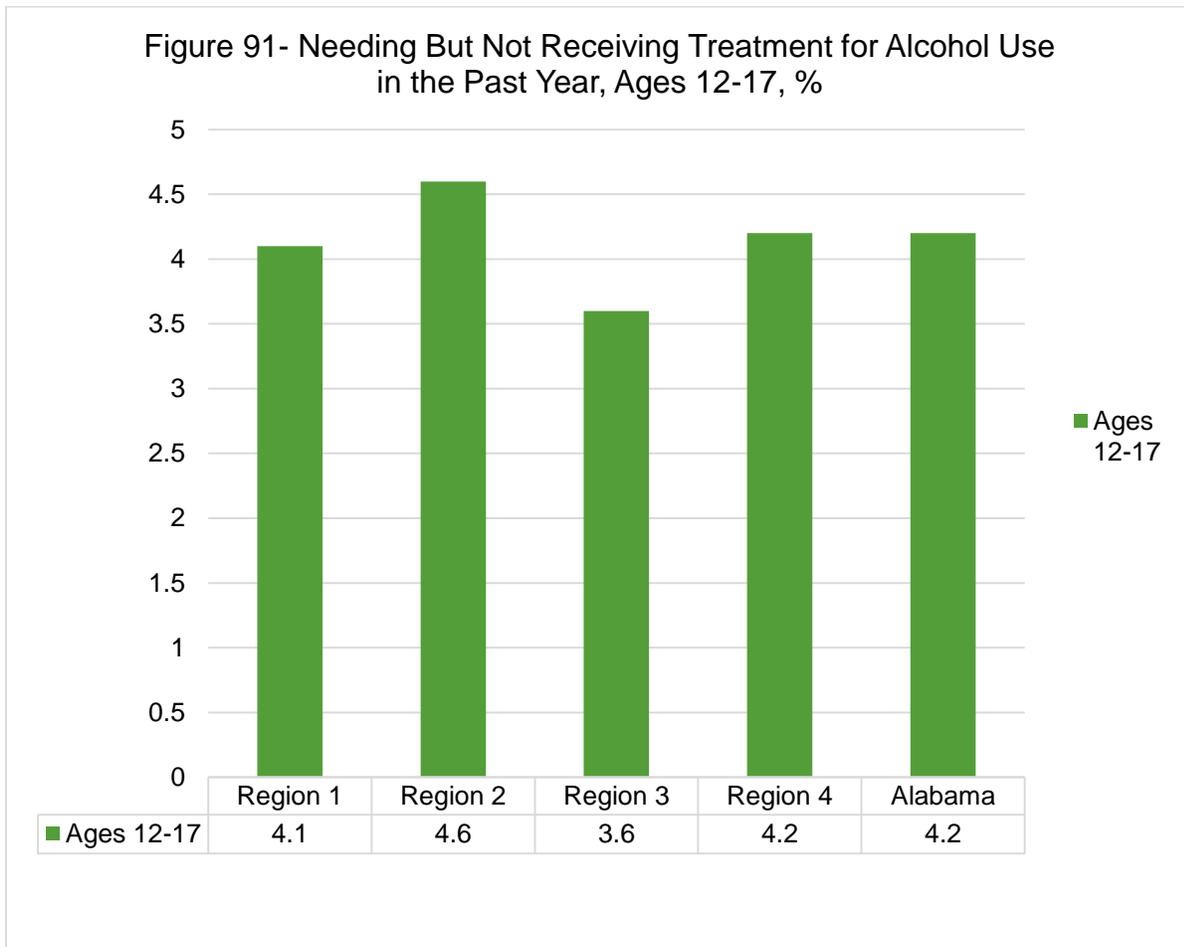
Construct: Treatment Gap

- Region 3 (7.1%) had the highest percentage of persons age 18 and older who reported needing but not receiving treatment for alcohol use in the past year while Region 4 (6%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

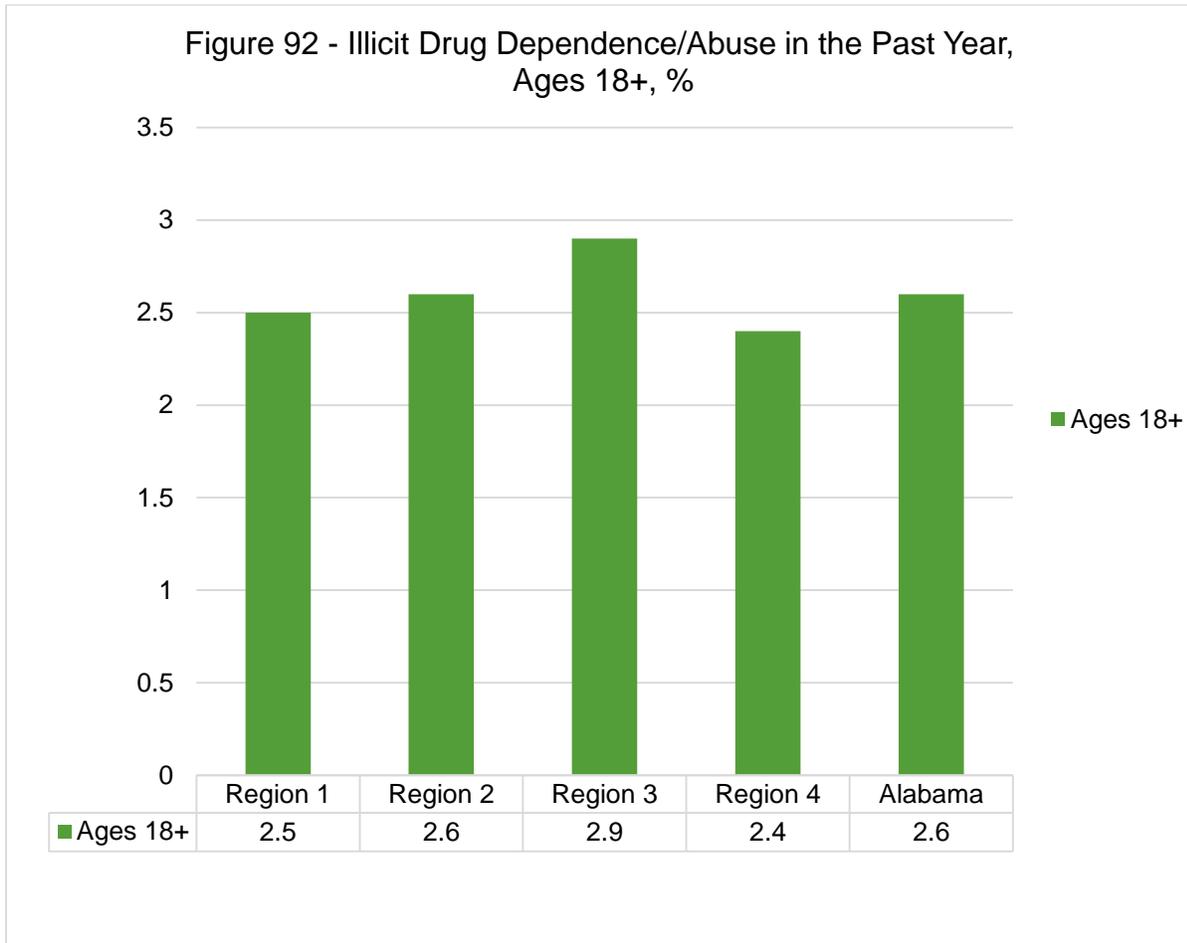
- Region 2 (4.6%) had the highest percentage of persons age 12 to 17 who reported needing but not receiving treatment for alcohol use in the past year while Region 3 (3.6%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

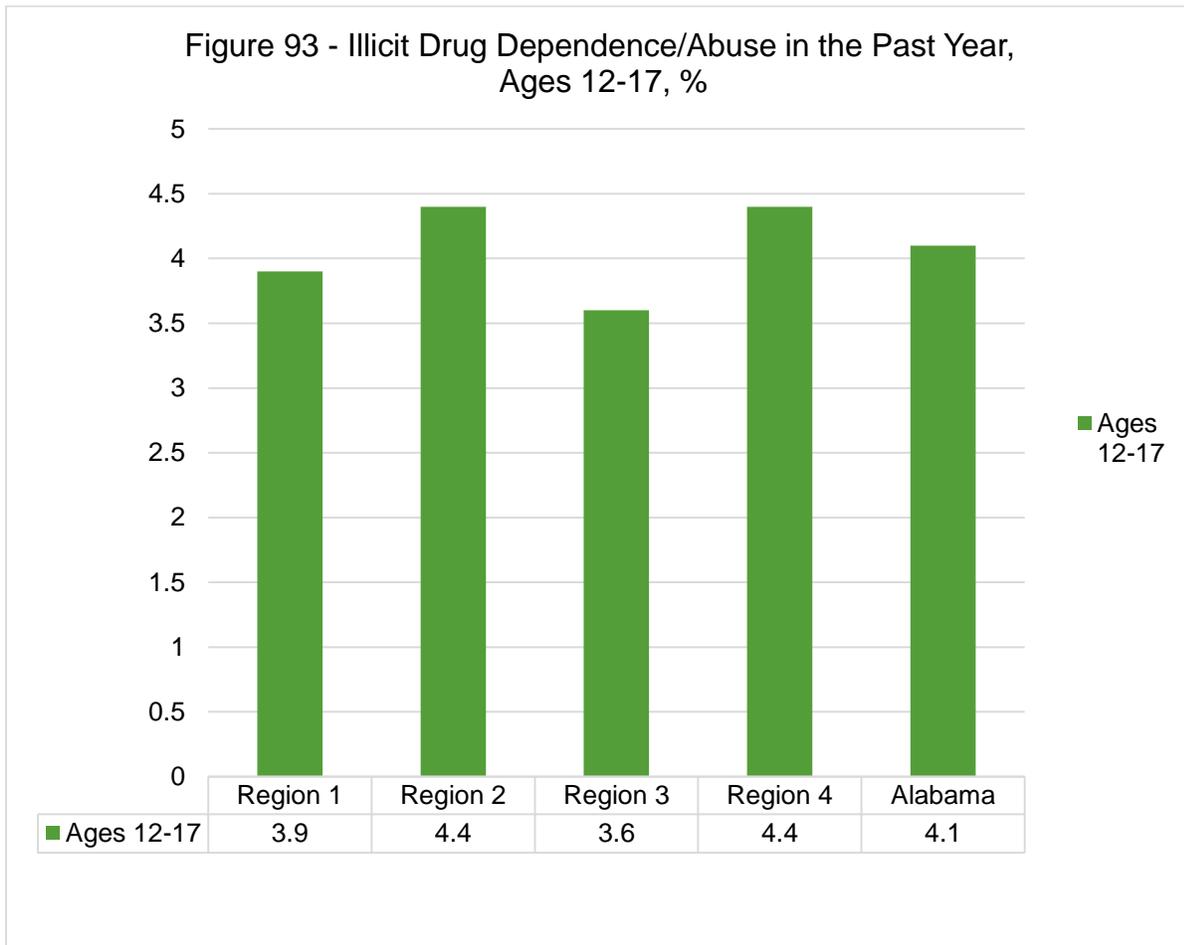
Construct: Dependence /Abuse

- Region 3 (2.9%) had the highest percentage of persons age 18 and older who reported illicit drug dependence/abuse in the past year while Region 4 (2.4%) had the lowest percentage.



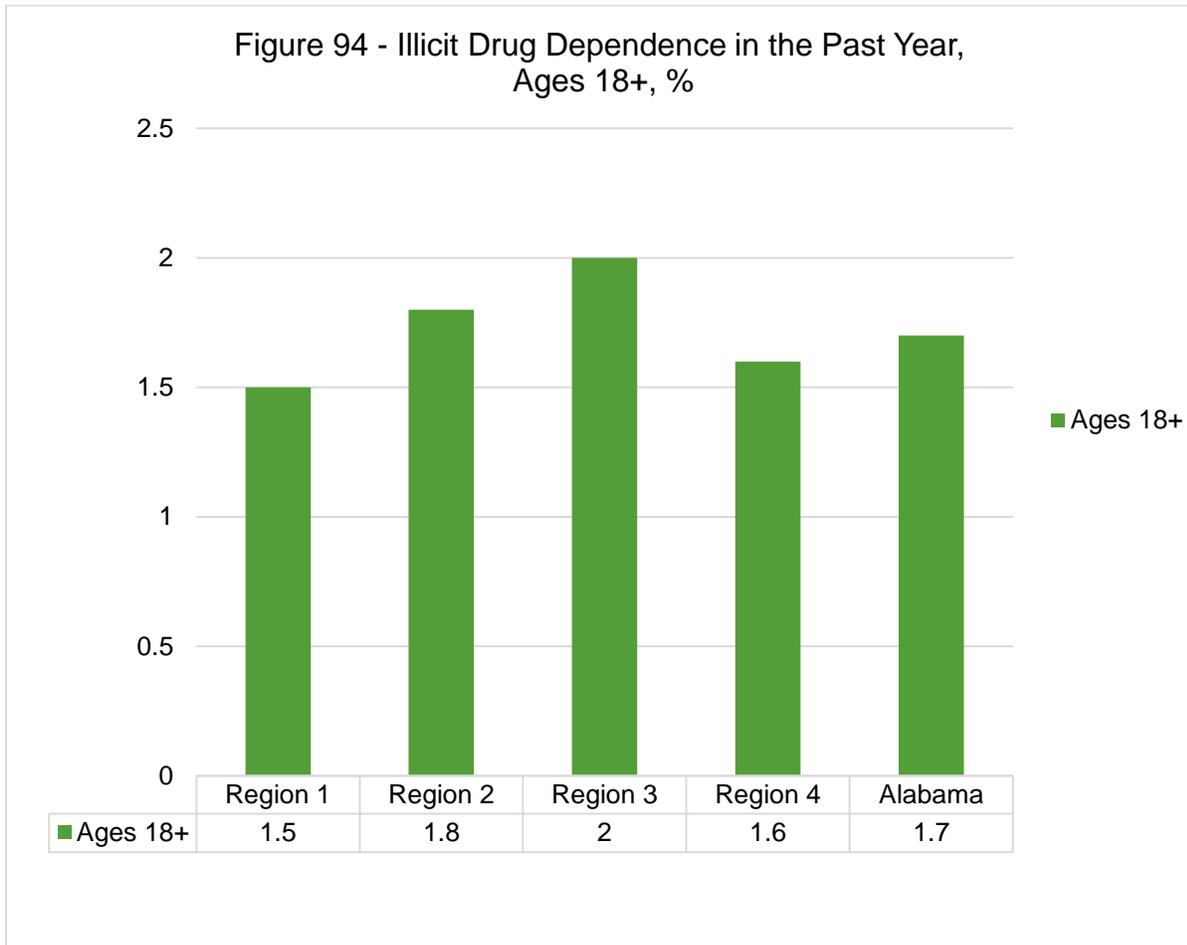
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 2 and 4 (4.4%) had the highest percentage of persons age 12 to 17 who reported illicit drug dependence/abuse in the past year while Region 3 (3.6%) had the lowest percentage.



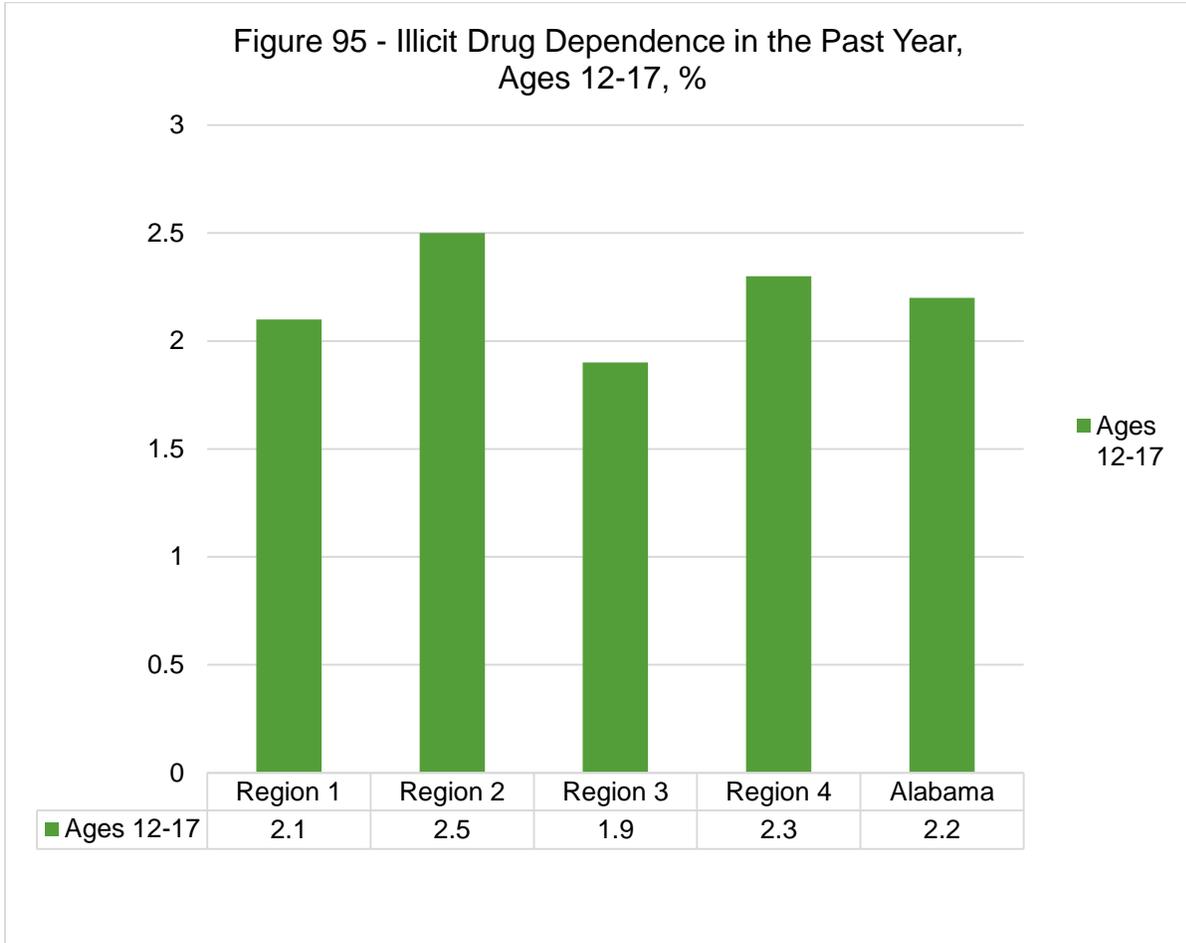
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 3 (2%) had the highest percentage of persons age 18 and older who reported illicit drug dependence in the past year while Region 1 (1.5%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

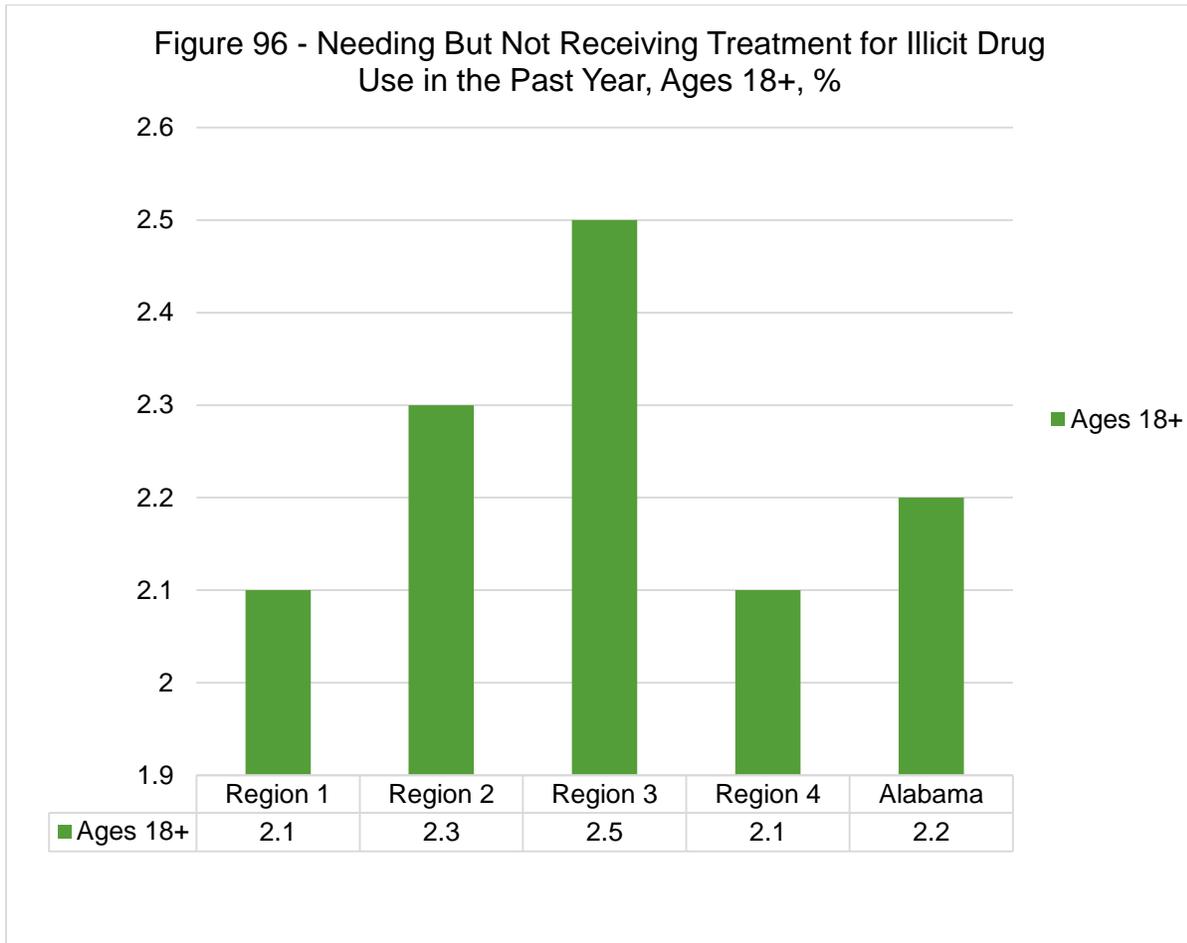
- Region 3 (2.5%) had the highest percentage of persons age 12 to 17 who reported illicit drug dependence in the past year while Region 3 (1.9%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

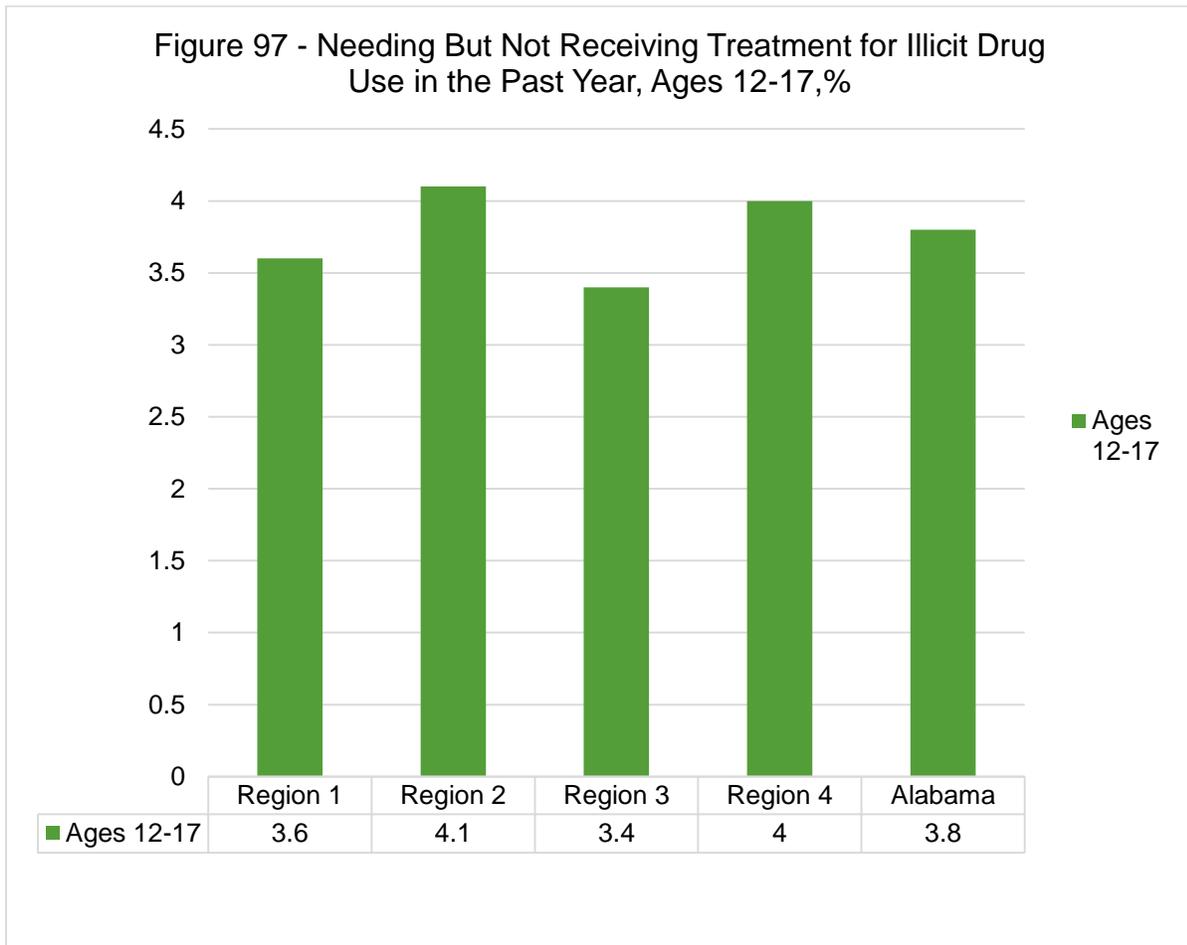
Construct: Treatment Gap

- Region 3 (2.5%) had the highest percentage of persons age 18 and older who reported needing but not receiving treatment for illicit drug use in the past year while Region 1 and 4 (2.1%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

- Region 2 (4.1%) had the highest percentage of persons age 12 to 17 who reported needing but not receiving treatment for illicit drug use in the past year while Region 3 (3.6%) had the lowest percentage.



Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2008-2010.

LIMITATIONS AND DATA GAPS

Many of the indicators included in this profile are reasonable measures of ATOD consumption and consequences for youth and adults in Alabama. Despite efforts directed at ensuring the quality of data collection and analyses, measures are often subject to limitations of availability, bias, and other weaknesses. Almost all data has limitations to a certain degree, but identifying and understanding them are important to guide data analyses and interpretation of findings.

Availability posed as a limitation in this profile could lead to gaps in the data. This profile includes consumption and consequence data for persons 12 years and older; however there is no recent data readily available at the state planning region or county level to assess adults (18 years and older).

Surveys are subject to potential bias due to self-report, non-coverage (households without landlines), and non-response (refusal/no answer). For example, the BRFSS, a telephone survey, misses reaching households that only use a cell phone rather than a landline. Reporting bias, which is subject to occur in the NSDUH, may affect results due to an individual's understanding of a question and their perception of what is occurring amongst their peers. For example, students may overestimate the alcohol usage of their friends or may not perceive the non-medical use of prescription drugs as getting high.

Other limitations are due to some measures (e.g. arrests, homicide, and mortality rate) that 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.

Data gaps were identified during the profiling process primarily in reliable data on the state planning region and county level. Also, the lag time in data being released caused the profile to reflect substance abuse, consumption patterns, and consequences up until the previous two to three years.

While limitations and data gaps exist, it is expected that reasonable measures of ATOD consumption and consequences used was based on reliable data sets which utilized sound methodological principles. For more detailed information on the data sources, see Appendix B.

CONCLUSION

Substance abuse findings in Alabama vary across various demographic and geographic characteristics. Following is a summary of key findings from this epidemiological profile. The key findings will provide a snapshot of substance use in Alabama.

Alcohol Key Findings

Consumption

Current use of alcohol, defined as past 30-days or past month, has increased in Alabama from 2006-2007 (40%) to 2011-2012 (43.2%) in ages 12 and older. In 2011-2012, current alcohol use was most prevalent in age 18 to 25 (52.7%) followed by age 26 and older (45.6%) and ages 12 to 17 (11.4%). Current use of alcohol has increased the most in age group 26 and older from 2006-2007 (41%) to 2011-2012 (45.6%).

In Alabama, 14% of college graduates and 21.5% of adults who are ages 18 to 24 participate in binge drinking (BRFSS, 2012). More men (6.7%) are heavy drinkers compared to women (3.9%)

Among youth 12-20 years old in Alabama, 20.5% reported consuming alcohol during the past month and 13% reported binge drinking (NSDUH, 2011-2012). In 2013, 9.8% 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 (10.0%). During that same year, 26.1% Alabama youth in 9th-12th grades reported riding in a car driven by someone who had been drinking (YRBS).

Consequences

The leading acute causes of alcohol-attributable deaths in Alabama between 2006 and 2010 were motor vehicle accidents, homicide, suicide, and poisoning, not alcohol (ARDI).

Years of potential life lost (YPLL) due to alcohol-related premature mortality among youth may be due to alcohol exposure directly, e.g. riding in a car driven by someone who had been drinking. The leading contributors to YPLL among youth in Alabama between 2006 and 2010 were acute causes, specifically motor-vehicle accidents, homicide, poisoning, not alcohol and suicide (ARDI).

In 2012, the largest percentages of fatal crashes involving alcohol-impaired driving occurred from midnight to 2:59 am followed by 3 am to 5:59 am (FARS). In 2011-2012, the ages 18 to 25 (11.2%) had the highest percentage of needing but not receiving treatment in Alabama.

Risk/Protective Factors

In Alabama, 20.6% of students in 9th-12th grades reported first use of alcohol before age 13 vs 18.6% of U.S. students in 9th-12th grades (YRBS). The percentage of mothers who drank during pregnancy increased from 2006 (5.1%) to 2011 (7%).

Tobacco Key Findings

Consumption

In 2011-2012, the percentage of current tobacco product use among person aged 12 or older in Alabama was more than the US percentage (NSDUH). In 2013, 14.7% of Alabama students in 9th-12th grades reported any use of using smokeless tobacco compared to 8.8% U.S. students in 9th-12th grades (YRBS). In 2012, the percentage of current cigarette smoking among person aged 18 or older in Alabama males (26.4%) was more than the females (21.4%) (BRFSS).

Consequences

In 2011, the rate of cancer deaths were 56.9 per 100,000 Alabama population compared to 46 per 100,000 US population. In Alabama, Black Males (87.9 per 100,000) have the highest rate of age-adjusted cancer deaths followed by White Males (78.4 per 100,000), White Females (42.0 per 100,000), and Black Females (32.6 per 100,000) in 2011. In 2011, the rate of invasive cancer incidence were 71 per 100,000 Alabama population compared to 61 per 100,000 US population.

Risk/Protective Factors

The age at first use of cigarettes has declined in Alabama and the United States since 1995, but still in Alabama (11.6%) the overall percentage of students in 9th-12th grades is higher than in the U.S. (9.3%) (YRBS, 2013). The percentage of mothers who smoked during pregnancy has declined in Alabama from 2006 (22.8%) to 2011 (12.2%) (PRAMS).

Other Drugs Key Findings

Consumption

The percent of Alabama adults who reported using marijuana was relatively stable between 2008 and 2012, with more people in the 18-25 year age group reporting use than the 26 and older age group. The proportion of Alabama adults who reported using marijuana was lower than national estimates within both age groups. The percentage of nonmedical use of pain relievers in past year by among 12-17 year olds has declined in Alabama, but has been

consistently higher than the US from 2006-2007 (US=6.9 vs. Alabama=8.9) to 2011-2012 (US=5.6 vs. AL=7.2) (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 2007 and 2012, with more persons in the 18-25 year age group reporting use than the 26 and older age group. During 2011-2012, the percentage of Alabama adults who reported using illicit drugs other than marijuana was comparable to national estimates within both age groups; however the estimates for Alabama were slightly higher than national estimates (NSDUH). From 2003 to 2013, the percentage of students in 9th-12th grade reporting any use of heroin in their lifetime increased from 2.6% to 5.3% (YRBS). Approximately 9% of boys and 7% of girls reported trying marijuana before age 13, with an increase for females between 2005(4.5%) and 2013 (7.0%) and a decrease for males between 2005 (14.0%) and 2013 (9%) (YRBS).

Consequences

In 2011-2012, 6.2% of adults in Alabama ages 18-25 years were dependent/abused illicit drugs in the past year compared to 1.8% of adults ages 26 years and older. In 2011-2012, 3.1% of youth in Alabama ages 12-17 years were dependent/abused illicit drugs in the past year. (NSDUH).

The rate of drug-induced causes of death increased from 2006 (10.1 per 100,000) to 2011 (12.6 per 100,000). In 2012, the rate of violent crimes in Alabama was 3,502.2 property crimes per 100,000 inhabitants. In the metropolitan statistical area (pop. – 3,650,288) of Alabama, the rate of property crimes (estimated total) was 3,693.3 property crimes per 100,000 inhabitants. In the cities outside Metropolitan Statistical Area (pop. – 530,240) of Alabama, the rate of property crimes (estimated total) was 4,439.7 property crimes per 100,000 inhabitants. In nonmetropolitan counties (pop. – 641,495) of Alabama, the rate of violent crimes (estimated total) was 1,639.9 property crimes per 100,000 inhabitants (UCR).

Risk/Protective Factors

Approximately 9% of boys and 7% of girls reported trying marijuana before age 13, with an increase for females between 2005(4.5%) and 2013 (7.0%) and a decrease for males between 2005 (14.0%) and 2013 (9%) (YRBS). The percentage of students in 9th-12th grade were offered, sold, or given an illegal drug on school property in 2013 is slightly higher in Alabama (25.3%) than the U.S. (22.1%).

Regional Key Findings

Consumption

In 2008-2010, the percentage of current alcohol use ages 12 to 17 (13.0%) and 18 and older (48.6%) plus current binge alcohol use in ages 12-17 was highest in Region 2 in Alabama. Persons age 18 and older reporting current marijuana use in Alabama was highest in Region 3 (5.8%) while Region 2 had the highest percentage for current marijuana use in person age 12 to 17 (6.2%).

Consequences

Similar regions which reported highest percentages in alcohol dependence/abuse also reported highest percentages of illicit drug dependence/abuse. In 2008-2010, the percentage of alcohol dependence/abuse in the past year was highest in Region 3 for persons ages 18 and older (7.6%) while the Region 3 reported the highest percentage for persons ages 18 and older needing but not receiving treatment for alcohol use in the past year (7.1%). In addition, the percentage of alcohol dependence/abuse in the past year was highest in Region 2 for persons ages 12 to 17 (4.7%) while the Region 2 reported the highest percentage for persons ages 12 to 17 needing but not receiving treatment for alcohol use in the past year (4.6%).

The percentage of illicit drug dependence/abuse in the past year was highest in Region 3 for persons ages 18 and older (2.9%) while the Region 3 reported the highest percentage for persons ages 18 and older needing but not receiving treatment for illicit drug use in the past year (2.5%). In addition, the percentage of illicit drug dependence/abuse in the past year was highest in Region 2 and 4 for persons ages 12 to 17 (4.4% for both regions) while the Region 2 reported the highest percentage for persons ages 12 to 17 needing but not receiving treatment for alcohol use in the past year (4.1%) followed by Region 4 (4.0%).

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APPENDICES

Appendix A: Alabama Department of Mental Health State Planning Regions



Appendix B—Data sources Reviewed for the Epidemiological Profile for Alabama.						
Data Source	Availability	Validity	Consistency	Periodic Collection over at least 3-5 Years	Sensitivity	Limitations
National Data Sources Included in the Epi Profile						
Sales Data from the Alcohol Epidemiologic Data System (AEDS)	http://pubs.niaaa.nih.gov/publications/surveillance.htm ;Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/	Total Sales of Ethanol per Year per Capita	A centralized, national repository of alcohol-related data sets. AEDS obtains annual alcoholic beverage sales data from Alabama. Sales data are believed to reflect actual consumption of alcoholic beverages more accurately than production and shipment data from beverage industry sources. Per capita consumption of absolute alcohol has been used historically as an indicator of overall drinking within a state and has been shown to be correlated with many types of alcohol problems.	1990-2010 (Annual)	Able to detect changes (with reservations due to the limitations) associated with substance use over time	Estimates may be inflated due to consumption by non-residents (e.g., tourists and other visitors). Untaxed alcohols (e.g., products that are smuggled or homemade) are not captured in this indicator.
Alcohol Related Disease Impact (ARDI)	http://apps.nccd.cdc.gov/ARDI/HomePage.aspx	Alcohol-Attributable Death, Years of Potential Life Lost, Alcohol-Attributable Fractions	An online application that provides national and state estimates of alcohol-related health impacts, including deaths and years of potential life lost (YPLL). These estimates are calculated for 54 acute and chronic causes using alcohol-attributable	Average for years 2006-2010	Unable to detect changes associated with substance use over time. Provides alcohol risk factor data	Survey subject to potential bias due to self-report, non-coverage (households without landlines), and non-response (refusal/no answer) Subject to underestimation because of potential bias due to self-report, non-response,

			fractions, and are reported by age and sex.			recall and non-coverage (households without landlines). May miss former drinkers due to the use of past 30 day alcohol consumption
Behavioral Risk Factor Surveillance System (BRFSS)	http://www.cdc.gov/brfss/ ; Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/ ; Alabama Dept of Public Health	Binge Drinking, Current Alcohol Use, Drinking & Driving, Current Use of Cigarettes, Current Daily Use of Cigarettes	An annually conducted telephone health survey system, tracking health conditions and risk behaviors in the US. Surveys the adult population (18 years & older)	1995-2012 (Annual)	Able to detect changes associated with substance use over time	Telephone survey subject to potential bias due to self-report, non-coverage (households without landlines), and non-response (refusal/no answer).
Fatality Analysis Reporting System (FARS)	http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.0efe59a360fbaad24ec86e10dbao46ao/ ; Also available at Behavioral Health Indicator System (BHIS) http://204.52186.105/	Alcohol-related Vehicle Death Rate, Fatal Crashes among Alcohol-Involved Drivers, Fatal Crashes that are Alcohol-related	An annual nationwide census maintained by the National Highway Traffic Safety Administration containing data on fatal injuries suffered in motor vehicle traffic crashes.	1990-2012 (Annual)	Able to detect changes associated with substance use over time	The blood alcohol concentration (BAC) values for all drivers involved in fatal crashes were not complete so estimates were calculated for cases missing data.
National Survey on Drug Use and Health (NSDUH)	http://www.oas.samhsa.gov/states.htm ; Also available through SEDS at http://www.epidcc.samhsa.gov/dafault.asp	Alcohol Abuse or Dependence, Binge Drinking, Current Cigarette Smoking, Current Use of Alcohol, Current Use of Illicit Drugs other than Marijuana, Current Use of Marijuana, Drug Abuse or Dependence	A national survey designed to track changes in substance use patterns for US residents 12 years of age and older, asking respondents to report on past month, past year, and lifetime use of substances including alcohol, tobacco, marijuana, cocaine, and other illicit drugs. The survey also asks respondents whether they had received treatment for drug abuse or	2002-2012 (Annual)	Able to detect changes associated with substance use over time	The estimates are subject to bias due to self-report and non-response (refusal/no answer). There is usually a two-year delay between the time data are gathered and the time when data are made available to the public.

			drug dependence during the past year.			
Sales Data for Tobacco Products	http://204.52.186.105/DataSource/DSalesT.aspx?Tcontent=SalesT&menuID=4&ST1=TXT&ST2=TXT&font=	Cigarette Packs Taxed	Report per capita annual sales data of packs of cigarettes for the total population and the adult population (18 years or older) for the 50 States, the District of Columbia, and the United States as a whole.	1990-2007 (Annual)	Able to detect changes associated with substance use over time	Estimates may be inflated due to consumption by non-residents (e.g., tourists and other visitors). Untaxed cigarettes (e.g., products that are smuggled or homemade) are not always captured.
Treatment Episode Data Set (TEDS)	http://www.dasis.samhsa.gov/webt/edsweb/tab_year.choose_year?t_state=AL	Alcohol Abuse, Drug Abuse, Demographic and Substance Abuse Characteristics	A compilation of data on the demographic and substance abuse characteristics of admissions to substance abuse treatment. Designed to provide data on the number and characteristics of persons aged 12 or older admitted to public and private substance abuse treatment programs receiving public funding in all 50 States, the District of Columbia, and Puerto Rico.	1992-2013 (Annual)	Able to detect changes associated with substance use over time	Admissions do not represent individuals; TEDS is unable to follow individual clients through a sequence of treatment episodes. The number and client mix of TEDS admissions does not represent the total national demand for substance abuse treatment, nor the prevalence of substance abuse in the general population. States rely on individual facilities to report in a timely manner submission to SAMHSA. States continually review the quality of their data processing files.

Uniform Crime Reports (UCR)	http://www.fbi.gov/ucr/ucr.htm ;Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/	Drug-related Property Crime rates including burglary, larceny, and motor vehicle theft, Alcohol-related Violent Crime Rates including assaults and robberies	Law enforcement agencies that participate annually in the UCR Program forward crime data through Alabama's UCR Program. Property crimes frequently are committed in order to obtain money to purchase drugs. Drinking on the part of the victim or a perpetrator can increase the risk of assaults and assault-related injuries.	1994-2012 (Annual)	Able to detect changes (with reservations due to the limitations) associated with substance use over time	Reported violent/property crimes are an under report of the total number of actual violent crimes. No perpetrator information is unavailable to determine if they have been drinking or using illicit drugs. Estimates of the percentage of crimes attributable to alcohol/illicit drugs are derived primarily from self-reports of incarcerated perpetrators of the crimes.
United States Cancer Statistics (USCS)	http://apps.nccd.cdc.gov/uscs/	Lung and Bronchus Cancer Death; Lung and Bronchus Incidence Rates	This Web-based report includes the official federal statistics on cancer incidence from registries that have high-quality data and cancer mortality statistics for each year and 2007–2011 combined. It is produced by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI).	1999-2011 (Annual)	Provides tobacco risk factor data	Cancer mortality statistics on this Web site are influenced by the accuracy of information on the death certificate. Each year when <i>United States Cancer Statistics</i> is published, we publish updates to previous years' data. Users of cancer incidence data published by federal agencies should be mindful of the data submission dates for all data used in their analyses.

Youth Risk Behavior Survey (YRBS)	http://www.cdc.gov/yrbss	Binge Drinking, Current Daily Use of Cigarettes, Current Use of Alcohol, Current Use of Cocaine, Current Use of Inhalants, Current Use of Marijuana, Current Use of Cigarettes, Current Use of Smokeless Tobacco, Drinking and Driving, Initiation of Alcohol Use, Initiation of Cigarette Use, Initiation of Marijuana Use	A national school-based survey conducted every two years (odd years) by the Centers for Disease Control and Prevention (CDC) designed to produce a nationally representative sample of students in grades 9 through 12.	1991-2013 (Biennial)	Able to detect changes associated with substance use over time	Students who have dropped out of school are not represented. It is also subject to bias due to self-report, non-coverage (refusal by selected schools to participate), and non-response (refusal/no answer).
Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC Wonder)	http://wonder.cdc.gov/	Mortality	An online database administrated by Centers for Disease Control & Prevention (CDC) for the analysis of public health data. Annual data is made available	1999-2011 (Annual)	Able to detect changes associated with substance use over time	The database is an analysis tool for mortality gathered from the National Center of Health Statistics - NVSS-M
State Data Sources Included in the Epi Profile						
Alabama Criminal Justice Information Center (ACJIC)	http://www.acjic.alabama.gov/ ; http://acjic.state.al.us/crime.cfm	Crime Arrests by Age, Property Crime, Violent Crime, Homicide, Rape, Robbery, Assault, Burglary, Larceny, Motor Vehicle Theft, Arson, Liquour and Drug Abuse Arrests, Drug Sales and Possession Arrests	An annual Alabama crime publication of the ACJIC Statistical Analysis Center (SAC) intended to inform law enforcement officials and private citizens of criminal and law enforcement activity in the state. The statistics presented in this report are compiled from all the crimes are reported from state, county and local law enforcement agencies	1977-2013 (Annual)	Able to detect changes associated with substance use over time (with reservations due to limitations)	Cautioned against drawing conclusions by making direct comparisons between statistics submitted by cities or individual agencies, particularly when the increased reporting from previous years. It is important to note that there are unique conditions that affect each law enforcement jurisdiction, and valid assessments are only possible with careful study

						and analysis of the conditions that affect each law enforcement jurisdiction.
Alabama Department of Public Safety	http://dps.alabama.gov/Home/	Motor Vehicle Crashes	A state of Alabama resource with county availability	2012 (Annual)	Able to detect changes associated with substance use over time	
Gulf Coast High Intensity Drug Area	http://www.arc-associates.net/yahoo_site_admin/assets/docs/2014_Threat_Assessment_Final.35124838.pdf	Drug Trafficking, Marijuana, Methamphetamine, Prescription Drug, Drug Consumption	A survey to detect drugs threats in the gulf coast region	2014 (Annual)		
Pregnancy Risk Assessment Monitoring System (PRAMS)	http://www.adph.org/healthstats/index.asp?ID=1518 ; Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/	Alcohol Use By Pregnant Women, Smoking by Pregnant Women	An annual mail/telephone survey that collects information from new mothers about their behaviors and experiences before, during, and after pregnancy.	1990 to 2010 (Annual)	Able to detect changes associated with substance use over time	Survey subject to potential bias due to self-report, non-coverage (households without landlines), and non-response (refusal/no answer).

Appendix C: Constructs and Indicators		
Constructs	Indicators	Sources
Alcohol Consumption		
Current Use	% of youth in 9th-12th grades reporting use of alcohol in past 30 days	YRBS
	% of persons 12 and older reporting alcohol use in past 30 days	NSDUH
	% of persons age 12-17 reporting alcohol use in past 30 days	NSDUH
	% of persons age 18-25 reporting alcohol use in past 30 days	NSDUH
	% of persons age 26 or older reporting alcohol use in past 30 days	NSDUH
	% of persons age 12-20 reporting alcohol use in past 30 days	NSDUH
Current Binge Drinking	% of persons 12 and older reporting binge drinking in past 30 days	NSDUH
	% of persons age 12-17 reporting binge drinking in past 30 days	NSDUH
	% of persons age 18-25 reporting binge drinking in past 30 days	NSDUH
	% of persons age 26 or older reporting binge drinking in past 30 days	NSDUH
	% of persons age 12-20 reporting binge drinking in past 30 days	NSDUH
	% of youth in 9th-12th grades reporting binge drinking in past 30 days	YRBS
	% of adults (aged 18 or older) reporting binge drinking in past 30 days, by demographics	BRFSS

Appendix C: Constructs and Indicators		
Constructs	Indicators	Sources
Current Heavy Drinking	% of adults (aged 18 and older) reporting heavy drinking in past 30 days	BRFSS
Drinking and driving	% of adults (aged 18 and older) drinking/driving past 30 day use	BRFSS
	% of students in 9th-12th grade who reported driving when they had been drinking alcohol	YRBS
Total ethanol consumption per capita	# of sales of ethanol per 10,000 population	AEDS
Alcohol Consequences		
Alcohol-Related Mortality	Years of potential life lost due to alcohol-related deaths	ARDI
	# of alcohol attributable deaths	ARDI
Motor vehicle crashes	Number of fatal crashes and percentage of Alcohol-Impaired Driving by Time of Day	FARS
	Number of crashes by causal drivers from age 16 to 20	AL Dept. of Public Safety
Crime	# of arrests for alcohol violations	ACJIC
	Rates of Violent Crimes by Type per 100,000 Inhabitants	UCR
	Rates of Violent Crimes by Type per 100,000 Inhabitants, Metropolitan Statistical Area	UCR

Appendix C: Constructs and Indicators		
Constructs	Indicators	Sources
	Rates of Violent Crimes by Type per 100,000 Inhabitants, Cities Outside Metropolitan Statistical Area	UCR
	Rates of Violent Crimes by Type per 100,000 Inhabitants, Nonmetropolitan Counties	UCR
Treatment	% of Substance Abuse Treatment Admissions by Primary Substance of Abuse	TEDS
Treatment Gap	% of persons aged 12 to 17 needing but not receiving treatment for alcohol use	NSDUH
	% of person age 18 to 25 needing but not receiving treatment for alcohol use	NSDUH
	% of person age 26 or older needing but not receiving treatment for alcohol use	NSDUH
	% of persons ages 12 or older needing but not receiving treatment for alcohol use	NSDUH
Abuse or dependence	% of persons aged 12 or older reporting alcohol dependence/abuse	NSDUH
	% of persons aged 12 to 17 reporting alcohol dependence/abuse	NSDUH
	% of persons aged 18 to 25 reporting alcohol dependence/abuse	NSDUH
	% of persons aged 26 or older reporting alcohol dependence/abuse	NSDUH
	% of persons aged 12 or older reporting alcohol dependence/abuse	NSDUH

Appendix C: Constructs and Indicators		
Constructs	Indicators	Sources
	% of persons aged 12 to 17 reporting alcohol dependence	NSDUH
	% of persons aged 18 to 25 reporting alcohol dependence	NSDUH
	% of persons aged 26 or older reporting alcohol dependence	NSDUH
Alcohol Risk/Protective Factors		
Alcohol Use during Pregnancy	% of mothers who reported drinking before and during pregnancy	PRAMS
Age of Initial Use	% of students in 9th-12th grades reporting first use of alcohol before age 13	YRBS
Riding with Drinking Driver	% of students in 9th-12th grade who reported riding in a car driven by someone who had been drinking	YRBS
Tobacco Consumption		
	% of persons aged 12 or older reporting tobacco product use in the past month	NSDUH
Current Use	% of persons aged 12 to 17 reporting tobacco product use in the past month	NSDUH
	% of persons aged 18 to 25 reporting tobacco product use in past month	NSDUH
	% of persons aged 26 or older reporting tobacco product use in the past month	NSDUH

Appendix C: Constructs and Indicators		
Constructs	Indicators	Sources
	% of youth in 9th-12th grades who smoked cigarettes on 1 or more of the past 30 days	YRBS
	% of youth in 9th-12th grades who smoked cigarettes on 20 or more of the past 30 days	YRBS
	% of students in 9th-12th grade reporting any use of smokeless tobacco in the past 30 days	YRBS
	% of adults 18 and older who are current smokers	BRFSS
Total cigarette consumption per capita	# of packs of cigarettes sold at the wholesale level per capita aged 18 and older	Sales Data-Tobacco
Tobacco Consequences		
Tobacco - Related Mortality	Rate of Lung and Bronchus Cancer Deaths per 100,000 Population	NPCR
	Rate of Lung and Bronchus Invasive Cancer Incidence per 100,000 Population	NPCR
Tobacco Risk/Protective Factor		
Tobacco use during pregnancy	% of mothers smoking before and during pregnancy	PRAMS
Age of Initial Use	% of students in 9th-12th grade initiating tobacco use before age 13	YRBS
Other Drug Consumption		
Current Use		NSDUH

Appendix C: Constructs and Indicators		
Constructs	Indicators	Sources
	% of persons aged 12 to 17 reporting illicit drug use (other than marijuana) in past 30 days	
	% of persons aged 18 to 25 reporting illicit drug use (other than marijuana) in past 30 days	NSDUH
	% of persons aged 26 or older reporting illicit drug use (other than marijuana) in past 30 days	NSDUH
	% of persons aged 12 or older reporting illicit drug use (other than marijuana) in past 30 days	NSDUH
	% of persons 12 and older reporting marijuana use in past month	NSDUH
	% of persons 12-17 reporting marijuana use in past month	NSDUH
	% of persons 18-25 reporting marijuana use in past month	NSDUH
	% of persons 26 or older reporting marijuana use in past month	NSDUH
	% of youth in 9th-12th grades reporting any use of marijuana in the past 30 days	YRBS
Past Year	% of persons 12 or older non-medical prescription pain reliever use in past year	NSDUH
	% of persons 12 to 17 non-medical prescription pain reliever use in past year	NSDUH

Appendix C: Constructs and Indicators		
Constructs	Indicators	Sources
	% of persons 18 to 25 non-medical prescription pain reliever use in past year	NSDUH
	% of persons 26 or older non-medical prescription pain reliever use in past year	NSDUH
Lifetime Use	% of students in 9th-12th grade reporting use of any drugs via injection in Their lifetime	YRBS
	% of students in 9th-12th grade reporting any use of heroin in Their lifetime	YRBS
	% of students in 9th-12th grade reporting any use of Inhalants in Their Lifetime	YRBS
	% of students in 9th-12th grade reporting any use of methamphetamine in their lifetime	YRBS
	% of students in 9th-12th grade reporting any use of steroids without a doctor's prescription in their lifetime	YRBS
	% of students in 9 th -12 th grade reporting any use of prescription drugs without a doctor's prescription in their lifetime	YRBS
Other Drug Consequences		
Abuse or dependence	% of persons 12 to 17 reporting illicit drug dependence/abuse	NSDUH
	% of persons 18 to 25 reporting illicit drug dependence/abuse	NSDUH
	% of persons 26 or older reporting illicit drug dependence/abuse	NSDUH
	% of persons 12 and older reporting illicit drug dependence	NSDUH
	% of persons 12 to 17 reporting illicit drug dependence	NSDUH

Appendix C: Constructs and Indicators		
Constructs	Indicators	Sources
	% of persons 18 to 25 reporting illicit drug dependence	NSDUH
	% of persons 26 or older reporting illicit drug dependence	NSDUH
	% of persons 12 and older reporting illicit drug dependence	NSDUH
Drug related mortality	Rate of Drug-Induced Causes of Deaths	CDC Wonder
	# of arrests for drug possession and sale	ACJIC
	Rates of Property Crimes by Type per 100,000 Inhabitants, Metropolitan Statistical Area	UCR
Crime	Rates of Property Crimes by Type per 100,000 Inhabitants, Cities Outside Metropolitan Statistical Area	UCR
	Rates of Property Crimes by Type per 100,000 Inhabitants, Nonmetropolitan Counties	UCR
	Rates of Property Crimes by Type per 100,000 Inhabitants	UCR
	Treatment admissions for cocaine as the primary substance	TEDS
	Treatment admissions for heroin as the primary substance	TEDS
Treatment	% of total admissions reporting marijuana as their primary substance of abuse	TEDS
	% of total admissions reporting amphetamines as their primary substance of abuse	TEDS

Appendix C: Constructs and Indicators		
Constructs	Indicators	Sources
Treatment gap	% of persons aged 12 or older needing but not receiving treatment for illicit drug use	NSDUH
	% of persons youth ages 12-17 needing but not receiving treatment for illicit drug use	NSDUH
	% of persons youth ages 18-25 needing but not receiving treatment for illicit drug use	NSDUH
	% of persons youth ages 26 or older needing but not receiving treatment for illicit drug use	NSDUH
Other Drugs Risk /Protective Factors		
Age of Initial Use	% of students in 9th-12th grades who tried marijuana before age 13	YRBS
School Property	Were offered, sold, or given an illegal drug on school property	YRBS

Appendix D. Alabama Epidemiological Outcomes Workgroup		
Name	Title	Agency
Blanding, Lauren	CSAP Fellow	Department of Mental Health
Brown, Maranda	Director of Prevention	Department of Mental Health
Burks, Henry	Chief Drug Inspector	Alabama Board of Pharmacy
Burleson, Erin	Prevention Consultant	South Regional Information
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Douglass, Charon	Prevention Consultant	North Regional Information
James, Catina	Epidemiologist	Department of Mental Health
Johnson, Beverly	SPF-SIG Coordinator	Department of Mental Health
Toney, Jim	Prevention and Support	Department of Education
Means, Cesily	Outreach Specialist	Governor's Office, Faith-Based &
Nelson, Loretta		Department of Revenue
Oakes, Robert	Assistant Executive Director	Pardons and Parole
Pendergast, Pat	Screening & Placement	Department of Youth Services
Quinn, Michael	Program Coordinator	Department of Rehabilitation
Reese, Sondra	Epidemiologist	Department of Public Health
Shanks, Bill (Resource Provider)	Senior Statistician	Department of Public Safety
Whiteley, Katherine	Evaluator	Growing Potential
Winningham, Janet		Department of Human Resources
Wright, Bennet	Statistician	Sentencing Commission