

State  
Epidemiological  
Outcomes  
Workgroup

Alcohol, Illicit Drug & Tobacco  
Consumption and Consequences  
in Coos County, Oregon  
2000 to 2006

---

## Acknowledgements

---

Preparation of 36 reports on alcohol, illicit drugs and tobacco required nearly 20,000 data points, months of labor and the support, expertise and contribution of many people. While the Department of Human Services, Addictions and Mental Health staff assembled, charted and analyzed the information in this report, the following individuals advised us of the most meaningful data measures, produced the data, shared it with us, and helped us with presentation and data interpretation:

**Roy Gabriel** Chair, RMC Research Corporation  
**Geralyn Brennan** Epidemiologist, DHS, Addictions and Mental Health Division  
**CA Baskerville and Julie Hynes**, Lane County Health and Human Services  
**Tony Biglan and Martin Hankins**, Oregon Research Institute  
**Jeffrey Boch**, Oregon State Police, Uniform Crime Reporting Program  
**Rita Conrad and Jay Grussing**, Oregon Progress Board  
**Dennis Deck**, RMC Research Corporation  
**Eugene Gray**, Oregon State Police, State Medical Examiners  
**Lynda Kamerrer**, Crook County Prevention Services  
**Sandeep Kasat**, Pacific Institute of Research and Evaluation  
**Joe Koziol**, Clackamas County Community Health  
**Larry Langdon**, Multnomah County Mental Health and Addiction Services  
**Gina Nikkel and Jessica vanDiepen**, Association of Oregon Community Mental Health Programs  
**Chris O'Neill**, WorkDrugFree Oregon  
**Gretchen McKenzie**, Oregon Department of Transportation, Transportation Safety Division  
**Mike Ponder**, Oregon Partnership  
**Stephanie Soares-Pump, Gary Smith and Ann Uhler**, Governor's Council on Alcohol & Drug Abuse Programs  
**Matthew Tschabold and Anya Sekino**, Oregon Commission on Children & Families

*Department of Human Services Staff:*

**Rey Agullana, Jon Collins, Caroline Cruz, Karen LaPointe, Jennifer Leseman, Shane Lopez-Johnston, Jeff Ruscoe, Karen Wheeler and Dagan Wright**, Addictions and Mental Health Division  
**Mel Kohn MD, Joyce Grant-Worley, Kirsten Aird, Renee Boyd, Lesa Dixon-Gray, Sarah Ramowski, Stacey Schubert, and Jill Thompson**, Public Health Division  
**Lawrence Piper**, Children Adults and Families Division Prevention Services  
**Becky Trachsel and Wendy Gibson**, Web Design and Publications

---

# Table of Contents

---

Introduction .....	1
Executive summary .....	2
Alcohol measures .....	6
Illicit drug measures .....	25
Tobacco measures .....	38
Appendix A: List of measures by substance .....	48
Appendix B: List of measures by data source .....	49
Appendix C: Bibliography of data sources .....	51
Appendix D: Data endnotes .....	52

---

---

# Alcohol, Illicit Drug & Tobacco Consumption and Consequences in Coos County, Oregon 2000 to 2006

---

---

## **Introduction**

This report for Coos County is one of a series of epidemiological profiles on substance use in Oregon. For the first time, data from eight existing sources has been pulled together to yield a picture of alcohol, illicit drug and tobacco use in Oregon counties. The state's goal in doing these reports, whose cost was financed by a federal grant, is to assist in statewide and community prevention efforts.

The epidemiological profiles are the product of the collaborative efforts of Oregon's State Epidemiological Outcomes Workgroup (SEOW). The SEOW includes representatives who supply or use data regarding alcohol, tobacco or other drugs. Members represent federal, state, county and tribal government; research organizations and universities; Governor-appointed committees; and addictions-related professional organizations.

The purpose of the epidemiological profiles is to summarize the nature and magnitude of alcohol, tobacco and illicit drug use and related consequences in the State and each county. Each profile is written as a stand-alone document. The county profile is a tool for substance abuse prevention planning. It provides information for a core set of measures that can be used to assess patterns of substance use and their impact, identify prevention priorities and track changes over time.

### *How to use this report*

Information in this report is organized into three sections: an executive summary, presentation of the data and appendices. The executive summary highlights key findings of the epidemiological data, but doesn't review every measure found in the profile.

Data are presented on three topics: alcohol, illicit drugs including marijuana, and tobacco. Information is presented measure-by-measure and includes an overview of why the measure is important, how the measure is defined, and a graphical representation of county data compared to state data beginning in 2000.

Measures of the consequences of use are presented first. Consequence measures can include health or social impacts that research has shown have a direct causal relationship to alcohol, tobacco or other drug use. Whenever possible, annual data has been provided beginning with year 2000. In this way graphs depict trends over time.

In some cases, it was necessary to combine multiple years of data to provide a more accurate assessment of the county. This is the case for the mortality measures and data on adult use of alcohol and cigarettes. In general, when annual results could not be presented

---

---

# Alcohol, Illicit Drug & Tobacco Consumption and Consequences in Coos County, Oregon 2000 to 2006

---

---

reliably for all counties, multiple years of data were combined.

In other instances, Coos data were combined with neighboring counties when a larger sample size was needed for reliability. The National Survey on Drug Use and Health combines data from multiple counties to calculate the percentage of abuse and dependence in the region. The regional percentage is used to estimate total cases of abuse or dependence in Coos County. Data for a limited number of Oregon Healthy Teen survey items from 2001, 2002 and 2003 have been combined with Curry County to increase sample size.

The Oregon Healthy Teens survey is Oregon's effort to monitor the health and well being of adolescents. Between Fall 2005 and Spring 2007, two-thirds of Coos County school districts participated with 61 percent of 8th graders and 43 percent of 11th graders surveyed. Continuing regular participation of schools throughout the county will yield reliable data for comparison of trends over time.

The appendices provide a list of the measures examined in this report, a bibliography of the data sources and endnotes that include additional details about the data presented for each measure.

## **Executive summary**

Alcohol, tobacco and illicit drug use impacts families, schools, workplaces and the community. It causes long-term health problems, leads to premature death, contributes to injuries, violence and abuse, and can lead to addiction that erodes an individual's ability to function normally.

Eight of the 10 leading causes of death in Oregon are at least partially caused by the use of alcohol, tobacco, or other drugs. Cancer was the leading cause of death among Oregonians followed by diseases of the heart, cerebrovascular disease, chronic lower respiratory disease, unintended injuries, Alzheimer's disease, diabetes mellitus, suicide, influenza and pneumonia, and alcohol-induced disease. The most common fatal cancer for both sexes is lung cancer, a disease that would be rare in the absence of smoking. Smoking also increases the risk of developing diseases of the heart, cerebrovascular disease and chronic lower respiratory disease. Unintended injuries, suicide and diabetes are leading causes of death associated with alcohol use. Additionally, examples of alcohol-induced disease include deaths due to alcoholism, cirrhosis of the liver, hepatic failure, and hepatitis.

Alcohol and illicit drug use are tied to behavioral crimes, property crimes and crimes against persons. The Oregon Department of Corrections estimates the vast majority of inmates, about 75 percent, have substance abuse problems that range from a moderate

---

---

# Alcohol, Illicit Drug & Tobacco Consumption and Consequences in Coos County, Oregon 2000 to 2006

---

---

problem to severe addiction.

Substance abuse and dependence are diseases that affect Oregonians of all ages. About 9 percent of Oregon youth 12 to 17 years old abuse or are dependent on alcohol or drugs; 22 percent of young adults 18 to 25 and 7 percent of adults 26 or older abuse or are dependent on alcohol or drugs, requiring treatment. More than 40 percent of the children taken into protective custody each year come from families with alcohol or drug abuse.

For the first time we are including data on problem gambling among youth because it is an emerging area of concern. Youth who engage in gambling are more likely to engage in drinking, smoking, drug use and violence. Despite the fact, many adults continue to view it as harmless recreation or even as a healthy alternative activity, and it is rarely incorporated into existing prevention efforts in schools, homes, churches or community programs. More than one of four youth in Coos County report they gambled in the past year. Each county or region in Oregon has state-funded problem gambling services, through their alcohol/drug or mental health departments, available to help increase awareness, conduct outreach and provide free treatment.

## *Alcohol*

Alcohol is the most widely used addictive substance in Oregon. Alcohol use, especially heavy drinking and binge drinking, results in dependence, disease and death and contributes to crimes against persons. Examples of alcohol-induced disease include deaths due to alcoholism, cirrhosis of the liver, hepatic failure, and hepatitis. In addition, unintended injuries, suicide and diabetes are leading causes of death associated with alcohol use. Centers for Disease Control and Prevention research shows about 23 percent of the suicides, and 47 percent of homicides are associated with alcohol use. Even moderate alcohol consumption can lead to negative consequences such as alcohol-related motor vehicle crashes, birth defects and harmful interactions with medications.

Men are more likely to drink (58 percent for men vs. 47 percent for women) and to report binge drinking than women (26 percent for men vs. 14 percent for women). Binge drinking is defined as consumption of five or more drinks within a couple hours for men, and four or more within a couple hours for women. However, the percentage of Coos County men and women who are heavy drinkers is about the same, 6 percent.

Conservative estimates reveal 3,454 people in Coos County abuse or are dependent on alcohol and are in need of treatment. This includes approximately 276 youth 12 to 17 years old, 1,036 young adults 18 to 25, and 2,142 adults 26 or older.

---

## Alcohol, Illicit Drug & Tobacco Consumption and Consequences in Coos County, Oregon 2000 to 2006

---

Youth begin drinking at very young ages. Coos County youth are about twice as likely to start drinking before 13 years of age than to start smoking cigarettes (25 percent for alcohol use vs. 13 percent for cigarette use). In 2006, 35 percent of 8th graders reported drinking alcohol on one or more occasions in the past 30 days and 17 percent reported binge drinking. Among 11th graders, 43 percent reported drinking, 26 percent reported binge drinking and 6 percent reported driving after they had been drinking.

Three factors known to influence the likelihood of underage alcohol use are: accessibility to alcohol, perceived risk of harm and parents' disapproval of drinking. In Coos County, 8th and 11th graders are more likely to report easy accessibility, lower risk of harm and less parent disapproval for alcohol than for cigarette use. Despite the fact that sales of alcohol to minors are illegal, 59 percent of 8th grade and 84 percent of 11th grade youth in Coos County said it is "sort of easy" or "very easy" to get beer, wine or hard liquor.

### *Illicit drugs*

Illicit drug use contributes both directly and indirectly to negative health and social outcomes including disease, death and crime. But limited data is available about adult use of illicit drugs and the data collection mechanisms needed to assess the impact of drug use on health are limited.

Drug-related property crimes are usually committed to obtain money to purchase drugs. The Centers for Disease Control and Prevention estimate drug attribution rates for property crime range from approximately 7 percent for motor vehicle theft to 30 percent for burglary and larceny. The rate of property crimes in Coos County increased 10 percent since 2000. More than 2,960 property crimes were committed in 2005. This includes crimes such as larceny, motor vehicle theft, arson, burglary, fraud and stolen property.

Oregon youth and young adults have much higher rates of abuse or dependence on illicit drugs than adults 26 or older. In Coos County, approximately 1,548 persons 12 or older abuse or are dependent on illicit drugs. This includes approximately 278 youth 12 to 17 years old, 573 young adults 18 to 25, and 697 adults 26 or older.

Marijuana smoke contains 50 to 70 percent more carcinogenic hydrocarbons than does tobacco smoke. Smoking marijuana can lead to acute chest illness including increased risk of lung infections and obstructed airways. In 2006, rates of marijuana use by Coos County youth were 11 percent for 8th graders and 21 percent for 11th graders. Despite the fact that smoking marijuana regularly has many of the same respiratory problems as tobacco smoke, fewer 11th grade youth perceive risk of harm from smoking marijuana than smoking cigarettes (69 percent said moderate or great risk from smoking marijuana vs. 86 percent

---

---

## Alcohol, Illicit Drug & Tobacco Consumption and Consequences in Coos County, Oregon 2000 to 2006

---

---

who said moderate or great risk from smoking cigarettes).

Following marijuana, the most commonly used illicit drugs were inhalants and prescription drugs for 8th graders (6 percent) and prescription drugs for 11th graders (7 percent).

### *Tobacco*

Smoking is the leading cause of preventable death in Oregon despite the dramatic decline in per capita cigarette consumption over the past 10 years. Tobacco use has negative impacts on people at all stages of life. Smoking harms nearly every organ of the body, causing many diseases and reducing the general health of smokers. The list of diseases caused by smoking is extensive including many cancers, chronic lung diseases, coronary heart and cardiovascular diseases. Coos County averages more than 220 tobacco-related deaths each year.

About one of every four adults in Coos County smokes cigarettes. In general, males are more likely to use tobacco products and this results in higher tobacco-linked death rates for men.

Research has shown that women who smoke during pregnancy increase the risk of spontaneous abortion, stillbirth, low birth weight, premature birth, asthma and Sudden Infant Death Syndrome (SIDS). In 2005, 23 percent of Coos County women who gave birth to a live infant reported using tobacco during pregnancy. Oregon has a state goal of reducing smoking among pregnant women to less than 2 percent by 2010.

Youth smoking negatively affects students' academic performance and their physical and mental health. One in three youth who smoke will die prematurely of tobacco-related causes. In Coos County, the percentage of 11th graders who began smoking before the age of 13 decreased 30 percent since 2001. However, 13 percent of 8th graders and 19 percent of 11th graders continue to smoke.

A comprehensive state tobacco program reduces tobacco use. These programs, with community and school programs and policies, counter-marketing campaigns, and cessation programs for current smokers have proven effective time and again. These program activities recommended by the Centers for Disease Control and Prevention use evidence-based strategies to reduce and prevent tobacco use.





# Alcohol

List of measures	Page
Alcohol-related motor vehicle death rate	7
Rate of death from alcohol-induced disease	8
Suicide death rate	9
Attempted suicide by youth	10
Alcohol abuse or dependence	11
Crimes against persons	12
Current alcohol use by adults	13
Current binge drinking by adults	14
Current heavy use of alcohol by adults	15
Alcohol use during pregnancy	16
Current alcohol use by youth	17
Current binge drinking by youth	18
Drinking and driving among youth	19
Gambling by youth	20
Early initiation of alcohol use	21
Availability of alcohol	22
Perceived risk of harm from alcohol use	23
Perception of parent disapproval of alcohol use	24

---

---

# Alcohol Mortality data

---

**Measure** Alcohol-related motor vehicle death rate

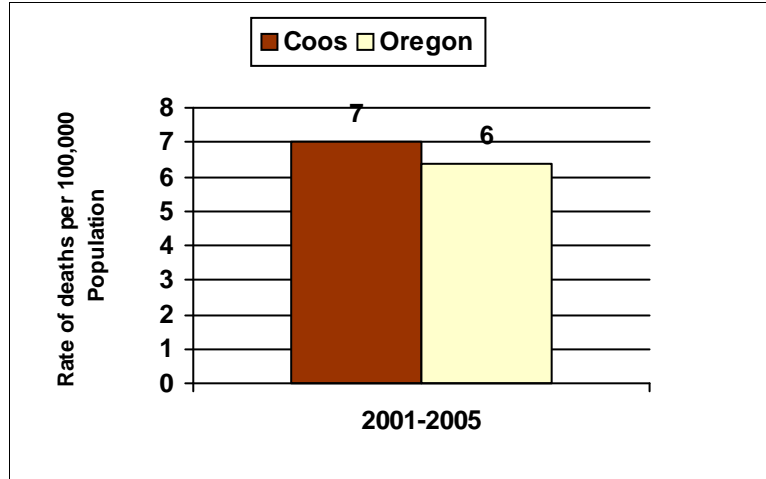
**Why this measure is important** *Motor vehicle crashes pose the greatest risk of fatal injuries to Oregon residents. About one-third of all motor vehicle fatalities are alcohol-related.*

**Measure Description** Rate of vehicle deaths per 100,000 in which at least one driver, pedestrian, or cyclist had been drinking alcohol (Blood Alcohol Concentration >0.00)

---

## Rate of Alcohol-related Motor-vehicle Deaths per 100,000 Population

2001-2005



Data Source: Fatality Analysis Reporting System

---

### Annual estimates based on data from:

2001-2005

Location	Average Number of Deaths
Coos	4
Oregon	227

---

---

# Alcohol

# Mortality data

---

## Measure

Rate of death from alcohol-induced disease

### *Why this measure is important*

*Alcohol is a known carcinogen. A causal link has been established between drinking alcohol and cancers of the mouth, pharynx, esophagus, colon, rectum, liver, larynx and breast. Alcohol consumption is a leading cause of chronic liver disease. It is toxic to many organ systems including the heart, stomach, pancreas and nervous system.*

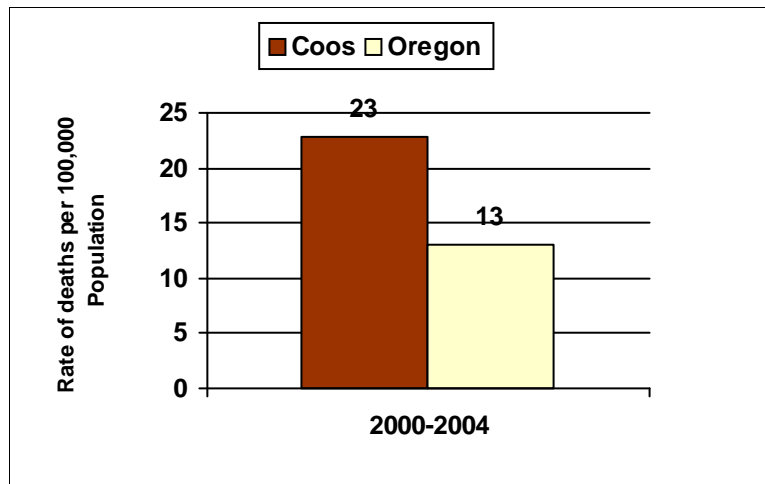
## Measure Description

Rate of alcohol-induced deaths per 100,000 population (includes: alcohol-induced disorders such as degeneration of the nervous system, cardiomyopathy, gastritis, liver disease, chronic pancreatitis)

---

### Rate of Death From Alcohol-induced Disease per 100,000 Population

2000-2004



Data Source: Oregon Vital Statistics Annual Report, Volume 2

---

### Annual estimates based on data from:

2000-2004

Location	Average Number of Deaths
Coos	14
Oregon	457

---

---

# Alcohol Mortality data

---

**Measure** Suicide death rate

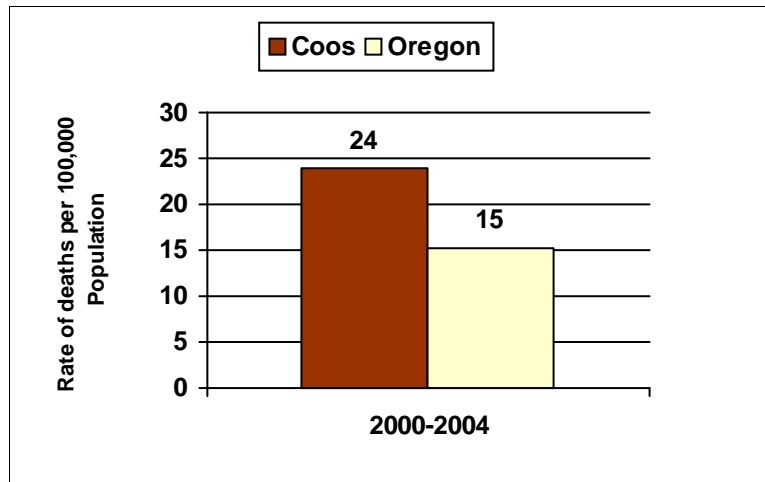
**Why this measure is important** *The association between alcohol use and suicide has been well documented. Suicidal individuals have high rates of alcohol use and abuse and alcohol abusers have high rates of suicidal behavior. It is estimated that 23 percent of suicides in Oregon are attributable to alcohol.*

**Measure Description** Rate of deaths from suicide per 100,000 population

---

## Rate of Suicide Deaths per 100,000 Population

2000-2004



Data Source: Oregon Vital Statistics Annual Report, Volume 2

---

## Annual estimates based on data from:

2000-2004

Location	Average Number of Deaths
Coos	15
Oregon	537

---

---

# Alcohol

# Youth data

---

## Measure

Attempted suicide by youth

### Why this measure is important

*The association between alcohol use and suicide has been well documented. Suicidal individuals have high rates of alcohol use and abuse and alcohol abusers have high rates of suicidal behavior. Oregon youth who binge drink are more likely to report attempting suicide than youth who do not.*

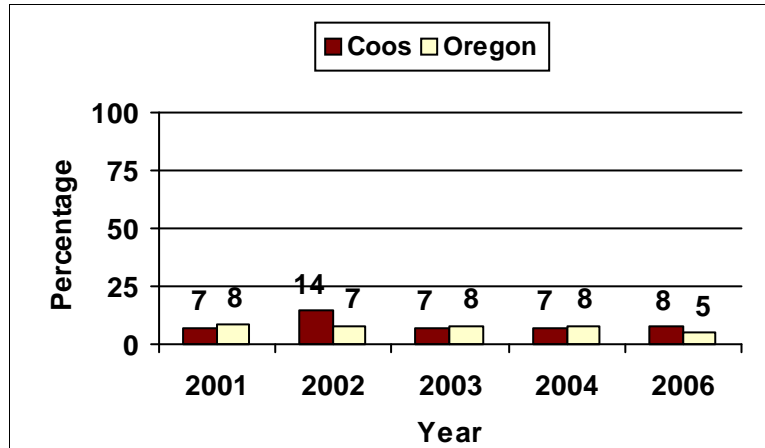
## Survey question

During the past 12 months, how many times did you actually attempt suicide?

---

### Percent of Youth Who Attempted Suicide in the Past Year

8th grade

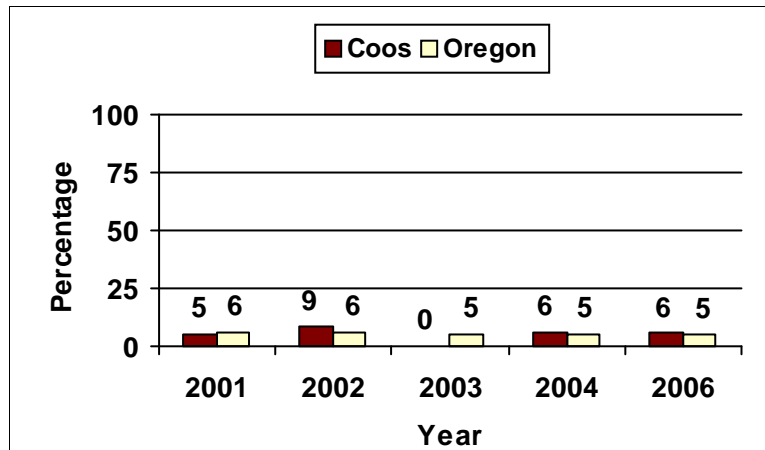


Data Source: Oregon Healthy Teens Survey

---

### Percent of Youth Who Attempted Suicide in the Past Year

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

## Alcohol

## Abuse or dependence data

---

**Measure** Alcohol abuse or dependence

**Why this measure is important**

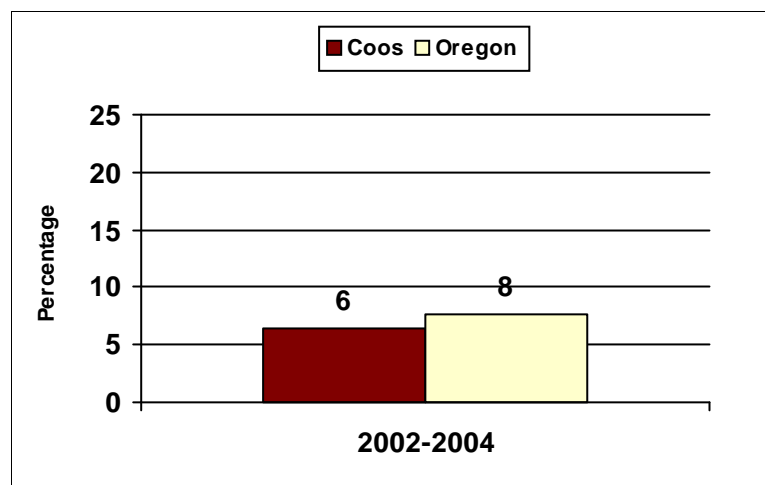
*Alcohol abuse and dependence are associated with significant social, psychological and physical problems for the user and others. Abuse and dependence are clinical terms used to characterize patterns of alcohol use. Persons meeting the criteria for abuse or dependence from the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV) are in need of treatment services.*

**Measure description** Percent of persons aged 12 or older meeting DSM-IV criteria for alcohol dependence or abuse

---

### Percent of Persons Ages 12 or Older with Alcohol Dependence or Abuse in the Past Year

2002-2004



*Data Source: National Survey on Drug Use and Health*

---

### Annual abuse or dependence estimates based on data from:

2002-2004

Location	Average Number of Cases	Population 12 or older
Coos	3454	54313
Oregon	22726	3006094

---

---

# Alcohol

# Crime data

---

## Measure

Crimes against persons

### *Why this measure is important*

*Violence is associated with alcohol. Drinking by the victim or a perpetrator can increase the risk of assaults and assault-related injuries. Approximately 30 percent of physical assaults, 23 percent of sexual assaults and 3 percent of robberies are attributable to alcohol. Oregon has a state goal of reducing crimes against persons to less than 115 per 10,000 population by 2010. This goal has already been reached in 23 counties.*

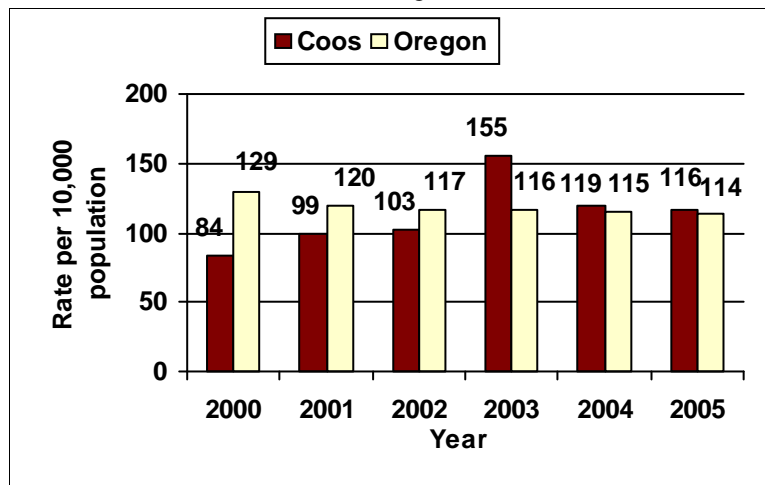
## Measure description

Rate of crimes against persons (homicide, rape, kidnapping, assault) reported to police per 10,000 population

---

### Rate of Crimes Against Persons per 10,000 Population

All ages



Data Source: Law Enforcement Data System

---

---

---

## Alcohol

## Adult data

---

### Measure

Current alcohol use by adults

### Why this measure is important

More than 1,000 Oregonians die each year from alcohol-related causes. Alcohol use, especially heavy drinking and binge drinking, results in negative health consequences and contributes to crime and violence against persons. Even moderate alcohol consumption can lead to negative consequences such as alcohol-related motor vehicle crashes, birth defects and harmful interactions with medications.

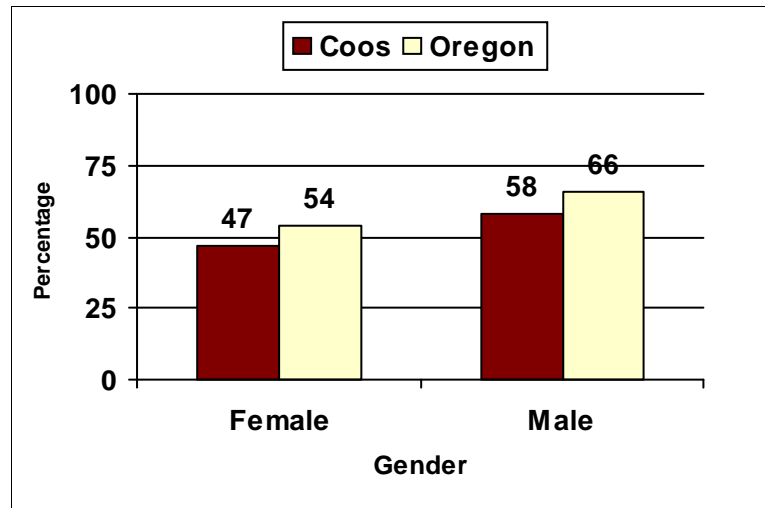
### Measure description

Adults who had at least one drink of alcohol within the past 30 days

---

### Percent of Adults Reporting Any Use of Alcohol in the Past 30 Days, by Gender

2002-2005



Data Source: Oregon Behavioral Risk Factor Surveillance System

---



---

---

## Alcohol

## Adult data

---

### Measure

Current binge drinking by adults

### Why this measure is important

*Binge drinking is strongly associated with injuries, motor vehicle crashes, violence, Fetal Alcohol Spectrum Disorder (FASD), chronic liver disease and a number of other chronic and acute conditions. Binge drinking is defined as consumption of five or more drinks by men or four or more drinks by women in a short time span.*

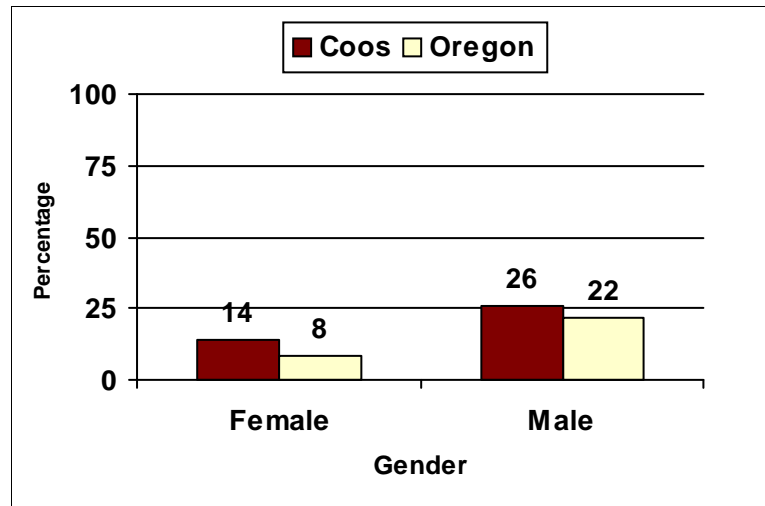
### Measure description

Considering all types of alcoholic beverages, how many times during the past month did you have five (four for women) or more drinks on an occasion?

---

### Percent of Adults Reporting Binge Drinking in the Past 30 Days, by Gender

2002-2005



Data Source: Oregon Behavioral Risk Factor Surveillance System

---

---

---

## Alcohol

## Adult data

---

### Measure

Current heavy use of alcohol by adults

### Why this measure is important

Heavy use of alcohol refers to alcohol consumption at levels that exceed U.S. Dietary Guidelines. Men who drink more than two drinks per day and women who drink more than one drink per day are at increased risk for a variety of adverse health outcomes, including alcohol abuse and dependence. Heavy drinking is associated with heightened levels of all-cause mortality.

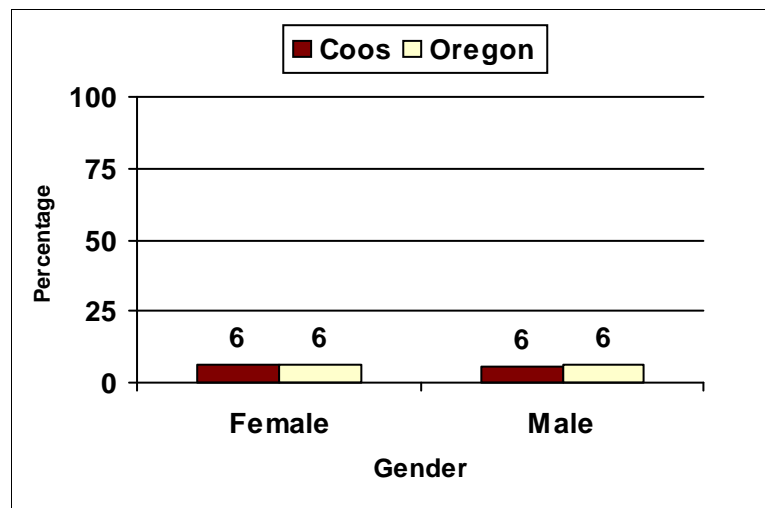
### Measure description

Adult men having more than two drinks per day; adult women having more than one drink per day in the past month

---

### Percent of Adults Who Were Heavy Drinkers in the Past 30 Days, by Gender

2002-2005



Data Source: Oregon Behavioral Risk Factor Surveillance System

---

---

---

## Alcohol

## Pregnancy data

---

### Measure

Alcohol use during pregnancy

### Why this measure is important

Alcohol use during pregnancy can result in Fetal Alcohol Spectrum Disorders (FASD), a range of physical and mental effects on the fetus. Frequent prenatal alcohol use has been associated with adverse outcomes, including spontaneous abortions, birth defects, growth defects and neurodevelopmental disorders. Oregon has a goal of reducing alcohol use during pregnancy to less than 2 percent by 2010.

Please note: National studies have shown that the alcohol use indicator on birth certificates is an under-report of actual use during pregnancy. Consequently, counties are encouraged to use Pregnancy Risk Assessment Monitoring System (PRAMS) data available in the State report. Information about alcohol use during pregnancy is no longer being collected through birth certificates. This is the last year this measure will appear in county reports.

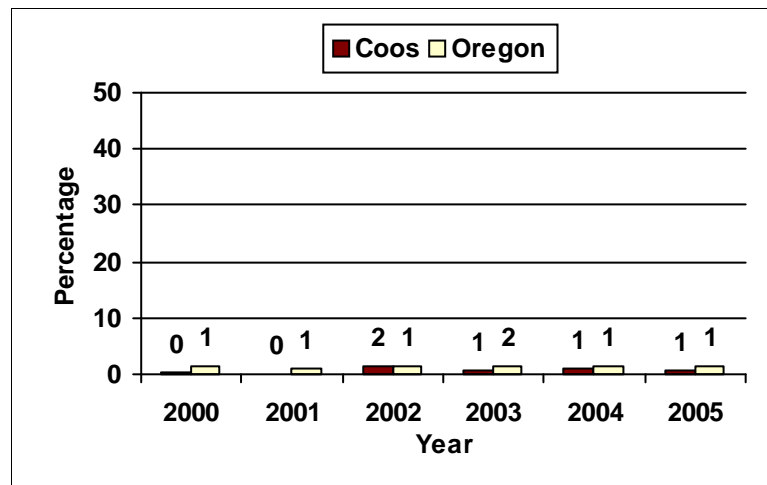
### Measure description

Percent of women who had live births and reported alcohol use any time during pregnancy

---

### Percent of Women Who Had Live Births and Reported Alcohol Use During Pregnancy

All ages



Data Source: Oregon Vital Statistics Annual Report, Volume 1

---

---

---

# Alcohol

# Youth data

---

## Measure

Current alcohol use by youth

### Why this measure is important

An American Medical Association report shows that adolescent drinkers perform worse in school, are more likely to fall behind and have an increased risk of social problems, depression, suicidal thoughts and violence. Even occasional heavy drinking injures young brains. Oregon has a goal of reducing 8th grade alcohol use to less than 17 percent by 2010.

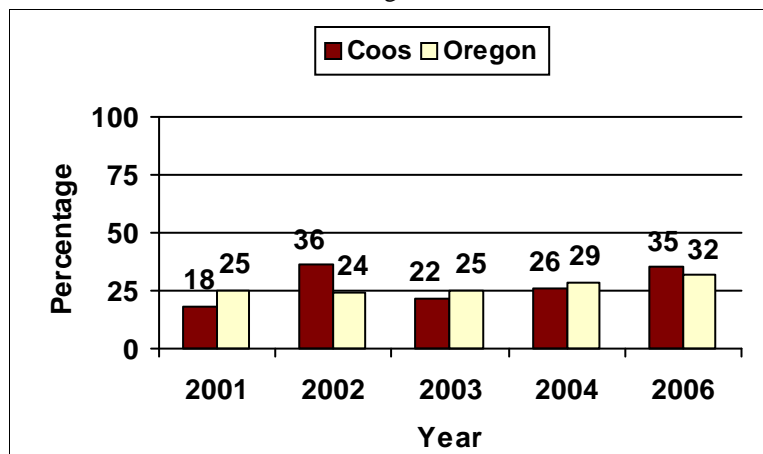
## Survey question

On how many occasions (if any) have you had beer or wine (non-religious) or hard liquor to drink during the past 30 days?

---

### Percent of Youth Who Drank Alcohol on 1 or More Occasions in the Past 30 Days

8th grade

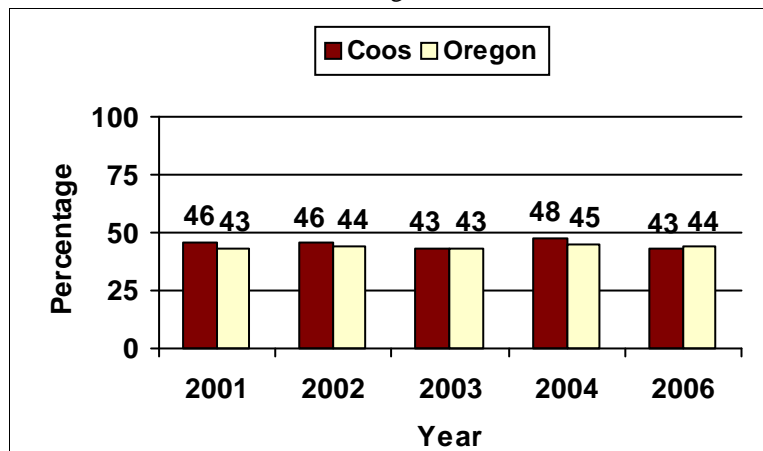


Data Source: Oregon Healthy Teens Survey

---

### Percent of Youth Who Drank Alcohol on 1 or More Occasions in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

# Alcohol

# Youth data

---

## Measure

Current binge drinking by youth

### *Why this measure is important*

*Young people who consume alcohol are more likely than adults to drink heavily. Binge drinking is strongly associated with injuries, motor vehicle crashes, violence, and a number of chronic and acute health conditions. Youth who binge drink are much more likely to engage in other risky behaviors such as drug use, risky sexual behavior and aggressive antisocial behavior.*

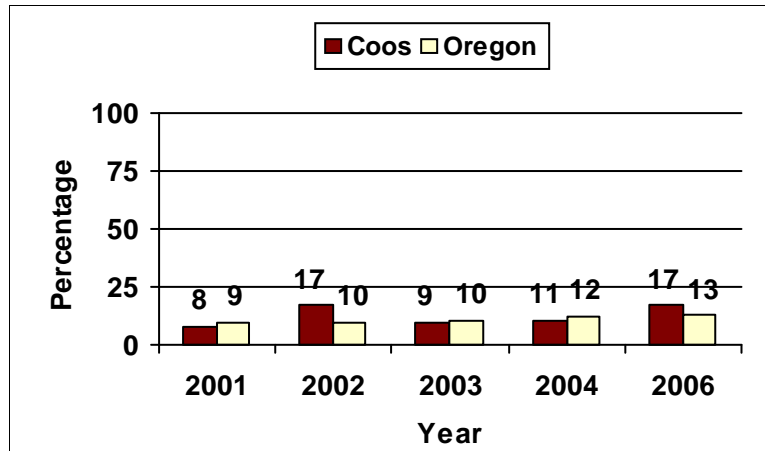
### Survey question

During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple hours?

---

### Percent of Youth Who Report Binge Drinking in the Past 30 Days

8th grade

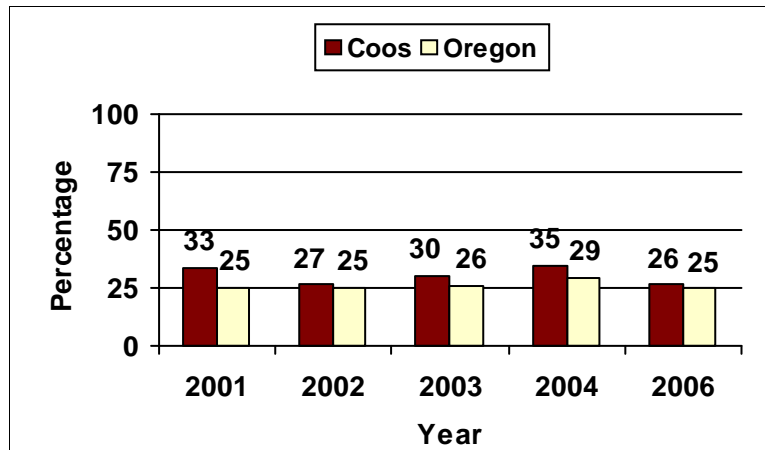


Data Source: Oregon Healthy Teens Survey

---

### Percent of Youth Who Report Binge Drinking in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

# Alcohol

# Youth data

---

## Measure

Drinking and driving among youth

### *Why this measure is important*

*Alcohol consumption impairs a person's ability to operate a motor vehicle in a safe manner. Motor vehicle crashes are the leading cause of death for persons 15 to 19 years. About a quarter of the motor vehicle fatalities for persons under 21 involved alcohol.*

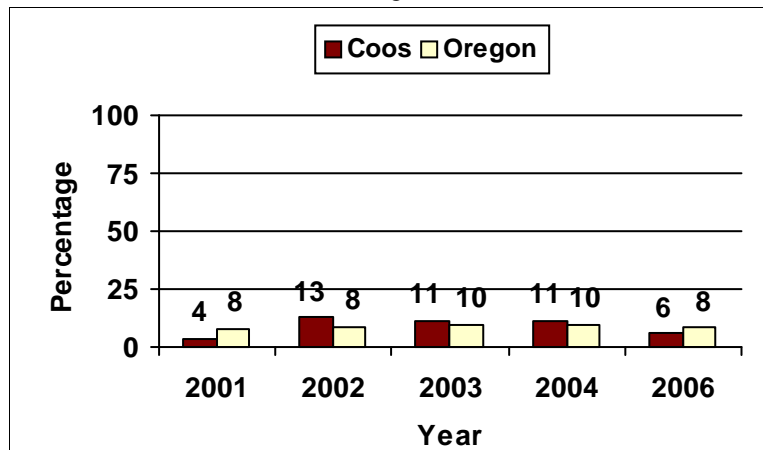
## Survey question

During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

---

### Percent of Youth Who Drove When They Had Been Drinking Alcohol

11th grade



Data Source: Oregon Healthy Teens Survey

---

**Measure**

Gambling by youth

**Why this measure is important**

*Gambling can be addictive. In Oregon, youth who engage in gambling are more likely to be involved in other risky behaviors including drinking alcohol, smoking marijuana and fighting. Problem gambling prevention should be included in existing prevention programs, curricula and activities.*

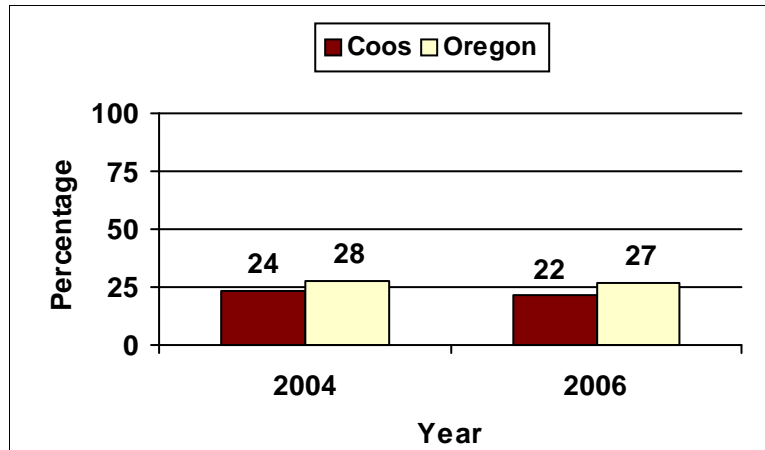
**Survey question**

During the past 12 months, how many times have you gambled (e.g. bought lottery tickets or tabs, bet money on sports teams or card games, etc.)?

---

**Percent of Youth Who Gambled in the Past Year**

8th grade

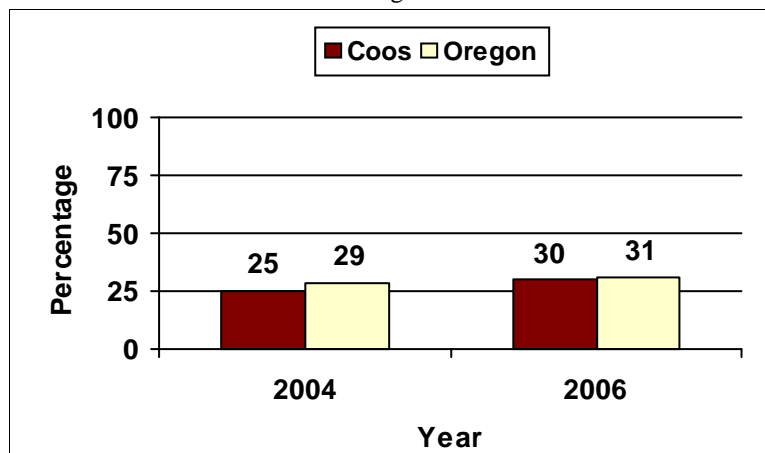


Data Source: Oregon Healthy Teens Survey

---

**Percent of Youth Who Gambled in the Past Year**

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

# Alcohol

# Youth data

---

## Measure

Early initiation of alcohol use

### *Why this measure is important*

*Initiation of alcohol use at young ages, especially in pre-adolescence, has been linked to more intense and problematic levels of use in adolescence and adulthood. Young people who consume alcohol are more likely than adults to binge drink. Researchers found that 45 percent of the people who began drinking before age 14 developed later alcohol dependence, compared with only 10 percent of those who waited until they were 21 or older to start drinking.*

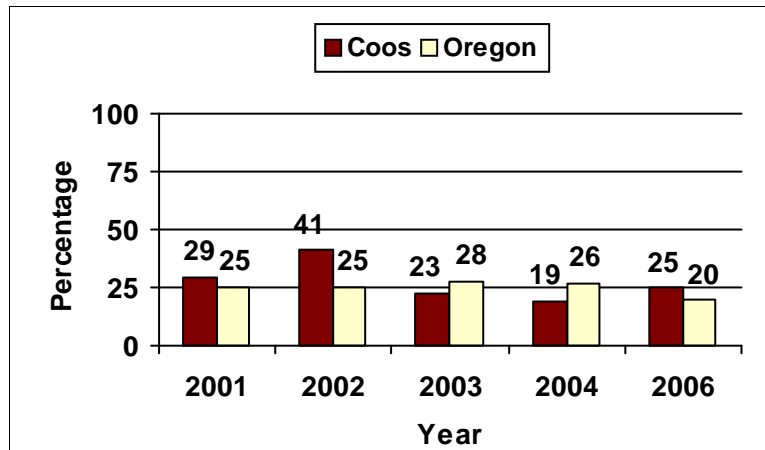
## Survey question

How old were you when you had more than a sip or two of beer, wine or hard liquor for the first time?

---

### Percent of Youth Who Were Less Than 13 Years Old When They Drank Alcohol for the First Time

11th grade



Data Source: Oregon Healthy Teens Survey

---



**Measure**

Availability of alcohol

**Why this measure is important**

*Easy access to alcohol is associated with increased risk of current alcohol use and binge drinking, especially at early ages. In Oregon it is illegal for persons under the age of 21 to purchase alcohol. Youth obtain alcohol from many sources in addition to retailers, including friends, siblings, parents and taking it from the home without permission.*

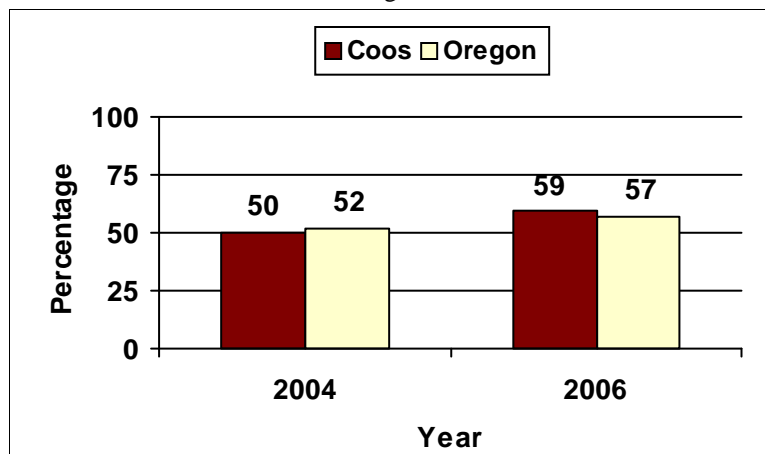
**Survey question**

If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey or gin), how easy would it be for you to get some?

---

**Percent of Youth Who Say It Is "Sort of Easy" or "Very Easy" to Get Some Beer, Wine or Hard Liquor**

8th grade

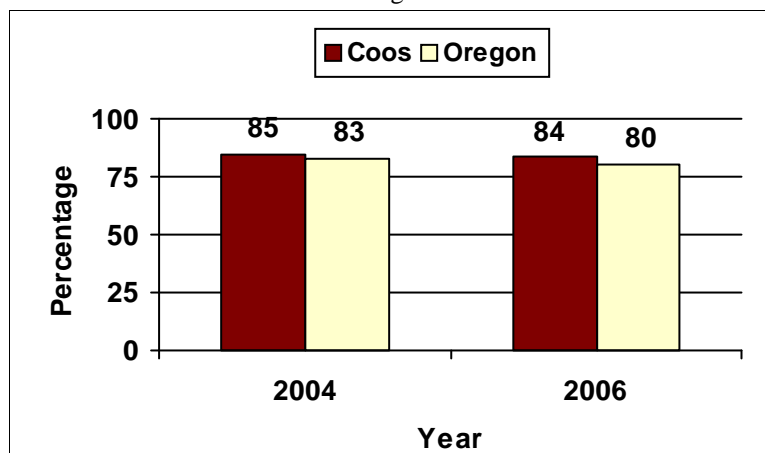


Data Source: Oregon Healthy Teens Survey

---

**Percent of Youth Who Say It Is "Sort of Easy" or "Very Easy" to Get Some Beer, Wine or Hard Liquor**

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

# Alcohol

# Youth data

---

## Measure

Perceived risk of harm from alcohol use

### *Why this measure is important*

*Perceived risk of harm from alcohol use is a deterrent to drinking, especially at early ages. Oregon 8th graders who thought there was "moderate" or "great risk" from drinking alcohol nearly every day were significantly less likely to drink or binge drink than those who thought there was "slight" or "no risk" of harm.*

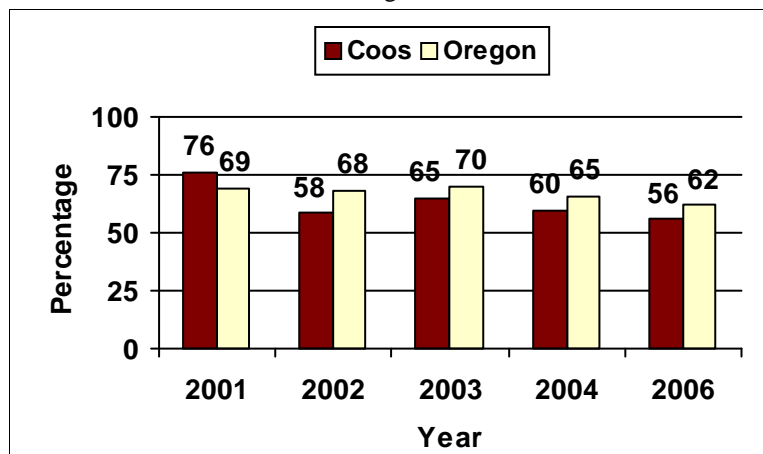
## Survey question

How much do you think people risk harming themselves (physically or in other ways if they take one or two drinks of an alcoholic beverage (beer, wine or hard liquor) nearly every day?

---

### **Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Drinking Nearly Every Day**

8th grade

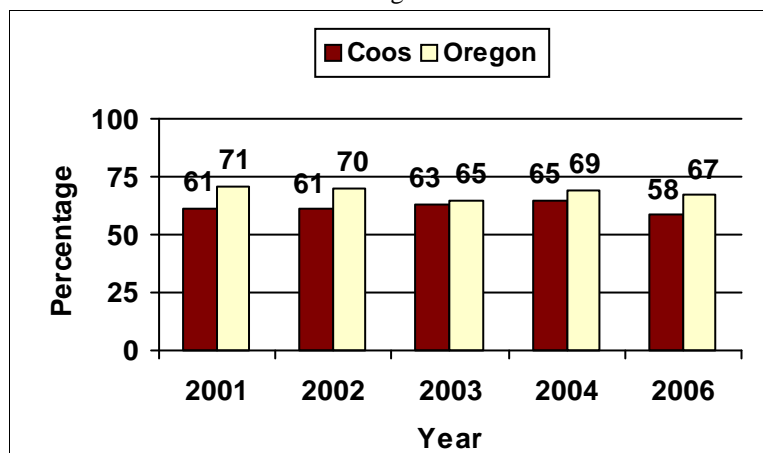


Data Source: Oregon Healthy Teens Survey

---

### **Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Drinking Nearly Every Day**

11th grade



Data Source: Oregon Healthy Teens Survey

---

**Measure**

Perception of parent disapproval of alcohol use

**Why this measure is important**

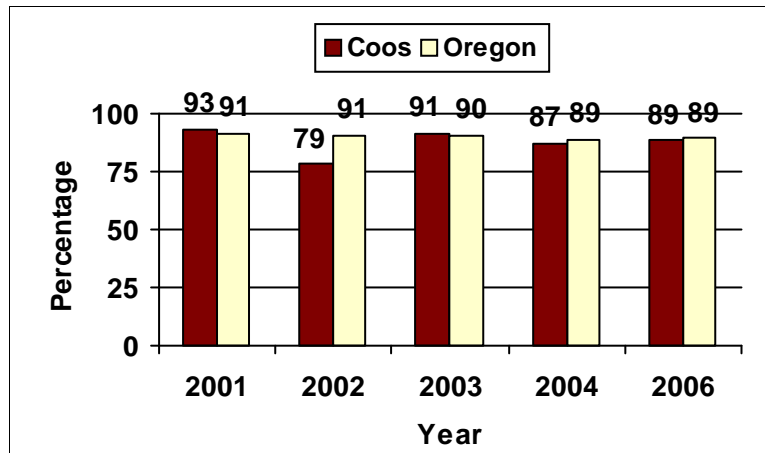
Parents can play an influential role in preventing underage drinking. Youth who know their parents disapprove of underage drinking are less likely to drink alcohol, especially at an early age. Oregon 8th graders who believe their parents would think it is "wrong" or "very wrong" if they drank alcohol were half as likely to drink than youth who believe their parents would think it is "a little bit wrong" or "not wrong at all."

**Survey question**

How wrong do your parents feel it would be for you to drink beer, wine, or liquor (for example, vodka, whiskey or gin) regularly?

**Percent of Youth Who Say Their Parents Think It Is "Wrong" or "Very Wrong" for Youth to Drink Alcohol**

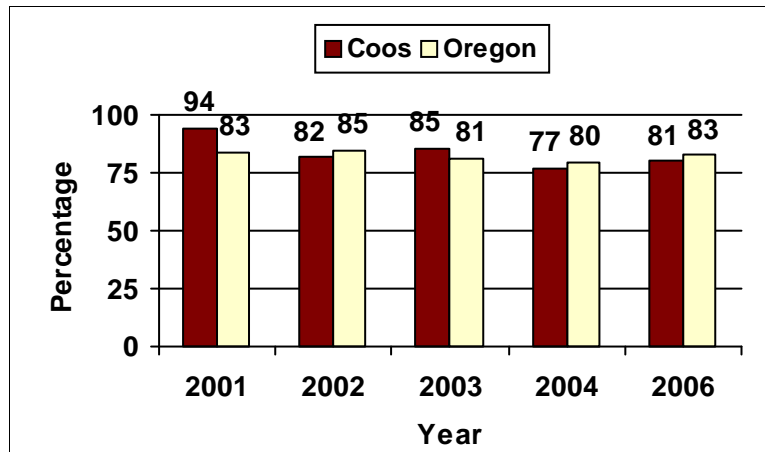
8th grade



Data Source: Oregon Healthy Teens Survey

**Percent of Youth Who Say Their Parents Think It Is "Wrong" or "Very Wrong" for Youth to Drink Alcohol**

11th grade



Data Source: Oregon Healthy Teens Survey



# Illicit Drugs

List of measures	Page
Deaths from illicit drug use	26
Drug abuse or dependence	27
Crimes against property	28
Current use of marijuana by youth	29
Current use of inhalants by youth	30
Current use of prescription drugs by youth	31
Current use of stimulants by youth	32
Early initiation of marijuana use	33
Availability of marijuana	34
Availability of illicit drugs	35
Perceived risk of harm from regular marijuana use	36
Perception of parent disapproval of marijuana use	37

---

---

## Illicit Drugs Mortality data

---

**Measure** Deaths from illicit drug use

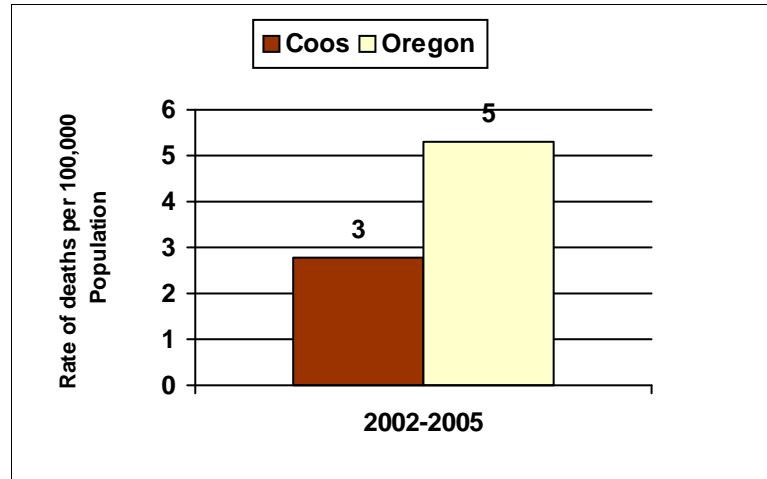
**Why this measure is important** Oregon medical examiners investigate and certify the cause and manner of deaths resulting from the unlawful use of controlled substances or the use or abuse of chemicals or toxic agents.

**Measure Description** Rate of deaths related to drug use such as heroin, cocaine or methamphetamine

---

### Rate of Drug-related Deaths per 100,000 Population

2002-2005



Data Source: Oregon State Medical Examiner

---

### Annual estimates based on data from:

2002-2005

Location	Average Number of Deaths
Coos	2
Oregon	190

---

---

## Illicit Drugs Abuse or dependence data

---

**Measure** Drug abuse or dependence

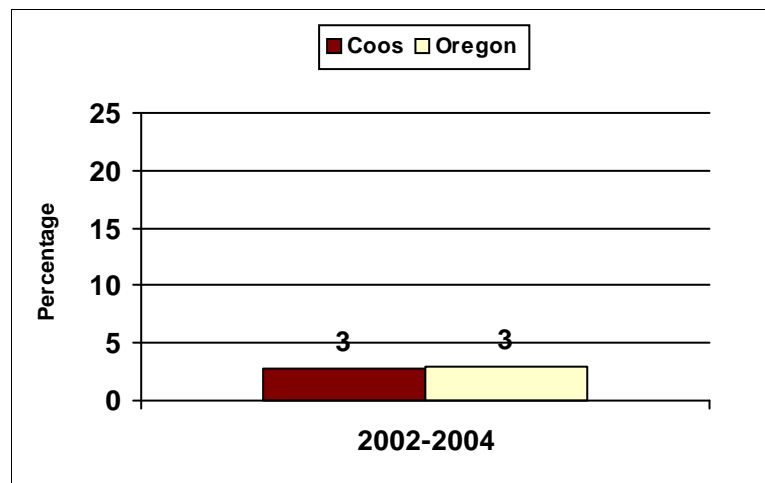
**Why this measure is important** Abuse and dependence are clinical terms used to characterize patterns of drug use. Drug abuse and dependence are associated with significant social, psychological and physical problems for the user and others. Persons meeting the criteria for abuse or dependence from the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-IV) need treatment services.

**Measure description** Percent of persons aged 12 or older meeting three of seven DSM-IV criteria for dependence, or one or more of the four DSM-IV criteria for drug abuse

---

### Percent of Persons with Drug Dependence or Abuse

2002-2004



Data Source: National Survey on Drug Use and Health

---

### Annual abuse or dependence estimates based on data from:

2002-2004

Location	Average Number of Cases	Population 12 or older
Coos	1548	54313
Oregon	90784	3006094

---

---

## Illicit Drugs Crime data

---

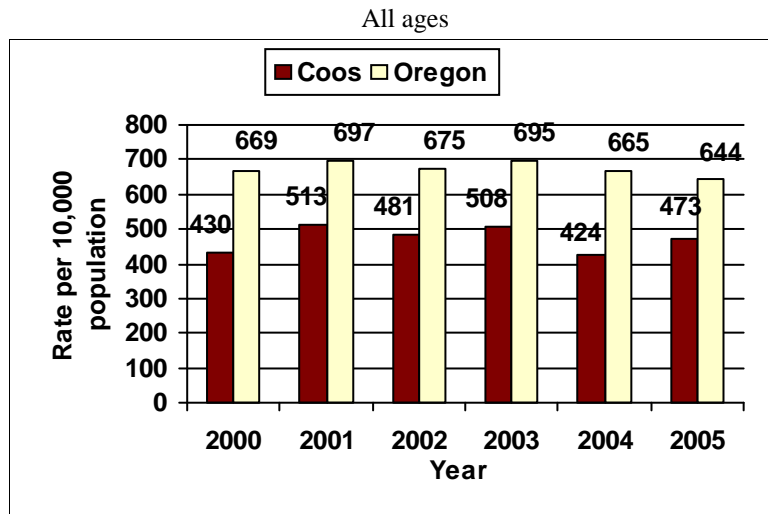
**Measure** Crimes against property

**Why this measure is important** *Drug-related property crimes include burglary, larceny and motor vehicle theft. These crimes frequently are committed to obtain money to purchase drugs. Drug-attribution rates for property crime range from approximately 7 percent for motor vehicle theft to 30 percent for burglary and larceny. Oregon has a state goal of reducing property crimes to less than 591 per 10,000 population by 2010.*

**Measure description** Rate of property crimes (larceny, burglary, MV theft) reported to police per 10,000 population

---

### Rate of Property Crimes Reported per 10,000 Population



Data Source: Law Enforcement Data System

---

---

---

# Illicit Drugs Youth data

---

**Measure** Current use of marijuana by youth

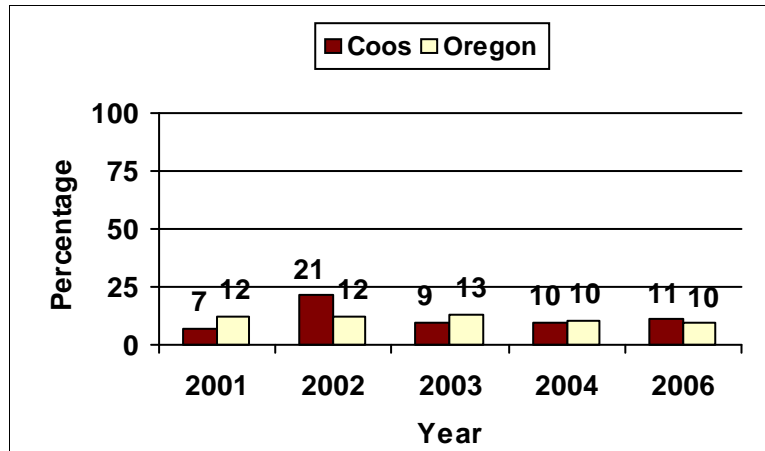
**Why this measure is important** *The use of marijuana can produce adverse physical, mental, emotional and behavioral changes and can be addictive. Short-term effects include problems with memory and learning, difficulty thinking, loss of coordination, increased anxiety and panic attacks. Adverse health effects include respiratory illnesses, memory impairment and weakening of the immune system.*

**Survey question** During the past 30 days, how many times did you use marijuana?

---

## Percent of Youth Who Report Using Marijuana 1 or More Times in the Past 30 Days

8th grade

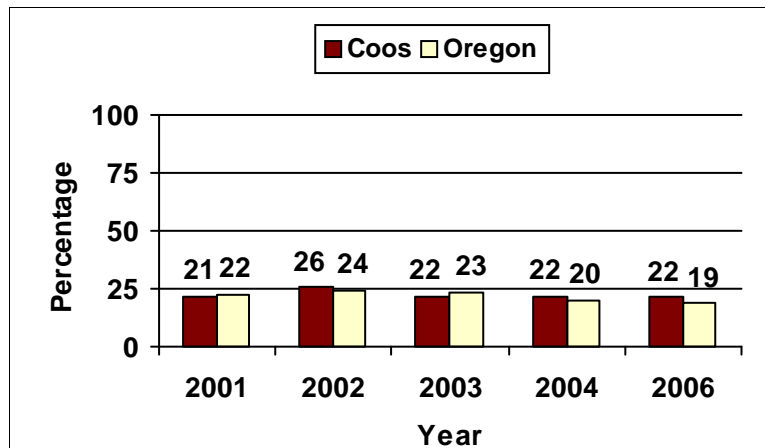


Data Source: Oregon Healthy Teens Survey

---

## Percent of Youth Who Report Using Marijuana 1 or More Times in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

---



# Illicit Drugs Youth data

**Measure**

Current use of inhalants by youth

**Why this measure is important**

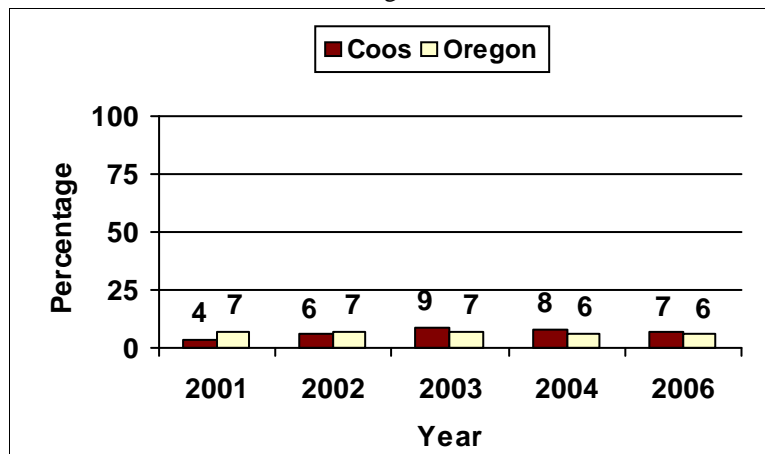
*Both immediate and long-term negative health consequences are known to occur from the use of inhalants. Long-term consequences of chronic exposure to inhalants has been associated with brain and other organ damage, neurocognitive impairment and compromised immune system response. Even single prolonged exposure by otherwise healthy individuals has been known to cause death as a result of cardiac arrhythmia, asphyxiation or suffocation.*

**Survey question**

During the past 30 days, how many times did you sniff glue, breathe the contents of aerosol spray cans or inhale any paints or sprays to get high?

**Percent of Youth Who Used Inhalants in the Past 30 Days**

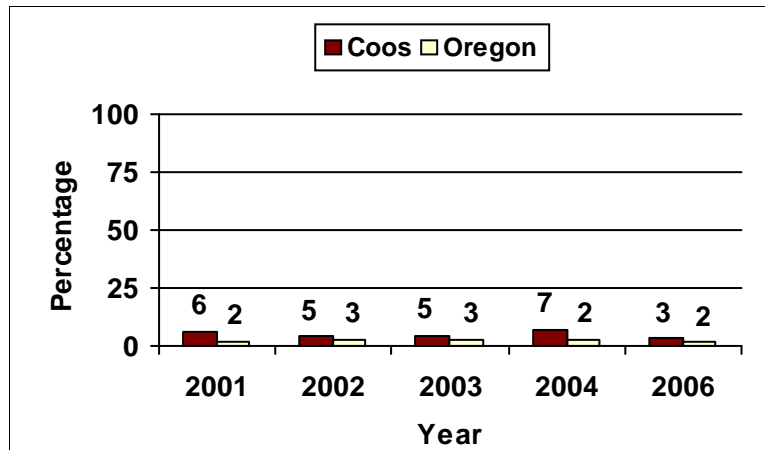
8th grade



Data Source: Oregon Healthy Teens Survey

**Percent of Youth Who Used Inhalants in the Past 30 Days**

11th grade



Data Source: Oregon Healthy Teens Survey

# Illicit Drugs Youth data

**Measure**

Current use of prescription drugs by youth

**Why this measure is important**

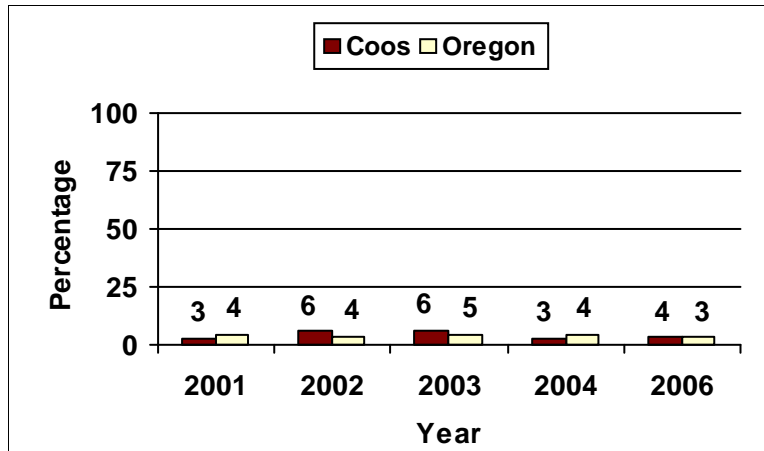
National studies and published reports indicate that the intentional abuse of prescription drugs such as pain relievers, tranquilizers, stimulants and sedatives to get high is a growing concern, especially among teens. Youth are turning away from street drugs and using prescription drugs to get high. Adolescents are more likely than young adults to become dependent on prescription drugs.

**Survey question**

During the past 30 days, how many times did you use prescription drugs (without doctor's orders) to get high?

**Percent of Youth Who Used Prescription Drugs to Get High in the Past 30 Days**

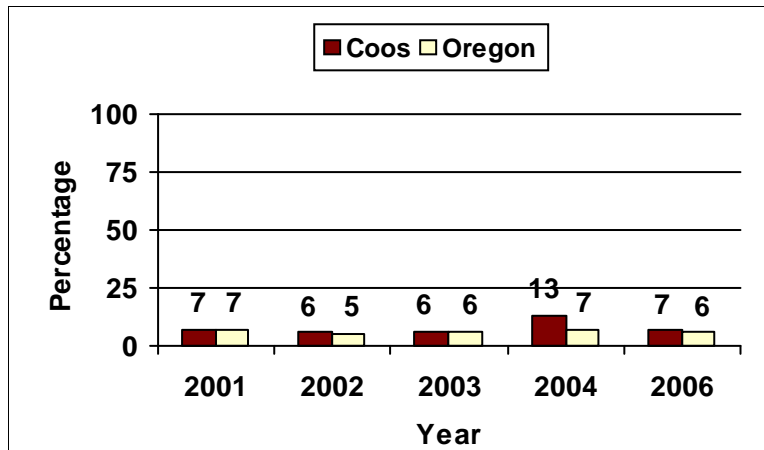
8th grade



Data Source: Oregon Healthy Teens Survey

**Percent of Youth Who Used Prescription Drugs to Get High in the Past 30 Days**

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

# Illicit Drugs Youth data

---

**Measure** Current use of stimulants by youth

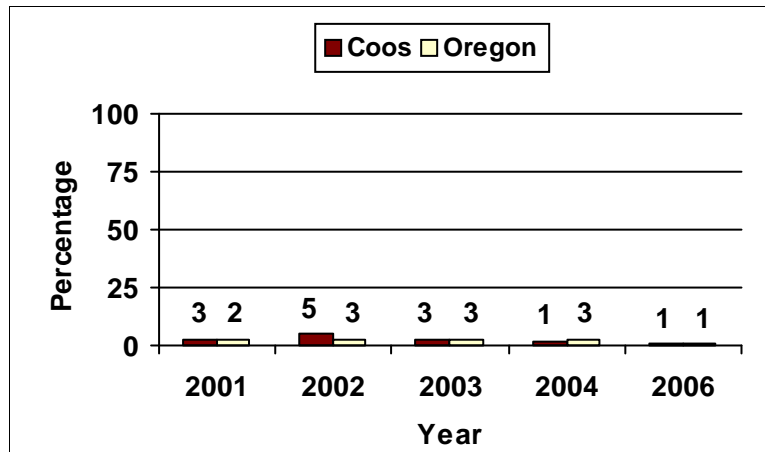
**Why this measure is important** Stimulants are highly addictive. Methamphetamine use has been a major concern of Oregon law enforcement officials.

**Survey question** On how many occasions (if any) have you used stimulants (amphetamines, meth, crystal, speed, crank) during the past 30 days?

---

## Percent of Youth Who Used Stimulants in the Past 30 Days

8th grade

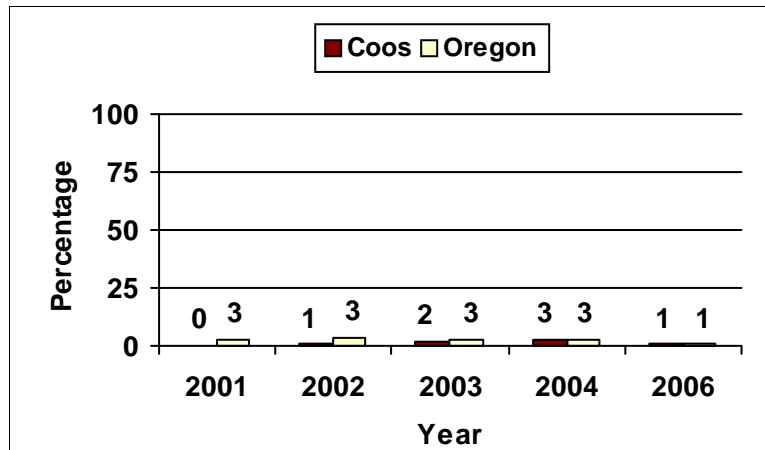


Data Source: Oregon Healthy Teens Survey

---

## Percent of Youth Who Used Stimulants in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

## Illicit Drugs Youth data

---

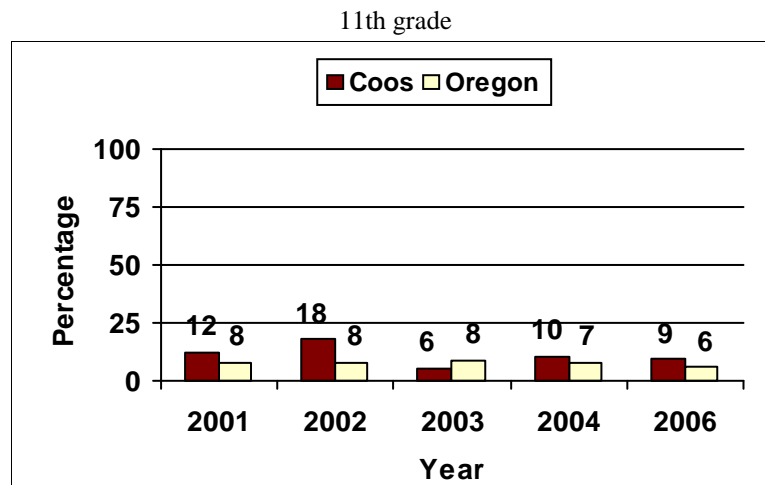
**Measure** Early initiation of marijuana use

**Why this measure is important** Youth who begin smoking marijuana at an early age are more likely to develop problematic levels of use in later adolescence and young adulthood. Youth who smoke marijuana are more likely to engage in multiple problem behaviors such as risky sexual behavior, alcohol, cigarette or other drug use than youth who do not smoke marijuana.

**Survey question** How old were you when you first tried marijuana or hashish?

---

### Percent of Youth Who Report They Were Less Than 13 Years When They Tried Marijuana



Data Source: Oregon Healthy Teens Survey

---

---

---

# Illicit Drugs Youth data

---

**Measure** Availability of marijuana

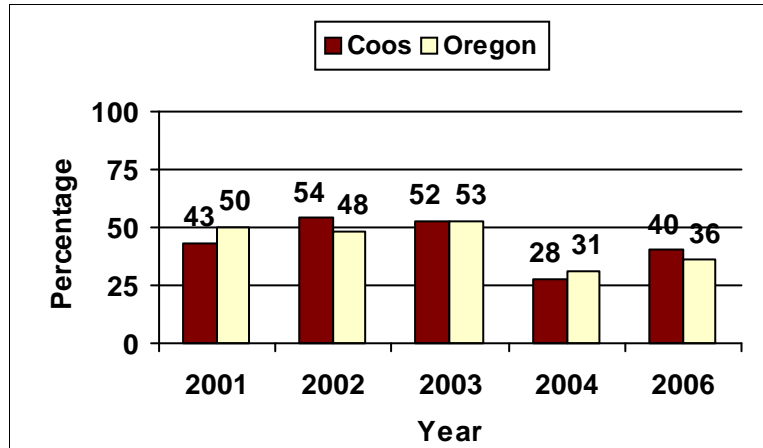
**Why this measure is important** *Easy access to marijuana is associated with increased risk of early use. In Oregon, youth who said it was "sort of easy" or "very easy" to get marijuana were significantly more likely to smoke marijuana in the past 30 days.*

**Survey question** If you wanted to get some marijuana, how easy would it be for you to get some?

---

## Percent of Youth Who Say It Would Be "Sort of Easy" or "Very Easy" to Get Marijuana

8th grade

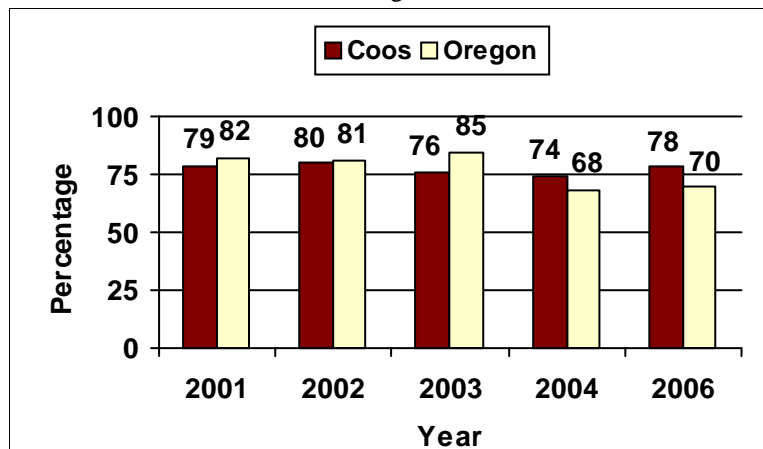


Data Source: Oregon Healthy Teens Survey

---

## Percent of Youth Who Say It Would Be "Sort of Easy" or "Very Easy" to Get Marijuana

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

# Illicit Drugs Youth data

---

## Measure

Availability of illicit drugs

## Why this measure is important

Easy access to drugs is associated with increased risk of early use. In Oregon, 8th graders who said it was "sort of easy" or "very easy" to get drugs were significantly more likely to report using drugs in the past 30 days.

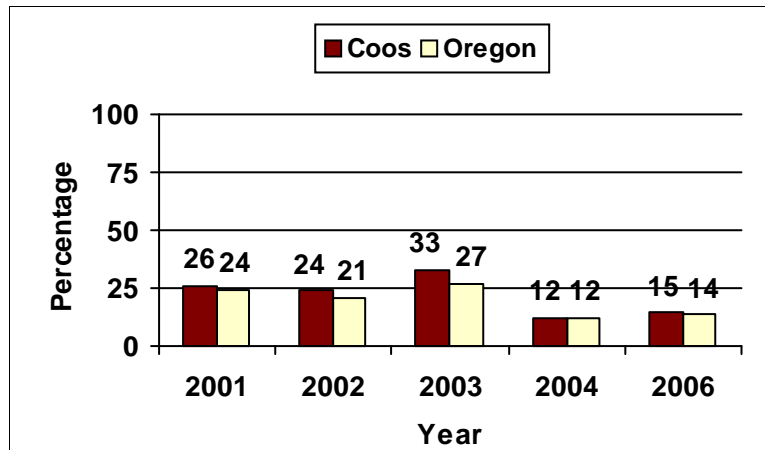
## Survey question

If you wanted to get a drug like cocaine, LSD or amphetamine, how easy would it be for you to get some?

---

### Percent of Youth Who Say It Would Be "Sort of Easy" or "Very Easy" to Get Illicit Drugs

8th grade

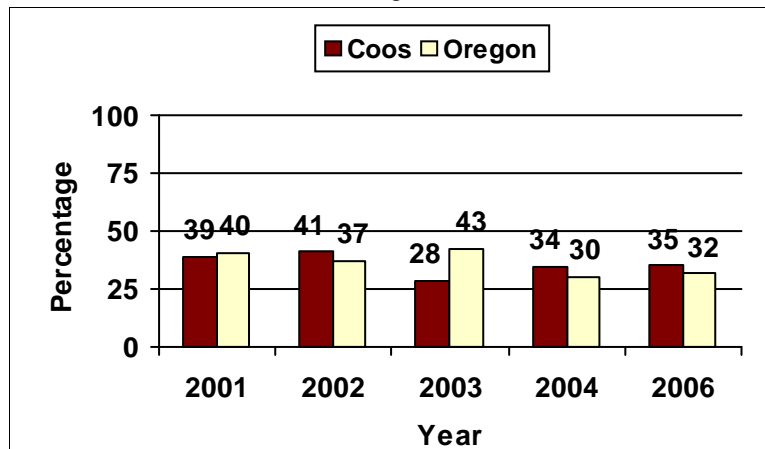


Data Source: Oregon Healthy Teens Survey

---

### Percent of Youth Who Say It Would Be "Sort of Easy" or "Very Easy" to Get Illicit Drugs

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

## Illicit Drugs Youth data

---

### Measure

Perceived risk of harm from regular marijuana use

### Why this measure is important

Perceived risk of harm from marijuana use is a deterrent to smoking, especially at early ages. Oregon 8th graders who thought there was "moderate" or "great risk" from smoking marijuana regularly were significantly less likely to smoke than those who thought there was "slight" or "no risk" of harm.

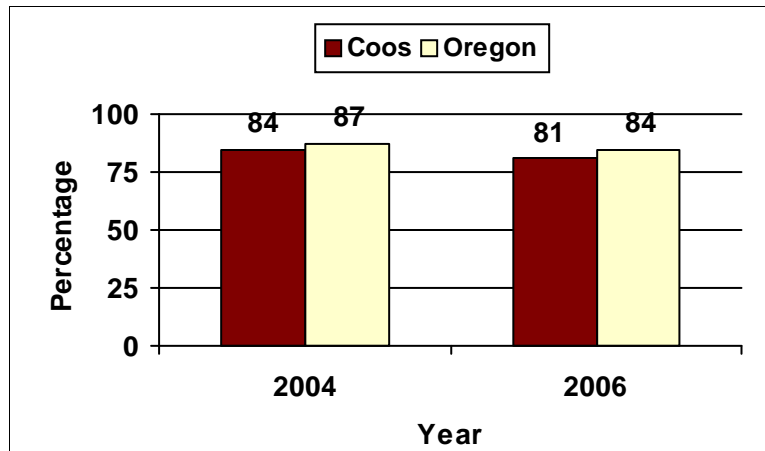
### Survey question

How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

---

### Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Smoking Marijuana Regularly

8th grade

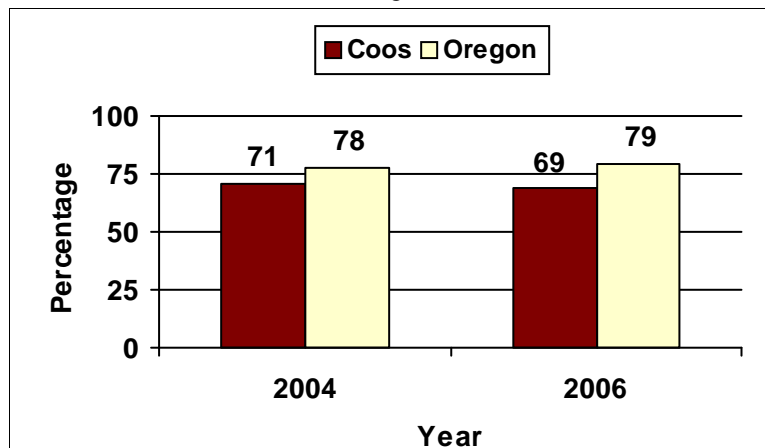


Data Source: Oregon Healthy Teens Survey

---

### Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Smoking Marijuana Regularly

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

# Illicit Drugs Youth data

---

## Measure

Perception of parent disapproval of marijuana use

### Why this measure is important

Parents can play an influential role in preventing marijuana use. Youth who know their parents disapprove of marijuana are less likely to smoke it, especially at an early age. Oregon 8th graders who believe their parents would think it is "wrong" or "very wrong" if they smoked marijuana were significantly less likely to smoke than youth who believe their parents would think it is "a little bit wrong" or "not wrong at all".

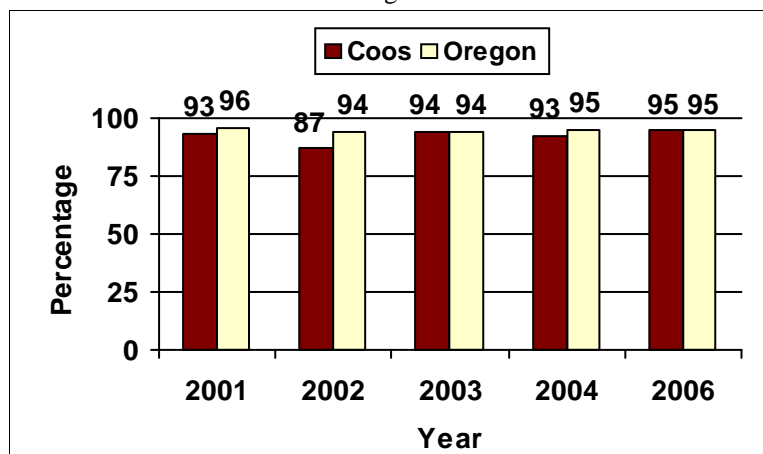
### Survey question

How wrong do your parents feel it would be for you to smoke marijuana?

---

### Percent of Youth Who Say Their Parents Think It Is "Wrong" or "Very Wrong" for Youth to Smoke Marijuana

8th grade

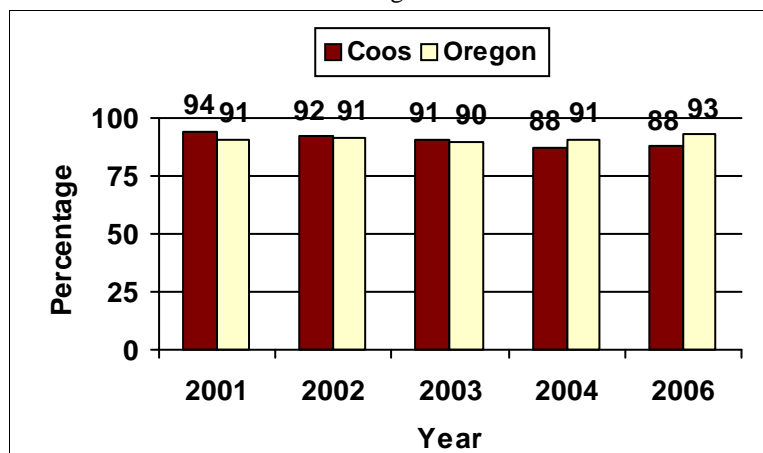


Data Source: Oregon Healthy Teens Survey

---

### Percent of Youth Who Say Their Parents Think It Is "Wrong" or "Very Wrong" for Youth to Smoke Marijuana

11th grade



Data Source: Oregon Healthy Teens Survey

---





# Tobacco

List of measures	Page
Rate of tobacco-related deaths	39
Current use of cigarettes by adults	40
Tobacco use during pregnancy	41
Current use of cigarettes by youth	42
Current use of smokeless tobacco by youth	43
Early initiation of cigarette use	44
Availability of tobacco	45
Perceived risk of harm from cigarette smoking	46
Perception of parent disapproval of cigarette smoking	47

---

---

# Tobacco Mortality data

---

**Measure** Rate of tobacco-related deaths

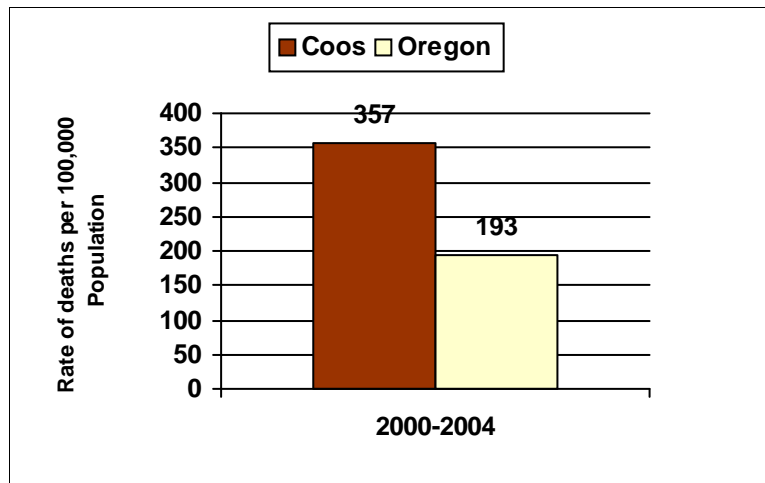
**Why this measure is important** *Tobacco is the leading preventable cause of death in the United States and Oregon. It contributes substantially to premature deaths from cancer, heart disease, stroke and chronic lower respiratory disease.*

**Measure Description** Rate of tobacco-related deaths per 100,000 population (The death certificate asks "Did tobacco use contribute to death? Tobacco-linked deaths include deaths listed as "yes" or "probably.")

---

## Rate of Tobacco-Related Deaths per 100,000 Population

2000-2004



Data Source: Oregon Vital Statistics Annual Report, Volume 2

---

## Annual estimates based on data from:

2000-2004

Location	Average Number of Deaths
Coos	224
Oregon	6765

---

---

## Tobacco

## Adult data

---

**Measure** Current use of cigarettes by adults

**Why this measure is important**

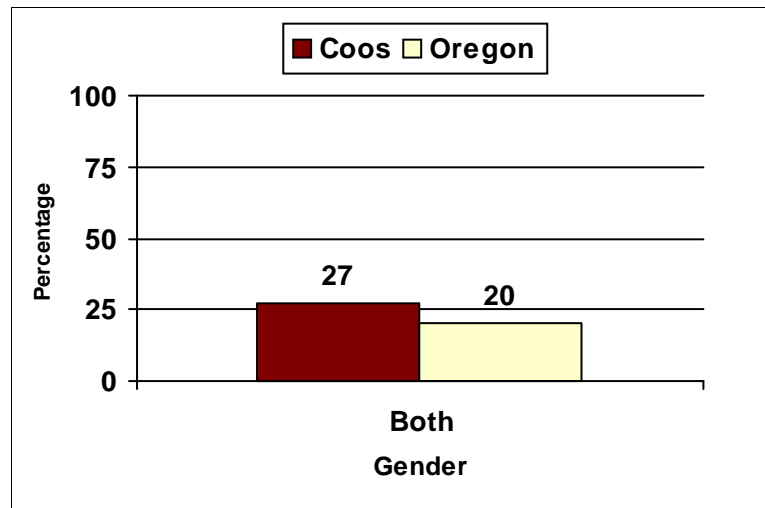
*In spite of recent reductions in adult smoking prevalence, nearly one in five Oregon adults continues to smoke. Adults in Oregon with less education and lower income are more likely to smoke. About three-quarters of Oregon smokers report wanting to quit.*

**Measure description** Percent of persons who indicate they now smoke cigarettes every day or some days.

---

### Percent of Persons Who Indicate They Smoke "Everyday" or "Some Days"

2002-2005



Data Source: Oregon Behavioral Risk Factor Surveillance System

---

---

---

# Tobacco

# Pregnancy data

---

## Measure

Tobacco use during pregnancy

### *Why this measure is important*

*Cigarette smoking during pregnancy contributes to a number of adverse birth outcomes including spontaneous abortion, stillbirth, low birth weight, premature birth, asthma and Sudden Infant Death Syndrome (SIDS). The prevalence of smoking during pregnancy in Oregon has been higher than those seen nationally since monitoring began in 1989. While the gap has narrowed considerably, the percentage of women in Oregon who use tobacco during pregnancy has not declined as rapidly in recent years. Oregon has a state goal of reducing smoking among pregnant women to less than 2 percent by 2010.*

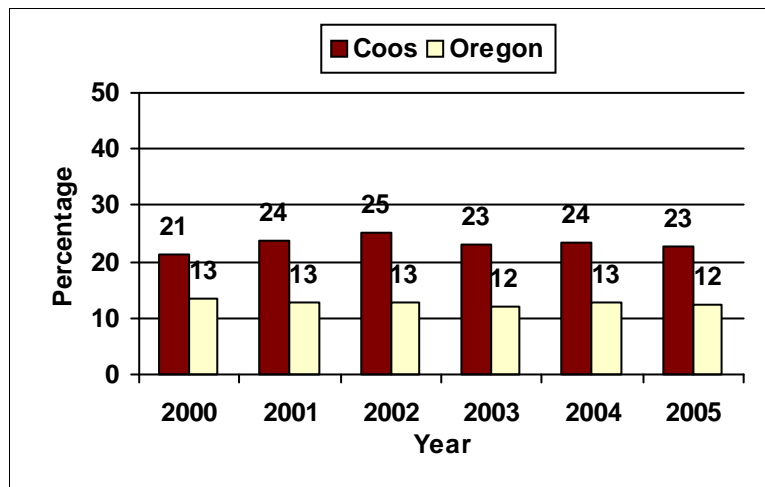
### Measure description

Percent of women who had live births that reported using tobacco during pregnancy.

---

### Percent of Women Who Had Live Births that Reported Using Tobacco During Pregnancy

All ages



Data Source: Oregon Vital Statistics Annual Report, Volume 1

---

# Tobacco

# Youth data

## Measure

Current use of cigarettes by youth

## Why this measure is important

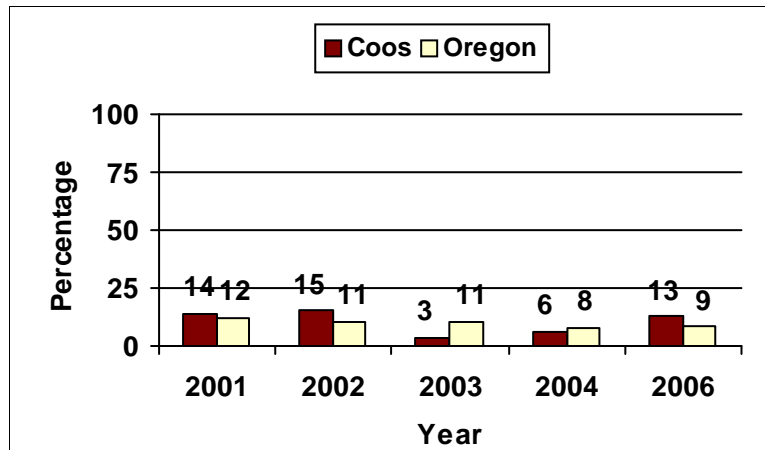
Nearly 90 percent of adult smokers began smoking at or before the age of 18. Tobacco use negatively affects students' academic performance and their physical and mental health. One in three youth who smoke will die prematurely of tobacco related causes. Oregon has a state goal of reducing 8th grade smoking to less than 13 percent by 2010. This target has already been reached.

## Survey question

During the past 30 days, on how many days did you smoke?

### Percent of Youth Who Smoked in the Past 30 Days

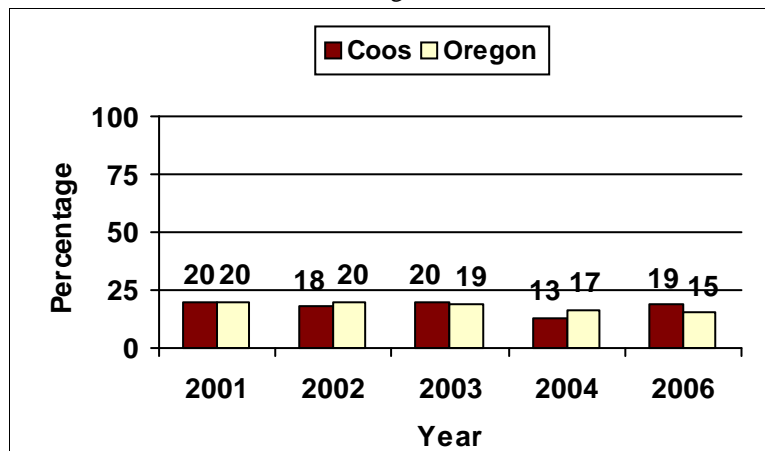
8th grade



Data Source: Oregon Healthy Teens Survey

### Percent of Youth Who Smoked in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

# Tobacco

# Youth data

## Measure

Current use of smokeless tobacco by youth

## Why this measure is important

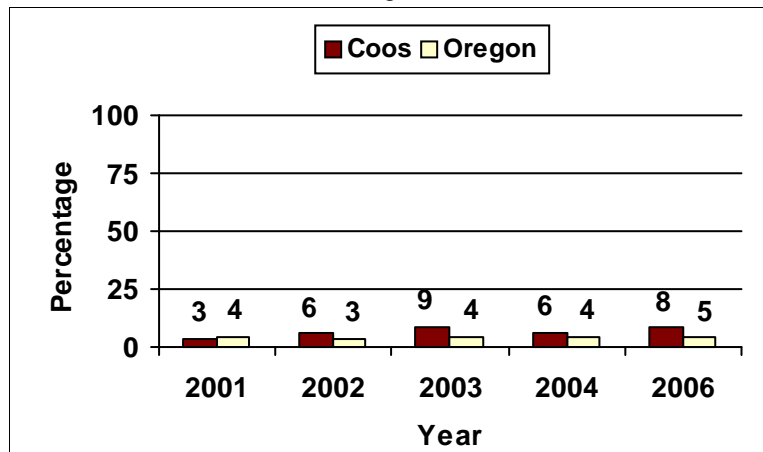
Smokeless tobacco is one of the leading causes of oral cavity and pharyngeal cancers. The prevalence is highest in rural counties in Oregon. Males are much more likely to use smokeless tobacco than females. Less than 2 percent of 11th grade females in Oregon use smokeless tobacco.

## Survey question

During the past 30 days, on how many days did you use chewing tobacco, snuff or dip such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits or Copenhagen?

### Percent of Male Youth Who Used Smokeless Tobacco in the Past 30 Days

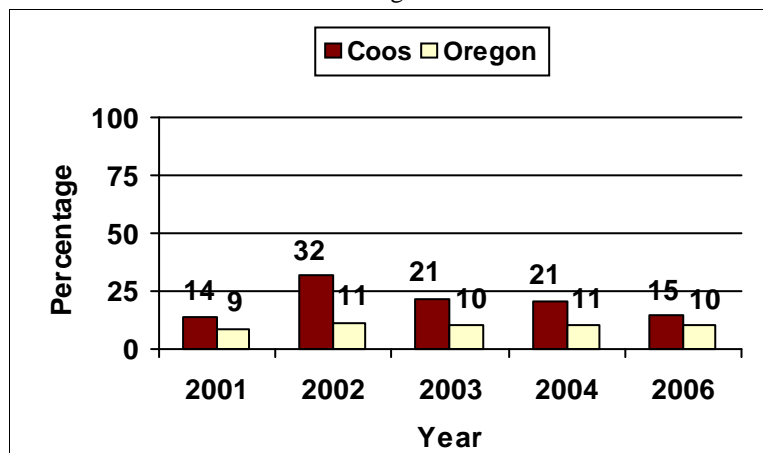
8th grade



Data Source: Oregon Healthy Teens Survey

### Percent of Male Youth Who Used Smokeless Tobacco in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

# Tobacco

# Youth data

---

## Measure

Early initiation of cigarette use

## Why this measure is important

Youth who begin smoking cigarettes at an early age are more likely to become daily smokers as adults. Tobacco use negatively affects students' academic performance and their physical and mental health. Oregon youth who smoke are also more likely to have used alcohol or marijuana in the last thirty days.

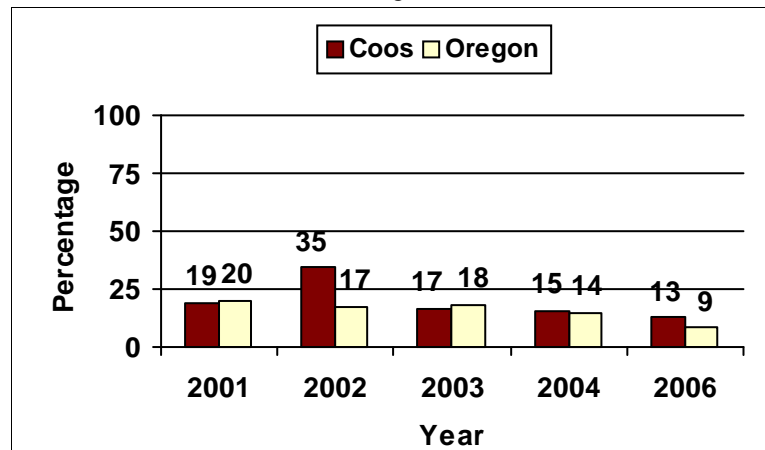
## Survey question

How old were you when you smoked a whole cigarette for the first time?

---

### Percent of Youth Who Were Less Than 13 Years Old When They Smoked a Cigarette for the First Time

11th grade



Data Source: Oregon Healthy Teens Survey

---

# Tobacco

# Youth data

## Measure

Availability of tobacco

### Why this measure is important

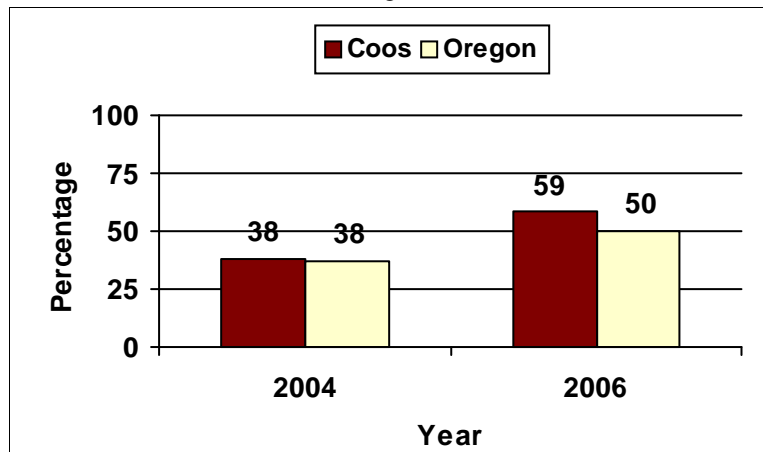
Easy access to cigarettes is associated with increased risk of early smoking. In Oregon it is illegal for youth under the age of 18 to purchase tobacco products. However, youth obtain tobacco from many sources in addition to retailers, including friends, siblings and parents.

## Survey question

If you wanted to get some tobacco (for example, cigarettes or chewing tobacco), how easy would it be for you to get some?

### Percent of Youth Who Say it is "Sort of Easy" or "Very Easy" to Get Tobacco

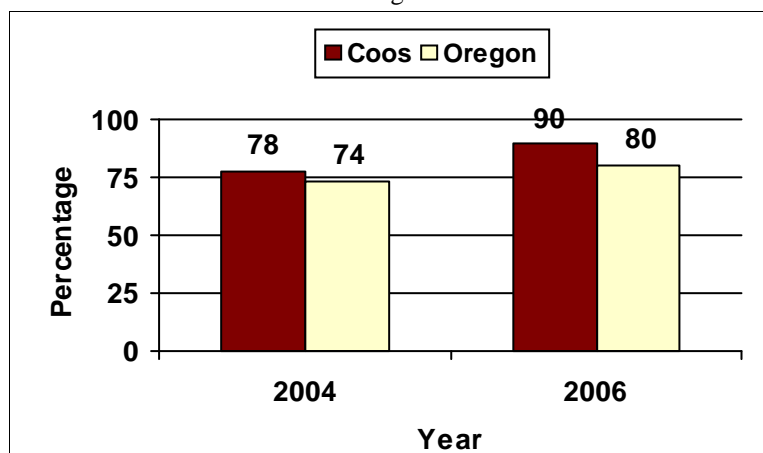
8th grade



Data Source: Oregon Healthy Teens Survey

### Percent of Youth Who Say it is "Sort of Easy" or "Very Easy" to Get Tobacco

11th grade



Data Source: Oregon Healthy Teens Survey



# Tobacco

# Youth data

## Measure

Perceived risk of harm from cigarette smoking

## Why this measure is important

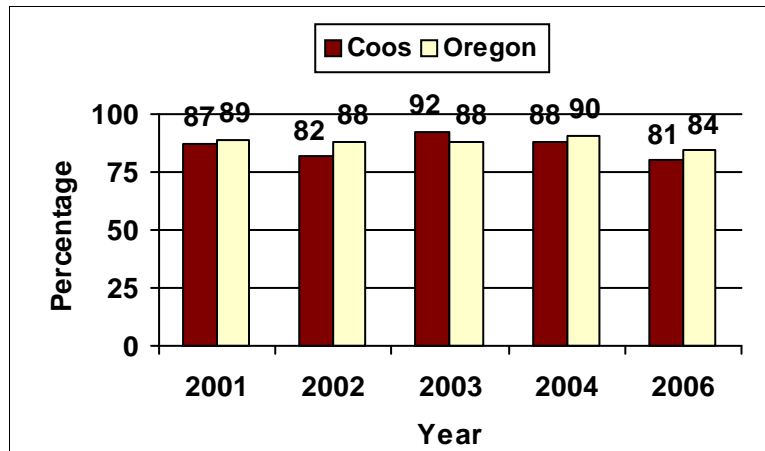
Perceived risk of harm from cigarette smoking is a deterrent to smoking, especially at early ages. Oregon 8th graders who thought there was a "moderate" or "great risk" from smoking a pack of cigarettes a day were significantly less likely to smoke than those who thought there was "slight" or "no risk" of harm.

## Survey question

How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

### Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Smoking a Pack of Cigarettes Daily

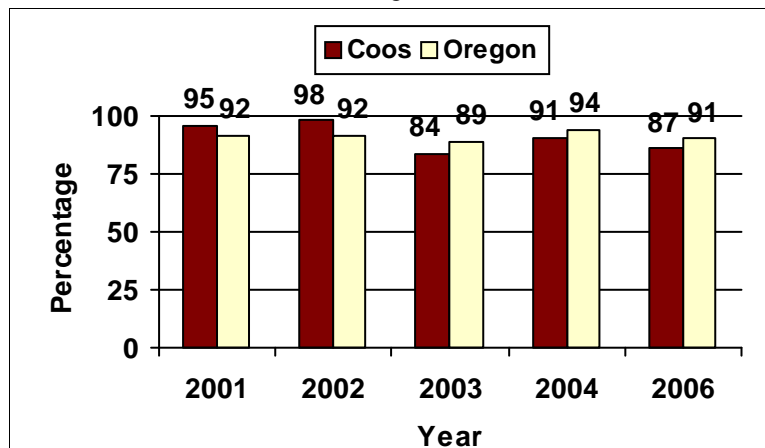
8th grade



Data Source: Oregon Healthy Teens Survey

### Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Smoking a Pack of Cigarettes Daily

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

# Tobacco

# Youth data

---

## Measure

Perception of parent disapproval of cigarette smoking

## Why this measure is important

Parents can play an influential role in preventing youth from smoking. Youth who know their parents disapprove of smoking are less likely to smoke, especially at an early age.

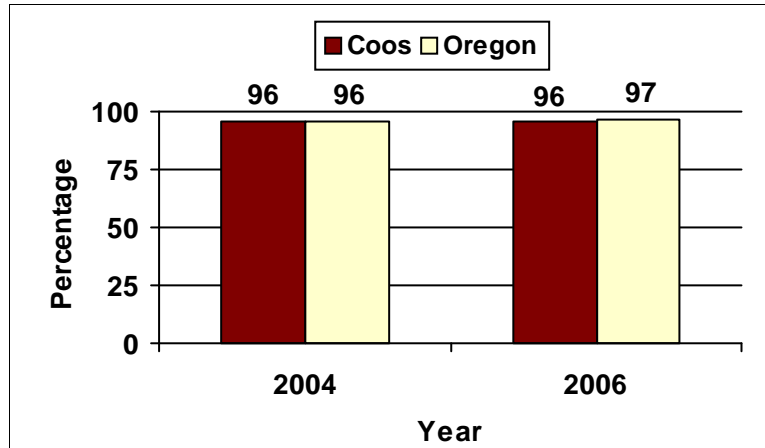
## Survey question

How wrong do your parents feel it would be for you to smoke cigarettes?

---

### Percent of Youth Who Say Their Parents Think It Is "Wrong" or "Very Wrong" for Youth to Smoke Cigarettes

8th grade

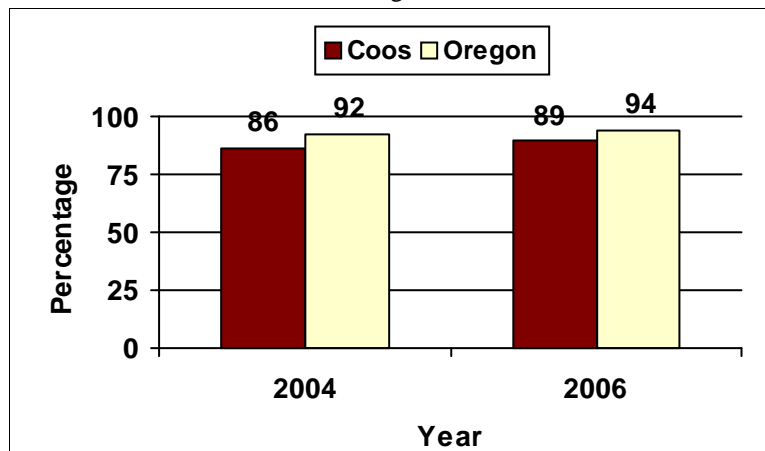


Data Source: Oregon Healthy Teens Survey

---

### Percent of Youth Who Say Their Parents Think It Is "Wrong" or "Very Wrong" for Youth to Smoke Cigarettes

11th grade



Data Source: Oregon Healthy Teens Survey

---

---

---

# Appendix A: List of measures by substance

---

---

## *Alcohol*

Alcohol-related motor vehicle death rate  
Rate of death from alcohol-induced disease  
Suicide death rate  
Attempted suicide by youth  
Alcohol abuse or dependence  
Crimes against persons  
Current alcohol use by adults  
Current binge drinking by adults  
Current heavy use of alcohol by adults  
Alcohol use during pregnancy  
Current alcohol use by youth  
Current binge drinking by youth  
Drinking and driving among youth  
Gambling by youth  
Early initiation of alcohol use  
Availability of alcohol  
Perceived risk of harm from alcohol use  
Perception of parent disapproval of alcohol use

## *Illicit Drugs*

Deaths from illicit drug use  
Drug abuse or dependence  
Crimes against property  
Current use of marijuana by youth  
Current use of inhalants by youth  
Current use of prescription drugs by youth  
Current use of stimulants by youth  
Early initiation of marijuana use  
Availability of marijuana  
Availability of illicit drugs  
Perceived risk of harm from regular marijuana use  
Perception of parent disapproval of marijuana use

## *Tobacco*

Rate of tobacco-related deaths  
Current use of cigarettes by adults  
Tobacco use during pregnancy  
Current use of cigarettes by youth  
Current use of smokeless tobacco by youth  
Early initiation of cigarette use  
Availability of tobacco  
Perceived risk of harm from cigarette smoking  
Perception of parent disapproval of cigarette smoking

---

---

## Appendix B: List of measures by data source

---

---

### ***Fatality Analysis Reporting System***

Alcohol-related motor vehicle death rate

### ***Law Enforcement Data System***

Crimes against persons

Crimes against property

### ***National Survey on Drug Use and Health***

Alcohol abuse or dependence

Drug abuse or dependence

### ***Oregon Behavioral Risk Factor Surveillance System***

Current alcohol use by adults

Current binge drinking by adults

Current heavy use of alcohol by adults

Current use of cigarettes by adults

### ***Oregon Healthy Teens Survey***

Current alcohol use by youth

Current binge drinking by youth

Current use of cigarettes by youth

Current use of inhalants by youth

Current use of marijuana by youth

Current use of prescription drugs by youth

Current use of smokeless tobacco by youth

Current use of stimulants by youth

Drinking and driving among youth

Early initiation of alcohol use

Early initiation of cigarette use

Early initiation of marijuana use

Gambling by youth

Attempted suicide by youth

Availability of alcohol

Availability of illicit drugs

Availability of marijuana

Availability of tobacco

Perceived risk of harm from alcohol use

Perceived risk of harm from cigarette smoking

Perceived risk of harm from regular marijuana use

Perception of parent disapproval of alcohol use

Perception of parent disapproval of cigarette smoking

Perception of parent disapproval of marijuana use

### ***Oregon State Medical Examiner***

Deaths from illicit drug use

---

---

## Appendix B: List of measures by data source

---

---

### *Oregon Vital Statistics Annual Report, Volume 1*

Alcohol use during pregnancy  
Tobacco use during pregnancy

### *Oregon Vital Statistics Annual Report, Volume 2*

Rate of death from alcohol-induced disease  
Rate of tobacco-related deaths  
Suicide death rate

---

---

## Appendix C: Bibliography of data sources

---

---

### ***Fatality Analysis Reporting System***

**Citation:** Oregon Department of Transportation, Transportation Safety Division. DUII Control System Performance Outcome Measures for Oregon Counties. Salem, Oregon, 2007.

**Online location:** <http://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx>

### ***Law Enforcement Data System***

**Citation:** Oregon State Police, Criminal Justice Information Services. Oregon Annual Uniform Crime Reports. Salem, Oregon, 2000, 2001, 2002, 2003, 2004 and 2005.

**Online location:** [http://www.oregon.gov/OSP/CJIS/annual\\_reports.shtml](http://www.oregon.gov/OSP/CJIS/annual_reports.shtml)

### ***National Survey on Drug Use and Health***

**Citation:** Substance Abuse and Mental Health Services Administration. Results from the 2005 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD, 2006.

**Online location:** <http://www.oas.samhsa.gov/nsduhLatest.htm>

### ***Oregon Behavioral Risk Factor Surveillance System***

**Citation:** Oregon Department of Human Services, Public Health Division, Office of Disease Prevention and Epidemiology, Center for Health Statistics. Behavioral Risk Factor Surveillance System Survey Data, 2002-2005 County Results. Portland, Oregon, 2007.

**Online location:** <http://www.dhs.state.or.us/dhs/ph/chs/brfs/brfsdata.shtml>

### ***Oregon Healthy Teens Survey***

**Citation:** Oregon Department of Human Services, Public Health Division, Office of Disease Prevention and Epidemiology, Center for Health Statistics. Results from Oregon Healthy Teens Survey. Portland, Oregon, 2001, 2002, 2003, 2004, and 2006.

**Online location:** <http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/index.shtml>

### ***Oregon State Medical Examiner***

**Citation:** Oregon State Police, State Medical Examiner, Drug Related Death Reports. Salem, Oregon, 2002, 2003, 2004, and 2005.

**Online location:** [http://www.oregon.gov/OSP/SME/Drug\\_Related\\_Death\\_Statistics.shtml](http://www.oregon.gov/OSP/SME/Drug_Related_Death_Statistics.shtml)

### ***Oregon Vital Statistics Annual Report, Volume 1***

**Citation:** Oregon Department of Human Services, Public Health Division, Office of Disease Prevention and Epidemiology, Center for Health Statistics. Results from the Oregon Vital Statistics Annual Reports: Volume 1: Natality, Induced Terminations of Pregnancy, Teen Pregnancy. Portland, Oregon, 2000, 2001, 2002, 2003 and 2004.

**Online location:** <http://www.dhs.state.or.us/dhs/ph/chs/data/arpt/04v2/toc.shtml>

### ***Oregon Vital Statistics Annual Report, Volume 2***

**Citation:** Oregon Department of Human Services, Public Health Division, Office of Disease Prevention and Epidemiology, Center for Health Statistics. Results from the Oregon Vital Statistics Annual Reports: Volume 2: Mortality Fetal and Infant Mortality Youth Suicide Attempts. Portland, Oregon, 2000, 2001, 2002, 2003 and 2004.

**Online location:** <http://www.dhs.state.or.us/dhs/ph//chs/data/vol1.shtml>

---

---

## Appendix D: Data endnotes for Coos

---

---

### *Fatality Analysis Reporting System*

The Fatality Analysis Reporting System (FARS) collects data on fatal traffic crashes within the 50 states, the District of Columbia and Puerto Rico. To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway customarily open to the public and result in the death of a person (occupant of a vehicle or a non-occupant) within 30 days of the crash.

The Oregon Department of Transportation compiles FARS data into an annual report called the "DUII Control System Performance Measures for Oregon Counties." This report is the source of county data on alcohol involved motor vehicle fatalities. Alcohol involved refers to all crashes that result in a fatality in which at least one driver, pedestrian, or cyclist had been drinking alcohol (Blood Alcohol Concentration >0.00).

Graphs that appear earlier in this report show the average rate of alcohol-related motor vehicle deaths per 100,000 population between 2001 and 2005. If the county population is less than 20,000 the graph depicts regional data.

The endnotes that follow provide the county's annual information including the total number of deaths and the rate of deaths per 100,000 population.

### *Alcohol-related motor vehicle death rate*

Rate of Alcohol-related Motor-vehicle Deaths per 100,000 Population

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Rate</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2000	All ages	Both	3.2	2	
2001	All ages	Both	6.4	4	
2002	All ages	Both	8.0	5	
2003	All ages	Both	11.1	7	
2004	All ages	Both	4.8	3	
2005	All ages	Both	4.8	3	

---

---

## Appendix D: Data endnotes for Coos

---

---

### *Law Enforcement Data System*

The Oregon Uniform Crime Reporting program requires all law enforcement agencies to report crime statistics for purposes of meeting the Federal Bureau of Investigation data requirements. Any law enforcement agency discovering, receiving a report or investigating any offense occurring in its jurisdiction that would constitute a crime reports these facts to the Law Enforcement Data System monthly.

Crimes against persons include criminal offenses where the victim is present and the act is violent or threatening or has the potential of being physically harmful. Crimes against property include criminal offenses that involve taking something of value by theft or deception or the destruction of property.

The endnotes that follow provide data on the annual number of offenses reported in the county and the rate of crimes per 10,000 population.

### *Crimes against persons*

Rate of Crimes Against Persons per 10,000 Population

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Rate</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2000	All ages	Both	83.6	525	
2001	All ages	Both	99.4	626	
2002	All ages	Both	102.6	643	
2003	All ages	Both	155.1	977	
2004	All ages	Both	119.3	748	
2005	All ages	Both	116.0	727	

### *Crimes against property*

Rate of Property Crimes Reported per 10,000 Population

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Rate</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2000	All ages	Both	430.1	2701	
2001	All ages	Both	512.6	3227	
2002	All ages	Both	481.4	3016	
2003	All ages	Both	507.5	3197	
2004	All ages	Both	424.4	2661	
2005	All ages	Both	472.9	2965	



---

---

## Appendix D: Data endnotes for Coos

---

---

### *National Survey on Drug Use and Health*

The National Survey on Drug Use and Health is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration. The survey is the source of statistical information on alcohol and drug abuse and dependence for the county epidemiological profiles. Survey results from 2002, 2003 and 2004 were combined to yield data for five regions in the state.

The endnotes that follow provide an estimate of the total cases of abuse or dependence in the county based on the percentage of abuse or dependence in the region. The additional notes list the counties included in the regional rate.

#### *Alcohol abuse or dependence*

Percent of Persons Ages 12 or Older with Alcohol Dependence or Abuse in the Past Year

<b>TimeRange</b>	<b>Age</b>	<b>Gender</b>	<b>Percentage</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2002-2004	12 or older	Both	6.4	3454	Rate based on Coos, Curry, Douglas, Jackson, Klamath data combined

---

#### *Drug abuse or dependence*

Percent of Persons with Drug Dependence or Abuse

<b>TimeRange</b>	<b>Age</b>	<b>Gender</b>	<b>Percentage</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2002-2004	12 or older	Both	2.9	1548	Rate based on Coos, Curry, Douglas, Jackson, Klamath data combined

---

---

---

# Appendix D: Data endnotes for Coos

---

---

## *Oregon Behavioral Risk Factor Surveillance System*

The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project of the Centers for Disease Control and Prevention, and U.S. states and territories. The BRFSS is an on-going data collection program designed to measure behavioral risk factors in the adult population 18 years of age or older living in households. The objective of the BRFSS is to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population.

County results were determined using data from the 2002-2005 Oregon BRFSS. The rates have been age-adjusted. Age-adjusted rates allow comparison of one county to another without worrying about whether differences in the rates are due to one population being, on average, older or younger than the other one.

The endnotes that follow provide county specific results. When results were based on less than 50 respondents total or less than 12 in any one of the three age groups, they may not accurately reflect behavior of the entire county and it is so noted.

### *Current alcohol use by adults*

Percent of Adults Reporting Any Use of Alcohol in the Past 30 Days, by Gender

<b>Report Period</b>	<b>Age</b>	<b>Gender</b>	<b>Percentage</b>	<b>Total Surveyed</b>	<b>Additional Notes</b>
2002-2005	18 or older	Female	46.8	324	
2002-2005	18 or older	Male	58.3	211	

### *Current binge drinking by adults*

Percent of Adults Reporting Binge Drinking in the Past 30 Days, by Gender

<b>Report Period</b>	<b>Age</b>	<b>Gender</b>	<b>Percentage</b>	<b>Total Surveyed</b>	<b>Additional Notes</b>
2002-2005	18 or older	Female	14.1	323	
2002-2005	18 or older	Male	26.0	209	

### *Current heavy use of alcohol by adults*

Percent of Adults Who Were Heavy Drinkers in the Past 30 Days, by Gender

<b>Report Period</b>	<b>Age</b>	<b>Gender</b>	<b>Percentage</b>	<b>Total Surveyed</b>	<b>Additional Notes</b>
2002-2005	18 or older	Female	6.2	317	
2002-2005	18 or older	Male	5.7	206	

### *Current use of cigarettes by adults*

Percent of Persons Who Indicate They Smoke "Everyday" or "Some Days"

<b>Report Period</b>	<b>Age</b>	<b>Gender</b>	<b>Percentage</b>	<b>Total Surveyed</b>	<b>Additional Notes</b>
2002-2005	18 or older	Both	27.0	819	

---

---

# Appendix D: Data endnotes for Coos

---

---

## *Oregon Healthy Teens Survey*

The Oregon Healthy Teens survey is Oregon's effort to monitor the health and well-being of adolescents. Survey questions about alcohol, illicit drugs and tobacco are based on national outcome measures from the Substance Abuse and Mental Health Services Administration.

Oregon Healthy Teens survey has a high participation rate from districts and schools in most counties, so the results are generally a good representation of 8th and 11th grade students. From 2001 to 2004, results for a number of counties were grouped by the Service Delivery Areas of the Department of Human Services. Beginning in 2006, two years of survey results are pooled so county level information is available for communities to use in identifying key issues of concern, and in planning and evaluating efforts to improve outcomes for young people.

The endnotes that follow provide information about the annual 8th and 11th grade survey results including sample size and additional notes. Sample size refers to the number of youth who responded to the survey item. In the event that the results are from data combined from multiple counties, it is noted. If there was no participation in the county, it is also noted.

### *Attempted suicide by youth*

Percent of Youth Who Attempted Suicide in the Past Year

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Percent</b>	<b>Sample Size</b>	<b>Additional Notes</b>
2001	8th grade	Both	6.8	103	
2002	8th grade	Both	14.3	133	
2003	8th grade	Both	6.5	108	
2004	8th grade	Both	6.5	200	
2006	8th grade	Both	7.7	840	2005 and 2006 data combined
2001	11th grade	Both	4.9	82	
2002	11th grade	Both	9.0	78	
2003	11th grade	Both	0.0	96	
2004	11th grade	Both	5.9	151	
2006	11th grade	Both	5.7	641	2005 and 2006 data combined

### *Current alcohol use by youth*

Percent of Youth Who Drank Alcohol on 1 or More Occasions in the Past 30 Days

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Percent</b>	<b>Sample Size</b>	<b>Additional Notes</b>
2001	8th grade	Both	17.7	113	
2002	8th grade	Both	36.4	143	
2003	8th grade	Both	21.7	115	
2004	8th grade	Both	26.0	214	
2006	8th grade	Both	35.0	798	2005 and 2006 data combined
2001	11th grade	Both	45.9	85	
2002	11th grade	Both	46.0	87	
2003	11th grade	Both	43.3	90	
2004	11th grade	Both	47.5	160	
2006	11th grade	Both	42.7	636	2005 and 2006 data combined

---

---

## Appendix D: Data endnotes for Coos

---

---

### *Current binge drinking by youth*

Percent of Youth Who Report Binge Drinking in the Past 30 Days

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	8.0	112	
2002	8th grade	Both	17.0	141	
2003	8th grade	Both	9.4	117	
2004	8th grade	Both	10.6	214	
2006	8th grade	Both	17.2	795	2005 and 2006 data combined
2001	11th grade	Both	33.3	84	
2002	11th grade	Both	27.1	85	
2003	11th grade	Both	30.0	90	
2004	11th grade	Both	34.8	158	
2006	11th grade	Both	26.4	624	2005 and 2006 data combined

### *Drinking and driving among youth*

Percent of Youth Who Drove When They Had Been Drinking Alcohol

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	11th grade	Both	3.8	80	
2002	11th grade	Both	13.2	76	
2003	11th grade	Both	11.3	97	
2004	11th grade	Both	11.0	126	
2006	11th grade	Both	6.2	642	2005 and 2006 data combined

### *Gambling by youth*

Percent of Youth Who Gambled in the Past Year

Year	Age	Gender	Percent	Sample Size	Additional Notes
2004	8th grade	Both	23.7	202	
2006	8th grade	Both	21.7	838	2005 and 2006 data combined
2004	11th grade	Both	24.8	148	
2006	11th grade	Both	29.8	639	2005 and 2006 data combined

### *Early initiation of alcohol use*

Percent of Youth Who Were Less Than 13 Years Old When They Drank Alcohol for the First Time

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	11th grade	Both	28.9	83	
2002	11th grade	Both	41.3	172	
2003	11th grade	Both	22.5	89	
2004	11th grade	Both	19.2	213	Coos, Curry combined data
2006	11th grade	Both	25.0	635	2005 and 2006 data combined

## Appendix D: Data endnotes for Coos

### *Availability of alcohol*

Percent of Youth Who Say It Is "Sort of Easy" or "Very Easy" to Get Some Beer, Wine or Hard Liquor

Year	Age	Gender	Percent	Sample Size	Additional Notes
2004	8th grade	Both	50.0	198	
2006	8th grade	Both	59.4	790	2005 and 2006 data combined
2004	11th grade	Both	84.6	137	
2006	11th grade	Both	84.0	629	2005 and 2006 data combined

### *Perceived risk of harm from alcohol use*

Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Drinking Nearly Every Day

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	75.5	102	
2002	8th grade	Both	58.3	151	
2003	8th grade	Both	64.8	88	
2004	8th grade	Both	59.7	689	
2006	8th grade	Both	55.6	752	2005 and 2006 data combined
2001	11th grade	Both	60.9	87	
2002	11th grade	Both	61.1	95	
2003	11th grade	Both	63.3	79	
2004	11th grade	Both	65.1	670	
2006	11th grade	Both	58.2	617	2005 and 2006 data combined

### *Perception of parent disapproval of alcohol use*

Percent of Youth Who Say Their Parents Think It Is "Wrong" or "Very Wrong" for Youth to Drink Alcohol

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	93.1	116	
2002	8th grade	Both	78.7	136	
2003	8th grade	Both	91.2	125	
2004	8th grade	Both	86.7	96	
2006	8th grade	Both	88.8	752	2005 and 2006 data combined
2001	11th grade	Both	94.1	85	
2002	11th grade	Both	82.0	89	
2003	11th grade	Both	85.3	68	
2004	11th grade	Both	77.0	126	
2006	11th grade	Both	80.6	605	2005 and 2006 data combined

### *Current use of marijuana by youth*

Percent of Youth Who Report Using Marijuana 1 or More Times in the Past 30 Days

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	7.1	112	

## Appendix D: Data endnotes for Coos

2002	8th grade	Both	21.4	140	
2003	8th grade	Both	9.4	117	
2004	8th grade	Both	9.6	206	
2006	8th grade	Both	11.4	785	2005 and 2006 data combined
2001	11th grade	Both	21.2	85	
2002	11th grade	Both	26.1	88	
2003	11th grade	Both	21.6	88	
2004	11th grade	Both	21.7	147	
2006	11th grade	Both	21.8	626	2005 and 2006 data combined

### *Current use of inhalants by youth*

Percent of Youth Who Used Inhalants in the Past 30 Days

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	3.6	112	
2002	8th grade	Both	6.4	141	
2003	8th grade	Both	8.6	116	
2004	8th grade	Both	8.0	208	
2006	8th grade	Both	6.5	771	2005 and 2006 data combined
2001	11th grade	Both	5.9	85	
2002	11th grade	Both	4.7	85	
2003	11th grade	Both	4.5	88	
2004	11th grade	Both	7.2	151	
2006	11th grade	Both	3.0	620	2005 and 2006 data combined

### *Current use of prescription drugs by youth*

Percent of Youth Who Used Prescription Drugs to Get High in the Past 30 Days

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	2.7	111	
2002	8th grade	Both	6.4	141	
2003	8th grade	Both	6.0	117	
2004	8th grade	Both	2.8	208	
2006	8th grade	Both	3.7	767	2005 and 2006 data combined
2001	11th grade	Both	7.0	86	
2002	11th grade	Both	6.0	84	
2003	11th grade	Both	5.7	88	
2004	11th grade	Both	13.2	151	
2006	11th grade	Both	7.1	617	2005 and 2006 data combined

## Appendix D: Data endnotes for Coos

### *Current use of stimulants by youth*

Percent of Youth Who Used Stimulants in the Past 30 Days

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	2.7	111	
2002	8th grade	Both	5.0	141	
2003	8th grade	Both	2.6	116	
2004	8th grade	Both	1.4	206	
2006	8th grade	Both	0.8	766	2005 and 2006 data combined
2001	11th grade	Both	0.0	85	
2002	11th grade	Both	1.2	84	
2003	11th grade	Both	1.8	116	
2004	11th grade	Both	2.6	151	
2006	11th grade	Both	1.2	614	2005 and 2006 data combined

### *Early initiation of marijuana use*

Percent of Youth Who Report They Were Less Than 13 Years When They Tried Marijuana

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	11th grade	Both	11.8	85	
2002	11th grade	Both	18.0	83	
2003	11th grade	Both	5.6	89	
2004	11th grade	Both	10.2	156	
2006	11th grade	Both	9.3	627	2005 and 2006 data combined

### *Availability of marijuana*

Percent of Youth Who Say It Would Be "Sort of Easy" or "Very Easy" to Get Marijuana

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	42.7	110	
2002	8th grade	Both	54.1	135	
2003	8th grade	Both	52.2	113	
2004	8th grade	Both	27.5	197	
2006	8th grade	Both	40.3	450	2005 and 2006 data combined
2001	11th grade	Both	78.8	85	
2002	11th grade	Both	79.8	84	
2003	11th grade	Both	76.1	88	
2004	11th grade	Both	74.0	135	
2006	11th grade	Both	78.3	371	2005 and 2006 data combined

### *Availability of illicit drugs*

Percent of Youth Who Say It Would Be "Sort of Easy" or "Very Easy" to Get Illicit Drugs

Year	Age	Gender	Percent	Sample Size	Additional Notes
------	-----	--------	---------	-------------	------------------

## Appendix D: Data endnotes for Coos

2001	8th grade	Both	25.7	109	
2002	8th grade	Both	23.9	134	
2003	8th grade	Both	32.7	113	
2004	8th grade	Both	11.7	194	
2006	8th grade	Both	14.7	413	2005 and 2006 data combined
2001	11th grade	Both	38.6	83	
2002	11th grade	Both	41.2	85	
2003	11th grade	Both	28.1	89	
2004	11th grade	Both	34.2	134	
2006	11th grade	Both	35.3	349	2005 and 2006 data combined

### *Perceived risk of harm from regular marijuana use*

Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Smoking Marijuana Regularly

Year	Age	Gender	Percent	Sample Size	Additional Notes
2004	8th grade	Both	84.3	198	
2006	8th grade	Both	81.2	737	2005 and 2006 data combined
2004	11th grade	Both	70.5	152	
2006	11th grade	Both	69.0	609	2005 and 2006 data combined

### *Perception of parent disapproval of marijuana use*

Percent of Youth Who Say Their Parents Think It Is "Wrong" or "Very Wrong" for Youth to Smoke Marijuana

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	93.1	116	
2002	8th grade	Both	87.3	134	
2003	8th grade	Both	93.7	126	
2004	8th grade	Both	92.5	95	
2006	8th grade	Both	95.1	741	2005 and 2006 data combined
2001	11th grade	Both	94.1	85	
2002	11th grade	Both	92.3	91	
2003	11th grade	Both	90.9	66	
2004	11th grade	Both	87.5	120	
2006	11th grade	Both	87.7	601	2005 and 2006 data combined

### *Current use of cigarettes by youth*

Percent of Youth Who Smoked in the Past 30 Days

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	13.5	111	
2002	8th grade	Both	15.1	146	
2003	8th grade	Both	3.4	118	
2004	8th grade	Both	5.9	214	



## Appendix D: Data endnotes for Coos

2006	8th grade	Both	12.7	829	2005 and 2006 data combined
2001	11th grade	Both	19.8	86	
2002	11th grade	Both	18.4	87	
2003	11th grade	Both	20.0	90	
2004	11th grade	Both	13.1	160	
2006	11th grade	Both	19.2	638	2005 and 2006 data combined

### *Current use of smokeless tobacco by youth*

Percent of Male Youth Who Used Smokeless Tobacco in the Past 30 Days

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Male	3.1	65	
2002	8th grade	Male	6.1	82	
2003	8th grade	Male	8.8	57	
2004	8th grade	Male	5.7	123	
2006	8th grade	Male	8.3	407	2005 and 2006 data combined
2001	11th grade	Male	13.6	44	Coos, Curry combined data
2002	11th grade	Male	32.1	56	Coos, Curry combined data
2003	11th grade	Male	21.4	56	Coos, Curry combined data
2004	11th grade	Male	20.8	96	
2006	11th grade	Male	14.7	318	2005 and 2006 data combined

### *Early initiation of cigarette use*

Percent of Youth Who Were Less Than 13 Years Old When They Smoked a Cigarette for the First Time

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	11th grade	Both	18.6	86	
2002	11th grade	Both	34.7	84	
2003	11th grade	Both	16.7	90	
2004	11th grade	Both	15.2	157	
2006	11th grade	Both	13.0	641	2005 and 2006 data combined

### *Availability of tobacco*

Percent of Youth Who Say it is "Sort of Easy" or "Very Easy" to Get Tobacco

Year	Age	Gender	Percent	Sample Size	Additional Notes
2004	8th grade	Both	37.6	194	
2006	8th grade	Both	58.5	413	2005 and 2006 data combined
2004	11th grade	Both	78.0	136	
2006	11th grade	Both	89.6	635	2005 and 2006 data combined

### *Perceived risk of harm from cigarette smoking*

Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Smoking a Pack of Cigarettes Daily

Year	Age	Gender	Percent	Sample Size	Additional Notes
------	-----	--------	---------	-------------	------------------

## Appendix D: Data endnotes for Coos

2001	8th grade	Both	87.1	101	
2002	8th grade	Both	82.1	151	
2003	8th grade	Both	92.1	88	
2004	8th grade	Both	88.3	203	
2006	8th grade	Both	80.6	764	2005 and 2006 data combined
2001	11th grade	Both	95.3	86	
2002	11th grade	Both	97.9	95	
2003	11th grade	Both	84.0	81	
2004	11th grade	Both	90.9	155	
2006	11th grade	Both	86.5	617	2005 and 2006 data combined

### *Perception of parent disapproval of cigarette smoking*

Percent of Youth Who Say Their Parents Think It Is "Wrong" or "Very Wrong" for Youth to Smoke Cigarettes

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Percent</b>	<b>Sample Size</b>	<b>Additional Notes</b>
2004	8th grade	Both	96.0	98	
2006	8th grade	Both	95.5	758	2005 and 2006 data combined
2004	11th grade	Both	85.8	126	
2006	11th grade	Both	89.3	605	2005 and 2006 data combined

---

---

## Appendix D: Data endnotes for Coos

---

---

### *Oregon State Medical Examiner*

The Oregon State Medical Examiner investigates and certifies the cause and manner of human deaths that occur under suspicious or unknown circumstances-examples include: apparent homicides or suicides, deaths from the unlawful use of a controlled substance, deaths from the abuse of chemicals or toxic agents, deaths that occur while a person is incarcerated, deaths that result from accidents or following an injury, deaths that arise from employment, and deaths of persons who are not under the care of a physician immediately previous to death.

The Oregon State Medical Examiner's office has its own software for investigative reports. The software allows local data entry for inclusion into the master file which is used to generate the annual "Drug-Related Deaths Report." Drug-related deaths are recorded in the county in which they occurred and may not be the decedant's county of residence.

Graphs that appear earlier in this report show the average rate of drug-related deaths per 100,000 population between 2002 and 2005. If the county population is less than 20,000 the graph depicts regional data.

The endnotes that follow provide the county's annual information including the total number of deaths and the rate of deaths per 100,000 population.

### *Deaths from illicit drug use*

Rate of Drug-related Deaths per 100,000 Population

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Rate</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2002	All ages	Both	1.6	1	
2003	All ages	Both	3.2	2	
2004	All ages	Both	3.2	2	
2005	All ages	Both	3.2	2	

---

---

# Appendix D: Data endnotes for Coos

---

---

## *Oregon Vital Statistics Annual Report, Volume 1*

Each year, the Oregon Department of Human Services' Center for Health Statistics publishes the Oregon Vital Statistics Annual Report. Volume 1 includes information regarding births. The presentation of data in the annual report is the final stage of a long, ongoing process that begins with completion of the confidential statistical section of the birth certificate. Hospital medical records personnel help to ensure that all certificates are complete and accurate. County and state officials perform additional checks for completeness and accuracy.

The endnotes that follow provide county specific results about alcohol and tobacco use during pregnancy for women who had live births. The data includes events relating to Oregon residents that occurred in another state. The Centers for Health Statistics in each state and Canadian province have agreed to forward copies of birth certificates to the state where the person usually resides.

### *Alcohol use during pregnancy*

Percent of Women Who Had Live Births and Reported Alcohol Use During Pregnancy

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Rate</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2000	All ages	Female	0.3	2	
2001	All ages	Female	0.2	1	
2002	All ages	Female	1.6	10	
2003	All ages	Female	0.8	5	
2004	All ages	Female	0.9	6	
2005	All ages	Female	0.6	4	

### *Tobacco use during pregnancy*

Percent of Women Who Had Live Births and Reported Using Tobacco During Pregnancy

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Rate</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2000	All ages	Female	21.3	132	
2001	All ages	Female	23.9	139	
2002	All ages	Female	25.2	158	
2003	All ages	Female	23.1	145	
2004	All ages	Female	23.5	149	
2005	All ages	Female	22.6	140	

---

---

# Appendix D: Data endnotes for Coos

---

---

## *Oregon Vital Statistics Annual Report, Volume 2*

Each year, the Oregon Department of Human Services' Center for Health Statistics publishes the Oregon Vital Statistics Annual Report. Volume 2 includes information on all deaths of Oregon residents. The presentation of data in the annual report is the final stage of a long, ongoing process that begins with prompt, accurate recording of vital events. For deaths, the funeral director or person who first assumes responsibility for the body files the death certificate. A physician completes the medical portion, except in cases of found bodies and unnatural deaths, which are certified by medical examiners. County and state officials perform additional checks for completeness and accuracy.

Cause of death is classified using the International Classification of Disease, tenth revision (ICD-10). ICD-10 incorporates rules for selecting the underlying cause of death, and classification of the leading causes of death.

Graphs that appear earlier in this report show the average rate of deaths per 100,000 population between 2001 and 2005. If the county population is less than 20,000 the graph depicts regional data for alcohol-induced deaths and suicides.

The endnotes that follow provide the county's annual information including the total number of deaths and the rate of deaths per 100,000 population. The data includes events relating to Oregon residents that occurred in another state. The Centers for Health Statistics in each state and Canadian province have agreed to forward copies of death certificates to the state where the person usually resides.

### *Rate of death from alcohol-induced disease*

Rate of Death From Alcohol-induced Disease per 100,000 Population

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Rate</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2000	All ages	Both	23.9	15	
2001	All ages	Both	23.8	15	
2002	All ages	Both	23.9	15	
2003	All ages	Both	28.6	18	
2004	All ages	Both	14.4	9	

### *Suicide death rate*

Rate of Suicide Deaths per 100,000 Population

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Rate</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2000	All ages	Both	12.7	8	
2001	All ages	Both	27.0	17	
2002	All ages	Both	20.8	13	
2003	All ages	Both	20.6	13	
2004	All ages	Both	38.3	24	

### *Rate of tobacco-related deaths*

Rate of Tobacco-Related Deaths per 100,000 Population

<b>Year</b>	<b>Age</b>	<b>Gender</b>	<b>Rate</b>	<b>Total Cases</b>	<b>Additional Notes</b>
2000	All ages	Both	363.1	228	
2001	All ages	Both	343.1	216	
2002	All ages	Both	365.5	229	
2003	All ages	Both	357.1	225	
2004	All ages	Both	357.3	224	

---

---

# Alcohol, Illicit Drug & Tobacco Consumption and Consequences in Coos County, Oregon 2000 to 2006

---

---

**Publication date:** January 2008

**Online location:** This document can be accessed online at:  
<[http://www.oregon.gov/DHS/addiction/resource\\_center.shtml](http://www.oregon.gov/DHS/addiction/resource_center.shtml)>

**Project name:** Oregon State Epidemiological Outcomes Workgroup

**Funded by:** Substance Abuse & Mental Health Services Administration's  
Center for Substance Abuse Prevention

**Contact information:** If you have questions about this document contact GERALYN  
BRENNAN 503-947-2319 or email [geraldyn.brennan@state.or.us](mailto:geraldyn.brennan@state.or.us)

**Oregon Department of Human Services  
Addiction and Mental Health Division  
500 Summer Street NE  
Salem, Oregon 97301**

