DHS: ADDICTIONS AND MENTAL HEALTH DIVISION

State Epidemiological Outcomes Workgroup

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

DHS

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

Introduction

This report for Curry 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 laid out 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 with the mortality measures and data on adult use of alcohol and cigarettes. In general when annual results could not be presented

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

In other instances, Curry County data were combined with neighboring counties when a larger sample size was needed for reliability. The National Survey on Drug Use and Health combined data from multiple counties to estimate rates of abuse or dependence for the region. The regional percentage was used to calculate total cases of abuse or dependence in Curry County. From 2001 through 2003, limited participation meant Oregon Healthy Teens survey data for Curry and Coos County were combined to ensure an adequate sample size. Increased participation resulted in Curry County reports for 8th grade youth beginning in 2004, and for 11th grade youth beginning in 2006.

The Oregon Healthy Teens survey is Oregon's effort to monitor the health and well being of adolescents. Between Fall 2005 and Spring 2007, all Curry County school districts participated with 75 percent of 8th graders and 50 percent of 11th graders surveyed. This high level of participation ensures results are representative of youth countywide. Continuing participation 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 drug use impact 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 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 in four youth in Curry 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 negative health consequences such as dependence, disease, injury and death and contributes to crimes against persons. Each year there are preventable deaths due to alcohol-induced disease and as a result of alcohol-related motor-vehicle crashes. Examples of alcohol-induced disease include deaths due to alcoholism, cirrhosis of the liver, hepatic failure, and hepatitis. In addition, diabetes, unintended injuries and suicide are leading causes of death associated with alcohol use. Centers of Disease Control and Prevention shows 23 percent of 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.

More than three-fourths of adult men and almost half of adult women in Curry County drink. Men are more likely to be heavy drinkers (10 percent form men vs. 5 percent for women) and more likely to report binge drinking than women (34 percent for men vs. 9 percent for women). Binge drinking is consumption of five or more drinks by a man within a couple hours and four or more within a couple hours for women.

Conservative estimates reveal 1,197 people in Curry County abuse or are dependent on

alcohol and are in need of treatment. This includes approximately 96 youth 12 to 17 years old, 359 young adults 18 to 25, and 742 adults 26 or older.

Youth begin drinking at very young ages. Curry County youth are more likely to start drinking before 13 years of age than to start smoking cigarettes (30 percent for alcohol use vs. 12 percent for cigarette use). In 2006, 36 percent of 8th graders reported drinking alcohol on one or more occasions in the past 30 days and 15 percent reported binge drinking. Among 11th graders, 45 percent reported drinking, 27 percent reported binge drinking and 8 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 Curry County, 8th and 11th graders report 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, 61 percent of 8th graders and 90 percent of 11th graders say 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. Curry County's property crime rate peaked in 2003, since then the rate of property crimes decreased 20 percent. More than 600 property crimes were reported in 2005. This includes crimes such as larceny, motor vehicle theft, arson, burglary, fraud and stolen property. 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.

Oregon youth and young adults have higher rates of abuse or dependence on illicit drugs than adults 26 or older. In Curry County, approximately 536 persons 12 or older abuse or are dependent on illicit drugs. This includes 97 youth 12 to 17 years old, 198 young adults 18 to 25 years old, and 241 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 Curry County

youth were 15 percent for 8th graders and 19 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 (71 percent said moderate or great risk from smoking marijuana vs. 80 percent who said moderate or great risk from smoking cigarettes).

Following marijuana, the most commonly used illicit drugs were inhalants for 8th graders (10 percent) and prescription drugs for 11th graders (5 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. Curry County averages 63 tobacco-related deaths each year.

About one of every four adults in Curry 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 that smoke during pregnancy increase the risk of spontaneous abortion, stillbirth, low birth weight, premature birth, asthma and Sudden Infant Death Syndrome (SIDS). In 2005, 24 percent of Curry 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 Curry County the percentage of 11th graders who began smoking before the age of 13 decreased 42 percent since 2001. However, 12 percent of 8th graders and 14 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

Alcohol Mortality data

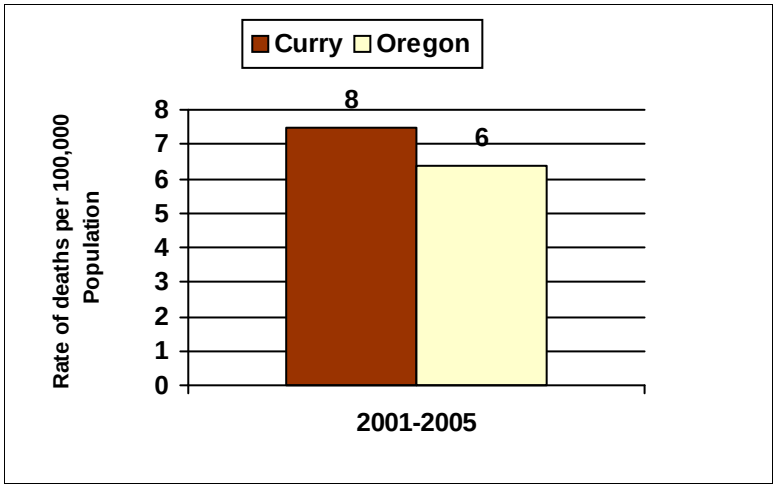
Measure Alcohol-related motor vehicle death rate

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
Curry	2
Oregon	227

Alcohol Mortality data

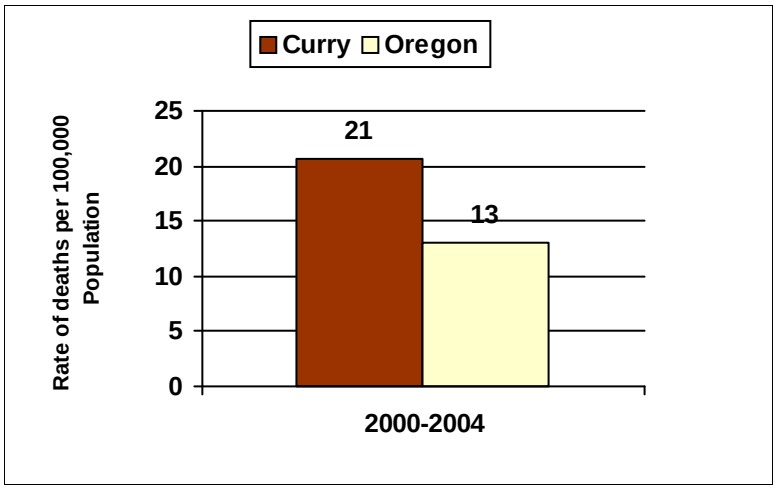
Measure Rate of death from alcohol-induced disease

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
Curry	4
Oregon	457

Alcohol Mortality data

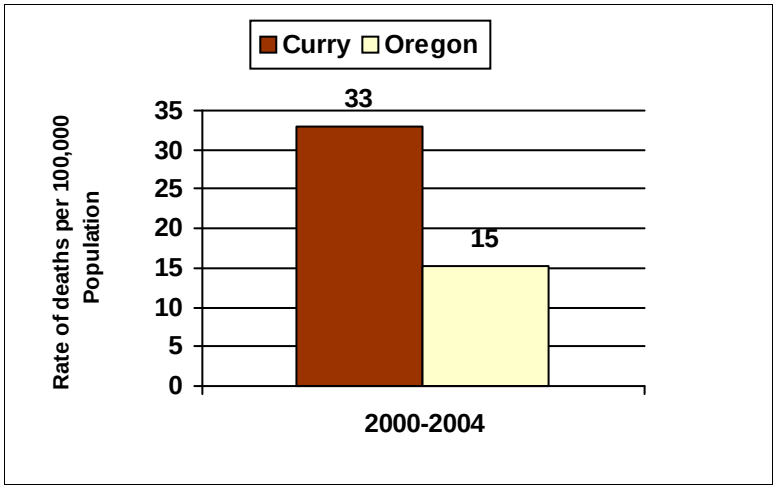
Measure Suicide death rate

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
Curry	7
Oregon	537

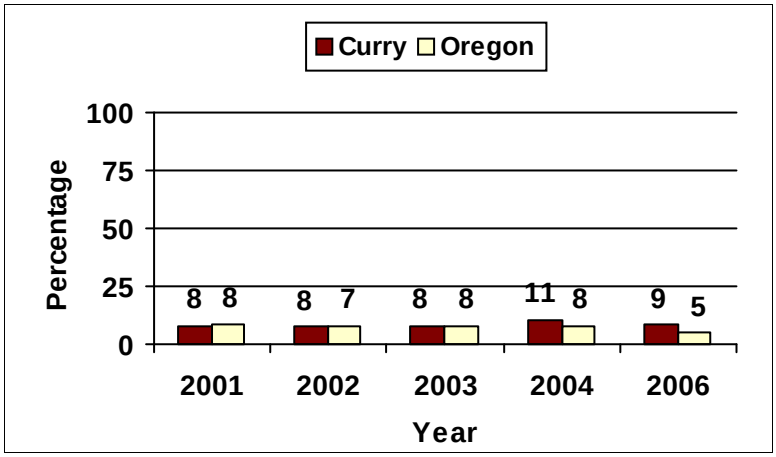
Measure Attempted suicide by youth

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

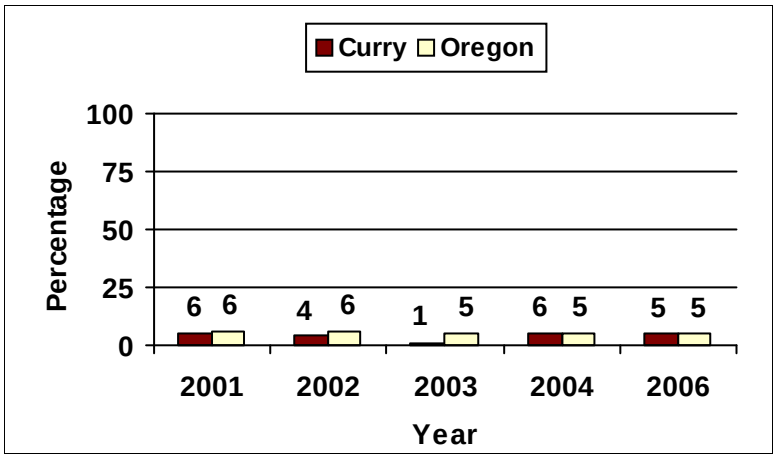
8th grade



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

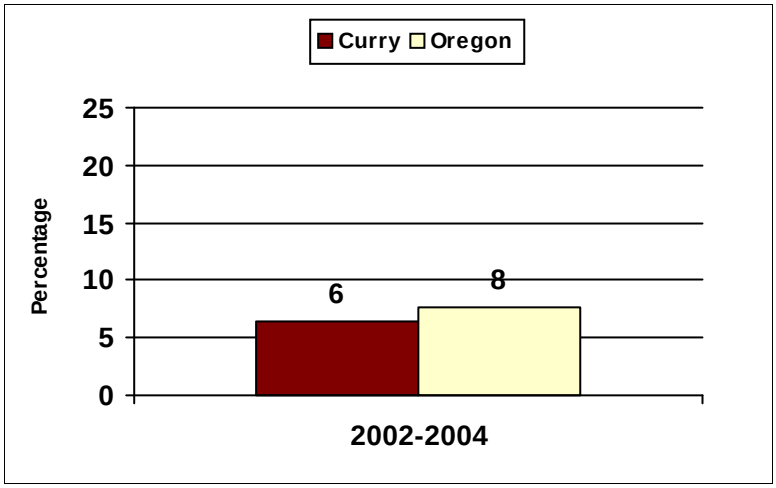
Measure Alcohol abuse or dependence

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
Curry	1197	18822
Oregon	22726	3006094

Alcohol Crime data

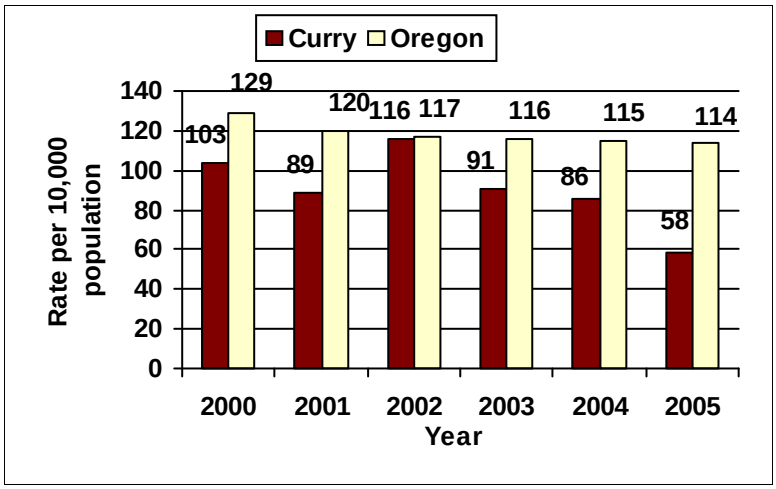
Measure Crimes against persons

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

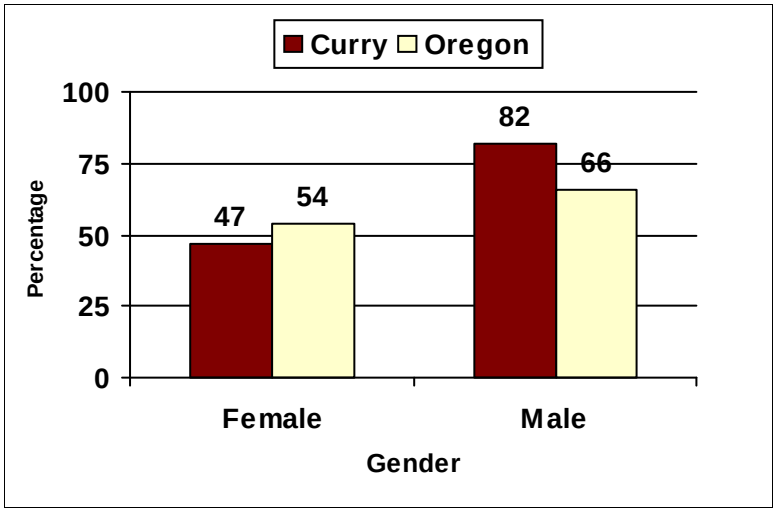
Measure Current alcohol use by adults

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

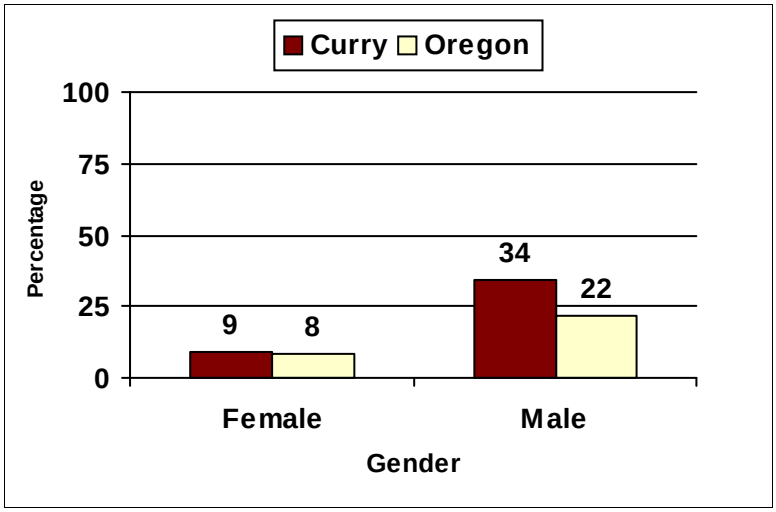
Measure Current binge drinking by adults

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

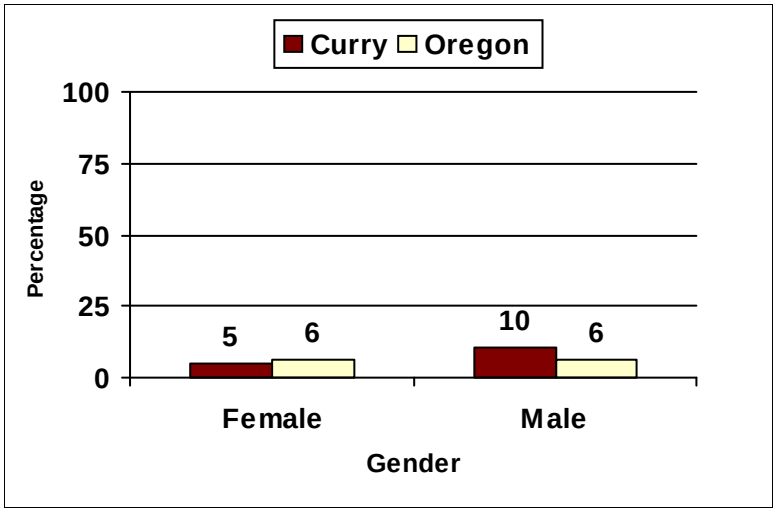
Measure Current heavy use of alcohol by adults

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

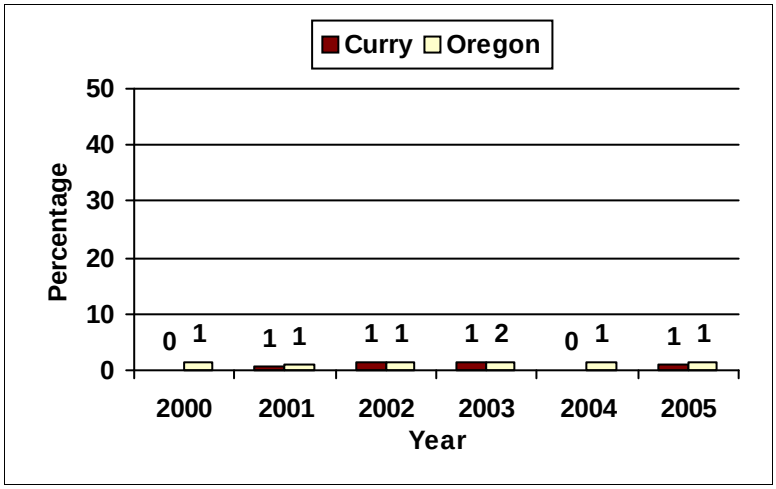
Why this measure is important *Alcohol use during pregnancy can result in Fetal Alcohol Spectrum Disorders (FASD), a range of physical and mental effects on the fetus. Frequent prenatal alcohol use has been associated with adverse outcomes, including spontaneous abortions, birth defects, growth defects 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

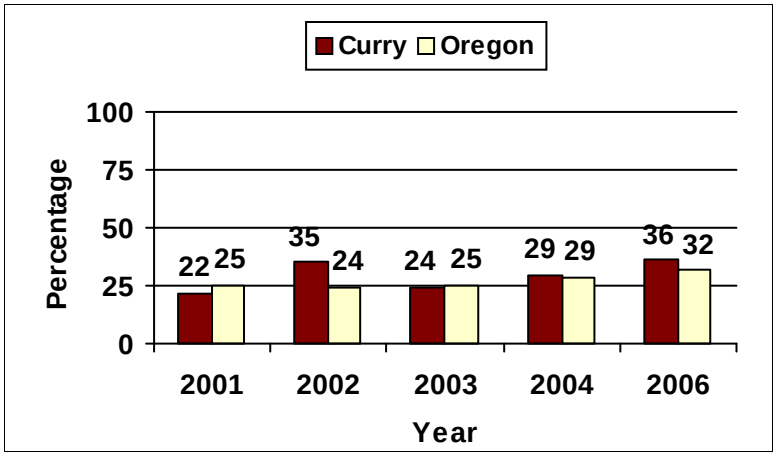
Measure Current alcohol use by youth

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

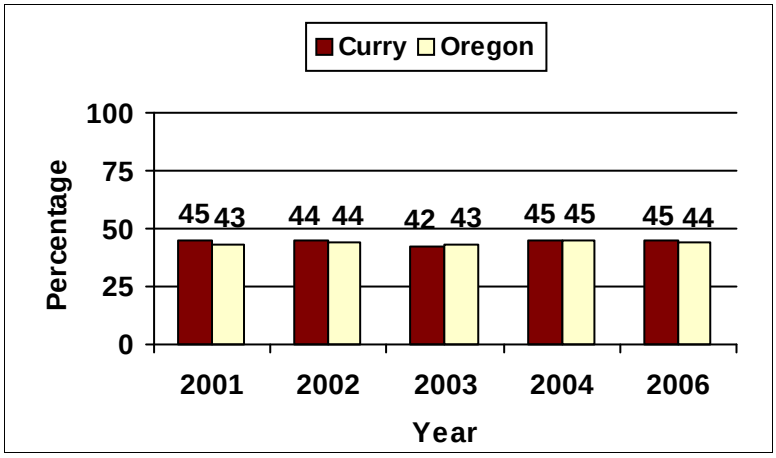
8th grade



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

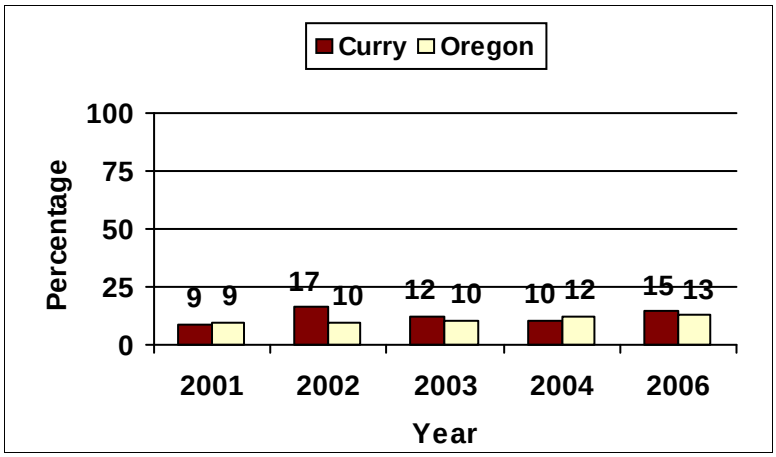
Measure Current binge drinking by youth

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

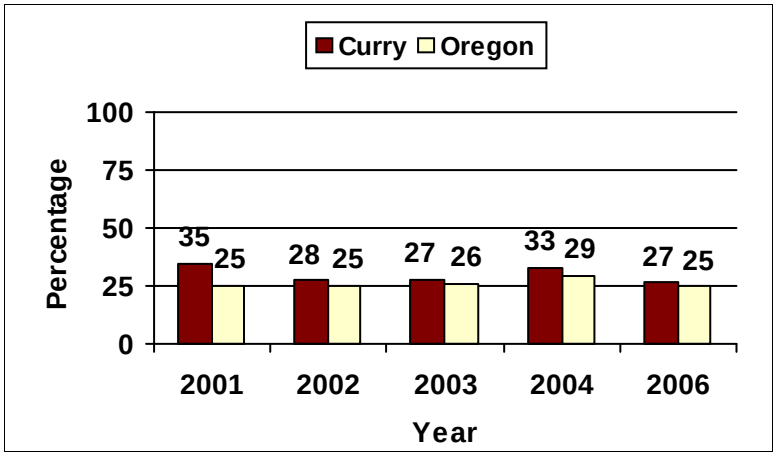
8th grade



Data Source: *Oregon Healthy Teens Survey*

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

11th grade



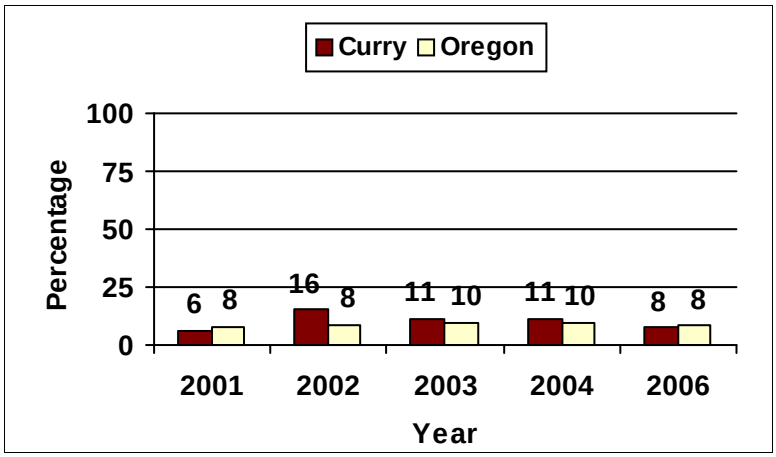
Data Source: *Oregon Healthy Teens Survey*

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*

Alcohol Youth data

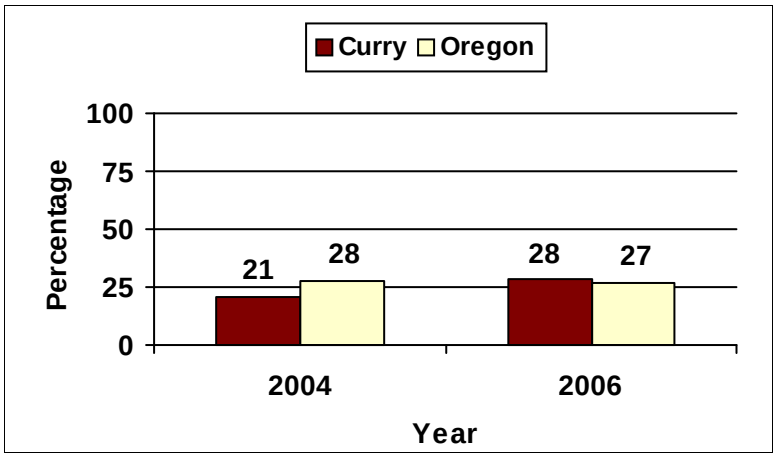
Measure Gambling by youth

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

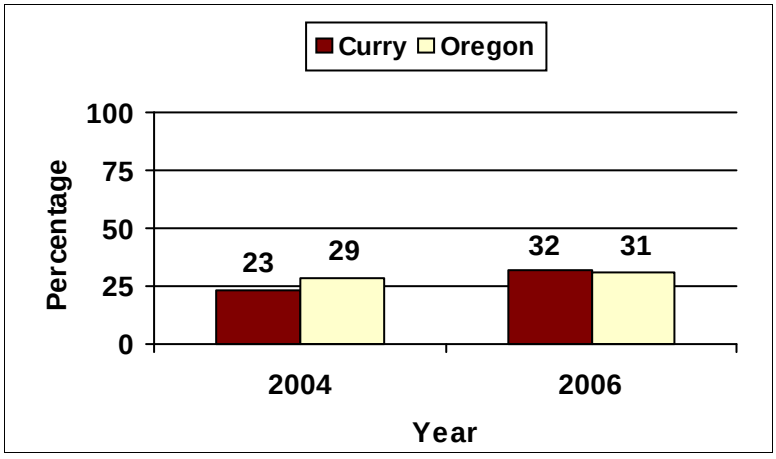
8th grade



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

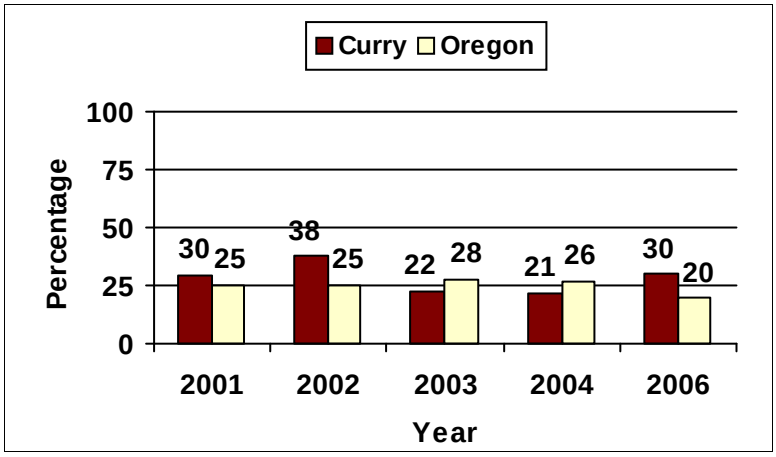
Measure Early initiation of alcohol use

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*

Alcohol Youth data

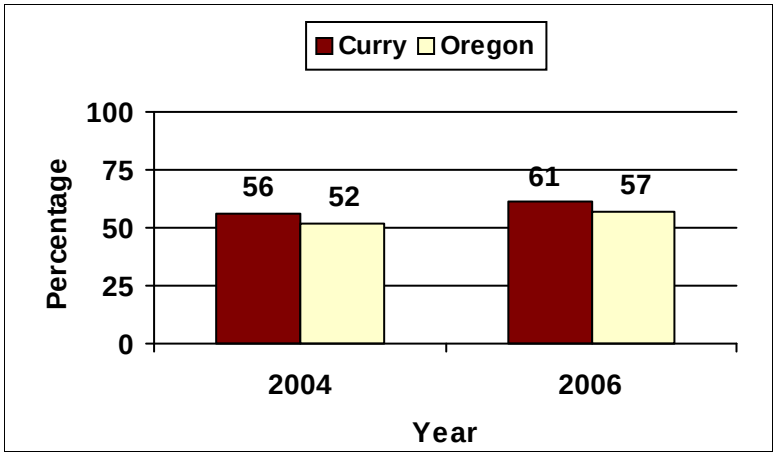
Measure Availability of alcohol

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

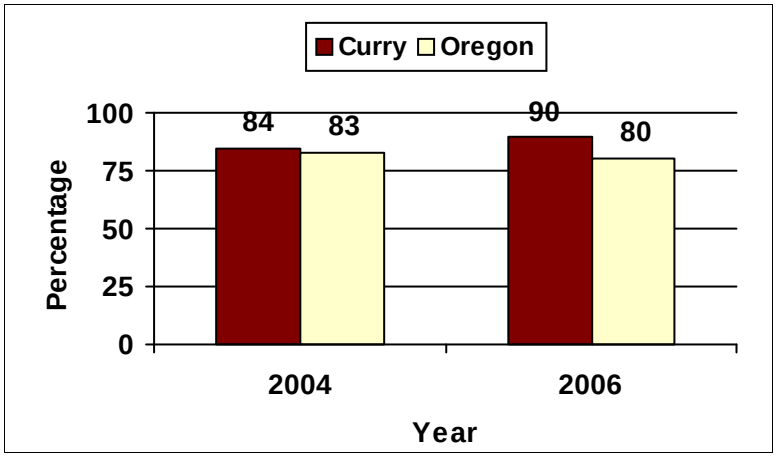
8th grade



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*

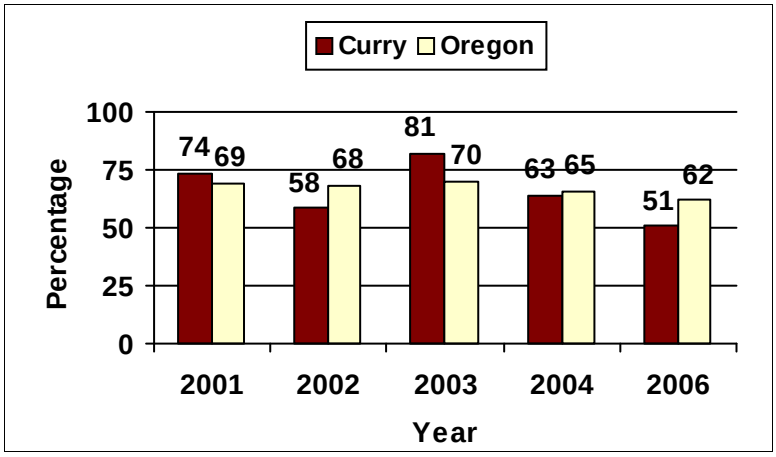
Measure Perceived risk of harm from alcohol use

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

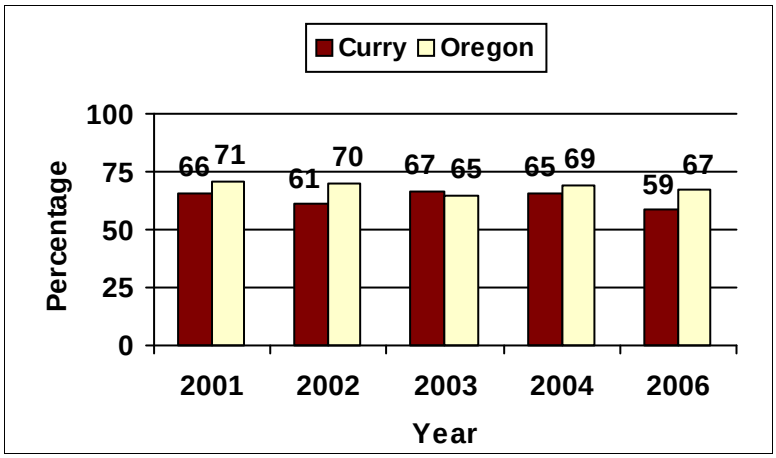
8th grade



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*

Alcohol Youth data

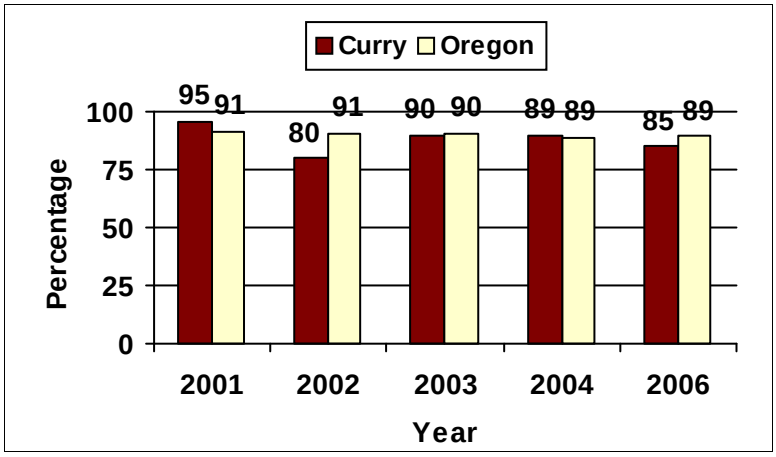
Measure Perception of parent disapproval of alcohol use

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

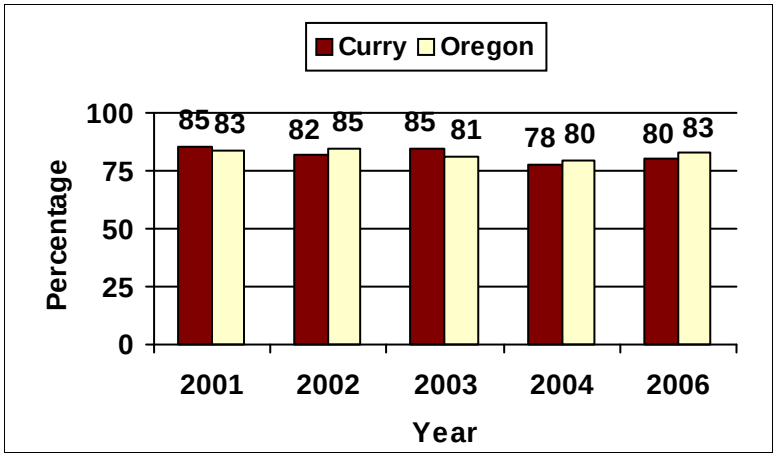
8th grade



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

Illicit Drugs Mortality data

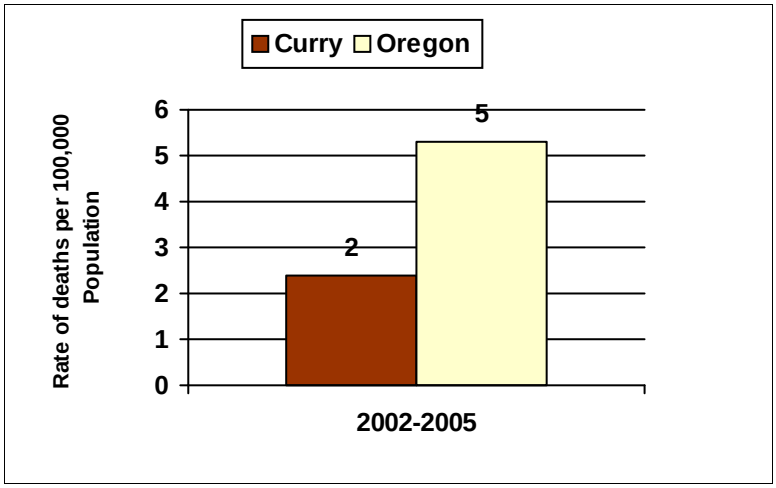
Measure Deaths from illicit drug use

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
Curry	1
Oregon	190

Illicit Drugs Abuse or dependence data

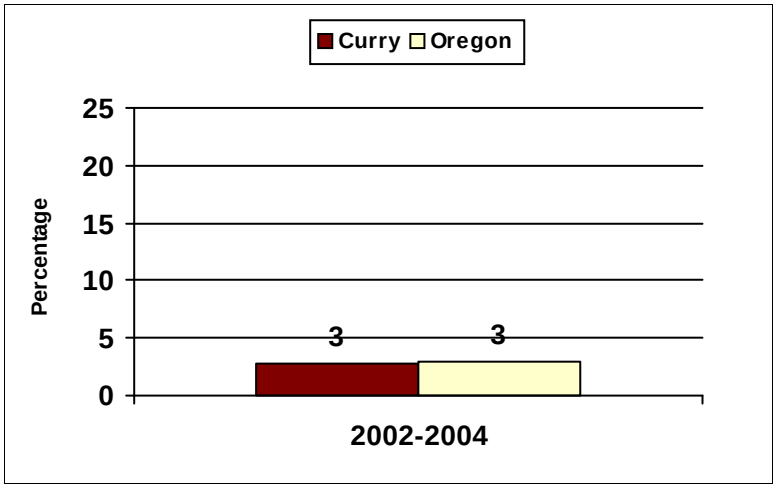
Measure Drug abuse or dependence

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
Curry	536	18822
Oregon	90784	3006094

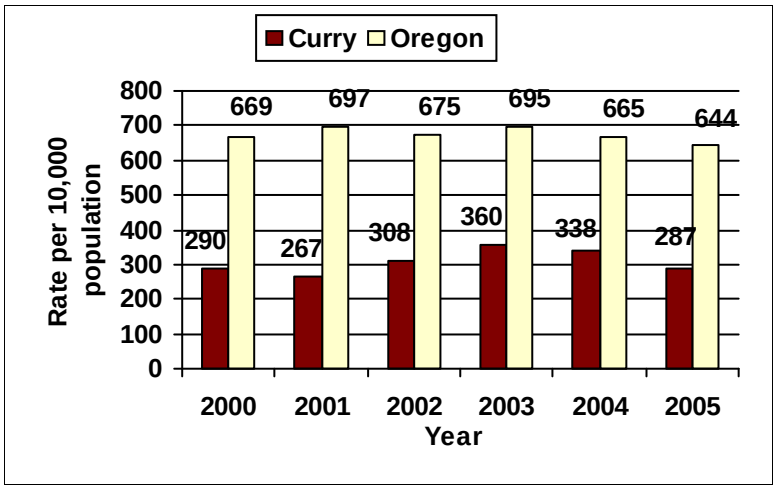
Measure Crimes against property

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

All ages



Data Source: *Law Enforcement Data System*

Illicit Drugs Youth data

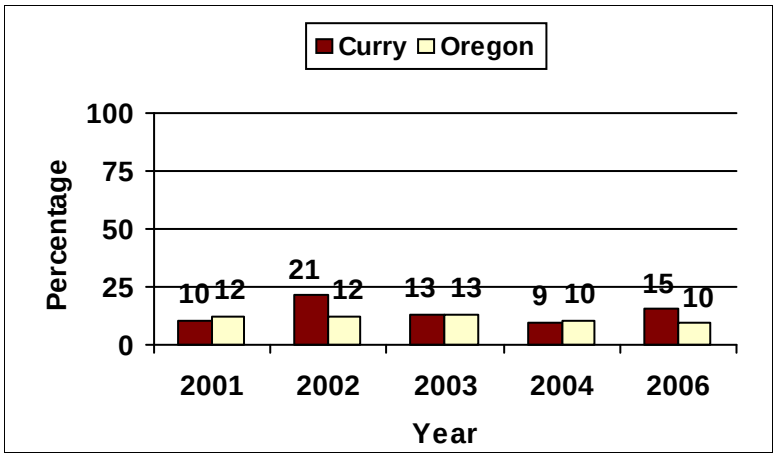
Measure Current use of marijuana by youth

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

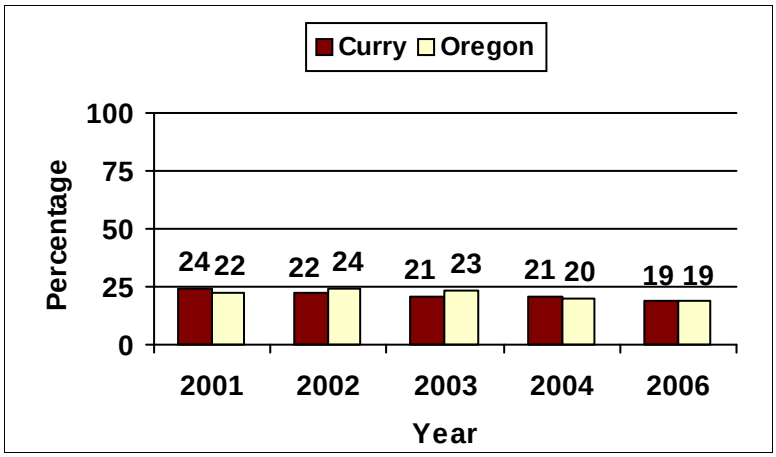
8th grade



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

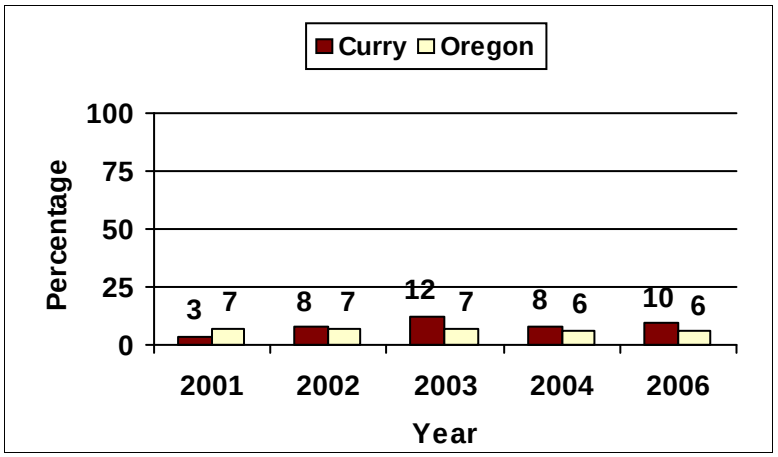
Measure Current use of inhalants by youth

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, asphysiation 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

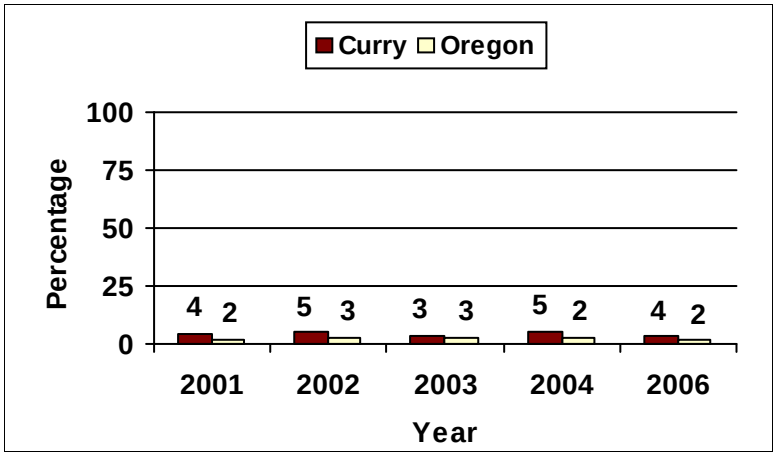
8th grade



Data Source: *Oregon Healthy Teens Survey*

Percent of Youth Who Used Inhalants in the Past 30 Days

11th grade



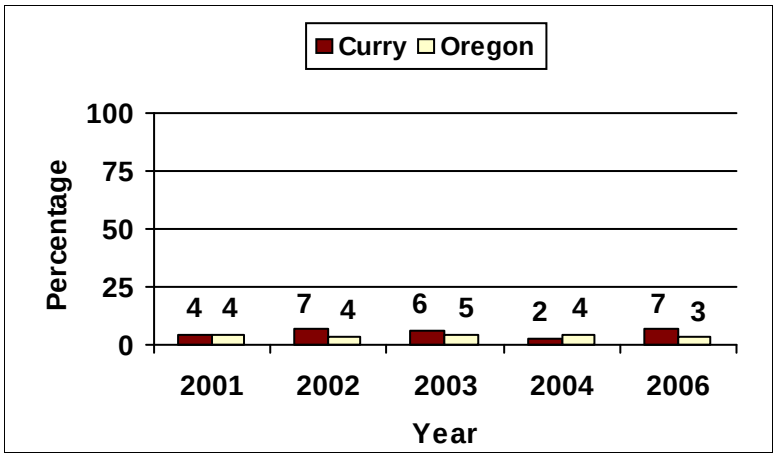
Data Source: *Oregon Healthy Teens Survey*

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

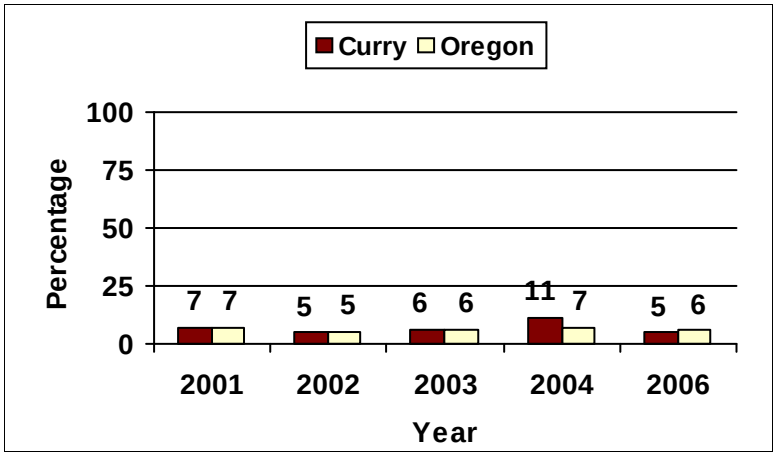
8th grade



Data Source: *Oregon Healthy Teens Survey*

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

11th grade



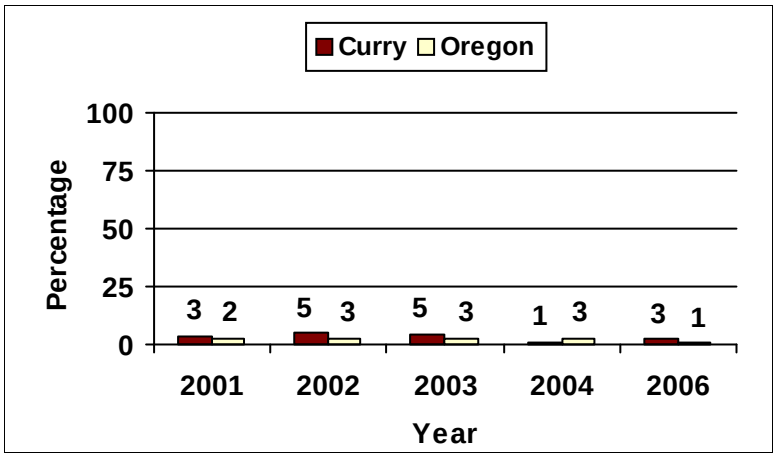
Data Source: *Oregon Healthy Teens Survey*

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

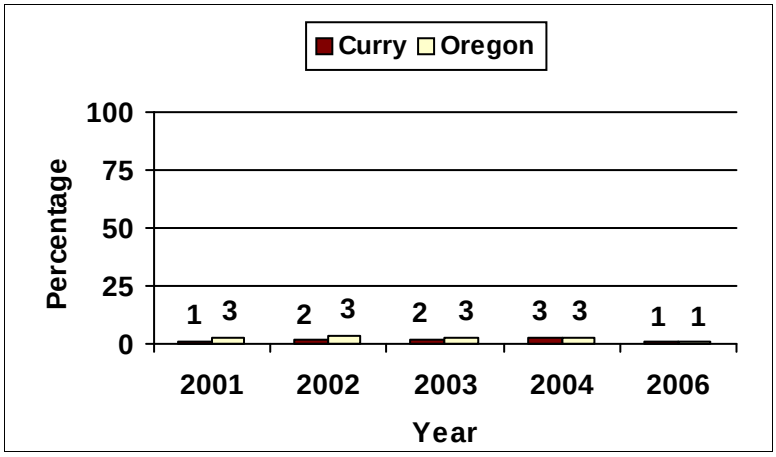
8th grade



Data Source: *Oregon Healthy Teens Survey*

Percent of Youth Who Used Stimulants in the Past 30 Days

11th grade



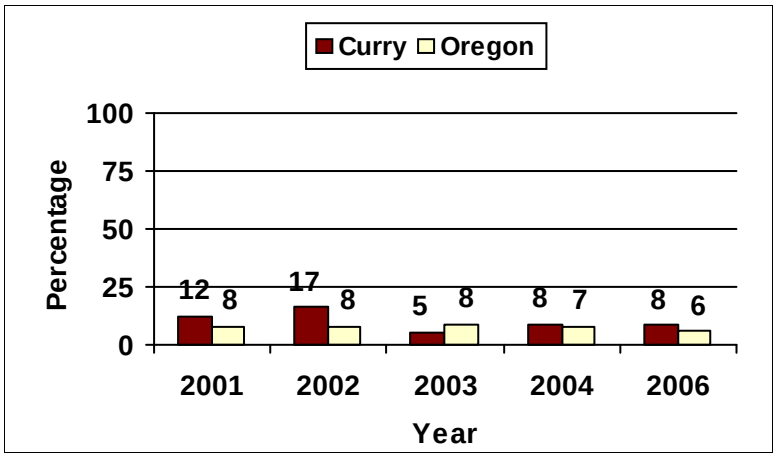
Data Source: *Oregon Healthy Teens Survey*

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

11th grade



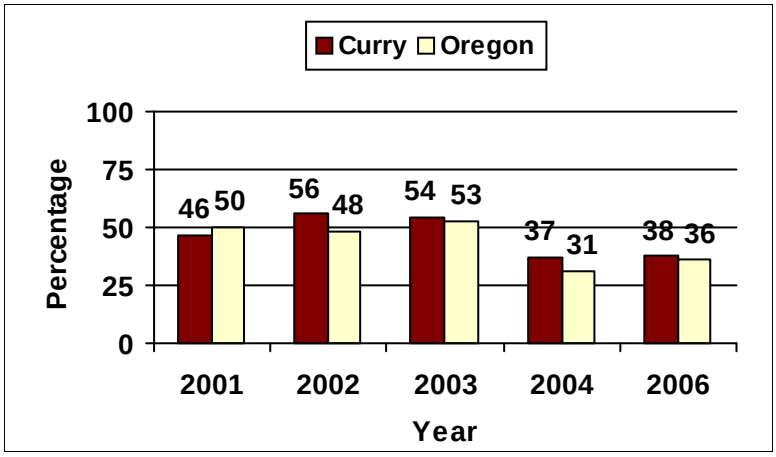
Data Source: *Oregon Healthy Teens Survey*

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

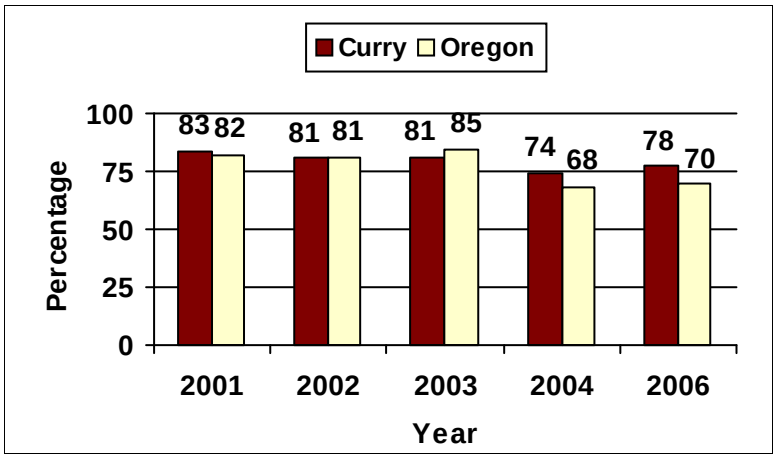
8th grade



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



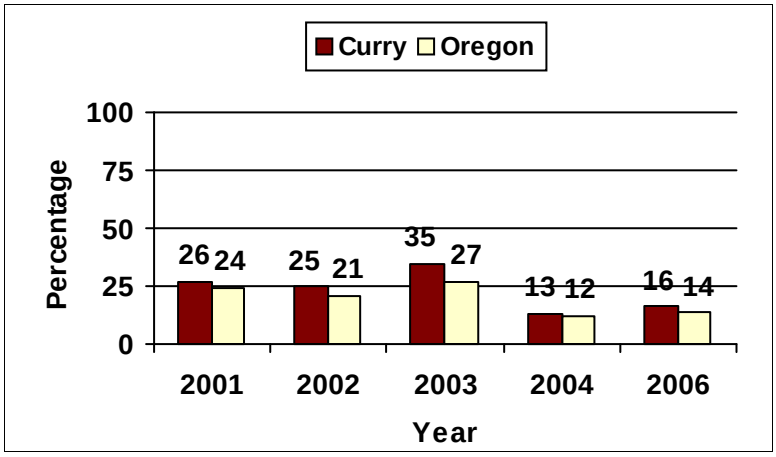
Data Source: *Oregon Healthy Teens Survey*

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

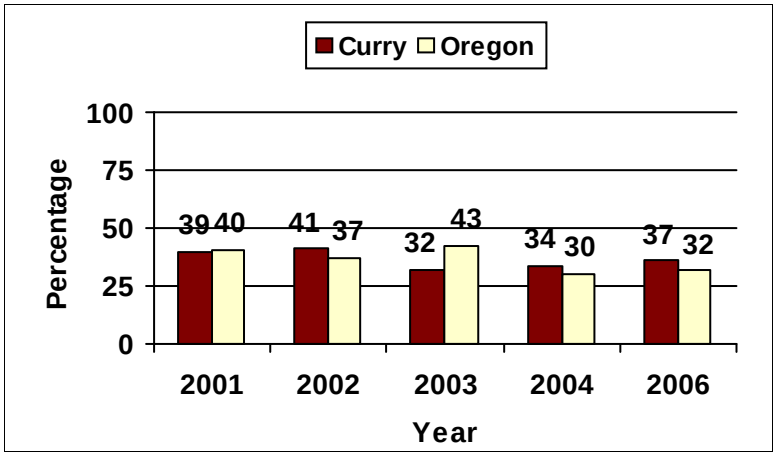
8th grade



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

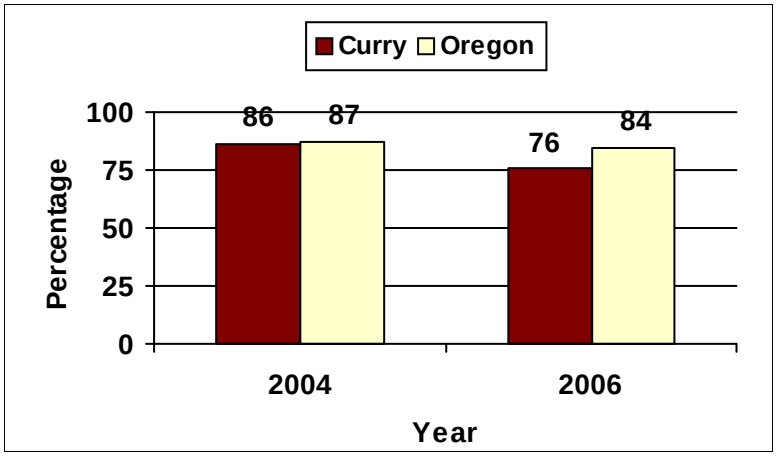


Data Source: *Oregon Healthy Teens Survey*

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

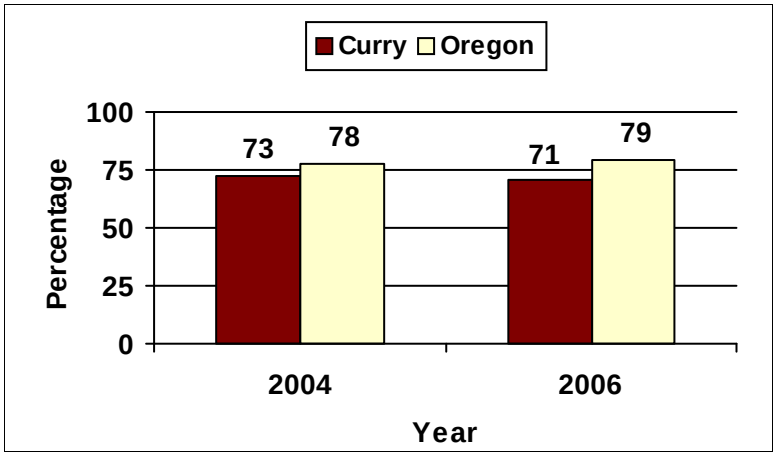
8th grade



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*

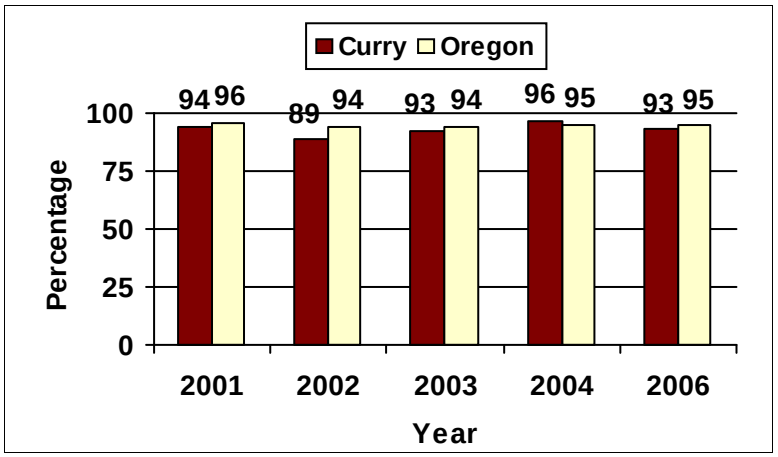
Measure Perception of parent disapproval of marijuana use

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

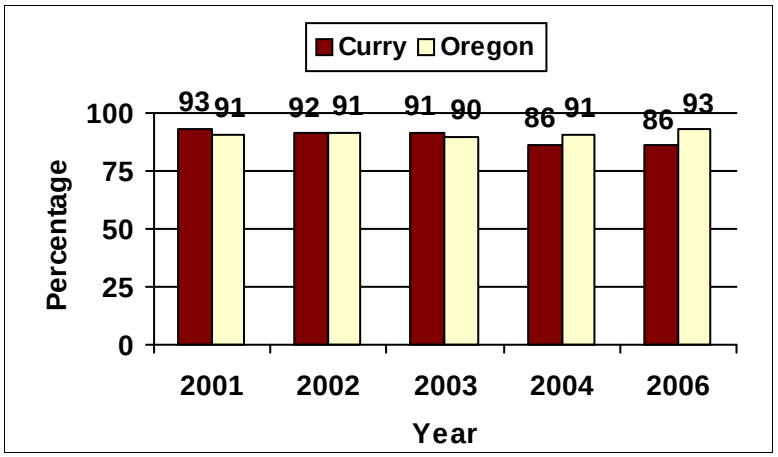
8th grade



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

Tobacco Mortality data

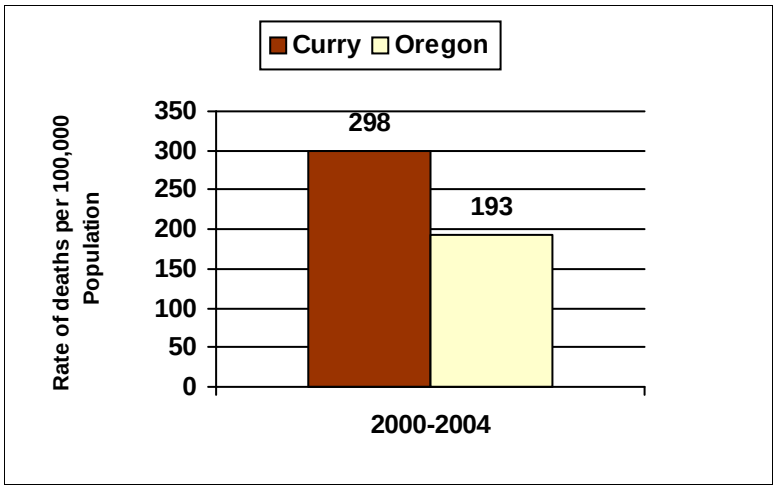
Measure Rate of tobacco-related deaths

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
Curry	63
Oregon	6765

Tobacco Adult data

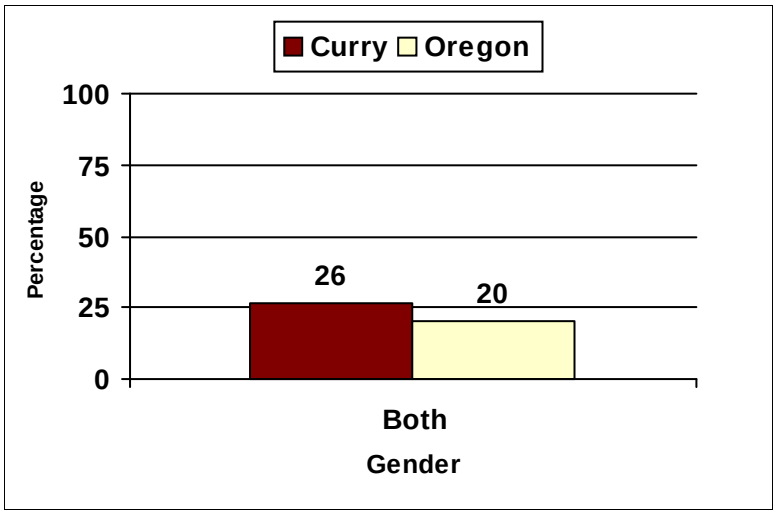
Measure Current use of cigarettes by adults

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

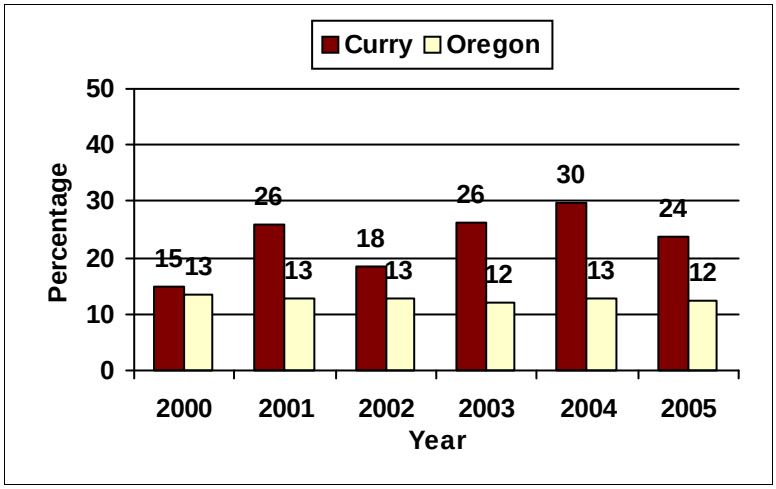
Measure Tobacco use during pregnancy

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

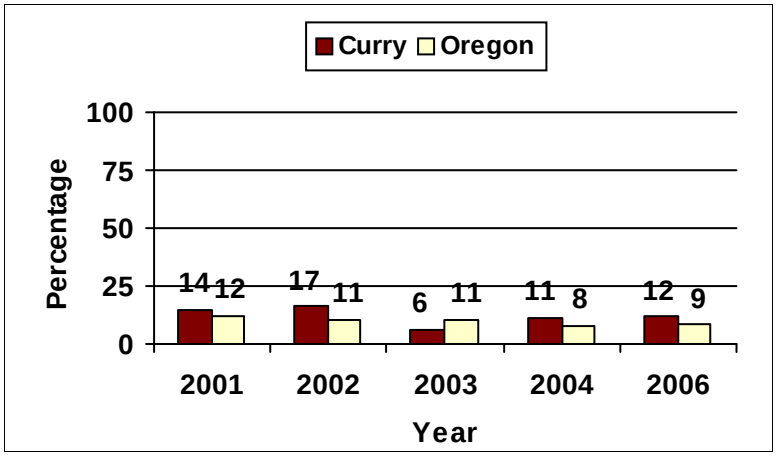
Measure Current use of cigarettes by youth

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

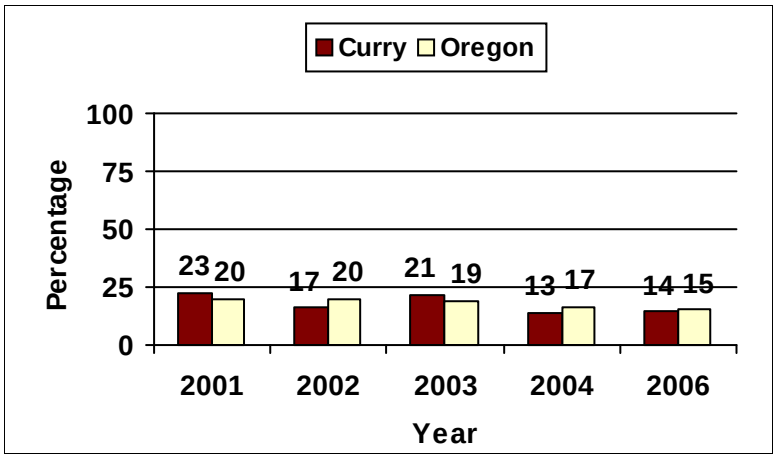
8th grade



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

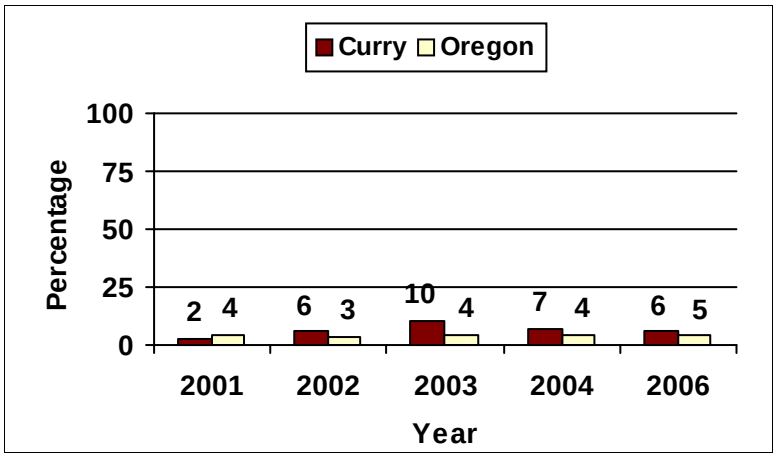
Measure Current use of smokeless tobacco by youth

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

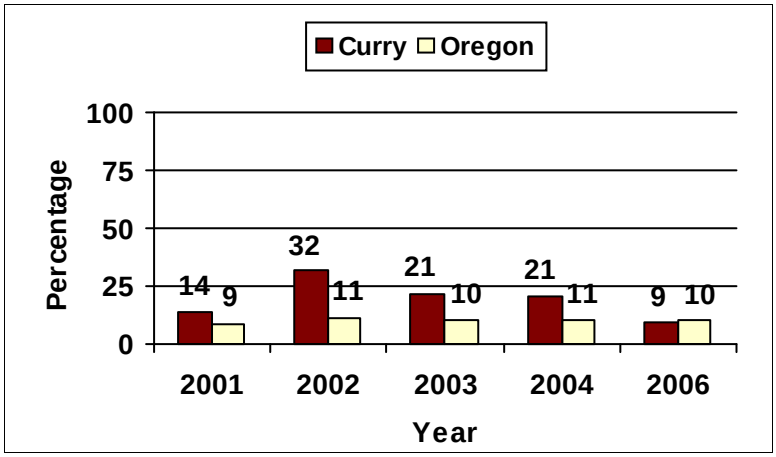
8th grade



Data Source: *Oregon Healthy Teens Survey*

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

11th grade



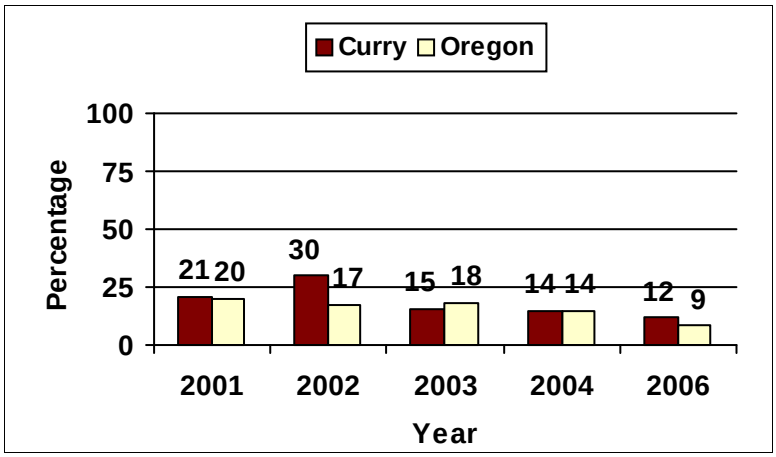
Data Source: *Oregon Healthy Teens Survey*

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



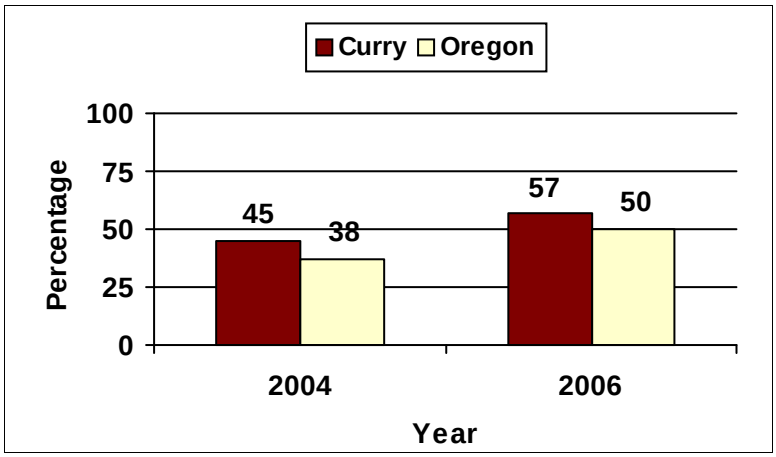
Data Source: *Oregon Healthy Teens Survey*

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

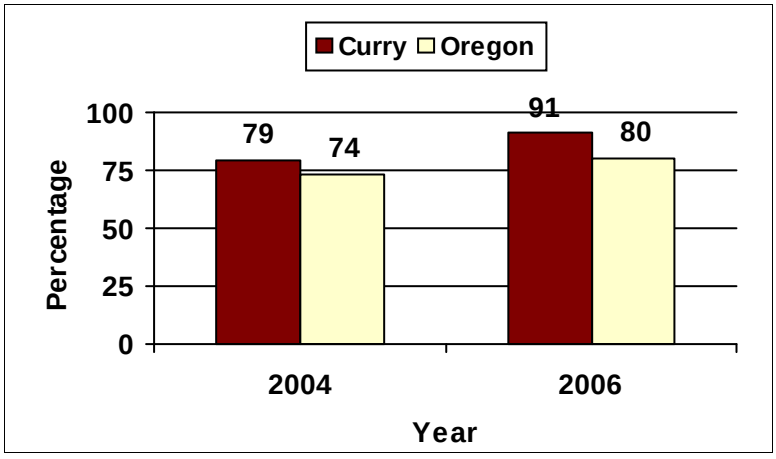
8th grade



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*

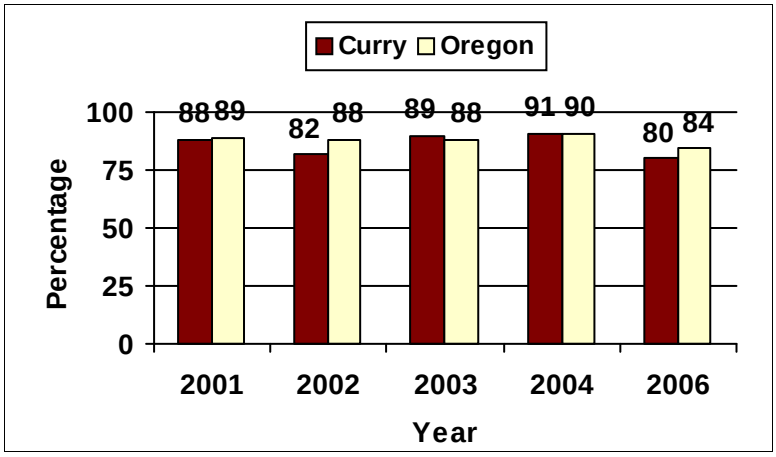
Measure Perceived risk of harm from cigarette smoking

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

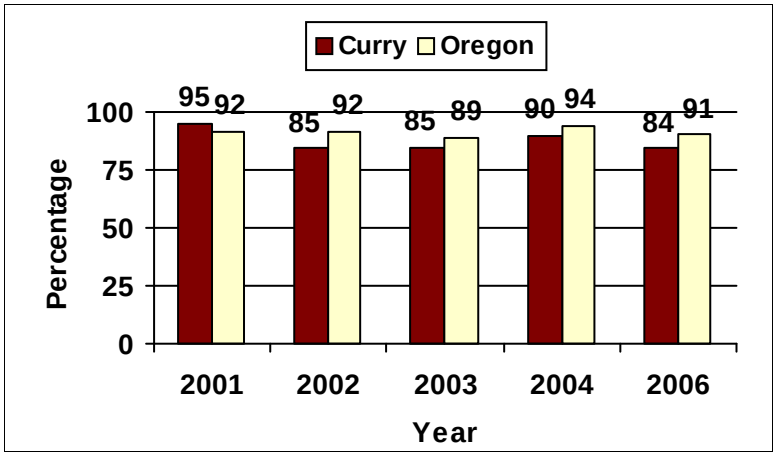
8th grade



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

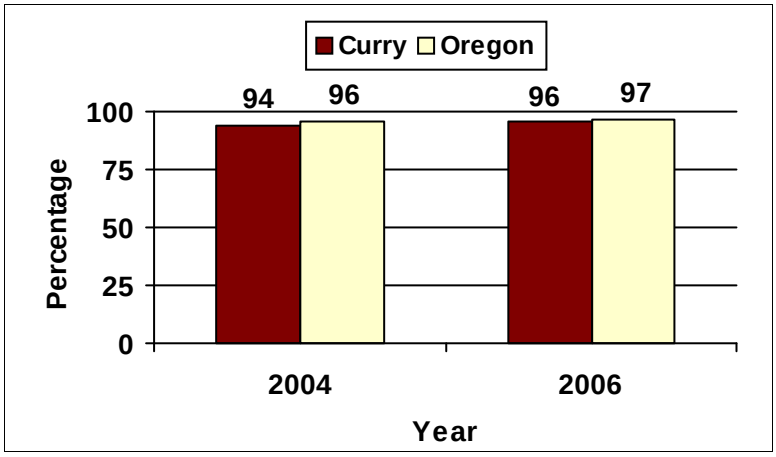


Data Source: *Oregon Healthy Teens Survey*

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

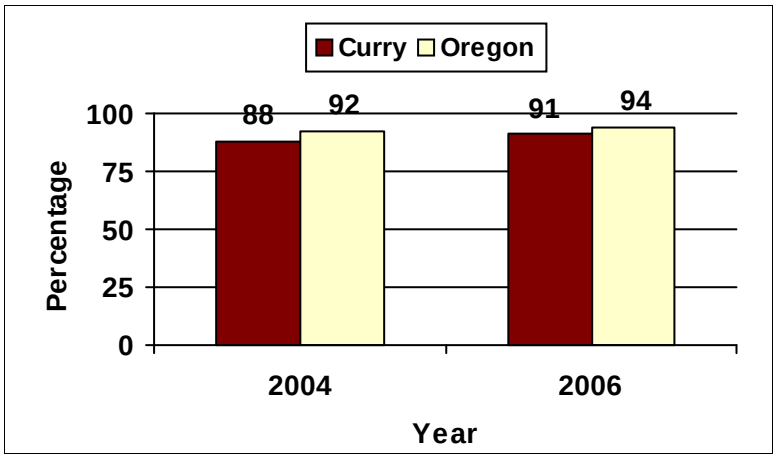
8th grade



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

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

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 Curry

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

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Both	0.0	0	
2001	All ages	Both	4.6	1	
2002	All ages	Both	4.7	1	
2003	All ages	Both	19.0	4	
2004	All ages	Both	9.5	2	
2005	All ages	Both	0.0	0	

Appendix D: Data endnotes for Curry

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

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Both	103.3	219	
2001	All ages	Both	88.6	191	
2002	All ages	Both	115.8	246	
2003	All ages	Both	91.0	192	
2004	All ages	Both	85.6	181	
2005	All ages	Both	58.0	123	

Crimes against property

Rate of Property Crimes Reported per 10,000 Population

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Both	290.1	615	
2001	All ages	Both	267.3	576	
2002	All ages	Both	308.2	655	
2003	All ages	Both	359.7	759	
2004	All ages	Both	337.6	714	
2005	All ages	Both	286.9	608	

Appendix D: Data endnotes for Curry

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

TimeRange	Age	Gender	Percentage	Total Cases	Additional Notes
2002-2004	12 or older	Both	6.4	1197	Rate based on Coos, Curry, Douglas, Jackson, Klamath data combined

Drug abuse or dependence

Percent of Persons with Drug Dependence or Abuse

TimeRange	Age	Gender	Percentage	Total Cases	Additional Notes
2002-2004	12 or older	Both	2.9	536	Rate based on Coos, Curry, Douglas, Jackson, Klamath data combined

Appendix D: Data endnotes for Curry

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

Report Period	Age	Gender	Percentage	Total Surveyed	Additional Notes
2002-2005	18 or older	Female	47.0	101	Due to small sample sizes, results may not accurately reflect behavior of the entire county.
2002-2005	18 or older	Male	81.8	81	Due to small sample sizes, results may not accurately reflect behavior of the entire county.

Current binge drinking by adults

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

Report Period	Age	Gender	Percentage	Total Surveyed	Additional Notes
2002-2005	18 or older	Female	9.3	101	Due to small sample sizes, results may not accurately reflect behavior of the entire county.
2002-2005	18 or older	Male	34.0	78	Due to small sample sizes, results may not accurately reflect behavior of the entire county.

Current heavy use of alcohol by adults

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

Report Period	Age	Gender	Percentage	Total Surveyed	Additional Notes
2002-2005	18 or older	Female	4.6	99	Due to small sample sizes, results may not accurately reflect behavior of the entire county.
2002-2005	18 or older	Male	10.2	76	Due to small sample sizes, results may not accurately reflect behavior of the entire county.

Current use of cigarettes by adults

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

Report Period	Age	Gender	Percentage	Total Surveyed	Additional Notes
2002-2005	18 or older	Both	26.3	301	

Appendix D: Data endnotes for Curry

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

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	7.6	145	Coos, Curry combined data
2002	8th grade	Both	7.5	166	Coos, Curry combined data
2003	8th grade	Both	7.6	145	Coos, Curry combined data
2004	8th grade	Both	10.5	174	
2006	8th grade	Both	8.9	332	2005 and 2006 data combined
2001	11th grade	Both	5.5	110	Coos, Curry combined data
2002	11th grade	Both	4.3	109	Coos, Curry combined data
2003	11th grade	Both	0.8	125	Coos, Curry combined data
2004	11th grade	Both	5.6	193	Coos, Curry combined data
2006	11th grade	Both	4.9	276	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

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	8th grade	Both	21.8	156	Coos, Curry combined data
2002	8th grade	Both	35.3	173	Coos, Curry combined data
2003	8th grade	Both	23.8	151	Coos, Curry combined data
2004	8th grade	Both	29.4	177	
2006	8th grade	Both	36.3	337	2005 and 2006 data combined
2001	11th grade	Both	45.1	113	Coos, Curry combined data
2002	11th grade	Both	44.4	108	Coos, Curry combined data
2003	11th grade	Both	41.9	117	Coos, Curry combined data
2004	11th grade	Both	45.2	202	Coos, Curry combined data
2006	11th grade	Both	45.0	272	2005 and 2006 data combined

Appendix D: Data endnotes for Curry

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	8.5	153	Coos, Curry combined data
2002	8th grade	Both	16.8	173	Coos, Curry combined data
2003	8th grade	Both	11.8	153	Coos, Curry combined data
2004	8th grade	Both	10.2	178	
2006	8th grade	Both	14.7	329	2005 and 2006 data combined
2001	11th grade	Both	34.8	115	Coos, Curry combined data
2002	11th grade	Both	28.0	134	Coos, Curry combined data
2003	11th grade	Both	27.4	117	Coos, Curry combined data
2004	11th grade	Both	32.7	200	Coos, Curry combined data
2006	11th grade	Both	26.6	269	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	5.7	106	Coos, Curry combined data
2002	11th grade	Both	15.9	107	Coos, Curry combined data
2003	11th grade	Both	11.2	125	Coos, Curry combined data
2004	11th grade	Both	10.9	164	Coos, Curry combined data
2006	11th grade	Both	7.9	272	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	20.9	171	
2006	8th grade	Both	28.1	337	2005 and 2006 data combined
2004	11th grade	Both	23.1	188	Coos, Curry combined data
2006	11th grade	Both	32.2	274	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	29.6	115	Coos, Curry combined data
2002	11th grade	Both	38.2	105	Coos, Curry combined data
2003	11th grade	Both	22.0	160	Coos, Curry combined data
2004	11th grade	Both	21.2	197	Coos, Curry combined data
2006	11th grade	Both	29.8	274	2005 and 2006 data combined

Appendix D: Data endnotes for Curry

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	55.9	160	
2006	8th grade	Both	61.4	323	2005 and 2006 data combined
2004	11th grade	Both	84.2	178	Coos, Curry combined data
2006	11th grade	Both	89.7	273	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	73.6	140	Coos, Curry combined data
2002	8th grade	Both	58.3	151	Coos, Curry combined data
2003	8th grade	Both	81.5	27	
2004	8th grade	Both	63.4	276	
2006	8th grade	Both	50.7	319	2005 and 2006 data combined
2001	11th grade	Both	65.8	111	Coos, Curry combined data
2002	11th grade	Both	61.1	95	Coos, Curry combined data
2003	11th grade	Both	66.7	27	
2004	11th grade	Both	65.4	196	Coos, Curry combined data
2006	11th grade	Both	58.6	271	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	95.5	155	Coos, Curry combined data
2002	8th grade	Both	79.8	168	Coos, Curry combined data
2003	8th grade	Both	89.6	164	Coos, Curry combined data
2004	8th grade	Both	89.4	83	
2006	8th grade	Both	85.4	329	2005 and 2006 data combined
2001	11th grade	Both	85.0	113	Coos, Curry combined data
2002	11th grade	Both	81.9	116	Coos, Curry combined data
2003	11th grade	Both	84.8	92	Coos, Curry combined data
2004	11th grade	Both	77.9	166	Coos, Curry combined data
2006	11th grade	Both	79.8	268	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	10.3	156	Coos, Curry combined data

2002	8th grade	Both	21.3	174	Coos, Curry combined data
2003	8th grade	Both	12.9	155	Coos, Curry combined data
2004	8th grade	Both	9.4	174	
2006	8th grade	Both	15.3	333	2005 and 2006 data combined
2001	11th grade	Both	24.3	115	Coos, Curry combined data
2002	11th grade	Both	22.4	107	Coos, Curry combined data
2003	11th grade	Both	20.7	116	Coos, Curry combined data
2004	11th grade	Both	20.7	182	Coos, Curry combined data
2006	11th grade	Both	19.2	272	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	3.3	154	Coos, Curry combined data
2002	8th grade	Both	7.5	173	Coos, Curry combined data
2003	8th grade	Both	11.8	153	Coos, Curry combined data
2004	8th grade	Both	7.5	176	
2006	8th grade	Both	9.6	330	2005 and 2006 data combined
2001	11th grade	Both	4.4	114	Coos, Curry combined data
2002	11th grade	Both	4.8	105	Coos, Curry combined data
2003	11th grade	Both	3.4	116	Coos, Curry combined data
2004	11th grade	Both	5.4	193	Coos, Curry combined data
2006	11th grade	Both	3.7	272	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	3.9	154	Coos, Curry combined data
2002	8th grade	Both	6.9	173	Coos, Curry combined data
2003	8th grade	Both	5.9	152	Coos, Curry combined data
2004	8th grade	Both	2.2	175	
2006	8th grade	Both	6.5	324	2005 and 2006 data combined
2001	11th grade	Both	7.0	115	Coos, Curry combined data
2002	11th grade	Both	4.8	104	Coos, Curry combined data
2003	11th grade	Both	6.1	115	Coos, Curry combined data
2004	11th grade	Both	11.1	193	Coos, Curry combined data
2006	11th grade	Both	5.4	271	2005 and 2006 data combined

Appendix D: Data endnotes for Curry

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	3.3	154	Coos, Curry combined data
2002	8th grade	Both	5.2	173	Coos, Curry combined data
2003	8th grade	Both	4.6	153	Coos, Curry combined data
2004	8th grade	Both	0.6	175	
2006	8th grade	Both	2.6	327	2005 and 2006 data combined
2001	11th grade	Both	0.9	115	Coos, Curry combined data
2002	11th grade	Both	1.9	105	Coos, Curry combined data
2003	11th grade	Both	1.7	116	Coos, Curry combined data
2004	11th grade	Both	2.6	193	Coos, Curry combined data
2006	11th grade	Both	1.3	269	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	12.2	115	Coos, Curry combined data
2002	11th grade	Both	16.6	102	Coos, Curry combined data
2003	11th grade	Both	5.2	115	Coos, Curry combined data
2004	11th grade	Both	8.3	198	Coos, Curry combined data
2006	11th grade	Both	8.3	273	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	46.4	151	Coos, Curry combined data
2002	8th grade	Both	56.3	167	Coos, Curry combined data
2003	8th grade	Both	54.3	151	Coos, Curry combined data
2004	8th grade	Both	36.8	160	
2006	8th grade	Both	37.9	160	2005 and 2006 data combined
2001	11th grade	Both	83.3	114	Coos, Curry combined data
2002	11th grade	Both	81.0	105	Coos, Curry combined data
2003	11th grade	Both	80.9	115	Coos, Curry combined data
2004	11th grade	Both	74.4	176	Coos, Curry combined data
2006	11th grade	Both	77.6	146	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

2001	8th grade	Both	26.5	151	Coos, Curry combined data
2002	8th grade	Both	25.0	168	Coos, Curry combined data
2003	8th grade	Both	34.7	150	Coos, Curry combined data
2004	8th grade	Both	12.7	159	
2006	8th grade	Both	16.3	147	2005 and 2006 data combined
2001	11th grade	Both	39.3	112	Coos, Curry combined data
2002	11th grade	Both	41.0	105	Coos, Curry combined data
2003	11th grade	Both	31.6	114	Coos, Curry combined data
2004	11th grade	Both	33.7	174	Coos, Curry combined data
2006	11th grade	Both	36.6	137	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	85.9	166	
2006	8th grade	Both	75.7	313	2005 and 2006 data combined
2004	11th grade	Both	72.5	194	Coos, Curry combined data
2006	11th grade	Both	70.6	258	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	93.6	155	Coos, Curry combined data
2002	8th grade	Both	88.6	166	Coos, Curry combined data
2003	8th grade	Both	92.6	162	Coos, Curry combined data
2004	8th grade	Both	96.3	82	
2006	8th grade	Both	93.3	318	2005 and 2006 data combined
2001	11th grade	Both	92.9	113	Coos, Curry combined data
2002	11th grade	Both	91.5	118	Coos, Curry combined data
2003	11th grade	Both	91.3	92	Coos, Curry combined data
2004	11th grade	Both	86.1	160	Coos, Curry combined data
2006	11th grade	Both	85.8	264	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	14.4	153	Coos, Curry combined data
2002	8th grade	Both	16.6	181	Coos, Curry combined data
2003	8th grade	Both	5.7	157	Coos, Curry combined data
2004	8th grade	Both	11.1	178	

2006	8th grade	Both	11.8	339	2005 and 2006 data combined
2001	11th grade	Both	22.6	115	Coos, Curry combined data
2002	11th grade	Both	16.8	107	Coos, Curry combined data
2003	11th grade	Both	21.2	118	Coos, Curry combined data
2004	11th grade	Both	13.4	202	Coos, Curry combined data
2006	11th grade	Both	14.4	274	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	2.3	86	Coos, Curry combined data
2002	8th grade	Male	5.9	102	Coos, Curry combined data
2003	8th grade	Male	10.0	80	Coos, Curry combined data
2004	8th grade	Male	6.5	99	
2006	8th grade	Male	5.8	161	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	20.6	121	Coos, Curry combined data
2006	11th grade	Male	9.1	140	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	21.1	114	Coos, Curry combined data
2002	11th grade	Both	30.1	103	Coos, Curry combined data
2003	11th grade	Both	15.4	117	Coos, Curry combined data
2004	11th grade	Both	14.4	199	Coos, Curry combined data
2006	11th grade	Both	12.4	274	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	44.6	158	
2006	8th grade	Both	56.9	147	2005 and 2006 data combined
2004	11th grade	Both	79.2	177	Coos, Curry combined data
2006	11th grade	Both	91.2	271	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

2001	8th grade	Both	87.9	140	Coos, Curry combined data
2002	8th grade	Both	82.1	151	Coos, Curry combined data
2003	8th grade	Both	89.3	112	Coos, Curry combined data
2004	8th grade	Both	90.5	164	
2006	8th grade	Both	80.4	323	2005 and 2006 data combined
2001	11th grade	Both	94.6	110	Coos, Curry combined data
2002	11th grade	Both	84.9	106	Coos, Curry combined data
2003	11th grade	Both	84.6	26	
2004	11th grade	Both	89.6	197	Coos, Curry combined data
2006	11th grade	Both	84.5	269	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

Year	Age	Gender	Percent	Sample Size	Additional Notes
2004	8th grade	Both	94.0	82	
2006	8th grade	Both	95.6	332	2005 and 2006 data combined
2004	11th grade	Both	87.7	167	Coos, Curry combined data
2006	11th grade	Both	91.1	267	2005 and 2006 data combined

Appendix D: Data endnotes for Curry

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

Year	Age	Gender	Rate	Total Cases	Additional Notes
2002	All ages	Both	4.7	1	
2003	All ages	Both	0.0	0	
2004	All ages	Both	4.7	1	
2005	All ages	Both	0.0	0	

Appendix D: Data endnotes for Curry

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

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Female	0.0	0	
2001	All ages	Female	0.6	1	
2002	All ages	Female	1.3	2	
2003	All ages	Female	1.3	2	
2004	All ages	Female	0.0	0	
2005	All ages	Female	0.9	1	

Tobacco use during pregnancy

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

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Female	14.8	23	
2001	All ages	Female	26.0	33	
2002	All ages	Female	18.3	20	
2003	All ages	Female	26.2	33	
2004	All ages	Female	29.9	35	
2005	All ages	Female	23.7	27	

Appendix D: Data endnotes for Curry

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

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Both	18.9	4	
2001	All ages	Both	13.9	3	
2002	All ages	Both	18.8	4	
2003	All ages	Both	28.4	6	
2004	All ages	Both	23.6	5	

Suicide death rate

Rate of Suicide Deaths per 100,000 Population

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Both	37.7	8	
2001	All ages	Both	23.2	5	
2002	All ages	Both	47.1	10	
2003	All ages	Both	28.4	6	
2004	All ages	Both	28.4	6	

Rate of tobacco-related deaths

Rate of Tobacco-Related Deaths per 100,000 Population

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Both	316.0	67	
2001	All ages	Both	241.3	52	
2002	All ages	Both	338.8	72	
2003	All ages	Both	331.8	70	
2004	All ages	Both	264.8	56	

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

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