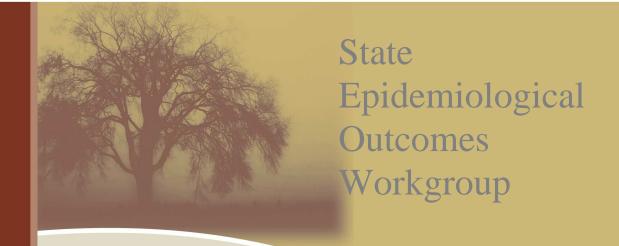
DHS: ADDICTIONS AND MENTAL HEALTH DIVISION



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



Acknowledgements

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

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Introduction

This report for Sherman 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 have 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. In general, when annual results could not be presented reliably for all counties, multiple years of data were combined.

In other instances, Sherman County data was combined with neighboring counties when a larger sample size was needed for reliability. The National Survey on Drug Use and Health combines data from multiple counties to calculate the percentage of abuse or dependence for the region. The regional percentages are used to estimate the total number of cases of abuse or dependence in Sherman County. Mortality data was pooled with Gilliam, Hood River, Wasco and Wheeler to determine the number of deaths per 100,000 population. The endnotes provide annual mortality data for Sherman County. Oregon Healthy Teens survey data are combined with other counties to ensure an adequate sample size.

The Oregon Healthy Teens survey is Oregon's effort to monitor the health and well being of adolescents. Between Fall 2005 and Spring 2007, all of Sherman County school districts participated with nearly all 8th graders and 85 percent of 11th graders surveyed. Unfortunately there is no data for 8th graders in 2004, due to lack of participation. Because of Sherman County's small population, maximizing student participation is essential to attaining 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 other 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 illicit 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. In Sherman County, 34 percent of 8th grade youth and 41 percent of 11th grade youth reported they gambled in the past 12 months. Each county or region in Oregon has state-funded problem gambling services, through their alcohol/drug or mental health departments, available to help increase awareness, conduct outreach and provide free treatment.

Alcohol

Alcohol is the most widely used addictive substance in Oregon. Alcohol use, especially heavy drinking and binge drinking, results in dependence, disease and death and contributes to crimes against persons. 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. In addition, unintended injuries, suicide and diabetes are leading causes of death associated with alcohol use. Centers for Disease Control and Prevention research shows 23 percent of suicides 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.

Nearly half of women and 68 percent of men in Sherman County drank alcohol in the past 30 days. Men are more likely to be heavy drinkers (7 percent for men vs. 3 percent for women) or to report binge drinking than women (22 percent for men vs. 1 percent for women). Binge drinking is consumption of five or more drinks by a man within a couple hours or four or more drinks by a woman within a couple hours.

Conservative estimates reveal 109 people in Sherman County abuse or are dependent on

alcohol and are in need of treatment. This includes approximately 9 youth 12 to 17 years old, 32 young adults 18 to 25, and 68 adults 26 or older.

Youth begin drinking at very young ages. Sherman County youth are more likely to start drinking before 13 years of age than to start smoking cigarettes (32 percent for alcohol use vs. 23 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, 35 percent reported drinking, 13 percent reported binge drinking and 16 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 Sherman County, 8th and 11th graders reported 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, 71 percent of 8th graders and 80 percent of 11th graders said it is "sort of easy" or "very easy" to get beer, wine or hard liquor.

Illicit drugs

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

Drug-related property crimes are usually committed to obtain money to purchase drugs. The rate of property crimes in Sherman County declined 8 percent since 2000. Even so, more than 65 property crimes were committed 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 much higher rates of abuse or dependence on illicit drugs than adults 26 or older. It is estimated that 49 persons 12 or older abuse or are dependent on illicit drugs in Sherman County. This includes approximately 9 youth 12 to 17 years old, 18 young adults 18 to 25, and 22 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. 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 (65 percent said moderate or great risk from smoking marijuana vs. 87 percent who said moderate or great risk from smoking cigarettes). In 2006, 15 percent of 8th graders and 8 percent of 11th graders reported smoking marijuana in the past 30 days.

Following marijuana, the most commonly used illicit drugs were inhalants for 8th graders (10 percent) and prescription drugs for 11th graders (4 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. Sherman County averages six tobacco-related deaths each year.

About one of every five adults in Sherman 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, 15 percent of Sherman 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 Oregon, the percentage of 11th graders who first smoked before the age of 13 decreased more than 50 percent from 2001 to 2005. Early initiation of cigarette smoking has not changed in Sherman County. Nearly a quarter of Sherman 11th graders say they were less than 13 when they smoked a cigarette for the first time and more than 9 percent of 8th graders and 6 percent of 11th graders continue to smoke.

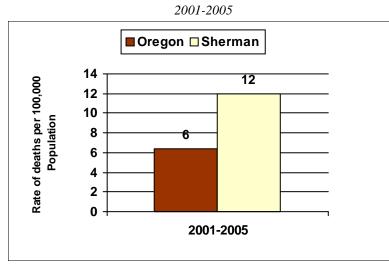
A comprehensive state tobacco program reduces tobacco use. These programs, with community and school programs and policies, counter-marketing campaigns, and cessation programs for current smokers have proven effective time and again. These program activities recommended by the Centers for Disease Control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

Alcohol

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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)

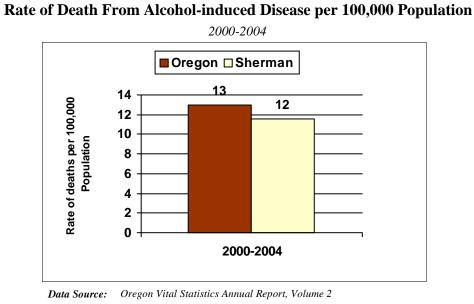
Rate of Alcohol-related Motor-vehicle Deaths per 100,000 Population



Data Source: Fatality Analysis Reporting System

Results based on combined mortality data from Gilliam, Hood River, Sherman, Wasco and Wheeler

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)



Results based on combined mortality data from Gilliam, Hood River, Sherman, Wasco and Wheeler

Alcohol Mortality data

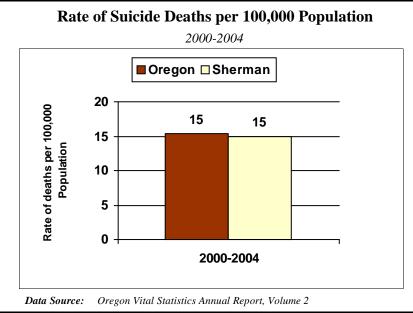
Measure

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

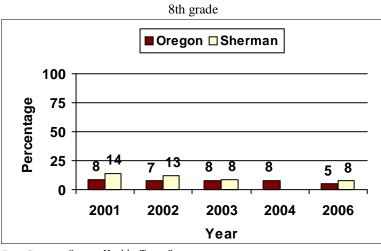
Suicide death rate



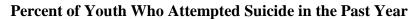
Results based on combined mortality data from Gilliam, Hood River, Sherman, Wasco and Wheeler

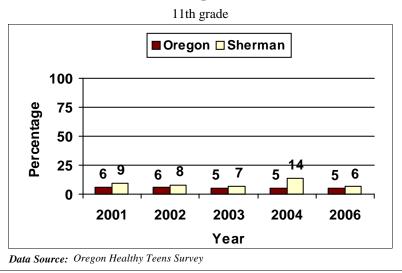
Alcohol	Youth data
Measure	Attempted suicide by youth
Why this measure is important	The association between alcohol use and suicide has been well documented. Suicidal individuals have high rates of alcohol use and abuse and alcohol abusers have high rates of suicidal behavior. Oregon youth who binge drink are more likely to report attempting suicide than youth who do not.
Survey question	During the past 12 months, how many times did you actually attempt suicide?

Percent of Youth Who Attempted Suicide in the Past Year



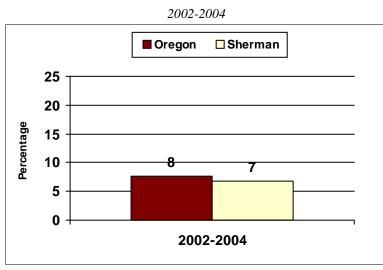
Data Source: Oregon Healthy Teens Survey





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

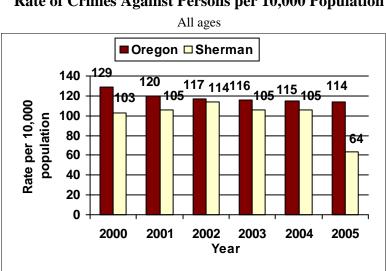


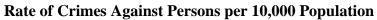
Data Source: National Survey on Drug Use and Health

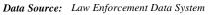
Annual abuse or dependence estimates based on data from:

	2002-2004	
Location	Average Number of Cases	Population 12 or older
Oregon	22726	3006094
Sherman	109	1625

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

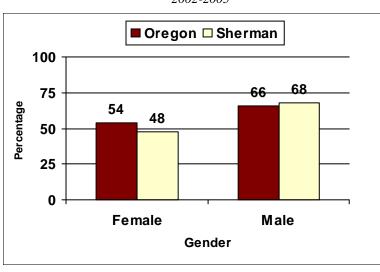






Alcohol	Adult data
Measure	Current alcohol use by adults
Why this measure is important	More than 1,000 Oregonians die each year from alcohol-related causes. Alcohol use, especially heavy drinking and binge drinking, results in negative health consequences and contributes to crime and violence against 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

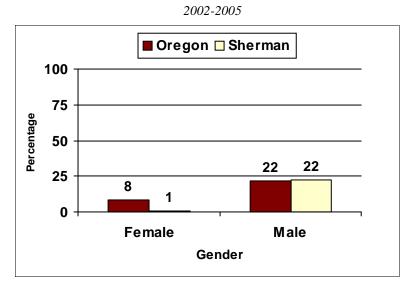


2002-2005

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?

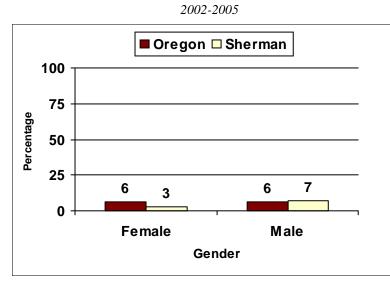
Percent of Adults Reporting Binge Drinking in the Past 30 Days, by Gender



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

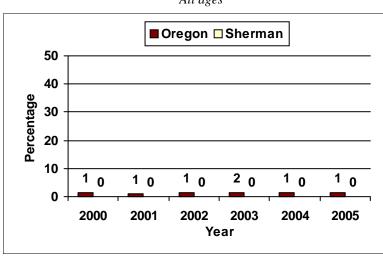
Percent of Adults Who Were Heavy Drinkers in the Past 30 Days, by Gender



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

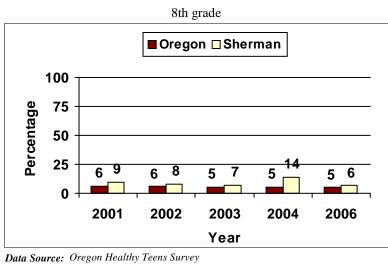


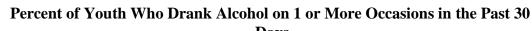
All ages

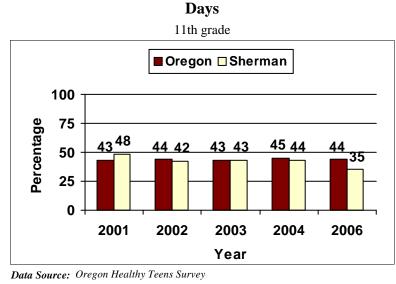
Data Source: Oregon Vital Statistics Annual Report, Volume 1

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



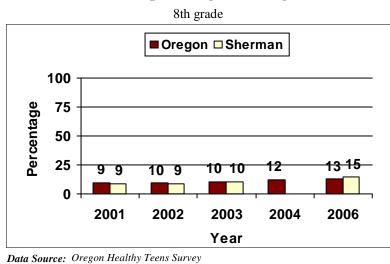




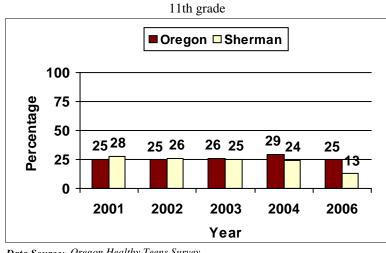
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Alcohol	Youth data	
Measure	Current binge drinking by youth	
Why this measure is important	Young people who consume alcohol are more likely than adults to drink heavily. Binge drinking is strongly associated with injuries, motor vehicle crashes, violence, 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



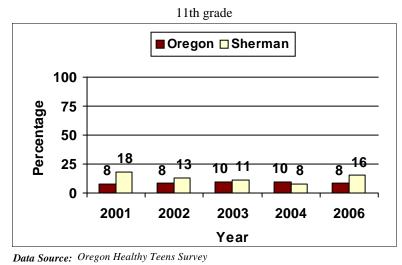




Data Source: Oregon Healthy Teens Survey

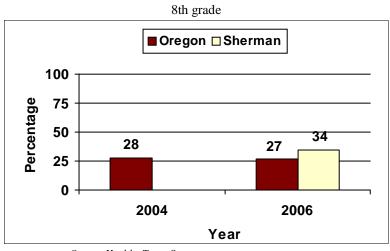
Alcohol	Youth data	
Measure	Drinking and driving among youth	
Why this measure is important	Alcohol consumption impairs a person's ability to operate a motor vehicle in a safe manner. Motor vehicle crashes are the leading cause of death for persons 15 to 19 years. About a quarter of the motor vehicle 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



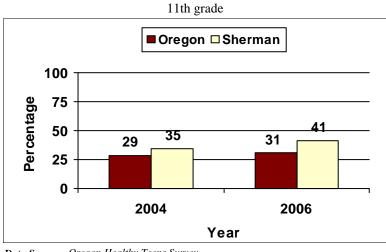
Alcohol	Youth data	
Measure	Gambling by youth	
Why this measure is important	Gambling can be addictive. In Oregon, youth who engage in gambling are more likely to be involved in other risky behaviors including drinking alcohol, smoking marijuana and fighting. Problem gambling prevention should be included 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



Data Source: Oregon Healthy Teens Survey

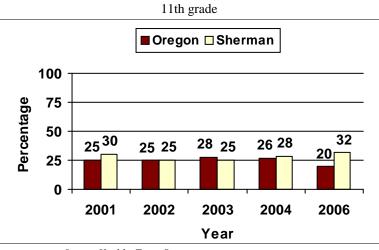
Percent of Youth Who Gambled in the Past Year



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?	

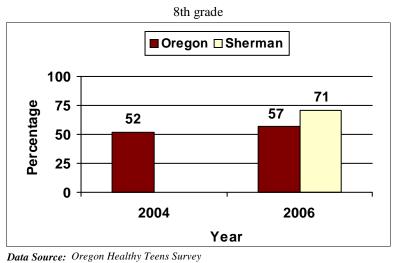
Percent of Youth Who Were Less Than 13 Years Old When They Drank Alcohol for the First Time



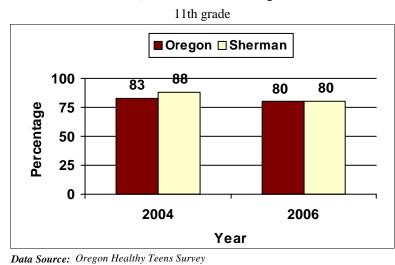
Data Source: Oregon Healthy Teens Survey

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

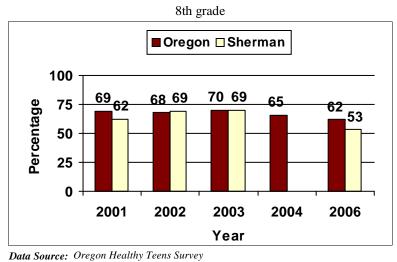


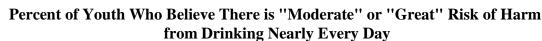
Percent of Youth Who Say It Is "Sort of Easy" or "Very Easy" to Get Some Beer, Wine or Hard Liquor

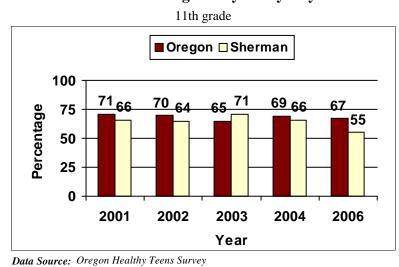


Alcohol	Youth data	
Measure	Perceived risk of harm from alcohol use	
Why this measure is important	Perceived risk of harm from alcohol use is a deterrent to drinking, especially at early ages. Oregon 8th graders who thought there was "moderate" or "great risk" from drinking alcohol nearly every day were significantly less likely to drink or binge drink than those who thought there was "slight" or "no risk" of harm.	
Survey question	How much do you think people risk harming themselves (physically or in other ways if they take one or two drinks of an alcoholic beverage (beer, wine or hard liquor) nearly every day?	

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

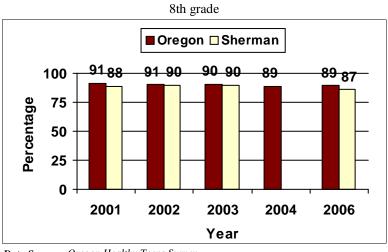






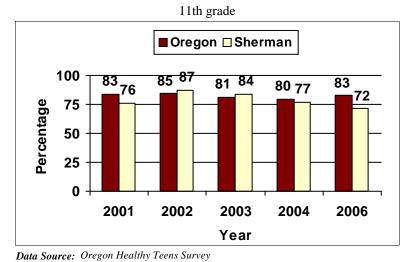
Alcohol	Youth data	
Measure	Perception of parent disapproval of alcohol use	
Why this measure is important	Parents can play an influential role in preventing underage drinking. Youth who know their parents disapprove of underage drinking are less likely to drink alcohol, especially at an early age. Oregon 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



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



Illicit Drugs

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

Mortality data **Illicit Drugs**

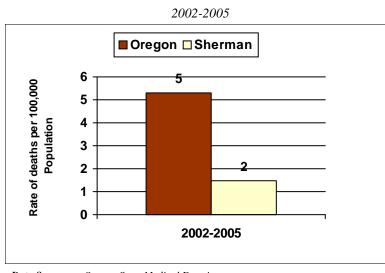
Measure

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

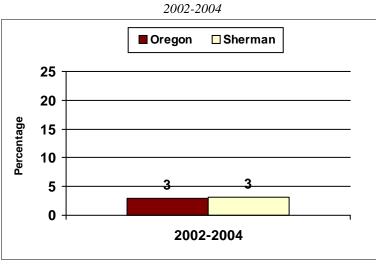
Data Source: Oregon State Medical Examiner

Results based on combined mortality data from Gilliam, Hood River, Sherman, Wasco and Wheeler

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

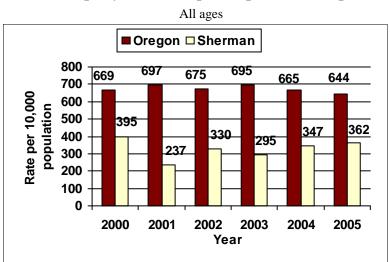


Data Source: National Survey on Drug Use and Health

Annual abuse or dependence estimates based on data from: 20

Location	Average Number of Cases	Population 12 or older
Oregon	90784	3006094
Sherman	49	1625

Illicit Drugs	Crime data
Measure	Crimes against property
Why this measure is important	Drug-related property crimes include burglary, larceny and motor vehicle theft. These crimes frequently are committed to obtain money to purchase drugs. Drug- attribution rates for property crime range from approximately 7 percent for motor vehicle theft to 30 percent for burglary and larceny. Oregon has a state goal of reducing property crimes to less than 591 per 10,000 population by 2010.
Measure description	Rate of property crimes (larceny, burglary, MV theft) reported to police per 10,000 population

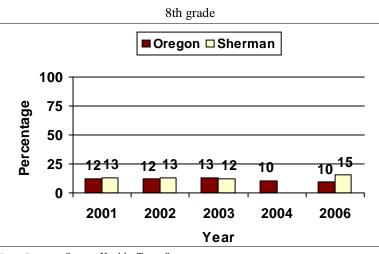




Data Source: Law Enforcement Data System

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?

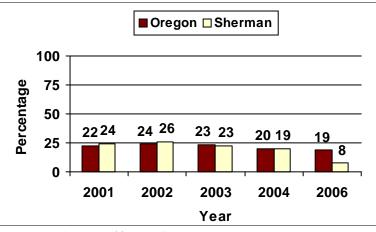
Percent of Youth Who Report Using Marijuana 1 or More Times in the Past 30 Days



Data Source: Oregon Healthy Teens Survey

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

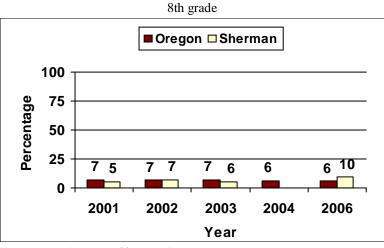
11th grade



Data Source: Oregon Healthy Teens Survey

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, breather the contents of aerosol spray cans or inhale any paints or sprays to get high?

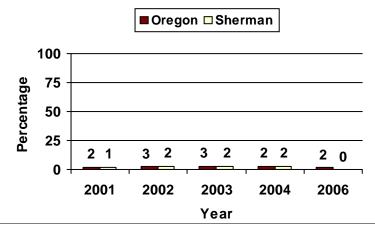
Percent of Youth Who Used Inhalants in the Past 30 Days



Data Source: Oregon Healthy Teens Survey



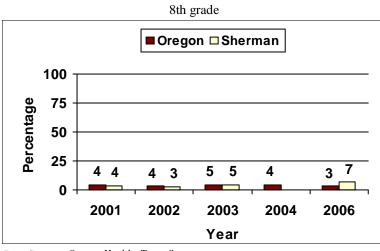
11th grade



Data Source: Oregon Healthy Teens Survey

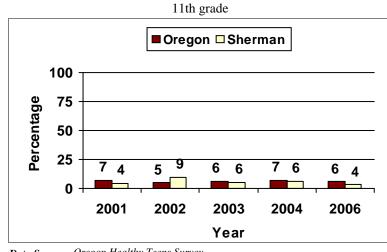
Measure	Current use of prescription drugs by youth
Why this measure is important	National studies and published reports indicate that the intentional abuse of prescription drugs such as pain relievers, tranquilizers, stimulants and sedatives to get high is a growing concern, especially among teens. Youth 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



Data Source: Oregon Healthy Teens Survey

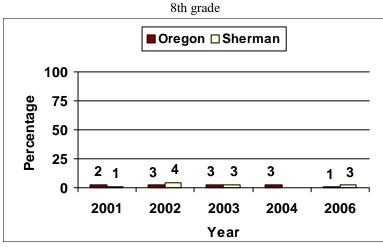
Percent of Youth Who Used Prescription Drugs to Get High in the Past 30 Days



Data Source: Oregon Healthy Teens Survey

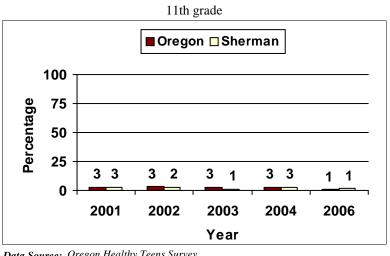
Measure	Current use of stimulants by youth
Why this measure is important	Stimulants are highly addictive. Methamphetamine use has been a major concern of Oregon law enforcement officials.
Survey question	On how many occasions (if any) have you used stimulants (amphetamines, meth, crystal, speed, crank) during the past 30 days?

Percent of Youth Who Used Stimulants in the Past 30 Days



Data Source: Oregon Healthy Teens Survey

Percent of Youth Who Used Stimulants in the Past 30 Days



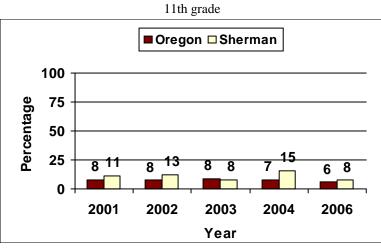
Data Source: Oregon Healthy Teens Survey

Illicit DrugsYouth dataMeasureEarly initiation of marijuana useWhy this measure is
importantYouth 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

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

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

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

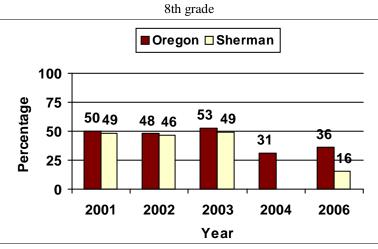


Data Source: Oregon Healthy Teens Survey

Illicit Drugs Youth data

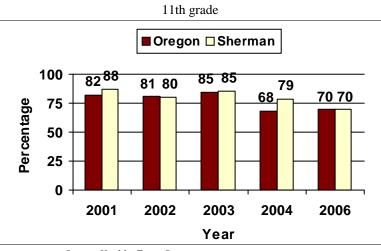
Measure	Availability of marijuana
Why this measure is important	Easy access to marijuana is associated with increased risk of early use. In Oregon, youth who said it was "sort of easy" or "very easy" to get marijuana were significantly more likely to smoke marijuana in the past 30 days.
Survey question	If you wanted to get some marijuana, how easy would it be for you to get some?

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



Data Source: Oregon Healthy Teens Survey

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



Data Source: Oregon Healthy Teens Survey

Illicit Drugs Youth data

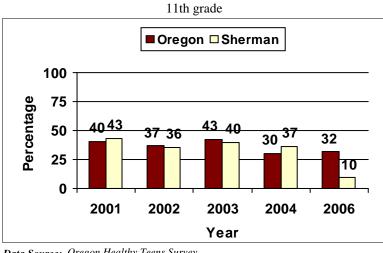
Measure	Availability of illicit drugs
Why this measure is important	Easy access to drugs is associated with increased risk of early use. In Oregon, 8th graders who said it was "sort of easy" or "very easy" to get drugs were significantly more likely to report using drugs in the past 30 days.
Survey question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



Data Source: Oregon Healthy Teens Survey

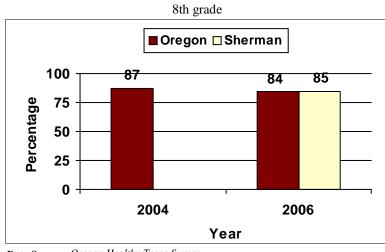
Percent of Youth Who Say It Would Be "Sort of Easy" or "Very Easy" to Get **Illicit Drugs**



Data Source: Oregon Healthy Teens Survey

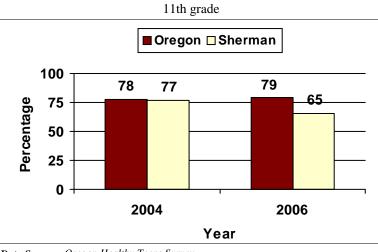
Illicit Drugs	Youth data
Measure	Perceived risk of harm from regular marijuana use
Why this measure is important	Perceived risk of harm from marijuana use is a deterrent to smoking, especially at early ages. Oregon 8th graders who thought there was "moderate" or "great risk" from smoking marijuana regularly were significantly less likely to smoke than those who thought there was "slight" or "no risk" of harm.
Survey question	How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

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



Data Source: Oregon Healthy Teens Survey

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



Data Source: Oregon Healthy Teens Survey

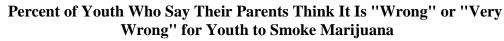
Illicit Drugs Youth data

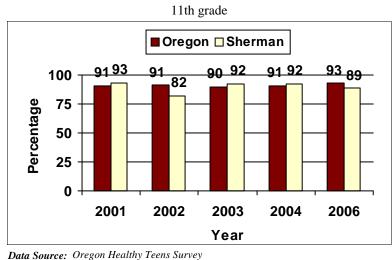
Measure	Perception of parent disapproval of marijuana use
Why this measure is important	Parents can play an influential role in preventing marijuana use. Youth who know their parents disapprove of marijuana are less likely to smoke it, especially at an early age. Oregon 8th graders who believe their parents would think it is "wrong" or "very wrong" if they smoked marijuana were significantly less likely to smoke than youth who believe their parents would think it is "a little bit wrong" or "not wrong at all".
Survey question	How wrong do your parents feel it would be for you to smoke marijuana?

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



Data Source: Oregon Healthy Teens Survey

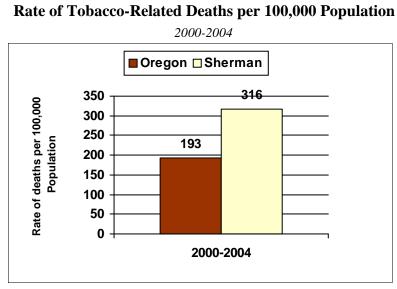




Tobacco

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

Tobacco	Mortality data
Measure	Rate of tobacco-related deaths
Why this measure is important	Tobacco is the leading preventable cause of death in the United States and Oregon. It contributes substantially to premature deaths from cancer, heart disease, stroke and chronic lower respiratory disease.
Measure Description	Rate of tobacco-related deaths per 100,000 population (The death certificate asks "Did tobacco use contribute to death? Tobacco-linked deaths include deaths listed as "yes" or "probably.")



Data Source: Oregon Vital Statistics Annual Report, Volume 2

Annual estimates based on data from:

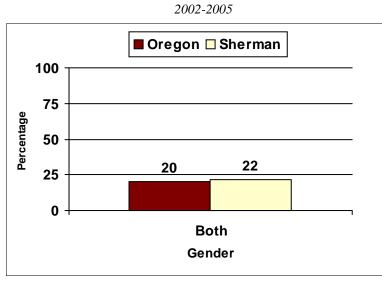
2000-2004

	Average Number
Location	of Deaths
Oregon	6765
Sherman	6

Adult data
Current use of cigarettes by adults
n spite of recent reductions in adult smoking prevalence, nearly one in five Oregon dults continues to smoke. Adults in Oregon with less education and lower income re more likely to smoke. About three-quarters of Oregon smokers report wanting to uit.
i i i

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"

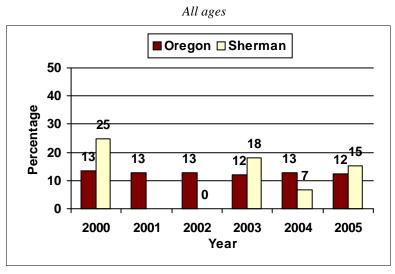


Data Source: Oregon Behavioral Risk Factor Surveillance System

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.

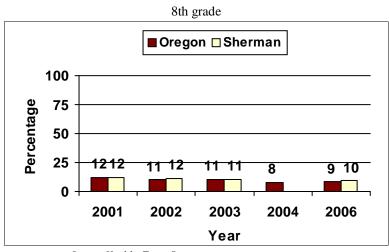
Percent of Women Who Had Live Births and Reported Using Tobacco During Pregnancy



Data Source: Oregon Vital Statistics Annual Report, Volume 1

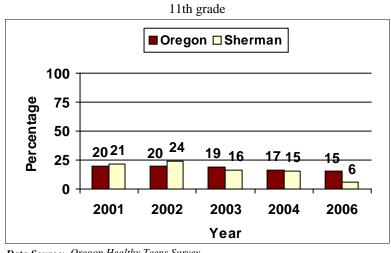
Tobacco	Youth data
Measure	Current use of cigarettes by youth
Why this measure is important	Nearly 90 percent of adult smokers began smoking at or before the age of 18. Tobacco use negatively affects students' academic performance and their physical and mental health. One in three youth who smoke will 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



Data Source: Oregon Healthy Teens Survey

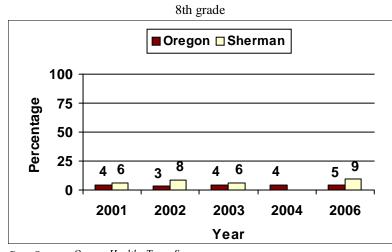
Percent of Youth Who Smoked in the Past 30 Days



Data Source: Oregon Healthy Teens Survey

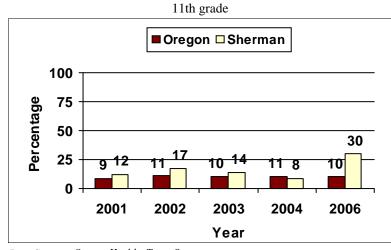
Tobacco	Youth data
Measure	Current use of smokeless tobacco by youth
Why this measure is important	Smokeless tobacco is one of the leading causes of oral cavity and pharyngeal cancers. The prevalence is highest in rural counties in Oregon. Males are much more likely to use smokeless tobacco than females. 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



Data Source: Oregon Healthy Teens Survey

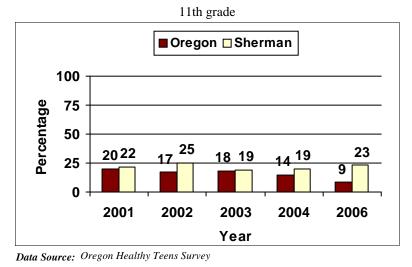
Percent of Male Youth Who Used Smokeless Tobacco in the Past 30 Days



Data Source: Oregon Healthy Teens Survey

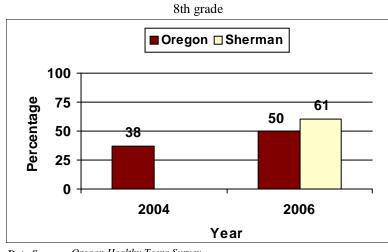
Tobacco	Youth data
Measure	Early initiation of cigarette use
Why this measure is important	Youth who begin smoking cigarettes at an early age are more likely to become daily smokers as adults. Tobacco use negatively affects students' academic performance and their physical and mental health. Oregon youth 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



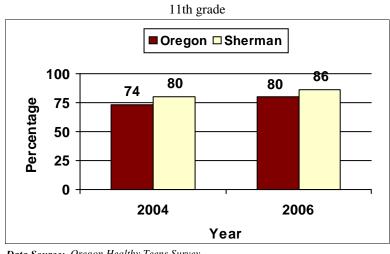
Tobacco	Youth data
Measure	Availability of tobacco
Why this measure is important	Easy access to cigarettes is associated with increased risk of early smoking. In Oregon it is illegal for youth under the age of 18 to purchase tobacco products. However, youth obtain tobacco from many sources in addition 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



Data Source: Oregon Healthy Teens Survey

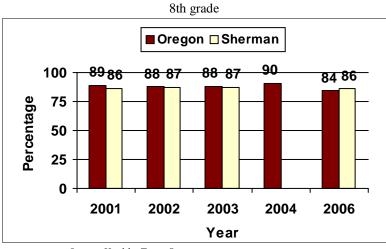
Percent of Youth Who Say it is "Sort of Easy" or "Very Easy" to Get Tobacco



Data Source: Oregon Healthy Teens Survey

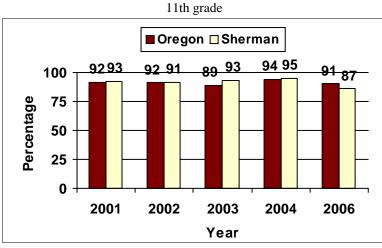
Tobacco	Youth data
Measure	Perceived risk of harm from cigarette smoking
Why this measure is important	Perceived risk of harm from cigarette smoking is a deterrent to smoking, especially at early ages. Oregon 8th graders who thought there was a "moderate" or "great risk" from smoking a pack of cigarettes a day were significantly less likely to smoke than those who thought there was "slight" or "no risk" of harm.
Survey question	How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?

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



Data Source: Oregon Healthy Teens Survey

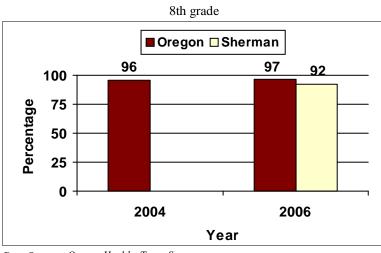
Percent of Youth Who Believe There is "Moderate" or "Great" Risk of Harm from Smoking a Pack of Cigarettes Daily



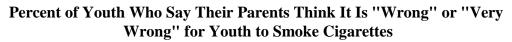
Data Source: Oregon Healthy Teens Survey

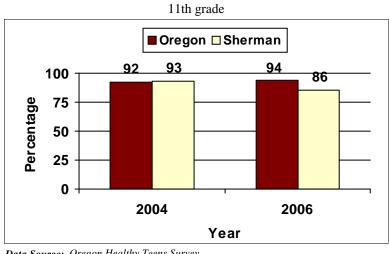
Tobacco	Youth data
Measure	Perception of parent disapproval of cigarette smoking
Why this measure is important	Parents can play an influential role in preventing youth from smoking. Youth who know their parents disapprove of smoking are less likely to smoke, especially at an early age.
Survey question	How wrong do your parents feel it would be for you to smoke cigarettes?

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



Data Source: Oregon Healthy Teens Survey





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

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	0.0	0	
2002	All ages	Both	54.1	1	
2003	All ages	Both	157.9	3	
2004	All ages	Both	105.3	2	
2005	All ages	Both	53.2	1	

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	102.6	20	
2001	All ages	Both	105.3	20	
2002	All ages	Both	113.5	21	
2003	All ages	Both	105.3	20	
2004	All ages	Both	105.3	20	
2005	All ages	Both	63.8	12	

Crimes against property

Rate of Property Crimes Reported per 10,000 Population

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Both	394.9	77	
2001	All ages	Both	236.8	45	
2002	All ages	Both	329.7	61	
2003	All ages	Both	294.7	56	
2004	All ages	Both	347.4	66	
2005	All ages	Both	361.7	68	

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	6.7	109	Rate based on Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler combined data
<i>Drug abuse o</i> Percent of Per	-		endence or Al	buse	
TimeRange	Age	Gender	Percentage	Total Cases	Additional Notes
2002-2004	12 or older	Both	3.0	49	Rate based on Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler

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. Ageadjusted 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 Perio	d Age	Gender	Percentage To	tal Surveyed	Additional Notes
2002-2005	18 or older	Female	47.8	127	Wasco/Sherman combined.
2002-2005	18 or older	Male	68.1	91	Wasco/Sherman combined.

Current binge drinking by adults

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

Report Perio	od Age	Gender	Percentage T	otal Surveyed	Additional Notes
2002-2005	18 or older	Female	0.9	127	Wasco/Sherman combined.
2002-2005	18 or older	Male	22.4	91	Wasco/Sherman combined.

Current heavy use of alcohol by adults

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

Report Perio	d Age	Gender	Percentage T	otal Surveyed	Additional Notes
2002-2005	18 or older	Female	3.0	126	Wasco/Sherman combined.
2002-2005	18 or older	Male	6.7	91	Wasco/Sherman combined.

Current use of cigarettes by adults

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

Report Perio	d Age	Gender	Percentage '	Total Surveyed	Additional Notes	
2002-2005	18 or older	Both	21.8	315	Wasco/Sherman combined.	

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	13.5	96	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	12.5	85	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	8.2	73	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	8.1	84	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	9.2	65	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	7.6	58	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	7.1	56	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	13.5	340	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	6.5	94	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	25.4	118	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	26.7	101	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	23.3	103	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	36.3	85	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	48.0	75	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	42.2	90	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	42.7	82	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	43.5	387	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	35.1	94	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	8.7	115	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	9.0	100	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	10.0	110	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	14.7	84	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	28.0	75	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	25.6	90	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	24.7	93	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	24.4	383	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	12.8	92	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	18.2	66	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	12.3	57	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	10.8	65	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	7.5	350	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	15.8	94	Sherman, Wheeler, Gilliam 2005/2006 combined data

Gambling by youth

Percent of Youth Who Gambled in the Past Year

Year	Age	Gender	Percent	Sample Size	Additional Notes
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	34.4	86	Sherman, Wheeler, Gilliam 2005/2006 combined data
2004	11th grade	Both	34.6	368	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	41.3	92	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	30.1	73	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	25.0	88	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	25.0	89	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	28.4	659	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	32.0	91	Sherman, Wheeler, Gilliam 2005/2006 combined data

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			Schools did not participate
2006	8th grade	Both	70.7	84	Sherman, Wheeler, Gilliam 2005/2006 combined data
2004	11th grade	Both	87.8	358	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	80.3	94	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	62.4	85	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	68.8	77	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	69.4	72	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	53.3	83	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	65.7	67	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	64.3	56	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	70.7	58	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	65.7	373	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	54.9	93	Sherman, Wheeler, Gilliam 2005/2006 combined data

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

Age	Gender	Percent	Sample Size	Additional Notes
8th grade	Both	88.5	104	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
8th grade	Both	89.5	105	Gilliam, Hood River, Sherman, Wasco combined data
8th grade	Both	89.7	97	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
8th grade	Both			Schools did not participate
8th grade	Both	86.5	85	Sherman, Wheeler, Gilliam 2005/2006 combined data
11th grade	Both	75.7	70	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
11th grade	Both	87.2	86	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
11th grade	Both	84.0	75	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
11th grade	Both	76.8	357	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
11th grade	Both	71.6	92	Sherman, Wheeler, Gilliam 2005/2006 combined data
	8th grade 8th grade 8th grade 8th grade 8th grade 11th grade 11th grade 11th grade	8th gradeBoth8th gradeBoth8th gradeBoth8th gradeBoth8th gradeBoth11th gradeBoth11th gradeBoth11th gradeBoth11th gradeBoth11th gradeBoth	8th gradeBoth88.58th gradeBoth89.58th gradeBoth89.78th gradeBoth89.78th gradeBoth86.511th gradeBoth75.711th gradeBoth87.211th gradeBoth84.011th gradeBoth76.8	8th grade Both 88.5 104 8th grade Both 89.5 105 8th grade Both 89.7 97 8th grade Both 89.7 97 8th grade Both 85 105 11th grade Both 86.5 85 11th grade Both 87.2 86 11th grade Both 84.0 75 11th grade Both 76.8 357

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	12.7	118	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data

	2002	8th grade	Both	12.9	101	Gilliam, Hood River, Sherman, Wasco combined data
	2003	8th grade	Both	11.9	109	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
_	2004	8th grade	Both			Schools did not participate
-	2006	8th grade	Both	15.3	84	Sherman, Wheeler, Gilliam 2005/2006 combined data
-	2001	11th grade	Both	23.9	71	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2002	11th grade	Both	25.6	90	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2003	11th grade	Both	22.6	93	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2004	11th grade	Both	19.4	358	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2006	11th grade	Both	7.5	91	Sherman, Wheeler, Gilliam 2005/2006 combined data
		e				

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	5.2	115	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	6.9	101	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	5.5	109	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	9.6	82	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	1.4	72	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	2.3	87	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	2.2	91	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	2.2	383	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	0.0	91	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	3.5	114	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	3.0	100	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	4.6	109	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	6.5	82	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	4.2	72	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	9.1	88	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	5.5	91	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	6.0	382	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	3.7	92	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	0.9	114	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	4.0	99	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	2.8	109	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	2.6	82	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	2.7	73	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	2.3	86	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	1.1	91	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	2.6	381	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	1.5	92	Sherman, Wheeler, Gilliam 2005/2006 combined data

Early initiation of marijuana use

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

Year	Age	Gender	Percent	Sample Size	Additional Notes
2001	11th grade	Both	11.3	71	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	12.5	88	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	7.7	91	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	15.4	373	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	8.1	92	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	48.6	109	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	46.4	97	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	49.0	96	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	15.8	148	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	87.5	72	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	80.0	85	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	85.0	80	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	78.6	358	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	69.7	44	Sherman, Wheeler, Gilliam 2005/2006 combined data

Availability of illicit drugs

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

Sample Size

Year Age Gender Percent

	2001	8th grade	Both	25.0	112	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
	2002	8th grade	Both	19.4	98	Gilliam, Hood River, Sherman, Wasco combined data
	2003	8th grade	Both	22.1	95	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2004	8th grade	Both			Schools did not participate
-	2006	8th grade	Both	4.9	40	Sherman, Wheeler, Gilliam 2005/2006 combined data
-	2001	11th grade	Both	42.9	70	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2002	11th grade	Both	35.7	84	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2003	11th grade	Both	40.0	80	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2004	11th grade	Both	36.6	362	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2006	11th grade	Both	9.9	40	Sherman, Wheeler, Gilliam 2005/2006 combined data
-						

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			Schools did not participate
2006	8th grade	Both	84.9	79	Sherman, Wheeler, Gilliam 2005/2006 combined data
2004	11th grade	Both	77.0	367	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	65.3	91	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	96.2	104	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	92.5	106	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	94.9	98	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate
2006	8th grade	Both	93.0	83	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	92.8	69	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	81.8	85	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	92.0	75	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	92.1	346	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	88.9	93	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	11.9	118	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	8th grade	Both	11.5	104	Gilliam, Hood River, Sherman, Wasco combined data
2003	8th grade	Both	10.7	112	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Both			Schools did not participate

2006	8th grade	Both	9.5	85	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Both	21.3	75	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	24.2	91	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	16.1	93	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	15.2	384	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	6.1	93	Sherman, Wheeler, Gilliam 2005/2006 combined data
	2001 2002 2003 2004	200111th grade200211th grade200311th grade200411th grade	2000oun grade200111th gradeBoth200211th gradeBoth200311th gradeBoth200411th gradeBoth	2000 our grade File 2001 11th grade Both 21.3 2002 11th grade Both 24.2 2003 11th grade Both 16.1 2004 11th grade Both 15.2	2000 Out grade Au

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	6.0	50	Gilliam, Hood River, Sherman, Wasco, combined data
2002	8th grade	Male	8.3	48	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	8th grade	Male	6.0	50	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	8th grade	Male			Schools did not participate
2006	8th grade	Male	9.1	42	Sherman, Wheeler, Gilliam 2005/2006 combined data
2001	11th grade	Male	11.8	34	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Male	17.0	47	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Male	14.0	43	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Male	8.2	199	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Male	30.1	46	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	21.6	74	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2002	11th grade	Both	25.0	88	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2003	11th grade	Both	18.7	91	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2004	11th grade	Both	19.4	375	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	23.4	93	Sherman, Wheeler, Gilliam 2005/2006 combined data

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			Schools did not participate
2006	8th grade	Both	60.5	40	Sherman, Wheeler, Gilliam 2005/2006 combined data
2004	11th grade	Both	79.8	362	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	85.9	94	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	85.9	85	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
	2002	8th grade	Both	87.0	77	Gilliam, Hood River, Sherman, Wasco combined data
-	2003	8th grade	Both	87.3	71	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2004	8th grade	Both			Schools did not participate
-	2006	8th grade	Both	85.8	83	Sherman, Wheeler, Gilliam 2005/2006 combined data
-	2001	11th grade	Both	92.5	67	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
-	2002	11th grade	Both	91.2	57	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
	2003	11th grade	Both	93.1	58	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
	2004	11th grade	Both	95.2	379	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
	2006	11th grade	Both	86.6	91	Sherman, Wheeler, Gilliam 2005/2006 combined data

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			Schools did not participate
2006	8th grade	Both	92.4	85	Sherman, Wheeler, Gilliam 2005/2006 combined data
2004	11th grade	Both	92.8	357	Gilliam, Hood River, Sherman, Wasco, Wheeler combined data
2006	11th grade	Both	85.6	93	Sherman, Wheeler, Gilliam 2005/2006 combined data

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	0.0	0	
2003	All ages	Both	52.6	1	
2004	All ages	Both	0.0	0	
2005	All ages	Both	0.0	0	

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	0.0	0	
2002	All ages	Female	0.0	0	
2003	All ages	Female	0.0	0	
2004	All ages	Female	0.0	0	
2005	All ages	Female	0.0	0	

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	25.0	4	
2001	All ages	Female			Data not available
2002	All ages	Female	0.0	0	
2003	All ages	Female	18.2	4	
2004	All ages	Female	6.7	1	
2005	All ages	Female	15.4	2	

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	0.0	0	
2001	All ages	Both	0.0	0	
2002	All ages	Both	0.0	0	
2003	All ages	Both	0.0	0	
2004	All ages	Both	52.6	1	

Suicide death rate

Rate of Suicide Deaths per 100,000 Population

Year	Age	Gender	Rate	Total Cases	Additional Notes
2000	All ages	Both	0.0	0	
2001	All ages	Both	0.0	0	
2002	All ages	Both	0.0	0	
2003	All ages	Both	52.6	1	
2004	All ages	Both	0.0	0	

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	256.4	5	
2001	All ages	Both	157.9	3	
2002	All ages	Both	324.3	6	
2003	All ages	Both	368.4	7	
2004	All ages	Both	473.7	9	

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

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