

Georgia

Epidemiological Profile for Substance Abuse Prevention

Addressing Alcohol, Tobacco, and Other Drugs

March 2007



Submitted by the Georgia State Epidemiological Outcomes Workgroup and the Georgia Department of Human Resources, Division of Public Health, Office of Prevention Services and Programs

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Georgia Department of Human Resources

B.J. Walker, Commissioner

Division of Public Health

Stuart T. Brown, MD, Director

Office of Prevention Services and Programs

Brenda JD Rowe, PhD, MSW, MPA, Director

Kimberly R. Taylor, MPH, MS, Georgia SEOW Manager

Donna Dent, MS, MISM, SPF-SIG Coordinator

LaShawn Martin, MSM, MEd, Operations Analyst

Epidemiology Branch

Susan Lance, DVM, PhD, Director

Chronic Disease, Injury, and Environmental Epidemiology Section

John Horan, MD, MPH, Chief

Dafna Kanny, PhD, Deputy Chief

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Georgia State Epidemiological Outcomes Workgroup (GA SEOW)

Marcus Bouligny	Southeast Center for the Application of Prevention Technologies (SECAPT)
Robert Brewer	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion
Hayden Center	Southeast Center for the Application of Prevention Technologies (SECAPT)
Doris Clanton	Georgia Department of Human Resources, Division of Aging
Donna Dent	Georgia Department of Human Resources, Division of Public Health
Courtney Edwards	Georgia Department of Revenue, Alcohol and Tobacco Division
Miguel Fernandez	Georgia Department of Juvenile Justice, Office of Behavioral Health
Phillip W. Graham	RTI International, Center for Crime, Violence, and Justice Research

Rick Harrison	Georgia Department of Juvenile Justice (DJJ)
Jaime Holbert	Georgia Department of Education (DOE)
John Horan	Georgia Department of Human Resources, Division of Public Health
Karen Howell	Emory University, Maternal Substance Abuse and Child Development Project
Dafna Kanny	Georgia Department of Human Resources, Division of Public Health
Pierluigi Mancini	Clinic for Education, Treatment, and Prevention of Addiction (CETPA) <i>Clínica de Educación, Tratamiento y Prevención de la Adicción</i>
LaShawn Martin	Georgia Department of Human Resources, Division of Public Health
Shelley Mishoe	Medical College of Georgia (MCG)
Spencer Moore	Georgia Governor's Office of Highway Safety
John O'Looney	University of Georgia, Carl Vinson Institute of Government
Sherri Peavy	HODAC, Inc.
Jake Porter	Georgia Department of Human Resources, Division of Public Health
Simone Powell	The Council on Alcohol and Drugs, Georgia Underage Drinking Prevention Initiative
Joyce Reid	Georgia Hospital Association
Brenda JD Rowe	Georgia Department of Human Resources, Division of Public Health
Kimberly R. Taylor	Georgia Department of Human Resources, Division of Public Health
Chualo Truesdell	Drug Enforcement Administration (DEA)
Howard Tyler	Georgia Department of Revenue, Alcohol and Tobacco Division

Marilyn Watson	Georgia Department of Education (DOE)
BeLinda J. Weimer	RTI International, Behavioral Health Division
B. Thurya Wingate	DeKalb Prevention Alliance, Inc., Drug Free Community Coalition
Christopher Wood	Georgia Department of Human Resources, Division of Public Health

Internal Epidemiology Team

Manxia Wu, MD, MPH Mortality and Morbidity Data and Analysis	Argie Fiueroa, MSc Tobacco Epidemiology
Laura Fehrs, MD Injury Epidemiology	Mary Dott, MD, MPH Maternal and Child Health Epidemiology
Hui Zhang, MD, MPH Pregnancy Risk Assessment Monitoring System (PRAMS), Maternal and Child Health Epidemiology	Emily Kahn, PhD, MPH Maternal and Child Health Epidemiology

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Technical Assistance: Research Triangle Institute, Inc.

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Further information on this report may be obtained by contacting: Kimberly R. Taylor, MPH, MS, GA SEOW Manager, Georgia Department of Human Resources, Division of Public Health, Office of Prevention Services and Programs, 2 Peachtree St., NW 13.222, Atlanta, GA 30303, 404-657-2137, krtaylor@dhr.state.ga.us.

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ACRONYMS AND ABBREVIATIONS

AAM	Alcohol-Attributable Mortality
AEDS	Alcohol Epidemiologic Data System
ARDI	Alcohol-Related Disease Impact
CADCA	Community Anti-Drug Coalitions of America
CDC	Centers for Disease Control and Prevention
CEPTA	Clinic for Education, Treatment and Prevention of Addiction, Inc.
CITF	Community Initiative Task Force
CLEOW	Community-Level Epidemiological Outcomes Workgoup
CSAP	Center for Substance Abuse Prevention
DEA	Drug Enforcement Administration
DPH	Division of Public Health
FARS	Fatality Analysis Reporting System
FAS	Fetal Alcohol Syndrome
GA BRFSS	Georgia Behavioral Risk Factor Surveillance System
GA DEC	Georgia Drug Endangered Children
GA DHR	Georgia Department of Human Resources
GA DJJ	Georgia Department of Juvenile Justice
GA DOE	Georgia Department of Education
GA DOR	Georgia Department of Revenue
GA PRAMS	Georgia Pregnancy Risk Assessment Monitoring System
GA SEOW	Georgia State Epidemiological Outcomes Workgroup
GA YRBS	Georgia Youth Risk Behavior Survey
GPC	Georgia Poison Control
MCG	Medical College of Georgia
MHDDAD	Division of Mental Health, Developmental Disabilities and Addictive Diseases
MSA	Metropolitan Statistical Area
MSA	Maternal Substance Abuse
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NSDUH	National Survey on Drug Use and Health
ONDCP	Office of National Drug Control Policy
OPSP	Office of Prevention Services and Programs
SAMHSA	Substance Abuse and Mental Health Services Administration
SAMMEC	Smoking-Attributable Mortality, Morbidity, and Economic Costs
SIS	Social Indicator Study
SPF SIG	Strategic Prevention Framework State Incentive Grant
UCR	Uniform Crime Report
YPLL	Years of Potential Life Lost

EXECUTIVE SUMMARY

ALCOHOL

Alcohol use is very common in our society. Drinking alcohol has immediate effects that can increase the risk of many harmful health conditions. Excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking more than 4 drinks during a single occasion for men or more than 3 drinks during a single occasion for women), can lead to increased risk of health problems such as liver disease or unintentional injuries.¹ In 2004, there were approximately 1,460 chronic deaths and 986 acute deaths attributed to alcohol use in Georgia. In that same year, alcohol use was the third leading lifestyle-related cause of death for people in Georgia.

Overall, this profile shows that in Georgia....

Youth

In 2005,

- 162,000 (40%) of Georgia high school students used alcohol in the past 30 days.
- 87,000 (21%) of Georgia high school students had five or more drinks of alcohol in a row in the past 30 days.
- 105,000 (27%) of Georgia high school students had their first drink of alcohol (other than few sips) before age 13.
- 115,000 (27%) of Georgia high school students rode in a car driven by someone who had been drinking alcohol in the past 30 days.
- 37,000 (9%) of Georgia high school students drove a car when they had been drinking alcohol in the past 30 days.

Adult

In 2005,

- 3 million (46%) of adults in Georgia reported alcohol use in the past 30 days.
- The prevalence of alcohol use in the past 30 days among adults in Georgia has remained stable throughout the years.
- 770,000 (12%) of adults in Georgia reported binge drinking in the past 30 days.
- 250,000 (4%) of adults in Georgia reported heavy alcohol use in the past 30 days.
- 111,000 (4%) of adults in Georgia reported driving after drinking alcohol in the past 30 days.

Maternal

In 2004,

- 48,000 (41%) of women in Georgia who delivered used alcohol in the 3 months before pregnancy.
- 6,600 (6%) of women in Georgia who delivered used alcohol in the last 3 months of pregnancy.
- 15,000 (22%) of women in Georgia who delivered were binge drinking in the 3 months before pregnancy.
- 1,100 (1%) of women in Georgia who delivered reported binge drinking in the last 3 months of pregnancy.

Consequences

In 2004,

- The violent crime rate in Georgia was higher for aggravated assault than for robbery or rape.
- 6% of persons aged 12 years and older were classified with dependence or abuse of alcohol in the past year.
- 2,446 deaths in Georgia were attributable to alcohol, resulting in 75,804 years of potential life lost.

¹ CDC, Alcohol and Public Health, Accessed on November 13, 2007 from <http://www.cdc.gov/alcohol/index.htm>

TOBACCO

Tobacco use is the single most preventable cause of death in the United States. According to the 2004-2005 National Survey on Drug Use and Health (NSDUH), 30% of Georgians aged 12 years and older reported tobacco use in the past month. Almost 11,000 adult Georgians die every year from tobacco-related illnesses; about 4,300 die from cancer; 3,800 die from cardiovascular diseases; and about 2,600 die from respiratory diseases. About 33 infants die every year because their mothers smoked during pregnancy. In 2004, tobacco was the leading lifestyle-related cause of death for people in Georgia.

Overall, this report shows that in Georgia.....

Youth

In 2005,

- 68,000 (17%) of Georgia high school students smoked cigarettes in the past 30 days.
- 31,000 (7%) of Georgia high school students used smokeless tobacco in the past 30 days.
- 27,000 (7%) of Georgia high school students smoked cigarettes daily in the past 30 days.
- 61,000 (15%) of Georgia high school students smoked their first whole cigarette before age 13.

Adults

In 2005,

- 1.4 million (22%) of adults in Georgia reported cigarette smoking in the past 30 days.
- The prevalence of cigarette use in the past 30 days among adults in Georgia has decreased throughout the years, from 31% in 1984 to 22% in 2005.
- 1 million (16%) of adults in Georgia reported daily cigarette smoking.
- The prevalence of daily cigarette use among adults in Georgia has remained relatively stable throughout the years (17% in 1996 to 16% in 2005).

Maternal

In 2004,

- 23,000 (19%) of women in Georgia who delivered smoked cigarettes in the 3 months before pregnancy.
- 12,000 (11%) of women in Georgia who delivered smoked cigarettes in the last 3 months of pregnancy.
- 17,000 (15%) of women in Georgia who delivered reported smoking cigarettes after pregnancy.

Consequences

From 2000-2004, an estimated annual average of 10,786 deaths in Georgia were attributed to smoking.

- There were 3,821 deaths in Georgia due to cardiovascular diseases.
- There were 4,324 deaths in Georgia due to cancers.
- Approximately 2,641 deaths in Georgia were due to respiratory disease.

OTHER DRUGS

Marijuana, the most commonly used illicit drug in Georgia, is readily available throughout the state. Mexico and the southwest border are the usual entry points for marijuana that is imported and distributed in Georgia. Cocaine and crack cocaine continue to be among the most widely available drugs throughout Georgia.¹ According to the 2004 -2005 NSDUH, 6.0% of Georgians age 12 years and older reported use of marijuana in the past 30 days; 8% reported use of any illicit drug other than marijuana*, or an abusable[§] product that can be obtained legally in the past 30 days. Also, 3% of Georgians aged 12 years and older met the DSM-IV criteria for illicit drug abuse or dependence in past year.

Overall, this report shows that in Georgia.....

Youth

In 2005,

- 79,000 (19%) of Georgia high school students used marijuana in the past 30 days.
- 12,000 (3%) of Georgia high school students used cocaine in the past 30 days.
- 35,000 (8%) of Georgia high school students have ever used cocaine.
- 64,000 (15%) of Georgia high school students have ever used inhalants.
- 16,000 (4%) of Georgia high school students have ever used steroids.
- 27,000 (6%) of Georgia high school students have ever used methamphetamine.
- 22,000 (5%) of Georgia high school students have ever used ecstasy.
- 18,000 (4%) of Georgia high school students have ever used heroin.
- 7,300 (2%) of Georgia high school students have ever injected any illegal drug.
- 34,000 (8%) of Georgia high school students tried marijuana for the first time before age 13.

Consequences

- In 2004, 703 deaths in Georgia were due to illicit drug use.
- Overall, from 1980 to 1995, the property crime rate in Georgia was higher for larceny than burglary or auto theft.

¹ Office of National Drug Control Policy, Drug Policy Information Clearinghouse. (April 2006) *State of Georgia Profile of Drug Indicators*.

* Other illicit drug categories include cocaine, heroin, and hallucinogens (LCD, PCP, peyote, mescaline, mushrooms, and ecstasy).

§ Abusable legal products include prescription drugs (pain relievers, tranquilizers, stimulants, and sedatives) and inhalants (amyl nitrate, cleaning fluids, gasoline, paints, and glue)

INTRODUCTION

The use and abuse of alcohol, tobacco, and illicit drugs constitute an important social problem with a continuum of public health, and safety consequences across the country. Given the prevalence and devastating impacts, drug and alcohol use and abuse are high priorities for federal, state, and local governments.

In accordance with requirements under the Substance Abuse and Mental Health Services Administration (SAMHSA) Contract #283-02-9026, the Office of Prevention Services and Programs (OPSP) is proud to submit the Georgia Epidemiological Profile developed through the Georgia Epidemiological Outcomes Workgroup (GA SEOW).

The OPSP seeks an opportunity to enhance substance use and abuse prevention efforts through data-informed planning and decision making that results in healthy outcomes for Georgia citizens, families and communities. Though the Department of Human Resources has a long standing data collection and performance measurement system for the disabilities, a system to collect and analyze epidemiological data to inform prevention planning, programming, or measure performance of regional or statewide services and programs was lacking.

In answer to the absence of a surveillance and measurement system for prevention, the OPSP applied, on behalf of Governor Sonny Perdue, for the Governor's Cooperative Agreement State Incentive Planning and Development Grant. The Cooperative Agreement Advisory Committee (CAAC), established through this grant award, engaged in a year long statewide, multi-agency, assessment and planning process to develop state capacity to 1) complete a comprehensive statewide plan, 2) apply for a Strategic Prevention Framework State Incentive Grant (SPF SIG), and 3) implement the requirements of the Strategic Prevention Framework (SPF) including the establishment of a State Epidemiological Outcome Workgroup (SEOW).

The GA SEOW is derived from the ground-breaking work of two key subcommittees of the CAAC: the Needs Assessment and Evaluation Subcommittees. Through a series of monthly meetings, the GA SEOW Workgroup examined the available state-level data sources to address consequences and consumption indicators as specified by SAMHSA (e.g. Youth Risk Behavior Survey, Vital Records, Behavioral Risk Factor Surveillance System, Department of Revenue's Division of Alcohol and Tobacco, National Survey on Drug Use and Health, and Uniform Crime Reports), reviewed additional data sources such as Pregnancy Risk Assessment Monitoring System, and examined data gaps and challenges utilizing data sources such as hospitalization and emergency room visits. When reviewing the data sources, the GA SEOW also discussed and agreed on the criteria for data inclusion - reliability, validity, and availability of the data in Georgia. Through a consensus process, the GA SEOW also agreed on the format and layout of the Epidemiological Profile, including table of contents, order of indicators in the report, and classification of indicator by age groups.

To facilitate the work of the GA SEOW, an Internal Epidemiology Team was convened to assist in compiling and identifying available and additional data sources. The Internal Epidemiology Team included Division of Public Health's Epidemiology Branch epidemiologists who are responsible for mortality, morbidity, and behavioral data sources in Georgia.

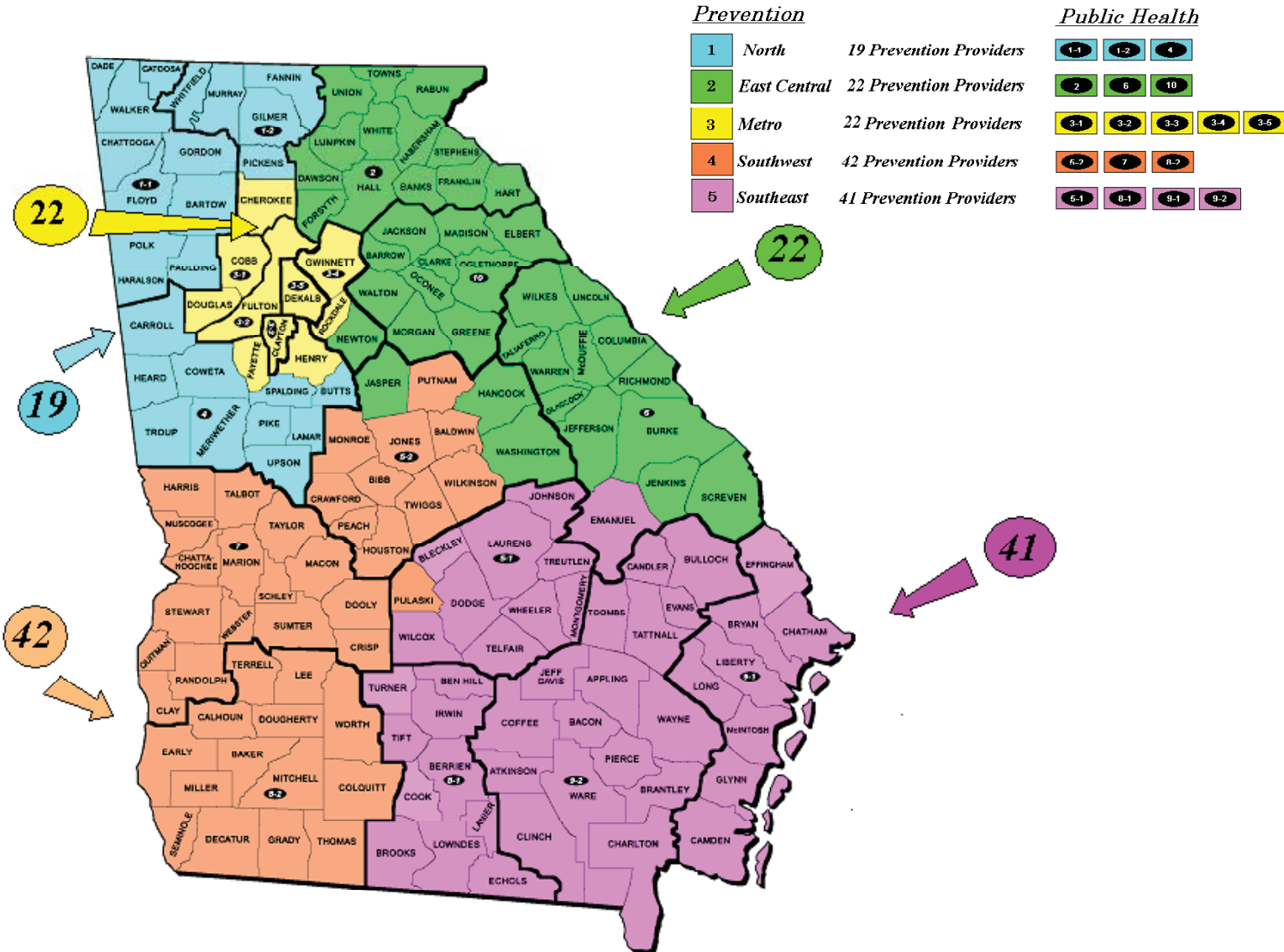
The Georgia Epidemiological Profile illustrates the status and implications of the use of alcohol, tobacco, and other drugs that affect the health status of Georgians. The data presented in the Profile, collected by various state-based surveillance systems, describe the statewide consumption patterns by sex, race/ethnicity, age and other socio-demographic variables. The Profile also describes the related consequences of these behaviors. The goal of this Profile is to guide relevant and effective prevention strategies by first understanding the prevalence and patterns of substance-related problems and the factors that contribute to them.

STATE OF GEORGIA

Georgia is centrally located in the Southeastern United States, the fastest growing region of the country, and is comprised of 159 counties. According to the Census estimate, Georgia had a total population of 9,072,576 in 2005, making it among the ten most populous states in the nation. Over half of Georgia's residents live in the Metropolitan Atlanta area. Georgia's population is becoming more ethnically and racially diverse. In the Census estimate, 66.4% were White, 29.6% were Black, 6.8% were Hispanic and 3.0% were classified as other.¹ The median household income was \$42,421. Eighteen percent of the population was below the federal poverty level (poor) and another 20% of Georgia's population was 100-199% above the federal poverty level (near poor).²

Georgia is among the ten fastest-growing states in the nation. Georgia's population growth is twice the national average. Between 1990 and 2000, the population of Georgia increased 26.4% compared to only 13.1% for the United States. In addition, between 2000 and 2005 Georgia's population increased an additional 10.8% compare to only 5.3% for the United States.² At the current growth rate, Georgia's population will grow 34% between 2000 and 2015 to 10,813,573. By 2015, approximately 10% of Georgia's population will be Hispanic, 28% Black (the largest percentage of Black residents among the 10 largest states), and 13.6% will be age 65 or older.³

Prevention and Public Health Districts



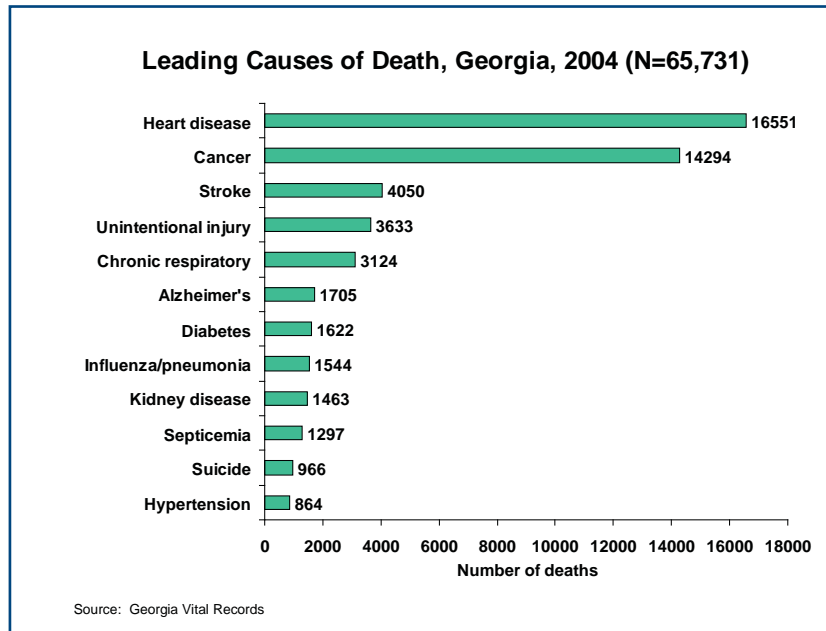
¹U.S. Census Bureau. PPL-47 Population for States by Age, Sex, Race and Hispanic Origin: 1995-2025.

²U.S. Census Bureau. U.S. Census Bureau News. Released December 22, 2005. Accessed on January 22, 2007 at <http://www.census.gov/Press-Release/www/releases/archives/population/006142.html>

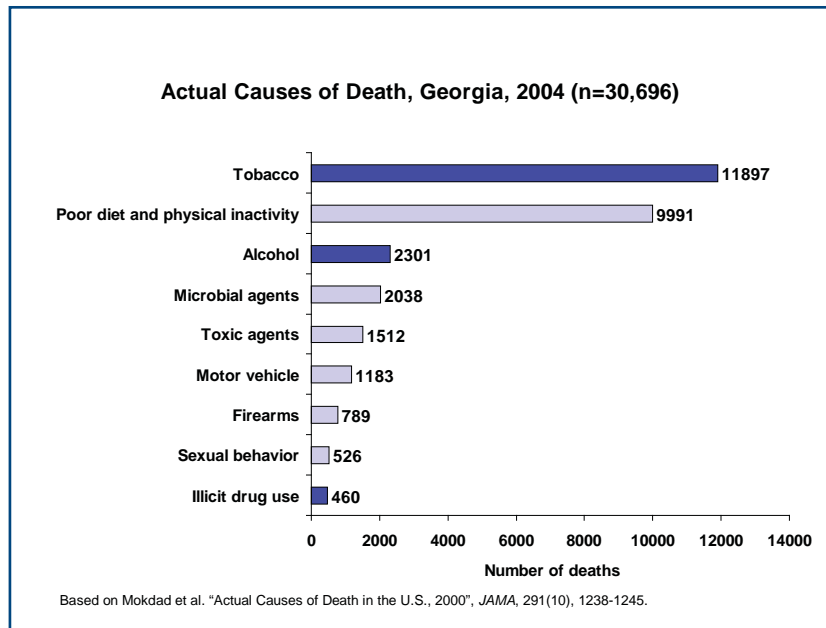
³U.S. Census Bureau. U.S. Census Bureau News. Released December 22, 2005. Accessed on January 22, 2007 at <http://www.census.gov/Press-Release/www/releases/archives/population/005708.html>

LEADING AND ACTUAL CAUSES OF DEATH IN GEORGIA

In 2004, a total of 65,731 deaths occurred in Georgia.



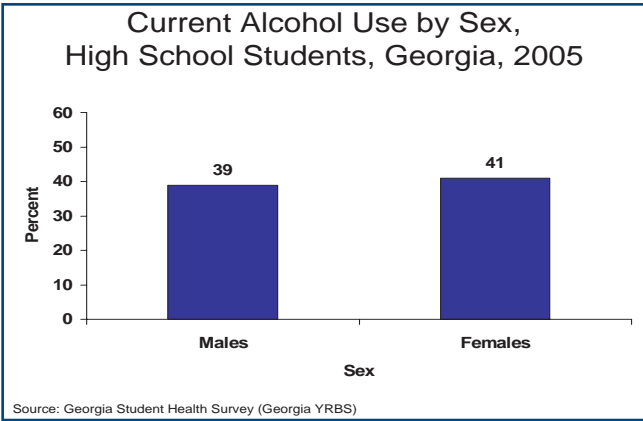
Modifiable behavioral risk factors can be considered actual causes of death. Of the 65,731 deaths in Georgia in 2004, 30,696 (47%) deaths were attributable to the nine risk factors. Tobacco use was the leading actual cause of death with 11,897 deaths, alcohol use was the third leading actual cause of death with 2,301 deaths, and illicit drug use was the ninth leading cause of actual death with 460 deaths.



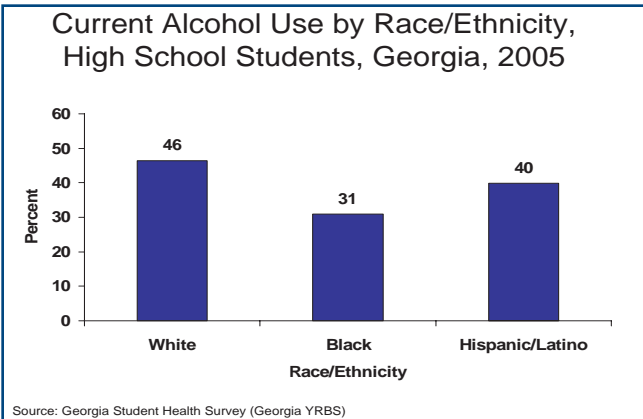
Alcohol Consumption

Current Alcohol Use by High School Students

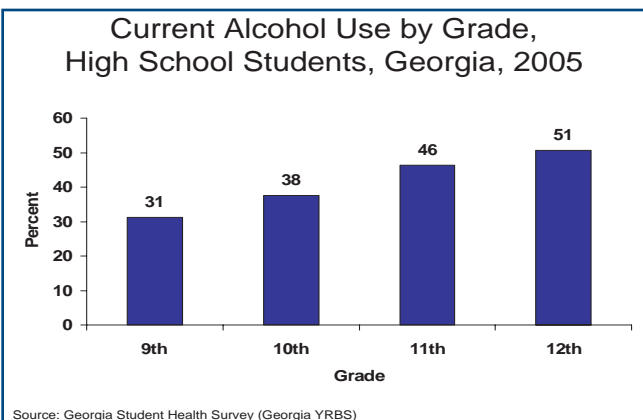
Nationwide in 2005, 43% of high school students had at least one drink of alcohol on one or more of the 30 days preceding the survey.¹



Overall, more than 162,000 (40%) of Georgia high school students used alcohol in the past 30 days (39% males and 41% females).



Significantly more White high school students (46%) than Black high school students (31%) in Georgia used alcohol in the past 30 days.



Half (51%) of 12th grade students in Georgia used alcohol in the past 30 days.

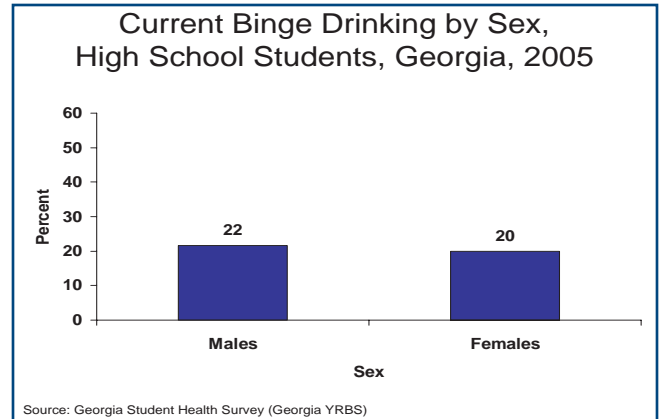
11th (46%) and 12th (51%) grade students in Georgia were significantly more likely than 9th grade students (31%) to use alcohol in the past 30 days.

¹Centers for Disease Control and Prevention, *Youth Risk Behavior Survey, 2005*.

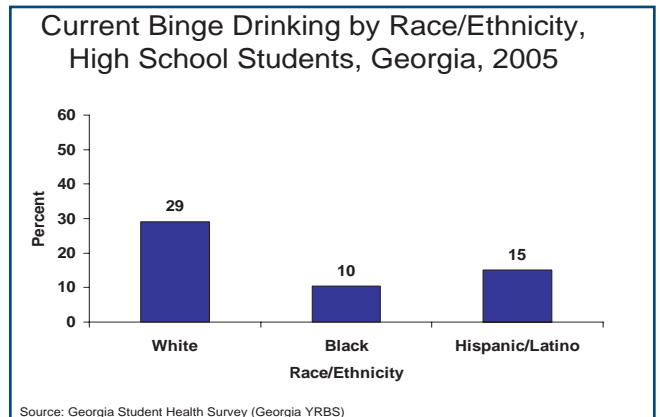
Current Binge Drinking by High School Students

Nationwide in 2005, 26% of high school students had five or more drinks of alcohol in a row (i.e., within a couple of hours) on one or more of the 30 days preceding the survey.¹

Overall, more than 87,000 (21%) of high school students in Georgia had five or more drinks of alcohol in a row in the past 30 days (22% males and 20% females).

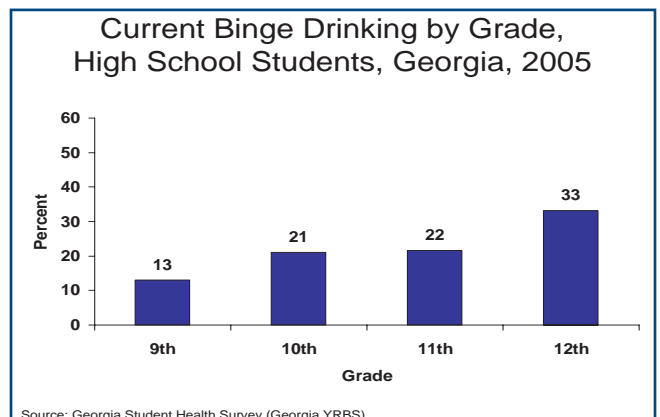


Significantly more White high school students (29%) than Black (10%) or Hispanic/Latino (15%) high school students in Georgia reported binge drinking in the past 30 days.



1 in 3 (33%) 12th grade students in Georgia reported binge drinking in the past 30 days.

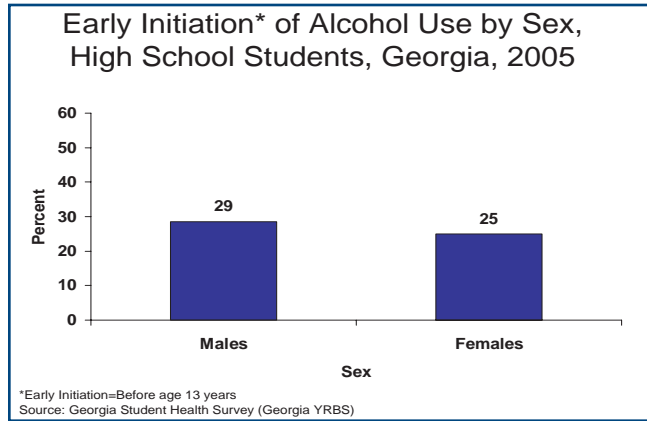
11th (22%) and 12th (33%) grade students in Georgia were significantly more likely than 9th grade students (13%) to report binge drinking in the past 30 days.



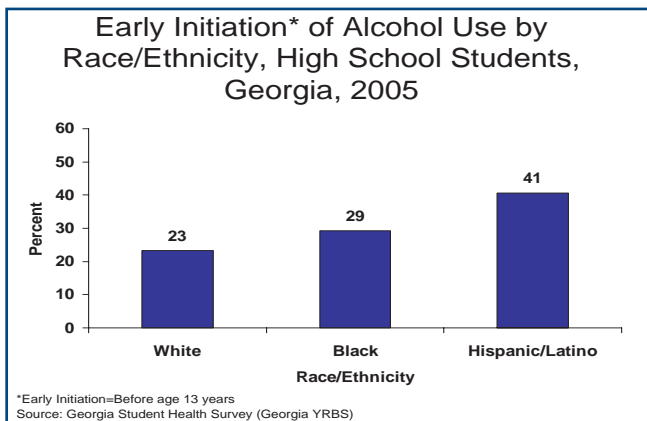
¹Centers for Disease Control and Prevention, *Youth Risk Behavior Survey, 2005*.

Early Initiation of Alcohol Use by High School Students

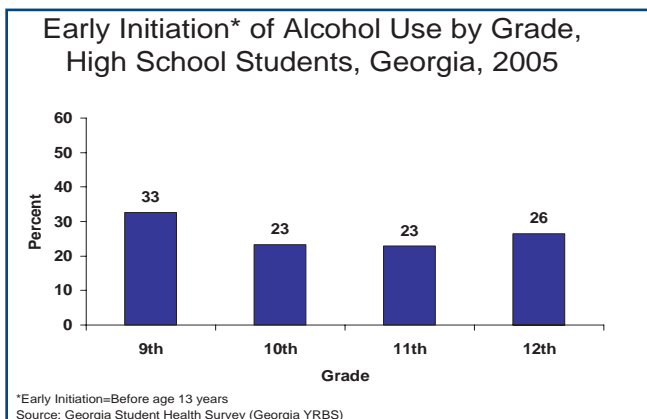
Nationwide in 2005, 26% of high school students had drunk alcohol (other than a few sips) for the first time before age 13 years.¹



Overall, more than 105,000 (27%) of high school students in Georgia had their first drink of alcohol (other than a few sips) before age 13 (29% males and 25% females).



Significantly more Hispanic/Latino high school students (41%) than White high school students (23%) in Georgia had their first drink of alcohol before age 13.



1 in 3 (33%) 9th grade students in Georgia had their first drink of alcohol before age 13.

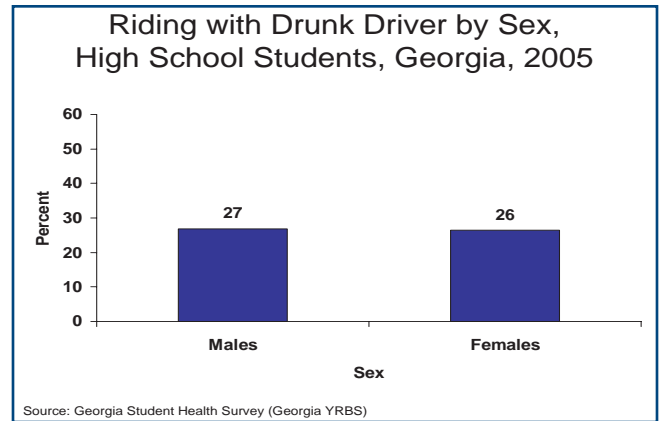
9th grade students (33%) were significantly more likely than 10th (23%) or 11th (23%) grade students in Georgia to have had their first drink of alcohol before age 13.

¹Centers for Disease Control and Prevention, *Youth Risk Behavior Survey, 2005*.

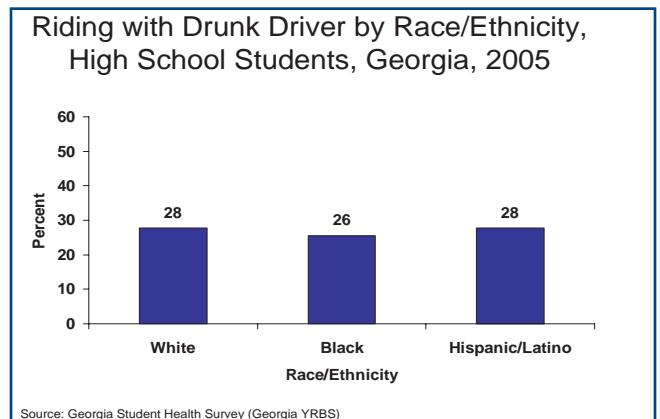
Riding With a Drunk Driver by High School Students

During the 30 days preceding the survey, 29% of high school students in 2005 nationwide had ridden one or more times in a car or other vehicle driven by someone who had been drinking alcohol.¹

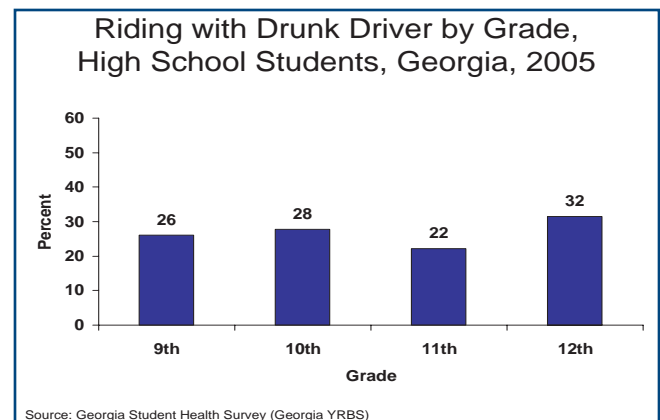
Overall, more than 115,000 (27%) of high school students in Georgia rode in a car driven by someone who had been drinking alcohol in the past 30 days (27% males and 26% females).



There were no significant differences among racial/ethnic groups in Georgia in the prevalence of high school students who rode in a car driven by someone who had been drinking alcohol in the past 30 days.



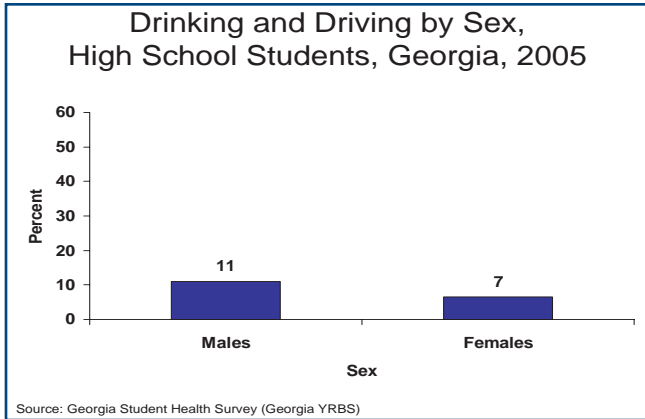
There were no significant differences among the grade levels in Georgia in the prevalence of high school students who rode in a car driven by someone who had been drinking alcohol in the past 30 days.



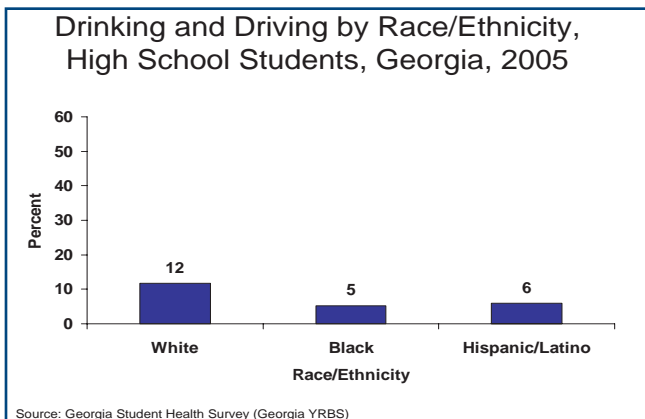
¹Centers for Disease Control and Prevention, *Youth Risk Behavior Survey, 2005*.

Drinking and Driving by High School Students

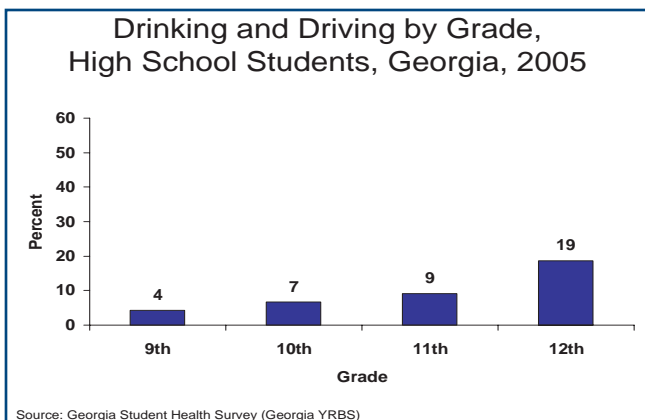
During the 30 days preceding the survey, 10% of high school students in 2005 nationwide had driven a car or other vehicle one or more times when they had been drinking alcohol.¹



Overall, more than 37,000 (9%) of high school students in Georgia drove a car or a vehicle when they had been drinking alcohol in the past 30 days (11% males and 7% females).



Significantly more White high school students (12%) than Black high school students (5%) in Georgia have driven a car or a vehicle after drinking.



19% of 12th grade students in Georgia have driven a car or a vehicle after drinking alcohol.

11th (9%) and 12th (19%) grade students were significantly more likely than 9th grade students (4%) in Georgia to have driven after drinking alcohol.

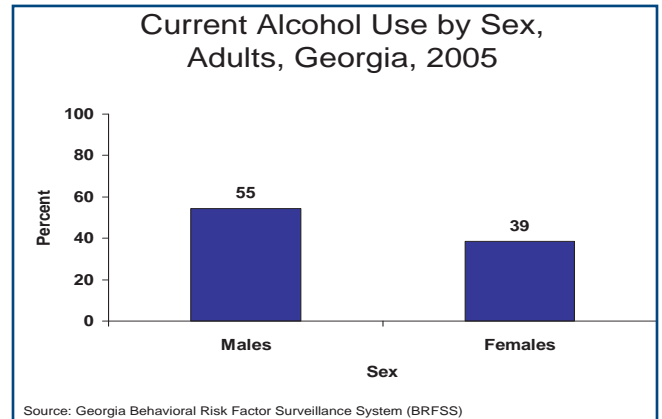
¹Centers for Disease Control and Prevention, *Youth Risk Behavior Survey, 2005*.

Current Alcohol Use among Adults

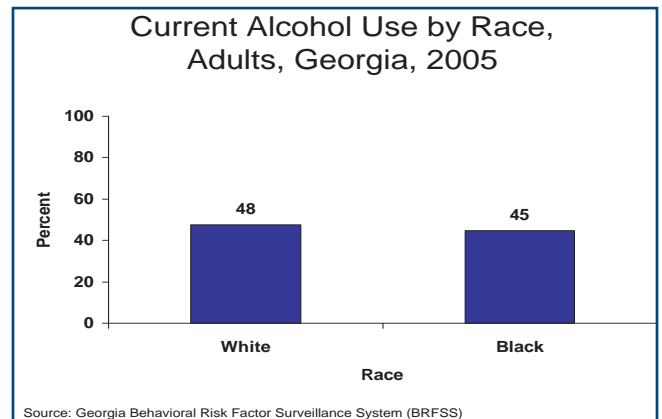
In 2005, the nationwide estimated prevalence for current alcohol use among adults was 56%.¹

Overall, more than 3 million (46%) of adults in Georgia reported using alcohol in the past 30 days.

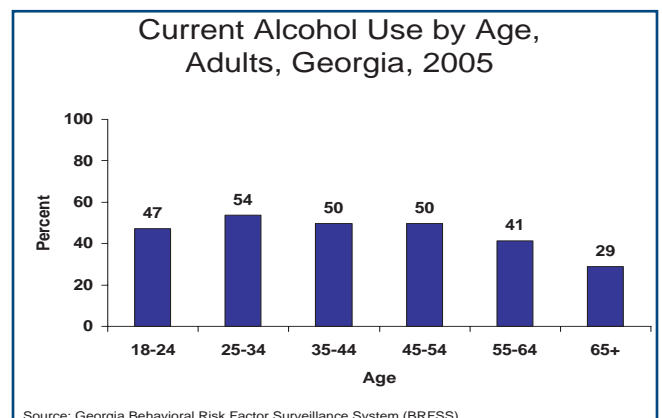
Among adults in Georgia, men (55%) were significantly more likely than women (39%) to have used alcohol in the past 30 days.



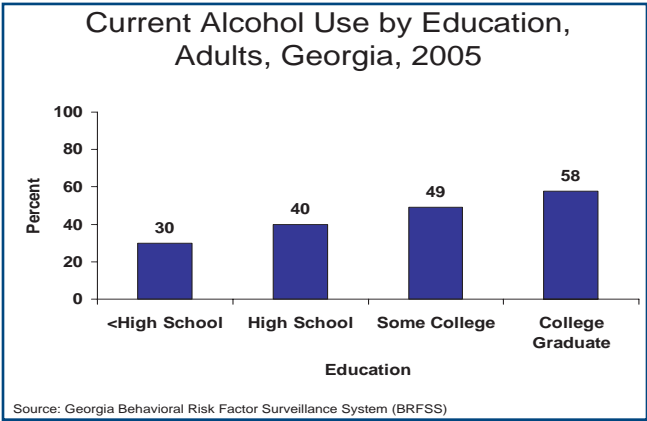
There was no significant difference between White adults (48%) and Black adults (45%) in Georgia in their rates of alcohol use in the past 30 days.



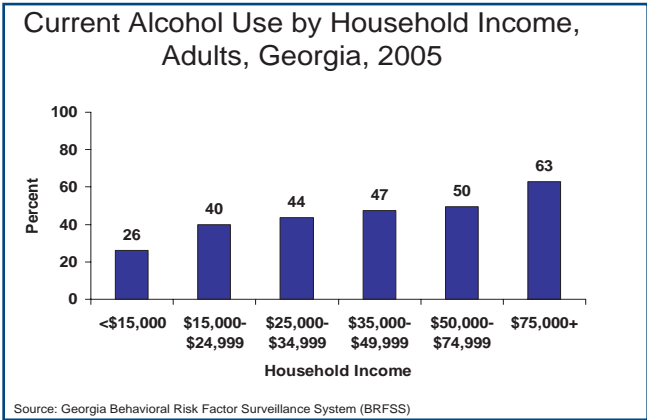
Adults aged 18-64 in Georgia were significantly more likely than adult aged 65 and older to have used alcohol in the past 30 days.



¹Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System, 2005*

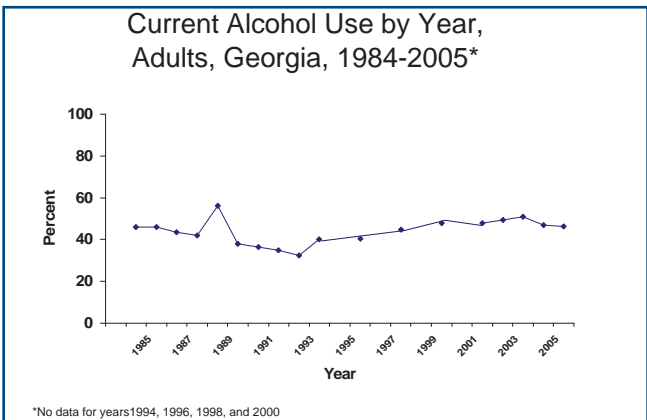


Alcohol use in the past 30 days among adults in Georgia significantly increased with increasing level of education.



Alcohol use in the past 30 days among adults in Georgia increased with annual household income.

Adults with an annual household income of \$75,000 or more in Georgia were significantly more likely than adults with an annual household income of less than \$75,000 to have used alcohol in the past 30 days.



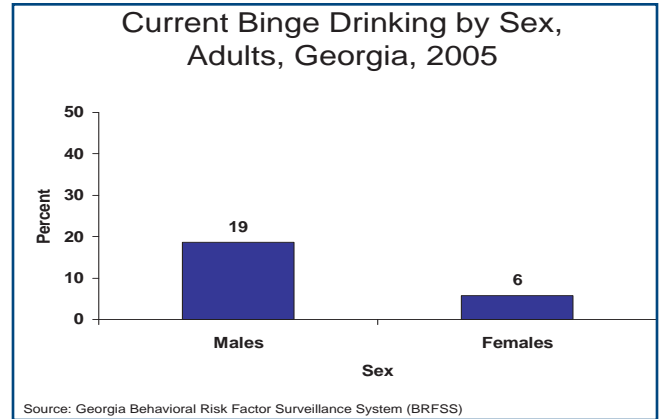
Overall, the prevalence of alcohol use in the past 30 days among adults in Georgia has a gradual downward trend from 1984 to 1992; then a gradual upward trend from 1992 to 2003.

Current Binge Drinking among Adults

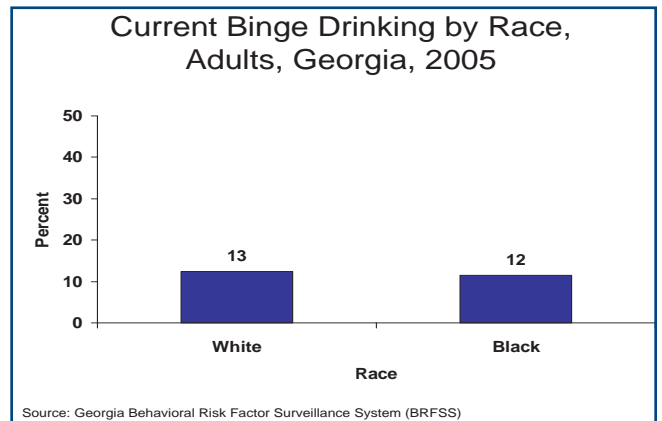
In 2005, the nationwide estimated prevalence for binge drinking among adults was 14%.¹

Overall, more than 770,000 (12%) of adults in Georgia reported binge drinking in the past 30 days.

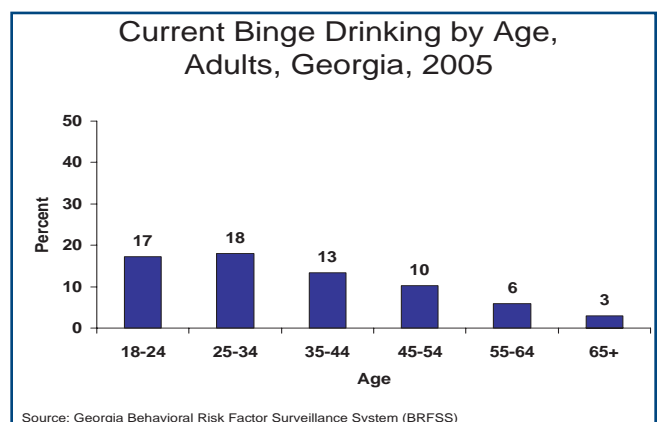
Among adults in Georgia, men (19%) were significantly more likely than women (6%) to report binge drinking in the past 30 days.



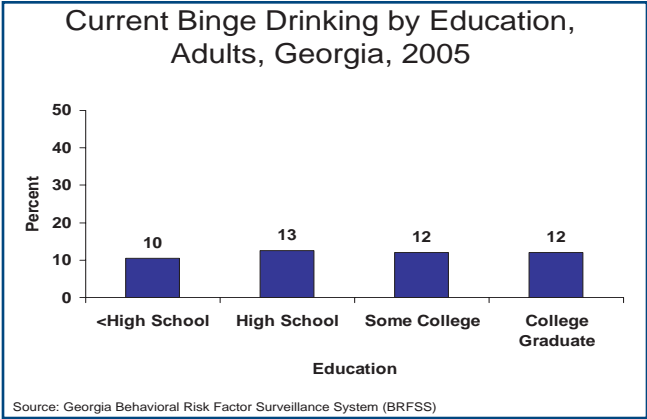
There was no significant difference between White adults (13%) and Black adults (12%) in Georgia in their rates of binge drinking in the past 30 days.



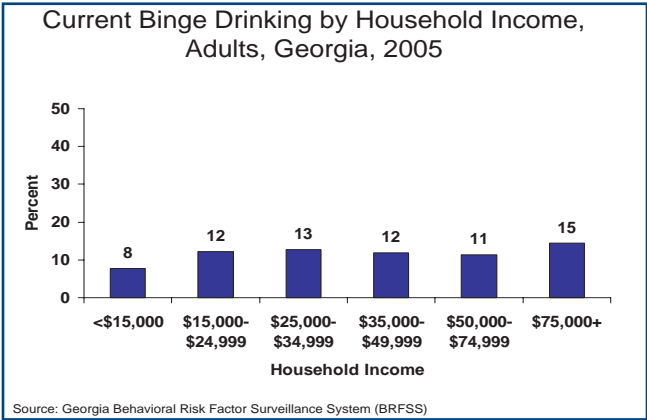
Adults aged 18-54 in Georgia were significantly more likely than adults aged 55 and older to report binge drinking in the past 30 days.



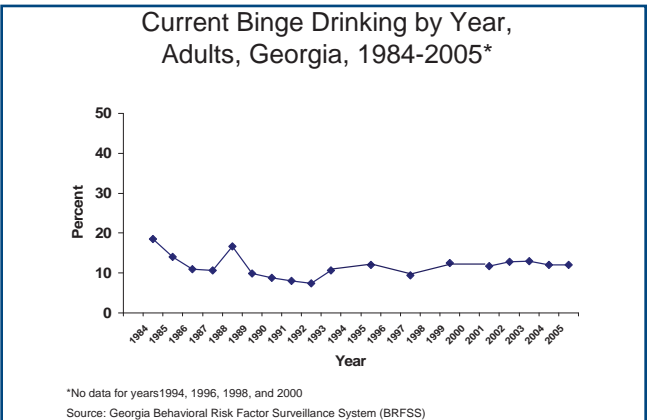
¹Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System, 2005*



There were no significant differences in the prevalence of binge drinking in the past 30 days by adult education levels in Georgia.



Adults in Georgia with an annual household income of \$75,000 or more (15%) were significantly more likely than adults with an annual household income of less than \$15,000 (8%) to report binge drinking in the past 30 days.



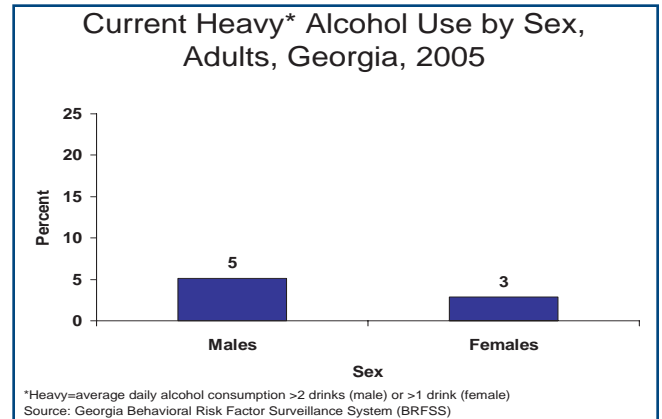
The prevalence of adult binge drinking in the past 30 days in Georgia has a gradual downward trend from 1984 to 1992; then a gradual upward trend from 1992 to 2005.

Current Heavy Alcohol Use among Adults

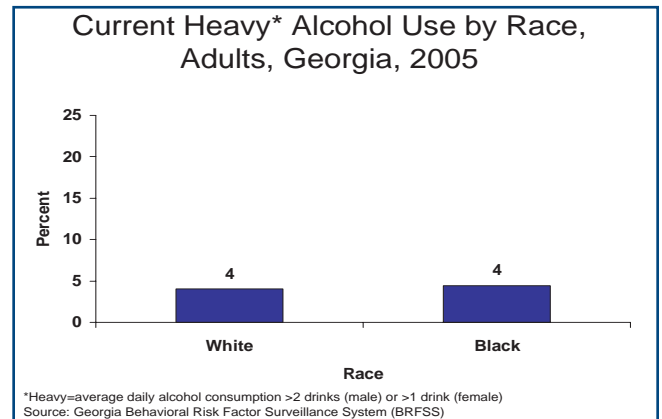
In 2005, the nationwide estimated prevalence for current heavy drinking among adults was 5%.¹

Overall, more than 250,000 (4%) of adults in Georgia reported heavy alcohol use in the past 30 days.

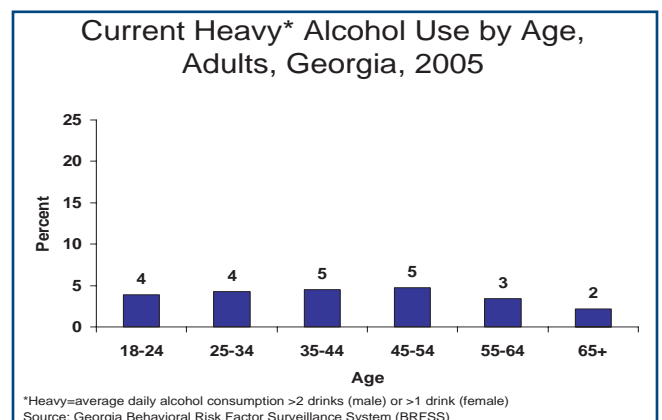
Among adults in Georgia, men (5%) were significantly more likely than women (3%) to report heavy alcohol use in the past 30 days.



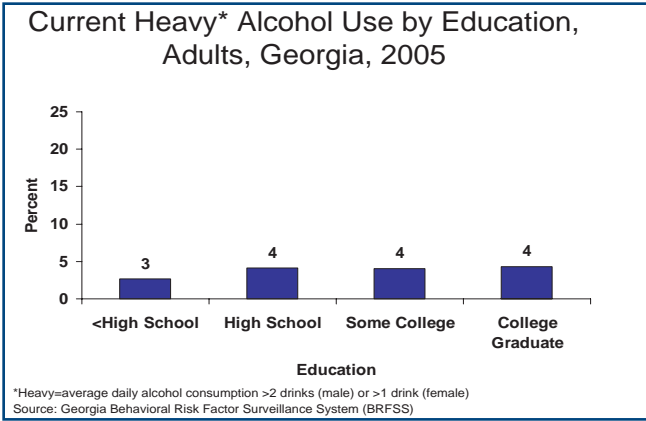
There was no significant difference between White adults (4%) and Black adults (4%) in Georgia in the prevalence of heavy alcohol use in the past 30 days.



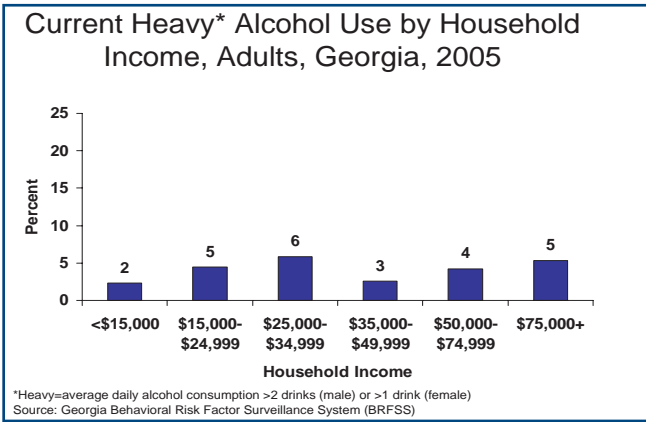
There were no significant differences in the prevalence of heavy alcohol use in the past 30 days among adults between the age groups in Georgia.



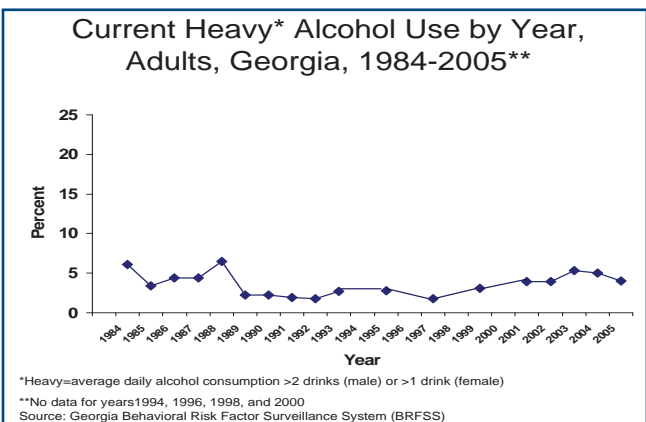
¹Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System, 2005*



There were no significant differences in the prevalence of heavy alcohol use in the past 30 days by adult education levels in Georgia.



There were no significant differences in the prevalence of heavy alcohol use in the past 30 days among adults in Georgia between annual household income levels.



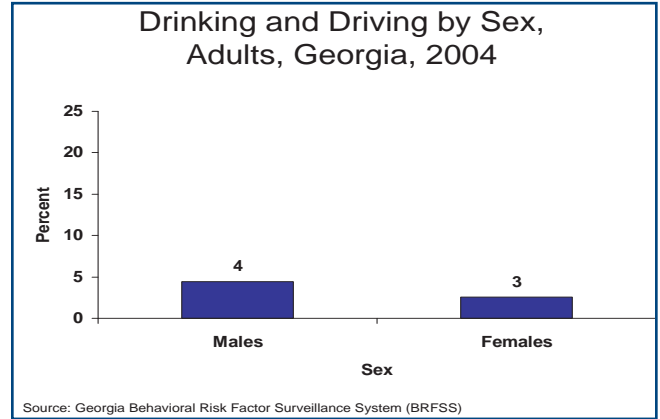
The prevalence of adult heavy drinking in the past 30 days in Georgia has been relatively stable between 2 – 6%; with a gradual upward trend from 1992 to 2005.

Drinking and Driving Among Adults

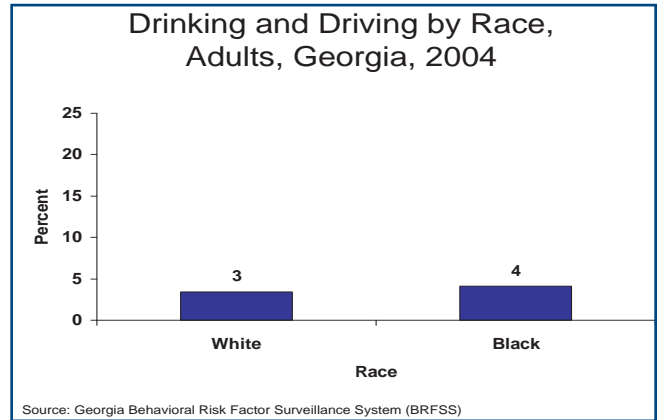
In 2004, the nationwide estimated prevalence for drinking and driving among adults was 2%.¹

Overall, more than 111,000 (4%) of adults in Georgia reported that in the past 30 days they had driven after drinking alcohol.

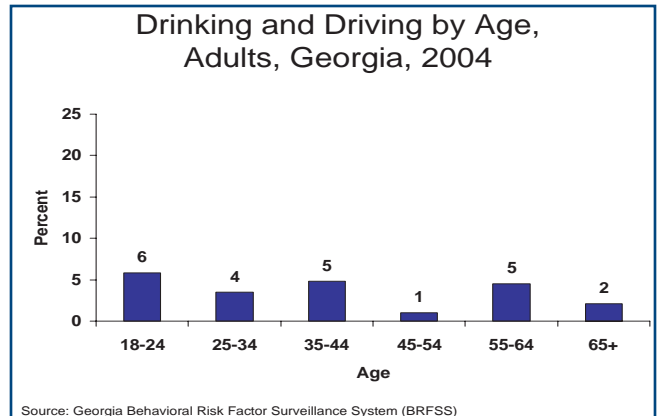
There was no significant difference in the prevalence of driving after drinking alcohol in the past 30 days between men (4%) and women (3%) in Georgia.



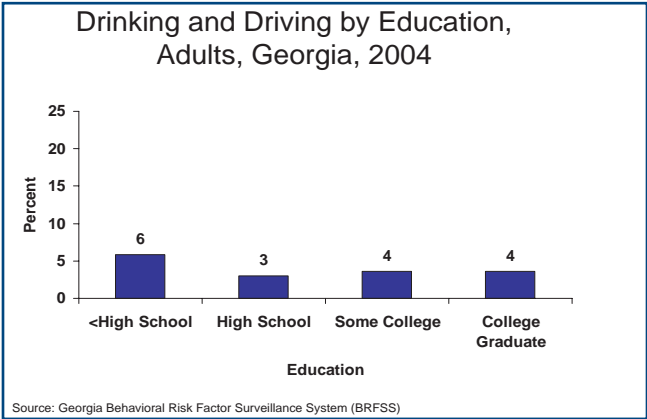
There was no significant difference in the prevalence of driving after drinking alcohol in the past 30 days between White adults (3%) and Black adults (4%) in Georgia.



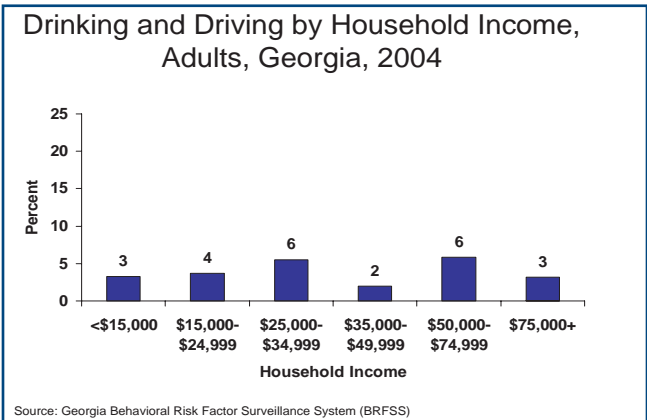
Adults aged 18-24 (6%) and adults aged 35-44 (5%) in Georgia were significantly more likely than adults aged 45-54 (1%) to report that in the past 30 days they had driven after drinking alcohol.



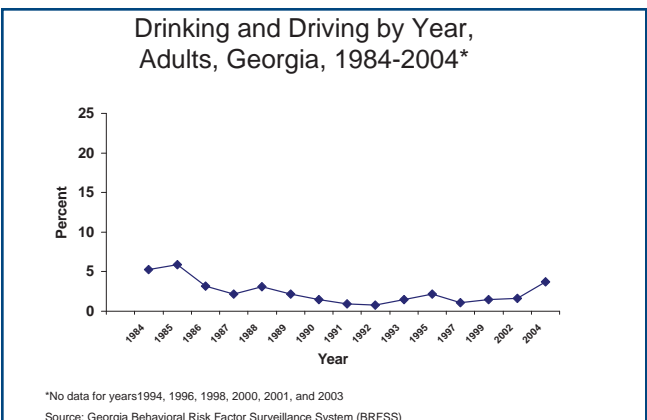
¹Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System, 2004*



There were no significant differences by education level in the prevalence of driving after drinking alcohol in the past 30 days among adults in Georgia.



There were no significant differences by annual household income level in the prevalence of driving after drinking alcohol in the past 30 days among adults in Georgia.



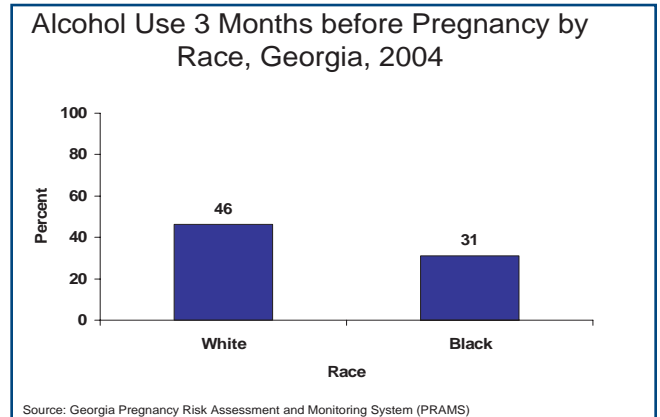
Overall, the prevalence of alcohol use in the past 30 days among adults in Georgia has a gradual downward trend from 1984 to 1992; then a gradual upward trend from 1992 to 2004.

Alcohol Use 3 Months Before Pregnancy

Women who drink alcohol while pregnant increase their risk of having a baby with Fetal Alcohol Spectrum Disorders (FASD). The most severe form is Fetal Alcohol Syndrome (FAS) which causes mental retardation and birth defects. Studies have shown that about 1 in 20 pregnant women drank excessively before finding out they were pregnant.

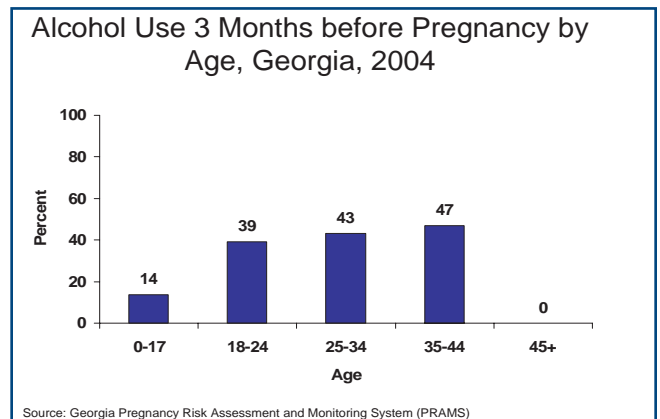
Overall, more than 48,000 (41%) of women who delivered in Georgia used alcohol in the 3 months before pregnancy.

Among women who delivered in Georgia, White women (46%) were significantly more likely than Black women (31%) to have used alcohol in the 3 months before pregnancy.



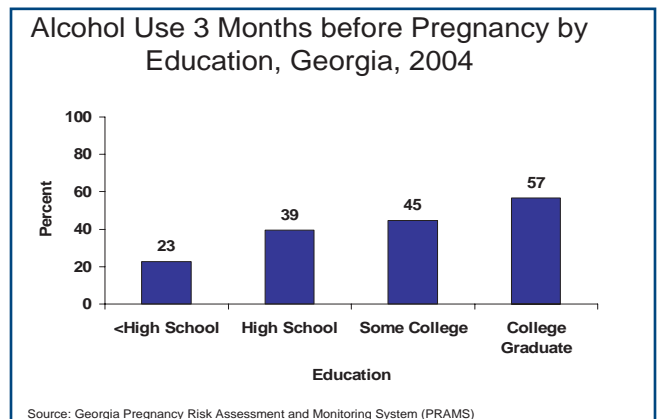
The prevalence of alcohol use in the 3 months before pregnancy among women who delivered in Georgia increased with age.

Among women who delivered in Georgia, those aged 18-44 were significantly more likely than women younger than 18 years of age to have used alcohol in the 3 months before pregnancy.

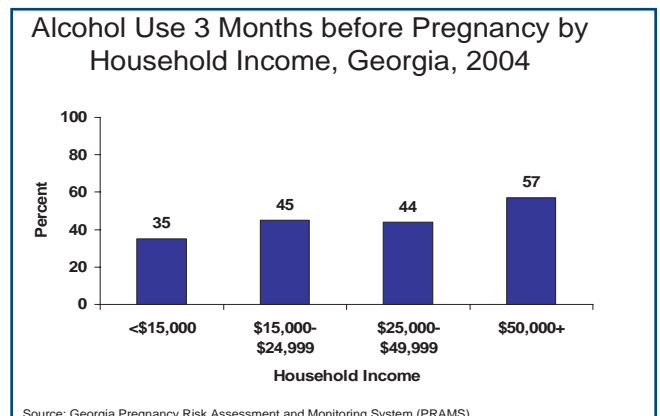


The prevalence of alcohol use in the 3 months before pregnancy among women who delivered in Georgia increased with education level.

Among women who delivered in Georgia, those with at least high school education were significantly more likely than women with less than high school education to have used alcohol in the 3 months before pregnancy.

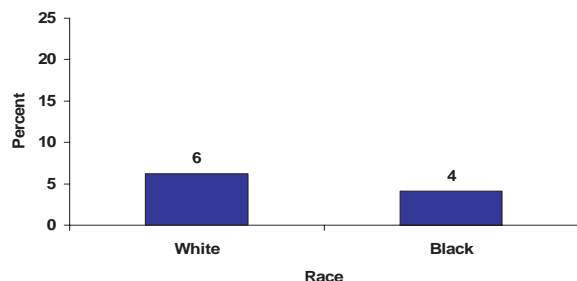


Among women who delivered in Georgia, those with an annual household income of \$50,000 or more (57%) were significantly more likely than women with an annual household income of less than \$15,000 (35%) to have used alcohol in the 3 months before pregnancy.



Alcohol Use in the Last 3 Months of Pregnancy

Alcohol Use in last 3 Months of Pregnancy by Race, Georgia, 2004

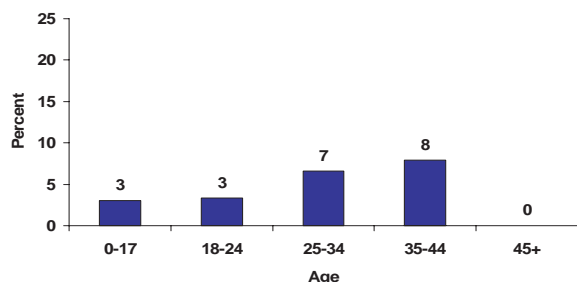


Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Overall, more than 6,600 (6%) of women who delivered in Georgia used alcohol in the last 3 months of pregnancy.

There was no significant difference in alcohol use in the last 3 months of pregnancy between White women (6%) and Black women (4%) who delivered in Georgia.

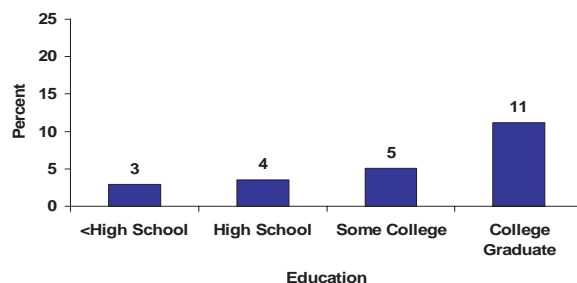
Alcohol Use in last 3 Months of Pregnancy by Age, Georgia, 2004



Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

The prevalence of alcohol use in the last 3 months of pregnancy among women who delivered in Georgia increased with age.

Alcohol Use in last 3 Months of Pregnancy by Education, Georgia, 2004

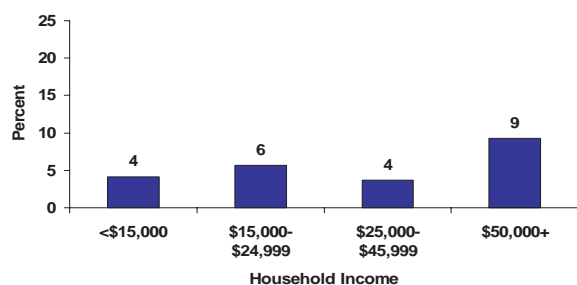


Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

The prevalence of alcohol use in the last 3 months of pregnancy among women who delivered in Georgia increased with education level.

Among women who delivered in Georgia, those who were college graduates (11%) were significantly more likely than women with high school education (4%) or less (3%) to have used alcohol in the last 3 months of pregnancy.

Alcohol Use in last 3 Months of Pregnancy by Household Income, Georgia, 2004



Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Among women who delivered in Georgia, there were no significant differences in the prevalence of alcohol use in the last 3 months of pregnancy by annual household income levels.

Binge Drinking 3 Months Before Pregnancy

Research suggests that women who drink alcohol while pregnant are more likely to have a baby die from Sudden Infant Death Syndrome (SIDS). This risk increases if a woman binge drinks during her first trimester of pregnancy. The risk of miscarriage is also increased if a woman drinks excessively during her first trimester of pregnancy.¹

Overall, more than 15,000 (22%) of women who delivered in Georgia reported binge drinking in the 3 months before pregnancy.

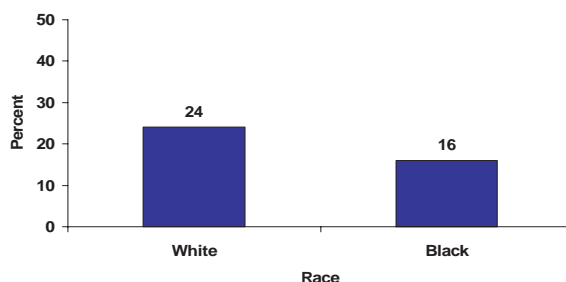
Among women who delivered in Georgia, there was no significant difference between White women (24%) and Black women (16%) in binge drinking in the 3 months before pregnancy.

Among women who delivered in Georgia, those aged 18-44 were significantly more likely than women younger than 18 years of age to have binged on alcohol in the 3 months before pregnancy.

Among women who delivered in Georgia, there were no significant differences in the prevalence of binge drinking in the 3 months before pregnancy by education level.

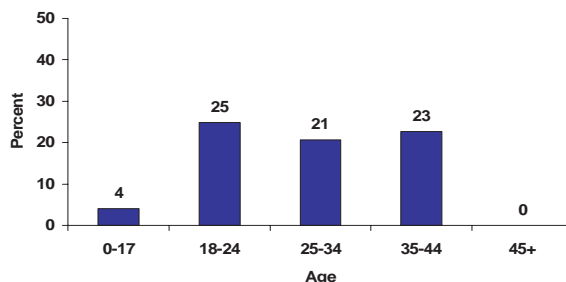
Among women who delivered in Georgia, there were no significant differences in the prevalence of binge drinking in the 3 months before pregnancy by annual household income.

Binge Drinking 3 Months before Pregnancy by Race, Georgia, 2004



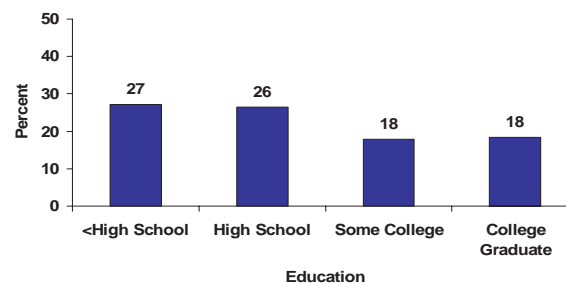
Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Binge Drinking 3 Months before Pregnancy by Age, Georgia, 2004



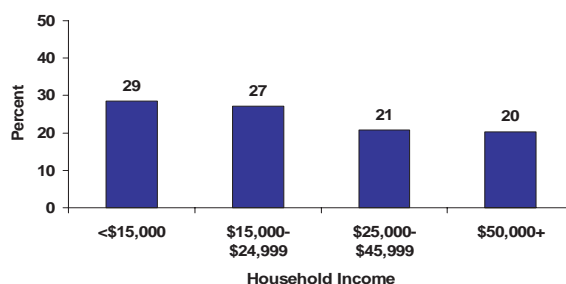
Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Binge Drinking 3 Months before Pregnancy by Education, Georgia, 2004



Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Binge Drinking 3 Months before Pregnancy by Household Income, Georgia, 2004

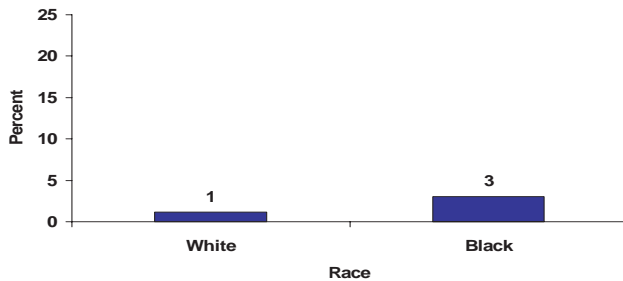


Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

¹Centers for Disease Control and Prevention, Quick Stats Excessive Alcohol Use and Risks to Women's Health, http://www.cdc.gov/alcohol/quickstats/womens_health.htm.

Binge Drinking in the Last 3 Months of Pregnancy

Binge Drinking in last 3 Months of Pregnancy by Race, Georgia, 2004

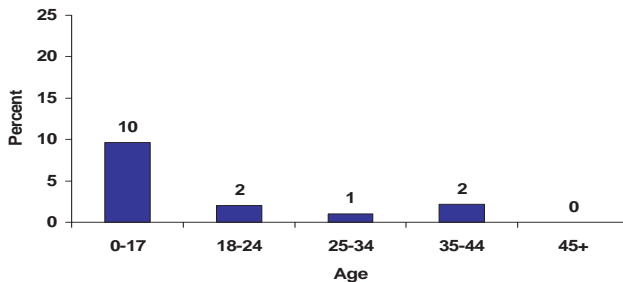


Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Overall, more than 1,100 (1%) of women who delivered in Georgia reported binge drinking in the last 3 months of pregnancy.

Among women who delivered in Georgia, there was no significant difference in binge drinking in the last 3 months of pregnancy between White women (1%) and Black women (3%).

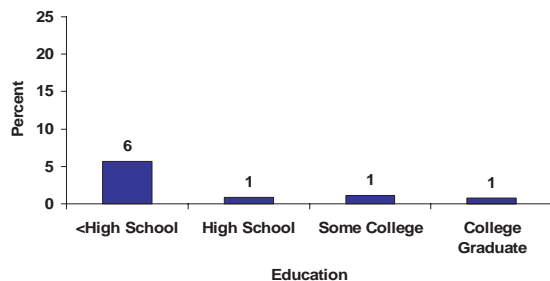
Binge Drinking in last 3 Months of Pregnancy by Age, Georgia, 2004



Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Among women who delivered in Georgia, there were no significant differences in binge drinking in the last 3 months of pregnancy by age group.

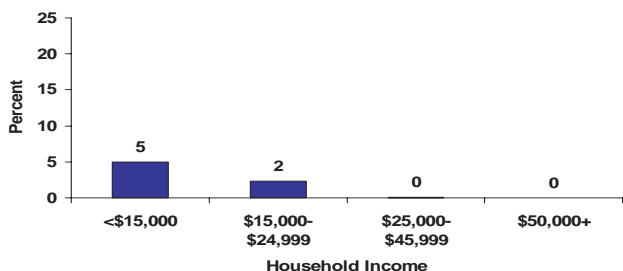
Binge Drinking in last 3 Months of Pregnancy by Education, Georgia, 2004



Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Among women who delivered in Georgia, there were no significant differences in binge drinking in the last 3 months of pregnancy by education level.

Binge Drinking in last 3 Months of Pregnancy by Household Income, Georgia, 2004



Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Among women who delivered in Georgia, there were no significant differences in binge drinking in the last 3 months of pregnancy by annual household income.

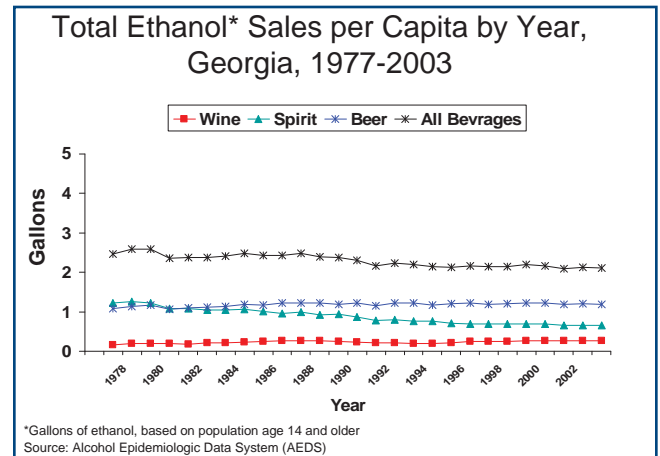
Total Ethanol Sales per Capita

The per capita consumption of ethanol (i.e. alcohol) from all alcoholic beverages combined in 2003 in the United States was 2.22 gallons, representing a 0.9% increase from 2.2 gallons in 2002. The increase is due to the increase in per capita consumption of wine (from 0.33 to 0.34 gallons ethanol) and spirits (from 0.65 to 0.67 gallons ethanol). However, per capita consumption for beer decreased (from 1.23 to 1.22 gallons ethanol).¹ Georgia per capita consumption of ethanol from all alcohol beverages combined has declined from 2.5 gallons in 1977 to 2.1 gallons in 2003.

Georgia per capita consumption of ethanol from beer has remained stable (1.1 gallons in 1977 and 1.2 gallons in 2003).

Georgia per capita consumption of ethanol from wine has remained stable (0.2 gallons in 1977 and 0.3 gallons in 2003).

Georgia per capita consumption of ethanol from spirits has declined from 1.2 gallons in 1977 to 0.7 gallons in 2003.



¹National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, *Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977 - 2003*.

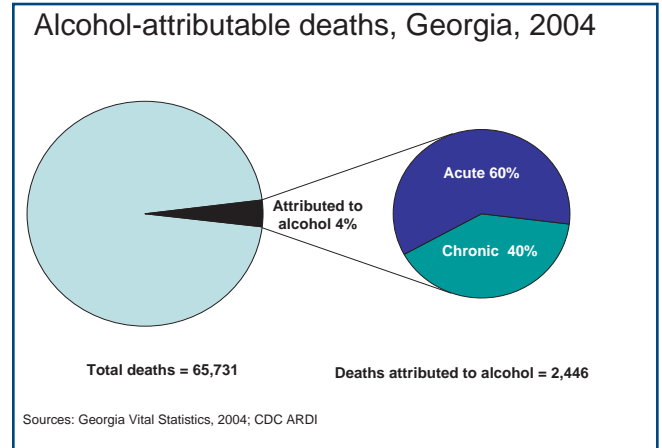
Alcohol Consequences

Alcohol-Attributable Deaths

Excessive alcohol use is the third leading preventable cause of death in the United States each year. In 2004, 2,446 (4%) of the 65,731 deaths in Georgia were attributable to alcohol resulting in 75,804 years of potential life lost.

986 (40%) of the alcohol-attributable deaths were due to chronic causes.

1,460 (60%) of the alcohol-attributable deaths were due to acute causes.

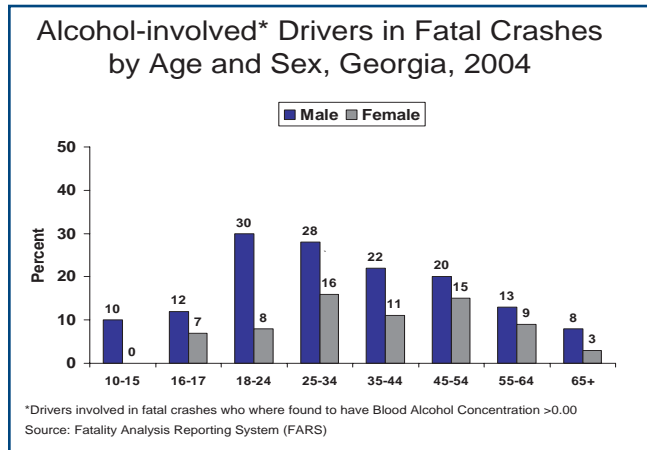


Among causes of death for which alcohol is a contributing factor, annual deaths, alcohol-attributable mortality (AAM) and years of potential life lost (YPLL) by chronic or acute cause of death and sex, Georgia, 2004

Harmful Effects	Male			Female			Total		
	Death	AAM	YPLL	Death	AAM	YPLL	Death	AAM	YPLL
Total for All Causes	11,945	1,760	54,940	9,390	685	20,864	21,335	2,446	75,804
<i>Subtotal Chronic Causes</i>	8,746	724	16,765	7,904	261	6,318	16,650	986	23,083
<i>Subtotal Acute Causes</i>	3,199	1,036	38,176	1,486	424	14,546	4,685	1,460	52,721
Mortality data source: Georgia Vital Statistics									

Alcohol-involved Drivers in Fatal Crashes

Excessive alcohol consumption was the third leading preventable cause of death in the United States in 2000 (85,000 deaths; 3.5%). Today, alcohol is involved in 40% of traffic deaths; 36% of those are among persons aged 16 to 20.¹ Persons with a Blood Alcohol Concentration (BAC) of 0.08 g/dl or greater involved in fatal crashes are considered to be intoxicated.²



In 2004, 435 (19%) of the 2,351 drivers involved in fatal crashes had a positive blood alcohol concentration.

In 2004, 30% of male drivers aged 18-24 involved in fatal crashes had a positive blood alcohol concentration.

¹National Institutes of Health

²National Highway Traffic Safety Administration (NHTSA)

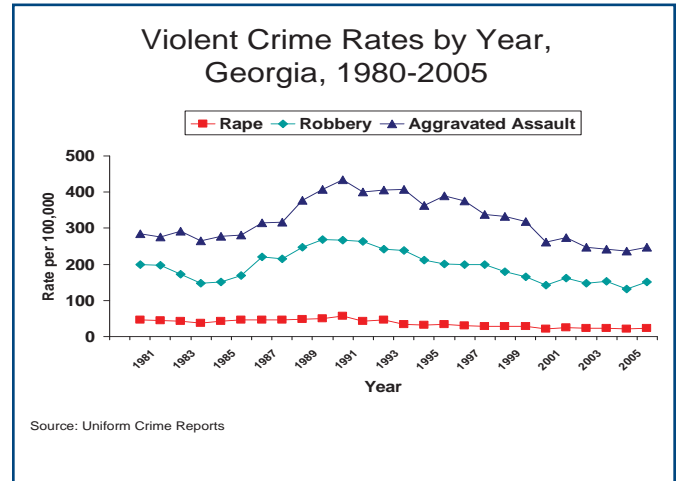
Violent Crime Rate

Violence is associated with alcohol, though the causal pathway is not completely understood. Drinking on the part of the victim or a perpetrator can increase the risk of assaults and assault-related injuries. Approximately 23% of sexual assaults, 30% of physical assaults, and 3% of robberies are attributable to alcohol.¹ Overall, the violent crime rate in Georgia was higher for aggravated assault than for robbery or rape.

Aggravated assault rate in Georgia decreased from 286 per 100,000 in 1980 to 247 per 100,000 in 2005.

Robbery rate in Georgia decreased from 200 per 100,000 in 1980 to 152 per 100,000 in 2005.

Rape rate in Georgia decreased from 46 per 100,000 in 1980 to 23 per 100,000 in 2005.



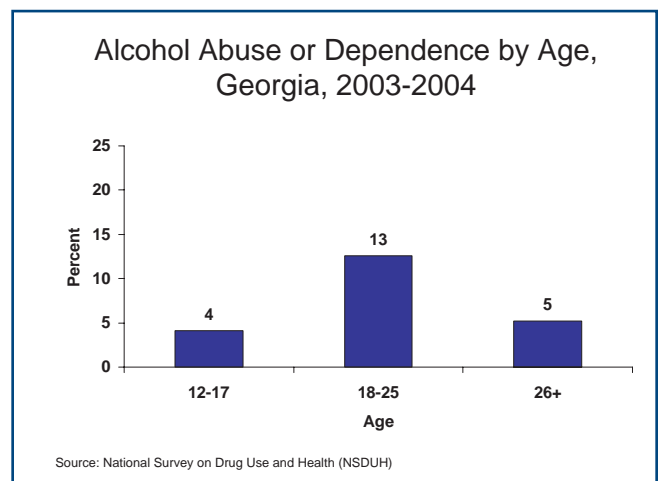
Alcohol Abuse or Dependence

Among the 14 million adults ages 21 or older in the United States who were classified as having past year alcohol dependence or abuse, more than 13 million (95%) had started drinking alcohol before age 21. In SAMHSA's 2003 National Survey on Drug Use & Health, persons reporting first use of alcohol before age 15 (16%) were more than 5 times more likely to report past year alcohol dependence or abuse than persons who first used alcohol at age 21 or older (3%). Males ages 21 or older were more likely than females to report having first used alcohol before age 15.¹

Nationally in 2003-2004, 8% of persons aged 12 or older were classified with dependence on or abuse of alcohol in the past year.

In 2003-2004 in Georgia, 6% of persons aged 12 or older were classified with dependence on or abuse of alcohol in the past year.

The highest prevalence of dependence on or abuse of alcohol in the past year was in the 18-25 age group (13%).



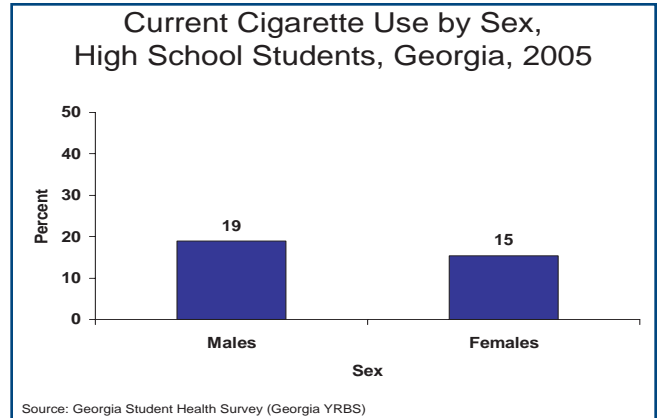
¹Wright, D., & Sathe, N. (2006). State Estimates of Substance Use from the 2003-2004 National Surveys on Drug Use and Health (DHHS Publication No. SMA 06-4142, NSDUH Series H-29). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Tobacco Consumption

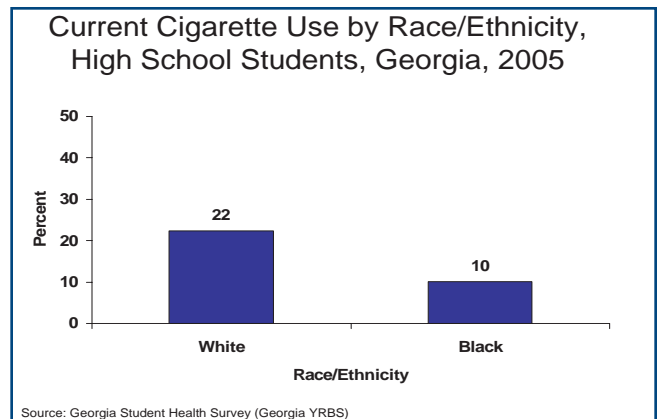
Current Cigarette Use by High School Students

Nationwide in 2005, 23% of high school students had smoked cigarettes on one or more of the 30 days preceding the survey.¹

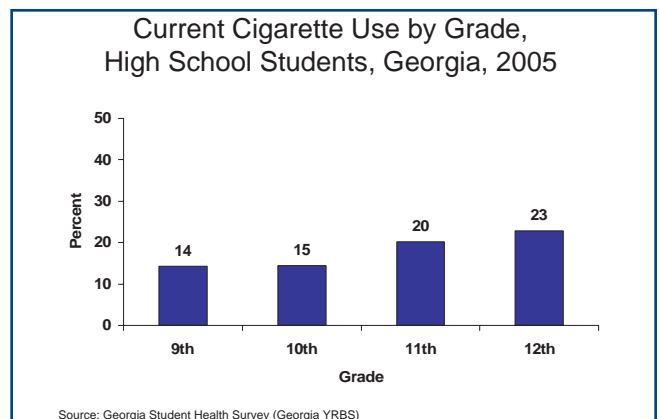
Overall, more than 68,000 (17%) of Georgia high school students smoked cigarettes in the past 30 days (19% males and 15% females).



Significantly more White high school students (22%) than Black high school students (10%) smoked cigarettes in the past 30 days.



There were no significant differences between the grade levels in Georgia in the prevalence of high students who smoked cigarettes in the past 30 days.

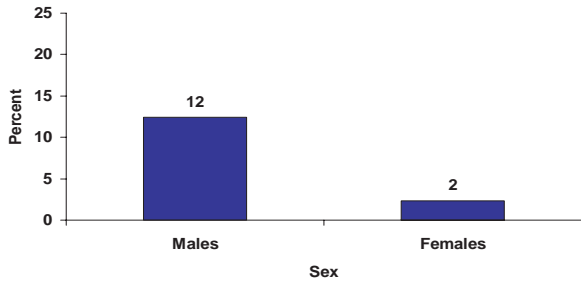


¹Centers for Disease Control and Prevention, *Youth Risk Behavior Survey, 2005*

Current Smokeless Tobacco Use by High School Students

Nationwide in 2005, 8% of high school students had used smokeless tobacco (e.g., chewing tobacco, snuff, or dip) on one or more of the 30 days preceding the survey.¹

Current Smokeless Tobacco Use by Sex, High School Students, Georgia, 2005

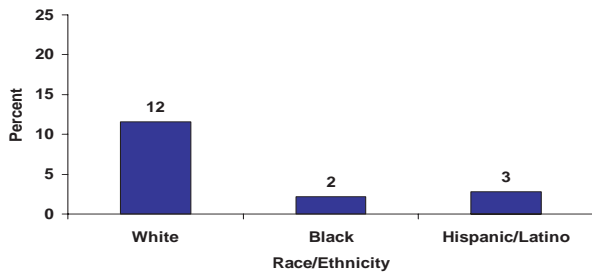


Source: Georgia Student Health Survey (Georgia YRBS)

Overall, more than 31,000 (7%) of Georgia high school students used smokeless tobacco in the past 30 days.

Significantly more male high school students (12%) than female high school students (2%) used smokeless tobacco in the past 30 days.

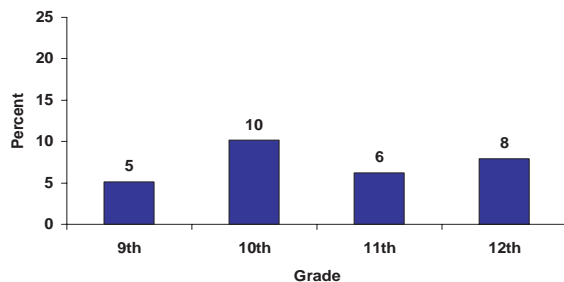
Current Smokeless Tobacco Use by Race/Ethnicity, High School Students, Georgia, 2005



Source: Georgia Student Health Survey (Georgia YRBS)

Significantly more White high school students (12%) than Hispanic/Latino (3%) or Black (2%) high school students used smokeless tobacco in the past 30 days.

Current Smokeless Tobacco Use by Grade, High School Students, Georgia, 2005



Source: Georgia Student Health Survey (Georgia YRBS)

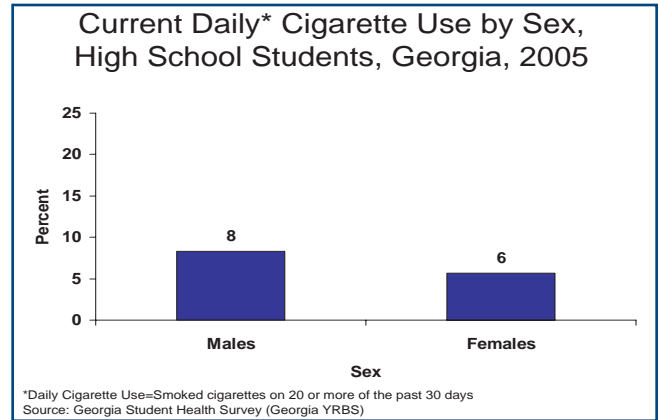
There were no significant differences between the grade levels in Georgia in the prevalence of high school students who used smokeless tobacco in the past 30 days.

¹Centers for Disease Control and Prevention, *Youth Risk Behavior Survey, 2005*

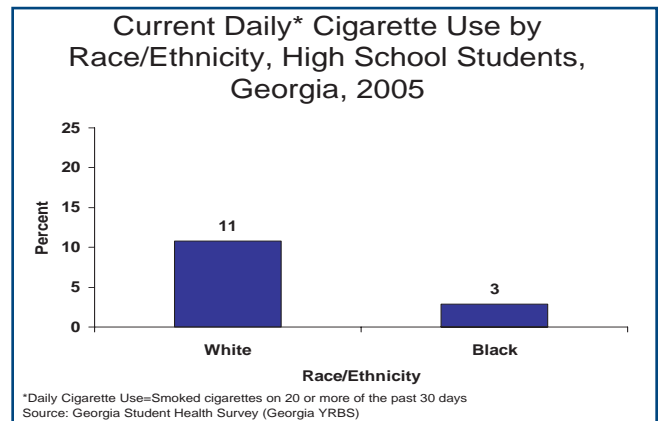
Current Daily Cigarette Use by High School Students

Nationwide in 2005, 9% of high school students had smoked cigarettes on 20 or more of the 30 days preceding the survey.¹

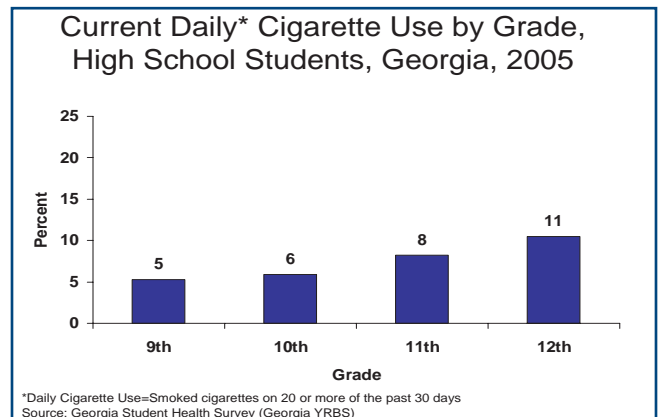
Overall, more than 27,000 (7%) of Georgia high school students reported smoking cigarettes daily in the past 30 days (8% males and 6% females).



Significantly more White high school students (11%) than Black high school students (3%) smoked cigarettes daily in the past 30 days.



There were no significant differences between grade levels in Georgia in the prevalence of high school students who smoked cigarettes daily in the past 30 days.

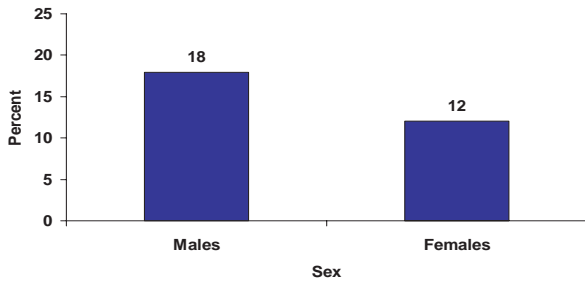


¹Centers for Disease Control and Prevention, *Youth Risk Behavior Survey, 2005*

Early Initiation of Cigarette Use by High School Students

Nationwide in 2005, 16% of high school students had smoked a whole cigarette for the first time before age 13 years.¹

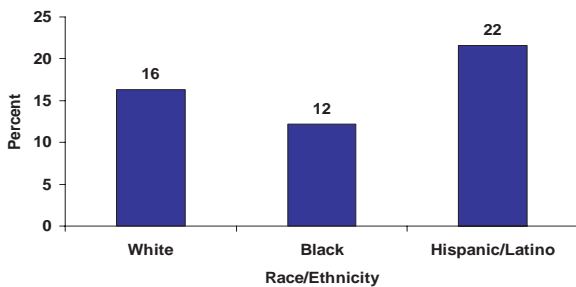
Early Initiation* of Cigarette Use by Sex, High School Students, Georgia, 2005



*Early Initiation=Before age 13 years
Source: Georgia Student Health Survey (Georgia YRBS)

Overall, more than 61,000 (15%) of Georgia high school students smoked their first whole cigarette before age 13 (18% males and 12% females).

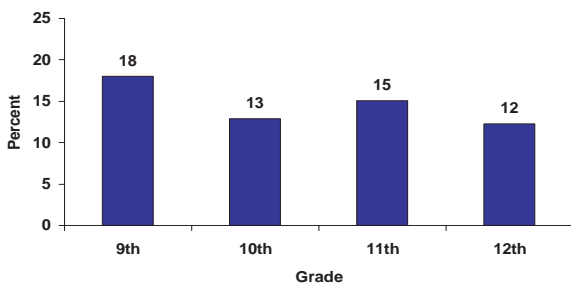
Early Initiation* of Cigarette Use by Race/Ethnicity, High School Students, Georgia, 2005



*Early Initiation=Before age 13 years
Source: Georgia Student Health Survey (Georgia YRBS)

Significantly more Hispanic/Latino high school students in Georgia (22%) than Black high school students (12%) smoked their first whole cigarette before age 13.

Early Initiation* of Cigarette Use by Grade, High School Students, Georgia, 2005



*Early Initiation=Before age 13 years
Source: Georgia Student Health Survey (Georgia YRBS)

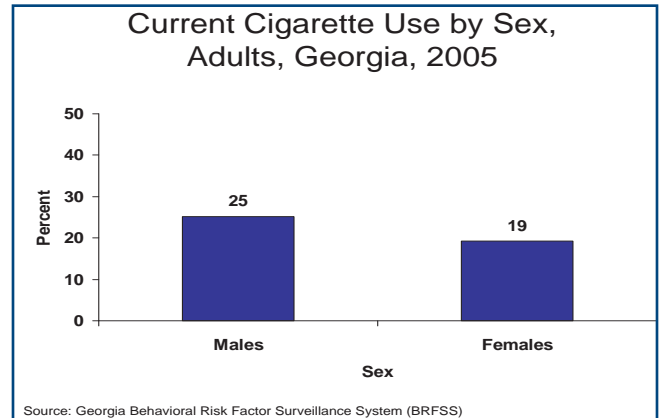
There were no significant differences between grade levels in the prevalence of high school students in Georgia who smoked their first whole cigarettes before the age of 13.

¹Centers for Disease Control and Prevention, *Youth Risk Behavior Survey, 2005*

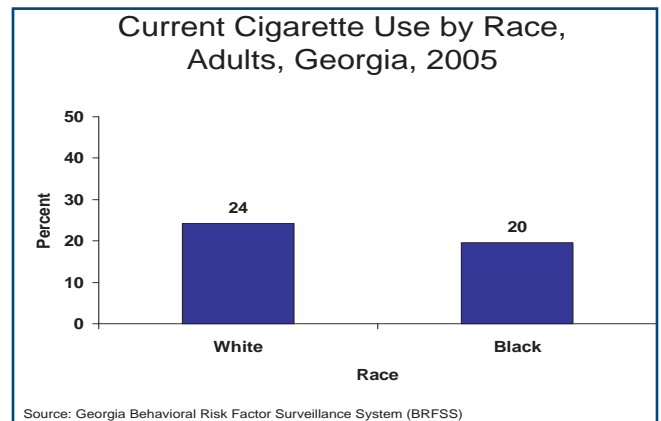
Current Cigarette Use among Adults

In 2005, the nationwide estimated prevalence for current cigarette use among adults was 21%.¹ Overall, more than 1.4 million (22%) of adults in Georgia reported cigarette smoking in the past 30 days.

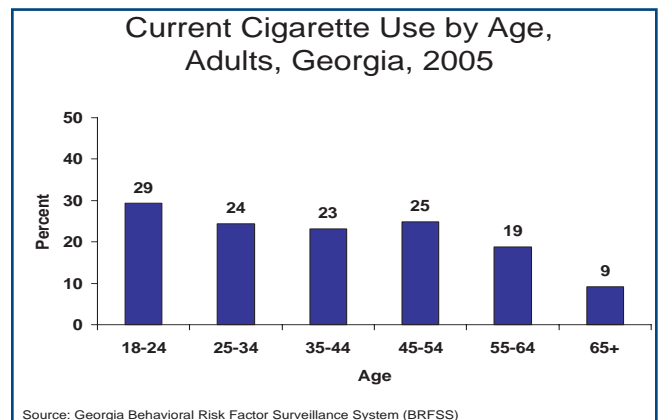
Among adults in Georgia, men (25%) were significantly more likely than women (19%) to smoke cigarettes in the past 30 days.



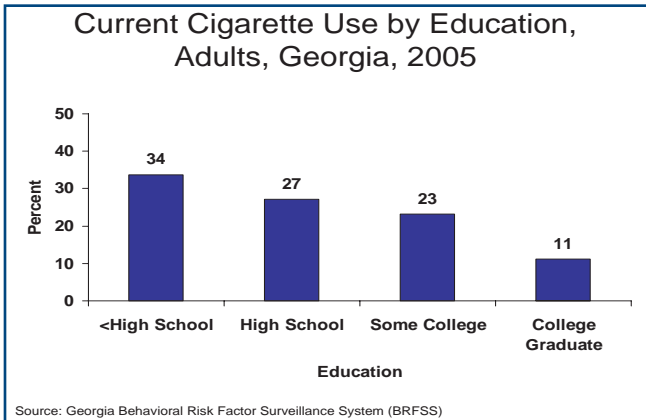
There was no significant difference between White adults (24%) and Black adults (20%) in Georgia in cigarette use in the past 30 days.



Adults ages 18-64 in Georgia were significantly more likely to smoke cigarettes in the past 30 days than adult ages 65 and older.

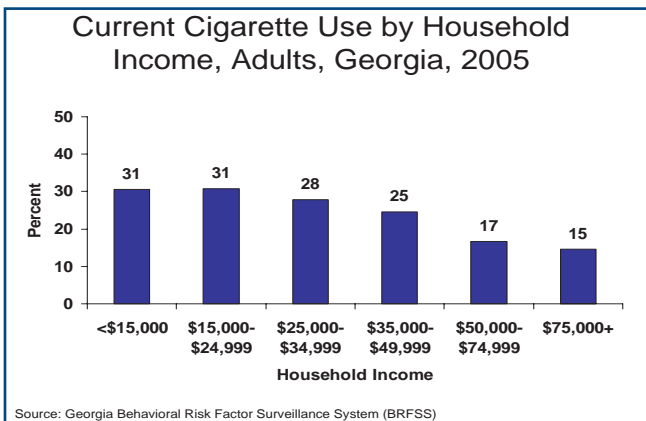


¹Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System, 2005*



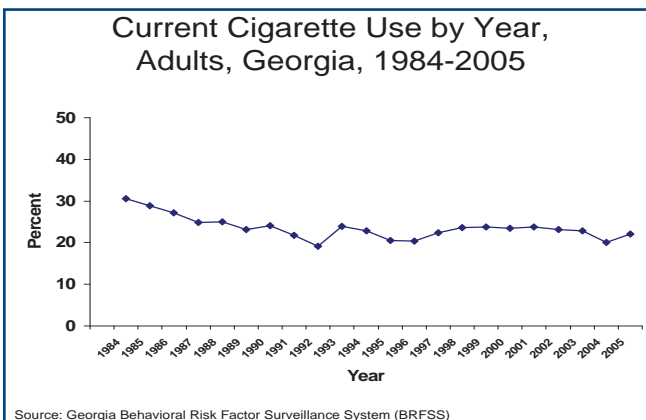
Cigarette use in the past 30 days among adults in Georgia decreased as education level increased.

Adults in Georgia with less than high school education were significantly more likely to smoke cigarettes than adults with at least some college education.



Cigarette use in the past 30 days among adults in Georgia decreased as annual household income increased.

Adults in Georgia with an annual household income of less than \$50,000 were significantly more likely to smoke cigarettes in the past 30 days than adults with an annual household income of \$50,000 or more.

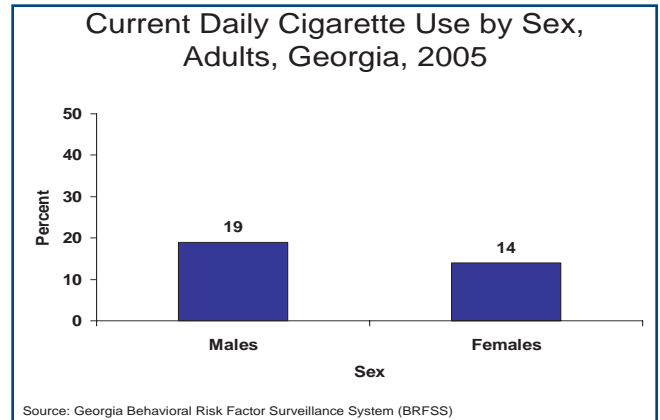


Overall, the prevalence of cigarette use in the past 30 days among adults in Georgia decreased in the past 20 years, from 31% in 1984 to 22% in 2005.

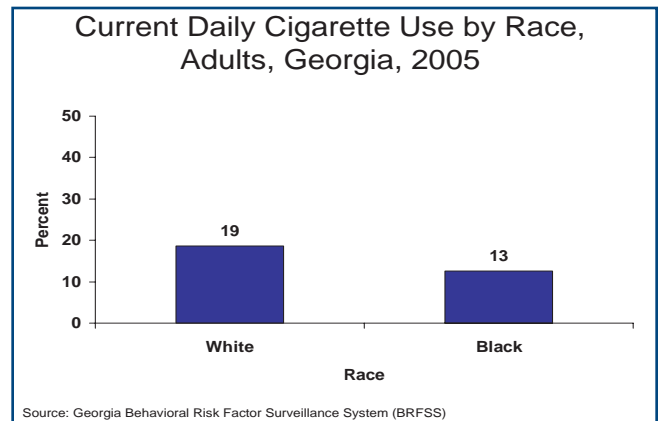
Current Daily Cigarette Use among Adults

In 2005, the nationwide estimated prevalence for current daily cigarette use among adults was 15%.¹ Overall, more than 1 million (16%) of adults in Georgia reported daily cigarette smoking.

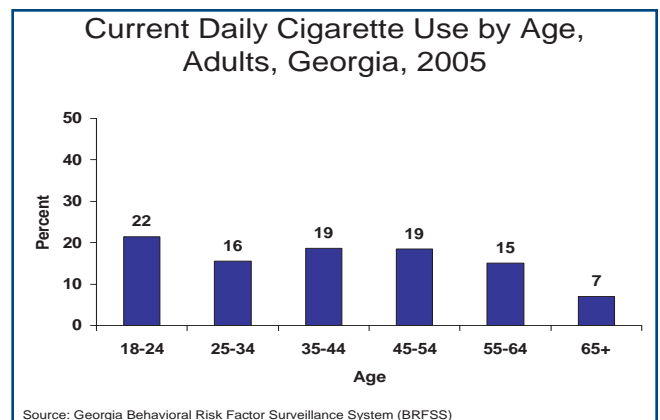
Among adults in Georgia, men (19%) were significantly more likely than women (14%) to smoke cigarettes daily.



Significantly more White adults (19%) than Black adults (13%) in Georgia smoked cigarettes daily.

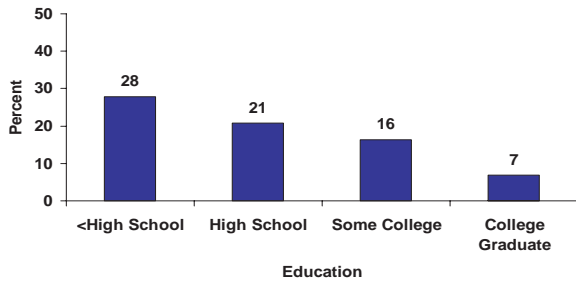


Adults ages 18-64 in Georgia were significantly more likely to smoke cigarettes daily than adults aged 65 and older.



¹Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System, 2005*

Current Daily Cigarette Use by Education, Adults, Georgia, 2005

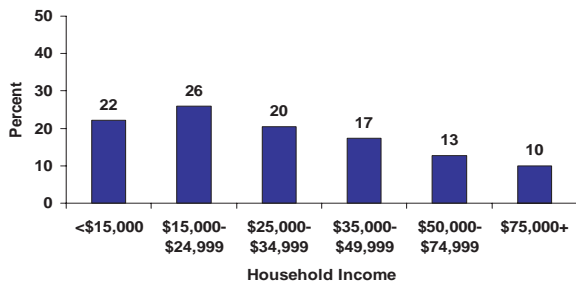


Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Daily cigarette use among adults in Georgia decreased as education level increased.

Adults in Georgia with less than high school education were significantly more likely to smoke cigarettes daily than adults with at least some college education.

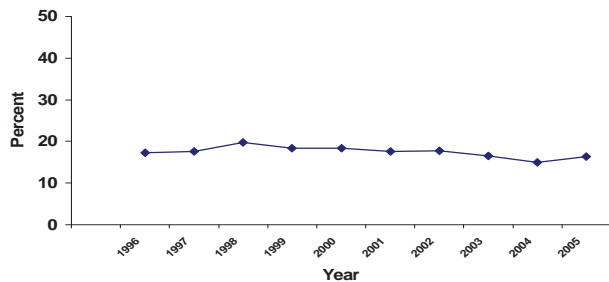
Current Daily Cigarette Use by Household Income, Adults, Georgia, 2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Adults in Georgia with an annual household income of less than \$25,000 were significantly more likely to smoke cigarettes daily than adults with an annual household income of \$50,000 or more.

Current Daily Cigarette Use by Year, Adults, Georgia, 1996-2005



Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

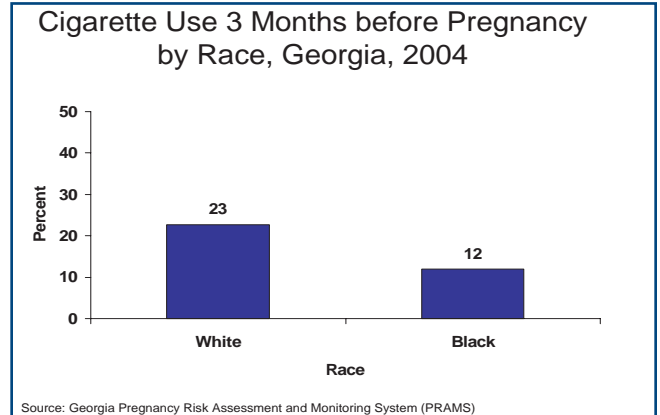
Overall, the prevalence of daily cigarette use among adults in Georgia has remained stable in recent years, ranging between 17% to 16% during 1996-2005.

Cigarette Use 3 Months Before Pregnancy

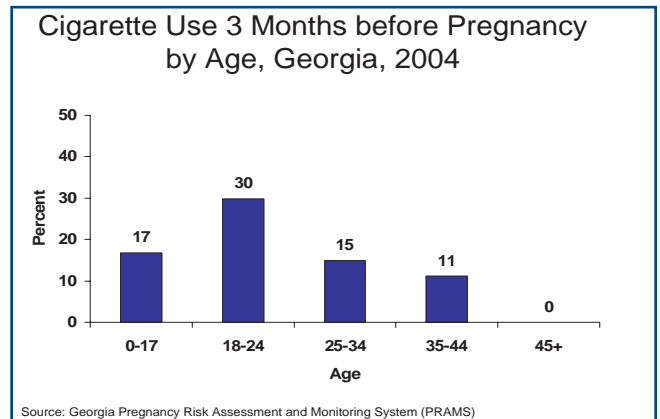
Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants. Secondhand cigarette smoke increases the risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS). Although the prevalence of smoking during pregnancy has declined steadily in recent years, substantial numbers of pregnant women continue to smoke, and only about one-third of women who stop smoking during pregnancy are still abstinent one year after the delivery.¹

Overall, more than 23,000 (19%) of women in Georgia who delivered smoked cigarettes in the 3 months before pregnancy.

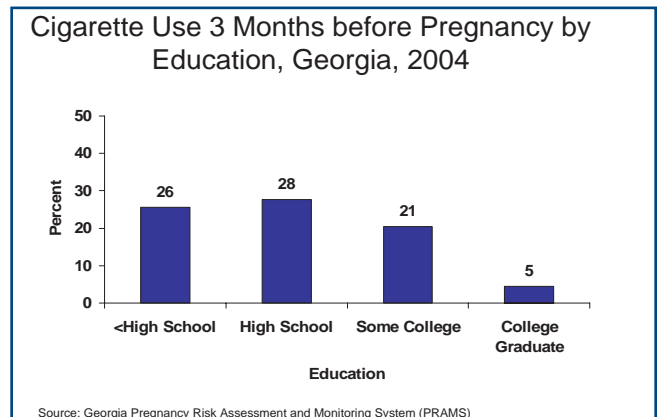
White women in Georgia who delivered (23%) were significantly more likely than Black women who delivered (12%) to smoke cigarettes in the 3 months before pregnancy.



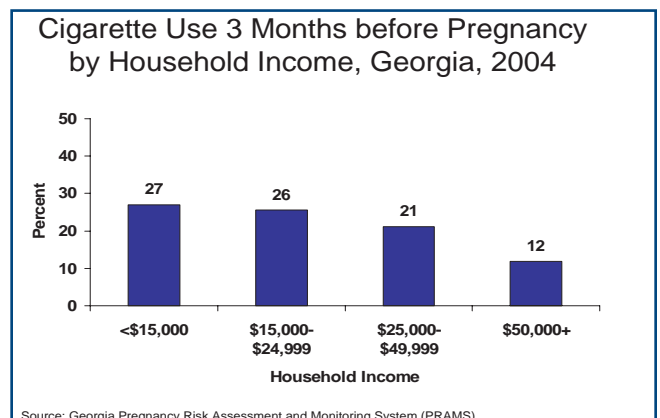
Women in Georgia between the ages 18-24 who delivered were significantly more likely to smoke cigarettes in the 3 months before pregnancy than women between the ages 25-44.



Women in Georgia who did not graduate from college who delivered were significantly more likely to smoke cigarettes in the 3 months before pregnancy than women who graduated from college.



Women in Georgia with an annual household income of less than \$15,000 who delivered were significantly more likely to smoke cigarettes in the 3 months before pregnancy than women with an annual household income of \$50,000 or more (27% vs. 12%).

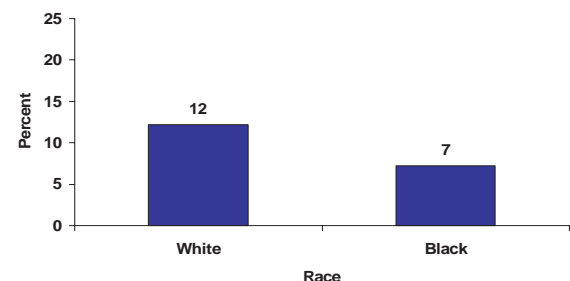


¹Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, <http://www.cdc.gov/nccdphp/index.htm>

Cigarette Use in the Last 3 Months of Pregnancy

In 2004, more than 12,000 (11%) of women in Georgia who delivered smoked cigarettes in the last 3 months of pregnancy.

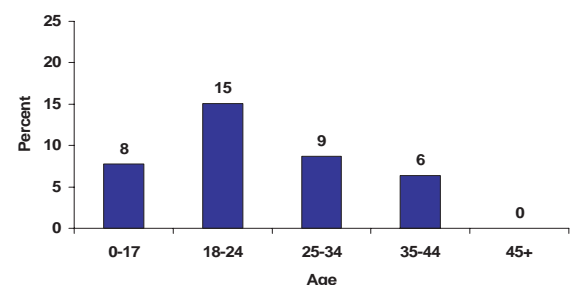
Cigarette Use in last 3 Months of Pregnancy by Race, Georgia, 2004



Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

There was no significant difference in cigarette smoking in the last 3 months of pregnancy between White women (12%) and Black women (7%) in Georgia who delivered.

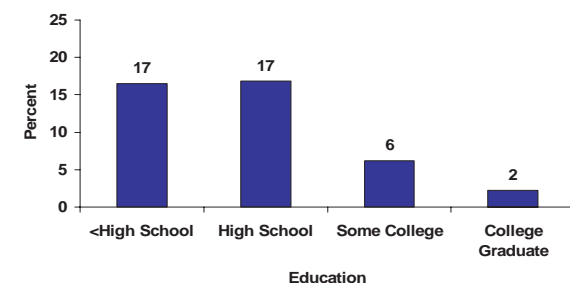
Cigarette Use in last 3 Months of Pregnancy by Age, Georgia, 2004



Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

There was no significant difference in the prevalence of cigarette smoking in the last 3 months of pregnancy between the age groups of women in Georgia who delivered.

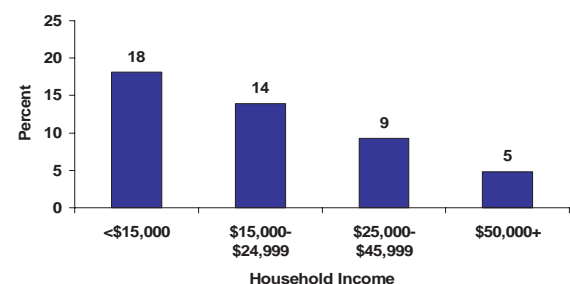
Cigarette Use in last 3 Months of Pregnancy by Education, Georgia, 2004



Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Women in Georgia with a high school education or less who delivered were significantly more likely to smoke cigarettes in the last 3 months of pregnancy than women with at least some college education.

Cigarette Use in last 3 Months of Pregnancy by Household Income, Georgia, 2004



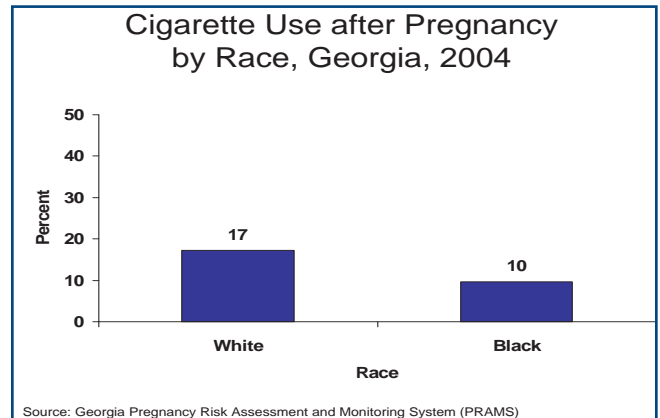
Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)

Women in Georgia with an annual household income of less than \$15,000 who delivered were significantly more likely to smoke cigarettes in the last 3 months of pregnancy than women with an annual household income of \$50,000 or more (18% vs. 5%).

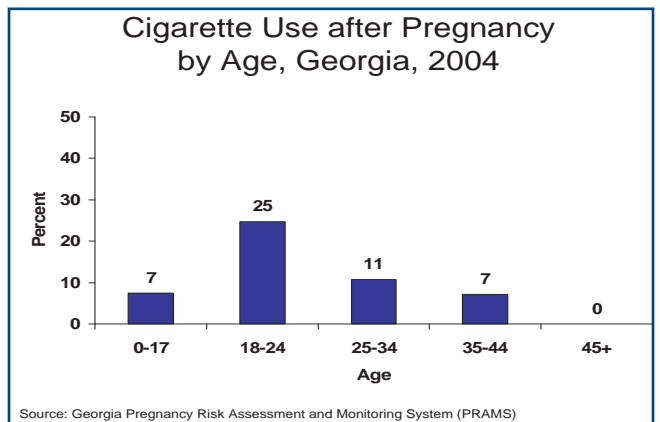
Cigarette Use After Pregnancy

In 2004, more than 17,000 (15%) of women in Georgia who delivered reported smoking cigarettes after pregnancy.

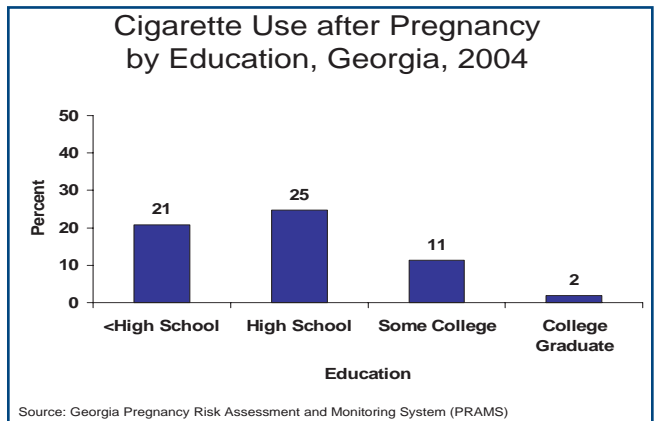
Significantly more White women who delivered (17%) than Black women who delivered (10%) in Georgia reported smoking cigarettes after pregnancy.



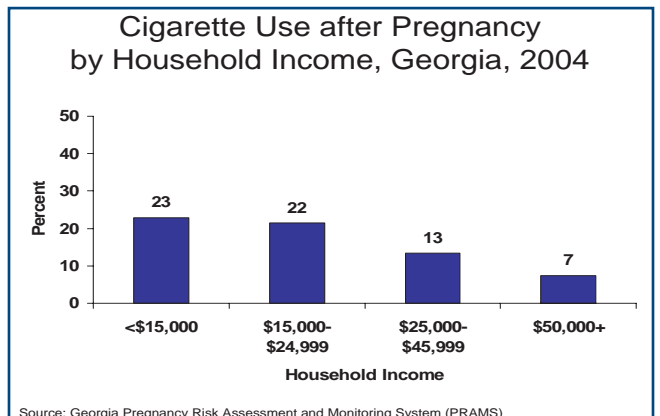
Significantly more women ages 18-24 who delivered (25%) reported smoking cigarettes after pregnancy than women in any other age group who delivered in Georgia.



Women in Georgia with high school education or less who delivered were significantly more likely to smoke cigarettes after pregnancy than women with at least some college education.

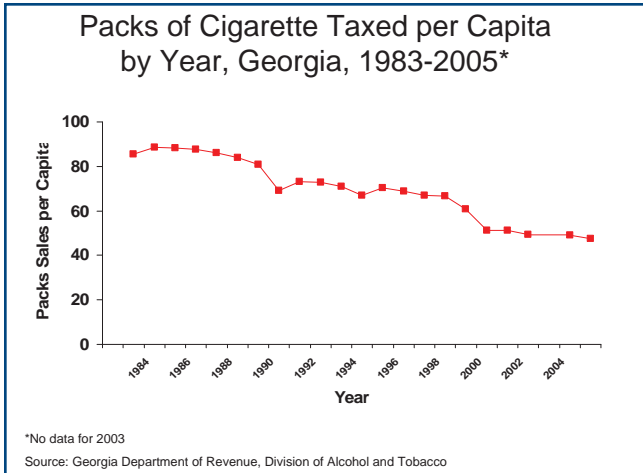


Women in Georgia with an annual household income of less than \$25,000 who delivered were significantly more likely to smoke cigarettes after pregnancy than women with an annual household income of \$50,000 or more.



Packs of Cigarettes Taxed per Capita

Georgia ranks 41st of all states for state cigarette excise tax rates. The average price for a pack of cigarettes nationwide is roughly \$4.40, and in Georgia the average price is \$3.74.¹



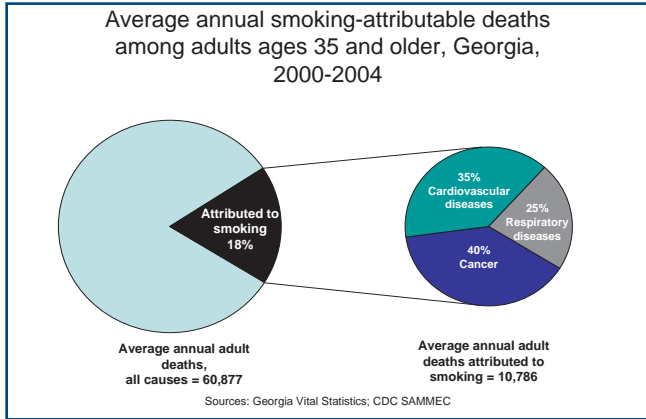
The number of packs of cigarettes taxed per capita has decreased from 85 packs in 1983 to 48 packs in 2005.

¹Campaign for Tobacco-Free Kids, www.tobaccofreekids.org

Tobacco Consequences

Smoking-attributable Deaths

In 2004, an estimated 44.5 million adults in the United States smoked cigarettes even though this single behavior will result in death or disability for half of all continuing smokers. Tobacco use is the leading preventable cause of death in the United States, resulting in approximately 440,000 deaths each year.¹ From 2000 - 2004, an estimated annual average of 10,786 (18%) of the 60,877 deaths in Georgia among adults aged 35 years and older were attributed to smoking, resulting in an estimated annual average of 174,003 years of potential life lost.



4,324 (40%) of the smoking-attributable deaths were due to cancers.

3,821 (35%) of the smoking-attributable deaths were due to cardiovascular diseases.

2,641 (25%) of the smoking-attributable deaths were due to respiratory diseases.

Among causes of death for which tobacco is a contributing factor, annual deaths, smoking-attributable mortality (SAM) and years of potential life lost (YPLL) by cause of death and sex - Georgia adults 35 and older and infants, 2000 - 2004

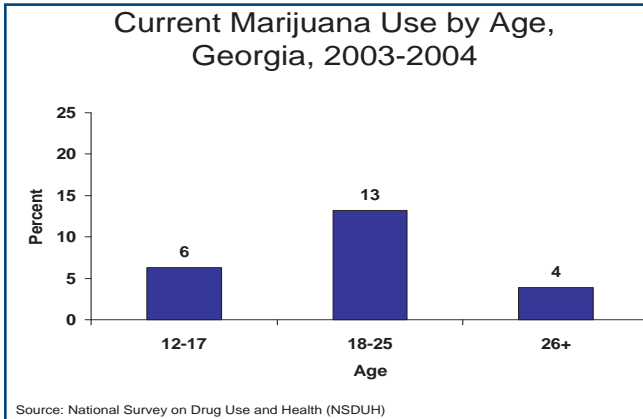
Disease Category	Male			Female			Both sexes		
	Deaths	SAM	YPLL	Deaths	SAM	YPLL	Deaths	SAM	YPLL
<i>Total Neoplasms</i>	4,004	2,944	48,326	2,657	1,380	25,327	6,661	4,324	73,653
<i>Total Cardiovascular Diseases</i>	10,154	2,477	42,283	11,321	1,344	21,954	21,475	3,821	64,237
<i>Total Respiratory Diseases</i>	2,171	1,416	17,016	2,371	1,225	16,518	4,542	2,641	33,534
<i>Total Adult</i>	16,329	6,837	107,625	16,349	3,949	63,799	32,678	10,786	171,424
<i>Total Perinatal Conditions</i>	253	19	1,416	194	14	1,163	447	33	2,579
Overall Total	16,582	6,856	109,041	16,543	3,963	64,962	33,125	10,819	174,003

¹Centers for Disease Control and Prevention, Chronic Disease Prevention, <http://www.cdc.gov/nccdphp/index.htm>

Other (Illicit) Drug Consumption

Current Illicit Drug Use by Aged 12 Years and Older

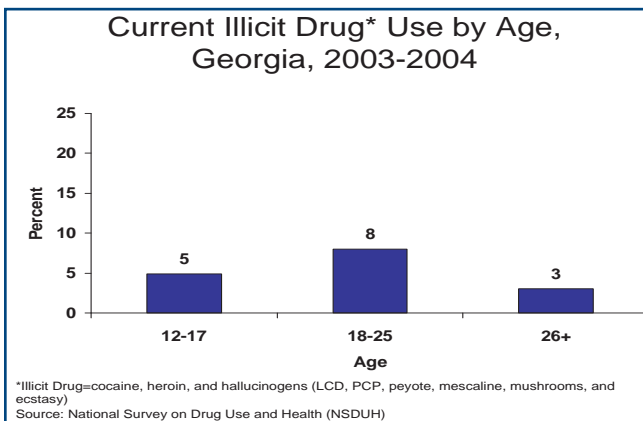
In 2003-2004, the percentage of persons in the U.S. who used marijuana in the past 30 days among those aged 12 or older was 11%. In 2003-2004, the percentage of persons in the U.S. who used illicit drugs other than marijuana in the past 30 days among those aged 12 or older was 4%.¹



In 2003-2004 in Georgia, 6% of all persons aged 12 or older used marijuana in the past 30 days.

The highest percentage of marijuana use in the past 30 days was in the 18-25 age group (13%).

6% of youth aged 12 to 17 used marijuana in the past 30 days.



In 2003-2004 in Georgia, 4% of all persons aged 12 or older used illicit drugs in the past 30 days.

The highest percentage of illicit drug use in the past 30 days was in the 18-25 age group (8%).

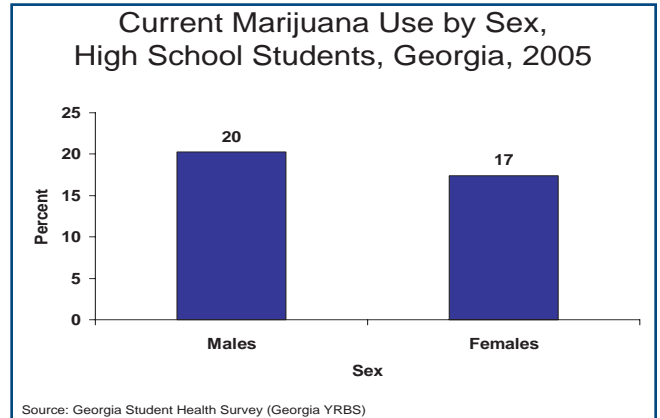
5% of youth aged 12 to 17 used illicit drugs in the past 30 days.

¹Wright, D., & Sathe, N. (2006). State Estimates of Substance Use from the 2003-2004 National Surveys on Drug Use and Health (DHHS Publication No. SMA 06-4142, NSDUH Series H-29). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

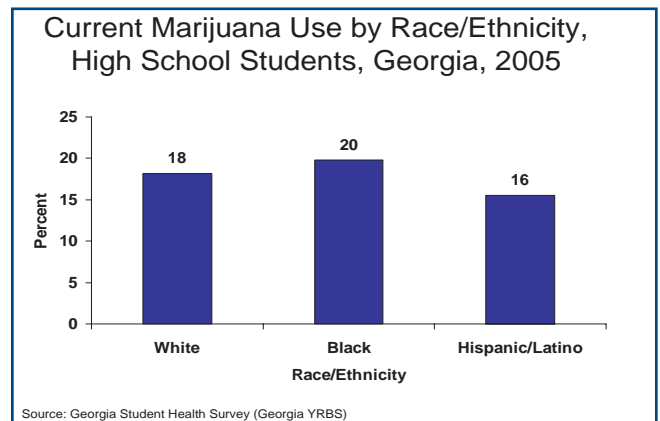
Current Marijuana Use by High School Students

Nationwide in 2005, 20% of high school students had used marijuana one or more times during the 30 days preceding the survey.¹

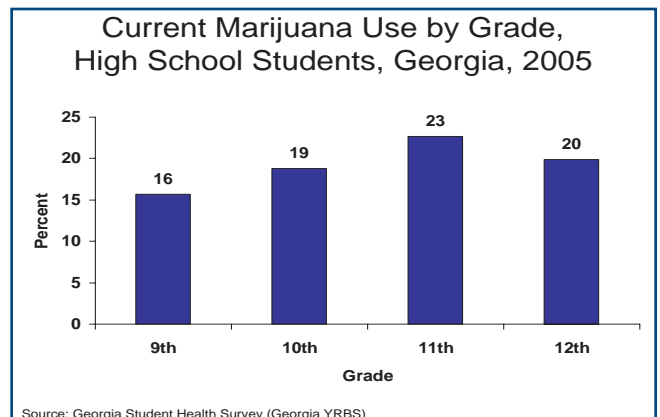
Overall, more than 79,000 (19%) of high school students in Georgia used marijuana in the past 30 days (20% males and 17% females).



There were no significant differences between race/ethnicity groups in the prevalence of high school students in Georgia who used marijuana in the past 30 days.



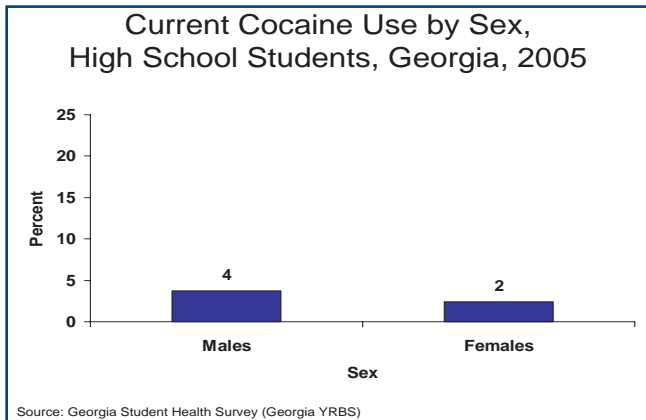
There were no significant differences between grade levels in the prevalence of high school students in Georgia who used marijuana in the past 30 days.



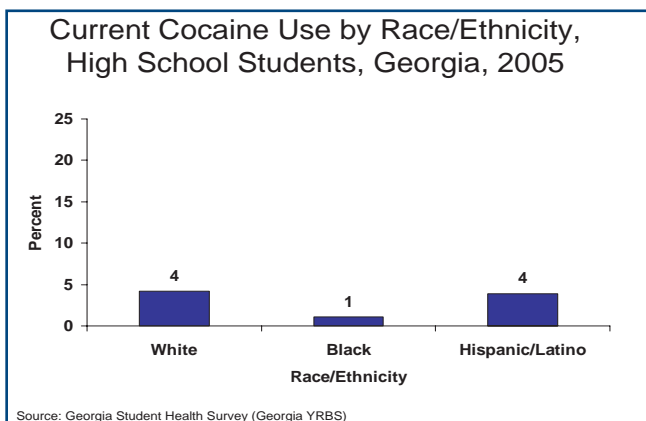
¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

Current Cocaine Use by High School Students

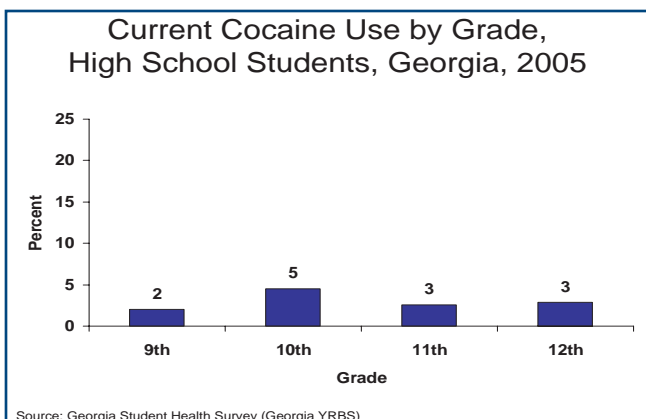
Nationwide in 2005, 3% of high school students had used any form of cocaine (e.g., powder, crack, or freebase) one or more times during the 30 days preceding the survey.¹



Overall, more than 12,000 (3%) of high school students in Georgia used cocaine in the past 30 days (4% males and 2% females).



Significantly more White and Hispanic/Latino high school students (4%) than Black high school students (1%) in Georgia used cocaine in the past 30 days.



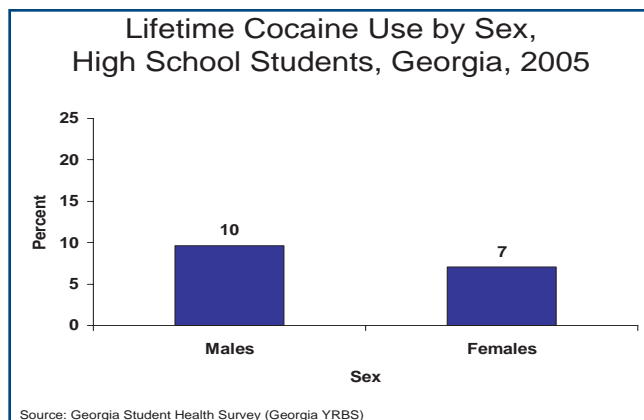
There were no significant differences between grade levels in the prevalence of high school students in Georgia who used cocaine in the past 30 days.

¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

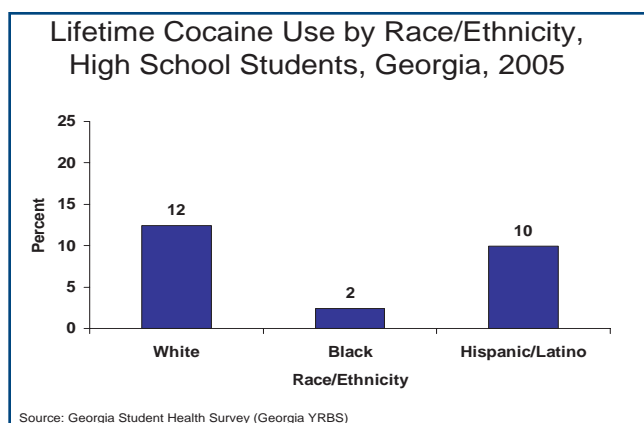
Lifetime Cocaine Use by High School Students

Nationwide in 2005, 8% of high school students had used any form of cocaine (e.g., powder, crack, or freebase) one or more times during their life.¹

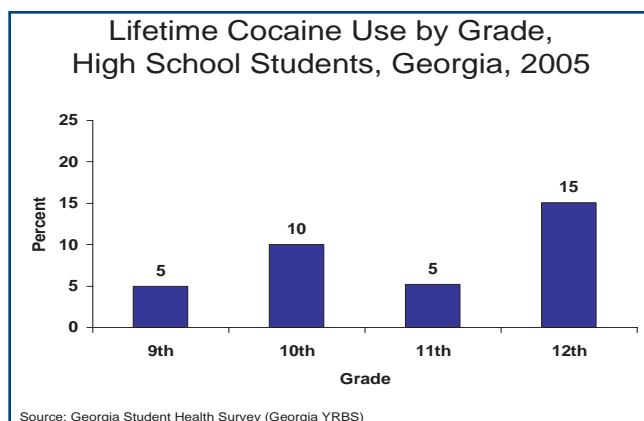
Overall, more than 35,000 (8%) of high school students in Georgia have ever used cocaine (10% males and 7% females).



Significantly more White (12%) and Hispanic/Latino (10%) high school students than Black high school students (2%) in Georgia have ever used cocaine.



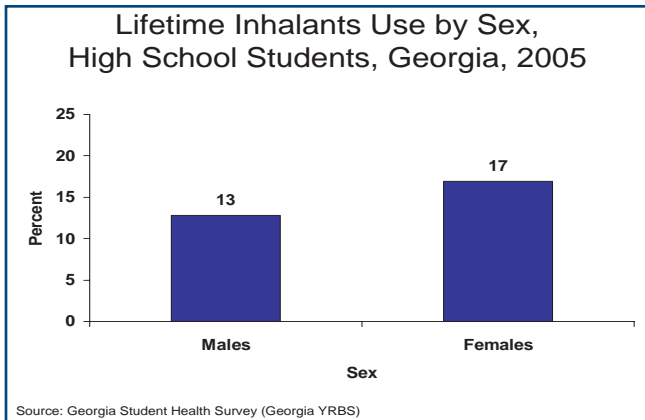
Significantly more 12th (15%) and 10th (10%) grade high school students than 9th and 11th grade high school students in Georgia have ever used cocaine.



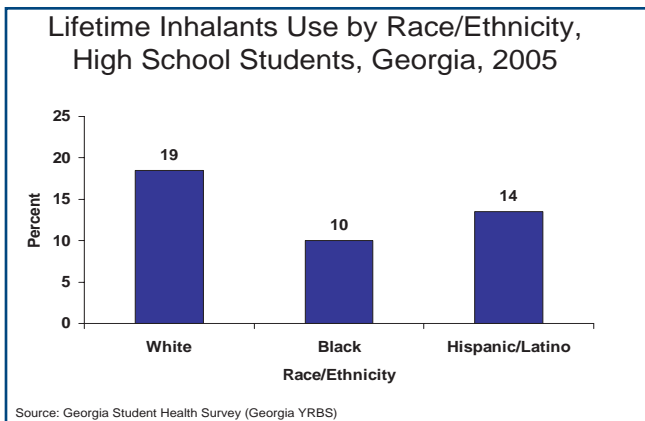
¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

Lifetime Inhalants Use by High School Students

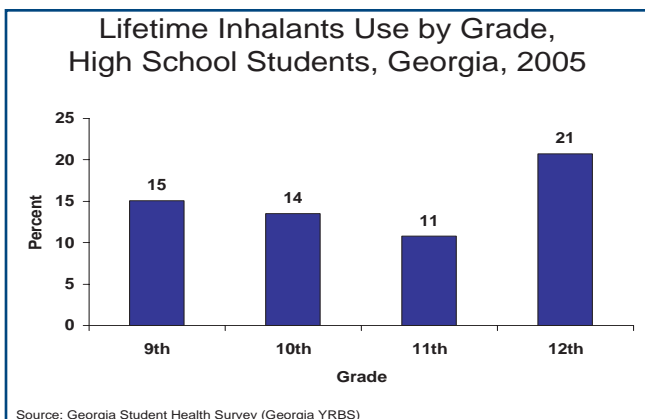
Nationwide in 2005, 12% of high school students had sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life.¹



Overall, more than 64,000 (15%) of high school students in Georgia have ever used inhalants (13% males and 17% females).



There were no significant differences between race/ethnicity groups in the prevalence of high school students in Georgia who have ever used inhalants.



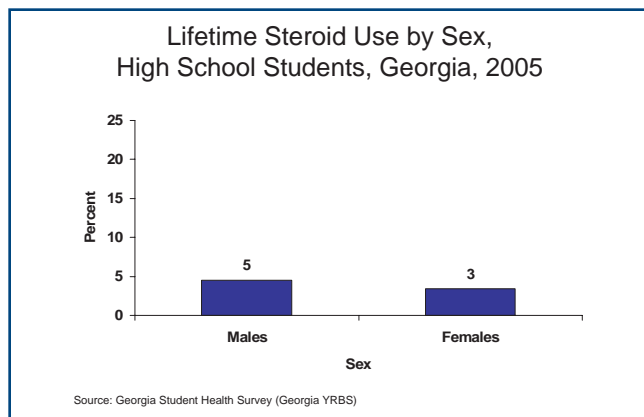
There were no significant differences between grade levels in the prevalence of high school students in Georgia who have ever used inhalants.

¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

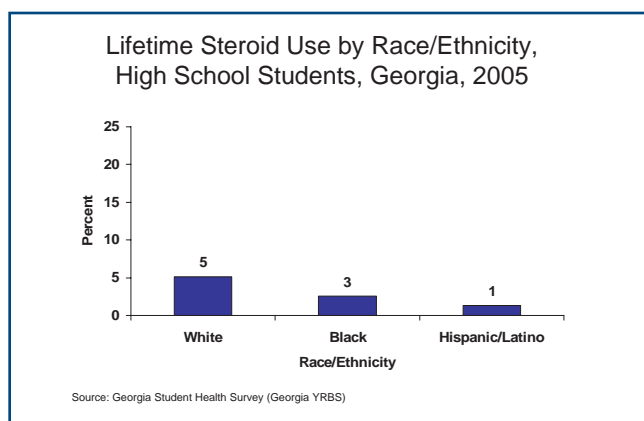
Lifetime Steroid Use by High School Students

Nationwide in 2005, 4% of high school students had taken steroid pills or shots without a doctor's prescription one or more times during their life.¹

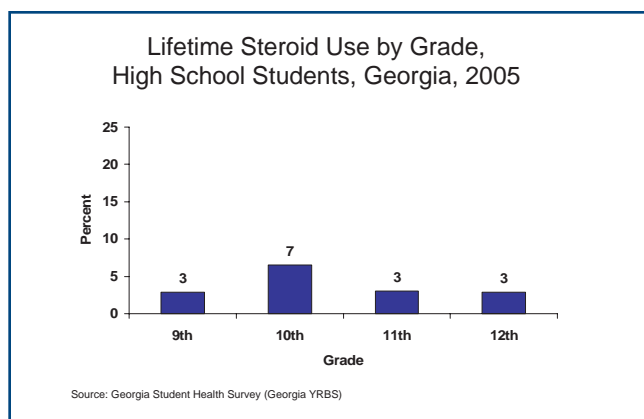
Overall, more than 16,000 (4%) of high school students in Georgia have ever used steroids (5% males and 3% females).



Significantly more White high school students (5%) than Hispanic/Latino high school students (1%) in Georgia have ever used steroids.



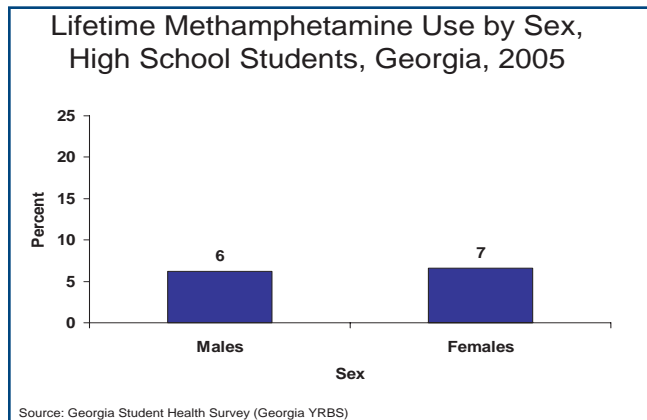
There were no significant differences between grade levels in the prevalence of high school students in Georgia who have ever used steroids.



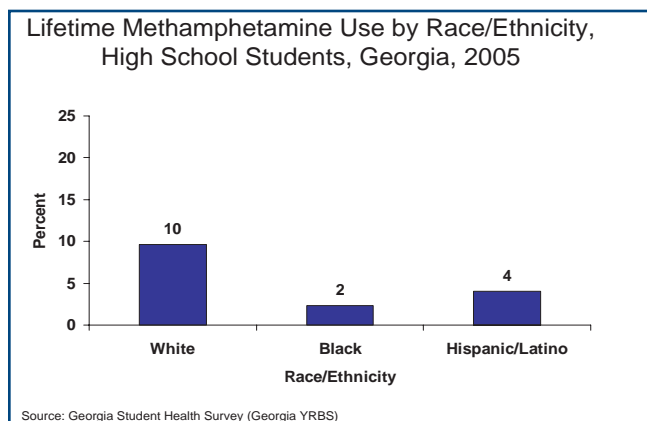
¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

Lifetime Methamphetamine Use by High School Students

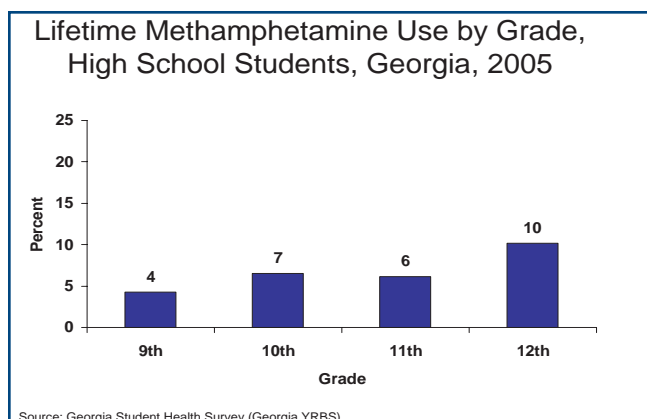
Nationwide in 2005, 6% of high school students had used methamphetamines (also called “speed,” “crystal,” “crank,” or “ice”) one or more times during their life.¹



Overall, more than 27,000 (6%) of high school students in Georgia have ever used methamphetamine (6% males and 7% females).



Significantly more White high school students (10%) than Black high school students (2%) in Georgia have ever used methamphetamine.



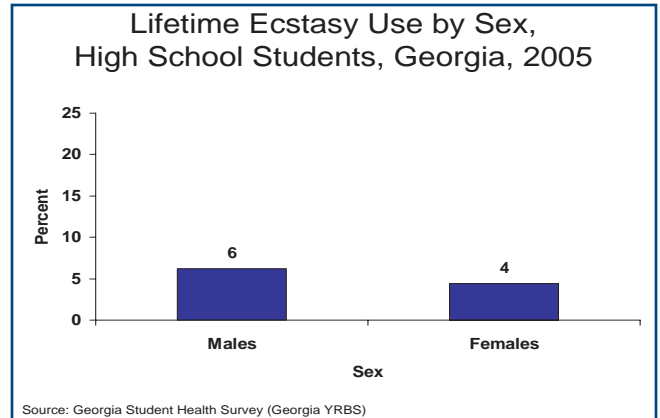
There were no significant differences between grade levels in the prevalence of high school students in Georgia who have ever used methamphetamine.

¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

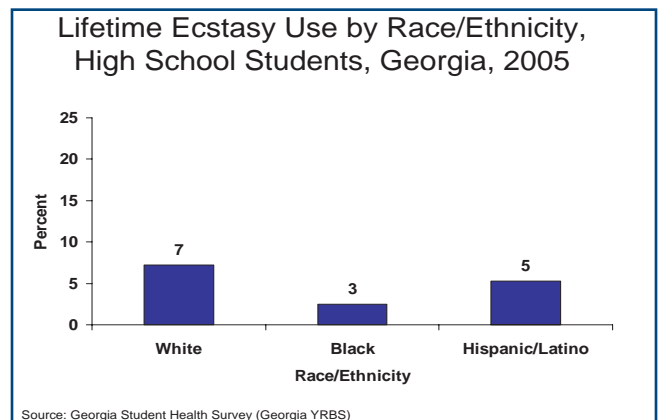
Lifetime Ecstasy Use by High School Students

Nationwide in 2005, 6% of high school students had used ecstasy (also called “MDMA”) one or more times during their life.¹

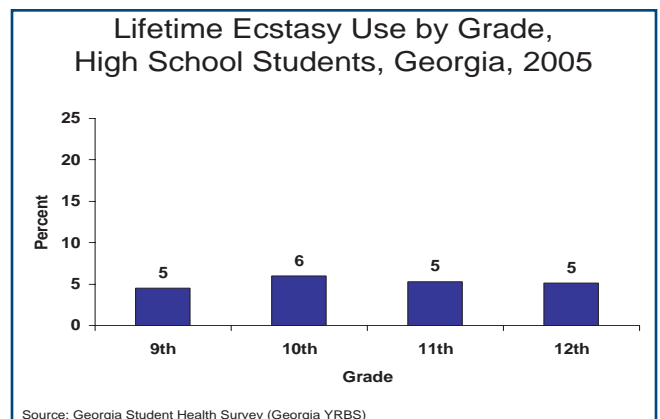
Overall, more than 22,000 (5%) of high school students in Georgia have ever used ecstasy (6% males and 4% females).



Significantly more White high school students (7%) than Black high school students (3%) in Georgia have ever used ecstasy.



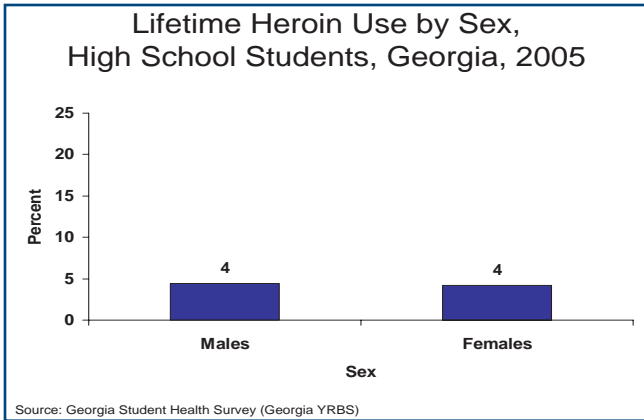
There were no significant differences between grade levels in the prevalence of high school students in Georgia who have ever used ecstasy.



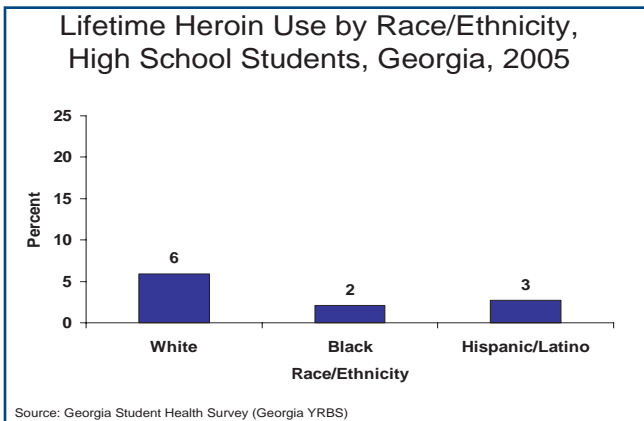
¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

Lifetime Heroin Use by High School Students

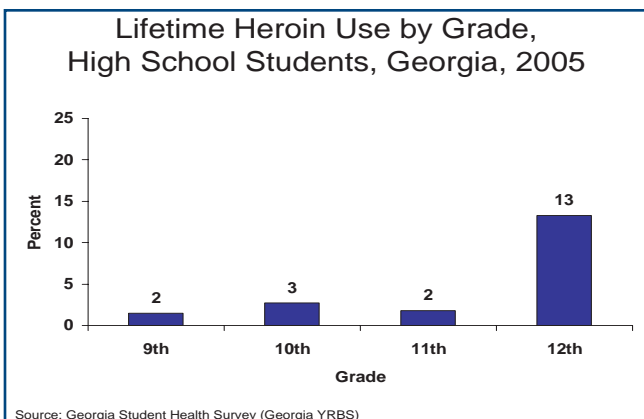
Nationwide in 2005, 2% of high school students had used heroin (also called “smack,” “junk,” or “China White”) one or more times during their life.¹



Overall, more than 18,000 (4%) of high school students in Georgia have ever used heroin.



There were no significant differences between race/ethnicity groups in the prevalence of high school students in Georgia who have ever used heroin.



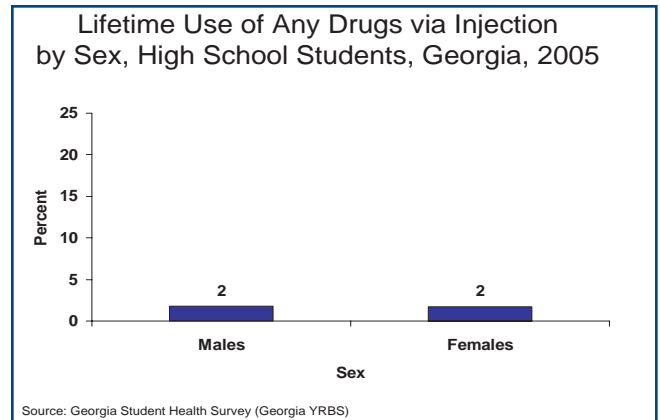
Significantly more 12th grade high school students (13%) in Georgia have ever used heroin than 9th, 10th, and 11th grade high school students (2%, 3%, and 2%, respectively).

¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

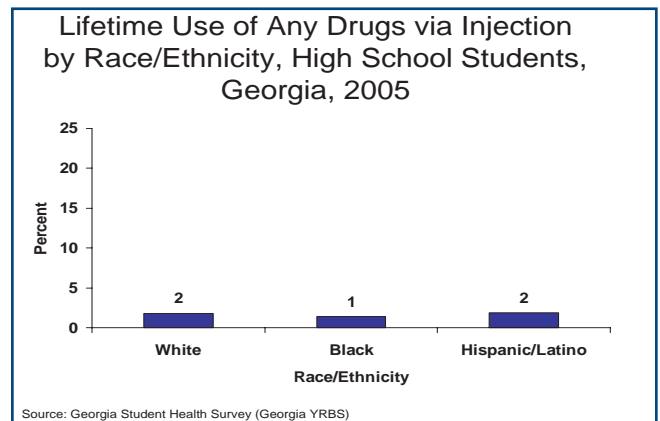
Lifetime Injection Drug Use by High School Students

Nationwide in 2005, 2% of high school students had used a needle to inject any illegal drug into their body one or more times during their life.¹

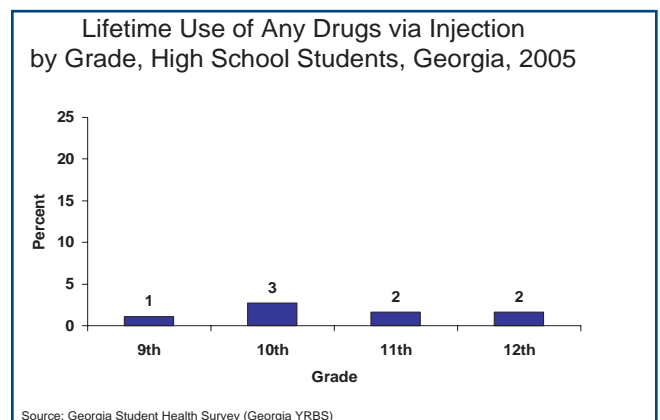
Overall, more than 7,300 (2%) of high school students in Georgia have ever injected any illegal drug.



There were no significant differences between race/ethnicity groups in the prevalence of high school students in Georgia who have ever injected any illegal drug.



There were no significant differences between grade levels in the prevalence of high school students in Georgia who have ever injected any illegal drug.

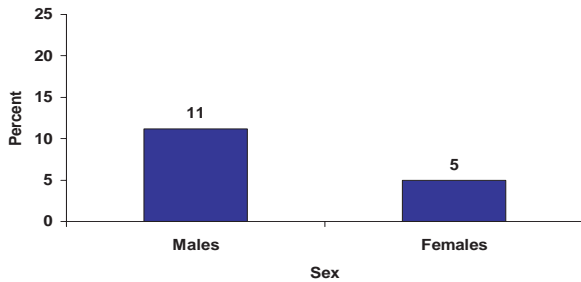


¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

Early Initiation of Marijuana Use by High School Students

Nationwide in 2005, 9% of high school students had tried marijuana for the first time before age 13 years.¹

Early Initiation* of Marijuana Use by Sex, High School Students, Georgia, 2005

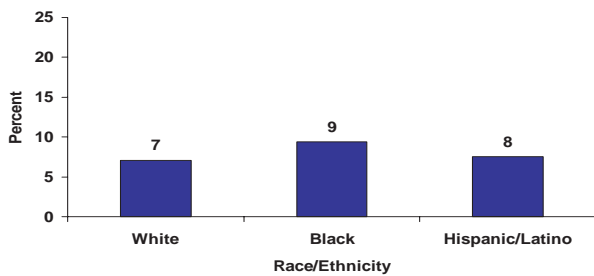


*Early Initiation=Before age 13 years
Source: Georgia Student Health Survey (Georgia YRBS)

Overall, more than 34,000 (8%) of high school students in Georgia tried marijuana for the first time before age 13.

Significantly more male high school students (11%) than female high school students (5%) in Georgia tried marijuana for the first time before age 13.

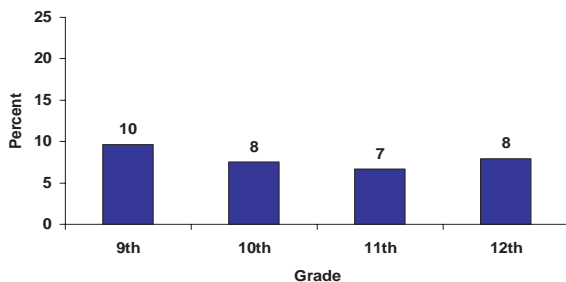
Early Initiation* of Marijuana Use by Race/Ethnicity, High School Students, Georgia, 2005



*Early Initiation=Before age 13 years
Source: Georgia Student Health Survey (Georgia YRBS)

There were no significant differences between race/ethnicity groups in the prevalence of high school students in Georgia who tried marijuana for the first time before the age 13.

Early Initiation* of Marijuana Use by Grade, High School Students, Georgia, 2005



*Early Initiation=Before age 13 years
Source: Georgia Student Health Survey (Georgia YRBS)

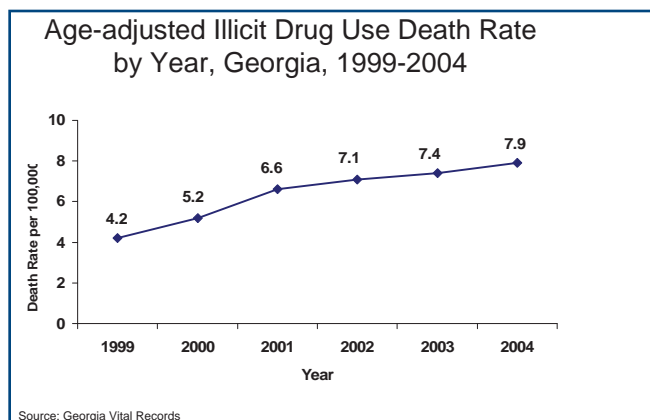
There were no significant differences between the grade levels in the prevalence of high school students in Georgia who tried marijuana for the first time before the age 13.

¹Centers for Disease Control and Prevention, *Youth Risk Behavioral Survey, 2005*

Other (Illicit) Drug Consequences

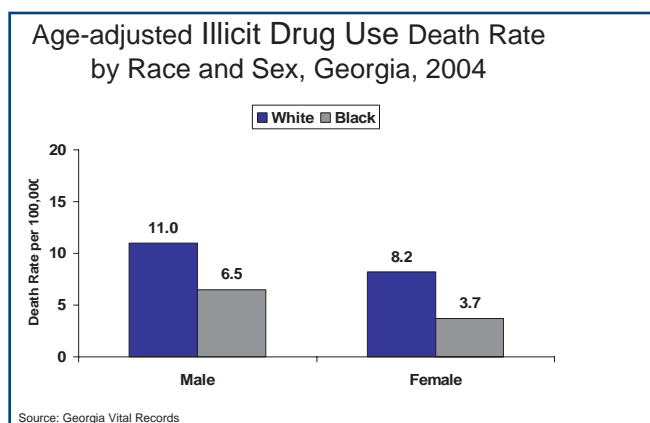
Age-adjusted Illicit Drug Use Death Rate

In 2000, approximately 460,000 deaths in the United States were attributable to illicit drug abuse.¹

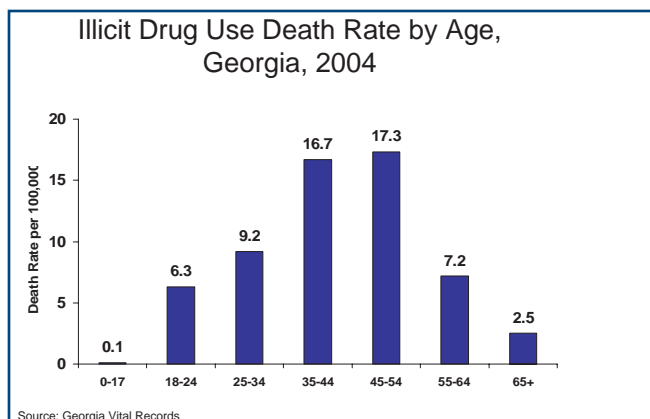


Overall, 703 deaths in Georgia in 2004 were due to illicit drug use.

In 2004, the age-adjusted illicit drug use death rate in Georgia was 7.9 per 100,000.



In 2004, the age-adjusted illicit drug use death rate in Georgia was the highest among White males (11.0 per 100,000) and the lowest among Black females (3.7 per 100,000).



In 2004, the illicit drug use death rate in Georgia was highest among adults 45-54 years of age (17.3 per 100,000).

¹Centers for Disease Control and Prevention. National Vital Statistics Report. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_12.pdf.

Property Crime Rate

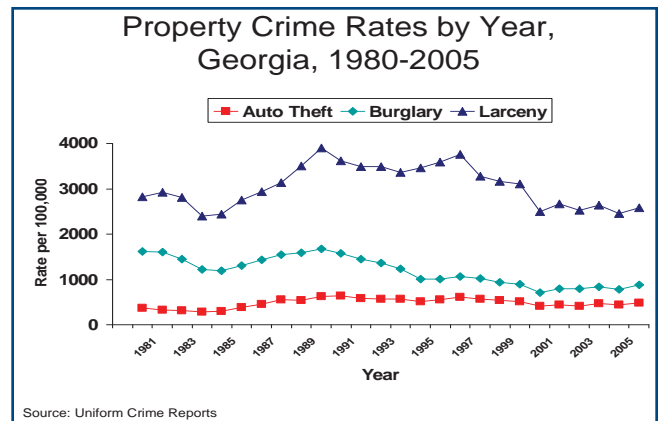
According to the Uniform Crime Reporting (UCR) Program, property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. An estimated 10.2 million property crimes were reported nationwide during 2005. An examination of 2- and 10-year trends shows that the estimated number of property crimes in 2005 decreased 2% from the 2004 estimate and declined 14% when compared with the estimate for 1996.

During 2005, there were an estimated 3,430 property crimes per 100,000 inhabitants.¹ Overall, the property crime rate related to illicit drug use in Georgia was higher for larceny than for burglary or auto theft.

Larceny rate in Georgia increased in the 1980s, reaching its peak in 1990 with a rate of 3,619 per 100,000, and decreased since then to 2,584 per 100,000 in 2005.

Burglary rate in Georgia decreased from 1,617 per 100,000 in 1980 to 880 per 100,000 in 2005.

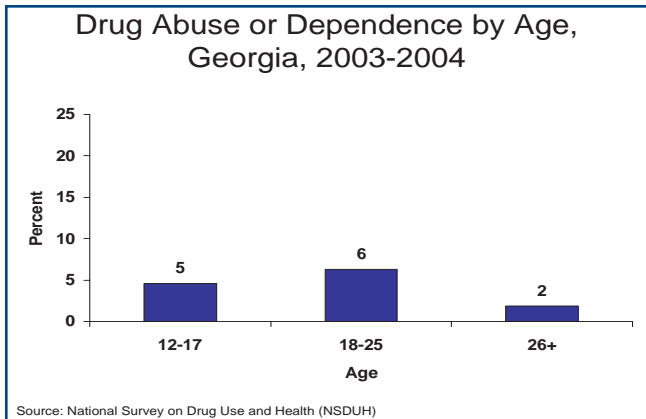
Auto theft rate in Georgia has increased in the 1980s, reaching its peak in 1990 with a rate of 642 per 100,000, and decreased since then to 479 per 100,000 in 2005.



¹U.S. Department of Justice, Federal Bureau of Investigation. (September 2006) *Crime in the United States 2005*. Retrieved on January 5, 2007 from http://www.fbi.gov/ucr/05cius/offenses/property_crime/index.html

Drug Abuse or Dependence

In 2005, an estimated 22.2 million persons in the United States aged 12 or older were classified with substance dependence or abuse in the past year (9.1% of the population aged 12 or older). Of these, 3.3 million were classified with dependence on or abuse of both alcohol and illicit drugs, 3.6 million were dependent on or abused illicit drugs but not alcohol, and 15.4 million were dependent on or abused alcohol but not illicit drugs. The specific illicit drugs that had the highest levels of past year dependence or abuse in 2005 were marijuana, followed by cocaine and pain relievers. Of the 6.8 million persons aged 12 or older classified with dependence on or abuse of illicit drugs, 4.1 million were dependent on or abused marijuana in 2005. This number represents 2% of the total population aged 12 or older and 60% of all those classified with illicit drug dependence or abuse. There were 1.5 million persons who were classified with dependence on or abuse of cocaine, about the same as the number classified with dependence on or abuse of pain relievers.¹



In 2003-2004 in Georgia, 3% of all persons aged 12 or older were classified with dependence on or abuse of illicit drugs in the past year.

Significantly more persons aged 12-25 were classified with dependence on or abuse of illicit drugs in the past year than persons aged 26 or older.

¹Substance Abuse and Mental Health Services Administration. (2006). *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.

METHODOLOGY

DATA SOURCES

ALCOHOL EPIDEMIOLOGIC DATA SYSTEM (AEDS). AEDS is operated by CSR, Incorporated under contract to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and acts as a centralized, national repository of alcohol-related data sets. Initiated in 1977, AEDS' mandate is to identify, acquire, maintain, and analyze alcohol-related epidemiologic data under the direction of NIAAA's Division of Biometry and Epidemiology (DBE).

ALCOHOL-RELATED DISEASE IMPACT (ARDI) SOFTWARE. ARDI software generates estimates of alcohol-related deaths and Years of Potential Life Lost (YPLL) due to alcohol consumption. <http://apps.nccd.cdc.gov/ardi/HomePage.aspx>

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS). The Georgia Behavioral Risk Factor Surveillance System (BRFSS) is a primary source of information on the major health risk behaviors and the use of clinical preventive services among adult Georgians. Georgia has been conducting the BRFSS in cooperation with the Centers for Disease Control and Prevention (CDC) since 1984. The BRFSS questionnaire covered a range of topics on health behaviors and conditions, including obesity, high blood pressure, diabetes, asthma, arthritis, cigarette smoking, leisure time physical activity, fruit and vegetable consumption, binge drinking, mammography, Pap test, cholesterol screening, flu shot, pneumonia immunization, HIV/AIDS testing, health insurance and disability.

DEPARTMENT OF REVENUE, DIVISION OF ALCOHOL AND TOBACCO. The Department of Revenue is responsible for administration, collection and enforcement of tobacco excise tax issues pursuant to Title 48, Chapter 11, including licensing.

FATALITY ANALYSIS REPORTING SYSTEM (FARS). FARS, developed in 1975, is designed to assist the traffic safety community in identifying traffic safety problems (including drinking and driving), developing and implementing vehicle and driver countermeasures, and evaluating motor vehicle safety standards and highway safety initiatives. FARS gathers detailed data on all fatal traffic crashes each year within the 50 states, the District of Columbia, and Puerto Rico.

GEORGIA STUDENT HEALTH SURVEY (also known as, YOUTH RISK BEHAVIOR SURVEY (YRBS)). This survey was designed to monitor health-risk behaviors among youth and to assess trends in such behaviors over time. It measures youth risk behaviors in six risk areas: (1) behaviors that contribute to unintentional injuries and violence, (2) tobacco use, (3) alcohol and other drug use, (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases including HIV infection, (5) unhealthy dietary behaviors, and (6) physical inactivity.

NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH). NSDUH is the Federal government's primary source of national data on the use of alcohol, tobacco, and illicit substances. The survey also contains questions on health, illegal behaviors, and other topics associated with substance use. Initiated in 1971, the survey is currently conducted on an annual basis. This nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older.

PREGNANCY RISK ASSESSMENT AND MONITORING SYSTEM (PRAMS). PRAMS is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.

SMOKING-ATTRIBUTABLE MORTALITY, MORBIDITY, AND ECONOMIC COSTS (SAMMEC). The newest SAMMEC application contains two distinct Internet-based computational programs that can be used to estimate the disease impact of smoking on adults and infants. The Adult SAMMEC application provides users the ability to estimate smoking-attributable mortality (SAM), years of potential life loss (YPLL), medical expenditures, productivity losses, SAM rate and YPLL rate. Maternal and Child Health (MCH) SAMMEC application provides users the ability to estimate smoking-attributable infant deaths, YPLL and excess neonatal health care costs. <http://apps.nccd.cdc.gov/sammecc/index.asp>

UNIFORM CRIME REPORTS. UCR is a nationwide, cooperative statistical effort of more than 17,000 city, university and college, county, state, tribal, and federal law enforcement agencies voluntarily reporting data on crimes brought to their attention. http://www.fbi.gov/ucr/cius_04/offenses_reported/property_crime/

VITAL STATISTICS SYSTEM. Vital records and vital events are defined as birth, death, fetal deaths (stillbirth), induced termination of pregnancy, marriage and divorce certificates and reports.

OTHER DATA RESOURCES

The Georgia Student Health Survey II (GSHS II) is an anonymous survey created by the State of Georgia's Department of Education. The survey was administered between March 13th and May 1st 2006 to 6th, 8th, 10th, and 12th graders in Georgia public schools. Surveys were administered in school computer labs. Eighty-three percent of all counties participated in the survey with a total of 181,316 students participating. Of these students, 6,005 were eliminated due to an affirmative response on a validity check question, resulting in the total number of valid responses equaling 175,311 students. The survey was developed to gather information on youth risk behaviors, student perceptions of school climate and school safety, drug use, and nutrition. GSHS II data will be collected annually to provide longitudinal data regarding youth behaviors.

For more information, please contact the Department of Education or visit their website at http://public.doe.k12.ga.us/tss_learning.aspx?PageReq=TSSLearningTitleIV.

The Georgia Poison Center (GPC) provides 24-hour, poison emergency treatment information for the medical diagnosis and treatment of human and animal poisoning. In addition, the GPC also handles calls related to alcohol, tobacco, and other drug use. Since the GPC relies on consumers to report occurrences, it is difficult to capture all incidences of exposure. Of the 109,346 calls received in 2003, approximately 350 calls were related to alcohol, tobacco, and other drugs. Similarly in 2004 and 2005, the GPC handled a total of 116,685 and 120,559 calls respectively, calls of which 524 and 516 calls were related to alcohol, tobacco, and other drugs. The calls are handled by well-trained professional staff that use strict criteria to access medical issues to determine course of action.

For more information, please contact the Georgia Poison Center or visit their website at <http://gpc.dhr.georgia.gov/portal/site/DHR-GPC/>.

Helpline Georgia provides information and referral resources for substance abuse including self-help and support groups, reporting of drug trafficking, and violence prevention. The center operates 24 hours a day, 7 days a week, toll free, and statewide. The Office of Prevention Services and Programs receives annual statistical reports of the calls received by Helpline Georgia by MHDDAD regions, cities, counties, and other demographics. In FY'04, there was an average of 813.25 calls taken each month regarding substance abuse. In FY'05, the rate rose to an average of 851.4 calls regarding substance abuse, with an increase to an average 884.83 calls a month. There was a 5% increase in substance abuse calls in FY'05 over FY'04, a 4% increase in FY'06 over FY'05, and a near 9% increase in calls related to substance abuse over the three year reporting period. Specifically, the calls regarding substance abuse have increased at a higher rate with regards to more destructive drugs such as methamphetamines and crack than more traditional substances such as alcohol.

For more information on Helpline Georgia, please contact HODAC or visit their website at <http://www.hodac.org/>.

LIMITATIONS

Georgia Student Health Survey (Georgia YRBS):

The findings in this report are subject to at least two limitations. First, these data apply only to youth who attend school and, therefore, are not representative of all persons in this age group. Nationwide, in 2001, of persons aged 16--17 years, approximately 5% were not enrolled in a high school program and had not completed high school.¹ Second, the extent of underreporting or overreporting of behaviors cannot be determined, although the survey questions demonstrate good test-retest reliability.²

Behavioral Risk Factor Surveillance System (BRFSS):

The findings in this report are subject to at least two limitations. First, BRFSS is a telephone-based survey, which only queries persons with telephone access. Differences might exist in the characteristics of persons who reside in households with telephones compared with those without telephone access. Consequently, these data might not be generalizable to persons who reside in households without telephones. Second, prevalence estimates are self-reported and, for certain behaviors, the reported estimates might be subject to recall bias. Despite these limitations, BRFSS is a cost-effective and timely telephone survey that provides essential information for state and local public health programs and policies designed to decrease overall morbidity and mortality from chronic disease conditions. Furthermore, the reliability and validity of BRFSS data have been assessed and well-documented.³

Data collected by various entities, including law enforcement, have similar limitations, and laws and policies dictate reporting of certain information. The degree to which crimes are reported could vary by jurisdiction. By using various data sources, the GA SEOW hoped to secure reliable data that accurately depicts the state of substance use and abuse in Georgia.

¹Kaufman P, Alt MN, Chapman C. Dropout rates in the United States: 2001. Washington, DC: US Department of Education, National Center for Education Statistics, 2004. Publication no. NCES 2005--046.

²Brener ND, Kann L, McManus T, Kinchen SA, Sundberg EC, Ross JG. Reliability of the 1999 Youth Risk Behavior Survey questionnaire. *J Adolesc Health* 2002;31:336--342.

³Nelson D, Holtzman D, Bolen J, Stanwyck CA, Mack K. Reliability and validity of measures from the Behavioral Risk Factor Surveillance System (BRFSS). *International Journal of Public Health* 2001;46:S3--S35.

PREVENTION PROGRAMS

Georgia currently benefits from seven statewide service prevention programs funded through the prevention set-aside of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG):

Drugs Don't Work Program - is operated by the Georgia Drug Free Workplace Program, Inc., an affiliate of the Georgia Chamber of Commerce. It is designed to help employers become certified drug-free workplaces by establishing employee assistance programs and drug-free workplace policies.

The primary purpose of Drugs Don't Work in Georgia is to assist businesses in the development of comprehensive drug-free workplace programs, to supply free and discounted drug-free workplace services, and to educate working parents on how to talk to their children about drugs.

In 1993, the state of Georgia enacted the Drug-Free Workplace Premium Credit Program (OCGA 34-9-410). The legislation was designed to promote drug-free workplaces in Georgia, so that employers are afforded the opportunity to maximize productivity, enhance competitiveness in the marketplace, and reach desired levels of success without experiencing the costs, delays, and tragedies associated with work-related accidents resulting from employee substance abuse.

A component of the Drug Don't Work Program is the Parents@Work program. Since employers have a vested interest in helping their employees prevent family substance abuse. Many human resource and employee assistance professionals believe that employees who have children with substance abuse problems are more likely to suffer from decreased morale and productivity. The Parents@Work program, a component of the National Youth Anti-Drug Media Campaign, was developed to reach parents where they spend much of their time - at work. More information about this program may be found at <http://www.theantidrug.com/atwork>.

Helpline Georgia – provides confidential, 24/7, crisis intervention, information and referral through a toll-free line. Callers can request help for substance abuse, gambling, family violence and sexual assault problems; report drug selling and child abuse; gain information on support and self-help groups, and obtain educational information and information on the Crime Victims Compensation Program. For more information, visit www.hodac.org, or call 1-800-338-6745.

Maternal Substance Abuse (MSA) and Child Development Project – focuses on prevention of negative consequences of a mother's drug use or abuse through a variety of services. For more information, visit www.emory.edu/MSACD.

The Red Ribbon Campaign – an annual week-long substance abuse awareness and prevention campaign that celebrates drug-free living and promotes on-going prevention activities in local communities.

Georgia Underage Drinking Prevention Initiative - calls for a partnership to unite adults and youth to increase public awareness and reduce underage alcohol use in communities throughout Georgia. A prevention education campaign will help local community coalitions host Town Hall meetings about underage drinking prevention.

The Initiative will also create Responsible Sales & Service Workshops (RASS) to provide owners and staff of alcohol-licensed establishments with valuable resources and information to prevent sales to underage youth in college communities.

The Georgia Alliance for Drug Endangered Children has recently been launched with the support of the Office of Prevention Services and Programs under the management of the Administrative Office of the Courts. Patterned after the National Alliance for Drug Endangered Children, the Georgia Alliance (GA DEC), promotes the multi-disciplinary team approach to addressing the multiplicity of problems faced by children victimized by the production, sale, and/or use of alcohol and illicit substances. Protocols for medical and psycho-social assessment of children, child protective services and child abuse investigations, clandestine methamphetamine lab disposal, law enforcement and prosecution, public education and awareness are included in this effort.

A Substance Abuse Prevention in Higher Education Initiative is planned to address collegiate alcohol and other drug use and abuse. This initiative will assess ongoing needs of college communities across the state for prevention and intervention services and programs. These services and programs will be developed under the Six (6) Center for Substance Abuse Prevention (CSAP) Strategies, recommendations from NIAAA, and the Higher Education Center's Statewide Initiatives. Specific activities will include 1) conducting a comprehensive needs assessment per requirements under the Strategic Prevention Framework for decision making to assess environmental and personal risk factors; 2) researching national and community-level proven prevention programs and strategies that reduce risks associated with underage drinking, excessive use of alcohol, use of drugs, and attending injuries and violence, 3) increasing protective factors for the collegiate population and their surrounding communities through community engagement, collaboration and concerted effort. The initiative will serve as the collegiate arm of the Office of Prevention Services and Programs and as such, partners with a variety of state agencies and providers to assure statewide coverage.

Regional/Community-based Programs - In addition to the statewide services, OPSP also funds prevention services and programs through the five MHDDAD Regional offices that are implemented by community and school-based organizations. These services typically involve the use of evidence-based programs and practices aimed at increasing protective factors and reducing risk factors. These types of programs have been shown to be effective in not only preventing the early onset of substance use/abuse, but also in promoting mental health, improving academic performance, and reducing delinquency and teen pregnancy. Currently, OPSP funds over forty Substance Abuse Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA/CSAP) recognized evidence-based programs. As of the end of fiscal year 2006, prevention services were being provided to 137 of the 159 Georgia counties.

EXEMPLARY SUBSTANCE ABUSE PROGRAM AWARDS FOR INNOVATION

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP), in collaboration with the National Prevention Network (NPN), and the Community Anti-Drug Coalitions of America (CADCA) identifies and honors outstanding achievements in substance abuse prevention. Programs are reviewed and nominated by the NPN (National Prevention Network) representative in each state. The Exemplary Awards Program is designed to seek out programs that demonstrate results in areas such as individual child factors related to biology, behavior, personality, and family or environmental factors. Over 100 programs have been selected as Exemplary Award winners. Three Georgia programs have received this honor: For 2002 programming awarded in 2003: Drugs Don't Work, and S A F E (The School and Family Effort) of the Dekalb County School System. For 2003 programming awarded in 2004: CETPA (Clinic for the Education, Treatment and Prevention of Addiction, Inc./ La Clinica de Educacion, Tratamiento y Prevencion de Addiccion) Latino Youth After School Substance Abuse Prevention Program.

NEXT STEPS

The Office of Prevention Services and Programs (OPSP) seeks to address community needs related to alcohol, tobacco, and illicit drugs through the utilization of the prevention strategies including the reduction in availability, the improvement of law enforcement, and through the shifting of social norms. Georgia's prevention system has grown exponentially since 2001 with an increase in Office of National Drug Control Policy (ONDCP) funded Drug Free Communities from 3 in 2001 to 15 by 2005; increased delivery of evidence-based programs such as *Too Good For Drugs*, *Project Success*, *Toward No Tobacco Use*, and other model programs serving more than 383,000 persons in state fiscal year 2006.

Capacity at the central (state) office has grown as funds were granted for the Governor's Cooperative Agreement State Incentive Planning Grant (SIPG), and the establishment of the SEOW. All of these factors as well as internal reorganizations have increased the capacity of the OPSP. In the data collection arena, the planning grant afforded a unique opportunity to complete a monumental Needs Assessment culminating in a Social Indicator Study (SIS) comprised of data for all 159 Georgia counties. The SIS has been disseminated statewide to assist community-based organizations in prioritizing needs. Funding for the establishment of the SEOW has allowed Georgia to build on this framework by creating a data-focused climate through experts in epidemiology and evaluation research. As a result, the state and its communities will, as of March 2007, use this Epidemiological Profile as a companion piece to the Social Indicator Study. The second Phase of the Social Indicator Study, an enterprise not required of the SEOW contract, but seen as essential in fully capturing the needs in our state, will provide an even sharper lens through which to view state data. This study will seek to capture sub county level (MSA's and city) level indicator data to allow for more specificity in identifying local needs.

Like other systems across the nation, the Georgia prevention infrastructure is at a crossroads. With high prevalence rates for certain high-risk behaviors, increasingly limited prevention resources, and the absence of a local/regional prevention infrastructure, the additional capacity built through the SPF-SIG will allow Georgia to reform the distribution of funds and build a sustainable system that is data driven, providing both the data and the infrastructure to support its use.

The Executive Council of the Governor's Cooperative Agreement Advisory Committee (CAAC) formed as the policy making body of the SIPG, and will serve as the State Prevention Framework State Incentive Grant (SPF-SIG) Advisory Council (AC). These individuals were mobilized as stakeholders from around the state, became intimately familiar with the purposes and benefits to the state of a SPF-SIG, and have agreed to continue serving in this capacity. The AC will be led by a chair appointed by the Governor. The SEOW will be represented on the AC by a member who will serve as spokesperson for the SEOW.

Upon Substance Abuse and Mental Health Services Administration's (SAMHSA) approval of the SPF SIG Plan, the state Epidemiological Profile, and the proposed funding process and mechanism, a rigorous prioritization process involving multi-layers of prioritization will occur. Constructs and indicators found both in the Epidemiological Profile and Social Indicator Studies will be ranked based on a scale. Preliminary prioritization will be the function of the GA SEOW through a group process using numeric scores. Based on the research conducted and recommendations by the GA SEOW, the AC will identify the top three constructs as SPF SIG priorities.

Throughout the SPF SIG, the Georgia SEOW will continue to compile data on alcohol, tobacco, and illicit drugs use and abuse-related problems to improve prevention practice; and drive effective and efficient use of prevention resources. This will include identification and researching of additional sources of data. The SEOW will identify data gaps and formulate recommendations for ongoing surveillance activities. Cultural competence (CC) will be a core value of this process. Cultural competence speaks to the multi-levels of proficiency ranging from knowledge and awareness, through sensitivity, to proficiency in human encounters. Cultural competence includes a set of academic and interpersonal skills that allow individuals to increase understanding and appreciation of cultural differences and similarities among and between groups and populations. To address issues surrounding reduction, delay, and effects, Cultural competence will be a cornerstone of the SPF SIG, a core competency for prevention workers and seen as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals to

work effectively in cross-cultural situations” (The Lewin Group). OPSP will employ findings of the Lewin Group study and the “Generic Logic Model: Cultural Competence in Proficient Prevention Service Delivery” developed by Center for Substance Abuse Prevention (CSAP) to guide the infusion of cultural competence over every step of the SPF. Although the SEOW is made up of a cultural diverse group, in the collection of new resources, this diversity will ensure that cultural differences are addressed.

The SEOW will also work in concert with the implementation of the Community Initiative Task Force (CITF) to lead the development of SPF based strategic plans based on the work of Community Level Epidemiological Outcome Workgroups (CLEOWs). Through the SEOW Manager, each member of the SEOW will serve as advisory to local CLEOWs for SPF SIG Level I funded communities. SEOW members with evaluation expertise will also serve as advisors to Level II funded communities for evaluation activities including outcome data collection. A logic model for selected consequences, including accessibility, cost, and culture will also be produced to depict the short and long term effects of the use and misuse of alcohol, tobacco, and illicit drugs.

Lastly, in addition to providing valuable resources to capture the state of substance use and abuse in Georgia, it is important to facilitate communication of our efforts to our partners and the community.

GLOSSARY

CONFIDENCE INTERVAL. A range of values for a variable of interest, e.g., a rate, constructed so that this range has a specified probability of including the true value of the variable. The specified probability is called the confidence level, and the end points of the confidence interval are called the confidence limits.

CONSEQUENCE. Undesired health, social, and safety outcomes of substance use and abuse.

CONSUMPTION. Pattern of substance use, including frequency, and high-risk population, etc.

EPIDEMIOLOGY. The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.

HEALTH. A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

MORBIDITY. Any departure, subjective or objective, from a state of physiological or psychological well-being.

MORTALITY RATE. A measure of the frequency of occurrence of death in a defined population during a specified interval of time.

PROPERTY CRIME. The offenses of burglary, larceny-theft, motor vehicle theft, and arson.

RATE. An expression of the frequency with which an event occurs in a defined population.

VITAL RECORDS. Systematically tabulated information about births, marriages, divorces, and deaths, based on registration of these vital events.

VIOLENT CRIME. Composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault.

YEARS OF POTENTIAL LIFE LOST. A measure of the impact of premature mortality on a population, calculated as the sum of the differences between some predetermined minimum or desired life span and the age of death for individuals who died earlier than that predetermined age.

DRUGS OF ABUSE

A. Alcohol

1. Product Names: Beer, wine, gin, vodka, bourbon, whiskey, liquors, brandy, champagne, rum, sherry, port, and coolers.
2. Trade/Street Names: Booze, sauce, brews, brewskis, hard stuff, juice

B. Tobacco

1. Product Names: Cigarettes, cigars, chewing tobacco
2. Trade/Street Names: cigs, cancer sticks, sticks, bidis (flavored hand-rolled cigarettes), cloves (60% tobacco/40% cloves), chew, smoke, bone, butt, coffin nail.

C. Other Drugs

1. Cocaine/Crack Cocaine

- a. Product names: Cocaine, crack cocaine
- b. Trade/Street Names: Cocaine = coke, snow, blow, toot, nose candy, flake, dust, sneeze
- c. Crack Cocaine = crack, rock, base, sugar block, Rox/Roxanne
- d. Other common names for cocaine include Bernie, Bernice candy cane, cat's pee, Carrie, coconut, chippy, flake, glad stuff, gold dust, homer, lady, merk, nose powder, Peruvian, press, scorpion, snow, weasel dust, zip.

2. Hallucinogens

- a. Trade/Street Names: Ecstasy, XTC, Adam, MDA, PCP, Angel Dust, Hog, Loveboat, and Ketamine.

3. Marijuana

- a. Product Names: Delta-9-tetrahydrocannabinol, Cannabis sativa, marijuana, hashish, hashish oil
- b. Trade/Street Names: Weed, pot, grass, reefer, Mary Jane, joint, roach, nail, Ace, fatty, ganja, gasper, stick, herb, jay, KGB (Killer Green Bud), philly, spliff, twist weed, zambi. A particularly potent variety of marijuana is "sinsemill" or sen.

4. Narcotics

a. Heroin

1. Trade/Street Names: smack, junk, horse, H, Hero, tar, black pearl, brown sugar, charley, chiva, dirt, dyno, Golden girl, Judas, muzzle, peg, Rambo, seat, skid, slime, tootsie roll. Heroin that is of poor quality is referred to as "lemonade", while that of potent, powerful quality is referred to as "red rum".

5. Stimulants

a. Amphetamines/Methamphetamines

1. Trade/Street Names: speed, crystal meth, ice, glass, crank, go, crystal meth, adderall, Dexedrine, and desoxyn.

APPENDICES

APPENDIX A - List of Substance Use and Abuse Prevention Indicators

Alcohol Consumption		
Construct	Indicator	Source
Current use	Percent of students in grades 9 through 12 reporting any use of alcohol in the past 30 days	Georgia YRBS
	Percent of persons aged 18 and over reporting any use of alcohol in the past 30 days	Georgia BRFSS
	Percent of women who report drinking alcohol during the three months before pregnancy	PRAMS
	Percent of women who report drinking alcohol during the last three months of pregnancy	PRAMS
Current binge drinking	Percent of students in grades 9 through 12 reporting having 5 or more drinks on at least one occasion in the past 30 days	Georgia YRBS
	Percent of persons aged 18 and older reporting having 5 or more drinks on at least one occasion in the past 30 days	Georgia BRFSS
	Percent of women who report drinking 5 or more alcoholic beverages in a sitting during the last three months of pregnancy	PRAMS
Heavy drinking	Percent of adults aged 18 and older reporting average daily alcohol consumption greater than 2 (male) drinks or greater than 1 drink (female) per day	Georgia BRFSS
Age of initial use	Percent of students in grades 9 through 12 who report first use of alcohol before age 13	Georgia YRBS
Drinking and driving	Percent of students in grades 9 through 12 reporting driving in the past 30 days when they had been drinking alcohol	Georgia YRBS
	Percent of students in grades 9 through 12 who report riding in a car driven by someone who has been drinking	Georgia YRBS
	Percent of adults aged 18 and older reporting driving after having “perhaps too much to drink” in past 30 days	Georgia BRFSS
Apparent per capita ethanol consumption	Total sales of ethanol (as estimated in gallons) in beer, wine, and spirits per capita aged 14 and over	AEDS

Alcohol Consequences

Construct	Indicator	Source
Alcohol-attributable mortality	Alcohol-attributable Mortality and Years of Potential Life Lost	Georgia Vital Records/ARDI
Motor vehicle crashes	Percent of drivers involved in fatal crashes who used alcohol	FARS
Crime	Number of violent crimes (aggravated assaults, sexual assaults, and robberies) reported to police per 1000 population	UCR
Dependence or abuse	Percent of persons aged 12 and older meeting DSM-IV criteria for alcohol abuse or dependence	NSDUH

Tobacco Consumption

Construct	Indicator	Source
Current use	Percent of students in grades 9 through 12 reporting any use of cigarettes in the past 30 days	Georgia YRBS
	Percent of students in grades 9 through 12 reporting any use of smokeless tobacco in the past 30 days	Georgia YRBS
	Percent of persons aged 18 and older who report smoking 100 or more cigarettes in their lifetime and now smoke cigarettes either every day or on some days	Georgia BRFSS
	Percent of women who report smoking during the three months prior to pregnancy	PRAMS
	Percent of women who report smoking during the last three months of pregnancy	PRAMS
	Percent of recently delivered women who report smoking at the time of interview	PRAMS
Daily use	Percent of students in grades 9 through 12 who report smoking cigarettes on 20 or more days within the past 30 days	Georgia YRBS
	Percent of adults aged 18 and older who report smoking 100 cigarettes in their lifetime and now smoke every day	Georgia BRFSS
Age of initial use	Percent of students in grades 9 through 12 initiating tobacco use before age 13	Georgia YRBS
Total cigarette consumption per capita	Number of packs of cigarettes taxed at the wholesale level per capita aged 18 and older	State excise tax data

Tobacco Consequences

Construct	Indicator	Source
Tobacco-attributable mortality	Smoking-attributable Mortality and Years of Potential Life Lost for Infants and Adults Aged 35 +	Georgia Vital Records/ SAMMEC

Illicit Drug Consumption

Construct	Indicator	Source
Current use	Percent of persons aged 12 and older reporting any use of marijuana in the past 30 days	NSDUH
	Percent of students in grades 9 through 12 reporting any use of marijuana in the past 30 days	Georgia YRBS
	Percent of persons aged 12 and older reporting use of any illicit drug other than marijuana, or an abusable product that can be obtained legally, in the past 30 days	NSDUH
	Percent of students in grades 9 through 12 reporting the use of cocaine in the past 30 days	Georgia YRBS
	Percent of students in grades 9 through 12 reporting the use of inhalants in the past 30 days	Georgia YRBS
Lifetime use	Percent of students in grades 9 through 12 reporting any use of specific classes of illicit drugs in their lifetime	Georgia YRBS
Age of initial use	Percent of students in grades 9 through 12 reporting first use of marijuana before age 13	Georgia YRBS

Illicit Drug Consequences

Construct	Indicator	Source
Drug-related mortality	Number of deaths from illicit drug use per 1000 population	Georgia Vital Records
Crime	Number of property crimes (larceny, burglary, MV theft) reported to police per 1000 population	UCR
Illicit drug dependence or abuse	Percent of persons aged 12 and older meeting DSM-IV criteria for drug abuse or dependence	NSDUH

APPENDIX B - Detailed Data Tables

Table 1: Youth alcohol consumption by sex, race, and grade, Georgia high school students, 2005

	Percent of high school students who had at least one drink of alcohol on 1 or more of the past 30 days		Percent of high school students who had five or more drinks of alcohol in a row on one or more of the past 30 days		Percent of high school students who had their first drink of alcohol other than a few sips before age 13 years		Percent of high school students who rode in a car or other vehicle driven by someone who had been drinking alcohol one or more times during the past 30 days		Percent of high school students who drove a car or other vehicle when they had been drinking alcohol one or more times during the past 30 days	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Total	39.9	(35.7-44.1)	20.8	(17.0-24.6)	26.8	(23.2-30.5)	26.7	(23.5-29.9)	8.8	(5.9-11.7)
Sex										
Male	38.8	(33.1-44.5)	21.6	(16.7-26.5)	28.6	(24.4-32.8)	26.9	(23.3-30.6)	11.0	(7.6-14.4)
Female	41.0	(36.2-45.7)	19.9	(15.5-24.2)	24.9	(20.9-28.9)	26.4	(21.2-31.6)	6.5	(3.7-9.4)
Race/ Ethnicity										
White	46.4	(41.4-51.4)	29.0	(24.1-33.8)	23.2	(17.7-28.6)	27.8	(23.3-32.2)	11.7	(7.5-15.8)
Black	30.9	(26.5-35.4)	10.4	(8.1-12.6)	29.3	(25.0-33.6)	25.5	(21.7-29.3)	5.2	(3.4-7.0)
Hispanic/ Latino	39.9	(32.0-47.9)	15.1	(9.1-21.1)	40.6	(32.6-48.7)	27.8	(21.9-33.7)	6.0	(0-13.5)
Grade										
9th	31.3	(25.8-36.9)	13.0	(9.4-16.6)	32.6	(27.9-37.3)	26.1	(21.0-31.3)	4.2	(2.8-5.5)
10th	37.5	(31.0-44.0)	21.1	(14.9-27.3)	23.3	(19.0-27.6)	27.8	(21.6-33.9)	6.8	(3.8-9.8)
11th	46.4	(40.2-52.5)	21.6	(17.8-25.3)	22.9	(19.5-26.2)	22.2	(17.8-26.6)	9.1	(6.4-11.8)
12th	50.7	(39.3-62.1)	33.2	(20.4-45.9)	26.4	(11.3-41.5)	31.5	(22.3-40.6)	18.7	(7.1-30.3)
Data Source: Georgia Student Health Survey (Georgia YRBS)										

Table 2: Adult alcohol consumption by sex, race, age, education, and household income, Georgia, 2005

	Percent of adults reporting any use of alcohol in the past 30 days		Percent of adults reporting having 5 or more drinks of alcohol on at least one occasion in the past 30 days		Percent of adults reporting average daily alcohol consumption greater than 2 (male) drinks or greater than 1 (female) drink		Percent of adults reporting driving after having "perhaps too much to drink" in the past 30 days*	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Total	46.3	(44.5-48.2)	12.0	(10.7-13.4)	4.0	(3.3-4.8)	3.7	(2.7-5.0)
Sex								
Male	54.5	(51.5-57.6)	18.6	(16.2-21.2)	5.1	(4.0-6.6)	4.4	(3.0-6.6)
Female	38.5	(36.5-40.6)	5.7	(4.8-6.8)	2.9	(2.3-3.6)	2.6	(1.6-4.2)
Race								
White	47.6	(45.5-49.8)	12.5	(11.0-14.1)	4.0	(3.3-4.9)	3.4	(2.3-4.8)
Black	44.6	(40.7-48.5)	11.5	(8.9-14.8)	4.4	(3.0-6.5)	4.1	(2.2-7.5)
Age								
18-24	47.2	(40.4-54.1)	17.2	(12.7-22.8)	3.9	(2.1-7.0)	5.8	(3.0-11.2)
25-34	53.8	(49.2-58.4)	18.0	(14.5-22.0)	4.3	(2.6-7.1)	3.5	(1.8-6.5)
35-44	49.8	(45.8-53.9)	13.4	(10.6-16.9)	4.5	(3.2-6.4)	4.8	(2.8-7.9)
45-54	49.7	(46.1-53.3)	10.3	(8.3-12.7)	4.7	(3.5-6.4)	1.0	(0.4-2.2)
55-64	41.2	(37.4-45.1)	5.9	(4.3-8.2)	3.4	(2.3-5.0)	4.5	(1.4-14.0)
65+	28.8	(25.9-32.0)	2.9	(1.9-4.3)	2.2	(1.5-3.3)	2.1	(0.7-5.8)
Education								
<High school	29.8	(24.5-35.6)	10.4	(6.8-15.5)	2.7	(1.4-5.1)	5.8	(2.1-14.7)
High school/GED	40.0	(36.5-43.5)	12.5	(10.2-15.2)	4.1	(2.9-5.9)	3.0	(1.5-5.9)
Some college	49.2	(45.6-52.9)	12.1	(9.7-14.9)	4.0	(2.8-5.7)	3.6	(1.8-7.3)
College graduate	57.8	(54.7-60.9)	12.0	(9.9-14.4)	4.3	(3.2-5.7)	3.6	(2.3-5.7)
Household income								
<\$15,000	26.0	(21.6-31.1)	7.7	(5.1-11.6)	2.3	(1.4-3.8)	3.3	(1.3-8.4)
\$15,000 - \$24,999	39.9	(35.1-44.9)	12.2	(8.8-16.7)	4.5	(2.7-7.4)	3.7	(1.6-8.5)
\$25,000-\$34,999	43.8	(38.0-49.7)	12.8	(9.1-17.7)	5.8	(3.4-9.7)	5.5	(2.0-14.6)
\$35,000-\$49,999	47.4	(42.7-52.2)	11.8	(9.2-15.0)	2.6	(1.6-4.1)	2.0	(1.0-4.0)
\$50,000-\$74,999	49.6	(44.9-54.3)	11.4	(8.6-14.9)	4.2	(2.9-6.1)	5.8	(3.2-10.3)
\$75,000+	62.8	(58.7-66.8)	14.5	(11.7-17.8)	5.3	(3.8-7.2)	3.2	(1.8-5.9)

*Drinking and Driving Data are for 2004

Data Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Table 3: Adult alcohol consumption by year, Georgia, 1984 - 2005

Year	Percent of adults reporting any use of alcohol in the past 30 days		Percent of adults reporting having 5 or more drinks of alcohol on at least one occasion in the past 30 days		Percent of adults reporting average daily alcohol consumption greater than 2 (male) drinks or greater than 1 (female) drink		Percent of adults reporting driving after having “perhaps too much to drink” in the past 30 days	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
1984	46.0	(41.0-51.1)	18.5	(14.7-23.1)	6.1	(4.2-8.8)	5.3	(3.5-8.0)
1985	46.0	(42.1-50.0)	14.1	(11.5-17.1)	3.4	(2.2-5.2)	5.9	(4.1-8.4)
1986	43.5	(40.1-47.1)	10.9	(8.9-13.2)	4.4	(3.2-5.9)	3.2	(2.2-4.6)
1987	42.1	(39.0-45.3)	10.7	(8.8-12.9)	4.4	(3.3-5.9)	2.2	(1.5-3.4)
1988	56.1	(52.7-59.5)	16.6	(14.4-19.1)	6.5	(5.1-8.2)	3.1	(2.3-4.2)
1989	37.9	(35.0-40.8)	9.9	(8.2-11.9)	2.2	(1.5-3.2)	2.2	(1.5-3.3)
1990	36.3	(33.6-39.0)	8.8	(7.4-10.5)	2.2	(1.5-3.2)	1.5	(1.0-2.3)
1991	35.0	(32.4-37.6)	8.0	(6.7-9.7)	1.9	(1.3-2.9)	0.9	(0.5-1.6)
1992	32.5	(30.1-34.9)	7.4	(6.1-8.9)	1.8	(1.2-2.7)	0.8	(0.5-1.4)
1993	40.1	(37.7-42.5)	10.7	(9.1-12.5)	2.7	(2.0-3.6)	1.5	(1.0-2.2)
1994	N/A		N/A		N/A		N/A	
1995	40.3	(38.0-42.6)	12.0	(10.5-13.7)	2.8	(2.1-3.6)	2.2	(1.5-3.0)
1996	N/A		N/A		N/A		N/A	
1997	44.6	(42.2-47.0)	9.4	(8.0-10.9)	1.8	(1.3-2.5)	1.1	(0.7-1.7)
1998	N/A		N/A		N/A		N/A	
1999	47.7	(45.3-50.1)	12.5	(10.9-14.2)	3.1	(2.3-4.2)	1.5	(1.0-2.2)
2000	N/A		N/A		N/A		N/A	
2001	47.7	(45.8-49.5)	11.7	(10.4-13.1)	3.9	(3.2-4.8)	N/A	
2002	49.3	(47.4-51.2)	12.8	(11.2-14.6)	3.9	(3.3-4.7)	1.6	(1.1-2.1)
2003	50.9	(49.3-52.5)	13.0	(11.9-14.3)	5.3	(4.6-6.1)	N/A	
2004	46.9	(45.0-48.8)	12.1	(10.7-13.6)	5.0	(4.1-6.0)	3.7	(2.7-5.0)
2005	46.3	(44.5-48.2)	12.0	(10.7-13.4)	4.0	(3.3-4.8)	N/A	

Data Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Table 4: Maternal alcohol use by race, age, education, and household income, Georgia, 2004

	Percent of women reporting drinking alcohol 3 months before pregnancy		Percent of women reporting drinking alcohol in last 3 months of pregnancy		Percent of women reporting binge drinking 3 months before pregnancy		Percent of women reporting binge drinking in last 3 months of pregnancy	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Total	41.3	(37.8-44.7)	5.6	(4.0-7.2)	21.6	(17.6-25.6)	1.2	(0.3-2.1)
Race								
White	46.3	(41.4-51.2)	6.2	(4.1-8.6)	24.1	(18.2-28.6)	1.2	(-0.2-1.8)
Black	31.2	(27.5-35.4)	4.1	(2.2-5.6)	16.0	(11.1-20.7)	3.0	(0.4-4.6)
Age								
0-17	13.7	(4.3-23.1)	3.0	(-1.6-7.6)	4.1	(-0.6-9.5)	9.6	(-5.3-26.2)
18-24	39.1	(33.4-45.2)	3.3	(1.3-4.9)	24.9	(16.3-30.2)	2.0	(-0.2-3.5)
25-34	43.1	(38.1-48.2)	6.6	(4.2-9.4)	20.6	(15.0-26.1)	1.0	(-0.5-2.2)
35-44	47.0	(37.6-56.3)	7.9	(2.8-13.2)	22.7	(12.3-34.7)	2.2	(-1.5-5.8)
45+	0.0	(0-0)	0.0	(0-0)	0.0	(0-0)	0.0	(0-0)
Education								
<High school	22.8	(16.1-29.8)	2.9	(0.7-5.3)	27.1	(14.2-38.0)	5.7	(0.2-6.9)
High school/GED	39.4	(33.1-45.7)	3.5	(1.1-6.1)	26.4	(17.3-33.0)	0.9	(-0.8-2.8)
Some college	44.7	(37.8-51.8)	5.1	(2.0-7.8)	17.9	(10.7-25.5)	1.1	(-0.3-1.5)
College graduate	56.7	(49.8-63.6)	11.2	(6.6-15.8)	18.4	(11.9-25.0)	0.8	(-0.8-2.4)
Household income								
<\$15,000	35.2	(29.2-41.6)	4.1	(1.8-6.1)	28.5	(18.7-36.3)	5.0	(0.3-5.9)
\$15,000 - \$24,999	45.1	(34.5-55.7)	5.7	(1.0-11.0)	27.1	(12.8-39.6)	2.3	(-2.1-7.2)
\$25,000-\$49,999	44.1	(35.7-52.5)	3.7	(0.5-7.0)	20.8	(12.0-30.7)	0.1	(-0.1-0.3)
\$50,000+	57.1	(50.6-63.7)	9.3	(5.5-13.5)	20.2	(13.5-26.0)	0.0	(0-0)
Data Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)								

Table 5: Total ethanol* sales per capita by year, Georgia, 1977 - 2003

Year	Per capita consumption			
	Beer	Wine	Spirits	All beverages
1977	1.08	0.16	1.23	2.47
1978	1.14	0.19	1.26	2.59
1979	1.17	0.19	1.22	2.58
1980	1.07	0.19	1.09	2.35
1981	1.10	0.18	1.09	2.38
1982	1.12	0.21	1.04	2.37
1983	1.14	0.22	1.05	2.42
1984	1.18	0.23	1.06	2.48
1985	1.17	0.25	1.01	2.43
1986	1.22	0.27	0.95	2.43
1987	1.22	0.27	1.00	2.49
1988	1.22	0.26	0.92	2.40
1989	1.18	0.24	0.94	2.37
1990	1.22	0.23	0.86	2.31
1991	1.16	0.22	0.78	2.17
1992	1.22	0.21	0.79	2.23
1993	1.23	0.20	0.77	2.20
1994	1.17	0.20	0.77	2.14
1995	1.20	0.22	0.71	2.13
1996	1.22	0.24	0.70	2.16
1997	1.19	0.25	0.70	2.14
1998	1.21	0.24	0.70	2.14
1999	1.23	0.27	0.69	2.20
2000	1.22	0.26	0.69	2.17
2001	1.19	0.26	0.65	2.10
2002	1.20	0.26	0.65	2.12
2003	1.19	0.26	0.66	2.11

*Gallons of ethanol, based on population age 14 and older
Data Source: Alcohol Epidemiologic Data System (AEDS)

Table 6: Alcohol abuse or dependence by age group, Georgia, 2003 and 2004

	Percent of persons aged 12 and older meeting DSM-IV criteria for alcohol abuse or dependence in past year	
	%	95% CI
Total	6.1	(5.0-7.4)
Age Group		
12-17	4.1	(3.1-5.5)
18-25	12.6	(10.3-15.3)
26+	5.2	(4.0-6.8)

Data Source: National Survey on Drug Use and Health (NSDUH)

Table 7: Annual deaths, alcohol-attributable mortality (AAM) and years of potential life lost (YPLL) by cause of death and sex, Georgia, 2004

Harmful Effects	ICD-10*	Male			Female			Total		
		Death	AAM	YPLL	Death	AAM	YPLL	Death	AAM	YPLL
Total for All Causes		11,945	1,760	54,940	9,390	685	20,864	21,335	2,446	75,804
Chronic Causes										
Acute pancreatitis	K85	55	13	296	29	7	123	84	20	418
Alcohol abuse	F10.0, F10.1	85	85	2,185	26	26	780	111	111	2,965
Alcohol cardiomyopathy	I42.6	6	6	136	0	0	0	6	6	136
Alcohol dependence syndrome	F10.2	130	130	3,463	18	18	541	148	148	4,004
Alcohol polyneuropathy	G62.1	0	0	0	0	0	0	0	0	0
Alcohol-induced chronic pancreatitis	K86.0	4	4	92	4	4	118	8	8	210
Alcoholic gastritis	K29.2	1	1	15	0	0	0	1	1	15
Alcoholic liver disease	K70-K70.4, K70.9	181	181	4,461	53	53	1,603	234	234	6,064
Alcoholic myopathy	G72.1	0	0	0	0	0	0	0	0	0
Alcoholic psychosis	F10.3-F10.9	22	22	434	1	1	11	23	23	445
Breast cancer (females only)	C50	14	0	0	1,128	9	198	1,142	9	198
Cholelithiasis	K80	18	0	0	17	0	0	35	0	0
Chronic hepatitis	K73	4	< 1	2	1	< 1	< 1	5	< 1	2
Chronic pancreatitis	K86.1	6	5	93	7	6	128	13	11	221
Degeneration of nervous system due to alcohol	G31.2	3	3	70	0	0	0	3	3	70
Epilepsy	G40, G41	12	2	47	7	1	31	19	3	78
Esophageal cancer	C15	270	12	205	76	1	23	346	13	228
Esophageal varices	I85, I98.20, I98.21	0	0	0	0	0	0	0	0	0
Fetal alcohol syndrome	Q86.0	0	0	0	0	0	0	0	0	0
Fetus and newborn affected by maternal use of alcohol	P04.3, O35.4	0	0	0	0	0	0	0	0	0
Gastroesophageal hemorrhage	K22.6	2	1	11	0	0	0	2	1	11
Hypertension	I10-I15	822	29	527	1,014	20	281	1,836	49	808
Ischemic heart disease	I20-I25	4,872	13	191	4,101	5	60	8,973	18	251
Laryngeal cancer	C32	87	6	104	19	1	12	106	7	117
Liver cancer	C22	204	13	246	113	4	64	317	17	310
Liver cirrhosis unspecified	K74.3-K74.6, K76.0, K76.9	312	125	2,658	216	86	1,855	528	211	4,512
Low birth weight prematurity IUGR death*	O36.5, O36.4, P05, P07	138	6	413	129	3	237	267	9	649
Oropharyngeal cancer	C01-C06, C09-C10, C12-C14	80	6	112	25	1	14	105	7	126
Portal hypertension	K76.6	1	< 1	8	2	1	26	3	1	34
Prostate cancer (males only)	C61	697	5	55	0	0	0	697	5	55
Psoriasis	L40.0-L40.4, L40.8, L40.9	0	0	0	0	0	0	0	0	0
Spontaneous abortion (females only)	O03	0	0	0	0	0	0	0	0	0
Stroke hemorrhagic	I60-I62, I69.0-I69.2	449	45	787	494	9	158	943	54	945
Stroke ischemic	G45, I63, I65-I67, I69.3	186	10	133	252	3	37	438	13	170
Supraventricular cardiac dysrhythmia	I47.1, I47.9, I48	85	2	19	172	2	21	257	4	39
Subtotal Chronic Causes		8,746	724	16,765	7,904	261	6,318	16,650	986	23,083

Table 7 (continued): Annual deaths, alcohol-attributable mortality (AAM) and years of potential life lost (YPLL) by cause of death and sex, Georgia, 2004

		Male			Female			Total		
		Death	AAM	YPLL	Death	AAM	YPLL	Death	AAM	YPLL
Acute Causes										
Air-space transport	V95-V97	22	4	149	1	< 1	7	23	4	156
Alcohol poisoning	X45, Y15, T51.0, T51.1, T51.9	9	9	346	0	0	0	9	9	346
Aspiration	W78-W79	17	3	69	21	4	55	38	7	123
Child maltreatment	X85-Y09, Y87.1	34	5	392	19	3	233	53	8	625
Drowning	W65-W74	63	21	917	12	4	136	75	26	1,053
Excessive blood alcohol level	R78.0	0	0	0	0	0	0	0	0	0
Fall injuries	W00-W19	278	89	1,492	280	90	986	558	179	2,478
Fire injuries	X00-X09	64	27	689	44	18	509	108	45	1,198
Firearm injuries	W32-W34	23	4	148	2	< 1	15	25	5	162
Homicide	X85-Y09, Y87.1	456	214	8,941	148	70	2,894	604	284	11,835
Hypothermia	X31	6	3	68	6	3	71	12	5	139
Motor-vehicle nontraffic crashes	V02.0, V03.0, V04.0, V09.0, V12-V14(.0-.2), V19.0-V19.3, V20-V28(.0-.2), V29.0-V29.3, V30-V39(.0-.3), V40-V49(.0-.3), V50-V59(.0-.3), V60-V69(.0-.3), V70-V79(.0-.3), V81.0, V82.0, V83-V86(.4-.9), V88.0-V88.8, V89.0	32	6	175	11	2	65	43	8	240
Motor-vehicle traffic crashes	V02(.1, .9), V03(.1, .9), V04(.1, .9), V09.2, V12-V14(.3-.9), V19.4-V19.6, V20-V28(.3-.9), V29.4-V29.9, V30-V39(.4-.9), V40-V49(.4-.9), V50-V59(.4-.9), V60-V69(.4-.9), V70-V79(.4-.9), V80.3-V80.5, V81.1, V82.1, V83-V86(.0-.3), V87.0-V87.8, V89.2	940	347	14,123	486	112	5,036	1,426	459	19,158
Occupational and machine injuries	W24-W31, W45	27	5	132	1	< 1	6	28	5	138
Other road vehicle crashes	V01, V05-V06, V09.1, V09.3, V09.9, V10-V11, V15-V18, V19.3, V19.8-V19.9, V80.0-V80.2, V80.6-V80.9, V81.2-V81.9, V82.2-V82.9, V87.9, V88.9, V89.1, V89.3, V89.9	109	20	791	37	7	274	146	26	1,065
Poisoning (not alcohol)	X40-X49 (except X45)	338	98	3,643	217	63	2,435	555	161	6,078
Suicide	X60-X84, (except X65) Y87.0	757	174	5,825	193	44	1,674	950	219	7,499
Suicide by and exposure to alcohol	X65	4	4	147	3	3	123	7	7	270
Water transport	V90-V94	20	4	129	5	1	28	25	5	157
Subtotal Acute Causes		3,199	1,036	38,176	1,486	424	14,546	4,685	1,460	52,721
* International classification of Disease, Tenth Revision Mortality data source: Georgia Vital Statistics										

Table 8: Alcohol-related motor vehicle crashes, Georgia, 2004

Age	Male			Female			Total		
	Number of drivers w/alcohol	Total number of drivers	%	Number of drivers w/alcohol	Total number of drivers	%	Number of drivers w/alcohol	Total number of drivers	%
10-15	1	10	10	0	1	0	1	11	9
16-17	6	50	12	2	29	7	8	79	10
18-24	100	334	30	10	130	8	110	464	24
25-34	94	330	28	23	141	16	117	471	25
35-44	67	308	22	14	123	11	81	431	19
45-54	55	280	20	15	99	15	70	379	18
55-64	20	156	13	6	65	9	26	221	12
65+*	15	191	8	3	86	3	22	295	7
Total	358	1,659	22	73	674	11	435	2,351	19
* Unknown sex for 18 of the total number of drivers (age 65+), and 4 of them were involved in alcohol drinking Data Source: Fatality Analysis Reporting System (FARS)									

Table 9: Alcohol-related violent crime rates, Georgia, 1980 - 2005

	Aggravated assault rate per 100,000 population	Robbery rate per 100,000 population	Rape rate per 100,000 population
Year			
1980	285.5	199.2	46.0
1981	275.3	197.6	44.2
1982	291.2	172.5	43.3
1983	265.8	147.4	38.0
1984	277.5	150.6	43.2
1985	280.9	169.2	47.1
1986	315.4	219.9	46.7
1987	316.1	214.9	46.8
1988	376.8	247.0	48.4
1989	407.0	269.1	50.3
1990	433.6	266.2	56.4
1991	400.0	262.5	41.9
1992	406.2	241.9	45.8
1993	407.1	237.6	33.1
1994	363.6	210.9	31.5
1995	389.6	201.0	33.6
1996	374.7	199.4	30.6
1997	337.9	198.9	29.3
1998	332.6	180.4	28.9
1999	318.1	164.8	28.4
2000	262.2	143.1	20.6
2001	273.5	161.9	24.4
2002	246.6	147.2	22.4
2003	241.5	153.3	23.9
2004	235.8	132.2	22.0
2005	247.0	152.1	23.0
Data Source: Uniform Crime Reports			

Table 10: Youth tobacco consumption by sex, race, and grade, Georgia high school students, 2005

	Percent of high school students who smoked cigarettes on one or more of the past 30 days		Percent of high school students who used chewing tobacco, snuff, or dip on one or more of the past 30 days		Percent of high school students who smoked cigarettes on 20 or more of the past 30 days		Percent of high school students who smoked a whole cigarette for the first time before age 13 years	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Total	17.2	(14.1-20.2)	7.4	(5.5-9.2)	7.0	(4.9-9.1)	14.9	(12.4-17.5)
Sex								
Male	18.9	(14.4-23.4)	12.4	(9.3-15.5)	8.3	(5.5-11.1)	17.9	(14.7-21.0)
Female	15.4	(12.4-18.4)	2.3	(1.3-3.4)	5.7	(3.7-7.8)	12.0	(9.4-14.7)
Race/Ethnicity								
White	22.4	(18.4-26.4)	11.6	(8.7-14.6)	10.8	(7.7-13.9)	16.3	(12.3-20.3)
Black	10.1	(7.2-12.9)	2.2	(1.1-3.3)	2.9	(0.9-4.8)	12.2	(9.8-14.6)
Hispanic/Latino	-	-	2.8	(0-6.2)	-	-	21.6	(16.8-26.4)
Grade								
9th	14.3	(10.5-18.1)	5.1	(3.1-7.1)	5.3	(3.1-7.4)	18.0	(14.4-21.5)
10th	14.5	(8.7-20.3)	10.2	(6.8-13.7)	5.9	(2.0-9.9)	12.9	(9.0-16.8)
11th	20.2	(15.3-25.1)	6.2	(2.9-9.5)	8.2	(4.9-11.6)	15.1	(11.5-18.6)
12th	22.9	(15.1-30.7)	7.9	(3.7-12.1)	10.5	(4.5-16.4)	12.3	(6.3-18.3)
“-” = <100 respondents Data Source: Georgia Student Health Survey (Georgia YRBS)								

Table 11: Adult tobacco consumption by sex, race, age, education, and household income, Georgia, 2005

	Percent of adults who report smoking 100 cigarettes in their lifetime and now smoke cigarettes either every day or some days		Percent of adults who report smoking 100 or more cigarettes in their lifetime and also now smoke cigarettes every day	
	%	95% CI	%	95% CI
Total	22.1	(20.6-23.7)	16.4	(15.0-17.8)
Sex				
Male	25.1	(22.4-27.9)	19.0	(16.7-21.6)
Female	19.3	(17.7-21.1)	13.9	(12.5-15.4)
Race				
White	24.3	(22.5-26.2)	18.7	(17.1-20.4)
Black	19.6	(16.6-23.0)	12.6	(10.1-15.5)
Age				
18-24	29.4	(23.4-36.3)	21.5	(16.1-28.3)
25-34	24.4	(20.7-28.6)	15.5	(12.7-18.9)
35-44	23.1	(19.9-26.5)	18.7	(15.7-22.0)
45-54	24.9	(21.9-28.1)	18.5	(15.9-21.5)
55-64	18.8	(15.9-22.1)	15.1	(12.4-18.2)
65+	9.1	(7.5-10.9)	7.0	(5.6-8.7)
Education				
<High school	33.7	(28.9-39.0)	27.9	(23.3-33.0)
High school/GED	27.2	(24.1-30.6)	20.8	(18.0-24.0)
Some college	23.2	(20.2-26.4)	16.4	(13.9-19.3)
College graduate	11.2	(9.3-13.3)	6.8	(5.5-8.5)
Household income				
<\$15,000	30.6	(25.9-35.7)	22.2	(18.1-27.0)
\$15,000 - \$24,999	30.8	(26.5-35.4)	25.9	(21.8-30.3)
\$25,000-\$34,999	27.8	(22.8-33.5)	20.4	(16.0-25.6)
\$35,000-\$49,999	24.6	(20.7-29.0)	17.4	(14.2-21.3)
\$50,000-\$74,999	16.6	(13.2-20.6)	12.7	(9.7-16.6)
\$75,000+	14.6	(11.5-18.3)	10.0	(7.4-13.3)
Data Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)				

Table 12: Adult tobacco consumption by year, Georgia, 1984 - 2005

	Percent of adults who report smoking 100 cigarettes in their lifetime and now smoke cigarettes either every day or some days		Percent of adults who report smoking 100 or more cigarettes in their lifetime and also now smoke cigarettes every day	
	%	95% CI	%	95% CI
Year				
1984	30.6	(26.3-35.2)		
1985	28.8	(25.5-32.5)		
1986	27.2	(24.4-30.2)		
1987	24.9	(22.4-27.5)		
1988	25.0	(22.2-27.9)		
1989	23.1	(20.9-25.5)		
1990	24.0	(21.9-26.3)		
1991	21.8	(19.7-24.0)		
1992	19.1	(17.2-21.1)		
1993	23.9	(21.9-26.0)		
1994	22.8	(20.9-24.9)		
1995	20.5	(18.7-22.4)		
1996	20.3	(18.4-22.2)	17.3	(15.6-19.1)
1997	22.4	(20.3-24.6)	17.6	(15.8-19.5)
1998	23.6	(21.6-25.7)	19.7	(17.9-21.7)
1999	23.8	(21.7-25.9)	18.3	(16.5-20.3)
2000	23.5	(21.9-25.2)	18.4	(16.9-20.0)
2001	23.7	(22.2-25.3)	17.6	(16.2-19.0)
2002	23.2	(21.7-24.9)	17.7	(16.3-19.1)
2003	22.8	(21.4-24.2)	16.5	(15.4-17.7)
2004	20.0	(18.5-21.6)	15.0	(13.7-16.4)
2005	22.1	(20.6-23.8)	16.4	(15.0-17.8)

Data Source: Georgia Behavioral Risk Factor Surveillance System (BRFSS)

Table 13: Maternal tobacco use by race, age, education, and household income, Georgia, 2004

	Percent of women who reported smoking 3 months before pregnancy		Percent of women who reported smoking in last 3 months of pregnancy		Percent of women who reported smoking after pregnancy	
	%	95% CI	%	95% CI	%	95% CI
Total	19.4	(16.6-22.3)	10.5	(8.3-12.8)	14.9	(12.2-17.5)
Race						
White	22.7	(18.7-26.9)	12.2	(9.0-15.4)	17.2	(13.6-21.0)
Black	12.0	(9.1-14.9)	7.2	(4.9-9.5)	9.7	(7.1-12.4)
Age						
0-17	16.6	(1.6-31.7)	7.8	(-3.3-18.8)	7.4	(-3.6-18.4)
18-24	29.8	(24.1-35.6)	15.1	(10.6-19.7)	24.7	(19.4-30.3)
25-34	14.9	(11.2-18.6)	8.7	(5.8-11.6)	10.7	(7.5-14.0)
35-44	11.2	(5.1-17.4)	6.4	(1.6-11.4)	7.1	(2.1-12.0)
45+	0.0	(0-0)	0.0	(0-0)	0.0	(0-0)
Education						
<High school	25.6	(18.8-33.0)	16.5	(10.8-22.7)	20.8	(14.5-27.7)
High school/GED	27.6	(21.7-33.6)	16.8	(11.7-21.9)	24.8	(19.0-30.6)
Some college	20.5	(14.4-26.6)	6.2	(2.5-9.9)	11.4	(6.6-16.3)
College graduate	4.5	(1.6-7.3)	2.2	(0.2-4.2)	1.9	(0.2-3.7)
Household income						
<\$15,000	26.9	(21.2-33.0)	18.1	(13.0-23.5)	22.8	(17.3-28.5)
\$15,000 - \$24,999	25.6	(15.7-35.6)	13.9	(5.9-21.8)	21.5	(12.1-30.9)
\$25,000-\$49,999	21.2	(13.9-28.4)	9.3	(3.9-14.6)	13.4	(7.2-19.6)
\$50,000+	11.9	(7.4-16.4)	4.8	(1.9-7.7)	7.4	(3.7-11.2)
Data Source: Georgia Pregnancy Risk Assessment and Monitoring System (PRAMS)						

Table 14: Packs of cigarettes taxed per capita by year, Georgia, 1983-2005

	Bimonthly Mean (packs/adult)
Year	
1983	85
1984	89
1985	88
1986	88
1987	86
1988	84
1989	81
1990	69
1991	73
1992	73
1993	71
1994	67
1995	70
1996	69
1997	67
1998	67
1999	61
2000	51
2001	51
2002	49
2003	N/A
2004	49
2005	48
Data Sources: Years 1983-2002 - University of California at San Diego http://ssdc.ucsd.edu/tobacco/sales/ , Years 2003-2005 Georgia Department of Revenue, Alcohol and Tobacco Division	

Table 15: Annual deaths, smoking-attributable mortality (SAM) and years of potential life lost (YPLL) by cause of death and sex, Georgia adults aged 35 years and older and infants, 2000-2004

Disease Category	ICD-10*	Male			Female			Total		
		Deaths	SAM	YPLL	Deaths	SAM	YPLL	Deaths	SAM	YPLL
Neoplasms										
Lip, Oral cavity, Pharynx	C00-C14	134	101	1,942	71	33	624	205	134	2,566
Esophagus	C15	247	180	3,307	76	44	822	323	224	4,129
Stomach	C16	163	47	785	115	13	227	278	60	1,012
Pancreas	C25	356	83	1,441	369	84	1,391	725	167	2,832
Larynx	C32	89	74	1,314	20	14	280	109	88	1,594
Trachea, Lung, Bronchus	C33-C34	2,589	2,289	36,979	1,622	1,142	21,043	4,211	3,431	58,022
Cervix	C53				110	13	364	110	13	364
Kidney and Renal Pelvis	C64-C65	174	81	1,084	102	22	298	276	103	1,382
Bladder	C67	170	70	1,152	98	8	141	268	78	1,293
Acute myeloid leukemia	C92.0	82	19	322	74	7	137	156	26	459
Total Neoplasms		4,004	2,944	48,326	2,657	1,380	25,327	6,661	4,324	73,653
Cardiovascular Diseases										
Ischemic Heart Disease	I20-I25									
Aged 35-64 years		1,702	680	17,541	654	228	6,562	2,356	908	24,103
Aged 65+ years		3,480	556	5,367	3,877	386	3,558	7,357	942	8,925
Other Heart Disease	I00-I09, I26-I51	2,857	777	11,667	3,673	320	4,613	6,530	1,097	16,280
Cerebrovascular Disease	I60-I69									
Aged 35-64 years		404	154	4,048	340	144	4,359	744	298	8,407
Aged 65+ years		1,242	119	1,073	2,255	119	1,061	3,497	238	2,134
Atherosclerosis	I70	147	43	521	236	18	179	383	61	700
Aortic Aneurysm	I71	213	67	1,005	130	26	394	343	93	1,399
Other diseases of circulatory system	I72-I78	109	81	1,061	156	103	1,228	265	184	2,289
Total Cardiovascular Diseases		10,154	2,477	42,283	11,321	1,344	21,954	21,475	3,821	64,237
Respiratory Diseases										
Pneumonia, Influenza	J10-J18	666	157	1,758	891	118	1,351	1,557	275	3,109
Bronchitis, Emphysema	J40-J43	267	243	3,075	253	202	2,993	520	445	6,068
Chronic Airway Obstruction	J44	1,238	1,016	12,183	1,227	905	12,174	2,465	1,921	24,357
Total Respiratory Diseases		2,171	1,416	17,016	2,371	1,225	16,518	4,542	2,641	33,534
Total Adult		16,329	6,837	107,625	16,349	3,949	63,799	32,678	10,786	171,424
Perinatal Conditions										
Short Gestation / Low Birth Weight	P07	127	10	727	103	8	633	230	18	1,360
Respiratory Distress Syndrome	P22	22	0	36	18	0	31	40	0	67
Respiratory Conditions - Newborn	P23-P28	33	1	56	24	0	40	57	1	96
Sudden Infant Death Syndrome	R95	71	8	597	49	6	459	120	14	1,056
Total Perinatal Conditions		253	19	1,416	194	14	1,163	447	33	2,579
Overall Total		16,582	6,856	109,041	16,543	3,963	64,962	33,125	10,819	174,003

* International Classification of Diseases, Tenth Revision used since 1999 for specifying cause of death.

Table 16: Illicit drug consumption by age group, Georgia, 2003 and 2004

	Percent of persons aged 12 and older reporting any use of marijuana in the past 30 days		Percent of persons aged 12 and older reporting use of any illicit drug other than marijuana*, or an abusable product§ that can be obtained legally in the past 30 days	
	%	95% CI	%	95% CI
Total	5.5	(4.5-6.6)	3.9	(3.2-4.8)
Age Group				
12-17	6.3	(4.9-8.2)	4.9	(3.8-6.4)
18-25	13.2	(10.7-16.1)	8.0	(6.2-10.2)
26+	3.9	(2.9-5.3)	3.0	(2.2-4.1)
* Other illicit drug categories include cocaine, heroin, and hallucinogens (LCD, PCP, peyote, mescaline, mushrooms, and ecstasy). § Abusable legal products include prescription drugs (pain relievers, tranquilizers, stimulants, and sedatives) and inhalants (amyl nitrate, cleaning fluids, gasoline, paints, and glue) Data Source: National Survey on Drug Use and Health (NSDUH)				

Table 17: Youth current illicit drug consumption by sex, race, and grade, Georgia high school students, 2005

	Percent of high school students who used marijuana one or more times during the past 30 days		Percent of high school students who used any form of cocaine, including powder, crack, or freebase one or more times during the past 30 days	
	%	95% CI	%	95% CI
Total	18.9	(15.8-22.0)	3.0	(1.8-4.3)
Sex				
Male	20.3	(16.2-24.4)	3.7	(1.8-5.6)
Female	17.4	(13.9-20.8)	2.4	(1.1-3.6)
Race/Ethnicity				
White	18.2	(14.2-22.1)	4.2	(2.1-6.3)
Black	19.8	(16.7-22.9)	1.1	(0.4-1.8)
Hispanic/Latino	15.5	(0-31.2)	3.9	(0-9.3)
Grade				
9th	15.7	(10.9-20.5)	2.0	(0.7-3.4)
10th	18.8	(13.1-24.5)	4.5	(2.2-6.9)
11th	22.7	(18.3-27.0)	2.6	(1.0-4.2)
12th	19.9	(14.1-25.6)	2.9	(0.7-5.1)
Data Source: Georgia Student Health Survey (Georgia YRBS)				

Table 18: Youth lifetime illicit drug consumption by sex, race, and grade, Georgia high school students, 2005

	Percent of high school students who used any form of cocaine, including powder, crack, or freebase one or more times during their life		Percent of high school students who sniffed glue, breathed the contents of aerosol spray can, or inhaled any paints or sprays to get high one or more times during their life		Percent of high school students who took steroid pills or shots without a doctor's prescription one or more times during their life		Percent of high school students who used meth-amphetamines one or more times during their life		Percent of high school students who used ecstasy one or more times during their life		Percent of high school students who used heroin one or more times during their life		Percent of high school students who used a needle to inject any illegal drug into their body one or more times during their life		Percent of high school students who tried marijuana for the first time before age 13 years	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Total	8.3	(4.4-12.3)	14.9	(10.7-19.1)	4.0	(2.9-5.0)	6.4	(3.5-9.4)	5.3	(4.0-6.6)	4.3	(0.3-8.4)	1.7	(1.0-2.4)	8.2	(6.2-10.1)
Sex																
Male	9.6	(6.0-13.2)	12.8	(9.2-16.4)	4.5	(2.7-6.3)	6.2	(3.7-8.7)	6.2	(4.0-8.3)	4.4	(0.8-7.9)	1.8	(0.8-2.8)	11.2	(8.3-14.1)
Female	7.1	(2.2-12.0)	16.9	(11.7-22.1)	3.4	(2.2-4.5)	6.6	(2.8-10.5)	4.4	(2.9-5.9)	4.2	(0-8.8)	1.7	(1.0-2.4)	5.0	(3.8-6.3)
Race/ Ethnicity																
White	12.4	(6.1-18.7)	18.5	(11.8-25.3)	5.1	(3.6-6.7)	9.6	(5.4-13.8)	7.2	(5.2-9.3)	5.9	(0-12.2)	1.8	(0.8-2.9)	7.1	(4.4-9.7)
Black	2.4	(0.7-4.1)	10.0	(7.0-13.0)	2.6	(1.6-3.6)	2.3	(0.9-3.7)	2.5	(1.1-3.9)	2.1	(0.5-3.6)	1.4	(0.6-2.1)	9.4	(7.3-11.6)
Hispanic/ Latino	9.9	(2.8-17.0)	13.5	(7.4-19.6)	1.3	(0-3.1)	4.0	(0-7.9)	5.3	(1.0-9.7)	2.7	(0-5.9)	1.9	(0-4.7)	7.5	(3.3-11.6)
Grade																
9th	5.0	(2.8-7.1)	15.1	(12.0-18.2)	2.9	(1.3-4.5)	4.3	(2.8-5.8)	4.5	(2.8-6.2)	1.5	(0.3-2.6)	1.1	(0.2-2.0)	9.6	(7.3-11.9)
10th	10.0	(5.6-14.3)	13.5	(8.1-18.8)	6.5	(4.2-8.9)	6.5	(3.0-10.1)	6.0	(3.3-8.6)	2.7	(1.2-4.3)	2.7	(1.3-4.1)	7.5	(4.4-10.7)
11th	5.2	(3.2-7.2)	10.8	(8.1-13.4)	3.0	(1.2-4.8)	6.1	(3.8-8.4)	5.3	(2.6-7.9)	1.8	(0.3-3.3)	1.6	(0.3-2.8)	6.7	(3.7-9.6)
12th	15.1	(0-33.0)	20.7	(2.3-39.1)	2.9	(0.8-5.0)	10.2	(0-22.8)	5.1	(1.7-8.6)	13.3	(0-32.4)	1.6	(0.3-2.8)	7.9	(3.4-12.4)
Data Source: Georgia Student Health Survey (Georgia YRBS)																

Table 19: Illicit drug use consequences death rate by year, race and sex, and age, Georgia, 1999-2004

	Illicit Drug Use	
	Counts	Age-adjusted Death Rate per 100,000
Year		
1999	327	4.2
2000	430	5.2
2001	559	6.6
2002	616	7.1
2003	650	7.4
2004	703	7.9
Race and Sex		
White Male	337	11.0
White Female	244	8.2
Black Male	72	6.5
Black Female	49	3.7
Age		
0-17	3	0.1
18-24	57	6.3
25-34	125	9.2
35-44	233	16.7
45-54	206	17.3
55-64	58	7.2
65+	21	2.5
Data Source: Georgia Vital Records		

Table 20: Illicit drug-attributable mortality by cause of death and sex, Georgia, 2004

Disease Category	ICD-10*	Male	Female	Total
Chronic Conditions		Deaths	Deaths	Deaths
Mental & behavioral disorders due to psychoactive substance use	F11-F16, F18	26	11	37
Mental & behavioral disorders due to multiple drug use and use of other psychoactive substances	F19	7	5	12
Neonatal withdrawal symptoms from maternal use of drugs of addiction	P96.1	0	0	0
Total Chronic Conditions		33	16	49
Acute Conditions				
Accidental poisoning by and exposure to narcotics and psychodysleptics	X42	167	89	256
Accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	X40	3	1	4
Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	X41	31	15	46
Accidental poisoning by and exposure to other drugs acting on the autonomic nervous system	X43, X46	3	1	4
Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	X44	125	108	233
Suicide with drugs and medicine	X60-X64	28	41	69
Nonopioid analgesics, antipyretics and antirheumatics	Y10	0	2	2
Antiepileptic, sedativehypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified (includes barbiturates, tranquilizers)	Y11	1	3	4
Narcotics and psychodysleptics [hallucinogens], not elsewhere classified (includes most illicit narcotics, drugs acting on autonomic nervous system)	Y12	6	5	11
Other drugs acting on the autonomic nervous system	Y13	0	0	0
Unspecified drugs, medicaments, biological substances	Y14	8	11	19
Organic solvents and halogenated hydrocarbons and their vapors	Y16	4	2	6
Total Acute Conditions		376	278	654
Overall Total		409	294	703
* International Classification of Diseases, Tenth Revision used for specifying cause of death. Mortality data source: Georgia Vital Statistics.				

Table 21: Illicit drug-related property crime rates, Georgia 1980-2005

	Larceny rate per 100,000 population	Burglary rate per 100,000 population	Auto theft rate per 100,000 population
Year			
1980	2,829.3	1,616.8	364.1
1981	2,918.3	1,596.8	324.7
1982	2,807.9	1,453.2	313.9
1983	2,390.1	1,216.9	277.0
1984	2,436.6	1,189.2	300.9
1985	2,755.7	1,306.3	383.9
1986	2,930.4	1,430.5	460.2
1987	3,132.2	1,543.0	549.0
1988	3,508.4	1,594.7	544.9
1989	3,905.1	1,674.3	624.6
1990	3,618.8	1,574.7	641.6
1991	3,491.0	1,444.5	588.6
1992	3,484.4	1,364.9	560.5
1993	3,367.2	1,234.4	570.8
1994	3,458.2	1,000.2	513.4
1995	3,586.0	1,011.0	555.1
1996	3,752.6	1,058.8	605.2
1997	3,275.4	1,018.8	567.8
1998	3,165.6	941.6	535.5
1999	3,112.3	893.2	507.2
2000	2,492.2	708.3	414.0
2001	2,666.7	794.9	434.9
2002	2,528.8	799.7	416.8
2003	2,638.9	842.3	472.2
2004	2,459.6	784.5	442.5
2005	2,584.0	879.9	478.5
Data Source: Uniform Crime Reports			

Table 22: Illicit drug abuse or dependence by age group, Georgia, 2003 and 2004

	Percent of persons aged 12 and older meeting DSM-IV criteria for drug abuse or dependence in past year	
	%	95% CI
Total	2.8	(2.3-3.5)
Age Group		
12-17	4.6	(3.5-6.0)
18-25	6.3	(4.8-8.2)
26+	1.9	(1.4-2.7)
Data Source: National Survey on Drug Use and Health (NSDUH)		

