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

2020

Prepared by:
Mental Health & Substance
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Office of Prevention Vision Statement

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

Office of Prevention Mission Statement

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

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EXECUTIVE SUMMARY

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

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

Alcohol Key Findings

Current use of alcohol, defined as past 30-days or past month, has remained steady from 2014-15 (43.9%) to 2018-19 (43.9%) in ages 12 and older. In 2018-19, current alcohol use was most prevalent in ages 26 and older (47.6%) followed by ages 18-25 (47.6%) and ages 12 to 17 (8.2%). Current use of alcohol has decreased in age group 12-17 from 2011-12 (11.4%) to 2018-19 (8.2%). Among youth 12-20 years old in Alabama, current use of alcohol has decreased in age group 12-20 from 2014-15 (18.2%) to 2018-19 (15.5%). (Source: NSDUH) Binge alcohol use among male adults ages 18 and older in Alabama remained steady from 2013 (16.3%) to 2019 (16.4%) while female adults ages 18 and older increased from 2013 (6.5%) to 2019 (8.9%) (Source: BRFSS)

Tobacco Key Findings

In 2018-19, the percentage of current tobacco product use among person aged 12 or older in Alabama (28.9%) was more than the US percentage (21.3%) (Source: NSDUH). In 2018-2019, current tobacco use was most prevalent in ages 26 and older (31.4%) followed by ages 18-25 (30.6%) and ages 12 to 17 (5.3%). In 2015, the age-adjusted rate of lung and bronchus age-adjusted cancer deaths were 45.6 per 100,000 Alabama population compared to 34.8 per 100,000 US population (Source: CDC).

Other Drugs Key Findings

The percent of Alabama adults who reported using marijuana has increased between 2014 and 2019, with more people in the 18-25 years age group reporting use than the 26 and older age group. In Alabama, marijuana use in the past month among persons 26 years and older has remained similar from 2014-15 (3.9%) to 2018-19 (7.5%) while in the United States it has increased from 2014-15 (6.6%) to 2018-19-2016 (9.4%) (Source: NSDUH).

In Alabama, the percentage of persons who reported needing but not receiving treatment at a specialty facility for illicit drug use in the past year is highest in the ages 18-25 years (7.2%) followed by ages 12-17 years (2.5%) and ages 26 years and older (1.9%) in 2015-2016.

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

INTRODUCTION

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

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

1. Availability
- The data is readily available and accessible. The measure must be available in disaggregated form at the age, gender, race/ethnicity, geographic level.
- The data is currently available over at least three to five past years.
2. Validity
- There must be research-based evidence that the indicator accurately measures the specific construct and yields a true snapshot of the phenomenon at the time of the assessment.
- The indicator provides a true representation of what is actually occurring in Alabama
3. Consistency
- The method or means of collecting and organizing data should be relatively unchanged over time, such that the method of measurement is the same from time i to i+1. Alternatively, if the method of measure has changed, sound data should exist that determines and allows adjustment for differences resulting from data collection changes.
- The questions are asked the same way over a period of years
- The indicators are collected the same way over a period of time.
4. Periodic Collection over at Least Three to Five past Years
- The information is consistently available over a number of years preferably annually or at least biannually.
- There are no sporadic delays in the collection of the data.
5. Sensitivity
- Able to detect change associated with substance use (alcohol, illicit drug or tobacco) over time

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

ALABAMA POPULATION SNAPSHOT

Alabama is located in the southeastern United States, bordered by the states of Florida, Georgia, Mississippi, and Tennessee. The capital city of Alabama is Montgomery (located in Montgomery County). Alabama had an estimate population of 4,876,250 in 67 counties (2015-2019 American Community Survey 5-Year Estimates). Alabama is the 24th largest state by population.

Alabama is divided into 4 substance use planning region based on geographic location: Region 1 includes 18 counties in northern Alabama; Region 2 includes 14 counties in north-central Alabama; Region 3 includes 19 counties in south-central Alabama; and Region 4 includes 16 counties in southern Alabama.

Figure1 - Alabama Department of Mental Health State Planning Regions

Race/Ethnicity

Alabama is racially made up of 68.1% White, 26.6% Black, 1.4% Asian, and 0.5% American Indian/Alaska Native. Hispanic/Latino accounted for 4.3% of the population while 1.9% of the overall population is made up of two or more races. (2015-2019 American Community Survey 5-Year Estimates)

Age & Sex

Alabama has 4.8 million residents with a 15-17 years old population makes up 3.9%, 18 to 24 years old population makes up 9.4%, 25-44 years old population makes up 25.4%, 45-64 years old population makes up 26.2%, and 65 years and over population makes up 16.5% In the total population, males make up 48.5% of the population while females make up 51.5% of the population. In the age group 15-17 year olds, males make up 51.2% of the population, while females make up 48.8% of population. In the age group 65 years and over, males make up 43.5% of the population while females make up 56.5% of population (2015-2019 American Community Survey 5-Year Estimates).

Socioeconomic Status

In 2019, the state's overall poverty rate was 15.6% for all ages compared to 12.3% in the United States. For ages 5 to 17 in families, the poverty rate is 20.7% compared to 15.8% in the United States. The median household income in 2019 for Alabama is $51,771 compared to $65,712 for the United States. (U.S. Census Bureau, Small Area Income and Poverty Estimates)

Education-College/Universities

In Alabama, 86.2% of persons age 25 years old or higher is a high school graduate or higher while 25.5% of persons age 25 years old or higher has a bachelor's degree or higher (2015-2019 American Community Survey 5-Year Estimates). There are 24 public 2-year colleges, 14 public 4-year universities, and 15 non-profit independent institutions.

Figure 2 -

Figure 1
Alabama Employment by Degree Level
After Five Years
for 2011, 2012, and 2013 Graduates
Alabama and Non-Alabama Residents
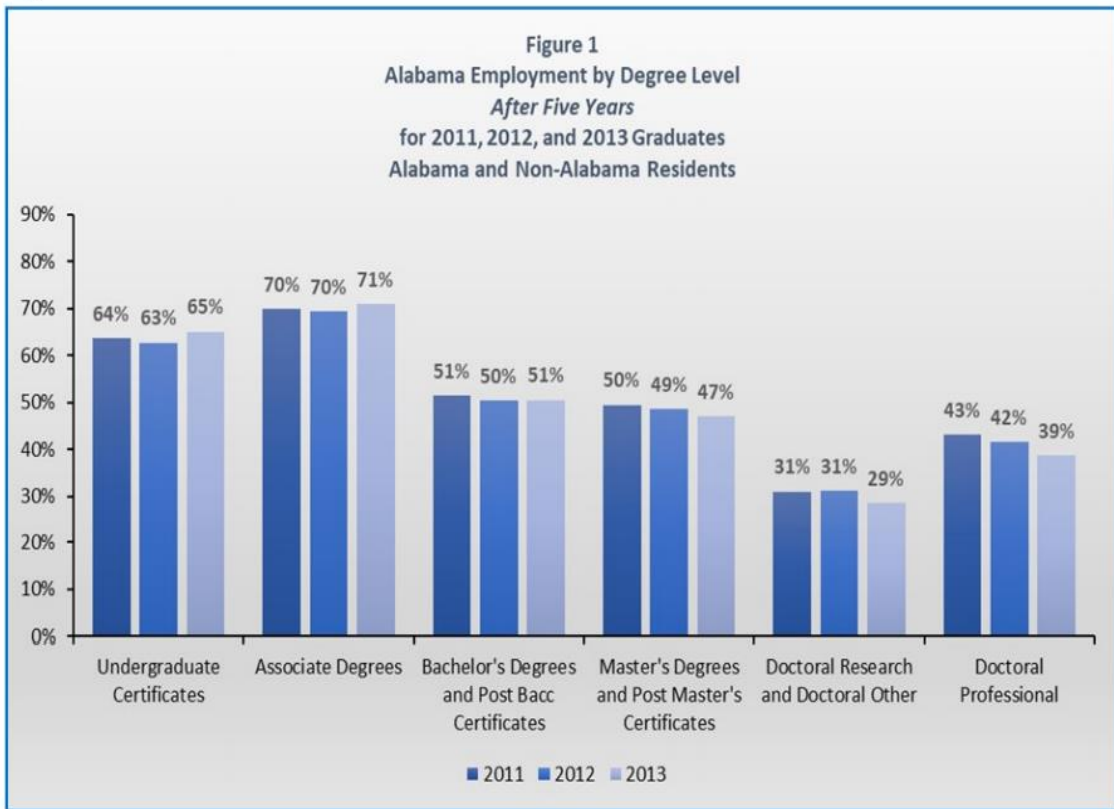
Source: ACHE Employment Outcomes Report (March 2020)

Federally-recognized Tribe

There is one federally recognized Native American tribe in Alabama: Poarch Band of Creek Indians. In addition to the one federally recognized native tribe, there are 8 other tribes, bands, and communities recognized Alabama: Cherokee Tribe of Northeast Alabama; Ma-Chis Lower Creek Indian Tribe of Alabama; MOWA Band of Choctaw; Echota Cherokee Tribe of Alabama; Southeastern Mvskoke Nation; Cher-O-Creek Intra Tribal Indians; Piqua Shawnee Tribe; United Cherokee Ani-Yun-Wiya Nation.

Veterans

Figure 3 - Veterans as a Percent of County Population (FY2017): Alabama
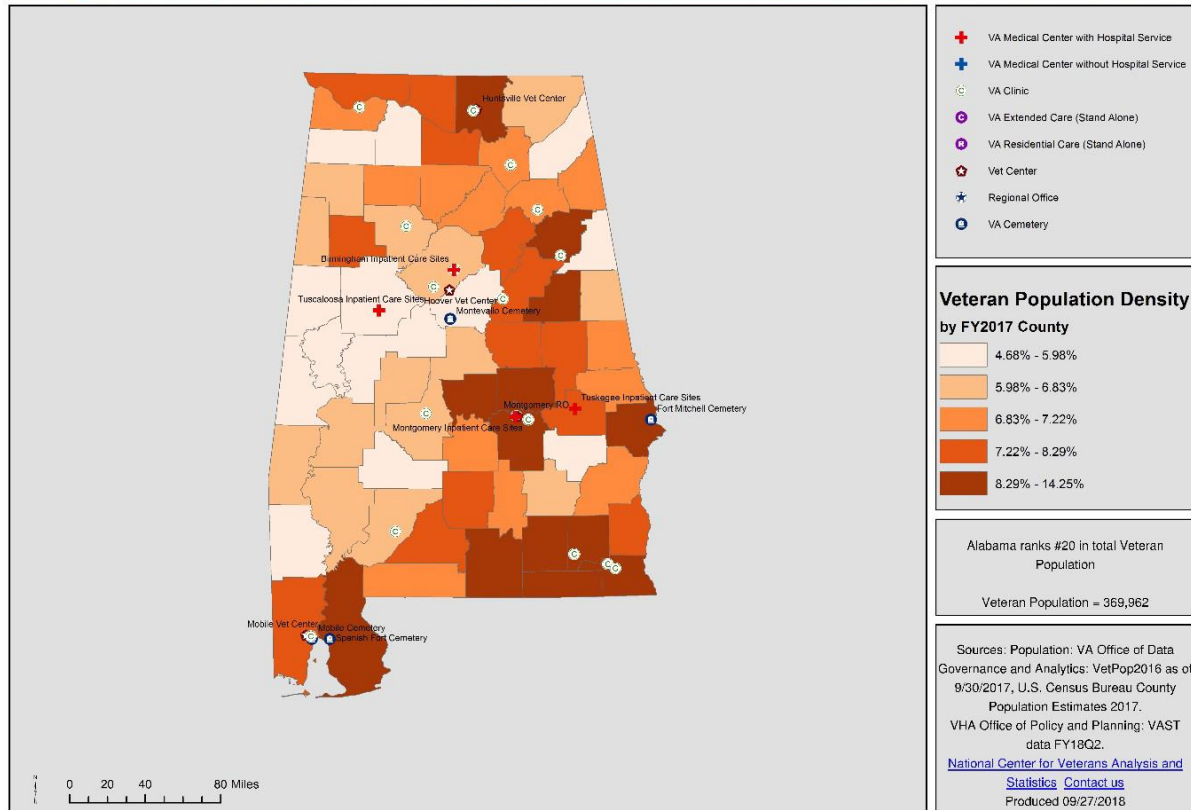
Table 1 – Veteran Population by Area as of 9/30/2017

Veteran Population (as of 9/30/2017)	Alabama	National
Number of Veterans	369,962	19,998,799
Percent of Adults Population that are Veterans	9.80%	6.60%
Number of Women Veterans	39,317	1,882,848
Percent of Women Veterans	10.63%	9.41%
Number of Military Retirees	61,464	2,156,647
Percent of Veterans that are Military Retirees	16.61%	10.78%
Number of Veterans Age 65 and Over	160,742	9,410,179
Percent of Veterans Age 65 and Over	43.45%	47.05%

National Center for Veterans Analysis and Statistics, Contact: www.va.gov/vetdata Sources: VA Veteran Population Projection Model,

VA Geographic Distribution of Expenditures, VA Annual Benefits Report, U.S. Census Bureau, American Community Survey

Image Source: U.S. Department of Veterans Affairs, Alabama State Summary

ALCOHOL

- Alcohol is the most frequently used drug. The minimum legal age to purchase, use, posses, or transport alcoholic beverages in Alabama is 21 years.
- Alcohol sales are regulated by the Alabama Alcoholic Beverage Control (ABC) Board, which is responsible for the distribution of alcohol, licensing of retail outlets, and enforcement of policies.
- Alcohol current use is drinking at least one drink of alcohol on at least one day during the 30 days (or past month) before reporting usage.
- Alcohol dependence during youth can lead to continued dependence in young adulthood if left untreated.

What is a standard drink?

 In the US, a standard drink contains 0.6 ounces (14.0 grams or 1.2 tablespoons) of pure alcohol.

Figure 4 -

What is a "standard drink" in the US?

12 ounces of beer 5% Alcohol OR 8 ounces of malt liquor 7% Alcohol OR 5 ounces of wine 12% Alcohol OR 1.5 ounces of distilled spirits 40% alcohol (80 proof) e.g., vodka, whiskey, gin, rum

SOURCE: National Institute for Alcohol Abuse and Alcoholism.

What is excessive drinking?

- Excessive drinking includes binge drinking, heavy drinking, and any drinking by pregnant women or people younger than age 21.
- Binge drinking, the most common form of excessive drinking, is defined as consuming
  - For women, 4 or more drinks during a single occasion.
  - For men, 5 or more drinks during a single occasion.
- Heavy drinking is defined as consuming
  - For women, 8 or more drinks per week.
  - For men, 15 or more drinks per week.
- An occasion is one sitting or within two to three hours.

ALCOHOL CONSUMPTION
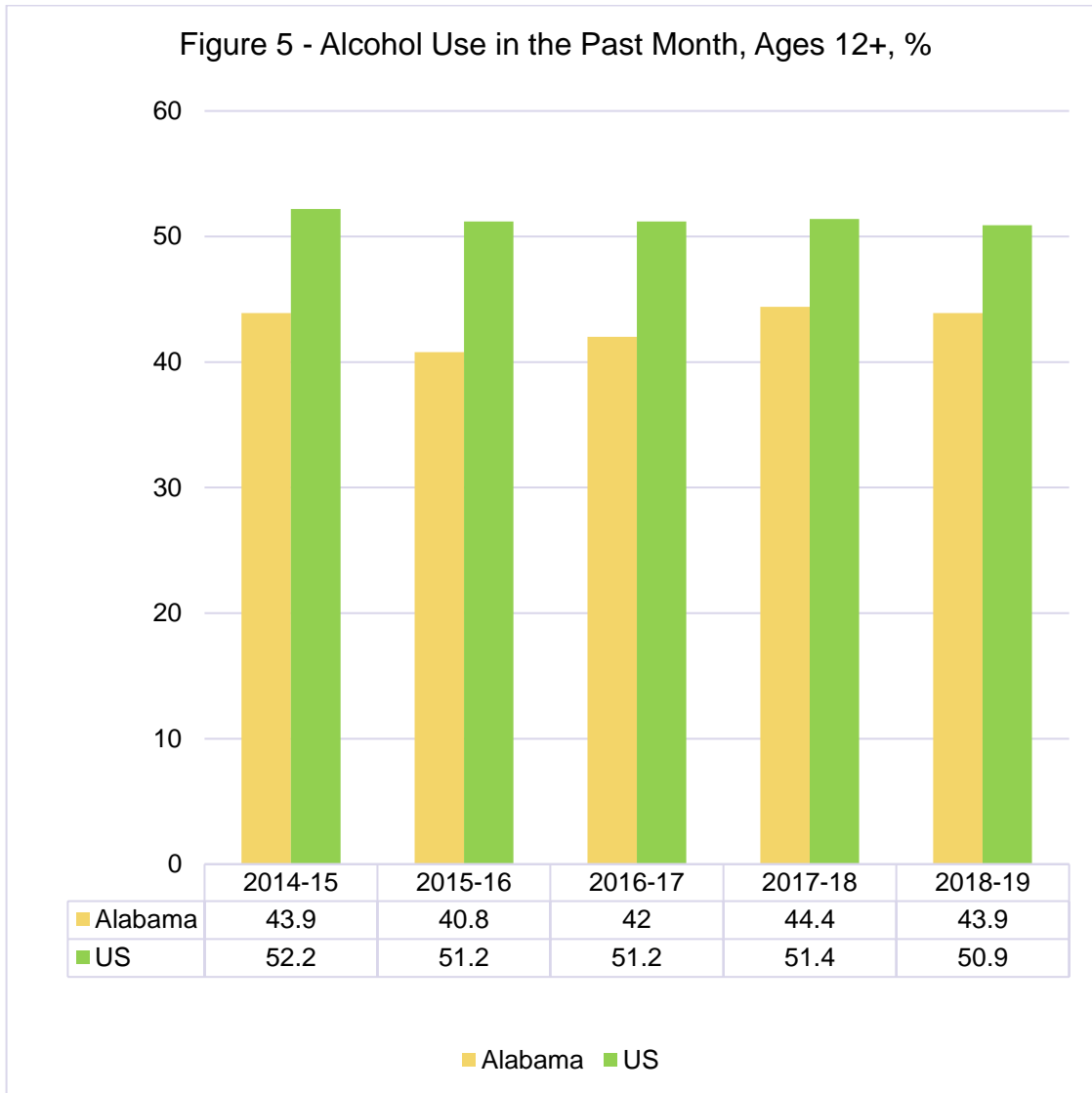
Figure 5 - Alcohol Use in the Past Month, Ages 12+, %

	2014-15	2015-16	2016-17	2017-18	2018-19
Alabama	43.9	40.8	42	44.4	43.9
US	52.2	51.2	51.2	51.4	50.9

Alabama   US

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2014-2019.

Figure 6 - Alcohol Use in the Past Month by Age Groups, %

Legend: AL, 12-17 · AL, 18-25 · AL, 26+
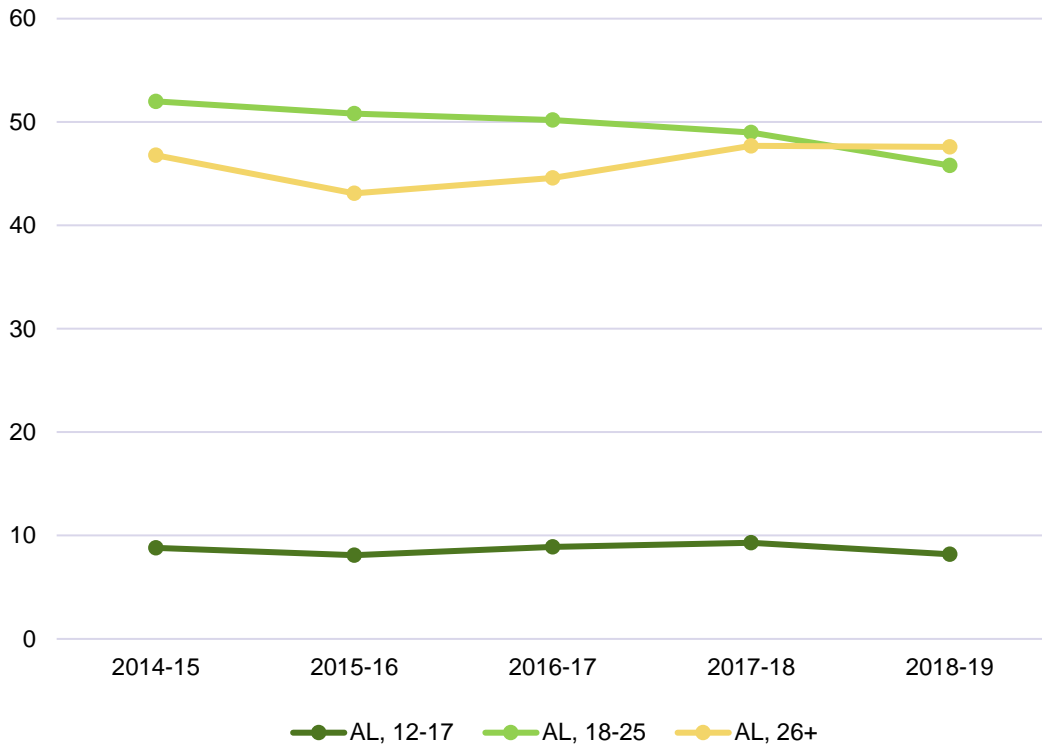
Table 2 – Alcohol Use in the Past Month by Age Groups, AL vs. US, %

Alabama (%)	2014-15	2015-16	2016-17	2017-18	2018-19
Ages 12-17	8.8	8.1	8.9	9.3	8.2
Ages 18-25	52.0	50.8	50.2	49	45.8
Ages 26+	46.8	43.1	44.6	47.7	47.6
United States (%)	2014-15	2015-16	2016-17	2017-18	2018-19
Ages 12-17	10.6	9.4	9.5	9.4	9.2
Ages 18-25	59.0	57.7	56.7	55.7	54.7
Ages 26+	56.0	55.1	55.2	55.6	55.2

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2014-2019.

Figure 7 - Alcohol Use in the Past Month, Ages 12-20,%
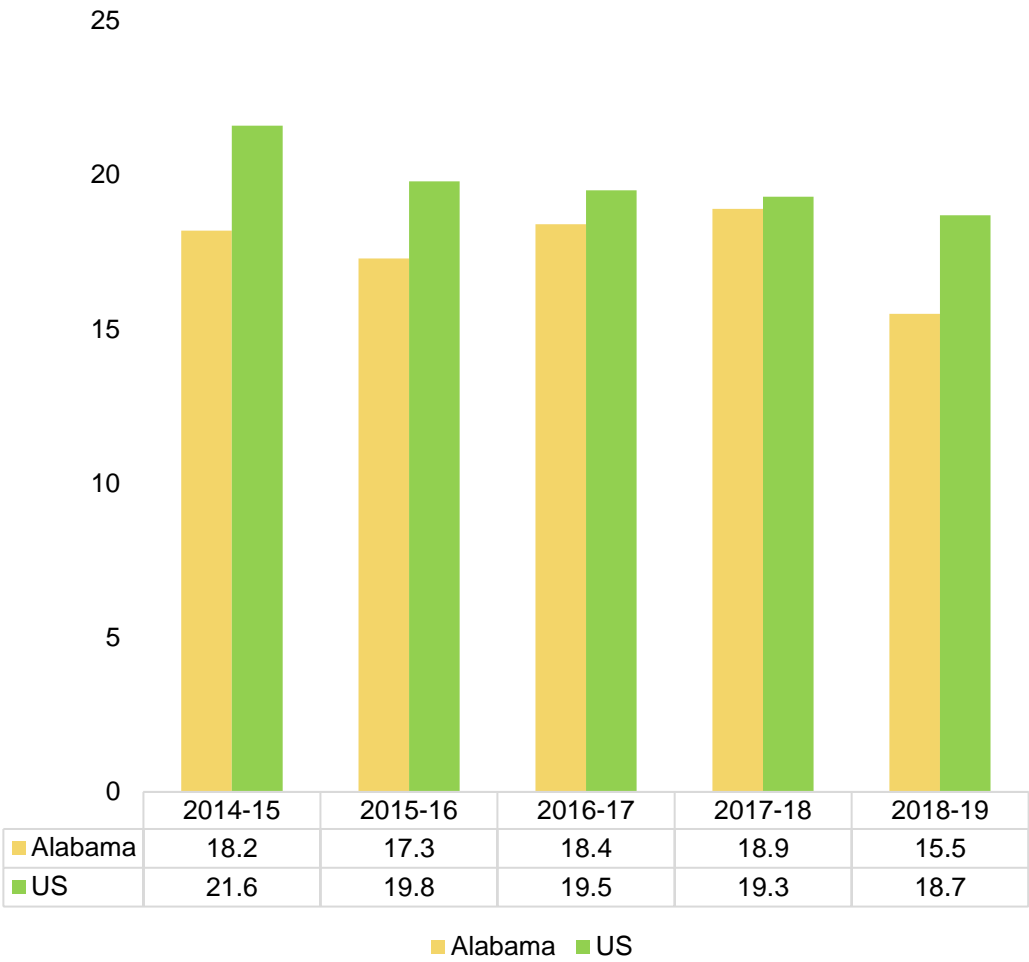
	2014-15	2015-16	2016-17	2017-18	2018-19
Alabama	18.2	17.3	18.4	18.9	15.5
US	21.6	19.8	19.5	19.3	18.7

■ Alabama ■ US

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2014-2019.

- Binge drinking is about more than just the number of binge drinkers. The amount and number of times binge drinkers drink are also important to address.
  - Most common among younger adults aged **18-34 years.**
  - More than half of the total binge drinks are consumed by adults aged **35 years and older.**
  - More common among people with household incomes of $75,000 or more and higher educational levels.
  - Consume more binge drinks per year is among lower household income levels and educational levels.
- "One in six US adults binge drink about 4 times a month, consuming about 7 drinks per binge."

Content source: Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm
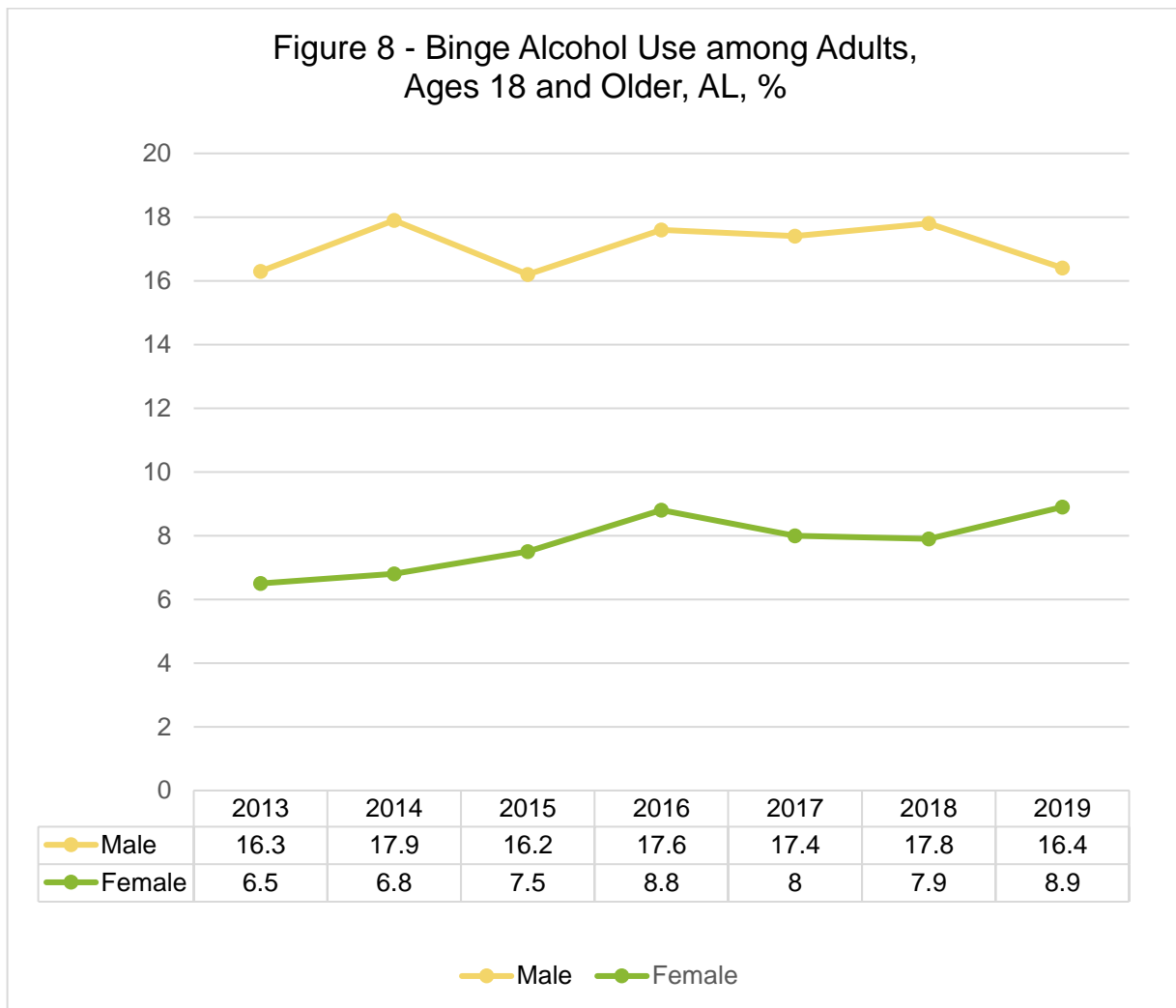
Figure 8 - Binge Alcohol Use among Adults, Ages 18 and Older, AL, %

	2013	2014	2015	2016	2017	2018	2019
Male	16.3	17.9	16.2	17.6	17.4	17.8	16.4
Female	6.5	6.8	7.5	8.8	8	7.9	8.9

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online].2013-2019.

Figure 9 - Binge Alcohol Use in the Past Month, Ages 12+, %
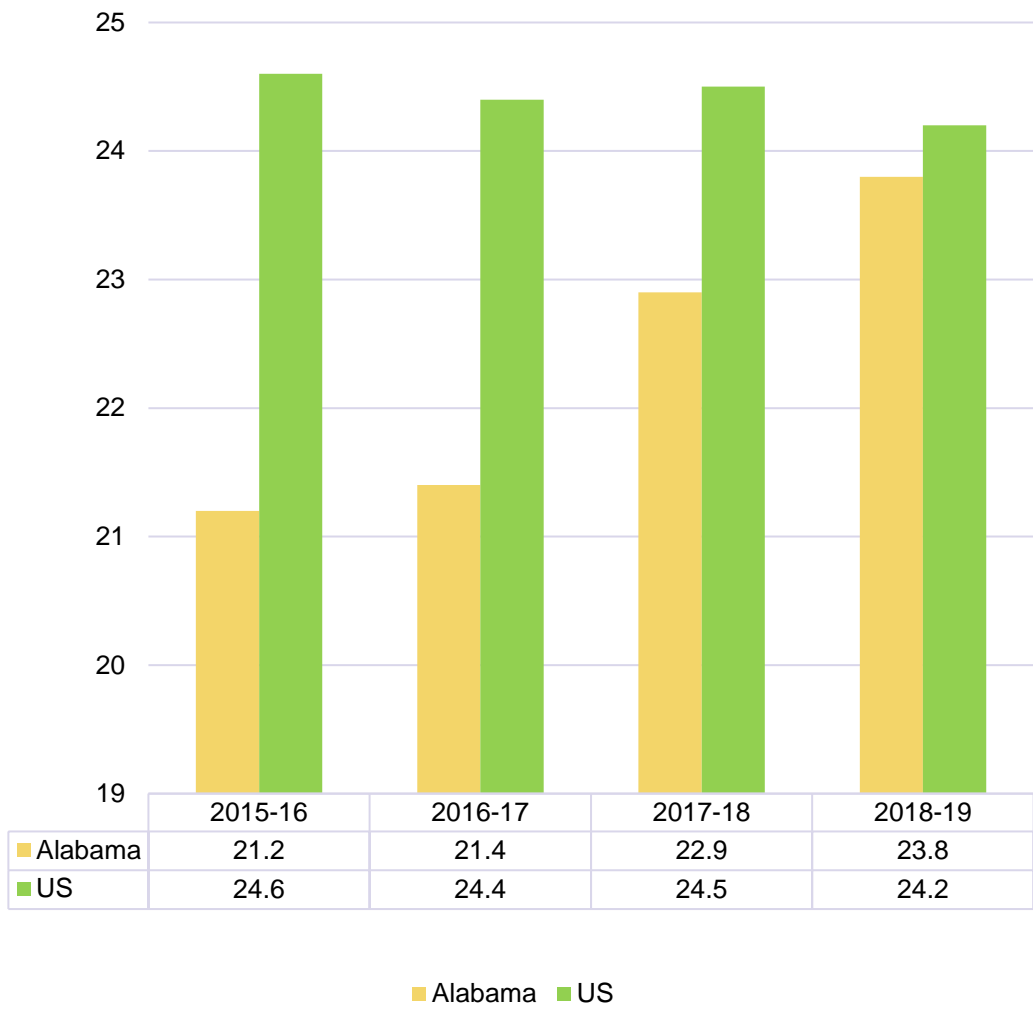
	2015-16	2016-17	2017-18	2018-19
Alabama	21.2	21.4	22.9	23.8
US	24.6	24.4	24.5	24.2

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2015-2019.

Figure 10 - Binge Alcohol Use in the Past Month by Age Groups, %

Legend: AL, 12-17 • AL, 18-25 • AL, 26+
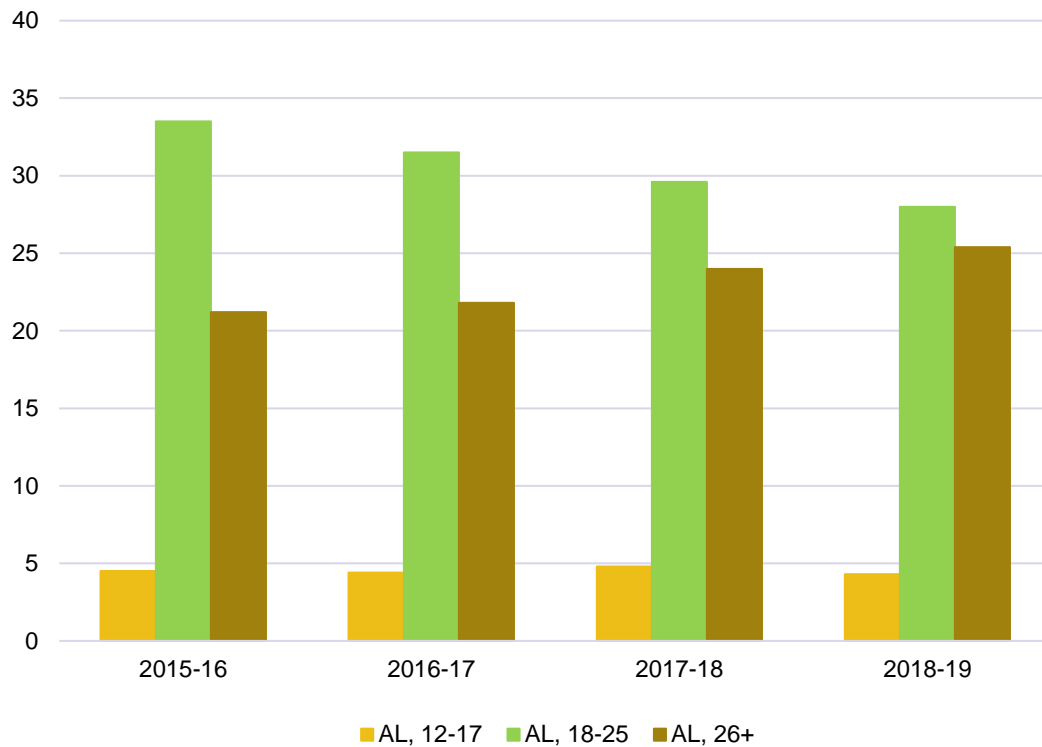
Table 3 – Binge Alcohol Use in the Past Month by Age Groups, AL vs. US, %

Alabama (%)	2015-16	2016-17	2017-18	2018-19
Ages 12-17	4.5	4.4	4.8	4.3
Ages 18-25	33.5	31.5	29.6	28
Ages 26+	21.2	21.8	24	25.4
United States (%)	2015-16	2016-17	2017-18	2018-19
Ages 12-17	5.3	5.1	5.0	4.8
Ages 18-25	38.7	37.6	35.9	34.6
Ages 26+	24.5	24.5	25.0	24.8

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2015-2019.

Heavy drinkers are defined as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week.
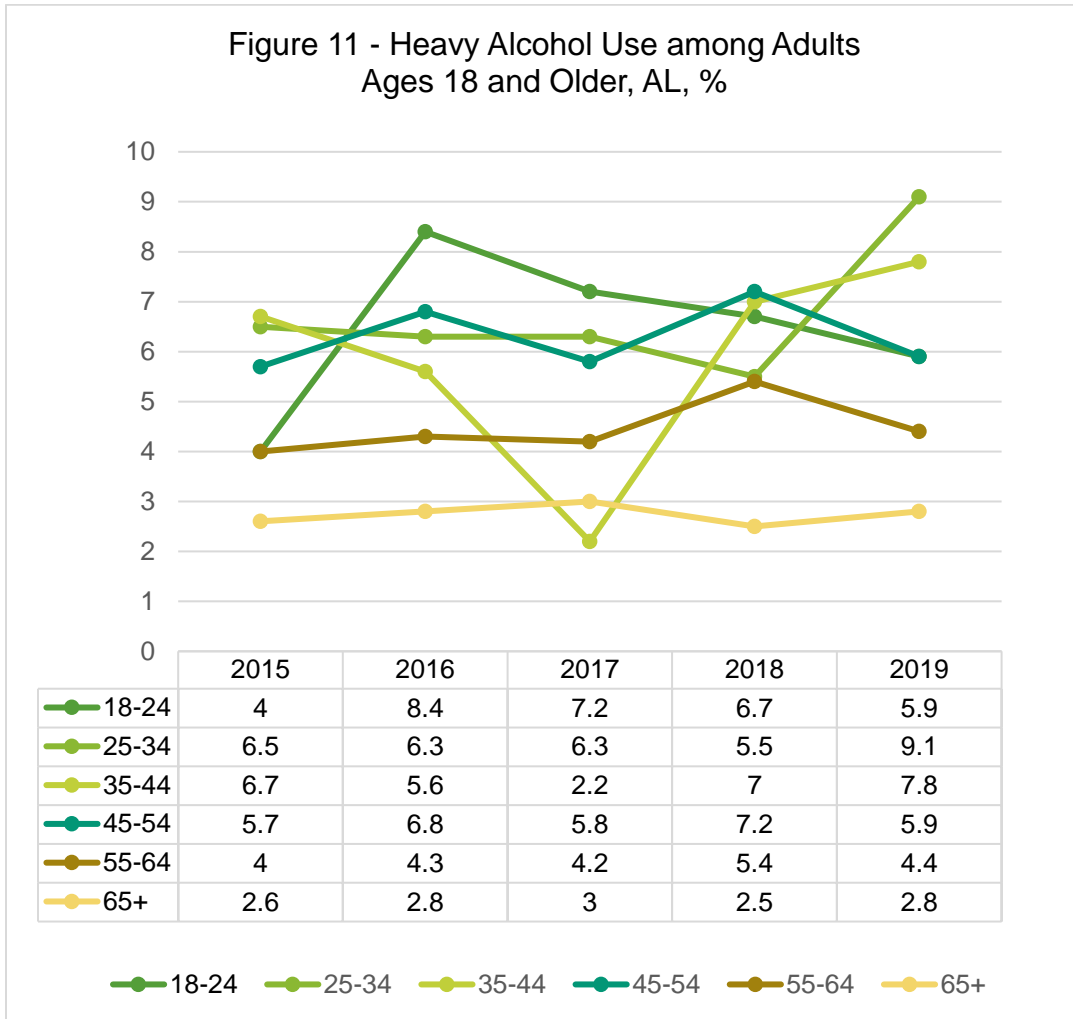
Figure 11 - Heavy Alcohol Use among Adults Ages 18 and Older, AL, %

	2015	2016	2017	2018	2019
18-24	4	8.4	7.2	6.7	5.9
25-34	6.5	6.3	6.3	5.5	9.1
35-44	6.7	5.6	2.2	7	7.8
45-54	5.7	6.8	5.8	7.2	5.9
55-64	4	4.3	4.2	5.4	4.4
65+	2.6	2.8	3	2.5	2.8

Source: Centers of Disease Control and Prevention, Alabama Behavior Risk Factor Surveillance System, 2015-2019.

Figure 12 - Driven at Least Once After Having Too Much to Drink, Gender,%

	Male	Female
2018	5	1.6
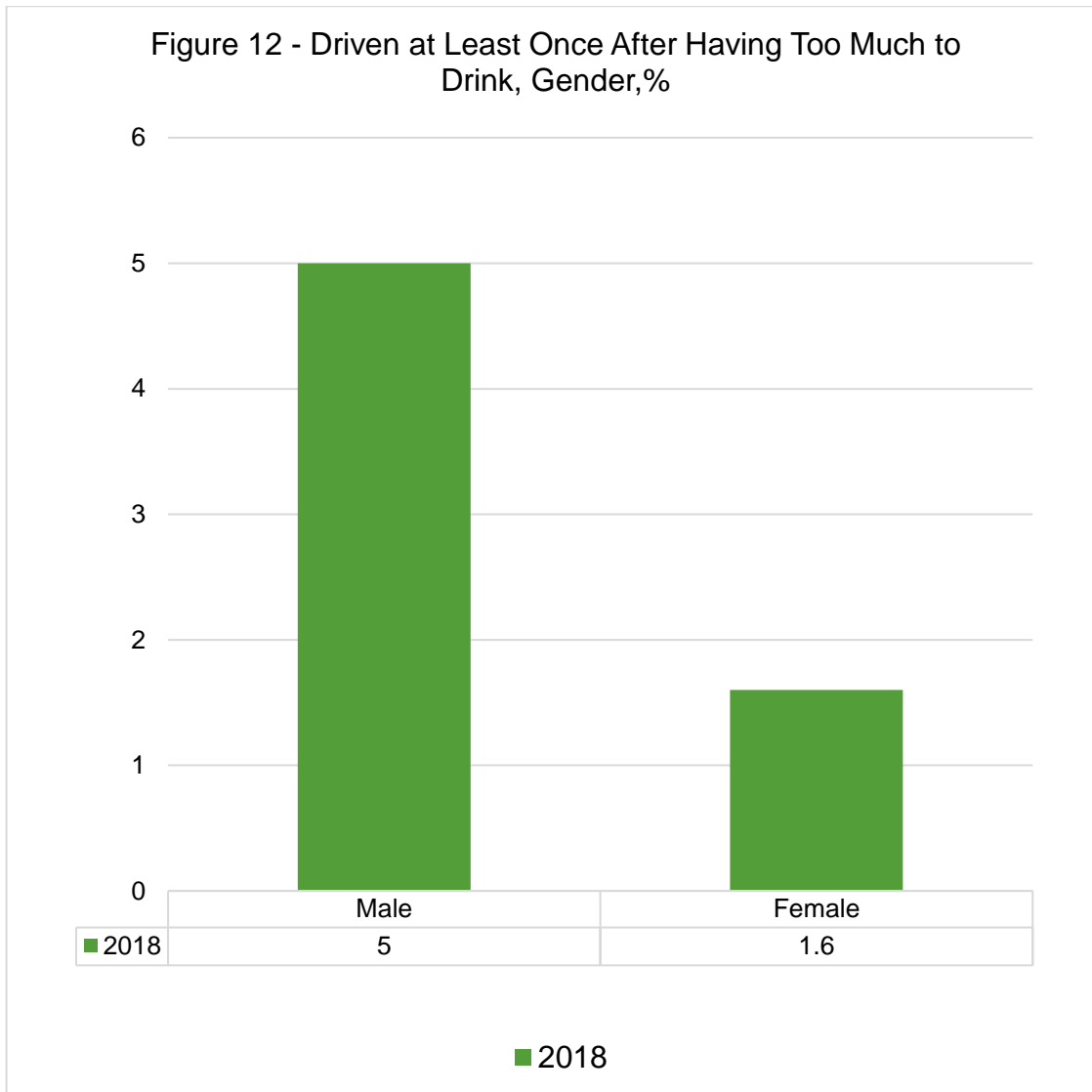
■2018

Source: Alabama Department of Public Health, Alabama Behavior Risk Factor Surveillance System, 2018.

ALCOHOL CONSEQUENCES

- In Alabama, 30% of drivers killed in fatal crashes had a blood alcohol concentration (BAC) of .08 or higher in 2019 according to the Fatality Analysis Reporting System (FARS).

- Alcohol-Impaired Driving is at least one driver or motorcycle rider had a BAC of .08 or higher. In 2019, 51% of fatal crashes occurring from midnight to 2:59 am involved alcohol-impaired driving followed by 49% of fatal occurring from 9pm to 11:59 pm involved alcohol-impaired driving.

Table 4 - Fatal Crashes and Percent Alcohol-Impaired Driving by Time of Day, AL, 2019

Time of Day	Number of Fatal Crashes	Alcohol-impaired Driving	Percent Alcohol-impaired Driving
Midnight to 2:59 a.m.	89	45	51
3 a.m. to 5:59 a.m.	92	35	38
6 a.m. to 8:59 a.m.	103	13	13
9 a.m. to 11:59 a.m.	60	7	12
Noon to 2:59 p.m.	121	19	15
3 p.m. to 5:59 p.m.	138	30	22
6 p.m. to 8:59 p.m.	128	39	31
9 p.m. to 11:59 p.m.	124	61	49
Unknown	1	N/A	N/A
Total	856	248	29

Note: NHTSA estimates alcohol involvement when alcohol test results are unknown.
Alcohol-Impaired Driving – at least one driver or motorcycle rider had a BAC of .08 or higher
Source: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2019

- Another possible consequence of excessive alcohol consumption is violent crime, such as forcible rape, robbery, and aggravated assault.

- In 2018, the rate of violent crimes in Alabama was 519.6 violent crimes per 100,000 inhabitants according to the Uniform Crime Reporting Program (UCR).

Figure 13 - Rates of Violent Crimes by Type per 100,000 Population, Alabama

Murder and Nonnegligent Manslaughter	Revised Rape1	Robbery	Aggravated Assault
7.8	40.8	83.4	387.6

■2018
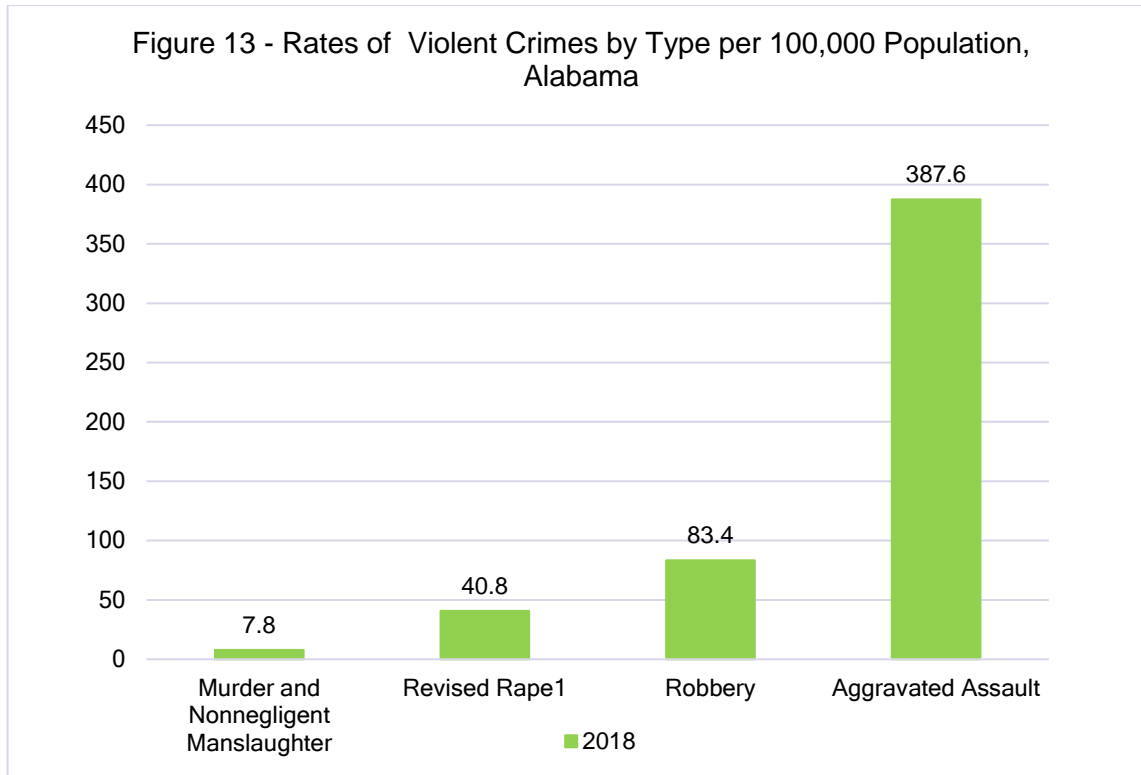
1. The figures shown in this column for the offense of rape were estimated using the revised Uniform Crime Reporting (UCR) definition of rape. In December 2011, the UCR program changed its definition of SRS rape to this revised definition. This change can be seen in the UCR data starting in 2013. Prior to 2013, this column will be blank. See UCR Offense Definitions for further information.

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 2018.

- Alcohol abuse or dependence can adversely impact normal daily activities, such as job performance and family responsibilities, in addition to causing deleterious health effects if left untreated. [4] It can also affect school performance and family relationships and have long-term health implications for youth. Men accessing treatment for alcohol as the primary substance far exceed the percentage of women for treatment admissions.
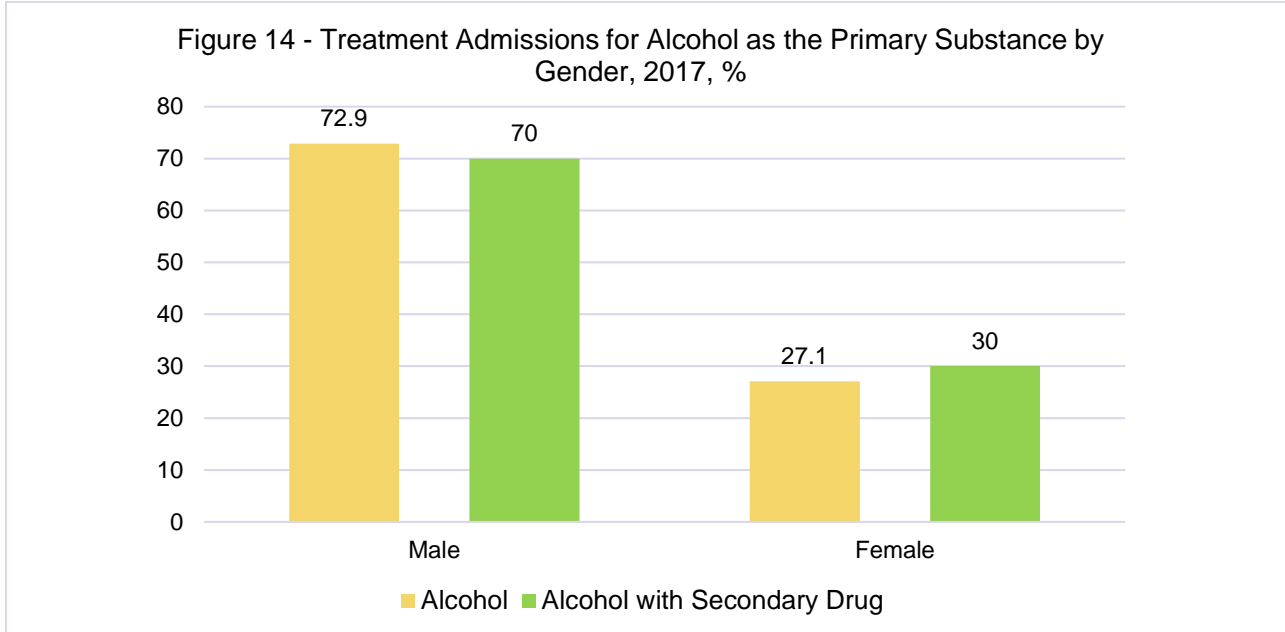
Figure 14 - Treatment Admissions for Alcohol as the Primary Substance by Gender, 2017, %

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2017

Figure 15 - Alcohol Use Disorder in the Past Year, Age Groups, Alabama, %

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2014-2019.

Figure 16 - Needing But Not Receiving Treatment at a Specialty
Facility for Alcohol Use in the Past Year, Age Groups, 2018-2019, %

Age Group	Alabama	South	US
Age Group: 12+	5.1	4.5	5.1
Age Group: 12-17	1.5	1.4	1.6
Age Group: 18-25	8.4	8.2	9.3
Age Group: 26+	5	4.4	4.8
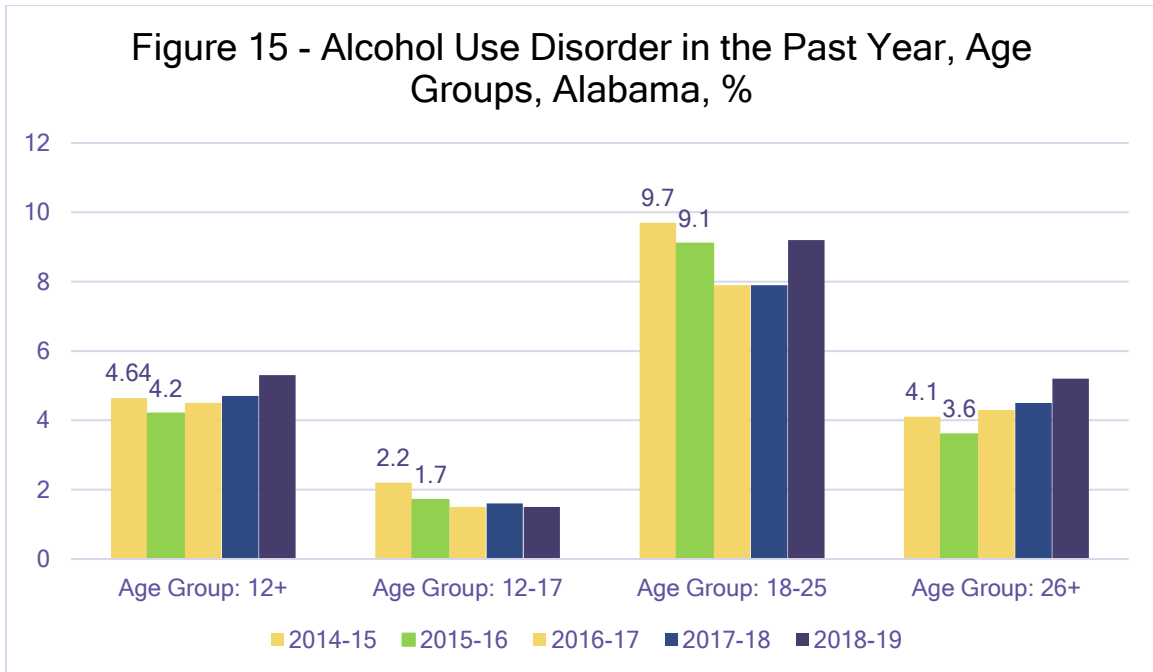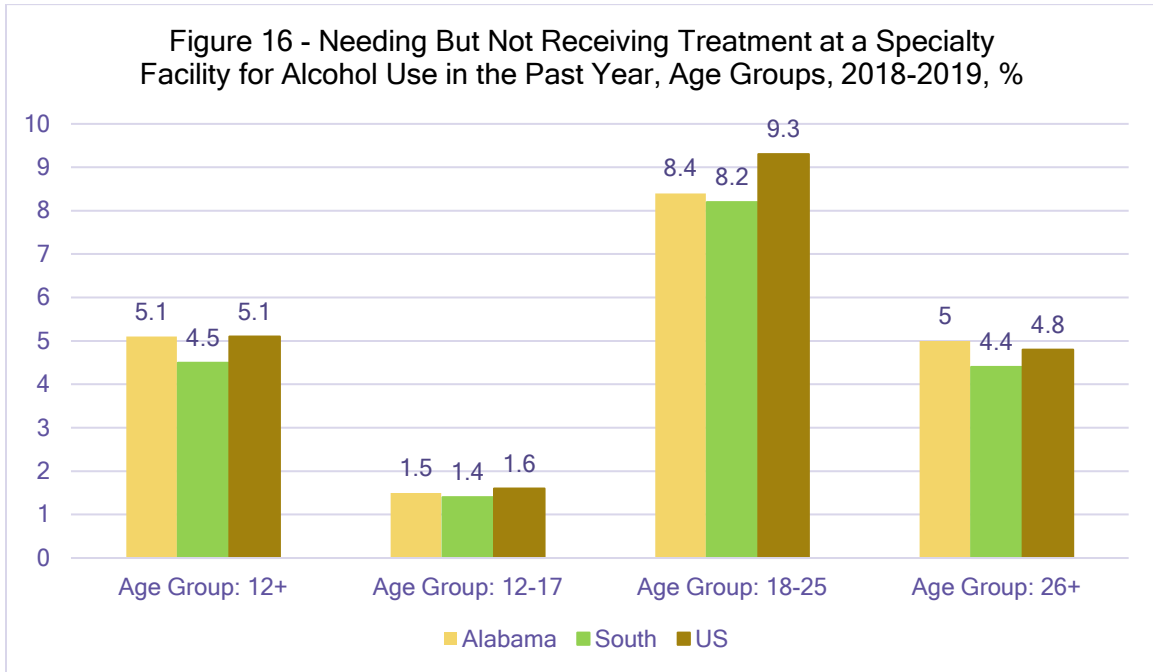
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2018-2019.

TOBACCO

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

- Smoking is the leading preventable cause of death in the United States.

- Smokers are more likely than nonsmokers to develop heart disease, stroke, and lung cancer.

- "Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants." - CDC

- Smoking during pregnancy has been associated with an increased risk of preterm birth, low birth weight, placental complications, and sudden infant death syndrome. [11,12]

- The age at first use of cigarettes is associated with an increased risk of nicotine dependence and smoking-related cancers.[13]

The Economic Impact of Tobacco in Alabama

- $1.66 billion in excess personal medical care expenditures were attributable to smoking.
- $2.84 billion in productivity losses were attributable to smoking-related premature death.
- $941 million in productivity losses were attributable to smoking-related illnesses.
- $166 million in personal medical costs and productivity losses were attributable to exposure to SHS.
- $5.6 billion was the estimated total annual economic impact of tobacco use

Content source: Tobacco Prevention and Control, Alabama Department of Public Health. The Burden of Tobacco in Alabama. https://www.alabamapublichealth.gov/tobacco/index.html
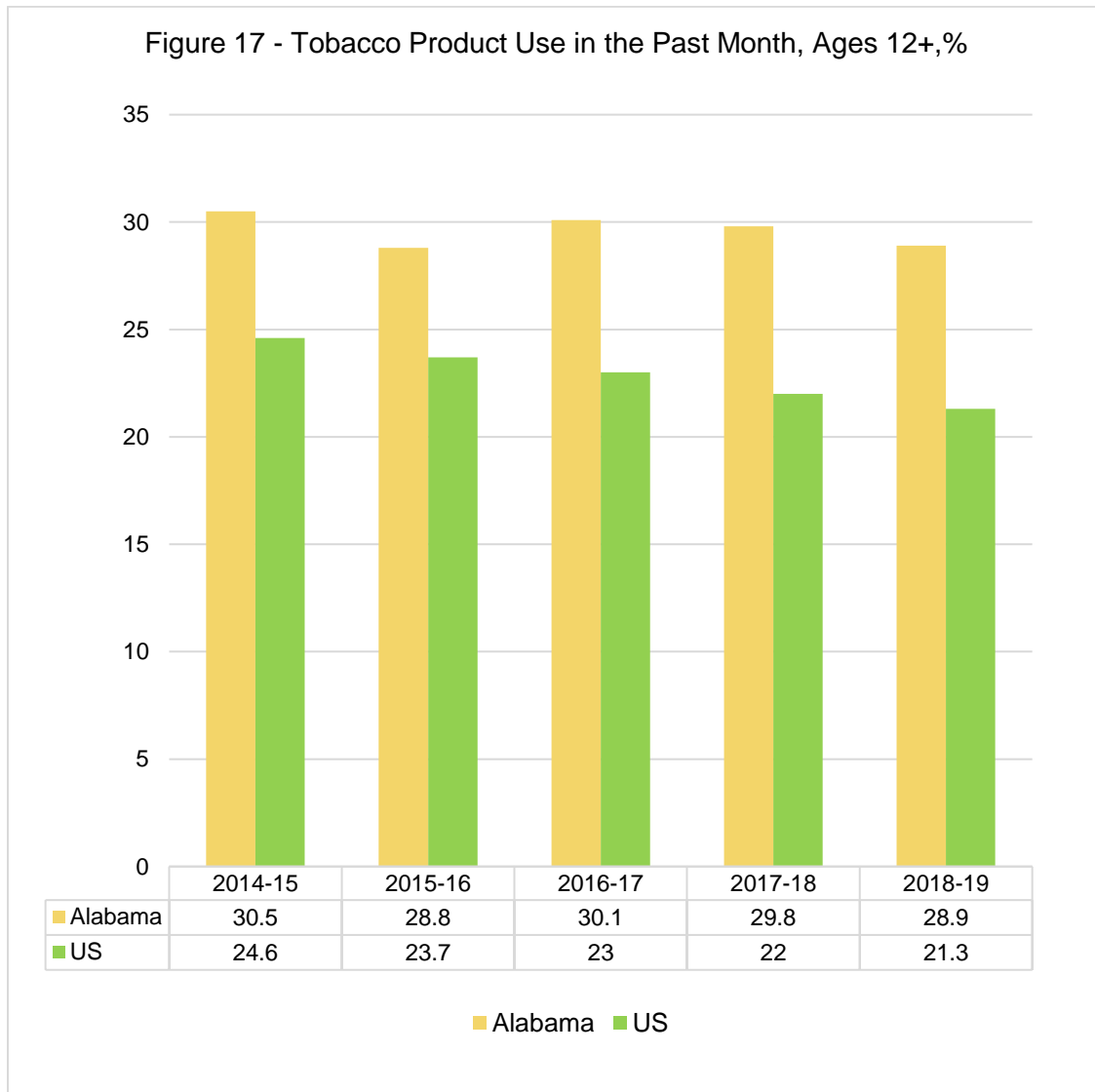
TOBACCO CONSUMPTION

Figure 17 - Tobacco Product Use in the Past Month, Ages 12+,%

	2014-15	2015-16	2016-17	2017-18	2018-19
Alabama	30.5	28.8	30.1	29.8	28.9
US	24.6	23.7	23	22	21.3

Alabama ■ US

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2014-2019.

Figure 18 - Tobacco Product Use in the Past Month by Age Groups, %
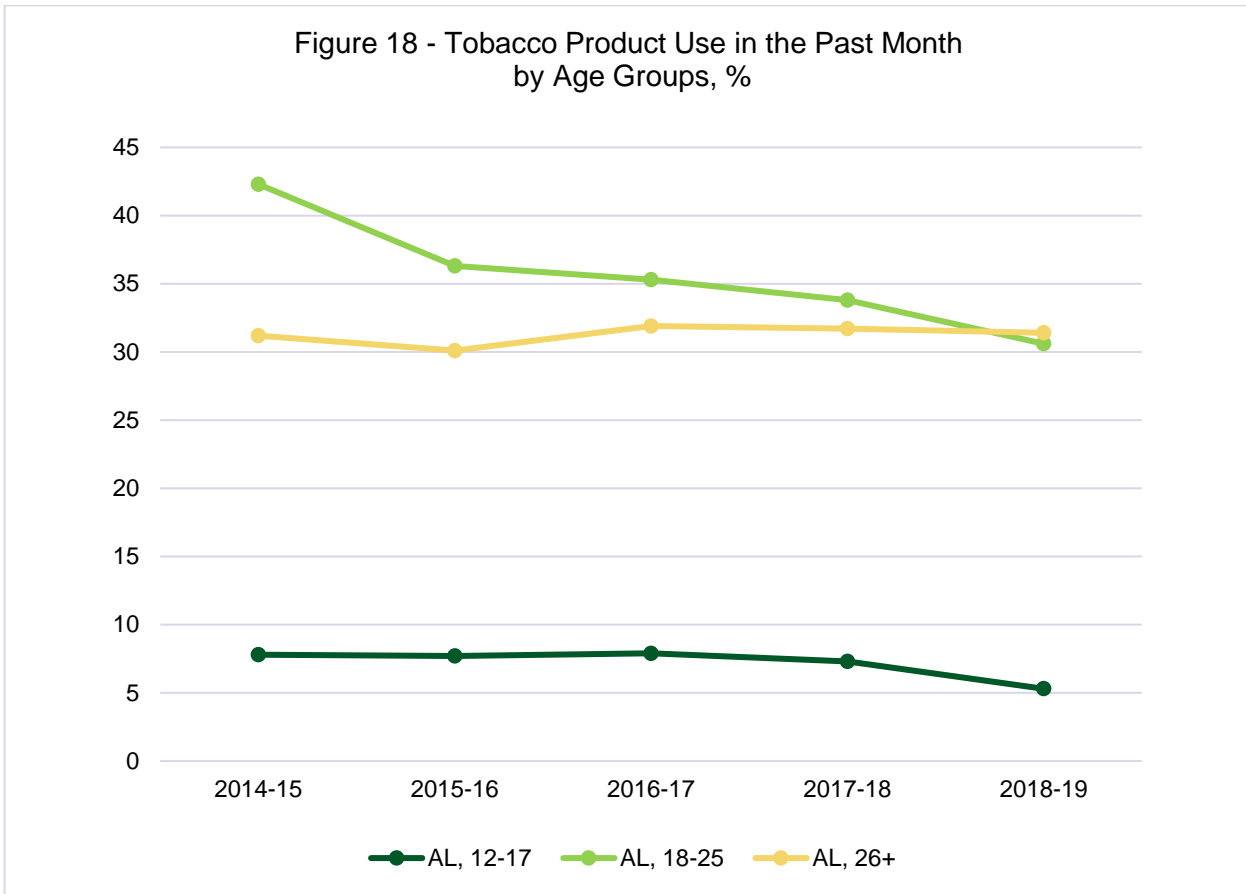
Table 5 – Tobacco Product Use in the Past Month by Age Group, AL vs. US, %

Alabama (%)	2014-15	2015-16	2016-17	2017-18	2018-19
Ages 12-17	7.8	7.7	7.9	7.3	5.3
Ages 18-25	42.3	36.3	35.3	33.8	30.6
Ages 26+	31.2	30.1	31.9	31.7	31.4
United States (%)	2014-15	2015-16	2016-17	2017-18	2018-19
Ages 12-17	6.5	5.7	5.1	4.6	4.0
Ages 18-25	34.0	31.5	29.5	27.5	25.1
Ages 26+	25.1	24.6	24.4	23.1	22.7

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2014-2019.

Figure 19 - Adults 18 and Older Who Are Current Smokers, %

	2014	2015	2016	2017	2018	2019
18-24	23.5	21.1	16.5	18.2	13.3	12.6
25-34	26.5	30.2	29.8	28.9	24.7	28.4
35-44	24.4	24.6	27.8	26.8	25.1	28.3
45-54	23.6	24.4	25.4	23.2	23.1	20.6
55-64	22.4	20.7	22.1	20.3	21.3	22.8
65+	9.4	10.2	10	10.8	9.7	10.8

Source: Centers of Disease Control and Prevention, Alabama Behavior Risk Factor Surveillance System, 2014-2019.

TOBACCO CONSEQUENCES

- "Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce the number of people who smoke, as well as tobacco-related diseases and deaths. For every dollar spent on tobacco prevention, states can reduce tobacco-related health care expenditures and hospitalizations by up to $55. The longer and more states invest, the larger the reductions in youth and adult smoking." – Extinguishing the Tobacco Epidemic in Alabama, CDC.gov/tobacco
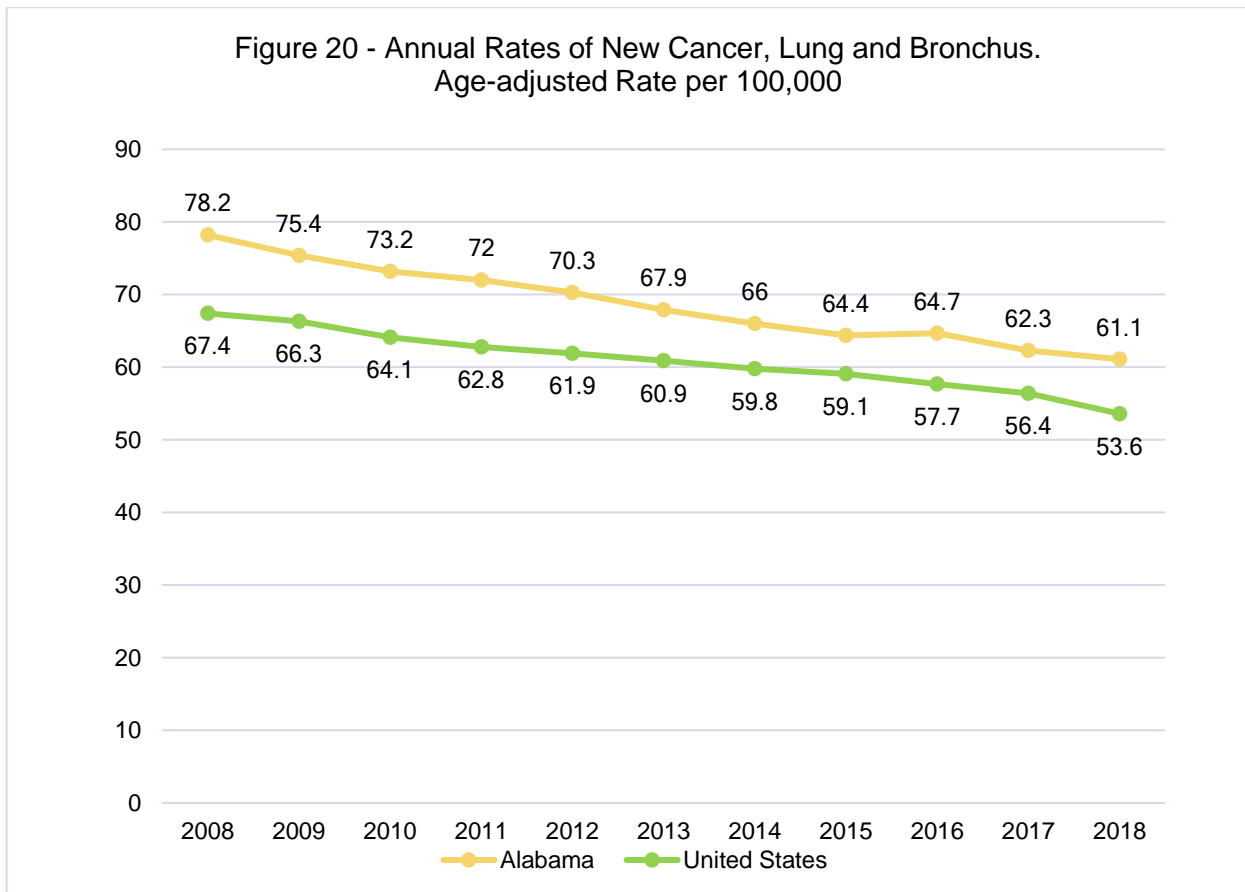
Figure 20 - Annual Rates of New Cancer, Lung and Bronchus. Age-adjusted Rate per 100,000

Year	Alabama	United States
2008	78.2	67.4
2009	75.4	66.3
2010	73.2	64.1
2011	72	62.8
2012	70.3	61.9
2013	67.9	60.9
2014	66	59.8
2015	64.4	59.1
2016	64.7	57.7
2017	62.3	56.4
2018	61.1	53.6

Figure 21 - Annual Rates of Cancer Deaths, Lung and Bronchus. Age-Adjusted Rate per 100,000
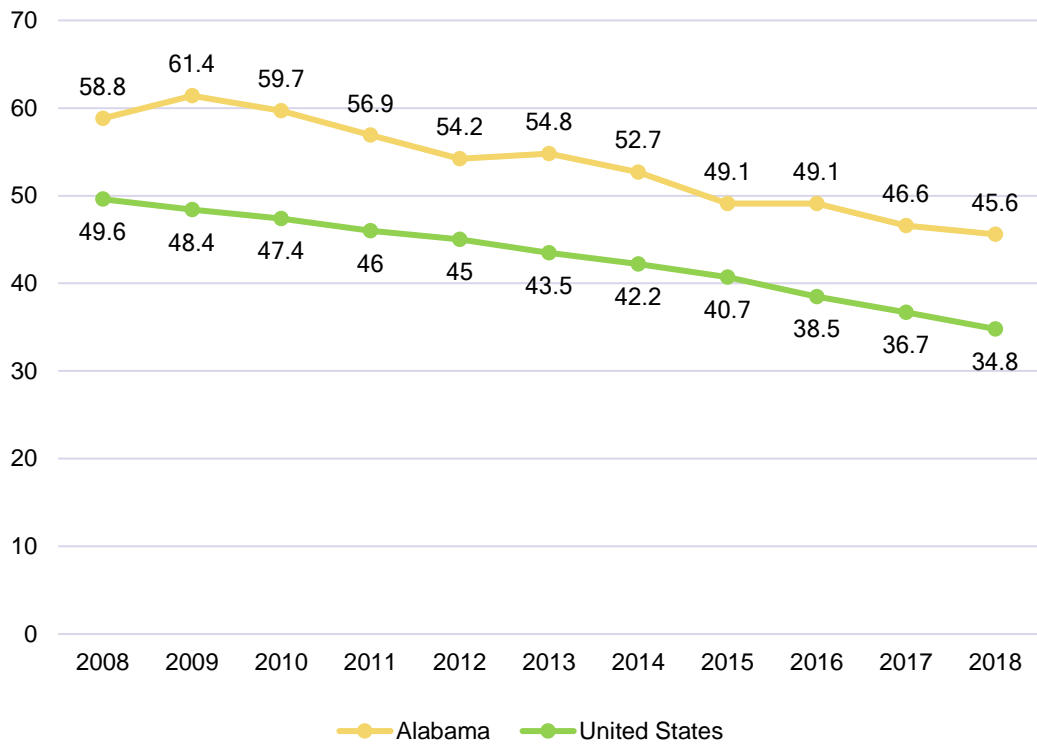
Alabama values: 58.8, 61.4, 59.7, 56.9, 54.2, 54.8, 52.7, 49.1, 49.1, 46.6, 45.6

United States values: 49.6, 48.4, 47.4, 46, 45, 43.5, 42.2, 40.7, 38.5, 36.7, 34.8

Source: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021.

OTHER DRUGS

- Illicit Drugs include marijuana, cocaine, crack, heroin, hallucinogens, inhalants, and the nonmedical use of prescription-type psychotherapeutics, including pain relievers, tranquilizers, stimulants, and sedatives.

Gulf Coast High Intensity Drug Trafficking Area 2019 Drug Threat Assessment[16]

- The Gulf Coast High Intensity Drug Trafficking Area (GC HIDTA) comprised 29 HIDTA designated counties/parishes in a six-state area (Louisiana, Mississippi, Alabama, Arkansas, Florida, Tennessee) which includes 6 counties in Alabama: Baldwin County, Jefferson County, Madison County, Mobile County, Montgomery County and Morgan County.

- Gulf Coast HIDTA 2019 Survey (Drug Survey) respondents indicated that methamphetamine is the number one drug threat in Alabama. It contributed the most to violent crime, property crime, and law enforcement resources. Fentanyl and other synthetic opioids is ranked as the second greatest drug threat to the region followed by heroin.

- "Marijuana is considered by many in law enforcement to be the initial drug of abuse; however, data indicates marijuana is competing with controlled prescription drugs for this claim within the GC HIDTA."

Alabama 2019 Drug Threat Assessment[16]

- Law enforcement agencies across Alabama that responded to the Drug Survey "depicted methamphetamine as their greatest drug threat for 2017".

Figure 22 - 2019 GC HIDTA Drug Survey High Drug Availability Status in Alabama
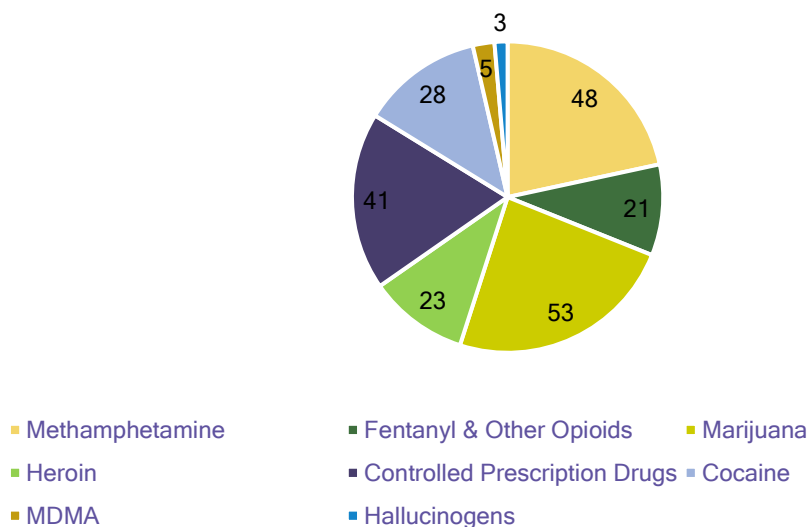
* As documented by results from 2019 GC HIDTA Drug Survey Law Enforcement respondents

OTHER DRUGS COMSUMPTION
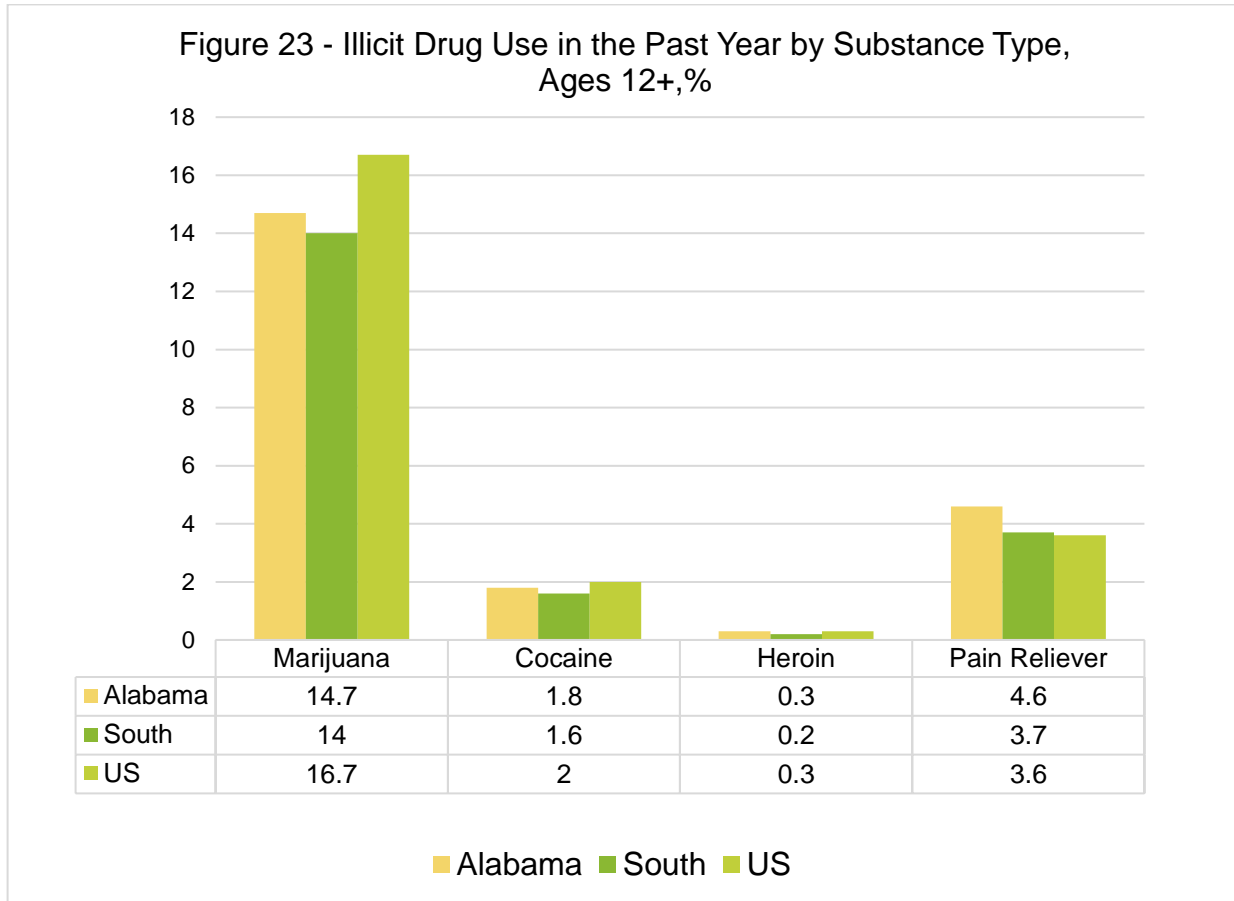
Figure 23 - Illicit Drug Use in the Past Year by Substance Type, Ages 12+,%

	Marijuana	Cocaine	Heroin	Pain Reliever
Alabama	14.7	1.8	0.3	4.6
South	14	1.6	0.2	3.7
US	16.7	2	0.3	3.6

Alabama ■ South ■ US

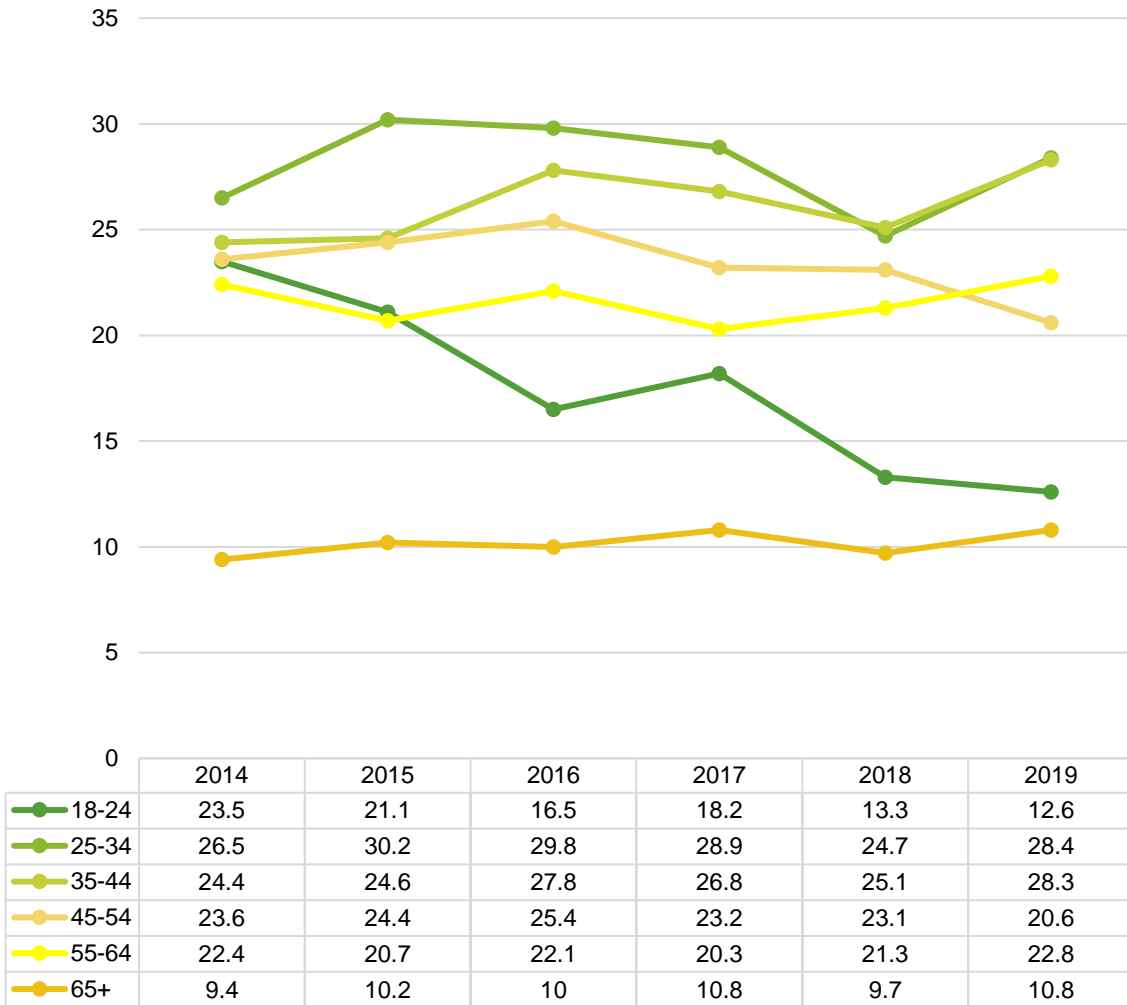Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2018-2019.

Figure 24 - Illicit Drug Use in the Past Year by Substance Type, Ages 12-17,%
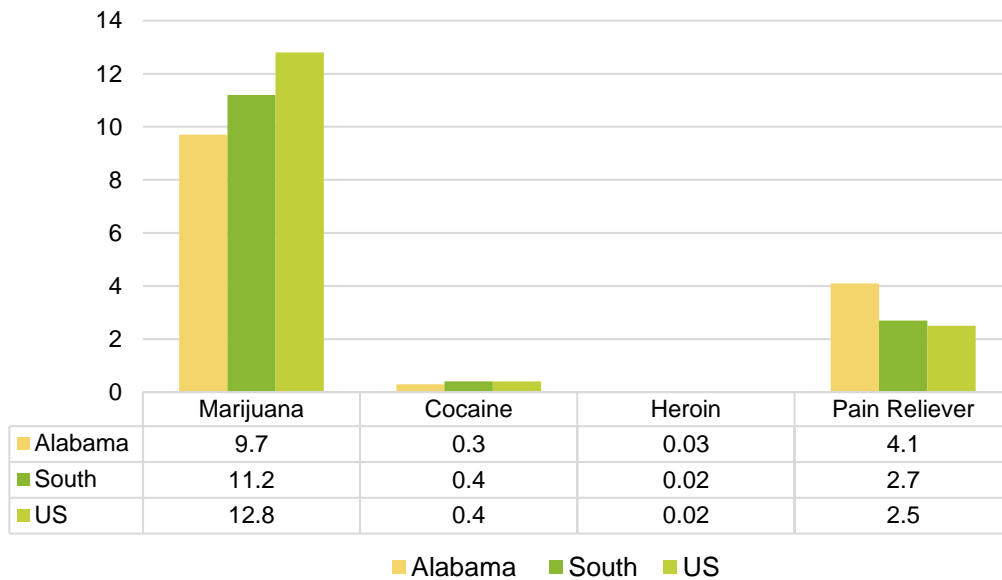
	Marijuana	Cocaine	Heroin	Pain Reliever
Alabama	9.7	0.3	0.03	4.1
South	11.2	0.4	0.02	2.7
US	12.8	0.4	0.02	2.5

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2018-2019.

Figure 25 - Illicit Drug Use in the Past Year by Substance Type, Ages 18-25,%
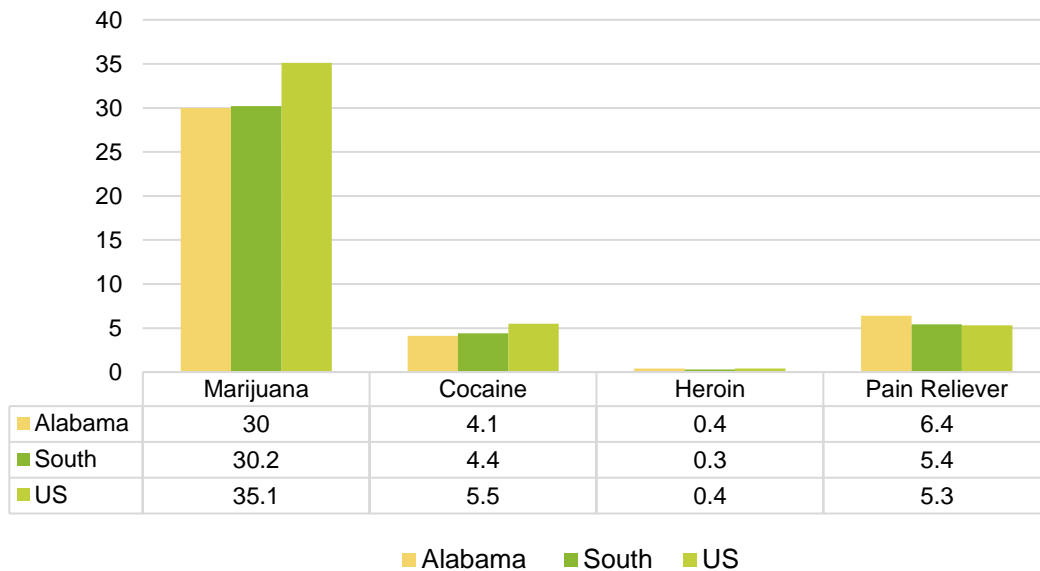
	Marijuana	Cocaine	Heroin	Pain Reliever
Alabama	30	4.1	0.4	6.4
South	30.2	4.4	0.3	5.4
US	35.1	5.5	0.4	5.3

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2018-2019.

Figure 26 - Illicit Drug Use in the Past Year by Substance Type, Ages 26+,%
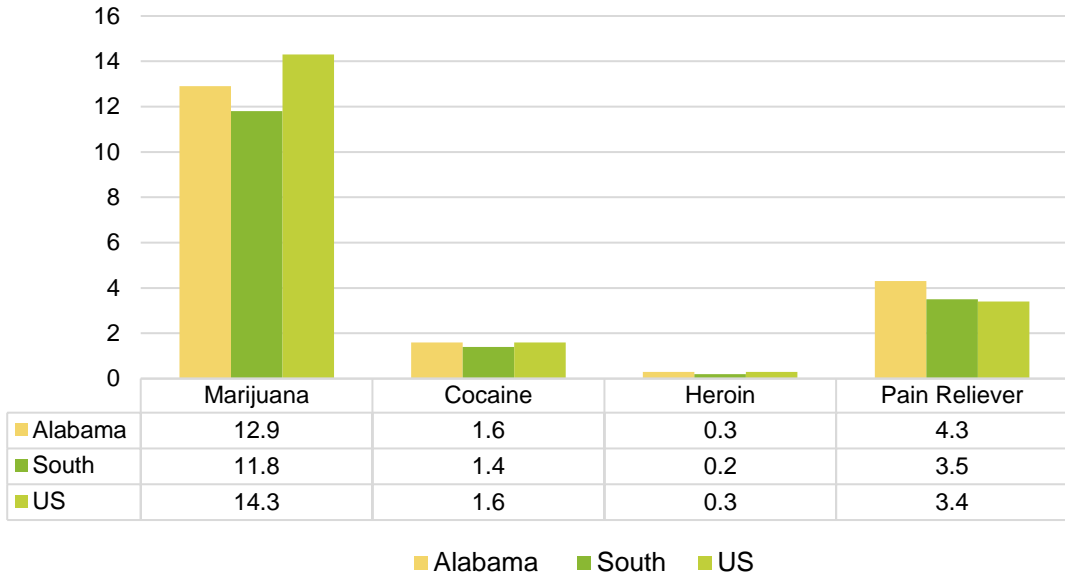
	Marijuana	Cocaine	Heroin	Pain Reliever
Alabama	12.9	1.6	0.3	4.3
South	11.8	1.4	0.2	3.5
US	14.3	1.6	0.3	3.4

■ Alabama ■ South ■ US

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2018-2019.

Figure 27 - Marijuana Use in the Past Month, Ages 12+,%
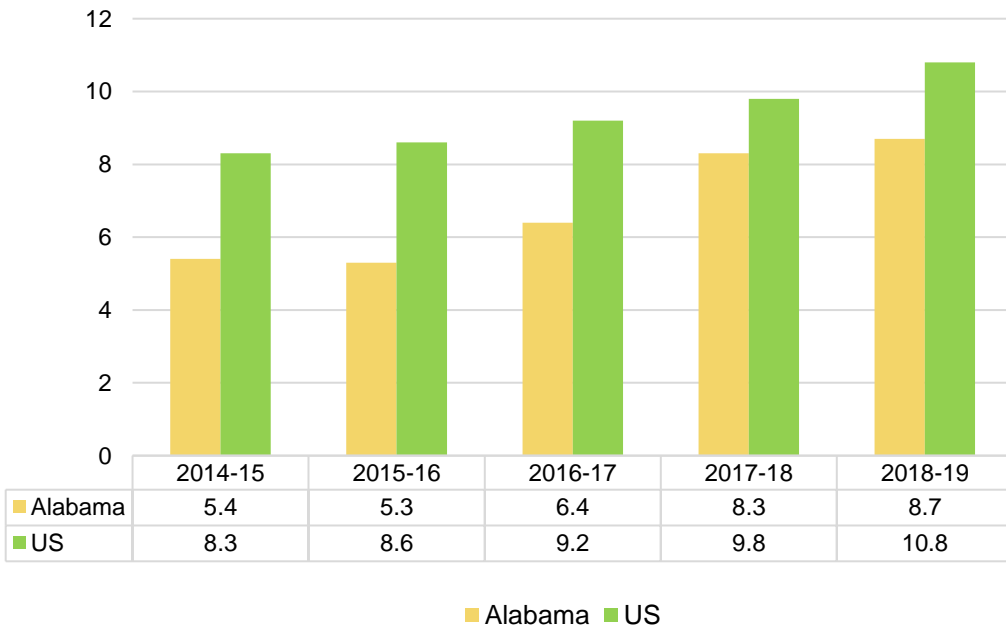
	2014-15	2015-16	2016-17	2017-18	2018-19
Alabama	5.4	5.3	6.4	8.3	8.7
US	8.3	8.6	9.2	9.8	10.8

■ Alabama ■ US

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2014-2019.

Figure 28 - Marijuana Use in the Past Month by Age Groups, %

Legend: AL, 12-17 | AL, 18-25 | AL, 26+
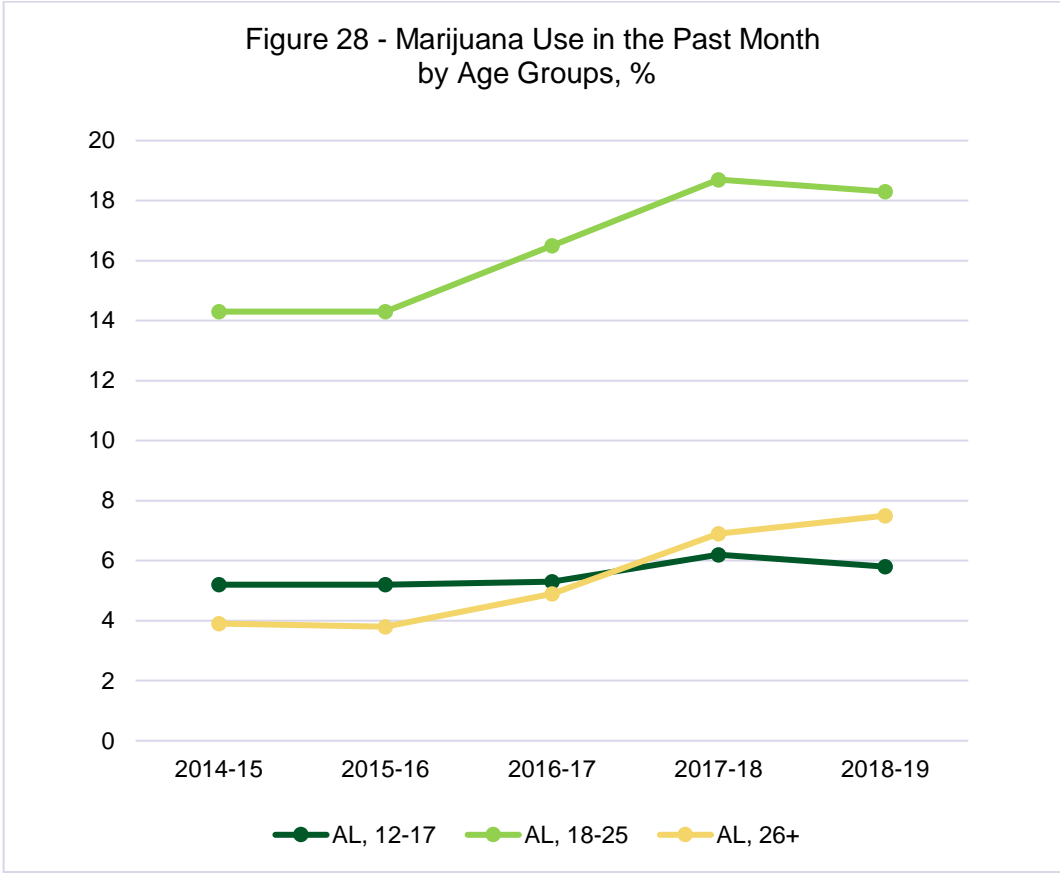
Table 6 – Marijuana Use in the Past Month by Age Groups, AL vs. US, %

Alabama (%)	2014-15	2015-16	2016-17	2017-18	2018-19
Ages 12-17	5.2	5.2	5.3	6.2	5.8
Ages 18-25	14.3	14.3	16.5	18.7	18.3
Ages 26+	3.9	3.8	4.9	6.9	7.5
United States (%)	2014-15	2015-16	2016-17	2017-18	2018-19
Ages 12-17	7.2	6.8	6.5	6.6	7.0
Ages 18-25	19.7	20.3	21.5	22.1	22.5
Ages 26+	6.6	6.9	7.6	8.3	9.4

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2014-2019.

OTHER DRUGS CONSEQUENCES

- In 2018, the rate of property crimes in Alabama was 22817.2 property crimes per 100,000 population.
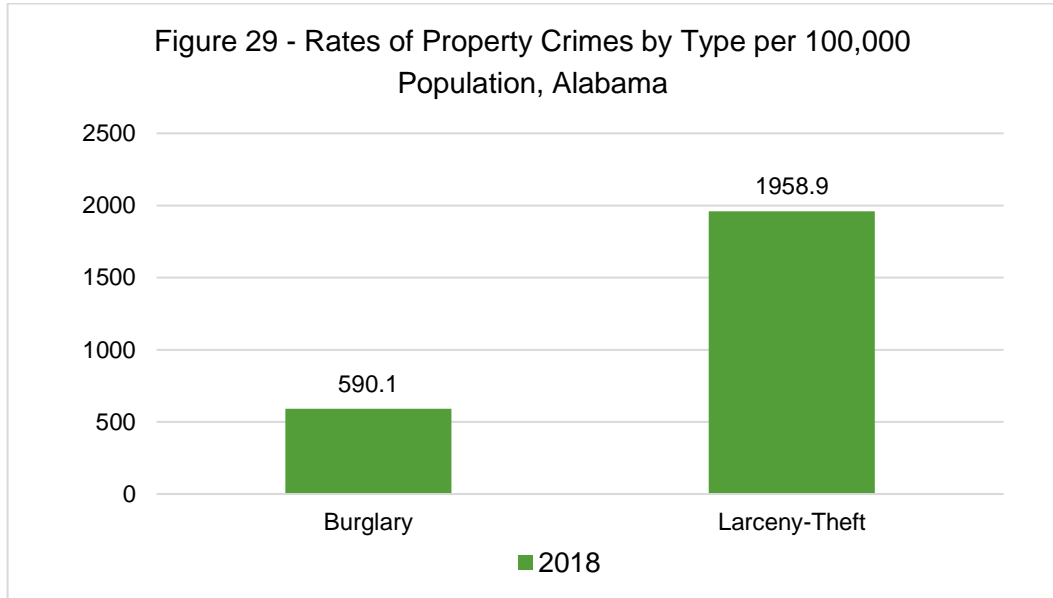
Figure 29 - Rates of Property Crimes by Type per 100,000 Population, Alabama

Source: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program, 2018 (estimated totals).

- In Alabama, there were 577 treatment admissions for cocaine, smoked and 390 treatment admissions for cocaine, other route. In 2017, the percentage of treatment admissions for cocaine, smoked among males (62.6%) increased from 2012 (58.6%) while percentage of treatment admissions for cocaine, smoked among female in 2016 (37.4%) decreased from 2012 (41.4%).
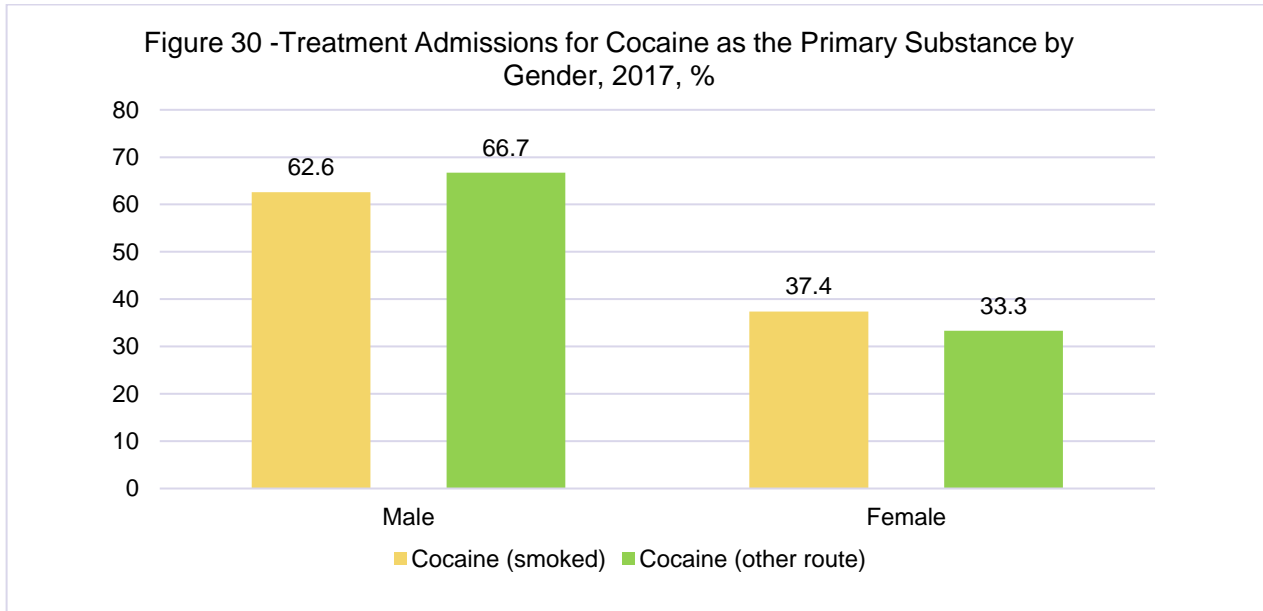
Figure 30 -Treatment Admissions for Cocaine as the Primary Substance by Gender, 2017, %

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2017

- In Alabama, there were 1,258 treatment admissions for heroin and 1,662 treatment admissions for other opiates. In 2017, the percentage of treatment admissions for heroin among males (56.6%) decreased from 2012 (58.1%) while percentage of treatment admissions for herion among female in 2015 (43.4%) increased from 2012 (41.9%).
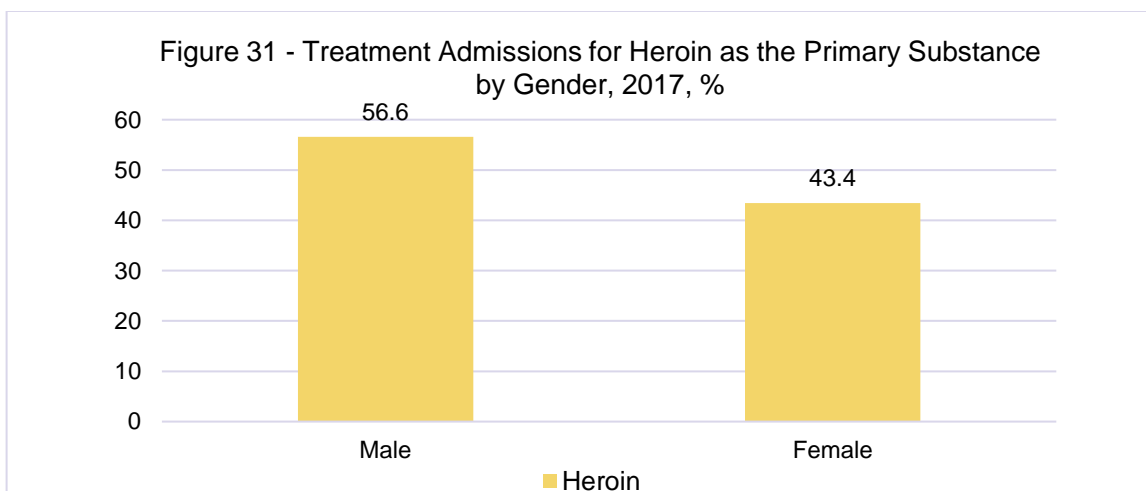
Figure 31 - Treatment Admissions for Heroin as the Primary Substance by Gender, 2017, %

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2017

- In Alabama, there were 3,136 treatment admissions for marijuana. In 2017, the percentage of treatment admissions for marijuana among males (65.9%) decreased from 2012 (76.3%) while percentage of treatment admissions for marijuana among female in 2017 (34.1%) increased from 2012 (23.7%).
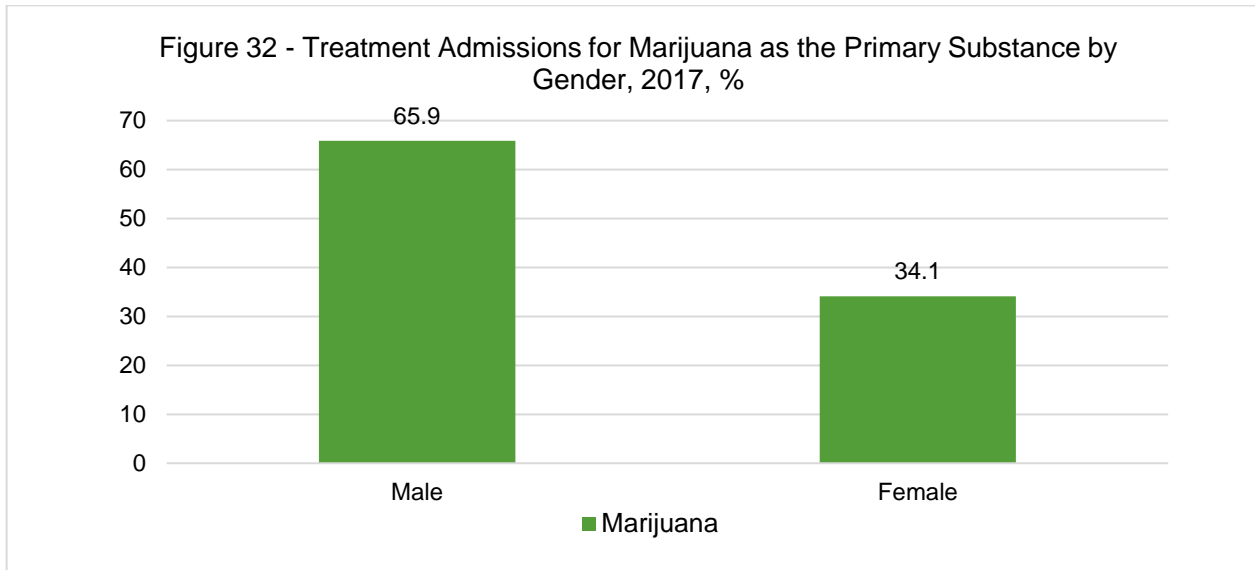
Figure 32 - Treatment Admissions for Marijuana as the Primary Substance by Gender, 2017, %

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2017

- In Alabama, there were 2,481 treatment admissions for amphetamines. In 2017, the percentage of treatment admissions for amphetamines among males (53.3%) remained similar from 2012 (53.7%) while percentage of treatment admissions for amphetamines among female in 2017 (45.7%) remain similar from 2012 (46.3%).
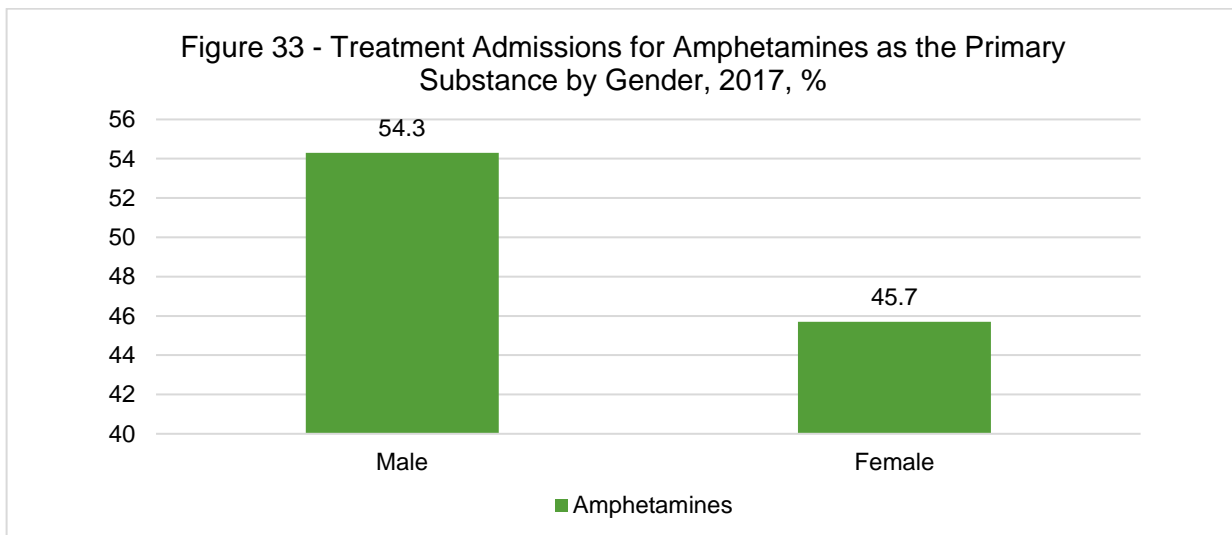
Figure 33 - Treatment Admissions for Amphetamines as the Primary Substance by Gender, 2017, %

Source: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), 2017

Figure 34 - Needing But Not Receiving Treatment at a Specialty Facility for Illicit Drug Use in the Past Year, Age Groups, 2018-2019 %
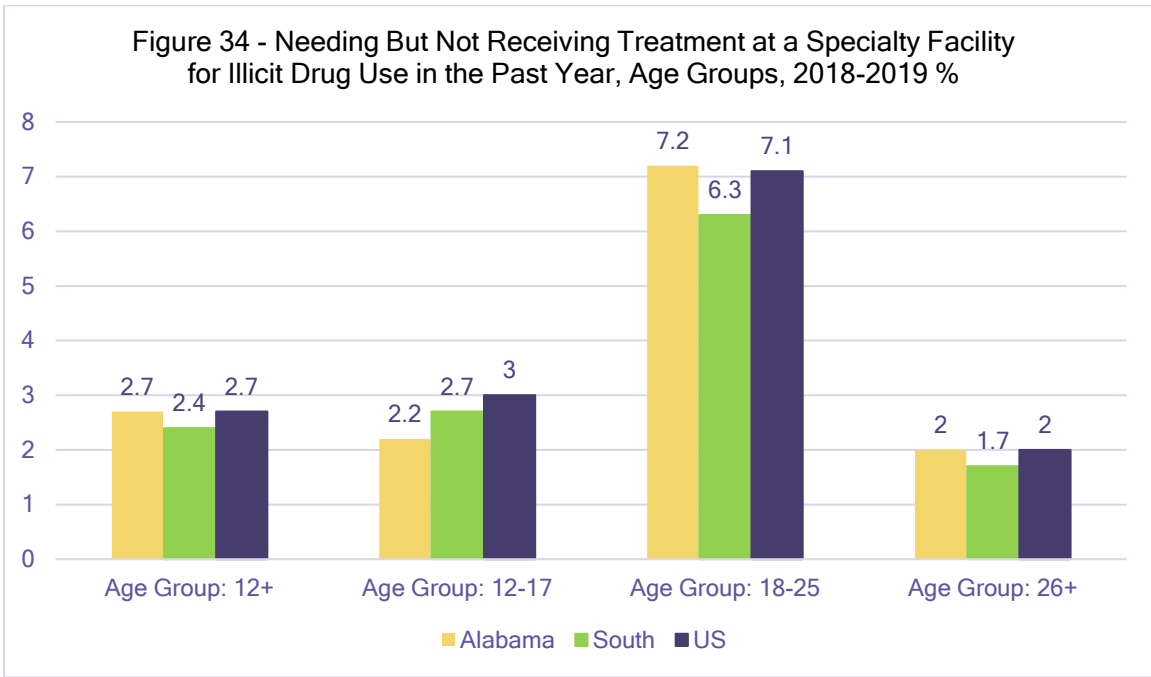
Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2018-2019.

- The rate of drug-induced causes of deaths increased from 2012 (13.1 per 100,000 persons) to 2019 (18.5 per 100,000 persons).
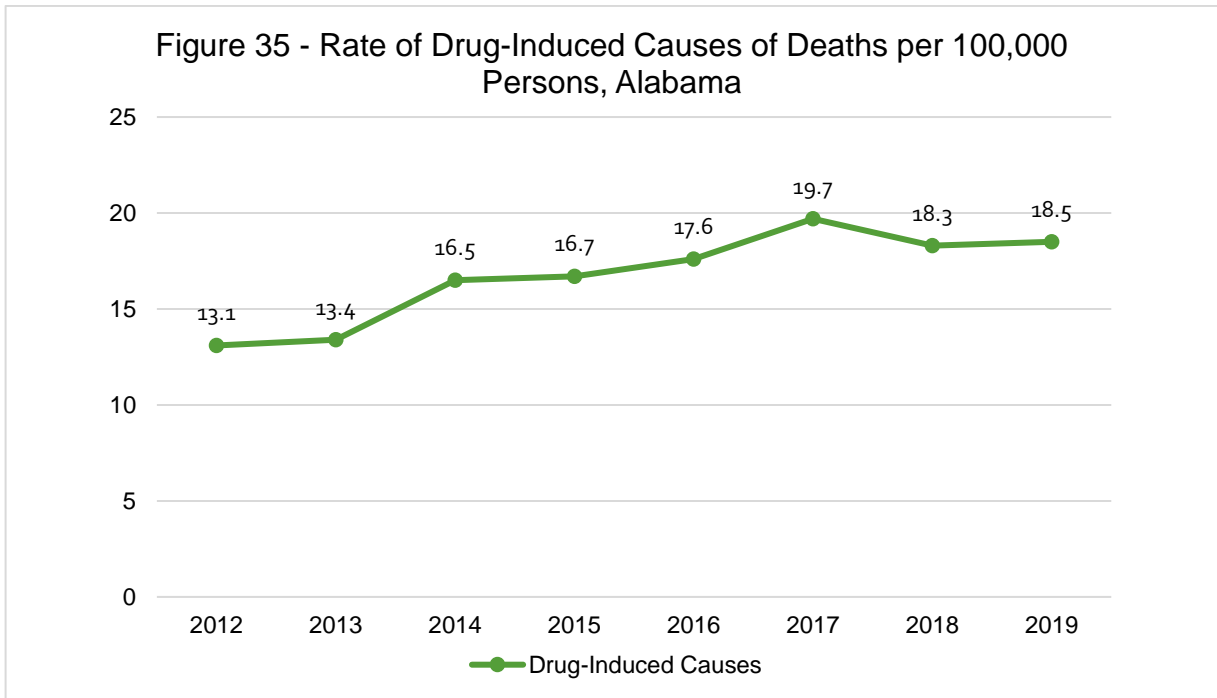
Figure 35 - Rate of Drug-Induced Causes of Deaths per 100,000 Persons, Alabama

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jul 9, 2021 3:41:53 PM

REGIONAL

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

Region 1

Planning region 1 includes 18 counties located in the northern part of the state: Cherokee, Colbert, Cullman, DeKalb, Etowah, Fayette, Franklin, Jackson, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Walker, and Winston.

Region 2

Planning region 2 includes 14 counties located in the north-central part of the state: Bibb, Blount, Calhoun, Chilton, Clay, Cleburne, Coosa, Jefferson, Pickens, Randolph, St. Clair, Shelby, Talladega, and Tuscaloosa.

Region 3

Planning region 3 includes 19 counties located in the south-central part of the state: Autauga, Bullock, Chambers, Choctaw, Dallas, Elmore, Greene, Hale, Lowndes, Lee, Macon, Marengo, Montgomery, Pike, Perry, Russell, Sumter, Tallapoosa, and Wilcox.

Region 4

Planning region 4 includes 16 counties located in the southern part of the state: Baldwin, Barbour, Butler, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Escambia, Geneva, Henry, Houston, Mobile, Monroe, and Washington.

REGIONAL CONSUMPTION

Table 7 - Alcohol Use in the Past Month by Region, Ages 12-17, %

State/Substate Region	Alcohol Use in the Past Month, 2012-2014	Alcohol Use in the Past Month, 2014-2016	Alcohol Use in the Past Month, 2016-2018
Alabama	11.07	8.74	8.60
Region 1	10.91	8.92	8.99
Region 2	11.32	9.00	8.60
Region 3	9.53	7.72	7.78
Region 4	12.14	8.94	8.74

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 8 - Alcohol Use in the Past Month by Region, Ages 18-25, %

State/Substate Region	Alcohol Use in the Past Month, 2012-2014	Alcohol Use in the Past Month, 2014-2016	Alcohol Use in the Past Month, 2016-2018
Alabama	51.68	51.56	49.72
Region 1	48.15	47.34	46.96
Region 2	53.19	56.95	53.91
Region 3	52.79	51.02	51.98
Region 4	52.44	48.76	44.04

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 9 - Alcohol Use in the Past Month by Region, Ages 26+, %

State/Substate Region	Alcohol Use in the Past Month, 2012-2014	Alcohol Use in the Past Month, 2014-2016	Alcohol Use in the Past Month, 2016-2018
Alabama	46.78	44.49	45.11
Region 1	41.09	38.76	41.69
Region 2	49.23	49.64	48.14
Region 3	45.77	44.32	46.07
Region 4	51.38	44.58	44.41

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 10 - Tobacco Product Use in the Past Month by Region, Ages 12-17, %

State/Substate Region	Tobacco Product Use in the Past Month, 2012-2014	Tobacco Product Use in the Past Month, 2014-2016	Tobacco Product Use in the Past Month, 2016-2018
Alabama	8.80	8.22	7.99
Region 1	9.22	9.18	8.98
Region 2	8.99	7.72	9.02
Region 3	6.01	6.25	5.65
Region 4	10.20	9.25	7.09

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 11 - Tobacco Product Use in the Past Month by Region, Ages 18-25, %

State/Substate Region	Tobacco Product Use in the Past Month, 2012-2014	Tobacco Product Use in the Past Month, 2014-2016	Tobacco Product Use in the Past Month, 2016-2018
Alabama	44.03	40.01	34.18
Region 1	45.82	41.18	39.87
Region 2	45.52	42.33	34.82
Region 3	37.87	33.01	27.64
Region 4	45.94	42.18	33.04

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 12 - Tobacco Product Use in the Past Month by Region, Ages 26+, %

State/Substate Region	Tobacco Product Use in the Past Month, 2012-2014	Tobacco Product Use in the Past Month, 2014-2016	Tobacco Product Use in the Past Month, 2016-2018
Alabama	32.62	30.89	31.59
Region 1	32.44	33.90	35.20
Region 2	32.19	30.27	30.95
Region 3	28.21	27.05	28.98
Region 4	36.84	30.89	29.91

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 13 - Marijuana Use in the Past Month by Region, Ages 12-17, %

State/Substate Region	Marijuana Use in the Past Month, 2012-2014	Marijuana Use in the Past Month, 2014-2016	Marijuana Use in the Past Month, 2016-2018
Alabama	4.90	5.13	5.66
Region 1	4.48	5.14	5.39
Region 2	5.46	5.16	5.94
Region 3	4.27	4.56	5.54
Region 4	5.13	5.53	5.69

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 14 - Marijuana Use in the Past Month by Region, Ages 18-25, %

State/Substate Region	Marijuana Use in the Past Month, 2012-2014	Marijuana Use in the Past Month, 2014-2016	Marijuana Use in the Past Month, 2016-2018
Alabama	14.47	14.33	17.67
Region 1	13.51	13.84	16.50
Region 2	17.30	15.70	18.33
Region 3	13.90	12.69	18.80
Region 4	11.67	14.46	16.86

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 15 - Marijuana Use in the Past Month by Region, Ages 26+, %

State/Substate Region	Marijuana Use in the Past Month, 2012-2014	Marijuana Use in the Past Month, 2014-2016	Marijuana Use in the Past Month, 2016-2018
Alabama	3.60	3.76	5.79
Region 1	3.41	3.80	5.68
Region 2	3.94	3.85	5.96
Region 3	2.94	3.59	6.06
Region 4	3.87	3.70	5.47

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 16 - Cocaine Use in the Past Year by Region, Ages 12-17, %

State/Substate Region	Cocaine Use in the Past Month, 2012-2014	Cocaine Use in the Past Month, 2014-2016	Cocaine Use in the Past Month, 2016-2018
Alabama	0.47	0.33	0.36
Region 1	0.55	0.44	0.44
Region 2	0.48	0.31	0.34
Region 3	0.35	*	*
Region 4	0.46	*	0.34

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 17 - Cocaine Use in the Past Year by Region, Ages 18-25, %

State/Substate Region	Cocaine Use in the Past Month, 2012-2014	Cocaine Use in the Past Month, 2014-2016	Cocaine Use in the Past Month, 2016-2018
Alabama	3.05	3.12	4.15
Region 1	3.36	2.71	4.41
Region 2	3.85	4.59	4.55
Region 3	1.97	2.21	3.59
Region 4	2.53	2.22	3.77

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Table 18 - Cocaine Use in the Past Year by Region, Ages 26+, %

State/Substate Region	Cocaine Use in the Past Month, 2012-2014	Cocaine Use in the Past Month, 2014-2016	Cocaine Use in the Past Month, 2016-2018
Alabama	1.00	0.97	1.34
Region 1	0.85	0.65	1.06
Region 2	1.27	1.35	1.55
Region 3	0.82	0.96	1.56
Region 4	0.93	0.83	1.24

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

REGIONAL CONSEQUENCES

Figure 36 - Alcohol Use Disorder in the Past Year by Region, Ages 12+,%

	Alabama	Region 1	Region 2	Region 3	Region 4
2012-14	5.81	5.82	5.89	5.54	5.89
2014-16	4.3	3.96	4.45	3.94	4.81
2016-18	4.5	4.4	4.8	4.04	4.58
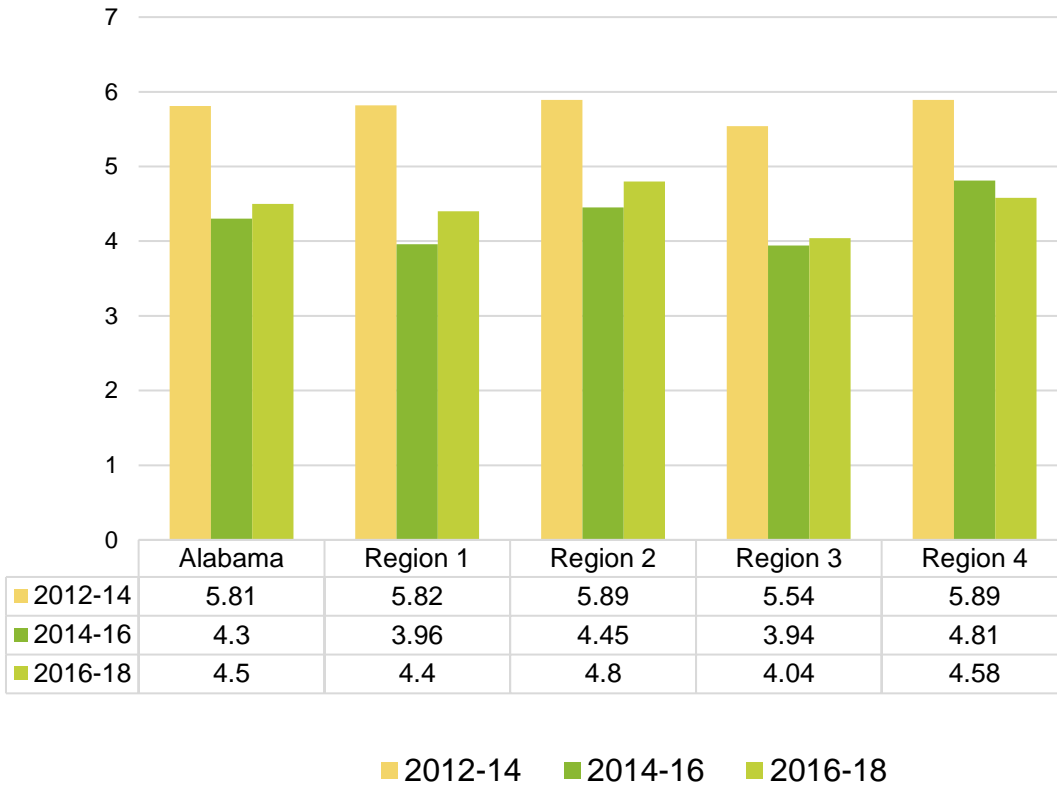
Table 19 - Alcohol Use Disorder in the Past Year by Region, Ages 12+, %

State/Substate Region	Alcohol Use Disorder in the Past Year, 2012-2014	Alcohol Use Disorder in the Past Year, 2014-2016	Alcohol Use Disorder in the Past Year, 2016-2018
Alabama	5.81	4.30	4.50
Region 1	5.82	3.96	4.40
Region 2	5.89	4.45	4.80
Region 3	5.54	3.94	4.04
Region 4	5.89	4.81	4.58

Source: Substance Abuse & Mental Health Administration, National Survey on Drug Use and Health, 2012-2018.

Figure 37 – Rate of New Cancers, Lung and Bronchus, in Alabama by County, 2014-2018

Rate of New Cancers in Alabama
Lung and Bronchus, All Ages, All Races and Ethnicities, Male and Female, 2014-2018
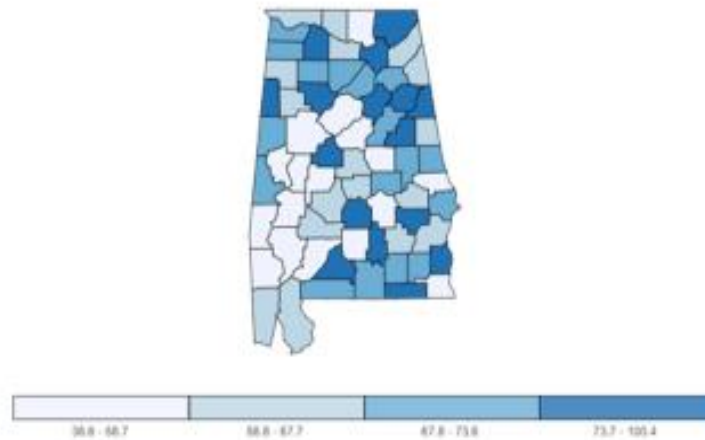
Data source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2021.

Figure 38 – Rate of Cancer Deaths, Lung and Bronchus, in Alabama by County, 2014-2018

Rate of Cancer Deaths in Alabama
Lung and Bronchus, All Ages, All Races and Ethnicities, Male and
Female, 2014-2018
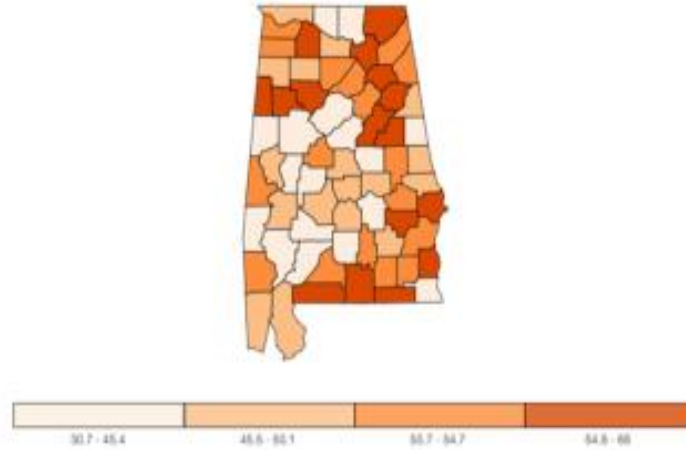
Data source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; https://www.cdc.gov/cancer/dataviz, released in June 2021.

Table 20 - Number of Drug-Induced Deaths in Alabama Grouped by Region and County*, 2019

Region 1 Counties	Number of Drug-Induced Deaths
Lauderdale County	11
Madison County	83
Morgan County	16
Cullman County	15
Walker County	16
Marshall County	22
DeKalb County	24
Etowah County	23
Colbert County	10

Region 2 Counties	Number of Drug-Induced Deaths
Blount County	10
Calhoun County	22
Jefferson County	271
St. Clair County	22
Shelby County	37
Tuscaloosa County	27

Region 3 Counties	Number of Drug-Induced Deaths
Elmore County	11
Montgomery County	14
Lee County	12
Russell County	19

Region 4 Counties	Number of Drug-Induced Deaths
Mobile County	55
Baldwin County	32
Escambia County	15
Houston County	12

*Counties not shown have data that is suppressed when the data meet the criteria for confidentiality constraints.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, released December, 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html

LIMITATIONS AND DATA GAPS

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

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

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

Other limitations are due to some measures (e.g. arrests, homicide, and mortality rate) that were included as consequence indicators in this profile, but these measures may be influenced by enforcement policies and available resources and may not be representative of the underlying issue of substance use and abuse. Also, these measures may include duplicate counts so that persons may be included more than once.

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

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

APPENDIX A: ACRONYM GLOSSARY

ABC	Alabama Beverage Control
ATOD	Alcohol, Tobacco, and Other Drugs
BAC	Blood Alcohol Concentration
BRFSS	Behavioral Risk Factor Surveillance System
CDC Wonder	Centers for Disease Control and Prevention Wide-ranging Online Data Epidemiologic Research
Epi Profile	Alabama Epidemiological Profile
FARS	Fatality Analysis Reporting System
GC HIDTA	Gulf Coast High Intensity Drug Trafficking Area
Drug Survey	Gulf Coast HIDTA 2019 Survey
NCHS	National Center for Health Statistics
NHTSA	National Highway Traffic Safety Administration
NSDUH	National Survey on Drug Use and Health
NVSS-M	National Vital Statistics System-Mortality
SAMHSA	Substance Abuse and Mental Health Services Administration
TEDS	Treatment Episode Data Set
UCR	Uniform Crime Reporting Program
USCS	United States Cancer Statistics

APPENDIX B: CONSTRUCTS & INDICATORS

Constructs	Indicators	Sources
Alcohol Consumption		
Current Use	% of persons 12 and older reporting alcohol use in past month	NSDUH
	% of persons age 12-17 reporting alcohol use in past month	NSDUH
	% of persons age 18-25 reporting alcohol use in past month	NSDUH
	% of persons age 26 or older reporting alcohol use in past month	NSDUH
	% of persons age 12-20 reporting alcohol use in past month	NSDUH
Current Binge Drinking	% of persons 12 and older reporting binge drinking in past month	NSDUH
	% of persons age 12-17 reporting binge drinking in past month	NSDUH
	% of persons age 18-25 reporting binge drinking in past month	NSDUH
	% of persons age 26 or older reporting binge drinking in past month	NSDUH
	% of persons age 12-20 reporting binge drinking in past month	NSDUH
	% of binge alcohol use among adults (aged 18 or older), by gender	BRFSS
Current Heavy Drinking	% of heavy alcohol use among adults (aged 18 and older) by age groups	BRFSS
Drinking and driving	% of adults (aged 18 and older) reported having driven after drinking too much	BRFSS

Constructs	Indicators	Sources
Alcohol Consequences		
Motor vehicle crashes	Number of fatal crashes and percentage of Alcohol-Impaired Driving by Time of Day	FARS
Crime	Rates of Violent Crimes by Type per 100,000 Inhabitants	UCR
Treatment	% of Substance Abuse Treatment Admissions by Primary Substance of Abuse	TEDS
Treatment Gap	% of persons aged 12 to 17 needing but not receiving treatment at a specialty facility for alcohol use in the past year	NSDUH
	% of person age 18 to 25 needing but not receiving treatment at a specialty facility for alcohol use in the past year	NSDUH
	% of person age 26 or older needing but not receiving treatment at a specialty facility for alcohol use in the past year	NSDUH
	% of persons ages 12 or older needing but not receiving treatment at a specialty facility for alcohol use in the past year	NSDUH
Use Disorder	% of persons with alcohol use disorder by age group	NSDUH
Tobacco Consumption		
Current Use	% of persons aged 12 or older reporting tobacco product use in the past month	NSDUH
	% of persons aged 12 to 17 reporting tobacco product use in the past month	NSDUH
	% of persons aged 18 to 25 reporting tobacco product use in past month	NSDUH

Constructs	Indicators	Sources
	% of persons aged 26 or older reporting tobacco product use in the past month	NSDUH
	% of adults 18 and older who are current smokers	BRFSS
Tobacco Consequences		
Tobacco - Related Mortality	Rate of Lung and Bronchus Cancer Deaths per 100,000 Population	CDC & National Cancer Institute
	Rate of Lung and Bronchus New Cancer Rate per 100,000 Population	CDC & National Cancer Institute
Other Drug Consumption		
Current Use	% of persons 12 and older reporting marijuana use in past month	NSDUH
	% of persons 12-17 reporting marijuana use in past month	NSDUH
	% of persons 18-25 reporting marijuana use in past month	NSDUH
	% of persons 26 or older reporting marijuana use in past month	NSDUH
Past Year	% of persons aged 12+ reporting illicit drug use by substance type in the past year	NSDUH
	% of persons aged 12-17 reporting illicit drug use by substance type in the past year	NSDUH
	% of persons aged 18-25 reporting illicit drug use by substance type in the past year	NSDUH
	% of persons aged 26+ reporting illicit drug use by substance type in the past year	NSDUH
	% of persons 26 or older non-medical prescription pain reliever use in past year	NSDUH

Constructs	Indicators	Sources
	Other Drug Consequences	
Drug related mortality	Rate of Drug-Induced Causes of Deaths	CDC Wonder
Crime	Rates of Property Crimes by Type per 100,000 Inhabitants	UCR
Treatment	Treatment admissions for cocaine as the primary substance	TEDS
	Treatment admissions for heroin as the primary substance	TEDS
	% of total admissions reporting marijuana as their primary substance of abuse	TEDS
	% of total admissions reporting amphetamines as their primary substance of abuse	TEDS
Treatment Gap	% of persons aged 12 to 17 needing but not receiving treatment at a specialty facility for illicit drug use in the past year	NSDUH
	% of person age 18 to 25 needing but not receiving treatment at a specialty facility for illicit drug use in the past year	NSDUH
	% of person age 26 or older needing but not receiving treatment at a specialty facility for illicit drug use in the past year	NSDUH
	% of persons ages 12 or older needing but not receiving treatment at a specialty facility for illicit drug use in the past year	NSDUH

Appendix C: Data Sources

Dataset	Source	Years	How to Access	Coverage	Indicators
Behavioral Risk Factor Surveillance System (BRFSS)	CDC	1995-2012 (Annual)	http://www.cdc.gov/brfss/; Also available at Behavioral Health Indicator System (BHIS) http://204.52.186.105/; Alabama Dept of Public Health	U.S. and State	Binge Drinking, Current Alcohol Use, Drinking & Driving, Current Use of Cigarettes, Current Daily Use of Cigarettes
Fatality Analysis Reporting System (FARS)	National Highway Traffic Safety Administration	1990-2012 (Annual)	http://www.nhtsa.dot.gov/portal/site/nhtsa/menuitem.0efe59a360fbaad24ec86e10dba046a0/; Also available at Behavioral Health Indicator System (BHIS) http://204.52186.105/	U.S., State, and counties	Alcohol-related Vehicle Death Rate, Fatal Crashes among Alcohol-Involved Drivers, Fatal Crashes that are Alcohol-related
National Survey on Drug Use and Health (NSDUH)	SAMHSA	2002-2016 (Annual)	http://www.oas.samhsa.gov/states.htm; Also available through SEDS at http://www.epidcc.samhsa.gov/dafault.asp	U.S., State, and some sub-state estimates	Alcohol Abuse or Dependence, Binge Drinking, Current Cigarette Smoking, Current Use of Alcohol, Current Use of Illicit Drugs other than Marijuana, Current Use of

					Marijuana, Drug Abuse or Dependence
Treatment Episode Data Set (TEDS)	SAMHSA	1992-2017 (annual)	http://wwwdasis.samhsa.gov/webt/tedsweb/tab_year.choose_year?t_state=AL	U.S. and State	Alcohol Abuse, Drug Abuse, Demographic and Substance Abuse Characteristics
Uniform Crime Reports (UCR)	FBI/NACJD	1994-2012 (Annual)	http://www.fbi.gov/ucr/ucr.htm	U.S., State and counties	Drug-related Property Crime rates including burglary, larceny, and motor vehicle theft, Alcohol-related Violent Crime Rates including assaults and robberies
Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC Wonder)	CDC	1999-2011 (Annual)	http://wonder.cdc.gov/	U.S., State, and counties	Drug-related and Alcohol-related Mortality
	Gulf Coast High Intensity Drug Area	Annual		State	Drug Trafficking, Marijuana, Methamphetamine, Prescription Drug, Drug Consumption

U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool	CDC & National Cancer Institute	based on November 2017 submission data (2005-2015):	www.cdc.gov/cancer/dataviz	U.S., State, and counties	Cancer Rates, Cancer Numbers
American Community Survey; Small Area Income & Poverty Estimates	U.S. Census	Annual	https://www.census.gov	U.S., State, and counties	Demographics