

Curry County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000 to 2008

A product of the
State Epidemiological
Outcomes Workgroup



Gary Halvorson, Oregon State Archives

Acknowledgements

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There are 41 measures on alcohol, drugs and mental health including data from 2000 through 2008. Compilation of the data required hundreds of hours of labor and the support, expertise and contribution of many people. While the Department of Human Services (DHS), Addictions and Mental Health Division (AMH) staff assembled, charted and analyzed the information in this report, the following individuals advised us of the most meaningful data measures, collected the data, shared it with us and helped us with presentation and data interpretation.

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Introduction

Substance use and mental health disorders impact families, schools, workplaces and the community. They can cause long-term health problems; lead to premature death; and contribute to injuries, abuse and violence. Difficulties that are early signs or symptoms of disorders can erode an individual's ability to function normally even when symptoms are not severe enough to meet the criteria for diagnosis.

Among adults reporting a mental or substance use disorder in their lifetime, more than half report the onset occurred in childhood or adolescence. As a result, it is important, that children reach the milestones that are the markers of healthy development. Even from early ages social, emotional, cognitive, and other skills help young people grow into healthy adults (1). Because successful development in childhood, adolescence and early adulthood is critical to preventing substance use and mental health disorders, this report provides a substantial amount of data about youth. Whenever possible the adult prevalence data have been split into adults 18 to 25 years old and those 26 or older.

The intent of this report is to facilitate planning, policymaking and program decision-making. These measures were chosen because they are reliable and sensitive indicators of what is happening among Oregonians. The data are collected and analyzed in a standardized way. Data have been collected for a minimum of three years, and have an infrastructure in place to ensure continued collection in order to: assess the community, understand what impact prevention can have and track community-level changes over time.

Information in this report is organized into three sections:

- The introduction provides context and information about Oregon's prevention system and prevention planning.
- The middle section presents each measure, an overview of why the measure is important, how it is defined, and a graph of state and county results.
- The appendices include a list of the measures, a bibliography of the data sources and endnotes that include additional details about the data source and the data presented for each measure.

This report is one of a number of valuable data sources for prevention planners. Additional data about sociodemographics, addictions treatment, health, vital statistics, education, crime, etc. can be found at:

<http://www.oregon.gov/DHS/mentalhealth/data/sew/state.shtml>

Prevention Planning

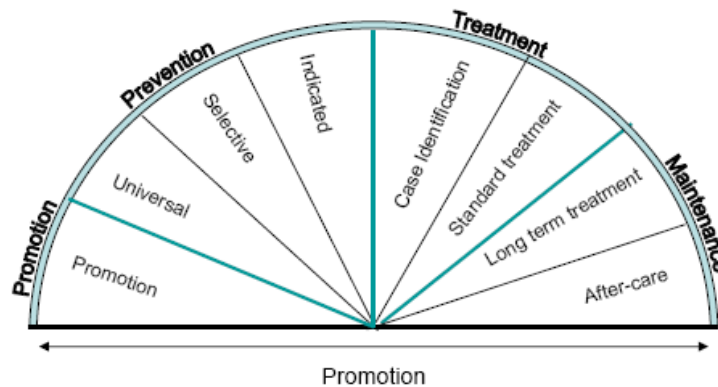
Oregon's statewide prevention network is built on three fundamentals:

- The *Spectrum of Intervention* model from the National Academy of Sciences' Institute of Medicine (IOM),
- SAMHSA's Strategic Prevention Framework (SPF) and
- The six *CSAP Strategies* (Center for Substance Abuse Prevention).

The Spectrum of Intervention

The IOM Spectrum of Intervention model provides a framework to help planners target services to clients' needs.

Spectrum of Intervention



Source: Adapted from IOM. *Reducing Risks for Mental Disorders, Frontiers for Preventive Intervention Research*, 1994.

Prevention programs serve people who have not been diagnosed with a substance abuse or mental health disorder.

- Promotion efforts can be applied to universal, selected or indicated populations. Promoting good physical, mental and emotional health within a developmental framework is a valuable step in changing individual and community norms;
- Universal prevention is directed to the general population and serves to increase awareness of the behaviors and conditions that lead to mental, emotional and substance use disorders;
- Selective prevention serves subgroups of people who are at above average risk for addiction or mental health disorders, or who share specific kinds of risks such as pregnancy, diabetes or poverty; and
- Indicated prevention is provided for individuals who show early, detectable signs of mental, emotional or substance use problems that are not frequent or severe enough to meet the criteria for a diagnosed disorder.

The Strategic Prevention Framework

AMH has adopted SAMHSA's Strategic Prevention Framework (SPF). The SPF framework takes a lifespan approach to preventing the onset and reducing the progression of substance abuse and mental health disorders and thus reduces related problems in communities.

The SPF requires State and communities to systematically:

Assess their prevention needs based on epidemiological data,

Build their prevention *capacity*,

Develop a strategic *plan*,

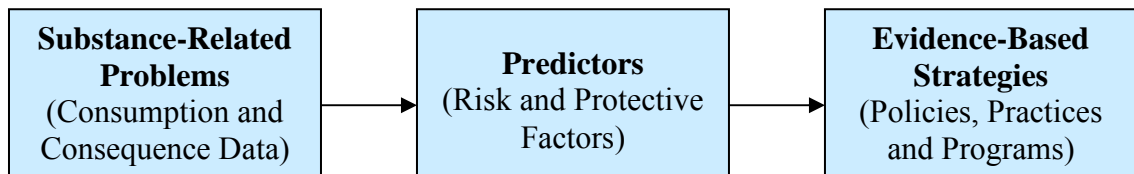
Implement effective community prevention programs, policies and practices, and

Evaluate their efforts for outcomes.



The epidemiological data in this report are used in the assessment phase to help define the problem or issue that needs to be tackled.

SPF Assessment Phase



Planners begin by examining measures that are direct consequences of substance use or mental health disorders. Consequence measures provide an indication of the health, social or economic impact on the community. Next, planners look at the prevalence of the underlying issues contributing to those consequences. Prevalence and consequence data can be examined from different perspectives such as the size or magnitude, severity, trends over time and comparisons to defined goals.

Once the epidemiological data are reviewed, planners identify risk factors, protective factors and other predictors. Finally, evidence-based strategies that are effective in addressing the predictive factors, reducing prevalence of the underlying issues and known to have an impact on the consequences are identified.

The Six CSAP Strategies

Using a variety of evidence-based strategies leads to more effective prevention efforts. Prevention strategies have been categorized in a variety of different ways. **SAMHSA/ CSAP** promotes the following **six strategies**(2):

[Information dissemination](#). This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. [Note: Information dissemination alone has not been shown to be effective at preventing substance abuse.]

[Education](#). This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages) and systematic judgment abilities.

[Alternatives](#). This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to alcohol and other drugs, therefore minimizing resort to the latter. [Note: Alternative activities alone have not been shown to be effective at preventing substance abuse.]

[Problem identification and referral](#). This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

[Community-based process](#). This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

[Environmental](#). This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence

and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

- (1) National Research Council and Institute of Medicine (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. Mary Ellen O’Connell, Thomas Boat, and Kenneth E. Warner, Editors. Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
- (2) These definitions are taken from the Federal Register, Volume 58, Number 60, March 31, 1993.

Alcohol Measures

Measure 1	Rate of death from motor vehicle crashes
Measure 2	Percent of motor vehicle fatalities that are alcohol-involved
Measure 3	Rate of death from alcohol-induced disease
Measure 4	Alcohol abuse or dependence
Measure 5	Crimes against persons
Measure 6	Current alcohol use by adults
Measure 7	Current binge drinking by adults
Measure 8	Current heavy use of alcohol by adults
Measure 9	Alcohol use in the past month
Measure 10	Binge drinking in the past month
Measure 11	Drinking and driving among youth
Measure 12	Gambling in the past year
Measure 13	Early initiation of alcohol use
Measure 14	Average age of initial alcohol use
Measure 15	Availability of alcohol
Measure 16	Perceived risk of harm of alcohol use
Measure 17	Perception of parent disapproval of alcohol use

Alcohol

Morbidity

Measure 4

Alcohol abuse or dependence

Why this measure is important

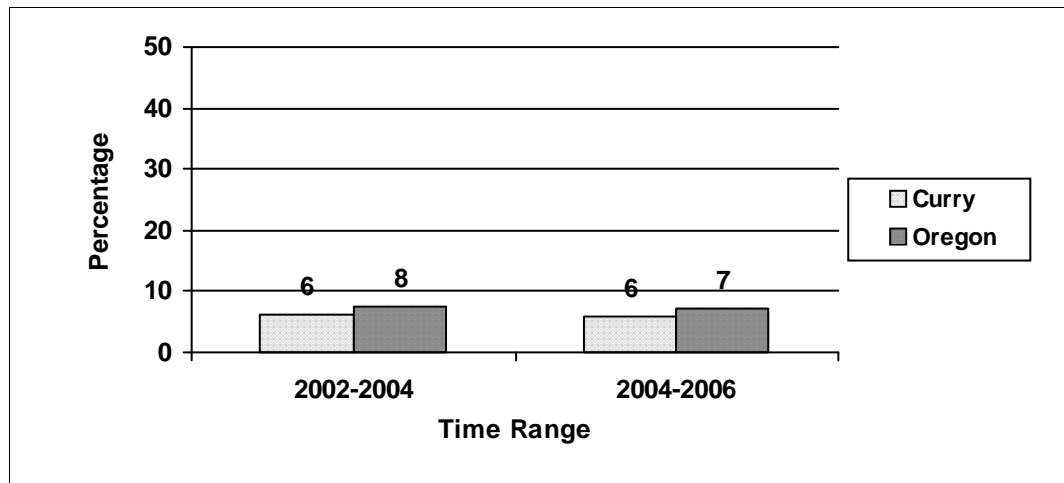
Alcohol abuse and dependence are associated with significant social, psychological and physical problems for the user and others. Abuse and dependence are clinical terms used to characterize patterns of alcohol use. Persons meeting the criteria for abuse or dependence from the Diagnostic and Statistical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

Measure Description

The series of questions related to dependence ask about health and emotional problems, associated alcohol use such as unsuccessful attempts to cut down on use, tolerance, withdrawal and spending a lot of time engaging in activities related to alcohol use. The questions on abuse ask about problems at work, home and school; problems with family or friends; physical danger; and trouble with the law due to alcohol use.

Percent of Persons With Alcohol Dependence or Abuse in the Past Year

Ages 12 or older



Data Source: National Survey on Drug Use and Health

Measure 5

Crimes against persons

Why this measure is important

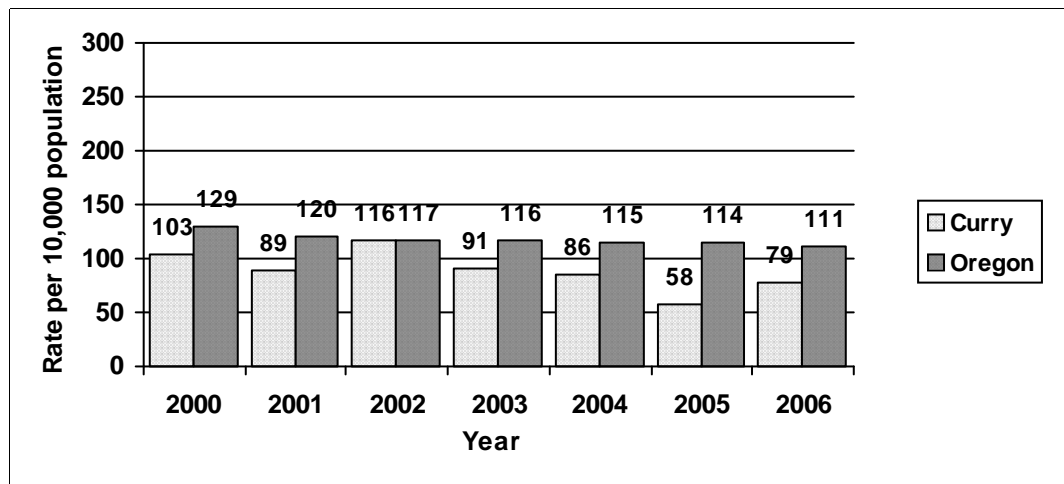
Violence is associated with alcohol. Drinking by the victim or a perpetrator can increase the risk of assaults and assault-related injuries. Approximately 30 percent of physical assaults, 23 percent of sexual assaults and 3 percent of robberies are attributable to alcohol. Oregon has a state goal of reducing crimes against persons to less than 115 per 10,000 population by 2010. This goal has already been reached in 27 counties.

Measure description

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

Rate of Crimes Against Persons per 10,000 Population

All ages



Data Source: Uniform Crime Reports

Measure 6

Current alcohol use by adults

Why this measure is important

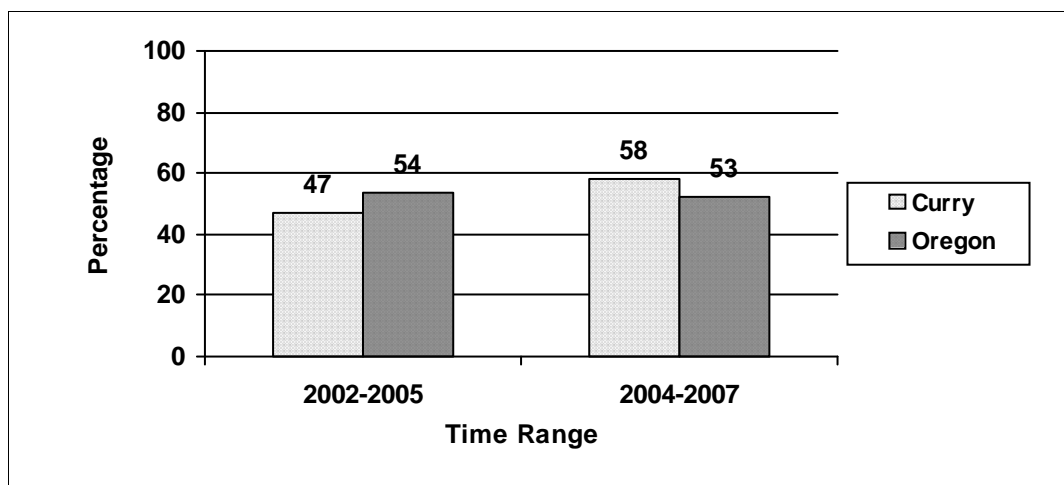
More than 1,000 Oregonians die each year from alcohol-related causes. Alcohol use, especially heavy drinking and binge drinking, results in negative health consequences and contributes to crime and violence against persons. Even moderate alcohol consumption can lead to negative consequences such as alcohol-related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

Measure Description

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

Percent of Adults Who Report Any Use of Alcohol in the Past 30 Days

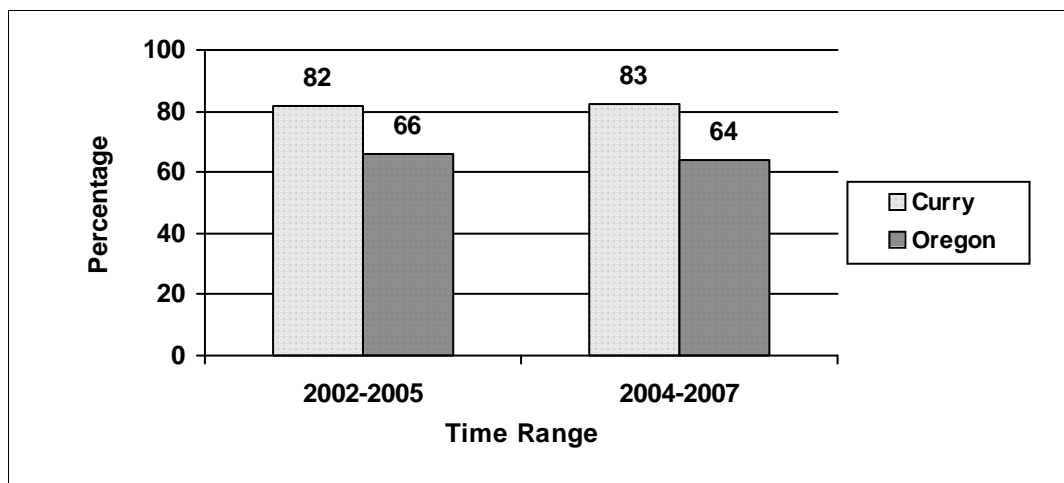
Females, 18 or older



Data Source: Behavioral Risk Factor Surveillance System

Percent of Adults Who Report Any Use of Alcohol in the Past 30 Days

Males, 18 or older



Data Source: Behavioral Risk Factor Surveillance System

Measure 7

Current binge drinking by adults

Why this measure is important

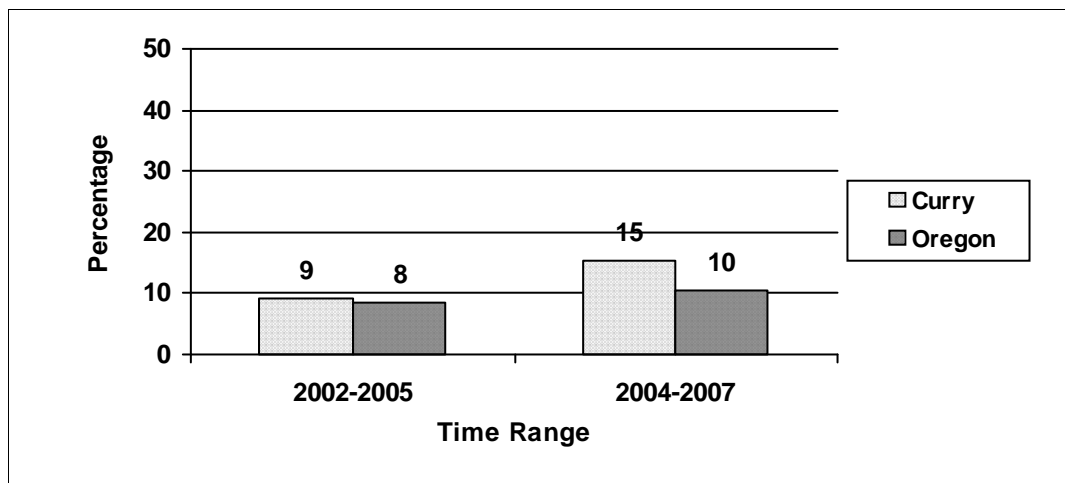
Binge drinking is defined as consumption of five or more drinks by men or four or more drinks by women in a short time span. Binge drinking is strongly associated with injuries, motor vehicle crashes, violence, fetal alcohol spectrum disorder (FASD), alcohol related neurological disorder (ARND), chronic liver disease and a number of other chronic and acute conditions.

Measure Description

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

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

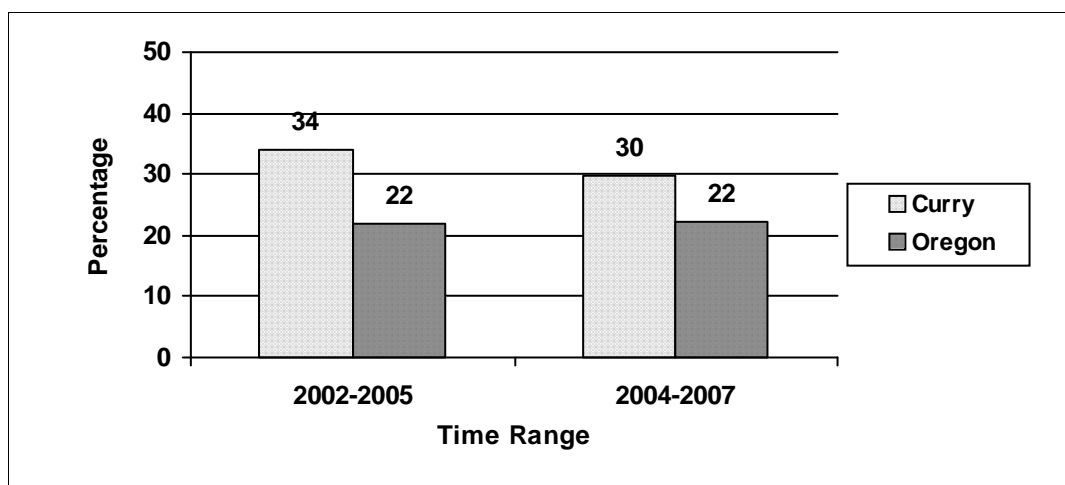
Females, 18 or older



Data Source: Behavioral Risk Factor Surveillance System

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

Males, 18 or older



Data Source: Behavioral Risk Factor Surveillance System

Measure 8

Current heavy use of alcohol by adults

Why this measure is important

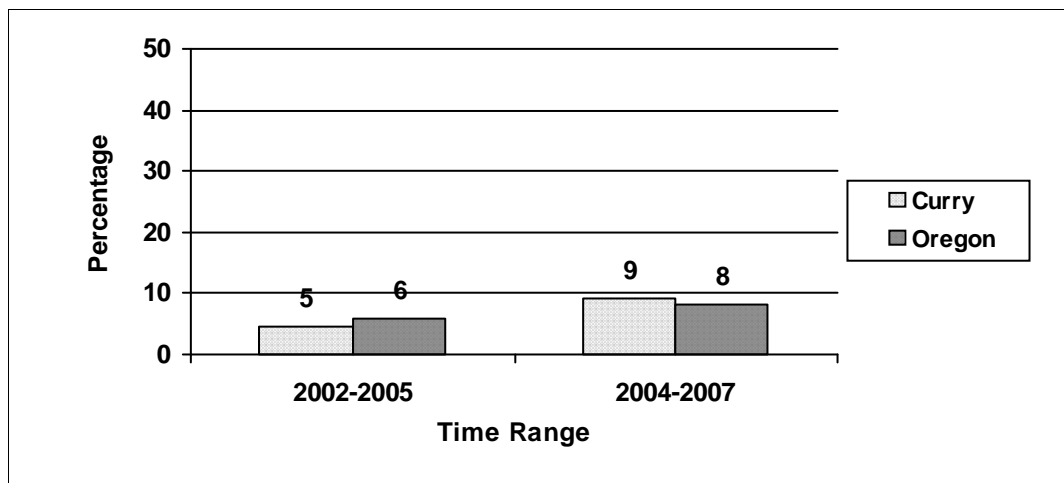
Heavy use of alcohol refers to alcohol consumption at levels that exceed U.S. Dietary Guidelines. Men who drink more than two drinks per day and women who drink more than one drink per day are at increased risk for a variety of adverse health outcomes, including alcohol abuse and dependence. Heavy drinking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

Measure Description

During the past 30 days, on the days when you drank, about how many drinks did you drink?

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

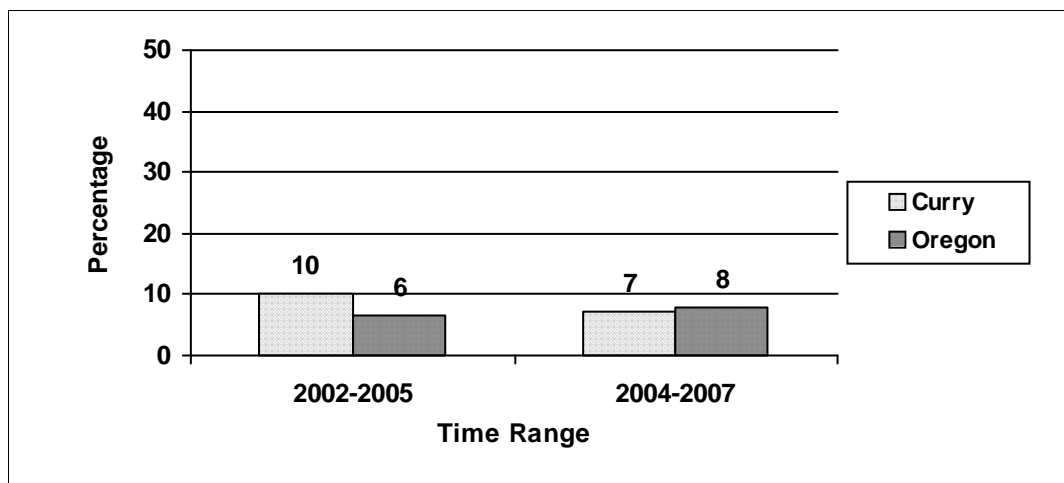
Females, 18 or older



Data Source: Behavioral Risk Factor Surveillance System

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

Males, 18 or older



Data Source: Behavioral Risk Factor Surveillance System

Measure 9

Alcohol use in the past month

Why this measure is important

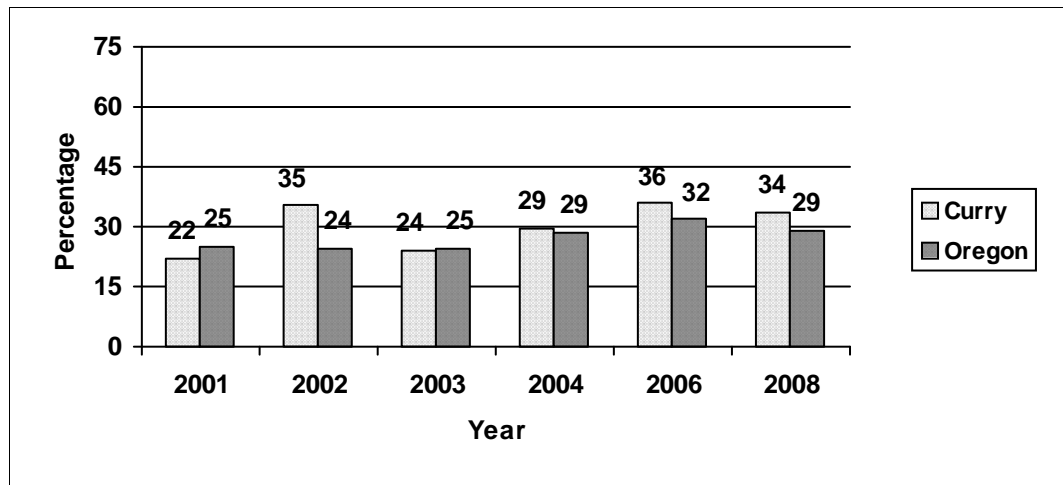
An American Medical Association report shows that adolescent drinkers perform worse in school, are more likely to fall behind and have an increased risk of social problems, depression, suicidal thoughts and violence. Even occasional heavy drinking injures young brains. Oregon has a goal of reducing 8th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

Survey question(s)

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

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

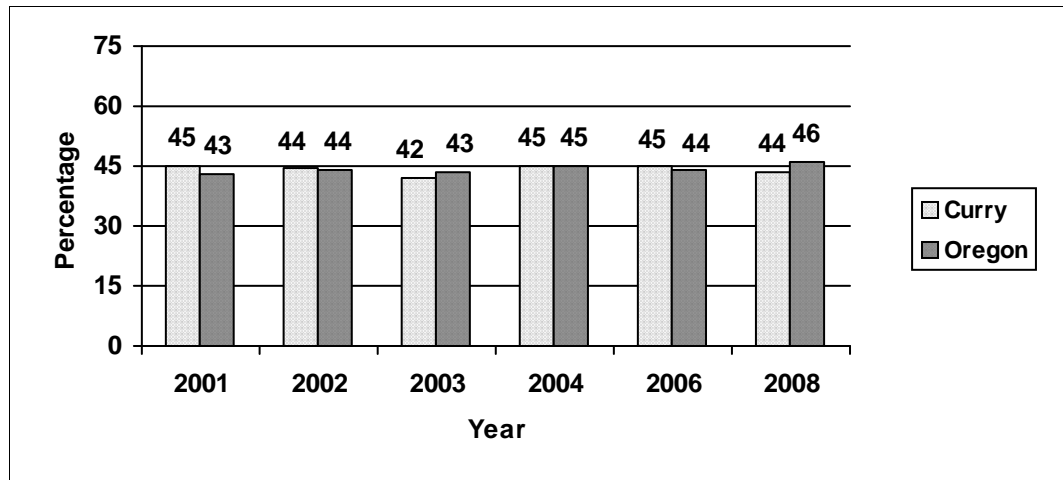
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 10

Binge drinking in the past month

Why this measure is important

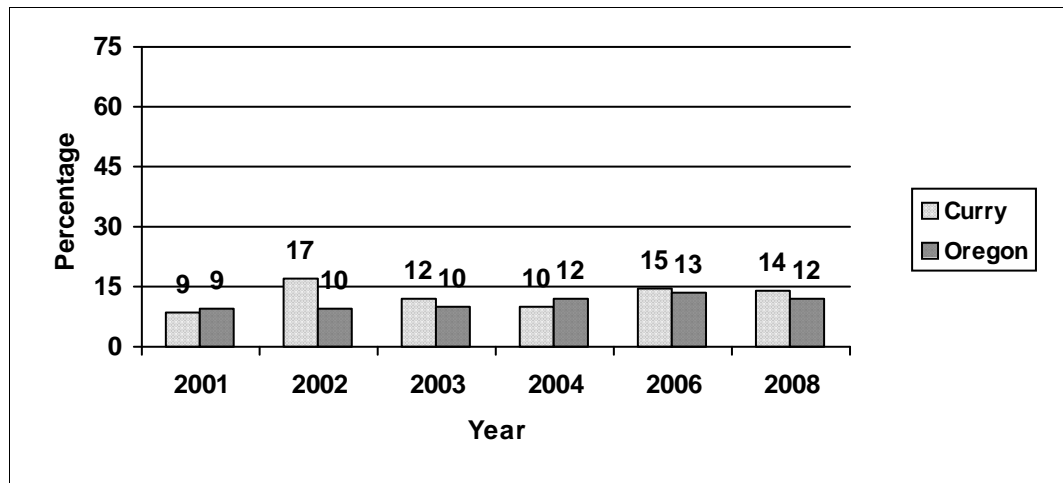
Young people who consume alcohol are more likely than adults to binge drink. Youth who binge drink are much more likely to engage in other risky behaviors such as drug use, risky sexual behavior and aggressive antisocial behavior. Binge drinking is strongly associated with injuries, motor vehicle crashes,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

Survey question(s)

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

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

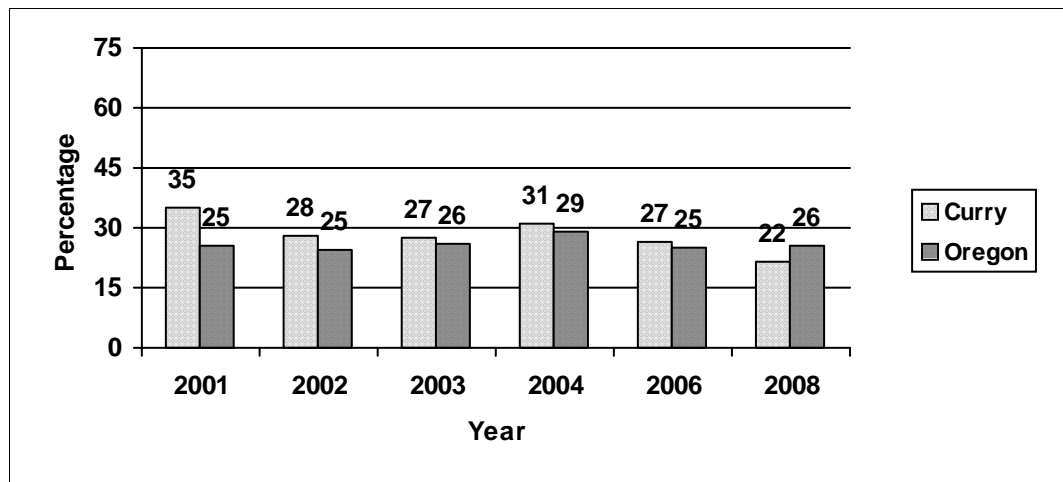
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Alcohol Drinking and Driving

Measure 11 Drinking and driving among youth

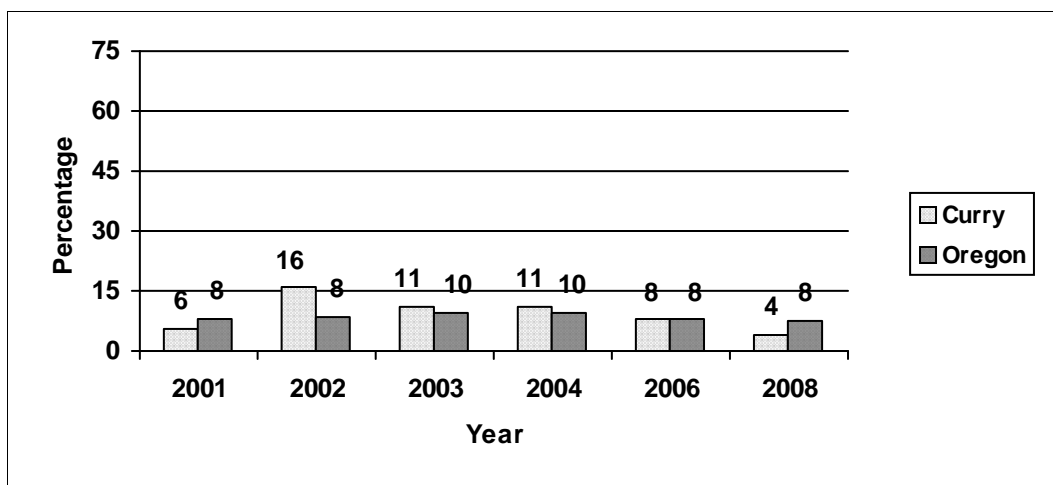
Why this measure is important

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

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

Percent of Youth Who Drove When They Had Been Drinking Alcohol

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 12

Gambling in the past year

Why this measure is important

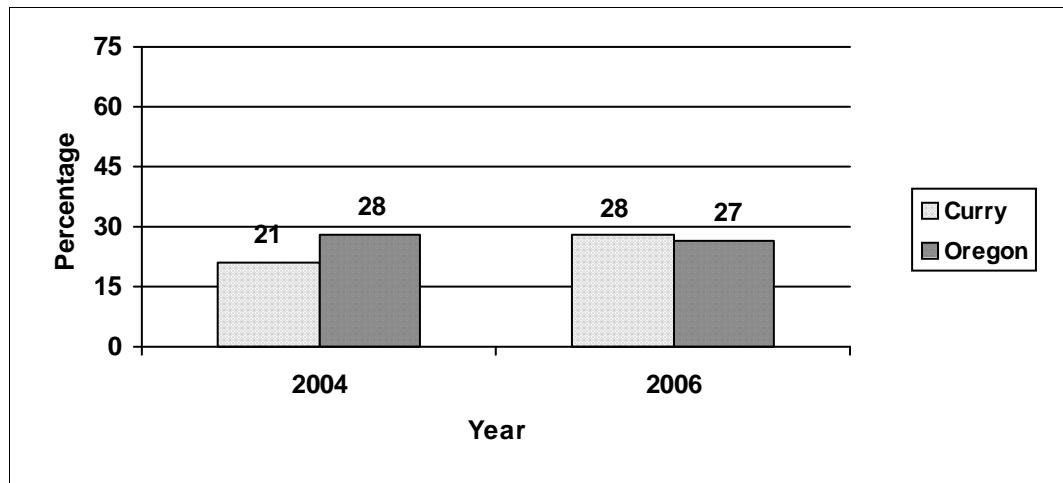
Gambling can be addictive. In Oregon, youth who engage in gambling are more likely to be involved in other risky behaviors including drinking alcohol, smoking marijuana and fighting. Problem gambling prevention should be included in existing prevention programs, curricula and activities.

Survey question(s)

* During the past 12 months, how often have you: Played cards for money? Gambled at a casino? Bought lottery tickets or scratch offs? Bet money on games of personal skill like pool, golf or bowling? Bet money on sports teams?

Percent of Youth Who Gambled in the Past Year

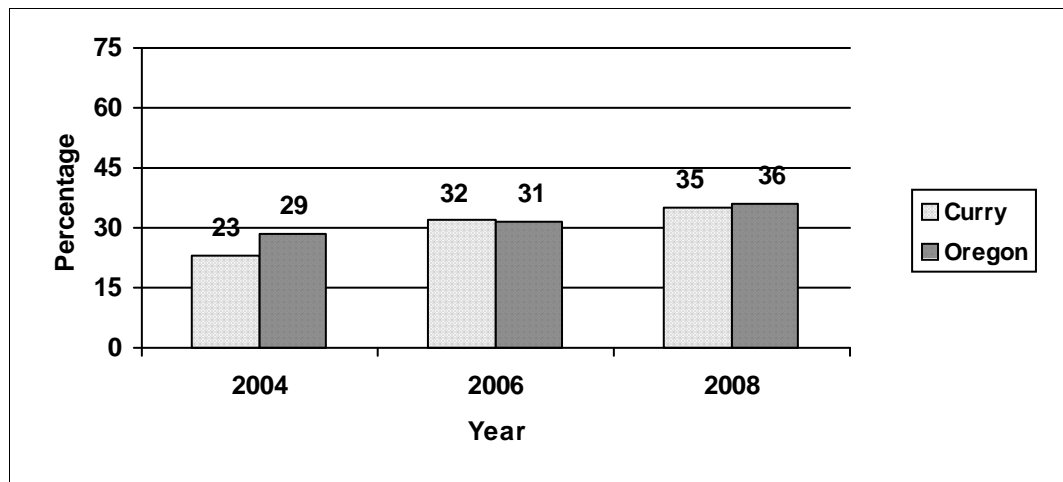
8th grade



Data Source: Oregon Healthy Teens Survey

Percent of Youth Who Gambled in the Past Year

11th grade



Data Source: Oregon Healthy Teens Survey

* Prior to 2008, the survey question was "During the past 12 months, how many times have you gambled (e.g. bought lottery tickets or tabs, bet money on sports teams or card games, etc.)?"

Measure 13

Early initiation of alcohol use

Why this measure is important

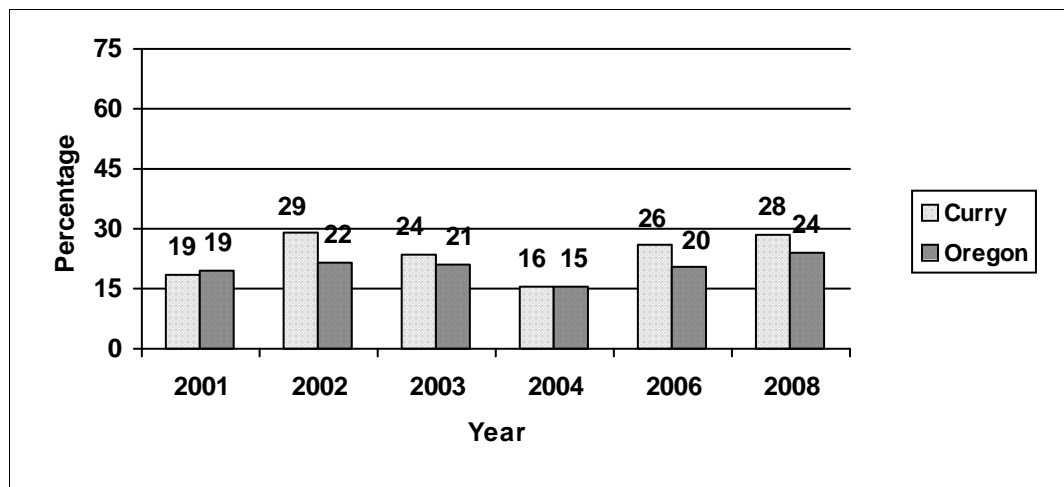
Initiation of alcohol use at young ages, especially in pre-adolescence, has been linked to more intense and problematic levels of use in adolescence and adulthood. Young people who consume alcohol are more likely than adults to binge drink. Researchers found that 45 percent of the people who began drinking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

Survey question(s)

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

Percent of Youth Who Report They Were Less Than 11 Years Old When They Drank Alcohol for the First Time

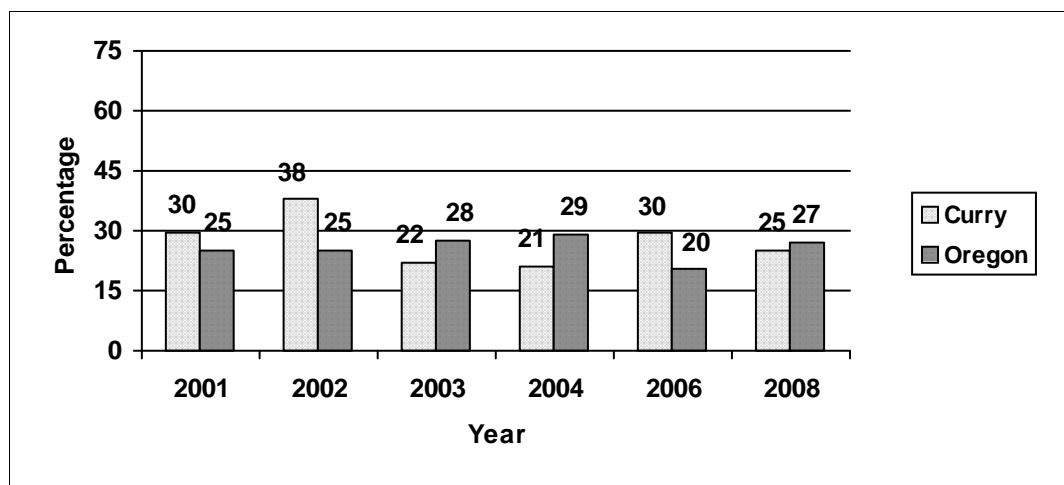
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 14

Average age of initial alcohol use

Why this measure is important

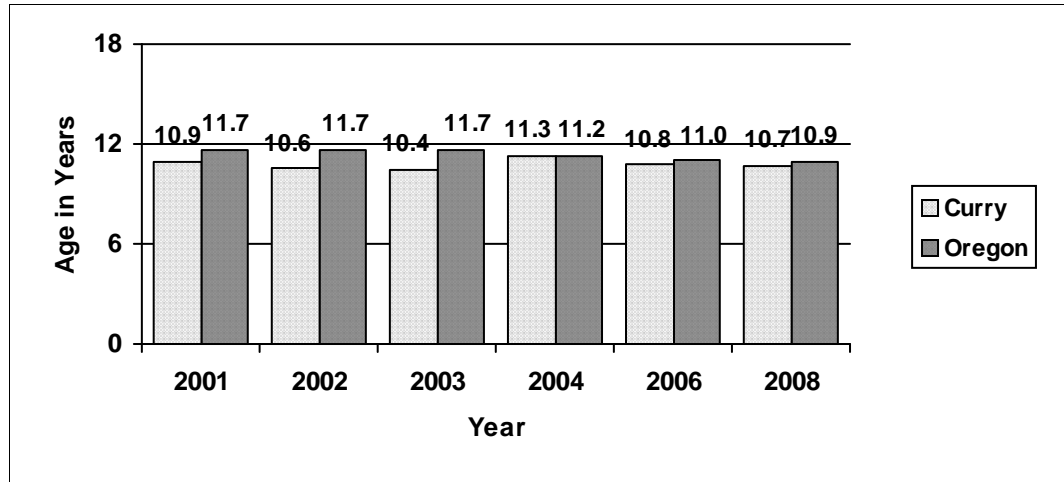
Findings from multiple studies indicate that delaying the age of initiation should be a goal of programs seeking to prevent alcohol misuse. Interventions should focus on strengthening proactive parenting and increasing the perceived harmfulness of alcohol use among elementary and middle school children.

Survey question(s)

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

Average Age at Initial Alcohol Use

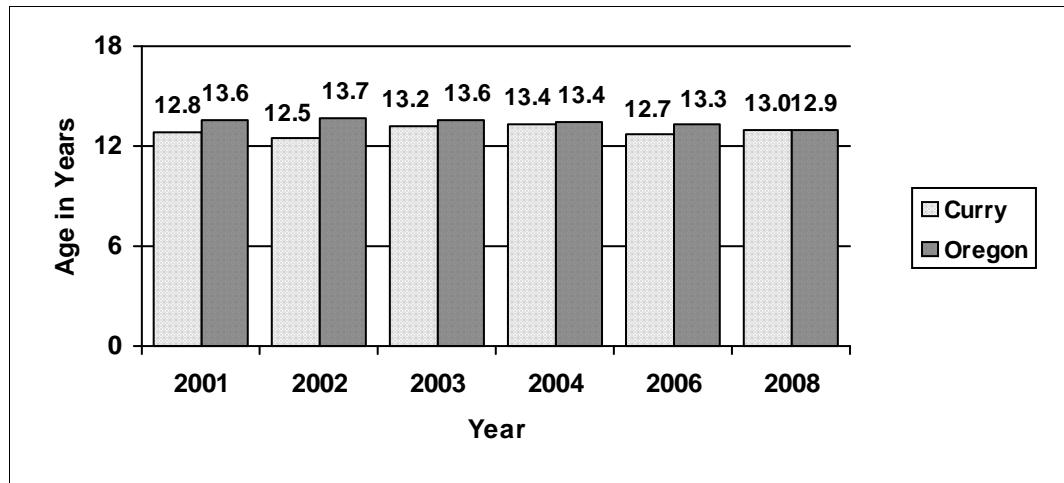
8th grade



Data Source: Oregon Healthy Teens Survey

Average Age at Initial Alcohol Use

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 15

Availability of alcohol

Why this measure is important

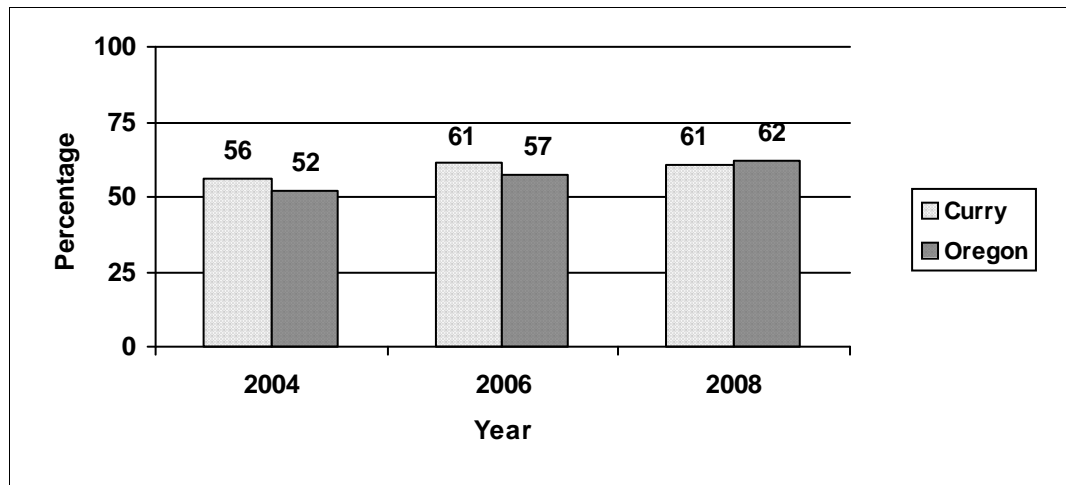
Easy access to alcohol is associated with increased risk of current alcohol use and binge drinking, especially at early ages. Youth obtain alcohol from many sources in addition to retailers, including friends, siblings, parents and taking it from the home without permission. In Oregon it is illegal for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

Survey question(s)

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

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

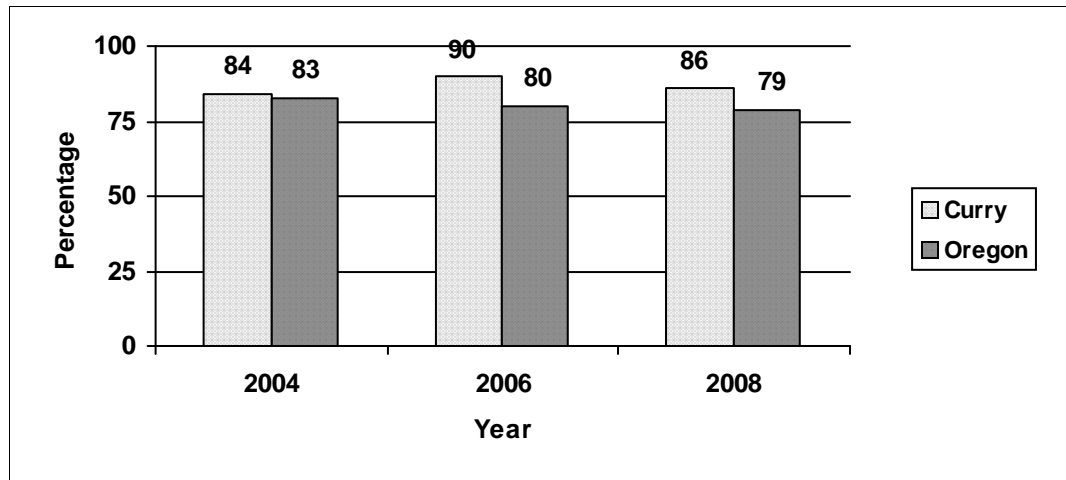
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 16

Perceived risk of harm from alcohol use

Why this measure is important

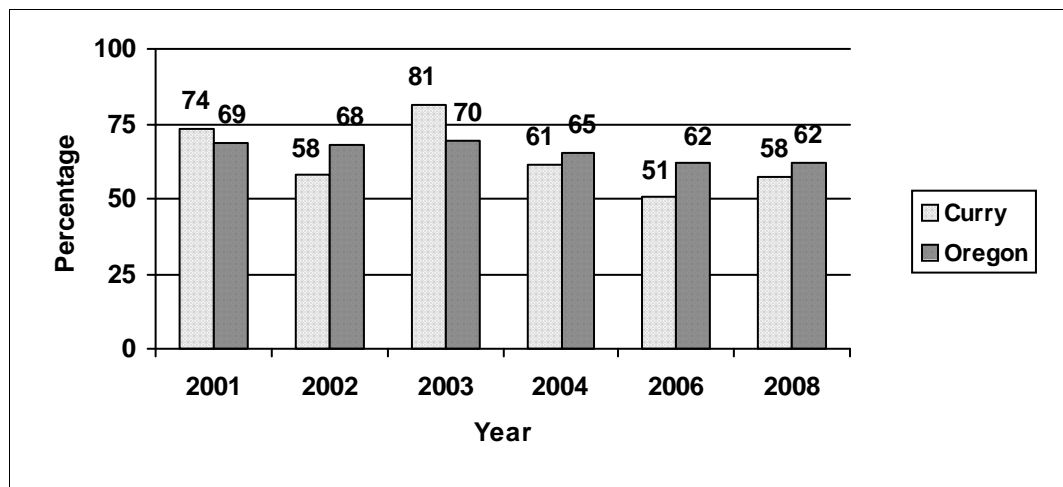
Perceived risk of harm from alcohol use is a deterrent to drinking, especially at early ages. Oregon 8th graders who thought there was "moderate" or "great risk" of harm from drinking alcohol nearly every day were significantly less likely to drink or binge drink than those who thought there was "slight"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

Survey question(s)

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

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

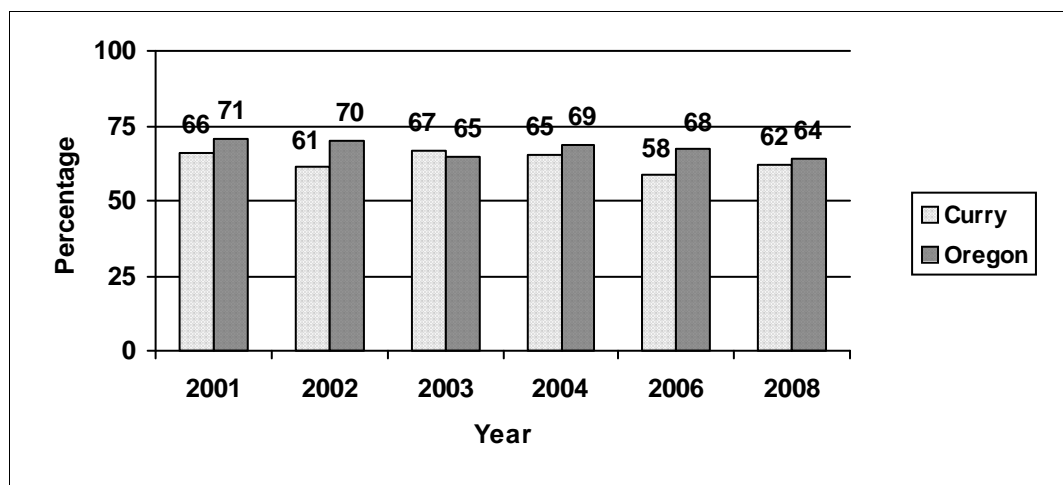
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 17

Perception of parent disapproval of alcohol use

Why this measure is important

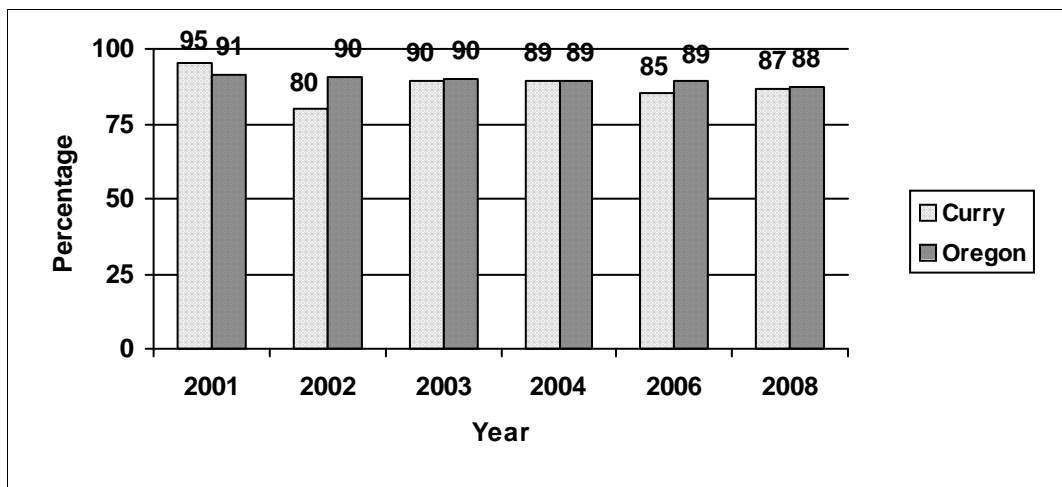
Parents can play an influential role in preventing underage drinking. Youth who know their parents disapprove of underage drinking are less likely to drink alcohol, especially at an early age. Oregon 8th graders who believe their parents would think it is "wrong" or "very wrong" if they drank alcohol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

Survey question(s)

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

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

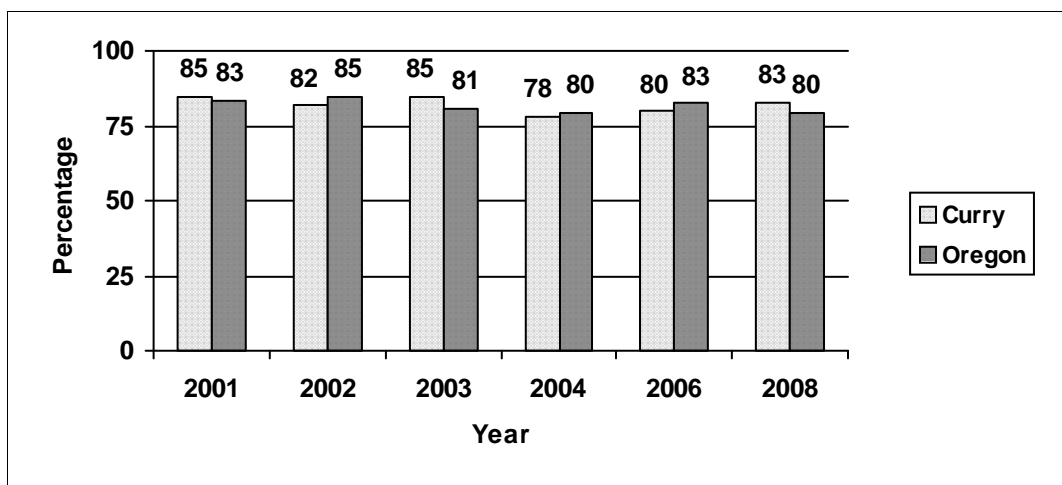
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Drug Measures

Measure 18	Rate of drug-induced deaths
Measure 19	Drug abuse or dependence
Measure 20	Crimes against property
Measure 21	Marijuana or hashish use in the past month
Measure 22	Illicit drug use other than marijuana in the past month
Measure 23	Marijuana use in the past month
Measure 24	Past month illicit drug use, other than marijuana
Measure 25	Inhalant use by youth
Measure 26	Prescription drug use in the past month
Measure 27	Methamphetamine use by youth
Measure 28	Early initiation of marijuana use
Measure 29	Average age of initial marijuana use
Measure 30	Availability of marijuana
Measure 31	Availability of illicit drugs
Measure 32	Perceived risk of harm from regular marijuana use
Measure 33	Perception of parent disapproval of marijuana use

Drugs

Mortality

Measure 18

Rate of drug-induced deaths

Why this measure is important

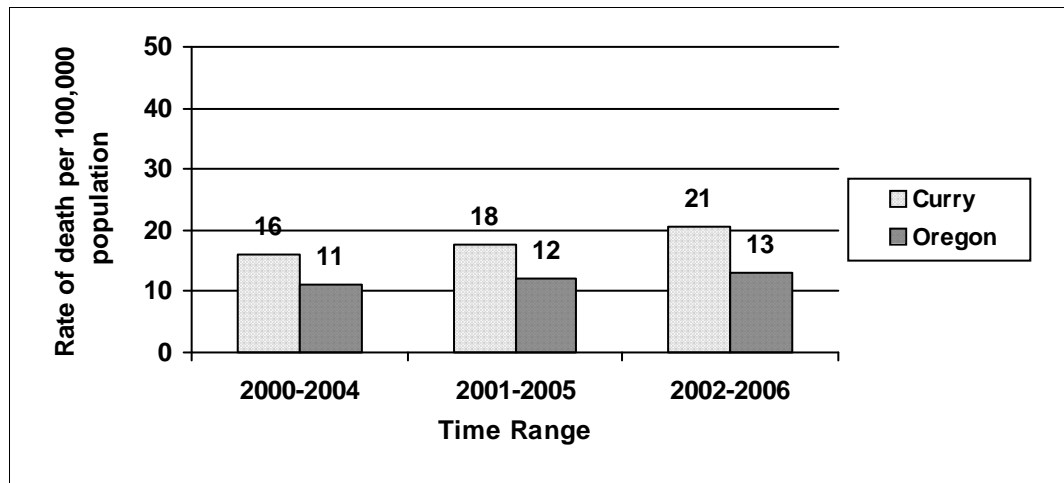
Drug-induced deaths are influenced by programs to prevent: substance abuse, accidental poisoning, suicide and fatal interaction among medications. Deaths may be the direct result of any of a number of prescription, over-the-counter or illicit drugs such as opioids, sedatives, cocaine, stimulants, hallucinogens and solvents. The Healthy People 2010 objective is to reduce the rate of drug-induced deaths to 1.0 per 100,000 population.

Measure Description

Rate of death from drug-induced causes per 100,000 population, age-adjusted. Examples include drug psychosis, drug dependence, suicide, and intentional and accidental poisoning that result from drug use (ICD-10 codes D52.1, D59.0, D59.2, D61.1, D64.2, E06.4, E16.0, E23.1, E24.2, E27.3, E66.1, F11-F16 (.0-.5, .7-.9), F18-F19 (.0-.5, .7-.9), G21.1, G24.0, G25.1, G25.4, G25.6, G44.4, G62.0, G72.0, I95.2, J70.2-J70.4, L10.5, L27.0, L27.1, M10.2, M32.0, M80.4, M81.4, M83.5, M87.1, R78.1-R78.5, X40-X44, X60-X64, X85, Y10-Y14)

Rate of Death from Drug-Induced Causes, Age-Adjusted

All Ages



Data Source: Death Certificate Data

Drugs

Morbidity

Measure 19

Drug abuse or dependence

Why this measure is important

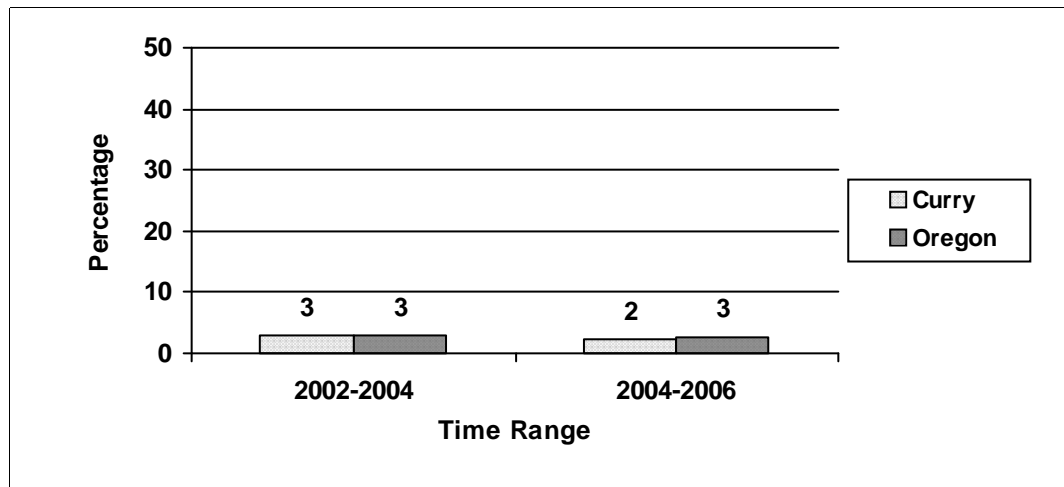
Abuse and dependence are clinical terms used to characterize patterns of drug use. Drug abuse and dependence are associated with significant social, psychological and physical problems for the user and others. Persons meeting the criteria for abuse or dependence from the Diagnostic and Statistical Manual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

Measure Description

A series of questions are used to identify persons that meet three of seven DSM-IV criteria for dependence, or one or more of the four DSM-IV criteria for drug abuse

Percent of Persons with Drug Dependence or Abuse

Ages 12 or older



Data Source: National Survey on Drug Use and Health

Measure 20

Crimes against property

Why this measure is important

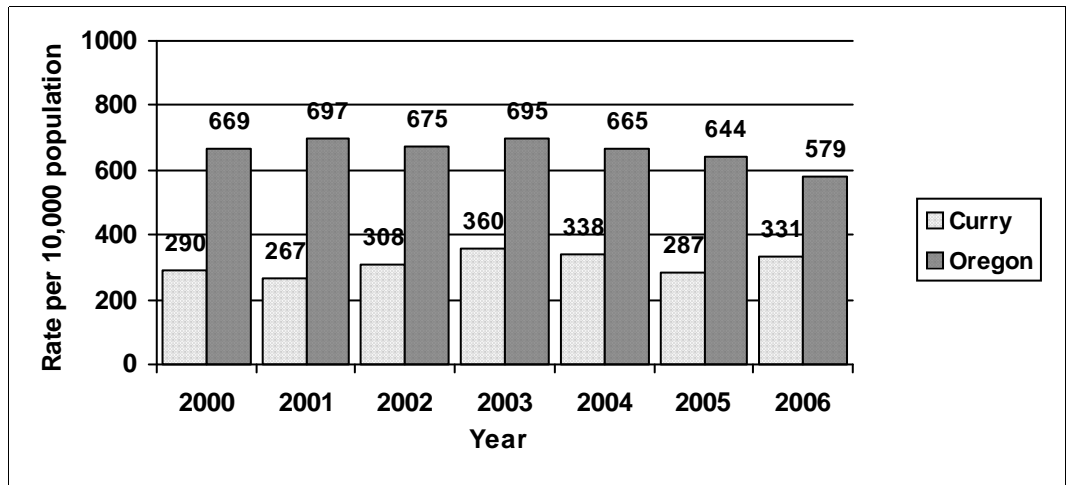
Drug-related property crimes include burglary, larceny and motor vehicle theft. These crimes frequently are committed to obtain money to purchase drugs. Drug-attribution rates for property crime range from approximately 7 percent for motor vehicle theft to 30 percent for burglary and larceny. Oregon has a state goal of reducing property crimes to less than 591 per 10,000 population by 2010. In 2006, 26 counties met this goal.

Measure description

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

Rate of Property Crimes per 10,000 Population

All ages



Data Source: Uniform Crime Reports

Measure 21

Marijuana or hashish use in the past month

Why this measure is important

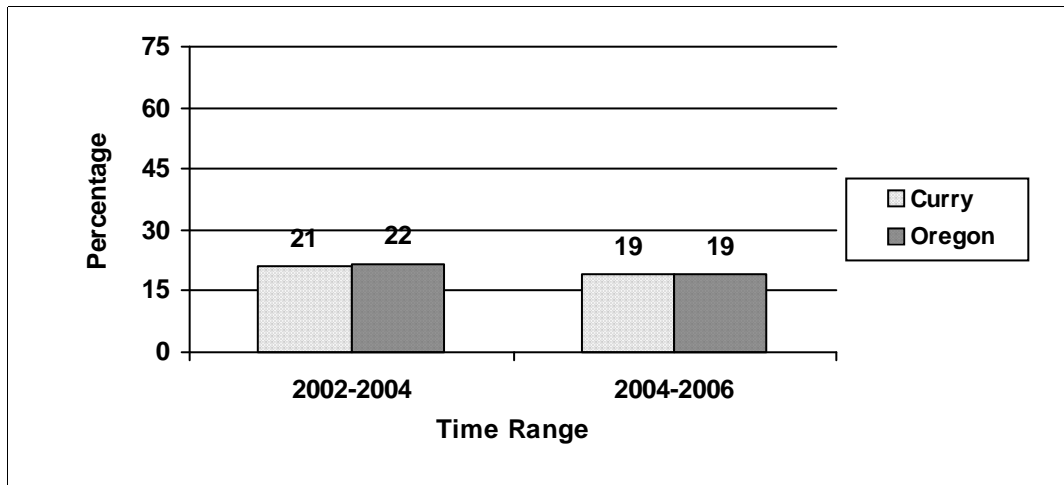
The use of marijuana can produce adverse physical, mental, emotional and behavioral changes and can be addictive. Adverse health effects include respiratory illnesses, memory impairment and weakening of the immune system.

Measure Description

How long has it been since you last used marijuana or hashish?

Percent of Persons Who Used Marijuana or Hashish in the Past 30 Days

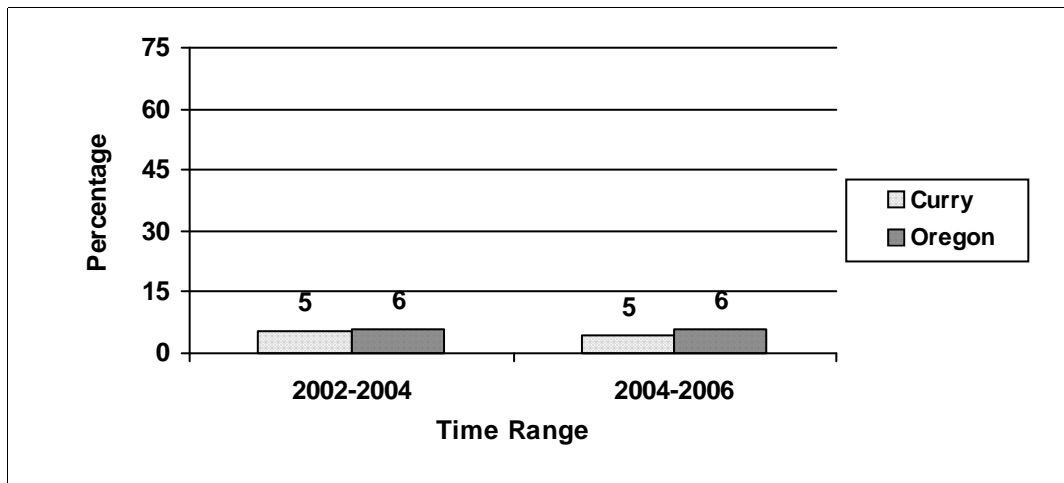
Adults, 18 to 25 years



Data Source: National Survey on Drug Use and Health

Percent of Persons Who Used Marijuana or Hashish in the Past 30 Days

Adults, 26 or older



Data Source: National Survey on Drug Use and Health

Measure 22

Illicit drug use other than marijuana in the past month

Why this measure is important

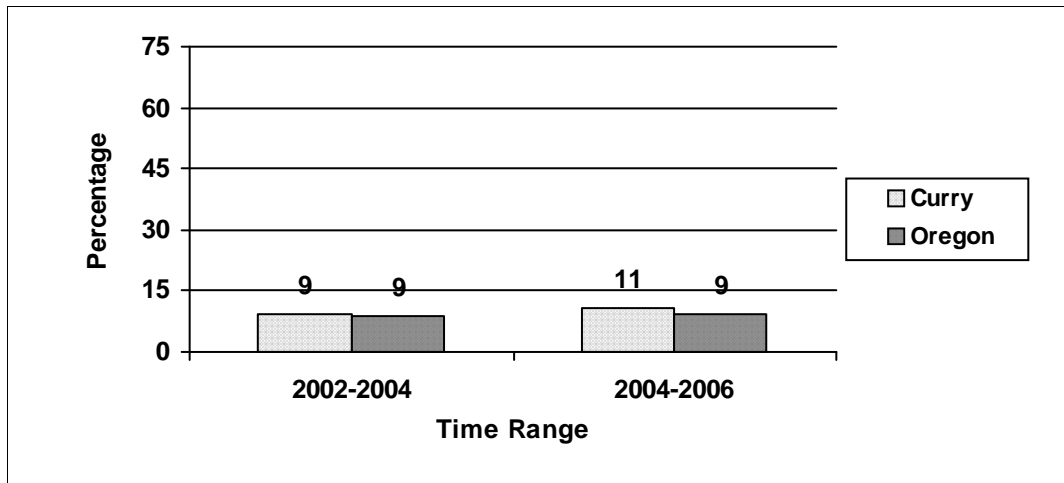
Both chronic and occasional drug use can result in serious medical conditions stemming from the drug itself, the method of drug administration, or the use of contaminated equipment. Chronic drug use can lead to dependence and serious medical conditions.

Measure Description

Past 30 day use of cocaine, inhalants, hallucinogens, heroin, or prescription drugs

Percent of Persons Who Used Illicit Drug(s) Other Than Marijuana in the Past 30 Days

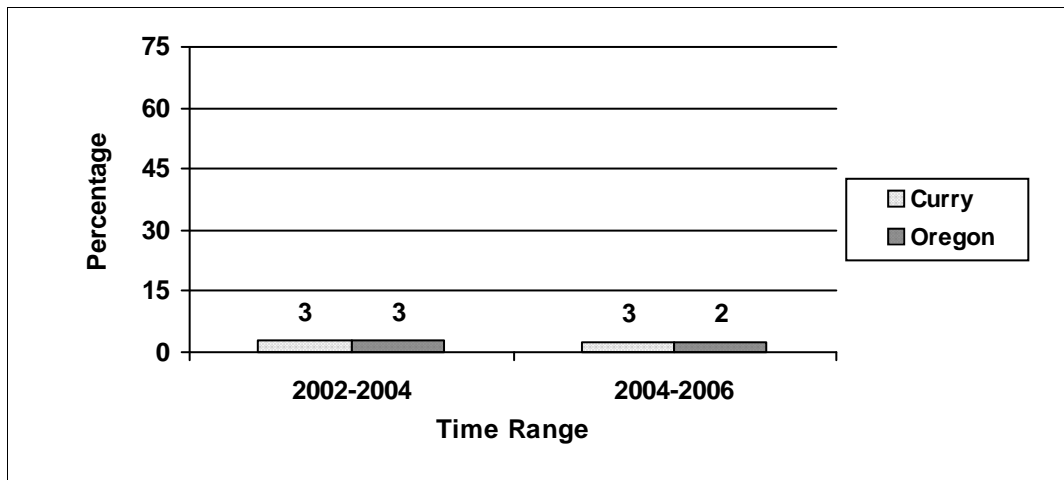
Adults, 18 to 25 years



Data Source: National Survey on Drug Use and Health

Percent of Persons Who Used Illicit Drug(s) Other Than Marijuana in the Past 30 Days

Adults, 26 or older



Data Source: National Survey on Drug Use and Health

Measure 23

Marijuana use in the past month

Why this measure is important

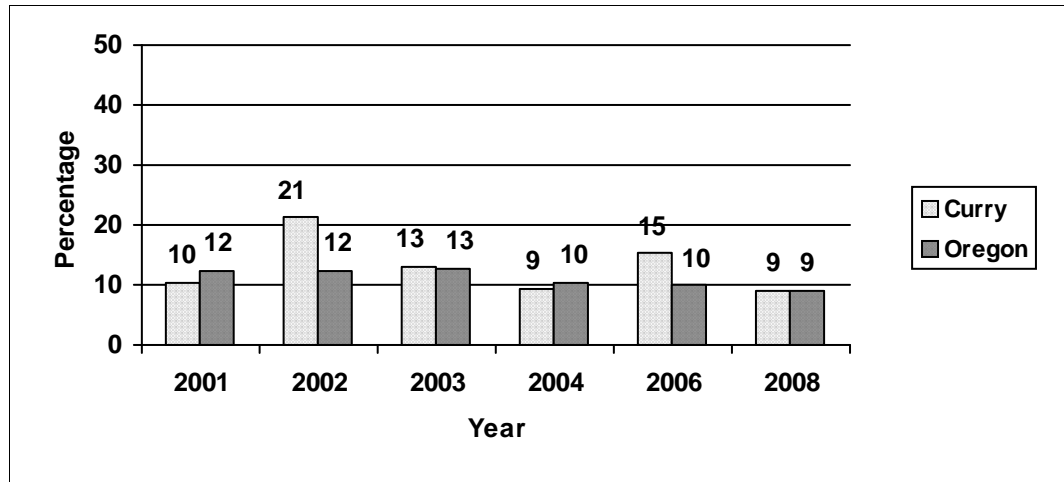
The use of marijuana can produce adverse physical, mental, emotional and behavioral changes and can be addictive. Short-term effects include problems with memory and learning, difficulty thinking, loss of coordination, increased anxiety and panic attacks. Adverse health effects include respiratory illnesses,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

Survey question(s)

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

Percent of Youth Who Used Marijuana One or More Times in the Past 30 Days

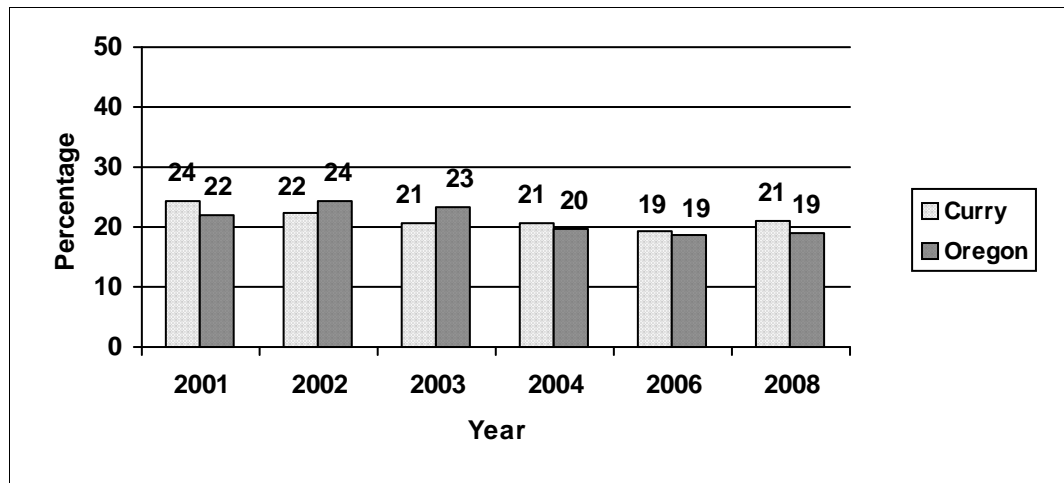
8th grade



Data Source: Oregon Healthy Teens Survey

Percent of Youth Who Used Marijuana One or More Times in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 24

Past month illicit drug use, other than marijuana

Why this measure is important

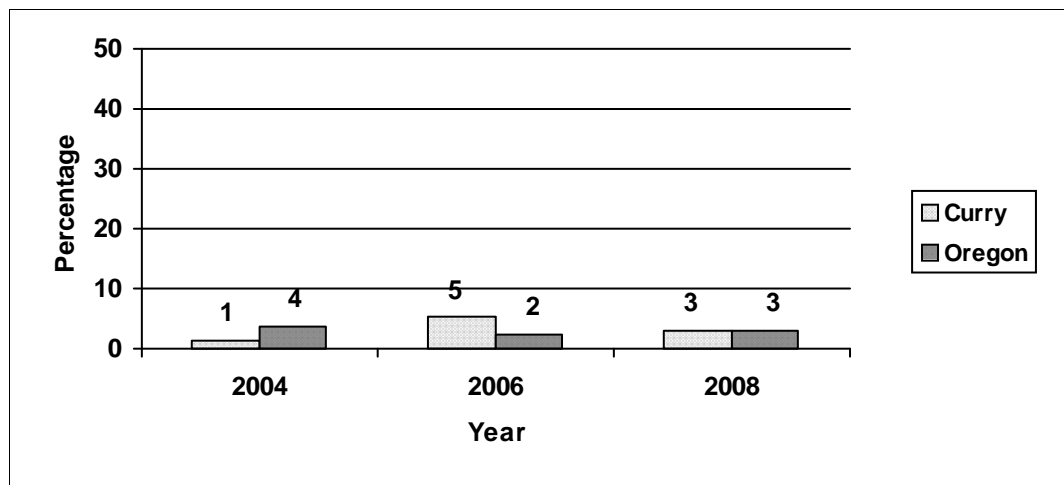
Both chronic and occasional drug use can result in serious medical conditions. Illegal use of drugs such as heroin, cocaine and methamphetamine is associated with other serious consequences including cutting classes, delinquency and high risk sexual activity.

Survey question(s)

Summary variable: Past month illicit drug use other than marijuana, including stimulants, cocaine, heroin, ecstasy and/or LSD (excludes inhalants or prescription drugs)

Percent of Youth Who Used Illicit Drug(s) Other Than Marijuana in the Past 30 Days

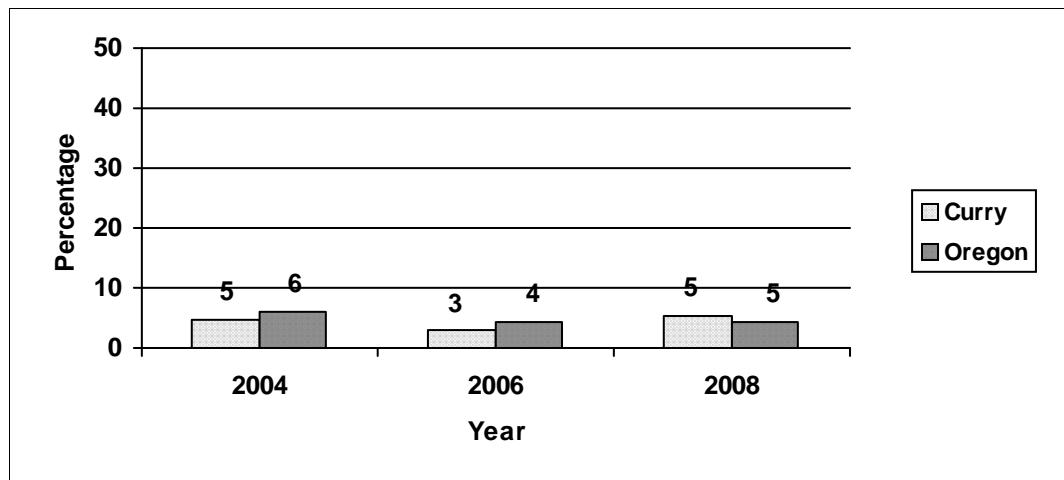
8th grade



Data Source: Oregon Healthy Teens Survey

Percent of Youth Who Used Illicit Drug(s) Other Than Marijuana in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 25

Inhalant use by youth

Why this measure is important

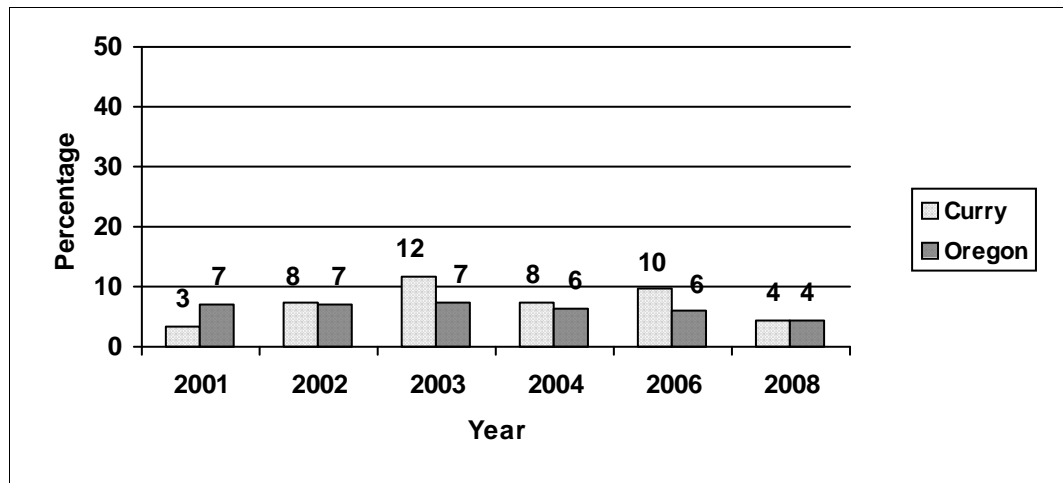
Long-term consequences of chronic exposure to inhalants has been associated with brain and other organ damage, neurocognitive impairment and compromised immune system response. Even single prolonged exposure by otherwise healthy individuals has been known to cause death as a result of cardiac arrhythmia,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

Survey question(s)

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

Percent of Youth Who Used Inhalants in the Past 30 Days

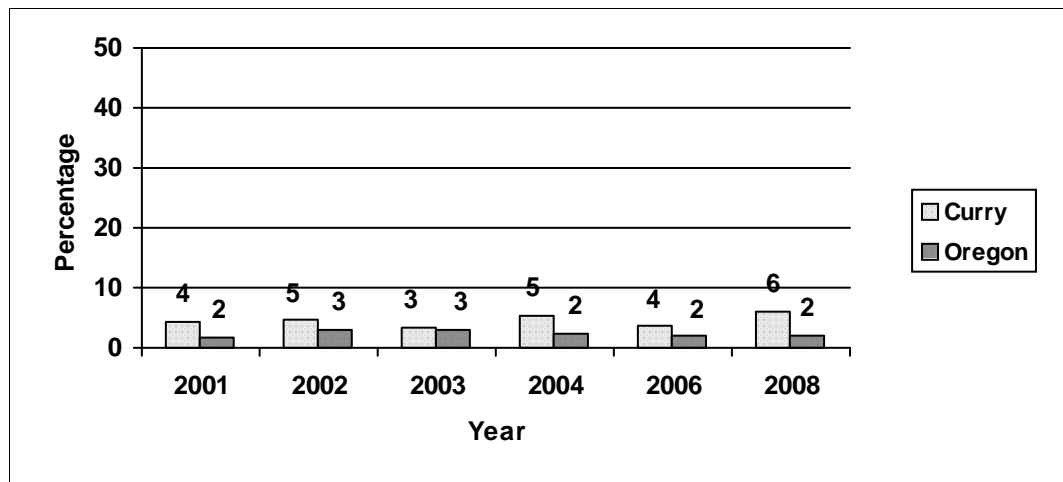
8th grade



Data Source: Oregon Healthy Teens Survey

Percent of Youth Who Used Inhalants in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 26

Prescription drug use in the past month

Why this measure is important

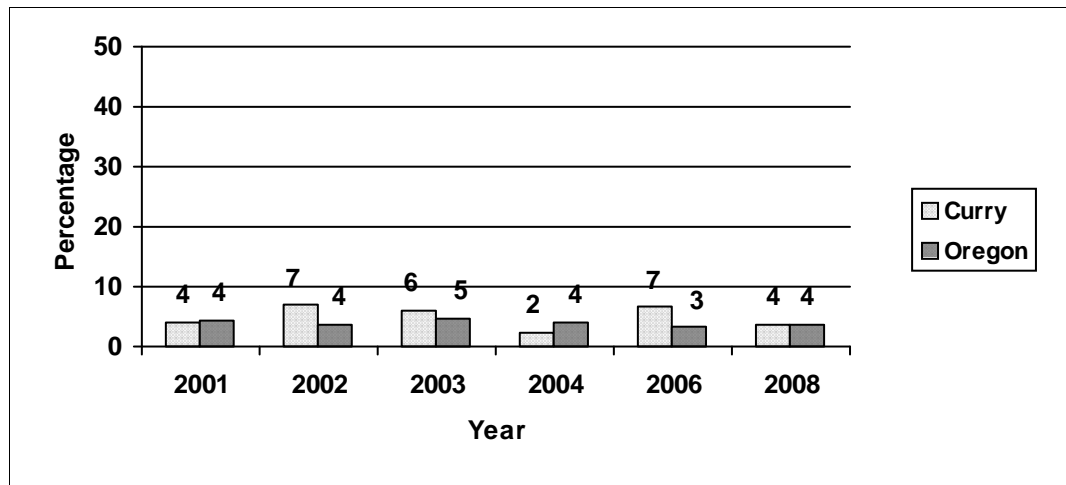
Adolescents are more likely than young adults to become dependent on prescription drugs. National studies and published reports indicate that the intentional abuse of prescription drugs to get high is a growing concern. Recent national findings show youth are turning away from street drugs and intentionally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

Survey question(s)

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

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

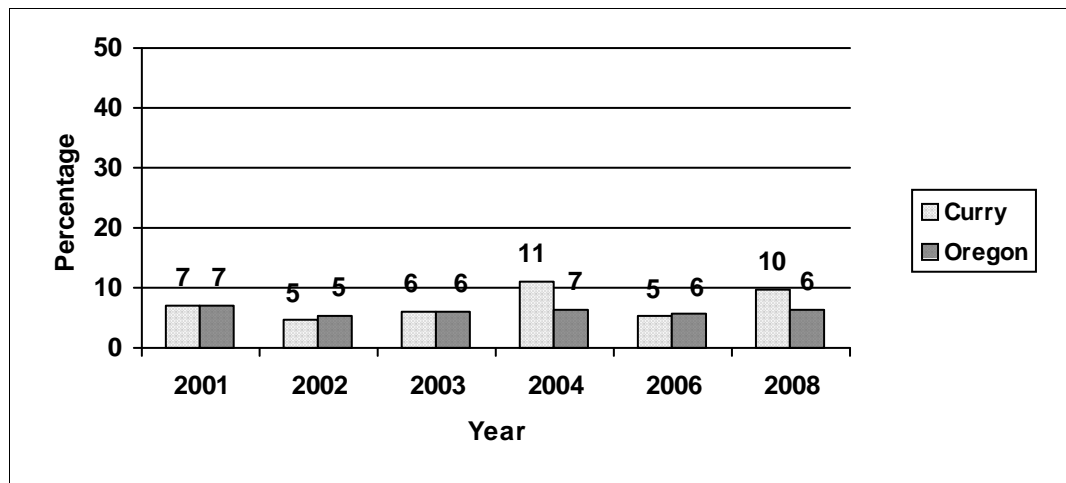
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 27

Methamphetamine use by youth

Why this measure is important

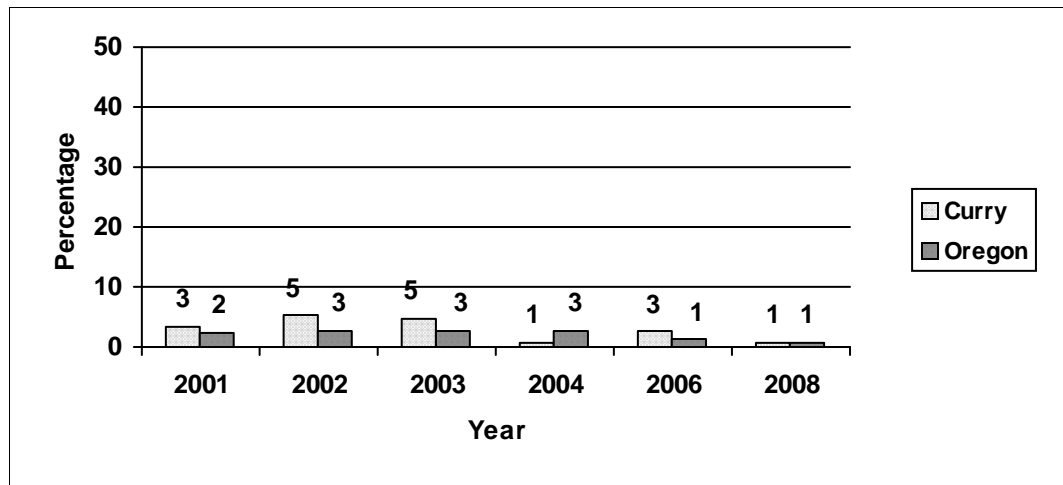
Methamphetamine is a highly addictive stimulant that can have serious effects on a user's physical, mental and social well-being. Chronic abusers exhibit symptoms that can include anxiety, insomnia, violent behavior and psychotic symptoms.

Survey question(s)

During the past 30 days how many times did you use methamphetamine (also called speed, crystal, crank or ice)?

Percent of Youth Who Used Methamphetamine in the Past 30 Days

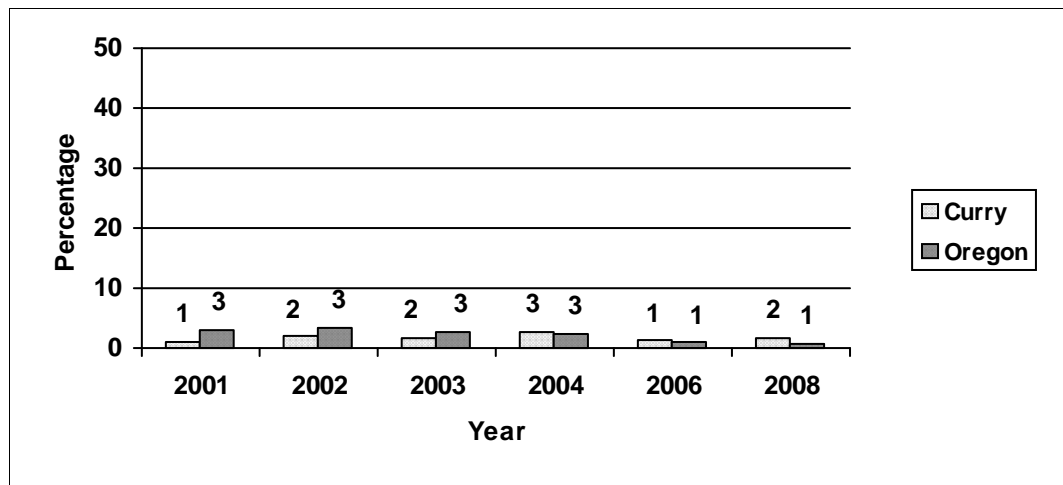
8th grade



Data Source: Oregon Healthy Teens Survey

Percent of Youth Who Used Methamphetamine in the Past 30 Days

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 28

Early initiation of marijuana use

Why this measure is important

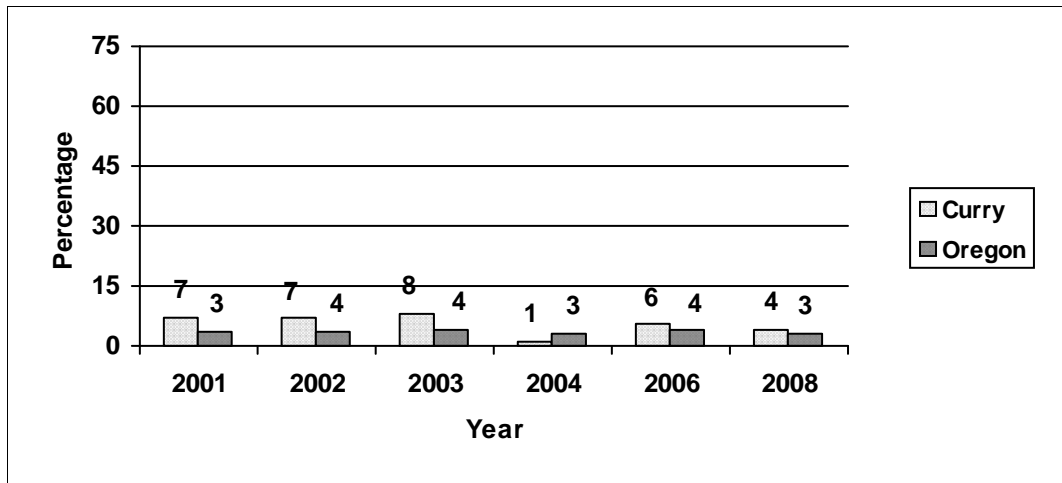
Youth who begin smoking marijuana at an early age are more likely to develop problematic levels of use in later adolescence and young adulthood. Youth who smoke marijuana are more likely to engage in multiple problem behaviors such as risky sexual behavior, alcohol, cigarette or other drug use than youth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

Survey question(s)

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

Percent of Youth Who Report They Were Less Than 11 Years Old When They Tried Marijuana for the First Time

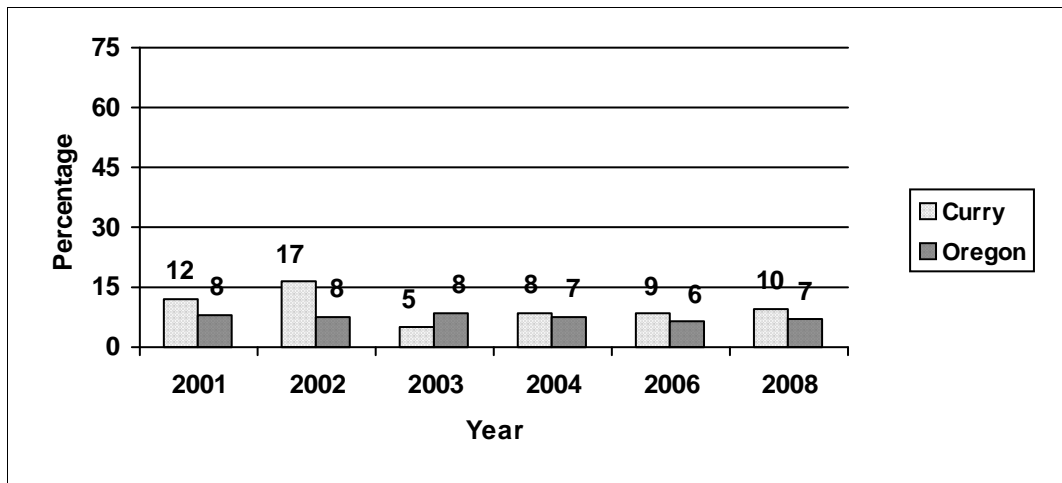
8th grade



Data Source: Oregon Healthy Teens Survey

Percent of Youth Who Report They Were Less Than 13 Years Old When They Tried Marijuana for the First Time

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 29

Average age of initial marijuana use

Why this measure is important

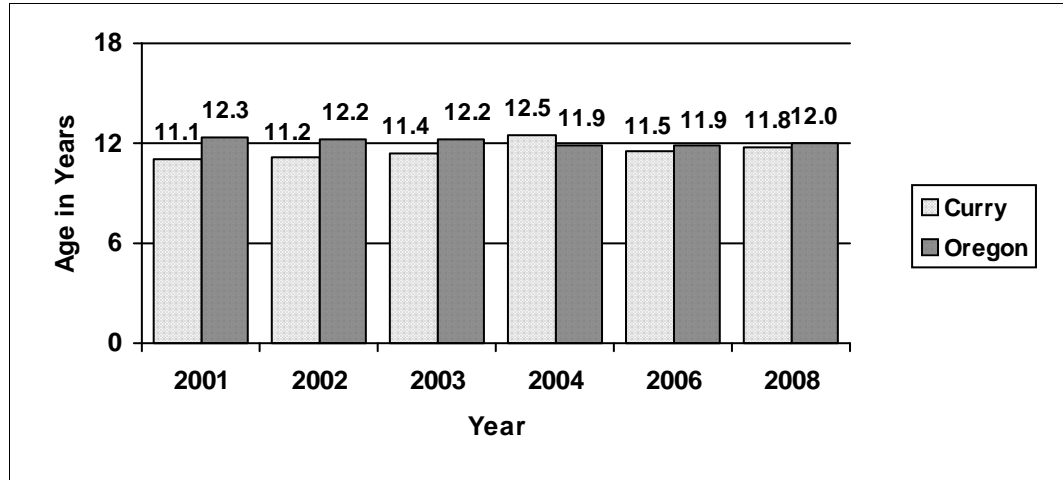
Findings from a recent prospective study indicate substance exposure before the age of 15 more than doubles the odds of adult substance dependence, early pregnancy and criminal convictions. These findings applied to all youth including those with no other conduct problems at the time they initiated use.

Survey question(s)

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

Average Age at Initial Marijuana Use

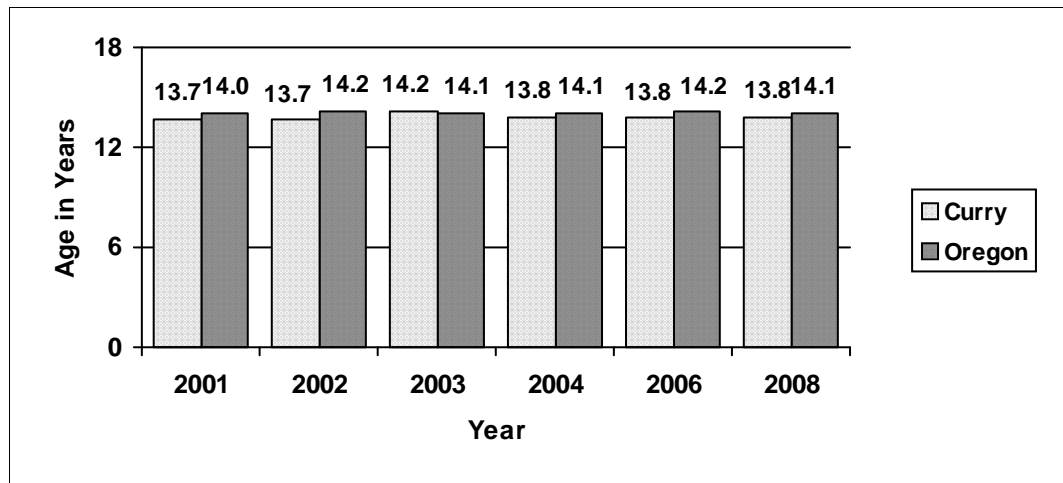
8th grade



Data Source: Oregon Healthy Teens Survey

Average Age at Initial Marijuana Use

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 30

Availability of marijuana

Why this measure is important

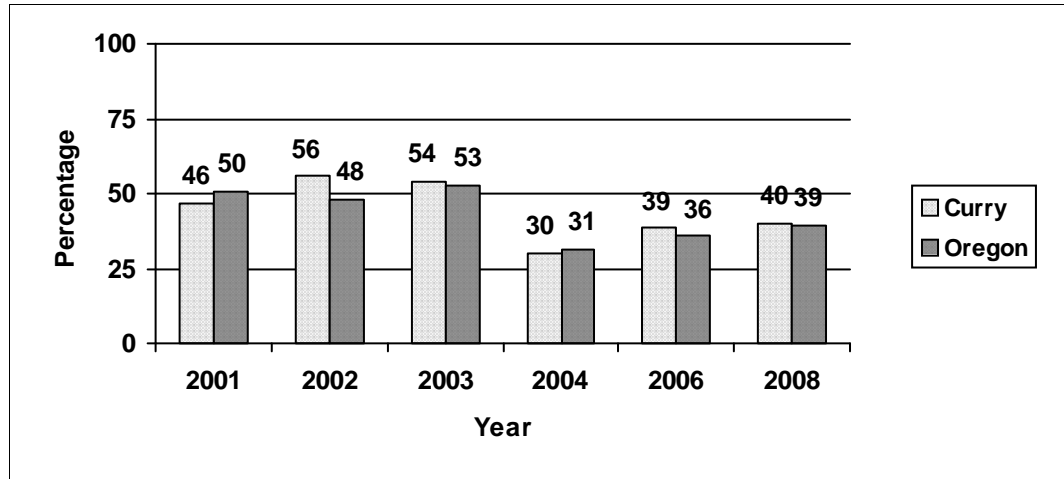
Easy access to marijuana is associated with increased risk of early use. In Oregon, youth who said it was "sort of easy" or "very easy" to get marijuana were significantly more likely to smoke marijuana in the past 30 days.

Survey question(s)

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

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

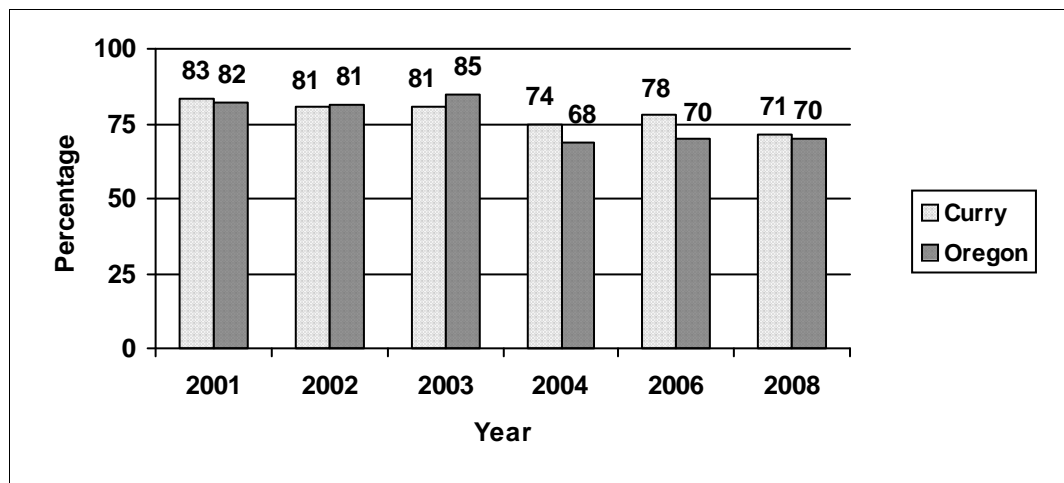
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 31

Availability of illicit drugs

Why this measure is important

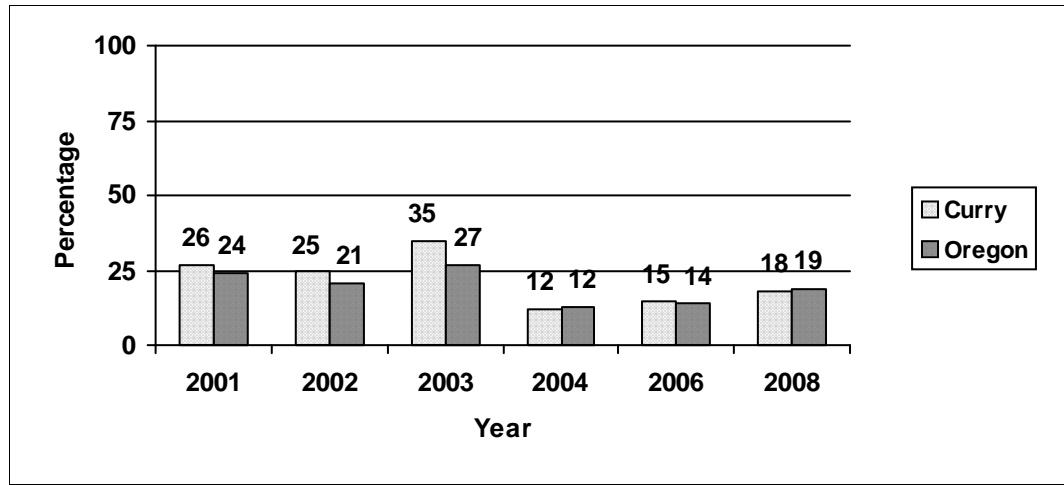
Easy access to drugs is associated with increased risk of early use. In Oregon, 8th graders who said it was "sort of easy" or "very easy" to get drugs were significantly more likely to report using drugs in the past 30 days.

Survey question(s)

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

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

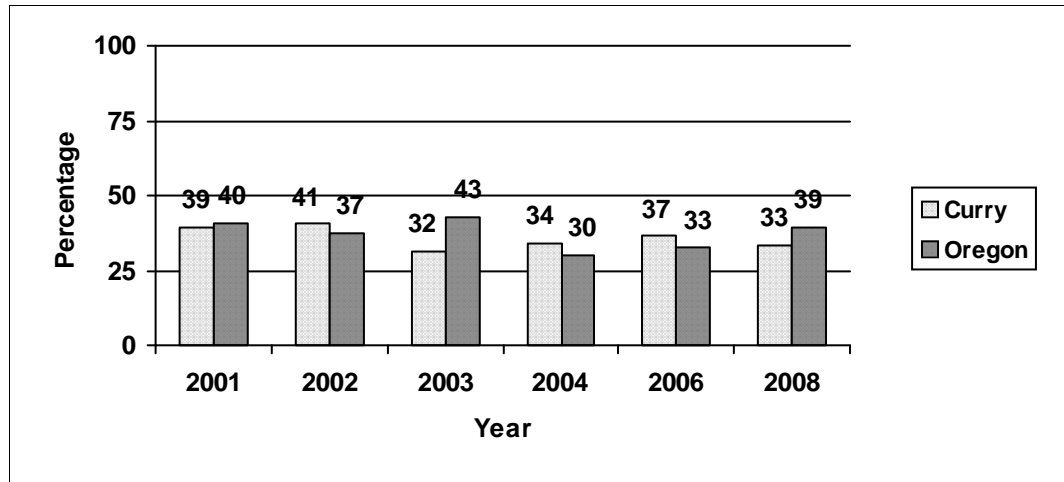
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 32

Perceived risk of harm from regular marijuana use

Why this measure is important

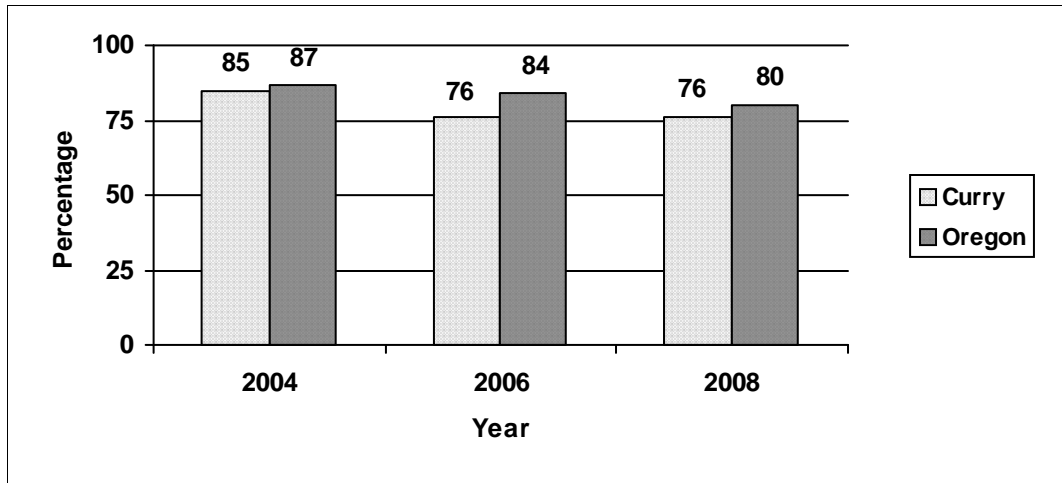
Perceived risk of harm from marijuana use is a deterrent to smoking, especially at early ages. Oregon 8th graders who thought there was "moderate" or "great risk" of harm from smoking marijuana regularly were significantly less likely to smoke than those who thought there was "slight" or "no risk" of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

Survey question(s)

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

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

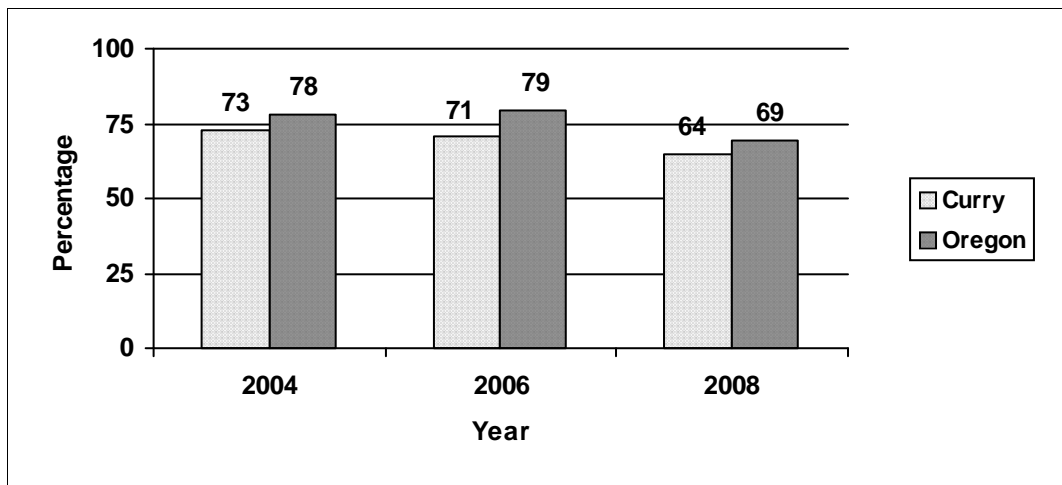
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Measure 33

Perception of parent disapproval of marijuana use

Why this measure is important

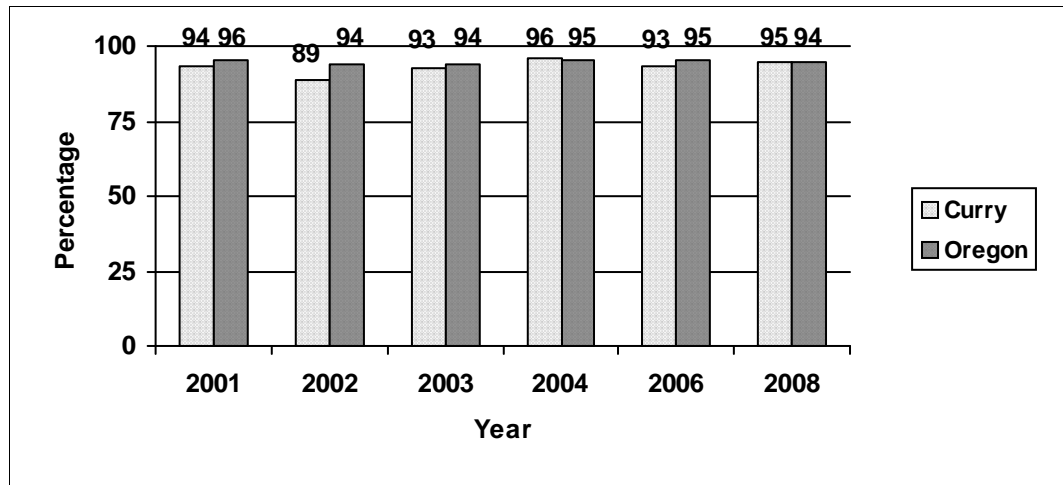
Parents can play an influential role in preventing marijuana use. Youth who know their parents disapprove of marijuana are less likely to smoke it, especially at an early age. Oregon 8th graders who believe their parents would think it is "wrong" or "very wrong" if they smoked marijuana were significantly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

Survey question(s)

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

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

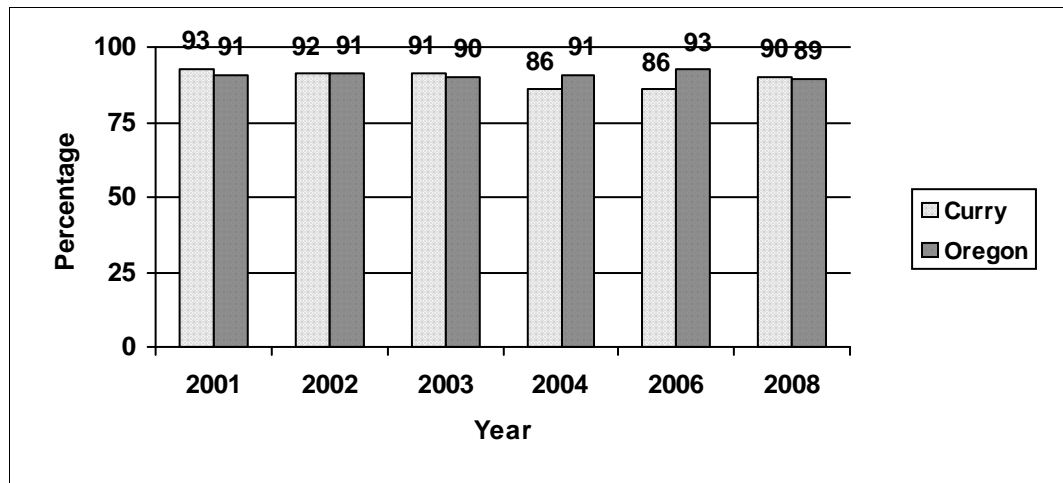
8th grade



Data Source: Oregon Healthy Teens Survey

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

11th grade



Data Source: Oregon Healthy Teens Survey

Mental Health Measures

Measure 34	Suicide death rate
Measure 35	Attempted suicide in the past year
Measure 36	Rate of domestic disturbance offenses
Measure 37	Major depressive episode in the past year
Measure 38	Serious psychological distress in the past year
Measure 39	Depression in the past year
Measure 40	Psychological distress in the past month
Measure 41	Early social/emotional development

Mental Health Mortality

Measure 34 Suicide death rate

Why this measure is important

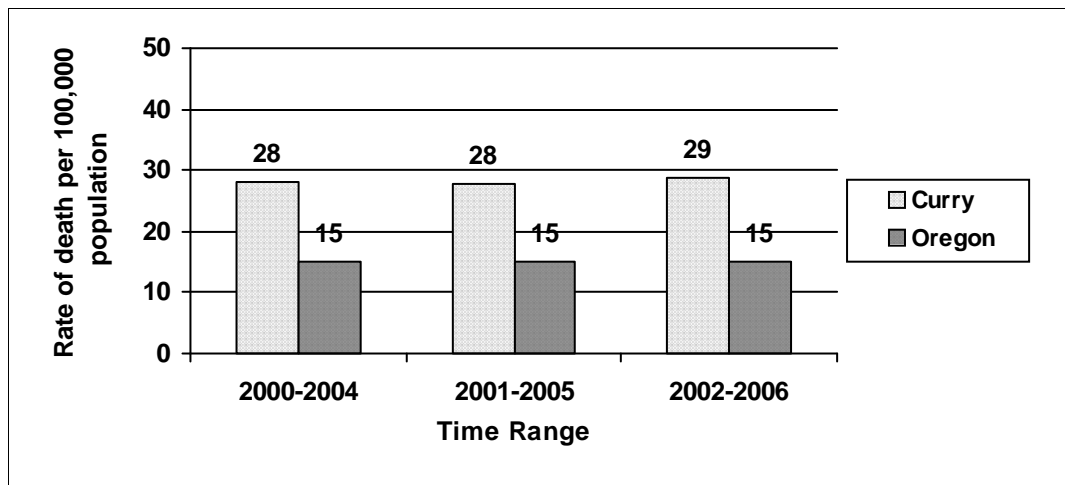
Suicide occurs most frequently as a consequence of depression or other mental disorders. Abuse of alcohol or other drugs is more likely to increase emotional problems than to provide an escape from them. The Healthy People 2010 objective is to reduce the suicide rate to 5.0 suicides per 100,000 population.

Measure Description

Rate of deaths from suicide per 100,000 population, age-adjusted (ICD-10 codes X60-X84, Y87.0)

Rate of Suicide Deaths per 100,000 Population, Age-Adjusted

All Ages



Data Source: Death Certificate Data

Mental Health Morbidity

Measure 35

Attempted suicide in the past year

Why this measure is important

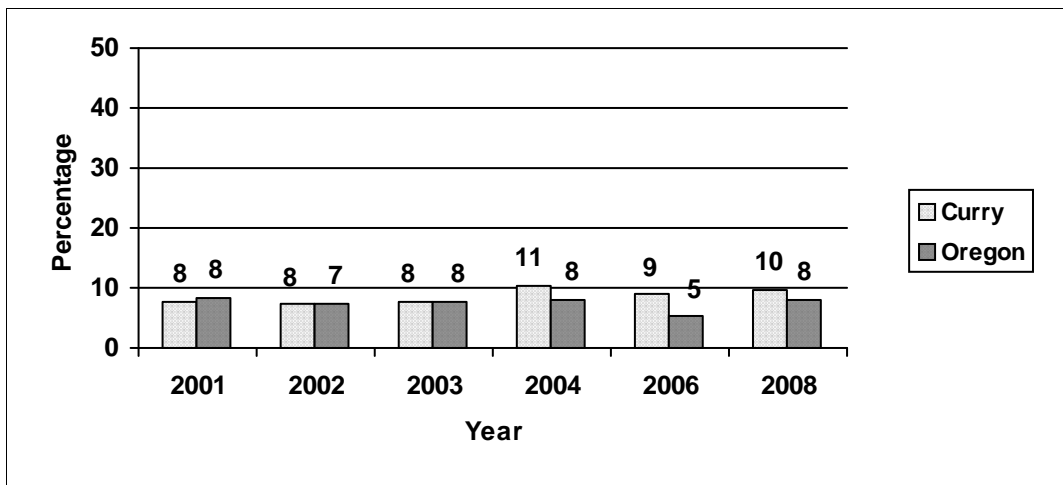
There is good evidence that over 90 percent of adolescents who commit suicide have a mental disorder before their death. The most common disorders that predispose youth to suicide are some form of mood disorder, such as depression with or without alcoholism or other substance abuse problem, and/or certain forms of anxiety disorder.

Survey question(s)

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

Percent of Youth Who Attempted Suicide in the Past Year

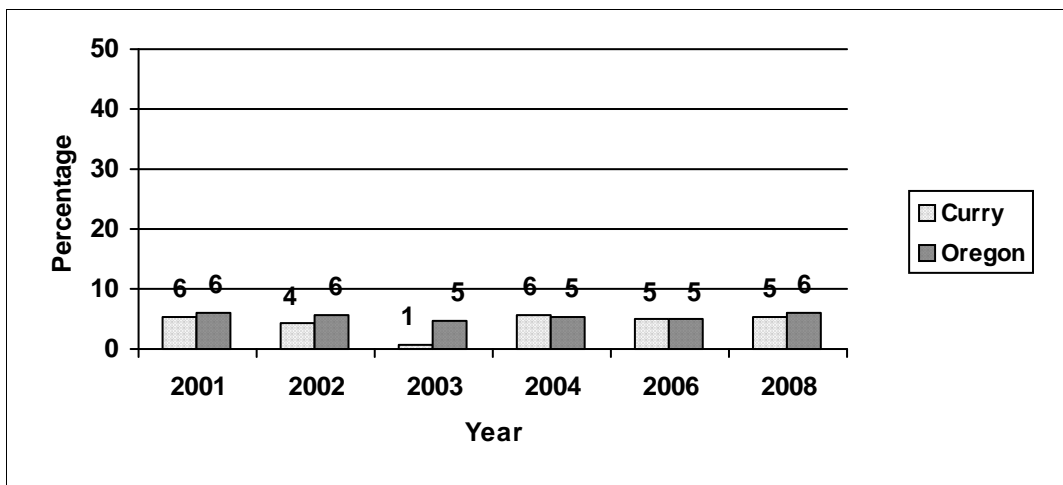
8th grade



Data Source: Oregon Healthy Teens Survey

Percent of Youth Who Attempted Suicide in the Past Year

11th grade



Data Source: Oregon Healthy Teens Survey

Mental Health Crime and Criminal Justice

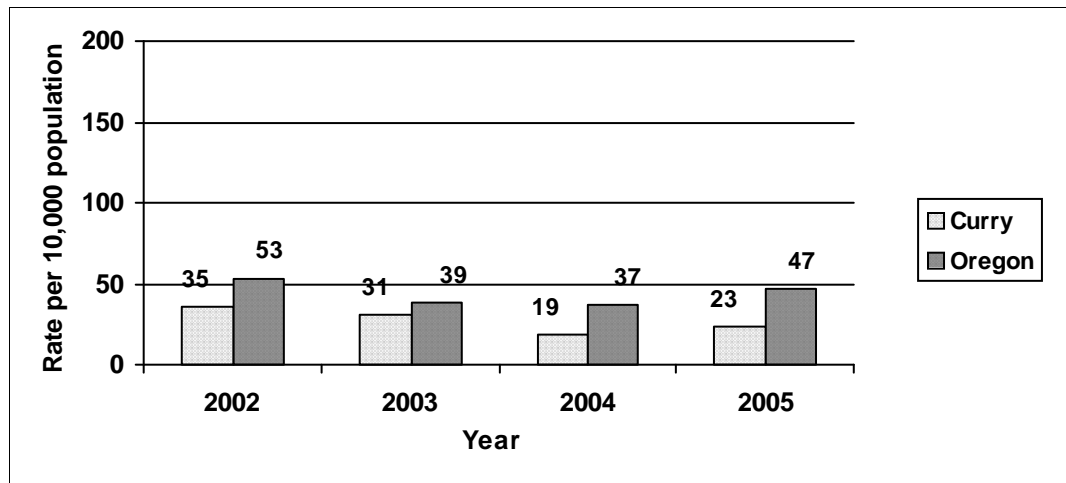
Measure 36 Rate of domestic disturbance offenses

Why this measure is important *Being the victim of violence is a risk factor for the onset of mental health problems among persons of all ages. Severe marital discord and substance abuse contribute to an increased likelihood of domestic disturbance.*

Measure description Rate of domestic disturbance offenses per 10,000 population such as assault, disorderly conduct, criminal threat and restraining order violation. Please note: reporting of domestic disturbance offenses can be inconsistent. The endnotes in Appendix D provide additional information that may be useful.

Rate of Domestic Disturbance Offenses per 10,000 Population

All ages



Data Source: Uniform Crime Reports

Mental Health Adults

Measure 37

Major depressive episode in the past year

Why this measure is important

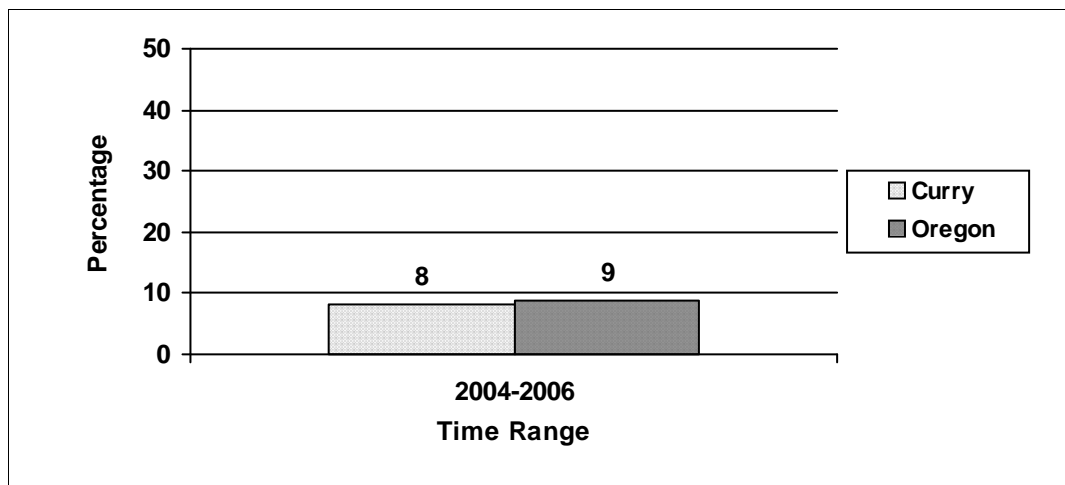
Suicide is the most tragic consequence of major depressive disorders. Experiencing a major depressive episode in the past year is associated with higher rates of heavy drinking, cigarette use and illicit drug use.

Measure Description

Major depressive episode (MDE) is defined as a period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four of the seven additional symptoms reflecting the criteria for major depressive disorder as described in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

Percent of Persons Who Had a Major Depressive Episode in the Past Year

Adults, 18 or older



Data Source: National Survey on Drug Use and Health

Mental Health Adults

Measure 38

Serious psychological distress in the past year

Why this measure is important

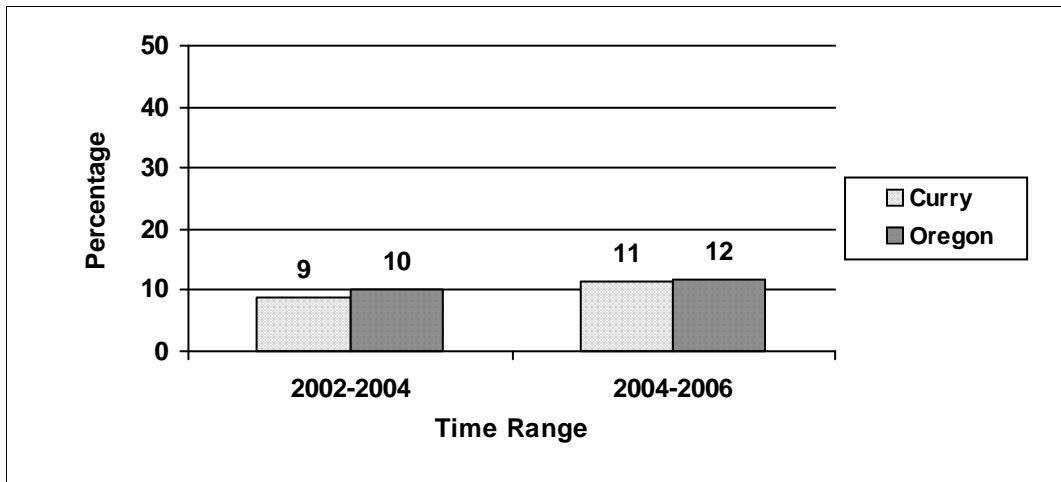
Meeting the criteria for serious psychological distress (SPD) indicates that the respondent endorsed having symptoms at a level known to be indicative of having a mental disorder (i.e., any disorder such as an anxiety or mood disorder). SPD in the past year is associated with higher rates of binge drinking, heavy drinking, cigarette use and illicit drug use.

Measure Description

Persons identified with past-year serious mental illness based on the K6 scale measures of nonspecific distress

Percent of Persons With Serious Psychological Distress in the Past Year

Adults, 18 or older



Data Source: National Survey on Drug Use and Health

Mental Health Youth

Measure 39

Depression in the past year

Why this measure is important

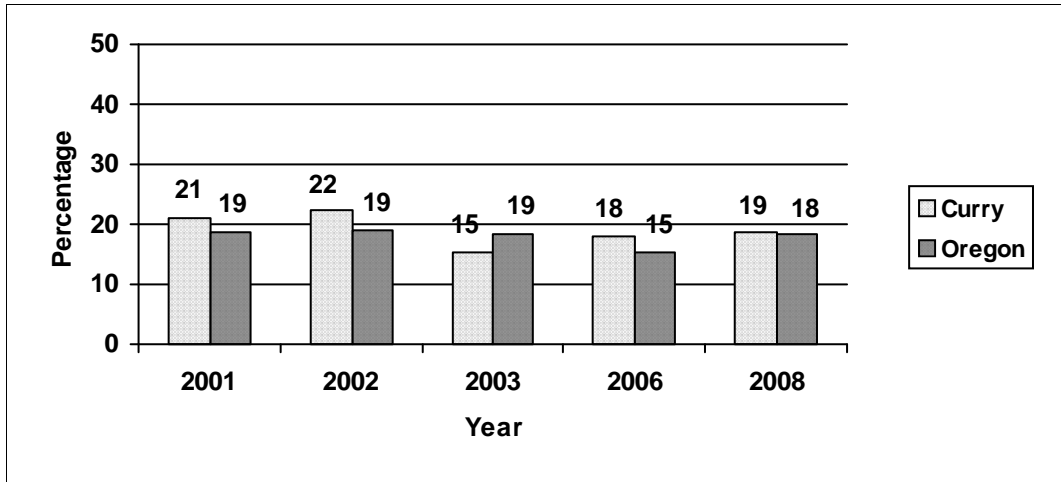
High depression scores are associated with low academic achievement, high scholastic anxiety and poor peer and teacher relationships. Roughly two-thirds of adolescents with major depressive disorder also have another mental disorder.

Survey question(s)

During the past 12 months did you ever feel so sad or hopeless every day for two weeks or more in a row that you stopped doing some usual activities?

Percent of Youth Who Had a Depressive Episode in the Past Year

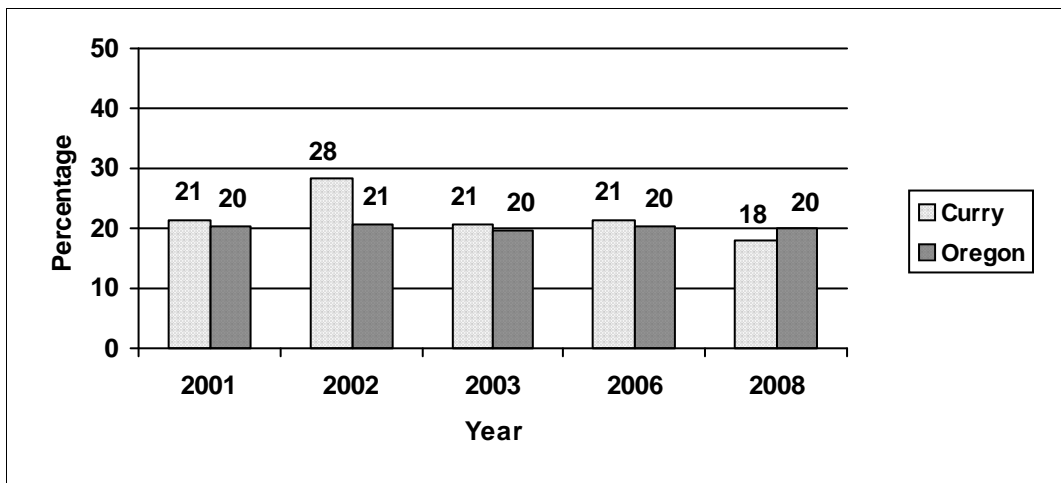
8th grade



Data Source: Oregon Healthy Teens Survey

Percent of Youth Who Had a Depressive Episode in the Past Year

11th grade



Data Source: Oregon Healthy Teens Survey

Mental Health Youth

Measure 40

Psychological distress in the past month

Why this measure is important

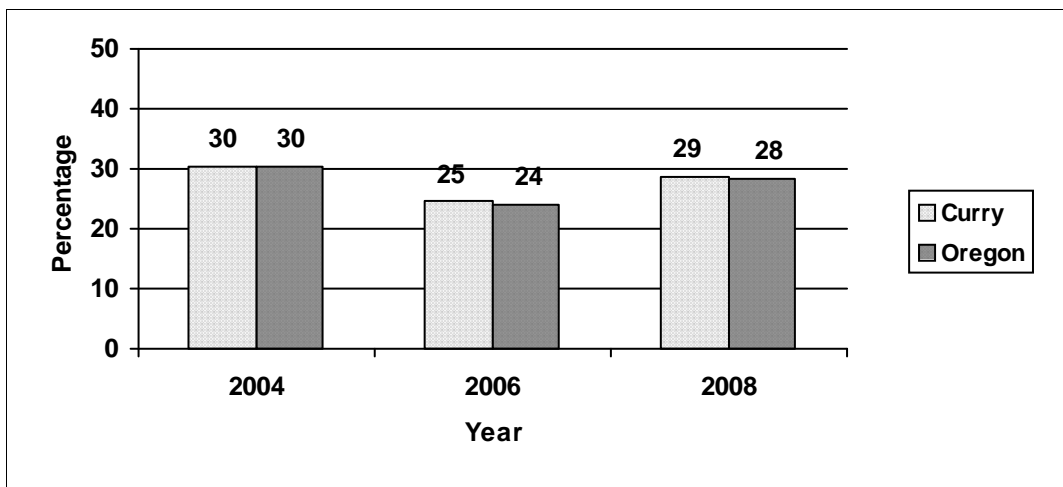
The Mental Health Inventory (MHI-5) is a 5-item questionnaire that explores the presence of psychological distress that may be manifested in individuals with a variety of mental health disorders. The MHI-5 are included on the Oregon Healthy Teen Survey and provide an indication of youth who may be experiencing a mental health concern that requires further assessment.

Survey question(s)

During the past 30 days, how much of the time have you: Been a very nervous person? Felt calm and peaceful? Felt downhearted and blue? Been a happy person? Felt so down in the dumps that nothing could cheer you up?

Percent of Youth that Exhibit Psychological Distress Based on Mental Health Inventory-5 (MHI-5)

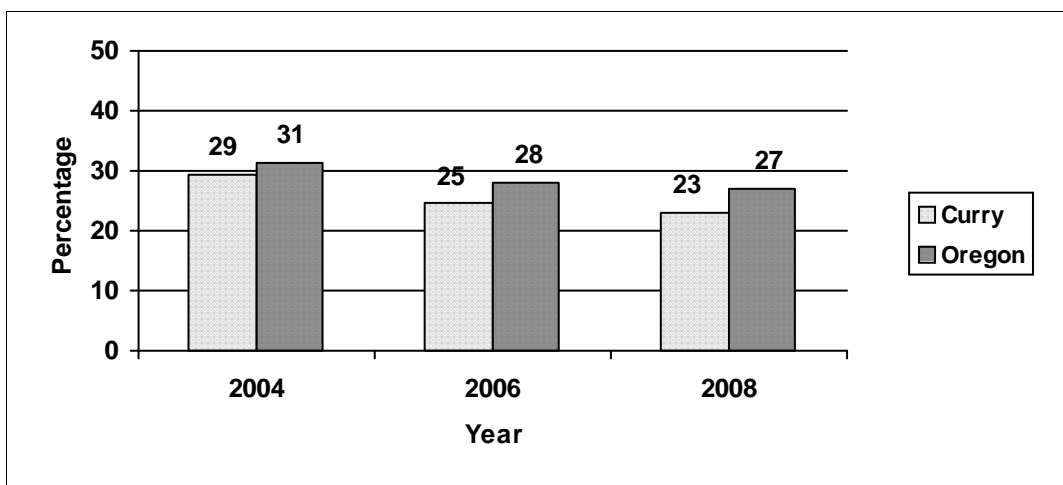
8th grade



Data Source: Oregon Healthy Teens Survey

Percent of Youth that Exhibit Psychological Distress Based on Mental Health Inventory-5 (MHI-5)

11th grade



Data Source: Oregon Healthy Teens Survey

Mental Health School Success

Measure 41

Early social/emotional development

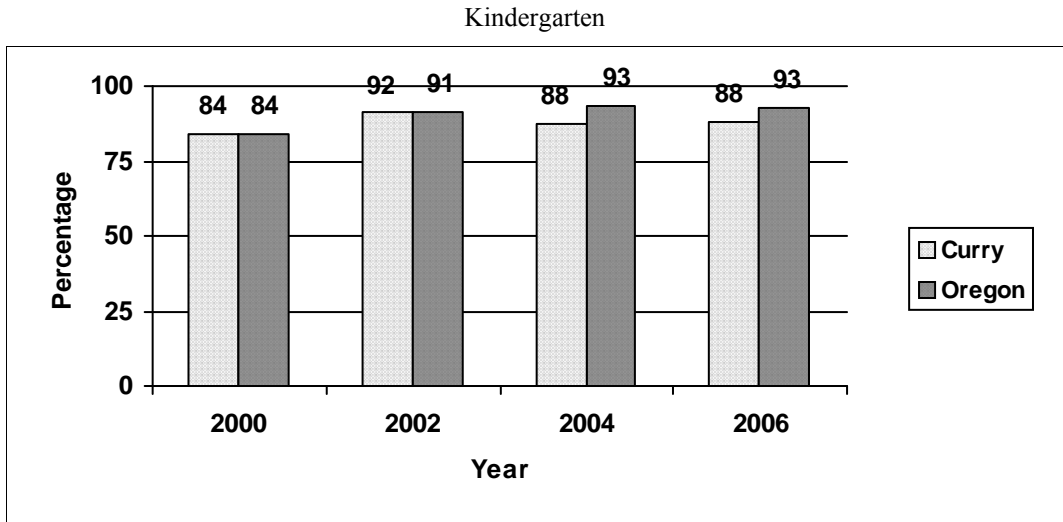
Why this measure is important

Being aware of the skills and knowledge children have as they enter school enables teachers and parents to help each child move forward on his/her educational journey. Adequate social/emotional development is one of six domains that help ensure success in kindergarten.

Survey question(s)

Do kindergarten children play and work well with others, adapt to planned activity changes and react appropriately to a variety of situations?

Percent of Kindergarteners With Adequate Social/Emotional Development



Data Source: Oregon Department of Education Annual Report

Appendices

Appendix A List of measures by subject

Appendix B List of measures by data source

Appendix C Bibliography of data sources

Appendix D County Data Endnotes

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- Measure 20 Crimes against property
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Appendix C: Bibliography of data sources

Behavioral Risk Factor Surveillance System

Citation: Oregon Department of Human Services, Public Health Division, Office of Disease Prevention and Epidemiology, Center for Health Statistics. Behavioral Risk Factor Surveillance System Survey Data, 2002-2005, and 2004-2007 County Results. Portland, Oregon, 2008.

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

Death Certificate Data

Citation: Death Certificate Data: Oregon Department of Human Services, Center for Health Statistics.

Online location Not online. See Oregon Vital Statistics Annual Report, Vol. 2 or the County Data Book.

Fatality Analysis Reporting System

Citation: Oregon Department of Transportation, Transportation Safety Division. DUII Data Book for Oregon Counties, 1997-2006. Salem, Oregon, 2008.

Online location http://www.oregon.gov/ODOT/TS/docs/DUII/2006_DUII_Statistics.pdf

Monitoring the Future

Citation: Monitoring the Future national survey results on drug use, Volume I, Secondary school students (NIH Publication No. 08-6418A) Bethesda, MD: National Institute on Drug Abuse 1975-2007.

Online location <http://monitoringthefuture.org/>

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Citation: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Substate estimates from the 2002-2004, 2004-2006 and 2006-2008, National Surveys on Drug Use and Health. Rockville, MD, 2008.

Online location <http://www.oas.samhsa.gov/substate2K8/htm>.

Oregon Department of Education Annual Report

Citation: Oregon Department of Education. Oregon Kindergarten Readiness Survey Report, Readiness to Learn, 2000, 2002, 2004, 2006.

Online location <http://www.ode.state.or.us/search/page/?id=1356>

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Citation: Oregon Department of Human Services, Public Health Division, Office of Disease Prevention and Epidemiology, Center for Health Statistics. Results from Oregon Healthy Teens Survey. Portland, Oregon, 2001-2008.

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

Appendix C: Bibliography of data sources

Oregon Vital Statistics Annual Report, Volume 2

Citation: Oregon Department of Human Services, Public Health Division, Office of Disease Prevention and Epidemiology, Center for Health Statistics. Results from the Oregon Vital Statistics Annual Reports: Volume 2: Mortality Fetal and Infant Mortality Youth Suicide Attempts. Portland, Oregon, 2000-2005.

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

Oregon Vital Statistics County Data Book

Citation: Death Certificate Data: Oregon Department of Human Services, Center for Health Statistics, 2000 to 2006. County population: Portland State University (PSU) Population Research Center, 2000 to 2006.

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

Uniform Crime Reports

Citation: Oregon State Police, Criminal Justice Information Services. Oregon Annual Uniform Crime Reports. Salem, Oregon, 2000-2006.

Online location http://www.oregon.gov/OSP/CJIS/annual_reports.shtml

Youth Risk Behavior Survey

Citation: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance — United States, 2007.

Online location <http://www.cdc.gov/HealthyYouth/YRBS/index.htm>

Appendix D: Data Endnotes for Curry County

Behavioral Risk Factor Surveillance System

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

County results were determined using data from the 2002-2005 and 2004-2007 Oregon BRFSS. The rates have been age-adjusted. Age-adjusted rates allow comparison of one county to another without worrying about whether differences in the rates are due to one population being, on average, older or younger than the other one.

The endnotes that follow provide results by gender including the upper and lower limits for the 95 percent confidence interval. Confidence intervals are provided so the reader can determine whether or not a difference between the results is statistically significant. If the county rate is statistically significantly higher or lower than the state, it is noted. When results were based on less than 50 respondents total or less than 12 in any one of the three age groups, they may not accurately reflect behavior of the entire county and it is so noted.

6. Current alcohol use by adults

Percent of Adults Who Report Any Use of Alcohol in the Past 30 Days

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2002-2005	18 or older	Female	47.0	33.0	61.5	Due to small sample sizes, results may not accurately reflect behavior of the entire county
2004-2007	18 or older	Female	58.2	43.5	71.6	
2002-2005	18 or older	Male	81.8	68.9	90.1	County rate is statistically significantly higher than State. Due to small sample sizes, results may not accurately reflect behavior of the entire county
2004-2007	18 or older	Male	82.6	73.7	89.0	County rate is statistically significantly higher than State.

7. Current binge drinking by adults

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

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2002-2005	18 or older	Female	9.3	3.3	23.9	Due to small sample sizes, results may not accurately reflect behavior of the entire county

Appendix D: Data Endnotes for Curry County

7. *Current binge drinking by adults*

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

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2004-2007	18 or older	Female	15.2	7.3	28.9	
2002-2005	18 or older	Male	34.0	19.5	52.3	Due to small sample sizes, results may not accurately reflect behavior of the entire county
2004-2007	18 or older	Male	29.7	16.9	46.9	

8. *Current heavy use of alcohol by adults*

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

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2002-2005	18 or older	Female	4.6	2.0	10.0	Due to small sample sizes, results may not accurately reflect behavior of the entire county
2004-2007	18 or older	Female	9.0	3.5	20.9	
2002-2005	18 or older	Male	10.2	4.4	21.9	Due to small sample sizes, results may not accurately reflect behavior of the entire county
2004-2007	18 or older	Male	7.2	3.3	15.3	

Appendix D: Data Endnotes for Curry County

Death Certificate Data

The Center for Health Statistics (CHS) is responsible for registering, certifying, amending, and issuing Oregon vital records (births, marriages, divorces, and deaths). CHS is also responsible for compiling and analyzing the data from vital records. Cause of death is classified using the International Classification of Disease, Tenth Revision (ICD-10). ICD-10 incorporates rules for selecting the underlying cause of death, and classification of the leading causes of death.

Death data are reported by county of residence. Deaths of Oregon residents that occur outside of the state are included in the data. The Center for Health Statistics actually registers only those vital events occurring in Oregon. However, a formal interstate exchange agreement governs the mutual exchange of information on births and deaths between states and other countries so that events occurring to Oregon residents elsewhere are also reported to this state.

Mortality data in this report were analyzed using VistaPhw. If a county had fewer than 6 deaths in the 5-year period, the mortality rate for the DHS Service Delivery Area is provided and is noted below. The endnotes that follow provide the 5-year information including the total deaths, age-adjusted rate of death per 100,000 population, and the upper and lower limits for the 95 percent confidence interval. Age-adjustment is used to control for differences in estimates that are due purely to populations having different age distributions. Previous publications reported unadjusted data and should not be compared to the data presented in this report. Confidence intervals are provided so the reader can determine whether or not a difference between results is statistically significantly higher or lower than the state, it is noted.

1. Rate of death from motor vehicle crashes

Rate of Death from Motor Vehicle Crashes per 100,000 Population, Age-Adjusted

Report Period	Age	Gender	Rate	Lower Limit	Upper Limit	Notes
2000-2004	All ages	Both	20.4	11.7	34.0	Total deaths for 5-year period = 19.
2001-2005	All ages	Both	20.9	12.1	34.5	Total deaths for 5-year period = 20.
2002-2006	All ages	Both	21.6	12.8	35.1	Total deaths for 5-year period = 21.

3. Rate of death from alcohol-induced disease

Rate of Death From Alcohol-Induced Disease per 100,000 Population, Age-Adjusted

Report Period	Age	Gender	Rate	Lower Limit	Upper Limit	Notes
2000-2004	All ages	Both	14.1	8.5	23.8	Total deaths for 5-year period = 22.
2001-2005	All ages	Both	16.1	10.0	26.4	Total deaths for 5-year period = 24.
2002-2006	All ages	Both	15.0	9.3	24.8	Total deaths for 5-year period = 24.

Appendix D: Data Endnotes for Curry County

18. *Rate of drug-induced deaths*

Rate of Death from Drug-Induced Causes, Age-Adjusted

Report Period	Age	Gender	Rate	Lower Limit	Upper Limit	Notes
2000-2004	All ages	Both	16.1	8.8	28.0	Total deaths for 5-year period = 16.
2001-2005	All ages	Both	17.7	10.0	29.9	Total deaths for 5-year period = 18.
2002-2006	All ages	Both	20.6	12.5	33.2	Total deaths for 5-year period = 23.

34. *Suicide death rate*

Rate of Suicide Deaths per 100,000 Population, Age-Adjusted

Report Period	Age	Gender	Rate	Lower Limit	Upper Limit	Notes
2000-2004	All ages	Both	28.1	18.6	41.8	County rate is statistically significantly higher than State. Total deaths for 5-year period = 35.
2001-2005	All ages	Both	27.9	18.6	41.3	County rate is statistically significantly higher than State. Total deaths for 5-year period = 36.
2002-2006	All ages	Both	28.7	19.2	42.5	County rate is statistically significantly higher than State. Total deaths for 5-year period = 36.

Appendix D: Data Endnotes for Curry County

Fatality Analysis Reporting System

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

The Oregon Department of Transportation compiles FARS data into an annual report called the "DUII Data Book for Oregon Counties." This report is the source of county data on alcohol involved motor vehicle fatalities. Alcohol-involved refers to crashes in which the presence of alcohol or alcohol and other drug-related factors (Blood Alcohol Concentration >0.00) contributed wholly or partially to the fatality.

Graphs that appear earlier in this report, and the endnotes that follow, combine 5 years of data (2000-2004 and 2001-2005) to show the average percent of motor vehicle fatalities that are alcohol-involved.

2. Percent of motor vehicle fatalities that are alcohol-involved

Percent of Motor Vehicle Crash Fatalities that Involved Alcohol

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2000-2004	All ages	Both	47.1	*	*	There were 17 fatalities in the county and 8 involved alcohol in this 5-year period.
2001-2005	All ages	Both	53.3	*	*	There were 15 fatalities in the county and 8 involved alcohol in this 5-year period.
2002-2006	All ages	Both	47.1	*	*	There were 17 fatalities in the county and 8 involved alcohol in this 5-year period.

*Upper and lower limits for 95% confidence interval are not available.

Appendix D: Data Endnotes for Curry County

National Survey on Drug Use and Health

The National Survey on Drug Use and Health is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration. This survey is the primary source of information on prevalence and consequences of alcohol, tobacco and illegal drug use and abuse in the general U.S. civilian non-institutionalized population. As a result the reader should be aware that some populations at greater risk for substance abuse or mental health disorders are not included in the survey sample (i.e. the homeless, incarcerated persons, and military personnel).

Survey data from three years (2002-2004 and 2004-2006) were combined to yield data for five regions in the state. Region 1 is Multnomah County, Region 2 is Clackamas and Washington Counties, Region 3 is Benton, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook and Yamhill Counties, Region 4 is Coos, Curry, Douglas, Jackson, Josephine and Klamath Counties, and Region 5 is Baker, Crook, Deschutes, Gilliam, Grant, Harney, Hood River, Jefferson, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco and Wheeler Counties.

The endnotes that follow provide results by age group including the upper and lower limits for the 95 percent confidence interval and an estimate of the number of persons affected in the county. Confidence intervals are provided so the reader can determine whether or not a difference between results is statistically significant.

4. Alcohol abuse or dependence

Percent of Persons With Alcohol Dependence or Abuse in the Past Year

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2002-2004	12 or older	Both	6.4	5.0	8.1	Estimated number of persons affected = 1192.
2004-2006	12 or older	Both	5.9	4.5	7.7	Estimated number of persons affected = 1093.

19. Drug abuse or dependence

Percent of Persons with Drug Dependence or Abuse

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2002-2004	12 or older	Both	2.9	2.1	3.8	Estimated number of persons affected = 540.
2004-2006	12 or older	Both	2.3	1.6	3.3	Estimated number of persons affected = 426.

Appendix D: Data Endnotes for Curry County

21. *Marijuana or hashish use in the past month*

Percent of Persons Who Used Marijuana or Hashish in the Past 30 Days

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2002-2004	18 to 25 years	Both	21.3	17.0	27.0	Estimated number of persons affected = 248.
2004-2006	18 to 25 years	Both	19.2	16.7	22.0	Estimated number of persons affected = 256. Low precision estimate, based on Oregon rate
2002-2004	26 or older	Both	5.2	3.0	8.0	Estimated number of persons affected = 837.
2004-2006	26 or older	Both	4.5	3.0	6.9	Estimated number of persons affected = 732.

22. *Illicit drug use other than marijuana in the past month*

Percent of Persons Who Used Illicit Drug(s) Other Than Marijuana in the Past 30 Days

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2002-2004	18 to 25 years	Both	9.2	7.0	13.0	Estimated number of persons affected = 107.
2004-2006	18 to 25 years	Both	10.9	7.3	15.9	Estimated number of persons affected = 145.
2002-2004	26 or older	Both	2.9	2.0	4.0	Estimated number of persons affected = 466.
2004-2006	26 or older	Both	2.6	1.6	4.3	Estimated number of persons affected = 424.

37. *Major depressive episode in the past year*

Percent of Persons Who Had a Major Depressive Episode in the Past Year

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2004-2006	18 or older	Both	8.1	6.0	10.7	Estimated number of persons affected = 1413.

38. *Serious psychological distress in the past year*

Percent of Persons With Serious Psychological Distress in the Past Year

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2002-2004	18 or older	Both	8.7	6.5	11.6	Estimated number of persons affected = 1507.

Appendix D: Data Endnotes for Curry County

38. *Serious psychological distress in the past year*

Percent of Persons With Serious Psychological Distress in the Past Year

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2004-2006	18 or older	Both	11.5	9.2	14.2	Estimated number of persons affected = 2007.

Appendix D: Data Endnotes for Curry County

Oregon Department of Education Annual Report

Administered by Oregon kindergarten teachers, the Kindergarten Readiness Survey collects data from kindergarten children in most Oregon school districts. Survey results are vital for teachers, parents, and policy-makers. Results from the survey inform the policy makers who have an impact on programs for young children.

The endnotes that follow provide the percent of children with adequate social/emotional development and the total number of kindergarteners surveyed.

41. Early social/emotional development

Percent of Kindergarteners With Adequate Social/Emotional Development

Report Period	Age	Gender	Percentage	Lower Limit	Upper Limit	Notes
2000	Kindergarten	Both	84.0	*	*	Number surveyed not available
2002	Kindergarten	Both	91.6	*	*	Total surveyed = 107.
2004	Kindergarten	Both	87.6	*	*	Total surveyed = 121.
2006	Kindergarten	Both	88.2	*	*	Total surveyed = 136.

*Upper and lower limits for 95% confidence interval are not available

Appendix D: Data Endnotes for Curry County

Oregon Healthy Teens Survey

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

Oregon Healthy Teens survey has a high participation rate from districts and schools in most counties, so the results are generally a good representation of 8th and 11th grade students. From 2001 to 2004, results for a number of counties were grouped by the Service Delivery Areas of the Department of Human Services. Beginning in 2006, two years of survey results were pooled allowing county level information to be available for community planning and evaluation efforts.

The endnotes that follow provide county results by grade including the upper and lower limits for the 95 percent confidence interval. Confidence intervals are provided so the reader can determine whether or not a difference between results is statistically significant. Additional notes include the number of youth who responded to the survey item, and whether county results are statistically significantly higher or lower than the state. In the event that the results are from data combined from multiple counties, it is noted. If there was no participation in the county, it is also noted.

9. Alcohol use in the past month

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	21.8	*	*	Total respondents = 156. Coos, Curry combined data
2002	8th grade	Both	35.3	*	*	Total respondents = 173. Coos, Curry combined data
2003	8th grade	Both	23.8	*	*	Total respondents = 151. Coos, Curry combined data
2004	8th grade	Both	29.4	24.1	34.6	Total respondents = 177.
2006	8th grade	Both	36.3	28.6	43.7	Total respondents = 337. 2005 and 2006 data combined
2008	8th grade	Both	33.6	27.1	40.0	Total respondents = 282. 2007 and 2008 data combined
2001	11th grade	Both	45.1	*	*	Total respondents = 113. Coos, Curry combined data
2002	11th grade	Both	44.4	*	*	Total respondents = 108. Coos, Curry combined data

*Upper and lower limits for 95% confidence interval are not available.

Appendix D: Data Endnotes for Curry County

9. Alcohol use in the past month

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2003	11th grade	Both	41.9	*	*	Total respondents = 117. Coos, Curry combined data
2004	11th grade	Both	45.2	42.0	48.5	Total respondents = 202. Coos, Curry combined data
2006	11th grade	Both	45.0	38.6	51.2	Total respondents = 272. 2005 and 2006 data combined
2008	11th grade	Both	43.7	37.1	50.4	Total respondents = 284. 2007 and 2008 data combined

10. Binge drinking in the past month

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	8.5	*	*	Total respondents = 153. Coos, Curry combined data
2002	8th grade	Both	16.8	*	*	Total respondents = 173. Coos, Curry combined data
2003	8th grade	Both	11.8	*	*	Total respondents = 153. Coos, Curry combined data
2004	8th grade	Both	10.2	6.5	13.5	Total respondents = 178.
2006	8th grade	Both	14.7	8.9	20.0	Total respondents = 329. 2005 and 2006 data combined
2008	8th grade	Both	13.8	9.0	18.5	Total respondents = 277. 2007 and 2008 data combined
2001	11th grade	Both	34.8	*	*	Total respondents = 115. Coos, Curry combined data
2002	11th grade	Both	28.0	*	*	Total respondents = 134. Coos, Curry combined data
2003	11th grade	Both	27.4	*	*	Total respondents = 117. Coos, Curry combined data
2004	11th grade	Both	30.9	29.6	35.8	County rate is statistically significantly higher than State. Total respondents = 200. Coos, Curry combined data
2006	11th grade	Both	26.6	20.8	32.2	Total respondents = 269. 2005 and 2006 data combined

*Upper and lower limits for 95% confidence interval are not available.

Appendix D: Data Endnotes for Curry County

10. Binge drinking in the past month

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2008	11th grade	Both	21.6	16.0	27.1	Total respondents = 278. 2007 and 2008 data combined

11. Drinking and driving among youth

Percent of Youth Who Drove When They Had Been Drinking Alcohol

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	11th grade	Both	5.7	*	*	Total respondents = 106. Coos, Curry combined data
2002	11th grade	Both	15.9	*	*	Total respondents = 107. Coos, Curry combined data
2003	11th grade	Both	11.2	*	*	Total respondents = 125. Coos, Curry combined data
2004	11th grade	Both	10.9	8.6	13.1	Total respondents = 164. Coos, Curry combined data
2006	11th grade	Both	7.9	4.5	11.3	Total respondents = 272. 2005 and 2006 data combined
2008	11th grade	Both	3.9	1.4	6.4	County rate is statistically significantly lower than State. Total respondents = 302. 2007 and 2008 data combined

12. Gambling in the past year

Percent of Youth Who Gambled in the Past Year

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2004	8th grade	Both	20.9	16.2	25.8	Total respondents = 171.
2006	8th grade	Both	28.2	21.1	35.2	Total respondents = 337. 2005 and 2006 data combined
2004	11th grade	Both	23.1	20.3	26.0	Total respondents = 188. Coos, Curry combined data
2006	11th grade	Both	32.1	26.2	38.1	Total respondents = 274. 2005 and 2006 data combined
2008	11th grade	Both	35.2	29.2	41.6	Total respondents = 298. 2007 and 2008 data combined

*Upper and lower limits for 95% confidence interval are not available.

Appendix D: Data Endnotes for Curry County

13. Early initiation of alcohol use

Percent of Youth Who Report They Were Less Than 11 Years Old When They Drank Alcohol for the First Time

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	18.7	*	*	Total respondents = 129. Coos, Curry combined data
2002	8th grade	Both	28.9	*	*	Total respondents = 128. Coos, Curry combined data
2003	8th grade	Both	23.7	*	*	Total respondents = 147. Coos, Curry combined data
2004	8th grade	Both	15.7	11.4	20.0	Total respondents = 170.
2006	8th grade	Both	25.9	19.0	32.9	Total respondents = 329. 2005 and 2006 data combined
2008	8th grade	Both	28.3	22.2	34.5	Total respondents = 281. 2007 and 2008 data combined

13. Early initiation of alcohol use

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	11th grade	Both	29.6	*	*	Total respondents = 115. Coos, Curry combined data
2002	11th grade	Both	38.2	*	*	Total respondents = 105. Coos, Curry combined data
2003	11th grade	Both	22.0	*	*	Total respondents = 160. Coos, Curry combined data
2004	11th grade	Both	21.2	18.5	23.9	County rate is statistically significantly lower than State. Total respondents = 197. Coos, Curry combined data
2006	11th grade	Both	29.6	23.8	35.4	County rate is statistically significantly higher than State. Total respondents = 274. 2005 and 2006 data combined
2008	11th grade	Both	25.2	19.5	31.0	Total respondents = 289. 2007 and 2008 data combined

14. Average age of initial alcohol use

Average Age at Initial Alcohol Use

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
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*Upper and lower limits for 95% confidence interval are not available.

Appendix D: Data Endnotes for Curry County

14. Average age of initial alcohol use

Average Age at Initial Alcohol Use

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	10.9	*	*	Total respondents = 129. Coos, Curry combined data
2002	8th grade	Both	10.6	*	*	Total respondents = 128. Coos, Curry combined data
2003	8th grade	Both	10.4	*	*	Total respondents = 147. Coos, Curry combined data
2004	8th grade	Both	11.3	11.1	11.5	Total respondents = 170. Coos, Curry combined data
2006	8th grade	Both	10.8	10.4	11.2	Total respondents = 329. 2005 and 2006 data combined
2008	8th grade	Both	10.7	10.3	10.9	Total respondents = 281. 2007 and 2008 data combined
2001	11th grade	Both	12.8	*	*	Total respondents = 109. Coos, Curry combined data
2002	11th grade	Both	12.5	*	*	Total respondents = 97. Coos, Curry combined data
2003	11th grade	Both	13.2	*	*	Total respondents = 116. Coos, Curry combined data
2004	11th grade	Both	13.4	13.2	13.6	Total respondents = 197. Coos, Curry combined data
2006	11th grade	Both	12.7	12.3	13.1	County rate is statistically significantly lower than State. Total respondents = 274. 2005 and 2006 data combined
2008	11th grade	Both	13.0	12.6	13.4	Total respondents = 289. 2007 and 2008 data combined

15. Availability of alcohol

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2004	8th grade	Both	55.9	49.8	61.9	Total respondents = 160.
2006	8th grade	Both	61.5	53.7	69.3	Total respondents = 323. 2005 and 2006 data combined
2008	8th grade	Both	61.0	54.2	67.7	Total respondents = 278. 2007 and 2008 data combined

*Upper and lower limits for 95% confidence interval are not available.

Appendix D: Data Endnotes for Curry County

15. Availability of alcohol

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2004	11th grade	Both	84.2	81.6	86.7	Total respondents = 178. Coos, Curry combined data
2006	11th grade	Both	90.0	86.1	93.8	County rate is statistically significantly higher than State. Total respondents = 273. 2005 and 2006 data combined
2008	11th grade	Both	85.8	81.1	90.5	County rate is statistically significantly higher than State. Total respondents = 279. 2007 and 2008 data combined

16. Perceived risk of harm from alcohol use

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	73.6	*	*	Total respondents = 140. Coos, Curry combined data
2002	8th grade	Both	58.3	*	*	Total respondents = 151. Coos, Curry combined data
2003	8th grade	Both	81.5	*	*	Total respondents = 27.
2004	8th grade	Both	61.4	59.5	63.3	County rate is statistically significantly lower than State. Total respondents = 363. Coos, Curry combined data
2006	8th grade	Both	50.8	42.7	58.8	County rate is statistically significantly lower than State. Total respondents = 319. 2005 and 2006 data combined
2008	8th grade	Both	57.6	50.8	64.4	Total respondents = 278. 2007 and 2008 data combined
2001	11th grade	Both	65.8	*	*	Total respondents = 111. Coos, Curry combined data
2002	11th grade	Both	61.1	*	*	Total respondents = 95. Coos, Curry combined data
2003	11th grade	Both	66.7	*	*	Total respondents = 27.
2004	11th grade	Both	65.4	62.8	68.0	County rate is statistically significantly lower than State. Total respondents = 196. Coos, Curry combined data

*Upper and lower limits for 95% confidence interval are not available.

Appendix D: Data Endnotes for Curry County

16. *Perceived risk of harm from alcohol use*

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2006	11th grade	Both	58.4	52.1	64.6	County rate is statistically significantly lower than State. Total respondents = 271. 2005 and 2006 data combined
2008	11th grade	Both	62.1	55.3	68.9	Total respondents = 262. 2007 and 2008 data combined

17. *Perception of parent disapproval of alcohol use*

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	95.5	*	*	Total respondents = 155. Coos, Curry combined data
2002	8th grade	Both	79.8	*	*	Total respondents = 168. Coos, Curry combined data
2003	8th grade	Both	89.6	*	*	Total respondents = 164. Coos, Curry combined data
2004	8th grade	Both	89.4	84.3	94.7	Total respondents = 83.
2006	8th grade	Both	85.4	80.1	91.2	Total respondents = 329. 2005 and 2006 data combined
2008	8th grade	Both	86.8	82.2	91.5	Total respondents = 279. 2007 and 2008 data combined
2001	11th grade	Both	85.0	*	*	Total respondents = 113. Coos, Curry combined data
2002	11th grade	Both	81.9	*	*	Total respondents = 116. Coos, Curry combined data
2003	11th grade	Both	84.8	*	*	Total respondents = 92. Coos, Curry combined data
2004	11th grade	Both	77.9	77.9	80.9	Total respondents = 166. Coos, Curry combined data
2006	11th grade	Both	79.8	74.7	85.0	Total respondents = 268. 2005 and 2006 data combined
2008	11th grade	Both	83.0	77.7	88.2	Total respondents = 260. 2007 and 2008 data combined

*Upper and lower limits for 95% confidence interval are not available.

Appendix D: Data Endnotes for Curry County

23. *Marijuana use in the past month*

Percent of Youth Who Used Marijuana One or More Times in the Past 30 Days

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	10.3	*	*	Total respondents = 156. Coos, Curry combined data
2002	8th grade	Both	21.3	*	*	Total respondents = 174. Coos, Curry combined data
2003	8th grade	Both	12.9	*	*	Total respondents = 155. Coos, Curry combined data
2004	8th grade	Both	9.4	6.0	12.8	Total respondents = 174.
2006	8th grade	Both	15.3	10.0	21.5	County rate is statistically significantly higher than State. Total respondents = 333. 2005 and 2006 data combined
2008	8th grade	Both	9.0	5.1	12.9	Total respondents = 281. 2007 and 2008 data combined
2001	11th grade	Both	24.3	*	*	Total respondents = 115. Coos, Curry combined data
2002	11th grade	Both	22.4	*	*	Total respondents = 107. Coos, Curry combined data
2003	11th grade	Both	20.7	*	*	Total respondents = 116. Coos, Curry combined data
2004	11th grade	Both	20.7	17.9	23.5	Total respondents = 182. Coos, Curry combined data
2006	11th grade	Both	19.2	14.2	24.2	Total respondents = 272. 2005 and 2006 data combined
2008	11th grade	Both	21.0	15.5	26.6	Total respondents = 276. 2007 and 2008 data combined

24. *Past month illicit drug use, other than marijuana*

Percent of Youth Who Used Illicit Drug(s) Other Than Marijuana in the Past 30 Days

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2004	8th grade	Both	1.4	0.0	2.6	County rate is statistically significantly lower than State. Total respondents = 173.
2006	8th grade	Both	5.3	1.8	9.2	Total respondents = 318. 2005 and 2006 data combined

*Upper and lower limits for 95% confidence interval are not available.

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24. Past month illicit drug use, other than marijuana

Percent of Youth Who Used Illicit Drug(s) Other Than Marijuana in the Past 30 Days

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2008	8th grade	Both	3.1	0.7	5.6	Total respondents = 264. 2007 and 2008 data combined
2004	11th grade	Both	4.6	3.2	6.0	Total respondents = 190. Coos, Curry combined data
2006	11th grade	Both	3.0	0.9	5.4	Total respondents = 264. 2005 and 2006 data combined
2008	11th grade	Both	5.3	2.0	8.6	Total respondents = 242. 2007 and 2008 data combined

25. Inhalant use by youth

Percent of Youth Who Used Inhalants in the Past 30 Days

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	3.3	*	*	Total respondents = 154. Coos, Curry combined data
2002	8th grade	Both	7.5	*	*	Total respondents = 173. Coos, Curry combined data
2003	8th grade	Both	11.8	*	*	Total respondents = 153. Coos, Curry combined data
2004	8th grade	Both	7.5	4.4	10.5	Total respondents = 176.
2006	8th grade	Both	9.6	4.6	13.8	Total respondents = 330. 2005 and 2006 data combined
2008	8th grade	Both	4.4	1.5	7.2	Total respondents = 271. 2007 and 2008 data combined
2001	11th grade	Both	4.4	*	*	Total respondents = 114. Coos, Curry combined data
2002	11th grade	Both	4.8	*	*	Total respondents = 105. Coos, Curry combined data
2003	11th grade	Both	3.4	*	*	Total respondents = 116. Coos, Curry combined data
2004	11th grade	Both	5.4	3.9	6.5	County rate is statistically significantly higher than State. Total respondents = 193. Coos, Curry combined data
2006	11th grade	Both	3.7	1.2	6.0	Total respondents = 272. 2005 and 2006 data combined

*Upper and lower limits for 95% confidence interval are not available.

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25. *Inhalant use by youth*

Percent of Youth Who Used Inhalants in the Past 30 Days

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2008	11th grade	Both	6.1	2.8	9.4	County rate is statistically significantly higher than State. Total respondents = 269. 2007 and 2008 data combined

26. *Prescription drug use in the past month*

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	3.9	*	*	Total respondents = 154. Coos, Curry combined data
2002	8th grade	Both	6.9	*	*	Total respondents = 173. Coos, Curry combined data
2003	8th grade	Both	5.9	*	*	Total respondents = 152. Coos, Curry combined data
2004	8th grade	Both	2.2	0.5	3.9	County rate is statistically significantly lower than State. Total respondents = 175.
2006	8th grade	Both	6.5	2.4	10.2	Total respondents = 324. 2005 and 2006 data combined
2008	8th grade	Both	3.6	1.0	6.2	Total respondents = 279. 2007 and 2008 data combined
2001	11th grade	Both	7.0	*	*	Total respondents = 115. Coos, Curry combined data
2002	11th grade	Both	4.8	*	*	Total respondents = 104. Coos, Curry combined data
2003	11th grade	Both	6.1	*	*	Total respondents = 115. Coos, Curry combined data
2004	11th grade	Both	11.1	9.0	13.2	County rate is statistically significantly higher than State. Total respondents = 193. Coos, Curry combined data
2006	11th grade	Both	5.4	2.5	8.2	Total respondents = 271. 2005 and 2006 data combined
2008	11th grade	Both	9.7	5.7	13.8	Total respondents = 270. 2007 and 2008 data combined

*Upper and lower limits for 95% confidence interval are not available.

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27. *Methamphetamine use by youth*

Percent of Youth Who Used Methamphetamine in the Past 30 Days

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	3.3	*	*	Total respondents = 154. Coos, Curry combined data
2002	8th grade	Both	5.2	*	*	Total respondents = 173. Coos, Curry combined data
2003	8th grade	Both	4.6	*	*	Total respondents = 153. Coos, Curry combined data
2004	8th grade	Both	0.6	0.0	1.6	County rate is statistically significantly lower than State. Total respondents = 175.
2006	8th grade	Both	2.6	0.2	5.4	Total respondents = 327. 2005 and 2006 data combined
2008	8th grade	Both	0.8	0.0	2.0	Total respondents = 278. 2007 and 2008 data combined
2001	11th grade	Both	0.9	*	*	Total respondents = 115. Coos, Curry combined data
2002	11th grade	Both	1.9	*	*	Total respondents = 105. Coos, Curry combined data
2003	11th grade	Both	1.7	*	*	Total respondents = 116. Coos, Curry combined data
2004	11th grade	Both	2.6	1.5	3.6	Total respondents = 193. Coos, Curry combined data
2006	11th grade	Both	1.3	0.0	2.7	Total respondents = 269. 2005 and 2006 data combined
2008	11th grade	Both	1.8	0.0	3.6	Total respondents = 267. 2007 and 2008 data combined

28. *Early initiation of marijuana use*

Percent of Youth Who Report They Were Less Than 11 Years Old When They Tried Marijuana for the First Time

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	7.2	*	*	Total respondents = 125. Coos, Curry combined data
2002	8th grade	Both	7.2	*	*	Total respondents = 125. Coos, Curry combined data
2003	8th grade	Both	8.2	*	*	Total respondents = 147. Coos, Curry combined data

*Upper and lower limits for 95% confidence interval are not available.

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28. *Early initiation of marijuana use*

Percent of Youth Who Report They Were Less Than 11 Years Old When They Tried Marijuana for the First Time

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2004	8th grade	Both	1.1	0.0	2.3	County rate is statistically significantly lower than State. Total respondents = 172.
2006	8th grade	Both	5.6	1.9	9.2	Total respondents = 330. 2005 and 2006 data combined
2008	8th grade	Both	4.1	1.4	6.8	Total respondents = 282. 2007 and 2008 data combined

28. *Early initiation of marijuana use*

Percent of Youth Who Report They Were Less Than 13 Years Old When They Tried Marijuana for the First Time

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	11th grade	Both	12.2	*	*	Total respondents = 115. Coos, Curry combined data
2002	11th grade	Both	16.6	*	*	Total respondents = 102. Coos, Curry combined data
2003	11th grade	Both	5.2	*	*	Total respondents = 115. Coos, Curry combined data
2004	11th grade	Both	8.3	6.5	10.1	Total respondents = 198. Coos, Curry combined data
2006	11th grade	Both	8.8	5.2	12.3	Total respondents = 273. 2005 and 2006 data combined
2008	11th grade	Both	9.7	5.7	13.6	Total respondents = 283. 2007 and 2008 data combined

29. *Average age of initial marijuana use*

Average Age at Initial Marijuana Use

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	11.1	*	*	Total respondents = 125. Coos, Curry combined data
2002	8th grade	Both	11.2	*	*	Total respondents = 125. Coos, Curry combined data
2003	8th grade	Both	11.4	*	*	Total respondents = 147. Coos, Curry combined data

*Upper and lower limits for 95% confidence interval are not available.

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29. Average age of initial marijuana use

Average Age at Initial Marijuana Use

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2004	8th grade	Both	12.5	12.3	12.6	County rate is statistically significantly higher than State. Total respondents = 172.
2006	8th grade	Both	11.5	11.0	12.1	Total respondents = 330. 2005 and 2006 data combined
2008	8th grade	Both	11.8	11.3	12.3	Total respondents = 282. 2007 and 2008 data combined
2001	11th grade	Both	13.7	*	*	Total respondents = 108. Coos, Curry combined data
2002	11th grade	Both	13.7	*	*	Total respondents = 91. Coos, Curry combined data
2003	11th grade	Both	14.2	*	*	Total respondents = 115. Coos, Curry combined data
2004	11th grade	Both	13.8	13.6	14.0	County rate is statistically significantly lower than State. Total respondents = 198. Coos, Curry combined data
2006	11th grade	Both	13.8	13.4	14.2	Total respondents = 273. 2005 and 2006 data combined
2008	11th grade	Both	13.8	13.5	14.2	Total respondents = 283. 2007 and 2008 data combined

30. Availability of marijuana

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	46.4	*	*	Total respondents = 151. Coos, Curry combined data
2002	8th grade	Both	56.3	*	*	Total respondents = 167. Coos, Curry combined data
2003	8th grade	Both	54.3	*	*	Total respondents = 151. Coos, Curry combined data
2004	8th grade	Both	30.1	27.2	33.1	Total respondents = 357. Coos, Curry combined data
2006	8th grade	Both	38.8	28.0	49.6	Total respondents = 160. 2005 and 2006 data combined

*Upper and lower limits for 95% confidence interval are not available.

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30. Availability of marijuana

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2008	8th grade	Both	40.1	33.3	46.9	Total respondents = 275. 2007 and 2008 data combined
2001	11th grade	Both	83.3	*	*	Total respondents = 114. Coos, Curry combined data
2002	11th grade	Both	81.0	*	*	Total respondents = 105. Coos, Curry combined data
2003	11th grade	Both	80.9	*	*	Total respondents = 115. Coos, Curry combined data
2004	11th grade	Both	74.4	71.4	77.5	County rate is statistically significantly higher than State. Total respondents = 176. Coos, Curry combined data
2006	11th grade	Both	77.8	70.6	85.0	County rate is statistically significantly higher than State. Total respondents = 146. 2005 and 2006 data combined
2008	11th grade	Both	71.5	65.4	77.6	Total respondents = 281. 2007 and 2008 data combined

31. Availability of illicit drugs

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	26.5	*	*	Total respondents = 151. Coos, Curry combined data
2002	8th grade	Both	25.0	*	*	Total respondents = 168. Coos, Curry combined data
2003	8th grade	Both	34.7	*	*	Total respondents = 150. Coos, Curry combined data
2004	8th grade	Both	12.0	9.9	14.1	Total respondents = 353. Coos, Curry combined data
2006	8th grade	Both	14.6	6.4	22.7	Total respondents = 147. 2005 and 2006 data combined
2008	8th grade	Both	18.3	12.9	23.7	Total respondents = 274. 2007 and 2008 data combined
2001	11th grade	Both	39.3	*	*	Total respondents = 112. Coos, Curry combined data

*Upper and lower limits for 95% confidence interval are not available.

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31. Availability of illicit drugs

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2002	11th grade	Both	41.0	*	*	Total respondents = 105. Coos, Curry combined data
2003	11th grade	Both	31.6	*	*	Total respondents = 114. Coos, Curry combined data
2004	11th grade	Both	33.7	30.4	37.1	Total respondents = 174. Coos, Curry combined data
2006	11th grade	Both	36.6	27.9	45.2	Total respondents = 137. 2005 and 2006 data combined
2008	11th grade	Both	33.3	26.9	39.8	Total respondents = 272. 2007 and 2008 data combined

32. Perceived risk of harm from regular marijuana use

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2004	8th grade	Both	84.8	82.5	87.1	Total respondents = 364. Coos, Curry combined data
2006	8th grade	Both	75.8	68.8	82.7	County rate is statistically significantly lower than State. Total respondents = 313. 2005 and 2006 data combined
2008	8th grade	Both	75.7	69.8	81.6	Total respondents = 279. 2007 and 2008 data combined
2004	11th grade	Both	72.5	69.5	75.5	County rate is statistically significantly lower than State. Total respondents = 194. Coos, Curry combined data
2006	11th grade	Both	70.6	64.7	76.6	County rate is statistically significantly lower than State. Total respondents = 258. 2005 and 2006 data combined
2008	11th grade	Both	64.5	57.8	71.1	Total respondents = 265. 2007 and 2008 data combined

33. Perception of parent disapproval of marijuana use

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
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*Upper and lower limits for 95% confidence interval are not available.

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33. *Perception of parent disapproval of marijuana use*

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

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	93.6	*	*	Total respondents = 155. Coos, Curry combined data
2002	8th grade	Both	88.6	*	*	Total respondents = 166. Coos, Curry combined data
2003	8th grade	Both	92.6	*	*	Total respondents = 162. Coos, Curry combined data
2004	8th grade	Both	96.3	93.1	99.5	Total respondents = 82.
2006	8th grade	Both	93.3	89.3	97.4	Total respondents = 318. 2005 and 2006 data combined
2008	8th grade	Both	94.8	91.7	97.8	Total respondents = 280. 2007 and 2008 data combined
2001	11th grade	Both	92.9	*	*	Total respondents = 113. Coos, Curry combined data
2002	11th grade	Both	91.5	*	*	Total respondents = 118. Coos, Curry combined data
2003	11th grade	Both	91.3	*	*	Total respondents = 92. Coos, Curry combined data
2004	11th grade	Both	86.0	83.9	88.1	County rate is statistically significantly lower than State. Total respondents = 160. Coos, Curry combined data
2006	11th grade	Both	85.8	81.0	90.1	County rate is statistically significantly lower than State. Total respondents = 264. 2005 and 2006 data combined
2008	11th grade	Both	90.0	85.7	94.2	Total respondents = 259. 2007 and 2008 data combined

35. *Attempted suicide in the past year*

Percent of Youth Who Attempted Suicide in the Past Year

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	7.6	*	*	Total respondents = 145. Coos, Curry combined data
2002	8th grade	Both	7.5	*	*	Total respondents = 166. Coos, Curry combined data

*Upper and lower limits for 95% confidence interval are not available.

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35. *Attempted suicide in the past year*

Percent of Youth Who Attempted Suicide in the Past Year

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2003	8th grade	Both	7.6	*	*	Total respondents = 145. Coos, Curry combined data
2004	8th grade	Both	10.5	6.8	13.9	Total respondents = 174.
2006	8th grade	Both	8.9	4.2	13.1	Total respondents = 332. 2005 and 2006 data combined
2008	8th grade	Both	9.8	5.7	13.9	Total respondents = 275. 2007 and 2008 data combined
2001	11th grade	Both	5.5	*	*	Total respondents = 110. Coos, Curry combined data
2002	11th grade	Both	4.3	*	*	Total respondents = 109. Coos, Curry combined data
2003	11th grade	Both	0.8	*	*	Total respondents = 125. Coos, Curry combined data
2004	11th grade	Both	5.6	4.1	7.2	Total respondents = 193. Coos, Curry combined data
2006	11th grade	Both	4.9	2.0	7.4	Total respondents = 276. 2005 and 2006 data combined
2008	11th grade	Both	5.4	2.4	8.3	Total respondents = 298. 2007 and 2008 data combined

39. *Depression in the past year*

Percent of Youth Who Had a Depressive Episode in the Past Year

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	8th grade	Both	21.1	*	*	Total respondents = 147. Coos, Curry combined data
2002	8th grade	Both	22.4	*	*	Total respondents = 170. Coos, Curry combined data
2003	8th grade	Both	15.4	*	*	Total respondents = 149. Coos, Curry combined data
2006	8th grade	Both	18.0	12.0	24.0	Total respondents = 343. 2005 and 2006 data combined
2008	8th grade	Both	18.7	13.3	24.1	Total respondents = 278. 2007 and 2008 data combined

*Upper and lower limits for 95% confidence interval are not available.

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39. *Depression in the past year*

Percent of Youth Who Had a Depressive Episode in the Past Year

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2001	11th grade	Both	21.3	*	*	Total respondents = 108. Coos, Curry combined data
2002	11th grade	Both	28.2	*	*	Total respondents = 110. Coos, Curry combined data
2003	11th grade	Both	20.8	*	*	Total respondents = 125. Coos, Curry combined data
2006	11th grade	Both	21.3	16.1	26.4	Total respondents = 276. 2005 and 2006 data combined
2008	11th grade	Both	17.9	12.9	22.9	Total respondents = 303. 2007 and 2008 data combined

40. *Psychological distress in the past month*

Percent of Youth that Exhibit Psychological Distress Based on Mental Health Inventory-5 (MHI-5)

Report Period	Age	Gender	Results	Lower Limit	Upper Limit	Notes
2004	8th grade	Both	30.4	27.1	33.6	Total respondents = 303. Coos, Curry combined data
2006	8th grade	Both	24.7	18.7	32.5	Total respondents = 329. 2005 and 2006 data combined
2008	8th grade	Both	28.8	22.5	35.1	Total respondents = 274. 2007 and 2008 data combined
2004	11th grade	Both	29.3	26.2	32.4	Total respondents = 190. Coos, Curry combined data
2006	11th grade	Both	24.6	18.3	29.0	Total respondents = 275. 2005 and 2006 data combined
2008	11th grade	Both	23.0	17.5	28.5	Total respondents = 300. 2007 and 2008 data combined

*Upper and lower limits for 95% confidence interval are not available.

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Uniform Crime Reports

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

Crimes against persons include criminal offenses where the victim is present and the act is violent or threatening or has the potential of being physically harmful. Crimes against property include criminal offenses that involve taking something of value by theft or deception or the destruction of property. Domestic disturbances involve crimes such as assault or the fear of imminent serious physical injury between family or household members.

The endnotes that follow provide county results including the rate of crimes per 10,000 population and the total number of offenses reported. In some years data reporting was incomplete. When this is the case it is noted.

5. Crimes against persons

Rate of Crimes Against Persons per 10,000 Population

Report Period	Age	Gender	Rate	Lower Limit	Upper Limit	Notes
2000	All ages	Both	103.3	*	*	Total offenses reported = 219.
2001	All ages	Both	88.6	*	*	Total offenses reported = 191.
2002	All ages	Both	115.8	*	*	Total offenses reported = 246.
2003	All ages	Both	91.0	*	*	Total offenses reported = 192.
2004	All ages	Both	85.6	*	*	Total offenses reported = 181.
2005	All ages	Both	58.0	*	*	Total offenses reported = 123.
2006	All ages	Both	78.6	*	*	Total offenses reported = 168.

20. Crimes against property

Rate of Property Crimes per 10,000 Population

Report Period	Age	Gender	Rate	Lower Limit	Upper Limit	Notes
2000	All ages	Both	290.1	*	*	Total offenses reported = 615.

*Upper and lower limits for 95% confidence intervals are not available.

Appendix D: Data Endnotes for Curry County

20. Crimes against property

Rate of Property Crimes per 10,000 Population


Report Period	Age	Gender	Rate	Lower Limit	Upper Limit	Notes
2001	All ages	Both	267.3	*	*	Total offenses reported = 576.
2002	All ages	Both	308.2	*	*	Total offenses reported = 655.
2003	All ages	Both	359.7	*	*	Total offenses reported = 759.
2004	All ages	Both	337.6	*	*	Total offenses reported = 714.
2005	All ages	Both	286.9	*	*	Total offenses reported = 608.
2006	All ages	Both	330.9	*	*	Total offenses reported = 707.

36. Rate of domestic disturbance offenses

Rate of Domestic Disturbance Offenses per 10,000 Population

Report Period	Age	Gender	Rate	Lower Limit	Upper Limit	Notes
2002	All ages	Both	35.3	*	*	Total offenses reported = 75.
2003	All ages	Both	31.3	*	*	Total offenses reported = 66.
2004	All ages	Both	18.9	*	*	Total offenses reported = 40. Gold Beach Police Dept did not submit data
2005	All ages	Both	23.1	*	*	Total offenses reported = 49.

*Upper and lower limits for 95% confidence intervals are not available.



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