Alcohol, Tobacco, and Other Drugs

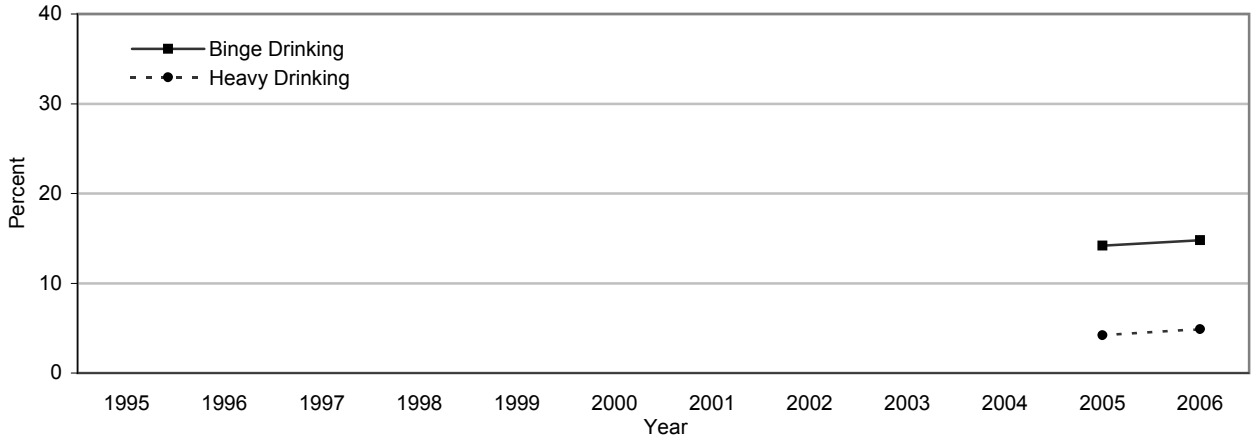
February 2008

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Alcohol Abuse

Binge drinking is defined as males consuming five or more drinks and females consuming four or more drinks on an occasion in the past 30 days. Heavy drinking is defined as males consuming more than 60 drinks and females consuming more than 30 drinks in the past 30 days. Alcohol use may contribute to cancer, cardiovascular diseases, chronic liver disease, unintentional and intentional injuries, infant mortality, and oral health conditions. Alcohol use during pregnancy can severely jeopardize birth outcomes and lead to fetal alcohol affects and fetal alcohol syndrome.

Percent of Idaho adults who were binge or heavy drinkers, 2005-2006



Note: break in trendline indicates data are not available for those years

Related Trends

Risk Factors	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005*	2006
Binge Drinking: Males who consumed five or more drinks and females who consumed four or more drinks on an occasion in the past 30 days												
Percent	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.2	14.8
Heavy Drinking: Males who consumed more than 60 drinks and females who consumed more than 30 drinks in the past 30 days												
Percent	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.2	4.9

*Question wording changed from 2005 to 2006

Note: Definition changes make data prior to 2005 not comparable with 2005 and later.

Idaho Resident Deaths	1995	1996	1997	1998	1999*	2000*	2001*	2002*	2003*	2004*	2005*	2006
Alcohol-Related												
Age-adjusted Rate	8.2	8.0	8.7	7.5	7.5	8.9	9.8	9.7	10.0	8.4	9.4	NA
Number	87	87	97	86	89	107	122	125	134	116	135	NA

Rates are per 100,000 population. The 1995-1998 data have NOT been modified to be comparable to 1999-2005 data. The age-adjusted rates have been standardized to year 2000. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes, and/or age-adjustment, see **Technical Notes** at the end of this report.

* The ICD-10 codes for alcohol-related deaths was expanded for ICD-10 to be more comprehensive. Therefore, data for 1999-2005 are not comparable to data for 1995-1998. See **Data Sources and Notes** for further explanation.

Footnote: As of date of publication, 2006 mortality data are unavailable.

Highlights

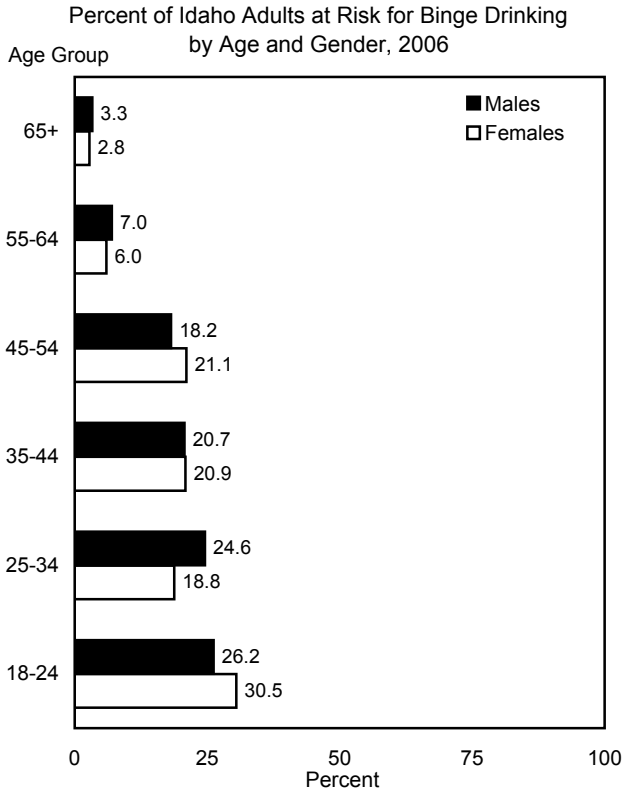
• In 2005, 28.3 percent of high school students (grades 9th to 12th) reported consuming five or more drinks in a single occasion in the previous 30 days. The prevalence was 29.3 percent for males and 27.3 percent for females.

• Since 1995, the age-adjusted rate of alcohol-related deaths has fluctuated, ranging from a low of 7.5 in 1999 to a high of 10.0 in 2003.

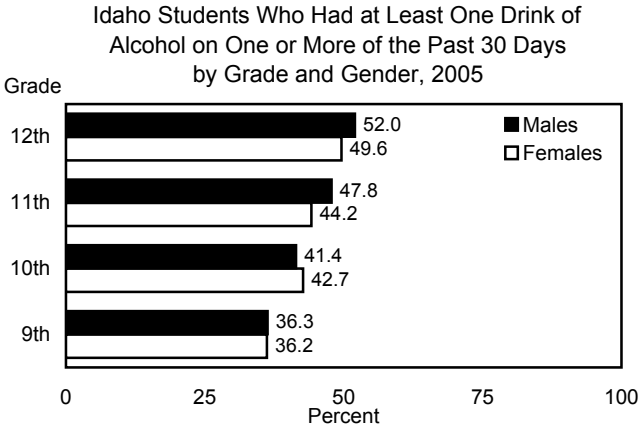
• In 2005, 25.5 percent of Idaho high school students reported that they had their first drink of alcohol before age 13, which was a change of 7.6 percent from 2001 when 27.6 percent of Idaho high school had a first drink of alcohol before age 13.

Alcohol Abuse

Risk Factor	Baseline Percent	Baseline Year	Current Percent	Current Year
Heavy drinking				
All ages	4.2%	2005	4.9%	2006
18-34	3.6%	2005	6.7%	2006
35-54	5.6%	2005	4.7%	2006
55+	3.3%	2005	3.1%	2006
Binge drinking				
All ages	14.2%	2005	14.8%	2006
18-34	20.0%	2005	22.2%	2006
35-54	15.7%	2005	16.1%	2006
55+	6.0%	2005	4.9%	2006
Binge drinking among Idaho high school students				
All 9th thru 12th	27.2%	2001	28.3%	2005
9th grade	19.6%	2001	19.0%	2005
10th grade	26.3%	2001	24.6%	2005
11th grade	30.7%	2001	27.6%	2005
12th grade	33.0%	2001	32.8%	2005
High school students who had their first drink of alcohol before age 13				
All 9th thru 12th	27.6%	2001	25.5%	2005



Cause of Death*	Baseline 2000 Number	Baseline 2000 Rate**	Current 2005 Number	Current 2005 Rate**
Alcohol-induced causes				
Total	107	8.9	135	9.4
Males	75	13.0	90	12.5
Females	32	5.2	45	6.3
Alcoholic liver disease				
Total	78	6.4	103	7.1
Males	56	9.6	68	9.5
Females	22	3.6	35	4.9



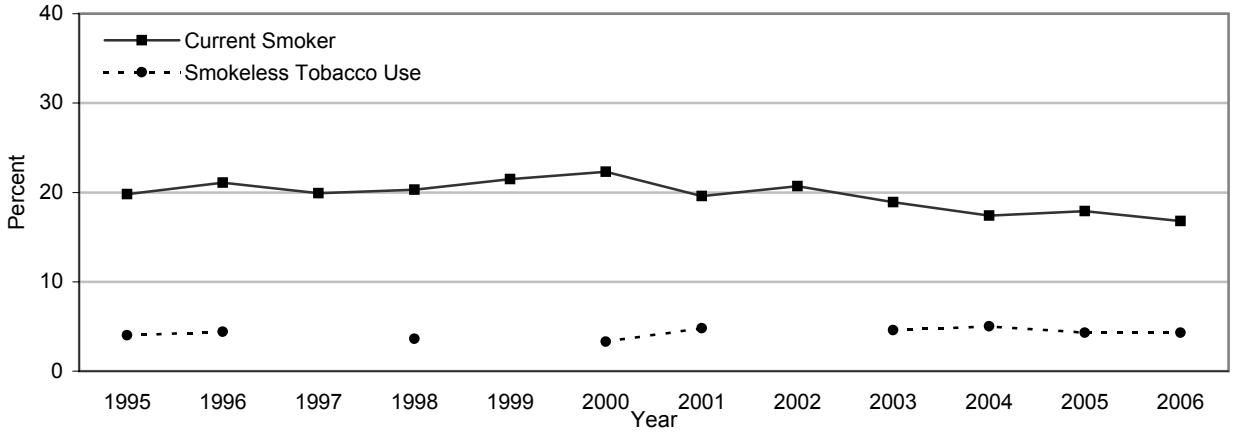
* Note: The listed causes of death are not mutually exclusive.

** Rate: Number of deaths per 100,000 population; rates are age-adjusted, standardized to year 2000 U.S. standard million.

Tobacco Use

Individuals at-risk for cigarette smoking are defined as anyone who has ever smoked 100 cigarettes or more and who now smokes some days or everyday. Thirty percent of all cancers are attributed to smoking or chewing tobacco. Cigarette smoking is associated with cancers of the lung, mouth, pharynx, larynx, esophagus, pancreas, kidney, and bladder. Tobacco use also contributes to Cardiovascular diseases and Chronic lower respiratory diseases. Women who smoke during pregnancy increase the risk of spontaneous abortions, pre-term births, low birth weight babies, and fetal and infant deaths.

Percent of Idaho adults who currently use tobacco, 1995-2006



Note: break in trendline indicates data are not available for those years

Related Trends

Risk Factors	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Current Smoker: Adults who had ever smoked at least 100 cigarettes and who currently smoke cigarettes everyday or some days												
Percent	19.8	21.1	19.9	20.3	21.5	22.3	19.6	20.7	18.9	17.4	17.9	16.8
Smokeless Tobacco Use: Adults who reported current use of smokeless tobacco products												
Percent	4.0	4.4	NA	3.6	NA	3.3	4.8	NA	4.6	5.0	4.3	4.3

Idaho Resident Deaths	1995	1996	1997	1998	1999*	2000*	2001*	2002*	2003*	2004*	2005*	2006
Malignant neoplasm of trachea, bronchus, and lung												
Age-adjusted Rate	46.0	45.1	47.2	47.5	43.6	45.7	45.0	43.6	46.1	41.2	45.2	NA
Number	483	485	518	532	502	538	539	538	591	537	606	NA

Rates are per 100,000 population. Statistics for 1995-1998 have been revised using the Modified ICD-9 codes and comparability ratios. The age-adjusted rates have been standardized to year 2000. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes, and/or age-adjustment, see **Technical Notes** at the end of this report.

Footnote: As of date of publication, 2006 mortality data are unavailable.

Highlights

• The prevalence of smoking among Idaho adults has decreased in the last decade. In 1995, 19.8 percent of Idaho adults reported that they currently smoke compared with 16.8 percent in 2006.

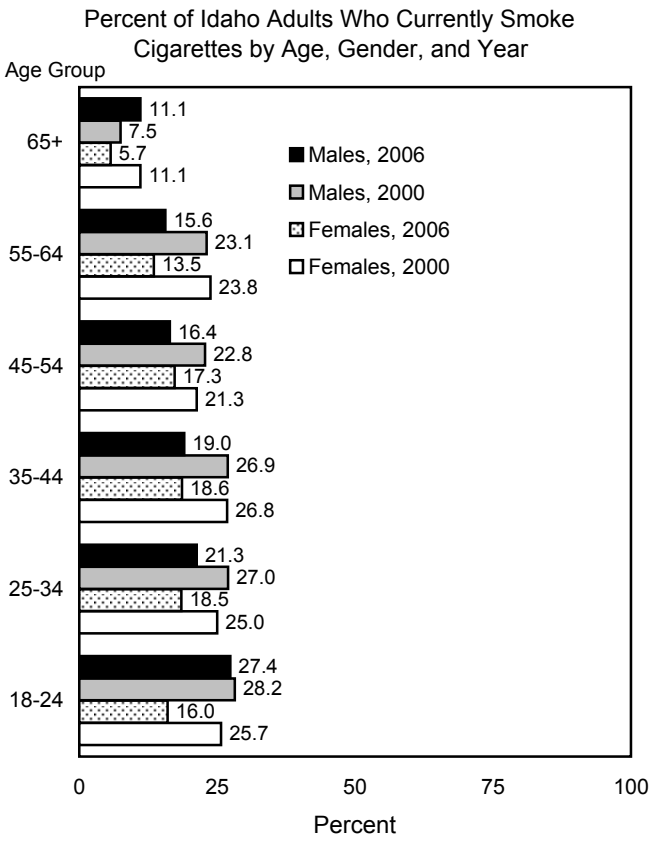
• The percent of Idaho adults who reported that they currently use smokeless tobacco has remained relatively stable, ranging from a low of 3.3 percent in 2000 to a high of 5.0 percent in 2004.

• In 2006, smokers were significantly more likely to report “fair” or “poor” general health when compared with non-smokers (21.8 percent compared with 12.3 percent).

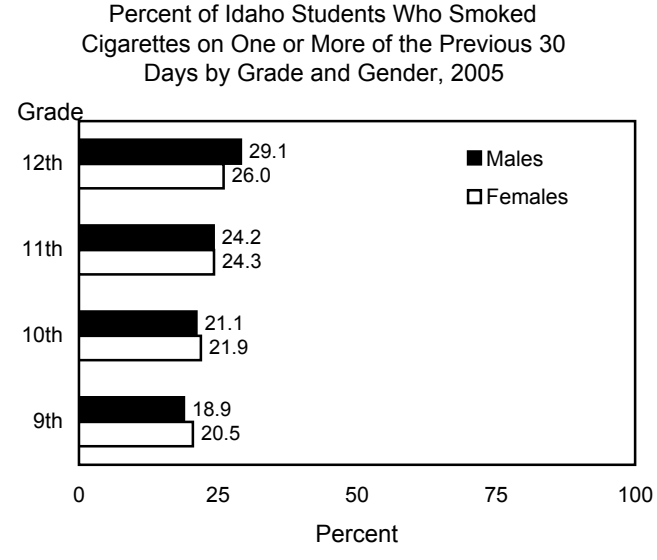
• The age-adjusted lung cancer death rate has fluctuated only slightly in the past ten years. In 2006, 606 Idahoans died due to cancer of the lung, bronchus, and trachea. Of these, 57.6 percent were male and 42.4 percent were female.

Tobacco Use

Risk Factor	Baseline Percent	Baseline Year	Current Percent	Current Year
Current smoker				
All ages (18+)	22.3%	2000	16.8%	2006
18-34	26.4%	2000	20.8%	2006
35-54	24.6%	2000	17.8%	2006
55+	15.3%	2000	11.2%	2006
Smoked cigarettes on 1≥ of the previous 30 days Grades 9-12	19.1%	2001	15.8%	2005
Smokeless tobacco use				
All ages (18+)	3.3%	2000	4.3%	2006
18-34	5.0%	2000	6.3%	2006
35-54	3.9%	2000	4.8%	2006
55+	0.7%	2000	1.4%	2006
Used smokeless tobacco on 1≥ of the previous 30 days Grades 9-12	8.3%	2001	9.1%	2005
Live births to women who used tobacco during pregnancy	13.3%	2004	12.7%	2006



Cause of Death	Baseline 2000 Number	Baseline 2000 Rate*	Current 2005 Number	Current 2005 Rate*
Lung cancer				
Total	538	45.7	606	45.2
Males	316	59.9	349	58.2
Females	222	34.8	257	35.4
Major cardiovascular diseases				
Total	3,429	293.3	3,369	244.8
Males	1,683	347.2	1,679	292.9
Females	1,746	248.3	1,690	204.9
Chronic lower respiratory diseases				
Total	565	48.5	719	54.0
Males	323	65.5	378	66.8
Females	242	36.4	341	45.7

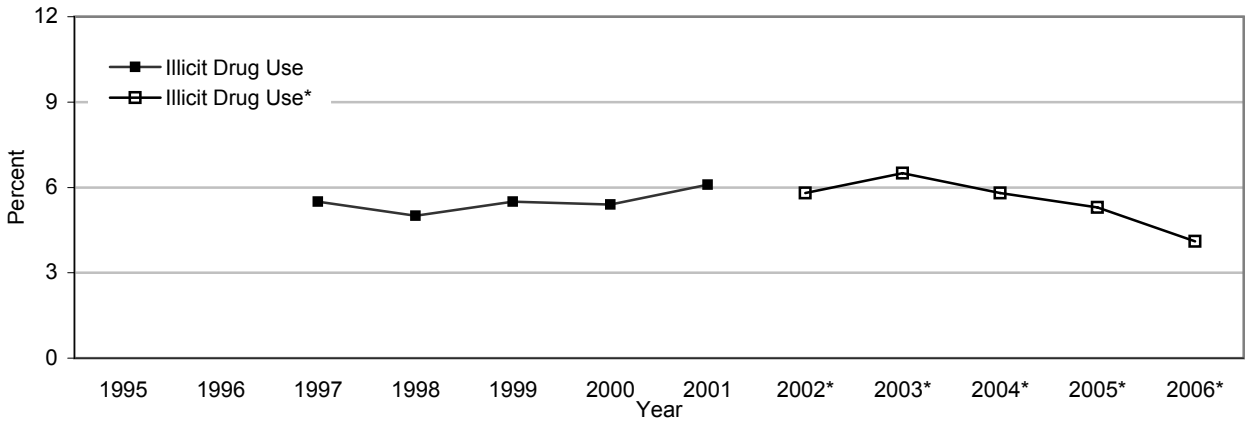


* Rate: number of deaths per 100,000 population; rates are age-adjusted, standardized to year 2000 U.S. standard million.

Illicit Drug Use

Intravenous and other illicit drug use has been linked to conditions such as Hepatitis A, Hepatitis B, Hepatitis C, Human Immunodeficiency virus (HIV), cancer, cardiovascular diseases, low birth weight births, intentional and unintentional injury, violence, and crime.

Percent of Idaho adults who used illicit drugs within the past year, 1995-2006



Note: break in trendline indicates data are not available for those years

Risk Factors	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Illicit Drug Use: Adults who reported using drugs for non-medical purposes in the last 12												
Percent	NA	NA	5.5	5.0	5.5	5.4	6.1	5.8*	6.5*	5.8*	5.3*	4.1*
Drug/Narcotic Arrests: Arrests in Idaho for drug/narcotic offenses												
Rate	424.3	352.3	395.5	412.0	412.6	418.3	401.7	414.2	417.9	441.9	404.7	402.6
Number	4,935	4,189	4,785	5,064	5,166	5,349	5,244	5,509	5,664	5,990	5,485	5,897

* The question regarding illicit drug use changed in 2002. Data from 2002-2006 are not comparable to data from 1995-2001.
Arrest rates may differ from previous publications due to an adjusted population base which reflects only the crime reporting jurisdictions. Arrest rates are per 100,000 of the adjusted population.

Idaho Resident Deaths	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Drug-Induced												
Age-adjusted Rate	4.8	4.5	5.3	4.9	5.3	5.5	7.9	9.3	9.0	8.2	8.3	10.2
Number	52	49	60	58	64	69	100	120	117	111	119	145

Rates are per 100,000 population. The 1995-1998 data have NOT been modified to be comparable to 1999-2005 data. The age-adjusted rates have been standardized to year 2000. For additional information regarding Modified ICD-9 codes, comparability ratios, ICD-10 codes, and/or age-adjustment, see **Technical Notes** at the end of this report.

The ICD-10 codes for drug-induced deaths was expanded for ICD-10 to be more comprehensive. Therefore, data for 1999-2005 are not comparable to data for 1995-1998. The question 'Did tobacco use contribute to cause of death' was added to the Idaho death certificate in 2003. Therefore, data for 2003-2005 are not comparable to data for 1999 through 2002. See **Data Sources and Notes** for further explanation.

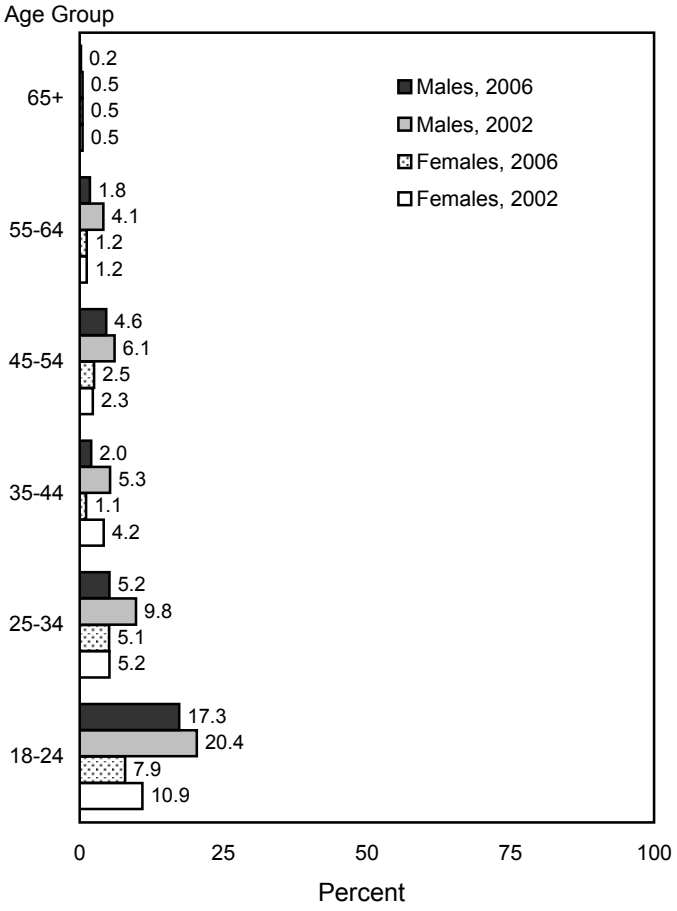
Highlights

• In 2006, there were 5,897 arrests for drug and narcotic offenses. Between 1995 and 2006 the arrest rate for drug offenses decreased 5.1 percent.
• In 2006, 145 Idahoans died from drug-related causes. This rate increased 22.9 percent from the prior year.
• In 2006, 4.1 percent of Idaho adults reported tht they had used illicit drugs within the past year. This was significantly lower than the 6.5 percent of Idaho adults who reported illicit drug use in 2003.

Illicit Drug Use

Risk Factor	Baseline Percent	Baseline Year	Current Percent	Current Year
Illicit drug use in the past 12 months				
All ages (18+)	5.8%	2002	4.1%	2006
18-34	11.3%	2002	8.5%	2006
35-54	4.5%	2002	2.6%	2006
55+	1.4%	2002	0.9%	2006
Marijuana used one or more times during their life Grades 9-12	34.7%	2001	34.4%	2005
Marijuana used one or more times during past 30 days Grades 9-12	17.5%	2001	17.1%	2005
Cocaine used one or more times during their life Grades 9-12	7.3%	2001	6.0%	2005
Heroin used one or more times during their life Grades 9-12	3.0%	2001	2.2%	2005
used one or more times during their life Grades 9-12	7.2%	2001	5.3%	2005
Inhaled paint/sprays or sniffed glue to get high 1≥ times during their life Grades 9-12	14.3%	2001	13.8%	2005

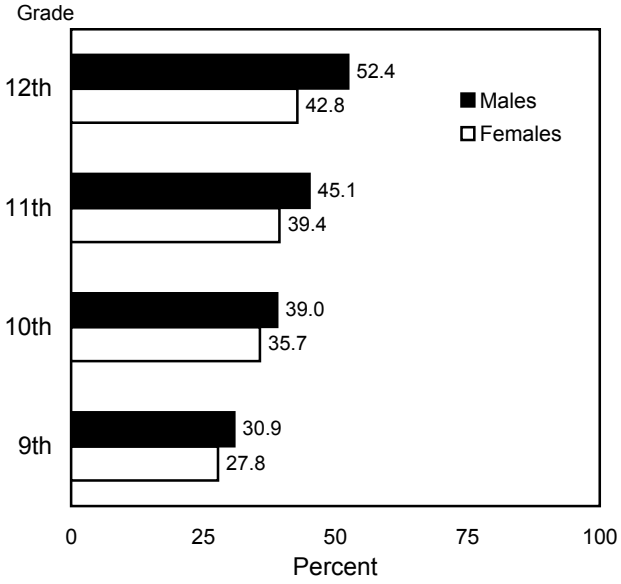
Percent of Idaho Adults Who Used Illicit Drugs in the Past Year by Age, Gender, and Year



Cause of death	Baseline 2000 Number	Baseline 2000 Rate*	Current 2006 Number	Current 2006 Rate*
Total drug-induced deaths	69	5.3	119	8.3
behavioral disorders due to psycho-active substance abuse	5	0.4	8	0.6
Accidental poisoning	32	2.5	62	4.3
Intentional self-harm (suicide)	19	1.5	21	1.5
Assault (homicide)	1	0.1	4	0.3
Other drug induced	-	-	1	0.1
Undetermined intent	12	0.9	23	1.6

* Crude Rate: number of deaths per 100,000 population.
Crude rates differ from age-adjusted rates.

Percent of Idaho Students Who Used Marijuana One or More Times During Their Life by Grade and Gender, 2005



Data Sources and Notes - Alcohol, Tobacco, and Other Drugs

Mortality Data:

Rates are per 100,000 population.

Idaho source: Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare.

Notes: In 1999, the United States changed from the ninth revision (ICD-9) to the tenth revision of the International Classification of Diseases (ICD-10). The introduction of ICD-10 created major discontinuities in trend data. The data may not agree with previous publications.

Unless otherwise stated, the 1995-1998 data presented in this section have been revised using Modified ICD-9 codes and comparability ratios to allow for comparison with death statistics beginning in 1999 to 2006.

In addition, the age-adjusted mortality rates have been standardized to year 2000, a change from the 1940 standard. This new standard was adopted by the National Center for Health Statistics in 1999.

Alcohol Abuse:

Risk Description Source: Idaho Behavioral Risk Factor Surveillance System, Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, and Centers for Disease Control and Prevention, National Center for Disease Prevention and Health Promotion.

Risk Factors:

Alcohol use (adults): Idaho source: Idaho Behavorial Risk Factor Surveillance System, Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare.

Alcohol use (students): Youth Risk Behavior Surveillance - United States, 2005. *Morbidity & Mortality Weekly Report* 2006; 55(SS-5):1-108.http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf.

Alcohol-related mortality: Alcohol-induced deaths ICD-10 codes: E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K86.0 R78.0, X45, X65, Y15
Alcoholic liver disease ICD-10 code: K70

Notes: Causes of death attributable to alcohol include alcoholic psychoses, alcohol dependence syndrome, nondependent abuse of alcohol, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, chronic liver disease and cirrhosis - specified as alcoholic, excessive blood level of alcohol, and accidental poisoning by alcohol, not elsewhere classified. The number of alcohol-induced deaths do not include accidents, homicides, and other causes indirectly related to alcohol use. The list of codes included in alcohol-induced causes was expanded for ICD-10 to be more comprehensive. Data for 1999 through 2006 are not comparable to data for 1995 through 1998.

Tobacco Use:

Risk Description Source: Idaho Behavioral Risk Factor Surveillance System, Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, and Centers for Disease Control and Prevention, National Center for Disease Prevention and Health Promotion.

Risk Factors:

Tobacco Use (adults): Idaho source: Idaho Behavioral Risk Factor Surveillance System, Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare.

Tobacco use (students): Youth Risk Behavior Surveillance - United States, 2005. *Morbidity & Mortality Weekly Report* 2006; 55(SS-5):1-108.http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf.

Tobacco-related mortality: Malignant neoplasm of trachea, bronchus, and lung ICD-10 codes: C33-C34

Major cardiovascular diseases ICD-10 codes: I00-I78

Chronic lower respiratory diseases ICD-10 codes: J40-J47

Notes: Major cardiovascular mortality includes conditions such as Acute rheumatic fever, Chronic rheumatic heart dieases, Hypertensive diseases, Ischemic heart diseases, Pulmonary heart disease and diseases of pulmonary circulation, Other forms of heart disease, Cerebrovascular diseases, and diseases of arteries, arterioles, and capillaries. Circulatory system diseases not included are diseases of veins, lymphatic vessels, and lymph nodes (not elsewhere classified), and Other and unspecified disorders of the circulatory system.

Chronic lower respiratory diseases mortality includes conditions such as bronchitis (chronic and unspecified), emphysema, and asthma.

Ilicit Drug Use:

Risk Description Source: Idaho Behavioral Risk Factor Surveillance System, Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, and Centers for Disease Control and Prevention,National Center for Disease Prevention and Health Promotion.

Risk Factors:

Drug Use (adults): Idaho source: Idaho Behavioral Risk Factor Surveillance System, Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare.

Drug use (students): Youth Risk Behavior Surveillance - United States, 2005. *Morbidity & Mortality Weekly Report* 2006; 55(SS-5):1-108.http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf.

Drug Arrests: Source: Idaho Uniform Crime Reporting Program, Bureau of Criminal Identification, Idaho State Police. *http://www.isp.state.id.us/identification/ucr/2005/documents/CrimeinIdaho-CompletePublication-2005.pdf*

Drug-induced mortality: Drug-induced causes of deaths 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, F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, 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, and Y10-Y14.

Drug-induced deaths include deaths due to drug psychosis, drug dependence, nondependent use of drugs not including alcohol and tobacco, accidental poisoning by drugs, medicaments, and biologicals, suicide by drugs, medicaments, and biologicals, assault from poisoning by drugs and medicaments, and poisoning by drugs, medicaments, and biologicals, undetermined whether accidental or purposely inflicted. Drug-induced deaths do not include accidents, homicides, and other casues indirectly related to drug use. Types of drugs listed on the death certificate include prescriptions, over-the-counter drugs, and narcotics.
The list of codes included in drug-induced causes was expanded for ICD-10 to be more comprehensive. Data for 1999 through 2006 are not comparable to data for 1995 through 1998.

ICD-10 Code F17.9: Unspecified mental and behavioral disorder due to use of tobacco (chain, former, life long, or packs per day).
The question 'Did tobacco use contribute to cause of death?' was added to the death certificate in 2003. Prior to 2003, deaths that were ill-defined or had an unknown cause of mortality listed on the death certificate were coded to ICD-10 codes R96-R99.9. Beginning in 2003, deaths that were ill-defined or had an unknown cause of mortality listed on the death certificate were coded to ICD-10 codes R96-R99.9, if the question 'Did tobacco use contribute to cause of death?' was marked no or unknown. If the question 'Did tobacco use contribute to cause of death?' was marked yes or probably, deaths that were ill-defined or had an unknown cause of mortality listed on the death certificate were coded to ICD-10 code F17.9. Therefore,data for 2003 through 2006 are not comparable to data for 1999 through 2002.

Technical Notes

Age-Adjusted Mortality Rates Standardized to the Year 2000 U.S. Standard

Age adjustment is a statistical technique used to standardize rates. The technique is employed when comparing two or more populations with different age distributions. Age-adjusted rates are artificial measures for comparison purposes only and should not be used to measure the absolute magnitude of a health issue. To allow for comparison, the same standard population must be used. If different standard populations are used to compute the age-adjusted rates (1940 and 2000, for example), then the age-adjusted rates are NOT comparable. Statistically, it is a weighted average of the age-specific death rates, where the weights represent the fixed population proportions by age.

Beginning with data (calendar) year 1999, the National Center for Health Statistics (NCHS) implemented a new standard for age-adjusted death rates. The new standard is based on year 2000 U.S. population, and it replaces the existing 1940 standard million population that has been widely used for over 50 years. The change in the population standard from 1940 to the year 2000 affects the magnitude of the age-adjusted rates. Rates based on the year 2000 standard will be larger than rates based on the 1940 standard because the year 2000 standard gives more weight to death rates at the older age, where mortality is higher.

Cause-of-Death Classification

Mortality statistics are compiled in accordance with the World Health Organization (WHO) regulations, which specify that member nations, including the United States, classify and code causes of death in accordance with the International Statistical Classification of Diseases and Related Health Problems. The tenth revision of the International Classification of Diseases (ICD-10) was implemented in the United States beginning with the deaths occurring in 1999 and replaces the ninth revision of the ICD (ICD-9), which was used from 1979 through 1998. Some chnges from ICD-9 to ICD-10 include:

1. ICD-10 is far more detailed than ICD-9, with about 8,000 categories compared with 4,000 categories.
2. ICD-10 uses 4-digit alphanumeric codes, compared with 4-digit numeric codes in ICD-9.
3. Some cause-of-death titles have been changed, and conditions have been regrouped.
4. Some cause-of-death coding rules have been changed.

Comparabiliy Ratio

The change from ICD-9 to ICD-10 may result in discontinuities in cause-of-death trends. These discontinuities are measured using comparability ratios. The National Center for Health Statistics (NCHS) developed comparability ratios to measure the level of agreement between classification systems for causes of death.

The comparability ratio is the result of a study completed by the NCHS in which a sample of U.S. mortality records were coded by both the new (ICD-10) and the old revision (ICD-9) codes. A comparability ratio of 1.00 indicates that the same number of deaths was assigned to a particular cause whether ICD-9 or ICD-10 was used. A comparability ratio of less than 1.00 indicates fewer deaths would be coded to the cause of death using ICD-10 compared with ICD-9, solely because of the revision of the ICD. For example, a ratio of 0.83 indicates there were 17 percent fewer deaths (1.00-0.83) for this cause becuase of the code revision. A comparability ratio of more than 1.00 indicates more deaths occurred from this cause using ICD-10 compared with ICD-9, only because of the implementation of ICD-10. A ratio of 1.19 indicates 19 percent more deaths (absolute difference of 1.00-1.19) were attributed to the cause using ICD-10 than would have been using ICD-9. Additional information on Modified ICD-9 codes can be found on the NCHS website.

Costs associated with this publication are available from the
Idaho Department of Health and Welfare.
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