2016

Substance Use Indicators Report

Overview of Selected Substance Use Indicators For Mecklenburg County

the CHARLOTTE MECKLENBURG drug free coalition

"collaborating to impact our community"

Report Prepared by:

Anuvia Prevention & Recovery Center | Cardinal Innovations Healthcare | Carolinas Care Partnership
Center for Prevention Services | Charlotte Mecklenburg Drug Free Coalition
Mecklenburg County Health Department | Teen Health Connection

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Executive Summary

The Charlotte Mecklenburg Drug Free Coalition ("the Coalition") seeks to collaboratively promote data-driven awareness, knowledge-based action and purposeful advocacy to reduce the harmful impact of substance use and addiction on youth, families and the community. In pursuit of that mission, the Coalition produced the 2016 Substance Use Indicators Report to educate the community on the prevalence and impacts of substance use.

As an aid to community action, this document is the fourth Substance Use Indicators Report presented by the Coalition. An objective publication, the report identifies the rates of substance use among adolescents and adults in our community as well as data on related consequences. It is intended to raise community awareness and to stimulate discussion that will ultimately result in data-driven action and policy decisions. All indicators reported in previous reports were re-examined and only data from sources maintaining consistent, reliable data over time remain. The data included in this report come from a variety of sources and is intended to give a better understanding of scope of substance use in Mecklenburg County. This report may be disseminated as one comprehensive document but is also designed so that a single indicator may be pulled out as a fact sheet.

The report consists of 16 indicators grouped in categories: Perception, Availability, Use, Criminal Consequences and Health & Safety Consequences. The effects of alcohol and drug use are measured both directly using data like DWI arrests, and indirectly using survey tools. Data sets providing information on community risk factors and medical information (such as death certificate data) are also presented. This report includes appendices with more detailed information about the data sources. Each indicator page includes a chart or graph depicting the data and the following sections: *Why is this Important?, How are We Doing? and What Can We Do?.* These sections provide a background and context for the data and offer areas for action. Action items include things like policy changes, enforcement efforts and opportunities for education. For more information about this report, visit *www.drugfreecharlotte.org.*

2016 Substance Use Indicators Report Data Summary		
Category	**Indicator**	**Data Highlight**
Perception of Risk	1. Youth who think substance use is risky	60% of youth believe there is either moderate or great risk associated with occasional marijuana use while 84% believe binge drinking is risky.
Source & Availability	2. Youth source of alcohol	Almost 1 in 4 youth who reported drinking said they got the alcohol with permission from their parents.
	3. Youth source of other drugs	Youth most commonly report getting marijuana or prescription drugs from friends.
Rates of Use	4. Youth who report drinking alcohol in the past 30 days	The rate of alcohol use among youth has remained fairly constant at around 32%.
	5. Youth who report binge drinking	The rate of binge drinking among youth has fluctuated between 14% and 17% since 2007.
	6. Youth who report using marijuana in the past 30 days	The rate of marijuana use among youth increased from 2007-2013 with a small drop in 2015 to 24%.
	7. Heavy drinking & binge drinking among adults	8% of adults report heavy drinking while 19% reported binge drinking in 2014.
Criminal Consequences	8. Arrest charges related to illegal drugs	Charges related to illegal drugs have remained fairly constant since 2011 with the majority of charges associated with marijuana.
	9. Arrest charges related to alcohol	Charges related to alcohol use have been declining, people ages 18-21 make up the majority of the charges.
	10. Adult & underage impaired driving charges	The number of DWI charges per year has been declining.
Health & Safety Consequences	11. Emergency Department (ED) admissions related to substance use	"Non-dependent" use of drugs accounted for 63% of substance use related ED admissions in 2015.
	12. Substance use related causes of death	The 2014 substance use death rate was 12.6 per 100,000, an increase from the previous 3 years.
	13. Fatal motor vehicle crashes involving alcohol	Motor vehicle crashes involving alcohol are 17 times more likely to result in a fatality than crashes not involving alcohol.
	14. Use/dependence among persons charged with DWI	The majority of people charged with DWI continue to be assigned to treatment.
	15. Youth who used substances the last time they had sex	23% of high school students reported using drugs or alcohol the last time they had sex.
	16. Youth who report riding in a car with a drunk driver	Just over 1 in 5 high school students reported riding in a car with a drunk driver.

Indicator 1. Youth Who Think Substance Use is Risky

Why is this important?

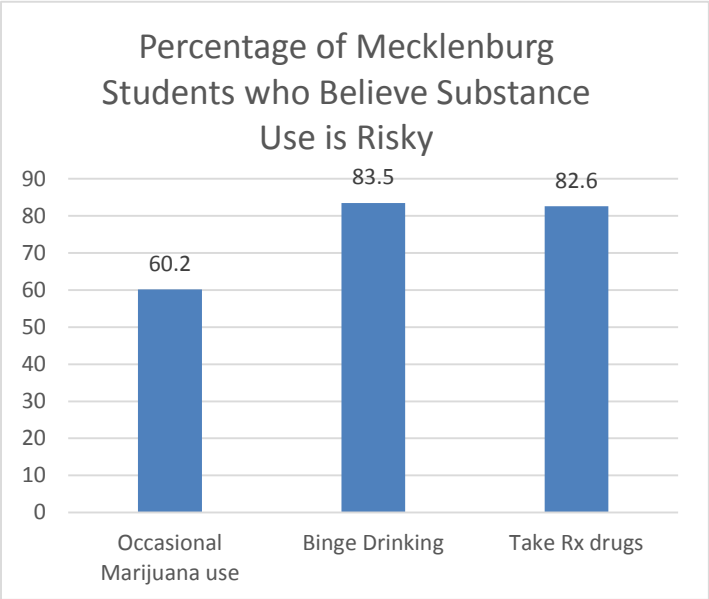
Perception of risk for substance use is a critical determinant of actual use. For example, a 2013 report from SAMHSA indicated that the percentage of adolescents aged 12 to 17 who perceived that there was "great risk" in having five or more alcoholic drinks once or twice a week increased from 38.2% in 2002 to 40.7% in 2011. During that same time period, the percentage of adolescents reporting engaging in this type of binge drinking behavior decreased from 10.7% to 7.4%. These same trends have been seen in other types of substance use as well. Therefore, to have an impact on dangerous substance use behaviors, it is important to educate youth about the risks associated with substance use.[1]

How are we doing?

The 2015 Youth Drug Survey shows that the vast majority of students believe that both binge drinking and taking prescription drugs (in a non-prescribed manner) has either a "moderate risk" or a "great risk." However, just over half of students (60.2%) thought that occasional marijuana use was risky. While results from this survey are not directly comparable to previous results, the 2015 survey results suggest that perceptions of risk of marijuana use and binge drinking are increasing.

What can we do?

Risk awareness continues to be a key component to educating youth about substance use. Effective prevention programming should include accurate and credible data on harm associated with substance use. Discussions of risk should also include the association of adolescent substance use with increased risk of sexually transmitted infections, vehicular fatalities, poor performance in school, and other problems associated with physical and mental health. Prevention strategies should be comprehensive in addressing risk awareness, social norms, environmental factors, parental perception, and the importance of parental communication about the risks of substance use to their children.



About the Data

Source: Center for Prevention Services, 2015 Youth Drug Survey
Definition: Students were asked "How much do you think people risk harming themselves if they…" and were presented a list of substance use related behaviors. Students could choose from the following responses: no risk, slight risk, moderate risk or great risk. The percentages in the graph represent those answering either "moderate risk" or "great risk."
Details: Since 1972, the Center for Prevention Services has implemented the Youth Drug Survey to track rates of use and attitudes towards substance use. The 2015 survey was distributed to a random sample of 3,892 students in Charlotte-Mecklenburg Schools in grades 6, 8, 10 and 12. Because the survey instrument changed, results from the 2015 survey are not directly comparable to previous results.

[1] Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (January 3, 2013). The NSDUH Report: Trends in Adolescent Substance Use and Perception of Risk from Substance Use. Rockville, MD

Indicator 2. Youth Self-Reported Sources of Alcohol

Why is this important?

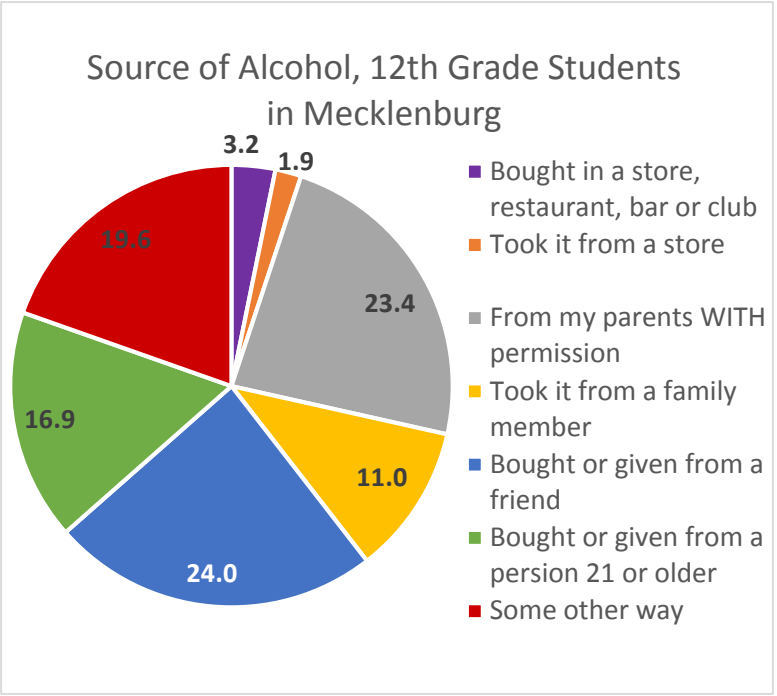
It is illegal in all 50 States for youth under the age of 21 to buy or publicly possess alcohol. Availability of alcohol is a significant factor in underage drinking and includes both commercial and social access to alcohol. Nationally and locally among youth who drink, the majority obtain alcohol from social sources including parents and friends. The physical availability of alcohol is significant in this equation, but so are the perceptions of approval conveyed in the provision of alcohol by parents and peers.

How are we doing?

Nearly one in four 12th grade students (23.4%) who reported drinking alcohol stated that they got it from their parent with permission and 11.0% took it from a family member. Another 16.9% stated that they got it from a person who was 21 or older and 24.0% report having gotten alcohol from a friend. Cumulatively, the above-mentioned sources equate to social versus retail points of access to alcohol for 75.3% of youth in our community. Interestingly, nearly 20% of 12 graders responded that they got their alcohol "some other way".

What can we do?

Over 75% of youth in our community access alcohol from social sources. Prevention and criminal justice efforts should continue to address retail sources of alcohol for underage youth, but should focus on efforts that prevent social availability in all of its forms. There are a variety of promising environmental practices that could be employed to a greater degree in our community to address social availability of alcohol. These practices include social host laws, beer keg registration, sting operations to deter adult assistance and promote awareness of the legal consequences of helping minors obtain alcohol, restriction and monitoring of teen parties, and swift and appropriate penalties for illegal possession and transactions in noncommercial settings. It should be noted that the perception of being caught is currently viewed as the strongest deterrent to youth social access to alcohol; therefore, avenues such as the media that highlight the aforementioned practices are beneficial.



About the Data

Source: Center for Prevention Services, 2015 Youth Drug Survey
Definition: Students were asked "If you drank alcohol in the past month, where did you usually get it" and were presented with the options listed in the chart. Responses from students in grade 12 are presented as those students that had the highest reported rate of alcohol use.
Details: Since 1972, the Center for Prevention Services has implemented the Youth Drug Survey to track rates of use and attitudes towards substance use. The 2015 survey was distributed to a random sample of 3,892 students in Charlotte-Mecklenburg Schools in grades 6, 8, 10 and 12. Because the survey instrument changed, results from the 2015 survey are not directly comparable to previous results.

Indicator 3. Youth Self-Reported Source of Other Drugs

Why is this important?

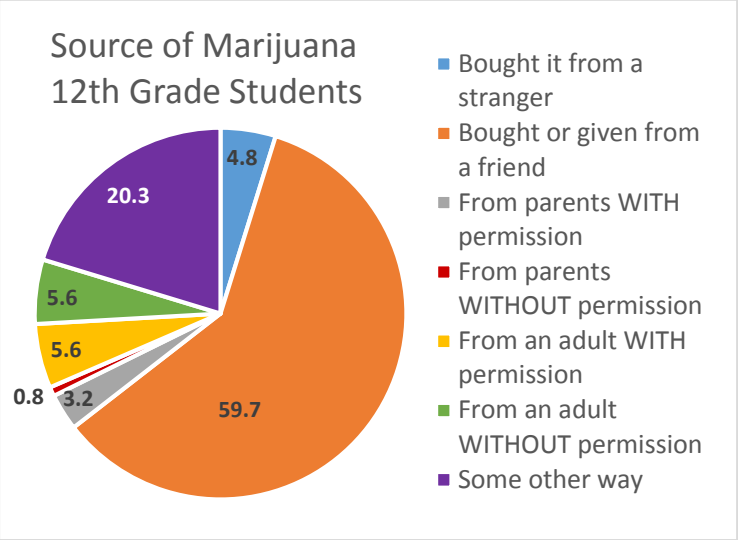
Widespread availability of marijuana and prescription drugs is a significant factor in use among youth. The ease of obtaining these drugs and decreased stigma associated with use are factors that influence the rate of use. Marijuana legalization efforts in various states both increase availability and normalize use while increases in prescriptions and a normalization of using these drugs in a non-prescribed manner has fueled lethal and non-lethal overdoses.

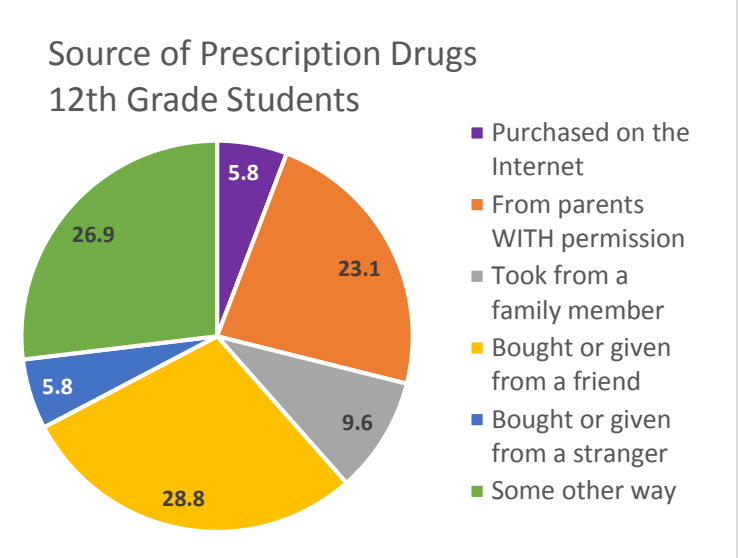
How are we doing?

Students in 12th grade have a variety of sources for obtaining marijuana and prescription drugs with each most commonly reported as being bought or given from a friend. Nearly one in four 12th grade students reported they received a prescription drug from a parent with permission. Internet purchases only account for 5.8% of reported sources for prescription drugs but illustrates a level of ease and anonymity. Interestingly, "some other way" was a common response suggesting more research is needed to understand access points.

What can we do?

It is important to continue to educate youth and communities about the risk and protective factors related to marijuana use and implement evidence-based strategies to target perceptions of harm, peer approval, and social norms related to use. Multi-media awareness campaigns on the health effects of marijuana, social norms, and legal consequences should be implemented. The prevention of prescription drug use requires a comprehensive approach including monitoring, education and enforcement. Securing prescriptions at home and proper disposal are effective first steps. Media campaigns highlighting risks, safe delivery modes, improved prescribing practices, and stricter law enforcement can also be pursued.





About the Data

Source: Center for Prevention Services, 2015 Youth Drug Survey.
Definition: Students were asked "If used marijuana/prescription in the past month, where did you usually get it" and were presented with the options listed in the chart. Responses from students in grade 12 are presented as those students had the highest reported rate of use.
Details: Since 1972, the Center for Prevention Services has implemented the Youth Drug Survey to track rates of use and attitudes towards substance use. The 2015 survey was distributed to a random sample of 3,892 students in Charlotte-Mecklenburg Schools in grades 6, 8, 10 and 12. Because the survey instrument changed, results from the 2015 survey are not directly comparable to previous results.

Indicator 4. Youth Who Report Drinking Alcohol in the Past 30 Days

Why is this important?

Youth alcohol use continues to be a problem both nationally and locally. Many studies show the harmful effects of alcohol use on the developing brain. Early use of alcohol is associated with immediate risks including use of other substances, exposure to violence, academic difficulties and more emotional and behavioral problems. Youth who drink are 3-5 times more likely to develop an alcohol use disorder later in life.

How are we doing?

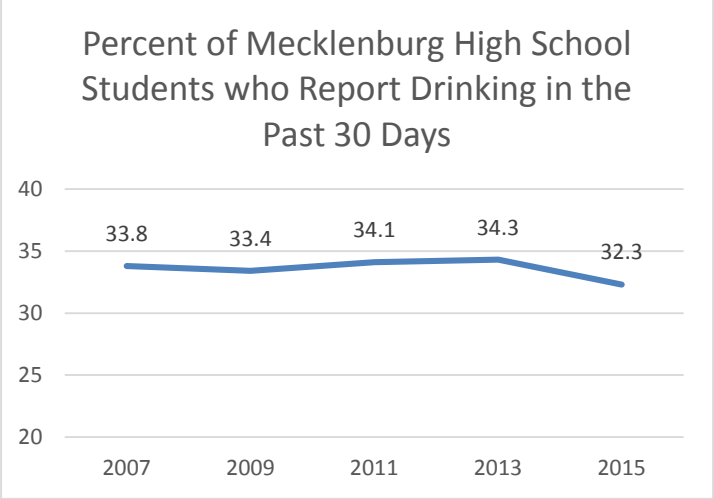
According to the Youth Risk Behavior Survey, the rate of past 30-day alcohol use has remained relatively stable from 2007 to 2015. Roughly one in three high school students reported having at least one drink of alcohol on one occasion in the past 30 days. Rates of youth alcohol use in Mecklenburg are similar to rates across North Carolina as a whole as well as the United States overall.

What can we do?

According to the 2011 "National Survey on Drug Use and Health: Summary of National Findings," a majority of underage drinkers reported that their last use of alcohol in the past month occurred either in someone else's home or in their own home. Therefore, to address underage drinking in our community it is important to focus on family life.

Families have a powerful influence over a young person's decisions about alcohol use. In fact, parents' disapproval is a key reason children give for not using alcohol. However, many parents and other adult caregivers may not recognize the impact they can have over their children's use or feel inadequately prepared to discuss drinking with their children.

Education and policy change are also important components to reduce youth alcohol use. Community groups also can play an important role by educating and supporting parents in building youth resiliency. It is important to promote parenting/family communication programs in our community and to encourage family participation in these opportunities. Educating the community through mass media campaigns targeting community norms related to underage drinking is also useful approach.



Further, communities can implement policies to discourage adults from providing alcohol to underage youth. Such policies can hold adults accountable for knowingly hosting a party where alcohol is being served and can discourage such parties from taking place.

For more information on strategies to prevent underage drinking, visit: *www.parentingisprevention.org*.

About the Data

Source: 2015 Youth Risk Behavior Survey (YRBS)
Definition: High school students were asked if they "had at least one drink of alcohol on one or more days in the past 30 days."
Details: The YRBS is CDC survey tool that is implemented every two years within Charlotte-Mecklenburg Schools.

Indicator 5. Youth Who Report Binge Drinking in the Past 30 Days

Why is this important?

Binge drinking (five or more drinks in a short time), can be dangerous and may result in negative health consequences. Binge drinkers are more likely to report alcohol-impaired driving than non-binge drinkers. Research suggests that heavy drinking by youth impacts the brain in a way that increases susceptibility to alcohol dependence. According to the CDC, an estimated 90% of the alcohol consumed by youth under the age of 21, is in the form of binge drinking.

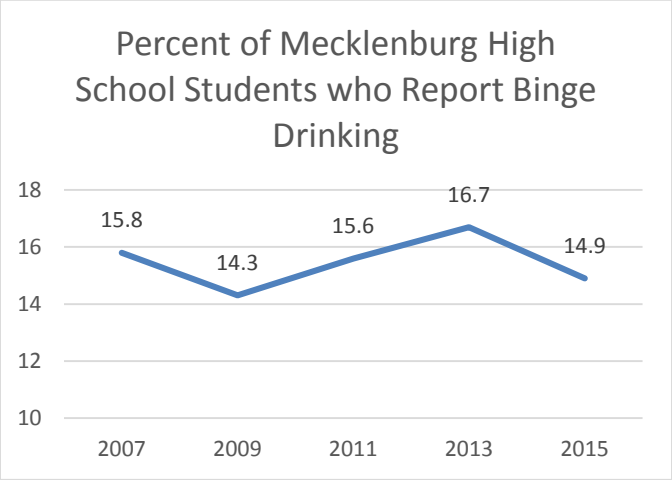
How are we doing?

According to the Youth Risk Behavior Survey, rates of binge drinking among high school students have fluctuated somewhat between 2007 and 2015 from a low of 14.3% to a high of 16.7%. The 2015 rate in Mecklenburg County of 14.9% is slightly higher than that of the state overall (13.9%) but it is lower than the national rate of 17.7%.

What can we do?

Professionals and parents can enhance efforts to help youth understand the negative consequences of using alcohol. It is especially important for our educational system to implement more prevention programs within the curriculum. Parents, communities and lawmakers must support this need through increased funding and support of these programs within schools.

Young people report that alcohol is easy to obtain and that many high school and college students drink with one goal: to get drunk.[1] Parents, communities and campuses can change the norms around underage drinking by communicating that drinking is *not* a "rite of passage" as is commonly perceived in this country. Communities can also dispel the myth that underage drinking is safe if it's done in the safety of one's home by recognizing that it is unsafe for underage youth to access alcohol in any setting.



Additionally, social host laws can also reduce underage drinking by imposing legal consequences for adults who are present at a venue where underage drinking occurs. This includes holding the adult responsible for alcohol-related consequences related to the event, such as car crashes, emergency room visits, or even death from alcohol overdose.

Lastly, if a person is known to have consumed large quantities of alcohol in a short period of time, know the symptoms of alcohol poisoning and call 911 if needed. Symptoms include vomiting, unconsciousness, cold, clammy, pale, or bluish skin and slow or irregular breathing.[2]

About the Data

Source: 2015 Youth Risk Behavior Survey (YRBS)
Definition: High school students were asked if they "had 5 or more drinks of alcohol in a row (within a couple of hours) one or more day in the past 30 days."
Details: The YRBS is CDC tool that is implemented every two years within Charlotte-Mecklenburg Schools.

1. American Academy of Pediatrics, Things You Should Know About Children and Alcohol, Washington, D.C., 1998.
2. American Academy of Pediatrics, Binge Drinking, Washington, D.C., 1999.

Indicator 6. Youth Who Report Using Marijuana in the Past 30 Days

Why is this important?

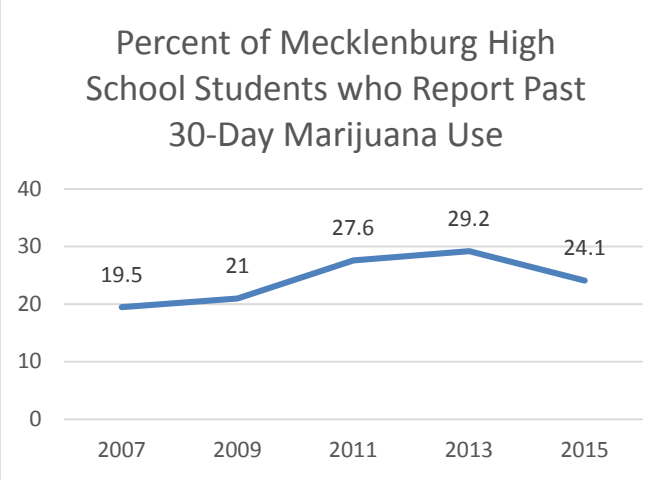
Marijuana remains the most commonly used illegal substance in the U.S. The effects of marijuana use include impaired short-term memory, slowed reaction time, impaired motor coordination, and altered judgment and mood. These effects have particularly damaging consequences during critical developmental periods including adolescence –leading to the altering of brain development in areas related to mood, reward, and executive function. Early and long-term marijuana abuse is associated with addiction, poorer educational outcomes and job performance, respiratory problems, cognitive impairment beyond the time of intoxication, and co-occurring mental disorders.

How are we doing?

According to the Youth Risk Behavior Survey, marijuana use among high school students has been increasing and went up 10% from 2007 to 2013. However, there was a slight decrease in use rates from a high of 29.9% in 2013 to 24.1% in 2015. Nearly one in four high school students reported using marijuana in the past 30 days. Past 30-day use is generally considered a measure of "current use" as compared to "lifetime use" which assesses if youth have ever used a substance in their life. The trend of increasing marijuana use in Mecklenburg County is similar to North Carolina and the U.S. overall.

What can we do?

The legalization of marijuana for medicinal purposes in other states and high perceived rates of use have contributed to increasingly lower perceptions of risk for marijuana use. Marijuana is also widely available and relatively affordable. To address the increasing trend of use among youth, it is important to continue to emphasize the short- and long-term effects of



marijuana use and particularly the structural and functional deficits of the brain that can occur with use at young ages. Social norms interventions are needed to address the decline in perception of risk/harm of the drug and the overestimation of use among their peers. In addition, parents have an important role in this effort and can strongly influence their youth's attitudes and behaviors by having frequent, open and nonjudgmental conversations with their youth.

About the Data

Source: 2015 Youth Risk Behavior Survey (YRBS)
Definition: High school students were asked if they "had used marijuana one or more times in the past 30 days."
Details: The YRBS is CDC survey tool that is implemented every two years within Charlotte-Mecklenburg Schools.

Indicator 7. Heavy and Binge Drinking Among Adults

Why is this important?

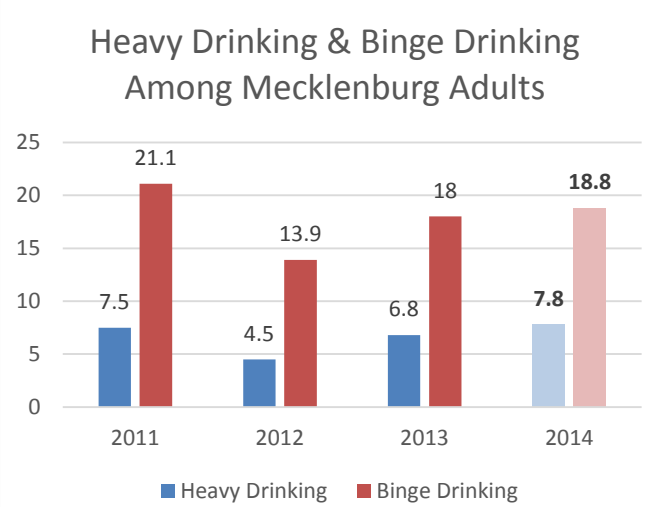
Excessive alcohol use has consistently been one of the leading causes of preventable deaths in the United States. Binge drinking and heavy drinking can also contribute to increased prevalence of depression and anxiety as well as lead to risky and/or illegal behavior. The fact that alcohol is a legally available substance makes it both easily accessible and socially acceptable.

How are we doing?

The rate of heavy drinking and binge drinking among adults in Mecklenburg County has fluctuated somewhat since 2011. Heavy drinking is defined as having more than one or two drinks most nights per week while binge drinking is defined as having four or five drinks within a couple of hours. Rates for both behaviors decreased from 2011 to 2012 but then increased in 2013. In 2013, 18% of adults reported binge drinking and 6.8% reported heavy drinking. While the 2014 data is not directly comparable to the previous years (see "About the Data" section), the rates for both binge and heavy drinking are similar to the previous year's rates.

What can we do?

Alcohol restrictions generally place little burden on responsible drinkers but can impact excessive or hazardous drinking. Among the evidence-based measures to prevent excess drinking, North Carolina is doing well in some areas. For example, North Carolina has a relatively high tax rate for beer and distilled spirits, compared to other states. In addition, there are restrictions on the retail sale of distilled spirits – with the sale of such items being limited to state controlled Alcoholic Beverage Control (ABC) stores. Other evidence-based measures the county may want to examine include limiting the number of retail alcohol outlets that sell other alcoholic beverages, such as beer



and wine in a given area. In addition, other opportunities for intervention include consistent enforcement of laws against underage drinking and alcohol-impaired driving as well as media advocacy around enforcement efforts and screening and counseling for alcohol misuse. Additional efforts in the areas of prevention and treatment of substance use disorders can also impact rates of heavy and binge drinking among adults.

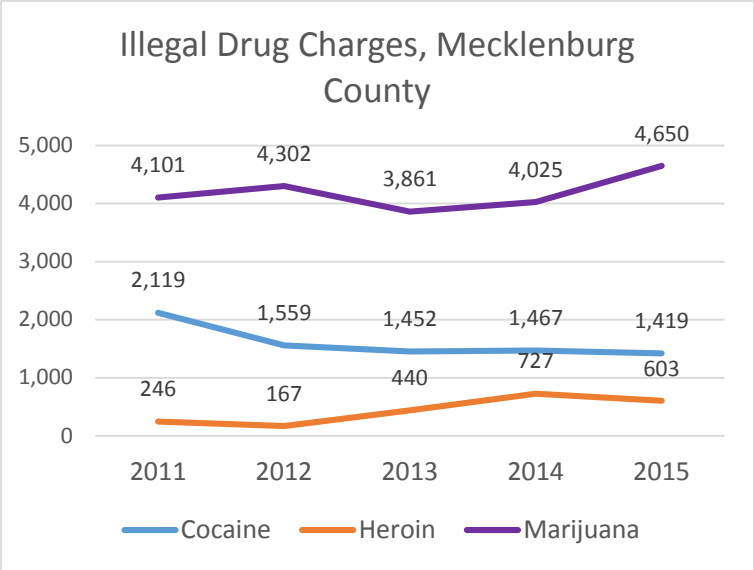
About the Data

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Details: Binge drinking – percentage of respondents who reported drinking in the past 30 days and had 5 or more drinks for males or 4 or more drinks for females on one or more occasions in the past month. Heavy drinking – percentage of respondents who reported having more than 2 drinks per day for males and more than 1 drink per day for females on most days. A standard drink is defined as 12 ounces of beer, 8 ounces of malt liquor, 5 ounces of wine, or 1.5 ounces of spirits (liquor).
Explanations and caveats: Data for 2011, 2012 & 2013 represents the Mecklenburg County portion of the North Carolina sample. Data for the 2014 Mecklenburg County sample was collected locally by the Mecklenburg County Health Department. Results from the 2014 are not directly comparable to previous years. BRFSS data are collected every year by cross-sectional telephone survey. Data are based on self-reporting by survey respondents. Binge drinking and heavy drinking are not mutually exclusive. Actual number of drinks consumed may be misrepresented by the respondent if they do not know what constitutes a standard drink.

Indicator 8. Criminal Charges Related to Illegal Drugs

Why is this important?

The intersection of substance use and criminal behavior provides a lens for assessing use, trafficking, violence and other factors that impact the community. Substance-related charges are often made in conjunction with arrests for other crimes. Additionally, those arrested for illegal drug charges may have substance use issues tied to criminality. Community-level data are used to determine the trends in arrests for illegal drugs, which helps to inform the levels and types of substance use by those in need of treatment.



How are we doing?

Charges related to marijuana make up the majority of all charges associated with illegal drugs. From 2011 to 2015, marijuana charges have fluctuated somewhat with an average of 4,188 charges per year. The number of cocaine charges has slowly declined from 2,119 in 2011 to 1,419 in 2015. Finally, heroin charges remain lower than charges for either marijuana or cocaine but there have been some sharp increases during the past 5 years.

What can we do?

Approaching substance use from a criminal perspective alone is not effective in decreasing substance use. As a community, Mecklenburg County must first acknowledge the social, economic and other environmental factors that play a role in the intersections of substance use and criminal behavior. With steady arrest rates for heroin and cocaine, and significant increases in arrests for marijuana, data identifies a need for early evidence-based prevention efforts for youth experiencing risk factors for substance use (including truancy, substance use among parents And favorable attitudes towards drugs) and continuing early intervention efforts for adults and youth that foster treatment and recovery, and avoid promoting criminality and punishment. Creating greater communication between prevention, treatment and recovery communities alongside the criminal justice system can create a stronger network for intervention and treatment.

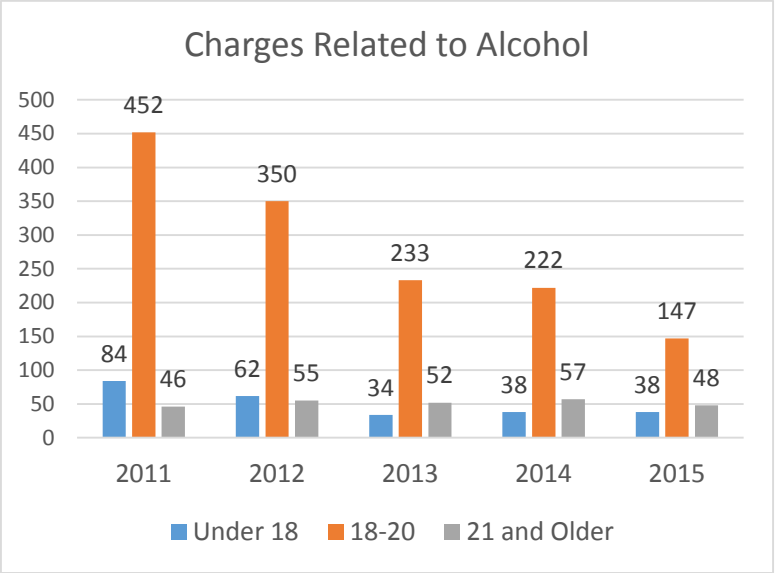
About the Data

Source: Mecklenburg County Sheriff's Office
Definition: The charges included in the graph reflect 37 different charges relating to cocaine, heroin and marijuana.
Details: Charges are not necessarily mutually exclusive; an individual could receive charges for multiple types of drugs. These data may also be reflective of enforcement priorities. For a complete list of charges included, see Appendix.

Indicator 9. Criminal Charges Related to Alcohol

Why is this important?

Alcohol use continues to be a major problem from preadolescence through young adulthood in the United States. Results of neuroscience research have substantiated the harmful effects of alcohol on adolescent brain development. In numerous studies across populations, early initiation of alcohol use is associated with many immediate risks including involvement with other substances, exposure to violence, delinquency, academic failure, drinking and driving, fewer protective factors, and more emotional and behavioral problems. In addition, early initiation is associated with a greatly increased risk of alcohol use disorders in adulthood.



How are we doing?

The Mecklenburg County Sheriff's Office collects data on criminal charges related to alcohol. Of particular interest are those charges that involve underage alcohol use. The charges included in these data are for violations like attempting to purchase alcohol with a fake ID or giving alcohol to a minor (see Appendix for a complete list of charges included). The data show that the majority of these charges are occurring in the 18-20 age range. There appears to be a promising trend of decreasing charges from 2011 to 2015.

What can we do?

Though the trend is encouraging, there is more work to be done. The evidence of the harmful effects of underage drinking are clear, yet the public does not seem to prioritize underage drinking as a major public health problem. Numerous prevention interventions have demonstrated effectiveness in reducing alcohol use among youth, but coordinated community involvement is crucial to the success of such efforts. The charges presented here represent an opportunity for early intervention with young high-risk drinkers. Among the most effective strategies that would benefit our community are environmental strategies aimed at reducing underage access to alcohol, primarily from social sources and also from retail sources. Parents, in particular, and other key community stakeholders, such as leaders in the school system, are needed to champion this cause in unison with ready and available service providers.

About the Data

Source: Mecklenburg County Sheriff's Office
Definition: The charges included in the graph reflect 20 different charges relating to underage purchase or consumption, using false a ID or providing alcohol to a minor.
Details: These alcohol charges are not inclusive of all possible alcohol offenses. Instead, these specific charges were chosen in order to provide insight into the volume of charges that may involve an individual under the legal drinking age. These data may also be reflective of enforcement priorities. For a complete list of charges included, see Appendix.

Indicator 10. Adult and Underage Impaired Driving Charges

Why is this important?

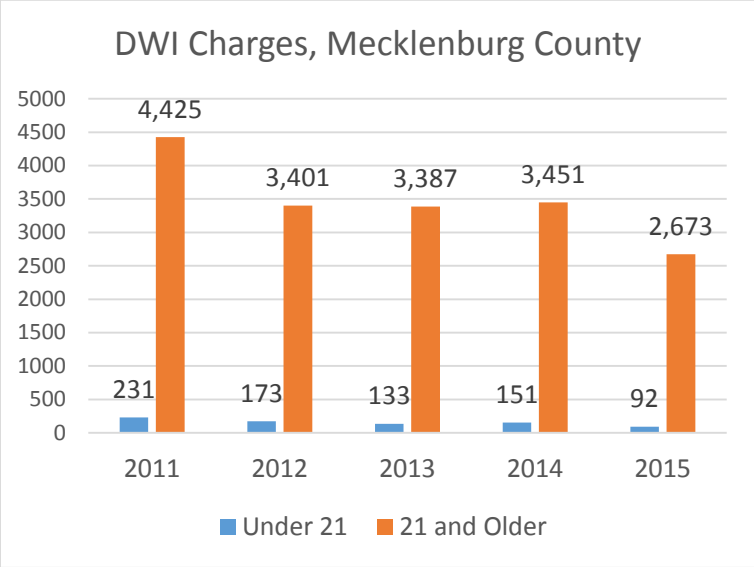
Impaired driving contributes to deaths, injuries, medical expenses, property damage and elevated insurance rates. Impaired driving is most often a symptom of a larger problem: alcohol use disorders. People who report binge drinking, drivers with previous driving while impaired convictions and men, especially young men between the ages of 21 – 34, are more likely to drink and drive than others. Millions of adults drive while impaired, but only a fraction are ever arrested.

How are we doing?

In general, the number of charges for impaired driving has been decreasing over the past decade. In fiscal year 2014/2015, there were 2,673 Driving While Impaired (DWI) charges filed in Mecklenburg County. This is a 23% decrease from the previous year. Additionally, there were 92 Driving After Consuming charges for persons under 21 years of age, a 39% decrease from the previous year.

What can we do?

Health professionals can screen patients for risky drinking patterns, providing brief intervention for patients who screen positive. Employers can set policies that take away work-related driving privileges for those cited for drinking and driving, use workplace health promotion programs to communicate the dangers of drinking and driving and provide training for supervisors to identify employees with potential issues and offer employee assistance programs for referral and support. The state can heavily enforce drinking laws, expand the use and publicity of sobriety checkpoints, implement strategies to reduce binge drinking including increasing alcohol taxes, and pass primary enforcement seat belt laws for everyone in a vehicle. Finally, to reduce repeat offenses, automobile impoundment, ignition interlock, electronically monitored house arrest, and intensive probation supervision with treatment have been proven effective.



About the Data

Source: Mecklenburg County Sheriff's Office
Definition: The charges included in the graph reflect 39 different charges related to impaired driving.
Details: The DWI charges include all Driving While Intoxicated charges, regardless of level. These data may also be reflective of enforcement priorities. For a complete list of charges included, see Appendix.

Indicator 11. Emergency Department Admissions Related to Substance Use

Why is this important?

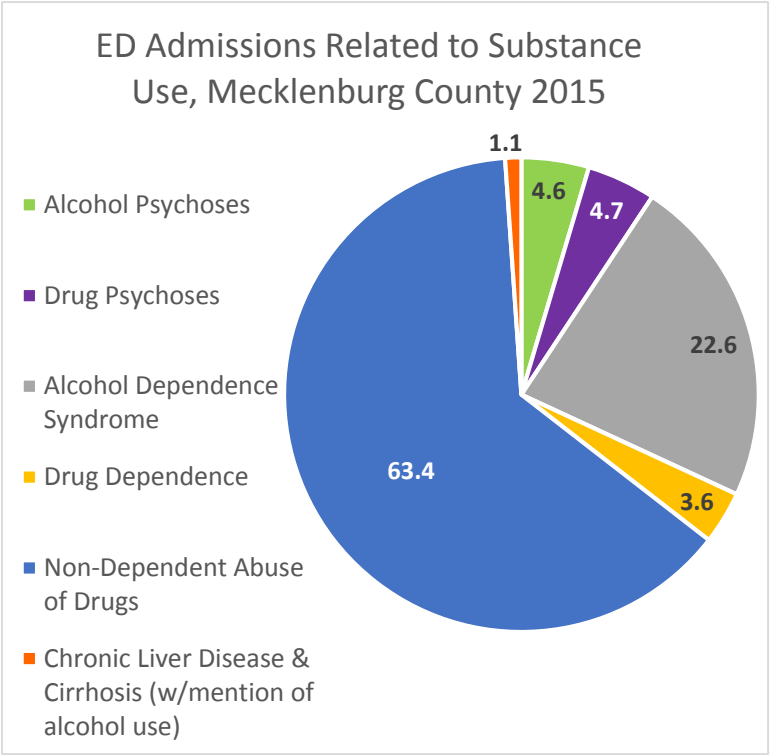
Hospital emergency departments service a wide range of medical needs. Seeking care at an emergency department is associated with several factors such as health insurance coverage, access to health care providers and seriousness of condition. Emergency department (ED) visits are an expensive option for treatment where patients are not likely to have a continuity of care.

How are we doing?

In 2015, there were 5,092 admissions to emergency departments throughout Mecklenburg County with a primary diagnosis related to substance use. This number may only represent a fraction of the ED admissions in which substance use was a contributing factor. The number of ED admissions in 2015 is a decrease from 2014 when there were 8,510 visits for the same set of diagnoses. While "non-dependent abuse of drugs" remains the largest percentage of these admissions at 64.3%, this overall number of admissions fell by nearly half compared to 2014 (6,289 admissions in 2014 and 3,228 admissions in 2015). It is important to note that "non-dependent abuse of alcohol" is included as a sub-set of this diagnostic code for "non-dependent abuse of drugs."

What can we do?

The number of ED admissions directly related to substance use is helpful in assessing the trend and efficacy of implemented strategies so far. Understanding substance use disorder (SUD), including the very high incidence of recidivism and reality of increased opiate addiction, reinforces the necessity for changes in prescription practices for narcotics and also for the accessibility of effective prevention programs



and SUD treatment. Screening and brief interventions within primary care and other settings should be utilized as opportunities for early intervention and prevention of substance use disorders or escalation. Additionally, efforts can be made to raise awareness of substance use and its impact on the healthcare system.

About the Data

Source: NC DETECT (Disease Event Tracking & Epidemiologic Collection Tool)
Definition: Numbers represent admissions to the Emergency Department with a primary diagnosis of one of the following ICD-9 codes: 291 – Alcohol-Induced Mental Disorders; 292 – Drug-Induced Mental Disorders; 303 – Alcohol Dependence Syndrome; 304 – Drug Dependence; 305 – Nondependent Abuse of Drugs; 571.0-571.3 – Chronic Liver Disease and Cirrhosis (Alcoholic)
Details: Not included in the data are admissions to the Emergency Department for which one of the codes listed above was a contributing factor, but not necessarily the primary diagnosis.

Indicator 12. Substance Use Related Causes of Death

Why is this important?

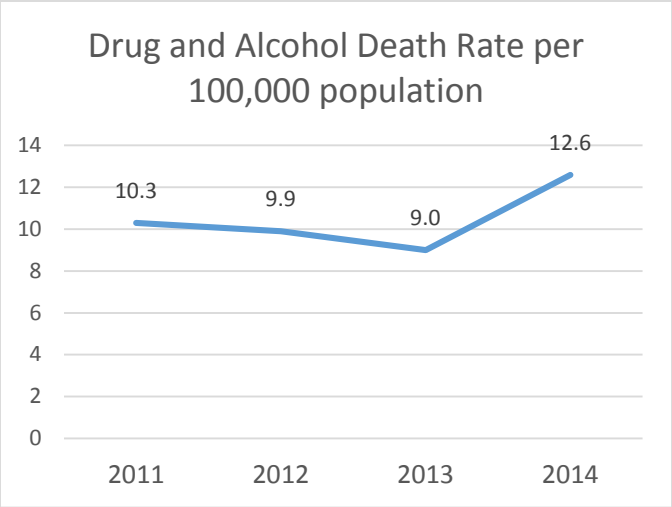
The National Institutes of Health notes that more than 88,000 people die from alcohol-related causes annually, making alcohol the fourth leading preventable cause of death in the U.S. However, alcohol is not the only issue we face in substance use related deaths. The January 1, 2016 issue of the Morbidity and Mortality Weekly Report from the CDC indicated that "more persons died from drug overdoses in the US in 2014 than during any previous year on record." Prescription oxycodone and hydrocodone are involved in more overdose deaths than any other opioid type, including heroin. According to the American Society of Addiction Medicine, there were 47,055 lethal overdoses in 2014 in the U.S.

How are we doing?

The drug and alcohol related death rate for Mecklenburg residents has been fairly stable but saw an increase from 9.0 per 100,000 deaths in 2013 to 12.6 per 100,000 in 2014. The data only reflects a portion of deaths that can ultimately be attributed to drug and alcohol use and would not reflect deaths where substance use contributed to a death but was not the direct cause.

What can we do?

Two-thirds of the federal budget for drug control goes toward law enforcement and incarceration, while the remaining third is divided between treatment, prevention, research and education. The focus of our money and time needs to shift to addressing the social and economic causes and implications of substance abuse as a health problem.



Some concrete suggestions to reducing deaths associated with drugs and alcohol include:

- Increasing access to naloxone to counteract overdoses
- Providing safe ways to dispose of unused or expired prescription medications
- Using evidence-based prevention programs to inform parents and educate children
- Integrating prevention education and behavioral health into routine medical care
- Increasing the availability and affordability of drug treatment programs

About the Data

Source: North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics.
Definition: The data excludes unintentional injuries, homicides and other causes indirectly related to drug or alcohol use, and newborn deaths due to fetal alcohol syndrome or the mother's drug use.
Details: The data reflect deaths in which drugs or alcohol were directly related to the cause of death. It does not include the deaths where drugs or alcohol may have been a contributory cause.

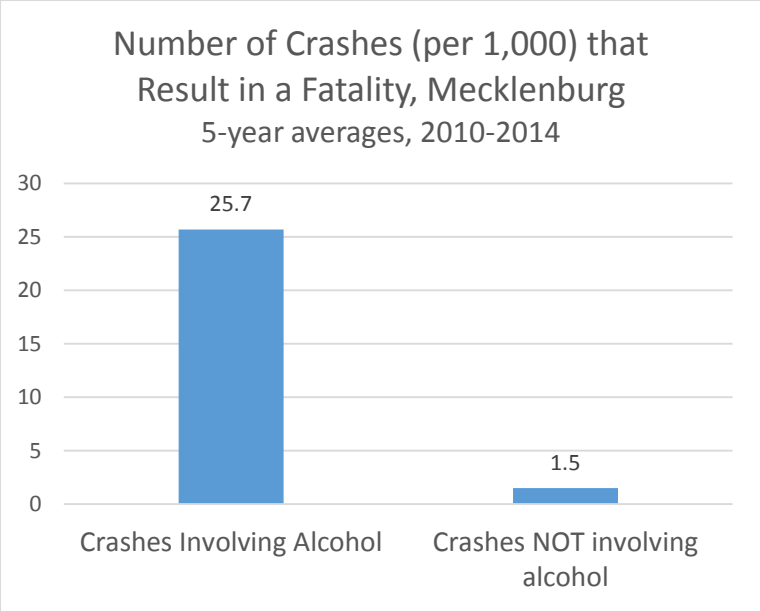
Indicator 13. Fatal Motor Vehicle Crashes Involving Alcohol

Why is this important?

Alcohol consumption is a preventable cause of traffic crashes. Alcohol adversely affects vision, reaction time, judgment and the ability to divide attention. Intoxication decreases driving performance, and responsibility for accidents increases with intoxication. Fatalities are far more common in crashes involving alcohol than crashes where alcohol was not involved. According to the CDC, 31% of all traffic-related deaths in the US involved alcohol.

How are we doing?

From 2010 to 2014, there was an average of 25,268 motor vehicle crashes per year in Mecklenburg County. Crashes causing fatalities make up less than one percent of all crashes but have the most devastating and costly impacts. When looking only at crashes that resulted in a fatality from 2010 to 2014, those not involving alcohol occurred at a rate of 1.5 per 1,000 crashes while alcohol related fatal crashes occurred at a rate of 25.7 per 1,000 crashes. That is, fatal crashes are 17 times more likely to involve alcohol than to not involve alcohol. Rates of alcohol impaired driving deaths in Mecklenburg County are higher than those in the state and in the U.S.



What can we do?

Research shows that environmental strategies can help foster an environment that supports healthy, safe behavior related to alcohol. Effective strategies include increasing alcohol taxes, substantially reducing discount drink specials, decreasing the number of available alcohol outlets, and reducing youth access to alcohol in social settings (like at home or at parties).

Enforcement strategies to reduce impaired driving can also reduce alcohol related crashes. Traffic stops by law enforcement to check for level of impairment has been shown to reduce alcohol related crashes by 9%. Dram Shop Liability laws have been shown to produce a 2.4% decrease in the number of drivers involved in fatal crashes. These laws hold establishments responsible for patrons who were overserved alcohol and then cause harm to themselves or others. Similarly, mandated Responsible Beverage Service training is associated with a 3.6% decrease in fatal crashes involving alcohol.

About the Data

Source: North Carolina Department of Transportation, Division of Motor Vehicles, Crash Data Query Web Site
Definitions: Alcohol-Related Crash is a crash where the investigating officer indicates that a driver, pedestrian, or cyclist had been drinking. Fatal Motor Vehicle Traffic Crash is a crash that involves a motor vehicle in transport on a roadway in which at least one person dies within 30 days of the crash.
Details: These numbers represent traffic crashes that occurred in Mecklenburg County, not necessarily to Mecklenburg County residents. Additional data on state and national trends came from the Robert Wood Johnson County Health Rankings.

Indicator 14. Use and Dependence Among Persons Charged with DWI

Why is this important?

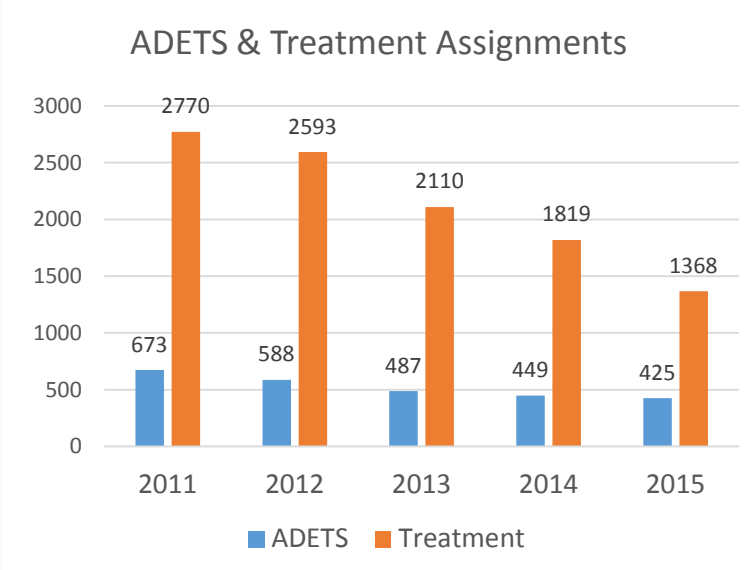
Drivers with high blood alcohol concentrations (BAC) and repeat offenders make up a disproportionate share of impaired drivers and are the source of a large and disproportionate share of highway crashes. The social drinking DWI (Driving While Impaired) offender makes up a small portion of offenders. Across the nation, more than 80% of DWI offenders have a significant problem in their relationship with alcohol or drugs. This is important because most DWI offenders are in need of treatment and opportunities for early intervention have passed.

How are we doing?

In 2015, 425 DWI cases were assigned to Alcohol Drug Education Training School (ADETS), indicating that the case was a first-time offense, involved a BAC below .08, and the offender did not show signs of a disorder during an assessment. The number of cases assigned to some form of treatment was 1,368 in 2015. This indicates that the case involved a repeat offense, a high BAC, or that the offender displayed some type of substance use disorder during an assessment. In 2015, almost 70% of DWI cases involved these factors.

What can we do?

Past prevention efforts have focused on the social drinking DWI offender. Research indicates that the majority of people that are DWI offenders meet the diagnostic criteria for substance use disorders. For this reason, early intervention and prevention of alcohol use disorders are imperative to reach persons with early use patterns before they progress to disorders. Screening and brief interventions within primary care and other settings should be utilized. An alcohol environment that supports healthy, safe behavior should be promoted by employing effective environmental strategies. Efforts should also be made to raise general awareness of substance use disorders. Additionally, it is important to recognize substance use disorders as diseases and to promote the reduction of stigma for those needing assistance which can facilitate early intervention. If it was as easy to discuss problems with alcohol as it is to discuss high blood pressure, more of our community members would get help early and avoid the progression to substance use disorders.



About the Data

Source: Anuvia Prevention and Recovery Center
Definition: In North Carolina, people convicted of DWI must get a substance abuse assessment and must complete either a treatment or education program. Alcohol Drug Education Training School (ADETS) is an educational intervention for DWI convictions who are not identified as having a substance use disorder, but are possibly at risk. If assigned an ADETS class as a result of a DWI, one must complete 16 hours of alcohol, drug, and DWI education in a state-licensed program. For those with an identified substance use disorder, there are several treatment options to which they may be assigned.
Details: The decrease in assignment to ADETS may be more related to funding sources and funding streams throughout the state than it is to actual indications of risk.

Indicator 15. Youth who Used Substances the Last Time They Had Sex

Why is this important?

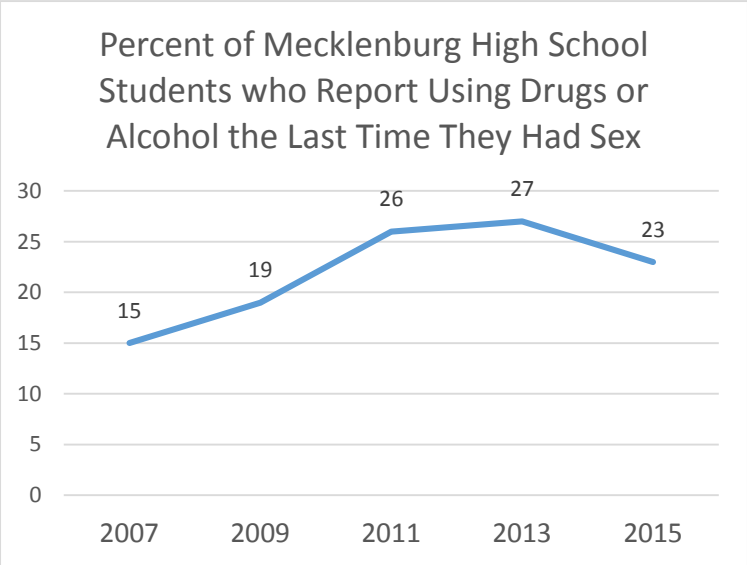
Beyond the direct risks of alcohol and drug use, youth who use alcohol or drugs while engaging in sex face even greater health risks. Combining alcohol and/or drugs with sex may influence individuals to make sexual choices that they might not make otherwise, cloud consent and contribute to sexual assault. Further, sex under the influence of drugs or alcohol can contribute to unplanned and unsafe sex thereby increasing risk for unintended pregnancy, HIV, and other STDs.

How are we doing?

According to the YRBS report, the number of high school students in Mecklenburg County who report using substances the last time they had sex had been increasing since 2007 with a recent decline reported in the 2015 data. The most recent data show that nearly 1 in 4 students (23%) who reported having sex said that they used drugs or alcohol the last time they had sex. The survey does not ask what specific substances were used. The rate of Mecklenburg County high school students who report using drugs or alcohol the last time they had sex is slightly higher than the overall rates for both North Carolina and the U.S. (17% and 21%, respectively).

What can we do?

Given the risk associated with alcohol, drugs and sex, it is important to address this complex problem with comprehensive solutions. Substance abuse prevention strategies focusing on goal setting, decision making and refusal skills can be helpful in deterring use. Providing comprehensive sex education and behavioral health education at school and at home teach youth about personal responsibility. This is further enhanced by education on the benefits of delaying or abstaining from sexual activity, drugs and alcohol and by providing access to health resources. Education efforts designed to model sexual communication, consent, and positive bystander behaviors are also effective. Also necessary are environmental prevention strategies aimed at clarifying norms regarding substance use among youth and at correcting misperceptions in normative beliefs about sexual assault, changing harmful attitudes toward assault, and increasing prosocial intervening behaviors.



About the Data

Source: Source: 2015 Youth Risk Behavior Survey (YRBS)
Definition: High school students were asked "did you drink alcohol or use drugs before you had sexual intercourse the last time." Possible responses were: "I have never had sexual intercourse," "yes," and "no."
Details: The YRBS is a CDC tool that is implemented every two years within Charlotte-Mecklenburg Schools.

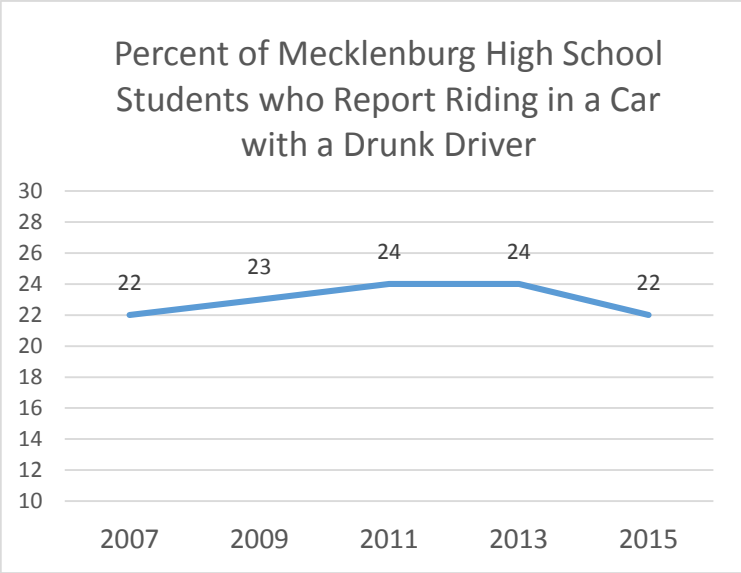
Indicator 16. Youth who Report Riding in a Car with a Drunk Driver

Why is this important?

According to the National Institute on Drug Abuse, car crashes are the leading cause of death among young people aged 16 to 19 years in the U.S. While the causes of these crashes are varied, riding in a car with a drunk driver places one at a higher risk of being involved in a crash and that crash has a higher likelihood of being fatal. This behavior not only is dangerous for those involved, but also for others who share the road with them.

How are we doing?

The most recent Youth Risk Behavior Survey data shows that just over 1 in 5 high school students report riding in a car with a drunk driver. This is a slight decrease from previous years but in general, this number has remained fairly steady, fluctuating between 22-24% since 2007. The Mecklenburg County rate for this indicator is slightly higher than those of North Carolina overall (17%) as well as the U.S. overall (20%). The survey does not ask respondents to report if the driver was a peer or an adult.



What can we do?

Community efforts from schools, parents and law enforcement should be aimed at reducing impaired driving. Adults can model responsible drinking by limiting consumption, using a designated driver, and abstaining from drinking if they are driving. Law enforcement can increase efforts to reduce impaired driving using sobriety checkpoints and other tactics. Finally, youth should have safe options such as taxi services or having a parent or other adult they know they can call rather than riding with an impaired driver. Finally, youth can be engaged to create education and awareness messages to educate their peers.

About the Data

Source: Source: 2015 Youth Risk Behavior Survey (YRBS)
Definition: High school students were asked "during the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?" The graph represents anyone who answered "at least one time."
Details: The YRBS is a CDC tool that is implemented every two years within Charlotte-Mecklenburg Schools.

Appendix: Data Sources

Anuvia Prevention & Recovery Center

Anuvia Prevention & Recovery Center, Mecklenburg County DWI Tracking. The DWI Tracking System is a database for tracking DWI offenders for Mecklenburg County. Agencies that offer DWI Services provide information to Anuvia for the DWI Tracking System, and Anuvia also maintains an office at the Mecklenburg Criminal Courts Building, the Post Judgement Services Center. Individuals are seen after their court appearance and information is gathered and entered into the DWI Tracking System. A special report was pulled from the database for this indicator.

Anuvia provides data for the following indicator:

- *Indicator 14: Use and dependence among persons charged with DWI*

Behavioral Risk Factor Surveillance Survey

The Behavioral Risk Factor Surveillance Survey (BRFSS) was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia, and three United States territories.

The BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

The North Carolina Division of Public Health has participated in the BRFSS since 1987. In 2001, the state started collecting a sample of Mecklenburg County residents that is representative of all Mecklenburg County adults. The BRFSS is a random telephone survey of state adult residents aged 18 and older in households with telephones.

The BRFSS provides data for the following indicator:

- *Indicator 7: Heavy drinking and binge drinking among adults*

Mecklenburg County Sheriff's Office

The Mecklenburg County Sheriff's Office continuously collects data on arrests processed through the Mecklenburg County Jail. Charges reflect the number of charges levied against an individual. Criminal charges should not be confused with criminal convictions. Arrestees can have more than one charge; for instance, for multiple types of drugs and infractions. Many people are charged with crime(s) without being convicted; however, the arrest record is still active and is public record.

A special report was created specifically for the indicators used in this report. That report identified and categorized specific drug and alcohol offenses that occurred between January 1, 2011 and December 31, 2015. The defendant's age on the offense date was used to categorize charges as 'Under 18' or '18 and Older.' The report was produced by Mecklenburg County Criminal Justice Services and the data was

gathered using the Criminal Justice Data Warehouse. The Administrative Office of the Courts (AOC) charge codes included within each substance category are as follows:

Alcohol Charges

Offense Code	Offense Description
5577	DRIVE AFTER CONSUMING < 21
4164	CONSUME BEER/WINE UNDERAGE
4169	POSS F-WN/LQ/MXBV < 21
4182	POSS MTBV/U-WN BY 19/20
4167	POSS MTBV/U-WN NOT 19/20
4116	CONSUME ALC BY <19
4117	CONSUME ALC BY 19/20
4166	PUR/ATT MTBV/U-WN NOT 19/20
4123	AID UNDERAGE PUR ALC BY > 21
2660	OBT/ATT OBT ALC FALSE ID
4122	AID UNDERAGE PUR ALC BY < 21
4180	PUR MTBV/U-WN BY 19/20
4168	PUR/ATT F-WN/LQ/MXBV < 21
4170	SELL/GIVE MTBV/U-WN TO < 21
4176	GIVE MTBV/U-WN TO <21
4177	GIVE F-WN/LQ/MXBV TO <21
4181	ATT PUR MTBV/U-WN BY 19/20

Cocaine Charges

Offense Code	Offense Description
3560	FELONY POSSESSION OF COCAINE
3555	PWISD COCAINE
3441	SELL COCAINE
3456	DELIVER COCAINE
3530	TRAFFICKING IN COCAINE
3481	CONSPIRE SELL COCAINE
3491	CONSPIRE DELIVER COCAINE
3534	CONSPIRE TO TRAFFIC IN COCAINE
3436	CONSPIRE SELL/DELIVER COCAINE
3556	PWIMSD COCAINE
3435	SELL/DELIVER COCAINE
3552	MANUFACTURE COCAINE

Heroin Charges	
Offense Code	**Offense Description**
3531	TRAFFICKING, OPIUM OR HEROIN
3568	POSSESS HEROIN
3442	SELL HEROIN
3457	DELIVER HEROIN
3535	CONSPIRE TRAFFIC OPIUM/HEROIN
3565	PWIMSD HEROIN
3437	SELL/DELIVER HEROIN
3482	CONSPIRE SELL HEROIN
3438	CONSPIRE SELL/DELIVER HEROIN
3492	CONSPIRE DELIVER HEROIN

Marijuana Charges	
Offense Code	**Offense Description**
3550	POSSESS MARIJUANA UP TO 1/2 OZ
3544	PWISD MARIJUANA
3549	FELONY POSSESSION MARIJUANA
3470	POSS MARIJ >1/2 TO 1 1/2 OZ
3440	SELL MARIJUANA
3455	DELIVER MARIJUANA
3541	MANUFACTURE MARIJUANA
3528	TRAFFICKING IN MARIJUANA
3545	PWIMSD MARIJUANA
3480	CONSPIRE SELL MARIJ
3400	POSSESS MARIJ PARAPHERNALIA
3422	CONSP SELL/DELIVER MARIJUANA
3421	SELL/DELIVER MARIJUANA
3490	CONSPIRE DELIVER MARIJ
3532	CONSPIRE TO TRAFFIC IN MARIJ

It should be noted that enforcement data is subject to enforcement priorities that may change over time. The Sherriff's Office evaluates enforcement needs based on a variety of factors including its own activities, information gained from citizens and its partnerships with other city and county organizations and State and Federal authorities.

The Sheriff's Office provides data for the following indicators:

- *Indicator 8: Arrest charges related to illegal drugs*
- *Indicator 9: Arrest charges related to alcohol*
- *Indicator 10: Adult and underage impaired driving charges*

North Carolina Division of Motor Vehicles

The Division of Motor Vehicles of the North Carolina Department of Transportation has statistical crash information for 2004 onward. These data include statewide and county-specific information. Data for this report is found in the "North Carolina 2014 Traffic Crash Facts" document, accessed at. https://connect.ncdot.gov/business/DMV/DMV%20Documents/2014%20Crash%20Facts.pdf

The traffic crash facts provide data for the following indicator:

- *Indicator 13: Fatal motor vehicle crashes involving alcohol*

North Carolina Disease Event Tracking and Epidemiologic Collection Tool

The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is the statewide syndromic surveillance system. NC General Statute § 130A-480 requires the collection of emergency department (ED) visit data from all 24/7, acute care, civilian, hospital affiliated EDs in NC for public health surveillance.

Authorized users are currently able to view data from EDs, the Carolinas Poison Center, and the pre-hospital Medical Information System (PreMIS), as well as pilot data from select urgent care centers. Authorized users may search ED data by ICD-9-CM code or chief complaint. The codes used for this report were as follows:

- 291. Alcohol Psychoses: Acute alcoholic, psychotic condition characterized by intense tremors, anxiety, hallucinations, and delusions

- 292. Drug Psychoses: Physiological and psychological symptoms associated with withdrawal from the use of a drug after prolonged administration or habituation; the concept includes withdrawal from smoking or drinking, as well as withdrawal from an administered drug

- 303. Alcohol Dependence Syndrome: Chronic disease in which a person craves drinks that contain alcohol and is unable to control his or her drinking; characterized by a pathological pattern of alcohol use that causes a serious impairment in social or occupational functioning

- 304. Drug Dependence: A state, psychic and sometimes also physical, resulting from the interaction between a living organism and a drug, characterized by behavioral and other responses that always include a compulsion to take the drug on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present. A person may be dependent on more than one drug.

- 305. Non-Dependent Abuse of Drugs: Excessive use of distilled liquors, habit forming medications, illegal drugs or prescription of over the counter drugs for purposes other than those for which they are meant to be used, drugs or chemicals with associated psychological symptoms and impairment in social or occupational functioning.

- 305.0 – 305.03. Non-Dependent Abuse of Alcohol: A subset of Non-Dependent Abuse of drugs. Use of alcoholic beverages to excess, either on individual occasions or as a regular practice.

- 571.0 - 571.3. Chronic Liver Dz and Cirrhosis (with mention of alcohol use): Lipid infiltration and fatty degeneration of liver parenchymal cells due to alcohol abuse; may be associated with alcohol hepatitis or cirrhosis. Lipid infiltration of the hepatic parenchymal cells that is due to alcohol abuse. The fatty changes in the alcoholic fatty liver may be reversible, depending on the amounts of triglycerides accumulated.

NC DETECT provides data for the following indicator:

- *Indicator 11: Emergency department visits related to substance use*

North Carolina State Center for Health Statistics

The North Carolina State Center for Health Statistics is responsible for data collection, health-related research, production of reports and maintenance of a comprehensive collection of health statistics. This report contains tables showing deaths of residents classified by cause, age, race, and sex. The Center prepares an annual report with detailed mortality statistics for each county in North Carolina and the state overall. This report supplements two annual publications, North Carolina Vital Statistics, Volume 1 and Volume 2.

The cause of death is the underlying cause classified according to the tenth revision of the International Classification of Diseases (ICD). Counts of deaths are displayed for the detailed list of causes. Only a limited amount of the name of each cause category is printed. If a particular category does not appear, this indicates no deaths were recorded this year. Complete descriptions of the cause categories are provided in the ICD.

Specific ICD-10 codes (International Classification of Diseases, Revision 10) were used to calculate rates of drug and alcohol induced mortality. These codes are grouped by specific causes of death related to drug and alcohol mortality as defined by Centers for Disease Control (CDC) used to describe 113 selected causes of mortality published in the National Vital Statistics Reports (Volume 64 (2), February 16, 2016) describing final death data for the United States. These codes do not include all causes of death due to drugs or alcohol due to differences in intentional versus unintentional deaths involving substances.

The North Carolina State Center for Health Statistics provides data for the following indicator:

- *Indicator 12: Drug and alcohol death rate, per 100,000 population*

Youth Drug Survey

Since 1972, the Center for Prevention Services in Charlotte, North Carolina, has implemented a Youth Drug Survey every two to three years that has helped to identify the nature and extent of substance use problems among youth in Mecklenburg County and to assist in identifying and promoting needed services. As a result, Charlotte has one of the longest time frames within which to see change and to monitor community based programs. Due to the longitudinal nature of the research, changes in local patterns and trends can be observed. However, because the survey tool changed in 2015, the most recent results are not directly comparable to previous results.

The Youth Drug Survey provides data for the following indicators:

- *Indicator 1: Youth who thing substance use is risky*
- *Indicator 2: Youth source of alcohol*
- *Indicator 3: Youth source of other drugs*

Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) was developed in 1990 by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States.

In 2005, the Mecklenburg County Health Department (MCHD) and Charlotte-Mecklenburg School District (CMS) formed a partnership in order to conduct a local YRBS among CMS high school students to coincide with the national administration. In 2007 middle school students were added. YRBS survey data are collected every two years from 9th through 12th grade students, primarily in public schools.

The YRBS provides data for the following indicators:

- *Indicator 4: Youth who report drinking alcohol in the past 30 days*
- *Indicator 5: Youth who report binge drinking*
- *Indicator 6: Youth who report using marijuana in the past 30 days*
- *Indicator 15: Youth who used substances the last time they had sex*
- *Indicator 16: Youth who report riding in a car with a drunk driver*

For data related questions about this report, contact Kerry Burch at 980-314-9110