

**Epidemiological Profile on Alcohol, Tobacco, and
Illicit Drug Use and Their Consequences in
Mississippi**

March 15, 2007

PREFACE

Mississippi State Epidemiological Profile of Substance Abuse Consumption Patterns and Consequences

State Epidemiological Outcomes Workgroup Grant (SEOW)

We are pleased to enclose the epidemiological profile describing the consumption patterns and consequences of alcohol, tobacco, and illicit drugs. The document represents data from Mississippi as well as national sources. County level data are also included.

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EXECUTIVE SUMMARY

This report provides a detailed Epidemiological Profile on alcohol, tobacco, and illicit drug usage patterns and consequences. The purpose of this compilation of data is to provide baseline data for future and ongoing studies within the state. It should also assist with prevention activity planning by giving the reader the information necessary to assign priority to a particular activity. Finally, this document should serve as a reference for data sources available at the state level. The following table summarizes the indicators chosen for inclusion in this document and the sources of data for each indicator.

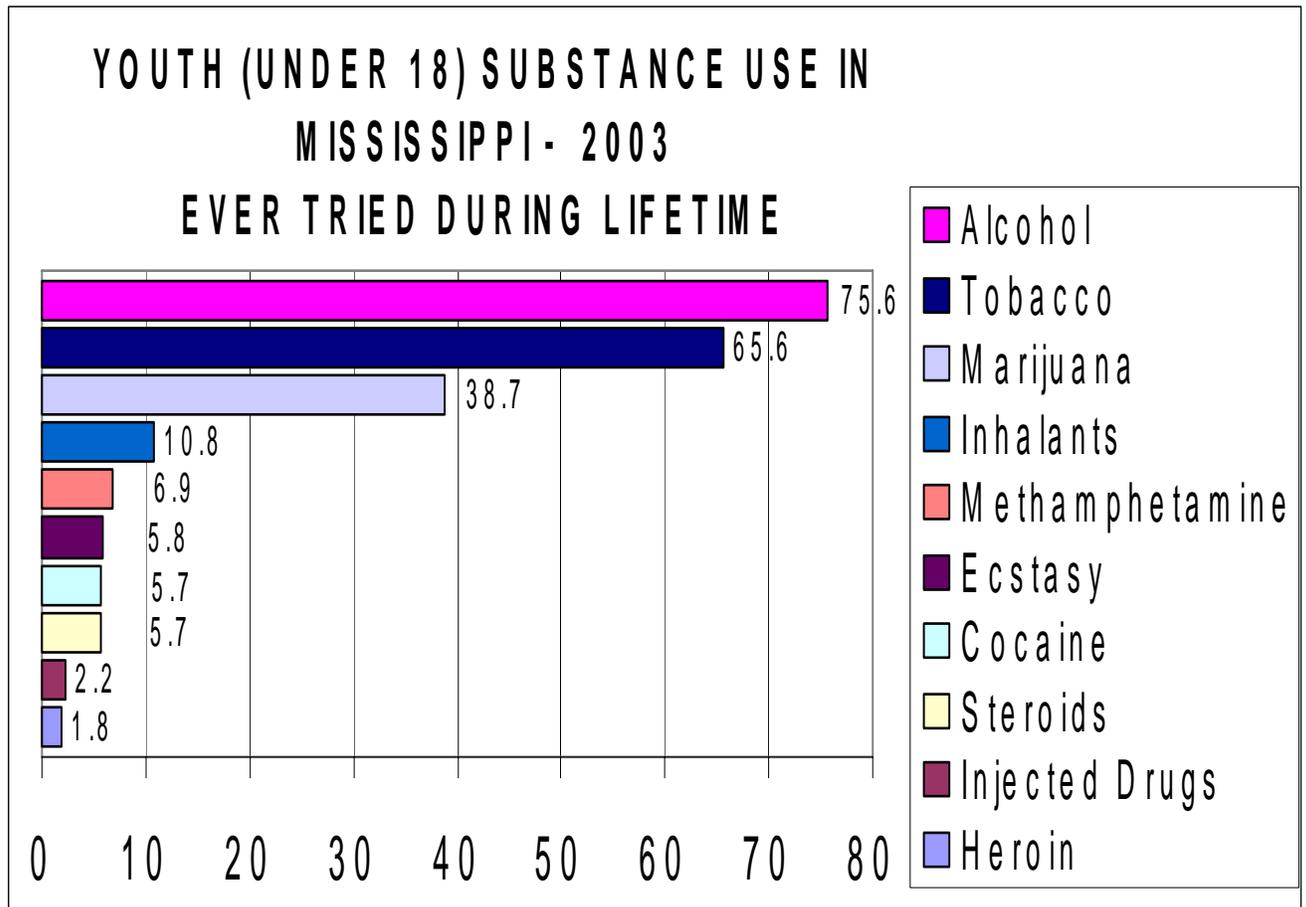
INDICATORS				
CONSUMPTION			CONSEQUENCES	
	INDICATOR	SOURCE	INDICATOR	SOURCE
ALCOHOL	Past 30 day usage	YRBSS, The MS Smart Track Survey	Drove after drinking	YRBSS
	Usage on school prop.	YRBSS	Primary reason for treatment	MS Dept. of Mental Health
	Binge Drinking	BRFSS	Alcohol-Related Fatalities	MS Dept. of Public Safety
	Heavy Drinkers	BRFSS	Alcohol-related deaths	MS Dept. of Health
	Past 30 day usage	BRFSS	DUI Arrests	MS Dept. of Public Safety
	Substance used – by grade	The Smart Track Survey	Suicide Rates	MS Dept. of Health
TOBACCO	Ever Tried	YRBSS	Tobacco related deaths	MS Dept. of Health
	Past 30 day usage	YRBSS, The Smart Track Survey, BRFSS		
	Smoked on school property	YRBSS		
	Smokeless tobacco use	YRBSS		
	Cigar Use	YRBSS, The Smart Track Survey		
ILLICIT DRUGS	Overall substance ranking by grade	The Smart Track	Illicit drug deaths	MS Dept. of Health
	Past 30 day usage	YRBSS, The Smart Track	Suicide rates	MS Dept. of Health
	Age of first use	YRBSS, The Smart Track	Primary cause of treatment	MS Dept. of Mental Health

The indicators listed in the preceding table were very carefully selected after reviewing the data available from numerous state and national agencies. Initially a broad overview of all available consumption and consequence data was done to determine which indicators to pursue. Data selection criteria and minimum standards acceptable were established to ensure quality control. The criteria and minimum acceptable are detailed below.

- ❖ Data had to be available at the state level.
- ❖ Data had to be available for a minimum of two years.
- ❖ Data had to reflect consumption or consequence.
- ❖ Data had to have the capability to be broken down by subcategory. (e.g. gender, race, etc.)

Only indicators that met the criteria have been included in the profile. Other indicators that reflect a different measurement (e.g. risk perception) will be used later during the community-level planning phase of the State Prevention Framework State Incentive Grant.

YOUTH RANKING OF SUBSTANCE USE



Youth Risk Behavior Surveillance System, 2003

In looking at the chart above it became obvious that alcohol use in Mississippi's youth population (under 18) outranked any other substance. The top five problems identified are alcohol, tobacco, marijuana, inhalants, and methamphetamine respectively. The following pages (7 – 14) provide a quick "snapshot" of consumption and consequences associated with each substance. The pages are ordered from greatest to least by substance rank.

SUBSTANCE SNAPSHOTS

ALCOHOL

Consumption

Among adults in Mississippi it was discovered that males are twice as likely to be heavy drinkers as females with males reporting 4.9% and females reporting 2.3% on the Behavioral Risk Factor Surveillance System (BRFSS).

Treatment Data provided by the Mississippi Department of Mental Health showed that 22.3% of patients received treatment for alcohol as their primary presenting problem. 23.7% received treatment with alcohol as a secondary presenting problem. Patients reported alcohol as their drug of choice 36.4% of the time.

The 2003 Youth Risk Behavioral Surveillance System showed that 41.8% of students had at least one alcoholic drink during the past 30 days. This is a decrease of 5.2% since 1993 when the rate was 47.0%. The nation as a whole also showed a small decrease of 3.1% during this same time period. The percentage of youth that had ever tried alcohol remained stable over time.

The 2005 Mississippi Smart Track Survey™ showed that having at least one alcoholic drink during the past 30 days is the highest ranked substance for 9th, 10th, and 11th graders. 10.3% of 9th – 11th graders have been suspended or expelled due to an alcohol-related incident.

Consequences

- ❖ All alcohol related deaths in Mississippi increased between 1990 and 2000 (0.31%), decreased between 2001 and 2002 (0.28%), and increased between 2002 and 2004 (0.26%) with an overall increase of some 0.35%.
- ❖ Mississippi ranked 47th highest in the nation for cost of underage drinking in 2001 with a cost of \$1,647 for each youth in the state. A total of \$529 million was spent on underage drinking in 2001. Youth Alcohol Treatment cost \$5.6 million by itself.
- ❖ Underage drinkers accounted for 2.3% of all DUI arrests in Mississippi in 2003. This remains unchanged throughout 2005.
- ❖ In 2005, 371 people in Mississippi died in alcohol-related motor vehicle crashes, accounting for 40% of all traffic-related deaths.

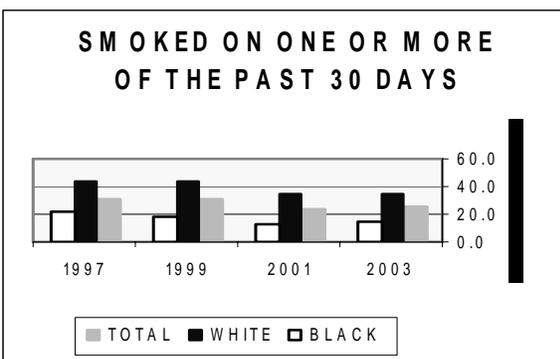
TOBACCO

Consumption

The 2003 Behavioral Risk Factor Surveillance System (BRFSS) survey showed that 25.6 percent of the adults in Mississippi were current smokers. The highest rates were seen within the male cohort (31.0%); the White cohort (26.9%) and adults aged 45 – 54 (32.5%).

Mississippi reports higher levels of cigarette smoking than national (25.6 vs. 22.0 respectively). Trends data from BRFSS show that from 1999 to 2002 cigarette consumption has increased from 22.9 percent to 27.3 percent.

Among Mississippi's youth population 34.7% of white females reported smoking one or more days in the past 30 days. Their numbers have been consistently higher than any other group from 1999 – 2003 according to the Youth Risk Behavior Surveillance System Survey. The total percentage of youth that have ever tried cigarettes has continually decreased since 1997. The overall prevalence rate of cigarette smoking showed a steady decline from 1997 to 2003 (31.3 vs. 25.0 respectively). Black males are more likely to smoke cigars (30.0 % versus 22.0 % among white males) than any other group. White males are more likely to use smokeless tobacco (15.2 compared to 2.3 in the Black male population) in Mississippi.



Consequences

- ❖ More than 400,000 deaths in the U.S. each year are attributed to cigarette smoking. In Mississippi, more than 13,000 people died from smoking-related diseases in 2004.
- ❖ All tobacco related mortality categories decreased by over 4.5% from 1990 to 2000 and continued a slow decline of about 2.5% from 2000 to 2004.
- ❖ Heart disease accounted for over 8,000 deaths in the state of Mississippi during 2004 according to data provided by the Mississippi State Department of Health, Division of Vital Statistics.
- ❖ Lung cancer results from long-term tobacco use and is the most common form of cancer mortality in the U.S. Mortality data indicate that lung cancer in Mississippi has increased by over 0.60 % since 1990 with the largest increase between 1990 and 2000 and a relatively large increase between 2003 and 2004.
- ❖ The costs per year of tobacco use in the United States were estimated to be \$177.2 billion in 2001. This estimate includes costs that are attributed to lost productivity (days off work, time spent smoking, etc.) and direct medical expenditures related to tobacco use.

MARIJUANA

Consumption

According to the National Survey on Drug Use and Health (NSDUH) in 2004 59.7% of adults reported never having used marijuana. Males were more likely to have used marijuana than females.

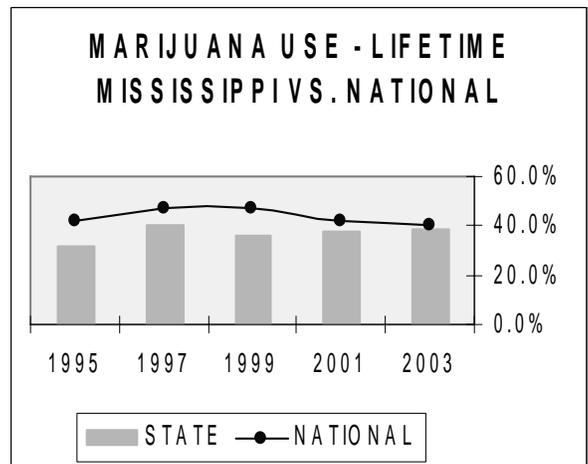
Interestingly in Mississippi between 1993 and 2003 there was an increase in the prevalence of students who used marijuana one or more times during their life (20.8% and 38.7% respectively). National consumption patterns show marijuana use beginning to decline in 1999 and continuing through 2005 (8.8% overall).

There is no obvious pattern among students who used marijuana during the past 30 days in Mississippi while nationally it appears a decline began in 1999 and continued through 2005 (6.5%). Mississippi has consistently been below the national average for several years among the youth population according to the Youth Risk Behavioral Surveillance System (YRBSS).

Among the youth, Black males report higher percents both nationally and at the state level.

Consequences

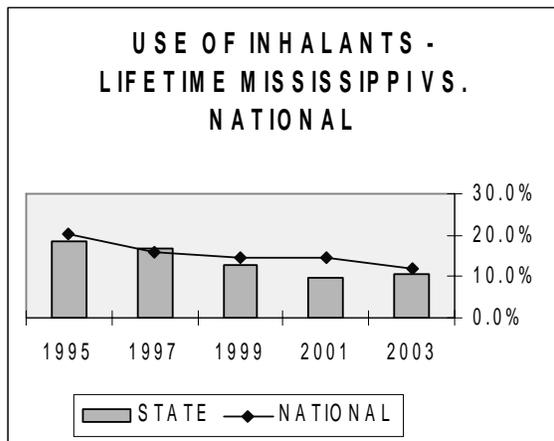
- ❖ Students who smoke marijuana get lower grades and are less likely to graduate from high school, compared with their nonsmoking peers according to information obtained from the National Institute on Drug Abuse (NIDA).
- ❖ Workers who smoke marijuana are more likely than their co-workers to have problems on the job. Several studies have associated workers' marijuana smoking with increased absences, tardiness, accidents, workers' compensation claims, and job turnover.



INHALANTS

Consumption

The use of inhalants (sniffing glue and aerosols) decreased between 1995 and 2003. This trend is found in both Mississippi and the nation. In Mississippi 18.4 percent of students reported using inhalants on the Youth Risk Behavioral Surveillance System (YRBSS). In the year 2003 the prevalence rate was 10.8 percent for an overall decline of 7.6%. At the national level in 1995 the prevalence rate was 20.3 percent and in the year 2003 it was 12.1 percent showing a decline of 8.2 percent.



Consequences

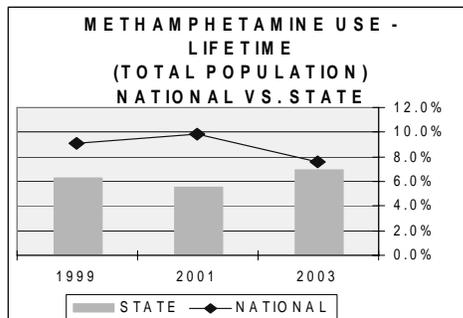
- ❖ Consequences can include “Sudden Sniffing Death” due to heart failure from sniffing highly concentrated amounts of the chemicals found in solvents or aerosol sprays. Death from suffocation can also occur due to displacing oxygen in the lungs and the central nervous system.
- ❖ Some irreversible effects include hearing loss, limb spasms, central nervous system damage, brain damage, and bone marrow damage. Chronic abuse can cause long-term damage to the brain, liver, and kidneys.
- ❖ The Drug Abuse Warning Network 2003 Interim Report estimates that 1681 of 627,923 drug-related emergency room visits were linked to inhalant use for the second half of 2003.

METHAMPHETAMINE

Consumption

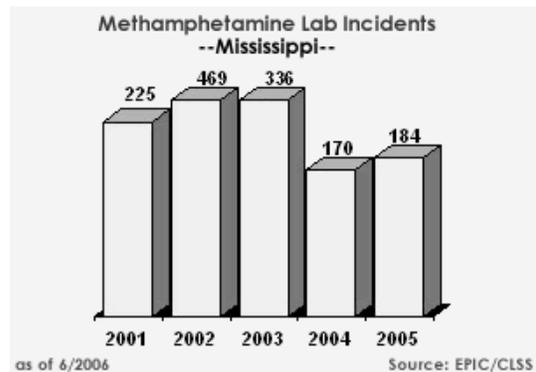
The Treatment Episode Data Set for 1994 shows that methamphetamine related admissions was 2.0%. In 2004 that number had increased to 6.9% for a total overall increase of 4.9%.

The Youth Risk Behavioral Surveillance System (YRBSS) showed no change in methamphetamine use from 1999 to 2003 in Mississippi. Nationally, a similar three year examination of the data is somewhat distinct from Mississippi.



Consequences

- ❖ In 2003, the Drug Enforcement Agency (DEA) made over 5,700 drug arrests related to methamphetamine. Of the arrests made, 92.4% were white and 80.2% were male.



- ❖ Methamphetamine users may experience many negative health consequence including addiction, psychotic behavior (which can include hallucinations, delusions, and paranoia), and brain damage. Users of methamphetamine may also suffer from withdrawal symptoms that include depression, anxiety, fatigue, paranoia, aggression, and intense cravings for the drug. Damage to the brain that is similar to brain damage seen in Alzheimer's patients, stroke victims, and epileptics can result from methamphetamine use.
- ❖ The Drug Abuse Warning Network results of 2004 estimate that over 73,000 emergency room visits were attributable to methamphetamine use.

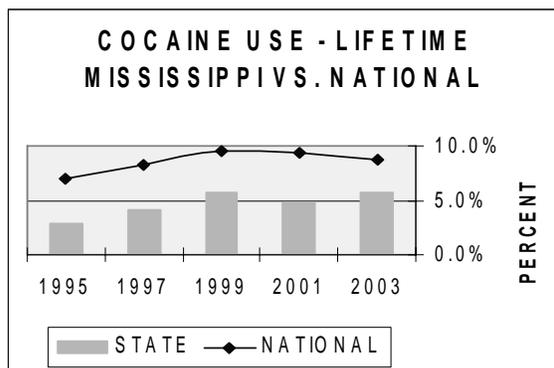
COCAINE

Consumption

The National Survey on Drug Use and Health, 2004 reports that 82.0% of males have never used cocaine. 88.9% of females have never used cocaine. Males and females report the highest prevalence rate for age of first use in the 18 – 20 year age category. 5.5% of males say they first used cocaine between 18 and 20 and 3.1% of females say they first used cocaine between 18 and 20.

The trends on the use of cocaine in both Mississippi and the nation were relatively similar. In Mississippi 2.0% of students reported use of cocaine in 1993 and in 2003 the prevalence rate of use was 5.7% according to the Youth Risk Behavior Surveillance System (YRBSS). The national data shows 7.0% of students who had used any form of cocaine in their life in 1995 and 8.7% in 2003.

In 2005, 3.5% of 9th-11th graders reported using cocaine within the past 30 days according to The Mississippi Smart Track Survey.TM



Consequences

- ❖ Use of cocaine in a binge, during which the drug is taken repeatedly and at increasingly high doses, may lead to a state of increasing irritability, restlessness, and paranoia. This can result in a period of full-blown paranoid psychosis, in which the user loses touch with reality and experiences auditory hallucinations.
- ❖ Combining alcohol and cocaine increases the risk of sudden death due to the human liver combining cocaine and alcohol and manufacturing a third substance, cocaethylene.
- ❖ Complications associated with cocaine use may include heart attack, disturbances in heart rhythm, chest pain, respiratory failure, strokes, headaches, seizures, gastrointestinal problems, and malnourishment.
- ❖ Currently, no data are available to calculate the prevalence rate of death due to cocaine use in Mississippi.

STEROIDS

Consumption

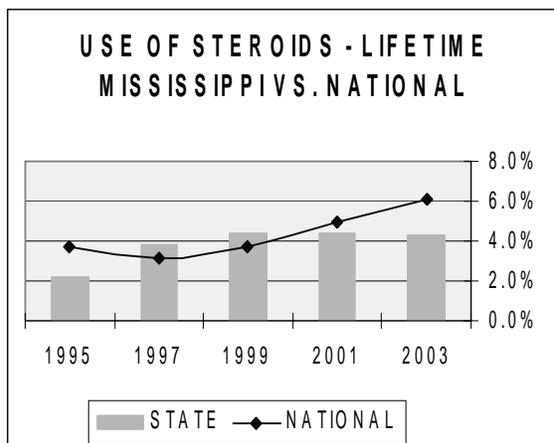
Data from both Mississippi and the nation on the use of steroids without a doctor's prescription showed similar trends using the Youth Risk Behavioral Surveillance System (YRBSS). A slight increase in use among all students was noted from 1993 to 2003. Steroid use is generally associated with increasing athletic performance. Use patterns, however, were not strikingly different between males and females.

In 2005, students reported through the Monitoring the Future Study that 2.6% of twelfth graders and 2.0% of tenth graders had used steroids without a prescription at least one time in their life. In this same study 39.7% of twelfth graders reported that steroids were easily obtained. The majority of steroid users are male with 2.3% of male tenth graders and 3.3% of male twelfth graders reporting usage in 2004.

The Mississippi Smart Track Survey™ for 2005 showed that 3.1% of 9th-11th graders had used steroids at least one time during the past 30 days.

Consequences

- ❖ There are several physical consequences from consuming steroids. These can include liver tumors and cancer, jaundice, fluid retention, high blood pressure, increases in cholesterol, kidney tumors, severe acne, and trembling.
- ❖ There are also psychiatric problems that can occur related to steroid use. These include extreme mood swings, manic-like symptoms that can lead to violence, depression, paranoid jealousy, extreme irritability, delusions, and impaired judgement.
- ❖ The potential for consuming other drugs is greater if one uses steroids. This is done to counter some of the negative effects associated with steroid use such as insomnia and irritability.



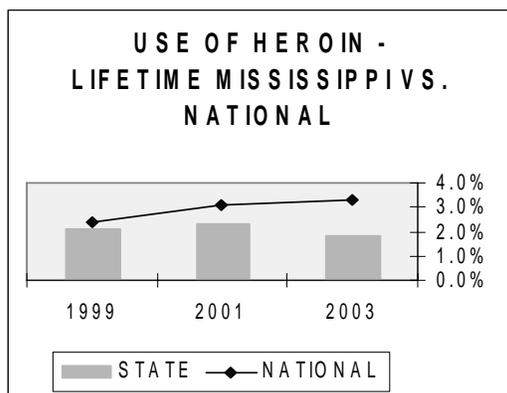
HEROIN

Consumption

The 2004 National Survey on Drug Use and Health reports that 85.6% of the population have never used heroin. Males are more likely to use heroin than females with 1.7% and 0.8% respectively being reported.

The 2003 Treatment Episode Data Set shows 0.9% were admitted for heroin treatment. Of the 0.9% the largest rate was seen among the 26 – 30 year old age category.

Three years of data, 1999, 2001, and 2003, on heroin use by Mississippi students are available from the Youth Risk Behavioral Surveillance System. In both Mississippi and the nation prevalence rates are relatively stable over time. Heroin use among teens is fairly uncommon according to the 2003 Monitoring the Future Survey. The reported rates of use were unchanged from 2001 to 2003 and below the levels seen in the late 1990's.



Consequences

- ❖ .Complications associated with heroin use may include skin infections, gastrointestinal problems, scarring, irregular blood pressure, arrhythmia, fatigue, excess fluid in the lungs, hepatitis, AIDS, stroke, heart attack, and death
- ❖ 3.4 kilograms of heroin were seized during Federal Drug Seizures in Mississippi for 2004.
- ❖ The Drug Abuse Warning Network (DAWN) estimates that 162,137 of the 1,997,993 nationally drug-related emergency room visits were related to heroin.

INTRODUCTION

The State Epidemiological Outcomes Workgroup (SEOW) comprises a group of scientific experts and stakeholders who are charged with the task of developing a systematic epidemiological summary of data on the uses (consumption patterns) and consequences related to alcohol, tobacco, and illicit drugs in Mississippi. Causation is not necessarily a specific focus of the report but rather the development of a detailed risk profile. This risk profile is presented herein. The purpose of this epidemiological profile is to describe the burden of alcohol, tobacco, and illicit drug use in Mississippi, to develop strategies to prevent these behaviors and mitigate them as well as to identify potential clues on the causes of drug-seeking behavior.

Various sources of data have been compiled on users, usage patterns, and consequences of alcohol, tobacco, and illicit drug use. Although there are many known consequences of alcohol, tobacco, and illicit drug use, there are possibly many others that remain unknown. Here we have focused on consequences that are well documented in the literature, (e.g. between alcohol use and death rates including cirrhosis deaths, suicide, homicide, motor vehicle fatalities, etc.). It became apparent during the initial review phase that alcohol is a greater problem for Mississippi so it was decided to expend a greater effort on the alcohol indicators. The following table summarizes the burden of substance usage on social, economic, and health related outcomes.

	<u>Alcohol</u>	<u>Tobacco</u>	<u>Illicit Drugs</u>
<u>Illness</u>	Cirrhosis	Lung Cancer	Overdose
	Site specific cancers	Emphysema	HIV
	Heart Disease	Heart Disease	Fetal Effects
	Fetal Effects	Fetal Effects	
<u>Injury</u>	Motor Vehicle Fatalities/Severity	Burns	Motor Vehicle Fatalities/Severity
	Suicide		Suicide
	Homicide		Homicide
<u>Other</u>	Crime	Fires	Crime

The social, economic, and health-related outcomes listed in the table represent the major but not necessarily all of the likely outcomes of alcohol, tobacco, and illicit drug use. However, the table provides direction to investigators and service providers with regard to possible new avenues for research and prevention activities. We have attempted in this report to relate social, economic, and health-related consumption patterns with consequences or outcomes. However, much of the data presented were not necessarily collected for this purpose. Ideally, such information (relating consumption with consequences) should be based on long-term follow-up studies of users and nonusers.

Multiple data sets collected by multiple agencies have been used in this report to compile the epidemiological profile for Mississippi.

Data on consumption patterns include overall consumption of alcohol, tobacco, and illicit drugs as well as consumption by high risk groups (e.g. youth, college students)

The SEOW model for outcomes-based prevention is:

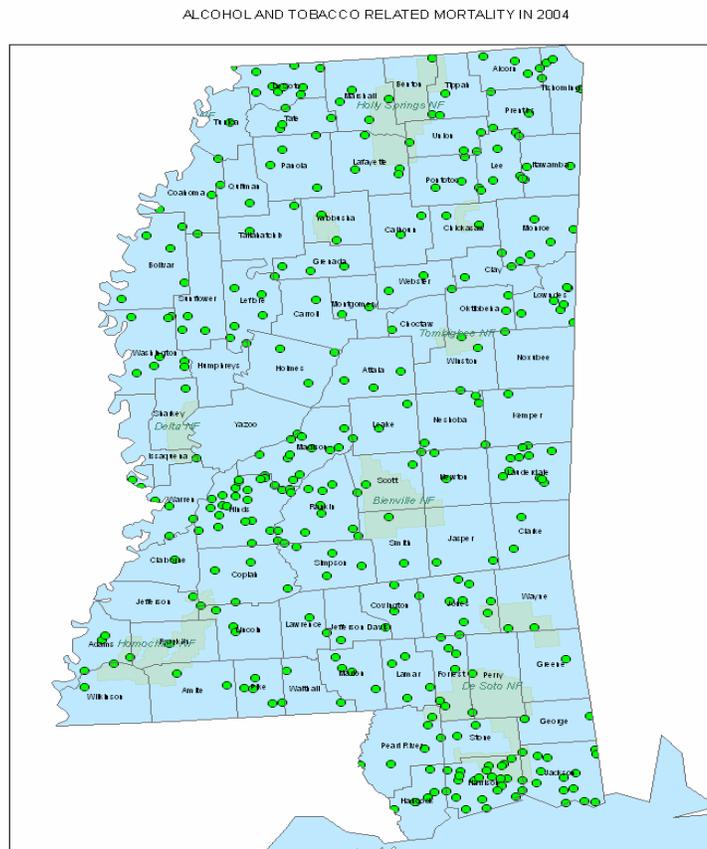
1. document patterns of alcohol, tobacco, and illicit drug use and their social, economic, and health consequences (morbidity, mortality).
2. identify risk and protective factors relating to users consumption patterns and consequences.
3. develop strategies to address key risk and protective factors and reduce the consequences of alcohol, tobacco, and illicit drug use.
4. to engage in continuous monitoring of usage and outcomes and to evaluate the efficacy and effectiveness of prevention efforts.

To ensure that this epidemiological profile is accessible to all stakeholders, a website and web application will be developed in Mississippi with the Department of Education to which any organization can have access. Periodic updates (possibly yearly) will be provided.

In addition to tabular information, graphics will be provided to illustrate the location and clustering usage patterns and consequences within the state. This is especially important since the epidemiological profile is not just intended for an “epidemiologist” but also social service personnel, individuals in law enforcement, and other significant players who may not be versed in statistical profiles.

For some data sources, usage and outcomes information is available for the state as a whole; for other, county level, health district or other regional level data are available. In addition to state data some national comparisons are also provided when appropriate.

The following figure depicts alcohol and tobacco related death in MS in 2004; it shows relatively little clustering of such deaths within particular regions. Hence statewide prevention programs would appear to be indicated.



Data Source: Mississippi Department of Health, Division of Vital Statistics, 2004

(Table 1)

Each green dot represents approximately 50 people that died from smoking and alcohol related diseases in Mississippi in 2004.

A SNAPSHOT OF MISSISSIPPI

Let's start by taking a look at Mississippi's basic demographic population. For reporting purposes racial categories have been collapsed into white, black, and all other races which includes Hispanic, Native American, Asian American, and individuals of more than one race. While Mississippi has seen an increase in the Hispanic population it is not enough to warrant a separate category. This makes State to National comparison difficult for certain indicators.

In 2000 the population was 2,844,658 individuals with 48.29% male and 51.71% female. The male population consisted of 62.32% white, 35.26% black, and 2.42% all other races. The female population was 60.51% white, 37.35% black, and 2.14% all other races. The ages of the population are as follows, under 15 (22.5 %), 15 – 64 (65.4 %), and 65 & older (12.1 %).

The demographics stated above encompass Mississippi as a whole. Due to the wide variation of populations in different areas of the state (e.g. urban, rural, etc.) further demographic analysis should be done to design interventions targeted at specific population bases.

CONSUMPTION

ALCOHOL

For this report not all variables will match from one data set to another. We have tried to compare data wherever possible and applicable. Tables 2 – 4 demonstrate data obtained from the Mississippi Smart Track Survey™. The categories of drugs are different than what YRBSS surveys for. Therefore, please find a category listing and drugs related to specific categories listed below.

Alcohol – all alcohol (average of beer, liquor, and wine coolers)

Designer Club Drugs – e.g. ecstasy, roofies, crank, etc.

Downers – e.g. tranquilizers, ludes, etc.

Uppers – e.g. speed, diet pills, etc.

Hallucinogens – e.g. LSD, acid, PCP, etc.

Cocaine – any form

Heroin – any form

Inhalants – e.g. glue, gasoline, etc.

SUBSTANCE USED IN PAST 30 DAYS 9TH GRADERS IN MISSISSIPPI

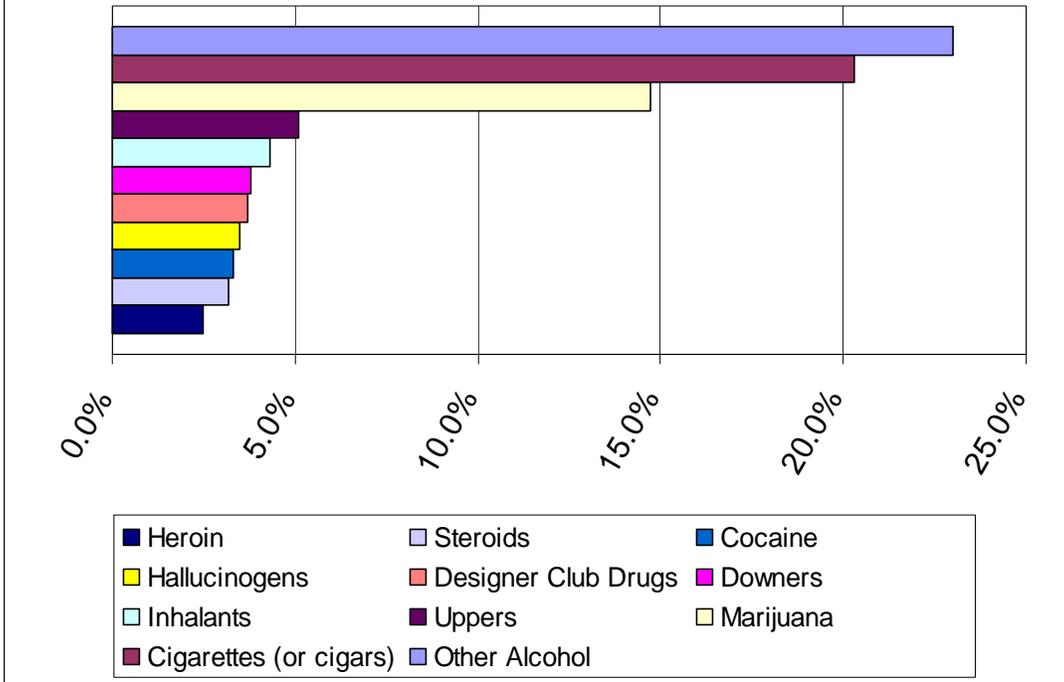


Table 2. Data Source: The Mississippi Smart Track Survey™, 2005

SUBSTANCE USED IN PAST 30 DAYS 10TH GRADERS IN MISSISSIPPI

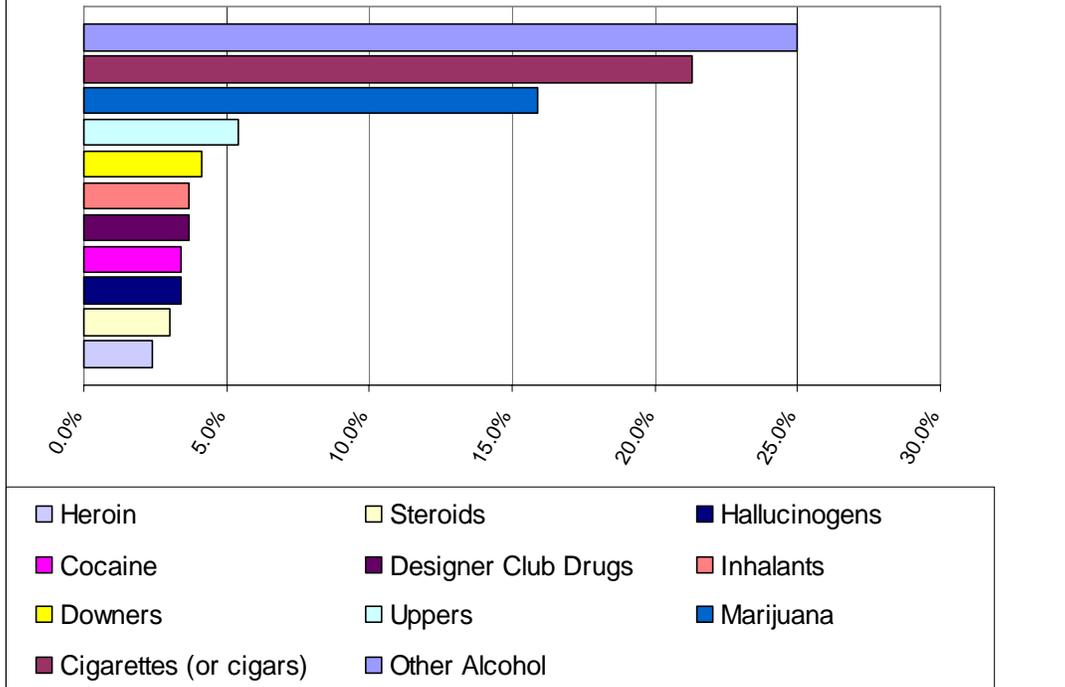


Table 3. Data Source: The Mississippi Smart Track Survey™, 2005

SUBSTANCE USED IN PAST 30 DAYS 11TH GRADERS IN MISSISSIPPI

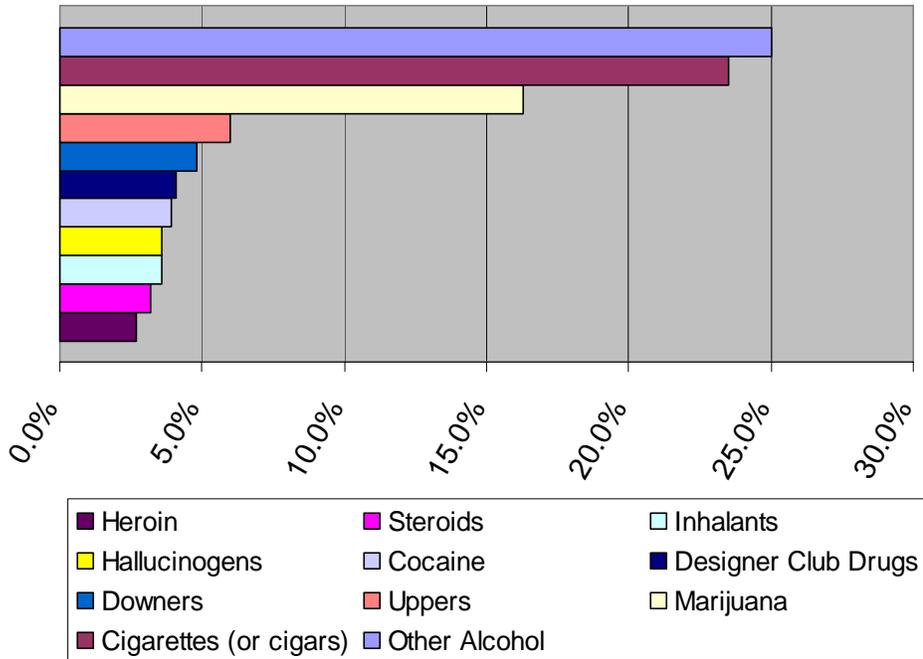


Table 4. Data Source: The Mississippi Smart Track Survey, 2005

INDICATOR: PERCENTAGE OF STUDENTS WHO HAD AT LEAST ONE DRINK OF ALCOHOL IN PAST 30 DAYS

		1995		1997		1999		2001		2003	
Sex	Race	N	S	N	S	N	S	N	S	N	S
TOTAL	TOTAL	51.6	48.5	50.8	46.4	50.0	42.5	47.1	41.7	44.9	41.8
	WHITE	54.1	55.8	54.0	50.4	52.5	50.2	50.4	47.0	47.1	48.7
	BLACK	42.0	43.1	36.9	43.9	39.9	35.4	32.7	35.8	37.4	34.7
FEMALE	TOTAL	49.9	41.0	47.8	43.3	47.7	38.6	45.0	40.6	45.8	40.0
	WHITE	53.3	49.6	51.6	49.7	49.8	47.8	48.3	45.4	48.4	47.0
	BLACK	38.5	33.6	34.9	38.7	40.7	31.1	30.6	35.0	37.0	32.1
MALE	TOTAL	53.2	56.1	53.3	49.9	52.3	46.7	49.2	42.9	43.8	44.0
	WHITE	54.8	61.1	56.0	51.7	54.9	52.5	52.6	48.8	45.9	50.6
	BLACK	45.9	54.1	39.2	49.4	39.1	40.6	35.0	36.5	37.5	37.6

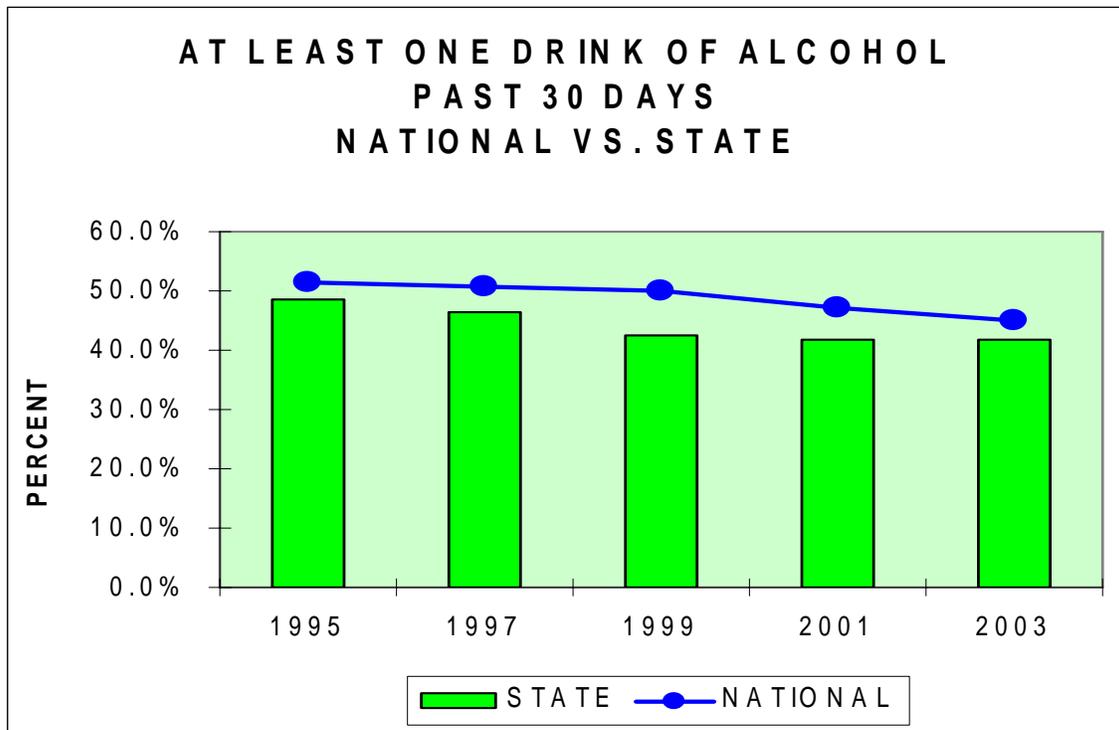


Table 5. Data Source: Youth Risk Behavioral Surveillance System (YRBSS)

INDICATOR: PERCENTAGE OF STUDENTS WHO HAD AT LEAST ONE DRINK OF ALCOHOL ON SCHOOL PROPERTY – PAST 30 DAYS

N=NATIONAL S=STATE

Sex		1995		1997		1999		2001		2003	
Sex	Race	N	S	N	S	N	S	N	S	N	S
TOTAL	TOTAL	6.3	5.7	5.6	6.8	4.9	4.9	4.9	5.0	5.2	4.9
	WHITE	5.6	6.5	4.8	4.6	4.8	5.0	4.2	4.3	3.9	3.8
	BLACK	7.6	5.3	5.6	8.3	4.3	4.2	5.3	5.2	5.8	5.9
FEMALE	TOTAL	5.3	4.2	3.6	5.2	3.6	3.7	3.8	3.6	4.2	3.8
	WHITE	4.6	4.8	2.9	2.5	3.4	3.3	3.2	2.9	3.2	2.9
	BLACK	5.2	3.2	4.0	7.1	2.6	3.6	3.1	4.0	3.8	4.6
MALE	TOTAL	7.2	7.2	7.2	8.6	6.1	6.0	6.1	6.3	6.0	6.0
	WHITE	6.5	8.0	6.3	7.0	6.1	6.6	5.3	5.9	4.5	4.5
	BLACK	9.6	7.6	7.3	9.6	6.2	4.9	7.5	6.2	7.9	7.4

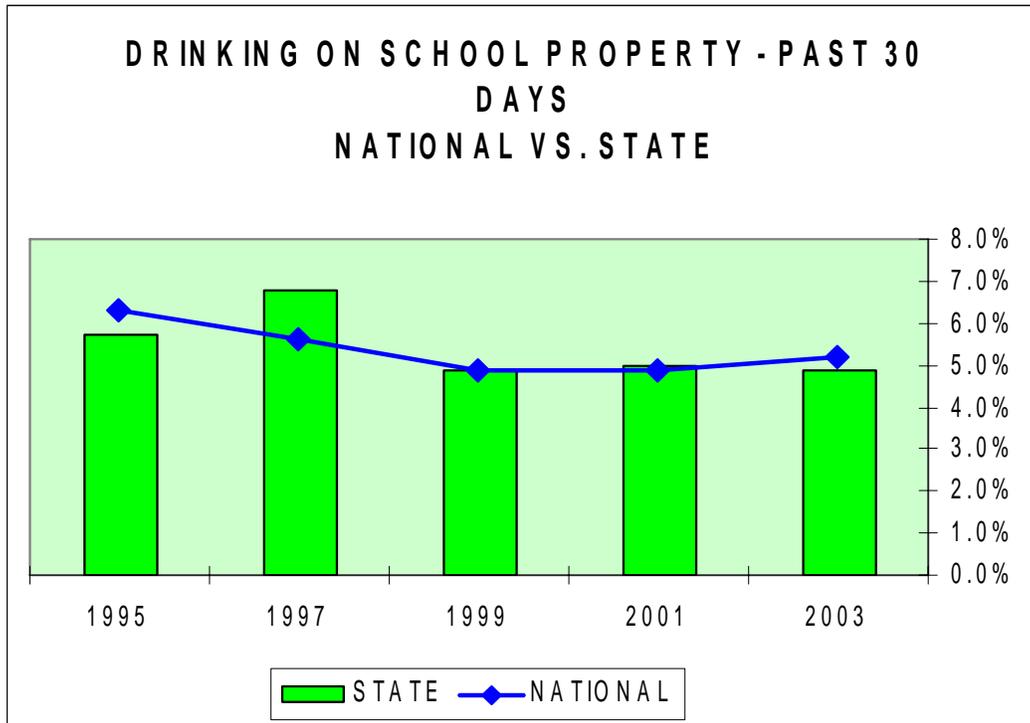


Table 6. Data Source: Youth Risk Behavior Surveillance System (YRBSS)

INDICATOR: PERCENTAGE OF STUDENTS WHO DROVE AFTER DRINKING ALCOHOL – PAST 30 DAYS

N=NATIONAL S=STATE

		1995		1997		1999		2001		2003	
Sex	Race	N	S	N	S	N	S	N	S	N	S
TOTAL	TOTAL	15.4	19.6	16.9	15.1	13.1	14.6	13.3	13.7	12.1	12.8
	WHITE	16.8	24.9	18.9	18.4	14.6	19.2	14.7	15.3	12.9	15.0
	BLACK	10.5	15.3	9.4	12.9	7.9	10.5	7.7	11.7	9.1	10.7
FEMALE	TOTAL	11.9	11.4	12.0	8.8	8.7	10.2	9.5	9.7	8.9	7.3
	WHITE	13.7	15.9	14.0	13.8	10.3	15.4	10.9	11.9	10.3	9.3
	BLACK	5.3	5.7	4.8	5.1	5.4	6.0	3.3	7.2	4.6	5.4
MALE	TOTAL	18.5	28.1	21.0	21.8	17.4	19.3	17.2	17.9	15.0	18.5
	WHITE	19.4	32.7	22.8	24.0	18.7	22.9	18.6	18.9	15.2	21.2
	BLACK	16.1	26.2	14.3	20.7	10.6	15.9	12.5	16.6	13.4	16.2

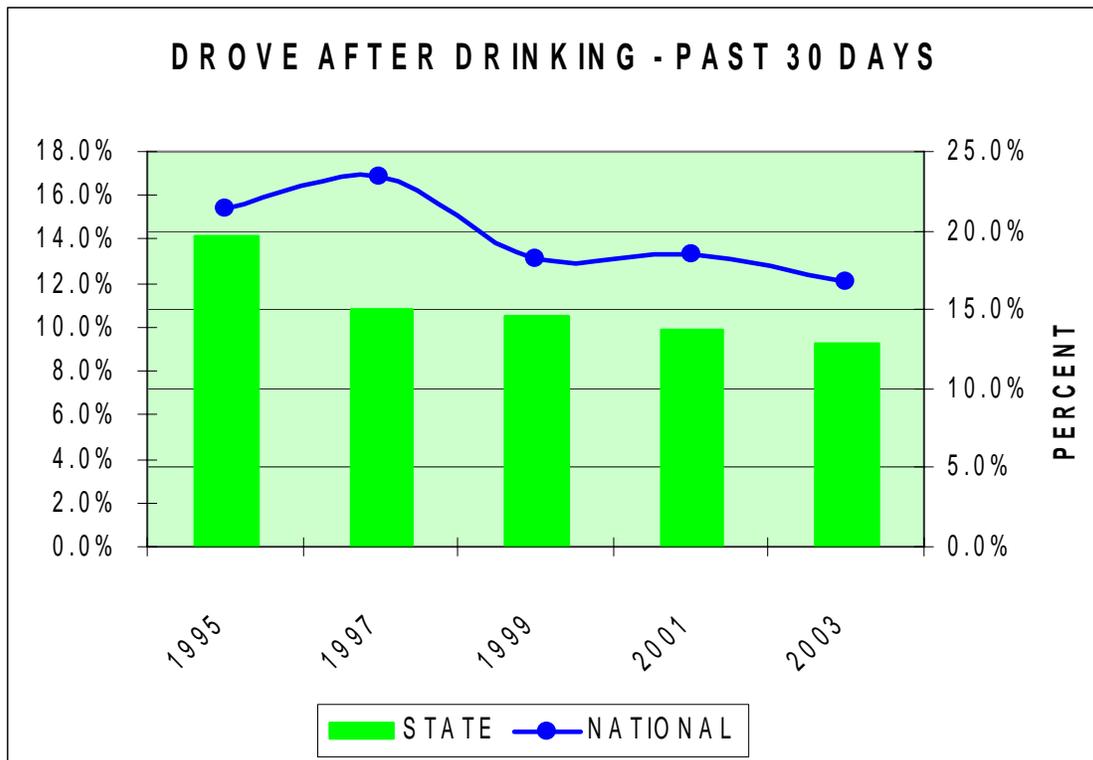


Table 7. Data Source: Youth Risk Behavioral Surveillance System

INDICATOR: ADULT BINGE DRINKING

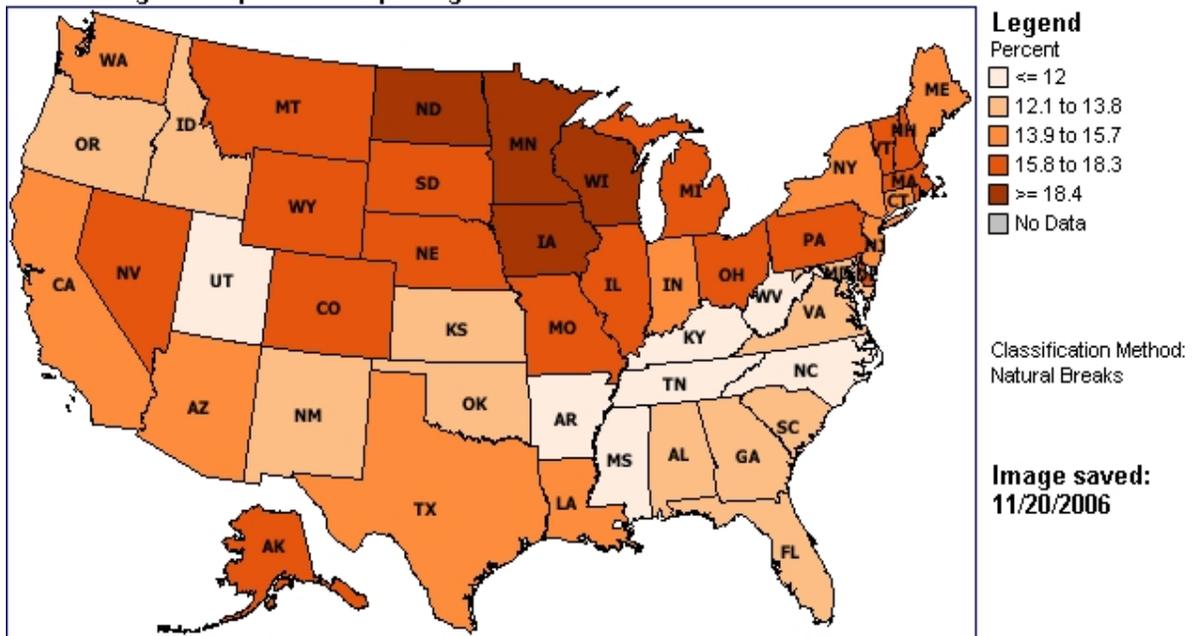
BINGE DRINKERS				
	2003		2004	
RACE	YES	NO	YES	NO
WHITE	11.8	88.2	11.6	88.4
BLACK	10.4	89.6	8.0	92.0

BRFSS Maps

Year - 2004

Binge drinkers (adults having five or more drinks on one occasion)

Percentage of respondents reporting Yes



INDICATOR: ADULT HEAVY DRINKERS

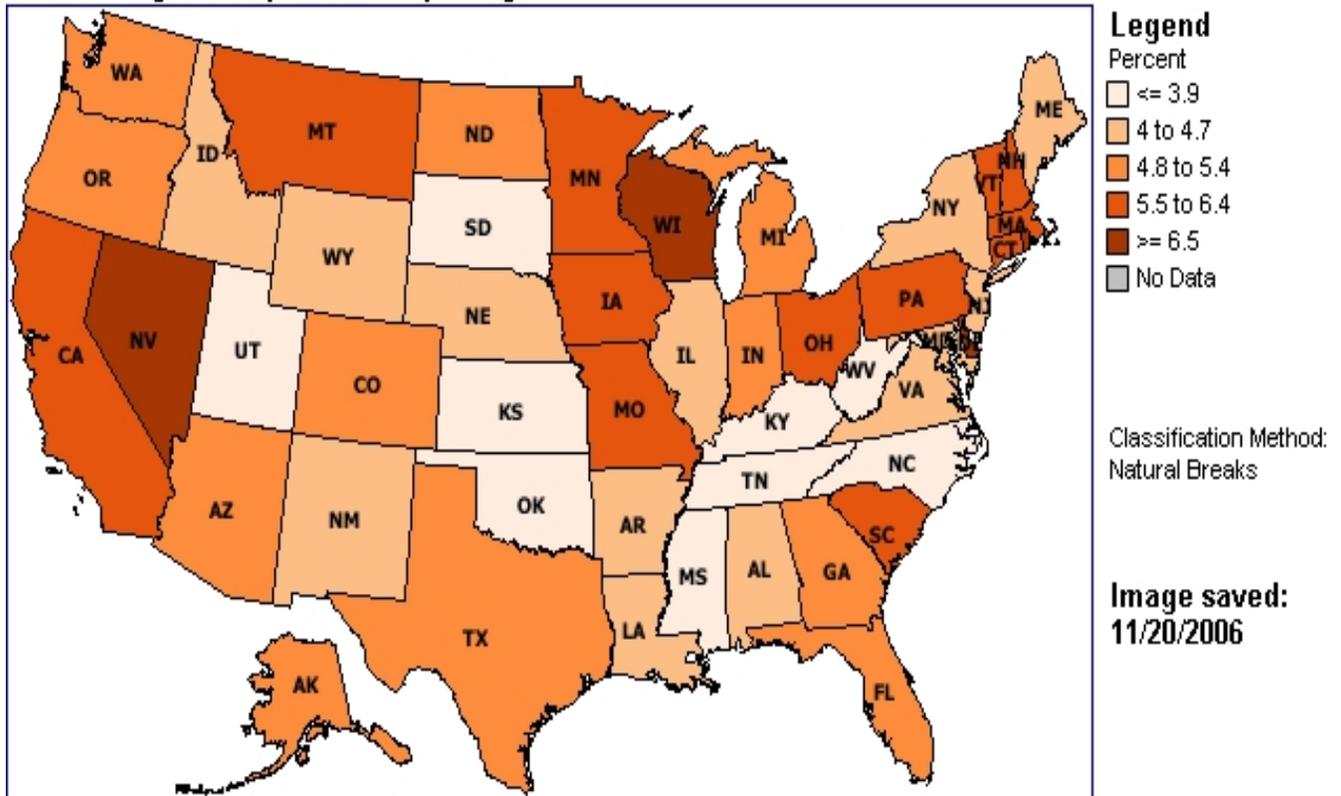
HEAVY DRINKERS		2003		2004	
RACE	YES	NO	YES	NO	NO
WHITE	4.5	95.5	4.2	95.8	
BLACK	5.1	94.9	2.2	97.8	

BRFSS Maps

Year - 2004

Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)

Percentage of respondents reporting Yes



HHS



CDC



BRFSS

INDICATOR: PERCENTAGE OF ADULTS WHO HAD AT LEAST ONE DRINK – PAST 30 DAYS

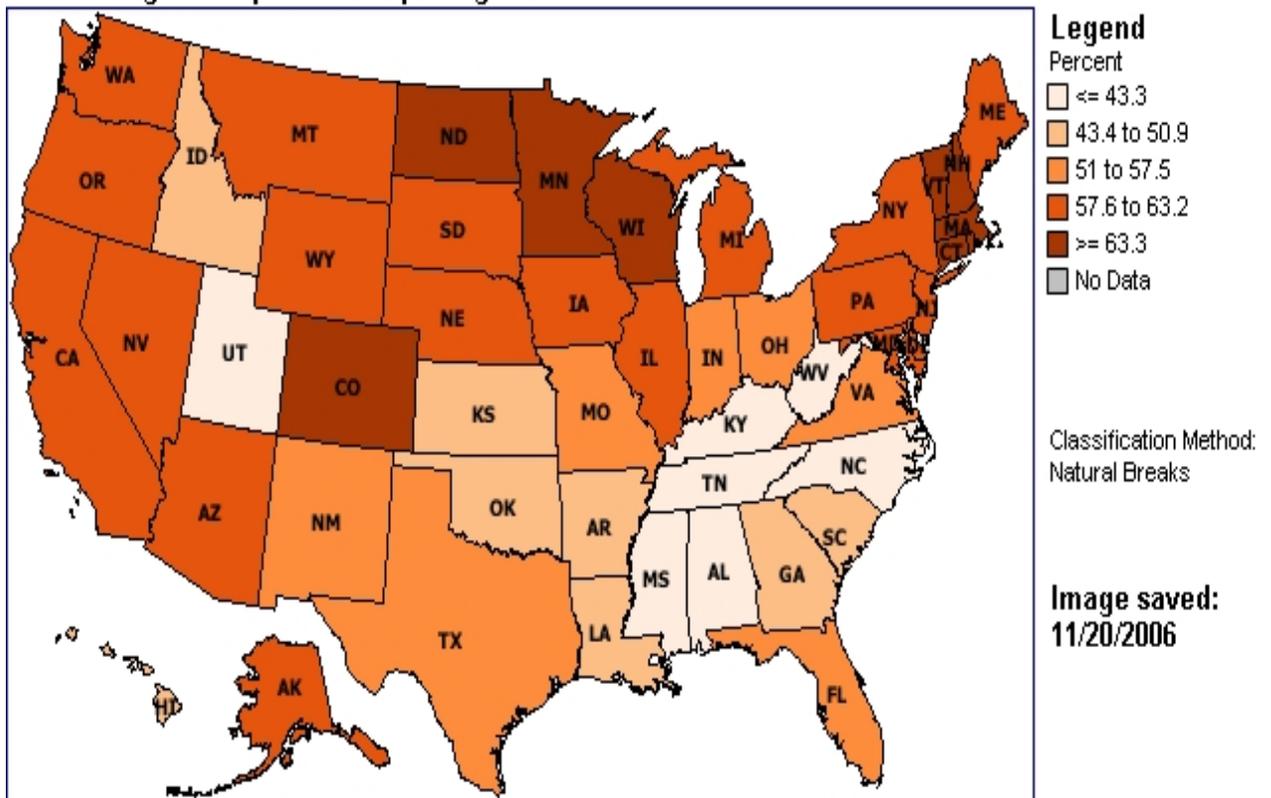
AT LEAST ONE DRINK IN PAST 30DAYS				
	2003		2004	
RACE	YES	NO	YES	NO
WHITE	42.0	58.0	38.3	61.7
BLACK	39.4	60.6	37.2	62.8

BRFSS Maps

Year - 2003

Adults who have had at least one drink of alcohol within the past 30 days

Percentage of respondents reporting Yes



IMPORTANT FINDINGS ABOUT ALCOHOL

- ❖ There was a slight decline in binge drinking, heavy drinking, and at least one drink in the past 30 days categories among Mississippi adults from 2003 to 2004.
- ❖ Overall, Mississippi has consistently been below the national average for at least one drink in the past 30 days percentages.
- ❖ Mississippi has followed the national slight downward trend.

AMONG MISSISSIPPI'S YOUTH

- ❖ Data show there has been a steady decline in the percent of students that drove after drinking in the past 30 days between 1995 and 2003.
- ❖ Mississippi's youth population has consistently been below the national average of percent of students that drove after drinking in the past 30 days since 1995.
- ❖ Mississippi has also been below the national average in percent of students who had at least one drink in the past 30 days. A slight decline in percents was experienced from 1995 to 2003.

*Please note YRBSS data for the State of Mississippi is unavailable for 2005 due to the response rate. Also, since Mississippi did not have a large enough sample size for the Hispanic race no statistics have been cited for that ethnic group.

TOBACCO

INDICATOR: CURRENT SMOKERS (STATE)

	1995	1996	1997	1998	1999	2000	2001	2002
TOTAL POPULATION	24.1	23.2	23.1	24.1	22.9	23.5	25.3	27.3
MALE	27.7	28.6	28.3	26.9	27.4	25.2	29.3	33.1
FEMALE	20.9	18.5	18.5	21.6	19	21.9	21.7	22.1
SMOKING POPULATION								
MALE	44.85	47.4	47.57	43.31	48.43	39.26	44.32	41.55
FEMALE	55.15	52.6	52.43	56.69	51.57	60.74	55.68	58.45

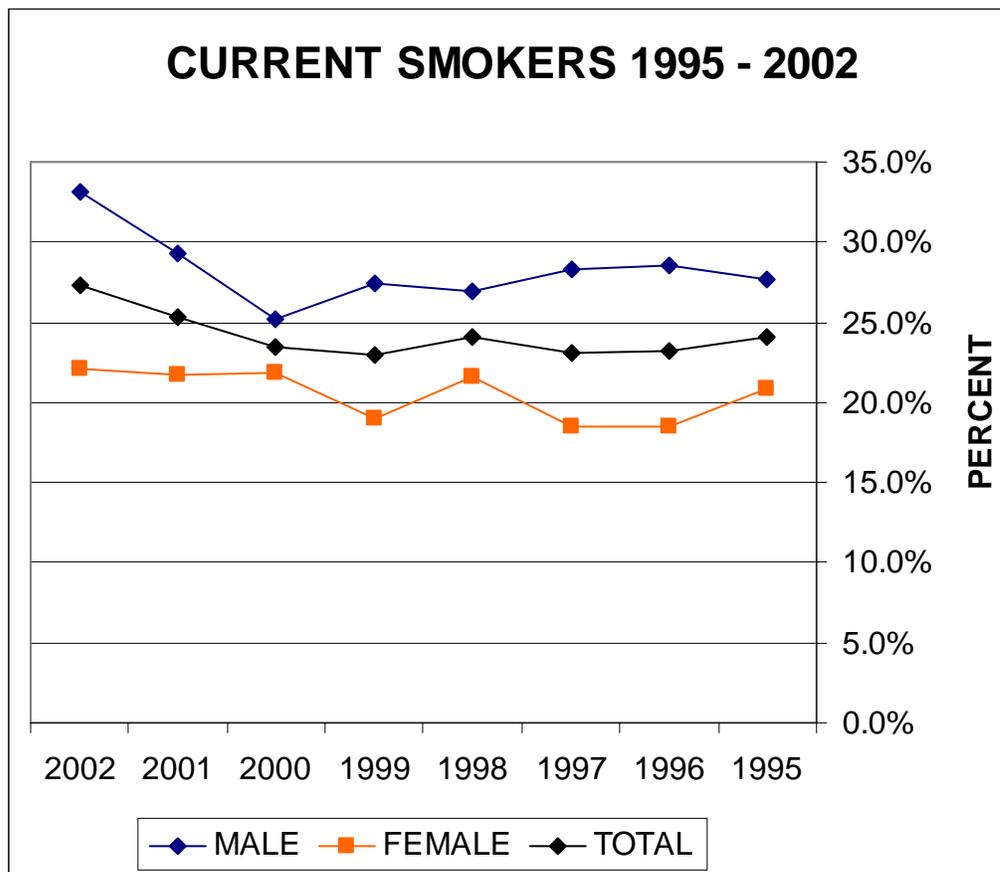


Table 8. Data Source: Behavior Risk Factor Surveillance System (BRFSS)

INDICATOR: PERCENTAGE OF STUDENTS WHO EVER TRIED CIGARETTES

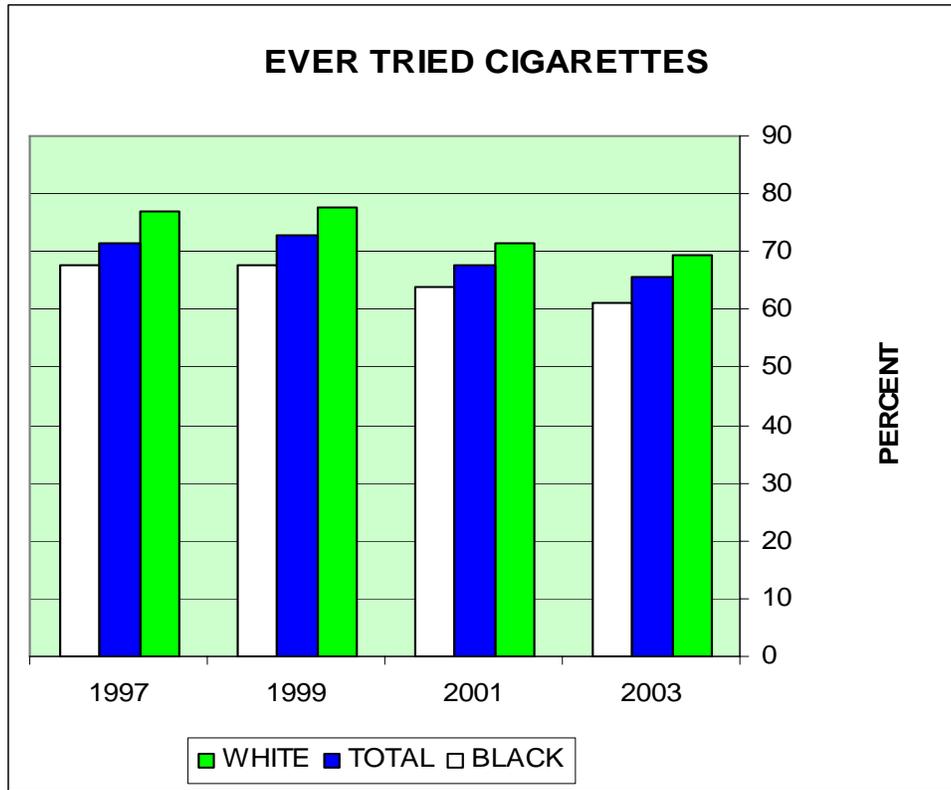


Table 9. Data Source: Youth Risk Behavior Surveillance System

Sex		1997	1999	2001	2003
Sex	Race	STATE	STATE	STATE	STATE
TOTAL	TOTAL	65.6	72.7	71.4	67.8
	WHITE	69.4	77.6	77.1	71.3
	BLACK	61.1	67.6	67.6	64
FEMALE	TOTAL	63.3	71	67.1	67.4
	WHITE	68.1	78.3	76	72.2
	BLACK	57.9	64.4	61.4	62.3
MALE	TOTAL	67.7	74.3	75.9	68.2
	WHITE	70.9	76.9	78.6	70.6
	BLACK	64.2	71.4	74	65.7

INDICATOR: PAST 30 DAY USAGE

Sex		1997	1999	2001	2003
Sex	Race	STATE	STATE	STATE	STATE
TOTAL	TOTAL	31.3	31.5	23.6	25.0
	WHITE	44.1	43.8	33.8	34.2
	BLACK	22.2	18.4	12.6	15.2
FEMALE	TOTAL	25.4	28.5	24.6	22.5
	WHITE	42.8	45.2	39.2	34.7
	BLACK	12.6	13.2	9.2	9.1
MALE	TOTAL	37.6	34.4	22.4	27.2
	WHITE	46.0	42.6	28.0	33.7
	BLACK	31.9	24.5	16.0	21.0

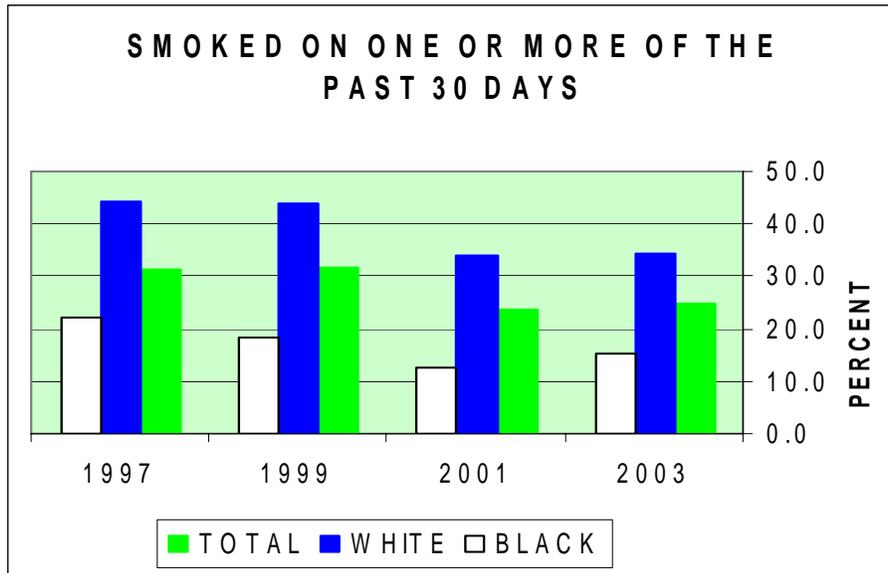


Table 10. Data Source: Youth Risk Behavior Surveillance System (YRBSS)

INDICATOR: SMOKED ON SCHOOL PROPERTY DURING PAST 30 DAYS

Sex		1997	1999	2001	2003
Sex	Race	STATE	STATE	STATE	STATE
TOTAL	TOTAL	13.2	9.5	6.6	6.3
	WHITE	20.7	14.4	9.4	7.1
	BLACK	7.6	4.9	3.2	5.2
FEMALE	TOTAL	7.7	6.7	5.9	3.6
	WHITE	16.1	11.4	9.8	6.3
	BLACK	1.3	2.4	1.5	0.3
MALE	TOTAL	19.1	12.4	7.3	8.8
	WHITE	26.3	17.1	9.0	8.0
	BLACK	14.0	7.8	5.1	9.8

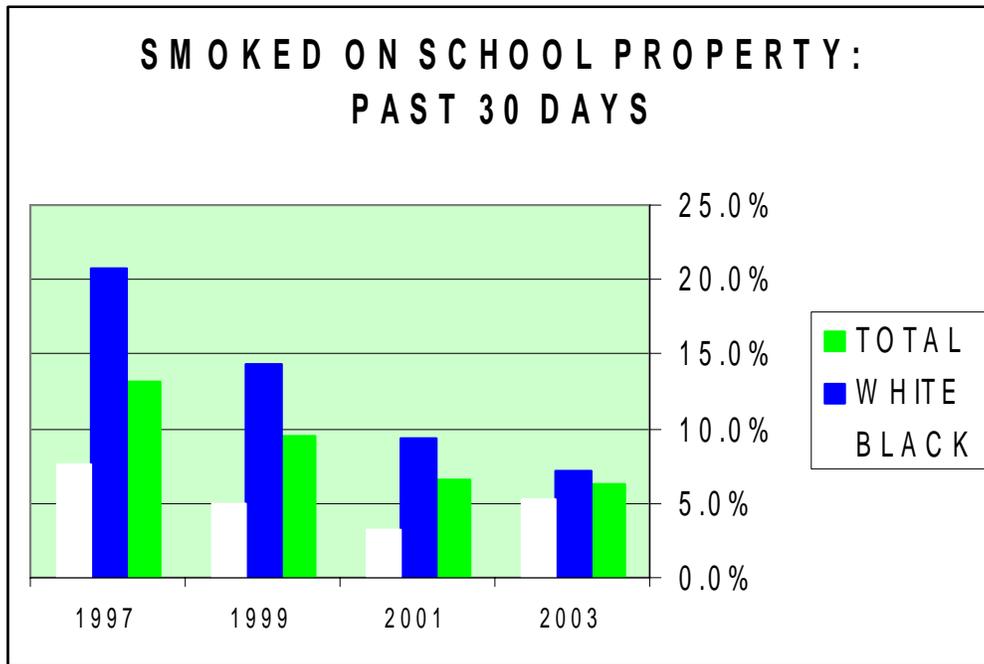


Table 11. Data Source: Youth Risk Behavior Surveillance System (YRBSS)

INDICATOR: SMOKELESS TOBACCO USE

Sex		1995	1997	1999	2001	2003
Sex	Race	STATE	STATE	STATE	STATE	STATE
TOTAL	TOTAL	5.3	5.3	4.6	5.6	4.7
	WHITE	9.3	11.6	8.4	9.4	7.8
	BLACK	0.8	1.3	0.7	1.4	1.3
FEMALE	TOTAL	1.6	0.3	0.3	0.9	0.7
	WHITE	0.4	0.0	0.2	1.1	1.1
	BLACK	0.4	0.5	0.2	0.5	0.3
MALE	TOTAL	9.1	10.6	9.2	10.5	8.6
	WHITE	17.1	25.0	15.9	18.1	15.2
	BLACK	1.4	2.2	1.3	2.5	2.3

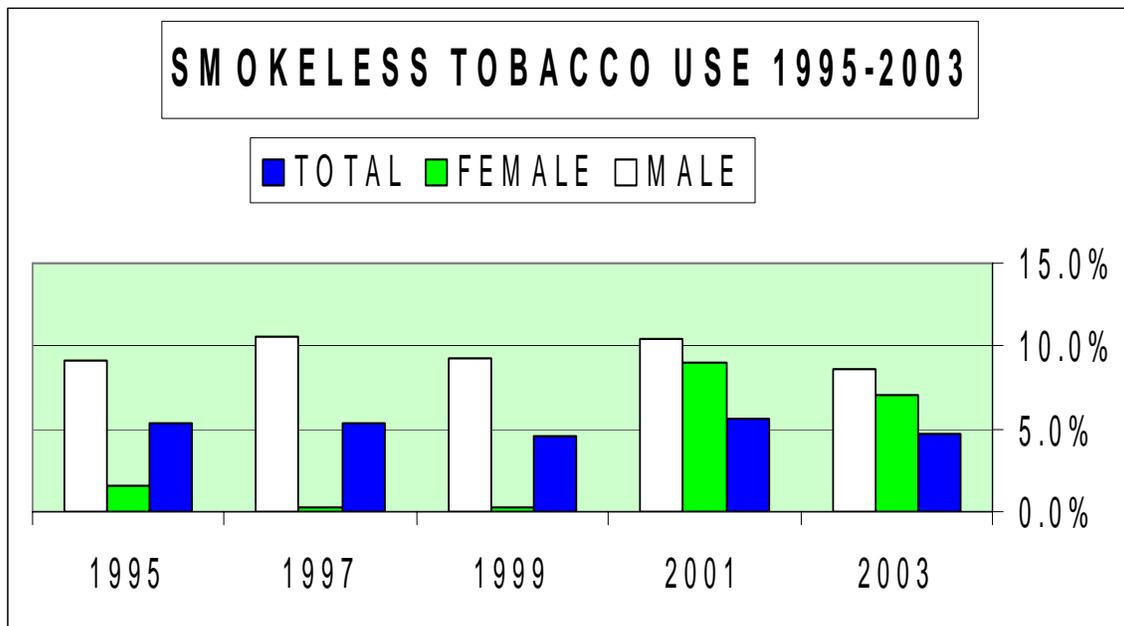


Table 12. Data Source: Youth Risk Behavior Surveillance System

INDICATOR: CIGAR USE (STATE)

Sex		1999	2001	2003
Sex	Race	STATE	STATE	STATE
TOTAL	TOTAL	21.9	15.7	18.4
	WHITE	22.0	16.0	16.4
	BLACK	20.8	14.7	20.5
FEMALE	TOTAL	14.9	10.3	11.4
	WHITE	13.3	12.1	11.3
	BLACK	16.1	7.7	11.4
MALE	TOTAL	29.0	21.2	25.7
	WHITE	30.0	20.1	22.0
	BLACK	26.5	21.9	30.0

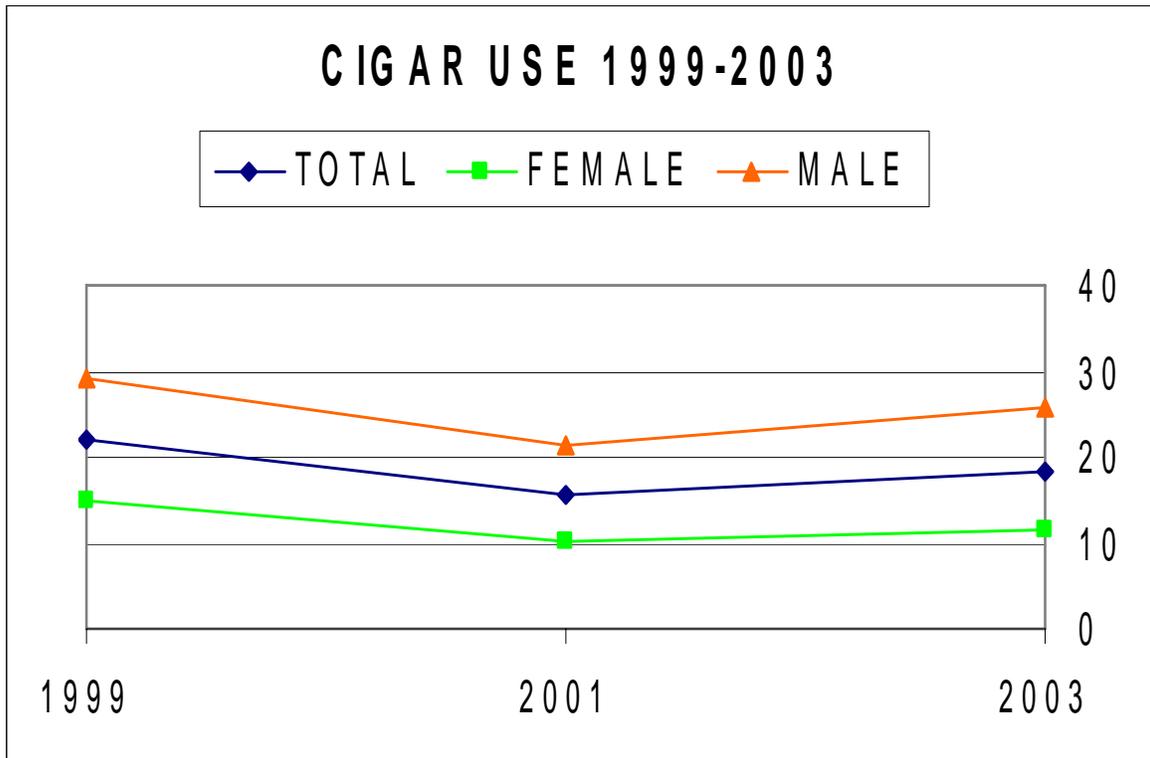


Table 13. Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

IMPORTANT FINDINGS ABOUT TOBACCO

- ❖ The number of smokers in Mississippi rose continually from 1999 – 2002
- ❖ Approximately 27.3% of the adult Mississippi population smoked as of 2002.
- ❖ Since 2002 the percent of Mississippians that smoke has continually decreased.
- ❖ Even though the percentage of Mississippi's adult population that smokes has decreased Mississippi is still above the national average.

AMONG MISSISSIPPI'S YOUTH – UNDER 18 YEARS OF AGE

- ❖ Black males are at greater risk for smoking cigars than any other group.
- ❖ White males are at the greatest risk for smokeless tobacco use.
- ❖ White females are at the greatest risk for cigarette use. In 2003, 34.7% of white females reported smoking one or more days in the past 30 days. Their numbers are consistently higher than any other group from 1999 – 2003.

ILLICIT DRUG

MARIJUANA

INDICATOR: PERCENTAGE OF STUDENTS WHO USED MARIJUANA ONE OR MORE TIMES DURING THEIR LIFE

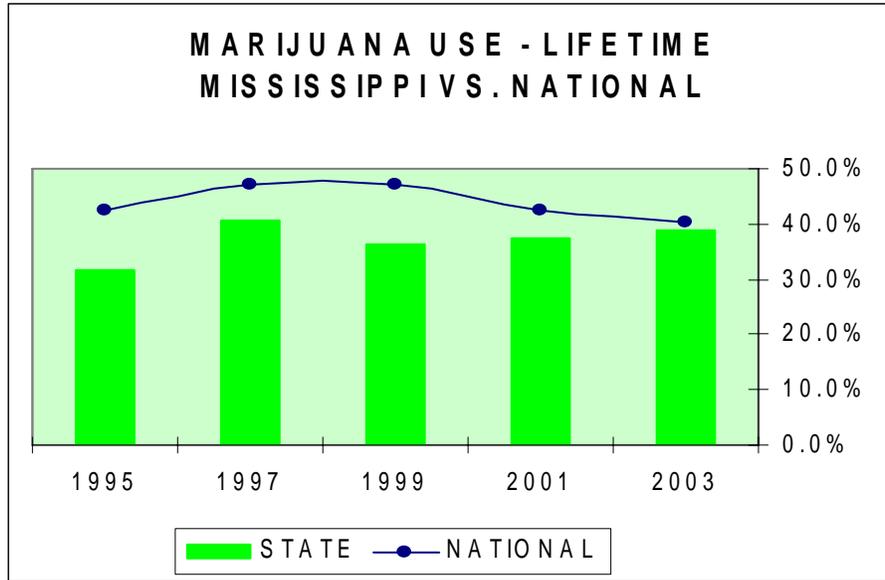


Table 14. Data Source: Youth Risk Behavior Surveillance System (YRBSS)

INDICATOR: PERCENTAGE OF STUDENTS WHO USED MARIJUANA ONE OR MORE TIMES DURING THE PAST 30 DAYS

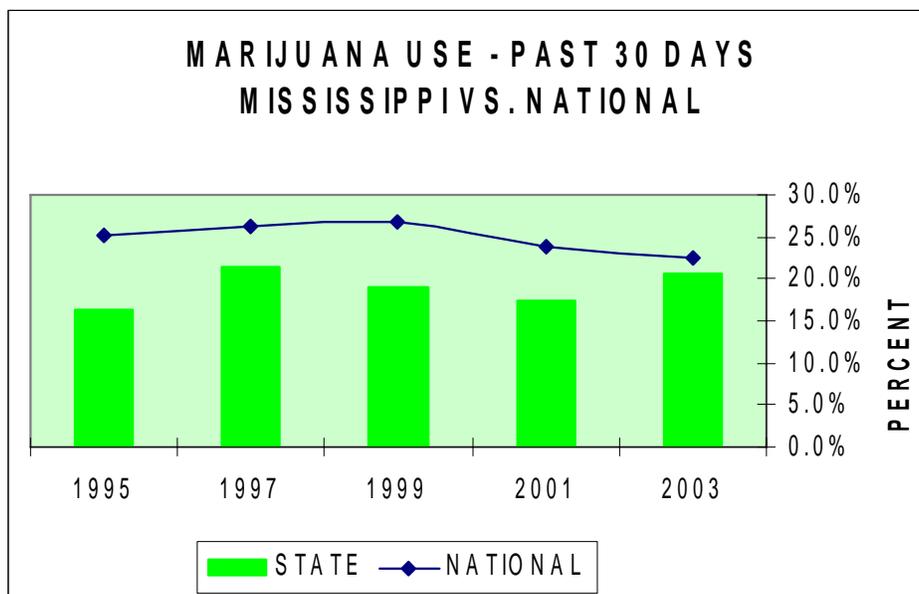


Table 15. Data Source: Youth Risk Behavior Surveillance System (YRBSS)

IMPORTANT FINDINGS ABOUT MARIJUANA

- ❖ No discernible pattern was noted for either lifetime marijuana use or marijuana use in the past 30 days.
- ❖ Mississippi's marijuana use in the past 30 days has increased since 1999 while the national averages have decreased.
- ❖ As of 2003, 39% of Mississippi youth had used marijuana on at least one occasion.
- ❖ Black males report higher percents both nationally and at the state level.
- ❖ The lowest risk group for marijuana use is black females.

COCAINE

INDICATOR: PERCENTAGE OF STUDENTS WHO USED ANY FORM OF COCAINE IN THEIR LIFE

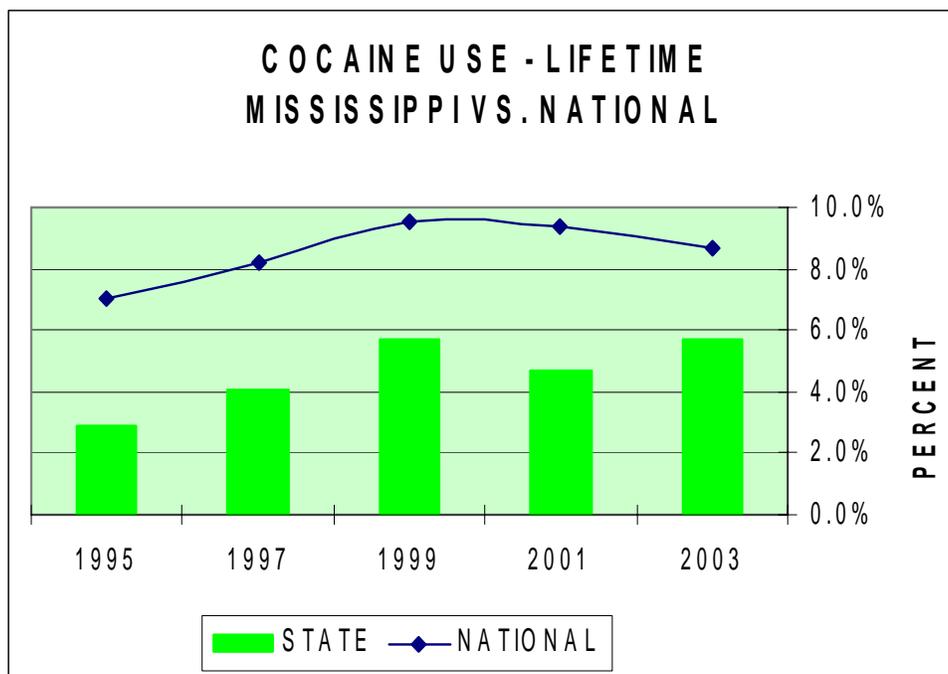


Table 16. Data Source: Youth Risk Behavior Surveillance System

IMPORTANT FINDINGS ABOUT COCAINE

- ❖ Mississippi has consistently been below the national average for lifetime cocaine use.
- ❖ No pattern or trend can be established from the data present.

HEROIN

INDICATOR: PERCENTAGE OF STUDENTS WHO USED HEROIN ONE OR MORE TIMES DURING THEIR LIFE

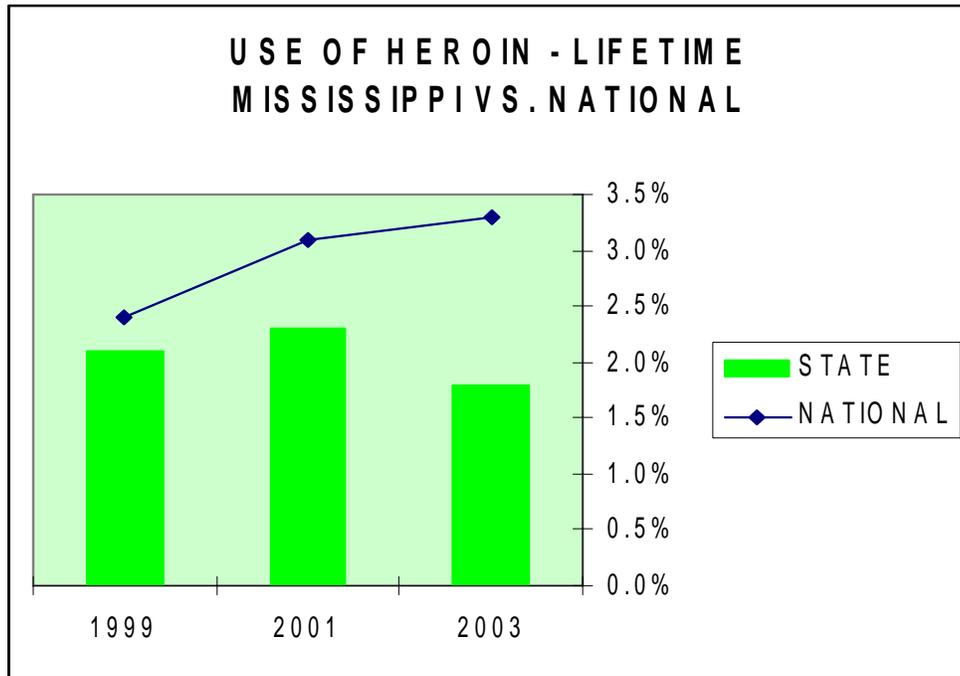


Table 17. Data Source: Youth Risk Behavior Surveillance System

IMPORTANT FINDINGS ABOUT HEROIN

- ❖ Mississippi has shown a slight decrease in heroin use since 2001 while the national average has continued to rise.
- ❖ Mississippi has consistently been below national averages for lifetime heroin use.

INHALANTS

INDICATOR: PERCENTAGE OF STUDENTS WHO SNIFFED GLUE OR INHALED TO GET HIGH ONE OR MORE TIMES DURING THEIR LIFE

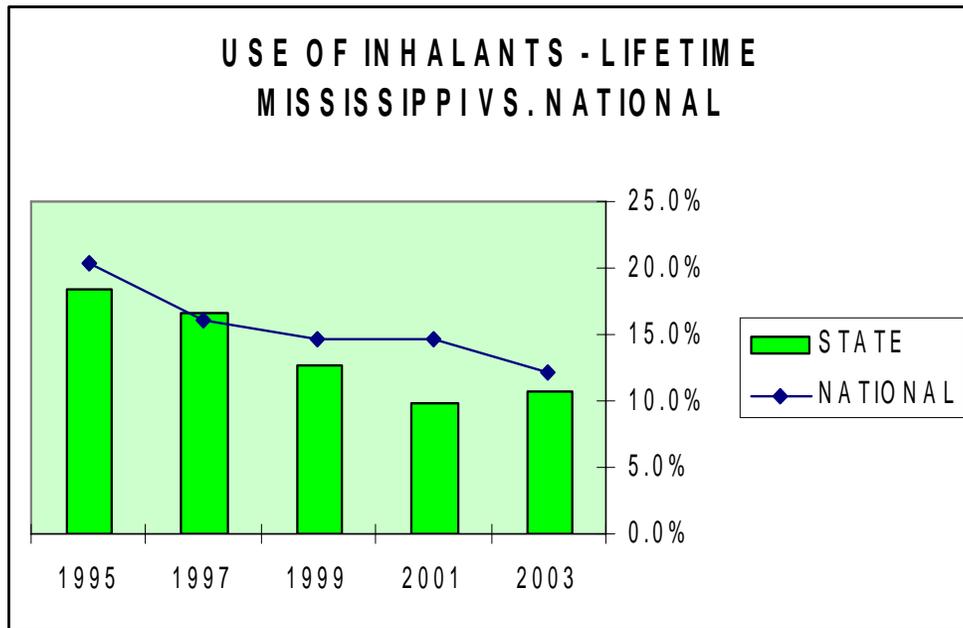


Table 18. Data Source: Youth Risk Behavior Surveillance System

IMPORTANT FINDINGS ABOUT INHALANTS

- ❖ Whites are two times more likely to use inhalants than blacks.
- ❖ The highest risk population among Mississippi youth is white males.
- ❖ Mississippi has maintained lower percentages than national levels since 1999.

STEROID

INDICATOR: PERCENTAGE OF STUDENTS WHO TOOK STEROIDS ONE OR MORE TIMES DURING THEIR LIFE

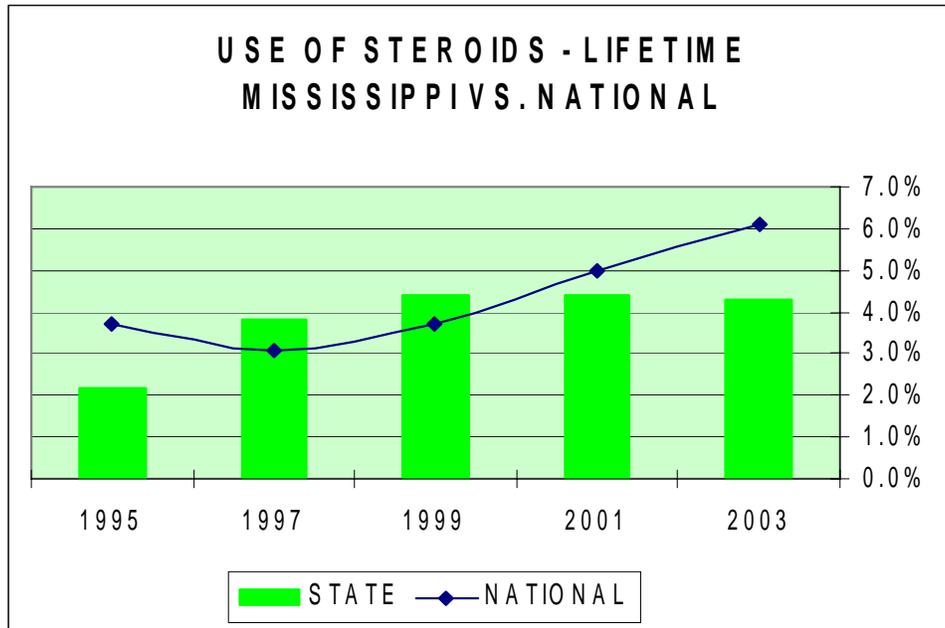


Table 19. Data Source: Youth Risk Behavior Surveillance System

IMPORTANT FINDINGS ABOUT STEROIDS

- ❖ Mississippi is maintaining current levels lower than the national average.
- ❖ National levels of steroid use continue to rise.
- ❖ Whites are more likely to use steroids than blacks and males are more likely to use steroids than females.
- ❖ National data show that Hispanics have higher rates than any other population.

The Hispanic population in Mississippi has doubled in the past 10 years.

Currently, no data source is available to make a national vs. state comparison.

INJECTED DRUGS

INDICATOR: PERCENTAGE OF STUDENTS WHO INJECTED AN ILLEGAL DRUG DURING THEIR LIFE

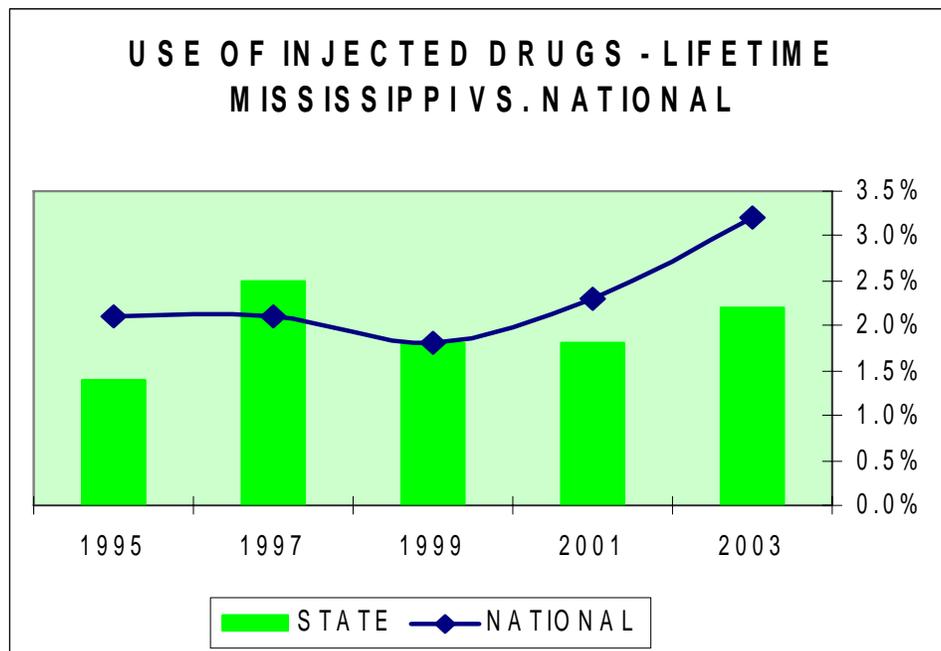


Table 20. Data Source: Youth Risk Behavior Surveillance System

IMPORTANT FINDINGS ABOUT INJECTED ILLEGAL DRUGS

- ❖ Since 1999 the national averages have increased while Mississippi has remained basically the same.
- ❖ Males are more likely to inject illegal drugs than females.
- ❖ Hispanics have higher percents overall in the national averages.

METHAMPHETAMINE

INDICATOR: PERCENTAGE OF STUDENTS WHO USED METH ONE OR MORE TIMES DURING THEIR LIFE

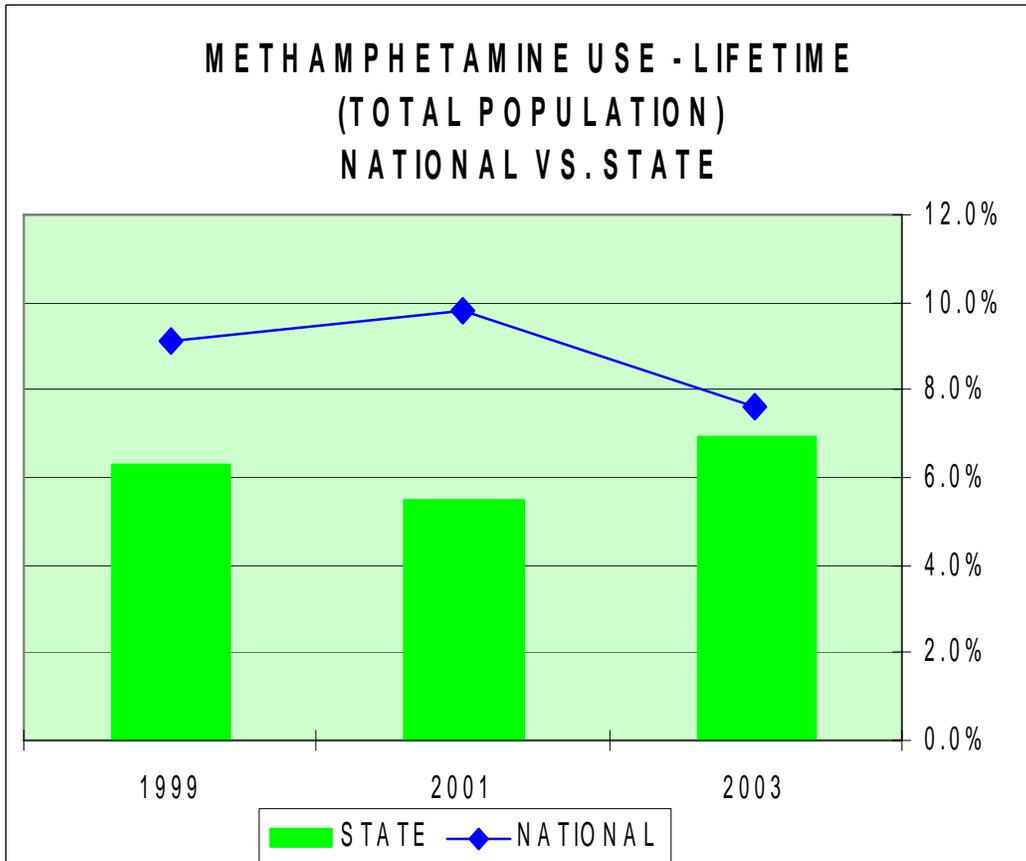


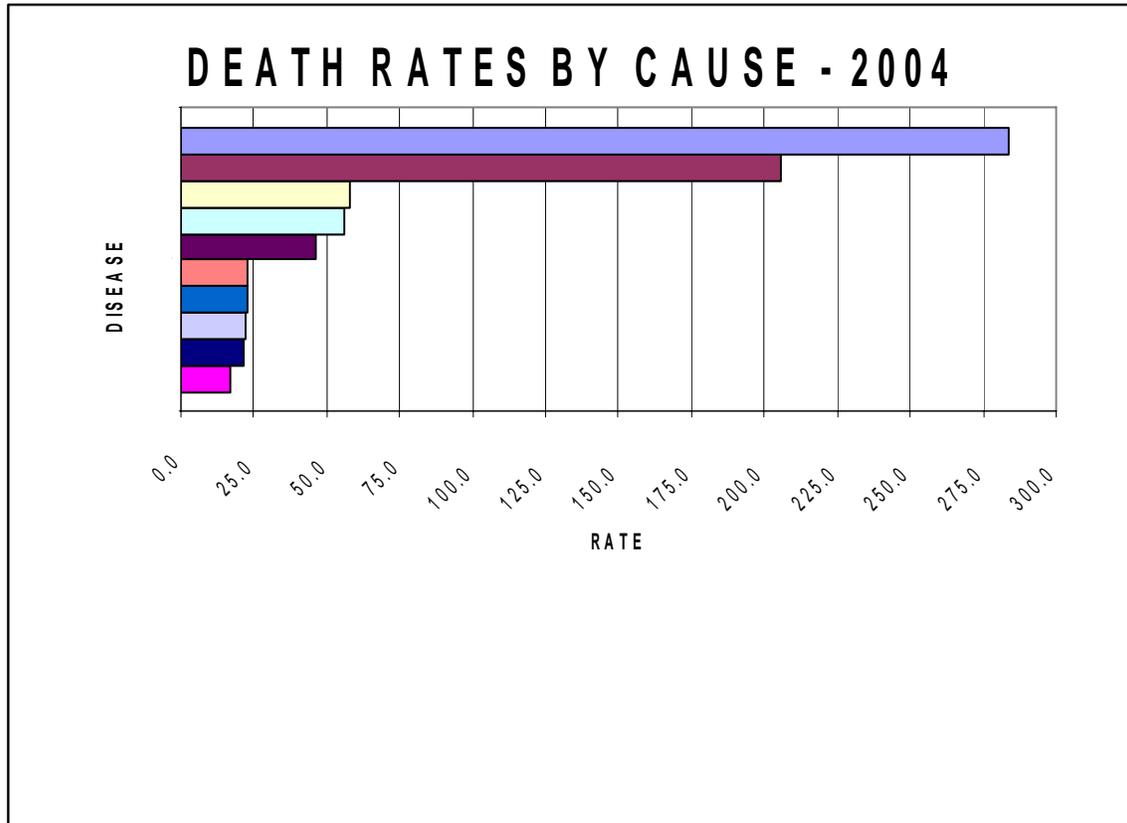
Table 21. Data Source: Youth Risk Behavior Surveillance System (YRBSS)

IMPORTANT FINDINGS ABOUT METHAMPHETAMINE

- ❖ Males are more likely to use methamphetamine than females, especially Hispanic males (national).
- ❖ In Mississippi, white males are at the greatest risk for this behavior. No Hispanic data is available for comparison.

CONSEQUENCES

Table 22. Data Source: Mississippi State Department of Health, Division of Vital Statistics



Heart Diseases	284.0
Malignant Neoplasms	205.4
Accidents	58.2
Cerebrovascular Disease	56.2
Emphysema and Other Chronic Lower Respiratory Diseases	46.3
Nephritis, Nephrotic Synd., Nephrosis	22.8
Diabetes Mellitus	22.7
Influenza and Pneumonia	21.9
Alzheimer's Disease	21.4
Septicemia	17.2

ALCOHOL

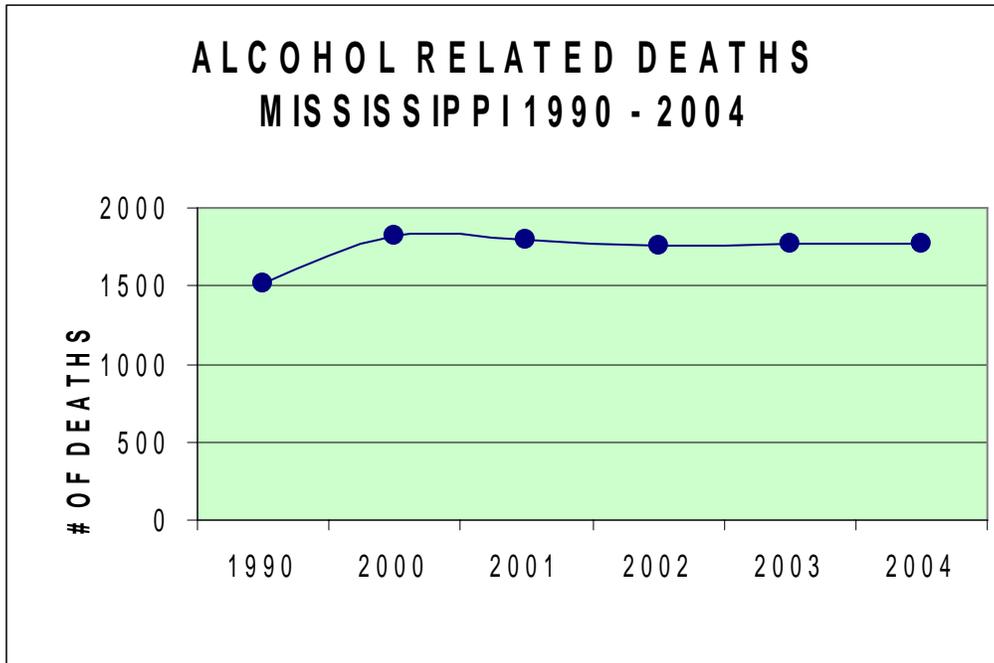


Table 23. Data Source: Mississippi State Department of Health, Division of Vital Statistics

*Mortality categories that alcohol could have been a contributing factor to death were collapsed to calculate the percentages seen here. Categories included were esophageal cancer, digestive organ cancer, liver cancer, oral cancer, and chronic liver disease/cirrhosis.

- ❖ No discernible trend was noted for the state as a whole.
- ❖ Further analysis by region is recommended to see if trends are visible within each region.

INDICATOR: ALCOHOL-RELATED FATALITIES

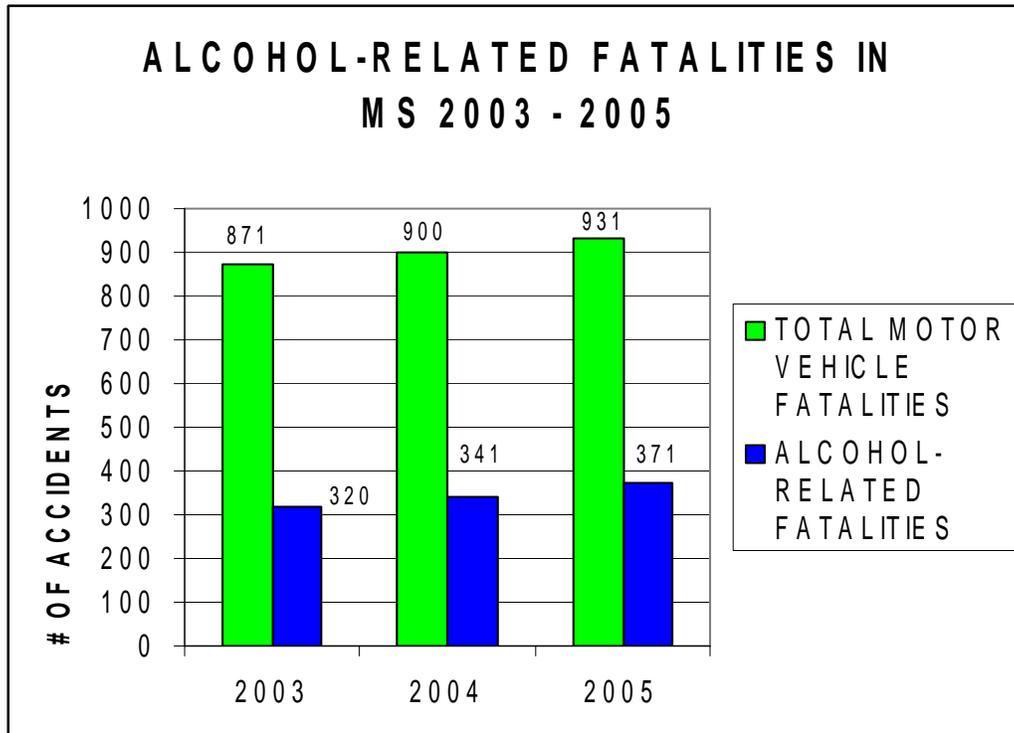


Table 24. Data Source: Mississippi Department of Public Safety

- ❖ As illustrated by the chart above both Motor Vehicle Fatalities and Alcohol-Related Motor Vehicle Fatalities have shown a small increase from 2003 – 2005.

INDICATOR: ADMISSIONS FOR TREATMENT DUE TO ALCOHOL

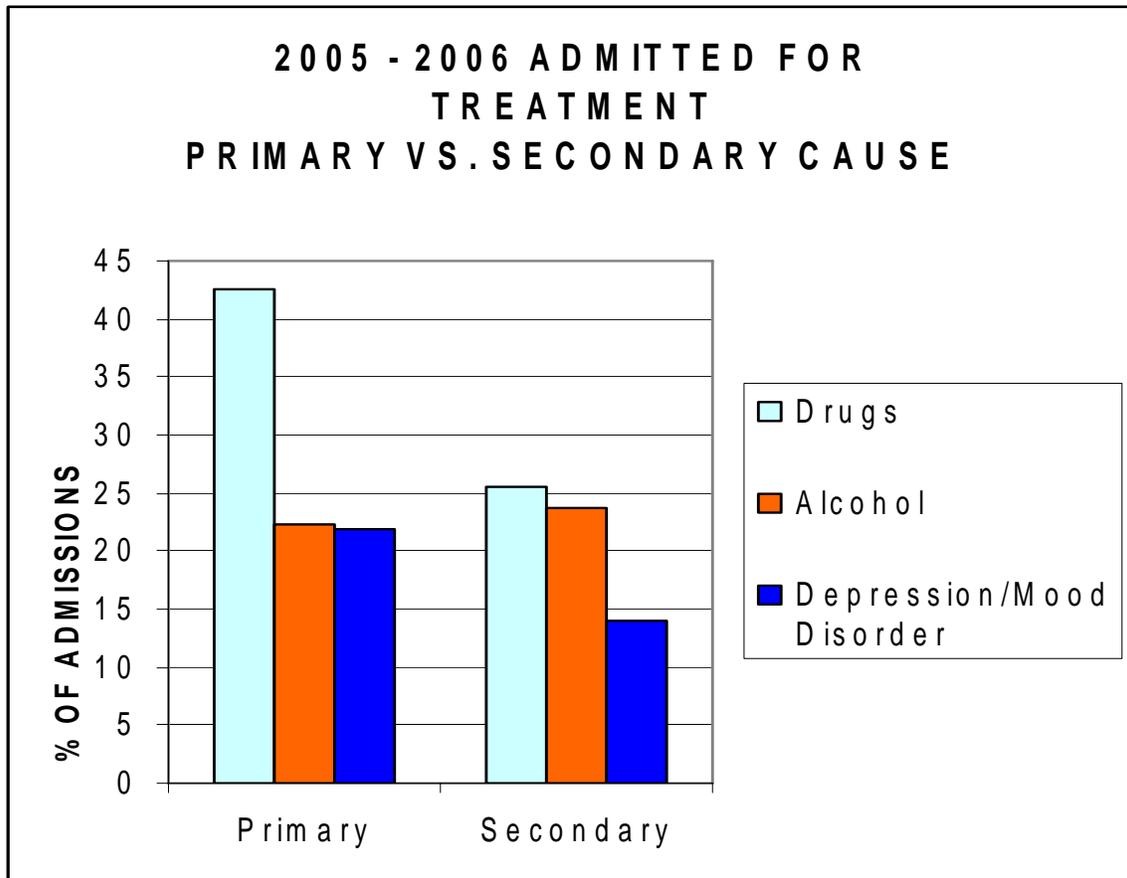


Table 25. Data Source: Mississippi Department of Mental Health, 2005

- ❖ Although the percentage for drugs decreased between primary and secondary cause of treatment the percentage for alcohol increased slightly.
- ❖ Alcohol is a key factor in Depression/Mood disorders which may account for Depression/Mood Disorder being the third ranked reason for treatment. Further analysis to establish ties between the two should be considered.

TOBACCO

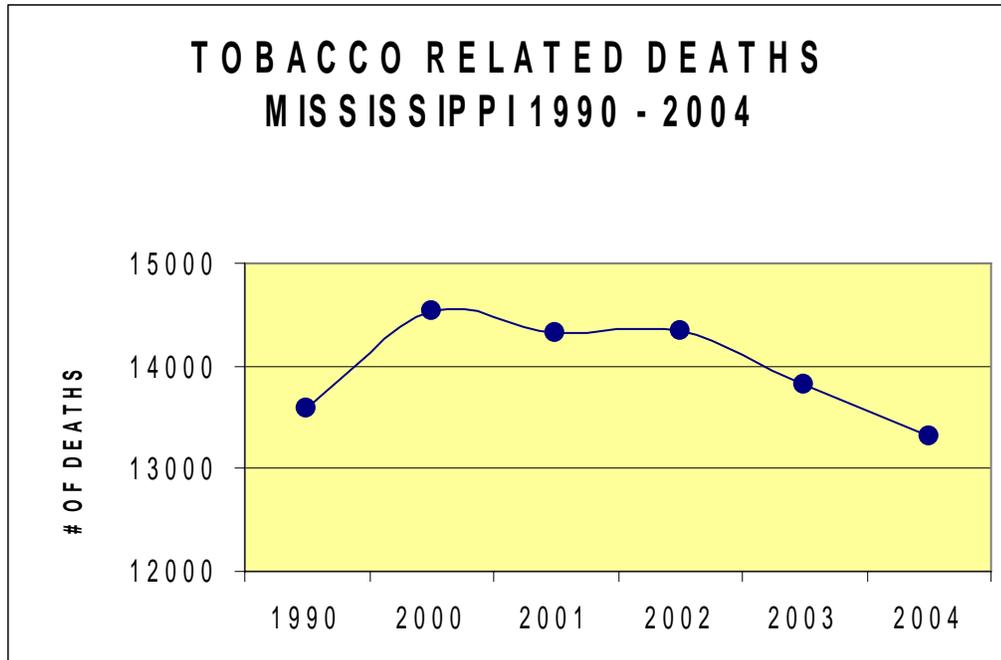


Table 26. Data Source: State Department of Health, Division of Vital Statistics

* Mortality categories that tobacco could have been a contributing factor to death were collapsed to calculate the percentages seen here. Categories included are oral cancer, respiratory cancer, lung cancer, coronary heart disease, cerebrovascular disease, and emphysema/chronic lower diseases.

- ❖ More than 400,000 deaths in the U.S. each year are attributed to cigarette smoking. In Mississippi, more than 13,000 people died from smoking-related diseases in 2004.

ILLICIT DRUG RELATED

- ❖ **Caution should be considered when looking at these rates. The number of drug induced deaths reported each year is extremely low due to the codes used on the death certificate so even a miniscule change in number will cause the rate to either increase or decrease considerably.**
- ❖ The drug induced death rate changed from 4.0 to 72.1 from 1990 to 2004
- ❖ Accurate use of drug induced death codes is an area Mississippi needs to improve upon.

SUICIDE ATTEMPTS

Indicator: Attempted suicide one or more times during the past 12 months

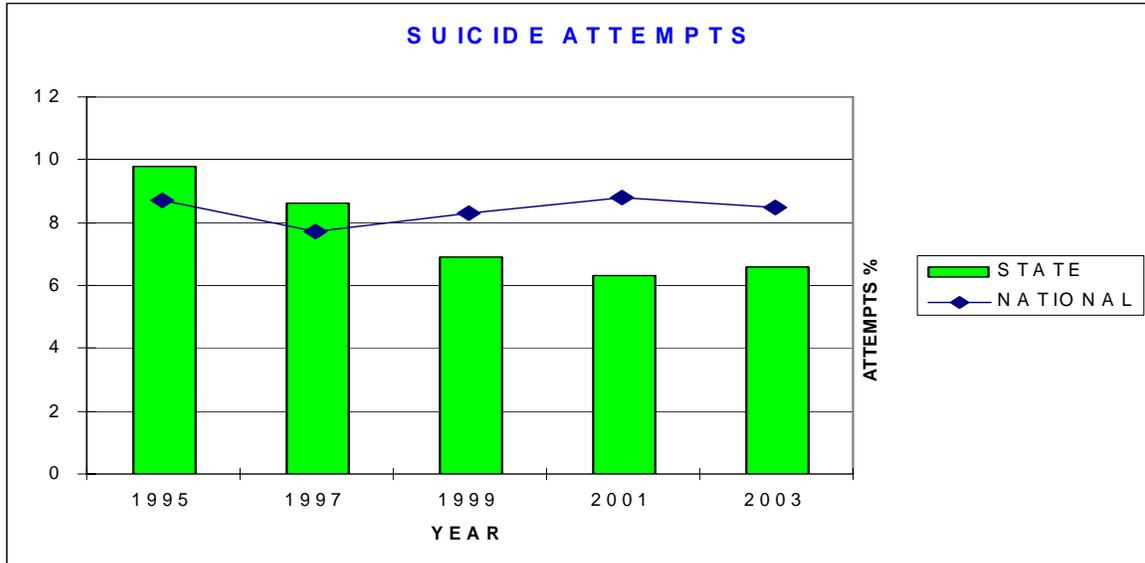


Table 27. Data Source: Youth Risk Behavior Surveillance System (YRBSS)

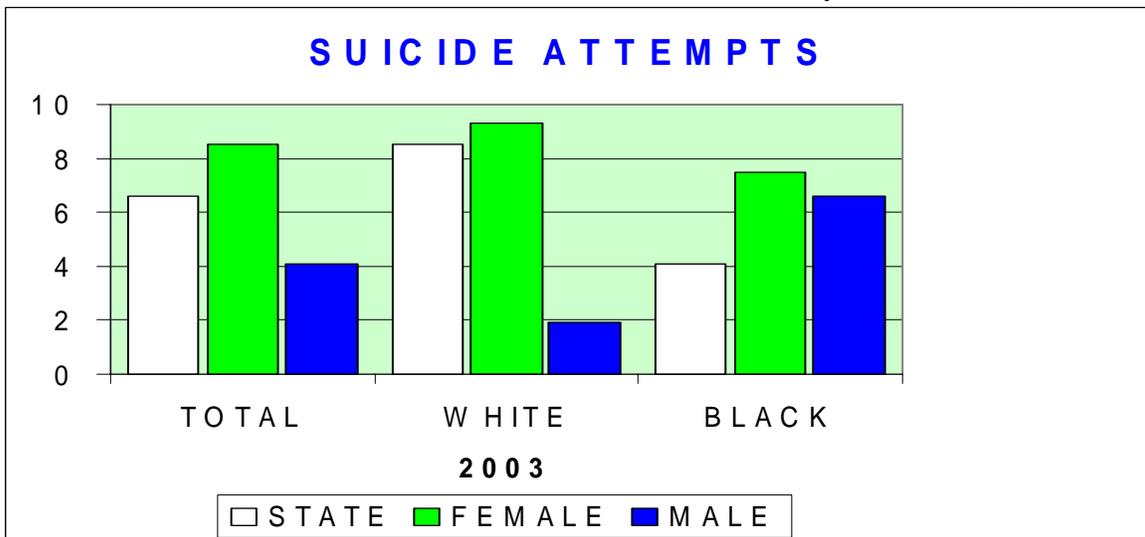


Table 28. Data Source: Youth Risk Behavioral Surveillance System (YRBSS)

Key Findings:

- ❖ Mississippi rates have consistently been below the national average from 1999 – 2003.
- ❖ Among the Mississippi youth population females are twice as likely to attempt suicide.
- ❖ Whites are more likely to commit suicide than blacks.

REFERENCES

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2. EPISODE DATA SET (TEDS), 2004 [Computer file]. Prepared by Synectics for Management Decisions, Incorporated. ICPSR04431-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [producer and distributor], 2006-04-24.
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6. Behavioral Risk Factor Surveillance System (BRFSS)
<http://apps.nccd.cdc.gov/brfss/>
<http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp>
7. Youth Risk Behavior Surveillance System (YRBSS)
<http://apps.nccd.cdc.gov/yrbss/>
8. Underage Drinking Enforcement Training Center -
<http://www.udetc.org/factsheets/Mississippi.pdf>
9. Drug Abuse Warning Network :2003 Interim Report
<http://DAWNinfo.samhsa.gov/>
10. Mississippi Department of Health - <http://www.msdh.state.ms.us/>

Appendix A

Data Sources

1. Department of Mental Health
2. Department of Public Safety
3. Department of Education
4. Department of Human Services
5. Department of Health
6. State Tax Commission
7. Attorney General's Office
8. U.S. Census Bureau
9. Youth Risk Behavioral Surveillance System (YRBSS), State and National
10. Behavioral Risk Factor Surveillance System (BRFSS), State and National
11. National Survey on Drug Use and Health (NSDUH)
12. Smart Track TM
13. Monitoring the Future (MTF)

DEPARTMENT OF MENTAL HEALTH

- 1.** Admission type:
- 2.** Educational level
- 3.** Marital status
- 4.** County of residence
- 5.** Living arrangements
- 6.** Employment status
- 7.** Household income
- 8.** SSDI/SSI eligible
- 9.** Medicaid eligible
- 10.** Health insurance (1)
- 11.** Veterans status
- 12.** Physical impairment (1)
- 13.** Physical impairment (2)
- 14.** Primary presenting problem
- 15.** Secondary presenting problem
- 16.** Disability category (dual)
- 17.** Is client SPMI? Does client meet federal definition of severe/persistence mental illness?
- 18.** Is client SEDC? Does client meet federal definition of seriously emotionally disturbed child?
- 19.** DSM diagnosis, Axis 1
- 20.** DSM diagnosis, Axis 2
- 21.** Days prior to treatment: Number of days from registration until the client was able to begin treatment. Range 000 – 996
- 22.** Prior Treatment in facility, last year
- 23.** Pregnant at time of admission
- 24.** Psychiatric problems
- 25.** Number of arrests in the last 30 days prior to admission
- 26.** Type of arrests (1)
- 27.** Type of arrests (2)
- 28.** Type of arrests (3)
- 29.** DUI offender
- 30.** Methadone use planned
- 31.** Inpatient
- 32.** Residential
- 33.** Partial day:
- 34.** Outpatient:
- 35.** Aftercare:
- 36.** Is client receiving services through Vocational Rehab?:
- 37.** Service w. aftercare (1):
- 38.** Service w. aftercare (2):
- 39.** Service w. aftercare (3):
- 40.** Discharge exit status:
- 41.** Discharge/exit referral source:
- 42.** Discharge referral organization:

43. Has client drug involvement improved?:
44. Has client dysfunctional level improved?:
45. Has client dependence improved?

DEPARTMENT OF PUBLIC SAFETY

1. Crash Agency Number
2. Crash Case Number
3. County Number
4. Reported Date
5. Reported time
6. Vehicle count
7. Fatal count
8. Injury count
9. Street name
10. Route id
11. Intersect indicator
12. Intersect street name
13. Intersect route id
14. City name
15. Latitude
16. Longitude
17. Harmful event code
18. Roadway code
19. Weather code1
20. Weather code 2
21. Workzone code 1
22. Workzone code 2
23. Investigator badge id
24. Intersect dist
25. Intersect dist units
26. Intersect dir
27. Light condition code
28. Road condition code
29. Photo taken
30. Report Source
31. Vehicle unit number
32. Persontype cd
33. Ems_agency_code
34. Medical facility code
35. Condition code
36. Contributing circumstance code1
37. Contributing circumstance code2
38. Contributing circumstance code3
39. Safety equipment code1
40. Safety equipment code2

41. Injury severity code
42. Ejection code
43. Sex code
44. Race code
45. Airbag deployed code
46. Alcohol test code
47. Alcohol status code
48. Alcohol result
49. Extricated code
50. Drug test code
51. Drug status code
52. Cited indicator
53. Citation ticket nmbr1
54. Citation offense1
55. Citation ticket nmbr2
56. Citation offense2
57. Occupant count
58. Reg state code
59. Make
60. Damage code
61. Speed zone
62. Estimated speed
63. Insurance
64. Insurance company
65. Event seq1 cd
66. Event seq2 cd
67. Event seq3 cd
68. Event seq4 cd
69. Config cd
70. Traffic control type cd
71. Carrier id number
72. Carrier state cd
73. Carrier bodytype cd
74. Carrier commodity
75. Carrier zipcode
76. Action cd
77. Road character cd
78. Towed indicator

DEPARTMENT OF EDUCATION

MSIS – MISSISSIPPI STUDENT INFORMATION SYSTEM

1. Age
2. Race
3. Sex
4. Grade
5. Incidents
6. Disposition
7. Attendance
8. Drop outs

SMART TRACK

1. Grade
2. Gender
3. Race
4. Reading ability
5. Weekend curfew
6. School night curfew
7. Close friends
 - use tobacco products
 - drink alcohol
 - use illegal drugs
8. Amount of time on homework
9. # of close friends
10. Times moved
11. Times changed schools
12. # of classes failed
13. Whole days skipped (last 4 wks)
 - Number of people in same grade that smoke, drink, take, or use
14. Beer
15. Cigarettes (cigars)
16. Cocaine
17. Downers (tranquilizers, etc)
18. Hallucinogens
19. Other Alcohol
20. Heroin
21. Inhalants
22. Marijuana
23. Smokeless tobacco
24. Steroids
25. Uppers
26. Designer / Club drugs (ecstasy)

27. Wine coolers

- Past 3 months usage

28. Beer
29. Cigarettes
30. Cocaine
31. Downers
32. Hallucinogens
33. Other alcohol
34. Heroin
35. Inhalants
36. Marijuana
37. Smokeless tobacco
38. Steroids
39. Uppers
40. Designer/club drugs
41. Wine coolers

- Age of first use

42. Beer
43. Cigarettes
44. Cocaine
45. Downers
46. Hallucinogens
47. Other alcohol
48. Heroin
49. Inhalants
50. Marijuana
51. Smokeless tobacco
52. Steroids
53. Uppers
54. Designer/club drugs
55. Wine Coolers

- Availability in community

56. Tobacco products
57. Alcohol
58. Illegal drugs

59. Alcohol availability at home
60. Tobacco products availability at home
61. Older friends purchase alcohol frequency
62. ID request frequency
63. Neighborhood group activity
64. Neighborhood reparation
65. Local leaders showing concern/caring about community/neighborhood

- Respondent participation frequency

66. School clubs/activities
67. School athletics
68. Church sponsored activities
69. Neighborhood, town, community activities

- Close friend usage rate

70. Tobacco products
71. Alcohol
72. Other drugs

- Parent/Guardian life participation

73. Approve of friends
74. Knowledge of location/activities
75. Enforce rules
76. Know what I think or feel

77. Respondent threatens to hurt people
78. Damage/destroy property intentionally
79. Stealing behavior
80. Feel people are against you
81. Major fights/arguments with parents/guardians
82. Abuse/mistreat animals
83. Respondent – new drug xenobrilotal taken

- Risk perception Assessment

84. Smoke 1/more packs per day
85. Use smokeless tobacco regularly
86. Try marijuana
87. Occasional marijuana use
88. Regular marijuana use
89. Try cocaine (powder form)
90. Occasional cocaine use
91. Regular cocaine use
92. Try “crack” cocaine
93. Occasional “crack” use
94. Regular “crack” use
95. Try alcohol (one or two drinks)
96. 1 – 2 drinks almost daily
97. 4 – 5 drinks almost daily
98. Binge drink on weekends (4-5 drinks once or twice in one weekend)

- Moral perception assessment

99. Okay to steal
100. Okay to cheat in school

101. Beat someone up if they start fight
102. Honest with parents is important

- Family involvement

103. Chances to participate in fun things with family
 104. Opinion counts in family decisions
 105. Parents approachable with problems
 106. Enjoy mother interaction
 107. Enjoy father interaction
 108. Parents commend me when I do something well
 109. Let me know they are proud of me.
-
110. How wrong to drink regularly
 111. How wrong to smoke
 112. How wrong to use marijuana
 113. How wrong to use LSD, cocaine, other illegal drugs?
 114. No school – felt unsafe (past 30 days)
 115. Number of times threatened on school property
 116. Stolen/damaged belongings on school property – number of times
 117. How many times in fight

- Feelings about school

118. Belong at this school
119. Work hard in classes
120. Feel safe at school
121. Trust people
122. Expected to do his/her best
123. Students really want to learn
124. Teachers go out of their way to let me know I do a good job
125. Few students hurt in accidents
126. Students given many choices
127. Can be a success
128. Students are respected
129. It pays to follow rules and do well
130. Students get involved in activities
131. People care for each other
132. Rules are fair

- Happened in last month

133. Pushed around by someone being mean
134. Fight with another student
135. Robbed
136. Saw student with knife
137. Saw student with gun
138. Drug/alcohol use on campus

- 139. Students stole from school property
- 140. Afraid of being beaten up enroute
- 141. Afraid of gang activity
- 142. Threatened with gun or knife
- 143. Called names/Put down
- 144. Felt rejected by other students
- 145. Knew people that came to school high on drugs/alcohol

- 146. School work meaningful frequency
- 147. Courses are interesting
- 148. Learning now important later in life

- Last year in school
- 149. Enjoy being in school
- 150. Hate being in school
- 151. Tried your best in school

- During the last month
- 152. Enjoy being in school
- 153. Hate being in school
- 154. Tried your best in school

- 155. Grade comparison to last year
- 156. Grades now
- 157. School sports involved in- #
- 158. Extra curricular school activities involved in - #

- Usage – Past 30 days
- 159. Beer
- 160. Cigarettes
- 161. Cocaine
- 162. Downers
- 163. Hallucinogens
- 164. Other alcohol
- 165. Heroin
- 166. Inhalants
- 167. Marijuana
- 168. Smokeless tobacco
- 169. Steroids
- 170. Uppers
- 171. Designer/Club drugs
- 172. Wine coolers

- 173. # of anti-smoking media messages – past 30 days
- 174. Smoking location
- 175. Cigarette brand

- 176. Beer brand
- 177. Suspended/expelled in past year – result of alcohol-related incident
- 178. Number of times offered, sold, given illegal drugs on school property

DEPARTMENT OF HUMAN SERVICES

1. Offense

- Aggravated assault
- Alcohol offenses
- Arson
- Bomb threats
- Burglary
- Chins/Run away
- Contempt of court
- Disorderly conduct/Disturbing the peace
- Drug offenses
- Grand larceny
- Harassment
- Malicious mischief / Vandalism
- Petit larceny
- Robbery
- Sexual offenses
- Shoplifting
- Simple assault / Domestic violence
- Weapon offenses

2. Disposition

- Adolescent offender program
- Community service work program
- Certified/waived/transferred
- Commitment to training school
- Community programs
- Dismissed
- Detention
- Fined
- Held open/Retired
- Placement with individual
- Referred to private agency
- Referred to public agency
- Restitution
- Runaway returned
- Supervised probation
- Suspended license
- Suspended commitment
- Unsupervised probation

- Warned/adjusted/counseled
- Wilderness program

3. Age
4. County
5. Race
6. Gender
7. Region

MISSISSIPPI STATE DEPARTMENT OF HEALTH MORTALITY DATA

1. Age
2. Gender
3. Race
4. County of Residence
5. Cause of death (ICD – 9 & ICD – 10)

BRFSS (Behavioral Risk Factor Surveillance System)

1. State FIPS Code
2. Geographic Stratum Code
3. Household Density Stratum Code
4. Household Density Stratum Code
5. Geographic Stratum Code
6. State FIPS Code
7. Pre-Call Status Code
8. File Month
9. Final Disposition
10. Correct telephone number?
11. Private Residence?
12. Number of Adults in Household
13. Number of Adult men in Household
14. Number of Adult women in Household
15. General Health
16. Number of Days Physical Health Not Good
17. Number of Days Mental Health Not Good
18. Poor Physical Health
19. Have any health care coverage
20. Multiple Health Care Professionals
21. Could Not See Dr. Because of Cost
22. Exercise in Past 30 Days
23. Ever Told by Doctor You Have Diabetes
24. Ever Told Blood Pressure High
25. Currently Taking Blood Pressure Medication
26. Ever Had Blood Cholesterol Checked

27. How Long since Cholesterol Checked
28. Ever Told Blood Cholesterol High
29. How Often Do You Drink Fruit Juices
30. How Often Do You Eat Fruit
31. How Often Do You Eat Green Salad
32. How Often Do You Eat Potatoes
33. How Often Do You Eat Carrots
34. Servings of Vegetables
35. Trying to Lose Weight
36. Trying to Maintain Current Weight
37. Eating Fewer Calories or Less Fat for Weight Control
38. Increased Physical Activity
39. Professional Advice About Weight
40. Ever Told Had Asthma
41. Still Have Asthma
42. Had Flu Shot in Past 12 Months
43. Pneumonia Shots
44. Smoked at Least 100 Cigarettes
45. Frequency of Days Now Smoking
46. Stopped Smoking in past 12 months
47. Frequency of Alcoholic Drinks in Past 30 Days
48. Average Drinks per Session
49. Binge Drinking
50. Had a sunburn in the past 12 months
51. Number Of Sunburns In Past 12 Months
52. Reported Age in Years
53. Hispanic/Latino
54. Multiple Race
55. Respondent Race Choice
56. Marital Status
57. Number of Children in Household
58. Education Level
59. Employment Status
60. Income Level
61. Reported Weight in Pounds
62. Desired Weight
63. Reported Height in Feet and Inches
64. County Code
65. Household Telephones
66. Residential Phones
67. Household been without Phone Service in Last 12 months
68. Respondents Sex
69. Pregnancy Status
70. Had Pain, Aching, Stiffness, Swelling
71. Joint Symptoms Three Months Old
72. Treated For Joint Symptoms

73. Told Have Arthritis
74. Limited Because of Joint Symptoms
75. Does Arthritis Affect Whether You Work
76. Had Fall Past Three Months
77. Injured in Fall
78. Activity Limitation Due to Health Problems
79. Health Problems Requiring Special Equipment
80. Physical Activity at Work
81. Moderate Physical Activity
82. Moderate Physical Activity Days
83. Moderate Physical Activity Time
84. Vigorous Physical Activity
85. Vigorous Physical Activity Days
86. Vigorous Physical Activity Time
87. Are You A Veteran
88. Current Veteran Status
89. Received some or all of your health care from VA facilities in the last 12 months
90. Pregnancy and AIDS Knowledge
91. Medical Treatment and HIV Infection
92. Importance of HIV Test Status
93. Ever Tested for HIV - Excluding Blood Donations
94. Month and Year of Last HIV Test
95. Main Reason Blood Tested for HIV
96. Where Last Tested for HIV
97. Do Any High Risk Situations Apply
98. Talk to Professional About STDs and Condom Use
99. Age When Told Diabetic
100. Now Taking Insulin
101. Now Taking Diabetes Pills
102. How Often Check Blood for Glucose
103. How Often Check Feet for Sores or Irritations
104. Ever Had Feet Sores or Irritations Lasting More Than Four Weeks
105. Times Seen Health Professional for Diabetes
106. Times Checked for Glycosylated Hemoglobin
107. Times Feet Check for Sores/irritations
108. Last Eye Exam Where Pupils Were Dilated
109. Ever Told Diabetes Has Affected Eyes
110. Ever Taken Class in Managing Diabetes
111. Last Visited Dentist or Dental Clinic
112. Number of Permanent Teeth Removed
113. When Teeth Last Cleaned by Dentist or Hygienist
114. Have You Ever Had a Mammogram
115. How Long since Last Mammogram
116. Time Between Last Two Mammograms
117. Was Mammogram(S) Done To Check Problem
118. Ever Had Breast Physical Exam by Doctor

119. How Long since Last Breast Physical Exam
120. Ever Had a Pap Smear Test
121. When Was Last Pap Smear
122. Had Hysterectomy
123. Where You Received Flu Shot
124. Last Time Smoke Alarms Tested
125. Have Home Fire Escape Plan
126. How Often Practice Fire Escape Plan
127. Fire Escape Plan for Every Room
128. Fire Escape Plan Outside Meeting Place
129. Age at Asthma Diagnosis
130. Asthma During Past 12 Months
131. Emergency Asthma Care During Past 12 Months
132. Urgent Asthma Treatment During Past 12 Months
133. Routine Asthma Care During Past 12 Months
134. Activities Limited Due to Asthma During Past 12 Months
135. Asthma Symptoms During Past 30 Days
136. Sleep Difficulty Due to Asthma During Past 30 Days
137. Asthma Medication During Past 30 Days
138. Household Children with Asthma
139. Children Have Asthma Now
140. Heart Attack Symptoms - Jaw/Back/Neck Pain
141. Heart Attack Symptoms - Weak/Light-headed/Faint
142. Heart Attack Symptoms - Chest Pain/Discomfort
143. Heart Attack Symptoms - Vision Problems
144. Heart Attack Symptoms - Pain or Discomfort in Arms/Shoulder
145. Heart Attack Symptoms - Shortness of Breath
146. Stroke Symptoms - Confusion/Trouble speaking
147. Stroke Symptoms - Numbness or Weakness of Face/Arm/Leg
148. Stroke Symptoms - Vision Problems
149. Stroke Symptoms - Chest Pain/Discomfort
150. Stroke Symptoms - Trouble Walking/Dizziness/Loss of Balance
151. Stroke Symptoms - Severe Headache
152. First Aid for Heart Attack and Stroke
153. Are You Eating Fewer Fat/Cholesterol Foods
154. Eating More Fruits and Vegetables
155. More Physically Active
156. Health Advice on Fat/Cholesterol During Past 12 Months
157. Eat More Fruits and Vegetables
158. More Physically Active
159. Ever Diagnosed with Heart Attack
160. Angina or coronary heart disease
161. Ever Diagnosed with a Stroke
162. Age at Heart Attack
163. Age at Stroke
164. Rehabilitation After Cardiovascular Illness

165. Take Aspirin Daily or Every Other Day
166. Health Makes Taking Aspirin Unsafe
167. Take Aspirin to Relieve Pain
168. Take Aspirin to Reduce Heart Attack
169. Take Aspirin to Reduce Stroke
170. Current Vitamin User
171. Multivitamin User
172. Vitamins with Folic Acid
173. Time frequency vitamin use
174. Reason to take Folic Acid
175. Age When First Smoked
176. Age Became Regular Smoker
177. Interval Since Last Smoked
178. Health Care in Past 12 Months
179. Health Professional Ever Advised To Quit Smoking
180. Smoking Policy at Home
181. Indoor work location
182. Work Smoking Policy for Indoor Common Areas
183. Smoking Policy for Work Areas
184. Ever Used Smokeless Tobacco Products
185. Use of Smokeless Tobacco Products
186. Past Cigar Use
187. Current Cigar Use
188. Past Pipe Use
189. Current Pipe Use
190. Past Bidi Use
191. Current Bidi Use
192. What Can You Do Because of Arthritis or Joint Symptoms
193. Dr. Suggest Lose Weight for Arthritis or Joint Symptoms
194. Dr. Suggest Use of Physical Activity or Exercise for Arthritis or Joint Symptoms
195. Ever Taken Class in Managing Arthritis or Joint Symptoms
196. Ever Had PSA Test
197. Time Since Last PSA Test
198. Ever Had Digital Rectal Exam
199. Time Since Last Digital Rectal Exam
200. Ever Told You Had Prostate Cancer
201. Ever Had Blood Stool Test Using Home Kit
202. Time Since Last Blood Stool Test
203. Ever Had Sigmoidoscopy/Colonoscopy
204. Time Since Last Sigmoidoscopy/Colonoscopy
205. How Many Beers Consumed When Binge Drinking
206. How Many Glasses Of Wine Consumed When Binge Drinking
207. How Many Drinks Of Liquor Consumed When Binge Drinking
208. Where Were You When You Binge Drank
209. During this most recent occasion, how did you get most of the alcohol?

210. Did you drive a motor vehicle, such as a car, truck, or motorcycle during or within a couple of hours after this occasion?
211. Questionnaire Version Identifier

YRBSS – Youth Risk Behavior Surveillance System

1. Age
2. Sex
3. Grade
4. Ethnicity
5. Height
6. Weight
7. Grades – past 12 mths
8. Helmet use on motorcycle – past 12 mths
9. Helmet use on bicycle – past 12 mths
10. Seat belt use – someone else driving
11. Number of times rode with someone who had been drinking – past 30 days
12. Number of times drove after drinking alcohol – past 30 days
13. Carried a weapon (knife, gun, club) – past 30 days
14. Carried a gun – past 30 days
15. Carried a weapon on school property – past 30 days
16. Didn't go to school because unsafe – past 30 days
17. Threatened or injured with weapon on school property – past 12 mths
18. Number of physical fights – past 12 mths
19. Number of times treated due to physical fights – past 12 mths
20. Physical fight on school property – past 12 mths
21. Boyfriend / girlfriend physical abuse – past 12 mths
22. Forced to have sexual intercourse – ever
23. Sadness/hopeless almost every day (two weeks or more) – past 12 mths
24. Seriously consider suicide – past 12 mths
25. Plan to commit suicide – past 12 mths
26. Attempted suicide – past 12 mths
27. If attempted – resulted in treatment by medical personnel – past 12 mths
28. Tried cigarettes
29. Age of first cigarette use
30. Days smoked – past 30 days
31. Cigarettes per day – past 30 days
32. How cigarettes obtained – past 30 days
33. Asked for ID – past 30 days
34. Smoked on school property – past 30 days
35. Daily cigarette use – ever
36. Tried to quit smoking cigarettes – past 12 mths
37. Smokeless tobacco use – past 30 days
38. Smokeless tobacco use on school property – past 30 days
39. Cigar/cigarillo/little cigar use – past 30 days
40. At least one drink of alcohol – lifetime

41. Age of first alcohol use
42. Alcohol use – past 30 days
43. 5 or more drinks consecutively (within a couple of hours) – past 30 days
44. Alcohol use on school property – past 30 days
45. Marijuana use – ever
46. Age of first marijuana use
47. Marijuana use – past 30 days
48. Marijuana use on school property – past 30 days
49. Cocaine use – lifetime
50. Cocaine use – past 30 days
51. Inhalant use – lifetime
52. Inhalant use – past 30 days
53. Heroin use – lifetime
54. Methamphetamine use – lifetime
55. Steroid use – lifetime
56. Injected drugs – lifetime
57. Offered, sold, given drugs on school property – past 12 mths
58. Sexual intercourse – ever
59. Age of first sexual intercourse
60. Number of sexual partners – ever
61. Number of sexual partners – past 3 mths
62. Alcohol/drug use before intercourse
63. Condom use – last time
64. Pregnancy prevention method – last time
65. Number of times pregnant or impregnated someone
66. Weight description
67. Trying to do about weight
68. Exercise to lose or maintain – past 30 days
69. Less food/fewer calories to lose or maintain – past 30 days
70. Fasting to lose or maintain – past 30 days
71. Diet aid use to lose or maintain – past 30 days
72. Vomit/laxative use to lose or maintain – past 30 days
73. Fruit juice intake – past 7 days
74. Fruit intake – past 7 days
75. Green salad intake – past 7 days
76. Potato intake – past 7 days
77. Carrot intake – past 7 days
78. Other vegetable intake – past 7 days
79. Milk intake – past 7 days
80. Vigorous physical activity days – past 7 days
81. Moderate physical activity days – past 7 days
82. Exercise to tone muscle – past 7 days
83. Number of hours of TV per school day
84. Number of days go to PE – average week
85. While in class, time spent actually exercising
86. Number of sports teams played on – past 12 mths

87. AIDS/HIV infection education
88. Seatbelt use while driving
89. Cigarette brand – past 30 days
90. Ecstasy use – lifetime
91. Hallucinogens use – lifetime
92. Doctor/nurse visit due to injury while exercising/playing sports – past 30 days
93. Last time of physical check-up or exam – not injured
94. Last dental visit
95. Sunscreen use

MISSISSIPPI STATE TAX COMMISSION

Alcoholic Beverage Control Division

1. County
2. Active permits
3. Retail cost
4. 7 % state sales tax amount
5. Sales
6. State excise tax amount
7. Alcohol abuse tax amount
8. Total sales & collections
9. Cases ordered
10. Cases shipped
11. Fill rate

MISSISSIPPI ATTORNEY GENERAL'S OFFICE

SYNAR

1. Location
2. City
3. State
4. Zip code
5. Acct no
6. District
7. County Name/Number
8. Outlet ID
9. Sampling stratum
10. Population size in sampling stratum
11. Variance stratum
12. Population size in variance stratum
13. Outlet eligible
14. Reason not eligible
15. Inspection completed
16. Reason inspection not completed
17. Sale made?

18. Outlet type
19. ID number of minor
20. Gender of minor
21. Age of minor

APPENDIX B

Data Gaps/Problems Encountered

- ❖ In Mississippi there is no central repository for hospital discharge information. Therefore, we were unable to include hospital data for any illness or injury related to alcohol, tobacco, or illicit drugs.
- ❖ A communication breakdown occurred while trying to get the number of new cancer cases to calculate incidence rates so that has not been addressed in this report. We will continue to try and get this information in the future to complete our assessment of the state.
- ❖ Workplace data concerning rules and regulations regarding tobacco, alcohol, and illicit drugs does not exist in the state of Mississippi. This would be a new avenue to explore on a community level.
- ❖ Fetal Alcohol Syndrome statistics were not available also.

Overall, the communication and collaboration among the various state agencies has been pleasant and helpful during this compilation process.