

Montana's Comprehensive
Needs Assessment
for Substance
Abuse Prevention

**Report for the Strategic Prevention
Framework State Incentive Grant**

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**Based on the work of
Montana's State Epidemiological Workgroup**

**In Support of the Chemical Dependency Bureau
of the Montana Addictive and Mental Disorders Division,
Department of Public Health and Human Services**

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Introduction

In 2006, the Office of Governor Schweitzer directed the Addictive and Mental Disorders Division (AMDD) to begin working on the **Strategic Prevention Framework State Incentive Grant (SPF SIG)** from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP). Under the guidance of SPF SIG; AMDD established a State Epidemiological Workgroup (SEW) in January 2007.

The purpose of this report is to inform the Governor's Office and the Montana State Workgroup for Substance Abuse Prevention (Workgroup) of the findings from a comprehensive needs assessment completed by the SPF SIG State Epidemiological Workgroup (SEW). This includes documentation of the needs assessment process, priority consumption and consequence areas, and recommendations on targets for the Strategic Prevention Framework State Incentive Grant (SPF SIG). This report should be used as a starting point for the Workgroup's creation of the SPF SIG State Strategic Plan leading to decisions on how to allocate SPF SIG funding to Montana communities.

Montana Context

Demographics

Montana is the fourth largest state in the United States encompassing 147,046 square miles. The state has 56 counties ranging in size from 719 square miles to 5,529 square miles; 46 counties are considered frontier, eight are considered rural, and two are considered urban. There are seven American Indian Reservations and 11 American Indian tribes occupying 8.4 million acres. All but two reservations are located in eastern Montana. According to the 2005 update of the 2000 census, Montana's resident population is 935,670 and population density is 6.2 people per square mile. The population is split almost equally between urban (52.5%) and rural (47.5%). Just over 33% of Montana's people reside in the seven population centers of Billings, Great Falls, Missoula, Helena, Bozeman, Kalispell, and Butte/Silver Bow. The remainder of the population is dispersed in small towns, communities and on farms and ranches.

Census 2005 updated population race/ethnicity and ethnic breakdown data can be found in the table below:

Table 1 |

Race/Ethnicity	% of 2005 Population
White	90.1
American Indian & Alaskan Native	6.5
Hispanic	2.4
Asian	0.5
Black	0.4
Other	1.6

Demographics and Family Characteristics

Between 2000 and 2005 Montana is seeing a decline in the number of children. The overall population grew by 3.5% but the total number of children under age 18 fell by 11%. The decline in the number of children was slightly more for males than females, 12% and 10.5% respectively, although data since 1990 shows males have always outnumbered females. While the number of both white and American Indian children (the two largest groups in the state) fell, the number of white children fell by 11%, significantly more than the 1.9% decline of American Indian/Alaska Native children.

Social and Economic Context

Montana has seen economic growth with four consecutive years of expansion. However, this economic growth has not resulted in a reduction in Montana's poverty rates.

In 2005, the median household income was \$45,000 in Montana. This represents a 6.3% rise in per capita income in the state since 2000. Unemployment rates have fallen over the past few years, with the most recent numbers in early 2007 showing a 3.4% unemployment rate compared to the U.S. rate of 4.9%. (www.bber.umt.edu)

Despite Montana's growing economy, the rate of Montanans living in poverty grew from 13% in 2000 to 14% in 2005. During the same period, national poverty rates went from 12% to 13%. Poverty rates, for Montana's children ages 0 – 17, are even higher. In 2005, 20% lived in households below the federal poverty level (FPL), or \$20,000 a year for a household of four, a fairly consistent percentage since 2000. However, that percentage sharply increases to 34% for children living in households below 150% of FPL or approximately \$30,000 a year for a household of four. There has been little change in these rates over the past five years. This lack of change holds true for children living in extreme poverty (below 50% of the poverty rate) up to children living below 250% of the poverty rate. The group representing the largest share (23%) of children in poverty is kids under five years of age.

Education

There are 852 schools in Montana ranging in size from less than 50 students (332 schools) to over 500 students (50 schools). With the declining number of school-age children in the state, public school enrollment numbers have declined by 5.9% since 2000.

Substance Abuse in Rural and Small Town America*

Montana's story on substance abuse can be set in the context of national research looking at illicit drug use and alcohol use across the nation in rural and small town America. Problem behaviors associated with substance abuse include failure to fulfill major role obligations at work, school, or home; legal problems stemming from dysfunctional interpersonal and social relations; and hazards to health and life. The prevalence of these problem behaviors changes with the substance abuser's age. Dramatic increases in both drug and alcohol abuse occur between 12 to 17 years of age and in young adults. The most significant number is

the high use of alcohol among males ages 18 to 25. Until that age, the use of alcohol or illicit drugs between males and females is similar. There is a three-fold increase in alcohol abuse and a doubling of drug abuse by young adult males from their young teens to their young adult years. Increases for female teens and young adults were less dramatic.

Some significant conclusions from the report are:

- Alcohol abuse far exceeds illicit drug abuse. The only group at an equally high risk for both is American Indian youth (age 12-17).
- Alcohol abuse is a serious problem among rural youth, and this risk for alcohol abuse is exacerbated when parents are absent from the household (age 12-17).
- Young adults show the highest rates of alcohol and illicit drug abuse, and it is in young adulthood that sex differences emerge. Twenty-two percent of young adult men have an alcohol abuse problem compared to 12% of young adult women. Nine percent of young adult men have a drug abuse problem compared to 6% of young adult women.
- Less educated young adults (age 18-25) are more likely to have an illicit drug abuse problem.
- Unemployment appears to be an especially crucial marker for illicit drug abuse for all ages.
- Unmarried young adults and adults in rural areas are more likely to have alcohol and illicit drug abuse problems than are their married counterparts.

* Source for this section: The Carsey Institute, “Substance Abuse in Rural and Small Town America.” (www.thehatchergroup.com)

Goals and Guiding Principles

Strategic Prevention Framework State Incentive (SPF SIG) Grant

Overview of SPF SIG Grant:

Montana developed overall goals to guide its work; these goals are based on the overall SPF SIG goals developed by the Center for Substance Abuse Prevention (CSAP).

Overall SPF SIG Goals:

- To prevent the onset and reduce the progression of substance use, including underage drinking.
- To reduce substance-related problems in communities.
- To build prevention capacity/infrastructure at state and community levels.

Montana SPF SIG Goals:

- To build prevention capacity and infrastructure at the state and community levels in Montana.
- To prevent the onset, and reduce the progression of, substance use and abuse in Montana using a public health model.
- To prevent the onset, and reduce the progression of, substance abuse including childhood and underage drinking in Montana.

Likewise, CSAP has identified several principals as the foundation for SPF SIG.

The Center for Substance Abuse and Prevention's Goals and Guiding principles for the SPF SIG:

Overall Goal:

“To prevent the onset and reduce the progression of substance abuse across the lifespan by taking a public-health approach.”

Guiding Principles:

- Substance abuse prevention should be integrated with other health prevention and wellness promotion activities.
- A state's substance abuse system should be data-driven, from the identification of problems and priorities, to monitoring and surveillance, to evaluating outcomes.
- Communities should be full partners in this initiative, and given flexibility in how they develop their substance abuse prevention infrastructure.

Purpose and Functions of Montana’s State Epidemiological Workgroup (SEW):

Every state receiving a SPF SIG grant was required to establish a SEW. The Montana SEW is a network of individuals who are knowledgeable about and have been working on Alcohol, Tobacco and Other Drugs (ATOD) data and prevention issues in Montana. Appendix A lists the SEW members. The SEW was responsible for bringing systematic and analytical thinking to prevention decision-making and improving the use of prevention resources by making use of available substance related data/indicators. The SEW identified epidemiological data needs, gathered and interpreted data, and applied data implications to state consumption and consequence patterns to determine the most pressing substance abuse problems in Montana.

The Montana SEW’s charge was to:

- Identify key data constructs and indicators for understanding state-level substance use patterns and related consequences.
- Examine and describe consequences and consumption data in the form of an Epidemiological Profile outlining their nature, magnitude and distribution.
- Provide a baseline and set the stage for ongoing data monitoring efforts.

The Montana SEW produced this report - a Statewide Epidemiological Report outlining the nature, magnitude and distribution of consequences and consumption of ATOD. The purpose of the report is to make recommendations and inform decisions of the Governor’s Office and the State Workgroup in developing a strategic prevention plan. This plan will be the roadmap to award grants to identified communities for development and implementation of community prevention plans to address the identified priority.

Methods, Process and Recommendations

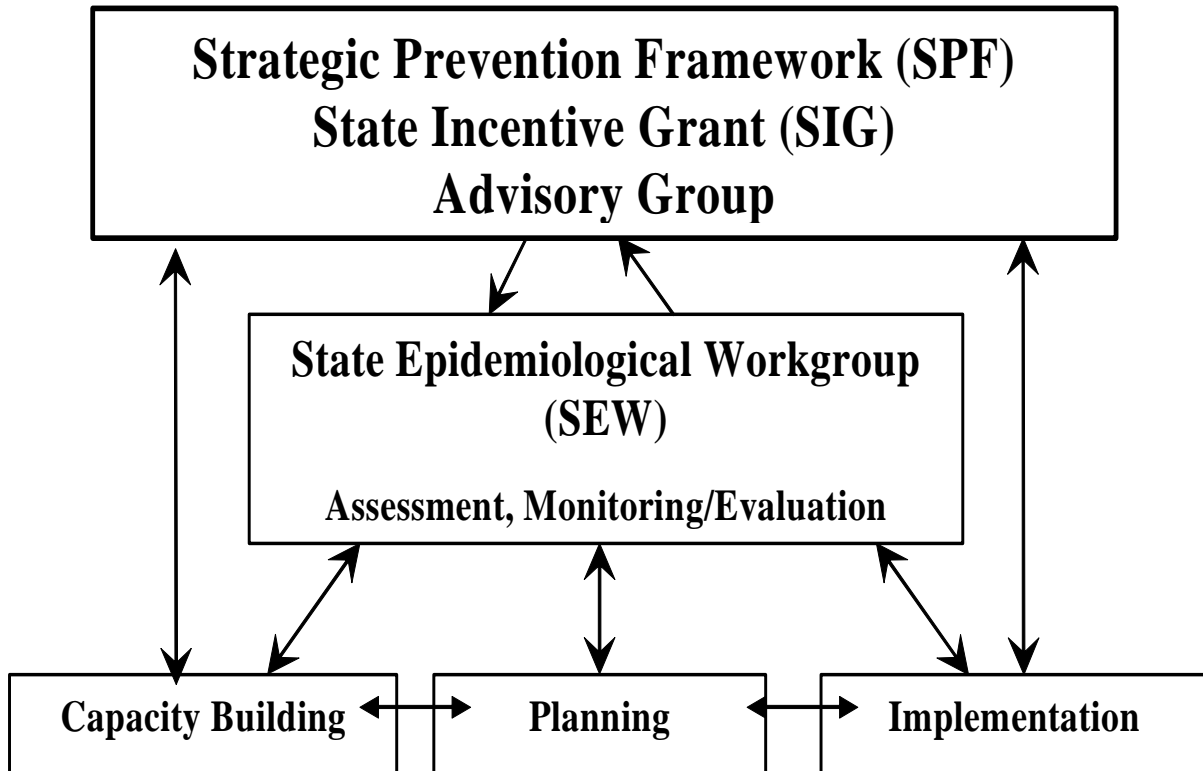
SPF SIG Framework

Montana SPF SIG goals were operationalized through the SPF SIG Framework illustrated in Figure 1.

CSAP identified this framework as:

Examining, interpreting, and applying data are essential processes that help the States to (a) **assess** problems and set priorities, (b) evaluate and mobilize **capacity** to address them, (c) inform prevention **planning** and funding decisions, (d) guide the selection of appropriate and effective strategies for **implementation**, and (e) monitor key milestones, **evaluate** initiatives, and adjust prevention efforts as needed.

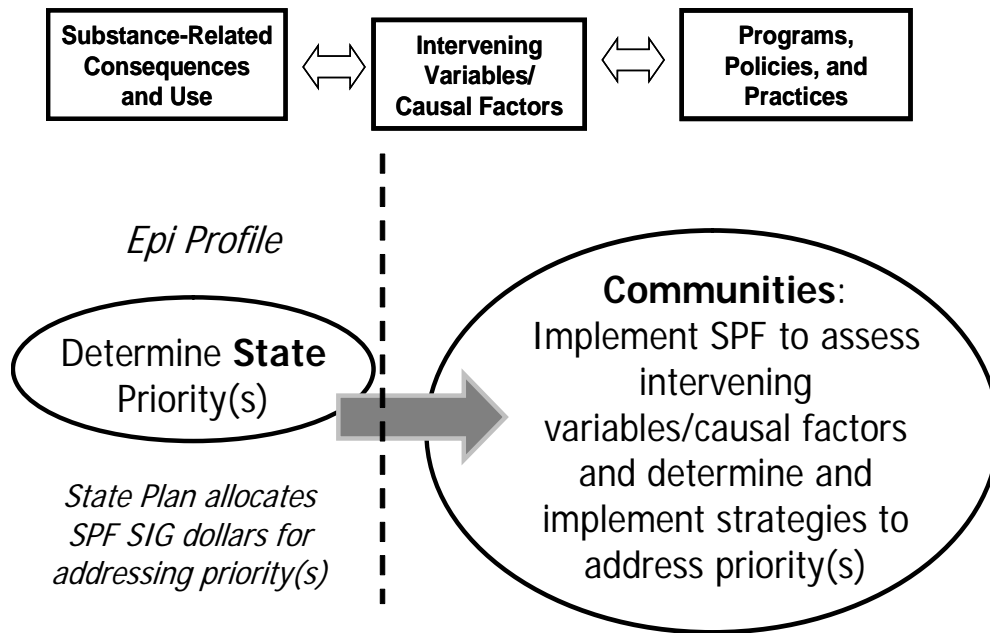
Figure 1



The positioning of the Epidemiological Profile produced by the SEW can be seen in Figure 2. This figure also illustrates the Logic Model which is a required component of the project.

Figure 2

Positioning of Epidemiological Profile within the SPF SIG Context



Selection of SEW Members

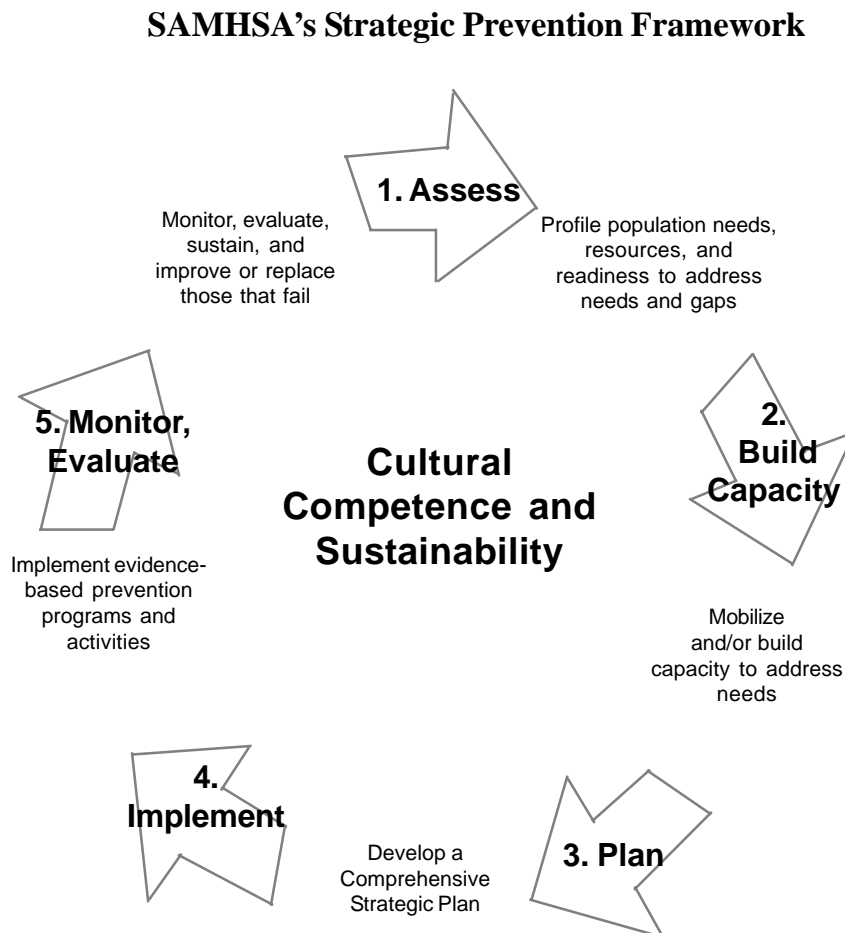
Members of the SEW were invited to be part of the needs assessment process based upon their knowledge of, and ability to work with, substance-related data. This included the ability to bring raw data sets to the group which they were willing to manipulate to produce specific aggregated indicators. Membership was also chosen to reflect as many State agencies as possible, while keeping the group relatively small. Diversity on the SEW reflects this effort with a mix of data analysts, epidemiologists, prevention experts, community providers, and State agency representatives. To date, the SEW has met together on four separate occasions, with high attendance at each meeting.

Cultural Competency

As shown in Figure 3, the whole project is to be inextricably underpinned with attention to cultural competency. Cultural Competency is a critical component to the Strategic Planning Framework and as it pertains to the SPF SIG process is defined by SAMSHA in two ways:

- A set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs, and to work with knowledgeable persons of, and from, the community in developing focused interventions, communications, and other supports. Source: Orlandi et.al.,(1992)
- ...the attainment of knowledge, skills and attitudes to enable administrators and practitioners within systems of care to provide for diverse populations. This includes an understanding of that group’s or member’s language, beliefs, norms and values, as well as socioeconomic and political actors that may have a significant impact on their well-being, and incorporating those variables into assessment and treatment. Source: CSAP, (1993)

Figure 3



The Montana SEW documented their commitment to cultural competency at each step, an overview of the steps taken are:

- Ensuring diverse representation on the SEW.
- Ensuring data sources could be disaggregated to the extent possible.
- Choosing indicators that inform ATOD consumption and consequence patterns for different population groups.

Community Needs Assessment Process

Montana’s Epidemiological Workgroup undertook the process of conducting a comprehensive needs assessment by following the SEW task list. This report outlines the measures taken under each of the following steps:

1. Identify data sources
2. Develop and collect database of sources for ATOD consumption and consequence patterns
3. Develop initial list of consumption and consequence indicators
4. Develop criteria for selecting priorities
5. Apply initial narrowing criteria
6. Apply second narrowing criteria to determine refined list of consumption and consequences indicators
7. Determine pattern of relationship between consumption and consequences to identify priority substances and/or substance-specific problems
8. Develop recommendations for state priority(s) and rationale

1. Identify data sources

A comprehensive list of all state agencies that collect Montana data was developed and included:

- Addictive and Mental Disorders Division
- Montana Office of Public Instruction
- Board of Crime Control
- The University of Montana, Montana KIDS COUNT
- Department of Public Health and Human Services, Health Policy and Services Division
- Montana Department of Commerce and Economic Information Center
- Montana Department of Transportation
- Montana Office of Vital Statistics
- Montana Supreme Court

2. Develop and collect database of sources for ATOD consumption and consequence patterns

From this list of data sources, a list was further refined on data collected specific to ATOD consumption and consequences. It was agreed, that data sources must fit all of the following criteria to be included in the Epidemiological Profile:

- **Centralized and consistent source:** The measure must be consistent, i.e. the method or means of collecting and organizing data should be relatively unchanged over time.
- **State level and regional breakdowns:** The measure must be available from a centralized, state or regional data source.
- **Validity:** The measure must meet basic criteria for validity, i.e. the data should accurately measure the specific construct.
- **Periodic collection:** The measure should be available for the past three to five years, preferably on an annual or at least biennial basis.
- **Sensitivity:** For monitoring, the measure must be sufficiently sensitive to detect change over time that might be associated with changes in alcohol, tobacco or illicit drug use/abuse.
- **Culturally Competent:** The measure must be available in disaggregated form to reflect different demographic and geographic breakdowns.

Data Sources and Future Data Development

The national and state data sources used in Montana's Epidemiological Profile are accepted, recognized sources using documented and consistent methodologies over a series of years. And while these characteristics provide a credible base for trend analysis and prevalence measures there are some limitations to several of the sources.

Data from Montana's Office of Vital Statistics and from the Montana Department of Transportation are essentially a census of deaths from alcohol and drugs and fatal vehicle crashes involving alcohol. Other data is based on periodic surveys of different age cohorts conducted at the national level or state surveys of students and adults. Finally there are some excellent one-time surveys such as the Montana Native American Survey in 2001 that cannot be used for developing trend analysis.

Variations in sample size are a limitation to some of the data. Measures of ATOD consumption patterns and consequences are not always available for Montana's largest minority, American Indians, or for county level measures

Survey data from NSDUH does not have adequate sample size for race and county level breakouts of Montana substance abuse consumption patterns. Monitoring the Future Data as a source of national rates is not available for American Indians. Youth Risk Behavior Surveillance Survey data is available for American Indian students although disclosure issues at the school district level result in indicators for student binge-drinking and drinking/driving by race being unavailable at the county level.

There is also a paucity of data for adult alcohol consumption measures. Statistically reliable measures for American Indian adult chronic drinking and binge-drinking from the BRFSS were not readily available for earlier years in the Montana BRFSS Survey. Since 2000 BRFSS over samples counties with Native American reservations in order to increase sample size providing a more solid statistical base for examining adult drinking patterns among Montana's American Indians.

Montana's Epidemiological Workgroup has discussed these problems and limitations and is committed to exploring different ways to fill in some of these data gaps. Developing more timely and credible substance abuse consumption and consequences measures for youth and adult American Indians is a major long term goal of the workgroup and discussion on how this might best be done will be pursued in the upcoming year.

This resulted in the file of data sources listed in Appendix B.

3. Develop initial list of consumption and consequence indicators

Databases associated with chosen data sources were evaluated for their immediate relevance to Montana's SPF SIG goals with the goal to tease out a reduced number of indicators. Databases not only had to meet the above criteria for their sources but also had to show they:

- Were nationally accepted indicators on consumption and consequences of ATOD,
- have presence in Montana, and
- have some magnitude in Montana.

Nationally Accepted

Being nationally accepted indicators on consumption and consequences of ATOD is important because these indicators are consistently collected according to established definitions and data sources at the state level. Consistency and standardization provides accurate benchmarks for comparing state rates to national rates and to other state and regional groupings.

Montana Presence

The database had to be collected in Montana, so substance abuse problems with very low prevalence and a small number of people in the state were not included.

Magnitude in Montana

The database had to have some magnitude in Montana. This is important to evaluate how many people are affected by these problems and they merited time and energy of the SEW in order to become candidates for SPF SIG resources.

Once these criteria were applied to potential sources of substance-related data, 13 data sets emerged for use in the Epidemiological Profile. From those data sets, an initial list of 29 consequence indicators and 43 consumption indicators were identified as having some magnitude and presence in Montana. After presenting this list to the SEW, additional indicators were added to bring in other data sources reflecting more accurately American Indian ATOD consumption and consequence patterns. The shortcoming of the National Survey on Drug Use and Health (NSDUH) in terms of under-representation of American Indian data was the primary reason for including the one-time data source of the Montana Native American Survey, 2001. Additional indicators were broken down to reflect data specific to American Indians, in some cases, data on American Indians was broken down further for those living on reservations versus those living in urban areas. The column showing the level of demographic disaggregating available for each indicator was expanded to include age, race, gender as well as the geographic breakdown of county level or regional level.

Some additional indicators did not meet all of the data source criteria of:

- Centralized and consistent source
- At least state level
- Validity - captures magnitude and impact
- Periodic collection - at least three to five years
- Sensitivity - to change in ATOD over time
- Culturally competent

Indicators not meeting data source criteria were included to provide additional information on a particular substance abuse problem. The additional information was used to illustrate different dimensions of substance consequence or consumption patterns such as age, race, and gender or another dimension (i.e. school based). These indicators were included in order to present the fullest, initial overview of substance abuse in Montana and to maximize information as the SEW scored different indicators by substance abuse problem areas.

Appendix C lists 79 consumption and 44 consequence indicators considered for the initial ranking process.

4. Develop criteria for selecting priorities

The SEW agreed to rank the final list of 123 indicators based upon the following equally weighted criteria:

- Number of people in Montana affected
- Comparison of Montana Annual Rate to National Annual Rate
- Montana Trend
- Availability of breakdown for demographic and geographic desegregation

This decision was based on experiences of other states and recommendations from federal agencies.

5. Apply initial narrowing criteria

The refined matrix was distributed to the SEW for scoring. There were a large number of indicators and data in the matrix. This large array represented the SEW's wish for more measures and data as expressed at the March 2007 meeting. All data cells were to be scored with four columns of data for each indicator. The column headings were:

- Annual # persons in Montana
- Ratio of MT rate to National Rate (Ratio > 1 means MT is above national)
- Montana Trend
- Availability of Demographics and Geographic Breakdowns (A=Age, G=Gender, R=Race, C=County, HR=Health Planning Region)

The data cells where data was not available were not scored.

The SEW used the following scoring scheme:

- 5 pts = high (i.e. this is a high priority indicator)
- 3 pts = medium (i.e. this a medium level priority)
- 1 pt = low (i.e. this is a low level priority)

The SEW had agreed not to use a scoring chart – if an individual member decided to develop their own benchmarks to determine what is high, medium, or low, they were free to do so. However, it was agreed that it was to be left to each individual SEW member to score according to his or her experience/judgment. Some indicators and data cells lent themselves to easy numerical scoring constructs, others did not.

Each member scored the data cells, summed all cells filled out for that indicator, divided the sum by the number of scores in that line, and placed the result in a Total Score column. Completed matrices were returned to the SEW Chair and results were tabulated. In case of a tie, data sources for the indicators were compared to data source criteria to make a determination.

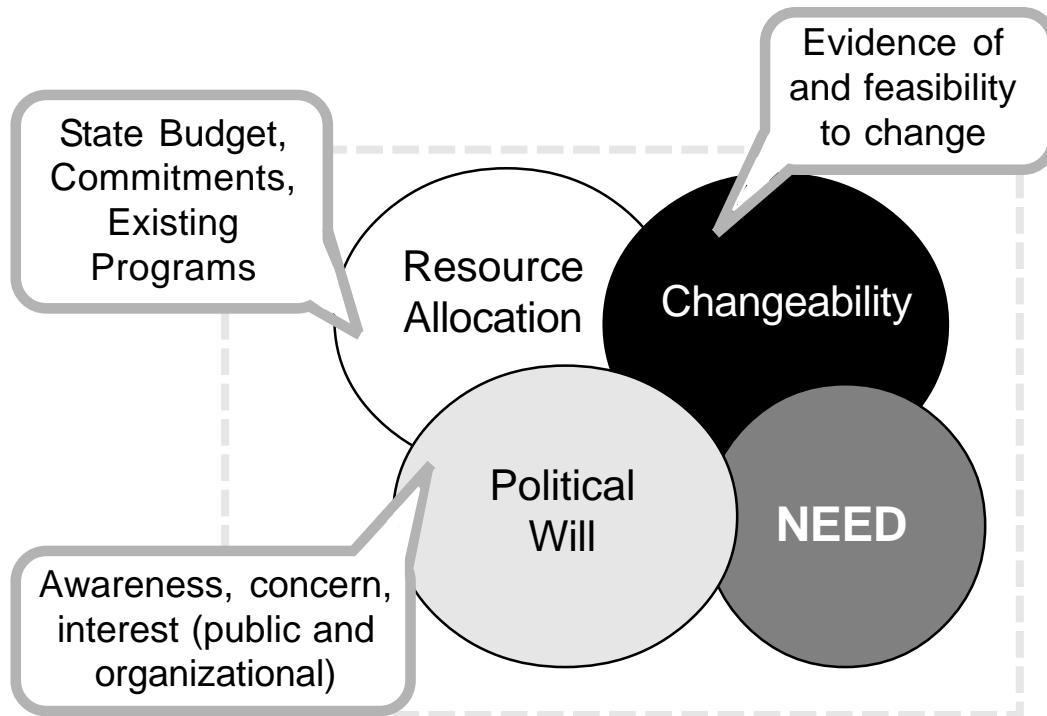
Appendix D shows the list of indicators after the initial scoring exercise.

6. Apply second narrowing criteria to determine refined list of consumption and consequences indicators

To narrow these 24 consumption indicators and 21 consequence indicators, a model was developed through consensus. It was based upon the work of other SPF SIG states and from recommendations of CSAP technical assistance consultants. It was understood given scores were largely based upon the experience of SEW members. Figure 4 illustrates the conceptualization of the second narrowing criteria.

Figure 4

Illustration of the Conceptualization of the Second Narrowing Criteria



These four narrowing criteria are:

- **Seriousness of the Problem**

It was agreed this criterion was to capture the impact of the consequence or consumption indicator. This included factors such as: urgency, severity, economic loss, and the involvement of others. Does it result in death? Does it result in dropping out? The criterion is designed to bring this type of qualitative evaluation to the equation as SEW members felt strongly they never wanted to forget how these ATOD problems impact Montana families and communities.

- **Ability to Change the Problem**

The group also scored each indicator on its potential changeability over the next five years. This criterion is to ensure there is sufficient evidence the particular consumption or consequence indicator can be impacted by strategies proven to be effective.

- **Resource allocation**

The scoring on this criterion gave consideration to the amount of resources already committed to the problem. This included resources from all sources: public or private, federal, state or local. The SEW agreed the importance of targeting resources strategically was to be considered to ensure if an ATOD problem was equally serious, the problem being given less attention and energy might be considered more likely to receive funding through the SPF SIG mechanism.

- **Political Will**

Political will is scored to ensure efforts to change an ATOD problem are embraced by the perspective of the larger socio-economic context which often drives public policy. Efforts to modify existing norms and mores are often stymied by the varying winds of politics and often change cannot occur until the political will is great enough to demand a shift in public policy. The SPF SIG initiative is premised upon community forces coalescing to impact the chosen ATOD priority, thus sufficient political commitment is a necessary precondition for establishing effective strategies to change the consumption and consequence patterns of ATOD abuse.

This second exercise of applying narrowing criteria resulted in the ranked list of consumption and consequence indicators in Appendix E.

Once the indicators had been reduced through applying two sets of narrowing criteria, a pattern was determined by grouping the highest ranked indicators. This resulted in the identification of a clear guide to the most significant substance abuse problems in Montana. The following six consumption problems and six consequence problems, shown in Table 2 and Table 3, encompassed all the highest ranked indicators.

Table 2

Substance Specific Consumption Problems

Underage Drinking and Driving

% students - All Races - drove car when drinking 1+ times in past 30 days (gr 9-12) (YRBS 2001/03/05)

% students - American Indian - drove car when drinking 1+ times in past 30 days (gr 9-12)(YRBS 2001/03/05)

Underage Binge Drinking

High School seniors - All Races - binge drinking past 30 days (PNA, 2002/04/06)

% students - All Races - binge drinking past 30 days (gr 8,10,12) (PNA, 2002/04/06)

Binge drinking past 30 days - youth 12-17 yrs (NSDUH, 2003-04/2004-05)

% students - American Indian - binge past 30 days (gr 8,10,12) (PNA, 2002/04/06)

High School seniors - American Indian - binge drinking past 30 days(PNA, 2002/04/06)

% students - American Indian - binge drinking past 30 days (gr 9 -12) (YRBS 2001/03/05)

Students Riding in a Car by Someone Drinking

% students - American Indian - rode in car driven by someone drinking 1+ past 30 days (gr 9-12) (YRBS 2001/03/05)

% students - All Races - rode in car driven by some drinking one or more times in past 30 days (gr 9-12) (YRBS 2001/03/05)

Underage Drinking

% students - American Indian - drinking 30 days (gr 8-12) (PNA 2002/04/06)

% students - All Races - drinking lifetime (gr 8-12) (PNA 2002/04/06)

Adult Binge Drinking

% adult binge drinking (BRFSS 2001-2003) 5+ drinks on an occasion past 30 days

Adolescent Drug Use

% students - American Indian - any drug 30 days (gr 8,10,12) (PNA 2002/04/06)

% students - American Indian - any drug lifetime (gr 8-12)(PNA 2002/04/06)

% students - All Races - any drug lifetime (gr 8-12)(PNA 2002/04/06)

% students - All Races - used meth 1+ times during life (gr 9 -12) (YRBS 2001/03/05)

YRBS - Youth Risk Behavioral Survey

PNA - Prevention Needs Assessment

Table 3

Substance Specific Consequence Problems

Alcohol Related Injuries MV Crashes
Injuries alcohol-related MV crashes (MDT/MARS2000-2004)
Alcohol Related Fatal MV Crashes
Fatal alcohol-related MV crashes - <u>All Races</u> - # persons (FARS & MDT/MARS 2000-2004)
Fatal alcohol-related MV crashes - <u>All Races</u> - per 100 million miles (FARS & MDT/MARS 2000-2004)
Fatal alcohol-related MV crashes - <u>American Indian</u> (FARS & MDT/MARS 2000-2004)
Alcohol Induced Death
Alcohol-induced death - <u>All Races</u> (MT Vit Stats 2001-2005)
Alcohol-induced death - <u>American Indian</u> (MT Vit Stats 2001-2005)
Suicides
All suicides (MT Vit Stats 2001-2005)
Alcohol Dependency
% alcohol dependence in past year, youth 12-17 years old (Based on DSM-IV) (NSDUH-2003-04/2004-05)
% alcohol dependence in past year, young adults 18-25 years old (Based on DSM-IV) (NSDUH-2003-04/2004-05)
Treatment center admissions by primary substance of abuse (SAMSHA, 2001-2005) # of people for alcohol
Drug Dependency
Treatment center admissions by primary substance of abuse (SAMSHA, 2001-2005) # of people for alcohol w/secondary drug
% drunk or high at school past year - <u>American Indian</u> (gr 8,10,12) (PNA 2002/04/06)
Treatment center admissions by primary substance of abuse (SAMSHA, 2001-2005) # of people for amphetamines***
% drunk or high at school past year - <u>All Races</u> (gr 8,10,12) (PNA 2002/04/06)
Drug-induced deaths - <u>All Races</u> (MT Vital Stats 2001-2005)
Suicide intentional self poisonings with drugs - <u>All Races</u> (MT Vital Stats 2001-2005)
Treatment center admissions by primary substance of abuse (SAMSHA, 2001-2005) # of people for other opiates****

MDT - Montana Department of Transportation

MARS- Montana Accident Reporting System

FARS - Fatal Accident Reporting System

NSDUH- National Survey on Drug Use & Health

SAMSA- Substance Abuse & Mental Health Services Administration

PNA - Prevention Needs Assessment

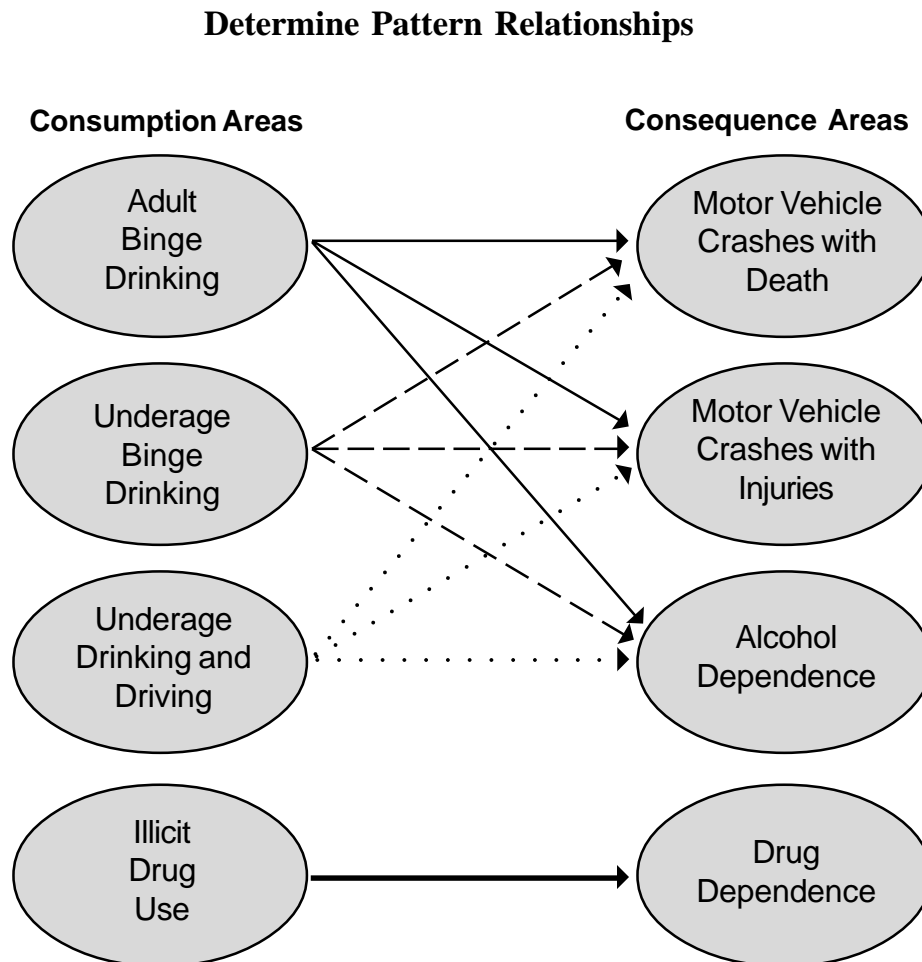
***methamphetamine and other amphetamines to include amphetamines, Benzedrine, Dexedrine, Precludine, Ritalin and any other amines and related drugs

****Other opiates=non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects

7. Determine pattern of relationship between consumption and consequences to identify priority substances and/or substance-specific problems

During the fourth SEW meeting, discussion centered on further narrowing of these twelve areas to a target for the SPF SIG project. The SEW agreed each area is of major concern in Montana, and final decisions were based upon the relationship between the consumption and consequence substance-specific problems. Figure 5 shows the graphic representation of the pattern of relationships between prioritized consumption and consequence problem areas.

Figure 5



It was evident that all alcohol-related consequences were directly related to or potentially related to all alcohol-related consumption patterns. Thus, the Montana SEW felt the evidence shows alcohol ranks as the worst substance-specific problem in Montana. However, it was also clear the top five substance-related consequence areas (alcohol-related motor vehicle crashes resulting in injury or death, alcohol-induced death, suicides and alcohol dependency) can be directly attributed to the consumption area of binge drinking. Binge drinking affects the highest number of Montanans and is a specific consumption problem the SEW felt needed immediate attention over all other substance problems. They were clear all substance problems are of great concern but recommended resources be directed to binge drinking with an emphasis on prevention of underage binge drinking.

8. Develop recommendations for state priority(s) and rationale

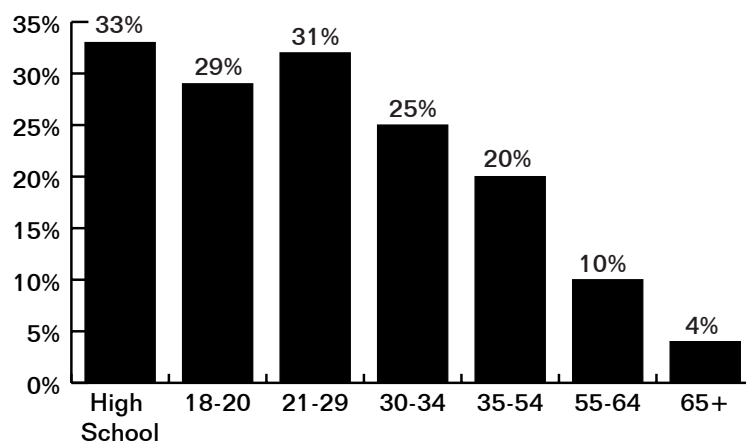
The Montana SEW looked carefully at their data-driven process to determine priorities to recommend as the target of Montana's Strategic Prevention Framework State Incentive Grant. Of all substances considered by the SEW, the most significant problem area was determined to be binge drinking with particular emphasis on underage binge drinking; the other area of concern was identified as drinking and driving again with an emphasis on underage drinking and driving. All relevant indicators still point to this as a reasoned and logical conclusion that remains data-driven. Initially, the SEW considered underage binge drinking as the primary target area and underage drinking and driving as the secondary area of concern for the SPF SIG project. The ranked problem substance abuse consumption areas showed underage consumption of alcohol was considered by the SEW as the most significant problem in Montana. However, once the adult age breakdowns of binge drinking (Figure 6) were examined it became clear that binge drinking across the lifespan was endemic. Likewise, motor vehicle crashes resulting in injury and death are not limited to youth (Table 4, pg. 22). By keeping the recommendations broad, the SEW felt it would give communities more flexibility in determining their strategies. A detailed data profile on each indicator falling under the priority problem areas and area of high concern from both the consumption and consequence lists is included in Appendix F.

Binge Drinking

To develop this fuller picture of the priority problem areas, Figure 6 shows the prevalence of binge drinking across the life span. Binge drinking rates are high during high school and do not decrease in young adult years. Binge drinking rates drop after individuals reach 30 years of age although they continue at fairly high levels and, moreover, these rates apply to population cohorts representing a greater number of people. So, while the percent incidence falls, there is still a large number of Montanans with binge drinking problems over the life cycle of the state population.

Figure 6

Percent of Montana Persons Who Binge Drink, for Montana High School Students, Young Adult and Adult Age Cohorts, 2003



Source: YRBS and PNA data averaged for high school binge drinking, other age groups from Montana BRFSS.

Indicators for Adult Binge Drinking

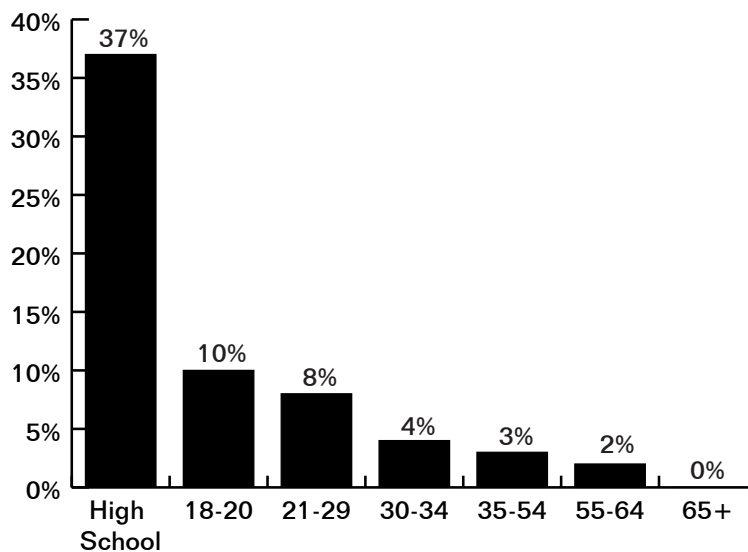
SEW discussion centered on filling in the data gaps for additional age breakdowns for adult binge drinking consumption indicators. The Behavior Risk Factor Surveillance Survey (BRFSS) is the data source for adult binge drinking (and chronic drinking) and can be broken down into smaller age cohorts. However, the data is available at the Health Planning Region level and for three Montana counties (Yellowstone, Missoula and Cascade) plus three Metropolitan and Micropolitan Statistical Areas (Billings, Missoula and Great Falls). With Montana BRFSS sample size increases since 2003, consumption indicators for adult binge and chronic drinking allow examination of binge drinking by age and other demographic indicators for adults. The SEW agreed to explore other methods and models to create a more complete picture of adult consumption patterns.

Drinking and Driving

Drinking and driving was the second most significant substance abuse problem area identified by the SEW. Figure 7 shows the prevalence of drinking and driving across the lifespan. There is a dramatically larger number of high school youth engaging in this risky behavior compared to other age cohorts. However, when compared with Table 4 (pg. 22), it becomes clear that motor vehicle crashes involving alcohol occur across the life span and the age cohort involved in the largest number of fatal alcohol crashes is the 18 to 25 year olds. The rate, of this age cohort per 10,000 licensed drivers is, 4.4 compared to 1.3 for licensed drivers under 18. Even with disproportionate numbers among youth drinking and driving compared to other age groups, the SEW agreed the secondary area of concern to recommend should not be limited to underage drinking and driving but should encompass this consequence area across the lifespan with emphasis on youth behavior.

Figure 7

Percent of Montana Persons Drinking and Driving, for Montana High School Students, Young Adult and Adult Age Cohorts, 2003



Source: YRBS for high school binge drinking, other age groups from Montana BRFSS.

Table 4

**Alcohol-Related Crashes by Age of Driver,
2006 Crash Data**

Age	Licensed Drivers (FY2006)	Drivers in Alcohol Crashes	Alcohol Crashes per 10,000 Licenses	Drivers in Fatal Alcohol Crashes	Fatal Alcohol Crashes per 10,000 Licenses
Under 18	23,768	121	51	3	1.3
18-20	35,628	370	104	16	4.5
Under 21	59,396	491	83	19	3.2
21-24	48,336	511	106	21	4.3
25-34	116,636	676	58	30	2.6
35-44	117,831	540	46	20	1.7
45-54	149,926	384	26	23	1.5
55-64	118,495	170	14	8	0.7
65-74	67,847	57	8	1	0.1
75+	45,509	23	5	0	0.0

Source: Montana Department of Transportation, FARS – Montana Department of Transportation, Motor Vehicle Division – Department of Justice

Additional Indicators

There are other indicators that did not necessarily end up being highly ranked but do inform the priority problem and areas of concern. Some of these indicators are from data sources not used in the Epidemiological Workgroup process; however, they are of interest because they show other consumption or consequence measures. (See Table 5 below.)

Table 5

Additional Indicators on Consumption and Consequences Problem Areas

	Annual # Persons in Montana	National Annual Rate	Montana Annual Rate	Montana Trend	Availability of Demographics & Geography
Consumption Indicators for Underage and Adult Binge Drinking					
% students- All Races-(gr 9 -12) had at least one drink of alcohol on school property in past 30 days (YRBS 2001/03/05)	3,095	6.4%	6.5%	flat	Age, Gender, Race
Consequence Indicators for Underage and Adult Binge Drinking					
Alcohol dependence in past year (Based on DSM-IV) (NSDUH-2003-04/2004-05)	10,000	7%	9%	up	Age, Gender
Young adults 18-25 years old, Violent Crime Index (2001-2005, MT Board Crime Control)	2,944	466 per 100,000	320 per 100,000	flat	County
Consequence Indicators for Underage and Adult Binge Drinking					
DUI convictions (MDT, 2001-2005)	5,354	na	582 per 100,000	down	County
Minors referred to Juvenile Court for being in possession of alcohol (Montana Supreme Court, Juvenile Justice Report 2005/06)	758				County

Final Recommendations of the SEW

The Montana SEW recommends the following target and secondary areas of concern to be the focus of Montana's **Strategic Prevention Framework State Incentive Grant**:

Primary Target

Binge drinking with an emphasis on underage binge drinking. Binge drinking refers to having five or more drinks on any one occasion.

Areas of Concern

Secondary level of prevention efforts should be drinking and driving with an emphasis on teenagers and young adults. This is based on the fact that not only are students and adults binge drinking but they are getting in cars and being injured or killed and injuring and killing others.

Binge drinking across the lifespan is a significant problem in Montana and even though there is more data available on consumption patterns among youth in the state, we cannot ignore the fact that adults are role models to the children whose behavior we seek to change. Adults teach cultural and social norms which establish or dissuade community acceptance of binge drinking, be it among adults or youth. Additional consumption indicators for adult binge drinking will be researched to fill out the magnitude of binge drinking across the lifespan. However, the fact remains that the consequence indicator of fatal motor vehicle crashes involving alcohol can be used as surrogate measures for excessive consumption of alcohol. According to the Montana Department of Transportation (MDT), people convicted of Drinking Under the Influence (DUI) on average have a blood alcohol level of 0.17 which is more than twice the legal limit of 0.08.

The most significant consequences of misuse of alcohol in Montana are all areas of concern and can be impacted by targeting the above primary priority and other area of concern. Binge drinking and drinking and driving, particularly when they occur among youth, have significant negative consequences for Montana's population. These consequences have implications for many public health and safety programs, thus data contained in this needs assessment report and its appendices could be used to further guide prevention efforts not necessarily funded by the SPF SIG project.

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Data Source	Substances covered	ATOD - related behaviors, etc.	Age Cohorts	Sample Break-downs	Prevalence Measure	Time Pd Covered	Sample or 'Event' Size	Geographic Breakdown
State survey data								
Behavioral Risk Factor Surveillance System	cigarettes, alcohol	CV disease, HIV/AIDS, indoor air quality, cancer, injury, violence, and others	all ages 18+	**	weighted percents and weighted population estimates	annual since 1984	6,012 (in 2006) 5,005 (in 2005)	***
Fatality Analysis Reporting System	alcohol	all-related motor vehicle deaths/injuries	all ages		percent and number	annual since 1994	124/251 out of all drivers	county
Monitoring the Future System	alcohol, tobacco and other drugs	usage, perceived risk, dis-approval, perceived availability	8, 10, 12, college to 45	8, 10, 12 grades	rates	biennial since 1975	49,300 (in 2005)	nationwide
National Survey on Drug Use and Health	alcohol, tobacco and other drugs	prevalence, amount, distress, perceived risk	12-17, 18-25, 26+		percent and 95% interval	annual since 1998	674-977 (in 2002)	5 regions
National Clandestine Lab Seizure System	federal drug seizures		all ages		kgs of drugs seized	annual since 1986		statewide
National Vital Stats System	alcohol, tobacco	cancer, fetal birthweight and mortality	all ages	sex, age, race, marital status	number/1,000	annual since 1989	MT population	county
National Youth Tobacco Survey	tobacco		6-12 grades	race, middle/high sch., gender		1999, 2004	24,5000 nationally	nationwide
State Adult Tobacco Survey	tobacco	prevalence, initiation, cessation, policies	18 and older	high pop, low pop, low pop-Amer. Ind.	percentage rates	annual since 2004	2,246 (in 2005)	3 regions (see sample breakdown)
Treatment Episode Data System	alcohol, tobacco and other drugs	treatment admissions	all ages	sex, age, race	percent	annual since 1992	8,147 (in 2005)	program, region, county of residence
Uniform Criminal Records	alcohol, drugs	violent, property and drug crime	all ages	sex, age	number/100,000	annual since 1992	MT population	county
Prevention Needs Assessment	alcohol, tobacco and other drugs	academics, violence, CTC factors	8, 10, 12 grades		percentage rates	biennial since 1998	19,298 (in 2006)	county, school district
Youth Risk Behavior Surveillance Survey	alcohol, tobacco and other drugs	violence, injury, sexual behavior	7-12 grades	alternative, Amer. Ind., disabilities	percent and number	biennial since 1991	20,000	superintendent regions

** age, sex, race, education, income, disability, and residence within five health planning regions

*** five health planning regions; for Billings, Great Falls, and Missoula; MMSA and Cascade, Missoula; Missoula and Yellowstone county; for select years

Substance Abuse Indicators for Montana, March 2007

Consequences of Substance Abuse	Annual Number Persons in Montana	National Annual Rate	Montana Annual Rate	Ratio of MT Rate to National Rate (ratio>1 means MT above national)	Montana Trend	Availability of Demographics & Geography: A=age G=gender R=race C=county HR=health planning region
Alcohol Related Death						
Alcohol-Induced Death- <u>All Races</u> (MT Vit Stats 2001-2005)	76	7.1*	8*	1.1	up	A, G, R, C
Alcohol-Induced Death- <u>American Indian</u> (MT Vit Stats 2001-2005)	23	na	41*	na	up	A, G, R, C
Alcoholic Liver Disease- <u>All Races</u> (MT Vit Stats 2001-2005)	67	4.2*	7.2*	1.7	up	A, G, R, C
Alcoholic Liver Disease- <u>American Indian</u> (MT Vit Stats 2001-2005)	20	na	36*	na	up	A, G, R, C
Chronic Liver Disease & Cirrhosis (MT Vit Stats 2001-2005)	111	9.3*	12*	1.3	flat	A, G, R, C
Fatal Alcohol-Related MV Crashes- <u>All Races</u> (FARS & MDT/MARS 2000-2004)	120	5.2*	12.6*	2.4	flat	A, G, R, C
Fatal Alcohol-Related MV Crashes- <u>American Indian</u> (FARS & MDT/MARS 2000-2004)	31	na	55*	na	flat	A, G, R, C
Fatal Alcohol-Related MV Crashes- <u>All Races</u> (FARS & MDT/MARS 2000-2004)	na	.85**	1.3**	1.5	flat	A, G, R, C
Injuries Alcohol-Related MV Crashes (MDT/MARS2000-2004)	1,700	na	184*	na	flat	A,G,R,C
Alcohol Dependence in Past Year (Based on DSM-IV) (NSDUH-2003-04/2004-05)						
Youth 12-17 years old	2,000	2%	3.5%	1.8	flat	A,G
Young adults 18-25 years old	10,000	7%	9%	1.3	up	A,G
Adults 26+ years old	19,000	3%	3%	1.0	flat	A,G
Tobacco Related Death						
Tobacco Contributing To Death- <u>All Races</u> (MT Vit Stats 2003-2005)	1,055	na	191*	na	na	G,R
Tobacco Contributing To Death - <u>American Indian</u> (MT Vit Stats 2003-2005)	75	na	134*	na	na	G,R
Tobacco Contributing To Malignant Neoplasm (cancer)- <u>All Races</u> (MT Vit Stats 2003-2005)	575	na	62.5*	na	na	A,G,R,C
Tobacco Contributing To Malignant Neoplasm (cancer)- <u>All Races</u> (MT Vit Stats 2003-2005)	24	na	43*	na	na	A,G,R,C
Percent of Fetal Deaths Where Mother Smoked Cigarettes During Pregnancy <u>All Races</u> (MT Vit Stats 2001-2005)	49	na	20%	na	up	R,C

* Per 100,000 people

** Per 100m miles

Consequences of Substance Abuse	Annual Number Persons in Montana	National Annual Rate	Montana Annual Rate	Ratio of MT Rate to National Rate (ratio>1 means MT above national)	Montana Trend	Availability of Demographics & Geography: A=age G=gender R=race C=county HR=health planning region
Percent of Fetal Deaths Where Mother Smoked Cigarettes During Pregnancy <u>American Indian</u> (MT Vit Stats 2001-2005)	9	na	25%	na	up	R,C
Drug Dependence (Based on DSM-IV) (NSDUS-2003-04/2004-05)						
Youth- <u>All Races</u> - 12-17 years old	2,000	2.8%	3%	1.1	flat	A,G
Young adults- <u>All Races</u> -18-25 years old	7,000	5.5%	5.7%	1.0	flat	A,G
Adults- <u>All Races</u> - 26+ years old	7,000	1.2%	1%	0.8	flat	A,G
Adult Drug Dependence (Montana Native American Survey, 2001)						
Montana Reservations (18+ years of Age)	1,320	1.4%	6%	4.2	na	R
All Races—Montana Households (18+ years of age)	7,080	1.4%	1%	0.7	na	R
Drug Related Death						
Drug Induced Deaths - <u>All Races</u> (MT Vit Stats 2001-2005)	99	9.2*	10.8*	1.2	up	C,R
Drug Induced Deaths- <u>American Indian</u> (MT Vit Stats 2001-2005)	10	na	18*	na	flat	C,R
Drug Induced Deaths- <u>All Races</u> - without Accidental Poisoning by Drugs, Medicants, & Biologicals (MT Vit Stats 2001-2005)	55	na	6*	na	up	C,R
Drug Induced Deaths- <u>American Indian</u> - without Accidental Poisoning by Drugs, Medicants, & Biologicals (MT Vit Stats 2001-2005)	4	na	7.2*	na	flat	C,R
Suicide						
Suicide Intentional Self Poisonings with Drugs- <u>All Races</u> (MT Vit Stats 2001-2005)	20	na	2.2*	na	up	C,R
Suicide Intentional Self Poisonings with Drugs- <u>American Indians</u> (MT Vit Stats 2001-2005)	1	na	1.8*	na	flat	C,R
All Suicides (MT Vit Stats 2001-2005)	183	10.8*	19.8*	1.8	flat	C,R
Crime						
Violent Crime Index (2001-2005, MT Board Crime Control)	2,944	466	320	0.7	flat	C
Drug Abuse Violations (2005, FBI Crime Reports)	356	62	37	0.6	flat	none
DUI Convictions (MDT, 2001-2005)	5,354	na	582	na	down	C
Treatment						
Total Number of Treatment Center Admissions by Primary Substance of Abuse (SAMSHA, 2001-2005)	7,498	na	815	na	up	A,G,R,C
Total Number of Persons						
# for Alcohol	2,337	na	254	na	up	A,G,R,C
# for Alcohol with secondary drug	1,995	na	217	na	up	A,G,R,C
# for Marijuana	1,431	na	156	na	up	A,G,R,C

* Per 100,000 people

Consequences of Substance Abuse	Annual Number Persons in Montana	National Annual Rate	Montana Annual Rate	Ratio of MT Rate to National Rate (ratio>1 means MT above national)	Montana Trend	Availability of Demographics & Geography: A=age G=gender R=race C=county HR=health planning region
# for Amphetamines***	1,122	na	122	na	up	A,G,R,C
# for Other Opiates****	325	na	35	na	up	A,G,R,C
School Based Problems						
Suspensions Past Year 8/10/12 gr - <u>All Races</u> (PNA 2002/04/06)	6,003	na	10%	na	flat	A,G,R,C
Suspensions Past Year 8/10/12 gr - <u>American Indian</u> (PNA 2002/04/06)	1,338	na	22%	na	up	A,G,R,C
Drunk or High at School Past Year 8/10/12 gr - <u>All Races</u> (PNA 2002/04/06)	12,606	na	21%	na	flat	A,G,R,C
Drunk or High at School Past Year 8/10/12 gr - <u>American Indian</u> (PNA 2002/04/06)	2,129	na	35%	na	flat	A,G,R,C

* Per 100,000 people

*** methamphetamine and other amphetamines to include amphetamines, Benzedrine, Dexedrine, Precludine, Ritalin and any other amines and related drugs.

**** Other opiates = non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

Substance Abuse Indicators For Montana, March 2007

	Annual Number Persons in Montana	National Annual Rate	Montana Annual Rate	Ratio of MT Rate to National Rate (ratio>1 means MT above national)	Montana Trend	Availability of Demographics & Geography: A=age G=gender R=race C=county HR=health planning region
Consumption - Alcohol						
Adult Binge Drinking (BRFSS 2001-2003)	134,520	17%	18%	1.2	flat	A,G,R,HR, and some C
Youth Binge Drinking (30 days) % Students- <u>All Races</u> - binge (gr 9 -12) (YRBS 2001/03/05)	18,095	28%	38%	1.4	down	A,G,R
% Students- <u>American Indian</u> - binge (gr 9 -12) (YRBS 2001/03/05)	2,103	28%	45%	1.6	flat	A,G,R
PNA % Students- <u>All Races</u> - binge (gr 8,10,12, 2002/04/06)	16,808	21%	28%	na	flat	A,G,R,C
PNA % Students- <u>American Indian</u> - binge (gr 8,10,12, 2002/04/06)	2,312	na	38%	na	flat	A,G,R,C
PNA HS seniors- <u>All Races</u> - binge (2002/04/06)	5,180	28%	42%	na	flat	A,G,R,C
PNA HS seniors- <u>American Indian</u> - binge (2002/04/06)	423	na	47%	na	flat	A,G,R,C
Youth 12-17 yrs (NSDUH, 2003-04/2004-05)	12,000	11%	16%	1.5	flat	A,G
Adult Binge past 30 Days Young adults 18-25 yrs (NSDUH, 2003-04/2004-05)	59,000	41%	53%	1.3	flat	A,G
Adults 26+ yrs (NSDUH, 2003-04/2004-05)	153,000	21%	25%	1.2	flat	A,G
Adult Chronic Heavy Drinking (BRFSS 2001/2003, >2 drinks men, >1 drink women)	38,940	6%	5.5%	0.9	up	A,G,R,HR, and some C
Adult Alcohol Use Past 30 Days (Montana Native American Survey, 2001) Montana Reservations (18+ years of Age)	8,844	51%	40%	0.8	na	R
All Races—Montana Households (18+ years of age)	413,472	51%	58%	1.2	na	R
Youth Drinking Lifetime (gr 9 -12) (YRBS2001/03/05)	38,571	74%	81%	1.1	down	A,G,R
Youth- <u>All Races</u> - Drinking Lifetime (gr 8-12) (PNA 2002/04/06)	42,619	60%	71%	1.2	down	A,G,R,C
Youth- <u>American Indian</u> - Drinking Lifetime (gr 8-12) (PNA 2002/04/06)	4,140	na	69%	na	flat	A,G,R,C
Youth- <u>All Races</u> - Drinking 30 Days (gr 8-12) (PNA 2002/04/06)	25,211	32%	42%	1.3	down	A,G,R,C
Youth- <u>American Indian</u> - Drinking 30 Days (gr 8-12) (PNA 2002/04/06)	2,920	na	48%	na	down	A,G,R,C
Youth Drinking & Driving (YRBS 2001/03/05) % students- <u>All Races</u> -(gr 9-12) rode in car driven by someone drinking one or more times in past 30 days	17,619	30%	37%	1.2	flat	A,G,R

	Annual Number Persons in Montana	National Annual Rate	Montana Annual Rate	Ratio of MT Rate to National Rate (ratio>1 means MT above national)	Montana Trend	Availability of Demographics & Geography: A=age G=gender R=race C=county HR=health planning region
% students - <u>American Indian</u> -(9-12 gr) rode in car driven by someone drinking 1+ past 30 days						
URBAN	620	30%	39%	1.3	flat	A,G,R
RESERVATION	1,380	30%	46%	1.5	flat	A,G,R
% students - <u>All Races</u> -(gr 9 -12) drove car when drinking 1+ times in past 30 days (YRBS 2001/03/05)	9,524	12%	20%	1.7	flat	A,G,R
% students - <u>American Indian</u> -(gr 9 -12) drove car when driving 1+ times in past 30 days						
URBAN	334	12%	21%	1.8	flat	A,G,R
RESERVATION	720	12%	24%	2.0	flat	A,G,R
% students- <u>All Races</u> -(gr 9 -12) had at least one drink of alcohol on school property in past 30 days (YRBS 2001/03/05)	3,095	6.4%	6.5%	1.0	flat	A,G,R
Consumption - Tobacco						
Adult Cigarette Smoking (BRFSS 2001-2003, smokes every day)	141,600	22%	20%	0.9	flat	A,HR
Frequency of Birth by whether Mother Smoked During Pregnancy (MT Vit Stats, Nat Center Health Stats 2001-2005)	10,431	11%	18.5%	1.7	flat	C
Youth Cigarette Smoking						
% students <u>All Races</u> -smoked 10+ cigarettes on 20 or more of past 30 days (gr 9-12) (YRBS 2001/03/05)	4,762	13%	10%	0.8	down	A,G,R
% students <u>American Indian</u> -smoked 10+ cigarettes on 20 of past 30 days (gr 9-12) (YRBS 2001/03/05)	350	13%	7.5%	0.6	flat	A,G,R
%Seniors- <u>All Races</u> - Heavy Smoking (gr 8-12) (PNA 2002/04/06)	369	8%	3%	na	flat	A,G,R,C
% Seniors- <u>American Indian</u> - Heavy Smoking (gr 8-12) (PNA 2002/04/06)	183	na	3%	na	down	A,G,R,C
Youth- <u>All Races</u> - Smoking Lifetime (gr 8-12) (PNA 2002/04/06)	26,412	43%	44%	na	down	A,G,R,C
Youth- <u>American Indian</u> - Smoking Lifetime (gr 8-12) (PNA 2002/04/06)	4,259	na	70%	na	flat	A,G,R,C
Youth- <u>All Races</u> -Smoking 30 Days (gr 8-12) (PNA 2002/04/06)	10,805	18%	18%	na	flat	A,G,R,C
Youth- <u>American Indian</u> -Smoking 30 Days (gr 8-12) (PNA 2002/04/06)	2,373	na	39%	na	flat	A,G,R,C
Youth- <u>All Races</u> - Smokeless Tobacco Lifetime (gr 8-12) (PNA 2002/04/06)	13,206	15%	22%	na	flat	A,G,R,C
Youth- <u>American Indian</u> - Smokeless Tobacco Lifetime (gr 8-12) (PNA 2002/04/06)	2,129	na	35%	na	up	A,G,R,C
Youth- <u>All Races</u> - Smokeless Tobacco 30 Days (gr 8-12) (PNA 2002/04/06)	5,402	5%	9%	na	flat	A,G,R,C

	Annual Number Persons in Montana	National Annual Rate	Montana Annual Rate	Ratio of MT Rate to National Rate (ratio>1 means MT above national)	Montana Trend	Availability of Demographics & Geography: A=age G=gender R=race C=county HR=health planning region
Youth- <u>American Indian</u> - Smokeless Tobacco 30 Days (gr 8-12) (PNA 2002/04/06)	1,034	na	17%	na	flat	A,G,R,C
Youth- <u>All Races</u> - Smokeless Tobacco 30 day (gr 9 -12) (YRBS 2001/03/05)	7,143	7.6%	14.5%	1.9	flat	A,G,R
Youth- <u>All Races</u> - Smokeless Tobacco 30 Days at school (gr 9 -12) (YRBS 2001/03/05)	3,809	5.3%	8%	1.5	flat	A,G,R
Adult Tobacco Use (includes smokeless) past 30 Days Young adults- <u>All Races</u> -18-25 yr olds (NSDUH, 2003-04/2004-05)	56,000	44%	52%	1.2	flat	A,G
Adults 26+ yrs (NSDUH, 2003-04/2004-05)	201,000	29%	33%	1.1	up	A,G
Illicit Drug Use Youth - Marijuana						
% students- <u>All Races</u> - used marijuana one or more times past 30 days (gr 9-12) (YRBS 2001/03/05)	11,429	24%	24%	1.0	down	A,G,R4
% students- <u>American Indian</u> - used marijuana one or more times past 30 days (gr 9-12) (YRBS 2001/03/05)						
URBAN	445	24%	28%	1.2	down	A,G,R
RESERVATION	1,410	24%	47%	2.0	flat	A,G,R
Youth- <u>All Races</u> - Smoking Marijuana Lifetime (gr 8-12) (PNA 2002/04/06)	21,009	32%	35%	1.1	down	A,G,R,C
Youth- <u>American Indian</u> - Smoking Marijuana Lifetime (gr 8-12) (PNA 2002/04/06)	3,711	na	61%	na	down	A,G,R,C
Youth- <u>All Races</u> - Smoking Marijuana 30 Days (gr 8-12) (PNA 2002/04/06)	10,805	14%	18%	1.3	down	A,G,R,C
Youth- <u>American Indian</u> - Smoking Marijuana 30 Days (gr 8-12) (PNA 2002/04/06)	2,069	na	34%	na	down	A,G,R,C
Marijuana 30 Days(12-17yr olds: NSDUH-2003-04/2004-05)	7,000	7.5%	10%	1.3	flat	A,G
Adult Marijuana Use Past 30 Days (Montana Native American Survey, 2001)						
Montana Reservations (18+ years of age)	3,300	4%	15%	3.8	na	R
<u>All Races</u> —Montana Households (18+ years of age)	35,400	4%	5%	1.3	na	R
Illicit Drug Use Youth and Adult - Meth & Stimulants (Including Meth)						
% students- <u>All Races</u> - used meth one or more times during their life (gr 9 -12) (YRBS 2001/03/05)	4,762	8%	10%	1.3	down	A,G,R
% students- <u>American Indian</u> used meth one or more times during their life (gr 9 -12) (YRBS 2001/03/05)						
URBAN	262	8%	16.5%	2.1	down	A,G,R
RESERVATION	540	8%	18%	2.3	flat	A,G,R
% students- <u>All Races</u> - used Stimulants past 30 days (gr 8 -12) (PNA 2002/2004)	1,561	2%	2.6%	na	flat	A,G,R,C

	Annual Number Persons in Montana	National Annual Rate	Montana Annual Rate	Ratio of MT Rate to National Rate (ratio>1 means MT above national)	Montana Trend	Availability of Demographics & Geography: A=age G=gender R=race C=county HR=health planning region
% students- <u>American Indian</u> - used Stimulants past 30 days (gr 8 -12) (PNA 2002/2004)	304	na	4.6%	na	flat	A,G,R,C
Adult Stimulant Use Past Year (Montana Native American Survey, 2001) Montana Reservations (18+ years of age)	2,288	1.4%	10.4%	7.4	na	R
Illicit Drug Use Youth - Opiates / Heroin						
% students- <u>All Races</u> - used Heroin one or more times during their life (gr 9 -12) (YRBS 2001/03/05)	1,714	3%	3.6%	1.2	flat	A,G,R
% students- <u>American Indian</u> used Heroin one or more times during life (gr 9 -12) (YRBS 2001/03/05)	105 108	3% 3%	6.6% 3.6%	2.2 1.2	flat down	A,G,R A,G,R
% students- <u>All Races</u> - used Opiates past 30 days (gr 8 -12) (PNA 2002/2004)	450	<1%	<1%	na	down	A,G,R,C
% students- <u>American Indian</u> - used Opiates past 30 days (gr 8 -12) (PNA 2002/2004)	61	na	1%	na	down	A,G,R,C
Adult Opiate Use Past Year (Montana Native American Survey, 2001) Montana Reservations (18+ years of age)	440	<1%	2%	2.3	na	R
Illicit Drug Use Youth - Sedatives and Prescription Drugs						
% students- <u>All Races</u> - used non-prescribed steroid pills or shots one or more times during life (gr 9 -12 gr) (YRBS 2001/03/05)	2,238	5%	4.7%	0.9	flat	A,G,R
% students- <u>American Indian</u> - used non-prescribed steroid pills or shots 1+ times during life (gr 9 -12) (YRBS 2001/03/05)	133 204	5% 5%	8.4% 6.8%	1.7 1.4	up down	A,G,R A,G,R
% students- <u>All Races</u> - used Sedatives past 30 days (gr 8 -12) (PNA 2002/2004)	3,602	3%	6.0%	na	down	A,G,R,C
% students- <u>American Indian</u> - used Sedatives past 30 days (gr 8 -12) (PNA 2002/2004)	548	na	9%	na	down	A,G,R,C
Non-medical use of Pain relievers past year- <u>All Races</u> (12-17yr olds: NSDUH-2003-04/2004-05)	7,000	7.3%	9%	1.3	na	A,G
Illicit Drug Use Youth - Cocaine						
% students- <u>All Races</u> - used cocaine past 30 days (gr 9 -12) (YRBS 2001/03/05)	1,905	4%	4%	1.0	flat	A,G,R
% students- <u>American Indian</u> used cocaine past 30 days (gr 9 -12) (YRBS 2001/03/05)	119 240	4% 4%	7.5% 8%	1.9 2.0	down down	A,G,R A,G,R

	Annual Number Persons in Montana	National Annual Rate	Montana Annual Rate	Ratio of MT Rate to National Rate (ratio>1 means MT above national)	Montana Trend	Availability of Demographics & Geography: A=age G=gender R=race C=county HR=health planning region
Adult Cocaine Use Past Year						
(Montana Native American Survey, 2001)						
Montana Reservations (18+ years of age)	1,628	1%	7.4%	7.4	na	R
All Races—Montana Households (18+ years of age)	14,160	1%	2%	2.0	na	R
Illicit Drug Use Youth - Any Drug						
Youth-All Races- Any Drug Lifetime (gr 8-12)(PNA 2002/04/06)	21,904	38%	46%	na	flat	A,G,R,C
Youth-American Indian- Any Drug Lifetime (gr 8-12) (PNA 2002/04/06)	4,198	na	69%	na	flat	A,G,R,C
Youth-All Races- Any Drug 30 Day (gr 8-12) (PNA 2002/04/06)	15,007	17%	25%	na	down	A,G,R,C
Youth-American Indian- Any Drug 30 Day (gr 8-12) (PNA 2002/04/06)	2,555	na	42%	na	flat	A,G,R,C
Youth Illicit Drug Use in Past 30 Days (12-17 yr olds, NSDUH, 2003-2004/2004-2005)	10,000	10.5%	13%	1.2	flat	A,G
Youth Illicit Drug —Other Than Marijuana—Use in Past 30 Days (12-17 yr olds, NSDUH, 2003-2004/2004-2005)	4,000	5.3%	6%	1.1	flat	A,G
Adult Illicit Drug Use Past 30 Days						
(Montana Native American Survey, 2001)						
Montana Reservations (18+ years of age)	3,740	6.2%	17%	2.7	na	R
All Races—Montana Households (18+ years of age)	21,240	6.2%	3%	0.5	na	R
Illicit Drug Use Adults						
Young Adults Illicit Drug Use Past 30 Days (18 -25 yr olds, NSDUH, 2003-2004/2004-2005)	25,000	19.8%	22.5%	1.1	up	A,G
Young Adults Illicit Drug Use-Other Than Marijuana-Past 30 Days (18 -25 yr olds, NSDUH, 2003-2004/2004-2005)	4,001	8.3%	8%	1.0	up	A,G
Adults Illicit Drug Use in Past 30 Days (26+ yr olds, NSDUH, 2003-2004/2004-2005)	42,000	5.6%	6.9%	1.2	up	A,G
Adults Illicit Drug Use-other Than Marijuana- in Past 30 Days (26+ yr olds, NSDUH, 2003-2004/2004-2005)	16,001	2.5%	2.5%	1.0	up	A,G
Marijuana 30 Days (18 - 25 yr olds: NSDUH-2003-04/2004-05)	23,000	16%	21%	1.3	flat	A,G
Non-medical use of pain relievers past year (18 - 25 yr olds: NSDUH-2003-04/2004-05)	15,000	12%	12.7%	1.1	flat	A,G

CONSUMPTION INDICATORS AFTER 1ST SCORING EXERCISE	1st Round Final Scores
High School seniors-American Indian- binge drinking past 30 days (PNA, 2002/04/06)	3.8
% students -All Races- drove car when drinking 1+ times in past 30 days (gr 9-12) (YRBS 2001/03/05)	3.7
% Students-American Indian- binge past 30 days (gr 8,10,12) (PNA, 2002/04/06)	3.6
% Students-American Indian- binge drinking past 30 days (gr 9 -12) (YRBS 2001/03/05)	3.6
% students - URBAN American Indian (gr 9 -12) drove car when drinking 1+ times in past 30 days (YRBS 2001/03/05)	3.6
High School seniors-All Races- binge drinking past 30 days (PNA, 2002/04/06)	3.6
% students - American Indian (gr 9-12) rode in car driven by someone drinking 1+ past 30 days (YRBS 2001/03/05)	3.5
Binge Drinking past 30 days (youth 12-17 yrs) (NSDUH, 2003-04/2004-05)	3.4
% students- All Races- rode in car driven by someone drinking one or more times in past 30 days (gr 9-12) (YRBS 2001/03/05)	3.3
% Students-All Races- binge drinking in past 30 days (gr 8,10,12) (PNA, 2002/04/06)	3.3
% Students-American Indian- any drug in past 30 days (gr 8,10,12) (PNA 2002/04/06)	3.3
% Students-American Indian- used smokeless tobacco lifetime (gr 8-12) (PNA 2002/04/06)	3.2
% Students-American Indian- any drug lifetime (gr 8-12) (PNA 2002/04/06)	3.0
% Adult Binge Drinking - 5+ drinks on an occasion past 30 days (BRFSS 2001-2003)	3.0
% Use Tobacco use includes smokeless in past 30 days (adults 26+ yrs) (NSDUH, 2003-04/2004-05)	3.0
% Students-All Races- smokeless tobacco in past 30 day (gr 9 -12) (YRBS 2001/03/05)	3.0
% Students-American Indian- Drinking 30 days (gr 8-12) (PNA 2002/04/06)	3.0
% Students-All Races- Any Drug Lifetime (gr 8-12)(PNA 2002/04/06)	2.9
% Students-All Races- Drinking Lifetime (gr 8-12) (PNA 2002/04/06)	2.9
% Adult Stimulant Use Past Year- Montana Reservations (18+ yrs) (Montana Native American Survey, 2001)	2.9
% Students-American Indian-Smoking in past 30 days (gr 8-12) (PNA 2002/04/06)	2.9
% students-All Races- used meth one or more times during their life (gr 9 -12) (YRBS 2001/03/05)	2.9
% Students Drinking Lifetime (gr 9 -12) (YRBS2001/03/05)	2.9
% Students-All Races - Smokeless Tobacco 30 Days at school (gr 9 -12) (YRBS 2001/03/05)	2.9

CONSEQUENCE INDICATORS AFTER 1ST SCORING EXERCISE	1st Round Final Scores
Injuries Alcohol Related MV Crashes (MDT/MARS2000-2004)	3.8
Fatal Alcohol Related MV Crashes-All Races (per 100,000 persons) (FARS & MDT/MARS 2000-2004)	3.6
Alcohol Induced Deaths-American Indian (MT Vit Stats 2001-2005)	3.5
Alcoholic Liver Disease Deaths- American Indian (MT Vit Stats 2001-2005)	3.4
Treatment Center Admissions by Primary Substance of Abuse (SAMSHA, 2001-2005) # of people for alcohol	3.4
Fatal Alcohol Related MV Crashes-American Indian (FARS & MDT/MARS 2000-2004)	3.4
Alcoholic Liver Disease Deaths- All Races (MT Vit Stats 2001-2005)	3.3
% Suspensions from school past year American Indian (gr 8,10,12) (PNA 2002/04/06)	3.3
All Suicides (MT Vit Stats 2001-2005)	3.2
% Drunk or High at School Past Year -All Races (gr 8, 10,12) (PNA 2002/04/06)	3.2
% Drunk or High at School Past Year -American Indian (gr 8,10,12) (PNA 2002/04/06)	3.2
Treatment Center Admissions by Primary Substance of Abuse (SAMSHA, 2001-2005) # of people for alcohol w/ secondary drug	3.2
Fatal Alcohol Related MV Crashes-All Races per 100 million miles (FARS & MDT/MARS 2000-2004)	3.1
Chronic Liver Disease & Cirrhosis Deaths (MT Vit Stats 2001-2005)	3.1
Alcohol Induced Death-All Races (MT Vit Stats 2001-2005)	3.1
Treatment Center Admissions by Primary Substance of Abuse (SAMSHA, 2001-2005) # of people for Other Opiates****	3.0
Treatment Center Admissions by Primary Substance of Abuse (SAMSHA, 2001-2005) # of people for Amphetamines***	2.9
Drug Induced Deaths-All Races (MT Vit Stats 2001-2005)	2.9
Suicide Intentional Self Poisonings with Drugs-All Races (MT Vit Stats 2001-2005)	2.9
% Alcohol Dependence in Past Year (Based on DSM-IV) (NSDUH-2003-04/2004-05) Youth 12-17 years old	2.9
% Alcohol Dependence in Past Year (Based on DSM-IV) (NSDUH-2003-04/2004-05) Young adults 18-25 years old	2.9

***methamphetamine and other amphetamines to include amphetamines, Benzedrine, Dexedrine, Precludine, Ritalin and any other amines and related drugs.

****Other opiates=non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

CONSEQUENCE INDICATORS AFTER 2ND SCORING EXERCISE	2nd Round Final Scores
Injuries Alcohol Related MV Crashes (MDT/MARS2000-2004)	4.1
Fatal Alcohol Related MV Crashes-All Races (per 100,000 persons) (FARS & MDT/MARS 2000-2004)	4.1
Fatal Alcohol Related MV Crashes-All Races per 100 million miles (FARS & MDT/MARS 2000-2004)	4.0
Fatal Alcohol Related MV Crashes-American Indian (FARS & MDT/MARS 2000-2004)	3.8
Alcohol Induced Death-All Races (MT Vit Stats 2001-2005)	3.7
All Suicides (MT Vit Stats 2001-2005)	3.7
Alcohol Induced Death-American Indian (MT Vit Stats 2001-2005)	3.6
% Alcohol Dependence in Past Year - Youth 12-17 years old (Based on DSM-IV) (NSDUH-2003-04/2004-05)	3.6
Treatment Center Admissions by Primary Substance of Abuse (SAMSHA, 2001-2005) # of people for alcohol	3.5
Treatment Center Admissions by Primary Substance of Abuse (SAMSHA, 2001-2005) # of people for alcohol w/ secondary drug	3.4
% Alcohol Dependence in Past Year - Young adults 18-25 years old (Based on DSM-IV) (NSDUH-2003-04/2004-05)	3.4
Alcoholic Liver Disease Deaths- American Indian (MT Vit Stats 2001-2005)	3.4
% Drunk or High at School Past Year -American Indian (gr 8,10,12) (PNA 2002/04/06)	3.4
Treatment Center Admissions by Primary Substance of Abuse*** (SAMSHA, 2001-2005) # of people for methamphetamine	3.4
% Drunk or High at School Past Year -All Races (gr 8, 10,12) (PNA 2002/04/06)	3.3
Alcoholic Liver Disease Deaths- All Races (MT Vit Stats 2001-2005)	3.3
Chronic Liver Disease & Cirrhosis Deaths (MT Vit Stats 2001-2005)	3.2
% Suspensions from school past year American Indian (gr 8,10,12) (PNA 2002/04/06)	3.1
Drug Induced Deaths-All Races (MT Vit Stats 2001-2005)	3.1
Suicide Intentional Self Poisonings with Drugs-All Races (MT Vit Stats 2001-2005)	3.0
Treatment Center Admissions by Primary Substance of Abuse**** (SAMSHA, 2001-2005) # of people for other Opiates	3.0

***methamphetamine and other amphetamines to include amphetamines, Benzedrine, Dexedrine, Precludine, Ritalin and any other amines and related drugs.

****Other opiates=non-prescription use of methadone, codeine, morphine, oxycodone, hydromorphone, meperidine, opium, and other drugs with morphine-like effects.

CONSUMPTION INDICATORS AFTER 2ND SCORING EXERCISE	2nd Round Final Scores
% Students-All Races-drove car when drinking 1+ times past 30 days (gr 9-12) (YRBS 2001/03/05)	4.3
High School seniors-All Races- binge drinking past 30 days (PNA, 2002/04/06)	4.1
% Students-All Races- binge drinking past 30 days (gr 8,10,12) (PNA, 2002/04/06)	4.1
Binge Drinking past 30 days (youth 12-17 yrs) (NSDUH, 2003-04/2004-05)	4.0
% Students Urban All Races drove car when drinking 1+ times past 30 days (gr 9-12) (YRBS 2001/03/05)	3.8
% Students- American Indian-rove in car driven by someone drinking 1+ past 30 days (gr 9-12) (YRBS 2001/03/05)	3.8
% Students-All Races-rove in car driven by someone drinking 1+ past 30 days (gr 9-12) (YRBS 2001/03/05)	3.8
% Students-American Indian- binge drinking past 30 days (gr 8,10,12) (PNA, 2002/04/06)	3.7
High School Seniors-American Indian- binge drinking past 30 days (PNA, 2002/04/06)	3.7
% Students-American Indian- binge drinking past 30 days (gr 9 -12) (YRBS 2001/03/05)	3.7
% Students-American Indian- drinking past 30 days (gr 8-12) (PNA 2002/04/06)	3.5
% Students-All Races- drinking lifetime (gr 8-12) (PNA 2002/04/06)	3.3
% Adult Binge Drinking- 5+ drinks on any occasion past 30 days (BRFSS 2001-2003)	3.2
% Students-American Indian- any drug past 30 days (gr 8, 10,12) (PNA 2002/04/06)	3.1
% Students-American Indian- any drug lifetime (gr 8-12) (PNA 2002/04/06)	3.1
% Students-All Races- any drug lifetime (gr 8-12) (PNA 2002/04/06)	3.1
% Students Drinking Lifetime (gr 9 -12) (YRBS2001/03/05)	3.1
% students- All Races-used meth 1+ times during lifetime (gr 9 -12) (YRBS 2001/03/05)	3.0
% Students-American Indian- used smokeless tobacco lifetime (gr 8-12) (PNA 2002/04/06)	2.7
% Use Tobacco-includes smokeless in past 30 days (adults 26+ yrs) (NSDUH, 2003-04/2004-05)	2.7
% Students-All Races- smokeless tobacco use past 30 day (gr 9 -12) (YRBS 2001/03/05)	2.7
% Students-American Indian-smoking past 30 days (gr 8-12) (PNA 2002/04/06)	2.7
% Adult Stimulant-use past year (Montana Native American Survey 2001) Montana Reservations (18+ years of Age)	2.7
% Students-All Races-smokeless tobacco use past 30 days at school (gr 9 -12) (YRBS 2001/03/05)	2.4

Substance-Specific Consumption Problems	Data Year	Annual Number Persons in Montana	National Annual Rate (percent)	Montana Annual Rate (percent)	Ratio of Montana Rate to National Rate (ratio > 1 means Montana above National)
Underage Drinking and Driving					
Students (gr 9-12) who drove a car when drinking 1+ times in past 30 days (All Races) [YRBS]	2001	10,381	13.3	21.8	1.6
	2003	9,714	12.1	20.4	1.7
	2005	8,809	9.9	18.5	1.9
Students (gr 9-12) who drove a car when drinking 1+ times in past 30 days (American Indians) [YRBS]	2001	1,159	na	24.8	na
	2003	995	na	21.3	na
	2005	1,192	na	25.5	na
Underage Binge Drinking					
High-school Seniors binge drinking in past 30 days (All Races) [PNA]	2002	4,616	28.6	41.0	1.4
	2004	5,179	29.2	46.0	1.6
	2006	4,278	25.4	38.0	1.5
Students (gr 8, 10, 12) binge drinking in past 30 days (All Races) [PNA]	2002	17,808	21.1	29.7	1.4
	2004	19,009	20.9	31.7	1.5
	2006	15,607	19.4	26.0	1.3
Youth (12-17 yrs) binge drinking in past 30 days (All Races) [NSDUH]	02-03	15,379	10.7	17.9	1.7
	03-04	14,733	10.9	17.1	1.6
	04-05	13,398	10.5	15.6	1.5
High-school Seniors binge drinking in past 30 days (American Indians) [PNA]	2002	4,627	na	41.1	na
	2004	4,999	na	44.4	na
	2006	4,267	na	37.9	na
Students (gr 8, 10, 12) binge drinking in past 30 days (American Indians) [PNA]	2002	1,809	na	29.7	na
	2004	1,884	na	31.0	na
	2006	1,584	na	26.0	na
Students (gr 9-12) binge drinking in past 30 days (American Indians) [YRBS]	2001	2,196	na	47.0	na
	2003	1,995	na	42.7	na
	2005	2,098	na	44.9	na
Students Riding in Car Driven by Someone Drinking					
Students (gr 9-12) riding in car with someone drinking 1+ times in past 30 days (All Races) [YRBS]	2001	18,714	30.7	39.3	1.3
	2003	17,571	30.2	36.9	1.2
	2005	16,381	28.5	34.4	1.2
Students (gr 9-12) riding in car with someone drinking 1+ times in past 30 days (American Indians) [YRBS]	2001	2,224	na	47.6	na
	2003	2,037	na	43.6	na
	2005	2,210	na	47.3	na

Substance-Specific Consumption Problems	Data Year	Annual Number Persons in Montana	National Annual Rate (percent)	Montana Annual Rate (percent)	Ratio of Montana Rate to National Rate (ratio > 1 means Montana above National)
Adult Binge Drinking					
Adults (18+ yrs) having 5+ drinks at one time in past 30 days (All Races) [BRFSS]	2002	140,184	16.3	19.8	1.2
	2004	121,068	15.1	17.1	1.1
	2006	111,864	15.4	15.8	1.0
Alcohol Dependency					
Youth (12-17 yrs) alcohol dependence in past year (All Races) [NSDUH]	02-03	4,093	2.1	4.8	2.3
	03-04	3,016	2.1	3.5	1.7
	04-05	2,611	2.1	3.0	1.4
Young adult (18-25 yrs) alcohol dependence in past year (All Races) [NSDUH]	02-03	8,869	6.9	9.6	1.4
	03-04	8,317	7.0	9.0	1.3
	04-05	8,758	7.2	9.5	1.3
Treatment center admissions for alcohol (All Races, ages 12+) [SAMHSA] *Per 100,000 over 12	2001	2,288	*189.7	294.8	1.6
	2003	2,394	*187.8	308.4	1.6
	2005	2,405	*174.6	309.9	1.8

Substance-Specific Consumption Problems	Data Year	Annual Number Persons in Montana	National Annual Rate (rate per 100,000)	Montana Annual Rate (rate per 100,000)	Ratio of Montana Rate to National Rate (ratio > 1 means Montana above National)
Motor Vehicle Crashes					
Injuries from alcohol-related motor vehicle crashes (All Races, all ages) [MARS & MDT]	2002	1,745	na	191.6	na
	2004	1,767	na	194.0	na
	2006	1,816	na	199.4	na
Deaths from alcohol-related motor vehicle crashes (All Races, all ages) [FARS & MDT]	2002	96	6.2	10.5	1.7
	2004	107	6.0	11.7	2.0
	2006	108	na	11.9	na
Deaths from alcohol-related motor vehicle crashes (American Indians, all ages) [FARS & MDT]	2002	35	na	63.5	na
	2004	32	na	58.1	na
	2006	30	na	54.5	na
Alcohol-Induced Deaths					
Alcohol-induced death (All Races) [MT OFFICE OF VITAL STATISTICS]	2001	105	7.1	11.5	1.6
	2003	106	7.1	11.6	1.6
	2005	124	na	13.6	na
Alcohol-induced death (American Indians) [MT OFFICE OF VITAL STATISTICS]	2001	28	na	50.8	na
	2003	21	na	38.1	na
	2005	36	na	65.4	na
Suicides					
All suicides [MT OFFICE OF VITAL STATISTICS]	2001	174	10.74	19.1	1.8
	2003	179	10.82	19.7	1.8
	2005	205	na	22.5	na