The 2025 Georgia Social Indicator Study—Overall

Volume I. Georgia's County-Level Social Indicator Study to Assess Substance Use and Related Consequences

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1. Introduction

This report presents findings from the 2025 update of the Georgia county-level Social Indicator Study (SIS). To provide the most valuable planning resources, planning tools need to be updated as new data become available. This updated county-level SIS will serve as a timely resource for characterizing substance use and prevention needs at the county level. The additional data sources and analytic tools also provide a comprehensive perspective on the substance use landscape for prevention planning, including harm reduction strategies.

The focus of this report is a prevention needs assessment and planning profile for each of Georgia's 159 counties, including the display of eight risk domains composed of 66 social indicators derived from 10 archival sources. The data collection procedures and analysis methodologies used for producing the planning profiles are summarized in **Section 2**. Findings from the conduct of trend analysis on selected indicators of substance use disorder at the state and county levels are provided in **Section 3**. The planning profiles, as presented in **Section 4**, reflect various dimensions of substance use and substance use–related problems and outcomes that may exist in communities, as well as sociodemographic characteristics and vital statistics believed to be associated with substance use and the risk for and protection from substance use. The profiles were designed to provide local planners and service providers with a concise, visual summary of each county's pattern of substance use–related indicators. We have also integrated the trend analysis findings into the profiles to show significant changes (favorable and unfavorable) in key social indicators. Statewide trends or patterns with regard to the risk construct scores and ranks are presented in **Section 5**.

Section 6 is devoted to issues regarding the application of social indicator data to prevention planning and includes recommendations for data dissemination to facilitate effective use, as well as strategies for incorporating a social indicator approach into the state's prevention planning system.

Volume II contains the planning profiles for each of Georgia's 159 counties. The tables in **Volume III** contain indicator values at the county level. **Appendix A** details the steps in using a county-level profile to craft a prevention story.

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2. Data Collection and Analysis

2.1 Selection of Social Indicators

The archival indicators selected for this study were based on data and constructs used in the previous SIS in Georgia (completed in 2019), as well as on general data availability. These indicators were selected on the basis of their successful use in similar studies conducted in other states, their conceptual appeal, and their availability at the county level. A total of 66 indicators were collected and organized into eight domains and the general concepts that they appeared to reflect. The domains, the specific indicators within each category, the indicator definitions, the years for which archival data were collected, the indicator data sources, and associated notes for each indicator are displayed in **Table 1**. Several indicators used in the 2019 SIS were not available for inclusion in the 2025 SIS; therefore, several new similar indicators were substituted in the 2025 report.

2.2 Data Sources and Collection Procedures

Wherever possible, indicators used in previous 2019 Georgia SIS were used for this Georgia study. Some indicators were unavailable, and in these cases we used new indicators that were available that were as similar as possible to the previous indicator. Updated data were collected by RTI International from a variety of state and federal agencies.

State data sources included the following:

- Georgia Department of Education
- Georgia Student Health Survey (GSHS)
- Georgia Department of Revenue
- Georgia Department of Public Health (including the Online Analytical Statistical Information System [OASIS])
- Georgia Division of Children and Family Services
- Georgia Bureau of Investigation

Federal data sources included the following:

- National Highway Traffic Safety Administration, Fatality Analysis Reporting System
- National Emergency Medical Services Information System
- American Community Survey
- Bureau of Labor Statistics, Local Area Unemployment Statistics

Table 1.   Archival Indicator Categories, Variables, and Data Years

Archival Indicators	Definition	Data Years	Data Source	Notes
A. Past-30-Day Substance Use				
A1. Past-30-Day Alcohol Use (middle school [MS] & high school [HS])	Percentage of students reporting alcohol use in past 30 days	School year (SY) 2021–2022 through SY2023–2024	Georgia Student Health Survey (GSHS)	County assignment based on school location
A2. Past-30-Day Binge Alcohol Use (MS & HS)	Percentage of students reporting binge alcohol use in past 30 days			
A3. Past-30-Day Marijuana Use (MS & HS)	Percentage of students reporting marijuana use in past 30 days			
A4. Past-30-Day Prescription Drug Use (MS & HS)	Percentage of students reporting prescription painkiller, tranquilizer or sedative, stimulant, or other prescription drug use for nonmedical reasons in past 30 days			
A5. Past-30-Day Tobacco Use (MS & HS)	Percentage of students reporting cigarette or other tobacco use in past 30 days			
A6. Past-30-Day Electronic Vapor Product Use (MS & HS)	Percentage of students reporting electronic vapor product use in past 30 days			
A7. Past-30-Day Methamphetamines Use (MS & HS)	Percentage of students reporting methamphetamine use in past 30 days			
A8. Past-30-Day Heroin Use (MS & HS)	Percentage of students reporting heroin use in past 30 days			
A9. Lifetime Alcohol Use (MS & HS)	Percentage of students reporting ever using alcohol			
A10. Lifetime Marijuana Use (MS & HS)	Percentage of students reporting ever using marijuana			
A11. Lifetime Prescription Drug Use (MS & HS)	Percentage of students reporting ever using prescription drugs for nonmedical reasons			
A12. Lifetime Tobacco Use (MS & HS)	Percentage of students reporting ever using cigarettes or other tobacco			

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Table 1.   Archival Indicator Categories, Variables, and Data Years (continued)

Archival Indicators	Definition	Data Years	Data Source	Notes
A13. Lifetime Methamphetamines Use (MS & HS)	Percentage of students reporting ever using methamphetamines	School year (SY) 2021–2022 through SY2023–2024 (same as above)	Georgia Student Health Survey (GSHS) (same as above)	County assignment based on school location (same as above)
B. Availability of Alcohol, Tobacco, and Drugs				
B1. Drug Reports[a]	Number of drug reports per 10,000 persons	2020–2024	Georgia Bureau of Investigation (GBI)	Includes cocaine, heroin, marijuana/cannabis, methamphetamines, fentanyl, and opioid reports (as defined in the table below)
B2. Cocaine Reports[a]	Number of cocaine reports per 10,000 persons			Includes reports mentioning cocaine, benzoylecgonine (cocaine metabolite), or cocaethylene (cocaine + alcohol metabolite) in the result field
B3. Heroin Reports[a]	Number of heroin reports per 10,000 persons			Includes reports mentioning heroin, diacetylmorphine (chemical name), 6-mam, or 6 monoacetylmorphine (heroin metabolites) in the result field
B4. Marijuana Reports[a]	Number of marijuana reports per 10,000 persons			Includes reports mentioning marijuana, cannabis, zzzcannabis, zzzthc, THC, or tetrahydrocannabinol (including any of the delta-8/9/10/11/12 variants) in the result field
B5. Methamphetamine Reports[a]	Number of methamphetamines reports per 10,000 persons			Includes reports mentioning methamphetamine, Desoxyn (prescription brand), or Methedrine (brand name) in the result field
B6. Fentanyl Reports[b]	Number of fentanyl reports per 10,000 persons			Includes reports mentioning fentanyl or any of its medical or illicitly manufactured variants[c]

Table 1.   Archival Indicator Categories, Variables, and Data Years (continued)

Archival Indicators	Definition	Data Years	Data Source	Notes
B7. Opioid Reports[b]	Number of opioid reports per 10,000 persons	2020–2024 (same as above)	Georgia Bureau of Investigation (GBI) (same as above)	Includes reports mentioning fentanyl (any variant), heroin (any variant), buprenorphine, codeine, oxycodone, oxymorphone, hydromorphone, hydrocodone, meperidine, methadone, tramadol, or morphine in the results field
B8. Alcohol Retail Outlets	Number of licensed alcohol retail outlets per 10,000 persons	FY2024	Georgia Department of Revenue	County assignment based on retailer location
B9. Tobacco Retail Outlets	Number of licensed tobacco retail outlets per 10,000 persons	FY2024		County assignment based on retailer location
B10. Alcohol Sales Underage Noncompliance Percentage	Percentage equal to number of licensed alcohol retailers who sold alcohol to underage persons divided by total number of alcohol retailer compliance checks conducted in county	FY2020–FY2024		Compliance checks were not necessarily conducted in every county every year. Thus, we present an annual average of compliance rates during 2020 through 2024.
B11. Tobacco Sales Underage Noncompliance Percentage	Percentage equal to number of licensed tobacco retailers who sold tobacco to underage persons divided by total number of tobacco retailer compliance checks conducted in county	FY2020–FY2024		Compliance checks were not necessarily conducted in every county every year. Thus, we present an annual average of compliance rates during 2020 through 2024.

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Table 1.   Archival Indicator Categories, Variables, and Data Years (continued)

Archival Indicators	Definition	Data Years	Data Source	Notes
C. Consequences of Alcohol and Other Drug Use				
C1. Hospital Discharges for Disorders Related to Drug Use, Age 0 to 19[d]	Number of hospital discharges for disorders related to drug use per 10,000 persons age 0 to 19	2019–2023	Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS)[e]	▪ Disorders Related to Drug Use are the misuse or overuse of any medication or drug, including alcohol and tobacco. ▪ These numbers are those of inpatients discharged from nonfederal acute-care inpatient facilities, limited to Georgia residents who were seen in a Georgia facility. Persons can be counted more than once if readmitted. Discharges include people both living and deceased. Because the number and rate reflect only hospitalizations, they do not include all existing cases (prevalence) or new cases (incidence) among residents of Georgia. Discharges are reported by date of discharge, not admitting date.
C2. Hospital Discharges for Disorders Related to Drug Use, Age 20 to 24[d]	Number of hospital discharges for disorders related to drug use per 10,000 persons age 20 to 24			
C3. Hospital Discharges for Disorders Related to Drug Use, Age 25 or Older[d]	Number of hospital discharges for disorders related to drug use per 10,000 persons age 25 or older			

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Table 1.   Archival Indicator Categories, Variables, and Data Years (continued)

Archival Indicators	Definition	Data Years	Data Source	Notes
C4. Opioid-Related Hospitalizations and Emergency Room Visits, Any age[b]	Number of opioid-related hospitalizations or emergency room visits per 10,000 persons of any age	2019–2023 (same as above)	Department of Public Health, OASIS[e] (same as above)	Numbers show ER visit or hospitalization involving any opioid overdose. Includes prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine); opioids used to treat addiction (e.g., methadone); and heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly manufactured).
C5. Hospital Discharges Due to Intentional Self-Harm, Age 0 to 24[f]	Number of hospital discharges due to intentional self-harm per 10,000 persons age 0 to 24			▪ Intentional self-harm (suicide) defined as the act or intention of intentionally killing oneself. ▪ The number of inpatients discharged from nonfederal acute-care inpatient facilities, limited to discharges of Georgia residents who were seen in a Georgia facility. Persons can be counted more than once if readmitted. Discharges include people both living and deceased. Because the number and rate reflect only hospitalizations, they do not include all existing cases (prevalence) or new cases (incidence) among residents of Georgia. Discharges are reported by date of discharge, not admitting date.
C6. Hospital Discharges Due to Intentional Self-Harm, Age 25 or Older[f]	Number of hospital discharges due to self-inflicted injuries per 10,000 persons age 25 or older			

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Table 1.   Archival Indicator Categories, Variables, and Data Years (continued)

Archival Indicators	Definition	Data Years	Data Source	Notes
C7. Any Opioid-Related Overdose Deaths[f]	Number of overdose deaths due to any opioid-related cause per 10,000 persons	2019–2023 (same as above)	Department of Public Health, OASIS[e] (same as above)	▪ Includes prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine); opioids used to treat addiction (e.g., methadone); and heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly manufactured).
C8. Heroin-Related Overdose Deaths[f]	Number of overdose deaths due to any heroin-related cause per 10,000 persons			
C9. Fentanyl-Related Overdose Deaths[b]	Number of overdose deaths due to any fentanyl-related cause per 10,000 persons			▪ Includes synthetic opioids other than methadone (e.g., tramadol and fentanyl that may be prescription or illicitly manufactured).
C10. Unintentional Poisoning Deaths	Number of deaths due to unintentional poisonings per 10,000 persons			
C11. Suicide Deaths	Number of suicide deaths per 10,000 persons			
C12. Alcohol-Related Crash Fatalities	Percentage of total fatal motor vehicle crashes that are alcohol related	2018–2022	National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS)	▪ County assignment based on crash location ▪ Since blood alcohol content (BAC) test results are often missing, a multiple imputation methodology was employed by FARS to generate 10 values of BAC for each missing value from the crash-level file for each year. For each imputed BAC, if the average imputed value for the crash was above 0.08, then the crash was defined as alcohol impaired.[g]

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Table 1. Archival Indicator Categories, Variables, and Data Years (continued)

Archival Indicators	Definition	Data Years	Data Source	Notes
C13. Alcohol-Related Crash Fatalities Involving Underage Persons (Persons Under Age 21)[6]	Percentage of total fatal, alcohol-related motor vehicle crashes that involved an underage person (persons under age 21)	2018–2022 (same as above)	FARS (same as above)	▪ County assignment based on crash location. ▪ Includes fatal, alcohol-related crashes in which an underage person was in one of the vehicles involved in the accident. The underage person was not necessarily killed or driving. ▪ Since BAC test results are often missing, a multiple imputation methodology was employed by FARS to generate 10 values of BAC for each missing value from the crash-level file for each year. For each imputed BAC, if the average imputed value for the crash was above 0.08, then the crash was defined as alcohol impaired.[9]
C14. Child Maltreatment Reports[h]	Number of investigated child maltreatment cases per 1,000 individuals	SFY2021–SFY2024	Georgia Division of Children & Family Services (DCFS)	▪ A report of maltreatment, also known as an intake, is a notification to the DCFS that a person is suspected of neglecting or abusing a child in their care. ▪ DCFS provided rates for all years that are based on 2017 population census estimates, so population denominator may be slightly different from the population denominator used for other indicators
C15. School-Based Reportable Offenses Related to Substance Abuse	Percentage of total school-based reportable offenses that involve alcohol, drugs, or tobacco	SY2020–SY2024	Georgia Department of Education	▪ County assignment based on school location ▪ Tobacco includes vape products

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Archival Indicators	Definition	Data Years	Data Source	Notes
C16. Patients Receiving Naloxone[b]	Percentage of Patients Receiving Naloxone Relative to National Average	April 2024–April 2025	National Emergency Medical Services Information System	▪ Data reported for previous 12 months from date of access ▪ County is compared to national average rate of 37.1% and classified into the following categories: ▪ 1: Zero or Much Lower than Average = 0%–18% ▪ 2: Lower than Average = 19%–32% ▪ 3: Near National Average = 33%–40% ▪ 4: Higher than Average = 41%–73% ▪ 5: Much Higher than Average = 74%–100%
C17. Infants born with Neonatal Abstinence Syndrome (NAS)[b]	Number of infants born with NAS per 1,000 live births	2017–2021	Georgia Department of Public Health, Georgia Strategic Prevention System	▪ Data pooled for years 2017–2021 ▪ Rates are not calculated for the counties with counts less than or equal to 5 ▪ NAS identified by ICD 10 code P96 listed in diagnostic code of hospital discharge data ▪ NAS cases defined as Tier 2, passive surveillance cases ▪ Cases are not confirmed using medically abstracted records
C18. Births to Women Who Reported Drinking Alcohol during Pregnancy[b]	Number of births to women who reported drinking alcohol during pregnancy, per 10,000 persons	2019–2023	Georgia Department of Public Health, OASIS[e]	
C19. Births to Women Who Reported Using Tobacco during Pregnancy[b]	Number of births to women who reported using tobacco during pregnancy, per 10,000 persons			
D. Community Disorganization and Transition				
D1. Housing Units That Are Vacant	Percentage of total housing units that are vacant	2019–2023	American Community Survey	

(continued)

Table 1.   Archival Indicator Categories, Variables, and Data Years (continued)

Archival Indicators	Definition	Data Years	Data Source	Notes
E. Family Conflict and Management Problems				
E1. Children Living in Foster Care	Number of all unique children under age 18 in foster care per 1,000 persons under age 18	SFY2021–SFY2024	Georgia DCFS	▪ Total number of children in foster care on the last day of the state fiscal year ▪ DCFS provided rates for all years that are based on 2017 population census estimates, so population denominator may be slightly different from the population denominator used for other indicators
F. Individual Risk Factors				
F1. Perceived No or Slight Risk from Substance Use (MS & HS)	Percentage of students perceiving no or slight risk of harm from alcohol, binge alcohol, marijuana, or nonmedical use of prescription drugs	SY2021–2022 through SY2023–2024	GSHS	County assignment based on school location
G. Lack of Commitment to School				
G1. High School Students Who Did Not Graduate	Percentage of high school students in 4-year cohort who did not graduate	2020–2024	Georgia Department of Education	County assignment based on school location
G2. GSHS Lack of Commitment to School construct (MS & HS)[i]	Average composite score of following questions from the GSHS survey: Most days I look forward to going to school; I feel like I fit in at my school; I feel successful at school; I feel connected to others at school (Scale: 1 = Strongly Agree; 4 = Strongly Disagree)	SY2021–2022 through SY2023–2024	GSHS	County assignment based on school location

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Table 1.   Archival Indicator Categories, Variables, and Data Years (continued)

Archival Indicators	Definition	Data Years	Data Source	Notes
H. Poverty/Increased Risk for Socioeconomic Deprivation				
H1. Children Living Below Poverty Level	Percentage of related children under age 18 living below poverty level	2019–2023	American Community Survey	
H2. Total Population Living Below Poverty Level	Percentage of total population (for whom poverty status is determined) living below poverty level			
H3. Adults in the Labor Force who Are Unemployed	Percentage of adults in the labor force who are unemployed	2019–2023	Bureau of Labor Statistics, Local Area Unemployment Statistics	

Note. FARS = Fatality Analysis Reporting System; GSHS = Georgia Student Health Survey; HS = high school; MS = middle school; SY = school year.

[a] Data for the 2025 SIS Report were obtained from NFLIS, a data source different from that in 2019 (GBI); therefore, comparisons with data in the 2019 SIS Report on this indicator should not be made.

[b] New indicator for the 2025 SIS Report not previously included in the 2019 SIS Report.

[c] For a full list of terms, see Zibbell, J. E., Aldridge, A., Grabenauer, M., Heller, D., Clarke, S. D., Pressley, D., & Smiley-McDonald, H. (2023). Associations between opioid overdose deaths and drugs confiscated by law enforcement and submitted to crime laboratories for analysis, United States, 2014–2019: An observational study. *Lancet Regional Health–Americas, 25,* Article 100569.

[d] The indicators Alcohol- and Drug-Related Hospitalizations and Emergency Room Visits in the 2019 SIS Report were not available in 2025. Therefore, these new indicators were substituted for the 2025 SIS Report.

[e] For all data from OASIS, the county assignment is based on the patient's or subject's residence.

[f] The indicator terminology was updated from the 2019 SIS Report to more accurately reflect the label for the data from its original source; however, the data from the 2019 and 2025 reports are comparable.

[g] We applied an updated methodology to calculate this measure for the 2025 SIS report; therefore, comparisons with the 2019 SIS report should not be made.

[h] The indicator Investigated Child Maltreatment Cases Involving Alcohol or Drugs in the 2019 SIS Report was not available in 2025. Therefore, this new indicator was substituted for the 2025 SIS Report.

[i] The question "I like school" was removed from the GSHS for the survey years used in the 2025 SIS Report; therefore, the construct was calculated differently with the four remaining questions and the data are not comparable to the 2019 SIS Report.

Most indicators included in this study (Table 1) were obtained from standard administrative and reporting databases generated by the source agencies. A few of the indicators were obtained via special request through the state agencies. As a result, we expect that the data

collection procedures used to collect these indicators are valid and reliable. The frequency distribution of each indicator was examined, and indicators with unusual distributions or extreme values were noted and adjusted or dropped, as necessary.

Data provided from the Georgia Department of Education and the GSHS did not contain county assignments and instead were organized by school system and individual school. Thus, we assigned a county name to each system name on the basis of the school address for school systems that were separated by smaller geographic areas or regions (such as a city). County assignment for the GSHS and Georgia Department of Education indicators were based on school location, rather than the place of residence for each individual or respondent. GSHS respondents who could not be assigned to a particular county on the basis of their school and system name were excluded from the analyses, including from the state estimates for Georgia presented in **Section 3**. This approach excludes such students as those enrolled online or virtually or through the Department of Juvenile Justice or the Department of Corrections.

In SY2022, three counties did not provide any high-school-level GSHS data (Lumpkin, Taliaferro, and Tattnall). In SY2023, one county (Taliaferro) did not provide any middle-school-level data, and five counties (Clay, Jenkins, Quitman, Tattnall, and Wheeler) did not provide any high-school-level data. In SY2024, seven counties (Brooks, Clay, Echols, Hart, Lumpkin, Jefferson, Schley) did not provide any middle-school-level data, and six counties (Brooks, Clay, Echols, Hart, Lumpkin, Schley) did not provide any high-school-level data.

2.3   Analytic Procedures

2.3.1   Epidemiological Profiles

The following section outlines the analytic steps for creating the county ranks, indicator risk scores, and overall risk scores presented in **Section 5** and **Volume II**.

Step 1: Calculating Rates or Percentages

To make the data comparable across counties with different population sizes, a rate (e.g., the number of reported deaths per 10,000 persons) or percentage (e.g., the percentage of students reporting alcohol use in the past 30 days) was calculated. Each rate or percentage was based on a numerator that reflected the number of events or population of interest for a given year and a denominator that reflected the base on which the rate or percentage was calculated.[1]

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[1] To more accurately account for changes in population over time, for the 2025 SIS Report the denominators used to calculate rates reflected the population for the given year. This was an improvement over the methodology used in the 2019 SIS Report, where the same denominator was applied for all years of data analyzed.

Step 2: Computing Risk Scores

A main feature of the risk profiles is that they provide, for each county, a graphic display of its risk factor levels and problems related to substance misuse, relative to the average across the 159 counties (or state average). A statistical procedure, *standardization*, was performed to create these relative measures, termed *risk scores*. Standardized values for each of the 66 indicators were calculated for each county by subtracting the state mean value from the county value and dividing by the standard deviation. This procedure produced new values of the indicators that have a mean of zero and a standard deviation of 1.0, regardless of the original units of measurement. The indicators were defined such that higher values reflected greater levels of substance use, substance use–related problems, and risk for substance use.

Each risk score measure represents the number of standard deviation units a county's value lies away from the mean value across all counties, which is zero. Defining the risk score values in this manner means that each risk score implicitly provides a comparison between the county and the mean value across all counties, or the state average. In addition, converting all of the indicators to the same scale facilitates comparison across the indicators to identify those that are unusually high or low.

In addition to computing the 66 individual risk scores by county, we created an overall risk index for each county. Because the measures for the 66 risk scores are in standardized form, they could be combined directly without concern for differences in their original units of measurement. The overall risk score, therefore, was defined as the mean value of the 66 risk subconstructs that were indicative of risk. It provides a measure of the overall level of substance abuse problems and risks in each county relative to other counties in the state. One limitation of the index, however, is that each risk score contributes equally to the calculation of the overall risk score value (i.e., each indicator implicitly receives a weight of 1).

Step 3: Ranking Individual Risk Scores and Overall Risk Index

To allow for further comparisons by the individual risk scores and overall risk score, we ordered each risk score and the overall risk score from lowest to highest and ranked them from 1 to 159. Counties with high rankings by risk score were at highest risk for that particular indicator, whereas counties with low rankings were at lower risk. Similarly, counties with high rankings on the overall risk score are viewed as having higher overall levels of substance use problems and risk factors for substance use than counties with lower rankings. The process of ranking was automated for the current report. Ranking occurred through program coding in such a way that if several counties had the same or minimally different values on the risk index, they were assigned the same rank.

2.3.2 Trend Analysis

In addition to allowing for comparisons of risk between counties, the profiles highlight changes that may signal areas of consistently increasing or decreasing risk within each county. These findings are critical in the context of a relative risk framework, because even counties that have lower risk than other counties in the state may have increased in risk relative to their own previous rankings.

We used linear regression models for each county to determine whether the change in each social indicator over time was statistically significant. Linear regressions were chosen over other options (e.g., polynomials) as the relatively small numbers of data points and years in the trends analysis were better described with a straight line across indicators. We then classified each significant trend on the basis of whether it had changed in a direction that was favorable (decreasing risk) or unfavorable (increasing risk).

Although these trend analyses use the most recent years of available data for all indicators, they do not necessarily examine the same time period across all indicators. For example, the most recent data years for one indicator may run from 2020 through 2024, whereas another indicator may have complete data only for years 2019 through 2023. The analyzed trend periods for each indicator are noted in each county profile.

Because of the way that linear regression models work, trend analyses cannot be, and were not, run in the following cases:

1. If the county had fewer than 3 years of data available.

2. If the actual trend line across years is perfectly straight (e.g., change between 2020 and 2021 is 0.12 and change between 2021 and 2022 is also 0.12), including cases for which values for the indicators equal zero across all years.

We did not conduct trend analyses for the following indicators because of data inconsistency and incompleteness:

- Alcohol and Tobacco Retail Outlets per 10,000: Only the most recent year of data was available.

- Persons Underage alcohol and tobacco sales compliance: Annual compliance checks were not consistently conducted in all 159 counties. To ensure that all counties had complete data, we averaged county-level compliance rates over the 3 most recent data years. This approach precluded any trend analysis on these indicators.

- Percentage of Patients Receiving Naloxone Relative to National Average: Only a single year of data was available for this indicator.

- Infants Born with Neonatal Abstinence Syndrome (NAS) per 1,000 Live Births: Because of small cell sizes, it was possible to present only a 5-year pooled measure with data from 2017 through 2021.

2.4 Limitations

As with any study, the archival data used in this report had several limitations, which are noted below.

- There was a wealth of data available at the county level in the state of Georgia; however, space limitations on creating a brief profile meant that many datasets had to be excluded from this analysis in order to provide a brief overview of the risk profile of each county.

- There were several limitations with data from the GSHS:

  - In SY2022 and SY2023, participation in the GSHS was not mandatory; however, in SY2024 participation was again compulsory for Georgia middle and high schools. As such, the number of responses in SY2024 is significantly higher than in SY2022 and SY2023.

  - The questions on perceived peer disapproval of substance use and perceived parent disapproval of substance use for each individual substance (e.g., alcohol, marijuana, prescription drugs, etc.) were removed from the GSHS and not available for SYS2022–SY2024. Thus these variables are not included in this 2025 SIS report.

  - Similarly, we created a construct variable for the survey questions regarding school commitment in order to consolidate the GSHS indicators and present data indicators from other sources on the brief two-page risk profile. The previous 2019 iteration of this report used a composite of five questions for this metric. However, the question "I like school" was removed from the GSHS and not available for SYS2022–SY2024. Therefore, the Lack of Commitment to School construct (for both middle school and high school) omitted this question and was calculated as an average composite score of four remaining questions from the GSHS survey: Most days I look forward to going to school; I feel like I fit in at my school; I feel successful at school; I feel connected to others at school.

  - Several counties in Georgia did not have any high school or middle school respondents in one or more of the years SY2022–SY2024. In SY2022, Lumpkin, Taliaferro, and Tattnall Counties did not have any high school respondents. In SY2023, there were no high school respondents in Clay, Jenkins, Quitman, Tattnall, and Wheeler Counties and no middle school respondents in Taliaferro County. In SY2024, there were no high school respondents in Brooks, Clay, Echols, Hart, Lumpkin, and Schley Counties and no middle school respondents in Brooks, Clay, Echols, Hart, Jefferson, Lumpkin, and Schley Counties. Inferences about the level of risk on GSHS indicators in these counties may be difficult.

  - Several counties (Atkinson, Bacon, Baker, Banks, Berrien, Brantley, Brooks, Bryan, Burke, Calhoun, Camden, Carroll, Charlton, Chatham, Chattahoochee, Cherokee, Clay, Columbia, DeKalb, Dodge, Dooly, Douglas, Fannin, Forsyth, Franklin, Glynn, Hancock, Harris, Heard, Jenkins, McIntosh, Morgan, Murray, Newton, Oglethorpe, Peach, Pike, Putnam, Quitman, Screven, Taliaferro, Tift, Turner, Twiggs, Ware, Wheeler, Wilcox, and Wilkinson) had a very small number of respondents for the middle school or high school GSHS survey, or both, in at least one year (i.e., there were fewer than 30 middle school or high school respondents). Therefore, the change in percentage and risk score, as well as the overall risk score, may be slightly misleading.

- Underage sales compliance checks are not carried out in every county every year; thus, we used the average noncompliance percentage over 5 years of available data to minimize the amount of missing data on this indicator. The tobacco underage sales compliance checks were determined by a random sampling design process as

part of the Synar program; thus, the very nature of the compliance work conducted in each county is dictated by the random sample rather than by systematically conducted compliance checks each year. Additionally, the list of licensed alcohol and tobacco retailers was available for only the current fiscal year for this report.

- The Division of Children & Family Services did not have child maltreatment cases data available by substance use involvement for 2025; therefore, we can present only the overall number of child maltreatment cases by county in the present report.

- Data from the National Forensic Laboratory Information System (NFLIS) were not available in 2025. Therefore, we obtained a different dataset from the Georgia Bureau of Investigation. The Drug reports from the Georgia Bureau of Investigation are not representative of the total number of drug seizures in Georgia. They are a subset of the total drug items seized and submitted for testing, typically for the purposes of providing evidence in a court case.[2] Furthermore, because of the raw nature of the data and the algorithm used to calculate drug report counts, in cases of re-analysis where the original drug report was corrected, we were unable to update the item counts to reflect the corrected report. However, these instances were extremely rare, accounting for less than 0.1% of all drug report cases.

- For the Alcohol-Related Crash indicators, we updated the method from the 2019 SIS report to more correctly assign which crashes are considered "alcohol related" in accordance with best practices guidelines released by the Fatality Analysis Reporting System. The new indicators are now based on a multiply imputed blood alcohol content instead of the reported value.

- Data regarding the percentage of patients receiving naloxone were available only compared to the national average and were reported as a range (rather than as a value). Therefore, we were able only to quantify naloxone administrations on a scale of 1–5 relative to the national average rather than using the true percentage for the county.

- Cases of Infants Born With Neonatal Abstinence Syndrome (NAS) were reported by the Georgia Department of Public Health as pooled 5-year estimates because of small sample sizes, and there was cell suppression for counties that had fewer than five cases. This approach limited rate calculations and made county-level trend analyses impossible.

- The alcohol- and drug-related emergency room visits and hospitalization data previously provided by the Georgia Department of Public Health were not available in 2025. Thus, we present Hospital Discharges for Disorders Related to Drug Use data from OASIS instead.

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[2] For an in-depth look at how these data are created and can be used or interpreted, refer to Pitts, W. J., Heller, D., Smiley-McDonald, H., Weimer, B., Grabenauer, M., Bollinger, K., ... Pressley, D. (2023). Understanding research methods, limitations, and applications of drug data collected by the National Forensic Laboratory Information System (NFLIS-Drug). *Journal of Forensic Sciences*, *68*(4), 1335–1342.

3. Georgia Substance Use and Related Consequences Trends Over Time

3.1 Comparison of Georgia Past-30-Day Consumption Indicators With Neighboring States and the United States

This section compares trends in past-30-day substance use for the state of Georgia with those in the United States and with the neighboring states of Alabama and Florida. Data are presented for the following substances: alcohol, binge alcohol, cigarettes, marijuana, and prescription drug misuse. These graphs present data from the National Survey on Drug Use and Health State Report from 2008–2009 through 2022–2023.

The "Descriptive Highlights in 2022–2023" in text summarizes descriptive differences between Georgia and the United States and the neighboring states of Alabama and Florida. No statistical testing was conducted to compare the geographic regions.

Figure 1. Percentage Reporting Past-30-Day Alcohol Use Among Youth Ages 12 to 20 in the United States, Alabama, Florida, and Georgia, 2008–2009 through 2022–2023

	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
Alabama	23.65	22.30	20.59	20.45	19.58	19.25	18.19	17.32	18.36	18.85	15.53			13.81	14.81
Florida	26.62	25.55	24.17	23.93	23.25	22.08	21.20	20.64	20.26	19.24	18.69			14.17	14.47
Georgia	24.21	23.33	21.04	19.69	20.84	20.25	18.12	15.73	15.65	15.95	14.39			13.22	12.42
United States	26.83	26.67	25.61	24.70	23.52	22.76	21.57	19.83	19.50	19.25	18.67			15.37	14.88
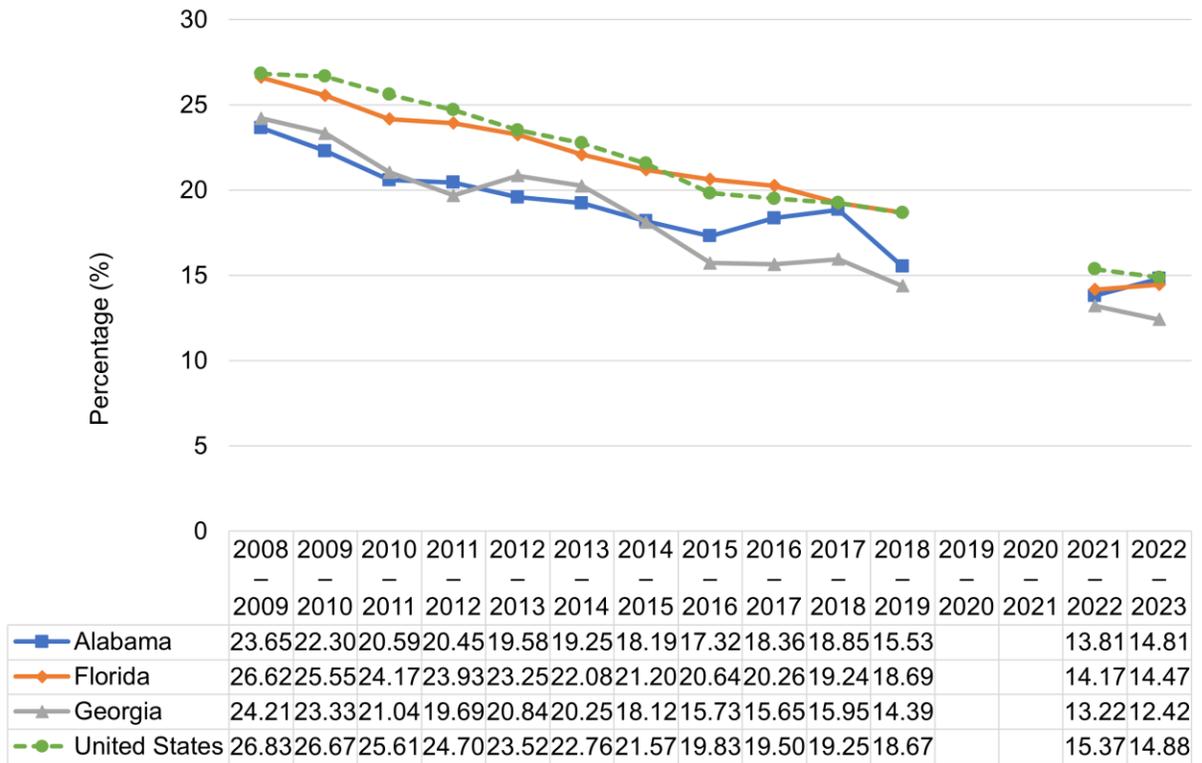
NOTE: Data were not available in 2019–2021 because of data collection limitations imposed by the COVID pandemic.

SOURCE: National Survey on Drug Use and Health.

Descriptive Highlights in 2022–2023

The percentage of youth age 12 to 20 reporting past-month (30 days) alcohol use was slightly lower in Georgia (12.42%) than in neighboring states (Alabama and Florida; 14.81% and 14.47%, respectively) and the United States overall (14.88%).

Figure 2. **Percentage Reporting Past-30-Day Binge Alcohol Use Among Youth Ages 12 to 20 in the United States, Alabama, Florida, and Georgia, 2008–2009 through 2022–2023**

	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
Alabama	14.61	13.62	12.46	14.77	12.30	12.81		10.94	10.80	10.91	9.77			7.65	9.71
Florida	16.59	15.32	14.49	14.42	13.15	11.81		12.26	11.44	10.80	10.28			6.95	7.20
Georgia	14.87	14.62	12.41	12.05	13.00	12.06		9.61	8.36	9.05	8.28			6.85	7.25
United States	17.85	17.54	16.34	15.55	14.75	14.00		12.71	12.00	11.66	11.24			8.40	8.39

NOTE: Data were not available in 2014–2015 because of the NSDUH redesign or in 2019–2021 because of data collection limitations imposed by the COVID pandemic.

SOURCE: National Survey on Drug Use and Health (NSDUH).

Descriptive Highlights in 2022–2023

The percentage of youth age 12 to 20 reporting past-month binge alcohol use was slightly lower in Georgia (7.25%) than in neighboring state Alabama (9.71%) and the United States overall (8.39%); however, the percentage was slightly higher than in Florida (7.20%).

Figure 3. Percentage Reporting Past-30-Day Cigarette Use Among Youth Ages 12 to 17 in the United States, Alabama, Florida, and Georgia, 2008–2009 through 2022–2023

	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
Alabama	10.40	9.01	8.84	8.22	6.25	5.66	5.34	4.83	4.80	4.91	3.58			1.31	1.61
Florida	8.30	7.95	6.91	5.55	4.95	4.42	3.56	2.93	2.76	2.85	2.10			0.79	0.93
Georgia	8.95	9.25	9.41	8.12	6.05	4.27	3.76	3.73	3.43	2.72	2.21			1.24	1.31
United States	9.09	8.69	8.07	7.16	6.08	5.24	4.53	3.80	3.29	2.93	2.50			1.45	1.28

NOTE: Data were not available in 2019–2021 because of data collection limitations imposed by the COVID pandemic.

SOURCE: National Survey on Drug Use and Health (NSDUH).

Descriptive Highlights in 2022–2023

The percentage of youth age 12 to 17 reporting past-month cigarette use was slightly higher in Georgia (1.31%) than in Florida (0.93%) and the United States overall (1.28%); however, the percentage was slightly lower than in Alabama (1.61%).

Figure 4. **Percentage Reporting Past-30-Day Marijuana Use Among Youth Ages 12 to 17 in the United States, Alabama, Florida, and Georgia, 2008–2009 through 2022–2023**

	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
Alabama	5.70	5.75	6.29	10.86	4.81	4.98	5.16	5.20	5.26	6.18	5.80			4.62	5.45
Florida	6.31	6.92	6.81	7.03	7.52	7.51	6.78	7.03	7.48	7.06	6.47			5.99	6.45
Georgia	5.50	6.42	6.51	7.20	7.14	6.06	6.92	6.40	5.39	6.05	6.04			5.87	6.75
United States	7.03	7.38	7.64	7.55	7.15	7.22	7.20	6.75	6.46	6.56	7.02			6.25	6.22
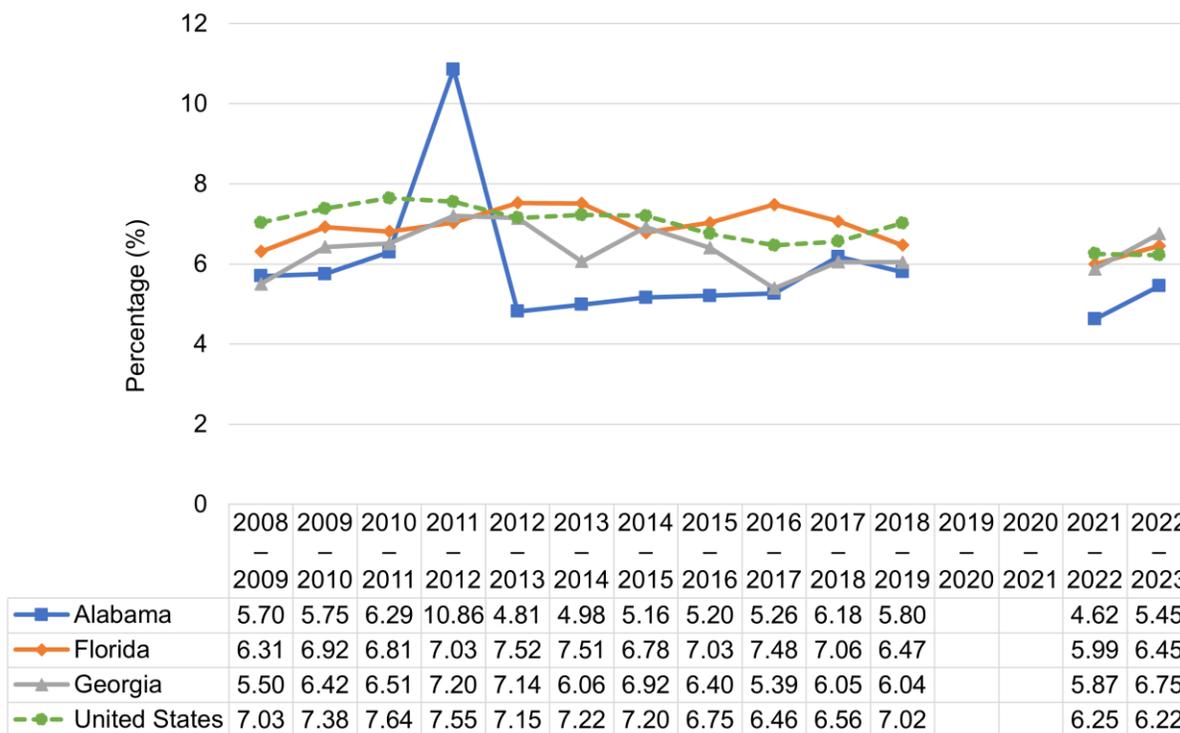
NOTE: Data were not available in 2019–2021 because of data collection limitations imposed by the COVID pandemic.

SOURCE: National Survey on Drug Use and Health.

Descriptive Highlights in 2022–2023

The percentage of youth age 12 to 17 reporting past-month marijuana use was slightly higher in Georgia (6.75%) than in neighboring states (Alabama and Florida; 5.45% and 6.45%, respectively) and the United States overall (6.22%).

Figure 5.   Percentage Reporting Past-30-Day Prescription Drug Misuse Among Youth Ages 12 to 17 in the United States, Alabama, Florida, and Georgia, 2008–2009 through 2022–2023

	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
Alabama	7.54	7.29	6.56	7.19	6.32	5.37		5.05	4.24	4.19	4.08			1.95	2.36
Florida	5.96	6.00	5.50	4.87	4.44	4.40		3.42	3.44	3.03	2.40			1.88	2.11
Georgia	6.29	6.04	5.37	5.26	5.07	5.24		3.49	2.74	2.82	2.60			1.77	1.94
United States	6.55	6.43	6.09	5.64	5.00	4.67		3.72	3.31	2.93	2.53			1.85	1.89

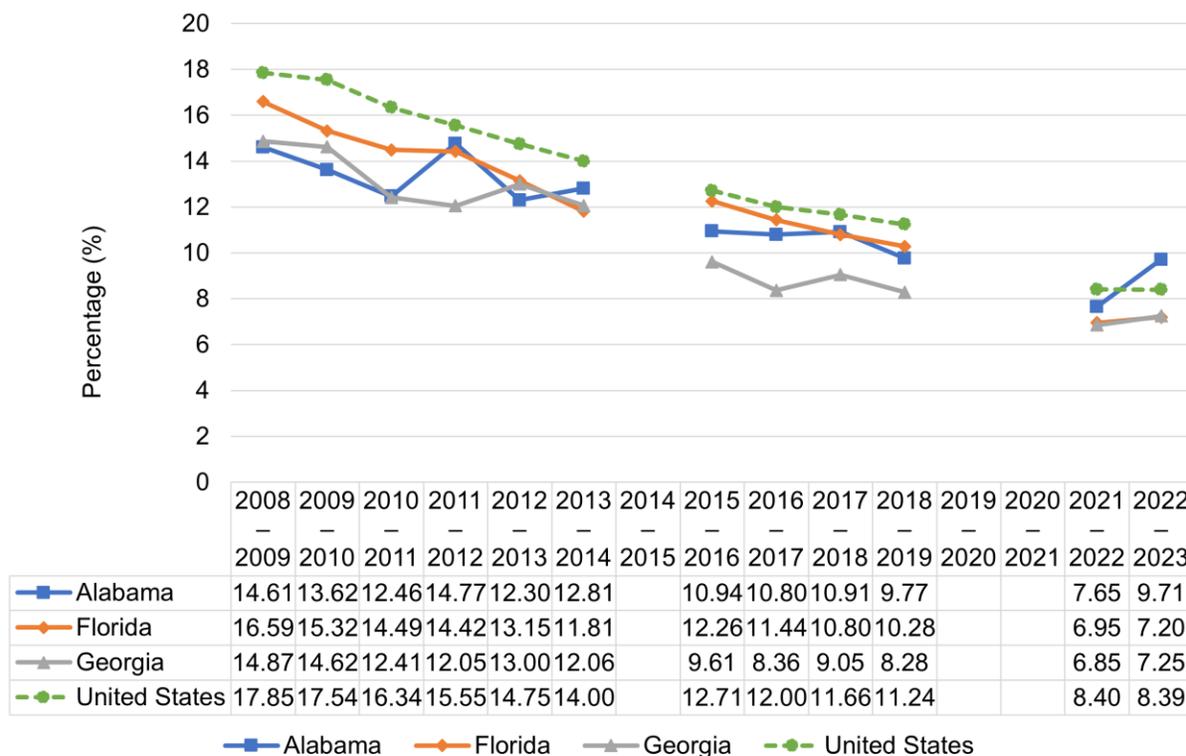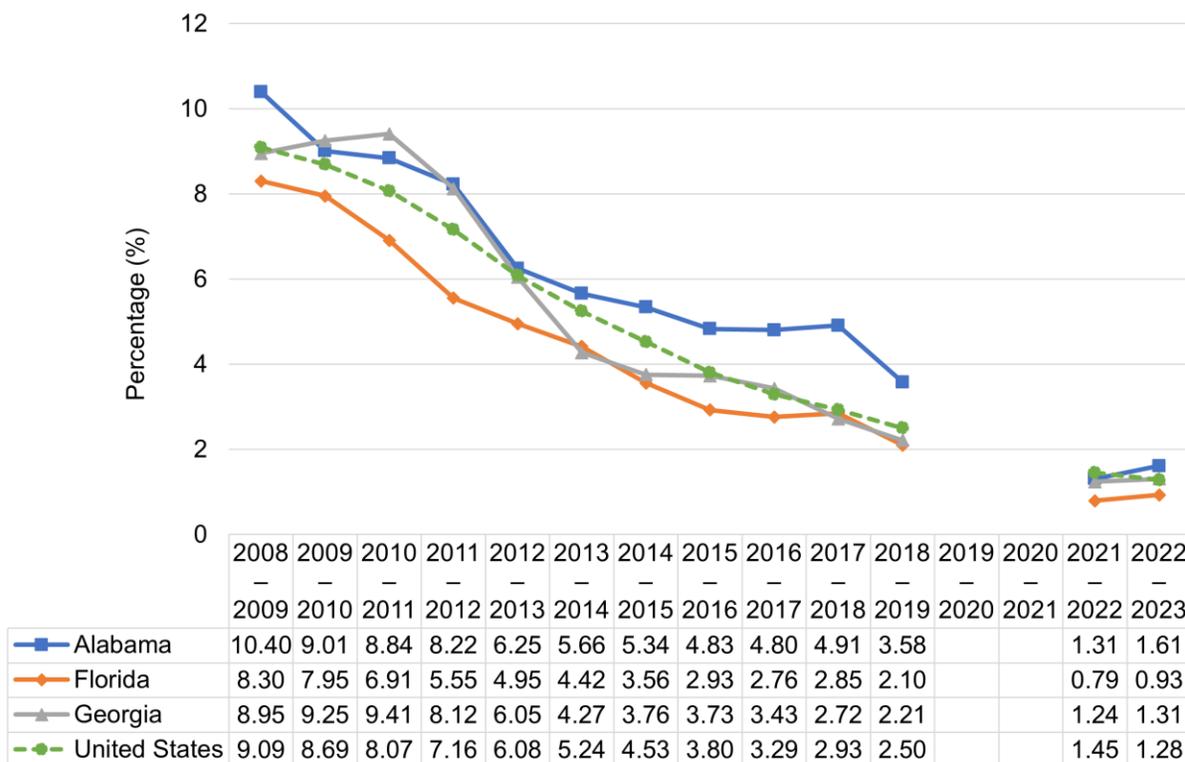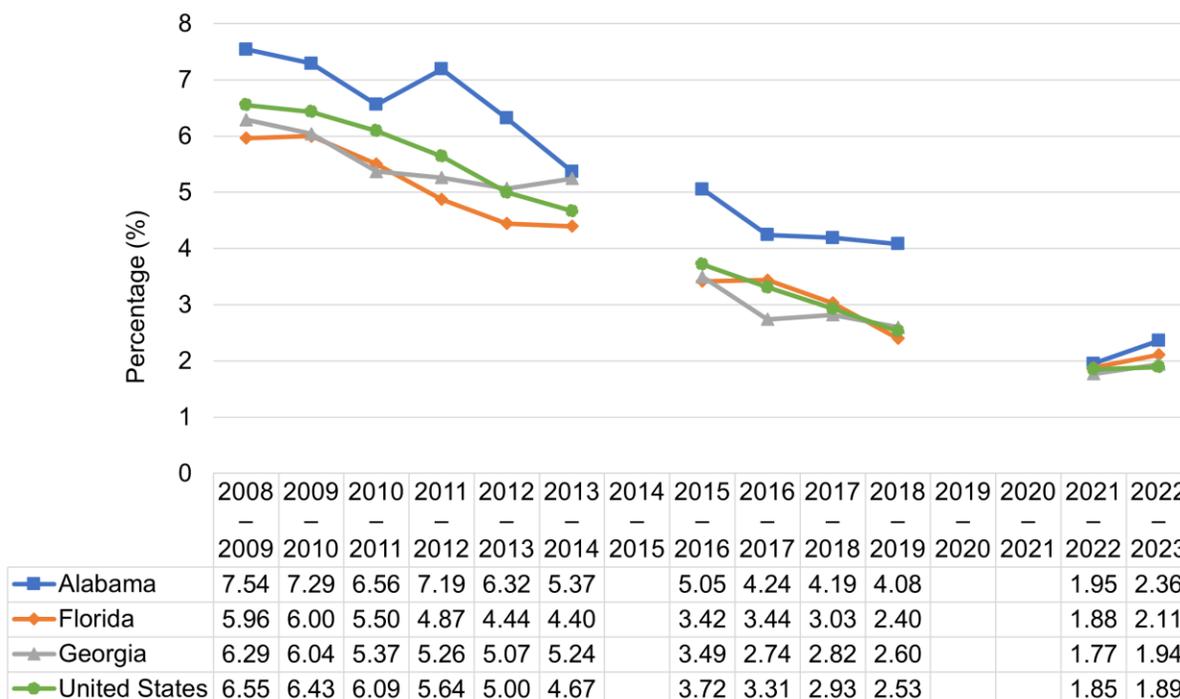NOTE: Data were not available in 2014–2015 because of the NSDUH redesign or in 2019–2021 because of data collection limitations imposed by the COVID pandemic.

SOURCE: National Survey on Drug Use and Health (NSDUH).

Descriptive Highlights in 2022–2023

The percentage of youth age 12 to 17 reporting past-month pain reliever misuse was slightly lower in Georgia (1.94%) than in neighboring states (Alabama and Florida; 2.36% and 2.11%, respectively); however, the percentage was slightly higher than in the United States overall (1.89%).

3.2   Georgia Social Indicator Study Indicators Over Time: State- and County-Level Trends

This section presents trends for the state of Georgia overall for each of the 66 indicators. The graphs reflect up to 5 of the most recent years for which data are available on each indicator. These graphs reflect the same trend years described in the profiles. The graphics can be used as a baseline to which the trends in the counties can be compared. For indicators with only a single year of data available, it was not possible to compare trends.

The "Significant Findings" text that follows several of the figures summarizes only statistically significant trends for each set of indicators. Where no trend analysis was possible, "Descriptive Findings" of the data are noted and provided.

The "County-Level Findings" text describes the numbers of counties with a statistically significant trend for each set of indicators. We grouped the results by the type of result (e.g., "favorable" and "unfavorable" trends) and present comments only on significant trends. Refer to Table 2 for the full table of results.

Overall Highlights of Changes Over Time: In recent years Georgia primarily experienced favorable trends in the majority of risk domains. There were only a few indicators on which Georgia experienced unfavorable trends. The key favorable and unfavorable trends at the state level are summarized below.

Favorable Trends

- Among high school students in Georgia, from SY2022 to SY2024 there was a decrease in the percentages of students reporting both past-30-day use and lifetime use for alcohol, marijuana, and tobacco on the GSHS.
  - There was also a reduction in the percentage of high school students reporting past-30-day prescription drug use and electronic vapor product use from SY2022 to SY2024.
- The total number of overall drug reports per 10,000 persons in Georgia, obtained by the Georgia Bureau of Investigation, significantly decreased from 2020 to 2024.
- There were reductions in the number of reports per 10,000 persons in Georgia for heroin, methamphetamines, and opioids.
- The number of hospital discharges for disorders related to drug or alcohol use per 10,000 persons age 20 to 24 in Georgia decreased from 2019 to 2023.
- The number of births to women who reported using tobacco during pregnancy per 10,000 persons in Georgia decreased from 2019 to 2023.
- The percentage of housing units that were vacant in Georgia decreased from 2019 to 2023.
- The percentage of the total population (any age) and children living below the poverty level in Georgia decreased from 2015–2019 to 2019–2023.

Unfavorable Trends

- The percentage of middle school students reporting lifetime methamphetamine use in Georgia increased from SY2022 to SY2024.
- The numbers of deaths from unintentional poisonings, opioid-related overdoses, and fentanyl-related overdoses per 10,000 persons in Georgia all increased from 2019 to 2023.

Figure 6. Percentage Reporting Past-30-Day Substance Use Among Middle School Students in Georgia, by Substance, SY2022–SY2024

	2022	2023	2024
Alcohol	4.21%	3.98%	3.75%
Binge Alcohol	2.12%	2.22%	2.15%
Marijuana	2.84%	2.95%	2.72%
Prescription Drugs	5.36%	5.57%	5.16%
Tobacco	2.82%	2.89%	2.80%
Electronic Vape Products	4.46%	4.35%	3.67%
Methamphetamines	1.69%	1.88%	1.94%
Heroin	1.61%	1.80%	1.87%
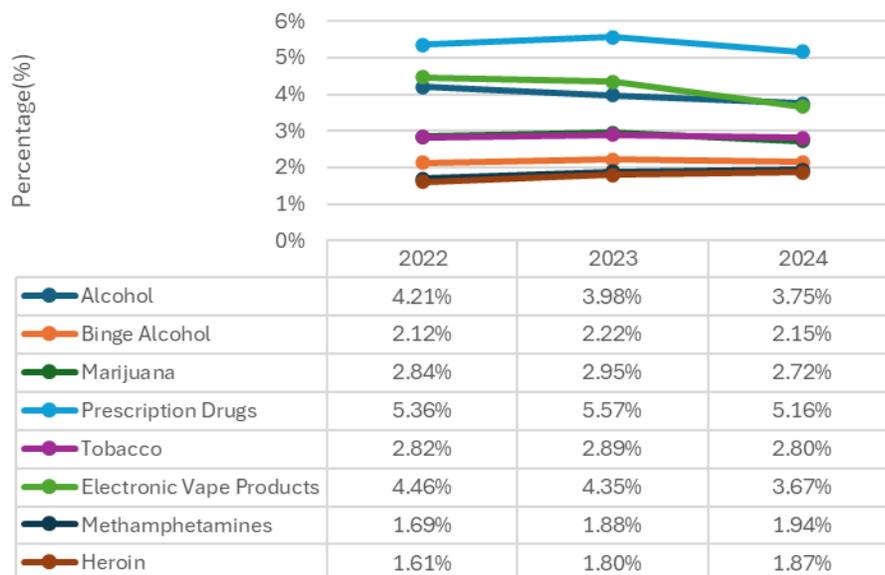
5

NOTES: Prescription drug use includes prescription drug painkillers, tranquilizers or sedatives, stimulants, or other drugs. Tobacco use includes cigarettes or other tobacco. SY = school year.

SOURCE: Georgia Student Health Survey.

Significant Findings

- The percentage of middle school students reporting past-30-day substance use in Georgia did not change significantly between SY2022 and SY2024 for any substance.

County-Level Findings

Between SY2022 and SY2024, among middle school students,

- 4 counties (2.52%) experienced favorable trends and 3 counties (1.89%) experienced unfavorable trends in past-30-day alcohol use
- 3 counties (1.89%) experienced favorable trends and 1 county (0.63%) experienced an unfavorable trend in past-30-day binge alcohol use
- 3 counties (1.89%) experienced favorable trends and 3 counties (1.89%) experienced unfavorable trends in past-30-day marijuana use
- 1 county (0.63%) experienced a favorable trend and 4 counties (2.52%) experienced unfavorable trends in past-30-day prescription drug use
- 3 counties (1.89%) experienced favorable trends and 3 counties (1.89%) experienced unfavorable trends in past-30-day tobacco use
- 1 county (0.63%) experienced a favorable trend and 5 counties (3.14%) experienced unfavorable trends in past-30-day electronic vapor product use
- 2 counties (1.26%) experienced favorable trends and 3 counties (1.89%) experienced unfavorable trends in past-30-day methamphetamines use
- No counties (0%) experienced favorable trends and 2 counties (1.26%) experienced unfavorable trends in past-30-day heroin use

Figure 7. Percentage Reporting Past-30-Day Substance Use Among High School Students in Georgia, by Substance, SY2022–SY2024

	2022	2023	2024
Alcohol	9.98%	8.66%	7.45%
Binge Alcohol	5.93%	5.16%	4.77%
Marijuana	8.70%	7.45%	6.17%
Prescription Drugs	7.00%	6.56%	6.10%
Tobacco	6.10%	5.57%	5.08%
Electronic Vape Products	9.39%	7.89%	6.35%
Methamphetamines	3.21%	3.28%	3.25%
Heroin	3.12%	3.20%	3.23%

NOTES: Prescription drug use includes prescription drug painkillers, tranquilizers or sedatives, stimulants, or other drugs. Tobacco use includes cigarettes or other tobacco. SY = school year.

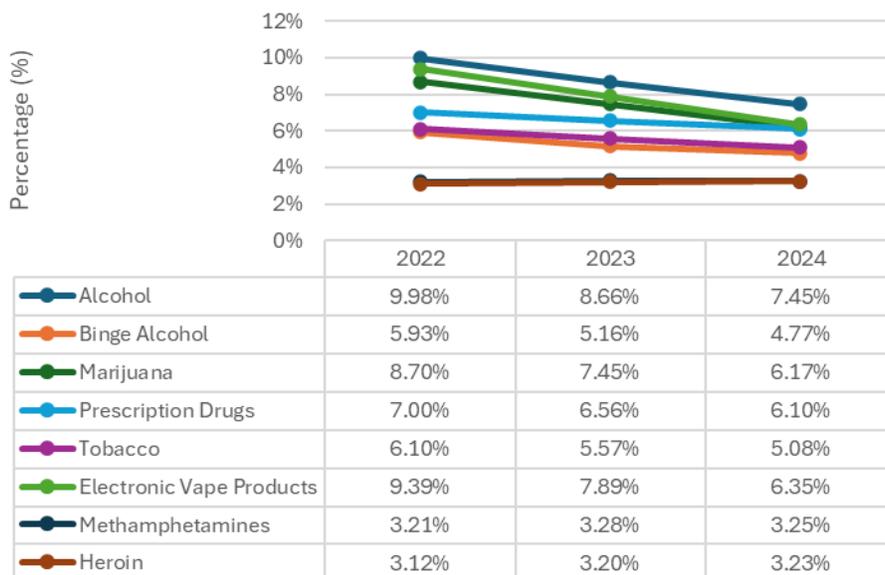SOURCE: Georgia Student Health Survey.

Significant Findings

- The percentage of high school students reporting past-30-day substance use in Georgia decreased each year from SY2022 to SY2024 for the following substances:
  - Alcohol (decreased from 9.98% in SY2022 to 7.45% in SY2024)
  - Marijuana (decreased from 8.70% in SY2022 to 6.17% in SY2024)
  - Prescription drugs (decreased from 7.00% in SY2022 to 6.10% in SY2024)
  - Tobacco (decreased from 6.10% in SY2022 to 5.08% in SY2024)
  - Electronic vapor products (decreased from 9.39% in SY2022 to 6.35% in SY2024)

County-Level Findings

Between SY2022 and SY2024, among high school students,

- 6 counties (3.77%) experienced favorable trends and no counties (0%) experienced unfavorable trends in past-30-day alcohol use
- 5 counties (3.14%) experienced favorable trends and 2 counties (1.26%) experienced an unfavorable trend in past-30-day binge alcohol use
- 6 counties (3.77%) experienced favorable trends and no counties (0%) experienced unfavorable trends in past-30-day marijuana use
- 5 counties (3.14%) experienced favorable trends and no counties (0%) experienced unfavorable trends in past-30-day prescription drug use
- 8 counties (5.03%) experienced favorable trends and 2 counties (1.26%) experienced unfavorable trends in past-30-day tobacco use

- 7 counties (4.40%) experienced favorable trends and 1 county (0.63%) experienced unfavorable trends in past-30-day electronic vapor product use
- 1 county (0.63%) experienced a favorable trend and 3 counties (1.89%) experienced unfavorable trends in past-30-day methamphetamines use
- 1 county (0.63%) experienced a favorable trend and 5 counties (3.14%) experienced unfavorable trends in past-30-day heroin use

Figure 8. Percentage Reporting Lifetime Substance Use Among Middle School Students in Georgia, by Substance, SY2022–SY2024

	2022	2023	2024
Alcohol	12.35%	11.66%	10.63%
Marijuana	3.86%	3.71%	3.47%
Prescription Drug Use	3.91%	3.76%	3.50%
Tobacco	5.55%	5.27%	4.77%
Methamphetamines	1.33%	1.42%	1.52%

NOTE: Tobacco use includes cigarettes or other tobacco. SY = school year.

SOURCE: Georgia Student Health Survey.

Significant Findings

- The percentage of middle school students reporting lifetime methamphetamine use in Georgia increased each year between SY2022 and SY2024 (increased from 1.33% in SY2022 to 1.52% in SY2024).

County-Level Findings

Between SY2022 and SY2024, among middle school students,

- 5 counties (3.14%) experienced favorable trends and no counties (0%) experienced unfavorable trends in lifetime alcohol use
- 4 counties (2.52%) experienced favorable trends and 2 counties (1.26%) experienced unfavorable trends in lifetime marijuana use
- 5 counties (3.14%) experienced favorable trends and no counties (0%) experienced unfavorable trends in lifetime prescription drug use
- 9 counties (5.66%) experienced favorable trends and 2 counties (1.26%) experienced unfavorable trends in lifetime tobacco use
- 3 counties (1.89%) experienced favorable trends and 2 counties (1.26%) experienced unfavorable trends in lifetime methamphetamines use

Figure 9. Percentage Reporting Lifetime Substance Use Among High School Students in Georgia, by Substance, SY2022–SY2024

	2022	2023	2024
Alcohol	22.88%	19.66%	17.11%
Marijuana	13.78%	11.51%	9.61%
Prescription Drug Use	6.01%	5.14%	4.48%
Tobacco	11.17%	9.39%	8.01%
Methamphetamines	2.69%	2.54%	2.49%
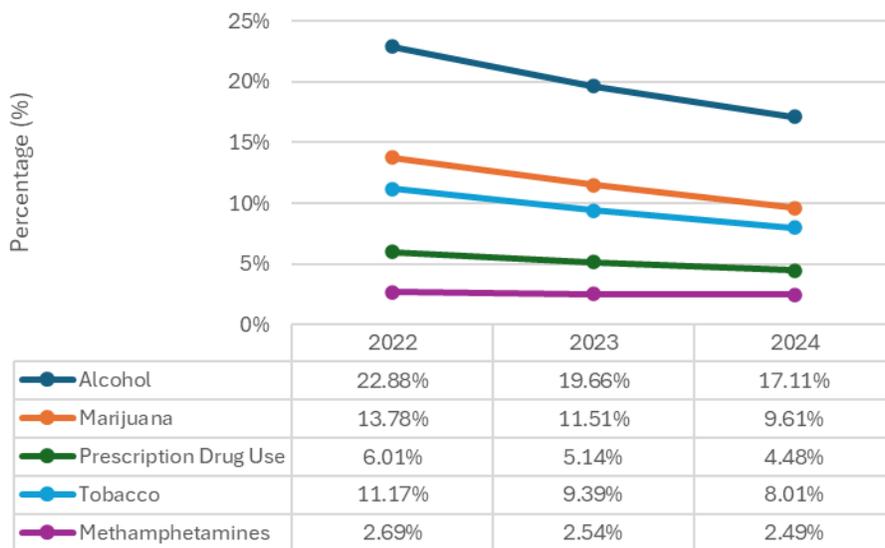
NOTE: Tobacco use includes cigarettes or other tobacco. SY = school year.

SOURCE: Georgia Student Health Survey.

Significant Findings

- The percentage of high school students reporting lifetime substance use in Georgia decreased each year from SY2022 to SY2024 for the following substances:
  - Alcohol (decreased from 22.88% in SY2022 to 17.11% in SY2024)
  - Marijuana (decreased from 13.78% in SY2022 to 9.61% in SY2024)
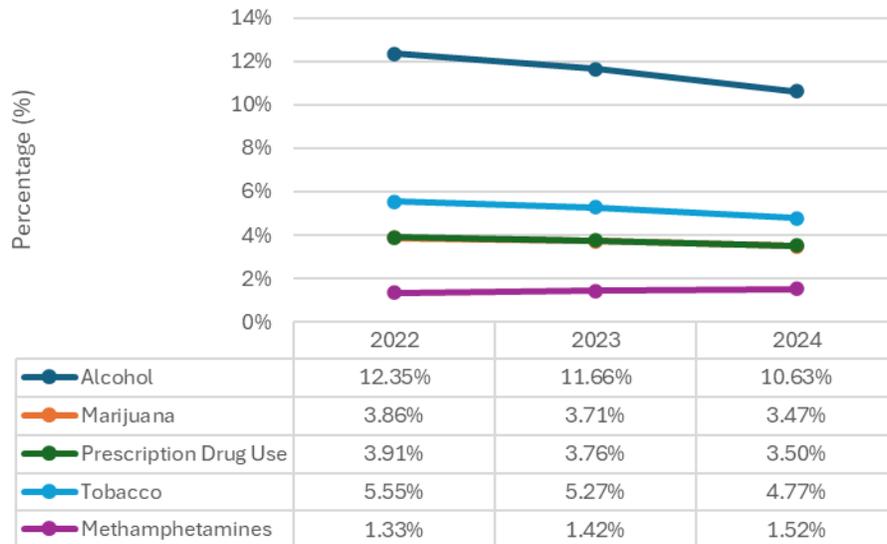 - Tobacco (decreased from 11.17% in SY2022 to 8.01% in SY2024)

County-Level Findings

Between SY2022 and SY2024, among high school students,

- 29 counties (18.24%) experienced favorable trends and no counties (0%) experienced unfavorable trends in lifetime alcohol use
- 14 counties (8.81%) experienced favorable trends and 1 county (0.63%) experienced an unfavorable trend in lifetime marijuana use
- 3 counties (1.89%) experienced favorable trends and 1 county (0.63%) experienced an unfavorable trend in lifetime prescription drug use
- 7 counties (4.40%) experienced favorable trends and 1 county (0.63%) experienced an unfavorable trend in lifetime tobacco use
- 2 counties (1.26%) experienced favorable trends and 8 counties (5.03%) experienced unfavorable trends in lifetime methamphetamines use

Figure 10. Total Drug Reports per 10,000 Persons in Georgia, 2020–2024

	2020	2021	2022	2023	2024
Total drug reports	25.38	29.22	20.07	19.35	11.86
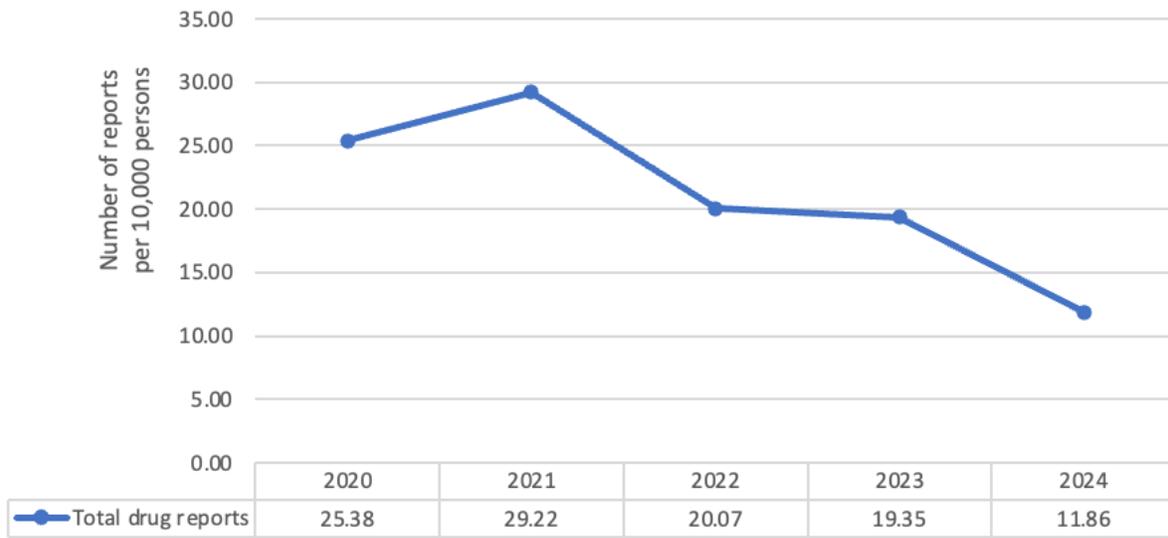
NOTE: Includes drug reports that mentioned cocaine, heroin, methamphetamines, marijuana/cannabis, fentanyl, opioids, or any combination thereof.

SOURCE: Georgia Bureau of Investigation.

Significant Findings

- The total number of drug reports per 10,000 persons in Georgia significantly decreased from 2020 to 2024.

  – Initially the rate increased slightly from 2020 to 2021 (from 25.38 reports per 10,000 persons in 2020 to 29.22 reports per 10,000 persons in 2021), but this was followed by a large decrease in 2022 (20.07 reports per 10,000 persons). The rate continued to decrease in 2023 (19.35 reports per 10,000 persons) and 2024 (to 11.86 reports per 10,000 persons). Overall, the rate of drug reports decreased by more than 50% between 2020 and 2024.

County-Level Findings

Between 2020 and 2024,

- 36 counties (22.64%) experienced favorable trends and no counties (0%) experienced unfavorable trends in drug reports per 10,000 persons.

Figure 11. Drug Reports per 10,000 Persons in Georgia, by Substance, 2020–2024

	2020	2021	2022	2023	2024
Cocaine	3.44	3.87	2.59	2.90	1.78
Fentanyl	0.54	1.20	1.32	1.04	0.70
Heroin	1.32	1.06	0.29	0.11	0.06
Marijuana	3.48	5.14	4.21	4.49	2.43
Methamphetamines	14.88	16.23	10.38	9.96	6.44
Opioids	3.60	3.99	2.89	2.00	1.21
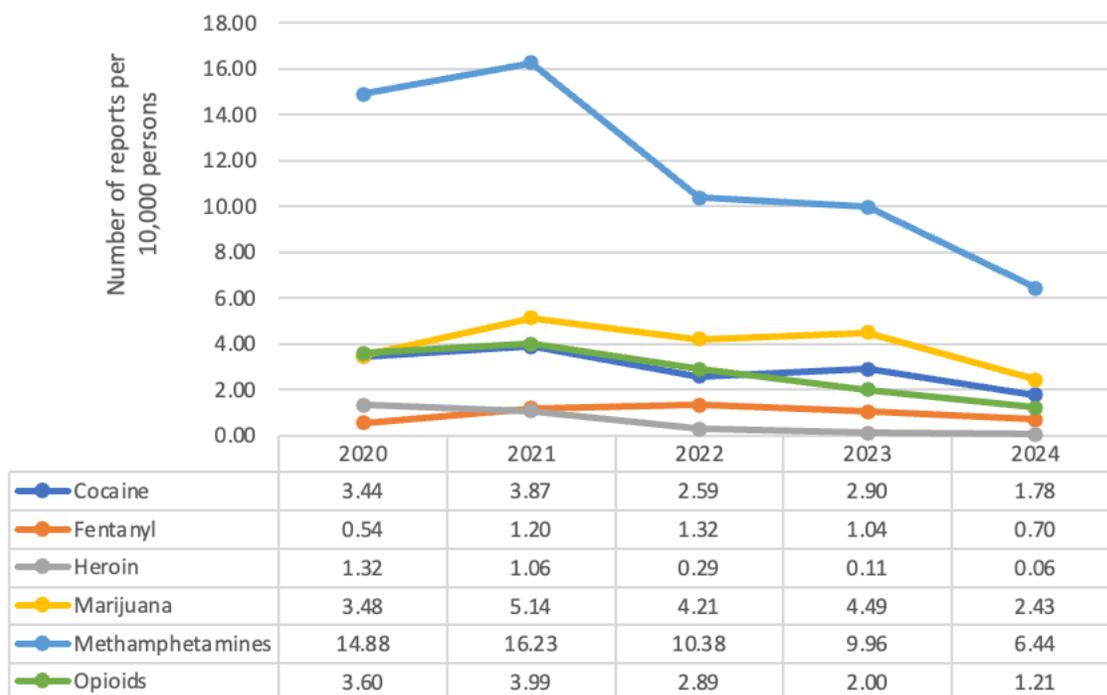
SOURCE: Georgia Bureau of Investigation.

Significant Findings

- The number of drug reports per 10,000 persons in Georgia decreased from 2020 to 2024 for the following substances:
  - Heroin (decreased from 1.32 reports per 10,000 persons in 2020 to 0.06 reports per 10,000 persons in 2024)
  - Methamphetamines (initially increased from 14.88 reports per 10,000 persons in 2020 to 16.23 reports per 10,000 persons in 2021, then decreased to 6.44 reports per 10,000 persons in 2024)
  - Opioids (initially increased from 3.60 reports per 10,000 persons in 2020 to 3.99 reports per 10,000 persons in 2021, then decreased to 1.21 reports per 10,000 persons in 2024)

County-Level Findings

Between 2020 and 2024,

- 13 counties (8.18%) experienced favorable trends and no counties (0%) experienced unfavorable trends in cocaine reports per 10,000 persons
- 41 counties (25.79%) experienced favorable trends and no counties (0%) experienced unfavorable trends in heroin reports per 10,000 persons
- 6 counties (3.77%) experienced favorable trends and 3 counties (1.89%) experienced unfavorable trends in marijuana reports per 10,000 persons
- 38 counties (23.90%) experienced favorable trends and no counties (0%) experienced unfavorable trends in methamphetamines reports per 10,000 persons

- 1 county (0.63%) experienced a favorable trend and 2 counties (1.26%) experienced unfavorable trends in fentanyl reports per 10,000 persons
- 34 counties (21.38%) experienced favorable trends and 1 county (0.63%) experienced an unfavorable trend in opioid reports per 10,000 persons

Figure 12. Total Number of Licensed Retailer Outlets per 10,000 Persons in Georgia, by Substance, FY2024

	Number of outlets
■ Alcohol	11
■ Tobacco	13
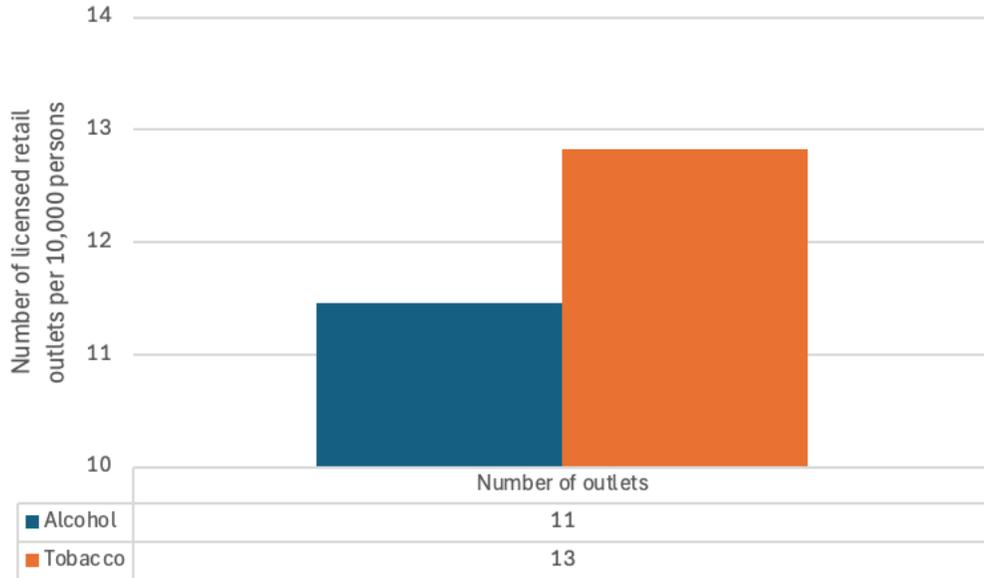
NOTE: County assignment based on retailer location.

SOURCE: Georgia Department of Revenue.

Descriptive Findings

- In FY2024, the number of licensed alcohol retail outlets per 10,000 persons in Georgia (11) was lower than the number of licensed tobacco retail outlets per 10,000 persons in Georgia (13).

County-Level Findings

- Trend analyses were not conducted.

Figure 13. Underage Sales Noncompliance Percentage in Georgia, by Substance, FY2020–FY2024

	2020	2021	2022	2023	2024
Alcohol	5.63%	8.33%	7.94%	7.74%	7.59%
Tobacco	2.78%	12.89%	1.21%	3.32%	6.94%
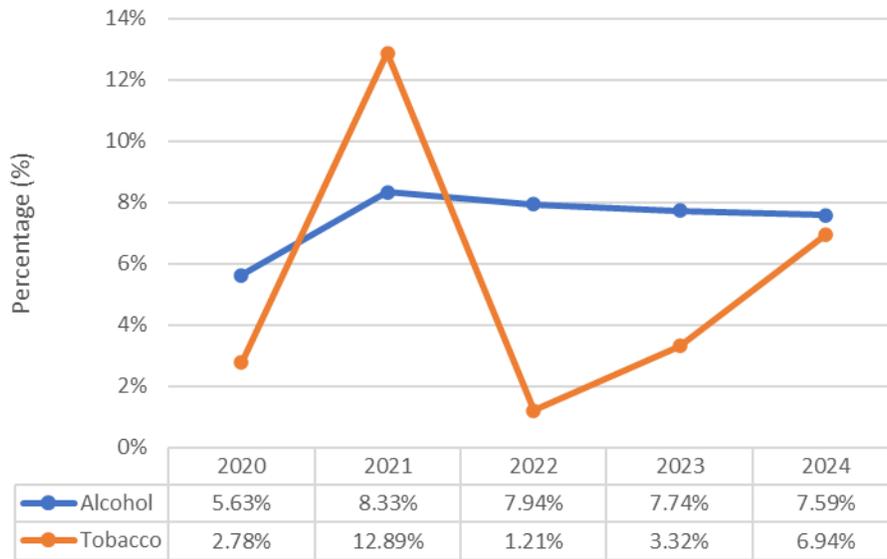
SOURCE: Georgia Department of Revenue.

Descriptive Findings

- A higher percentage of licensed alcohol retailers than licensed tobacco retailers in Georgia sold to underage persons in all years between 2020 and 2024, except 2021.

- The percentage of licensed alcohol retailers in Georgia that sold to underage persons increased from 5.63% in 2020 to 8.33% in 2021, then decreased to 7.59% in 2024.

- The percentage of licensed tobacco retailers in Georgia that sold to underage persons fluctuated from 2020 to 2024. The percentage increased from 2.78% in 2020 to 12.89% in 2021, decreased to 1.21% in 2022, and then increased to 6.94% in 2024.

County-Level Findings

- Trend analyses were not conducted.

Figure 14. Hospital Discharges for Disorders Related to Drug or Alcohol Use per 10,000 Persons in Georgia, by Age Group, 2019–2023

	2019	2020	2021	2022	2023
Persons Age 0 to 19	0.39	0.40	0.34	0.31	0.42
Persons Age 20 to 24	4.54	4.19	3.52	3.17	3.28
Persons Age 25 or Older	11.95	11.39	11.59	11.37	12.33
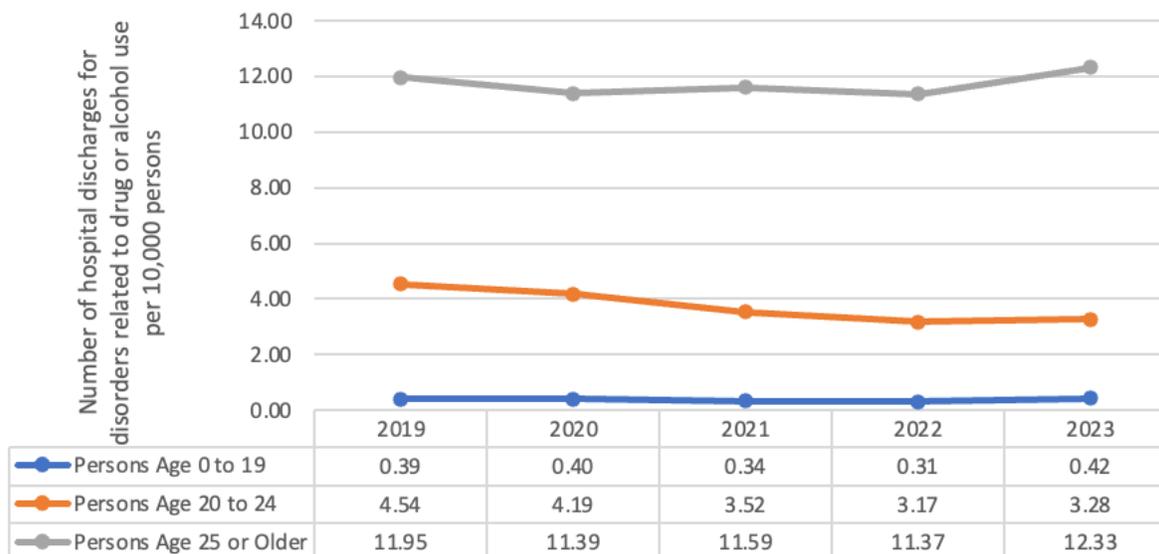
NOTE: Disorders Related to Drug Use are the misuse or overuse of any medication or drug, including alcohol and tobacco. Causes are based on the principal diagnosis.

SOURCE: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS).

Significant Findings

▪ The number of hospital discharges for disorders related to drug or alcohol use per 10,000 persons age 20 to 24 in Georgia decreased from 4.54 discharges per 10,000 persons in 2019 to 3.02 discharges per 10,000 persons in 2023.

County-Level Findings

Between 2019 and 2023,

▪ no counties (0%) experienced favorable trends and 1 counties (0.63%) experienced unfavorable trends in hospital discharges for disorders Related to Drug Use per 10,000 Persons Age 0 to 19

▪ 6 counties (3.77%) experienced favorable trends and 1 county (0.63%) experienced an unfavorable trend in hospital discharges for disorders Related to Drug Use per 10,000 Persons Age 20 to 24

▪ 5 counties (3.14%) experienced favorable trends and 6 counties (3.77%) experienced unfavorable trends in hospital discharges for disorders Related to Drug Use per 10,000 Persons Age 25 or older

Figure 15. Opioid-Related Hospitalizations and Emergency Room Visits per 10,000 Persons in Georgia, 2019–2023

	2019	2020	2021	2022	2023
Opioid-related hospitalizations and ER visits	4.80	5.64	6.40	5.69	4.85
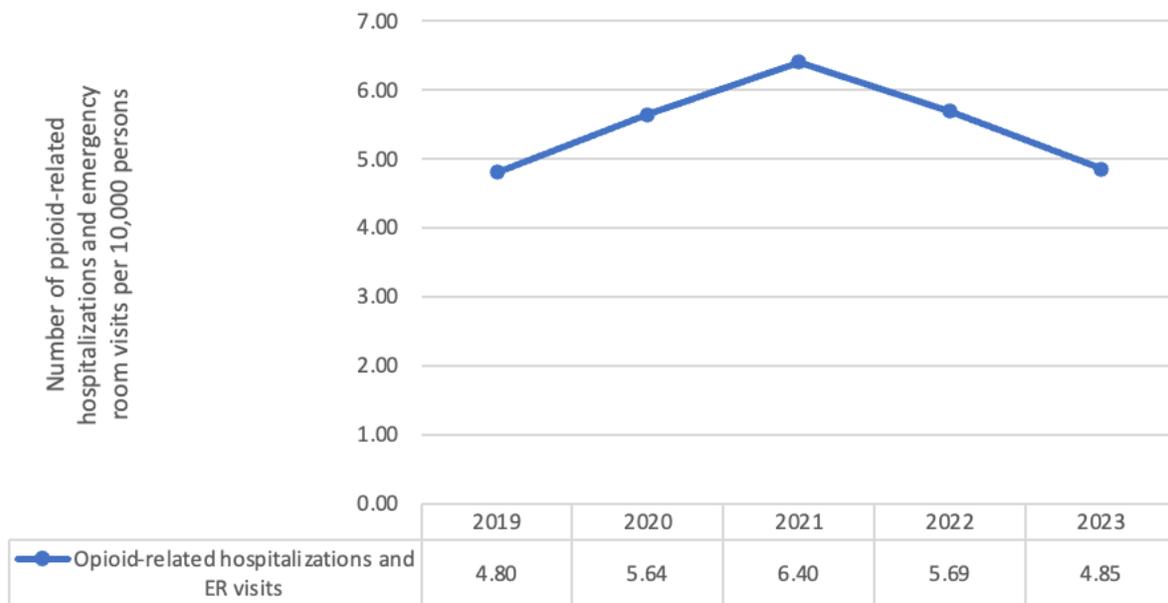
NOTE: ER visit or hospitalization involving any opioid overdose. Includes prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine); opioids used to treat addiction (e.g., methadone); and heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly manufactured). ER visits and hospitalizations may represent multiple visits by the same individual.

SOURCE: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS).

Significant Findings

- The number of opioid-related hospitalizations and emergency room visits per 10,000 persons in Georgia did not change significantly between 2019 and 2023.

County-Level Findings

Between 2019 and 2023,

- 6 counties (3.77%) experienced favorable trends and 3 counties (1.89%) experienced unfavorable trends in Opioid-Related Hospitalizations and Emergency Room Visits per 10,000 persons

Figure 16. Hospital Discharges Due to Intentional Self-Harm per 10,000 Persons in Georgia, by Substance, 2019–2023

	2019	2020	2021	2022	2023
Persons Age 0 to 24	2.49	2.44	3.00	2.82	2.28
Persons Age 25 or Older	3.16	2.62	2.43	2.41	2.50

SOURCE: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS).

Significant Findings

▪ The number of hospital discharges due to intentional self-harm per 10,000 persons did not change significantly between 2019 and 2023 in either age group.

County-Level Findings

Between 2019 and 2023,

▪ 4 counties (2.52%) experienced favorable trends and 2 counties (1.26%) experienced unfavorable trends in Hospital Discharges Due to Intentional Self-Harm per 10,000 persons age 0 to 24

▪ 10 counties (6.29%) experienced favorable trends and 4 counties (2.52%) experienced unfavorable trends in Hospital Discharges Due to Intentional Self-Harm per 10,000 persons age 25 or older

Figure 17. Any Drug-Related Overdose Deaths per 10,000 Persons in Georgia, by Substance and Type, 2019–2023

	2019	2020	2021	2022	2023
Any opioid	0.80	1.21	1.59	1.81	1.67
Heroin	0.28	0.37	0.29	0.14	0.09
Fentanyl	0.39	0.83	1.28	1.57	1.49
Unintentional poisoning	1.23	1.77	2.17	2.39	2.24

NOTE: Opioid-related overdose deaths involve prescription opioid pain relievers (e.g., hydrocodone, oxycodone, and morphine); opioids used to treat addiction (e.g., methadone); and heroin, opium, and synthetic opioids (e.g., tramadol and fentanyl that may be prescription or illicitly manufactured). Fentanyl-related overdose deaths involve synthetic opioids other than methadone (e.g., tramadol and fentanyl that may be prescription or illicitly manufactured).

SOURCE: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS).
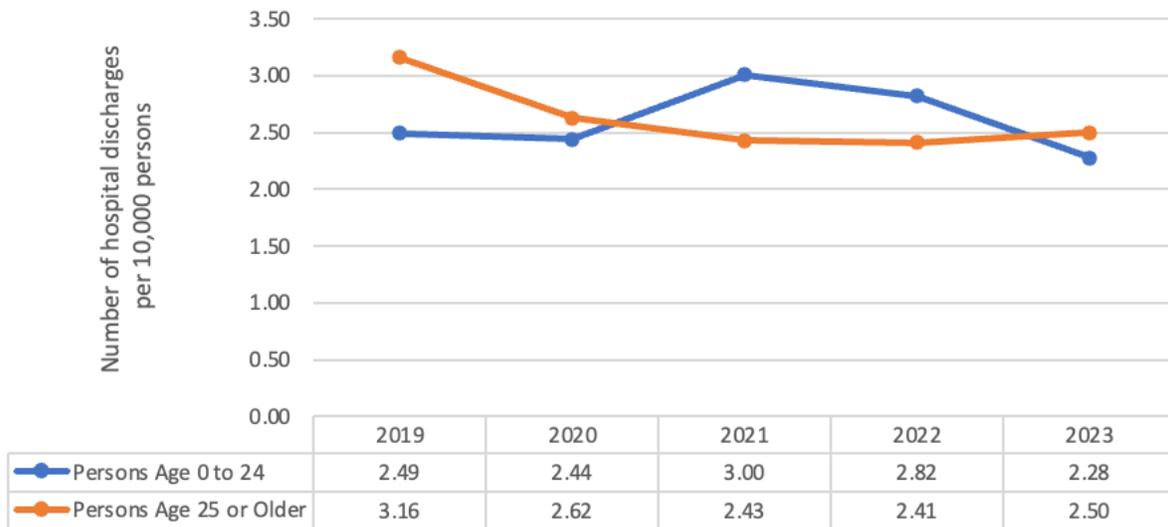
Significant Findings

- The number of opioid-related overdose deaths per 10,000 persons increased from 0.80 deaths per 10,000 persons in Georgia in 2019 to 1.67 deaths per 10,000 persons in 2023. However, the rate peaked in 2022 at 1.81 overdose deaths per 10,000 persons.

- The number of fentanyl-related overdose deaths per 10,000 persons increased from 0.39 deaths per 10,000 persons in Georgia in 2019 to 1.49 per 10,000 persons in 2023. However, the rate peaked in 2022 at 1.57 overdose deaths per 10,000 persons.

- The number of unintentional poisoning deaths per 10,000 persons increased from 1.23 deaths per 10,000 persons in Georgia in 2019 to 2.24 deaths per 10,000 persons in 2023. However, the rate peaked in 2022 at 2.39 deaths per 10,000 persons.

County-Level Findings

Between 2019 and 2023,

- No counties (0%) experienced favorable trends and 20 counties (12.58%) experienced unfavorable trends in any opioid-related overdose deaths per 10,000 persons

- 10 counties (6.29%) experienced favorable trends and no counties (0%) experienced unfavorable trends in heroin-related overdose deaths per 10,000 persons

- No counties (0%) experienced favorable trends and 28 counties (17.61%) experienced unfavorable trends in fentanyl-related overdose deaths per 10,000 persons

- No counties (0%) experienced favorable trends and 23 counties (19.50%) experienced unfavorable trends in unintentional poisoning deaths per 10,000 persons

Figure 18. Suicide Deaths per 10,000 Persons in Georgia, 2019–2023

	2019	2020	2021	2022	2023
Suicide deaths	1.49	1.39	1.54	1.49	1.50

SOURCE: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS).
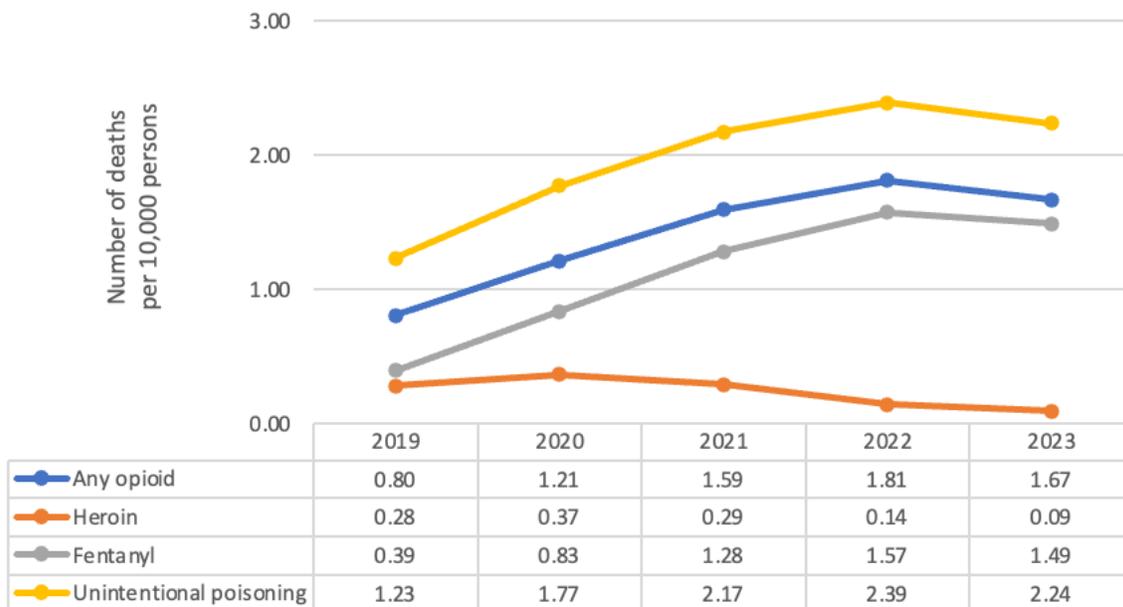
Significant Findings

- The number of suicide deaths per 10,000 persons in Georgia did not change significantly between 2019 and 2023.

County-Level Findings

Between 2019 and 2023,

- 3 counties (1.89%) experienced favorable trends and 4 counties (2.52%) experienced unfavorable trends in suicide deaths per 10,000 persons

Figure 19. Percentage of Fatal Motor Vehicle Crashes That Were Alcohol Related in Georgia, 2018–2022
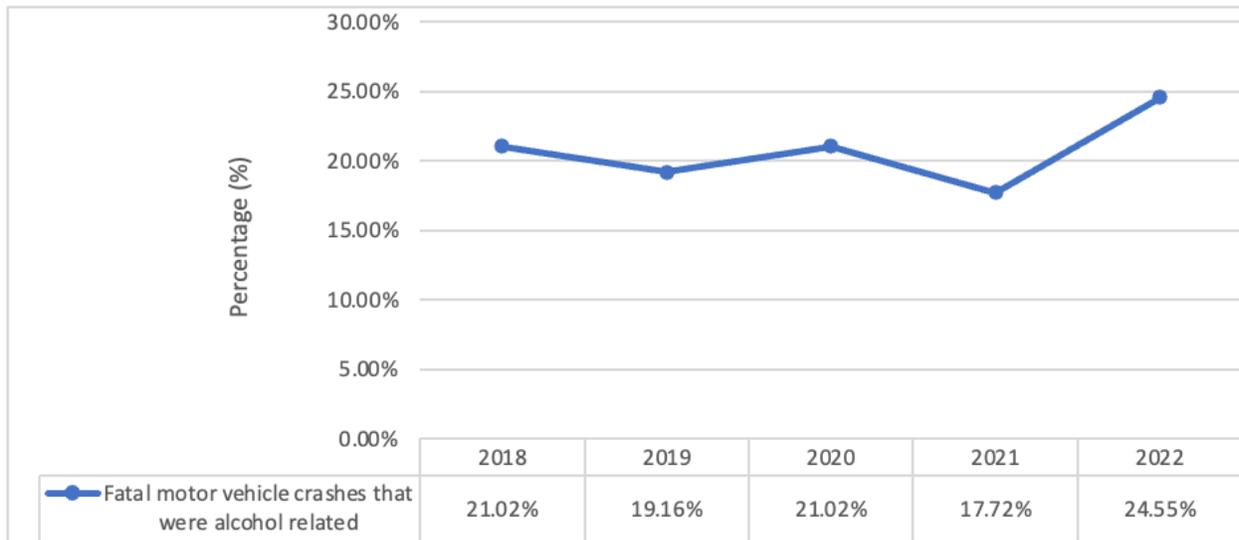
	2018	2019	2020	2021	2022
Fatal motor vehicle crashes that were alcohol related	21.02%	19.16%	21.02%	17.72%	24.55%

SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System.

Significant Finding

- The percentage of fatal motor vehicle crashes that were alcohol related in Georgia did not change significantly between 2018 and 2022.
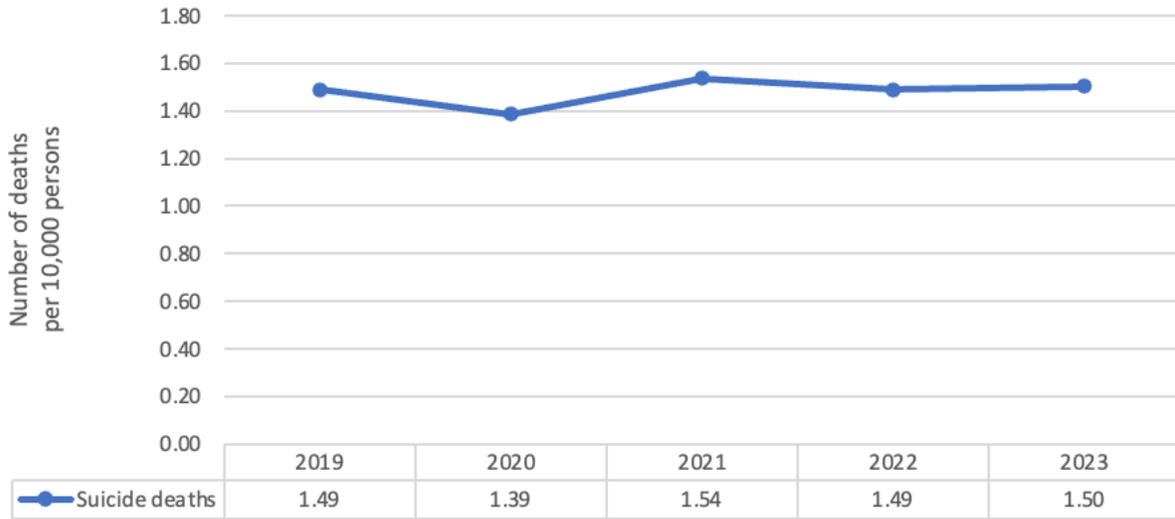
County-Level Findings

Between 2018 and 2022,

- 3 counties (1.89%) experienced favorable trends and 4 counties (2.52%) experienced unfavorable trends in the percentage of fatal motor vehicle crashes that were alcohol related

Figure 20. Percentage of Fatal Alcohol-Related Motor Vehicle Crashes That Involved an Underage Person (Under Age 21) in Georgia, 2018–2022

	2018	2019	2020	2021	2022
Fatal alcohol-related motor vehicle crashes that involved an underage person	6.08%	6.82%	8.44%	8.78%	7.28%
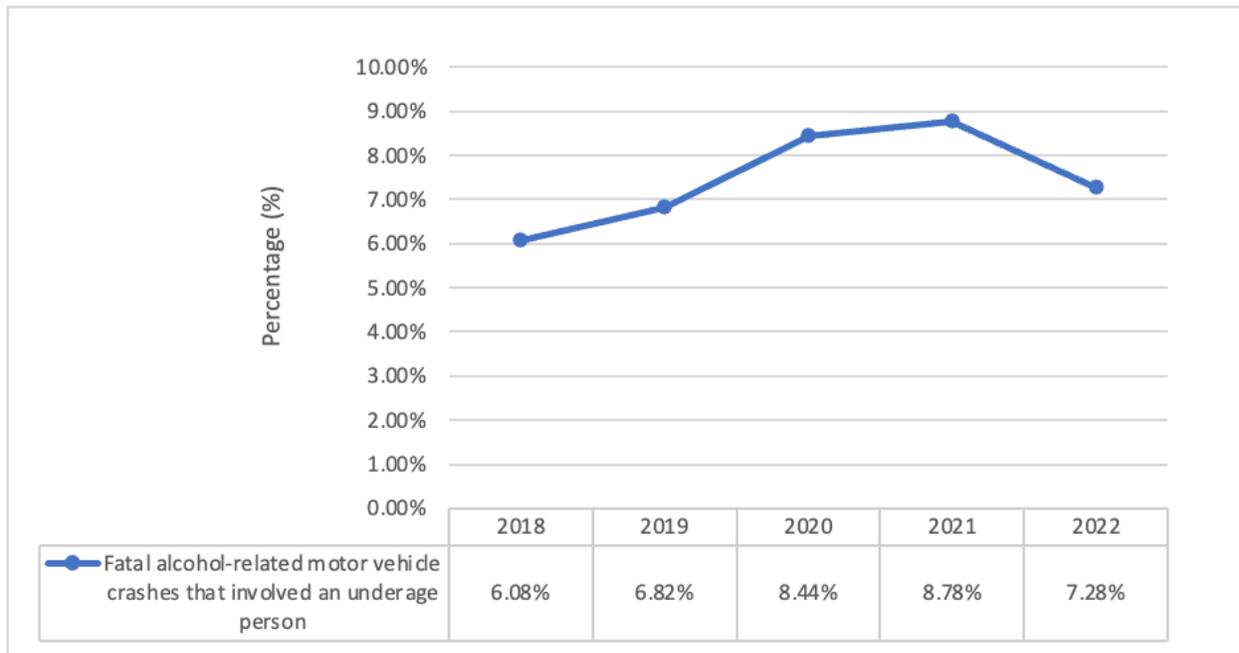
NOTE: Includes fatal, alcohol-related crashes in which an underage person was in one of the vehicles involved in the accident. The underage person was not necessarily killed or driving.

SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System.

Significant Finding

▪ The percentage of fatal alcohol-related motor vehicle crashes in Georgia that involved an underage person did not change significantly between 2018 and 2022.

County-Level Findings

Between 2018 and 2022,

▪ No counties (0%) experienced favorable trends or unfavorable trends in the percentage of fatal alcohol-related motor vehicle crashes that involved an underage person

Figure 21. Child Maltreatment Reports per 1,000 Persons Age 0 to 17 in Georgia, SFY2021–SFY2024
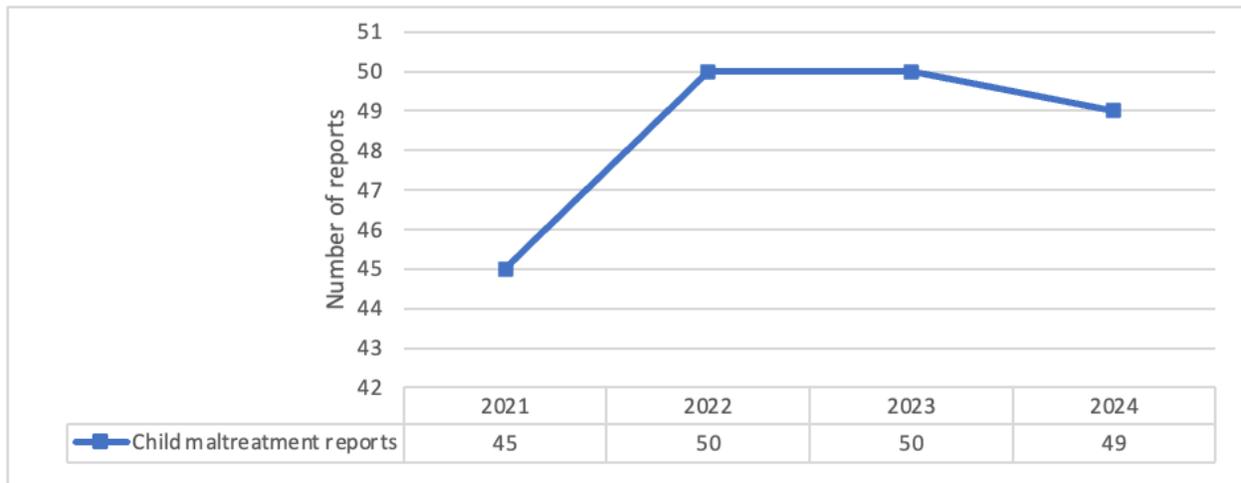
	2021	2022	2023	2024
Child maltreatment reports	45	50	50	49

NOTE: SFY = state fiscal year.

SOURCE: Georgia Division of Children & Family Services.

Significant Finding

- The number of child maltreatment reports per 1,000 persons age 0 to 17 in Georgia did not change significantly between SFY2021 and SFY2024.

County-Level Findings

Between SFY2021 and SFY2024,

- 9 counties (5.66%) experienced favorable trends and 4 counties (2.52%) experienced unfavorable trends in child maltreatment reports per 1,000 persons age 0 to 17

Figure 22. Percentage of School-Based Reportable Offenses Related to Substance Abuse in Georgia, SY2020–SY2024

	2020	2021	2022	2023	2024
School-based reportable offenses related to substance abuse	3.90%	7.71%	6.13%	6.35%	6.06%
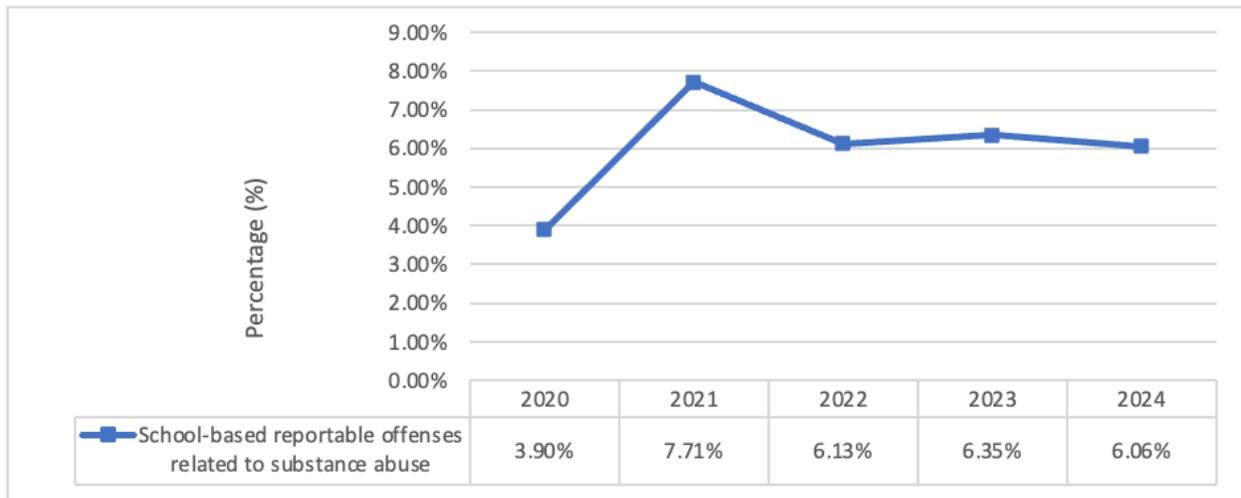
NOTE: Includes alcohol-, drug-, and tobacco-related offenses. SY = school year.

SOURCE: Georgia Department of Education.

Significant Finding

- The percentage of school-based reportable offenses related to substance abuse in Georgia did not change significantly between SY2020 and SY2024.

County-Level Findings

Between SY2020 and SY2024,

- 3 counties (1.89%) experienced favorable trends and 14 counties (8.81%) experienced unfavorable trends in the percentage of school-based reportable offenses that were related to substance use.

Figure 23. Infants Born With Neonatal Abstinence Syndrome (NAS) per 1,000 Live Births in Georgia, 2017–2021

	2017	2018	2019	2020	2021
Infants born with NAS	3.86	3.69	3.27	3.31	3.38
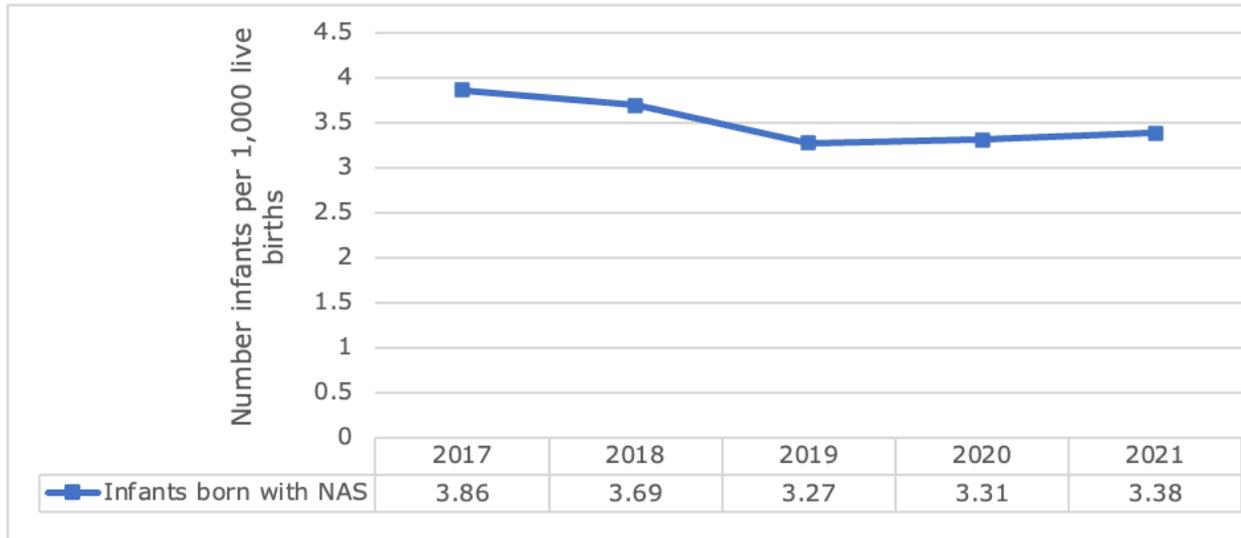
NOTE: Counties with 5 or fewer cases of NAS did not report a rate.

SOURCE: Georgia Department of Public Health and Georgia Strategic Prevention System.

Significant Findings

▪ The number of infants born with NAS per 1,000 live births in Georgia did not change significantly between 2017 and 2021.

County-Level Findings

▪ Trend analyses were not conducted.

Figure 24. Births to Women Who Reported Drinking Alcohol During Pregnancy per 10,000 Persons in Georgia, 2019–2023

	2019	2020	2021	2022	2023
Births to women who reported drinking alcohol while pregnant	0.21	0.25	0.27	0.23	0.22

SOURCE: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS).

Significant Findings

- The number of births to women who reported drinking alcohol during pregnancy per 10,000 persons in Georgia did not change significantly between 2019 and 2023.

County-Level Findings

Between 2019 and 2023,

- 4 counties (2.52%) experienced favorable trends and 3 counties (1.89%) experienced unfavorable trends in Births to Women Who Reported Drinking Alcohol During Pregnancy per 10,000 Persons

Figure 25. Births to Women Who Reported Using Tobacco During Pregnancy per 10,000 Persons in Georgia, 2019–2023

	2019	2020	2021	2022	2023
Births to women who reported using tobacco while pregnant	4.77	4.70	3.90	3.25	2.42
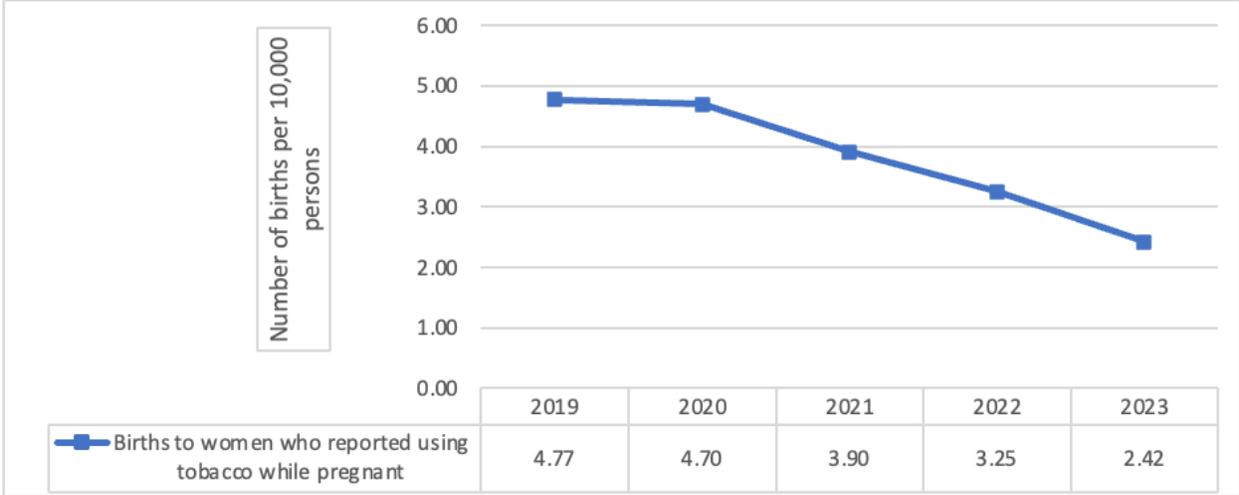
SOURCE: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS).

Significant Findings

- The number of births to women who reported using tobacco during pregnancy per 10,000 persons in Georgia decreased from 4.77 births per 10,000 persons in 2019 to 2.42 births per 10,000 persons in 2023.

County-Level Findings

Between 2019 and 2023,

- 55 counties (34.59%) experienced favorable trends and no counties (0%) experienced unfavorable trends in Births to Women Who Reported Using Tobacco During Pregnancy per 10,000 Persons

Figure 26. Percentage of Housing Units That Are Vacant in Georgia, 2015–2019 Through 2019–2023
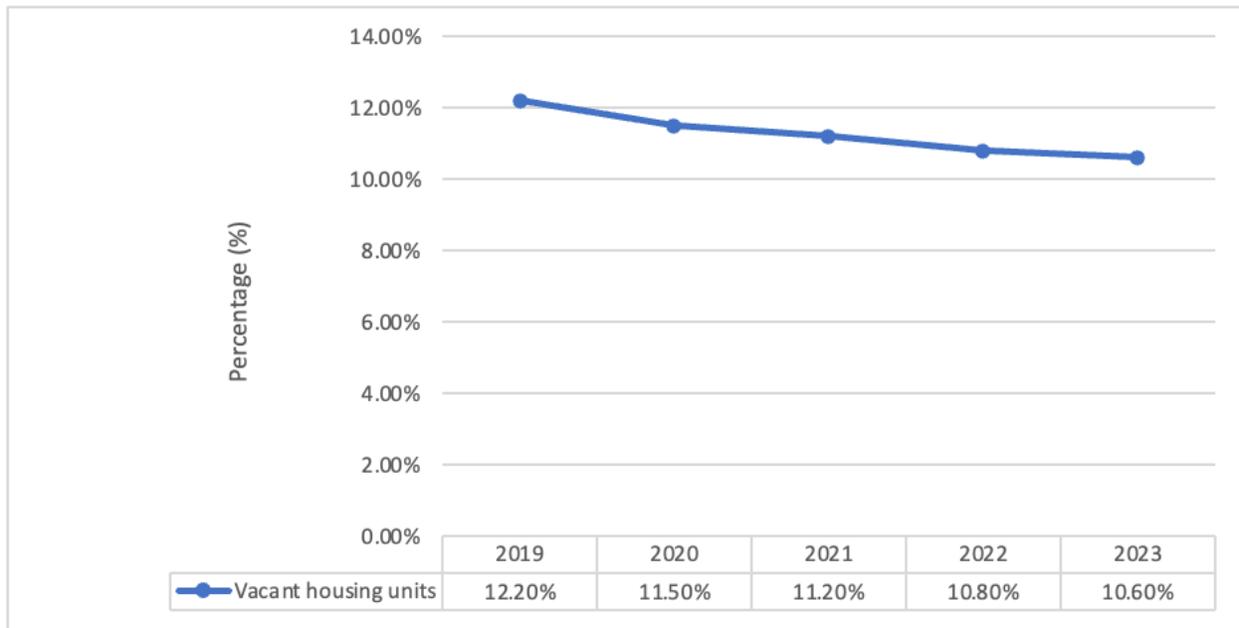
	2019	2020	2021	2022	2023
Vacant housing units	12.20%	11.50%	11.20%	10.80%	10.60%

SOURCE: American Community Survey.

Significant Finding

- The percentage of housing units that were vacant in Georgia decreased from 12.20% in 2019 to 10.60% in 2023.

County-Level Findings

Between 2015–2019 and 2019–2023,

- 58 counties (36.48%) experienced favorable trends and 4 counties (2.52%) experienced unfavorable trends in percentage of housing units that are vacant

Figure 27. Children Living in Foster Care per 1,000 Persons Age 0 to 17 in Georgia, SFY2021–SFY2024
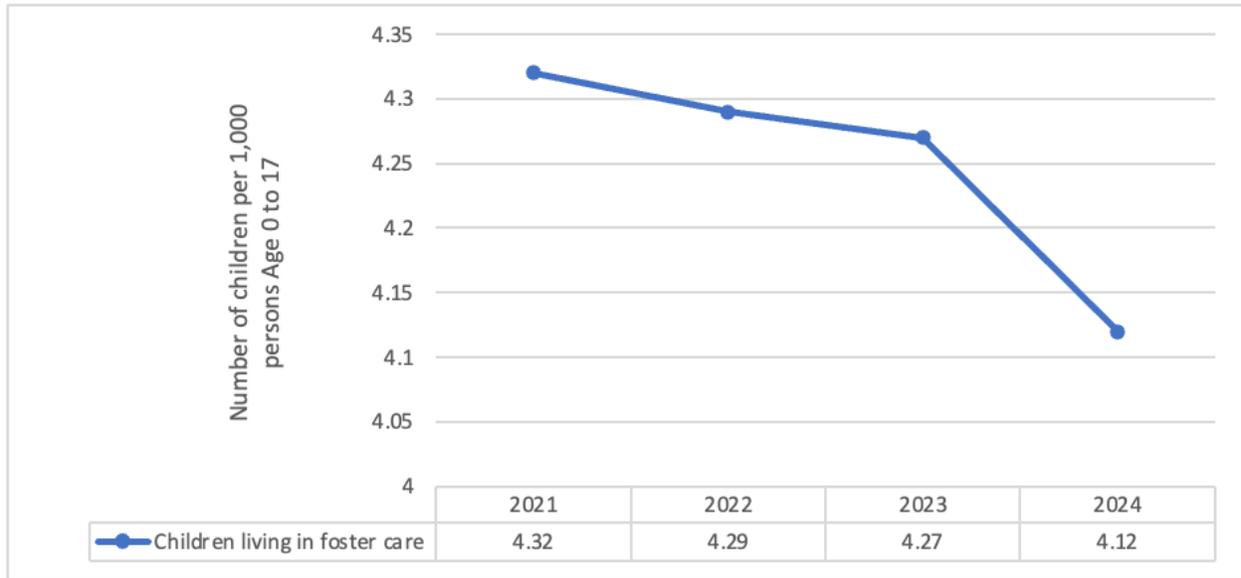
	2021	2022	2023	2024
Children living in foster care	4.32	4.29	4.27	4.12

NOTE: SFY = state fiscal year.

SOURCE: Georgia Division of Children & Family Services

Significant Finding

- The number of children living in foster care per 1,000 persons age 0 to 17 in Georgia did not change significantly between SFY2021 and SFY2024.

County-Level Findings

Between SFY2021 and SFY2024,

- 19 counties (11.95%) experienced favorable trends and 12 counties (7.55%) experienced unfavorable trends in children living in foster care per 1,000 persons age 0 to 17

Figure 28. Percentage Perceiving No or Slight Risk of Harm From Substance Use, by Grade Level in Georgia, SY2022–SY2024
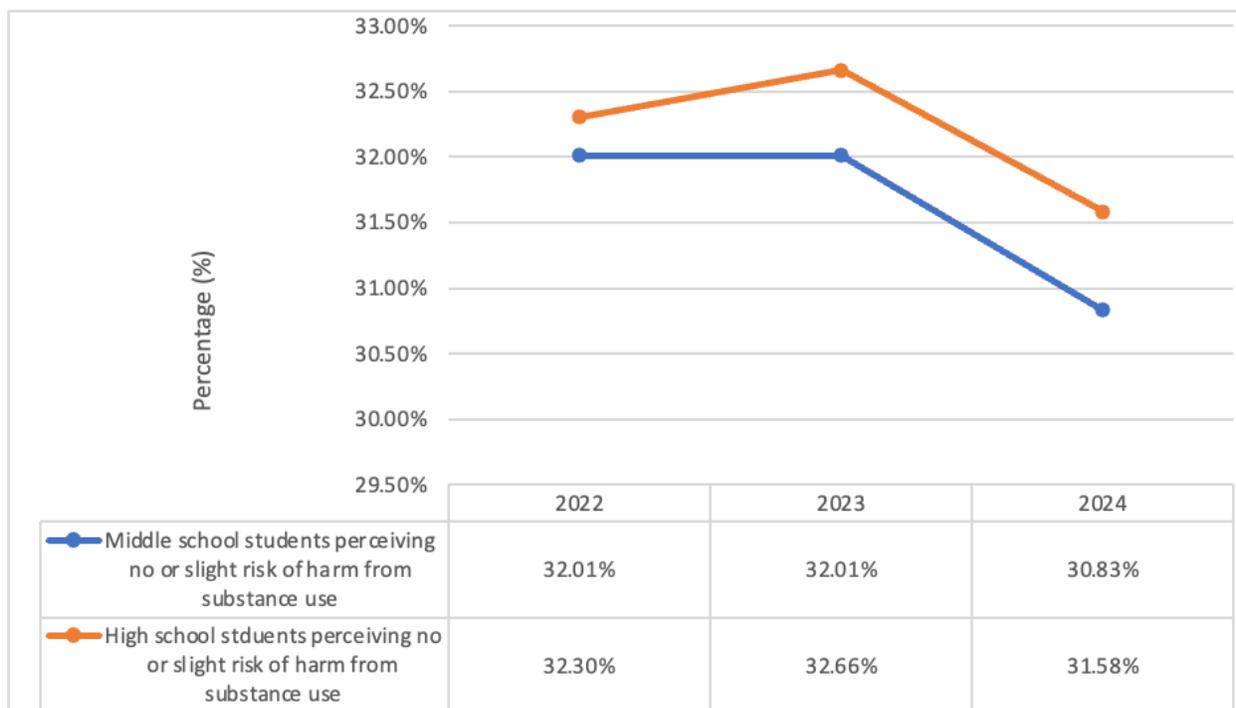
	2022	2023	2024
Middle school students perceiving no or slight risk of harm from substance use	32.01%	32.01%	30.83%
High school stduents perceiving no or slight risk of harm from substance use	32.30%	32.66%	31.58%

NOTE: Includes alcohol, binge alcohol, marijuana, and nonmedical use of prescription drugs.
   SY = school year.

SOURCE: Georgia Student Health Survey (GSHS).

Significant Finding

▪ The percentage of students in Georgia perceiving no or slight risk of harm from substance use did not change significantly between SY2022 and SY2024 for either middle school or high school students.

County-Level Findings

Between SY2022 and SY2024,

▪ 4 counties (2.52%) experienced favorable trends and 4 counties (2.52%) experienced unfavorable trends in the percentage of middle school students in Georgia perceiving no or slight risk of harm from substance use

▪ 5 counties (3.14%) experienced favorable trends and 4 counties (2.52%) experienced unfavorable trends in the percentage of high school students in Georgia perceiving no or slight risk of harm from substance use

Figure 29. Percentage of High School Students Who Did Not Graduate in Georgia, SY2021–SY2024

	2021	2022	2023	2024
High school students who did not graduate	14.00%	12.79%	12.54%	12.29%
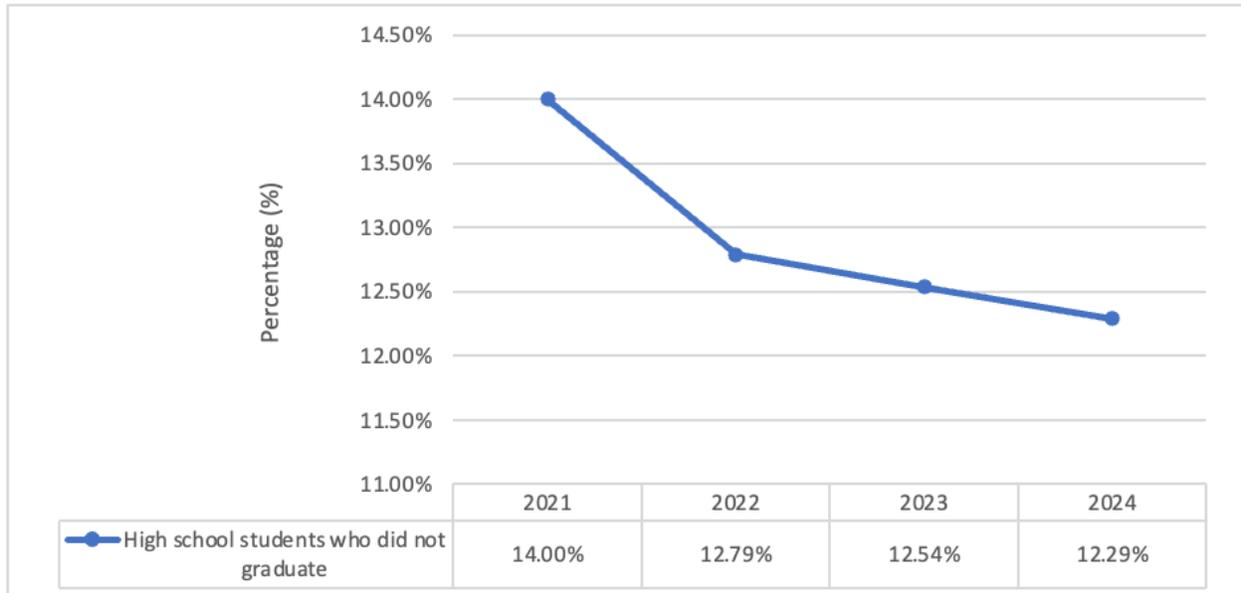
NOTE: SY = school year.

SOURCE: Georgia Department of Education.

Significant Finding

▪ The percentage of high school students who did not graduate in Georgia did not change significantly between SY2021 and SY2024.

County-Level Findings

Between SY2021 and SY2024,

▪ 14 counties (8.81%) experienced favorable trends and 5 counties (3.14%) experienced unfavorable trends in the percentage of high school students who did not graduate

Figure 30. GSHS Lack of Commitment to School Construct in Georgia, by Grade Level, SY2022–SY2024

	2022	2023	2024
Middle school	2.95	2.91	2.91
High school	2.79	2.79	2.82
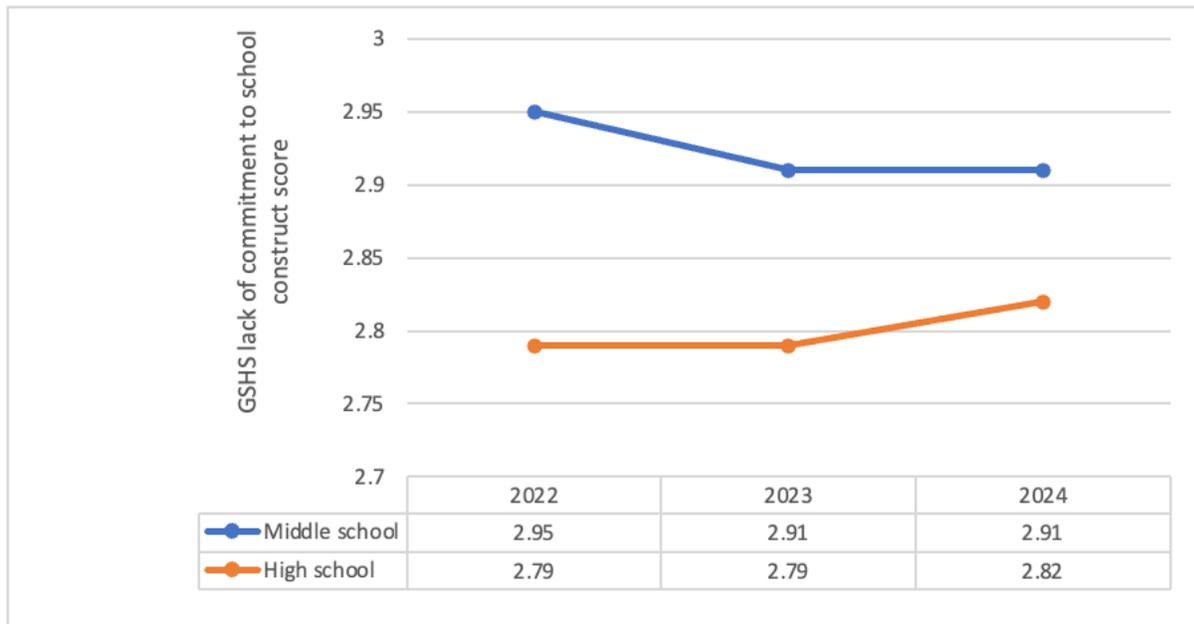
NOTES: Includes composite of the following questions from the GSHS survey: I like school; Most days I look forward to going to school; I feel like I fit in at my school; I feel successful at school; I feel connected to others at school (Scale: 1 = Strongly Agree; 4 = Strongly Disagree). SY = school year.

SOURCE: Georgia Student Health Survey (GSHS).

Significant Finding

▪ The GSHS Lack of Commitment to School construct in Georgia did not change significantly between SY2022 and 2024 for either middle school students or high school students.

County-Level Findings

Between SY2022 and SY2024,

▪ 4 counties (2.52%) experienced favorable trends and 2 counties (1.26%) experienced unfavorable trends in the average Lack of Commitment to School construct among middle school students

▪ 3 counties (1.89%) experienced favorable trends and 7 counties (4.40%) experienced unfavorable trends in the average Lack of Commitment to School construct among high school students

Figure 31. Percentage of Persons Living Below Poverty Level in Georgia, by Age Group, 2015–2019 through 2019–2023
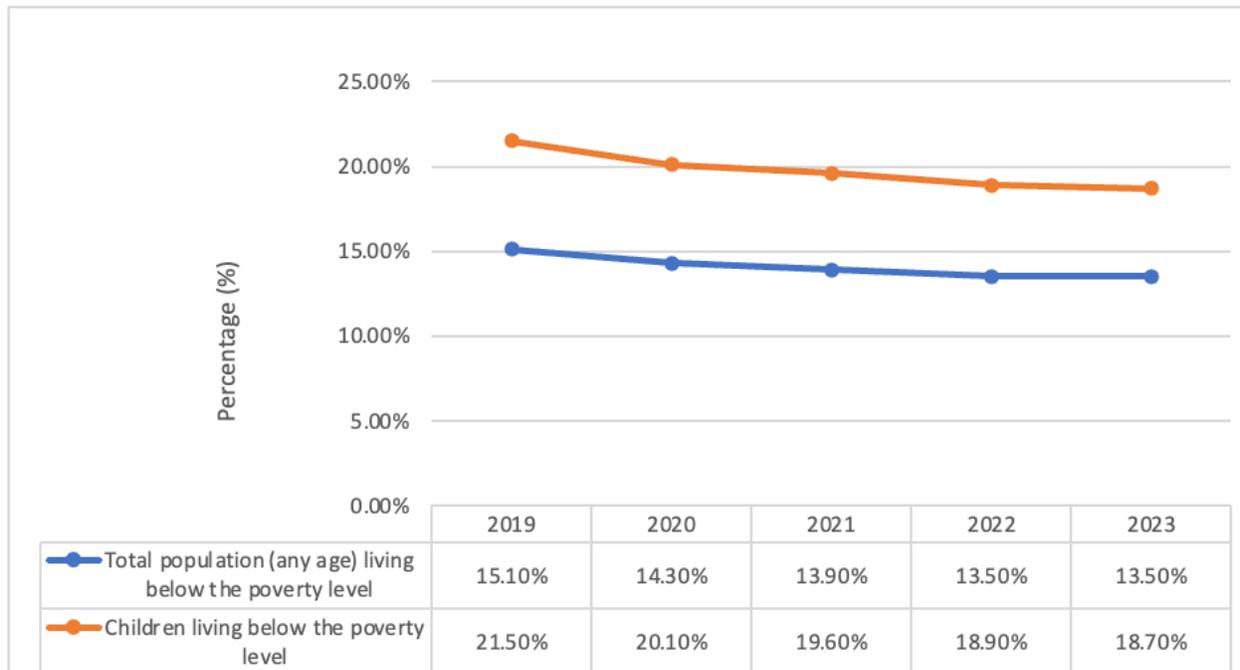
	2019	2020	2021	2022	2023
Total population (any age) living below the poverty level	15.10%	14.30%	13.90%	13.50%	13.50%
Children living below the poverty level	21.50%	20.10%	19.60%	18.90%	18.70%

SOURCE: American Community Survey.

Significant Findings

- The percentage of the total population (any age) living below the poverty level in Georgia decreased from 15.1% in 2015–2019 to 13.50% in 2019–2023.
- The percentage of children living below the poverty level in Georgia decreased from 21.5% in 2015–2019 to 18.70% in 2019–2023.

County-Level Findings

Between 2015–2019 and 2019–2023,

- 42 counties (26.42%) experienced favorable trends and 3 counties (1.89%) experienced unfavorable trends in the percentage of the total population (any age) living below the poverty level
- 42 counties (26.42%) experienced favorable trends and 3 counties (1.89%) experienced unfavorable trends in the percentage of children living below the poverty level

Figure 32. Percentage of Adults in the Labor Force Who Are Unemployed in Georgia, 2015–2019 through 2019–2023

	2019	2020	2021	2022	2023
Adults in the labor force who are unemployed	3.60%	6.50%	3.90%	3.20%	3.30%
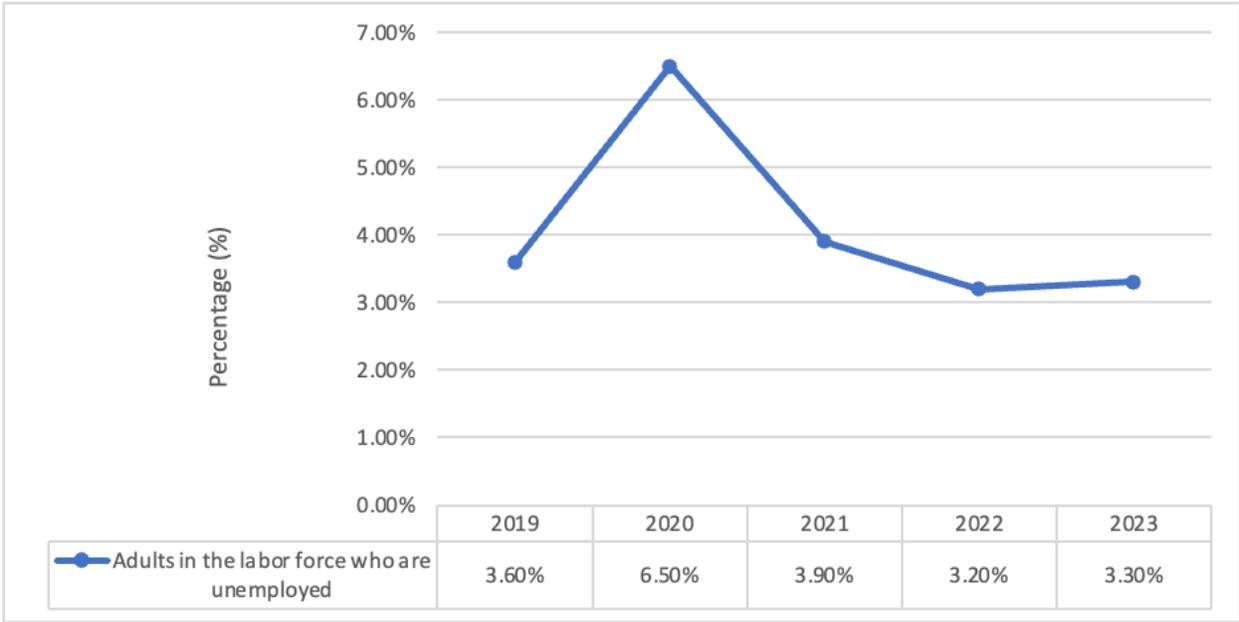
SOURCE: Bureau of Labor Statistics, Local Area Unemployment Statistics.

Significant Findings

- The percentage of adults in the labor force who are unemployed in Georgia did not change significantly between 2015–2019 and 2019–2023.

County-Level Findings

Between 2015–2019 and 2019–2023,

- 3 counties (1.89%) experienced favorable trends and no counties (0%) experienced unfavorable trends in the percentage of adults in the labor force who are unemployed.

3.3 Georgia Social Indicator Study Indicators Over Time: County-Level Trend Frequencies

As described in **Section 2**, we conducted a trend analysis of each indicator in the Georgia Social Indicator Study for both the state and every county. We present the frequency of counties with statistically significant favorable and unfavorable trends in **Table 2** in order to quantify the number of counties with significant trends for each indicator. For completeness we also present the number of counties that did not have a significant trend for each indicator, and we also provide the number of counties on which trend analyses could not be performed because of insufficient data. Finally, we present the overall trend at the state level for each indicator for comparison purposes to determine whether county trends are occurring in directions similar to those of the state trends.

Table 2.   Result Frequencies From the Trend Analyses of the 2025 Social Indicator Study County, by Indicator

Indicator	Overall Trend for Georgia	Number of Counties With Favorable Trend, N (%)	Number of Counties With Unfavorable Trend, N (%)	Number of Counties With No Trend, N (%)	Number of Counties Where Trend Analyses Not Performed,* N (%)
Alcohol and Drug Abuse					
Past-30-Day Alcohol Use—MS	None	4 (2.52%)	3 (1.89%)	116 (72.96%)	36 (22.64%)
Past-30-Day Binge Alcohol Use—MS	None	3 (1.89%)	1 (0.63%)	119 (74.84%)	36 (22.64%)
Past-30-Day Marijuana Use—MS	None	3 (1.89%)	3 (1.89%)	117 (73.58%)	36 (22.64%)
Past-30-Day Prescription Drug Use—MS	None	1 (0.63%)	4 (2.52%)	118 (74.21%)	36 (22.64%)
Past-30-Day Tobacco Use—MS	None	3 (1.89%)	3 (1.89%)	117 (73.58%)	36 (22.64%)
Past-30-Day Electronic Vapor Product Use—MS	None	1 (0.63%)	5 (3.14%)	117 (73.58%)	36 (22.64%)
Past-30-Day Methamphetamines Use—MS	None	2 (1.26%)	3 (1.89%)	118 (74.21%)	36 (22.64%)
Past-30-Day Heroin Use—MS	None	0 (0.00%)	2 (1.26%)	121 (76.10%)	36 (22.64%)
Lifetime Alcohol Use—MS	None	5 (3.14%)	0 (0.00%)	118 (74.21%)	36 (22.64%)
Lifetime Marijuana Use—MS	None	4 (2.52%)	2 (1.26%)	117 (73.58%)	36 (22.64%)
Lifetime Prescription Drug Use—MS	None	5 (3.14%)	0 (0.00%)	118 (74.21%)	36 (22.64%)
Lifetime Tobacco Use—MS	None	9 (5.66%)	2 (1.26%)	112 (70.44%)	36 (22.64%)
Lifetime Methamphetamines Use—MS	Unfavorable Trend	3 (1.89%)	2 (1.26%)	118 (74.21%)	36 (22.64%)
Past-30-Day Alcohol Use—HS	Favorable Trend	6 (3.77%)	0 (0.00%)	106 (66.67%)	47 (29.56%)
Past-30-Day Binge Alcohol Use—HS	None	5 (3.14%)	2 (1.26%)	106 (66.67%)	46 (28.93%)
Past-30-Day Marijuana Use—HS	Favorable Trend	6 (3.77%)	0 (0.00%)	106 (66.67%)	47 (29.56%)
Past-30-Day Prescription Drug Use—HS	Favorable Trend	5 (3.14%)	0 (0.00%)	107 (67.30%)	47 (29.56%)
Past-30-Day Tobacco Use—HS	Favorable Trend	8 (5.03%)	2 (1.26%)	103 (64.78%)	46 (28.93%)

(continued)

Table 2.   Result Frequencies From the Trend Analyses of the 2025 Social Indicator Study County, by Indicator (continued)

Indicator	Overall Trend for Georgia	Number of Counties With Favorable Trend, N (%)	Number of Counties With Unfavorable Trend, N (%)	Number of Counties With No Trend, N (%)	Number of Counties Where Trend Analyses Not Performed,* N (%)
Past-30-Day Electronic Vapor Product Use—HS	Favorable Trend	7 (4.40%)	1 (0.63%)	104 (65.41%)	47 (29.56%)
Past-30-Day Methamphetamines Use—HS	None	1 (0.63%)	3 (1.89%)	108 (67.92%)	47 (29.56%)
Past-30-Day Heroin Use—HS	None	1 (0.63%)	5 (3.14%)	106 (66.67%)	47 (29.56%)
Lifetime Alcohol Use—HS	Favorable Trend	29 (18.24%)	0 (0.00%)	83 (52.20%)	47 (29.56%)
Lifetime Marijuana Use—HS	Favorable Trend	14 (8.81%)	1 (0.63%)	97 (61.01%)	47 (29.56%)
Lifetime Prescription Drug Use—HS	None	3 (1.89%)	1 (0.63%)	108 (67.92%)	47 (29.56%)
Lifetime Tobacco Use—HS	Favorable Trend	7 (4.40%)	1 (0.63%)	104 (65.41%)	47 (29.56%)
Lifetime Methamphetamines Use—HS	None	2 (1.26%)	8 (5.03%)	102 (64.15%)	47 (29.56%)
Availability of Alcohol, Tobacco, and Drugs					
Overall Drug Reports per 10,000 Persons	Favorable Trend	36 (22.64%)	0 (0.00%)	123 (77.36%)	0 (0.00%)
Cocaine Reports per 10,000 Persons	None	13 (8.18%)	0 (0.00%)	146 (91.82%)	0 (0.00%)
Heroin Reports per 10,000 Persons	Favorable Trend	41 (25.79%)	0 (0.00%)	118 (74.21%)	0 (0.00%)
Marijuana Reports per 10,000 Persons	None	6 (3.77%)	3 (1.89%)	150 (94.34%)	0 (0.00%)
Methamphetamine Reports per 10,000 Persons	Favorable Trend	38 (23.90%)	0 (0.00%)	121 (76.10%)	0 (0.00%)
Fentanyl Reports per 10,000 Persons	None	1 (0.63%)	2 (1.26%)	156 (98.11%)	0 (0.00%)
Opioid Reports per 10,000 Persons	Favorable Trend	34 (21.38%)	1 (0.63%)	124 (77.99%)	0 (0.00%)
Alcohol Retail Outlets per 10,000 Persons	N/A	N/A	N/A	N/A	N/A
Tobacco Retail Outlets per 10,000 Persons	N/A	N/A	N/A	N/A	N/A
Alcohol Sales Underage Compliance Percentage	N/A	N/A	N/A	N/A	N/A

(continued)

Table 2. Result Frequencies From the Trend Analyses of the 2025 Social Indicator Study County, by Indicator (continued)

Indicator	Overall Trend for Georgia	Number of Counties With Favorable Trend, N (%)	Number of Counties With Unfavorable Trend, N (%)	Number of Counties With No Trend, N (%)	Number of Counties Where Trend Analyses Not Performed,* N (%)
Tobacco Sales Underage Compliance Percentage	N/A	N/A	N/A	N/A	N/A
Consequences of Alcohol and Other Drug Use					
Hospital Discharges for Disorders Related to Drug Use per 10,000 Persons Age 0 to 19	None	0 (0.00%)	1 (0.63%)	158 (99.37%)	0 (0.00%)
Hospital Discharges for Disorders Related to Drug Use per 10,000 Persons Age 20 to 24	Favorable Trend	6 (3.77%)	1 (0.63%)	152 (95.60%)	0 (0.00%)
Hospital Discharges for Disorders Related to Drug Use per 10,000 persons Age 25 or Older	None	5 (3.14%)	6 (3.77%)	148 (93.08%)	0 (0.00%)
Opioid-Related Hospitalizations and Emergency Room Visits per 10,000 Persons, Any Age	None	6 (3.77%)	3 (1.89%)	150 (94.34%)	0 (0.00%)
Hospital Discharges Due to Intentional Self-Harm per 10,000 Persons Age 0 to 24	None	4 (2.52%)	2 (1.26%)	153 (96.23%)	0 (0.00%)
Hospital Discharges Due to Intentional Self-Harm per 10,000 Persons Age 25 or Older	None	10 (6.29%)	4 (2.52%)	145 (91.19%)	0 (0.00%)
Any Opioid-Related Overdose Deaths per 10,000 Persons, Any Age	Unfavorable Trend	0 (0.00%)	20 (12.58%)	139 (87.42%)	0 (0.00%)
Heroin-Related Overdose Deaths per 10,000 Persons, Any Age	None	10 (6.29%)	0 (0.00%)	149 (93.71%)	0 (0.00%)
Fentanyl-Related Overdose Deaths per 10,000 Persons, Any Age	Unfavorable Trend	0 (0.00%)	28 (17.61%)	131 (82.39%)	0 (0.00%)
Unintentional Poisoning Deaths per 10,000 Persons, Any Age	Unfavorable Trend	0 (0.00%)	23 (14.47%)	136 (85.53%)	0 (0.00%)
Suicide Deaths per 10,000 Persons, Any Age	None	3 (1.89%)	4 (2.52%)	152 (95.60%)	0 (0.00%)
Percentage of Total Fatal Motor Vehicle Crashes That Are Alcohol Related	None	3 (1.89%)	4 (2.52%)	152 (95.60%)	0 (0.00%)
Percentage of Total Fatal, Alcohol-Related Motor Vehicle Crashes That Involved an Underage Person	None	0 (0.00%)	0 (0.00%)	159 (100.00%)	0 (0.00%)

(continued)

Table 2.   Result Frequencies From the Trend Analyses of the 2025 Social Indicator Study County, by Indicator (continued)

Indicator	Overall Trend for Georgia	Number of Counties With Favorable Trend, N (%)	Number of Counties With Unfavorable Trend, N (%)	Number of Counties With No Trend, N (%)	Number of Counties Where Trend Analyses Not Performed,* N (%)
Child Maltreatment Reports per 1,000 Persons Age 0 to 17	None	9 (5.66%)	4 (2.52%)	146 (91.82%)	0 (0.00%)
Percentage of School-Based Reportable Offenses Related to Substance Abuse	None	3 (1.89%)	14 (8.81%)	142 (89.31%)	0 (0.00%)
Percentage of Patients Receiving Naloxone Relative to National Average	N/A	N/A	N/A	N/A	N/A
Infants Born With Neonatal Abstinence Syndrome (NAS) per 1,000 Live Births	None	N/A	N/A	N/A	N/A
Births to Women Who Reported Drinking Alcohol During Pregnancy per 10,000 Persons	None	4 (2.52%)	3 (1.89%)	152 (95.60%)	0 (0.00%)
Births to Women Who Reported Using Tobacco During Pregnancy per 10,000 Persons	Favorable Trend	55 (34.59%)	0 (0.00%)	104 (65.41%)	0 (0.00%)
Community Disorganization and Transition					
Percentage of Total Housing Units That Are Vacant	Favorable Trend	58 (36.48%)	4 (2.52%)	97 (61.01%)	0 (0.00%)
Family Conflict and Management Problems					
Children Living in Foster Care per 1,000 persons Age 0 to 17	None	19 (11.95%)	12 (7.55%)	126 (79.25%)	2 (1.26%)
Individual Risk Factors					
Perceived No or Slight Risk from Substance Use—MS	None	4 (2.52%)	4 (2.52%)	115 (72.33%)	36 (22.64%)
Perceived No or Slight Risk from Substance Use—HS	None	5 (3.14%)	4 (2.52%)	103 (64.78%)	47 (29.56%)
Lack of Commitment to School					
Percentage of High School Students Who Did Not Graduate	None	14 (8.81%)	5 (3.14%)	138 (86.79%)	2 (1.26%)
GSHS Lack of Commitment to School Construct—MS	None	4 (2.52%)	2 (1.26%)	117 (73.58%)	36 (22.64%)
GSHS Lack of Commitment to School Construct—HS	None	3 (1.89%)	7 (4.40%)	102 (64.15%)	47 (29.56%)

(continued)

**Table 2.   Result Frequencies From the Trend Analyses of the 2025 Social
Indicator Study County, by Indicator (continued)**

Indicator	Overall Trend for Georgia	Number of Counties With Favorable Trend, N (%)	Number of Counties With Unfavorable Trend, N (%)	Number of Counties With No Trend, N (%)	Number of Counties Where Trend Analyses Not Performed,* N (%)
Poverty/Increased Risk for Socioeconomic Deprivation					
Percentage of Children Living Below Poverty Level	Favorable Trend	42 (26.42%)	3 (1.89%)	114 (71.70%)	0 (0.00%)
Percentage of Total Population Living Below Poverty Level	Favorable Trend	42 (26.42%)	3 (1.89%)	114 (71.70%)	0 (0.00%)
Percentage of Adults in the Labor Force Who Are Unemployed	None	3 (1.89%)	0 (0.00%)	156 (98.11%)	0 (0.00%)

NOTES: Summarizes county-level results from trend analyses described in **Section 2.3.2**.
*Trend analyses could not be performed for counties or indicators that had fewer than
3 years of data available. Refer to **Section 2.3.2** for further details.

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4. Interpreting County Prevention Needs Assessment Profiles

This section provides guidelines for interpreting the county-level prevention needs assessment profiles. A standardized value is plotted for each indicator risk score to facilitate comparison across the indicators and comparison between the county and the average observed for all counties. A risk rank for each indicator and the county's overall risk rank are also presented—the higher the rank, the higher the risk (that is, a rank of 1 indicates *lowest risk*). A change-in-rank tier is presented for each county to represent the magnitude of the change in county's ranking between the 2019 Social Indicator Study and the 2025 Social Indicator Study. Decreases in county ranking over time indicate a decrease in risk/decreasing risk; increases in ranking over time indicate an increase in risk/increasing risk (see **Section 5** for additional details).

The profiles may be used to characterize counties in Georgia with respect to their levels of alcohol- and drug-related problems and of various suspected risk and protective factors for these problems. The profiles can also stimulate discussion and focus community attention on local substance use issues and the reasons for the patterns observed in the profiles. In addition, the information contained in the profiles can assist prevention planners in determining appropriate prevention strategies and target groups. In reviewing the data for a particular county, one should consider the following.

- *First, examine actual values of all indicators for the county.* It also may be useful to examine the values for adjacent counties to determine whether regional patterns exist.

- *Examine indicators for which a county has extremely high or low values relative to the average across all counties.* The risk scores were converted to standardized values, such that for any indicator risk score, zero represents the mean value of all counties in the state. The scores represent the number of standard deviation units a county's value lies away from the mean for the indicator. As a general rule, most (about 68%) of the standardized scores for any given indicator are positioned between −1.0 and 1.0; these scores are considered typical. Scores between −1.0 and −2.0, or between 1.0 and 2.0, constitute about 27% of all scores and thus are somewhat uncommon. Scores lower than −2.0 or higher than 2.0, known as outliers, make up the final 5% and therefore are rare. Although the actual percentages vary somewhat depending on the shape of the distribution for each indicator, this general distribution suggests that indicators with a score less than −2.0 or greater than 2.0 may merit particular attention.

  The indicators are presented such that the higher standardized values (i.e., values to the right of the center line) reflect greater substance use, substance use–related problems, and risk for substance use relative to other counties, whereas lower standardized values (i.e., values to the left of the center line) reflect lower substance use, substance use–related problems, and risk for substance use relative to other counties. For example, a positive standardized score less than 1.0 for the Any Drug Reports rate would indicate that a county had a *slightly* higher-than-average rate of any drug reports. By contrast, a standardized score between −1.0 and −2.0 for the same indicator would show that a county had a *noticeably* lower-than-average rate

of any drug reports. A standardized score between 2.0 and 3.0 would indicate that a county had an *unusually* higher-than-average rate.

Also, it may be useful to examine the standardized values observed for adjacent counties to determine whether regional patterns exist. Although standardized scores are useful, it is important to keep in mind that they are relative measures and provide only partial information about the potential prevention needs of a county. An indicator that is not highly problematic relative to the overall county average should not necessarily be discounted when one is considering the prevention needs of a given county. For example, even though the rate of any poisonings in a certain county is no higher than the average, it may still warrant interventions designed to reduce it further.

- *Examine indicators for which a favorable or unfavorable trend has been identified.* The profile presents significant trends for each indicator (i.e., whether the indicator value changed significantly between the first and last year specified in the data source note). Bars shaded with a polka dot pattern indicate a statistically significant trend in a favorable direction for that indicator. Bars shaded with a crosshatch pattern indicate a statistically significant trend in an unfavorable direction for that indicator. Bars without any pattern represent indicators that did not significantly change. Bars noted with "§" represent indicators on which trend analyses could not be performed because of insufficient data.

  It may be useful to examine the actual values for indicators observed to have a significant trend in order to determine the magnitude and direction of the trend. Bars shaded with a polka dot pattern, representing trends or changes in a favorable direction, should be examined to determine areas in which improvements are being made over time and to continue and maintain efforts in those areas. Bars shaded with a crosshatch pattern, representing trends or changes in an unfavorable direction, should be examined to identify areas where more attention and efforts may be needed to reduce risk.

- Use profile data in conjunction with other sources of information to inform the identification of appropriate and effective prevention programs and strategies. The profiles may provide some important clues about the types of approaches that are most needed and most appropriate in a given county. However, there is no proven or exact formula for identifying the most appropriate and effective prevention programs and strategies on the basis of an area's profile. In general, we recommend that problems, elevated risk factors, and suppressed protective factors be given extra attention in determining which types of prevention strategies are most needed for a given area.

  Decisions about which indicators are more important and in need of attention for any given area should include a consideration not only of whether the county's scores are high or low relative to those of other counties in the state, but also of how many individuals are affected by the factors and what changes can be observed in the factors across years. These types of information relate to describing the nature and extent of the substance use problem in a community, along with characteristics of the community's population and various risk and protective factors that may influence substance use levels in that community.

  However, even when the indicator data are helpful in suggesting appropriate approaches or foci for prevention efforts, the choice of which specific prevention programs and strategies to implement will likely require additional consideration based on other information. In particular, prevention planners will want to consider what prevention programs or strategies are known to be effective for the type of application or population they have in mind. Planners also may need to examine the

prevention resources and capabilities in the community or nearby communities in order to make equitable and effective use of the limited prevention resources that may be available. These additional considerations go beyond the specific focus of this initial study and report, but they are important components in an overall framework for prevention planning at the state and local levels.

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5. Overall Risk Score Rankings

The overall risk score by county is presented in **Table 3**. As described in **Section 2**, the overall risk scores were calculated as the standardized mean of all 66 indicators that were indicative of risk, equally weighted. These scores were then ordered from lowest to highest and ranked from 1 (lowest risk) to 159 (highest risk). To examine possible trends across the state, we grouped the overall risk scores into five categories, or quintiles. The 32 counties with the lowest risk scores (ranked 1 to 32) were grouped into the first quintile, counties ranked 33 to 64 were grouped into the second quintile, counties ranked 65 to 96 were grouped into the third quintile, counties ranked 97 to 128 were grouped into the fourth quintile, and counties ranked 129 to 159 (highest risk scores) were grouped into the fifth quintile. This grouping depicts five levels, or gradations, of overall risk. Counties with high rankings are viewed as having higher overall levels of substance use problems and risk factors for substance use than counties with lower rankings. The detailed county risk profiles in **Volume II** provide a risk score for each of the 66 individual indicators.

For comparison, we also present the risk scores and ranks from the 2019 Social Indicator Study for each county. Additionally, we provide the change in county ranking from 2019 to 2025, which is calculated as the difference between the 2025 ranking and the 2019 ranking. Decreases in county ranking over time indicate a decrease in risk/decreasing risk; increases in ranking over time indicate an increase in risk/increasing risk.

Finally, we classified the counties into tiers based on the magnitude of the change in ranking from 2019 to 2025. We split counties into nine tiers based on the direction (decrease or increase) and magnitude of the change. The tiers were defined as follows:

- Tier 1 = Decreased 100 or more ranks
- Tier 2 = Decreased 50 to 99 ranks
- Tier 3 = Decreased 10 to 49 ranks
- Tier 4 = Decreased 1 to 9 ranks
- Tier 5 = No change
- Tier 6 = Increased 1 to 9 ranks
- Tier 7 = Increased 10 to 49 ranks
- Tier 8 = Increased 50 to 99 ranks
- Tier 9 = Increased 100 or more ranks

We used tools in Microsoft Excel to generate a geographic information system (GIS) map displaying the overall county rankings from the present (2025) Social Indicator Study (see **Figure 33**). We also generated a GIS map displaying the change in ranking tiers assigned on the basis of the above classifications (see **Figure 34**).

As stated previously, the county profiles and overall county risk scores provide a useful tool for planning at the local level. However, the profiles and overall risk scores alone do not depict the complete picture, and users of this information should consult additional data and resources to complement the profiles and risk scores when planning services or programs.

Figure 33. County Rankings in the Georgia Social Indicator Study, 2025
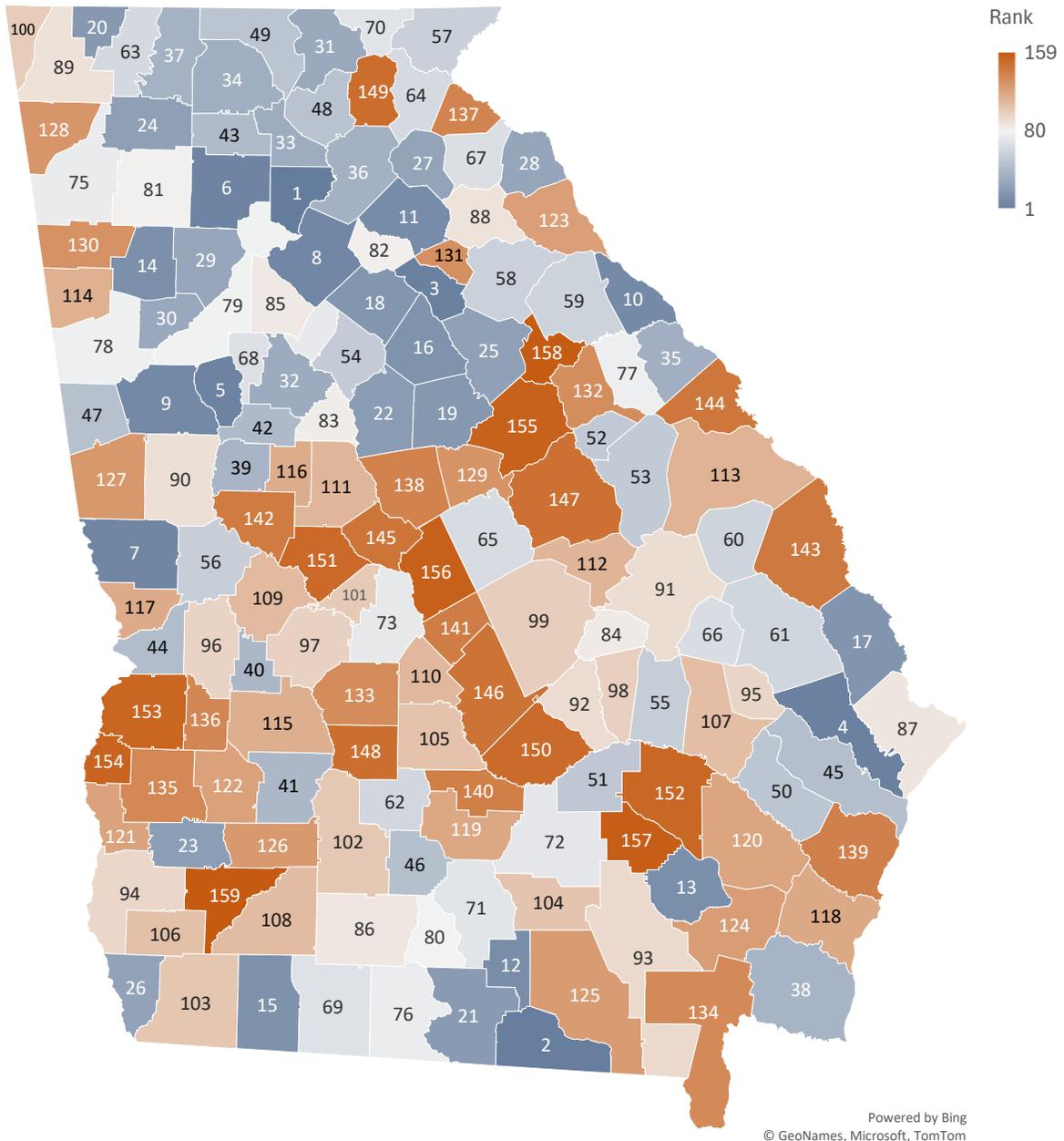
Figure 34. Change in Georgia Social Indicator Study Rankings From 2019 to 2025, by Tier and County

- Tier 1 (Decreased 100 or more ranks)
- Tier 2 (Decreased 50 to 99 ranks)
- Tier 3 (Decreased 10 to 49 ranks)
- Tier 4 (Decreased 1 to 9 ranks)
- Tier 5 (No change)
- Tier 6 (Increased 1 to 9 ranks)
- Tier 7 (Increased 10 to 49 ranks)
- Tier 8 (Increased 50 to 99 ranks)
- Tier 9 (Increased 100 or more ranks)

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Table 3.   Overall Risk Scores and Rankings, by Quintiles, County, and Year

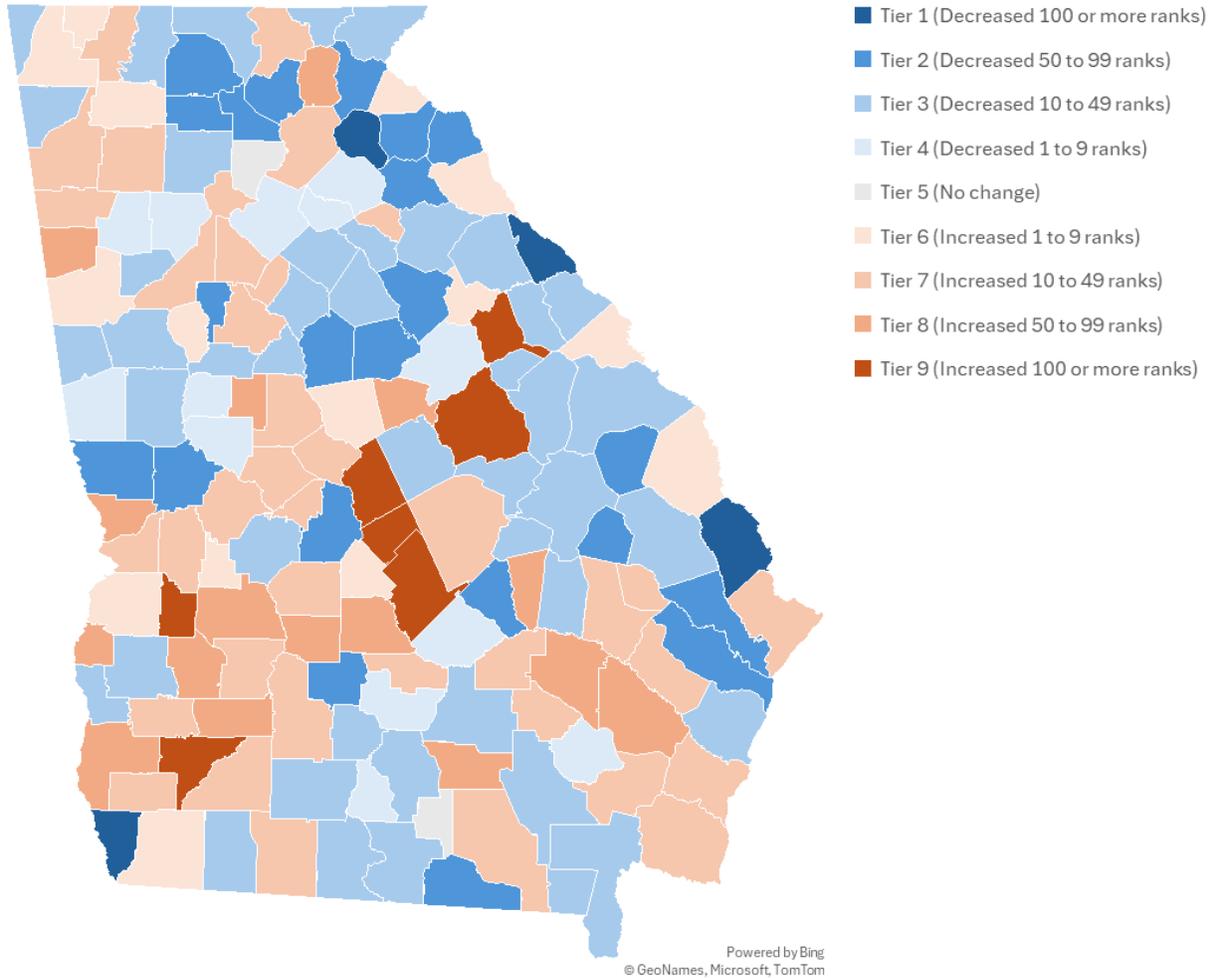| County	Overall Rank (2025)	Overall Risk Score (2025)	Overall Rank (2019)	Overall Risk Score (2019)	Change in Rank (From 2019 to 2025)	Change in Rank Tier*
Quintile 1 (Lowest Risk)						
Forsyth	1	-0.8685	1	-0.9420	0	Tier 5
Echols	2	-0.7777	70	-0.0398	-68	Tier 2
Oconee	3	-0.6480	48	-0.1572	-45	Tier 3
Bryan	4	-0.5605	68	-0.0455	-64	Tier 2
Fayette	5	-0.5551	2	-0.8397	3	Tier 6
Cherokee	6	-0.5183	24	-0.3061	-18	Tier 3
Harris	7	-0.5013	80	0.0152	-73	Tier 2
Gwinnett	8	-0.4762	11	-0.4503	-3	Tier 4
Coweta	9	-0.4707	21	-0.3309	-12	Tier 3
Lincoln	10	-0.4694	119	0.1965	-109	Tier 1
Jackson	11	-0.4511	20	-0.3322	-9	Tier 4
Lanier	12	-0.4478	12	-0.4326	0	Tier 5
Pierce	13	-0.4428	18	-0.3418	-5	Tier 4
Paulding	14	-0.4327	19	-0.3353	-5	Tier 4
Grady	15	-0.4085	41	-0.1911	-26	Tier 3
Morgan	16	-0.4084	27	-0.2651	-11	Tier 3
Effingham	17	-0.4051	118	0.1939	-101	Tier 1
Walton	18	-0.3775	45	-0.1632	-27	Tier 3
Putnam	19	-0.3616	95	0.0870	-76	Tier 2
Catoosa	20	-0.3578	15	-0.4081	5	Tier 6
Lowndes	21	-0.3567	36	-0.2113	-15	Tier 3
Jasper	22	-0.3403	117	0.1900	-95	Tier 2
Calhoun	23	-0.3368	7	-0.5040	16	Tier 7
Gordon	24	-0.3365	23	-0.3201	1	Tier 6
Greene	25	-0.3357	101	0.1045	-76	Tier 2
Seminole	26	-0.3348	158	0.8072	-132	Tier 1
Banks	27	-0.3332	133	0.2704	-106	Tier 1
Hart	28	-0.3313	105	0.1197	-77	Tier 2
Cobb	29	-0.3308	35	-0.2176	-6	Tier 4
Douglas	30	-0.3282	42	-0.1900	-12	Tier 3
Union	31	-0.3275	6	-0.5234	25	Tier 7
Henry	32	-0.3164	9	-0.4612	23	Tier 7

(continued)

Table 3. Overall Risk Scores and Rankings, by Quintiles, County, and Year (continued)

County	Overall Rank (2025)	Overall Risk Score (2025)	Overall Rank (2019)	Overall Risk Score (2019)	Change in Rank (From 2019 to 2025)	Change in Rank Tier*
Quintile 2						
Dawson	33	-0.3163	113	0.1688	-80	Tier 2
Gilmer	34	-0.3014	107	0.1327	-73	Tier 2
Columbia	35	-0.2773	47	-0.1592	-12	Tier 3
Hall	36	-0.2734	22	-0.3255	14	Tier 7
Murray	37	-0.2719	50	-0.1396	-13	Tier 3
Camden	38	-0.2687	3	-0.7298	35	Tier 7
Pike	39	-0.2647	46	-0.1610	-7	Tier 4
Schley	40	-0.2629	37	-0.2105	3	Tier 6
Lee	41	-0.2536	14	-0.4188	27	Tier 7
Spalding	42	-0.2453	53	-0.1324	-11	Tier 3
Pickens	43	-0.2448	109	0.1370	-66	Tier 2
Chattahoochee	44	-0.2442	4	-0.6016	40	Tier 7
Liberty	45	-0.2441	99	0.1028	-54	Tier 2
Tift	46	-0.2426	72	-0.0364	-26	Tier 3
Heard	47	-0.2384	85	0.0370	-38	Tier 3
Lumpkin	48	-0.2305	116	0.1863	-68	Tier 2
Fannin	49	-0.2300	71	-0.0374	-22	Tier 3
Long	50	-0.2272	32	-0.2352	18	Tier 7
Jeff Davis	51	-0.2259	40	-0.1914	11	Tier 7
Glascock	52	-0.2234	64	-0.0572	-12	Tier 3
Jefferson	53	-0.2203	94	0.0869	-41	Tier 3
Newton	54	-0.2193	69	-0.0432	-15	Tier 3
Toombs	55	-0.2163	73	-0.0339	-18	Tier 3
Talbot	56	-0.2117	106	0.1224	-50	Tier 2
Rabun	57	-0.2089	75	-0.0230	-18	Tier 3
Oglethorpe	58	-0.2021	82	0.0288	-24	Tier 3
Wilkes	59	-0.1834	79	0.0151	-20	Tier 3
Jenkins	60	-0.1827	148	0.4108	-88	Tier 2
Bulloch	61	-0.1786	102	0.1173	-41	Tier 3
Turner	62	-0.1726	149	0.4166	-87	Tier 2
Whitfield	63	-0.1678	17	-0.3428	46	Tier 7
Habersham	64	-0.1675	154	0.5302	-90	Tier 2

(continued)

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Table 3.   Overall Risk Scores and Rankings, by Quintiles, County, and Year (continued)

County	Overall Rank (2025)	Overall Risk Score (2025)	Overall Rank (2019)	Overall Risk Score (2019)	Change in Rank (From 2019 to 2025)	Change in Rank Tier*
Quintile 3						
Wilkinson	65	-0.1577	112	0.1673	-47	Tier 3
Candler	66	-0.1524	134	0.2830	-68	Tier 2
Franklin	67	-0.1474	145	0.3668	-78	Tier 2
Clayton	68	-0.1429	130	0.2542	-62	Tier 2
Thomas	69	-0.1359	29	-0.2466	40	Tier 7
Towns	70	-0.1345	97	0.0898	-27	Tier 3
Berrien	71	-0.1165	115	0.1834	-44	Tier 3
Coffee	72	-0.1042	93	0.0841	-21	Tier 3
Houston	73	-0.0965	123	0.2076	-50	Tier 2
Rockdale	74	-0.0929	61	-0.0635	13	Tier 7
Floyd	75	-0.0841	58	-0.1096	17	Tier 7
Brooks	76	-0.0733	86	0.0437	-10	Tier 3
McDuffie	77	-0.0704	121	0.2050	-44	Tier 3
Carroll	78	-0.0653	77	-0.0211	1	Tier 6
Fulton	79	-0.0601	33	-0.2322	46	Tier 7
Cook	80	-0.0512	83	0.0323	-3	Tier 4
Bartow	81	-0.0464	52	-0.1328	29	Tier 7
Barrow	82	-0.0382	90	0.0616	-8	Tier 4
Butts	83	-0.0358	129	0.2525	-46	Tier 3
Treutlen	84	-0.0331	127	0.2261	-43	Tier 3
DeKalb	85	-0.0257	51	-0.1357	34	Tier 7
Colquitt	86	-0.0239	111	0.1532	-25	Tier 3
Chatham	87	-0.0130	65	-0.0489	22	Tier 7
Madison	88	-0.0099	142	0.3181	-54	Tier 2
Walker	89	-0.0069	87	0.0469	2	Tier 6
Meriwether	90	-0.0068	125	0.2218	-35	Tier 3
Emanuel	91	0.0162	108	0.1356	-17	Tier 3
Wheeler	92	0.0166	150	0.4221	-58	Tier 2
Ware	93	0.0396	128	0.2473	-35	Tier 3
Early	94	0.0427	26	-0.2670	68	Tier 8
Evans	95	0.0460	78	-0.0057	17	Tier 7
Marion	96	0.0512	49	-0.1539	47	Tier 7

(continued)

Table 3. Overall Risk Scores and Rankings, by Quintiles, County, and Year (continued)

County	Overall Rank (2025)	Overall Risk Score (2025)	Overall Rank (2019)	Overall Risk Score (2019)	Change in Rank (From 2019 to 2025)	Change in Rank Tier*
Quintile 4						
Macon	97	0.0516	126	0.2229	-29	Tier 3
Montgomery	98	0.0516	16	-0.3482	82	Tier 8
Laurens	99	0.0517	56	-0.1169	43	Tier 7
Dade	100	0.0561	122	0.2059	-22	Tier 3
Peach	101	0.0626	76	-0.0214	25	Tier 7
Worth	102	0.0684	55	-0.1209	47	Tier 7
Decatur	103	0.0702	100	0.1037	3	Tier 6
Atkinson	104	0.0728	31	-0.2370	73	Tier 8
Wilcox	105	0.0798	13	-0.4235	92	Tier 8
Miller	106	0.0812	81	0.0219	25	Tier 7
Tattnall	107	0.0898	66	-0.0474	41	Tier 7
Mitchell	108	0.0937	88	0.0516	20	Tier 7
Taylor	109	0.0996	74	-0.0326	35	Tier 7
Pulaski	110	0.1017	104	0.1197	6	Tier 6
Monroe	111	0.1031	63	-0.0597	48	Tier 7
Johnson	112	0.1117	140	0.3105	-28	Tier 3
Burke	113	0.1157	147	0.3896	-34	Tier 3
Haralson	114	0.1166	60	-0.0746	54	Tier 8
Sumter	115	0.1184	25	-0.2950	90	Tier 8
Lamar	116	0.1243	39	-0.1958	77	Tier 8
Muscogee	117	0.1253	38	-0.1968	79	Tier 8
Glynn	118	0.1413	89	0.0528	29	Tier 7
Irwin	119	0.1435	124	0.2209	-5	Tier 4
Wayne	120	0.1523	57	-0.1166	63	Tier 8
Clay	121	0.1727	157	0.6970	-36	Tier 3
Terrell	122	0.1731	67	-0.0465	55	Tier 8
Elbert	123	0.1936	120	0.1969	3	Tier 6
Brantley	124	0.1977	92	0.0780	32	Tier 7
Clinch	125	0.2046	110	0.1509	15	Tier 7
Dougherty	126	0.2119	30	-0.2442	96	Tier 8
Troup	127	0.2127	132	0.2607	-5	Tier 4
Chattooga	128	0.2290	138	0.2986	-10	Tier 3

(continued)

Table 3. Overall Risk Scores and Rankings, by Quintiles, County, and Year (continued)

County	Overall Rank (2025)	Overall Risk Score (2025)	Overall Rank (2019)	Overall Risk Score (2019)	Change in Rank (From 2019 to 2025)	Change in Rank Tier*
Quintile 5 (Highest Risk)						
Baldwin	129	0.2316	34	-0.2257	95	Tier 8
Polk	130	0.2460	91	0.0698	39	Tier 7
Clarke	131	0.2509	103	0.1191	28	Tier 7
Warren	132	0.2712	5	-0.5903	127	Tier 9
Dooly	133	0.2715	84	0.0346	49	Tier 7
Charlton	134	0.2770	155	0.5816	-21	Tier 3
Randolph	135	0.2782	153	0.4565	-18	Tier 3
Webster	136	0.3135	10	-0.4601	126	Tier 9
Stephens	137	0.3566	136	0.2852	1	Tier 6
Jones	138	0.3623	131	0.2574	7	Tier 6
McIntosh	139	0.3941	151	0.4325	-12	Tier 3
Ben Hill	140	0.4123	114	0.1744	26	Tier 7
Bleckley	141	0.4494	8	-0.4674	133	Tier 9
Upson	142	0.4559	143	0.3593	-1	Tier 4
Screven	143	0.4801	141	0.3173	2	Tier 6
Richmond	144	0.4843	137	0.2902	7	Tier 6
Bibb	145	0.5376	135	0.2845	10	Tier 7
Dodge	146	0.5389	43	-0.1883	103	Tier 9
Washington	147	0.5415	28	-0.2489	119	Tier 9
Crisp	148	0.5661	98	0.1005	50	Tier 8
White	149	0.6169	96	0.0872	53	Tier 8
Telfair	150	0.6189	152	0.4348	-2	Tier 4
Crawford	151	0.7013	139	0.3103	12	Tier 7
Appling	152	0.7247	62	-0.0619	90	Tier 8
Stewart	153	0.7383	146	0.3760	7	Tier 6
Quitman	154	0.8649	59	-0.0807	95	Tier 8
Hancock	155	0.8951	159	1.4521	-4	Tier 4
Twiggs	156	0.9012	44	-0.1759	112	Tier 9
Bacon	157	1.1052	144	0.3667	13	Tier 7
Taliaferro	158	1.2434	156	0.6745	2	Tier 6
Baker	159	1.7649	54	-0.1254	105	Tier 9

NOTES: Lower scores/ranks indicate lower risk; higher scores/ranks indicate higher risk. Decreases in ranking over time indicate a decrease in risk/decreasing risk; increases in ranking over time indicate an increase in risk/increasing risk. *Changes in Rank Tiers are classified as follows: 1 = Decreased 100 or more ranks; 2 = Decreased 50 to 99 ranks; 3 = Decreased 10 to 49 ranks; 4 = Decreased 1 to 9 ranks; 5 = No change; 6 = Decreased 1 to 9 ranks; 7 = Decreased 10 to 49 ranks; 8 = Decreased 50 to 99 ranks; 9 = Decreased 100 or more ranks

6. Using Social Indicator Studies for Effective Prevention Planning

Guidelines for interpreting the social indicator profiles, and for making prevention planning decisions based on them, were provided in **Section 4**. Those guidelines emphasized that there are no rigid rules or formulas for how profile data should be translated into program planning decisions. Rather, some general principles, along with some cautions, were presented with respect to how the data might best be used for this purpose. Different communities may focus on different aspects of the data and interpret them in ways that seem most useful and appropriate for those communities. All communities are encouraged to combine the profile data with local knowledge and other available information to form a more comprehensive assessment of their substance use consumption, consequences, and prevention needs.

6.1 Suggestions for Data Dissemination

The greatest potential impact of this report is likely to be achieved when it is in the hands of those involved in direct service to communities—for example, local prevention providers, planners, and policy makers. Although the data may serve several important functions at the state level, the planning and provision of prevention services in Georgia is largely orchestrated at the regional and local levels. Therefore, the primary objective of this report is to provide information that can support this process. Regional prevention staff, coalition coordinators, and directors and staff of community-based organizations all are potential users of these data. In addition to informing the prevention planning process, the data can be useful for focusing public attention on substance use and mental health issues, risk factors, and potential solutions. Simultaneously, the data may stimulate a greater interest in and understanding of data-driven approaches to assessing prevention needs in communities. The data also can be helpful in new funding applications for prevention resources, for which statements of need are a required component. Because of the breadth of indicators assembled in this report and their relevance to many facets of social well-being, the potential audience may extend beyond the substance use prevention community and include other social service agencies and community-based organizations as well as public officials, businesses, and the general public.

These data will serve as key indicators of prevention need (i.e., needs assessment) and can be leveraged when the OPS applies for future funding from SAMHSA's Center for Substance Abuse Prevention. Additionally, this report contains substance use–related consequence and contextual indicators identified as state priority issues. Communities applying for relevant funding mechanisms can use these data to justify their needs.

6.2 Using and Sustaining Social Indicators as a Component of the State's Prevention Planning Infrastructure

The number of states that systematically compile and use social indicator data to inform prevention planning efforts continues to increase as requirements increase for data-driven approaches to planning and evaluation. This updated version of the county-level SIS will serve as the foundation for data-driven prevention planning in Georgia over the next several years. This comprehensive report is the fourth iteration of Georgia's county-level social indicator analyses and signifies that the use of social indicators will continue to occupy an important niche in the state's efforts to support a data-driven approach to prevention needs assessment and planning efforts. The goal is that this report will be helpful in further establishing the credibility and utility of social indicator approaches to prevention needs assessment, thus supporting continued development and maintenance of a social indicator component in state planning systems.

Table 4 provides several recommendations for supporting and sustaining the use of social indicators for prevention planning.

Table 4.   Use and Maintenance of the Social Indicator Study in Georgia

Recommendation	Comments
Review the report for its utility to the state.	We recommend that Department of Behavioral Health and Developmental Disabilities decision makers and key prevention staff review the report for its relevance to the state's prevention planning process and for possible adaptations for continued use. Representatives from other state agencies also may be interested in reviewing the report and providing comments.
Disseminate the report to the local prevention providers and community coalition coordinators and gauge their interest in and use of the report.	These individuals are the ultimate users of the data contained in the report. Their buy-in is essential to the effective use of social indicator data for local planning purposes. These users can provide insights regarding ways to improve the data and the manner in which they are presented. Future possibilities may include online access to the report and automated annual updates.
Train potential data users on the interpretation and use of the epidemiological profiles.	It may be helpful to provide further guidance on the meaning and interpretation of the prevention needs assessment and planning profiles, as well as their design and use. Ideally, this training would also include the consideration of other data sources and how they can be integrated into the planning process.
Consider modifications to the list of indicators and the manner in which indicators are defined and displayed, on the basis of both user input and further research regarding the indicators' validity.	It is likely that additional useful indicators will be identified and that some current indicators will be determined to be of little relevance. Several other methodological features may merit consideration, including comparisons among subgroups of demographically similar counties and the inclusion of regional or national comparison data.

(continued)

Table 4. Use and Maintenance of the Social Indicator Study in Georgia (continued)

Recommendation	Comments
Define the role of social indicators in the state's planning process.	The manner in which social indicator data can be formally incorporated into the state planning process will need to be considered. This could vary from simply suggesting that local planners and providers use the data to requiring use of the data in justifying service plans and as a basis for making resource allocation decisions. Ultimately, the use of the social indicator data should be incorporated within the Strategic Prevention Framework as the required approach for supplying data for prevention-related needs assessments.
Commit to a permanent and sustainable infrastructure and support system.	To sustain the Social Indicator Study as a core component of the state's prevention planning process, Georgia will need to establish an appropriate infrastructure and means of support. One possibility is to contribute to the development of a coordinated social indicator system that would meet the needs of multiple units in the state's health and social services agencies. The Georgia state epidemiological outcomes workgroup may provide such an infrastructure.

SOURCE: Adapted from Georgia's County-Level Social Indicator Study to Assess Substance Use and Related Consequences Prevention Needs: 2019.

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Appendix A.
Example of Prevention Storytelling Using a County-Level Profile

Telling a Prevention Story Using the County-Level Profiles

The profile and other sections of the report provide you with the four pieces of information outlined in Table A-1. You can use this information to help you tell the prevention story for your county.

GUIDING QUESTIONS

Where does your county show more risk?

Where does your county show more protection?

Where do you see trends for success and any trends of concern?

Who is your audience and what platforms will you use for presentation? Does that change the story?

Table A-1. Where to Find and How to Use Data Elements in County Profiles

Data Element	Where Is It?	How Can I Use It?
Standardized risk scores for each indicator	• Volume III, County Risk Profile	• Compare your county risk to the average for all Georgia counties (represented by the center line, standardized to 0). • Compare risk across indicators for your county (indicators with larger bars to the right of the line represent higher risk).
County rank for each indicator	• Volume III, County Risk Profile	• Compare your county to all counties on each indicator—the higher the value, the higher the risk (e.g., a rank of 159 indicates the county with the highest risk).
Overall county rank across all indicators	• Volume III, County Risk Profile • Report Section 4	• Compare your county to all counties overall—the higher the value, the higher the risk (e.g., a rank of 159 indicates the county with the highest risk).
Change in county rank tier	• County Risk Profile • Report Section 4	• Compare your county change in rank to all counties overall—the higher the value, the higher the increase in risk.
Prevalence value for each indicator (e.g., percentages, rates, or composite scores)	• Volume III	• Determine the actual value for the indicator and compare the value to other county values. Sometimes larger differences in risk scores and ranks may actually represent relatively minimal differences in prevalence.

When reviewing the county-level profile and thinking about the story that the data are telling, keep in mind the four guiding questions/principles shown in the sidebar. The text below provides a sample interpretation of the FICTITIOUS PROFILE that is located on the following pages.

1. Where does your county show more risk?

- All bars to the right of the center line represent indicators that show higher-than-average risk for your county.
- Bars that are more than two standard deviations above the average represent especially high-risk indicators.
- Check the related prevalence values to confirm whether those high-risk indicators provide cause for concern. An indicator with relatively low prevalence could still show up as being of higher-than-average risk for your county relative to other counties with even lower risk.

2. Where does your county show more protection?

- All bars to the left of the center line represent indicators with lower-than-average risk and may show you protective factors for your county.
- Bars that are more than two standard deviations below the average represent indicators with especially low risk (or high protection).

Example interpretation of FICTITIOUS PROFILE—low-risk (or high-protection) indicators include

- Percentage of adults in the labor force who are unemployed
- Lifetime tobacco use among high school (HS) students

Example interpretation of FICTITIOUS PROFILE—high-risk indicators include

- Lifetime marijuana use among middle school (MS) students
- Lifetime tobacco use among MS students
- Lifetime alcohol use among MS students

Charts and graphs are effective tools that can capture the attention of all types of audiences. The following free resources provide guidance on how to create figures for your own presentations and reporting purposes:
- Chart Chooser
- The Dataviz Design Process: 7 Steps for Beginners
- Chartable: What to Consider When Creating Tables

3. Where do you see trends for success and any trends of concern?

- Bars with polka dot pattern show that the indicator moved in a favorable (good) direction during the specified trend years.

- Bars with crosshatch pattern show that the indicator moved in an unfavorable (bad) direction during the specified trend years.
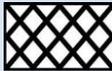
Example interpretation of FICTITIOUS PROFILE—notable trends include these:

SUCCESS

- The percentage of total housing units that are vacant is moving in a favorable direction (i.e., the percentage is decreasing—fewer housing units are vacant).

CONCERN

- The percentage of MS students reporting electronic vapor product use in the past 30 days is already higher than the average percentage for all counties, and the percentage is moving in an unfavorable direction (i.e., the percentage is increasing—more MS students are using electronic vapor products).

4. Who is your audience and what platforms will you use for presentation?

- Consider the individuals and audience with whom you are sharing this county-level risk and trends information. Consider potential partners you may engage to address specific issues identified by the county profile.

- What information will your audience need so that they can take action based on the information you share with them?

  a. Consequence indicators may capture the attention of all types of audiences and engage them in the discussion. Consumption indicators help provide an overview of the extent of the problem in the county.

  b. If you are having a town hall with a group of parents, you may want to focus on the family management and conflict indicators and show the percentages of perceived parental disapproval of substance use indicators for your county.

  c. If you are having a town hall with policy makers, you may want to focus on indicators representing the availability of alcohol tobacco and drugs, as these indicators are more directly related to laws (e.g., licensed retailer density and noncompliance percentages). Policy makers may also be interested in individual risk factors, as these indicators may be more actionable.

Example interpretation of FICTITIOUS PROFILE:

- In Fictitious County, the percentage of middle school students reporting lifetime marijuana use was more than two standard deviations greater than the average percentage of all Georgia counties. This indicator demonstrates a very high risk in the county, and key stakeholders such as the Department of Education should be alerted.

Prevention Needs Assessment Profile for
Fictitious County

This profile presents standardized risk scores for each indicator so you can compare your county's risk to the average for all Georgia counties (represented by the center line, standardized to 0) and compare risk across indicators for your county (indicators with larger bars to the right of the line represent higher risk). • The county rank compares your county to all counties on each indicator—the higher the value, the higher the risk (i.e., a rank of 159 indicates the county with the *highest risk*). • The full *2025 Georgia Social Indicator Study—Overall* report includes actual values for each indicator for your county for each year and more detailed guidance on how to interpret this profile.

Risk Indicators

Average Across Counties

Alcohol and Drug Abuse [1; a]	Risk Score	County Rank
Past-30-Day Alcohol Use—MS, %	1.28	100
Past-30-Day Binge Alcohol Use—MS, %	1.02	98
Past-30-Day Marijuana Use—MS, %	0.92	86
Past-30-Day Prescription Drug Use [2]—MS, %	0.52	80
Past-30-Day Tobacco Use [3]—MS, %	0.79	82
Past-30-Day Electronic Vapor Product Use—MS, %	1.00	97
Past-30-Day Methamphetamine Use—MS, %	0.73	70
Past-30-Day Heroin Use—MS, %	0.72	71
Lifetime Alcohol Use—MS, %	1.78	121
Lifetime Marijuana Use—MS, %	2.20	140
Lifetime Prescription Drug Use—MS, %	1.28	89
Lifetime Tobacco Use [3]—MS, %	1.98	119
Lifetime Methamphetamine Use—MS, %	1.42	95
Past-30-Day Alcohol Use—HS, %	-0.83 §	53
Past-30-Day Binge Alcohol Use—HS, %	-0.89 §	49
Past-30-Day Marijuana Use—HS, %	-0.40 §	7
Past-30-Day Prescription Drug Use [2]—HS, %	-0.55 §	18
Past-30-Day Tobacco Use [3]—HS, %	-0.59 §	17
Past-30-Day Electronic Vapor Product Use—HS, %	-0.75 §	14
Past-30-Day Methamphetamine Use—HS, %	-0.06 §	70
Past-30-Day Heroin Use—HS, %	-0.25 §	62
Lifetime Alcohol Use—HS, %	-0.90 §	11
Lifetime Marijuana Use—HS, %	-1.00 §	5
Lifetime Prescription Drug Use—HS, %	-0.61 §	53
Lifetime Tobacco Use [3]—HS, %	-1.01 §	17
Lifetime Methamphetamine Use—HS, %	-0.53 §	65

Availability of Alcohol, Tobacco, and Drugs

Indicator	Risk Score	County Rank
Overall Drug Reports per 10,000 Persons [4, 5; b]	-0.17	71
Cocaine Reports per 10,000 Persons [5; b]	-0.56	58
Heroin Reports per 10,000 Persons [5; b]	-0.35	12
Marijuana Reports per 10,000 Persons [5; b]	-0.05	83
Methamphetamine Reports per 10,000 Persons [5; b]	-0.20	82
Fentanyl Reports per 10,000 Persons [5; b]	-0.15	22
Overall Opioid Reports per 10,000 Persons [5; b]	0.67	126
Alcohol Retail Outlets per 10,000 Persons [6; c]	0.08	74
Tobacco Retail Outlets per 10,000 Persons [6; c]	0.07	72
Alcohol Sales Underage Noncompliance Percentage [6; d]	0.39	98
Tobacco Sales Underage Noncompliance Percentage [6; d]	-0.30	1

County Population Characteristics [k]

2023 Total Population: 36,243
Population Rank: 54 out of 159

2023 Population Age 17 and Younger: 8,951
Population Rank: 108 out of 159

2023 Racial/Ethnic Composition:
White 65.5% Black 30.4%
Asian 1.2% Other⁺ 0.7%
Two or more races 2.3%
Hispanic/Latino 5.2%

⁺Includes American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, and Other race.

Overall County Rank: 79 out of 159

Opioid Indicator County Rank: 80 out of 159

White bars represent level of risk. The patterns below show significant trends—that is, whether the indicator value changed significantly between the first and last year specified in the data source.

(OR †) = Favorable trend
(OR ‡) = Unfavorable trend

(The † or ‡ symbol is used to denote a favorable or unfavorable trend, respectively, when the bar is too short to display a pattern, and the § symbol to denote insufficient data to test for trends. Trend tests could be conducted only for indicators with at least 3 years of data.)

Change in Rank: Tier 5 out of 9

Counties were classified in nine tiers based on the magnitude of change in ranking experienced from 2019 to 2025. Decreases in rank indicate a decrease in risk. Increases in rank indicate an increase in risk. The tiers were defined as follows:

- Tier 1 = Decreased 100 or more ranks
- Tier 2 = Decreased 50 to 99 ranks
- Tier 3 = Decreased 10 to 49 ranks
- Tier 4 = Decreased 1 to 9 ranks
- Tier 5 = No change
- Tier 6 = Increased 1 to 9 ranks
- Tier 7 = Increased 10 to 49 ranks
- Tier 8 = Increased 50 to 99 ranks
- Tier 9 = Increased 100 or more ranks

Prevention Needs Assessment Profile for **Fictitious County**

Risk Indicators   Average Across Counties

Consequences of Alcohol and Other Drug Use	-3	-2	-1	0	1	2	3	County Rank
Hospital Discharges for Disorders Related to Drug Use per 10,000 Persons Age 0 to 19 [7; e]			-0.40					1
Hospital Discharges for Disorders Related to Drug Use per 10,000 Persons Age 20 to 24 [7; e]				0.56				85
Hospital Discharges for Disorders Related to Drug Use per 10,000 Persons Age 25 or Older [7; e]				0.82				75
Opioid-Related Hospitalizations and Emergency Room Visits per 10,000 Persons, Any Age [7; e]				0.87				100
Hospital Discharges due to Intentional Self-Harm per 10,000 Persons Age 0 to 24 [7; e]		-1.06						1
Hospital Discharges due to Intentional Self-Harm per 10,000 Persons Age 25 or Older [7; e]					1.42			141
Any Opioid-Related Overdose Deaths per 10,000 Persons [7; e]				0.10				77
Heroin-Related Overdose Deaths per 10,000 Persons [7; e]			-0.46					1
Fentanyl-Related Overdose Deaths per 10,000 Persons [7; e]			-0.20					82
Unintentional Poisoning Deaths per 10,000 Persons [7; e]				0.76				115
Suicide Deaths per 10,000 Persons [7; e]		-1.17						1
Percentage of Total Fatal Motor Vehicle Crashes That Are Alcohol Related [8; f]					1.77			130
Percentage of Total Fatal, Alcohol-Related Motor Vehicle Crashes That Involved an Underage Person [8,9; f]			-0.29					9
Child Maltreatment Reports per 1,000 Persons Age 0 to 17 [g]				1.17				136
Percentage of School-Based Reportable Offenses Related to Substance Abuse [1,10; h]				0.79				104
Percentage of Patients Receiving Naloxone Relative to National Average [11; i]				0.58				99
Infants Born With Neonatal Abstinence Syndrome (NAS) per 1,000 Live Births [12; j]				0.70				102
Births to Women Who Reported Drinking Alcohol During Pregnancy per 10,000 Persons [7; e]			-0.52					1
Births to Women Who Reported Using Tobacco During Pregnancy per 10,000 Persons [7; e]				0.67				95
Community Disorganization and Transition								
Percentage of Total Housing Units That Are Vacant [k]		-0.96						12
Family Conflict and Management Problems								
Children Living in Foster Care per 1,000 Persons Age 0 to 17 [g]			-0.19					54
Individual Risk Factors								
Perceived No or Slight Risk From Substance Use [1,13; a]—MS, %			-0.95					11
Perceived No or Slight Risk From Substance Use [1,13; a]—HS, %			-0.07§					57
Lack of Commitment to School								
Percentage of High School Students Who Did Not Graduate [1; h]			-0.28					61
GSHS Lack of Commitment to School Construct—MS [1,14; a]			-0.36					44
GSHS Lack of Commitment to School Construct—HS [1,14; a]					1.08§			112
Poverty/Increased Risk for Socioeconomic Deprivation								
Percentage of Children Living Below Poverty Level [k]			-0.85					14
Percentage of Total Population Living Below Poverty Level [k]			-0.75					26
Percentage of Adults in the Labor Force Who Are Unemployed [l]		-1.62						1

Data Sources

a. Georgia Student Health Survey (GSHS), 2024 (trend years 2022–2024)
b. Georgia Bureau of Investigation, Division of Forensic Sciences, 2024 (trend years 2020–2024)
c. Georgia Department of Revenue, 2024 (no trend analysis)
d. Georgia Department of Revenue, 2020–2024 (no trend analysis)
e. Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS), 2023 (trend years 2019–2023)
f. National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2022 (trend years 2018–2022)
g. Georgia Division of Family & Children Services, 2024 (trend years 2021–2024)
h. Georgia Department of Education, 2024 (trend years 2020–2024)
i. National EMS Information System (NEMSIS), April 2024–April 2025 (no trend analysis)
j. Georgia Department of Public Health, 2017–2021 (no trend analysis)
k. American Community Survey (ACS), 2019–2023 (trend years 2015–2019 through 2019–2023)
l. Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS), 2023 (trend years 2019–2023)

Notes *(See Volume I, Table 1, for full definition of each indicator)*

GSHS = Georgia Student Health Survey; HS = high school; MS = middle school; n/a = not applicable.

1. County assignment based on school location.
2. Includes prescription drug painkillers, tranquilizers or sedatives, stimulants, and other prescription drugs.
3. Includes cigarettes and other tobacco.
4. Includes cocaine, heroin, methamphetamines, marijuana/cannabis, fentanyl, and opioids.
5. Reports that were submitted to and analyzed by the GBI.
6. County assignment based on retailer location.
7. County assignment based on patient/subject residence.
8. County assignment based on crash location.
9. Includes fatal, alcohol-related crashes in which an underage person was in one of the vehicles involved in the accident. The underage person was not necessarily killed or driving. Underage persons are persons under age 21.
10. Includes alcohol-, drug-, and tobacco-related offenses.
11. Data reported for previous 12 months from date of access. County percentage is compared to national average of 37.1% and classified into five categories.
12. Data pooled for years 2017–2021. Rates are not calculated for counties with counts less than or equal to 5.
13. Includes alcohol, binge alcohol, marijuana, and nonmedical use of prescription drugs.
14. Includes composite of the following questions from the GSHS survey: Most days I look forward to going to school; I feel like I fit in at my school; I feel successful at school; I feel connected to others at school.