



# Substance Use and Consequences Among Minnesota Adults, 2011

## MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

### KEY FINDINGS

- Overall, reported binge drinking increased among Minnesota adults, from 17% in 2006 to 25% in 2009.
- The average annual smoking attributable productivity losses in Minnesota from 2000 to 2004 were \$1,275,071,000.
- Reported rates of abuse of prescription pain relievers has increased among 18-25 year old Minnesotans.

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## Alcohol Consumption

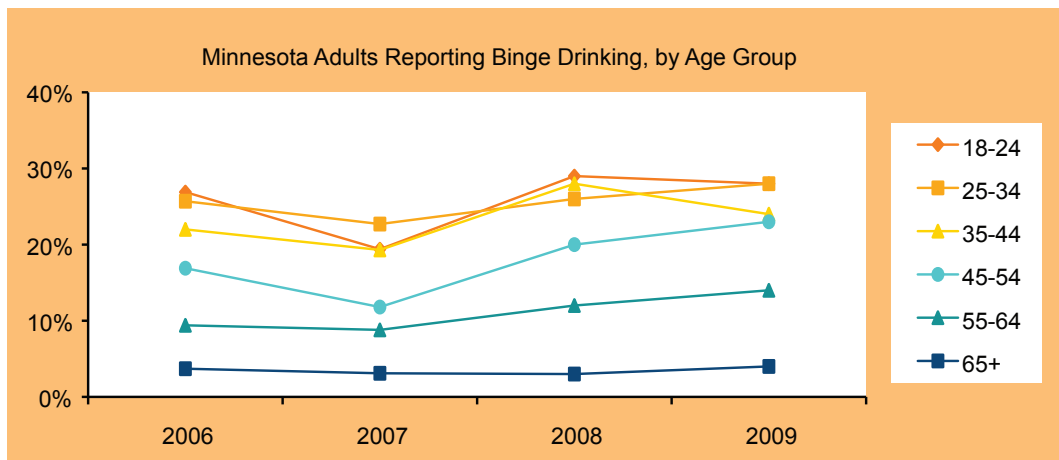
The percent of Minnesota adults reporting past month alcohol increased from 2006 to 2009 for all age groups except 65+. The greatest increases were seen among 55-64 year olds (57% up to 65%) and 45-54 year olds: 63% up to 70%. (BRFSS) In 2004/2005, past 30 day alcohol use was slightly higher among adults

in the 7-county metro area and the East Central Region than the state average: 61% vs. 60%. (MNSASU)

Binge drinking (having 5 or more drinks in a row on one occasion for men; 4 or more for women) was highest among Minnesotans age 18-34 in 2009—see graph. (BRFSS)

Adult 2004/2005 binge

drinking rates were higher among men than women (24% vs. 13%), and slightly higher in the Northwest and East Central regions of the state. Rates were highest among Native American men, and lowest among Asian/Pacific Islander and African American women in Minnesota. (MNSASU)



## Alcohol Consequences

The annual cost per capita of alcohol-related traffic crashes, fatalities and injuries averaged \$54 from 2005 to 2009. The percent of all motor vehicle crashes in the state that were alcohol related averaged 5% over that same period. The rate of alcohol-related motor vehicle fatalities averaged 3.4

per 100,000 population from 2005 to 2009. Minnesota's driving while intoxicated (DWI) rate has fluctuated over time, from a high of 80.2 per 10,000 population in 2006 to a low of 62.2 in 2009 (OTS).

The average number of alcohol-attributable deaths in Minnesota, for 2001-2005,

was 1,152. A majority of these deaths were due to motor vehicle traffic crashes, 195, fall injuries, 170, alcoholic liver disease, 167, and suicide 115 (ARDI). Minnesota's average annual cirrhosis death rate was 6 per 100,000 population from 2004 to 2008 (MCHS).



According to America's Health Rankings, Minnesota slipped from #1 healthiest state (2003-2006) to #6 (2009-2010). One of the challenges cited was high prevalence of binge drinking.

[www.americashealthranking.org](http://www.americashealthranking.org)

Men's Health Magazine compiled a list of "Drunkiest Cities" in the U.S. in 2011 — St. Paul earned a 'B' and Minneapolis earned a 'B-'.

<http://men.webmd.com/features/drunkest-cities>

## Tobacco Consumption

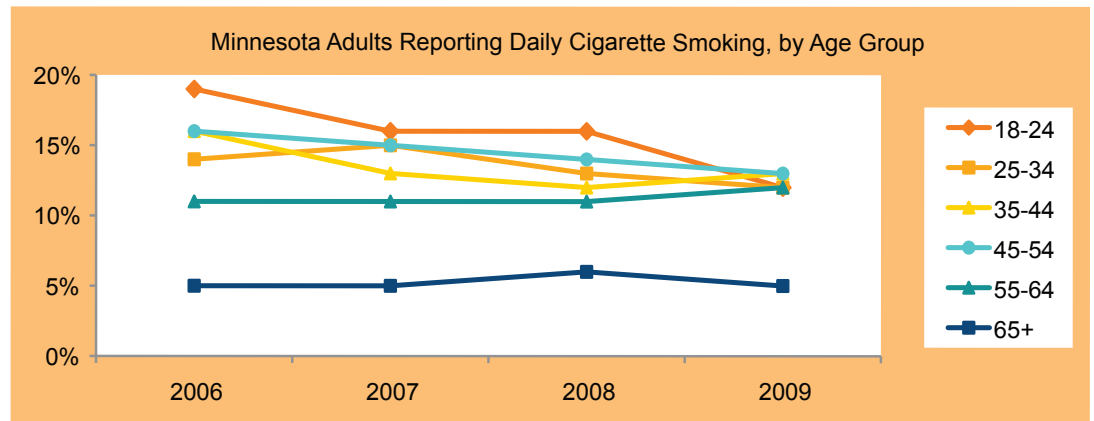
The percent of Minnesota adults who report smoking cigarettes every day declined from 14% in 2006 to 11% in 2009. Rates vary by age group (see graph). The percent of men who report daily smoking dropped from 14% in 2006

to 12% in 2009; and among women from 14% to 11% (BRFSS).

In 2004/2005, reported rates of past-30 day cigarette smoking were slightly higher in the northern regions of the state. Rates were highest among

American Indians/Alaska Natives, and lowest for Asians/Pacific Islanders and Hispanic/Latino women (MNSASU).

Smoking during pregnancy was reported by 10% of Minnesota women in 2009 (MCHS).



## Tobacco Consequences

The average annual (2000 to 2004) age-adjusted smoking-attributable mortality (SAM) rate per 100,000 population in Minnesota is 140 for females and 323 for males. This compares to national rates of 182 and 346, respectively. These rates represent deaths

from malignant neoplasms, cardiovascular diseases and respiratory diseases. The average annual smoking attributable productivity losses in Minnesota were \$1,275,071,000 (SAMMEC).

The lung, bronchus and trachea cancer death rate in Min-

nesota averaged 45 per 100,000 population from 2004 to 2008 (MCHS).

It is estimated that 90% of lung cancer deaths among males and 79% of lung cancer deaths among females in the United States are smoking-related.

## Other Drug Consequences

The rate of drug-related deaths per 100,000 population fell slightly in Minnesota from 0.2 in 2006 to 0.1 in 2007, as did the national rate from 0.8 to 0.6 (CDC Wonder).

The rate per 1,000 population of Minnesota adults on probation for drug offenses as governing sentence increased from 1.9 in 1997 to 3.4 in 2006, then dropped down

to 2.5 in 2007. Rates may be influenced by pretrial diversion programs, drug courts and variations in enforcement from year to year (DOC).

## Other Drug Consumption

Reported rates of past-month marijuana use increased among Minnesotans age 18 to 25—see graph (NSDUH). In 2004/2005, marijuana use was highest in the 7-county metro area and the Northwest Region (MNSASU).

The percent of Minnesota adults reporting drug use (other than marijuana) is lower than the national average (NSDUH).

In Minnesota, reported abuse of prescription pain relievers increased among 18-25 year olds (10.6% in 2004-2005

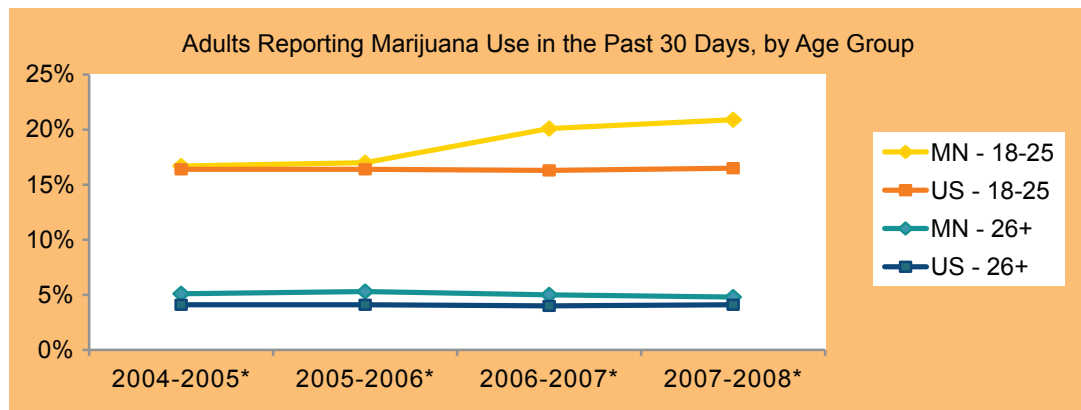
to 12.7% in 2007-2008) and among adults age 26+: 2.9% to 3.4% (NSDUH). Prescription pain relievers abuse in 2004/2005 was slightly higher in the metro region and the Northwest (MNSASU).

Reported past-year use of crack/cocaine among Minnesota adults is similar to the national average. State rates for 18-25 year olds fell from 7.3% in 2004-2005 to 6.4% in 2007-2008; rates for adults age 26+ increased from 1.4% to 1.7% (NSDUH).

In 2004/2005, less than 1% of Minnesota women reported past year use of methamphetamines. Use among men was slightly higher in the northern and West Central areas of the state, and higher among adults age 18-20. Past year heroin use was reported by less than 1% of Minnesota adults in 2004/2005. Past year use of psychedelics was reported by 6% of 18-20 year olds and 3% of 21-24 year olds (MNSASU).

**Estimated hospital emergency department visits in the Twin Cities involving heroin rose from 1,023 in 2005 to 1,855 in 2009. Overall the total number of episodes involving the non-medical use of narcotic analgesics in the Twin Cities emergency departments rose from 1,872 in 2005, to 3,391 in 2007, and 3,890 in 2009.**

From Drug Abuse Trends in Minneapolis/St. Paul, Minnesota, January 2011



## Treatment

The rate of drug-related deaths per 100,000 population held steady in Minnesota from 2003 to 2005 at 1.1. The U.S. rate has risen from 1.1 in 2003 to 1.3 in 2005 (CDC Wonder).

Among Minnesota adults in prison for drug offenses in 2007, approximately 56.6% were White, 27.4% were Afri-

can-American or Black, 12.1% were Hispanic/Latino and 2.5% were American Indian/Alaska Native (DOC). Comparatively, 2007 population estimates from the U.S. Census Bureau show Minnesotans identified as 86% White, 4% African-American or Black, 4% Hispanic/Latino and 1% American Indian/

Alaska Native.

The rate per 1,000 population of Minnesota adults on probation for drug offenses as governing sentence increased from 1.9 in 1997 to 3.4 in 2006, then dropped down to 2.5 in 2007 (DOC).

## MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

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## What's Happening in Your County?



**Substance Use in Minnesota, located at [www.sumn.org](http://www.sumn.org), puts data on alcohol, tobacco and other drug use and consequences at your fingertips. The Web site was designed to help communities make decisions about substance abuse prevention efforts based on 55 indicators.**

**This site was developed by the Minnesota State Epidemiological Outcomes Workgroup (SEOW) with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). SEOW membership includes: Minnesota's departments of Human Services, Health, Education, Public Safety and Corrections and the Minnesota Institute of Public Health, which maintains the Web site.**

## Data Sources

Adult consumption data are from two sources: the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) and the Minnesota Survey of Adult Substance Use (MNSASU) from the Minnesota Department of Human Services, Performance Measurement and Quality Improvement.

BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. The MNSASU was conducted in 2004/2005, and will be conducted again in 2010/2011.

All statistics on alcohol-related motor vehicle crashes, fatalities, injuries and costs, as well as DWI statistics, are from the Minnesota

Department of Public Safety's Office of Traffic Safety (OTS). Costs estimates are determined in conjunction with the National Safety Council. Mortality data are from the Centers for Disease Control and Prevention's Alcohol-Related Disease Impact (ARDI) system. ARDI either calculates or uses pre-determined estimates of Alcohol-Attributable Fractions (AAFs). These AAFs are then multiplied by the number of deaths caused by a specific condition to obtain the number of alcohol-attributable deaths.

Average annual age-adjusted smoking attributable mortality and average annual smoking-attributable productivity losses were taken from the Adult SAMMEC (Smoking-Attributable Mortality,

Morbidity, and Economic Costs) module. Minnesota lung, bronchus and trachea cancer death rates are from the Minnesota Department of Health (MDH) Minnesota Center for Health Statistics (MCHS).

Treatment data are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES).

Other drug mortality data are from the Centers for Disease Control and Prevention Compressed Mortality File (CDC Wonder), for underlying cause of death. Other consequence data are from the Minnesota Department of Corrections (DOC), including the Inmate Profile and the Probation Survey.

Detailed data source information can be found at [www.sumn.org](http://www.sumn.org).