



# **Epidemiological Profile of Substance Use and Consequences in Minnesota's African American, African, and Black Communities**

Created by the Minnesota Institute of Public Health on behalf of the  
Minnesota State Epidemiological Outcomes Workgroup  
March 2011

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# 1. Introduction

Minnesota's State Epidemiological Profile of Substance Use and the Epidemiological Profile of Substance Use and Consequences in Minnesota's African American, African, and Black Communities have been created under the supervision of the State Epidemiological Outcomes Workgroup (SEOW) funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP).

Minnesota's SEOW membership is wide and varied. It is led by the Department of Human Services Alcohol and Drug Abuse Division and staffed through a subcontract with the Minnesota Institute of Public Health. The SEOW works closely with the Minnesota ATOD Prevention Coordinating Council (MAPCC); representatives from state agencies, coalitions and other organizations also helped provide data and input on the State Epi Profile and inform the overall work of the SEOW.

## *Evidence-based Planning and Needs Assessment*

This profile, based on the State Epi Profile, is grounded in CSAP's Strategic Prevention Framework (SPF). The SPF is a five-step prevention planning model consisting of 1) Assessment (of both need and resources), 2) Capacity Building, 3) Planning, 4) Implementation, and 5) Evaluation. The profile serves as an integral step in the Needs Assessment phase of the SPF. It has been created to summarize and characterize consumption patterns and consequences related to the use of alcohol, tobacco and other drugs among African Americans, Africans and Blacks in Minnesota.

As the first step in the SPF process, needs assessments generally aim to "profile" population needs and resources. The profile was created to help the state and communities determine prevention needs based upon available data on substance use and related outcomes. Accordingly, the profile can be used by a variety of audiences for related, but different, purposes. State-level administrators may use the profile to prepare applications for federal funding or they may use it to monitor prevention-related trends in local communities to which they administer grants. Community-level prevention planners may use the profile to assess the relative importance of substance related problems in their communities or to apply for grant funding themselves. Overall, the profile is intended to help all audiences in Minnesota make decisions based on existing evidence and demonstration of need.

The data included in this profile are also available on the SEOW's new interactive website, located at [www.sumn.org](http://www.sumn.org). Users of the site can create their own tables, graphs and maps, and find links to relevant articles, community resources and tools.

## **Methods**

In order to provide users with a variety of data, the profile casts a wide net over the universe of available substances and related consequences. Substances and consequences in the profile are grouped in the following categories: Alcohol, Tobacco or Other Drugs (ATOD).

This document is formatted with these categories in mind. The profile is divided into sections pertaining to African American, African and Black ATOD consumption patterns (measures of substance use) and related consequences (negative outcomes associated with use). For each substance, consumption patterns are presented first, followed by consequence measures. Sections 2 and 3 pertain to alcohol; sections 4 and 5 pertain to tobacco, and sections 6 and 7 pertain to illicit drugs.

For audiences familiar with outcomes based prevention, it is important to note that this profile does not contain data on risk and protective factors. Risk and protective factors are an important component of substance abuse prevention theory and programming. Future versions of the profile may include data on risk and protective factors.

## **Definitions and Technical Notes**

### *Survey Sample*

A sample refers to the population researched in a particular study. Usually, attempts are made to select a “sample population” considered representative of groups of people to whom results can be generalized. The Minnesota Survey of Adult Substance Use utilizes samples to represent the state population at large.

### *Census*

A census is an enumeration of people at a particular time. Unlike a sample based survey, a census surveys an entire population. The Minnesota Student Survey (MSS) is a census of all schools in Minnesota. In a census, schools may decline to participate. In 2010, 88% of publicly operating school districts participated in the MSS. Because answers to MSS questions were derived from a census of all schools, data is presented both in raw number and in percent terms.

### *Rate*

All rates are ratios, calculated by dividing the numerator by the denominator. In epidemiology, a rate is the frequency with which a health event occurs in a defined population. The components of the rate are the raw number (numerator)

and the population (denominator). In the profile, rates are presented per 1,000 or 100,000 of the population and are noted accordingly. Be sure to reference each data sheet for the denominator.

Percentages are defined as a ratio that compares a number to 100 (ie.  $2/2 = 100\%$  and  $1/2 = 50\%$ , usually presented with %). Proportions are a part, share, or portion of its relation to a whole often expressed as a percentage.

Percentages in this profile based on Minnesota Student Survey data or Minnesota Survey of Adult Substance Use data were calculated using a demographic-specific denominator. For example, the percent of African American, African or Black 12<sup>th</sup> graders in the seven-county metro area who reported drinking any alcohol in the past 30 days is based on the total number of African American, African or Black 12<sup>th</sup> graders in the seven-county metro area who responded to the survey question about 30 day alcohol use (not based on the total number of students in Minnesota who responded to this question.)

The rate ratios presented under each Minnesota Student Survey graph and MN Survey of Adult Substance Use graph in this report are based on the percentages provided in “Substance Use in Minnesota: A State Epidemiological Profile” which can be found at: [www.sumn.org](http://www.sumn.org). The values presented in the graphs have been rounded for formatting purposes. A ratio of 1.00 indicates that use by African Americans, Africans and Blacks is comparable to use by all survey respondents for that indicator. Over 1.00 indicates higher use, while less than 1.00 indicates lower use.

### *Counts*

Many data sources in the profile present official count data. These include, but are not limited to, death, arrest and corrections data. These data provide actual raw numbers reported to and collected by various state agencies. Whenever possible, raw numbers are provided along with percentages.

The y-axis varies from graph to graph to show detail. Care should be taken when comparing two graphs with different axes.

### **Data Sources**

In order to best utilize the data presented in the profile, we recommend the reader take time to review the following data sources and descriptions.

Data sources vary in how race/ethnicity is labeled, defined, and determined. Population statistics are from the 2000 US Census. Counts include persons who identify as African American or Black alone (not in those in combination with one or more other races). Youth alcohol, tobacco and other drug consumption data

for students identifying as African American, African or Black are from the Minnesota Student Survey (MSS). Adult consumption data for African Americans or Blacks are from the MN Survey of Adult Substance Use (MNSASU). For both surveys, respondents were able to select all race/ethnicity categories that applied. For crime-related consequences, race/ethnicity is often determined by law enforcement and therefore may not be as accurate as self-reported status.

### Data Source: CDC Wonder Compressed Mortality Data

Description:	The Compressed Mortality database contains mortality and population counts for all U.S. counties for the years 1979–2007. Counts and rates of death can be obtained by underlying cause of death, state, county, age, race, sex, and year. The International Classification of Diseases 9th Revision (ICD 9) codes are used to specify underlying cause of death for years 1979–1998. Beginning in 1999, cause of death is specified with the International Classification of Diseases 10th Revision (ICD 10) codes.
Sponsored by:	Centers for Disease Control and Prevention (CDC)
Geographic level:	National, State
Frequency:	Data collected and reported annually
Strengths/weaknesses:	<p>Strengths</p> <ul style="list-style-type: none"><li>• Standardized and comparable across states</li><li>• Trend data available since 1979</li></ul> <p>Weaknesses</p> <ul style="list-style-type: none"><li>• Race categories are limited to White, Black or African American and Other</li><li>• ICD 10 codes differ substantially from ICD 9 codes</li></ul>
Link to source:	<a href="http://wonder.cdc.gov/mortSQL.html">http://wonder.cdc.gov/mortSQL.html</a>

## Data Source: Fatality Analysis Reporting System (FARS)

Description:	FARS data are derived from a census of fatal traffic crashes within the 50 States, District of Columbia, and Puerto Rico. To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway customarily open to the public and result in the death of a person (occupant of a vehicle or a non-motorist) within 30 days of the crash.
Sponsored by:	National Center for Statistics and Analysis (NCSA) of the National Highway Traffic Safety Administration (NHTSA)
Geographic level:	National, State
Frequency:	Data collected and reported annually
Strengths/weaknesses:	<p>Strengths</p> <ul style="list-style-type: none"><li>• Standardized and comparable across states</li><li>• Data are gathered from the State's own source documents and are coded on standard FARS forms</li><li>• Trend data available since 1975</li></ul> <p>Weaknesses</p> <ul style="list-style-type: none"><li>• Includes fatalities only, not all crashes from impaired driving</li></ul>
Link to source:	<a href="http://www-fars.nhtsa.dot.gov">http://www-fars.nhtsa.dot.gov</a>

## Data Source: Minnesota Department of Corrections

Description:	Data included in this profile represent the number of adults prison inmates in Minnesota sentenced for drug offenses.
Sponsored by:	Minnesota Department of Corrections
Geographic level:	State
Frequency:	Inmate data is compiled bi-annually
Strengths/weaknesses:	<p>Strengths</p> <ul style="list-style-type: none"><li>• Trend data available since 1981</li></ul> <p>Weaknesses</p> <ul style="list-style-type: none"><li>• Offenders are counted only once; cases involving drug or chemical convictions may be excluded. Inmates are counted once by governing sentence which is typically the sentence with the greatest release date (which may or may not be the most serious offense).</li></ul>
Link to source:	<a href="http://www.doc.state.mn.us">http://www.doc.state.mn.us</a> (Inmate data by race/ethnicity are not available on-line. These data were obtained by request.)

## Data Source: Minnesota Student Survey (MSS)

**Description:** The MSS is a confidential and anonymous self-administered survey given to 6th, 9th and 12th grade students attending Minnesota public, charter and tribal schools. Most schools elect to participate in the survey; in 2010, this included 88% of eligible school districts.

Although the data are not presented here, the survey is also administered to area learning centers, juvenile correction facilities and private schools electing to participate.

**Sponsored by:** Minnesota schools, the Minnesota Department of Education, the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota Department of Public Safety

**Geographic level:** State, 7-County Metro and Non-Metro Regions

**Frequency:** Data collected and reported every three years

**Strengths/weaknesses:** Strengths

- “Census” of schools, not sample
- School districts get their own data
- Trend data available since 1992 on some questions

Weaknesses

- 6th graders not asked all drug questions
- Some school districts do not participate (in 2010, 12% of the school districts declined to participate)
- Student participation within the school district can vary widely. In 2010 approximately 79% of 6th graders, 75% of 9th graders and 59% of 12 graders participated. Overall participation across the three grades was approximately 71% of total enrollment
- Reporting biases associated with self-report data

**Link to source:** [http://education.state.mn.us/mde/Learning\\_Support/Safe\\_and\\_Healthy\\_Learners/Minnesota\\_Student\\_Survey/index.html](http://education.state.mn.us/mde/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/index.html)

Demographics:

As the only statewide survey of youth, the profile relies heavily on data collected from the Minnesota Student Survey. School districts did not have to participate in the survey each year to be included in the trend data presented in this profile.

Characteristics of students who participated in the 2010 Minnesota student survey are follows:

All Minnesota Student Survey Respondents (2010)

		MALE		FEMALE	
		N	%	N	%
<b>Total</b>		65,160	49.8%	65,748	50.2%
<b>Grade</b>	6 <sup>th</sup>	24,747	36.4%	24,334	35.5%
	9 <sup>th</sup>	25,007	36.8%	25,706	37.5%
	12 <sup>th</sup>	18,234	26.8%	18,521	27.0%
<b>Region</b>	7-County Metro Region	35,343	52.0%	36,274	52.9%
	Non-Metro Region	32,645	48.0%	32,287	47.1%
<b>Race/Ethnicity<sup>1</sup></b>	White	46,860	71.9%	47,720	72.6%
	African American, African or Black <sup>2</sup>	3,752	5.8%	3,422	5.2%
	Native American	1,080	1.7%	871	1.3%
	Asian American/Pacific Islander	3,428	5.3%	3,545	5.4%
	Hispanic/Latino	2,889	4.4%	2,793	4.2%
	Don't Know/No Answer	3,967	6.1%	4,792	7.3%

1. Students were allowed to select all race/ethnicity categories that applied.

2. Prior to 2007, this category was labeled African American or Black—African was added only in 2007.

## Data Source: Minnesota Survey of Adult Substance Use (MNSASU)

Description:	<p>The MNSASU is a statewide telephone survey conducted in 2004/2005 by DHS. The primary objective of this project is to obtain current estimates of the number of adults in the general population in Minnesota who are abusing or dependent on alcohol or other drugs and are in need of treatment. The prevalence of <i>substance</i> abuse and dependence and need for treatment were assessed for the total population, and by region, race and ethnicity, gender, age group, and immigration status. The population for this survey included Minnesota residents 18 years of age or older and non-institutionalized. The study involved a random digit dial telephone survey with 16,891 adults in Minnesota.</p> <p>The sample was stratified by region, and African Americans, American Indians, Latinos, Hmong and other Asian Americans were over-sampled to ensure adequate numbers of respondents to provide reliable estimates for these sub-groups. The survey was administered by the University of Minnesota, School of Public Health in both English and Spanish. The weighted response rate was 55%, with a cooperation rate of 67%. These data are self-reported.</p>
Sponsored by:	Minnesota Department of Human Services, Performance Measurement and Quality Improvement
Geographic level:	State, 7-County Metro and Non-Metro Regions
Frequency:	Next year data will be available: 2011
Strengths/weaknesses:	<p>Strengths</p> <ul style="list-style-type: none"><li>• The survey methods employed over-sampling and weighting to accurately reflect the Minnesota population</li><li>• Trends will be available when the survey is next administered</li></ul>

#### Weaknesses

- Telephone non-coverage-(e.g., 2000 Census estimates that MN had 1.1% households with no phone).
- Non-response bias; bias is reduced by weighting.
- Self-report/response bias

Link to source:

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs\\_id\\_055443](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs_id_055443)

## Data Source: National Survey on Drug Use and Health (NSDUH)

Description:	The NSDUH is a nationwide survey involving in-home interviews with approximately 70,000 randomly selected individuals age 12 and older. Data are presented as two-year averages. Accordingly, the profile presents combined data from 2002/2003, 2004/2005, 2005/2006, and 2006/2007.
Sponsored by:	Substance Abuse and Mental Health Services Administration (SAMHSA)
Geographic level:	National
Frequency:	Data are presented as two-year averages
Strengths/weaknesses:	<p>Strengths</p> <ul style="list-style-type: none"><li>• Trend data available since 1972</li></ul> <p>Weaknesses</p> <ul style="list-style-type: none"><li>• No state-level data by race/ethnicity</li></ul>
Link to source:	<a href="http://oas.samhsa.gov/stateTrends.htm">http://oas.samhsa.gov/stateTrends.htm</a>

## Data Source: Uniform Crime Reports (UCR)

**Description:** The Uniform Crime Reporting (UCR) Program was conceived in 1929 by the International Association of Chiefs of Police to meet a need for reliable, uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics. Today, several annual statistical publications, such as the comprehensive *Crime in the United States*, are produced from data provided by nearly 17,000 law enforcement agencies across the United States.

*Crime in the United States* (CIUS) is an annual publication in which the FBI compiles volume and rate of crime offenses for the nation, the states, and individual agencies. This report also includes arrest, clearance, and law enforcement employee data.

**Sponsored by:** Federal Bureau of Investigation

**Geographic level:** National

**Frequency:** Data are collected and reported annually

**Strengths/weaknesses:**

**Strengths**

- Trend data available since 1995
- Provided by nearly 17,000 law enforcement agencies across the United States

**Weaknesses**

- Data represents arrests for which law enforcement agencies provided race/ethnicity information
- Data may represent multiple arrests for the same person

**Link to source:** <http://www.fbi.gov/ucr/ucr.htm>

## Data Source: United States Census Bureau

**Description:** The Census Bureau develops population estimates with a component of population change using administrative records to estimate the household and group quarters population. Estimates are produced, starting with the base population from either Census 2000 or the revised population estimate for the most recent year. Demographic components of population change calculated for that time period are then added or subtracted. The estimated numbers of births are added and the estimated numbers of deaths are subtracted for the time period. Next the estimates of net domestic migration, net foreign-born international migration, net movement to/from Puerto Rico, net overseas Armed Forces movement, net native emigration from the United States, and the change in group quarters population are incorporated.

**Sponsored by:** United State Census Bureau

**Geographic level:** National, State

**Frequency:** Census conducted every 10 years; estimates conducted annually

**Strengths/weaknesses:**

**Strengths:**

- Decennial U.S. Census figures are based on actual counts of persons dwelling in U.S. residential structures
- Counts include citizens, non-citizen legal residents, non-citizen long-term visitors, and illegal immigrants.
- Attempts have been made to estimate uncounted housed, homeless, and migratory persons.

**Weaknesses:**

- Data in this profile are for one race alone (not in combination with another race)

**Link to source:**

[http://factfinder.census.gov/servlet/DatasetMainPageServlet?\\_lang=en&\\_ts=238938055104&\\_ds\\_name=PEP\\_2006\\_EST&\\_program=](http://factfinder.census.gov/servlet/DatasetMainPageServlet?_lang=en&_ts=238938055104&_ds_name=PEP_2006_EST&_program=)

## Questions and Comments

Please direct questions and comments to the Minnesota Institute of Public Health:

763-427-5310  
1-800-782-1878

Many of the statistics shown in this profile can be found at the State Epidemiological Outcomes Workgroup's interactive website:

[www.substanceuseinMN.org](http://www.substanceuseinMN.org) or [www.sumn.org](http://www.sumn.org)

Questions relating to the website can be directed to:

[sumn@miph.org](mailto:sumn@miph.org)

## Population Snapshot

According to the 2009 US Census estimates, approximately 4% of persons living in Minnesota identify as African American, African or Black only (not in combination with another race). This population is considerably younger than the state average; 33% are under the age of 18 compared to 24% of all Minnesotans being under age 18 (Table 1).

Table 1	African Americans, Africans & Blacks in Minnesota, 2009		All Minnesotans, 2009	
	Number	Number	Number	Percent
Population	233,086		5,266,215	
By age group:				
Under 5	24,508	11.1%	362,040	6.9%
Under 18	78,280	32.9%	1,257,933	23.9%
18+ (adults)	147,518	67.1%	4,008,282	76.1%
18-24	28,487	12.8%	522,129	9.9%
25-34	38,564	17.8%	700,898	13.3%
35-44	35,921	14.8%	696,967	13.2%
45-64	37,235	17.7%	1,418,998	26.9%
65+	7,311	4.0%	669,290	12.7%

US Census Bureau, 2009 American Community Survey

*“Among states with at least 100,000 Blacks, about one fourth or more of the Black population was foreign born in New York, Massachusetts, and Minnesota.”* <http://www.census.gov/prod/2007pubs/acs-04.pdf>

## 2. ALCOHOL CONSUMPTION

Alcohol is the most frequently used drug nationally and statewide and is associated with a number of adverse health consequences.

### Recent Alcohol Use

Reported 30-day alcohol use among African American, African or Black students has been consistently lower than the average for the past nine years (Figure 2, Table 2). However, disparities exist by region, gender, and grade. Non-metro males reported 30-day alcohol use has been higher than use among non-metro females and metro students, despite a large drop in rates for both non-metro genders (Figure 3, Table 3). Reported use among African American, African or Black 6<sup>th</sup> grade females was the only rate higher than the state average in 2010 (Figure 4, Table 4).

Reported 30-day alcohol use in 2004/2005 was substantially lower than the state average among African American, African or Black adults living both in the seven-county metro area and non-metro area (Figure 5, Table 5). Adults are defined as persons aged 18 or older.

Nationally, according to the National Survey on Drug Use and Health, the rate of alcohol use among persons aged 12 or older was 39.3% for Blacks or African Americans in 2007. About 16% of African American or Black youths aged 12 to 17 were current drinkers, defined as one drink in the past 30 days, in 2007.

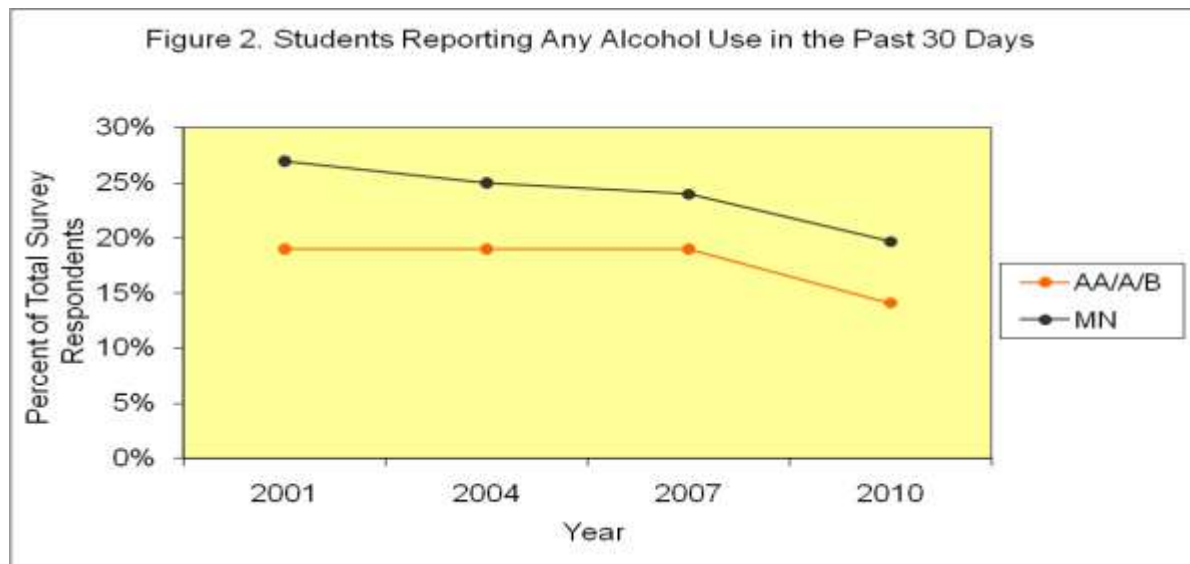


Table 2. Students Reporting Any Use of Alcohol in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	19%	19%	19%	14%
All Minnesota students reporting use	27%	25%	24%	20%
Rate Ratio	0.70	0.73	0.79	0.72

Figure 3. African American, African & Black Students Reporting Any Use of Alcohol in the Past 30 Days, by Region and by Gender

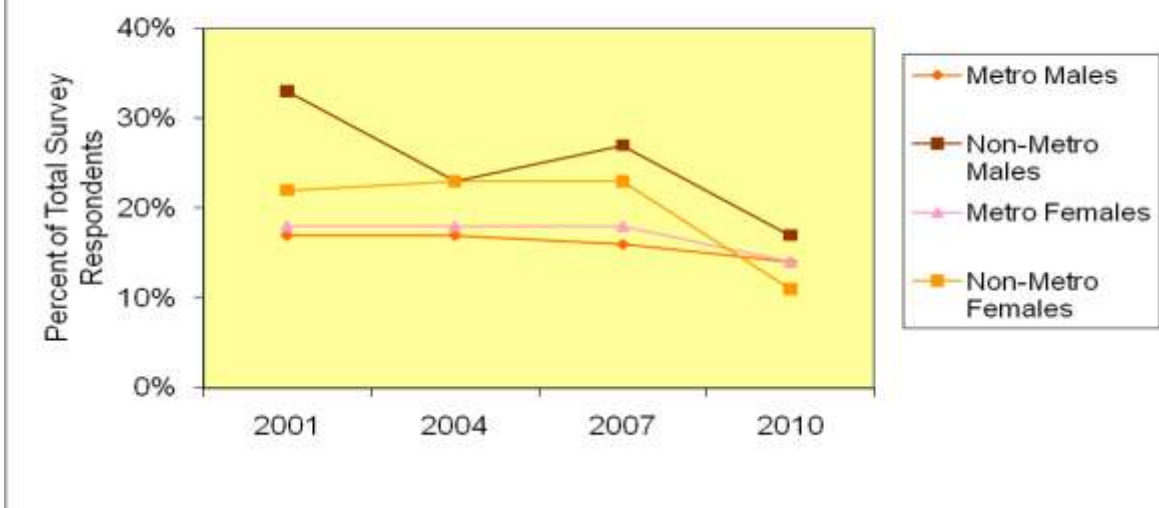


Table 3. African American, African & Black Students Reporting Any Use of Alcohol in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	17%	17%	16%	14%
Non-Metro Males	33%	23%	27%	17%
Metro Females	18%	18%	18%	14%
Non-Metro Females	22%	23%	23%	11%

Figure 4. Students Reporting Any Use of Alcohol in the Past 30 Days, by Grade and by Gender

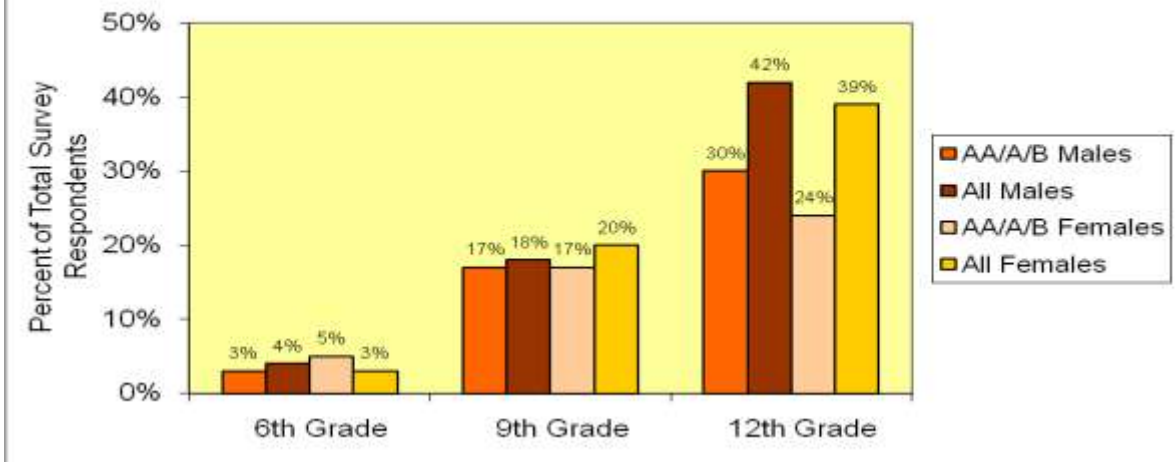
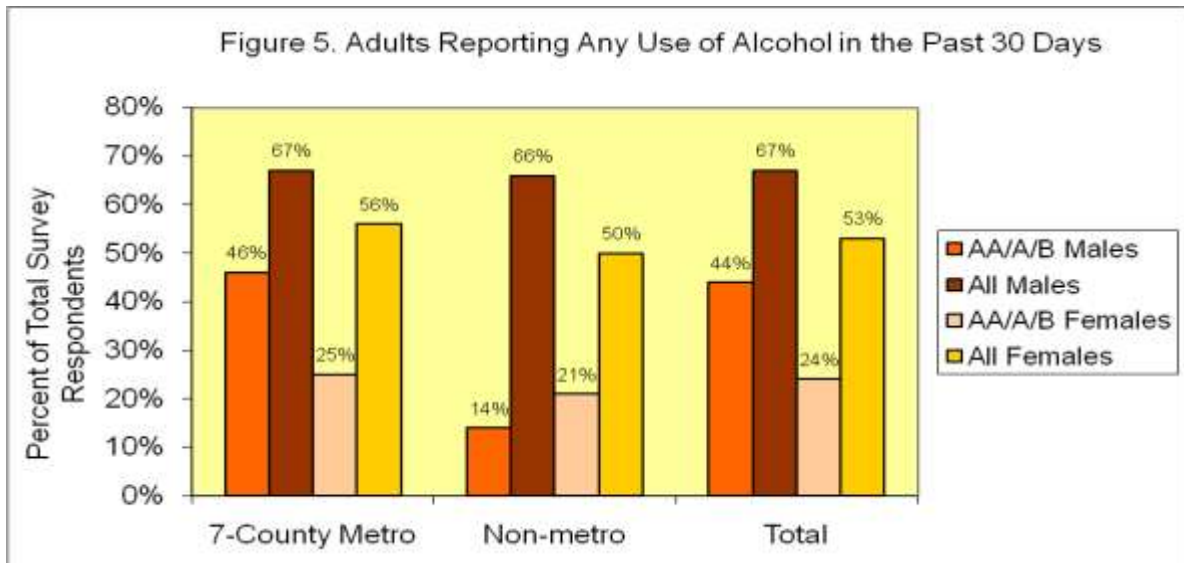


Table 4. Students Reporting Any Use of Alcohol in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	0.75	0.94	0.71
	Females	1.67	0.85	0.62



**Table 5. Adults Reporting Any Use of Alcohol in the Past 30 Days, by Region and by Gender**

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (AA/A/B: All Respondents)	Males	0.69	0.21	0.66
	Females	0.45	0.42	0.45

### Binge Drinking

Binge drinking has been associated with alcohol-related injuries and deaths, as well as violence and crime. The Minnesota Survey of Adult Substance Use defined binge drinking as 5 or more drinks for males or 4 or more drinks for females in a row on one occasion in the past 30 days. The Minnesota Student Survey defined binge drinking as 5 or more drinks in a row on one occasion in the past 14 days (for males or females).

Reported binge drinking was consistently lower than the state average among African American, African or Black students from 2001 to 2010 (Figure 6, Table 6). A closer look reveals that rates declined from 2007 to 2010 for all areas, especially non-metro females (Figure 7, Table 7). Binge drinking rates among 9<sup>th</sup> and 12<sup>th</sup> grade African American, African or Black students were lower than the state average in 2010 (Figure 8, Table 8).

Binge drinking among African American, African or Black adults in 2004/2005 was lower than the state average in both metro and non-metro counties (Figure 9, Table 9). Adults are defined as persons aged 18 or older.

Nationally, according to the National Survey on Drug Use and Health, the rate of binge alcohol use among persons aged 12 or older was 19.1% for Blacks or African Americans in 2007. About 10% of African American or Black youths aged 12 to 17 were current drinkers, defined as one drink in the past 30 days, in 2007.

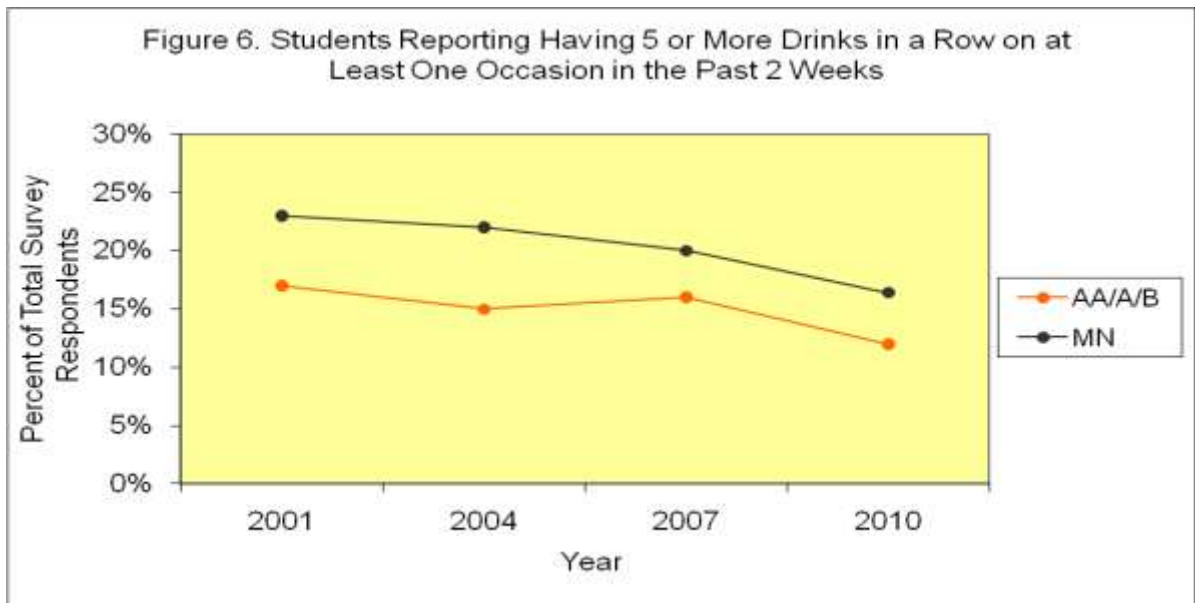


Table 6. Reporting Binge Drinking in the Past 2 Weeks

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	17%	15%	16%	12%
All Minnesota students reporting use	23%	22%	20%	16%
Rate Ratio	0.74	0.68	0.80	0.73

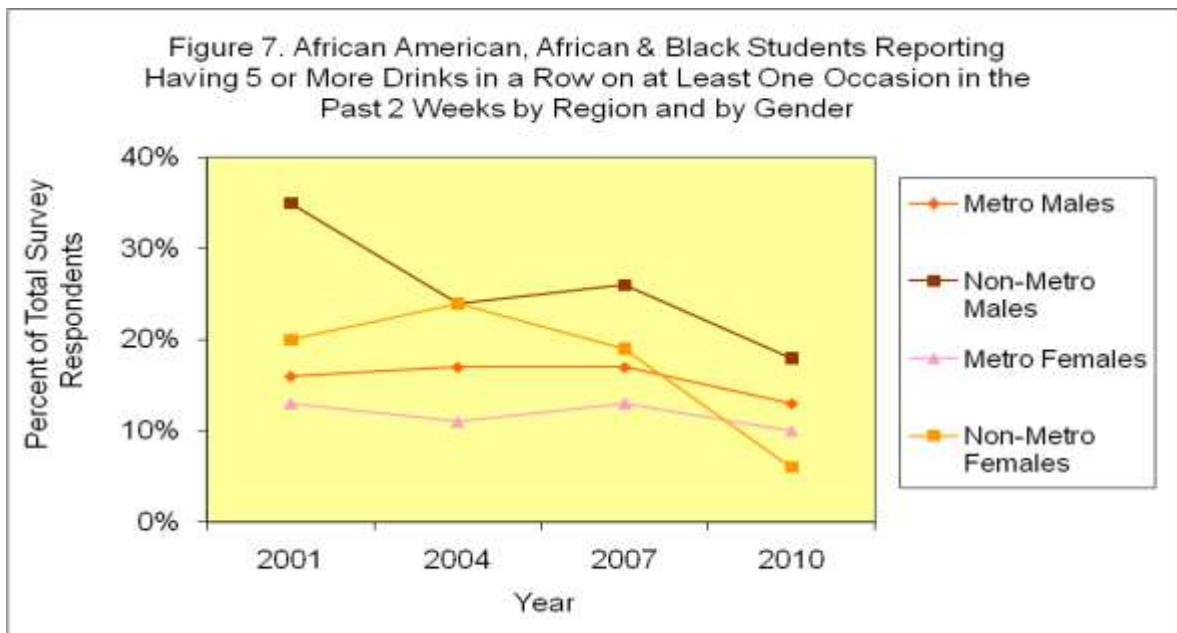


Table 7. African American, African & Black Students Reporting Binge Drinking in the Past 2 Weeks, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	16%	17%	17%	13%
Non-Metro Males	35%	24%	26%	18%
Metro Females	13%	11%	13%	10%
Non-Metro Females	20%	24%	19%	6%

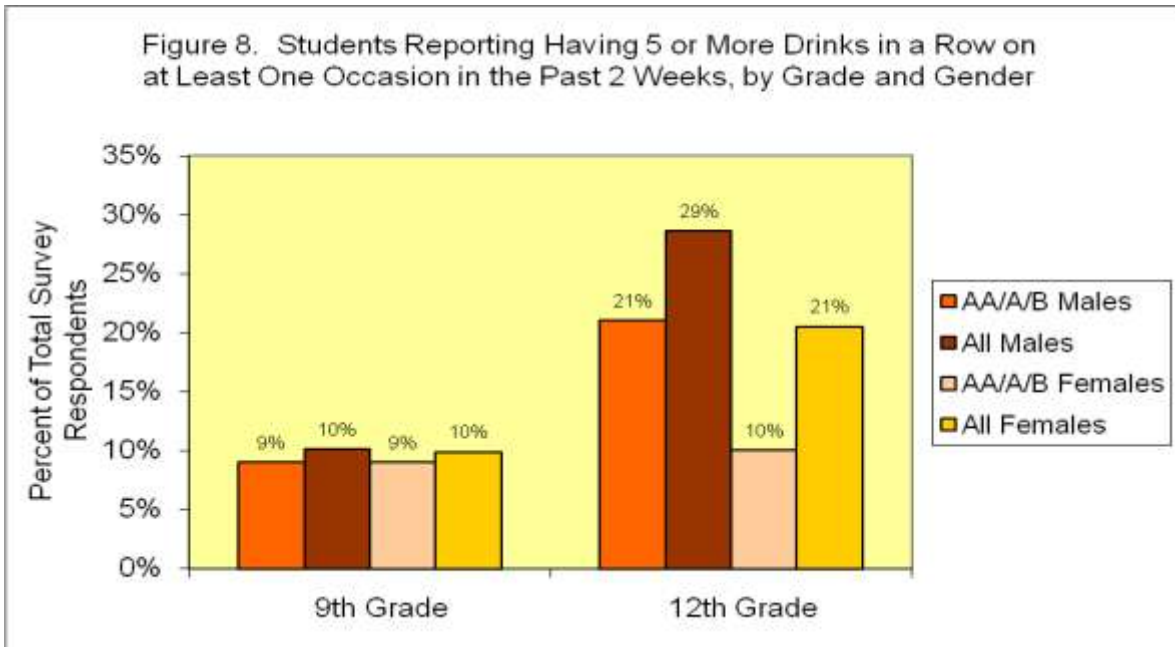


Table 8. Students Reporting Binge Drinking in the Past 2 Weeks, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	0.89	0.73
	Females	0.91	0.49

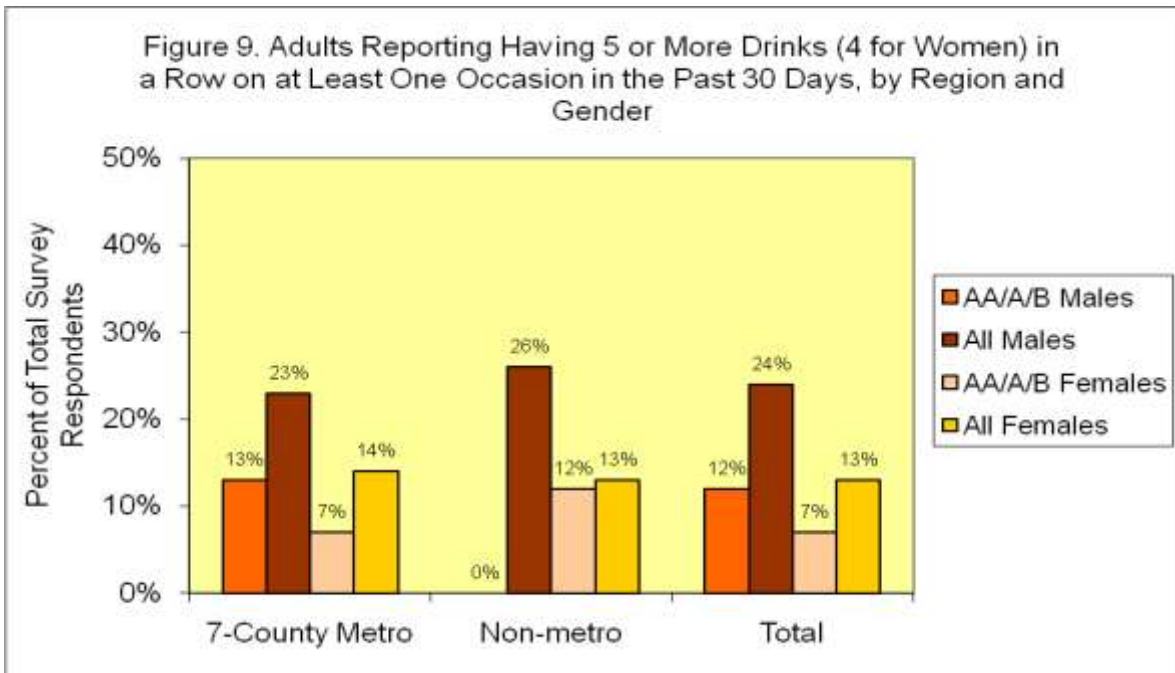


Table 9. Adults Reporting Binge Drinking in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (AA/A/B: All Respondents)	Males	0.57	0	0.5
	Females	0.5	0.92	0.54

## **Age at First Use, Access and Perception of Harm**

When students were asked how old they were the first time they had more than a few sips of alcohol, African American, African or Black students were more likely than average to report having done so at the age of 13 or younger. In 2010, reported first use by the age of 13 was higher among African American, African or Black than all students in the same region: metro-area males (23% vs. 20%), metro-area females (22% vs. 16%), non-metro males (26% vs. 25%) but lower for non-metro females (16% vs. 19%).

Among African American, African or Black students reporting use of alcohol in the past 30 days in 2010, most got it from friends (52%), got it at parties (33%), and/or got someone else to buy it for them (20%). They were least likely to report buying it on the internet (3%), buying it from gas stations or convenience stores (5%), buying it from bars or restaurants (4%), or taking it from stores (7%).

Students were also asked how much they thought people harmed themselves physically or in other ways if they have five or more drinks of alcohol once or twice per week. In 2010, 75% of African American, African or Black 6<sup>th</sup> grade males, 80% of 9<sup>th</sup> grade males and 78% of 12<sup>th</sup> grade males thought people put themselves at great or moderate risk. A reverse pattern was found among 12<sup>th</sup> grade females; the rates were 79%, 86% and 87% respectively.

## **Impaired Driving**

African American, African or Black students were less likely to report having driven after using alcohol or other drugs than the state average, though both rates decreased from 2001 to 2010 (Figure 10, Table 10). Reported impaired driving among African American, African or Black students has been consistently lower among females than males, and among metro students compared to non-metro students (Figure 11, Table 11). In 2010, 9<sup>th</sup> grade African American, African or Black males were more likely than average to report impaired driving, but 12<sup>th</sup> grade males were less likely to do so (Figure 12, Table 12).

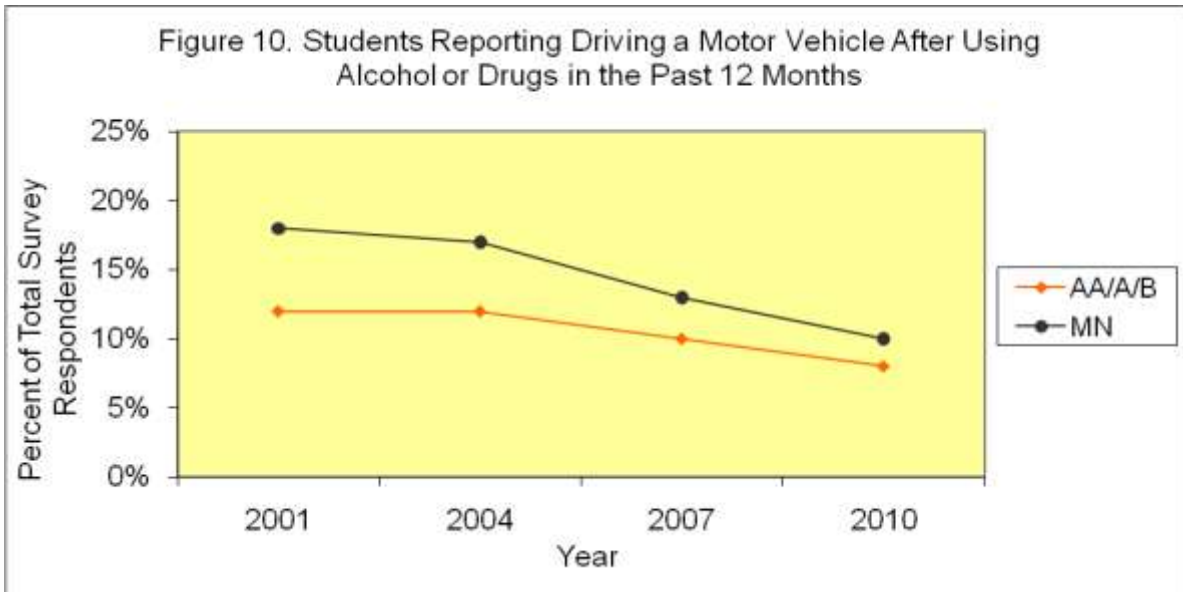


Table 10. Students Reporting Impaired Driving in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students	12%	12%	10%	8%
All Minnesota Students	18%	17%	13%	10%
Rate Ratio	0.66	0.70	0.77	0.8

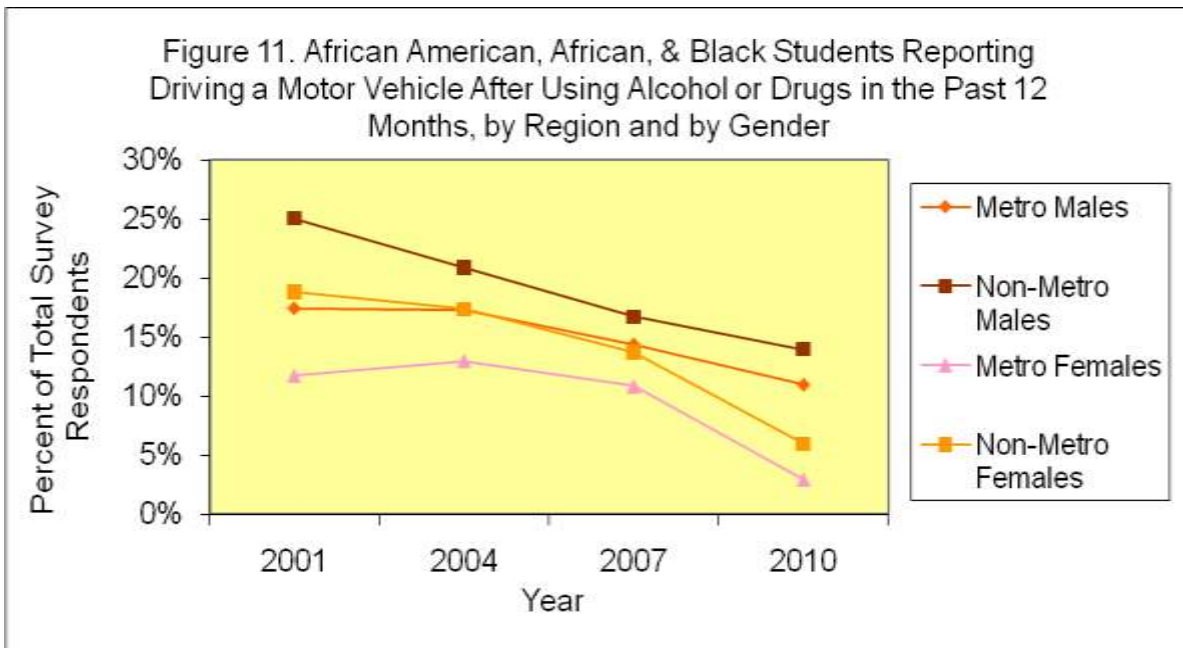


Table 11. African American, African & Black Students Reporting Impaired Driving in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	17%	15%	14%	11%
Non-metro Males	21%	19%	15%	14%
Metro Females	7%	9%	6%	3%
Non-Metro Females	15%	15%	12%	6%

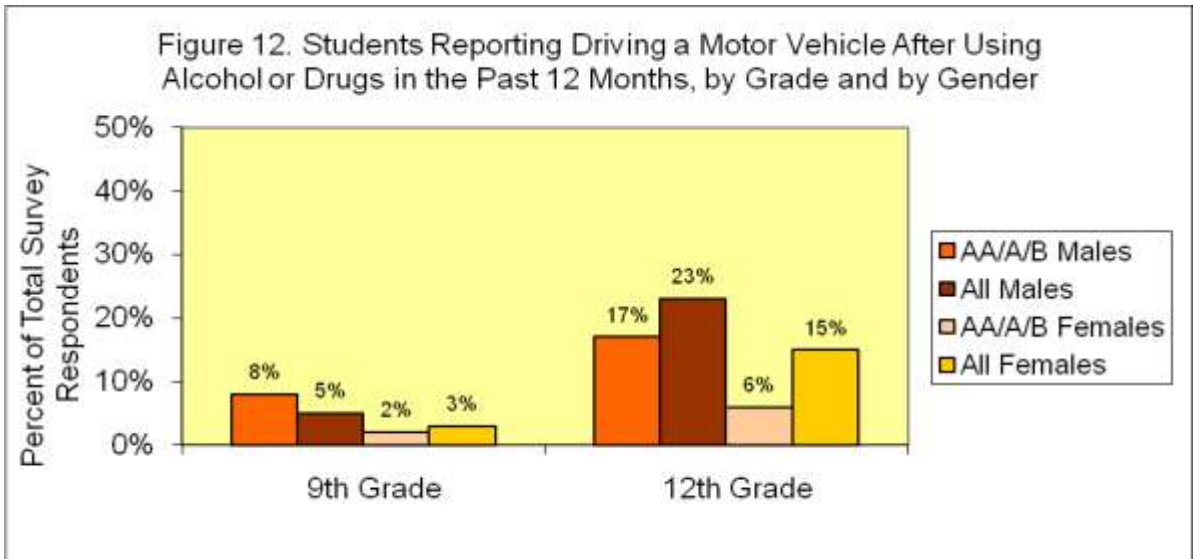


Table 12. Students Reporting Impaired Driving in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.60	0.74
	Females	0.67	0.40

### 3. ALCOHOL-RELATED CONSEQUENCES

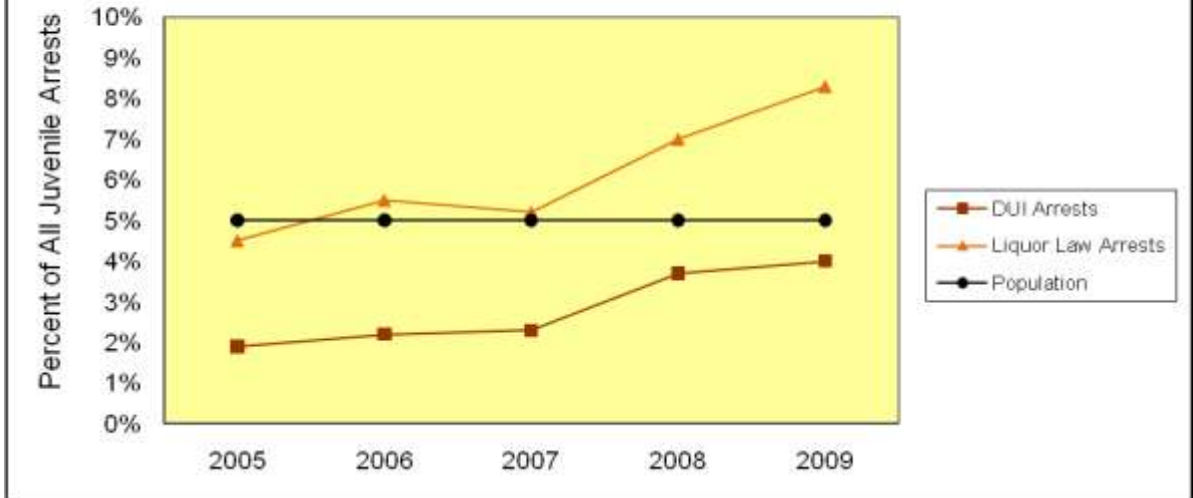
#### **DUI and Liquor Law Arrests**

In Minnesota, liquor law violations are defined as: “With the exception of drunkenness and driving under the influence, all state or local liquor law violations are placed in this class. Excludes federal violations, includes manufacturing, selling, transporting and furnishing as in maintaining unlawful drinking places. Bootlegging, operating a still, furnishing liquor to a minor and the using of a vehicle for illegal transportation of liquor are included (*Minnesota Crime Information, 2007*; pg. 9).” Limitations associated with arrest data include annual changes in enforcement, and determination of race by law enforcement.

About 5.0% of Minnesota juveniles identified as African American or Black, according to the 2000 Census. The percent of juveniles arrested for DUI who were identified as African American has been low, but increased from 1.9% in 2005 to 4.0% in 2009. For liquor law arrests, the rate increased from 4.5% in 2005 to 8.3% in 2009 (Figure 13, Table 13). Nationally about 15.1% of juveniles identified as African American or Black, according to the 2000 Census. The percent of U.S. juveniles arrested for DUI who were identified as African American has been low, and increased from 4.0% in 2005 to 5.1% in 2009. For liquor law arrests, the rate increased from 4.7% in 2005 to 6.2% in 2009 (from Uniform Crime Reports).

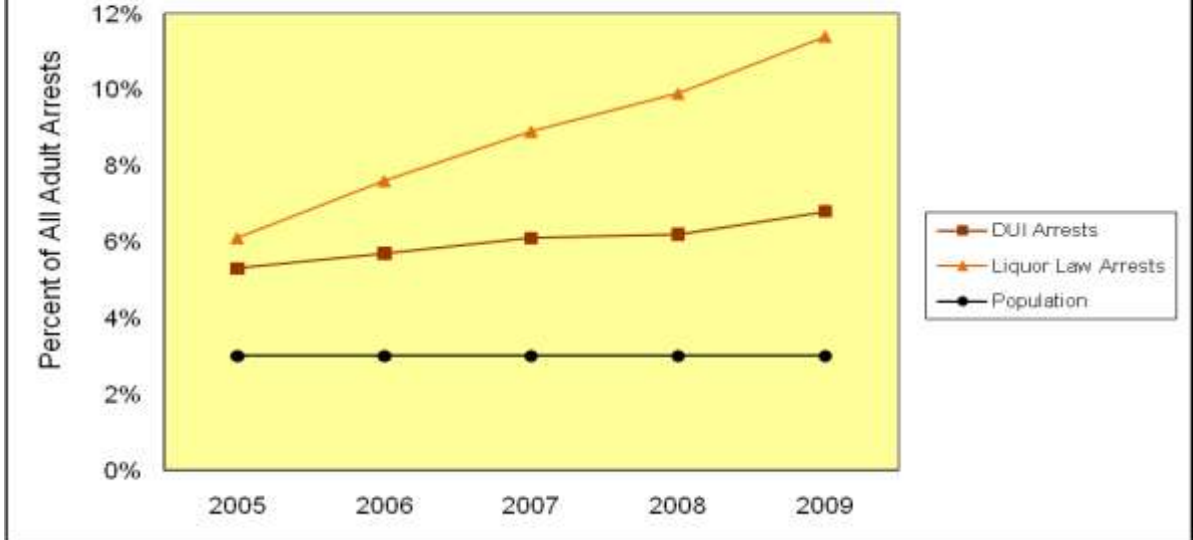
African American adults make up around 3% of the Minnesota adult population, according to the 2000 Census. The percent of adults arrested for DUI and liquor law violations who were identified as African American was disproportionately high in 2009: 6.8% for DUI and 11.4% for liquor law violations (Figure 14, Table 13). Nationally about 11.4% of adults identified as African American or Black, according to the 2000 Census. The percent of U.S. adults arrested for DUI who were identified as African American has been low, and increased from 9.1% in 2005 to 11.1% in 2009. For liquor law arrests, the rate increased from 12.5% in 2005 to 12.6% in 2009 (from Uniform Crime Reports).

Figure 13. Percent of Minnesota Juveniles Arrested for Alcohol-Related Offenses Who were Identified as African American, African, & Black



Population data from the 2000 Census; arrest data from the Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

Figure 14. Percent of Minnesota Adults Arrested for Alcohol-Related Offenses Who were Identified as African American, African & Black



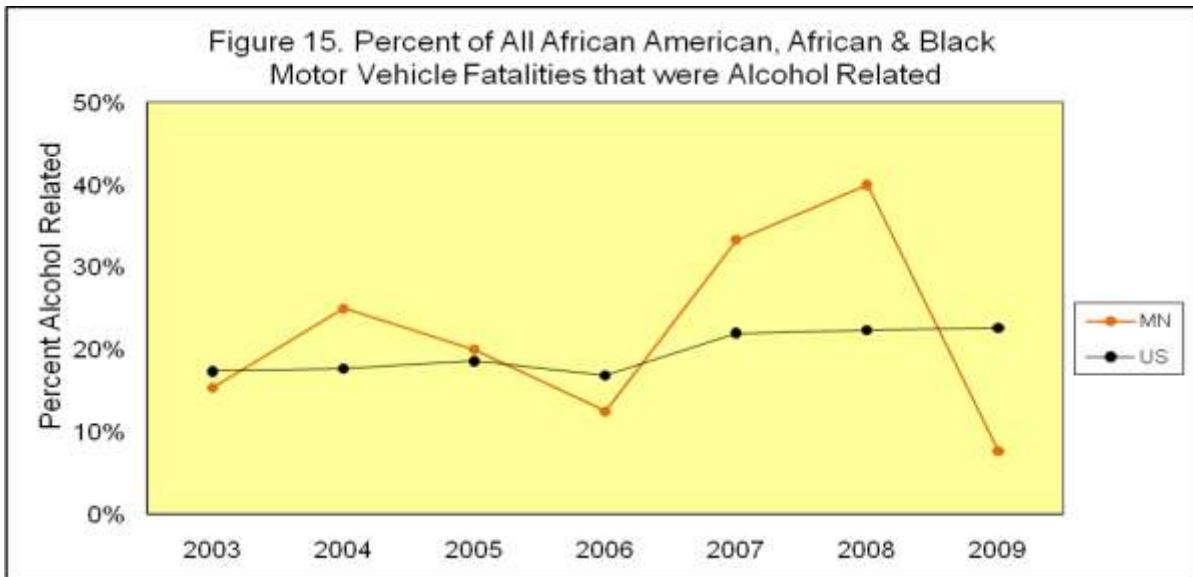
Population data from the 2000 Census; arrest data from the Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

	Juveniles		Adults	
	AA/A/B	All	AA/A/B	All
<b>D.U.I.</b>				
2005	14	746	1,603	30,522
2006	18	834	1,979	34,515
2007	15	666	1,925	31,793
2008	20	536	1,848	29,686
2009	16	399	1,826	26,758
<b>Liquor Laws</b>				
2005	330	7,372	1,222	19,978
2006	439	8,030	1,668	22,056
2007	383	7,299	2,038	23,009
2008	454	6,473	2,138	21,542
2009	479	5,745	2,368	20,761

Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

### Alcohol-Related Motor Vehicle Fatalities

Nationally, the percent of all motor-vehicle fatalities among African Americans, Africans or Blacks that were alcohol-related ranged from 17% to 23% from 2003 to 2009. The rate in Minnesota has fluctuated considerably, largely due to small number of fatalities (Figure 15, Table 14).



		2003	2004	2005	2006	2007	2008	2009
MN	Alcohol-related	2	4	2	1	6	8	1
	All fatalities	13	16	10	8	18	20	13
US	Alcohol-related	838	823	862	637	1,011	892	815
	All fatalities	4,822	4,657	4,629	3,776	4,593	3,989	3,602

FARS data: Alcohol-related refers to fatalities involving an alcohol test result of 0.08 Blood Alcohol Content (BAC) or higher.

## 4. TOBACCO CONSUMPTION

Reported tobacco use within the past 30 days (“30-day use”) is a frequent measure of current use, especially among youth. Youth tobacco use is presented here using three statistics: smoking a cigarette on one or more days, smoking cigarettes on 20 or more days and use of chewing tobacco or snuff. Current adult cigarette use is defined here as adults reporting smoking cigarettes on one or more days within the past 30 days.

### Current Tobacco Use

Overall, reported 30-day cigarette smoking among African American, African or Black students has been lower than the state average for the past nine years (Figure 16, Table 15). Rates have been higher among students in non-metro areas, as compared to the seven-county metro area (Figure 17, Table 16). In 2010, reported 30-day cigarette smoking among African American, African or Black students was higher than average for 6<sup>th</sup> graders and lower than average for 12<sup>th</sup> graders (Figure 18, Table 17).

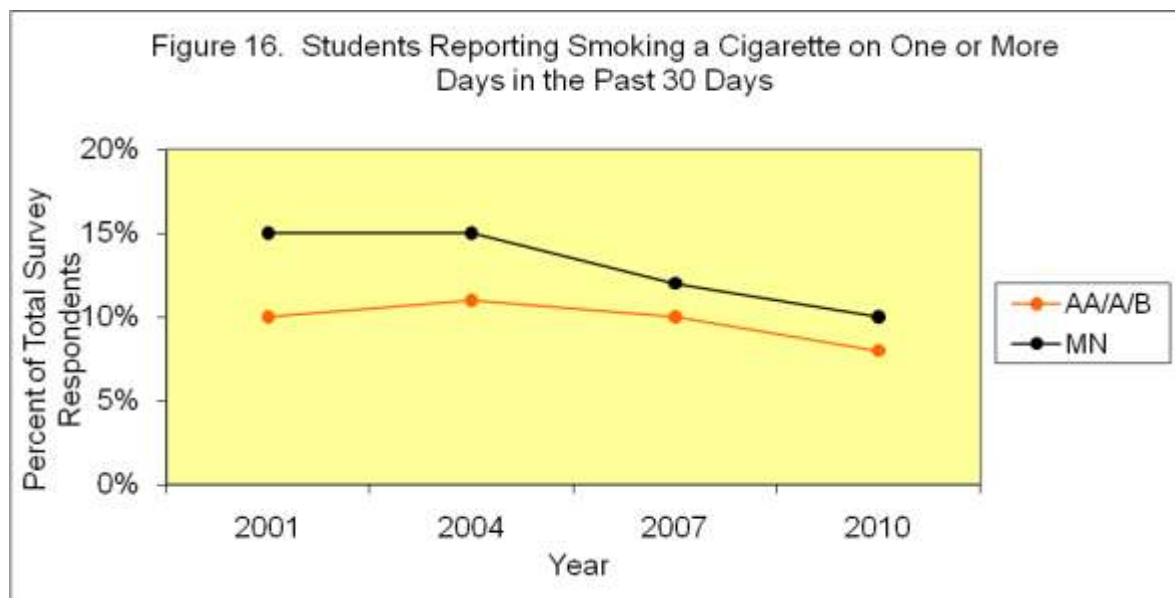


Table 15. Students Reporting Smoking a Cigarette on One or More Days in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	10%	11%	10%	8%
All Minnesota students reporting use	15%	15%	12%	10%
Rate Ratio	0.67	0.73	0.83	0.80

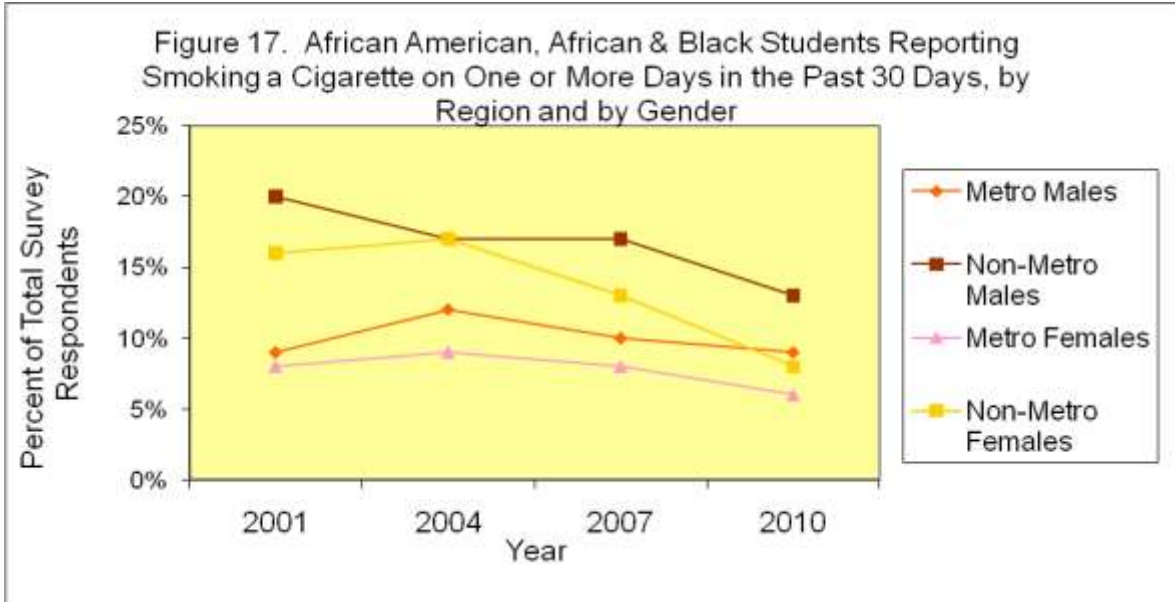


Table 16. African American, African & Black Students Reporting Smoking a Cigarette on One or More Days in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	9%	12%	10%	9%
Non-Metro Males	20%	17%	17%	13%
Metro Females	8%	9%	8%	6%
Non-Metro Females	16%	17%	13%	8%

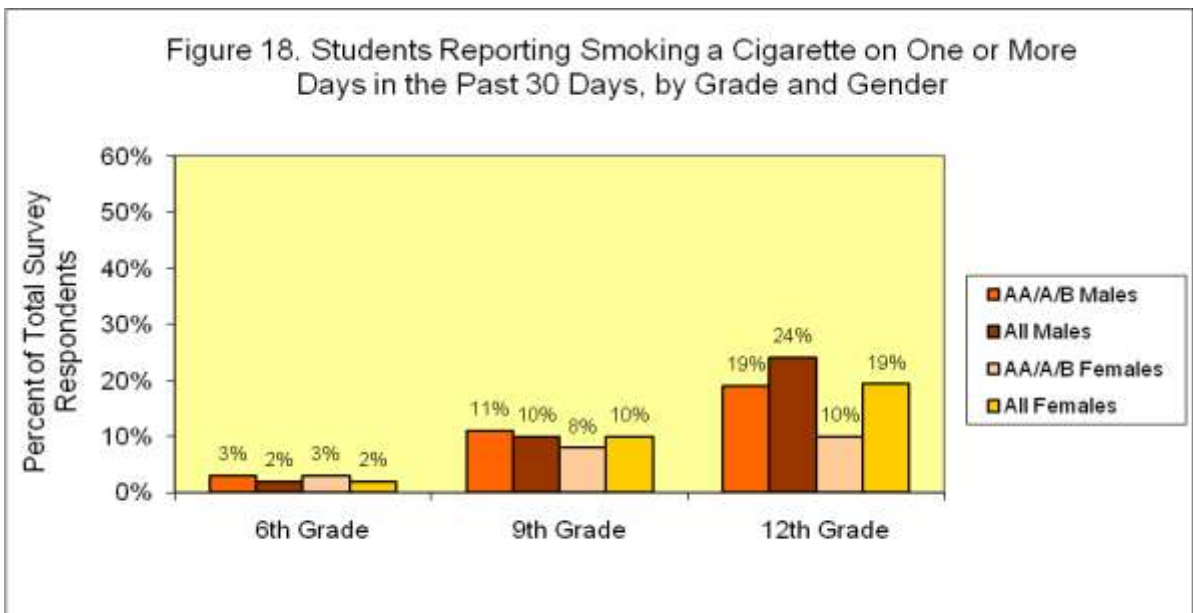


Table 17. Students Reporting Smoking a Cigarette on One or More Days in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.50	1.10	0.79
	Females	1.50	0.80	0.52

Reported 30-day cigarette use was higher among African American, African or Black female adults in 2004/2005 than the state average in both metro and non-metro areas (Figure 19, Table 18).

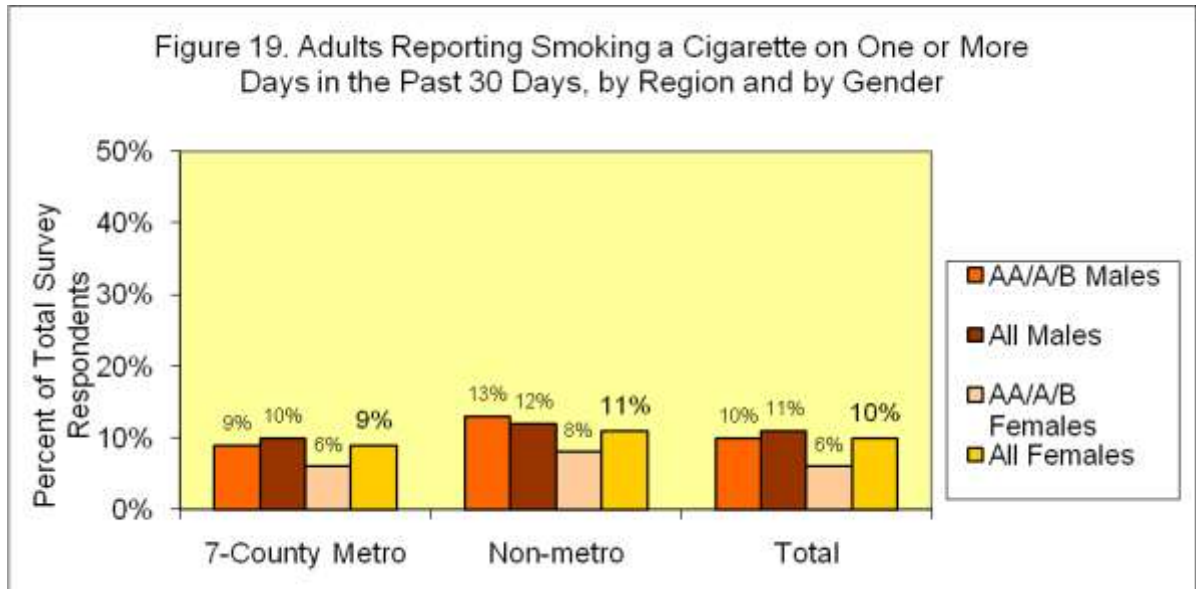


Table 18. Adults Reporting Smoking a Cigarette on One or More Days in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (AA/A/B: All Respondents)	Males	1.13	0.00	1.00
	Females	1.43	1.05	1.38

### Heavy Smoking and Chewing Tobacco Use

African American, African or Black male 9<sup>th</sup> graders were more likely than the state average to report smoking a cigarette on 20 or more days in the past 30 days, in 2010. The opposite was true among 12<sup>th</sup> grade males (Figure 20, Table 19).

Reported 30-day chewing tobacco or snuff use among African American, African or Black students was consistently lower than the state average from 2001 to 2010, though use statewide has increased since 2001 (Figure 21, Table 20). Among African American, African or Black students, rates were highest for males living outside the seven-county metro area (Figure 22, Table 21.) In 2010, African American, African or Black male students were more likely than average to report using chewing tobacco or snuff in 6<sup>th</sup> grade, less likely in 9<sup>th</sup> grade, and as likely in 12<sup>th</sup> grade (Figure 23, Table 22).

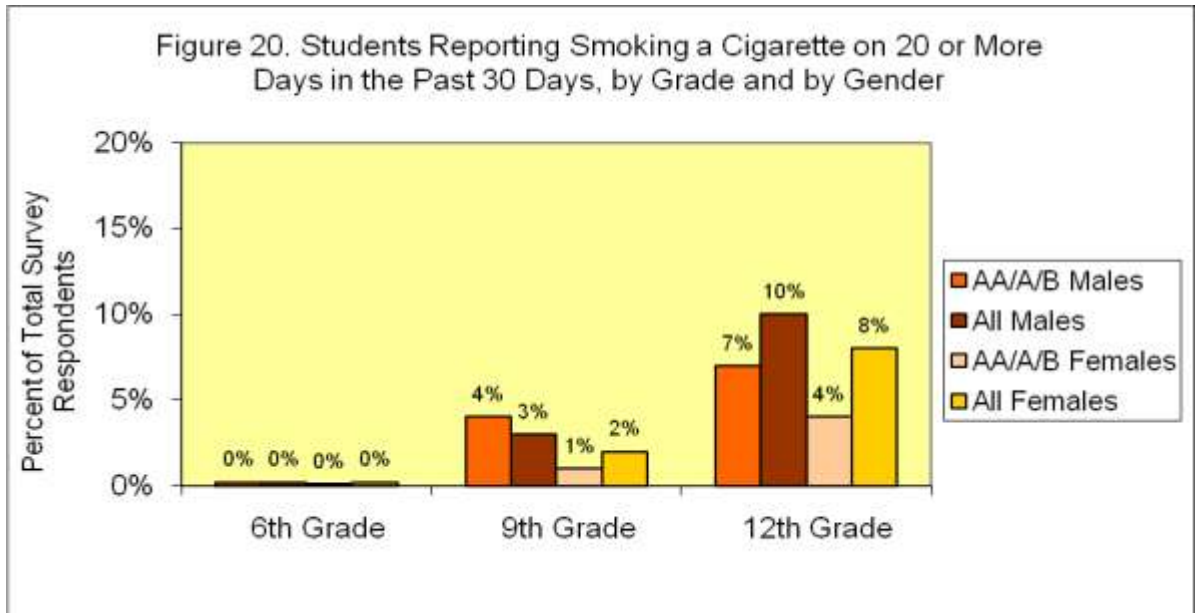


Table 19. Students Reporting Smoking a Cigarette on 20 or More Days in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.00	1.33	0.70
	Females	0.50	0.50	0.50

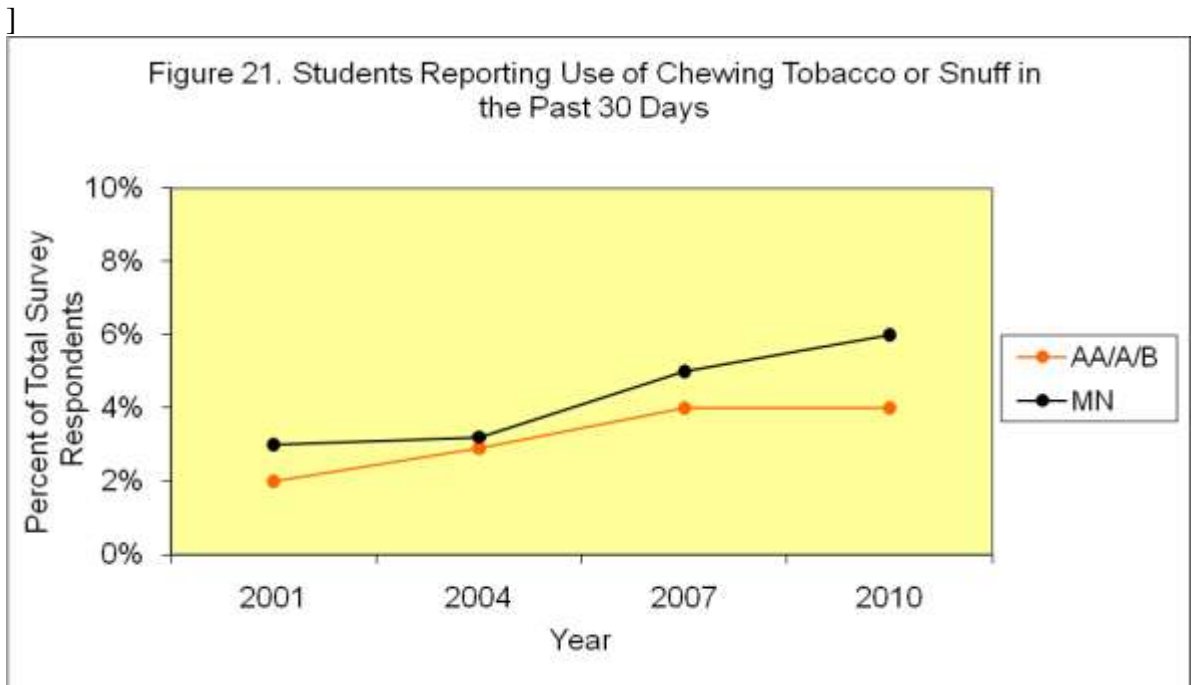


Table 20. Students Reporting Chewing Tobacco or Snuff Use in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	2%	3%	4%	4%
All Minnesota students reporting use	3%	3%	5%	6%
Rate Ratio	0.72	0.91	0.83	0.67

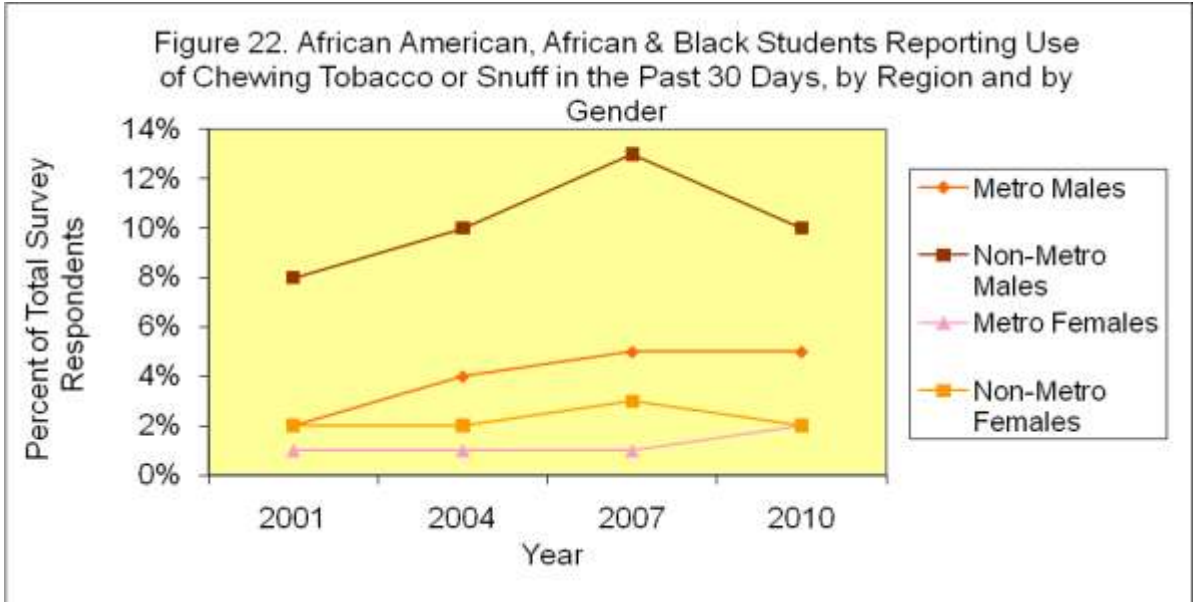


Table 21. African American, African & Black Students Reporting Use of Chewing Tobacco or Snuff in the Past 30 Days, by Region and by Gender

Minnesota Students Survey	2001	2004	2007	2010
Metro Males	2%	4%	5%	5%
Non-Metro Males	8%	10%	13%	10%
Metro Females	1%	1%	1%	2%
Non-Metro Females	2%	2%	3%	2%

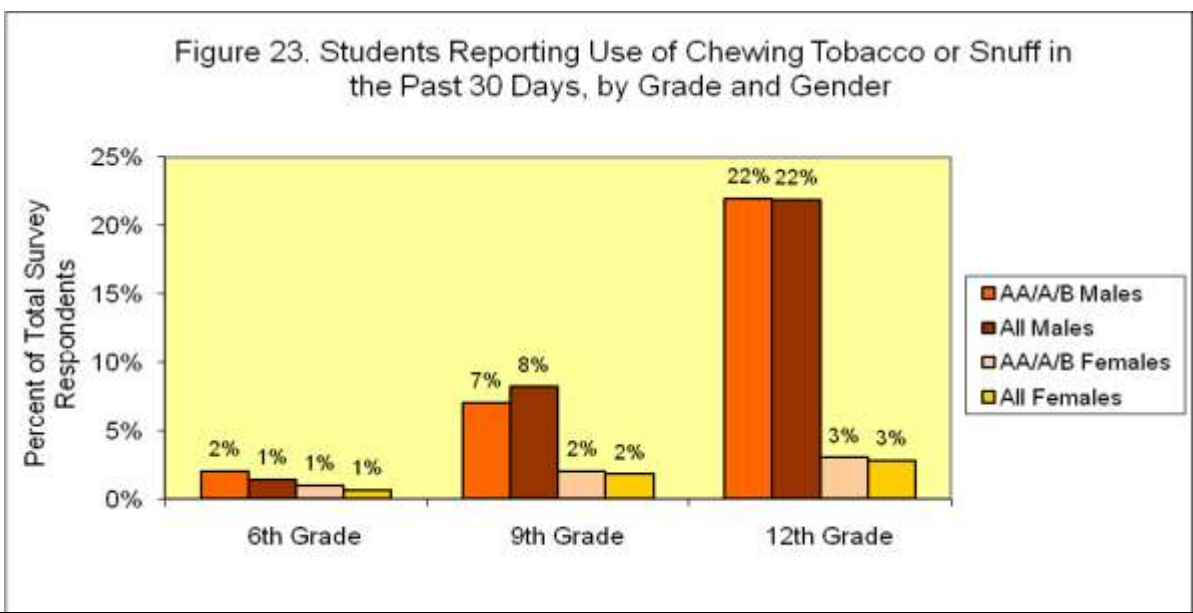


Table 22. Students Reporting Use of Chewing Tobacco or Snuff in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.43	0.85	1.00
	Females	1.67	1.11	1.07

## **Age at First Use, Access and Perception of Harm**

When students were asked how old they were the first time they smoked all or part of a cigarette, African American, African or Black students were more likely than average to report having done so at the age of 13 or younger. In 2010, reported first use by the age of 13 was higher among African American, African or Black metro-area males (16% vs. 12%), metro-area females (14% vs. 9%), non-metro males (22% vs. 15%) and non-metro females (15% vs. 13%).

Among African American, African or Black students reporting smoking a cigarette on one or more days in the past 30 days in 2010, most got it from friends (31%), bought it at gas stations or convenience stores (26%), and/or got someone else to buy it for them (14%). They were least likely to report buying it on the internet (3%); buying it from a vending machine (3%); buying it from bars or restaurants (4%) or buying it from a bowling alley, video arcade or pool hall (3%).

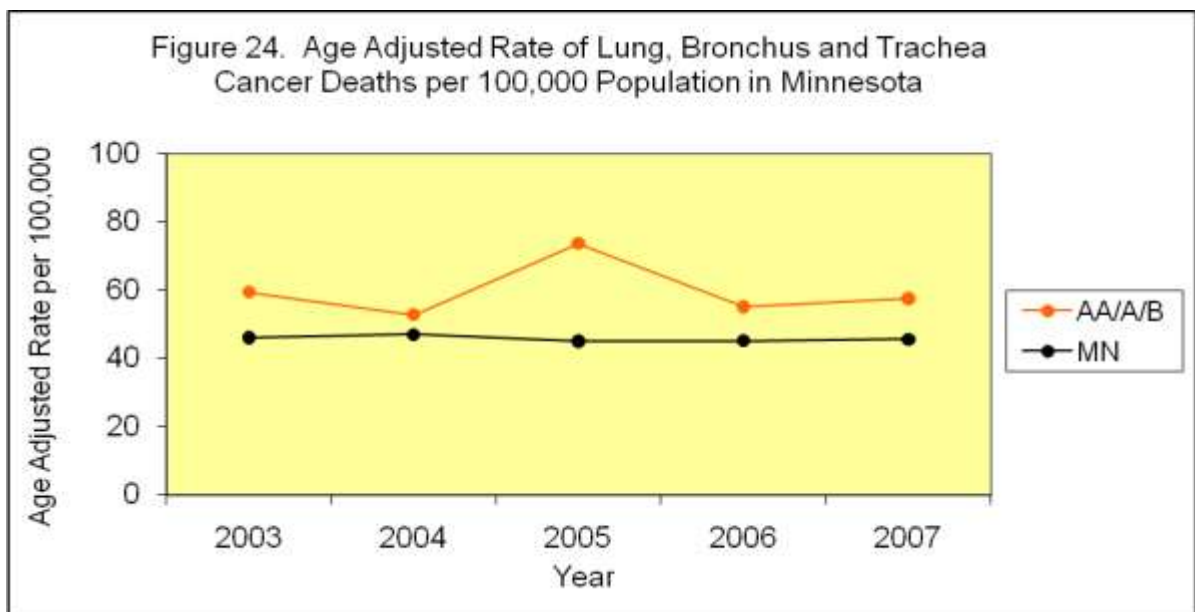
Students were also asked how much they thought people harmed themselves physically or in other ways if they smoked a pack of cigarettes per day. In 2010, 77% of African American, African or Black 6<sup>th</sup> grade males, 80% of 9<sup>th</sup> grade males and 80% of 12<sup>th</sup> grade males thought people put themselves at great or moderate risk. Similarly, older female students perceived greater risk than younger students; the rates were 77%, 86% and 87% respectively.

## 5. TOBACCO-RELATED CONSEQUENCES

### Deaths from Lung Cancer

Lung cancer is the most common cause of cancer deaths in the U.S., for both men and women. The risk of lung cancer increases in proportion to the duration of smoking and the number of cigarettes smoked. The 2004 Surgeon General's report estimated that 90% of lung cancer deaths among males and 79% of lung cancer deaths among females in the United States are smoking-related. From 1992 to 2004, Blacks in the U.S. had the highest incidence of lung and bronchus cancer per 100,000 population and highest lung and bronchus cancer death rate.

The age-adjusted rate of lung, bronchus and trachea cancer deaths per 100,000 population for African Americans, Africans or Blacks was higher than the state average from 2003 to 2007 in Minnesota (Figure 24, Table 23). The state average has been consistently more than the U.S. average per 10,000 population.



Mortality counts from the CDC Wonder Compressed Mortality Files, age adjusted rates calculated using the 2000 US standard population

	2003	2004	2005	2006	2007
AA/A/B Minnesotans	43	40	64	47	50
All Minnesotans	2,283	2,355	2,282	2,356	2,418

From CDC Wonder Compressed Mortality Files, 1999-2007

## 6. OTHER DRUG CONSUMPTION

### Marijuana Use

Over the past nine years, reported 30-day marijuana use has been higher among African American, African or Black students than the state average (Figure 25, Table 24). Among African American, African or Black students, 2010 reported rates of 30-day marijuana use have been highest for males living in metro counties and lowest for females living in non-metro counties (Figure 26, Table 25). Reported use was higher than the state average in 2010, for both males and females and across all grade-levels (Figure 27, Table 26.)

In 2004/2005, reported adult 30-day marijuana use was higher than average among African American, African or Black males in the seven-county metro area. However, less than half a percent of African American, African or Black adults in non-metro areas who were surveyed reported any use of marijuana in the past 30 days (Figure 28, Table 27).

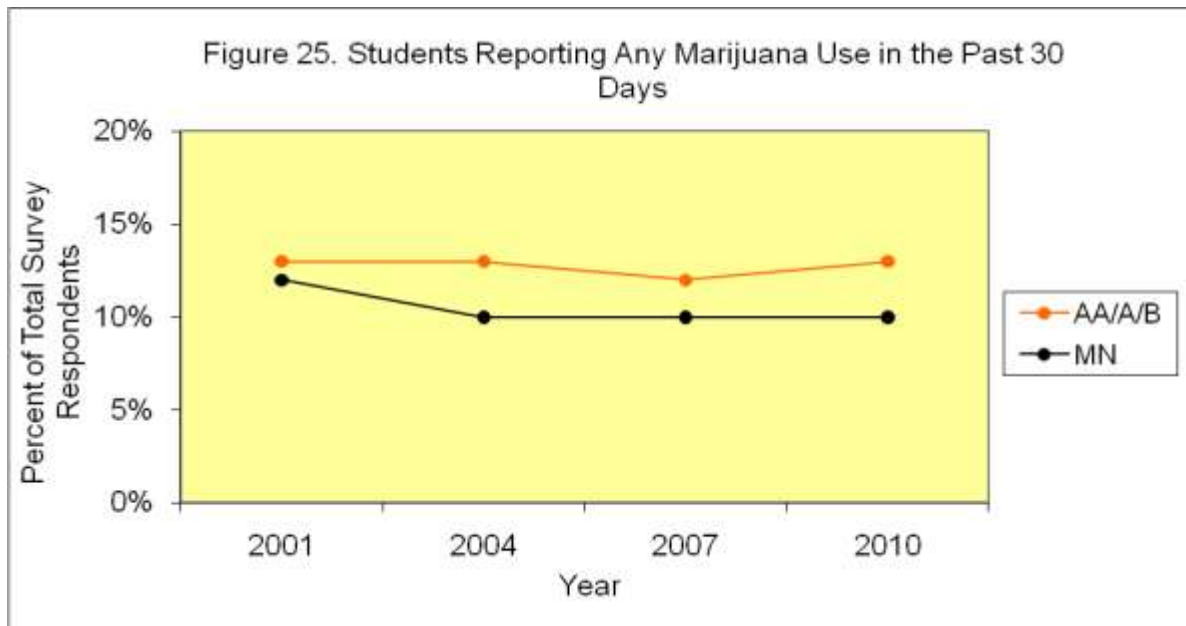


Table 24. Students Reporting Any Marijuana Use in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	13%	13%	12%	13%
All Minnesota students reporting use	12%	10%	10%	10%
Rate Ratio	1.08	1.30	1.20	1.30

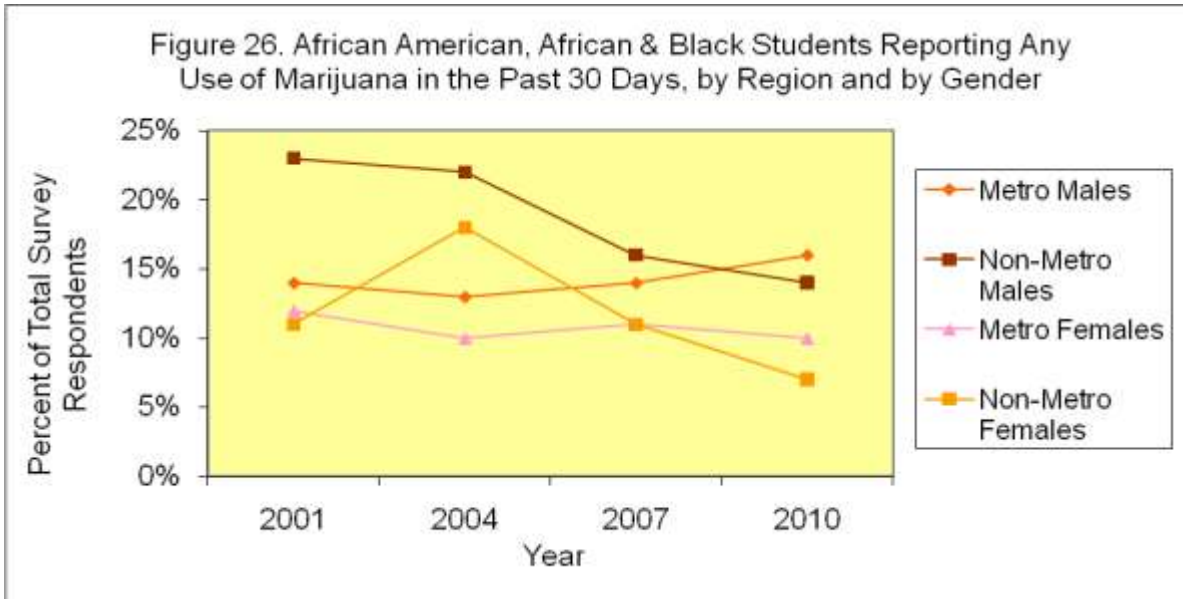


Table 25. African American, African & Black Students Reporting Any Use of Marijuana in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	14%	13%	14%	16%
Non-Metro Males	23%	22%	16%	14%
Metro Females	12%	10%	11%	10%
Non-Metro Females	11%	18%	11%	7%

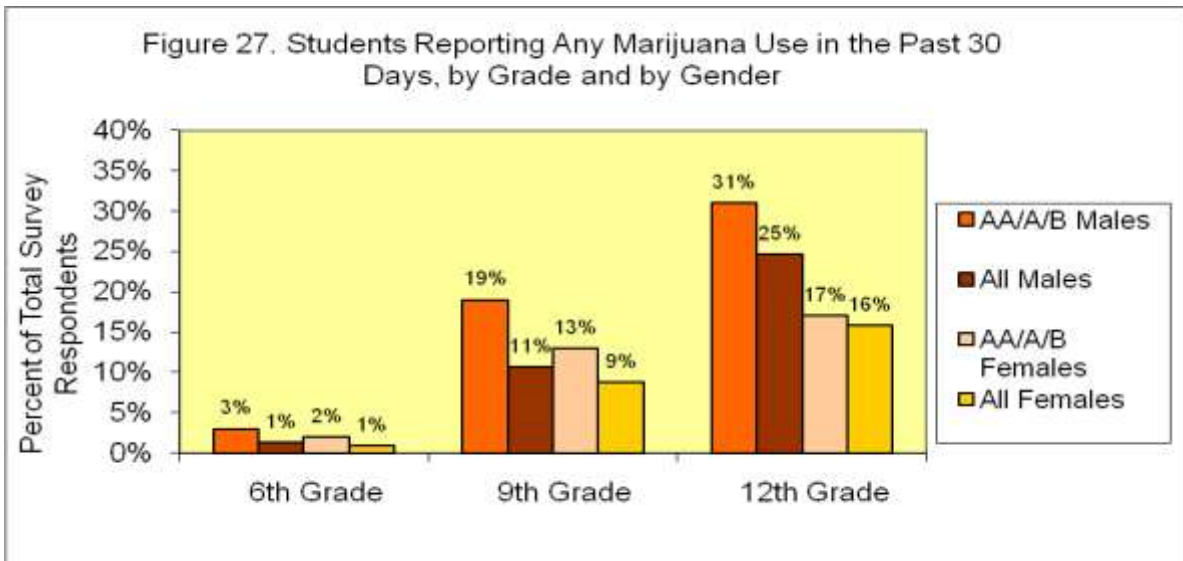


Table 26. Students Reporting Any Marijuana Use in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	2.31	1.78	1.26
	Females	2.22	1.48	1.08

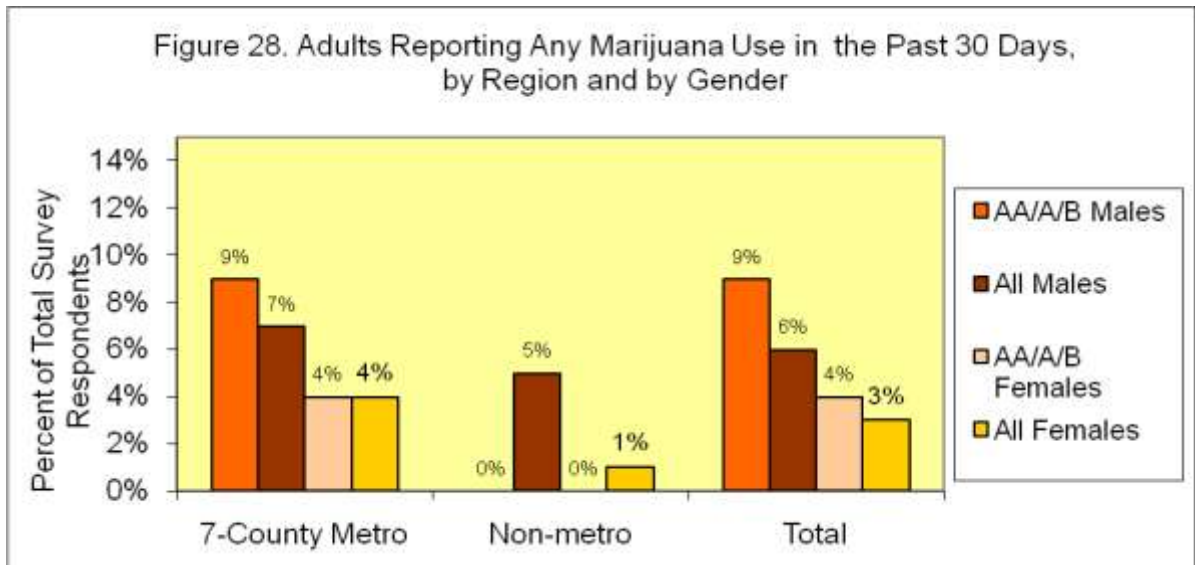


Table 27. Adults Reporting Any Marijuana Use in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use	7-County Metro	Non-metro	Total	
Ratio (AA/A/B: All Respondents)				
	Males	1.26	0.00	1.43
	Females	1.07	0.00	1.44

### Age at First Use and Perception of Harm

When students were asked how old they were the first time they smoked marijuana, African American, African or Black students were more likely than average to report having done so at the age of 13 or younger. In 2010, reported first use by the age of 13 was higher among African American, African or Black metro-area males (14% vs. 7%), metro-area females (10% vs. 5%), non-metro males (12% vs. 7%) and non-metro females (8% vs. 5%). African American, African or Black students were also more likely than average to report having tried drugs other than marijuana for the first time by age 13.

Students were also asked how much they thought people harmed themselves physically or in other ways if they smoked marijuana once or twice per week. In 2010, 74% of African American, African or Black 6<sup>th</sup> grade males, 62% of 9<sup>th</sup> grade males and 57% of 12<sup>th</sup> grade males thought people put themselves at great or moderate risk. Similarly, female students in higher grades perceived less risk than younger students; the rates were 76%, 72% and 67% respectively.

## Other Illicit Drug Use

According to the National Survey on Drug Use and Health, 9.5% of African Americans or Blacks aged 12 or older in the U.S. used illicit drugs in the past month. The rate in 2007 for past year use of illicit drugs was 16%, and for lifetime use was 43%. This compares to total national rates of: 8% (past month), 14% (past year) and 46% (lifetime).

### *Methamphetamines*

As part of the Minnesota Student Survey, youth were asked whether they used meth, glass, crank, crystal meth or ice. Though on the decline, reported 12-month methamphetamine use has been higher among African American, African or Black students than the state average (Figure 29, Table 28). Among African American, African or Black students, reported use declined substantially from 2001 to 2010 for males in non-metro areas (Figure 30, Table 29). However, in 2010, reported 12-month methamphetamine use among African American, African or Black male 9<sup>th</sup> and 12<sup>th</sup> graders was considerably higher than the state average (Figure 31, Table 30).

In 2004/2005, adults were asked whether they used methamphetamines, crank, crystal or ice. Less than half a percent of African American, African or Black adults in Minnesota reported using methamphetamines in the past 12 months. While the same was true for all Minnesota adult females, one percent of all Minnesota adult males reported 12-month methamphetamine use (not pictured).

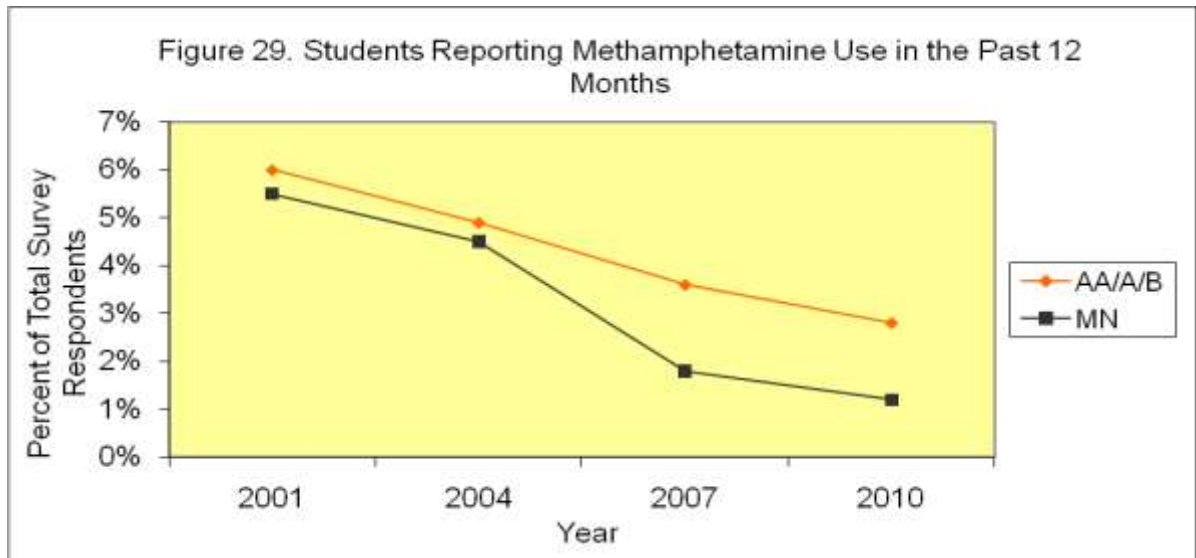


Table 28. Students Reporting Methamphetamine Use in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	6.0%	4.9%	3.6%	2.8%
All Minnesota students reporting use	5.5%	4.5%	1.8%	1.2%
Rate Ratio	1.09	1.09	2.00	2.33

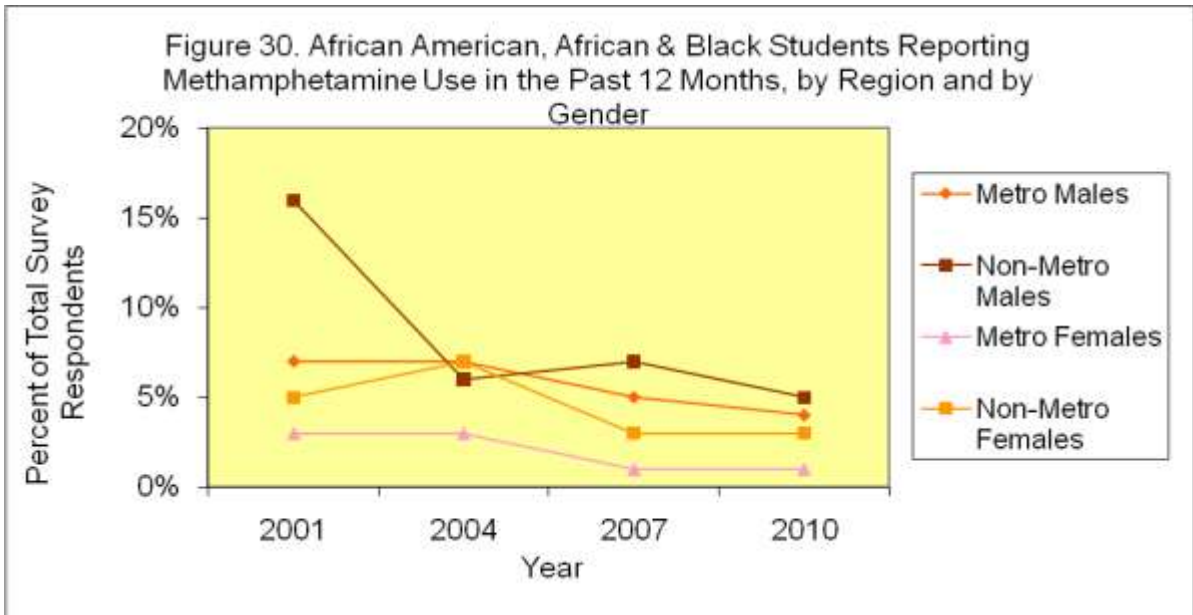


Table 29. African American, African & Black Students Reporting Methamphetamine Use in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	7%	7%	5%	4%
Non-Metro Males	16%	6%	7%	5%
Metro Females	3%	3%	1%	1%
Non-Metro Females	5%	7%	3%	3%

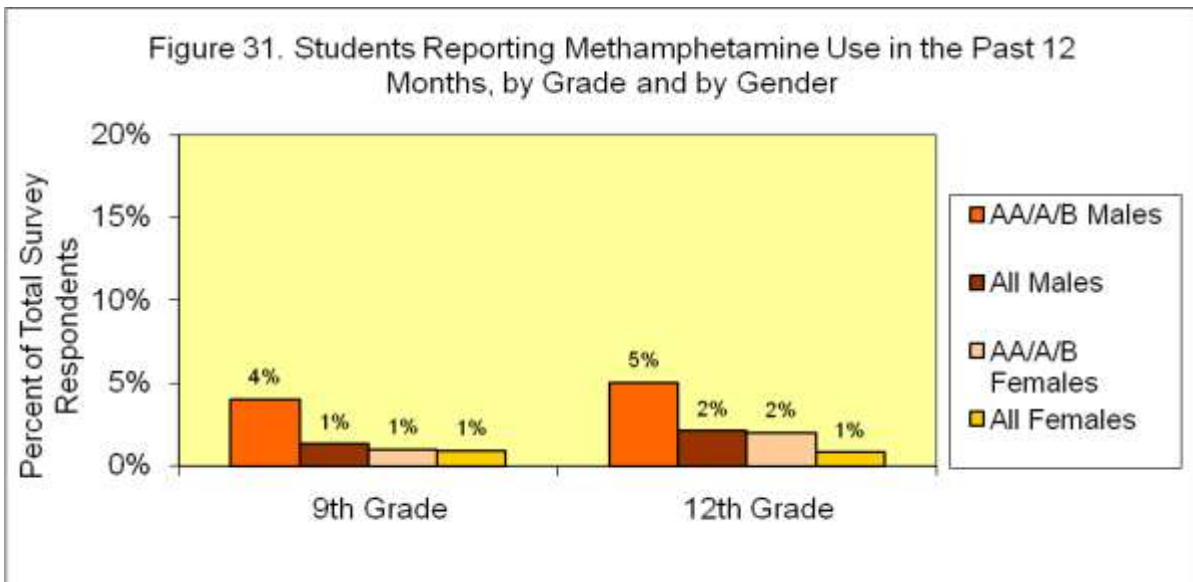


Table 30. Students Reporting Methamphetamine Use in the Past 12 Months by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	3.08	2.38
	Females	1.11	2.50

## Crack/Cocaine

These statistics include persons who reported using crack and/or powdered cocaine.

Though on the decline, reported 12-month crack/cocaine use has been higher among African American, African or Black students than the state average (Figure 32, Table 31). Crack/cocaine use among African American, African or Black students has been highest for males living outside the metro area and lowest for females living in metro counties (Figure 33, Table 32). Reported 12-month crack/cocaine use among African American male students in both 9<sup>th</sup> and 12<sup>th</sup> grades was higher than the state average in 2010 (Figure 34, Table 33).

In 2004/2005, reported 12-month crack cocaine use among African American, African or Black adult females was the same as that reported by all adult females in the state. However, reported use among African American, African or Black adult males was lower than the average reported by Minnesota adult males (Figure 35, Table 33).

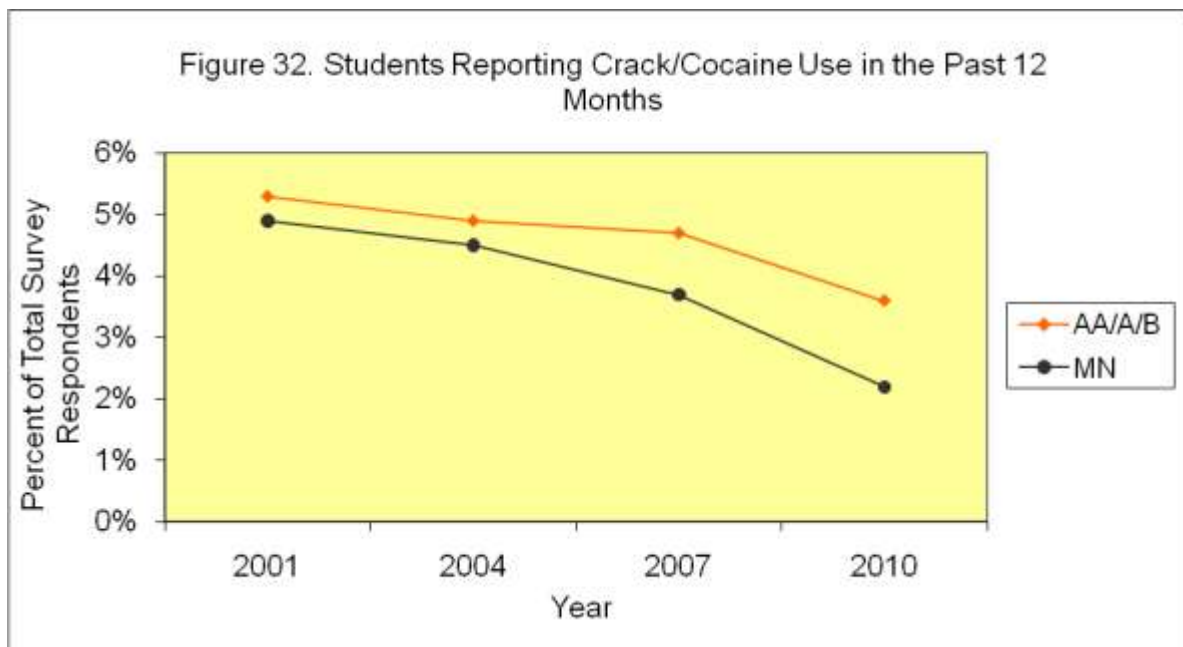


Table 31. Students Reporting Crack/Cocaine Use in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	5%	5%	5%	4%
All Minnesota students reporting use	5%	5%	4%	2%
Rate Ratio	1.08	1.09	1.27	1.64

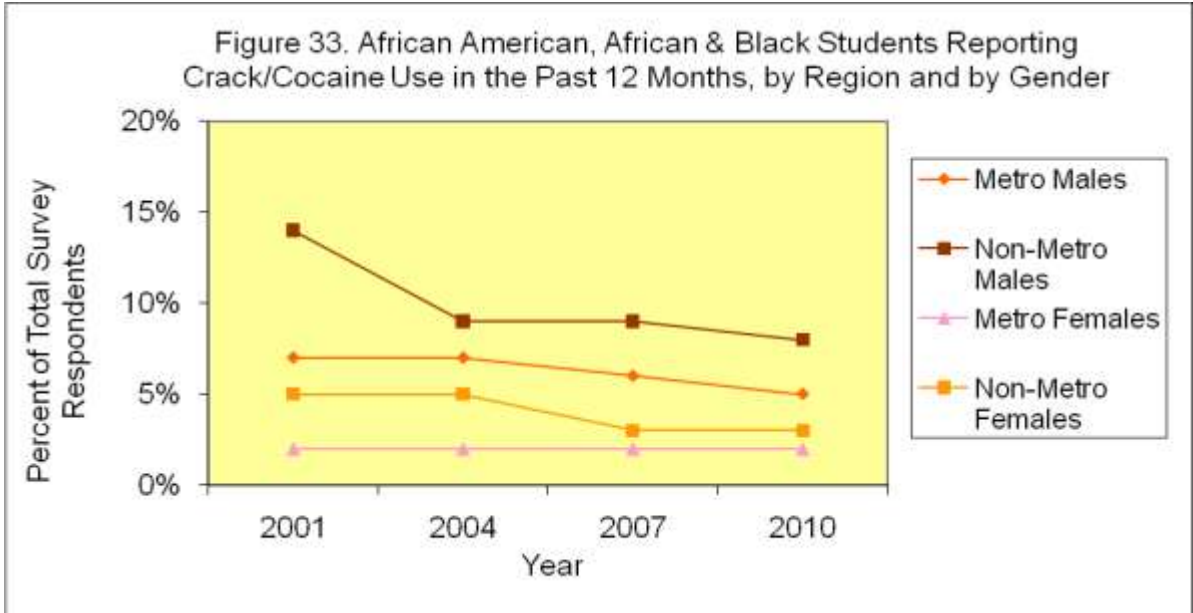


Table 32. African American, African & Black Students Reporting Crack/Cocaine Use in the Past 12 Months, by Region and by Gender

	2001	2004	2007	2010
Metro Males	7%	7%	6%	5%
Non-Metro Males	14%	9%	9%	8%
Metro Females	2%	2%	2%	2%
Non-Metro Females	5%	5%	3%	3%

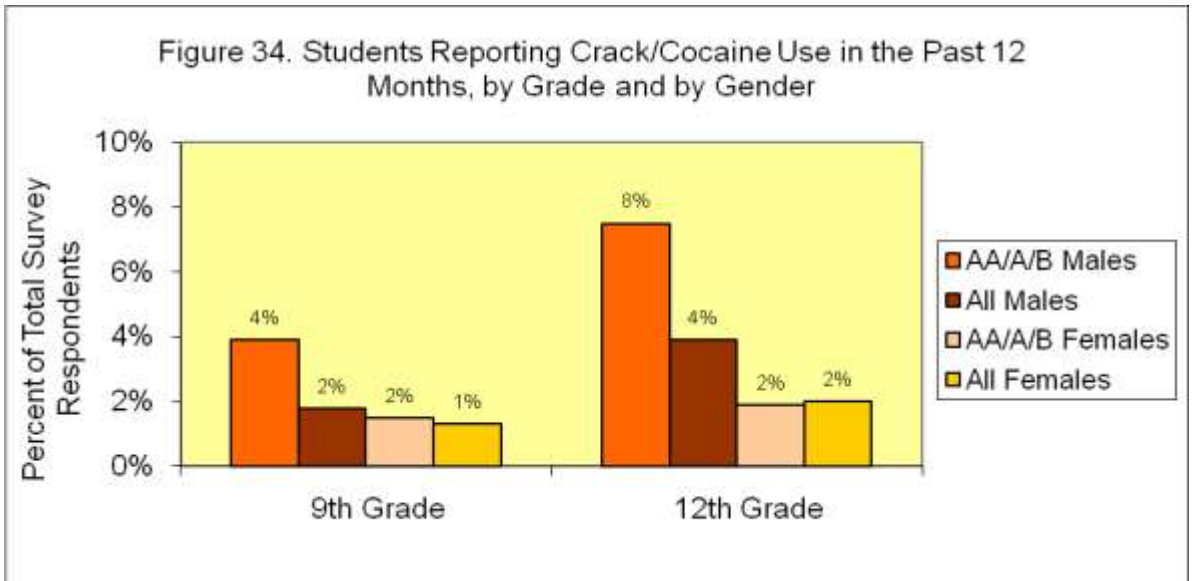


Table 33. Students Reporting Crack/Cocaine Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	2.17	1.92
	Females	1.15	0.95

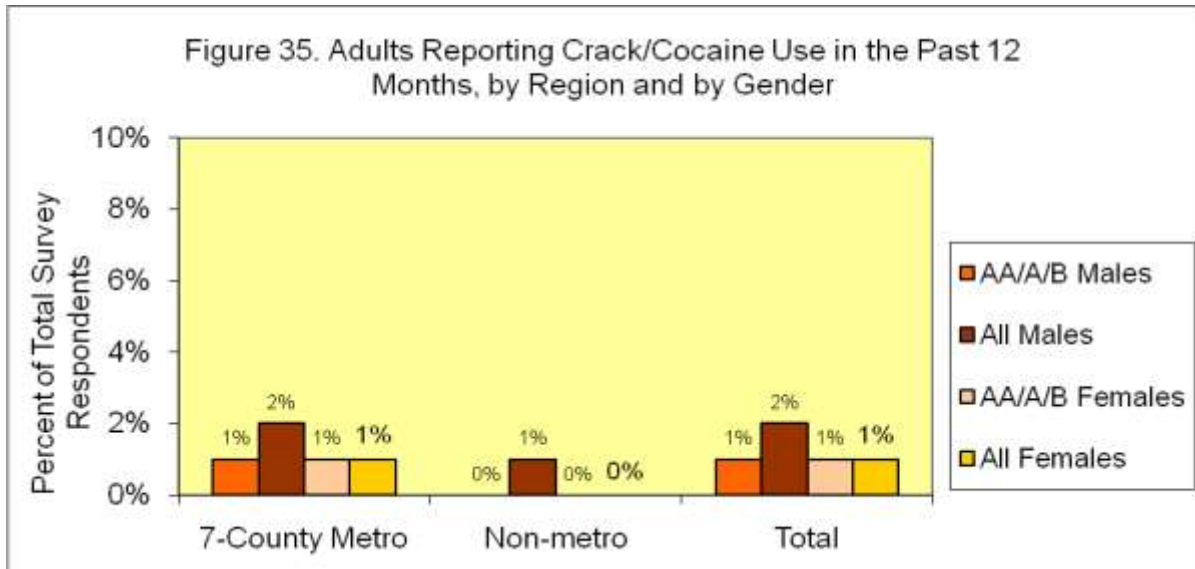


Table 34. Adults Reporting Crack/Cocaine Use in the Past 12 Months, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (AA/A/B: All Respondents)	Males	0.50	0.00	0.50
	Females	1.00	0.00	1.00

### Inhalants

As part of the Minnesota Student Survey, students were asked whether they sniffed glue, breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high. Though on the decline, reported 12-month use of inhalants among African American, African or Black students was higher than the state average from 2001 to 2010 (Figure 36, Table 35). In 2007 and 2010, rates of inhalant use among African American, African or Black students were highest for non-metro males. Use by non-metro females was similar to that of metro-area females (Figure 37, Table 36). African American, African or Black rates were higher than the state average in 2010 for 6<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> grade students, regardless of gender (Figure 38, Table 37).

Adults surveyed as part of the 2004/2005 Minnesota Survey of Adult Substance Use were not asked about consumption of inhalants.

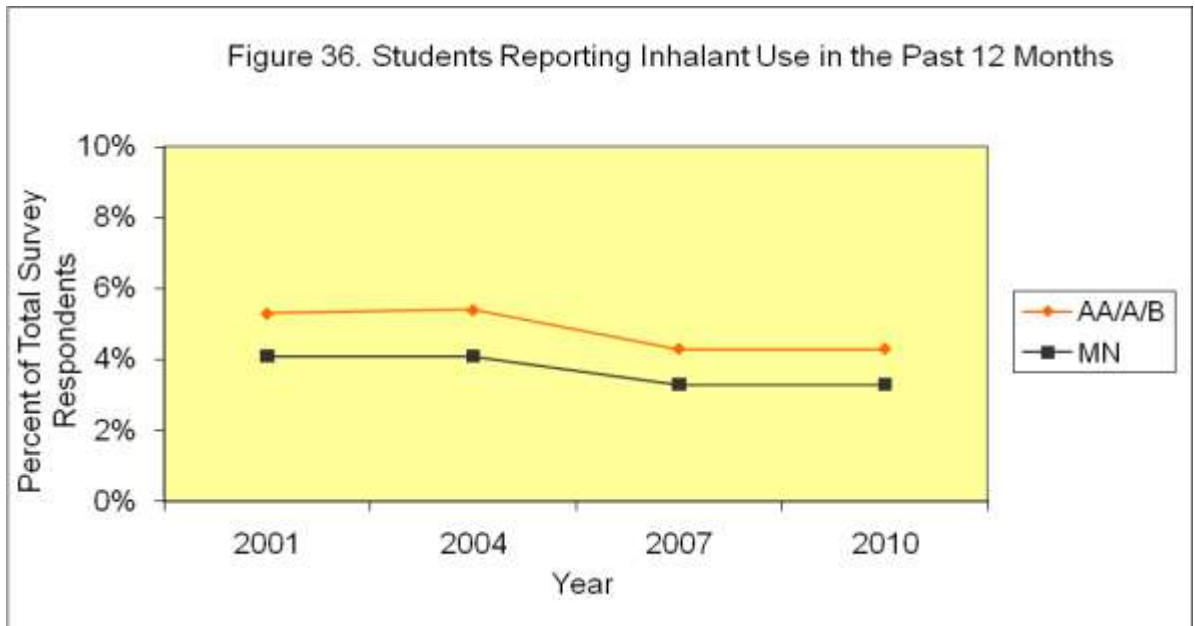


Table 35. Students Reporting Inhalant Use in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	5%	5%	4%	4%
All Minnesota students reporting use	4%	4%	3%	3%
Rate Ratio	1.29	1.32	1.30	1.30

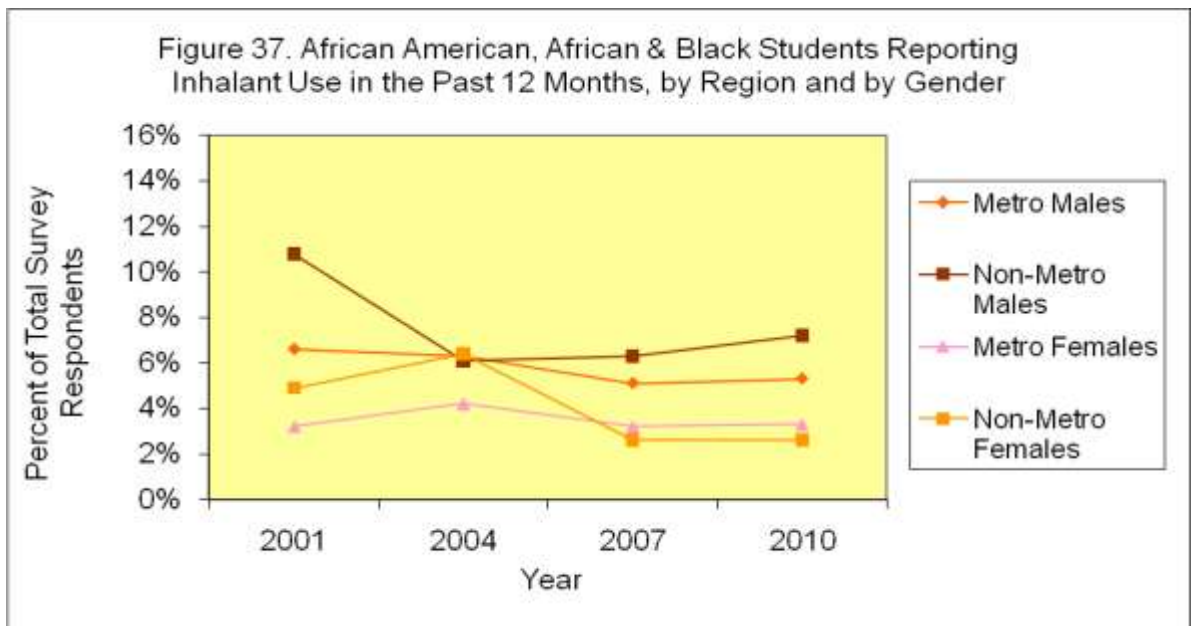


Table 36. African American, African & Black Students Reporting Inhalant Use in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	7%	6%	5%	5%
Non-Metro Males	11%	6%	6%	7%
Metro Females	3%	4%	3%	3%
Non-Metro Females	5%	6%	5%	3%

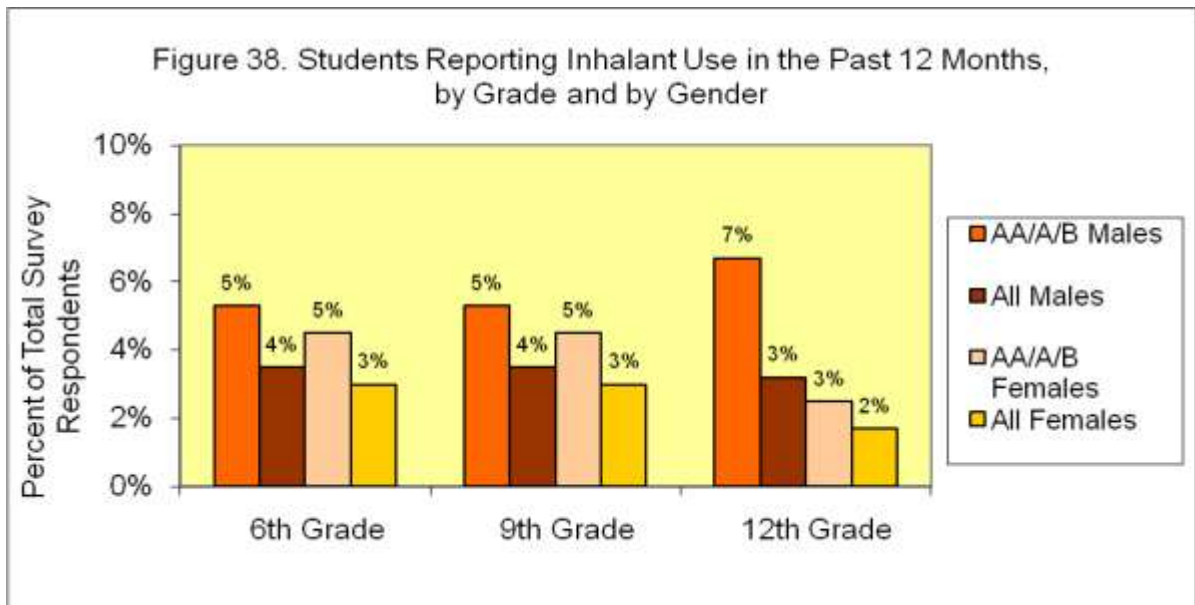


Table 37. Students Reporting Inhalant Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.51	1.51	2.09
	Females	1.50	1.50	1.47

### Ecstasy/MDMA

Students were asked whether they used MDMA, E, X, Ecstasy, GHB, G, Liquid E, Liquid X, Ketamine or Special K. Reported use of MDMA/Ecstasy in the past 12 months tapered off from 2001 to 2004, then held steady through 2007 statewide. However, reported use among African American, African or Black students was consistently higher (Figure 39, Table 38). In 2007 and 2010, African American, African or Black MDMA/Ecstasy use was highest among male students living outside the metro area, and lowest for metro-area female students (Figure 40, Table 39). Among 9<sup>th</sup> and 12<sup>th</sup> grade African American, African or Black students, reported use was higher for males and below the state average for females (Figure 41, Table 40).

Reported adult use of MDMA/Ecstasy in 2004/2005 was the same for African Americans, Africans or Blacks as it was for the state as a whole—one percent (not pictured). Similar to the survey question for youth, adults were asked to report use of MDMA, Ecstasy, GHB or Ketamine.

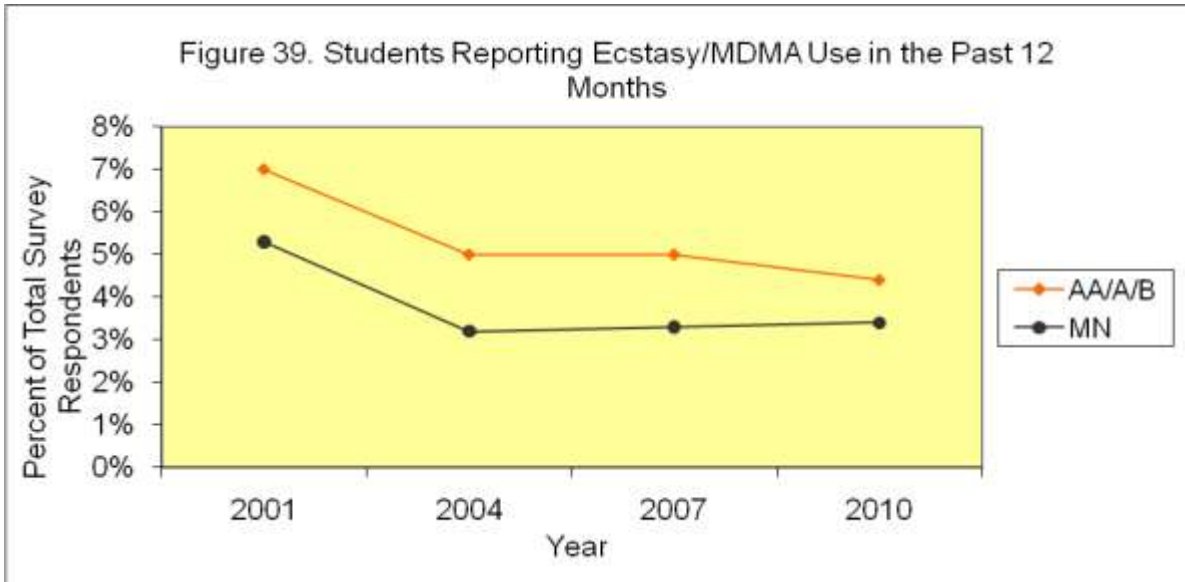


Table 38. Students Reporting Ecstasy/MDMA Use in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	7%	5%	5%	4%
All Minnesota students reporting use	5%	3%	3%	3%
Rate Ratio	1.32	1.56	1.52	1.29

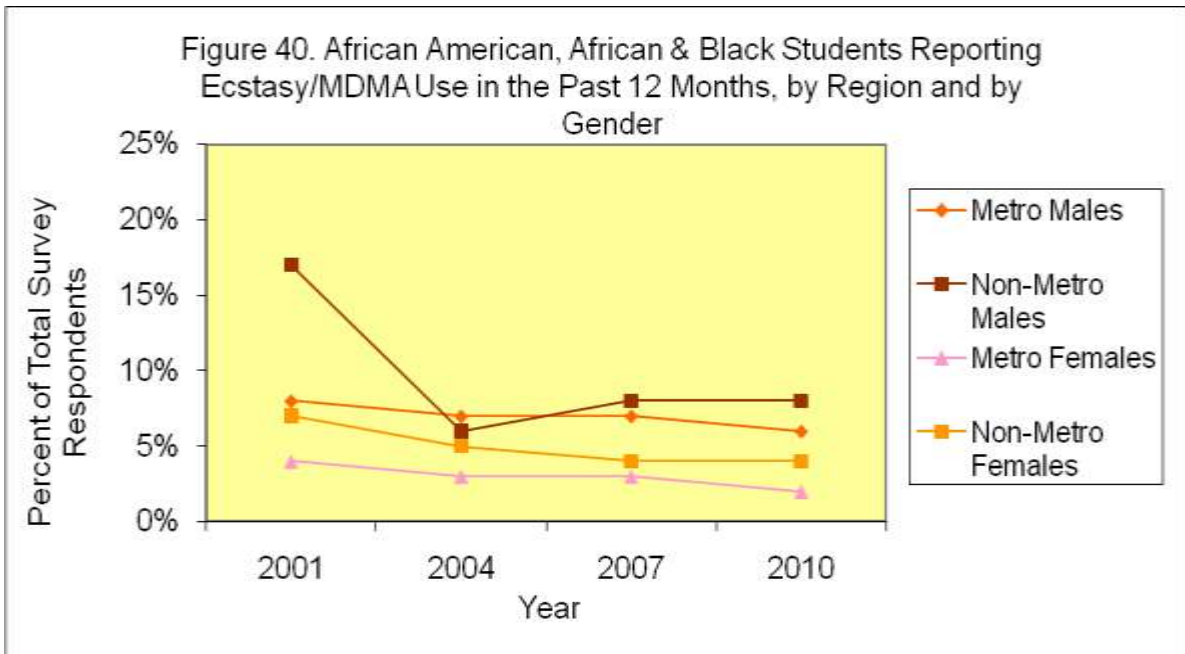


Table 39. African American, African & Black Students Reporting Ecstasy/MDMA Use in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	8%	7%	7%	6%
Non-Metro Males	17%	6%	8%	8%
Metro Females	4%	3%	3%	2%
Non-Metro Females	7%	5%	4%	4%

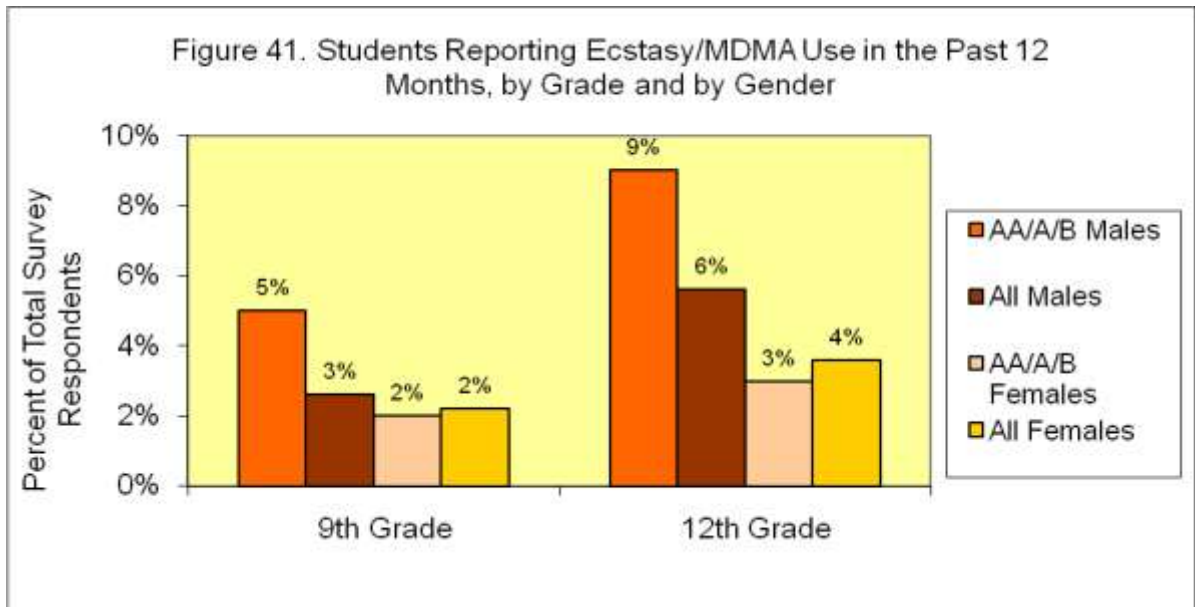


Table 40. Students Reporting Ecstasy/MDMA Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.92	1.61
	Females	0.91	0.83

### *LSD, PCP, or Other Psychedelics*

Students were asked whether they used LSD, acid, PCP, wet sticks, dipped joints, psychedelics, mescaline, mushrooms or peyote. African American, African or Black students have reported higher than average rates of 12-month LSD, PCP and/or other psychedelics use since 2001 (Figure 42, Table 41). Rates of psychedelics use among African American, African or Black students reflected those of other illicit drugs: highest among non-metro males and lowest among metro females (Figure 43, Table 42). Among 9<sup>th</sup> and 12<sup>th</sup> graders, rates were higher than average for African American, African or Black males but lower for females in 2010 (Figure 44, Table 43).

In 2004/2005, adults were asked whether they used mushrooms, PCP, LSD, acid, phenecyclidine, angel dust, peyote, mescaline, or psilocybin. Less than half a percent of African American, African or Black adults in Minnesota reported using these substances in the past 12 months. Among all adults in the state, one percent of males reported use, as did one percent of metro-area females (not pictured).

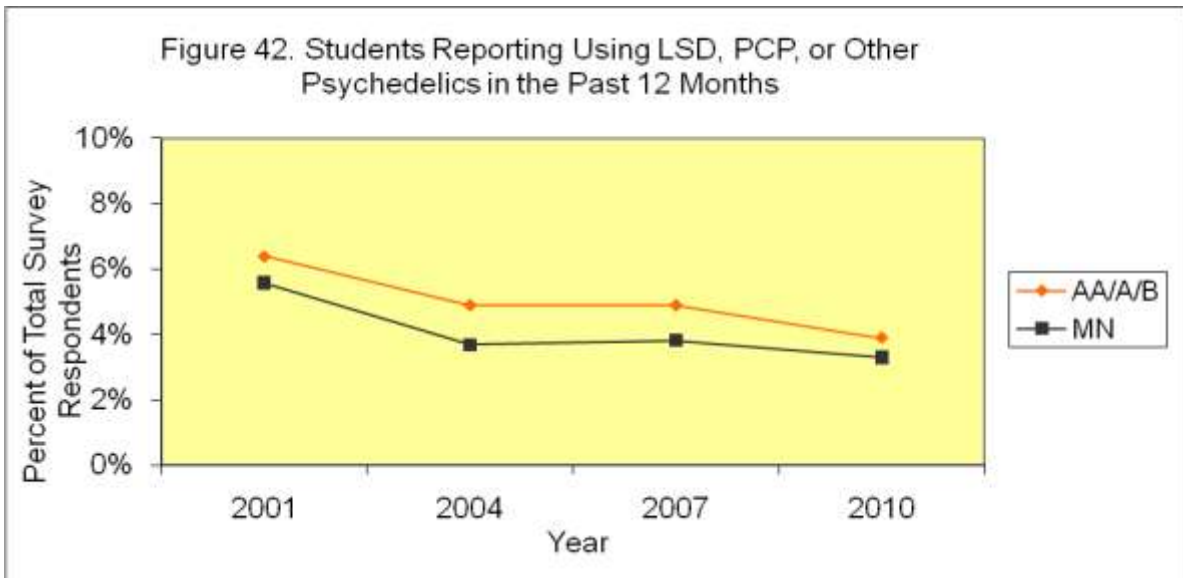


Table 41. Students Reporting LSD, PCP, or Other Psychedelics Use in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
AA/A/B students reporting use	6%	5%	5%	4%
All Minnesota students reporting use	6%	4%	4%	3%
Rate Ratio	1.15	1.33	1.28	1.18

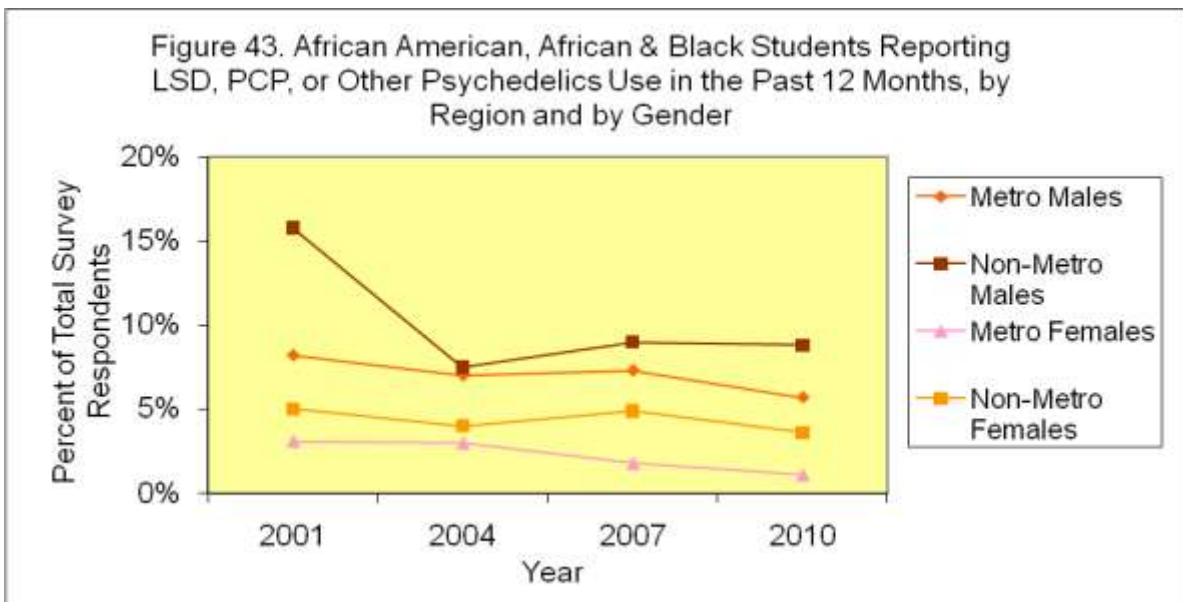


Table 42. African American, African & Black Students Reporting LSD, PCP or Other Psychedelics Use in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	8%	7%	7%	6%
Non-Metro Males	16%	8%	9%	9%
Metro Females	3%	3%	2%	1%
Non-Metro Females	5%	4%	5%	4%

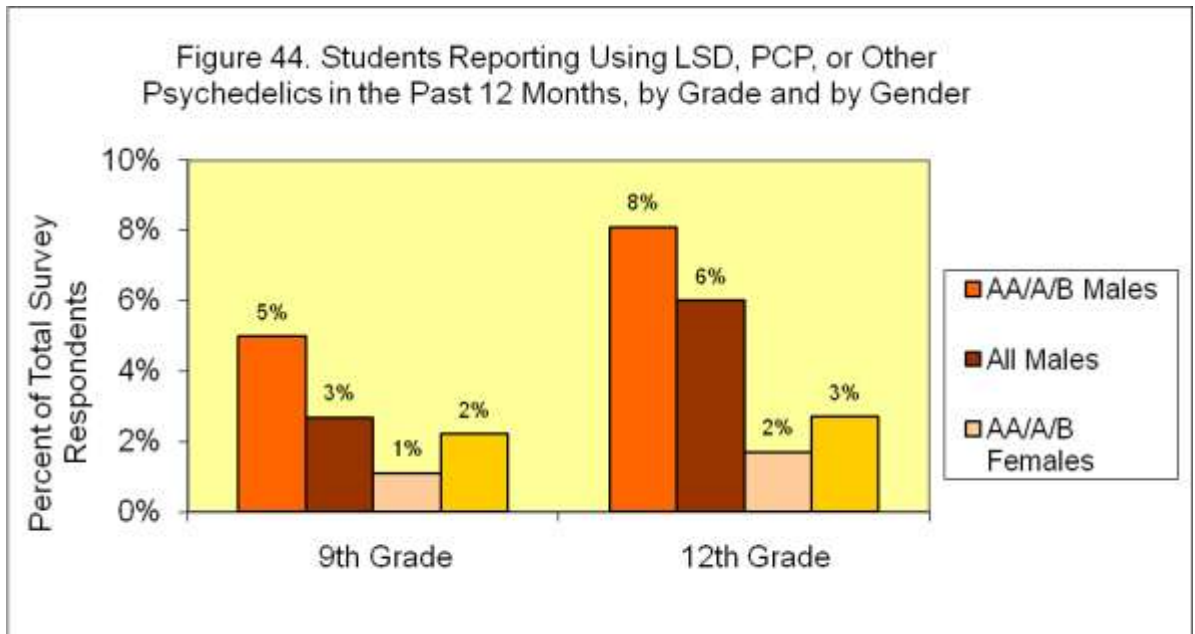


Table 43. Students Reporting Using LSD, PCP, or Other Psychedelics in the Past 12 Months, by Grade and by Gender

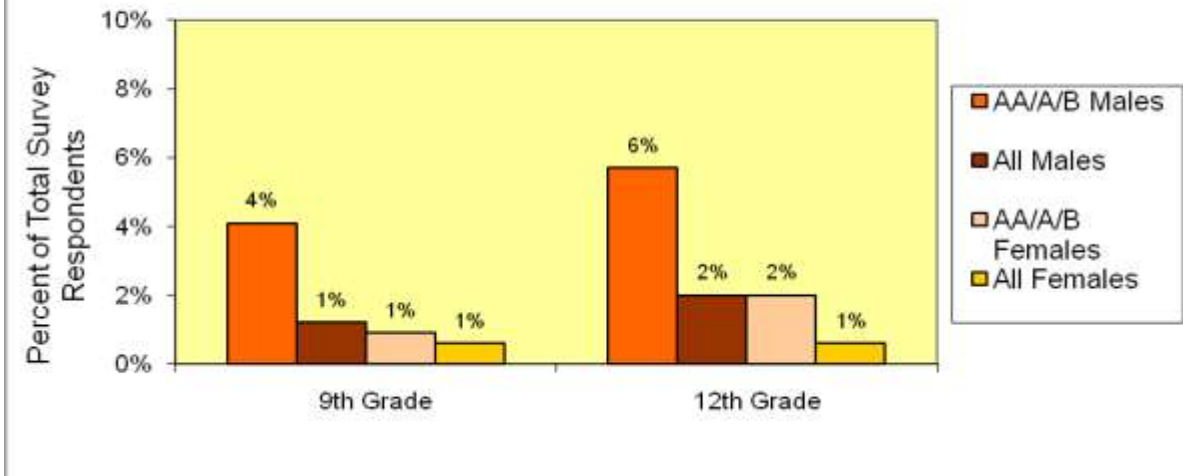
2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.86	1.35
	Females	0.50	0.63

*Heroin*

African American, African or Black students were more likely than other students in Minnesota to report 12-month heroin use in 2010. African American, African or Black male 9<sup>th</sup> graders were more than three times as likely to report use, while 12<sup>th</sup> grade males were almost three times as likely to report use than the state average (Figure 45, Table 44).

In 2004/2005, less than half a percent of all adults in Minnesota reported using heroin in the past 12 months (not pictured).

Figure 45. Students Reporting Heroin Use in the Past 12 Months



2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	3.42	2.85
	Females	1.50	3.33

## Prescription Drug Abuse

Up through 2004, youth taking the Minnesota Student Survey were asked whether they had used someone else's prescription drugs in the past 12 months. This was asked of 6<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> graders. In 2007, the survey questions were changed. Sixth graders were asked whether they had used any prescription drugs that were not prescribed for them by a doctor, or that they took only to get high. Ninth and 12<sup>th</sup> graders were asked about abuse of specific types of prescription drugs: stimulants or diet pills, ADD/ADHD drugs, pain relievers (such as OxyContin, Percocet, Percodan, or Vicodin), and tranquilizers or sedatives.

Adults in 2004/2005 were surveyed about their abuse of pain relievers, and tranquilizers or sedatives. Pain relievers adults were asked about using included: Tylenol with codeine, Darvocet, Darvon, Dilaudid, Fioricet, Fiorinal, Lorcet, Lortab, methadone, morphine, Demerol, OxyContin, Percocet, Percodan, Stadol, Talacen, Talwin, Talwin NX, Tylox, Vicodin, or Ultram.

The percent of students reporting use of someone else's prescription drugs in the past 12 months fell among African American, African or Black students from 1998 to 2001, at which point use leveled off at the state average of 6% (Figure 46, Table 45). Unlike reported use of other drugs, abuse of prescription drugs among African American, African or Black students was highest for females living in the seven-county metro area from 1998 to 2001 (Figure 47, Table 46). In 2004, reported use of someone else's prescription drugs was higher than average among African American, African or Black 6<sup>th</sup> graders but lower than average among 12<sup>th</sup> graders (Figure 48, Table 47). The same was true for 6<sup>th</sup> graders in 2010 (Figure 49, Table 48).

In 2010, 9<sup>th</sup> and 12<sup>th</sup> grade African American, African or Black males were more likely than average to report abuse of ADD/ADHD drugs, stimulants or diet pills, pain relievers, and tranquilizers or sedatives. However, females were less likely than average to do so; except for 12<sup>th</sup> grade stimulants or diet pills (Figures 50-53, Tables 49-52).

In 2004/2005, African American, African or Black males aged 45-64 and females aged 18-20 and 25-44 were more likely than average to report abuse of prescription painkillers. On the other hand, 21-24 year old African American, African or Black adults were much less likely than average to report this (Figure 54, Table 53). Abuse of tranquilizers and/or sedatives was higher than average among adult females and lower than average among adult males (Figure 55, Table 54).

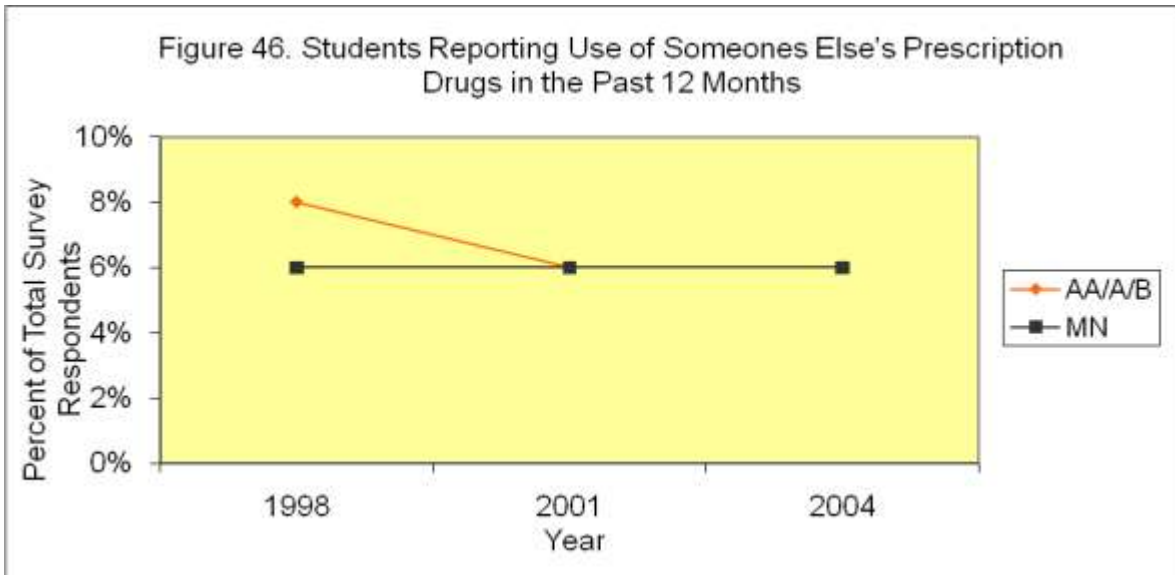


Table 45. Students Reporting Use of Someone Else's Prescription Drugs in the Past 12 Months

Minnesota Student Survey	1998	2001	2004
AA/A/B students reporting use	8%	6%	6%
All Minnesota students reporting use	6%	6%	6%
Rate Ratio	1.33	1.00	1.00

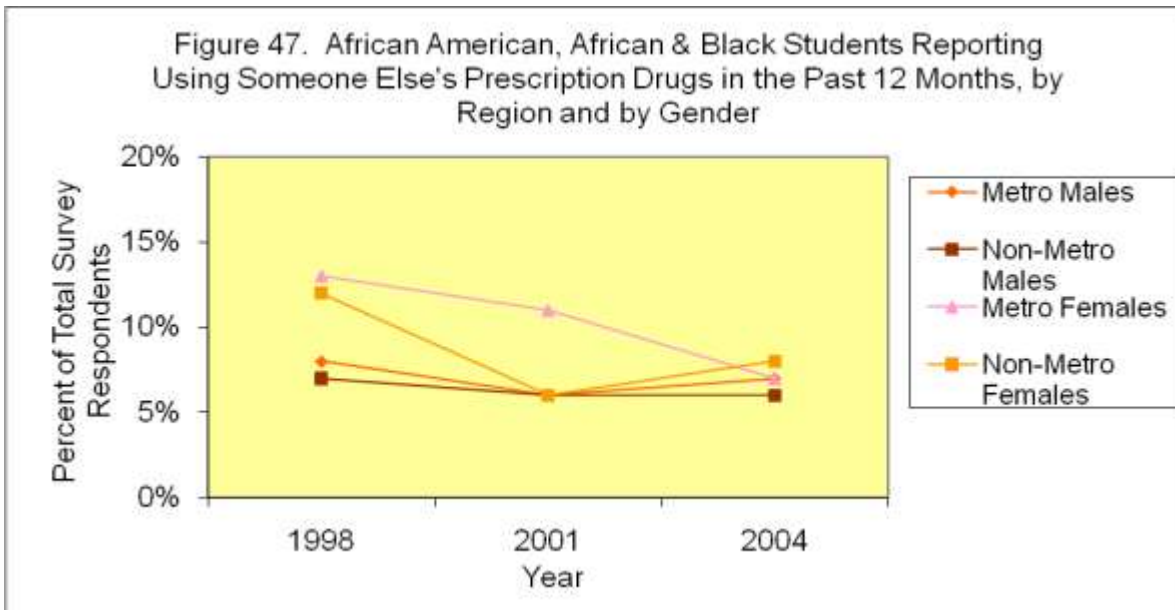


Table 46. African American, African & Black Students Reporting Using Someone Else's Prescription Drugs in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	1998	2001	2004
Metro Males	8%	6%	7%
Non-Metro Males	7%	6%	6%
Metro Females	13%	11%	7%
Non-Metro Females	12%	6%	8%

Figure 48. Students Reporting Use of Someone's Prescription Drugs in the Past 12 Months, by Grade and by Gender (2004)

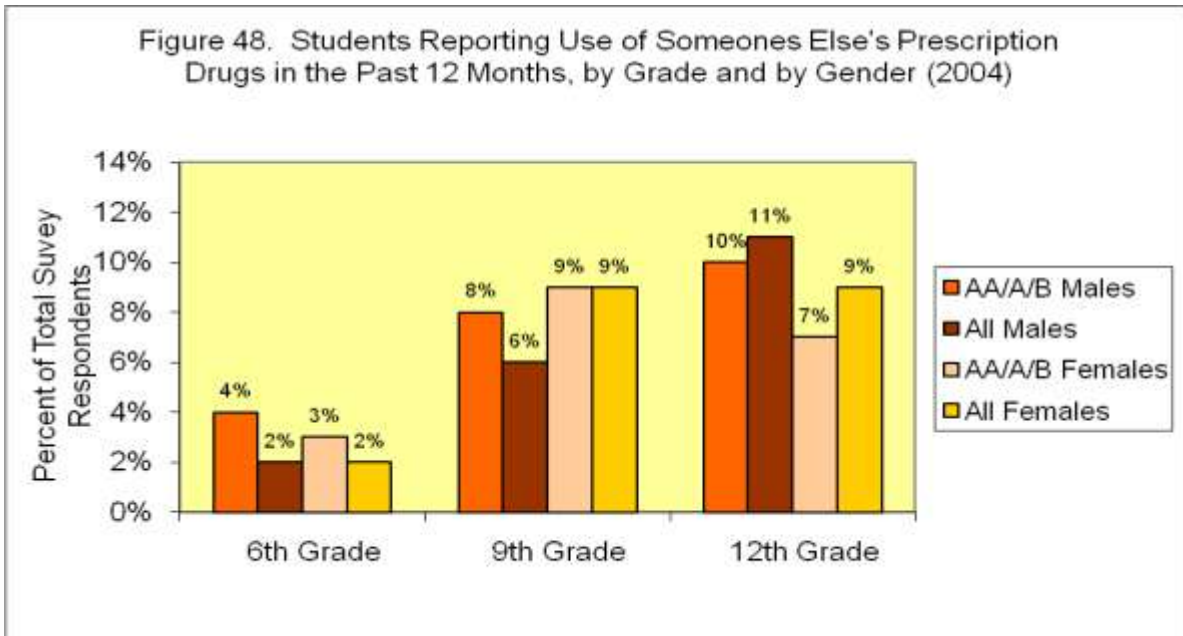


Table 47. Students Reporting Use of Someone Else's Prescription Drugs in the Past 12 Months, by Grade and by Gender

2004 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	2.00	1.33	0.91
	Females	1.50	1.00	0.78

Figure 49. 6th Graders Reporting Use of Someone Else's Prescription Drugs, or Taking them Only to Get High, in the Past 12 Months, by Grade and by Gender

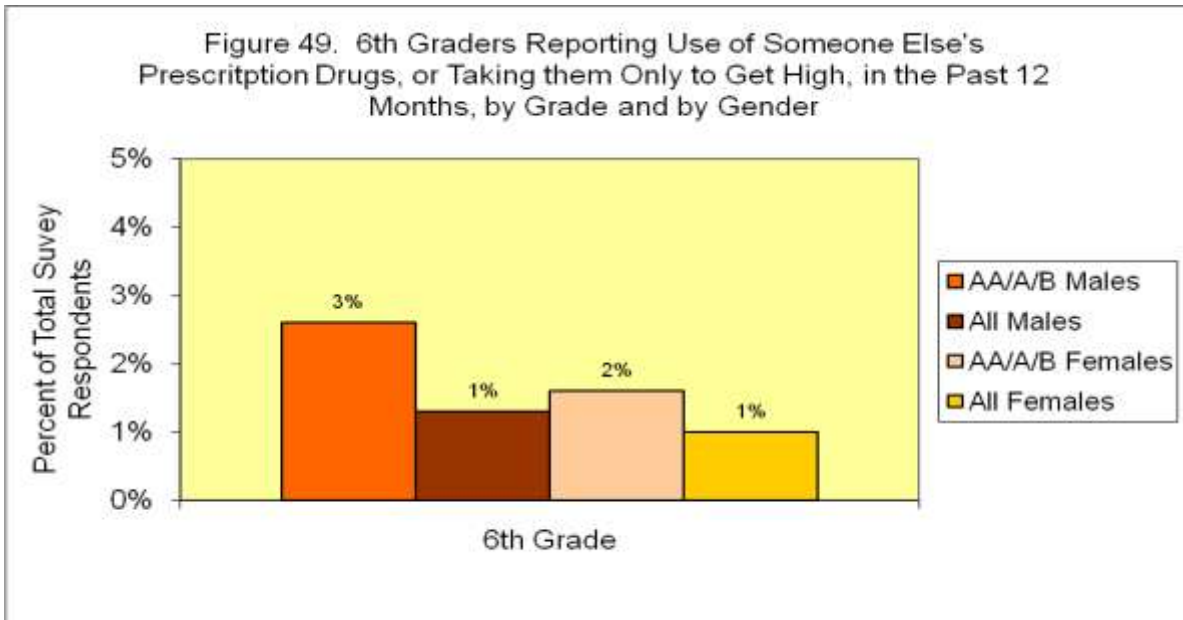


Table 48. Students Reporting Use of Someone Else's Prescription Drugs, or Taking them Only to Get High, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	2.00
	Females	1.60

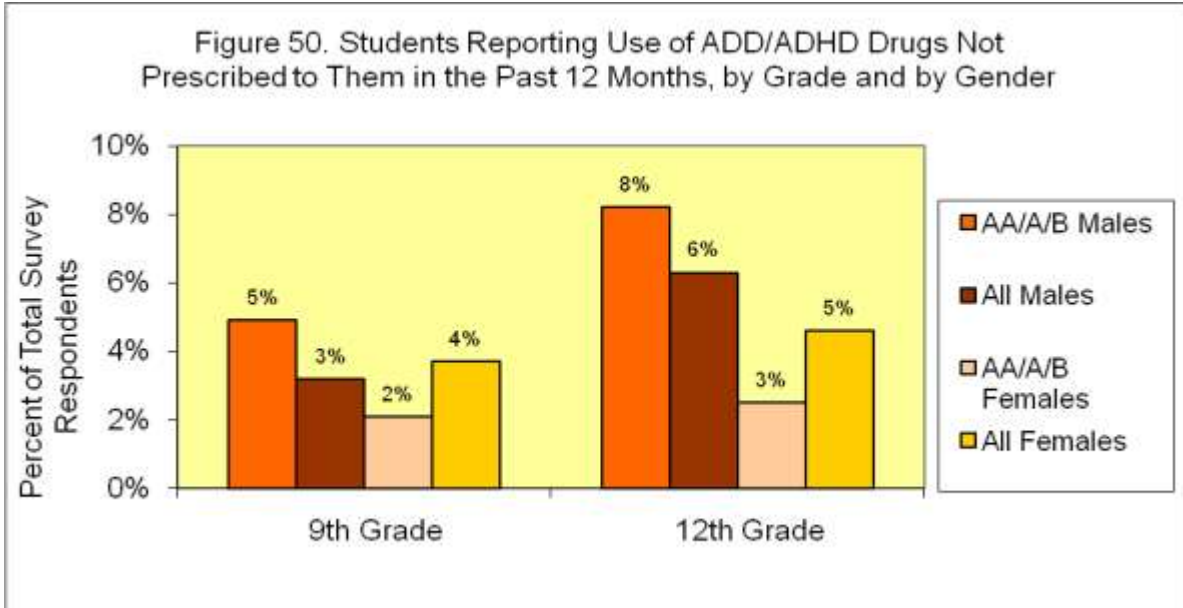


Table 49. Students Reporting Use of ADD/ADHD Drugs Not Prescribed to Them, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.53	1.30
	Females	0.57	0.54

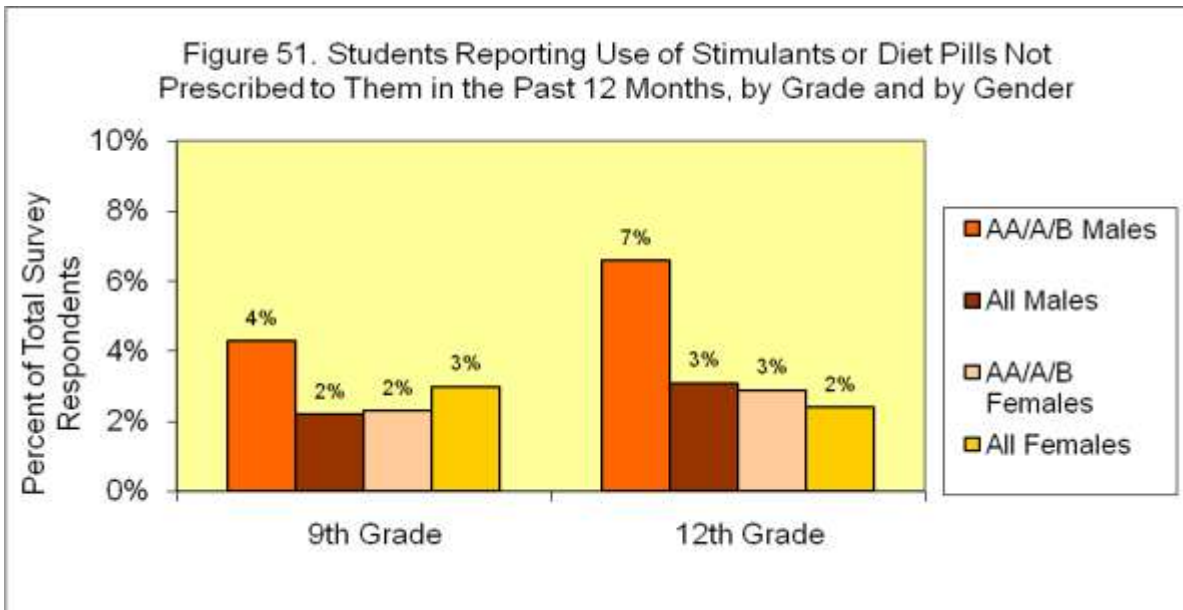


Table 50. Students Reporting Use of Stimulants or Diet Pills Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.95	2.13
	Females	0.77	1.21

Figure 52. Students Reporting Use of Painkillers Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

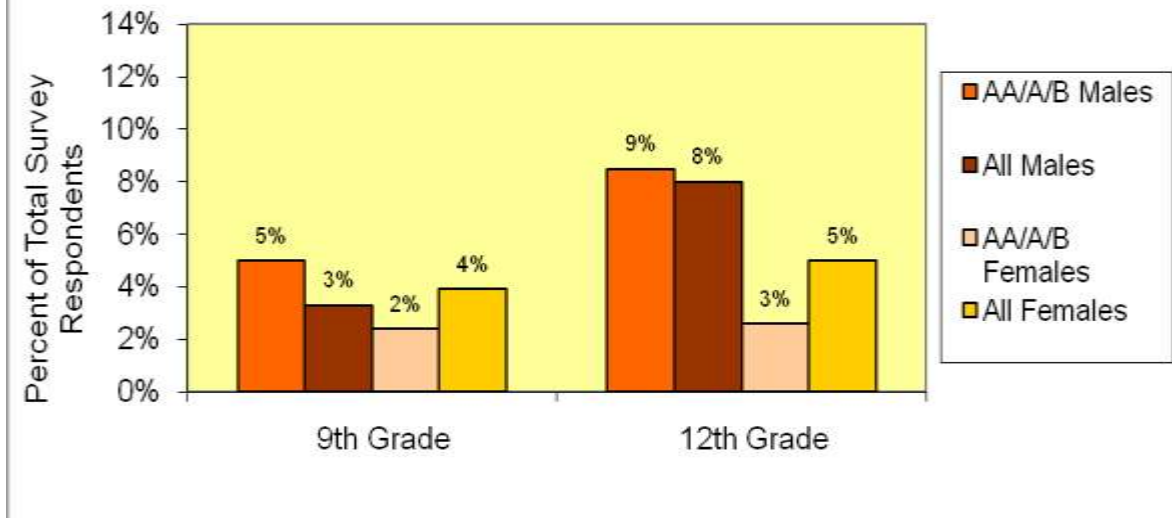


Table 51. Students Reporting Use of Painkillers Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	1.52	1.06
	Females	0.62	0.52

Figure 53. Students Reporting Use of Tranquilizers or Sedatives Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

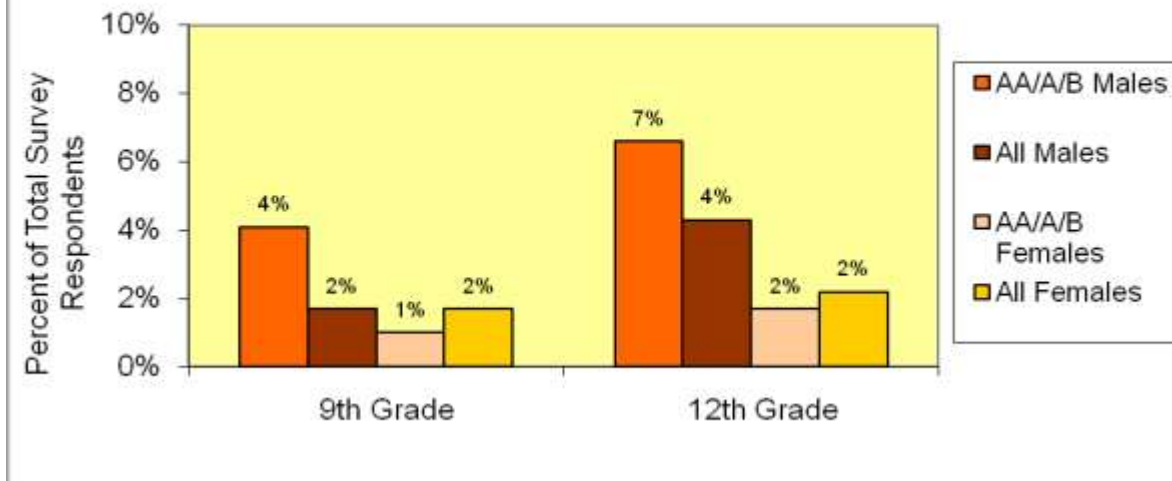


Table 52. Students Reporting Use of Tranquilizers or Sedatives, Not Prescribed to Them, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AA/A/B: All Respondents)	Males	2.41	1.53
	Females	0.59	0.77

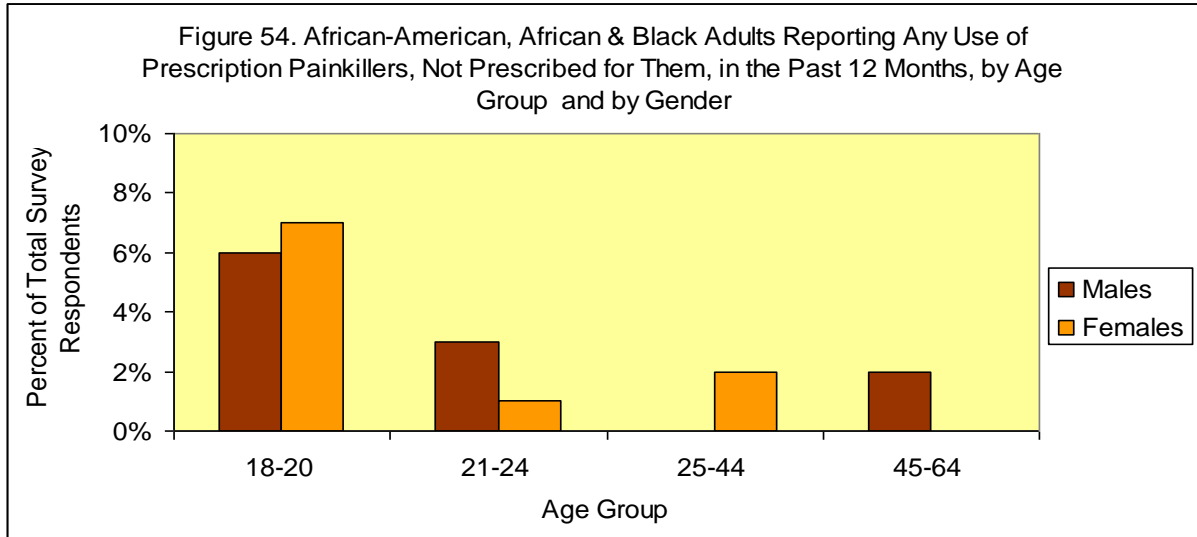


Table 53. African American, African & Black Adults Reporting Any Use of Prescription Painkillers, Not Prescribed for Them, in the Past 12 Months, by Age Group and by Gender

2004/2005 MN Survey of Adult Substance Use		18-20 Year Olds	21-24 Year Olds	25-44 Year Olds	45-64 Year Olds
Ratio (AA/A/B: All Respondents)	Males	1.00	0.43	0.00	2.00
	Females	1.40	0.25	2.00	0.00

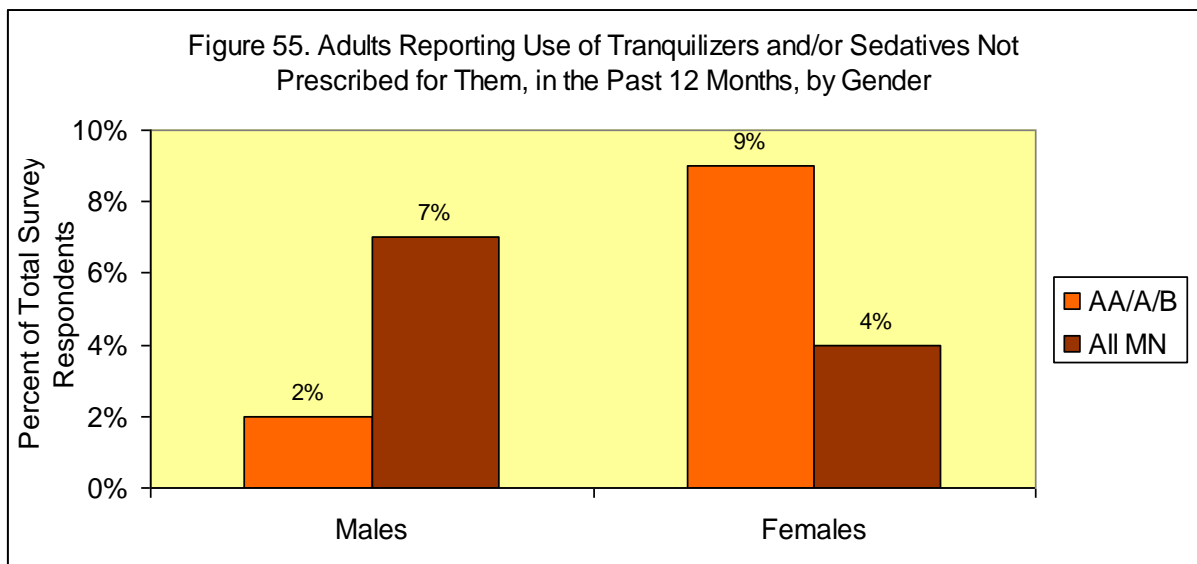


Table 54. Adults Reporting Use of Tranquilizers or Sedatives, Not Prescribed to Them, in the Past 12 Months, by Gender

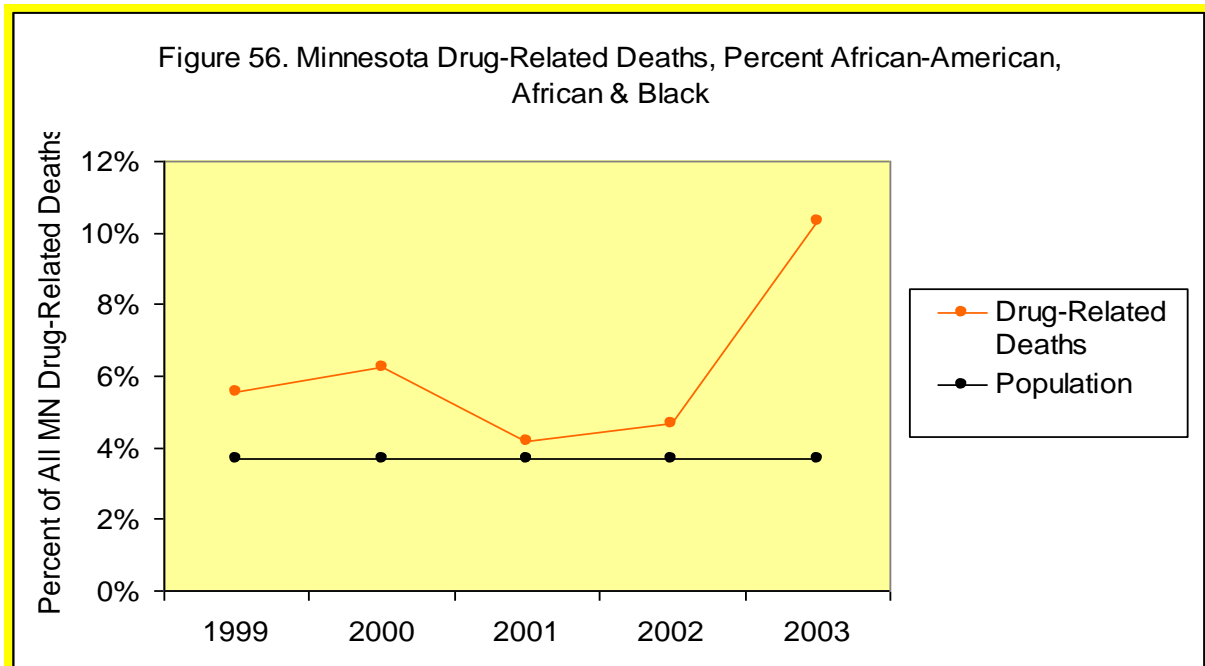
2004/2005 MN Survey of Adult Substance Use	Males	Females
Ratio (AA/A/B: All Respondents)	0.29	2.25

## 7. OTHER DRUG-RELATED CONSEQUENCES

### Deaths

Statistics on drug-related mortality refer to acute deaths directly related to drug consumption or “overdoses.” The International Classification of Diseases (ICD-10) measures all deaths, including those exclusively related to drug consumption.

Of the total number of drug-related deaths in Minnesota, an average of 4% to 6% were African American, African or Black from 1999 to 2002. This jumped to 10% in 2003, though the actual number of deaths has been low each year (Figure 56, Table 55).



Mortality counts from the National Vital Statistics System; percent of African American, African or Black Minnesotans (Population) from 2000 U.S. Census.

	1999	2000	2001	2002	2003
AA/A/B Minnesotans	2	2	2	2	6
All Minnesotans	36	32	48	43	58

National Vital Statistics System

## Crime

Nationally, the percent of persons arrested for drug abuse violations (violation of laws prohibiting the production, distribution and/or use of certain controlled substances) who were identified as African American, African or Black decreased for juveniles (27.0% to 25.6%) and increased for adults (33.4% to 34.5%) from 2004 to 2009 (from Uniform Crime Reports).

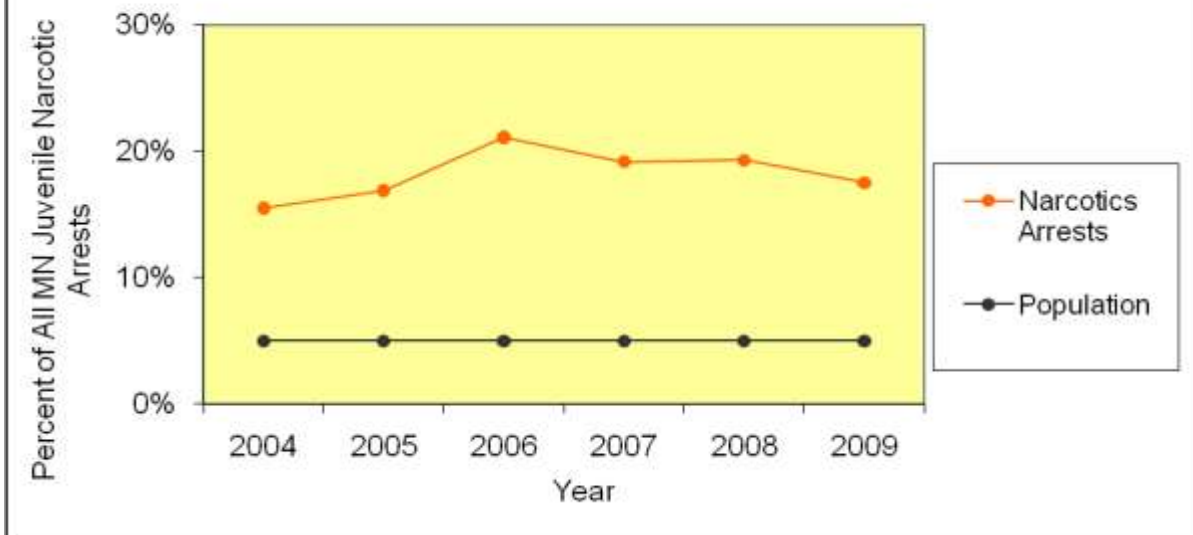
Minnesota narcotics arrests specifically relate to the unlawful possession, sale, use, growing, manufacturing and making of narcotic drugs. Limitations associated with this indicator include annual changes in enforcement and determination of race by law enforcement. Narcotic arrests from 2003 exclude the St. Paul Police Department.

The percent of Minnesota juveniles arrested for narcotics who were African American, African or Black increased from 16% in 2004 to 18% in 2009. According to the 2000 US Census, about 5% of Minnesota's juveniles are African American (Figure 57, Table 56).

Approximately 26% to 27% of all Minnesota adults arrested for narcotics offenses between 2004 and 2009 were African American, African or Black. Based on the Census, about 3% of all Minnesota's adults are African American, African or Black (Figure 58, Table 56).

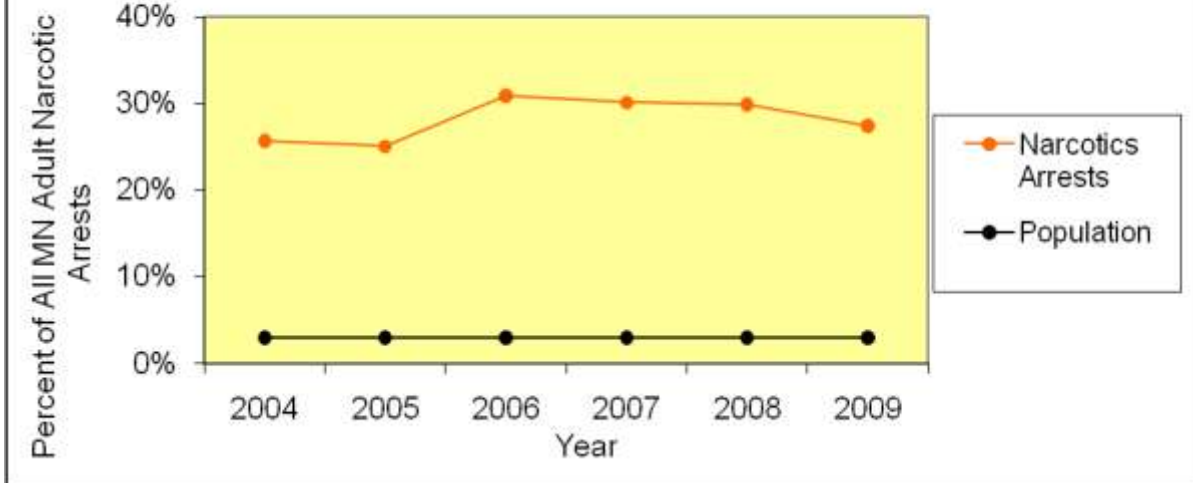
In 2007, about 27.4% of all adults prison inmates in Minnesota sentences for drug offenses were African American, African or Black. This was a significant decrease from 37.9% in 2002 (Table 57). It is important to recognize that these data capture the governing offense for which a person was convicted. Because persons are often not convicted for all offenses charged, and this indicator only counts where the most serious offense is the drug conviction, it is likely that these data alone underestimate the role of illicit drugs in all convictions and sentences.

Figure 57. Minnesota Juvenile Narcotics Arrests, Percent African American, African & Black



Population data from the 2000 Census; arrest data from the Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

Figure 58. Minnesota Adult Narcotics Arrests, Percent African American, African & Black



Population data from the 2000 Census; arrest data from the Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

	Juveniles		Adults	
	African American, African & Black	Total	African American, African & Black	Total
2004	552	3,567	4,083	15,872
2005	513	3,035	4,258	16,980
2006	667	3,159	5,165	16,699
2007	543	2,834	4,901	16,251
2008	551	2,855	4,706	15,754
2009	487	2,780	3,997	14,566

Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

	2002	2003	2004	2005	2006	2007
African American, African & Black Inmates	443	505	524	575	558	509
All MN Inmates	1169	1483	1859	2090	2109	1858
Percent African American, African & Black	37.9%	34.1%	28.2%	27.5%	26.5%	27.4%

Data obtained by request from the Minnesota Department of Corrections

## 8. Discussion

### Key Findings

- Reported 30-day alcohol use among African American, African or Black students has been consistently lower than the average for the past nine years.
- Reported 30-day alcohol use in 2004/2005 was substantially lower than the state average among African American, African or Black adults living both in the seven-county metro area and non-metro area.
- Binge drinking rates reported by youth declined 29% from 17% in 2001 to 12% in 2010.
- 30-day cigarette-smoking rates reported by youth declined about 20% from 2001 to 2010.
- From 1992 to 2004, Blacks in the U.S. had the highest incidence of lung and bronchus cancer per 100,000 population and highest lung and bronchus cancer death rate. In Minnesota, Blacks had a higher lung, bronchus and trachea cancer death rate than the state average from 2003 to 2007.
- When students were asked how old they were the first time they smoked

marijuana, African American, African or Black students were more likely than average to report having done so at the age of 13 or younger.

- For most illicit drugs, African American, African or Black students reported use was highest among non-metro males.
- In 2007, about 27.4% of all adults prison inmates in Minnesota sentences for drug offenses were African American, African or Black. Less than 5% of Minnesota adults identified as African American, African or Black, according to the U.S. Census.

### **Data Gaps & Limitations**

Race selections on surveys do not allow for self report of specific African-born Minnesota populations (Ethiopians, Eritreans, Somalis, etc.) or Caribbean-born populations (e.g., Haitians). Racial designations made on death and arrest reports are often done by medical examiners and law enforcement, and therefore may not be accurate. Race/ethnicity is not always labeled or defined uniformly; some sources report for “mixed race” while others report for African American, African or Black alone or in combination with one or more races/ethnicities.

County and city level data on African Americans, Africans and Blacks are often not available due to small numbers and/or low survey response rate, if collected at all. Also, rates may fluctuate greatly due to small numbers.

State-level data on African Americans, Africans or Blacks are not available for the following indicators: non-fatal alcohol-related motor vehicle crashes, adults on probation for drug offenses and juveniles on probation for drugs offenses.

### **Implications**

It is important for state, county and city planners to have accurate and readily available data on African American, African or Black substance use and consequences—and for all communities—in order to paint a complete picture of need in our state. Aggregated data do not reveal disparities that exist in a given location. While overall use of a substance may be low in Minnesota, it could be quite high within a particular community. Community-specific data allows for well-planned and targeted interventions.

Every effort should be made at the national-, state-, county- and city-level to collect data by race/ethnicity. It is also important to recognize the limits of broad race and ethnicity categories. “Minnesota was ranked 10th in the nation in 2000 in numbers of African immigrants living in the state. The number grew 85 percent in six years and is now estimated at between 60,000 and 90,000<sup>1</sup>.” In order to monitor the health of new African-born communities in Minnesota, surveys on substance use could include additional race categories, as could admission forms and court documents.

Comparing consumption data with consequence data can also reveal important disparities. If reported use of a particular substance is lower than average among African Americans, Africans or Blacks but related consequences are higher than average, further exploration is needed. For example, African American, African or Black adults were less likely than average to report any alcohol use or binge drinking in the past 30 days in Minnesota (see Figures 5 and 9). However, a disproportionate number were arrested for DUI and liquor law violations (Figure 14).

This profile can be used by community leaders and prevention professionals to plan, set priorities, target resources, and simply to spur conversation about community-level alcohol, tobacco and other drug use and consequences. The goal of this profile, and the State Epi Profile, is to encourage data-driven decision making over reliance on anecdotal information. This report is by no means exhaustive. Community leaders and prevention professionals can use this profile in conjunction with community-level data and qualitative information from surveys, focus groups and key informant interviews.

1. *Immigrants from Africa swelling Minnesota's black population.* The Associated Press; September 12, 2007. Retrieved on September 18, 2008 from: <http://minnesota.publicradio.org/display/web/2007/09/12/censusblackpop/>