



Alcohol Use and Consequences in Minnesota, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Binge drinking rates dropped from 43% in 1998 to 29% in 2010 for 12th grade males.
- The percent of Minnesota adults reporting past month alcohol use increased from 2006 to 2009.
- The average number of alcohol-attributable deaths in Minnesota, for 2001-2005, was 1,152 compared to 1,190 for 2005-2009.

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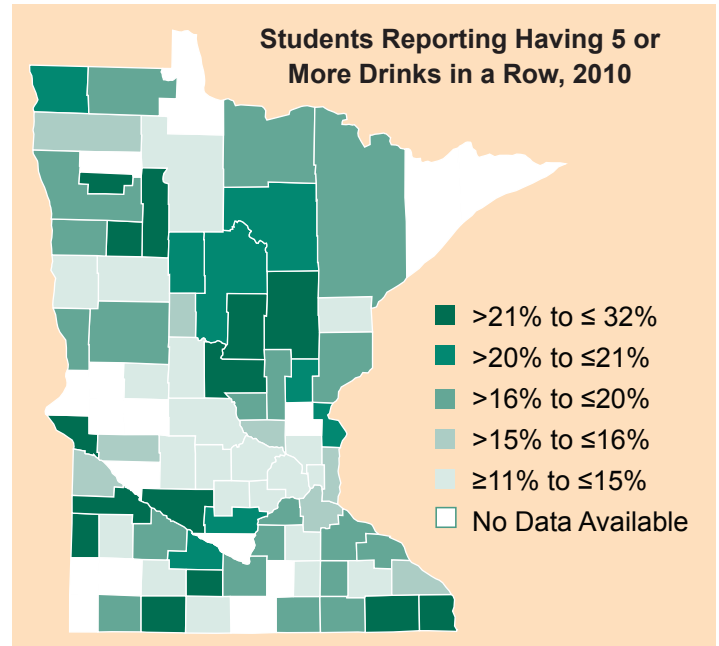
Youth Drinking

The percent of Minnesota students who reported drinking any alcohol in the past 30 days declined over all, from 27% in 2001 to 20% in 2010 (see bar graph below).

Rates have been highest in the Northwest and Northeast regions of the state, and lowest in the Southeast and Metro regions of the state.

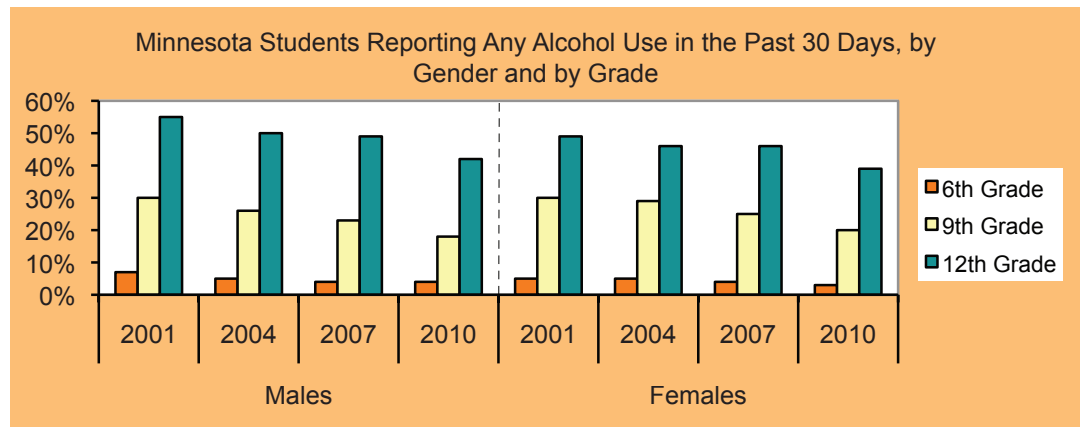
Reported past 30-day alcohol use has been highest among American Indian/Alaska Native, Hispanic/Latino, and White youth. However, from 1998 to 2010 the percentage who reported recent use decreased the most for White youth (down 27%), African American (down 26%) and for Hispanic/Latino youth (down 23%).

The percent of 9th and



12th graders reporting binge drinking in the past 2 weeks, defined as 5 or more drinks in a row on one occasion, has also declined. While binge drinking rates dropped from 43% in

1998 to 29% in 2010 for 12th grade males, they fell only from 26% to 21% for 12th grade females. Rates are highest in the Northwest and Northeast Regions—see map. (MSS)





According to a 2010 report based on survey results from 18 Minnesota colleges and universities, high-risk drinkers reported higher rates of negative consequences than non-high-risk drinkers. High-risk drinkers reported higher rates of driving while intoxicated (28.5% vs. 6.9%), getting in arguments (38.6% vs. 10.7%), doing poorly on tests or projects (34.3% vs. 12.2%) and being taken advantage of sexually (7.8% vs. 2.1%).

Source: Boynton Health Service. "2010 College Student Health Survey Report, Chapter 4: Alcohol and Other Drug Use, 18 Minnesota Colleges and Universities." Boynton Health Service, University of Minnesota (November 2010).

Youth Access

In 2010, students reporting past month alcohol use were asked how they acquired it. Youth were most likely to report social access—getting alcohol from others (87%).

Twenty-six percent reported taking alcohol; 9% reporting buying it.

Males were most likely to report getting alcohol from friends, 58%, or getting alco-

hol at parties, 35%. Likewise, females were most likely to report getting it from friends, 65%, or at a party, 43% (MSS).

Perceptions of Harm, Disapproval

In 2010, students were asked if they thought their parents or guardians would disapprove or greatly disapprove if they had 5 or more drinks in a row on one occasion, once or twice per week. Belief of disapproval decreased with grade for males

(95% of 6th graders; 91% of 9th graders; 76% of 12th graders) and females (96%; 92%; 81%).

Students were also asked if they believed people put themselves at great or moderate risk of harm by having 5 or more

drinks in a row on one occasion, once or twice per week. Eighty-one percent of Minnesota 6th graders perceived great or moderate risk of harm, as did 84% of 9th graders and 78% of 12th graders.

Age at First Use

Students were asked, in 2010, how old they were the first time they had more than a sip of alcohol. Male students were more likely than female students to report having done so by age 13 or younger in Minnesota

(22% vs. 18%), and non-metro students were more likely than metro students (22% vs. 19%).

American Indian/Alaska Native students were most likely to report having more than a few sips of alcohol by age 13

or younger (34%), followed by Hispanic/Latino students (33%). African-American or Black (22%), and Asian/Pacific Islander (20%) White (18%) students were least likely to report having done so (MSS).

Youth Impaired Driving

The percent of students reporting having driven in the past 12 months after using alcohol or other drugs has decreased in the past 12 years. Reported rates for 12th grade males fell from 40% in 1998 to 13% in 2010; rates dropped from

30% to 15% for 12th grade females during that time.

In 2010, the percent of students reporting ever riding with friends who had been using alcohol or other drugs was higher for females than males among 9th graders—17%

vs. 16%, but higher for males than females among 12th graders—25% vs. 22% (MSS).

Adult Drinking

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)

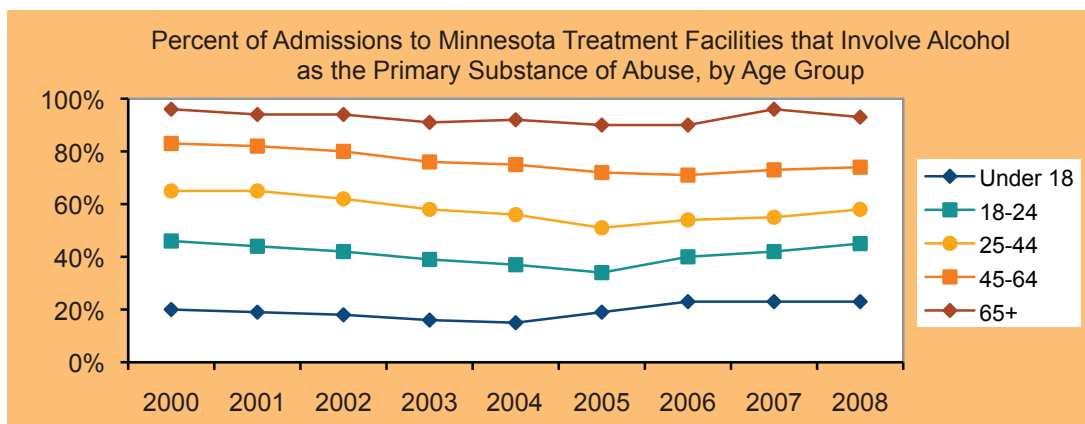
Adult 2004/2005 binge

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 use during pregnancy is the leading cause of preventable mental retardation and developmental disabilities in Minnesota and the United States. It is estimated that \$45 million per year is spent in Minnesota on care for people with fetal alcohol spectrum disorder (FASD).

Source: Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), www.mofas.org/download_files/FAS_in_MN.pdf

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 has 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 (OTS).

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.

The percent of admissions to Minnesota treatment facilities that involve alcohol as the primary substance of abuse increases with age group—see graph above (DAANES).

The average number of alcohol-attributable deaths in Minnesota, for 2001-2005, was 1,152. The average

number of alcohol-attributable deaths in Minnesota, for 2005-2009, was 1,190. A majority of these deaths were due to acute causes (634) such as injuries due to falls and motor vehicle traffic crashes, and suicide; compared to chronic diseases (556) such as alcoholic liver disease, alcohol dependence and cancer (ARDI).

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What's Happening in Your County?



Substance Use in Minnesota, located at 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

Data on youth consumption and perceptions, presented on pages 1 and 2 of this fact sheet, are from the Minnesota Student Survey (MSS). 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. The survey is administered every three years.

The Minnesota Student Survey Interagency Team is made up of four state agencies: the Minnesota Department of Education, the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota Department of Public Safety.

Adult consumption data included in this fact sheet 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.

Alcohol consequences data are from a number of sources. 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.

Treatment data are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES), maintained by the Performance Measurement and Quality Improvement Division.

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.

More details can be found at www.sumn.org.