



American Indian/Alaska Native Substance Use and Consequences in Minnesota, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Binge drinking rates reported by AI/AN youth declined 25% from 1998 to 2010
- 30-day cigarette-smoking rates reported by youth declined about 17% from 1998 to 2010
- Marijuana use among adult males was 4.5 times higher than the state average in 2004/2005

Alcohol Consumption

Overall, reported 30-day alcohol use among American Indian/Alaska Native (AI/AN) students has been similar to the state average for the past 12 years. However, disparities exist by region, sex, and grade. From 1998 to 2010, use among metro males decreased from 27% to 17%, for non-metro males use decreased from 34% to 24%, for metro females use decreased 28% to 20%, and use among

non-metro females decreased from 31% to 24%. (For differences by grade, see the figure below). (MSS)

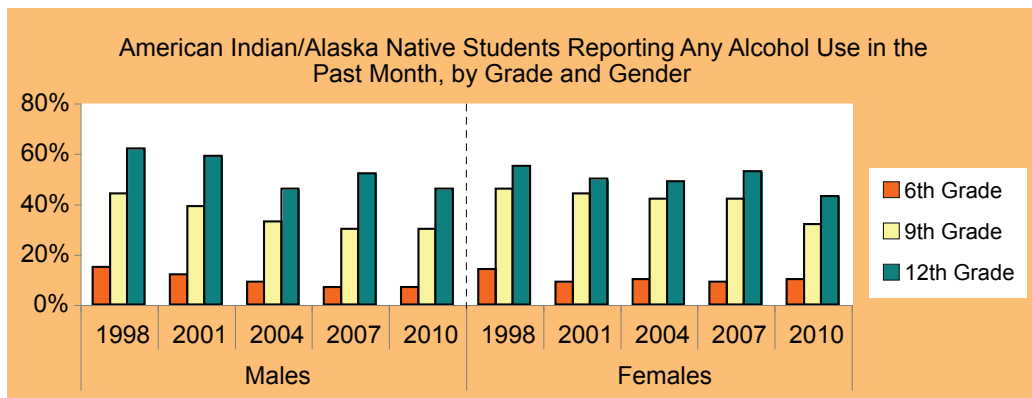
Reported adult 30-day alcohol use in 2004/2005 was higher than the state average among AI/AN males living in the seven-county metro area (83% vs. 67%), and lower than the state average among AI/AN females statewide (34% vs. 53%). (MN-SASU)

Reported binge drinking was consistently higher than the state average among AI/AN students from 1998 to 2010, though rates have been declining over time (32% down to 24% for AI/AN and 26% down to 16% for all Minnesotans). (MSS)

Reported adult binge drinking among AI/AN males was double the state average in 2004/2005 (50% vs. 24%). (MNSASU)

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Alcohol Consequences

AI/AN students were more likely to report having driven after using alcohol or other drugs than the state average—both rates decreased from 1998 to 2010. Reported rates among 9th grade AI/AN students were higher than the

state average in 2010 (9% vs. 5% for males and 9% vs. 3% for females). (MSS)

A disproportionate percentage of AI/AN juveniles and adults were arrested for Driving Under the Influence (DUI) between 2002 and 2009. While

slightly over 1.5% of Minnesota juveniles were AI/AN, between 2% and 3% of juveniles arrested for DUI were AI/AN. The same was true for adults.

Between 2002 and 2009, 4%-5% of juveniles arrested for liquor laws were AI/AN. (BCA)



Many American Indian tribes have used tobacco for spiritual and medicinal purposes. Traditional tobacco uses include making spiritual offerings and giving a gift of thanks. Traditional tobacco is burned in a pipe, placed on the earth, or put in an open fire. Commercial tobacco is used for personal pleasure or financial gain. This form of tobacco contains harmful chemicals which make it highly addictive.*

*Keeping Tobacco Sacred: Spiritual vs. Commercial Use. *Prevention Tracks*, Fall/Winter 2007; Vol. 2, Issue 2

Tobacco Consumption

Overall, reported 30-day cigarette smoking among AI/AN students has been higher than the state average for the past 12 years. Though AI/AN rates have declined from 23% in 1998 to 19% in 2010, rates were higher than the state average for all grades, both male and female. Among AI/AN students, rates of 30-day cigarette smoking were highest for females living outside the metro area. (MSS)

Reported adult 30-day ciga-

rette smoking was over double the state average in 2004/2005 (51% vs. 24% for males, 56% vs. 21% for females). (MN-SASU)

AI/AN students reporting smoking cigarettes on 20 or more days in the past 30 days was higher than the state average in 2010 for all grades, both males and females. The disparity was greatest among 12th graders: 22% vs. 10% for males and 21% vs. 8% for females.

The percent of students

reporting use of chewing tobacco or snuff in the past 30 days increased slightly among AI/AN students and among all students in Minnesota. Use increased from 3% in 1998 to 8% in 2010 for AI/AN students, and from 5% to 6% among all students in Minnesota. (MSS)

In 2010, AI/AN students were more likely than average to report having smoked all or part of a cigarette for the first time before the age of 13 (30% vs. 12%). (MSS)

Tobacco Consequences

From 1999 to 2007, AI/AN in the US had a lower lung and bronchus cancer incidence and death rate than Whites and Blacks, but higher than Hispanics and Asians/Pacific Islanders. (CDC)

Lung and bronchus cancer

death rates for AI/AN in Minnesota are not available. The state average has been consistently less than the US average by approximately one death per 10,000 population.

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. Percent of smoking-attributable deaths may vary from one location to another.

1. www.cdc.gov/cancer/lung/statistics/race.htm

Population Snapshot

According to the 2010 US Census, there are approximately 60,916 persons living in Minnesota who identify as AI/AN only (not in combination with another race), accounting for 1.1% of the state population.

The AI/AN population is considerable younger than the state average; 32% of AI/AN

are under the age of 18 compared to 24% of all Minnesotans being under age 18.

There are two tribes located in Minnesota, the Sioux and Ojibwe: four nations in the Sioux tribe and seven nations in the Ojibwe tribe. Members of other tribes have moved to Minnesota as well. About 31 percent of Minnesota's approxi-

mately 55,000 American Indians reside on reservation lands, another 35 percent live in the central cities of Minneapolis and St. Paul, and the rest live in communities throughout the state.¹

1. CHS Administration Handbook, 3rd Edition Chapter 10, Page 6 of 7 Section III: Governance Structures and Authorities American Indian Tribal Governments

Other Drug Consumption

From 1998 to 2010, reported 30-day marijuana use was higher among AI/AN students than the state average for both males and females, across all grade levels. Use among AI/AN students dropped from 1998 to 2010 (17% to 14%). (MSS)

Reported adult use of marijuana in the past 30 days was 4.5 times the MN average among AI/AN males in 2004/2005 (28% vs. 6%). Reported use by AI/AN females was 3 times higher than aver-

age (9% vs. 3%). (MNSASU)

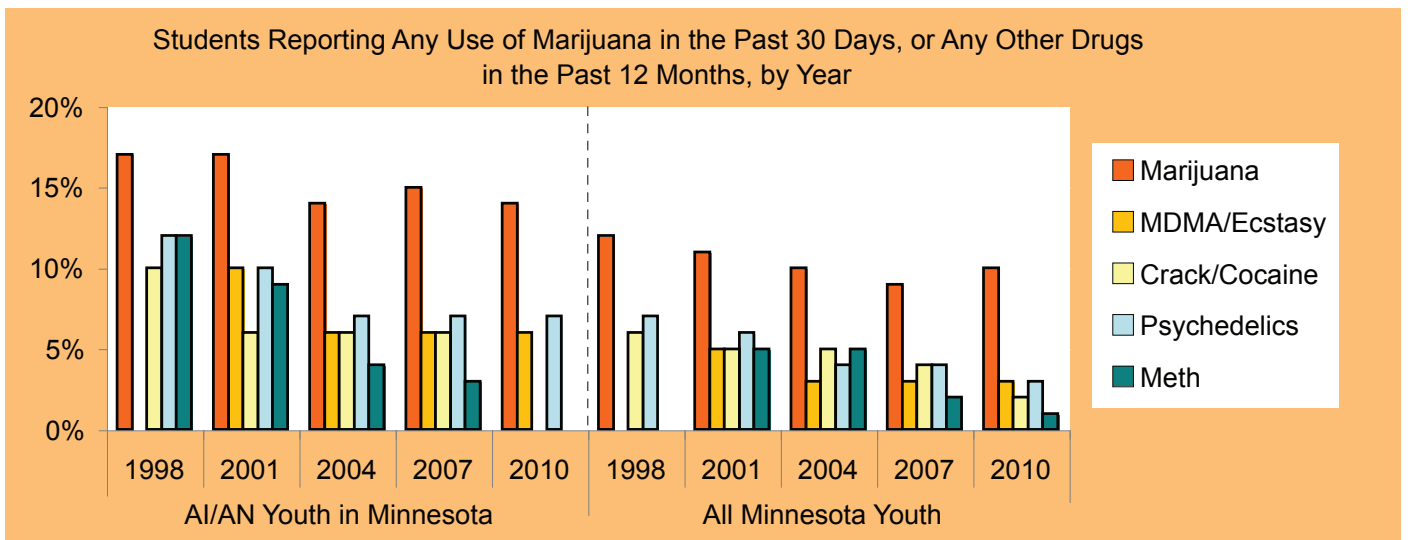
Reported 12 month use of a number of illicit drugs by students dropped from 1998 to 2010 (see bar graph below).

Not pictured: Reported inhalant use among AI/AN students held steady at around 6% from 2001 to 2010, higher than the state average. Prescription drug abuse most often reported by AI/AN students in 2010 was abuse of painkillers, followed by abuse of ADD/ADHD drugs. Reported heroin use in 2010 was

higher than the state average among AI/AN students—especially for 12th grade males (7% vs. 2%). (MSS)

In 2004/2005, AI/AN adults most often reported abuse of prescription painkillers and sedatives. Other drug use was particularly higher than average among AI/AN males living in the seven-county metro area: painkillers (36% vs. 3%), sedatives (29% vs. 7%), psychedelics (16% vs. 1%). Less than 0.5% of adults reported heroin use. (MNSASU)

Data from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) indicate that the percent of AI/AN treatment admissions in Minnesota involving opiates as the primary drug of abuse increased from 4% in 2002 to 13% in 2008. Over that time period, roughly 60% of AI/AN clients admitted to treatment reported alcohol as their primary substance of abuse.



Other Drug Consequences

Approximately 2% to 3% of all juveniles arrested for narcotics offenses between 2002 and 2009 were AI/AN. According to 2009 US Census estimates, slightly over 1.5% of Minnesota's juveniles are AI/AN. (BCA)

Between 2% and 3% of all adults arrested for narcotics offenses between 2002 and 2009 were AI/AN. Based on the Census, 1% of all Minnesota's adults are AI/AN. (BCA)

In 2007, about 2.5% of all adults prison inmates in Minnesota sentences for drug offenses were AI/AN. This was a slight decrease from 2.7% in 2002. (DOC)

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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

Population statistics are from the 2000 US Census. Counts include persons who identify as AI/AN alone (not in those in combination with one or more other races). 2001 to 2006 estimates from the Census show the population holding steady at 1%.

Youth alcohol, tobacco and other drug consumption data are from the Minnesota Student Survey (MSS). Adult consumption data are from the MN Survey of Adult Substance Use (MNSASU). For both surveys, respondents were able to select all race/ethnicity categories that applied. Binge drinking is defined as 5 or more drinks in a

row on one occasion in the MSS, and 5 or more drinks for males or 4 or more drinks for females in the MNSASU.

Alcohol consequence data are from the MSS and from Minnesota Crime Information, Minnesota Bureau of Criminal Apprehension. Race/ethnicity is often determined by law enforcement and therefore may not be as accurate as self-reported status.

Tobacco consequence data are from the Minnesota Center for Health Statistics and CDC Wonder.

Drug consequence data are from the Inmate Profile and from

the Minnesota Bureau of Criminal Apprehension.

Detailed data source information can be found at www.sumn.org. Data source fact sheets can be found under Tools. Links to each data source, when available, can be found under each table when using Data by Location or Data by Topic.

Aggregated data at the state and county level do not reveal disparities that may exist within a given geographic area. The data sources used to produce this fact sheet do not provide tribal- or tribal nation-specific data.