



# Asian/Pacific Islander Substance Use and Consequences in Minnesota, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

## KEY FINDINGS

- Binge drinking fell among Asian/Pacific Islander 9th graders from 14% in 1998 to 9% in 2010.
- Reported 30-day cigarette smoking among A/PI students dropped from 13% in 1998 to 7% in 2010.
- 21-24 year old males living in the metro area reported lower than average 30-day marijuana use in 2004/2005: 10% vs. 20%.

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## Alcohol Consumption

Reported past 30-day alcohol use among Asian/Pacific Islander (A/PI) students was consistently lower than the state average, dropping from 18% in 1998 to 14% in 2010. Reported 30-day alcohol use was lower among A/PI students regardless of region or gender (*see graph*). (MSS)

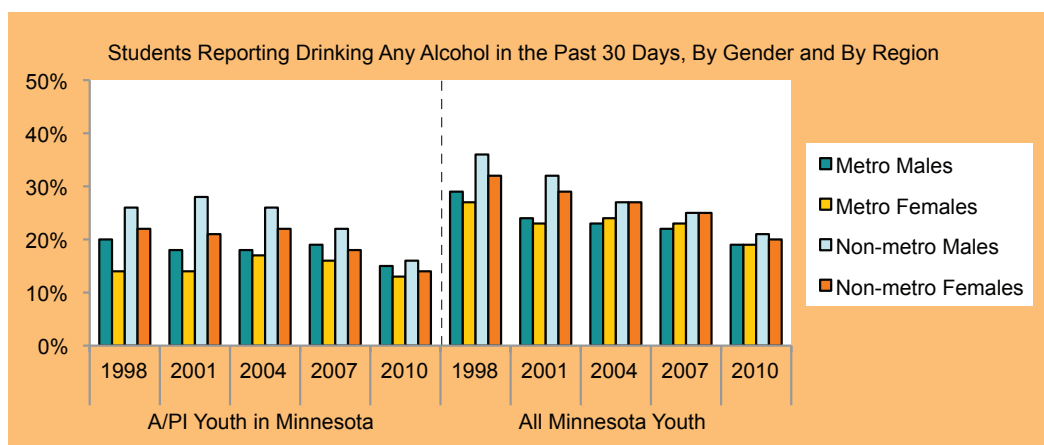
A/PI adults reported lower

than average 30-day alcohol in 2004/2005. This was especially true for A/PI females living in non-metro counties (8% vs. 50%). (MNSASU)

Reported rates of binge drinking among A/PI students were lower than the state average between 1998 and 2010. Binge drinking rates for A/PI 9th graders fell from 14% to

9% during that period, and rates for 12th graders from 17% to 16%. (MSS)

During 2004/2005, reported binge drinking among A/PI adults was also lower than average. Again, more so for A/PI females living in non-metro counties (2% vs. 13%). (MNSASU)



## Alcohol Consequences

In 2010, the percent of 12th grade students reporting driving after using alcohol or other drugs was 10% for A/PI males (compared to the 23% state average) and 6% for A/PI females (compared to the 15% state average). (MSS)

According to the 2000

Census, just under 5% of Minnesota juveniles identified as A/PI. The percent of juveniles arrested for DUI who were identified as A/PI averaged 2% from 2005 to 2009. For liquor law arrests, the rate increased slightly from 1.6% in 2005 to 2.5% in 2009.

A/PI adults make up just over 3% of the Minnesota adult population. The percent of adults arrested for DUI who were identified as A/PI, while low, increased from 1.5% in 2005 to 2.6% in 2009. (BCA)



**For Cambodian, Lao-tian, and Vietnamese men, regular smoking was common and acceptable. Tobacco was used to maintain social relationships. In these Southeast Asian cultures, tobacco was a prestige item, and often signified the social status of the smoker. However, smoking was restricted to adult men and generally was not acceptable for women and youth. Tobacco appeared frequently in ceremonies and rituals and was also used for medicine.**

*Source: Executive Summary, Tobacco Use in Minnesota: Perspectives from Cambodian, Hmong, Laotian, and Vietnamese Communities. Asian Pacific Tobacco-Free Coalition of Minnesota, Blue Cross and Blue Shield of Minnesota, Minnesota Partnership for Action Against Tobacco, Southeast Asian Refugee Community Home, March 2006*

## Tobacco Consumption

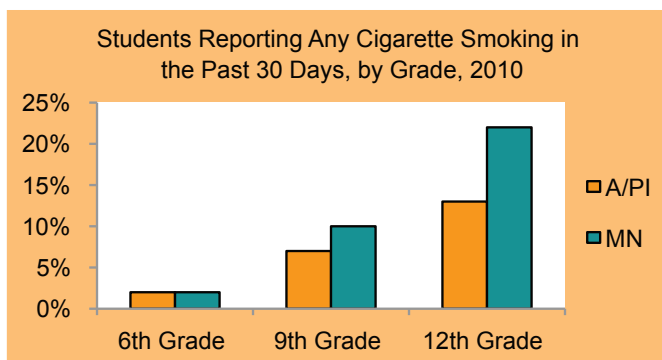
Reported 30-day cigarette smoking among A/PI students declined from 13% in 1998 to 7% in 2010 compared to a state-level drop from 19% to 10%. While rates were about average among A/PI 6th graders, they were below average for 9th and 12th graders—see graph. (MSS)

The percent of A/PI adults reporting 30-day cigarette smoking was slightly higher among A/PI males in the seven-county metro area as

compared to all metro area Minnesota males. (MNSASU)

Reported 30-day use of chewing tobacco among A/PI 9th grade males was about half

the state average from 1998 to 2010. Rates for 12th grade males were about one-third that of the average (5% to 6% for A/PI vs. 19% to 22% average). (MSS)



## Tobacco Consequences

From 1999 to 2007, A/PI in the U.S. had the second incidence of lung and bronchus cancer per 100,000 population, and the second lowest death rate<sup>1</sup>. Hispanics had a slightly lower lung and bronchus cancer incidence and

death rate. (CDC)

Rates for A/PI 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

U.S. lung cancer deaths among males and 79% among females are smoking-related. Percent of smoking-attributable deaths may vary from one location to another.

1. [www.cdc.gov/cancer/lung/statistics/race.htm](http://www.cdc.gov/cancer/lung/statistics/race.htm)

## Population Snapshot

According to the 2010 US Census, Minnesota's A/PI population was about 216,390 or about 4% of the state's population. From 2000 to 2010, the Asian population in Minnesota grew 50.9% and the Pacific Islander population grew 8.9%.

The term "Asian" refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. Pacific Islanders include diverse populations of Polynesian, Micronesian, and Melanesian cultural backgrounds.

In 2010, 33% of A/PIs lived in Hennepin County, 28% in Ramsey County and 8% in Dakota County.

## Other Drug Consumption

From 1998 to 2010, reported 30-day marijuana use among A/PI was lower than the state average. In 2010, use was reported by 1% of A/PI 6th graders, 5% of 9th graders, and 10% of 12th graders. (MSS)

Reported adult use of marijuana in the past 30 days was lower than the MN average among A/PI males and females in both the metro and non-metro counties. Even among A/PI adults reporting the highest rates of marijuana use, 21-24 year-olds living in

the seven-county metro area, use was below average: 10% vs. 20% for males and 8% vs. 13% for females. (MNSASU)

Reported 12 month use of a number of illicit drugs by students dropped from 1998 to 2010 (see bar graph below). The exception was methamphetamine use which increased slightly among A/PI students from 4% in 2001 to 5% in 2004, before dropping to 1% in 2010. (MSS)

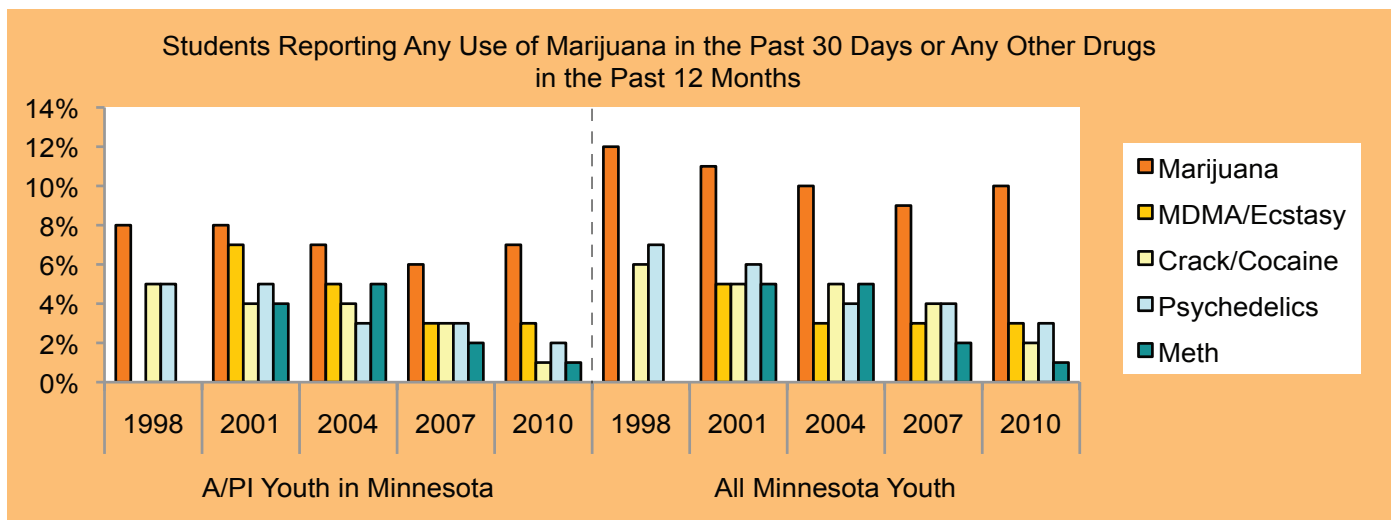
*Not pictured:* Reported 12 month use among A/PI students of inhalants, heroin,

and prescription drugs was consistently the same as or lower than the state average from 1998 to 2010. (MSS)

In 2004/2005, less than half of a percent of A/PI adults reported use of MDMA/ Ecstasy, crack/cocaine, methamphetamine, psychedelics or heroin. Abuse of prescription pain relievers among A/PI adults was similar to the state average for males and lower than average for females. (MNSASU)

**Preliminary evidence suggests that Southeast Asian immigrants, refugees and their children in the U.S. are at increased risk for abusing alcohol and other drugs. The consequences of war trauma, leaving one's homeland and loved ones, and acculturation to American society may be contributing to stress-related mental disorders and co-occurring increases in substance abuse.**

*Source: Substance Abuse Among Southeast Asians in the US: Implications for Practice and Research. Chapter 7 by Thomas O'Hara and Thanh Van Tran. page 145. Ethnicity and Substance Abuse: Prevention and Intervention. Grace Xueqin Ma and George Henderson. 2002 by Charles C. Thomas. Publisher*



## Other Drug Consequences

While Asians/Pacific Islanders made up about 4% of the Minnesota population from 2005 to 2009, approximately 2% of all persons arrested for narcotics during that period was identified as Asian/Pacific Islander. (BCA)

## MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

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## What's Happening in Your County?



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

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

## Data Sources

Population statistics are from the 2000 US Census. Counts include persons who identify as Asian/Pacific Islander alone (not in those in combination with one or more other races). 2001 to 2006 estimates from the Census show the population increasing from 3% to 4%.

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](http://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 community-specific data for A/PI.