



# **Epidemiological Profile of Substance Use and Consequences in Minnesota's Asian/ Pacific Islander 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 Asian/Pacific Islander 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 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 Asians/Pacific Islanders 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 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 Asian/Pacific Islander 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 Asian/Pacific Islander 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 Asian/Pacific Islander 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 Asians/Pacific Islanders 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 Asian/Pacific Islander alone (not in those in combination with one or more other races). Youth alcohol, tobacco and other drug consumption data for students identifying as Asian/Pacific Islander are from the Minnesota Student Survey (MSS). Adult consumption data for Asians/Pacific Islanders 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: 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 adult 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 91% 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 substance 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=G  
ET\\_FILE&RevisionSelectionMethod=LatestReleased  
&Rendition=Primary&allowInterrupt=1&noSaveAs=1&  
dDocName=dhs\\_id\\_055443](http://www.dhs.state.mn.us/main/idcplg?IdcService=G<br/>ET_FILE&RevisionSelectionMethod=LatestReleased<br/>&Rendition=Primary&allowInterrupt=1&noSaveAs=1&<br/>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: 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 US Census estimates, the percentage of persons living in Minnesota who identified as Asian/Pacific Islander grew from 3.0% in 2000 to 3.5% in 2007. This population is younger than the state average; 31% are under the age of 18 compared to 24% of all Minnesotans being under age 18 (Table 1). 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.

The fastest growing groups in seven-county metro area during the 1990s were: Bangladeshi (up 475%), Samoan (up 340%), Pakistani (up 187%), Hmong (up 146%), Vietnamese (up 103%), and Thai (up 100%). The largest A/PI population in the Twin Cities is the Hmong community.<sup>1</sup>

Table 1	Asian in Minnesota, 2009		All Minnesotans, 2009	
	Number	Percent	Number	Percent
Population	196,043		5,266,215	
By age group:				
Under 5	18,080	9.2%	362,040	6.9%
Under 18	61,237	31.2%	1,257,933	23.9%
18+ (adults)	134,806	68.8%	4,008,282	76.1%
18-24	24,162	12.3%	522,129	9.9%
25-34	37,466	19.1%	700,898	13.3%
35-44	33,185	16.9%	696,967	13.2%
45-64	31,026	15.8%	1,418,998	26.9%
65+	12,967	6.6%	669,290	12.7%

US Census Bureau, 2007 American Community Survey

Table 2	Native Hawaiians and Other Pacific Islanders in Minnesota, 2009	
	Number	Percent
Population	3,003	
By age group:		
Under 18	851	28.3%
18-64	2,093	69.7%
65+	59	2.0%

1. Council on Asian-Pacific Minnesotans. *Asian & Pacific Islander Minnesota Profile*. Retrieved on October 30, 2008 from [http://www.capm.state.mn.us/pdf/Minnesota\\_Profile.pdf](http://www.capm.state.mn.us/pdf/Minnesota_Profile.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 Asian/Pacific Islander students has been lower than the state average for the past 9 years, and has shown a slight decrease (Figure 1, Table 3). Among Asian/Pacific Islander students, rates were highest for non-metro males and lowest for females living in the metro area (Figure 2, Table 4). Reported use among Asian/Pacific Islander 12<sup>th</sup> graders was considerably lower than average in 2010 (Figure 3, Table 5).

Reported 30-day alcohol use in 2004/2005 was lower than the state average among Asian/Pacific Islander adults living both in the seven-county metro area and non-metro area (Figure 4, Table 6). Adults are defined as persons aged 18 or older. Among women, rates were less than half the state average.

Nationally, according to the National Survey on Drug Use and Health, the rate of past month alcohol use among youth aged 12 to 17 was 8.1% for Asians/Pacific Islanders in 2007. Among Asians/Pacific Islanders aged 12 or older, the rate reporting current alcohol use was 35.2% in 2007.

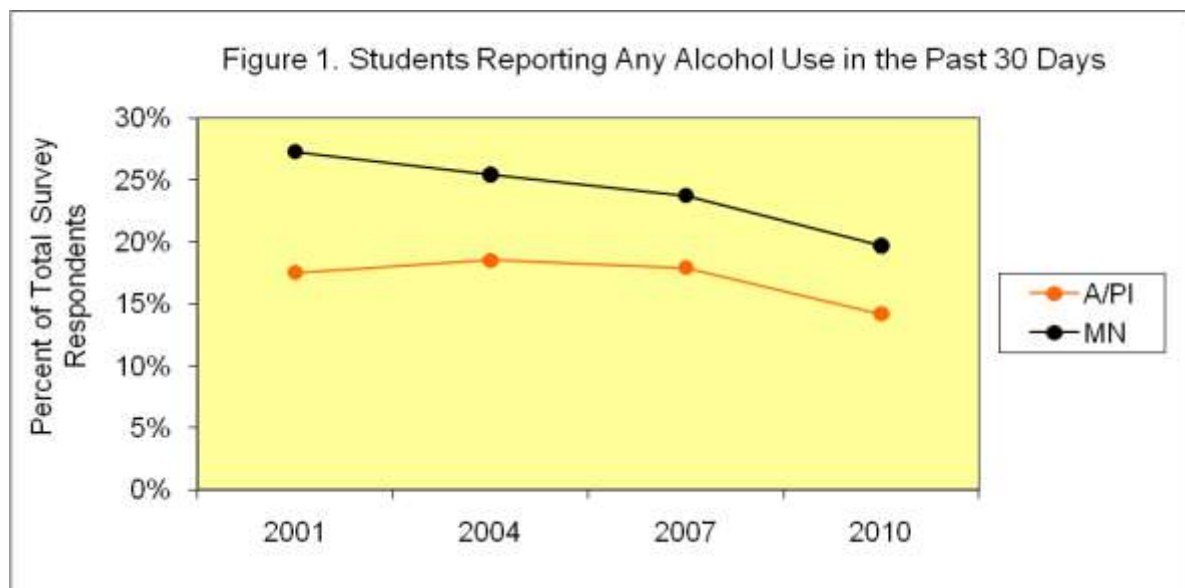


Table 3. Students Reporting Any Use of Alcohol in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
A/PI students reporting use	17.5%	18.5%	17.9%	14.2%
All Minnesota students reporting use	27.3%	25.4%	23.8%	19.7%
Rate Ratio	0.64	0.73	0.76	0.72

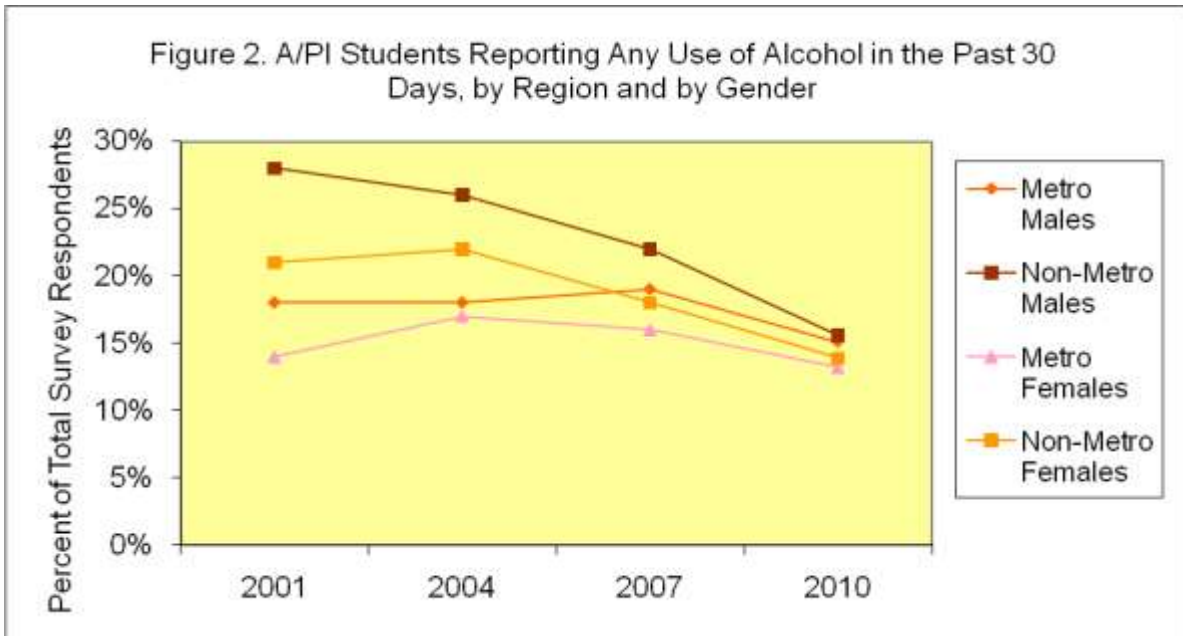


Table 4. Asian /Pacific Islander Students Reporting Any Use of Alcohol in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	18%	18%	19%	15%
Non-Metro Males	28%	26%	22%	16%
Metro Females	14%	17%	16%	13%
Non-Metro Females	21%	22%	18%	14%

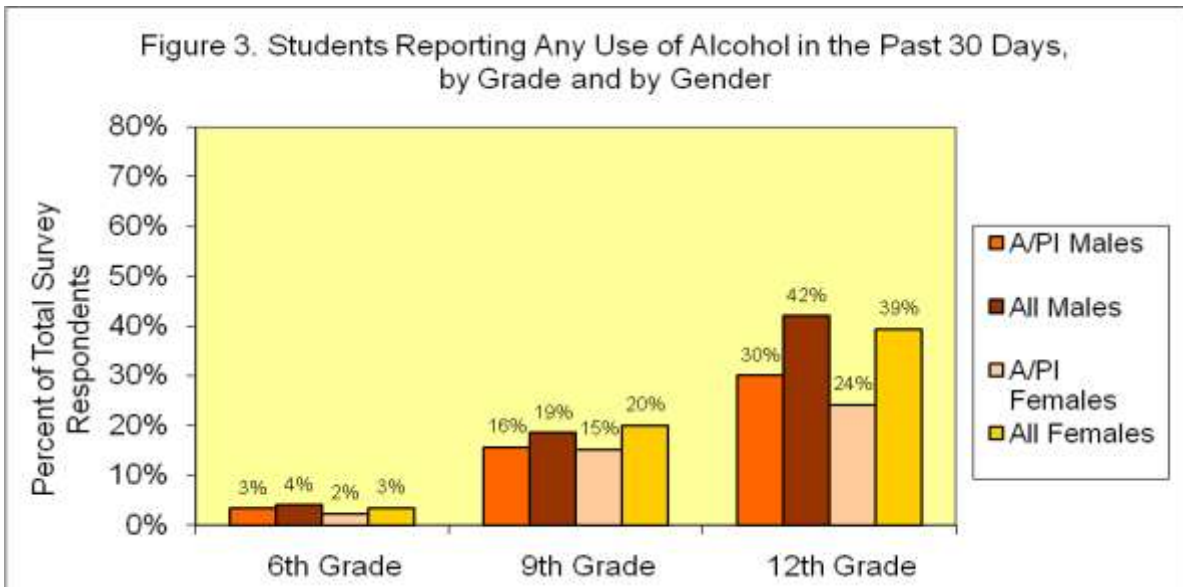


Table 5. Students Reporting Any Use of Alcohol in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.83	0.85	0.71
	Females	0.68	0.76	0.61

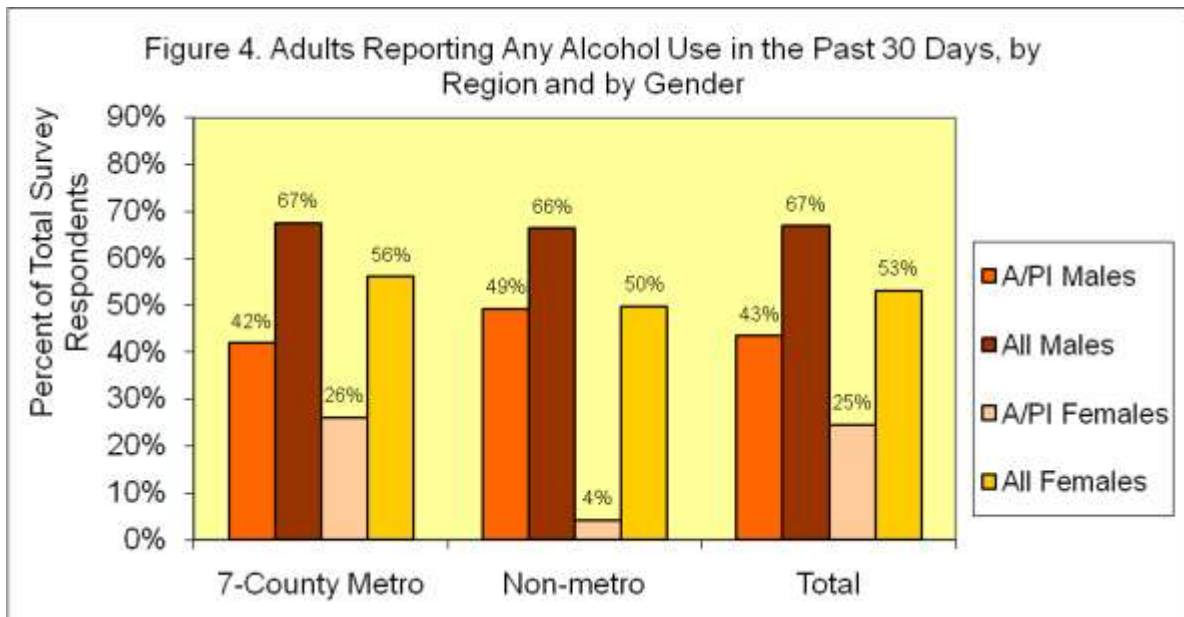


Table 6. Adults Reporting Any Use of Alcohol in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (A/PI:All Respondents)	Males	0.62	0.74	0.65
	Females	0.47	0.09	0.46

## 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. MSS 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 among Asian/Pacific Islander students has been lower than the state average for the past 9 years, and has shown a slight decrease (Figure 5, Table 7). Among Asian/Pacific Islander students, rates were highest for metro males and lowest for females living in the metro area (Figure 6, Table 8). Binge drinking rates among Asian/Pacific Islanders were lower than the state average in 2010 in all grades (Figure 7, Table 9).

Binge drinking among Asian/Pacific Islander adults in 2004/2005 was lower for males and females in both metro and non-metro counties (Figure 8, Table 10).

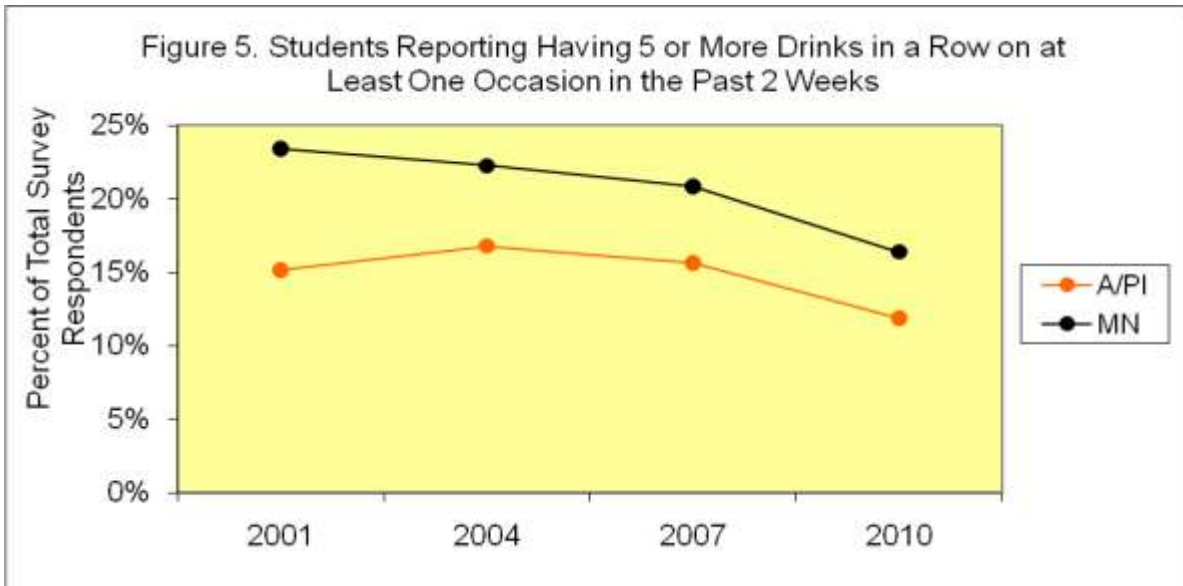


Table 7. Students Reporting Binge Drinking in the Past 2 Weeks

Minnesota Student Survey	2001	2004	2007	2010
A/PI students reporting use	15%	17%	16%	12%
All Minnesota students reporting use	23%	22%	21%	16%
Rate Ratio	0.65	0.75	0.75	0.73

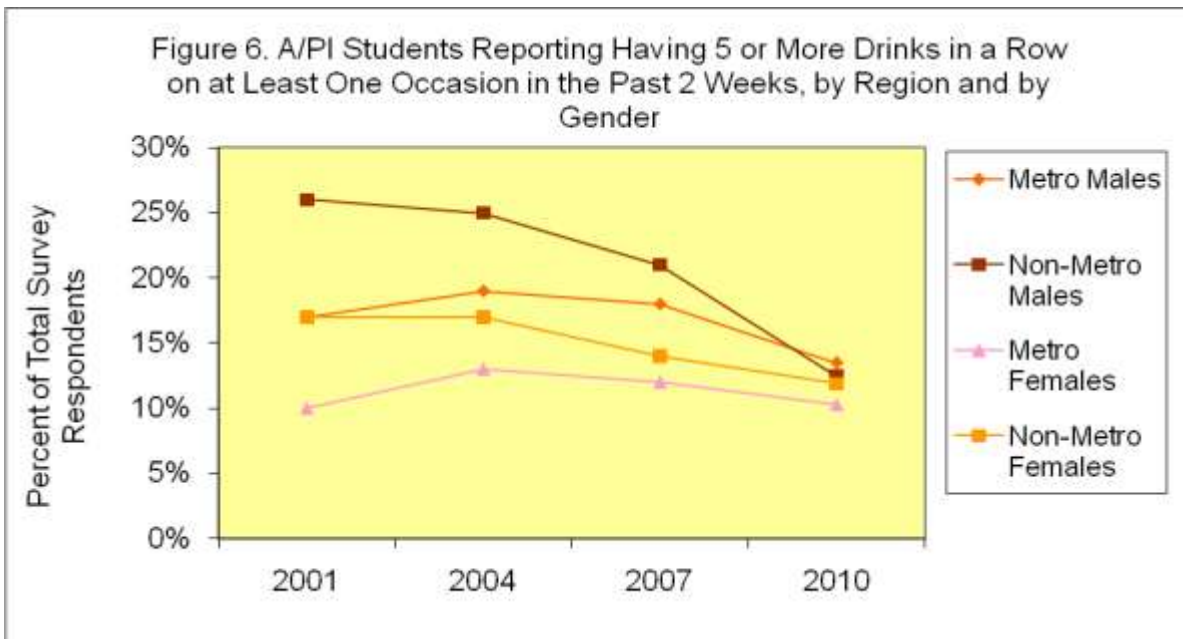


Table 8. Asian-American/Pacific Islander Students Reporting Binge Drinking in the Past 2 Weeks, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	17%	19%	18%	14%
Non-Metro Males	26%	25%	21%	13%
Metro Females	10%	13%	12%	10%
Non-Metro Females	17%	17%	14%	12%

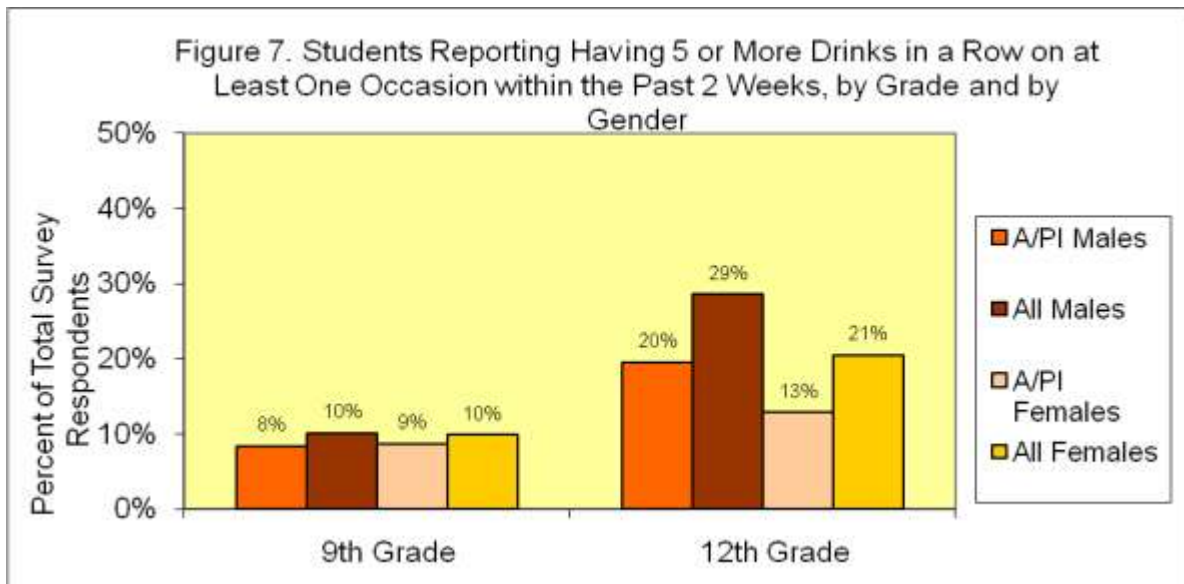


Table 9. Students Reporting Binge Drinking in the Past 2 Weeks, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.83	0.69
	Females	0.88	0.63

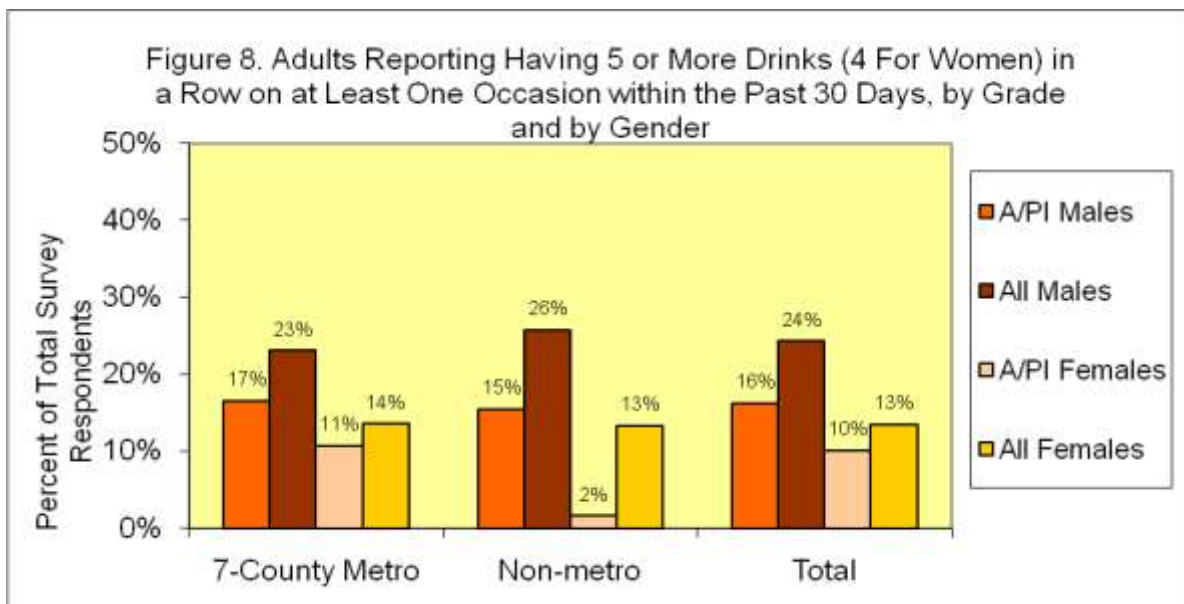


Table 10. Adults Reporting Binge Drinking in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (A/PI:All Respondents)	Males	0.72	0.60	0.67
	Females	0.79	0.12	0.75

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

In 2010, students were asked how old they were the first time they had more than a few sips of alcohol—20% of Asian/Pacific Islander students reported having done so at the age of 13 or younger. This was the same as the Minnesota state average.

Among Asian/Pacific Islander students reporting use of alcohol in the past 30 days in 2010, most got it from friends (53%), got it at parties (46%), and/or got someone else to buy it for them (12%). They were least likely to report buying it on the internet (1%), buying it from gas stations or convenience stores (3%), buying it from bars or restaurants (4%), or taking it from stores (4%).

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, 80% of Asian/Pacific Islander 6<sup>th</sup> grade males, 83% of 9<sup>th</sup> grade males and 82% of 12<sup>th</sup> grade males thought people put themselves at great or moderate risk. A reverse pattern was found among females—perception of harm increased with grade level; the rates were 81%, 90% and 90% respectively.

## **Impaired Driving**

Asian/Pacific Islander students were less likely to report having driven after using alcohol or other drugs than the state average; both rates decreased from 2001 to 2010 (Figure 9, Table 11). Reported impaired driving among Asian/Pacific Islander students has been consistently highest among non-metro males and lowest among metro females (Figure 10, Table 12). In 2010, Asian/Pacific Islander students were less likely to report impaired driving, as compared to the state average (Figure 11, Table 13).

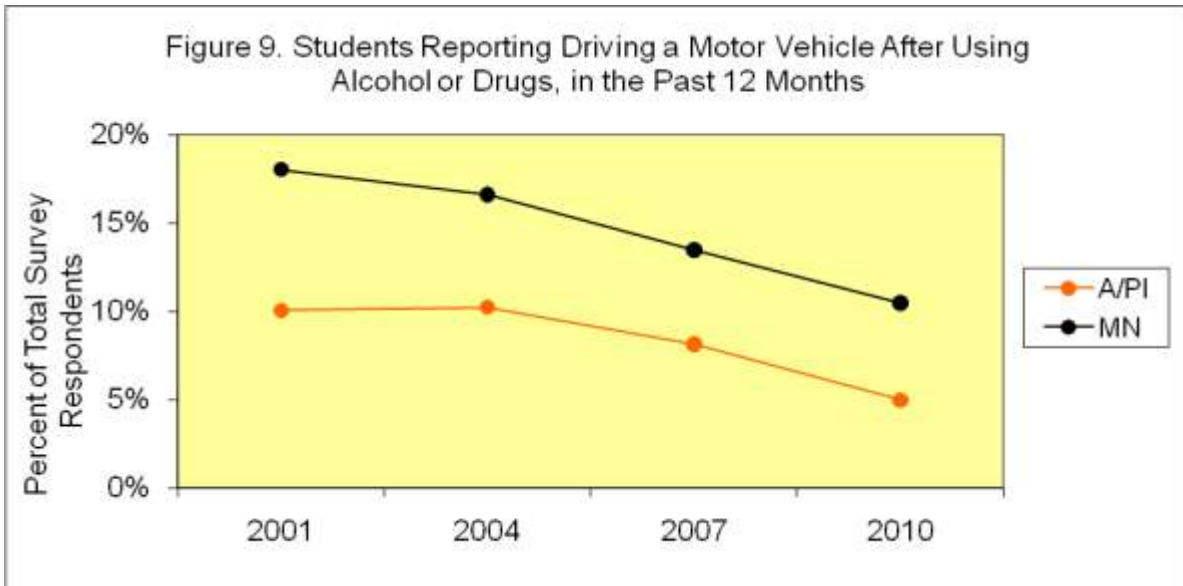


Table 11. Students Reporting Impaired Driving in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
A/PI students reporting use	10%	10%	8%	5%
All Minnesota students reporting use	18%	17%	14%	11%
Rate Ratio	0.56	0.62	0.61	0.48

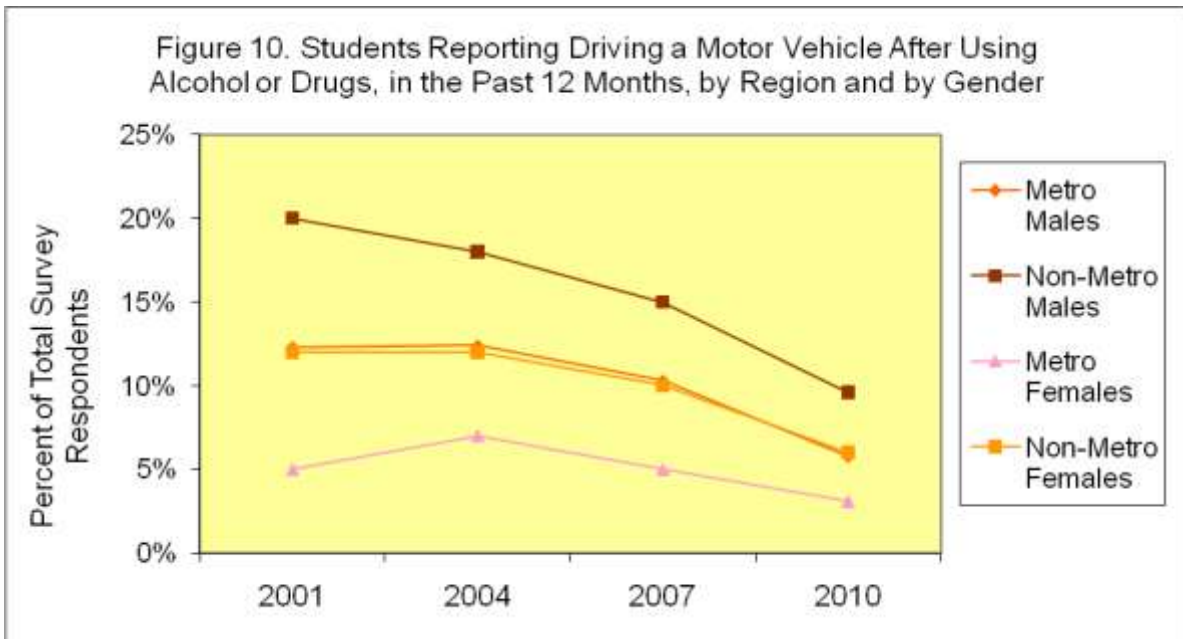


Table 12. Asian /Pacific Islander Students Reporting Impaired Driving, in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	12%	12%	10%	6%
Non-Metro Males	20%	18%	15%	10%
Metro Females	5%	7%	5%	3%
Non-Metro Females	12%	12%	10%	6%

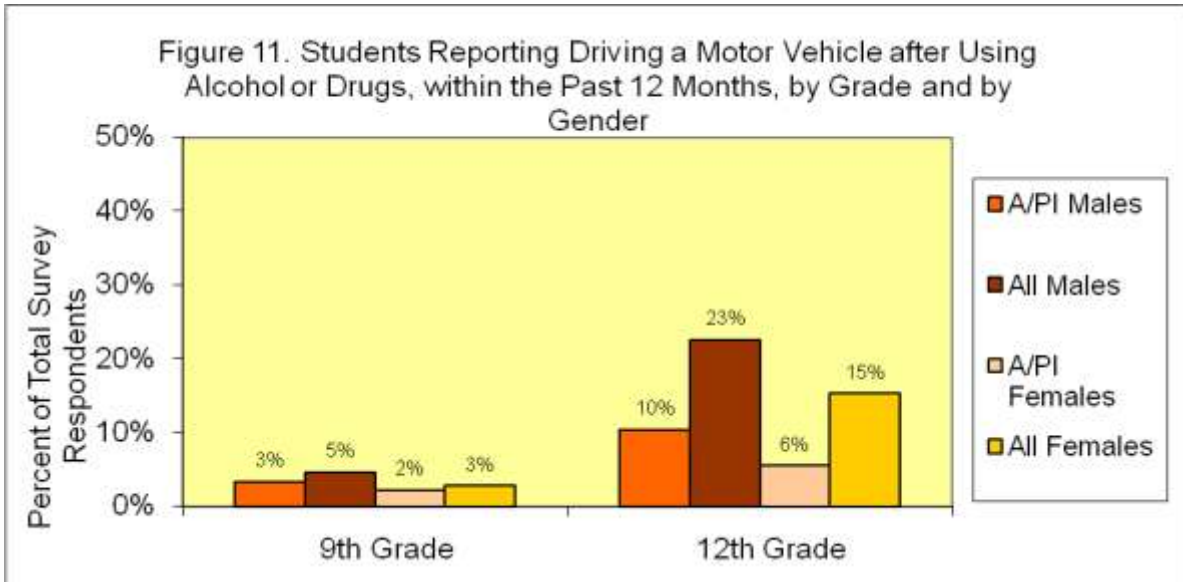


Table 13. Students Reporting Impaired Driving in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.72	0.46
	Females	0.79	0.36

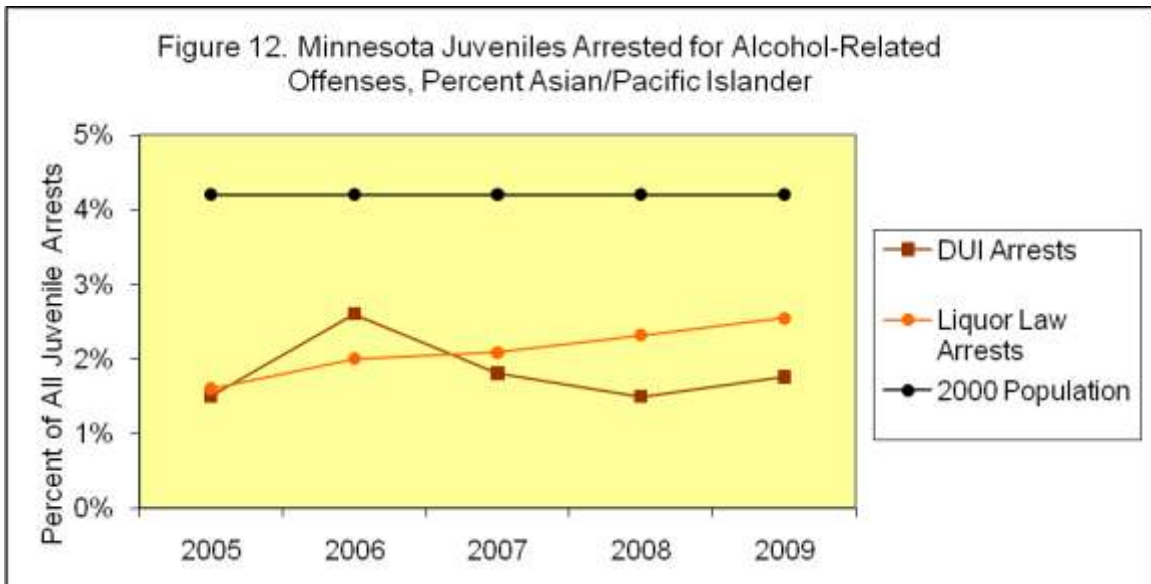
### 3. ALCOHOL-RELATED CONSEQUENCES

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

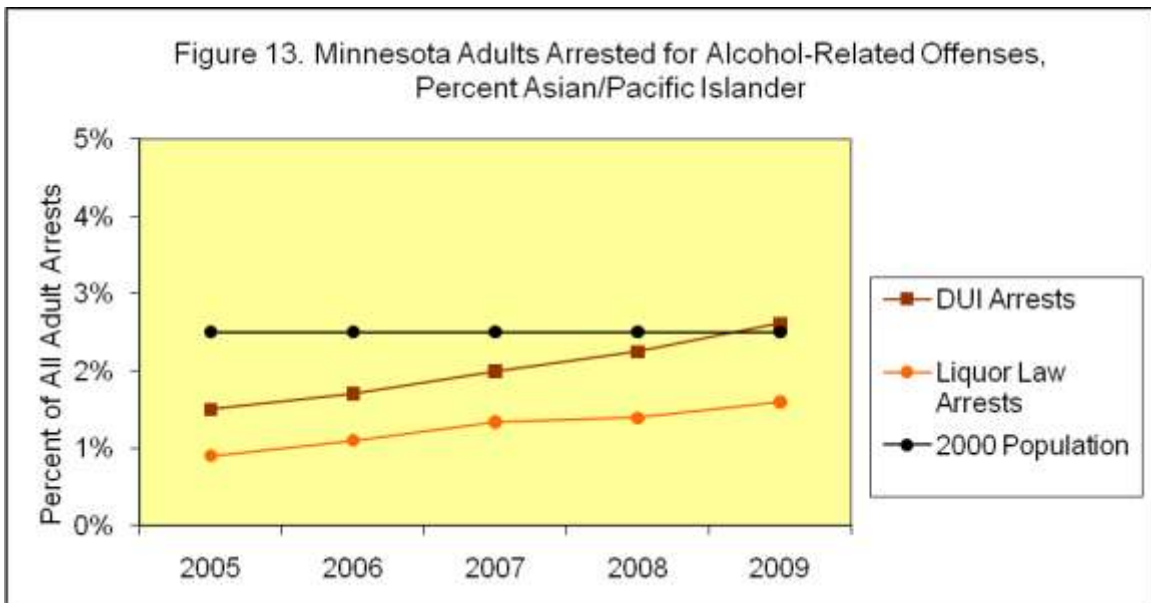
In Minnesota, liquor laws violations are defined as: “With the exception of drunkenness and driving under the influence, all state or local liquor law violations are placed in this class. Excludes federal violations, includes manufacturing, selling, transporting and furnishing as in maintaining unlawful 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 4.2% of Minnesota juveniles identified as Asian/Pacific Islander, according to the 2000 Census. The percent of juveniles arrested for DUI who were identified as Asian/Pacific Islander was low, around 2% each year from 2005 to 2009. For liquor law arrests, the rate increased from 1.6% in 2005 to 2.5% in 2009 (Figure 12, Table 14). Nationally about 3.6% of juveniles identified as Asian/Pacific Islander, according to the 2000 Census. The percent of U.S. juveniles arrested for DUI who were identified as Asian/Pacific Islander has been low, but increased slightly from 0.9% in 2005 to 1.2% in 2009. For liquor law arrests, the rate also increased slightly from 0.9% in 2005 to 1.3% in 2009 (from Uniform Crime Reports).

Asian/Pacific Islander adults make up around 2.5% of the Minnesota adult population, according to the 2000 Census. The percent of adults arrested for liquor laws who were identified as Asian/Pacific Islander rose 0.9% to 1.6% from 2005 to 2009, and the percent arrested for DUI rose from 1.5% to 2.6% (Figure 13, Table 14). Nationally about 3.8% of adults identified as Asian/Pacific Islander, according to the 2000 Census. The percent of U.S. adults arrested for DUI who were identified as Asian/Pacific Islander has been low, but increased slightly from 1.1% in 2005 to 1.3% in 2009. For liquor law arrests, the rate also increased from 1.0% in 2005 to 1.3% in 2009 (from Uniform Crime Reports).



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



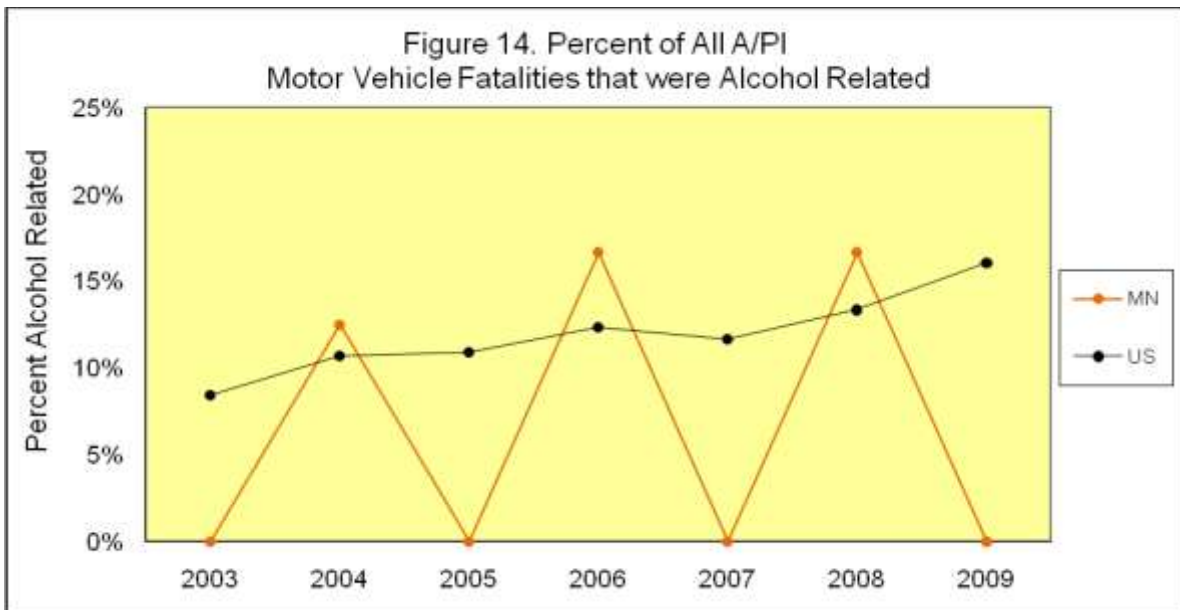
Population data from the 2000 Census; arrest data from the Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

	Juveniles		Adults	
	A / PI	All	A / PI	All
<b>D.U.I.</b>				
2005	11	746	443	30,522
2006	22	834	585	34,515
2007	12	666	634	31,793
2008	8	536	667	29,686
2009	7	399	699	26,758
<b>Liquor Laws</b>				
2005	117	7,372	189	19,978
2006	163	8,030	248	22,056
2007	152	7,299	308	23,009
2008	150	6,473	300	21,542
2009	146	5,745	331	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 Asians/Pacific Islanders that were alcohol-related increased slightly from 8% in 2003 to 16% in 2009. The rate in Minnesota has fluctuated considerably, largely due to small number of fatalities (Figure 14, Table 15).



		2003	2004	2005	2006	2007	2008	2009
MN	Alcohol-related	0	1	0	1	0	2	0
	All fatalities	11	8	9	6	13	12	8
US	Alcohol-related	75	90	96	106	101	92	60
	All fatalities	888	841	879	857	864	689	373

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 3 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

Reported 30-day cigarette smoking among Asian/Pacific Islander students has been lower than the state average for the past 9 years, though the gap between the two rates had narrowed since 2001 (Figure 15, Table 16). Asian/Pacific Islander male students living outside the seven county metro area showed the greatest decline in 30-day smoking rates from 2001 to 2010—28%, though their rates are still highest (Figure 16, Table 17). In 2010, reported 30-day cigarette smoking among Asian/Pacific Islander students was lower than average for both males and females, across all grade levels (Figure 17, Table 18).

Reported 30-day cigarette use was slightly higher among Asian/ Pacific Islander metro-area male adults in 2004/2005 than the state average, but lower among women and non-metro Asian/Pacific Islander adults (Figure 18, Table 19).

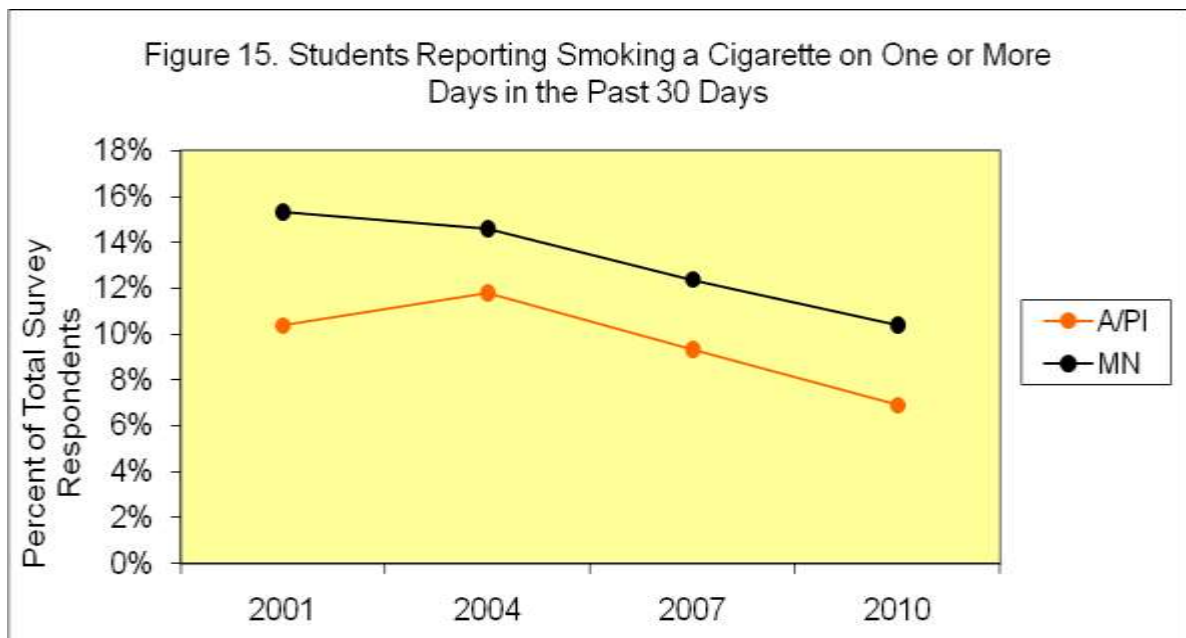


Table 16. Students Reporting Cigarette Smoking in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
A/Pi students reporting use	10%	12%	9%	7%
All Minnesota students reporting use	15%	15%	12%	10%

Rate Ratio	0.68	0.81	0.75	0.66
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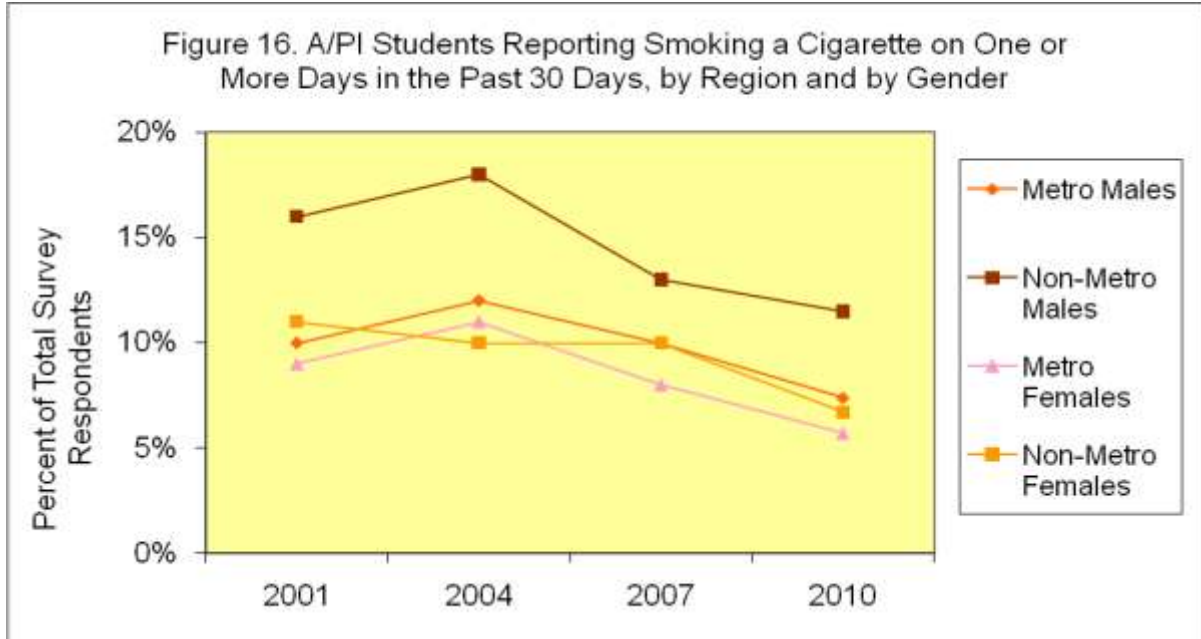


Table 17. Asian/Pacific Islander Students Reporting Cigarette Smoking in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	10%	12%	10%	7%
Non-Metro Males	16%	18%	13%	12%
Metro Females	9%	11%	8%	6%
Non-Metro Females	11%	10%	10%	7%

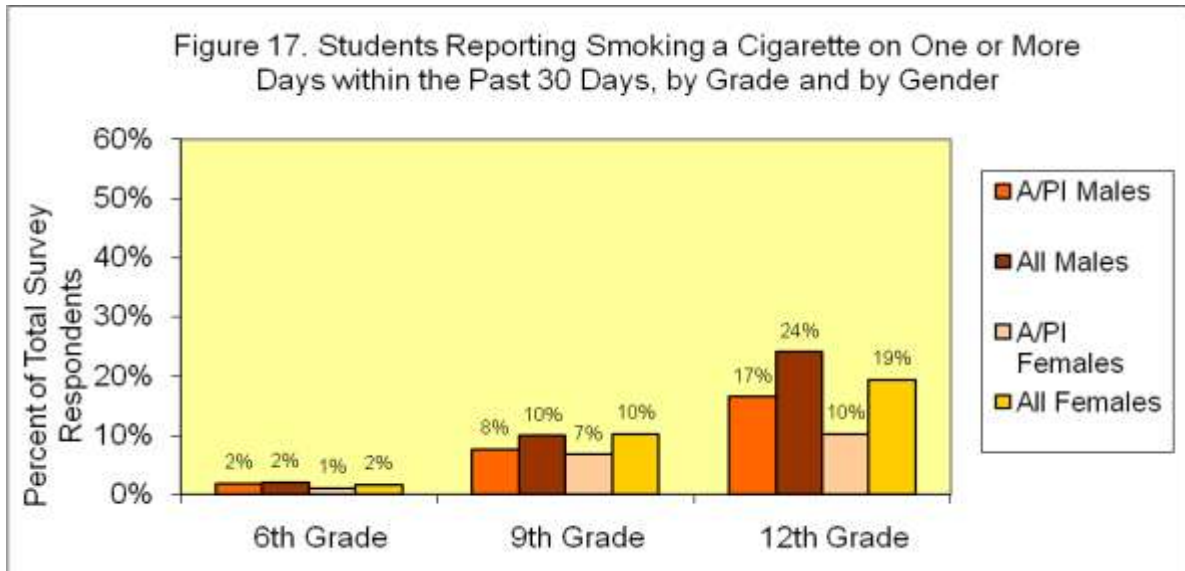


Table 18. Students Reporting Cigarette Smoking in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.90	0.77	0.68

	Females	0.65	0.66	0.53
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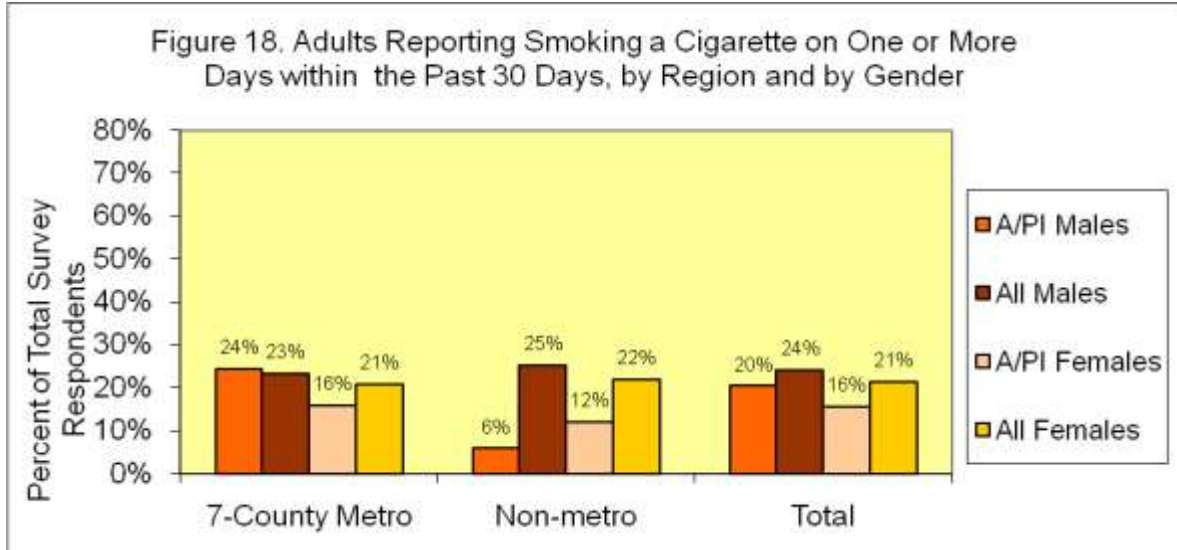


Table 19. Adults Reporting Cigarette Smoking in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (A/PI:All Respondents)	Males	1.05	0.23	0.85
	Females	0.76	0.55	0.73

### Heavy Smoking and Chewing Tobacco Use

Asian/Pacific Islander 6<sup>th</sup> and 9<sup>th</sup> graders were about as likely to report heavy smoking in 2010 (smoking a cigarette on 20 or more days in the past 30 days), as compared to the state average. However, 12<sup>th</sup> graders were less likely to report heavy smoking (Figure 19, Table 20).

Reported 30-day chewing tobacco or snuff use among Asian/Pacific Islander students was consistently lower than the state average from 2001 to 2010; the state level rate increased from 2001 to 2010, while the Asian/Pacific Islander rate held relatively steady (Figure 20, Table 21). Among Asian/Pacific Islander students, rates were highest for males living outside the seven-county metro area. Rates for Asian/Pacific Islander female students stayed about the same both inside and outside the seven-county metro area (Figure 21, Table 22.) In 2010, Asian/Pacific Islander 12<sup>th</sup> grade males and females were more than half as likely to report chewing tobacco use, as compared to the state average (Figure 22, Table 23).

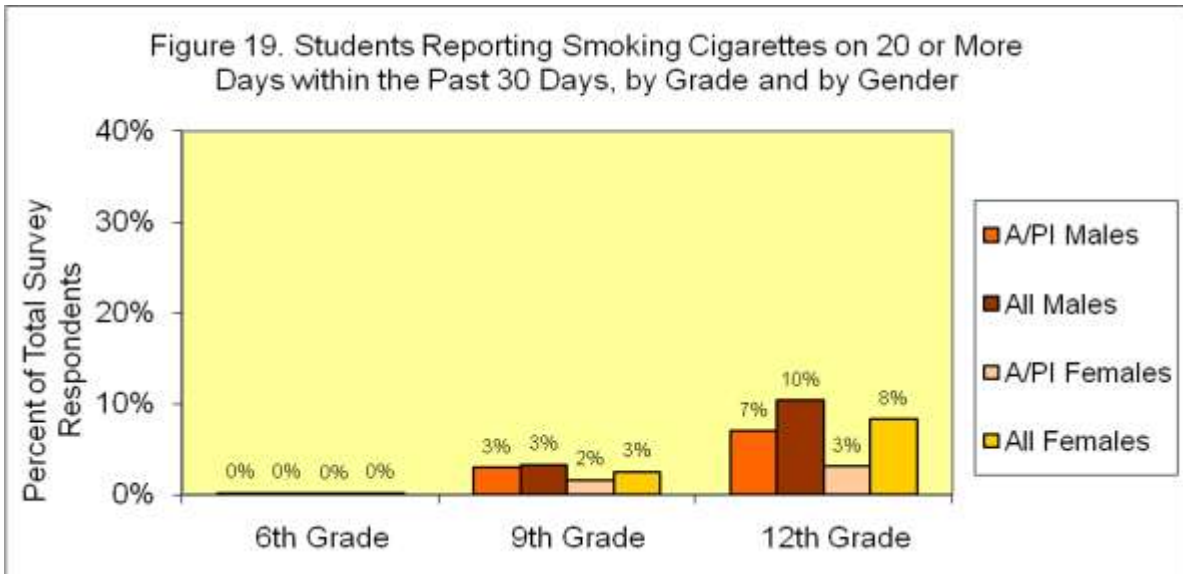


Table 20. Students Reporting Heavy Smoking in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	1.00	0.90	0.67
	Females	0.50	0.64	0.37

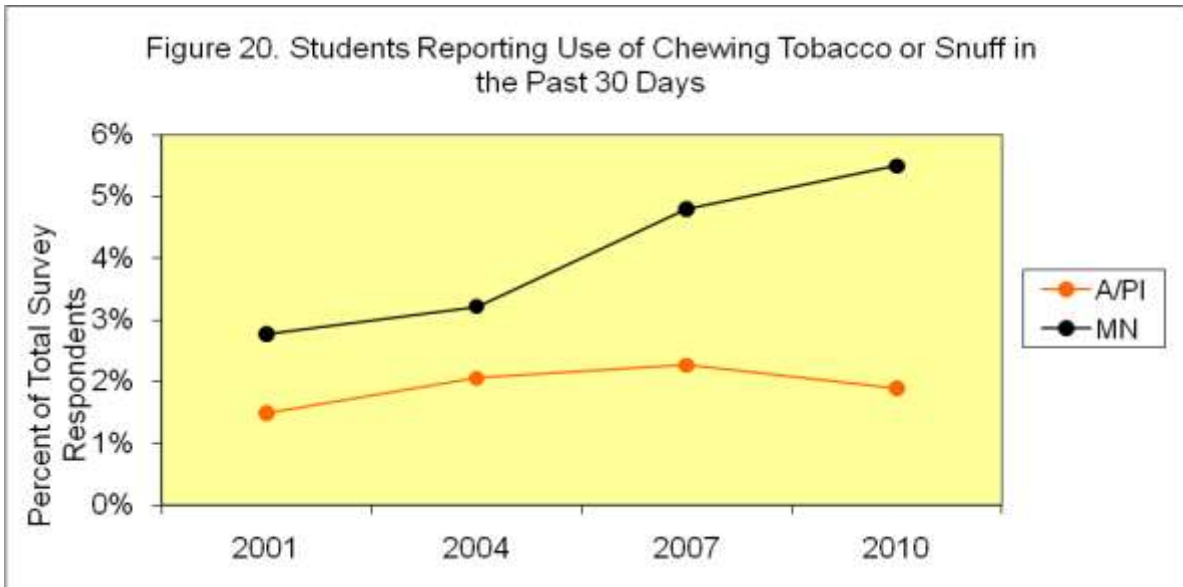


Table 21. Students Reporting Chewing Tobacco or Snuff Use in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
A/PI students reporting use	2%	2%	2%	2%
All Minnesota students reporting use	3%	3%	5%	6%
Rate Ratio	0.70	0.70	0.40	0.35

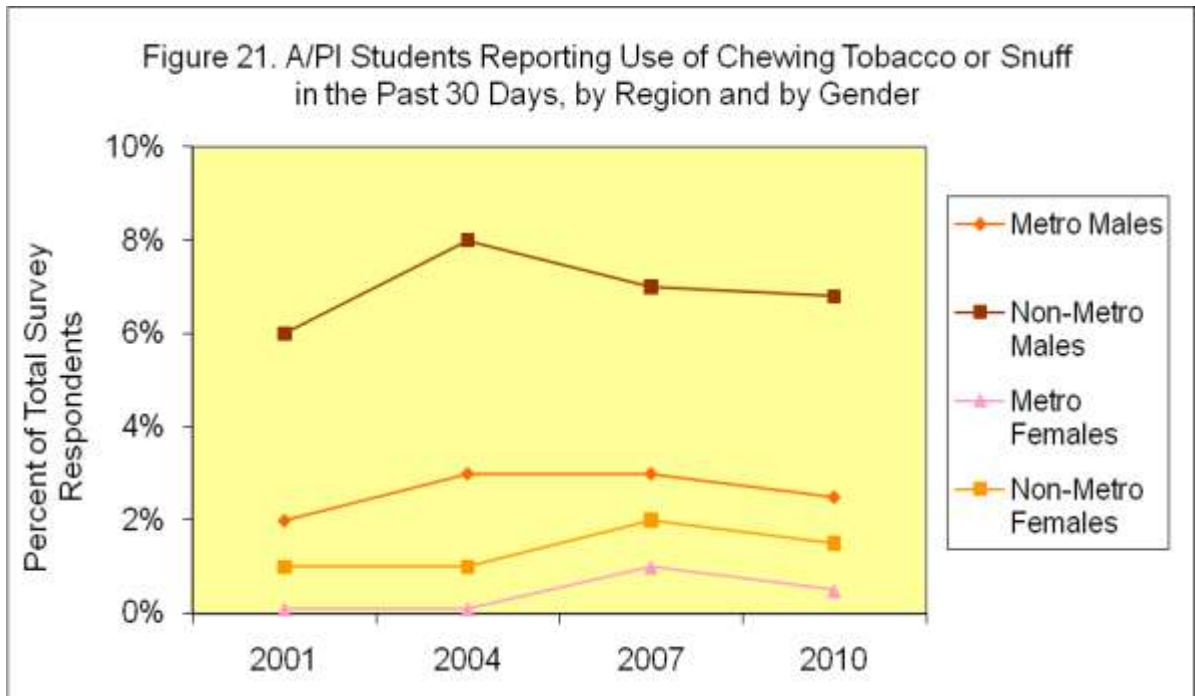


Table 22. Asian/Pacific Islander Students Reporting Chewing Tobacco or Snuff Use in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	2%	3%	3%	3%
Non-Metro Males	6%	8%	7%	7%
Metro Females	0%	0%	1%	1%
Non-Metro Females	1%	1%	2%	2%

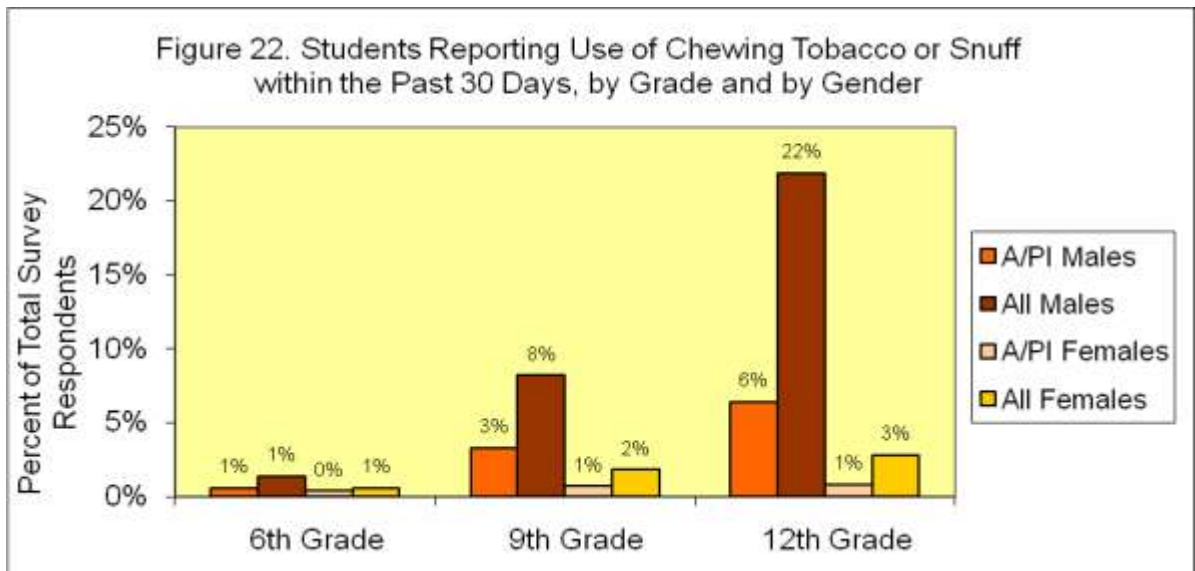


Table 23. Students Reporting Chewing Tobacco or Snuff Use in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.43	0.40	0.29
	Females	0.67	0.39	0.29

### **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, male Asian/Pacific Islander 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 Asian/Pacific Islander metro-area males (15% vs. 12%) and lower for non-metro males (14% vs. 15%). Metro-area female Asian/Pacific Islander's reported higher rates than state average (10% vs. 9%) and non-metro females reported lower rates than the state (9% vs. 13%).

Among Asian/Pacific Islander students reporting smoking a cigarette on one or more days in the past 30 days in 2010, most got it from friends (43%), bought it at gas stations or convenience stores (34%), and/or got someone else to buy it for them (21%). They were least likely to report buying it on the internet (2%), buying it from a vending machine (4%), buying it from bars or restaurants (3%), 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, 81% of Asian/Pacific Islander 6<sup>th</sup> grade males, 85% of 9<sup>th</sup> grade males and 87% 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 80%, 90% and 90% 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 numbers 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.

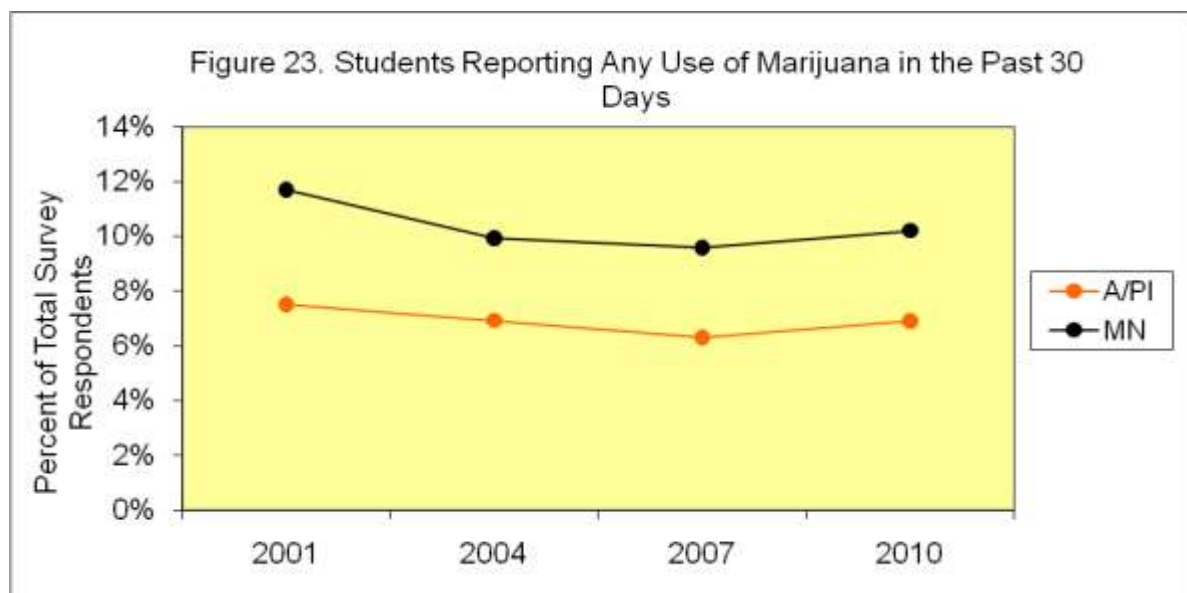
Rates for Asians/Pacific Islanders in Minnesota are not available. The state average has been consistently less than the US average by approximately one death per 10,000 population. From 1992 to 2004, Asians/Pacific Islanders in the U.S. had the third lowest incidence of lung and bronchus cancer per 100,000 population and the second lowest lung and bronchus cancer death rate (<http://www.cdc.gov/cancer/lung/statistics/race.htm>).

## 6. OTHER DRUG CONSUMPTION

### Marijuana Use

Over the past 9 years, reported 30-day marijuana use has been consistently lower among Asian/Pacific Islander students than the state average. (Figure 23, Table 24). Among Asian/Pacific Islander students, reported rates of 30-day marijuana use have been higher for males than females, and higher in non-metro counties than in the seven-county metro area (Figure 24, Table 25). Reported use was lower than the state average in 2010 for all grades and male and female Asian/Pacific Islanders (Figure 25, Table 26.)

In 2004/2005, reported adult 30-day marijuana use was lower than average among Asian/Pacific Islander males, but similar to the state average for metro-area females (Figure 26, Table 27).



Minnesota Student Survey	2001	2004	2007	2010
A/PI students reporting use	8%	7%	6%	7%
All Minnesota students reporting use	12%	10%	10%	10%
Rate Ratio	0.64	0.70	0.66	0.68

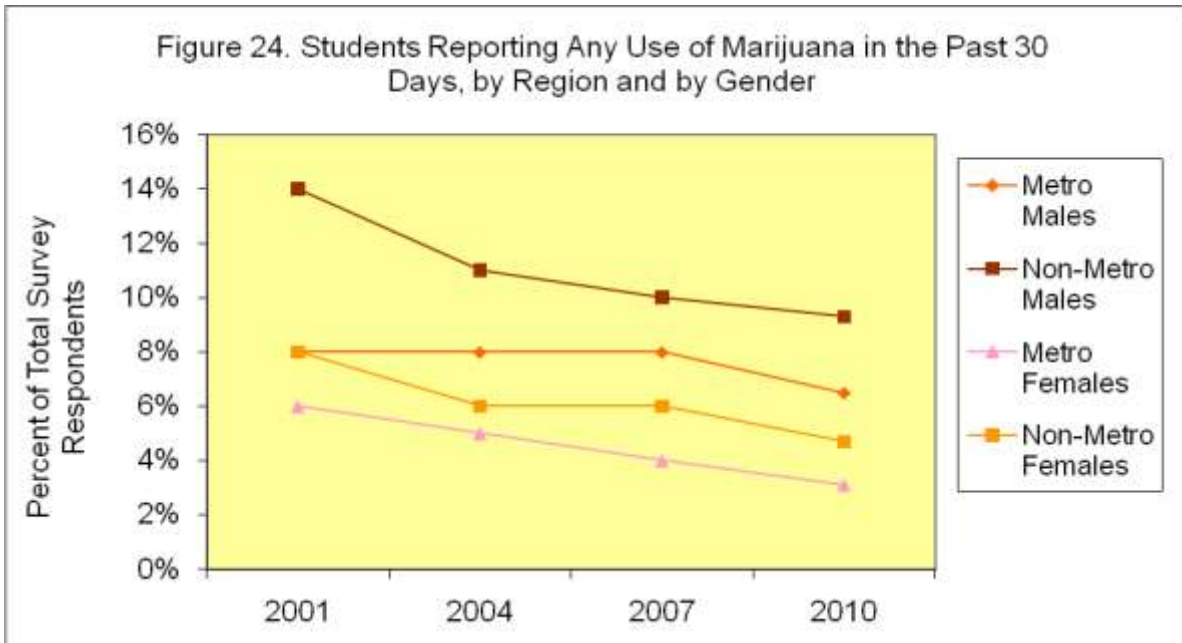


Table 25. Asian/Pacific Islander Students Reporting Marijuana Use in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	8%	8%	8%	7%
Non-Metro Males	14%	11%	10%	9%
Metro Females	6%	5%	4%	3%
Non-Metro Females	8%	6%	6%	5%

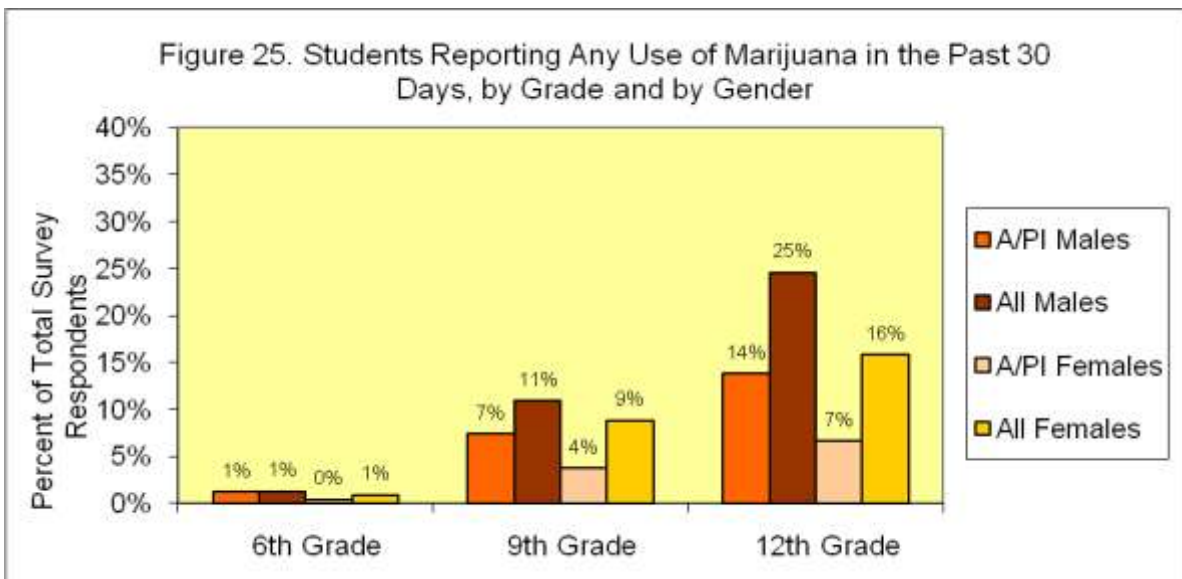


Table 26. Students Reporting Marijuana Use in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.92	0.68	0.56
	Females	0.44	0.42	0.42

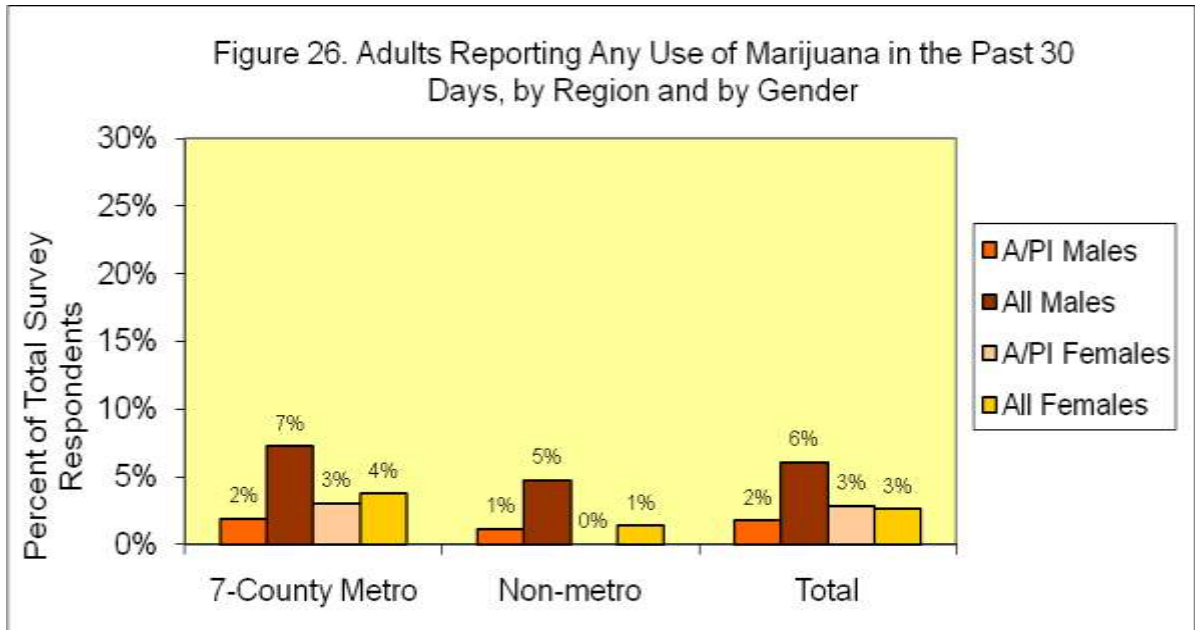


Table 27. Adults Reporting Marijuana Use in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (A/PI:All Respondents)	Males	0.26	0.24	0.29
	Females	0.81	0.00	1.08

### Age at First Use and Perception of Harm

When students were asked how old they were the first time they smoked marijuana, Asian/Pacific Islander students were less likely than average to report having done so at the age of 13 or younger. In 2010 a closer look shows that reported first use by the age of 13 was lower among Asian/Pacific Islander metro-area students: males (6% vs. 7%) and females (3% vs. 5%). However, rates were higher for non-metro males (9% vs. 7%) and lower for non-metro females (3% vs. 5%). Asian/Pacific Islander students were as likely as the state average to report having tried drugs other than marijuana for the first time by age thirteen—Both 3%.

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, 80% of Asian/Pacific Islander 6<sup>th</sup> grade males, 76% of 9<sup>th</sup> grade males and 69% of 12<sup>th</sup> grade males thought people put themselves at great or moderate risk. Conversely, female students in higher grades perceived slightly more risk than younger students; the rates were 80%, 87% and 83% respectively.

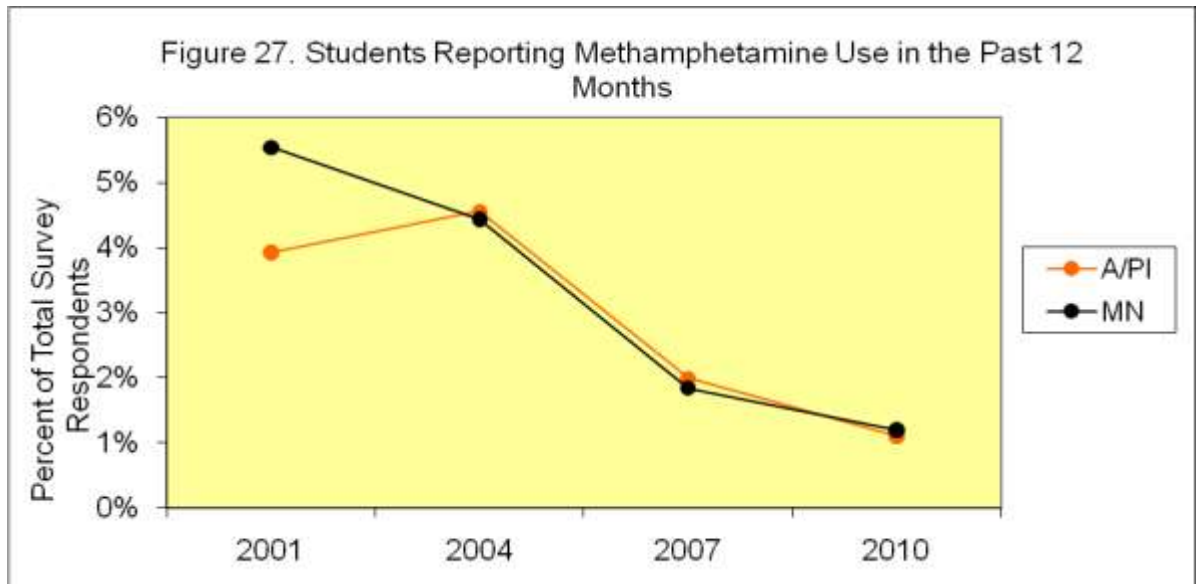
## Other Illicit Drug Use

According to the National Survey on Drug Use and Health, 4.2% of Asians/Pacific Islanders aged 12 or older in the U.S. used illicit drugs in the past month. For Asians/Pacific Islanders, the rate in 2007 for past year use of illicit drugs was 7.2%, and for lifetime use was 22.8%. 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. Reported 12-month methamphetamine use among Asian/Pacific Islander students has been similar to the state since 2004—both rates dropped by over half (Figure 27, Table 28). Among Asian/Pacific Islander students, reported use declined from 2001 to 2010 for males and females in both non-metro and metro areas. The greatest decrease was among non-metro females: down 80% (Figure 28, Table 29). In 2010, reported use among Asian/Pacific Islanders was slightly lower than average, for both males and females, 9<sup>th</sup> and 12<sup>th</sup> graders (Figure 29, Table 30).

In 2004/2005, adults were asked whether they used methamphetamines, crank, crystal or ice. Less than half a percent of Asian/Pacific Islander 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).



Minnesota Student Survey	2001	2004	2007	2010
A/PI students reporting use	4%	5%	2%	1%
All Minnesota students reporting use	6%	4%	2%	1%
Rate Ratio	0.71	1.03	1.08	0.92

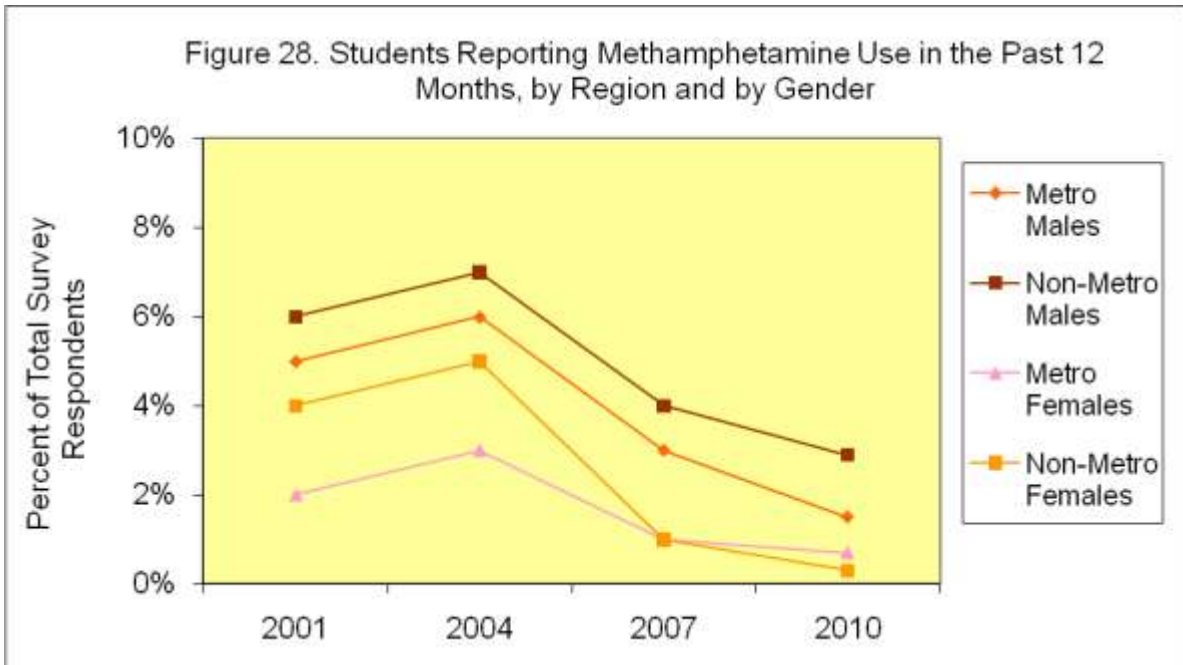


Table 29. Asian /Pacific Islander Students Reporting Methamphetamine Use in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	5%	6%	3%	2%
Non-Metro Males	6%	7%	4%	3%
Metro Females	2%	3%	1%	1%
Non-Metro Females	4%	5%	1%	0%

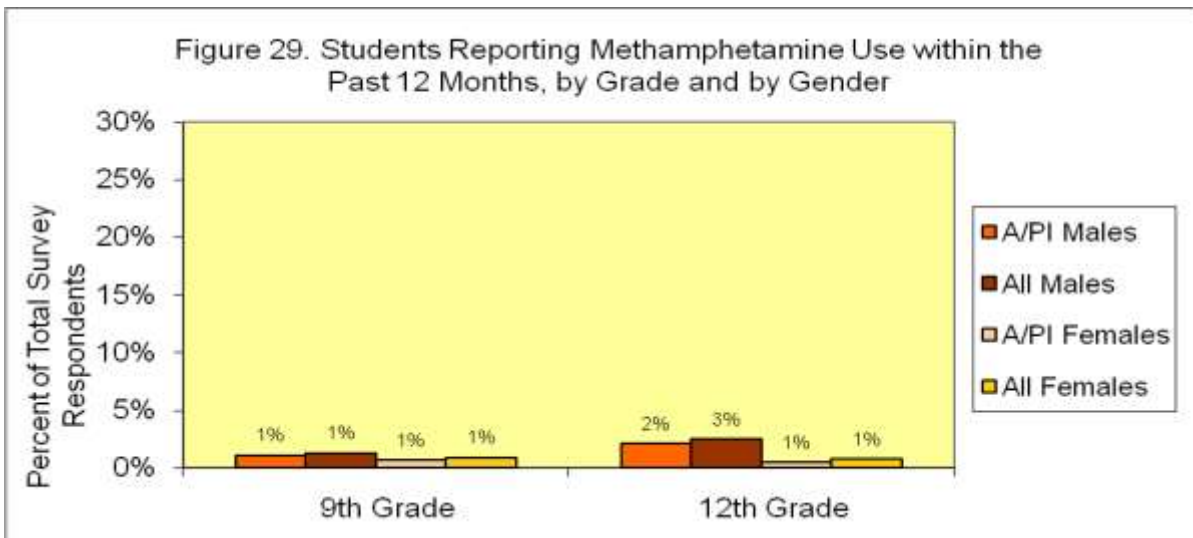


Table 30. Students Reporting Crack/Cocaine Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.85	0.84
	Females	0.78	0.63

## Crack/Cocaine

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

Reported 12-month crack/cocaine use has been lower among Asian/Pacific Islander students than the state average—both rates declining since 2004 (Figure 30, Table 31). Crack/cocaine use among Asian/Pacific Islander students has been highest for males living outside the metro area and lowest for females living in metro counties (Figure 31, Table 32). Reported 12-month crack/cocaine use among Asian/Pacific Islander students was lower than the state average for 9<sup>th</sup> graders and 12<sup>th</sup> graders, in 2010 (Figure 32, Table 33).

In 2004/2005, reported 12-month crack cocaine use among Asian/Pacific Islander adults was less than half a percent. This compares to state-level rates of 2% for men and 1% for women (not shown).

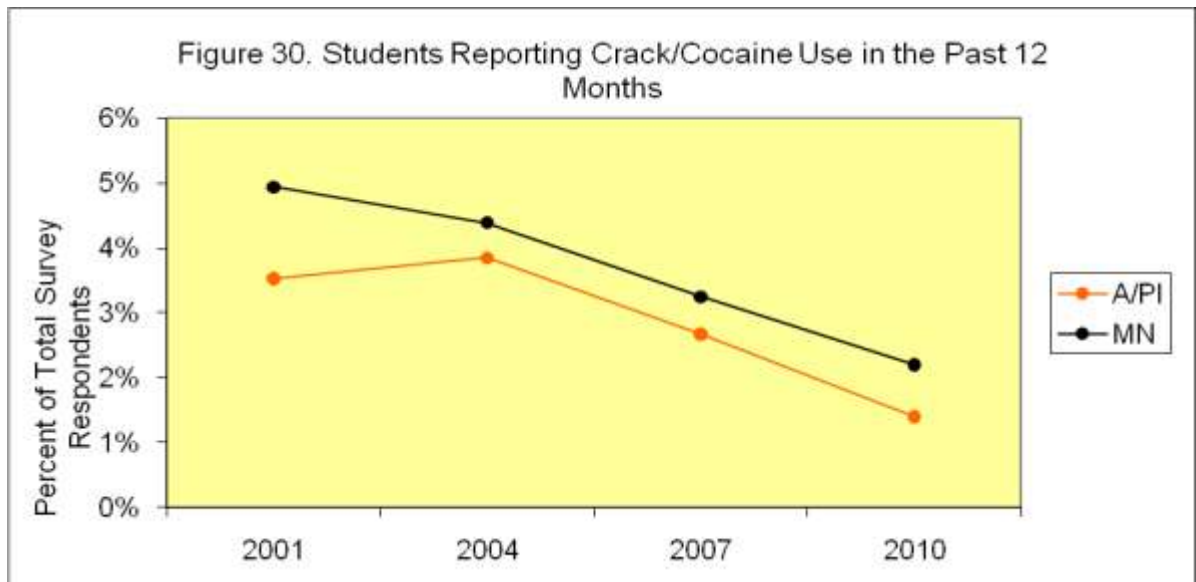


Table 31. Students Reporting 12-Month Crack/Cocaine Use

Minnesota Student Survey	2001	2004	2007	2010
A/PI students reporting use	4%	4%	3%	1%
All Minnesota students reporting use	5%	4%	3%	2%
Rate Ratio	0.71	0.88	0.73	0.64

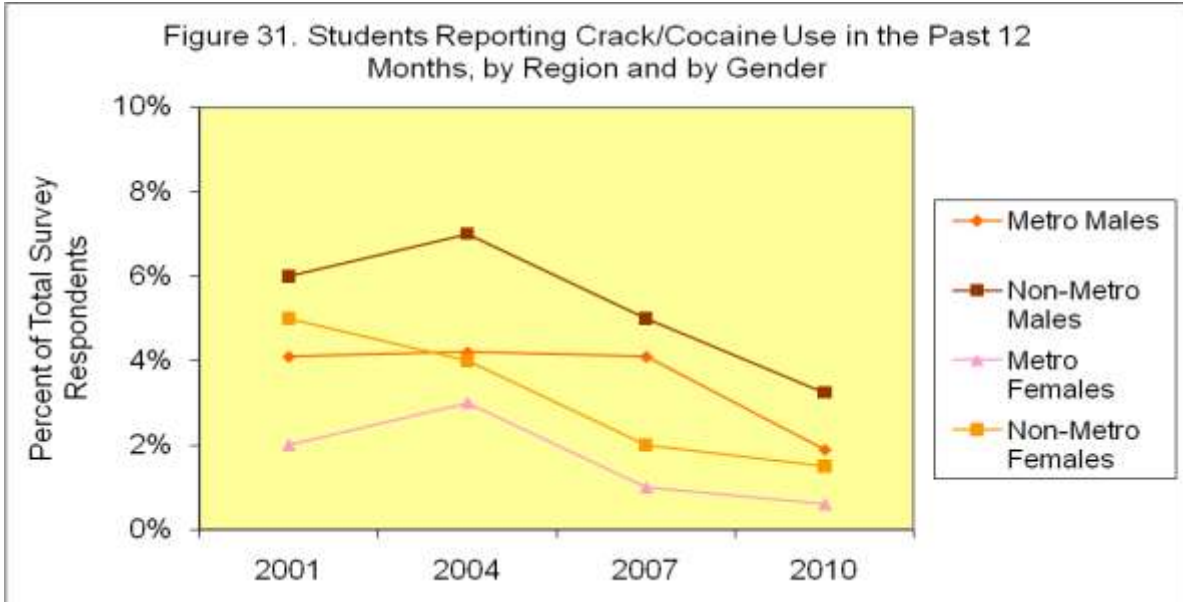


Table 32. Asian/Pacific Islander Students Reporting Crack/Cocaine Use in the Past 12 Months, by Region and by Gender

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

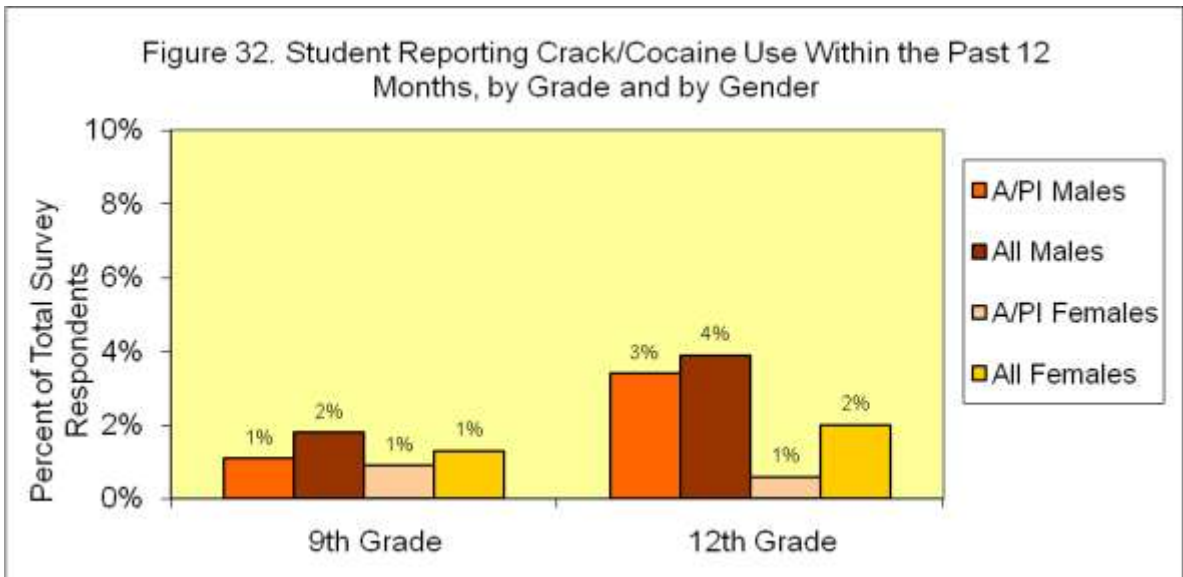


Table 33. Students Reporting Crack/Cocaine Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.61	0.87
	Females	0.69	0.30

## 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. Rates of inhalant use reported by Asian/Pacific Islander students have reflected those of the state overall—holding steady around 3% for the last nine years (Figure 33, Table 34). Reported inhalant use among Asian/Pacific Islander students was highest for non-metro males, and lowest for metro area females (Figure 34, Table 35). Asian/Pacific Islander rates were at or below the state average in 2010, except for 12<sup>th</sup> grade males (Figure 35, Table 36).

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

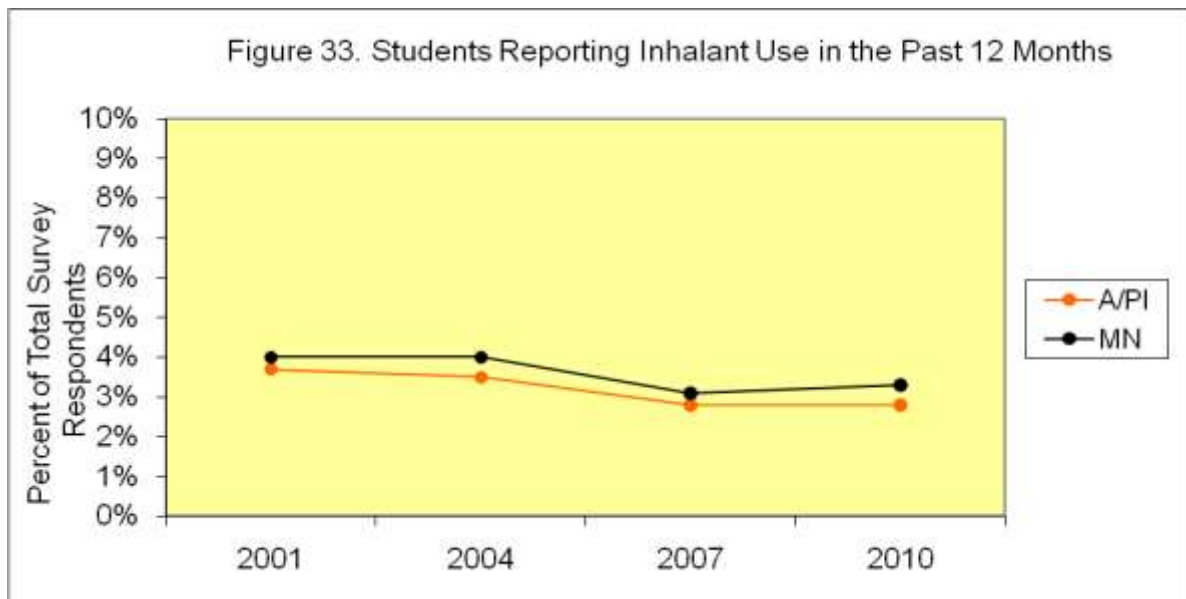


Table 34. Students Reporting Inhalant Use in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
A/PI students reporting use	4%	4%	3%	3%
All Minnesota students reporting use	4%	4%	3%	3%
Rate Ratio	0.93	0.88	0.90	0.85

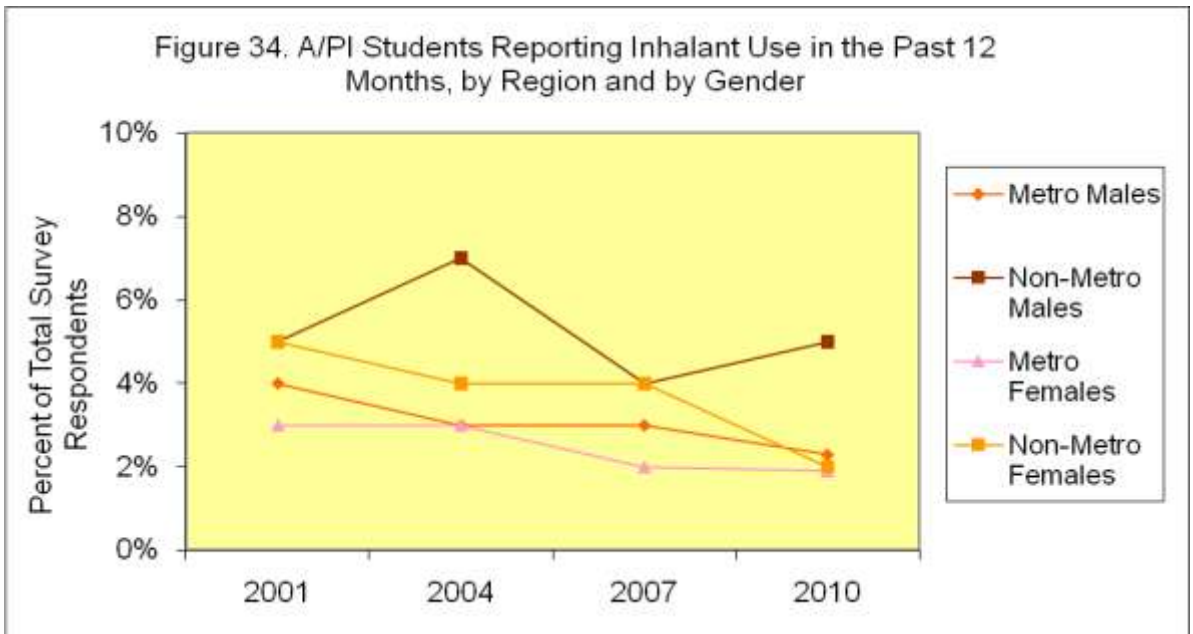


Table 35. Asian/Pacific Islander Students Reporting Inhalant Use in the Past 12 Months, by Region and by Gender

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

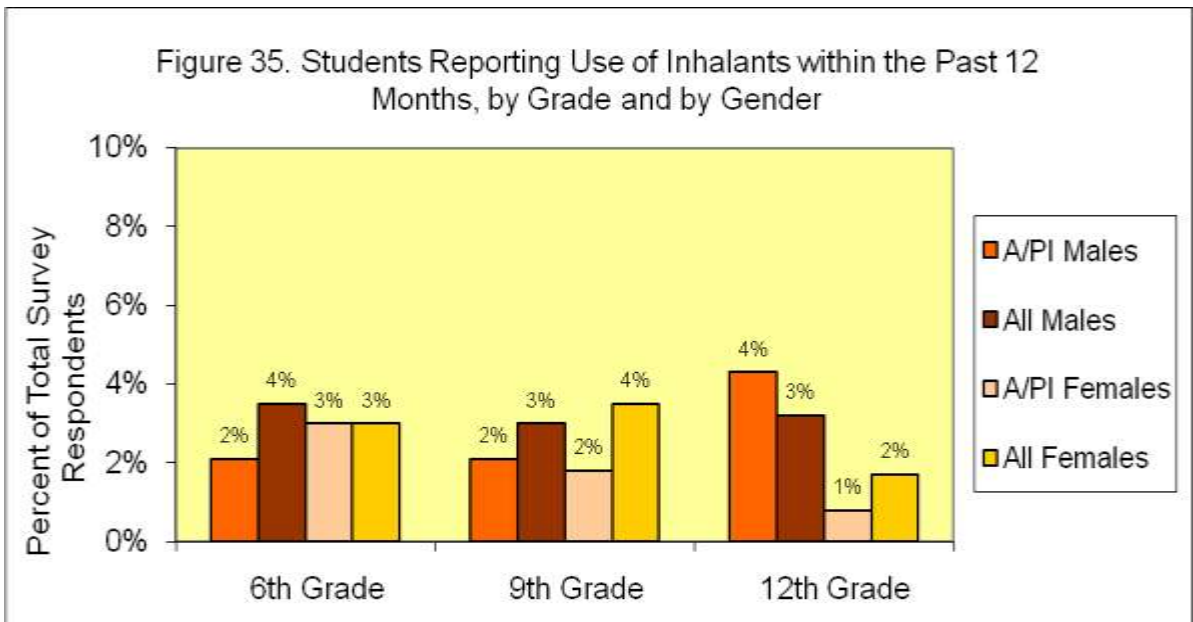


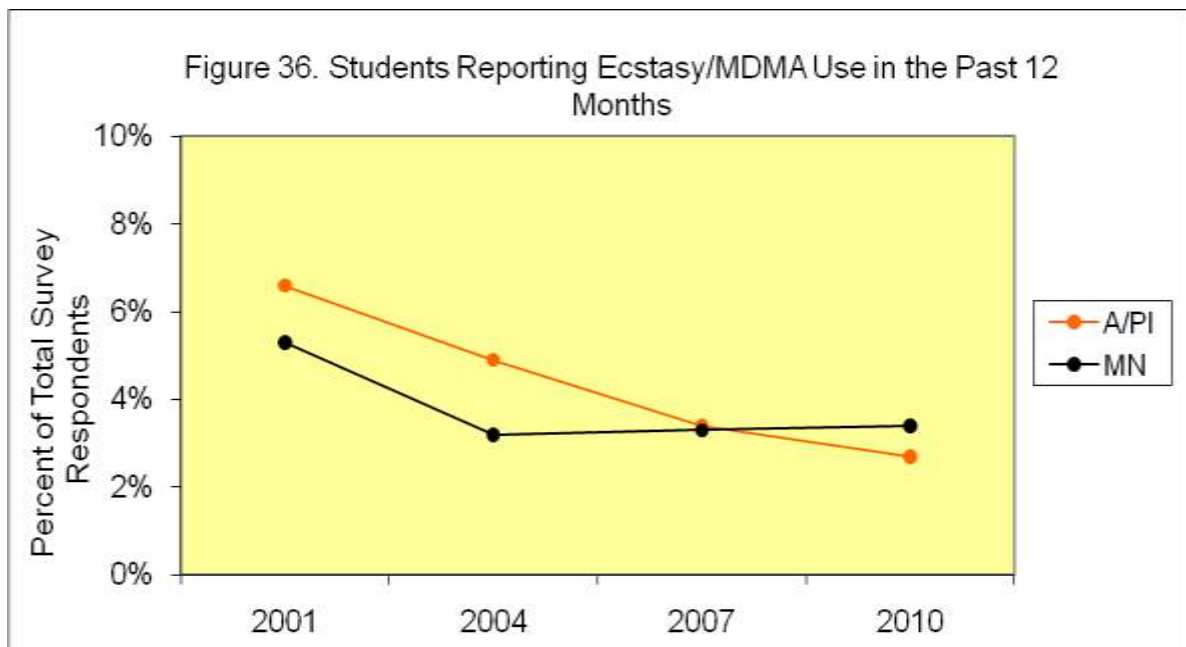
Table 36. Students Reporting Inhalant Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.60	0.70	1.34
	Females	1.00	0.51	0.47

## Ecstasy/MDMA

Reported use of MDMA/Ecstasy for Asian/Pacific Islander students in the past 12 months was higher than the state average until 2007, at which point both rates had dropped to 3% (Figure 36, Table 37). MDMA/Ecstasy rates have been declining for male and female Asian/Pacific Islander students, both in the metro area and in non-metro counties (Figure 37, Table 38). Asian/Pacific Islander rates were similar to the state average in 2010 for 9<sup>th</sup> and 12<sup>th</sup> grades and both genders (Figure 38, Table 39). This indicator for youth is measured by the number of students reporting any use of MDMA, GHB, Ketamine or a variety of street names for the drug such as E, X, Ecstasy, G, Liquid E, Liquid X, or Special K in the past 12 months.

Less than half a percent of Asian/Pacific Islander adults in Minnesota reported use of MDMA/Ecstasy in 2004/2005. This is lower than rates reported by all adult males and females in the state—one percent (not pictured). Similar to the survey question for youth, adults were asked to report use of MDMA, Ecstasy, GHB or Ketamine.



Minnesota Student Survey	2001	2004	2007	2010
A/PI students reporting use	7%	5%	3%	3%
All Minnesota students reporting use	5%	3%	3%	3%
Rate Ratio	1.25	1.53	1.03	0.79

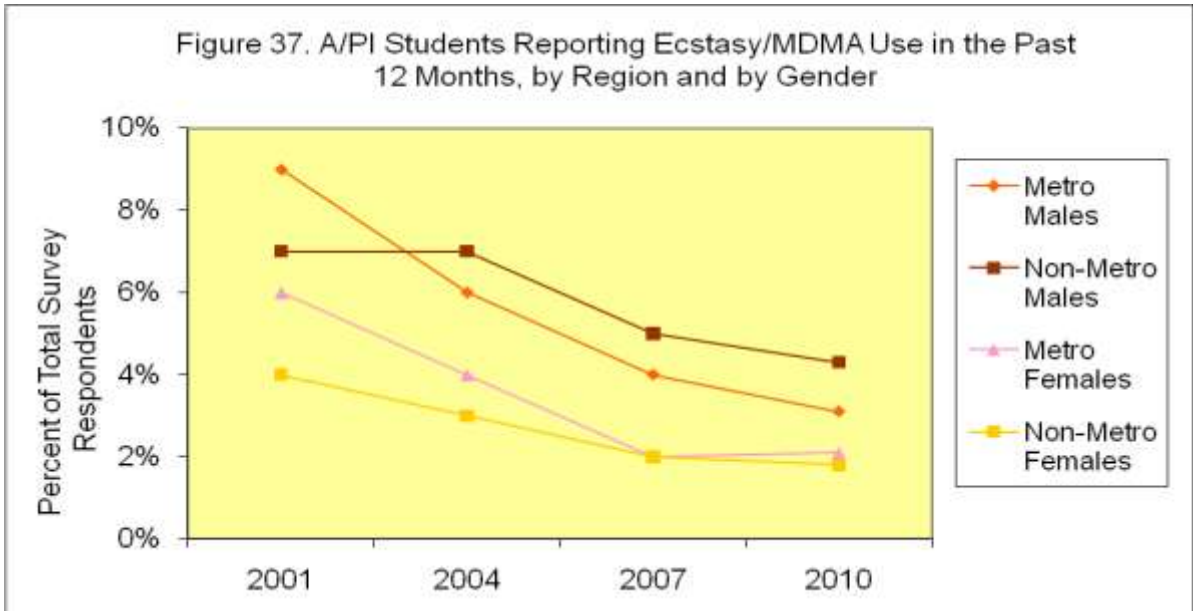


Table 38. Asian/Pacific Islander Students Reporting Ecstasy/MDMA Use in the Past 12 Months, by Region and by Gender

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

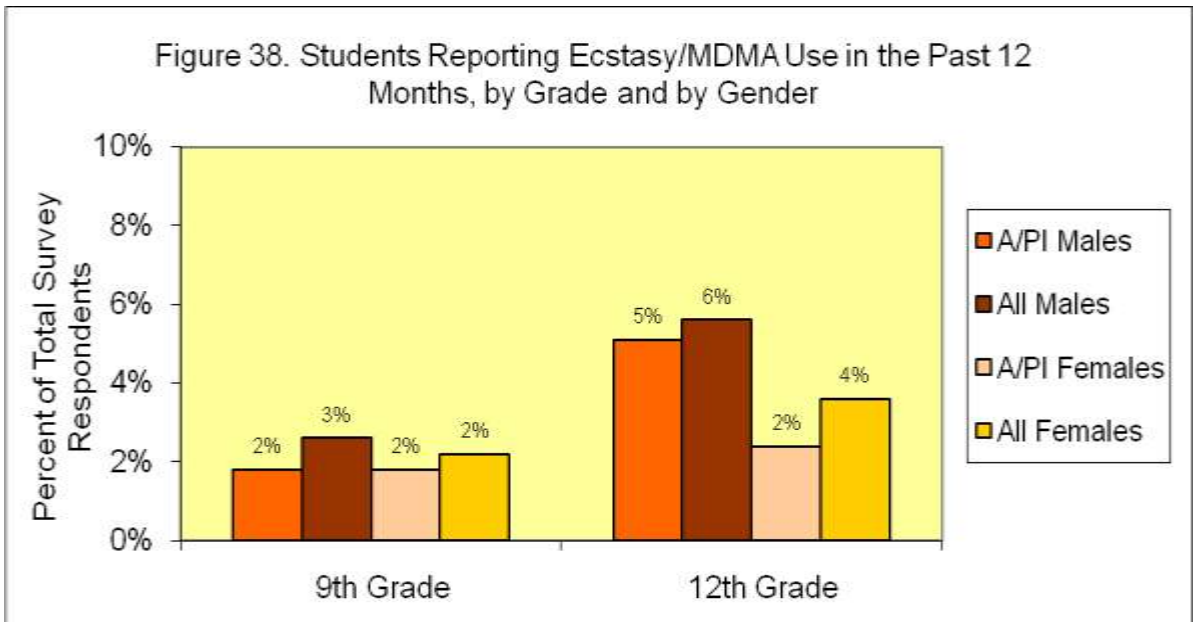


Table 39. Students Reporting Ecstasy/MDMA Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.69	0.91
	Females	0.82	0.67

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

Students were asked whether they used LSD, acid, PCP, wet sticks, dipped joints, psychedelics, mescaline, mushrooms or peyote. Asian/Pacific Islander students reported consistently lower use than the state average from 2001 to 2010 (Figure 39, Table 40). Reported use of psychedelics among Asian/Pacific Islander students were highest for non-metro males, and lowest for metro area females—all rates declining over time (Figure 40, Table 41). In 2010, Asian/Pacific Islander rates of psychedelics use were lower than average for all grades and genders (Figure 41, Table 42).

In 2004/2005, adults were asked whether they used mushrooms, PCP, LSD, acid, phenecyclidine, angel dust, peyote, mescaline, or psilocybin. Reported use among Asian/Pacific Islander adults was similar to the state average for women—less than half a percent—and lower than the average for men: less than half a percent vs. one percent (not pictured).

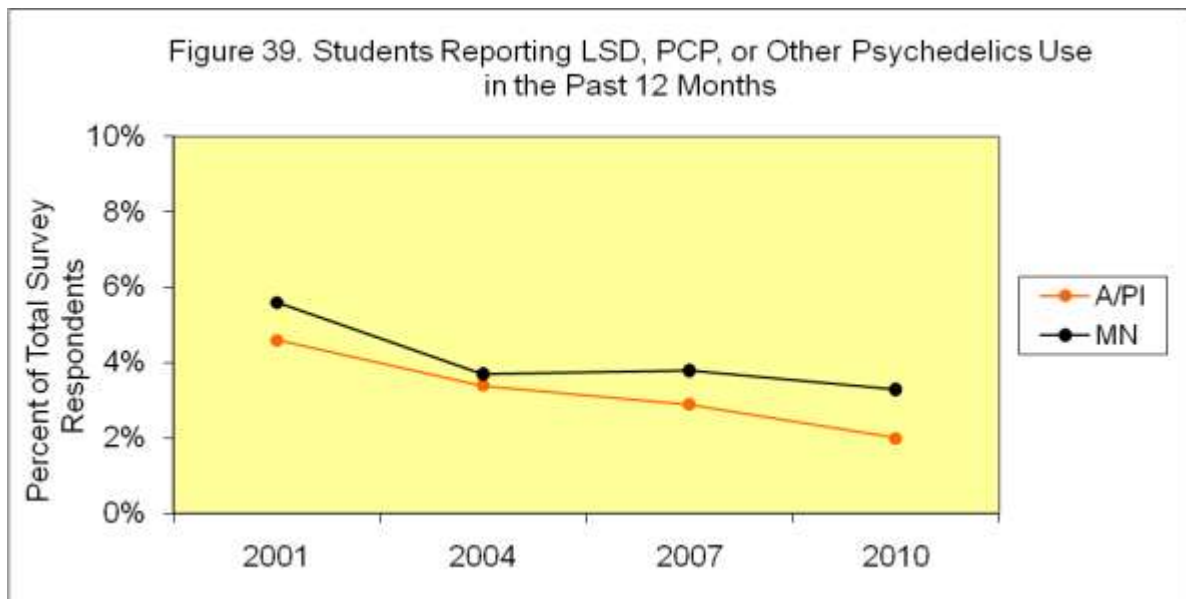


Table 40. Students Reporting Use of LSD, PCP, or Other Psychedelics in the Past 12 Months

	2001	2004	2007	2010
Minnesota Student Survey				
A/PI students reporting use	5%	3%	3%	2%
All Minnesota students reporting use	6%	4%	4%	3%
Rate Ratio	0.82	0.92	0.76	0.61

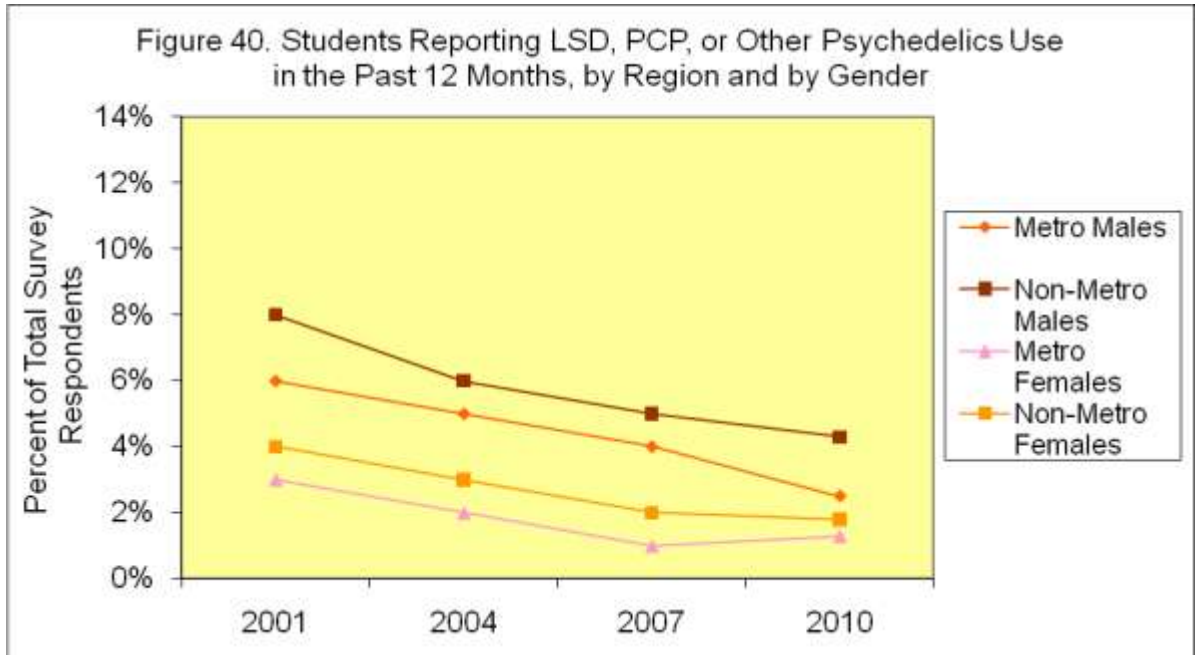


Table 41. Asian/Pacific Islander Students Reporting Use of LSD, PCP, or Other Psychedelics in the Past 12 Months, by Region and by Gender

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

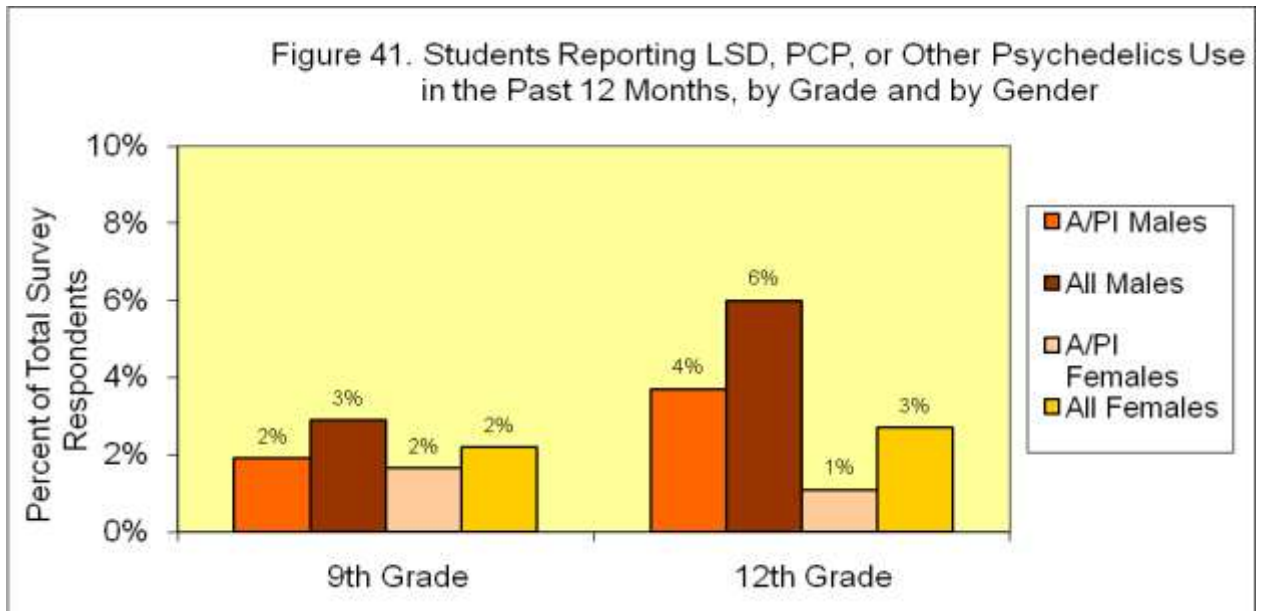


Table 42. Students Reporting Use of LSD, PCP, or Other Psychedelics in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.66	0.62
	Females	0.75	0.41

*Heroin*

A higher percentage of Asian/Pacific Islander 12<sup>th</sup> grade males reported using heroin in the 12-months of 2010 than other 12<sup>th</sup> grade males in Minnesota. However, Asian/Pacific Islander 9<sup>th</sup> graders, and 12<sup>th</sup> grade females, were as likely or less likely to report use (Figure 42, Table 43). Trend data are not available for this indicator due to a change in the survey question.

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

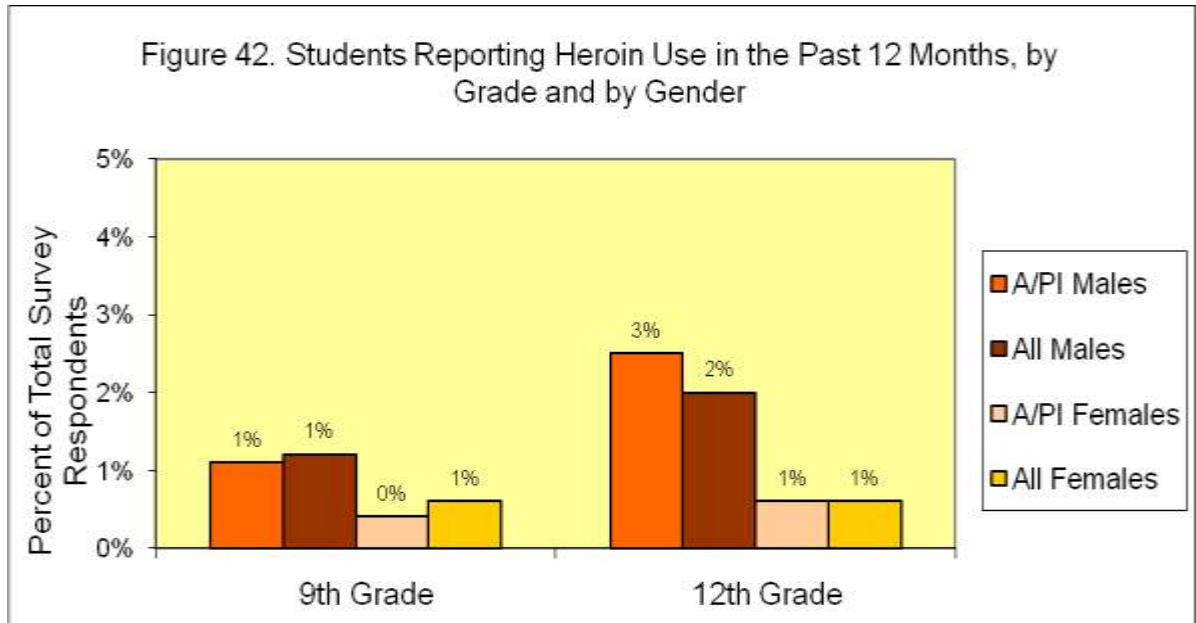


Table 43. Students Reporting Use of Heroin in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.92	1.25
	Females	0.67	1.00

## 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 that 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 was lower than the state average for Asian/Pacific Islander students from 1998 to 2004 (Figure 43, Table 44). Reported use by Asian/Pacific Islander metro female students actually increased slightly from 2001 to 2004 (Figure 44, Table 45). In 2004, reported use of someone else's prescription drugs was lower than average among Asian/Pacific Islander students with the exception of 6<sup>th</sup> grade females (Figure 45, Table 46).

In 2010, Asian/Pacific Islander 6<sup>th</sup> graders were as likely as the state average to report abuse of prescription drugs—one percent (not pictured). Asian/Pacific Islander 9<sup>th</sup> grade females, and 12<sup>th</sup> graders, were less likely than the state average to report abuse of ADD/ADHD drugs, stimulants or diet pills, pain relievers, and tranquilizers or sedatives. The rates for 9<sup>th</sup> grade males were also less than the state average (Figures 46-49, Tables 47-50).

In 2004/2005, abuse of prescription painkillers and tranquilizers/sedatives among Asian/Pacific Islander adults was lower than the state average for both men and women (Figure 50, Table 51)

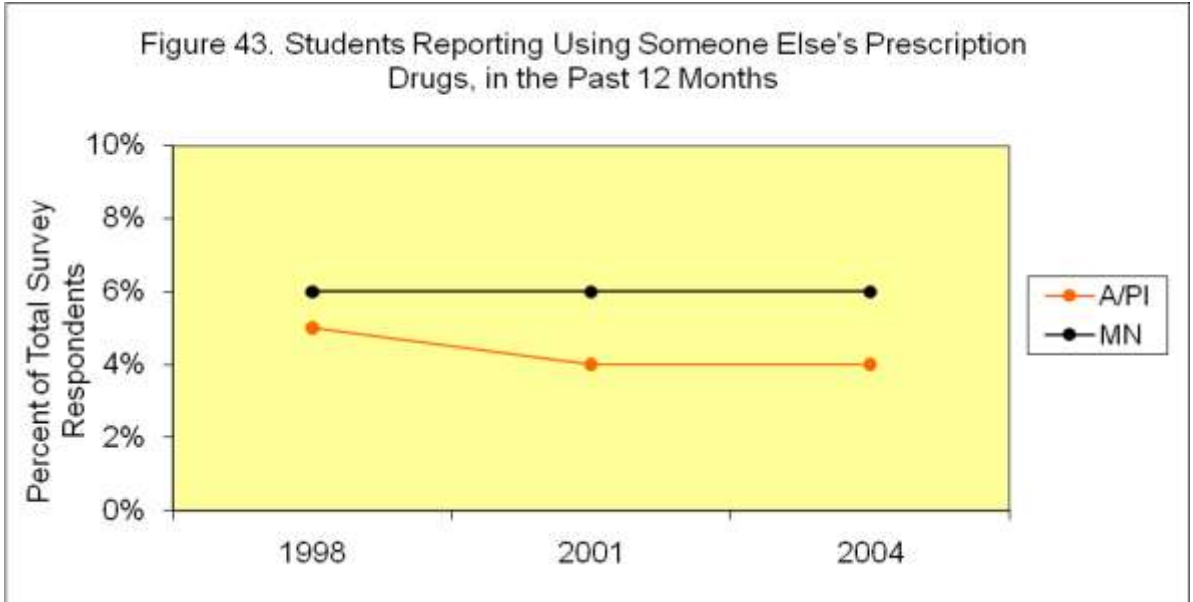


Table 44. Students Reporting Use of Someone Else's Prescription Drugs in the Past 12 Months

Minnesota Student Survey	1998	2001	2004
A/PI students reporting use	5.0%	4.0%	3.0%
All Minnesota students reporting use	6.0%	4.0%	3.0%
Rate Ratio	0.83	1.00	1.00

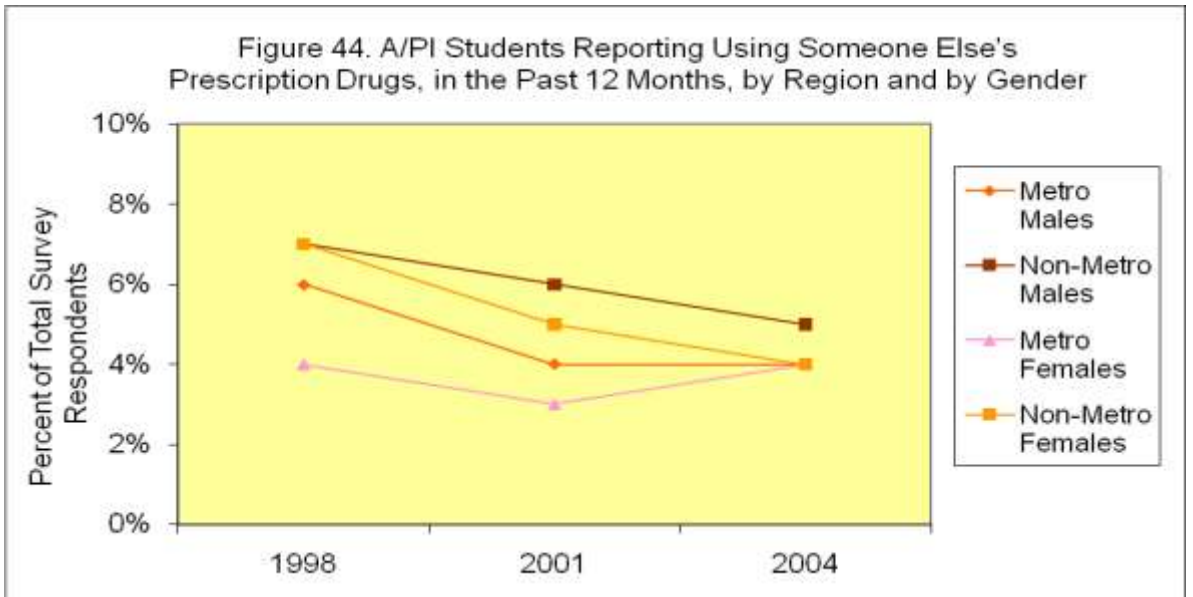


Table 45. Asian/Pacific Islander Students Reporting Use of Someone Else's Prescription Drugs, in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	1998	2001	2004
Metro Males	6%	4%	4%
Non-Metro Males	7%	6%	5%
Metro Females	4%	3%	4%
Non-Metro Females	7%	5%	4%

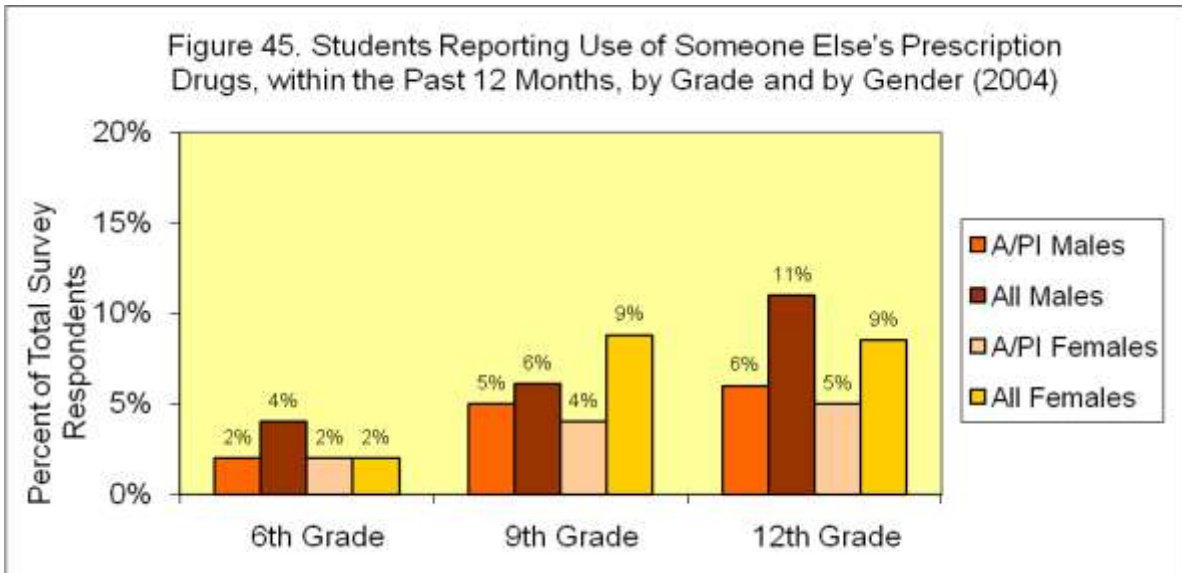


Table 46. Students Reporting Use of Someone Else's Prescription Drugs, in the Past 12 Months, by Grade and by Gender

2004 Minnesota Student Survey		6 <sup>th</sup> Grade	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.50	0.82	0.55
	Females	1.00	0.45	0.59

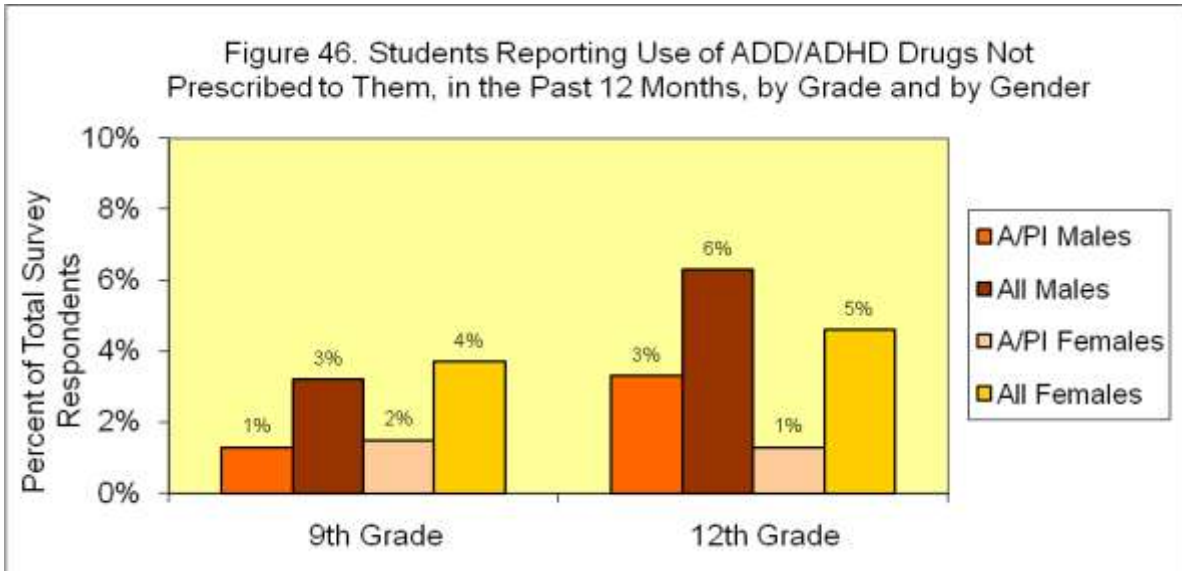


Table 47. Students Reporting Use of ADD/ADHD Drugs Not Prescribed to Them, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (AAPI:All Respondents)	Males	0.41	0.52
	Females	0.41	0.28

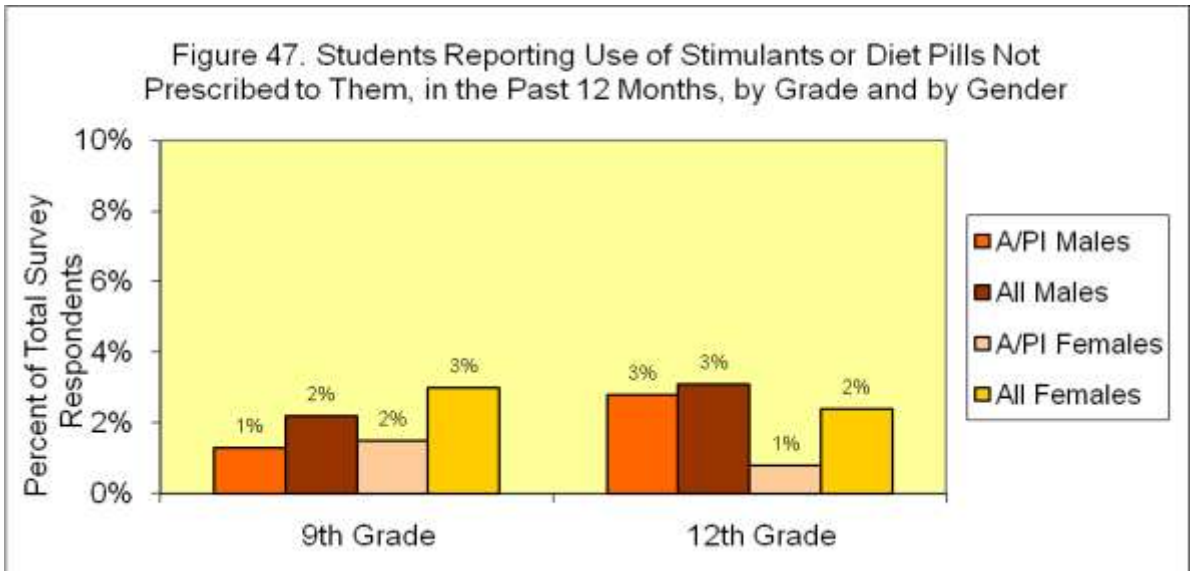


Table 48. Students Reporting Use of Stimulants or Diet Pills Not Prescribed to Them, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade	
Ratio (A/PI:All Respondents)	Males	0.59	0.90
	Females	0.50	0.33

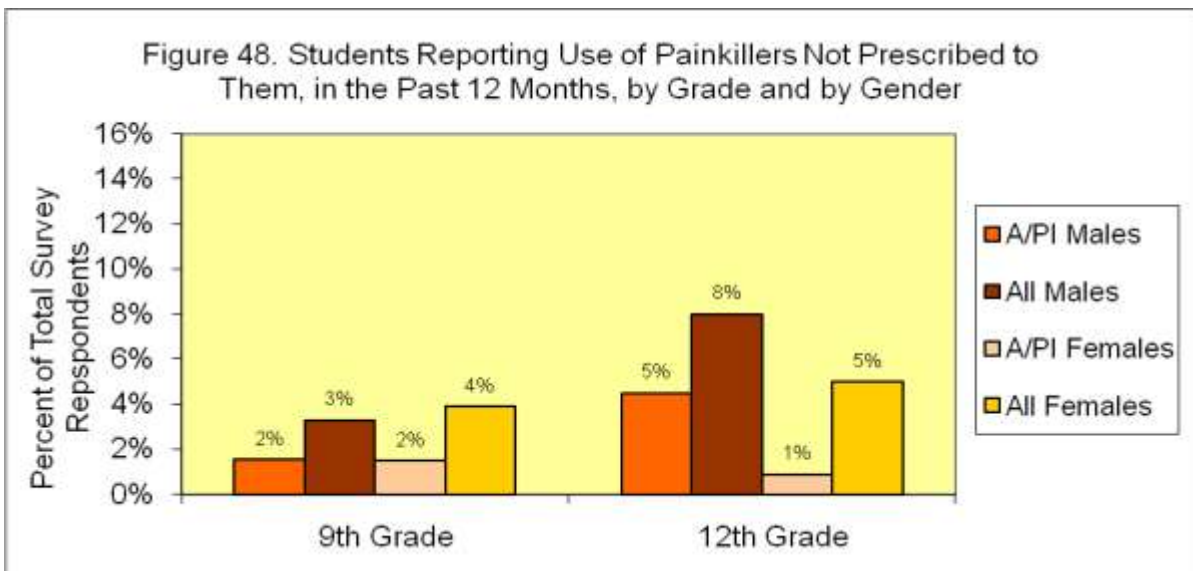


Table 49. Students Reporting Use of Painkillers Not Prescribed to Them, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey	9 <sup>th</sup> Grade	12 <sup>th</sup> Grade	
Ratio (A/PI:All Respondents)	Males	0.47	0.56
	Females	0.38	0.18

Figure 49. Students Reporting Use of Tranquilizers or Sedatives Not Prescribed to Them, in the Past 12 Months, by Grade and by Gender

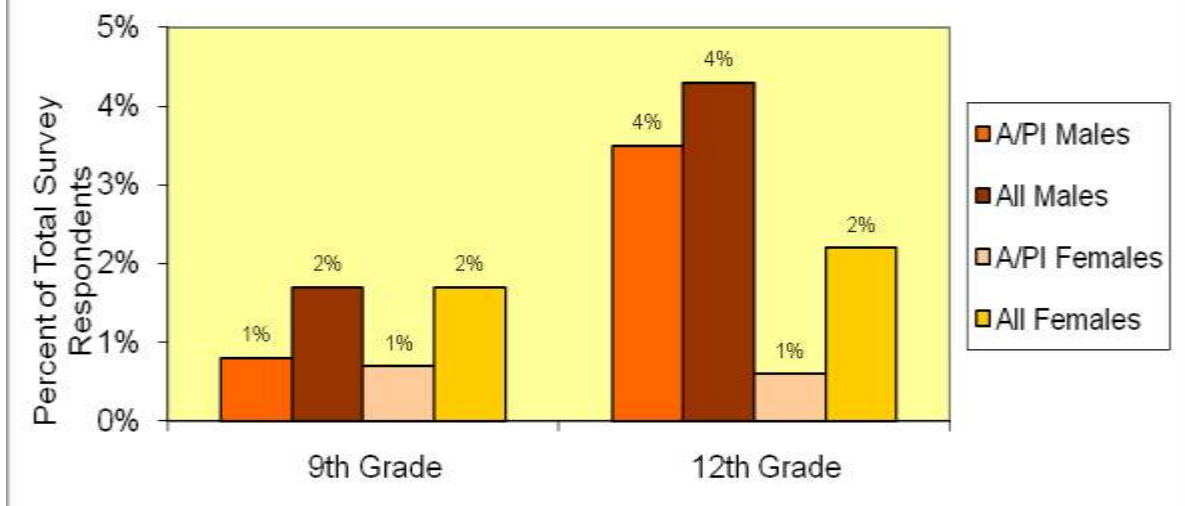


Table 50. Students Reporting Use of Tranquilizers or Sedatives Not Prescribed to Them, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 <sup>th</sup> Grade	12 <sup>th</sup> Grade
Ratio (A/PI:All Respondents)	Males	0.47	0.81
	Females	0.41	0.27

Figure 50. Adults Reporting Use of Prescription Drugs Not Prescribed to Them, in the Past 12 Months, by Gender

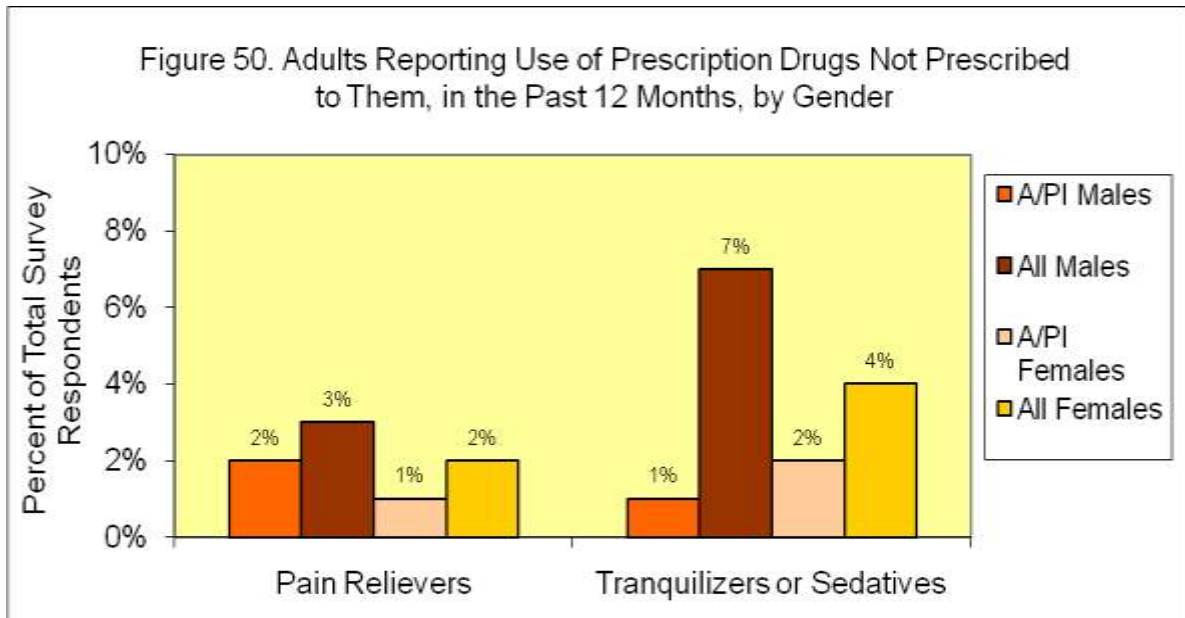


Table 51. Adults Reporting Use of Prescription Drugs Not Prescribed to Them, in the Past 12 Months, by Gender

2004/2005 MN Survey of Adult Substance Use		Males	Females
Ratio (A/PI:All Respondents)	Pain Relievers	0.67	0.50
	Tranquilizers or Sedatives	0.14	0.50

## 7. OTHER DRUG-RELATED CONSEQUENCES

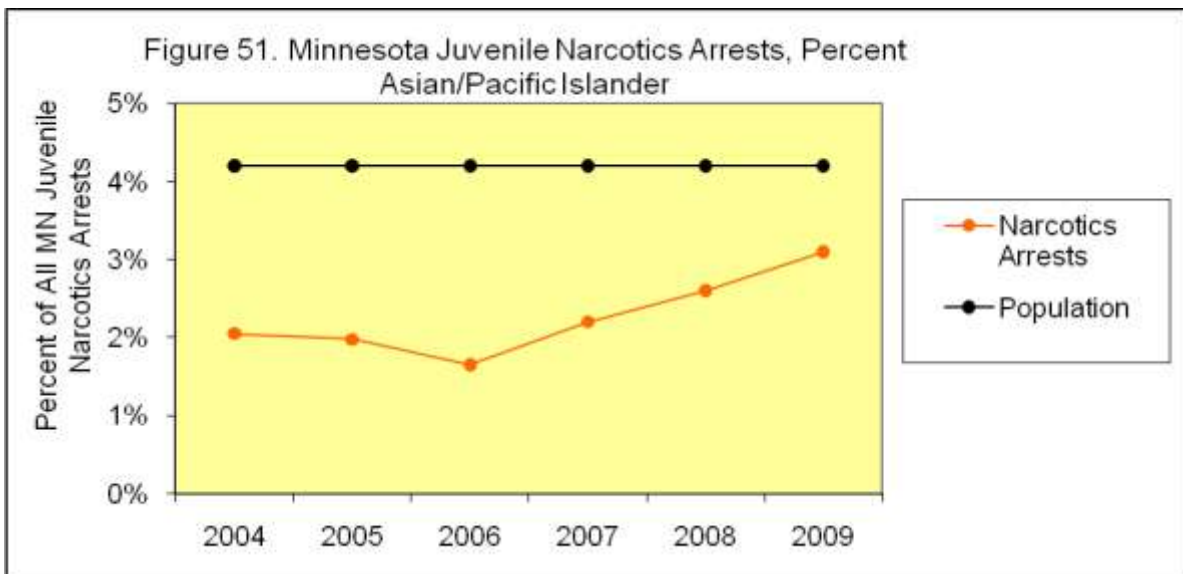
### Crime

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 Asian/Pacific Islander increased very slightly for juveniles (0.9% to 1.0%) and also increased very slightly for adults (0.6% to 0.7%) from 2004 to 2009 (from Uniform Crime Reports).

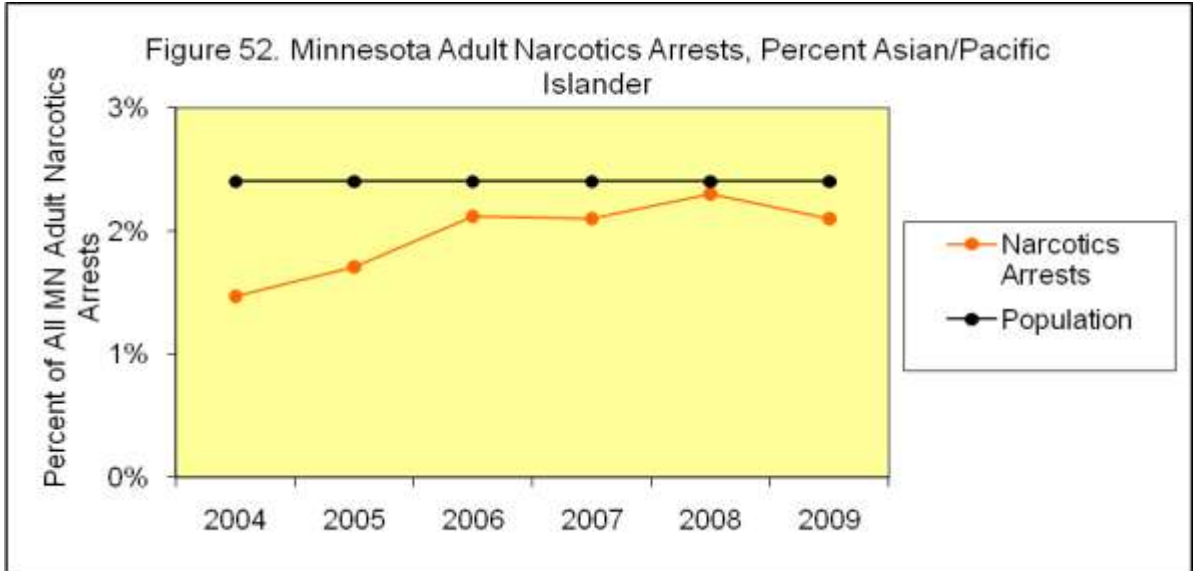
Minnesota narcotics arrests specifically relate to the unlawful possession, sale, use, growing, manufacturing, and making of narcotic drugs. Limitations associated with this indicator include annual changes in enforcement and determination of race by law enforcement.

The percent of Minnesota juveniles arrested for narcotics who were Asian/Pacific Islander, while low, increased very slightly from 2.1% in 2004 to 3.1% in 2009. According to the 2000 US Census, about 4.2% of Minnesota's juveniles are Asian/Pacific Islander (Figure 51, Table 52).

The percent of Minnesota adults arrested for narcotics who were Asian/Pacific Islander increased from 1.5% in 2004 to 2.1% in 2009. Based on the Census, about 2.5% of all Minnesota's adults are Asian/Pacific Islander (Figure 52, Table 52).



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



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	
	Asian/Pacific Islander	Total	Asian/Pacific Islander	Total
2004	73	3,567	233	15,872
2005	60	3,035	290	16,980
2006	52	3,159	324	16,699
2007	61	2,834	336	16,251
2008	75	2,855	370	15,754
2009	86	2,780	309	14,566

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

## 8. Discussion

### Key Findings

- Reported 30-day alcohol use among Asian/Pacific Islander students has been lower than the state average for the past 9 years, and has been decreasing since 2004. (Figure 1)
- Reported youth binge drinking has been lower than the state average, and has been decreasing since 2004, but not as much as the state average over the past nine years. (Figure 5)
- Reported youth 30-day cigarette smoking has been lower than the state average for the past 9 years, though the gap between the two rates has leveled off. (Figure 15)
- Reported 30-day cigarette use was slightly higher among Asian/ Pacific Islander metro-area male adults in 2004/2005 than the state average. (Figure 18)
- Over the past 9 years, reported 30-day marijuana use has been consistently lower among Asian/Pacific Islander students than the state average. (Figure 23)
- Asian/Pacific Islander students were as likely as the state average to report having tried drugs other than marijuana for the first time by age thirteen—Both at 3% (Page 39).
- Asian/Pacific Islander students had a higher rate of meth use than other Minnesota students in 2004 and 2007, but 2010 survey results show a lower rate ratio which is a comparison of rates or percentages between groups. (Figure 28)
- Asian/Pacific Islander students had a higher rate of meth use than other Minnesota students in 2004 and 2007, but 2010 survey results show a lower rate ratio which is a comparison of rates, or percentages, between groups. (Figure 28)
- The greatest decrease in student Asian/Pacific Islander meth use was among non-metro females: down 93% from 5% in 2004 to 0% in 2010. (Figure 28)
- Compared to the percent of the Minnesota population who identify as Asian/Pacific Islander, the percent of those arrested for narcotics offenses who are Asian/Pacific Islander has been relatively low. (Figure 51)

## **Data Gaps & Limitations:**

Race selections on surveys do not allow for self report of specific Asian/Pacific Islander Minnesota populations (Hmong, Laotian, Vietnamese, Cambodian, etc.). Racial and ethnic designations made on death and arrest reports are often done by medical examiners and law enforcement, and therefore may not be as accurate as self-report. Furthermore, race/ethnicity is not always labeled or defined uniformly. Some sources report for “mixed race” while others report for: Asians alone, Pacific Islanders alone, Asian/Pacific Islanders alone or in combination with one or more races/ethnicities.

County and city level data on Asian/Pacific Islanders 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 Asian/Pacific Islanders are not available for the following indicators: non-fatal alcohol-related motor vehicle crashes, lung cancer mortality, adults on probation for drug offenses, juveniles on probation for drugs offenses, or adults in prison for drug offenses.

## **Implications**

It is important for state, county and city planners to have accurate and readily available data on Asian/Pacific Islander 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. The growth rate of the Asian/Pacific Islander population in Minnesota from 1990 to 2000, between 81% and 116%, exceeded that of the U.S. Asian population. Approximately 69% of Minnesota’s Asian/Pacific Islander community was foreign-born<sup>1</sup>. In order to monitor the health of these new communities, surveys on substance use could include expanded race/ethnicity categories to differentiate between persons from Laos, Thailand, Vietnam, China, Cambodia, Hawaii, the Philippines and elsewhere.

Data collection methods may be enhanced by increasing linguistic and cultural competency of prevention professionals and community workers. As part of a culturally competent prevention framework, prevention professionals should pay particular attention to the unique needs of Asians/Pacific Islanders. 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<sup>2</sup>.

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. Council on Asian-Pacific Minnesotans. *Asian & Pacific Islander Minnesota Profile*. Retrieved on October 30, 2008 from [http://www.capm.state.mn.us/pdf/Minnesota\\_Profile.pdf](http://www.capm.state.mn.us/pdf/Minnesota_Profile.pdf)
2. 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