



# Benton County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

## KEY FINDINGS

- Benton County's average cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries was lower than that of the East Central Region: \$61 vs. \$77.
- Youth smoking rates fell in Benton County from 20% in 1998 to 12% in 2010.
- Reported past-year use of methamphetamines fell among Benton youth from 6% in 2001 to 1% in 2010.

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## Alcohol Consumption

The rate of reported past-month alcohol consumption by youth in Benton County dropped from 36% in 1998 to 23% in 2010. Comparatively, the rate for Minnesota's East Central Alcohol, Tobacco and Other Drug Prevention Region dipped from 34% to 21%, and the state's from 31% to 20%.

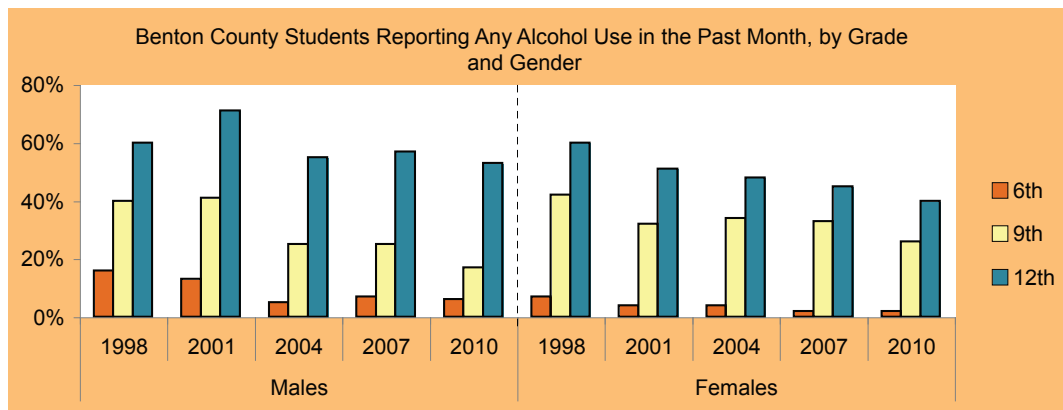
Within Benton County, reported use varied by grade and by gender (*see graph below*).

Overall, the percent of Benton County students reporting binge drinking in the past two weeks—having five or more alcoholic drinks in a row on one occasion—has also been higher than the East Central Region and the state. Benton rates dropped from 31% in 1998 to 20% in 2010.

In 2010, 10% of Benton 9th graders reported binge drinking, as did 30% of 12th

graders. While 9th grade rates were equal to the East Central Region, 12th grade rates were higher (30% vs. 27%). Binge drinking was reported by 23% of Benton male students and 16% of female students in 2010 (MSS).

Statistics on adult alcohol consumption are not available at the county level.



## Alcohol Consequences

From 2005 to 2009, the average cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries was \$61 in Benton County, \$77 in the East Central Region and \$54 in Minnesota (OTS).

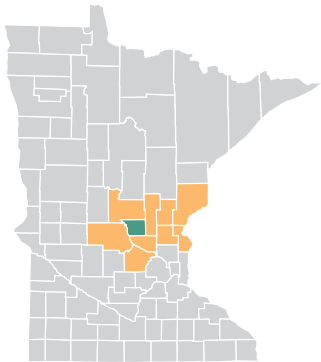
Over that same period, the driving while intoxicated

(DWI) arrest rate with Benton as the county of residence averaged 71 per 10,000 population. With Benton as the county of arrest, the average rate was 76.5 (OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 7%

in Benton County, 6% in the East Central Region, and 5% in Minnesota (OTS).

The cirrhosis death rate per 100,000 population in Benton County averaged 6 from 2004 to 2008, as compared to 5 in the East Central Region and 6 in the state (MCHS).



Statistics on adult substance use are available by region for 2004/2005:

- Past-month alcohol use was higher among East Central males than the state average: 69% vs. 67%, while female rates equaled the state average: 53%.

- Adults in East Central Minnesota reported 30-day smoking rates higher than the state average: 25% vs. 24% for males, and 24% vs. 21% for females.

- Reported 30-day use of marijuana among East Central adults was slightly lower than the state average : 3% vs. 4%. East Central rates of past-year pain reliever abuse, 2%, and crack/cocaine use, 1%, equaled the state average. Less than 1% of East Central adults reported past-year use of MDMA/Ecstasy or methamphetamines.

*Minnesota Survey of Adult Substance Use*

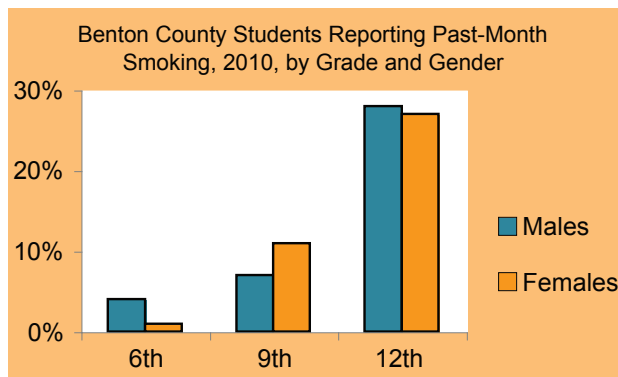
## Tobacco Consumption

Smoking among youth declined statewide from 1998 to 2010: down from 20% to 12% in Benton County, 20% to 12% in the East Central Region, and 19% to 10% in Minnesota. In 2010, Benton County rates varied by grade and by gender (*see graph*).

From 2004 to 2010, reported past-month chewing tobacco use increased among Benton County males: 9th graders from 1% to 11% and 12th graders from 14% to

28%. Benton County youth were slightly more likely than the state average to report first smoking by age 13 or younger: 14% vs. 12% (MSS).

Statistics on adult smoking are not available at the county level.



## Tobacco Consequences

The average annual rate per 100,000 population of lung, bronchus and trachea cancer deaths in Benton County was 45 from 2004 to 2008. Comparatively, the East Central Region averaged 43 and the

state 45 (MCHS).

The number of Benton County lung and bronchus cancer deaths averaged 9 among males and 8 among females from 2004 to 2008 (MCSS).

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.

## Risk and Protective Factors

In 2010, students reporting past 30 day use of alcohol and tobacco were asked how they obtained those substances. Benton County students most often reported social access to alcohol (91%) and tobacco (66%). Benton County students were almost as likely (25%) as East Central (26%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere. They reported similar rates of

buying (Benton: 50%, EC: 53%, MN: 53%) and taking (Benton: 17%, EC: 17%, MN: 17%) tobacco.

Students were also asked how much they thought people risked harming themselves by frequently binge drinking, smoking one or more packs of cigarettes per day, or smoking marijuana once or twice per week. Perception of great or moderate risk of alcohol harm was reported by 83% of Benton County students,

perception of tobacco harm was reported by 92% of Benton County students, and perception of marijuana harm was reported by 81% of Benton County students. Similarly, students were asked if they thought their parents or guardians would disapprove or greatly disapprove of such levels of substance use. Perception of disapproval was 87% for alcohol, 95% for tobacco and 98% for marijuana (MSS).

## Other Drug Consumption

Benton County students were more likely to report use of marijuana than any other illicit drug (*see graph below*). In 2010, marijuana use was reported by 1% of 6th graders, 6% of 9th graders and 17% of 12th graders. Benton County male students were more likely than females to report use in 2010: 9% vs. 6%.

From 2001 to 2010, reported use of methamphetamines dropped from 7% to 1% among Benton 9th graders, and 5% to 0% among Benton 12th graders. From

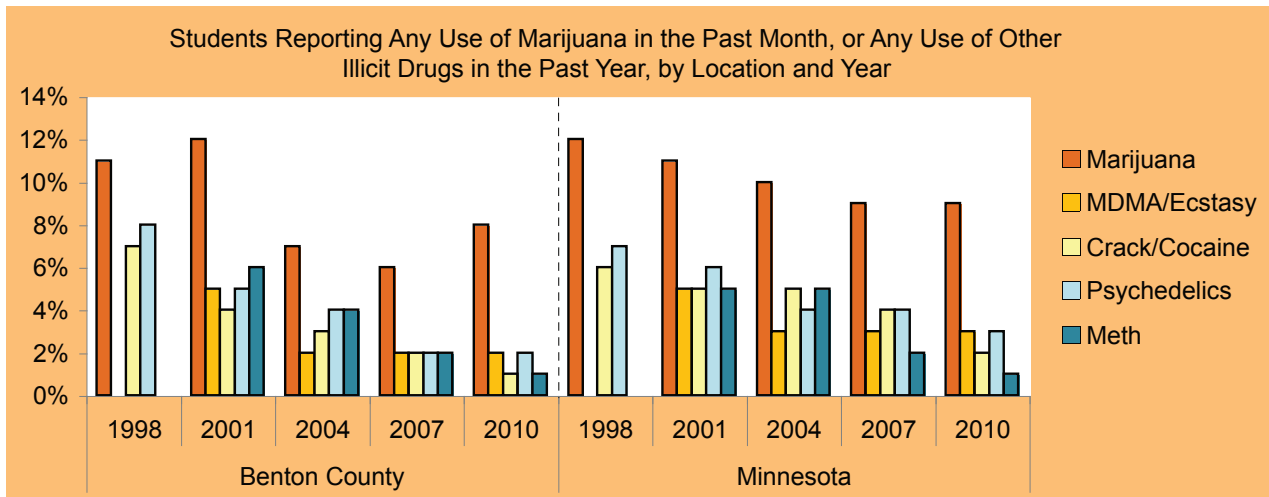
1998 to 2010, reported use of inhalants decreased among Benton 6th graders, 8% to 3%, and 9th graders, 5% to 3%, and 12th graders, 3% to 1%. During that same period, reported use of psychedelics fell among Benton male students, 13% to 3% and females, 4% to 1%, while reported use of crack cocaine fell from 9% to 1% among males and 4% to 1% among females.

In 2010, one percent of all Benton County, East Central Region and Minnesota 6th graders reported past-year

abuse of prescription drugs. Benton County 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by 4% of 9th graders and 2% of 12th graders), ADD/ADHD drugs (4% of 9th and 1% of 12th graders), tranquilizers/sedatives (3% of 9th graders and 1% of 12th graders), and stimulants/diet pills (3% of 9th graders and 1% of 12th graders) (MSS).

Statistics on adult drug use are not available at the county level.

The US Census Bureau estimate for the 2008 Benton County population is 39,878. Benton County is approximately 95% White, 2% Asian/Pacific Islander, 1% American Indian, 2% African-American and 1% Hispanic. In 2000, the percent of individuals living below the poverty level was 7% in Benton County as compared to 9% in East Central MN.



## Other Drug Consequences

There were 58 Benton County narcotics arrests in 2009—54% of which involved marijuana. Comparatively, the average number of annual arrests in Benton County from 2005 to 2009 was 67 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	BENTON COUNTY			EAST CENTRAL REGION			MINNESOTA		
Rates per 1,000 Population	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	3.5	3.9	4.1	3.3	3.2	3.5	3.4	3.6	3.5
Juveniles on Probation	0.3	0.8	0.3	0.4	0.1	0.6	0.4	0.5	0.5
Adults in Prison	0.5	0.7	0.6	0.4	0.7	0.4	0.4	0.5	0.3

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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 Minnesota Department of Human Services, Alcohol and Drug Abuse Division (ADAD). 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 U.S. Census Bureau.

Youth alcohol, tobacco and other drug consumption data are from the Minnesota Student Survey (MSS). The MSS is a confidential and anonymous self-administered survey given every three years to 6th, 9th and 12th grade students attending Minnesota public, charter and tribal schools. The Minnesota Student Survey Interagency Team is made up of four state agencies: the Minnesota Department of Education, the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota Department of Public Safety. Adult consumption data are

from the MN Survey of Adult Substance Use (MNSASU) from the Minnesota Department of Human Services, Performance Measurement and Quality Improvement. 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 Office of Traffic Safety's (OTS) *Impaired Driving Facts and Crash Facts*, and from the National Safety Council.

Alcohol and tobacco mortality data are from the Minnesota Center for Health Statistics (MCHS) and the Minnesota Cancer Surveillance

System (MCSS).

Drug consequence data are from the Minnesota Department of Corrections' (DOC) *Inmate Profile and Probation Survey*, and from the Bureau of Criminal Apprehension's (BCA) *Minnesota Crime Information* reports.

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.