



Big Stone County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Big Stone County's average annual cirrhosis death rate is double that of the regional average.
- In 2010, Big Stone youth were more likely than the state average to report first smoking by age 13 or younger: 10% vs. 6%.
- 18% of Big Stone 12th graders reported past month use of marijuana in 2010.

Alcohol Consumption

The rate of reported past-month alcohol use by youth in Big Stone County dropped from 62% in 1998 to 25% in 2010. Comparatively, the rate for Minnesota's Southwest Alcohol, Tobacco and Other Drug Prevention Region fell steadily from 33% to 21%, and the states from 31% to 20%. Within Big Stone, reported use varied by grade and

by gender (*see graph below*).

The percent of Big Stone County students reporting binge drinking in the past two weeks—having five or more drinks in a row on one occasion—fell from 44% in 1998 to 24% in 2010. In comparison, the Southwest rate fell from 28% to 17% and the state rate from 26% to 16%. In 2010, binge drinking

was reported by 19% of 9th grade males, 12% of 9th grade females, 29% of 12th grade males, and 38% of 12th grade females in Big Stone County.

Statistics on adult alcohol consumption are not available at the county level. 2001 and 2007 Minnesota Student Survey data are not available for Big Stone County.

Alcohol Consequences

From 2005 to 2009, the average cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries was \$67 in Big Stone County, \$70 in the Southwest Region and \$54 in Minnesota (OTS).

Over that same period, the driving while intoxicated (DWI) arrest rate with

Big Stone as the county of residence averaged 45.5 per 10,000 population. With Blue Earth as the county of arrest, the average rate was 56.9 (OTS).

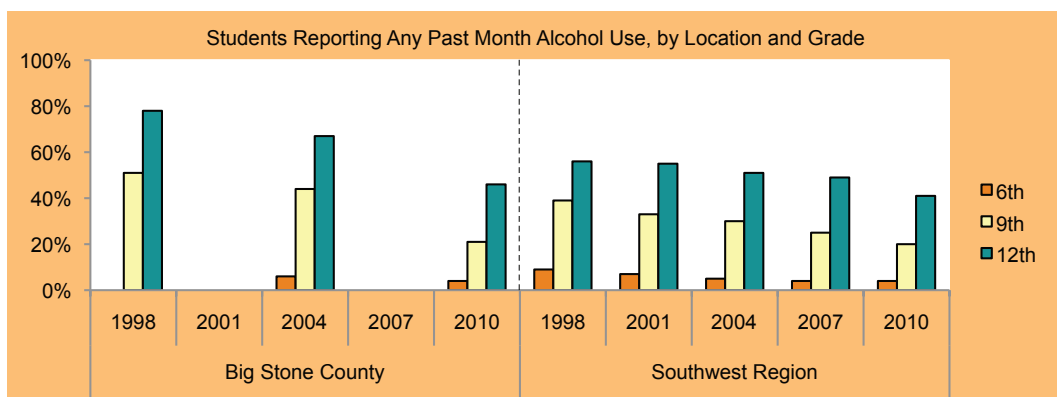
The percent of all motor vehicle crashes that were alcohol-related averaged 9% in Big Stone County, 6% in the

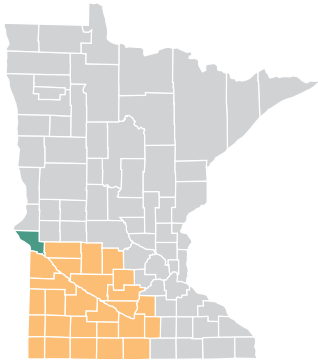
Southwest Region, and 5% in Minnesota (OTS).

The annual cirrhosis death rate per 100,000 population averaged

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- Past-month alcohol use was lower than the state average for Southwest women, 50% vs. 53%, but equal for men: 67%.

- In the Southwest, past month smoking was reported by 41% of 18-20 year-olds, 41% of 21-24 year-olds, 26% of 25-44 year-olds, 19% of 45-64 year-olds, and 8% of persons aged 65+.

- Southwest adults were less likely than the state average to report past month use of marijuana, 2% vs. 4%. They were as likely as the state average to report past year use of crack/cocaine, 1%, but less likely to report past-year use abuse of prescription pain relievers: 1% vs. 2%. Less than one percent of Southwest adults reported past-year methamphetamine use.

Minnesota Survey of Adult Substance Use

Tobacco Consumption

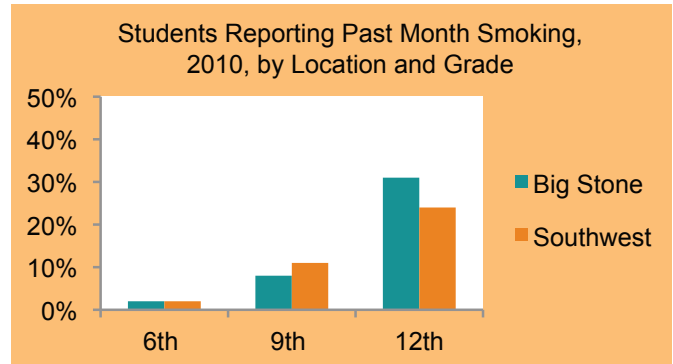
Smoking among youth declined statewide from 1998 to 2010: down from 17% to 14% in Big Stone County, 20% to 12% in the Southwest Region, and 19% to 10% in Minnesota. In 2010, Big Stone County rates varied by grade (*see graph*).

From 2004 to 2010, reported past-month chewing tobacco use in Big Stone County increased among 9th grade males, 4% to 11%, among 12th grade males, 10% to 34%.

Big Stone County youth were more likely than the state average to report first smoking by age 13 or younger: 10% vs.

6% (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 Big Stone County was 91 from 2004 to 2008. Comparatively, the Southwest rate averaged 51 and the state

rate averaged 45 (MCHS).

The number of Big Stone County lung and bronchus cancer deaths averaged 3 among males and 2 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 & Protective Factors

In 2010, students reporting past 30 day use of alcohol and tobacco were asked how they obtained those substances. Big Stone County students most often reported social access to alcohol (92%) and tobacco (65%). Big Stone students were more likely than Southwest (26% vs. 23%) to report taking alcohol from someone or somewhere. They were less likely to report buying (Big Stone: 47%, SW: 56%, MN: 53%) tobacco,

but more likely to report taking (26%, 14%, 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 77% of Big Stone County students, perception of tobacco harm was

reported by 92% of Big Stone students, and perception of marijuana harm was reported by 80% of Big Stone 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 86% for alcohol, 95% for tobacco and 98% for marijuana (MSS).

Other Drug Consumption

Big Stone youth are more likely to report use of marijuana than any other illicit drug (*see graph below*). In 2010, 5% of Big Stone County 9th graders, 18% of 12th graders, and less than 1% of 6th graders reported marijuana use. Male students were more likely than female students to report use: 9% vs. 7%.

From 2004 to 2010, reported past-year use of methamphetamines fell from 5% to less than 1% among Big Stone 9th graders, but increased from 5% to 7% among 12th

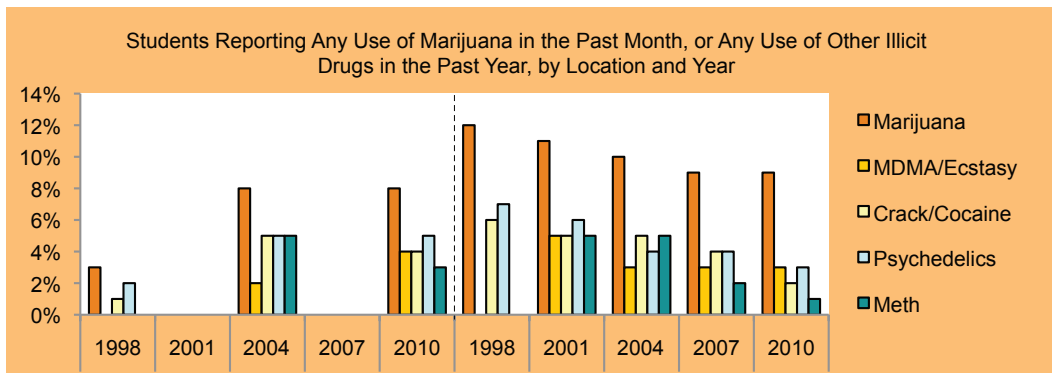
graders. From 2004 to 2010, reported past-year use of inhalants increased among Big Stone 6th graders, from less than 1% to 4%, and 12th graders: 3% to 7%. During that period, reported use of psychedelics fell among male students, 7% to 6%, but increased among females: 3% to 4%. Reported use of crack/cocaine stayed flat for males at 4%, but decreased among females from 6% in 2004 to 4% in 2010.

In 2010, 2% of 6th graders in Big Stone County reported past-year abuse of prescription

drugs, compared to 1% in the Southwest Region and the state. Big Stone County 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by less than 1% of 9th graders and 13% of 12th graders), ADD/ADHD drugs (less than 1% of 9th graders; 12% of 12th graders), tranquilizers/sedatives (less than 1% of 9th graders; 11% of 12th graders), and stimulants/diet pills: 2% of 9th and 10% of 12th graders (MSS).

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

The US Census Bureau estimate for the 2008 Big Stone County population is 5,365. Big Stone County is approximately 98% White and 1% Native American. In 2000, the percent of individuals living below the poverty level was 12% in Big Stone County compared to 9% in the Southwest Region and 8% in Minnesota.



Other Drug Consequences

There were seven Big Stone County narcotics arrests in 2009—six of which involved marijuana. Comparatively, the average annual number of narcotics arrests for Big Stone County from 2005 to 2009 was ten

DRUG OFFENSES	BIG STONE COUNTY			SOUTHWEST REGION			MINNESOTA		
Rates per 1,000 Population	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	3.3	2.8	1.4	2.6	4.2	3.1	3.4	3.6	3.5
Juveniles on Probation	0.9	1.0	0.0	0.3	0.2	0.6	0.4	0.5	0.5
Adults in Prison	0.0	0.2	0.4	0.5	0.6	0.4	0.4	0.5	0.5

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

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What's Happening in Your County?



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

This site was developed by the Minnesota State Epidemiological Outcomes Workgroup (SEOW) with funding from the 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.

(BCA). For probation and prison data related to drug offenses, see table below (DOC).

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.

Treatment data are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES).

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

Aggregated data at the state and county level do not reveal disparities that may exist within a given geo-