



Carver County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Carver County's average annual cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries is \$59 compared to the Metro Region's \$35.
- From 1998 to 2010, youth smoking rates dropped by 50% in Carver County.
- In 2010, Carver County males students were twice as likely as female students to report past-month marijuana use.

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Alcohol Consumption

The rate of reported past-month alcohol consumption by youth in Carver County dropped from 30% in 1998 to 17% in 2010. Comparatively, the rate for Minnesota's Metro Alcohol, Tobacco and Other Drug Prevention Region dipped from 27% to 19%, and the state's from 31% to 20%.

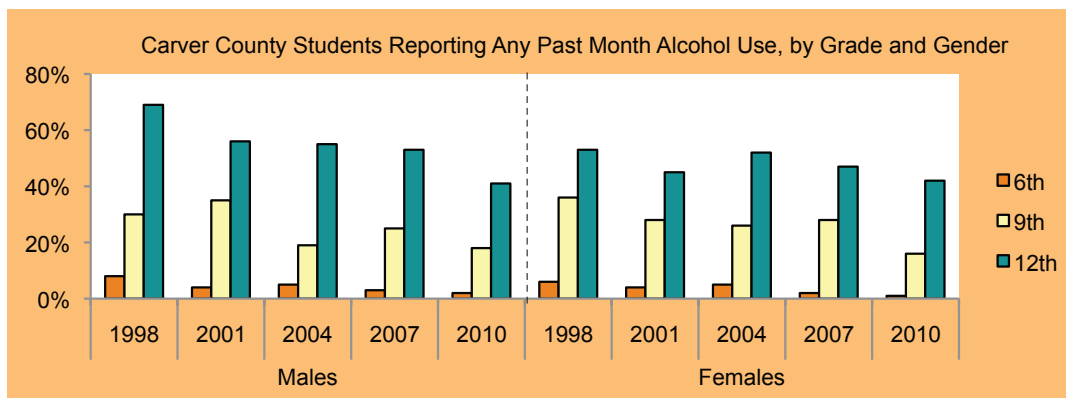
Within Carver County, reported use varied by grade and by gender (*see graph below*).

The percent of Carver County students reporting binge drinking in the past two weeks—having five or more drinks in a row on one occasion—fell from 27% in 1998 to 15% in 2010. Comparatively, the Metro rate fell from 23% to 16% and the state rate from 26% to 16%. In 2010, binge drinking was reported by 9% of 9th grade males, 6% of 9th grade females, 29% of

12th grade males, and 26% of 12th grade females in Carver County.

Carver youth were slightly less likely than the state average to report first drinking by age 13 or younger: 16% vs. 20% (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 \$59 in Carver County, \$35 in the Metro Region and \$54 in Minnesota (OTS).

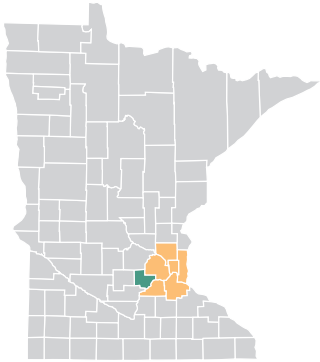
Over that same period, the driving while intoxicated

(DWI) arrest rate with Carver as the county of residence averaged 52.4 per 10,000 population. With Carver as the county of arrest, the average rate was 43.2 (OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 5%

in Carver County, the Metro Region and the state of Minnesota (OTS).

The annual cirrhosis death rate per 100,000 population averaged 5 in Carver County from 2004 to 2008, compared to 7 in the Metro 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 Metro area women than the state average: 56% vs. 53%, but equal to the state average among Metro men: 67%.

- In the Metro area, past month smoking was reported by 36% of 18-20 year-olds, 44% of 21-24 year-olds, 23% of 25-44 year-olds, 18% of 45-64 year-olds, and 7% of persons aged 65+.

- Metro area adults were more likely than the state average to report past month use of marijuana, 5% vs. 4%, or past year abuse of pain relievers, 3% vs. 2%. However, they were as likely to report past year use of methamphetamines, 1%, crack/cocaine, 1%, and MDMA/Ecstasy, 1%.

Minnesota Survey of Adult Substance Use

Tobacco Consumption

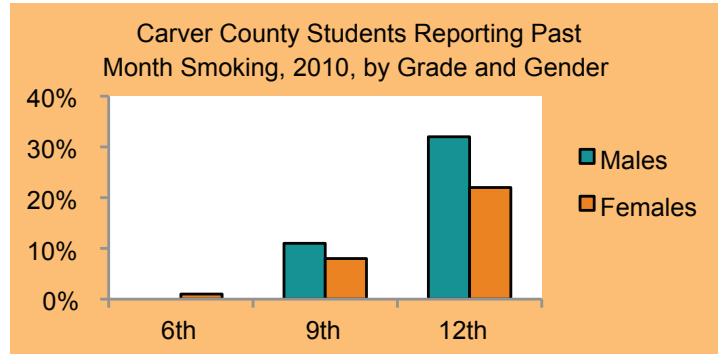
Smoking among youth declined statewide from 1998 to 2010: down from 20% to 10% in Carver County, 17% to 10% in the Metro Region, and 19% to 10% in Minnesota. In 2010, Carver County rates varied by grade and by gender (*see graph*).

From 2004 to 2010, reported past-month chewing tobacco use in Carver County increased among 9th grade males, 4% to 8%, and among 12th grade males, 13% to 28%.

Carver County youth were less likely than the state average to report first smoking by age 13 or younger: 9% 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 Carver County was 26 from 2004 to 2008. Comparatively, the Metro Region averaged 43 and the state aver-

aged 45 (MCHS).

The number of Carver County lung and bronchus cancer deaths averaged 12 among males and 10 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.

Carver County students most often reported social access to alcohol (85%) and tobacco (66%). Carver County students were as likely (26%) as Metro (26%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere. They were equally likely to report buying

(Carver: 53%, Metro: 53%, MN: 53%) tobacco, and as likely to report taking tobacco: (18%, 17%, 17%).

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 Car-

ver County students, perception of tobacco harm was reported by 92% of Carver students, and perception of marijuana harm was reported by 79% of Carver 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 91% for alcohol, 96% for tobacco and 97% for marijuana (MSS).

Other Drug Consumption

Carver County students are more likely to report use of marijuana than any other illicit drug (*see graph below*). In 2010, marijuana use was reported by 11% of Carver County 9th graders and 21% of 12th graders—but no 6th graders. Male students were more likely than female students to report use: 12% vs. 7%.

From 2001 to 2010, reported use of methamphetamines dropped from 5% to 1% among Carver County 9th graders, and 7% to 1% among 12th graders. From 1998 to 2010, reported use of inhal-

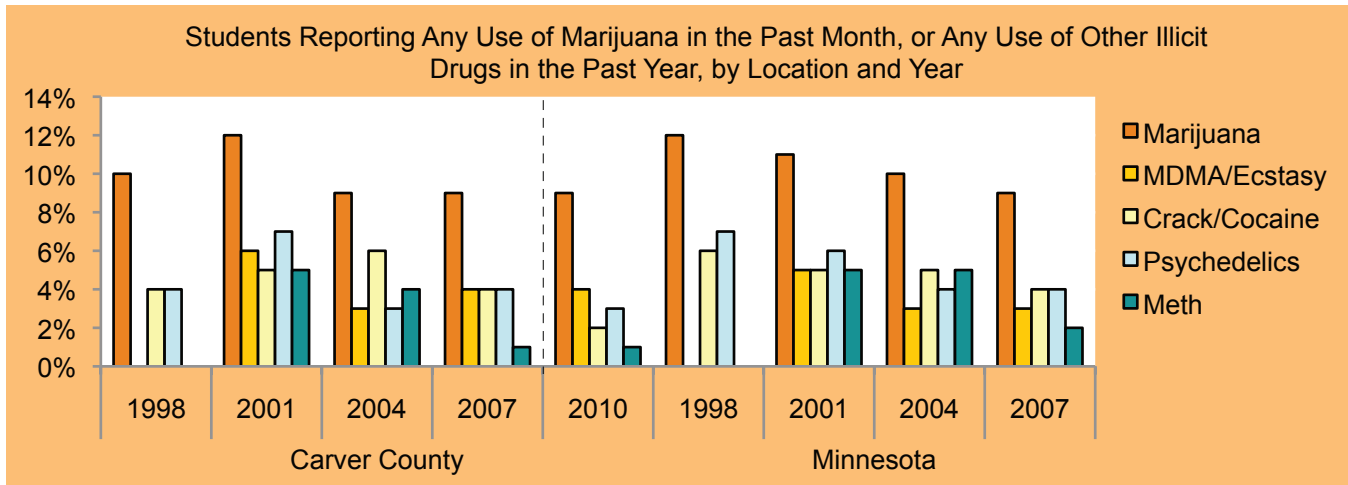
ants fell among Carver 6th graders: 5% to 2% and 12th graders: 4% to 1% but stayed the same among 9th graders at 4%. During that period, reported use of psychedelics decreased among Carver male students, 6% to 3%, but held steady among female students at 2%. Reported use of crack/cocaine decreased among Carver males, 5% to 2% and among females, 3% to 2%.

In 2010, one percent of 6th graders in Carver County, the Metro Region and the state reported past-year abuse of prescription drugs. Carver

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 6% of 12th graders), ADD/ADHD drugs (4% of 9th graders; 5% of 12th graders), tranquilizers/sedatives (2% of 9th graders; 3% of 12th graders), and stimulants/diet pills: 3% of 9th graders; 2% of 12th graders (MSS).

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

The US Census Bureau estimate for the 2008 Carver County population is 90,043. Carver County is approximately 95% White, 4% Hispanic/Latino, 2% Asian/Pacific Islander and 2% African-American. In 2000, the percent of individuals living below the poverty level was 4% in Carver County compared to 8% in Minnesota.



Other Drug Consequences

There were 216 Carver County narcotics arrests in 2009—74% of which involved marijuana. Comparatively, the average annual number of narcotics arrests for Carver County from 2005 to 2009 was 252 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	CARVER COUNTY			METRO REGION			MINNESOTA		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Rates per 1,000 Population	2.4	3.2	3.0	3.7	3.8	3.7	3.4	3.6	3.5
Adults on Probation	0.6	0.9	0.9	0.4	0.4	0.4	0.4	0.5	0.5
Juveniles on Probation	0.1	0.1	0.0	0.3	0.4	0.3	0.4	0.5	0.3

Questions or comments? Contact:

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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.

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. 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.