



Chippewa County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Chippewa County's average annual cirrhosis death rate is twice the state average.
- Chippewa County youth were less likely than average to report first smoking by age 13 or younger: 12% vs. 15%.
- Reported past-month marijuana use fell from 13% in 2001 to 6% in 2007 among Chippewa County students.

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Alcohol Consumption

The rate of reported past-month alcohol use by youth in Chippewa County increased from 26% in 1998 to 31% in 2001, then fell to 24% in 2007. Comparatively, the rate for Minnesota's Southwest Alcohol, Tobacco and Other Drug Prevention Region fell steadily from 33% to 25%, and the state's from 31% to 23%.

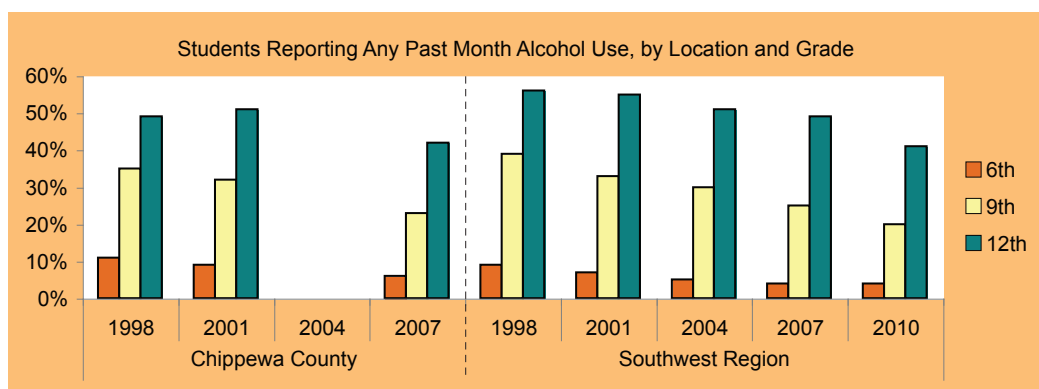
Reported use varied by

grade (*see graph below*).

The percent of Chippewa County students reporting binge drinking in the past two weeks—having five or more drinks in a row on one occasion—increased from 25% in 1998 to 27% in 2001, then fell to 20% in 2007. In comparison, the Southwest rate fell steadily from 28% to 21% and the state rate fell from 26% to 20%. In 2007, 11% of

Chippewa County 9th graders reported binge drinking, as did 30% of 12th graders. Binge drinking was reported by more male students than female students: 23% vs. 17% (MSS).

2004 and 2010 Minnesota Students Survey data are not available for Chippewa. 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 \$78 in Chippewa County, \$70 in the Southwest Region and \$54 in Minnesota (OTS).

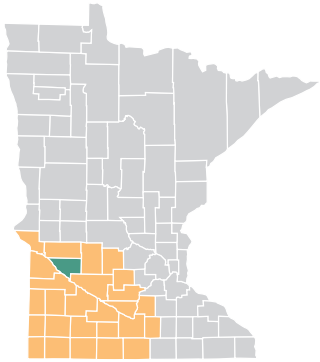
Over that same period, the driving while intoxicated

(DWI) arrest rate with Chippewa as the county of residence averaged 73.8 per 10,000 population. With Chippewa as the county of arrest, the average rate was 79.8(OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 8% in

Chippewa County, 6% in the Southwest Region and 5% in Minnesota (OTS).

The annual cirrhosis death rate per 100,000 population averaged 13 in Chippewa County, 7 in the Southwest Region, and 6 in the state from 2003 to 2007 (MCHS).



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

- 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

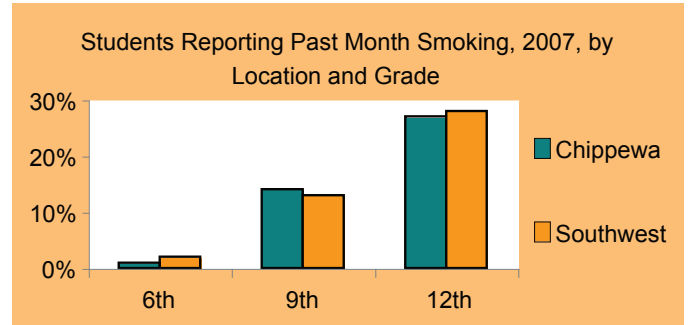
Tobacco Consumption

In Chippewa County, past-month smoking among youth increased from 12% in 1998 to 24% in 2001, then fell to 14% in 2007. In comparison, the Southwest Region's rate fell steadily from 20% to 14% and the state's rate fell from 19% to 12%.

In 2007, Chippewa County rates varied by grade (*see graph*). Past-month smoking was reported by 14% of Chippewa male students and 15% of female students in 2007.

Chippewa County youth were less likely than average to report first smoking by age 13 or younger: 12% vs. 15% (MSS).

2004 and 2010 MN Student Survey data are not available for Chippewa. Statistics on adult use 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 Chippewa County was 54 from 2004 to 2008. Comparatively, the Southwest rate averaged 51 and the state

rate averaged 45 (MCHS).

The number of Chippewa County lung and bronchus cancer deaths averaged four among males and three 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 2007, students reporting past 30 day use of alcohol and tobacco were asked how they obtained those substances. Chippewa County students most often reported social access to alcohol (86%) and tobacco (71%). Chippewa County students were about as likely (25%) as Southwest (25%) and all Minnesota students (27%) to report taking alcohol from someone or somewhere. They were more

likely to report buying (Chippewa: 63%, SW: 61%, MN: 59%) tobacco, and a bit more likely to report taking (23%, 20%, 22%) 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 81% of Chippewa County students, perception of tobacco harm was reported by 88% of Chippewa students, and perception of marijuana harm was reported by 87% of Chippewa students. Similarly, students were asked if they thought their close friends would disapprove or greatly disapprove of such levels of substance use. Perception of disapproval was 77% for alcohol, 84% for tobacco and 86% for marijuana (MSS).

Other Drug Consumption

Chippewa County students are more likely to report use of marijuana than any other illicit drug (*see graph below*). In 2007, marijuana use was reported by 5% of Chippewa County 9th graders and 11% of 12th graders—but no 6th graders. Male students were more likely than female students to report use: 7% vs. 4%.

From 2001 to 2007, reported past-year use of methamphetamines fell from 3% to 1% among Chippewa 9th graders, and 4% to 3% among

12th graders. In 2007, past-year use of psychedelics was reported by 3% of both male and female students.

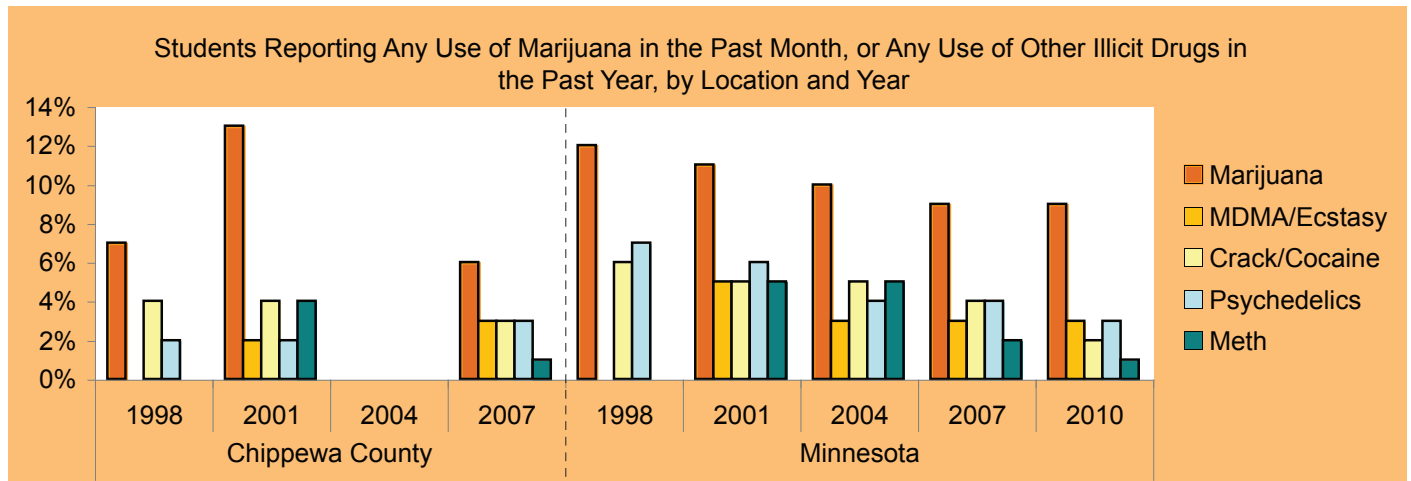
From 1998 to 2007, reported past-year use of inhalants fell among Chippewa male students, 7% to 3%, but increased among females, 1% to 4%. During that period, reported past-year use of crack/cocaine fell from 7% to 4% among males, increasing slightly from 0% to 2% for females.

Chippewa County 9th and 12th graders were asked about abuse of specific types of pre-

scription drugs in 2007: painkillers (reported by 3% of 9th graders and 5% of 12th graders), ADD/ADHD drugs (3% of both 9th and 12th graders), tranquilizers/sedatives (1% of 9th graders; 3% of 12th graders), and stimulants/diet pills: 2% of 9th graders; 3% of 12th graders (MSS).

2004 and 2010 Minnesota Student Survey data are not available for Chippewa County. Statistics on adult drug use are not available at the county level.

The US Census Bureau estimate for the 2009 Chippewa County population is 12,321. Chippewa County is approximately 96% White, 5% Hispanic/Latino and 2% American Indian, and 1% African American. In 2000, the percent of individuals living below the poverty level was 9% in both Chippewa County and in the Southwest Region, compared to 8% in the state.



Other Drug Consequences

There were 15 Chippewa County narcotics arrests in 2009—93% of which involved marijuana. Comparatively, the average annual number of narcotics arrests for Chippewa County from 2005 to 2009 was 12 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	CHIPPEWA COUNTY			SOUTHWEST REGION			MINNESOTA		
Rates per 1,000 Population	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	2.3	3.3	2.2	2.6	4.2	3.1	3.4	3.6	3.5
Juveniles on Probation	0.4	0.7	0.7	0.3	0.2	0.6	0.4	0.5	0.5
Adults in Prison	1.1	1.0	0.6	0.5	0.6	0.4	0.4	0.5	0.3

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.

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.