



Chisago County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- In 2010, binge drinking was reported by 29% of Chisago County twelfth graders.
- Though youth smoking rates have declined in Chisago County, they continue to be higher than regional and state rates.
- Abuse of prescription drugs was reported by a higher percentage of Chisago County 9th graders than the regional and state averages.

Alcohol Consumption

The rate of reported 30-day alcohol consumption by youth in Chisago County dropped by 24%, from 1998 to 2010 (from 33% to 25%). Comparatively, the East Central Region's rate dropped by 38% (from 34% to 21%) and the state's rate dropped by 35% (from 31% to 20%).

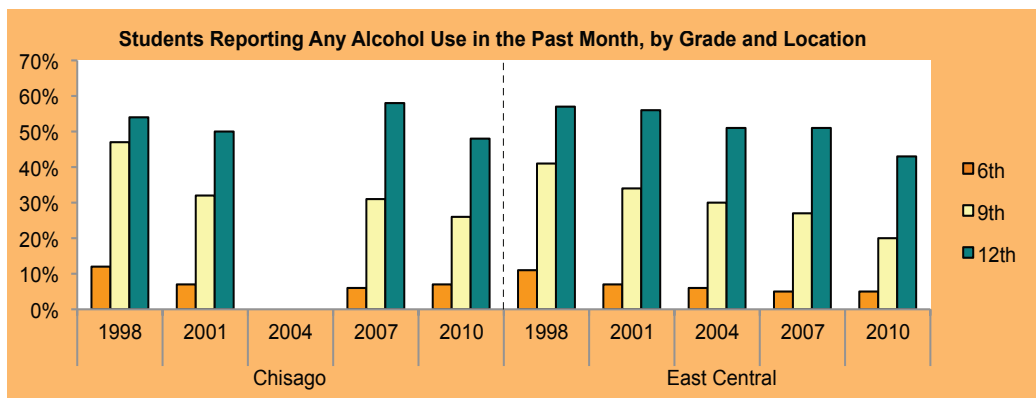
Within Chisago County, reported use varied by grade level (*see graph below*). 2004

Minnesota Student Survey data are not available for Chisago County.

Reported past-two week binge drinking among Chisago youth was equal to the state average, and lower than the East Central Region, in 1998 and 2001. However, in 2010 the Chisago County rate was 21% compared to 17% in the East Central Region and 16% in the state.

In 2010, the percent of Chisago students reporting binge drinking in the past 2 weeks was: 14% for 9th graders and 29% for 12th graders, 24% for male students and 18% for females (MSS).

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



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Alcohol Consequences

From 2005 to 2009, the average cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries was \$66 in Chisago County, \$77 in the East Central Region and \$54 in Minnesota (OTS).

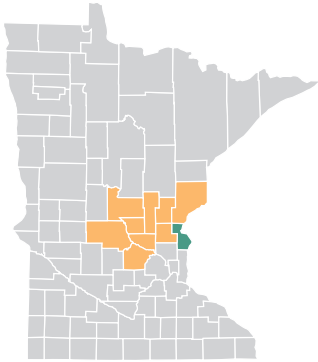
Over that same period, the driving while intoxicated (DWI) arrest rate with Chisago

as the county of residence averaged 65.9 per 10,000 population. With Chisago as the county of arrest, the average rate was 69.5 (OTS). The state DWI rate averaged 70.4 from 2005 to 2009.

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

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

The cirrhosis death rate per 100,000 population in Chisago County and the East Central Region averaged 5 from 2004 to 2008, as compared to 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

From 1998 to 2010, youth smoking rates declined state-wide: from 21% to 14% in Chisago County, 20% to 12% in the East Central Region, and 19% to 10% in the state.

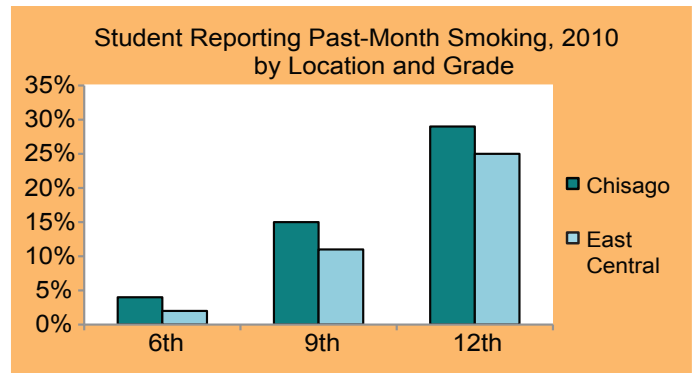
In 2010, Chisago County rates varied by grade level (*see graph*). Chisago female students were slightly less likely than male students to report past-month smoking in 2010: 14% vs. 15%.

Reported past-month snuff

use increased among Chisago County male students from 1998 to 2010: 10% to 16% for 9th graders and 18% to

30% for 12th graders (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 Chisago County was 55 from 2004 to 2008. Comparatively, the East Central Region averaged 43 and the

state 45 (MCHS).

The number of Chisago lung and bronchus cancer deaths averaged 15 among males and 12 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. Chisago County students most often reported social access to alcohol (84%) and tobacco (63%). Chisago County students were about as likely (27%) as East Central (26%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere. They reported slightly lower

rates of buying (Chisago: 50%, EC: 53%, MN: 53%) and of taking (15%, 17%, 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 76%

of Chisago County students, perception of tobacco harm was reported by 88% of Chisago County students, and perception of marijuana harm was reported by 78% of Chisago 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 86% for alcohol, 93% for tobacco and 96% for marijuana (MSS).

Other Drug Consumption

Chisago County youth reported slightly higher than average rates of illicit drug use (*see graph below*). 2004 Minnesota Student Survey data are not available for the county.

In 2010, past-month use of marijuana was reported by 2% of Chisago 6th graders, 12% of 9th graders, and 17% of 12th graders. Males were more likely than females to report use: 11% vs. 9%.

From 2001 to 2010, reported past-year use of methamphetamines fell among

Chisago students: 10% to 2% among males and 6% to 1% among females. Reported use of inhalants fell among Chisago 6th (10% to 5%), 9th (7% to 3%) and 12th (3% to 2%) graders from 1998 to 2010.

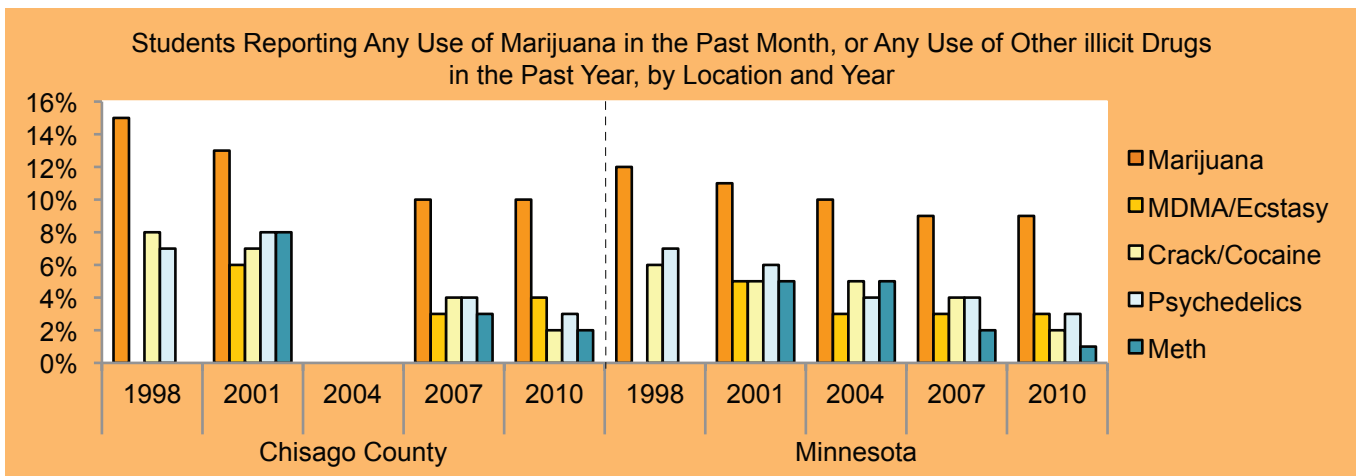
In 2010, 1% of Chisago County, East Central Region and Minnesota 6th graders reported past-year abuse of prescription drugs. Chisago 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by 5% of

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

Prescription drug abuse among Chisago 9th graders is higher than the state and regional average.

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

The US Census Bureau estimate for the 2008 Chisago County population is 50,257. Chisago County is approximately 96% White, 2% Hispanic, and 1% each African-American, American Indian, and Asian/Pacific Islander. In 2000, the percent of individuals living below the poverty level was 5% in Chisago County as compared to 8% in Minnesota.



Other Drug Consequences

There were 159 Chisago County narcotics arrests in 2009—72% of which involved marijuana. Comparatively, the average number of annual narcotics arrests in Chisago from 2005 to 2009 was 173 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	CHISAGO COUNTY			EAST CENTRAL REGION			MINNESOTA		
Rates per 1,000 Population	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	3.1	3.2	3.5	3.3	3.2	3.5	3.4	3.6	3.4
Juveniles on Probation	0.1	0.4	0.4	0.4	0.1	0.6	0.4	0.5	0.5
Adults in Prison	0.4	0.2	0.2	0.4	0.7	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.