



Clay County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- From 1998 to 2010, youth binge drinking rates fell by 57% in Clay County.
- Clay County's average annual lung, bronchus and trachea cancer death rate is lower than both the regional and state averages.
- Reported past-month marijuana use declined among Clay County students from 15% in 2001 to 8% in 2010.

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Alcohol Consumption

The rate of reported past-month alcohol consumption by youth in Clay County dropped from 32% in 1998 to 18% in 2010. Comparatively, the rate for Minnesota's West Central Alcohol, Tobacco and Other Drug Prevention Region dipped from 33% to 21%, and the state's from 31% to 20%.

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

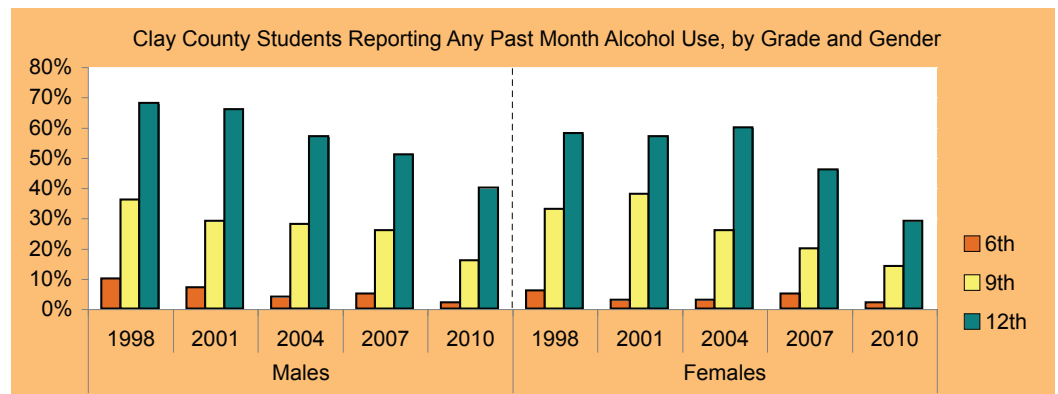
The percent of Clay County students reporting binge drinking in the past two weeks—having five or more drinks in a row on one occasion—fell from 30% in 1998 to 13% in 2010. Comparatively, the West Central rate fell from 29% to 17% and the state rate from 26% to 16%.

In 2010, binge drinking was reported by 8% of male 9th graders, 9% of female 9th

graders, 23% of male 12th graders, and 15% of female 12th graders in Clay County.

Clay County youth were slightly less likely than the state average to report first drinking by age 13 or younger: 19% 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 \$52 in Clay County, \$91 in the West Central Region and \$54 in Minnesota (OTS).

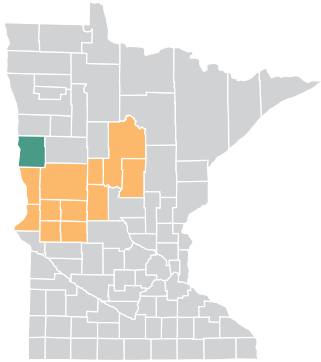
Over that same period, the driving while intoxicated

(DWI) arrest rate with Clay as the county of residence averaged 74.0 per 10,000 population. With Clay as the county of arrest, the average rate was 122.0 (OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 6% in

Clay County, 7% in the West Central Region and 5% in Minnesota (OTS).

The annual cirrhosis death rate per 100,000 population in Clay County and Minnesota averaged 6 from 2004 to 2008, as compared to 8 in the West Central Region (MCHS).



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

- Past-month alcohol use was lower among West Central women than the state average: 48% vs. 53%, and slightly lower among West Central men: 66% vs. 67%.
- West Central adults aged 18-24 reported slightly lower smoking rates than the state average, while adults aged 25-64 reported slightly higher than average smoking rates.
- Reported 30-day use of marijuana among West Central adults was equal to the state average : 4%.

West Central rates of past-year pain reliever abuse, 2%, crack/cocaine use, 1%, and methamphetamine use, 1%, equaled the state average. Less than 1% of West Central adults reported past-year use of MDMA/Ecstasy

Minnesota Survey of Adult Substance Use

Tobacco Consumption

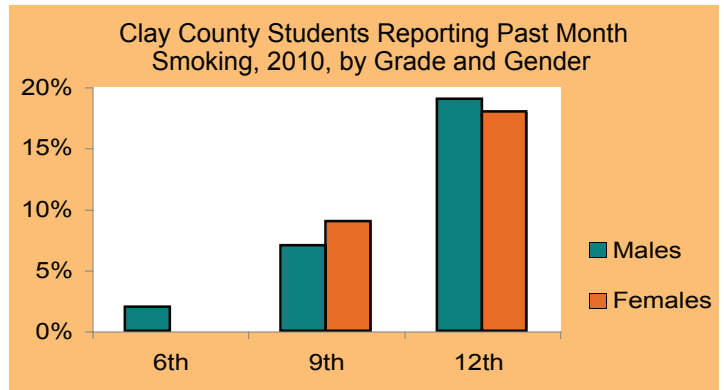
Smoking among youth declined statewide from 1998 to 2010: down from 18% to 10% in Clay County, 23% to 12% in the West Central Region, and 19% to 10% in Minnesota. In 2010, Clay County rates varied by grade and by gender (*see graph*).

From 2004 to 2010, reported past-month chewing tobacco use increased among Clay County males: 9th graders from 2% to 5% and 12th graders from 10%

to 22%. Clay County youth were slightly less likely than the state average to report first smoking by age 13 or younger:

11% 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 Clay County was 41 from 2004 to 2008. Comparatively, the West Central Region averaged 63 and the state aver-

aged 45 (MCHS).

The number of Clay 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. Clay County students most often reported social access to alcohol (90%) and tobacco (67%). Clay County students were slightly more likely (27%) than West Central (22%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere. They reported slightly higher rates of

buying (Clay: 58%, WC: 51%, MN: 53%) tobacco, and taking (22%, 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 78% of Clay County students, perception

of tobacco harm was reported by 90% of Clay County students, and perception of marijuana harm was reported by 78% of Clay 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 91% for alcohol, 96% for tobacco and 97% for marijuana (MSS).

Other Drug Consumption

Clay County students are more likely to report use of marijuana than any other illicit drug (see graph below). In 2010, no marijuana use was reported by Clay 6th graders but 9% of 9th graders and 13% of 12th graders. Clay County male students were more likely than female students to report use in 2010: 10% vs. 6%.

From 2001 to 2010, reported past-year use of methamphetamines dropped from 4% to 1% among Clay 9th graders, and 5% to 2% among 12th graders. From 1998 to

2010, reported past-year use of psychedelics fell among Clay County male students, 9% to 3% and female students from 4% to 3%. During that same time period, reported past-year use of crack/cocaine fell from 7% to 2% among Clay County males and 6% to 2% among females. Reported use of inhalants changed a little among Clay youth: 6% in 1998 to 3% in 2010.

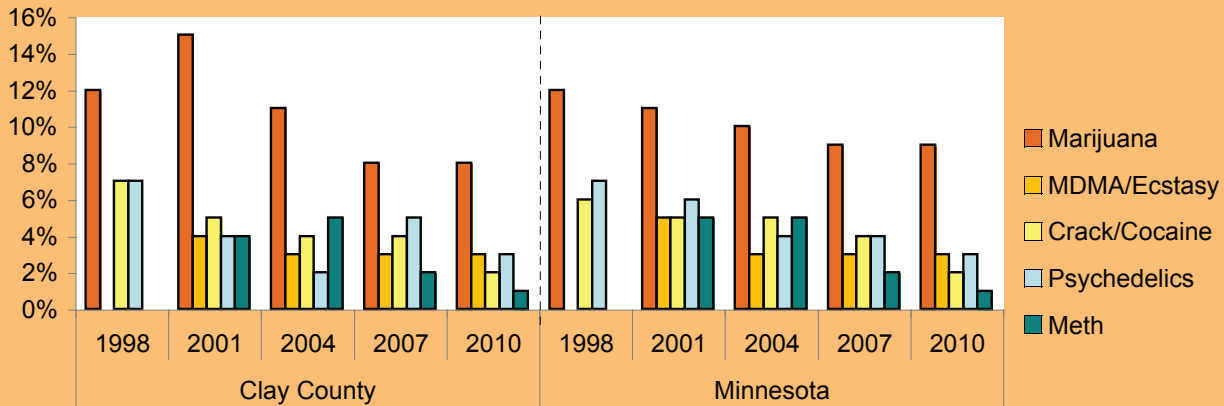
In 2010, 1% of 6th graders in Clay County, the West Central Region and the state reported past-year abuse of pre-

scription drugs. Clay County 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by 3% of 9th graders and 5% of 12th graders), ADD/ADHD drugs (3% of 9th graders; 4% of 12th graders), tranquilizers/sedatives (1% 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 Clay County population is 55,767. Clay County is approximately 95% White, 3% Hispanic, 2% American Indian, 1% African-American, and 1% Asian/Pacific Islander. In 2000, the percent of individuals living below the poverty level was 13% in Clay County, 11% in the West Central Region, and 8% in Minnesota.

Students Reporting Any Marijuana Use in the Past Month, or Any Other Illicit Drug Use in the Past Year, by Location and Year



Other Drug Consequences

There were 114 Clay County narcotics arrests in 2009—80% of which involved marijuana. Comparatively, the average annual number of narcotics arrests for Clay County from 2004 to 2008 was 148 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	CLAY COUNTY			WEST CENTRAL REGION			MINNESOTA		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Rates per 1,000 Population									
Adults on Probation	3.1	3.6	4.2	2.9	1.7	3.4	3.4	3.6	3.5
Juveniles on Probation	1.3	1.5	2.2	0.7	0.2	0.9	0.4	0.5	0.5
Adults in Prison	0.8	1.1	0.9	0.5	0.6	0.5	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, 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.