



# Douglas County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

## KEY FINDINGS

- Douglas County's average annual cirrhosis death rate is less than half that of the regional and state averages.
- Douglas County youth were less likely than the state average to report first smoking by age 13 or younger: 10% vs. 12%
- Reported past-year use of psychedelics increased among Douglas County youth from 2% in 2007 to 5% in 2010.

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## Alcohol Consumption

The rate of reported past-month alcohol consumption by youth in Douglas County dropped from 34% in 1998 to 19% 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 Douglas County, reported use varied by grade and by gender (*see graph below*).

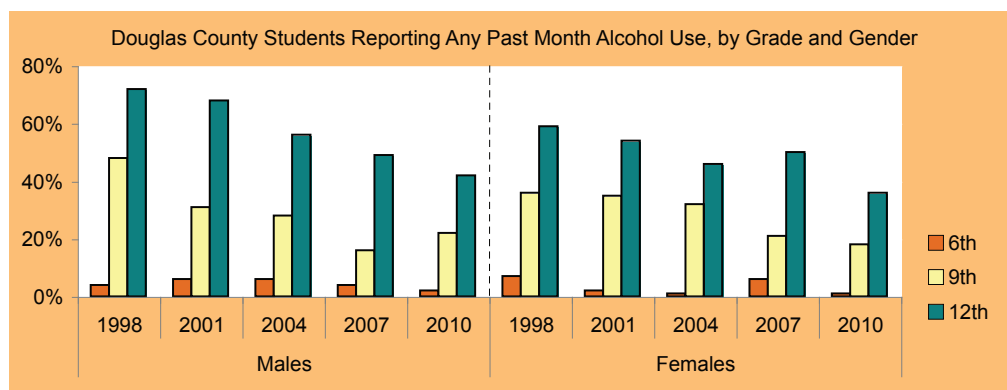
The percent of Douglas students reporting binge drinking in the past two weeks—having five or more drinks in a row on one occasion—fell from 32% in 1998 to 15% in 2010. Comparatively, the West Central rate fell from 29% to 17% and the state rate fell from 26% to 16%.

In 2010, binge drinking was reported by 13% of male

9th graders, 8% of female 9th graders, 26% of male 12th graders, and 13% of female 12th graders in Douglas County.

Douglas 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 \$71 in Douglas County, \$91 in the West Central Region and \$54 in Minnesota (OTS).

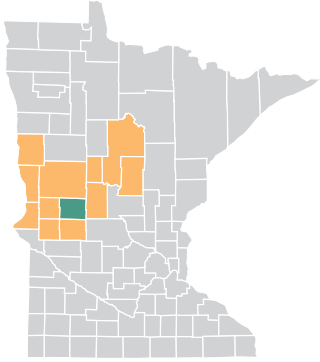
Over that same period, the driving while intoxicated

(DWI) arrest rate with Douglas as the county of residence averaged 70.3 per 10,000 population. With Douglas as the county of arrest, the average rate was 74.3 (OTS).

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

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

The cirrhosis death rate per 100,000 population in Douglas County averaged 3 from 2004 to 2008, as compared to 8 in the West Central Region and 6 in the state (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

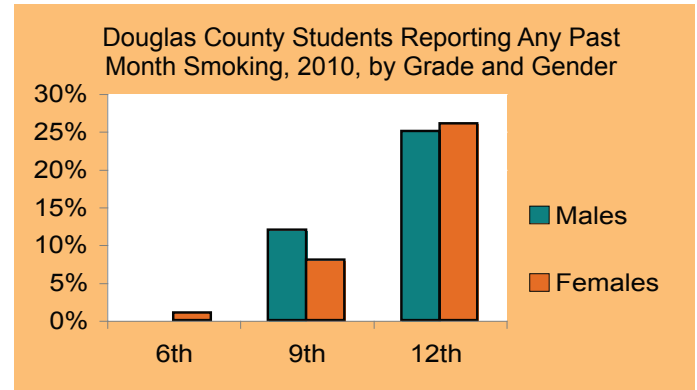
Smoking among youth declined statewide from 1998 to 2007: down from 25% to 11% in Douglas County, 23% to 12% in the West Central Region, and 19% to 10% in Minnesota. In 2010, Douglas County rates varied by grade and by gender (*see graph*).

From 2004 to 2010, reported past-month chewing tobacco use increased among Douglas County 12th grade males, 14% to 22%, and also increased slightly among 9th grade males:

6% to 7%. Douglas County youth were less likely than the state average to report first smoking by age 13 or younger:

10% 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 Douglas County was 56 from 2004 to 2008. Comparatively, the West Central Region averaged 63 and the

state averaged 45 (MCHS).

The number of Douglas County lung and bronchus cancer deaths averaged 11 among males and 9 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. Douglas County students most often reported social access to alcohol (83%) and tobacco (67%). Douglas students were slightly less likely (21%) as West Central (22%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere, and a bit less likely to report taking tobacco: 16%, 17%, 17%.

They were also slightly less likely to report buying tobacco from someone or somewhere: 50%, 51%, 53%.

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 80% of Douglas County students, perception

of tobacco harm was reported by 92% of Douglas students, and perception of marijuana harm was reported by 78% of Douglas 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 90% for alcohol, 95% for tobacco and 97% for marijuana (MSS).

## Other Drug Consumption

Douglas 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 Douglas 6th graders but was by 6% of 9th graders and 15% of 12th graders. Male students were slightly more likely than female students to report use in 2010: 8% vs. 5%.

From 2001 to 2010, reported use of methamphetamines dropped from 7% to 1% among Douglas 9th graders, and 12% to 1% among 12th graders. From 1998 to

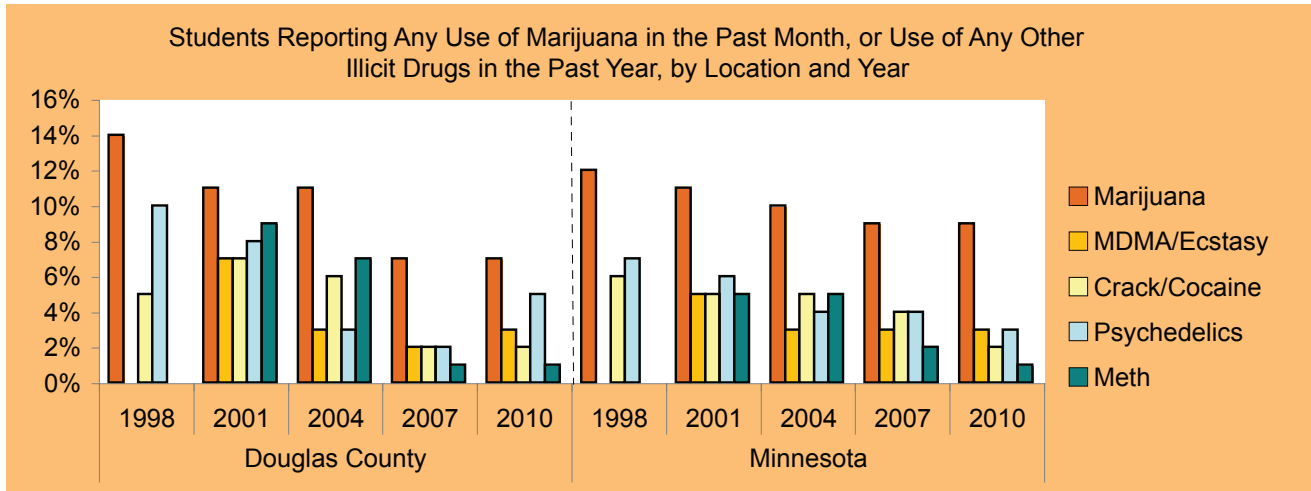
2010, reported use of inhalants decreased among Douglas 6th graders, 5% to 2%, 9th graders, 10% to 4%, and 12th graders, 3% to 2%. During that same period, reported use of psychedelics fell among Douglas County male students, 14% to 7%, and female students, 6% to 2%, while reported use of crack/cocaine fell from 5% to 3% among males and 4% to 1% among females.

In 2010, no 6th graders in Douglas County reported past-year abuse of prescription drugs vs. 1% of 6th graders in

the West Central Region and the state. Douglas County 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by 4% of 9th graders; 8% of 12th graders), ADD/ADHD drugs (3% of 9th graders; 7% of 12th graders), tranquilizers/sedatives (2% of 9th graders; 5% of 12th graders), and stimulants/diet pills: 3% of both 9th and 12th graders (MSS).

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

The US Census Bureau estimate for the 2008 Douglas County population is 36,258. Douglas County is approximately 98% White, and 1% Hispanic/Latino. In 2000, the percent of individuals living below the poverty level was 9% in Douglas County, 11% in the West Central Region, and 8% in Minnesota.



## Other Drug Consequences

There were 88 Douglas County narcotics arrests in 2009—65% of which involved marijuana. This is slightly higher than the average annual number of narcotics arrests for Douglas County, from 2005 to 2009: 84 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	DOUGLAS COUNTY			WEST CENTRAL REGION			MINNESOTA		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Rates per 1,000 Population									
Adults on Probation	1.7	2.0	2.4	2.9	1.7	3.4	3.4	3.6	3.5
Juveniles on Probation	0.1	1.7	0.7	0.7	0.2	0.4	0.4	0.5	0.5
Adults in Prison	0.4	0.7	0.6	0.5	0.6	0.4	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](http://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](http://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.