



Fillmore County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Fillmore County's average cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries is higher than both regional and state averages.
- From 1998 to 2010, youth smoking rates dropped by 50% in Fillmore County.
- Reported past-year crack/cocaine use fell among Fillmore students from 7% in 1998 to 2% in 2010.

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Alcohol Consumption

The rate of reported past-month alcohol consumption by youth in Fillmore County fluctuated, but ultimately fell from 39% in 1998 to 23% in 2010. Comparatively, the rate for Minnesota's Southeast Alcohol, Tobacco and Other Drug Prevention Region dipped from 32% to 19%, and the state's from 31% to 20%.

Reported use varied by grade (*see graph below*). In

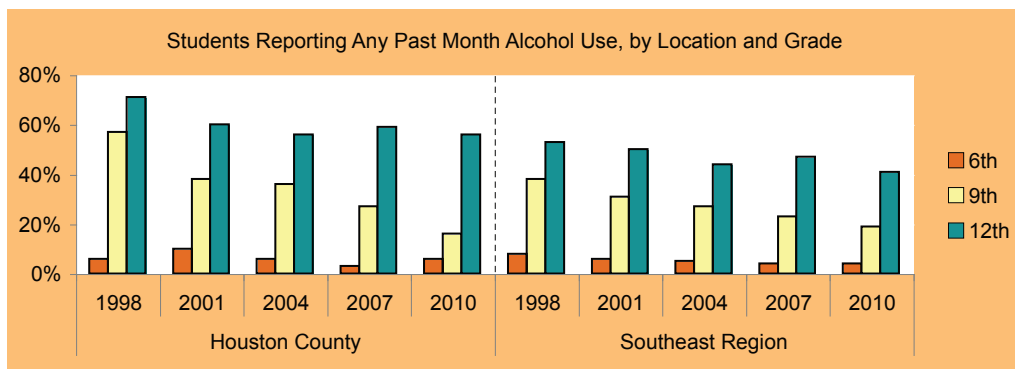
2010, Fillmore female students were less likely than male students to report past month use: 20% vs. 26%.

The percent of Fillmore students reporting binge drinking in the past two weeks—having five or more drinks in a row on one occasion—fluctuated, but ultimately fell from 35% in 1998 to 23% in 2010. The Southeast rate fell steadily from 27% to 16% and the state rate

from 26% to 16%.

In 2010, 13% of Fillmore 9th graders reported binge drinking, as did 32% of 12th graders. Binge drinking was reported by more male students than female students: 28% vs. 18% (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 \$127 in Fillmore County, \$53 in the Southeast Region and \$54 in Minnesota (OTS).

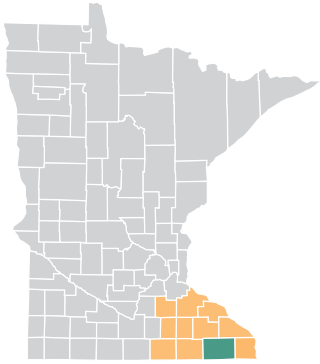
Over that same period, the driving while intoxicated

(DWI) arrest rate with Fillmore as the county of residence averaged 56 per 10,000 population. With Fillmore as the county of arrest, the average rate was 53 (OTS).

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

Fillmore County, 5% in both the Southeast Region and Minnesota (OTS).

The annual cirrhosis death rate per 100,000 population averaged 5 in both Fillmore and the Southeast Region from 2004 to 2008, compared to 6 in the state (MCHS).



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

- Past-month alcohol use was lower among both men, 67% vs. 65%, and women, 50% vs. 53%, in the Southeast Region as compared to the state average.

- In the Southeast, past month smoking was reported by 36% of 18-20 year-olds, 57% of 21-24 year-olds, 27% of 25-44 year-olds, 18% of 45-64 year-olds, and 5% of persons aged 65+.

- Southeast adults were less likely than the state average to report past month use of marijuana, 3% vs. 4%. They were as likely to report past year use of crack/cocaine, 1%, and abuse of prescription pain relievers, 2%. Less than half of one percent of Southeast adults reported past-year use of methamphetamines.

Minnesota Survey of Adult Substance Use

Tobacco Consumption

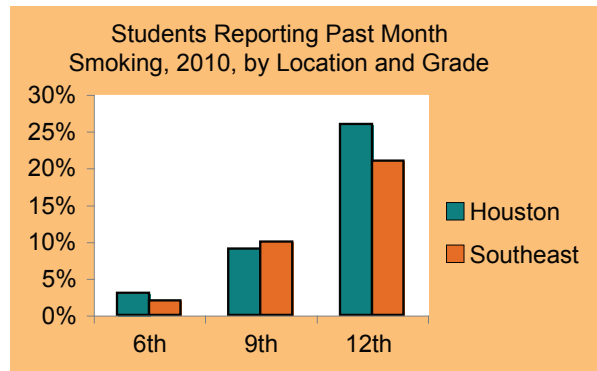
Smoking among youth declined statewide from 1998 to 2010: down from 24% to 12% in Fillmore County, 19% to 10% in the Southeast Region, and 19% to 10% in Minnesota.

In 2010, Fillmore rates varied by grade (*see graph*). Past month smoking was reported by 15% of Fillmore males and 9% of females in 2010.

From 2004 to 2010, reported past-month chewing tobacco use increased among Fillmore County male students: 4% to

16%. Fillmore youth were just as likely as the state average to report first smoking by age 13 or younger: 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 Fillmore County was 45 from 2004 to 2008. Comparatively, the Southeast Region averaged 47 and the

state averaged 45 per 100,000 (MCHS).

The number of Fillmore County lung and bronchus cancer deaths averaged six 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 2010, students reporting past 30 day use of alcohol and tobacco were asked how they obtained those substances. Fillmore County students most often reported social access to alcohol (90%) and tobacco (55%). Fillmore County students were more likely (25%) than Southeast (23%) but less likely than all Minnesota students (26%) to report taking alcohol from someone or somewhere. They were more

likely to report buying (Fillmore: 55%, SE: 52%, MN: 53%) tobacco, and more likely to report taking (18%, 16%, 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 72% of Fillmore County students, perception of tobacco harm was reported by 87% of Fillmore students, and perception of marijuana harm was reported by 76% of Fillmore 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, 95% for tobacco and 97% for marijuana (MSS).

Other Drug Consumption

Fillmore County youth are more likely to report use of marijuana than any other illicit drug (*see graph below*). In 2010, marijuana use was reported by 4% of 9th graders and 15% of 12th graders—but no 6th graders. Male students were more likely than female students to report use: 8% vs. 4%.

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

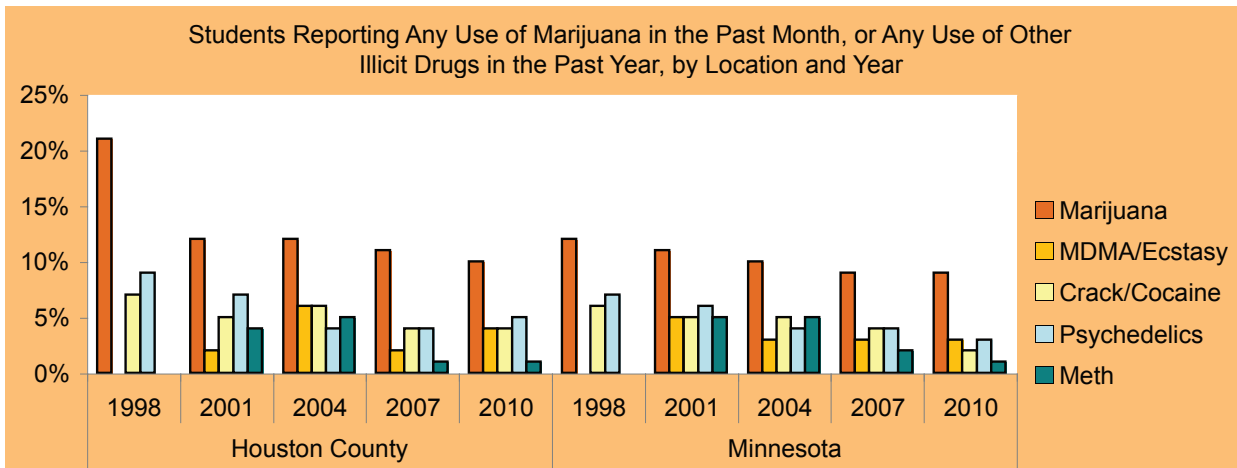
fell among Fillmore 6th graders, 4% to 3%, 9th graders, 13% to 6%, and 12th graders, 3% to 2%. During that period, reported use of psychedelics fell among Fillmore female students, 5% to 0% but held steady at 6% for male students. Reported past-year use of crack/cocaine fell from 7% to 4% for males and 7% to 0% for females.

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

ty 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by 2% of 9th graders; 3% of 12th graders), ADD/ADHD drugs (3% of both 9th and 12th graders), tranquilizers/sedatives (1% of 9th graders; 2% of 12th graders), and stimulants/diet pills: (1% of 9th graders; 4% of 12th graders) (MSS).

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

The US Census Bureau estimate for the 2008 Fillmore County population is 20,850. Fillmore County is approximately 99% White and 1% Hispanic/Latino. In 2000, the percent of individuals living below the poverty level was 10% in Fillmore County compared to 7% in the Southeast Region and 8% in Minnesota.



Other Drug Consequences

There were 3 Fillmore County narcotics arrests in 2009—67% of which involved marijuana. Similarly, the average annual number of narcotics arrests for Fillmore County from 2005 to 2009 was 8 (BCA). For probation and prison data related to drug offenses, see table below (DOC)

DRUG OFFENSES	FILLMORE COUNTY			SOUTHEAST REGION			MINNESOTA		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	1.7	2.1	1.8	3.0	2.1	3.2	3.4	3.6	3.5
Juveniles on Probation	0.2	1.2	0.0	0.3	0.1	0.6	0.4	0.5	0.5
Adults in Prison	0.4	0.2	0.2	0.5	0.6	0.5	0.4	0.5	0.3

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

Questions or comments? Contact:

Melissa Boeke, MS
Epidemiologist

Minnesota Institute of Public Health
2720 Highway 10 NE
Mounds View, MN 55112

Phone: 763.712.7615
Fax: 763.427.7841
E-mail: sumn@miph.org

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.