



Marshall County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- The percent of all motor vehicle crashes in Marshall County that were alcohol-related averaged 13% vs. 5% in Minnesota.
- Reported smoking dropped by 63% among Marshall youth from 1998 to 2010.
- Reported methamphetamine use rates dropped from 7% in 2001 to 2% in 2010 among Marshall students.

INSIDE

Tobacco Consumption 2
 Tobacco Consequences..... 2
 Risk & Protective Factors 2
 Other Drug Consumption 3
 Other Drug Consequences... 3
 MN SEOW 4
 Data Sources..... 4

Alcohol Consumption

The rate of reported 30-day alcohol consumption by youth in Marshall County fell from 33% in 1998 to 19% in 2010. In comparison, Minnesota’s Northwest Alcohol, Tobacco and Other Drug Prevention Region rate fell from 36% to 22% and the state rate fell from 31% to 20%.

Within Marshall County, reported use varied by grade

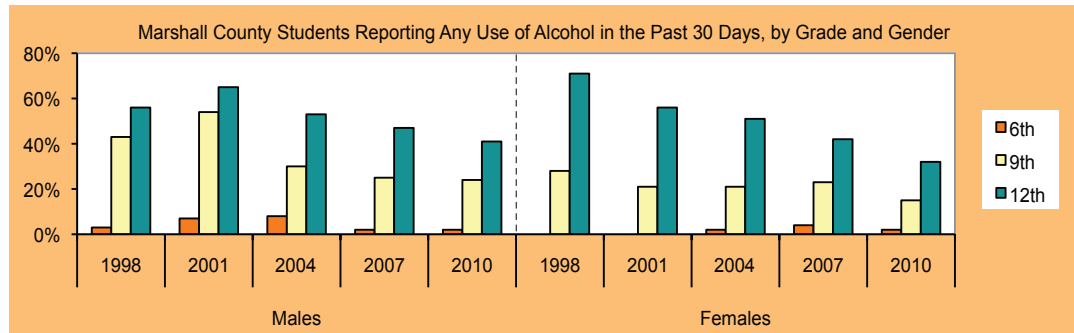
and by gender (*see graph below*).

The percent of Marshall County students reporting binge drinking in the past two weeks—having five or more alcoholic drinks in a row on one occasion—changed from 33% in 1998 to 16% in 2010. Comparatively, Northwest binge drinking rates dipped from 31% to 18% during that time, and state rates from 26%

to 16%.

In 2010, 12% of Marshall 9th graders reported binge drinking, as did 22% of 12th graders. Binge drinking was reported by 23% of Marshall male students and 9% of female students (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 \$66 in Marshall County, \$104 in the Northwest and \$54 in Minnesota (OTS).

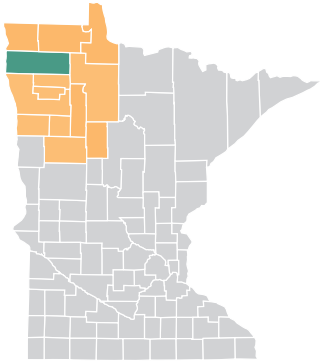
Over that same period, the driving while intoxicated

(DWI) arrest rate with Marshall as the county of residence averaged 68.8 per 10,000 population. With Marshall as the county of arrest, the average rate was 54.0 (OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 13% in

Marshall County—more than the Northwest Region, 10%, and Minnesota: 5% (OTS).

The cirrhosis death rate per 100,000 population in Marshall County averaged 8 from 2004 to 2008, as compared to 10 in the Northwest and 6 in the state (MCHS).



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

- 30-day alcohol consumption was higher among 18–24 year-olds in the Northwest Region than in the state, but lower among other age groups.

- Adults in Northwest Minnesota reported 30-day smoking rates higher than the state average: 27% vs. 24% for males and 24% vs. 21% for females.

- Reported 30-day use of marijuana was slightly higher than the state average in the Northwest : 5% vs. 4%, as was reported abuse of pain relievers: 3% vs. 2%. Twelve month use of MDMA/Ecstasy, crack/cocaine, and meth was the same in the Northwest as in Minnesota: 1%.

Minnesota Survey of Adult Substance Use

Tobacco Consumption

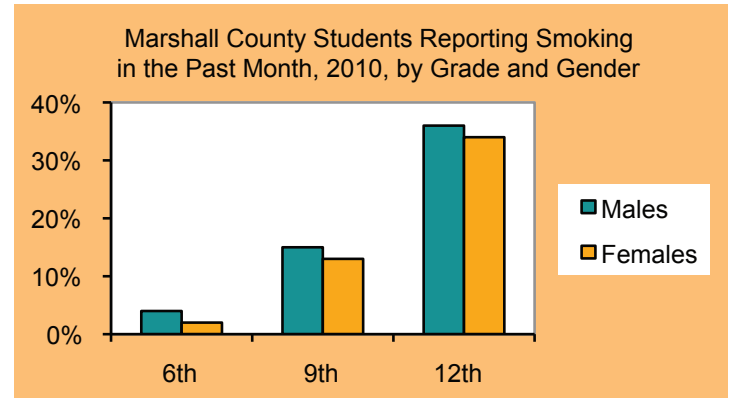
The percent of students reporting smoking any cigarettes in the past 30 days was declined in Marshall County from 1998 to 2010 by 63% (24% to 9%). Smoking among youth also declined in the Northwest region and statewide during that same period: down by 39% in the Northwest, and down by 47% in the state.

In 2010, Marshall County rates varied by grade and by gender (*see graph*).

Reported past 30-day

chewing tobacco use increased among 12th grade Marshall County male students: 15% in 1998 to 33% in 2010 (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 Marshall County was 43 from 2004 to 2008. Comparatively, the Northwest averaged 58 and the state 45

(MCHS).

The number of Marshall lung and bronchus cancer deaths averaged 2 among males and 2 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. Marshall County students most often reported social access to alcohol: 89%. Marshall students were about as likely as (26%) Northwest (27%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere. They were more likely to report buying (Marshall: 69%, NW:

55%, MN: 53%) tobacco, and about as likely to report taking it (17%, 20%, 17%).

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 85% of Marshall County students,

perception of tobacco harm was reported by 92% of Marshall County students, and perception of marijuana harm was reported by 87% of Marshall 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 88% for alcohol, 96% for tobacco and 98% for marijuana (MSS).

Other Drug Consumption

Marshall County students are less likely than average to report past-month marijuana use (*see graph below*). In 2010, marijuana use was reported by 0% of Marshall 6th graders, 8% of 9th graders and 10% of 12th graders. Marshall male students were more likely than females to report use in 2010: 10% vs. 3%.

From 2001 to 2010, reported use of methamphetamines dropped from 7% to 1% among Marshall 9th graders, and from 6% to 3% among Marshall 12th graders. From

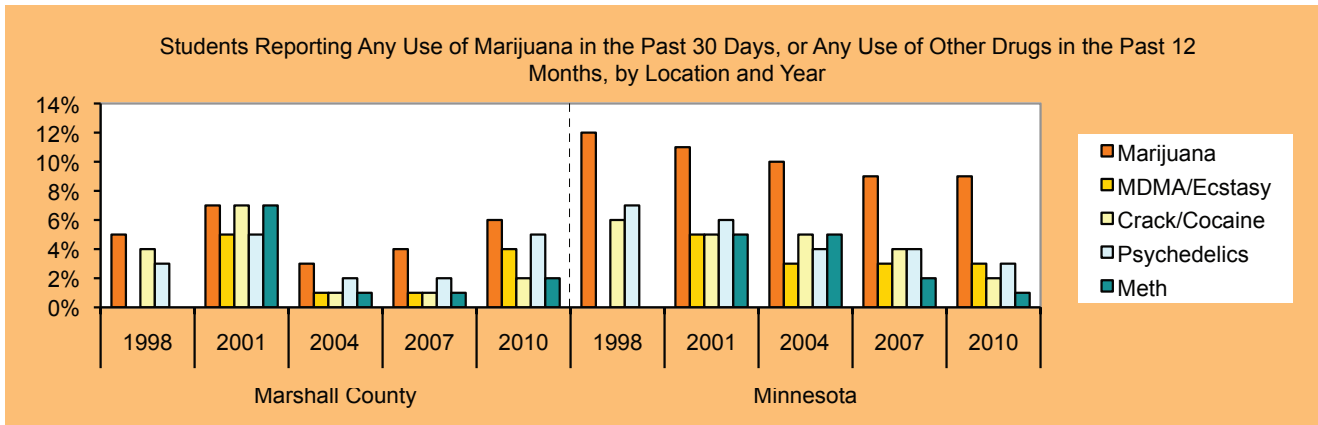
1998 to 2010, reported use of inhalants held steady around 2% among Marshall 6th graders, but dropped from 8% to 4% for 9th graders and 6% to 4% for 12th graders. From 2001 to 2010, reported use of MDMA/Ecstasy dipped among Marshall male students from 9% to 7%, while female students reported a slight increase of no use to 1% during this period.

In 2010, past-year abuse of prescription drugs was reported by 1% of 6th graders in Marshall County, the North-

west Region, and Minnesota students. Marshall County 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by 7% of 9th graders and 5% of 12th graders), ADD/ADHD drugs (6% of 9th graders and 4% of 12th graders), tranquilizers/sedatives (2% of 9th graders and 1% of 12th graders), and stimulants/diet pills: 5% of 9th graders and 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 Marshall County population is 9,502. Marshall County is approximately 98% White and 4% Hispanic. In 2000, the percent of individuals living below the poverty level was 10% in Marshall County as compared to 8% in Minnesota.



Other Drug Consequences

There were seven Marshall County narcotics arrests in 2009 none of which involved marijuana. Comparatively, the average number of annual arrests in Mahanomen from 2005 to 2009 was 19 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	MARSHALL COUNTY			NORTHWEST REGION			MINNESOTA		
	2007	2008	2009	2007	2008	2009	2007	2008	2009
Rates per 1,000 Population									
Adults on Probation	1.3	2.5	2.0	3.3	2.0	4.5	3.4	3.6	3.5
Juveniles on Probation	2.4	0.5	0.5	0.4	0.1	0.6	0.4	0.5	0.5
Adults in Prison	0.1	0.0	0.0	0.5	0.5	0.4	0.4	0.5	0.3

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.