



Morrison County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Morrison County's average annual cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries, at \$126, is higher than the regional and state averages.
- Morrison County's lung, bronchus, and trachea cancer death rate is higher than the regional and state average.
- Reported past-year use of crack/cocaine fell among Morrison youth from 10% in 1998 to 1% in 2010.

Alcohol Consumption

The rate of reported past-month alcohol consumption by youth in Morrison County dropped from 41% in 1998 to 29% in 2010. Comparatively, the rate for Minnesota's East Central Alcohol, Tobacco and Other Drug Prevention Region dipped from 34% to 21%, and the state's from 31% to 20%.

Within Morrison County, reported use varied by grade

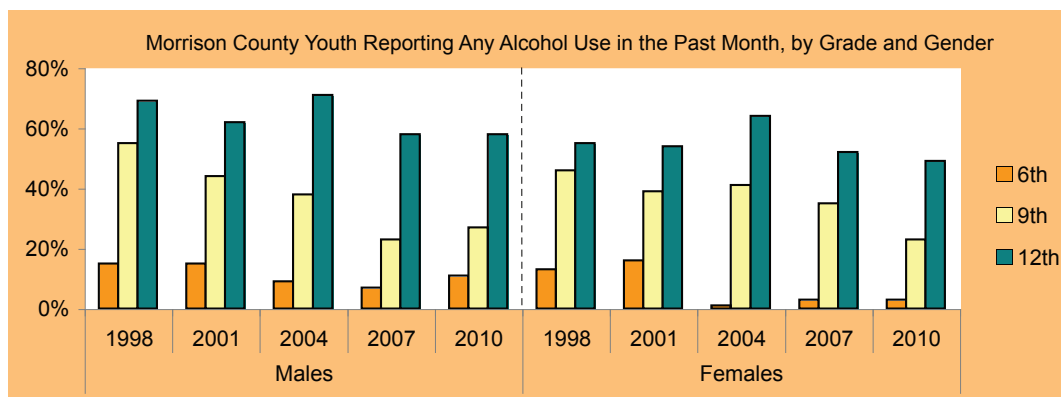
and by gender (*see graph below*).

The percent of Morrison County students reporting binge drinking in the past two weeks—having five or more alcoholic drinks in a row on one occasion—has also been higher than regional and state averages. Morrison rates fell from 36% in 1998 to 24% in 2010, East Central rates fell

from 28% to 17% and state rates from 26% to 16%.

In 2010, 15% of Morrison 9th graders reported binge drinking, as did 34% of 12th graders. Binge drinking was reported by 27% of Morrison male students and 22% of female students in 2010 (MSS).

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



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 Consequences

From 2005 to 2009, the average cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries was \$126 in Morrison County, \$77 in the East Central Region and \$54 in Minnesota (OTS).

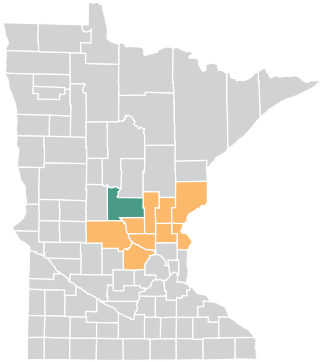
Over that same period, the driving while intoxicated

(DWI) arrest rate with Morrison as the county of residence averaged 69 per 10,000 population. With Morrison as the county of arrest, the average rate was 60 (OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 9% in

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

The cirrhosis death rate per 100,000 population in Morrison County averaged 8 from 2004 to 2008, as compared to 5 in the East 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 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

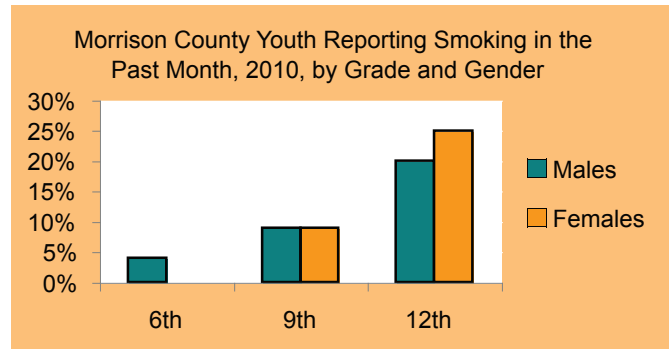
Smoking among youth declined statewide from 1998 to 2010: down from 22% to 11% in Morrison County, 20% to 12% in the East Central Region, and 19% to 10% in Minnesota. In 2010, Morrison County rates varied by grade and by gender (*see graph*).

From 2004 to 2010, reported past-month chewing tobacco use increased among Morrison County 9th grade males, 6% to 17%, but

decreased among 12th grade males, 29% to 27%. Morrison County youth were more likely than the state average to report first smoking by age

13 or younger: 16% 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 Morrison County was 60 from 2004 to 2008. Comparatively, the East Central Region averaged 43 and

the state 45 (MCHS).

The number of Morrison County lung and bronchus cancer deaths averaged 10 among males and 8 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. Morrison County students most often reported social access to alcohol (91%) and tobacco (54%). Morrison County students were less likely (23%) than East Central (26%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere. They also reported

higher rates of buying (Morrison: 62%, EC: 53%, MN: 53%) but lower rates of taking (10%, 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 74%

of Morrison County students, perception of tobacco harm was reported by 91% of Morrison County students, and perception of marijuana harm was reported by 78% of Morrison 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 81% for alcohol, 95% for tobacco and 98% for marijuana (MSS).

Other Drug Consumption

Morrison County students were more likely to report use of marijuana than any other illicit drug (*see graph below*). In 2010, marijuana use was reported by 1% of 6th graders, 8% of 9th graders and 16% of 12th graders. Morrison County male students were more likely (9%) than females (7%) to report use in 2010.

From 2001 to 2010, reported use of methamphetamines dropped from 6% to 1% among both 9th and 12th graders in Morrison County. From 1998 to 2010, reported

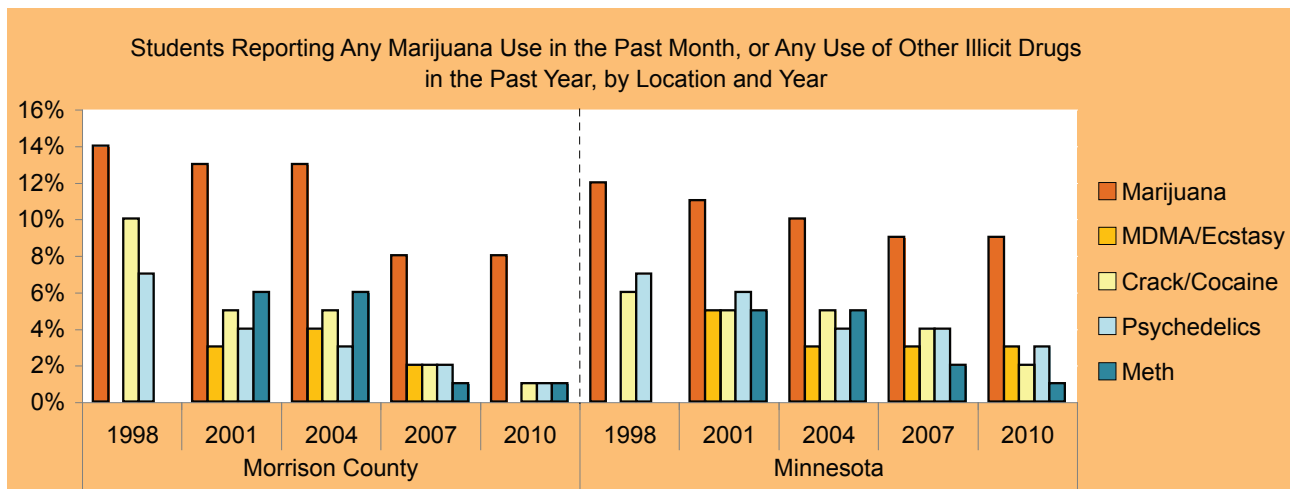
use of inhalants decreased among Morrison 6th graders, 9% to 5%, 9th graders, 11% to 2%, and 12th graders, 5% to 1%. During that same period, reported past-year use of crack/cocaine fell among both male and female students in Morrison County: 10% to 1%, as did past-year use of psychedelics (from 8% to 1% for males and 7% to 2% for female students.)

In 2010, 1% of Morrison County, East Central Region and Minnesota 6th graders reported past-year abuse of

prescription drugs. Morrison 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 (1% of 9th graders; 4% of 12th graders), tranquilizers/sedatives (1% of 9th graders; 2% of 12th graders), and stimulants/diet pills: 2% 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 Morrison County population is 32,893. Morrison County is approximately 98% White and 1% Hispanic/Latino. In 2000, the percent of individuals living below the poverty level was 11% in Morrison County as compared to 9% in East Central Region and 8% in Minnesota.



Other Drug Consequences

There were 62 Morrison County narcotics arrests in 2009—54% of which involved marijuana. Comparatively, the average number of annual narcotics arrests in Morrison County from 2005 to 2009 was 63 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	MORRISON COUNTY			EAST CENTRAL REGION			MINNESOTA		
Rates per 1,000 Population	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	3.1	3.0	2.7	3.3	3.2	3.5	3.4	3.6	3.5
Juveniles on Probation	0.4	1.0	0.7	0.4	0.1	0.6	0.4	0.5	0.5
Adults in Prison	0.4	0.8	0.5	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.