



# Other Drug Use and Consequences in Minnesota, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

## KEY FINDINGS

- Reported past-year use of methamphetamines dropped from 2001 to 2010 for both males and females, 9th and 12th graders.
- The percent of all treatment admissions involving opioids as the primary substance of has increased steadily over time.
- The rate of drug-related deaths per 100,000 population dropped in Minnesota to 0.1 in 2007.

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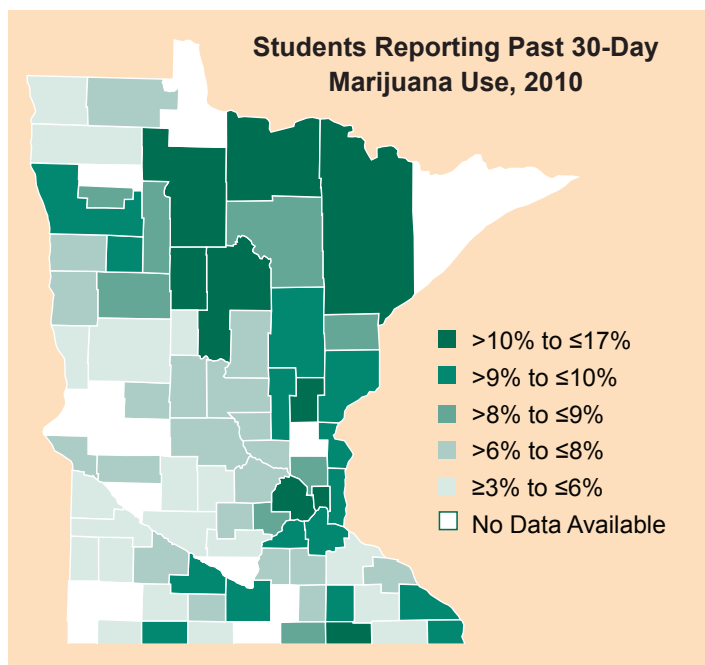
## Marijuana Consumption

Overall, the percent of Minnesota students who reported smoking marijuana in the past 30 days declined from 12% in 1998 to 10% in 2010. Past month use was reported by 1% of 6th graders, 11% of 9th grade males, 9% of 9th grade females, 25% of 12th grade males, and 16% of 12th grade females in 2010.

Rates have been highest in the Northeast region of the state, and lowest in the Southwest region over the past 12 years.

Reported past 30-day marijuana use has been highest among American Indian/Alaska Native and Hispanic/Latino youth, and lowest among Asian/Pacific Islander youth (MSS).

Reported past month mari-



juana use increased among 18-25 year old Minnesotans, from 16.7% in 2004-2005 to 20.9% in 2007-2008; rates for adults age 26 and older fell from 5.1% to 4.8%

(NSDUH). In 2004/2005, Metro and Northwest region men and women were slightly more likely to report having smoked marijuana in the past 30 days (MNSASU).

## Perceptions of Harm, Disapproval

In 2010, students were asked if they thought their parents or guardians would disapprove or greatly disapprove if they smoked marijuana once or twice per week. Belief of friends' disapproval decreased with grade for males (98% of

6th graders; 96% of 9th graders; 92% of 12th graders) and females (98%; 97%; 95%).

Students were also asked if they believed people put themselves at great or moderate risk of harm by smoking marijuana once or twice per

week. Perception of marijuana harm decreased from 2007 to 2010 among 6th graders (90% to 87%), 9th graders (82% to 77%), and 12th graders (71% to 64%) (MSS).



The vast majority of teens abusing prescription drugs are getting them from the medicine cabinets of friends, family and acquaintances. Some teens traffic among themselves—handing out or selling “extra” pills of their own, or pills they’ve acquired or stolen from schoolmates. A very small minority of teens say they get their prescription drugs illicitly from doctors, pharmacists or over the internet.

*The Partnership for a Drug-Free America. Preventing Teen Abuse of Prescription Drugs FACT SHEET; April 2008.*

## Prescription Drugs

From 1998 to 2004, the percent of students reporting use of someone else’s prescription drugs increased from 7% to 11% among 12th grade males, and from 6% to 9% among 12th grade females (MSS).

In 2010, 9th and 12th graders were asked about abuse of specific types of prescription drugs (*see table*).

In 2004/2005 reported rates of abuse of prescription

pain relievers were highest among 18-20 year-old women and 21-24 year-old men: both 10%. Reported abuse of tran-

quilizers or sedatives was highest among 18-20 year-olds, for both males, 13%, and females, 10% (MNSASU).

### Students Reporting Abuse of Prescription Drugs, 2010

	9th Grade		12th Grade	
	Males	Females	Males	Females
Pain Relievers	3%	4%	8%	5%
ADD/ADHD Drugs	3%	4%	6%	5%
Stimulants/Diet Pills	2%	3%	3%	2%
Tranquilizers/Sedatives	2%	2%	4%	2%

## Methamphetamines

Reported past-year use of methamphetamines dropped from 2001 to 2010 for 9th grade males: 5% to 1%, 9th grade females: 4% to 1%, 12th grade males: 8% to 2%

and 12th grade females: 5% to 1% (MSS).

In 2004/2005, reported adult use of methamphetamines was higher among Minnesota males than females.

Reported use by 18-20 year-olds was higher in non-metro counties, 4% vs. 2%, but use by 21-24 year-olds was higher in the seven-county metro area: 2% vs. 1% (MNSASU).

## Other Drug Trends

Over the past 12 years, reported inhalant use has been highest among 9th graders and lowest among 12th graders, though 9th grade rates did drop from 7% to 3% (MSS).

MDMA/Ecstasy use was reported most often by metro-area male students from 2001 to 2010 (MSS). Among adults, use was most often reported by 18-20 year-old non-metro males, 5%, and 21-24 year-old metro-area males, 4% (MNSASU).

Crack/cocaine use was reported most often by metro-area male students from 2004 to 2010: 5%. Three percent of all Minnesota male students reported past-year use, and 2% of all female students (MSS). Similarly, adult use of crack/cocaine was most often reported by metro-area males in 2004/2005—2% vs. 1% for metro women and 1% for non-metro men (MNSASU).

Reported use of LSD, PCP and other psychedelics has also

been highest among metro-area male students. Rates dropped from 10% in 1998 to 5% in 2010 for metro males; 5% to 2% for metro females; 8% to 4% for non-metro males; and 5% to 2% for non-metro females (MSS).

Among adults, 18-20 year-olds were most likely to report use of psychedelics: 8% for men and 4% for women. Among 18-20 year-olds, non-metro males reported higher use, 10%, as did metro-area females: 7% (MNSASU).

## Treatment

The percent of all treatment admissions involving opioids as the primary substance of abuse has increased steadily over time, while the percent involving methamphetamines dropped sharply after 2005 (see graph).

In 2008, a majority of persons under age 18 were admitted for marijuana as the primary substance of abuse: 68.6%. While alcohol was the primary substance of abuse

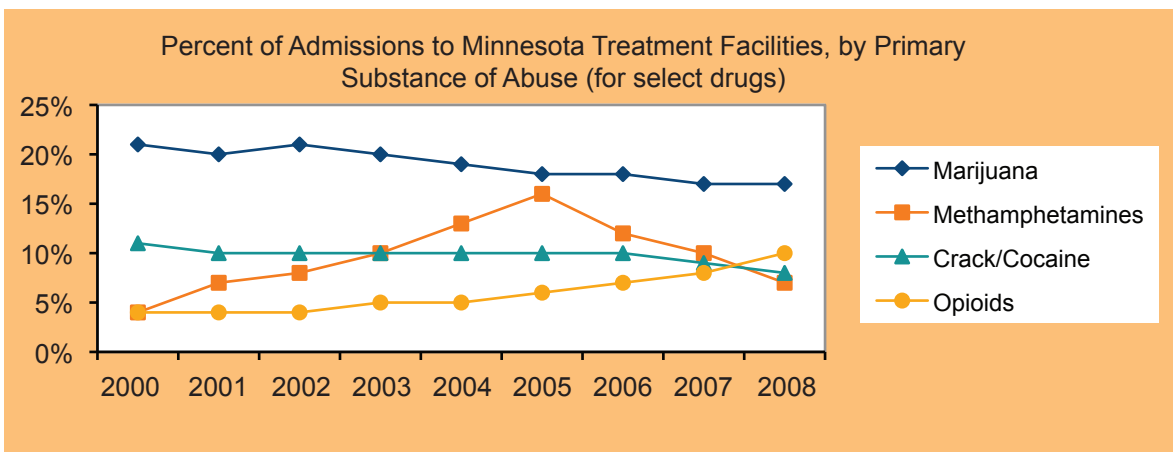
most often reported for all other age groups in 2008, the second most reported primary substance of abuse was marijuana for 18-24 year-olds at 30%; opioids for 25-44 year-olds at 11%; crack/cocaine came for 45-64 year-olds at 10%; and opioids for those aged 65 and over at 4%.

Females were more likely than males to report a substance other than alcohol as their primary substance of

abuse: 47% vs. 42% in 2008.

After alcohol, marijuana was the substance most often reported as the primary substance except among African-Americans and Blacks—in 2008, 28% reported crack/cocaine as the primary substance of abuse vs. 22% reporting marijuana (DAANES).

2007-2008 National Surveys on Drug Use and Health results indicate that 2.8% of Minnesotans age 12+ reported illicit drug dependence or abuse within the past year.



## Other Drug Consequences

The rate of drug-related deaths per 100,000 population fell slightly in Minnesota from 0.2 in 2006 to 0.1 in 2007, as did the national rate from 0.8 to 0.6 (CDC Wonder).

Among Minnesota adults in prison for drug offenses in 2007, approximately 56.6% were White, 27.4% were African-American or Black, 12.1%

were Hispanic/Latino and 2.5% were American Indian/Alaska Native (DOC). Comparatively, 2007 population estimates from the U.S. Census Bureau show Minnesotans identified as 86% White, 4% African-American or Black, 4% Hispanic/Latino and 1% American Indian/Alaska Native.

The rate per 1,000 popula-

tion of Minnesota adults on probation for drug offenses as governing sentence averaged 3.4 from 2005 to 2009. Juvenile rates averaged 0.4 per 1,000 during that period. Rates may be influenced by pretrial diversion programs, drug courts and variations in enforcement from year to year (DOC).

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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 Substance Abuse and Mental Health Services Administration (SAMHSA). 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

Youth 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 two sources: the MN Survey of Adult Substance Use (MNSASU) from the Minnesota Department of

Human Services, Performance Measurement and Quality Improvement, and the Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health (NSDUH).

Data on students' perceptions of harm and disapproval are also from the Minnesota Students Survey.

Treatment data are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES). DAANES includes data on all private- and public-pay admissions, which include approximately 50,000 treatment admissions annually.

Other drug mortality data are from the Centers for Disease Con-

trol and Prevention Compressed Mortality File (CDC Wonder), for underlying cause of death. Other consequence data are from the Minnesota Department of Corrections (DOC), including the Inmate Profile and the Probation Survey.

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.