



Pine County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Pine County's average annual cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries is almost double that of the state: \$104 vs. \$54.
- The percent of 12th grade males reporting past-month chewing tobacco use decreased from 27% in 2004 to 22% in 2010.
- The rate of Pine County adults in prison for drug offenses has been lower than both the regional and state average.

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Alcohol Consumption

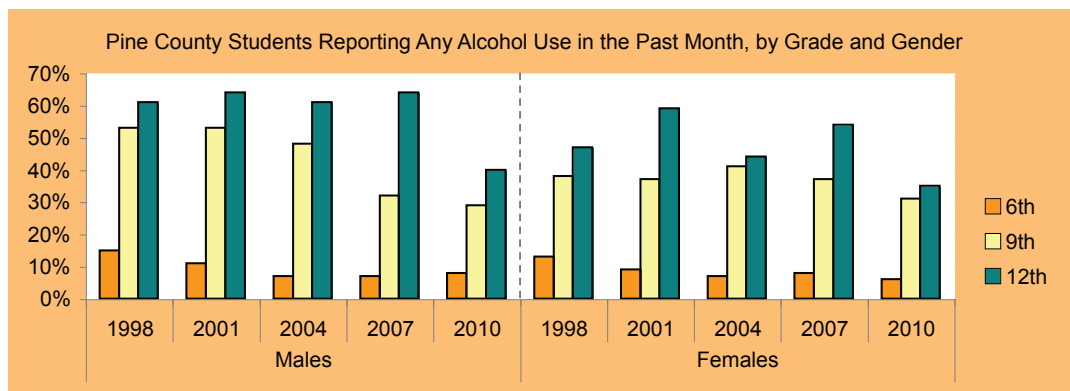
The rate of reported past-month alcohol consumption by youth in Pine County dropped from 36% in 1998 to 24% in 2010. Comparatively, the rate for Minnesota's East Central Alcohol, Tobacco and Other Drug Prevention Region dipped from 34% to 21%, and the state's from 31% to 20%. Within Pine County, reported use varied by

grade and by gender (*see graph below*).

The percent of Pine County students reporting binge drinking in the past two weeks—having five or more alcoholic drinks in a row on one occasion—increased from 29% in 1998 to 35% in 2001 then fell to 20% in 2010. In comparison, rates steadily declined from 1998 to 2007

both regionally, 28% to 17%, and statewide, 26% to 16%.

In 2010, binge drinking was reported by 19% of male 9th graders, 18% of female 9th graders, 27% of male 12th graders, and 19% of female 12th graders in Pine County (MSS). Statistics on adult alcohol consumption are not available at the county level.



Alcohol Consequences

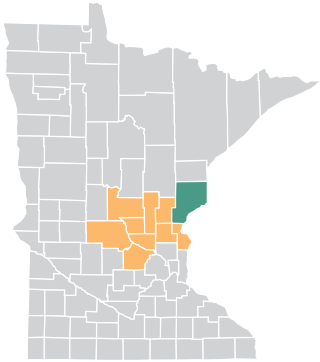
From 2005 to 2009, the average cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries was \$104 in Pine County, \$77 in the East Central Region and \$54 in Minnesota (OTS).

Over that same period, the driving while intoxicated (DWI) arrest rate with Pine as the county of residence aver-

aged 82 per 10,000 population. With Pine as the county of arrest, the average rate was 100.5 (OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 8% in Pine County, 6% in the East Central Region, and 5% in Minnesota (OTS).

The annual cirrhosis death rate per 100,000 population averaged 5 in both Pine County and the East Central 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 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

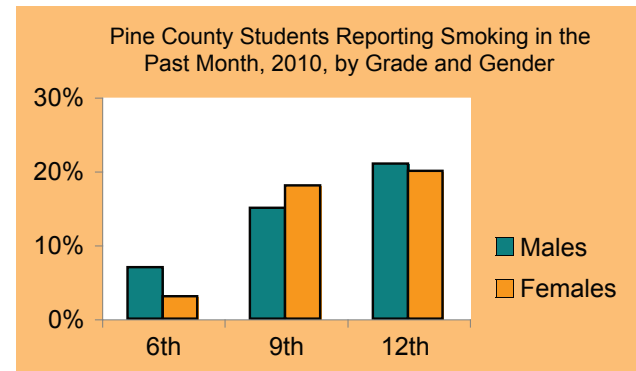
Smoking among Pine County youth increased from 17% in 1998 to 24% in 2001, then fell to 13% in 2010. In comparison, rates steadily declined from 1998 to 2010 both regionally, 20% to 12%, and statewide, 19% to 10%. In 2010, Pine County rates varied by grade and by gender (see graph).

From 2004 to 2010, reported past-month snuff use decreased among Pine County males: 9th graders from 21%

to 18% and 12th graders from 27% to 22%. Pine County youth were more likely than the state average to report first smoking by age 13 or younger:

20% 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 Pine County was 81 from 2004 to 2008. Comparatively, the East Central Region averaged 43 and the state

45 (MCHS).

The number of Pine County lung and bronchus cancer deaths averaged 14 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. Pine County students most often reported social access to alcohol (85%) and tobacco (72%). Pine County students were more likely (30%) than East Central (26%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere. They reported lower rates of buying

(Pine: 43%, EC: 53%, MN: 53%) but higher rates of taking (22%, 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 76% of Pine County students, perception

of tobacco harm was reported by 87% of Pine County students, and perception of marijuana harm was reported by 73% of Pine 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 82% for alcohol, 92% for tobacco and 95% for marijuana (MSS).

Other Drug Consumption

Pine 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 2% of Pine 6th graders, 12% of 9th graders and 18% of 12th graders. Pine County male students were more likely than females to report use in 2010: 11% vs. 8%.

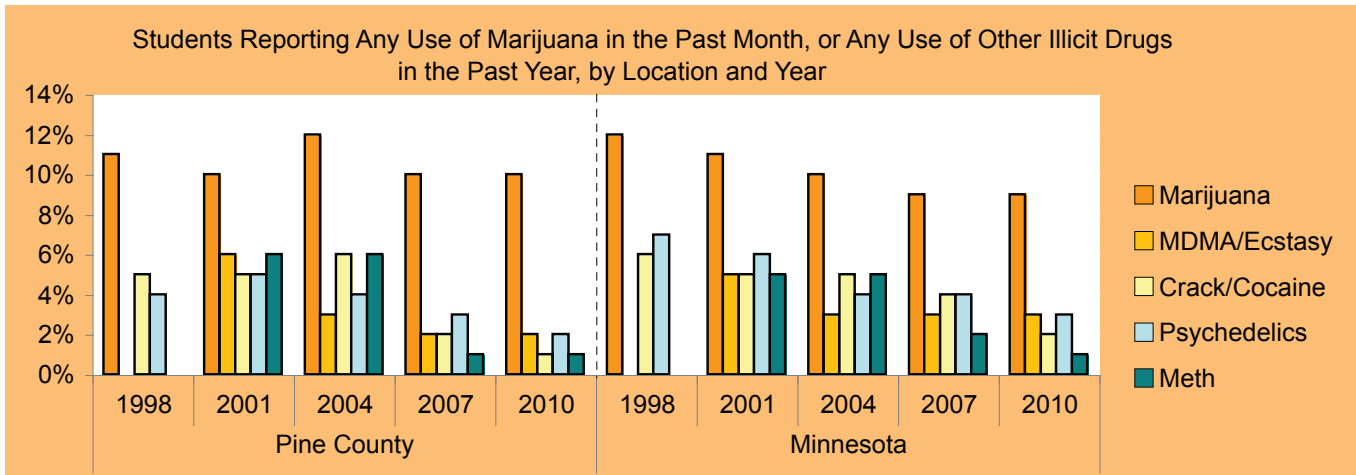
From 2001 to 2010, reported use of methamphetamines dropped from 6% to 1% among Pine County 9th graders, and 5% to 2% among 12th graders. During that same

time period, reported use of inhalants increased among Pine County 6th graders, 3% to 5%, but decreased among 9th graders, 8% to 2% and 12th graders, 4% to 2%. Reported use of past-year psychedelics fell among Pine County male students, 6% to 2% and females, 4% to 1%, while reported use of crack/cocaine fell from 6% to 1% among males and 5% to 1% among females.

In 2010, 2% of Pine County 6th graders reported past-year abuse of prescription drugs vs. 1% in the East Central

Region and in Minnesota. Pine County 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by 5% of 9th graders and 6% of 12th graders), ADD/ADHD drugs (5% of 9th graders; 3% of 12th graders), tranquilizers/sedatives (3% of 9th graders and 3% of 12th graders), and stimulants/diet pills: 4% of 9th graders and 2% of 12th graders (MSS).

The US Census Bureau estimate for the 2008 Pine County population is 28,297. Pine County is approximately 94% White, 3% American Indian, 2% Hispanic, and 2% African-American. In 2000, the percent of individuals living below the poverty level was 11% in Pine County as compared to 9% in the East Central Region and 8% in Minnesota.



Other Drug Consequences

There were 67 Pine County narcotics arrests in 2009—32% of which involved marijuana. Comparatively, the average number of annual narcotics arrests in Pine County from 2005 to 2009 was 72 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	PINE COUNTY			EAST CENTRAL REGION			MINNESOTA		
Rates per 1,000 Population	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	5.7	6.0	6.4	3.3	3.2	3.5	3.4	3.6	3.5
Juveniles on Probation	0.2	0.3	0.5	0.1	0.1	0.6	0.4	0.5	0.5
Adults in Prison	0.7	0.8	0.4	0.7	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

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.