



Sherburne County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- In Sherburne County, youth binge drinking rates fell from 28% in 1998 to 16% in 2010.
- The average annual lung, bronchus and trachea cancer death rate is lower in Sherburne County than in the East Central Region or the state.
- From 2001 to 2010, reported past-year use of methamphetamines fell among Sherburne 9th graders, 7% to 1%, and 12th graders, 8% to 2%.

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Alcohol Consumption

The rate of reported past-month alcohol consumption by youth in Sherburne County dropped from 32% in 1998 to 19% 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%.

In Sherburne County, reported use varied by grade and

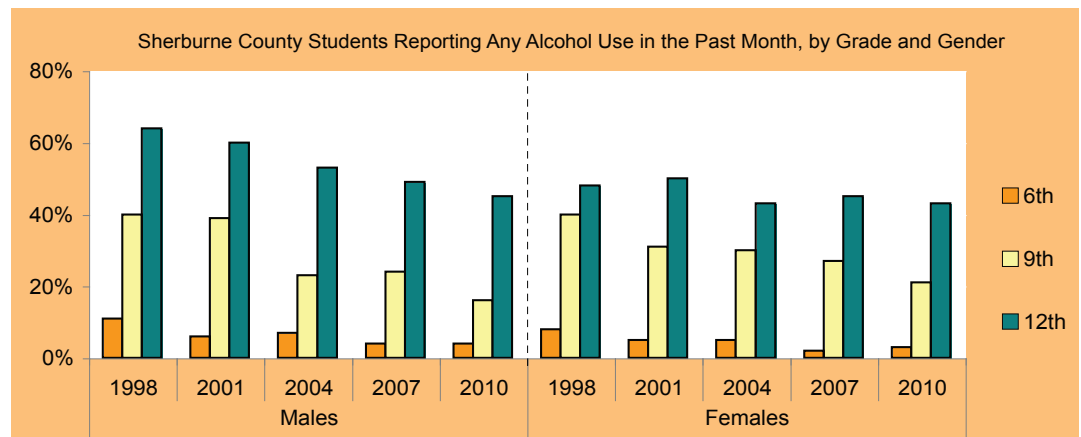
by gender (*see graph below*).

The percent of Sherburne County students reporting binge drinking in the past two weeks—having five or more drinks in a row on one occasion—has been similar to the regional and state averages. Sherburne rates fell from 28% in 1998 to 16% in 2010. East Central rates fell steadily from 28% to 17% and state rates

from 26% to 16%.

In 2010, 8% of Sherburne 9th graders reported binge drinking, as did 28% of 12th graders. Binge drinking was reported by 18% of Sherburne male students and 14% of female students in 2010 (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 \$69 in Sherburne County, \$77 in the East Central Region and \$54 in Minnesota (OTS).

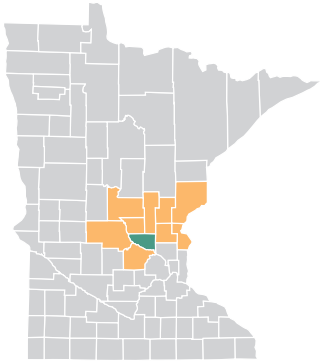
Over that same period, the driving while intoxicated

(DWI) arrest rate with Sherburne as the county of residence averaged 67 per 10,000 population. With Sherburne as the county of arrest, the rate averaged 74 (OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 6% in

both Sherburne County and the East Central Region, versus 5% in Minnesota (OTS).

The cirrhosis death rate per 100,000 population in Sherburne averaged 4 from 2004 to 2008, 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

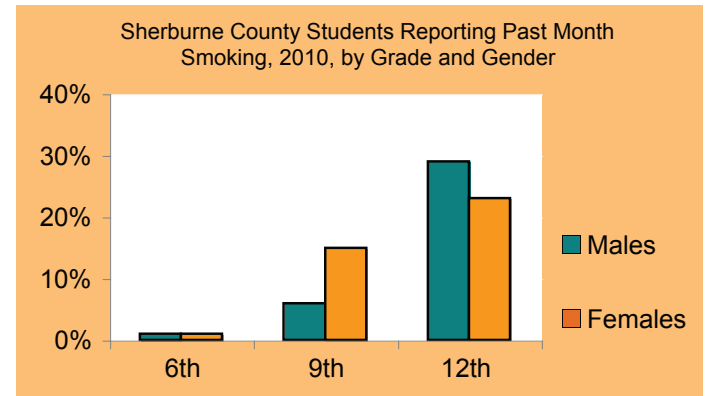
Smoking among youth declined statewide from 1998 to 2010: down from 18% to 11% in Sherburne County, 20% to 12% in the East Central Region, and 19% to 10% in Minnesota. In 2010, Sherburne County rates varied by grade and by gender (*see graph*).

From 2004 to 2010, reported past-month chewing tobacco use increased among Sherburne County males: 9th graders from 2% to 6% and 12th graders from 10% to

28%. Sherburne County youth were slightly less likely than the state average to report first smoking by age 13 or younger:

11% 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 Sherburne County was 30 from 2004 to 2008. Comparatively, the East Central Region averaged 43 and

the state 45 (MCHS).

The number of Sherburne County lung and bronchus cancer deaths averaged 12 among males and 13 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. Sherburne County students most often reported social access to alcohol (87%) and tobacco (64%). They were slightly less likely than East Central and all Minnesota students to report taking alcohol (Sherburne: 25%; EC: 26%; MN: 26%) from someone or somewhere, more likely for

taking tobacco (23%, 17%, 17%). However, they reported equal rates of buying tobacco (53%).

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 81%

of Sherburne County students, perception of tobacco harm was reported by 90% of Sherburne County students, and perception of marijuana harm was reported by 79% of Sherburne 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 90% for alcohol, 96% for tobacco and 97% for marijuana (MSS).

Other Drug Consumption

Sherburne 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 7% of 9th graders and 21% of 12th graders and less than 1% for 6th graders, but not 0% was reported by 6th graders. Sherburne male students were more likely than females to report use in 2010: 9% vs. 7%.

From 2001 to 2010, reported use of methamphetamines dropped from 7% to 1% among Sherburne 9th graders, and 8%

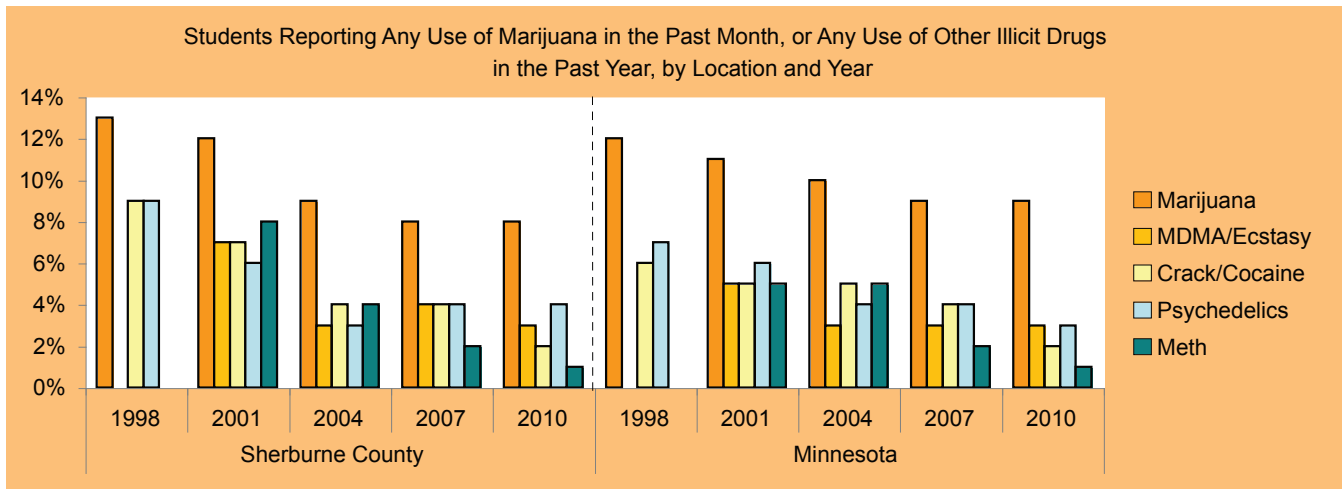
to 2% among 12th graders. From 1998 to 2010, reported use of inhalants decreased among Sherburne 6th graders, 5% to 3%, and 9th graders, 6% to 3%, but increased slightly among 12th graders: 2% to 3%. During that period, reported use of psychedelics fell among male students, 12% to 5% and females, 6% to 3%, while reported use of crack cocaine fell from 10% to 3% among males and 8% to 2% among females.

In 2010, one percent of all Sherburne County, East Cen-

tral Region and Minnesota 6th graders reported past-year abuse of prescription drugs. Sherburne County 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by 4% of 9th graders; 7% of 12th graders), ADD/ADHD drugs (3% of 9th graders; 8% of 12th graders), tranquilizers/sedatives (2% of 9th graders and 4% of 12th graders), and stimulants/diet pills: 3% 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 Sherburne County population is 87,660. Sherburne County is approximately 96% White, 2% African-American, 2% Hispanic, and 1% Asian/Pacific Islander. In 2000, the percent of individuals living below the poverty level was 4% in Sherburne County as compared to 9% in the East Central Region and 8% in Minnesota.



Other Drug Consequences

There were 179 Sherburne County narcotics arrests in 2009—85% of which involved marijuana. Comparatively, the average number of annual arrests in Sherburne County from 2005 to 2009 was 226 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	SHERBURNE COUNTY			EAST CENTRAL REGION			MINNESOTA		
Rates per 1,000 Population	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	2.7	3.1	2.8	3.3	3.2	3.5	3.4	3.6	3.5
Juveniles on Probation	0.0	0.2	0.3	0.4	0.1	0.6	0.4	0.5	0.5
Adults in Prison	0.2	0.4	0.4	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.