



Steele County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- In Steele County the reported rate of past-month alcohol consumption by youth dropped by 35% from 1998 to 2010.
- From 1998 to 2010, youth smoking rates dropped by 40% in Steele County.
- In 2009, 79% of all Steele County narcotics arrests involved marijuana—in comparison, 64% of narcotics arrests involved marijuana regionally.

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Alcohol Consumption

The rate of reported past-month alcohol consumption by youth in Steele County dropped from 26% in 1998 to 17% in 2010. Comparatively, the rate for Minnesota’s Southeast Alcohol, Tobacco and Other Drug Prevention Region dropped steadily from 32% to 19%, and the state’s from 31% to 20%.

In Steele County, reported use varied by grade and by gen-

der (*see graph below*).

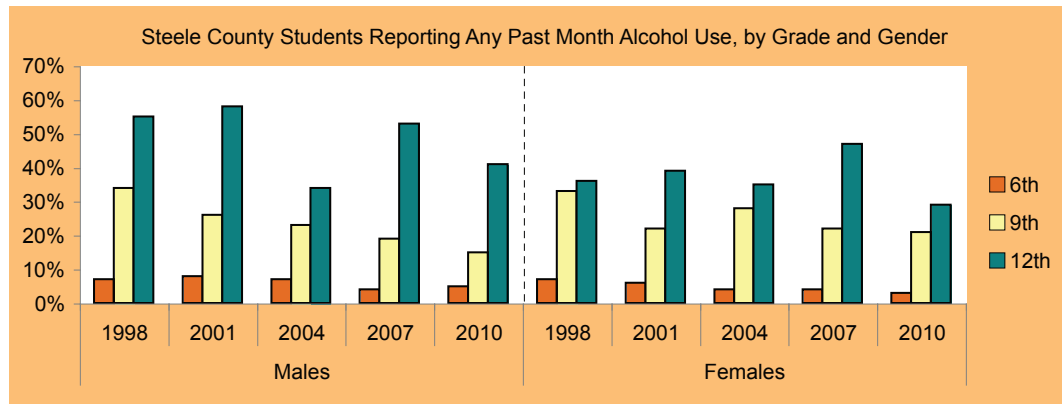
The percent of Steele students reporting binge drinking in the past two weeks—having five or more drinks in a row on one occasion—fell from 23% in 1998 to 14% in 2010. Comparatively, the Southeast rate fell steadily from 27% to 16% and the state rate fell from 26% to 16%.

In 2010, binge drinking was reported by 7% of 9th

grade males, 10% of 9th grade females, 28% of 12th grade males, and 15% of 12th grade females in Steele County.

Steele County youth were as likely as the state average to report first having more than a few sips of alcohol at age 13 or younger: 20%.

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 \$53 in both Steele County and the Southeast Region, and \$54 in Minnesota (OTS).

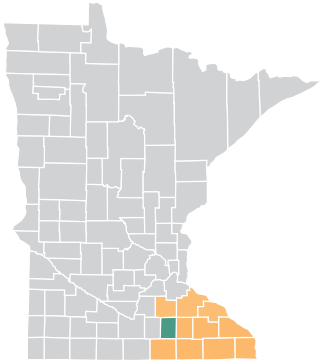
Over that same period, the driving while intoxicated

(DWI) arrest rate with Steele as the county of residence averaged 67.0 per 10,000 population. With Steele as the county of arrest, the average rate was 68.0 (OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 4% in

Steele County, and 5% in both the Southeast Region and Minnesota (OTS).

The annual cirrhosis death rate per 100,000 population averaged 7 in Steele County from 2004 to 2008, compared to 5 in the Southeast Region and 6 in the state (MCHS).



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

- Past-month alcohol use was lower among both men, 67% vs. 65%, and women, 50% vs. 53%, in the Southeast Region as compared to the state average.

- In the Southeast, past month smoking was reported by 36% of 18-20 year-olds, 57% of 21-24 year-olds, 27% of 25-44 year-olds, 18% of 45-64 year-olds, and 5% of persons aged 65+.

- Southeast adults were less likely than the state average to report past month use of marijuana, 3% vs. 4%. They were as likely to report past year use of crack/cocaine, 1%, and abuse of prescription pain relievers, 2%. Less than half of one percent of Southeast adults reported past-year use of methamphetamines.

Minnesota Survey of Adult Substance Use

Tobacco Consumption

Smoking among youth declined statewide from 1998 to 2010: down from 15% to 9% in Steele County, 19% to 10% in the Southeast Region, and 19% to 10% in Minnesota.

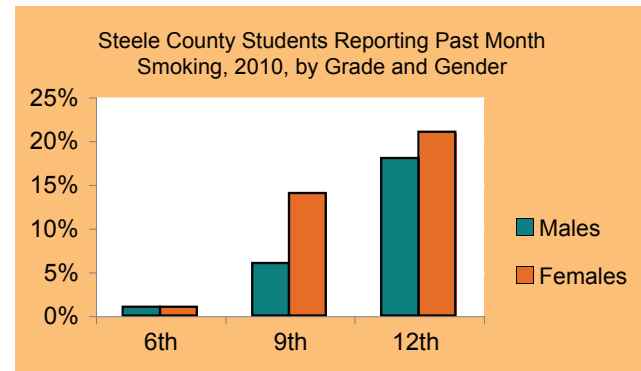
In 2010, Steele County rates varied by grade and by gender (*see graph*).

From 2004 to 2010, reported past-month chewing tobacco use in Steele County increased among 9th grade males, 3% to 10%, and among 12th grade males, 9% to 16%.

Steele youth were slightly less likely than the state average to report first smoking by age 13 or younger: 10% 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 Steele County and the state was 45 from 2004 to 2008—the rate for the Southeast Region was 46 for the

same time period (MCHS).

The number of Steele County lung and bronchus cancer deaths averaged 11 among males and 5 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. Steele County students most often reported social access to alcohol (87%) and tobacco (64%). Steele County students were about as likely (24%) as Southeast (24%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere. They were less likely to report buy-

ing (Steele: 50%, SE: 52%, MN: 53%) tobacco, and also less likely to report taking (8%, 16%, 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 79% of Steele

County students, perception of tobacco harm was reported by 88% of Steele County students, and perception of marijuana harm was reported by 80% of Steele 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 98% for marijuana (MSS).

Other Drug Consumption

Steele County youth 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 Steele County 6th graders, 7% of 9th graders and 17% of 12th graders. Male students were more likely than female students to report use: 8% vs. 7%.

From 2001 to 2010, reported use of methamphetamines dipped from 2% to 0% among both 9th and 12th graders in Steele County. From 1998 to 2010, reported

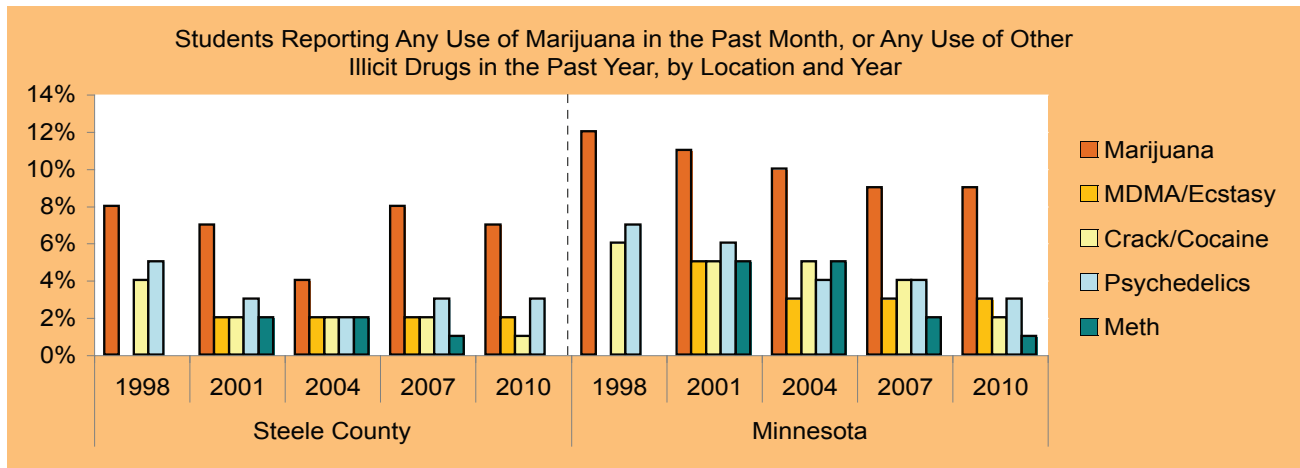
past-year use of inhalants fell among Steele 6th graders, 5% to 3%, 9th graders, 7% to 2%, and 12th graders: 3% to 2%. During that period, reported past-year use of psychedelics fell among Steele County male students, 6% to 4%, and female students, 5% to 2%. Reported past-year use of crack/cocaine fell from 5% to 2% for male students and 4% to 1% for female students.

In 2010, one percent of 6th graders in Steele County, the Southeast Region and the state reported past-year abuse of pre-

scription drugs. Steele County 9th and 12th graders were asked about abuse of specific types of prescription drugs in 2010: painkillers (reported by 2% of 9th graders and 4% of 12th graders), ADD/ADHD drugs (1% of 9th graders and 4% of 12th graders), tranquilizers/sedatives (0% of 9th graders and 2% of 12th graders), and stimulants/diet pills: 0% of 9th graders and 2% of 12th graders (MSS).

Statistics on adult drug use are not available at the county level.

The US Census Bureau estimate for the 2008 Steele County population is 36,546. Steele County is approximately 95% White, 5% Hispanic, 3% African-American and 1% Asian/Pacific Islander. In 2000, the percent of individuals living below the poverty level was 6% in Steele County compared to 7% in the Southeast Region and 8% in Minnesota.



Other Drug Consequences

There were 84 Steele County narcotics arrests in 2009—79% of which involved marijuana. In comparison, the average annual number of narcotics arrests for Steele County from 2005 to 2009 was 130 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	STEELE COUNTY			SOUTHEAST REGION			MINNESOTA		
Rates per 1,000 Population	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	2.8	3.3	3.1	3.0	2.1	3.2	3.4	3.6	3.5
Juveniles on Probation	0.2	0.4	0.3	0.3	0.4	0.6	0.4	0.5	0.5
Adults in Prison	0.5	0.7	0.6	0.5	0.7	0.5	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.