



Substance Use and Consequences in the West Central ATOD Prevention Region, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- In 2010, 40% of all West Central 12th graders reported past month alcohol use.
- From 1999 to 2008, the number of West Central women who died from lung and bronchus cancer increased by 100%.
- The percent of students reporting past-year meth use dropped from 7% in 2001 to 1% in 2010.

Alcohol Consumption

Reported youth 30-day alcohol use from 1998 to 2010 was higher in the West Central ATOD Prevention Region than in the state as a whole. The rate dropped from 31% to 20% in Minnesota, and from 33% to 21% in the West Central region. In 2010, 40% of all West Central 12th graders reported past month alcohol use (MSS).

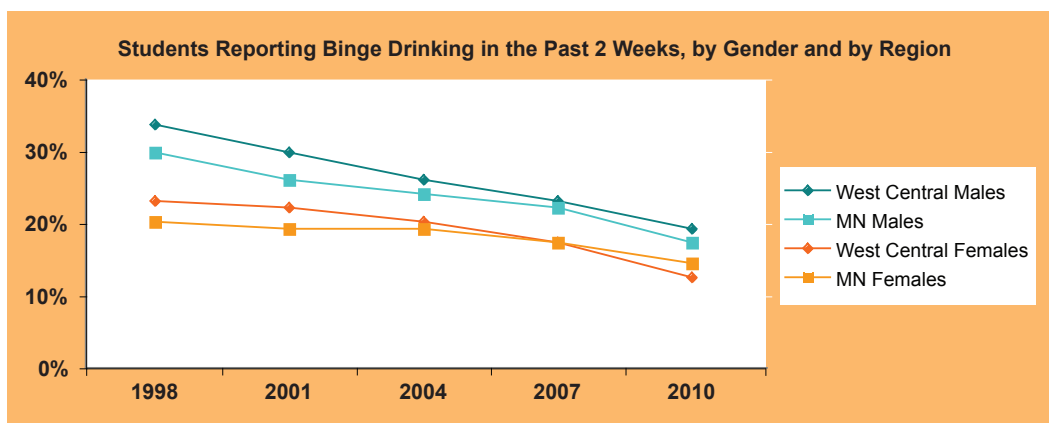
Among adults, reported

30-day alcohol use was lower than the state average for West Central men (66% vs. 67%) and women (48% vs. 53%) in 2004/2005. Reported use by West Central men was highest for 21-24 year olds, 83%, and by women was also highest for 25-44 year olds at 62% (MNSASU).

Up until 2010, reported binge drinking was higher than average among West Central

students (*see graph below*). In 2010, 13% of West Central 9th grade males and 9% of females reported binge drinking. Among West Central 12th graders, 28% of males reported binge drinking vs. 18% of females (MSS).

In 2004/2005, West Central men (24%) and women (13%) reported rates of binge drinking that were equal to the state average (MNSASU).



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

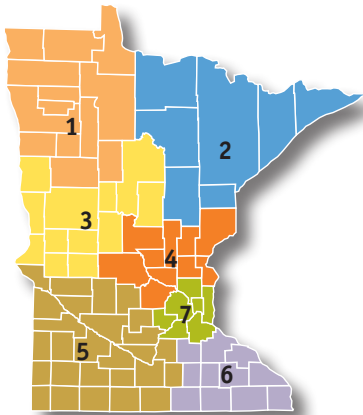
While the cost per capita of alcohol-related traffic crashes, fatalities and injuries has fluctuated, West Central costs were consistently higher than the state average from 2000 to 2009. West Central area costs ranged from \$66-\$148 per capita; the range was \$49-\$69

for Minnesota (OTS).

In 2009, the rate of arrests or incidents on record of driving while intoxicated (DWI) was 62.0 per 10,000 population for West Central as region of residence, and 73.5 for West Central as region of arrest (both higher than the state rate of

59.5 per 10,000 population.)

From 2000 to 2009, 7%-8% of all West Central motor vehicle crashes were alcohol related. The West Central alcohol-related motor vehicle fatality rate has been 0.3-1.2 per 10,000 population.



Minnesota is divided into seven Alcohol, Tobacco and Other Drug Prevention Regions. The West Central Region contains the counties of: Cass, Clay, Crow Wing, Douglas, Grant, Otter Tail, Pope, Stevens, Todd, Traverse, Wadena and Wilkin.

Minnesota's Prevention Region Coordinators support communities in their efforts to prevent alcohol, tobacco and other drug (ATOD) abuse. They help communities by building regional relationships to enhance prevention efforts, identifying and providing training opportunities, and providing technical assistance. For more information on the West Central ATOD Prevention Region go to: www.rpcmn.org

Tobacco Consumption

Reported 30-day cigarette smoking among West Central students, though on the decline, has generally been higher than the state average over the past 12 years. West Central rates dropped for: 9th grade males, 25% to 11%; 9th grade females, 25% to 10%; 12th grade males, 37% to 25%; and 12th grade females, 36% to 22% (MSS).

Overall, past-month smoking rates reported by West Central adults were

similar to the state average in 2004/2005. The highest rates were reported by 18-20 year-old males, 37%, and 21-24 year-old females, 47% (MN-SASU).

The percent of male students reporting past-month chewing tobacco use in 2010 was higher in the West Central region than the state average for 9th graders, 13% vs. 8%, and 12th graders, 25% vs. 22% (MSS).

West Central Region stu-

dents were more likely than the state average to report first having smoked all or part of a cigarette by age 13 or younger: 15% vs. 13% among males and 14% vs. 11% among females. Similarly, West Central male students were more likely than the state average to report first having smoked a cigar or used chewing tobacco by the age of 13 or younger: 13% vs. 8% (MSS).

Tobacco Consequences

From 1999 to 2008, the West Central region's lung, bronchus and trachea cancer death rate fluctuated, but remained consistently higher than the state average. The West Central rate ranged from 5.2 to 6.8 per 10,000 population; the state rate ranged from 4.4

to 4.6 (MCHS).

Over that ten year period, the number of West Central males who died from lung or bronchus cancer decreased by 5% while the number of female deaths increased by 100% (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. Percent of smoking-attributable deaths may vary from one location to another.

Risk and Protective Factors

In 2010, students who reported past 30 day use of alcohol and tobacco were asked how they obtained those substances. Similar to all students in the state, West Central students most often reported social access to alcohol (87%) and tobacco (58%). In addition, 8% reported buying alcohol and 22% reported taking it; 51% reported buying tobacco and 17% reported

taking it (MSS).

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 77% of West Central students, perception of tobacco harm was reported

by 89% of West Central students, and perception of marijuana harm was reported by 79% of West Central students. Similarly, students were asked if they thought their parent or guardians would disapprove or greatly disapprove of such levels of substance use. Perception of disapproval was 87% for alcohol, 95% for tobacco and 98% for marijuana.

Other Drug Consumption

From 1998 to 2010, the percent of West Central students reporting 30-day marijuana use dropped from 11% down to 7%. West Central rates were equal to the state average in 2010 for 6th graders (1%), but lower for 9th graders, 7% vs. 10%, and 12th graders, 15% vs. 20% (MSS).

In 2004/2005, Minnesota adults were asked if they'd smoked marijuana in the past month—6% of West Central men and 2% of West Central

women said they had, as compared to 6% of men and 3% of women in the state (MNSASU).

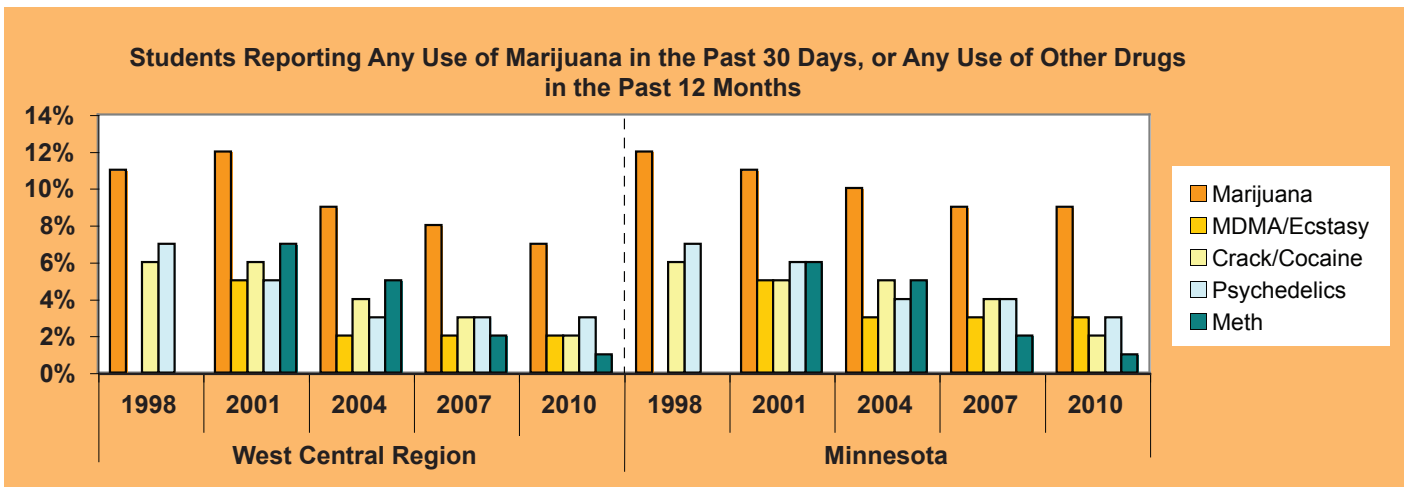
Reported 12 month use of a number of illicit drugs by students dropped from 1998 to 2010 (see bar graph below).

Not pictured: Reported rates of abuse of painkillers, stimulants and diet pills were lower, ADD/ADHD drugs, tranquilizers, sedatives and inhalants were the same for West Central students as for all

Minnesota students in 2010.

In 2004/2005, West Central adults were less likely than the state average to report abuse of painkillers (men: 2% vs. 3%; women: 1% vs. 2%), and less likely to report abuse of tranquilizers/sedatives (3% vs. 5% for men and women combined). One percent or less of West Central adults reported past-year use of methamphetamines, MDMA/Ecstasy, and/or psychedelics (MNSASU).

The US Census Bureau estimate for the 2008 West Central region's population is 313,585. This is approximately 6.0% of the state's entire population. The population is about 96% White, 2% American Indian/Alaska Native, 2% Hispanic/Latino, and 1% Asian/Pacific Islander.



Other Drug Consequences

From 2005 to 2009, the rate of adult prison inmates from the West Central region sentenced for drug offenses has been slightly higher than that of the state —5 to 7 per 10,000 population vs. 3 to 5. Among West Central adults in prison for drug offenses in 2007,

approximately 79% were White, 5% were African-American or Black, 9% were Hispanic/Latino and 5% were American Indian/Alaska Native (DOC). The rate per 1,000 population of West Central adults on probation for drug

offenses as governing sentence has fluctuated during 2005 to 2009, ranging from 1.7 to 3.4. Juvenile rates have also fluctuated, from 0.2 to 1.2. Rates may be influenced by pretrial diversion programs (DOC).

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

Questions or comments? Contact:

Melissa Boeke, MS
Epidemiologist

Public Health Program Evaluator
Minnesota Institute of Public Health
2720 Highway 10 NE
Mounds View, MN 55112

Phone: 763.712.7615

Fax: 763.427.7841

E-mail: mboeke@miph.org

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 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

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.

Tobacco consequence 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' Inmate Profile and Probation Survey.

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.