



Epidemiological Profile of Substance Use and Consequences in Minnesota's White Communities

Created by the Minnesota Institute of Public Health on behalf of the
Minnesota State Epidemiological Outcomes Workgroup
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1. Introduction

Minnesota's State Epidemiological Profile of Substance Use and the Epidemiological Profile of Substance Use and Consequences in Minnesota's White Communities have been created under the supervision of the State Epidemiological Outcomes Workgroup (SEOW) funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP).

Minnesota's SEOW membership is wide and varied. It is led by the Department of Human Services Alcohol and Drug Abuse Division and staffed through a subcontract with the Minnesota Institute of Public Health. The SEOW works closely with the Minnesota ATOD Prevention Coordinating Council (MAPCC); representatives from state agencies, coalitions and other organizations also helped provide data and input on the State Epi Profile and inform the overall work of the SEOW.

Evidence-based Planning and Needs Assessment

This profile, based on the State Epi Profile, is grounded in CSAP's Strategic Prevention Framework (SPF). The SPF is a five-step prevention planning model consisting of 1) Assessment (of both need and resources), 2) Capacity Building, 3) Planning, 4) Implementation, and 5) Evaluation. The profile serves as an integral step in the Needs Assessment phase of the SPF. It has been created to summarize and characterize consumption patterns and consequences related to the use of alcohol, tobacco and other drugs among Whites in Minnesota.

As the first step in the SPF process, needs assessments generally aim to "profile" population needs and resources. The profile was created to help the state and communities determine prevention needs based upon available data on substance use and related outcomes. Accordingly, the profile can be used by a variety of audiences for related, but different, purposes. State-level administrators may use the profile to prepare applications for federal funding or they may use it to monitor prevention-related trends in local communities to which they administer grants. Community-level prevention planners may use the profile to assess the relative importance of substance related problems in their communities or to apply for grant funding themselves. Overall, the profile is intended to help all audiences in Minnesota make decisions based on existing evidence and demonstration of need.

The data included in this profile are also available on the SEOW's new interactive website, located at www.sumn.org. Users of the site can create their own tables, graphs and maps, and find links to relevant articles, community resources and tools.

Methods

In order to provide users with a variety of data, the profile casts a wide net over the universe of available substances and related consequences. Substances and consequences in the profile are grouped in the following categories: Alcohol, Tobacco or Other Drugs (ATOD).

This document is formatted with these categories in mind. The profile is divided into sections pertaining to Whites' ATOD consumption patterns (measures of substance use) and related consequences (negative outcomes associated with use). For each substance, consumption patterns are presented first, followed by consequence measures. Sections 2 and 3 pertain to alcohol; sections 4 and 5 pertain to tobacco, and sections 6 and 7 pertain to illicit drugs.

For audiences familiar with outcomes based prevention, it is important to note that this profile does not contain data on risk and protective factors. Risk and protective factors are an important component of substance abuse prevention theory and programming. Future versions of the profile may include data on risk and protective factors.

Definitions and Technical Notes

Survey Sample

A sample refers to the population researched in a particular study. Usually, attempts are made to select a "sample population" considered representative of groups of people to whom results can be generalized. The Minnesota Survey of Adult Substance Use utilizes samples to represent the state population at large.

Census

A census is an enumeration of people at a particular time. Unlike a sample based survey, a census surveys an entire population. The Minnesota Student Survey (MSS) is a census of all schools in Minnesota. In a census, schools may decline to participate. In 2010, 88% of publicly operating school districts participated in the MSS. Because answers to MSS questions were derived from a census of all schools, data is presented both in raw number and in percent terms.

Rate

All rates are ratios, calculated by dividing the numerator by the denominator. In epidemiology, a rate is the frequency with which a health event occurs in a defined population. The components of the rate are the raw number (numerator) and the population (denominator). In the profile, rates are presented per 1,000 or 100,000 of the population and are noted accordingly. Be sure to reference each data sheet for the denominator.

Percentages are defined as a ratio that compares a number to 100 (i.e., $2/2 = 100\%$ and $1/2 = 50\%$, usually presented with %). Proportions are a part, share, or portion of its relation to a whole often expressed as a percentage.

Percentages in this profile based on Minnesota Student Survey data or Minnesota Survey of Adult Substance Use data were calculated using a demographic-specific denominator. For example, the percent of White 12th graders in the seven-county metro area who reported drinking any alcohol in the past 30 days is based on the total number of White 12th graders in the seven-county metro area who responded to the survey question about 30 day alcohol use (not based on the total number of students in Minnesota who responded to this question.)

The rate ratios presented under each Minnesota Student Survey graph and MN Survey of Adult Substance Use graph in this report are based on the percentages provided in “Substance Use in Minnesota: A State Epidemiological Profile” which can be found at: www.sumn.org. The values presented in the graphs have been rounded for formatting purposes. A ratio of 1.00 indicates that use by Whites is comparable to use by all survey respondents for that indicator. Over 1.00 indicates higher use, while less than 1.00 indicates lower use.

Counts

Many data sources in the profile present official count data. These include, but are not limited to, death, arrest and corrections data. These data provide actual raw numbers reported to and collected by various state agencies. Whenever possible, raw numbers are provided along with percentages.

The y-axis varies from graph to graph to show detail. Care should be taken when comparing two graphs with different axes.

Data Sources

In order to best utilize the data presented in the profile, we recommend the reader take time to review the following data sources and descriptions.

Data sources vary in how race/ethnicity is labeled, defined, and determined. Population statistics are from the 2000 US Census. Counts include persons who identify as White alone (not in those in combination with one or more other races). Youth alcohol, tobacco and other drug consumption data for students identifying as White are from the Minnesota Student Survey (MSS). Adult consumption data for African White are from the MN Survey of Adult Substance Use (MNSASU). For both surveys, respondents were able to select all race/ethnicity categories that applied. For crime-related consequences,

race/ethnicity is often determined by law enforcement and therefore may not be as accurate as self-reported status.

Data Source: CDC Wonder Compressed Mortality Data

Description: The Compressed Mortality database contains mortality and population counts for all U.S. counties for the years 1979–2007. Counts and rates of death can be obtained by underlying cause of death, state, county, age, race, sex, and year. The International Classification of Diseases 9th Revision (ICD 9) codes are used to specify underlying cause of death for years 1979–1998. Beginning in 1999, cause of death is specified with the International Classification of Diseases 10th Revision (ICD 10) codes.

Sponsored by: Centers for Disease Control and Prevention (CDC)

Geographic level: National, State

Frequency: Data collected and reported annually

Strengths/weaknesses:

Strengths

- Standardized and comparable across states
- Trend data available since 1979

Weaknesses

- Race categories are limited to White, Black or African American and Other
- ICD 10 codes differ substantially from ICD 9 codes

Link to source: <http://wonder.cdc.gov/mortSQL.html>

Data Source: Fatality Analysis Reporting System (FARS)

Description:	FARS data are derived from a census of fatal traffic crashes within the 50 States, District of Columbia, and Puerto Rico. To be included in FARS, a crash must involve a motor vehicle traveling on a trafficway customarily open to the public and result in the death of a person (occupant of a vehicle or a non-motorist) within 30 days of the crash.
Sponsored by:	National Center for Statistics and Analysis (NCSA) of the National Highway Traffic Safety Administration (NHTSA)
Geographic level:	National, State
Frequency:	Data collected and reported annually
Strengths/weaknesses:	<p>Strengths</p> <ul style="list-style-type: none">• Standardized and comparable across states• Data are gathered from the State's own source documents and are coded on standard FARS forms• Trend data available since 1975 <p>Weaknesses</p> <ul style="list-style-type: none">• Includes fatalities only, not all crashes from impaired driving
Link to source:	http://www-fars.nhtsa.dot.gov

Data Source: Minnesota Department of Corrections

Description:	Data included in this profile represent the number of adults prison inmates in Minnesota sentenced for drug offenses.
Sponsored by:	Minnesota Department of Corrections
Geographic level:	State
Frequency:	Inmate data is compiled bi-annually
Strengths/weaknesses:	<p>Strengths</p> <ul style="list-style-type: none">• Trend data available since 1981 <p>Weaknesses</p> <ul style="list-style-type: none">• Offenders are counted only once; cases involving drug or chemical convictions may be excluded. Inmates are counted once by governing sentence which is typically the sentence with the greatest release date (which may or may not be the most serious offense.
Link to source:	http://www.doc.state.mn.us (Inmate data by race/ethnicity are not available on-line. These data were obtained by request.)

Data Source: Minnesota Student Survey (MSS)

Description: The MSS is a confidential and anonymous self-administered survey given to 6th, 9th and 12th grade students attending Minnesota public, charter and tribal schools. Most schools elect to participate in the survey; in 2010, this included 88% of eligible school districts.

Although the data are not presented here, the survey is also administered to area learning centers, juvenile correction facilities and private schools electing to participate.

Sponsored by: Minnesota schools, the Minnesota Department of Education, the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota Department of Public Safety

Geographic level: State, 7-County Metro and Non-Metro Regions

Frequency: Data collected and reported every three years

Strengths/weaknesses: Strengths

- “Census” of schools, not sample
- School districts get their own data
- Trend data available since 1992 on some questions

Weaknesses

- 6th graders not asked all drug questions
- Some school districts do not participate (in 2010, 12% of the school districts declined to participate)
- Student participation within the school district can vary widely. In 2010 approximately 79% of 6th graders, 75% of 9th graders and 59% of 12 graders participated. Overall participation across the three grades was approximately 71% of total enrollment
- Reporting biases associated with self-report data

Link to source: http://education.state.mn.us/mde/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/index.html

Demographics:

As the only statewide survey of youth, the profile relies heavily on data collected from the Minnesota Student Survey. School districts did not have to participate in the survey each year to be included in the trend data presented in this profile.

Characteristics of students who participated in the 2010 Minnesota student survey are follows:

All Minnesota Student Survey Respondents (2010)

		MALE		FEMALE	
		N	%	N	%
Total		65,160	49.8%	65,748	50.2%
Grade	6 th	24,747	36.4%	24,334	35.5%
	9 th	25,007	36.8%	25,706	37.5%
	12 th	18,234	26.8%	18,521	27.0%
Region	7-County Metro Region	35,343	52.0%	36,274	52.9%
	Non-Metro Region	32,645	48.0%	32,287	47.1%
Race/Ethnicity¹	White	46,860	71.9%	47,720	72.6%
	African American, African or Black ²	3,752	5.8%	3,422	5.2%
	Native American	1,080	1.7%	871	1.3%
	Asian American/Pacific Islander	3,428	5.3%	3,545	5.4%
	Hispanic/Latino	2,889	4.4%	2,793	4.2%
	Mixed race	3,967	6.1%	4,792	7.3%
	Don't Know/No Answer	3,184	4.9%	2,605	4.0%

1. Students were allowed to select all race/ethnicity categories that applied.

Data Source: Minnesota Survey of Adult Substance Use (MNSASU)

Description: The MNSASU is a statewide telephone survey conducted in 2004/2005 by DHS. The primary objective of this project is to obtain current estimates of the number of adults in the general population in Minnesota who are abusing or dependent on alcohol or other drugs and are in need of treatment. The prevalence of *substance* abuse and dependence and need for treatment were assessed for the total population, and by region, race and ethnicity, gender, age group, and immigration status. The population for this survey included Minnesota residents 18 years of age or older and non-institutionalized. The study involved a random digit dial telephone survey with 16,891 adults in Minnesota.

The sample was stratified by region, and African Americans, American Indians, Latinos, Hmong and other Asian Americans were over-sampled to ensure adequate numbers of respondents to provide reliable estimates for these sub-groups. The survey was administered by the University of Minnesota, School of Public Health in both English and Spanish. The weighted response rate was 55%, with a cooperation rate of 67%. These data are self-reported.

Sponsored by: Minnesota Department of Human Services, Performance Measurement and Quality Improvement

Geographic level: State, 7-County Metro and Non-Metro Regions

Frequency: Next year data will be available: 2011

Strengths/weaknesses: Strengths

- The survey methods employed over-sampling and weighting to accurately reflect the Minnesota population
- Trends will be available when the survey is next administered

Weaknesses

- Telephone non-coverage-(e.g., 2000 Census estimates that MN had 1.1% households with no phone).
- Non-response bias; bias is reduced by weighting.
- Self-report/response bias

Link to source:

[http://www.dhs.state.mn.us/main/idcplg?IdcService=G
ET_FILE&RevisionSelectionMethod=LatestReleased
&Rendition=Primary&allowInterrupt=1&noSaveAs=1&
dDocName=dhs_id_055443](http://www.dhs.state.mn.us/main/idcplg?IdcService=G
ET_FILE&RevisionSelectionMethod=LatestReleased
&Rendition=Primary&allowInterrupt=1&noSaveAs=1&
dDocName=dhs_id_055443)

Data Source: National Survey on Drug Use and Health (NSDUH)

Description:	The NSDUH is a nationwide survey involving in-home interviews with approximately 70,000 randomly selected individuals age 12 and older. Data are presented as two-year averages. Accordingly, the profile presents combined data from 2002/2003, 2004/2005, 2005/2006, and 2006/2007.
Sponsored by:	Substance Abuse and Mental Health Services Administration (SAMHSA)
Geographic level:	National
Frequency:	Data are presented as two-year averages
Strengths/weaknesses:	<p>Strengths</p> <ul style="list-style-type: none">• Trend data available since 1972 <p>Weaknesses</p> <ul style="list-style-type: none">• No state-level data by race/ethnicity
Link to source:	http://oas.samhsa.gov/stateTrends.htm

Data Source: Uniform Crime Reports (UCR)

Description: The Uniform Crime Reporting (UCR) Program was conceived in 1929 by the International Association of Chiefs of Police to meet a need for reliable, uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics. Today, several annual statistical publications, such as the comprehensive *Crime in the United States*, are produced from data provided by nearly 17,000 law enforcement agencies across the United States.

Crime in the United States (CIUS) is an annual publication in which the FBI compiles volume and rate of crime offenses for the nation, the states, and individual agencies. This report also includes arrest, clearance, and law enforcement employee data.

Sponsored by: Federal Bureau of Investigation

Geographic level: National

Frequency: Data are collected and reported annually

Strengths/weaknesses: Strengths

- Trend data available since 1995
- Provided by nearly 17,000 law enforcement agencies across the United States

Weaknesses

- Data represents arrests for which law enforcement agencies provided race/ethnicity information
- Data may represent multiple arrests for the same person

Link to source: <http://www.fbi.gov/ucr/ucr.htm>

Data Source: United States Census Bureau

Description: The Census Bureau develops population estimates with a component of population change using administrative records to estimate the household and group quarters population. Estimates are produced, starting with the base population from either Census 2000 or the revised population estimate for the most recent year. Demographic components of population change calculated for that time period are then added or subtracted. The estimated numbers of births are added and the estimated numbers of deaths are subtracted for the time period. Next the estimates of net domestic migration, net foreign-born international migration, net movement to/from Puerto Rico, net overseas Armed Forces movement, net native emigration from the United States, and the change in group quarters population are incorporated.

Sponsored by: United State Census Bureau

Geographic level: National, State

Frequency: Census conducted every 10 years; estimates conducted annually

Strengths/weaknesses:

Strengths:

- Decennial U.S. Census figures are based on actual counts of persons dwelling in U.S. residential structures
- Counts include citizens, non-citizen legal residents, non-citizen long-term visitors, and illegal immigrants.
- Attempts have been made to estimate uncounted housed, homeless, and migratory persons.

Weaknesses:

- Data in this profile are for one race alone (not in combination with another race)

Link to source:

http://factfinder.census.gov/servlet/DatasetMainPageServlet?lang=en&ts=238938055104&ds_name=PEP_2006_EST&program=

Questions and Comments

Please direct questions and comments to the Minnesota Institute of Public Health:

763-427-5310
1-800-782-1878

Many of the statistics shown in this profile can be found at the State Epidemiological Outcomes Workgroup's interactive website:

www.substanceuseinMN.org or www.sumn.org

Questions relating to the website can be directed to:

sumn@miph.org

Population Snapshot

According to the 2009 US Census estimates, approximately 87% of persons living in Minnesota identify as White (not in combination with another race). Because the state population is largely white, most statewide alcohol, tobacco and other drug trends reflect use and consequences for this demographic group (Table 1).

Table 1	Whites in Minnesota, 2009		All Minnesotans, 2009	
	Number	Percent	Number	Percent
Population	4,601,572		5,266,215	
By age group:				
Under 5	285,295	6.2%	362,040	6.9%
Under 18	1,015,999	22.1%	1,257,933	23.9%
18+ (adults)	3,585,873	77.9%	4,008,282	76.1%
18-24	442,189	9.6%	522,129	9.9%
25-34	587,861	12.8%	700,898	13.3%
35-44	600,674	13.1%	696,967	13.2%
45-64	1,310,212	28.5%	1,418,998	26.9%
65+	644,637	14.0%	669,290	12.7%

US Census Bureau, 2009 American Community Survey

2. ALCOHOL CONSUMPTION

Alcohol is the most frequently used drug nationally and statewide and is associated with a number of adverse health consequences.

Recent Alcohol Use

Reported 30-day alcohol use among White students decreased as much in 2010 as it did for the prior six years combined, for all students (Figure 2, Table 2). However, differences exist by region, gender and grade. Non-metro males and females reported 30-day alcohol use has been higher than use among metro students (Figure 3, Table 3). Reported past-month alcohol use among White 12th graders was slightly higher than the state average in 2010 (Figure 4, Table 4).

Reported 30-day alcohol use in 2004/2005 was higher than the state average among White adults living both in the seven-county metro area and non-metro area (Figure 5, Table 5). Adults are defined as persons aged 18 or older.

Nationally, according to the National Survey on Drug Use and Health, the rate of alcohol use in the past month among persons aged 12 or older was 59.8% for Whites in 2007. About 15.9% of White youths aged 12 to 17 were current drinkers, having one or more drinks in the past 30 days, in 2007.

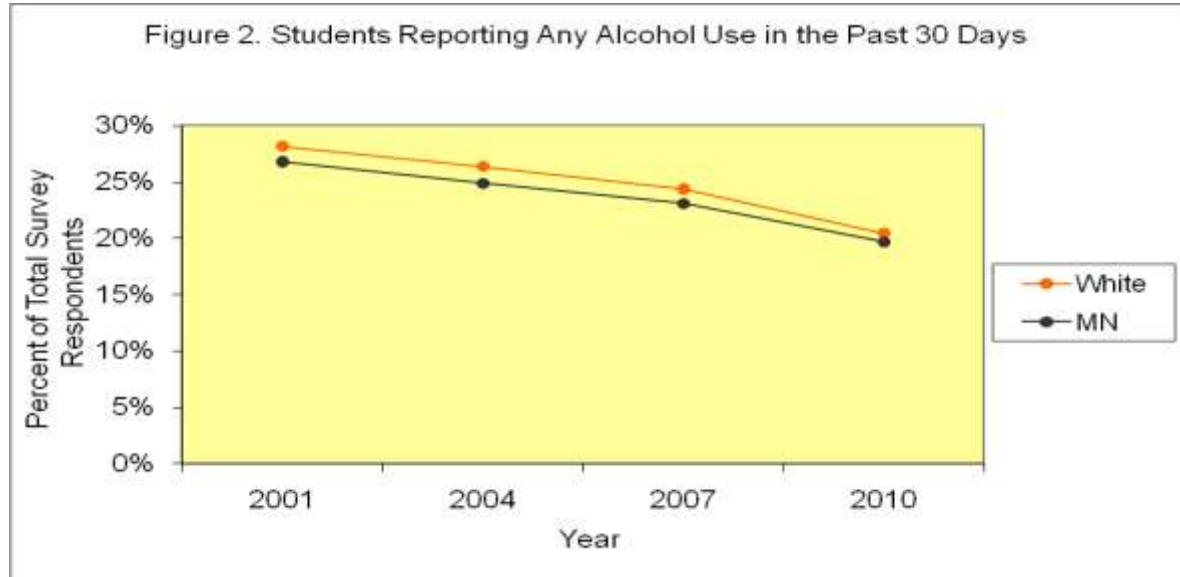


Table 2. Students Reporting Any Use of Alcohol in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	28.2%	26.4%	24.4%	20.5%
All Minnesota students reporting use	26.8%	24.9%	23.1%	19.7%
Rate Ratio	1.03	1.04	1.02	1.04

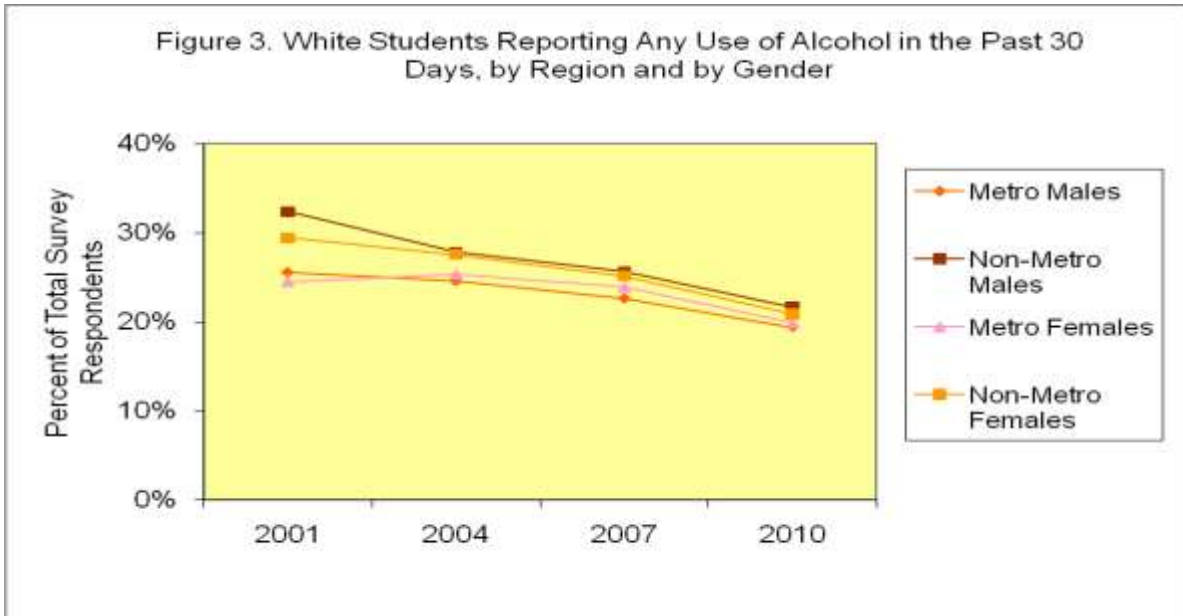


Table 3. White Students Reporting Any Use of Alcohol in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	25.6%	24.6%	22.6%	19.4%
Non-Metro Males	32.4%	27.8%	25.7%	21.7%
Metro Females	24.5%	25.3%	23.9%	19.9%
Non-Metro Females	29.5%	27.6%	25.2%	20.9%

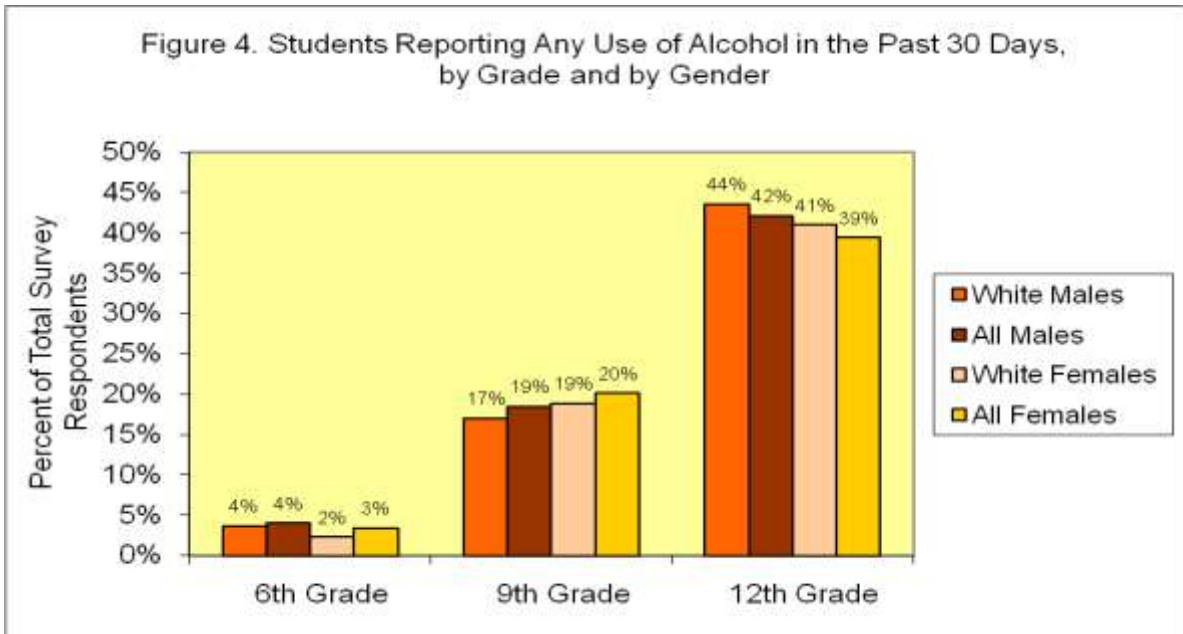


Table 4. Students Reporting Any Use of Alcohol in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 th Grade	9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.93	0.92	1.04
	Females	0.68	0.94	1.04

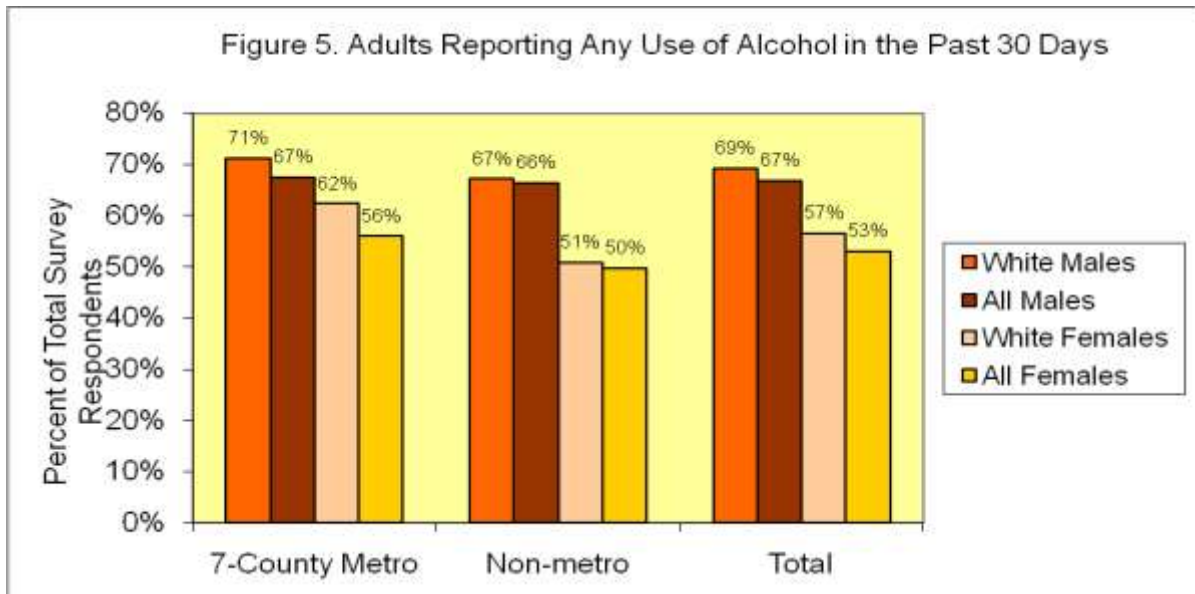


Table 5. Adults Reporting Any Use of Alcohol in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use	7-County Metro	Non-metro	Total
Ratio (White: All Respondents)	Males 1.06	1.01	1.03
	Females 1.11	1.02	1.07

Binge Drinking

Binge drinking has been associated with alcohol-related injuries and deaths, as well as violence and crime. The Minnesota Survey of Adult Substance Use defined binge drinking as 5 or more drinks for males or 4 or more drinks for females in a row on one occasion in the past 30 days. MSS defined binge drinking as 5 or more drinks in a row on one occasion in the past 14 days (for males or females).

Reported binge drinking was consistently very close to the state average among White students from 2001 to 2010 (Figure 6, Table 6). A closer look reveals that rates declined since 2004 for males and females in both the seven-country metro area and non-metro area (Figure 7, Table 7). Binge drinking rates among 9th grade White students were slightly under the state average, while 12th grade White students were slightly above the state average in 2010 (Figure 8, Table 8).

Binge drinking among White adults in 2004/2005 was slightly higher than the state average (Figure 9, Table 9). Adults are defined as persons aged 18 or older.

Nationally, according to the National Survey on Drug Use and Health, the rate of binge alcohol use among persons aged 12 or older was 24.6% for Whites in 2007. About 9.7% of White youths aged 12 to 17 were current binge drinkers in 2007.

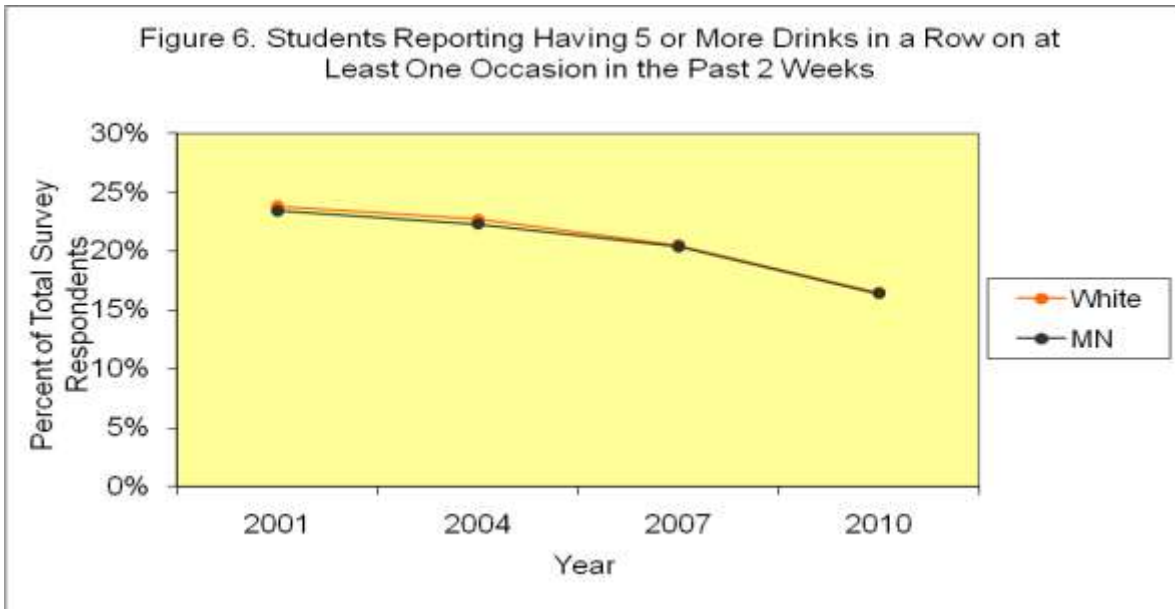


Table 6. Students Reporting Binge Drinking in the Past 2 Weeks

Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	23.8%	22.7%	20.5%	16.5%
All Minnesota students reporting use	23.4%	22.3%	20.4%	16.4%
Rate Ratio	1.04	1.05	1.05	1.01

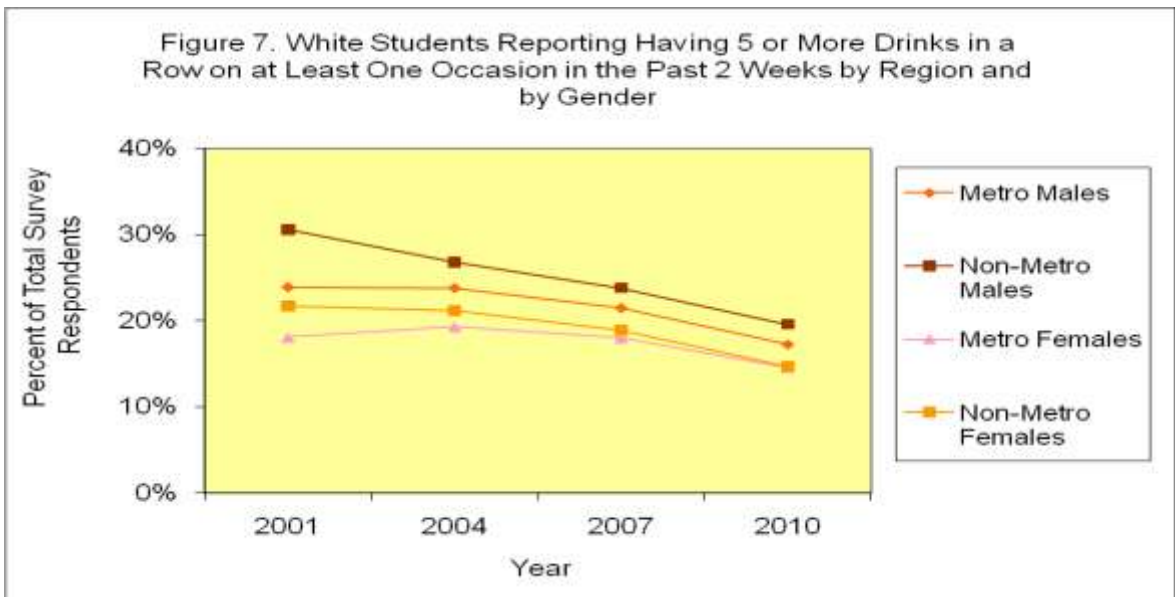


Table 7. White Students Reporting Binge Drinking in the Past 2 Weeks, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	23.9%	23.8%	21.5%	17.3%
Non-Metro Males	30.6%	26.8%	23.8%	19.6%
Metro Females	18.1%	19.3%	18.0%	14.6%
Non-Metro Females	21.7%	21.2%	18.9%	14.7%

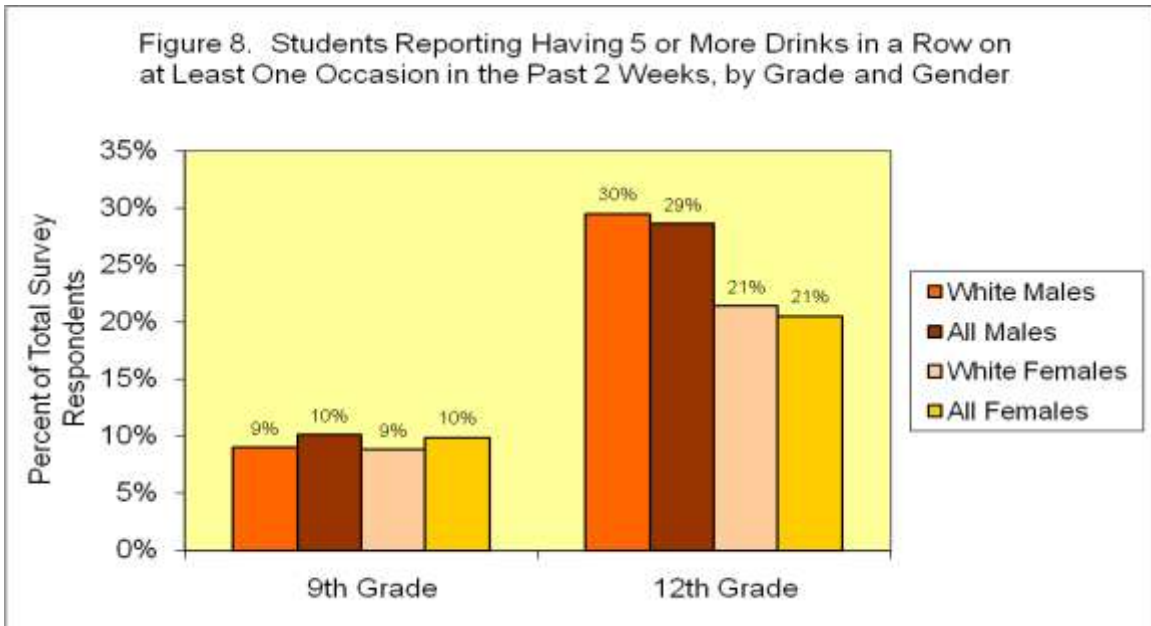


Table 8. Students Reporting Binge Drinking in the Past 2 Weeks, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.89	1.03
	Females	0.89	1.04

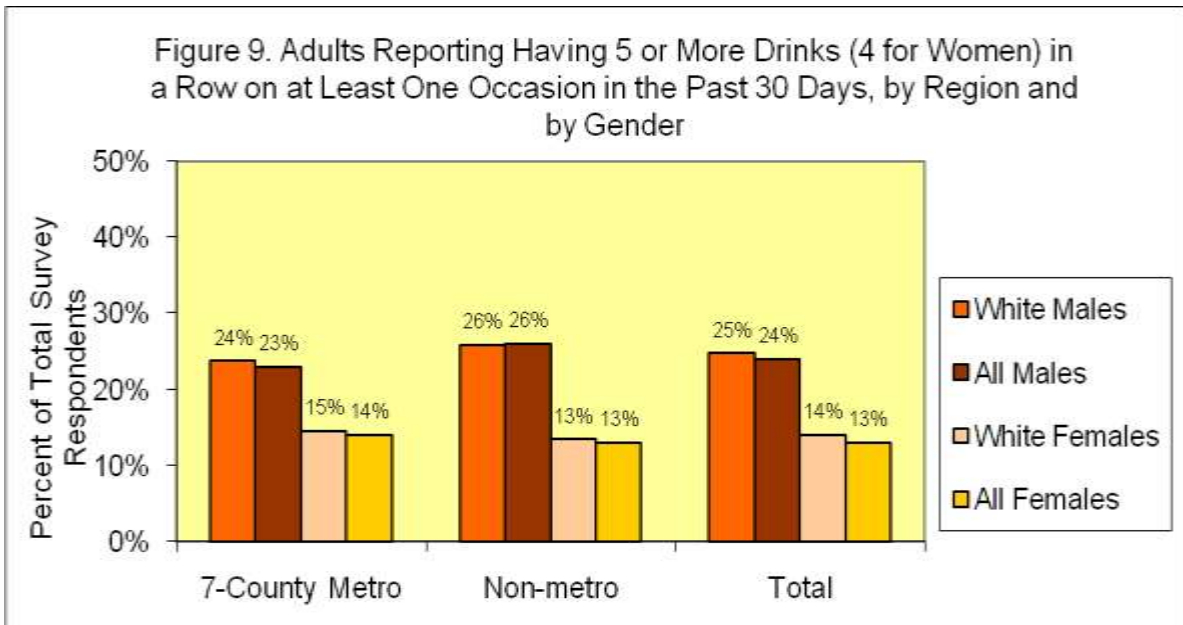


Table 9. Adults Reporting Binge Drinking in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (White: All Respondents)	Males	1.03	0.99	1.03
	Females	1.04	1.03	1.08

Age at First Use, Access and Perception of Harm

When students were asked how old they were the first time they had more than a few sips of alcohol, White students were slightly less likely than average to report having done so at the age of 13 or younger. In 2010, reported first use by the age of 13 was lower among White metro-area males (17% vs. 20%), metro-area females (13% vs. 16%), non-metro males (23% vs. 25%) and non-metro females (18% vs. 19%).

Among White students reporting use of alcohol in the past 30 days in 2010, most got it from friends (60%), got it at parties (38%), and/or got someone else to buy it for them (31%). They were least likely to report buying it on the internet (1%), buying it from gas stations or convenience stores (2%), taking it from stores (2%) or buying it from bars or restaurants (3%).

Students were also asked how much they thought people harmed themselves physically or in other ways if they have five or more drinks of alcohol once or twice per week. In 2010, 79% of White 6th grade males, 81% of 9th grade males and 70% of 12th grade males thought people put themselves at great or moderate risk. Rates varied less by grade-level among White females: 85%, 87% and 85% respectively.

Impaired Driving

White students were about as likely to report having driven after using alcohol or other drugs as the state average, though both rates decreased from 2001 to 2010 (Figure 10, Table 10). Reported impaired driving among White metro female students have been consistently lower among all of the other areas of the state, with non-metro males having the highest rates. All rates have been declining since 2004 (Figure 11, Table 11). In 2010, 9th grade White students were slightly under the state average, while 12th grade White students were slightly above the state average (Figure 12, Table 12).

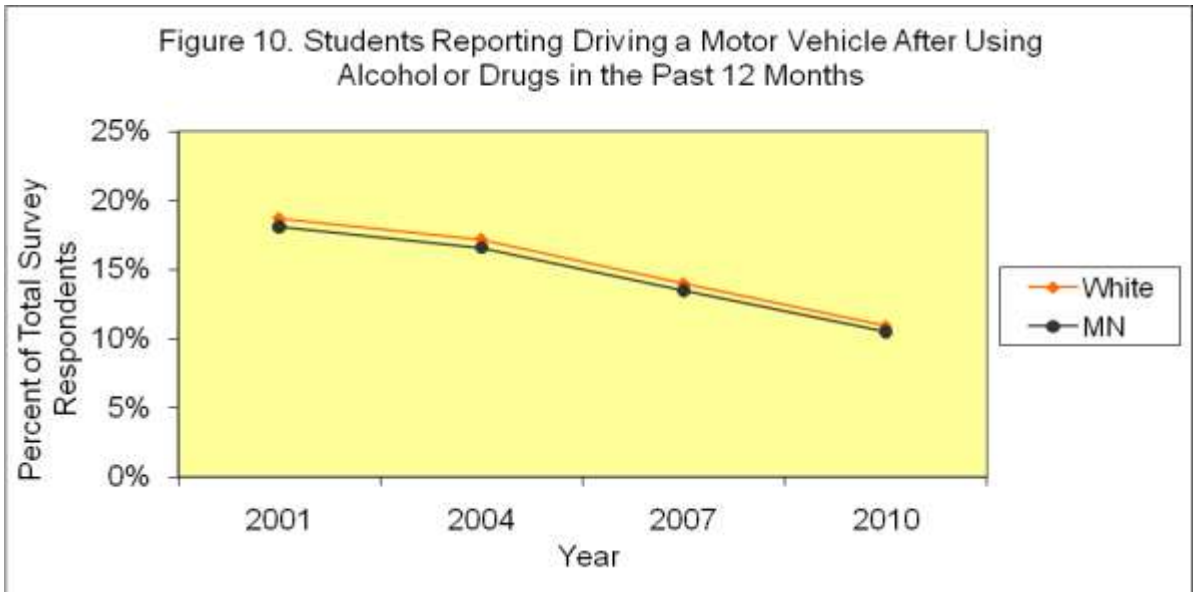


Table 10. Students Reporting Impaired Driving in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
White students	18.7%	17.2%	14.0%	10.9%
All Minnesota Students	18.1%	16.6%	13.5%	10.5%
Rate Ratio	1.03	1.04	1.04	1.04

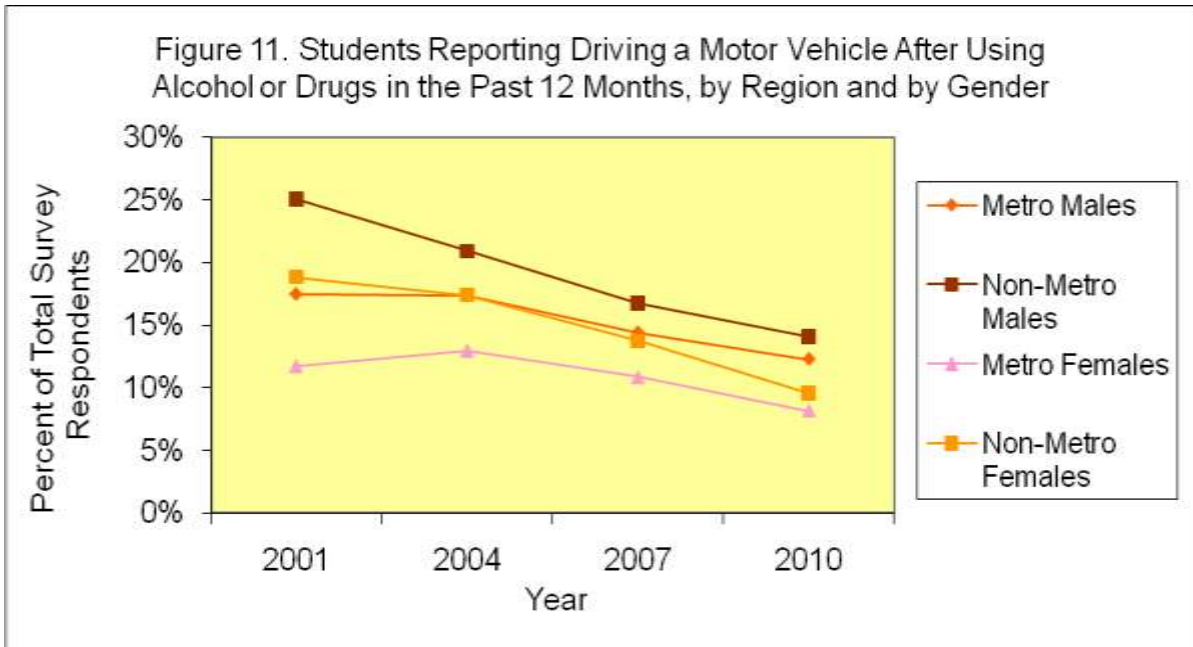


Table 11. White Students Reporting Impaired Driving in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	17.5%	17.3%	14.4%	12.3%
Non-metro Males	25.1%	20.9%	16.8%	14.1%
Metro Females	11.8%	13.0%	10.9%	8.2%
Non-Metro Females	18.9%	17.4%	13.8%	9.6%

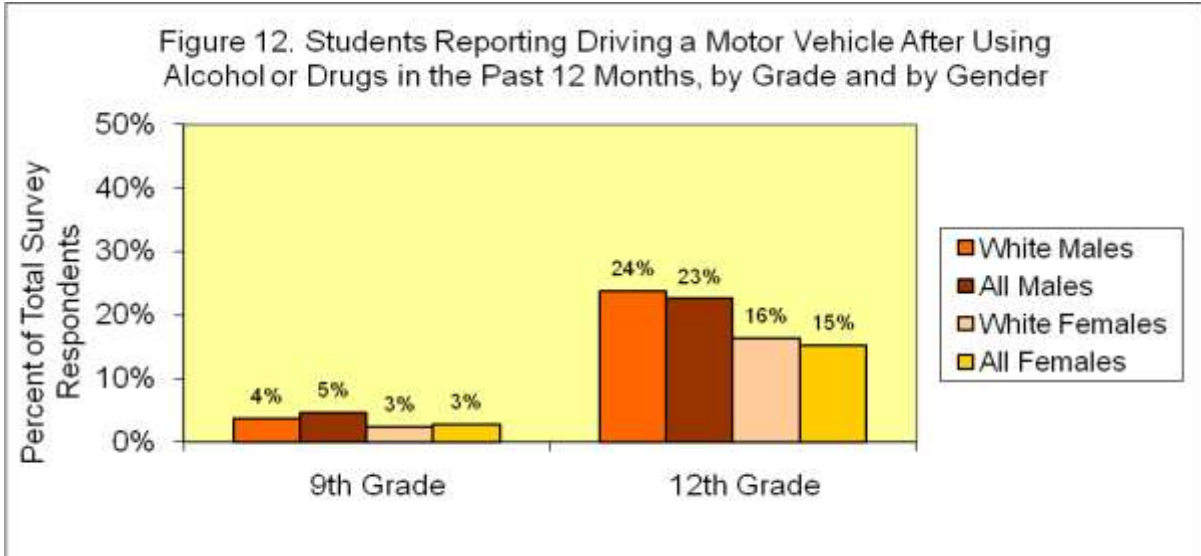


Table 12. Students Reporting Impaired Driving in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.83	1.05
	Females	0.89	1.07

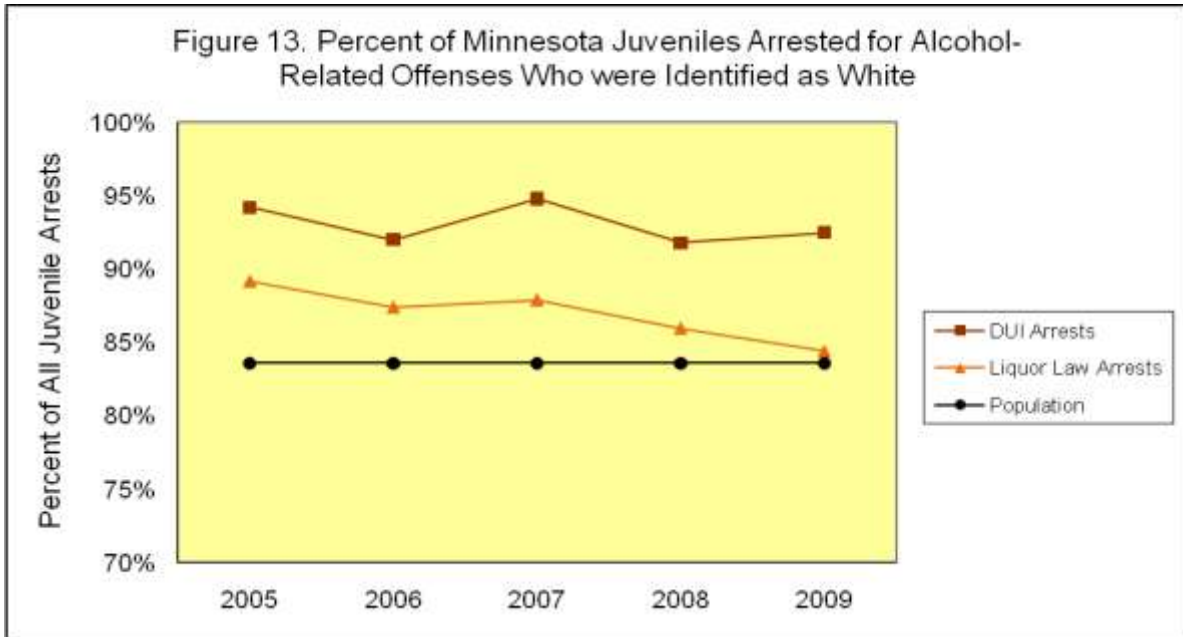
3. ALCOHOL-RELATED CONSEQUENCES

DUI and Liquor Law Arrests

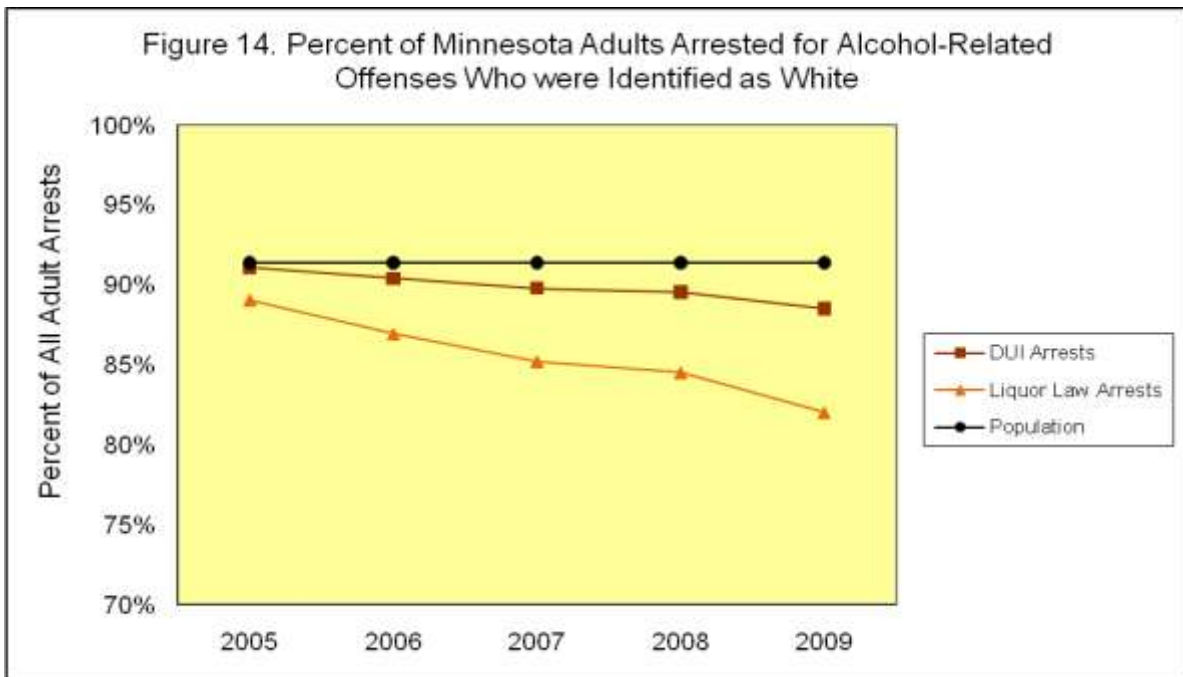
In Minnesota, liquor law violations are defined as: “With the exception of drunkenness and driving under the influence, all state or local liquor law violations are placed in this class. Excludes federal violations, includes manufacturing, selling, transporting and furnishing as in maintaining unlawful drinking places. Bootlegging, operating a still, furnishing liquor to a minor and the using of a vehicle for illegal transportation of liquor are included (*Minnesota Crime Information, 2007*; pg. 9).” Limitations associated with arrest data include annual changes in enforcement, and determination of race by law enforcement.

About 83.8% of Minnesota juveniles identified as White, according to the 2000 Census. The percent of juveniles arrested for DUI who were identified as White has been disproportionately high. However, the rate decreased from 95% in 2007 to 93% in 2009. For liquor law arrests, the rate also decreased from 89% in 2005 to 84% in 2009 (Figure 13, Table 13). Nationally about 68.6% of juveniles identified as White, according to the 2000 Census. The percent of U.S. juveniles arrested for DUI who were identified as White has declined from 93.3% in 2005 to 91.9% in 2009. For liquor law arrests, the rate decreased from 91.6% in 2005 to 89.4% in 2009 (from Uniform Crime Reports).

Whites make up around 91.4% of the Minnesota adult population, according to the 2000 Census. The percent of adults arrested for DUI and liquor law violations who were identified as White in 2009 was 88.5% for DUI and 82.0% for liquor law violations (Figure 14, Table 13). Nationally about 77.3% of adults identified as White, according to the 2000 Census. The percent of U.S. adults arrested for DUI who were identified as White has declined from 88.4% in 2005 to 86.3% in 2009. For liquor law arrests, the rate decreased from 83.7% in 2005 to 82.7% in 2009 (from Uniform Crime Reports).



Population data from the 2000 Census; arrest data from the Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.



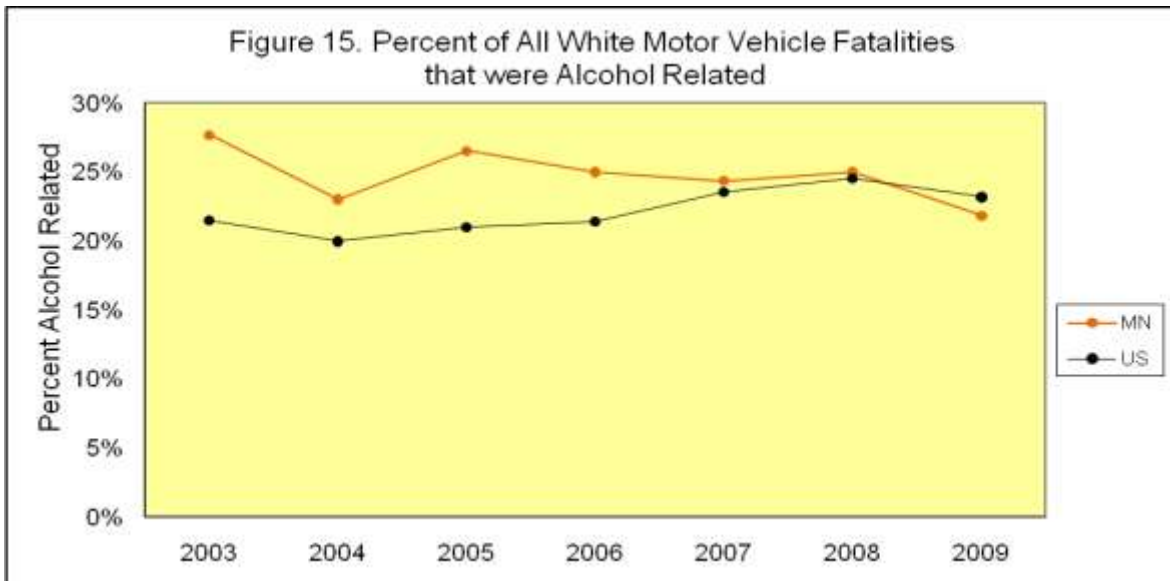
Population data from the 2000 Census; arrest data from the Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

	Juveniles		Adults	
	White	All	White	All
D.U.I.				
2005	703	746	27,829	30,522
2006	768	834	31,208	34,515
2007	632	666	28,549	31,793
2008	492	536	26,581	29,686
2009	369	399	23,681	26,758
Liquor Laws				
2005	6,574	7,372	17,793	19,978
2006	7,019	8,030	19,173	22,056
2007	6,415	7,299	19,605	23,009
2008	5,565	6,473	18,203	21,542
2009	4,851	5,745	17,024	20,761

Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

Alcohol-Related Motor Vehicle Fatalities

Nationally, the percent of all motor-vehicle fatalities among Whites that were alcohol-related was 22% to 23% from 2003 to 2009. The rate in Minnesota has fluctuated, but over time motor-vehicle fatalities among Whites has been declining (Figure 15, Table 14).



		2003	2004	2005	2006	2007	2008	2009
MN	Alcohol-related	139	88	78	107	105	97	81
	All fatalities	502	382	294	428	431	388	371
US	Alcohol-related	7,029	6,225	6,674	6,516	7,063	6,386	5,010
	All fatalities	32,673	31,148	31,736	30,443	29,946	26,039	21,599

FARS data: Alcohol-related refers to fatalities involving an alcohol test result of 0.08 Blood Alcohol Content (BAC) or higher.

4. TOBACCO CONSUMPTION

Reported tobacco use within the past 30 days (“30-day use”) is a frequent measure of current use, especially among youth. Youth tobacco use is presented here using three statistics: smoking a cigarette on one or more days, smoking cigarettes on 20 or more days, and use of chewing tobacco or snuff. Current adult cigarette use is defined here as adults reporting smoking cigarettes on one or more days within the past 30 days.

Current Tobacco Use

Overall, reported 30-day cigarette smoking among White students has followed the state average for the past nine years (Figure 16, Table 15). Rates have been higher among students in non-metro areas, as compared to the seven-county metro area (Figure 17, Table 16). In 2010, reported 30-day cigarette smoking among White students was similar to the average for all grade levels (Figure 18, Table 17).

Reported 30-day cigarette use was very close to the state average among White adults in 2004/2005, in both metro and non-metro areas (Figure 19, Table 18).

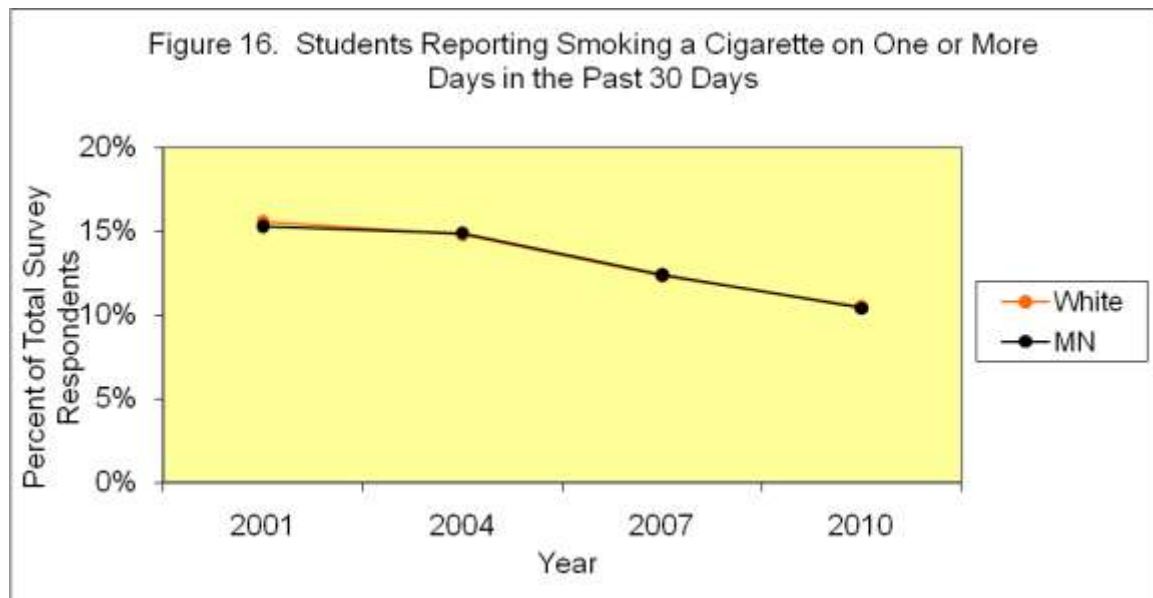


Table 15. Students Reporting Smoking a Cigarette on One or More Days in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	15.6%	14.8%	12.3%	10.5%
All Minnesota students reporting use	15.3%	14.9%	12.4%	10.4%
Rate Ratio	1.02	1.01	0.99	1.01

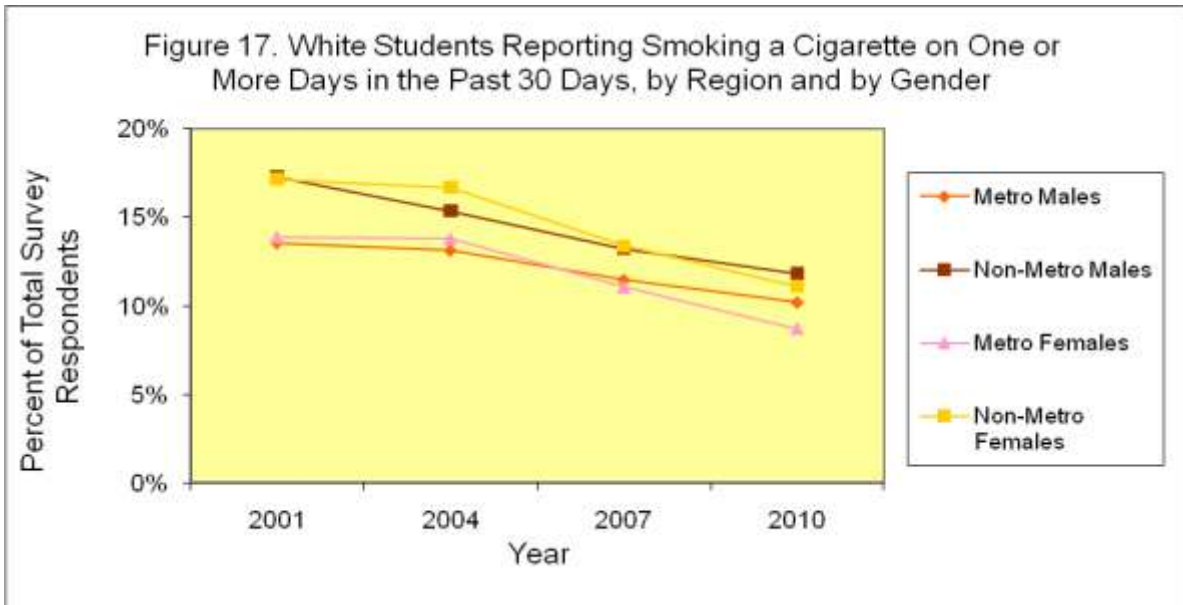


Table 16. White Students Reporting Smoking a Cigarette on One or More Days in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	13.6%	13.1%	11.5%	10.2%
Non-Metro Males	17.3%	15.4%	13.2%	11.8%
Metro Females	13.9%	13.8%	11.1%	8.7%
Non-Metro Females	17.2%	16.7%	13.4%	11.1%

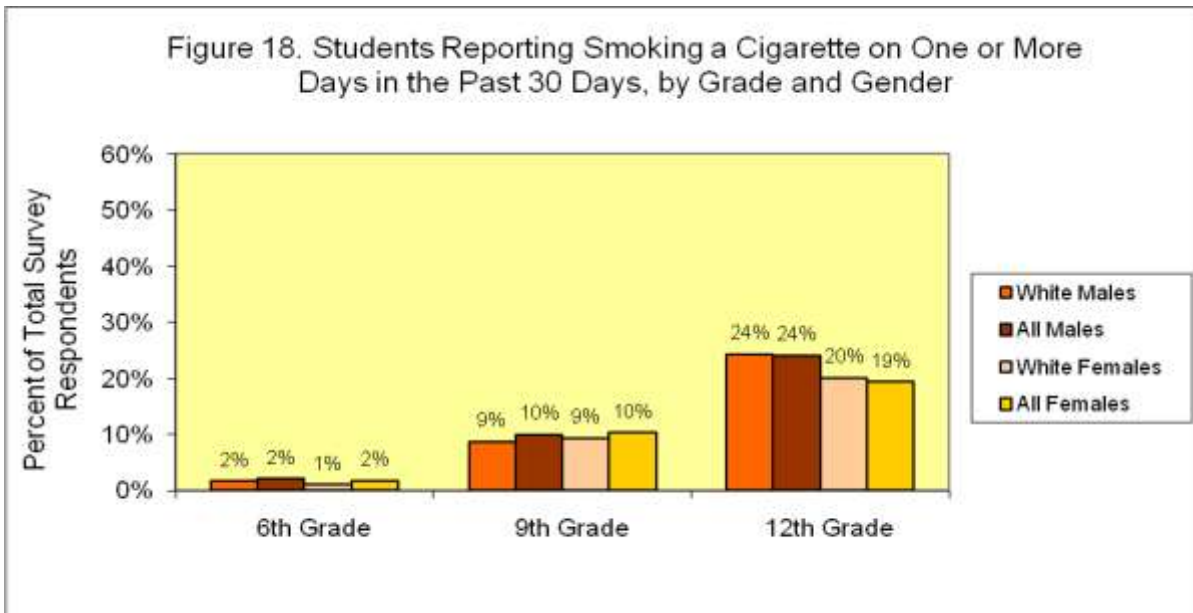


Table 17. Students Reporting Smoking a Cigarette on One or More Days in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 th Grade	9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.76	0.87	1.01
	Females	0.59	0.90	1.04

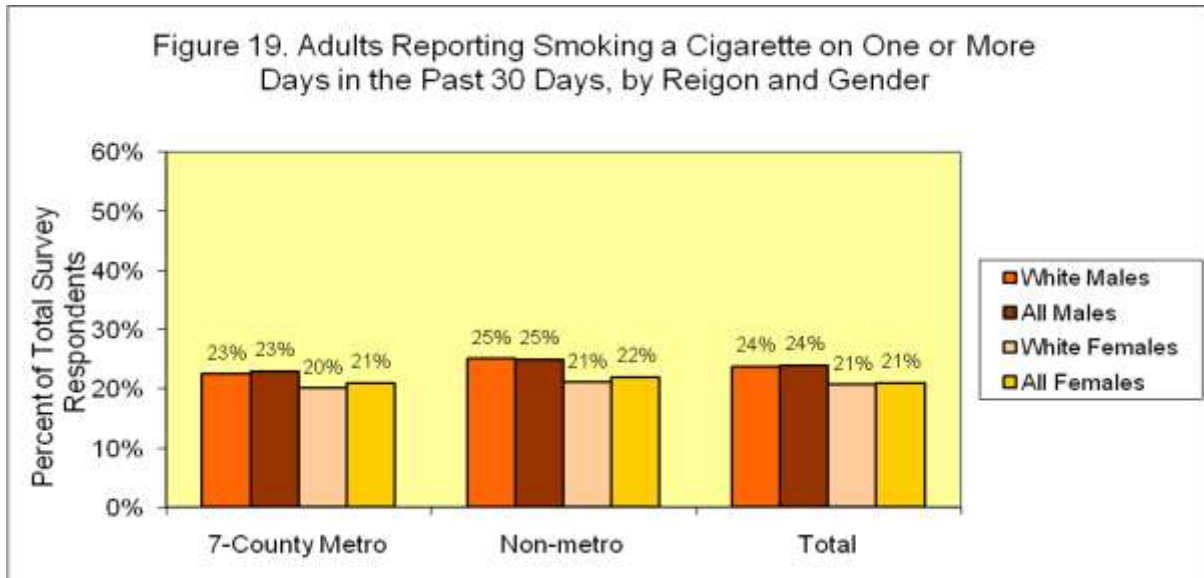


Table 18. Adults Reporting Smoking a Cigarette on One or More Days in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (White: All Respondents)	Males	0.98	1.00	0.99
	Females	0.96	0.96	0.98

Heavy Smoking and Chewing Tobacco Use

White students were about as likely as the state average to report smoking a cigarette on 20 or more days in the past 30 days, in 2010 (Figure 20, Table 19).

Reported 30-day chewing tobacco or snuff use among White students has been consistent with the state average from 2001 to 2010—use statewide has steadily increased since 2001 (Figure 21, Table 20). Among White students, rates were highest for males living outside the seven-county metro area (Figure 22, Table 21.) In 2010, White students were about as likely as the state average to report use—for all grade levels (Figure 23, Table 22).

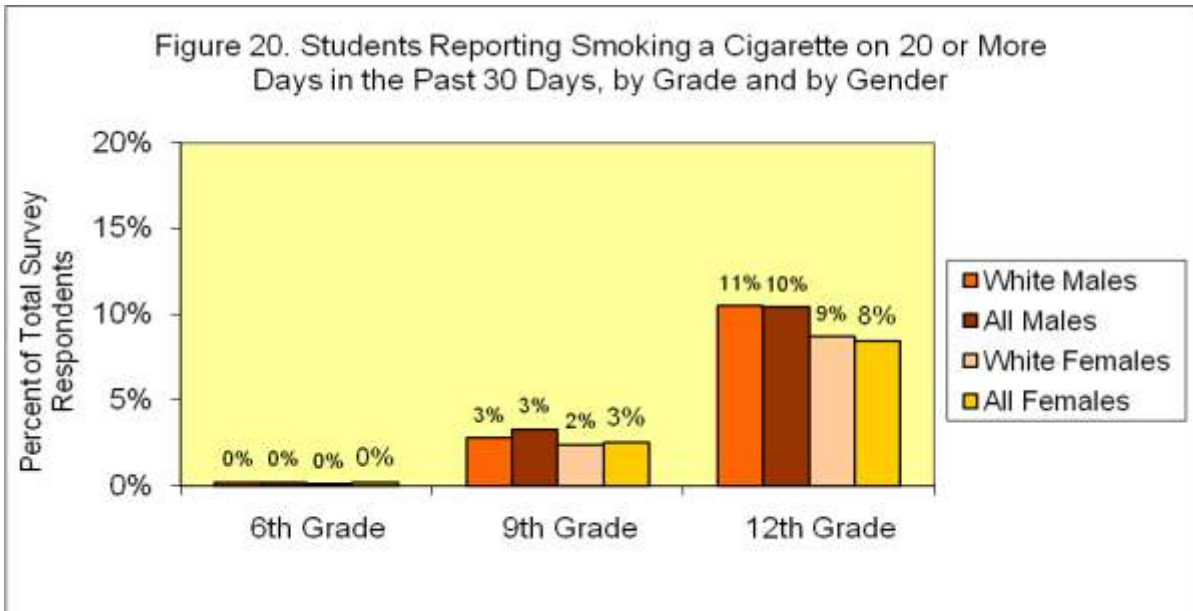


Table 19. Students Reporting Smoking a Cigarette on 20 or More Days in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 th Grade	9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	1.00	0.85	1.01
	Females	0.50	0.96	1.04

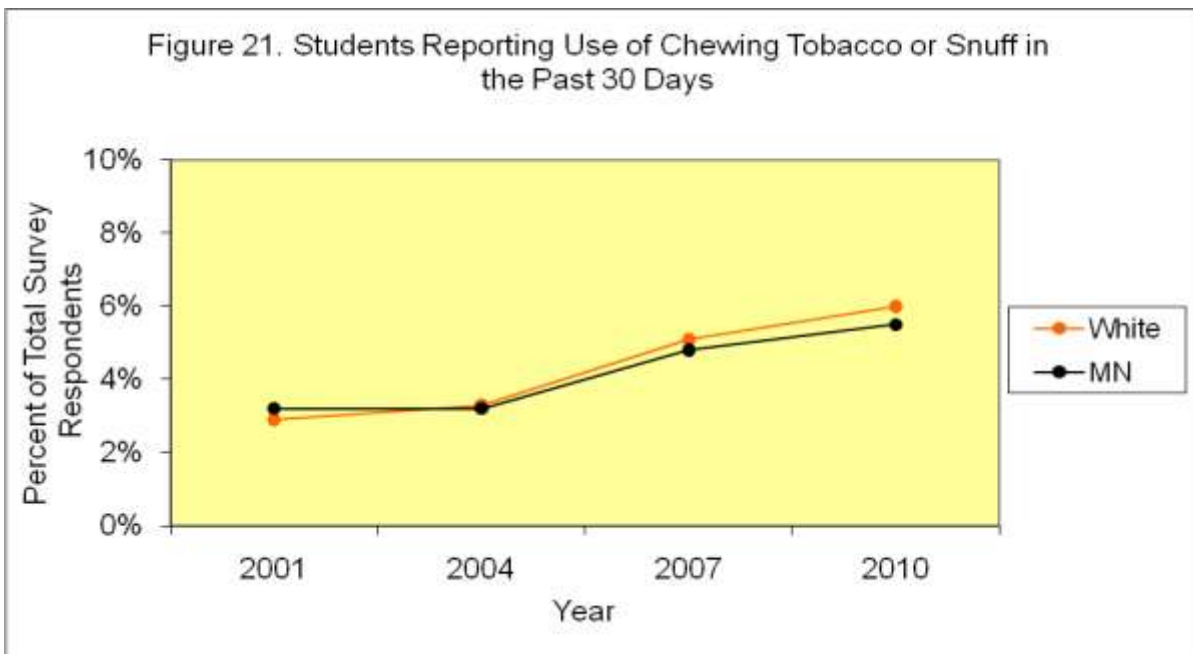


Table 20. Students Reporting Chewing Tobacco or Snuff Use in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	2.9%	3.3%	5.1%	6.0%
All Minnesota students reporting use	3.2%	3.2%	4.8%	5.5%
Rate Ratio	0.91	1.03	1.06	1.09

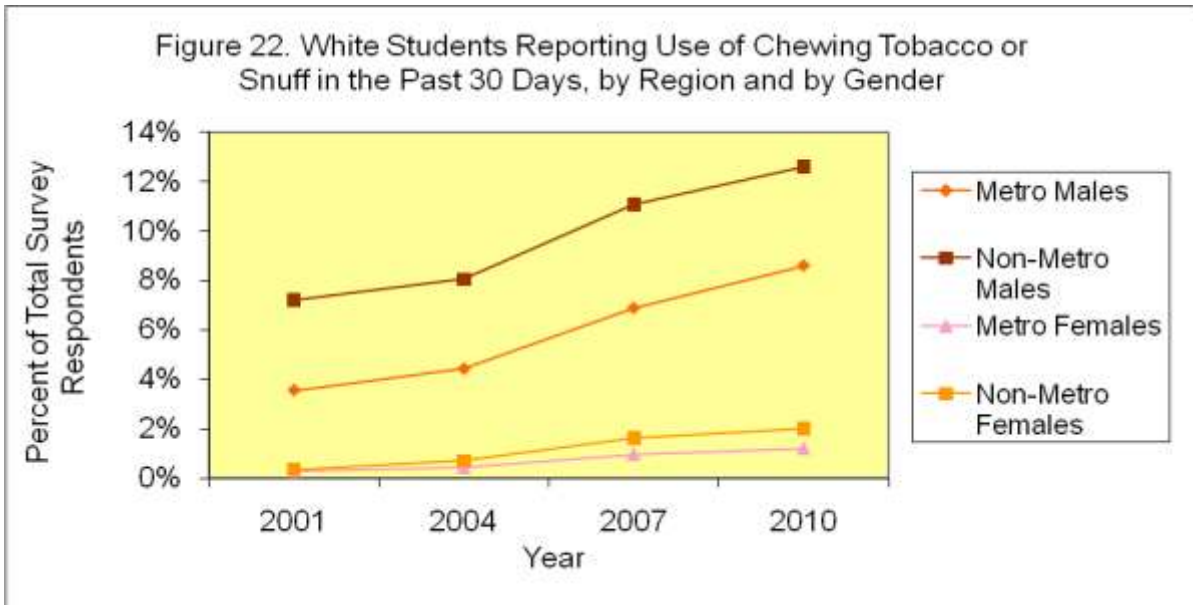


Table 21. White Students Reporting Use of Chewing Tobacco or Snuff in the Past 30 Days, by Region and by Gender

Minnesota Students Survey	2001	2004	2007	2010
Metro Males	3.6%	4.4%	6.9%	8.6%
Non-Metro Males	7.2%	8.1%	11.1%	12.6%
Metro Females	0.3%	0.4%	1.0%	1.2%
Non-Metro Females	0.4%	0.7%	1.6%	2.0%

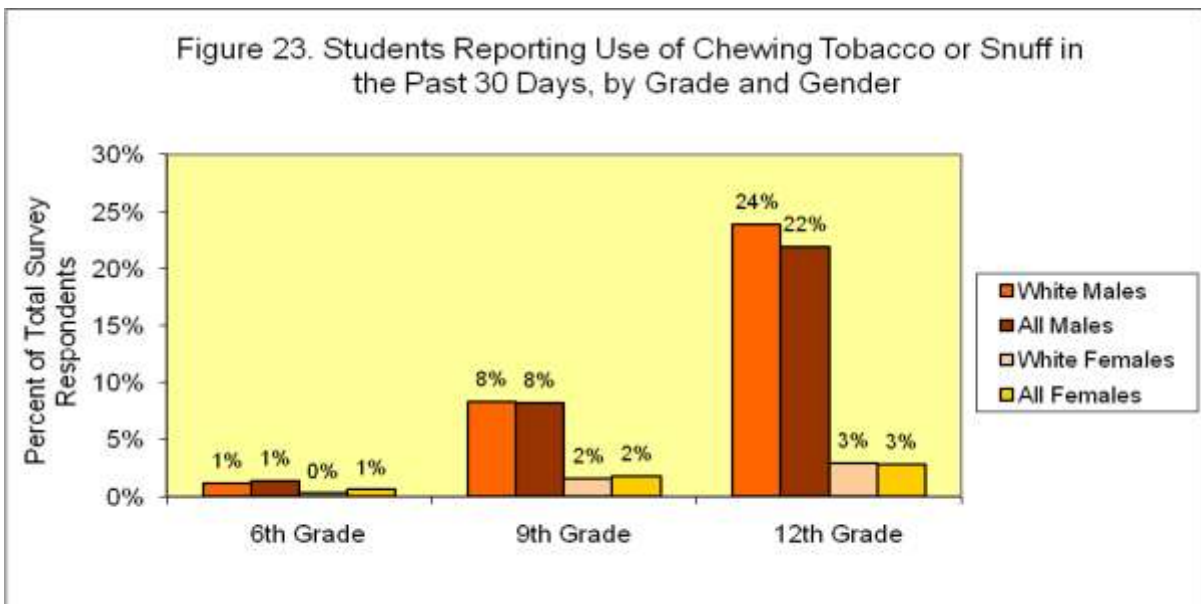


Table 22. Students Reporting Use of Chewing Tobacco or Snuff in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 th Grade	9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.86	1.01	1.09
	Females	0.50	0.89	1.04

Age at First Use, Access and Perception of Harm

When students were asked how old they were the first time they smoked all or part of a cigarette, White students were lower than the state average to have done so by the age of 13 or younger (10% vs. 12%, respectively). In 2010, reported first use by the age of 13 was lower among White metro-area males (9% vs. 12%), metro-area females (7% vs. 9%), non-metro males (13% vs. 15%) and non-metro females (11% vs. 13%).

Among White students who reported smoking a cigarette on one or more days in the past 30 days in 2010, most got it from friends (47%), bought it at gas stations or convenience stores (47%), and/or got someone else to buy it for them (18%). They were least likely to report buying it on the internet (1%); buying it from a vending machine (1%); buying it from bars or restaurants (2%) or buying it from a bowling alley, video arcade or pool hall (1%).

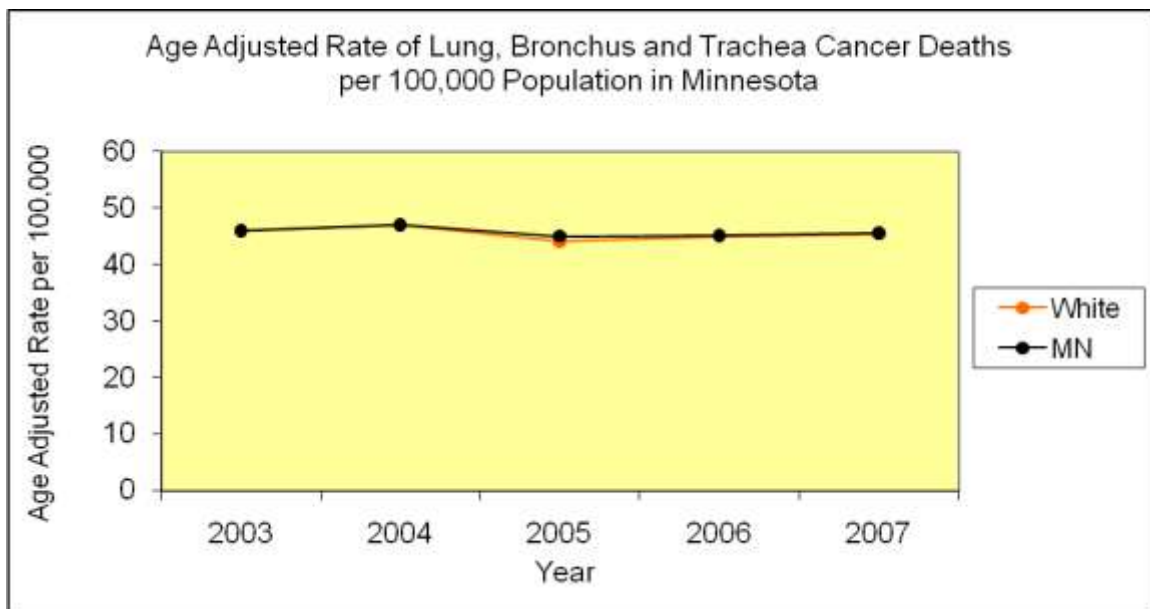
Students were also asked how much they thought people harmed themselves physically or in other ways if they smoked a pack of cigarettes per day. In 2010, 90% of White 6th grade males, 91% of 9th grade males and 88% of 12th grade males thought people put themselves at great or moderate risk. Female students were more likely to perceive risk of harm: the rates were 92%, 94% and 93% respectively.

5. TOBACCO-RELATED CONSEQUENCES

Deaths from Lung Cancer

Lung cancer is the most common cause of cancer deaths in the U.S., for both men and women. The risk of lung cancer increases in proportion to the duration of smoking and the numbers of cigarettes smoked. The 2004 Surgeon General's report estimated that 90% of lung cancer deaths among males and 79% of lung cancer deaths among females in the United States are smoking-related.

The age-adjusted rate of lung, bronchus and trachea cancer deaths per 100,000 population for Whites was similar to the state average from 2003 to 2007 in Minnesota (Figure 24, Table 23). The state average has been consistently less than the U.S. average when looking at the data per 10,000 population.



Mortality counts from the CDC Wonder Compressed Mortality Files, age adjusted rates calculated using the 2000 US standard population

	2003	2004	2005	2006	2007
White Minnesotans	2,202	2,271	2,179	2,267	2,319
All Minnesotans	2,283	2,355	2,282	2,356	2,418

From CDC Wonder Compressed Mortality Files, 1999-2007

6. OTHER DRUG CONSUMPTION

Marijuana Use

Over the past nine years, reported 30-day marijuana use has been lower among White students than the state average (Figure 25, Table 24). Among White students, reported rates of 30-day marijuana use have been highest for males living in metro counties and lowest for females living in non-metro counties (Figure 26, Table 25). Among White 12th graders, males are much more likely than females to report past 30-day use of marijuana (Figure 27, Table 26.)

In 2004/2005, reported adult 30-day marijuana use was very similar to the state average among both men and women, inside and outside of the metro area. (Figure 28, Table 27).

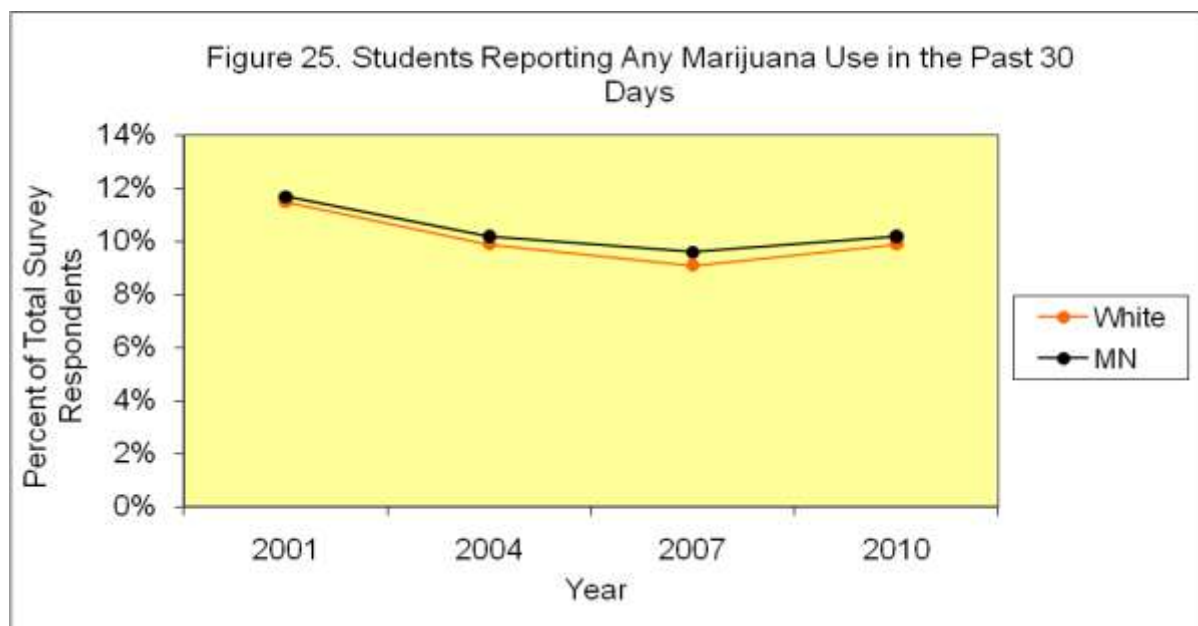


Table 24. Students Reporting Any Marijuana Use in the Past 30 Days

Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	11.5%	9.9%	9.1%	9.9%
All Minnesota students reporting use	11.7%	10.2%	9.6%	10.2%
Rate Ratio	0.98	0.97	0.95	0.97

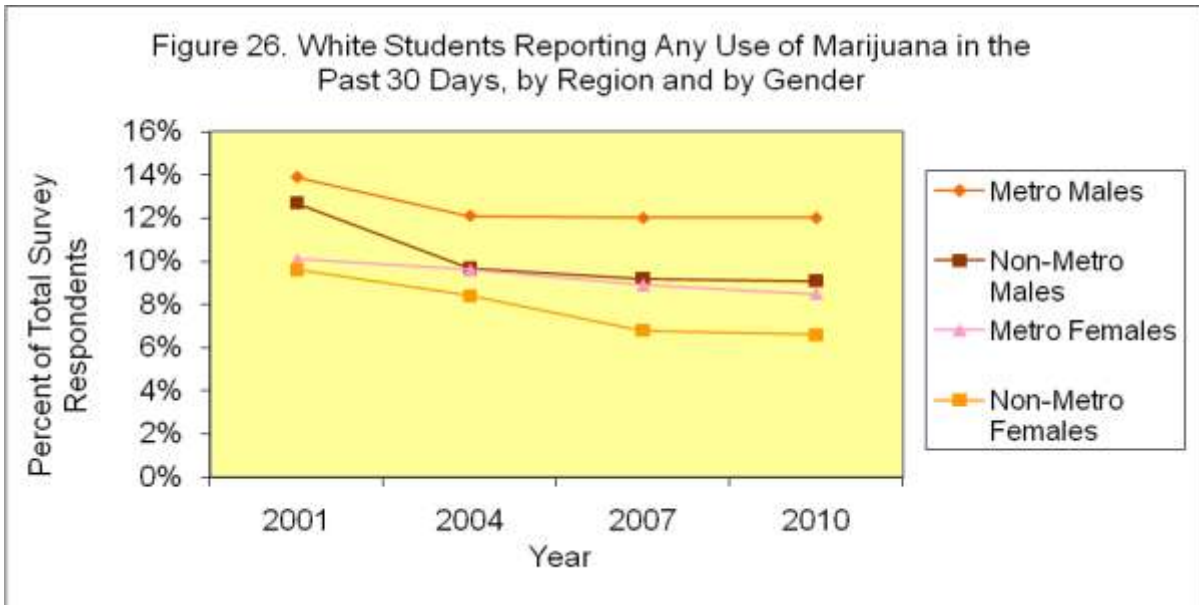


Table 25. White Students Reporting Any Use of Marijuana in the Past 30 Days, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	13.9%	12.1%	12.0%	12.0%
Non-Metro Males	12.7%	9.7%	9.2%	9.1%
Metro Females	10.1%	9.6%	8.9%	8.5%
Non-Metro Females	9.6%	8.4%	6.8%	6.6%

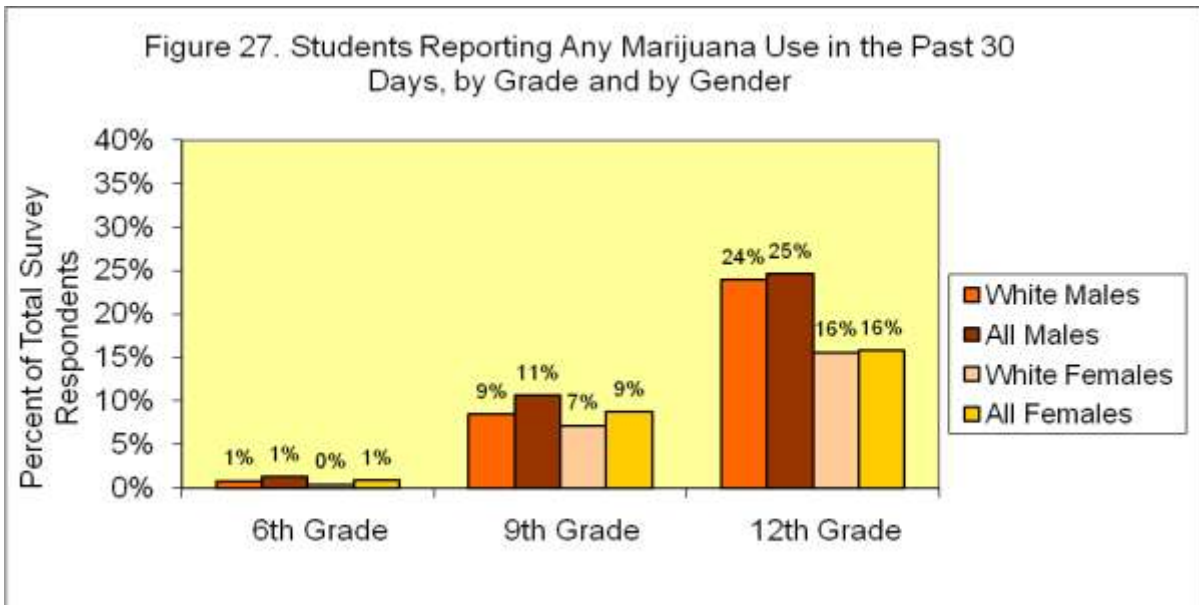


Table 26. Students Reporting Any Marijuana Use in the Past 30 Days, by Grade and by Gender

2010 Minnesota Student Survey		6 th Grade	9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.62	0.80	0.98
	Females	0.44	0.82	0.99

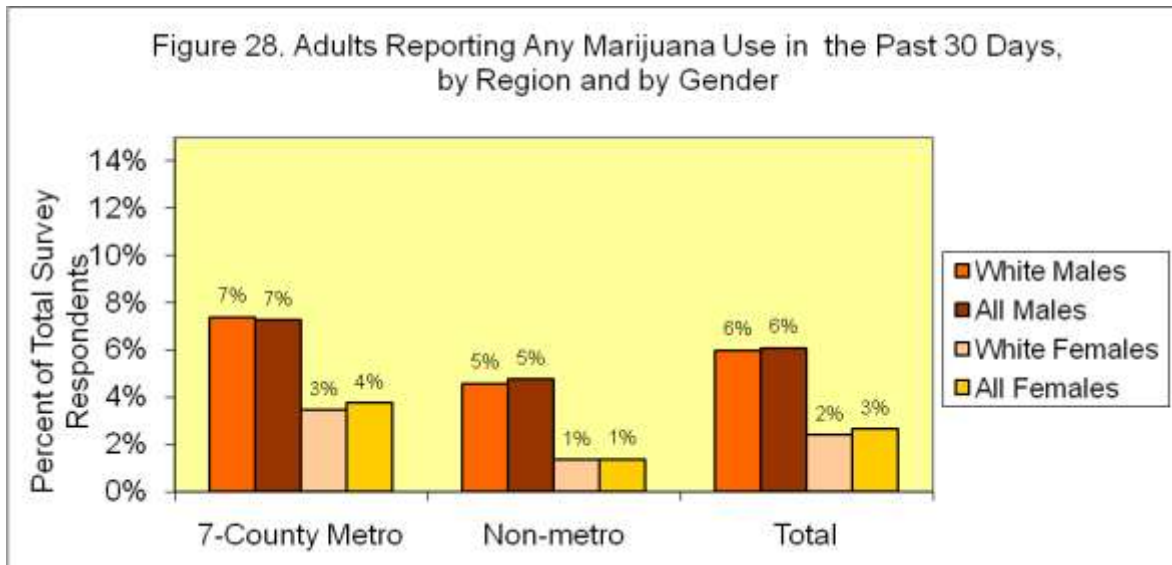


Table 27. Adults Reporting Any Marijuana Use in the Past 30 Days, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use	7-County Metro	Non-metro	Total	
Ratio (White: All Respondents)				
	Males	1.02	0.96	0.98
	Females	0.92	0.99	0.91

Age at First Use and Perception of Harm

When students were asked how old they were the first time they smoked marijuana, White students were less likely than average to report having done so at the age of 13 or younger. In 2010, reported first use by the age of 13 was lower among White metro-area males (5% vs. 7%), metro-area females (3% vs. 5%), non-metro males (5% vs. 7%) and non-metro females (4% vs. 5%). White students were also less likely than average to report having tried drugs other than marijuana for the first time by age 13.

Students were also asked how much they thought people harmed themselves physically or in other ways if they smoked marijuana once or twice per week. In 2010, 89% of White 6th grade males, 75% of 9th grade males and 54% of 12th grade males thought people put themselves at great or moderate risk. Similarly, female students in higher grades perceived less risk than younger students; the rates were 91%, 84% and 72% respectively.

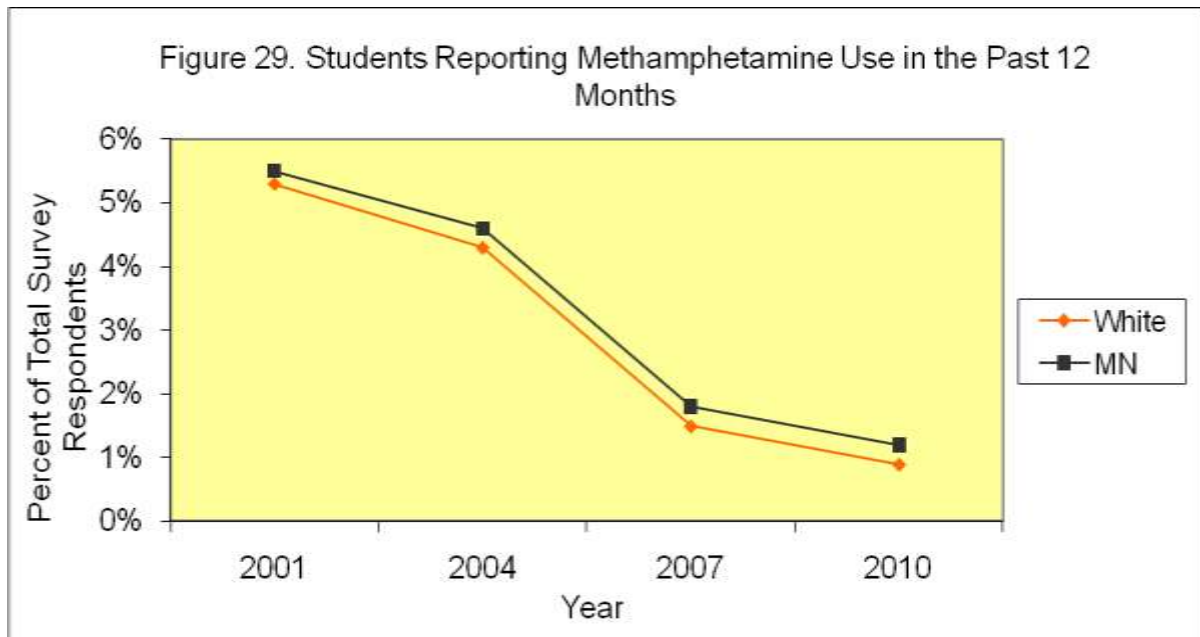
Other Illicit Drug Use

According to the National Survey on Drug Use and Health, 8.2% of Whites aged 12 or older in the U.S. used illicit drugs in the past month. The rate in 2007 for past year use of illicit drugs was 15%, and for lifetime use was 50%. This compares to total national rates of: 8% (past month), 14% (past year) and 46% (lifetime).

Methamphetamines

As part of the Minnesota Student Survey, youth were asked whether they used meth, glass, crank, crystal meth or ice. Reported 12-month methamphetamine use has been lower among White students than the state average (Figure 29, Table 28). Among White students, reported use has been declining since 2001 both inside and outside the metro area (Figure 30, Table 29). In 2010, reported 12-month methamphetamine use among White male and female 9th and 12th graders was slightly lower than the state average (Figure 31, Table 30).

In 2004/2005, adults were asked whether they used methamphetamines, crank, crystal or ice. Less than half a percent of White female adults in Minnesota reported using methamphetamines in the past 12 months. One percent of White adult males reported methamphetamine use in the past 12 months; the same was true for all Minnesota adults (not pictured).



Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	5.3%	4.3%	1.5%	0.9%
All Minnesota students reporting use	5.5%	4.6%	1.8%	1.2%
Rate Ratio	0.95	0.93	0.82	0.75

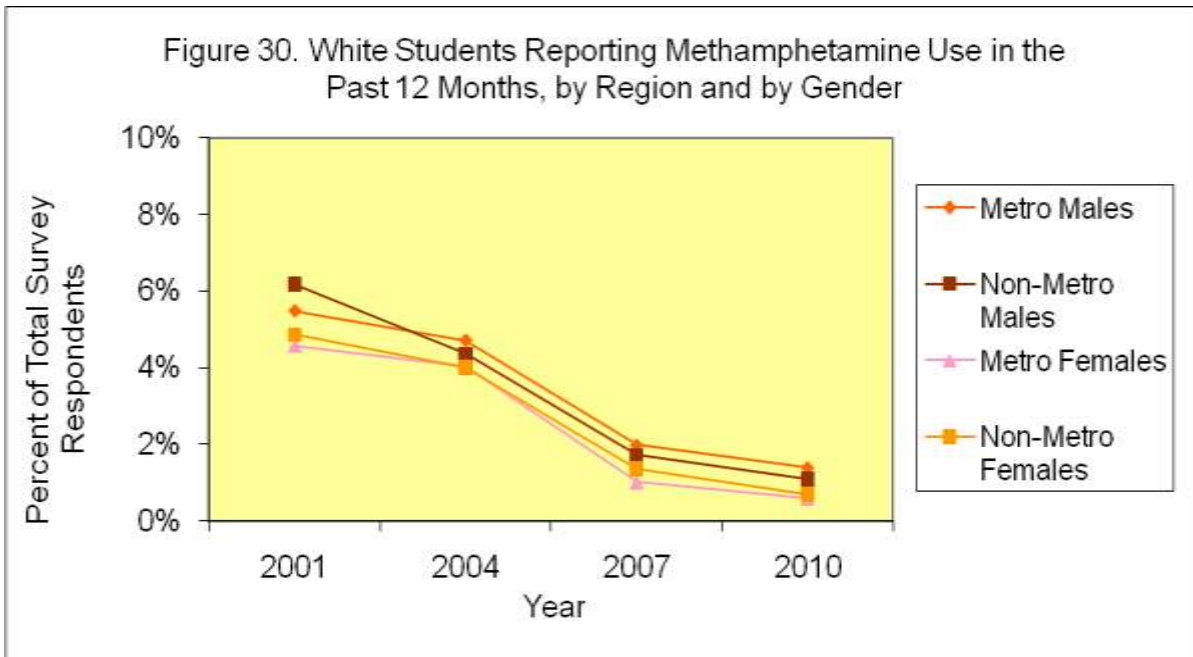


Table 29. White Students Reporting Methamphetamine Use in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	5.5%	4.7%	2.0%	1.4%
Non-Metro Males	6.2%	4.4%	1.7%	1.1%
Metro Females	4.6%	4.0%	1.0%	0.6%
Non-Metro Females	4.9%	4.0%	1.4%	0.7%

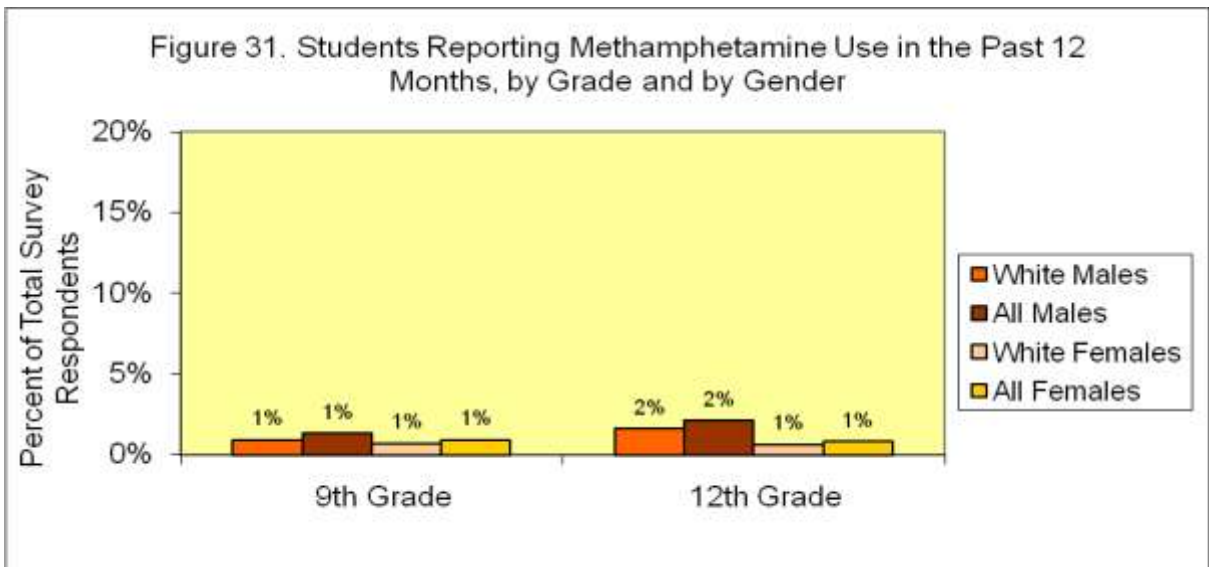


Table 30. Students Reporting Methamphetamine Use in the Past 12 Months by Grade and by Gender

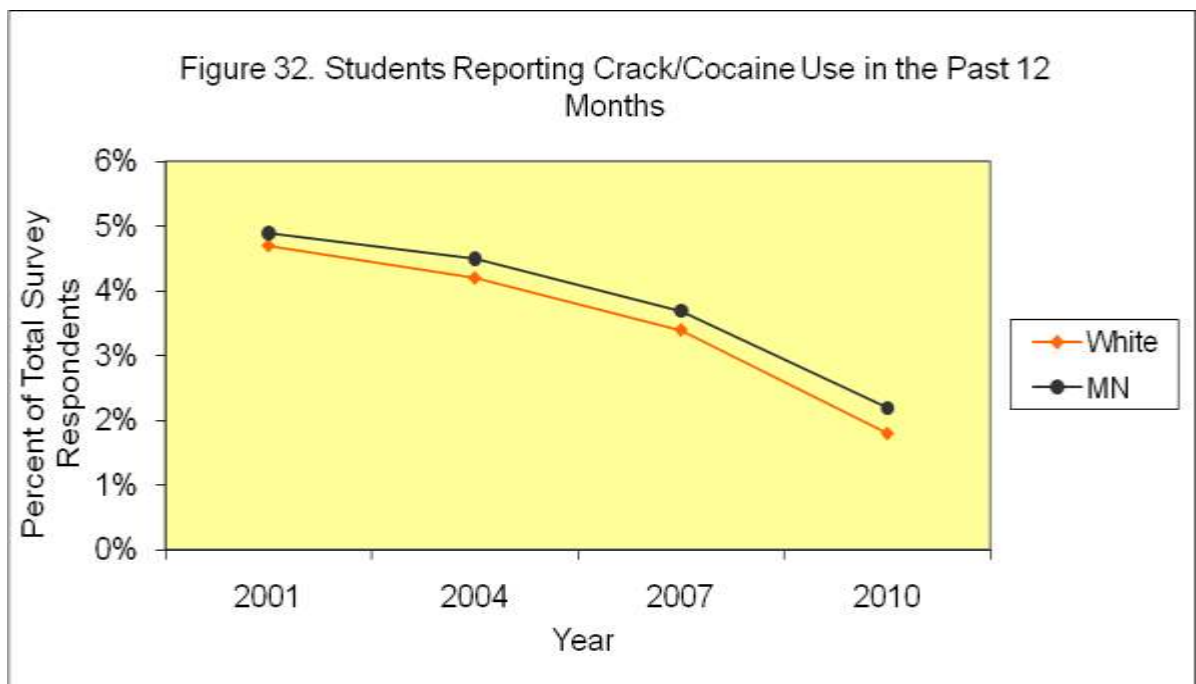
2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.69	0.76
	Females	0.78	0.75

Crack/Cocaine

These statistics include persons who reported using crack and/or powdered cocaine.

Reported 12-month crack/cocaine use has been in line with the state average among White students. (Figure 32, Table 31). Crack/cocaine use has been declining since 2001 for both males and females throughout the state (Figure 33, Table 32). Reported 12-month crack/cocaine use among White male students in both 9th and 12th grades was slightly lower than the state average in 2010 (Figure 34, Table 33).

In 2004/2005, reported 12-month crack cocaine use among White adult females was almost the same as that reported by all adult females in the state. Also, reported use among White adult males was similar to the average reported by Minnesota adult males (Figure 35, Table 33).



Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	4.7%	4.2%	3.4%	1.8%
All Minnesota students reporting use	4.9%	4.5%	3.7%	2.2%
Rate Ratio	0.95	0.93	0.93	0.82

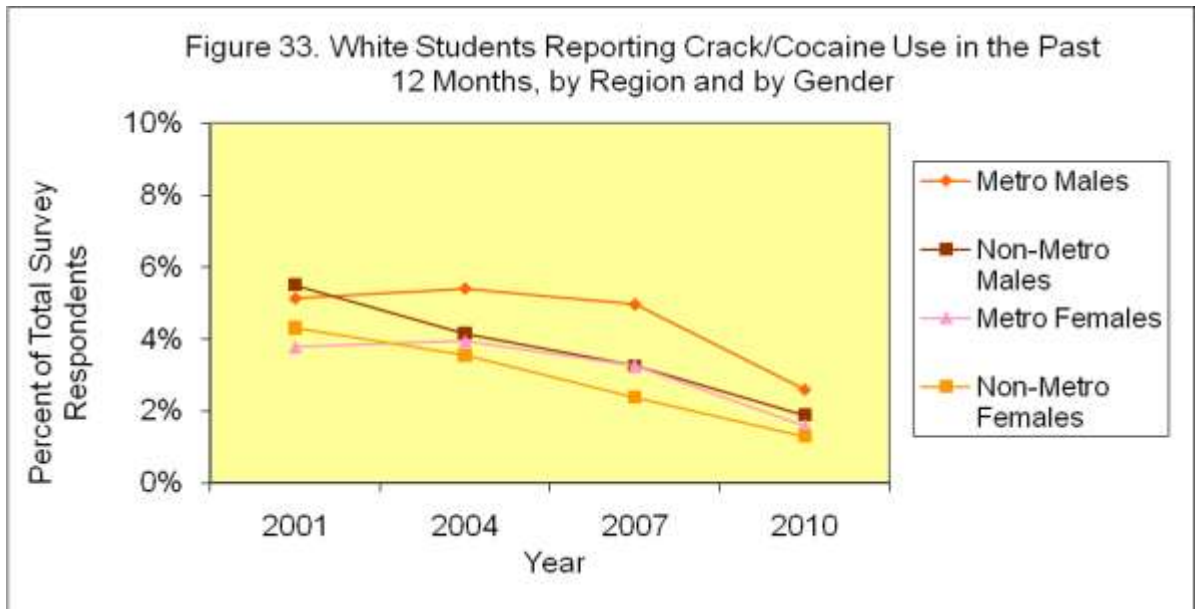


Table 32. White Students Reporting Crack/Cocaine Use in the Past 12 Months, by Region and by Gender

	2001	2004	2007	2010
Metro Males	5.1%	5.4%	5.0%	2.6%
Non-Metro Males	5.5%	4.2%	3.3%	1.9%
Metro Females	3.8%	3.9%	3.3%	1.6%
Non-Metro Females	4.3%	3.6%	2.4%	1.3%

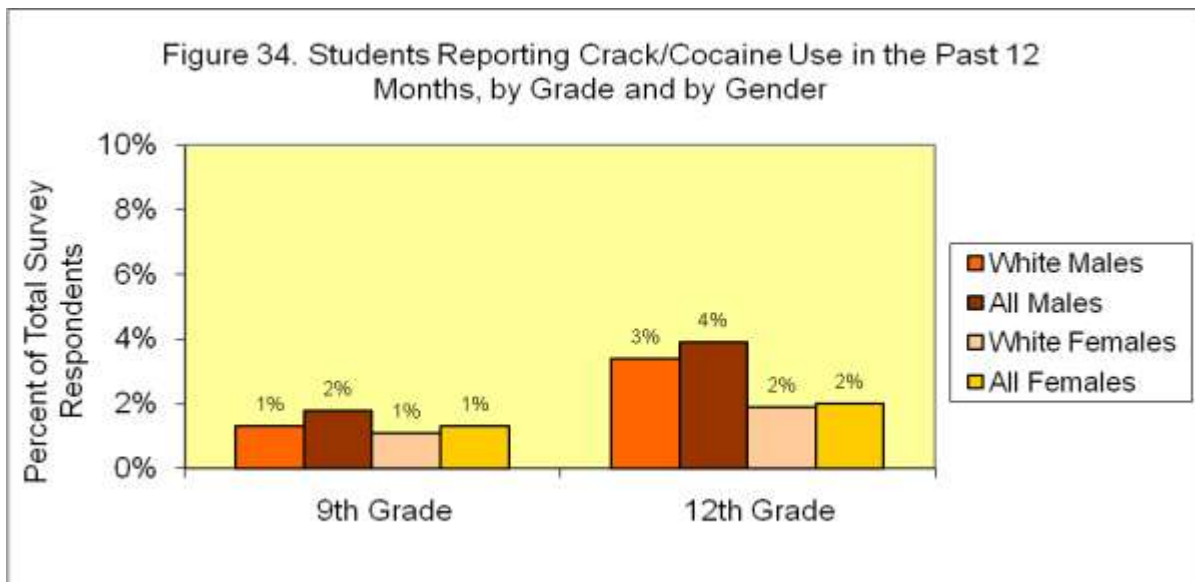


Table 33. Students Reporting Crack/Cocaine Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.72	0.87
	Females	0.85	0.95

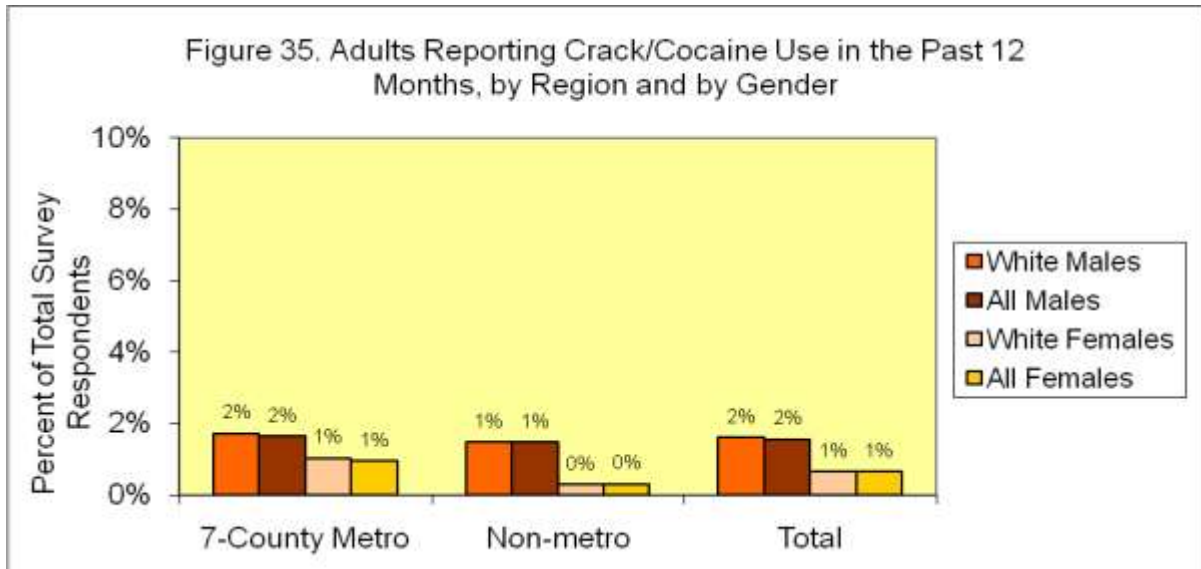


Table 34. Adults Reporting Crack/Cocaine Use in the Past 12 Months, by Region and by Gender

2004/2005 MN Survey of Adult Substance Use		7-County Metro	Non-metro	Total
Ratio (White: All Respondents)	Males	1.05	1.01	1.03
	Females	1.10	0.00	1.02

Inhalants

As part of the Minnesota Student Survey, students were asked whether they sniffed glue, breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high. Reported 12-month use of inhalants among White students continues to be in line with the state average (Figure 36, Table 35). Rates of inhalant use among White students were lowest for metro females. Use by all others was consistent and all have shown a slight decline from 2007 (Figure 37, Table 36). Similar to overall state rates, reported use of inhalants among White students was highest for 9th grade females in 2010. Two to three percent of White male students reported use at all grade levels. (Figure 38, Table 37).

Adults surveyed as part of the 2004/2005 Minnesota Survey of Adult Substance Use were not asked about consumption of inhalants.

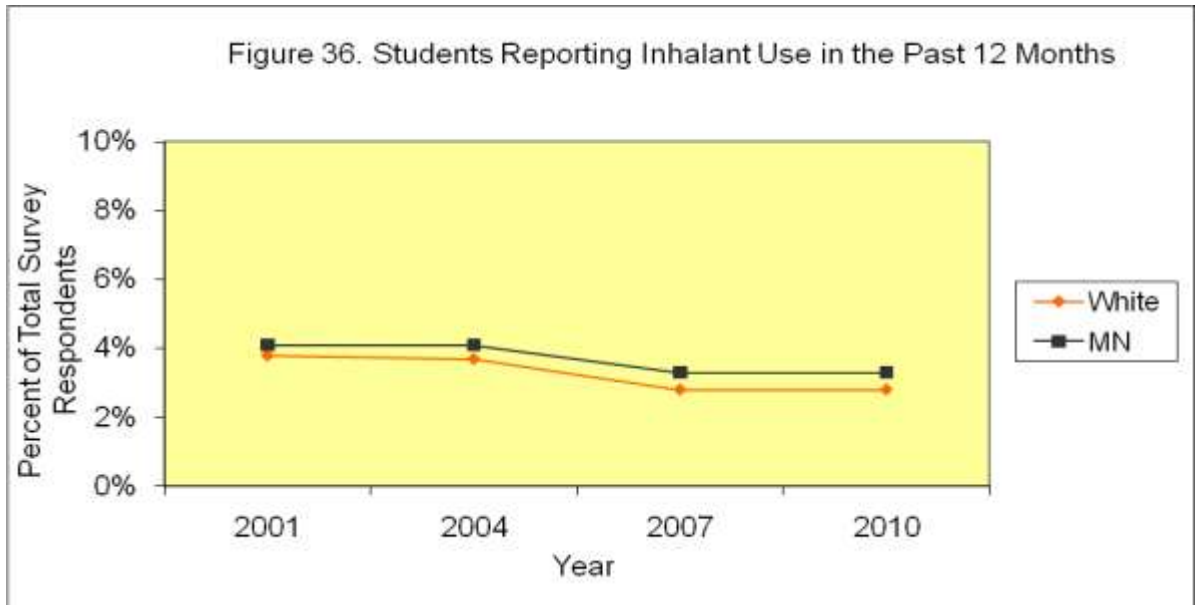


Table 35. Students Reporting Inhalant Use in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	3.8%	3.7%	2.8%	2.8%
All Minnesota students reporting use	4.1%	4.1%	3.3%	3.3%
Rate Ratio	0.92	0.90	0.86	0.86

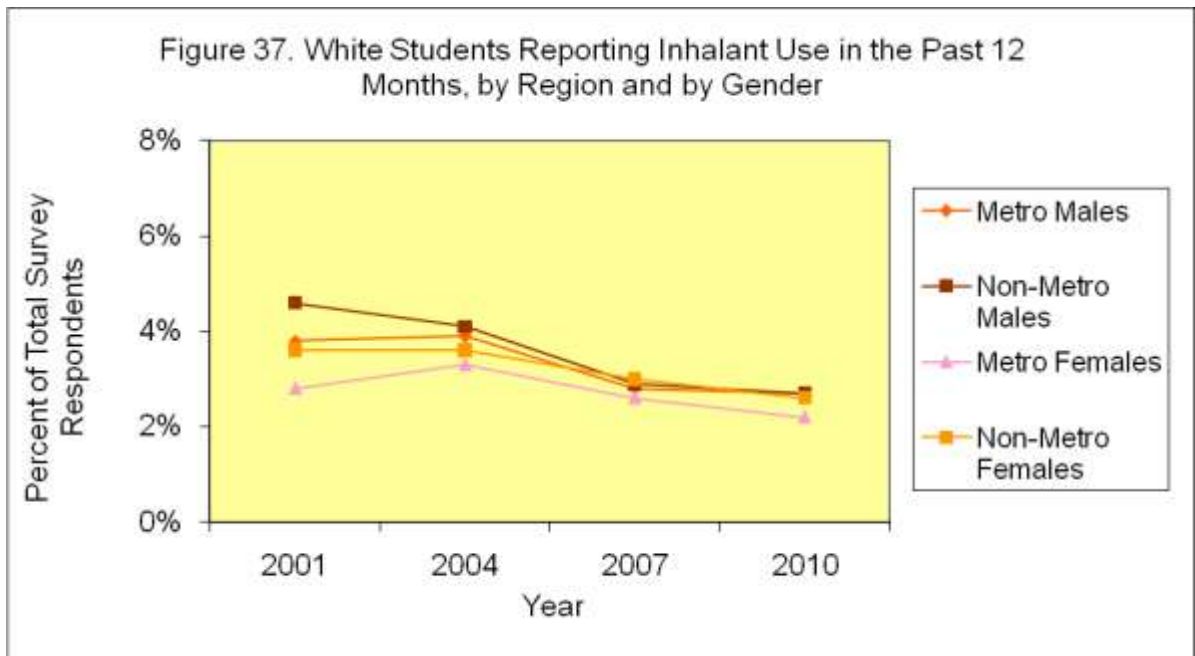


Table 36. White Students Reporting Inhalant Use in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	3.8%	3.9%	2.8%	2.7%
Non-Metro Males	4.6%	4.1%	2.9%	2.7%
Metro Females	2.8%	3.3%	2.6%	2.2%
Non-Metro Females	5.0%	3.6%	3.6%	2.6%

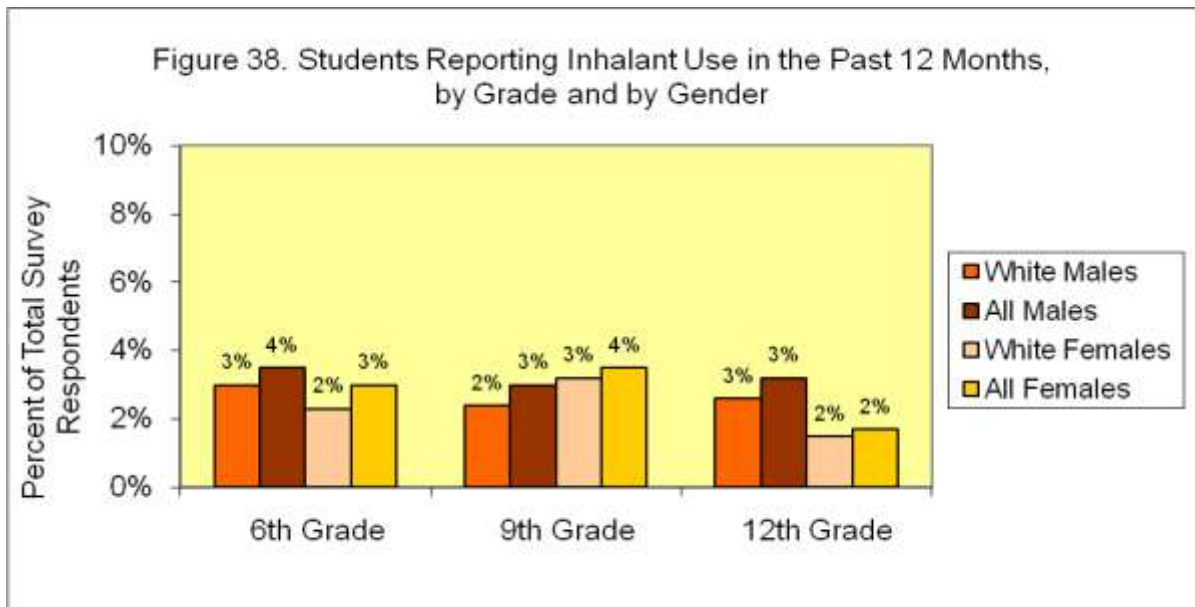


Table 37. Students Reporting Inhalant Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		6 th Grade	9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.86	0.80	0.81
	Females	0.77	0.91	0.88

Ecstasy/MDMA

Students were asked whether they used MDMA, E, X, Ecstasy, GHB, G, Liquid E, Liquid X, Ketamine or Special K. Reported use of MDMA/Ecstasy in the past 12 months decreased from 2001 to 2004, and has since held steady around 3.4%. Reported use among White students has been similar to the state average (Figure 39, Table 38). White MDMA/Ecstasy use was highest among male students living inside the metro area, and lowest for non-metro female students (Figure 40, Table 39). Among White students, reported use was slightly below the state average for 9th graders and very similar to the state average for 12th graders. White 12th grade males rates were the highest in 2010 (Figure 41, Table 40).

Reported adult use of MDMA/Ecstasy in 2004/2005 was the same for White males as it was for the state as a whole—one percent (not pictured). However White female use was slightly lower than the state average. Similar to the survey question for youth, adults were asked to report use of MDMA, Ecstasy, GHB or Ketamine.

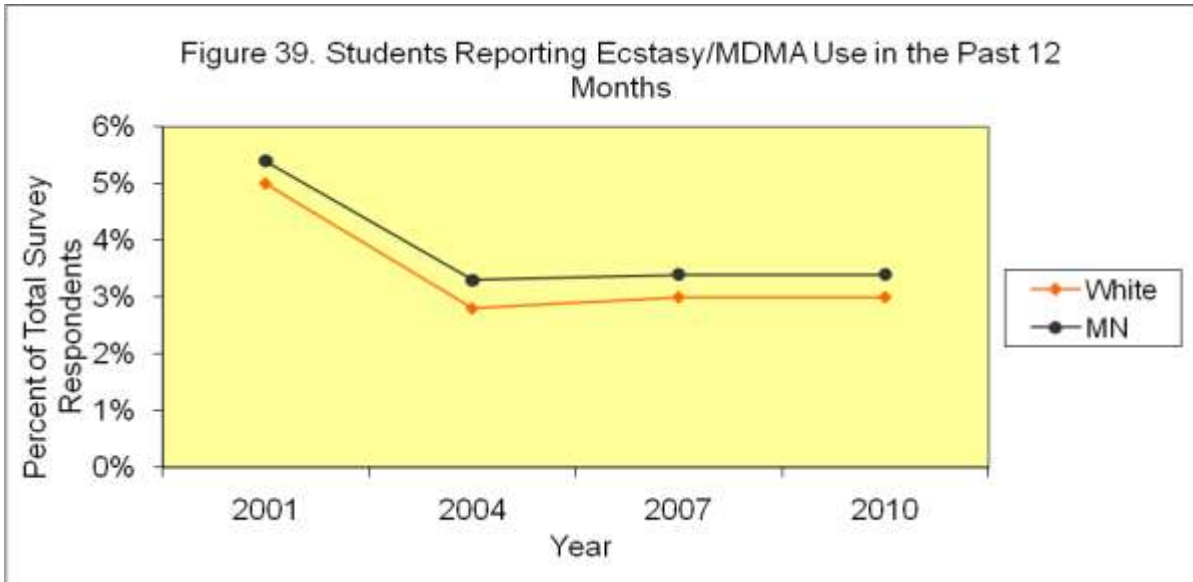


Table 38. Students Reporting Ecstasy/MDMA Use in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	5.0%	2.8%	3.0%	3.0%
All Minnesota students reporting use	5.4%	3.3%	3.4%	3.4%
Rate Ratio	0.93	0.85	0.88	0.88

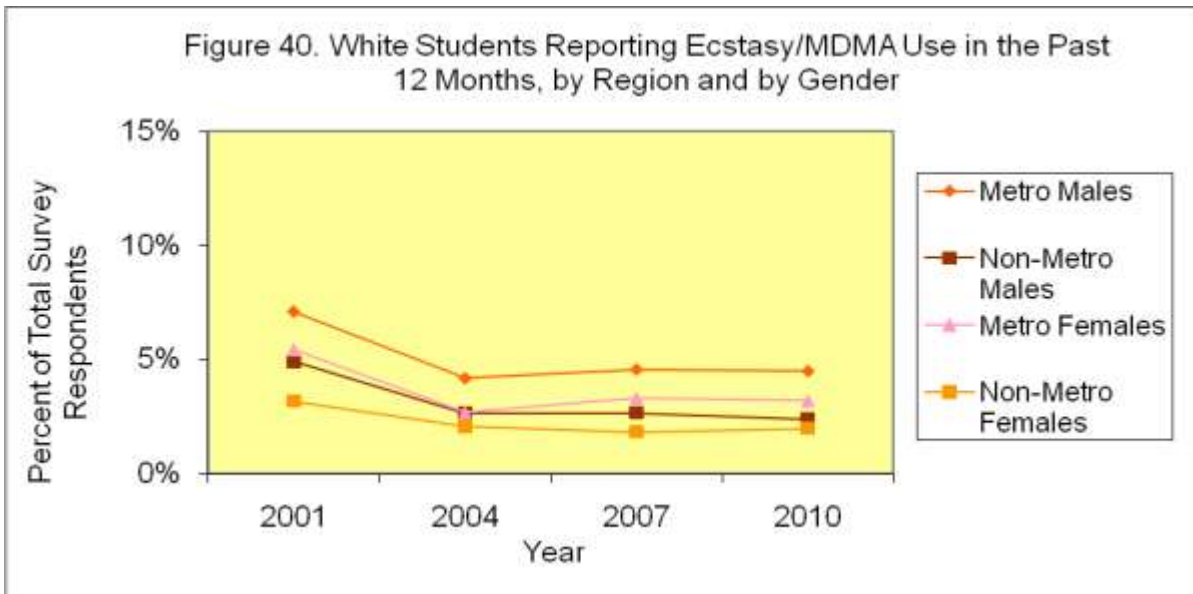


Table 39. White Students Reporting Ecstasy/MDMA Use in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	7.1%	4.2%	4.6%	4.5%
Non-Metro Males	4.9%	2.6%	2.7%	2.4%
Metro Females	5.4%	2.7%	3.3%	3.2%
Non-Metro Females	3.2%	2.1%	1.8%	2.0%

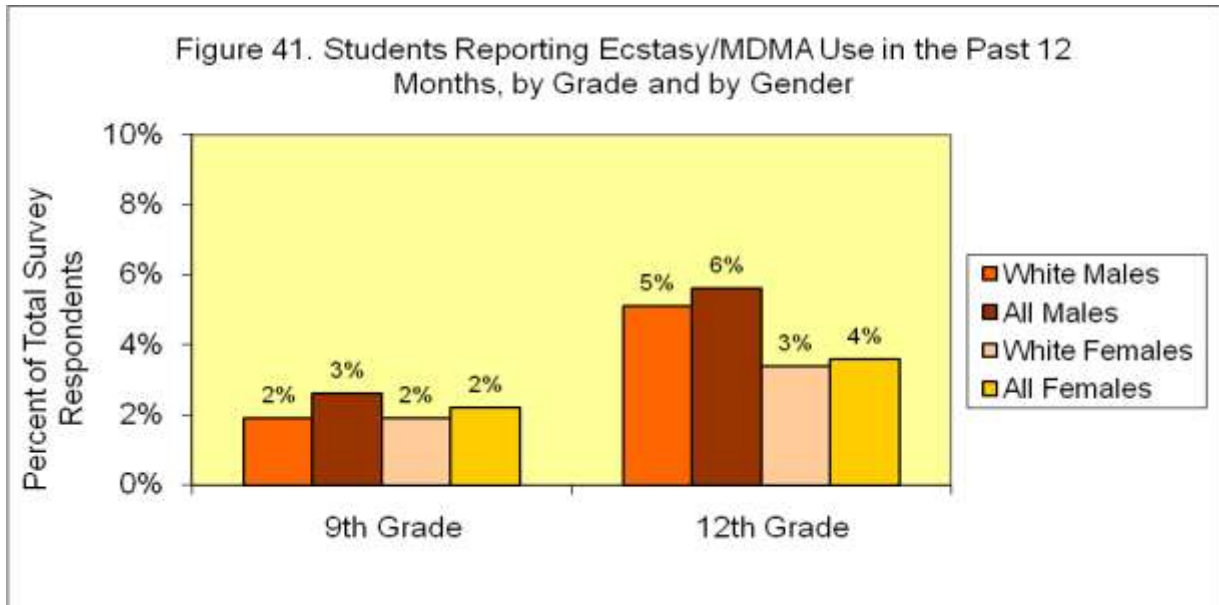


Table 40. Students Reporting Ecstasy/MDMA Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.73	0.91
	Females	0.86	0.94

LSD, PCP, or Other Psychedelics

Students were asked whether they used LSD, acid, PCP, wet sticks, dipped joints, psychedelics, mescaline, mushrooms or peyote. White students reported rates of 12-month LSD, PCP and/or other psychedelics use from 2001 to 2010 that were similar to the state average (Figure 42, Table 41). Rates of psychedelics use among White students were highest among metro males and lowest among non-metro females (Figure 43, Table 42). White rates were similar to the state average in 2010 for both males and females, regardless of grade level (Figure 44, Table 43).

In 2004/2005, adults were asked whether they used mushrooms, PCP, LSD, acid, phenecyclidine, angel dust, peyote, mescaline, or psilocybin. White adults in Minnesota reported using psychedelics in the past 12 months at the same rate as all adults in Minnesota (not pictured).

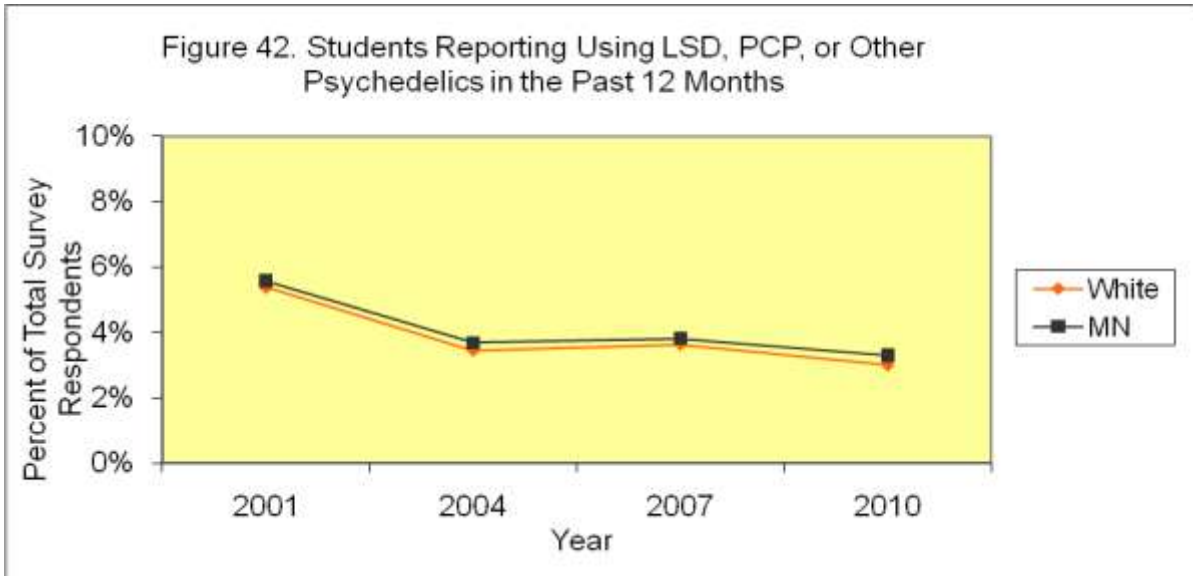


Table 41. Students Reporting LSD, PCP, or Other Psychedelics Use in the Past 12 Months

Minnesota Student Survey	2001	2004	2007	2010
White students reporting use	5.4%	3.5%	3.6%	3.0%
All Minnesota students reporting use	5.6%	3.8%	3.9%	3.3%
Rate Ratio	0.96	0.92	0.93	0.91

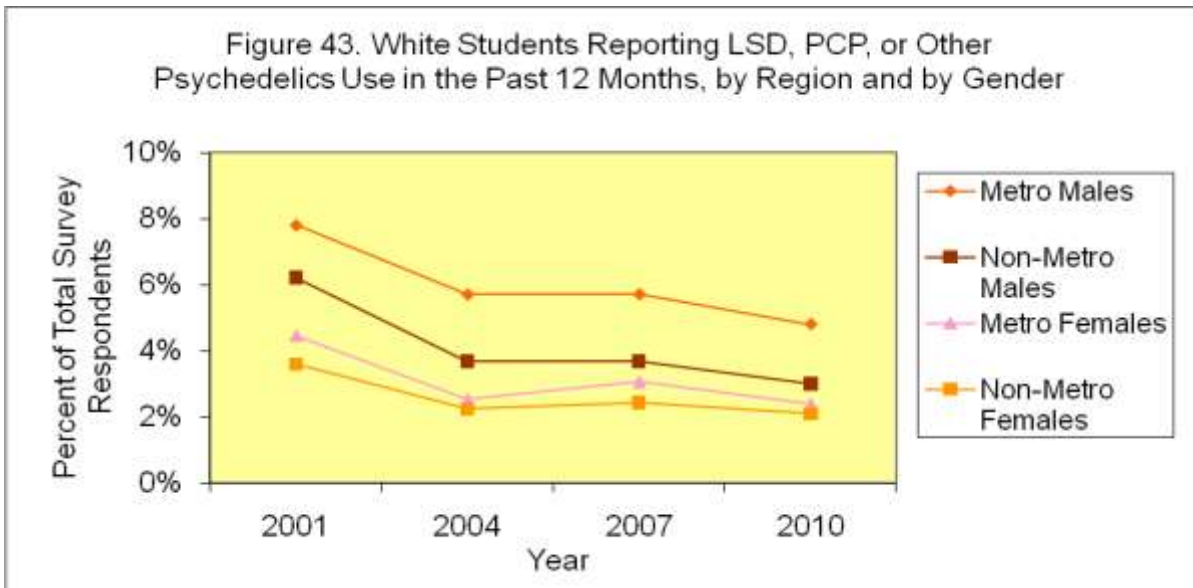


Table 42. White Students Reporting LSD, PCP, or Other Psychedelics Use in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	2001	2004	2007	2010
Metro Males	7.8%	5.7%	5.7%	4.8%
Non-Metro Males	6.2%	3.7%	3.7%	3.0%
Metro Females	4.5%	2.6%	3.1%	2.4%
Non-Metro Females	3.6%	2.2%	2.4%	2.1%

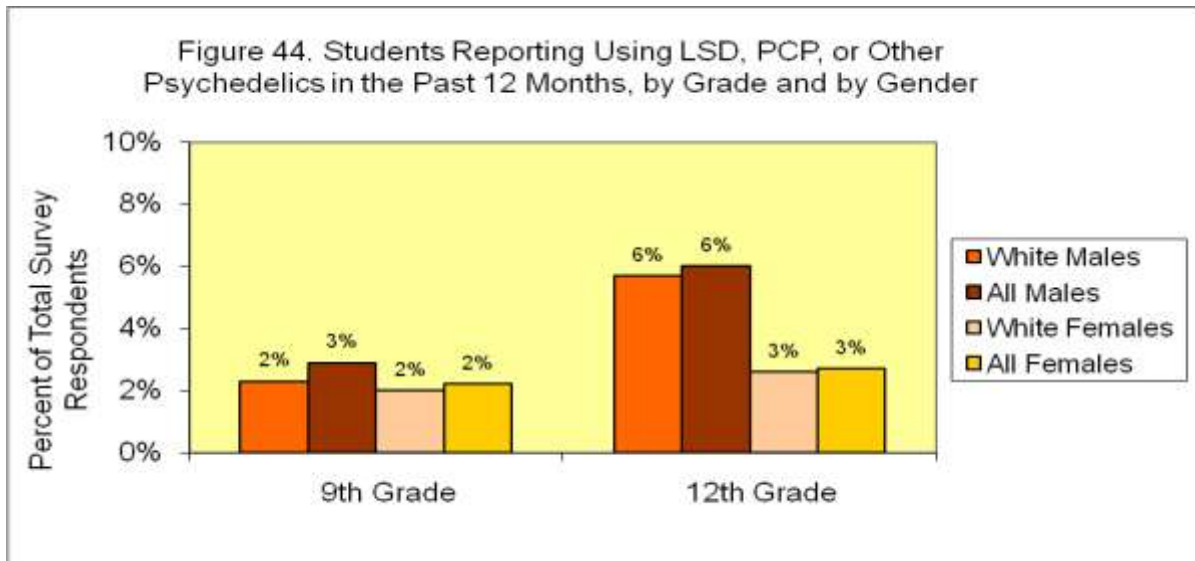


Table 43. Students Reporting Using LSD, PCP, or Other Psychedelics in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.79	0.95
	Females	0.91	0.96

Heroin

White 9th and 12th grade students reported slightly lower rates of 12-month heroin use than other 9th and 12th grade students in Minnesota in 2010 (Figure 45, Table 44). In 2004/2005, less than half a percent of all adults in Minnesota reported using heroin in the past 12 months (not pictured).

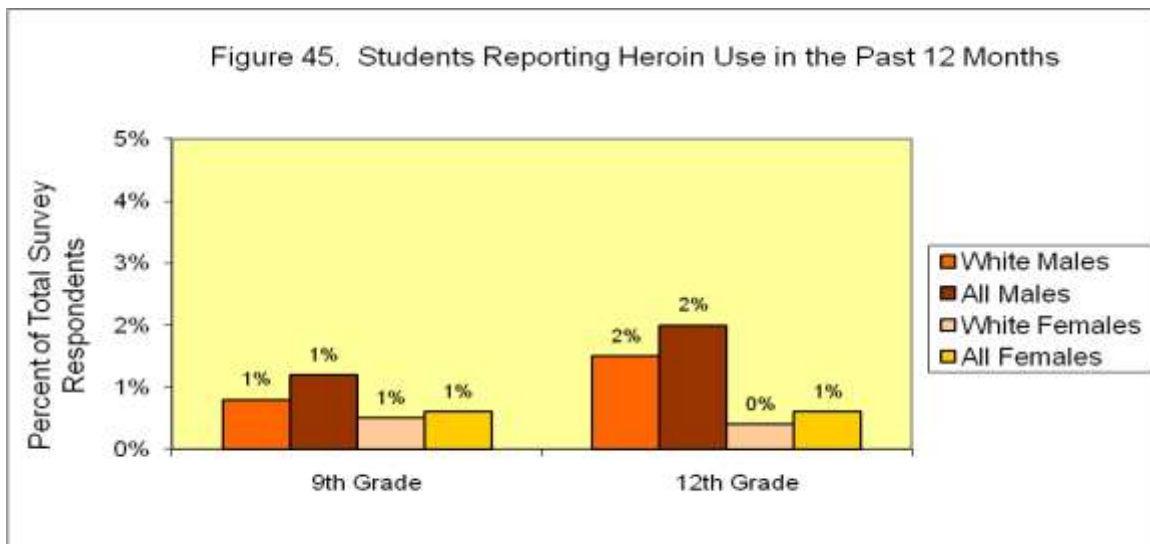


Table 44. Students Reporting Heroin Use in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.67	0.75
	Females	0.83	0.67

Prescription Drug Abuse

Up through 2004, youth taking the Minnesota Student Survey were asked whether they had used someone else's prescription drugs in the past 12 months. This was asked of 6th, 9th and 12th graders. In 2007, the survey questions were changed. Sixth graders were asked whether they had used any prescription drugs that were not prescribed for them by a doctor, or that they took only to get high. Ninth and 12th graders were asked about abuse of specific types of prescription drugs: stimulants or diet pills, ADD/ADHD drugs, pain relievers (such as OxyContin, Percocet, Percodan, or Vicodin), and tranquilizers or sedatives.

Adults in 2004/2005 were surveyed about their abuse of pain relievers, and tranquilizers or sedatives. Pain killers adults were asked about using included: Tylenol with codeine, Darvocet, Darvon, Dilaudid, Fioricet, Fiorinal, Lorcet, Lortab, methadone, morphine, Demerol, OxyContin, Percocet, Percodan, Stadol, Talacen, Talwin, Talwin NX, Tylox, Vicodin, or Ultram.

From 1998 to 2004, the percent of White students reporting use of someone else's prescription drugs in the past 12 months stayed very consistent with the state average of around 6% (Figure 46, Table 45). Unlike reported use of other drugs, abuse of prescription drugs among White students was actually highest for females living in the seven-county metro area in 2004 (Figure 47, Table 46). In 2004, reported use of someone else's prescription drugs was slightly lower than average among White 6th graders and right at average among 12th graders (Figure 48, Table 47). The same was true for 6th graders in 2010 (Figure 49, Table 48).

In 2010, 9th and 12th grade White students didn't stray too far from the average when reporting abuse of ADD/ADHD drugs, stimulants or diet pills, pain relievers, and tranquilizers or sedatives (Figures 50-53, Tables 49-52).

In 2004/2005, White females aged 18-20 were far less likely than average to report abuse of prescription painkillers. On the other hand, 21-24 year old White females were much more likely than average to report this (Figure 54, Table 53). Abuse of tranquilizers and/or sedatives was similar to the state average among White adults (Figure 55, Table 54).

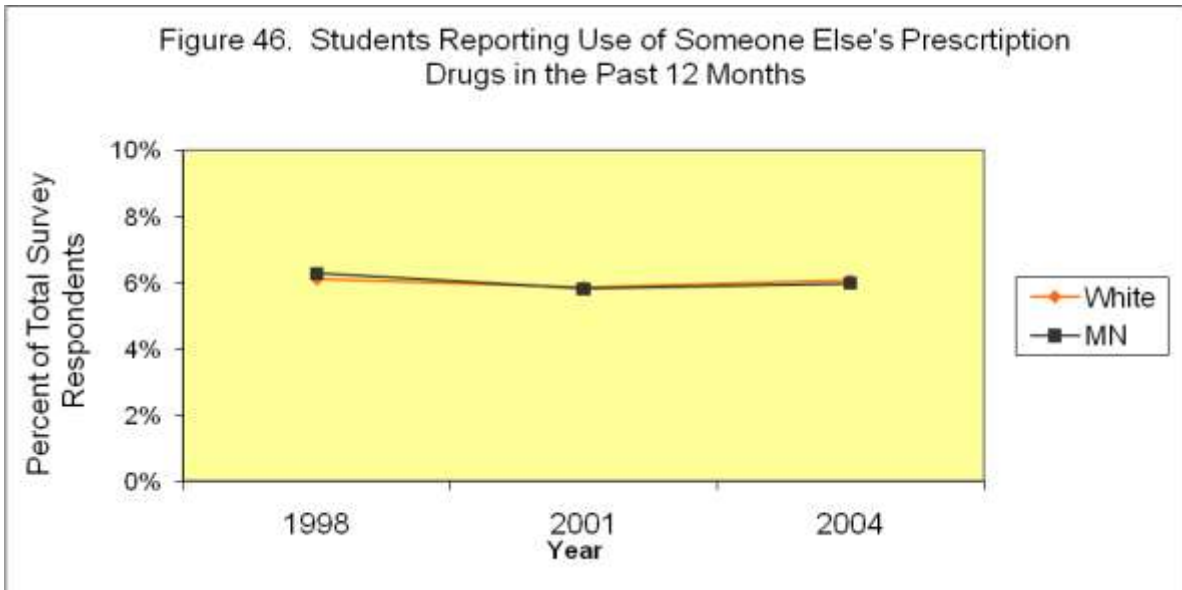


Table 45. Students Reporting Use of Someone Else's Prescription Drugs in the Past 12 Months

Minnesota Student Survey	1998	2001	2004
White students reporting use	6.1%	5.9%	6.1%
All Minnesota students reporting use	6.4%	6.0%	6.2%
Rate Ratio	0.95	0.97	0.98

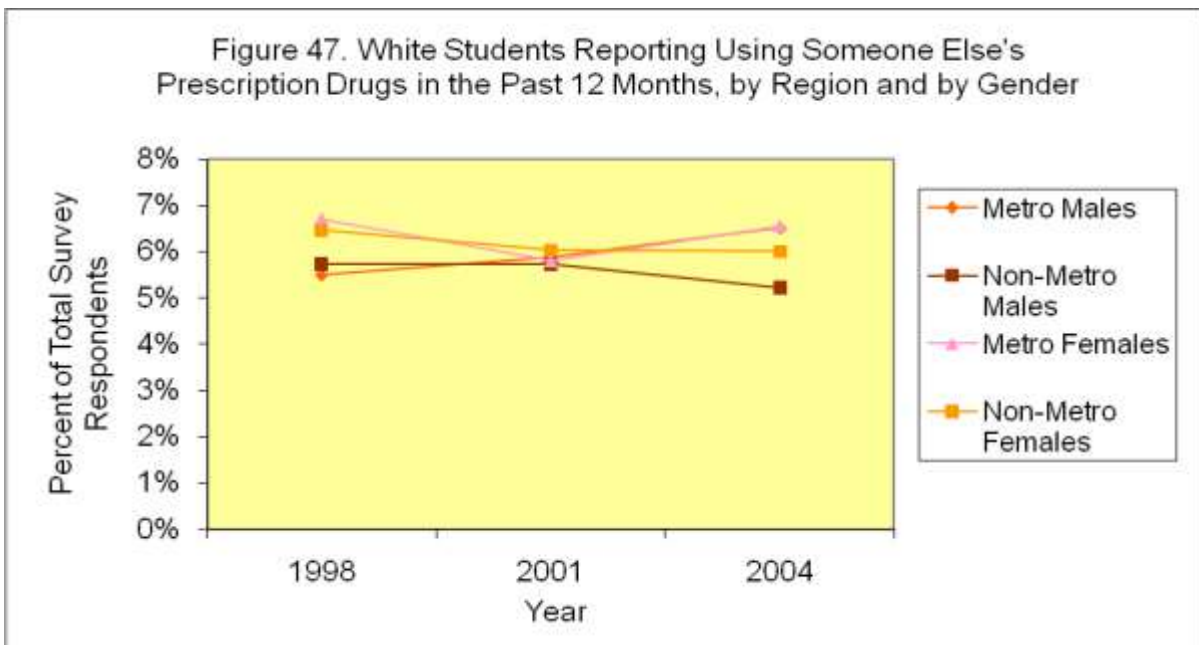


Table 46. White Students Reporting Using Someone Else's Prescription Drugs in the Past 12 Months, by Region and by Gender

Minnesota Student Survey	1998	2001	2004
Metro Males	5.5%	6%	7%
Non-Metro Males	5.7%	6%	5%
Metro Females	6.7%	6%	7%
Non-Metro Females	6.5%	6%	6%

Figure 48. Students Reporting Use of Someone Else's Prescription Drugs in the Past 12 Months, by Grade and by Gender (2004)

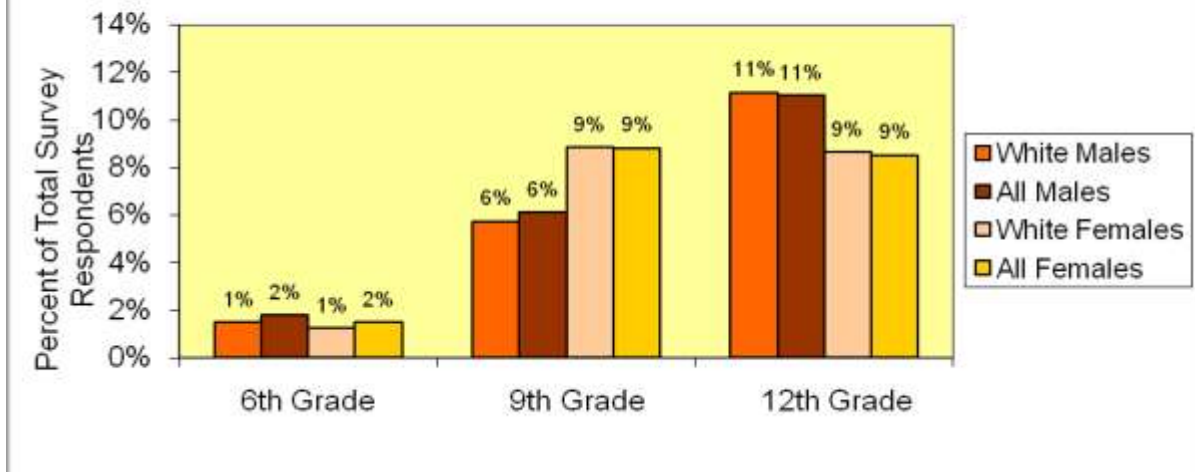


Table 47. Students Reporting Use of Someone Else's Prescription Drugs in the Past 12 Months, by Grade and by Gender

2004 Minnesota Student Survey		6 th Grade	9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.82	0.94	1.01
	Females	0.83	1.00	1.01

Figure 49. 6th Graders Reporting Use of Someone Else's Prescription Drugs, or Taking them Only to Get High, in the Past 12 Months, by Grade and by Gender

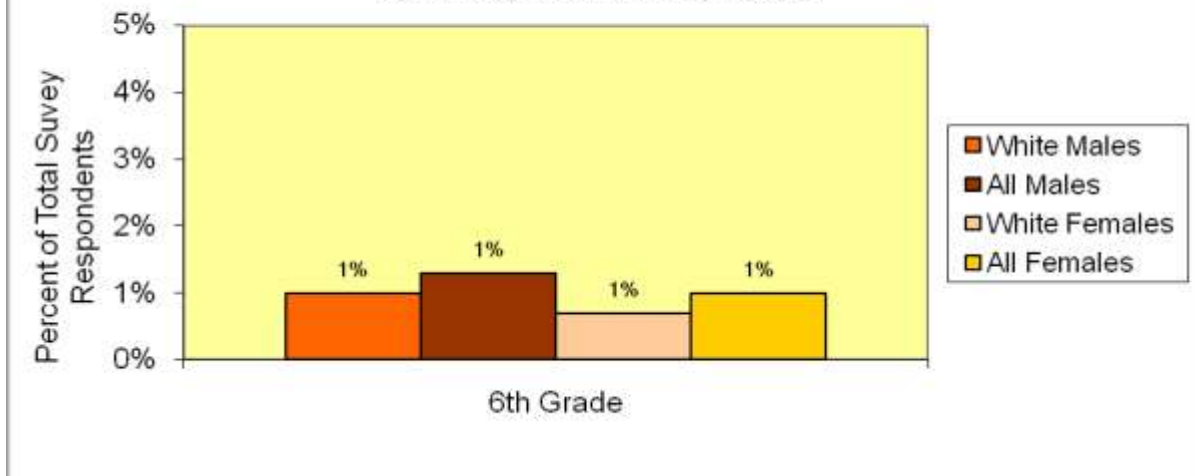


Table 48. Students Reporting Use of Someone Else's Prescription Drugs, or Taking them Only to Get High, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		6 th Grade
Ratio (White: All Respondents)	Males	0.77
	Females	0.70

Figure 50. Students Reporting Use of ADD/ADHD Drugs Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

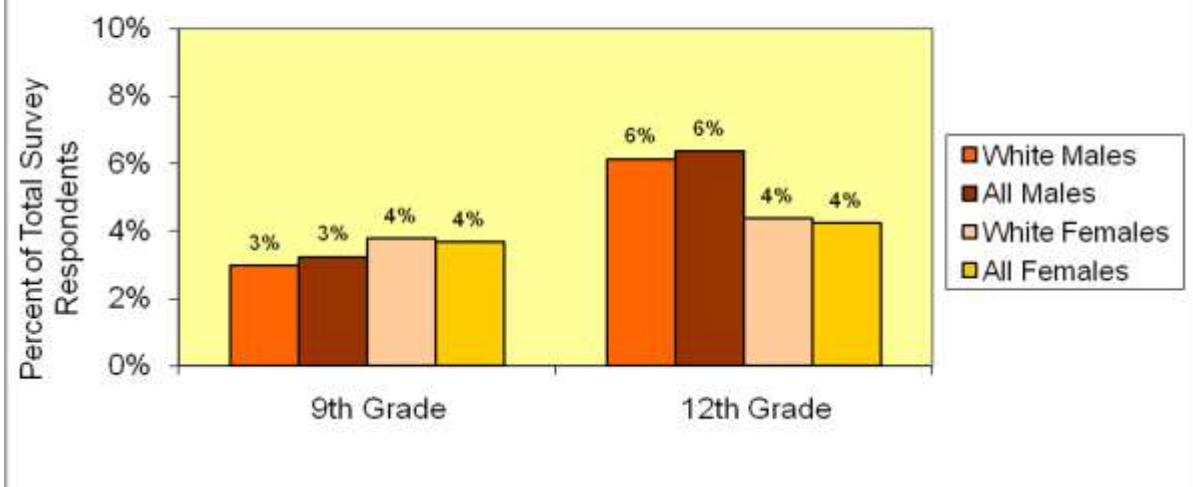


Table 49. Students Reporting Use of ADD/ADHD Drugs Not Prescribed to Them, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.84	0.98
	Females	0.95	1.00

Figure 51. Students Reporting Use of Stimulants or Diet Pills Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

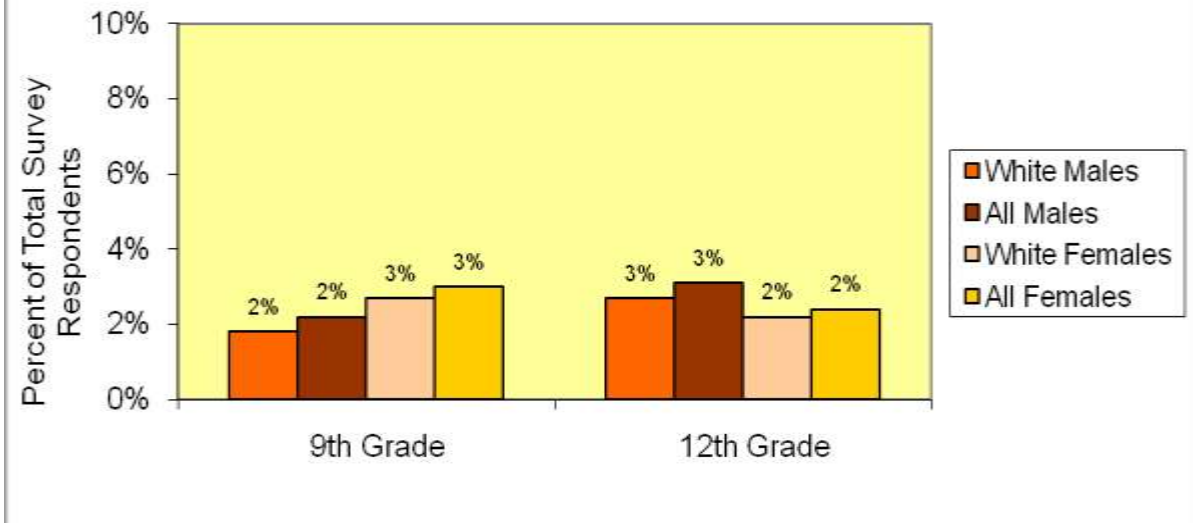


Table 50. Students Reporting Use of Stimulants or Diet Pills Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.82	0.87
	Females	0.90	0.92

Figure 52. Students Reporting Use of Painkillers Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

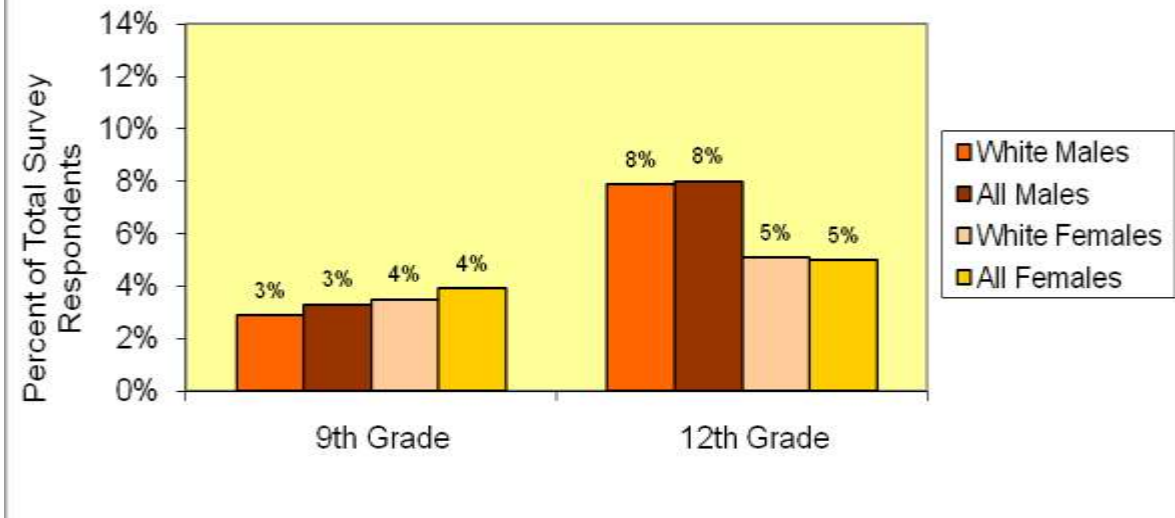


Table 51. Students Reporting Use of Painkillers Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.88	0.99
	Females	0.90	1.02

Figure 53. Students Reporting Use of Tranquilizers or Sedatives Not Prescribed to Them in the Past 12 Months, by Grade and by Gender

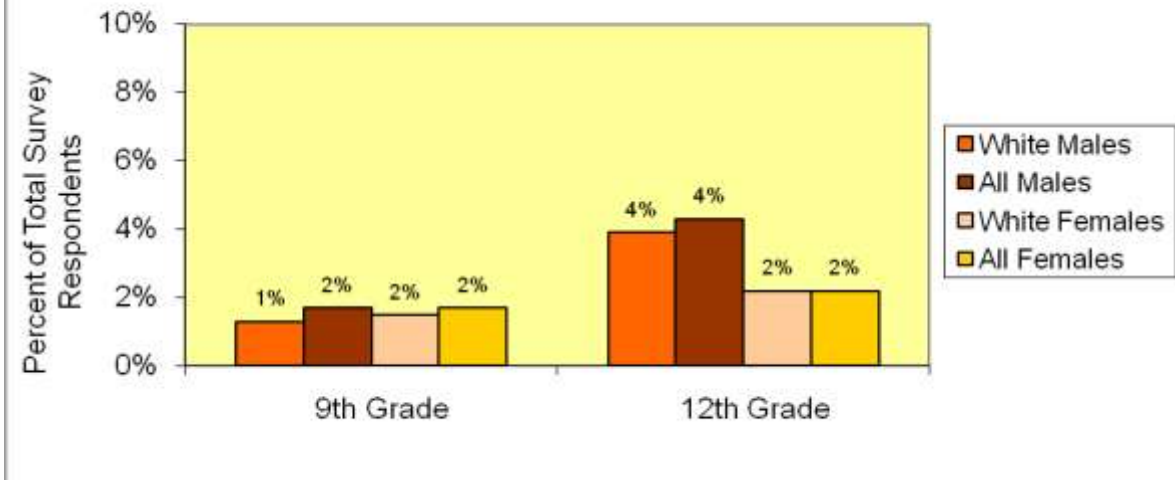


Table 52. Students Reporting Use of Tranquilizers or Sedatives, Not Prescribed to Them, in the Past 12 Months, by Grade and by Gender

2010 Minnesota Student Survey		9 th Grade	12 th Grade
Ratio (White: All Respondents)	Males	0.76	0.91
	Females	0.88	1.00

Figure 54. White Adults Reporting Any Use of Prescription Painkillers, Not Prescribed to Them, in the Past 12 Months, by Age Group and by Gender

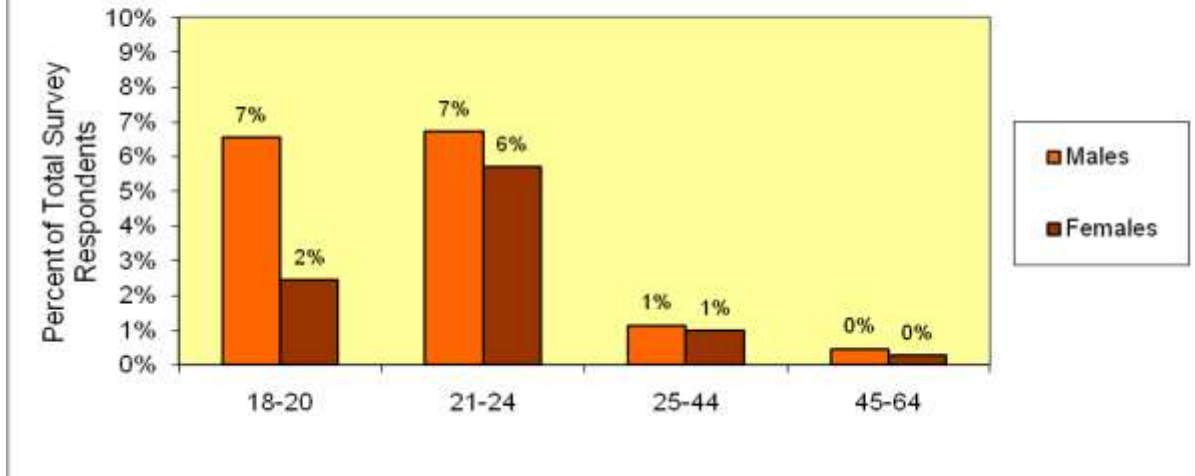


Table 53. White Adults Reporting Any Use of Prescription Painkillers, Not Prescribed for Them, in the Past 12 Months, by Age Group and by Gender

2004/2005 MN Survey of Adult Substance Use		18-20 Year Olds	21-24 Year Olds	25-44 Year Olds	45-64 Year Olds
Ratio (White: All Respondents)	Males	1.12	0.97	1.01	0.91
	Females	0.53	1.30	0.90	0.91

Figure 55. Adults Reporting Use of Tranquilizers and/or Sedatives Not Prescribed to Them, in the Past 12 Months, by Gender

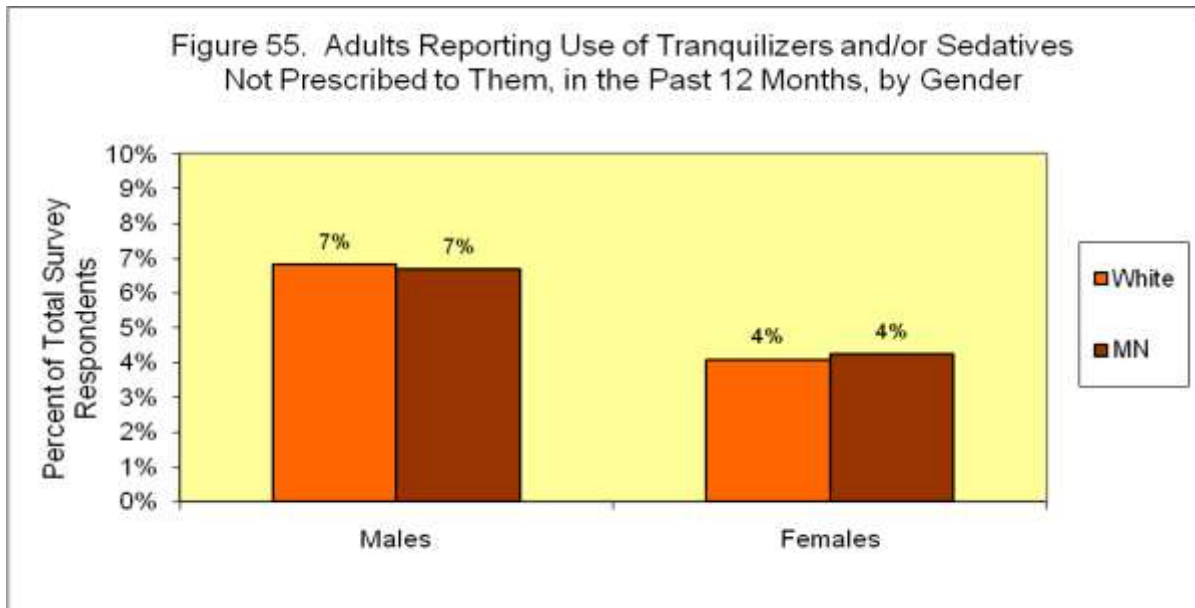


Table 54. Adults Reporting Use of Tranquilizers or Sedatives, Not Prescribed to Them, in the Past 12 Months, by Gender

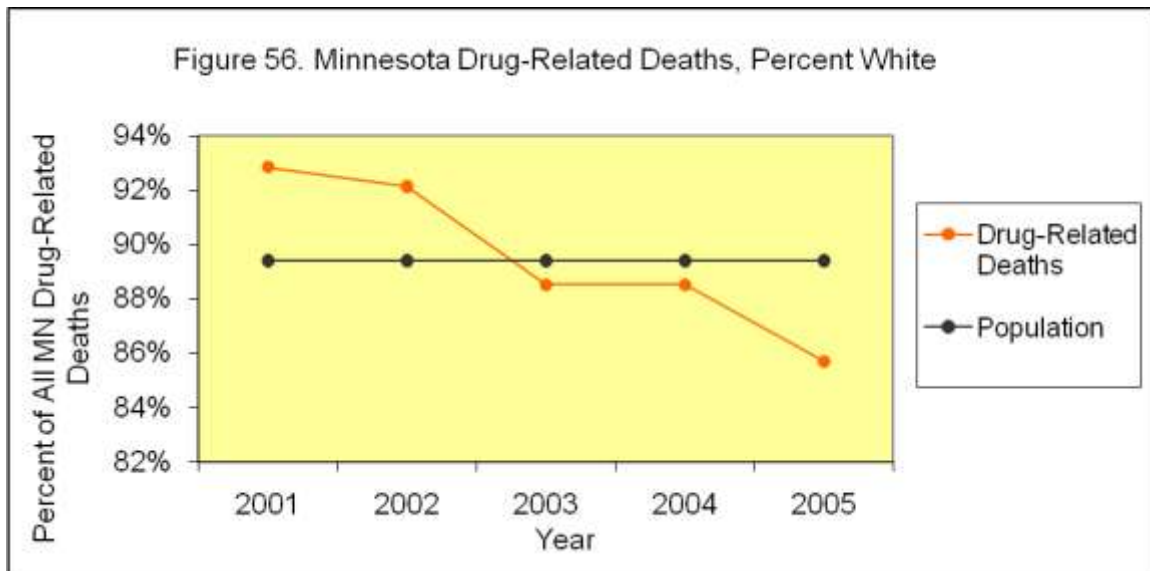
2004/2005 MN Survey of Adult Substance Use	Males	Females
Ratio (White: All Respondents)	1.02	0.96

7. OTHER DRUG-RELATED CONSEQUENCES

Deaths

Statistics on drug-related mortality refer to acute deaths directly related to drug consumption or “overdoses.” The International Classification of Diseases (ICD-10) measures all deaths, including those exclusively related to drug consumption.

Of the total number of drug-related deaths in Minnesota, an average of 90% were White from 2001 to 2005. This rate, however, was consistently falling through the whole time period. The actual number of deaths is listed below for each year (Figure 56, Table 55).



Mortality counts from the National Vital Statistics System; percent of White Minnesotans (Population) from 2000 U.S. Census.

	2001	2002	2003	2004	2005
White Minnesotans	52	47	54	54	54
All Minnesotans	56	51	61	61	63

National Vital Statistics System

Crime

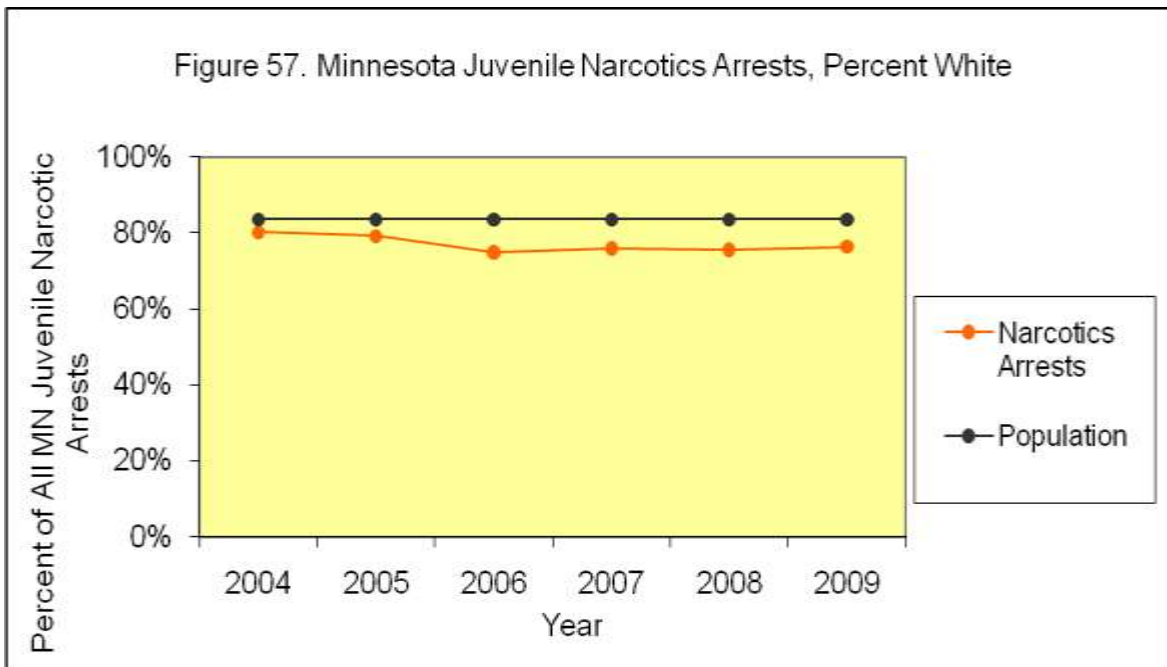
Nationally, the percent of persons arrested for drug abuse violations (violation of laws prohibiting the production, distribution, and/or use of certain controlled substances) who were identified as Whites decreased for both juveniles (73.2% to 68.9%) and adults (65.2% to 63.1%) from 2002 to 2007 (from Uniform Crime Reports).

Minnesota narcotics arrests specifically relate to the unlawful possession, sale, use, growing, manufacturing and making of narcotic drugs. Limitations associated with this indicator include annual changes in enforcement and determination of race by law enforcement. Narcotic arrests in 2003 exclude the St. Paul Police Department.

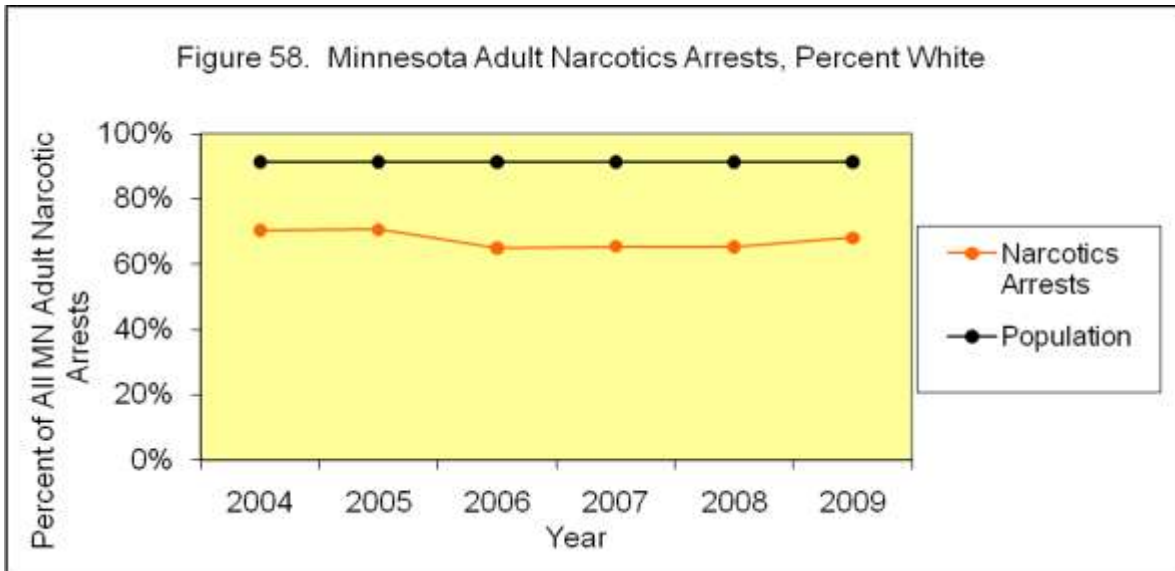
The percent of Minnesota juveniles arrested for narcotics who were White decreased from 80% in 2004 to 76% in 2009. According to the 2000 US Census, about 84% of Minnesota's juveniles are White (Figure 57, Table 56).

Approximately 70% to 68% of all Minnesota adults arrested for narcotics offenses between 2004 and 2009 were White. Based on the Census, about 91% of all Minnesota's adults are White (Figure 58, Table 56).

In 2007, about 56.6% of all adults prison inmates in Minnesota sentences for drug offenses were White. This was a significant increase from 45.9% in 2002 (Table 57). It is important to recognize that these data capture the governing offense for which a person was convicted. Because persons are often not convicted for all offenses charged, and this indicator only counts where the most serious offense is the drug conviction, it is likely that these data alone underestimate the role of illicit drugs in all convictions and sentences.



Population data from the 2000 Census; arrest data from the Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.



Population data from the 2000 Census; arrest data from the Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

Table 56. Number of Minnesota Narcotics Arrests

	Juveniles		Adults	
	White	Total	White	Total
2004	2,859	3,567	11,174	15,872
2005	2,403	3,035	11,991	16,980
2006	2,368	3,159	10,856	16,699
2007	2,152	2,834	10,645	16,251
2008	2,160	2,855	10,287	15,754
2009	2,123	2,780	9,919	14,566

Minnesota Bureau of Criminal Apprehension, Minnesota Crime Information annual reports, tables 15 and 19.

Table 57. Adult Prison Inmates in Minnesota Sentenced for Drug Offenses

	2002	2003	2004	2005	2006	2007
White Inmates	537	733	1018	1174	1233	1051
All MN Inmates	1169	1483	1859	2090	2109	1858
Percent White	45.9%	49.4%	54.8%	56.2%	58.4%	56.6%

Data obtained by request from the Minnesota Department of Corrections

8. Discussion

Key Findings

- Reported 30-day alcohol use among White students has consistently been slightly higher than the average for the past nine years.
- Reported 30-day alcohol use in 2004/2005 was higher than the state average among White adults living in both the seven-county metro area and non-metro area.
- Binge drinking rates reported by youth declined 31% from 23.8% in 2001 to 16.5% in 2010.
- Thirty-day cigarette-smoking rates reported by youth declined about 33% from 15.6% in 2001 to 10.5% in 2010.
- From 2003 to 2007 Whites had a rate that was very close to the state average for lung, bronchus and trachea cancer death.
- When students were asked how old they were the first time they smoked marijuana, White students were less likely than average to report having done so at the age of 13 or younger.
- For most illicit drugs, reported use was highest among metro males in from 2004 to 2010.
- In 2007, about 57% of all adults prison inmates in Minnesota sentences for drug offenses were White. Approximately 90% of Minnesota adults were identified as White, according to the US Census.

Data Gaps & Limitations

Racial designations made on death and arrest reports are often done by medical examiners and law enforcement, and therefore may not be accurate. Race/ethnicity is not always labeled or defined uniformly; some sources report for “mixed race” while others report for White alone or in combination with one or more races/ethnicities.

County and city level data on Whites are often not available due to small numbers and/or low survey response rate, if collected at all. Also, rates may fluctuate greatly due to small numbers depending on sample sizes and response bias by gender or age groups.

An example is the lack of data availability to track detailed trends by race, age, gender or region for deaths caused by lung, bronchus and trachea cancer. State level data show that daily smoking for 55 to 64 year-olds showed no change since 2006 and daily smoking for the 65 and older group increased between 2007 and 2008 as older smokers continue to age. These trends do not reflect the decreased use among students and younger adults. The ability to specifically target tertiary prevention efforts at subgroups may result in greater numbers of people suffering preventable and expensive consequences in the future.

Implications

It is important for state, county and city planners to have accurate and readily available data on White substance use and consequences—and for all communities—in order to paint a complete picture of need in our state. Aggregated data do not reveal disparities that exist in a given location. While overall use of a substance may be low in Minnesota, it could be quite high within a particular community. Community-specific data allows for well-planned and targeted interventions.

Every effort should be made at the national-, state-, county- and city-level to collect data by race/ethnicity. It is also important to recognize the limits of broad race and ethnicity categories.

Comparing consumption data with consequence data can also reveal important disparities. If reported use of a particular substance is lower than average among Whites but related consequences are higher than average, further exploration is needed. For example, White adults were similar to average to report any alcohol use or binge drinking in the past 30 days in Minnesota (see Figures 5 and 9). However, a disproportionate number were arrested for DUI and liquor law violations (Figure 14).

This profile can be used by community leaders and prevention professionals to plan, set priorities, target resources, and simply to spur conversation about community-level alcohol, tobacco and other drug use and consequences. The goal of this profile, and the State Epi Profile, is to encourage data-driven decision making over reliance on anecdotal information. This report is by no means exhaustive. Community leaders and prevention professionals can use this profile in conjunction with community-level data and qualitative information from surveys, focus groups and key informant interviews.