



# Wright County Substance Use and Consequences, 2011

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

## KEY FINDINGS

- Youth binge drinking in Wright County fell by 44% from 1998 to 2010.
- The average annual lung, bronchus and trachea cancer death rate for Wright County is lower than both the regional and state averages.
- Reported past-month marijuana use dropped among Wright County students from 12% in 1998 to 7% in 2010.

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## Alcohol Consumption

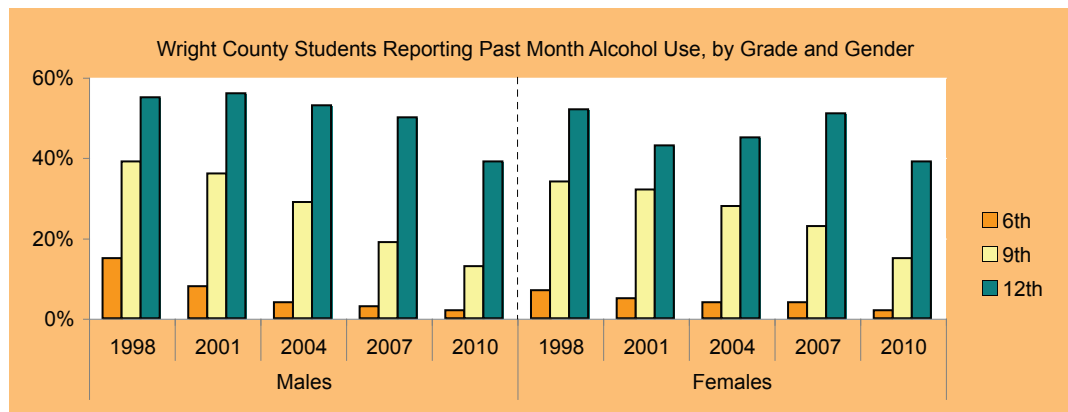
The rate of reported past-month alcohol consumption by youth in Wright County dropped from 31% in 1998 to 17% in 2010. Comparatively, the rate for Minnesota's East Central Alcohol, Tobacco and Other Drug Prevention Region dipped from 34% to 21%, and the state's from 31% to 20%.

Within Wright County, reported use varied by grade and by gender (*see graph below*).

The percent of Wright County students reporting binge drinking in the past two weeks—having five or more alcoholic drinks in a row on one occasion—fell from 25% in 1998 to 14% in 2010 (declining by 67% among 9th graders and by 28% among 12th graders). Comparatively, East Central rates fell from 28% to 17% and state rates from 26% to 16%.

In 2010, 7% of Wright County 9th graders reported binge drinking, as did 24% of 12th graders. Binge drinking was reported by more male students in Wright County than female students: 16% vs. 12% (MSS).

Statistics on adult alcohol consumption are not available at the county level.



## Alcohol Consequences

From 2005 to 2009, the average cost per capita of alcohol-related motor vehicle crashes, fatalities and injuries was \$99 in Wright County, \$77 in the East Central Region and \$54 in Minnesota (OTS).

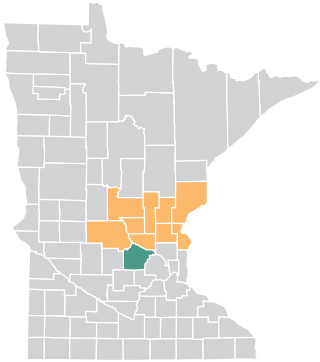
Over that same period, the driving while intoxicated

(DWI) arrest rate with Wright as the county of residence averaged 66.8 per 10,000 population. With Wright as the county of arrest, the average rate was 61.9 (OTS).

The percent of all motor vehicle crashes that were alcohol-related averaged 7%

in Wright County, 6% in the East Central Region, and 5% in Minnesota (OTS).

The cirrhosis death rate per 100,000 population averaged 3 in Wright County, 5 in the East Central Region, and 6 in the state from 2004 to 2008 (MCHS).



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

- Past-month alcohol use was higher among East Central males than the state average: 69% vs. 67%, while female rates equaled the state average: 53%.

- Adults in East Central Minnesota reported 30-day smoking rates higher than the state average: 25% vs. 24% for males, and 24% vs. 21% for females.

- Reported 30-day use of marijuana among East Central adults was slightly lower than the state average: 3% vs. 4%. East Central rates of past-year pain reliever abuse, 2%, and crack/cocaine use, 1%, equaled the state average. Less than 1% of East Central adults reported past-year use of MDMA/ Ecstasy or methamphetamines.

*Minnesota Survey of Adult Substance Use*

## Tobacco Consumption

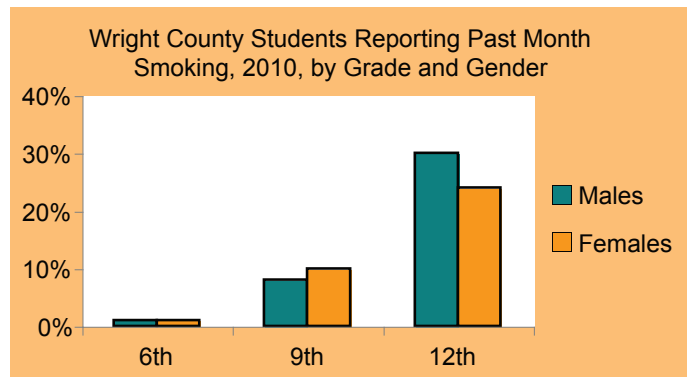
Smoking among youth declined statewide from 1998 to 2010: down from 20% to 11% in Wright County, 20% to 12% in the East Central Region, and 19% to 10% in Minnesota. In 2010, Wright County rates varied by grade and by gender (*see graph*).

From 2004 to 2010, reported past-month chewing tobacco use increased among Wright County males: 9th graders from 4% to 7% and 12th graders from 16% to

28%. Wright County youth were less likely than the state to report first smoking by age 13 or younger: 9% vs. 13%

(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 Wright County was 36 from 2004 to 2008. Comparatively, the East Central Region averaged 43 and the

state 45 (MCHS).

The number of Wright County lung and bronchus cancer deaths averaged 22 among males and 20 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. Wright County students most often reported social access to alcohol (87%) and tobacco (60%). Wright County students were less likely (21%) than East Central (26%) and all Minnesota students (26%) to report taking alcohol from someone or somewhere. They were more likely to report buy-

ing (Wright: 61%, EC: 53%, MN: 53%), but less likely to report taking (15%, 17%, 17%) tobacco.

Students were also asked how much they thought people risked harming themselves by frequently binge drinking, smoking one or more packs of cigarettes per day, or smoking marijuana once or twice per week. Perception of great or moderate risk of alcohol harm was reported by 81% of Wright

County students, perception of tobacco harm was reported by 91% of Wright County students, and perception of marijuana harm was reported by 81% of Wright 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

Wright County students were more likely to report use of marijuana than any other illicit drug (*see graph below*). In 2010, marijuana use was reported 5% of 9th graders and 19% of 12th graders with less than 1%, but not 0% reported by 6th graders. Wright County male students were a bit more likely than females to report use in 2010: 9% vs. 5%.

From 2001 to 2010, reported use of methamphetamines dropped from 5% to 1% among Wright 9th graders, and 6% to 0% among 12th graders. From 1998 to

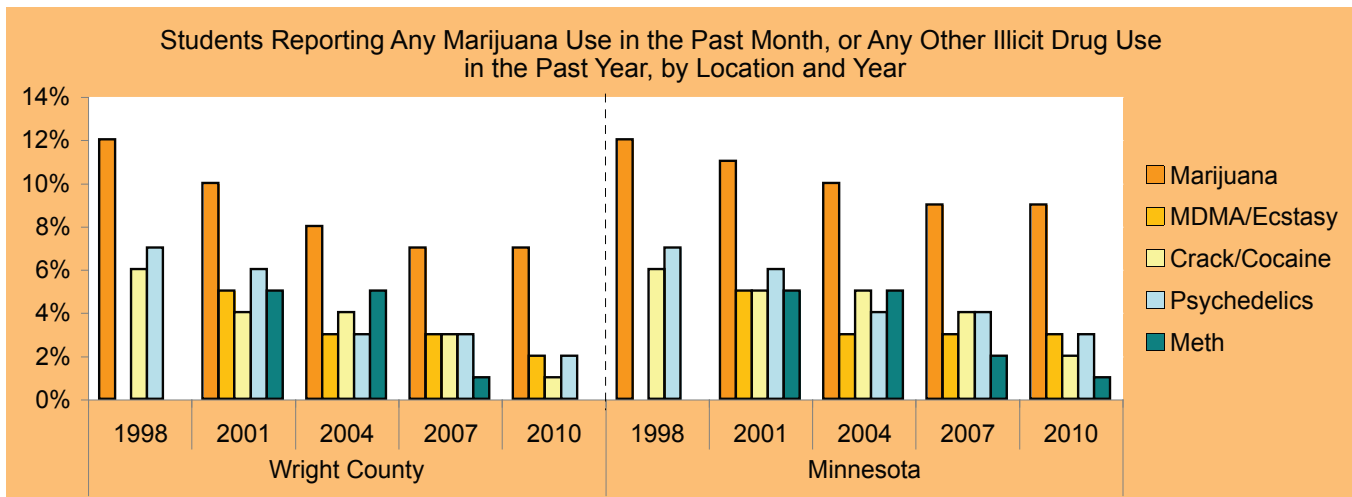
2010, reported use of inhalants decreased among Wright 6th graders, 7% to 2%, 9th graders, 7% to 3% and 12th graders, 3% to 2%. During that same period, reported use of psychedelics fell among Wright male students, 8% to 3%, and female students, 5% to 1%, while reported use of crack/cocaine fell from 6% to 1% among males and 7% to 1% among females.

In 2010, one percent of 6th graders in Wright County, the East Central Region and the state reported past-year abuse of prescription drugs.

Wright 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 5% of 12th graders), ADD/ADHD drugs (2% of 9th graders; 5% of 12th graders), tranquilizers/sedatives (1% of 9th graders; 2% of 12th graders), and stimulants/diet pills: 2% of 9th graders; 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 Wright County population is 119,701. Wright County is approximately 96% White, 2% Hispanic/Latino, 1% African-American and 1% Asian/Pacific Islander. In 2000, the percent of individuals living below the poverty level was 5% in Wright County, 8% in the state, and 9% in the East Central Region.



## Other Drug Consequences

There were 284 Wright County narcotics arrests in 2009—74% of which involved marijuana. Comparatively, the average number of annual arrests in Wright County from 2005 to 2009 was 344 (BCA). For probation and prison data related to drug offenses, see table below (DOC).

DRUG OFFENSES	WRIGHT COUNTY			EAST CENTRAL REGION			MINNESOTA		
Rates per 1,000 Population	2007	2008	2009	2007	2008	2009	2007	2008	2009
Adults on Probation	4.3	4.0	3.6	3.3	3.2	3.5	3.4	3.6	3.5
Juveniles on Probation	0.6	0.6	1.1	0.4	0.1	0.6	0.4	0.5	0.5
Adults in Prison	0.2	0.3	0.2	0.4	0.7	0.4	0.4	0.5	0.3

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## What's Happening in Your County?



**Substance Use in Minnesota, located at [www.sumn.org](http://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](http://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.