



Alcohol Use and Consequences in Minnesota, 2008

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Binge drinking rates dropped from 43% in 1998 to 35% in 2007 for 12th grade males
- 18-24 year-olds reporting past month alcohol use dropped by 24% from 2002 to 2007
- The average number of alcohol-attributable deaths in Minnesota, for 2001-2005, was 1,152

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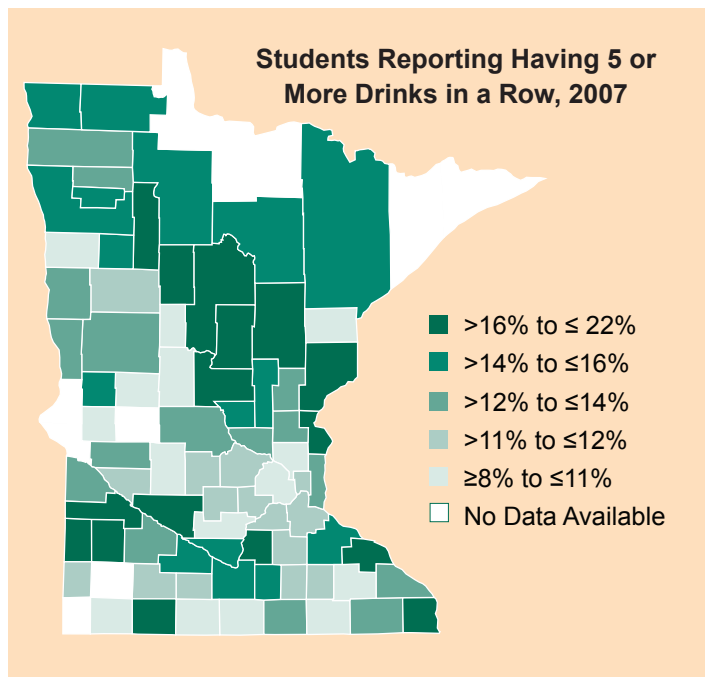
Youth Drinking

The percent of Minnesota students who reported drinking any alcohol in the past 30 days has declined over the past 9 years, for both males and females across all grade levels (see bar graph below).

Rates have been highest in the Northwest region of the state, and lowest in the Southeast and Metro regions of the state.

Reported past 30-day alcohol use has been highest among White, American Indian/Alaska Native and Hispanic/Latino youth. However, from 1998 to 2007 rates decreased the most for Hispanic/Latino youth (down 31%) and for White youth (down 25%).

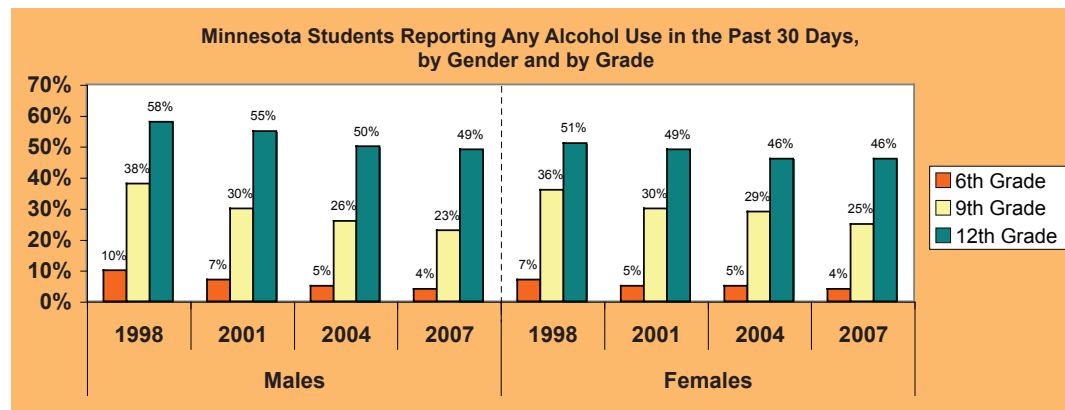
The percent of students reporting binge drinking in the



past 2 weeks, defined as 5 or more drinks in a row on one occasion, has also declined.

While binge drinking rates

dropped from 43% in 1998 to 35% in 2007 for 12th grade males, they fell only from 26% to 25% for 12th grade females (MSS).





According to a 2007 report based on survey results from 14 Minnesota colleges and universities, high-risk drinkers reported higher rates of negative consequences than non-high-risk drinkers. High-risk drinkers reported higher rates of driving while intoxicated (40% vs. 9%), getting in arguments (40% vs. 11%), doing poorly on tests or projects (38% vs. 12%) and being taken advantage of sexually (8% vs. 2%).

Source: Boynton Health Service. "2007 College Student Health Survey Report, Chapter 4: Alcohol and Other Drug Use, 14 Minnesota Colleges and Universities." Boynton Health Service, University of Minnesota (October 2007): 2-8.

Youth Access

In 2007, students reporting past month alcohol use were asked how they acquired it. Youth were most likely to report social access—getting alcohol from others (89%).

Twenty-seven percent reported taking alcohol; 11% reporting buying it.

Ninth-graders were most likely to report getting alcohol from friends, 58%, or getting

alcohol at parties, 38%. Likewise, 12th graders were most likely to report getting it from friends, 68%, or at a party, 46% (MSS).

Perceptions of Harm, Disapproval

In 2007, students were asked if they thought their close friends would disapprove or greatly disapprove if they had 5 or more drinks in a row on one occasion, once or twice per week. Belief of friends' disapproval decreased with grade

for males (91% of 6th graders; 72% of 9th graders; 50% of 12th graders) and females (95%; 81%; 67%).

Students were also asked if they believed people put themselves at great or moderate risk of harm by having 5 or

more drinks in a row on one occasion, once or twice per week. While the perception of harm decreased among males by grade, perception of harm among females was actually highest for 9th graders (MSS).

Age at First Use

Students were asked, in 2007, how old they were the first time they had more than a sip of alcohol. Male students were more likely than female students to report having done so by age 13 or younger in Min-

nesota (25% vs. 21%), and non-metro students were more likely than metro students (25% vs. 21%).

American Indian/Alaska Native students were most likely to report having having

more than a few sips of alcohol by age 13 or younger (36%), followed by Hispanic/Latino students (35%). White (22%) and Asian/Pacific Islander (24%) students were least likely to report having done so (MSS).

Youth Impaired Driving

The percent of students reporting having driven in the past 12 months after using alcohol or other drugs has decreased in the past 9 years. Reported rates for 12th grade males fell from 40% in 1998 to 28% in 2007; rates dropped from

30% to 22% for 12th grade females.

In 2007, the percent of students reporting ever riding with friends who had been using alcohol or other drugs was higher for females than males among 9th graders—

20% vs. 18%, but higher for males than females among 12th graders—41% vs. 35% (MSS).

Adult Drinking

The percent of Minnesota adults who reported past month alcohol use has declined over the past four years for all age groups. The greatest declines were seen among 18-24 year olds (down by 24% from 2002 to 2006) and among those aged 65+ (down by 12%). The percent of Minnesota adult males who reported binge drinking had

dropped from 31% in 2002 to 19% in 2007; among adult females the rate dropped from 11% to 10% (BRFSS).

In 2004/2005, Minnesota adults were asked whether they had consumed any alcohol in the past 30 days. Reported rates were highest among 21-24 year old males in the Southwest region of the state (85%) and 21-24

year old males in the East Center, Northwest and West Central regions (83%). Adult 2004/2005 binge drinking rates were highest among American Indian/Alaska Native males, 50%, and lowest among Asian Pacific Islander women, 5%, and African-American and Black women, 7% (MNSASU).

Alcohol use during pregnancy is the leading cause of preventable mental retardation and developmental disabilities in Minnesota and the United States. It is estimated that \$45 million per year is spent in Minnesota on care for people with fetal alcohol spectrum disorder (FASD).

Source: Minnesota Organization on Fetal Alcohol Syndrome (MOFAS), www.mofas.org/download_files/FAS_in_MN.pdf

Alcohol Consequences

The cost per capita of alcohol-related traffic crashes, fatalities and injuries has fluctuated over time, from a low of \$49 in 1997 to a high of \$75 in 1998. The percent of all motor vehicle crashes in the state that were alcohol related has averaged 5%-6% over the past 10 years. The rate of alcohol-related motor vehicle fatalities has hovered around 0.3 to 0.6

per 10,000 population over the past 10 years (OTS).

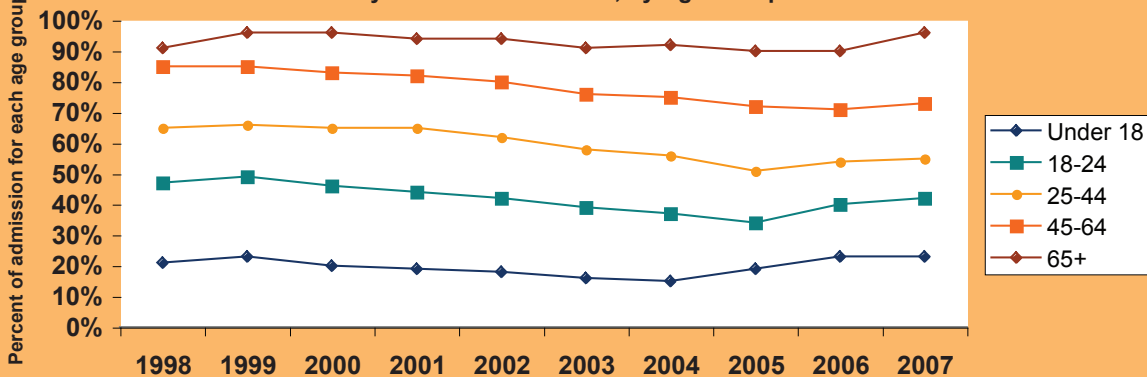
Minnesota's driving while intoxicated (DWI) rate has fluctuated over time, from a high of 80.2 per 10,000 population in 2006 to a low of 63.6 in 2003.

The percent of admissions to Minnesota treatment facilities that involve alcohol as the primary substance of abuse

increases with age group—see graph below (DAANES).

The average number of alcohol-attributable deaths in Minnesota, for 2001-2005, was 1,152. A majority of these deaths were due to motor vehicle traffic crashes, 195, fall injuries, 170, alcoholic liver disease, 167, and suicide 115 (ARDI).

Percent of Admissions to Minnesota Treatment Facilities that Involve Alcohol as the Primary Substance of Abuse, by Age Group



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What's Happening in Your County?



Substance Use in Minnesota, located at www.sumn.org, puts data on alcohol, tobacco and other drug use and consequences at your fingertips. The Web site was designed to help communities make decisions about substance abuse prevention efforts based on 55 indicators.

This site was developed by the Minnesota State Epidemiological Outcomes Workgroup (SEOW) with funding from the 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

Data on youth consumption and perceptions, presented on pages 1 and 2 of this fact sheet, are from the Minnesota Student Survey (MSS). 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. The survey is administered every three years.

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 included in this fact sheet are from two sources: the Centers for Disease

Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) and the Minnesota Survey of Adult Substance Use (MNSASU) from the Minnesota Department of Human Services, Performance Measurement and Quality Improvement.

BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. The MNSASU was conducted in 2004/2005, and will be conducted again in 2010/2011.

Alcohol consequences data are from a number of sources. All statistics on alcohol-related motor vehicle crashes, fatalities, injuries and costs, as well as DWI statistics, are from the Minnesota Department

of Public Safety's Office of Traffic Safety (OTS). Costs estimates are determined in conjunction with the National Safety Council.

Treatment data are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES), maintained by the Performance Measurement and Quality Improvement Division.

Mortality data are from the Centers for Disease Control and Prevention's Alcohol-Related Disease Impact (ARDI) system. ARDI either calculates or uses pre-determined estimates of Alcohol-Attributable Fractions (AAFs). These AAFs are then multiplied by the number of deaths caused by a specific condition to obtain the number of alcohol-attributable deaths.

More details can be found at www.sumn.org.