



Substance Use and Consequences in the East Central ATOD Prevention Region, 2008

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- In 2007, 51% of East Central 12th graders reported past month alcohol use.
- From 1997 to 2006, the number of West Central women who died from lung and bronchus cancer increased by 51%.
- From 1998 to 2007, the percent of East Central students reporting 30-day marijuana use dropped from 13% down to 8.

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Alcohol Consumption

From 1998 to 2007, reported 30-day alcohol use was higher in the East Central ATOD Prevention Region than in the state as a whole. The Minnesota rate dropped from 31% to 23%, and the East Central rate from 34% to 25%. In 2007, 51% of East Central 12th graders reported past month alcohol use (MSS).

Among adults, reported 30-day alcohol use was higher

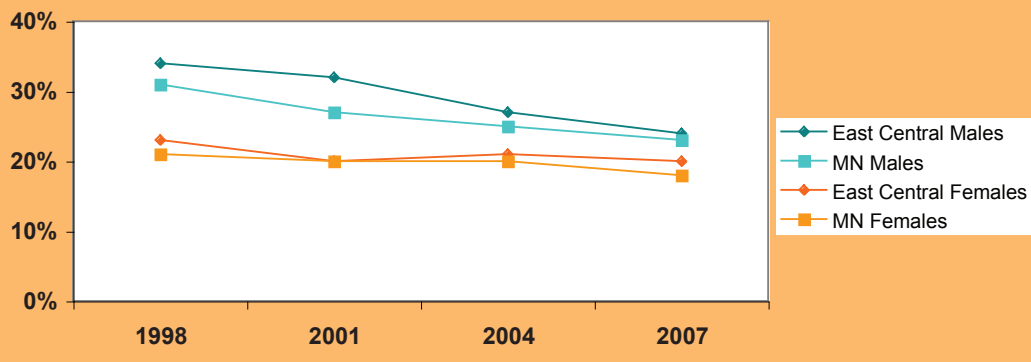
than the state average for East Central men (69% vs. 67%) but the same as the state for women (53%) in 2004/2005. Reported use by East Central men was highest for 21–24 year olds, 83%, and by women was highest for 25–44 year olds, 60% (MNSASU).

Overall, reported binge drinking has been slightly higher than average among East Central students (*see graph below*). In

2007, 14% of East Central 9th graders reported binge drinking regardless of gender. Among 12th graders, 38% of males reported binge drinking vs. 28% of females (MSS).

Adult males and females in the East Central region were more likely than the state average to report binge drinking in 2004/2005—26% vs. 24% for men; 15% vs. 13% for women (MNSASU).

Students Reporting Binge Drinking in the Past 2 Weeks, by Gender and by Region



Alcohol Consequences

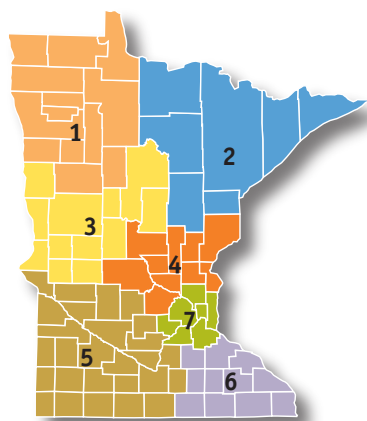
While the cost per capita of alcohol-related traffic crashes, fatalities and injuries has fluctuated, East Central costs were consistently higher than the state average from 1995 to 2007. East Central area costs ranged from \$59–\$129 per capita; the range was \$49–\$75

for Minnesota (OTS).

In 2007, the rate of arrests or incidents on record of driving while intoxicated (DWI) was 74.7 per 10,000 population for East Central as region of residence, and 81.4 for East Central as region of arrest (both higher than the

state rate of 71.2 per 10,000 population.)

From 1996 to 2007, 6%–8% of all East Central motor vehicle crashes were alcohol related. The East Central alcohol-related motor vehicle fatality rate has been 0.4–0.9 per 10,000 population.



Minnesota is divided into seven Alcohol, Tobacco and Other Drug Prevention Regions. East Central Region 4 contains the counties of: Benton, Chisago, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns and Wright. Also included is the Mille Lacs Indian Reservation.

Minnesota's Prevention Region Coordinators support communities in their efforts to prevent alcohol, tobacco and other drug (ATOD) abuse. For more information on the East Central ATOD Prevention Region go to: www.rpcmn.org.

Tobacco Consumption

Reported 30-day cigarette smoking among East Central students, though on the decline, has been higher than the state average over the past 9 years. East Central rates dropped for: 9th grade males, 26% to 12%; 9th grade females, 25% to 14%; 12th grade males, 37% to 29%; and 12th grade females, 34% to 28% (MSS).

In 2004/2005, East Central adults reported past-month smoking rates that were

lower than the state average among 18–24 year-olds, equal to the state average among 25–44 (25%) year-olds and those aged 65+ (7%), and higher than average among 45–64 year-olds—26% vs. 20% (MNSASU).

The percent of male students reporting past-month chewing tobacco use in 2007 was higher in the East Central region than the state average for 6th graders, 2% vs. 1%; 9th graders, 10% vs. 8%; and

12th graders, 24% vs. 19% (MSS).

East Central males were slightly more likely than the state average to report first having smoked all or part of a cigarette by age 13 or younger: 17% vs. 16%; females were as likely: 14%. East Central male students were more likely to report first having smoked a cigar or used chewing tobacco by the age of 13 or younger.

Tobacco Consequences

The lung and bronchus cancer death rate in the East Central Region changed from 5.1 per 10,000 (127 deaths) in 2000 to 4.1 per 10,000 (120 deaths) in 2006 among males, and from 2.9 per 10,000 (70 deaths) to 4.0 per 10,000 (113

deaths) among females. Comparatively, the state rate held steady for males at 5.0 per 10,000 and increased from 3.9 per 10,000 to 4.1 for females (MCSS).

It is estimated that 90% of lung cancer deaths among

males and 79% of lung cancer deaths among females in the United States are smoking-related. Percent of smoking-attributable deaths may vary from one location to another.

Risk and Protective Factors

In 2007, students who reported past 30 day use of alcohol and tobacco were asked how they obtained those substances. Similar to all students in the state, East Central students most often reported social access to alcohol (89%) and tobacco (71%). In addition, 10% reported buying alcohol and 28% reported taking it; 57% reported buying tobacco and 23% reported taking it (MSS).

Students were also asked how much they thought people risked harming themselves by frequently binge drinking, smoking one or more packs of cigarettes per day, or smoking marijuana once or twice per week. Perception of great or moderate risk of alcohol harm was reported by 80% of East Central students, perception of tobacco harm was reported by

88% of East Central students, and perception of marijuana harm was reported by 83% of East Central students. Similarly, students were asked if they thought their close friends would disapprove or greatly disapprove of such levels of substance use. Perception of disapproval was 76% for alcohol, 85% for tobacco and 85% for marijuana.

Other Drug Consumption

From 1998 to 2007, the percent of East Central students reporting 30-day marijuana use dropped from 13% down to 8%. East Central rates were equal to the state average in 2007 for 6th graders (1%), but lower for 9th graders, 9% vs. 10%, and 12th graders, 17% vs. 19% (MSS).

In 2004/2005, Minnesota adults were asked if they'd smoked marijuana in the past month—5% of East Central men and 1% of East Central women said they had, as com-

pared to 6% of men and 3% of women in the state (MN-SASU).

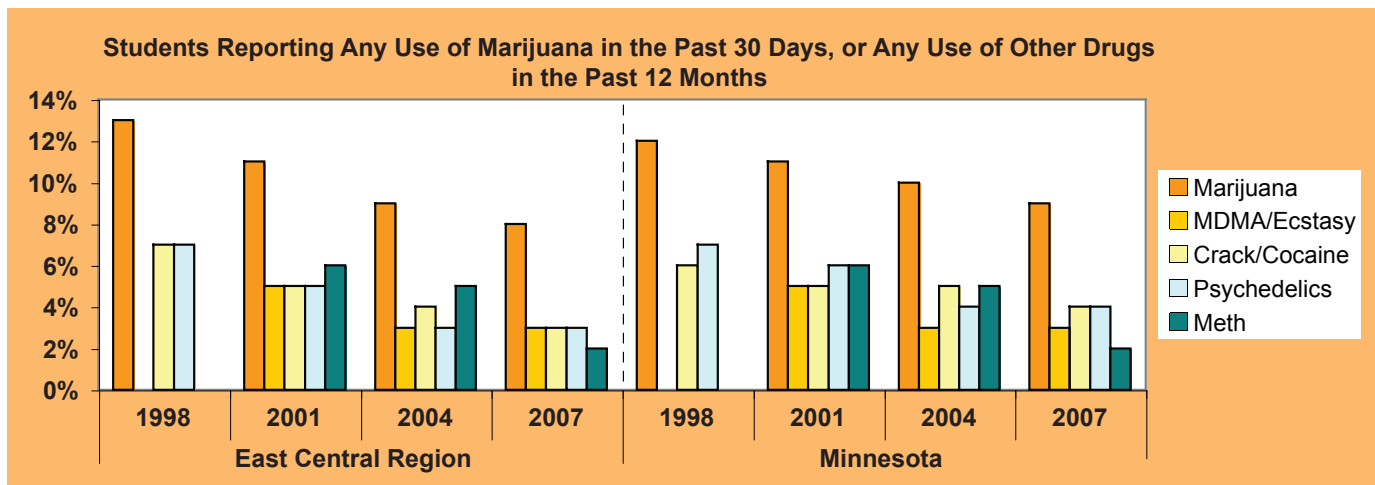
Reported 12 month use of a number of illicit drugs by students dropped from 1998 to 2007 (see bar graph below).

Reported rates of abuse of inhalants, pain relievers, ADD/ADHD drugs, stimulants and diet pills, and tranquilizers and sedatives were the same for East Central students as for all Minnesota students in 2007. Rates of abuse were highest for pain relievers, 5%,

and ADD/ADHD drugs—4% (MSS).

In 2004/2005, East Central men were less likely than the state average to report abuse of painkillers (2% vs. 3%), and less likely to report abuse of tranquilizers/sedatives (5% vs. 7%). Reported abuse of these drugs by women mirrored the state. One percent or less of East Central adults reported past-year use of methamphetamines, MDMA/Ecstasy, and/or psychedelics (MNSASU).

The US Census Bureau estimate for the 2007 East Central region's population is 581,604. This is approximately 11.2% of the state's entire population. The population is about 94% White, 2% Hispanic/Latino, 1% American Indian/Alaska Native, 1% African-American or Black, and 1% Asian/Pacific Islander.



Other Drug Consequences

The rate of adult prison inmates from the East Central region sentenced for drug offenses has been slightly higher than that of the state for the past four years—4 to 7 per 10,000 population vs. 4 to 5. Among East Central adults in prison for drug offenses

in 2007, approximately 72.8% were White, 18.6% were African-American or Black, 5.1% were Hispanic/Latino and 1.3% were American Indian/Alaska Native (DOC).

The rate per 1,000 population of East Central

adults on probation for drug offenses as governing sentence has fluctuated over the past 10 years, ranging from 1.8 to 4.2. Juvenile rates have also fluctuated, from 0.3 to 1.1. Rates may be influenced by pretrial diversion programs (DOC).

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

Questions or comments? Contact:

Melissa Boeke, MS
Epidemiologist

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

Phone: 763.712.7615

Fax: 763.427.7841

E-mail: mboeke@miph.org

What's Happening in Your County?



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

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

Tobacco consequence data are from the Minnesota Center for

Health Statistics (MCHS) and the Minnesota Cancer Surveillance System (MCSS).

Drug consequence data are from the Minnesota Department of Corrections' Inmate Profile and Probation Survey.

Detailed data source information can be found at www.sumn.org. Data source fact sheets can be found under Tools. Links to each data source, when available, can be found under each table when using Data by Location or Data by Topic.

Aggregated data at the state and county level do not reveal disparities that may exist within a given geographic area.