



Other Drug Use and Consequences in Minnesota, 2008

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Reported past-year use of methamphetamines dropped from 2001 to 2007 for both males and females, 9th and 12th graders.
- The percent of all treatment admissions involving opioids as the primary substance of use has increased steadily over time.
- The rate of drug-related deaths per 100,000 population held steady in Minnesota from 2003 to 2005 at 1.1.

INSIDE

Prescription Drugs.....	2
Methamphetamines.....	2
Other Drug Trends.....	2
Treatment.....	2
Other Drug Consequences...	3
Tobacco Consequences.....	3
MN SEOW	4
Data Sources.....	4

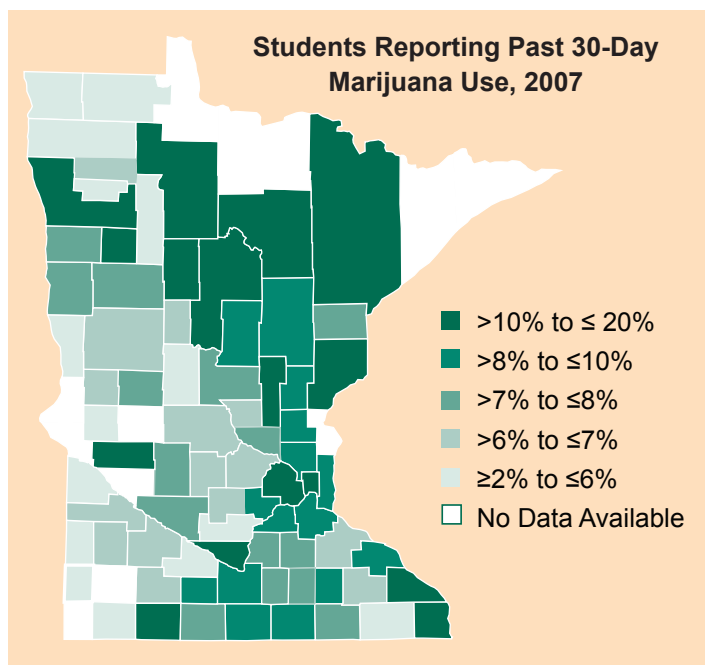
Marijuana Consumption

Overall, the percent of Minnesota students who reported smoking marijuana in the past 30 days declined from 12% in 1998 to 9% in 2007. However, from 2004 to 2007 the rate increased slightly for 12th grade males (22% to 23%) and held steady at 16% for 12th grade females.

Rates have been highest in the Northeast region of the state, and lowest in the Southwest region over the past 9 years.

Reported past 30-day marijuana use has been highest among American Indian/Alaska Native and Hispanic/Latino youth, and lowest among Asian/Pacific Islander youth (MSS).

Reported rates of adult past-month marijuana use



were highest for 18–20 year-olds in 2004/2005: 22% for men and 15% for women. Rates decreased by age group. Adult rates were highest among American Indians/Alaska

Natives and African-Americans. Metro and Northwest region men and women were slightly more likely to report having smoked marijuana in the past 30 days (MNSASU).

Perceptions of Harm, Disapproval

In 2007, students were asked if they thought their close friends would disapprove or greatly disapprove if they smoked marijuana once or twice per week. Belief of friends' disapproval decreased with grade for males (93% of

6th graders; 78% of 9th graders; 64% of 12th graders) and females (96%; 85%; 77%).

Students were also asked if they believed people put themselves at great or moderate risk of harm by smoking marijuana once or twice per week.

Similarly, perception of harm decreased by grade level for both males and females. 64% of 12th grade males and 79% of 12th grade females perceived harm (MSS).



The vast majority of teens abusing prescription drugs are getting them from the medicine cabinets of friends, family and acquaintances. Some teens traffic among themselves—handing out or selling “extra” pills of their own, or pills they’ve acquired or stolen from schoolmates. A very small minority of teens say they get their prescription drugs illicitly from doctors, pharmacists or over the internet.

The Partnership for a Drug-Free America. Preventing Teen Abuse of Prescription Drugs FACT SHEET; April 2008.

Prescription Drugs

From 1998 to 2004, the percent of students reporting use of someone else’s prescription drugs increased from 7% to 11% among 12th grade males, and from 6% to 9% among 12th grade females (MSS).

In 2007, 9th and 12th graders were asked about abuse of specific types of prescription drugs (*see table*).

Reported rates of abuse of prescription pain relievers were

highest among 18-20 year-old women and 21–24 year-old men: both 10%. Reported abuse of tranquilizers or

sedatives was highest among 18–20 year-olds, for both males, 13%, and females, 10% (MNSASU).

Students Reporting Abuse of Prescription Drugs, 2007

	9th Grade		12th Grade	
	Males	Females	Males	Females
Pain Relievers	4%	4%	9%	5%
ADD/ADHD Drugs	3%	4%	6%	4%
Stimulants/Diet Pills	3%	3%	4%	3%
Tranquilizers/Sedatives	2%	2%	4%	2%

Methamphetamines

Reported past-year use of methamphetamines dropped from 2001 to 2007 for 9th grade males: 5% to 2%, 9th grade females: 4% to 1%, 12th grade males: 8% to 3%

and 12th grade females: 5% to 1% (MSS).

In Minnesota, 2004/2005 reported adult use of methamphetamines was higher among males than females. Reported

use by 18–20 year-olds was higher in non-metro counties, 4% vs. 2%, but use by 21–24 year-olds was higher in the seven-county metro area: 2% vs. 1% (MNSASU).

Other Drug Trends

Over the past 9 years, reported inhalant use has been highest among 9th graders and lowest among 12th graders, though 9th grade rates did drop from 7% to 4% (MSS).

MDMA/Ecstasy use was reported most often by metro-area male students from 2001 to 2007 (MSS). Among adults, use was most often reported by 18–20 year-old non-metro males, 5%, and 21–24 year-old metro-area males, 4% (MNSASU).

Crack/cocaine use was

reported most often by metro-area male students from 2001 to 2007: 5%. Four percent of all Minnesota male students reported past-year use, and 3% of all females students (MSS). Similarly, adult use of crack/cocaine was most often reported by metro-area males in 2004/2005—2% vs. 1% for metro women and 1% for non-metro men (MNSASU).

Reported use of LSD, PCP and other psychedelics has also been highest among metro-area male students. Rates dropped

from 10% in 1998 to 6% in 2007 for metro males; 5% to 3% for metro females; 8% to 4% for non-metro males; and 5% to 3% for non-metro females (MSS).

Among adults, 18–20 year-olds were most likely to report use of psychedelics: 8% for men and 4% for women. Among 18–20 year-olds, non-metro males reported higher use, 10%, as did metro-area females: 7% (MNSASU).

Treatment

The percent of all treatment admissions involving opioids as the primary substance of abuse has increased steadily over time, while the percent involving methamphetamines dropped sharply after 2005 (see graph).

In 2007, a majority of persons under age 18 were admitted for marijuana as the primary substance of abuse: 66%. While alcohol was the

primary substance of abuse most often reported for all other age groups in 2007, the second most reported primary substance of abuse was marijuana for 18–24 year-olds at 28%; methamphetamines for 25–44 year-olds at 13%; crack/cocaine came for 45–64 year-olds at 11%; and opioids for those aged 65 and over at 3%.

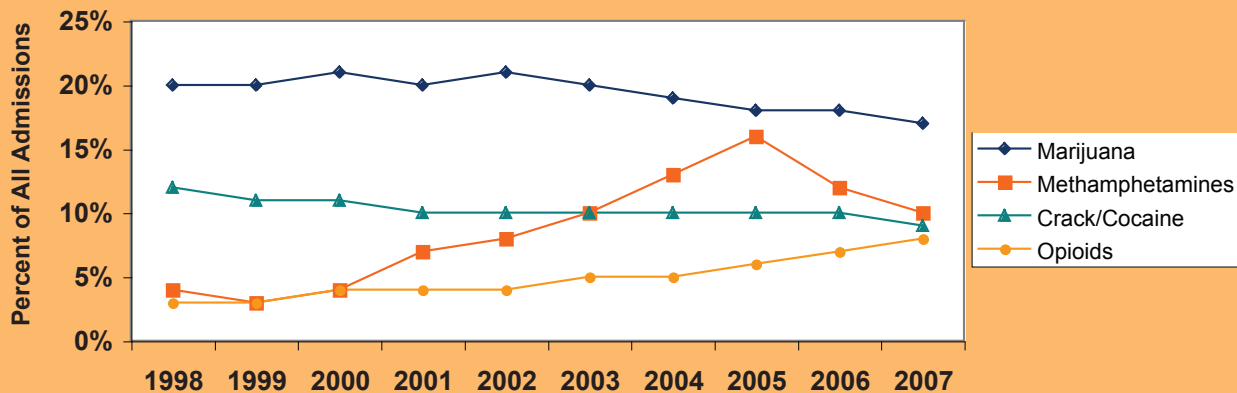
Females were more likely

than males to report a substance other than alcohol as their primary substance of abuse: 50% vs. 44% in 2007.

After alcohol, marijuana was the substance most often reported as the primary substance except among African-Americans and Blacks—in 2007, 33% reported crack/cocaine as the primary substance of abuse vs. 22% reporting marijuana (DAANES).

2005-2006 National Surveys on Drug Use and Health results indicate that 112,000 (2.61%) Minnesota citizens reported illicit drug dependence or abuse within the past year.

Percent of Admissions to Minnesota Treatment Facilities, by Primary Substance of Abuse (for select drugs)



Other Drug Consequences

The rate of drug-related deaths per 100,000 population held steady in Minnesota from 2003 to 2005 at 1.1. The U.S. rate has risen from 1.1 in 2003 to 1.3 in 2005 (CDC Wonder).

Among Minnesota adults in prison for drug offenses in 2007, approximately 56.6% were White, 27.4% were African-American or Black, 12.1% were Hispanic/Latino and

2.5% were American Indian/Alaska Native (DOC). Comparatively, 2007 population estimates from the U.S. Census Bureau show Minnesotans identified as 86% White, 4% African-American or Black, 4% Hispanic/Latino and 1% American Indian/Alaska Native.

The rate per 1,000 population of Minnesota adults on

probation for drug offenses as governing sentence increased from 1.9 in 1997 to 3.4 in 2006, then dropped down to 2.5 in 2007. Juvenile rates decreased steadily from 1.2 in 2000 to 0.1 in 2007. Rates may be influenced by pretrial diversion programs, drug courts and variations in enforcement from year to year (DOC).

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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

Youth 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.

Data on students' perceptions of harm and disapproval are also from the Minnesota Students Survey.

Treatment data are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES). DAANES includes data on all private- and public-pay admissions, which include approximately 50,000 treatment admissions annually.

Other drug mortality data are from the Centers for Disease Control and Prevention Compressed Mortality File (CDC Wonder), for underlying cause of death. Other

consequence data are from the Minnesota Department of Corrections (DOC), including the Inmate Profile and the 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.