



Substance Use and Consequences in the Southeast ATOD Prevention Region, 2008

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- Reported past-month alcohol use dropped from 32% in 1998 to 22% in 2007 among Southeast students.
- From 1997 to 2006, the number of West Central women who died from lung and bronchus cancer increased by 37%.
- The percent of Southeast students reporting past-year meth use dropped from 5% in 2001 to 2% in 2007.

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Alcohol Consumption

In 1998, reported 30-day alcohol was slightly higher in the Southeast ATOD Prevention Region than in the state as a whole, but dropped to just below the state average in 2004 and 2007. The rate dropped from 31% to 23% in Minnesota, and from 32% to 22% in the Southwest.

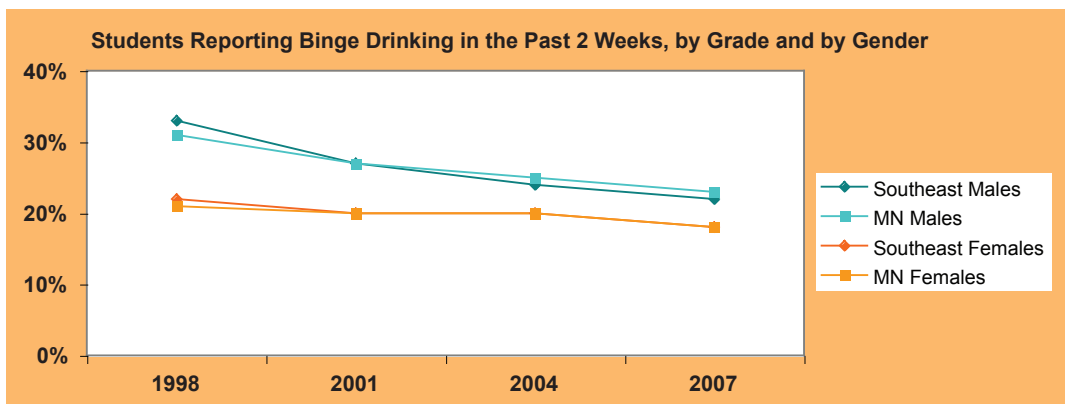
Among adults, reported 30-day alcohol use was lower than the state average for Southeast men (65% vs. 67%)

and women (50% vs. 53%) in 2004/2005. Reported use by Southeast men was highest for 25–44 year old age group and the 45–64 year olds, both at 72%, and by women was highest for 21–24 year olds, 63% (MNSASU).

Reported binge drinking has been equal to or lower than average among students in the Southeast since 2001 (*see graph below*). In 2007, 12% of Southeast 9th grade

males and 13% of females reported binge drinking. Among Southeast 12th graders, 36% of males reported binge drinking vs. 25% of females (MSS).

Adult males and females in the Southeast were less likely than the state average to report binge drinking in 2004/2005—23% vs. 24% for men; 11% vs. 13% for women (MNSASU).



Alcohol Consequences

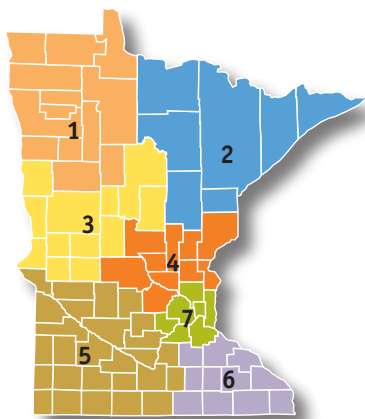
Cost per capita of alcohol-related traffic crashes, fatalities and injuries fluctuated from 1995 to 2007. Southeast costs were higher than the state average 10 out of the 13 years. Southeast area costs ranged from \$44–\$112 per capita; the range was \$49–\$75 for

Minnesota (OTS).

In 2007, the rate of arrests or incidents on record of driving while intoxicated (DWI) was 71.5 per 10,000 population for the Southeast as region of residence, and 74.2 per 10,000 population for the Southeast as region of arrest

(compared to the state rate of 71.2 per 10,000 population.)

From 1996 to 2007, 5%–6% of motor vehicle crashes in the Southeast were alcohol related. The alcohol-related motor vehicle fatality rate has been 0.2–0.9 per 10,000 population in the Southeast.



Minnesota is divided into seven Alcohol, Tobacco and Other Drug Prevention Regions. Southeast Region 6 contains the counties of: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona. Also included is the Prairie Island 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 Southeast ATOD Prevention Region go to: www.rpcmn.org

Tobacco Consumption

Reported 30-day cigarette smoking among Southeast students has been generally lower than the state average over the past 9 years. In addition, Southeast rates dropped for: 9th grade males, 22% to 10%; 9th grade females, 25% to 11%; 12th grade males, 36% to 27%; and 12th grade females, 34% to 22% (MSS).

2004/2005 reported past-month smoking rates were higher than the state average for adults in the Southeast,

except for men aged 65 and older, 18–20 year-old women, and women aged 45 and older (MNSASU). 21–24 year-olds reported the highest smoking rates: 59% for men and 54% for women (MNSASU).

The percent of male students reporting past-month chewing tobacco use in 2007 was lower in the Southeast region than the state average for 9th graders (6% vs. 8%) and equal to the state average for 9th, 1%, and 12th, 19%,

graders (MSS).

Southeast students were less likely than the state average to report first having smoked all or part of a cigarette by age 13 or younger: 14% vs. 16% among males and 11% vs. 14% among females. Southeast male students were as likely as the state average to report first having smoked a cigar or used chewing tobacco by the age of 13 or younger: 9% (MSS).

Tobacco Consequences

The lung and bronchus cancer death rate in the Southeast Region changed from 5.1 per 10,000 (117 deaths) in 2000 to 5.8 per 10,000 (139 deaths) in 2006 among males, and from 3.3 per 10,000 (76 deaths) to 3.8 per 10,000 (93

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, Southeast students most often reported social access to alcohol (89%) and tobacco (71%). In addition, 11% reported buying alcohol and 25% reported taking it; 58% reported buying tobacco and

20% 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 Southeast students, perception

of tobacco harm was reported by 89% of Southeast students, and perception of marijuana harm was reported by 83% of Southeast 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 78% for alcohol, 86% for tobacco and 85% for marijuana.

Other Drug Consumption

The percent of Southeast students reporting 30-day marijuana use dropped from 10% in 1998 to 8% in 2004, then held steady at 8% through 2007. Southeast rates were equal to the state average in 2007 for 6th graders, but slightly lower for 9th graders, 8% vs. 10%, and 12th graders, 18% vs. 19% (MSS).

In 2004/2005, Minnesota adults were asked if they'd smoked marijuana in the past month—5% of Southeast men and 1% of Southeast women

said they had, as compared to 6% of men and 3% of women in the state (MNSASU).

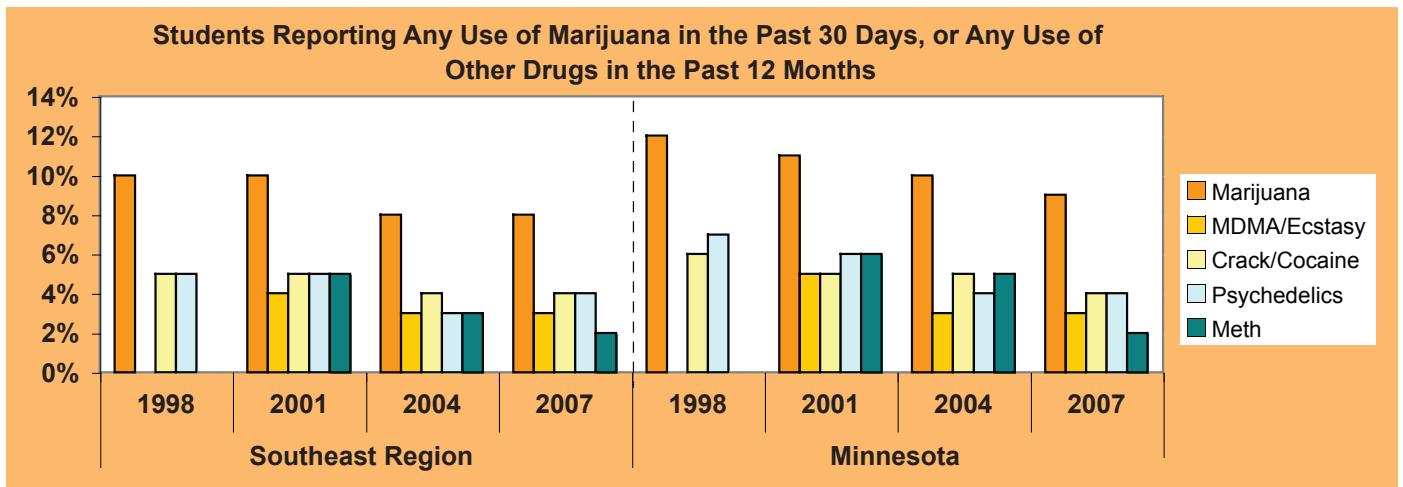
Reported 12 month use of a number of illicit drugs by students dropped from 1998 to 2007 (*see bar graph below*).

Reported rates of abuse of inhalants, pain relievers, stimulants/diet pills, and tranquilizers/sedatives were the same for Southeast students as for all Minnesota students in 2007. Southeast 9th graders reported lower rates of abuse of ADD/ADHD drugs than

the state average—2% vs. 3% (MSS).

In 2004/2005, Southeast adults were less likely than the state average to report abuse of tranquilizers/sedatives (men: 2% vs. 3%; women: 1% vs. 2%), and Southeast women were less likely to report abuse of painkillers (3% vs. 4%). One percent or less of Southeast adults reported past-year use of methamphetamines, MDMA/Ecstasy, and/or psychedelics (MNSASU).

The US Census Bureau estimate for the 2007 Southeast region's population is 484,905. This is approximately 9.3% of the state's entire population. The population is about 91% White, 4% Hispanic/Latino, 2% African-American or Black, and 2% Asian/Pacific Islander.



Other Drug Consequences

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

2007, approximately 52.4% were White, 29.9% were African-American or Black, and 16.9% were Hispanic/Latino (DOC).

The rate per 1,000 population of Southeast adults on probation for drug offenses as governing sentence

has fluctuated over the past 10 years, ranging from 1.2 to 2.7. Juvenile rates have also fluctuated, from 0.3 to 1.3. Rates may be influenced by pretrial diversion programs (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 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.