



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

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- In 2007, 49% of all Southwest 12th graders and 25% of 9th 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 44%.
- Reported past-month marijuana use was lower than the state average among Southwest 9th and 12th graders in 2007.

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Alcohol Consumption

From 1998 to 2007, reported 30-day alcohol use was higher in the Southwest ATOD Prevention Region than in the state as a whole. The rate dropped from 31% to 23% in Minnesota, and from 33% to 25% in the Southwest. In 2007, 49% of all Southwest 12th graders and 25% of 9th graders reported past month alcohol use (MSS).

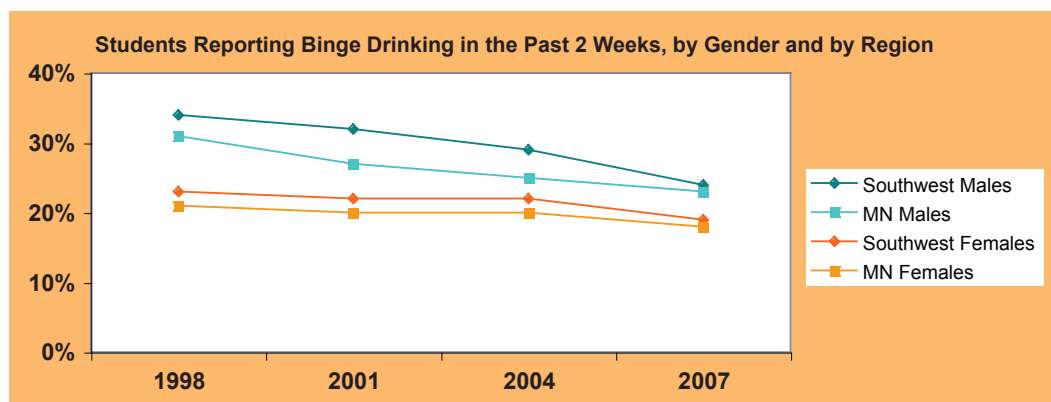
Among adults, reported 30-day alcohol use was equal

to the state average for Southwest men (67%) but lower than average for women (50% vs. 53%) in 2004/2005. Reported use by Southwest men was highest for 21–24 year olds, 85%, and by women was also highest for 21–24 year olds at 66% (MNSASU).

Reported binge drinking has been higher than average among students in the Southwest (*see graph below*). In 2007, 14% of Southwest 9th

grade males and 13% of females reported binge drinking. Among Southwest 12th graders, 37% of males reported binge drinking vs. 26% of females (MSS).

Adult males and females in the Southwest were more likely than the state average to report binge drinking in 2004/2005—26% vs. 24% for men; 14% vs. 13% for women (MNSASU).



Alcohol Consequences

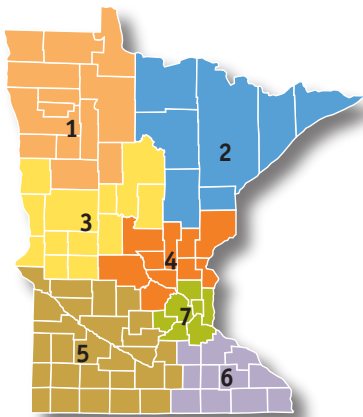
While the cost per capita of alcohol-related traffic crashes, fatalities and injuries has fluctuated, Southwest costs were higher than the state average for all but three years from 1995 to 2007. Southwest area costs ranged from \$46–\$94 per capita; the range was \$49–\$75

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 Southwest as region of residence, and 76.6 per 10,000 population for Southwest as region of arrest (both

higher than the state rate of 71.2 per 10,000 population.)

From 1996 to 2007, 5%–7% of motor vehicle crashes in the Southwest were alcohol related. The alcohol-related motor vehicle fatality rate has been 0.3–0.8 per 10,000 population in the Southwest.



Minnesota is divided into seven Alcohol, Tobacco and Other Drug Prevention Regions. Southwest Region 5 contains the counties of: Big Stone, Blue Earth, Brown, Chipewewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, McLeod, Martin, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, and Yellow Medicine. Also included are the Upper and Lower Sioux Indian Reservations.

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

Tobacco Consumption

Reported 30-day cigarette smoking among Southwest students, though declining, has been higher than the state average over the past 9 years. Southwest rates dropped for: 9th grade males, 23% to 12%; 9th grade females, 22% to 14%; 12th grade males, 39% to 29%; and 12th grade females, 33% to 27% (MSS).

Overall, reported past-month smoking rates were similar to the state average for Southwest adults in

2004/2005. However, the rate for 21–24 year-old men was considerably lower, 38% vs. 47%, and the rate for 18–20 year-old women was higher: 43% vs. 35% (MNSASU).

The percent of male students reporting past-month chewing tobacco use in 2007 was slightly higher in the Southwest than the state average for 6th graders, 2% vs. 1%; 9th graders, 9% vs. 8%; and 12th graders, 22% vs. 19% (MSS).

Southwest 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%, while females were slightly less likely: 13% vs. 14%. Southwest male students were more likely to report first having smoked a cigar or used chewing tobacco by the age of 13 or younger: 11% vs. 9% (MSS).

Tobacco Consequences

The lung and bronchus cancer death rate in the Southwest Region changed from 6.1 per 10,000 (155 deaths) in 2000 to 6.0 per 10,000 (153 deaths) in 2006 among males, and from 3.1 per 10,000 (80 deaths) to 4.4 per 10,000 (112

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, Southwest students most often reported social access to alcohol (89%) and tobacco (68%). In addition, 10% reported buying alcohol and 25% reported taking it; 61% 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 79% of Southwest students, perception

of tobacco harm was reported by 88% of Southwest students, and perception of marijuana harm was reported by 85% of Southwest 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 75% for alcohol, 84% for tobacco and 86% for marijuana.

Other Drug Consumption

The percent of Southwest students reporting 30-day marijuana use rose from 8% in 1998 to 10% in 2001, then dropped down to 7% in 2007. Southwest rates were equal to the state average in 2007 for 6th graders, but lower for 9th graders, 7% vs. 10%, and 12th graders, 15% vs. 19% (MSS).

In 2004/2005, Minnesota adults were asked if they'd smoked marijuana in the past month—2% of Southwest men and 1% of Southwest

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

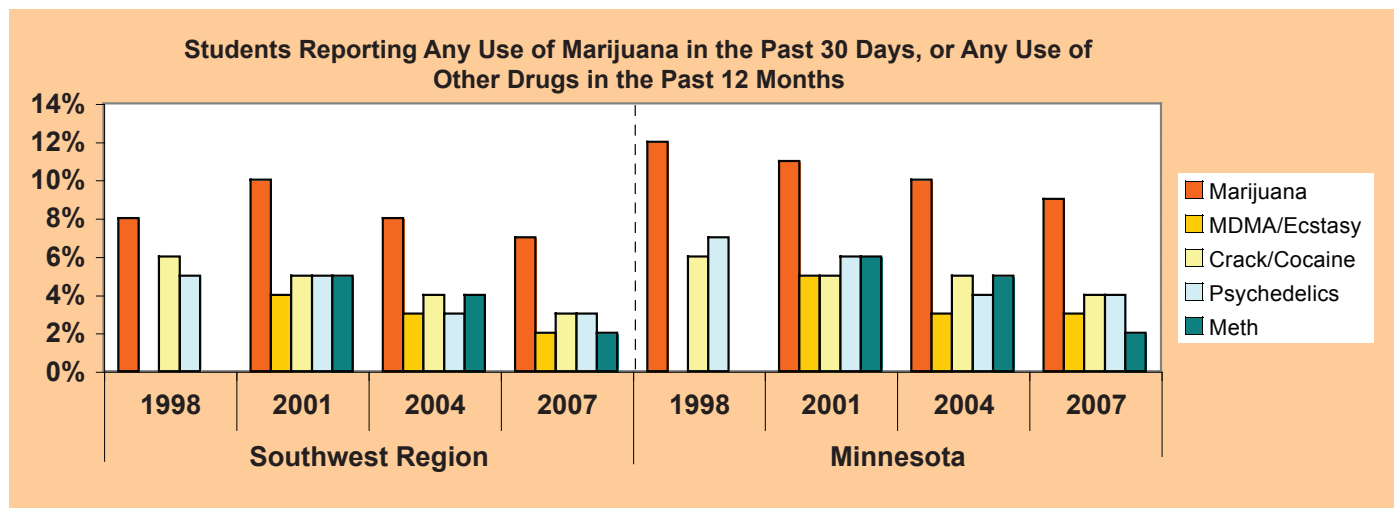
Reported 12 month use of a number of illicit drugs by students dropped from 1998 to 2007 (see bar graph below).

Reported rates of abuse of inhalants and tranquilizers/sedatives were the same for Southwest students as for all Minnesota students in 2007. Southwest students were less likely to report abuse of pain relievers, and Southwest 12th

graders were less likely to report abuse of ADD/ADHD drugs (MSS).

In 2004/2005, Southwest adults were less likely than the state average to report abuse of painkillers (1% vs. 3% for men; 0% vs. 2% for women) and tranquilizers/sedatives (6% vs. 7% for men; 3% vs. 4% for women). One percent or less of Southwest adults reported past-year use of methamphetamines, MDMA/Ecstasy, and/or psychedelics (MNSASU).

The US Census Bureau estimate for the 2007 Southwest region's population is 505,957—approximately 9.7% of the state's population. The population is about 92% White, 5% Hispanic/Latino, 1% African-American or Black, and 1% Asian/Pacific Islander.



Other Drug Consequences

The rate of adult prison inmates from the Southwest region sentenced for drug offenses has been slightly higher than that of the state for the past four years—5 to 8 per 10,000 population vs. 4 to 5. Among Southwest adults in prison for drug offenses in

2007, approximately 67.4% were White, 5.2% were African-American or Black, 21.7% were Hispanic/Latino and 2.2% were American Indian/Alaska Native (DOC).

The rate per 1,000 population of Southwest adults

on probation for drug offenses as governing sentence has fluctuated over the past 10 years, ranging from 1.1 to 2.7. Juvenile rates have also fluctuated, from 0.3 to 1.0. 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.