



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

MN STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

KEY FINDINGS

- In 2007, 47% of all West 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 46.6%.
- The percent of students reporting past-year meth use dropped from 7% in 2001 to 2% in 2007.

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Alcohol Consumption

From 1998 to 2007, reported 30-day alcohol use was higher in the West Central ATOD Prevention Region than in the state as a whole. The rate dropped from 31% to 23% in Minnesota, and from 33% to 24% in the West Central region. In 2007, 47% of all West Central 12th graders reported past month alcohol use (MSS).

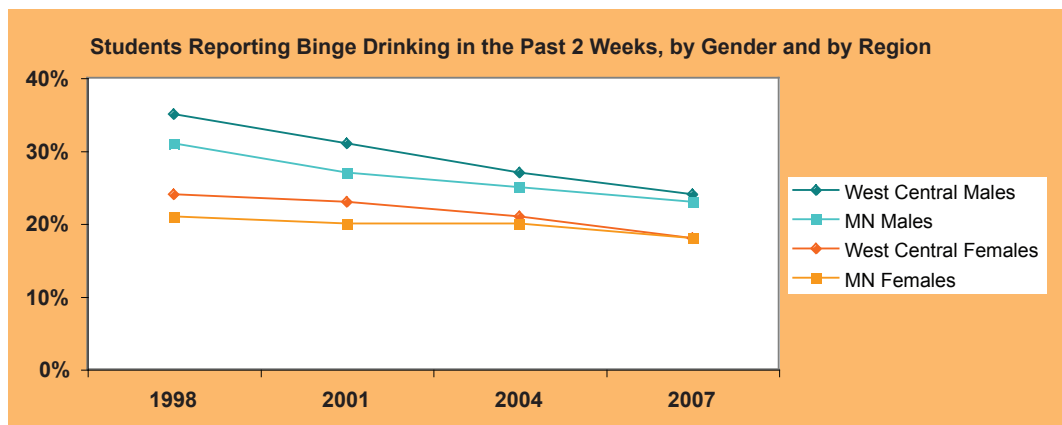
Among adults, reported

30-day alcohol use was lower than the state average for West Central men (66% vs. 67%) and women (48% vs. 53%) in 2004/2005. Reported use by West Central men was highest for 21–24 year olds, 83%, and by women was also highest for 25–44 year olds at 62% (MNSASU).

Up until 2007, reported binge drinking was higher than average among West Central

students (*see graph below*). In 2007, 16% of West Central 9th grade males and 14% of females reported binge drinking. Among West Central 12th graders, 34% of males reported binge drinking vs. 24% of females (MSS).

In 2004/2005, West Central men (24%) and women (13%) reported rates of binge drinking that were equal to the state average (MNSASU).



Alcohol Consequences

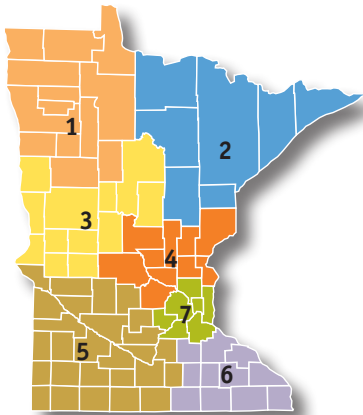
While the cost per capita of alcohol-related traffic crashes, fatalities and injuries has fluctuated, West Central costs were consistently higher than the state average from 1995 to 2007. West Central area costs ranged from \$75–\$148 per capita; the range was \$49–\$75

for Minnesota (OTS).

In 2007, the rate of arrests or incidents on record of driving while intoxicated (DWI) was 80.1 per 10,000 population for West Central as region of residence, and 94.5 for West Central as region of arrest (both higher than the state rate of

71.2 per 10,000 population.)

From 1996 to 2007, 7%–8% of all West Central motor vehicle crashes were alcohol related. The West Central alcohol-related motor vehicle fatality rate has been 0.7–1.2 per 10,000 population.



Minnesota is divided into seven Alcohol, Tobacco and Other Drug Prevention Regions. West Central Region 3 contains the counties of: Cass, Clay, Crow Wing, Douglas, Grant, Otter Tail, Pope, Stevens, Todd, Traverse, Wadena and Wilkin. Also included is the Leech Lake 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 West Central ATOD Prevention Region go to: www.rpcmn.org.

Tobacco Consumption

Reported 30-day cigarette smoking among West Central students, though on the decline, has generally been higher than the state average over the past 9 years. West Central rates dropped for: 9th grade males, 25% to 13%; 9th grade females, 25% to 15%; 12th grade males, 37% to 28%; and 12th grade females, 36% to 24% (MSS).

Overall, past-month smoking rates reported by West Central adults were

similar to the state average in 2004/2005. The highest rates were reported by 18–20 year-old males, 37%, and 21–24 year-old females, 47% (MN-SASU).

The percent of male students reporting past-month chewing tobacco use in 2007 was higher in the West Central region than the state average for 9th graders, 12% vs. 8%, and 12th graders, 23% vs. 19% (MSS).

West Central Region stu-

dents were more likely than the state average to report first having smoked all or part of a cigarette by age 13 or younger: 18% vs. 16% among males and 15% vs. 14% among females. Similarly, West Central male students were more likely than the state average to report first having smoked a cigar or used chewing tobacco by the age of 13 or younger: 13% vs. 9% (MSS).

Tobacco Consequences

The lung and bronchus cancer death rate in the West Central Region changed from 7.6 per 10,000 (113 deaths) in 2000 to 7.7 per 10,000 (119 deaths) in 2006 among males, and from 5.5 per 10,000 (83 deaths) to 5.4 per 10,000 (85

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, West Central students most often reported social access to alcohol (89%) and tobacco (73%). In addition, 9% reported buying alcohol and 25% reported taking it; 56% reported buying tobacco and

24% 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 81% of West Central students, perception of

tobacco harm was reported by 90% of West Central students, and perception of marijuana harm was reported by 85% of West 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 77% for alcohol, 86% for tobacco and 86% for marijuana.

Other Drug Consumption

From 1998 to 2007, the percent of West Central students reporting 30-day marijuana use dropped from 11% down to 8%. West 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, 16% vs. 19% (MSS).

In 2004/2005, Minnesota adults were asked if they'd smoked marijuana in the past month—6% of West Central men and 2% of West Central women said they had, as com-

pared to 6% of men and 3% of women in the state (MNSASU).

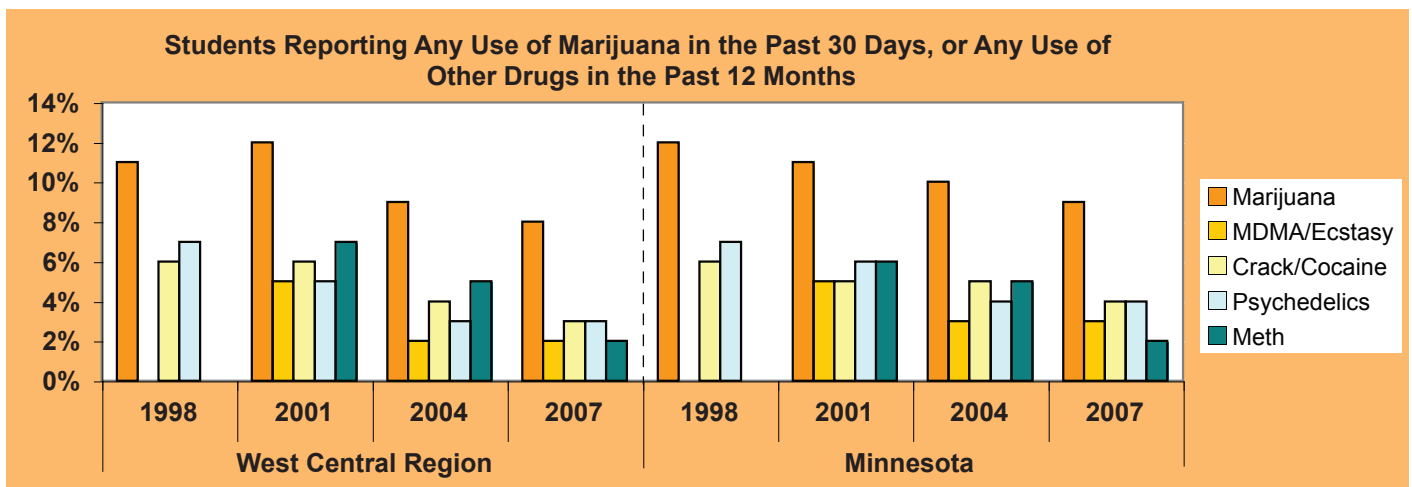
Reported 12 month use of a number of illicit drugs by students dropped from 1998 to 2007 (see bar graph below).

Reported rates of abuse of painkillers, ADD/ADHD drugs, stimulants and diet pills, and tranquilizers and sedatives were the same for West Central students as for all Minnesota students in 2007. However, reported abuse of inhalants was higher than aver-

age among West Central 12th graders (4% vs. 3% (MSS)).

In 2004/2005, West Central adults were less likely than the state average to report abuse of painkillers (men: 2% vs. 3%; women: 1% vs. 2%), and less likely to report abuse of tranquilizers/sedatives (3% vs. 5% for men and women combined). One percent or less of West Central adults reported past-year use of methamphetamines, MDMA/Ecstasy, and/or psychedelics (MNSASU).

The US Census Bureau estimate for the 2007 West Central region's population is 312,563. This is approximately 6.0% of the state's entire population. The population is about 95% White, 2% American Indian/Alaska Native, 2% Hispanic/Latino, and 1% Asian/Pacific Islander.



Other Drug Consequences

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

2007, approximately 79% were White, 5% were African-American or Black, 9% were Hispanic/Latino and 5% were American Indian/Alaska Native (DOC). The rate per 1,000 population of West Central adults on probation for drug

offenses as governing sentence has fluctuated over the past 10 years, ranging from 1.7 to 3.3. Juvenile rates have also fluctuated, from 0.5 to 1.5. 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.