



Epidemiological Profile of Substance Use + Related Factors in Minnesota's Asian- American+ Pacific Islander Communities

Developed by EpiMachine, LLC on behalf of the Minnesota State Epidemiological
Outcomes Workgroup

April 2016

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INTRODUCTION

MINNESOTA STATE EPIDEMIOLOGICAL OUTCOMES WORKGROUP

The Minnesota State Epidemiological Outcomes Workgroup (SEOW) has been monitoring trends in substance use and related problems since 2007. The SEOW is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention (CSAP), led by the Minnesota Department of Human Services (DHS) Alcohol and Drug Abuse Division (ADAD), and staff through a subcontract with EpiMachine, LLC.

SEOW membership includes representation from the Minnesota Department of Human Services, Minnesota Department of Health, Minnesota Department of Education, Wilder Research, the Hazelden Betty Ford Graduate School of Addiction Studies, and EpiMachine. Project staff manage and maintain the online substance abuse prevention data query system SUMN.org, provide training and technical assistance to communities across Minnesota, and develop a variety of data products—including this community profile.

SUMN.org

The Substance Use in Minnesota or SUMN.org website houses county, regional, and state data from a number of sources on:

- Alcohol use, consequences, and related factors
- Tobacco use, consequences, and related factors
- Drug use, consequences, and related factors
- Mental health
- Risk and protective factors shared between substance use and mental health

Site visitors can produce tables, maps, graphs, and charts using Data by Topic. Visitors can also search available data by location, or by demographic group. In addition to key prevention data, SUMN.org also features Publications, Community Resources, Toolbox, and Gallery. The Publications page includes SEOW data products, and links to state and national reports, articles, and websites. The Community Resources page provides links and contact information on coalitions and prevention organizations across Minnesota. The Toolbox includes tip sheets, guidance documents, training materials, and toolkits related to data collection, analysis, translation, formatting, dissemination, and use. The Gallery features examples of fact sheets, posters, public service announcements, infographics, and more created by visitors using SUMN data.

COMMUNITY PROFILES

This profile is grounded in CSAP's Strategic Prevention Framework (SPF). The SPF is a five-step prevention planning model consisting of 1) Assessment (of both need and resources), 2) Capacity Building, 3) Planning, 4) Implementation, and 5) Evaluation. The profile serves as an integral step in the assessment phase of the SPF. It has been created to summarize substance use among Asian Americans and Pacific Islanders in Minnesota, and related factors.

This profile was created to help the state and communities determine prevention needs based upon available data on substance use and related factors. Accordingly, the profile can be used by a variety of audiences for related, but different, purposes. State-level administrators may use the profile to prepare applications for federal funding or to monitor prevention-related trends in local communities to which they administer grants. Community-level prevention planners may use it to assess the relative importance of substance related problems in their communities or to apply for grant funding themselves. Overall, the profile is intended to help all audiences in Minnesota make decisions based on existing evidence and demonstration of need.

It is important for state, county and city planners to have accurate and readily available data on Asian American and Pacific Islander substance use and consequences—and for all communities—in order to paint a complete picture of need in our state. Aggregated data do not reveal disparities that exist in a given location or for a specific population. While overall use of a substance may be low in Minnesota, it could be quite high within a particular community or population. Community-specific data allows for well-planned and targeted interventions. Every effort should be made at the national-, state-, county- and city-level to collect data by race/ethnicity. It is also important to recognize the limits of broad race and ethnicity categories.


This profile can be used by community leaders and prevention professionals to plan, set priorities, target resources, and simply to spur conversation about community-level alcohol, tobacco and other drug use and consequences. The goal of this profile, and the State Epi Profile, is to encourage data-driven decision making over reliance on anecdotal information. This report is by no means exhaustive. Community leaders and prevention professionals can use this profile in conjunction with community-level data and qualitative information from surveys, focus groups and key informant interviews.

There are some important limitations and data gaps to note. Race selections on surveys do not always allow for self-report of specific Asian populations (i.e., Hmong, Korean, Indian) and some sources combine Pacific Islanders with Asians. Racial designations made on death and arrest reports are often done by medical examiners and law enforcement, and therefore may not be accurate. Race/ethnicity is not always labeled or defined uniformly; some sources report for —mixed race while others report for Asian Americans and Pacific Islanders alone or in combination with one or more races/ethnicities. County and city level data on Asian Americans and Pacific Islanders are often not available due to small numbers and/or low survey response rate, if collected at all. Also, rates may fluctuate greatly due to small numbers.

POPULATION SNAPSHOT

According to the 2014 American Community Survey, just over 5% of Minnesotans identify as Asian American or Pacific Islander alone (alone or in combination with any other races/ethnicities)—5.2% identify as Asian and 0.14% as Pacific Islander. Asian American and Pacific Islander communities in Minnesota are younger than the state average, with about one-third of Asians and Pacific Islanders being under the age of 18.

2014	Asian Americans in Minnesota		Pacific Islanders* in Minnesota		All Minnesotans	
	Number	Percent	Number	Percent	Number	Percent
Under 18 years	96,383	32.9%	2,784	35.5%	1,356,782	24.3%
18 to 24 years	37,473	12.8%	1,022	13.0%	525,753	9.4%
25 to 44 years	99,525	33.9%	2,369	30.2%	1,445,633	25.8%
45 to 64 years	45,186	15.4%	1,316	16.8%	1,482,904	26.5%
65 years + over	14,652	5.0%	346	4.4%	783,648	14.0%
Total	293,219		7,837		5,594,720	

Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2014 
2014 Population Estimates

The largest and fastest growing Asian population in Minnesota are those of Southeast Asian ancestry; 27% are Hmong and 11% are Vietnamese. The next largest Asian population are East Asians; over 11% are Chinese and over 8% are Korean. The third largest Asian population are South Asians—over 15% of Asian Minnesotans are Indian. (State of the Asian Pacific Minnesotans. 2010 Census and 2008-2010 American Community Survey Report. April 2012. Council on Asian Pacific Minnesotans).

Among the 12% of Minnesota young adults ages 18 to 34 born outside of the United States, the second, third, fifth and sixth most common countries of origin were India (about 13,300 young adults), Thailand (7,900 young adults), Korea (5,600 young adults), and Laos (5,500 young adults). (Young Adults in Minnesota: A Demographic & Economic Profile, Minnesota State Demographic Center: <http://mn.gov/admin/images/young-adults-in-mn-profile-popnotes-june2015.pdf>). Minnesota's Asian population grew in a number of Minnesota counties from 2000 to 2010, with Redwood and Pope counties seeing the greatest percentage increase during that period. The Native Hawaiian/Pacific Islander population grew in a handful of counties, with Chippewa, Todd, and Meeker counties seeing the greatest percentage increase. (Viz: Population Counts and Change by Racial and Ethnic Groups, 2000 and 2010, for Counties, Minnesota State Demographic Center: <http://mn.gov/admin/demography/map-viz-gallery/viz-co-pop-race-ethnicity-change-2000-2010.jsp>)

View the Epidemiological Profile of Substance Use and Related Factors among Minnesota's Hmong Youth at:

<http://www.sumn.org/~media/194/Hmong%20Youth%20Epi%20Profile%20FINAL.pdf>

KEY FINDINGS

Overall, Pacific Islanders face greater health disparities than Asian Americans. Data sources that combine Asians with Pacific Islanders may mask these differences.

POSITIVE FINDINGS

- Asian American youth were less likely than the state average to report past 30 day alcohol use, 11% vs. 17%, past 30 day binge drinking, 5% vs. 8%, past 30 day cigarette smoking, 4% vs. 8%, past 30 day marijuana use, 5% vs. 10%, and past 30 day prescription drug misuse: 3% vs. 5% (2013 MSS)
- Asian/Pacific Islander adults were less likely than the state average to report past 30 day binge drinking, past 30 day cigarette smoking, past 30 day marijuana use, and past two week depressive symptoms (2015 MNSASU)
- Asian/Pacific Islander lung, bronchus, and trachea cancer death rates have been consistently lower than the state average, as have alcohol- and drug-induced deaths (CDC Compressed Mortality File)
- Asian American students are less likely than average to report any exposure to bullying behavior (2013 MSS)

AREAS FOR IMPROVEMENT

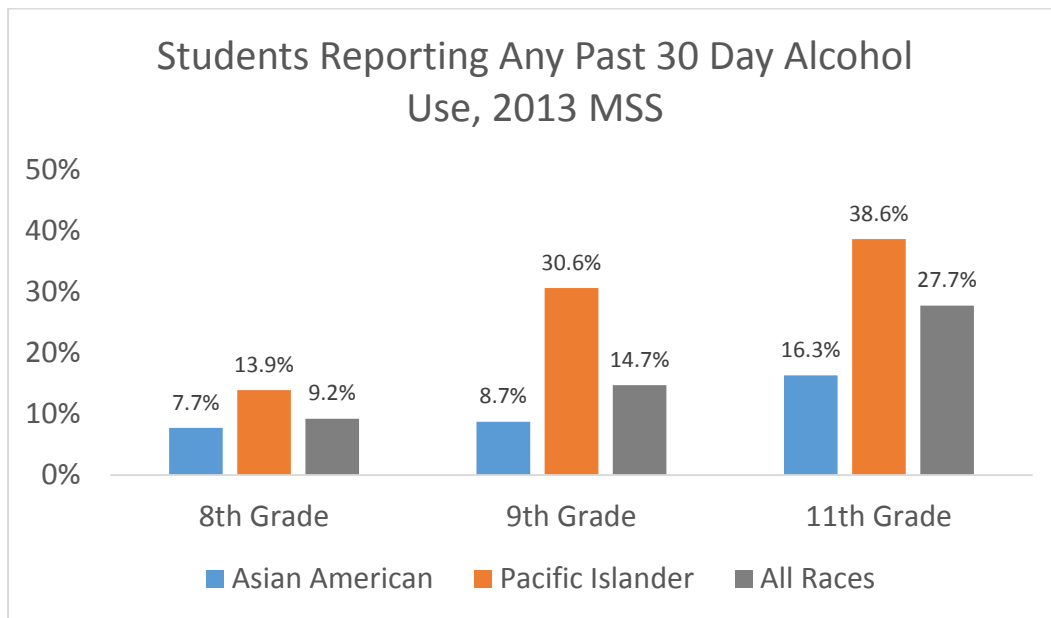
- Pacific Islander students were less likely than average to perceive great or moderate risk of harm from using alcohol, cigarettes, marijuana, or prescription drugs (2013 MSS)
- Pacific Islander students were more likely than the state average to report past 30 day alcohol use, 27% vs. 17%, past 30 day binge drinking, 19% vs. 8%, past 30 day cigarette smoking, 21% vs. 8%, past 30 day marijuana use, 25% vs. 10%, and past 30 day prescription drug misuse: 14% vs. 5% (2013 MSS)
- Asian/Pacific Islander adult past month binge drinking increased from 6% in 2010 to 8% in 2015. In addition, they were likely than average to perceive great or moderate risk of harm from smoking cigarettes or misusing prescription drugs (2015 MNSASU)
- The number of Asian/Pacific Islander adults arrested for narcotics has been increasing steadily over time (MN BCA)
- Asians/Pacific Islanders are more likely to be admitted to Minnesota treatment programs for methamphetamines as their primary substance of abuse compared to all other races/ethnicities; in 2014, 3 out of 10 A/PI admissions were for meth (DAANES)
- Pacific Islander students were more likely than the state average to report past year suicidal ideation, 13% vs. 11%, and attempts: 5% vs. 3% (2013 MSS)
- Pacific Islander students were less likely than the state average to feel safe at school, feel safe going to and from school, or feel safe in their neighborhood (2013 MSS)
- Asian and Pacific Islander students were less likely than average to feel others care about them “quite a bit” or “very much” (2013 MSS)

ALCOHOL

YOUTH USE

Current alcohol use is measured by the Minnesota Student Survey as students reporting any use of alcohol in the past 30 days. In 2013, 10.9% of Asian American (non-Hispanic) and 27.4% of Pacific Islander (non-Hispanic) 8th, 9th, and 11th grade students reported current alcohol use as compared to the state average of 16.8%. Among students identifying as Hmong, 14.7% of 8th, 9th, and 11th grade students reported any past 30 day alcohol use.

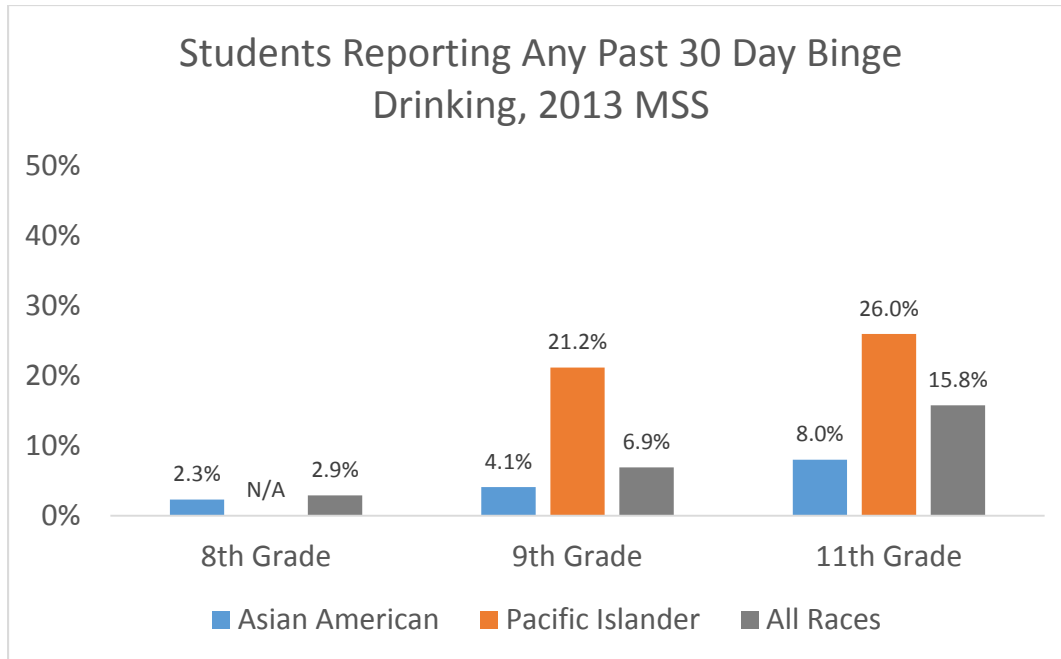
Asian American 8th, 9th, and 11th grade females were somewhat less likely than males to report current alcohol use in 2013: 9.6% vs. 12.2%. Pacific Islander females were also less likely to report current alcohol use compared to males: 25.0% vs. 29.1%. Asian American 5th graders were slightly less likely than the state average to report any use of alcohol in the last 12 months: 2.4% vs. 3.6%. Across grade levels, Asian Americans are less likely than average to report current alcohol use while Pacific Islanders are more likely to do so.



Asian American 8th, 9th, and 11th grade students living outside the seven-county metro area were about as likely to report current alcohol use as those living in the metro: 11.0% vs. 10.9%. Non-metro Pacific Islander students were somewhat less likely to report current alcohol use compared to those in the metro area: 25.0% vs. 29.1%.

Binge drinking is measured by the Minnesota Student Survey as students reporting having five or more drinks in a row on one occasion within the past 30 days. In 2013, 4.8% of Asian American (non-Hispanic) and 18.9% of Pacific Islander (non-Hispanic) 8th, 9th, and 11th grade students reported binge drinking as compared to the state average of 8.2%. Among students identifying as Hmong, 7.2% of 8th, 9th, and 11th graders reported past month binge drinking.

Asian American 8th, 9th, and 11th grade females were somewhat less likely to report binge drinking in 2013 as compared to males: 4.0% vs. 5.7%. Pacific Islander females were also less likely than males to report binge drinking: 15.2% vs. 21.6%. Across grade levels, Asian Americans are less likely than average to report binge drinking while Pacific Islanders are more likely to do so.



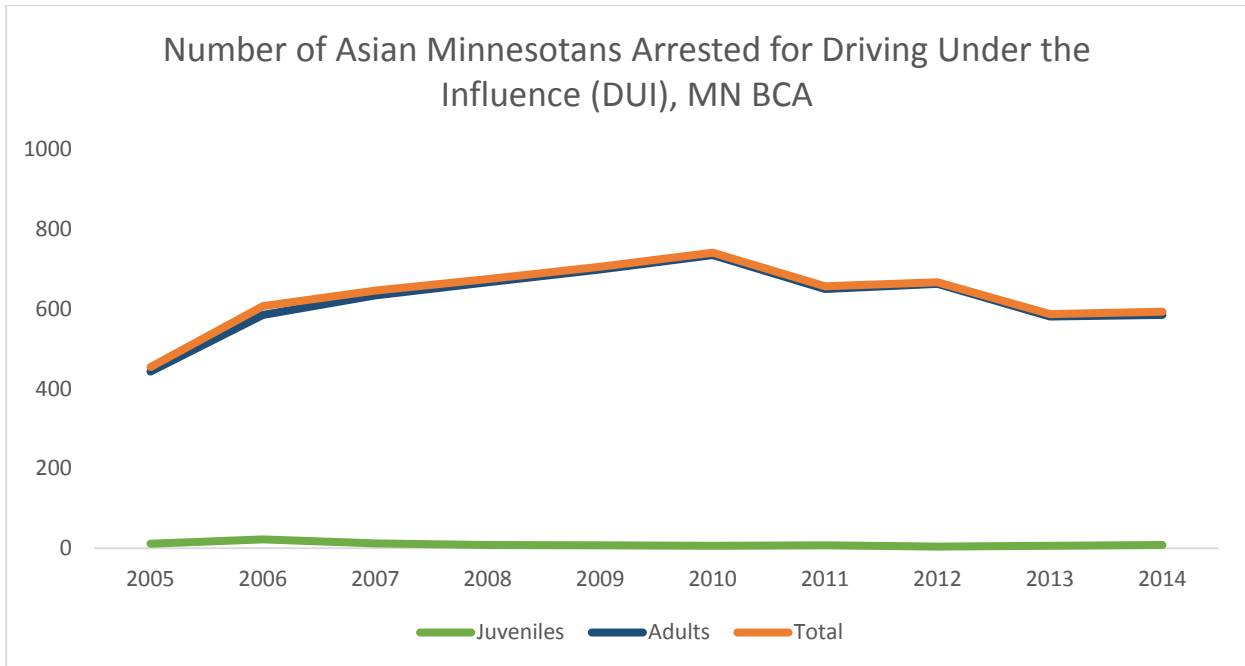
Asian American 8th, 9th, and 11th grade students living outside the seven-county metro area were as likely to report binge drinking as those living in the metro: 5.0% vs. 4.8%. Non-metro Pacific Islander students were less likely than those in the metro to report binge drinking: 16.2% vs. 20.9%

ADULT USE

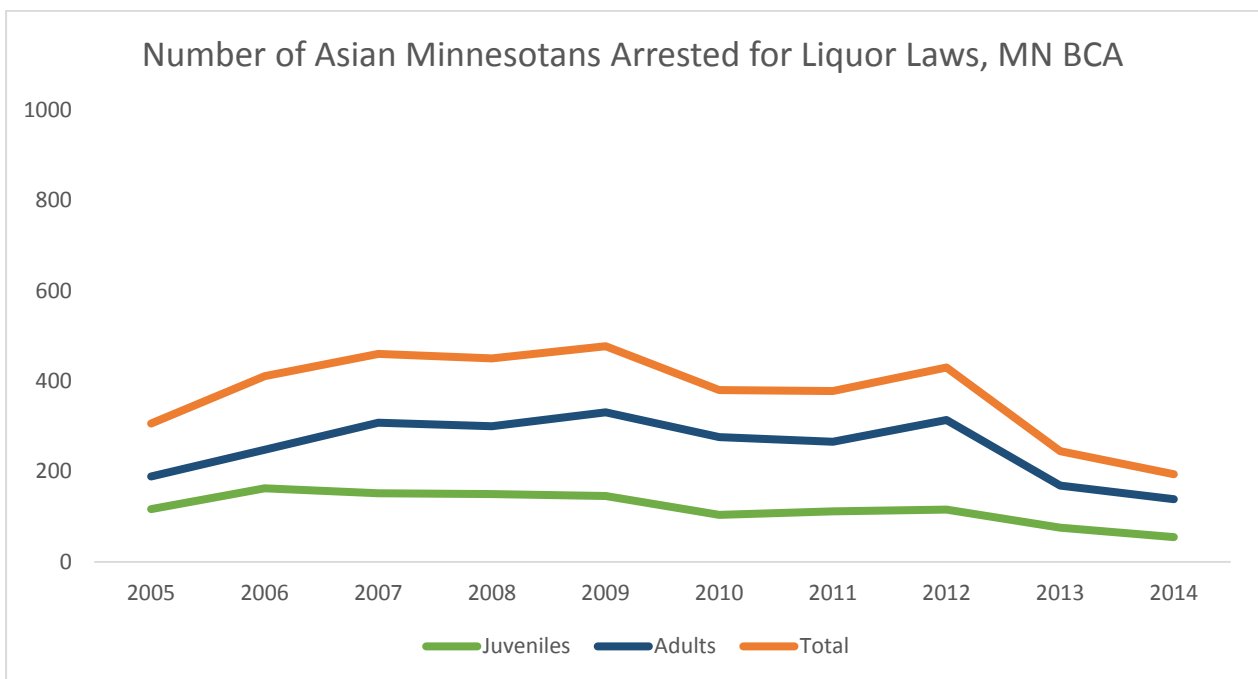
Binge drinking is measured by the Minnesota Survey of Adult Substance Use as having five or more drinks (four or more for women) in a row on one occasion within the past 30 days. In 2015, 8.1% of Asian American and Pacific Islander adults in Minnesota reported binge drinking (up from 5.8% in 2010) as compared to the state average of 13.9% (down from 18.2% in 2010).

CONSEQUENCES

The Minnesota Bureau of Criminal Apprehension (BCA) provides data on arrests for driving under the influence (DUI). The number of Asian juveniles in Minnesota arrested for DUI changed little from 2008 to 2014, averaging six arrests over that period. The number of Asian adults arrested for DUI increased steadily from 454 in 2005 to 741 in 2010, then decreased to 593 in 2014.



The BCA also provides data on liquor law arrests. This indicator excludes drunkenness, driving under the influence, and federal violations. It includes state or local violations related to furnishing liquor to a minor, using of a vehicle for illegal transportation of liquor, bootlegging, and operating a still. The number of Asian juveniles in Minnesota arrested for liquor laws has declined from 163 in 2006 to 55 in 2014. The number of Asian American and Pacific Islander adults arrested for liquor laws has fluctuated a bit over time, but did drop sharply from 314 arrests in 2012 to 139 arrests in 2014.



Data from the Centers for Disease Control and Prevention Compressed Mortality File show that average 2005-2014 age-adjusted alcohol-related deaths among Asian Americans and Pacific Islanders in Minnesota has been lower than average: 1.2 vs. 7.8 per 100,000 population. Alcohol-induced causes of death were determined by the National Center for Health Statistics based on analysis by the Selected Cause of Death groups.

TREATMENT

In 2014, 37.3% of Asian American and Pacific Islander admitted to Minnesota treatment facilities were admitted for alcohol as their primary substance of abuse (compared to 43.7% for all races) according to the Drug and Alcohol Abuse Normative Evaluation System. The percent of Asian American and Pacific Islander admitted for alcohol, as opposed to other substances, has decline slightly in recent years, in line with the overall state trend.

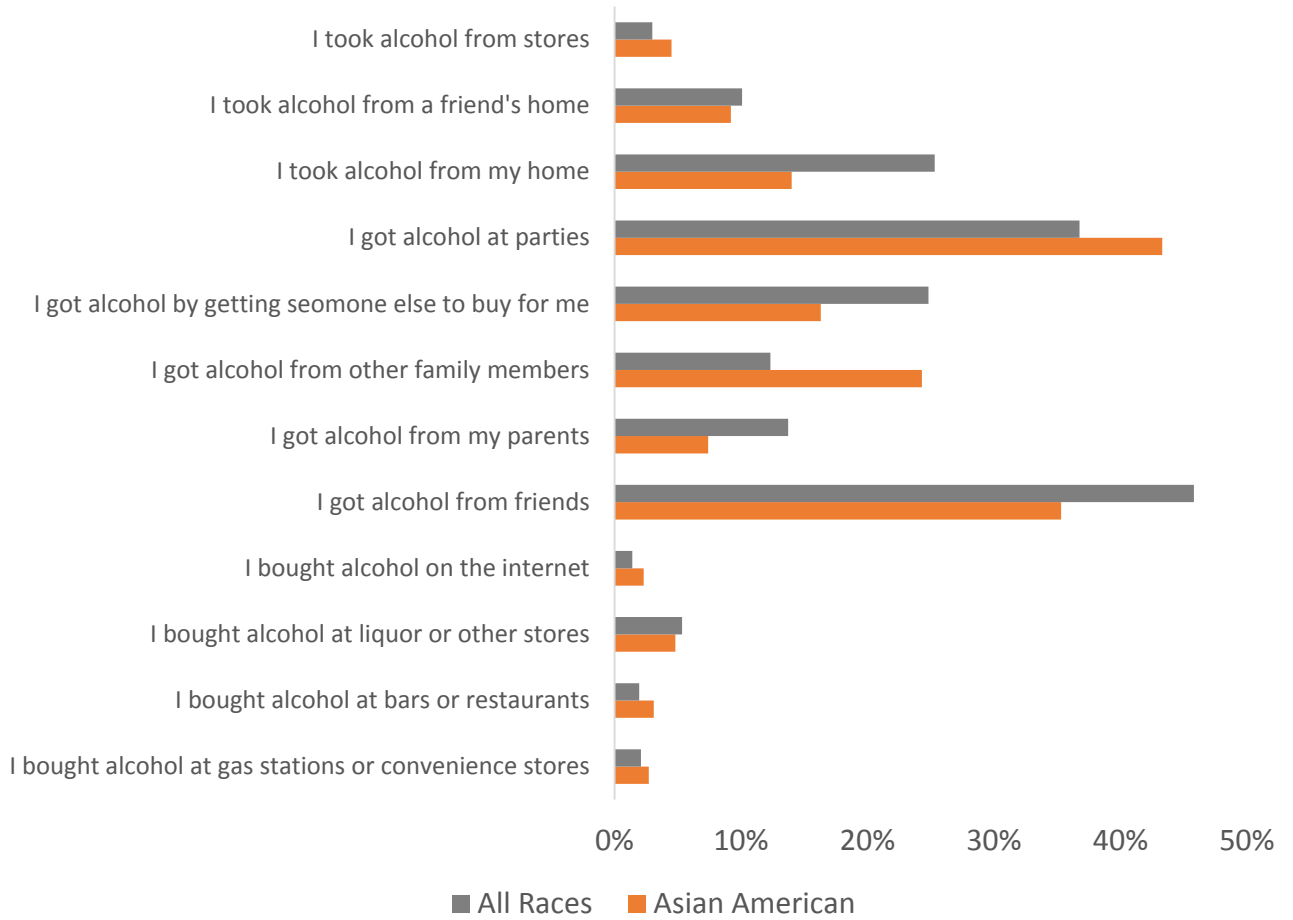
RISK + PROTECTIVE FACTORS

Asian American 5th, 8th, 9th, and 11th grade students were a bit more likely than average to report in 2013 that they believe people put themselves at great or moderate risk of harm by frequently binge drinking: 74.4% vs. 71.8%. Pacific Islanders were less likely to do so—61.6%. Asian American students were less likely than the Minnesota average to report age of first alcohol use at 13 or younger: 18.3% vs. 21.3%. Pacific Islanders were considerably more likely to do so—36.2%.

Asian American students were more likely than the Minnesota average to report getting alcohol at parties or getting it from family members other than their parents, but less likely than average to report getting alcohol from their parents, taking it from their home, or getting someone else to buy it for them (see graph on page 11).

According to the 2015 Minnesota Survey of Adult Substance, Asian American and Pacific Islander adults in Minnesota were slightly more likely than average to believe people put themselves at great risk of harm by binge drinking: 71.5% vs. 69.9%. They were considerably less likely than average though to believe it's very or somewhat likely that someone drinking and driving would be stopped by the police in their community: 61.5% vs. 75.6%.

Alcohol Sources for Students Reporting Any Past 30 Day Alcohol Use, 2013 MSS

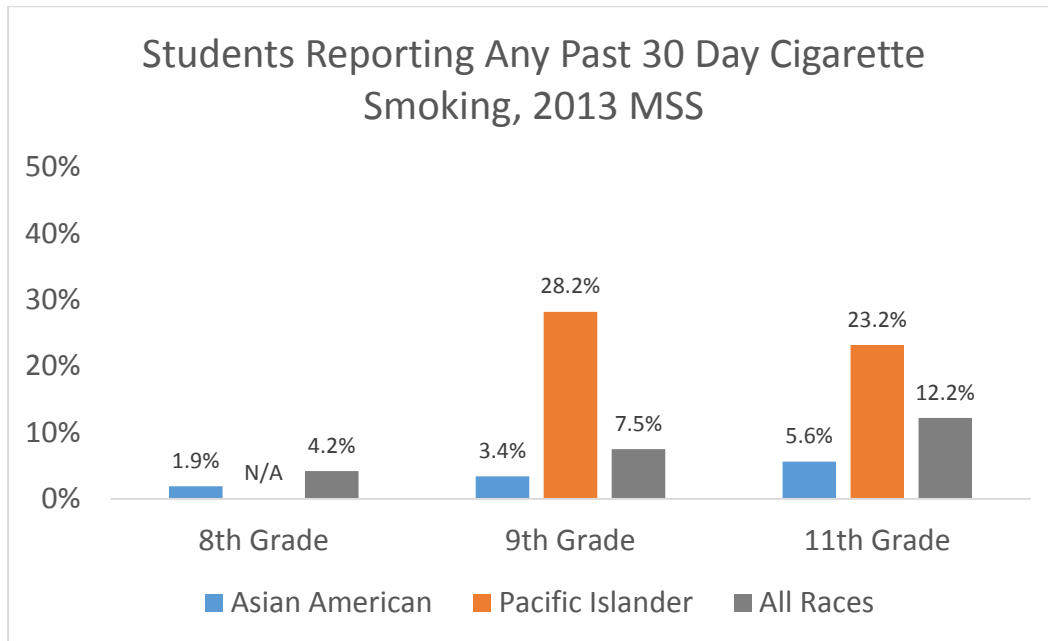


TOBACCO

YOUTH USE

In 2013, 3.7% of Asian American (non-Hispanic) and 20.6% of Pacific Islander (non-Hispanic) 8th, 9th, and 11th grade students reported any past 30 day cigarette smoking as compared to the state average of 7.8%. Among students identifying as Hmong, 5.2% of 8th, 9th, and 11th grade students reported any past 30 day cigarette smoking.

Asian American 8th, 9th, and 11th grade females were a bit less likely than males to report current cigarette smoking in 2013: 2.5% vs. 4.8%. Pacific Islander females were considerably less likely than males to do so: 14.3% vs. 25.2%. Asian American 5th graders were about as likely as the state average to report any cigarette smoking in the last 30 days: 0.4% vs. 0.6%. Asian American students were less likely than the state average to report current cigarette smoking, while Pacific Islanders were more likely to report smoking.



Asian American 8th, 9th, and 11th grade students living outside the seven-county metro area were a bit more likely to report current cigarette smoking as compared to those living in the metro: 5.0% vs. 3.5%. Non-metro Pacific Islanders were also a bit more likely in 2013 to report current smoking compared to those in the metro area: 22.2% vs. 19.4%.

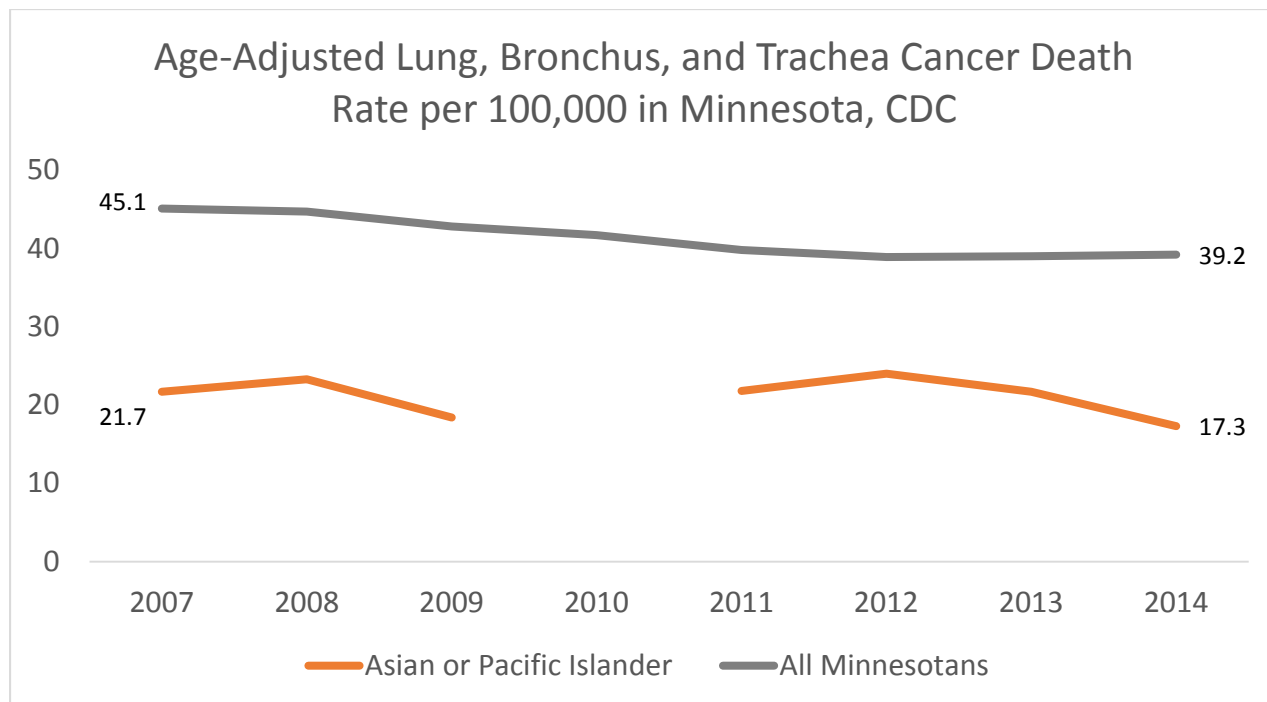
ADULT USE

According to the 2015 Minnesota Survey of Adult Substance Use, 11.4% of Asian American and Pacific Islander adults in Minnesota reported smoking cigarettes on one or more days in the past 30 days (down from 11.8% in 2010) as compared to the state average of 15.7% (down from

19.7% in 2010). Asian American and Pacific Islander adults were about as likely as average to report past 30 day use of e-cigarettes: 6.0% vs. 5.3%.

CONSEQUENCES

Data from the Centers for Disease Control and Prevention Compressed Mortality File show that age-adjusted lung, bronchus, and trachea cancer death rates (ICD codes C33 and C34) for Minnesota Asian Americans and Pacific Islanders has been consistently lower than the overall state rate. Rates for 2010 were unreliable for Asian and Pacific Islanders in Minnesota.



RISK + PROTECTIVE FACTORS

Asian American 5th, 8th, 9th, and 11th grade students were a bit less likely than the state average to report in 2013 that they believe people put themselves at great or moderate risk of harm by smoking one or more packs of cigarettes per day: 74.7% vs. 79.8%. Pacific Islander students were considerably less likely to perceive risk of harm from smoking—64.3% believed people put themselves at great or moderate risk of harm.

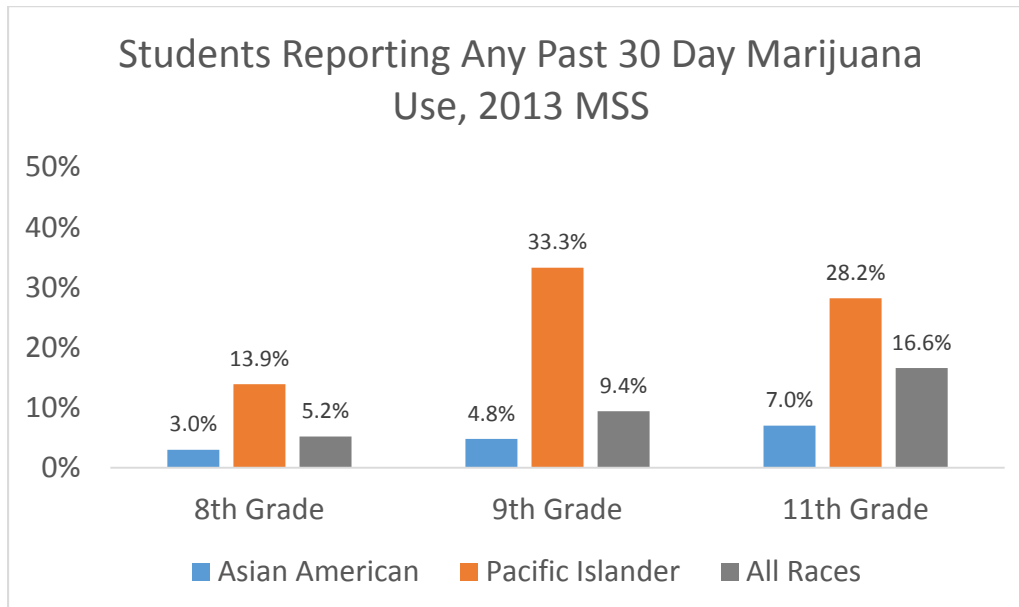
According to the 2015 Minnesota Survey of Adult Substance, Asian American and Pacific Islander adults in Minnesota were slightly less likely than average to believe people put themselves at moderate or great risk of harm from smoking cigarettes: 82.5% vs. 85.2%. However, they were more likely than average to perceive moderate or great risk of harm from using e-cigarettes: 67.9% vs. 60.9%.

DRUGS

YOUTH USE

In 2013, 4.9% of Asian American (non-Hispanic) and 25.2% of Pacific Islander (non-Hispanic) 8th, 9th, and 11th grade students reported any past 30 day marijuana as compared to the state average of 10.0%. Among students identifying as Hmong, 4.9% of 8th, 9th, and 11th grade students reported any past 30 day marijuana use.

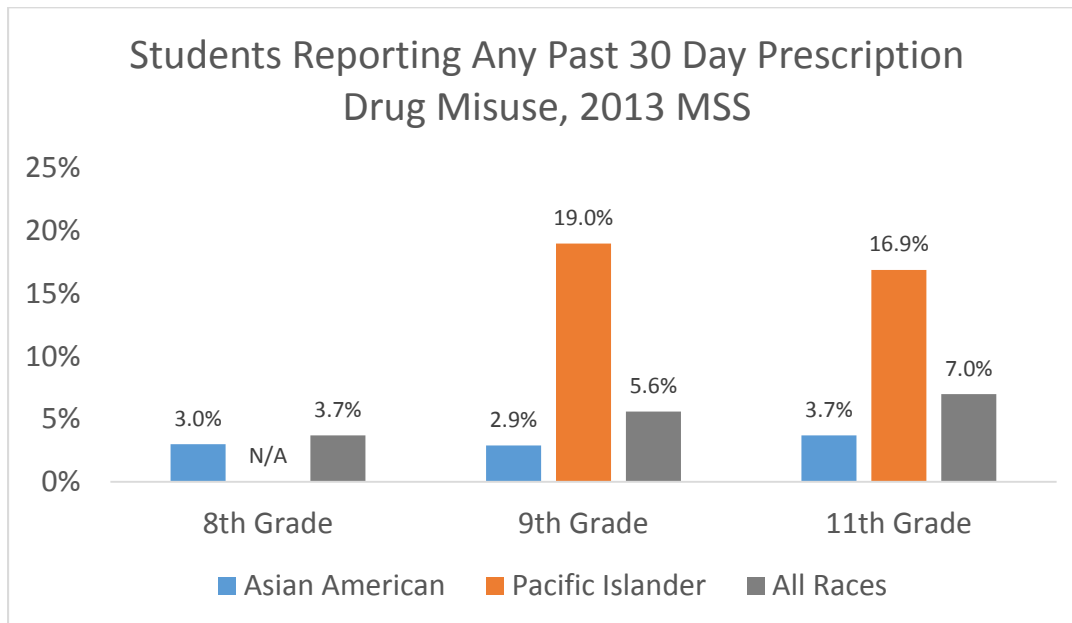
Asian American 8th, 9th, and 11th grade females were less likely than males to report current marijuana use in 2013: 3.4% vs. 6.4%. Pacific Islander females were also less likely to report past 30 day marijuana use compared to males: 18.2% vs. 30.4%. Asian American 5th graders were as likely as the state average to report any use of marijuana in the last 12 months: 1.1%. Asian American students were less likely than the state average to report current marijuana use, while Pacific Islanders were more likely to do so.



Asian American 8th, 9th, and 11th grade students living outside the seven-county metro area were about as less likely to report current marijuana as compared to those living in the metro: 5.6% vs. 4.8%. Non-metro Pacific Islanders were a bit less likely than those in the metro area to report past 30 day marijuana use: 23.0% vs. 26.9%

In 2013, 3.2% of Asian American (non-Hispanic) and 13.8% of Pacific Islanders (non-Hispanic) 8th, 9th, and 11th grade students reported any past 30 day use of prescription drugs not prescribed for them (taken only to get high) as compared to the state average of 5.3%. Among students identifying as Hmong, 3.9% of 8th, 9th, and 11th grade students reported any past 30 day prescription drug misuse.

Asian American 8th, 9th, and 11th grade females were about as likely as males to report past-month prescription drug misuse in 2013: 2.9% vs. 3.5%. Pacific Islander females were slightly less likely than males to do so: 13.3% vs. 14.2%. Asian American 5th graders were about as likely as the state average to report any misuse of prescription drugs in the past 30 days: 1.3% vs. 1.0%. Asian American students were less likely than the state average to report past month prescription drug misuse, while Pacific Islanders were more likely to do so.



Asian American 8th, 9th, and 11th grade students living outside the seven-county metro area were a bit more likely to report past month prescription drug misuse as compared to those living in the metro: 5.1% vs. 3.0%. Conversely, non-metro Pacific Islanders were a bit less likely than those in the metro to report any past 30 day misuse of prescription drugs: 12.0% vs. 15.2%.

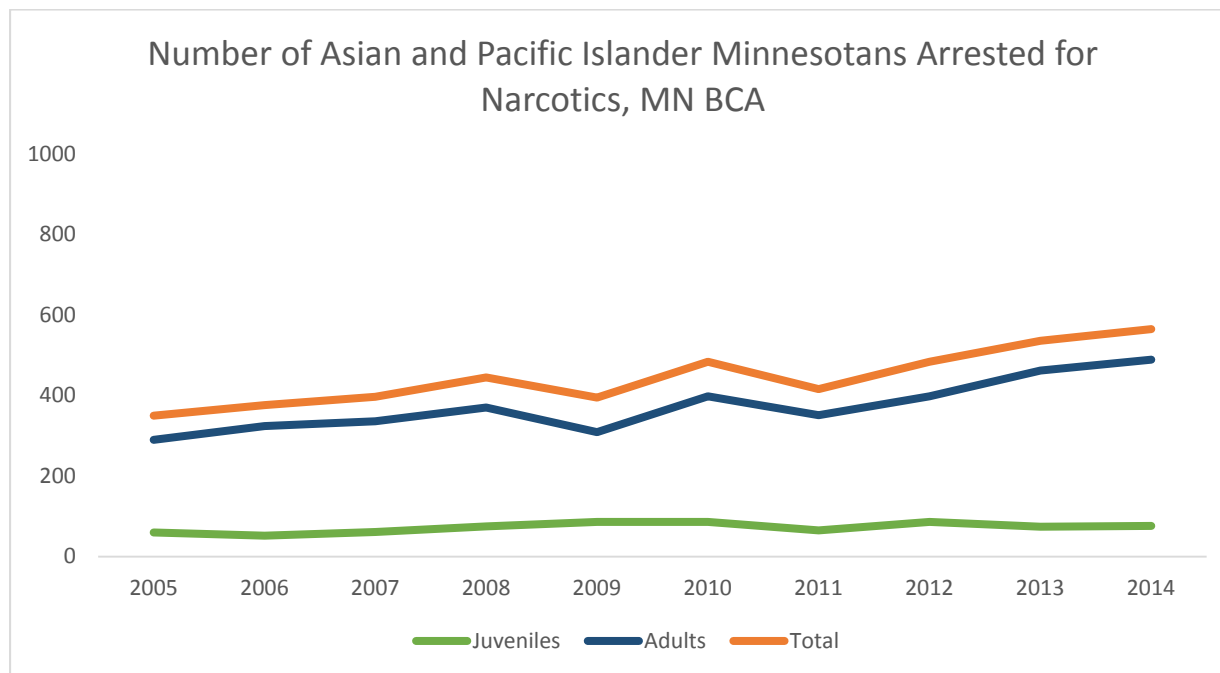
Compared to 2013 past 30 day rates of alcohol use, marijuana use, and overall prescription drug misuse, Minnesota students are much less likely to report past 12 month abuse of illicit, synthetic, and over-the-counter drugs.

ADULT USE

According to the 2015 Minnesota Survey of Adult Substance Use, Asian American and Pacific Islander adults in Minnesota were less likely than average to report past 30 day use of marijuana: 2.8% vs. 4.8%. Overall statewide adult rates of past month marijuana use were up slightly from 4.4% in 2010. While the 2015 survey didn't provide large enough estimates to reliably report illicit drug use by race/ethnicity, the over state-level rate dropped from 4.6% (in 2010) down to 1.9%.

CONSEQUENCES

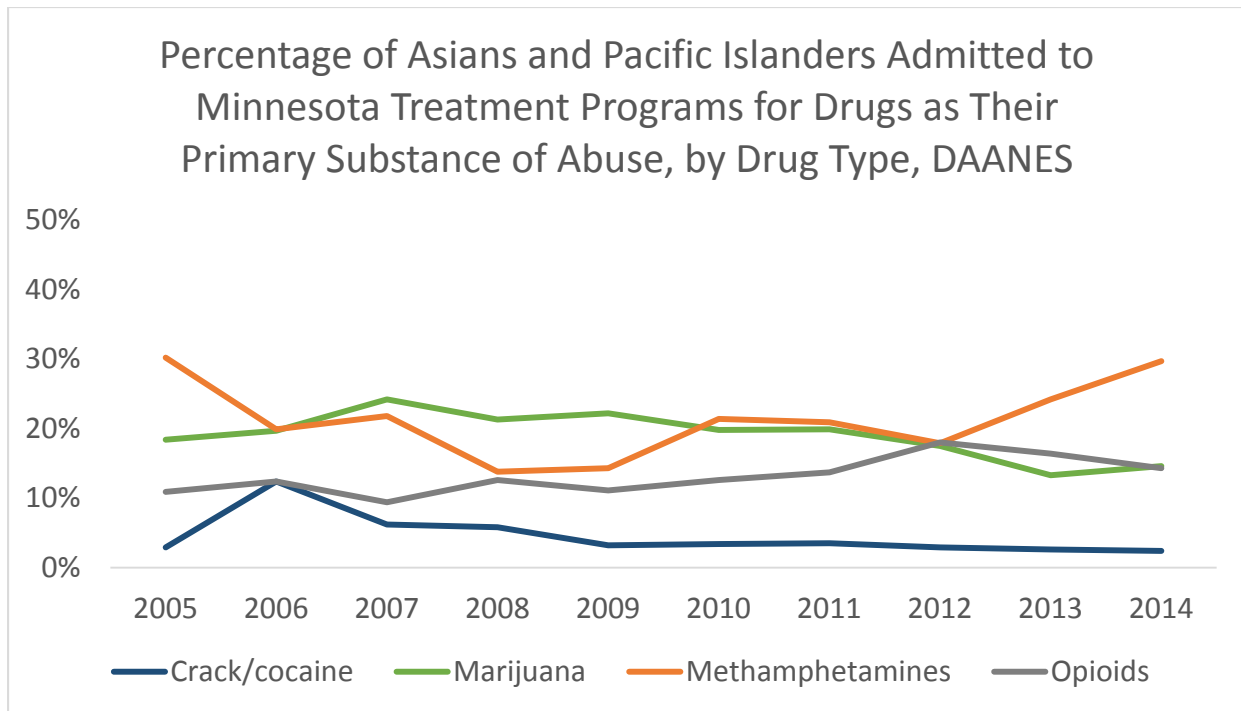
The number of Asian American and Pacific Islander juveniles in Minnesota arrested for narcotics has changed little since 2009, averaging roughly 72 arrests per year. The number of Asian American and Pacific Islander adults in Minnesota arrested for narcotics has increased over time, from 290 arrests in 2005 to 489 in 2014.



Data from the Centers for Disease Control and Prevention Compressed Mortality File show that average 2005-2014 age-adjusted drug-related deaths among Asian Americans and Pacific Islanders in Minnesota has been lower than average: 2.4 vs. 8.5 per 100,000 population. Drug-induced causes of death were determined by the National Center for Health Statistics based on analysis by the Selected Cause of Death groups.

TREATMENT

According to the Drug and Alcohol Abuse Normative Evaluation System, Asian Americans and Pacific Islanders admitted to Minnesota treatment programs for a primary substance of abuse other than alcohol were most likely to be admitted for methamphetamines. While admissions for marijuana and for crack/cocaine have been on the decline among Asian Americans and Pacific Islanders, admissions for opioids and methamphetamines have been increasing in recent years. Asian Americans and Pacific Islanders were more likely to be admitted for methamphetamines as their primary substance of abuse than any other racial or ethnic group. In 2014, admissions for Asian Americans and Pacific Islanders were as follows: 14.6% for marijuana, 14.3% for opioids, 29.7% for methamphetamines, and 2.4% for crack/cocaine.



RISK + PROTECTIVE FACTORS

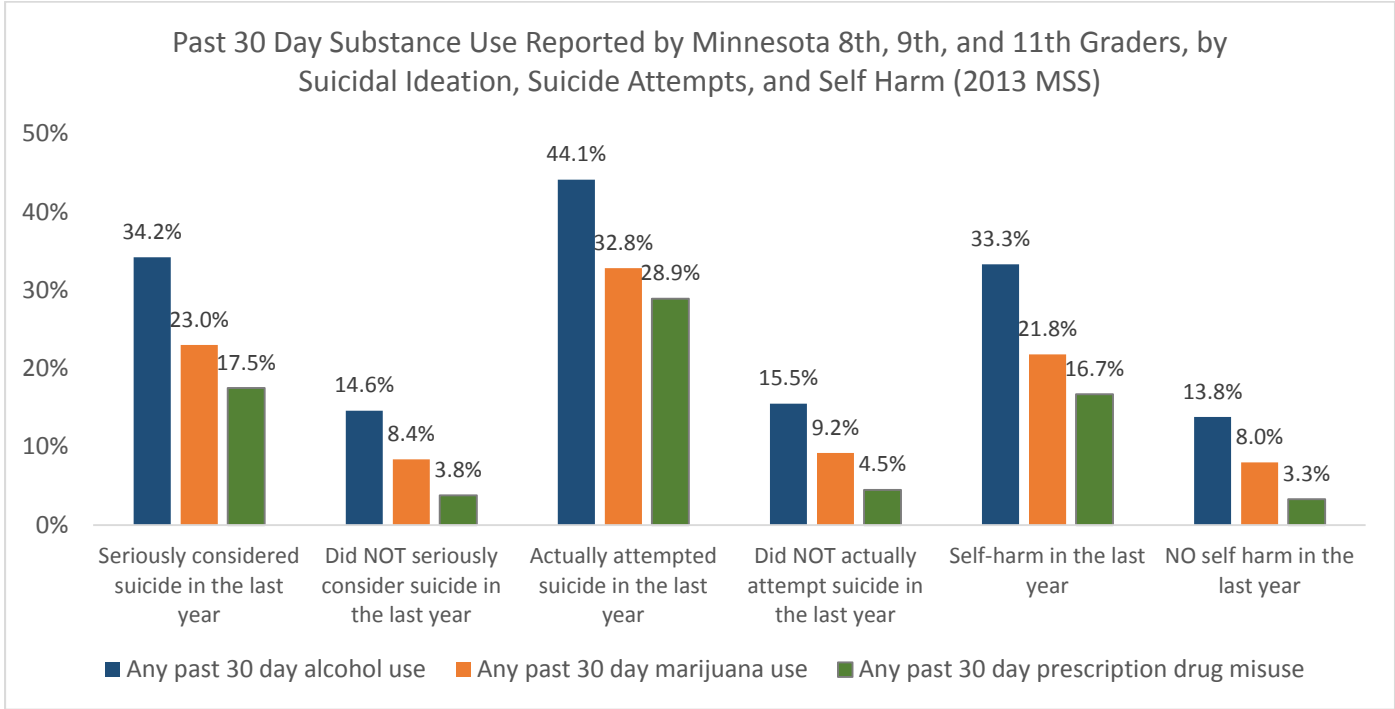
According to the Minnesota Student Survey, Asian American 5th, 8th, 9th, and 11th grade students were somewhat more likely to report in 2013 that they believe people put themselves at great or moderate risk of harm by smoking marijuana once or twice per week as compared to the state average: 69.2% vs. 66.4%. Pacific Islanders were less likely to perceive harm from marijuana use—52.0% believe people put themselves at great or moderate risk of harm. Asian American students were somewhat less likely than average to report that they believe people put themselves at great or moderate risk of harm by using prescription drugs not prescribed for them: 76.4% vs. 81.3%. Pacific Islander students were much less likely to do so—66.3%.

According to the 2015 Minnesota Survey of Adult Substance, Asian American and Pacific Islander adults in Minnesota were considerably more likely than average to believe people put themselves at moderate or great risk of harm from using marijuana: 70.6% vs. 60.2%. However, they were somewhat less likely than average to perceive moderate or great risk of harm from misusing prescription drugs: 87.9% vs. 93.9%.

MENTAL HEALTH

We also know from national research literature that substance use is a risk factor for mental health problems, and in turn mental health problems are a risk factor for substance use. We also know that many Minnesotans suffer from co-occurring substance use and mental health disorders.

As an example, Minnesota students who reported seriously considering suicide in the past year, actually attempting suicide in the past year, or harming themselves on purpose in the past year were more likely than those who did not report those experiences to abuse substances in the past 30 days. As shown in the chart below, Minnesota students reporting past year suicidal ideation were over twice as likely to report past 30 day alcohol use and almost three times more likely to report past 30 day marijuana use.



SUICIDE

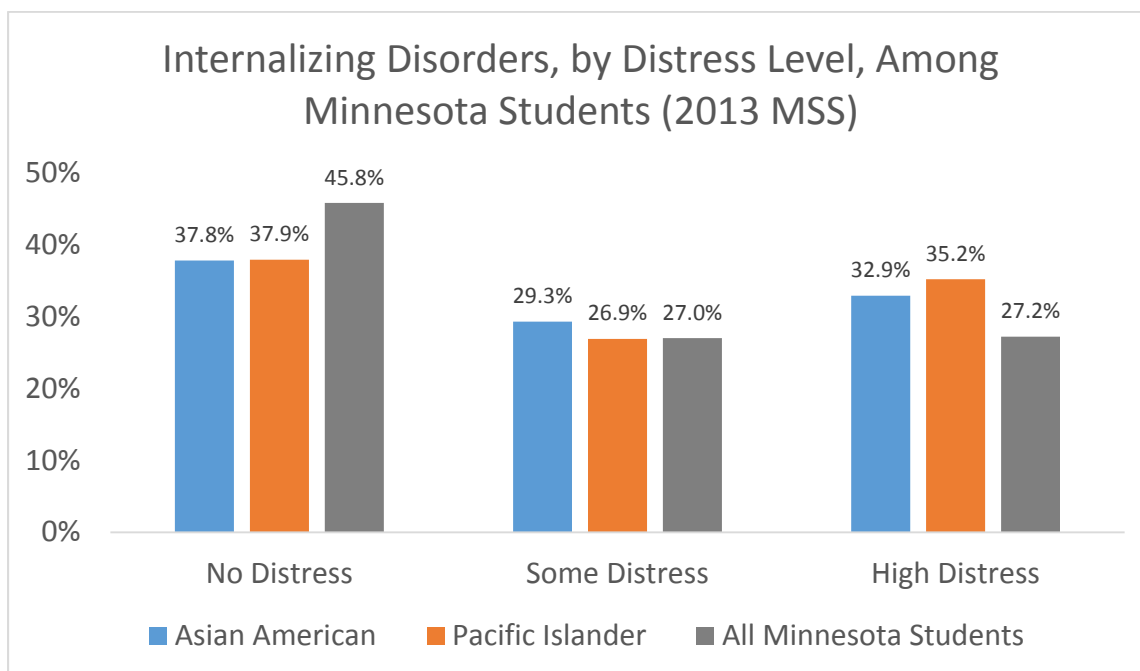
Minnesota Student Survey findings from 2013 show that Asian American 8th, 9th, and 11th grade students were as likely as the state average to report past-year suicidal ideation: 10.7% and 10.8% respectively. Pacific Islanders were more likely to report past-year suicidal ideation—13.0%. Asian students were also about as likely to report a past-year suicide attempt: 3.0% and 3.3% respectively. Again, Pacific Islander students were more likely to do so—5.2%.

YOUTH MENTAL HEALTH

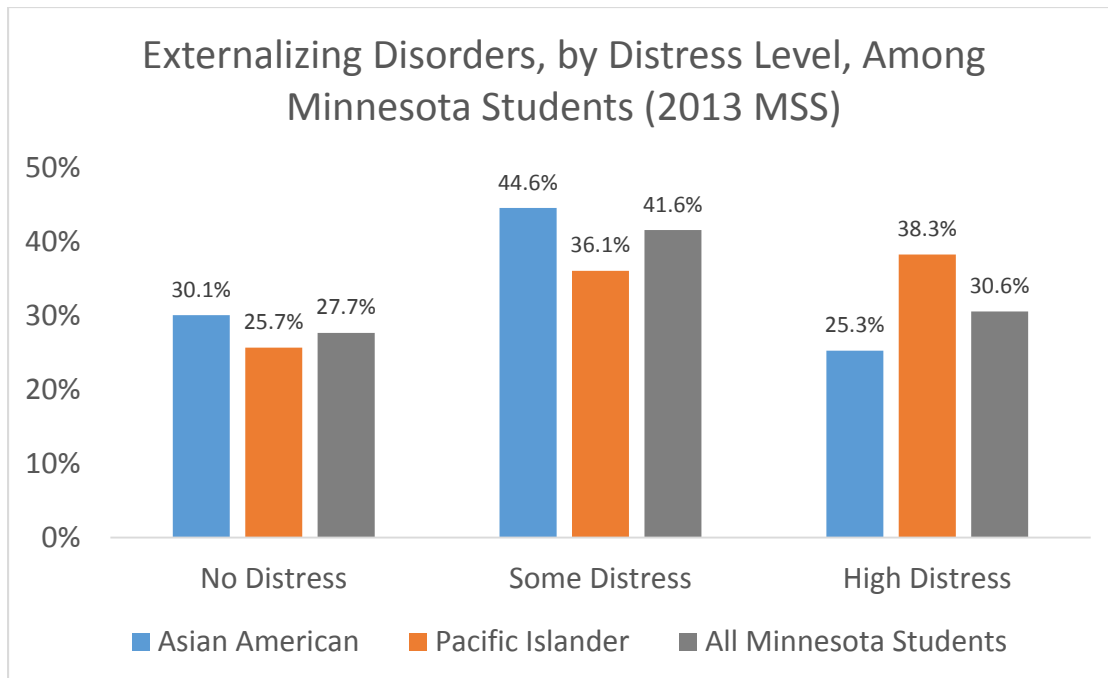
Internalizing disorders are measured on the 2013 Minnesota Student Survey using the Global Appraisal of Individual Needs –Short Screener (GAIN-SS). Youth are asked about “significant” problems in the past 12 months—having problems for two or more weeks, problems that keep coming back, problems that keep you from meeting your responsibilities, or problems that make you feel like you can’t go on—with the following:

- Feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future
- Sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day
- Feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen
- Becoming very distressed and upset when something reminded you of the past
- Thinking about ending your life or committing suicide

Significant problems with one or two indicates some level of distress with internalizing disorders; significant problems with three or more indicators a high level of distress.



Externalizing disorders are similarly measured using the GAIN-SS, and include doing any of the following two or more times in the past 12 months: lie or con to get things you wanted or to avoid having to do something; have a hard time paying attention at school, work or home; have a hard time listening to instructions at school, work or home; be a bully or threaten other people; start fights with other people. As with internalizing disorders, problems with one or two indicates some level of distress while problems with three or more indicators a high level of distress.



Asian American students were more likely than the state average to report high distress levels for internalizing disorders, but less likely to report high distress levels for externalizing disorders. Pacific Islander students were considerably more likely than average to report high distress levels for both internalizing and externalizing disorders.

ADULT MENTAL HEALTH

According to the 2015 Minnesota Survey of Adult Substance Use, Asian American and Pacific Islander adults in Minnesota were slightly less likely than the state average to report at least moderate depressive symptoms in the past two weeks: 6.4% vs. 7.4%. Depressive symptoms are based on the 8-item Patient Health Questionnaire (PHQ-8). However, rates for Asian American and Pacific Islander adults were up slightly from 5.7% in 2010.

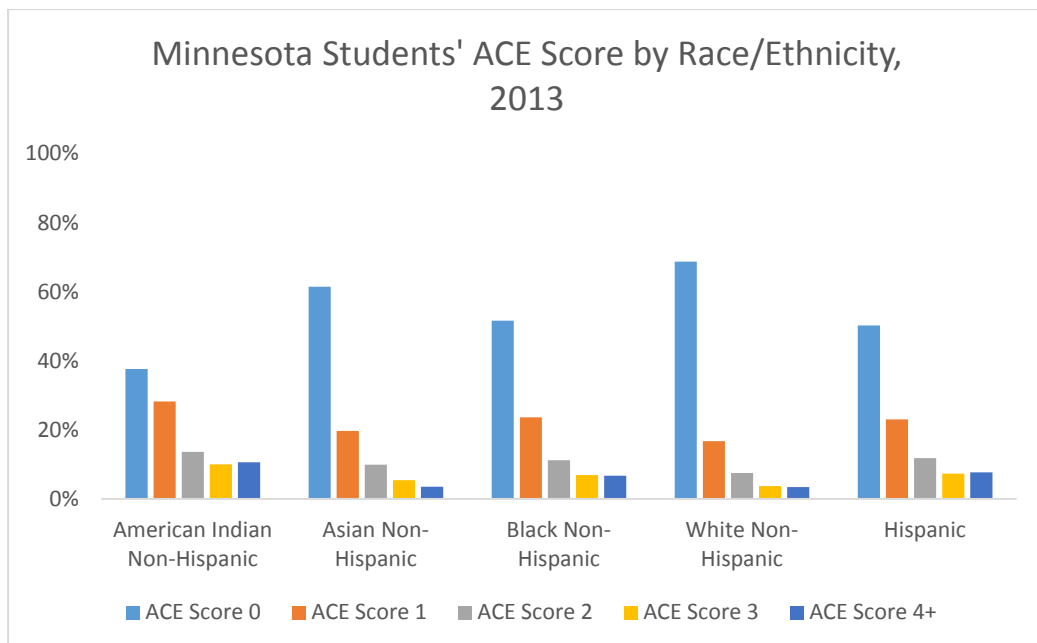
SHARED RISK + PROTECTIVE FACTORS

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of problem outcomes; protective factors are characteristics associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factors on problem outcomes. Some risk factors are specifically associated with substance use, such as perceived risk of harm. Some risk and protective factors are associated with both substance use/abuse and with mental health.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

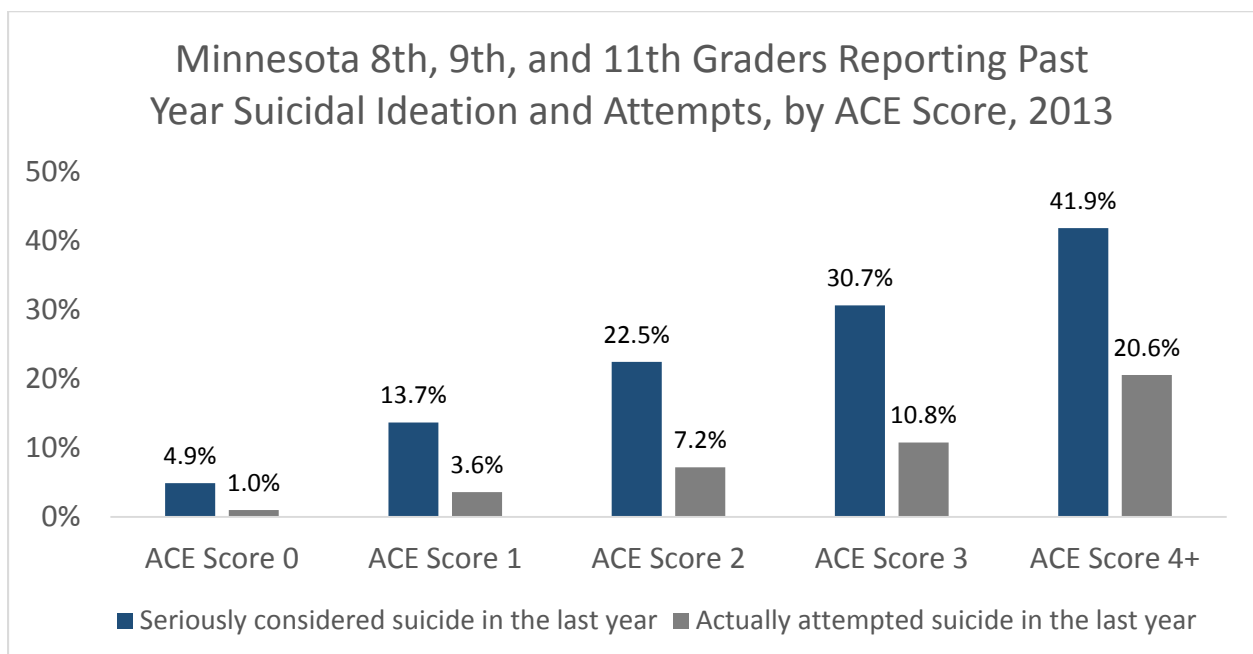
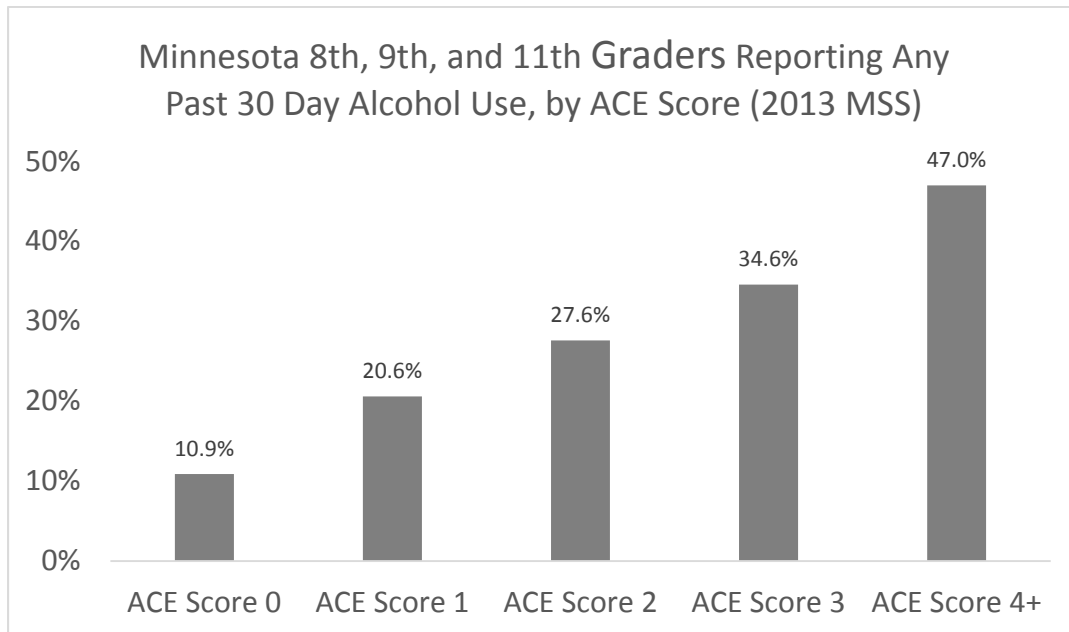
The Adverse Childhood Experiences (ACE) Study was a collaboration between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente’s Health Appraisal Clinic in San Diego. The study found that childhood experiences of abuse, neglect, and family dysfunction are linked to leading causes of illness, poor quality life, and death. An “ACE Score” is calculated by adding 1 point for each ACE experienced. In 2013, some ACE questions were added to the Minnesota Student Survey and some were revised to better align with national surveys. An ACE score from the MSS can range from zero to seven based on the following survey items:

- Parent or guardian who is currently in jail, and/or has been in jail in the past
- Live with someone who drinks too much alcohol
- Live with someone who uses illegal drugs or abuses prescription drugs
- Verbal abuse by a parent or other adult in the household
- Physical abuse by a parent or other adult in the household
- Parents or other adults in the home who physically abuse each other
- Sexual abuse by an older or stronger family member, or someone outside the family



Among Asian American students responding to the 2013 Minnesota Student Survey, 61.4% reported an ACE score of zero, 19.7% an ACE score of one, 9.9% an ACE score of two, 5.4% an ACE score of three, and 3.5% an ACE score of four or more.

Past 30 day alcohol use increases incrementally with ACE score, as do past year suicidal ideation and attempts. While not shown here, each increase in ACE score is also associated with: increased marijuana use, increased cigarette smoking, lower grades, lower feelings of safety at school, home or in the community, and a decreased perception that parents, friends, teachers, and adults in the community care.



BULLYING

The 2013 Minnesota Student Survey included a number of measures of bullying and harassment. One way to measure exposure to bullying behavior (being a “victim”) is to assess the percentage of students reporting any times in the past 30 days other students at school:

- Pushed, shoved, slapped, hit or kicked them when they weren’t kidding around, *and/or*
- Threatened to beat them up, *and/or*
- Spread mean rumors or lies about them, *and/or*
- Made sexual jokes, comments or gestures toward them, *and/or*
- Excluded them from friends, other students, or activities

	Experienced any past 30 day bullying behavior	Did NOT experience any past 30 day bullying behavior
Past 30 day alcohol use	22.1%	12.1%
Past 30 day marijuana use	12.8%	7.6%
Past 30 day prescription drug misuse	8.0%	3.0%
Past 12 month significant problems feeling trapped, lonely, sad, blue, depressed, or hopeless about life	41.6%	17.9%
Past 12 month self-harm	23.3%	7.2%
Past 12 month serious suicide consideration	17.6%	4.9%

Similarly, one way to measure exhibition of bullying behaviors (being a “bully”) is to assess the percentage of students who did one of the above actions to other students at school in the past 30 days. Victims, bullies, and students who are both victims and bullies are at increased risk for substance use and mental health issues.

Compared to the state average, Asian American students were somewhat less likely to report being a victim only in the past 30 days (20.4% vs. 23.7%), about as likely to report being a bully only in the past 30 days (5.4% and 6.0% respectively), and less likely to report having been both a victim and a bully (16.2% vs. 22.1%). Pacific Islanders were a bit more likely to report being a victim only (25.1%), more likely to report being a bully only (10.9%), and more likely to report being both a victim and a bully (26.7%).

SAFETY

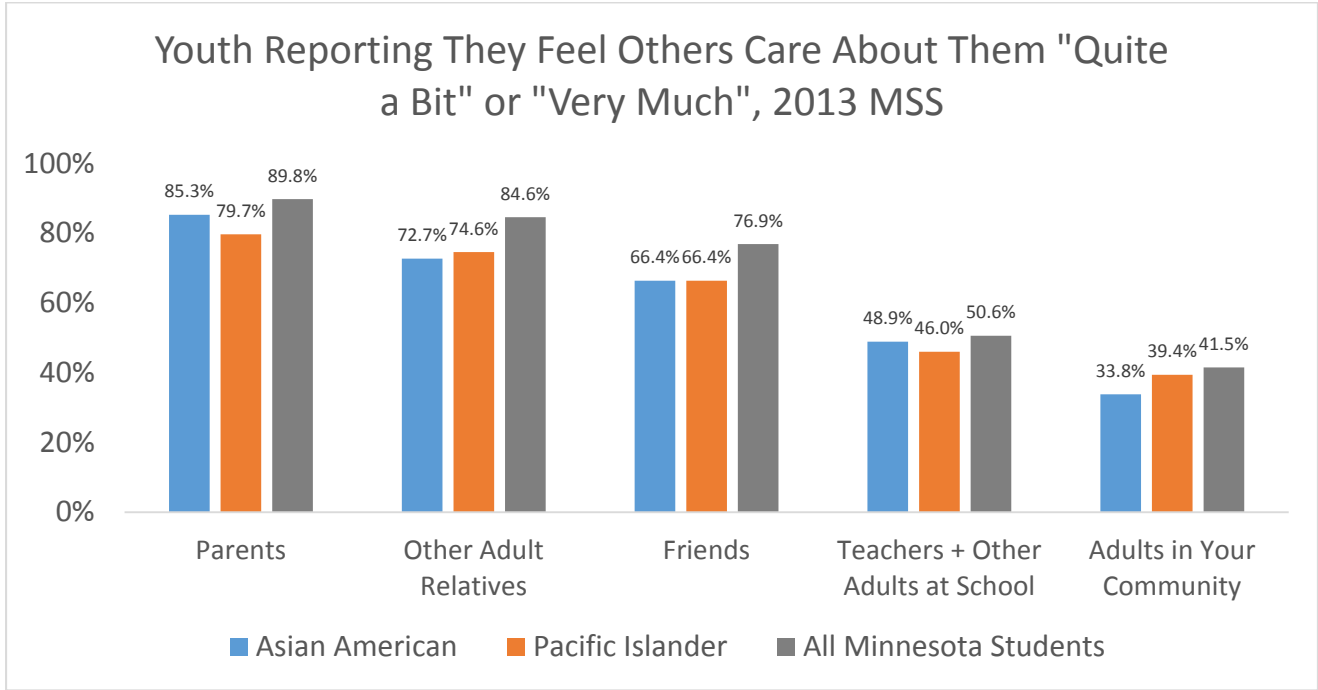
Students who feel safe at school are less likely to report past 30 day substance use, and less likely to report mental health issues. According to the 2013 Minnesota Student Survey, Asian students are as likely as the state average to say they “strongly agree” or “agree” they feel safe at school (92.2% and 92.6% respectively), while Pacific Islanders are somewhat less likely to report feeling safe: 86.5%. Asian students are also about as likely to report feeling safe going to and from school (94.5% and 95.1% respectively), while Pacific Islander students are less likely to feel safe: 85.2%.

Factors Associated with School Safety, 2013 Minnesota Student Survey		
	Students "strongly agree" or "agree" that they feel safe at school	Students "disagree" or "strongly disagree" that they feel safe at school
Past 30 day alcohol use	15.8%	28.4%
Past 30 day marijuana use	9.4%	18.4%
Past 30 day prescription drug misuse	4.7%	12.5%
Past 12 month significant problems feeling trapped, lonely, sad, blue, depressed, or hopeless about life	20.9%	54.9%
Past 12 month self-harm	13.1%	34.3%
Past 12 month serious suicide consideration	9.4%	29.0%

While not shown here, youth who feel safe in their neighborhoods are also less likely to report past month substance use or past year mental health problems. In 2013, 90.0% of Asian American students and 86.7% of Pacific Islander students said they “strongly agree” or “agree” that they feel safe in their neighborhood compared to the state average of 94.1%.

SUPPORT

Youth who feel that others care about them are less likely to report substance use and mental health problems. For example, Minnesota students who feel their teachers and other adults at school care about them quite a bit or very much are 2.5 times less likely to report past 30 day alcohol use than those who feel they care about them a little or not all. They are over 4 times less likely to report suicidal ideation. In 2013, Asian American and Pacific Islander students were a bit less likely than the state average to report feeling that others care about them very much.



DATA SOURCES

MINNESOTA STUDENT SURVEY (MSS)

The MSS is a confidential and anonymous self-administered survey sponsored by the Minnesota schools, the Minnesota Department of Education, the Minnesota Department of Health, the Minnesota Department of Human Services, and the Minnesota Department of Public Safety. The survey is administered every three years to students attending Minnesota public, charter and tribal schools. From 1995 to 2010, the survey was given to 6th, 9th and 12th graders; starting in 2013 the survey was administered to 5th, 8th, 9th, and 11th graders.

<http://www.health.state.mn.us/divs/chs/mss/>

<http://education.state.mn.us/MDE/StuSuc/SafeSch/MNStudentSurvey/>

MINNESOTA SURVEY ON ADULT SUBSTANCE USE (MNSASU)

The MNSASU is a statewide telephone survey conducted by DHS—the last survey was administered in 2014/2015. The primary objective of this project is to obtain current estimates of the number of adults in the general population in Minnesota who are abusing or dependent on alcohol or other drugs and are in need of treatment. The population for this survey included Minnesota residents 18 years of age or older and non-institutionalized.

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dID=158864

UNIFORM CRIME REPORTS (UCR)

The Minnesota Bureau of Criminal Apprehension collects activity information from law enforcement agencies throughout the State of Minnesota. Uniform Crime Reports measure the amount of criminal activity within the State as collected and prepared from data submitted by individual law enforcement agencies. The offense categories presented in the Profile are Part II offenses: liquor laws and narcotics arrests. <http://www.dps.state.mn.us/bca/CJIS/Documents>

DRUG AND ALCOHOL ABUSE NORMTATIVE EVALUATION SYSTEM (DAANES)

DAANES includes data on all private- and public-pay treatment facility admissions and discharges. Data were obtained by request from the Performance Measurement and Quality Improvement (PMQI) Division.

CDC COMPRESSED MORTALTY FILE

The Centers for Disease Control and Prevention Compressed Mortality database contains mortality and population counts for all U.S. counties for the years 1979 to 2010. Counts and rates of death can be obtained by underlying cause of death, state, county, age, race, sex, and year. Beginning in 1999, cause of death is specified with the International Classification of Diseases 10th Revision (ICD 10) codes. <http://wonder.cdc.gov/mortSQL.html>