2018

Substance Abuse in Minnesota: A State Epidemiological Profile

Section 1. Introduction

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for the Minnesota Department of Human Services, Alcohol and Drug Abuse Division

Substance Abuse in Minnesota

Section 1. Introduction

The 2018 Minnesota State EpiProfile is divided into eight parts:

1. **Introduction (which includes a profile overview, population snapshot, and acknowledgements)**
2. **Executive Summary**
3. **Alcohol: Use, Consequences, and Intervening Variables**
4. **Tobacco and Nicotine: Use, Consequences, and Intervening Variables**
5. **Drugs: Use, Consequences, and Intervening Variables**
6. **Mental Health and Shared Factors**
7. **Socioeconomic Factors**
8. **Appendix (which includes technical notes and data sources)**

Introduction

Profile Overview and Format

Overview

Minnesota's State Epidemiological Profile of Substance Use (Epi Profile) has been created under the supervision of the State Epidemiological Outcomes Workgroup (SEOW) funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP).

Minnesota's SEOW membership is wide and varied. Led by the Department of Human Services Alcohol and Drug Abuse Division (ADAD) and staffed through a subcontract with the Invitation Health Institute, the SEOW works closely with the Minnesota Strategic Prevention Framework (SPF) Advisory Council and Management Team.

Evidence-based Planning and Needs Assessment

The Epi 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 Epi Profile serves as an important first step in the Needs Assessment phase of the SPF by summarizing and characterizing consumption patterns and consequences related to the use of alcohol, tobacco and other drugs in Minnesota.

The Epi Profile was created to help the state and communities determine prevention needs based upon available data on substance use and consequent outcomes. Accordingly, the Epi Profile can be used for a variety of purposes. State-level administrators may use the profile to prepare applications for federal funding or they may use it to monitor prevention-related trends in local communities to which they administer grants. Community-level prevention planners may use the profile, in conjunction with the interactive website located at www.sumn.org, to assess the relative importance of substance related problems in their communities or to apply for grant funding. Overall, the Profile is intended to help all audiences in Minnesota make decisions based on existing evidence and demonstration of need.
The Epi Profile contains numerous indicators of substance use and consequences—it is up to each community to determine which indicators are of highest priority. Priority setting involves assessment of the problems, the community's capacity to address each problem, and community readiness. Problem assessment entails looking at: magnitude (how many youth are reporting alcohol use), severity (how our community compares with the

region and the state), and time trends (whether youth alcohol consumption is increasing or decreasing from year to year).

The SEOW views this Epi Profile as a "living document." That is, it will be updated and revised annually. The SEOW intends to improve upon the current content and structure of the Epi Profile based upon the availability of data and feedback from experts and users. The data included in the Epi Profile are also available on the SEOW's new interactive website, located at www.sumn.org. Users of the site can create their own tables, graphs and maps, and find links to relevant articles, community resources and tools.

Format

In order to provide a variety of data, the Epi Profile casts a wide net over the universe of available substances and related consequences. Substances and consequences in the Epi Profile are grouped in the following categories: Alcohol, Tobacco or Other Drugs (ATOD).

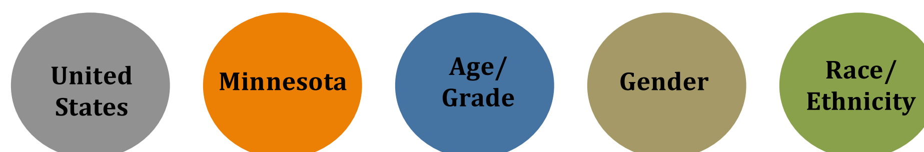
This document is formatted with these categories in mind. The Profile is divided into sections pertaining to statewide ATOD *consumption* patterns (measures of substance use), related *consequences* (negative outcomes associated with use) and *intervening variables* (influencing consumption).

Definitions, Technical Notes, and Data Sources

In order to best utilize the data presented in the Profile, we recommend the reader take time to review the definitions, technical notes, and data sources and their descriptions in the appendix at the end of this document.

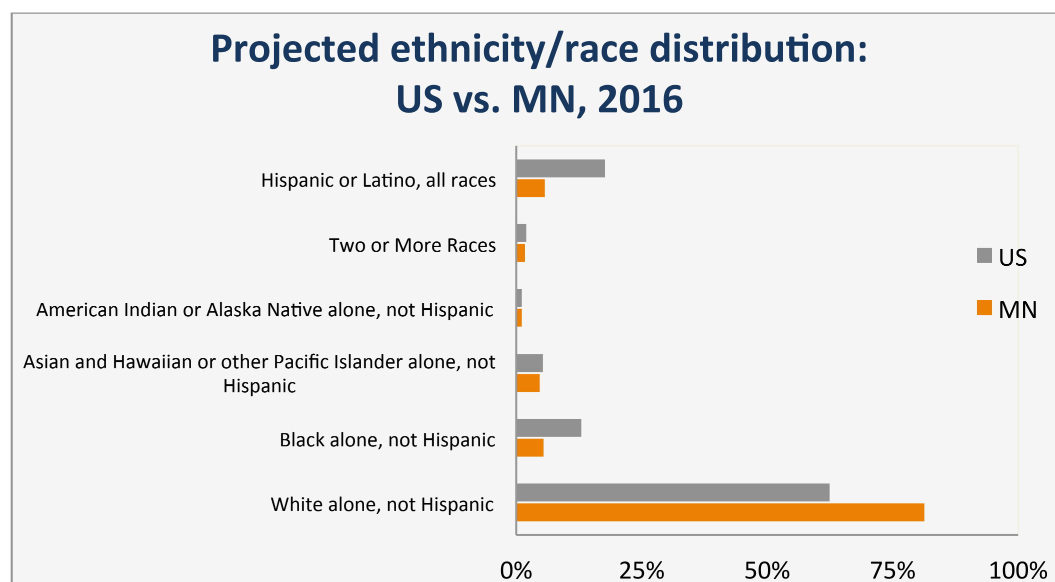
Legend

The following color scheme is used for the graphs in the Epi Profile:



Population Snapshot

Minnesota comprises 87 counties, and is the 21st largest state by population. In 2017, it was home to an estimated 5,576,606 people.[1]



According to US Census estimates, approximately 1.3% of persons living in Minnesota identify as American Indian/Alaska Native. There are two tribes located in Minnesota, the Sioux and Ojibwe: four nations in the Sioux tribe and seven nations in the Ojibwe tribe. Members of other tribes have moved to Minnesota as well. About 31% of Minnesota's approximately 55,000 American Indians reside on reservation lands, another 35% live in the cities of Minneapolis and St. Paul, and others live in communities throughout the state.

Approximately 6.2% of persons living in Minnesota identify as African-American, African or Black only (not in combination with another race). While this is a small population relative to other states, recent years have seen a significant and substantial increase in the number of Minnesotans of African immigrant descent. In 2016, 3 of the 17 largest cultural groups in Minnesota were Somali, Ethiopian, and Liberian.[2]

According to the US Census estimates, the percentage of persons living in Minnesota who identify as Hispanic/Latino was 5.2% in 2016. Hispanics and Latinos in Minnesota include persons from Mexico, Cuba, Puerto Rico, Central or South America, and other countries.

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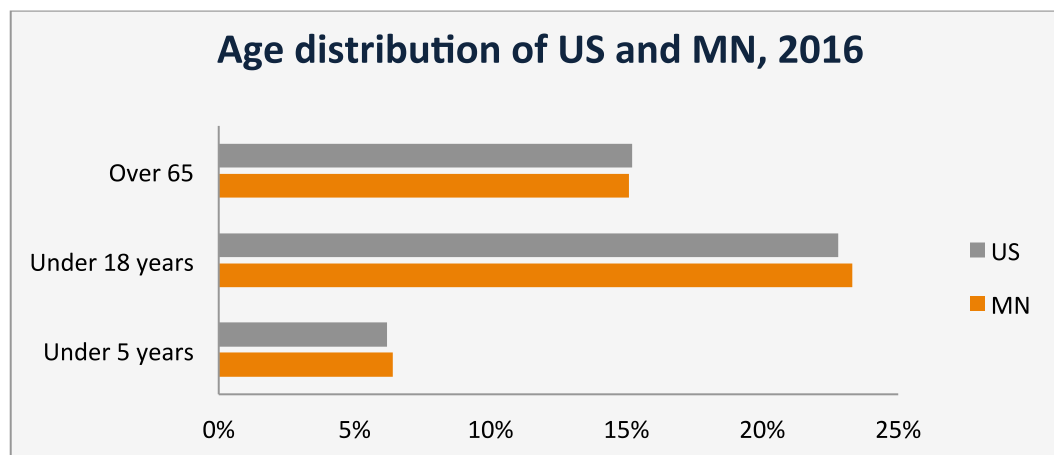
[1] Quick Facts: Minnesota. Retrieved on March 2, 2018 from https://www.census.gov/quickfacts/MN

[2] Minnesota State Demographic Center. The Economic Status of Minnesotans: A Chartbook with Data for 17 Cultural Groups. https://mn.gov/admin/assets/the-economic-status-of-minnesotans-chartbook-msdc-jan2016-post_tcm36-219454.pdf. Published January 2016. Accessed March 2, 2018.

The percentage of persons living in Minnesota who identify as Asian was 4.9% in 2016. The largest Asian communities in Minnesota in 2016 were: Hmong (1.2% of total MN population), Asian Indian (0.8%), Vietnamese (0.6%), and Chinese (0.5%).



Minnesota's Drug Prevention Regions

Minnesota is divided into seven Alcohol, Tobacco and Other Drug Prevention Regions. The Minnesota Prevention Region Coordinators (RPCs) support communities in their efforts to prevent alcohol, tobacco and other drug (ATOD) abuse. The RPCs help communities by building regional relationships to enhance prevention efforts, identifying and providing training opportunities, and providing technical assistance. Learn more about the RPCs at http://www.rpcmn.org/.

America's Health Rankings

According to the United Health Foundation's America's Health Rankings, Minnesota was the healthiest state in the nation from 2003 to 2006. The state's rankings dropped for a few years, rose to 3rd place for 2012 and 2013, and fell to 6th for 2014, where it remained in 2017. The report identified a high prevalence of excessive drinking as a major concern.[3]

[3] United Health Foundation. America's Health Rankings 2017: Minnesota. Retrieved on March 2, 2018 from https://www.americashealthrankings.org/explore/2017-annual-report/state/MN

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