

2018



Substance Abuse in Minnesota: A State Epidemiological Profile

Section 2. Executive Summary

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

Substance Abuse in Minnesota

Section 2. Executive Summary

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)**

Executive Summary

Overview and Key Findings

The 2018 Minnesota State Epidemiological Profile of Substance Use (Epi Profile) was created to help the state and communities determine prevention needs based upon available data on substance use and related outcomes. Accordingly, the Epi Profile can be used by a variety of audiences for a variety of different, but related 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 Epi 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 themselves. Overall, the Profile is intended to help all audiences in Minnesota make decisions based on existing evidence and demonstration of need.

The Epi Profile represents a comprehensive source of data related to alcohol, tobacco and other drugs (ATOD) in Minnesota. THREE types of data are presented in the Profile:

1. **USE:** Information on ATOD consumption
2. **CONSEQUENCES:** Negative outcomes associated with use
3. **INTERVENING VARIABLES:** Factors affecting use

The Profile is intended as a “one-stop shop” for audiences interested in substance abuse data. Data from fourteen state and national sources are presented ranging from years 1998 to 2017. However, the utility of the Epi Profile lies in the fact that the various sources are presented in one comprehensive document.

The data are presented in a variety of ways:

- State data are presented **in conjunction** with national data
- Data are organized by a variety of **demographic variables** (gender, age, race/ethnicity, metro/non-metro)
- **Trend data** present over time

ALCOHOL

Adult

Minnesota overall annual per capita consumption has risen slightly, to 2.7 gallons, moving from the 5th decile among US states in consumption in 2011, to the 3rd decile in 2015.

Overall, Minnesotans drink slightly more than the national average. They consume about the same amount of beer and wine as the US average, and significantly more alcohol in the form of hard alcohol.

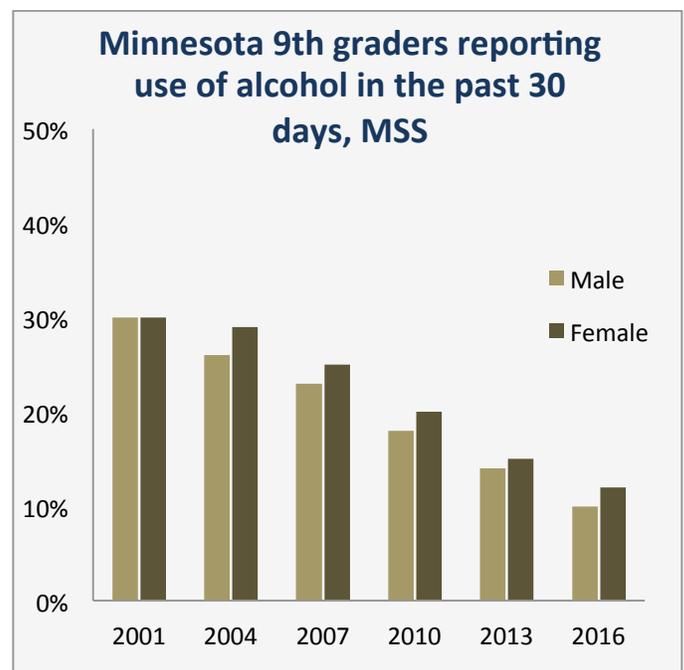
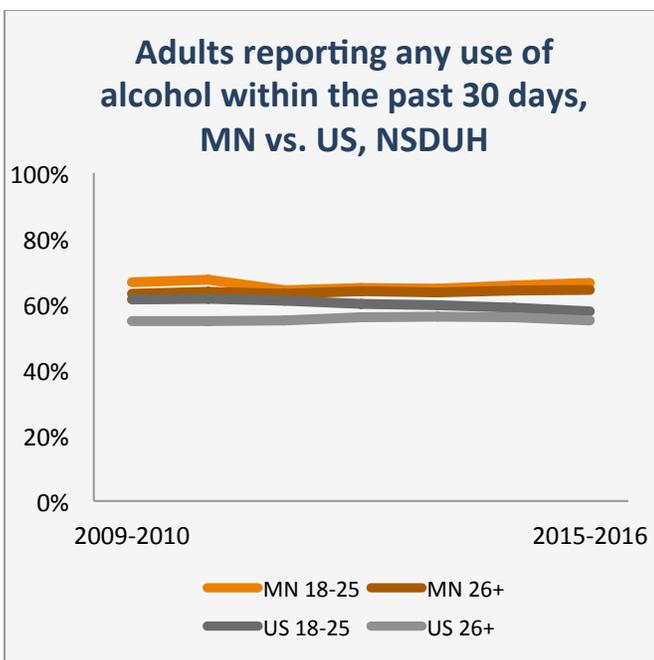
Minnesota adults report slightly higher levels of both per capita alcohol consumption and binge drinking than the national average.

Youth

Alcohol use varied by age: 7.9% of 8th graders reported recent alcohol use, while 24.6% of 11th graders reported use in 2016.

8th grade alcohol consumption in Minnesota is slightly higher than the national average.

Past 30-day alcohol use declined among 9th grade students from 2001 to 2016 (down by nearly two-thirds), to 11%.



TOBACCO

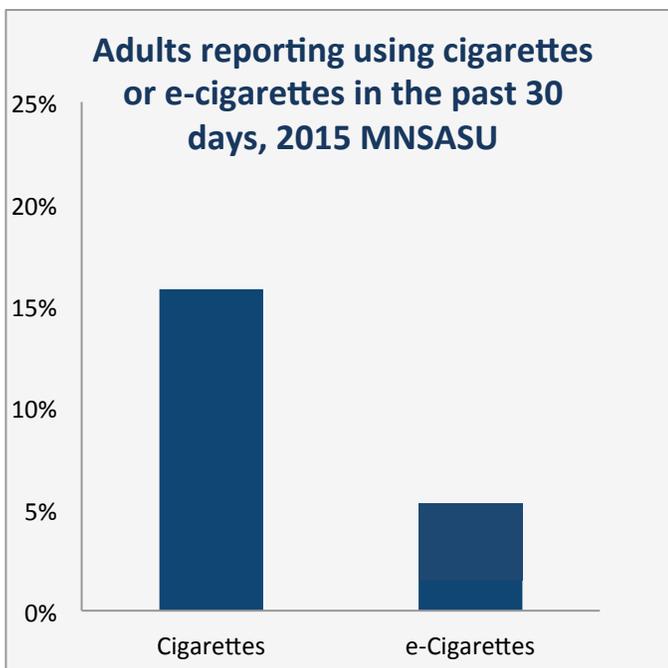
Adult

Smoking rates of adults in Minnesota are on par with the national average.

Young adults (ages 25-44) tend to smoke more, but rates have decreased slightly.

Lung, bronchus and trachea cancer death rates have declined slightly over time, both in Minnesota and nationally. Rates in Minnesota have been consistently lower than nationwide rates.

Most Minnesota adults perceive great or moderate risk of harm from cigarettes, but the rates of adults perceiving harm of e-cigarettes are much lower, especially for young people.



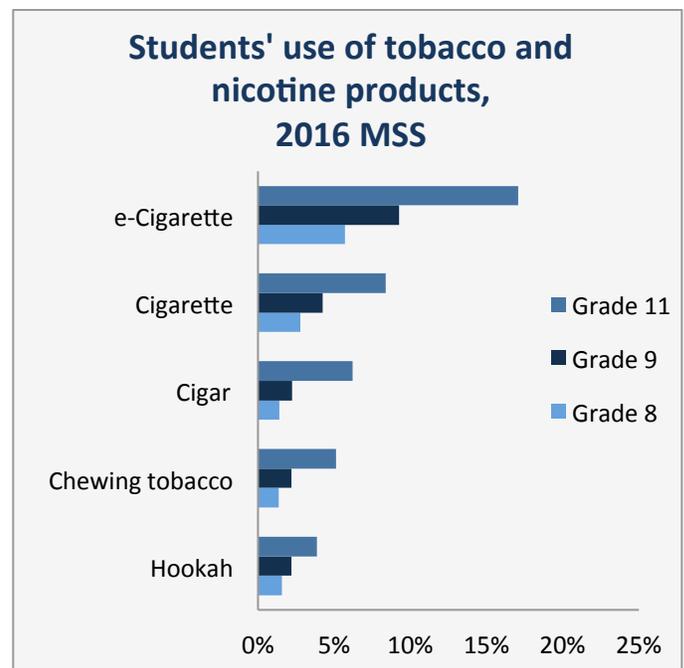
Youth

Rates of 9th graders' 30-day smoking continue to decrease. Reported 30-day cigarette smoking dropped dramatically for 9th grade students from 1998 to 2016 (from 23% down to 4%).

The level of past 30-day smoking for 8th graders is slightly higher than the national average.

Rates of 9th graders' 30-day chewing tobacco use have remained steady. The level for 8th graders is slightly below the national average.

Students are much more likely to report using e-cigarettes than other sources of nicotine.



ILLICIT DRUGS

Adult

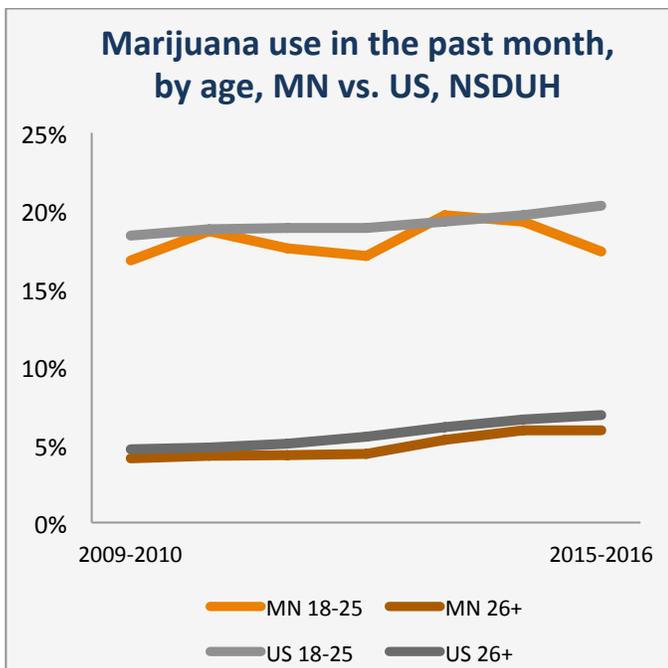
The rates in Minnesota for all measured illicit drugs (other than marijuana) are below the national average.

Illicit drug use is highest for persons aged 18-25 years.

Pain reliever misuse rates in Minnesota are slightly lower than average US rates.

The rates of past 30-day marijuana use in Minnesota have remained slightly below national rates for the past 5 years.

Although use has increased, rates have remained stable for the past decade.

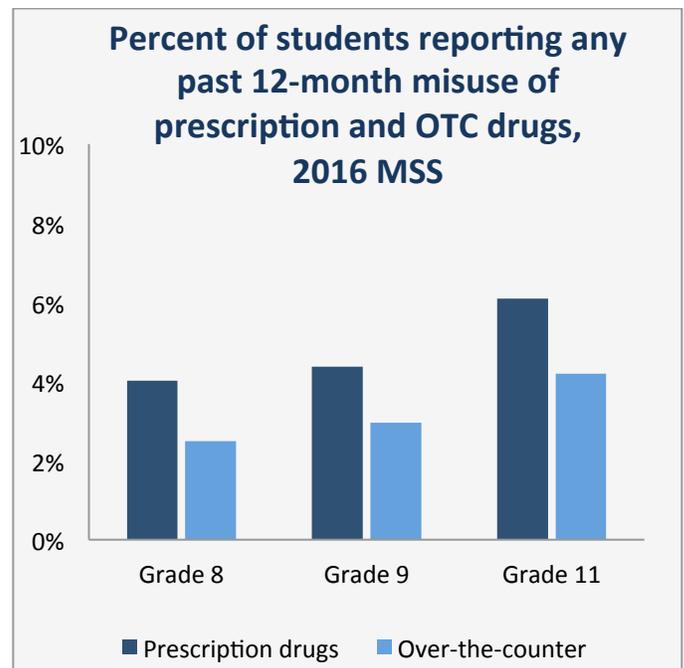


Youth

Minnesota 9th graders' use of all illicit drugs has declined since 1995.

Although 8th graders have a higher perception of risk of harm from smoking marijuana, the perception of risk in 9th graders has declined. Students in 9th grade also perceive less disapproval from friends and parents for smoking marijuana.

Beyond the “big 3” of alcohol, tobacco/nicotine, and marijuana, Minnesota students are most likely to misuse prescription pain relievers, ADD/ADHD medication, and over-the-counter medications.



MENTAL HEALTH

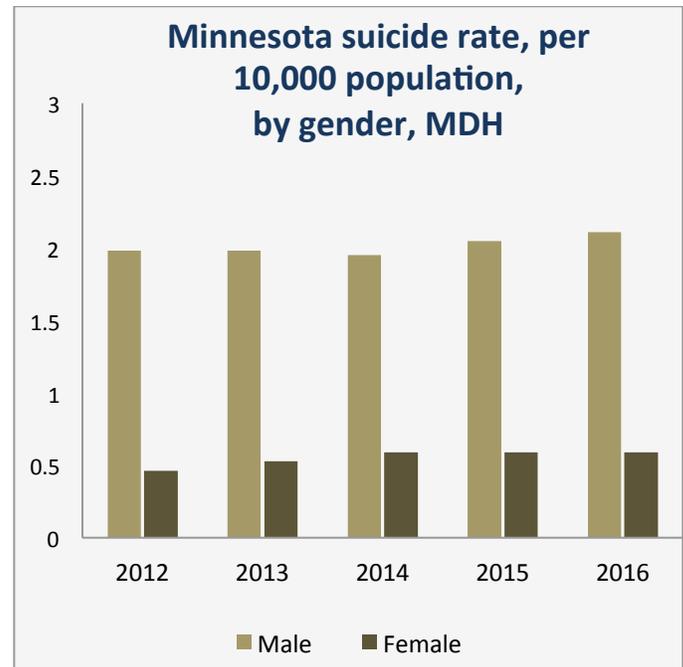
Adult

Minnesotans experience past-year mental illness at nearly the same rate as the US average: about 18%.

Biracial Minnesotans are most likely to report depressive symptoms in the past 2 weeks; Hispanic and Latino Minnesotans are the least likely.

Over 15% of young adults (ages 18-24) meet the criteria for a DSM5 drug and/or alcohol use disorder.

Men in Minnesota have much higher suicide rates than women: 2.11 per 10,000 population, vs. 0.59.



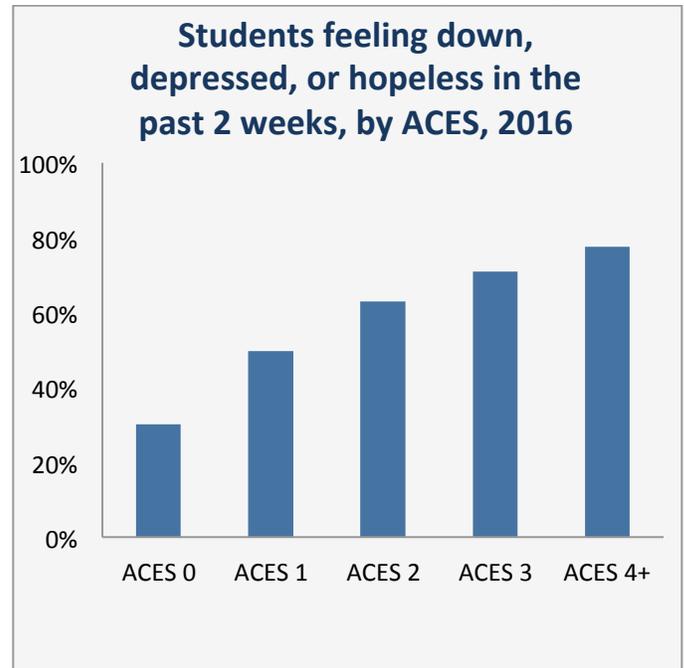
Youth

Over 60% of Minnesota students report having no adverse childhood experiences (ACEs).

Students who can talk to their parents are less likely to report mental health issues and substance use.

Students experiencing bullying are more likely to report mental health issues and substance use.

The number of ACEs reported by students is significantly correlated to both alcohol use and depression.



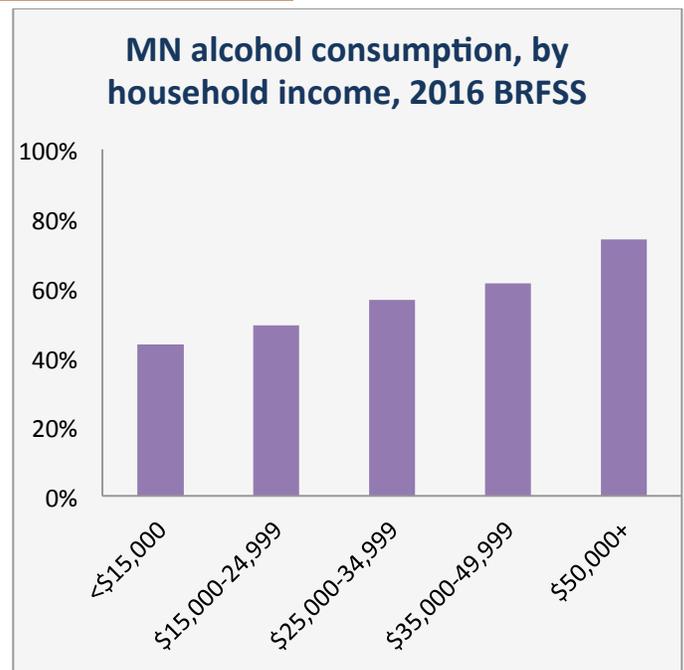
SOCIOECONOMIC FACTORS

Adult

Median household income in Minnesota is slightly higher than in the US as a whole.

Nearly one-fifth of Minnesota adults experiencing homelessness cite a drinking or drug problem as the reason for leaving their last stable housing situation.

In Minnesota, income is positively correlated with alcohol consumption and negatively correlated with cigarette use.



Youth

Nearly 12% of Minnesota children live in poverty. With this rate, the state ranks 8th in the nation.

Young adults experiencing homelessness in the metro area are more likely to report marijuana and cocaine use than those in greater Minnesota, but less likely to report cigarette or methamphetamine use.

Minnesota students who have had to skip meals or who are experiencing homelessness are more likely to report substance use.

