



# **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 2018

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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 staffed 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, Minnesota Board of Pharmacy, 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 2016 American Community Survey, 5% of Minnesotans identify as non-Hispanic Asian American or Pacific Islander alone (*not* in combination with any other races/ethnicities). When including the number who identify as Asian American or Pacific Islander in combination with one or more other races, the population is estimated to be 297,352.

2016	Asian Americans in Minnesota		Pacific Islanders in Minnesota		All Minnesotans	
	Number	Percent	Number	Percent	Number	Percent
Under 18 years	77,724	28.9%	719	27.7%	1,288,333	23.3%
18 to 24 years	32,284	12.0%	325	12.5%	507,542	9.2%
25 to 44 years	96,871	36.1%	867	33.4%	1,425,118	25.8%
45 to 64 years	45,873	17.1%	535	20.6%	1,466,731	26.6%
65 years + over	15,821	5.9%	147	5.7%	832,228	15.1%
Total	268,573		2,593		5,519,952	

Source: Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2016.

<https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>

Between 2010 and 2015, the fastest growing racial group in Minnesota was the non-Hispanic Asian population. The population grew by 22%, adding nearly 48,000 people. Among foreign-born Minnesotans, the second largest number identified Laos as their country of origin. The fourth, fifth, sixth, and seventh largest identified Indian, Vietnam, China and Thailand as their country of origin. According to the Minnesota State Demographic Center's Young Adults in Minnesota: A Demographic & Economic Profile, 6 of every 100 young adults (ages 18-34) are Asian/Pacific Islander. [https://mn.gov/admin/assets/young-adults-in-mn-profile-popnotes-june2015\\_tcm36-219658.pdf](https://mn.gov/admin/assets/young-adults-in-mn-profile-popnotes-june2015_tcm36-219658.pdf)

The Minnesota Student Survey provides data for a number of indicators in this profile. In 2016, the overall survey sample identifying as Asian was 9,790 and as Pacific Islander was 355.

Number of 2016 Minnesota Student Survey Respondents Identifying as non-Hispanic <b>Asian or Pacific Islander</b>								
Grade level	Asian				Pacific Islander			
	Male	Female	No answer	Total	Male	Female	No answer	Total
5 <sup>th</sup>	1,084	1,150	5	2,239	82	65	1	148
8 <sup>th</sup>	1,299	1,256	7	2,562	52	25	1	78
9 <sup>th</sup>	1,360	1,353	13	2,726	36	25	0	61
11 <sup>th</sup>	1,100	1,154	9	2,263	41	27	0	68
Total	4,843	4,913	34	9,790	211	142	2	355

## 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, 8% vs. 14%, past 30 day binge drinking, 4% vs. 6%, past 30 day tobacco/nicotine use, 6% vs. 13%, past 30 day marijuana use, 5% vs. 8%, and past 30 day prescription drug misuse: 4% vs. 5% (2016 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 (2016 MSS)

### AREAS FOR IMPROVEMENT

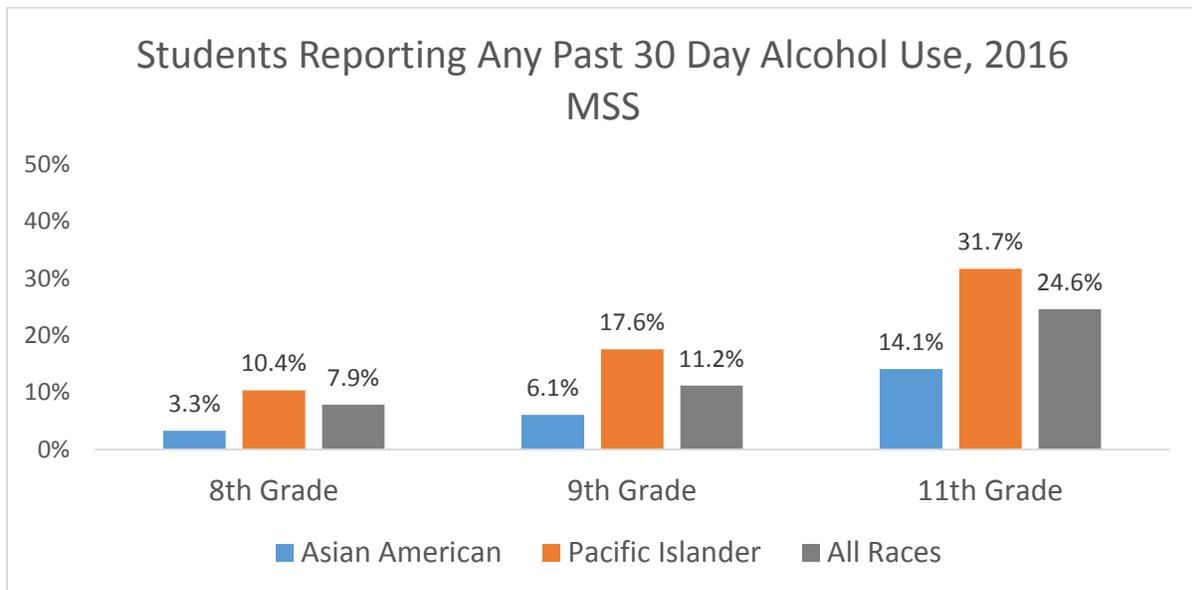
- Pacific Islander students were less likely than average to perceive great or moderate risk of harm from using alcohol, cigarettes, marijuana, or prescription drugs (2016 MSS)
- Pacific Islander students were more likely than the state average to report past 30 day alcohol use, 20% vs. 14%, past 30 day binge drinking, 9% vs. 6%, past 30 day tobacco/nicotine use, 18% vs. 13%, and past 30 day marijuana use: 12% vs. 8% (2016 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 2016, 4 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, 15% vs. 12%, and attempts: 9% vs. 4% (2016 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 (2016 MSS)
- Asian and Pacific Islander students were less likely than average to feel others care about them “quite a bit” or “very much” (2016 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 2016, 7.5% of Asian American(non-Hispanic) and 19.7% of Pacific Islander (non-Hispanic) 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students reported current alcohol use (down from 10.9% and 27.4% respectively in 2013) as compared to the state average of 13.9% (down from 16.8% in 2013).

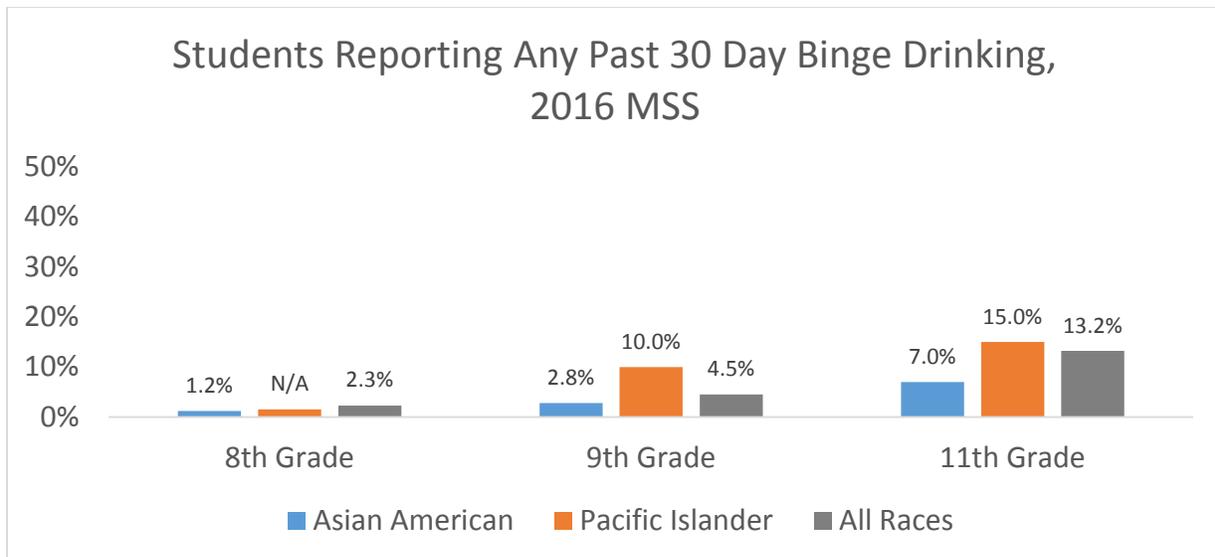
Asian American 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade females were about as likely as males to report current alcohol use in 2016: 7.7% vs. 7.3%. Pacific Islander females were considerably more likely to report current alcohol use compared to males: 25.4% vs. 15.9%. Asian American 5<sup>th</sup> graders were less likely than the state average to report any use of alcohol in the last 12 months: 2.1% vs. 3.4%. Pacific Islander 5<sup>th</sup> graders were more likely to report past year use: 6.1%. Across grade levels, Asian Americans are less likely than average to report current alcohol use while Pacific Islanders are more likely to do so (see graph below).



Asian American 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students living outside the seven-county metro area were more likely to report current alcohol use as compared to those living in the metro: 9.1% vs. 7.2%. Non-metro Pacific Islander students were somewhat less likely to report current alcohol use compared to those in the metro area: 16.3% vs. 22.8%.

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 2016, 3.5% of Asian American (non-Hispanic) and 8.5% of Pacific Islander (non-Hispanic) 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students reported binge drinking (down from 4.8% and 18.9% respectively in 2013) as compared to the state average of 6.2% (down from 8.2% in 2013).

Asian American 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade females were slightly less likely to report binge drinking in 2016 as compared to males: 3.1% vs. 3.9%. Pacific Islander females were as likely as males to report binge drinking: 8.5%. Across grade levels, Asian Americans are less likely than average to report binge drinking while Pacific Islanders are more likely to do so (see graph below).



Asian American 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students living outside the seven-county metro area were slightly more likely to report binge drinking as compared to those living in the metro: 4.2% vs. 3.3%. Conversely, non-metro Pacific Islander students were less likely than those in the metro to report binge drinking: 5.8% vs. 11.0%

### ADULT USE

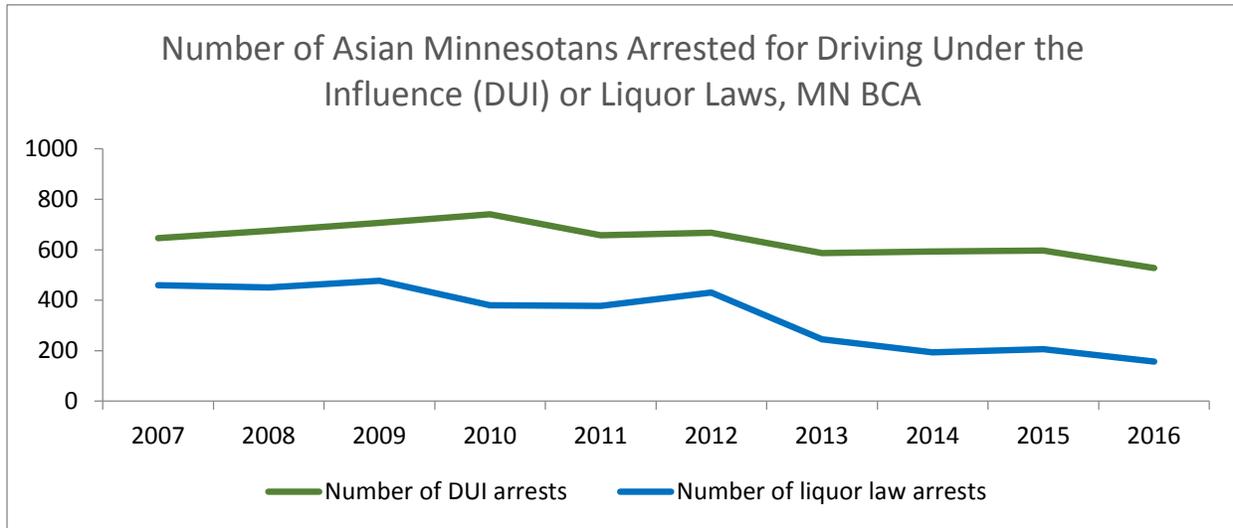
Binge drinking is measured by the Minnesota Survey of Adult Substance Use as having five or more drinks (four or more for women) in a row on one occasion within the past 30 days. In 2015, 8.1% of Asian American and Pacific Islander adults in Minnesota reported binge drinking (up from 5.8% in 2010) as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

### CONSEQUENCES

Data from the Centers for Disease Control and Prevention Compressed Mortality File show that average 2006-2015 age-adjusted alcohol-related deaths among Asian Americans and Pacific Islanders in Minnesota has been lower than average: 1.4 vs. 7.9 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.

The Minnesota Bureau of Criminal Apprehension (BCA) provides data on arrests for driving under the influence (DUI). 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.

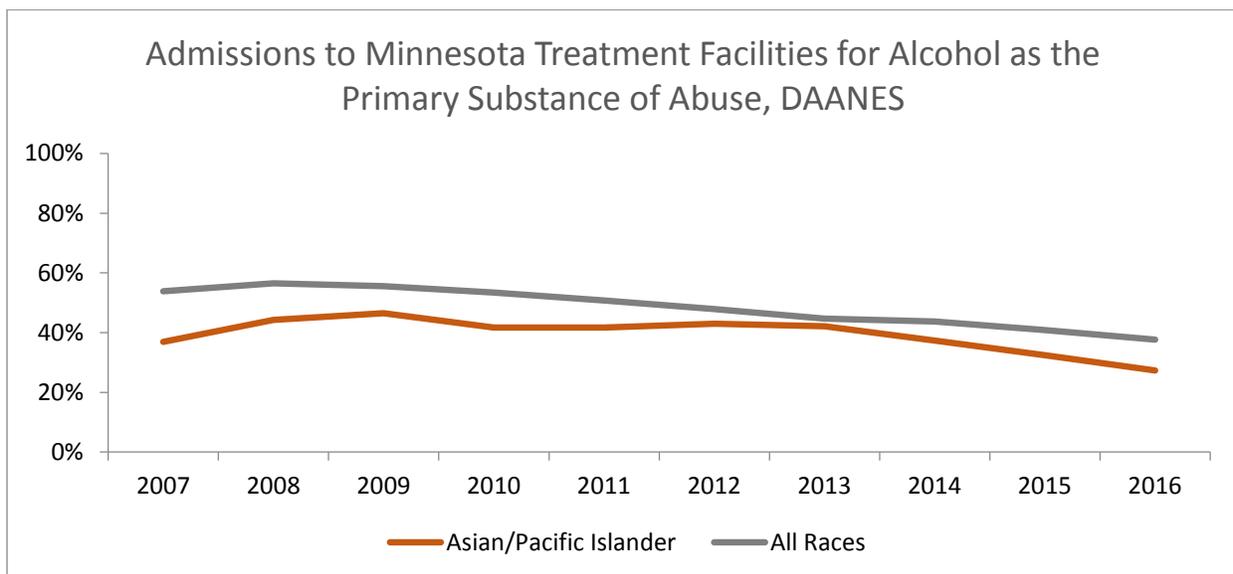
The number of Asian and Pacific Islander Minnesotans arrested for liquor laws in 2016 was 157, down from 430 in 2012. The number arrested for DUI fell gradually from 741 in 2010 to 528 in 2016 (see graph below).



According to the 2015 American Community Survey estimates, 5% of Minnesotans identify as Asian. In 2016, 2% of Minnesotans arrested for liquor laws were Asian, and 3% arrested for DUI were Asian.

### TREATMENT

In 2016, 27.3% of Asian Americans and Pacific Islanders admitted to Minnesota treatment facilities were admitted for alcohol as their primary substance of abuse (compared to 37.7% 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 declined in recent years, in line with the overall state trend.

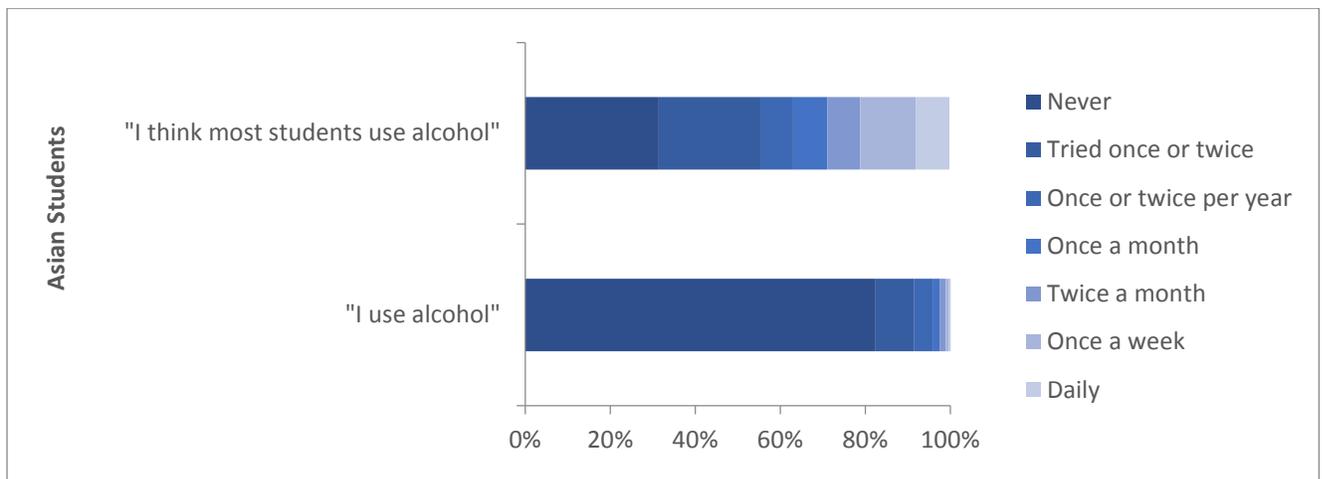


## RISK + PROTECTIVE FACTORS

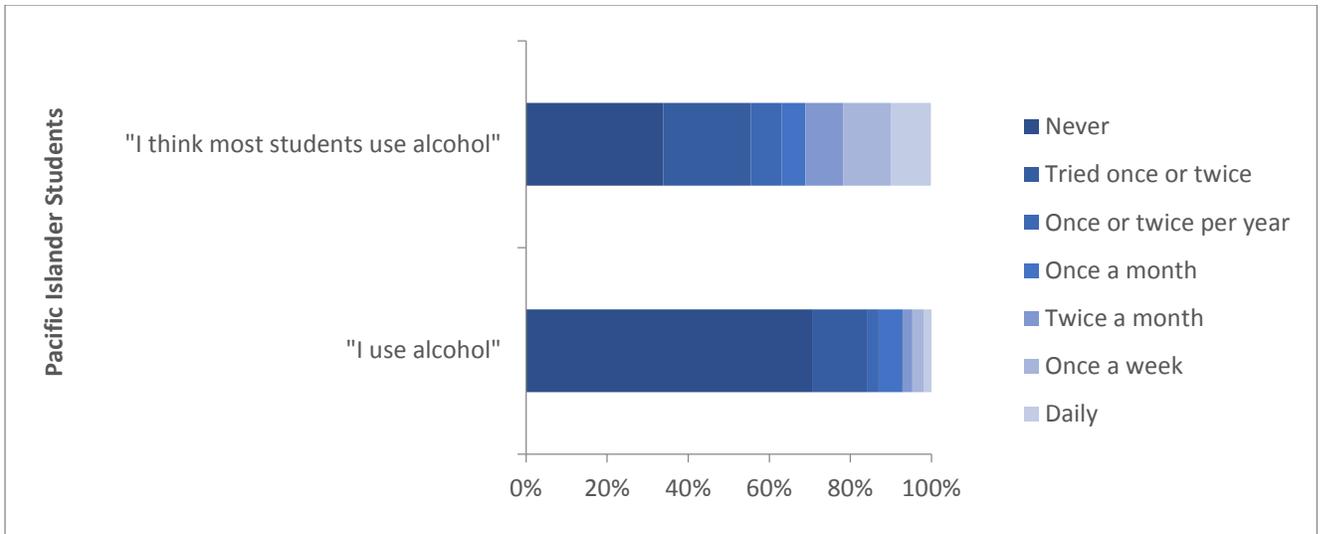
Asian American 5<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students were a bit more likely to report in 2016 that they believe people put themselves at great or moderate risk of harm by frequently binge drinking: 73.4% vs. 71.2%. Pacific Islander students, on the other hand, were less likely: 57.3%. Asian American 9<sup>th</sup> and 11<sup>th</sup> grade students were less likely than the Minnesota average to report age of first alcohol use at 13 or younger: 12.8% vs. 16.9%. However, Pacific Islander students were more likely: 22.7%.

In 2016, Asian American 5<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students were as likely as average to report their parents would think it's wrong or very wrong for them to have one or two drinks of an alcoholic beverage nearly every day: 90.3% vs. 90.5%. Pacific Islander students were less likely to feel their parents would disapprove: 77.6%. Asian students were more likely than average to think their friends would feel it's wrong or very wrong (84.3% vs. 81.6%), while Pacific Islander students were less likely: 71.1%.

Youth tend to misperceive the number of peers who are drinking. Those who perceive that most students drink monthly or more often are more likely to report they drank in the past 30 days themselves. Among Asian American 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students, 31.4% think most students in their school have never had alcohol. However, 82.4% say they themselves have never had alcohol (see graph below).



Among Pacific Islander 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students, 33.9% think most students in their school have never had alcohol. However, 70.6% say they themselves have never had alcohol (see graph on next page).

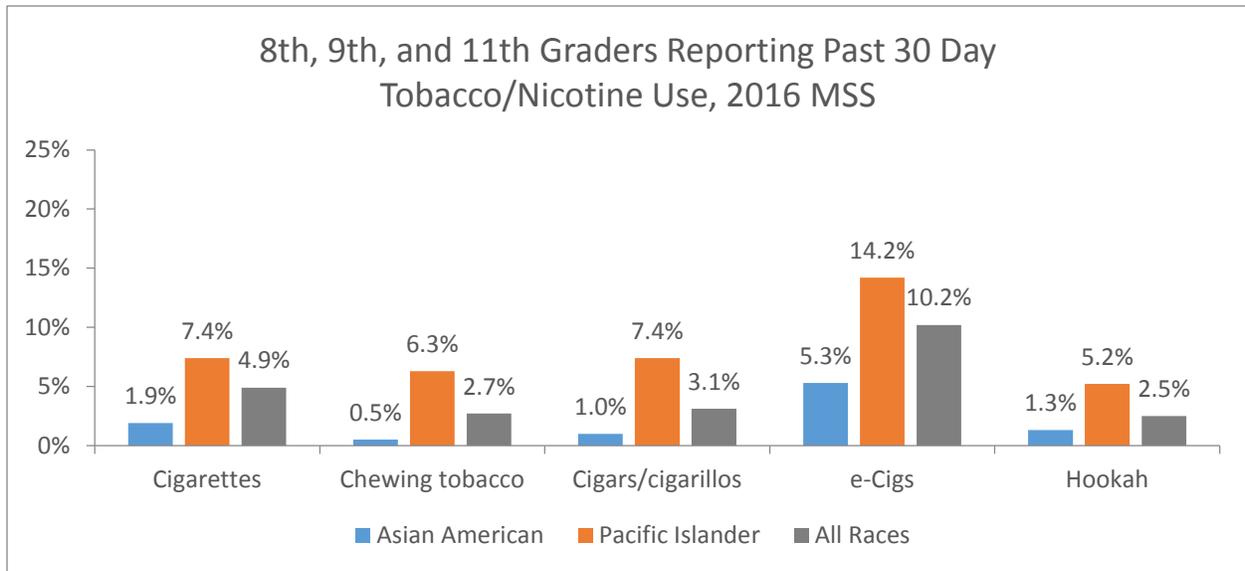


According to the 2015 Minnesota Survey of Adult Substance, Asian American and Pacific Islander adults in Minnesota were slightly more likely than average to believe people put themselves at great risk of harm by binge drinking: 71.5% vs. 69.9%. They were considerably less likely than average though to 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%.

## TOBACCO

### YOUTH USE

In 2016, 6.1% of Asian-American and 17.8% of Pacific Islander (non-Hispanic) 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students reported any past 30 day tobacco/nicotine use as compared to the state average of 12.8%. Among the various types of tobacco/nicotine products, Asian and Pacific Islander students were most likely to report use of e-cigarettes (see graph below).



Asian American 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade females were a bit less likely than males to report any past month tobacco/nicotine use in 2016: 5.5% vs. 6.7%. Pacific Islander female students were more likely than their male counterparts to report use: 18.3% vs. 16.7%. Among Asian students, past 30 day tobacco/nicotine use was reported by 3.0% of 8<sup>th</sup> graders, 5.7% of 9<sup>th</sup> graders, and 10.3% of 11<sup>th</sup> graders. Among Pacific Islander students, use was reported by 18.2% of 8<sup>th</sup> graders, 15.7% of 9<sup>th</sup> graders, and 19.3% of 11<sup>th</sup> graders.

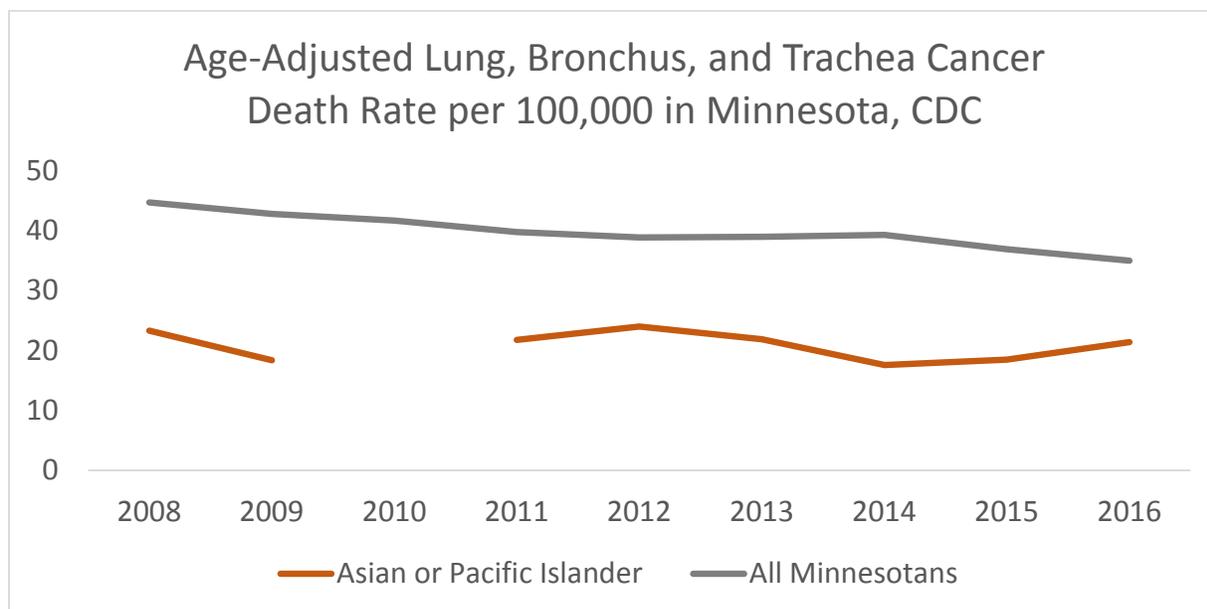
Asian 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students living outside the seven-county metro area were a bit more likely to report any past 30 day tobacco/nicotine use compared to those living in the metro: 7.0% vs. 6.0%. Non-metro Pacific Islander students were less likely than those in the metro area to report use: 15.5% vs. 20.0%.

### 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. The A/PI rate fell from 24.0 per 100,000 population in 2012 to 17.6 in 2014, then increased to 21.4 in 2016--still considerably lower than the 2016 state average of 35.0 per 100,000. Rates for 2010 were unreliable for Asian and Pacific Islanders in Minnesota.



## RISK + PROTECTIVE FACTORS

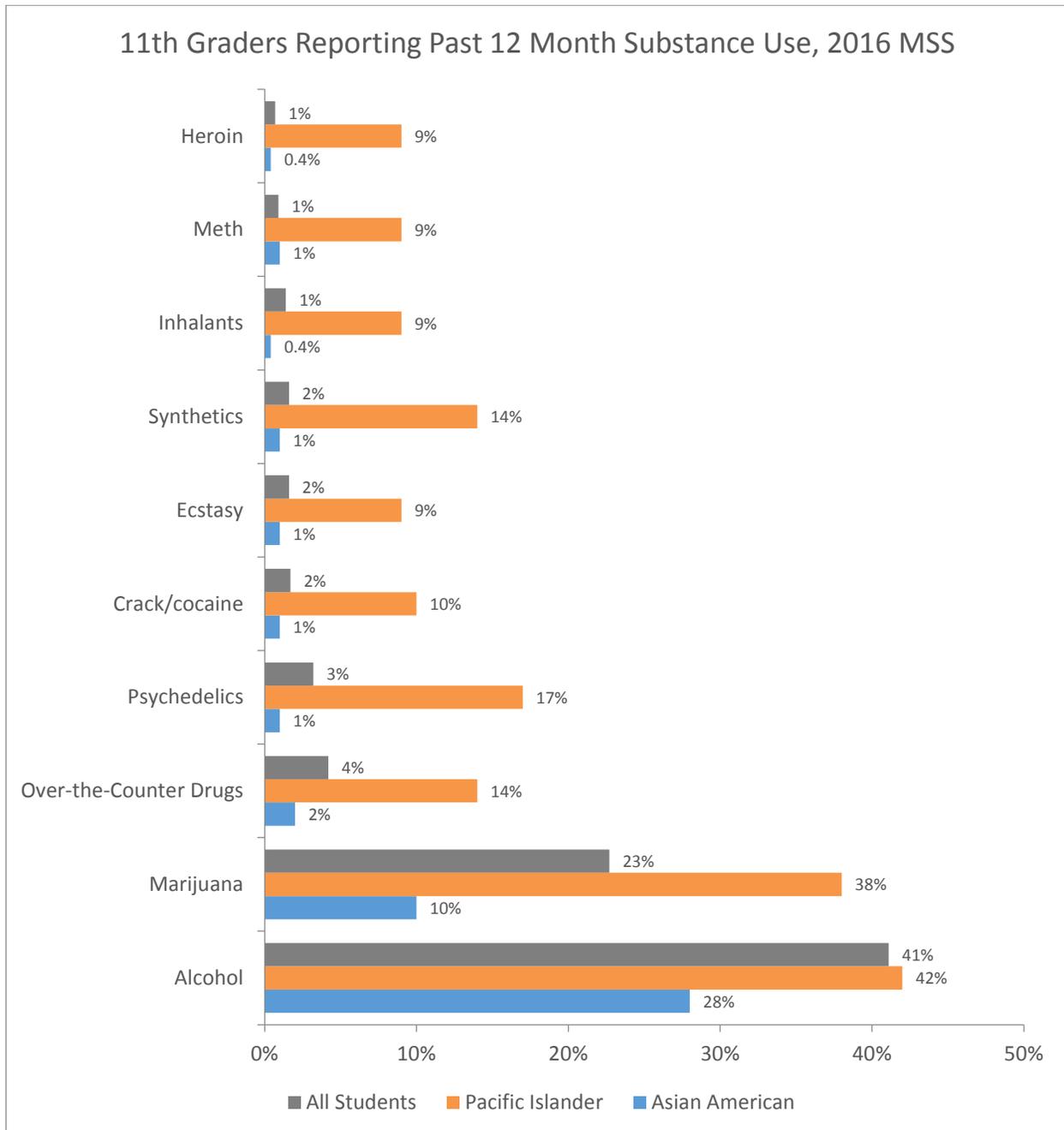
Asian American 5<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students were somewhat less likely than the state average to report in 2016 that they believe people put themselves at great or moderate risk of harm by smoking one or more packs of cigarettes per day: 73.3% vs. 78.1%. Pacific Islander students were considerably less likely to perceive risk of harm from smoking—59.5% 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%.

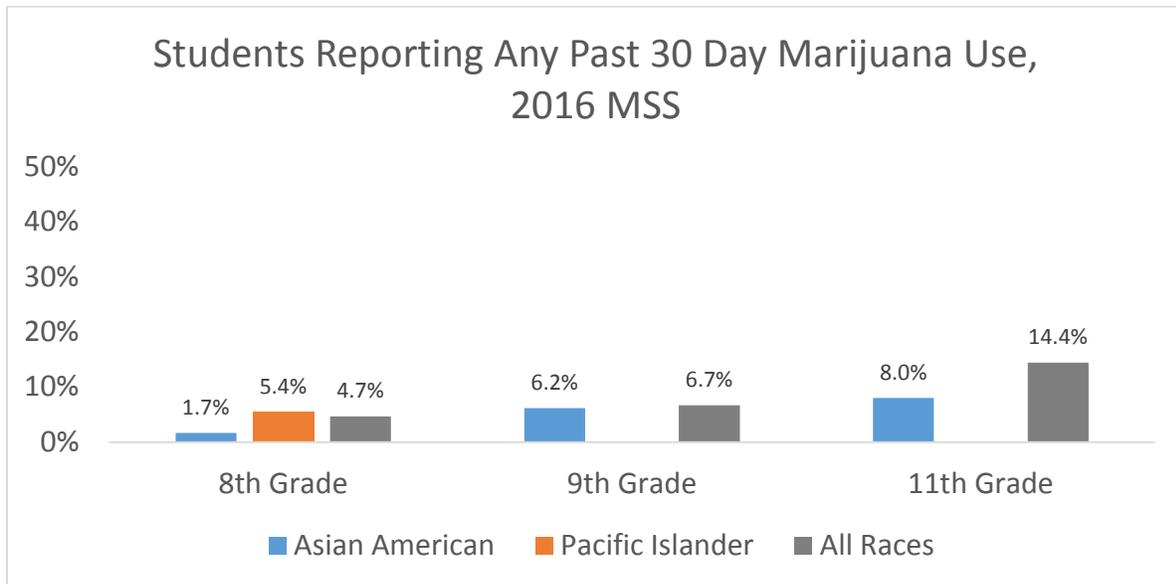
# DRUGS

## YOUTH USE

In 2016, Asian-American 11<sup>th</sup> graders were less likely than average to report past year alcohol use, marijuana use, and use of other illicit drugs. Pacific Islander 11<sup>th</sup> graders were more likely than average to report past year alcohol use, marijuana use, and use of all illicit drugs other than marijuana (see graph below). Note, only 58 Pacific Islander 11<sup>th</sup> graders responded to these questions so one student contributes about 2% to the rate.



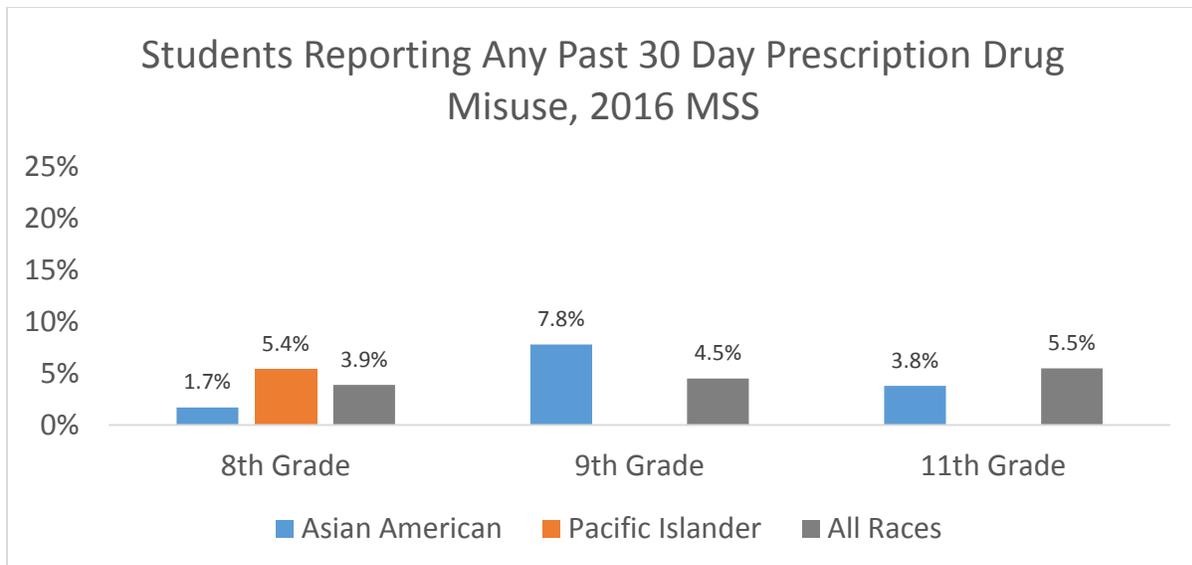
In 2016, 5.0% of Asian-American and 11.8% of Pacific Islander 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students reported any past 30 day marijuana as compared to the state average of 8.2%. Asian 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade females were about as likely as males to report current marijuana use in 2016: 4.8% vs. 5.1%. Pacific Islander females were more likely than their male counterparts to report use: 12.9% vs. 11.1%. Asian students across all grades were less likely than the state average to report current marijuana use (see graph below). Pacific Islander 8th graders were more likely than average to report use; too few 9th and 11th graders responded to the question to provide reliable estimates.



In 2016, 4.3% of Asian and 4.8% of Pacific Islander 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> 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 4.6%. While Asian 8th and 11th graders were less likely than average to report past month prescription drug misuse, 9th graders were more likely to do so. Pacific Islander 8th graders were more likely than average to report misuse; too few 9th and 11th graders responded to the question to provide reliable estimates. (see graph on next page).

Regardless of drug type, Asian 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students were less likely than average, and Pacific Islander students more likely than average, to report past 12 month misuse of prescription drugs:

	Asian	Pacific Islander	All Students
Pain relievers	1.8%	10.0%	3.2%
ADD/ADHD drugs	1.0%	7.6%	2.7%
Tranquilizers	0.7%	5.9%	1.8%
Stimulants	0.5%	4.1%	0.9%



#### 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

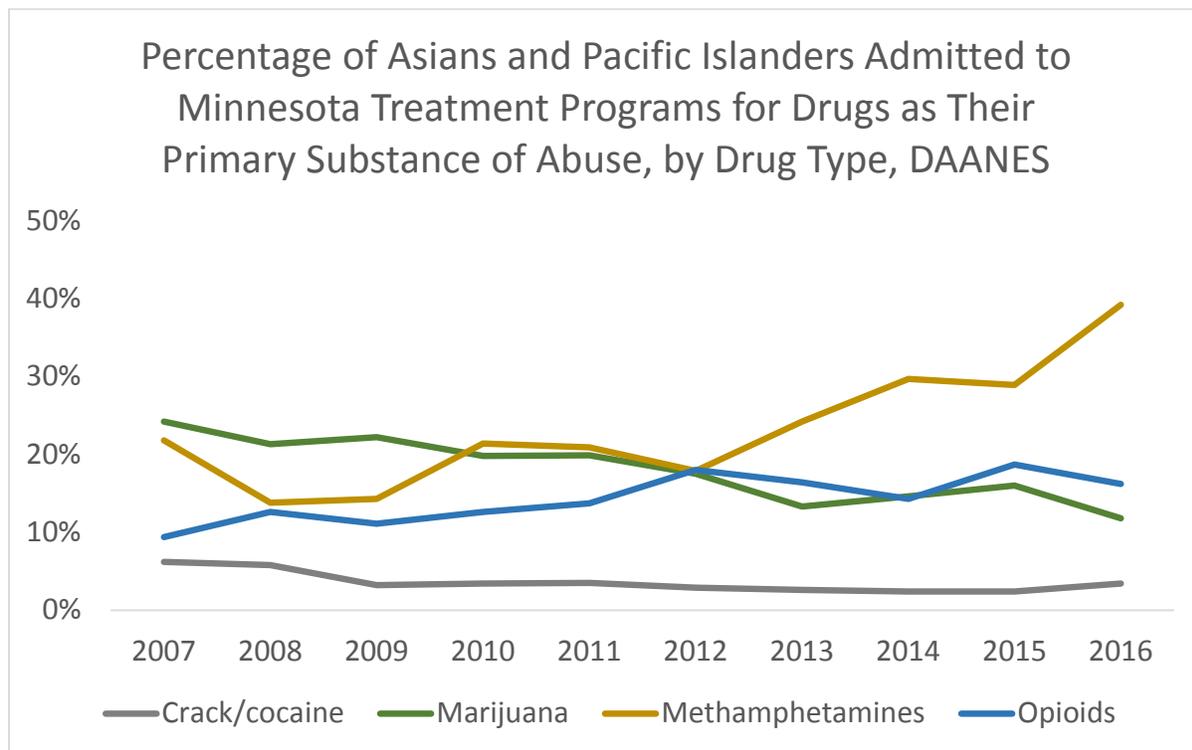
The number of Asians/Pacific Islanders in Minnesota arrested for narcotics has generally increased over the past ten years, from 397 in 2007 to 502 in 2016. About 3% of all Minnesotans arrested for narcotics in 2016 were Asian/Pacific Islander.

Data from the Centers for Disease Control and Prevention Compressed Mortality File showed that the average age-adjusted drug-related death rate (ICD -10 codes X40-44, X60-64, X85 and Y10-14) from 2011 to 2015 among Asians and Pacific Islanders in Minnesota was 2.0 per 100,000 population compared to the statewide average of 9.6. Rates for Asian/Pacific Islander Minnesotans are not longer listed online; the statewide 2016 rate was 12.5 per 100,000.

#### 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. Asian Americans and Pacific Islanders were more likely to be admitted for methamphetamines as their primary substance of abuse than were any other racial or ethnic group. Admissions for opioids have been increasing in recent years (see graph on next page)--following a statewide trend.

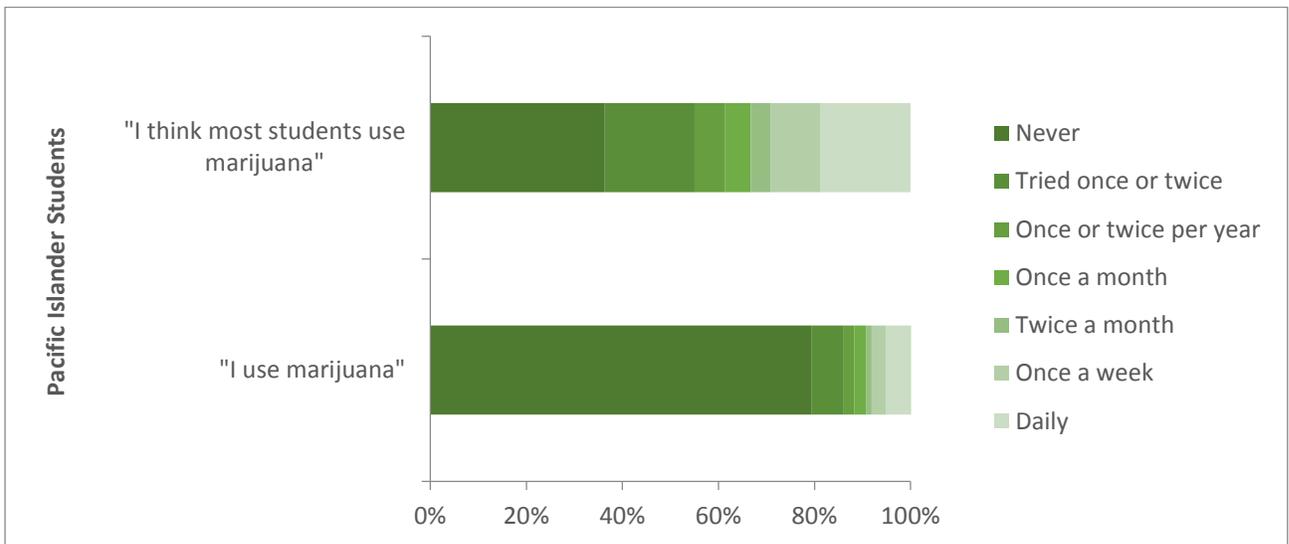
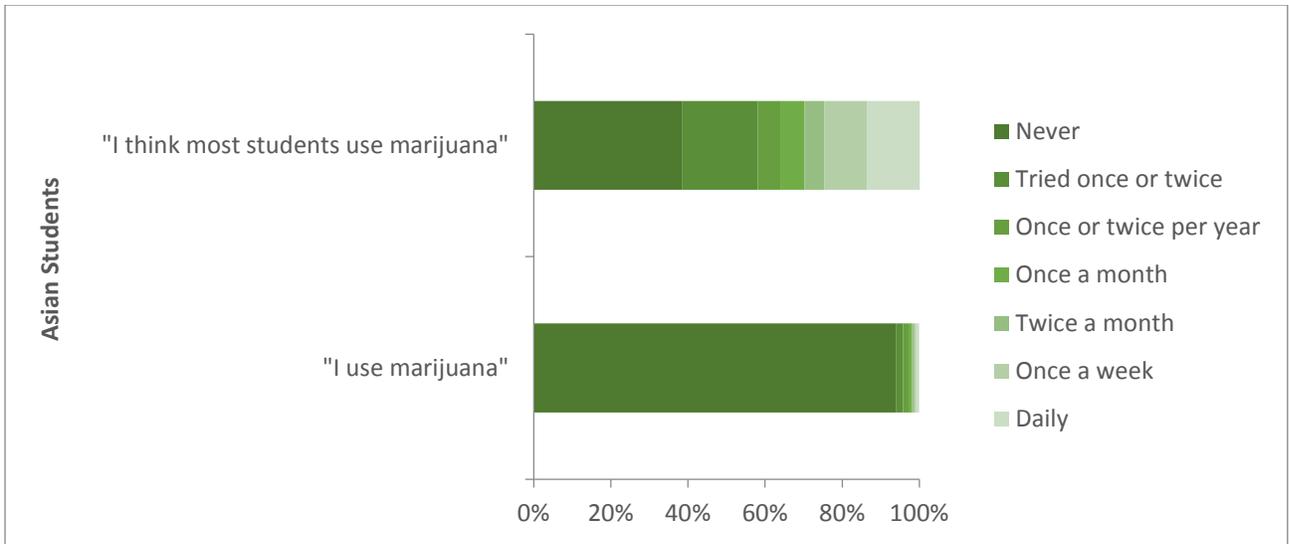
In 2016, admissions for Asian Americans and Pacific Islanders were as follows: 11.8% for marijuana, 16.2% for opioids, 39.2% for methamphetamines, and 3.4% for crack/cocaine.



### RISK + PROTECTIVE FACTORS

According to the Minnesota Student Survey, Asian American 5<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students were somewhat more likely to report in 2016 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: 64.8% vs. 61.7%. Pacific Islanders were less likely to perceive harm from marijuana use—47.1% believe people put themselves at great or moderate risk of harm.

Youth tend to misperceive the number of peers who are using marijuana. Those who perceive that most students use marijuana monthly or more often are more likely to report they used in the past 30 days themselves. Among Asian 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students, 38.4% think most students in their school have never had marijuana. However, 93.9% say they themselves have never had marijuana. Among Pacific Islander students, 36.3% think most have never used while 79.4% say they themselves have never used marijuana (see graphs on next page).



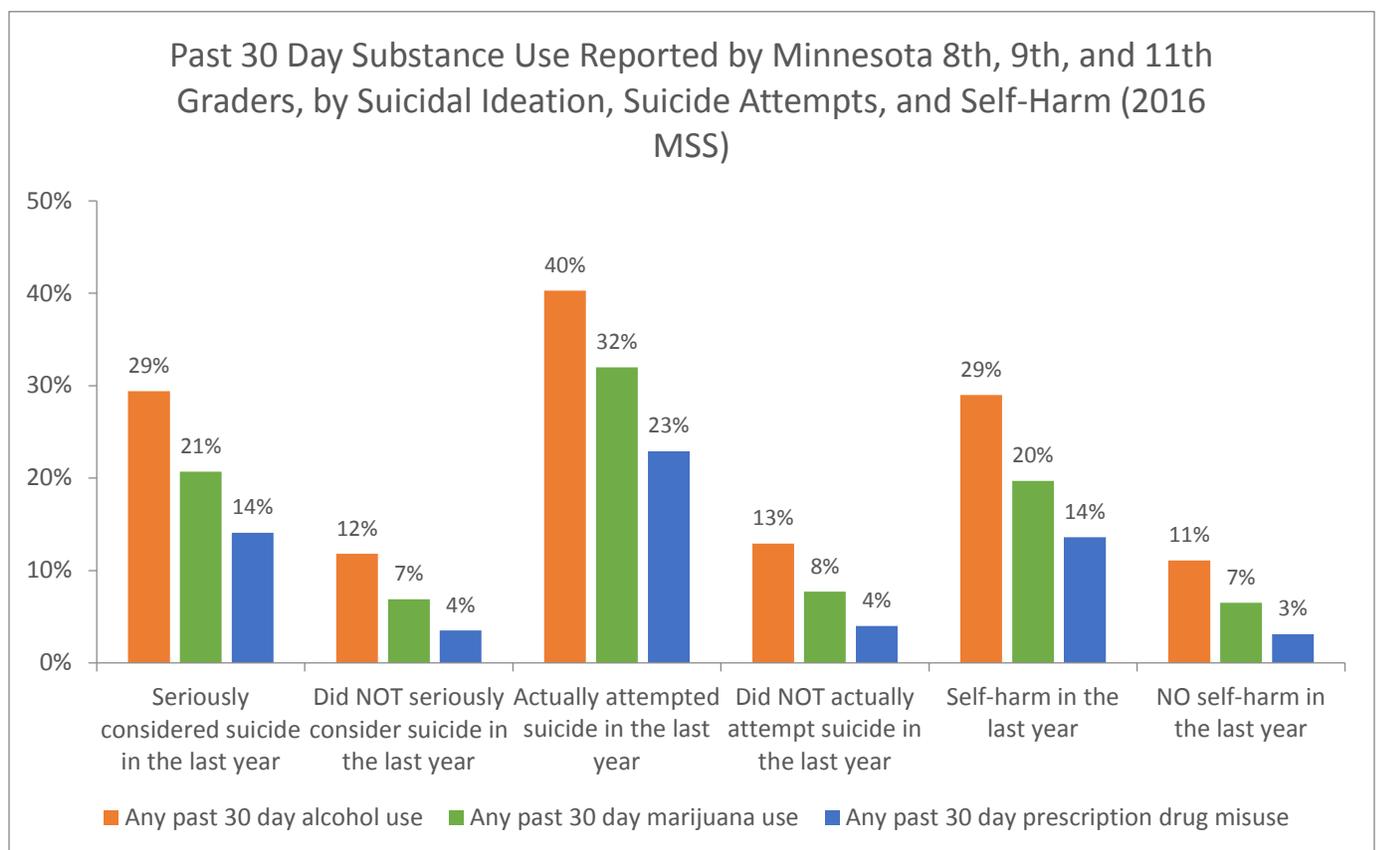
Asian American students were somewhat less likely than average to report that they believe people put themselves at great or moderate risk of harm by using prescription drugs not prescribed for them: 74.4% vs. 78.8%. Pacific Islander students were much less likely to do so—60.5%.

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 three times more likely to report past 30 day marijuana use.



## SUICIDE

Minnesota Student Survey findings from 2016 show that Asian 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students were about as likely as the state average to report past-year suicidal ideation: 11.6% and 11.8% respectively. Pacific Islander students were more likely than average: 15.0%. Asian students were less likely to report a past-year suicide attempt: 2.8% and 3.6% respectively. Pacific Islander students were more likely to report a past-year attempt: 9.0%.

## **SELF-HARM**

Asian 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students were about as likely as average to report any past-year self-harm 15.4% vs. 15.6%. Pacific Islander students were more likely than average to report past year self-harm: 22.0%. Self-harm includes doing something to purposely injure oneself without want to die, such as cutting, burning, or bruising oneself on purpose.

## **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.

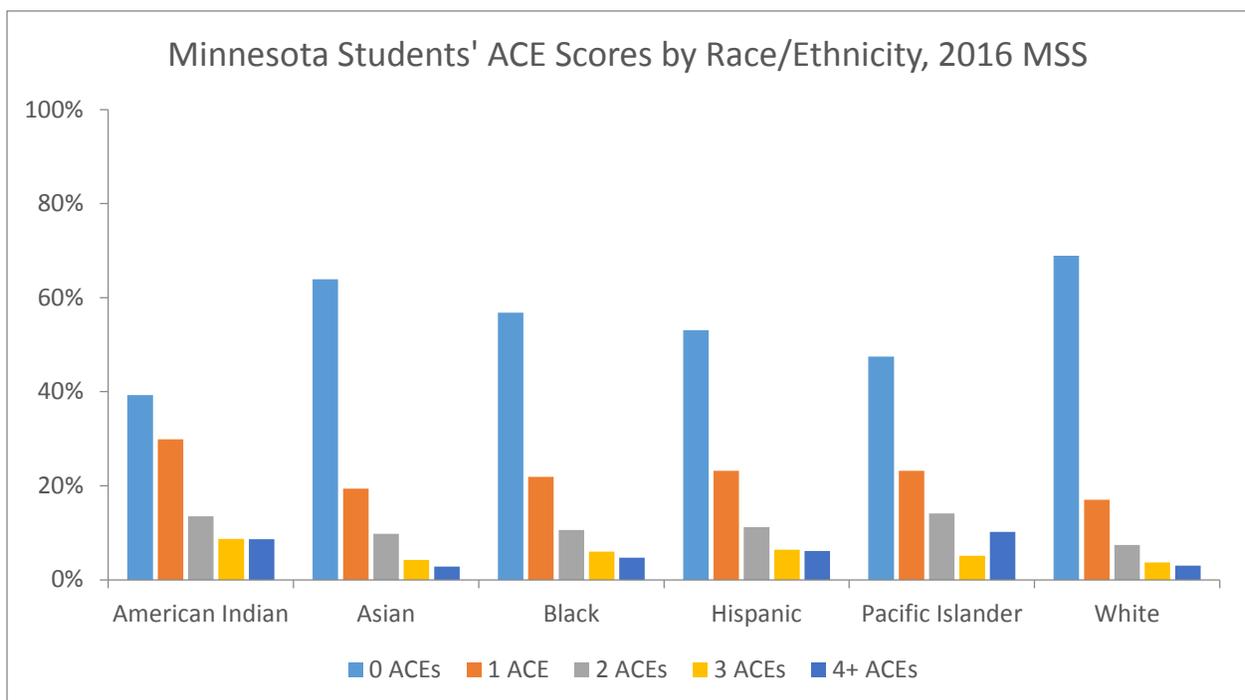
## SHARED RISK + PROTECTIVE FACTORS

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)

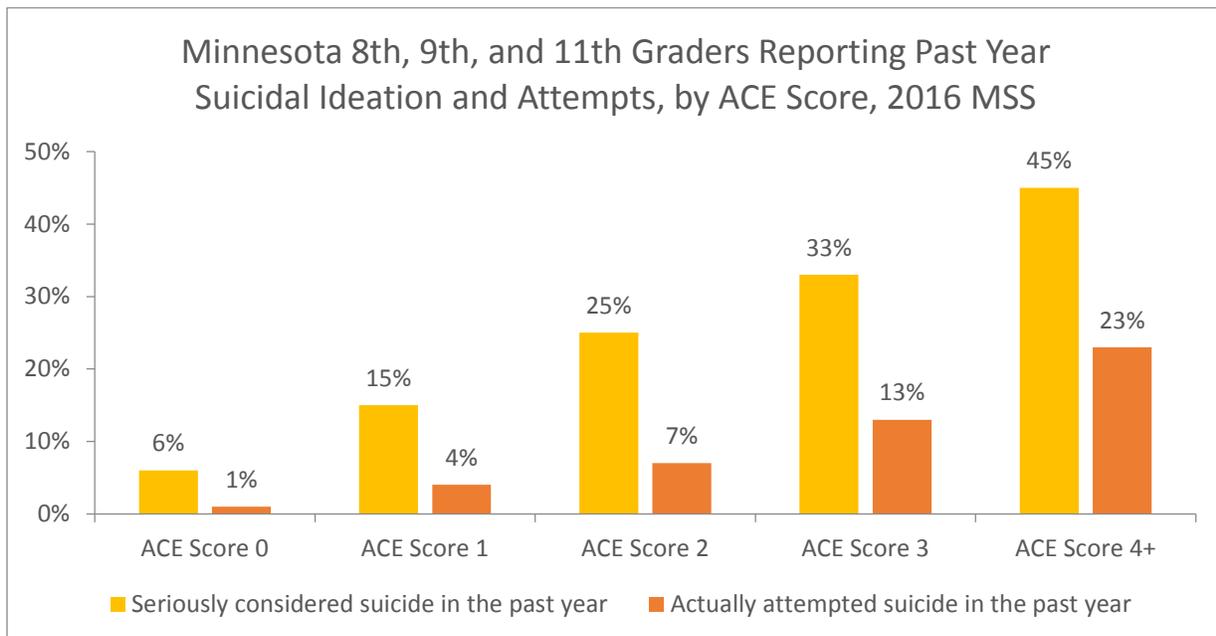
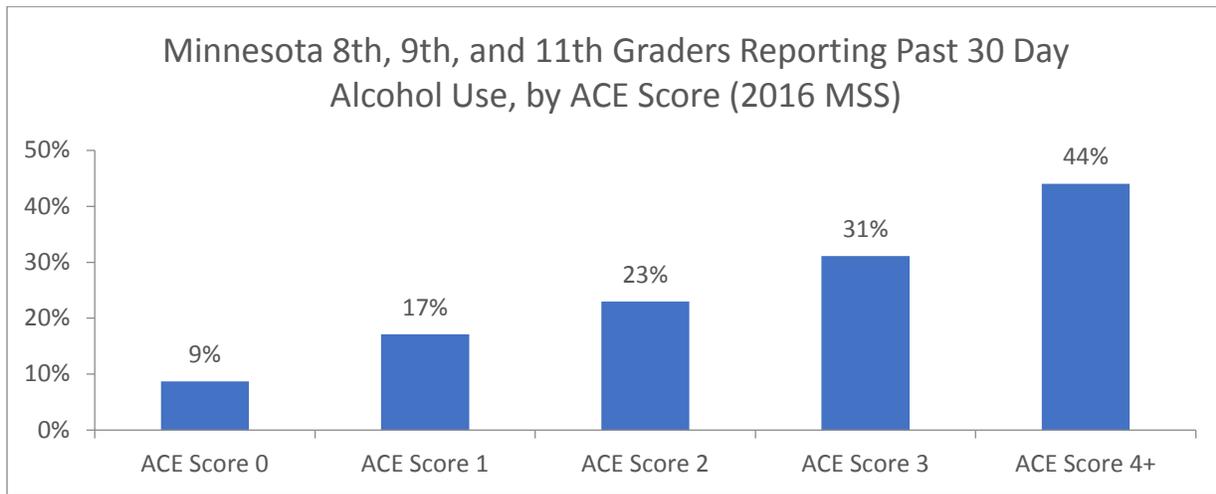
The Adverse Childhood Experiences (ACE) Study was a collaboration between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente’s Health Appraisal Clinic in San Diego. The study found that childhood experiences of abuse, neglect, and family dysfunction are linked to leading causes of illness, poor quality life, and death. An “ACE Score” is calculated by adding 1 point for each ACE experienced. An ACE score from the 2016 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 2016 Minnesota Student Survey, 63.9% reported an ACE score of zero, 19.4% an ACE score of one, 9.8% an ACE score of two, 4.2% an ACE score of three, and 2.8% an ACE score of four or more. Among Pacific Islander students, 47.5% reported an ACE score of zero, 23.2% an ACE score of one, 14.1% an ACE score of two, 5.1% an ACE score of three, and 10.2% 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 2016 Minnesota Student Survey included a number of measures of bullying and harassment. Bullying behaviors experienced at school include:

- Pushed, shoved, slapped, hit or kicked by another student who was not kidding around, *and/or*
- Another student 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	18.4%	10.2%
Past 30 day marijuana use	11.2%	6.4%
Past 12 month self-harm	25.3%	7.8%
Past 12 month serious suicide consideration	19.5%	5.7%

Compared to the state average, Asian were somewhat less likely to report experiencing bullying in the past 30 days (35.5% vs. 44.2%). Pacific Islander students were somewhat more likely to have experienced past month bullying: 48.2%.

## 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 2016 MSS, Asian students are as likely as the state average to say they “strongly agree” or “agree” they feel safe at school: 92.0% and 92.7% respectively. Pacific Islander students are less likely to say they feel safe: 87.4%.

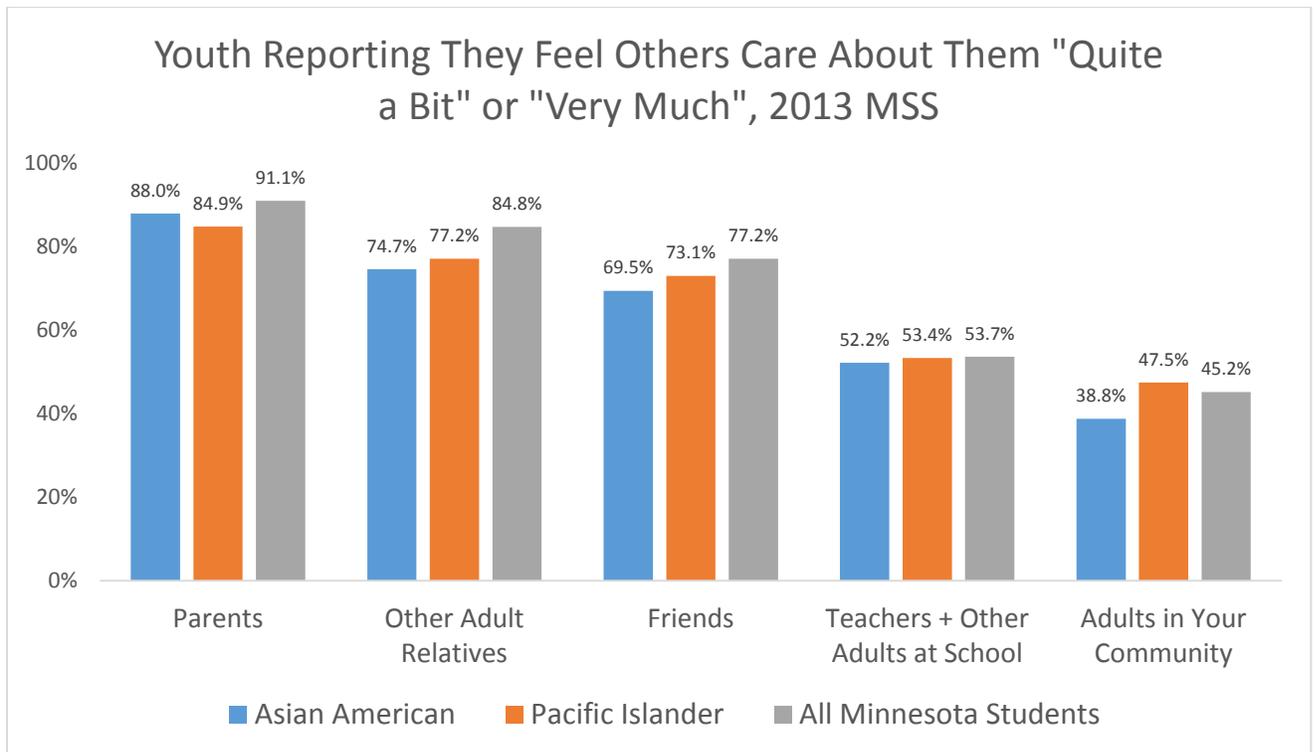
	Students "strongly agree" or "agree" that they feel safe at school	Students "disagree" or "strongly disagree" that they feel safe at school
Past 30 day alcohol use	13.0%	24.4%
Past 30 day marijuana use	7.9%	17.1%
Past 12 month self-harm	13.9%	37.3%
Past 12 month serious suicide consideration	10.2%	32.0%

Similarly, Asian students are about as likely as average to report feeling safe going to and from school (95.0% vs. 95.6%) and Pacific Islander students are a bit less likely (93.0%).

Youth who feel safe in their neighborhoods are also less likely to report past month substance use or past year mental health problems. In 2016, 92.3% of Asian students and 90.6% of Pacific Islander students said they “strongly agree” or “agree” that they feel safe in their neighborhood compared to the state average of 95.0%.

**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 2.7 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 4.3 times less likely to report suicidal ideation. In 2016, Asian students were a bit less likely than the state average to report feeling that others care about them very much. Pacific Islander students were less likely than average to feel their families and friends cared, but more likely than average to feel that other adults in the community care quite a bit or 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 6<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> graders; starting in 2013 the survey was administered to 5<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> 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](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>