

## Alcohol and Drug Use

### About the Title V Block Grant

The federal Title V Maternal and Child Health (MCH) Block Grant helps states ensure the health of all mother and children. As part of Minnesota's Title V Block Grant activity requirements, the MDH conducts a statewide needs assessment every five years. The needs assessment provides guidance to Title V activities for the next five years by identifying priority issues. This fact sheet describes one of Minnesota's priority issues.

### Seriousness of the Issue

The use and abuse of alcohol and other drugs by Minnesota adolescents causes problems that are pervasive and have a significant affect on their health and adolescent development. Alcohol and other drug use contribute to chronic disease, injuries, violence, unsafe sexual behavior, unplanned pregnancy, decreased productivity, social and family disruption, lack of educational attainment and other problems.<sup>1</sup>

Use also leads to numerous societal costs including increased health care costs, insurance costs (medical, home and auto) and law enforcement, judiciary and corrections costs.<sup>2</sup>

Alcohol and other drug use impact adolescent development. The human brain does not fully develop until about age 25. There is evidence that alcohol and other drug abuse impair brain development<sup>3</sup>.

The use and abuse of alcohol and other drugs among children and adolescents in Minnesota is extensive.

Among Minnesota 9<sup>th</sup> grade students in 2007<sup>4</sup>:

- 24% drank in the past 30 days
- 13% binge drank (5 or more drinks at one time) in the past two weeks
- 19% rode with someone who had been drinking or using other drugs
- 10.0% used marijuana in the past 30 days
- 4.5% used other drugs in the past 30 days

Among 12<sup>th</sup> grade students in 2007<sup>5</sup>:

- 47.5% drank in the past 30 days
- 30% binge drank in the past two weeks
- 25% drove after drinking or using other drugs
- 38% rode with someone who had been drinking or using other drugs
- 19.5% used marijuana in the past 30 days
- 7% used other drugs in the past 30 days

Among Minnesota college students in 2008<sup>6</sup>:

- 68.8% drank in the past 30 days
- 32.5% binge drank in the past two weeks
- 19.2% drove after drinking
- 9.7% used marijuana in the past 30 days
- 6.3% used illicit drugs in the past year

Over time the numbers of people reporting the use of alcohol and binge drinking have gradually decreased. However, among those who do binge drink, there has been an increase in the number of times they do it<sup>7</sup>. Marijuana use has increased for 9<sup>th</sup> grade students, but decreased for 12<sup>th</sup> grade students. Most other drug use has decreased with the exception of prescription drugs.<sup>8</sup>

Males have traditionally had higher rates for all categories, but females are closing the gap. 12<sup>th</sup> grade students report higher rates for all categories except inhalants. Whites and American Indian students report higher rates of alcohol use. Asian and African American students report lower rates of alcohol use<sup>9</sup>.

People who begin drinking before the age of 15 are four times as likely to develop alcohol dependence and more than twice as likely to develop alcohol abuse than those who delay drinking until age 21<sup>10</sup>.

And those who begin drinking before age 15 are also:

- 12 times more likely to be unintentionally injured while under the influence of alcohol,
- 7 times more likely to be in a motor vehicle crash after drinking, and
- 10 times more likely to have been in a physical fight after drinking.<sup>11</sup>



Maternal and Child Health Section  
P.O. Box 64882  
St. Paul, MN 55164-0882  
(651) 201-3760  
[www.health.state.mn.us](http://www.health.state.mn.us)

## Evidence-Based Strategies

Community-based environmental strategies have been shown to be effective in reducing alcohol and other drug abuse. They included the implementation and enforcement of policies that make alcohol and other drugs less accessible and hold those accountable who use them and who provide them. Policies implemented and enforced in families, schools, athletics, arts, other youth serving organizations and faith communities will make a community's overall prevention efforts more effective. In addition information and awareness programs for youth and adults, including school-based prevention programs are important for supporting implementation of the environmental strategies.

Implementing and enforcing these strategies involves understanding community readiness, building relationships and community organizing principles in order to implement and enforce policies.

The Minnesota Student Survey, the Minnesota College Student Health Survey, law enforcement data and school data may be used to measure outcomes.

## Current Resources and Capacity

There are a number of local public health agencies, community-based organizations and schools that are currently implementing alcohol and other drug prevention efforts.

Some communities have prevention and intervention funding from the Minnesota Department of Human Services. Some have Drug Free Community funding from the federal government, some have received Zero Adult Provider funding from the Minnesota Institute of Public Health and many law enforcement agencies receive mini-grants from the Minnesota Department of Public Safety. There are also communities and schools implementing prevention efforts with internal funding.

This year the Minnesota Department of Human is administering a state grant to address 18-24-year-old high-risk drinking among college students and military veterans. The majority of the award (85%) will be passed through to local efforts, probably colleges and universities.

There is no stable funding available and not enough funding for all the communities who would like to implement alcohol and other drug abuse prevention efforts.

<sup>1</sup> Human and Economic Cost of Alcohol Use in Minnesota, Minnesota Department of Health, 2006

<sup>2</sup> Ibid.

<sup>3</sup> Breyer J, Winters KC. *Adolescent brain development: implications for drug use prevention*. Center for Substance Abuse Research Department of Psychiatry, University of Minnesota & Mentor USA, 2005

<sup>4</sup> 2007 Minnesota Student Survey, Minnesota Departments of Education, Health and Human Services

<sup>5</sup> Ibid.

<sup>6</sup> 2008 Minnesota College Student Health Survey, Boynton Health Services, University of Minnesota

<sup>7</sup> Binge Drinking Among U.S. Adults, Journal of the American Medical Association, January 2003

<sup>8</sup> 2007 Minnesota Student Survey, Minnesota Departments of Education, Health and Human Services

<sup>9</sup> Ibid.

<sup>10</sup> Grant, B. & Dawson, D. (1997). *Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence*. Journal of Substance Abuse, 9: 103-110.

<sup>11</sup> Social and Health Consequences of Underage Drinking. *Reducing Underage Drinking: A Collective Responsibility, Background Papers* (The National Academies Press, 2004).