

Alcohol and Other Drugs Indicators Data Sources and Limitations

Youth Use

Minnesota Student Survey

This confidential and anonymous, self-administered survey was given to sixth, ninth and twelfth grade students attending public schools, charter schools and tribal schools. Statewide and county tables are available at <http://www.mnschoolhealth.com/resources.html?ac=data>. School district data may be requested from the school district.

Geographic representation

The data represent public schools, not private schools or alternative schools. Also, school districts can choose to not participate in the survey, though most do. In 2004, 88% of public operating school districts participated. The trend data was created from school districts that participated each year that the survey was administered (1992, 1995, 1998, 2001, 2004). The trend analysis represents 86% of all of the students surveyed during the five administrations of the survey.

Self-report

Students reported their own attitudes and behaviors. Efforts were made to assure the accuracy, consistency and reasonableness of their responses. A small percentage of surveys were eliminated from analyses because gender was missing, responses were highly inconsistent, or there was a pattern of likely exaggeration.

Participation

The majority of schools in the state used an opt-out consent procedure for the survey (meaning that parents could decline to have their children take the survey). A few school districts used an active consent process (meaning parents returned a signed permission slip to school before their children took the survey). Also note that not every student who participated in the survey answered every question. Those who have dropped out of school are not included.

Monitoring the Future

Monitoring the Future is a national study of young people in the United States. It is administered to 8th, 10th and 12th graders in public and private high schools nationwide. Participating schools are selected randomly from throughout the country to yield a nationally representative sample.

Comparability

Some of the questions in the Monitoring the Future Survey are comparable to the Minnesota Student Survey. Comparisons to the Minnesota Student Survey are only done for 12th graders, since Monitoring the Future does not survey 6th or 9th graders.

There are methodological differences between the Minnesota Student Survey and Monitoring the Future, including inclusion of private schools in Monitoring the Future, differences in sampling and field procedures. Therefore interpretation of these comparisons should be done with caution.

Self-report

Students reported their own attitudes and behaviors. Efforts were made to assure the accuracy, consistency and reasonableness of their responses.

Adult Use

Minnesota Behavioral Risk Factor Surveillance Survey System (BRFSS)

The Minnesota BRFSS a continuous monthly confidential telephone survey of adults aged 18 years and older. Respondents are randomly selected in order to accurately reflect the population of Minnesota.

BRFSS provides state-level estimates. Some counties have conducted their own behavior health surveys. For more information on the availability of county-level data on adult alcohol use, contact chemicalhealth@health.state.mn.us.

Information about the Minnesota BRFSS and limitations were taken from “Behavior Risk Factor Surveillance System in Minnesota 1993-1997” Minnesota Center for Health Statistics, Minnesota Department of Health, December 1999.

Telephone non-coverage

The percent of households without a phone could be a source of bias; however this may not be a great concern as a source of bias in Minnesota. The 2000 Census estimated that 1.1 percent of Minnesota households did not have a telephone. In addition, statistical weighting of the BRFSS data limits the biasing effect of telephone non-coverage.

Non-response

People who refuse to participate in the survey or eligible respondents that could not be reached to be interviewed could be a source of bias. Standard interviewing practice was used to minimize non-response bias, including repeated call-backs to prospective respondents and expanded interviewing hours to reach more people. In addition, statistical weighting of the BRFSS data limits the biasing effect of non-response.

Response bias

The survey relies on people self-reporting their behavior. This could be subject to respondents reporting more favorable behavior than is actually practiced, especially if the behavior is illegal, such as drinking and driving. To get an accurate measure of response bias would require validation studies that use other sources of data such as medical records and observation studies. However, self-reported data are useful in identifying high risk groups and in monitoring change in behavioral risk over time.

Change in wording of questions and definition of measures**Binge Drinking**

The wording of the question measuring binge drinking was modified slightly in 2001. Starting in 2001, the question to measure binge drinking was “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?” In previous years (1993-2000) the word “month” was used instead of “30 days”. It is not yet clear whether the change in wording has affected the response to the question.

Heavy Drinking

The definition of heavy drinking was changed in 2001. From 1990-2000, heavy drinking was defined as an average of two or more drinks per day, i.e., 60 or more alcoholic drinks a month. From 2001-present, heavy drinking for males is defined an average of more than two drinks per day, and heavy drinking for females is defined as average of more than one drink per day.

National Behavior Risk Factor Surveillance System (BRFSS)

States continuously conduct the BRFSS using a standardized questionnaire. States periodically forward responses to the CDC.

The **national median** represents the mid-range among states in the rates for a behavior. For example, in 2002, the national median for binge drinking was 16.1%. This means that half the states reported a binge drinking rate higher than 16.1% and half of the states reported a binge drinking rate lower than 16.1%.