ASIAN + PACIFIC ISLANDER
SUMN.org FACT SHEET 2017

Substance Abuse Prevention
This fact sheet provides data on substance use and related factors to help guide decisions about prevention efforts. These data can be used to justify need for prevention funding, monitor substance-related trends, and plan programs and initiatives by establishing community level prevention priorities.

Key Findings

- Asian American students are less likely than the state average—and Pacific Islander students are more likely—to report past 30-day alcohol use, binge drinking, cigarette smoking, marijuana use, and misuse of prescription drugs (see Figure 1)
- Asian American/Pacific Islander Minnesota adults, as a group, are less likely than the state average to report past-month binge drinking and cigarette smoking
- The percentage of Asians/Pacific Islanders admitted to Minnesota treatment facilities for opioids as their primary substance of abuse has been increasing somewhat over time; admissions for methamphetamines are increasing substantially
- Both Asian and Pacific Islander students perceive the most risk of harm from misusing prescription drugs—they perceive the least risk of harm from smoking marijuana
- Asian students are as likely as the state average, and Pacific Islander students more likely than average, to report any past-year self-harm or past-year suicidal ideation

For more information on alcohol, tobacco, and other drug use, consequences, contributing factors, and treatment, as well as mental health data, visit SUMN.org

Figure 1. 6th, 9th, and 11th Grade Past 30-Day Substance Use, 2016 Minnesota Student Survey (MSS)
**Adult Substance Use**
According to the 2015 Minnesota Survey on Adult Substance Use (MNSASU):
- Past-month binge drinking was reported by 8% of Asian and Pacific Islander adults as compared to 14% of all Minnesota adults.
- Past-month cigarette and e-cigarette smoking were reported by 11% and 6% of Asian and Pacific Islander adults, as compared to 19% and 5% of all Minnesota adults, respectively.
- Past-year marijuana use was reported by 6% of Asian and Pacific Islander adults, compared to 9% of all Minnesota adults.

**Youth Substance Use**
Data on youth substance use are from the 2016 Minnesota Student Survey (MSS). Results here include separate data on Asian American (AA) students, and Pacific Islander (PI) students. Where data are not included for PI students, sample size was too small.

**Alcohol**
Past 30-day alcohol use was reported by 14% of PI and 8% of AA 8th graders; 31% of PI and 9% of AA 9th graders; and 39% of PI and 16% of AA 11th graders. Past 30-day binge drinking was reported by 2% of PI and AA 8th graders; 10% of PI and 3% of AA 9th graders; and 15% of PI and 7% of AA 11th graders. Of Pacific Islander 11th graders, 62% say they don’t drink; 12% have 3 or 4 at a time, and 7% say they typically have five or more drinks at a time. These rates are somewhat higher than those for Asian American students (see Figure 2).

**Tobacco**
Past 30-day cigarette smoking was reported by 6% of PI and 2% of AA 8th graders; 8% of PI and 2% of AA 9th graders; and 9% of PI and 3% of AA 11th graders in 2016. E-cigarette use was reported by 14% of PI and 3% of AA 8th graders; 14% of PI and 5% of AA 9th graders, and 14% of PI and 9% of AA 11th graders.

**Marijuana**
Past 30-day marijuana use was reported by 5% of PI and 2% of Asian 8th graders, 6% of AA 9th graders, and 8% of AA 11th graders in 2016.

**Prescription Drug Misuse**
Past 30-day prescription drug misuse was reported by 2% of AA 8th graders, 8% of AA 9th graders, and 14% of Asian 11th graders in 2016. Although data are not available by grade, 5% of 8th, 9th, and 11th grade PI students reported prescription drug misuse, overall.

<table>
<thead>
<tr>
<th>Table 1. Comparison of Perceived vs. Actual Marijuana Use among Asian American and Pacific Islander Students* (2016 MSS)</th>
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<tbody>
<tr>
<td><strong>Never</strong></td>
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<tr>
<td>“How often do you think most students in your school use marijuana?”</td>
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<tr>
<td>“How often do you use marijuana?”</td>
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*Combined responses for Asian American and Pacific Islander students
For the most recent year available, the economic costs associated with alcohol use in Minnesota are an estimated $5.06 billion. This amounts to over $975 for every person in the state.

These costs are 17 times greater than the $296 million in tax revenues collected from alcohol sales.

The Human and Economic Cost of Alcohol Use in Minnesota, MDH (March 2011)

Consequences
According to Uniform Crime Reports:
- While the overall number of liquor law arrests and apprehensions declined steadily in Minnesota from 2007 to 2015, the number of arrests for Asians/Pacific Islanders remained flat, decreasing only after 2012.
- The overall number of narcotics arrests remained relatively flat in Minnesota from 2007 to 2015, while the number of narcotics arrests for Asians/Pacific Islanders increased.

Treatment
Data from the Drug and Alcohol Abuse Normative Evaluation System show:
- The percentage of Asians/Pacific Islanders admitted to Minnesota treatment facilities for alcohol as their primary substance of abuse has decreased over time, with less than a third being admitted for alcohol.
- The percentage of Asians/Pacific Islanders admitted to Minnesota treatment facilities for crack/cocaine remained flat between 2007 and 2016. However, the percentage admitted for opioids increased during that same period from 9% to 16%, and methamphetamine admissions increased from 22% to 40%.

Contributing Factors
Low perception of harm, school factors, low perception of parental disapproval, and community norms favorable toward substance use all contribute to alcohol, tobacco, and drug use in a community.

Perceived Harm
Asian (65%) and Pacific Islander (47%) 5th, 6th, 9th, and 11th graders were least likely to believe that people put themselves at great or moderate risk of harm, physically and in other ways, by smoking marijuana once or twice per week. Perceived great or moderate risk of harm for other substances was as follows: five or more alcoholic drinks once or twice per week: (AA 73%; PI 57%); smoking one or more packs of cigarettes per day: (AA 73%; PI 60%); using prescription drug not prescribed for you: (AA 74%; PI 61%).

School Factors
Among Asian and Pacific Islander 8th, 9th, and 11th graders, those with better teacher-student relationships (feeling that school rules were fair, and that teachers care about them, listen to them, and are interested in them) were 3 times less likely to engage in past-month marijuana use. Those with greater educational engagement were nearly 3.5 times less likely.

Perceived Parental Disapproval
Asian 5th, 8th, 9th, and 11th graders were most likely to say their parents would think it's very wrong or wrong for them smoke cigarettes or marijuana while Pacific Islanders were most likely to say their parents would think it's wrong for them to misuse prescription drugs. Both groups of students were least likely to say their parents would think it's wrong to frequently binge drink.
Mental Health

An estimated 23% of suicides are alcohol-related. Further, having a mental health disorder such as depression or anxiety is a risk factor for substance abuse and many individuals suffer from co-occurring substance use and mental disorders.

According to the 2015 MNSASU, Asian/Pacific Islander adults were slightly less likely than the state average to report at least moderate depressive symptoms in the past two weeks: 6% vs. 7%.

In 2016, Asian students were as likely, and Pacific Islander students more likely than the state average to report any past year suicidal ideation—see Figure 3. Similarly, Asians students were about as likely as average to report past year self-harm (15% vs. 16% for all Minnesota students), while Pacific Islander students were more likely: 22%.

Additionally, 10% of AA and 19% of PI 8th, 9th, and 11th graders reported having a long-term mental health, behavioral, or emotional problem and 6% of AA and 17% of PI students reported having been treated for such an issue in the past year—compared to 18% and 11%, respectively, for Minnesota students overall (2016 MSS).

A number of risk and protective factors are associated with not only substance use but also mental, emotional, and behavioral disorders. Examples of shared protective factors are youth being able to talk to their parents about problems they’re having, and feeling safe (at home, at school, and in your neighborhood). Examples of shared risk factors are adverse childhood experiences, dating violence, and bullying. For data on shared risk and protective factors, visit SUMN.org.

State Epidemiological Outcomes Workgroup

Minnesota’s SEOW has been monitoring substance abuse trends since 2007. The Workgroup helps guide prevention planning at the state level, and provides training and technical assistance to communities. In, 2008 the SEOW launched the Substance Use in Minnesota (SUMN) website to ensure quick and easy access to data for prevention professionals.

SUMN.org

SUMN is a one-stop-shop for data, tools, and prevention resources. Visitors can search county, regional, and state level data by topic, by location, and by demographic producing tables, charts, graphs, and maps. View and download data products, such as this fact sheet, and find tips on finding, analyzing, translating, using, and disseminating data.

Contact Us

For questions or more information regarding the State Epidemiological Outcomes Workgroup or SUMN.org, please email: info@sumn.org

To contact the Regional Prevention Coordinator for your region, please visit: www.rpcmn.org

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