

Drug Abuse Trends in the Minneapolis/St. Paul Metropolitan Area: June 2014

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ABSTRACT

A rising heroin trend dominated the drug abuse situation in the Minneapolis/St. Paul metropolitan area in 2013 and was a key finding for the reporting period. A record-high 14 percent of admissions to addiction treatment programs were for heroin in 2013, of which 40.2 percent were age 18–25. In Hennepin County, the number of opiate-related deaths rose by 57.1 percent from 2012 to 2013 (from n=84 to n=132), but they declined in Ramsey County (from n=45 to n=37). Statewide, 23 Minnesota multijurisdictional drug and violent crime task forces seized 203.8-percent more heroin in 2013 than in 2012. Heroin-involved hospital emergency department visits in the Twin Cities nearly tripled from 2004 to 2011 (from n=1,189 to n=3,493), and those involving prescription narcotic analgesics more than doubled (from n=1,940 to n=4,836). Cocaine-related treatment admissions continued to decline in 2013, accounting for 4.3 percent of admissions, although the number of deaths increased (from n=21 to n=37). Of the cocaine-related treatment admissions in 2013, 74.5 percent were age 35 or older. The second key finding for the reporting period was a continuing increase in methamphetamine indicators. Methamphetamine-related treatment admissions gradually increased in recent years, and in 2013, they accounted for 10 percent of total admissions. Methamphetamine was present in 32.5 percent of drug reports identified among items analyzed by National Forensic Laboratory Information System (NFLIS) laboratories in 2013, compared with 22.6 percent in 2012. Marijuana accounted for 15.5 percent of addiction treatment admissions in 2013, of which 27.1 percent were age 17 or younger. Exposures involving synthetic THC (tetrahydrocannabinol) products and “bath salts” (synthetic cathinones) declined from 2012 to 2013, while those involving 2C-E analogs (marketed as “research chemicals”) increased (from n=24 to n=35), based on Hennepin Regional Poison Center data.

INTRODUCTION

This report analyzes current and emerging trends in substance abuse in the metropolitan area of Minneapolis/St. Paul, Minnesota (the Twin Cities), and is produced twice annually for participation in the Community Epidemiology Work Group of the National Institute on Drug Abuse, an epidemiological surveillance network of drug abuse researchers from 20 U.S. metropolitan areas.

Area Description

The Minneapolis/St. Paul metropolitan area includes Minnesota’s largest city, Minneapolis (Hennepin County), the capital city of St. Paul (Ramsey County), and the surrounding counties of Anoka, Dakota, and Washington, unless otherwise noted. According to the 2010 Census, the population of each county is as follows: Anoka, 330,844; Dakota, 398,552; Hennepin, 1,152,425; Ramsey, 508,640; and Washington, 238,136, for a total of 2,588,907, roughly one-half of Minnesota’s 5.3

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million population. Minnesota shares a northern, international border with Canada and a western border with North Dakota and South Dakota, two of the country's most sparsely populated States.

In the Minneapolis/St. Paul metropolitan area, 80.1 percent of the population is White. African-Americans constitute the largest minority group (9.1 percent), followed by Asians (6.1 percent), American Indians (0.7 percent), and Hispanics of all races (6 percent). There are an estimated 77,000 Somali immigrants and 66,200 Hmong immigrants living in Minnesota, mostly in the Twin Cities metropolitan area.

Illicit drugs are distributed and sold within Minnesota by Mexican drug trafficking organizations, street gangs, independent entrepreneurs, and other criminal organizations. Drugs concealed in compartments of private and commercial vehicles are typically transported into the Twin Cities area for further distribution throughout the State. Interstate Highway 35 starts at the United States–Canadian border in Minnesota and runs south to the United States–Mexican border in Texas. Interstate 94 is the direct route between the Twin Cities and Chicago.

Data Sources

The data sources used in this report are listed below:

- **Mortality data** on drug-related deaths are from the Ramsey County Medical Examiner and the Hennepin County Medical Examiner (through December 2013). Hennepin County cases include accidental overdose deaths in which drug toxicity or mixed drug toxicity was the cause of death and those in which the recent use of a drug was listed as a significant condition contributing to the death. Ramsey County cases include accidental overdose deaths in which drug toxicity was the cause of death. These data are shown in exhibits 1–4.
- **Hospital emergency department (ED) data** are from the Drug Abuse Warning Network (DAWN), Center for Behavioral Health Statistics and Quality, Substance Abuse (CBHSQ), Mental Health Services Administration (SAMHSA), accessed September 12, 2012. These weighted estimates of ED visits are based on a representative sample of non-Federal, general, short-stay hospitals with 24-hour EDs in the 11-county Minneapolis/St. Paul/Bloomington, MN-WI Metropolitan Statistical Area (through December 2011); they are shown in exhibit 5.
- **Addiction treatment data** are from the Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services (through December 2013) and are depicted in exhibits 6–8.
- **Crime laboratory data** are from the National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA), queried on May 9, 2014, according to location of the seizure. All Federal, State and local laboratory data are included in the total number of drug items seized as primary, secondary, or tertiary drugs in the seven-county metropolitan area, including the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington in calendar year 2013. St. Paul crime laboratory data are the exception, since they were not reported after May 2012. Crime laboratory data are shown in exhibit 9.
- **Poison center data** on human exposures to various substances are from the Hennepin Regional Poison Center (through April 2014) and are shown in exhibits 10 and 11.

- **Law enforcement data** are from the multijurisdictional drug and violent crime task forces that operate throughout the State, compiled by the Office of Justice Programs, Minnesota Department of Public Safety (through 2013). In 2013, there were 23 multijurisdictional law enforcement drug and violent crime task forces operating throughout the State, staffed by 186 investigators from more than 200 agencies. Price data and trafficking information are from the DEA. Heroin incident report data are from the Minneapolis Police Department. Law enforcement data are shown in exhibits 12 and 13.
- **Prescription drug data** are from the Minnesota Prescription Monitoring Program, Minnesota Board of Pharmacy, March 2014 (exhibit 14).
- **Hepatitis C virus (HCV) and human immunodeficiency virus (HIV) infection data** are from the Minnesota Department of Health (through 2013).

DRUG ABUSE PATTERNS AND TRENDS

Heroin and Other Opiates

Adverse consequences related to heroin and other opiates continued to escalate in the Twin Cities in 2013, although opiate-related deaths increased markedly in Hennepin County in 2013 and declined in Ramsey County (exhibits 1 and 2). In Hennepin County, there were 132 opiate-related deaths in 2013, compared with 84 in 2012, a 57.1-percent increase. The decedents ranged in age from 18 to 65. At least 57 cases involved heroin (43.2 percent); 14 involved cocaine used in combination with an opiate (10.6 percent); 30 involved methadone (22.7 percent); 15 involved oxycodone (11.3 percent); 6 involved fentanyl; and 4 involved the use of methamphetamine in combination with an opiate. Three of the four decedents with opiate and methamphetamine toxicity were American Indian females.

Calendar year 2012 was the peak year for opiate-related deaths in Ramsey County, with a record-high 45; this reflected a 25-percent increase from 2011. In 2013, deaths fell in number to 37; this represented a 17.7-percent decrease. These 37 decedents ranged in age from 20 to 71. At least 6 cases (16.2 percent) involved heroin; 15 cases (40.5 percent) involved methadone; 10 (27 percent) involved oxycodone; 3 involved cocaine used in combination with opiates; 2 involved fentanyl; and 2 involved opiate and methamphetamine toxicity.

Heroin-involved hospital ED visits nearly tripled from 2004 to 2011 (from $n=1,189$ to $n=3,493$), and narcotic analgesic-related visits more than doubled (from $n=1,940$ to $n=4,836$); this was a 149.3-percent increase (exhibit 5).

Addiction treatment admissions for heroin and other opiates (prescription painkillers and opium) continued to rise in 2013 (exhibits 6 and 7). The number of treatment admissions for heroin increased by 12.4 percent, while treatment admissions for other opiates increased by 10.7 percent from 2012 to 2013.

Heroin accounted for a record-high 14 percent of treatment admissions in 2013, compared with 12.9 percent in 2012, 7.8 percent in 2010, and 3.3 percent in 2000. Anecdotally, most of the young patients entering treatment programs reported that they initially used prescription opiates before

progressing to heroin addiction. Of the 3,063 heroin admissions in 2013, 40.2 percent were age 18–25 (exhibit 8). Males accounted for 65 percent; Whites represented 65.4 percent; and injection was the most common route of administration (64.4 percent).

Other opiates were the primary substance problem reported by 2,081 admissions in 2013, which represented 9.5 percent of total treatment admissions. This compares with 9.0 percent in 2012, 8.4 percent in 2010, and 1.4 percent in 2000. Of these admissions, one-half were female (49.8 percent). One-quarter (25.2 percent) were age 18–25. Whites accounted for 76.4 percent, and oral was the most common route of administration (66.5 percent).

From 2012 to 2013, heroin exposures reported to the Hennepin Regional Poison Center rose from 127 to 147, a 15.7-percent increase (exhibit 11). Hydrocodone and oxycodone exposures declined in 2013. Hydrocodone with acetaminophen was the most frequently prescribed drug reported to the Minnesota Prescription Monitoring Program in March 2014 (exhibit 14). It accounted for 22 percent of all prescriptions, followed by oxycodone with acetaminophen (9.2 percent) and oxycodone hydrochloride (8.3 percent).

All levels of law enforcement in the metropolitan area and statewide reported heightened activities focused on heroin in 2013. Minnesota multijurisdictional drug and violent crime task forces seized 203.8-percent more heroin in 2013 than in 2012 (exhibit 12). Heroin incidents reported by the Minneapolis Police Department rose substantially in recent years, although they declined somewhat in 2013 (exhibit 13). Heroin reports were present in 10.9 percent of the drug items analyzed by NFLIS in 2013 (exhibit 9), compared with 10.2 percent in 2012. A series of raids carried out by Federal, State, and local law enforcement agents in the Twin Cities and Duluth, and Rochester, Minnesota, in April 2014 resulted in the arrest of 80 individuals charged with varying counts of heroin trafficking.

Mexico, and to a lesser extent South America, were the primary sources of heroin in the Twin Cities and Minnesota. Distribution involves Mexican drug cartels. Local heroin includes the chunky, black tar heroin and the brownish-colored powdered heroin. Mexican heroin typically sold for \$20 per dosage unit and \$100–\$200 per gram. An “eight-ball” (1/8 of an ounce) cost roughly \$300. An ounce of black tar ranges in price from \$1,600 to \$2,200, and an ounce of South American heroin cost \$1,700–\$2,400. An ounce of Mexican heroin typically cost \$2,400.

Opium smoking within the Twin Cities’ Hmong community remained an ongoing concern. The opium is concealed in various packages that are shipped from Asia.

Due to new State legislation in 2014, naloxone, the antidote to opioid overdose, will be more widely available in Minnesota, and immunity will be granted to those who call 911 reporting an overdose. With the implementation of “Steve’s Law,” named after Steve Rummeler, who died of a heroin overdose in 2011, and after whom the Steve Rummeler Hope Foundation was formed and named, Minnesota follows at least 19 other States and the District of Columbia in establishing Good Samaritan laws and/or access to naloxone.

Cocaine

Overall, cocaine-related deaths, ED visits, and admissions to addiction treatment programs have declined in the Twin Cities area since 2007. Yet from 2012 to 2013, cocaine-related deaths increased from 18 to 28 in Hennepin County and from 3 to 9 in Ramsey County (exhibit 3). Cocaine-related hospital ED visits declined by 36.7 percent from 2006 to 2011 (exhibit 5).

Cocaine-related treatment admissions declined by 59.1 percent from 2007 to 2013, accounting for 4.3 percent of treatment admissions in 2013 (exhibit 6). Most cocaine-related treatment admissions in 2013 (76.4 percent) were for crack cocaine (exhibit 8). More than one-half (58.7 percent) were African-American; females accounted for 40.4 percent; and almost three-quarters (74.5 percent) were age 35 and older.

Cocaine was present in 22.6 percent of the drug items analyzed by NFLIS laboratories in 2013 (exhibit 9), compared with 17.9 percent in 2012. A gram of cocaine powder cost \$80–\$120. An ounce ranged in price from \$1,000 to \$1,400; a pound cost \$12,400–\$16,000; and a kilogram cost \$24,000–\$31,000. African-American street gangs remain involved in the street-level, retail distribution of crack cocaine. A rock of crack sold for \$15–\$20.

Methamphetamine and Other Stimulants

Methamphetamine-related deaths increased slightly from 2012 to 2013: in Hennepin County from 14 to 16 and in Ramsey County from 7 to 8 (exhibits 1 and 4). Methamphetamine-involved hospital ED visits declined from 2004 to 2009, increased sharply in 2010 (by 71.1 percent), and fell slightly in 2011 (exhibit 5).

Methamphetamine-related treatment admissions have been rising in the Twin Cities since 2009 (exhibits 6 and 7). In 2013, they accounted for 10.0 percent of total admissions, compared with 5.7 percent in 2009. Of these 2,185 admissions in 2013, smoking was the most common route of administration (66.0 percent) (exhibit 8).

Methamphetamine was present in 32.5 percent of drug reports identified among drug items analyzed by NFLIS laboratories in 2013 (exhibit 9), compared with 22.6 percent in 2012. Mexican drug trafficking organizations control the distribution of methamphetamine that arrives in Minnesota from Mexico, California, and Arizona. Methamphetamine cost \$20 per dosage unit, and price ranges were as follows: \$80–\$100 per gram, \$900–\$1,500 per ounce, and \$8,000–\$16,000 per pound.

Khat (pronounced “cot”) is a plant that is indigenous to East Africa and the Arabian Peninsula. Users chew the leaves, smoke it, or brew it in tea for its stimulant effects. It is used within the Somali community in the Twin Cities.

Methylphenidate (Ritalin®) is a prescription medication used in the treatment of attention deficit hyperactive disorder. Adolescents and young adults use it nonmedically to increase alertness and suppress appetite. Crushed and snorted, or ingested orally, each pill sells for up to \$5 or is simply shared with others at no cost. It is sometimes known as a “hyper pill” or “the study drug.” In March 2014, 6.3 percent of prescriptions reported to the Minnesota Prescription Monitoring Program were for methylphenidate, and 10.1 percent were for amphetamines (exhibit 14).

MDMA (3,4-methylenedioxymethamphetamine), also known as ecstasy, “X,” or “e,” is typically sold for \$20 per pill and has stimulant and mild hallucinogenic properties. It produces feelings of energy and euphoria in users, but it can adversely raise body temperature and precipitate feelings of confusion and agitation. “Molly” (slang for “molecular”) refers to an allegedly pure crystalline powder form of the drug MDMA, but analysis has sometimes determined that the tablets actually contain methylene, a chemical often found in synthetic cathinones marketed as “bath salts.” There were 19 MDMA exposures reported to the Hennepin Regional Poison Center in both 2012 and 2013 (exhibit 10).

Marijuana

In 2013, 15.5 percent of admissions to addiction treatment programs involved marijuana as the primary substance problem, compared with 16.3 percent in 2012 (exhibits 6 and 7). Of these 3,390 admissions, 27.1 percent were younger than 18; 38.4 percent were age 18–25; and females accounted for 22.8 percent, the lowest percentage of females in any drug category (exhibit 8). Marijuana-involved visits at hospital EDs increased by 52.5 percent from 2004 to 2010, and they slightly declined from 2010 to 2011 (from $n=6,794$ to $n=6,627$ visits) (exhibit 5).

Marijuana/cannabis was present in 8.3 percent reports identified among drug items analyzed by NFLIS laboratories in 2013 (exhibit 9), compared with 17.8 percent in 2012. Standard grade marijuana sold for \$5 per joint and for up to \$225 per ounce and \$1,500 per pound. Higher quality “BC Bud” marijuana from Canada and the Pacific Northwest enters Minnesota through Montana and North Dakota, with the involvement of Asian drug trafficking organizations. The cost ranged from \$2,800 to \$4,200 per pound. Local indoor cultivation operations continued, sometimes located in unsuspecting homes in residential suburban neighborhoods. In July 2013, law enforcement agents seized 5,500 high-grade marijuana plants at a large outdoor grow operation near Hinckley, Minnesota, about 80 miles north of the Twin Cities.

Synthetic cannabinoids refer to synthetically produced chemicals that are sprayed onto dried herbal mixtures and smoked to mimic the effects of THC (tetrahydrocannabinol), the active ingredient in plant marijuana. They are sold as “herbal incense” with a warning “not for human consumption.” Although these products are illegal to sell or possess under State and Federal laws, they continue to be sold online under many names, such as “K2,” “Spice,” “Stairway to Heaven,” or “California Dreams.” The Hennepin Regional Poison Center reported 149 THC homolog exposures in 2011, 157 in 2012, and 110 in 2013 (exhibit 10). From 2010 to 2011, hospital ED visits for synthetic cannabinoids rose from 170 to 418 (exhibit 5).

Due to new State legislation passed by the 2014 Minnesota legislature and awaiting signature by the Governor as of May 27, 2014, medical use of marijuana will be allowed in Minnesota.

Hallucinogens and Other Synthetics

LSD (lysergic acid diethylamide), or “acid,” is a synthetically produced, long-acting hallucinogen that is typically sold as saturated, tiny pieces of paper, known as “blotter acid,” for \$5 to \$10 per dosage unit. The Hennepin Regional Poison Center reported 15 LSD exposures in 2012, 45 in 2013 (exhibit 10), and 11 in the first quarter of 2014.

Synthetic cathinones, sold as so-called “bath salts,” are consumed to produce effects similar to MDMA. Substituted cathinones may contain mephedrone or many other chemicals alone or in combination, such as MDPV (3,4-methylenedioxypropylvalerone), methylone (3,4-methylenedioxy-methylcathinone or MDMC), naphyrone (naphthylpyrovalerone or NRG-1), 4-Fluoromethylcathinone or 3-FMCO, methedrone (4-methoxymethylcathinone or bk-PMMA or PMMC), or butylone (beta-keto-N-methylbenzodioxolylpropylamine or bk-MBDB). These are sold under names such as “Vanilla Sky,” “Bliss,” and “Ivory Wave.” Mephedrone by itself is also known as “Meow Meow,” “M-CAT,” “Bubbles,” or “Mad Cow.” Because the actual ingredients are unknown, the effects are unpredictable and can include agitation, paranoid delusions, and extreme psychosis. The Hennepin Regional Poison Center reported 144 synthetic cathinone exposures in 2011, 87 in 2012, and 50 in 2013 (exhibit 10).

2C-E phenethylamine (2,5-dimethoxy-4-ethylphenylethylamine) and related analogs are sold online as so-called “research chemicals.” In January 2014, a 17-year-old female died after 25I-NBOME use in suburban Woodbury in Washington County. In May, the three juveniles and two adults who were involved in the chain of custody of the drug were charged with third degree murder. In March 2014, a 22-year-old male and a 17-year-old female died after ingesting chemicals in the 2C family in Mankato, Minnesota, located 90 miles southwest of the Twin Cities. The chemicals were purchased locally in small zip-lock® bags. In June 2013, a 30-year-old male in Ramsey County died from probable 25I-NBOME toxicity. “N-bomb” is also known as “legal acid,” “smiles,” or simply “25-I,” and refers to these closely related synthetic hallucinogens 25I-NBOME, 25C-NBOME, or 25B-NBOME. In 2011, 2C-E use by a group of young people in suburban Blaine, Minnesota, resulted in 11 emergency room visits and the death of a 19-year-old male. Hennepin Regional Poison Center exposures for 2C analogs totaled 23 in 2011, 24 in 2012, and 35 in 2013 (exhibit 10).

Analysis has shown that a single packet of a synthetic drug, such as a synthetic cathinone or a drug marketed as a “research chemical,” can contain a single chemical component or multiple components. Additionally, ingredients and the concentration of ingredients within single brand names change over time. For these reasons, it is especially difficult to identify these substances and to establish predictability in dosage amounts or effects. In October 2013, the owner of head shop in Duluth, Minnesota, was convicted of 51 counts for the sale of synthetic drugs including synthetic cathinones, “research chemicals,” and synthetic cannabinoids.

Alcohol and Tobacco

Fewer than one-half (43.9 percent) of total admissions to addiction treatment programs reported alcohol as the primary substance problem in 2013 (exhibit 7). Of these 9,601 patients, more than one-half (60.2 percent) were 35 and older (exhibit 8). Tobacco smoking is widespread among patients admitted to addiction treatment programs. Rates of current smoking range from a high of 84.0 percent of heroin admissions to a low of 59.6 percent of alcohol admissions.

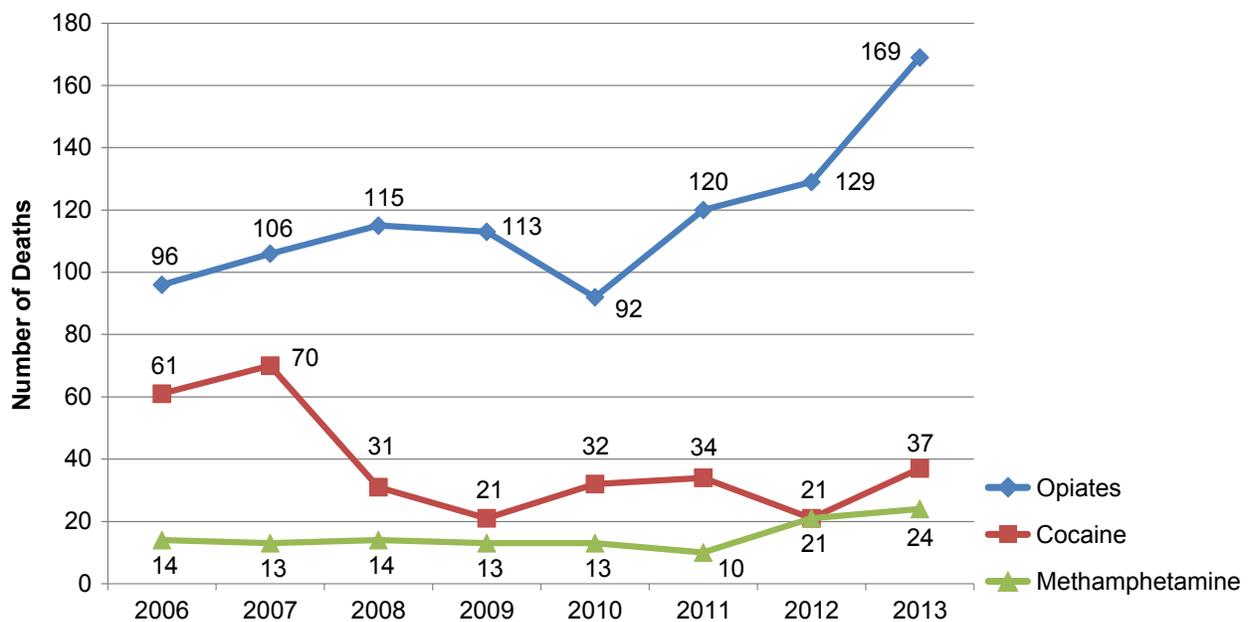
INFECTIOUS DISEASES RELATED TO DRUG ABUSE

Hepatitis C is a chronic liver disease that results from infection with the hepatitis C virus (HCV). Most people contract HCV by sharing needles or other equipment used to inject drugs. As of December 31, 2013, in Minnesota there were 40,943 persons living with past or present HCV infection, and there were 7,723 persons living with HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), mostly in the Twin Cities metropolitan area. Regarding the mode of exposure

among the 301 new cases of HIV/AIDS infection diagnosed in 2013 in Minnesota, male-to-male sex (MSM) accounted for 62 percent of cases among males; injection drug use accounted for 3 percent; and MSM and injection drug use accounted for 7 percent. Among females, heterosexual contact accounted for 89 percent, and injection drug use accounted for 3 percent.

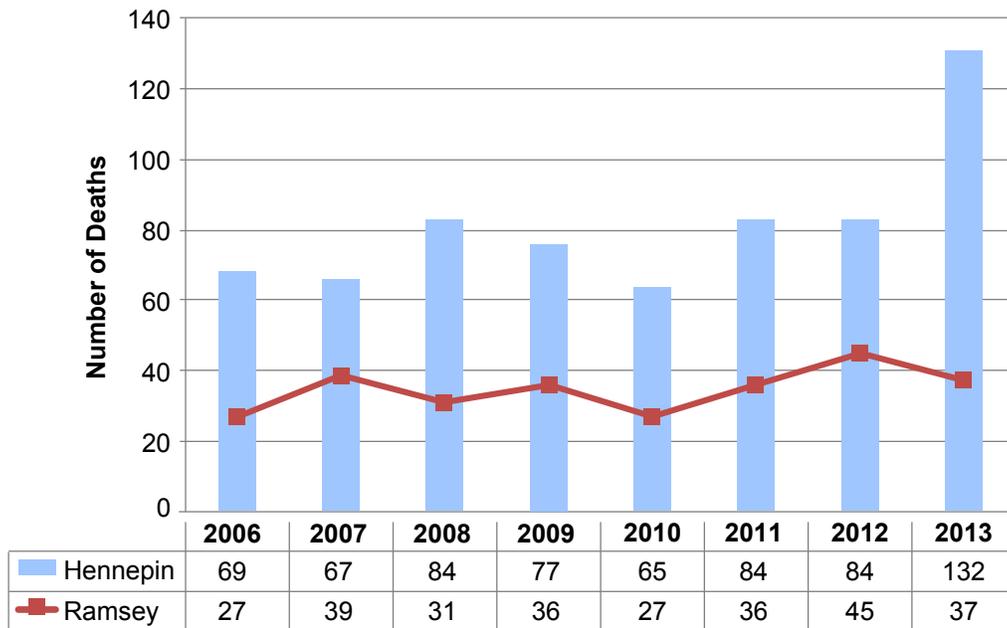
For inquiries concerning this report, please contact Carol Falkowski, Epidemiology Specialist, Drug Abuse Dialogues, 364 James Court, St. Paul, Minnesota 55115, Phone: 651-485-3187, E-mail: carol.falkowski@gmail.com.

Exhibit 1. Number of Drug-Related Deaths for Opiates, Cocaine, and Methamphetamine, Hennepin and Ramsey Counties Combined Totals: 2006–2013



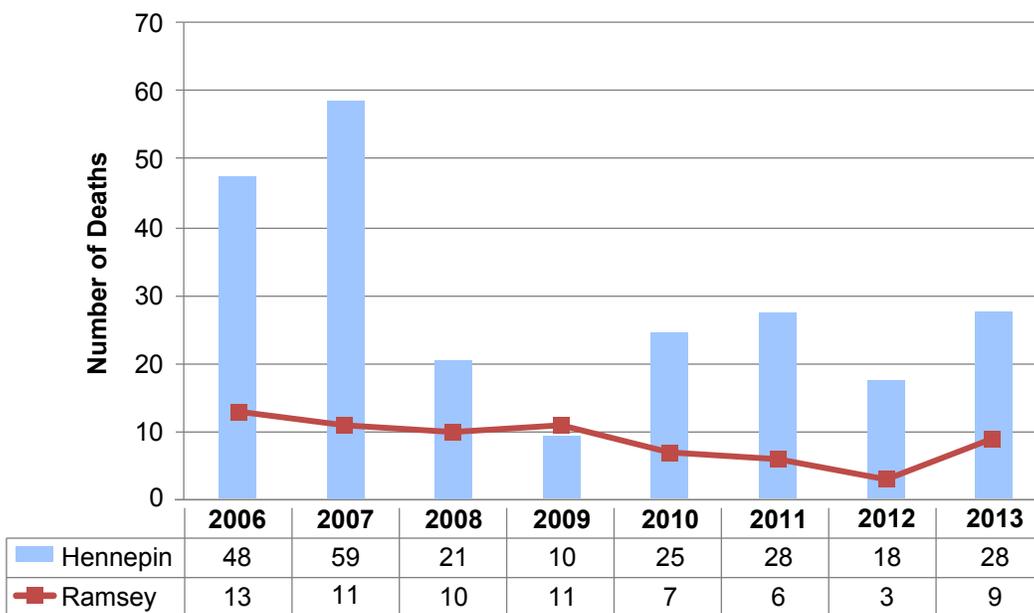
SOURCE: Hennepin County Medical Examiner and Ramsey County Medical Examiner, 2014

Exhibit 2. Number of Opiate-Related Deaths by County, Hennepin and Ramsey Counties: 2006–2013



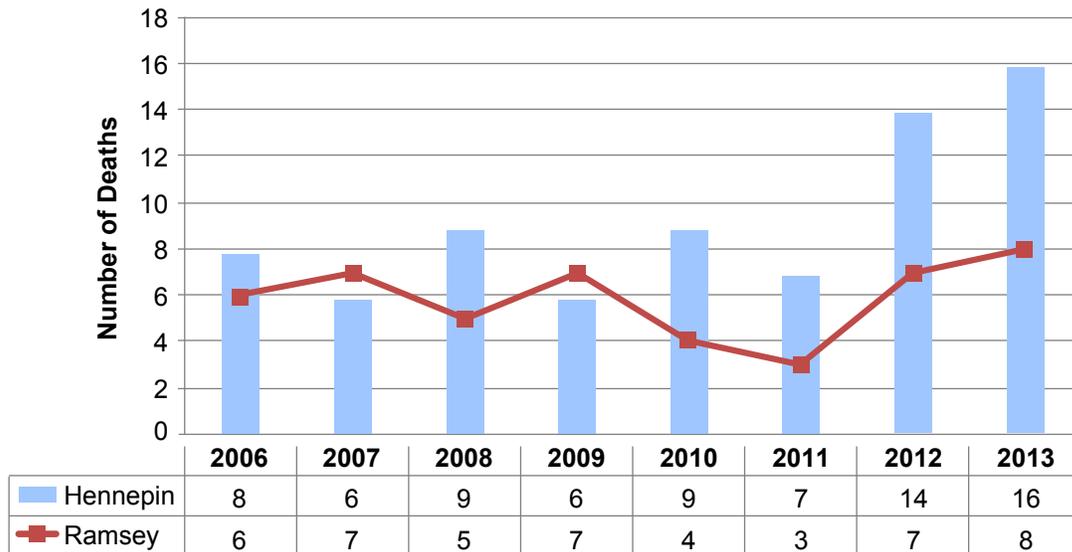
SOURCE: Hennepin County Medical Examiner, Ramsey County Medical Examiner, 2014

Exhibit 3. Number of Cocaine-Related Deaths by County, Hennepin and Ramsey Counties: 2006–2013



SOURCE: Hennepin County Medical Examiner, Ramsey County Medical Examiner, 2014

Exhibit 4. Number of Methamphetamine-Related Deaths by County, Hennepin and Ramsey Counties: 2006–2013



SOURCE: Hennepin County Medical Examiner, Ramsey County Medical Examiner, 2014

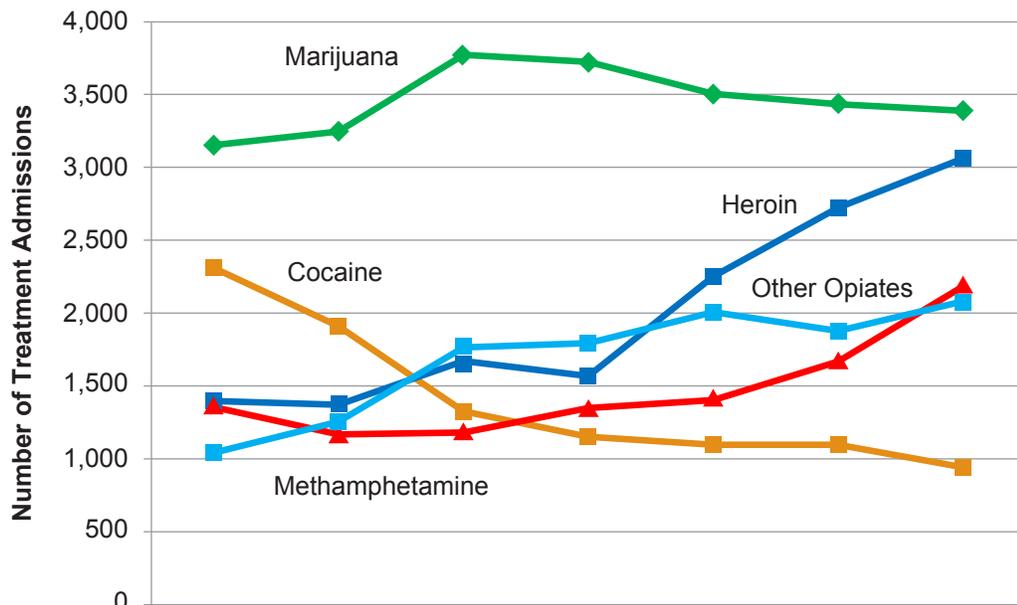
Exhibit 5. Number of Hospital Emergency Department Visits¹ Involving Selected Drugs, Minneapolis/St. Paul/Bloomington, MN-WI Metropolitan Statistical Area: 2004–2011

Drug	2004	2005	2006	2007	2008	2009	2010	2011
Cocaine	6,228	6,076	6,764	5,189	5,390	3,843	4,141	4,279
Heroin	1,189	1,023	1,312	1,691	1,651	1,855	2,256	3,493
Marijuana	4,455	4,468	4,302	5,757	5,617	5,596	6,794	6,627
Synthetic Cannabinoids	—	—	—	—	—	—	170	418
Methamphetamine	1,741	2,209	1,120	1,103	1,001	970	1,660	1,541
MDMA (Ecstasy)	204	254	252	433	485	475	362	397
Total Narcotic Analgesics	1,940	1,872	2,491	3,391	3,905	3,890	4,697	4,836

¹These weighted estimates of ED visits are based on a representative sample of non-Federal, general, shortstay hospitals with 24-hour EDs in the Minneapolis/St. Paul/Bloomington, MN-WI Metropolitan Statistical Area.

SOURCE: DAWN, CBHSQ, SAMHSA, accessed September 12, 2012

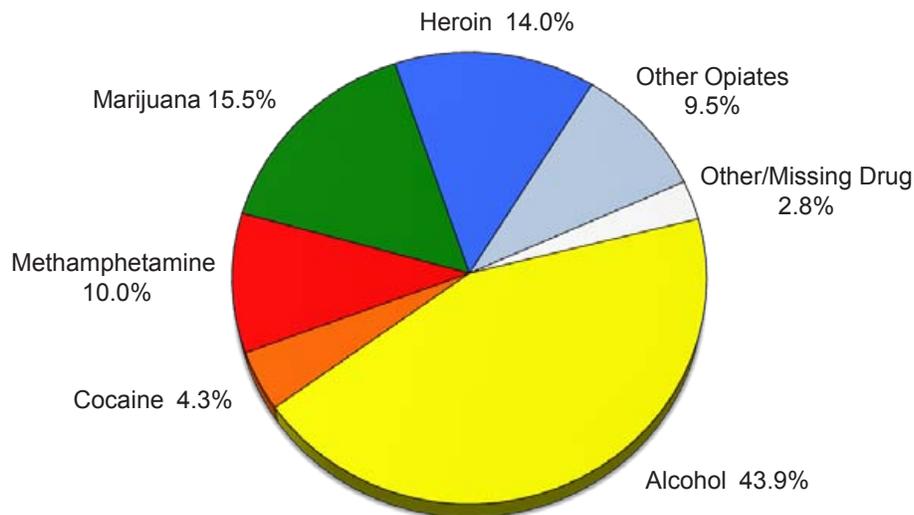
Exhibit 6. Number of Admissions to Minneapolis/St. Paul Metropolitan Area Addiction Treatment Programs by Primary Substance Problem (Excluding Alcohol Admissions): 2007–2013



	2007	2008	2009	2010	2011	2012	2013
◆ Marijuana	3,152	3,247	3,772	3,725	3,506	3,435	3,390
■ Cocaine	2,310	1,911	1,326	1,153	1,096	1,097	944
▲ Methamphetamine	1,355	1,168	1,181	1,350	1,403	1,669	2,185
■ Heroin	1,396	1,373	1,672	1,567	2,252	2,724	3,063
■ Other Opiates	1,042	1,254	1,764	1,796	2,009	1,879	2,081

SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, 2014

Exhibit 7. Percentage of Admissions to Minneapolis/St. Paul Metropolitan Area Addiction Treatment Programs by Primary Substance Problem: 2013



SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, 2014

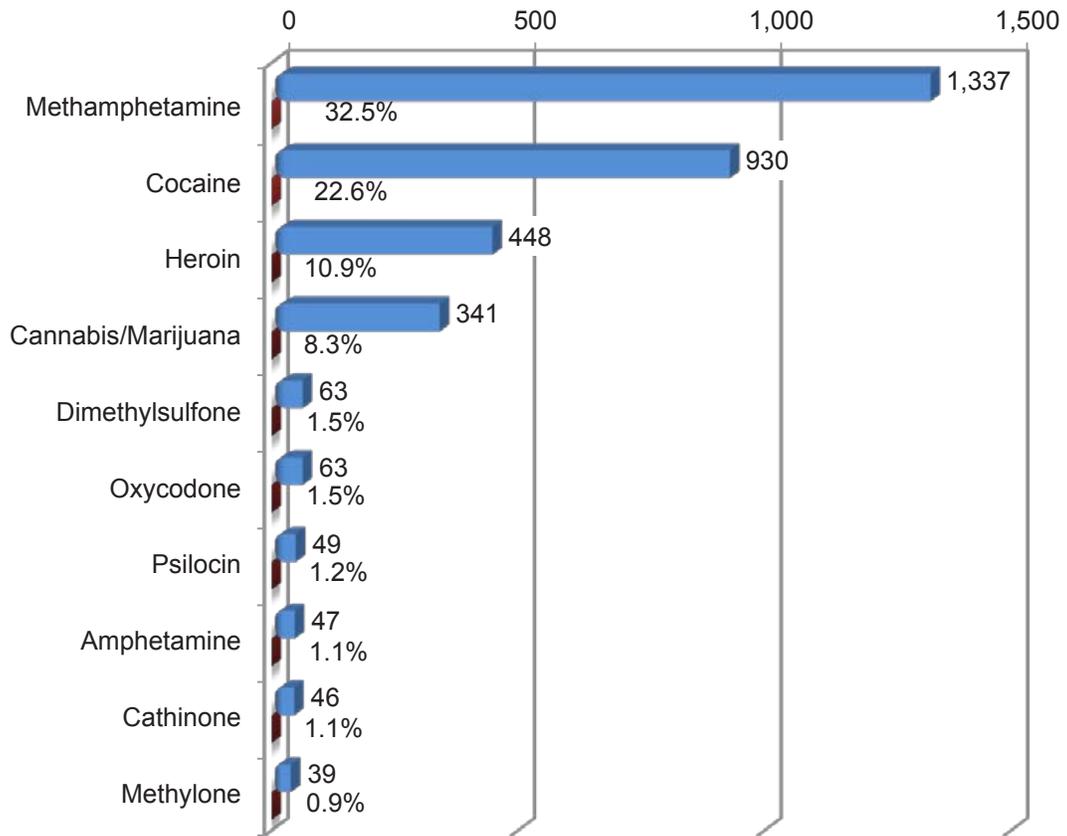
Exhibit 8. Characteristics of Patients Admitted to Minneapolis/St. Paul Metropolitan Area Addiction Treatment Programs by Primary Substance Problem: 2013

Total Admissions 21,856	Alcohol 9,601 43.9%	Marijuana 3,390 15.5%	Cocaine 944 4.3%	Methamphet- amine 2,185 10.0%	Heroin 3,063 14.0%	Other Opiates 2,081 9.5%
Gender						
% Male	68.1	77.2	59.6	63.4	65.0	50.2
% Female	31.9	22.8	40.4	36.6	35.0	49.8
Race/Ethnicity						
% White	72.8	49.9	26.5	78.9	65.4	76.4
% African-American	14.7	31.2	58.7	2.5	18.2	4.9
% American Indian	3.5	3.4	3.9	3.2	7.1	8.8
% Hispanic	4.5	7.7	5.4	6.4	4.8	3.9
% Asian/Pacific Islanders	1.9	1.6	1.1	5.0	0.9	2.4
% Other	2.6	6.1	4.4	3.9	3.6	3.6
Age						
% 17 and Younger	1.3	27.1	0.8	2.6	1.0	1.2
% 18–25	14.7	38.4	6.4	24.5	40.2	25.2
% 26–34	23.8	20.1	18.3	38.2	27.0	33.7
% 35 and Older	60.2	14.5	74.5	34.8	31.8	39.9
Route of Administration						
% Oral/Multiple	100	1.8	—	5.3	0.8	66.5
% Smoking	—	98.2	76.4	66.0	8.1	5.2
% Snorting	—	—	23.1	7.7	26.6	17.3
% Injection	—	—	0.5	20.9	64.4	11.1
% Unknown	—	—	—	—	—	—
% Current Smokers	59.6	69.3	76.6	78.4	84.0	71.2

NOTE: Unknown primary drug $n=262$ (1.2 percent). All other primary drugs $n=330$ (1.5 percent).

SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, 2014

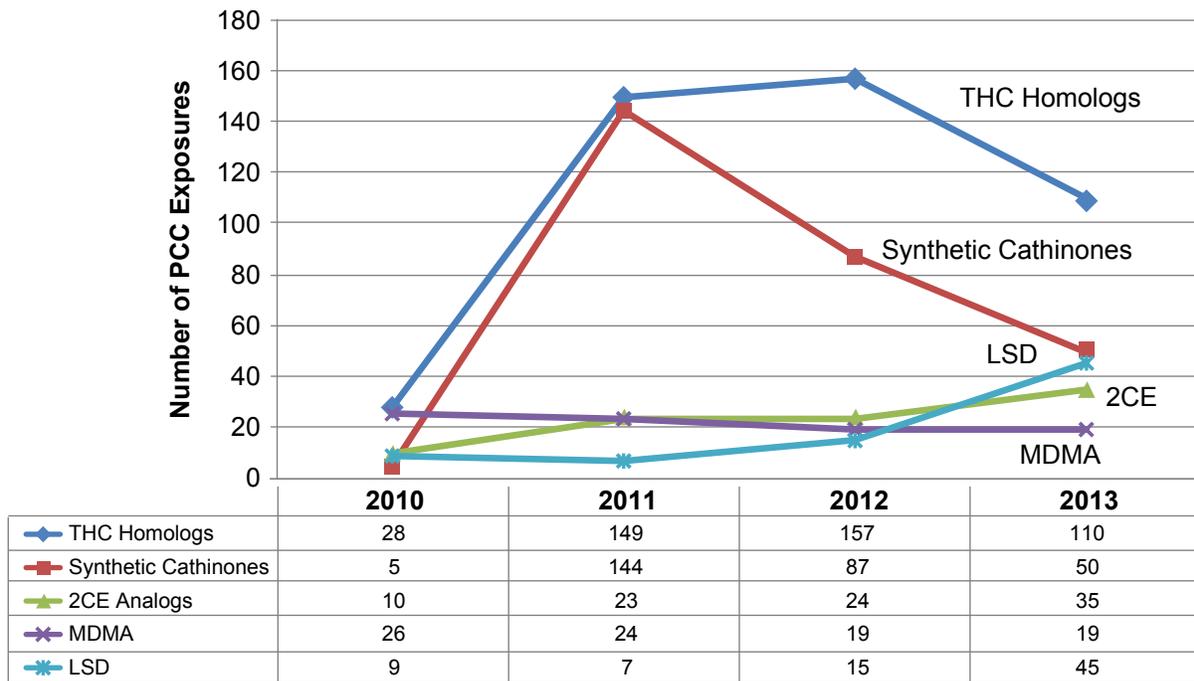
Exhibit 9. Number and Percentage of Top 10 Drug Reports Among Drug Items Seized by Law Enforcement, by Drug, Minneapolis/St.Paul Metropolitan Area: 2013



NOTE: All Federal, State and local laboratory data are included in the total number of drug items seized as primary, secondary, or tertiary drugs in the seven-county metropolitan area including the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington in calendar 2013, except St. Paul crime laboratory data that were not reported after May 2012. Total items $n=4,108$. All other=18.4 percent.

SOURCE: NFLIS, DEA, queried on May 9, 2014, according to location of seizure

Exhibit 10. Number of Exposures to Selected Synthetic Drugs from Poison Control Center (PCC) Data, Minneapolis/St. Paul: 2010–2013



SOURCE: Hennepin Regional Poison Center, Hennepin County Medical Center, 2014

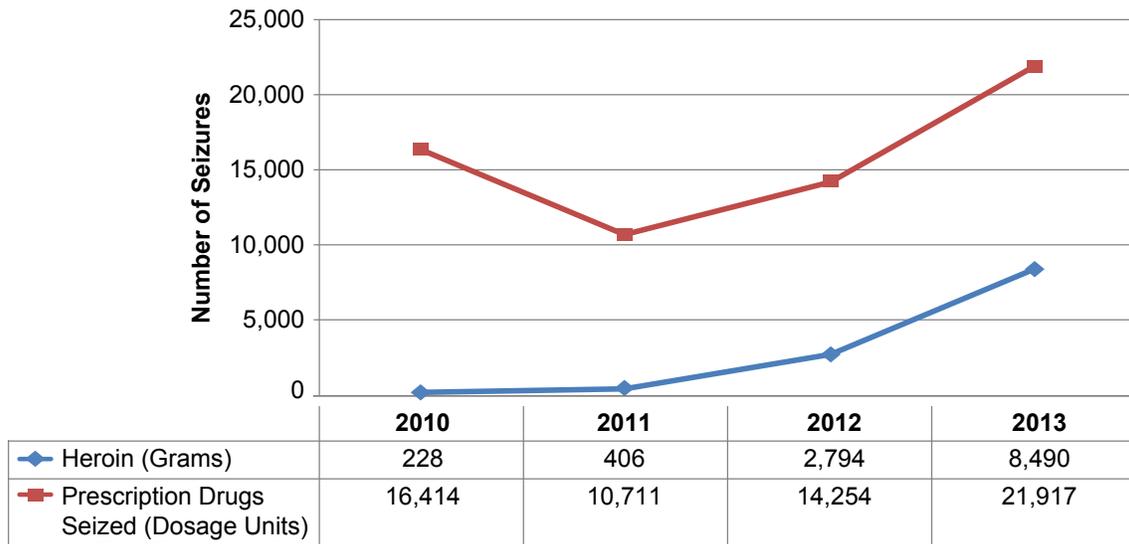
Exhibit 11. Number of Selected Opiate-Related Exposures from Poison Control Center Data, Minneapolis/St. Paul: 2010–First Quarter (1Q) 2014¹

	2010	2011	2012	2013	1Q 2014
Hydrocodone	621	655	713	605	135
Oxycodone	580	575	636	579	143
Heroin	52	78	127	147	37

¹2014 data are for January through April.

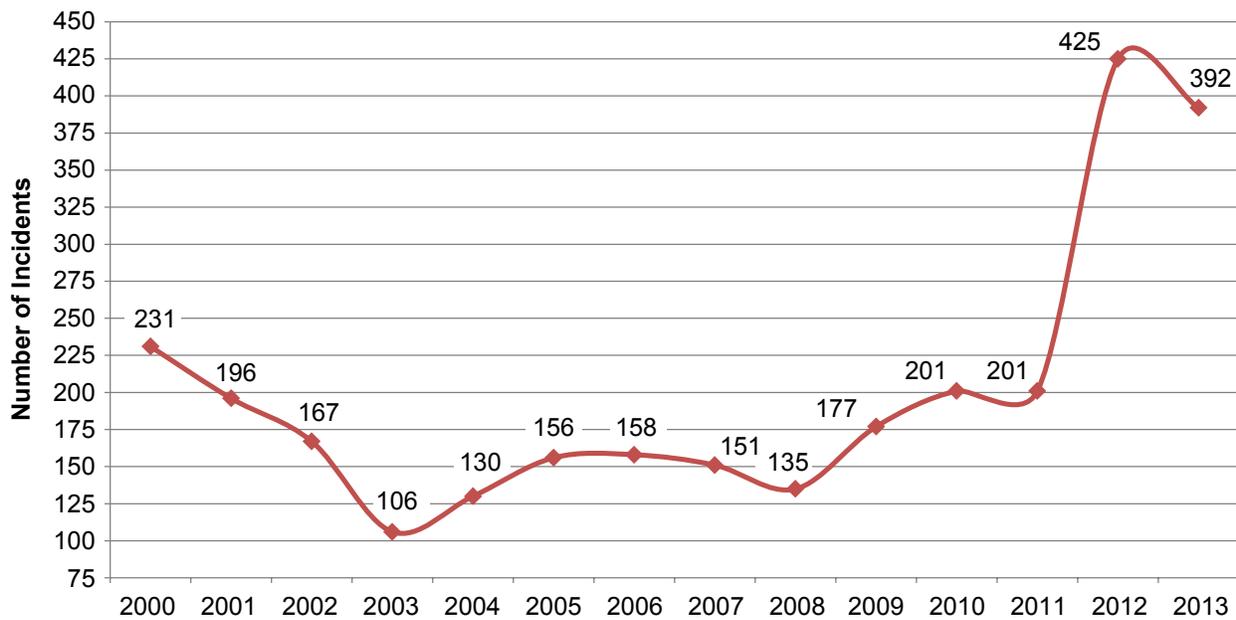
SOURCE: Hennepin Regional Poison Center, Hennepin County Medical Center, 2014

Exhibit 12. Number of Law Enforcement Seizures by Minnesota Drug and Violent Crime Task Forces, Minnesota: 2010–2013



SOURCE: Office of Justice Programs, Minnesota Department of Public Safety, 2014 (unaudited)

Exhibit 13. Number of Heroin Incidents Reported to the Minneapolis Police Department: 2000–2013



SOURCE: Minneapolis Police Department, 2014

**Exhibit 14. Number and Percentage of Top 10 Prescriptions Dispensed¹ by Drug, Minnesota:
March 2014**

Drug	# Of Prescriptions	% Of All Prescriptions
Hydrocodone With Acetaminophen	108,498	22
Oxycodone HCL (8.3%) and Oxycodone With Acetaminophen (9.2%)	87,999	17.5
Dextroamphetamine/Amphetamine	50,750	10.1
Zolpidem Tartrate	41,166	8.2
Lorazepam	38,557	7.7
Methylphenidate HCL	31,780	6.3
Clonazepam	31,195	6.2
Alprazolam	27,781	5.5
Acetaminophen With Codeine	13,177	2.6

¹Total prescriptions dispensed and reported to the Prescription Monitoring Program in March 2014=503,613.

SOURCE: Prescription Monitoring Program Monthly Report, Issue 15, Minnesota Board of Pharmacy, March 2014