

Drug Abuse Trends Minneapolis/St. Paul, Minnesota

January 2010

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Background

This report is produced twice annually for participation in the Community Epidemiology Work Group of the National Institute on Drug Abuse, an epidemiological surveillance network of researchers from 21 U.S. metropolitan areas, and is also available at: www.dhs.state.mn/adad.

Area Description

The Minneapolis/St. Paul ("Twin Cities") 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. Recent estimates of the population of each county are as follows: Anoka, 313,197; Dakota, 375,462; Hennepin, 1,239,837; Ramsey, 515,274; and Washington, 213,395, for a total of 2,557,165, or roughly one-half of the Minnesota State population. In the five-county metropolitan area, 84 percent of the population is White. African-Americans constitute the largest minority group in Hennepin County, while Asians are the largest minority group in Ramsey, Anoka, Dakota, and Washington Counties.

Data Sources

Treatment data are from addiction treatment programs (residential, outpatient) in the five-county Twin Cities metropolitan area as reported on the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Minnesota Department of Human Services (through June 2009).

Hospital emergency department data are weighted estimates from the Drug Abuse Warning Network (DAWN,) administered by the Office of Applied Studies of the Substance Abuse and Mental Health Services Administration.

Crime lab data are from the National Forensic Laboratory Information System (NFLIS), sponsored by the U.S. Drug Enforcement Administration.

College student alcohol use data are from the 2009 College Student Health Survey, conducted by Boynton Health Service, University of Minnesota. N = 5,692 students randomly selected from nine Minnesota colleges and universities.

Drug Abuse Trends

The most notable shift was the marked decline in cocaine-related treatment admissions in 2009 (first half.) Cocaine was the primary substance problem for 6.4 percent of total treatment admissions in 2009 (first half,) compared with 9.9 percent in 2008, and 11.6 in 2007. Most cocaine admissions were for crack cocaine and most patients (70 percent) were age 35 or older. Almost half (49 percent) were African American.

Treatment admissions for both heroin and other opiates steadily increased since the turn of the century. Yet recently, heroin-related admissions were generally stable, accounting for 6.5 percent of total treatment admissions in 2009 (first half,) compared with 6.7 percent in 2008.

Admissions involving other opiates, however, continued the upward trend, accounting for 7.5 percent of total admissions in 2009 (first half,) compared with 6.2 percent in 2008. For the most part, these admissions involved the non-medical use of prescription pain medications. Of those patients admitted to treatment for other opiates, almost half (46 percent) were women, and oral was the primary route of administration (74 percent.)

Treatment admissions for methamphetamine (meth) increased slightly in 2009, following a decline that began in 2006. They accounted for 5.9 percent of treatment admissions in 2009 (first half), compared with 5.5 percent in 2008 (first half,) and 12 percent in 2005 (the highest year).

Seizures of methamphetamine by law enforcement surpassed those of cocaine in 2009 (first half.) Cocaine accounted for 20.2 percent of seizures, and methamphetamine 27.5 percent in 2009 (first half). One-third of seizures were cannabis.

Treatment admissions with marijuana as the primary substance problem accounted for 18.7 percent of treatment admissions in 2009 (first half,) compared with 16.9 percent of total treatment admissions in 2008 (first half). Most patients (66 percent) admitted to treatment for marijuana dependence were under age 26. Many (39.8 percent) had no prior treatment experience. The average age of first marijuana use was 14.3 years, the youngest age within any drug category.

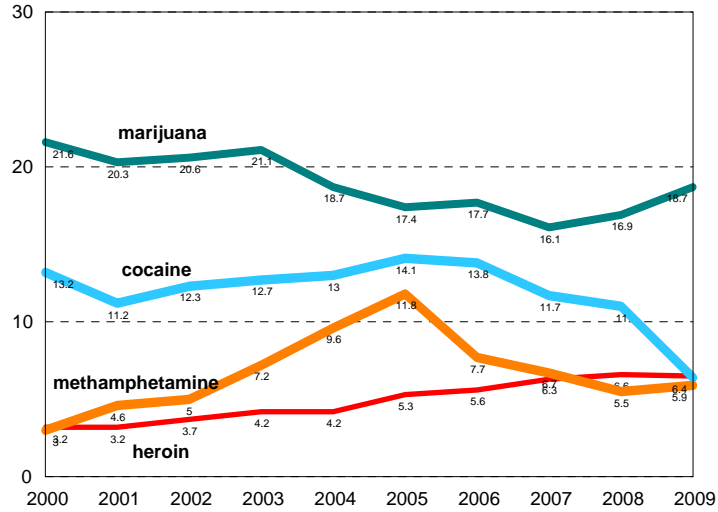
Addiction treatment programs continue to treat more patients for alcoholism than any other drug disorder. In 2009 (first half,) 53.1 percent of admissions reported alcohol as the primary substance problem. Most (58 percent) were age 35 or older. The average age of first alcohol use among this group of patients was 15.5 years.

Hospital emergency department data shows a decline in episodes involving cocaine and meth, and an increase in marijuana and heroin episodes.

According to the 2009 College Student Health Survey of 5,692 students from nine Minnesota colleges and universities, 64.9 percent reported using alcohol in the past 30 days. High-risk drinking, defined as 5 or more drinks at one sitting in past two weeks, was reported by 32.8 percent of students: 41.3 percent of male and 28.1 percent of female students. Students who reported high risk drinking were also significantly more likely to report negative consequences related to their drinking including DWI, missed classes, arguments, and being taken advantage of sexually.

Exhibit 1

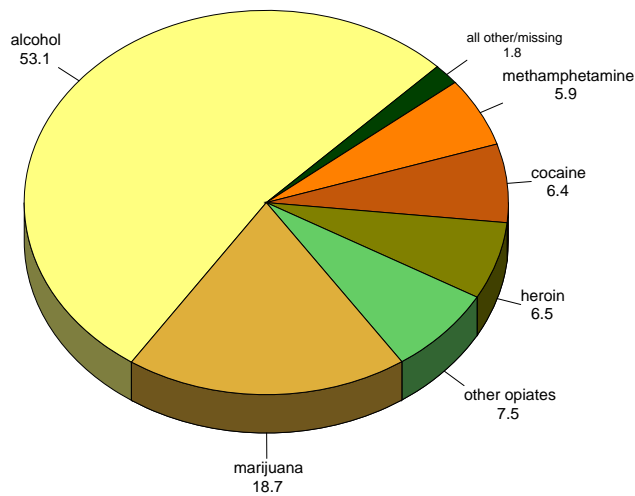
Percent of treatment admissions by primary substance problem
 Minneapolis/St. Paul 2000 - 2009 (first half)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2009.

Exhibit 2

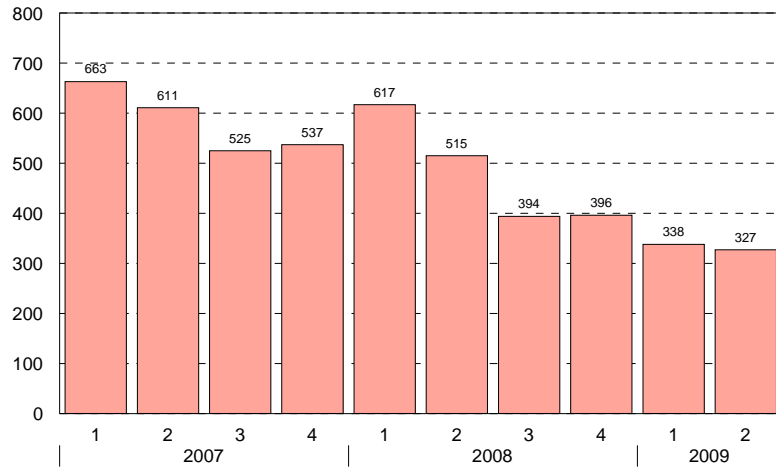
Percent of admissions to addiction treatment programs by primary substance problem
 Minneapolis/St. Paul from January - June 2009



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2009.
 Total number of admissions = 10,315. Primary substance unknown = 60.

Exhibit 3

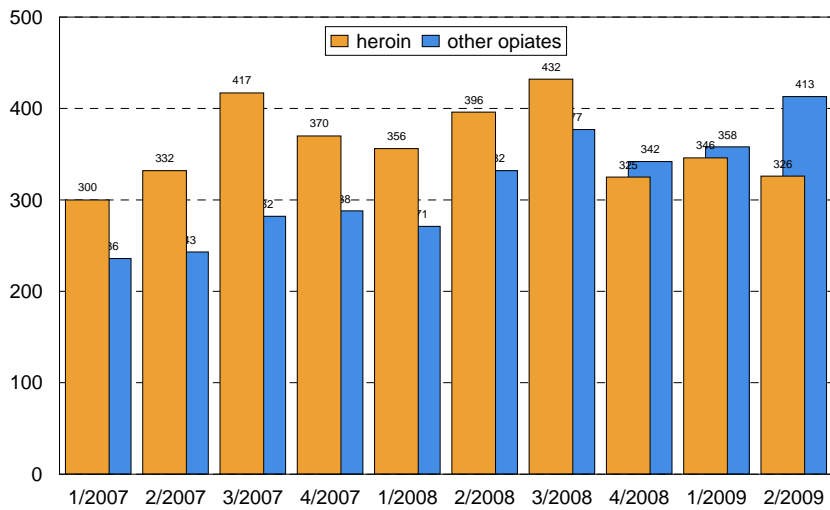
Number of treatment admissions with cocaine as the primary substance problem
Minneapolis/St. Paul from 2007 - 2009 (by quarter)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2009.

Exhibit 4

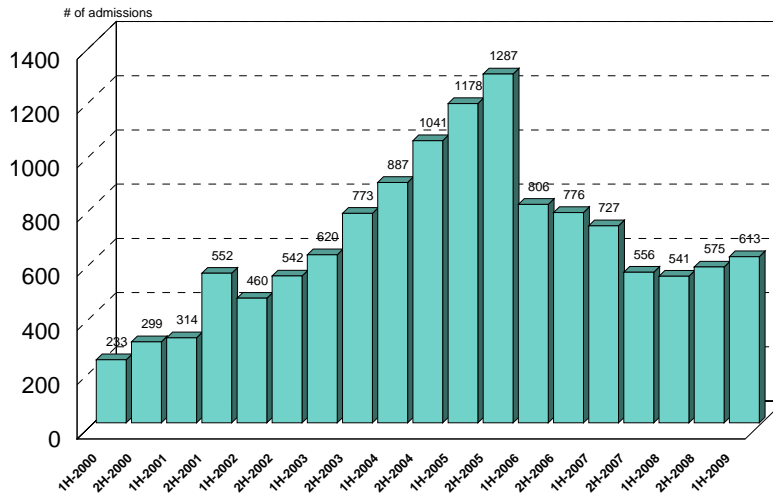
Number of treatment admissions with heroin and other opiates as the primary substance problem
Minneapolis/St. Paul from 2007 - 2009 (by quarter)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2009.

Exhibit 5

Number of treatment admissions with methamphetamine as the primary substance problem
Minneapolis/St. Paul 2000 through June 2009 (by half year)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2009.

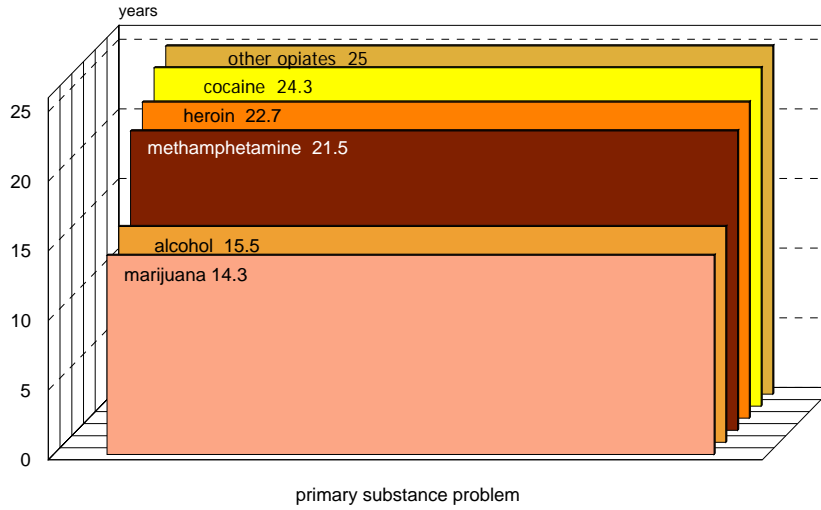
Exhibit 6 Characteristics of patients admitted to addiction treatment programs
by primary substance problem: Minneapolis/St. Paul metro area: January - June 2009

TOTAL ADMISSIONS = 9,846	ALCOHOL = 5,481 (53.1%)	MARIJUANA = 1,929 (18.7%)	COCAINE = 665 (6.4%)	METH = 613 (5.9%)	HEROIN = 672 (6.5%)	OTHER OPIATES = 771 (7.5%)
GENDER						
% male	69	79	64	63	67	54
% female	31	21	36	37	33	46
RACE/ETHNICITY						
% White	77	55	39	86	59	79
% African Am	12	30	49	1	30	3
% Am Indian	4	3	4	2	6	13
% Hispanic	4	6	3	4	3	2
% Asian-Pacific Is	1	2	1	3	0	2
% Other	2	4	4	3	2	1
AGE						
% 17 and under	2	30	1	2	1	3
% 18 - 25	18	36	9	25	26	26
% 26 - 34	22	19	20	35	25	31
% 35 +	58	14	70	38	47	40
ROUTE of ADMINISTRATION						
% oral	100	1	0	6	0	74
% smoking	0	98	77	73	5	3
% snorting/inhalation	0	0	21	6	31	12
% injection	0	0	1	14	63	10
% unknown	0	0	1	1	0	1
SECONDARY DRUGS						
% none	45%	alcohol - 52%	alcohol - 44%	alcohol - 31%	cocaine - 23%	other - 30%
% MJ	22%	none - 26%	MJ - 23%	MJ - 26%	other opiates - 19%	MJ - 20%
% other	19%	other - 10%	none - 19%	none - 22%	MJ - 17%	alcohol - 17%
No prior treatment	31.9%	39.8%	16%	19.5%	15.6%	28%
Average age 1st use (in years)	15.5	14.3	24.3	21.5	22.7	25

SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2009.

Exhibit 7

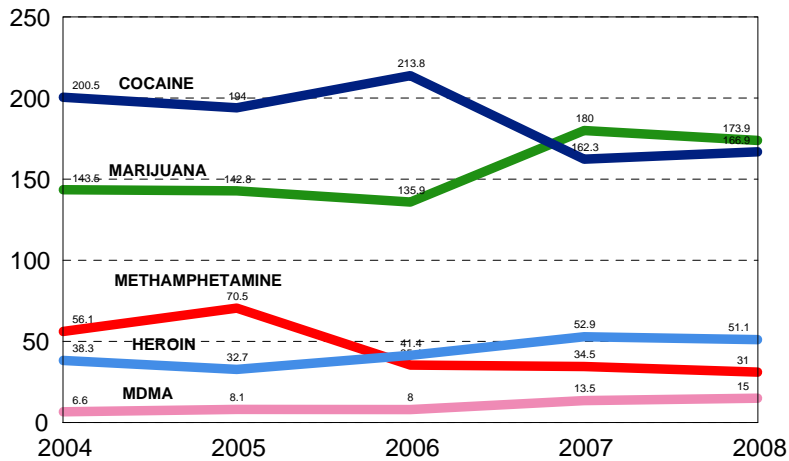
Average age of first use by primary substance problem for treatment admissions
 Minneapolis/St. Paul from January - June 2009



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2009.

Exhibit 8

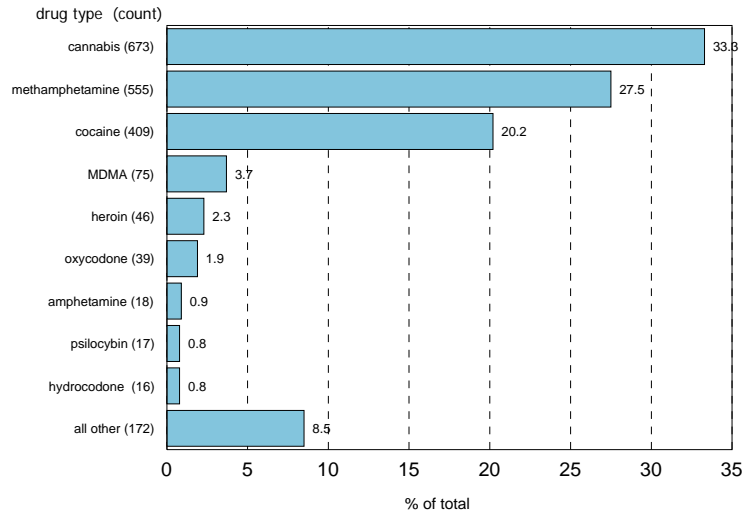
Population-based estimates (weighted) of drug abuse-related hospital
 emergency department visits in Minneapolis/St. Paul by drug category: 2004 - 2008



SOURCE: Drug Abuse Warning Network (DAWN), Substance Abuse and Mental Health Services Administration (SAMHSA). Cases are based on a representative sample of metro area short stay, non-Federal hospital with 24-hour emergency departments from 2004 - 2008. Rates are per 100,000 population. All DAWN data are reviewed for quality control, may be corrected or deleted, and are subject to change. These data were prepared by the Office of Applied Studies of SAMHSA on 11/24/ and 12/1/2009.

Exhibit 9

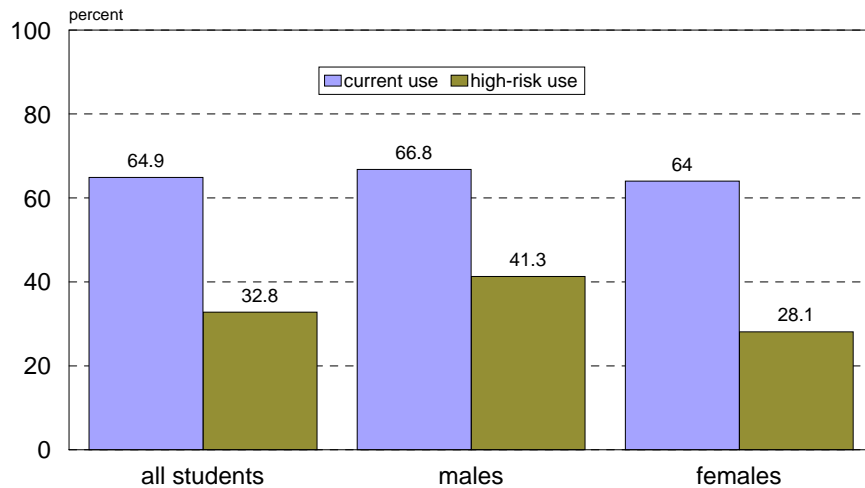
Most frequently identified drug items seized by law enforcement in the Minneapolis/St.Paul area -- January through June 2009



SOURCE: National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration, 12/10/2009. Seven county metropolitan area.

Exhibit 10

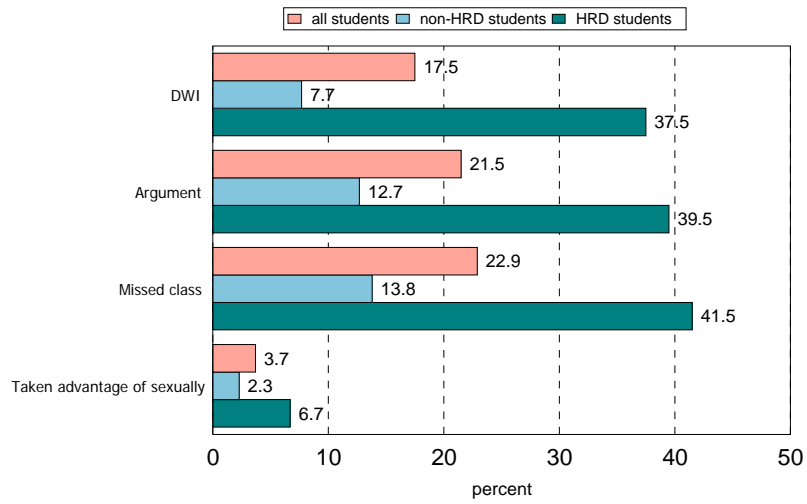
Current alcohol use and high-risk drinking among Minnesota college students by gender



SOURCE: 2009 College Student Health Survey, Boynton Health Service, University of Minnesota. N = 5,692 students randomly selected from nine Minnesota colleges and universities. Current alcohol use = any alcohol use in past 30 days. High-risk drinking = 5 or more drinks at one sitting in past two weeks.

Exhibit 11

Selected negative consequences by high-risk drinking (HRD) status among Minnesota college students



SOURCE: 2009 College Student Health Survey, Boynton Health Service, University of Minnesota. N = 5,692 students randomly selected from nine Minnesota colleges and universities. High-risk drinking (HRD) = 5 or more drinks at one sitting in past two weeks. Consequence are based on reported experiences within the past 12 months.