

Drug abuse trends in Minneapolis/St. Paul, Minnesota: January 2012 update

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Abstract

Admissions to treatment programs for addiction to heroin and other opiates continued to increase in the Twin Cities in 2011. At the highest level yet, nearly one in five patients entering addicting treatment were seeking help for opiate addiction. Heroin accounted for a record-high 10 percent of all admissions to addiction treatment in 2011 (first half,) compared with 3.3 percent in 2000. Other opiates (mostly prescription painkillers) accounted for 9.3 percent of all admissions to addiction treatment in 2011 (first half,) compared with 1.4 percent in 2000. At the same time, indicators related to the abuse of cocaine continued a downward trend, and accounted for only 4.9 percent of treatment admissions in 2011 (first half,) compared with 14.4 percent in 2005. The use of synthetic substances that are consumed for their stimulant and hallucinogenic drug-like effects increased in 2011. Reported exposures to Hennepin Regional Poison Center increased markedly in 2011 for THC homologs (“fake pot” sold as herbal incense,) phenylethylamines such as 2C-E (sold as “research chemicals,”) and various chemical compounds sold as “bath salts.”

BACKGROUND AND INTRODUCTION

This document is produced twice annually for the National Institute on Drug Abuse, which convenes the Community Epidemiology Work Group, an epidemiological surveillance network of researchers from 21 U.S. metropolitan areas. It consists of the most recent data and information from multiple sources.

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. The 2010 Census indicates a state population of 5,303,925. The population estimates of each of the five metropolitan area counties, according to the Minnesota State Demographic Center, are as follows: Anoka, 345,090; Dakota, 422,990; Hennepin, 1,199,740; Ramsey, 537,630; and Washington, 251,500. This totals 2,756,950 people. Regarding race/ethnicity in the five-county metropolitan area, 80.1 percent of the population is White. African-Americans constitute the largest minority group (9.1 percent,) Asians account for 6.1 percent, American Indians 0.7 percent, and Hispanics of all races 6.0 percent.

Outside of the Twin Cities metropolitan area, Minnesota is less densely populated and more rural in character. Illicit drugs are sold and distributed within Minnesota by Mexican drug trafficking organizations, street gangs, independent entrepreneurs, and other criminal organizations. Drugs are typically transported into the Twin Cities metro area and then further distributed throughout the State. Minnesota

shares an international border with Canada to the north, and Interstate Highway 35 runs north–south through Minnesota, and all the way south to the United States border with Mexico.

DATA SOURCES

- **Poison control data** on drug exposures are from the Hennepin Regional Poison Center located in Minneapolis, as reported on the American Association of Poison Control Centers, Toxic Exposure Surveillance System (through December 2011.)
- **Crime lab data** are from the National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA), U.S. Department of Justice, on drugs seized by law enforcement in the 7-county Twin Cities metropolitan area (January through June 2011.)
- **Medical examiner data** on accidental drug-involved deaths are reported by the Hennepin County Medical Examiner and the Ramsey County Medical Examiner (2000 through December 2010).
- **Treatment data** on characteristics of patients receiving addiction treatment services in the 5-county Twin Cities metropolitan area are reported on the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Minnesota Department of Human Services (January through June 2011).
- **Student survey data** on drug use by Minnesota students in grades 6, 8, and 12 from the 2010 Minnesota Student Survey.

EMERGING PATTERNS AND TRENDS IN DRUG ABUSE

COCAINE

Cocaine-related treatment admissions continued to decline in 2011 (first half). Cocaine was the primary substance problem for 4.9 percent of total treatment admissions in the first half of 2011, compared with 6.4 percent in 2009, and 14.1 percent in 2006. Most cocaine admissions (72.2 percent) were for crack cocaine, most patients (76.8 percent) were age 35 or older, and one-half (49.4 percent) were African American. See exhibits 1 through 3.

Cocaine-related deaths also declined over the past decade in both Hennepin and Ramsey County. In Hennepin there were 25 cocaine-related deaths in 2010, compared with 43 in 2000. In Ramsey County there were 7 in 2010, compared with 17 in 2000. See exhibit 4.

Cocaine accounted for 22.3 percent of items seized by law enforcement and identified by the National Forensic Laboratory Information System in the first half of 2011 in the Twin Cities. See exhibit 5.

In January 2012, the last of 26 defendants was sentenced in Federal court in connection with a Mexican cartel-related conspiracy that imported hundreds of kilograms of cocaine and methamphetamine from the Texas-Mexico border to Minnesota for distribution and resale from 2005 through 2009.

HEROIN AND OTHER OPIATES

Treatment admissions for both **heroin and other opiates** have steadily increased in the Twin Cities since 2000. See exhibit 6. In 2011 (first half), nearly one out of five treatment admissions were for heroin or other opiate addiction. In 2000, heroin accounted for 3.3 percent of total treatment admissions, and other opiates accounted for 1.4 percent. However, in this reporting period (January through June 2011), heroin accounted for 10 percent of total treatment admissions, and other opiates 9.3 percent. Admissions for “other opiates” typically involve the nonmedical use of prescription pain medications. Of those patients admitted to treatment for other opiates, almost one-half (44.8 percent) were female, and oral was the primary route of administration (65.1 percent).

From 2009 to 2010, opiate-related deaths declined from 36 to 27 in Ramsey County and from 77 to 65 in Hennepin County. Heroin accounted for 5.5 percent of items seized and identified by NFLIS in the first half of 2011 in the Twin Cities, compared with 3.2 percent in the first half of 2010. Oxycodone accounted for 3.2 percent of items in 2011 (first half.)

Past year use of heroin was reported by 1.4 percent of Minnesota 12th graders in 2010, compared with 0.9 percent of 12th graders nationally. Past year use of prescription pain killers was reported by 6.3 percent of Minnesota 12th graders in 2010, compared with 8.7 percent of 12th graders nationally who reported the use of narcotics other than heroin.

Since one of the original formulations of the prescription medication oxycodone was recently altered to reduce its abuse potential, the abuse of **Opana** has increased. Opana is oxymorphone, a prescription narcotic that is prescribed medically to relieve moderate to severe pain. It comes as a tablet and also in continuous release form. There were several large cases involving Opana and other prescription narcotics that were Federally prosecuted in the Duluth area in the fall of 2010. One involved 27 defendants who were charged with conspiracy to distribute oxycodone, oxymorphone, hydromorphone and heroin from 2010 through September 2011.

MARIJUANA

Marijuana was reported as the primary substance problem by 17.6 percent of total treatment admissions in the Twin Cities in the first half of 2011, compared with 18.3 percent in 2010. Nearly one-third of these patients (32.5 percent) were under the age of 18.

Marijuana accounted for 25.6 percent of items seized by law enforcement and identified by NFLIS in 2011 (first half) in the Twin Cities. Past year use of marijuana by Minnesota 12th graders increased from 21.8 percent in 1992 to 30.6 percent in 2010. See exhibit 7.

The use of **synthetic marijuana** continued to create heightened concern throughout Minnesota in 2011. Known as “K2” or “Spice,” and other names, the new herbal mixtures are sold as herbal incense, but when smoked, mimic the effects of plant marijuana. Sold online and in “head-shops,” these mixtures of herbs are allegedly sprayed with synthetically-produced cannabinoids. Cannabinoids are the psychoactive ingredients in plant marijuana. The Hennepin Regional Poison Center documented 28 exposures to THC homologs in 2010 and 149 in 2011. See exhibit 8.

Using its emergency scheduling authority, the U.S. DEA acted in March 2011, to temporarily control five chemicals that are used to make “fake pot” products -- JWH-018, JWH-073, JWH-200, CP-47,497, and cannabicyclohexanol. A Minnesota law that became effective July 2011, also made the possession and sale of these illegal in Minnesota.

METHAMPHETAMINE

Methamphetamine (meth) accounted for 6.3 percent of total treatment admissions in 2011 (first half). This compares with 6.4 percent in 2010, and a high of 12 percent in 2005. See exhibit 9. Among these admissions, over one-third (37.7 percent) were female, 84 percent were White, and 72.6 percent were age 26 or older.

Seizures of methamphetamine by law enforcement in the Twin Cities accounted for 22.5 percent of items seized and identified by NFLIS in 2011 (first half). The number of meth labs and dump sites dismantled by narcotics tasks forces in Minnesota continued to decline, although data are only through September 30, 2011. See exhibit 10.

Past year use of methamphetamine by Minnesota 12th graders declined from 5.8 percent in 2001 to 1.4 percent in 2010.

OTHER SUBSTANCES

The chemical compound 3, 4-methylenedioxymethamphetamine, known as **MDMA** or ecstasy, “X,” or “e,” sold for \$20 per pill. MDMA accounted for 1 percent of the NFLIS drug samples in 2011 (first half) in the Twin Cities, compared with 5.9 percent in 2010 (first half). In 2009, 42 exposures to MDMA were reported to the Hennepin Regional Poison Center, compared with 26 in 2010, and 24 in 2011.

Chemical mixtures that are sold online as “**research drugs**” that are “not intended for human consumption,” were intentionally consumed by a group of young people in suburban Blaine, Minnesota in March, 2011. The chemical compound known as **2C-E** (2,5-dimethoxy-4-ethylphenylethylamine) was snorted by eleven young people who were seeking effects similar to the stimulant drug, MDMA or “ecstasy”. All experienced profound hallucinations, became distressed, and were eventually hospitalized. A 19-year old male was pronounced dead at the hospital. Exposures to 2C-E and related analogues reported to the Hennepin Regional Poison Center numbered 10 in 2010, and 23 in 2011.

The consumption of certain **bath salts** by adolescents and young adults to get high, escalated in the Twin Cities in 2011, with 144 reported exposures reported to Hennepin Regional Poison Center in 2011, compared with 5 in 2010. See exhibit 8. These substances are not intended to be used in the bathtub, but are rather snorted, smoked or injected. They are sold online or in “head shops” under names such as Cloud 9, Ivory Wave, Pure Ivory, Ocean Burst, Purple Rain and Vanilla Sky. Some include methylenedioxypropylvalerone (MPDV), a compound that produces effects similar to stimulants or MDMA.

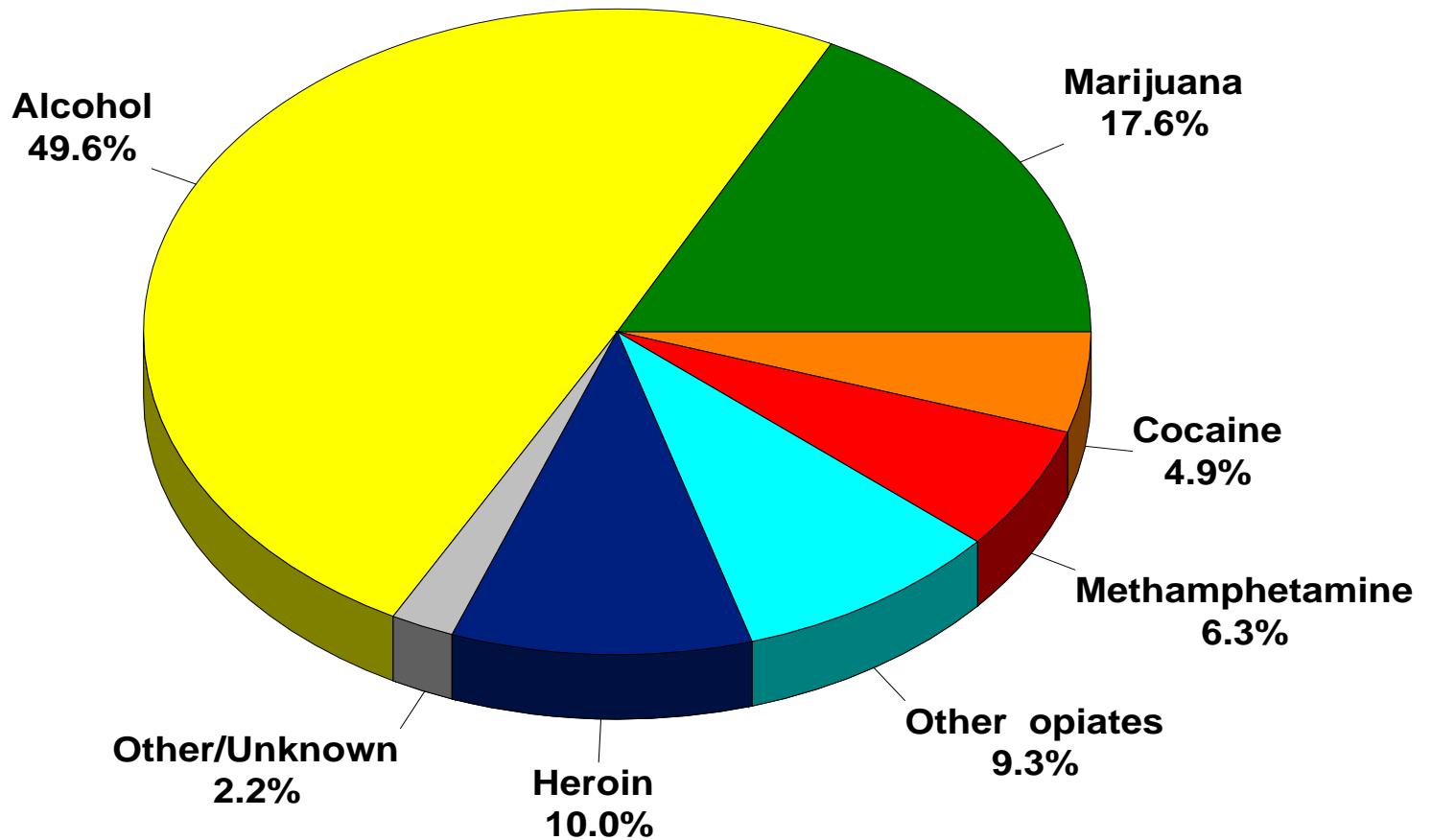
The U.S. DEA took emergency action in October 2011, to temporarily ban the possession and sale of three synthetic stimulants that are often present in products marketed as “bath salts,” methylenedioxypropylvalerone (MDPV,) mephedrone, and methylone. Minnesota law, effective July 2011, banned the sale and possession of these bath salt chemicals and of phenylethylamines of the 2C-E category.

ALCOHOL AND TOBACCO

Roughly half (49.6 percent) of admissions to addiction treatment programs were for **alcohol** in 2011 (first half.) Alcohol use among youth has been declining in Minnesota, as well as nationally, for a number of years. In Minnesota, past-year alcohol use has declined continuously since 1992, from 79.9 percent of 12th graders to 55.3 percent in 2010.

The use of **cigarettes** among youth also declined markedly in Minnesota. In 1998, at the height of youth smoking in Minnesota, 41.9 percent of 12th graders reported cigarette smoking in the past 30 days. However, in 2010, 19.2 percent of 12th graders reported past 30-day smoking. Smoking remained prevalent among patients in addiction treatment programs.

Percent of admissions to Twin Cities addiction treatment programs by primary substance problem - 2011 (first half)



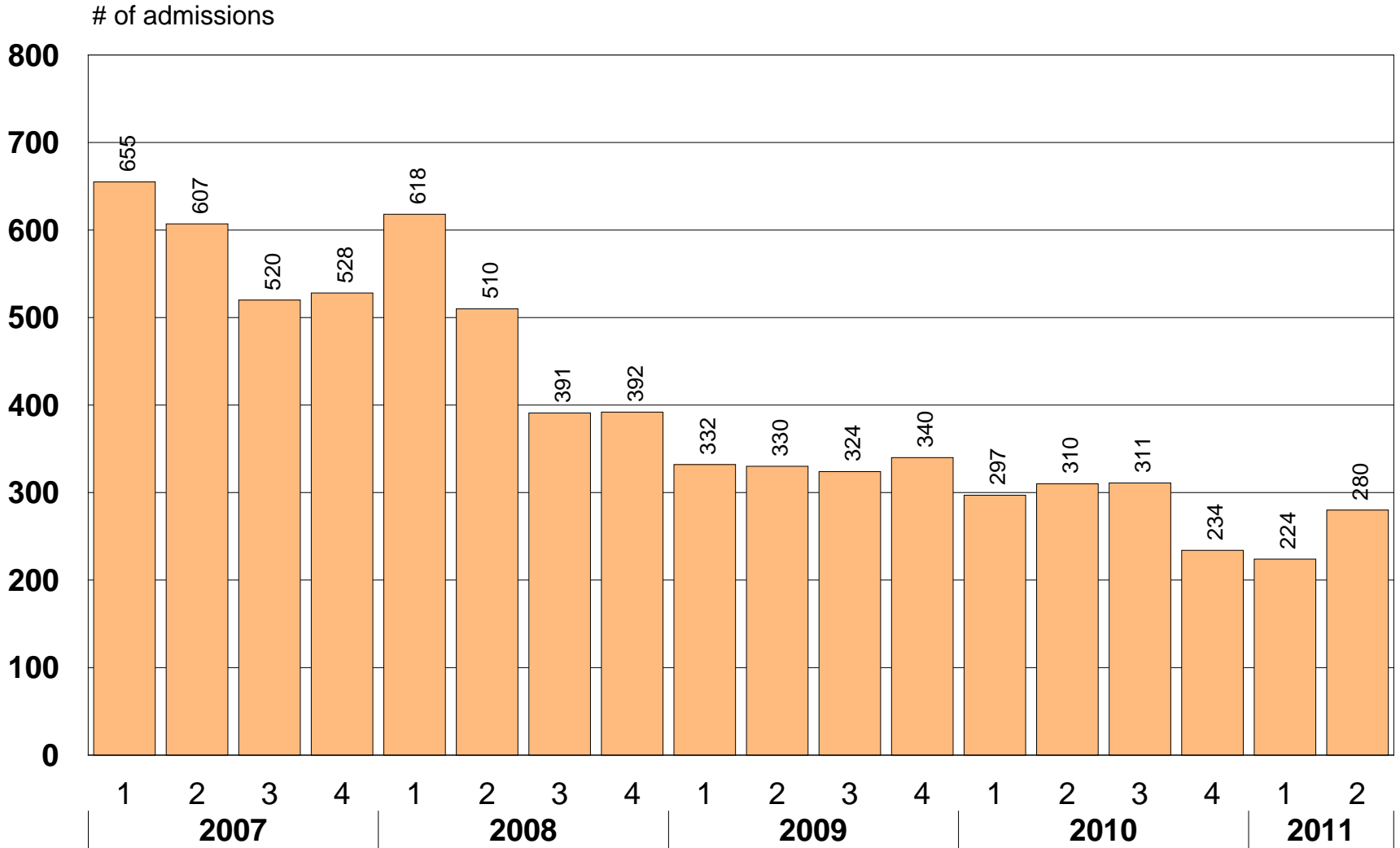
SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2011. Total number of admissions from January through June 2011 = 10,225.

Characteristics of patients who received addiction treatment services in Twin Cities area by primary substance problem: 2011 (first half)

| 2011 (1st half) ADMISSIONS = 10,225 | ALCOHOL = 5,065 (49.6%) | MARIJUANA = 1,804 (17.6%) | COCAINE = 504 (4.9%) | METH = 647 (6.3%) | HEROIN = 1,021 (10.0%) | OTHER OPIATES = 955 (9.3%) |
|--|-------------------------------|---------------------------------|----------------------------|----------------------|------------------------------|-------------------------------------|
| GENDER | | | | | | |
| % male | 67.4 | 77.5 | 63.9 | 62.3 | 67.9 | 55.2 |
| % female | 32.6 | 22.5 | 36.1 | 37.7 | 32.1 | 44.8 |
| RACE/ETHNICITY | | | | | | |
| % White | 74.4 | 56.3 | 37.3 | 84 | 67.5 | 81.2 |
| % African Am | 14 | 27.5 | 49.4 | 1.6 | 20.9 | 4.6 |
| % Am Indian | 3.4 | 3.4 | 5 | 3.4 | 5.4 | 8 |
| % Hispanic | 4 | 5.9 | 4.8 | 3.1 | 3.7 | 2.1 |
| % Asian-Pacific Is | 1.6 | 1.4 | 1.2 | 5.6 | 1 | 2.5 |
| % Other | 2.6 | 5.5 | 2.4 | 2.3 | 1.6 | 1.7 |
| AGE | | | | | | |
| % 17 and under | 1.6 | 32.5 | 0.8 | 1.3 | 0.9 | 2.3 |
| % 18 - 25 | 17.2 | 37.8 | 9.3 | 26.1 | 40.2 | 27.3 |
| % 26 - 34 | 23.6 | 16.7 | 17.7 | 38.3 | 25.2 | 34.6 |
| % 35 + | 57.6 | 13 | 72.2 | 34.3 | 33.8 | 35.8 |
| ROUTE of ADMINISTRATION | | | | | | |
| % oral | 100 | 1.4 | 0 | 6 | 0.9 | 65.1 |
| % smoking | 0 | 98.4 | 76.8 | 70.4 | 5.9 | 5.4 |
| % snorting/inhalation | 0 | 0 | 19.6 | 5.3 | 24.6 | 15.5 |
| % injection | 0 | 0 | 1.6 | 16.9 | 67.2 | 12.1 |
| % unknown | 0 | 0.2 | 2 | 1.5 | 1.5 | 1.8 |
| % CURRENT CIGARETTE SMOKER | 60.8 | 70.5 | 76 | 75.7 | 82.5 | 73.2 |

SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2011. NOTE: Excludes 173 cases (1.7 percent) with "other" primary substance problems, and 56 (0.5 percent) unknown.

Number of Twin Cities treatment admissions with cocaine as the primary substance problem: 2007 through June 2011 (by quarter)



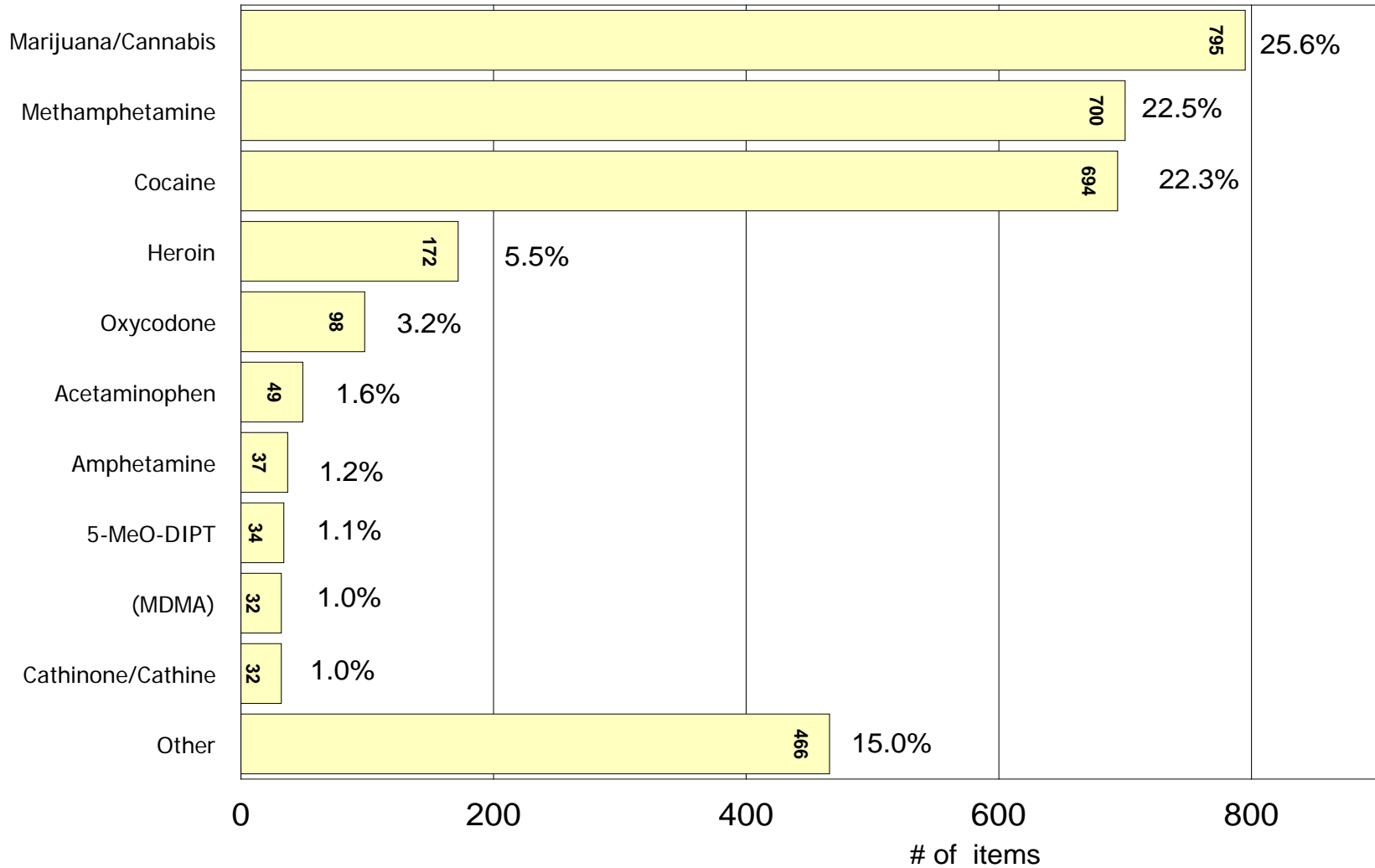
SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2011.

Drug-related deaths by county 2000 through 2010

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| HENNEPIN COUNTY | | | | | | | | | | | |
| COCAINE | 43 | 37 | 34 | 44 | 39 | 50 | 48 | 59 | 21 | 10 | 25 |
| OPIATES | 41 | 58 | 59 | 50 | 47 | 60 | 69 | 67 | 84 | 77 | 65 |
| METH | 6 | 8 | 11 | 15 | 19 | 10 | 8 | 6 | 9 | 6 | 9 |
| | 3 MDMA | 1 MDMA | 3 MDMA | 1 MDMA | 8 MDMA | 3 MDMA | 1 MDMA | 2 MDMA | 1 MDMA | 1 MDMA | |
| RAMSEY COUNTY | | | | | | | | | | | |
| COCAINE | 17 | 11 | 11 | 10 | 10 | 12 | 13 | 11 | 10 | 11 | 7 |
| OPIATES | 17 | 19 | 18 | 10 | 25 | 42 | 27 | 39 | 31 | 36 | 27 |
| METH | 11 | 2 | 3 | 10 | 9 | 7 | 6 | 7 | 5 | 7 | 4 |
| | 3 MDMA | | | | | | | | | | 1 MDMA |

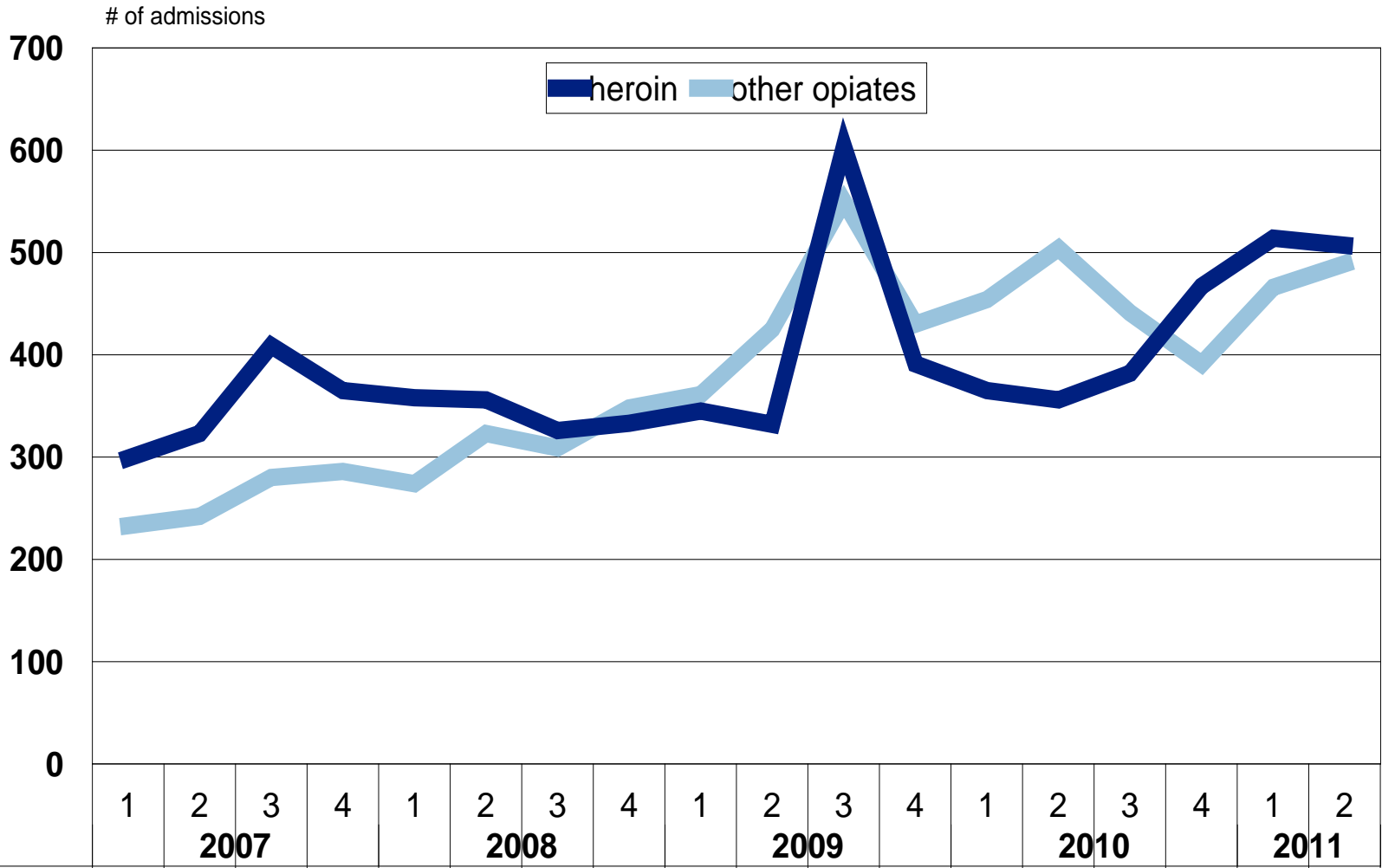
SOURCE: Office of the Hennepin County Medical Examiner and Office of the Ramsey County Medical Examiner, 2011.

Top 10 most frequently identified drugs of total analyzed drug items: Twin Cities 2011 (first half)



SOURCE: National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration, 12/12/2011. Data are for seven Minnesota metro area counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties. Percentages may not sum to the total due to rounding.

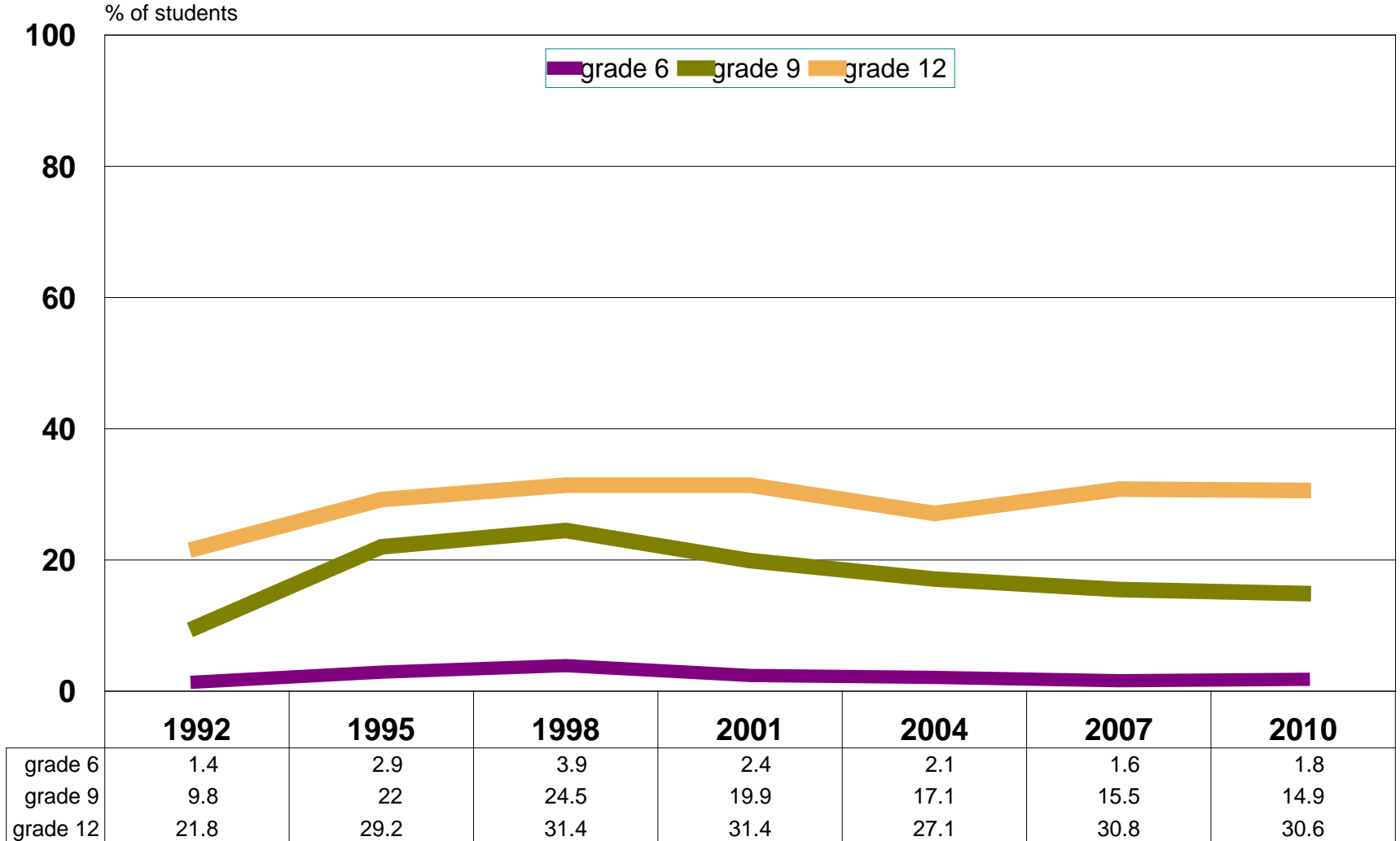
Number of Twin Cities treatment admissions with heroin and other opiates as primary substance problem: 2007 through June 2011 (by quarter)



| | | | | | | | | | | | | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| heroin | 299 | 323 | 409 | 365 | 358 | 356 | 326 | 333 | 345 | 332 | 604 | 391 | 365 | 356 | 382 | 467 | 514 | 507 |
| other opiates | 233 | 242 | 280 | 286 | 274 | 323 | 309 | 348 | 361 | 425 | 550 | 430 | 454 | 504 | 441 | 391 | 466 | 489 |

SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2011.

Marijuana use in past year by Minnesota students: 1992 - 2010



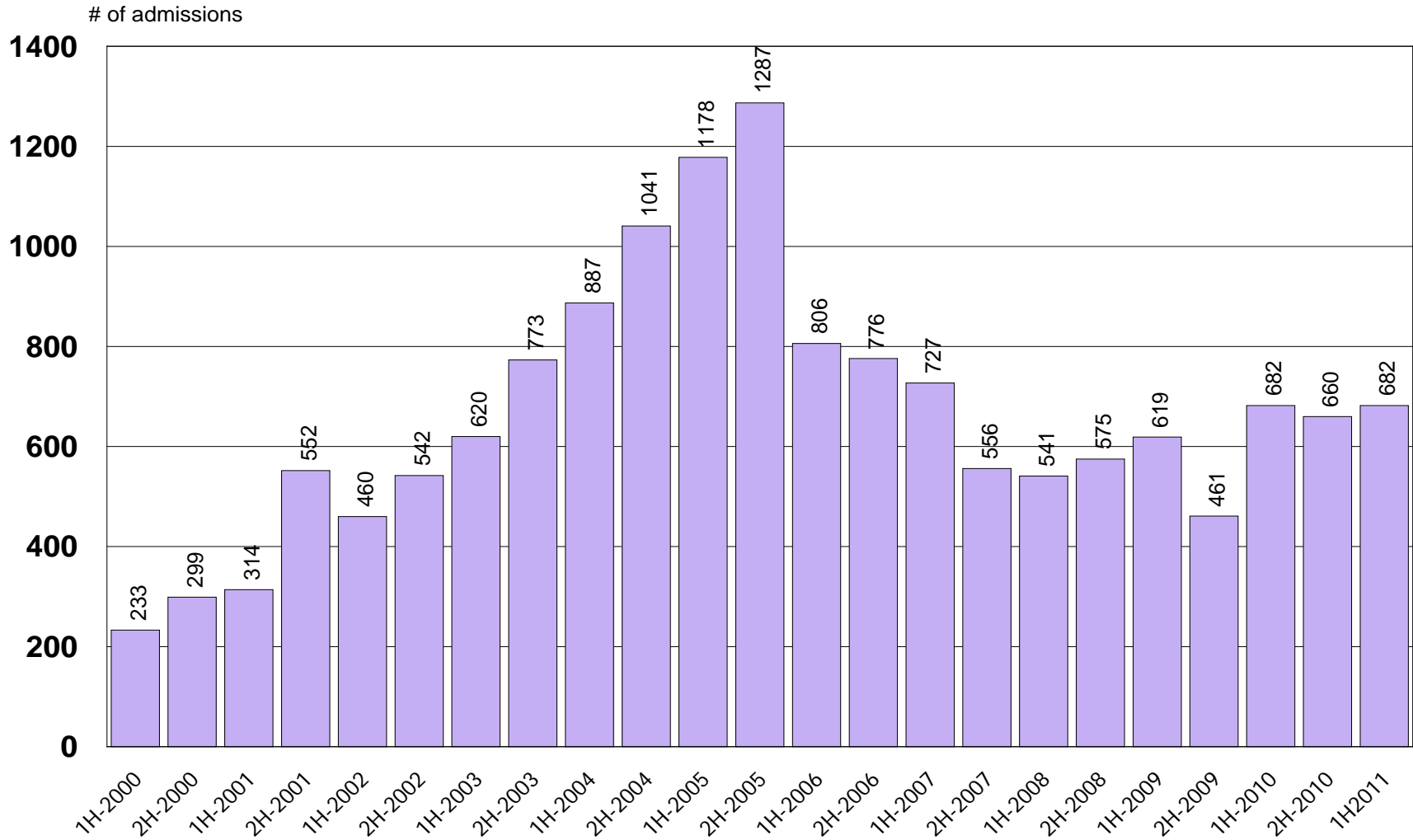
SOURCE: Minnesota Student Survey, 2010.

**Exposures to selected drugs reported to
Hennepin Regional Poison Center : 2009 through 2011**

| | 2009 | 2010 | 2011 |
|-------------------|------|------|------|
| THC Homologs | - | 28 | 149 |
| Bath Salts | - | 5 | 144 |
| 2CE and Analogues | 5 | 10 | 23 |
| LSD | 9 | 7 | 15 |
| MDMA | 42 | 26 | 24 |

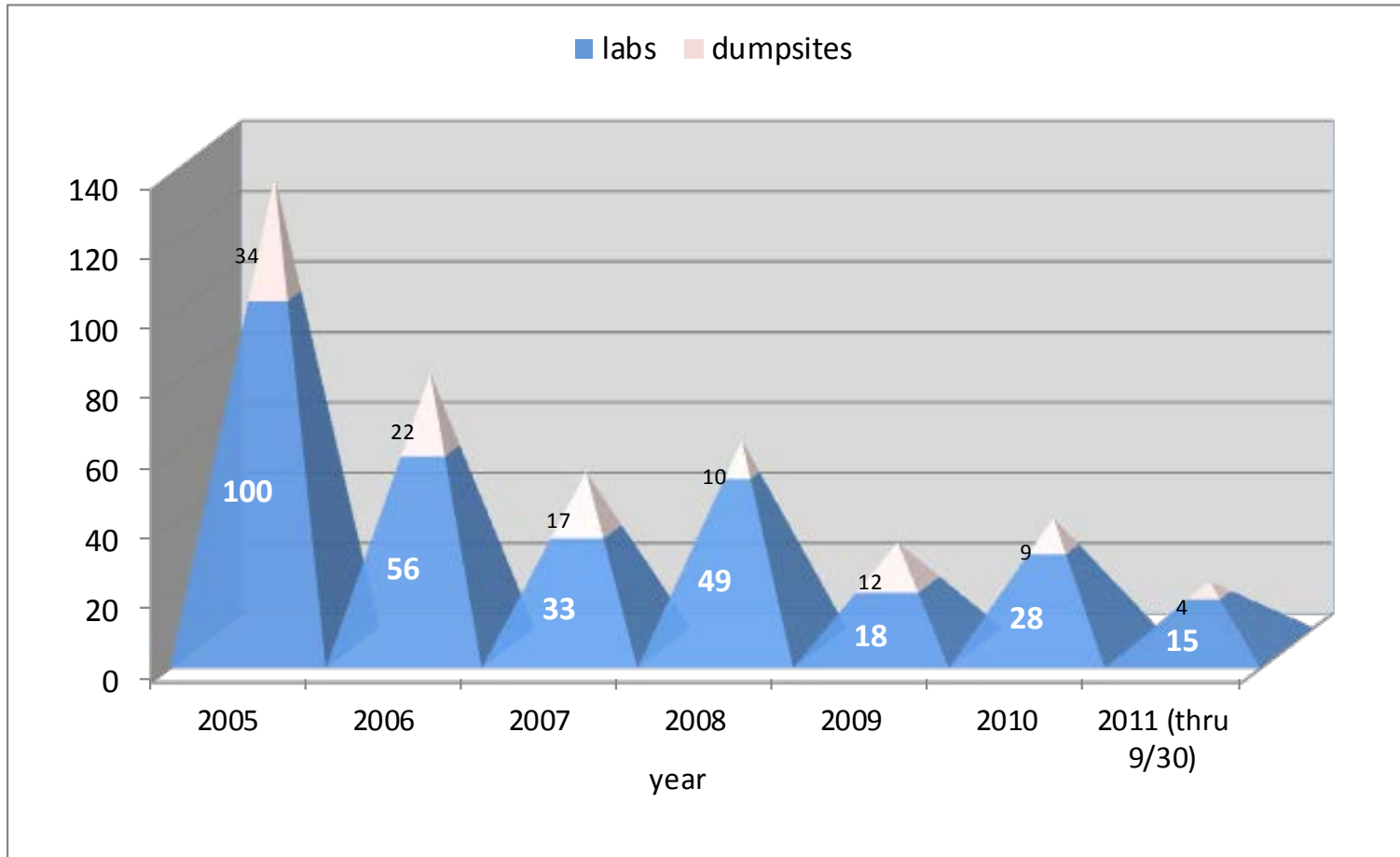
SOURCE: AAPC Toxic Exposure Surveillance System (TESS), Hennepin Regional Poison Center, Hennepin County Medical Center, January 2012.

Number of Twin Cities treatment admissions with methamphetamine as the primary substance problem: 2000 through June 2011 (by half year)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2011.

Number of methamphetamine labs and dumpsites dismantled by narcotics task forces: Minnesota 2005 through 2011



SOURCE: Office of Justice Programs, Minnesota Department of Public Safety, *Drug and Violent Crime Task Forces 2011 Annual Report*, March 2011 and additional data in December 2011.