
DRUG ABUSE TRENDS IN MINNEAPOLIS/ST. PAUL

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Carol L. Falkowski
Chemical Health Division
Minnesota Department of Human Services

ABSTRACT

Methamphetamine (meth) abuse and addiction showed continuous signs of decline in 2007, in the wake of rising indicators from 2000 through 2005. Only 6.7 percent of admissions to Twin Cities area addiction treatment programs were for methamphetamine in 2007, compared with nearly 12 percent in 2005. Methamphetamine-related accidental deaths, use among high school students and meth labs declined as well.

Treatment admissions with cocaine as the primary substance problem also declined and accounted for 11.6 percent of total treatment admissions in 2007, compared with 13.8 percent in 2006. While the actual number of admissions for cocaine declined 30 percent since 2005, cocaine-related deaths increased somewhat, with 70 in 2007, compared with 61 in 2006 (Hennepin and Ramsey counties combined).

Opiate-related treatment admissions increased in 2007, particularly for opiates other than heroin, which includes prescription narcotics. Admissions for other opiates accounted for 4.9 percent of total treatment admissions in 2007, compared with 1.4 percent in 2000. Combining Hennepin and Ramsey Counties, there were 106 opiate-related deaths in 2007, up from 96 in 2006.

Marijuana use (any use in the past year) increased among high school seniors. Thirty-three percent reported use in 2007, compared with 29.2 percent in 2004. Marijuana continued to account for more admissions to addiction treatment programs than any other illicit drug, with 3,067 admissions that represent 16.1 percent of total admissions in 2007.

Introduction

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. areas who monitor emerging patterns and trends in drug abuse. It is a compilation of the most recent data and information obtained from multiple sources and is available online at www.dhs.state.mn.us, under "disabilities" and "chemical health."

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.

Outside of the Twin Cities metropolitan area, the remainder of the State is less densely populated and more rural in character. Minnesota shares an international border with Canada, a southern border with Iowa, an eastern border with Wisconsin, and a western border with North Dakota and South Dakota, two of the country's most sparsely populated States. Illicit drugs are sold and distributed within Minnesota by Mexican drug trafficking organizations, street gangs, independent entrepreneurs, and other criminal groups. Drugs are typically shipped or transported into the Minneapolis/St. Paul area for further distribution across and within the State.

Data Sources

Information used in this report was gathered from the following sources:

Treatment data are from addiction treatment programs in the five-county metropolitan area, as reported on the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services (through December 2007).

Mortality data on drug-related deaths are from the Hennepin County Medical Examiner and the Ramsey County Medical Examiner (through December 2007). Hennepin County cases include those in which drug toxicity was the immediate 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 those in which drug toxicity was the immediate cause of death and those in which drugs were present at the time of death.

Student survey data are from the Minnesota Student Survey, which is administered statewide every three years to students in grades 6, 9 and 12. Results presented in this report are from students in the 5-county metropolitan area.

Crime lab data for St. Paul are from the National Forensic Laboratory Information System (NFLIS). This system, which began in 1997, is sponsored by the U.S. Drug Enforcement Administration and collects solid dosage drug analyses conducted by State and local forensic laboratories across the country on drugs seized by law enforcement (through December 2007).

Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) data for 2007 are from the Minnesota Department of Health.

Additional information is from interviews with treatment program staff, narcotics agents, and school-based drug and alcohol specialists conducted in May 2007.

Drug Abuse Patterns and Trends

Cocaine/Crack

Cocaine was the primary substance problem in 11.6 percent of total treatment admissions in 2007, compared with 13.8 percent in 2006, and 14.1 percent in 2005 (exhibit 1). The actual number of admissions for cocaine declined 30 percent since 2005 (exhibit 2). For the first time, treatment admissions for heroin and other opiates (combined) accounted for almost as many admissions as for cocaine (exhibit 3).

Most cocaine treatment admissions in 2007 were for crack cocaine (exhibit 4). Almost one-half (46 percent) were African-American. The average age of first cocaine use was 24.5 years, and two-thirds of patients receiving treatment for cocaine were age 35 or older. Alcohol was the most frequently reported secondary substance problem, noted by 39.8 percent of patients. The average length of time from the first reported use of cocaine to the first treatment episode for cocaine was 10.7 years (exhibit 5).

Combining Hennepin and Ramsey County, there were 70 accidental cocaine-related deaths in 2007, compared with 61 in 2006. In Hennepin County this included the deaths of two newborns where maternal use of cocaine was cited as a significant condition contributing to the death.

Cocaine accounted for 27.3 percent of the drug seizures reported to NFLIS in St. Paul in 2007 (exhibit 7). Cocaine generally sold for \$100 per gram, \$200 - \$250 per "eightball" (one-eighth ounce), \$700-\$1,200 per ounce, and up to \$23,000 per kilogram. The price of a rock of crack was unchanged at \$10-\$20. Gangs in both cities remain involved in the street-level retail distribution of crack cocaine.

Heroin/Opiates/Other Opiates

Treatment admissions with heroin as the primary substance problem accounted for 6.4 percent of total admissions in 2007, compared with 5.6 in 2006, and 5.3 percent in 2005.

Of these 1,215 patients with heroin as the primary substance problem, very few (1 percent) were younger than 18, and injecting was the most common route of administration (63 percent). The average age of first heroin use was 22.9 years. Cocaine was the most frequently reported secondary substance problem (36.3 percent). The average length of time from the first reported heroin use to the first treatment episode for heroin was 7.7 years.

Treatment admissions for opiates other than heroin continued to increase in 2007. Other opiates were reported as the primary substance problem by 942 patients in the Twin Cities in 2007, which is 4.9% of all treatment admissions. This compares with 3.8 percent of total treatment admissions in 2006, and only 1.3 percent in 2000. This includes the non-medical use of prescription narcotic analgesics (painkillers) as the primary substance problem. The most common route of administration was oral (76 percent). The average length of time from the first reported use of other opiates to the first treatment episode for them was 7.3 years.

Combining Hennepin and Ramsey Counties, there were 106 opiate-related deaths in 2007, up from 96 in 2006 and 102 in 2005. Over one quarter (27.3 percent) of the opiate-related deaths involved methadone (18 in Hennepin and 11 in Ramsey County.) Three deaths in Hennepin County and 2 Ramsey County involved fentanyl, a potent prescription synthetic narcotic analgesic. Oxycodone, another prescription narcotic, was involved in 9 deaths in Hennepin and 11 deaths in Ramsey County. Six of the opiate-related deaths in Ramsey County also involved cocaine use, as did 7 in Hennepin County.

Heroin accounted for 1.5 percent of the drug seizures analyzed by NFLIS in 2007. Oxycodone accounted for roughly 1.7 percent and hydrocodone 1 percent. All levels of law enforcement reported an increase in the seizure of prescription drugs in the form of pills.

Heroin generally sold for \$20-\$40 per dosage unit or "paper," and for up to \$2,000 per ounce. Mexican "black tar" heroin was available in both cities.

A small segment of Minnesota's Hmong immigrant population regularly smokes opium and packages concealing opium continued to be shipped from Asia to residents of this Twin Cities community.

Methamphetamines / Other Stimulants

In the wake of rising consequences related to methamphetamine abuse from 2000 through 2005, notable downward trends continued into 2007.

Methamphetamine labs in Minnesota declined significantly since enactment of a Minnesota State law in July 2005 that restricted retail sales of pseudoephedrine-containing products. Methamphetamine use by high school students in the metro area showed downward trends as well, according to data from the 2007 Minnesota Student Survey. Among high school seniors 2.2

percent reported past year methamphetamine use in 2007, compared with 4.8 percent in 2004 and 5.3 percent in 2001.

Methamphetamine-related admissions to addiction treatment programs also declined, especially among adolescents. Patients addicted to methamphetamine accounted for 6.7 percent of total treatment admissions in the Twin Cities in 2007 compared with 7.7 percent in 2006, and 11.8 percent in 2005. In 2007, only 3 percent of these patients were younger than 18, compared with 11.5 percent in the first half of 2005.

Most methamphetamine-related treatment admissions were White (87 percent). Asians accounted for 3 percent, the highest percentage of Asians within any drug category. The average age of first use was 21.5 years. Smoking was the most common route of administration for methamphetamine (72 percent). Marijuana was the most frequently reported secondary substance problem (30.3 percent). The average length of time from the first reported use of methamphetamine to the first treatment episode for it was 7.2 years, the shortest time of any drug category.

Combining Hennepin and Ramsey Counties, there were 13 methamphetamine-related deaths in 2007, compared with 14 in 2006, and a high of 28 in 2004.

Seizures of methamphetamine by law enforcement accounted for 31.7 percent of the samples reported to the NFLIS in 2007, compared with 51.0 percent in 2005. Methamphetamine prices ranged from \$90-100 per gram, \$900-\$1,700 per ounce, and \$16,000-\$20,000 per pound.

Khat, a plant indigenous to East Africa and the Arabian Peninsula and used for its stimulant effects in East Africa and the Middle East, maintained a presence within the Somali immigrant community in the Twin Cities. Its active ingredients, cathinone and cathine, are controlled substances in the United States. Cathinone, a Schedule I drug, is present only in the fresh leaves of the flowering plant and converts to the considerably less potent cathine in about 48 hours. Users chew the leaves, smoke it, or brew it in tea.

Methylphenidate (Ritalin), a prescription drug used in the treatment of attention deficit hyperactive disorder, is also used nonmedically as a drug of abuse to increase alertness and suppress appetite by some adolescents and young adults. Crushed and snorted or ingested orally, each pill is sold for \$5 or simply shared with fellow middle school or high school students at no cost. It is sometimes known as a "hyper pill" or "the study drug."

Marijuana

Marijuana remained a popular drug among adolescents. Marijuana use (any use in the past year) was reported by 33 percent of high school seniors in 2007, compared with 29.2 percent in 2004, and reversing a slight downward trend since a rate of 35 percent in 1995.

Marijuana accounted for more admissions into addiction treatment programs than any other illicit drug in the Twin Cities, with 3,067 admissions in 2007 (16.1 percent of total treatment admissions.) Of these, 33 percent were younger than 18, and an additional 37 percent were age 18-25. Only 23 percent were women, and the average age of first marijuana use was 14.1 years. Alcohol was the most frequently reported secondary substance problem (51.3 percent). The average length of time from the first reported use of marijuana to the first treatment episode for it was 7.9 years.

Marijuana (cannabis) accounted for 26 percent of drugs seized according to 2007 NFLIS data compared with 10.5 percent in 2005. Marijuana sold for \$5 per joint. Standard, commercial grade

marijuana sold for \$50 per one-quarter ounce, \$150–\$175 per ounce, and \$600–\$900 per pound. Higher potency “BC Bud” from British Columbia sold for up to \$100 per quarter ounce, \$600 per ounce, and up to \$4,000 per pound.

Marijuana joints that are dipped in formaldehyde, which is often mixed with phencyclidine (PCP), are known as “wets,” “wet sticks,” “water,” or “wet daddies.” Marijuana joints containing crack cocaine are known as “primos.”

Club Drugs/Hallucinogens

MDMA, which is also known as 3,4 methylenedioxymethamphetamine, or “ecstasy,” “X,” or “e,” sold for \$20 per pill. Lysergic acid diethylamide (LSD or “acid”) is a strong, synthetically produced hallucinogen, typically sold as saturated, tiny pieces of paper known as “blotter acid,” for \$5 to \$10 per dosage unit.

From 2004 to 2007, use of, MDMA and LSD increased among metro area high school seniors. MDMA use (any use in the past year) rose from 4.3 percent in 2004 to 5.7 percent in 2007, and LSD from 4.9 to 6.2 percent.

Gamma hydroxybutyrate (GHB), is a concentrated liquid abused for its stupor-like depressant effects. It is also used as a predatory, knockout, drug-facilitated rape drug. Ketamine, also known as “Special K,” is a veterinary anesthetic that first appeared as a drug of abuse among young people in Minnesota in 1997. In 2006 neither of these drugs appeared in hospital emergency room data to a significant extent.

Dextromethorphan (also known as “DXM”) is the active cough suppressant ingredient in Coricidin HBP Cough and Cold (known as “Triple Cs”) and Robitussin. Over-the-counter cough and cold products that contain dextromethorphan continued to be abused for their hallucinogenic effects by ingesting doses many times in excess of the recommended amount. Excessive dosages produce long-acting hallucinations, altered time perception, slurred speech, profuse sweating, uncoordinated movements, and high blood pressure.

Alcohol and Tobacco

Alcohol remained the most widely abused substance. Alcohol consumption (any use in past year) was reported by 60.8 percent of metro area high school seniors in 2007, virtually unchanged from the 2004 survey (60.6 percent), but lower than the highest rate of 78.1 percent in 1992.

Roughly one-half of the total admissions to addiction treatment programs (51.1 percent) reported alcohol as the primary substance problem in 2007. Over half (61 percent) were age 35 or older, and 79 percent were White. The average age of first alcohol use was 15.6 years. The average length of time from the first reported use of alcohol to the first treatment episode for alcohol was 19.8 years, the longest of any drug category.

In Hennepin County in 2007, 91 deaths were alcohol-involved: 10 where alcohol toxicity was the cause of death, and 81 in which alcohol intoxication was listed as a significant contributing condition.

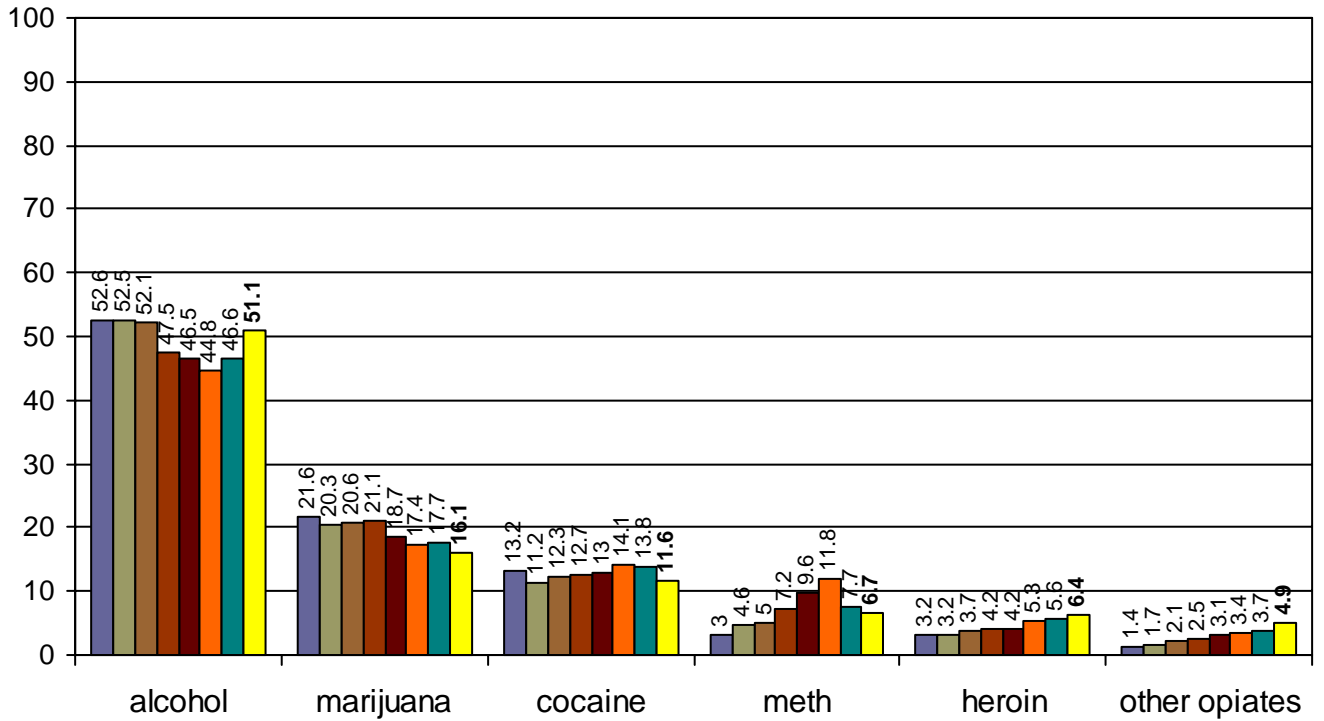
Nicotine use remained widespread among patients in addiction treatment programs.

Drug Abuse-Related Diseases

Most cases of HIV infection and AIDS in Minnesota in 2007 were in the Minneapolis/St. Paul area. Exposure categories for all Minnesota cases of HIV and AIDS combined were as follows: men who have sex with men (51 percent); injection drug use (7 percent); men who have sex with men and injection drug use (5 percent); heterosexual contact (16 percent); perinatal (1 percent) and unspecified/no interview/other (20 percent). See exhibit 8.

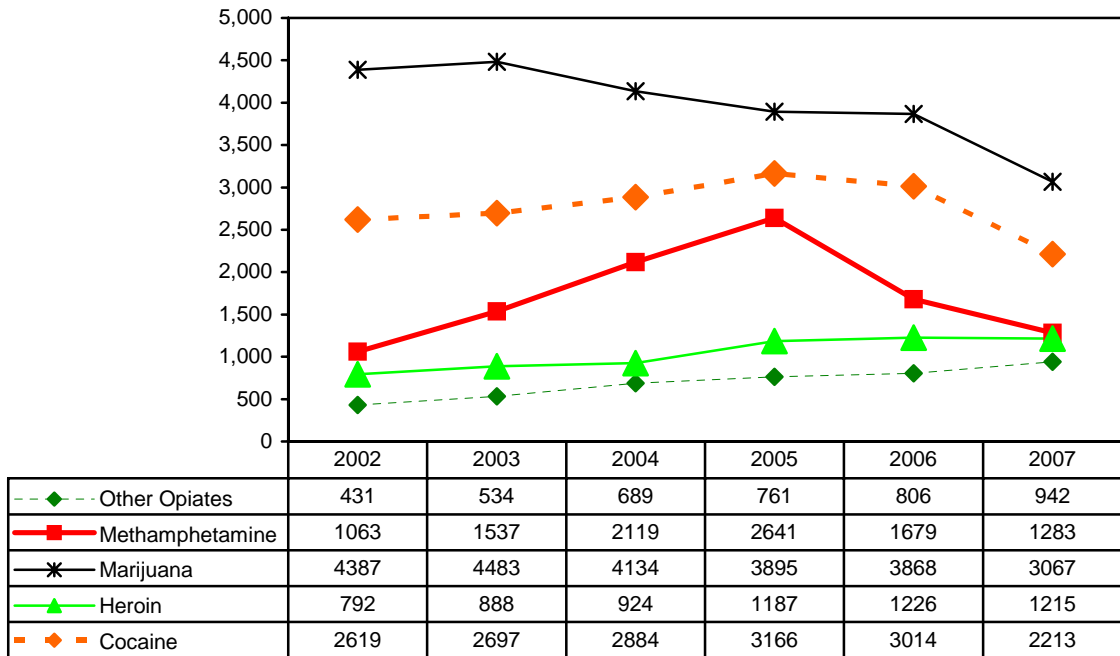
The level of hepatitis C virus (HCV), a blood-borne liver disease, remained prevalent among injection drug abusers, with estimates as high as 90 percent among patients in methadone treatment programs.

EXHIBIT 1: Percent of admissions to Twin Cities area addiction treatment programs by primary substance problem 2000 - 2007



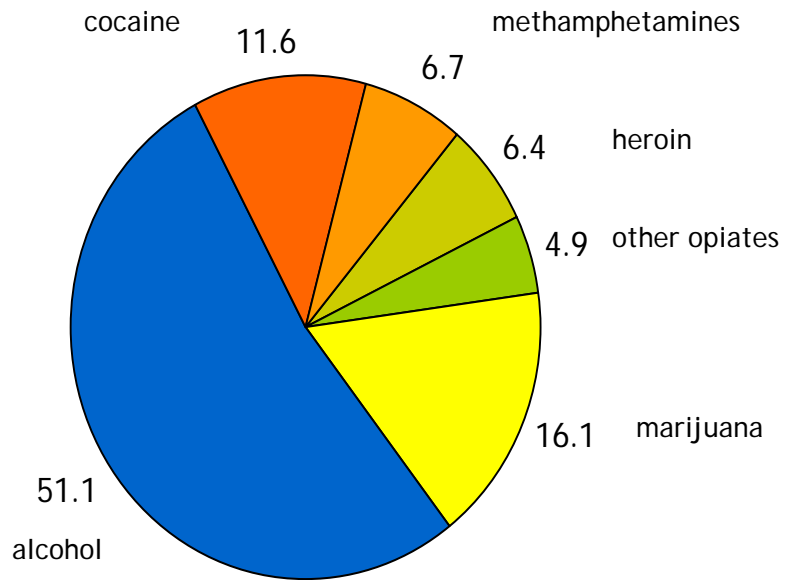
SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2008.

EXHIBIT 2: Number of non-alcohol admissions to Twin Cities area addiction treatment programs by primary substance problem 2002 -2007



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2007.

EXHIBIT 3: Percent of admissions to Twin Cities area addiction treatment programs by primary substance problem - 2007



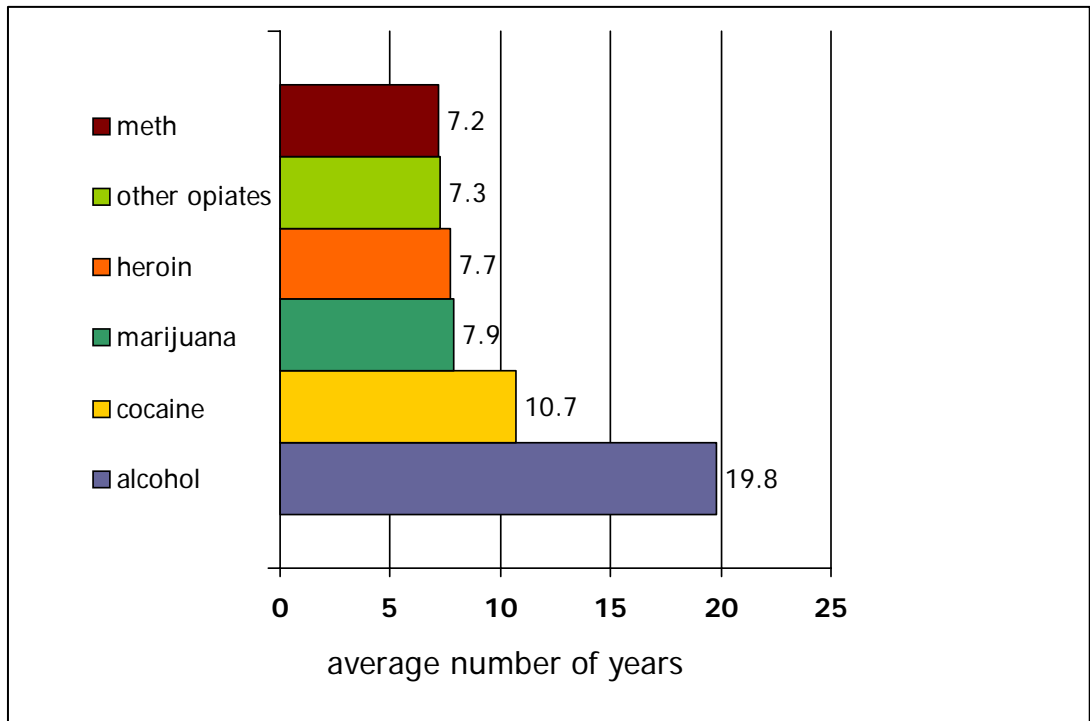
SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2007.

EXHIBIT 4: Characteristics of patients admitted to Twin Cities area addiction treatment programs by primary substance problem by percent – 2007

TOTAL ADMISSIONS (N = 19,092)	Alcohol n = 9,754 51.1%	Marijuana n = 3,067 18.3%	Cocaine n = 2,213 11.6%	Metham- phetamine n = 1,283 6.7%	Heroin n = 1,215 6.4%	Other Opiates n= 942 4.9%
GENDER Male Female	69 31	77 23	63 37	60 40	69 31	53 47
RACE/ETHNICITY White African-American Hispanic A Indian/ Other Asian	79 12 4 5 1	60 26 4 8 2	44 46 3 6 0	87 1 5 4 3	63 29 3 5 1	85 5 2 6 2
AGE 17 and younger 18–25 26–34 35 and older	3 17 19 61	33 37 17 13	3 11 20 66	3 31 34 32	1 23 26 49	2 22 27 50
ROUTE OF ADMINISTRATION Smoking Sniffing Injecting Other/Multiple Unknown			73 23 2 0 2	72 10 12 4 2	5 30 63 0 2	4 10 8 76 3
SECONDARY DRUG	None 44	Alcohol 51.3	Alcohol 39.8	Marijuana 30.3	Cocaine 36.3	Other 24.5
AVERAGE AGE 1st USE (in years)	15.6	14.1	24.5	21.5	22.9	26.4
DAILY USE OF NICOTINE	52.9	57.4	66	69.4	75.6	66.5

SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2007. Percentages do not add to 100 due to "other" category not displayed.

EXHIBIT 5: Average number of years from first use to first treatment episode by primary substance problem



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2008. Data are for patients receiving treatment for the first time in 2007 who cite one of the drugs above as the primary substance problem. Number of cases for alcohol = 2,965, meth = 334, other opiates = 283, cocaine = 374, marijuana = 1,262 and heroin = 179.

EXHIBIT 6: Drug-related deaths by county 2000 – 2007

county	2000	2001	2002	2003	2004	2005	2006	2007
HENNEPIN COUNTY								
cocaine	43	37	34	44	39	50	48	59
opiates	41	58	59	50	47	60	69	67
meth	6 3 MDMA	8 1 MDMA	11 3 MDMA	15 1 MDMA	19 8 MDMA	10 3 MDMA	8 1 MDMA	6 2 MDMA
RAMSEY COUNTY								
cocaine	17	11	11	10	10	12	13	11
opiates	17	19	18	10	25	42	27	39
meth	11 3 MDMA	2	3	10	9	7	6	7

SOURCE: Office of the Hennepin County Medical Examiner and Office of the Ramsey County Medical Examiner, 2008.

EXHIBIT 7: Drug seizures in the Twin Cities area - 2007

Drug	Number of Items	Percent of Total Items
Methamphetamine	1,476	31.7
Cocaine	1,267	27.3
Cannabis	1,209	26.0
MDMA	192	4.1
Oxycodone	77	1.7
Heroin	70	1.5
Hydrocodone	49	1.0
All other	309	6.6
Total	4,649	100.0

SOURCE: National Forensic Laboratory Information System (NFLIS) data from Anoka, Dakota, Carver, Scott, Hennepin, Ramsey and Washington County in 2007. U.S. Drug Enforcement Administration, 2008.

Exhibit 8: Persons living with HIV (non-AIDS) and AIDS in Minnesota by gender and mode of exposure - 2007

MODE OF EXPOSURE	MALES		FEMALES		TOTAL	
	Total HIV and AIDS Cases	Percent	Total HIV and AIDS Cases	Percent	Total HIV and AIDS Cases	Percent
MSM	3,009	66	0	0	3,009	51
IDU	261	6	156	11	417	7
MSM/IDU	311	7	0	0	311	5
Heterosexual	165	4	808	59	973	16
Perinatal	23	1	36	3	59	1
Other	40	1	14	1	54	1
Unspecified	297	6	8	1	305	5
No interview	477	10	345	25	822	14
Total	4,583	100	1367	100	5,950	100

SOURCE: Minnesota Department of Health, 2008. MSM=Men who have sex with men. IDU=Injecting drug user. Heterosexual=For males, heterosexual contact with a female known to be HIV-positive, an injecting drug user, or a hemophiliac/blood product or organ transplant recipient. For females: heterosexual contact with a male known to be HIV-positive, bisexual, an injecting drug user, or a hemophiliac/blood product or organ transplant recipient. Perinatal=Mother-to-child HIV transmission. Other=Hemophilia patient/blood product or organ transplant recipient. Unspecified=Cases who did not acknowledge any of the risks listed above. No interview=Cases who refused to be, could not be, or have not yet been interviewed.