A quantitative research report analyzing drug abuse data for the Twin Cities metropolitan area

Drug Abuse Trends in Minneapolis/St. Paul June 2007

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ABSTRACT

Consequences related to methamphetamine abuse and addiction showed significant signs of decline in 2006, in the wake of rising indicators since 2000. Only 8 percent of admissions to Twin Cities area addiction treatment programs were for methamphetamine in 2006, compared with 12 percent in 2005 and 10 percent in 2004. Methamphetamine was reported in 480 hospital emergency department incidents in 2006, compared with 2,307 for cocaine, 2,186 for marijuana, and 682 for heroin. The number of clandestine methamphetamine labs also fell throughout the State, in large part attributed to the 2005 state law restricting the retail sales of products containing pseudoephedrine. Methamphetamine-related accidental deaths remained stable.

Opiate-related accidental overdose deaths outnumbered those for any other illicit drug in 2006. From 2005 to 2006 these increased in Hennepin County from 60 to 69, but declined in Ramsey County from 42 to 27. Treatment admissions for opiates other than heroin and methadone continued to increase, accounting for 3.8 percent of total admissions in 2006 compared with only 1.3 percent in 2000. Heroin addiction among high school students surfaced in a small college town south of the Twin Cities.

Marijuana accounted for more admissions to addiction treatment programs than any other illicit drug, with 3,702 admissions representing 18.3 percent of total admissions. It was also a commonly reported secondary and tertiary substance problem among patients admitted for addiction to other drugs. Among patients in treatment for alcoholism, for example, 56.2 percent reported marijuana as their secondary substance problem and 29.3 reported it as a tertiary problem.

INTRODUCTION

This report is produced twice annually for participation in an epidemiological surveillance network comprised of researchers from 21 U.S. areas who monitor emerging patterns and trends in drug abuse, the Community Epidemiology Work Group of the National Institute on Drug Abuse. Compiled using the most recent data and information obtained from multiple sources, this report is also available online at www.hazelden.org/research.

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 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.

Aside from 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 the state.

DATA SOURCES

Treatment data are from addiction treatment programs (residential, outpatient, and extended care) 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 2006).

Hospital emergency department (ED) data are from the Drug Abuse Warning Network (DAWN) *Live!* system administered by the Office of Applied Studies of the Substance Abuse and Mental Health Services Administration derived from drug reports from a sample of metropolitan area emergency departments (EDs). A patient may report the use of multiple drugs (up to six) and alcohol. Since its 2003 redesign, DAWN data are no longer weighted, and thus may not be used as population-based estimates, nor compared with weighted DAWN data from 2002 and before. Data are from participating hospital emergency departments in the Minneapolis and St. Paul Standard Metropolitan Statistical Area from 1/1/2006 and 12/31/2006. In some instances only cases from the first half of the year were available. There are 28 eligible hospitals in the area, with 26 in the DAWN sample, of which 10 participate. All DAWN cases are reviewed for quality control and based on this review, may be corrected, deleted, and are subject to change. The Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA) prepared these data on 5/22/2007.

Mortality data on drug-related deaths are from the Hennepin County Medical Examiner and the Ramsey County Medical Examiner (through December 2006). 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.

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 (1/1/2006 - 12/31/2006).

Poison control center data are from the American Association of Poison Control Centers Toxic Exposure Surveillance System (TESS) provided by the Hennepin Regional Poison Center of Hennepin County Medical Center in Minneapolis (from 1/1/2006 through 5/31/2006).

Human Immunodeficiency Virus (HIV) infection and **Acquired Immunodeficiency Syndrome (AIDS) data** for 2006 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 TRENDS

COCAINE/CRACK

Treatment admissions reporting cocaine as the primary substance problem accounted for 14.1 percent of all admissions in 2006, compared with 14.4 percent in 2005 (exhibits 1 and 2). Most cocaine treatment admissions in 2006 were for crack cocaine (exhibit 3) and almost half (49.3 percent) were African-American. The average age of first cocaine use was 25.2 years, and over two-thirds of patients receiving treatment for cocaine were age 35 or older (exhibit 4). Women accounted for one-third of cocaine treatment admissions (exhibit 5), and only 16.1 percent reported no prior treatment experience (exhibit 6). Alcohol was the most frequently reported secondary substance

problem, and marijuana the most common tertiary substance problem (exhibit 7).

Incidents involving cocaine at Twin Cities emergency departments outnumbered those involving any other illegal drug, with 2,307 in 2006 (exhibit 8).

Accidental overdose deaths involving cocaine were stable in both counties in 2006. In Hennepin County there were 48 cocaine-related deaths in 2006, compared with 50 in 2005. In Ramsey County there were 13 cocaine-related deaths in 2006, compared with 12 in 2005. See exhibit 9.

Cocaine accounted for 27.7 percent of the drug seizures reported to NFLIS in St. Paul (exhibit 10). Cocaine generally sold for $100 per gram, $200 per "eightball" (one-eighth ounce), $700–$800 per ounce, and up to $22,000 per kilogram. The price of a rock of crack was unchanged at $10–$20. Gangs in both cities were involved in the street-level retail distribution of crack cocaine. A large-scale, three-month long, drug sting operation that centered around open-air drug markets near bus stops in downtown St. Paul hopes to results in the arrest of up to 100 street drug dealers (by early June 2007) who were selling mostly crack and marijuana.

HEROIN/ OPIATES/ OTHER OPIATES

Treatment admissions reporting heroin as the primary substance problem accounted for 5.8 percent of total admissions in 2006, compared with 5.3 percent in 2005. Of these 1,172 patients with heroin as the primary substance problem, 1.5 percent was under the age of 18, 31.2 percent were women, and injecting was the most common route of administration (59.5 percent). Only 14.9 percent were in treatment for the first time. Cocaine was the most frequently reported secondary substance problem (42.2 percent), and alcohol the most common tertiary one (25.0 percent).

Treatment admissions for other opiates (other than heroin and methadone) continued to increase in 2006, accounting for 3.8 percent of total treatment admissions compared with only 1.3 percent in 2000. There were 767 such admissions to treatment in 2006 (exhibit 2).

There were 682 emergency department reports of heroin in 2006, far fewer than reports involving cocaine (2,307) or marijuana (2,186), and just slightly more than those involving underage drinking (636).

Opiate-related deaths, mostly accidental heroin overdoses, outnumbered cocaine-related deaths again in 2006. Combining Hennepin and Ramsey County figures, there were 96 opiate-related deaths in 2006, down slightly from 102 in 2005.

Yet within counties, opiate-related deaths increased in Hennepin from 60 in 2005 to 69 in 2006, and decreased in Ramsey from 42 to 27. Sixteen of the 69 accidental opiate-related deaths in Hennepin County in 2006 involved methadone, as did nine of the 27 deaths in Ramsey County. Six Hennepin County and three Ramsey County deaths involved fentanyl, a potent prescription synthetic narcotic analgesic. The sale of heroin that also contains fentanyl, a combination responsible for a wave of accidental overdose deaths in several other U.S. cities in 2006, was reported in St. Paul.

Heroin accounted for 1.4 percent of the drug seizures reported to NFLIS. Both hydrocodone and oxycodone accounted for roughly one percent.

Law enforcement sources report heightened availability of "black tar" heroin, especially in Minneapolis in 2007. The heroin is of Mexican origin and distributed by Hispanic criminal networks. Heroin prices remained at the lowest levels ever: $20 to $40 per dosage unit or "paper," as low as $50 per gram, and $600 per ounce.

Outside of the Twin Cities metro area, heroin addiction emerged among high school students in Northfield, Minnesota, a college town located an hour south of the Twin Cities. Law enforcement officials remain watchful for a heroin mix known as "cheese" (black tar heroin combined with diphenhydramine) that remains largely limited to the Dallas, Texas

area. Several middle school youth in one rural farm community in southern Minnesota were quite knowledgeable about "cheese" heroin, from conversations with their extended families in Texas, but the extent to which it is being imported into or used in Minnesota remains unclear.

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

METHAMPHETAMINES / OTHER STIMULANTS

In the wake of rising consequences related to methamphetamine abuse from 2000 through 2005, notable downward trends occurred in 2006. Since the new Minnesota State law (effective 7/1/2005) that restricted retail sales of pseudoephedrine-containing products, methamphetamine labs in Minnesota declined significantly to 59 in 2006 (through November), compared with 112 in 2005 (full year) and 212 in 2004.

In the Twin Cities, methamphetamine-related admissions to addiction treatment programs declined, especially among adolescents. Patients addicted to methamphetamine accounted for 8 percent of total treatment admissions in the Twin Cities in 2006 compared with 12 percent in 2005 and 10 percent in 2004. See exhibits 1 and 2. In 2006, only 4.8 percent of these patients were under the age of 18, compared with 9.2 percent in 2005 (entire year), and 11.5 percent in the first half of 2005.

Women accounted for 35.4 percent of the treatment admissions for methamphetamine, the highest percentage within any drug category. Almost all were White (88.5 percent). However, Asians accounted for 2.8 percent, the highest percentage of Asians within any drug category. The average age of first use was 21.1 years. Three quarters of the patients reported prior treatment experience. Smoking was the most common route of administration for methamphetamine (66.8 percent). Marijuana was the most frequently reported secondary substance problem (44.9 percent) and was also reported by 29.3 percent of patients as a tertiary substance problem.

Hospital emergency department reports involving methamphetamine totaled 480 in 2006, compared with 3,278 for alcohol, 2,307 for cocaine, and 2,186 for marijuana.

Ramsey County reported six accidental deaths related to methamphetamine in 2006, compared with seven in 2005. Excluding MDMA-related deaths, Hennepin County reported seven methamphetamine-related deaths in both 2006 and 2005, compared with 11 in 2004 (exhibit 9).

Seizures of methamphetamine by law enforcement accounted for 37.9 percent of the samples reported to the National Forensic Laboratory Information System in 2006, compared with 51 percent in 2005. Methamphetamine prices were as low as $70 per gram, $200 for a "teener" (one-sixteenth ounce), $240–$280 for an "eightball" (one-eighth ounce), $900 to $1,000 per ounce, and $8,000 to $14,000 per pound.

Khat, a plant indigenous to East Africa and the Arabian Peninsula 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. The plants are often wrapped in banana leaves to preserve freshness. 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 (ADHD), 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 and accounted for more admissions into addiction treatment programs than any other illicit drug in the Twin Cities, with 3,702 admissions in 2006 (18.3 percent of total treatment admissions). Of these, 39.3 percent were under the age of 18, and an additional 32.9 percent were age 18 to 25. Only 20.4 percent were women, and for many (40.2 percent) it was their first treatment episode. The average age of first marijuana use was 13.8 years.

Marijuana was also a commonly reported secondary and tertiary substance problem among patients admitted for addiction to other drugs (exhibit 7). Among patients in treatment for alcoholism, for example, 56.2 percent reported marijuana as their secondary substance problem and 29.3 percent reported it as a tertiary substance problem.

There were 2,186 reports involving marijuana at Twin Cities area hospital emergency departments in 2006. Marijuana (cannabis) accounted for 14.6 percent of drugs seized according to NFLIS data, compared with 10.5 percent in 2005.

Marijuana sold for $5 per joint. Standard, commercial grade marijuana sold for $50 per 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.

In May 2007 two large-scale indoor marijuana-growing operations were uncovered in upscale suburban homes, one in the eastern metro and one in the southern metro. In both raids combined, over 2,400 plants of high potency “BC Bud” were revealed in one of the largest cases of its kind to date, according law enforcement officials, with marijuana valued at over $6 million. Also in May a three-ton shipment of marijuana from Mexico that was concealed in boxes of jawbreaker candy in a semi-trailer truck, was intercepted as the result of a routine traffic stop in the Twin Cities.

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

In 2006, 119 hospital ED reports involved MDMA, which is also know as 3,4 methylenedioxymethamphetamine, or “ecstasy,” “X,” or “e. ” It sold for $20 per pill.

Gamma hydroxybutyrate (GHB), known as "G,” “Liquid E,” or “Liquid X,” is a concentrated liquid abused for its stupor-like depressant effects. It is also used as a predatory, knockout, drug-facilitated rape drug. There were three hospital ED reports of GHB in 2006 (first half). It sold for $10 per capful.

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. There were no hospital ED reports of it in 2006 (first half).

HALLUCINOGENS

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. There were 28 hospital ED reports of LSD in 2006 (first half) and an additional 30 reports of “miscellaneous hallucinogens.” Phencyclidine (PCP), a dissociative anesthetic, is most often used in combination with marijuana in joints known as “wet sticks” or “dipped joints,” but can also be injected or snorted. In 2006 (first half) there were 19 hospital ED reports of PCP.

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. Being under the influence of these products is known as "Robo-tripping" or "Skittle-ing." The Hennepin Regional Poison Center received 58 dextromethorphan-related calls January through May 2006, of which 70.2 percent involved people under the age of 20.

ALCOHOL AND TOBACCO

Almost half of the total admissions to addiction treatment programs (48.3 percent) reported alcohol as the primary substance problem in 2006, down from 54.4 percent in 2000. Of these patients, 59.2 percent were age 35 or older, and 28.2 percent were female. The average age of first alcohol use was 15.7 years. Marijuana was reported as a secondary substance problem by over half of these admissions (56.2 percent), and a tertiary problem by 29.3 percent. There were 636 hospital ED reports of underage drinking in 2006, and 3,278 total reports involving alcohol.

Nicotine use was widespread among patients in addiction treatment programs (exhibit 3).

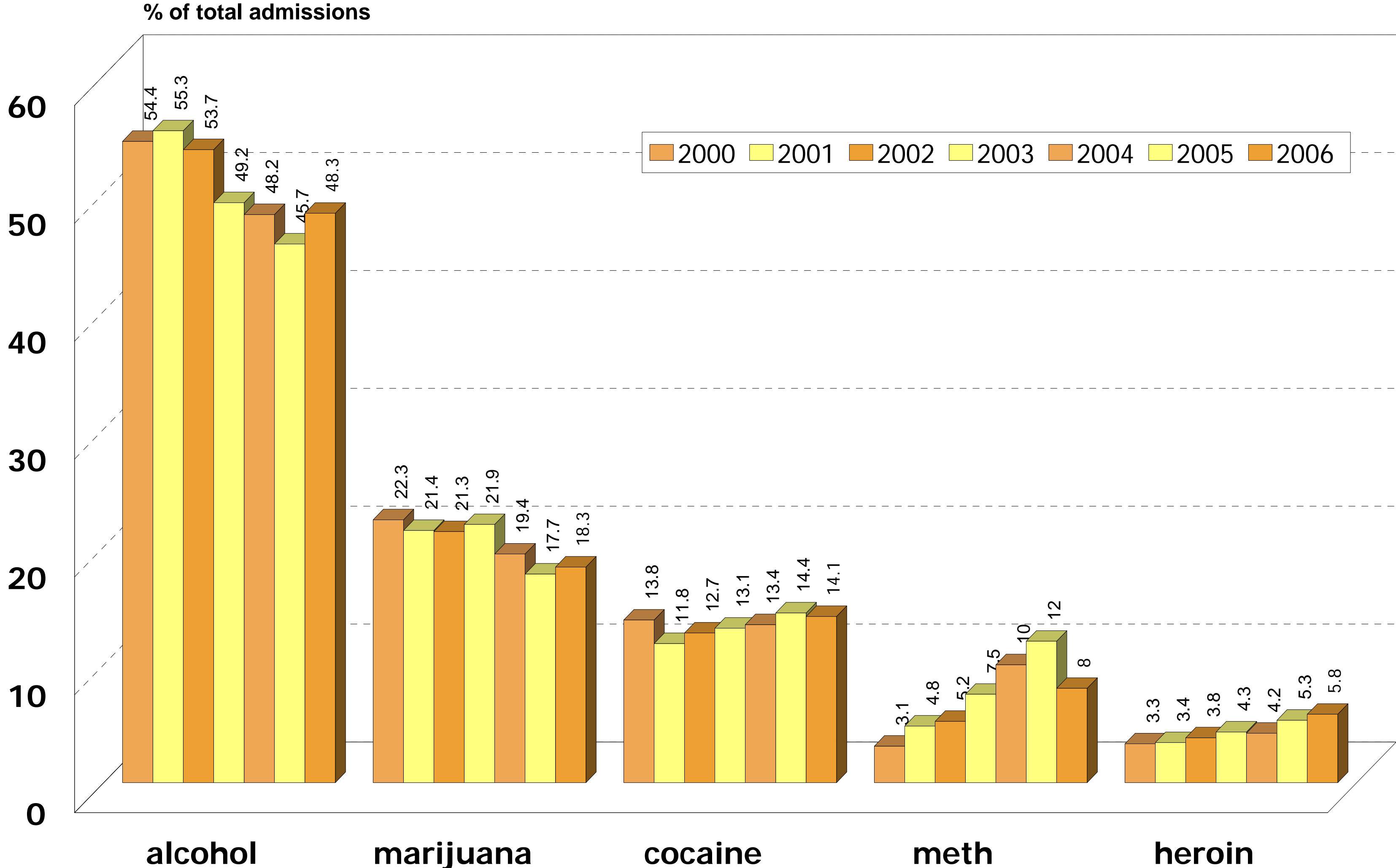
DRUG ABUSE-RELATED DISEASES

Most cases of HIV infection and AIDS in Minnesota in 2006 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 (seven percent); men who have sex with men and injection drug use (five percent); heterosexual contact (12 percent); perinatal (one percent) and unspecified/no interview (22 percent). See exhibit 11.

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

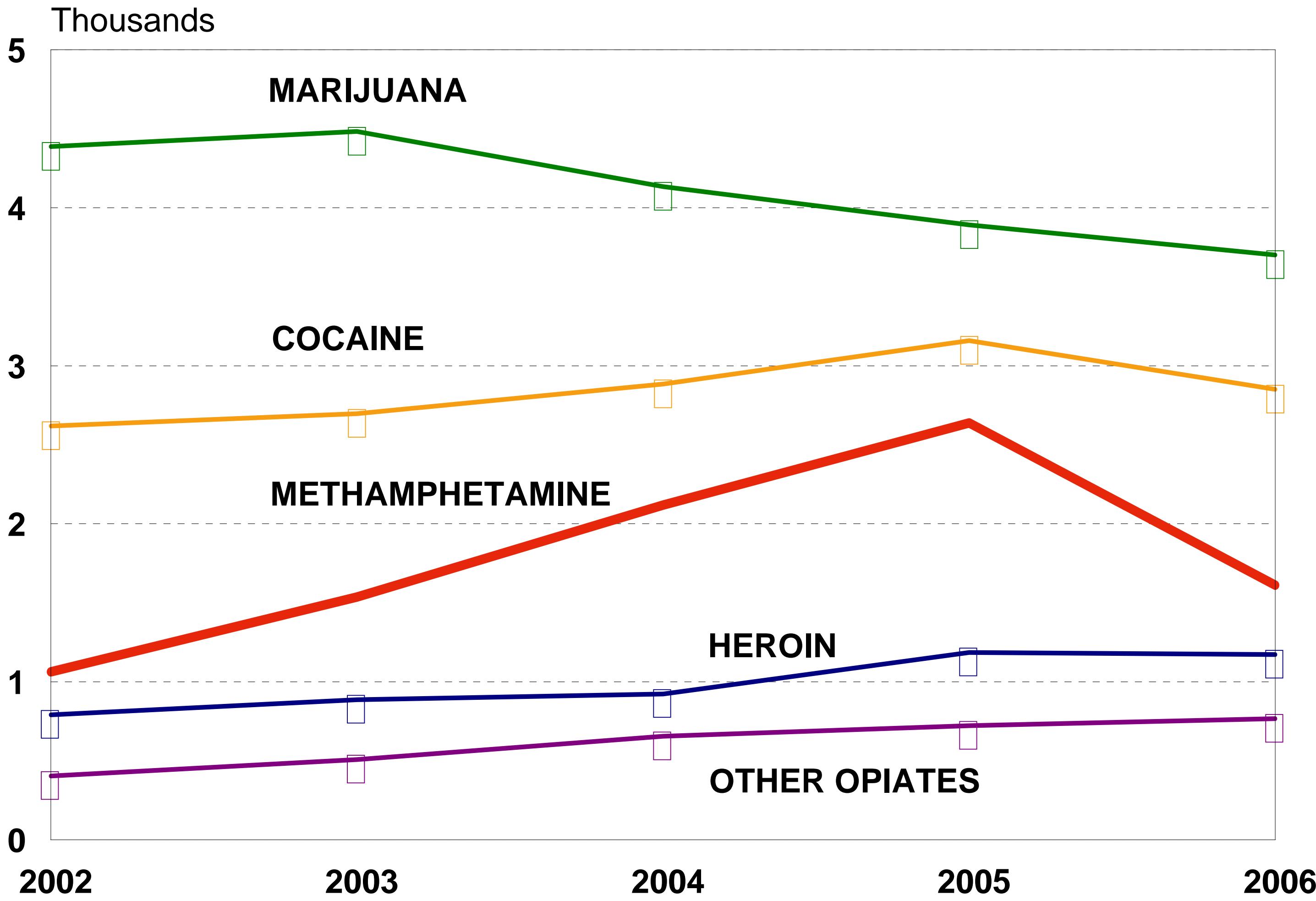
Exhibit 1

Admissions to Twin Cities area addiction treatment programs by primary substance problem: 2000 - 2006



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

Exhibit 2



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

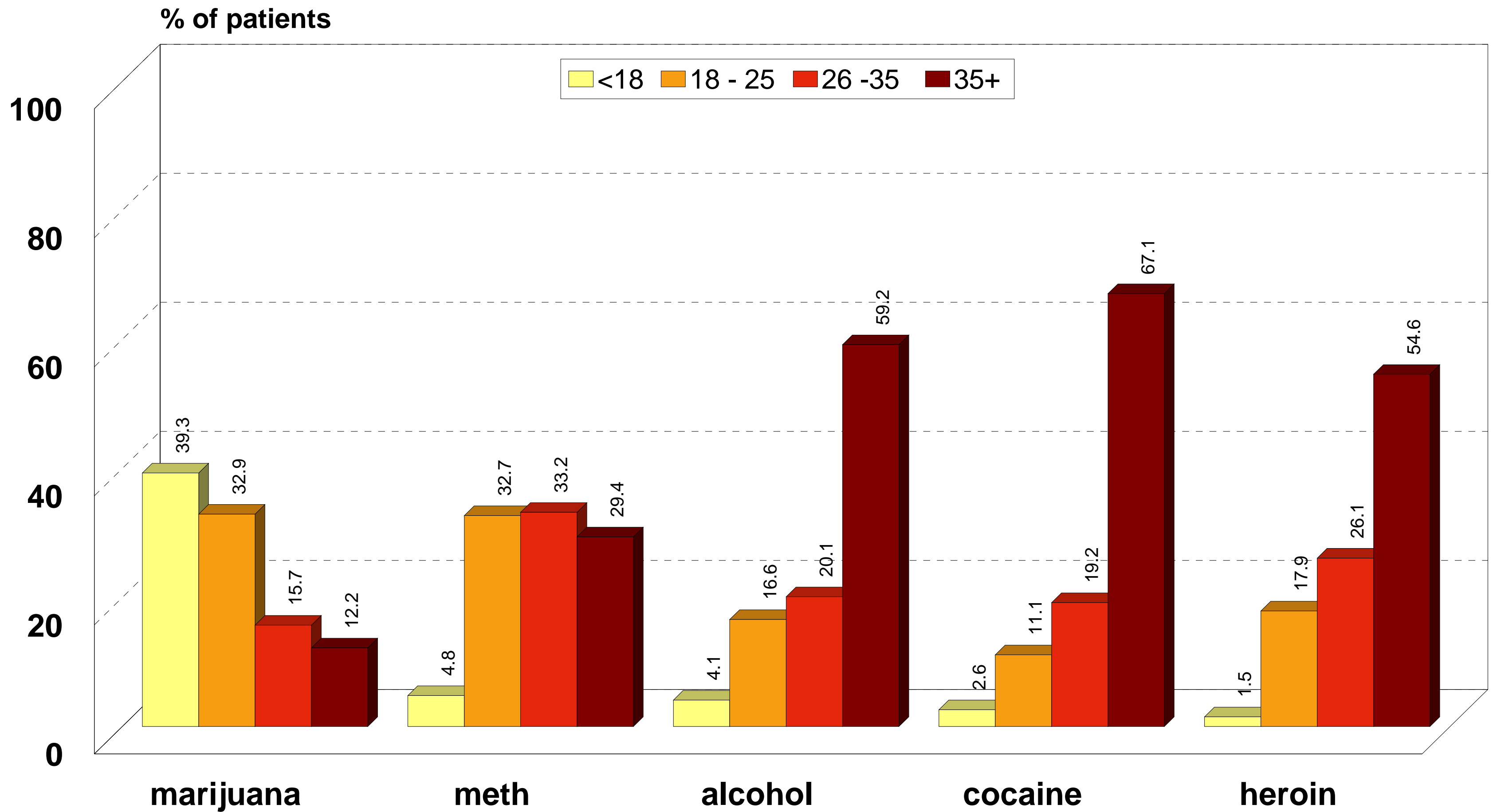
Exhibit 3

Characteristics of patients admitted to Twin Cities area addiction treatment programs by primary substance problem: 2006

TOTAL admissions = 20,208	ALCOHOL = 9,768 (48.3%)	MARIJUANA = 3,702 (18.3%)	COCAINE = 2,851 (14.1%)	METH = 1,612 (8.0%)	HEROIN = 1,172 (5.8%)
GENDER					
% male	71.8	79.6	66.7	64.6	68.8
% female	28.2	20.4	33.3	35.4	31.2
RACE/ETHNICITY					
% White	75.7	60.5	40.6	88.5	57.9
% African Am	13.1	27	49.3	1.3	34.3
% Hispanic	6.1	5	4.9	3.3	3.7
% Am Indian	3.3	3.3	2.4	2.5	2.9
% Asian	0.9	1.1	0.7	2.8	0.5
AGE					
% 17 and under	4.1	39.3	2.6	4.8	1.5
% 18 - 25	16.6	32.9	11.1	32.7	17.9
% 26 - 34	20.1	15.7	19.2	33.2	26.1
% 35 +	59.2	12.2	67.1	29.4	54.6
ADMIN ROUTE					
% smoking			83.4	66.8	3.4
% sniffing			15.6	15.2	37
% injecting			0.9	14.1	59.5
% oral				3.9	
SECONDARY DRUG %	marijuana - 56.2	alcohol - 71.1	alcohol - 53.1	marijuana - 44.9	cocaine - 42.2
TERTIARY DRUG %	cocaine - 31.8	alcohol - 31.1	marijuana - 41.2	alcohol - 44.6	alcohol - 25.0
% 1st TREATMENT EPISODE	29.7	40.2	16.1	25.6	14.9
AVERAGE AGE 1st USE (in years)	15.7	13.8	25.2	21.1	22.6
% DAILY NICOTINE USE	58.3	63.7	66.5	74.3	78.1

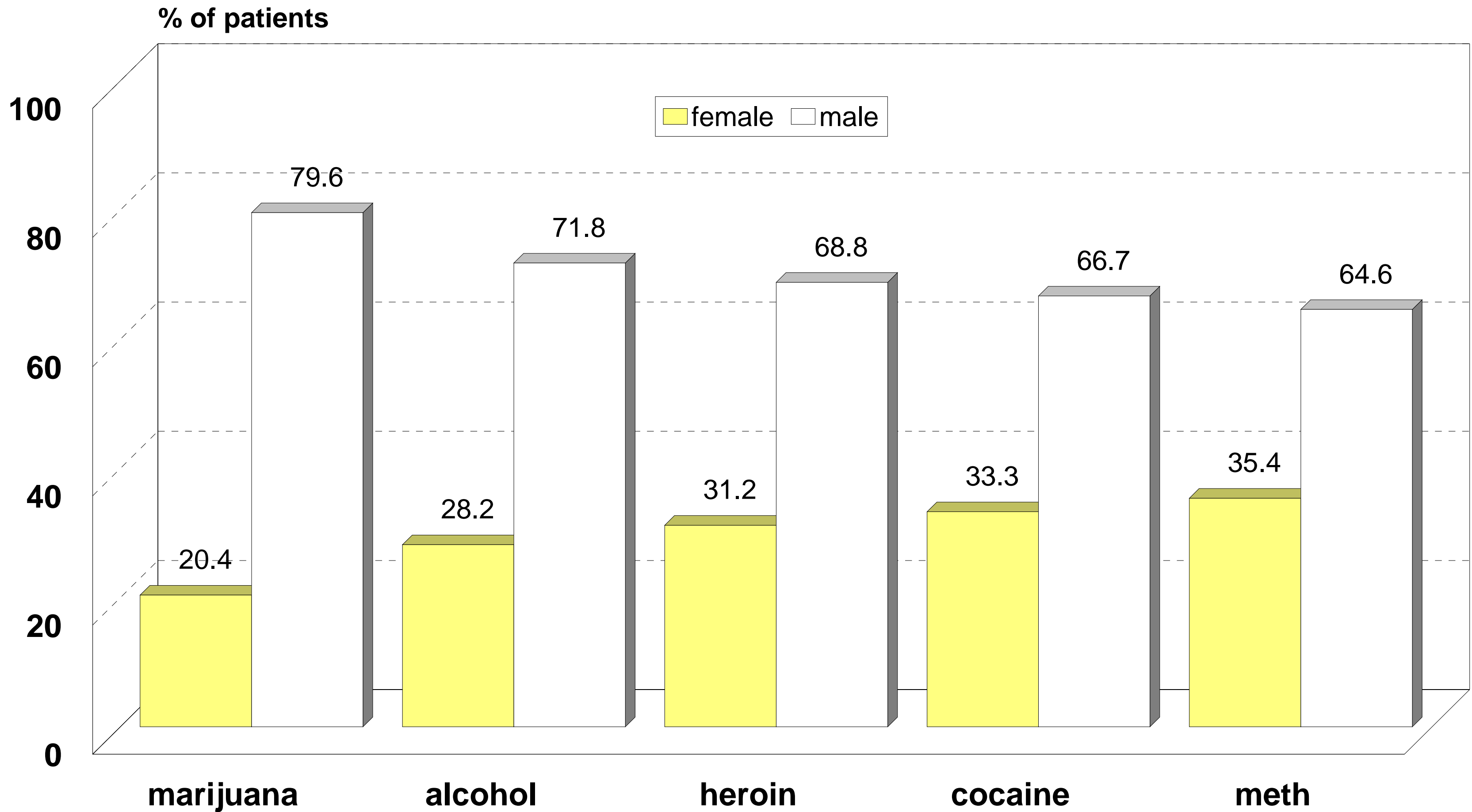
SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2007.

Exhibit 4



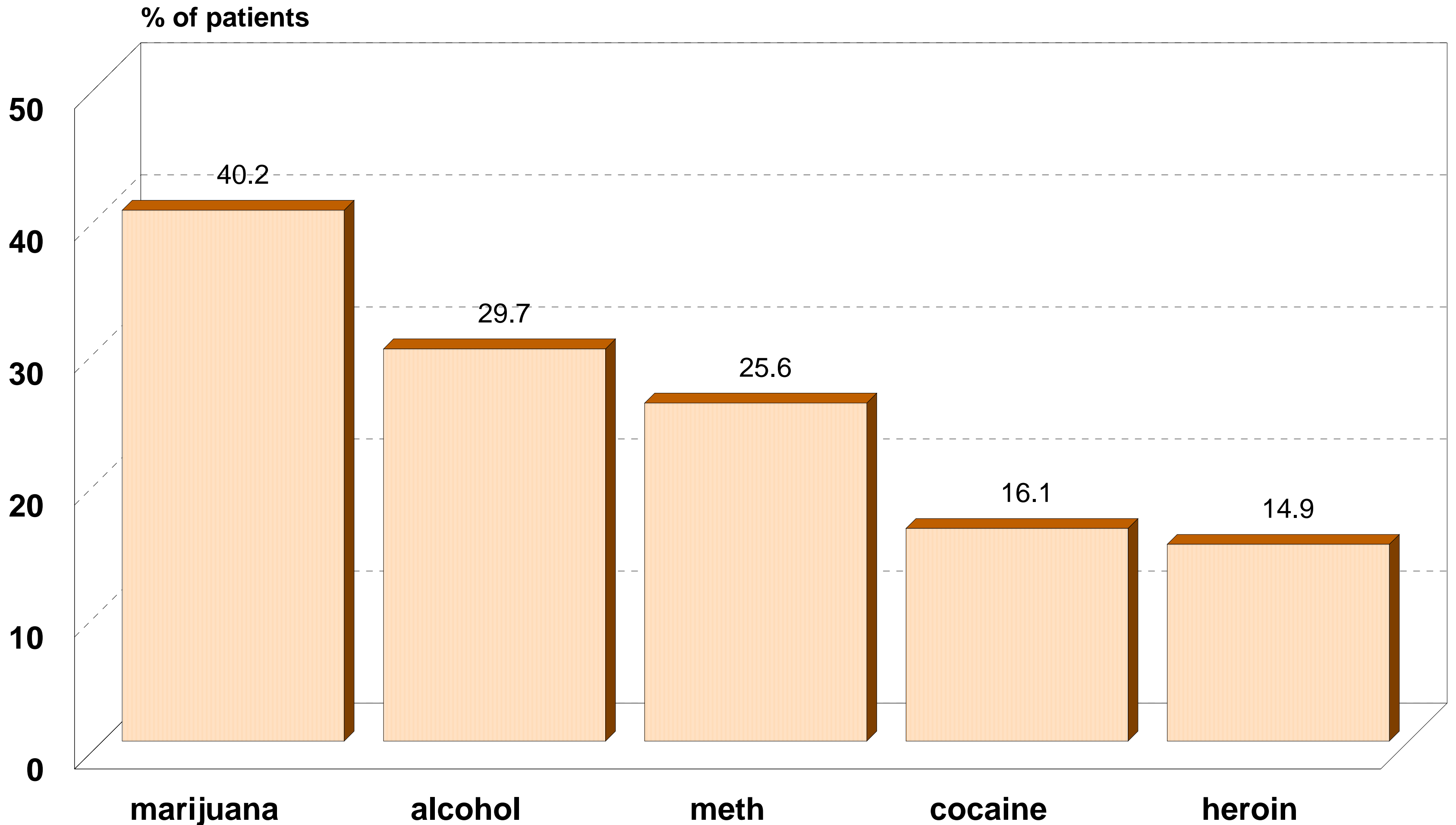
SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2007.

Exhibit 5



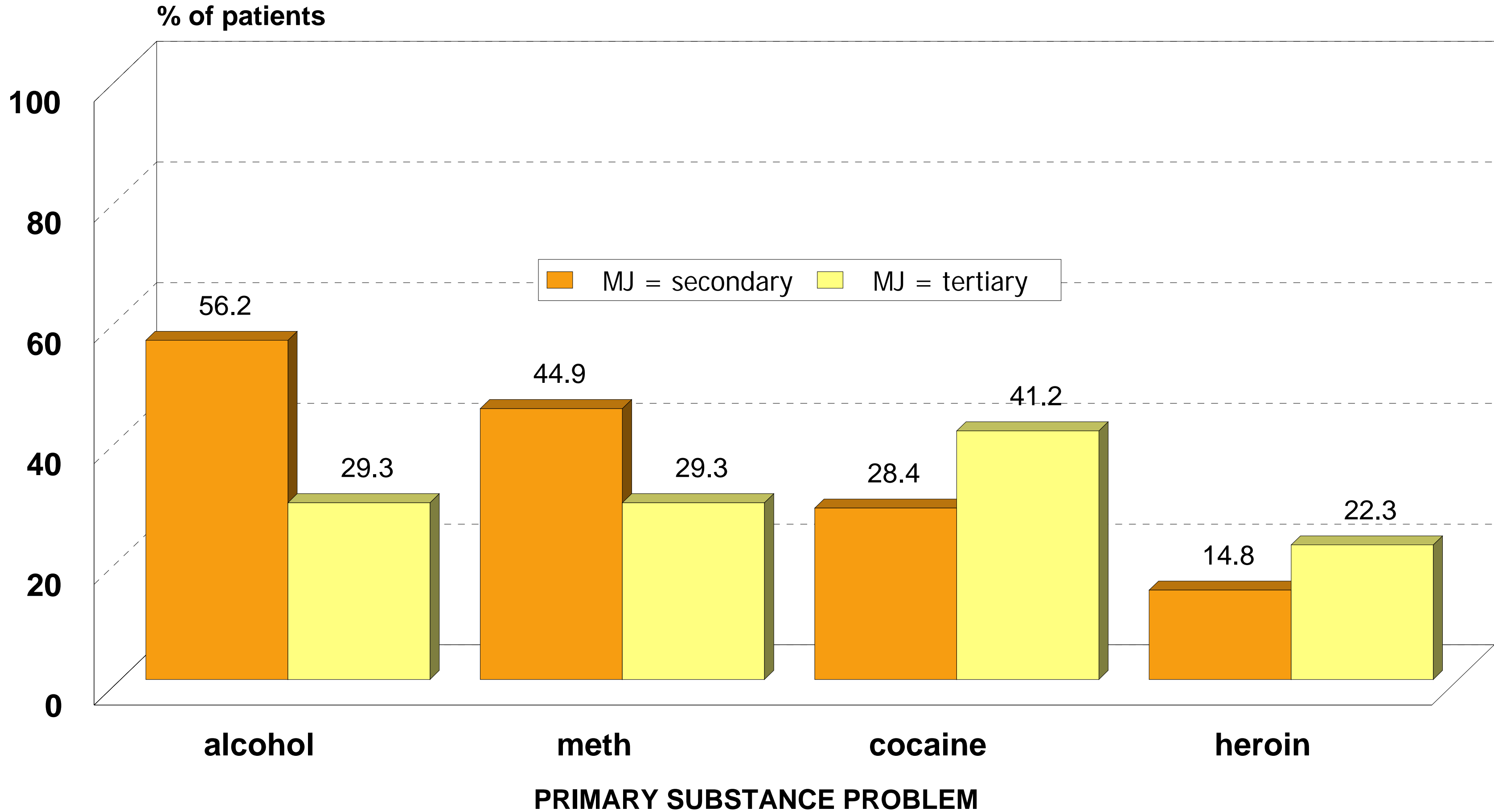
SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2007.

Exhibit 6



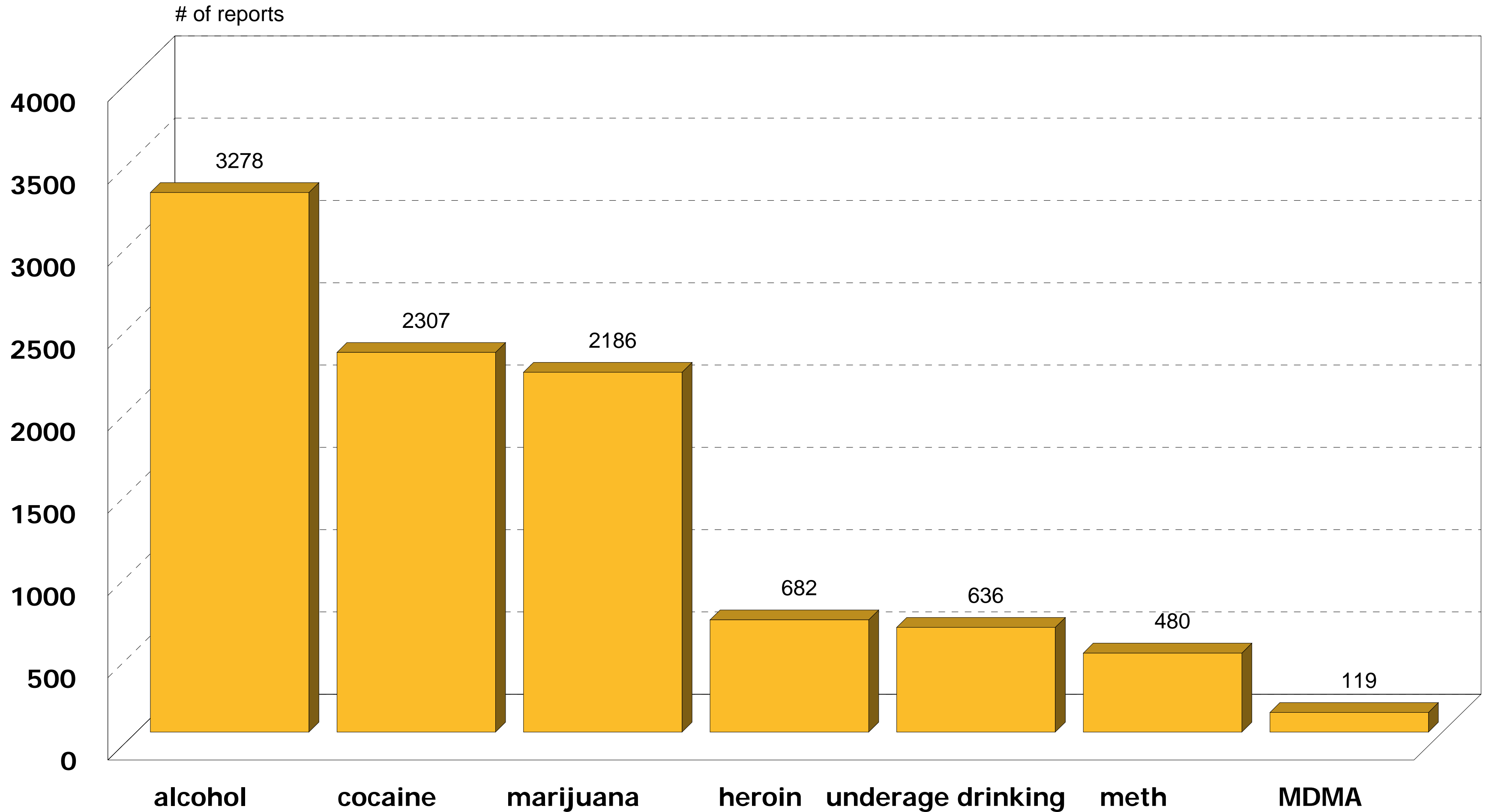
SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2007.

Exhibit 7



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

Exhibit 8



SOURCE: Drug Abuse Warning Network (DAWN) Live! cases derived from a sample of up to 10 metro area hospital emergency departments from 1/1/06 through 12/31/06. All DAWN cases are reviewed for quality control and based on this review, cases may be corrected or deleted. These data were generated by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration on 5/22/2007.

Exhibit 9

Drug-related deaths: Hennepin County and Ramsey County 2000 - 2006

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

SOURCE: Hennepin County Medical Examiner and Ramsey County Medical Examiner, 2007.

Exhibit 10

Drug seizures
St. Paul, Minnesota - 2006

Drug	# of items	Percent
Methamphetamine	**2859**	**37.9**
Cocaine	**2090**	**27.7**
Cannabis	**1098**	**14.6**
MDMA	**216**	**2.9**
Heroin	**108**	**1.4**
Oxycodone	**93**	**1.2**
Hydrocodone	**74**	**1**
All other	**1010**	**13.3**
TOTAL	**7548**	**100**

SOURCE: National Forensic Laboratory Information System (NFLIS), US Drug Enforcement Administration, 2007.

Exhibit 11

Persons living with AIDS and HIV (non-AIDS) by gender and mode of exposure: Minnesota 2006

	Males		Females		Total	
Mode of exposure	Total HIV & AIDS cases	Percent	Total HIV & AIDS cases	Percent	Total HIV & AIDS cases	Percent
MSM	2844	66%	0	0%	2844	51%
IDU	256	6%	138	11%	394	7%
MSM/IDU	289	7%	0	0	289	5%
Heterosexual	147	3%	515	41%	662	12%
Perinatal	16	0%	34	3%	50	1%
Other	41	1%	12	1%	53	1%
Unspecified	267	6%	256	20%	523	9%
No Interview	440	10%	311	25%	751	13%
Total	**4300**	**100%**	**1266**	**100%**	**5566**	**100%**

SOURCE: Minnesota Department of Health, 2007. These are cases reported to the MDH, assumed to be alive and currently residing in Minnesota as of 12/31/2006. MSM = Men who have sex with men. IDU = Injecting drug use. Heterosexual = For males: heterosexual contact with a female known to be HIV+, an injecting drug user, or a hemophiliac/blood product or organ transplant recipient. For females: heterosexual contact with a male known to be HIV+, 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.