
Minneapolis/St. Paul Drug Abuse Trends

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ABSTRACT

Heroin and methamphetamine continued to dominate the drug abuse landscape in 2015 in the Minneapolis/St. Paul metropolitan area. A record-high 16.5 percent of admissions to addiction treatment programs were for heroin, of which 36.9 percent were less than 26 years old. For the first time in 2015, heroin admissions exceeded the number of marijuana admissions (3,738 heroin and 3,426 marijuana). From 2014 to 2015, opiate-related overdose deaths declined slightly in Hennepin County from 102 to 97, and increased slightly in Ramsey County from 42 to 47. Statewide seizures of heroin by multijurisdictional law enforcement drug task forces increased 47 percent from 2014 to 2015. Methamphetamine-related treatment admissions accounted for 13.1 percent of total admissions, exceeding the number of admissions at the height of the statewide epidemic in 2005. Methamphetamine was reported in 35 percent of all drug items seized by law enforcement in the 7-county metro area in 2015, and seizures statewide remained at heightened levels. Cocaine accounted for 4.3 percent of admissions to addiction treatment programs in 2015. Cocaine-related deaths rose from 12 to 26 in Hennepin County, but remained low and unchanged in Ramsey County. Exposures to synthetic cannabinoids (THC homologs) more than doubled from 2014 to 2015, yet declined for "bath salts" (substituted cathinones), "research chemicals" (2-CE analogs), and MDMA.

Area Description

The Minneapolis/St. Paul metropolitan area is home to about half of Minnesota's 5.3 million population (2010 Census). It includes Minnesota's largest city, Minneapolis in Hennepin County, and the capital city of St. Paul in Ramsey County. The population of each surrounding county is: Anoka, 330,844; Dakota, 398,552; Hennepin, 1,152,425; Ramsey, 508,640; and Washington, 238,136, for a total of 2,588,907. In the Minneapolis/St. Paul metropolitan area 80.1 percent of 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 percent. An estimated 77,000 Somali immigrants and 66,200 Hmong immigrants live in Minnesota, mostly in the Minneapolis/St. Paul metropolitan area.

Illicit drugs are distributed and sold within Minnesota by Mexican drug trafficking organizations, street gangs, independent entrepreneurs, and other criminal organizations. Illegal drugs concealed in compartments of private and commercial vehicles are typically transported to the Minneapolis/St. Paul metropolitan area for further distribution throughout the State. Minnesota shares a northern, international border with Canada, and a western border with two of the country's most sparsely

populated States, North Dakota and South Dakota. Interstate Highway 35 starts at the U.S./Canadian border in Minnesota, and ends at the U.S./Mexican border in Texas.

Illegal synthetic drugs are also sold online. Minnesota ranks above the national average in computer ownership (91.6 percent) and households with high-speed Internet access (82.6 percent). (SOURCE: *Computer and Internet Use in the United States: 2013*, U.S. Department of Commerce, U.S. Census Bureau, issued November 2014).

Data Sources

This report analyzes quantitative trends in substance abuse based on the most recent data obtained from the following sources:

Mortality data on drug-related accidental overdose deaths due to drug toxicity are from the Ramsey County Medical Examiner and the Hennepin County Medical Examiner (through 2015). 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 or mixed drug toxicity was the cause of death. See exhibits 1 - 2. The most recent statewide drug overdose mortality data are from the Minnesota Department of Health, Injury and Violence Prevention Unit (2014). See exhibit 3.

Addiction treatment data are from the Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services from programs in the metropolitan counties of Anoka, Dakota, Hennepin, Ramsey and Washington (2015). See exhibits 4, 5 and 6.

Crime laboratory data are from the National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA). 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 7-county metropolitan area including the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington (2014 and the first half of 2015). St. Paul crime lab data were not reported after May 2012. See exhibits 7 and 8.

Additional data on drug seizures by law enforcement are from the multijurisdictional drug and violent crime task forces, known as Violent Crime Enforcement Teams, that operate throughout the State, and reported to the Office of Justice Programs, Minnesota Department of Public Safety (2015). See exhibits 9 and 10.

Poison Center data on human exposures to various substances are reported to the Minnesota Poison Control System (2015). See exhibits 11 and 12.

Prescription drug data are from the Minnesota Prescription Monitoring Program, Minnesota Board of Pharmacy, for February 2015 and February 2016. See exhibit 13.

Drug Abuse Trends

HEROIN AND OTHER OPIATES

In 2015 opiate-related accidental overdose deaths declined slightly in Hennepin County and increased slightly in Ramsey County. In Hennepin County there were 97 opiate-related deaths in 2015, compared with 102 in 2014, a 4.9 percent decrease. The decedents ranged in age from 19 to 67. Of these deaths, 49 involved heroin, 17 involved methadone (17.5 percent), 15 involved oxycodone, 9

involved fentanyl, 10 involved methamphetamine used in combination with an opiate, and 6 involved cocaine used in combination with an opiate.

In Ramsey County there were 47 opiate-related deaths in 2015 compared with 42 in 2014, an 11.9 percent increase. The decedents ranged in age from 20 to 71. At least 9 of these cases involved heroin, 13 involved methadone (27.6 percent), 16 involved oxycodone, 3 involved fentanyl, 10 involved cocaine used in combination with an opiate and 2 involved methamphetamine used in combination with an opiate.

Statewide drug overdose deaths increased steadily from 2000 through 2013. Declines were noted in 2014, except in the non-metro areas of the State, known as "Greater Minnesota."

Heroin accounted for a record-high 16.5 percent of total treatment admissions in 2015, compared with 14.6 percent in 2014, and 3.3 percent in 2000. Of these 3,738 heroin treatment admissions, 36.9 percent were less than 26 years of age, Whites accounted for 63.8 percent and injection was the most common route of administration (63.9 percent).

Other opiates (prescription opioids and opium) were the primary substance reported by 8.6 percent of treatment admissions in 2015, compared with 8.7 percent in 2014, and 1.4 percent in 2000. Of these 1,937 admissions, 49.8 percent were female, 44.9 percent were age 35 and older, and the most common route of administration was oral (66.2 percent).

Law enforcement seizures of heroin in the 7-county metropolitan area declined slightly in 2015 (first half), with heroin present in 11.9 percent of drug reports, compared with 13.9 percent in 2014. Statewide seizures of heroin by Minnesota multijurisdictional drug task forces increased 47 percent from 2014 to 2015, while seizures of prescription drugs declined slightly (3.7 percent).

Mexico and South America were the primary sources of heroin in Minnesota. Distribution involved Mexican drug cartels and to a lesser extent Chicago gangs. Local heroin includes the chunky, shiny black tar heroin, and grayish, brown or white powdered heroin.

Opium smoking within the local Hmong community remained an ongoing concern. Opium is creatively concealed in packages that are shipped from Asia to the Twin Cities and surrounding areas. In March 2016 a woman attempting to smuggle 33.5 pounds of opium in her luggage was apprehended at the Minneapolis-St. Paul International Airport. The flight originated in Bangkok.

Heroin exposures reported to the Minnesota Poison Control System increased markedly from 2014 to 2015, rising from 156 to 204 (a 30.8% increase). Hydrocodone exposures declined from 557 to 355 (a 36.3 percent decrease), and oxycodone exposures fell 14.9 percent from 610 to 519. Hydrocodone with acetaminophen was the most frequently prescribed drug reported on the Minnesota Prescription Monitoring Program. In February 2016 it accounted for 14.2 percent of all prescriptions reported, compared with 15.1 percent in February 2015.

COCAINE

After gradually declining over the past decade, cocaine-related deaths more than doubled from 2014 to 2015 in Hennepin County (from 12 to 26). Not so in Ramsey County with 5 cocaine-related deaths in 2014 and 6 in 2015. Cocaine-related treatment admissions remained relatively constant from 2014 to 2015, accounting for 4.3 percent of treatment admissions in 2015. The majority of cocaine-related treatment admissions in 2015 (67.5 percent) were for crack cocaine, 59.3 percent were African-American, and nearly three-quarters (72.5 percent) were age 35 and older.

Law enforcement seizures of cocaine in the 7-county metropolitan area remained stable from 2014 to 2015, accounting for about 22 percent of drug reports in both years. Statewide seizures of cocaine by Minnesota multijurisdictional drug task forces increased slightly (7.8 percent) from 2014 to 2015. Criminal gangs played a key role in the street-level, retail sale of crack cocaine.

METHAMPHETAMINE AND OTHER STIMULANTS

From 2014 to 2015, methamphetamine-related deaths rose from 11 to 17 in Hennepin and from 6 to 8 in Ramsey County. Methamphetamine-related treatment admissions increased since 2009, and in 2015 accounted for a record-high 13.1 percent of total treatment admissions, exceeding the level reached at the height of the statewide methamphetamine epidemic in 2005. Of these 2,954 admissions in 2015, smoking was the most common route of administration (64.6 percent), 78.5 percent were White, and 26.6 percent were age 25 or less.

Methamphetamine accounted for 35 percent of seizures by law enforcement in the 7-county metropolitan area in both 2014 and 2015 (first half). Statewide seizures of methamphetamine by Minnesota multijurisdictional drug task forces increased slightly (3.1 percent) from 2014 to 2015. Mexican drug trafficking organizations were integrally involved in the distribution of methamphetamine that arrived from Mexico, California and Arizona.

Khat (pronounced "cot"), a plant indigenous to East Africa and the Arabian Peninsula, is chewed, smoked or brewed in tea for its stimulant effects and used primarily within the Somali community.

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 February 2015 and February 2016, 5.3 percent of prescriptions reported to the Minnesota Prescription Monitoring Program were for methylphenidate HCL, and approximately 9 percent were for dextroamphetamine/amphetamine.

MDMA (3,4-methylenedioxymethamphetamine), also known as ecstasy, "X," or "e," is typically sold for about \$20 per pill. Although it is consumed for its stimulant and mild hallucinogenic properties that produce feelings of energy and euphoria, it can also adversely elevate 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 lab analysis has determined that the tablets are more likely to contain methyldone, a chemical found in "bath salts."

There were 19 MDMA exposures reported to the Minnesota Poison Control System in both 2012 and 2013. This jumped to 65 in 2014, more than a three-fold increase, and was back down to 19 in 2015. The mixed drug toxicity death of a 30 year-old female in Hennepin County in 2015 involved MDMA used in combination with its chemical cousin MDA (3,4-methylenedioxyamphetamine). The death of a 48-year old male in Hennepin County in 2015 involved MDA used in combination with cocaine.

MARIJUANA

In 2015, 15.1 percent of admissions to addiction treatment programs involved marijuana as the primary substance problem. Of these 3,426 admissions, 24.2 percent were younger than 18, and 36.3 percent were age 18–25. Among law enforcement seizures in the 7-county metropolitan area, cannabis was identified in 15.1 percent of the drug reports in 2015 (first half), compared with 10.4 percent in 2014.

Synthetic cannabinoids (THC homologs, cannabimimetics) refer to synthetically produced chemicals that are sprayed onto dried herbal mixtures, and smoked to mimic the effects of THC, the active ingredient in plant marijuana. They are sold as "herbal incense" or "legal pot," 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," and "Spice." From 2014 to 2016 reported exposures involving THC homologs more than doubled (from 102 to 223).

Minnesota law allows individuals with qualifying health conditions to purchase medical cannabis at state-sanctioned dispensaries that opened in July 2015.

HALLUCINOGENS AND OTHER SYNTHETICS

LSD (lysergic acid diethylamide) known as "acid," is a synthetically produced, long-acting hallucinogen, typically sold as saturated, tiny pieces of paper, known as "blotter acid," for \$5 to \$10 per dosage unit. The Minnesota Poison Control System reported 39 LSD exposures in 2015 compared with 31 in 2014.

Synthetic or substituted cathinones, sold as "bath salts," are consumed to produce effects similar to MDMA. Synthetic cathinones may contain mephedrone or many other chemicals alone or in combination, such as MDPV (3,4-methylenedioxypropylamphetamine), or methylone (3,4-methylenedioxyamphetaminone or MDMC). 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 paranoid delusions, psychosis, and an agitated state known as "excited delirium." The peak year for bath salt exposures reported to the Minnesota Poison Control System was 2011 with 144. In 2015 there were 20.

Another emerging cathinone is "Flakka" (alpha-pyrrolidinopentiophenone or *alpha*-PVP), a slang, idiomatic word for a beautiful, elegant woman who charms all. Flakka takes the form of a white or pink, foul-smelling crystal that sells for \$5 and can be eaten, snorted, injected, or vaporized in an e-cigarette or similar device. Its use, most notably in Broward County, Florida has been linked to violent outbursts, fatalities and heart attacks. There were 2 Flakka exposures reported in Minnesota in 2015.

2C-E phenethylamine (2,5-dimethoxy-4-ethylphenylethylamine) and related analogs are sold online as so-called "research chemicals." NBOMe or "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. 2CE analog exposures fell from 15 in 2014 to 5 in 2015.

A packet of a powdered, synthetic drug such as a bath salt or research chemical, can contain a single chemical component or multiple components, and both the composition and the concentration of the ingredients within single brand name is variable over time.

ALCOHOL AND TOBACCO

Acute alcohol toxicity was the cause of death for 8 decedents in Hennepin County in 2015, and acute alcohol intoxication listed as a significant condition contributing in 54 additional deaths. Alcohol accounted for 39.6 percent total admissions to addiction treatment programs in 2015. Of these 8,971 admissions, over half (59.7 percent) were age 35 and older. Tobacco smoking remained prevalent among patients in addiction treatment programs, and ranged from a high of 81.9 percent among heroin admissions, to a low of 58.9 percent among alcohol admissions.

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Exhibit 1

Drug abuse-related deaths by county: 2006 - 2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
HENNEPIN COUNTY										
Methamphetamine	8	6	9	6	9	7	14	16	11	17
Cocaine	48	59	21	10	25	28	18	28	12	26
Opiates	69	67	84	77	65	84	84	132	102	97
RAMSEY COUNTY										
Methamphetamine	6	7	5	7	4	3	7	8	6	8
Cocaine	13	11	10	11	7	6	3	9	5	6
Opiates	27	39	31	36	27	36	45	37	42	47

SOURCE: Hennepin County Medical Examiner, Ramsey County Medical Examiner, 2016.

Exhibit 2

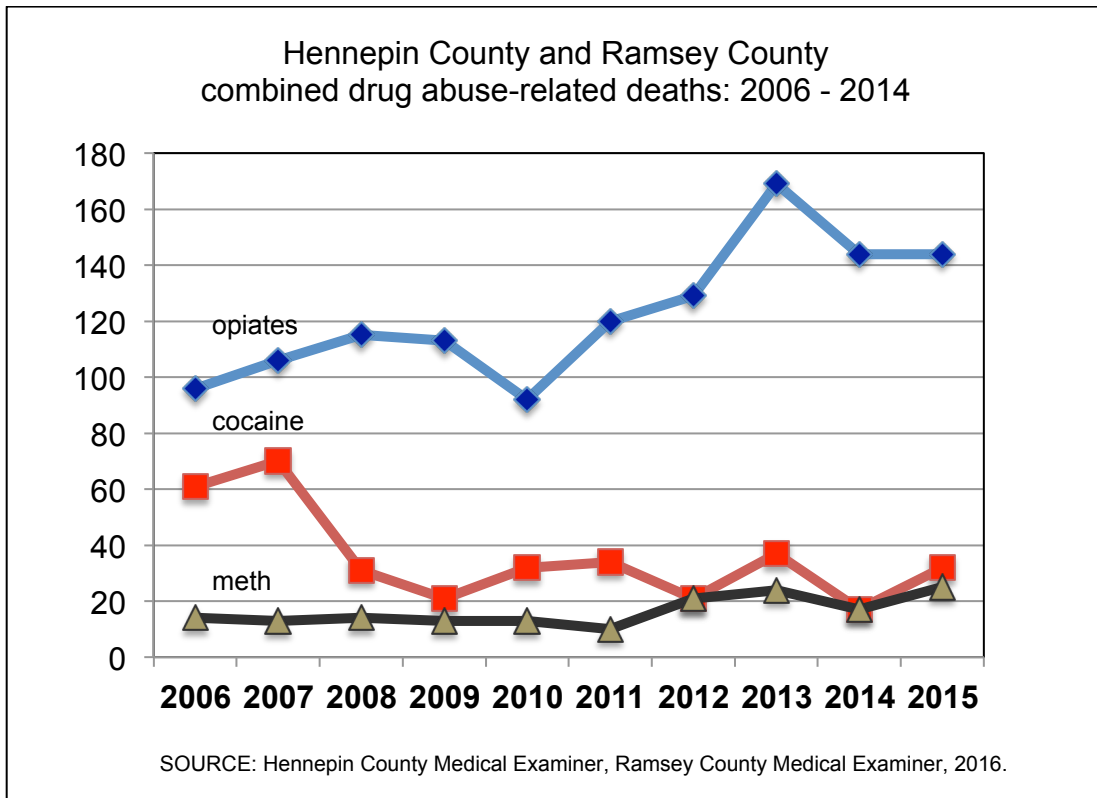
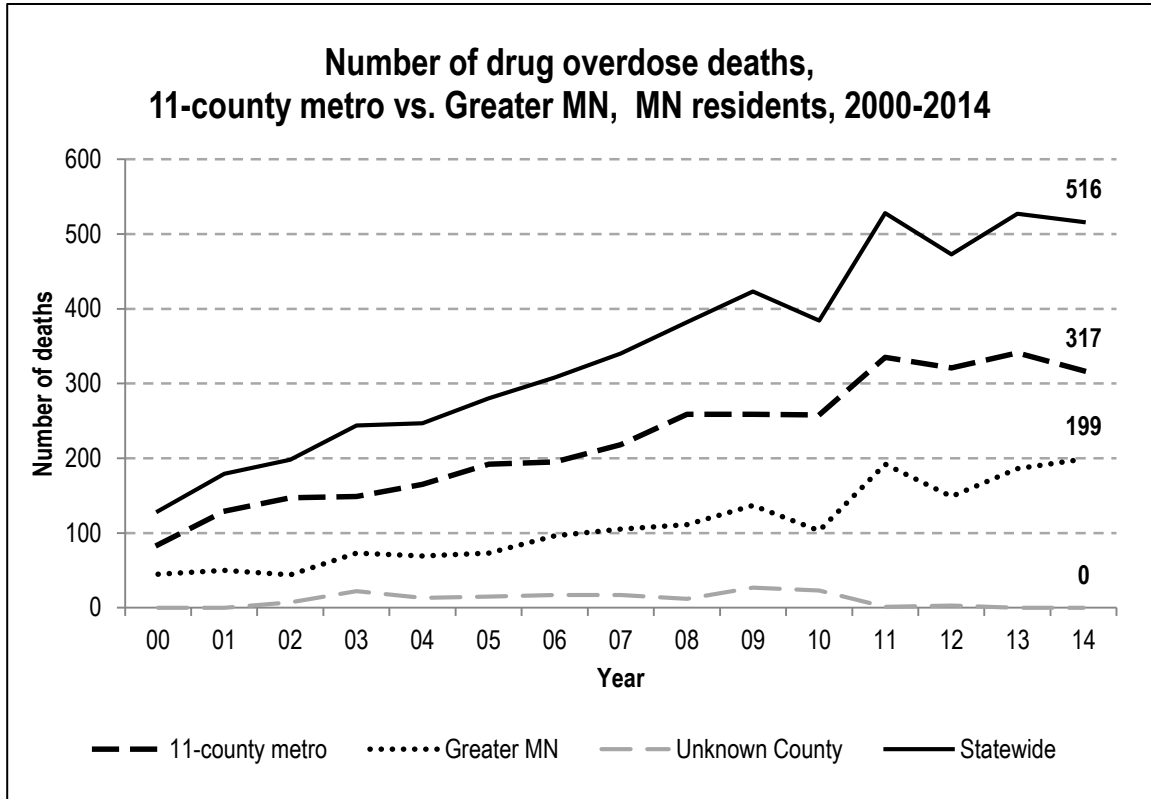


Exhibit 3



SOURCE: Injury and Violence Prevention Unit, Minnesota Department of Health, 2016. Data are from Minnesota death certificates, with cause of death information provided by a medical examiner or coroner.

Exhibit 4

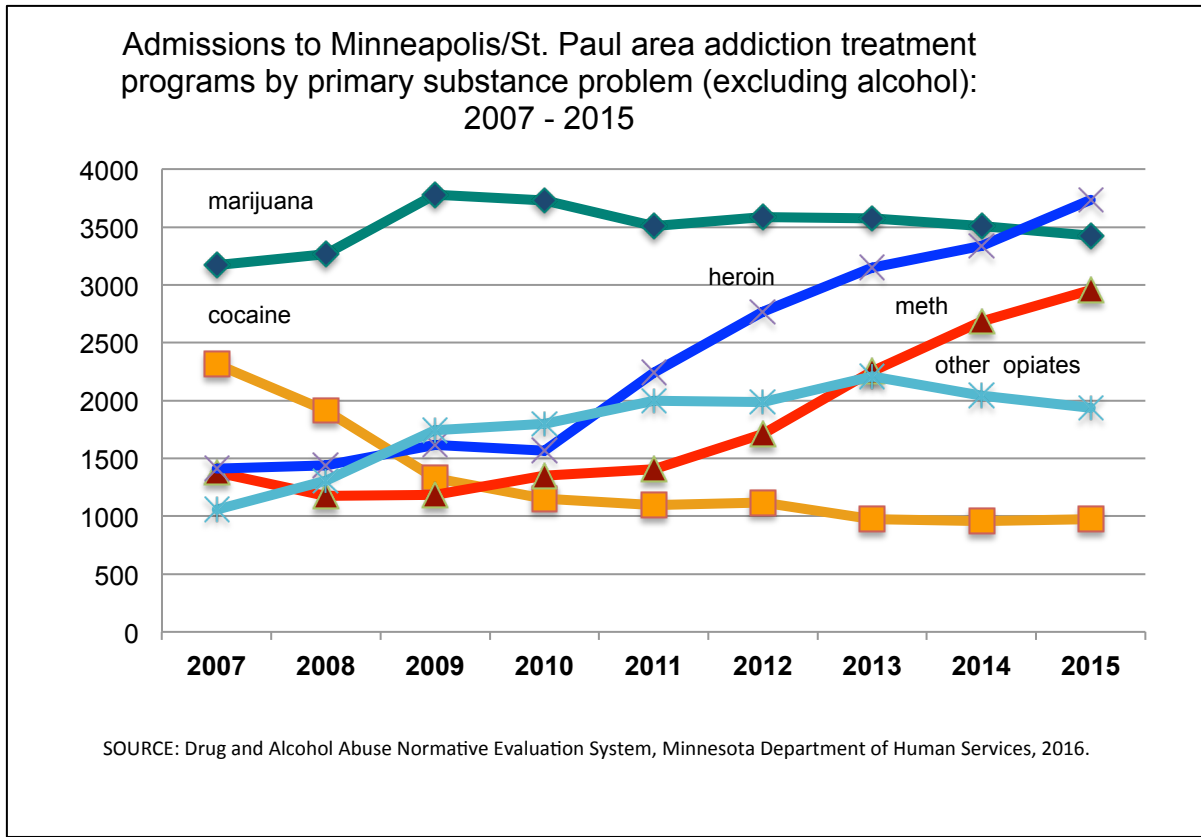


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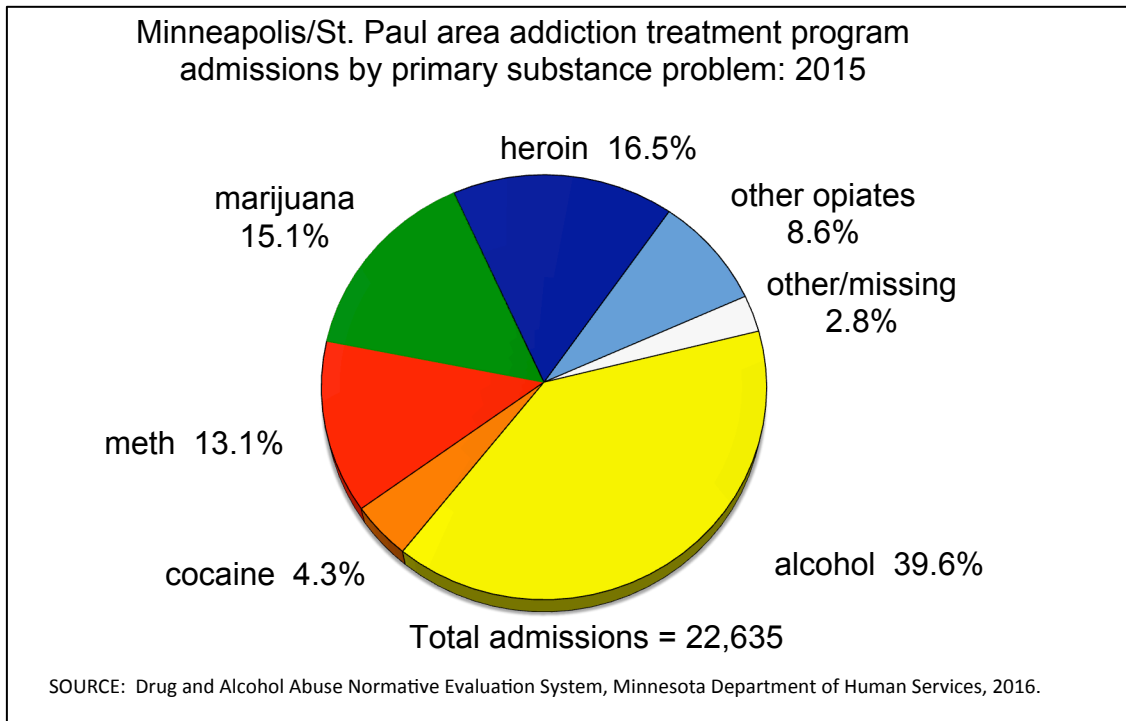


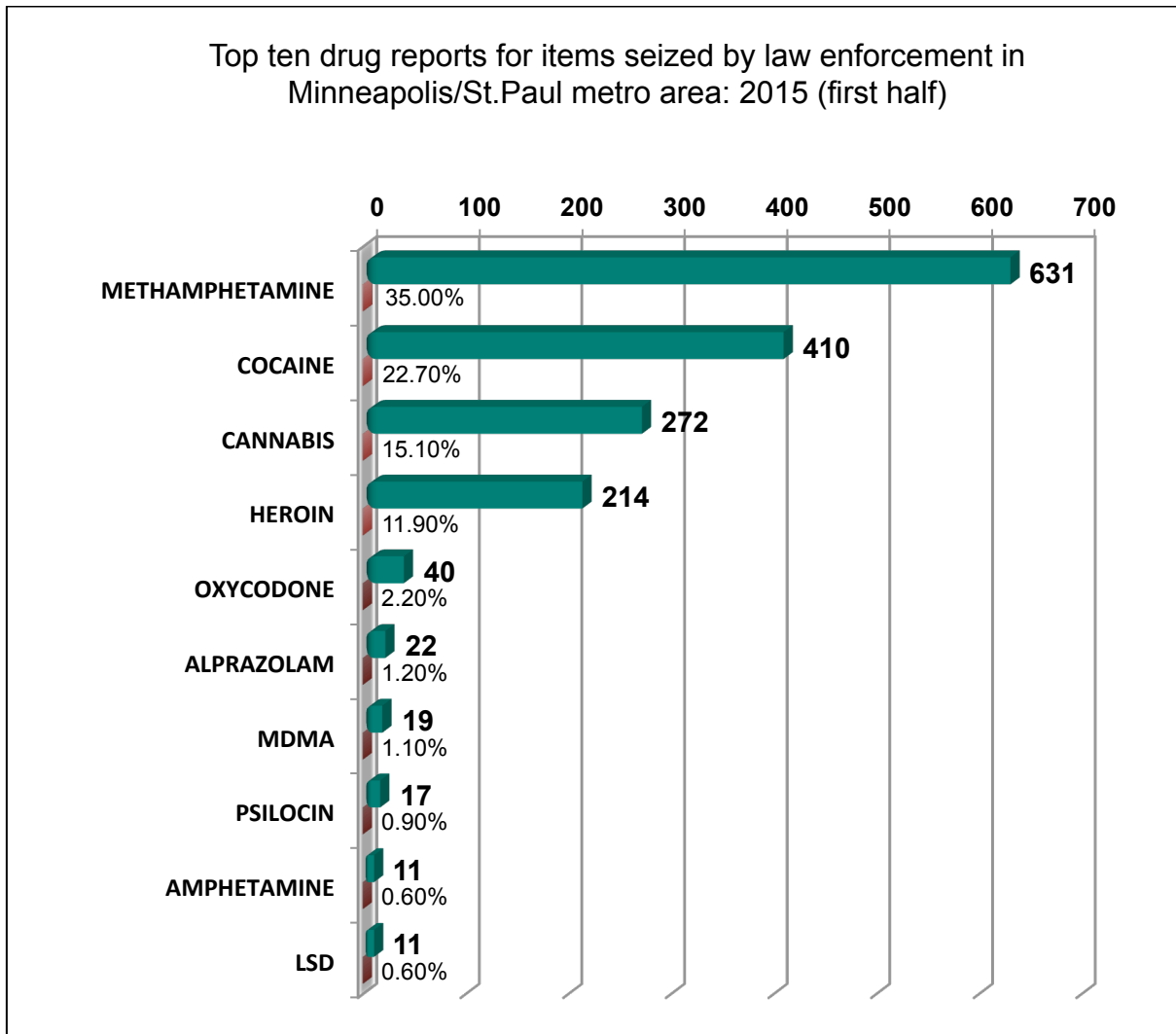
Exhibit 6

Characteristics of admissions to Minneapolis/St. Paul area addiction treatment programs by primary substance problem: 2015

TOTAL ADMISSIONS	ALCOHOL	MARIJUANA	COCAINE	METH	HEROIN	OTHER OPIATES
22,635	8,971 39.6%	3,426 15.1%	976 4.3%	2,954 13.1%	3,738 16.5%	1,937 8.6%
GENDER						
% MALE	66.8	77.6	65.2	64.5	62.5	50.2
% FEMALE	33.2	22.4	34.8	35.5	37.5	49.8
RACE/ETHNICITY						
% WHITE	70.9	49.7	24.5	78.5	63.8	71.6
% AFRICAN AM	16.2	31.8	59.3	3.5	15.5	7.0
% AM INDIAN	3.2	3.2	2.9	4.1	11.0	10.6
% HISPANIC	4.9	7.1	6.9	6.1	5.0	4.9
% ASIAN/PACIFIC ISL	1.8	2.2	1.0	4.2	1.2	3.4
% OTHER	3.0	6.1	5.4	3.7	3.5	2.6
AGE						
% 17 AND UNDER	0.9	24.4	0.7	2.3	0.7	1.0
% 18 - 25	13.2	36.3	9.4	24.3	36.2	21.0
% 26 - 34	26.2	23.4	17.3	37.3	31.8	33.2
% 35 +	59.7	15.8	72.5	36.2	31.3	44.9
ROUTE OF ADMINISTRATION						
% ORAL/MULTIPLE	100	1.6	-	4.5	0.9	66.2
% SMOKING		98.4	67.5	64.6	11.3	5.6
% SNORTING		-	31.4	7.5	23.9	18.5
% INJECTION		-	1.1	23.5	63.9	9.6
% CURRENT SMOKERS	58.9	68.2	76.0	77.5	81.9	69.0

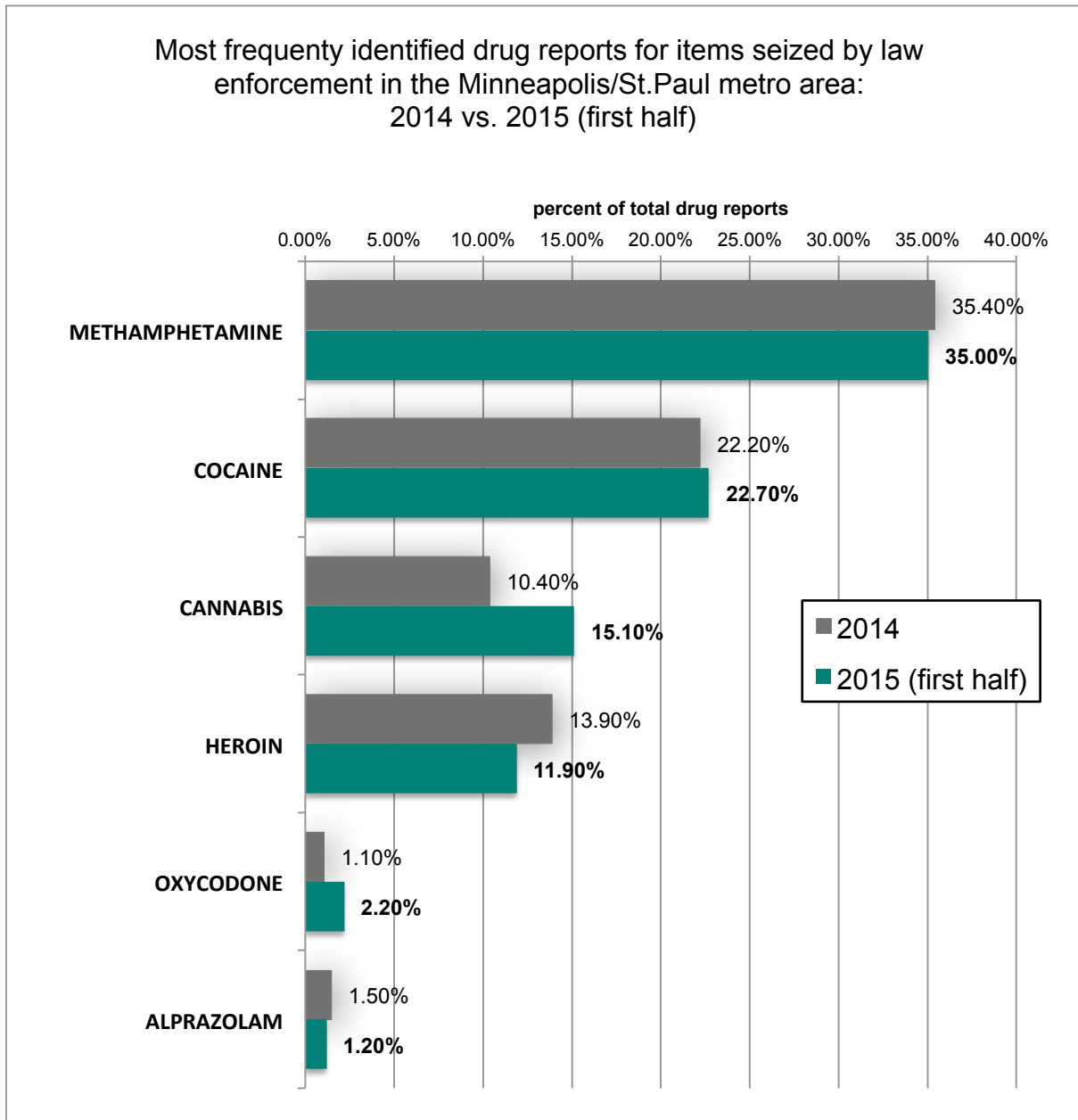
SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, 2016. Unknown primary drug = 224 (1.0%). All other primary drugs = 409 (1.8%).

Exhibit 7



SOURCE: National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA) queried on 12/18/2015 according to location of 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 7-county Minneapolis/St. Paul metro area including the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington in January through June 2015. St. Paul crime lab data that were not reported after May 2012. Total drug reports = 1,804.

Exhibit 8



SOURCE: National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA). Presents 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 7-county Minneapolis/St. Paul metro area including the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington in calendar 2014 and January through June 2015. St. Paul crime lab did not report data after May 2012. Total drug reports analyzed = 3,391 in 2014 and 1,804 in January through June 2015.

Exhibit 9

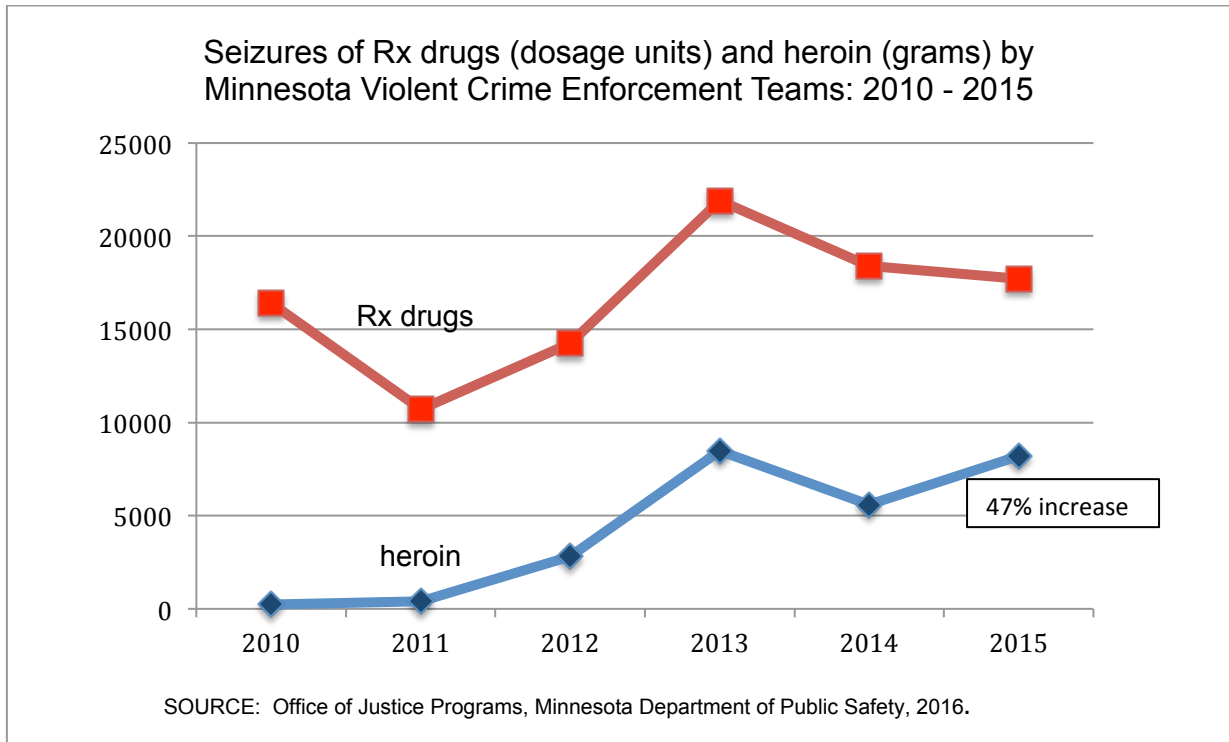


Exhibit 10

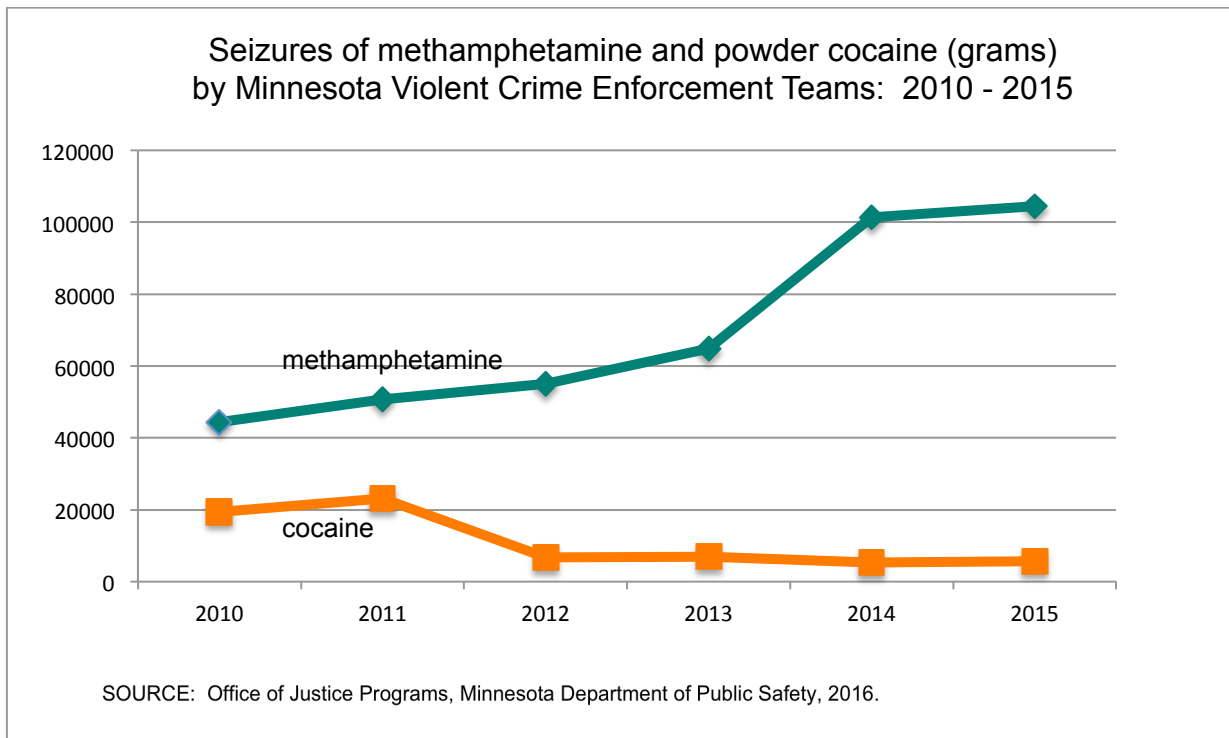


Exhibit 11

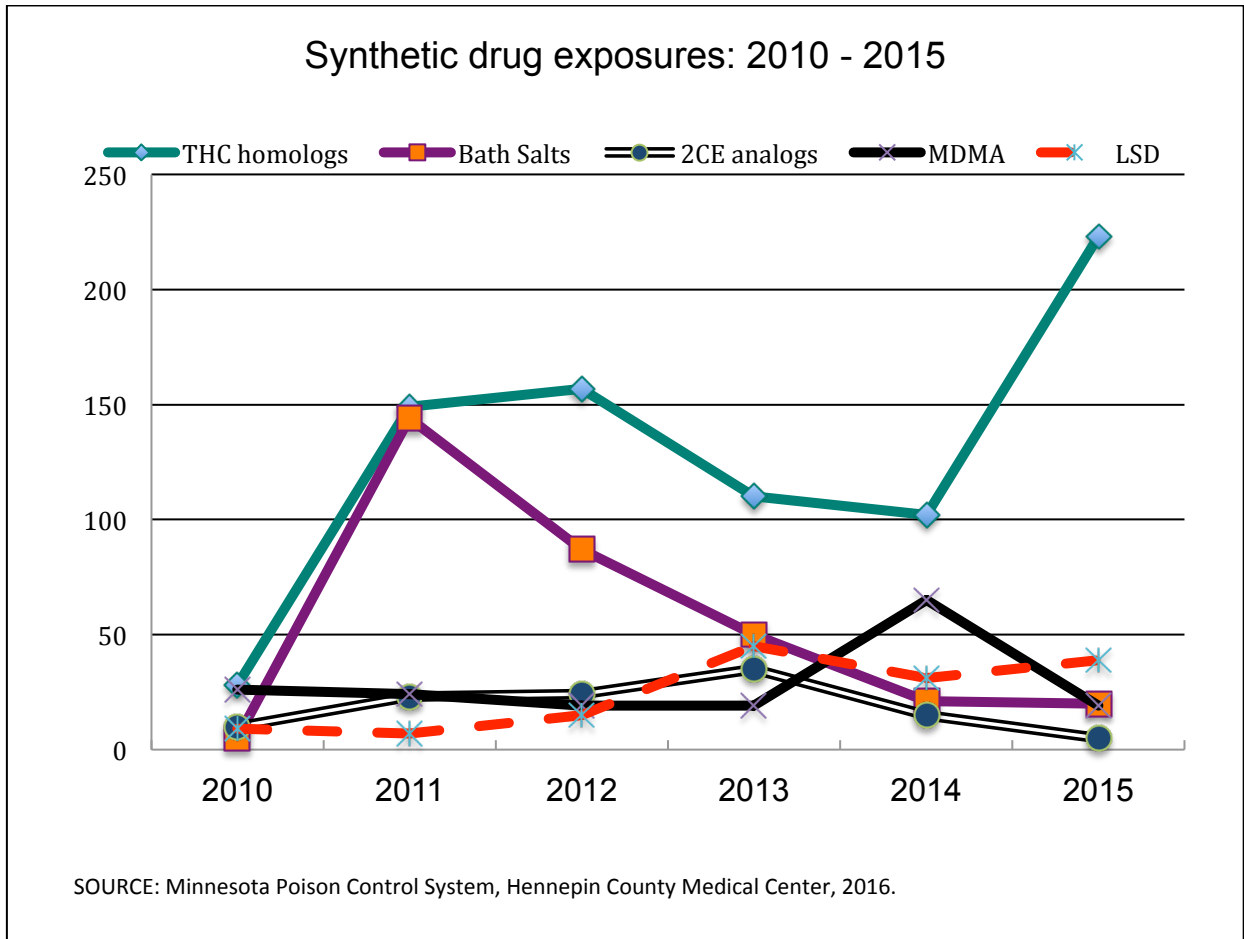


Exhibit 12

Selected opioid exposures: 2010 - 2015

	2010	2011	2012	2013	2014	2015
Hydrocodone	621	655	713	605	557	355
Oxycodone	580	575	636	579	610	519
Heroin	52	78	127	147	156	204

SOURCE: Minnesota Poison Control System, Hennepin County Medical Center, 2016.

Exhibit 13

Top ten prescriptions dispensed in Minnesota:
February 2015 vs. February 2016

	February	2015	February	2016
Drug	# OF PRESCRIPTIONS	% OF ALL PRESCRIPTIONS	# OF PRESCRIPTIONS	% OF ALL PRESCRIPTIONS
Hydrocodone with acetaminophen	95,373	15.1	91,712	14.2
Dextroamphetamine/amphetamine	56,183	8.9	59,283	9.2
Oxycodone HCL	51,257	8.1	54,042	8.4
Tramadol HCL	49,956	7.9	50,075	7.8
Oxycodone w/Acetaminophen	48,268	7.6	47,359	7.3
Lorazepam	43,971	6.9	44,738	6.9
Zolpidem Tartrate	40,629	6.4	39,135	6.1
Methylphenidate HCL	33,603	5.3	34,129	5.3
Clonazepam	33,487	5.3	34,310	5.3
Alprazolam	28,885	4.6	29,335	4.5

SOURCE: Prescription Monitoring Program Monthly Reports, February 2015 and February 2016. Total prescriptions dispensed and reported in February 2015 = 633,052. Law enforcement search warrants in February 2015 = 46. Total prescriptions dispensed and reported in February 2016 = 645,663. Law enforcement search warrants in February 2016 = 87.

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