

Drug abuse trends in Minneapolis/St. Paul, Minnesota January 2013 update

Carol Falkowski
Drug Abuse Dialogues

Abstract

Heroin-related admissions to treatment continued to rise in the Twin Cities in 2012, while admissions related to other opiates fell somewhat. Heroin accounted for a record-high 12.5 percent of all admissions to addiction treatment in 2012 (first half) compared with 10.7 percent in 2011. Other opiates (mostly prescription painkillers) accounted for 9.0 percent of all treatment admissions in 2012 (first half) compared with 9.5 percent in 2011. Combining these, however, 21.5 percent of all treatment admissions in 2012 (first half) were for opiate addiction, second only to admissions for alcohol (46.5 percent). At the same time, indicators related to the treatment of marijuana, methamphetamine and cocaine addiction remained stable. Concern over the use of emerging synthetic substances that are consumed for their stimulant and hallucinogenic drug-like effects continued in 2012. Reported exposures to Hennepin Regional Poison Center for cannabimimetic THC homologs (“synthetic THC” sold as incense,) grew from 28 in 2010, to 149 in 2011, to 157 in 2012. Reported exposures 2C-E and its analogues (sold as “research chemicals,”) were 10 in 2010, 23 in 2011 and 24 in 2012. Reported exposures to synthetic cathinone compounds (sold as “bath salts,”) grew from 5 in 2010, to 144 in 2011, and fell to 87 in 2012.

INTRODUCTION

This report is produced twice annually for an epidemiological surveillance network of the National Institute on Drug Abuse, and presents 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 of the five metropolitan area counties combined is 2,756,950, according to the Minnesota State Demographic Center. 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 a northern international border with Canada, and Interstate Highway 35 runs north–south through Minnesota all the way south to the Mexican American border.

DATA SOURCES

Addiction treatment data regarding patients admitted to addiction treatment programs in the 5-county Twin Cities metropolitan area are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Minnesota Department of Human Services (January through June 2012).

Poison control data on drug exposures are from the Hennepin Regional Poison Center, Hennepin County Medical Center, Minneapolis, as reported on the American Association of Poison Control Centers, National Poison Data System (through December 2012).

Crime lab data are from the National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA), on primary, secondary and tertiary drug reports identified from items seized by law enforcement in the 7-county Twin Cities metropolitan area and analyzed (January through June 2012). Data from the St. Paul Police Department Laboratory are excluded after May 2012.

Prescription drug sales data are from the Automation of Reports and Consolidated Orders System (ARCOS), of the U.S. Drug Enforcement Administration, which tracks the sale of prescription drugs by manufacturers and distributors to pharmacies, clinics, hospitals, etc., in each 3-digit ZIP code area of the country. These data for Minnesota were obtained, compiled by ZIP code and mapped by the St. Paul Pioneer Press and are used with permission.

PATTERNS AND TRENDS IN DRUG ABUSE

COCAINE

Cocaine-related treatment admissions remained stable in 2012 (first half), accounting for 5.8 percent of total admissions, compared with 5.2 percent in 2011. See exhibits 1 and 2. Most cocaine admissions (73.7 percent) were for crack cocaine, most patients (71.6 percent) were age 35 or older, 49.8 percent were African American. See exhibits 3 through 6.

Cocaine was noted as a primary, secondary, or tertiary drug in 17.2 percent of the total 4, 123 drug reports from law enforcement seizures that were analyzed by the National Forensic Laboratory Information System in the first half of 2012 in the Twin Cities. See exhibit 7.

HEROIN AND OTHER OPIATES

Opiate-related treatment admissions have steadily increased in the Twin Cities in recent years. See exhibit 8. **Heroin** accounted for a record-high 12.5 percent of all admissions to addiction treatment in 2012 (first half), compared with 10.7 percent in 2011. **Other opiates** (mostly prescription painkillers) accounted for 9.0 percent of all treatment admissions in 2012 (first half), compared with 9.5 percent in 2011. Combining these, 21.5 percent of all treatment admissions in 2012 (first half) were for opiate addiction, second only to admissions for alcohol. By comparison, in 2000, opiates accounted for 4.7 percent of total treatment admissions (3.3 percent heroin and 1.4 percent other opiates). Of patients admitted for other opiates, in 2012 (first half), almost one-half (47.9 percent) were female, 79.6 percent were White, 29.1 percent were between 18 and 25 years old, and oral was the primary route of administration (62.9 percent). Patients age 17 and under accounted for 3.1 percent of these admissions. Of patients admitted for heroin 34.4 percent were female, 65.4 percent were White, 41.3 were between 18 and 25 years of age, and 59.5 reported injection as the primary route of administration.

Statewide addiction treatment admission data from 2007 through 2011 reflect greater heroin admissions among metro residents (compared with non-metro residents), and greater admissions for other opiates among non-metro residents. (compared with metro residents). See exhibit 9.

Heroin was noted in 9.2 percent of drug reports from law enforcement seizures that were analyzed by the National Forensic Laboratory Information System in the first half of 2012 in the Twin Cities.

Comparing per capita sales of prescription painkillers in 2010 in Minnesota with that of other states, the Minnesota rate is 4.2 kilograms per 10,000 population, compared with a high of 12.6 in Florida, and an overall U.S. rate of 7.1. See exhibit 10. There are regional variations throughout Minnesota concerning the per capita sales of prescription painkillers as well. For painkillers overall, the greatest increase in population-based sales rates from 2005 to 2011 occurred along the North Dakota border, in central Minnesota, and parts of Hennepin County and Ramsey County. See exhibits 11 through 14.

MARIJUANA

Marijuana was reported as the primary substance problem by 16.8 percent of total treatment admissions in the Twin Cities in 2012 (first half), compared with 16.6 percent in 2011. Nearly one-third of these patients (32.9 percent) were under the age of 18, another 36.8 were between the age 18 and 25, and only 12.9 percent were age 35 or older. Most were male (78.4 percent).

Marijuana was noted in 21.1 percent of drug reports from law enforcement seizures analyzed by the National Forensic Laboratory Information System in the first half of 2012, the largest percentage of any drug category.

The use of cannabimimetic substances, known as **synthetic cannabinoids** or synthetic THC, continued to create heightened concern throughout Minnesota in 2012. “Synthetic cannabinoids” are a large family of synthetically produced cannabinoid compounds that are functionally similar to THC, the main active ingredient in marijuana. Known as “K2” or “Spice,” and other brand names, the herbal mixtures are sold as incense, yet when smoked, mimic the effects derived from using plant marijuana and are sold online and in “head-shops.” The Hennepin Regional Poison Center documented 28 exposures to THC homologs in 2010, 149 in 2011, and 157 in 2012. See exhibit 15. Cannabimimetics were found in 40 law enforcement seizure reports analyzed by the National Forensic Laboratory Information System in the first half of 2012.

METHAMPHETAMINE

Methamphetamine (meth) treatment admissions have been relatively stable over the past few years, accounting for 6.9 percent of total treatment admissions in 2012 (first half), compared with 6.4 percent in 2011. See exhibit 16. Among these admissions, 82.2 percent were White, smoking was the most common route of administration (66.9 percent), and 75.5 percent were age 26 or older.

Methamphetamine was noted in 19.8 percent of drug reports from law enforcement seizures that were analyzed by the National Forensic Laboratory Information System in the first half of 2012 in the Twin Cities.

HALLUCINOGENS AND EMERGING SYNTHETIC DRUGS

The chemical compound **1-benzylpiperazine** (BZP) was present in 2 percent of drug reports from law enforcement seizures analyzed by the National Forensic Laboratory Information System in the first half of 2012. It is abused for its amphetamine-like effects. 4-methylenedioxymethamphetamine, known as **MDMA** or ecstasy, resulted in 19 exposures reported to the Hennepin Regional Poison Center in 2012, compared with 24 in 2011, and 26 in 2010. **LSD** exposures more than doubled, going from 15 in 2011 to 37 in 2012.

2C-series phenethylamines, especially 2,5-dimethoxy-4-ethylphenethylamine (2C-E), 4-bromo-2,5-dimethoxyphenethylamine (2C-B) and 2,5-dimethoxy-4-iodophenethylamine (2C-I), are consumed for their stimulant and hallucinogenic effects. These chemical mixtures are typically sold online as “research chemicals” that are “not intended for human consumption.” They were identified by state and local forensic laboratories in 32 states in 2010, and became well known locally when they were recreationally consumed by a group of young people in suburban Blaine, Minnesota in March 2011. All of the young people involved were hospitalized and one 19-year old male died. Exposures to 2C-E and related analogues reported to the Hennepin Regional Poison Center numbered 10 in 2010, and 23 in 2011, and 24 in 2012. 2C-series phenethylamines were noted in 8 law enforcement seizure reports analyzed by the National Forensic Laboratory Information System in the first half of 2012.

Substances sold as “bath salts” often contain **substituted cathinones**, which are synthetically produced, concentrated versions of the chemicals found in khat, including methylenedioxypropylone (MDPV), mephedrone and methylone. Adverse consequences related to the consumption of these so-called bath salts dramatically escalated in the Twin Cities in 2011 and declined in 2012. There were 5 exposures reported to Hennepin Regional Poison Center in 2010, 144 in 2011, and 87 in 2012. See exhibit 15. These are not for use in the bath, but rather are snorted, smoked or injected for the psychoactive stimulant-like and hallucinogenic effects. They are typically sold online or in “head shops” under brand names such as Cloud 9, Ivory Wave, Pure Ivory, Ocean Burst, Purple Rain and Vanilla Sky. Some substituted synthetic cathinone products are also marketed as plant food, plant fertilizer, insect repellent, pond cleaner, and vacuum fresheners. Synthetic cathinones were noted in 41 of the 4,123 drug reports from law enforcement seizures analyzed by the National Forensic Laboratory Information System in the first half of 2012.

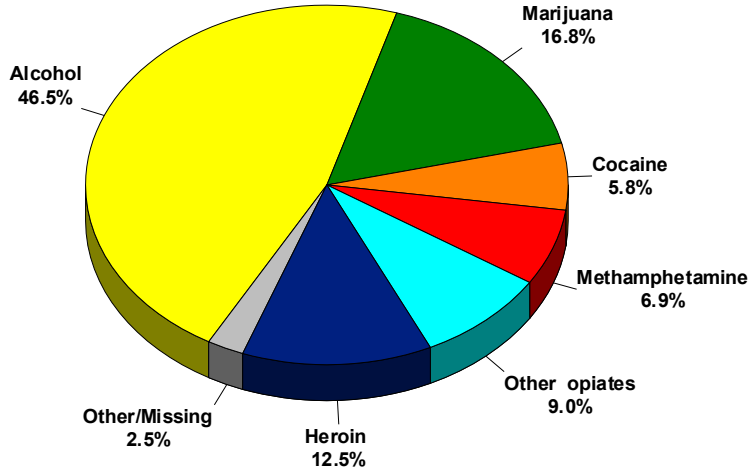
ALCOHOL

Less than half (46.5 percent) of admissions to addiction treatment programs were for **alcohol** in 2012 (first half), compared with 49.2 percent in 2011. Over half (56.7 percent) were over 35 years old.

For inquiries, please contact Carol Falkowski, Drug Abuse Dialogues, www.drugabusedialogues.com, Telephone: 651-485-3187, Email: carol.falkowski@gmail.com

exhibit 1

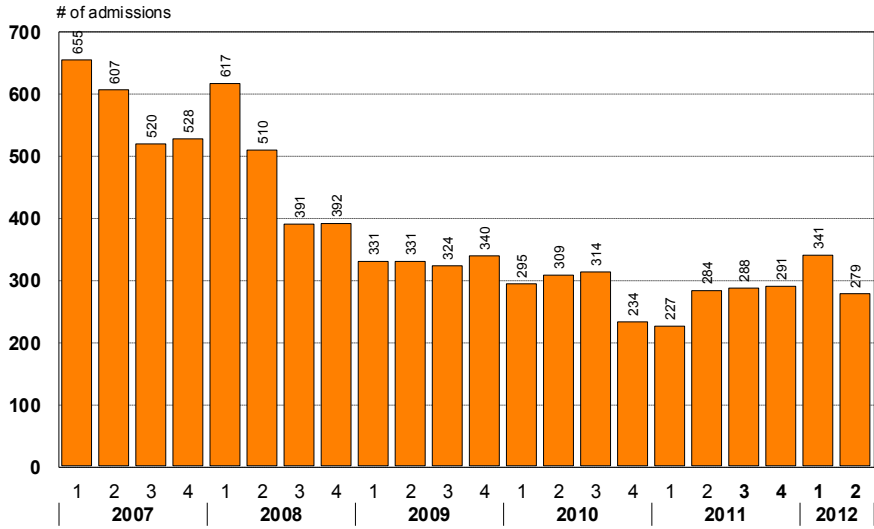
Percent of admissions to Twin Cities addiction treatment programs by primary substance problem - 2012 (first half)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2012. Total number of treatment admissions from January through June 2012 = 10,670.

exhibit 2

Number of Twin Cities treatment admissions with cocaine as the primary substance problem: 2007 through June 2012 (by quarter)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2012.

exhibit 3

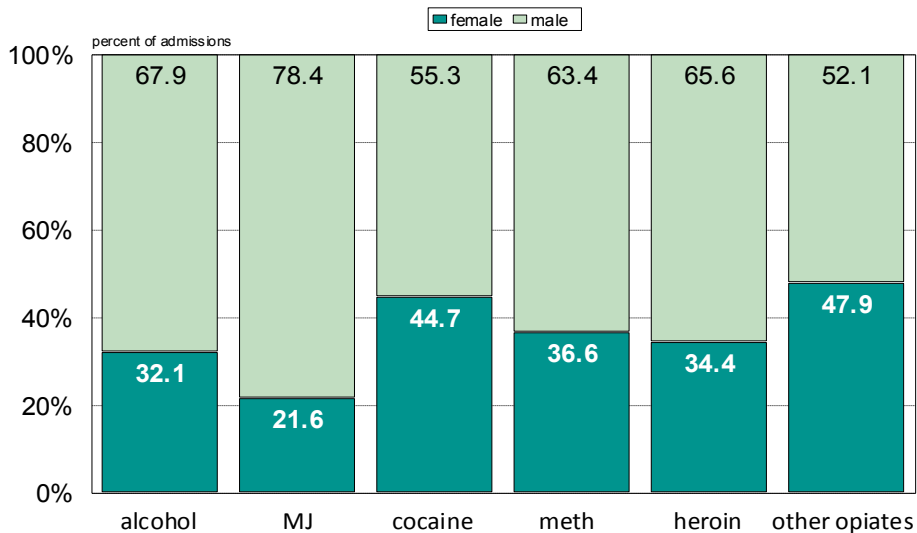
Characteristics of patients admitted to Twin Cities addiction treatment programs by primary substance problem: 2012 (first half)

2012 (1st half) ADMISSIONS 10,670	ALCOHOL 4,959 46.5%	MARIJUANA 1,792 16.8%	COCAINE 620 5.8%	METHAMP 737 6.9%	HEROIN 1,338 12.5%	OTHER OPIATES 959 9.0%
GENDER						
% male	67.9	78.4	55.3	63.4	65.6	52.1
% female	32.1	21.6	44.7	36.6	34.4	47.9
RACE/ETHNICITY						
% White	73.1	54.5	35.2	82.2	65.4	79.6
% African Am	14.7	29.5	49.8	1.9	21.7	3.9
% Am Indian	3.8	2.8	3.7	4.2	5.8	7.9
% Hispanic	4	6.1	7.4	4.7	3.7	4.3
% Asian-Pacific Is	1.7	1.4	1.5	4.1	1	2.1
% Other	2.7	5.7	2.4	2.8	2	2.3
AGE						
% 17 and under	1.7	32.9	1.3	1.1	1.7	3.1
% 18 - 25	17.2	36.8	10.6	23.5	41.3	29.1
% 26 - 34	24.3	17.4	16.5	39.8	23.6	31.1
% 35 +	56.7	12.9	71.6	35.7	33.4	36.7
ROUTE of ADMINISTRATION						
% oral/other	100	2.3	0	4.5	0.7	62.9
% smoking	0	97.2	73.7	66.9	9.9	5.6
% sniffing	0	0	22.7	6.1	28.1	16.6
% injection	0	0	1.3	20.1	59.5	13.6
% unknown	0	0.5	2.3	2.4	1.7	1.4

SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2012. Excludes 208 cases (1.9 percent) with "other" primary substance problems, and 57 (0.5 percent) unknown.

exhibit 4

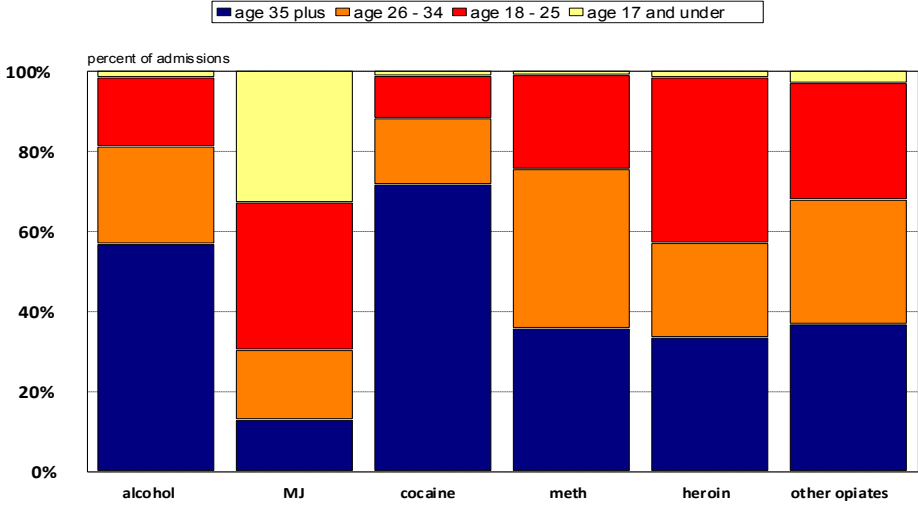
Patient gender by primary substance problem among admissions to Twin Cities addiction treatment programs: 2012 (first half)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2012.

exhibit 5

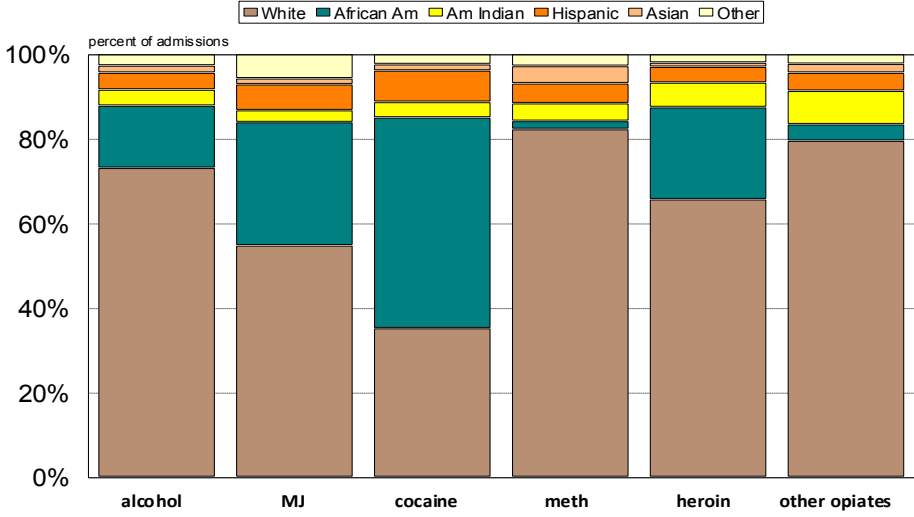
Patient age by primary substance problem among admissions to Twin Cities addiction treatment programs: 2012 (first half)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2012.

exhibit 6

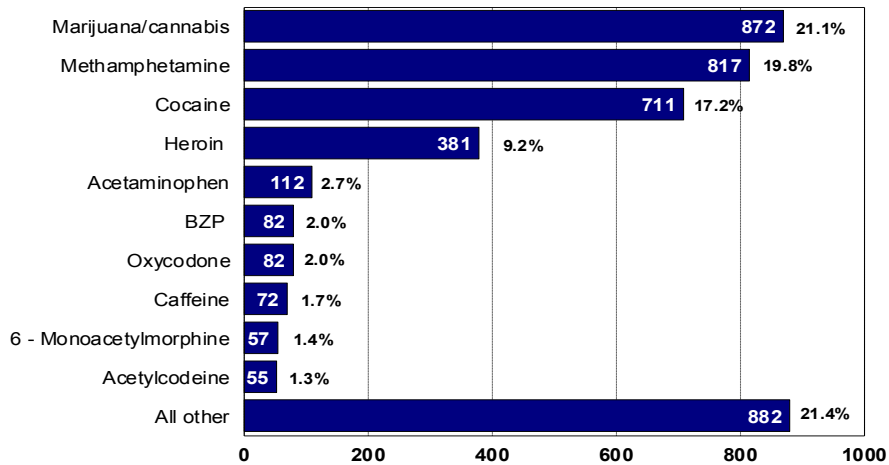
Patient race/ethnicity by primary substance problem among admissions to Twin Cities addiction treatment programs: 2010 (first half)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2012.

exhibit 7

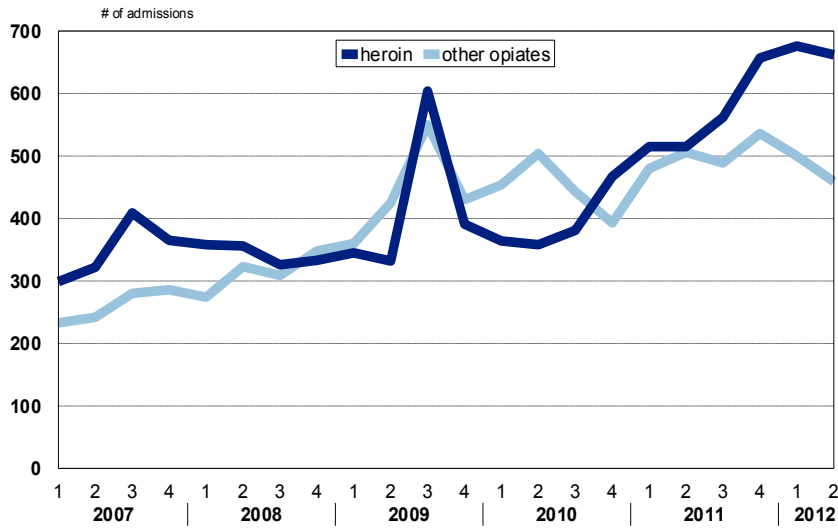
Most frequently identified drugs of total analyzed drug reports in Minneapolis/St. Paul: 2012 (first half)



SOURCE: National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration, 12/12/2012. Excludes data from St. Paul Police Department Laboratory after May 2012. These data represent primary, secondary and tertiary drug reports which were identified from seized and analyzed drug items from January through June 2012 in the 7-county metro area (counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington). BZP = 1-benzylpiperazine.

exhibit 8

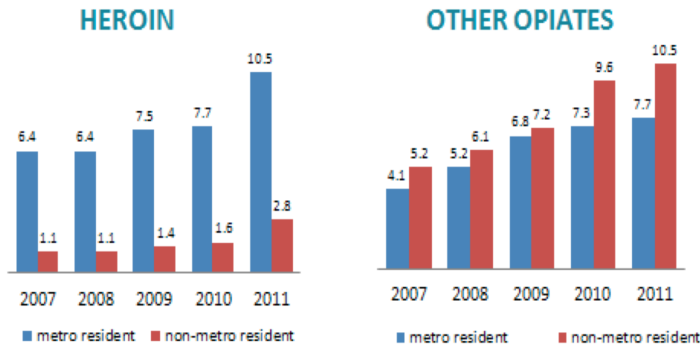
Number of Twin Cities treatment admissions with heroin and other opiates as primary substance problem: 2007 through June 2012 (by quarter)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2012.

exhibit 9

Percentage of Minnesota treatment admissions for heroin and other opiates by county of patient residence: 2007 – 2011



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2012. Metro refers to the 7-county metropolitan area of Minneapolis/St. Paul, Minnesota. Non-metro refers to all other Minnesota counties.

exhibit 10

Prescription painkillers sold by state per 10,000 population (2010)

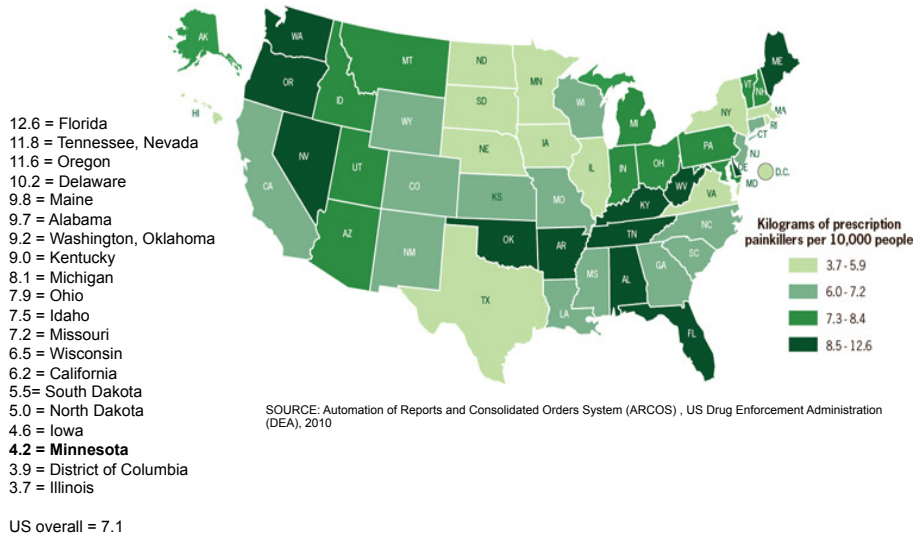
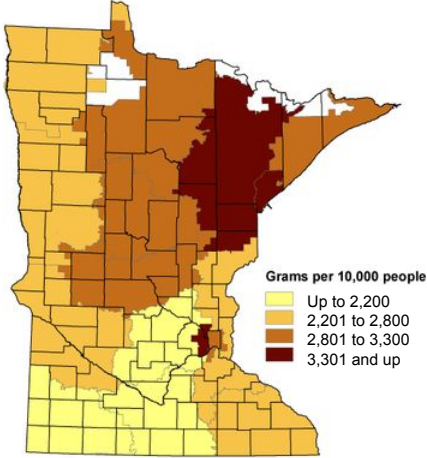


exhibit 11

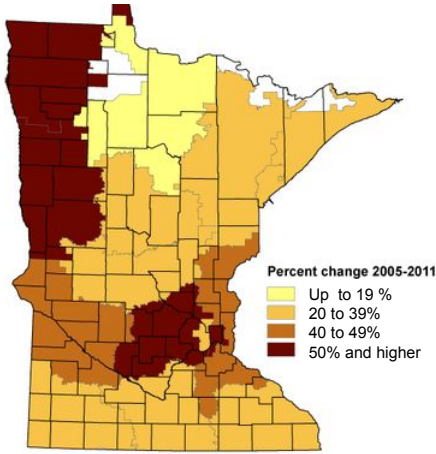
Prescription painkillers sold in Minnesota - 2011



SOURCE: Automation of Reports and Consolidated Orders System (ARCOS), U.S. Drug Enforcement Administration, 2012. Prescription painkillers include: codeine, fentanyl, hydrocodone, hydromorphone, meperidine, morphine and oxycodone.

exhibit 12

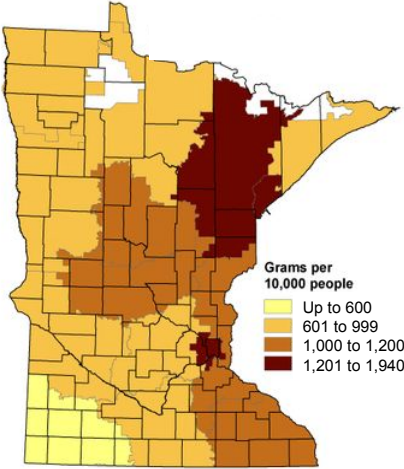
Prescription painkillers sold in Minnesota
Percent change 2005 - 2011



SOURCE: Automation of Reports and Consolidated Orders System (ARCOS), U.S. Drug Enforcement Administration, 2012. Prescription painkillers include: codeine, fentanyl, hydrocodone, hydromorphone, meperidine, morphine and oxycodone.

exhibit 13

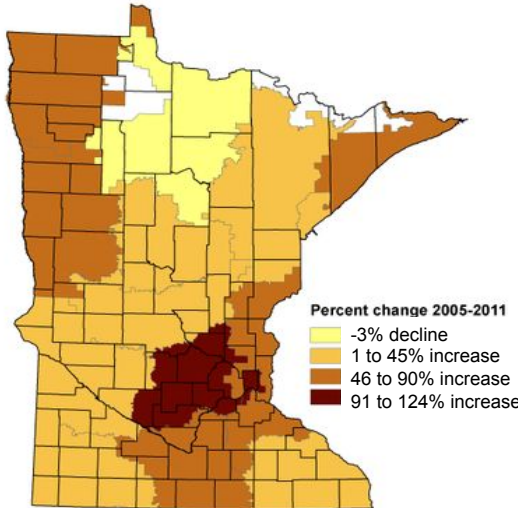
Oxycodone prescriptions sold in Minnesota - 2011



SOURCE: Automation of Reports and Consolidated Orders System (ARCOS), U.S. Drug Enforcement Administration, 2012.

exhibit 14

Oxycodone prescriptions sold in Minnesota
Percent change 2005 -2011



SOURCE: Automation of Reports and Consolidated Orders System (ARCOS), U.S. Drug Enforcement Administration, 2012.

exhibit 15

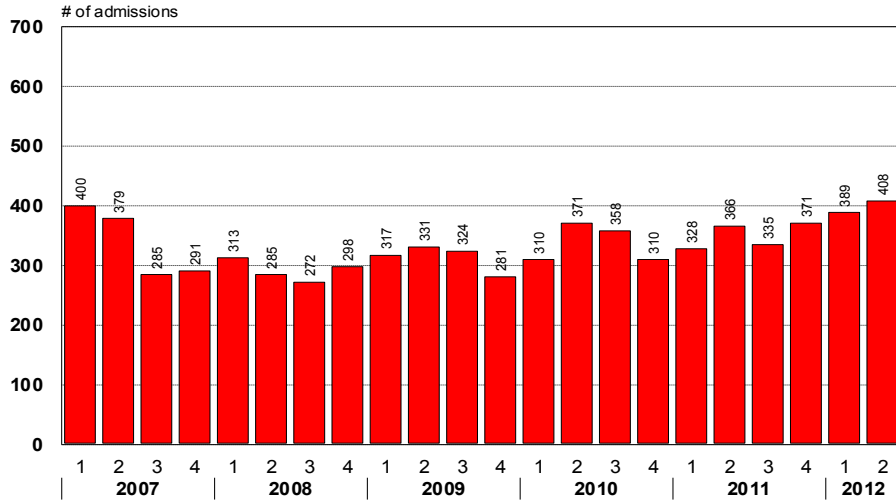
Exposures to selected drugs reported to Hennepin Regional Poison Center: 2009 - 2012

	2009	2010	2011	2012
THC Homologs	0	28	149	157
Bath Salts	0	5	144	87
2CE and analogues	5	10	23	24
Heroin	41	52	78	127
LSD	9	7	15	37
MDMA	42	26	24	19

SOURCE: Hennepin Regional Poison Center, Hennepin County Medical Center, 2013.

exhibit 16

Number of Twin Cities treatment admissions with methamphetamine as the primary substance problem: 2007 through June 2012 (by quarter)



SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2012.