Drug Abuse Trends in Minneapolis/St. Paul, Minnesota: June 2013

Carol Falkowski
Drug Abuse Dialogues

ABSTRACT

Heroin and prescription opiates dominated the drug abuse situation in the Minneapolis/St. Paul metropolitan area in 2012. From 2011 to 2012 opiate-related deaths increased in Ramsey County (from 36 to 45) but remained stable in Hennepin County (84). Heroin-involved visits at hospital emergency departments nearly tripled from 2004 to 2011 (from 1,189 to 3,493), and rose 54.8 percent from 2010 to 2011 alone. Emergency department visits involving prescription narcotic analgesics more than doubled from 2004 to 2011 (from 1,940 to 4,836), a 149.3 percent increase. Admissions to addiction treatment programs for heroin accounted for 12.9 percent of all admissions to treatment in 2012, compared with 10.7 percent in 2011. Among these, 41.6 percent were patients age 18 - 25. Treatment admissions for other opiates accounted for 9.5 percent of total admissions in 2011 and 9.0 percent in 2012. Still, combining these, one in five treatment admissions (21.9 percent) were for heroin or other opiates in 2012.

From 2011 to 2012 methamphetamine-related deaths went from 7 to 14 in Hennepin County and from 3 to 7 in Ramsey County. Methamphetamine-related hospital emergency department visits increased 58.8 percent from 2009 to 2011, and treatment admissions increased 18.9 percent from 2011 to 2012. Cocaine-related deaths and treatment admissions continued to decline. The use of synthetic THC products (cannabimimetics) and "bath salts" (substituted cathinones) continued. From 2011 to 2012, reported exposures to the Hennepin Regional Poison Center involving THC homologs increased from 149 to 157, while substituted cathinone exposures decreased from 144 to 87.

INTRODUCTION

This report analyzes current and emerging trends in substance abuse in the metropolitan area of Minneapolis/St. Paul, Minnesota (the Twin Cities), utilizing the most recent data obtained from multiple sources. It is produced twice annually for participation in the Community Epidemiology Work Group of the National Institute on Drug Abuse, an epidemiological surveillance network of selected researchers from 20 U.S. metropolitan areas.

Area Description

The Minneapolis/St. Paul 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, unless otherwise noted. According to the 2010 Census, the population of each county is as follows: Anoka, 330,844; Dakota, 398,552; Hennepin, 1,152,425; Ramsey, 508,640; and Washington, 238,136, for a total of 2,588,907, roughly one-half of Minnesota's 5.3 million population.

Regarding race/ethnicity, 80.1 percent of the Minneapolis/St. Paul metropolitan area population is White. African-Americans constitute the largest minority group (9.1 percent), with Asians accounting for 6.1 percent, American Indians 0.7 percent, and Hispanics of all races 6.0 percent. The estimated size of the Twin Cities Somali immigrant population ranges from 30,000 to 60,000. The Hmong population in Minnesota is estimated at 60,000 to 70,000, making it one of the largest Hmong communities in the country.

Minnesota shares a northern, international border with Canada. To the west Minnesota borders North Dakota and South Dakota, two of the country's most sparsely populated States, with less than one million residents each.

Illicit drugs are distributed and sold by Mexican drug trafficking organizations, street gangs, independent entrepreneurs, and other criminal organizations. Drugs concealed in private or commercial vehicles are typically shipped or transported into the Twin Cities area for further distribution throughout the State. Interstate Highway 35 starts in Minnesota at the United States-Canadian border, and runs south all the way to the United States-Mexican border.

According to the most recent data from the Behavioral Risk Factor Surveillance System, 63.6 percent of Minnesotans used alcohol in the past month, compared with 57.1 percent nationally, and 22.1 percent reported binge drinking, compared with 18.3 percent nationally. (Binge drinking is defined as 4 or more drinks on one occasion for females, and 5 for or more for males). According to the most recent National Survey on Drug Use and Health, 6.97 percent of Minnesota residents reported using illicit drugs in the past month compared with 8.82 percent nationally.

Data Sources

Survey data are from: 1) Behavioral Risk Factor Surveillance System Survey Data 2011, U.S. Centers for Disease Control and Prevention; and 2) National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, State Estimates from the National Survey on Drug Use and Health: 2009 - 2010.

Mortality data on drug-related deaths are from the Ramsey County Medical Examiner and the Hennepin County Medical Examiner (through December 2012). 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.

Hospital emergency department (ED) data are from the Drug Abuse Warning Network, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, accessed 9/12/2012. These weighted estimates of ED visits are based on a representative sample of non-Federal, general, short-stay hospitals with 24-hour EDs in the 11-county Minneapolis/St. Paul/Bloomington, MN-WI Metropolitan Statistical Area (through December 2011).

Addiction treatment data are from the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services (through December 2012).

Data on human exposures to various substances are reported to the Hennepin Regional Poison Center (through April 2013).

Crime laboratory data are from the National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA) queried on May 7, 2013 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 metropolitan area including the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington in calendar 2012. St. Paul crime lab data were not reported after May 2012.

Arrestee drug use data are from the Arrestee Drug Abuse Monitoring Program conducted by the Office of National Drug Control Policy of the Executive Office of the President. Hennepin County participated in this program through 2011. Arrestees were sampled to represent all adult male arrestees booked in each 24-hour period over one consecutive 21-day data collection period. Data were statistically annualized to represent the entire year.

Drug seizure and arrest data are from the multijurisdictional drug and violent crime task forces that operate throughout the State, compiled by the Office of Justice Programs, Minnesota Department of Public Safety (through 2012). As of January 2012, there were 23 drug and violent crime task forces operating throughout Minnesota, staffed by more than 200 investigators from more than 120 agencies.

Prescription drug data are from the Minnesota Prescription Monitoring Program, Minnesota Board of Pharmacy. In April 2013, 566,453 prescriptions were dispensed and reported to the Minnesota Prescription Monitoring Program. As of March 2013, roughly 30 percent of Minnesota prescribers were enrolled in this system.

Data on hepatitis C virus (HCV) and **human immunodeficiency virus (HIV) infection** are from the Minnesota Department of Health (through 2012).

Additional information is from interviews with addiction treatment providers, narcotics agents, and school-based drug specialists (ongoing).

DRUG ABUSE TRENDS

Cocaine

Most indicators related to cocaine have fallen continuously in the Twin Cities area over the past several years. Cocaine-related deaths declined in both major metropolitan counties in 2012. See exhibit 1. In Ramsey County, there were three cocaine-related deaths in 2012, compared with six in 2011. All were White males and the average age was 42.3 years. In Hennepin County, there were 18 cocaine-related deaths in 2012, compared with 28 in 2011, and 59 in 2007. Three listed cocaine toxicity as the cause of death, and 15 listed recent cocaine use as a significant condition contributing to the death. Nine decedents were African-American; seven were White (including one stillborn); and two were Hispanic. The age ranged from 20 to 60 with an average age of 41.6 years.

Cocaine-involved visits at Twin Cities hospital emergency departments declined 36.7 percent from 2006 to 2011, although rose slightly from 4,121 to 4,279 from 2010 to 2011. See exhibit 2.

The number of cocaine-related treatment admissions declined 52.5 percent from 2007 to 2012. See exhibit 3. Cocaine was the primary substance problem for 5.2 percent of total treatment admissions in both 2012 and 2011 (exhibit 4), compared with 14.1 percent of admissions in

2006. Most cocaine-related treatment admissions in 2012 (74 percent) were for crack cocaine (exhibit 5). Half (50.6 percent) were African-American, and 34.1 percent were White. Females accounted for 41.8 percent, and almost three-quarters (72.4 percent) were age 35 and older.

Cocaine was present in 17.9 percent of the drug items analyzed by NFLIS laboratories in 2012 (exhibit 6). Gangs remain involved in the street-level, retail distribution of crack cocaine. A rock of crack ranged in price from $15 to $20; a gram of cocaine powder cost $80 to $120; an ounce ranged from $1,200 to $1,700; and a kilogram from $35,000 to $45,000. As was the case in some other U.S. cities, the age of arrestees who tested positive for cocaine in Hennepin County increased from 2000 to 2011 (exhibit 7), suggesting an aging cohort of cocaine users.

Heroin and Other Opiates

Measurable, adverse consequences related to heroin and other opiate addiction in the Twin Cities increased over the past decade. Most indicators remained at heightened levels in 2012.

From 2011 to 2012 opiate-related deaths remained the same in Hennepin County and increased in Ramsey County. Of the 84 opiate-related decedents in Hennepin County in 2012, 67.8 percent were White; 17.8 percent were African-American; 13 percent were American Indian; and 1.1 percent was Hispanic. The decedents ranged in age from 18 to 73, with an average of 42.5 years. At least 28 cases involved heroin (33.3 percent), 15 involved cocaine used in combination with an opiate (17.8 percent), 13 involved methadone (15.5 percent), four involved oxycodone, six fentanyl and two the use of methamphetamine in combination with an opiate.

From 2011 to 2012 opiate-related deaths in Ramsey County went from 36 to a record-high 45, a 25 percent increase. Of these 45 decedents, 77.8 percent were White; 15.5 percent were African-American; and 6.6 percent were Hispanic. They ranged in age from 14 to 76, with an average of 42.9 years. One quarter of the cases (26.7 percent) involved methadone, 24 percent involved cocaine used in combination with opiates, 22.5 percent involved oxycodone, 15.5 percent involved heroin, and one case involved fentanyl.

Heroin-involved hospital emergency department (ED) visits nearly tripled from 2004 to 2011 (from 1,189 to 3,493) growing 54.8 percent from 2010 to 2011 alone. Emergency department visits for prescription opioids grew as well, most notably "unspecified opioids/opiates" increased ten-fold from 2004 to 2011, and "total narcotic analgesics" more than doubled from 1,940 in 2004 to 4,836 in 2011 (a 149.3 percent increase). From 2010 to 2011, ED visits involving "unspecified opioids/opiates" increased 40.8 percent, and "total narcotic analgesics" increased by 2.9 percent.

Methadone-involved hospital ED visits doubled from 2004 to 2010 (104.3 percent increase), yet declined slightly from 2010 to 2011, from 893 to 828. Similarly hydrocodone/combinations increased 94.3 percent from 2004 to 2010, but fell slightly from 2010 to 2011, from 1,092 to 1,044. Hospital ED visits involving oxycodone/combinations grew 258.8 percent from 2004 to 2010, with 2,397 visits annually in both 2010 and 2011. See exhibit 2.

From 2011 to 2012 heroin treatment admissions increased 20.9 percent, while treatment admissions for other opiates (prescription pain medications and opium) fell 6.5 percent. Addiction treatment admissions for heroin and other opiates combined accounted for 20.3 percent of all treatment admissions in the Twin Cities in 2012, second only to alcohol admissions.

Heroin accounted for 12.9 percent of admissions to addiction treatment programs in 2012, compared with 10.7 percent in 2011, 7.8 percent in 2010, and 3.3 percent in 2000. Anecdotally, many of these young patients entering treatment reported initially using prescription opiates and eventually progressing to heroin addiction. Of the 2,724 heroin admissions in 2012, 41.6 percent were age 18-25. Very few (1.5 percent) were younger than 18. Whites accounted for 66.1 percent; African-Americans 20.7 percent; and American Indians 6.1 percent. Injection was the most common route of administration (60.6 percent).

"Other opiates" include prescription narcotic analgesics, opium and all opiates other than heroin. Other opiates were the primary substance problem reported by 1,879 admissions in 2012, representing 9.0 percent of total treatment admissions. This compares with 9.5 percent in 2011, 8.4 percent in 2010, and 1.4 percent in 2000. Of these admissions, almost one-half were female (47.8 percent). More than one-quarter (26.2 percent) were age 18–25, and 2.7 percent were younger than 18. Whites accounted for 77.9 percent, followed by American Indians (8.3 percent), and African-Americans and Hispanics (both 4.1 percent). Oral was the most common route of administration (65.4 percent), followed by snorting (15.4 percent) and injection (11.1 percent).

From 2011 to 2012, heroin exposures reported to the Hennepin Regional Poison Center went from 78 to 127, a 62.8 percent increase. Hydrocodone exposures increased 8.8 percent and oxycodone 10.6 percent from 2011 to 2012. See exhibit 8.

All levels of law enforcement in the metropolitan area and statewide reported increased activities focused on heroin in 2012. Minnesota multijurisdictional drug and violent crime task forces seized 588.1 percent more heroin and 51.6 percent less oxycodone in 2012 than in 2011. From 2011 to 2012, heroin arrests by these task forces rose from 1,206 to 482, a 133.9 percent increase (exhibit 9). Heroin was present 10.2 percent of the drug items analyzed by NFLIS in 2012, and oxycodone in 2.0 percent.

The percentage of arrestees age 18 - 24 who tested positive for opiates grew from 13 percent in 2000 - 2003, to 34 percent in 2010 and 2011 (exhibit 7).

Hydrocodone with acetaminophen was the most frequently prescribed drug reported on the Minnesota Prescription Monitoring Program in April 2013. See exhibit 10. It accounted for 22 percent of all prescriptions; oxycodone with acetaminophen 8.9 percent; and oxycodone hydrochloride 7.1 percent.

Mexico, and to a lesser extent South America, were the primary sources of heroin in the Twin Cities and Minnesota. This includes both black tar heroin and the brownish-colored heroin powder. Mexican heroin typically costs $20 per dosage unit and $100 per gram. An "eight-ball" (1/8 of an ounce) costs roughly $400. The DEA's Heroin Domestic Monitoring Program in 2009 found that the purity of Mexican heroin in Minneapolis was among the highest in the country (53 percent), and sold at the lowest cost ($0.25 per pure milligram).

Opium smoking within the Twin Cities' Hmong community remained an ongoing concern. The opium is typically concealed in various packages, some of which are intercepted by U.S. Customs and Border Protection as they arrive in the Twin Cities having been shipped from Asia.

Methamphetamine and Other Stimulants

In both metro counties, methamphetamine-related deaths doubled from 2011 to 2012. In Ramsey County there were seven methamphetamine-related deaths in 2012, compared with three in 2011. This included five White males, one White female and one African-American male. The age ranged from 36 to 53 with an average of 46.7 years. In Hennepin County there were 14 methamphetamine-related deaths in 2012, compared with seven in 2011. Nine listed methamphetamine toxicity as the cause of death and five involved recent methamphetamine use as a significant condition contributing to the death. These decedents included a stillborn, nine Whites, two African Americans, and two American Indians. The age ranged from 23 to 60, with an average of 41.1 years.

Methamphetamine-involved hospital ED visits declined from 2004 to 2009, increased sharply in 2010 (71.1 percent), and fell slightly in 2011 (from 1,660 to 1,541). Amphetamine-related hospital ED visits grew from 255 in 2004 to 644 in 2011, more than doubling.

Methamphetamine-related treatment admissions accounted for 6.4 percent of total admissions in both 2010 and 2011. In 2012 this rose to 7.4 percent. Of these 1,562 admissions in 2012, 37.1 percent were female; 80.9 percent were White; 5.3 percent were Hispanic; and 4.5 percent were Asian. Smoking was the most common route of administration (66.2 percent). Only 1.2 percent were younger than 18, and 23.2 percent were between the ages of 18 and 25.

Methamphetamine was present in 22.6 percent of drug items analyzed by NFLIS laboratories in 2012. Methamphetamine cost $20 per dosage unit and ranged in price from $80 to $150 per gram, $1,000 to $1,400 per ounce, and $13,000 to $15,000 per pound. Statewide, Minnesota drug and violent crime task forces seized 27 methamphetamine labs in 2012.

Other stimulants of abuse include:

- Khat (pronounced “cot”) is a plant that is indigenous to East Africa and the Arabian Peninsula. Users chew the leaves, smoke it, or brew it in tea for its stimulant effects. It is used within the Somali community in the Twin Cities.

- Methylphenidate (Ritalin®), a prescription medication used in the treatment of attention deficit hyperactive disorder, is also abused nonmedically to increase alertness and suppress appetite, often by adolescents and young adults. 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 April 2013, 5.9 percent of prescriptions reported to the Minnesota Prescription Monitoring Program were for methylphenidate, and 9 percent were for amphetamines. See exhibit 10.

- MDMA (3,4-methylenedioxymethamphetamine), also known as ecstasy, “X,” or “e,” sold for $20 per pill. MDMA has stimulant and hallucinogenic properties. It produces feelings of energy and euphoria in users, but can adversely heighten body temperature and precipitate feelings of confusion and agitation. There were 19 exposures involving MDMA reported to Hennepin Regional Poison Center in 2012 and 8 through April 2013 (exhibit 8).

- "Molly" (slang for “molecular”), refers to the pure crystalline powder form of the drug MDMA. The Hennepin Regional Poison Center received 6 reports of Molly exposures from January through April 2013, and none in 2012.

Marijuana

Marijuana-involved visits at hospital emergency departments grew 52.5 percent from 2004 to 2010, and slightly declined from 2010 to 2011 (from 6,794 to 6,627).

In 2012, marijuana was the primary substance problem for 16.3 percent of total treatment admissions, compared with 16.6 percent in 2011. Of these, 32.3 percent were younger than 18; 36.8 percent were age 18–25; and only 12.8 percent were 35 and older. More than one-half (54.2 percent) were White; 28.4 percent were African-American; 6.7 percent were Hispanic; and 2.9 percent were American Indian. Females accounted for 22.4 percent; the lowest percentage of females in any drug category.

Marijuana/cannabis was present in 17.8 percent of items analyzed by NFLIS laboratories in 2012. Marijuana sold for $5 per joint, and up to $225 per ounce. The cost of standard grade Mexican marijuana ranged from $600 to $1,000. per pound and "BC Bud" from $3,400 to $4,200 per pound. The drug and violent crime task forces operating throughout the State reported a significant increase in the number of wild marijuana plants seized in 2012 (exhibit 11). Arrests for marijuana cultivation fell from 57 in 2011 to 49 in 2012.

Synthetic cannabinoids (cannabimimetics) refer to dried herbal mixtures that have been sprayed with synthetically produced chemicals that when smoked mimic the effects of THC, the active ingredient in plant marijuana. They are sold as "herbal incense" with a warning "not for human consumption." Although many such products are illegal to sell or possess under State and Federal laws, they continue to be sold online and at retail outlets under many names, such as "K2," "Spice," “Smoke XXXX,” “Stairway to Heaven,” or “California Dreams.” The Hennepin Regional Poison Center reported 149 THC homolog exposures in 2011, 157 in 2012, and 30 in 2013 through April. From 2010 to 2011 hospital ED visits for synthetic cannabinoids rose from 170 to 418.

Hallucinogens and Emerging Synthetic Drugs

LSD (lysergic acid diethylamide) or “acid”, a strong, synthetically produced hallucinogen, typically sold as saturated, tiny pieces of paper, known as “blotter acid,” for $5 to $10 per dosage unit. The Hennepin Regional Poison Center reported 37 LSD exposures in 2012 and 10 in 2013 through April. Other emerging synthetic drugs include:

- Substituted cathinones are sold as so-called "bath salts" online and in “head shops,” and consumed to produce effects similar to those of illegal drugs, such as cocaine or MDMA. The Hennepin Regional Poison Center reported 144 bath salt exposures in 2011, 87 in 2012 and 16 in 2013 through April. Substituted cathinones may contain mephedrone or many other chemicals alone or in combination, such as MDPV (3,4-methylenedioxypyrovalerone), methylone (3,4 methylendioxymethcathinone or MDMC), naphyrone (napthylpyrovalerone or NRG-1), 4-Fluoromethcathinone or 3-FMC0, methedrone (4-methoxymethcathinone or bk-PMMA or PMMC), or butylone (beta-keto-N-methylbenzodioxolylpropylamine or bk-MBDB). 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 agitation, paranoid delusions, and extreme psychosis.

- Exposures to the 2C-E phenethylamine and related analogs reported to the Hennepin Regional Poison Center numbered 23 in 2011, 24 in 2012 and 9 in 2013 through April. Sold online as a "research drug" that is "not intended for human consumption," this chemical compound known as 2C-E (2,5-dimethoxy-4-ethylphenylethylamine) was intentionally consumed by a group of young people at a party in suburban Blaine, Minnesota, in March 2011 who were seeking effects similar to the stimulant drug MDMA or "ecstasy." All eleven users experienced profound hallucinations, became distressed, and sought hospital emergency department services. One 19-year-old male was pronounced dead at the hospital. The person who provided the substance was eventually convicted of third degree murder and sentenced to 10 years in prison.

- The chemical compound 1-benzylpiperazine (BZP) was present in 1.6 percent of drug items analyzed by the National Forensic Laboratory Information System in 2012. It is abused for its amphetamine-like effects.

Alcohol

Roughly one-half (46.5 percent) of total admissions to addiction treatment programs reported alcohol as the primary substance problem in 2012 (exhibit 5). Of these 9,798 patients, over one-half (57.3 percent) were 35 and older; 73.2 percent were White; 14.6 percent were African-American; and 4.1 percent were of Hispanic origin.

Drug Abuse-Related Infectious Diseases

Hepatitis C, the contagious liver disease that results from infection with HCV, can range from a mild illness lasting a few weeks to a serious, lifelong chronic disease. Most people contract HCV by sharing needles or other equipment used to inject drugs. It is transmitted when blood from a person infected with HCV enters the body of someone who is not infected. As of December 31, 2012, there were 39,303 people living in Minnesota with past or present HCV infection, of which 62 percent resided in the seven-county Twin Cities metropolitan area (exhibit 12). The median age was 55 years. The population-based rate in Minnesota is highest for American Indians, with 2,929 cases per 100,000 population, followed by 2,136 for African-Americans, 425 for Hispanic-origin persons, 383 for Whites, and 362 per 100,00 population for Asian/Pacific Islanders. See exhibit 13.

As of December 31, 2012, 7,516 persons residing in Minnesota were known to be living with HIV/AIDS (acquired immunodeficiency syndrome), an increase of 5.3 percent from 2011. Most individuals resided in the seven-county Twin Cities metropolitan area. Regarding the mode of exposure among these cases, male-to-male sex (MSM) accounted for 67 percent of cases among males; injection drug use accounted for 5 percent; and MSM and injection drug use accounted for 7 percent. Among females, heterosexual contact accounted for 73 percent, and injection drug use 9 percent. See exhibit 14.

With inquiries concerning this report, contact Carol Falkowski, Drug Abuse Dialogues, Phone: 651–485–3187, E-mail carol.falkowski@gmail.com

Exhibit 1

Drug-related deaths by county: 2006 - 2012

	2006	2007	2008	2009	2010	2011	2012
HENNEPIN COUNTY							
Meth	8	6	9	6	9	7	14
Cocaine	48	59	21	10	25	28	18
Opiates	69	67	84	77	65	84	84
RAMSEY COUNTY							
Meth	6	7	5	7	4	3	7
Cocaine	13	11	10	11	7	6	3
Opiates	27	39	31	36	27	36	45

SOURCE: Hennepin County Medical Examiner and Ramsey County Medical Examiner, 2013.

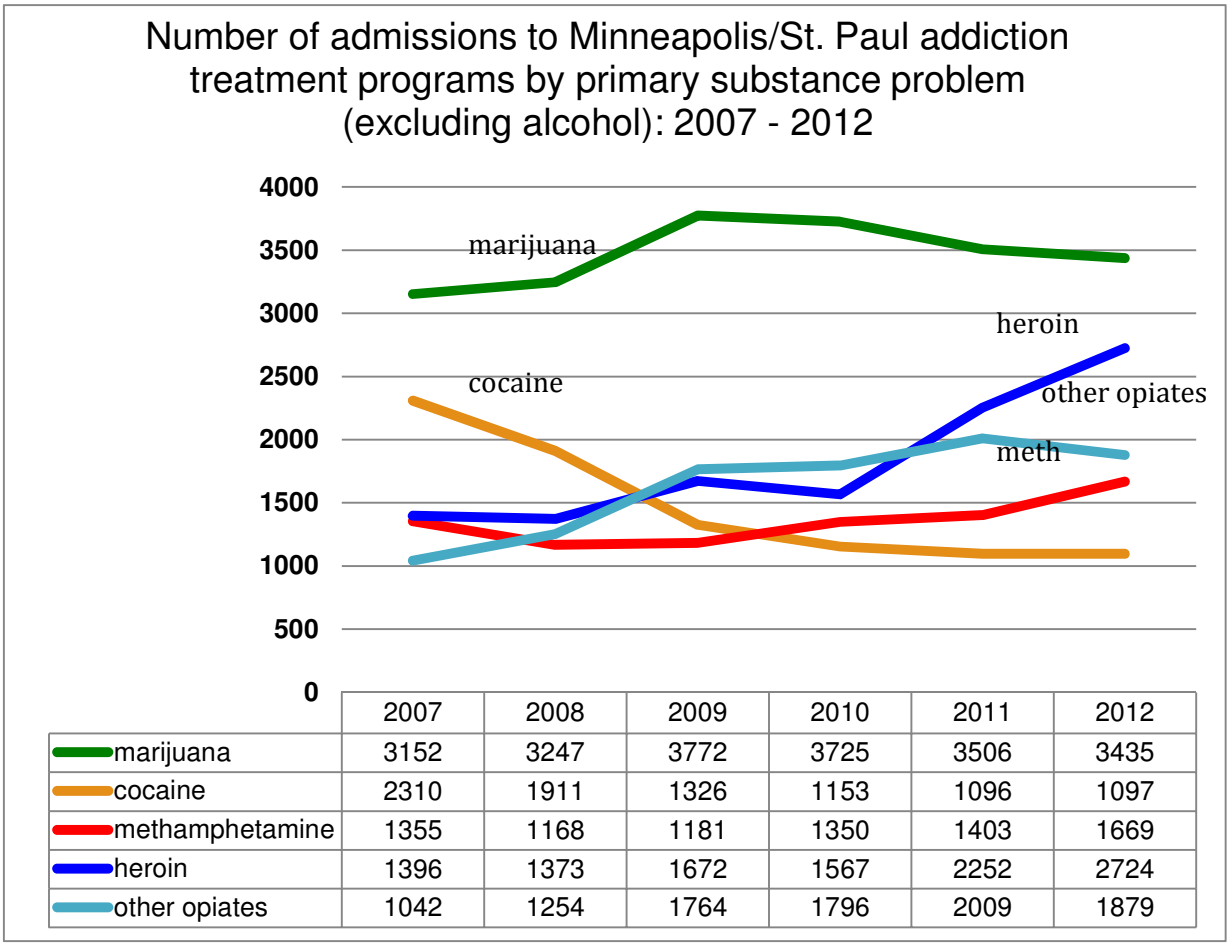
Exhibit 2

Estimates of drug-related emergency department visits in Minneapolis/St. Paul/Bloomington, MN-WI Metropolitan Statistical Area: 2004 - 2011

Drug	2004	2005	2006	2007	2008	2009	2010	2011
Cocaine	6,228	6,076	6,764	5,189	5,390	3,843	4,141	4,279
Heroin	1,189	1,023	1,312	1,691	1,651	1,855	2,256	3,493
Marijuana	4,455	4,468	4,302	5,757	5,617	5,596	6,794	6,627
Synthetic cannabinoids	*	*	*	*	*	*	170	418
Amphetamines	255	388	278	335	361	230	361	644
Methamphetamine	1,741	2,209	1,120	1,103	1,001	970	1,660	1,541
MDMA (Ecstasy)	204	254	252	433	485	475	362	397
PCP	*	69	132	*	*	80	*	*
Miscellaneous hallucinogens	123	68	*	142	134	115	138	153
Inhalants	183	128	*	80	100	92	126	*
Opiates/opioids, unspecified	162	282	495	559	1,052	826	1,150	1,619
Total Narcotic analgesics	1,940	1,872	2,491	3,391	3,905	3,890	4,697	4,836
Hydrocodone/combinations	562	506	625	985	1,016	1,019	1,092	1,044
Hydromorphone/combinations	*	87	115	142	252	256	297	284
Methadone	437	430	547	643	794	757	893	828
Morphine/combinations	108	120	193	272	265	288	334	413
Oxycodone/combinations	668	742	954	1,484	1,657	1,810	2,397	2,397

SOURCE: Drug Abuse Warning Network, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, accessed 9/12/2012. These weighted estimates of ED visits are based on a representative sample of non-Federal, general, short-stay hospitals with 24-hour EDs in the Minneapolis/St. Paul/Bloomington, MN-WI Metropolitan Statistical Area.

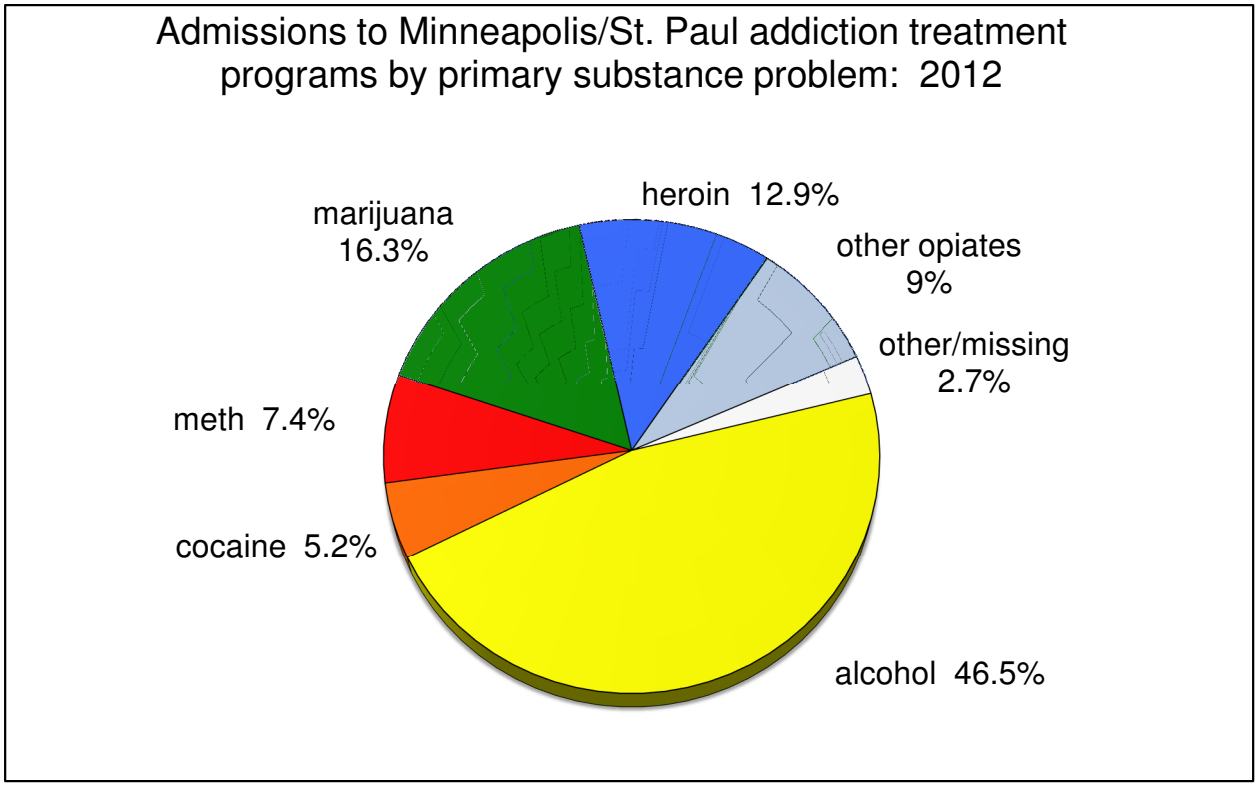
Exhibit 3



	2007	2008	2009	2010	2011	2012
marijuana	3152	3247	3772	3725	3506	3435
cocaine	2310	1911	1326	1153	1096	1097
methamphetamine	1355	1168	1181	1350	1403	1669
heroin	1396	1373	1672	1567	2252	2724
other opiates	1042	1254	1764	1796	2009	1879

SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, Performance Measurement and Quality Improvement Division, 2013.

Exhibit 4



SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, Performance Measurement and Quality Improvement Division, 2013.

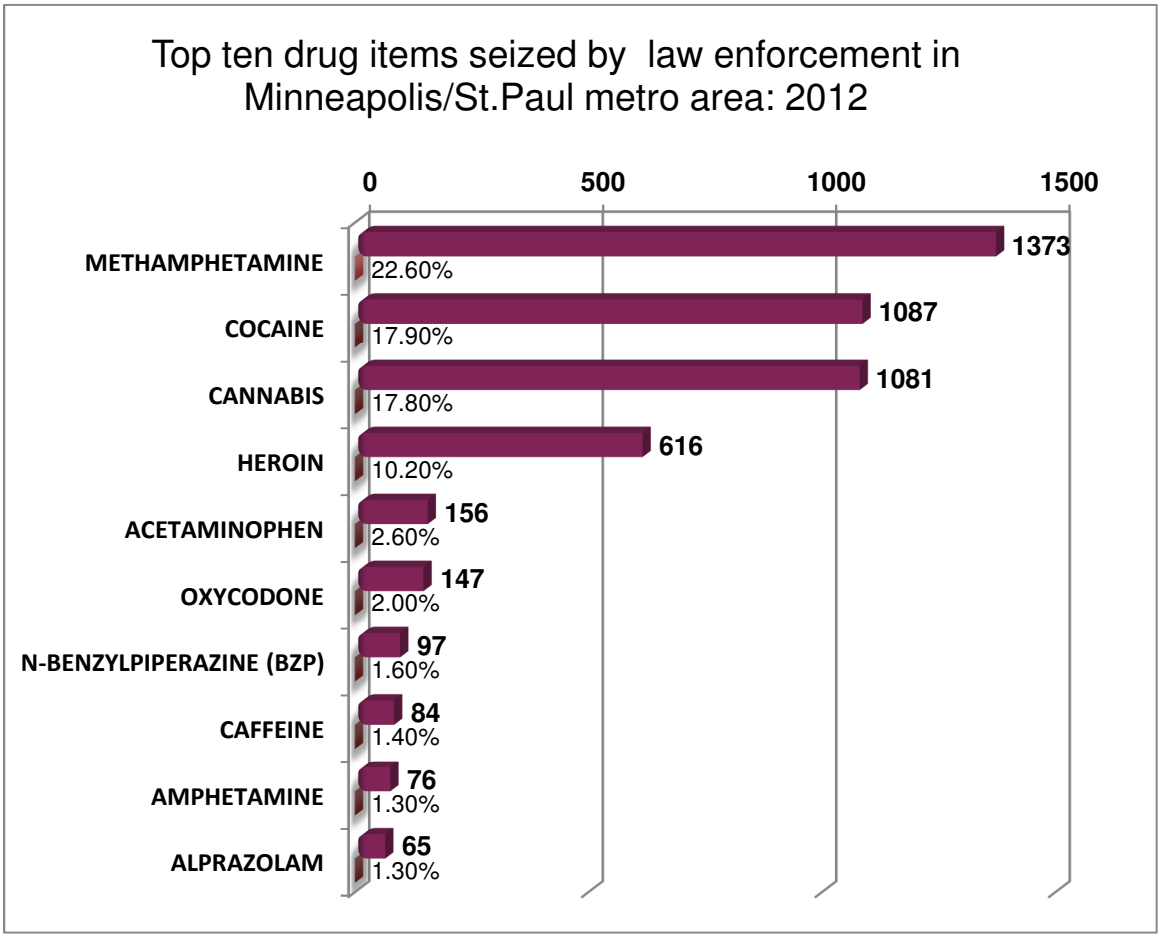
Exhibit 5

Characteristics of patients admitted to Minneapolis/St. Paul addiction treatment programs by primary substance problem: 2012

	Total Admissions 21,051	Alcohol 9,798 46.5%	Marijuana 3,435 16.3%	Cocaine 1,097 5.2%	Meth 1,562 7.4%	Heroin 2,724 12.9%	Other Opiates 1,879 9.0%
GENDER							
% male		67.3	77.6	58.2	62.9	64.6	52.2
% female		32.7	22.4	41.8	37.1	35.4	47.8
RACE/ETHNICITY							
% White		73.2	54.2	34.1	80.9	66.1	77.9
% African Am		14.6	28.4	50.6	2.6	20.7	4.1
% Am Indian		3.5	2.9	4.5	3.5	6.1	8.3
% Hispanic		4.1	6.7	6.4	5.3	3.7	4.1
% Asian/Pacific Isl		1.6	1.5	1.3	4.5	1.0	3.1
% Other		3.0	6.2	3.2	3.2	2.4	2.4
AGE							
% 17 and under		1.8	32.3	0.9	1.2	1.5	2.7
% 18 - 25		16.8	36.8	10.1	23.2	41.6	26.2
% 26 - 34		24.1	18.2	16.6	38.7	24.2	32.5
% 35 +		57.3	12.8	72.4	36.8	32.5	38.7
ROUTE OF ADMINISTRATION							
% oral/multiple		100	2.5	-	3.7	1.0	65.4
% smoking			97.1	74.0	66.2	10.3	6.0
% snorting			-	22.4	6.9	26.3	15.4
% injection			-	1.4	20.6	60.6	11.1
% unknown			0.4	2.2	2.7	1.9	2.1

SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, Performance Measurement and Quality Improvement Division, 2013. Unknown primary drug = 134 (0.6%). All other primary drugs = 422 (2%).

Exhibit 6



SOURCE: National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA) queried on May 7, 2013 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 metro are including the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington in calendar 2012. St. Paul crime lab data were not reported after May 2012. All other = 1,285.

Exhibit 7

Changes in cocaine- and opiate- positive arrestees

Average Age of Arrestees Testing Positive for Cocaine Metabolites

ADAM Site	2000-2003	2007-2009	2010-2012
Atlanta*	35.1	40.8	41.2
Charlotte*	33.4	38.3	37.5
Chicago	36.0	37.2	37.2
Denver*	33.6	36.7	38.0
Indianapolis*	34.3	37.3	37.8
Minneapolis*	34.5	37.5	38.7
New York*	37.5	39.4	42.7
Portland*	35.3	37.7	37.6
Sacramento	37.0	37.4	35.4
Washington, DC*	37.4	44.9	43.7

Percentage of Arrestees 18-24 Testing Positive for Opiates

ADAM Site	2000-2003	2007-2009	2010-2012
Atlanta	25%	14%	23%
Charlotte	26%	17%	35%
Chicago	7%	13%	12%
Denver	26%	19%	16%
Indianapolis*	13%	33%	30%
Minneapolis*	13%	16%	34%
New York	11%	11%	11%
Portland*	18%	22%	27%
Sacramento	20%	19%	30%
Washington, DC	5%	3%	3%

SOURCE Arrestee Drug Abuse Monitoring Program, 2012 Highlights, Office of National Drug Control Policy, presented by of M. Fe Caces, Statistician/ Demographer, June 13, 2013, St Louis, Missouri. Used with permission. **Significant difference over time at p>=.05*

Exhibit 8

Exposures to selected drugs reported to Hennepin Regional Poison Center: 2010 through April 2013

	2010	2011	2012	2013 thru April
THC Homologs	28	149	157	30
Bath Salts	5	144	87	16
2CE and Analogues	10	23	24	9
MDMA	26	24	19	8
Hydrocodone	621	655	713	207
Oxycodone	580	575	636	193
Heroin	52	78	127	41

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

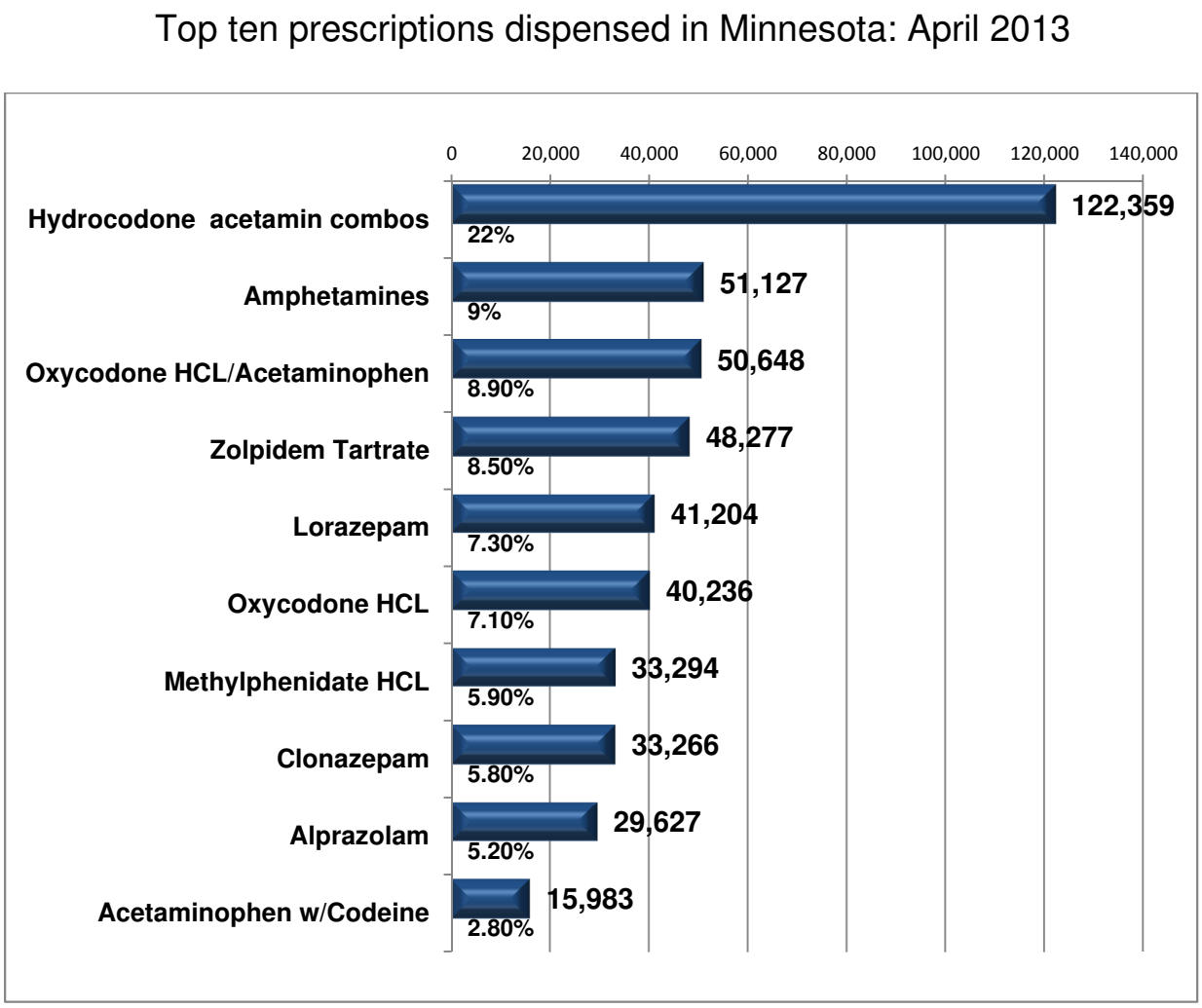
Exhibit 9

Opiate enforcement summary: Minnesota Drug and Violent Crime Task Forces

	2010	2011	2012	% change 2011 to 2012
Heroin seized (grams)	228	406	2,794	588.1
Heroin arrests	108	206	482	133.9
Oxycodone seized (dosage units)	944	3,409	1,649	(51.6)
Rx drugs seized (dosage units)	16,414	10,711	14,254	33.1
Pill arrests	483	531	577	8.7

SOURCE: Office of Justice Programs, Minnesota Department of Public Safety, 2013 (unaudited). In 2012 there were 23 multijurisdictional law enforcement drug and violent crime task forces operating throughout the state and staffed by over 200 investigators from over 120 agencies.

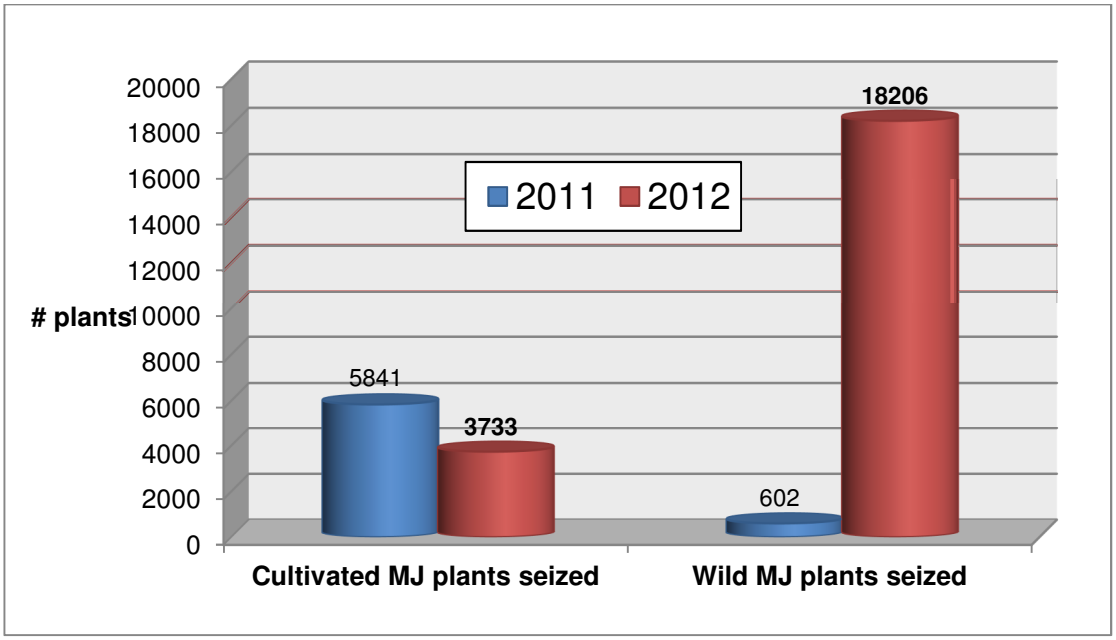
Exhibit 10



SOURCE: Minnesota Prescription Monitoring Program, Minnesota Board of Pharmacy, May 2013. 566,453 prescriptions were dispensed and reported to the Minnesota Prescription Monitoring Program in April 2013.

Exhibit 11

Marijuana enforcement summary:
Minnesota Drug and Violent Crime Task Forces



SOURCE: Office of Justice Programs, Minnesota Department of Public Safety, 2013 (unaudited). In 2012 there were 23 multijurisdictional law enforcement drug and violent crime task forces operating throughout the state and staffed by over 200 investigators from over 120 agencies.

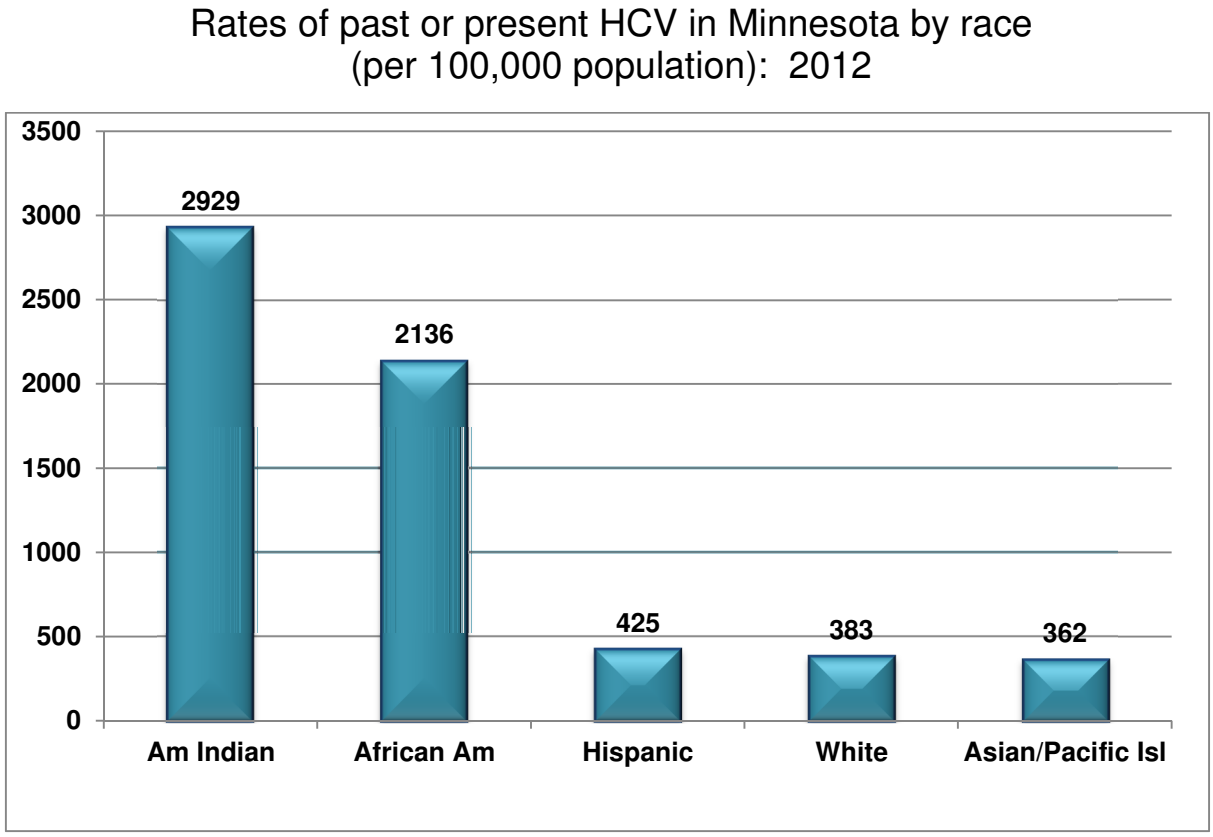
Exhibit 12

Persons living with Hepatitis C (HCV), HIV (non-AIDS) and AIDS by in Minnesota by area of residence: 2012

	HCV	HIV	AIDS
St. Paul	11%	13%	14%
Minneapolis	23%	40%	39%
Suburban metro	28%	32%	32%
Rest of state	38%	14%	15%

SOURCE: Minnesota Department of Health. As of 12/31/2012 there were 37,819 individuals of known residence living with HCV; 3,949 living with HIV and 3,523 individuals living with AIDS. Residence information was missing for 1,484 individuals living with HCV, 5 individuals living with HIV, and 19 individuals living with AIDS. Percentages may not add to 100% due to rounding. Suburban counties include Anoka, Carver, Dakota, Hennepin (except Minneapolis), Ramsey (except St. Paul), and Washington.

Exhibit 13



SOURCE: Minnesota Department of Health. As of 12/31/2012 there were 39,303 individuals reported to MDH, assumed alive and living in Minnesota with past or present Hepatitis C (HCV) infection. Rates calculated using US Census data and excludes cases with multiple and unknown races. This includes persons who have been previously infected but do not have evidence of current infection.

Exhibit 14

Persons living in Minnesota with HIV (non-AIDS) and AIDS by gender and mode of exposure: 2012

	Males				Females			
	HIV (non-AIDS)	AIDS	*Total*		HIV (non-AIDS)	AIDS	*Total*	
			Cases	*%*			*Cases*	*%*
Mode of Exposure								
MSM	2,112	1,745	*3,857*	*67%*	--	--	--	--
IDU	105	156	*261*	*5%*	69	89	*158*	*9%*
MSM/IDU	176	206	*382*	*7%*	--	--	--	--
Heterosexual (Total)	(91)	(135)	(226)	*4%*	(711)	(559)	(1270)	*73%*
with IDU	23	47	70	--	71	85	156	--
with Bisexual Male	-	-	-	--	50	43	93	--
with Hemophiliac/other	2	2	4	--	7	1	8	--
with HIV+	66	86	152	--	262	165	427	--
Hetero, unknown risk[IV]	0	0	0	--	321	265	586	
Perinatal	25	17	*42*	*1%*	41	10	51	*3%*
Other	9	20	*29*	*1%*	3	2	*5*	*0%*
Unspecified	292	329	*621*	*11%*	81	55	*136*	*8%*
No Interview, Unspecified	180	173	*353*	*6%*	79	46	*125*	*7%*
Total	*2,990*	*2,781*	*5,771*	*100%*	*984*	*761*	*1,745*	*100%*

SOURCE: Minnesota Department of Health. Cases reported as of 12/31/2012 assumed to be alive and currently residing in Minnesota. 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, Unspecified = Cases who refused to be, could not be or have not yet been interviewed.