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# Drug Abuse Trends in the Minneapolis/St. Paul Metropolitan Area: June 2014

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## *ABSTRACT*

Rising heroin trends dominated the drug abuse situation in the Minneapolis/St. Paul metropolitan area in 2013. A record-high 14 percent of admissions to addiction treatment programs were for heroin in 2013, of which 40.2 percent were age 18 - 25. In Hennepin County opiate-related deaths rose 57.1 percent from 2012 to 2013 (from 84 to 132), but declined in Ramsey County (from 45 to 37). Statewide, 23 multijurisdictional law enforcement drug task forces seized 203.8 percent more heroin in 2013 than in 2012. Heroin-involved hospital emergency department visits in the Twin Cities nearly tripled from 2004 to 2011 (from 1,189 to 3,493), and those involving prescription narcotic analgesics more than doubled (from 1,940 to 4,836). Cocaine-related treatment admissions continued to decline in 2013, accounting for 4.3 percent of admissions, although deaths increased (from 21 to 37). Of the cocaine-related treatment admissions in 2013, 74.5 percent were age 35 or older. Methamphetamine-related treatment admissions gradually increased in recent years and in 2013 accounted for 10 percent of total admissions. Methamphetamine was present in 32.5 percent of drug items analyzed by NFLIS laboratories in 2013, compared with 22.6 percent in 2012. Marijuana accounted for 15.5 percent of addiction treatment admissions in 2013, of which 27.1 percent were age 17 or less. Exposures involving synthetic THC products (cannabinimetics) and "bath salts" (substituted cathinones) declined from 2012 to 2013, while those involving 2CE analogs ("research chemicals") increased (from 24 to 35), based on Hennepin Regional Poison Center data.

## **Background**

This report analyzes current and emerging trends in substance abuse in the metropolitan area of Minneapolis/St. Paul, Minnesota (the Twin Cities), and is produced twice annually for participation in the Community Epidemiology Work Group of the National Institute on Drug Abuse, an epidemiological surveillance network of drug abuse 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. Minnesota shares a northern, international border with Canada, and a western border with North Dakota and South Dakota, two of the country's most sparsely populated States.

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. There are an estimated 77,000 Somali immigrants and 66,200 Hmong immigrants living in Minnesota, mostly in the Twin Cities metropolitan area.

Illicit drugs are distributed and sold within Minnesota by Mexican drug trafficking organizations, street gangs, independent entrepreneurs, and other criminal organizations. Drugs concealed in compartments of private and commercial vehicles are typically transported into the Twin Cities area for further distribution throughout the State. Interstate Highway 35 starts at the U.S./Canadian border in Minnesota, and runs south to the U.S./Mexican border in Texas. Interstate 94 is the direct route between the Twin Cities and Chicago.

## DATA SOURCES

**Mortality data** on drug-related deaths are from the Ramsey County Medical Examiner and the Hennepin County Medical Examiner (through December 2013). 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 was the cause of death. See exhibits 1 - 4.

**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). See exhibit 5.

**Addiction treatment data** are from the Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services (through December 2013). See exhibits 6 - 8.

**Crime laboratory data** are from the National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA) queried on 5/9/2014 according to location of the 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 2013, with the exception of the St. Paul crime lab data, which were not reported after May 2012. See exhibit 9.

**Poison Center data** on human exposures to various substances are reported to the Hennepin Regional Poison Center (through April 2014). See exhibits 10 and 11.

**Law enforcement 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 2013). In 2013 there were 23 multijurisdictional law enforcement drug and violent crime task forces operating throughout the state, staffed by 186 investigators from over 200 agencies. Price data and trafficking information are from the DEA. Heroin incident report data are from the Minneapolis Police Department. See exhibits 12 and 13.

**Prescription drug data** are from the Minnesota Prescription Monitoring Program, Minnesota Board of Pharmacy, March 2014. See exhibit 14.

**Hepatitis C virus (HCV) and human immunodeficiency virus (HIV) infection data** are from the Minnesota Department of Health (through 2013).

## Drug Abuse Trends

### HEROIN AND OTHER OPIATES

Adverse consequences related to heroin and other opiates continued to escalate in the Twin Cities in 2013, although opiate-related deaths increased markedly in Hennepin County in 2013, and declined in Ramsey County. In Hennepin County there were 132 opiate-related deaths in 2013, compared with 84 in 2012, a 57.1 percent increase. The decedents ranged in age from 18 to 65. At least 57 cases involved heroin (43.2 percent), 14 involved cocaine used in combination with an opiate (10.6 percent), 30 involved methadone (22.7 percent), 15 involved oxycodone (11.3 percent), six involved fentanyl and four the use of methamphetamine in combination with an opiate. Three of the four decedents with opiate and methamphetamine toxicity were American Indian females.

2012 was the peak year for opiate-related deaths in Ramsey County, with a record-high 45; a 25 percent increase from 2011. In 2013 deaths fell to 37, a 17.7 percent decrease. These 37 decedents ranged in age from 20 to 71. At least 6 cases (16.2 percent) involved heroin, 15 cases (40.5 percent) involved methadone, ten (27 percent) involved oxycodone, three involved cocaine used in combination with opiates, two involved fentanyl, and two involved opiate and methamphetamine toxicity.

Heroin-involved hospital emergency department (ED) visits nearly tripled from 2004 to 2011 (from 1,189 to 3,493), and narcotic analgesic-related visits more than doubled (from 1,940 to 4,836), a 149.3 percent increase.

Addiction treatment admissions for heroin and other opiates (prescription painkillers and opium) continued to rise in 2013. The number of treatment admissions for heroin increased 12.4 percent, while treatment admissions for other opiates increased 10.7 percent from 2012 to 2013.

Heroin accounted for a record-high 14 percent of treatment admissions in 2013, compared with 12.9 percent in 2012, 7.8 percent in 2010, and 3.3 percent in 2000. Anecdotally, most of the young patients entering treatment programs report that they initially used prescription opiates before progressing to heroin addiction. Of the 3,063 heroin admissions in 2013, 40.2 percent were age 18-25. Males accounted for 65 percent, Whites 65.4 percent and injection was the most common route of administration (64.4 percent).

Other opiates were the primary substance problem reported by 2,081 admissions in 2013, which is 9.5 percent of total treatment admissions. This compares with 9.0 percent in 2012, 8.4 percent in 2010, and 1.4 percent in 2000. Of these admissions, one-half were female (49.8 percent). One-quarter (25.2 percent) were age 18-25. Whites accounted for 76.4 percent and oral was the most common route of administration (66.5 percent).

From 2012 to 2013, heroin exposures reported to the Hennepin Regional Poison Center went from 127 to 147, a 15.7 percent increase. Hydrocodone and oxycodone exposures declined in 2013. Hydrocodone with acetaminophen was the most frequently prescribed drug reported on the Minnesota Prescription Monitoring Program in March 2014. It accounted for 22 percent of all prescriptions; oxycodone with acetaminophen 9.2 percent; and oxycodone hydrochloride 8.3 percent.

All levels of law enforcement in the metropolitan area and statewide reported heightened activities focused on heroin in 2013. Minnesota multijurisdictional drug and violent crime task forces seized 203.8 percent more heroin in 2013 than in 2012. Heroin incidents reported by the Minneapolis Police Department rose significantly in recent years, although declined somewhat in 2013. Heroin was present in 10.9 percent of the drug items analyzed by NFLIS in 2013, compared with 10.2 percent in 2012. A series of raids carried out by Federal, state and local law enforcement agents in the Twin Cities, Duluth and Rochester, Minnesota in April 2014, resulted in the arrest of 80 individuals charged with varying counts of heroin trafficking.

Mexico, and to a lesser extent South America, were the primary sources of heroin in the Twin Cities and Minnesota. Distribution is Mexican drug cartel-involved. Local heroin includes the chunky, black tar heroin

and the brownish-colored powdered heroin. Mexican heroin typically sells for \$20 per dosage unit and \$100 - \$200 per gram. An "eight-ball" (1/8 of an ounce) costs roughly \$300. An ounce of black tar ranges in price from \$1,600 to \$2,200 and South American from \$1,700 to \$2,400. An ounce of Mexican heroin typically costs \$2,400.

Opium smoking within the Twin Cities' Hmong community remained an ongoing concern. The opium is concealed in various packages that are shipped from Asia.

Due to new State legislation in 2014, naloxone, the antidote to opioid overdose will be more widely available in Minnesota and immunity granted to those who call 911 reporting an overdose. "Steve's Law," named after Steve Rummeler, who died of a heroin overdose in 2011, and after whom the Steve Rummeler Hope Foundation was formed and named, follows at least 19 other states and the District of Columbia in establishing Good Samaritan laws and/or access to naloxone.

## **COCAINE**

Overall, cocaine-related deaths, emergency department visits, and admissions to addiction treatment programs have declined in the Twin Cities area since 2007. Yet from 2012 to 2013, cocaine-related deaths increased from 18 to 28 in Hennepin and from 3 to 9 in Ramsey County. Cocaine-related hospital emergency department visits declined 36.7 percent from 2006 to 2011.

Cocaine-related treatment admissions declined 59.1 percent from 2007 to 2013, accounting for 4.3 percent of treatment admissions in 2013. Most cocaine-related treatment admissions in 2013 (76.4 percent) were for crack cocaine. Over half (58.7 percent) were African-American, females accounted for 40.4 percent, and almost three-quarters (74.5 percent) were age 35 and older.

Cocaine was present in 22.6 percent of the drug items analyzed by NFLIS laboratories in 2013, compared with 17.9 percent in 2012. A gram of cocaine powder cost \$80 to \$120. An ounce ranged in price from \$1,000 to \$1,400; a pound from \$12,400 to \$16,000; and a kilogram from \$24,000 to \$31,000. African American street gangs remain involved in the street-level, retail distribution of crack cocaine. A rock of crack sold for \$15 to \$20.

## **METHAMPHETAMINE AND OTHER STIMULANTS**

Methamphetamine-related deaths increased slightly from 2012 to 2013, in Hennepin County from 14 to 16 and in Ramsey County from 7 to 8. Methamphetamine-involved hospital ED visits declined from 2004 to 2009, increased sharply in 2010 (71.1 percent), and fell slightly in 2011.

Methamphetamine-related treatment admissions have been rising in the Twin Cities since 2009. In 2013 they accounted for 10.0 percent of total admissions, compared with 5.7 percent in 2009. Of these 2,185 admissions in 2013, smoking was the most common route of administration (66.0 percent).

Methamphetamine was present in 32.5 percent of drug items analyzed by NFLIS laboratories in 2013, compared with 22.6 percent in 2012. Mexican drug trafficking organizations control the distribution of methamphetamine that arrives in Minnesota from Mexico, California and Arizona. Methamphetamine cost \$20 per dosage unit and ranged in price from \$80 to \$100 per gram, \$900 to \$1,500 per ounce, and \$8,000 to \$16,000 per pound.

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®) 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 March 2014, 6.3 percent of prescriptions reported to the Minnesota Prescription Monitoring Program were for methylphenidate, and 10.1 percent were for amphetamines.

MDMA (3,4-methylenedioxymethamphetamine), also known as ecstasy, "X," or "e," is typically sold for \$20 per pill, and has stimulant and mild hallucinogenic properties. It produces feelings of energy and euphoria in users, but can adversely heighten 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 analysis has sometimes determined that the tablets actually contain methylone, a chemical often found in "bath salts." There were 19 MDMA exposures reported to the Hennepin Regional Poison Center in both 2012 and 2013.

## **MARIJUANA**

In 2013, 15.5 percent of admissions to addiction treatment programs involved marijuana as the primary substance problem, compared with 16.3 percent in 2012. Of these 3,390 admissions, 27.1 percent were younger than 18; 38.4 percent were age 18–25; and females accounted for 22.8 percent, the lowest percentage of females in any drug category. 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).

Marijuana/cannabis was present in 8.3 percent of items analyzed by NFLIS laboratories in 2013, compared with 17.8 percent in 2012. Standard grade marijuana sold for \$5 per joint, and up to \$225 per ounce and \$1,500 per pound. Higher quality "BC Bud" marijuana from Canada and the Pacific Northwest enters Minnesota through Montana and North Dakota, with the involvement of Asian drug trafficking organizations. The cost ranges from \$2,800 to \$4,200 per pound. Local indoor cultivation operations continued, sometimes located in unsuspecting homes in residential suburban neighborhoods. In July 2013, law enforcement agents seized 5,500 high grade marijuana plants at a large outdoor grow operation near Hinckley, Minnesota, about 80 miles north of the Twin Cities.

Synthetic cannabinoids (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" 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," "Spice," "Stairway to Heaven," or "California Dreams." The Hennepin Regional Poison Center reported 149 THC homolog exposures in 2011, 157 in 2012, and 110 in 2013. From 2010 to 2011 hospital ED visits for synthetic cannabinoids rose from 170 to 418.

Due to new legislation passed by the 2014 legislature, medical use of marijuana will be allowed through a program administered by the Minnesota Department of Health.

## **HALLUCINOGENS AND OTHER SYNTHETICS**

LSD (lysergic acid diethylamide) or "acid," is a synthetically produced, long-acting hallucinogen, that is 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 15 LSD exposures in 2012, 45 in 2013, and 11 in 2014 (first quarter).

Substituted cathinones, sold as so-called "bath salts," are consumed to produce effects similar to MDMA. Substituted cathinones may contain mephedrone or many other chemicals alone or in combination, such as MDPV (3,4-methylenedioxypyrovalerone), methylone (3,4-methylenedioxymethcathinone or MDMC), naphyrone (naphthylpyrovalerone or NRG-1), 4-Fluoromethcathinone or 3-FMCO, 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. The Hennepin Regional Poison Center reported 144 bath salt exposures in 2011, 87 in 2012 and 50 in 2013.

2C-E phenethylamine (2,5-dimethoxy-4-ethylphenylethylamine) and related analogs are sold online as so-called "research chemicals." In January 2014, a 17 year-old female died after 25I-NBOMe use in suburban Woodbury in Washington County. In May, the three juveniles and two adults who were involved in the chain of custody of the drug, were charged with third degree murder. In March 2014 a 22 year-old male and 17 year-old female died after ingesting chemicals in the 2C family in Mankato, Minnesota, located 90 miles southwest of the Twin Cities. The chemicals were purchased locally in small zip lock bags. In June 2013, a 30 year-old male in Ramey County died from probable 25I-NBOMe toxicity. "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. In 2011, 2C-E use by a group of young people in suburban Blaine, Minnesota, resulted in eleven emergency room visits and the death of a 19 year-old male. Hennepin Regional Poison Center exposures for 2C analogs were 23 in 2011, 24 in 2012, and 35 in 2013.

Analysis has shown that a single packet of a synthetic drug, such as a bath salt or research chemical, can contain a single chemical component or multiple components, and that ingredients and the concentration of ingredients within single brand name change over time. For these reasons, it is especially difficult to identify these substances, and to establish predictability in dosage amounts or effects.

Statewide law enforcement task forces seized 1,017,252 grams of synthetic drugs in 2013, compared with 4.648 grams in 2012. In October 2013 the owner of head shop in Duluth, Minnesota was convicted of 51 counts for the sale of synthetic drugs including bath salts, research chemicals and synthetic cannabimimetics.

## ALCOHOL AND TOBACCO

Less than one-half (43.9 percent) of total admissions to addiction treatment programs reported alcohol as the primary substance problem in 2013. Of these 9,601 patients, over one-half (60.2 percent) were 35 and older. Tobacco smoking is widespread among patients admitted to addiction treatment programs. Rates of current smoking range from a high of 84.0 percent of heroin admissions, to a low of 59.6 percent of alcohol admissions.

## Drug Abuse-Related Infectious Diseases

Hepatitis C is a chronic liver disease that results from infection with the Hepatitis C virus (HCV). Most people contract HCV by sharing needles or other equipment used to inject drugs. As of December 31, 2013, in Minnesota there were 40,943 persons living with past or present HCV infection, and 7,723 persons living with HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), mostly in the Twin Cities metropolitan area. Regarding the mode of exposure among the 301 new cases of HIV/AIDS infection diagnosed in 2013 in Minnesota, male-to-male sex (MSM) accounted for 62 percent of cases among males; injection drug use accounted for 3 percent; and MSM and injection drug use accounted for 7 percent. Among females, heterosexual contact accounted for 89 percent, and injection drug use 3 percent.

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Exhibit 1

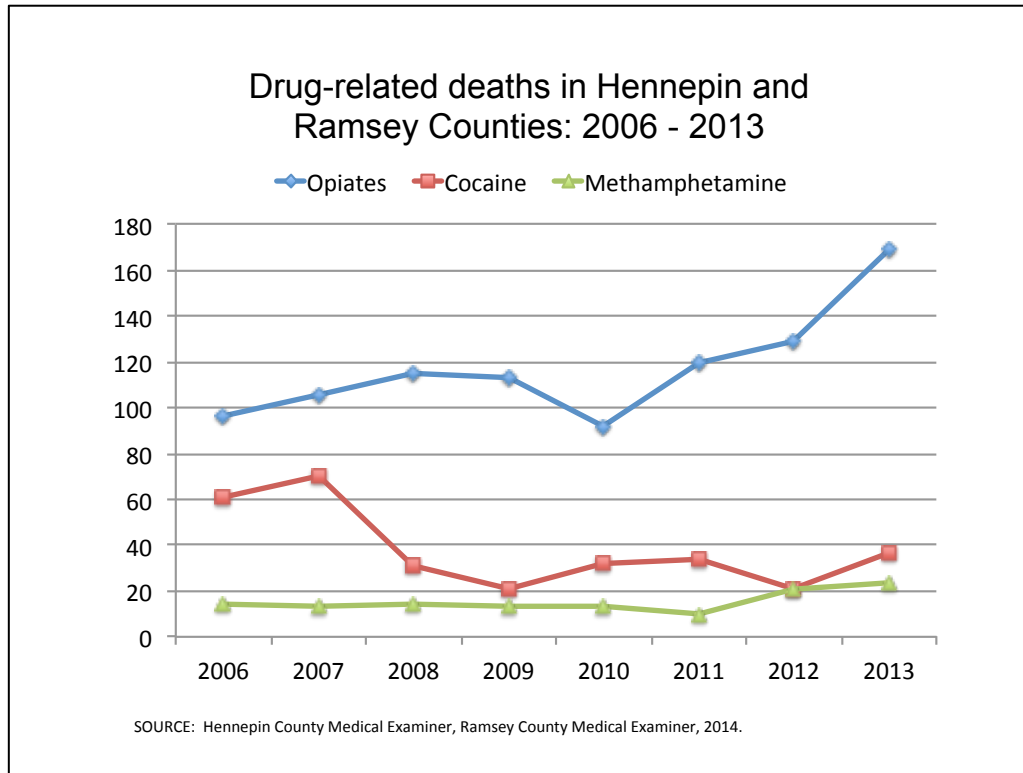


Exhibit 2

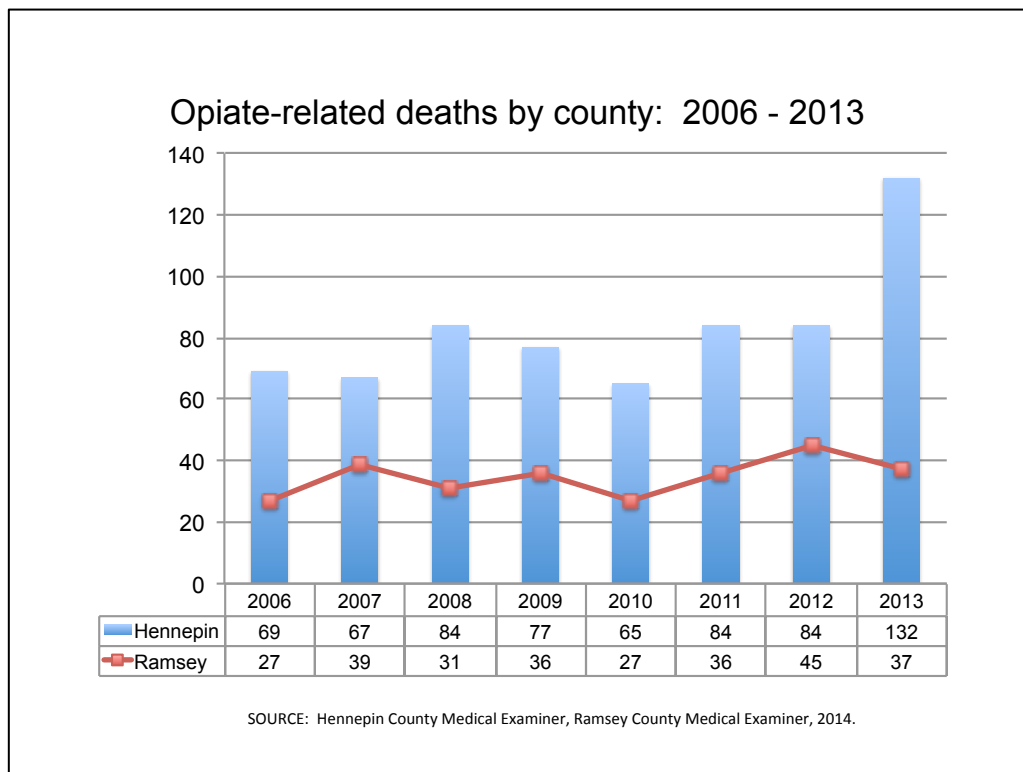


Exhibit 3

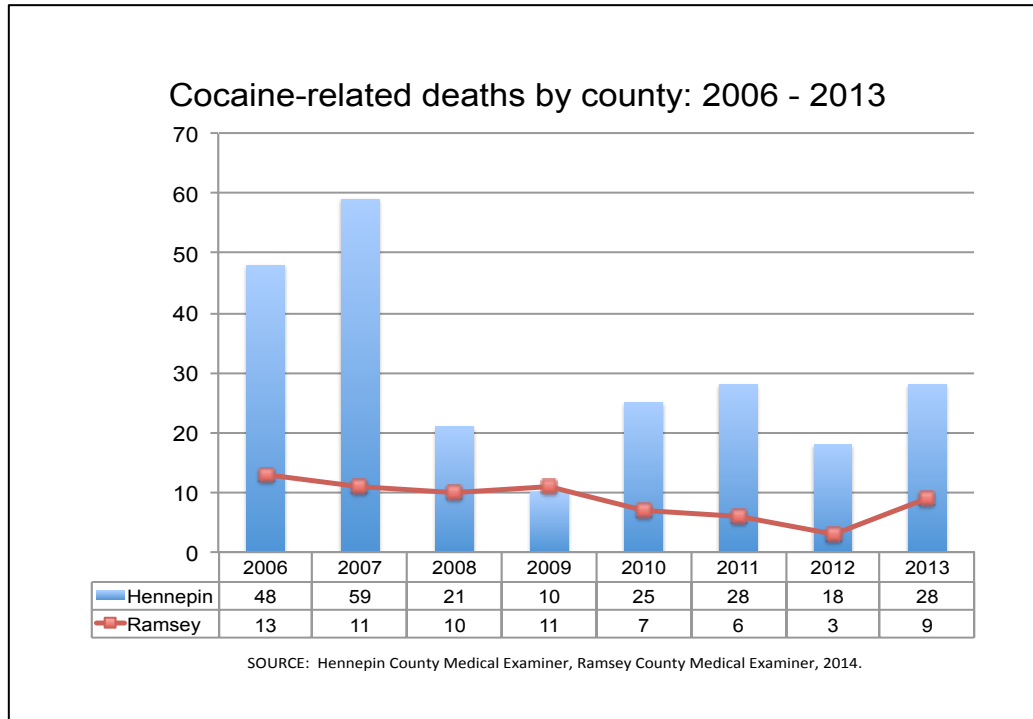


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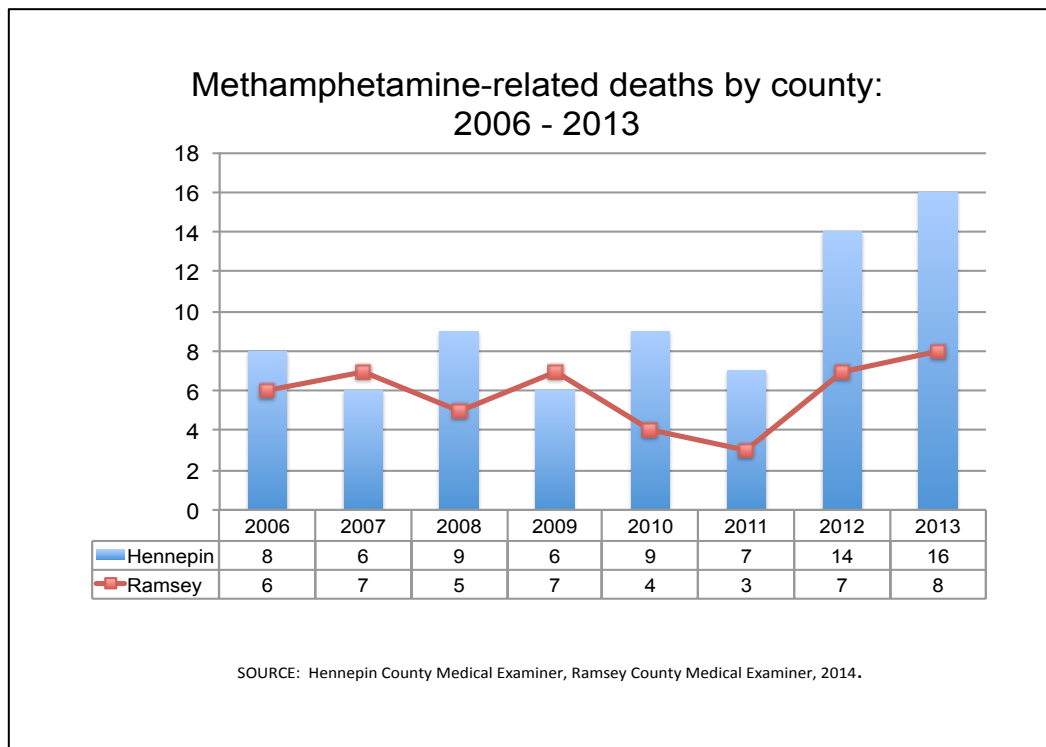




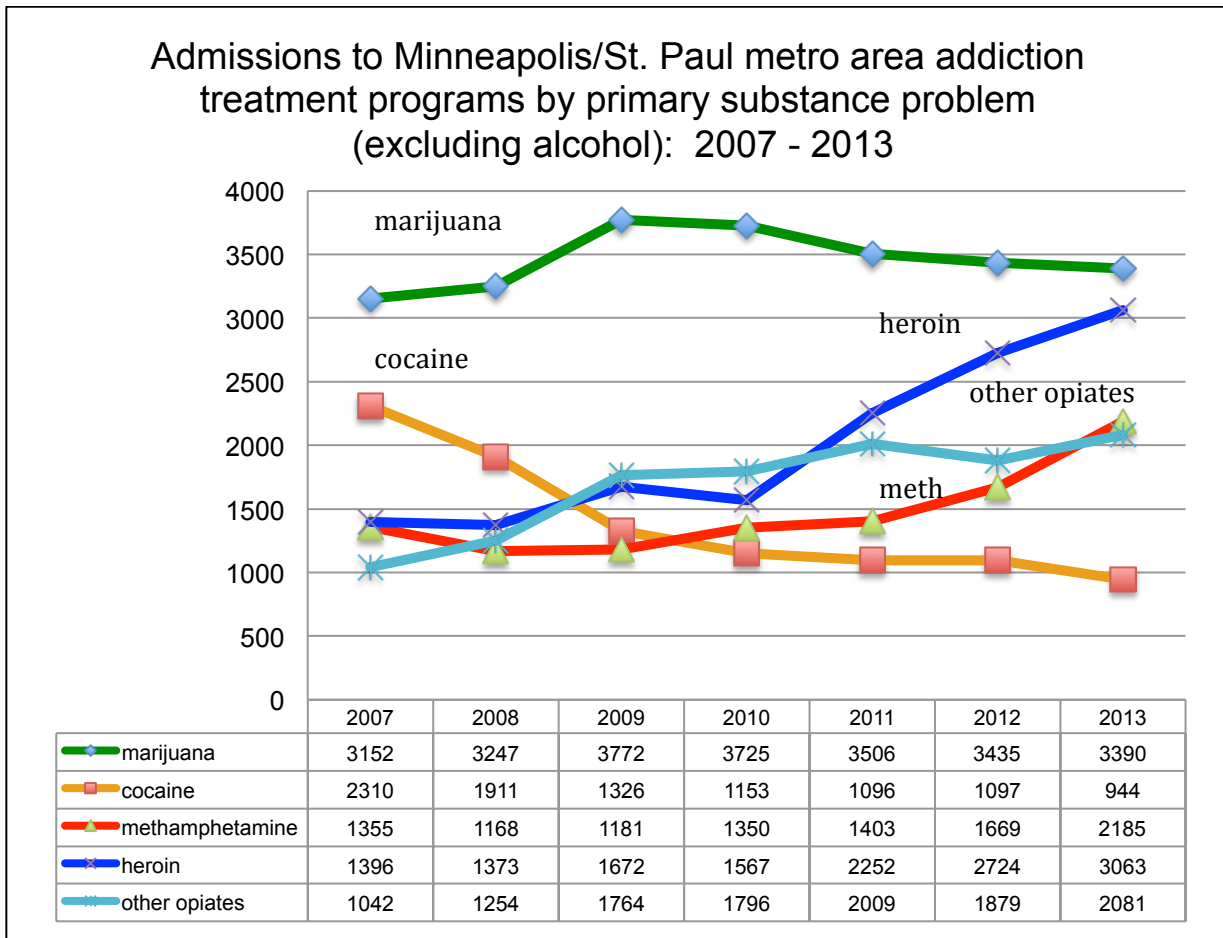
Exhibit 5

Hospital emergency department visits of selected drugs  
in the Minneapolis/St. Paul/Bloomington, MN-WI  
Metropolitan Statistical Area: 2004 - 2011

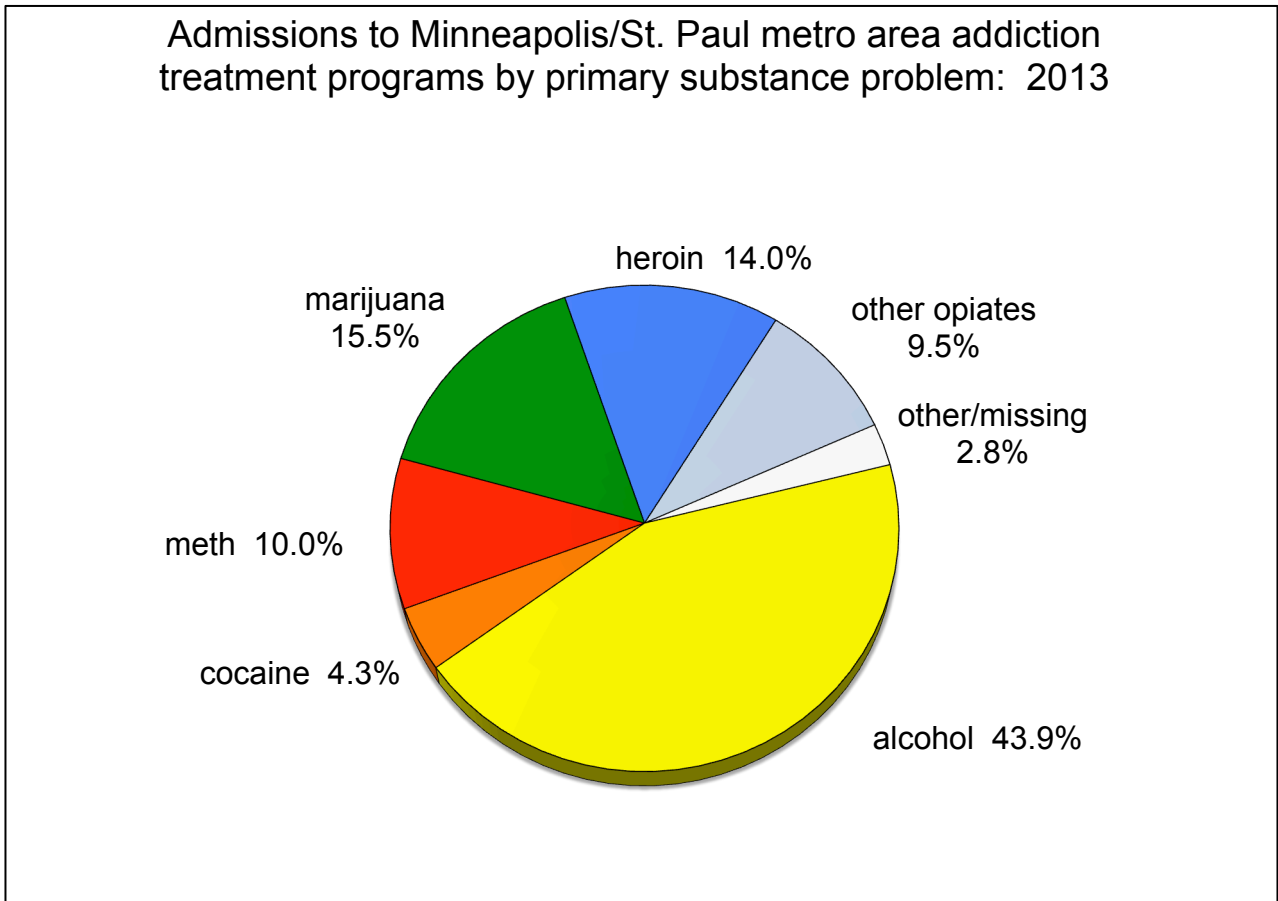
Drug	2004	2005	2006	2007	2008	2009	2010	2011
Cocaine	6,228	6,076	6,764	5,189	5,390	3,843	4,141	4,279
Heroin	1,189	1,023	1,312	1,691	1,651	1,855	2,256	3,493
Marijuana	4,455	4,468	4,302	5,757	5,617	5,596	6,794	6,627
Synthetic cannabinoids	*	*	*	*	*	*	170	418
Methamphetamine	1,741	2,209	1,120	1,103	1,001	970	1,660	1,541
MDMA (Ecstasy)	204	254	252	433	485	475	362	397
Total Narcotic analgesics	1,940	1,872	2,491	3,391	3,905	3,890	4,697	4,836

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 6



SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, 2014.



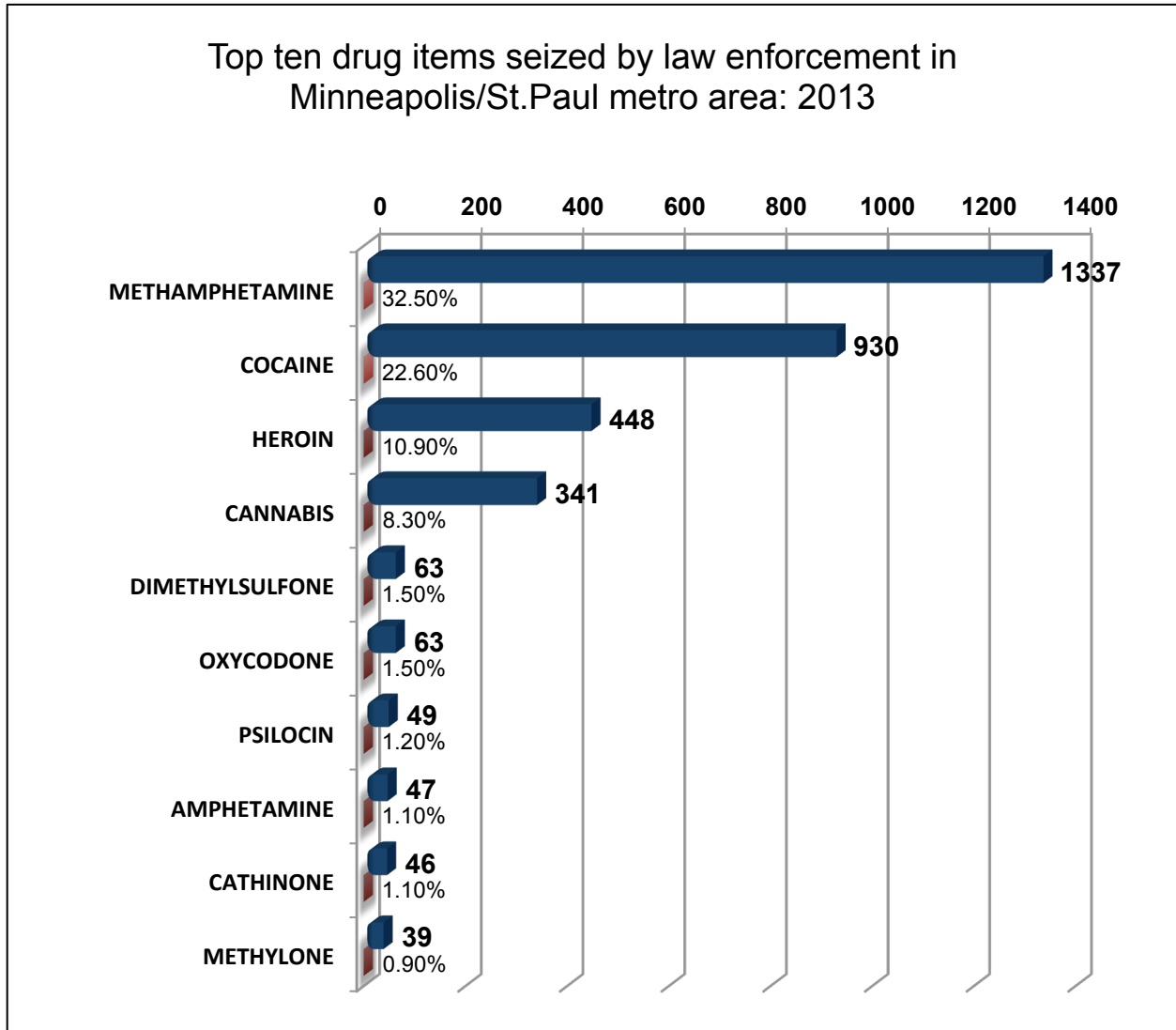
SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, 2014.

Exhibit 8

Characteristics of patients admitted to Minneapolis/St. Paul metro area addiction treatment programs by primary substance problem: 2013

TOTAL ADMISSIONS 21,856	ALCOHOL 9,601 43.9%	MARIJUANA 3,390 15.5%	COCAINE 944 4.3%	METH 2,185 10.0%	HEROIN 3,063 14.0%	OTHER OPIATES 2,081 9.5%
GENDER % MALE % FEMALE	68.1 31.9	77.2 22.8	59.6 40.4	63.4 36.6	65.0 35.0	50.2 49.8
RACE/ETHNICITY % WHITE % AFRICAN AM % AM INDIAN % HISPANIC % ASIAN/PACIFIC ISL % OTHER	72.8 14.7 3.5 4.5 1.9 2.6	49.9 31.2 3.4 7.7 1.6 6.1	26.5 58.7 3.9 5.4 1.1 4.4	78.9 2.5 3.2 6.4 5.0 3.9	65.4 18.2 7.1 4.8 0.9 3.6	76.4 4.9 8.8 3.9 2.4 3.6
AGE % 17 AND UNDER % 18 - 25 % 26 - 34 % 35 +	1.3 14.7 23.8 60.2	27.1 38.4 20.1 14.5	0.8 6.4 18.3 74.5	2.6 24.5 38.2 34.8	1.0 40.2 27.0 31.8	1.2 25.2 33.7 39.9
ROUTE OF ADMINISTRATION % ORAL/MULTIPLE % SMOKING % SNORTING % INJECTION % UNKNOWN	100	1.82.5 98.2	- 76.4 23.1 0.5 -	5.3 66.0 7.7 20.9 -	0.8 8.1 26.6 64.4 -	66.5 5.2 17.3 11.1 -
% CURRENT SMOKERS	59.6	69.3	76.6	78.4	84.0	71.2

SOURCE: Drug and Alcohol Abuse Normative Evaluation System, Minnesota Department of Human Services, 2014. Unknown primary drug = 262 (1.2%). All other primary drugs = 330 (1.5%).



SOURCE: National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration (DEA) queried on 5/9/2014 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 area including the counties of Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington in calendar 2013, except St. Paul crime lab data that were not reported after May 2012. Total items = 4,108. All other = 18.4%.

Exhibit 10

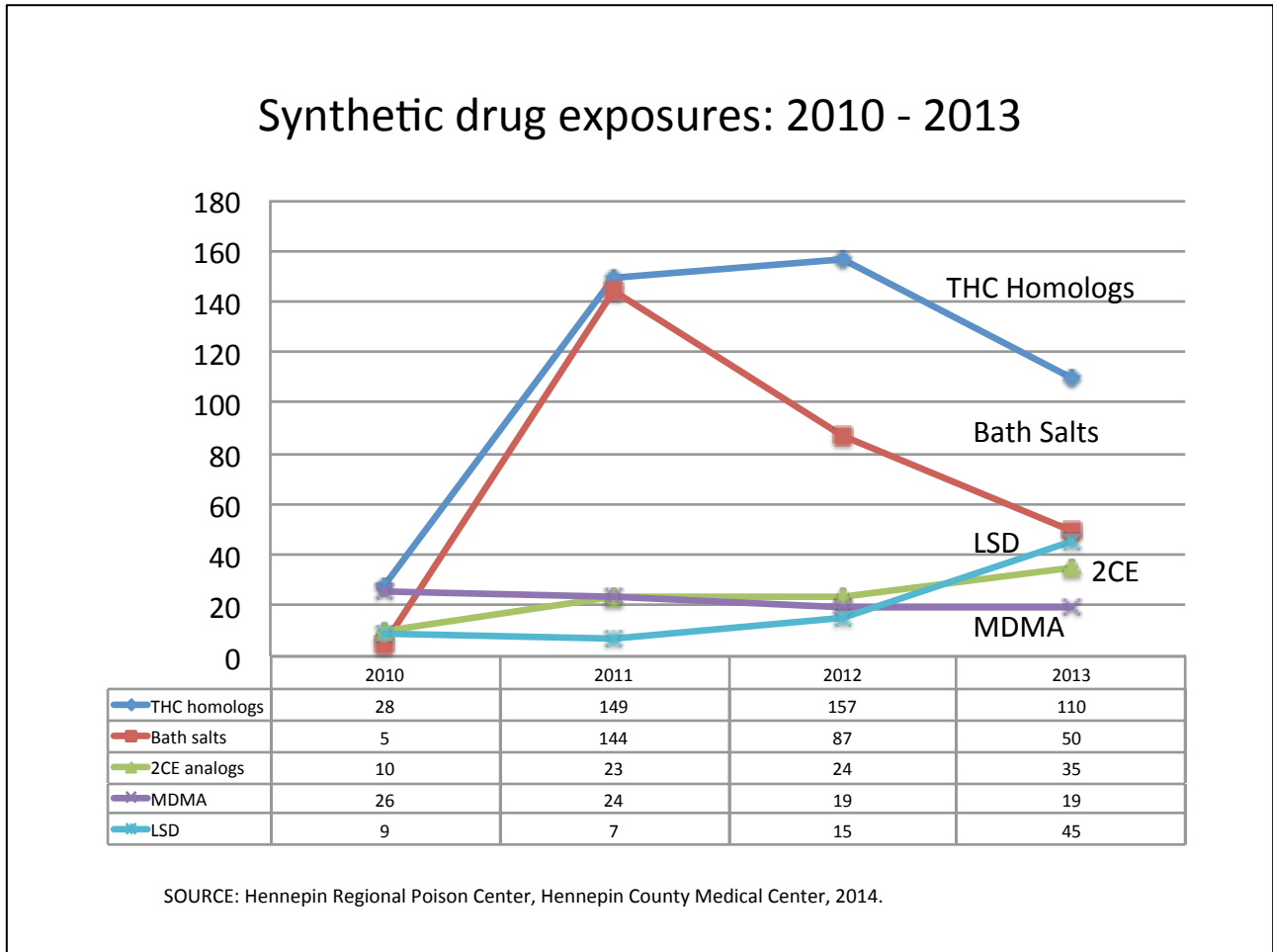


Exhibit 11

### Selected opiate-related exposures: 2010 through April 2014

	2010	2011	2012	2013	1Q 2014
Hydrocodone	621	655	713	605	135
Oxycodone	580	575	636	579	143
Heroin	52	78	127	147	37

SOURCE: Hennepin Regional Poison Center, Hennepin County Medical Center, 2014.

Exhibit 12

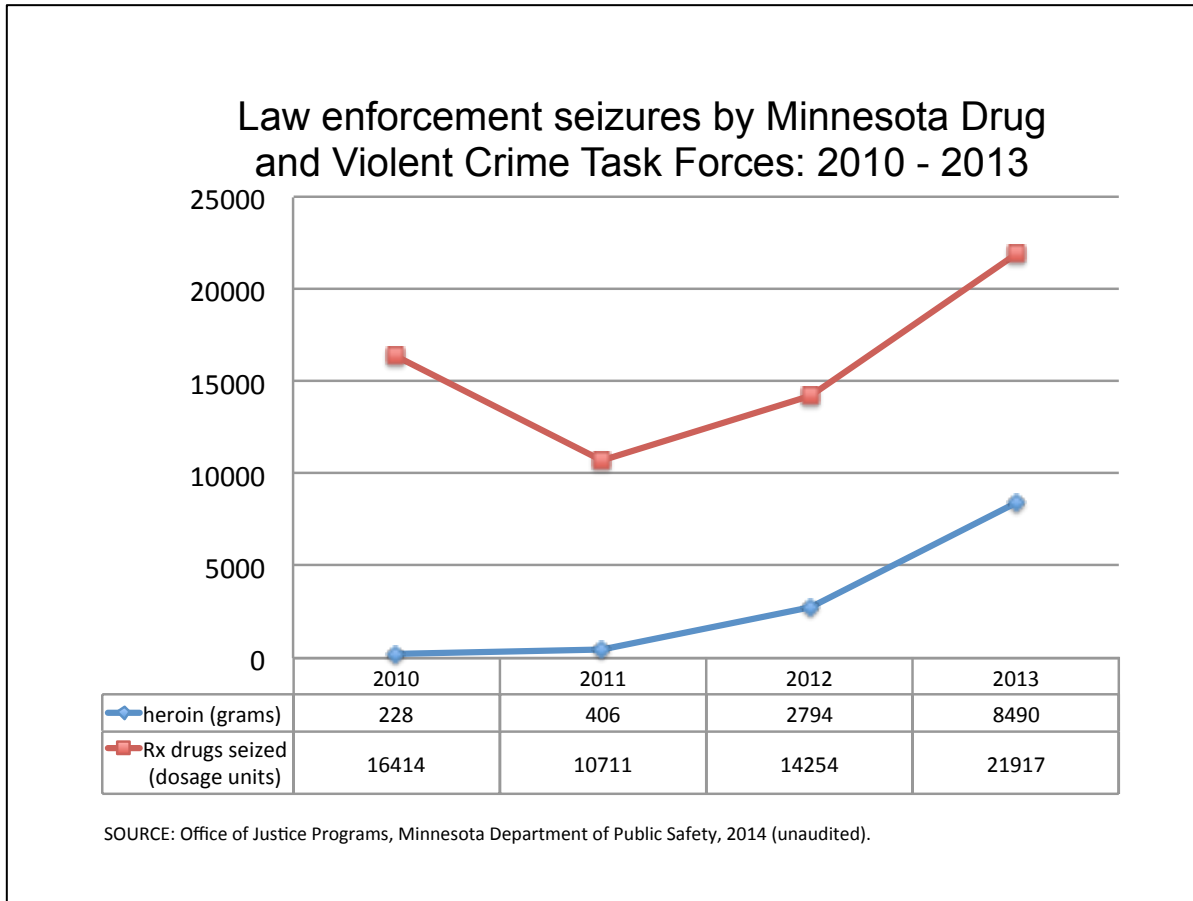
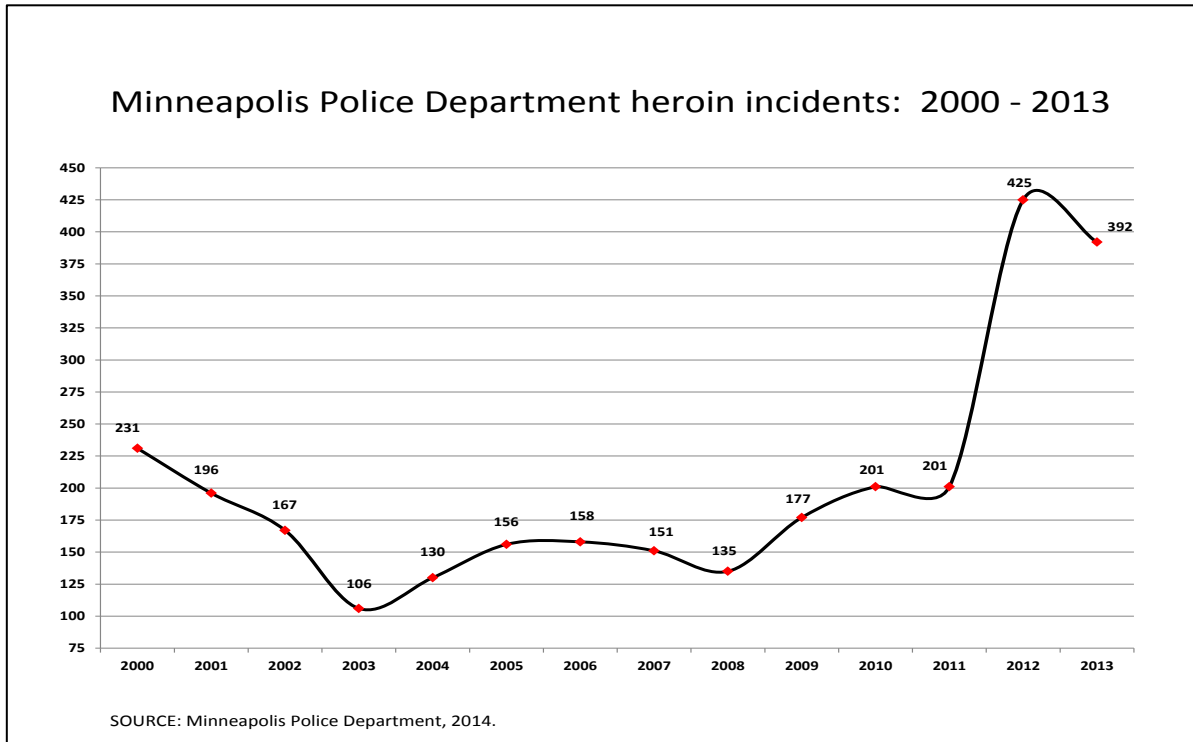


Exhibit 13



## Top ten prescriptions dispensed in Minnesota: March 2014

DRUG	# OF PRESCRIPTIONS	% OF ALL PRESCRIPTIONS
Hydrocodone with acetaminophen	108,498	22
Oxycodone HCL (8.3%) and oxycodone with acetaminophen (9.2%)	87,999	17.5
Dextroamphetamine/amphetamine	50,750	10.1
Zolpidem tartrate	41,166	8.2
Lorazepam	38,557	7.7
Methylphenidate HCL	31,780	6.3
Clonazepam	31,195	6.2
Alprazolam	27,781	5.5
Acetaminophen with codeine	13,177	2.6

SOURCE: Prescription Monitoring Program Monthly Report, Issue 15, Minnesota Board of Pharmacy, March 2014. Total prescriptions dispensed and reported to the Prescription Monitoring Program in March 2014 = 503,613.