Drug Abuse Trends in Minneapolis/St. Paul, Minnesota: June 2010

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ABSTRACT

Heroin and other opiate-related indicators continued significant upward trends in the Minneapolis/St. Paul ("Twin Cities") area in 2009. Treatment admissions for heroin and other opiates combined, more than doubled since 2002, and increased by 35.7 percent from 2008 to 2009 alone. Opiates other than heroin, primarily prescription narcotics that were taken orally, accounted for 8.3 percent of total treatment admissions in 2009, compared with only 1.4 percent in 2000. A record-high number of 1,722 patients reported other opiates as the primary substance problem in 2009, a four-fold increase since 2002. Arrests and seizures of Mexican heroin increased in the Twin Cities and throughout the State. Cocaine-related treatment admissions declined markedly in 2009, and accounted for only 6.4 percent of total addiction treatment admissions, compared with 9.9 percent in 2008. The actual number of cocaine-related admissions fell 58.4 percent from 2005 to 2009. In Hennepin County, cocaine-related deaths fell sharply, from 59 in 2007 to 21 in 2008, and 10 in 2009. Methamphetamine-related indicators continued to decline in 2009, following significant increases from 2000 through 2005. In 2009, 5.7 percent of admissions to Twin Cities area addiction treatment programs were for methamphetamine, compared with 12 percent in 2005. Marijuana continued to account for more admissions to addiction treatment programs than any other illicit drug, with 3,744 admissions in 2009 (18.1 percent of total addiction treatment admissions).

INTRODUCTION

This report contains an analysis of patterns and trends in multiple quantitative indicators related to substance abuse and addiction treatment services in the Minneapolis/St. Paul, Minnesota metropolitan area, including comparisons with state and national data. 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 21 U.S. metropolitan areas. It is available online at *www.dhs.state mn.us/adad.*

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. Recent estimates of the population of each county are as follows: Anoka, 313,197; Dakota, 375,462; Hennepin, 1,239,837; Ramsey, 515,274; and Washington, 213,395; for a total of 2,557,165, or roughly one-half of the Minnesota State population.

Regarding race/ethnicity in the five-county metropolitan area, 84 percent of the population is White. African Americans constitute the largest minority group in Hennepin County, while Asians are the largest minority group in Ramsey, Anoka, Dakota, and Washington Counties.

Outside of the Twin Cities metropolitan area, the State is less densely populated and more rural in character. Minnesota shares an international border with Canada, a southern border with Iowa, an eastern border with Wisconsin, and a western border with North Dakota and South Dakota, two of the country's most sparsely populated States. Illicit drugs are sold and distributed within Minnesota by Mexican drug trafficking organizations, street gangs, independent entrepreneurs, and other criminal organizations. Drugs are typically shipped or transported into the Twin Cities area for further distribution throughout the State. Interstate Highway 35 runs north/south throughout Minnesota, and south to the U.S./Mexican border.

Relative to addiction treatment capacity in the Twin Cities Metropolitan Statistical Area (MSA), in 2008, 137 facilities in offered substance abuse treatment services: 111 facilities offered outpatient care, 52 facilities offered non-hospital residential care, and 6 facilities offered hospital inpatient care. Some facilities offered more than one type of care. Of these 111 outpatient substance abuse treatment facilities, 78 percent provided intensive outpatient services and 32 percent offered day treatment/partial hospitalization. Regular outpatient treatment services were offered by 76 percent of outpatient facilities. Of the 52 residential facilities, 75 percent offered long-term residential treatment (more than 30 days) and 60 percent offered short-term residential treatment (30 days or less).

Opioid treatment programs (OTPs) provide medication-assisted therapy for the treatment of addiction to opiates such as heroin and prescription narcotics. In 2008, 9 of the 137 treatment facilities (7 percent) in the Twin Cities MSA operated OTPs. On a typical day, 2,534 patients at these OTPs received medication-assisted opioid therapy with methadone or buprenorphine.

Almost half (40 percent) of patients in the Twin Cities MSA were self-referred into addiction treatment programs in 2008 (exhibit 1). Additional sources of referral for these patients were criminal justice (24 percent), community organizations (18 percent), substance abuse providers (9 percent), and health care providers (7 percent).

As far as the treatment saturation rate, in 2008 there were 389 clients age 18 and older in addiction treatment per 100,000 population in Minnesota (exhibit 2). This compares with a high of 938 (Maine), and a low of 185 (Arkansas).

Data Sources

Information and data used in this report was obtained from the following sources:

Addiction treatment data on patient characteristics are from addiction treatment programs located in the five-county metropolitan area, as reported on the Drug and Alcohol Abuse Normative Evaluation System (DAANES) of the Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services (through December 2009). Additional comparative 2008 treatment data are from the Treatment Episode Data Set (TEDS). TEDS is a compilation of data on the characteristics of patients admitted for substance abuse treatment that is routinely collected by State administrative systems (DAANES), and submitted to the Office of Applied Studies of the Substance Abuse and Mental Health Services Administration (SAMHSA) in a standard format to enable cross-jurisdictional comparisons. The main substance abused by a patient is known as the "primary substance of abuse." TEDS data encompass data from addiction treatment programs located in the Twin Cities MSA, a geographic entity defined by the U.S. Office of Management and Budget. The "Minneapolis-St. Paul-Bloomington, Minnesota-Wisconsin MSA," also known as the "Twin Cities MSA," includes the following counties in Minnesota: Wright, Washington, Sherburne, Scott, Ramsey, Hennepin, Dakota, Chisago, Carver, and Anoka., and St. Croix and Pierce Counties in Wisconsin.

Addiction treatment facility data are from the 2008 National Survey of Substance Abuse Treatment Services (N-SSATS). This survey is conducted by the Office of Applied Studies of the Substance Abuse and Mental Health Services Administration (SAMHSA), and includes information on the number of patients in treatment at each facility on the survey reference date of March 31, 2008. These data are from addiction treatment programs in the entire Twin Cities MSA.

Mortality data on drug-related deaths are provided by the Hennepin County Medical Examiner (through December 2009). Hennepin County cases include those in which drug toxicity was the immediate cause of death, and those in which the recent use of a drug was listed as a significant condition contributing to the death.

Crime laboratory data are from the National Forensic Laboratory Information System (NFLIS). This system, which began in 1997, is sponsored by the U.S. Drug Enforcement Administration (DEA), and collects solid dosage drug analyses conducted by State and local forensic laboratories across the country on drugs seized by law enforcement (January through December 2009). Data presented here are from the seven-county metropolitan area (Anoka, Dakota, Hennepin, Ramsey, Washington, Scott, and Carver Counties).

Heroin seizure and arrest data are from the various multijurisdictional narcotics task forces that operate throughout the State, compiled by the Office of Justice Programs, Minnesota Department of Public Safety.

Data on selected prescription drug manufacture and distribution by state are from the Automation of Reports and Consolidated Orders System (ARCOS) of the Office of Diversion Control of the U.S. Drug Enforcement Administration for 2008.

Human immunodeficiency virus (HIV) infection data for 2009 are from the Acquired Immune Deficiency Syndrome (AIDS)/HIV Surveillance System of the Minnesota Department of Health.

Additional information came from interviews with treatment program staff, narcotics agents, and school-based drug and alcohol specialists, conducted in May 2010.

DRUG ABUSE PATTERNS AND TRENDS

Cocaine/Crack

The marked decline in persons receiving addiction treatment services for cocaine addiction continued in 2009. In 2009 cocaine was the primary substance problem for 6.4 percent of total treatment admissions (exhibit 3). This compares with 11.6 percent in 2007 and 14.4 percent in 2005. The actual number of admissions to addiction treatment programs for cocaine declined by 58.4 percent from 2005 to 2009 (exhibit 4). Since 2008, treatment admissions for heroin and other opiates combined outnumbered the number of admissions for cocaine.

As in past years, most cocaine treatment admissions in 2009 (78.2 percent), were for crack cocaine (exhibit 5). Almost one-half (48.1 percent) were African American; 37.8 percent were female; and 72.4 percent of patients were age 35 and older.

In both Minnesota and the Twin Cities Metropolitan Statistical Area (MSA), the percent of treatment admission for crack cocaine are less than the percentage nationally (exhibit 6).

In Hennepin County, accidental cocaine-related deaths fell significantly, from 59 in 2007 to 21 in 2008, to 10 in 2009 (exhibit 7). Of these decedents in 2009, 6 were African American, 3 White, and one Hispanic. Three were female, and the average age was 46.5 years.

The Hennepin County Medical Center recently reported 3 confirmed and 2 suspected levamisole-related cocaine cases. Levamisole is a veterinary de-worming medication that is increasingly found as a diluting agent, or adulterant, in cocaine. It has produced darkened, "dead-looking" skin in some instances, and is associated with agranulocytosis, which is a shortage of white blood cells.

Cocaine accounted for 22.2 percent of the drug seizures reported to NFLIS in 2009 (exhibit 8), compared with 28.2 percent in 2008. Gangs in both cities remained involved in the street-level, retail distribution of crack/cocaine.

Heroin/Opiates/Opioids

The abuse of and addiction to heroin and other opiates continued to increase in the Twin Cities and throughout Minnesota. Mexico is the primary source of heroin in this geographic area. Increased addiction to prescription narcotics may also increase the likelihood of more prevalent future heroin problems, if those addicted to prescription narcotics can find heroin as a more affordable and available alternative.

Treatment admissions reporting heroin and other opiates as the primary substance problem continued to climb in the Twin Cities, a trend that began in 2000. The number of treatment admissions for heroin and other opiates combined rose 35.7 percent from 2008 to 2009 alone (exhibit 9).

Heroin accounted for 8 percent of total addiction treatment admissions in 2009, compared with 6.7 percent in 2008, and 3.3 percent in 2000. Of the patients admitted to Twin Cities area addiction treatment programs with heroin as the primary substance problem in 2009, very few (0.9 percent) were younger than 18, and injecting was the most common route of administration (62.7 percent). Females accounted for 33.6 percent of patients, Whites for 62.8 percent, and almost one-half (48.5 percent) were age 35 and older (exhibit 5).

Opiates other than heroin ("other opiates") include prescription narcotic analgesics (painkillers). Other opiates were reported as the primary substance problem by a record-high number of 1,722 patients in the Twin Cities in 2009. These account for 8.3 percent of total treatment admissions in 2009, compared with 6.2 percent in 2008,

and 1.4 percent in 2000. The majority of patients were White (80.5 percent); almost one-half were females (45.9 percent); and 41.2 percent were age 35 and older (exhibit 5). The most common route of administration was oral (71.7 percent).

Opiate-related deaths in Hennepin County fell slightly to 77 in 2009, compared with 84 in 2008 and 67 in 2007. Of these cases, 21 involved methadone, 8 oxycodone, and 5 fentanyl. Six cases involved the simultaneous use of benzodiazepines, and 4 the simultaneous use of cocaine.

Heroin accounted for 4.0 percent of the drug samples analyzed by NFLIS in 2009, compared with 2 percent in 2008. Oxycodone accounted for 2.6 percent.

All levels of law enforcement reported an increase in the seizure of both heroin and prescription drugs. During 2008, the Minnesota Drug Task Forces made 50 arrests for heroin. In 2009 and the first quarter of 2010, 125 arrests were made statewide, an increase of 150 percent. In 2008, the Minnesota Drug Task Forces seized 371 grams of heroin. In 2009 and the first quarter of 2010, 800 grams were seized, an increase of 116 percent.

Manufacturers and distributors of bulk and/or dosage form controlled substances must report inventories, acquisitions, and dispositions of all substances in Schedules I and II, and narcotic and GHB substances in Schedule III (see 21 CFR §1308 Schedule of Controlled Substances). Nationwide about 1,100 distributors and manufacturers report to the Automation of Reports and Consolidated Order System (ARCOS) of the Drug Enforcement Administration (DEA). These 1,100 are just a small part of the over 1,000,000 registrants in the DEA's Controlled Substances Act (CSA) data base. Exhibits 10 – 13 present the cumulative distribution by state in grams of various prescription narcotics in 2008, including hydrocodone, oxycodone, codeine, and methadone (excluding narcotic treatment programs).

A small portion of Minnesota's Hmong immigrant population smokes opium. Packages concealing opium continued to be shipped from Asia to the Twin Cities and intercepted by U.S. Customs.

Methamphetamines/Other Stimulants

In the wake of rising consequences related to increased methamphetamine manufacture, abuse, and addiction from 2000 through 2005, notable downward trends continued into 2009.

Methamphetamine-related admissions to addiction treatment programs accounted for 5.7 percent of total treatment admissions in the Twin Cities in 2009, compared with 6 percent in 2008, and 12.0 percent in 2005. The actual number of patients in 2009, however, rose slightly (exhibit 14).

Of the 1,169 methamphetamine-related treatment admissions in 2009, 85.1 percent were White, and 36.6 percent were women (exhibit 5). Asians accounted for 3.9 percent and Hispanics 3.9 percent. Smoking was the most common route of administration (70.6 percent). In 2009, only 1.5 percent of the methamphetamine patients were younger than 18, compared with a high of 11.5 percent in the first half of 2005.

In 2009 in Hennepin County there were 7 methamphetamine-related deaths in 2009, compared with 10 in 2008. Seizures of methamphetamine by law enforcement accounted for 24.4 percent of the samples reported to NFLIS in 2009, compared with 26.5 percent in 2008, and 51.0 percent in 2005 (exhibit 8).

Khat, a plant indigenous to East Africa and the Arabian Peninsula and used for its stimulant effects in East Africa and the Middle East, maintained a hidden presence within the Somali immigrant community in the Twin Cities. Its active ingredients, cathinone and cathine, are controlled substances in the United States.

Cathinone, a Schedule I drug, is present only in the fresh leaves of the flowering plant and converts to the considerably less potent cathine in approximately 48 hours. Users chew the leaves, smoke it, or brew it in tea.

Methylphenidate (Ritalin®), a prescription drug used in the treatment of attention deficit hyperactive disorder, is also abused nonmedically to increase alertness and suppress appetite by some adolescents and young adults. Crushed and snorted or ingested orally, each pill sold for $5, or was simply shared with fellow middle school, high school, or college students at no cost. It is sometimes known as a "hyper pill" or "the study drug."

Marijuana

Marijuana treatment admissions still accounted for more addiction treatment admissions than any other illicit drug in the Twin Cities, with 3,744 admissions in 2009 (18.1 percent of total treatment admissions). Of these, 29.1 percent were younger than 18; 38.2 percent were age 18–25; and only 14.0 percent were age 35 and older. Only 20.8 percent were female (the lowest percentage of females in any drug category); 54.1 percent were White, 30.5 percent were African American, 5.8 percent were Hispanic, and 3.3 percent were American Indian (exhibit 5).

Marijuana/cannabis accounted for 27.8 percent of drug samples reported to NFLIS in 2009, virtually unchanged from 2008. Marijuana sold for $5 per joint. Marijuana joints dipped in formaldehyde, which is often mixed with phencyclidine (PCP), are known as "wet sticks," "water," or "wet daddies." Joints containing crack are known as "primos."

Club Drugs/Hallucinogens

The drug 3,4-methylenedioxymethamphetamine, known as MDMA or ecstasy, "X," or "e," sold for $20 per pill. MDMA accounted for 4.7 percent of drugs samples in 2009 according to NFLIS, compared with 4.1 percent in 2008.

"K2" is the name of an unregulated, legal, herbal mixture sold in "head shops" as a smokable, mood-altering substance with effects similar to marijuana. In May 2010, several high school students in a northern suburb reported adverse effects due to inhalation of K2. One student experienced seizures from the incident according to a local news report.

Salvia divinorum (a plant) and salvinorin A, produce short-acting hallucinogenic effects when chewed, smoked or brewed in tea. These are most often used by adolescents and young adults. Effective August 1, 2010 the sale or possession of these in Minnesota will be a gross misdemeanor.

Lysergic acid diethylamide (LSD 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.

Gamma hydroxybutyrate (GHB), a concentrated liquid abused for its stupor-like depressant effects, is also used as a predatory, knockout, drug-facilitated rape drug. Ketamine, also known as "Special K," is a veterinary anesthetic that first appeared as a drug of abuse among young people in Minnesota in 1997. Reports of GHB and ketamine remain very rare in recent years, however.

Dextromethorphan (also known as "DXM") is the active cough suppressant ingredient in Coricidin HBP Cough and Cold® (known as "Triple Cs") and Robitussin®. Over-the-counter cough and cold products that contain dextromethorphan continued to be abused sporadically, mostly by adolescents, for their hallucinogenic effects by ingesting doses many times in excess of the recommended amount. Excessive dosages produce long-acting hallucinations, altered time perception, slurred speech, profuse sweating, uncoordinated movements, and high blood pressure.

Alcohol

Alcohol remained the most widely abused substance. Roughly one-half of the total admissions to addiction treatment programs (51.8 percent) reported alcohol as the primary substance problem in 2009. Over one-half (58.2 percent) were age 35 and older; 2.4 percent were under the age of 18; and 75.6 percent were White.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

As of December 31, 2009, a cumulative total of 9,163 persons had been diagnosed and reported with HIV infection in Minnesota. Of these 3,508 had been diagnosed with HIV infection (non-AIDS), 5,655 progressed to AIDS, and 3,056 were known to be deceased. Due to people who were diagnosed elsewhere and moved to Minnesota, or were diagnosed in Minnesota but subsequently moved away from Minnesota, there were an estimated 6,552 people currently living in Minnesota with HIV/AIDS as of December 31, 2009. Most HIV infections diagnosed in Minnesota in 2009 were in the Minneapolis/ St. Paul area (exhibits 15 and 16).

Regarding exposure categories for Minnesota cases of HIV infection, there were differences among gender and race/ethnicity groups. For example, in 2009 male-to-male sex (MSM or MSM/injection drug use (IDU)) accounted for an estimated 94 percent of White male cases, but only 64 percent of non-White male cases. The male cases that identified IDU as a risk factor were 17 percent for African Americans, 12 percent for Hispanics, and 13 percent for American Indians. The comparable percentages among Asian, White, and African-born males were 4 percent, 3 percent, and 1 percent respectively.

Across all race/ethnicity groups, females most often reported heterosexual contact as the mode of HIV exposure. Injection drug use was reported as a primary mode of exposure in 22 percent of American Indian females, 18 percent of African American females, 17 percent of White females, 13 percent of Hispanic females, and only 3 percent of Asian females.

The level of hepatitis C virus (HCV), a blood-borne liver disease, remained elevated among injection drug abusers.

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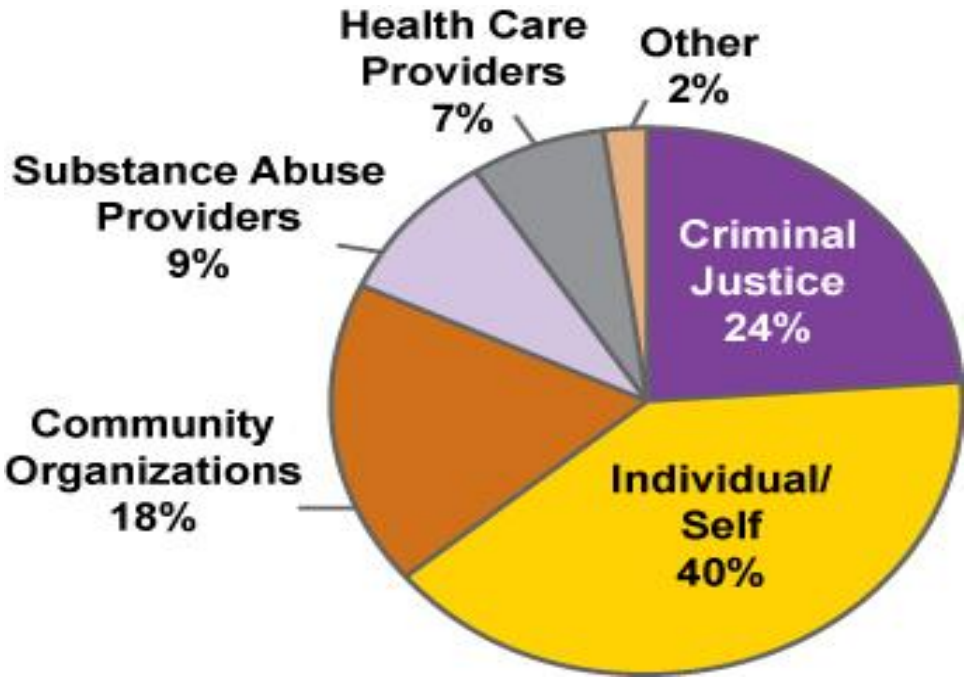
EXHIBIT 1

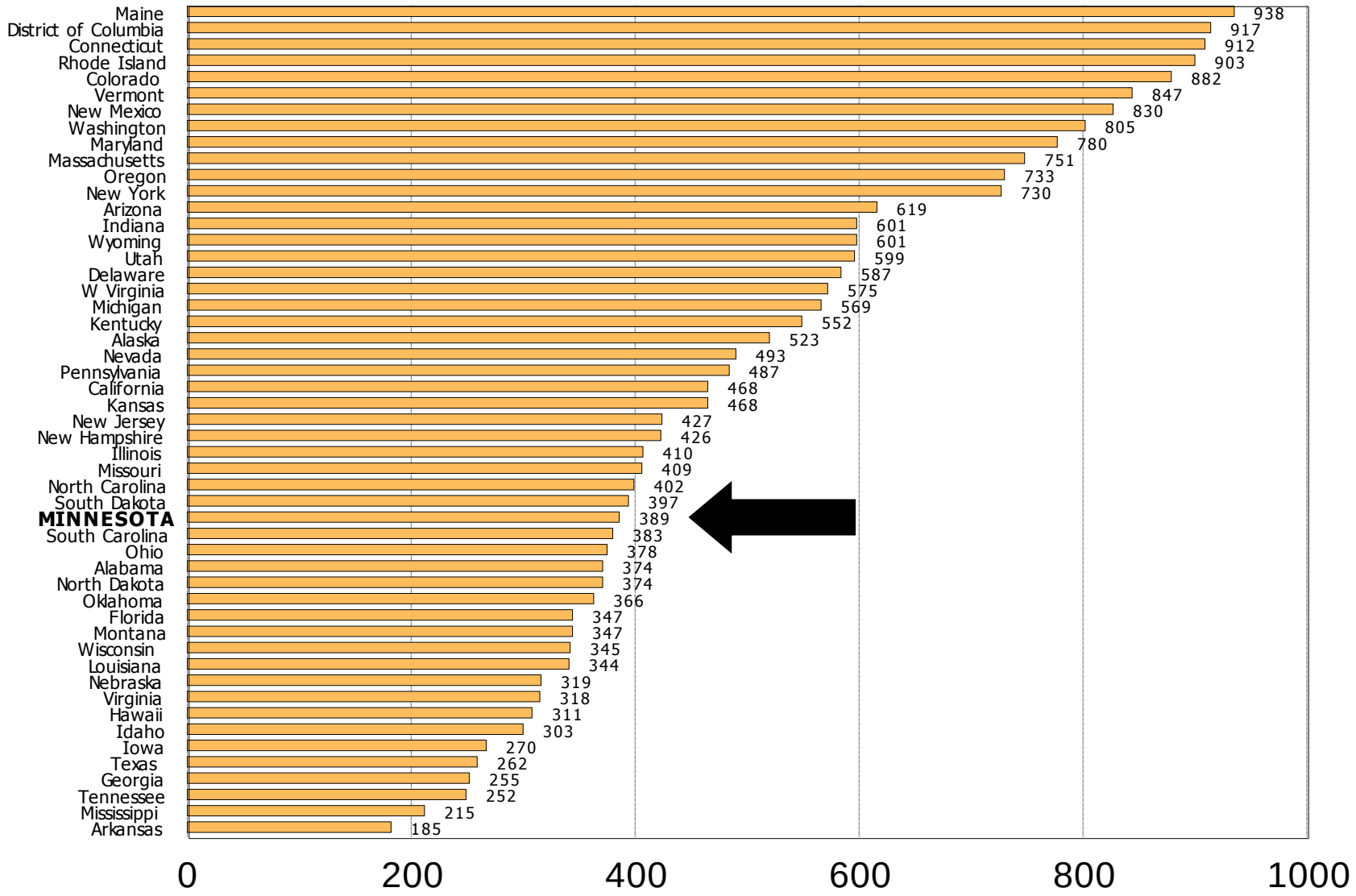
Sources of referral to addiction treatment services: Minneapolis - 2008



SOURCE: Treatment Episode Data Set (TEDS), Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Metro Brief, Minneapolis, 2010.

EXHIBIT 2

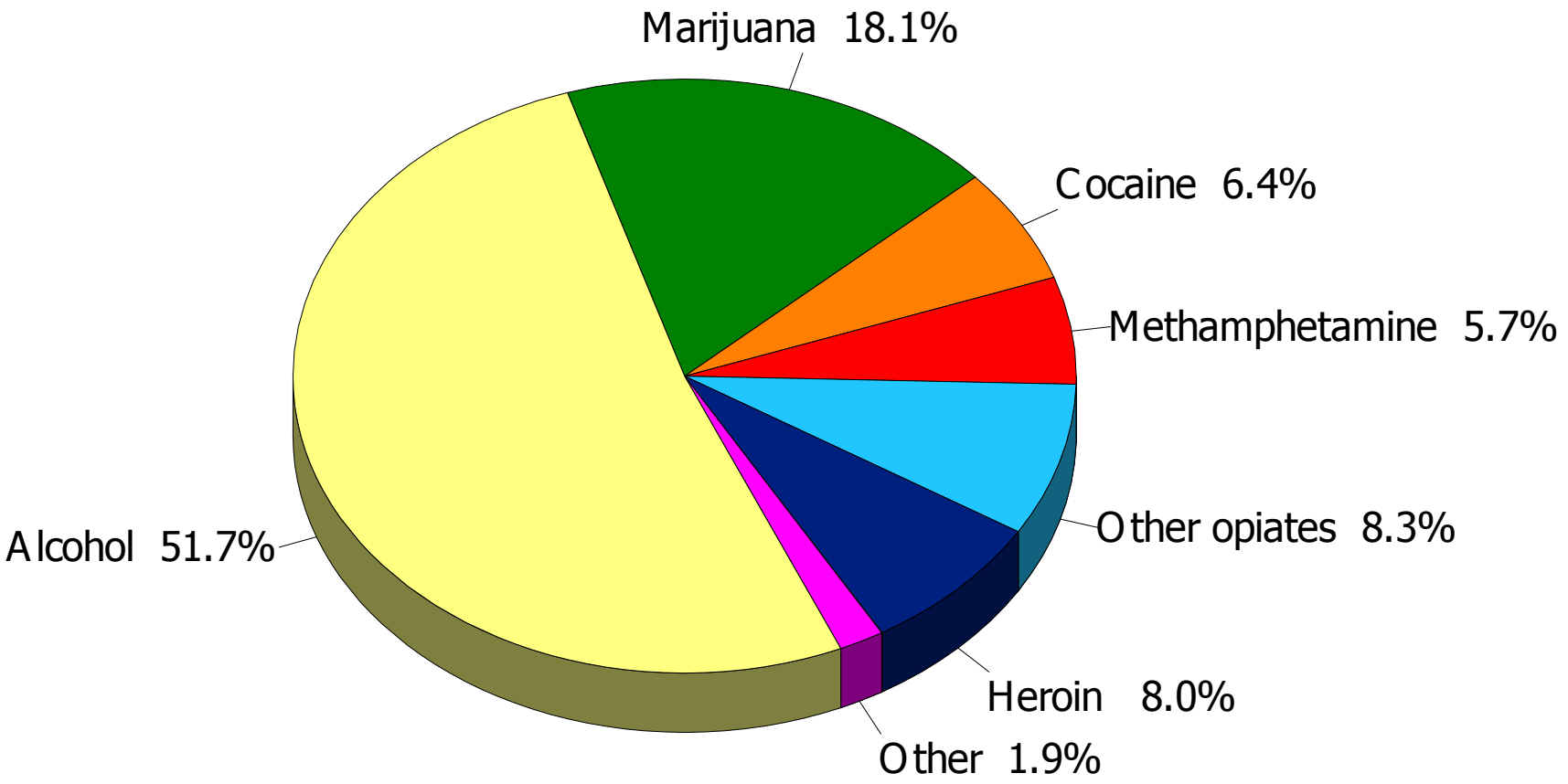
Clients (age 18 and over) in addiction treatment programs per 100,000 population by state: 2008



SOURCE: 2008 National Survey of Substance Abuse Treatment Services (N-SSATS), Office of Applied Studies, Substance Abuse and Mental Health Services Administration, 2010.

EXHIBIT 3

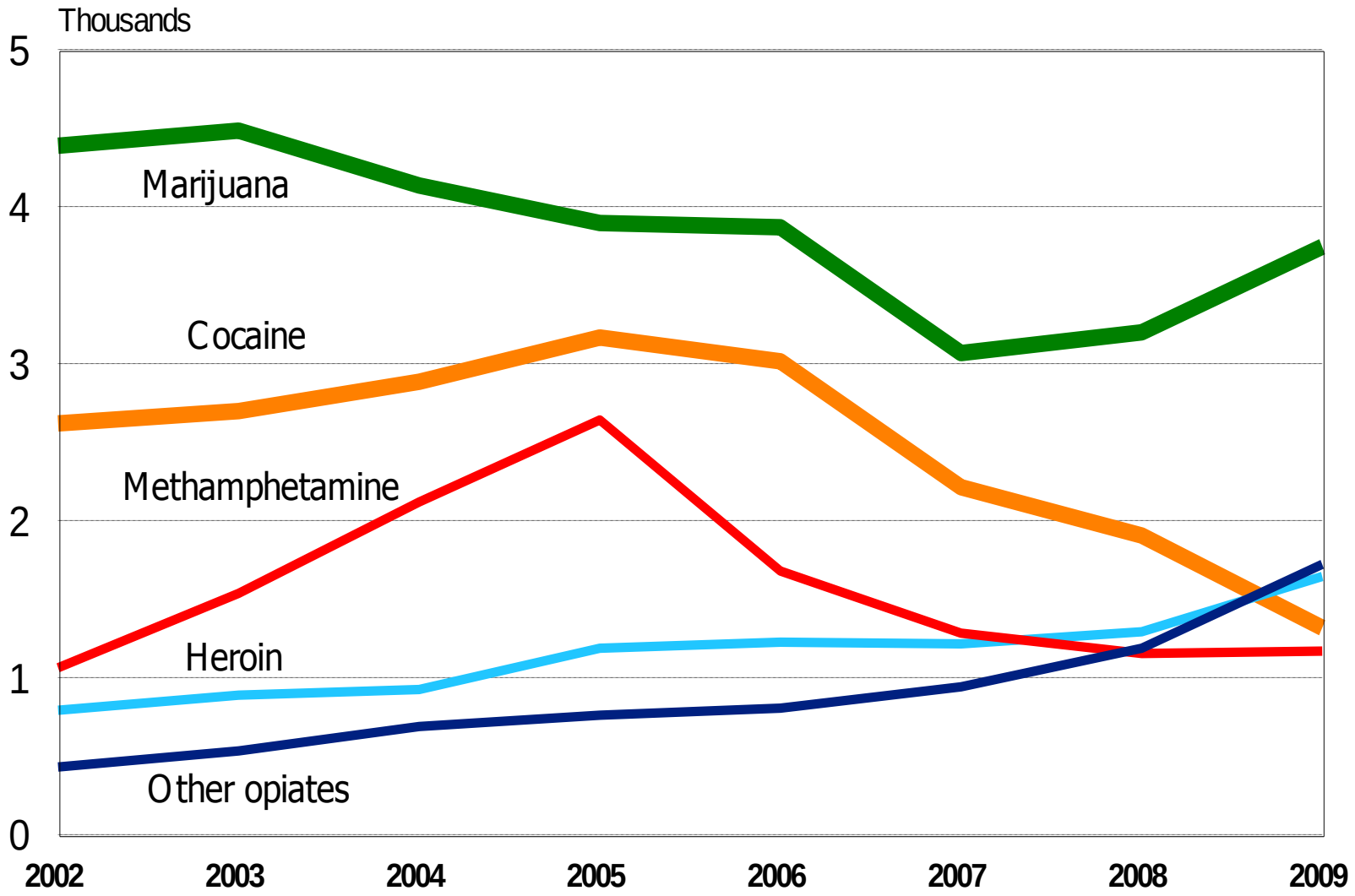
Percent of admissions to Twin Cities addiction treatment programs by primary substance problem - 2009



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2010.

EXHIBIT 4

Number of non-alcohol admissions to Twin Cities addiction treatment programs by primary substance problem 2002 - 2009



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2010.

EXHIBIT 5

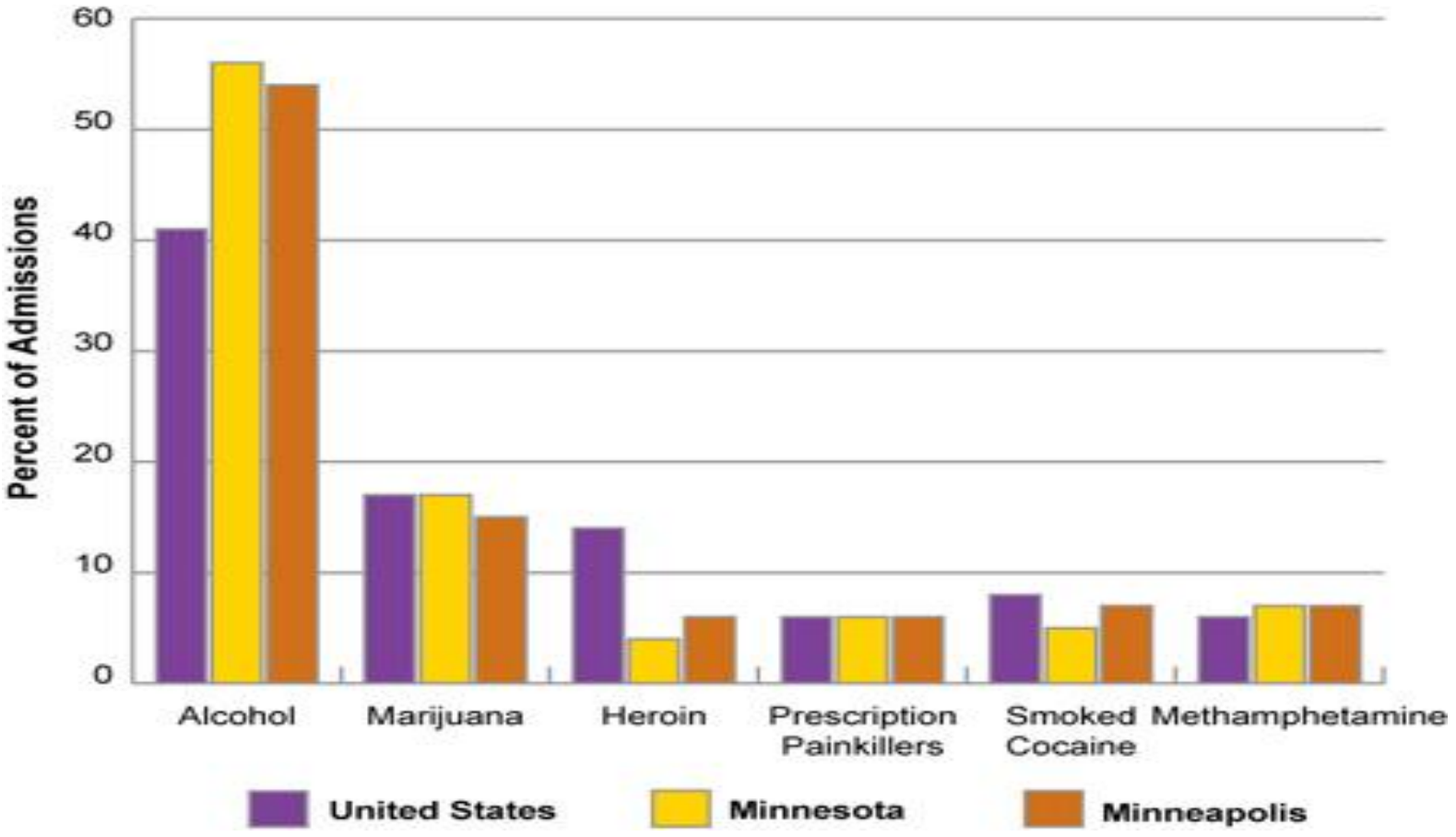
Characteristics of patients admitted to Twin Cities area addiction treatment programs by primary substance problem – 2009

Total Admissions (N = 20,645)	**Alcohol** n = 10,684 51.8 %	**Marijuana** n = 3,744 18.1 %	**Cocaine/Crack** n = 1,317 6.4 %	**Methamphetamine** n = 1,169 5.7 %	**Heroin** n = 1,644 8.0 %	**Other Opiates** n = 1,722 8.3 %
GENDER						
Male	68.9	79.2	62.2	63.4	66.4	54.1
Female	31.1	20.8	37.8	36.6	33.6	45.9
RACE/ETHNICITY						
White	75.6	54.1	40.6	85.1	62.8	80.5
African-American	12.7	30.5	48.1	1.5	27.9	4.2
Hispanic	4.5	5.8	3.6	3.9	2.6	2.4
A Indian/ Other	3.7	3.3	3.8	2.0	4.7	8.7
Asian	1.2	1.6	0.5	3.9	0.3	2.1
Other	2.3	4.7	3.4	3.5	1.6	1.9
AGE						
17 and younger	2.4	29.1	0.9	1.5	0.9	2.8
18–25	17.8	38.2	8.5	26.1	25.5	26.0
26–34	21.6	18.8	18.1	34.7	25.1	30.1
35 and older	58.2	14.0	72.4	37.6	48.5	41.2
ROUTE OF ADMINISTRATION						
Smoking			78.2	70.6	4.7	3.4
Sniffing			19.0	6.8	30.7	12.8
Injecting			1.4	14.7	62.7	10.0
Oral			0	6.1	0	71.7
Other/Unknown			1.4	1.9	1.9	2.0

SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2010.
Methamphetamine category includes amphetamines. Percentages do not add to 100 due to "other" category (2%) which is not displayed.

EXHIBIT 6

Primary substances of abuse among addiction treatment admissions: United States, Minnesota, and Minneapolis - 2008



SOURCE: Treatment Episode Data Set (TEDS), Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Metro Brief, Minneapolis, 2010.

EXHIBIT 7

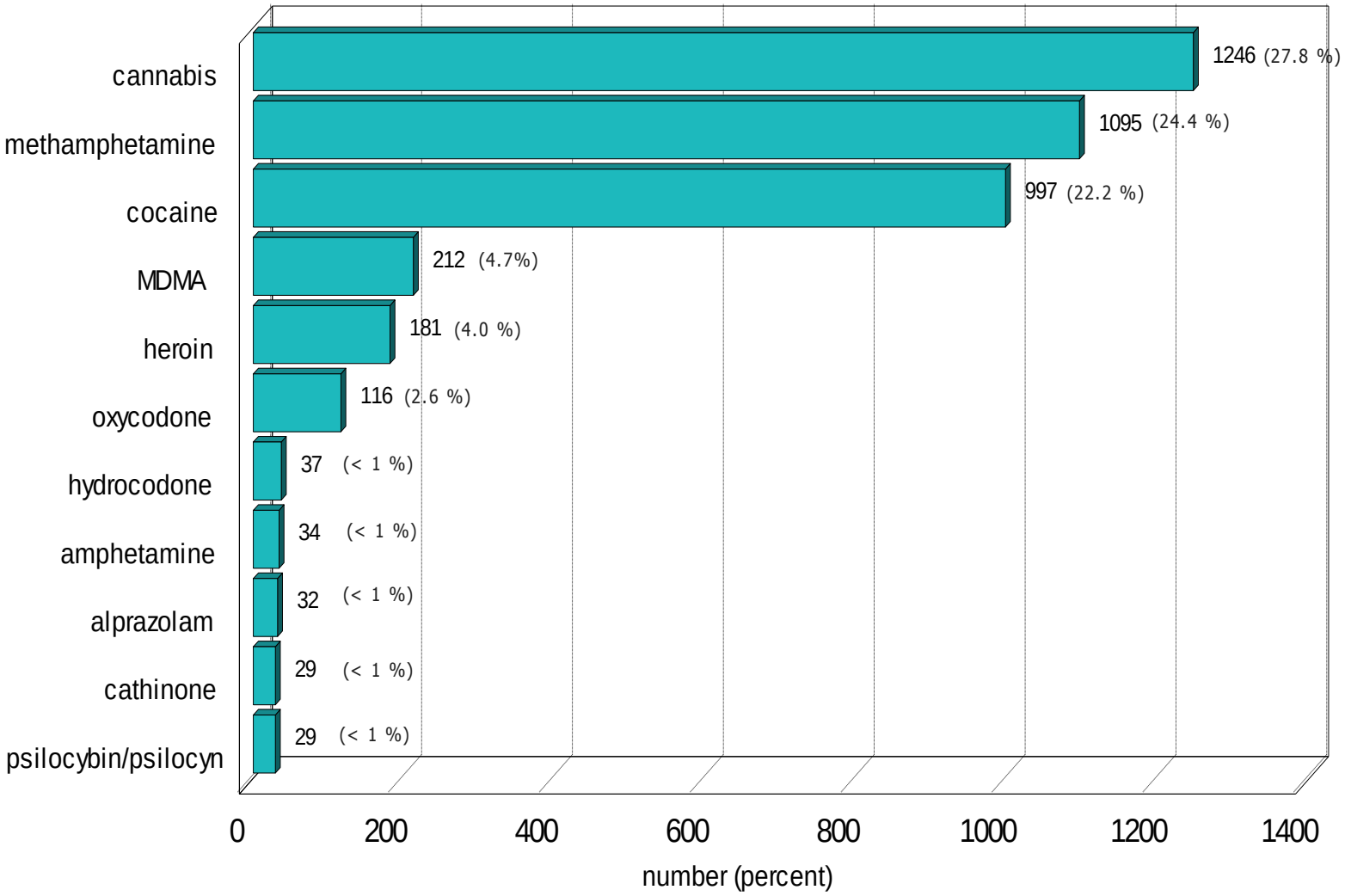
Drug-related deaths in Hennepin County
2000 - 2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
cocaine	43	37	34	44	39	50	48	59	21	10
opiates	41	58	59	50	47	60	69	67	84	77
meth	6 (includes 3 MDMA)	8 (includes 1 MDMA)	11 (includes 3 MDMA)	15 (includes 1 MDMA)	19 (includes 8 MDMA)	10 (includes 3 MDMA)	8 (includes 1 MDMA)	6 (includes 2 MDMA)	9 (includes 1 MDMA)	6 (includes 1 MDMA)

SOURCE: Hennepin County Medical Examiner, 2010.

EXHIBIT 8

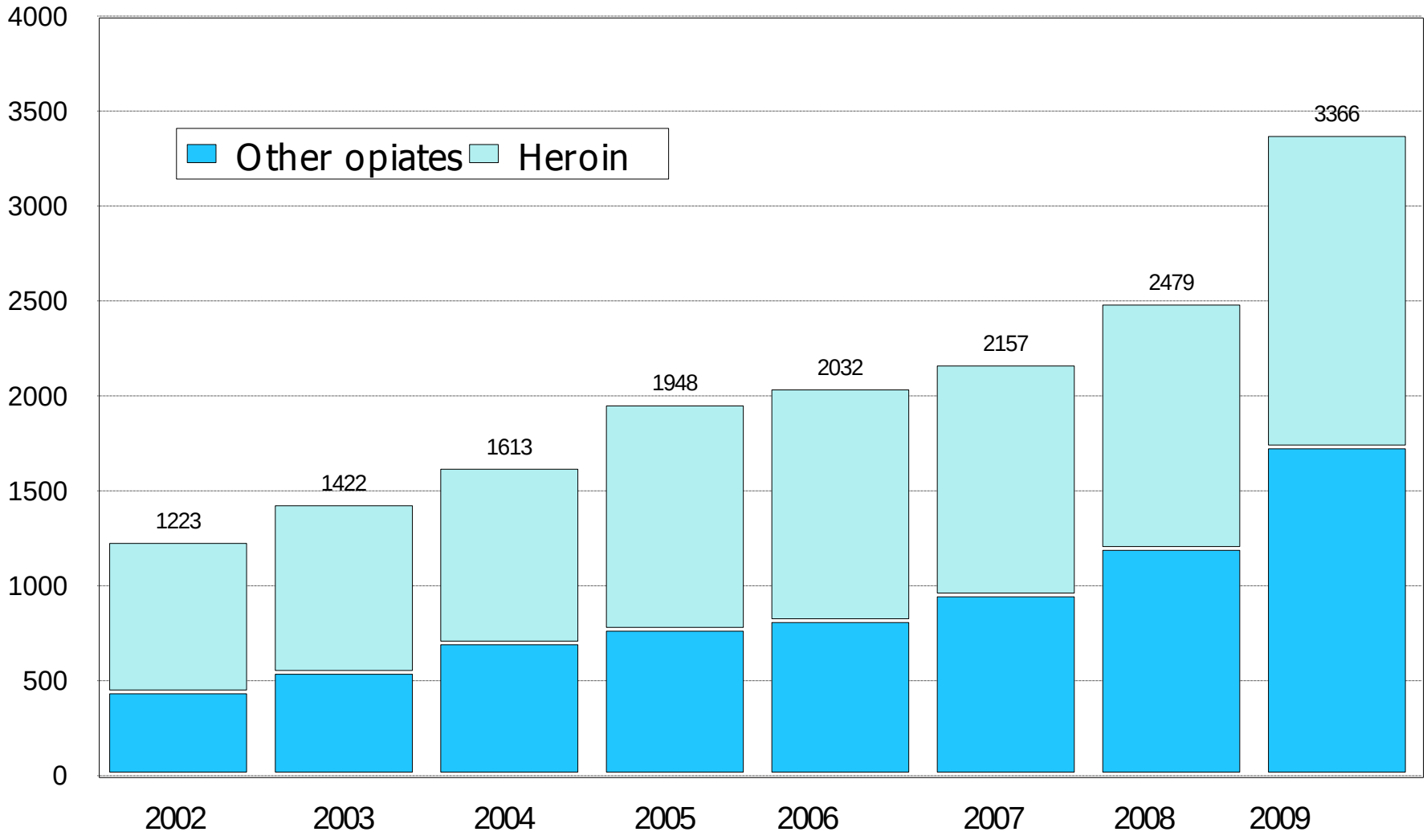
Most frequently identified drugs of total analyzed drug items in the Twin Cities - 2009



SOURCE: National Forensic Laboratory Information System (NFLIS), U.S. Drug Enforcement Administration, 2010. Twin Cities metropolitan area includes the counties of Hennepin, Ramsey, Dakota, Washington, Anoka, Scott and Carver. Excludes 475 "other" items.

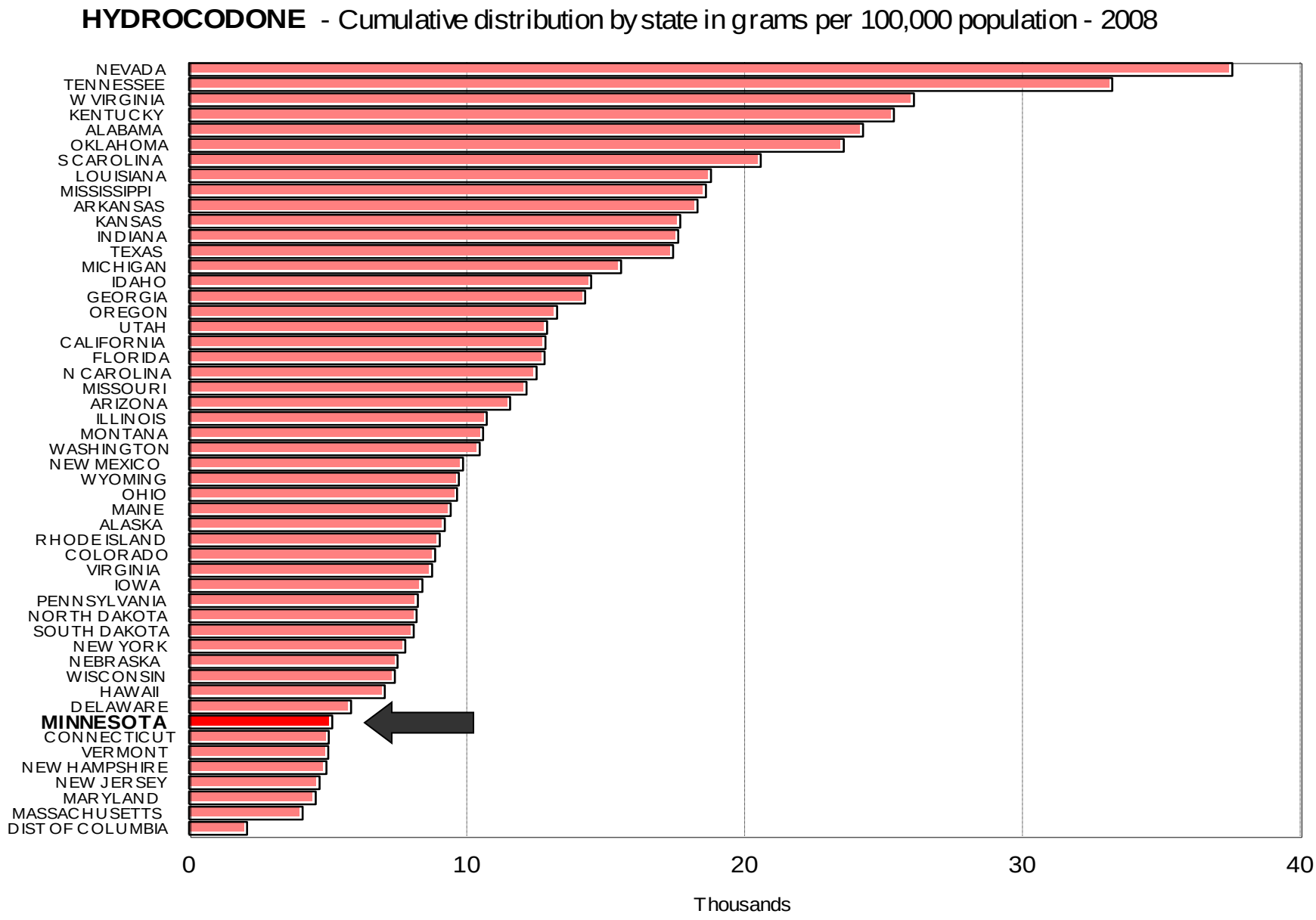
EXHIBIT 9

Number of admissions to Twin Cities addiction treatment programs with heroin and other opiates as the primary substance problem 2000 - 2009



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2010.

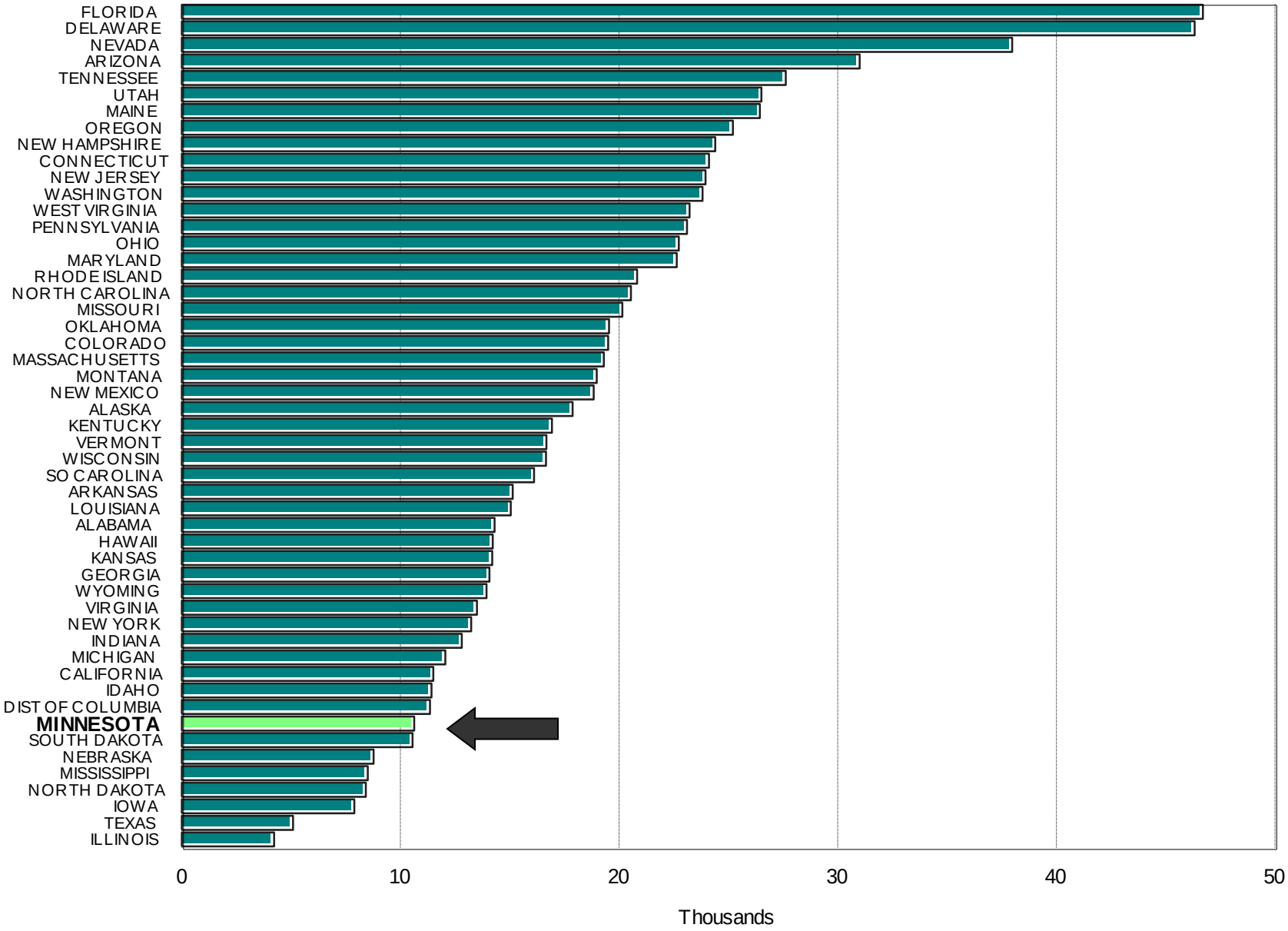
EXHIBIT 10



SOURCE: US Department of Justice, Drug Enforcement Administration, Office of Diversion Control, ARCOS, run 7/9/2009. Reporting period: 1/1/2008 - 12/31/2008

EXHIBIT 11

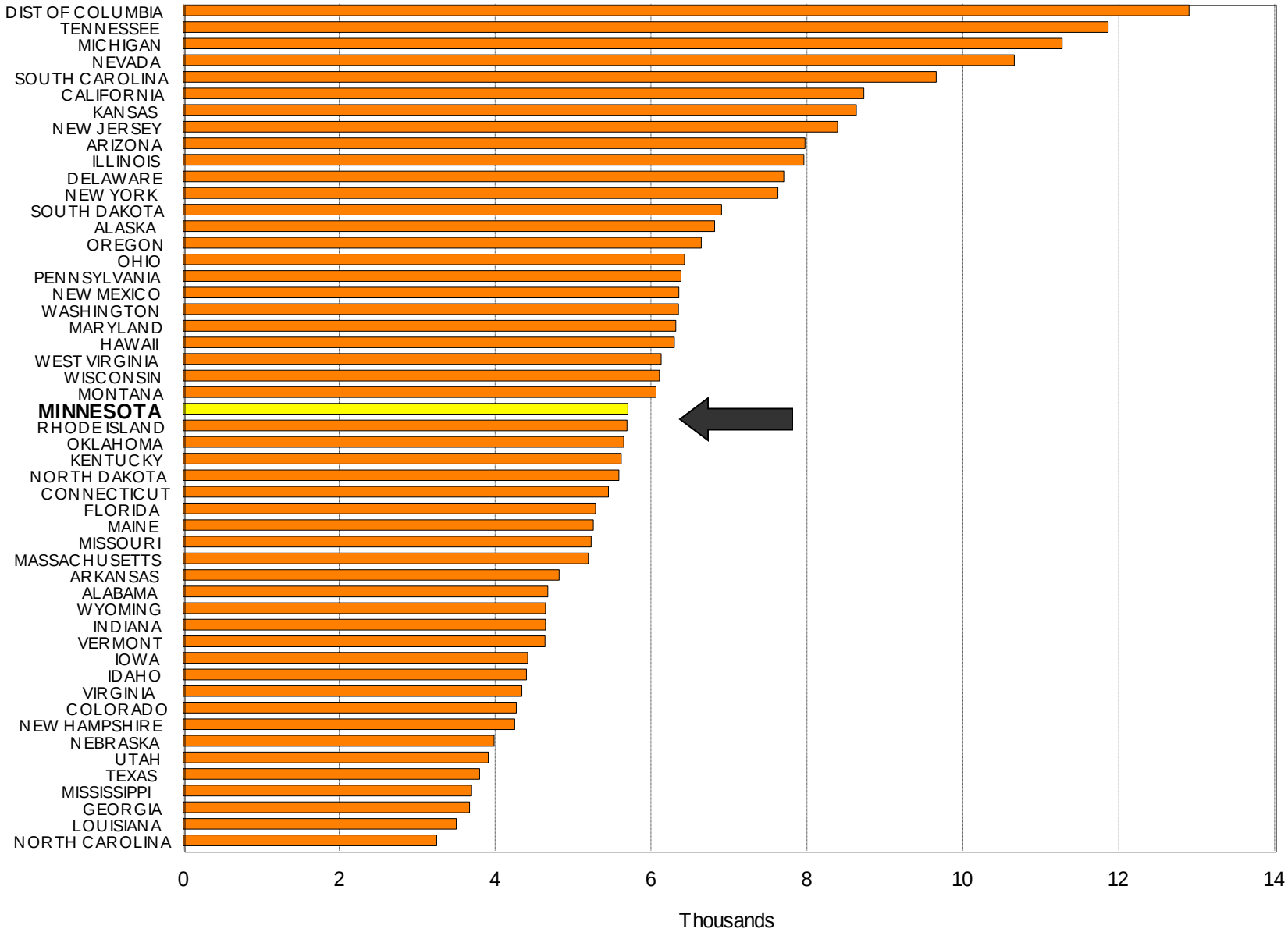
OXYCODONE - Cumulative distribution by state in grams per 100,000 population - 2008



SOURCE: US Department of Justice, Drug Enforcement Administration, Office of Diversion Control, ARCOS, run 7/9/2009. Reporting period: 1/1/2008 - 12/31/2008

EXHIBIT 12

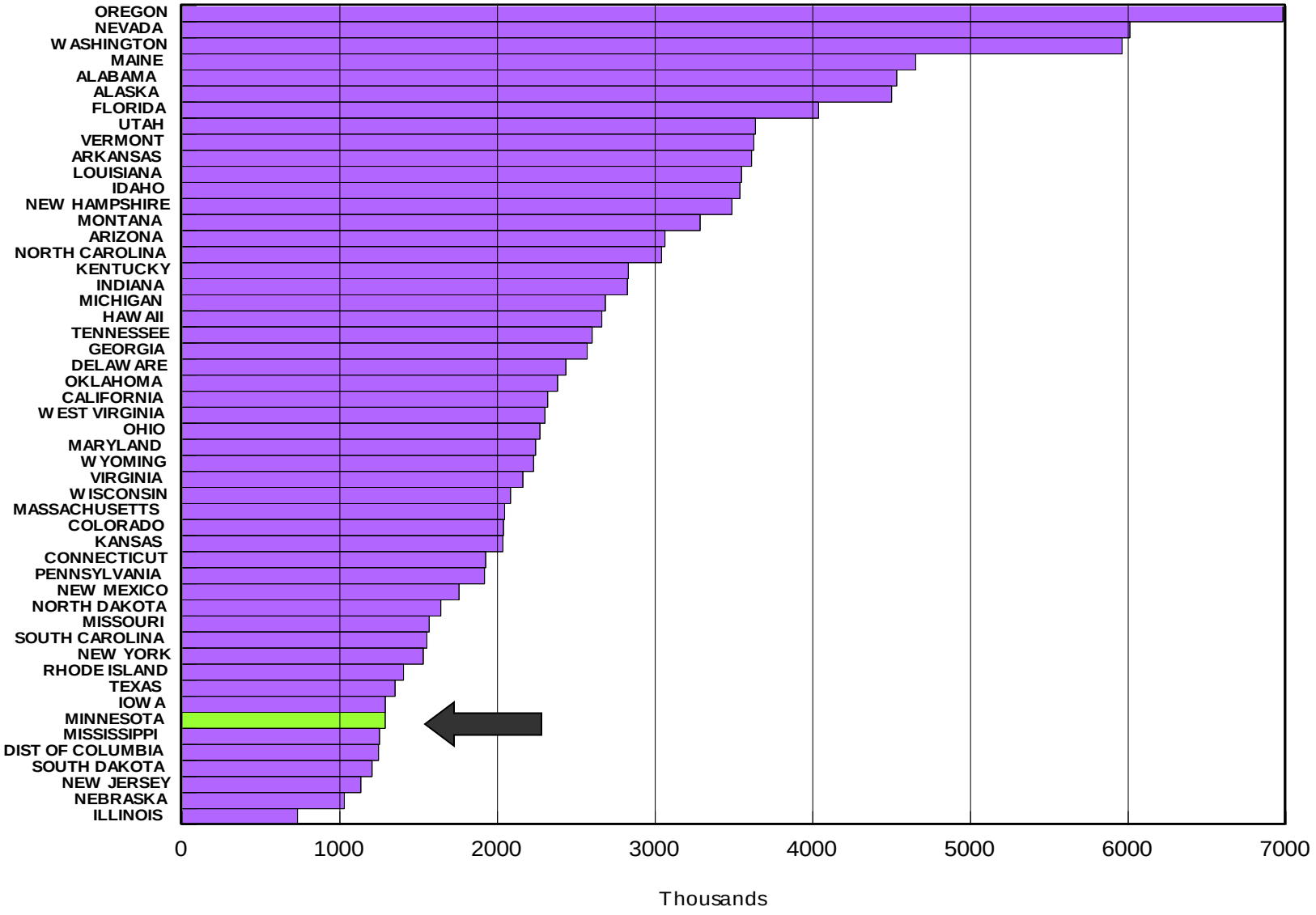
CODEINE - Cumulative distribution by state in grams per 100,000 population - 2008



SOURCE: US Department of Justice, Drug Enforcement Administration, Office of Diversion Control, ARCOS, run 7/9/2009. Reporting period: 1/1/2008 - 12/31/2008

EXHIBIT 13

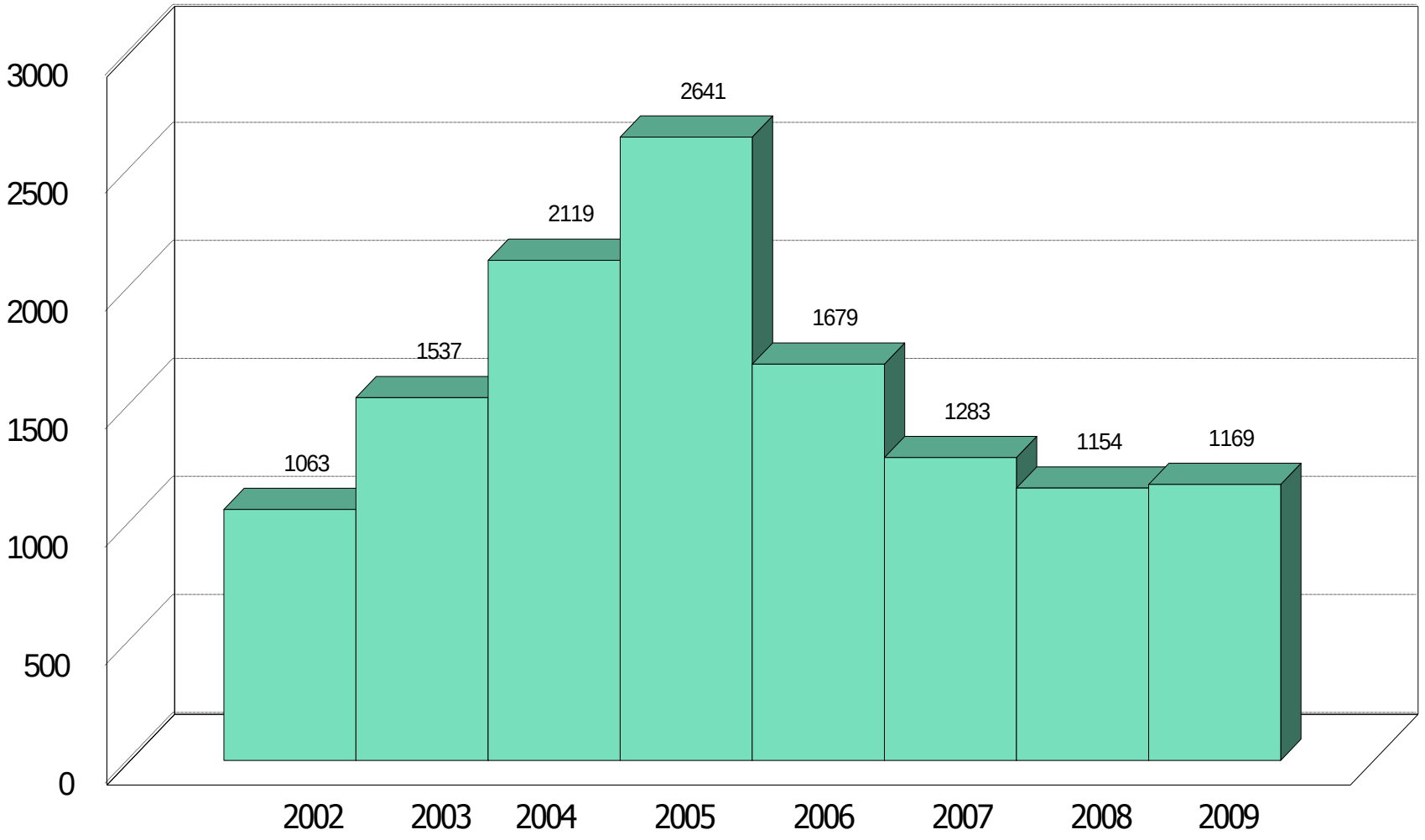
METHADONE - Cumulative distribution by state in grams per 100,000 population - 2008



SOURCE: US Department of Justice, Drug Enforcement Administration, Office of Diversion Control, ARCOS, run 7/9/2009. Reporting period 1/1/2008 - 12/31/2008. Excludes Narcotic treatment programs (NTPS).

EXHIBIT 14

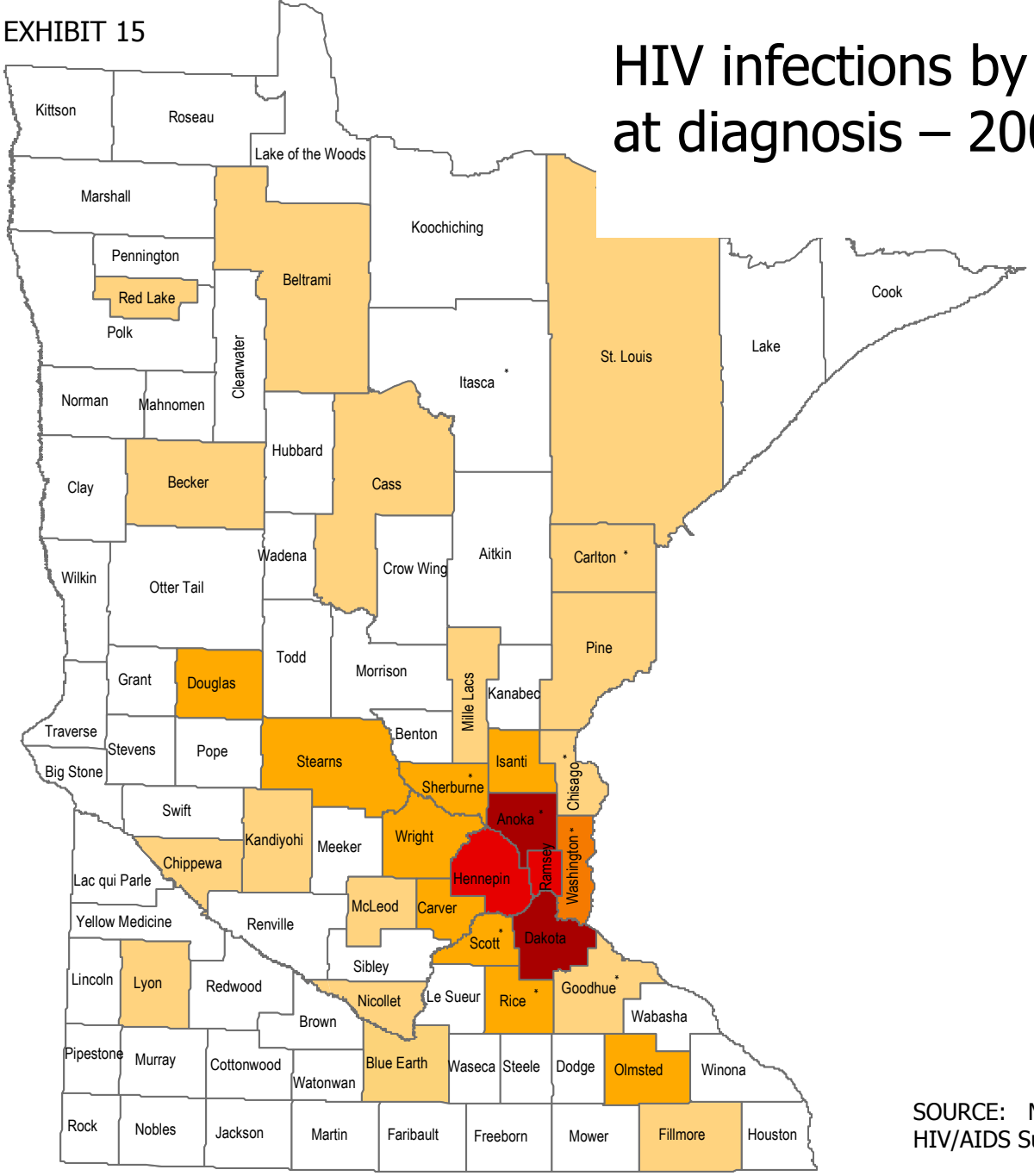
Number of admissions to Twin Cities addiction treatment programs with methamphetamine as the primary substance problem: 2002 - 2009



SOURCE: Minnesota Department of Human Services, Drug and Alcohol Abuse Normative Evaluation System (DAANES), May 2010.

EXHIBIT 15

HIV infections by county of residence at diagnosis – 2009



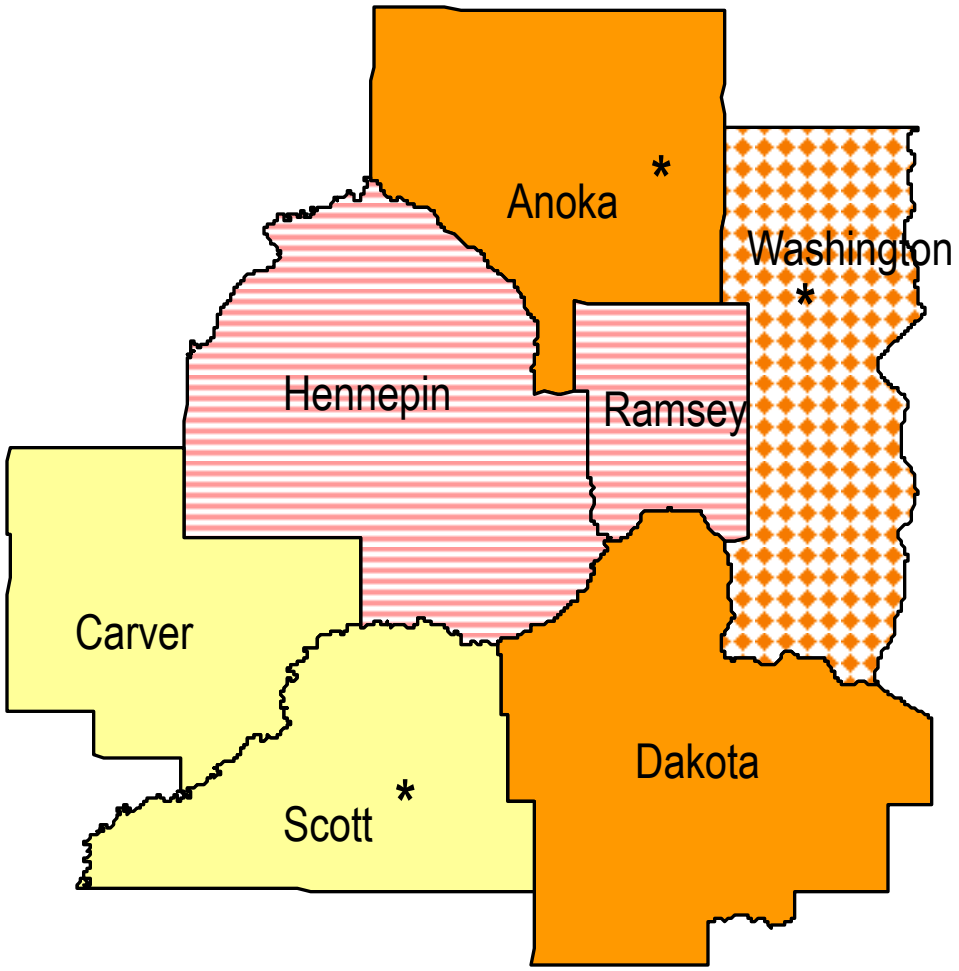
Number of Infections

- none
- 1-2
- 3 - 6
- 7 - 15
- 16 - 54
- 55 - 191

SOURCE: Minnesota Department of Health. Minnesota HIV/AIDS Surveillance System, 2010.

EXHIBIT 16

Twin Cities area HIV infections by county of residence at diagnosis - 2009



Number of Infections

- 3 - 6
- 7 - 15
- 16 - 54
- 55 - 191

City of Minneapolis – 119
City of St. Paul – 52
Suburban – 148

SOURCE: Minnesota Department of Health. Minnesota HIV/AIDS Surveillance System, 2010.

* Counties in which a state correctional facility is located

7-county metro area, excluding the cities of Minneapolis and St. Paul