Minnesota

Drug Threat Assessment

UPDATE

June 2002

National Drug Intelligence Center
U.S. Department of Justice

Preface

This report is a brief update to the *Minnesota Drug Threat Assessment*, which is a strategic assessment of the status and outlook of the drug threat to Minnesota. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data. NDIC anticipates that this update will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels.

The *Minnesota Drug Threat Assessment* was produced in August 2001 and is available on NDIC's web site www.usdoj.gov/ndic or by contacting the NDIC dissemination line at 814-532-4541.

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Minnesota Drug Threat Assessment Update

Overview

The distribution and abuse of illicit drugs pose a serious threat to the safety and welfare of Minnesota residents. Illicit drugs are transported into Minnesota for distribution and through the state for distribution in other areas. While most of the illicit drugs available in Minnesota are transported from Mexico and southwestern states, Minnesota also is vulnerable to drugs smuggled across the U.S.–Canada border, particularly marijuana and MDMA. Mexican drug trafficking organizations (DTOs), criminal groups, outlaw motorcycle gangs (OMGs), street gangs, and local independent dealers distribute drugs within the state.

Cocaine, which is readily available and frequently abused, poses the most serious illicit drug threat to Minnesota. Methamphetamine, the next greatest drug threat, is increasingly available and its production is expanding throughout the state. The abuse of heroin abuse poses an increasing threat. Marijuana is the most widely available and commonly abused drug in Minnesota. Other dangerous drugs such as MDMA, GHB, LSD, and diverted pharmaceuticals are emerging threats to the state.

Cocaine

Cocaine, both powdered and crack, poses a serious concern to law enforcement and health-care professionals, particularly in urban areas. According to the Treatment Episode Data Set (TEDS), cocaine-related treatment admissions to publicly funded facilities in Minnesota increased from 4,457 in 1994 to a high of 5,020 in 1998, then decreased to 4,194 in 2000. (See Table 1 on page 2.) Despite this decrease, in 1999, the most recent year for which nationwide data are available, the number of cocaine-related treatment admissions per 100,000 population in Minnesota (121) exceeded the number per 100,000 nationwide (104). According to the Drug Abuse Warning Network (DAWN), cocaine-related emergency department (ED) mentions in

Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities, Minnesota, 1994–2000

	Cocaine	Methamphetamine	Heroin	Marijuana
1994	**4,457**	**478**	**459**	**4,077**
1995	**4,384**	**940**	**636**	**5,791**
1996	**4,204**	**673**	**645**	**6,211**
1997	**4,740**	**1,510**	**954**	**7,444**
1998	**5,020**	**1,575**	**887**	**7,512**
1999	**4,779**	**1,169**	**987**	**7,655**
2000	**4,194**	**1,698**	**985**	**8,050**

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set.

Minneapolis increased from 674 in 1996 to 841 in 2000; there were more ED mentions associated with cocaine than with any other illicit drug. In Minneapolis-St. Paul the number of deaths in which cocaine was a factor decreased from 33 in 1999 to 28 in 2000, according to DAWN mortality data. Despite this decrease, cocaine was a factor in more deaths than any other illicit drug.

Cocaine is widely available throughout Minnesota. According to the U.S. Sentencing Commission (USSC), the number of cocaine-related federal sentences in fiscal year (FY) 2000 (99) exceeded the number in FY1996 (74). According to DEA, in the first quarter of FY2002, powdered cocaine sold for $70 to $150 per gram, $700 to $2,000 per ounce, and $18,000 to $28,000 per kilogram. Crack sold for $15 to $25 per rock in Minneapolis, but in other areas of the state, crack sold for as much as $100 per rock. In 2001, over 77 kilograms of cocaine were seized by Minnesota state drug task forces—a decrease from 93 kilograms in 2000, but well above the 56 kilograms seized in 1999. The Minneapolis Police Department reports that wholesale quantities of cocaine are increasingly available in the city.

Cocaine, particularly crack, is often associated with violent crime in Minnesota. The Minneapolis Police Department estimates that 90 percent of the violent crime in the city is drug-related, most of which is attributed to cocaine distribution and abuse.

Mexican DTOs and criminal groups are the primary transporters of cocaine into Minnesota. They typically transport multiounce to multikilogram quantities to Minnesota primarily from southwestern states, Los Angeles, and Chicago by private vehicle or package delivery services.

Minneapolis Cocaine Seizure Linked to DTO

In April 2002, two Hispanic individuals in Minneapolis were indicted by a grand jury on federal narcotics charges. The individuals received a shipment of approximately 1 kilogram of cocaine in a package from Chicago, and also had approximately 140 grams of cocaine in their apartment. The two Hispanic males were apprehended by Minneapolis Police Department narcotics officers who were conducting an investigation into a drug trafficking organization operating in the Minneapolis-St. Paul area. The individuals received the package of cocaine at a residence in south Minneapolis that was identified as a gathering place for several members of the drug trafficking organization.

Source: U.S. Attorney District of Minnesota

Mexican DTOs and criminal groups are also the primary wholesale distributors of powdered cocaine in the state, and street gangs are the principal retail distributors of powdered and crack cocaine. Powdered cocaine and crack, which is converted at stash houses, are distributed at open-air drug markets, public housing projects, private residences, and from vehicles.

Methamphetamine

The abuse of methamphetamine, the second greatest drug threat to the state, is increasing. According to TEDS, the number of methamphetamine-related treatment admissions to publicly funded facilities in 2000 (1,698) exceeded the number in 1994 (478). (See Table 1 on page 2.) In Minneapolis, methamphetamine-related ED mentions increased from 109 in 1998 to 153 in 2000, according to DAWN. Mortality data from DAWN indicate that in Minneapolis-St. Paul, the number of deaths in which methamphetamine was a factor increased from 5 in 1999 to 8 in 2000.

Methamphetamine is readily available throughout Minnesota. The number of methamphetamine-related federal sentences in the state increased dramatically from 18 in FY1996 to 85 in FY2000, according to USSC data. According to DEA, in the first quarter of FY2002, methamphetamine sold for $80 to $150 per gram, $600 to $1,500 per ounce, and $6,000 to $14,000 per pound. Retail purity is low; in 2001 the Minneapolis Public Health Laboratory reported that the purity of methamphetamine submitted to the laboratory for testing averaged 13.9 percent. Higher purity, crystal methamphetamine known as ice is becoming increasingly available in the state. Crystal methamphetamine is more expensive than powdered methamphetamine, selling for $800 per quarter-ounce in the Minneapolis area.

Most of the methamphetamine available in Minnesota is produced in California, southwestern states, and Mexico by Mexican DTOs. However, locally produced methamphetamine is becoming increasingly available throughout the state. The number of methamphetamine laboratories seized in Minnesota increased dramatically from 21 in 1997 to 232 in 2001. In Minnesota, local independent Caucasian males are the primary methamphetamine producers.

Mexican DTOs and criminal groups, primarily using private vehicles, are the principal transporters and wholesale distributors of methamphetamine produced outside Minnesota. They supply Hispanic and African American street gangs, independent Caucasian dealers, and OMGs with methamphetamine for retail distribution.

Heroin

The abuse of heroin poses an increasing threat to Minnesota. According to TEDS, the number of heroin-related treatment admissions to publicly funded facilities in 2000 (985) more than doubled since 1994 (459). (See Table 1 on page 2.) Heroin-related ED mentions in Minneapolis increased from 105 in 1996 to 228 in 2000, according to DAWN. In Minneapolis-St. Paul the number of deaths in which heroin was a factor decreased from 30 in 1999 to 17 in 2000, according to mortality data from DAWN.

Heroin is available throughout Minnesota in limited quantities and is more readily available in the Minneapolis-St. Paul metropolitan area. Southeast Asian and Mexican brown powdered heroin are most prevalent. Mexican black tar heroin is available to a lesser extent. Wholesale quantities of heroin are generally not available; however, according to DEA, ounce quantities were available in some areas of the state, and sold for $2,000 to $5,000 per ounce in the first quarter of FY2002. At the retail level, heroin prices ranged from $50 to $300 per gram throughout the state.

Mexican DTOs and criminal groups supply most of the Mexican heroin available in Minnesota, and Nigerian DTOs supply most of the Southeast Asian heroin available in the state. Most Mexican heroin available in the state is transported from Mexico through California and southwestern states to Minnesota, and most Southeast Asian heroin is transported from Chicago. Private vehicles and package delivery

services are the primary methods by which both types of heroin are transported to the state.

Hispanic and African American street gangs and independent dealers are the primary retail distributors of heroin. Retail distribution generally occurs at open-air drug markets, public housing projects, private residences, and from vehicles. Although much of the heroin-related crime reported in Minnesota is attributed to abusers who commit property crimes to support their habits, distributors also commit violent crimes while expanding or protecting their turf.

Marijuana

Marijuana is the most widely available and commonly abused illicit drug in Minnesota. According to the National Household Survey on Drug Abuse, in 1999, 5.3 percent of Minnesota residents reported having abused marijuana in the month prior to the survey compared with 4.7 percent nationwide. TEDS data report that marijuana-related treatment admissions to publicly funded facilities increased from 4,077 in 1994 to 8,050 in 2000. (See Table 1 on page 2.) The number of marijuana-related admissions per 100,000 population in Minnesota (193) vastly exceeded the number per 100,000 nationwide (103). According to DAWN, marijuana-related ED mentions in Minneapolis increased from 490 in 1998 to 803 in 2000.

Marijuana is widely available throughout the state. Marijuana produced in Mexico is most prevalent; however, locally produced marijuana also is available. According to DEA, in the first quarter of FY2002, marijuana sold for $5 to $10 per gram, $100 to $300 per ounce, and $600 to $800 per pound.

In Minnesota marijuana is produced by local Caucasian independent producers and OMGs in indoor and outdoor cultivation operations. The distribution and abuse of marijuana are rarely associated with violent crime; however, growers and distributors are known to protect themselves and their crops with firearms, explosives, and booby traps, increasing the threat to law enforcement and the public.

Mexican DTOs and criminal groups are the primary transporters of marijuana into the state. According to the Minneapolis Police Department, bulk marijuana shipments are smuggled across the U.S.–Mexico Border to southwestern states such as Arizona and Texas and then divided into smaller loads of up to 500 pounds. The smaller loads are then transported to Minnesota by private vehicle. Marijuana is also transported into the state via package delivery services, as evidenced by recent seizures. Marijuana also is transported into the state from Canada, although there have been no major recent seizures.

Mexican DTOs and criminal groups generally supply wholesale amounts of marijuana to street gangs and local independent dealers for retail distribution. Locally produced marijuana usually is not produced in quantities large enough to support wholesale distribution. Local growers generally control the retail distribution of the marijuana they produce. At the retail level, marijuana typically is sold at open-air markets, public housing projects, and private residences.

Other Dangerous Drugs

Other dangerous drugs such as MDMA, GHB, and LSD pose an increasing threat. These drugs typically are distributed to teenagers and young adults by Caucasian independent dealers at raves and dance clubs. The diversion and abuse of pharmaceuticals, particularly OxyContin, are also concerns for the state's law enforcement and healthcare professionals.

MDMA

The availability and abuse of MDMA (3,4-methylenedioxymethamphetamine) are increasing in Minnesota, primarily in the Minneapolis-St. Paul metropolitan area. The drug primarily is distributed at raves and dance clubs for $15 to $30 per tablet, according to state and local law enforcement.

MDMA

MDMA, also called Adam, XTC, E, X, essence, M&M, and love drug, is a synthetic psychoactive drug with amphetamine-like and hallucinogenic properties. Abuse of the drug may cause psychological problems similar to those associated with methamphetamine and cocaine abuse including confusion, depression, sleep problems, anxiety, and paranoia. The physical effects include muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure.

MDMA taken in high doses is extremely dangerous, causing a marked increase in body temperature leading to muscle breakdown and kidney and cardiovascular system failure. MDMA abuse may lead to heart attack, stroke, and seizure as reported in some fatalities at raves. Recent research links MDMA to long-term, possibly permanent, damage to parts of the brain that are used for thought and memory. Individuals who develop a rash after abusing MDMA may risk severe liver damage or other serious side effects.

GHB

The availability and abuse of GHB (gamma-hydroxybutyrate) are increasing in the Minneapolis-St. Paul metropolitan area. The drug typically is distributed to young adults at raves and dance clubs and sells for $10 per dose, according to state and local law enforcement officials.

GHB, also known as liquid ecstasy, Georgia homeboy, grievous bodily harm, liquid X, and goop, is a central nervous system depressant that was banned by the Food and Drug Administration in 1990. It is odorless, tasteless, and virtually undetectable if added to a drink. An individual can lose consciousness within 20 minutes of ingesting GHB and often has no memory of events following ingestion. It is difficult to trace, usually leaving the body within 12 hours. Because of these properties, GHB has been used to commit drug-facilitated sexual assault.

LSD

The hallucinogen LSD (lysergic acid diethylamide), also known as acid, boomer, and yellow sunshine, is a hallucinogen that induces abnormalities in sensory perceptions. It is available in some areas of the state, and is transported from California and distributed at the retail level by independent dealers. According to DEA, LSD sold for $2 to $5 per dose in the first quarter of FY2002.

LSD typically is taken orally, and is applied to blotter paper and candy or disguised as breath freshener drops. The effects of LSD are unpredictable depending upon the amount taken, the environment in which it is abused, and the abuser's personality, mood, and expectations. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks).

Diverted Pharmaceuticals

Pharmaceuticals are diverted, distributed, and abused in Minnesota; however, the threat posed by diverted pharmaceuticals is less than that of illicit drugs. Commonly abused pharmaceuticals include OxyContin, Valium, Vicodin, and Xanax. Pharmaceuticals generally are acquired by abusers and distributors through forged or stolen prescriptions, doctor shopping—visiting numerous physicians to obtain multiple prescriptions—and theft from pharmacies and nursing homes.

OxyContin, a powerful opiate-based pain relief medication, is the most prevalent diverted pharmaceutical in the state. OxyContin, which has heroin-like effects that last up to 12 hours, is designed to be swallowed whole for controlled-released dosing; however, abusers often chew the tablets or crush them into a powder, which eliminates the controlled-release properties. This results in more rapid absorption into the body when consumed orally, snorted, or mixed with water and injected.

Outlook

Cocaine will remain the primary drug of abuse in the Minneapolis-St. Paul metropolitan area and other urban centers because of its ready availability. Mexican DTOs and criminal groups will likely remain the primary transporters and wholesale distributors of powdered cocaine. Street gangs will continue to dominate retail distribution of powdered and crack cocaine.

Methamphetamine abuse and availability will continue to increase. Methamphetamine produced outside the state will remain more prevalent, but local methamphetamine production will continue to increase, particularly as demand for the drug increases.

Heroin will continue to pose a threat to Minnesota, but not to the same extent as cocaine and methamphetamine. Availability is limited and treatment admissions and ED mentions indicate a small, slightly growing user population.

Marijuana will remain the most widely available and commonly abused drug in Minnesota. Cannabis will continue to be cultivated both indoors and outdoors throughout the state; however, marijuana from Mexico will remain the dominant type.

MDMA and GHB abuse will remain a problem, particularly among teenagers and young adults. Raves and dance clubs will remain the primary outlets for these drugs, but they will likely be sold at an increasing number of other venues. LSD and diverted pharmaceuticals will remain lower threats than other drugs in Minnesota; however, the threat posed by OxyContin may increase.

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