



Duluth News Tribune

Sunday, September 16, 2012

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Methadone: '60s treatment comes with deadly risks today



Joe Kall of Duluth holds a picture of his son, Terence Kall, and some of the liquid methadone Terence used as part of his treatment for opiate addiction. Terence Kall died on April 18, 2010, at age 42 from a methadone overdose. Bob King / rking@duluthnews.com

BRANDON STAHL
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Methadone, a drug available since the 1960s and deemed by the National Institute of Health and the Centers for Disease Control as "the most effective treatment for opiate addiction," is in essence a risk-versus-reward system.

Proponents say it's better to have addicts of drugs such as heroin and Oxycontin hooked and functioning on methadone — itself a strong, risky narcotic — than to be breaking laws to get a fix.

But in Minnesota, and the Northland in particular, that treatment comes at a steep

cost, a News Tribune investigation has found.

Since 2001 in Minnesota, 392 people have died of methadone-involved overdoses. From 2006 to 2010, the number of deaths almost equals those who died from firearms.

Methadone



A costly fix

In the Northland, at least 38 users have died from methadone overdoses since 2001.

At least 11 of the Northland's reported methadone deaths since 2001 are of people with ties to the Fond Du Lac Band of Lake Superior Chippewa near Cloquet, which helps explain why Carlton County has the highest per-capita methadone death rate in

See Methadone, Page A6

Inside

- News Tribune findings
 - Why is methadone considered the best treatment for opiate addiction?
 - How the News Tribune conducted the investigation into methadone
- Pages A6-7

Online extra

Go to duluthnewstribune.com to view a map charting methadone deaths in Minnesota between 2000 and 2010.

Duluth seeks new plan to pay for street work

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Faced with the harsh reality that Duluth's long-term source of funding for street improvements may be gone forever, city leaders are searching for a cure. And their medicine could be tough for residents to swallow.

Possible remedies include higher taxes, steeper street assessments, cuts in city services or a less-ambitious effort to improve and maintain city roadways.

Even if these unpleasant solutions can be avoided in the long run, funding interruptions promise to slow badly needed street improvements in the short run.

Mayor Don Ness said the challenging situation and the slate of unattractive options facing Duluth underscore the importance of fighting to restore the city's prior funding source through the courts.

CASINO CASHOUT

The predicament stems from the city's continued inability to collect a share of revenue from the Fond-Du-Luth Casino, as it had in the past.

See Streets, Page A5

Cirrus crash in Missouri kills 5

Associated Press and News Tribune staff

SPRINGFIELD, Mo. — A Cirrus SR-22 private plane crashed early Saturday in southwestern Missouri, killing the pilot, his three children and a businesswoman, authorities said.

Missouri State Highway Patrol spokesman Jason Pace said the single-engine plane went down about 12:30 a.m. northwest of the town of Willard, killing all five people on board. The plane appeared to have been headed toward the Springfield airport when it crashed about five miles away.

"The plane totally disintegrated after the crash," said Pace, who had been to the site. "It burned, just into pieces. It was a very tragic and horrific site."

Troopers were securing the scene and waiting for investigators from the National Transportation Safety Board and the Federal Aviation Administration to arrive. Cirrus Vice President Bill King told the News Tribune the company also had dispatched a team to the crash site.

"We've got an accident team that's down there working with the NTSB," he said, adding: "Our greatest concern is for the family."

See Crash, Page A4

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CONTENTS

ClassifiedE
Faces & Names.....A2
GamesF2

Lotteries.....A2
Obituaries.....C4-5
Opinion.....B1-5
OutdoorsC6-8

Scrapbook.....F
Sports.....D
TV listingsF8
WeatherD8

Today

Partly sunny, late chance of rain
High: 72 Low: 47

Tomorrow

Partly cloudy
High: 55 Low: 46



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Methadone



A costly fix

TODAY
The drug: The costs associated with methadone treatment continue to rise in Minnesota.

COMING MONDAY
Abuse: Some addicts say methadone is their preferred drug of choice.

TUESDAY
Costs: About half of methadone patients in the state get their treatment free.

SEPT. 23
Completion: Only about 5 percent of methadone patients in Minnesota finish treatment.

SEPT. 24
Profits: More than half of the country's methadone clinics are for-profit.

SEPT. 25
The clinic: Former staff members of the methadone clinic in Duluth speak out.

► Methadone

Continued from Page A1

Minnesota, more than three times as high as the state's rate.

"If this were bird flu, we'd be on the cover of Time magazine. We'd be in front of the cameras on '60 Minutes,'" Phil Norgaard, director of human services for the band, said of the deaths on the reservation. "This is a threat to public health."

As the number of deaths across the state has increased, so has the cost to taxpayers. Methadone treatment has become a thriving industry, with half of the patients in Minnesota on some sort of public assistance to pay for the care.

And yet some of the methadone paid for by public money and used to treat patients is sold on the streets, where dealers can get hundreds of dollars a dose.

"Huge quantities of illegal methadone are being used in the communities and being used without a prescription or without medical direction," Norgaard said.

Data kept by the Minnesota Department of Human Services, the state agency that licenses and inspects the clinics, suggest that methadone's track record doesn't compare favorably to that of other drug treatment programs.

In the past four years, for example, patients discharged from Minnesota's methadone clinics have higher rates for relapsing and being jailed after their discharge — both key measures the agency uses for the state's treatment providers — than patients in the state's other chemical dependency treatment programs.

And the rate at which patients successfully complete methadone treatment in Minnesota? Five percent.

Agency officials say comparing the effectiveness of methadone treatment to other forms of chemical dependency treatment is comparing "apples to oranges," because addiction to opiates is distinct from other kinds of chemical dependency.

DHS officials said they have not done any studies to examine how well methadone treatment works in the state, and defend its use.

"What we rely on are national studies that have shown that methadone therapy is the best practice in health care," said Maureen O'Connell, the DHS assistant commissioner for chemical and mental health services.

'PEOPLE DO DIE FROM IT'

Methadone works by occupying the same brain receptor sites affected by opiates, blocking the "highs" and "lows" and relieving the craving and withdrawal symptoms for those drugs, the Centers for Disease Control and Prevention explained in a 2002 fact sheet.

Because it's a synthetic opiate, it can only be used to treat opiate addiction. When given in stable doses, it shouldn't cause highs or lows of its own, so it allows the client to work and function normally in society, the CDC said.

But it can make people high if given in large doses. It also goes through the system relatively slowly, so it should be taken only once a day.

In 2003, Kall hurt his back at work and was prescribed the opiate-based narcotic Oxycontin for the pain. But he became addicted to that painkiller and ultimately sought narcotics on the streets, said his father, Joe Kall, a retired chief engineer at the University of Minnesota Duluth heating plant.

"He would do anything to get them," he said.

In September 2006, Kall enrolled as a patient at the Lake Superior Treatment Center in Duluth, and, with assistance through taxpayer-funded state health insurance, replaced his addiction to painkillers with an addiction to methadone.

Records provided by his father show four years of being prescribed daily high doses of the drug.

"I know he wanted to get off of the drug, but he was afraid to," Joe Kall said. "The last two years he was walking around like a zombie. He spoke in bullet phrases. He acted like he was drunk."

On April 18, 2010, he died in his home at age 42 from a methadone overdose, with medical records showing that methadone was the only drug in his system. Police recovered five bottles of methadone in his home, including one bottle that was three-quarters empty.

Kall left behind a 15-year-old son.

"His son doesn't like to talk about it that much," Joe Kall said. "He felt his dad had abandoned him, pretty much."

The director of the Lake Superior Treatment Center did not return repeated phone calls for comment.

A representative for Colonial Management Group, which owns the Lake Superior Treatment Center along with more than 50 other clinics across the country, told the News Tribune from Florida that the company does not speak to the media.

However, Dr. Tom Payte, a corporate medical director for Colonial Management Group, said in general that overdose deaths can occur among patients. He said those should be rare so long as the treatment is being properly delivered.

"Methadone remains, I'd say still, the gold standard for treatment in terms of acceptance and effectiveness and overall safety," Payte said. "There are risks involved in methadone treatment. Overdoses can and do occur, and they are preventable."

OVERDOSE EXPLANATIONS DIFFER

Minnesota has had one of the highest increases of methadone-related deaths in the country: a 1,325 percent jump since 2000. The U.S. increase since 2000 was 623 percent.

Many supporters of methadone treatment say the deaths aren't of people undergoing treatment for drug addiction but of people who have been prescribed methadone for pain.

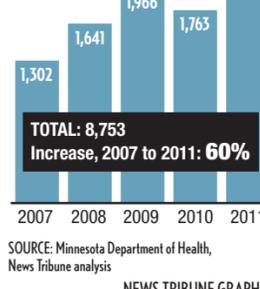
In the mid-1990s, doctors began prescribing methadone for pain because it was a cheap alternative to narcotics such as Oxycontin. But it can be unpredictable and can stay in a user's system for days. A methadone patient can take it, not feel a desired effect, take more and overdose.

It can be such a difficult drug to prescribe that in July 2012, the Centers for Disease Control found that methadone was responsible for a third of the country's deaths from opioid pain relievers, despite being prescribed far less than other narcotic pain killers.

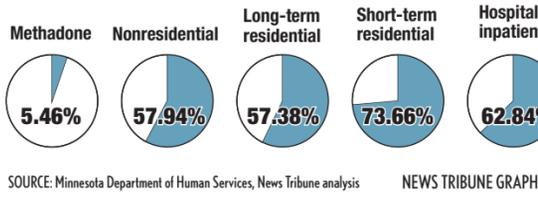
Treatment for drug addiction in Minnesota has increased every year since 2007, yet the percentage of patients who complete methadone treatment lags far behind the other kinds of treatment in the state.



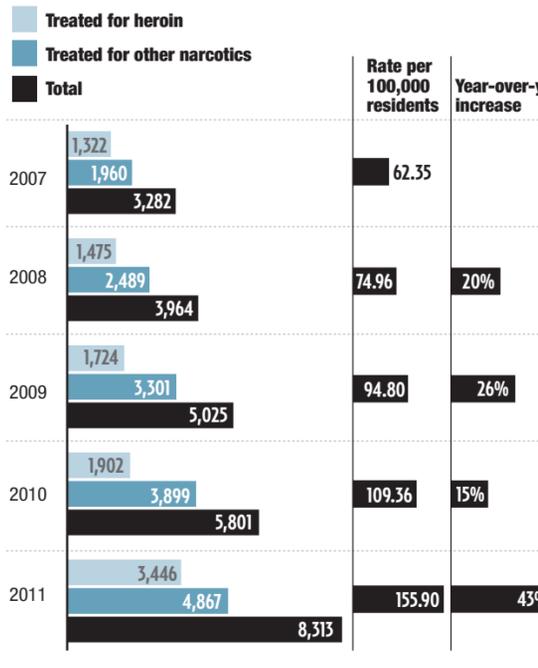
Patients admitted to Minnesota's methadone programs



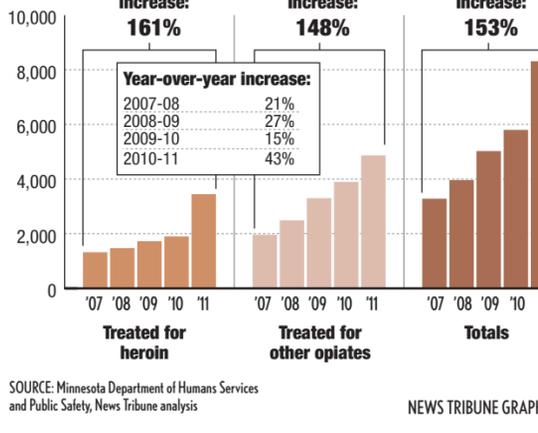
Average completion percentage of Minnesota chemical dependency programs, 2007-2011



Drug addicts treated for heroin, other narcotics in Minnesota



Minnesota patients treated for addiction to heroin and other opiates



Dependence, who cited several federal studies on the issue.

Officials with the state Department of Human Services say that of the 79 deaths from methadone the DHS found from 2008 to 2010, only 12 were enrolled in a methadone clinic.

But the Northland has seen a different trend entirely.

Of the area's 38 methadone-related overdose deaths, the News Tribune could conclusively determine only one was tied to misuse of the drug for pain, according to death and medical records, police reports, and interviews with surviving friends and family members. Thirty-six deaths appear to be from people who were drug addicts using methadone as part of their treatment or to get high, according to the interviews and data reviewed, while the cause of one death could not be determined.

"I have not come across one person who was using the methadone for pain purposes," said Dr. Richard Puumala, the head medical examiner for Carlton County, whose office has identified 15 methadone-related deaths since 2003.

Some people who use methadone to get high, said Puumala, "don't realize that it sometimes takes hours for the stuff to kick in. So they take another dose, nothing happens, take another dose, and then I get to see them the next morning (in the medical examiner's office). That's the usual mode."

In St. Louis County, Assistant County Coroner Dr. Donald Kundel said the

deaths his office has seen are mostly from addicts who buy methadone off the streets.

"We're seeing deaths of people who have no prescription for it," Kundel said.

LIQUID OR PILL FORM

The two types of methadone available — either from doctors who prescribe it in pill form for pain, or from methadone clinics, which provide it only in liquid form — have both been heavily abused in the Northland, local law officials say.

Often, abusers use both forms of methadone, said Darren Berg, a detective with the Cloquet Police Department who specializes in narcotics investigations.

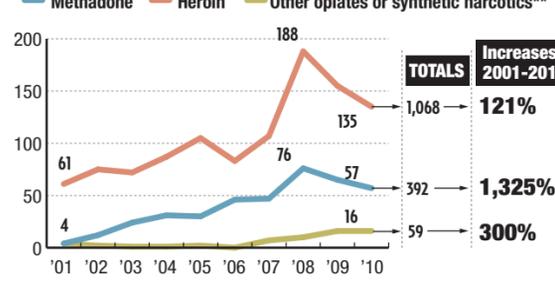
"Almost every one of those guys has been kicked out of the (methadone) clinic; they'll just go to their doctor and get it in pill form," Berg said.

By law, the clinic is supposed to check patients to ensure that only methadone is in their systems. Berg and methadone addicts said that, despite the law, users will sell the liquid and take pills to keep levels of methadone in their system.

Often, they're using other drugs in addition to methadone to increase their high. The majority of people in Minnesota who have died from a methadone-involved overdose have other drugs in their system, ranging from other opiates to sedatives to cocaine and alcohol, records show.

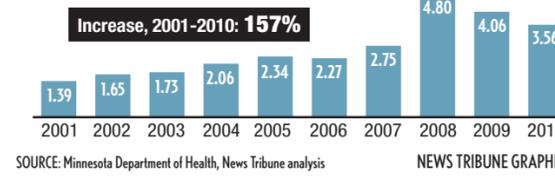
The number of methadone-involved deaths and narcotics deaths has increased in the region, state and country since 2000.

Deaths involving opioid drugs in Minnesota*



* Some deaths involved overdoses from multiple drugs, such as methadone and heroin
 ** Includes opioid-based drugs such as Oxycontin, hydrocodone and morphine

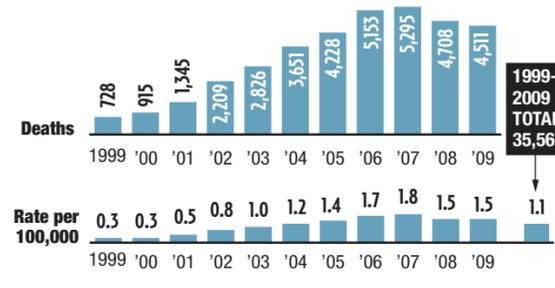
Deaths per 100,000 residents



Methadone-involved deaths by county

County	Number of deaths from methadone, 2001-2010	Deaths per 100,000 residents
CARLTON	11	3.0
CASS	5	1.6
BELTRAMI	6	1.3
INONA	7	1.3
ANOKA	43	1.2
MEEKER	3	1.2
AITKIN	2	1.1
KANABEC	2	1.1
HENNEPIN	139	1.1
ITASCA	5	1.0
ST. LOUIS	21	1.0
STEVENS	1	0.9
MARSHALL	1	0.9
WRIGHT	11	0.9
CLAY	5	0.8
RAMSEY	45	0.8
COTTONWOOD	1	0.8
PENNINGTON	1	0.7
DAKOTA	25	0.6
POLK	2	0.6
BECKER	2	0.6
FREEBORN	2	0.6
ROSEAU	1	0.6
RENVILLE	1	0.5
MCLEOD	2	0.5
BENTON	2	0.5
DODGE	1	0.5
MOWER	2	0.5
WASHINGTON	10	0.4
CHISAGO	2	0.4
MILLE LACS	1	0.4
PINE	1	0.3
STEARNS	5	0.3
CROW WING	2	0.3
RICE	2	0.3
MORRISON	1	0.3
OLMSTED	4	0.3
DOUGLAS	1	0.3
SCOTT	3	0.2
SHERBURNE	2	0.2
CARVER	1	0.1
TOTAL	377	0.7

U.S. methadone-involved deaths



addicts who go to the methadone clinic are using other drugs.

"What we're seeing is that people who use methadone to treat opiate addiction are consistently using street drugs to supplement that addiction as well," Wilson said.

Others are finding a connection between deaths and use of methadone from addiction clinics.

In 2003, medical examiner A. Quinn Strobl published one of the first studies looking at the cause of deaths from methadone in Minnesota.

Of 96 deaths she reviewed from 1992 to 2002, she found a third were of people in methadone treatment programs, while another 39 percent were of people who used it recreationally. Only 15 percent were given methadone for chronic pain.

Nearly 10 years later, Strobl is still seeing deaths from methadone-toxicity due to abuse of the drug. As the head of the Midwest Medical Examiner's Office, which provides coroner and forensic examination services for numerous counties, including Anoka and Isanti in Minnesota and Douglas County in Wisconsin, she said her office has seen 28 deaths from methadone from 2008 to 2011, with 10 of those coming in 2011 alone.

Seventeen of the 28 deaths involved the decedent using someone else's

methadone, Strobl said.

For the others, she said, the decedents had a prescription for methadone, but died due to misuse of the drug and/or combining it with other narcotics, including heroin. Most of the cases involved apparent intentional misuse of their prescription, with the amount of pills out of count for the prescription date, Strobl said. Three deaths were suicides. She said she found only one person who was prescribed the methadone for pain, did not misuse it, but still died.

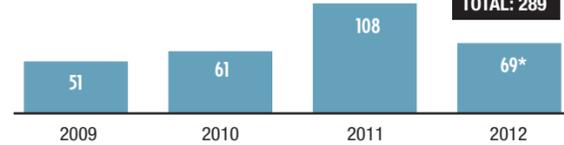
What it will take to stop the methadone-related deaths isn't an easy answer, said Norgaard, director of human services for the Fond du Lac band. The rise in deaths isn't just about abusing methadone but about a dramatic increase in abuse of all opiate drugs.

"We have wittingly — through drug companies — or unwittingly — through doctors and administration of the drugs — flooded the American society with synthetic opioids, and we have not understood the potential consequences of our behavior," he said. "Highly damaging and addictive drugs require greater scrutiny, and we have not given them the level of scrutiny that they deserve."

News Tribune staff writer John Lundy contributed to this report.

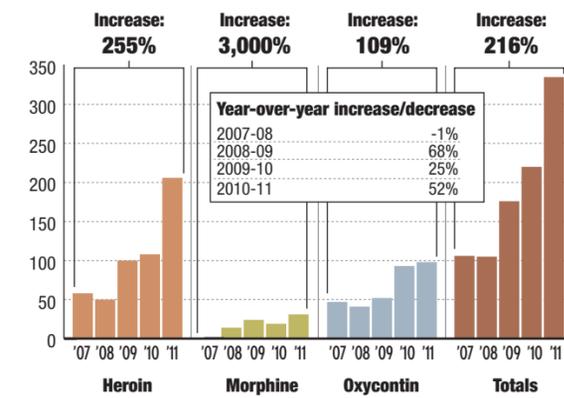
As the number of opiate-based deaths have increased in Minnesota, so have opiate-related arrests and seizures.

Duluth police calls for service involving methadone

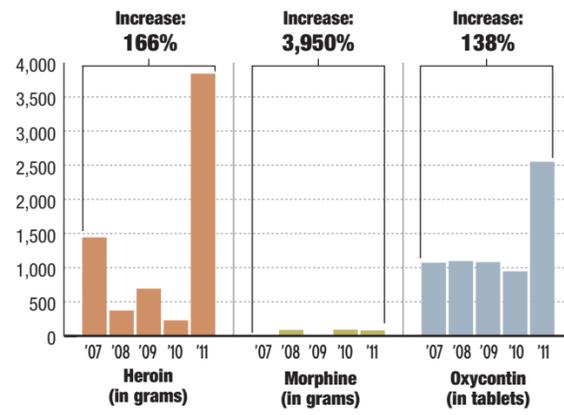


*As of July 30
SOURCE: Duluth Police Department, News Tribune analysis
NEWS TRIBUNE GRAPHICS

Narcotics arrests in Minnesota



Narcotics seized by law enforcement in Minnesota



SOURCE: Minnesota Department of Humans Services and Public Safety, News Tribune analysis
NEWS TRIBUNE GRAPHICS

Why and how we examined methadone in Minnesota

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In early 2012, the News Tribune got a tip that several people in the Duluth area had overdosed and died from methadone in recent years. Taking a cue from the Seattle Times, which used state data to investigate the link between methadone deaths in Washington state and people using methadone for pain, the News Tribune obtained a copy of a database maintained by the Minnesota Department of Health of all people who have died from drug-related poisonings from 2000 to 2010, the most recent year the data was available. That database listed people who died from accidental methadone overdoses and sometimes provided additional descriptions of the deaths, such as whether other drugs were in their system. The News Tribune also obtained medical records, medical examiner reports, police reports and examined court files to find methadone-related deaths from 2010 to about July 2012. An extensive review of those records, along with interviews with surviving friends and family members, found that the majority of the methadone-involved deaths in St. Louis and Carlton counties were from people using the drug in addiction treatment or abusing it to get high. To examine the effective-

ness of methadone treatment, the News Tribune first asked the state's Department of Human Services, which licenses and inspects the programs, what records it uses to examine not only the effectiveness of methadone but other forms of chemical dependency treatment. The DHS provided admission and discharge reports for all chemical dependency treatment providers in Minnesota. That data allowed the newspaper to look at the performance of the state's methadone clinics and compare it to other types of chemical dependency treatments. To determine whether use and abuse of opiates was increasing in Minnesota, the News Tribune obtained arrest and seizure data from the state Department of Public Safety, as well as data from the Federal Drug Enforcement Administration, which tracks the legal distribution and sales of narcotics down to three-digit ZIP codes across the country. For example, Duluth, Hermantown and Proctor share the "558" ZIP code. The News Tribune also reviewed numerous state and federal research reports on methadone deaths and hundreds of pages of inspection reports on methadone clinics throughout the country and interviewed dozens of drug experts, state officials, law enforcement officials, methadone counselors and current and former methadone patients.

Among the News Tribune's findings on methadone in Minnesota

- The rate at which patients successfully complete methadone treatment in Minnesota is 5 percent.
- Use of methadone treatment in the state has grown 60 percent since 2007.
- Despite the existence of methadone treatment, the rate of opiate abuse and arrests has steadily increased over the past six years.
- Some methadone clinic patients sell the drug on the streets, where they can get hundreds of dollars a dose. That has resulted in an increased burden to law enforcement. Duluth police, for example, saw methadone-related calls for service double in two years, from 51 in 2009 to 108 in 2011.
- Taxpayers have spent \$43 million since 2005 to supply methadone to people who don't have private insurance. That doesn't include the cost of providing patients with transportation to methadone clinics, which sometimes involves paying for cab rides as far as from Duluth to St. Cloud.
- Officials with the Minnesota Department of Human Services, the agency charged with oversight and licensing of the state's methadone clinics, say they didn't keep track of how much public money was spent for treatment until that information was requested by the News Tribune. What the data showed was a 231 percent increase in spending of public money on

methadone from 2005 to 2011, from \$3.2 million to \$10.6 million. Since 2007, state investigators have cited many of the state's methadone clinics for more than 250 violations, the most serious of which include lying to investigators, inadequately staffing clinics and hiring untrained counselors, counselors having sexual relationships with patients, and clinics not keeping proper control of its methadone and failing to ensure that patients weren't selling the drug. Since 2001 in Minnesota, 392 people have died from methadone-involved overdoses. In the Northland, at least 38 people have died from methadone overdoses since 2001.

Many consider methadone treatment to be the best for opiate addiction

JOHN LUNDY AND BRANDON STAHL
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It might not be perfect, but it's the best solution we've got. That sums up why methadone proponents say that despite the risks, it's the best treatment for opiate addiction. "It has been recognized by the most authoritative, objective voices nationally and internationally for decades as being the most effective form of treatment for narcotic addiction," said Dr. Robert Newman, director of the Baron Edmond de Rothschild Chemical Dependency Institute of Beth Israel Medical Center in New York. Treatments for most drug addictions involve a combination of medications and behavioral therapy, according to the National Institute of Drug Abuse. Methadone, itself an opiate, is used to treat addiction to heroin and other opiates because its effect is gradual and sustained, reducing the desire for other opioid drugs while preventing withdrawal symptoms, according to the National Institute of Drug Abuse. Administered properly, it is neither intoxicating nor sedating, and its effects do not interfere with regular activities. The Centers for Disease Control and Prevention, in a 2002 fact sheet, said when methadone is used to treat opiate addiction, it produces a 30 percent lower death rate than among opiate addicts who are not treated with methadone. It also results in reduced criminal activity, improved family stability and employment potential, and improved pregnancy outcomes, the CDC said. Nick Reuter, a senior policy analyst for the Substance Abuse and Mental Health Services Administration in Washington, D.C., adds a caveat. "We're sure that methadone is effective only when the medication is combined with other therapies like counseling, vocational, rehabilitation and all those things," Reuter said. "So it's not the medication alone." But methadone is effective enough that it should be made available even when counseling isn't, said Newman,

who is so vociferous in his advocacy that he has been referred to in print as "the methadone pope." Interim methadone treatment is preferable to no methadone treatment at all, Newman said. Interim treatment means methadone is offered without support services. He cites interim treatment instances from Hong Kong to Saint John, New Brunswick, to New York City, where he is president emeritus of the city's third-largest health-care system. "It's not the ideal way, but compared to abandonment, anything's ideal," said Newman, a methadone advocate for more than 40 years. "The alternative was stay on the street, shooting dope." Using an analogy that crops up frequently, Newman said a diabetic would be given insulin even if nutritional counseling were not available with it. The primary short-term risk from methadone is overdose, Reuter said. But he said deaths from overdose occur far more often when methadone is given for pain than when it is given as treatment for heroin addiction. A CDC "Vital Signs" report on July 3 cited studies based on medical examiner data that concluded fewer than 25 percent of deaths from methadone overdoses involve clients in opioid addiction programs. Both Reuter and Newman said they were surprised by the News Tribune's analysis showing that, of 38 methadone-related overdose deaths in the area, 36 appeared to be drug addicts using methadone as part of treatment or to get high, and only one was someone prescribed methadone for pain. "That is the antithesis of every study I've seen published," Newman said. The risk of dying from methadone treatment probably occurs in the earliest phases of the therapy, Reuter said. "The first two weeks of treatment are very tenuous," he said. "There's a lot of risk. The patient is sort of in treatment and sort of not in treatment. They're still out doing things that are dangerous."

The longer-term risk is heart arrhythmia, Reuter said. Because of that, he said, programs should give potential clients EKGs. The average length of treatment, Reuter said, is 6.8 years. But he said he has known patients in their 80s who have been using methadone for 30 or 40 years. Indeed, methadone advocates say its effectiveness shouldn't be measured by the ability of clients to stop using it at some point. Instead, they say opioid addiction should be understood as a chronic illness similar to diabetes or depression. "I'd love to see someone go in and say, 'You know what, diabetics? We're going to discontinue insulin therapy in another six months,'" said Mark Parrino, president of the American Association for the Treatment of Opioid Dependence, a trade group. "Can you imagine that kind of discussion? It does not exist." "It's not a treatment that works for everybody," Newman said of methadone. "But compared to most treatments of chronic medical illnesses, it is extremely effective. It is very readily made available on a massive scale to all who want it. And it can be made available at a very low cost." But it's only relatively cheap. The average cost per patient for methadone treatment at the Hennepin County Medical Center is about \$4,500 a year, said Dr. Gavin Bart, who directs the program. "Compared to the cost to society for repeat hospitalizations related to overdose, treatment of Hepatitis C, HIV, lost jobs, inability to support family, being on public assistance, crime-related costs and criminal justice enforcement related costs," Bart said, "all of these things are dramatically reduced when people are in treatment and on medication." If the end goal of methadone treatment is abstinence from drugs, Bart said, "none of our treatments work very well," he said. "But if you look at it as a reduction in use and improved social indicators, that's where we start seeing the differences."



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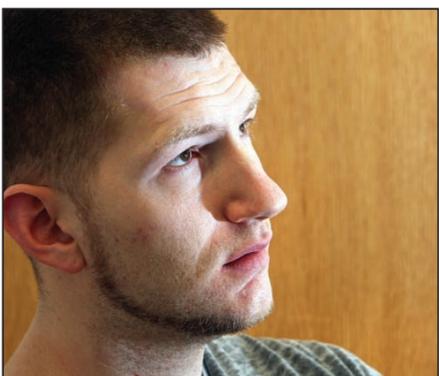
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Methadone

A costly fix

Controlled doses sold for cash on the streets



Daniel Stanius, who was addicted to opiates, talks about how liquid methadone was his preferred way to get high.

BRANDON STAHL bstahl@duluthnews.com

By 19, after suffering two injuries for which he was prescribed narcotic painkillers such as Lortab and Oxycontin, Hermantown High School graduate Daniel Stanius was addicted to opiates.

"I started graduating to stronger ones," he said. "By 23, I was a real heavy user."

By 26, Stanius was serving a nine-month sentence at the Northeast Regional Corrections Center for illegally possessing methadone, which, he told the News Tribune, had become "my drug of choice."

And his favorite type of methadone: the liquid form provided at methadone clinics, including at the clinic in Duluth, the Lake Superior Treatment Center.

"It gets you very, very high. I think it's

stronger than (Oxycontin)," he said.

"With pot, you get a little bit of a head buzz. With methadone, it was throughout your whole body. You'd get a warm glow, a sense of well-being."

Under federal law, if patients prove their trustworthiness at methadone clinics, they can get up to a month's worth of take-home doses of the drug. It's intended to be a reward for patients, who start their treatment by having to go to a clinic each day, six to seven days a week to take their dose. Getting take-home doses is standard practice at methadone clinics around the country and is fully legal.

But the pressure to sell those doses can be extremely high, as they go for about \$1 a milligram on the streets, with doses ranging from 50 to 300 milligrams, accord-

ing to local law enforcement experts and current and former users of the drug.

Stanis never enrolled as a patient at the treatment center, but he said he never had a problem getting the liquid form of the drug.

"I just bought it from (patients) at the center. There was a lot of trading and selling of methadone and other pills, and drugs in general," he said. "You'd go there in the morning, and everybody would be waiting there; everybody is talking: 'What are you going to do with yours?'"

Three registered confidential police informants who worked extensively with area law enforcement on major narcotics cases over the past year told the News Tribune that dealing take-home doses is common.

See Methadone, Page A4



John Finkle of Duluth (center) pulls his wooden boat down East Superior Street in Duluth with the help of Kyle Brownlee, 13, (left) and James Marceau, 13, both of Duluth, on Sunday afternoon. Finkle spent about nine months handcrafting the wooden boat and was taking it down to Lake Superior to launch it for the first time.

People power delivers handmade boat to lake

PETER PASSI ppassi@duluthnews.com

When it came time for John Finkle of Duluth to test the Grand Banks dory he'd worked nine months to build, he wouldn't dream of hitching it to the back of a smoke-belching vehicle.

Instead, Finkle relied on people power to move the boat to Lake Superior. He called on friends and neighbors Sunday afternoon to pedal and pull the dory to water from its birthplace in the backyard of the Dorothy Day House, 1712 Jefferson St., which is home to Loaves & Fishes, a social justice organization where Finkle regularly volunteers.

Finkle and his bicycle entourage created quite the public spectacle Sunday as they snaked their way down Superior Street, banking south down

See Boat, Page A4



John Finkle rows his wooden boat in the waters of Lake Superior on Sunday afternoon. The boat is a Grand Banks dory, a traditional design that was used in Newfoundland.

Council wants city chambers better for all

PETER PASSI ppassi@duluthnews.com

Steps are being taken to make Duluth's City Council chambers more hospitable for people with disabilities — or at least a bit less uninviting.

Councilor Emily Larson noted that many people find council chambers an intimidating setting, but Duluth's City Hall can feel especially off-putting for people with disabilities.

Last week, Larson and fellow councilor Linda Krug successfully introduced a measure reducing the lead time required to request a sign language interpreter for a City Council meeting from two weeks to two days. The resolution, which was passed unanimously Sept. 10, also directs city staff to look into the cost of providing closed captioning for broadcasts of council meetings on public access television.

Meanwhile, Councilor Jim Stauber has been working with Duluth City Architect Tari Rayala on a plan to better accommodate wheelchairs in the council chambers.

See Council, Page A6

Anti-US outrage began with Christian activist

NANCY A. YOUSSEF AND AMINA ISMAIL McClatchy Newspapers

CAIRO — A crude video about the Prophet Muhammad that triggered an unprecedented outbreak of anti-American protest last week moved from being a YouTube obscurity in the U.S. to a touchstone for anger across the world through a phone call less than two weeks ago from a controversial U.S.-based anti-Islam activist to a reporter for an Egyptian newspaper.

Morris Sadek, a Coptic Christian who lives in suburban Washington, D.C., whose anti-Islam campaigning led to the revocation of his Egyptian citizenship earlier this year, had an exclusive story for Gamel Girgis, who covers Christian emigrants for al Youm al Sabaa, the Seventh Day, a daily newspaper in Cairo. Sadek had a movie clip he wanted Girgis to see; he e-mailed him a link.

See Protests, Page A6

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CONTENTS

Business Monday.....B Classified.....D Comics.....D5

Games.....D4 Faces & Names.....A2 Lotteries.....A2 Obituaries.....B5 Opinion.....A5 Sports.....C TV listings.....D6 Weather.....C6

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Sara K. Downs, Au.D.

Jonathan P. Gervais, Au.D.

Methadone

Continued from Page A1

Still working undercover and fearing for their lives if they were identified, they asked that their names not be used for this article.

Often, the informants said, the dealing takes place near the treatment center, and patients will lie to treatment counselors about suffering withdrawal symptoms to get higher doses of the drug.

Two informants said that, together, they know about 30 patients at the clinic.

They said they don't believe any of the 30 are using the drug for its intended purpose.

"They're not taking it to get help; they're taking it to get high," an informant said.

Asked how quickly a liquid dose of methadone could be obtained, an informant responded, "Give me the money ... and I'll find some within the hour."

Liquid methadone is a thick liquid and requires a veterinary needle to shoot up. As a result, many stores that sell those kinds of needles have seen them stolen or used in overdoses. L&M Fleet supply in Cloquet has taken to locking up the store's veterinary needles, requiring an ID proving the buyer is 18 or older. Store manager Larry Tisdell said L&M took those steps after police told them a young student overdosed using a veterinary needle that appeared to have come from L&M.

"Now we're tracking who buys them," he said.

The director of the Lake Superior Treatment Center did not return repeated phone calls for comment.

A representative for Colonial Management Group, which owns the Lake Superior Treatment Center along with more than 50 other clinics across the country, told the News Tribune from Florida that the company does not speak to the media.

However, Dr. Tom Payte, a corporate medical director for Colonial Management Group did speak with the News Tribune. He said diversion will happen but that his company has policies in place at all clinics to limit it as much as possible.

He also said that crimes associated with drug abuse would be far worse if methadone weren't offered.

"Addiction is an incurable, progressive, often fatal disease. It's not curable, but it is treatable," Payte said.

"Our purpose is to improve the quality of life, and eliminate the crime and all the other negative aspects of the addict lifestyle."

'ABUSED AND ... DIVERTED'
Dr. Bruce Goldberger, a



While serving time at the Northeast Regional Corrections Center, Hermantown High School graduate Daniel Stanius reflects on abusing methadone. Bob King / rking@duluthnews.com

Federal rules on methadone take-home doses

Time in treatment	Maximum number of take-home doses permissible
1-90 days	One take-home a week, and one take-home if the program is closed for Sundays and state and federal holidays.
91-180 days	Three take-homes a week, and one take-home if the program is closed for Sundays and state and federal holidays.
181-270 days	Three take-homes a week, and one take-home if the program is closed for Sundays and state and federal holidays.
271-365 days	Six take-home doses a week, with the seventh dose administered at the clinic.
After 1 year	Up to 14 days of take-home doses at a time, with two doses administered at the clinic per month.
After 2 years	Up to 31 days of take-home doses at a time, with one dose administered at the clinic each month.

SOURCE: U.S. Substance Abuse and Mental Health Services Administration, Code of Federal Regulations, Title 42, Section 8.12

NEWS TRIBUNE GRAPHICS

Florida coroner who was one of the first to raise the alarm on methadone deaths in the early part of the 2000s, has been part of numerous studies looking at deaths associated with the drug. He said laws pertaining to take-home doses should change.

Before being contacted by the News Tribune, he said he had never heard of more than a weekend's worth of methadone being provided for patients to take home.

"You're putting a large amount of methadone out onto the street that can be used, misused and abused and — even worse — diverted," he said.

Records requested by the News Tribune of state and federal agencies show that the Lake Superior Treatment Center has never been cited for its patients selling their take-home doses.

However, earlier this year the Minnesota Department of Human Services, which licenses and oversees methadone clinics, cited the treatment center for violating regulations aimed at controlling the take-home doses. Among those violations: The treatment center

wasn't doing bottle checks — selecting patients at random to bring their take-home doses back to the clinic to prove they were taking the prescribed dosage.

The ability to prescribe take-home doses is regulated by the federal Substance Abuse and Mental Health Services Administration. Nick Reuter, a senior public health analyst with the federal agency, which is charged with licensing and accrediting methadone clinics, acknowledged the trust can be abused, and doses can be diverted.

"If diversion is an issue, we do take steps to immediately seek compliance," Reuter said. "But abuse does happen. You're giving a medication with abuse potential — methadone — to people who have had substance abuse issues in the past, including diverting the substances. You can reduce and have all the things in place to reduce the risk of that happening, and take actions when you identify it happening, including kicking the patients out of programs. But we can't eliminate it 100 percent."

SEVERAL AREA OVERDOSES

The number of take-home doses methadone patients can get and when they can get them are governed by federal laws, which states can make stricter but can't weaken.

In Minnesota, which adheres to the minimum federal rules, after 90 days of good behavior, patients can get two take-home doses; at six months, patients can get three take-homes; at nine months, patients can get up to a week's worth; after a year, patients can get up to two weeks' worth; and after two years, they can get up to a month's worth of take-home doses.

Patients generally have to show that they're not abusing the drug or any other narcotics, which methadone clinics test through urine screens.

"Those are not the (patients) most likely to abuse their privileges," said Jane Maxwell, a senior research scientist with the University of Texas School of Social Work who has done extensive study on methadone-related deaths.

But 15 current and former patients of the Duluth center who spoke to the News Tribune, along with addicts like Stanius, said the safeguards put in place to limit the abuse of take-home doses can be easily circumvented.

"People would fail (urine screens), and they would say, 'Well I'm still going through withdrawals because this isn't enough,'" Stanius said.

In response to finding other drugs in the patients' urine, the clinic "would raise up their methadone," he said. "The best way I can think of it is: You're adding gasoline to a fire."

Methadone proponents say patients who do test pos-

Methadone



A costly fix

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The drug: The costs associated with methadone treatment continue to rise in Minnesota.

TODAY
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COMING TUESDAY

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SEPT. 23
Completion: Only about 5 percent of methadone patients in Minnesota finish treatment.

SEPT. 24
Profits: More than half of the country's methadone clinics are for-profit.

SEPT. 25
The clinic: Former staff members of the methadone clinic in Duluth speak out.

itive for other drugs sometimes should have their methadone dosage increased to help them with the cravings for illicit drugs.

In some cases, overdosing on the liquid methadone has led to deaths in the area.

Of the 38 methadone-involved deaths in St. Louis and Carlton counties identified by the News Tribune, at least seven were from ingesting liquid methadone. The rest either could not be readily identified from records or were from the pill version of the drug.

Records show criminal charges were filed in only one of the overdose deaths from liquid methadone, but those charges were dropped for lack of evidence.

The Minnesota Department of Human Services, which licenses and monitors methadone clinics, said they are looking at strengthening rules and enforcement of take-home methadone dosing.

"The diversion-control procedures are in the federal regulations; they're not in the state regulations. We don't have the direct authority to enforce the federal requirements," said Jerry Kerber, the inspector general for the DHS.

'A WICKED DRUG'

The take-home doses have also been misused — even when not sold on the streets, records show.

In three cases in Duluth, for example, young children have gotten hold of their parents' liquid methadone and overdosed. The children, all younger than 5, survived. In two of the cases, charges weren't pressed because police investigators felt there wasn't enough evidence to prove neglect; in the other, Duluth police are investigating whether neglect occurred.

At least three deaths from liquid methadone have occurred on the Fond Du Lac Reservation.

Daven Martineau of Cloquet died in November 2011 when he was at the reservation home of friend Tony Barney, who was then a patient of the Lake Superior

Treatment Center.

Barney told the News Tribune that he informed police he had his take-home doses stored in a lockbox and that it appeared as if Martineau stole his lock-box with methadone in Barney's home, but Barney "was adamant that he never used those needles to inject himself or anybody else."

Methadone patients drink the drug; injecting it with a needle, the favored method of abusers, is said to give a quicker, more intense high, according to addicts interviewed for this report.

"The county attorney looked at it and did not file charges," Cloquet Police Detective Darren Berg said of the methadone death. "The key was in Martineau's possession."

Barney told the News Tribune that his methadone treatment was subsidized through state health insurance and that he was discharged from the Treatment Center after Martineau's death.

Barney's brother, Randy, died from overdosing on liquid methadone in 2008 after years of drug abuse. Randy's father, Randy Barney Sr., said his son started abusing drugs at age 11 or 12 and became a patient at the Lake Superior Treatment Center at about age 17.

In 2007, Barney's father said, his son quit methadone treatment but would still drink and abuse other drugs. Then he took liquid methadone at the same dosage he was on before leaving the clinic, his father said, and died at the age of 23. He was survived by a daughter who was 3.

"It's such a wicked drug," Barney said. "It's an epidemic up here."

Boat

Continued from Page A1

Lake Avenue, with the 16½-foot wooden boat in tow. The vessel rode on two wheels, just like its companions en route to a pebbled Canal Park beach for the launch.

While some people were incredulous about the idea of hauling a boat by bike, Finkle had no hesitation.

"It's way more fun like this, and it's so doable," he said.

A bicycle is Finkle's primary means of transportation, all year round. He also volunteers a couple days each week at Duluth's Bike Cave, where he helps build and repair bicycles using mostly salvaged or donated parts.

Troy Stafne, a cabinet-maker who lives next door to the Dorothy Day House, watched the boat's progress with keen interest.

"At first, I wondered what he was doing, but from the way he handled his tools, it was clear to me that he knew what he was doing," Stafne said.

Finkle said a lot of hand planing was required to shape the white pine planking for the dory, with its graceful sweeping lines. The design was based on boats originally built in Newfoundland, using time-tested lapstrake or clinker techniques. Holding true to tradition, Hinkle used pine tar to ensure the boat's planking would be watertight.

Finkle's dory operates as a nimble rowboat, but it also can be converted to a sailboat with the installation of a removable mast.

Roger Luebeck drove from his home in Minneapolis to witness the launching of his friend's boat and said



John Finkle of Duluth christens his wooden boat with fresh apple juice as it is launched into Lake Superior on Sunday afternoon. Go to duluthnews Tribune.com to see more photos and a video of the launch. Clint Austin / caustin@duluthnews.com

he was not the least bit surprised to learn Finkle would not use a motorized vehicle to move it.

"This is 100 percent con-

sistent with who he is and how he does things. He believes in living in a non-mechanized manner," Luebeck said.

Luebeck marveled at his friend's talent, saying: "He makes wood sing."

Upon reaching the beach, Hinkle pulled some fresh-baked bread, smoked whitefish and a jar of apple juice from his green canvas knapsack, encouraging his helpers to partake.

After everyone had had their fill, Hinkle and his friends carried the boat into the gentle waves of Lake Superior. Instead of christening the dory with wine, Hinkle trickled apple juice down its hull.

He still hasn't decided what to call the boat but said with confidence: "She'll tell me her name, in time."

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DNR K9 gets the gun in shoplifting case **BACK PAGE**

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East students sharing space with wildlife



Duluth East students Chase Karaste (left) and Colin Humphreys use a diameter tape to measure a tree in the forest behind the school on Thursday. The National Wildlife Federation has designated Duluth East an official habitat area because of efforts the school is taking to preserve and restore wildlife habitat. Photos by Bob King / rking@duluthnews.com

Duluth East grounds certified as wildlife habitat as classes move into the forest, work on sustainability

JOHN MYERS
jmyers@duluthnews.com

When Duluth school officials first planned to expand the former Ordean Middle School into the current East High School, they got in hot water for threatening an eagle's nest in a pine forest near the school. Neighbors complained that too many trees would be cut to handle the big school, athletic fields and parking lots, threatening the wild nature of the neighborhood — if not the eagle family itself. Indeed, about 100 trees were cut down to accommodate the new stadium. But plans were changed and accommodations made that not only saved the eagle's nest but allowed school officials to seek Minnesota Department of Natural Resources certification for the remaining woods as an official state school forest. See Habitat, Page A5



Duluth East science teacher Jenny Madole explains how to identify a tree using bark and needles. This particular tree is a Scotch pine in the forest behind the school. At left is student Martha Clanaugh.

Hezbollah leads massive anti-US protest in Lebanon

ZEINA KARAM
Associated Press

BEIRUT — In a rare public appearance, the leader of the militant Hezbollah group exhorted hundreds of thousands of supporters Monday to keep up the campaign against an anti-Islam video that has unleashed

deadly violence and anger at the United States across the Muslim world. Although the massive, well-organized rally in Beirut was peaceful, protesters in Afghanistan set fires near a U.S. military base, clashed with police in Pakistan, where one

demonstrator was killed, and battled with officers outside the U.S. Embassy in Jakarta, Indonesia, the world's most populous Muslim country. The turmoil surrounding the low-budget video that mocks the Prophet Muhammad showed no

sign of ebbing in the week after protesters first swarmed the walls of the U.S. Embassy in Cairo. Four Americans, including the U.S. ambassador to Libya, died amid a demonstration in the eastern Libyan city of Benghazi. See Protests, back page

Getting state to pay for methadone 'easy scam'

BRANDON STAHL
bstahl@duluthnews.com



When Brandon Castellano was a drug dealer working in Cloquet and Duluth, he sold marijuana and painkillers such as Oxycontin — but his most profitable drug was methadone, he said. And much of that methadone, he said, was paid for by the state of Minnesota.

The 33-year-old was a drug addict who said he enrolled as a patient at the Lake Superior Treatment Center about six years ago and got state-funded health insurance to pay for it. He said he started going to the methadone clinic not to get off drugs but to maintain his addiction — and to sell the drugs he was using. "It was a free high," said Castellano, who pleaded guilty to selling Oxycontin in 2009. He said he's since turned his life around and is studying at the Fond du Lac Tribal and Community College to be a chemical dependency counselor. "I was on (state-subsidized) Medica. That's all it was. I was getting my high for free every day. It was always there, every day. "It was an easy scam," he added.

He said staff at the clinic would ask if he was looking for a job. "I didn't need to," he said. "I had a lot of money through selling drugs." About half the patients admitted to the state's methadone clinics had their treatment paid for through publicly subsidized insurance programs such as Minnesota Care or Medicaid, records show. And as the number of patients in methadone treatment has grown — 60 percent since 2007 — the burden to taxpayers has increased. See Methadone, Page A5

Jury selection for Proctor bar death trial begins today

MARK STODGHILL
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Defense attorney Richard Holmstrom told Judge Mark Munger on Monday that the prosecution offered his client, Paul Joseph Welle, an 81-month prison sentence if he would plead guilty to second-degree manslaughter in the death of Dale Anderson outside a Proctor bar. Holmstrom told the court that he encouraged his client to take the plea deal. But Holmstrom said that Welle told him he wanted to go to trial because he didn't commit a crime. See Trial, back page

Now that will be up to a jury to decide. Jury selection begins today in State District Court in Duluth in the case of the 33-year-old St. Michael, Minn., man accused of unintentional second-degree murder and first-degree manslaughter. If Welle is found guilty of unintentional second-degree murder, he faces a guideline 15-year prison sentence. "This case is a tragic accident that involves self-defense," Holmstrom said after the hearing.

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CONTENTS

ClassifiedD
ComicsC7
GamesC6

Faces & NamesA2
LotteriesA2
MarketsA2
ObituariesB4

OpinionA6-7
SportsC
TV listingsD4
WeatherC8

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Tomorrow

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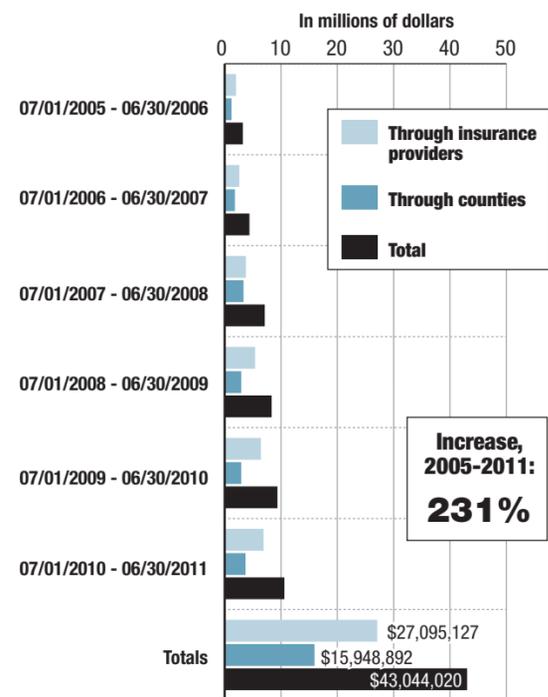


Sara K. Downs, Au.D.

Jonathan P. Gervais, Au.D.

Payments from the state of Minnesota for medication-assisted therapy

(includes methadone and other drugs for opioid addiction treatment)



SOURCE: Minnesota Department of Human Services, News Tribune analysis NEWS TRIBUNE GRAPHICS

Methadone patients' transportation costs, 2012

Methadone patients on state-funded health insurance can get their transportation reimbursed — even if that transportation means being driven hundreds of miles away. The amount one health insurance provider, Medica, has paid for its Duluth-area members on state-funded health insurance to get transportation to methadone clinics out of the area:

Month	Total rides (one way)	Cost	Month-by-month increase	Average per ride
January	69	\$16,143		\$234
February	85	\$20,624	28%	\$243
March	117	\$25,680	25%	\$219
April	232	\$62,653	144%	\$270
May	431	\$106,509	70%	\$247
Totals	934	\$231,608.70		\$247.98

SOURCE: Medica, News Tribune analysis NEWS TRIBUNE GRAPHICS

Methadone

Continued from Page A1

Since 2005, the state has sent \$43 million in reimbursements to the state's methadone clinics, according to data provided to the News Tribune by the state's Department of Human Services. From 2005 to 2011, total reimbursements more than tripled.

SPENDING WASN'T TRACKED

When the News Tribune first asked the Department of Human Services how much public money had been funneled to methadone clinics since 2005, the DHS said it didn't start keeping track of that amount until July 2011.

The DHS said it tracked money spent for all treatment, but it didn't break out methadone treatment expenses.

"We pay a per-member, per-month amount to cover all services," said Maureen O'Connell, DHS assistant commissioner for chemical and mental health services. Added DHS spokeswoman Patrice Vick: "We don't slice and dice things exactly the way reporters sometimes think we should and the way other people think would make sense just because of how we work with those plans."

In June, DHS agreed to request the reimbursement amounts from the various health insurance providers that manage the public health-care plans for the state, such as Medica, Blue Cross and UCare.

\$500 RIDE TO THE CLINIC

The cost to taxpayers doesn't end with reimbursements for methadone treatment.

Because it's considered a legitimate medical expense, most of the state's patients on subsidized health-care plans also get their travel to methadone clinics reimbursed if they can't afford it.

But how much the transportation costs taxpayers is unknown. The DHS said it

SUNDAY
The drug: The costs associated with methadone treatment continue to rise in Minnesota.

MONDAY
Abuse: Some addicts say methadone is their preferred drug of choice.

TODAY
Costs: About half of methadone patients in the state get their treatment free.



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COMING SUNDAY
Completion: Only about 5 percent of methadone patients in Minnesota finish treatment.

SEPT. 24
Profits: More than half of the country's methadone clinics are for-profit.

SEPT. 25
The clinic: Former staff members of the methadone clinic in Duluth speak out.

doesn't normally separate transportation costs to methadone clinics from other health-care transportation spending — and even if it did, it wouldn't track specific costs to methadone clinics, such as for taxis.

Much of the travel to the Duluth methadone clinic appears to be done by cab. A typical morning at the Lake Superior Treatment Center can see up to a dozen cabs pull up to a clinic. A cab ride to and from the Fond du Lac reservation is about \$80. Most patients need to go to the clinic daily to get their methadone.

But the rides can be far more expensive than that. When there's a waiting list to get in at the Lake Superior Treatment Center, the state will pay cab fare for patients in Duluth to get treatment at clinics in the Twin Cities and St. Cloud. In 2012, Medica — one of several companies that manages the state's health insurance plans — paid \$231,608 for its Duluth clients on state-funded health insurance to be taken, most by cab, to the Twin Cities or St. Cloud, at an average cost of about \$500 per patient per day.

"Talking about the public dollar, that is adding substantial expense to the public dollar to transport people to make sure they have access to methadone treatment," said Glenn Andis, senior vice president of Medica.

It's one of the reasons Andis said he believes another clinic should be opened in Duluth. He noted

that Medica pays for transportation for its privately covered clients as well as those who are publicly subsidized.

"Do you want addicts in a controlled situation going and getting their methadone, where they're under treatment and trying to do something about it?" Andis asked. "Or do you want to let addicts go out on the streets and get their fixes on the street? Because what you're talking about, generally, is a significant amount of crime associated with that, including robberies and so forth to get the money to get their fix."

DHS doesn't track the costs for transportation to methadone clinics, said agency spokeswoman Karen Smigelski.

"DHS does not collect specific pickup or destination information from non-emergency medical transportation providers, so we are not able to provide information for trips to methadone clinics," Smigelski said in an e-mail.

Smigelski said the Legislature recently created a medical transportation advisory group, and "an important component of its work will be establishing a monitoring process with more accountability that will provide DHS and the public with more information."

When asked why the state reimburses for transportation costs for methadone treatment, Smigelski responded in an e-mail: "We want to make sure that enrollees who need methadone treatment for an addiction

are able to receive treatment. This often includes overcoming barriers such as transportation. To get clients treatment when they need it, they sometimes must travel long distances, which increases costs. This immediate need for treatment must be balanced with transportation costs. DHS and the managed-care plans are aware that these costs may be better managed and will continue to look for ways to do that."

Dr. Tom Payte, a corporate medical director for Colonial Management Group, which owns the Lake Superior Treatment Center, said his company works to reduce diversion from the clinics while also keeping costs low for patients who want to get legitimate treatment.

But some patients, he said, will still abuse the program.

"There are all kinds of people who come into the treatment programs," he said. "Some people think they can get a free high, but if that's their motivation, they won't get much out of it."

For Castellano, he said he got state-funded rides to the methadone clinic when he needed them.

He said he feels guilty about abusing the system and essentially getting the drugs he was selling for free, but at the time he had no regrets.

"I was high and making money," he said. "The hardest part of addiction to get over was the money I was making."

Duluth East student Kurt Granger finds a seed top in the forest behind the school that he'll later identify.



"I've always used the outdoors as a classroom in some way. But this is a more coordinated effort to make this a better place for wildlife and birds to make it sustainable. It's also going to make it a better place to learn."

Jennifer Madole, Duluth East High School science teacher

Habitat

Continued from Page A1

Efforts to preserve and add habitat on the grounds already have earned "Certified Wildlife Habitat" designation by the National Wildlife Federation, a seal of approval for efforts to help the chickadees, woodpeckers, deer, bear, pine marten, eagles and many other species seen on the property.

"I've always used the outdoors as a classroom in some way," said Jennifer Madole, East science teacher. "But this is a more coordinated effort to make this a better place for wildlife and birds to make it sustainable. It's also going to make it a better place to learn."

Teachers, administrators, students, neighbors, conservation groups and others have joined forces to create habitat, plant native trees like birch and tamarack, rip out invasive species like buckthorn and plan a school grounds that will attract and hold wildlife. That includes native grasses and plants to attract birds, bees and butterflies and that require no pesticides or fertilizers and don't need to be mowed.

It's all part of the school district's larger sustainable schools initiative. But the East effort is also aimed at softening the footprint from the big increase in concrete and asphalt on the old Ordean school grounds. An orchard is planned to ring the baseball field. Vegetable gardens will sprout along 40th Avenue East. There are plans for student-built birdhouses and bat houses. A rain garden will be developed to help slow the runoff from paved-over areas into a nearby stream.

Science, agriculture and even shop classes are involved. There's even a movement for a contest to rename the seasonal stream that runs through the school forest. (Nobody likes the current "Fortieth Avenue East Creek" name.) Some of the projects will take money,

which the school district is short of, and the collaboration is seeking grants from local organizations and businesses.

"We've got the (National Wildlife Federation) certification. But we still have a lot of work to do. We're just getting started," said Shawn Roed, East activities director.

Maybe most importantly, students already are heading outdoors to take it all in.

"I think it will help. We're making more room, more shelter for the animals and birds," said Nicole Heskin, an East senior who last spring helped pull buckthorn out of the forest. "And removing the invasives is going to help the native species do better."

Heskin is helping Madole this semester with 40 students in the school's popular forestry, fish and wildlife class. She's active in FFA, or Future Farmers of America, and hopes to translate her love of the outdoors and wildlife into a career in zoology.

East junior Kyle Lindblad was walking the school forest near Superior Street last week, measuring different tree species for the forestry, fish and wildlife class, when he found a 21-inch diameter tamarack tree.

"I'd never seen one that big before, only little ones in the swamps and stuff," he said. "This is pretty cool. It was huge."

Madole hopes a wilder, more natural school grounds will help foster students' learning in other subjects like music, literature and even math.

"I think getting kids outside will help push them in a lot of areas not necessarily to do with ecology," she said.

David Mizejewski, National Wildlife Federation naturalist, said small habitat efforts can make a bigger difference than it may appear at first blush.

"It's easy to feel that there is no hope for wildlife in our modern world of smog, traffic and asphalt. But there is hope. Each of us can make



Duluth East forestry student Parker Shearer uses a tree scale stick to measure a tree's diameter in the forest behind Duluth East High School during a recent outdoor class.

our own piece of the Earth a healthy, green space that helps restore the ecological balance," Mizejewski said in announcing the federation's certification of the East campus. "Encouraging your neighbors to join with you can lead to a neighborhood or community habitat that provides wildlife with greater incentive to call your piece of the Earth home."

East already is doing that, and habitat efforts by Madole and others have helped smooth ruffled feathers of neighbors who weren't crazy about the prospects of a bigger school.

"We're neighbors now. I was one of those who thought it's too small a space for a high school," said Brian Ronstrom, whose Superior Street home abuts the school forest near the stadium. "But it's a done deal and we have to get along. Actually, it's working better than I anticipated. ... They seem to be really interested in making this as friendly as possible, for the neighbors and the animals."

Madole said the nesting eagles on the site, which might have come close to scuttling the new high school altogether, could now become teachers in their own right.

"I'd love to get a camera up in that nest so we could

have the whole school observe what's going on up there," she said. "We'd need to get some grants to make something like that happen. But it would really get the students involved."



Elijah Hammer (left) and Patrick Watson, Duluth East High School students, look for samples of leaves and plants in the forest behind the school as part of a forestry class. Photos by Bob King / rking@duluthnews.com

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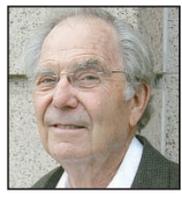
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Duluth doctor dies in plane crash D1

Duluth News Tribune

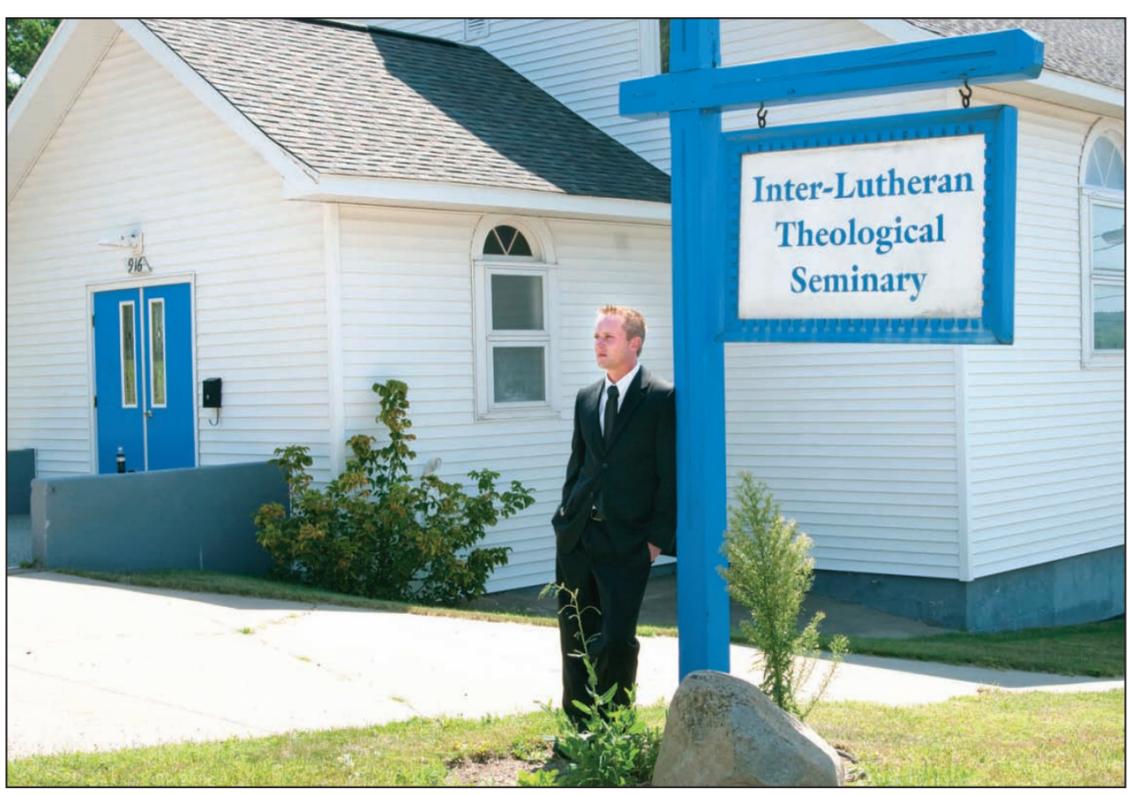
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INSIDE

Sunday, September 23, 2012

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Josh Bergstedt stands outside the seminary in Hancock, Mich., where he attends school. Bergstedt is a former patient at the Lake Superior Treatment Center. Bergstedt said got high on methadone, and he eventually quit treatment before joining the seminary. Photo for the News Tribune by David Archambeau

GOP reps now oppose budget cuts they voted for

JAMES ROSEN
McClatchy Newspapers
WASHINGTON — Republican congressional leaders are backing away from a trigger system of forced spending cuts that they hailed 13 months ago as a herald of fiscal discipline and for which GOP lawmakers voted by large margins.

Budget Control Act on Aug. 2, 2011, which contained \$1 trillion in defense cuts over a decade and threatened hundreds of billions more through forced reductions.

"I got 98 percent of what I wanted," Boehner said then. "I'm pretty happy."

Other GOP leaders also praised the deal at the time and have done recent about-

faces. Among them is Rep. Paul Ryan, R-Wis., the House Budget Committee chairman, who's now Republican presidential nominee Mitt Romney's running mate.



Boehner now says he never supported the forced cuts alone but only as part of a broad package of budget controls that tied the debt-ceiling hike to offsetting reductions. The sequester wasn't meant to take effect, Boehner adds, but was intended instead to goad Congress and Obama into reaching a bipartisan accord that would replace the \$1.2 trillion in deficit reduction with a different path to the fiscal target.

Obama, in turn, is accusing the Republicans of flip-flopping by rejecting strong budget controls they once championed.

The \$1.2 trillion in forced cuts, part of an August 2011 law to raise the debt ceiling by the same amount, would be split roughly in half between defense and non-defense programs over nine years.

In a move to deflect the GOP attacks, Obama has emptied military personnel from the \$54 billion in possible defense cuts next year as he released a congressionally mandated report on how he'd implement the forced cuts.

"This report confirms that the president's 'sequester' is a serious threat to our national security and must be replaced," House Speaker John Boehner responded.

The Ohio Republican's stance was at odds with his celebratory pose after Obama signed the 2011

Boehner notes that the GOP-controlled House of Representatives in May passed the Sequester Reconciliation Act, a bill to replace the \$1.2 trillion in forced cuts

See Cuts, Page B5

Former patient says treatment was 'just another addiction'

BRANDON STAHL
bstahl@duluthnews.com

In 2008, after years of abusing painkillers such as Oxycontin and Lortab, Duluth native Josh Bergstedt enrolled at the Lake Superior Treatment Center. He said he had hoped to be off the methadone treatment program and drug-free within a month.

"I wasn't being honest with them," he said. "But we're drug addicts. This is what we do. We just want to get higher and higher."

Two months later, his records show, his dosage had quadrupled. As the months went by, Bergstedt exhausted his savings paying for the methadone before he was put on state health insurance, which then paid for the treatment. He was still on high doses of methadone, but instead of being high, he said he plateaued. The drug, he said, was turning him into a zombie.

"But after the first day, I was just lit," he said. "I'm thinking, 'This is treatment? Holy cow.'"

Bergstedt, 29, said he wanted to get higher, so he told his counselor he was having withdrawal symptoms to get stronger doses.

See Methadone, Page B4

Methadone **Online extra**

A costly fix Read the entire series at duluthnewstribune.com.

SEPT. 16: **The drug:** Costs associated with methadone treatment continue to rise in Minnesota.

SEPT. 17: **Abuse:** Some addicts say methadone is their preferred drug of choice.

SEPT. 18: **Costs:** About half of methadone patients in the state get their treatment free.

TODAY: **Completion:** About 5 percent of methadone patients in Minnesota finish treatment.

COMING MONDAY: **Profits:** More than half of the country's methadone clinics are for-profit.

TUESDAY: **The clinic:** Former staff members of the methadone clinic in Duluth speak out.

Astronaut draws crowd at air show

JOHN LUNDY
jlundy@duluthnews.com

Undeterred by a brisk north wind, clouds and occasional sprinkles, thousands of people streamed into the grounds of the Duluth Airshow on Saturday to gaze up at mind-bending aerial acrobatics, marvel at huge airplanes and wonder at the latest in aeronautic technology.

and heavy jackets were the uniform of the day, and insulated cups of steaming coffee the most common accessory.

At about 12:30 p.m., as spitting rain and an extra-strong puff of wind temporarily stalled the aerial displays, one child was getting a \$5 hand-dipped ice cream cone and no one was at the fresh-squeezed lemonade stand. But about 50 people were waiting in line at a vendor stand with the single word "Coffee" above it.

made indoor displays particularly popular. Among them was the half-of-a-hangar occupied by NASA. It included a lunar rock, tributes to astronauts John Glenn and Neil Armstrong and a chance to get your picture taken with your face in the cutout of an astronaut.

Better yet, it included an actual astronaut. For a couple of hours on Saturday, Col. Gregory H. Johnson signed autographs on his picture (and on at least one cast) and bantered with children and adults who waited

in line to see him. Johnson, who flew two shuttle missions — including the second-to-last shuttle mission, commanded by Mark Kelly — didn't just slap his name on the prints. He took the time to engage in conversation, especially with children, even as the line grew and bent around a corner of the hangar.

Among them was the Neill family of Thunder Bay, Ontario: Robert, Julie, Ashley, 12, and Connor 9.



Col. Gregory H. Johnson, a NASA astronaut, listens to Kristi Rollag Wangslad, president of Airspace Minnesota, during the Duluth Airshow at the Duluth International Airport on Saturday afternoon. Go to duluthnewstribune.com to see a photo gallery from Saturday's event. The air show continues today from 9 a.m. to 6 p.m. Clint Austin / caustin@duluthnews.com

See Air show, Page A8

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CONTENTS
Faces & Names.....A2
GamesF2
Lotteries.....A2
Obituaries.....D4-6
Opinion.....B1-3
OutdoorsC6-8
SportsC
TV listingsF8
WeatherB6

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► Methadone

Continued from Page A1

"I was living in my parents' basement, completely depressed," he said. "Methadone was just another addiction. It was two years of hell. You're functioning, but with that amount of drugs in your system, how can you be a productive member of society?"

"At some point it dawned on me: I'm just going to die like this."

In 2010, Bergstedt became one of thousands who have dropped out of the state's methadone programs without completing the treatment. From 2007 to 2011, 94 percent of the state's methadone patients who left the programs did so without completing the treatment.

That dropout rate puts methadone treatment dead last in successful completion rates among other types of chemical dependency treatments in Minnesota, the News Tribune found.

But that isn't the only area where methadone trails other treatment options.

Patients discharged from methadone programs also were more likely to be in jail 30 days after being discharged and had more potential for serious to extreme withdrawal symptoms and relapse when compared to treatments such as long- and short-term residential programs.

The results come from a News Tribune analysis of chemical dependency treatment admission and discharge data provided by the Minnesota Department of Human Services. The agency provided the data when the newspaper asked for a way to evaluate the effectiveness of methadone treatment in the state.

Other discharge data provided by the DHS showed that, judging by additional criteria the agency uses to evaluate outcomes of chemical dependency treatment, methadone failed to help patients in areas such as ability to control emotional problems and ability to find housing and jobs.

Dr. Marvin Seppala, chief medical officer for the Center City, Minn.-based alcohol and drug addiction treatment center Hazelden, called the News Tribune's findings concerning, especially the lack of completed treatment.

Hazelden, which offers abstinence-only treatment for opiate addiction, has about a 53 percent completion rate, Seppala said.

"If success is defined as weaning them off, then absolutely (methadone completion rates) should be higher than 5 percent," he said.

He said methadone can be an effective treatment, but when its use isn't effectively monitored and the drug can be easily diverted and given without proper counseling, "you do get much more of the downsides of methadone."

At the Lake Superior Treatment Center, the only methadone treatment provider in Minnesota that's north of St. Cloud, about 6 percent of patients completed the program from 2007 to 2010, the News Tribune found. The average for the state during that time was 5 percent.

The director of the Lake Superior Treatment Center did not return repeated phone calls for comment.

A representative for Colonial Management Group, which owns the Lake Superior Treatment Center along with more than 50 other clinics across the country, told the News Tribune from Florida that the company does not speak to the media.

However, Dr. Tom Payte, a corporate medical director for Colonial Management Group did speak with the News Tribune. He said the goal of methadone treatment is not to wean the patients off that drug.

"We want to improve the quality of life for people," Payte said. "(Addiction) is an incurable, progressive, often-fatal disease. The best results occur for people who stay in methadone treatment long-term."

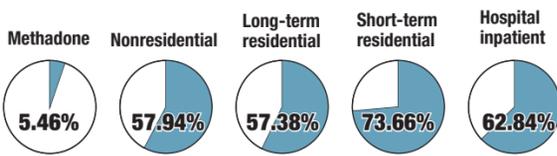
Payte, who has worked in the addiction field for 40 years, said thousands of Colonial Management patients have successfully used methadone for years. But even some addicts who seek methadone treatment, he said, won't be successful with it.

"I see some very positive results; I see some very frus-

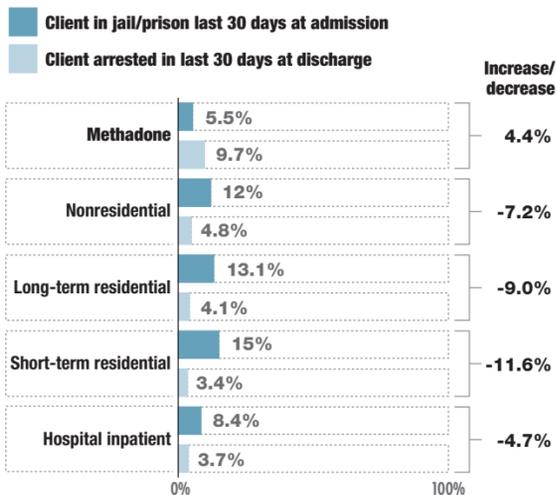
Methadone vs. other forms of treatment

In data reviewed from 2007 to 2011, the effectiveness of methadone treatment appears to lag behind other types of treatments for chemical dependency in Minnesota.

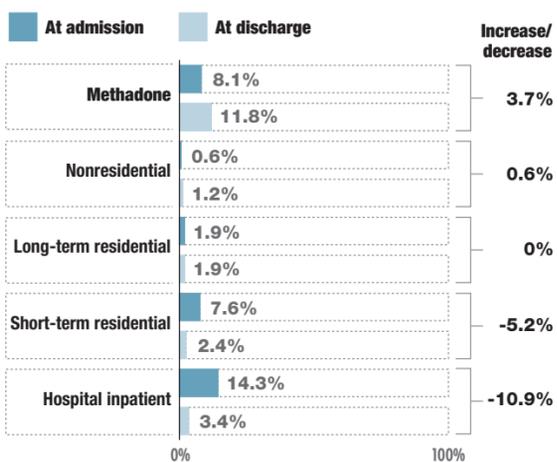
Average completion percentage of Minnesota chemical dependency programs, 2007-2011



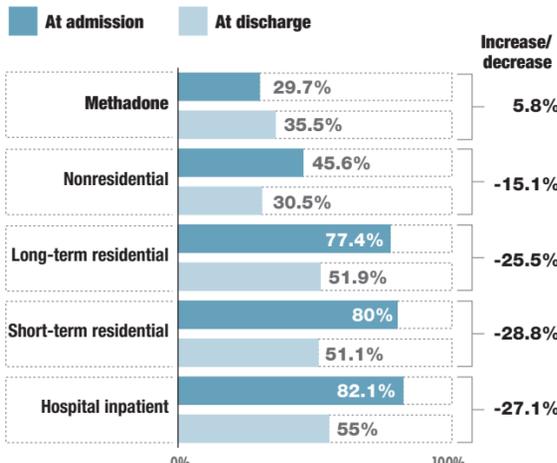
SOURCE: Minnesota Department of Human Services, News Tribune analysis NEWS TRIBUNE GRAPHICS



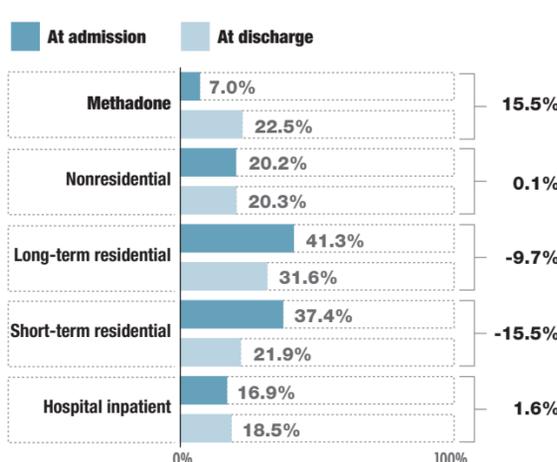
Percent of patients with serious-to-extreme withdrawal potential



Percent of patients with serious-to-extreme relapse potential



Percent of clients with serious-to-extreme problem with readiness for change



SOURCE: Minnesota Department of Human Services, News Tribune analysis NEWS TRIBUNE GRAPHICS

trating situations where change just does not seem to occur," he said. "They may not want to change. If they don't want to stop using, then what are we to do? Obviously they're going to be out of treatment after a period of time."

On the subject of methadone treatment, the Department of Human Services said the News Tribune's findings are flawed because they compare programs for opiate addicts to programs for other kinds of addictions.

"It compares apples to oranges," said Maureen O'Connell, the DHS assistant commissioner for chem-

ical and mental health services.

When asked if DHS had a study measuring the effectiveness of methadone treatment in Minnesota, the agency acknowledged it did not.

"Does the state aggregate that data?" asked Jerry Kerber, inspector general for the DHS. "What you're hearing us saying is: We haven't done a lot of it, but it's something that probably ought to be done."

STAYING ON METHADONE FOR LIFE

Other health experts on chemical dependency say it's a mistake to equate effective methadone treatment with completion.

"The successes of methadone are those who stay on it," said Dr. Gavin Bart, the director of the division of addiction medicine at Hennepin County Medical Center.

To Bart, successful methadone treatment might mean the patient is on the drug for life.

"It's not controversial in the world of addiction treatment," he said. "There are societal controversies, and it's related to stigma. But no one says, 'My God, you've been on high blood-pressure medicine for this many years? You need to stop.'"

By that measure, Duluth resident Sharon Mix is a methadone success story who wouldn't show up in the discharge numbers.

The 56-year-old said she started abusing narcotic prescription medications such

as Percocet when she was 23. In 1980, she was arrested as part of a large sting of narcotic drug sales in Duluth and narrowly escaped prison time. She went to treatment but continued to abuse narcotics, which eventually saw her do time in the state prison in Moose Lake, where she said she continued to use and sell drugs such as painkillers and heroin.

"Even after all of that, I didn't learn a lesson," she said. "My kids were taken away from me."

The drug abuse continued, getting to the point, she said, where she would often spend hundreds of dollars a day on drugs. One night while at a motel in the Twin Cities with her husband, Mix said she did her "last blast."

"It was like nothing," she

said. "We looked at each other. I believe we both started crying. We sat and prayed for a while, went to bed, woke up the next morning, and went to the methadone clinic down in the Cities."

"That was 18 years ago." Mix said she's been on methadone ever since, often driving down to the Twin Cities each day until a clinic opened in Duluth.

She said she now takes a high dose of methadone each day and has no plans to get off the drug.

"I'm an addict; I'll always be an addict," she said. "I would rather have methadone there and be on methadone than have any chance in hell of going back to that lifestyle."

Continued on next page

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Continued from previous page

IT'S A FOG

Mix said she doesn't get high from the methadone; rather, it allows her to function normally "the majority of the time."

"It isn't something you really get high from," she said. "It takes away the need to feel like you want to get high, but it levels you to the point where your body says you are."

Bart of Hennepin County Medical Center said proper dosing of methadone patients should prevent euphoria and relieve withdrawal symptoms.

Getting high from methadone provided at a clinic "should be prevented," he said.

But local chemical dependency treatment experts and law enforcement officials say patients they see on methadone act as if they're high.

Richard Colson, supervisor of the Tegwii Recovery Center on the Fond du Lac Reservation, said many of the people he treats have left methadone treatment and describe getting high from the drug.

He said treating patients with a drug that can keep them in that altered state for the rest of their lives is wrong.

"You have a prison without bars," he said. "You have addicted these people, and their lives essentially get flushed into some mutant reality. It's a fog. Some of the best years of their lives won't amount to anything other than a walk on a soggy beach on a foggy day."

Seppala of Hazelden said he doesn't believe people should be on methadone for the rest of their lives.

"We don't know who should be on methadone long-term," he said. "We don't have a good test or predictor that could tell me today that this person should take methadone for the rest of their lives, and this person should be off of it in a year or two."

"When they get really good recovery, they should be able to come off these maintenance treatments."

Payte of Colonial Management said because he views addiction as a disease, he believes that even people who enter methadone treatment to abuse that drug should still be kept on the treatment.

"I don't believe in terminating patients for noncompliance if we can keep them in the system," he said. "I seldom see patients that benefit from being kicked out onto the streets. If we can continue to work with them, we have a better chance of establishing a relationship and making a difference."

WITHDRAWAL

For methadone patients who want to withdraw from the drug, clinics are supposed to supervise that withdrawal and have it done gradually over the course of weeks, or even months, experts said.

Methadone users who have gone through withdrawal unsupervised describe it as far worse than coming down from other narcotics. Dan Stanius, who spent time in jail for being caught with illegal methadone, said withdrawing from methadone was extremely painful.

"It's right down to the bone. Everything hurts," he said. "(I) just had just horrible pain. I wouldn't eat at all, just hated life. You wish you wouldn't wake up; you didn't

care whether you brushed your teeth or combed your hair or did anything like that. It's like a super-bad flu. You just hated life."



STANIUS

withdrawals from methadone are 10 times worse than any street drug I've ever taken," he said. "It's the worst thing you could possibly go through."

When Bergstedt left the Lake Superior Treatment Center, he enrolled in Minnesota Teen Challenge, where he said it took a year before he was able to get sober and feel normal again.

Now he's studying to become a pastor at the Inter-Lutheran Theological Seminary in Hancock, Mich., and gave his first sermon in June.

Reflecting on his time as a methadone patient, he said the treatment never worked for him because it was just another drug to abuse.

"It was a hopeless cycle for me," he said. "You're giving drug addicts a license to be drug addicts."

2 charged with depositing checks stolen from Obama headquarters

ROSEMARY R. SOBOL AND JENNIFER DELGADO Chicago Tribune

CHICAGO — Two men were charged with depositing two checks stolen from President Obama's campaign into bank accounts they fraudulently opened.

A judge Saturday set bail at \$100,000 for Jessie Adams, who allegedly instructed Willard Elam and an unidentified man who remains at large to open bank accounts at separate bank branches in the Chicago's south suburbs. Adams is charged with one count of organizing a financial criminal enterprise.

Bail for Willard Elam, who is charged with continuing a financial crime enterprise, was set at \$75,000.

Cook County prosecutors said Elam and the unidentified man were accompanied by Adams and pretended to be owners of companies that work with Obama's presidential campaign.

They opened the accounts on Sept. 12 and Sept. 13 at TCF Bank branched in two grocery stores, and presented fake documents to open the accounts before depositing the checks, one for \$24,857 and the other for \$23,839, prosecutors said.

A comptroller with Obama's reelection campaign caught on to the scheme when two companies complained they had not been paid. It was not known how the three men obtained the checks, prosecutors said.

Adams, 36, of Joliet, Ill., works for a general contracting company; Elam, 48, of Dolton, Ill., is a laborer, authorities said.

Police said Adams recruited Elam for the alleged crime.

The checks were stolen, apparently last week, from the Prudential Plaza building in downtown Chicago, where the Obama campaign

is headquartered, police said.

The checks were made out to legitimate businesses, but the suspects deposited them in phony accounts they had set up under the names of those companies, authorities said.

Ben Finkenbinder, the Midwest press secretary for the Obama campaign, said: "Three checks we sent to vendors made it into the wrong hands, and after learning of this we notified the police. We're pleased that they're dealing with the issue swiftly, and don't expect this to have any impact upon the campaign."

An Obama campaign official, who spoke on the condition of anonymity because he was not authorized to speak on the matter, said the checks were not taken from the campaign's offices, but rather from the building housing the headquarters.

Cuts

Continued from Page A1

with a different mix of spending reductions.

But that measure, which passed along party lines and died in the Democratic-controlled Senate, contained a separate provision to extend the Bush-era tax cuts to all Americans when they expire Dec. 31 — a "poison pill" clause for Obama, who wants to limit them to household incomes under \$250,000 a year.

Ryan says he voted for the sequester as part of the larger deal to raise the debt ceiling in the spirit of compromise with Obama and his Democratic congressional allies, but never intended the forced cuts to take effect.

"I worked with President Obama to find common ground to get a down payment on deficit reduction," Ryan said earlier this month. "It wasn't a big down payment, but it was a step in the right direction."



RYAN

House Minority Leader Nancy Pelosi, who also voted in favor of the plan a year ago, recently accused Boehner of not allowing lawmakers to vote on a Democratic proposal to replace it.

"It is a better plan," the California Democrat said. "It actually does end sequestration through a mix of cuts and revenues. The reason we have a problem here is because our Republican colleagues have refused to have one red cent from the wealthiest people in our country contribute to resolving this fiscal crisis."

That Democratic plan had its own poison pill for Republicans: bringing in more federal revenues by ending the Bush tax cuts for those with household incomes of \$250,000 or more.

Coloring the dispute is the presidential election, now less than seven weeks away.

Obama hopes that a second term will give him increased clout to shape a new deficit-reduction package more to his liking, with "revenues" — to include tax hikes on the wealthy — as part of the mix.

Republicans are banking

that an Obama defeat by Romney, coupled with their party regaining control of the Senate, will put them in a position to dictate the terms of future spending cuts, focused heavily on non-defense domestic discretionary programs.

The upshot is that the two sides probably will wait until a "lame duck" session of Congress after the November elections — so-called because some lawmakers will be retired or voted from office as of January — to try to replace the looming cuts with a different mix of spending reductions.

The post-election legislative session also must decide whether to let the Bush-era tax cuts expire Dec. 31 as scheduled, to extend them for all Americans as Romney wants, or to adopt Obama's plan of limiting them to households with income under \$250,000.

The two controversies are linked because broader tax reductions would decrease revenues to the federal government, making it harder to reduce future deficits.

Romney, a former Massachusetts governor, has ruled out including military cuts in deficit reduction. He instead wants large hikes in defense spending. The Pentagon's budget has doubled over the past decade, fueled by the Iraq and Afghanistan wars and broader initiatives to fight terrorism.

Steve Ellis, chief budget analyst for the nonpartisan anti-spending group Taxpayers for Common Sense in Washington, said the defense cuts that Romney and his GOP congressional allies were targeting weren't reductions in absolute spending.

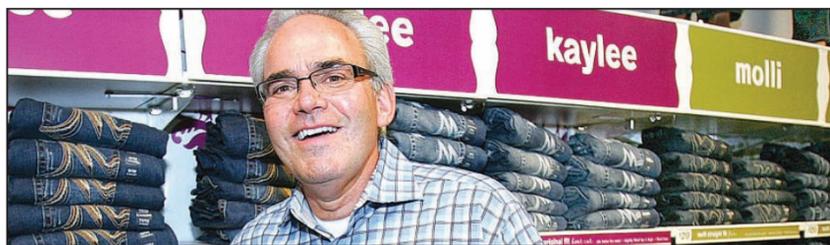
Instead, Ellis said, they are smaller increases than those projected from the Pentagon's current "baseline" levels, which are inflated thanks to unsustainable 9 percent annual post-Sept. 11 hikes.

"Even if we did the cuts proscribed in sequestration, we would end up with about the same level of defense spending as we had in 2006," he said.

Since then, virtually all U.S. troops have left Iraq, and 23,000 have exited Afghanistan under Obama's 2014 withdrawal plan.

"Gov. Romney's suggesting that we increase defense spending really ignores some of the big budget challenges facing us and growth that's happened in our defense sector," Ellis said. "Clearly, there's room to cut. We need to spend money smarter instead of spending more."

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Duluth News Tribune

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Caregivers say they focus on treatment, not profits

JOHN LUNDY AND BRANDON STAHL
jlundy@duluthnews.com;
bstahl@duluthnews.com

For Duluth's Lake Superior Treatment Center — and for more than half the methadone clinics in the country — methadone isn't only a treatment. It's a business.

"I would say it's lucrative," Mark Parrino, president of the American Association for the Treat-

Methadone



A costly fix

ment of Opioid Dependence, said of for-profit methadone clinics. "If not, they wouldn't be opening (clinics)."

Financial records showing the profitability of the Lake

Superior Treatment Center or its parent company, Florida-based Colonial Management Group, aren't publicly available. Colonial Management, the second-largest group of methadone clinics in the country, keeps that information closely guarded. A corporate medical director for the company, Dr. Tom Payte, said Colonial Management has about 25,000 patients spread throughout

its more than 50 clinics in 18 states across the country.

Though some in the drug treatment field question whether a quest for profits might pose a conflict of interest, others dismiss the concerns.

Payte said his focus is not on the money the company makes but on the quality of care the clinics provide. And he said he sees little difference between for-profit and

nonprofit providers.

"In reality, for-profit and nonprofit programs are operated under the same guidelines and regulations," he said. "In some cases, the for-profits may be doing a better job of delivering services."

The number of for-profit methadone clinics is growing. Nationwide, according to the Substance Abuse and Mental Health Services Administration, the number of

for-profit methadone clinics grew 21 percent from 2003 to 2010. During the same time, the number of nonprofit clinics grew 2.3 percent.

"If it is a for-profit agency, doesn't that imply to some degree a conflict of interest?" asked Don Jarvinen, who trains chemical dependency counselors at the Fond Du Lac Community College.

See Methadone, Page A4



Kristina Hill conducts a math lesson with a small group of students at Proctor's Bay View Elementary School last week. Small-group instruction is one thing the school is doing to improve its students' achievements. Photos by Steve Kuchera / skuchera@duluthnews.com

Bay View, Laura MacArthur have new tools to raise achievement

JANA HOLLINGSWORTH
jhollingsworth@duluthnews.com

At 10:45 a.m. Wednesday at Proctor's Bay View Elementary School, everyone in Denise Stenberg's third-grade class picked up a book and began to read.

The 15-minute break in the day was happening throughout most of the school and is part of a school improvement plan required by the Minnesota Department of Education. The plan followed new rankings that placed the school among the lowest-performing in the state, along with Duluth's Laura MacArthur Elementary.

Educators from Bay View and Laura MacArthur were required to write 100-plus-page improvement plans under a new accountability system that replaced some of No Child Left Behind's harsher mandates. They also applied for and received large grants to help raise achievement — and those grants meant hiring people to do creative things that, lately, there isn't time or money to do in many schools.



Nicole Appelwick works with Nathan Rogge and other students during time for small-group math instruction at Proctor's Bay View Elementary School last week.

What's being done at Bay View, said Principal Diane Morin, could only be done in pieces without the grant.

The small district has never

had data coaches or teachers on special assignment as in larger districts, she said.

"Now we have the tools," she said. "That's the exciting part."

The Proctor and Duluth school districts received renewable grants from the state for being "priority" schools.

Proctor's is for \$1.7 million, and Duluth's is for about \$1.3 million over the next three years, which is the term of the designation. At each school, that money is paying for lots of teacher development and jobs.

Both schools have hired building operations managers to take over some duties of principals, giving the principals more time to get into classrooms, observe instruction and coach teachers.

They've also hired family-community liaisons to better connect parents and guardians to schools and teachers. They've each hired someone to ensure that improvement plans are being followed throughout the school. Laura MacArthur increased its data coach to full-time status, and Bay View created the position. Bay View increased its guidance counselor to full-time. Laura MacArthur added a special education teacher.

See Schools, Page A4

EMMY AWARDS

TV drama 'Homeland' gets series, acting nods

LYNN ELBER
Associated Press

LOS ANGELES — "Homeland," which puts the battle against terrorism on American soil, was honored as best drama series at Sunday's Emmys and earned trophies for stars Claire Danes and Damian Lewis. "Modern Family" was named best comedy.

The drama "Homeland" stopped "Mad Men" in its tracks, denying the show a record-setting fifth trophy, kept Bryan Cranston from his fourth consecutive best drama award for "Breaking Bad," and made "Mad Men" star Jon Hamm an also-ran once more.

The Emmys refused to play it predictably Sunday, with Jon Cryer of "Two and a Half Men" earning a best actor award and Jimmy Kimmel proving a game but uneven host.

"I'm one of those pesky Brits, I apologize," said Lewis, who plays an American in the espionage thriller. "I don't really believe in judging art, but I thought I'd show up just in case."

Danes, eye-catching in a bright yellow dress that gracefully draped the pregnant actress, was effusive.

"My husband, my love, my life, my baby daddy, this doesn't mean anything without you," she said to her spouse, actor Hugh Dancy.

Backstage, Danes said she particularly appreciated one fan: President Obama has said he's a fan of "Homeland," about a Marine and former POW who's suspected of working for al Qaeda.

"No pressure," the actress said. "It's way cool that he is a fan. It speaks to the relevancy of the show, and it's hugely validating."

The acting trophies, along with a best writing award for the show,



DANES



LEWIS



LOUIS-DREYFUS



CRYER

See Awards, Page A6

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Contents
Classifieds D
Comics D5
Games D4
Lotteries A2
Obituaries B6
Opinion A5
Sports C
TV listings D6



Weather



Today:
Partly cloudy
High: 67 Low: 44



Tomorrow:
Mostly sunny
High: 60 Low: 41

Campaign aims to clear way for pedestrians

JOHN LUNDY
jlundy@duluthnews.com

James Gittemeier knows what it's like to be a pedestrian on a crosswalk with no place to hide.

"It was at 10th Avenue East by St. Luke's," the Duluth man said. "The driver was trying to run left onto First (Street). I had the crosswalk, and I was walking across. The driver did not see me. I had to stick my hand out, and they stopped in time."

It's a close encounter of the worst kind, and it's the sort of thing that has led Minnesota transportation officials to a campaign to improve pedestrian safety.

The Share the Road campaign is an expansion of the existing campaign aimed at bicycle safety that began in 2003. The pedestrian focus is under way, with ads appearing this month on Duluth Transportation Authority buses.

See Share, Page A6



These ads on Duluth Transit Authority buses remind drivers that it is state law to stop for pedestrians at street corners. The campaign is sponsored by the Minnesota Department of Transportation. Clint Austin / caustin@duluthnews.com

►► Methadone

Continued from Page A1

Some of Jarvinen's students have gone on to work at the Lake Superior Treatment Center. Jarvinen said those students have shared concerns with him about the clinic, saying counselors have high patient loads and aren't able to provide the counseling needed to go with the methadone.

The director of the Lake Superior Treatment Center did not return repeated phone calls for comment. A representative for Colonial Management Group, which owns the Lake Superior Treatment Center along with more than 50 other clinics across the country, told the News Tribune from Florida that the company does not speak to the media.

However, Payte, who has oversight of the treatment standards for Colonial Management Group's Minnesota clinics, did speak with the News Tribune.

Payte, who has worked in methadone treatment for 40 years and before working with Colonial Management operated two clinics in Texas, said he's careful to make sure that the company's desire to make money doesn't interfere with the care provided.

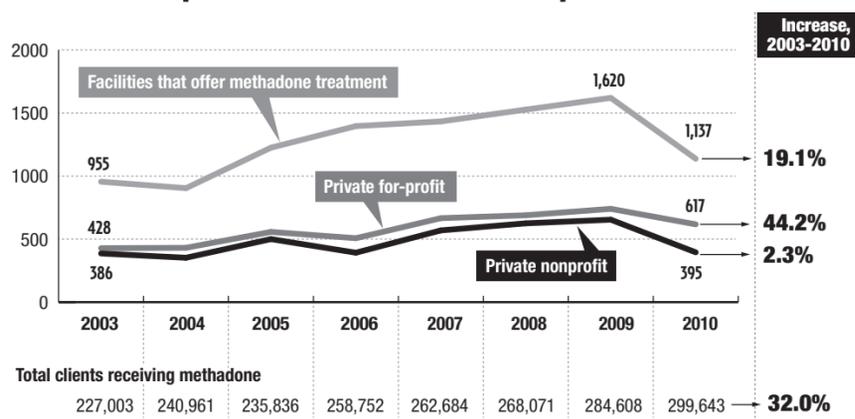
He said nonprofit programs can end up charging more fees, are less concerned with competition, provide less supervision of methadone use and "don't seem to be as sensitive to the needs of patients."

"In the for-profit model, there is a greater opportunity to deviate or be a little more creative in providing the services," he said. "I was a little suspicious in moving to the corporate model. But I was pleasantly surprised. I feel like the treatment can co-exist with the business side of it."

REASONS TO STAY ON METHADONE

Other experts say that lengthy time in treatment

Number of opioid treatment clinics and patients in the U.S.



SOURCE: Substance Abuse and Mental Health Services Administration, News Tribune Analysis

NEWS TRIBUNE GRAPHICS

doesn't suggest a lust for excess profits.

Dr. Robert Newman of New York, who has worked in addiction treatment in the public sector for 40 years, said methadone shouldn't be considered a cure but a maintenance drug, much like giving insulin to diabetics or medication to an epileptic.

Once an individual has been addicted to heroin, there's always a risk of relapse, Newman said. Because of that, if his own son or daughter were using methadone for an addiction and considered getting weaned off, "I would beg them not to," he said. "The first time you shoot up again or the first time you use some kind of prescription narcotic, you can die of an overdose."

Patients are taken off methadone, but it's not a quick fix, said Nick Reuter, public health analyst for the Substance Abuse and Mental Health Services Administration. The average length of treatment is 6.8 years, he said.

"There are patients who are now in their 80s who have been continuing treatment for 30 or 40 years," Reuter said. "What we put in our guidelines is that as long as somebody is in recovery,

Methadone

A costly fix

SEPT. 16:
The drug: Costs associated with methadone treatment continue to rise in Minnesota.

SEPT. 17:
Abuse: Some addicts say methadone is their preferred drug of choice.

SEPT. 18:
Costs: About half of methadone patients in the state get their treatment free.

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SUNDAY:
Completion: About 5 percent of methadone patients in Minnesota finish treatment.

TODAY:
Profits: More than half of the country's methadone clinics are for-profit.

COMING TUESDAY:
The clinic: Former staff members of the methadone clinic in Duluth speak out.

the decision to wean them off the methadone should be very carefully considered."

NO PUBLIC-SECTOR ALTERNATIVE

Of the 1,137 clinics in the U.S., 54 percent are for-profit like the Duluth clinic. Parrino said that percentage is growing because the public sector isn't doing its share.

He said he has heard from state legislators complaining that methadone treatment centers are making profit the central motive and keeping people in treatment longer than they need to.

"I said, 'That's possible,'" Parrino recounted. "Some

private programs will focus more on how do they increase their margin of profit rather than do they offer additional services to patients.

"I said, 'But tell me, if you're so concerned about the growth of the private sector in methadone treatment, what are you doing to counter that? What are you advocating?'"

Newman, who directs the biggest methadone treatment program in the country at New York's Beth Israel Medical Center, put it more bluntly in defending his for-profit colleagues.

"I don't understand why,

"If you're so concerned about the growth of the private sector in methadone treatment, what are you doing to counter that? What are you advocating?"

Mark Parrino, president of the American Association for the Treatment of Opioid Dependence

of all services, this one is singled out to be damned for the profit motive," he said.

Newman, like Parrino, said the public sector should step up to the plate, and he applied his argument to Duluth.

"The fact that people say: 'Well, we've only got one clinic and it's a profit-making clinic and we're concerned about it,'" Newman said, "Hey, OK, I'll accept all your reservations. What are you doing about it? There's no reason why Duluth could not develop a methadone treatment alternative for everybody who wants it."

Even if there is a monopoly, it doesn't mean clients are paying too much, Parrino said.

"If you figure the average charge for a private patient in a private clinic per week is anywhere between \$70 to \$90 per week — while that's not a national standard, it's a sort of ballpark figure," Parrino said. "Are you seeing programs charging much greater than that? Like \$150 or \$200 per week? Not to my knowledge."

Clients at the Lake Superior Treatment Center are charged about \$17 to \$22 a day, or \$119 to \$154 a week, according to patient records examined by the News Tribune and data provided to the newspaper by Medica and the Minnesota Department of Human Services. State data suggests that the average cost to treat a patient on methadone is about \$3,000 a year.

SUCCESSOR TO METHADONE?

Whatever success Colonial Management Group and other methadone providers experience will be short-lived, predicts Ted Jackson,

a financial journalist who has looked at the economics of methadone for the publication he founded, Treatment Magazine. An alternative opiate treatment called Suboxone works better, he said, and can be prescribed by certified doctors, meaning a visit to an addiction clinic isn't required.

The problem with Suboxone is that it's a brand-name drug and much more expensive than methadone, Jackson said. But when a generic version becomes available, cost will be less of a factor.

It's not clear when that will happen. U.S. patent protection for the Suboxone tablet ran out in 2009, according to an October 2011 article in Bloomberg news.

But the manufacturer, Reckitt Benckiser of Great Britain, introduced a Suboxone film strip that dissolves on the tongue, which has patent protection until 2025. Reckitt marketed the film version by offering U.S. consumers \$45 per month to cover their co-payments, Bloomberg reported. The company introduced the Suboxone film in September 2010, and within the first half-year, it accounted for 41 percent of the drug's sales.

In the face of that success, so far no manufacturer has offered a generic version of the Suboxone tablet. But there's nothing to prevent them from doing so. If the generic does become available, methadone treatment centers likely would face a loss of business.

As for the future, Jackson said: "I consider the methadone clinic business to be an extremely risky business."

►► Schools

Continued from Page A1

"This is giving teachers the opportunity to do things they didn't think they could do before," said Morin, who herself was part of the change.

One stipulation of the grant was that principals who had been employed at priority schools for more than two years be replaced. Morin had been assistant principal for Proctor's middle and high school last year. The previous Bay View principal, Jon Larson, accepted the position as the school's family liaison and the district's federal program coordinator.

"It was a very difficult decision," Superintendent John Engelking said. "Without Jon being willing to say, 'Look, let me help with this,' (the plan) wouldn't have been as successful."

Glockle began at Laura MacArthur last January and was able to remain in his position.

CLASSROOM CHANGES

Students at both schools have seen changes in their daily routine, especially when it comes to reading and math.

At Bay View, there are 60 more minutes a day of math and reading for all grades. In October, a voluntary after-school program will begin, centered on enriched learning led by teachers and with busing provided. A new summer program starts in June.

On Wednesday at Bay View, Julie Lysher's fourth-grade class was in the middle of its extra hour of math, split into small groups working on specific skills, with two special education teachers and a Title I teacher also in the 27-student classroom. Part of the improvement plan means having more educators in classrooms during some math and reading classes.

"We're only in the second week and getting our routine down, but already (the students) are so much more engaged," Lysher said. "They don't have to wait for someone to make it all the way around the room. There



Laura MacArthur fourth-grade teacher Brian Gunderson lines his students up with their shoulder buddies before leading them from his classroom last week. Setting clearly defined expectations for behavior is one way the school hopes to improve its students' test scores. Photos by Steve Kuchera / skuchera@duluthnews.com



Bay View elementary school principal Diane Morin.

are other adults they can go to right away. We are able to give them more attention."

At Laura MacArthur, students will also get more individualized instruction in reading and math, and more focus is being put on behavior.

"When we looked at Laura MacArthur, expectations for learning and behavior had dropped," Glockle said. "We weren't sure how to work with some of the behaviors we were seeing."

So, along with raising achievement, Glockle said, educators are working on students being cooperative,



Proctor superintendent John Engelking.

appropriate and focused. If students aren't any of those things, he said, it's lost instructional time.

One of those "quick-wins" that the school started the year with, Glockle said, is something called "shoulder buddies." Before entering hallways for things like bathroom breaks, students pair up shoulder-to-shoulder with a buddy and stay with them in an orderly line as they continue down the hall.

Students also might notice principals coming through their classrooms more often to observe. At Laura MacArthur, that will



Laura MacArthur principal Nathan Glockle.

also include teachers.

"When I surveyed teachers, it was clear they wanted to learn from each other," Glockle said. "When I look at everything I've ever believed, it is being put into practice right now. To create a community where teachers are learning alongside students — that's a dream."

FOCUS SCHOOLS

Duluth's Lincoln Park Middle School and Piedmont Elementary were designated as "focus" schools as part of the state's new accountability system, meaning they are among the schools most responsible for the state's

achievement gap.

The achievement gap is the disparity between white students and other ethnic groups; students who receive special education services and those who don't; students who live in poverty and those who don't; and students learning English and those who speak it as their native language.

Focus schools weren't eligible for grants, but they had to submit improvement plans to the state and set aside 20 percent of federal Title I money for such work.

Only low-income, or Title I, schools received designations. The state also named "reward" schools for high achievement. Piedmont's plan includes small-group tutoring opportunities for at-risk students three times a week and reading materials that have the same covers but different levels of instruction inside, so students in the same class don't know what level other students are reading at, said Principal Cher Obst.

"It's to push up reading," she said, noting that many of the interventions began last year.

Piedmont has a family liaison this year who will do things like deliver report cards, call parents and get them more involved in the school.

Lincoln Park this year is using co-teachers for its special-education math and reading classes and for one science class.

"We can do some reteaching of different parts of the lesson for students who need it, and maybe help student break projects down into smaller pieces," Principal Denise Clairmont said.

The school has integration specialists, a community liaison and an after-school homework club. It has also amped up reading instruction in sixth grade and increased reading comprehension work in all subject areas in seventh and eighth grades. The goal for math, Clairmont said, is for students to reach a certain proficiency on every test.

"If not, there will be some classroom re-teaching or some after-school help, or maybe a group that will work on a specific skill with a specific teacher," she said.

IS IT ENOUGH?

Morin was stunned, she said, when she learned that Bay View had been ranked in the bottom 5 percent of schools in the state for achievement.

"I know the quality of teachers here," she said. "I see great things coming out of this place. How could this happen to us?"

What's been put into place this year comes with new understanding of the achievement gap, she said, and support from parents and teachers.

"They don't like this label, either," she said. "They want to see change. We have to approach this from a positive angle that we can get this done. I know we are able."

Whether educators stick to the plan will "make or break us," Glockle said.

"Right now I can safely say teachers want to be successful," he said. "We had a summer retreat and talked about where we are going to be in three years. Our goal is to be a reward school. There is no thought of failure."

"Right now I can safely say teachers want to be successful. We had a summer retreat and talked about where we are going to be in three years. Our goal is to be a reward school. There is no thought of failure."

Laura MacArthur principal Nathan Glockle

State revoking clinic's license

Duluth's Lake Superior Treatment Center will be the first methadone clinic in Minnesota to have its license revoked if an order by a state agency stands

BRANDON STAHL
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The state of Minnesota says it will revoke the license for Duluth's methadone clinic after what it said were numerous chronic and serious violations of state and federal laws, according to an order issued Monday.

The order follows years of problems at the Lake Superior Treatment Center, as detailed in a News Tribune investigation first published on Sept. 16.

It's the first time the state has revoked a methadone clinic's license, according to the Department of Human Services.

Since 2007, no other methadone clinic in the state has been cited for more violations of state and federal regulations, records show.

Among those violations: failing to check that patients were properly using take-home doses of methadone — high-level doses of the drug that are popular on the street; providing false information to investigators; and overworking counselors by giving them case loads of 80 clients — 30 more than federal law allows.

The clinic had 419 patients as of this week, according to the DHS.

The revocation is effective at 6 p.m. on Oct. 8. The clinic can appeal the decision before then.



People line up at 5:15 on a recent morning outside the Lake Superior Treatment Center in Duluth. The Minnesota Department of Human Services has announced it will revoke the center's license on Oct. 8. Bob King / rking@duluthnews.com

See Clinic, Page A4

Methadone



A costly fix

MONDAY
Profits: More than half of the country's methadone clinics are for-profit.

TODAY
Violations: The state of Minnesota says it will revoke the license of Duluth's methadone clinic.

To see all the stories in the series "Methadone: A costly fix," go to www.duluthnews Tribune.com.

SEPT. 16
The drug: The costs associated with methadone treatment continue to rise in Minnesota.

SEPT. 17
Abuse: Some addicts say methadone is their preferred drug of choice.

SEPT. 18
Costs: About half of methadone patients in the state get their treatment free.

SUNDAY
Completion: Only about 5 percent of methadone patients in Minnesota finish treatment.

Patients predict increase in crime

BRANDON STAHL
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If the Lake Superior Treatment Center closes on Oct. 8, current and former patients said they expect street crime to increase as addicts seek other ways to get drugs.

"There's going to be a lot more violence, more home invasions, more deaths," said Bridgett Tadych, who has been going to the clinic since 2008. "People are going to go back to what they were doing. There will be crime, more people in jails."

■ Former employees describe working conditions at clinic
■ Violations found at other Minnesota methadone clinics
Pages A4 & A5

Methadone is used to replace addicts' use of opiate-based drugs such as heroin or narcotic painkillers such as OxyContin. But methadone also is highly addictive, and people on treatment who come off the drug are supposed to do so under the supervision of a physician

and at a slow pace, with dose strength reduced week by week, or even month by month.

Several opiate addicts have told the News Tribune that it's harder to come off methadone than heroin.

"They're going to get really sick," said Jason Aebli, who has been a patient at the clinic for the past 2½ years. "There are going to be a lot of people who are not going to be able to go to work, who are not going to be able to take care of their kids."

The Minnesota Department of Human Services,

which moved to revoke the clinic's license, has no firm plan for what to do with the Treatment Center's 400-plus patients, but they are looking for options.

"I can't tell the clients there today where exactly they're going to go," said Anne Barry, a DHS deputy commissioner. "Simultaneously, we are looking at what the capacities are for other providers, and what are other solutions."

See Effect, Page A4

Couple charged with neglect in child's drowning



STEVE KUCHERA
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Thomas Jay Williams, 42, and Jenna Elizabeth Danish, 33, of Danbury, Wis., had a habit of allowing their 3-year-old daughter, Reena, to wander away — as she did, twice, on the day she drowned, according to a criminal complaint filed against them in Burnett County Circuit Court.

Reena's disappearance Aug. 14 sparked a massive search. Her body was found in a canal 25 yards from the family's home the next day.

Williams and Danish have each been charged with a single count of child neglect resulting

in death. The complaint in the case, filed Friday, alleges that Williams was a regular drug user who smoked synthetic marijuana shortly before Reena disappeared.

According to the complaint, Wanda Sperling found Reena walking alone a half-mile from home, looking for her mother, about 5 p.m. on the day she disappeared. Sperling brought Reena to the Williams-Danish home, which is surrounded by water,



REENA WILLIAMS

and tried to find her parents. "Ultimately, Williams walked up from the dam," where he is the caretaker, the complaint said. "When Sperling told Williams she had found (Reena) all the way on Third Avenue, a half-mile away from the Williams-Danish premises, Williams did not seem concerned and in fact acted as if it was 'no big deal,' in Sperling's words. Williams seemed incoherent to Sperling and seemed in fact to ignore what Sperling was saying."

After Sperling returned home, a neighbor told her that Reena was "missing again."

See Drown, Page A5

Zoo cited for inadequate shelter for farm animals

MIKE CREGER
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The U.S. Department of Agriculture has cited the Lake Superior Zoo for inadequate shelter for its farm animals at the West Duluth facility. The zoo has since satisfied the USDA's demand that the zoo provide adequate shelter at its farm animal exhibit.

Six sheep and four goats died at the zoo during the June flooding that devastated the region. The routine inspection by the USDA on Aug. 28 found that a "lack of adequate shelter does not ensure the health, well-being and/or comfort of the animals."

Peter Pruett, director of zoo operations, said most of the protection for the animals is out of the zoo's hands as the Minnesota Department of Natural Resources works to improve the drainage of Kingsbury Creek, which flows through the zoo property at Grand Avenue and 72nd Avenue West.

Dave Sacks, a spokesman for the USDA, confirmed that the citation was addressed and corrected by the zoo. He did not know what that entailed.

Pruett said mitigating the flooding in the zoo is the ultimate solution.

The culvert under Grand Avenue will be improved and a dam on the creek removed through projects in the next two years, Pruett said. The zoo also will stretch the flood plain of the creek and build diversion channels around its historic bridges to avoid water backups.

The barn for the farm animals is well above the flood plain, Pruett said, and animals will no longer be housed in the plain.

Pruett said the citation had to be done after the animal deaths, but he is sure the work on the creek and the infrastructure on it will alleviate flooding and keep the animals safe.

"USDA is taking no further action with regards to this incident," Sacks said.

Packers lose on controversial call by replacement officials

Seattle Seahawks wide receiver Golden Tate (right, obscured) comes down with the ball in the end zone for a touchdown and a win as time runs out Monday night in Seattle. The final decision is only going to fuel debate about the replacement officials coming off a weekend filled with disputed calls. None will be debated more than this one. Seattle (2-1) won its second straight, while Green Bay (1-2) saw its streak of wins in six straight road openers snapped.

Photo by Ted S. Warren / Associated Press



Muslim nations seek curbs on anti-Islam speech

PAUL RICHTER
McClatchy Newspapers

UNITED NATIONS — The annual U.N. General Assembly meeting, which is intended to celebrate the world's common values, this year is exposing instead the gulf between Western and Islamic perspectives on freedom of expression, posing an unexpected challenge for President Obama when he speaks there today.

Prompted by the anti-Muslim video produced in California that has stirred deadly riots around the world, delegations from major Muslim nations have arrived at the U.N. prepared to demand international curbs on speech or media that they believe defame their religion or the Prophet Muhammad.

Western leaders say they won't give ground on free speech, but the clash is

souring the mood at a gathering that diplomats had hoped would yield new collaboration on Syria, the dispute over Iran's nuclear development and the challenges newly elected governments face a year after the "Arab Spring" toppled authoritarian rulers in the Middle East and North Africa.

The demand for limits on anti-Islamic expression is coming from leading Is-

lamic groups such as the Organization for Islamic Cooperation, and leaders as diverse as Turkish Prime Minister Tayyip Recep Erdogan, Egyptian President Mohamed Morsi, and Iranian President Mahmoud Ahmadinejad.

Erdogan, whom Obama views as a key ally, has declared that all 57 Islamic nations "should speak forcefully with one voice,"

See Speech, back page

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Contents
Classifieds D1-3
Comics C7
Games C6
Lotteries A2
Obituaries C5
Opinion A6-7
Sports B
TV listings D4



Weather



Today: Mostly sunny
High: 59 Low: 38



Tomorrow: Mostly sunny
High: 58 Low: 38

Measuring Minnesota's methadone clinics

Using data from 2007 to 2010, the most recent year available, the News Tribune looked at statistics the Minnesota Department of Human Services uses to measure the effectiveness of the state's methadone clinics by comparing patients before and after they're discharged from treatment.

Clinic	Address	Reason for discharge			How patients fared 30 days after discharge			How clinics fared in national treatment measurements	
		Average completed program	Average left without staff approval	Increase/decrease in arrests	Increase/decrease in drug use 30 days after discharge	Increase/decrease in resistance to change	Increase/decrease in relapse and continued use potential	Number of years patients showed improvement in National Outcome Measures* (max is four)	Number of years patients showed improvement in Dimensions of Addiction Measures** (max is four)
Alliance Clinic	3329 University Ave., Minneapolis	3.9	37.3	74.1%	-31%	92%	0.8%	4	0
Dakota Treatment Center	11939 River Hills Drive, Burnsville	2.3	45.5	110.7%	-38%	55%	-8.3%	3	1
Hennepin County Addiction Medicine Program	914 S. Eighth St., Minneapolis	5.5	46.2	265.7%	-37%	151%	2.6%	4	1
Hennepin Faculty Associates Addiction Program	807 Park Ave., Minneapolis	6.3	41.2	391.0%	-26%	106%	-9.2%	1	0
Lake Superior Treatment Center	14 E. Central Entrance, Duluth	6.2	43.3	297.2%	-57%	52%	-18.4%	2	1
Rochester Metro Treatment Center	2360 North Broadway, Rochester	5.0	42.9	176.3%	-35%	142%	0.1%	2	1
Specialized Treatment Services	1121 Jackson St., NE, Suite 105, Minneapolis	13.4	43.6	59.5%	-49%	27%	-7.8%	4	2
Specialized Treatment Services	1132 Central Ave., NE, Minneapolis	3.8	54.9	194.0%	-25%	17%	-1.0%	1	1
St. Cloud Metro Treatment Center	524 25th Ave., St. Cloud	8.6	41.5	55.2%	-88%	-1%	-11.0%	4	3
St. Paul Metro Treatment Center	2311 Woodbridge St., Roseville	2.3	50.5	1490.8%	-43%	9%	-6.7%	3	2
Valhalla Place	6043 Hudson Road, Woodbury	7.0	40.2	82.8%	-43%	70%	-8.5%	4	3
Averages		5.8	44.3	291%	-43%	65%	-6%	3	1

* National Outcomes Measures looks at patients' performance before and after discharge, such as homelessness, arrest, alcohol and drug use

** Dimensions of Addiction records patient performance in areas such as withdrawal severity, biomedical changes and emotional problems

SOURCE: Minnesota Department of Human Services, News Tribune analysis

NEWS TRIBUNE GRAPHICS

Former employees describe years of problems at clinic

BRANDON STAHL
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Problems at the Lake Superior Treatment Center date back to at least 2003, about two years after the clinic opened, according to eight former clinic staff members who spoke to the News Tribune.

In 2003, when Kathy Jarve said she started as a counselor at the treatment center, the clinic had about 90 patients. Even then, she and the other counselor had too many clients to adequately provide other services to them, Jarve said.

"It was about bringing them in and getting them dosed," said Jarve, who worked at the clinic until 2006 and is now the outpatient treatment director for Minnesota Teen Challenge in Duluth.

For methadone maintenance therapy to be effective, according to the American Society of Addiction Medicine, the drug should be given with "psychology and vocational services, medical care and counseling."

"With methadone, if all you're doing is giving people medication and very little else, and there's no real expectations of improving of functional activities and improving in your other life spheres, you're going to have many more problems," said Dr. Marvin Seppala, the chief medical officer at Hazelden, a well-known alcohol and drug addiction treatment center northeast of Forest Lake, Minn.

But vocational services were rarely offered at the Lake Superior Treatment Center while they were there, former staff members told the News Tribune. And

while the staff members said counseling was offered, it was at most about 20 minutes a week.

The reason for the limited amount of counseling, said LeAnn Ryan, who worked at the Treatment Center from 2003 to 2011, was that counselors were not only expected to provide the therapy but do all the paperwork and patient intake, verify insurance, answer phones and do the drug tests. And as the number of clients increased, so did the demands on the counselors, said Jarve and Ryan.

"It was like you couldn't keep up with the demand coming into the clinic," Jarve said.

LONG LINES; 'HURRY TREATMENT'

"It was all people did was run," said Ryan, who also is now a counselor with Teen Challenge. "You could have someone in your office crying and have someone knocking on your door."

They blamed part of the problem on federal law, which allows up to 50 clients per counselor. That number must be reduced so counselors can spend more time with patients, Jarve and Ryan said. Records show the treatment center was cited for having a client-to-counselor ratio of higher than 50-1 in 2009 and 2012.

"You have to build a rapport with clients. You have to establish trust, and a good working relationship, and that takes time to do," Jarve said. "This place was hurry treatment. We had lines that would circle around the waiting room."

With limited counseling provided, the clinic became "a dose and go" — slang for a clinic that provides

methadone and little else, said Greta Winter, who worked there from August 2008 to May 2009 and then again from January 2010 to September 2011.

Group therapy sessions mandated by the state "did not happen," said Winter, who is now a chemical dependency counselor in Detroit Lakes, Minn.

Indeed, among the violations cited by the Minnesota Department of Human Services was a lack of group therapy.

REPORTS OF DRUG SALES

Another concern the former staff members said they had: knowing the clinic's clients were selling methadone on the streets but able to do little about it.

Winter said she would often see clients appearing to be selling doses near the clinic and would find needles nearby, a sign of methadone abuse, since clients drink liquid take-home doses.

If it was discovered that clients were selling methadone, they would be kicked out of the program or their take-home doses would be stopped, the former staff members said. But measures to prevent drug sales were taken too infrequently, they said. For example:

- Urine analysis, meant to check whether patients had drugs other than methadone in their systems, was supposed to be done once a month. Instead, it would happen, at most, every two to three months, Winter said.

- Bottle checks of take-home methadone — meant to ensure that patients who were receiving large sup-

plies of the drug were using it properly — were rarely done, said Winter.

The DHS also cited the clinic for failing to adequately perform bottle checks and adequately conduct urine tests.

Dr. Tom Payte, a corporate medical director for Colonial Management Group, which owns the Lake Superior Treatment Center along with more than 50 other clinics across the country, said he had never heard about the violations at the Duluth clinic before being contacted by the News Tribune.

"I'm sorry to hear that all is not well with that department," Payte said. "But I've never seen a situation that was beyond repair, but sometimes you need to make some changes. ... You certainly can expect to bring the clinic in line with state and federal standards. There's no excuse for some of those types of infractions."

The Lake Superior Treatment Center has been accredited by the Commission on Accreditation of Rehabilitation Facilities since 2006 and was reaccredited for a three-year term in 2012, according to CARF spokesman Al Whitehurst.

To achieve CARF accreditation, facilities must "com-

mit to quality improvement, focus on the unique needs of each person the provider serves, and monitor the results of services," according to the CARF website.

Whitehurst declined to comment on the state findings at the Lake Superior Treatment Center.

Area narcotics investigators told the News Tribune that they've long had problems with drug-dealing among people who also are patients at the Lake Superior Treatment Center.

"You talk to people who have gone there," said Cloquet Police Detective Darrin Berg, "(and they say) you have a line of people standing there, talking about dope deals and trades."

He added: "When you're dealing with individuals who are using, selling, even arrested for other crimes, I would have to say a large number of those people are involved with the methadone clinic."

6 PERCENT COMPLETION RATE

Former Lake Superior Treatment Center counselors said they told center management they were concerned that few patients were weaned off methadone.

Jarve said in the four years she was there, she could only remember about six clients who completed the treatment. Ryan said she

could count only seven in the eight years she worked at the clinic; Winter counted five.

From 2007 to 2010, DHS data indicates that about 6 percent of the Lake Superior Treatment Center's patients were weaned off methadone. However, that's one percentage point higher than the state average during that time.

Proponents of methadone treatment say lifetime treatment with the drug should still be considered effective as long as patients are able to live normal lives and don't abuse the medication.

Jarve and Ryan said for several years they never brought their concerns to the attention of the DHS.

In March 2002 and August 2004, the DHS released reports on the clinic, finding only minor violations. The DHS did not have inspection reports for the clinic from 2004 to 2009, though inspections are supposed to be performed annually.

Eventually, Jarve, Winter and Ryan said they spoke with DHS investigators and provided records to them at various times from 2009 to 2012, hoping to bring change to the clinic.

►► Clinic

Continued from Page A1

If it does, state law allows for the clinic to remain open and continue serving patients until the issue can be decided by an administrative law judge, according to DHS Deputy Commissioner Anne Barry.

Barry said if the clinic stays open during the appeal process, it will be subject to unscheduled and random site visits by DHS inspectors. She said if additional serious problem are found, DHS can then move to immediately close the facility.

Barry said she did not know if an appeal had been filed as of Monday afternoon.

The clinic's license already was on conditional status because of violations found in a March inspection. Many of those were repeats of violations found in 2009 inspections.

According to Monday's order, inspectors reviewed the clinic on Aug. 2 and 3 and again found numerous

repeat violations, including having excessive counselor caseloads, not properly controlling take-home doses, not doing background checks on counselors before hiring them, failing to document treatment and procedures, and having inadequate procedures for reporting possible maltreatment of children and vulnerable adults.

Inspectors also found instances where clients were given increased dosages of methadone without any reason or physicians' order for the increase.

"Many of the 56 violations are violations of law or rule affecting the health, safety or rights of individuals served by the program," the report said.

The clinic is owned by the Florida-based Colonial Management Group. Administrators there could not be immediately reached for comment and have previously told the News Tribune that the company does not speak to the media.

However, a corporate medical director for Colo-

nial, Dr. Tom Payte, who works out of Texas, did speak with the News Tribune. Payte said he didn't know about the revocation until he was contacted by the newspaper.

He said the revocation could have disastrous consequences for the clinic's patients and the community.

The patients "will die, overdose or go to jail," Payte said. "Some will just resume their illicit habits."

"This is like suicide," he said. "It's a cowardly way out."

The News Tribune began running its investigative series on methadone treatment on Sept. 16. The newspaper reported that the drug has killed nearly 400 Minnesotans in the past 10 years, including 39 in St. Louis and Carlton counties; that few patients complete methadone treatment; that the drug has been easily diverted and sold on area streets; and the cost to taxpayers for the treatment since 2005 has been about \$43 million.

health care.

Barry also said the state would look into having other health-care providers in the region provide methadone services on a temporary basis, but those providers would have to show they meet state and federal guidelines to provide those services.

St. Louis County's director of human services, Ann Busche, said she would look to the state for how to deal with the majority of the Duluth clinic's clients.

"We'll work with all the

clients that we know of, that we're aware of," Busche said. "And we'll work with the state to develop a plan. We are hopeful and confident that the state is developing a plan for these individuals."

Aebli, who said methadone has helped turn his life around, predicted that the problem of illegal sales of prescribed doses will seem minor compared to what will happen if the clinic closes.

"Some people are going to die because of this," he said.

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SIMPLE AND CLEAN PRESENTATION

Overview of violations at other Minnesota methadone clinics

BRANDON STAHL
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The Lake Superior Treatment Center is far from the only methadone clinic in Minnesota to be cited for serious violations of state and federal laws. Since 2007, the state's Department of Human Services cited clinics in Minnesota for more than 250 violations after inspections by investigators, even though the majority of those inspections were announced beforehand to the clinics, a News Tribune review found.

When serious violations were found, the penalties levied were modest. Lying to investigators was met with a \$200 fine, the same as when a clinic hired a counselor without doing background check.

"The fines aren't huge," said Jerry Kerber, the inspector general for the DHS. "It's what the state law allows us to issue."

Most often, however, fines weren't levied, despite clinics repeatedly violating state regulations. Most clinics were ordered to correct the violations in 30 days. Even if repeat violations were found, many clinics still didn't face fines or sanctions on their license.

Clinics can go years between state inspections, the News Tribune found. State inspection records show no report on the Lake Superior Treatment Center between 2004 and 2009. Though DHS administrators said the agency's goal is to inspect clinics every two years, the agency also said there is no statutory requirement for how often clinics must be inspected.

Kerber said the lag in inspections was due to the "lack of resources at DHS."

"At the same time, we do follow up on complaints that we've received, but the results of those don't always take the form of a correction order," he said.

Of the state's nine outpatient methadone clinics, five are owned by the Florida-based Colonial Management Group, including the Lake Superior Treatment Center in Duluth. Colonial Management also owns the Dakota Treatment Center in Burnsville, the St. Cloud Metro Treatment Center, the Rochester Metro Treatment Center and the St. Paul Metro Treatment Center.

An overview of some of the violations found by state investigators:

ALLIANCE CENTER
Report date: April 10, 2010

Violations included: Some employee files did not include documentation that they were given required training regarding mal-treatment of patients and substance use disorders; some client files did not include initial service plans; some client files did not in-

dicade that comprehensive assessments were being conducted.
Fine: None

DAKOTA TREATMENT CENTER
Report date: Dec. 9, 2011
Violations included:

Client continued to receive take-home doses of methadone despite failing a urine test; several client files did not include documentation of treatment progress; counselors supervised more than 50 clients at a time.
Fine: None
Report date: May 3, 2010
Violations included:

Numerous clients were not properly assessed for appropriate treatment plans; some client treatment plans did not include how they could complete treatment.
Fine: None
Report date: April 19, 2010
Violations included:

Treatment director did not have required qualifications. The center provided false information to the DHS, telling the agency that it would remove the director, but the director continued in that position.
Fine: \$200
Report date: July 20, 2011
Violations included:

Patient given take-home doses of methadone despite failing a drug screen; group counseling not being offered.
Fine: None
Report date: May 20, 2011
Violations included:

Program provided false information to investigators; some counselors were not licensed.
Fine: \$1,100
Report date: Aug. 30, 2011
Violations included:

Clinic failed to perform a background check on a counselor before being hired.
Fine: \$200
Report date: Aug. 30, 2007
Violations included:

No documentation of required training for some counselors; some client files had no documentation showing they were addressing their treatment goals.
Fine: None
Report date: March 31, 2011
Violations included:

Clinic failed to perform a background check on employee before hire; clients missing information on registry of methadone patients in state; clients not properly assessed for treatment; progress reviews for patients not taking place.
Fine: None
Report date: April 16, 2010
Violations included:

Counselor found to be having sex with a client, a vulnerable adult.
Fine: None
Report date: Jan. 10, 2007
Violations included:

Of the 33 violations found, sev-

eral patients weren't properly assessed for treatment or given required treatment information; others did not have treatment plans updated as often as required.
Fine: None
Report date: Oct. 18, 2011
Violations included:

During an investigation, the clinic was unable to locate a client file; the program knowingly provided false and misleading information to investigators; client files were falsified.
Fine: \$900
Report date: July 20, 2011
Violations included:

Client was not participating in state system measuring treatment outcomes for chemical dependency providers.
Fine: None
Report date: April 27, 2010
Violations included:

Counselors were supervising more than 50 clients at a time.
Fine: None
Report date: March 22, 2010
Violations included:

Counselors supervising more than 50 clients at a time.
Fine: None
Report date: Nov. 2, 2009
Violations included:

Counselors were supervising more than 50 clients at a time; clients not appropriately screened for treatment and given necessary information; ongoing evaluation of some clients not performed.
Fine: None
Report date: July 30, 2009
Violations included:

Some employee files did not have records that background checks were conducted on them or they received required training; client files didn't have required information on chemical use history, previous treatments, or assessment summaries.
Fine: None

ST. CLOUD METRO TREATMENT CENTER
Report date: Aug. 8, 2007
Violations included:

Counselor file did not contain adequate information to determine competency; some patient treatment plans not being updated.
Fine: None
Note: The DHS did not provide inspection reports of the program after Aug. 8, 2007.

ST. PAUL METRO TREATMENT CENTER
Report date: Oct. 18, 2011
Violations included:

During an investigation, the clinic was unable to locate a client file; the program knowingly provided false and misleading information to investigators; client files were falsified.
Fine: \$900
Report date: July 20, 2011
Violations included:

Patient given take-home doses of methadone despite failing a drug screen; group counseling not being offered.
Fine: None
Report date: May 20, 2011
Violations included:

Program provided false information to investigators; some counselors were not licensed.
Fine: \$1,100
Report date: Aug. 30, 2011
Violations included:

Clinic failed to perform a background check on a counselor before being hired.
Fine: \$200
Report date: Aug. 30, 2007
Violations included:

No documentation of required training for some counselors; some client files had no documentation showing they were addressing their treatment goals.
Fine: None
Report date: March 31, 2011
Violations included:

Clinic failed to perform a background check on employee before hire; clients missing information on registry of methadone patients in state; clients not properly assessed for treatment; progress reviews for patients not taking place.
Fine: None
Report date: April 16, 2010
Violations included:

Counselor found to be having sex with a client, a vulnerable adult.
Fine: None
Report date: Jan. 10, 2007
Violations included:

Of the 33 violations found, sev-

Nepal avalanche hit climbers as they were asleep in tents

BINAJ GURUBACHARYA
Associated Press

KATMANDU, Nepal — Mountaineers who survived a predawn avalanche high on the world's eighth-tallest peak say they waited an hour for the sun to rise and then saw pieces of tents and bodies of victims strewn around them on the snow.

Italian climber Silvio Mondinelli said he and a fellow mountaineer were asleep when they heard a violent sound and felt their tent start to slide.

"It was only a few seconds and we did not know what happened, but we had slid more than 200 meters (650 feet)," Mondinelli told the Associated Press on Monday. "All we wanted was for it to stop."

The avalanche hit at about 4 a.m. Sunday while more than two dozen climbers were sleeping in tents at Camp 3 on Mount Manaslu in northern Nepal.

At least nine climbers were killed and six are believed still missing. Many of the 10 survivors were injured and were flown to hospitals by rescue helicopters.

Helicopters flew over the slopes on Monday to search for the missing mountaineers as climbers and guides searched on foot. Rescuers brought down eight bodies — four French, one each from Germany, Italy and Spain and a Nepali guide — and were trying to retrieve the ninth from the 22,960-foot-high area where the avalanche struck, police Chief Basanta Bahadur Kuwar said.

Three French climbers and two Germans were transported to hospitals in Kathmandu on Sunday. Two



A helicopter carries survivors from the debris field of an avalanche on Mount Manaslu in northern Nepal that killed at least nine climbers on Sunday. Garrett Madison, Alpine Ascents International / Associated Press



SOURCE: ESRI

Italians were flown there on Monday — Mondinelli, who has climbed the world's 14 highest peaks, and fellow mountaineer Christian Gobbi.

Mondinelli said a third Italian climber and their Sherpa guide were sleeping in another tent and both were buried by the avalanche and died.

Gobbi said they were able to assist the injured with the help of Sherpa guides who came up from lower mountain camps. Climbers who

could walk made their way down to the base camp while those who were injured were picked up by helicopters.

At least three of the victims total of 231 climbers and guides were on the mountain, but not all were at the higher camps hit by the avalanche.

Nepal Mountaineering Department chief Balkrishan Ghimire identified the eight recovered bodies as Fabrice Priez, Philippe Lucien Bos, Catherine Marie Andree Richard and Ludovic Paul Nicolas Challeat of France; German Christian Mittermeyer; Italian Alberto Magliano; Spaniard Marti Roig Gasull; and Nepali Dawa Dorji.

Nepal has eight of the 14 highest peaks in the world. Climbers have said in recent years that conditions on the mountains have deteriorated and risks of accidents have increased, with some blaming global warming.

► Drown

Continued from Page A1

Sperling returned to the Williams-Danish residence, where she found a dog soaking wet.

"Neither Williams nor Danish seemed upset and neither were looking for" Reena, the complaint said.

According to the complaint, witnesses reported seeing Reena wandering alone up to 1 1/2 miles away from home several times in the months before her death.

On May 21, Reena drove her battery-operated four-wheeler to a bridge about a quarter-mile from home. She was there with two anglers for 30 to 45 minutes "before Danish came and retrieved her."

One witness told authorities that Williams and Danish "don't pay too close attention to their child," that they are negligent parents, that (Reena) is dirty and neglected, and that it was not uncommon for (Reena) to wander off and go down to the lower dam," the complaint said. "She also remarked that Williams is a daily user of marijuana and other mind-altering substances."

Another person told authorities that he and Williams were smoking synthetic marijuana minutes before Reena disappeared,

the complaint said. Danish told another person that she was sleeping at the time.

Searches of the Williams-Danish house found drug paraphernalia and synthetic and real marijuana. A sheet was hung over the windows facing the canal, "completely blocking the view of the canal from the inside of the house," the complaint said.

The family's home is on an island in the Yellow River about one mile south of the unincorporated village of Danbury and about 60 miles south of the Twin Ports. The property is bordered by a canal with a steep bank less than 25 yards from the house.

"As one witness indicated, because of the surrounding water, the Williams-Danish Premises is a particularly hazardous and dangerous place to raise a 3-year-old child, especially in view of the complete lack of fences," the complaint said.

Reena was known to go near and even into the water, the complaint said. In mid-April "she dove into the water behind the house to retrieve her fishing pole, which she had accidentally dropped."

She was saved that time by Williams, who dived in after her, remarking later that Reena showed no fear of the water.

Reena was reported missing shortly before 7 p.m. on Aug. 14. Law enforcement, rescue personnel and volunteers searched the area that night, aided by K-9 units and a Minnesota State Patrol helicopter equipped with an infrared imaging system. The Wisconsin Department of Natural Resources searched the St. Croix and Yellow rivers. The search effort grew the next day, with more authorities and volunteers joining the effort.

Her body was found in the canal shortly before 5 p.m. on Aug. 15, "in an area that would have been plainly visible from the west-facing windows of the house, had they not been obscured by sheets," the complaint said.

Arrest warrants were issued for Williams and Danish on Friday. Burnett County Sheriff's officials say the two turned themselves in on Sunday. Bail was set at \$25,000 each Monday, with the conditions that they maintain absolute sobriety, do not use or possess illegal drugs or substances, and continue to live in Burnett County or advise the clerk of court within 48 hours of moving. They are scheduled to make their initial appearances at 2 p.m. Wednesday.

If convicted, each faces a maximum sentence of 25 years in prison and a \$100,000 fine.

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Gauthier's off, Simonson's on

County wants to open new methadone facility



BRANDON STAHL
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As the Lake Superior Treatment Center faces the revocation of its state license, St. Louis County wants to see if anyone else is interested in running a methadone clinic for drug addicts in the Duluth area.

The county expects to send out a request for proposals next week for another business or nonprofit to own and manage a clinic, said Ann Busche, the county's public health and human services director.

A consortium of representatives from St. Louis and Carlton counties, the Duluth Police Department and the Fond du Lac Band of Lake Superior Chippewa met last month to discuss the idea, and the same consortium will choose a provider from those who reply to the request for proposals.

Proposals will be due about 30 days from when they are sent out.

The consortium's selection, however, will only be a suggestion to the state Department of Human Services, which licenses methadone providers.

Busche said she doesn't know when another clinic might open.

"Our next step would be to have a conversation with the state to say, 'Here's a provider the community can support,'" Busche said.

The DHS on Monday sent a letter to the owner of the Lake Superior Treatment Center, Florida-based Colonial Management, saying it will revoke the treatment center's license after finding myriad chronic and serious violations at the clinic during inspections in August. The revocation is effective Oct. 8; the clinic can appeal it before then. If it does appeal, the clinic can stay open

See Methadone, Page A4

Erik Simonson and Jay Fosse campaign signs are seen Tuesday evening along Rice Lake Road in Duluth. Simonson is no longer a write-in candidate as he has been added to the ballot. Clint Austin / caustin@duluthnews.com

Minnesota Supreme Court rules Tuesday that Rep. Kerry Gauthier's name must be replaced on the Nov. 6 ballot

DON DAVIS
Forum Communications

ST. PAUL — Duluth Democrats are breathing a sigh of relief after the Minnesota Supreme Court ordered state Rep. Kerry Gauthier's name replaced on the Nov. 6 ballot.

Tuesday's order means Erik Simonson will not be forced to run as a write-in candidate, a change that enhances his chances in a state House race with a Republican and a

write-in candidate. Few write-in Minnesota candidates have won races against candidates whose names were on the ballot.

Simonson, who had begun a write-in campaign complete with signs around House District 7B, welcomed Tuesday's ballot decision, saying, "It's a good day."

Simonson will face Republican Travis Silvers, whose name will be on the ballot, and Duluth City Councilor Jay Fosse, who is running a write-in campaign.

Silvers said Tuesday's ruling was "disappointing."

"It's legislating from the bench and rewriting the laws," Silvers said.

"I think (the ruling) highlights the

need for change even more."

Fosse said anger over the last-minute ruling could turn things in his favor.

"This action by the Supreme Court should send a strong message to all the citizens as to how much our government is broken," Fosse said in a statement. "They cannot even stick to their own state statutes."

He said there's probably no time to file a protest over the ruling and he will focus on continuing his write-in campaign.

"I'm not a quitter," he said. "When I get in campaign mode, no one works harder."

See Ballot, Page A4

Cutting-edge data center opens

CANDACE RENALLS
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Twelve-inch thick concrete walls. Fifty-one security cameras. Multiple backup generators and cooling systems to keep operations going, no matter what.

They're some of the disaster-proof features of the new first-class Involta data center on Technology Drive in Duluth, which has its grand opening celebration at 3 p.m. today.

But the Iowa-based company chose Duluth for its latest center because the city is less prone to disaster. It's less congested than big cities and safe from terrorism and



most natural disasters. The site near Arrowhead and Rice Lake roads is away from trains, freeways and combustibles and out of the flight path for the Duluth In-

ternational Airport. Power lines are safely underground. And set on high ground, it was immune even from Duluth's 10-inch June rain.

"We build, manage and maintain the centers," said center manager Lucas Mistelske, noting that Involta built its own fiber network in Duluth to do it. "We're in the business of hosting."

The 24,000-square-foot center will store critical data for businesses in an elaborately secure, climate-controlled environment. There are multiple backup systems for power, cooling

See Involta, Page A4



Lucas Mistelske, manager of Involta's new data center, talks about the center's services in the data hall that will hold clients' computer servers. To see more photos of the Involta data center, go to duluthnews Tribune.com. Steve Kuchera / skuchera@duluthnews.com

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High: 58 Low: 37



Tomorrow:
Mostly sunny
High: 63 Low: 43

Orr man protects apple trees from bear

SAM COOK
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Beryl Novak said the bear tumbled from his apple tree like "a hundred-pound sack of flour." But when he walked up to it, the bear looked up at him. Then it scrambled to its feet and ran off, with Novak's dog, Bucky, in hot pursuit.

Novak, 62, lives a mostly quiet life alone in the woods near Orr. He lives largely off the land, and he raises apple

trees. He had told Department of Natural Resources conservation officer Troy Fondie that bears were wrecking his trees, breaking off his carefully grafted branches. Novak has cultivated more than 100 varieties of apples on his 50 to 60 apple trees. One tree alone has about 25 varieties, he said. He has strains from Finland, Norway, Canada and Kazakhstan, in addition to Minnesota.

And he doesn't want bears destroying his trees. So the conservation officer told Novak he could shoot any bear that was damaging his apple crop, Novak said. Which is what he did Thursday afternoon.

Now the bear was racing around his property, Bucky hot on its tail. It was clear that Novak's first shot from his .270-caliber rifle had not been lethal. The bear had been 15 feet up in the apple

tree, and Novak had aimed for the bear's head.

"He must have moved just as I shot," Novak said.

The next thing Novak knew, the bear was right in front of him, moving fast, and it didn't appear to be considering a detour.

"I reacted instinctively," Novak said. "I took the rifle up like a hockey stick and smacked it in the mouth with the rifle."

See Bear, Page A4

Forced tests for DUI suspects under scrutiny

DAVID G. SAVAGE
Tribune Washington Bureau

WASHINGTON — The Supreme Court will decide whether a police officer who stops a suspected drunken driver can force him or her to take a breath test or have blood drawn at a hospital.

Judges across the nation are split over whether forcing someone to undergo a blood test constitutes an “unreasonable search” prohibited by the Fourth Amendment.

The decision, due early next year, will define the powers of the police and the rights of motorists who are suspected of driving while intoxicated.

The justices agreed Tuesday to hear an appeal from Missouri prosecutors who argued that because alcohol in the body quickly dissipates, police need to act quickly and require suspected drunken drivers to undergo either a breath test or a blood test.

But lawyers for the American Civil Liberties Union argued that a police officer must obtain a search warrant from a magistrate before compelling a suspect to undergo a blood test.

In March, the Missouri Supreme Court threw out the blood evidence used against an alleged drunken driver and ruled that police must obtain a search warrant before forcing a suspect to undergo a blood test.

The case began when Tyler McNeely was stopped for speeding about 2 a.m. by a Missouri highway patrol officer. The officer said McNeely's speech was slurred, and he smelled of alcohol. When he stepped out of his car, the motorist was unsteady on his feet and failed the roadside sobriety tests.

But when put in a patrol car, McNeely refused to provide a breath sample. In response, the officer drove him to a hospital where he ordered a lab technician to draw a blood sample from the suspect. The alcohol content was 0.154, nearly double the legal limit of 0.08 percent. The officer made no attempt to obtain a search warrant.

In court, McNeely said the incriminating test results should be thrown out because the forced blood draw violated his rights under the Fourth Amendment. A trial judge agreed, and the state high court affirmed the ruling.

Ruling lets Army Corps off the hook for Katrina flooding

CAIN BURDEAU
Associated Press

NEW ORLEANS — A surprise ruling by a federal appeals court that lets the Army Corps of Engineers off the hook for paying compensation for Hurricane Katrina's catastrophic flooding isn't going over well on the streets of New Orleans.

People in southern Louisiana have long taken for granted that the flooding in the wake of the 2005 storm was a manmade disaster — one caused specifically by the corps — and they have wanted the agency to pay up for lost homes and property.

But on Monday, a three-judge panel of the 5th Circuit Court of Appeals reversed its earlier opinion and shot down the only argument that had succeeded so far in holding the corps accountable. The ruling also could make it extremely difficult to force the government to pay damages for future mishaps.

In March, the appellate court panel upheld a 2009 ruling by U.S. District Judge Stanwood Duval that had found the corps liable for the flooding of New Orleans' Lower 9th Ward neighborhood and St. Bernard Parish because the agency failed to properly maintain a shipping channel. That channel, dug in the 1960s, funneled Katrina's storm surge into the city. Thousands of homes were destroyed, about 1,400 people died in the flood and much of the city was left underwater.

Then on Monday, the same panel did a legal backflip and

said its new ruling “completely insulates the government from liability,” leaving lawyers and residents baffled.

“There are certain criteria where the federal government can be sued, and I think the levee breaches is a perfect example because the Corps of Engineers is the one that developed the levee system,” said Alvin Alexis, 62, who had two female cousins die in the flood.

His home was flooded, and he moved his family across the Mississippi River to an area he considers safer. Because he was a renter, he said he got only \$10,000 in federal aid.

Alexis was not a plaintiff in the case.

Under federal law, the government cannot be sued over actions that were based “on considerations of public policy,” the appeals panel wrote. The corps' decisions regarding the shipping channel fall under that protection, the judges wrote.

Specifically, the ruling dealt with allegations that the Army Corps let a shipping channel called the Mississippi River-Gulf Outlet erode wetlands and swamp forests southeast of New Orleans. The channel was built as a shortcut between New Orleans and the Gulf of Mexico, but the economic benefits never paid off, and only a few ships used it before Katrina.

The Justice Department and the Army Corps declined to comment Tuesday.

►► Methadone

Continued from Page A1

until a final decision is made on the revocation.

If the clinic closes, its 419 patients will face difficult choices. They could find a way to travel to methadone clinics in other parts of the state — there are clinics in Brainerd, St. Cloud and the Twin Cities area; face a grueling withdrawal from methadone; apply for another form of treatment; or find alternative, possibly illegal, drugs.

The local government attempt to find a provider for a second methadone clinic grew from a failed attempt earlier this year by the Superior Treatment Center — a separate business from the Lake Superior Treatment Center — to open a methadone clinic in Duluth. The DHS initially granted that approval but then rescinded it in April after the St. Louis County administration and board fought the state.

“The commissioner did say that a clinic operator should be a local determination,” Busche said.

Now, with the Lake Superior Treatment Center facing closure, Busche said the consortium has sped up the process to find another methadone provider.

“If their license is revoked, it's likely the state will say there is a need,” Busche said.

The operator the consortium picks will have to run the clinic differently than the Lake Superior Treatment Center, said St. Louis County Commissioner Frank Jewell.

“Clearly, we don't want the problems we presently have,” Jewell said. “I want to see successful treatment.”

A News Tribune investigation found that, statewide, nearly 400 people have died from methadone since 2000; about 5 percent of methadone treatment patients complete treatment; the drug has been diverted from clinics and sold on the streets; and the cost to taxpayers for treatment has been about \$43 million from 2005 to 2011.

Busche said the local consortium will seek health-care providers who will try to wean patients off methadone unless

otherwise indicated.

That could be controversial among some methadone proponents, who say the goal of methadone shouldn't be to wean patients off, but to provide them stable lives no matter how long they're on the drug. Proponents compare opiate drug addiction to a disease and methadone as the medication to treat that disease.

“The successes of methadone are those who stay on it,” Dr. Gavin Bart, the director of the division of addiction medicine at Hennepin County Medical Center, has told the News Tribune. “It's not controversial in the world of addiction treatment. There are societal controversies, and it's related to stigma. But no one says, ‘My God, you've been on high blood-pressure medicine for this many years? You need to stop.’”

When asked about the potential controversy of tapering patients off methadone, Busche responded: “I'm not an expert in this field. ... I just know that we do have concerns about the things (the News Tribune) has found, and the things found in its license (of the Lake Superior Treatment Center): individuals kept on a certain dose; individuals given an increase in dose without what appears to be stringent ... medical approval.”

“We want to ensure that individuals who are able to be tapered can be tapered, and that (in cases of) individuals who need to be on some type of maintenance dose, it is the lowest level of dose that is medically acceptable.”

Busche also said she wanted to prevent patients from selling their methadone. “We don't want them to have the opportunity to sustain themselves on a half-dose and then they're selling the other half of the dose.”

Other than the Superior Treatment Center, owned by Chad Braafladt, no other entity has applied for a license to open a methadone clinic in Duluth in the past year, according to the DHS.

DHS Deputy Commissioner Anne Barry said in a statement that the agency supports the county's efforts to find a preferred provider.

►► Ballot

Continued from Page A1

He said he thinks the electorate is well aware of the unusual circumstances of the race after news broke about Gauthier and his eventual departure from the race. Now, with Simonson on the ballot, he will run alone as a write-in.

“I want to take the high road,” Fosle said. “I just wish we both had to play the game fair.”

Democratic-Farmer-Labor Party leaders and Simonson said they brought the legal action to ensure that voters understood who actually is running.

“Our first priority throughout this process has been ensuring a fair election for the people of District 7B in Duluth,” House Minority Leader Paul Thissen, DFL-Minneapolis, said.

Thissen and DFL Chairman Ken Martin said they are confident Simonson will win.

“We are glad to learn that the Minnesota Supreme Court agrees that Duluth voters should have a chance to choose between the endorsed candidates of the major parties — a choice that Minnesotans in every other district in the state will have on Election Day,” Martin said.

The high court order written by Chief Justice Lori S. Gildea said that Simonson's name should replace Gauthier's. In the interest of time,

she said that she filed the order Tuesday but delayed an explanation of the ruling.

The ruling grants a request filed by Simonson and the DFL Party when Gauthier announced he would end his re-election campaign after a rest-stop sex encounter with a 17-year-old male earlier this summer was revealed.

House District 7B Democrats revoked their earlier endorsement of Gauthier, replacing it with a Simonson endorsement. The state deadline for withdrawing from a race passed long ago, but Gildea ordered St. Louis County Auditor Don Dicklich to accept Gauthier's withdrawal and print new ballots with Simonson's name.

Dicklich's office began to mail out absentee ballots Friday, as state law requires, with Gauthier's name.

John Kavanagh of Secretary of State Mark Ritchie's office Tuesday night said details of the Supreme Court order remain to be worked out, including what happens to any absentee votes already cast in the race. In 2002, the courts allowed some voters to cast new ballots after U.S. Sen. Paul Wellstone died in a plane crash days before the election.

Dicklich said he will try to get new ballots to those already sent previous ones, but said he is not sure what to do about voters who have gone to Duluth City Hall to vote absentee.

“We need to talk to the city about that,” he said.

To get the new ballots out quickly, elections officials may use what the state calls “unofficial ballots” with Simonson's name until Dicklich's office can provide official documents that meet all state standards, Kavanagh said.

About 30,000 ballots with Gauthier's name have been printed, with 28 mailed to overseas voters, Dicklich said.

“We waited as long as we could,” he said. “I'm disappointed it took (the court) so long to come up with this ruling.”

Dicklich said printing new ballots and reprogramming voting machines with Simonson's name on it will cost taxpayers \$20,000 to \$22,000.

Simonson said it would have made no sense to issue ballots bearing Gauthier's name as the DFL-endorsed candidate after he officially dropped out of the race.

He said the amended ballots will better serve the public good because “it shows people the choice they actually have.”

Now that his name will appear on the ballot, Simonson said: “We're going to shift our strategy. We can move away from education. It will give us more of an opportunity to focus on the issues.”

News Tribune staff writers Brandon Stahl and Peter Passi contributed to this report.

►► Bear

Continued from Page A1

Novak estimated that the bear weighed about 90 to 100 pounds.

“But he looked pretty big when you looked at him eyeball-to-eyeball,” he said.

After Novak swatted the bear with his rifle, the bear headed for some tall grass down in an old beaver pond, Novak said. Bucky was still all over the bear, so Novak couldn't risk a shot. Finally, the bear separated itself from Bucky enough that Novak could take a second shot, which dropped the bear in its tracks.

It was only then that Novak noticed some pain in his arm. He pulled up his sleeve to see

several lacerations in his flesh.

“I was all scratched up,” Novak said. “That bear had laid me open.”

Novak and a neighbor field-dressed the bear, and Fondie issued a permit allowing Novak to possess the bear. He gave it to his neighbor.

Novak washed his wounds thoroughly and administered a topical antibiotic. Novak visited the clinic in Orr the next day, and medical personnel prescribed a course of antibiotics.

Otherwise, things have been pretty quiet in Novak's world. He's been out grouse hunting a few times.

“I've shot three so far,” he said. “I just walk until I shoot one, then come back and have it for lunch.”

►► Involta

Continued from Page A1

and fire suppression — even though the center is fire-resistant, from its concrete floors to its concrete roof. Authorized personnel will have to pass through several security checks for access, including an iris eye scan more accurate than retina scans and fingerprints.

The center's opening puts Duluth on the data storage map.

It's the first critical data storage center in the Northland, built by a fast-growing company in an emerging industry to provide secure data storage for health-care organizations, businesses, government and educational institutions.

As their IT functions grow, more companies are outsourcing their data storage, said Involta CEO Bruce Lehrman.

“At a point in their growth, companies look at what they can build or lease and for how much,” he explained. “Most come to the conclusion it's better to outsource their data center operations.”

COMPETITIVE ADVANTAGE

Brian Hanson, CEO and president of Area Partnership for Economic Expansion, likened having such a center in Duluth to what a railroad meant to a community 100 years ago.

“It's a huge step forward and a competitive advantage for Duluth,” Hanson said.



The office area of Involta's new data center at 3401 Technology Drive in Duluth is the only section that has windows. Photos by Steve Kuchera / skuchera@duluthnews.com

“Having a data center in your community means it can handle and manage large amounts of data locally. If a company tried to build that infrastructure itself, it would be extremely expensive and would plain not be as good.”

Involta's Duluth center has six employees but could grow to 18, Mistelske said. But while data centers don't have large staffs, their high-technology infrastructure becomes a draw for business and can lead to spinoff jobs, Hanson said.

So far, the Duluth center's client list includes SISU Medical Solutions, CenturyLink and Enventis, with negotiations going on

with several other companies, Mistelske said.

Anchor tenant Essentia Health needed two facilities. So Involta built a \$2.3 million satellite center in the former Daugherty Hardware store building in Duluth's Central Hillside. It's been operating since December.

When 80 percent capacity is reached in the main center's two 5,000-square-foot data halls, planning will start on a Phase II, Involta officials say. That expansion will be a connecting building that will be a mirror image of the existing building.

UNITED EFFORT

The city of Duluth, local business and economic de-

velopment proponents worked together to convince Involta to build a data center in town. Construction of the LEED silver-certified facility took a year.

Hanson said it's a great example of the local business community bringing ideas to APEX for a business needed in the community.

Said Lehrman: “We found, from our very first meeting in Duluth, that the community understood our industry and understood what we needed to move forward with the project. And they delivered everything we needed to move forward.”

An incentives package included tax-increment financing assistance and a Job



If electrical power is ever lost at the Involta data center, deep-cycle batteries — 20 to a cabinet, 80 in a bank — will provide uninterrupted service during the 22 seconds between the loss of power and when the emergency generators would begin.

Opportunity Building Zone, exempting Involta from state income taxes and local property taxes for several years.

“We probably would not be in Duluth if it weren't for the help of APEX, Minnesota Power, Allele, state and local government to bring all those together,” Lehrman said. “It probably wouldn't have happened.”

But Duluth had something else going for it — the city's average temperature of 38 degrees.

Any time the temperature is 55 degrees or lower means less use of compressors to cool the heat-generating computer servers a data center houses for clients, Mistelske said.

If you go

The grand opening celebration of the new Involta data center in Duluth will be at 3 p.m. today at the center at 3401 Technology Drive off Rice Lake Road.

The celebration, open to the local business community, will include speakers, a ribbon-cutting ceremony and tours of the new facility. While the center will be under intense security once open, tours are possible now because clients' computer servers are not yet in. In the event of rain, the celebration will be moved inside. The center is near Arrowhead and Rice Lake roads, behind United HealthCare.

“Today would be a free cooling day,” he said last week when it was 55 degrees. “We figure being in Duluth, about 85 percent of the time is free cooling. That makes Duluth an attraction for corporations looking to be energy-efficient.”

And that translates into big savings.

Lehrman estimated 30 percent energy savings by being in Duluth.

Founded in 2004, Involta also has data centers in Marion and Cedar Rapids, Iowa, and Akron, Ohio. The company plans to build centers in Boise, Idaho, and Tucson, Ariz.



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Men's deaths inspire action on methadone

BRANDON STAHL
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David and Kathy Lingren fight back tears when they speak about what their son, Mitch, meant to them.

"It is devastating, in terms of the impact on us," David said.

"The most important thing to know is that he loved his family, and he was loved by his family," said Kathy.

To Jim and Wendy Gamache, the loss of their son, Zachary, is still too painful to talk about.

Mitch Lingren, 29, of Duluth and Zachary Gamache, 25, of Esko were working for the Carlton County Highway Department when they were killed the morning of Oct. 1 in what law enforcement said was a methadone-related crash.

Vanessa Rae Brigan, 26, faces two counts of criminal vehicular homicide after authorities accused her of driving while impaired by methadone when she ran into the truck

Methadone



A costly fix

Read previous reports at duluthnewstribune.com.



LINGREN GAMACHE

carrying Lingren and Gamache and causing them to hit a trailer.

Following the two men's deaths, State Rep. Tom Huntley, DFL-Duluth, said he wants to hold hearings in St. Paul this fall to determine if more restrictions are needed on how methadone treatment for addiction to opioid drugs is administered in Minnesota.

See Methadone, Page A8



The Native Mob name appears in graffiti on the wall of a building on West Carlton Avenue in Cloquet last week. People with connections to the Fond du Lac Reservation are speaking out against recent gang activities after a Floodwood woman was killed and police identified a Native Mob gang member as a suspect. Clint Austin / caustin@duluthnews.com

Grass-roots effort seeks to stem Native Mob

JANA PETERSON
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After learning that authorities had found the body of a missing Floodwood woman on the Fond du Lac Reservation and — on top of that — suspected she was killed by a local member of the Native Mob gang, Bettina Johnsen decided enough was enough.

She decided it was time to fight back, in ways both modern and old-fashioned. She started a Facebook page, "Take Back Our Rez," the same day — Oct. 4 — and organized a march against violence four days later on the reservation.

An image and words of Sitting Bull sit front and center on the Facebook page: "Let Us Put Our Minds Together And See What Life We Can Make For Our Children — Sitting Bull."

Johnsen said she's a mom first, and she's mad about what is happening to the place where she grew up and where her children go to school.

"I'm a mom of three little ones, and I'm terrified to bring them up (here) be-



A group of about 50 Fond du Lac Reservation residents marched Monday to the tribal center to protest the rise in gang activity on the reservation. "We want the kids to be safe. They're our future, and they're a gold mine here on Fond du Lac," said Jarvis Paro, a Fond du Lac parent. Photo by Northland's NewsCenter

cause of the gang violence and drug use," Johnsen said. The problem isn't just on the reservation, but also in Cloquet and the surrounding area, she added. "We want to come together and make it public that we're not going to put up with it anymore."

Fond du Lac Chairwoman Karen Diver expressed her support for the grassroots movement.

"I am proud of the community, that they are expressing the need to find

community-based solutions and deterrents to these behaviors," Diver said.

On Thursday, Michael William Siewert, 22, and Joseph Allen Yellow Jr., 17, both of Duluth, were charged with intentional second-degree murder in the death of Cristyna Leah Watson, 25, of Floodwood, whose body was found on property off Reservation Road. Siewert struck her in the head with a hammer, and Yellow strangled her with his

hands, according to the criminal complaints against them.

Authorities have identified Siewert as a member of the Native Mob. He was charged Oct. 5 with an unrelated crime — of allegedly shooting a man in the foot on the Fond du Lac Reservation in August as punishment for "certain gang-related activity," according to the complaint.

See Crime, Page A6

Meningitis patient treated in Duluth, family member says

JOHN LUNDY
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One of the four Minnesota women with fungal meningitis linked to tainted steroid injections is being treated at Essentia Health St. Mary's Medical Center in Duluth, the woman's mother said on Saturday.

Susan Edwards, 46, of Hibbing was taken by ambulance from Hibbing to St. Mary's on Oct. 5 after the Centers for Disease Control and Prevention confirmed from a urine sample that she had the disease, said her mother,

Mary Olson of Cloquet.

Susan Edwards was listed in fair condition on Saturday, Essentia Health spokeswoman Kim Kaiser said. She couldn't confirm that Edwards was being treated for fungal meningitis. Douglas Schultz, a spokesman for the Minnesota Department of Health, said that four cases have been confirmed in Minnesota and that two of the victims are hospitalized. He could not say where the victims were being treated.

See Sick, Page A7

Elected in Tea Party furor, freshmen lawmakers follow own paths

JAMES ROSEN
McClatchy Newspapers

WASHINGTON — The Tea Party congressional candidates whose victories made 2010 a wave election for Republicans came to Washington united in their desire to slash spending, cut the size of government and place conservative principle over party loyalty.

During 21 months in office, Tea Party freshman lawmakers have endured detractors' portrayals of them as ideological zombies who eschew compromise and engage in group-think. But the reality isn't so simple: In dozens of key votes, the 68 new representatives who'd earned Tea Party campaign endorsements — all Republican —

showed differences on a range of issues from fiscal austerity and defense spending to free trade, abortion funding and government aid for public radio.

"The desire to be independent is real amongst our folks," Rep. Mick Mulvaney of South Carolina said.

The Tea Party lawmakers arrived in Washington in January

2011 under an election-fueled head of steam with an apparent mandate "to change business as usual" on Capitol Hill. They pushed their party elders to the right, their hard-line conservatism contributing to the gridlock that has helped make the 112th Congress one of the least productive ever.

Half of the 18 House members

rated as the most conservative by the Heritage Foundation, a conservative think tank in Washington, are Tea Party freshmen.

But a McClatchy Newspapers analysis yields a more complex picture.

Ten of the Tea Party newcomers voted against House Speaker

See Tea Party, Page A6

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CONTENTS

Faces & NamesA2
GamesF2
LotteriesA2

MilestonesF7
ObituariesD4-6
OpinionB1-3
OutdoorsC6-8

ScrapbookF
SportsC
TV listingsF8
WeatherB6

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Tomorrow

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High: 50 Low: 42



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Methadone

Continued from Page A1

"Two people are dead, and we need to find out if there's something we can do," said Huntley, the ranking member of the House Health and Human Service Finance committee who also sits on the House Health and Human Service Reform committee. "This obviously needs to be looked into, and we need to know if the law requires changing."

Brigan was a patient of a Brainerd methadone clinic, had methadone in her system and had a large dose of methadone in her car, according to the criminal complaint filed against her by Carlton County authorities. A needle and syringe were found in her car as well as near the scene of the crash, and needle marks were found on her arm when she was booked into jail, the complaint said.

Her passenger was also a patient of the clinic and was wanted on outstanding warrants, according to the complaint. Brigan was driving without a valid license, according to Carlton County Attorney Thom Pertler.

In Minnesota, the News Tribune has found, methadone clinics aren't required to:

- Determine whether patients driving to and from clinics have a valid driver's license.
- Determine whether patients are impaired by methadone after they leave a clinic.
- Physically check patients to determine whether they're injecting the drug.
- Determine whether their patients have outstanding warrants against them.
- Stop providing unsupervised doses of methadone to patients if they're found to be abusing drugs or have a recent criminal history.

State Sen. Roger Reinert, DFL-Duluth, said he agrees that legislative hearings should be held to discuss methadone treatment.

"The recent crash only highlights some of the troubling trends (the News Tribune) has found in terms of lack of oversight," Reinert said.

A News Tribune series that ran in September found widespread problems stemming from methadone treatment in Minnesota, including abuse of prescribed methadone with resulting deaths, dealers selling it on the streets, unmonitored spending by the state and a 5 percent completion rate from treatment over the past five years.

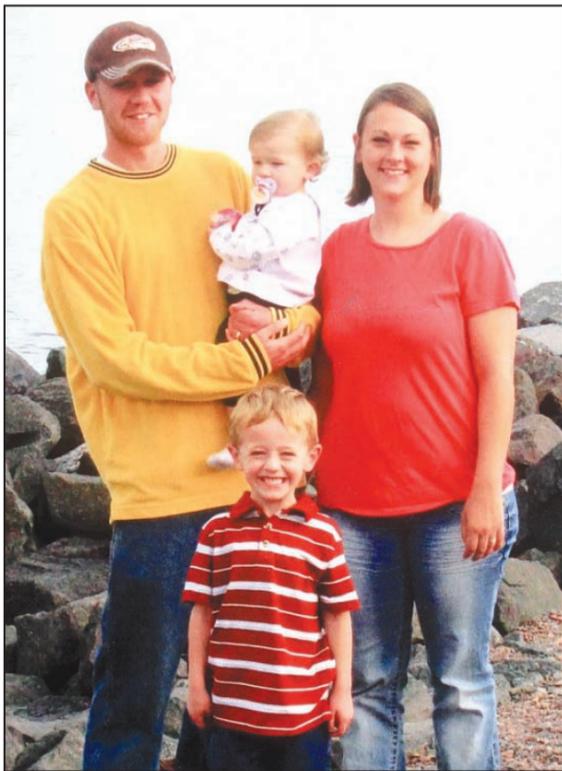
"The lack of oversight is very troubling," Reinert said. "In a time of very scarce resources, taxpayers need to know that the kind of money that's being spent is having an impact."

'DOES NOT GO THAT FAR'

The car Brigan drove was weaving from the fog line on the side of the road to the center line of Highway 210 as she returned to Cloquet from Pinnacle Recovery Services, a methadone clinic in Brainerd, according to the criminal complaint. At about the Tamarack River, between Wright and Cromwell, she again crossed the center line, hitting Lingren's and Gamache's Carlton County Highway Department pickup in its left rear tire, the complaint said.

The impact from Brigan's car caused the axle on the pickup truck to break, forcing the vehicle to veer into oncoming traffic, sideswipe a 2006 Ford 350 pickup and then hit the gooseneck trailer it was pulling. Gamache and Lingren weren't wearing seat belts and were ejected onto the road, probably dying instantly.

Brigan already had more than 30 traffic-related convictions on her record, and as recently as March was convicted of



Mitch Lingren poses with his daughter, Lily; wife, Angie; and son, Jordan, near Lake Superior. Mitch was killed on Oct. 1 when a car he was in was hit by a driver suspected to have been under the influence of prescription methadone. Photo courtesy of the Lingren family

driving after having her license revoked, records show. Despite this, she told investigators that she and her passenger, Jesse David McMillen, 25, routinely drove from the Cloquet area to the Brainerd methadone clinic and got take-home doses of the drug.

Methadone clinics are not required to check whether a patient has a valid license before giving them an unsupervised dose of the drug, also known as take-home doses, said Nick Reuter, a public health analyst for the Substance Abuse and Mental Health Services Administration.

Under federal law, if patients prove their trustworthiness at methadone clinics, they can get up to a month's worth of take-home doses of the drug. It's intended to be a reward for patients, who start their treatment by having to go to a clinic each day, six to seven days a week, to take their dose. Getting take-home doses is standard practice at methadone clinics around the country and is fully legal.

Reuter said that most clinics ask for an ID to verify the patient's identity, but they aren't required to do that.

"Take-homes have been part of our regulatory scheme since 1976, and there's never even been a discussion about requiring ID for any purpose in the rules," he said.

The News Tribune has found widespread abuse of take-home methadone in the Duluth area, and since 2001 at least 38 overdose deaths have occurred in the Northland from the drug.

Under federal law, before clinics give patients a take-home dose of methadone they must "consider" whether a patient has refrained from recent drug abuse. This is typically done through tests that search for other drugs in a patient's system; if someone is abusing methadone, it doesn't show up in a test.

But clinics don't have to physically inspect a patient to meet that requirement.

"They're not required to check for track marks," Reuter said. "Injecting methadone is unusual."

Clinics are also required to consider patients' known criminal activity before giving them take-home doses.

Troopers said McMillen told them he fled the scene of the crash because he was wanted on active arrest warrants, according to the criminal complaint against Brigan. One of those warrants included failing to appear at a September hearing for a conviction that same month of possessing drug paraphernalia, court records show.

Reuter said even if a patient is found to be abusing other drugs or methadone, or has recent criminal activity, that person can still be given take-home

methadone.

"The regulation is not quite that direct," Reuter said. "Does it clearly say if a patient comes in with track marks, including recent track marks, should they be denied take-homes? It does not say that. It does not go that far."

Reuter said it's up to a clinic's medical director to determine if take-home doses are warranted for a client.

"It's a physician's clinical judgment," he said. "We've put in writing things they're required to consider as part of that judgment. ... We think that placing that responsibility as part of the physician's medical judgment is adequate at this time."

Pinnacle Recovery Services began treating patients in April, according to the Department of Human Services. No one from the clinic returned the News Tribune's request for comment for this article.

A 'RELATIVELY HIGH DOSE'

Clinics also are not required to check whether their clients are OK to drive after taking methadone.

According to the criminal complaint, a witness to the crash and a state trooper said Brigan appeared to be impaired by

drugs after the accident. "Both were fully aware from medical advice that they were not to be driving a motor vehicle while consuming the methadone," the complaint said.

But it's only illegal to drive in Minnesota with methadone in your system if it impairs your driving ability, said Department of Public Safety spokesman Nathan Bowie.

It's possible the dose found with Brigan could have impaired her driving, said Ted Jackson, a journalist who has reported on methadone for the publication he founded, Treatment Magazine.

The dose found in Brigan's vehicle, 300 milligrams, was "uncommonly high," Jackson said.

"A very high dosage like that can be tolerated if it's being given over a very long period of time," he said. "But if someone is quickly put on that, it will get them high."

Reuter called 300 milligrams a "relatively high dose."

"It's something that would get your attention," he said. A single take-home dose from a methadone clinic is meant to be taken orally at one time. If taken correctly, and not abused, experts say methadone should not get a patient high but allow them to live a normal life.

Methadone-related motor vehicle deaths appear to be rare, according to statistics from the Min-

nesota Department of Public Safety. From 2006 to 2011, there were 11 traffic fatalities in which the driver had been using drugs, compared to 215 in which the driver was drinking. (The DPS's statistics on drug fatalities do not break numbers down into the type of drug).

Jackson, who supports methadone treatment, said he worries that too much will be made of the fatal crash, stigmatizing the treatment.

"How is (the Oct. 1 fatality) any different than a drunk driving accident?" asked Jackson, "Methadone saves lives."

But Jackson also said the crash showed there may be a need to prevent people from abusing methadone while in treatment. One way he said that could be achieved is by monitoring the amount of methadone provided at clinics to ensure that patients aren't receiving too high a dose.

Neither the Federal Substance Abuse and Mental Health Services Administration nor the Minnesota Department of Human Services, both of which license and inspect methadone clinics, monitor dosing levels at clinics.

A rule that limited dosing to 100 milligrams a day was changed in 2001 to allow more discretion for physicians to decide what was appropriate for patients. Since then, according to the DHS, there has

been an increase in dose levels at methadone clinics.

"This would correlate with an increase in the purity of heroin and use of stronger opioid medications by addicts," said Dave Hartford, the assistant DHS commissioner for chemical and mental health services.

Reuter said anecdotal evidence suggests the average dose at a clinic is about 80 to 120 milligrams a day.

'SO WRONG'

The Lingrens declined to talk about methadone being a part of the crash that killed their son, saying they wanted to wait for more information to be released.

What they want to focus on, they said, is the life their son, Mitch, led, and the impact he had on others.

"The Duluth and Carlton communities have all been touched by this, and we do feel and appreciate their support," said Mitch's mother, Kathy.

They also want to focus on what he left behind: a wife, an 8-year-old son and a 3-year-old daughter.

"It's so wrong what happened to two wonderful men who had so much potential and so much to give and needed so much," Kathy Lingren said.

"It's going to be so difficult for his wife and two children to go on without him," she said. "Our life has changed because of this."

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