

Substance Abuse Trends in Texas: June 2002



The Gulf Coast Addiction Technology Transfer Center
The Center for Social Work Research, School of Social Work
The University of Texas at Austin
1925 San Jacinto Blvd.
Austin, Texas 78712

Table of Contents

Overview	1
Area Description	2
Data Sources and Time Periods	2
Cocaine and Crack	3
Alcohol	6
Heroin	8
Other Opiates	11
Marijuana	13
Stimulants	15
Depressants	19
Ecstasy	19
Gamma Hydroxybutrate	21
Ketamine	22
LSD	22
PCP	23
Rohypnol	24
Dextromethorphan	25
Inhalants	25
AIDS and Drug Use	27
Appendix 1	29
Appendix 2	30
Appendix 3	31
Appendix 4	32

©June 2002. The Gulf Coast Addiction Technology Transfer Center (GCATTC) grants full permission to reproduce and distribute any part of this document for non-commercial use. Appropriate credit appreciated. The GCATTC is located in the Center for Social Work Research at The University of Texas at Austin and serves Texas, Louisiana, and Mississippi. The purpose of the center is to work through multiple collaborative networks to bridge research and practice. It also includes a National Center of Excellence in Drug Epidemiology.

Published in cooperation with the Texas Commission on Alcohol and Drug Abuse (TCADA).

The Gulf Coast Addiction Technology Transfer Center (GCATTC)
The Center for Social Work Research, School of Social Work
The University of Texas at Austin
1925 San Jacinto Blvd.
Austin, Texas 78712-1203

Web site: <http://www.utattc.net>

Substance Abuse Trends in Texas

June 2002

Jane Carlisle Maxwell, Ph.D.
Research Scientist
The Center for Social Work Research
The University of Texas at Austin
Austin, Texas

Overview

Crack cocaine is the illicit drug for which 21 percent of adult clients enter treatment. The proportion of Anglo and Hispanic admissions for crack now totals 50 percent as African-American crack admissions decline. Half of the powder cocaine inhalers are Hispanic and injectors are Anglo. Cocaine is the drug, after marijuana, for which arrestees are most likely to test positive. The rate of emergency room mentions of cocaine in Dallas is decreasing. Cocaine is a significant problem on the border.

Alcohol is the primary drug of abuse in Texas in terms of dependence, deaths, treatment admissions, and arrests. Use among Texas secondary school students, particularly younger ones, declined between 1998 and 2000, but binge drinking and driving while under the influence remain problematic. Sixteen percent of adults reported past-year problems with alcohol in 2000.

Heroin addicts entering treatment are primarily injectors, and over half are Hispanic. Emergency room mentions of heroin in Dallas have dropped. The percentage of arrestees testing positive for heroin remains mixed. The price and purity of Mexican heroin varies around the state.

Hydrocodone is a much larger problem in Texas than is oxycodone. Codeine cough syrup continues to be abused.

Seventy-four percent of youths entering treatment report marijuana as their primary problem drug. Dallas emergency room mentions of marijuana are decreasing. Availability is high. Intentional abuse and misuse calls to poison control centers are increasing.

Methamphetamine and amphetamine are widely available and are a problem, particularly in the northern part of the state. Poison control center cases and treatment admissions are rising,

but levels in Texas are much lower than in other western states. Alprazolam (Xanax) mentions are increasing in emergency room and DPS lab reports.

Club drug use continues to spread, with those who began using them several years ago now appearing in treatment. Ecstasy cases reported to poison control centers, treatment admissions, and DPS lab cases continue to rise. GHB, GBL, and similar precursor drugs remain a problem, particularly in the Metroplex area, with a high rate of emergency room mentions. Rohypnol remains a problem along the border and the number of youths entering treatment for abuse of this drug is rising. Ketamine continues as a problem, with the Dallas emergency room rate above the national level. Use of marijuana joints dipped in embalming fluid that can contain PCP ("Fry") continues, with the number of cases seen in the emergency rooms, poison control centers,

and treatment admissions rising.

The proportions of AIDS cases due to injecting drug use and to heterosexual route of transmission are level, but the proportions of females and persons of color are increasing. The proportion of needle users entering treatment continues to decrease.

Area Description

The population of Texas in 2001 is 20,698,441, with 54 percent Anglo, 11 percent African American, and 32 percent Hispanic. Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as smaller towns along the border. They then move northward for distribution through Dallas/Fort Worth and Houston. In addition, drugs move eastward from San Diego through Lubbock and from El Paso to Amarillo and Dallas/Fort Worth. A major problem is that Mexican pharmacies sell many controlled substances to US citizens who can legally bring up to 50 dosage units into the U.S. The use of private and express mail companies to traffic narcotics and smuggle money continues to increase. Seaports are used to import heroin and cocaine via commercial cargo vessels and the international airports in Houston and Dallas/Fort Worth

are major ports for the distribution of drugs.

Data Sources and Time Periods

Substance Abuse Trends in Texas is an on-going series that is published every six months as a report to the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse. To compare June 2002 data with earlier periods, please refer to previous editions that are available in hard copy from the Texas Commission on Alcohol and Drug Abuse (TCADA) or on the TCADA web page at <http://www.tcada.state.tx.us/research/subabussetrends.html> and at the web page of the Gulf Coast Addiction Technology Transfer Center at <http://wnt.cc.utexas.edu/~slaf405/attc.htm>.

Data were obtained from the following sources:

Price, purity, trafficking, distribution, and supply—This information was provided by first quarter 2002 reports on trends in trafficking from the Dallas, El Paso, and Houston field divisions of the Drug Enforcement Administration (DEA).

Treatment data—TCADA's Client Oriented Data Acquisition

Process (CODAP) provided data on clients at admission to treatment in TCADA-funded facilities from first quarter 1983 through December 31, 2001; however, only partial data have been available for the Dallas area since July, 1999. For most drugs, the characteristics of clients entering with a primary problem with the drug are discussed, but in the case of emerging club drugs, information is provided on any client with a primary, secondary, or tertiary problem with that drug.

Overdose death data—Statewide data on drug overdose deaths through 2000 came from death certificates from the Bureau of Vital Statistics of the Texas Department of Health; 2001 data were not available for this report. Data on the Dallas and San Antonio metropolitan areas came from *Mortality Data from the Drug Abuse Warning Network, 2000*, published by the Substance Abuse and Mental Health Services Administration.

Analysis of inhalant deaths is from "Deaths Related to the Inhalation of Volatile Substances - Texas, 1988 - 1998" by Jane Maxwell in *American Journal of Drug and Alcohol Abuse*, Vol. 27, No. 4, 2001.

Emergency room mentions—Mentions of drugs in the Dallas

area emergency rooms through the first half of 2001 came from the Drug Abuse Warning Network (DAWN) of the Substance Abuse and Mental Health Services Administration. See *Emergency Department Trends from the Drug Abuse Warning Network Preliminary Estimates January-June 2001 with Revised Estimates 1994-2000* for detailed tables of drug categories, demographic characteristics, and episode characteristics as well as rates per 100,000 for the coterminous US and the 21 metropolitan areas covered by DAWN.

Drug use by arrestees—The Arrestee Drug Abuse monitoring Program (ADAM) of the National Institute of Justice provided information for Dallas, Houston, Laredo, and San Antonio.

The sampling strategies for ADAM are being revised, and 2001 data were only available for males in Dallas and San Antonio, and males and females in Laredo.

Adult substance use—Data came from TCADA’s 2000 *Texas Survey of Substance Use Among Adults* by Lynn Wallisch, which is available at <http://www.tcada.state.tx.us/research/adultsurveys.html>.

Poison control center data—The Texas Poison Control Network provided data from the Texas Centers for 1998, 1999, 2000, and 2001.

Drugs identified by laboratory tests—The National Forensic Laboratory Information System reported data collected by all of the Texas Department of

Public Safety (DPS) laboratories for 1998 through 2001.

Acquired immunodeficiency syndrome (AIDS) data—The Texas Department of Health provided annual and year-to-date AIDS data for the period ending March 31, 2002.

Drug Abuse Trends

Cocaine and Crack

The TCADA 2000 *Texas School Survey of Substance Abuse: Grades 7-12* found that 8.6 percent of students in non-border counties had ever used powder cocaine and 2.9 had used cocaine in the past month. In comparison, students in schools on the Texas border reported higher levels of powder cocaine use: 13.4 percent lifetime and 5.4 percent past month use. Use of crack was lower, with non-border students reporting 2.6 percent lifetime and 0.7 percent past month use; border students reported 3.6 percent lifetime and 1.3 percent past month use (Exhibit 1). Levels of use in 2000 for both border and non-border students decreased very slightly from the 1998 survey results.

TCADA’s 2000 *Texas Survey of Substance Use Among Adults* reported 12 percent of Texas adults had ever used

Exhibit 1. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Powder Cocaine and Crack, by Grade: 2000

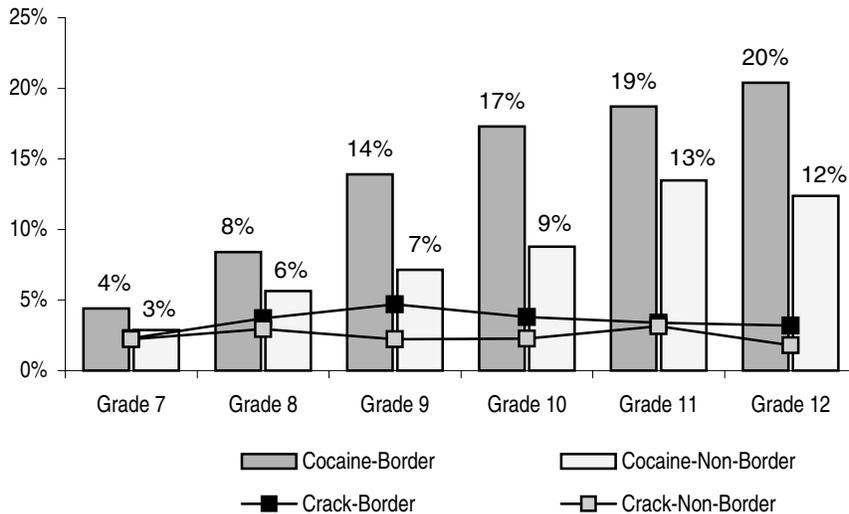


Exhibit 2. Dallas DAWN Mentions of Cocaine Per 100,000 Population: 2nd Half 1996-1st Half 2001

	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul-Dec 2000	Jan - Jun 2001
Cocaine	29.3	34.0	39.6	51.9	54.1	41.2	44.4	44.6	42.7	28.1

powder cocaine and 1 percent had used it in the past month, up from 10 percent lifetime and 0.4 percent past month use in 1996. The increase in past-year use (1.4 percent to 1.9 percent) was statistically significant. The levels of crack cocaine use did not change between 1996 and 2000 (2 percent lifetime and 0.1 percent past month).

Texas Poison Control Centers reported 357 misuse or abuse cases involving cocaine in 1999, 1,252 in 2000, and 1,111 in 2001.

Exhibit 2 shows that the rate of cocaine emergency room mentions per 100,000 population in the Dallas DAWN data is continuing to decrease from the peak period in 1998. Patients who were treated in emergency rooms for cocaine in 2000 were more likely to be African American or Anglo and were older than most other patients, as Appendix 4 shows.

Cocaine (crack and powder) comprised 28 percent of all admissions to TCADA-funded treatment programs in 2001. Crack cocaine is the primary illicit drug abused by adult clients

admitted to publicly-funded treatment programs throughout Texas, although it has dropped from 28 percent of all adult admissions in 1993 to 21 percent in 2001 (Appendices 1 and 2).

Abusers of powder cocaine comprise 7 percent of all adult admissions to treatment. They are younger than crack abusers and more likely to be male and Hispanic or Anglo. Those who inhale are the youngest, the most likely to be Hispanic, and the most likely to be involved in the

criminal justice or legal systems (Exhibit 3).

The term “lag” refers to the period from first consistent or regular use of a drug to date of admission to treatment. Powder cocaine inhalers average nine years between first regular use and entrance to treatment, while injectors average 13 years of use before they enter treatment.

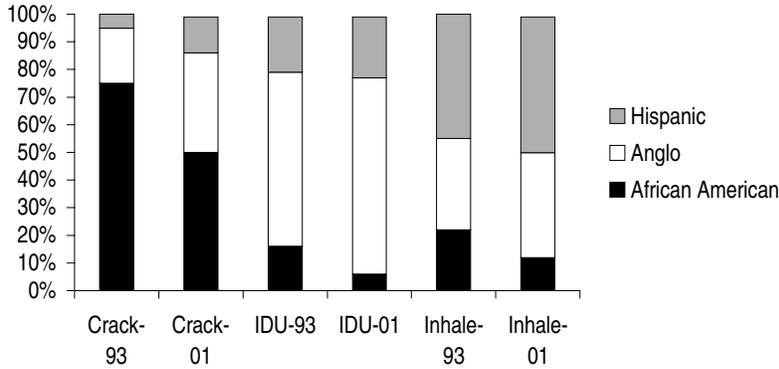
Between 1987 and 2001, the percentage of powder cocaine admissions who were Hispanic

Exhibit 3. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 2001

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	7,573	948	1,782	10,303
% of Cocaine Admits	74%	9%	17%	100%
Lag-1st Use to Tmt-Yrs.	10	13	9	10
Average Age	36	34	31	35
% Male	55%	62%	62%	57%
% African American	50%	6%	12%	39%
% Anglo	36%	71%	38%	39%
% Hispanic	13%	22%	49%	21%
% CJ Involved	38%	44%	49%	40%
% Employed	15%	18%	30%	18%
% Homeless	17%	13%	5%	15%
Average Income	\$4,668	\$6,349	\$6,910	\$5,242

*Total includes clients with "other" routes of administration

Exhibit 4. Routes of Administration of Cocaine by Race/Ethnicity of Treatment Admissions: 1993-2001



has increased from 23 percent to 42 percent, while for Anglos, the percent remained at about 48 percent, and for African Americans, has declined from 28 percent to 9 percent. Exhibit 4 not only shows this increase by Anglos and Hispanics in the use of powder cocaine, but it also shows that the proportion of crack cocaine admissions who are African American has dropped from 75 percent in 1993 to 50 percent in 2001, while the proportion of Anglos increased from 20 percent in 1993 to 36 percent in 2001, and the percentage of Hispanic admissions has gone from 5 percent to 13 percent in the same time period.

Powder cocaine was the primary drug of abuse for 7 percent of youths entering treatment during 2001 (Appendix 3). Crack cocaine accounted for less than 1 percent of youth ad-

missions. Of the powder cocaine admissions, 75 percent were Hispanic and 24 percent were Anglo. Of the crack cocaine admissions, 65 percent were Hispanic and 13 percent were Anglo.

The number of deaths in which cocaine was mentioned increased to a high of 424 in 2000 (Exhibit 5). The average

age of the decedents continues to increase to 38.3 years in 2000. Of these persons, 46 percent were Anglo, 23 percent were Hispanic, and 30 percent were African American. Seventy-five percent were male.

The DAWN medical examiner system reported that the number of deaths in the Dallas area involving a mention of cocaine increased from 134 in 1996 to 157 in 2000, while in San Antonio, the number of deaths with a mention of cocaine increased from 63 in 1996 to 126 in 2000.

The proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s. While the percent of males testing positive for cocaine in Laredo is lower in 2001 than in previous years, the percent of females

Exhibit 5: Age & Race/Ethnicity of Persons Dying with a Mention of Cocaine: 1992-2000

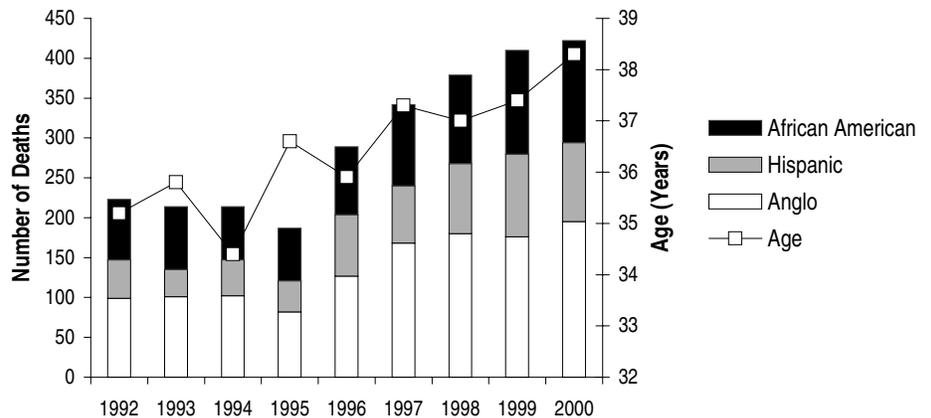


Exhibit 6. Arrestees Testing Positive for Cocaine: 1991-2001

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%	34%	28%	30%
Houston Males	56%	41%	41%	28%	40%	39%	39%	36%	36%	32%	NR
Laredo Males	NR	37%	42%	45%	33%						
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	27%	23%	20%	31%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%	40%	24%	NR
Houston Females	51%	44%	43%	36%	32%	34%	29%	37%	23%	32%	NR
Laredo Females	NR	33%	21%	22%	24%						
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	20%	19%	NR	NR

testing positive has increased over the past three years; these data help document the extent of the cocaine problem on the border (Exhibit 6).

Exhibit 7 shows the proportion of substances identified by the DPS labs that were cocaine. In 2001, cocaine comprised 35 percent of all items examined by these labs.

In the first quarter of 2002, powder cocaine was reported by DEA as being readily available. A gram costs \$50-\$100 in Dallas, \$60-\$100 in Houston, and \$100 in Alpine, Amarillo, and Lubbock. An ounce costs \$400-\$550 in Laredo, \$400-\$800 in Houston, \$500-\$1,200 in Dallas, \$600 in Alpine, \$500-\$750 in McAllen, \$400-\$600 in San Antonio, \$650-\$850 in Amarillo and Lubbock, \$700-\$1,000 in Tyler, and \$750 in Fort Worth. A kilogram sells for \$10,000-\$23,000 (Exhibit 8).

DEA reports crack cocaine is also readily available except in

Laredo. A rock of crack costs between \$10-\$100, with \$10 being the most common price, although a rock sells as cheaply as \$5 in Austin. An ounce of crack cocaine costs \$375-\$900 in Houston, \$500-\$800 in Dallas, \$600-\$800 in Athens, \$500-\$800 in Beaumont, \$600-\$850 in Amarillo, \$650-\$850 in Lubbock, and \$600-\$750 in Fort Worth.

Street outreach workers in Austin report that crack is being cut with carburetor cleaner, dish-washing liquid, or vitamin B-12.

Alcohol

Alcohol is the primary drug of abuse in Texas. *The 2000 Texas School Survey of Substance Abuse: Grades 7-12* found that 71 percent had ever drunk alcohol and 36 percent used it in the past month. Students on the border in 2000 reported higher levels of use, with 74 percent having ever drunk alcohol and 41 percent having drunk in the past month.

Heavy consumption of alcohol or binge drinking, which is de-

Exhibit 7. Substances Identified by DPS Labs: 1998-2001

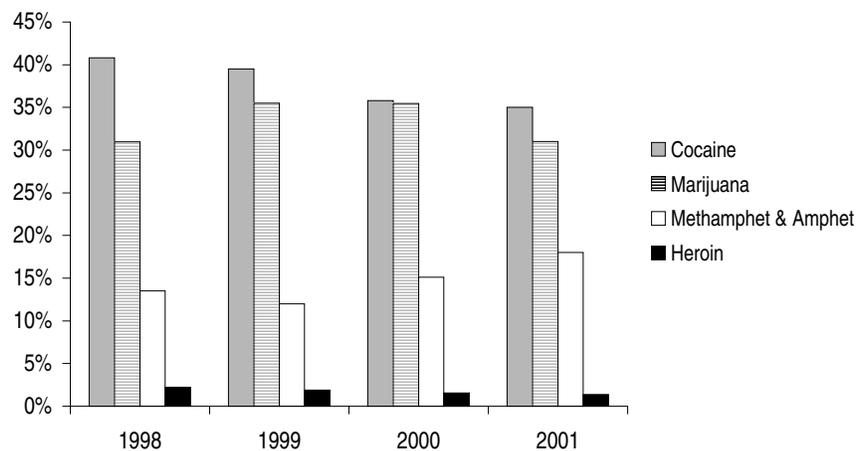
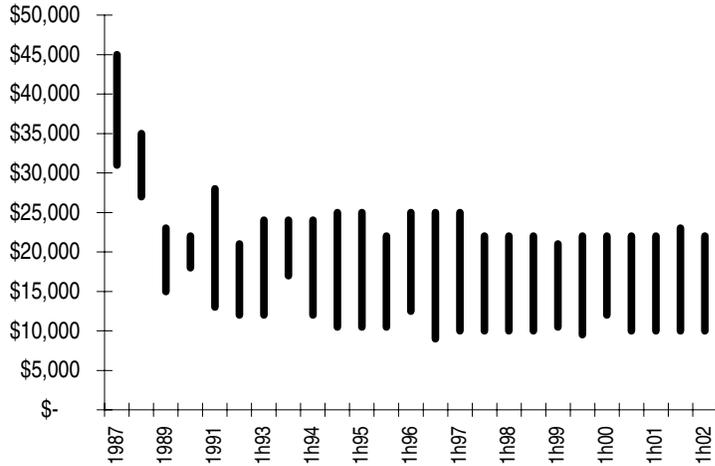


Exhibit 8. Price of a Kilogram of Cocaine in Texas as Reported by DEA: 1987-2002



efined as drinking five or more drinks at one time, is of concern. About 17 percent of all secondary students said that when they drank, they usually drank five or more beers at one time, and 14 to 15 percent reported binge drinking of wine coolers and liquor. This pattern increased with grade level, with 27 percent of seniors reporting binge drinking of beer and 22 percent of liquor. The percentage of students who normally drank five or more beers decreased between 1988 and 2000, while the percentage of students who reported binge drinking of wine or wine coolers has fallen from the peak in 1994, but still is higher than in 1988 (Exhibit 9). The percentage of binge drinking of hard liquor has remained relatively stable since 1994.

In the 2000 school survey, 26 percent of seniors admitted they

had driven a car after having had “a good bit to drink” at least once in the past year. Among seniors, 18 percent had driven in this condition one to three times, 4 percent had done so from four to nine times, and another 4 percent had done so 10 or more times. In comparison, 18 percent of seniors reported having driven when they were high from drugs (Exhibit 10). Among seniors, 11 percent

had done so one to three times, 3 percent had done so from four to nine times, and another 5 percent had done so 10 or more times during the past year.

The 2000 Texas Adult Survey found that 66 percent of Texas adults reported having drunk alcohol in the past year. In 1996, 65 percent reported past-year drinking. In 2000, 17 percent reported binge drinking and 6 percent reported heavy drinking in the past month. Some 15.7 percent of all adults reported problems with alcohol use in the past year in 2000; 16.8 percent reported past-year problems in 1996. In comparison, 5.2 percent of adults in 2000 and 4.1 percent of adults in 1996 reported past-year problems with the use of drugs.

The number of mentions per 100,000 population of alcohol in combination with other drugs

Exhibit 9. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988-2000

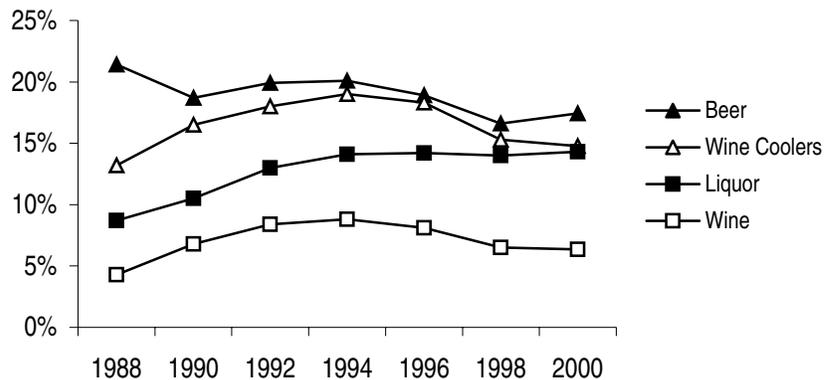
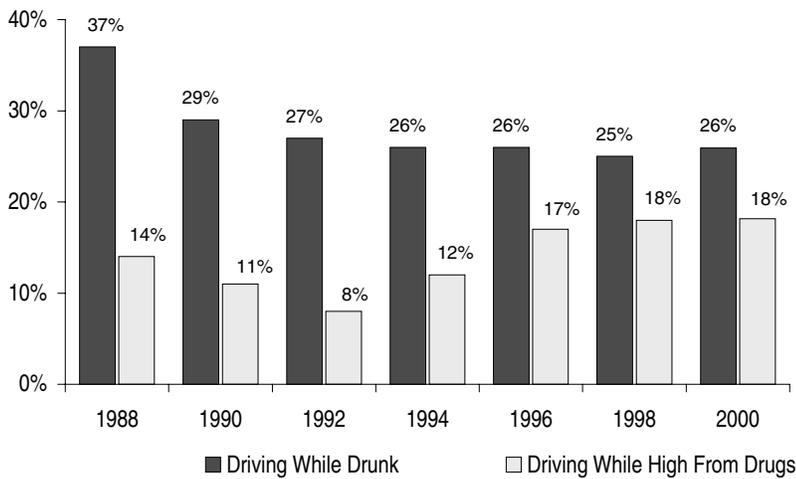


Exhibit 10. Percentage of Texas Seniors Who Had Driven While Drunk or High From Drugs: 1988-2000



in Dallas emergency rooms peaked in 1998 (Exhibit 11).

In 2001, 37 percent of adult clients admitted to TCADA-funded treatment programs had a primary problem with alcohol (Appendix 2). They were the oldest of the clients (average age of 38); 61 percent were Anglo, 23 percent were Hispanic, and 15 percent were African American; 70 percent were male. Their annual income level was the highest of all clients at \$6,626. In terms of poly-drug use, 49 percent used only alcohol, 17 percent had a problem with crack cocaine, 16 percent

had a problem with marijuana, and 9 percent had a problem with powder cocaine.

Among adolescents, alcohol comprised 8 percent of all treatment admissions. Some 73 percent were male; 63 percent were Hispanic, 28 percent were Anglo, and 8 percent were African American. Seventy-seven percent were involved with the juvenile justice or legal systems (Appendix 3).

Far more persons die as an indirect result of alcohol, as Exhibit 12 shows. Direct deaths are those where the substance,

alcohol or drugs, caused the death, while indirect deaths are those where the actual cause of death was due to another reason, such as a car wreck or a violent crime, but alcohol or drugs were involved. The DAWN medical examiner reports showed that 36 percent of drug-related deaths in the Dallas area and 45 percent in the San Antonio area also involved alcohol. In both cities, 40 percent of the alcohol-involved deaths occurred among young persons ages 6-17.

More Texans are arrested for public intoxication (PI) than for any other substance abuse offense, although the arrest rate per 100,000 is decreasing (Exhibit 13).

Heroin

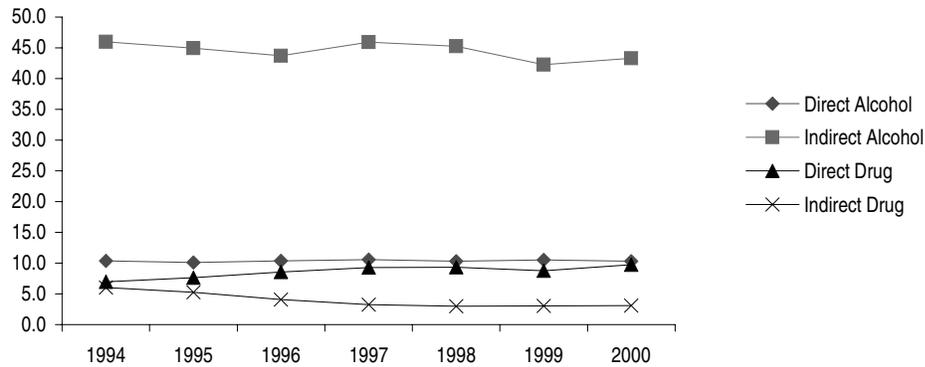
The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4 percent in 1998 to 1.6 percent in 2000, and past month use dropped from 0.7 percent to 0.5 percent.

The 2000 Texas adult survey found that 1.2 percent of adults

Exhibit 11. Dallas DAWN Mentions of Alcohol-in-Combination with Other Drugs Per 100,000 Population: 2nd Half 1996-1st Half 2001

	Jul-Dec 1996	Jan-Jun 1997	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001
Total	26.2	31.0	34.7	40.2	42.8	35.9	32.1	37.0	37.8	27.1

Exhibit 12. Direct and Indirect Alcohol and Drug Deaths Per 100,000 Population: 1994-2000



reported lifetime use of heroin and 0.1 percent reported past-month use.

Calls to Texas Poison Control Centers involving confirmed exposures to heroin have risen. In 1998, there were 168 abuse or misuse exposure calls involving heroin, 231 in 1999, 265 in 2000, and 241 in 2001.

Emergency room mentions of heroin per 100,000 have dropped since 1997 (Exhibit 14). In the first half of 2001,

there were 237 mentions of heroin or morphine in the Dallas emergency rooms. Patients who mentioned heroin tended to be Anglo, older, and suffering from an overdose or withdrawal, as Appendix 4 shows.

Heroin ranks third after alcohol and cocaine as the primary drug for which adult clients are admitted to treatment (Appendices 1 and 2). It comprised 12 percent of admissions in 2001 as compared to 9 percent in 1993. The characteristics of these ad-

dicts vary depending on the route of administration, as Exhibit 15 shows.

Most heroin addicts entering treatment inject heroin. While the number of individuals who inhale heroin is small, it is significant to note that the lag period from first use and seeking treatment is seven years, as compared to 15 years for injectors. This shorter lag period means that contrary to street rumors that “sniffing or inhaling is not addictive,” inhalers will enter

Exhibit 13. Substance Abuse Arrests Per 100,000 Population: 1994-2001

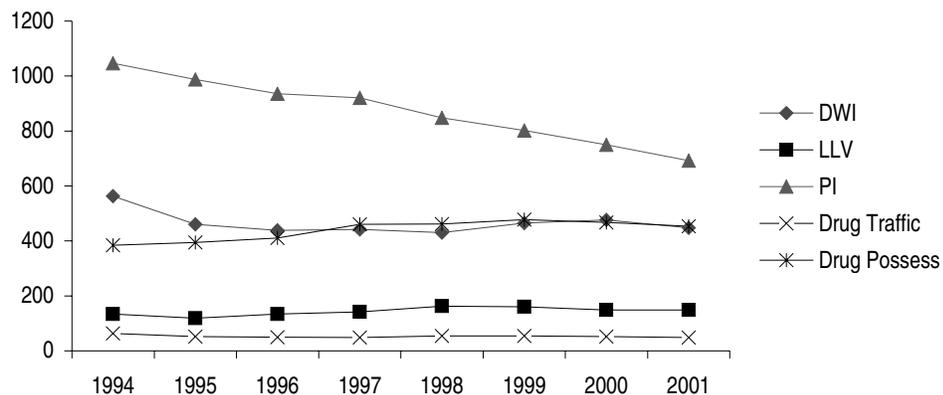


Exhibit 14. Dallas DAWN Mentions of Heroin Per 100,000 Population: 2nd Half 1996-1st Half 2001

	Jul-Dec 1996	Jan-Jun 1997	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001
Heroin	7.3	10.4	10.6	10.7	9.8	8.2	9.2	10.6	8.5	7.1

treatment much more quickly than needle users. First admissions were less likely to inject heroin (87 percent) as compared to readmissions (91 percent).

Only 2 percent of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of heroin. Of these, 93 percent were Hispanic (Appendix 3).

The number of deaths with a mention of heroin or narcotics statewide decreased from a high of 374 in 1998 to 318 in 2000 (Exhibit 16). Of the 2000 decedents, 58 percent were Anglo, 33 percent were Hispanic, and 8 percent were African American; 79 percent were male and average age was 37.6 years.

The DAWN ME reporting system, which collects more detailed reports from medical examiners in the Dallas and San Antonio areas, said that the number of deaths involving a mention of heroin or morphine increased from 66 in 1996 to 94 in 2000, while in the San Antonio area, the number of deaths

mentioning heroin or morphine increased from 51 in 1996 to 90 in 2000.

The results for arrestees testing positive for opiates between 1991 and 2001 have remained mixed, as Exhibit 17 shows.

Exhibit 7 shows that proportion of items identified as heroin by DPS labs has remained consistent at 1 to 2 percent over the years.

In the Dallas area, according to the DEA, black tar heroin is

reported more expensive and street-level “deals” take longer to acquire. Heroin is reported as readily available in El Paso and availability is stable in the Houston.

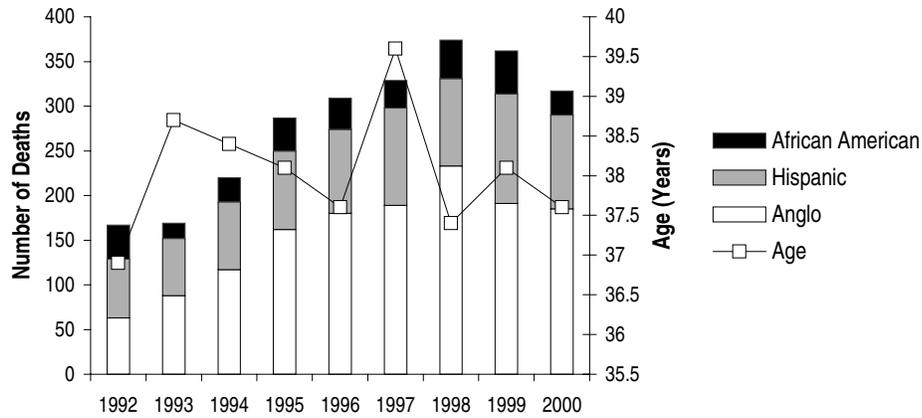
The predominant form of heroin in Texas is black tar. The cost of an ounce of black tar heroin has narrowed (Exhibit 18). Depending on the location, black tar heroin sells on the street for \$10-\$20 a capsule (also called balloon, paper, or pill in different Texas locations), \$100-\$350 per gram, \$800-\$4,800

Exhibit 15. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 2001

	Inject	Inhale	All*
# Admissions	3,791	265	4,318
% of Heroin Admits	89%	6%	100%
Lag-1st Use to Tmt-Yrs.	15	7	14
Average Age	36	30	36
% Male	69%	59%	68%
% African American	6%	30%	8%
% Anglo	38%	26%	38%
% Hispanic	56%	43%	54%
% CJ Involved	32%	27%	31%
% Employed	14%	16%	14%
% Homeless	15%	7%	14%
Average Income	\$3,824	\$4,912	\$3,954

*Total includes clients with other routes of administration

Exhibit 16: Age & Race/Ethnicity of Persons Dying with a Mention of Heroin: 1992-2000



per ounce, and \$35,000-\$60,000 per kilogram.

Mexican brown heroin costs \$10 per cap, \$110-\$300 per gram, and \$800-\$3,000 per ounce. Colombian sells for \$2,000 per ounce and \$75,000-\$80,000 per kilogram in the Dallas area. Southwest and Southeast Asian heroin were not reported as available.

Street outreach workers in Austin report that heroin is being cut with citric acid and table sugar.

The Domestic Monitor Program of the DEA is a heroin purchase program that provides data on the purity, price, and origin of retail-level heroin available in the major metropolitan areas of the nation. As Exhibit 19 shows, the purity and price varies, although it is purer and cheaper in El Paso as compared to farther from the border.

Other Opiates

This group excludes heroin but includes opiates such as metha-

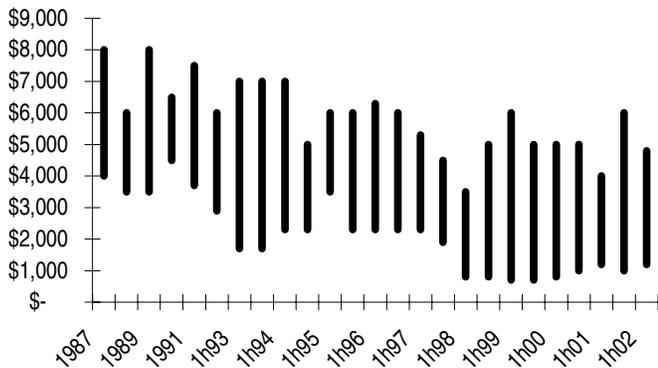
done, codeine, hydrocodone (Vicodin, Tussionex), oxycodone (OxyContin, Percodan, Percocet-5, Tylox), d-propoxyphene (Darvon), hydro-morphone (Dilaudid), morphine, meperidine (Demerol), and opium.

The 2000 Texas adult survey found that in 2000, lifetime use of other opiates was 4.4 percent and past-month use was 0.5 percent; in comparison, in 1996, lifetime use was 3 percent and past-month use was 0.2 per-

Exhibit 17. Arrestees Testing Positive for Opiates: 1991-2001

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Dallas Males	4%	4%	5%	3%	5%	5%	4%	2%	5%	3%	5%
Houston Males	3%	3%	2%	3%	5%	8%	10%	8%	6%	7%	NR
Laredo Males	NR	11%	11%	10%	11%						
San Antonio Males	15%	14%	14%	13%	10%	10%	10%	10%	10%	10%	9%
Dallas Females	9%	9%	11%	8%	5%	10%	4%	5%	7%	5%	NR
Houston Females	4%	4%	5%	6%	3%	4%	5%	7%	7%	3%	NR
Laredo Females	NR	0%	2%	7%	13%						
San Antonio Females	20%	13%	15%	14%	13%	13%	9%	9%	10%	NR	NR

Exhibit 18: Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by the DEA: 1987-2002



cent. The increase in past-year use (0.6 percent to 1.5 percent) was statistically significant. Some 2.3 percent of Texas adults in 2000 reported ever having used codeine and 0.7 percent used in the past year; lifetime use of hydrocodone was 0.7 percent and past-year use was 0.4 percent.

Hydrocodone is a larger problem in Texas than is oxycodone. The poison control centers re-

ported there were 1,866 calls concerning the misuse or abuse of hydrocodone in 2000 and 1,239 in 2001. In comparison, there were 62 calls about misuse or abuse of OxyContin or oxycodone reported in 2000, and 105 calls reported in 2001.

Of the hydrocodone cases which required medical care, 90 were classified as “major,” or life-threatening events resulting in hospitalization, and five re-

sulted in death. Of the oxycodone cases, 11 were classified as major events and two resulted in death. There were also 24 cases involving methadone in 1999, 64 cases in 2000, and 91 in 2001.

Dallas area emergency room mentions of hydrocodone have increased over the years; the increase between 1994 and 2000 was statistically significant. Exhibit 20 shows the number of mentions of these drugs as formulated singularly or as produced in combination with other drugs such as aspirin or acetaminophen. The rate per 100,000 for mentions of hydrocodone was higher in Dallas than in the US as a whole, while the rate of mentions of oxycodone was lower in Dallas.

Four percent of all adults who entered treatment during 2001 used opiates other than heroin. Of these, 47 used illegal methadone and 1,321 used other opi-

Exhibit 19. Price and Purity of Heroin Purchased in Dallas, El Paso, and Houston by DEA: 1995-2001

	1995	1996	1997	1998	1999	2000	2001
Dallas Purity	6.8%	3.5%	7.0%	11.8%	14.0%	16.0%	14.2%
Price/Milligram Pure	\$2.34	\$6.66	\$4.16	\$1.06	\$1.01	\$0.69	\$1.21
Houston Purity	16.0%	26.1%	16.3%	34.8%	17.4%	18.2%	14.2%
Price/Milligram Pure	\$1.36	\$2.15	\$2.20	\$2.43	\$1.24	\$1.14	\$1.30
El Paso Purity*					56.7%	50.8%	34.9%
Price/Milligram Pure					\$0.49	\$0.34	\$0.65

*El Paso began reporting in mid-1999

Exhibit 20. Dallas DAWN Mentions of Other Opiates: 1994-2000

	1994	1995	1996	1997	1998	1999	2000
Hydrocodone Only	44	55	61	87	51	63	74
Hydrocodone Combinations	170	134	149	223	225	183	229
Oxycodone Only	0	0	...	0	13
Oxycodone Combinations	4	6	12	1	11

ates. Those who reported a primary problem with illicit methadone were female (53 percent); 35 years old; Anglo (81 percent), African American (4 percent), and Hispanic (9 percent). Nine percent were homeless, annual income was \$5,391, 17 percent were employed, 36 percent were referred by the criminal justice system, and 43 percent had never been in treatment before. Of those with problems with other opiates, 58 percent were female, average age was 36; 84 percent were Anglo, 35 percent had never been in treatment, 7 percent were homeless, average income was \$5,502, 16 percent were employed, and 33 percent were referred by the criminal justice system.

In 1999, there were eight deaths with a mention of oxycodone; in 2000, there were 20. In 1999, there were 25 deaths involving hydrocodone; in 2000, there were 52. There were also 36 deaths involving methadone in 1999; in 2000, there were 62.

According to DEA reports, hydrocodone, promethazine with codeine and other codeine

cough syrups, as well as benzodiazepines such as alprazolam, are the most commonly diverted drugs in the Houston area, and hydrocodone products, benzodiazepines, Ritalin and generic methyphenidate are the most commonly diverted controlled substances within the Dallas area.

In the Dallas-Fort Worth Field Division, Dilaudid sells for \$20-\$80 per tablet, depending on its strength. Soma sells for \$2-\$5 per tablet, and hydrocodone sells for \$4-\$10 per tablet. OxyContin sells for \$15-\$40 per tablet. Methadone sells for \$10 per tablet. In Houston, promethazine or phenergan with codeine sells for \$50 for four ounces, \$100-\$125 for eight ounces, and \$1,600 for a gallon. Hydrocodone sells for \$3-\$5 per pill.

Abuse of codeine cough syrup continues with Rap CD songs such as "Sippin' on Syrup," "Sippin' Codeine," "Syrup and Soda," and "Syrup Sippers." Austin street outreach workers report young adults are now using "Lean," a term for codeine

cough syrup, and promethazine cough syrup is reported as popular among young adults in Fort Worth.

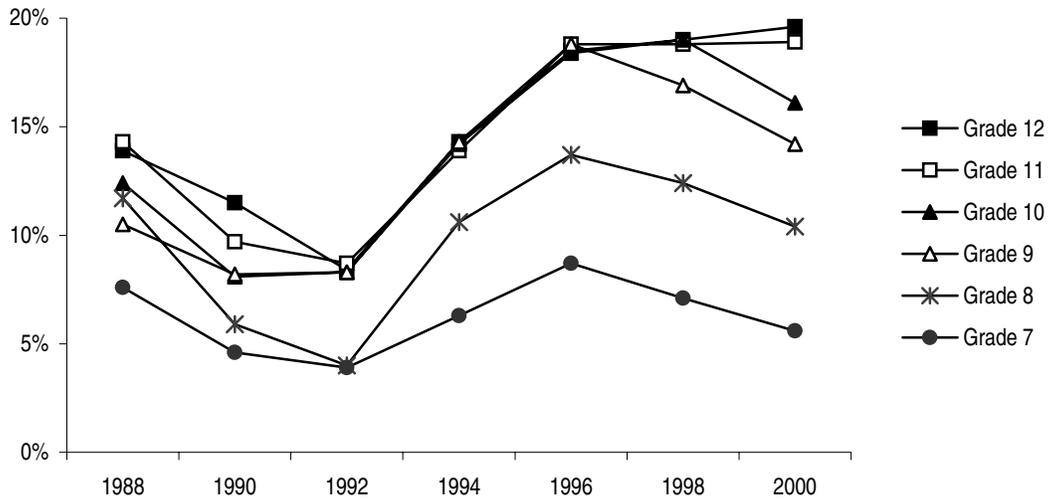
DPS labs reported examining 479 hydrocodone exhibits in 1999, 629 in 2000, and 771 in 2001. In comparison, the number of exhibits involving oxycodone was 36 in 1999, 72 in 2000, and 115 in 2001.

Marijuana

In 2000, 32 percent of Texas secondary students had ever tried marijuana and 14 percent had used it in the past month. This is a decline from 1998, when 35 percent had ever used marijuana and 15 percent had used in the past month. The greatest declines in use in 2000 were among youths in grades 7 and 8 (Exhibit 21).

In comparison, 37 percent of adults in the 2000 Texas adult survey reported lifetime and 4 percent past-month marijuana use in 2000, as compared to 34 percent lifetime and 3 percent past month in 1996. Prevalence was much higher among younger

Exhibit 21. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988-2000



adults. Thirteen percent of those aged 18-24 in 2000 reported past-month use, as compared to 6 percent of those aged 25-34 and 2 percent of those aged 35 and over. The increase in past-year use between 1996 and 2000 (6 percent to 7 percent) was statistically significant.

There were 285 intentional misuse or abuse cases due to marijuana reported to the Texas Poison Control Centers in 2000, and 345 in 2001. There were another 121 cases in 2000 and 155 cases in 2001 of misuse or abuse of marijuana where terms

such as “formaldehyde,” “fry,” “amp,” or “PCP” were also mentioned.

Mentions of marijuana per 100,000 in emergency rooms in Dallas have declined since the peak levels in 1998 (Exhibit 22). There were 544 mentions of marijuana in the first half of 2001. Of the mentions in 2000, 20 also mentioned formaldehyde and three mentioned formaldehyde and PCP. Patients mentioning marijuana were more likely to be Anglo or African American and the distribution across the four DAWN age

groups was more even than for any other drug mention, as Appendix 4 shows.

Marijuana was the primary problem for 10 percent of adult admissions to treatment programs in 2001 (Appendices 1 and 2). The average age of adult marijuana clients continues to increase: in 1985, the average age was 24; in 2001, it was 27.

The proportion of adolescents admitted for a primary problem with marijuana was 74 percent of all admissions in 2001 (Appendix 3), as compared to 35

Exhibit 22. Dallas DAWN Mentions of Marijuana Per 100,000 Population: 2nd Half 1996-1st Half 2001

	Jul-Dec 1996	Jan-Jun 1997	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001
Marijuana	10.8	18.1	19.9	31.2	30.7	25.0	22.6	27.1	22.0	16.4

Exhibit 23. Arrestees Testing Positive for Marijuana: 1991-2001

MARIJUANA	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Dallas Males	19%	28%	27%	33%	39%	43%	44%	43%	39%	36%	33%
Houston Males	17%	24%	24%	23%	30%	28%	23%	36%	38%	36%	NR
Laredo Males	NR	39%	33%	29%	27%						
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	36%	41%	42%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	24%	27%	21%	NR
Houston Females	8%	12%	15%	13%	20%	24%	17%	20%	23%	27%	NR
Laredo Females	NR	13%	9%	17%	11%						
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	16%	NR	NR

percent in 1987. In 2001, 53 percent of these adolescents were Hispanic, 26 percent were Anglo, and 21 percent were African American (in 1987, 7 percent were African American).

The percentage of arrestees testing positive for marijuana remains varied (Exhibit 23).

Cannabis was identified in 35 to 36 percent of all the exhibits analyzed by DPS laboratories in 1999 and 2000, but dropped to 31 percent in 2001 (Exhibit 7).

Dallas, El Paso, and Houston DEA report marijuana is readily available. Indoor-grown sinsemilla sells for \$750-\$1,200 a pound in the Dallas-Fort Worth area. The average price for a pound of commercial grade marijuana was between \$200-\$250 in Laredo, \$155-\$400 in McAllen, \$250-\$500 in El Paso, \$300-\$600 in Houston, \$500-\$700 north of the Border Patrol checkpoints in the Alpine area, and \$400-\$800 in the

Dallas area. Exhibit 24 shows the range of prices across the state since 1992.

Exhibit 25 plots the trends in lifetime use of marijuana as reported in the TCADA Texas secondary school surveys, adolescent admissions to treatment for a primary problem of marijuana, the proportion of adolescent drug arrests for marijuana, and adolescent emergency room mentions in Dallas. As this exhibit shows, all the indica-

tors have risen since 1992, although there was a slight decline in lifetime use as reported in the statewide school surveys between 1998 and 2000.

Stimulants

Uppers include stimulants such as amphetamines, methamphetamines, speed, over-the-counter medicines containing ephedrine, and prescription drugs such as Ritalin (methylphenidate) when taken for non-medical reasons.

Exhibit 24. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by DEA: 1992-2002

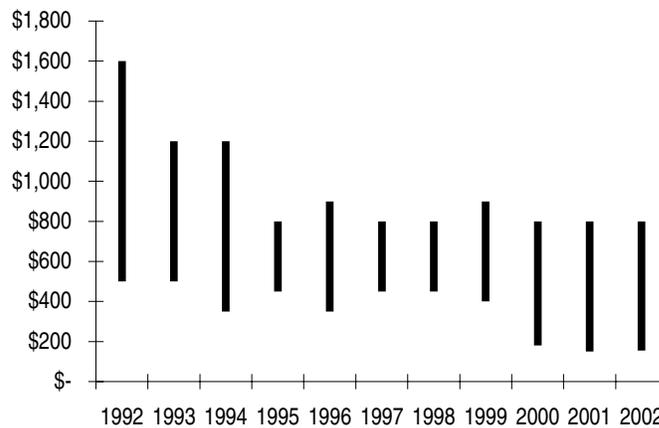
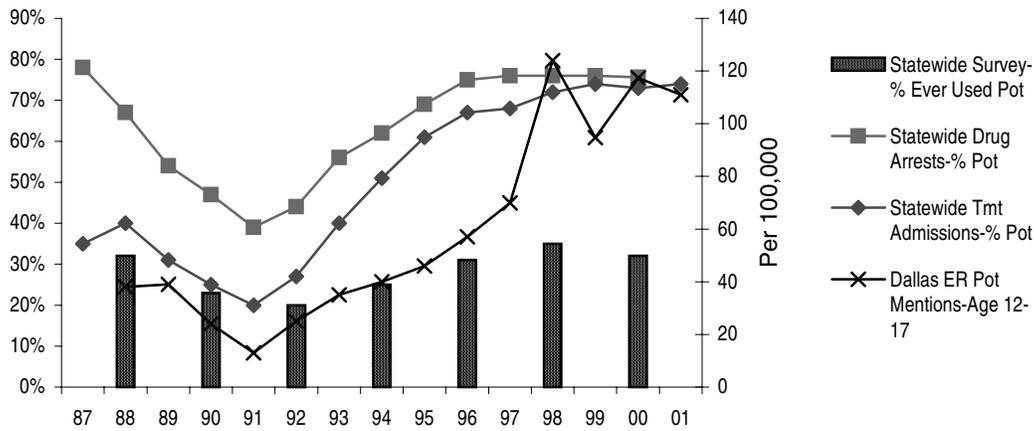


Exhibit 25. Adolescent Indicators of Marijuana Use: 1987-2002



In the Texas adult survey in 2000, 12 percent reported lifetime use and 1 percent reported past month use of uppers in 2000. In comparison, in 1996, lifetime use was 10 percent and past-month use was 1 percent. The difference in past year use from 1996 to 2000 (1.1 percent to 1.9 percent) was statistically significant.

In 2000, there were 272 cases of abuse or misuse of amphetamines, methamphetamines, speed, etc., reported to Texas Poison Control Centers. In 2001, there have been 342 misuse or abuse cases. There were

also 110 cases involving the intentional misuse or abuse of Ritalin in 2000 and 105 in 2001. Average age of these Ritalin cases in 2001 was 22.

The rate of mentions for amphetamines in the Dallas emergency rooms in 2000 was higher than the national rate (14.0 per 100,000 in Dallas v. 6.9 per 100,000 nationally), while the rate for methamphetamines was 5.4 per 100,000 in Dallas and 5.5 per 100,000 in the nation. The trends over time are shown in Exhibit 26. The peak number of mentions of amphetamines was in the first half of 2000,

while the peak for methamphetamines was in the first half of 1998.

Appendix 4 shows the difference in characteristics of DAWN patients reporting use of amphetamines as compared to those using methamphetamines. Methamphetamine patients are more likely to be male, Anglo, and older.

Methamphetamines and amphetamines comprised 7 percent of adult treatment admissions in 2001; this is an increase from 5 percent in 2000 (Appendices 1 and 2). The average client ad-

Exhibit 26. Dallas DAWN ER Mentions of Stimulants: 2nd Half 1996-1st Half 2001

	Jul-Dec 1996	Jan-Jun 1997	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001
Amphetamines	57	81	182	163	173	138	169	185	166	173
Methamphetamines	62	77	82	119	67	58	42	75	60	53

Exhibit 27. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: 2001

	Smoke	Inject	Inhale	Oral	All*
# Admissions	503	1,480	313	186	2,629
% of Stimulant Admits	19%	56%	12%	7%	100%
Lag-1st Use to Tmt-Yrs.	8	12	9	11	11
Average Age-Yrs.	29	31	29	33	31
% Male	46%	47%	51%	49%	47%
% African American	1%	1%	1%	4%	2%
% Anglo	90%	95%	89%	80%	92%
% Hispanic	7%	3%	9%	15%	5%
% CJ Involved	45%	52%	49%	44%	50%
% Employed	23%	18%	37%	15%	21%
% Homeless	11%	10%	6%	3%	9%
Average Income	\$6,119	\$4,363	\$6,341	\$5,415	\$5,064

*Total includes clients with "other" routes of administration

mitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 2001, it was 31. The proportion of Anglo clients has risen from 80 percent in 1985 to 92 percent in 2001, while the percent Hispanic has dropped from 11 percent to 5 percent and the percent African American has dropped from 9 percent to 2 percent. Unlike the other drug categories, more than half of these clients entering treatment are women. Most stimulant users are injectors, with differences seen among the clients based on route of administration (Exhibit 27). Only 1.5 percent of adolescent admissions were for these stimulants.

Clients who have been in treatment before are more likely to inject methamphetamines or am-

phetamines (68 percent) than are first-time admissions (53 percent).

There were 17 deaths where amphetamines or methamphetamines were mentioned in 1997, 20 in 1998, 21 in 1999, and 39 in 2000. Of the decedents in 2000, 51 percent were male; average age was 36.8; and 87 percent were Anglo, 8 percent were Hispanic, and 5 percent were African American.

The proportion of arrestees testing positive for amphetamines in ADAM remains low, as Exhibit 28 shows.

Local labs are using the "Nazi method," which includes ephedrine or pseudoephedrine, lithium, and anhydrous ammonia, or the "cold method," which uses

ephedrine, red phosphorus, and iodine crystals. The "Nazi method" is the most common method used in North Texas. Before these methods became common, most illicit labs used the "P2P method," which is based on 1-phenyl-2-propanone. The most commonly diverted chemicals are 60 mg. pseudoephedrine tablets such as Xtreme Relief, Mini-Thins, Zolzina, Two-Way, and Ephedrine Release.

Methamphetamine and amphetamine comprised between 12 and 18 percent of all items examined by DPS laboratories between 1998 and 2001 (Exhibit 7), and they continue to increase. DPS labs in 1999 reported identifying 4,801 substances that were methamphetamine, as compared to 6,594 in

Exhibit 28. Arrestees Testing Positive for Amphetamines: 1991-2001

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Dallas Males	1%	1%	4%	2%	2%	1%	4%	3%	3%	2%	2%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	NR
Laredo Males	NR	0%	0%	0%	0%						
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	0%	0%	0%	3%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	4%	4%	3%	NR
Houston Females	0%	0%	1%	0%	1%	1%	2%	0%	0%	2%	NR
Laredo Females	NR	0%	0%	0%	0%						
San Antonio Females	2%	1%	2%	0%	3%	2%	4%	2%	2%	NR	NR

2000 and 8,153 in 2001. They also identified 890 amphetamine items in 1999, as compared to 575 in 2000 and 435 in 2001.

These stimulants are more of a problem in the northern half of the state, as Exhibit 29 shows. In Amarillo, 42 percent of all the drug items examined by the DPS laboratory were either methamphetamines or amphetamines, while in McAllen, none were. Labs in the northern part of the state are also more likely to report analyzing substances that turned out to be pseudoephedrine, ephedrine, ammonia gas, phosphorus, and iodine, chemicals used in the manufacture of methamphetamine.

According to DEA, methamphetamine availability is high, with the number of local labs growing. In the Houston Division, domestically produced methamphetamine is manufactured by motorcycle gangs and independent producers but the primary type of methamphetamine in the division is from

Mexico. Crystallized methamphetamine (Ice) is being sold in local clubs in Houston. In north Texas, precursor chemicals are reported as difficult to obtain locally, so they are purchased in Oklahoma. In addition, there is an increase in Mexican methamphetamine in the Fort Worth area because of the difficulty in obtaining precursor chemicals.

The price for a pound of methamphetamine in the Houston area is \$6,000-\$11,000, and an ounce sells for \$500-\$800. In Laredo, a pound costs \$4,500-

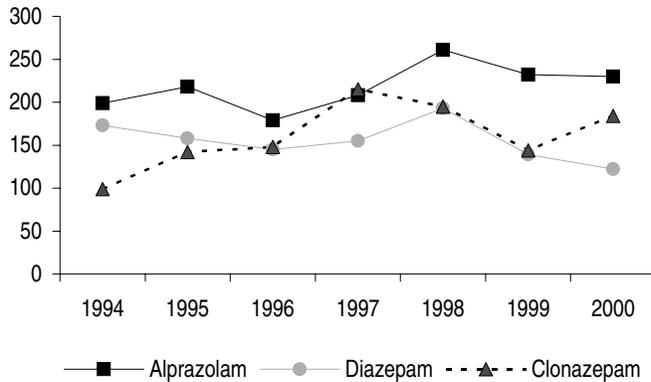
\$5,500. In McAllen, an ounce sells for \$500. In the North Texas region, a pound of domestic methamphetamine sells for \$5,000-\$10,000 and an ounce sells for \$400-\$1,200. A pound of Mexican methamphetamine sells for \$5,800-\$9,000 in Dallas. In El Paso, a pound sells for \$10,600 and an ounce sells for \$960. In Midland, a pound sells for \$8,000-\$10,000 and an ounce sells for \$600-\$1,200.

Street outreach workers in Austin report some users are mixing speed and cocaine.

Exhibit 29. Percent of Items Analyzed by DPS Laboratories That Were Methamphetamines or Amphetamines: 2001

Lab Location	
McAllen	0%
Laredo	1%
El Paso	4%
Corpus Christi	10%
Houston	6%
Austin	18%
Waco	20%
Tyler	17%
Dallas	34%
Midland	12%
Abilene	42%
Lubbock	23%
Amarillo	42%

Exhibit 30. Dallas DAWN ER Mentions of Selected Benzodiazepines in the Dallas Area: 1993-2000



The *Narcotics Digest Weekly* of the National Drug Intelligence Center reports that methamphetamine laboratory operators in Oklahoma are stealing electronic flowmeters from gas and oil wells to obtain a higher quantity of lithium than is available in other batteries. A treatment counselor in Fort Worth reports that clients who have taken this form of methamphetamine have serious skin problems similar to “a bad case of acne.”

Depressants

This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, and chloral hydrate, and tranquilizers and benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), flunitrazepam (Rohypnol), clo-

nazepam (Klonopin or Rivotril), flurazepam (Dalmane), lorazepam (Ativan), and chlordiazepoxide (Librium and Librax). Rohypnol is discussed separately in the Club Drugs section of this report.

The 2000 adult survey reported lifetime use at 6.9 percent and past-month use at 0.6 percent; in 1996, lifetime use was 6.2 percent and past-month use was 0.3 percent. The difference in past year use between 1996 and 2000 (1 percent to 1.8 percent) was statistically significant.

The number of mentions of alprazolam and clonazepam in the Dallas emergency rooms continues to rise, while the number of mentions for diazepam is decreasing over time (Exhibit 30).

About 1 percent (484 clients) of the adults entering treatment in 2001 had a primary problem

with barbiturates, sedatives, or tranquilizers. Average age was 35; 65 percent were female; 89 percent were Anglo, 8 percent were Hispanic, and 3 percent were African American. Thirty-nine percent were referred by the criminal justice system, 13 percent were employed, and average annual income was \$5,211.

Alprazolam, clonazepam, and diazepam are among the most commonly identified substances according to DPS lab reports, although none of them comprise more than 2 percent of all items examined in a year. In 2001, this amounted to 925 items of alprazolam, 509 diazepam, and 415 clonazepam out of a total of 16,534 items analyzed by DPS labs. Notice that the proportion of alprazolam exhibits is increasing, while the proportions of diazepam and clonazepam exhibits are decreasing (Exhibit 31).

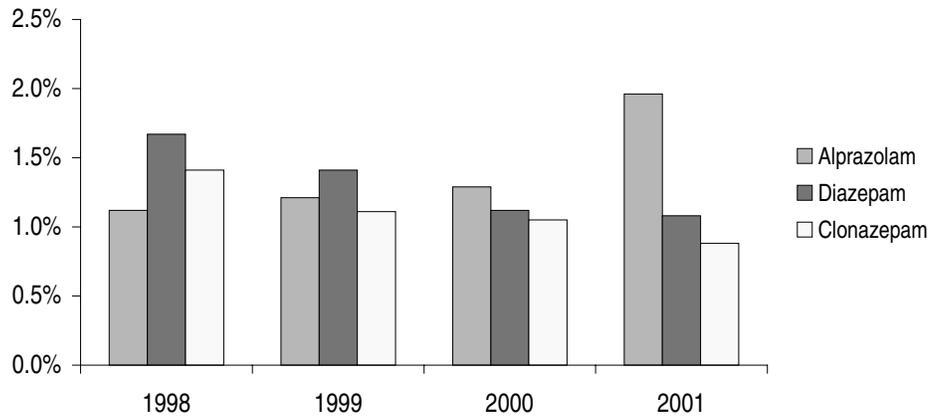
Both Houston and Dallas DEA report alprazolam to be one of the most commonly abused diverted drugs; it sells for \$3-\$10 per tablet.

Club Drugs and Hallucinogens

Ecstasy (MDMA)

The 2000 Texas Secondary School Survey reported that

Exhibit 31. Benzodiazepines Identified by DPS Labs: 1998-2001



Ecstasy use was unchanged from 1998. In 2000, 4.5 percent had ever used Ecstasy and 1.9 percent had used in the past month as compared to 4.5 percent lifetime and 1.4 percent past month use in 1998.

The 2000 adult survey reported that 3.1 percent had ever used Ecstasy and 1.0 percent had used in the past year.

The number of Ecstasy cases reported to the Poison Control Centers is increasing. In 1999, there were 35 cases; in 2000, there were 96 cases, and in 2001, there were 156. Average age was 21 years.

The rate of mentions of Ecstasy per 100,000 in Dallas emergency rooms in 2000 was 1.0; the national rate was 0.8. Exhibit 32 shows the number of mentions by six-month periods and Appendix 4 shows the demographic characteristics of these patients. Patients mentioning Ecstasy were the most likely to report having taken multiple drugs and they were less likely than other club drug patients to be male.

Adult admissions to treatment for a primary, secondary, or tertiary problem with Ecstasy increased from 45 in 1998 to 97 in 1999 to 141 in 2000 to 252

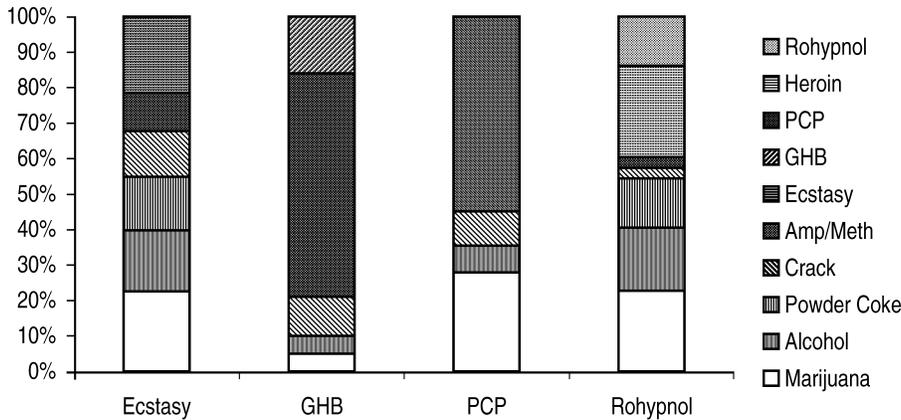
in 2001. Of the 2001 admissions, average age was 25; 80 percent were Anglo, 11 percent were African American and 6 percent were Hispanic; 63 percent were male; 50 percent were referred by the criminal justice or legal system; and 17 percent were employed.

Exhibit 33 shows the primary drug of abuse for adult treatment admissions who were admitted with a primary, secondary, or tertiary problem with Ecstasy. While 20 percent of these clients in 2001 listed Ecstasy as their primary drug of abuse, another 21 percent reported marijuana as their primary drug and

Exhibit 32. Dallas DAWN Mentions of Club Drugs: 2nd Half 1994-1st Half 2001

	Jul-Dec 1994	Jan-Jun 1995	Jul-Dec 1995	Jan-Jun 1996	Jul-Dec 1996	Jan-Jun 1997	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001
GHB	3	8	28	38	22	21	51	75	86	61	95	81	87	74
Ketamine	1	0	1	4	0	1	...	0	0	1	2	6	4	6
LSD	65	72	60	57	27	62	15	40	53	57	48	42	23	35
Ecstasy	17	33	24	8	11	8	9	6	9	7	18	29	41	36
PCP	22	39	31	20	11	21	15	27	34	52	43	55	65	46
Rohypnol	1	4	10	7	...	11	2	7	0	2	3	2	2	...

Exhibit 33. Adult Treatment Admissions Who Had a Club Drug Problem by Primary Drug of Abuse: 2001



Gamma Hydroxybutyrate (GHB), Gamma Butyrate Lactone (GBL), 1-4 Butanediol (1,4 BD)

The 2000 Texas adult survey reported that 0.4 percent had ever used GHB and 0.1 percent had used in the past year. Texas Poison Control Centers reported 100 confirmed exposures to GHB, GBL, and 1,4 BD in 1998, as compared to 166 in 1999, 154 in 2000, and 118 in 2001. In 2001, the average age was 25 years. Sixty-three percent of the cases in 2001 were from the Dallas-Fort Worth metroplex.

Ecstasy as a secondary or tertiary problem.

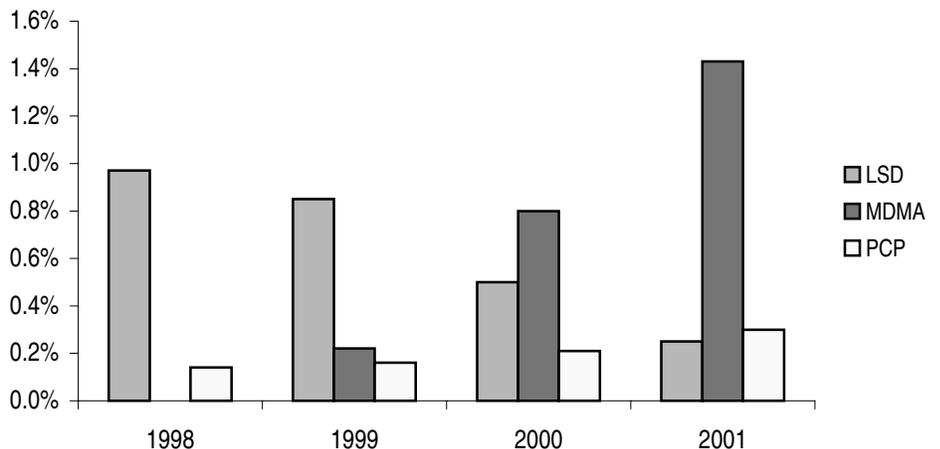
Among adolescents, there were 18 treatment admissions in 1998, 17 admissions in 1999, 58 in 2000, and 97 in 2001 who had a primary, secondary, or tertiary problem with Ecstasy. Average age of the 2001 admissions was 15.9; 81 percent were male; 79 percent were referred from the juvenile justice system; 61 percent were Anglo and 23 percent were Hispanic. Of these 2001 admissions, 60 percent reported a primary problem with marijuana and 19 percent reported a primary problem with Ecstasy.

as the substance in 102 exhibits in 1999, 373 in 2000, and 675 in 2001. MDA was identified in 31 exhibits in 1999, 27 in 2000, and 48 in 2001.

According to the DEA, Ecstasy is becoming even more available, with single dose prices decreasing. Single dosage units of Ecstasy sell for \$10-\$25 in Dallas and \$10-\$30 in Houston, and \$13-\$25 in McAllen. A tablet in Laredo sells for 50 cents.

Exhibit 32 shows the overall increases in the mentions of GHB in the emergency rooms in the Dallas area. In 2000, the rate of mentions per 100,000 for GHB was 3.0; only San Francisco had a higher rate at 5.0 per

Exhibit 34. Club Drugs Identified by DPS Labs: 1998-2001



In 1999, there were two deaths that involved Ecstasy in Texas. There was one death in 2000.

Exhibit 34 shows the increases in substances identified by DPS labs. The labs identified MDMA

100,000. As shown in Appendix 4, patients mentioning GHB were more likely to be Anglo and were older than patients mentioning other club drugs.

Clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol are now being seen in treatment. In 1999, 17 adults were admitted, in 2000, 12 were, and in 2001, 19. In 2001, average age was 27; 63 percent were female and 84 percent were Anglo. Twenty-one percent were employed and 37 percent were involved with the criminal justice or legal system. No adolescents were admitted to treatment in 2001 for a problem with GHB. Interestingly, 12 of the 19 clients (63 percent) entered treatment with a primary problem with amphetamines or methamphetamines but with a secondary or tertiary problem with GHB (Exhibit 33).

In 1999, there were three deaths that involved GHB, and in 2000, there were five deaths. Eighty percent were Anglo and 80 percent were female. Average age was 29. Four of the deaths in 2000 were in the Dallas metro area, as were two of the deaths in 1999.

In 1999, 116 items were identified by DPS labs as being GHB or GBL and 4 were 1,4 BD; in 2000, 52 were GHB or GBL

and 4 were 1,4 BD; and in 2001, 34 were GHB or GBL and 17 were 1,4 BD. Sixty-one percent of the GHB, GBL, and 1-4 BD items were identified in the DPS lab in the Dallas area, which shows, along with the overdose deaths and poison control center calls, the prevalence of GHB in this area as compared to the rest of the state.

A dose of GHB costs \$5-\$10 in Houston, \$5 in Lubbock, and \$20 a dose in Dallas. A gallon costs \$1,600 in Dallas and \$725-\$1,000 in Houston.

Ketamine

The 2000 adult survey reported that 0.3 percent had ever used Ketamine and 0.1 percent had used in the last year.

Seven cases of misuse of Ketamine were reported to Texas Poison Control Centers in 1999, 18 were reported in 2000, and 15 in 2001. Average age in 2001 was 20.

In the Dallas emergency rooms in 2000, the rate of mentions of Ketamine per 100,000 was 0.2, above the national average of 0.0. There were 10 mentions in 2000 (Exhibit 32) and six in the first half of 2001.

There were also two deaths in 1999 that involved use of Ket-

amine. Both were Anglo males. One was 19 and one was 38 years old. No deaths were reported in 2000.

In 1999, 25 substances were identified as Ketamine by DPS labs; in 2000, 48 were identified, and 99 were identified in 2001.

The Houston DEA office reports Ketamine is widely available.

LSD

The 2000 Secondary School Survey found that 5.4 percent had ever used hallucinogens (defined as LSD, PCP, etc.) and 1.8 percent had used in the past month. This is a decrease from 1998, when 7.3 percent had ever used hallucinogens and 2.5 percent had used in the past month.

The 2000 adult survey reported that 8.8 percent of Texas adults had ever used LSD and 0.9 percent had used LSD in the past year.

Texas Poison Control Centers reported 77 mentions of LSD in 1998, 95 in 1999, 87 in 2000, and 62 in 2001. Average age in 2001 was 18.5 years. There were also 197 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 2000, as compared to 81 in 2001. Average age in 2001 was 22 years.

There were 35 mentions of LSD in the Dallas DAWN emergency rooms in the first half of 2001 (Exhibit 32). The rate of mentions per 100,000 in Dallas in 2000 was 1.5, which was above the national average of 0.9. As Appendix 4 shows, patients mentioning LSD tended to be younger than users of any other drug.

In 2000, there were 316 adults with a primary, secondary, or tertiary problem with hallucinogens, and there were 303 in 2001. Average age of these individuals was 27; 65 percent were male; 60 percent were Anglo, 26 percent were African American, and 13 percent were Hispanic. Twenty-two percent were employed and 55 percent had criminal justice or legal system problems. Twenty-three percent of these adult clients had a primary problem with a hallucinogen; another 26 percent had a primary problem with marijuana with a secondary problem with a hallucinogen.

There were 320 youths with a primary, secondary or tertiary problem with hallucinogens admitted to treatment in 2000 and 183 admitted in 2001. Average age was 15.9 years; 81 percent were males; 60 percent were Anglo, 31 percent were Hispanic, and 8 percent were African American. Eighty-three percent were involved in the juvenile

justice system, and marijuana was the primary drug used by 65 percent, followed by hallucinogens for 13 percent.

There were two deaths in 1999 that involved LSD. Both were Anglo males and ages were 15 and 25. There were no LSD deaths reported in 2000.

DPS labs identified 405 substances as LSD in 1999, 234 in 2000, and 119 in 2001. Exhibit 34 shows that the percentage of exhibits that were LSD has decreased over the last four years.

LSD is selling for \$0.60 to \$10 in Dallas, \$5-\$10 in Tyler, \$6-\$10 in Fort Worth, and \$7 in Lubbock. Two grams in a "Sweet Breath" bottle sell for \$160-\$180 in Houston.

Phencyclidine (PCP)

The 2000 Texas adult survey reported that 0.9 percent of adults had ever used PCP or Angel Dust and 0.1 percent had used in the past year.

There were 121 confirmed cases reported to the Texas Poison Control Centers in 2000 where terms such as "formaldehyde," "fry," "amp," or "PCP" were mentioned; there were 155 in 2001.

The rate of mentions of PCP in

the Dallas emergency rooms rose to 4.8 per 100,000 in 2000, above the national rate of 2.2 per 100,000. As Exhibit 32 shows, there were 65 mentions in the last half of 2000 and 46 in the first half of 2001. Dallas patients in DAWN mentioning PCP were more likely to be male and to be African American, as Appendix 4 shows.

Adult admissions to treatment with a primary, secondary, or tertiary problem with PCP are increasing. Some 102 were admitted in 1998, 125 in 1999, 174 in 2000, and 178 in 2001. Of these clients in 2001, 85 percent were African American, 64 percent were male, average age was 24, 60 percent were involved in the criminal justice system, 21 percent were employed, 13 percent were homeless, and average income was \$2,777. While 51 percent reported a primary problem with PCP, another 26 percent reported a primary problem with marijuana, which demonstrates the link between these two drugs and the use of "Fry," which is a marijuana joint or cigar dipped in embalming fluid that can contain PCP (Exhibit 33).

Among adolescent clients, there were 62 admissions for a primary, secondary, or tertiary problem with PCP in 1998, 118 in 1999, 76 in 2000, and 67 in

Exhibit 35. Arrestees Testing Positive for PCP: 1991-2001

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Dallas Males	0%	3%	3%	5%	8%	4%	3%	4%	5%	4%	2%
Houston Males	0%	0%	1%	3%	4%	3%	3%	6%	7%	5%	NR
Laredo Males	NR	0%	0%	0%	0%						
San Antonio Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	0%	1%	2%	2%	1%	1%	0%	1%	2%	NR
Houston Females	0%	0%	0%	1%	2%	1%	1%	2%	1%	2%	NR
Laredo Females	NR	0%	0%	0%	0%						
San Antonio Females	0%	0%	0%	0%	0%	0%	0%	0%	0%	NR	NR

2001. Of the 2001 admissions, 88 percent were male; 49 percent were African American, 36 percent were Hispanic, and 13 percent were Anglo; average age was 15.8 years. Ninety-six percent had been referred to treatment or were involved in the juvenile justice system. Marijuana was the primary drug of abuse for 75 percent of the clients and PCP was the primary drug for 21 percent.

There were three deaths in 1999 and three in 2000 in Texas that involved PCP. In 2000, two of the decedents were male; all were African American. Ages ranged between 20 and 36.

PCP use among ADAM arrestees in past years was most likely to be reported by Dallas and Houston male arrestees (Exhibit 35).

DPS labs identified 77 substances as PCP in 1999, 100 in 2000, and 144 in 2001. Exhibit 34 shows an increase in the

proportion of all exhibits that were identified as PCP by DPS over the last four years.

DEA reports PCP has become more available in the Dallas area. A “sherm stick” sells for \$10, a PCP cigarette sells for \$25, an ounce of PCP sells for \$350-\$500 in Dallas, and a gallon sells for \$26,000-\$28,000 in Fort Worth.

Rohypnol

Rohypnol use in Texas first began along the Texas-Mexico border and then spread northward. As shown in Exhibit 36, the 2000 Texas Secondary School Survey found that students from the border area were three to four times more likely to report Rohypnol use than those living elsewhere in the state (13 percent v. 3 percent lifetime, and 4 percent v. 1.4 percent current).

The 2000 Texas adult survey found that 0.8 percent reported

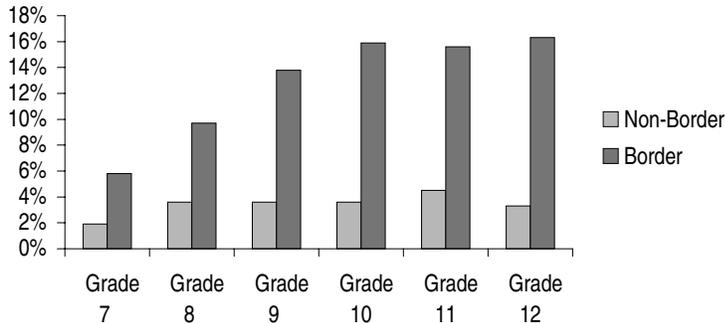
lifetime use and 0.1 percent reported past-year use of Rohypnol.

The number of confirmed exposures to Rohypnol reported to the Texas Poison Control Centers was 100 in 1998, 105 in 1999, 124 in 2000, and 91 in 2001. Of the 2001 cases, average age was 19; 73 percent of the cases were reported in counties that bordered Mexico.

In 2000, the rate of mentions for Rohypnol in the Dallas emergency rooms was 0.1 per 100,000, which was identical to the national average. As Exhibit 32 shows, mentions of Rohypnol have dropped since 1998.

In 1998, 87 adults were admitted into TCADA-funded treatment programs with a primary, secondary or tertiary problem with Rohypnol. In 1999, 130 were admitted, in 2000, 74 were admitted, and in 2001, 78 have been admitted. Of the adult clients in 2001, 83 percent

Exhibit 36. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Rohypnol, by Grade: 2000



were Hispanic and 13 percent were Anglo; 81 percent were male and average age was 25, which is much younger than most adult clients entering treatment (overall average age is nearly 35 years). Only 26 percent were employed, 63 percent were involved with the criminal justice or legal system, and average annual income at admission was \$3,935.

Exhibit 33 shows that of the clients who reported a problem with Rohypnol, 26 percent had a primary problem with heroin, 23 percent with marijuana, 18 percent had a primary problem with alcohol, and 14 percent had a primary problem with powder cocaine or Rohypnol, respectively.

In 1998, there were 160 youths admitted to treatment with a primary, secondary, or tertiary problem with Rohypnol. In 1999, 234 were admitted, in 2000, 250 youths were admit-

ted, and in 2001, 319 youths were admitted. Of the 2001 admissions, 71 percent were male, average age was 15.4 years, and 98 percent were Hispanic. Some 72 percent were involved in the juvenile justice system.

DPS lab exhibits for Rohypnol numbered 54 in 1999, 32 in 2000, and 31 in 2001.

Dextromethorphan

School personnel in Texas are reporting problems with the abuse of dextromethorphan (DXM), especially use of Robitussin-DM, Tussin, and Coriciden Cough and Cold Tablets HBP. These substances can be purchased over the counter and if taken in large quantities, can produce hallucinogenic effects.

Poison control centers reported 433 confirmed exposures to Coriciden in 2000 and 251 in 2001. Average age of the cases in 2001 was 16 years.

DPS labs examined 12 substances in 1999 that were dextromethorphan, 35 in 2000, and 12 in 2001.

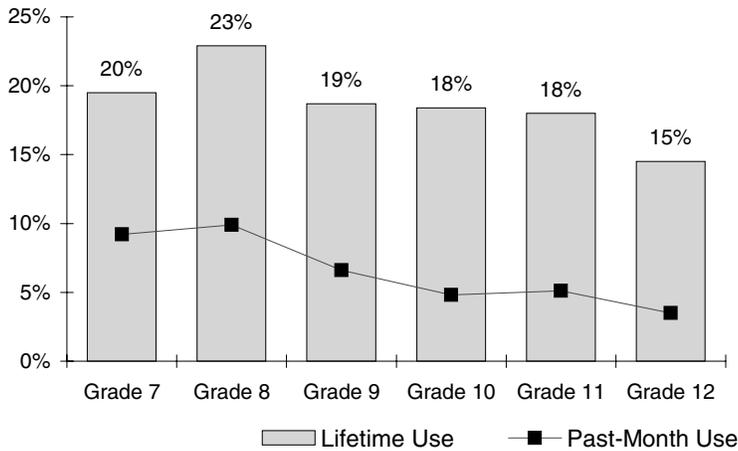
Inhalants

The characteristics of inhalant abusers vary by the source of the data. The 2000 TCADA secondary school survey found that 20 percent of males had ever used inhalants, as compared to 18 percent of females. Twenty-four percent of Hispanic, 18 percent of Anglo, and 12 percent of African-American students had ever used them.

Inhalant use exhibits a peculiar age pattern not observed with any other substance. The prevalence of lifetime and past-month inhalant use was higher in the lower grades and lower in the upper grades (Exhibit 37). This decrease in inhalant use as students age may be partially due to the fact that inhalant users drop out of school early and, hence, are not in school in later grades to participate in school-based surveys.

Texas Poison Control Centers in 2001 reported 11 cases of intentional misuse or abuse of freon; average age was 20 years. There were three cases of misuse of whiteout. Products used with automobiles are also misused, with 31 cases of intentional misuse or abuse of gasoline

Exhibit 37. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2000



(average age of 21) and 23 cases of misuse of carburetor cleaner, starter or transmission fluid, etc. (average age of 24). There were 27 cases of intentional misuse or abuse of paint (average age 27) and 15 cases of intentional misuse or abuse of aerosols (average age 24).

Exhibit 38 shows a summary of the Dallas DAWN mentions for the major inhalant categories for 1994-2000. The embalming fluid mentions may well be related to the use of embalming fluid

(with or without dissolved PCP) into which marijuana cigarettes are dipped.

Exhibit 39 shows the characteristics of patients who enter the emergency rooms in the Dallas area with a mention of inhalants. Just as the number entering for different substances changes over the years, so do the characteristics of the patients.

Inhalant abusers comprised 1 percent of the admissions to adolescent treatment programs in

2001. The youths entering treatment tended to be male (74 percent) and Hispanic (77 percent). The overrepresentation of Hispanic youths is because TCADA has developed and funded programs that were targeted specifically to this group. Only 0.2 percent of adult admissions were for a primary problem with inhalants.

Texas death data also indicate inhalant use is a problem among adult Anglo males. Analysis of death certifications involving misuse or abuse of inhalants from 1988 to 1998 found that the mean age of decedents was 25.6 years and ages ranged from 8-62 years. Ninety-two percent were male, 81 percent were Anglo, and 17 percent were Hispanic. Thirty-five percent of the death certificates mentioned Freon, 25 percent mentioned chlorinated hydrocarbons (e.g. fabric protector, liquid paper, or carburetor cleaner), and 17 percent mentioned alkyl benzenes (toluene or rubber cement).

Exhibit 38. Dallas DAWN Mentions of Various Inhalants: 1994-2000

	1994	1995	1996	1997	1998	1999	2000
Volatile Agent	65	29	52	59	41	51	44
Embalming Fluid	0	1	1	0	4	8	10
Paint	7		3	1	3	13	8
Toluene Glue	28	4	17	19	10	5	13
Other Volatile Agents	30	24	31	39	24	25	13
Nitrites	0	0	0	0	0	0	1
Chloro-fluoro-hydrocarbons	1	8	0		3		1
General Anesthetics	0	1		0	1	0	

Exhibit 39. Dallas DAWN Mentions of Inhalants by Patient Demographic Characteristics: 1994-2000

	1994	1995	1996	1997	1998	1999	2000
Total	66	39	57	63	44	53	49
% Age 12-17	56%	33%	46%	37%	48%	30%	20%
% Age 18-25	27%	28%	37%	30%	27%	34%	35%
% Age 26-34	8%	5%	9%	22%	11%	21%	27%
% Age 35+	9%	13%	5%	11%	14%	13%	14%
% Male	70%	54%	60%	84%	70%	68%	67%
% Anglo	50%	59%	19%	40%	41%	23%	24%
% Hispanic	41%	26%	68%	44%	36%	36%	45%
% African American	2%	5%			25%	30%	29%

In 2000, there were 12 deaths involving misuse of inhalants. Ninety percent were male, 83 percent were Anglo and average age was 27. Three deaths involved freon, three involved nitrous oxide, and three involved air freshener.

AIDS and Drug Use

The proportion of adult and adolescent AIDS cases related to injecting drug use has gone from 16 percent in 1987 to 24 percent through March, 2002. In 1987, 4 percent of the cases were injecting drug users

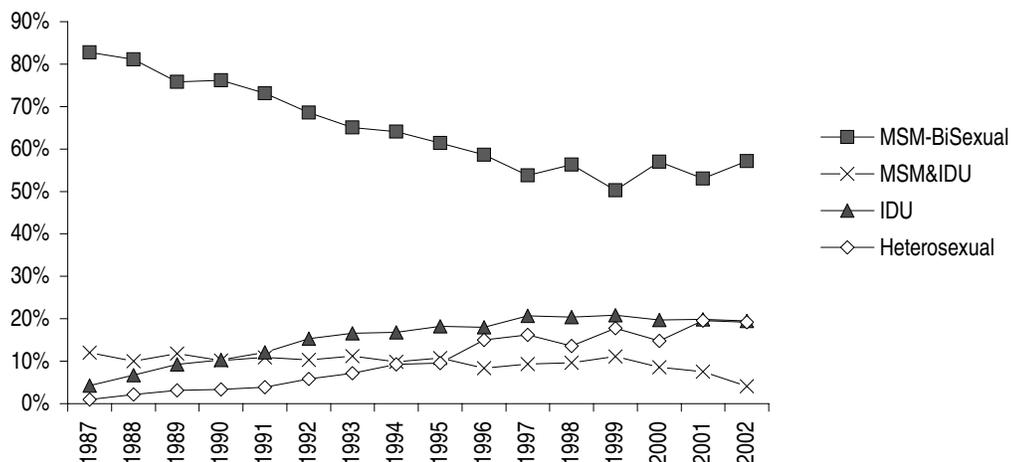
(IDUs), and 12 percent were exposed through male-to-male sex and IDUs. In 2002, of the cases where mode of exposure is known, 20 percent of the cases were IDUs, and 4 percent were male-to-male sex and also IDUs (Exhibit 40). The proportion of cases resulting from heterosexual contact has risen from 1 percent in 1987 to 19 percent in 2002.

In 1987, 3 percent of the AIDS cases were females over age 12; in 2002, 21 percent were female. In 1987, 12 percent of the adult and adolescent cases

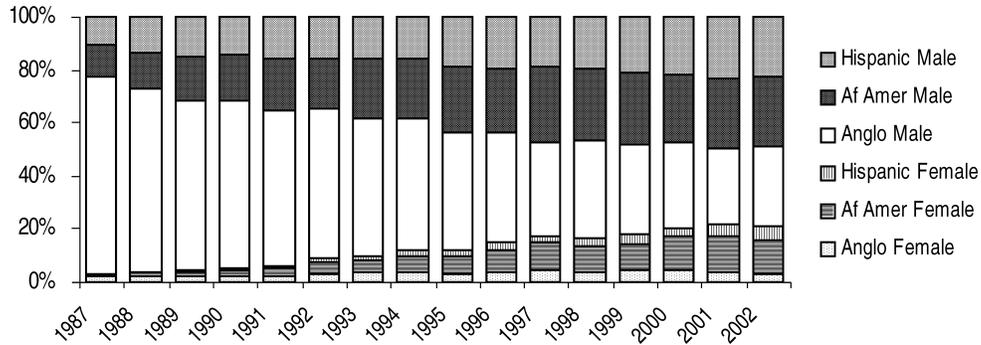
were African American; in 2002, 39 percent were African American. As Exhibit 41 shows, the proportion of Anglo males has dropped while the proportions of African Americans and Hispanics have increased.

The proportion of needle users entering TCADA-funded programs has decreased from 32 percent in 1988 to 23 percent for 2001. Heroin injectors are most likely to be older, and nearly two-thirds are people of color, while stimulant and cocaine injectors are far more likely to be Anglo (Exhibit 42).

Exhibit 40. AIDS Cases in Texas by Route of Transmission: 1987-1Q 2002 (Cases with Risk Not Reported Excluded)



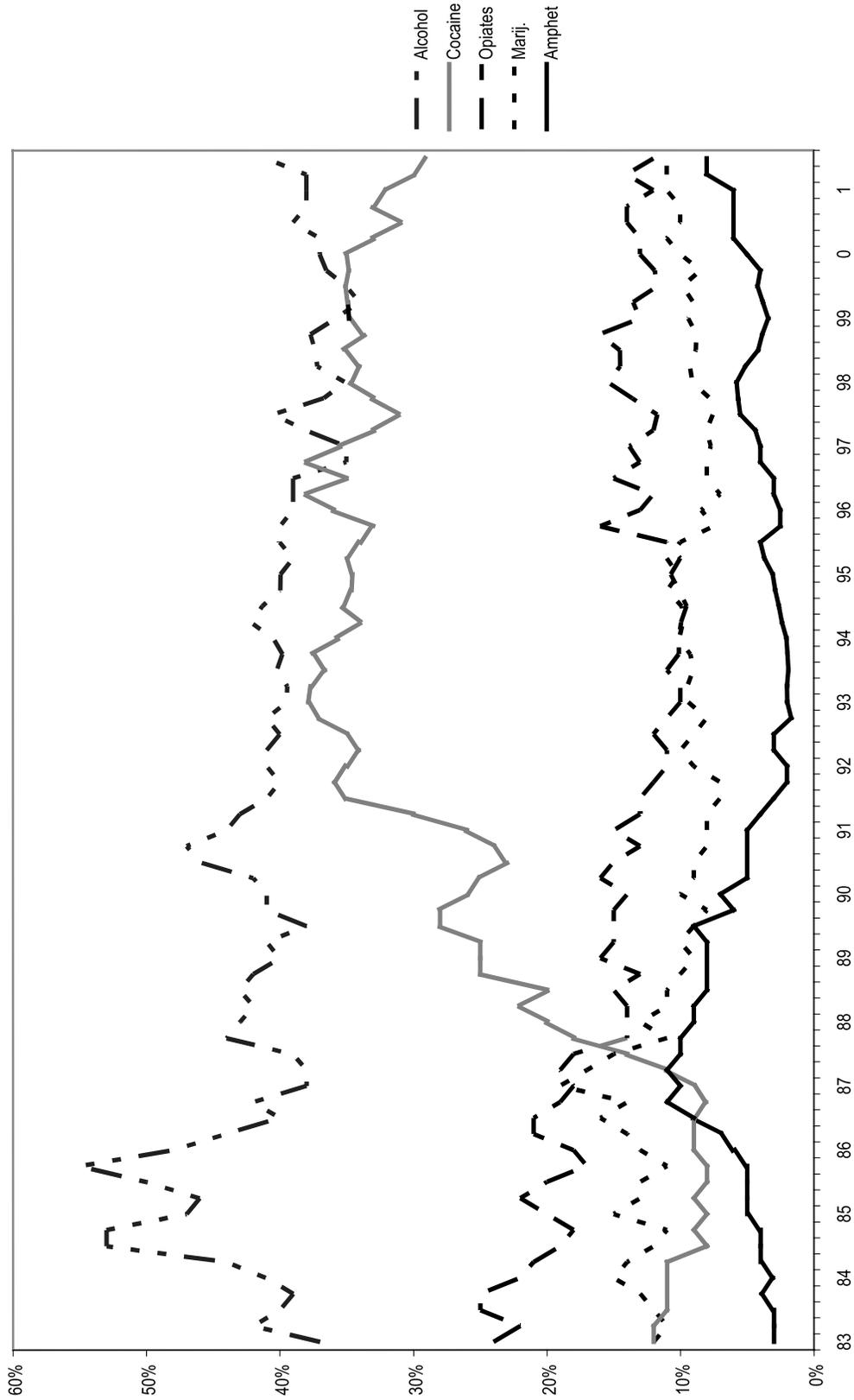
**Exhibit 41. Male and Female AIDS Cases by Race/Ethnicity:
1987-1st Q 2002**



**Exhibit 42. Characteristics of Adult Needle Users
Admitted to TCADA-Funded Treatment: 2001**

	Heroin	Cocaine	Stimulants
# Admissions	3,836	948	1,480
% of Needle Admits by Drug	89%	9%	59%
Lag-1st Use to Tmt-Yrs.	15	13	12
Average Age	36	34	31
% Male	69%	62%	47%
% African American	6%	6%	1%
% Anglo	37%	71%	95%
% Hispanic	56%	22%	3%
% CJ Involved	32%	44%	52%
% Employed	14%	18%	18%
% Homeless	15%	13%	10%
Average Income	\$3,784	\$6,349	\$4,363

Appendix 1. Percent of Adult Admissions to TCADA-Funded Treatment Programs by Primary Drug of Abuse: January 1983-March 2002



Appendix 2. Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs: January 1, 2001-December 31, 2001

Primary Drug	Total Admissions	Percent Of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	Percent First Treatment	Percent Married	Percent Male	Percent Using Needles	% with History of IV Drug Use
Total	36,434	100.0	34.8	20.4	15.0	40.3	18.9	62.5	22.6	38.6
Heroin	4,318	11.9	35.7	22.2	14.0	23.8	18.3	68.2	89.5	90.0
Other Opiates	1,368	3.7	36.0	27.6	9.0	35.0	24.7	42.3	19.4	45.6
Alcohol	13,402	36.8	37.7	16.6	22.0	39.7	18.5	70.3	7.3	26.7
Depressants	495	1.4	34.4	26.3	9.0	44.4	21.8	36.0	6.9	35.8
Stimulants	2,629	6.9	30.7	20.4	11.0	49.5	19.9	47.4	59.9	71.3
Cocaine (Powder)	2,682	7.4	31.5	21.9	10.0	45.3	22.8	62.3	33.5	41.4
Marijuana/Hash	3,716	10.2	27.0	15.8	12.0	61.8	19.6	65.7	6.2	16.2
Hallucinogens	160	0.4	24.6	19.6	5.0	50.6	7.5	68.1	3.1	8.8
Inhalants	191	0.5	28.8	20.4	9.0	43.5	14.1	51.3	3.1	15.7
Crack Cocaine	7,573	20.8	33.7	26.1	10.0	35.6	16.8	54.5	5.9	29.4
Primary Drug	Percent Black	Percent White	Percent Hispanic	Percent Employed	Avg Months Employed Over Last 12	Pct Involved with CJ or Legal System	Average Education	Percent Homeless	Average Income At Adm	% with Drug/Alcohol Problems
Total	20.9	53.8	24.0	22.9	4.8	43.6	11.5	13.6	\$5,646	67.3
Heroin	7.6	38.0	53.9	14.2	3.4	31.3	11.1	13.9	\$3,954	84.3
Other Opiates	7.2	83.6	7.6	16.4	4.2	32.7	12.0	7.4	\$5,498	80.3
Alcohol	14.8	61.1	22.8	26.9	5.5	43.6	11.6	17.4	\$6,628	68.9
Depressants	3.0	87.3	8.9	13.9	4.0	39.4	11.6	7.7	\$5,207	72.7
Stimulants	1.6	91.7	5.3	21.3	4.4	49.6	11.5	9.1	\$5,064	45.4
Cocaine (Powder)	8.6	48.1	41.9	26.7	5.3	47.5	11.2	7.2	\$6,839	61.6
Marijuana/Hash	27.3	47.5	24.0	38.5	5.7	67.2	11.1	4.0	\$5,874	72.2
Hallucinogens	68.1	18.1	13.8	22.5	3.8	61.3	10.8	14.4	\$3,545	48.8
Inhalants	10.5	55.0	24.6	15.7	3.4	39.8	10.1	10.5	\$3,765	66.0
Crack Cocaine	50.0	35.8	13.0	14.6	4.0	37.5	11.5	17.0	\$4,668	64.9
Primary Drug	# of Women Pregnant at Admission	Percent on Medication	% with Emergency Room Visit	% w/Sickness and/or Health Problems	% with Employment Problems	% w/Family and/or Marital Problems	% with Social/Peer Problems	% with Psych/Emot Problems	% with Drug/Alcohol Problems	
Total	609	27.4	37.2	32.9	55.0	54.0	40.0	60.9	67.3	
Heroin	90	50.3	28.1	33.7	73.1	66.9	51.1	64.9	84.3	
Other Opiates	16	43.0	54.2	51.0	61.8	63.2	50.5	75.1	80.3	
Alcohol	88	27.2	39.6	34.8	56.3	51.4	40.3	62.0	68.9	
Depressants	6	40.4	55.6	38.8	50.5	55.2	38.0	74.9	72.7	
Stimulants	59	23.1	39.9	32.2	58.1	66.0	47.0	72.3	72.2	
Cocaine (Powder)	64	19.9	35.1	29.5	51.4	54.8	35.5	58.0	61.6	
Marijuana/Hash	95	13.5	30.2	23.1	35.5	35.9	24.5	41.7	45.4	
Hallucinogens	1	12.5	36.9	21.3	38.1	32.5	22.5	48.8	46.3	
Inhalants	2	22.0	48.2	37.2	56.0	61.8	44.0	66.0	64.9	
Crack Cocaine	188	22.2	36.9	31.7	51.4	54.4	38.7	59.6	63.4	

Appendix 3. Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs: January 1, 2001 through December 31, 2001

Primary Drug	Total Admissions	Percent Of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	Percent First Treatment	Percent Using Needles	Percent History of IV Drug Use	Percent Male
Total	4,586	100.0	15.5	12.9	3.0	66.6	2.0	5.0	79.4
Opiates	124	2.7	15.8	14.1	2.0	36.3	47.6	50.8	80.6
Alcohol	346	7.5	15.6	13.0	3.0	71.4	0.3	2.9	73.1
Depressants	127	2.8	15.2	13.8	2.0	57.5	0.8	6.3	59.1
Stimulants	68	1.5	15.7	13.8	2.0	63.2	14.7	25.0	45.6
Powder Cocaine	337	7.3	15.8	14.0	2.0	58.2	4.2	10.1	69.4
Marijuana	3,405	74.2	15.5	12.7	3.0	69.1	0.2	2.5	82.5
Hallucinogens	37	0.8	15.9	14.2	2.0	43.2	0.0	8.1	81.1
Other Drugs	111	2.4	15.5	13.7	2.0	54.1	0.0	5.4	77.5
Crack Cocaine	31	0.7	16.9	14.8	3.0	61.3	0.0	12.9	77.4

Primary Drug	Percent Black	Percent White	Percent Hispanic	Pct Involved CJ or Legal System	Pct w/History of Gang Involvement	Pct Use Tobacco Daily	Average Education	Percent Homeless	Percent Live With Parents
Total	17.4	26.1	55.7	82.5	24.5	44.4	8.3	0.8	73.9
Opiates	8.9	19.4	71.8	66.1	37.1	46.8	8.3	2.4	79.0
Alcohol	8.4	27.7	63.3	76.9	21.7	44.5	8.5	0.6	74.6
Depressants	5.5	12.6	81.9	70.1	24.4	26.8	8.2	0.0	85.8
Stimulants	1.5	88.2	7.4	72.1	7.4	64.7	8.4	0.0	57.4
Powder Cocaine	0.0	24.3	74.8	71.2	24.0	55.5	8.7	0.9	73.9
Marijuana	21.2	25.6	52.5	85.4	24.3	43.1	8.3	0.8	73.8
Hallucinogens	24.3	40.5	29.7	91.9	24.3	67.6	8.3	0.0	94.6
Other Drugs	12.6	27.0	58.6	82.0	33.3	44.1	8.0	0.9	92.8
Crack Cocaine	22.6	12.9	64.5	83.9	29.0	48.4	7.1	6.5	74.2

Primary Drug	Pct have Supportive Adult	% w/a Parent Who Abuses Substances	% w/Sickness and/or Health Problems	Pct w/ Employment Problems	Pct w/ Family Problems	Pct w/ Social/Peer Problems	Pct w/ Psych/Emot Problems	% Reporting Drug/Alcohol Problems
Total	95.1	24.2	16.2	36.2	35.5	21.6	25.7	25.8
Opiates	95.2	24.2	21.8	50.0	53.2	37.1	33.9	35.5
Alcohol	95.7	26.9	16.2	34.4	38.7	22.8	29.2	30.3
Depressants	94.5	22.8	21.3	55.9	64.6	37.0	32.3	35.4
Stimulants	94.1	47.1	30.9	42.6	48.5	30.9	50.0	50.0
Powder Cocaine	96.4	19.0	14.8	42.7	48.7	32.0	39.8	34.1
Marijuana	95.2	23.8	15.6	34.9	32.0	19.1	22.6	23.3
Hallucinogens	94.6	35.1	18.9	18.9	35.1	24.3	40.5	27.0
Other Drugs	92.8	24.3	16.2	30.6	37.8	25.2	27.0	26.1
Crack Cocaine	74.2	32.3	16.1	19.4	25.8	9.7	38.7	22.6

Appendix 4. Demographic Characteristics of Dallas DAWN ER Mentions: 2000

	Cocaine	Heroin	Marijuana	Amphetamine	Methamphetamine	Ecstasy	GHB	LSD	PCP
Total Mentions	2,180	478	1,225	351	135	71	169	64	120
Male	64%	69%	65%	55%	62%	66%	70%	70%	73%
Anglo	38%	59%	47%	69%	90%	68%	88%	70%	12%
African American	41%	26%	36%	12%	3%			11%	78%
Hispanic	17%	13%	11%	12%	4%			16%	0%
Age 12-17	4%	3%	23%	13%	5%	23%		42%	13%
Age 18-25	18%	31%	32%	26%	19%	49%	47%	55%	54%
Age 26-34	34%	21%	23%	33%	40%	25%	41%	5%	26%
Age 35+	44%	45%	22%	28%	36%		11%	0%	5%
Episode Characteristics									
Multi-Drug Episode	64%	55%	80%	75%	73%	90%	82%	70%	81%
Unexpected Reaction	22%	6%	23%	15%	16%	24%		28%	30%
Overdose	39%	48%	38%	62%	36%	44%	79%	27%	58%
Chronic Effects	12%	8%	8%	6%	11%		0%	2%	
Withdrawal	1%	15%	2%			1%		0%	0%