Substance Abuse Trends in Texas: June 2003

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The Gulf Coast Addiction Technology Transfer Center (GCATTC)
The Center for Social Work Research, School of Social Work
The University of Texas at Austin
1717 W. 6th St., Ste. 335
Austin, Texas 78703

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 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.

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1717 W. 6th St., Ste. 335
Austin, Texas 78703

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

Overview

Twenty-nine percent of TCADA treatment clients report a primary problem with cocaine. Cocaine remains a problem on the border, as documented in the school survey and ADAM data. Poison control center calls and overdose deaths due to cocaine are increasing and use of crack cocaine, which is at an endemic level, continues to move beyond African American users to Anglo and Hispanic users.

Alcohol is the primary drug of abuse in Texas in terms of dependence, deaths, treatment admissions, and arrests. Use among Texas secondary school students between 2000 and 2002 was stable.

Heroin addicts entering treatment are primarily injectors, and they are most likely to be Hispanic or Anglo males. Statewide poison control center calls about heroin and emergency department mentions of heroin in Dallas have declined. Heroin from Mexico is available and cheap.

Hydrocodone is a much larger problem in Texas than is oxycodone or methadone. Codeine cough syrup continues to be abused and its use is spreading.

Seventy-eight percent of youths entering treatment report marijuana as their primary problem drug. Dallas emergency department mentions of marijuana have declined. The 2002 school survey found use by seventh and eighth graders continues to decline, but use among older grades has increased since 2000.

Methamphetamine and amphetamine are widely available and are problems, particularly in the northern part of the state.

Alprazolam (Xanax) remains popular with heroin addicts, but indicators are mixed.

Club drug users differ in their socio-demographic characteristics just as the properties of these drugs differ. Ecstasy treatment admissions continue to rise and the 2002 Texas secondary school survey showed lifetime use rose from 4.5 percent in 2000 to 8.6 percent in 2002. GHB, GBL, and similar precursor drugs remain a problem, particularly in the DFW Metroplex area, with a high rate of emergency department mentions and forensic laboratory identifications. Although indicators are down, Rohypnol remains a problem along the border. Ketamine continues as a problem, although the number of cases reported is lower than for other club drugs. Use of marijuana joints dipped in embalming fluid that can contain PCP ("Fry") continues, with cases seen in the poison control centers, emergency departments, and treatment. DXM continues to be a problem with adolescents.

The proportions of AIDS cases of females and persons of color are increasing and in the first quarter of 2003, the proportion of cases due to the heterosexual mode of transmission exceeded the proportion of cases involving injecting drug use. Paralleling this

trend, the proportion of needle users entering treatment continues to decrease.

Area Description

The population of Texas in 2003 is 21,828,569, with 51 percent Anglo, 12 percent African American, 34 percent Hispanic, and 3 percent "Other." 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. Private and express mail companies are used to traffic narcotics and smuggle money. 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 in and out of the state.

Data Sources and Time Periods

Substance Abuse Trends in Texas is an on-going series which 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 2003 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/subabusetrends.html and at the web page of the Gulf Coast Addiction Technology Transfer Center at http://www.utattc.net.

Data were obtained from the following sources:

- Price, purity, trafficking, distribution, and supply—This information was provided by first quarter 2003 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, 2002; however, only partial data have been available for Dallas County 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 2001 came from death certificates from the Bureau of Vital Statistics of the Texas Department of Health. Data on the Dallas and San Antonio metropolitan areas came from medical examiner data collected by the Drug Abuse Warning Network (DAWN), 2001, of the Substance Abuse and Mental Health Services Administration.

- Emergency department mentions—Mentions of drugs in the Dallas area emergency departments (ED) through the first half of 2002 came from the Drug Abuse Warning Network (DAWN) of the Substance Abuse and Mental Health Services Administration. The 2002 data are provisional.

- Drug use by arrestees—The Arrestee Drug Abuse Monitoring Program (ADAM) of the National Institute of Justice provided data through 2002 for Dallas, Laredo and San Antonio. The 2002 data are provisional.

- Student substance use—Data came from TCADA's *Texas*

School Survey of Substance Abuse: Grades 7-12 2002 and *Texas School Survey of Substance Abuse: Grades 4-6 2002*.

- Adult substance use—Data came from TCADA's *2000 Texas Survey of Substance Use Among Adults*.

- Poison Control Center data—The Texas Department of Health provided data from the Texas Poison Control Centers for 1998, 1999, 2000, 2001, and 2002.

- 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 2002.

- Acquired Immuno-deficiency Syndrome (AIDS) data—The Texas Department of Health provided annual and year-to-date AIDS data for the period ending March 31, 2003.

- Reports by users—Drug trends for January-March 2003 were reported to TCADA by HIV street outreach workers and to the author as part of a study funded by NIDA grant R21 DA014744.

Drug Abuse Trends

Cocaine and Crack

The TCADA *Texas School Survey of Substance Abuse: Grades 7-12 2002* found that 7.2 percent of students in non-border counties had ever used powder cocaine and 2.5 had used cocaine in the past month. In comparison, students in schools on the Texas border reported higher levels of powder cocaine use: 13.3 percent lifetime and 6.0 percent past month use. Use of crack was lower, with non-border students reporting 2.7 percent lifetime and 0.6 percent past month use; border students reported 4.0 percent lifetime and 1.5 percent past month use (Exhibit 1).

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

Exhibit 1. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Powder Cocaine and Crack, by Grade: 2002

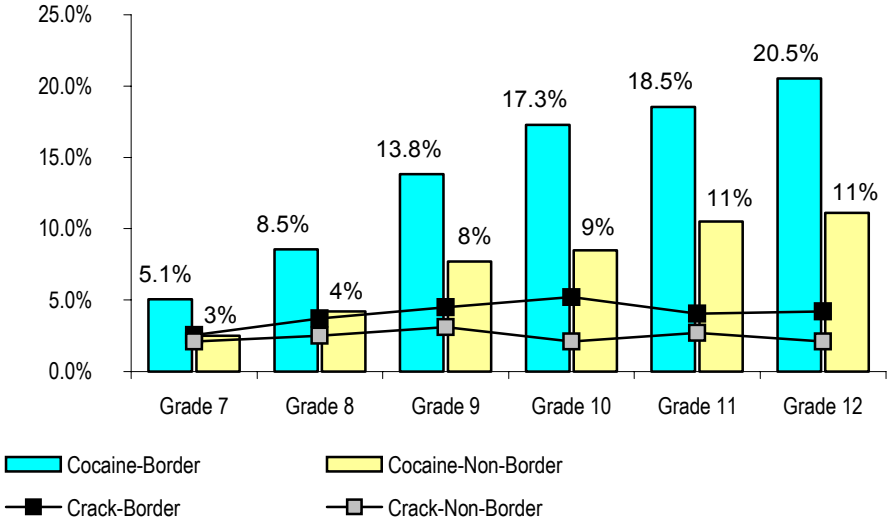


Exhibit 2. Dallas DAWN Emergency Department Mentions of Cocaine Per 100,000 Population: 2nd Half 1996-1st Half 2002

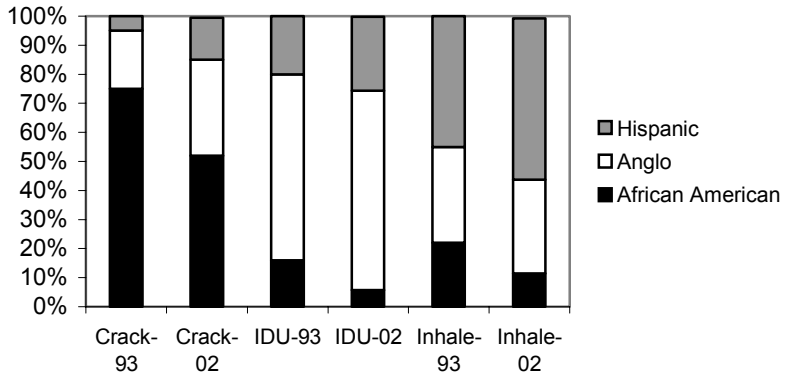
	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul-Dec 2000	Jan - Jun 2001	Jul-Dec 2001	Jan - Jun 2002
Cocaine	29.3	34.0	39.6	51.9	54.1	41.2	44.4	44.6	42.7	31.3	25.7	23.0

Exhibit 3. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 2002

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	8,604	1,066	2,076	12,264
% of Cocaine Admits	70%	8%	16%	100%
Lag-1st Use to Tmt-Yrs.	11	13	9	11
Average Age	37	34	31	35
% Male	57%	66%	62%	58%
% African American	52%	5%	11%	39%
% Anglo	33%	68%	32%	36%
% Hispanic	13%	25%	55%	24%
% CJ Involved	34%	40%	51%	39%
% Employed	13%	16%	29%	18%
% Homeless	19%	15%	6%	16%

*Total includes clients with "other" routes of administration

Exhibit 4. Routes of Administration of Cocaine by Race/Ethnicity of Treatment Admissions: 1993-2002



(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).

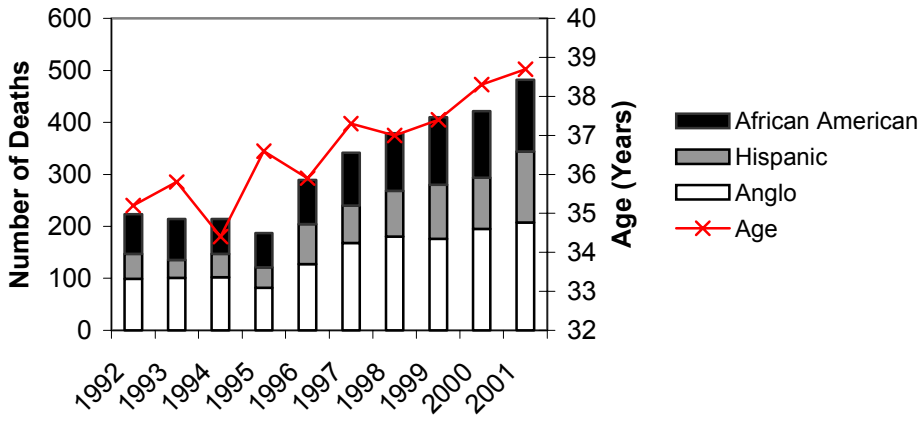
Texas Poison Control Centers reported 497 cases of misuse or abuse of cocaine in 1998, 498 in 1999, 874 in 2000, 1,024 in 1002, and 1,195 in 2002.

Exhibit 2 shows that the rate of cocaine emergency department mentions per 100,000 population in the Dallas ED data is continuing to decrease from the peak period in 1998. The decreases in rates between first half of 2001 and first half of 2002 were statistically significant.

Cocaine (crack and powder) comprised 28.8 percent of all adult admissions to TCADA-funded treatment programs in 2002. Crack cocaine is the primary illicit drug abused by clients admitted to publicly-funded treatment programs in Texas, at 21.1 percent of all admissions.

Abusers of powder cocaine comprise 7.7 percent of all adult admissions to treatment. Cocaine inhalers are the youngest and

Exhibit 5: Age & Race/Ethnicity of Persons Dying with a Mention of Cocaine: 1992-2001



most likely to be Hispanic and involved in the criminal justice or legal system. Cocaine injectors are older than inhalers but younger than crack smokers and are more likely to be Anglo (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 9 years between first regular use and entrance to treatment, while injectors average 13 years of use before they enter treatment.

Between 1987 and 2002, the percentage of treatment admissions using powder cocaine who are Hispanic has increased from 23 percent to 45 percent, while for Anglos, the percent has dropped from 48 percent to 44 percent, and for African Americans, from 28 percent to 10 percent. Exhibit 4 not only shows this increase by Anglos and Hispanics in the use of powder cocaine by route of administration, but it also shows the proportion of crack cocaine admissions who are African American dropped from 75 percent in 1993 to 52 percent in 2002, while the proportion of Anglos increased from 20 percent in 1993 to 33 percent in 2002, and the percentage of Hispanic admissions has gone from 5 percent to 13 percent in the same time period.

Some 4.7 percent of all adolescent treatment admissions in 2002 were for powder cocaine and 1.1 percent were for crack cocaine. Of the powder cocaine users, 60 percent were Hispanic, 33 percent were Anglo, and 4 percent were African American, while of the crack users, 33 percent were Hispanic, 52 percent were Anglo, and 13 percent were African American. Average age of both groups was 15.8 years. Eighty percent of the powder users and 74 percent of the crack users were involved in the juvenile justice system.

The number of deaths in which cocaine was mentioned increased to a high of 491 in 2001 (Exhibit 5). The average age of the decedents increased to 38.7 years in 2001. Of the 2001 decedents, 42 percent were Anglo, 28 percent were Hispanic, and 28 percent were African American. Seventy-six percent were male.

The DAWN medical examiner system reported that the number of deaths in the Dallas metropolitan area involving a

Exhibit 6. Arrestees Testing Positive for Cocaine: 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%	34%	28%	30%	31%
Houston Males	56%	41%	41%	28%	40%	39%	39%	36%	36%	32%	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	37%	42%	45%	35%	36%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	27%	23%	20%	30%	33%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%	40%	24%	NR	NR
Houston Females	51%	44%	43%	36%	32%	34%	29%	37%	23%	32%	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	33%	21%	22%	27%	NR
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	20%	19%	NR	NR	NR

mention of cocaine increased from 134 in 1996 to 185 in 2001, while in San Antonio, the number of deaths with a mention of cocaine increased from 63 in 1996 to 130 in 2001.

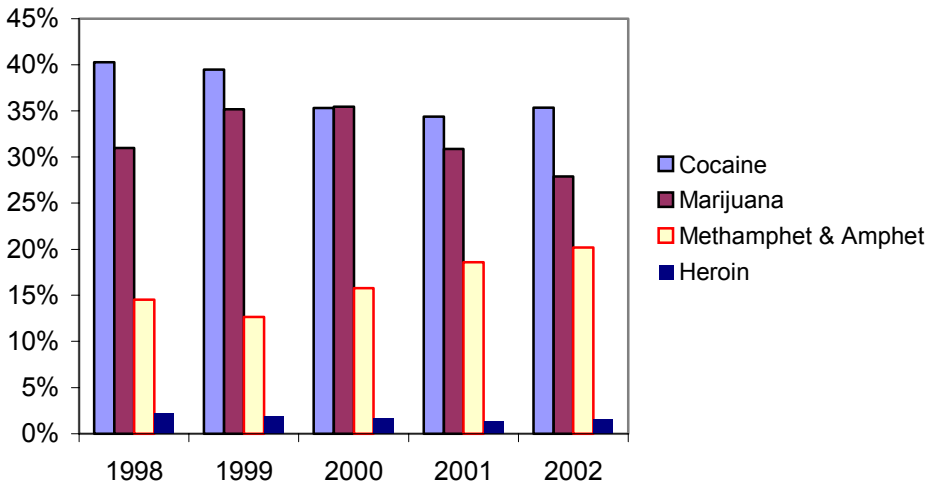
The proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s. The high percentage of male and female arrestees in Laredo testing positive for cocaine shows the extent of the cocaine problem on the border (Exhibit 6).

Exhibit 7 shows the proportion of substances identified by the DPS labs which were cocaine. In 2002, cocaine comprised 34 percent of all items examined by the labs.

In the first half of 2003, powder cocaine was reported by DEA as readily available, except in Laredo and Eagle Pass, where availability has decreased. Cocaine is also available in rural areas and in small towns. In Dallas, "one and one" packages of heroin and cocaine have returned. They were commonly sold on the streets through the mid-1990s, then were rarely seen until recently. "One and one" packages encourage the use of speedballs.

DEA reports crack cocaine is readily available except in Laredo, where availability and use is minimal. Since the penalties for crack are more severe, powder cocaine is usually transported to the area of the sale and then converted to crack. In Midland, crack is not only prevalent in the lower-income African American communities, but it is also seen in lower economic Anglo areas. In the Dallas area, it is popular in predominately African American and Hispanic neighborhoods in South Dallas and Oak Cliff, and

Exhibit 7. Substances Identified by DPS Labs: 1998- 2002



it is the most visible drug seen in the Tyler area.

A rock of crack costs between $10-$100, with $10-$20 being the most common price. An ounce of crack cocaine costs $325-$600 in Houston, $750-$1,100 in Dallas, $550-$750 in Tyler, $500-$800 in Beaumont, $650-$850 in Amarillo and Lubbock, $400-$650 in San Antonio, $830 in El Paso, $600-$850 in McAllen, $700-$750 in Fort Worth, and $550 in East Austin.

A gram of powder cocaine in Dallas costs $50-$80, $50-$60 in El Paso, $70-$90 in Midland, $60-$100 in Houston, and $100 in Alpine, Amarillo, and Lubbock. An ounce ranges between $400 and $1,200. An ounce in Laredo costs $400-$500; in Houston, $450-$800; $650-$1,000 in Dallas; $600 in Alpine; $500-$550 in McAllen; $400-$600 in San Antonio; $650-$850 in Amarillo and Lubbock; $700-$1,000 in Tyler; and $750 in Fort Worth. The price for a kilogram ranges between $11,000-$23,000, and is cheaper at the border (Exhibit 8).

In Austin, street outreach workers report that new dealers are surfacing, there is a surge of younger sex industry workers trading sex for crack cocaine, and oral sex is sold for $5.

People are reported to be breaking out on their faces and arms after smoking crack, but the reason is unknown. A dark brown crack is also being seen but no information is available as to what it is cut with, and many injecting crack users are unaware that acidic acid is milder on the veins than using lemon juice or vinegar when preparing crack for injecting. There is an increase in injection of crack and most overdoses in Austin this spring are from injecting crack. Some addicts are lacing marijuana with crack and rolling it up and smoking it, while others are smoking crack in cigarettes rather than using crack pipes. There is a reported increase in crack use by people in the 14-25 age group, including Hispanics.

Alcohol

Alcohol is the primary drug of abuse in Texas. The 1998 secondary school survey found that 72 percent had ever drunk alcohol and 38 percent had drunk in the last month; in 2002, 71 percent had ever used alcohol and 35 percent in the last month.

Heavy consumption of alcohol or binge drinking, which is defined as drinking five or more drinks at one time, is of concern, especially when done by young people. About 17 percent of all secondary students said that when they drank, they usually drank five or more beers at one time, and 14 percent reported binge drinking of wine coolers and liquor. Secondary students less frequently binged

Exhibit 8. Price of a Kilogram of Cocaine in Texas as Reported by DEA: 1987-2003

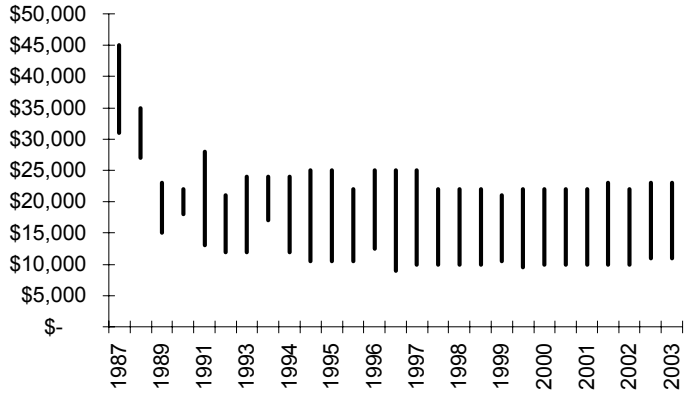
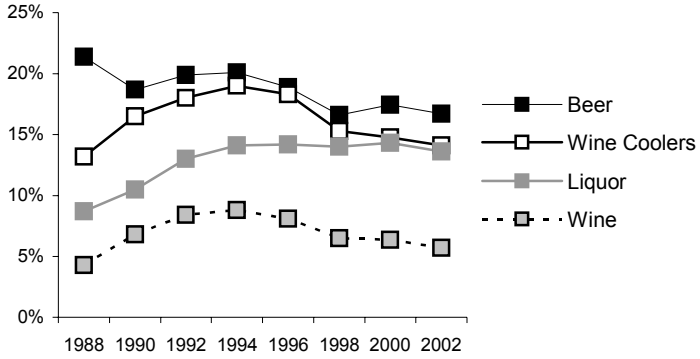


Exhibit 9. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988-2002



on wine, with only 6 percent of them doing so. Binge drinking increased with grade level. Among seniors, 29 percent binged on beer and 19 percent on liquor. The percentage of students who normally drank five or more beers has decreased since 1988, while the percentage of binge drinking of wine or wine coolers has fallen from its peak in 1994, but is still higher than in 1988 (Exhibit 9). The percentage of binge drinking of hard liquor has remained relatively stable since 1994.

Among students in grades 4-6 in 2002, 25 percent had ever drunk alcohol and 16 percent had drunk in the past school 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 in Dallas emergency departments peaked in 1998 (Exhibit 10).

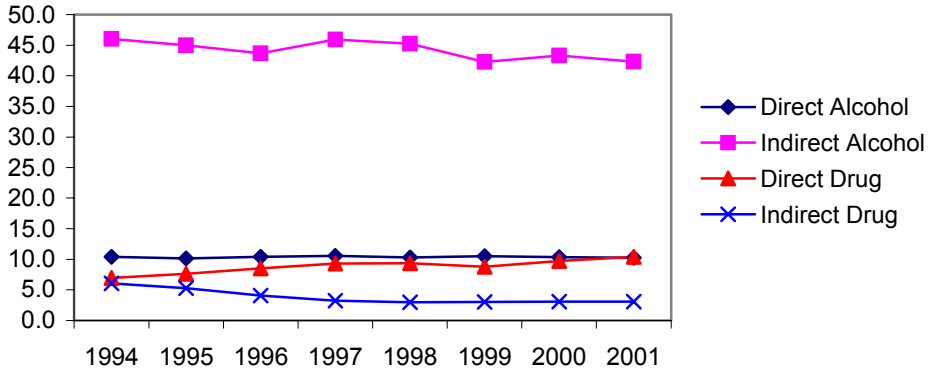
In 2002, 35 percent of adult clients admitted to publicly-funded programs had a primary problem with alcohol. They were the oldest of the clients (average age of 38); 57 percent were Anglo, 23 percent were Hispanic, and 18 percent were African American; 71 percent were male.

Among adolescents, alcohol comprised 8 percent of all treatment admissions. Some 66 percent were male; 47 percent were Hispanic, 42 percent were

Exhibit 10. Dallas DAWN Emergency Department Mentions of Alcohol-in-Combination with Other Drugs Per 100,000 Population: 2nd Half 1996-1st Half 2002

	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	Jul-Dec 2001	Jan-Jun 2002
Total	26.2	31.0	34.7	40.2	42.8	35.9	32.0	37.0	37.8	30.4	27.2	22.9

Exhibit 11. Direct and Indirect Alcohol and Drug Deaths Per 100,000 Population: 1994-2001



Anglo, and 9 percent were African American. Eighty-eight percent were involved with the juvenile justice or legal systems.

Far more persons die as an indirect result of alcohol, as Exhibit 11 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 system reported that 38 percent of the drug-involved deaths in the Dallas metro area and 44 percent of the deaths in the San Antonio metro area in 2001 also involved alcohol.

More Texans are arrested for public intoxication (PI) than for any other substance abuse offense, although the arrest rate for PI per 100,000 is decreasing; the rates for the other substance abuse offenses are fairly level (Exhibit 12).

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 to 1.7 percent in

Exhibit 12. Substance Abuse Arrests Per 100,000 Population: 1994-2002

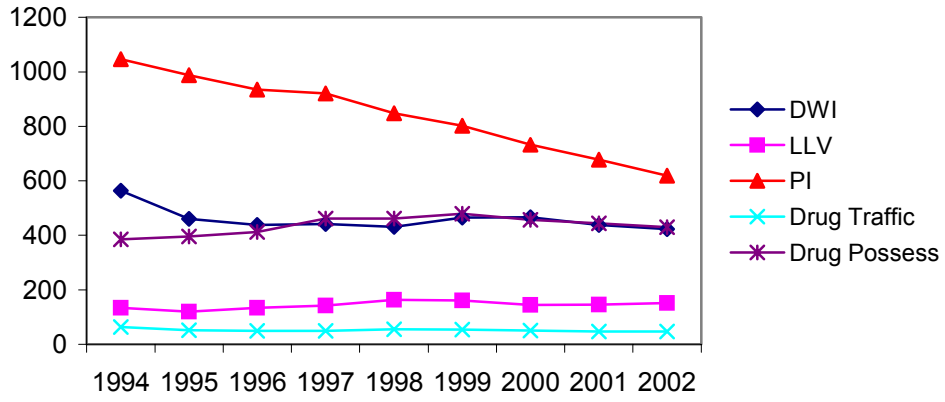


Exhibit 13. Dallas DAWN Emergency Department Mentions of Heroin Per 100,000 Population: 2nd Half 1996-1st Half 2002

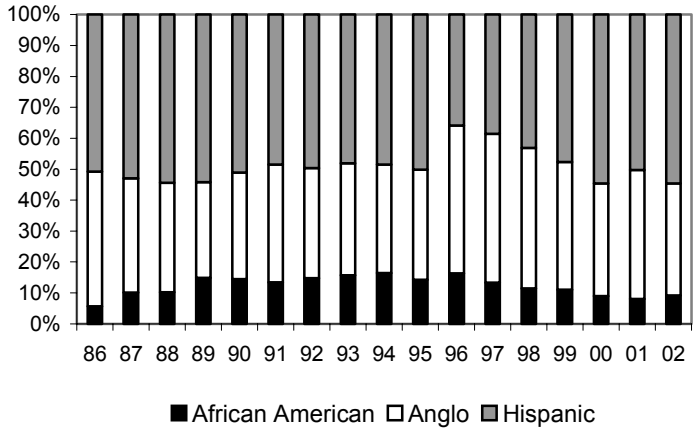
	Jul-Dec 1996	Jan-Jun 1997	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
Heroin	7.3	10.4	10.6	10.7	9.8	8.2	9.2	10.6	8.5	8.2	6.1	5.2

Exhibit 14. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 2002

	Inject	Inhale	All*
# Admissions	4,626	313	5,127
% of Heroin Admits	90%	6%	100%
Lag-1st Use to Tmt-Yrs.	15	10	15
Average Age	37	32	36
% Male	71%	67%	70%
% African American	6%	47%	9%
% Anglo	36%	20%	36%
% Hispanic	56%	31%	54%
% CJ Involved	33%	36%	33%
% Employed	12%	17%	13%
% Homeless	14%	11%	14%

*Total includes clients with other routes of administration

Exhibit 15. Heroin Admissions to Treatment by Race/Ethnicity: 1986-2002



2002, and past month use dropped from 0.7 percent in 1998 to 0.5 percent in 2000 and 2002.

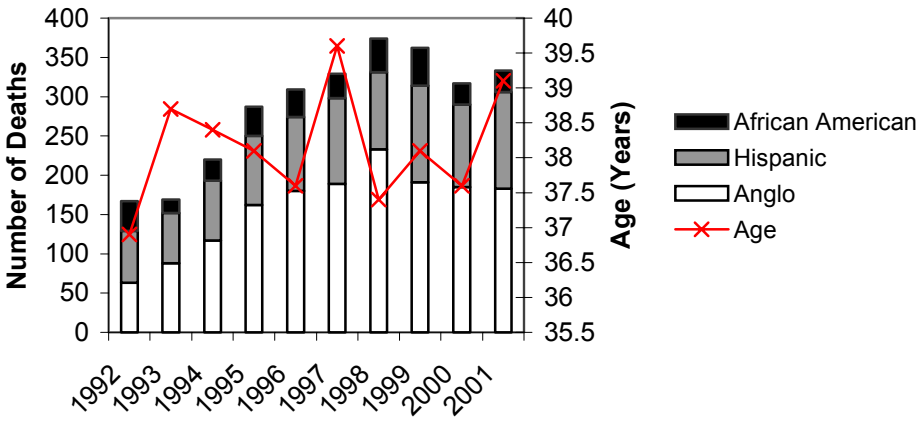
The 2000 Texas adult survey found that 1.2 percent of adults reported lifetime use of heroin and 0.1 percent reported past-month use.

Calls to Texas Poison Control Centers involving confirmed exposures to heroin have gone from 181 in 1998 to 218 in 1999 to 295 in 2000 to 241 in 2001 to 221 in 2002.

The rate of emergency department mentions of heroin per 100,000 population has dropped since the peaks in 1997 and 1998 (Exhibit 13). The decrease between first half of 2001 and first half of 2002 was statistically significant.

Heroin ranks third after alcohol and cocaine as the primary drug for which adult clients are admitted to treatment. It comprised 12 percent of admissions in 2002 as compared to 9 percent in 1993. The characteristics of these addicts vary depending on the route of administration, as Exhibit 14 shows.

Exhibit 16: Age & Race/Ethnicity of Persons Dying with a Mention of Heroin: 1992-2001



The number of deaths with a mention of heroin or narcotics statewide decreased from a high of 374 in 1998 to 339 in 2001 (Exhibit 16). Of the 2001 decedents, 54 percent were Anglo, 36 percent were Hispanic, and 8 percent were African American; 81 percent were male and average age was 39.1 years.

The DAWN ME reporting system, which collects more detailed reports from medical examiners in the Dallas and San Antonio areas, reported that the number of deaths involving a mention of heroin or morphine in the Dallas area increased from 66 in 1996 to 76 in 2001, while in the San Antonio area, the number of deaths mentioning heroin/ morphine increased from 51 in 1996 to 88 in 2001.

The results for arrestees testing positive for opiates between

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 10 rather than 15 years for injectors. This shorter lag period means that contrary to street rumors that "sniffing or inhaling is not addictive," inhalers can become addicted and will either enter treatment sooner while still inhaling, or else shift to injecting, increase their risk of hepatitis C and HIV infection, become more impaired, and enter treatment later.

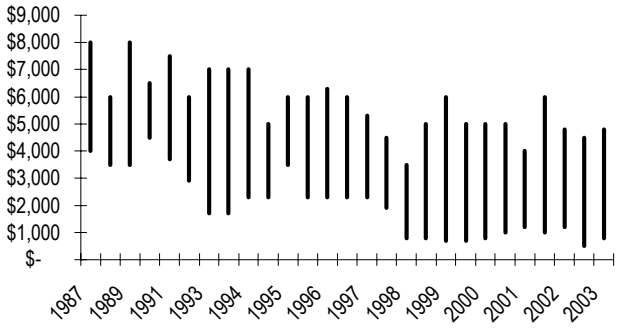
Exhibit 15 shows that the proportion of clients who are Hispanic is increasing.

Only 0.6 percent (28 youths) of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of heroin. Of these youths, 79 percent were Hispanic.

Exhibit 17. Arrestees Testing Positive for Opiates: 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Dallas Males	4%	4%	5%	3%	5%	5%	4%	2%	5%	3%	5%	6%
Houston Males	3%	3%	2%	3%	5%	8%	10%	8%	6%	7%	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	11%	11%	10%	11%	7%
San Antonio Males	15%	14%	14%	13%	10%	10%	10%	10%	10%	10%	9%	11%
Dallas Females	9%	9%	11%	8%	5%	10%	4%	5%	7%	5%	NR	NR
Houston Females	4%	4%	5%	6%	3%	4%	5%	7%	7%	3%	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	2%	7%	10%	NR
San Antonio Females	20%	13%	15%	14%	13%	13%	9%	9%	10%	NR	NR	NR

Exhibit 18: Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by the DEA: 1987-2003



1991 and 2001 have remained mixed (Exhibit 17).

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

According to DEA, heroin from Mexico remains available. The Mexican states of Guerrero, Oaxaca, and Michoacan are the primary sources. White South American heroin is seen in McAllen, but is passing through for the East Coast and is not being used in McAllen. DEA intelligence has indicated that this white heroin is coming into Dallas not only for transshipment but also for consumption among local users and Colombian heroin traffickers are reported interested in expanding their operations in the Dallas area. Interviews with addicts in treatment in Dallas, Fort Worth, Austin, San Antonio, and Houston by this CEWG correspondent could not confirm an increase in the availability and use of white heroin; most of the addicts who had ever used white heroin reported using it when traveling on the east or west coast. However, addicts did report that white heroin was available around the University area in Austin.

The predominant form of heroin in Texas is black tar, which has a dark gummy, oily texture that can beheated with water and injected. The cost of an ounce of black tar heroin is up slightly (Exhibit 18). Depending on the location, black tar heroin sells on the street for $10-$20 a capsule, $100-$250 per gram, $800-$4,800 per ounce, and $35,000-$50,000 per kilogram. In the Dallas area, heroin costs $10-$20 per cap, $800-$2,000 per ounce, and $35,000-$50,000 per kilogram. In Fort Worth, an ounce costs $1,200-$1,900, and a kilogram sells for $50,000. In El Paso, heroin costs $100 per gram, $1,000-$1,500 per ounce. In Alpine, heroin costs $125 per gram, and $2,100-$2,200 per ounce; in Midland an ounce costs between $2,300-$4,800; and in Lubbock it costs $250 per gram and $3,500-$4,500 per ounce. In Houston, an ounce costs $1,000-$2,500; in Laredo an ounce costs $1,200-$1,400; in McAllen an ounce costs $1,200-$1,500; in San Antonio, an ounce costs $1,800-$3,100; and in Austin an ounce costs $2,200-$2,500.

Mexican brown heroin, which is black tar that has been cut with lactose or another substance and then turned into a powder to inject or snort, costs $10 per cap, $110-$300 per gram, and $800-$3,000 per ounce. In Fort Worth, it is packaged in a gel capsule and referred to as "a pill," with 10-15 pills in a gram. In Houston, it costs $1,000-$1,200 per ounce, in San Antonio it costs $700-$900 per ounce, and in Austin it costs $1,300-$1,500 per ounce.

Colombian heroin sells for $2,000 per ounce and $60,000-$70,000 per kilogram in Dallas and $62,000 in Houston. Southwest Asian heroin costs $70,000 per kilogram in Dallas.

The Domestic Monitor Program of the DEA is a heroin purchase program that provides data on the purity, price, and origin of

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%	13.4%
Price/Milligram Pure	$2.34	$6.66	$4.16	$1.06	$1.01	$0.69	$1.36
Houston Purity	16.0%	26.1%	16.3%	34.8%	17.4%	18.2%	11.3%
Price/Milligram Pure	$1.36	$2.15	$2.20	$2.43	$1.24	$1.14	$1.51
El Paso Purity*					56.7%	50.8%	41.8%
Price/Milligram Pure					$0.49	$0.34	$0.44

*El Paso began reporting in mid-1999

retail-level heroin available in the major metropolitan areas of the nation. As Exhibit 19 shows, over time, the purity and price varies, although it is purer and cheaper in El Paso as compared to farther from the border. The DMP also shows that heroin from sources other than Mexico was reported in 2001. Of the street "buys" in Dallas, 32 were Mexican, five were Southeast Asian, and one was unknown. In El Paso, 15 were Mexican and one was unknown. In Houston, 38 were Mexican, one was South American, and one was unknown.

This correspondent has been involved in interviewing heroin addicts in treatment in methadone programs in Austin, Dallas, Fort Worth, Houston and San Antonio. This study of the differences in heroin inhalers and injectors is funded by NIDA grant DA014744. As noted in Exhibit 14, heroin addicts who are inhaling or snorting heroin enter treatment earlier. Preliminary field notes indicate that reasons addicts give for snorting heroin include being afraid of needles or of overdosing, having seen the effects of injecting ("they lose everything"), knowing the reputation of injectors as "junkies" and their low social status, or the fact their habits have not grown to the point they need to inject.

Some injectors never heard or thought about snorting heroin; they were only exposed to people who injected. Others reported that injecting is a "much better high," or that injecting was "more economical." Others reported that they injected because black tar, which is not inhalable, was the only type of heroin available, while others injected because snorting hurt their noses and sinuses.

Some addicts started as snorters and then shifted to injecting, while others continued to use both routes of administration depending on whether or not needles were available, their friends were snorting or injecting, they had lost their veins, or they had to prove they had no needle tracks to their probation or parole officers or to their spouses. In addition, there were older addicts who had started as inhalers, shifted to injecting, then went through treatment and had ceased heroin use. However, they had relapsed and were snorting heroin but were worried about the possibility of shifting to needles and came into treatment this time as snorters.

Because of the oily, gummy consistency of black tar heroin, special steps must be taken to convert the heroin into brown powder so that it can be snorted. In addition, since brown powder has be "cut," novice users and users who want to maintain smaller habits prefer brown heroin. Cuts which can be used include dormin, mannite, lactose, benadryl, Nytol, baby laxative, vitamin B, and coffee creamer. The tar heroin can be frozen, the "cut" added, and then pulverized in a coffee grinder or with mortar and pestle. It can also be dried out on a plate over the stove, on a dollar bill over a lighter, or under a heat lamp and then pulverized.

Addicts who do not have the time or equipment to turn tar into powder or do not have a sharp needle can mix the tar with water and squirt it into their nose with a syringe barrel (with or without the needle) or Visine bottle or pour it into their nose with a teaspoon or medicine dropper or inhale the liquid with a straw. This is know variously as "shebang," "waterloo," "agua de chango," or "monkey water." Injectors also report preparing heroin this way and then using this method when they are in situations where they cannot inject.

In Austin, heroin is sold in grams and balloons, and black tar heroin is usually cut with lactose to produce brown heroin. A gram quantity of black tar heroin, which would be about the size of a marble, is packaged in black plastic or in a finger cot. A gram of tar costs $250 and would average 12-16 shots. Small colored water balloons are used to package a single dose or shot. While an ounce of tar would be about three-fourths the size of a golf ball, an ounce of brown heroin would be a little bigger than a golf ball since it has been cut and powdered. There would be about 1.5 times as many shots from a gram of brown heroin. Ounces of heroin are packaged as balloons or in small zip lock bags in Austin.

AIDS outreach workers in Austin report that in the first quarter of 2003, reports on the quality of heroin ranged from very good (60 percent pure) to low quality and that many of their clients are reluctant to believe that there was a high risk of transmission of hepatitis C from sharing water when injecting others. In the second quarter of 2003, some heroin was reported being cut with vitamin C or ascorbic acid. Some addicts believed that if one does cocaine and heroin combined for several weeks, there is less withdrawal from heroin. The type and quality of heroin varies around town, with some neighborhoods having tar and others having brown powder. Six balloons of powder sell for $60, while seven balloons of the stronger tar can sell for $100.

In Dallas, heroin is sold as grams, in pills, or in "papers," which are pieces of tin foil. It is usually cut with dormin and sold as a cap.

In Fort Worth, heroin is sold as grams, "pills," and "turds". It is cut with mannite and the AIDS outreach workers report that injecting heroin is occurring among younger adults, who are prone to multiple occurrences of relapse.

In Houston, heroin is sold in grams and is cut with lactose. Inhaling or snorting heroin is not as common in Houston.

In San Antonio, heroin is sold as "dimes," "balloons," "spoons," or in grams, and it is usually cut with lactose. In San Antonio, users reported a number of different ways to turn black tar into brown powder heroin. AIDS outreach workers report users continue to speed-ball, which is injecting cocaine and heroin together

In the Lower Rio Grande Valley, outreach workers reported seeing an increase of young persons ages 16 - 21 injecting heroin. For several years there has been an increase in cocaine use among young persons in this area. However, now outreach workers are reporting increases in heroin injection. This trend is happening in the smaller Valley communities such as Donna, Weslaco, and Mercedes, as opposed to the larger Valley cities such as McAllen and Brownsville.

Other Opiates

This group excludes heroin but includes opiates such as methadone, codeine, hydrocodone (Vicodin, Tussionex), oxycodone (OxyContin, Percodan,

Exhibit 20. Dallas DAWN Emergency Department Mentions of Other Opiates: 2nd Half 1997-1st Half 2002

	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999	Jul - Dec 1999	Jan - Jun 2000	Jul-Dec 2000	Jan - Jun 2001	Jul-Dec 2001	Jan - Jun 2002
Codeine/Combinations	33	41	28	27	32	16	28	17	10	18
Hydrocodone/Combinations	160	130	146	125	120	146	158	186	189	151
Methadone	…	19	20	14	7	…	13	30	37	17
Oxycodone/Combinations	…	5	8	…	1	23	…	8	34	17

Percocet-5, Tylox), d-propoxyphene (Darvon), hydromorphone (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 percent. 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 reported there were 192 cases of abuse or misuse of hydrocodone in 1998, 264 in 1999, 286 in 2000, 339 in 2001, and 429 in 2002. In comparison, there were 12 calls about misuse or abuse of oxycodone reported in 1998, 26 in 1999, 22 in 2000, 56 in 2001, and 68 in 2002. There were also 16 cases involving misuse or abuse of methadone in 1998, 19 in 1999, 32 cases in 2000, 28 in 2001, and 54 in 2002.

Dallas area emergency department mentions of drugs containing methadone, codeine, hydrocodone, and oxycodone either alone or in combination with other substance have varied over the years. None of the changes between first half of 2001 and first half of 2002 were statistically significant (Exhibit 20). Compared to the national rates, the rates for Dallas are lower, except for hydrocodone. The rate of mentions of codeine and codeine combinations was 1.0 per 100,000 nationally and 0.6 per 100,000 in Dallas. The rate for hydrocodone and hydrocodone combinations was 4.7 per 100,000 nationally and 4.8 in Dallas. The rate for oxycodone and oxycodone combinations was 4.3 per 100,000 nationally and 0.5 in Dallas. The rate for methadone mentions was 2.2 per 100,000 nationally and 0.5 in Dallas.

Some 4.2 percent of all adults who entered treatment during 2002 used opiates other than heroin. Of these, 61 used illegal methadone and 1,762 used other opiates. Those who reported a primary problem with illicit methadone were equally likely to be male or female (50 percent each), 36 years old, Anglo (80 percent) or Hispanic (18 percent). Twelve percent were homeless, 13 percent were employed, 41 percent were referred by the criminal justice system, and 41 percent had never been in treatment before. Of those with problems with other opiates, 57 percent were female, average age was 36, 83 percent were Anglo, 32 percent had never been in treatment, 9 percent were homeless, 14 percent were employed, and 29

percent were referred by the criminal justice system.

There were eight deaths with a mention of oxycodone in 1999; 20 in 2000, and 40 in 2001. There were 25 deaths involving hydrocodone in 1999; 52 in 2000, and 107 in 2001. There were also 36 deaths involving methadone in 1999; 62 in 2000, and 93 in 2001. There were nine deaths in 2001 involving fentanyl.

The DAWN medical examiner system reported that there were 36 deaths in the Dallas area with a mention of hydrocodone and 21 in the San Antonio area in 2001. There were also 35 deaths in San Antonio with a mention of methadone in 2001.

In the Dallas-Fort Worth DEA Field Division, Dilaudid sells for $20-$80 per tablet, Soma sells for $4 per tablet, and hydrocodone sells for $4-$10 per tablet. OxyContin sells for $15-$30 per tablet. Methadone sells for $10 per 10 mg. tablet and promethazine with codeine sells for $200-$300 per pint in Dallas and $40 for a 2 ounce bottle in Tyler. In Houston, promethazine or phenergan with codeine sells for $100 - $125 for eight ounces, and hydrocodone sells for $3-$5 per pill. In San Antonio, hydrocodone sells for $3 per pill. In Austin, Vicodin sells for $2-$3 a pill and 10mg. methadone pill sells for $1-$5. OxyContin costs $3 for 5 mg and $5 for 20 mg.

A "cold shake" is when a tablet of dilaudid is turned to powder and put in a syringe with cold water and then shaken to dissolve the particles prior to injecting it.

DPS labs reported examining 479 hydrocodone exhibits in 1999, 629 in 2000, 771 in 2001, and 747 in 2002. In comparison, the number of exhibits involving oxycodone was 36 in 1999, 72 in 2000, 115 in 2001, and 106 in 2002. The number of exhibits involving methadone increased from one in 1998, 19 in 1999, 22 in 2000, to 49 in 2002.

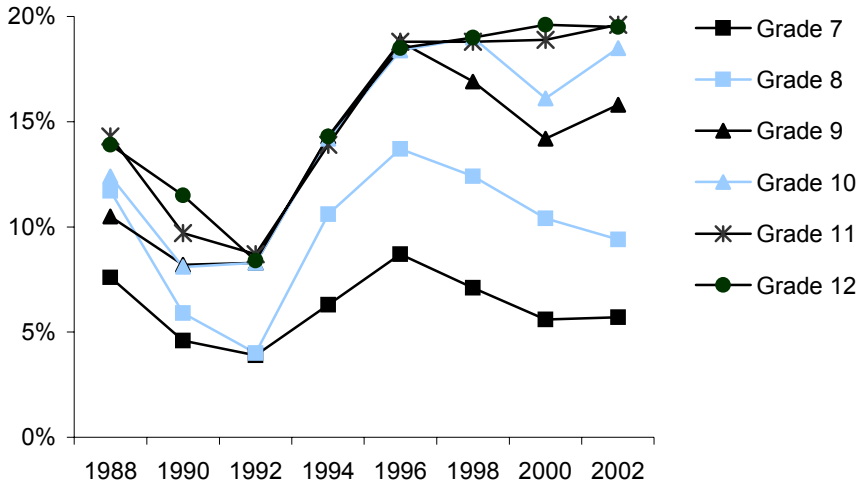
"Lean" (codeine cough syrup) is reported as becoming more popular among youth and young adults in the suburban areas of Fort Worth. In Austin, "Lean" or "Drank" is called a "nighttime drug" by some younger adults. They like to use it at night because they can use it for nodding or going into what they call "slightly sleep." They cut the syrup as mild or strong as desired with orange or strawberry soda water. There are also some reports of older adults now using "Lean". It is usually sold in baby bottles and measured out in ounces and is readily available. Texas rappers are singing about it and older adolescents and younger adults (16-25 year olds) are using it. One pint costs $200-$250, but it can sometimes cost as much as $350. People sometimes mix about six to eight ounces in a three liter bottle of soft drink. A very small bottle of Robitussin or "Lean" is sold on the street for $20-$60. It is usually cut or mixed with Karo syrup and put in soda water to drink. T-shirts that advertise "Lean" are sold in Austin, and drinking Lean has spread from the African American community to Hispanics and Anglos.

Marijuana

The number of students in grades 4-6 who had ever used marijuana dropped from 2.8 percent in 2000 to 2.6 percent in 2002 and use in the school year dropped from 2.1 percent to 1.7 percent. Among secondary students, 32 percent of Texas secondary students had ever tried marijuana and 14 percent had used in the past month, levels identical to 2000. While use by students in seventh and eighth grades continued to drop, use by students in grades nine and 10 increased from 2000; use by students in grades 11 and 12 remained stable (Exhibit 21).

In comparison, 37 percent of adults reported lifetime and 4 percent past-month marijuana

Exhibit 21. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988-2002



use in 2000, as compared to 34 percent lifetime and 3 percent past month in 1996. Prevalence was much higher among younger 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.

The Texas Poison Control Centers reported there were 130 cases involving misuse or abuse of marijuana in 1998, 172 in 1999, 360 in 2000, 358 in 2001, and 412 in 2002.

Mentions of marijuana per 100,000 in emergency departments in Dallas have declined since the peak levels in 1998 (Exhibit 22). The rate in Dallas, 13.4 per 100,000, is lower than the national rate of 21.8 per 100,000.

Marijuana was the primary problem for 10 percent of adult admissions to treatment programs in 2002. Average age of adult marijuana clients continues to increase: in 1985, the average age was 24; in 2002, it was 27.

Seventy-eight percent of all adolescent admissions in 2002 had a primary problem with marijuana, as compared to 35 percent in 1987. In 2002, 47 percent of these adolescents were Hispanic, 30 percent were Anglo, and 21 percent were African American (in 1987, 7 percent were African American). Eighty-three percent had legal problems or had been referred from the juvenile justice system, and these clients did not appear to be as impaired as those who did not have legal problems. The juvenile justice clients reported using marijuana on 8.1 days in the month prior to admission, as compared to 14.5 days for the non-justice referrals. The same differences were reported for number of days in the past month that the second problem drug was used (3.8 days v. 6.0 days) and number of days a third problem drug was used (2.7 days v. 4.2). The Addiction Severity

Exhibit 22. Dallas DAWN Emergency Department Mentions of Marijuana Per 100,000 Population: 2nd Half 1996-1st Half 2002

	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	Jul-Dec 2001	Jan-Jun 2002
Marijuana	10.8	18.1	19.9	31.2	30.7	25.0	22.6	27.1	22.0	18.5	15.3	13.4

Exhibit 23. Arrestees Testing Positive for Marijuana: 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Dallas Males	19%	28%	27%	33%	39%	43%	44%	43%	39%	36%	33%	35%
Houston Males	17%	24%	24%	23%	30%	28%	23%	36%	38%	36%	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	39%	33%	29%	26%	28%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	36%	41%	41%	42%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	24%	27%	21%	NR	NR
Houston Females	8%	12%	15%	13%	20%	24%	17%	20%	23%	27%	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	13%	9%	17%	14%	NR
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	16%	NR	NR	NR

Index scores were lower for justice referrals, as well. The percent of justice clients reporting sickness or physical problems in the month prior to admission was 13 percent v. 21 percent for non-justice clients; for employment problems, 33 percent v. 48 percent; for family problems 33 percent v. 43 percent; for social problems with peers, 26 percent v. 28 percent; for emotional problems 19 percent v. 27 percent, and for substance abuse problems, 30 percent v. 34 percent.

The DAWN medical examiner system reported there were 65 deaths in the Dallas metro area in 2001 where marijuana was one of the substances mentioned. In comparison, there were six in the San Antonio area.

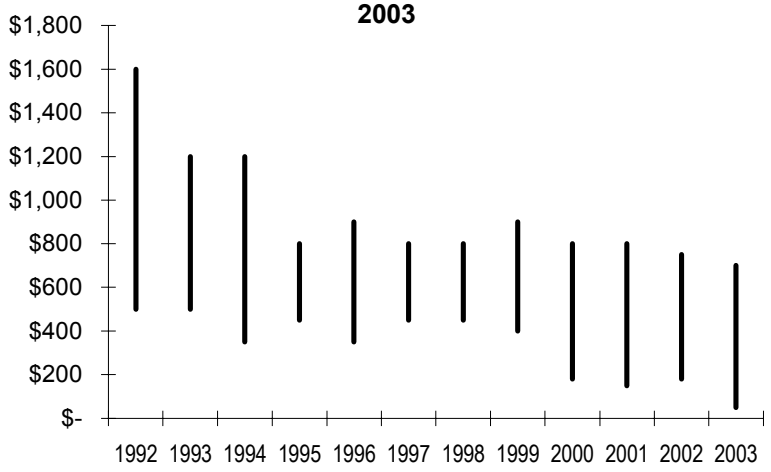
The percentage of arrestees testing positive for marijuana remains varied (Exhibit 23). It has dropped from its peak levels in Dallas and Laredo, but remains high in San Antonio.

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 and 28 percent in 2002 (Exhibit 7).

The Houston Field Division reports marijuana is routinely moved in multi-thousand pound quantities with an increase in the amount found in trailers or false compartment at the border. Marijuana in the division is reported readily available and the availability in McAllen has increased greatly. The El Paso Field Division also reports marijuana is readily available and is packaged in kilogram increments, wrapped with cellophane, and then sealed with tan or brown tape. The Dallas Field Division reports a noticeable increase in the availability of large amounts of marijuana. Significant amounts of marijuana are grown in Oklahoma and along the Texas-Oklahoma border, but most of the marijuana in Texas is imported from Mexico. Mexican Sinsemilla, which is usually in the pressed brick form, is the most common type seen. DEA's Potency Monitoring Project Quarterly report for November 9, 2002-February 8, 2003, found that the potency of marijuana in the seven southern states (including Texas) had the lowest THC level of 4.39 percent, as compared to the highest level, 10.32 percent in the northeast region and 6.19 percent nationally.

Sinsemilla sells for $750-$1,200 a pound in the Dallas-Fort Worth area and $600 per pound in Houston. The average price for a pound of commercial grade marijuana is between $200-$250 in Laredo, $125-$250 in McAllen, $400-$700 in San Antonio, $300-$500 in Houston, $500 in El Paso, $500-$700 in the Alpine area, $500-$600 in Midland, $400-$600 in the Dallas and Fort Worth areas, $500-$600 in Lubbock, and $500-$650 in Tyler. Locally

Exhibit 24. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by DEA: 1992-2003



grown indoor marijuana sells for $6,000 per pound in Dallas and hydroponic marijuana grown in Matamoros sells for $120 for ¼ pound in McAllen. Exhibit 24 shows the range of prices across the state since 1992.

In Austin, people are dipping cigars in cognac brandy. The effect is reported like a "downward" high and people "have trouble keeping their eyes open" after smoking a dipped cigar.

Exhibit 25 plots the trends in lifetime use of marijuana as reported in the secondary school surveys, adolescent admissions to treatment for a primary problem of marijuana, the proportion of adolescent drug arrests for marijuana, and adolescent emergency department mentions in Dallas. As this exhibit shows, all the indicators have risen since 1992, although the number of emergency department mentions by adolescents in Dallas has declined since 2000.

Stimulants

Uppers include stimulants such as methamphetamines, "speed," "Ice," amphetamines, "crank," "crystal," over-the-counter medicines containing ephedrine, and prescription drugs such as Ritalin or Adderall when taken for non-medical reasons.

The 2002 secondary school survey reported the lifetime use of uppers was 8.1 percent in 1998, 6.7 percent in 2000, and 7.3 percent in 2002. Past month use was 3.1 percent in 1998, 2.7 percent in 2000, and 3.3 percent in 2002.

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

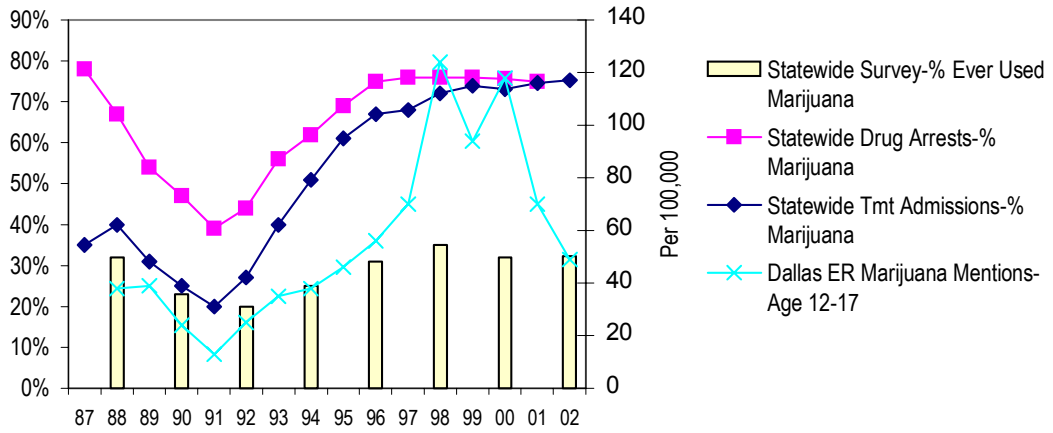


Exhibit 26. Dallas DAWN Emergency Department Mentions of Stimulants: 2nd Half 1996-1st Half 2002

	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	Jul-Dec 2001	Jan-Jun 2002
Amphetamines	57	81	182	163	173	138	169	185	166	187	191	164
Methamphetamines	62	77	82	118	67	58	42	75	60	56	55	54

Among Texas adults 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.

There were 220 calls to Texas Poison Control Centers involving abuse or misuse of amphetamines or methamphetamines in 1998, as compared to 282 in 1999, 393 in 2000, 451 in 2001, and 392 in 2002.

Exhibit 26 shows the number of mentions of methamphetamines and amphetamines in Dallas emergency departments. The rate of mentions for amphetamines in the Dallas emergency departments in the first half of 2002 was higher than the national rate (5.2 per 100,000 in Dallas v. 3.9 per 100,000 nationally), while the rate for methamphetamines was lower, at 1.7 per 100,000 in Dallas and 2.6 per 100,000 in the nation.

Methamphetamines and amphetamines comprised 8 percent of adult admissions in 2002; this is an increase from 5 percent in 2000. There were 1,672 admissions in 1998 and 3,186 in 2002. The average client admitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 2002, it was 31. The proportion of Anglo clients has risen from 80 percent in 1985 to 92 percent in 2002, while the proportion of Hispanics has dropped from 11 percent to 6 percent and the proportion of African Americans has dropped from 9 percent to 1 percent. Unlike the other drug categories, more than half of these clients entering treatment are women (54 percent). Most stimulant users are injectors, with

Exhibit 27. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: 2002

	Smoke	Inject	Inhale	Oral	All
# Admissions	753	1,769	385	233	3,183
% of Stimulant Admits	24%	56%	12%	7%	100%
Lag-1st Use to Tmt-Yrs.	9	13	10	11	11
Average Age-Yrs.	29	31	30	32	31
% Male	47%	46%	53%	37%	46%
% African American	1%	1%	1%	3%	1%
% Anglo	90%	95%	87%	88%	92%
% Hispanic	7%	4%	9%	8%	6%
% CJ Involved	47%	49%	52%	43%	48%
% Employed	25%	15%	29%	20%	19%
% Homeless	7%	11%	6%	10%	9%

Exhibit 28. Arrestees Testing Positive for Amphetamines: 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Dallas Males	1%	1%	4%	2%	2%	1%	4%	3%	3%	2%	2%	4%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	0%	0%	0%	3%	2%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	4%	4%	3%	NR	NR
Houston Females	0%	0%	1%	0%	1%	1%	2%	0%	0%	2%	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%
San Antonio Females	2%	1%	2%	0%	3%	2%	4%	2%	2%	NR	NR	NR

differences seen among the clients based on route of administration (Exhibit 27). Only 3 percent of adolescent admissions were for stimulants.

Methamphetamine and amphetamine injectors are more likely to have been in treatment before (54 percent readmissions) than smokers (39 percent readmissions), oral users (50 percent readmissions), or inhalers (45 percent readmissions).

There were 17 deaths where amphetamines or methamphetamines were mentioned in 1997, 20 in 1998, 21 in 1999, 39 in 2000, and 51 in 2001. Of the 2001 decedents, 82 percent were male; average age was 36.2; and 76 percent were Anglo, 18 percent were Hispanic, and 6 percent were African American.

The DAWN medical examiner system reported 37 deaths with a mention of methamphetamines and 4 with a mention of amphetamines in the Dallas metro area in 2001. In San Antonio, there were 18 deaths with a mention of methamphetamines and 11 with a mention of amphetamines.

Given the high rate of seizures which proved to be methamphetamines or amphetamines when tested by the DPS labs, the low percentage of arrestees testing positive for amphetamines in ADAM is puzzling (Exhibit 28).

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 together comprised between 12 and 18 percent of all items examined by DPS laboratories between 1998 and 2002 (Exhibit 7), and the numbers continue to increase. In 2002, 19.6 percent were methamphetamines and 0.61 percent were amphetamines.

Notice that while the Dallas ED mentions in Exhibit 26 are more likely to be amphetamines, the DPS laboratory report for the Dallas area reported 33 percent of the exhibits were methamphetamines and 0.89 percent were amphetamines. There is no explanation for these differences.

Stimulants are more of a problem in the northern half of the state, as

Exhibit 29. Percent of Items Analyzed by DPS Laboratories in 2002 That Were Methamphetamines or Amphetamines

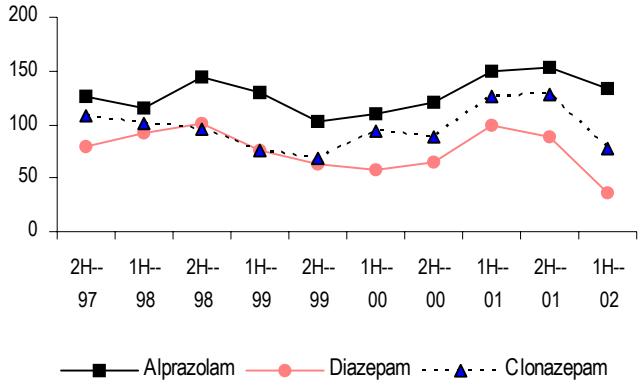
Hidalgo (McAllen)	0.42
Webb (Laredo)	0.83
El Paso (El Paso)	5.39
Nueces (Corpus Christi)	9.03
Harris (Houston)	7.21
Travis (Austin)	19.06
McLennan (Waco)	20.69
Smith (Tyler)	23.62
Dallas (Dallas)	34.27
Midland (Odessa)	14.54
Taylor (Abilene)	46.3
Lubbock (Lubbock)	25.00
Potter (Amarillo)	46.66

Exhibit 29 shows. In Amarillo in the Texas Panhandle, 47 percent of all the drug items examined by the DPS laboratory were either methamphetamines or amphetamines, while in McAllen and Laredo, less than 1 percent were these substances. Labs in the northern part of the state are also more likely to report analyzing substances that turned out to be ammonia or pseudoephedrine, which are chemicals used in the manufacture of methamphetamine.

According to DEA, methamphetamine is readily available in all areas of the El Paso Field Division except in Alpine. Methamphetamine is "cooked" in Midland, Odessa, and Monahans, and mobile laboratories are encountered in the east and northeast sections of El Paso. The Houston Field Division reports that multi-pound quantities of Mexican methamphetamine and smaller quantities of locally-produced versions are available and the drug is commonly encountered at clubs and raves. Dealers are reported to be providing free samples in efforts to build consumer bases, and in the Austin and Houston areas, "Ice" is becoming more prevalent, with an increase in trafficking of Ice by Mexican dealers. Most of the methamphetamine encountered in the Houston Division is produced in Mexico, although it is also locally produced in small batches by motorcycle gangs and independent cooks in home labs. Small labs have also been found in East Texas, Corpus Christi, and Austin; most are small mobile pseudoephedrine labs producing small amounts for local distribution. The Dallas Field Division also reports availability high, with multi-pound quantities of Mexican methamphetamine and smaller amounts produced by local cooks. Availability is increasing in the Lubbock and Amarillo areas due to more clan labs. Blister packs of cold tablets are the predominant supply source for pseudoephedrine, although the 240 mg. tablets are also seen. Red phosphorus can be purchased at gun shows and there are reports of increasing use of lithium metal/anhydrous ammonia ("Nazi" method) in the manufacturing process. Precursor chemicals are difficult to obtain in Texas and lab operators travel to Oklahoma or Louisiana to obtain needed supplies.

The price for a pound of methamphetamine is $10,600 in El Paso, $8,000-$10,000 in Midland, $6,000-$11,000 in the Houston area, $4,500-$5,500 in Laredo, $5,000-$8,000 in Fort Worth, $6,000-$7,000 in Tyler, and $8,000-$9,000 in Lubbock. In Dallas, a pound of domestic methamphetamine sells for $4,500-$10,000, an ounce sells for $700-$1,100, and a gram costs $70-$100. A pound of Mexican methamphetamine sells for $5,800-$9,000 and an ounce of this product sells for $400 in Dallas. Ice sells for $19,000 per

Exhibit 30. Dallas DAWN ED Mentions of Selected Benzodiazepines in the Dallas Area: 2nd Half 1997-1st Half 2002



pound in Houston. In Austin, "glass" methamphetamine is plentiful and very pure. A quarter gram costs $20 and two ounces cost $1,500.

In Amarillo, street outreach workers report that more African Americans are beginning to inject methamphetamine, while in Tarrant County, particularly in the mid-cities area, there is an increase in Ice. Users are requesting detoxification but there are no programs reported available to provide this service.

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), clonazepam (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 2002 secondary school survey reported lifetime use of downers increased from 5.8 percent in 2000 to 7.1 percent in 2002. Past year use increased from 2.6 percent in 2000 to 3.4 percent in 2002.

The 2000 adult survey reported lifetime use of downers 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.

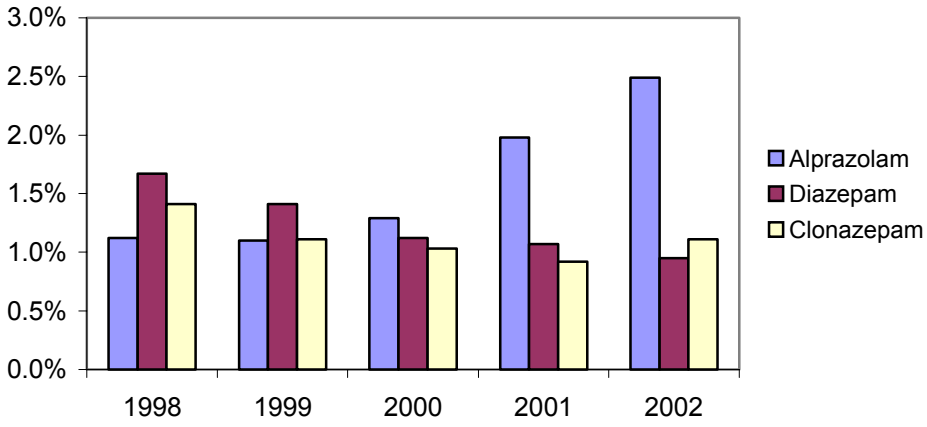
The number of mentions of alprazolam (Xanax), diazepam (Valium), and Klonopin (clonazepam) in the Dallas emergency departments is shown in Exhibit 30. The decreases in mentions for all three drugs between first half of 2001 and first half of 2002 are statistically significant. The rate of mentions of alprazolam is higher nationally than in Dallas (5.2 v 4.3 per 100,000), as it is for clonazepam (3.1 v. 2.5 per 100,000) and diazepam (2.1 v. 1.2 per 100,000).

About 1.2 percent of the adults entering treatment in 2002 (545 clients) had a primary problem with barbiturates, sedatives, or tranquilizers. Only 37 percent were male; 81 percent were Anglo, 8 percent were African American and 9 percent were Hispanic. Forty-two percent were involved in the criminal justice or legal systems and 20 percent were employed.

There were 60 deaths in the Dallas area in 2001 that involved benzodiazepines and 36 of these mentioned diazepam, according to the DAWN medical examined reports. In the San Antonio area, there were 88 deaths mentioning benzodiazepine.

Alprazolam, clonazepam, and diazepam are among the 10 most

Exhibit 31. Benzodiazepines Identified by DPS Labs: 1998-2002



commonly identified substances according to DPS lab reports, although none of them comprise more than 2 percent of all items examined in a year. The proportion of alprazolam exhibits is increasing (Exhibit 31).

Both Houston and Dallas DEA report alprazolam (Xanax) to be one of the most commonly abused diverted drugs. Xanax sells for $3-$10 per tablet and diazepam (Valium) sells for $1-$10 a tablet. In Austin, street outreach workers report a 2mg. Klonopin costs $2-$3. Valium tablets of the 10 mg or 20 mg strength can be purchased for $1-$2 and the blue 1 mg Xanax pills that are shaped like footballs cost $2 a pill. The 2 mg "white bar" or "handle bar" Xanax pills are scored and can be broken into 4 small pieces. They sell for $4-$5 a pill and they are very popular and readily available. In Houston, there appears to be an increase in the use of Xanax ("Xandies") on the streets, and in Dallas, Xanax and Soma are used to heighten and prolong the effects of heroin.

Club Drugs and Hallucinogens

Exhibit 32 shows the number of mentions of different club drugs in the Dallas DAWN emergency departments. The changes in rates between the first half of 2001 and 2002 were statistically significant for ketamine, LSD, and PCP.

Exhibit 33 shows the demographic characteristics of patients entering Dallas emergency departments in 2001. Because the numbers for some drugs were so low in the preliminary data for first half of 2002, the full year 2001 numbers are shown. Based on this exhibit, users of ketamine and PCP were the most likely to be male, users of PCP were most likely to be African American, users of LSD

Exhibit 32. Dallas DAWN Emergency Department Mentions of Club Drugs: 2nd Half 1994-1st Half 2002

	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	Jul-Dec 2001	Jan-Jun 2002
GHB	3	8	28	38	22	21	51	75	86	61	95	81	87	75	53	57
LSD	65	72	60	57	27	62	15	40	53	57	48	42	23	38	5	4
Ecstasy	17	33	24	8	11	8	9	6	9	7	18	29	41	37	40	34
PCP	22	39	31	20	11	21	15	27	34	52	43	55	65	46	50	74
Ketamine	1	0	1	4	0	1	…	0	0	1	2	6	4	6	5	5
Rohypnol	1	4	10	7	…	11	2	7	0	2	3	2	2	…	…	…

*Dots (…) indicate that an estimate with a relative standard error greater than 50% has been suppressed.

Exhibit 33. Emergency Departments With Mentions of Club Drugs: 2001*

	GHB	LSD	Ecstasy	PCP	Ketamine	Rohypnol
n	128	43	77	96	11	8
% Male	66%	79%	62%	86%	91%	13%
% Anglo	77%	79%	60%	9%	64%	100%
% Hispanic	9%	…	9%	…	18%	0%
% African Amer	0%	0%	13%	80%	0%	0%
Age 12--17	2%	33%	25%	8%	27%	13%
Age 18-25	56%	63%	55%	57%	45%	…
Age 26-34	35%	2%	14%	30%	18%	…
Age 35+	7%	2%.	6%	2%	9%	…

*Dots (…) indicate that an estimate with a relative standard error greater than 50% has been suppressed.

Exhibit 34. Characteristics of Youths and Adults Entering TCADA Treatment Programs with a Primary, Secondary, or Tertiary Problem with Club Drugs: 2002

	GHB	Hallucinogens	Ecstasy	PCP	Ketamine	Rohypnol
n	35	436	521	321	1	368
% Male	54%	73%	64%	72%		74%
% Anglo	91%	58%	61%	12%		2%
% Hispanic	9%	24%	23%	10%		94%
% African Amer	0%	16%	14%	78%		2%
Age	31.0	22.1	20.7	23.2		18.0
Criminal Justice Problem	60%	68%	57%	50%		69%
Employed	29%	20%	21%	16%		14%
History Needle Use	54%	27%	20%	6%		15%
Primary Drug=Club Drug	34%	20%	24%	45%		15%
Other Primary Drug						
Marijuana	6%	41%	33%	29%		49%
Alcohol	0%	11%	10%	9%		7%
Methamphet/Amphetamines	20%	10%	11%	1%		3%
Powder Cocaine	6%	6%	11%	3%		13%
Crack Cocaine	17%	7%	5%	9%		6%
Heroin	9%	2%	1%	0%		8%

were the youngest, and users of GHB were the oldest.

While Exhibit 33 shows characteristics of patients entering emergency departments in Dallas, Exhibit 34 shows the demographic characteristics of youths and adults entering TCADA treatment programs statewide with a problem with a club drug. The row "Primary Drug" shows the percent of clients who cited a primary problem with the club drug shown at the top of the column. The rows under the heading "Other Primary Drug" show the percent of clients who had a primary problem with another drug, such as marijuana, but who had a secondary or tertiary problem with the club drug shown at the top of the column. Note that the treatment data uses a broader category, "Hallucinogens," that includes LSD, DMT, STP, mescaline, psilocybin, and peyote.

Based on Exhibit 34, Rohypnol, hallucinogen, and PCP clients are the most likely to be male, GHB clients are the most likely to be Anglo, PCP clients are the most likely to be African American, Rohypnol clients are the youngest, and GHB clients are the oldest. While users of GHB and PCP are the most likely to have primary problems with these specific club drugs, users of Rohypnol and hallucinogens are more likely to have a primary problem with marijuana.

Exhibit 35 shows the percent of exhibits identified by DPS laboratories that contained various club drugs. Notice the decrease in the percentage of cases involving LSD and the later dominance of cases involving ecstasy (MDMA and MDA).

Ecstasy (MDMA)

The 2002 secondary school survey reported that lifetime ecstasy use was 8.6 percent, up from 4.5 percent in 2000. Past month use in 2002 was 3.1, as compared to 1.9 percent in 2000.

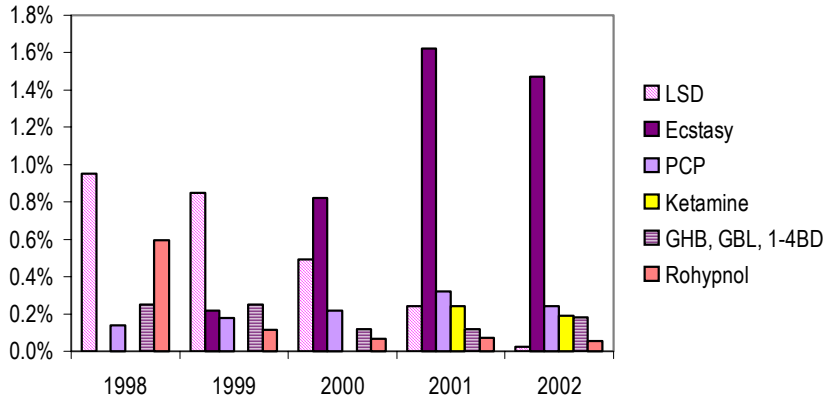
The 2000 adult survey reported that 3.1 percent had ever used ecstasy and 1.0 percent had used in the past year.

Texas poison control centers reported 24 calls involving misuse or abuse of ecstasy in 1998, 45 in 1999, 116 in 2000, 155 in 2001, and 172 in 2002.

The rate of mentions of ecstasy per 100,000 in Dallas emergency departments in the first half of 2002 was 1.1; the national rate was 0.9. Exhibit 32 shows the number of mentions of ecstasy. Notice that there was a larger race/ethnicity diversity among ecstasy users than seen with other club drugs (Exhibit 33).

Adult and adolescent admissions for a primary, secondary, or tertiary problem with ecstasy increased from 63 in 1998 to 114 in 1999 to 199 in 2000 to 349 in 2001 and 521 in 2002. Exhibit 34 shows that in comparison to users of other club drugs, those who used ecstasy were more likely to be young, racially

Exhibit 35. Club Drugs Identified by DPS Labs: 1998-2002



diverse, and to report marijuana as their primary problem drug.

In 1999, there were two deaths which involved ecstasy in Texas. There was one death in 2000 and five in 2001. Of those in 2001, average age was 24.6; 80 percent were Anglo; 60 percent were male.

Exhibit 35 shows the increases in substances identified by DPS labs. The labs identified MDMA as the substance in 107 exhibits in 1999, 387 in 2000, 814 in 2001, and 503 in 2002. MDA was identified in 31 exhibits in 1999, 27 in 2000, 48 in 2001, and 90 in 2002.

According to the Houston DEA Field Division, ecstasy coming through Mexico is being sold in the McAllen District by brand names such as Motorola (62 mg/dose), Rolls Royce and White (87 mg/dose), Mitsubishi (100 mg/dose), Blue or Sky (110 mg/dose), and Medusa (119 mg/dose). It is readily available in Juarez, across from El Paso, and the Dallas Field Division reports increases in use by African American teenagers and young adults. Single dosage units of ecstasy sell for $7.50-$20 in Dallas, $12-$23 in Tyler, $16-$20 in El Paso, $8-$30 in Houston, $7-$30 in McAllen, $8-$11 in Austin, $20 in Laredo, and $15-$25 in San Antonio. Multi-thousand tablet quantities are increasing in availability, with a wholesale price of $5-$6 per pill.

Gamma Hydroxybutrate (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 it in the past year.

The number of cases of misuse or abuse of GHB reported to Texas poison control centers was 110 in 1998, 153 in 1999, 108 in 2000, 113 in 2001, and 100 in 2002.

Exhibit 32 shows that the mentions of GHB in the emergency departments in the Dallas area peaked in 1998-1999. In the first half of 2002, the rate of mentions per 100,000 for GHB was 1.8, as compared to the national average of 0.8 per 100,000. As shown in Exhibit 33, patients mentioning GHB were more likely to be Anglo and older than patients mentioning other club drugs.

Adult and adolescent clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol are seen in treatment. In 1998, two were admitted, as compared to 17 in 1999, 12 in 2000, 19 in 2001, and 35 in 2002. Clients who used GHB tended to be the oldest of all the club drug users and the most likely to be Anglo. GHB users were more likely to have used the so-called "hard-core" drugs: 54 percent had a history of injecting drug use, 20 percent had a problem with amphetamines or methamphetamines and 17 percent had a primary problem with crack cocaine, which are stimulant drugs. GHB may have been used by these clients to come down from stimulant binges. It may also have been used to potentiate the effects of heroin, since 9 percent had a primary problem with heroin.

In 1999, there were three deaths which involved GHB, and in 2000 there were five deaths and three in 2001.

In 1998. there were 18 items identified by DPS labs as being GHB, in 1999 there were 112 GHB, four GBL, and four 1,4 BD (Exhibit 35). In 2000, 45 were GHB, seven were GBL, and four were 1, 4 BD. In 2001, 34 were GHB, seven were GBL, and 19 were 1,4 BD. In 2002, 81 were GHB, six were GBL, and four were 1,4 BD (Exhibit 35). In 2002, 95 percent of the GHB items were identified in the DPS lab in the Dallas area, which shows use of GHB is centered in this area of the state.

In Dallas, GHB trafficking is reported on the rise, and the price of a gallon of GHB has dropped. In the third quarter of 2002, a gallon sold for $1,600; it

now sells for $100-$200 per gallon. A dose of GHB costs $20 in Dallas, $5-$10 in Lubbock, and $5-$10 in Houston; a gallon costs $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 it in the last year.

Eight cases of misuse or abuse of ketamine were reported to Texas Poison Control Centers in 1998, seven in 1999, 15 were reported in 2000, 14 in 2001, and 10 in 2002.

In the Dallas emergency departments in the first half of 2002, the rate of mentions of ketamine per 100,000 was 0.2, above the national average of 0.1. There were five mentions in the first half of 2002 (Exhibit 32). Exhibit 33 shows that in 2001, almost all the users were male and they were among the youngest patients.

One client was admitted to TCADA treatment programs in 2002 with a secondary or tertiary problem with ketamine. The client was a 17 year old Anglo female with a primary problem with powder cocaine.

There were also two deaths in 1999 which involved use of ketamine, none in 2000, and one in 2001.

In 1999, 25 substances were identified as ketamine by DPS labs; in 2000, 29 were; in 2001, 119 were, and in 2002, 78 were (Exhibit 34).

Ketamine is reported less available in the Houston area and it sells for $2,200-$2,500 per liter in Fort Worth.

LSD

The secondary school survey shows that use of hallucinogens (defined as LSD, PCP, etc.) is continuing to decrease. Lifetime use peaked at 7.4 percent in 1996 and had dropped to 4.5 percent by 2002. Past month use dropped from 2.5 percent in 1996 to 1.2 percent in 2002.

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

Texas Poison Control Centers reported 64 mentions of abuse or misuse of LSD in 1998, 101 in 1999, 82 in 2000, 43 in 2001, and nine in 2002. There were also 98 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 1998, 73 in 1999, 110 in 2000, 94 in 2001, and 151 in 2002.

There were four mentions of LSD in the Dallas DAWN emergency departments in the first half of 2002 (Exhibit 32). The rate of mentions per 100,000 in Dallas in the first half of 2002 was 0.1, which was below the national average of 0.2. The decline in the rate/ 100,000 in Dallas between the first half of 2001 and 2002 was statistically significant. Exhibit 33 shows that in 2001, LSD patients were the youngest and the most likely to be Anglo.

In 2002, 436 adults and youths with a primary, secondary, or tertiary problem with hallucinogens entered treatment, as compared to 486 in 2001 and

636 in 2000. Exhibit 34 shows that these clients were racially diverse, likely to have criminal justice problems, and users of marijuana in addition to hallucinogens.

There were two deaths in 1999 which involved LSD. There were no deaths with a mention of LSD reported in 2000 or 2001.

DPS labs identified 69 substances as LSD in 1998, 406 in 1999, 234 in 2000, 122 in 2001 and 10 in 2002 (Exhibit 35).

A dosage unit of LSD is selling for $1-$10 in Dallas, $5-$10 in Tyler, $6-$10 in Fort Worth, and $7 in Lubbock. In McAllen it sells for $8 a dose and an ounce sells for $450. Its availability is reported stable in the Houston area.

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.

Texas Poison Control Centers cases where terms such as "fry," "amp," or "PCP" were misused or abused has increased from 103 in 1998 to 169 in 1999 to 175 in 2000 to 198 in 2001 to 237 in 2002. There were 23 cases involving misuse or abuse of formaldehyde or formalin in 1998, 20 in 1999, 26 in 2000, 11 in 2001, and 26 in 2002.

The rate of mentions of PCP in the Dallas emergency departments was 2.4 per 100,000 in the first half of 2002, above the national rate of 1.3 per 100,000. The 58 percent change between the first half of 2001 and the first half of 2002 was statistically significant, and as Exhibit 32 shows, the number of mentions of PCP in Dallas is increasing. Exhibit 33 shows these emergency department patients were predominately male, African American, and older.

Adolescent and adult admissions to treatment with a primary, secondary, or tertiary problem with PCP are increasing. In 1998, 164 were admitted, in 1999, 243 were, in 2000, 250 were, in 2001, 245 were, and in 2002, 321 were. Of these clients in 2002, 78 percent were African American, 72 percent were male, 50 percent were involved in the criminal justice system, 27 percent were employed, and 21 percent were homeless. While 45 percent reported a primary

Exhibit 36. Arrestees Testing Positive for PCP: 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2000	2001	2002
Dallas Males	0%	3%	3%	5%	8%	4%	3%	4%	5%	4%	2%	5%	5%
Houston Males	0%	0%	1%	3%	4%	3%	3%	6%	7%	5%	NR	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%	0%
San Antonio Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	0%	1%	2%	2%	1%	1%	0%	1%	2%	NR	NR	NR
Houston Females	0%	0%	0%	1%	2%	1%	1%	2%	1%	2%	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%	NR
San Antonio Female	0%	0%	0%	0%	0%	0%	0%	0%	0%	NR	NR	0%	0%

problem with PCP, another 29 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.

There were three deaths in 1999, three in 2000, and five in 2001 in Texas which involved PCP. In 2001, all were African American males and average age was 23.6.

PCP use in past years was most likely to be found among Dallas and Houston male arrestees; however data for Houston is not currently being reported and Dallas began reporting again in 2002 (Exhibit 36).

DPS labs identified 10 substances as PCP in 1998, 84 in 1999, 104 in 2000, 163 in 2001, and 95 in 2002 (Exhibit 35).

DEA reports that PCP sells for $25 per cigarette and $10 per piece of "sherm stick" in Dallas. It costs $3,800 per pint bottle and $26,000-$28,000 per gallon in the Dallas-Fort Worth area. Its availability in the Houston area is reported stable.

According to the street outreach workers in Houston, use of "Water," which is a cigarette or marijuana joint dipped in embalming fluid, is growing, and PCP use by teenagers in Fort Bend County has been reported.

Red Devil Dust is reported to be a combination of PCP, opium, and crystal methamphetamine.

Because of the tendency of some users to strip off their clothes while under its influence, PCP has a nickname of "buck naked."

Rohypnol

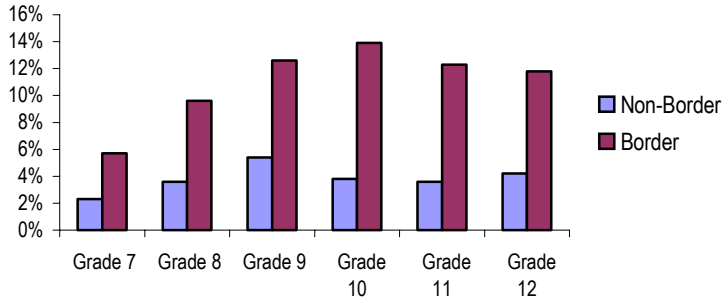
Rohypnol use in Texas first began along the Texas-Mexico border and then spread northward. As shown in Exhibit 37, the 2002 secondary school survey found that students from the border area were about three times more likely to report Rohypnol use than those living elsewhere in the state (10.9 percent v. 3.8 percent lifetime, and 4.4 percent v. 1.3 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 peaked at 101 in 1998, and dropped to 74 in 1999, 88 in 2000, 65 in 2001, and 73 in 2002.

In the first half of 2002, the rate of mentions for Rohypnol in the Dallas emergency departments was 0.1 per 100,000, above the national rate of 0.0. As Exhibit 39 shows, the number of mentions of Rohypnol has decreased since the peak in 1997. Not only is the number of cases of Rohypnol shown in Exhibit 33 low, but the fact that most Rohypnol use occurs closer to the Mexican border would limit the

Exhibit 37. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Rohypnol, by Grade: 2002



generalizability of any conclusions that could be drawn from DAWN about Rohypnol users statewide.

In 1998, 247 youths and adults were admitted into treatment with a primary, secondary or tertiary problem with Rohypnol. In 1999, 364 were admitted, in 2000, 324 were, in 2001, 397 were, and in 2002, 368 were. Clients abusing Rohypnol were the youngest of the club drug patients and they were predominately Hispanic, which would reflect the use of this drug along the border (Exhibit 34). Some 69 percent were involved with the criminal justice or legal system. While 15 percent of these clients said that Rohypnol was their primary problem drug, 49 percent reported a problem with marijuana.

DPS lab exhibits for Rohypnol numbered 43 in 1988, 56 in 1999, 32 in 2000, 35 in 2001, and 22 in 2002. This decline in the percent of seizures, as shown in Exhibit 35, parallels the declines seen in other indicators.

Although Roche is reported to no longer be making the 2 mg. Rohypnol tablet, which was a favorite with abusers, generic versions are reported to still be produced, and the blue dye added to the Rohypnol tablet is not in the generic version. Unfortunately, the dye is not proving effective: people intent on committing sexual assault are now serving blue tropical drinks and blue punches into which Rohypnol can be slipped.

Rohypnol is readily available in Juarez for $1-$2 per pill and it is an increasing problem among teenagers in El Paso, according to DEA. Its availability is reported as stable in Houston.

Dextromethorphan

School personnel in Texas have been reporting problems with the abuse of dextromethorphan (DXM), especially the 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 product hallucinogenic effects. Coriciden HBP pills are known as "Triple C's" or "Skittles."

Poison control centers reported the number of abuse and misuse cases involving dextromethorphan increased from 93 in 1998 to 188 in 1999 to 263 in 2000 to 366 in 2001 and to 429 in 2002. The number of cases involving abuse or misuse of Coricidin HBP increased from two in 1998 to four in 1999 to 145 in 2000 to 236 in 2001 to 266 in 2002.

DPS labs examined two substances in 1998 which were dextromethorphan, 13 in 1999, 36 in 2000, 17 in 2001, and 39 in 2002.

Outreach workers in the Houston area report an emerging trend in the use of Coricidin HBP Cough and Cold pills ("Triple Cs") by

Exhibit 38. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2002

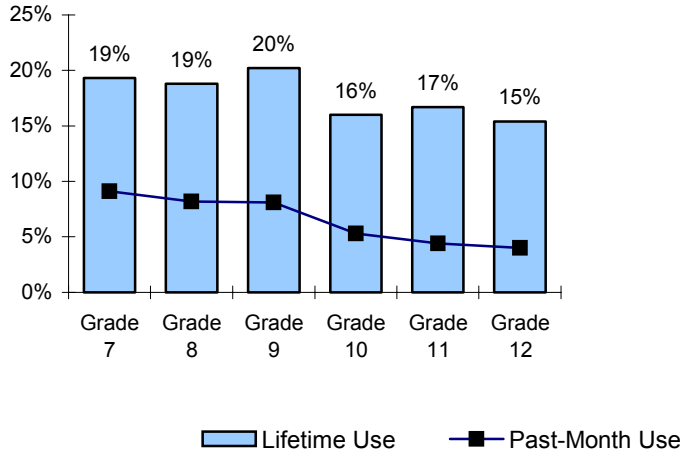


Exhibit 39. Dallas DAWN Emergency Department Mentions of Various Inhalants: 2nd Half 1997-1st Half 2002

	Jul-Dec 1997	Jan-Jun 1998	Jul-Dec 1998	Jan-Jun 1999	Jul-Dec 1999	Jan-Jun 2000	Jul-Dec 2000	Jan-Jun 2001	Jul-Dec 2001	Jan-Jun 2002
Volatile Agents	23	19	12	19	19	19	8	18	...	2
Nitrite Inhalants	0	0	0	0	0	0	0	0	0	0
Chloro-fluoro-hydrocarbons	0	...	1	0	0	0	1	...	0	0
General Anesthetics	0	0	1	0	0	...	0	0	0	0

adolescents, with some recent admissions to treatment for abuse of these pills.

Inhalants

The 2002 elementary school survey found that 9.3 percent of students in grades four to six had ever used inhalants, and 6.5 percent had used in the school year. The 2002 secondary school survey found that 18 percent had ever used inhalants and 6.8 percent had used in the past month. Some 18.5 percent of secondary school males had ever used inhalants, as compared to 17.4 percent of females. Some 20.7 percent of Hispanics, 17.9 percent of Anglos, and 11.8 percent of African-American students had ever used inhalants.

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 38). 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 respond to school-based surveys.

Texas Poison Control Centers reported 12 cases of misuse or abuse of Freon or other refrigerant gases by inhaling in 2002; average age was 21. There were three cases of misuse of whiteout. Products used with automobiles are also misused, with 17 cases of intentional inhaling of gasoline (average age of 16) and 42 cases of intentional inhaling of carburetor cleaner, starter or transmission fluid, etc. (average age of 22). There were 31 cases of intentional inhaling of paint (average age 24), 21 cases of intentional inhaling of aerosols such as compressed air or air freshener (average age 15), and four cases of intentional abuse of nitrous oxide (average age 31.3).

Exhibit 39 shows the types of inhalants which are reported in

Exhibit 40. Texas Deaths With Mention of Inhalants: 1988-2001

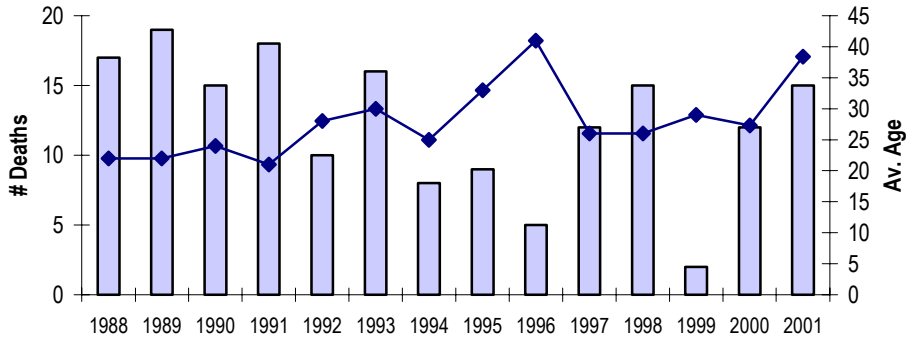
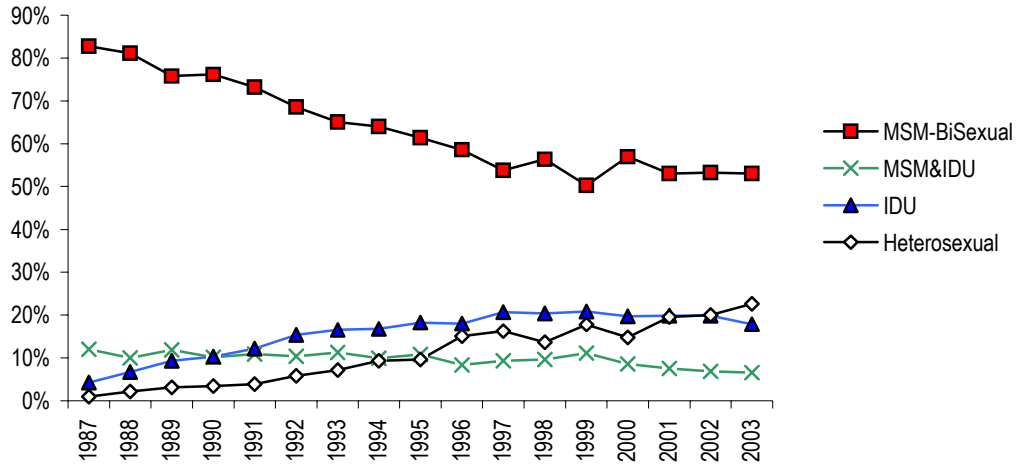


Exhibit 41. AIDS Cases in Texas by Route of Transmission: 1987-1st Q 2003 (Cases with Risk Not Reported Excluded)



the Dallas emergency departments. The 2002 data are preliminary and may change as additional reports are received.

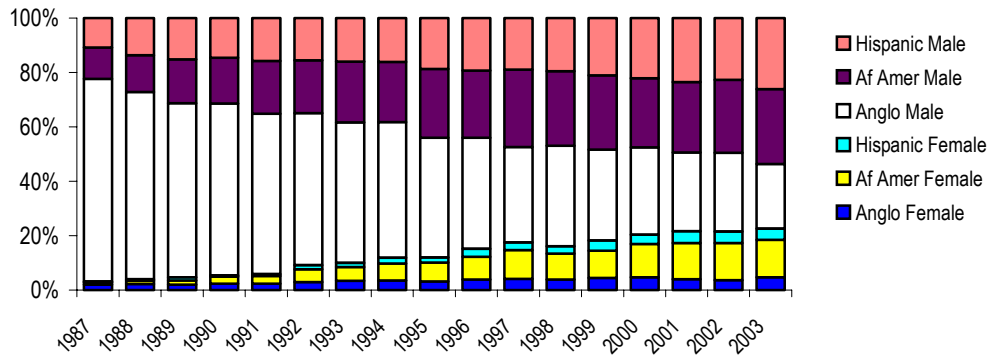
Inhalant abusers comprised 1.6 percent of the admissions to adolescent treatment programs in 2002. The youths entering treatment tended to be male (80 percent) and Hispanic (71 percent). The overrepresentation of Hispanic youths is due to the fact that TCADA has developed and funded programs which were targeted specifically to this group. Only 0.2 percent (64 clients) of adult admissions were for a primary problem with inhalants. Average age was 29, 64 percent were male, and 70 percent were Hispanic.

In 2000, there were 12 deaths involving misuse of inhalants and 15 in 2001. Six deaths involved Freon and two involved nitrous oxide (Exhibit 40). Average age was 38.4; 93 percent were male; 73 percent were Anglo and 13 percent were Hispanic or Black, respectively.

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 27 percent

Exhibit 42. Male and Female AIDS Cases by Race/Ethnicity: 1987-1stQ 2003



in 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 7 percent were male-to-male sex and also IDUs (Exhibit 41). The proportion of cases resulting from heterosexual contact has risen from 1 percent in 1987 to 20 percent in 2002.

For first quarter 2003, the percent of cases involving heterosexual exposures was greater than the percent of cases due to injecting drug use.

In 1987, 3 percent of the AIDS cases were females over age 12; in 2002, 21.5 percent were female. In 1987, 12 percent of the adult and adolescent cases were African American; in 2002, 40 percent were African American. As Exhibit 42 shows, the proportion of Anglo males has dropped while the proportion of African Americans and Hispanics has increased.

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The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 22 percent for 2002. Heroin injectors are most likely to be older, and nearly two-thirds are people of color, while injectors of stimulants and cocaine are far more likely to be Anglo (Exhibit 43).

Exhibit 43. Characteristics of Adult Needle Users Admitted to TCADA-Funded Treatment: 2002

	Heroin	Cocaine	Stimulants
# Admissions	4,645	1,062	1,771
% of All Needle Admits\	59%	14%	23%
Lag-1st Use to Tmt-Yrs.	15	13	13
Average Age	37	34	31
% Male	71%	66%	46%
% African American	6%	5%	1%
% Anglo	36%	68%	95%
% Hispanic	56%	25%	4%
% CJ Involved	33%	40%	49%
% Employed	12%	16%	48%
% Homeless	14%	15%	11%