Substance Abuse Trends in Texas, December 2003

by

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Thirty percent of clients entering publicly-funded treatment report a primary problem with cocaine. Cocaine remains a problem on the border with Mexico, as documented in the school surveys and arrestee data. 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. 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-five percent of youths entering treatment report marijuana as their primary problem drug. The 2002 school survey found use by seventh and eighth graders continues to decline, but use among older grades has increased since 2000. Treatment data show that marijuana clients admitted with criminal justice problems are less impaired than those who are not criminal justice referred. "Ice," which is smoked methamphetamine, is a growing problem. Xanax continues as a widely-abused pharmaceutical drug.

Club drug users differ in their socio-demographic characteristics just as the properties of these drugs differ. Ecstasy treatment admissions are rising. GHB, GBL, and similar precursor drugs remain a problem, particularly in the DFW Metroplex area. Although indicators are down, Rohypnol remains a problem along the Mexican border. Ketamine continues as a problem. 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 is a problem with adolescents.

The proportions of AIDS cases of females and persons of color are increasing. In 2003, the proportion of cases due to the heterosexual mode of transmission exceeded the proportion of cases involving injecting drug use. Forty-one percent of persons testing positive for hepatitis C (HCV) were exposed through injecting drug use.

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 December, 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 Drug Trends link on the web page of the Gulf Coast Addiction Technology Transfer Center at http://www.utattc.net.

The information on each drug is discussed in the following order of sources:

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*.

Use by Texans age 12 and older—Data came from the Substance Abuse and Mental Health Services Administration (SAMHSA) *State Estimates of Substance Use from the 2001 National Household Survey on Drug Abuse: Volume I. Findings*, and *Volume II. Individual State Tables and Technical Appendices.*

Poison Control Center data—The Texas Department of Health (TDH) provided data from the Texas Poison Control Centers for 1998 through the first half of 2003.

Emergency department mentions—Mentions of drugs in the Dallas area emergency departments (ED) through 2002 came from the Drug Abuse Warning Network (DAWN). The number of mentions of almost all drugs decreased in the last two years. Investigation of response patterns, procedures, and adjustments to sampling weights for Dallas hospitals revealed nothing that was likely to account for the decreases in estimates reported here. However, the impact of changes preparatory to the DAWN redesign and the change in the data collection contractor in 2002 might have affected the numbers. Hence, the DAWN data are included to show age and gender characteristics of patients, but the reader is cautioned against drawing conclusions about trends unless they are noted in the text.

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 June 30, 2003. 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 TDH. Data on the deaths in Dallas and San Antonio metropolitan areas came from 2001 medical examiner (ME) data collected by DAWN.

Drug use by arrestees—The Arrestee Drug Abuse Monitoring Program (ADAM) of the National Institute of Justice provided data through first quarter 2003 for Dallas, second quarter 2003 for San Antonio, and through 2002 for Laredo.

Drugs identified by laboratory tests—The Texas Department of Public Safety (DPS) submitted results from toxicological analyses of substances seized in law enforcement operations for 1998 through September, 2003 to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA).

Price, purity, trafficking, distribution, and supply—This information was provided by fourth quarter 2003 reports on trends in trafficking from the Dallas, El Paso, and Houston Field Divisions of DEA.

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

Acquired Immunodeficiency Syndrome (AIDS) data—TDH provided annual and year-to-date AIDS data for the period ending September, 2003.

Hepatitis C (HCV) data—TDH provided data on HCV counseling and testing for the period January, 2003 to October 15, 2003.

Drug Abuse Trends

Cocaine and Crack

The *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

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

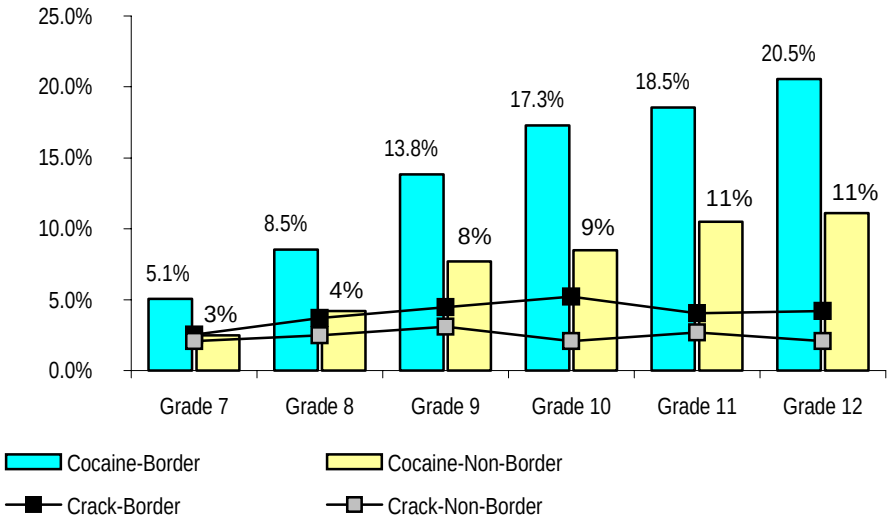


Exhibit 2. Dallas DAWN ER Mentions of Cocaine Per 100,000 Population by Age and Gender: 1989-2002

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Total	59.1	45.4	56.9	52.9	57.7	61.5	61.6	58.3	73.6	106.0	85.6	87.3	57.1	46.1
Age 12-17	33.3	20.9	20.2	16.0	21.2	18.8	20.6	35.0	33.7	65.8	45.3	36.4	23.2	20.4
Age 18-25	140.9	102.5	116.9	106.3	109.1	100.5	105.5	92.0	155.5	192.3	139.9	130.4	67.9	64.2
Age 26-34	115.1	94.9	119.7	106.2	112.2	141.6	121.9	117.1	132.8	192.4	152.9	171.7	109.7	79.8
Age 35+	24.7	19.4	30.3	32.9	39.3	39.3	46.9	43.2	54.7	83.7	74.7	75.8	56.2	44.7
Male	76.6	58.0	69.0	69.1	72.4	75.2	79.3	77.8	97.1	142.2	112.0	114.9	73.8	57.6
Female	42.3	32.8	45.3	37.3	43.1	48.4	44.0	38.8	51.1	70.9	60.5	60.5	39.6	33.9

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).

The *2000 Texas Survey of Substance Use Among Adults* reported 11.8 percent of Texas adults had ever used powder cocaine. Some 1.9 percent had used it in the past year. The National Household Survey on Drug Abuse averaged the 2000 and 2001 findings and reported that 1.93 percent of Texans ages 12 and above had used cocaine in the past year.

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, 1,195 in 2002, and 532 through the first half of 2003.

Exhibit 2 shows that the rate of cocaine emergency department (ED) mentions per 100,000 population in Dallas is continuing to decrease from the peak period in 1998. This may reflect changes in the reporting system rather than an actual trend.

Cocaine (crack and powder) comprised 30 percent of all adult admissions to TCADA-funded treatment programs in the first half of 2003. Crack cocaine is the primary illicit drug abused by clients admitted to publicly-funded treatment programs in Texas, at 22 percent of all admissions.

Abusers of powder cocaine comprise 8 percent of all adult admissions to treatment. Cocaine inhalers are the youngest and 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 most likely to be Anglo (Exhibit 3).

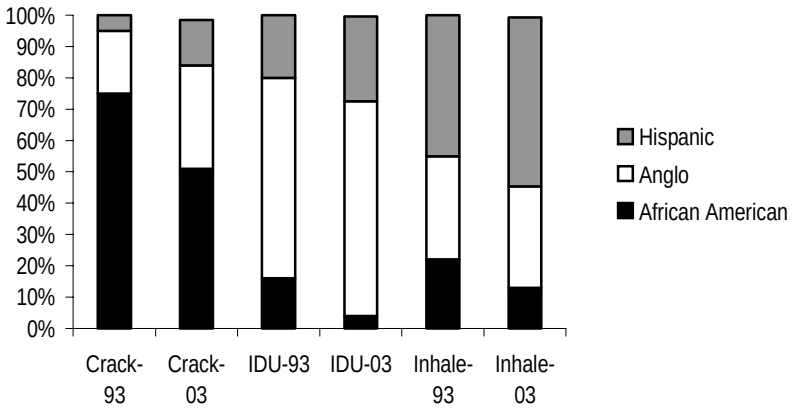
The term "lag" refers to the period from first consistent or

Exhibit 3. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 1/1/03-6/30/03

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	4,968	638	1,522	7,191
% of Cocaine Admits	69%	9%	21%	100%
Lag-1st Use to Tmt-Yrs.	12	13	9	11
Average Age	37	34	29	35
% Male	54%	60%	57%	56%
% African American	51%	4%	13%	39%
% Anglo	33%	68%	32%	36%
% Hispanic	15%	27%	54%	24%
% CJ Involved	37%	39%	55%	41%
% Employed	13%	15%	31%	17%
% Homeless	18%	13%	7%	15%

*Total includes clients with "other" routes of administration

Exhibit 4. Routes of Administration of Cocaine by Race/Ethnicity of Treatment Admissions: 1993-2003



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 2003, the percentage of Hispanic treatment admissions using powder cocaine 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 shows these changes by route of administration. It also shows the proportion of African American crack cocaine admissions dropped from 75 percent in 1993 to 51 percent in 2003, while the proportion of Anglos increased from 20 percent in 1993 to 33 percent in 2003, and the percentage of Hispanic admissions has gone from 5 percent to 15 percent in the same time period.

Some 6 percent of all adolescent treatment admissions in 2003 were for powder cocaine and 2 percent were for crack cocaine. Of the powder cocaine users, 72 percent were Hispanic, 24 percent were Anglo, and 1 percent were African American. Of the crack users, 68 percent were Hispanic, 26 percent were Anglo, and 6 percent were African American. Average age of both groups was 16 years. Eighty percent of the powder users and 78 percent of the crack users were involved in the juvenile justice system.

The number of deaths statewide 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 these, 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 5: Age & Race/Ethnicity of Persons Dying with a Mention of Cocaine: 1992-2001

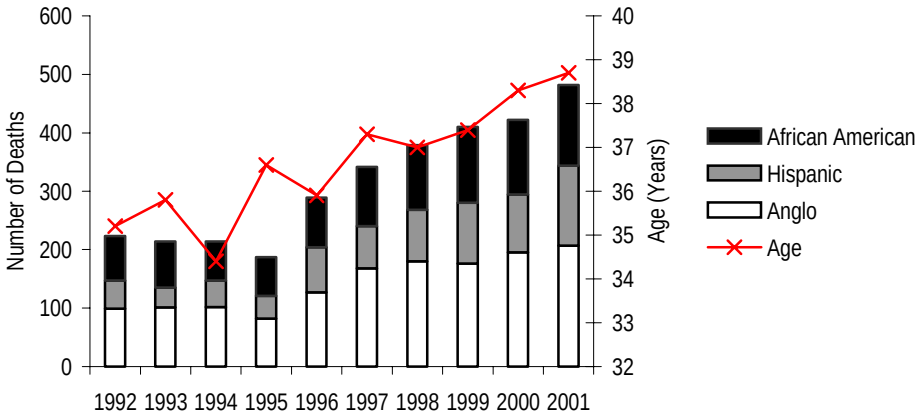


Exhibit 6. Arrestees Testing Positive for Cocaine: 1991-Partial 2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%	34%	28%	30%	30%	34%
Houston Males	56%	41%	41%	28%	40%	39%	39%	36%	36%	32%	NR	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	37%	42%	45%	35%	36%	36%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	27%	23%	20%	30%	33%	32%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%	40%	24%	NR	NR	NR
Houston Females	51%	44%	43%	36%	32%	34%	29%	37%	23%	32%	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	33%	21%	22%	27%	NR	NR
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	20%	19%	NR	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 arrestees in Laredo testing positive for cocaine through 2003 shows the extent of the cocaine problem on the border, and the increase in cocaine positives in San Antonio shows the increase in use by Hispanics in non-border areas. (Exhibit 6).

Exhibit 7 shows the proportion of substances identified as cocaine by the DPS labs is decreasing. In 1998, cocaine was 40 percent of all items examined, as compared to 30 percent in 2003.

In the fourth quarter of 2003, powder cocaine was reported by the Dallas DEA Field Division as being abundant and available in multi-kilogram quantities. The Metroplex is both a transshipment point and a center for regional distribution. It is reported by DEA to be readily available in Lubbock and in small towns and rural communities in that area. It is also reported to be available in the Tyler area, where a significant amount is converted to crack. Its availability in the Houston Field Division is described as consistent except that availability has increased slightly in Laredo.

Throughout the state, a rock of crack costs between $10-$50, with $10-$20 being the most common price. An ounce of crack cocaine costs $325-$600 in Houston, $750-$1,100 in Dallas, $600-$750 in Tyler, $500-$800 in Beaumont, $650-$850 in Amarillo and Lubbock, $400-$600 in San Antonio, $830 in El Paso, $600 in McAllen, $700-$750 in Fort Worth, $800-$900 in Midland, and $450-$500 in Austin.

Exhibit 7. Substances Identified by DPS Labs: 1998- 2003

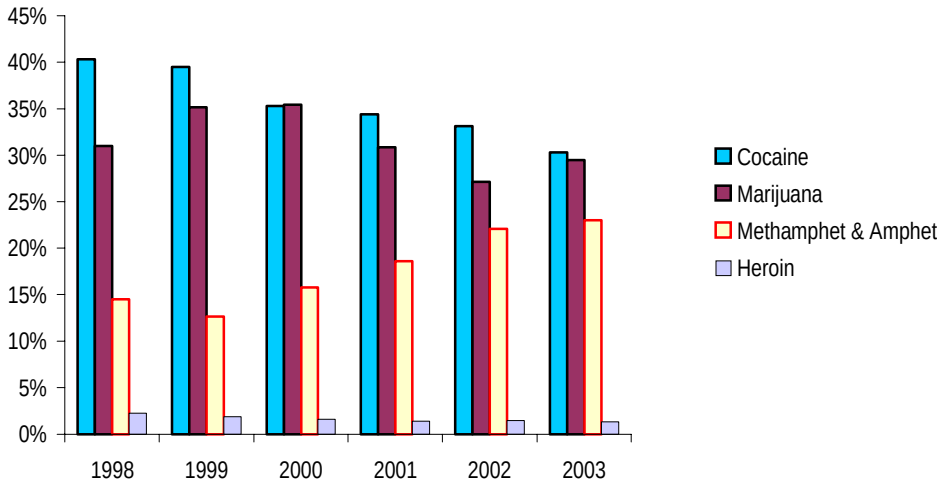
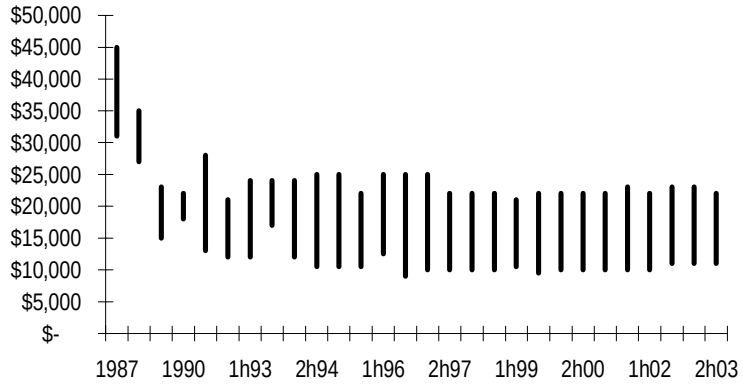


Exhibit 8. Price of a Kilogram of Cocaine in Texas as Reported by DEA: 1987-2003
(Prices reported by half year since 1993)



A gram of powder cocaine costs $50-$80 in Dallas, $70-$110 in San Antonio, $70-$90 in Midland, and $100 in Amarillo and Lubbock. Cocaine is less expensive at the border. An ounce in Laredo costs $400-$500, $500-$600 in El Paso, $400-$650 in Houston, $650-$1,000 in Dallas, $600 in Alpine, $450-$550 in McAllen, $500-$700 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 across the state (Exhibit 8).

In Austin, street outreach workers report an increase in the number of young Hispanic males in their teens and early twenties who are using crack, as well as increasing use of crack by older heroin addicts who smoke it at night after using heroin during the day. Crack is being cut with vitamin B-12 to "give it a speed effect," and a price war has resulted in two rocks of crack being sold for $15 rather than the usual price of one rock for $10. Injected cocaine is in the powdered acidic form, while baking soda and water are added to powdered cocaine to turn it into its base form for smoking. In order to turn crack back into an acidic form to inject, it is being mixed with citric acid or lemon juice, and there are reports of using Kool-Aid, instead of citric acid. These users report that they can taste the different Kool-Aid flavors after the injection gets into their system. Another way to return crack back to cocaine hydrochloride is by dissolving the crack in water over heat, where it will collect and harden on a piece of wire, such as the end of a coat hanger. It can then be scraped off and snorted or injected.

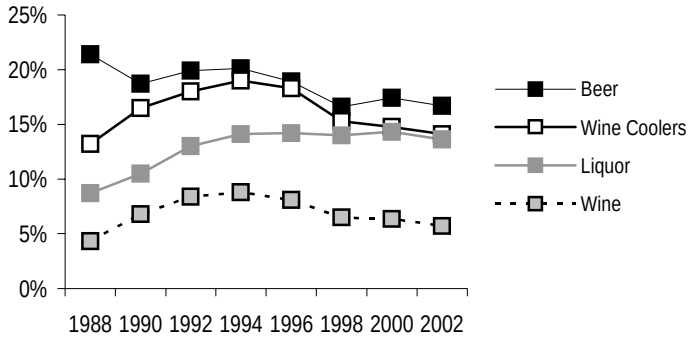
In the Beaumont area, 32 percent of those screened by the HIV outreach program reported crack and powder cocaine as their drug of choice. In the Longview area, crack is the most popular drug of choice, and in Fort Worth, use is stable but the price has decreased.

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 had drunk 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. 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. Binge drinking increased with grade level.

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



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. It 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 four to six 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 50.3 percent of Texas adults reported having drunk alcohol in the past month. Some 17 percent reported binge drinking, 6 percent reported heavy drinking in the past month, and 5.1 percent of all adults met the criteria for being dependent on alcohol. This estimate was based on the Diagnostic and Statistical Manual of Mental Disorders, III-R.

Based on the 2000 and 2001 findings of the National Household Survey on Drug Abuse, past month use of alcohol by Texans ages 12 and over was 44.2 percent and past-month binge use was 21.5 percent. Some 2.3 percent met the criteria for alcohol dependence based on the Diagnostic and Statistical Manual of Mental Disorders-IV.

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 the first half of 2003, 33 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) and 71 percent were male. Some 59 percent were Anglo, 23 percent were Hispanic, and 16 percent were African American.

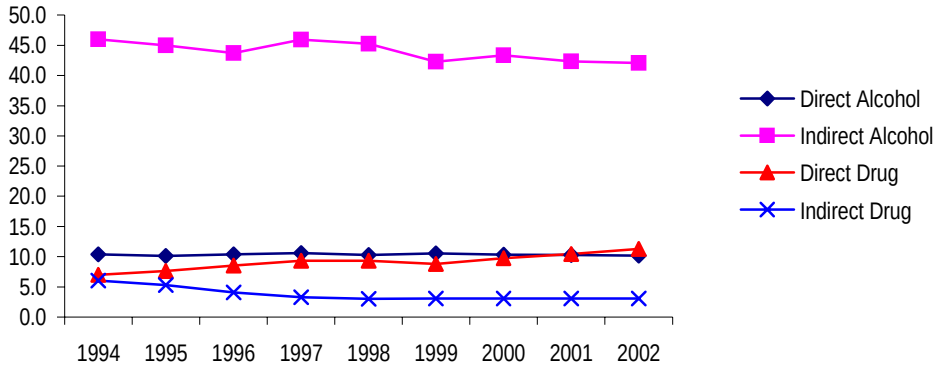
Among adolescents, alcohol comprised 10 percent of all treatment admissions. Some 69 percent were male; 65 percent were Hispanic, 28 percent were Anglo, and 5 percent were African American. Seventy-six percent were involved with the juvenile justice or legal systems.

Far more persons die as an indirect result of alcohol, as Exhibit 11 shows. Direct deaths are those where the substance,

Exhibit 10. Dallas DAWN Mentions of Alcohol-in-Combination with Other Drugs Per 100,000 Population : 1992-2002

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Total	50.4	60.6	57.9	57.6	57.9	65.7	83.0	68.0	74.8	57.6	46.6

Exhibit 11. Direct and Indirect Alcohol and Drug Deaths Per 100,000 Population: 1994-2002



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 examiners 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 2002. 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

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

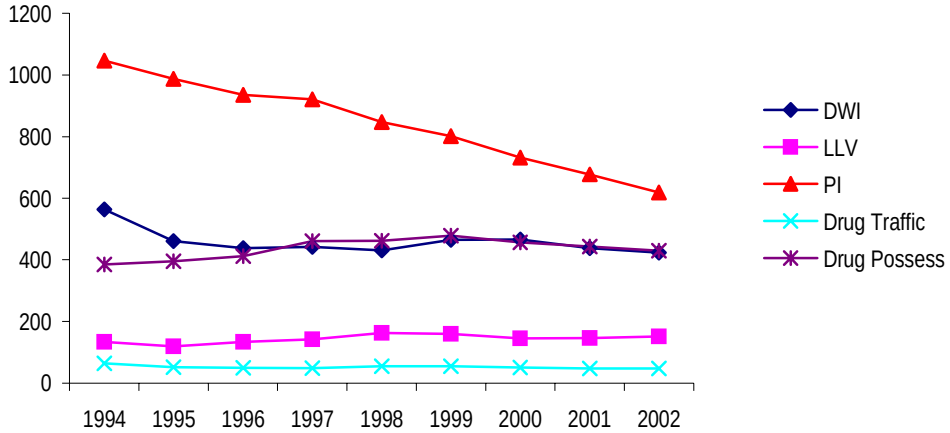


Exhibit 13. Dallas DAWN ER Mentions of Heroin Per 100,000 Population by Age and Gender: 1989-2002

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Total	14.1	14.0	10.2	11.9	12.7	10.3	11.2	13.8	20.9	20.5	17.4	19.1	14.3	9.6
Age 12-17	-	-	-	1.0	2.0	2.7	-	9.9	-	6.8	7.1	5.8	5.2	2.2
Age 18-25	18.6	15.8	12.8	11.9	13.1	14.3	16.2	30.8	60.4	55.0	45.3	49.1	23.0	16.4
Age 26-34	27.2	26.1	16.8	22.9	15.9	13.2	15.8	17.3	24.7	24.0	19.4	22.9	20.2	15.3
Age 35+	11.6	13.0	10.4	11.8	16.0	11.9	12.2	11.8	15.0	18.0	15.6	17.2	14.4	9.2
Male	19.4	19.0	12.4	18.1	16.9	14.7	15.1	19.0	33.3	27.4	22.4	27.1	19.3	13.3
Female	8.9	9.2	8.2	5.8	8.8	5.7	7.4	8.9	9.0	13.9	12.4	11.4	9.0	5.8

varied: 181 in 1998, 218 in 1999, 295 in 2000, 241 in 2001, 221 in 2002, and 108 in the first half of 2003.

The rate of emergency department mentions of heroin per 100,000 population has dropped since the peaks in 1997 and 1998 (Exhibit 13).

Heroin ranks third after alcohol and cocaine as the primary drug for which adult clients are admitted to treatment. In 1993, it comprised 9 percent of all admissions, as compared to 11 percent in 2003. The characteristics of these addicts vary by route of administration, as Exhibit 14 illustrates. 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 nine years rather than 16 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 they will 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 has increased since 1996 but there has been little change between 2002 and 2003.

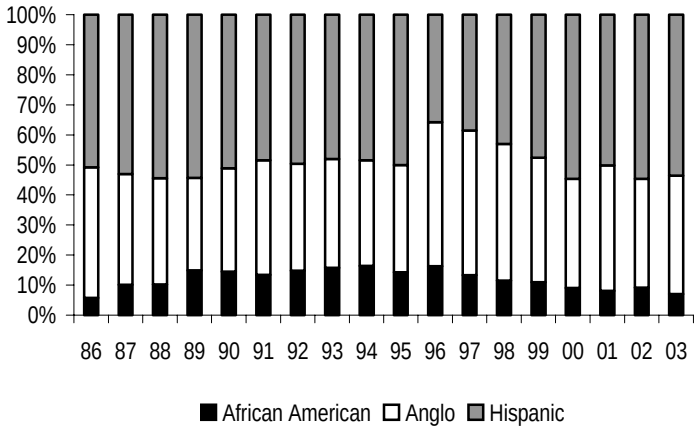
Only 0.7 percent (24 youths) of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of heroin. Of these youths, 67 percent were Hispanic, 17 percent were Anglo and 13 percent were African American.

Exhibit 14. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 1/1/03-6/30/03

	Inject	Inhale	All*
# Admissions	2,326	144	2,502
% of Heroin Admits	93%	6%	100%
Lag-1st Use to Tmt-Yrs.	16	9	15
Average Age	36	31	36
% Male	71%	64%	71%
% African American	5%	34%	7%
% Anglo	40%	20%	39%
% Hispanic	54%	43%	53%
% CJ Involved	34%	33%	34%
% Employed	9%	10%	9%
% Homeless	15%	13%	15%

*Total includes clients with other routes of administration

Exhibit 15. Heroin Admissions to Treatment by Race/Ethnicity: 1986-2003



DEA reported that in the third quarter of 2003, there were nine deaths from heroin overdoses in Corpus Christi. The number of deaths statewide with a mention of heroin or narcotics decreased from a high of 374 in 1998 to 339 in 2001 (Exhibit 16). Those who died in 2001 were Anglo (54 percent), Hispanic (36 percent) or African American (8 percent). Some 81 percent were male. The 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. 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 1991 and 2003 have remained mixed (Exhibit 17).

Exhibit 7 shows that proportion 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 and distribution is controlled by the Mexican Mafia and Texas Syndicate. The DEA Houston Field Division reports brown and black tar heroin are available throughout the area, but white heroin is available in isolated instances in the large

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

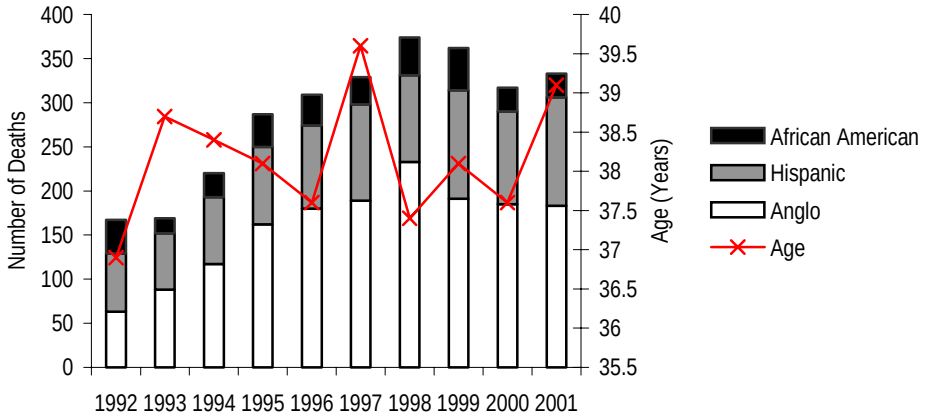


Exhibit 17. Arrestees Testing Positive for Opiates: 1991-Partial 2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Males	4%	4%	5%	3%	5%	5%	4%	2%	5%	3%	5%	7%	8%
Houston Males	3%	3%	2%	3%	5%	8%	10%	8%	6%	7%	NR	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	11%	11%	10%	11%	7%	NR
San Antonio Males	15%	14%	14%	13%	10%	10%	10%	10%	10%	10%	9%	11%	8%
Dallas Females	9%	9%	11%	8%	5%	10%	4%	5%	7%	5%	NR	NR	NR
Houston Females	4%	4%	5%	6%	3%	4%	5%	7%	7%	3%	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	2%	7%	10%	7%	NR
San Antonio Females	20%	13%	15%	14%	13%	13%	9%	9%	10%	NR	NR	NR	NR

metropolitan areas. The Dallas Field Division reports Mexican traffickers are now producing white and beige-colored heroin utilizing Colombian production methods. Mexican heroin has traditionally been lower in purity than Colombian or Asian. The presence of a higher quality heroin in Texas will mean more overdoses and more users become addicted.

DEA's Domestic Monitor Program (DMP), which reports the price and purity of heroin, found that in 2002, Mexican heroin remained the most readily available type of heroin in Dallas, accounting for 29 of the 33 qualified samples purchased by DEA agents. However, white heroin has begun to appear in this market. In 2000, no Southeast Asian heroin purchases were made in Dallas, as compared to five in 2001. In 2002, four Southeast Asian heroin samples were purchased. They averaged 18 percent pure and cost $0.46 per milligram pure. Analysis of these samples, however, determined that three of them were purchased on the same date and were chemically identical. The Mexican heroin samples averaged 17.2 percent pure and cost $0.75 per milligram pure.

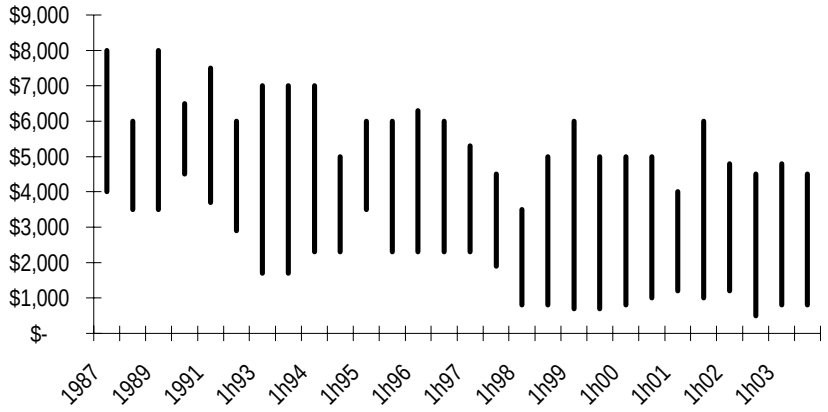
In El Paso in 2002, only seven qualified samples were purchased. They were all Mexican heroin, averaging 40.3 percent pure and $0.27 per milligram pure. In Houston in 2002, 39 qualified samples were purchased. All were Mexican heroin. They averaged 28.2 percent pure and cost $0.64 per milligram pure. The Houston exhibits ranged from 3.7 to 58.8 percent pure. One exhibit contained heroin at 13.9 percent and cocaine at 4.5 percent.

In June, 2002 in Austin, five heroin exhibits were purchased and all five were samples of Mexican origin. They averaged 20.5 percent pure. Two of the exhibits were just over 6 percent pure. The remaining four exhibits, however, averaged just over 30 percent pure, suggesting broad fluctuations in the market that could be dangerous for new users.

In December 2002, intelligence information in the Corpus Christ-Robstown area indicated that Mexican brown powder was the heroin of choice, and purity levels were generally low. Four heroin exhibits were purchased as part of the program, and three of them were determined to be Mexican heroin. Those three samples averaged 6.8 percent pure.

Six heroin purchases were made between August and December 2002 in Laredo. Five of those purchases were Mexican heroin, averaging 57.6 percent pure. Four of those exhibits were more than 60 percent pure. Interestingly, the only exhibit for which a geographic origin could not be determined contained heroin at 8.3 percent pure and cocaine at 73.7 percent.

Exhibit 18: Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by the DEA: 1987-2003
(Prices reported by half year since 1993)



The predominant form of heroin in Texas is black tar, which has a dark gummy, oily texture that can be diluted with water and injected. Statewide, 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-$350 per gram, $800-$4,500 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 $200 per gram, $1,000-$1,500 per ounce, and $68,600 per kilogram. In Alpine, heroin costs $325 per gram, and $2,100-$2,200 per ounce, in Midland an ounce costs between $1,800-$4,000, and in Lubbock it costs $250 per gram and $3,500-$4,500 per ounce. In Houston, an ounce costs $1,200-$2,300, in Laredo an ounce costs $1,200-$1,400, in McAllen an ounce costs $1,200-$1,800, in San Antonio, an ounce costs $1,600-$2,800, 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 the Dallas field office area. In Fort Worth, it is packaged in a gel capsule and referred to as "a pill," with 10-15 pills in a gram. In San Antonio it costs $17,000-$27,000 per kilogram.

Colombian heroin sells for $10 per cap and $2,000 per ounce and $70,000-$80,000 per kilogram in Dallas, $62,000-$80,000 per kilogram in Houston, and $100,000 per kilogram in McAllen. Southwest Asian heroin costs $200-$350 per gram, $2,000-$4,000 per ounce, and $70,000 per kilogram in Dallas. Gram quantities of Southwest Asian have not been reported as available until this report.

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 that 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. 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. Since brown powder has been "cut," novice users and users who want to maintain smaller habits prefer brown heroin. "Cuts" include dormin, mannitol, lactose, benedryl, 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 with a Visine bottle. They may also 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 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.

In December, 2003, street outreach workers in Austin reported that white heroin that is two to three times as potent but as cheap as Mexican brown heroin is being marketed by the Aryan brotherhood, and that a creamy Mexican heroin is on the street. The creamy Mexican sells for $80 per gram and addicts who were injecting 100 units of black tar a day are getting by on 40 units of this new heroin. In addition, they report there is no film on the cotton, which would indicate an improvement in the method of processing the heroin. And there have been reports of people smoking heroin by putting it on a light bulb and then inhaling the smoke through a straw. 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. HIV outreach workers in Longview report use of heroin is low at this time.

In Fort Worth, heroin is sold as grams, "pills," and "turds." It is cut with magnite and the AIDS outreach workers report that heroin is becoming popular with younger people who are snorting the drug. Smoking heroin is increasing. Injecting remains the most popular route of administration by older heroin addicts, who are reported to have a low incidence of HIV and HCV due to controlling their own works and refusing to share.

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 report 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.

Other Opiates

This group excludes heroin but includes opiates such as methadone, codeine, hydrocodone (Vicodin, Tussionex), oxycodone (OxyContin, Percodan, 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 Texas 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, 429 in 2002, and 147 in the first half of 2003. In comparison, there were 12 calls about misuse or abuse of oxycodone reported in 1998, 26 in 1999, 22 in 2000, 56 in 2001, 68 in 2002, and 23 in first half of 2003. There were also 16 cases involving misuse or abuse of methadone in 1998, 19 in 1999, 32 cases in 2000, 28 in 2001, 54 in 2002, and 20 in first half of 2003.

Dallas area emergency department mentions of drugs containing methadone, codeine, hydrocodone, and oxycodone (either alone or in combination with other substances) have varied over the years. Given the unexplainable decrease in Dallas DAWN mentions of other drugs, the increase in oxycodone mentions is of concern. (Exhibit 19).

Some 5 percent of all adults who entered treatment during 2003 used opiates other than heroin. Of these, 28 used illegal methadone and 1,094 used other opiates. Those who reported a primary problem with illicit methadone were

Exhibit 19. Dallas DAWN ER Mentions of Other Opiates: 1995-2002

	1995	1996	1997	1998	1999	2000	2001	2002
Codeine/Combinations	69	55	77	69	59	44	27	26
Hydrocodone/Combinations	189	211	310	276	245	303	375	331
Methadone	11	17	16	39	21	...	67	27
Oxycodone/Combinations	4	15	6	13	8	27	42	51

equally likely to be male or female (50 percent each), 36 years old, Anglo (82 percent), Hispanic (11 percent), or African American (7 percent). Four percent were homeless, 4 percent were employed, 25 percent were referred by the criminal justice system, and 25 percent had never before been in treatment. Of those with problems with other opiates, 57 percent were female, average age was 35, 83 percent were Anglo, 35 percent had never been in treatment, 9 percent were homeless, 14 percent were employed, and 30 percent were referred by the criminal justice system.

There were eight deaths statewide 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 $2-$5 per tablet, and hydrocodone (Vicodin) sells for $3-$10 per tablet. OxyContin sells for $20 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 $125 for eight ounces, and in San Antonio, hydrocodone sells for $3 per pill. In McAllen, 60 Vicodin pills sell for $85.

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, 747 in 2002, and 688 in the first nine months of 2003. In comparison, the number of exhibits involving oxycodone was 36 in 1999, 72 in 2000, 115 in 2001, 106 in 2002, and 85 in 2003. The number of exhibits involving methadone increased from one in 1998, 19 in 1999, 22 in 2000, 42 in 2001, 49 in 2002, and 40 in the first nine months of 2003.

"Lean" (codeine cough syrup) has long been popular in Houston, and it is reported by street outreach workers as becoming more popular in Beaumont, San Antonio, and Waco, as well as 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 readily available and is usually sold in baby bottles and measured out in ounces. 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. Pineapple-flavored soda water is now a favorite to mix with cough syrup.

HIV outreach workers report that in Beaumont, OxyContin is the drug of choice among most injecting drug users screened at the program, and that 25 percent of those screened in Hardin County reported that Vicodin and OxyContin were their drugs of choice. OxyContin is available on the streets in Austin, also.

Marijuana

The number of Texas 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 Texas secondary students, 32 percent 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 20).

In comparison, the 2000 Texas adult survey found that 37 percent of adults 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 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

Exhibit 20. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988-2002

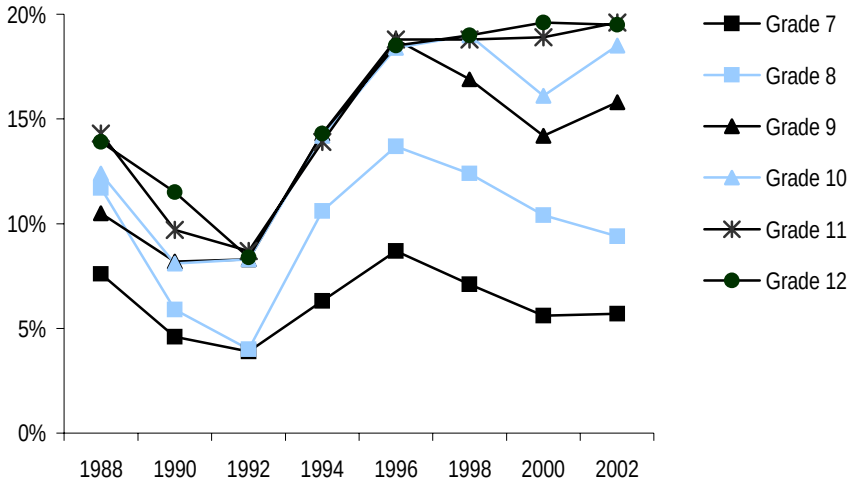


Exhibit 21. Dallas DAWN ER Mentions of Marijuana Per 100,000 Population by Age and Gender: 1989-2002

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Total	23.8	15.6	11.1	14.8	15.7	20.0	23.2	23.1	37.9	61.9	47.6	49.0	33.8	26.7
Age 12-17	38.7	23.8	13.0	24.9	34.5	38.0	45.6	56.1	70.0	123.6	94.3	117.4	70.0	47.7
Age 18-25	69.5	44.5	30.9	40.6	46.1	54.2	69.4	58.1	118.4	170.4	140.6	127.8	72.1	65.4
Age 26-34	35.2	26.1	18.8	24.5	19.9	31.5	32.9	29.4	44.7	85.2	65.7	66.0	53.2	32.8
Age 35+	6.5	4.0	3.9	4.4	5.3	6.8	7.5	10.2	17.3	28.3	19.9	20.9	15.8	13.9
Male	32.7	21.6	14.8	20.0	20.1	24.7	32.7	33.3	51.7	84.8	64.0	65.2	43.5	32.8
Female	15.2	9.9	7.4	9.6	11.1	15.3	13.9	13.3	24.7	39.8	32.1	33.0	23.7	20.3

increase in past-year use between 1996 and 2000 (6 percent to 7 percent) was statistically significant.

The 2000 and 2001 National Household Surveys on Drug Abuse estimated that 3.6 percent of Texans ages 12 and older had used marijuana in the past month, with 6.1 percent of those ages 12-17, 10.3 percent of those 18 to 25, and 1.9 percent of those ages 26 and older reporting past month use.

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, 412 in 2002, and 137 through the first half of 2003.

Mentions of marijuana per 100,000 in emergency departments in Dallas have declined since the peak level in 1998 (Exhibit 21).

Marijuana was the primary problem for 11 percent of adult admissions to treatment programs in 2003. Average age of adult marijuana clients continues to increase: in 1985, the average age was 24; in 2003, it was 27.

Seventy-five percent of all adolescent admissions in 2003 had a primary problem with marijuana, as compared to 35 percent in 1987. In 2003, 59 percent of these adolescents were Hispanic, 23 percent were Anglo, and 16 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 7.6 days in the month prior to admission, as compared to 14.6 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 (2.5 days v. 6.1 days) and number of days a third problem drug was used (2.2 days v. 5.8 days). The Addiction Severity Index scores were lower for justice referrals for most measures: 34 percent of the criminal justice referrals reported employment problems v. 44 percent non-criminal justice; for sickness or health problems, 11 percent v. 11 percent; for family problems, 28 percent v. 41 percent; for social problems with peers, 22 percent v. 30 percent; for emotional problems. 16 percent v. 16 percent, and for substance abuse problems, 30 percent v. 35 percent. These data indicate that marijuana users who are referred to treatment by the criminal justice system may be more appropriate for short-term

Exhibit 22. Arrestees Testing Positive for Marijuana: 1991-Partial 2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Males	19%	28%	27%	33%	39%	43%	44%	43%	39%	36%	33%	36%	41%
Houston Males	17%	24%	24%	23%	30%	28%	23%	36%	38%	36%	NR	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	39%	33%	29%	26%	26%	NR
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	36%	41%	41%	42%	42%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	24%	27%	21%	NR	NR	NR
Houston Females	8%	12%	15%	13%	20%	24%	17%	20%	23%	27%	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	13%	9%	17%	14%	7%	NR
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	16%	NR	NR	NR	NR

intervention, with the more impaired marijuana users in need of more intensive treatment services.

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 22). It has dropped from its peak level in Dallas in 1997, but remains at its highest level in San Antonio.

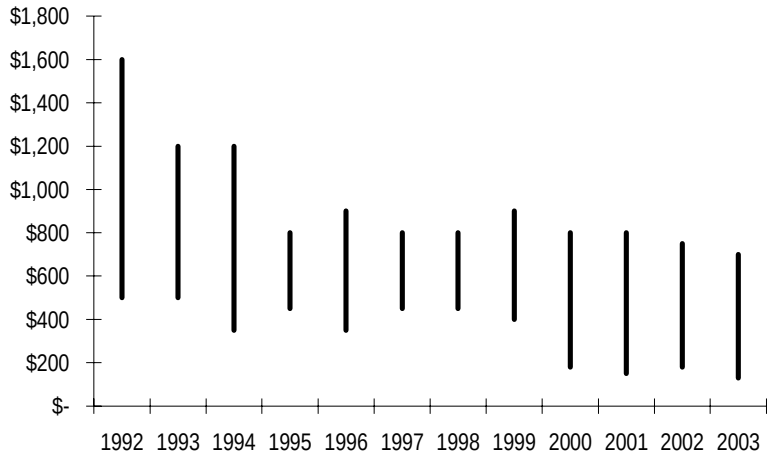
Cannabis was identified in 35 to 36 percent of all the exhibits analyzed by DPS laboratories in 1999 and 2000, but dropped to 31 percent in 2001, 28 percent in 2002, and then was up to 30 percent in 2003 (Exhibit 7).

The Houston DEA Field Division reports marijuana continues to be readily available, although a slight decrease in availability has been noted in McAllen. The El Paso Field Division also reports marijuana is readily available and is packaged in kilogram quantities, wrapped with cellophane, and then sealed with tan or brown tape. The Dallas Field Division reports that large amounts of imported Mexican marijuana, coupled with domestically cultivated plants, as well as indoor-grow operations, continue to provide large amounts of cannabis to consumers locally and within the US.

High quality sinsemilla sells for $900-$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 $140-$160 in Laredo, $130-$200 in McAllen, $350-$450 in San Antonio, $350-$450 in Houston, $800 in El Paso, $500-$700 in the Alpine area, $375-$600 in Midland, $350-$600 in the Dallas and Fort Worth areas, $500-$600 in Lubbock, and $500-$550 in Tyler. Locally 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 23 shows the decline in prices since 1992.

In Austin, people are dipping cigars (stuffed with tobacco or marijuana) in cognac brandy. The effect is reported like a “downward” high and people have trouble keeping their eyes open after smoking a dipped cigar. Mexican marijuana is available at $425 a pound, $50-$60 an ounce, or $2 a joint. There are various types of “Hydro” weed which come in

Exhibit 23. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by DEA: 1992-2003



bright neon colors and have brightly colored "hair" growing on it. The blue-haired variety is called "blueberry," the orange-haired variety is called "grapefruit," and there is also "white widow" or "keef " as well as green and red varieties. A pound of this hydro is referred to as a "bow" and a half pound is called a "half bow," with an ounce called an "O" and a half-ounce called a "1/2 O." The price of hydro is $180 an ounce and it is reported to be of excellent quality.

Stimulants

Uppers include prescription drugs such as amphetamine pills such as Adderall and Ritalin (methylphenidate), as well as methamphetamines ("Speed," "Crystal," "Crank," and "Ice"), and over-the-counter substances such as diet pills and cold medications that contain ephedrine.

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.

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, 392 in 2002, and 186 in first half of 2003. In 2003, there were 18 mentions of "Ice," which is smoked methamphetamine, and 13 mentions of "Crystal."

Exhibit 24 shows the number of mentions of methamphetamines and amphetamines in Dallas emergency departments.

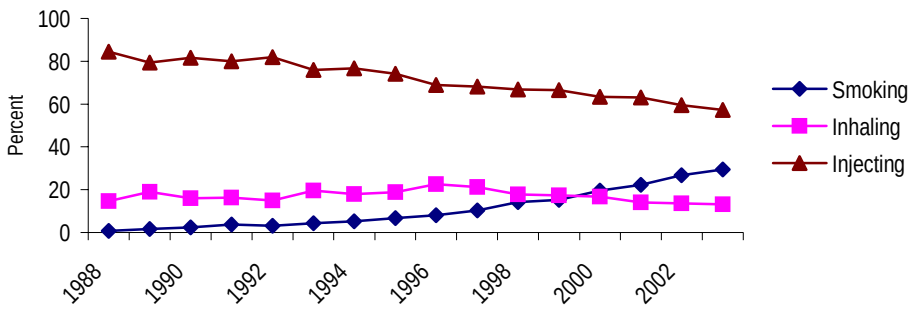
The presence of Ice is also seen in the treatment data. The percent of clients who injected methamphetamine has dropped from 84 percent in 1988 to 55 percent in 2003 while the proportion smoking "Ice" has gone from less than 1 percent in 1988 to 27 percent in 2003 (Exhibit 25).

Methamphetamine and amphetamines comprised 9

Exhibit 24. Dallas DAWN ER Mentions of Stimulants: 1994-2002

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Methamphetamines	152	203	115	159	186	100	135	111	98
Amphetamines	92	133	120	263	336	307	351	378	299

Exhibit 25. Route of Administration of Methamphetamine by Adult Clients Admitted to TCADA-Funded Programs: 1988-2003



percent of adult admissions in 2003; this is an increase from 5 percent in 2000. Exhibit 26 shows the characteristics of clients by route of administration. The average client admitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 2003, it was 30. The proportion of Anglo clients has risen from 80 percent in 1985 to 92 percent in 2003, 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 (51 percent). Those who took the substance orally tend to be users of amphetamine pills and are the most likely to be female. Only 3 percent of adolescent admissions were for stimulants.

Methamphetamine injectors are more likely to have been in treatment before (57 percent readmissions) as compared to amphetamine pill takers (51 percent), Ice smokers (38 percent readmissions), or inhalers (37 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 those who died in 2001, 82 percent were male and average age was 36.2. Some 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 four with a mention of

Exhibit 26. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: 1/1/03-6/30/03

	Smoke	Inject	Inhale	Oral	All
# Admissions	555	1,121	240	115	2,034
% of Stimulant Admits	27%	55%	12%	6%	100%
Lag-1st Use to Tmt-Yrs.	9	13	10	11	12
Average Age-Yrs.	29	31	30	31	30
% Male	48%	51%	45%	42%	49%
% African American	1%	0%	0%	6%	1%
% Anglo	91%	94%	89%	80%	92%
% Hispanic	7%	4%	10%	11%	6%
% CJ Involved	54%	57%	54%	46%	55%
% Employed	22%	16%	22%	24%	20%
% Homeless	6%	10%	6%	10%	9%

Exhibit 27. Arrestees Testing Positive for Amphetamines: 1991-Partial 2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Males	1%	1%	4%	2%	2%	1%	4%	3%	3%	2%	2%	3%	5%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	NR	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%	NR
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	0%	0%	0%	3%	2%	4%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	4%	4%	3%	NR	NR	NR
Houston Females	0%	0%	1%	0%	1%	1%	2%	0%	0%	2%	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%	NR
San Antonio Females	2%	1%	2%	0%	3%	2%	4%	2%	2%	NR	NR	NR	NR

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, although the percentages are increasing (Exhibit 27).

To make methamphetamine, 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 2003, 22.2 percent were methamphetamines and 0.79 percent were amphetamines.

Notice that while the Dallas ED mentions in Exhibit 24 are more likely to be reported as amphetamines, the DPS laboratory report for the Dallas area reported 35 percent of the exhibits were methamphetamines and 0.84 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 28 shows. In Amarillo, a city in the Texas Panhandle, 55 percent of all the drug items examined by the

Exhibit 28. Percent of Items Analyzed by DPS Laboratories in 2003 That Were Methamphetamine or Amphetamines

Hidalgo (McAllen)	0.56
Webb (Laredo)	0.42
El Paso (El Paso)	5.67
Nueces (Corpus Christi)	10.12
Harris (Houston)	7.99
Travis (Austin)	22.09
McLennan (Waco)	29.78
Smith (Tyler)	31.53
Dallas (Dallas)	35.62
Midland (Odessa)	15.61
Taylor (Abilene)	42.97
Lubbock (Lubbock)	26.78
Potter (Amarillo)	55.00

DPS laboratory were either methamphetamines or amphetamines, while in McAllen and Laredo, less than 1 percent were. Labs in the northern part of the state are also more likely to report analyzing substances that turned out to be ammonia or pseudoephedrine, chemicals used in the manufacture of methamphetamine.

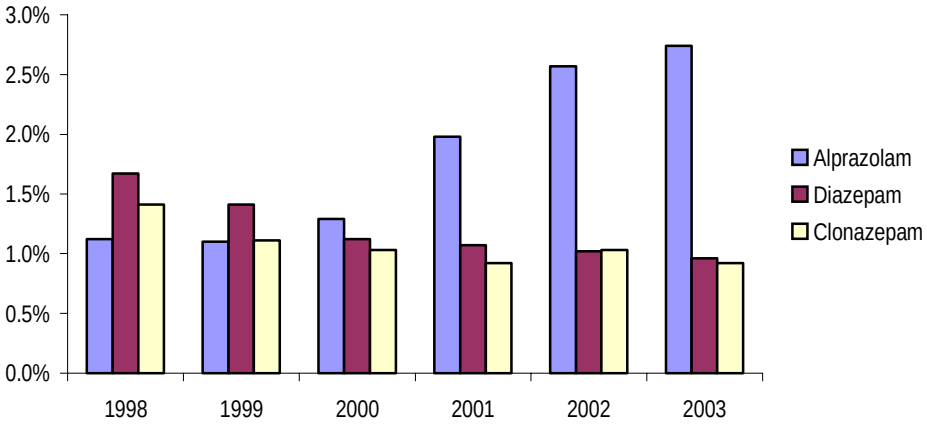
According to DEA, methamphetamine is readily available in all areas of the El Paso Field Division except in Alpine. Methamphetamine is "cooked" in Midland, Odessa, and Monahans, and mobile laboratories are encountered in the east and northeast sections of El Paso. Methamphetamine is also smuggled across the border from Mexico. 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 available at clubs and raves. Both Mexican methamphetamine and locally produced methamphetamine in the San Antonio area are available. Methamphetamine is commonly seen in clubs and raves with dealers reported to have provided free samples in an effort to build a consumer base. In Austin, Houston, and Beaumont, Ice is reported as more prevalent, with more trafficking by dealers from Mexico.

In the Houston division, most of the methamphetamine comes from Mexico, although motorcycle gangs and independent producers continue to produce small batches using pseudoephedrine, anhydrous ammonia, and phosphorus. Most methamphetamine seized in the Corpus Christi area was produced using the "Nazi" method, while in the McAllen area, most labs used the red phosphorus method. In the Austin area, Ice is more available. It is controlled and transported by biker gangs out of California, although intelligence indicates that Mexican traffickers are breaking into the market. Availability is high, with multi-pound quantities of Mexican methamphetamine and smaller amounts produced by local cooks. Availability is also increasing in the Lubbock and Amarillo areas due to more clandestine 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 Dallas Field Division reports an increase in high purity methamphetamine, with numerous seizures and buys, usually at the multi-gram to multi-ounce level. Mexican traffickers are referring to all methamphetamine as "Ice" or "Crystal," whether it is or not, and the "Ice" form is reported as the most abundant form of methamphetamine in selected areas such as Tyler. In other areas in the Dallas division, crystal methamphetamine is readily available and more prevalent than ever, with quantities up to ten pounds available.

The price for a pound of methamphetamine is $8,000 in the Houston area, $4,500-$5,500 in Laredo, $6,000-$8,000 in San Antonio, $5,000-$10,000 in Fort Worth, and $8,000-$9,000 in Lubbock. In Dallas, a pound of domestic methamphetamine sells for $4,000-$8,000, an ounce sells

Exhibit 29. Benzodiazepines Identified by DPS Labs: 1998-2003



for $700-$1,500, 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 $13,000-$17,000 per pound in Houston, $8,000-$12,000 in San Antonio, and "crystal" sells for $12,000-$16.000 in Dallas. In Austin, an ounce of Ice costs $1,500.

In Beaumont, street outreach workers report methamphetamine is becoming more popular with youth, while in Longview, clients report Ice is popular, although crack is still more popular. Viagra is reported as being used with Ice. And in Fort Worth, mobile methamphetamine labs are increasing. These are panel trucks and vans that cook speed and move around the inner city to avoid detection. In addition, "Ice" users are being identified. This does not necessarily indicate an increase in Ice so much as the fact that more users are now naming Ice as their specific drug of choice.

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.

About 1.1 percent of the adults entering treatment in 2003 had a primary problem with barbiturates, sedatives, or tranquilizers.

There were 60 deaths in the Dallas metro area in 2001 that involved benzodiazepines and 36 of these mentioned diazepam, according to the DAWN medical examiner reporting system. In the San Antonio area, there were 88 deaths with a mention of a benzodiazepine.

Alprazolam, clonazepam, and diazepam are among the 10 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. The proportion of cases that are alprazolam

Exhibit 30. Dallas DAWN ER Mentions of Club Drugs: 1994-2002

	1994	1995	1996	1997	1998	1999	2000	2001	2002
GHB	11	37	60	72	160	156	169	128	105
Ketamine	2	1	4	3	0	3	10	11	6
LSD	107	133	84	77	93	105	64	43	5
Ecstasy	21	57	20	17	15	24	71	77	53
PCP	27	65	26	36	62	95	120	96	141
Rohypnol	1	14	...	13	7	5	4	8	3

(Xanax) continues to increase (Exhibit 29).

Both Houston and Dallas DEA Divisions 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. Street outreach workers report that in the Beaumont area, there has been an increase in clients requiring detoxification because they are dependent on Xanax, and use by youth is reported. In Austin, street outreach workers report a 1 mg. Klonopin pill costs $2-$3. Valium 10 mg. or 20 mg. pills can be purchased for $1-$2 and the blue 1 mg. football-shaped Xanax pills cost $2 a pill. The 2 mg. Xanax pills ("white bars," "handle bars," or "four bars") are scored and can be broken into four small pieces. They sell for $4-$5 a pill and they are very popular and readily available.

Club Drugs and Hallucinogens

Exhibit 30 shows the number of mentions of different club drugs in the Dallas DAWN emergency departments. Note that even with the unexplainable decreases in mentions for most drugs in 2001-2002, the number of mentions of PCP increased.

Exhibit 31 shows the demographic characteristics of patients entering Dallas emergency departments in 2002. Based on this exhibit, users of GHB and PCP were the most likely to be male, users of PCP were most likely to be African American, and users of ecstasy were the youngest.

Exhibit 32 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

Exhibit 31. Characteristics of Dallas DAWN ER Mentions of Club Drugs: 2002*

	GHB	Ecstasy	PCP
# Admissions	105	53	141
% Male	70%	58%	70%
% Anglo	92%	53%	11%
% Hispanic	4%	21%	...
% African American	0%	0%	77%
Age 12--17	1%	30%	11%
Age 18-25	67%	53%	57%
Age 26-34	23%	11%	21%
Age 35+	9%	6%	11%

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

Exhibit 32. Characteristics of Youth and Adult Clients Admitted to TCADA-Funded Treatment with a Primary, Secondary, or Tertiary Problem with Club Drugs:1/1/03-6/30/03

	GHB	Hallucinogens	Ecstasy	PCP	Ketamine	Rohypnol
# Admissions	22	219	312	220	9	155
% Male	32%	78%	59%	59%	67%	64%
% Anglo	77%	58%	55%	8%	44%	3%
% Hispanic	5%	29%	24%	11%	44%	91%
% African American	0%	11%	18%	81%	0%	3%
Average Age	29	23	22	23	26	18
% Criminal Justice Involved	23%	70%	64%	56%	100%	75%
% History Needle Use	36%	25%	21%	5%	33%	19%
Primary Drug=Club Drug	5%	18%	14%	45%	22%	17%
Other Primary Drug						
Marijuana	9%	35%	37%	35%	0%	48%
Alcohol	14%	8%	8%	6%	33%	3%
Methamphet/Amphetamines	64%	17%	18%	0%	11%	0%
Powder Cocaine	0%	7%	15%	5%	22%	20%
Crack Cocaine	0%	6%	3%	7%	0%	5%
Heroin	9%	3%	1%	1%	0%	7%

"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 32, hallucinogen admissions 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 PCP are the most likely to have a primary problem with PCP, users of Rohypnol, ecstasy, and hallucinogens are more likely to have a primary problem with marijuana, rather than with a club drug.

Exhibit 33 shows the percent of exhibits identified by DPS laboratories that contained various club drugs. Notice the decrease in the percentage 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

Exhibit 33. Club Drugs Identified by DPS Labs: 1998-2003

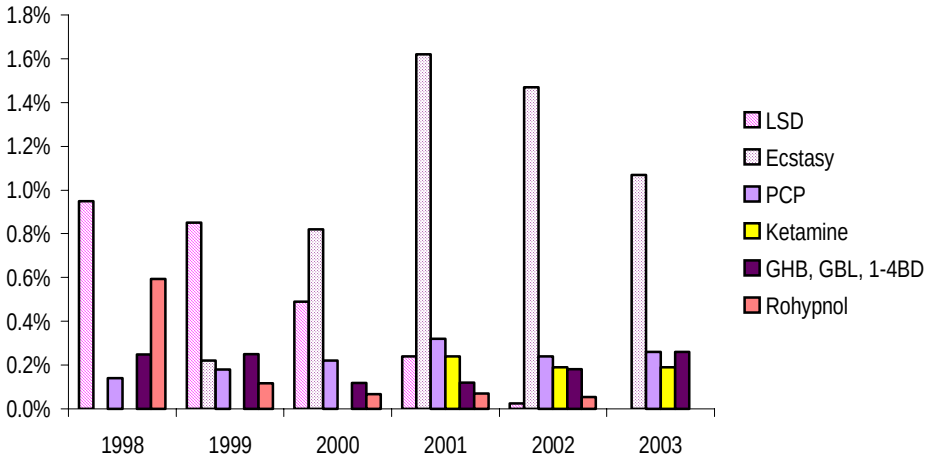
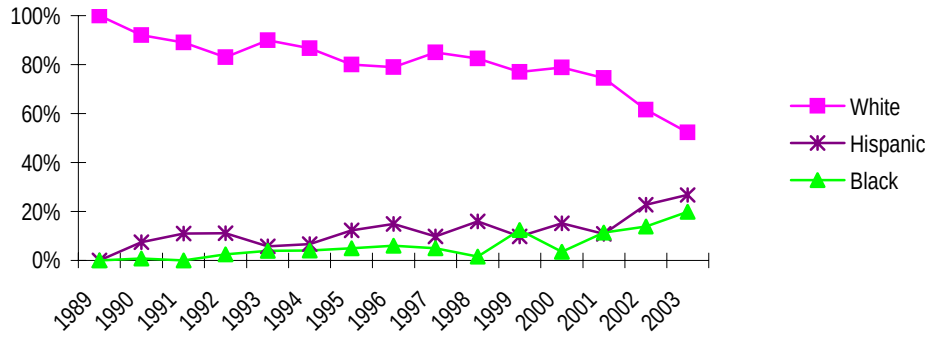


Chart 34. Characteristics of Clients Admitted to TCADA-Funded Treatment with a Problem with Ecstasy: 1/1/89-6/30/03



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, 172 in 2002, and 154 in the first half of 2003. Average age of abusers in 2003 was 21.1 years.

Exhibit 30 shows the number of mentions of ecstasy in the Dallas ED. Ecstasy users were younger than other club drug users (Exhibit 31).

Adult and adolescent admissions for a primary, secondary, or tertiary problem with ecstasy have increased: 63 in 1998, 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, and 312 in the first half of 2003. Exhibit 32 shows that in comparison to users of other club drugs, those who used ecstasy were more likely to be young, racially diverse, and 57 percent reported marijuana as their primary problem drug, as compared to 14 percent who reported ecstasy as their primary problem drug. Exhibit 34 shows that ecstasy has spread outside the club scene and into the Hispanic and African American communities.

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

Exhibit 33 shows the increases in substances identified by DPS labs. The labs identified MDMA in 107 exhibits in 1999, 387 in 2000, 814 in 2001, 503 in 2002, and 253 in the first nine months of 2003. MDA was identified in 31 exhibits in 1999, 27 in 2000, 48 in 2001, 90 in 2002, and 54 in the first nine months of 2003.

According to the Houston DEA Field Division, ecstasy is available and is increasing in the Galveston and Beaumont areas. The primary source of ecstasy in south Texas is from Mexico. The Dallas Field Division reports it is widely available in multi-thousand quantities in a wide variety of die stamp emblems and with a wholesale price of $4-$6 per pill. This has resulted in a decrease in prices in the Dallas-Fort Worth area. Large quantities are reported available even in Tyler. Single dosage units of ecstasy sell for $6-$20 in Dallas, $12-$25 in Tyler, $16-$20 in El Paso, $20 in

Galveston, $9-$25 in Houston, $9-$30 in McAllen, $20-$25 in Austin, $20 in Laredo, and $11-$20 in San Antonio.

In Austin, ecstasy is reported being using by even younger persons who are Anglo, Hispanic, or African American, and it has moved out of the club scene.

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 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, 100 in 2002, and 45 in the first half of 2003. Average age of the abusers in 2003 was 23.3 years.

Exhibit 30 shows that the mentions of GHB in the emergency departments in the Dallas area peaked in 2000. As shown in Exhibit 31, patients mentioning GHB were more likely to be Anglo and older than patients mentioning ecstasy.

Adult and adolescent clients with a primary, secondary, or tertiary problems 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, 35 in 2002, and 22 in first half of 2003. 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: 36 percent had a history of injecting drug use. Sixty-four percent had a problem with amphetamines or methamphetamines. Because of the sleep-inducing properties of GHB, users will also use methamphetamine so they can stay awake while they are "high." GHB may also have been used to potentiate the effects of heroin, since 9 percent had a primary problem with heroin (Exhibit 32).

In 1999, there were three deaths which involved GHB, and in 2000 there were five deaths and three deaths 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 33). 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. In the first nine months of 2003, 76 were GHB, one was GBL, and none were 1,4 BD. In 2003, 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 is reportedly manufactured in laboratories set up in houses, with GBL ordered from the Internet along with other precursor chemicals such as sodium potassium. 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 McAllen, and $25 in Austin and Tyler. A 16 ounce bottle costs $100 in San Antonio and two two-ounce bottles cost $109.99 in Fort Worth. GHB is reported more available 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,

10 in 2002, and 12 in the first half of 2003.

The number of ketamine mentions in the Dallas DAWN ED data has ranged between one and 11 over the years (Exhibit 30).

Nine clients were admitted to TCADA treatment programs in the first half of 2003 with a secondary or tertiary problem with ketamine. The clients were older and evenly split between Anglo and Hispanic. A third had a history of injecting drug use and all had problems with the legal or criminal justice system (Exhibit 32).

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. There were 29 in 2000, 119 in 2001, 78 in 2002, and 56 in the first nine months of 2003 (Exhibit 33).

Ketamine is reported to be obtained in Mexico and taken to Dallas, where it is "powdered out" or cooked until it turns into a crystal form. The pills are then stamped with various emblems and sold at dance parties, with a profit of $6,000-$7,000 per rave. In Houston, the liquid ketamine is dried to a white powder and then bagged for sale. Ketamine costs $2,200-$2,500 per liter in Fort Worth and between $50 and $60-$65 per 10 ml. vial in San Antonio and Tyler, where a pill sells for $20.

Street outreach workers in Austin report ketamine is being sprinkled over blunt cigars filled with marijuana.

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, nine in 2002, and nine in the first half of 2003. 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, 151 in 2002, and 41 in the first half of 2003.

There has been a substantial drop in the number of mentions of LSD in the Dallas DAWN ED reports (Exhibit 30).

In the first half of 2003, 219 adults and youths with a primary, secondary, or tertiary problem with hallucinogens entered treatment, as compared to 436 in 2002, 486 in 2001 and 636 in 2000.

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, 10 in 2002, and three in the first nine months of 2003 (Exhibit 33).

A dosage unit of LSD is selling for $1-$10 in Dallas, $5-$10 in Tyler, $6-$10 in Fort Worth, $7 in Lubbock, $8-$12 in San Antonio, $5-$7 in Austin, and $5-$10 in McAllen.

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 it in the past year.

Texas Poison Control Centers reported cases of "Fry," "Amp," "Wack," or "PCP." Often marijuana joints were dipped in formaldehyde that contained PCP or PCP was sprinkled on the joint. Cases that referenced PCP or the slang terms that meant use of PCP with marijuana have increased: 103 in 1998, 169 in 1999, 175 in 2000, 198 in 2001, 237 in 2002, and 70 in first half of 2003. There were 23 cases involving misuse or abuse of formaldehyde or formalin in 1998, 20 in 1999, 26 in 2000, 11 in 2001, 26 in 2002, and six in the first half of 2003.

Exhibit 30 shows the number of mentions of PCP in Dallas emergency rooms is increasing. Exhibit 31 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. There were 164 admitted in 1998, 243 in 1999, 250 in 2000, 245 in 2001, 321 in 2002, and 220 in the first half of 2003. Of these clients in 2003, 81 percent were African American, 59 percent were male, 56 percent were involved in the criminal justice system, 22 percent were employed, and 22 percent were homeless. While 45 percent reported a primary problem with PCP, another 35 percent reported a primary problem with marijuana, which demonstrates the link between these two drugs and the use of "Fry" (Exhibit 32).

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 arrestees (Exhibit 35).

DPS labs identified 10 substances as PCP in 1998, 84 in 1999, 104 in 2000, 163 in 2001, 95 in 2002, and 76 in the first nine months of 2003 (Exhibit 33).

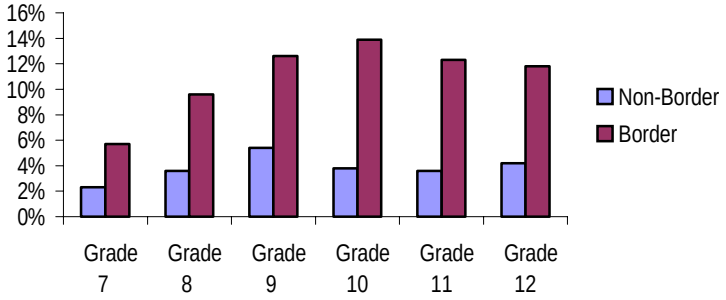
DEA reports that PCP sells for $25 per cigarette and $10 per piece of "sherm stick" in Dallas. It costs $50-$80 per ounce and $3,800 per pint in the Dallas-Fort Worth area. Its availability in the Houston area is reported stable, while it is reported increasing in the Dallas-Fort Worth area.

According to the street outreach workers in the Beaumont area, use of "Fry" or "Wet" is significantly increasing. Users dip a cigarette or joint in a jar of formaldehyde and then dry it out and smoke it. In Austin, a

Exhibit 35. Arrestees Testing Positive for PCP: 1991-2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2000	2001	2002	2003
Dallas Males	0%	3%	3%	5%	8%	4%	3%	4%	5%	4%	2%	5%	3%	5%
Houston Males	0%	0%	1%	3%	4%	3%	3%	6%	7%	5%	NR	NR	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%	0%	NR
San Antonio Males	0%	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	NR
Houston Females	0%	0%	0%	1%	2%	1%	1%	2%	1%	2%	NR	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%	3%	NR
San Antonio Female	0%	0%	0%	0%	0%	0%	0%	0%	0%	NR	NR	0%	0%	0%

Exhibit 36. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Rohypnol, by Grade: 2002



dipped joint ("dipped J") sells for $20, and, depending on size, the formaldehyde is sold in baby food jars for $40, $60, or $80.

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 36, 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 use).

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, 73 in 2002, and 25 in first half of 2003. Average age was 16.7 years.

The number of mentions of Rohypnol in the Dallas DAWN ED reports has dropped since 1995 (Exhibit 30).

The number of youths and adults admitted into treatment with a primary, secondary or tertiary problem with Rohypnol has varied:. 247 in 1998, 364 in 1999, 324 in 20000, 397 in 2001, 368 in 2002, and 155 in the first half of 2003. Clients abusing Rohypnol were the youngest of the club drug patients and they were predominately Hispanic, which would reflect the availability and use of this drug along the border (Exhibit 32). Some 75 percent were involved with the criminal justice or legal system. While 17 percent of these clients said that Rohypnol was their primary problem drug, 48 percent reported a primary problem with marijuana.

DPS lab exhibits for Rohypnol numbered 43 in 1988, 56 in 1999, 32 in 2000, 35 in 2001, 22 in 2002, and 13 in the first nine months of 2003. This decline in the percent of seizures, as shown in Exhibit 33, 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 still produced, and the blue dye added to the Rohypnol tablet to warn potential victims 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.

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 have increased 93 in 1998, 188 in 1999, 263 in 2000, 366 in 2001, 429 in 2002, and 150 in first half of 2003. The number of dextromethorphan cases involving abuse or misuse of Coricidin HBP has increased: two in 1998, four in 1999, 145 in 2000, 236 in 2001, 266 in 2002, and 94 in the first half of 2003.

DPS labs examined two substances in 1998 which were dextromethorphan, 13 in 1999, 36 in 2000, 18 in 2001, 42 in 2002, and two through September, 2003.

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 of students in grades 7-12 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 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 respond to school-based surveys.

Texas Poison Control Centers reported six cases of misuse or abuse of Freon or other refrigerant gases by inhaling in first half of 2003. Products used with automobiles are also misused, with four cases of intentional inhaling of gasoline and 27 cases of intentional inhaling of carburetor cleaner, starter or transmission fluid, etc. There were 17 cases of intentional inhaling of paint, lacquer, or toluene, eight cases of intentional inhaling of aerosols such as compressed

Exhibit 37. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2002

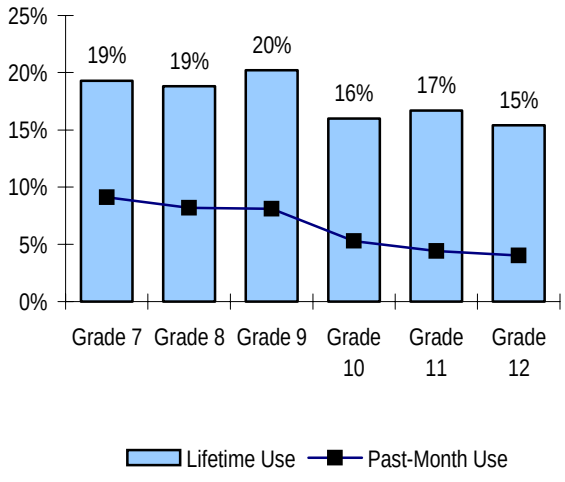


Exhibit 38. Dallas DAWN Mentions of Various Inhalants: 1994-2002

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Volatile Agent	65	25	44	53	31	38	27	37	16
Paint	7		2	1	3	13	6	6	3
Toluene Glue	28	4	16	19	10	5	13	9	0
Other Volatile Agents	30	21	26	33	18	20	8	22	13
Nitrites	0	0	0	0	0	0	0	0	0
Chloro-fluoro-hydrocarbons	1	8	0		3		1		0
General Anesthetics	0	1		0	1	0		0	0

air or air freshener, and six cases of intentional misuse or abuse of poppers.

Exhibit 38 shows the types of inhalants which were reported in the Dallas emergency departments.

Inhalant abusers comprised 1.1 percent of the admissions to adolescent treatment programs in the first half of 2003. The youths entering treatment tended to be male (89 percent) and Hispanic (72 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 (45 clients) of adult admissions were for a primary problem with inhalants. Average age was 29, 60 percent were male, and 51 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. Average age was 38.4; 93 percent were male; 73 percent were Anglo and 13 percent were Hispanic or African American, respectively.

AIDS, HCV, and Drug Use

In 2003, the percent of cases involving heterosexual exposures was greater than the percent of cases due to injecting drug use (Exhibit 39). The proportion of cases resulting from heterosexual contact has risen from 1 percent in 1987 to 23 percent in 2003. The proportions that

Exhibit 39. AIDS Cases in Texas by Route of Transmission: 1987-3rd Q 2003 (Cases with Risk Not Reported Excluded)

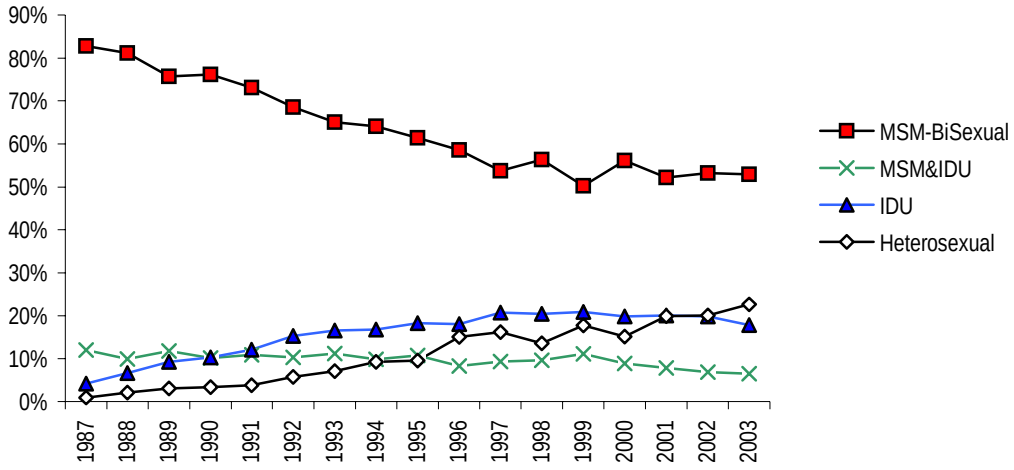
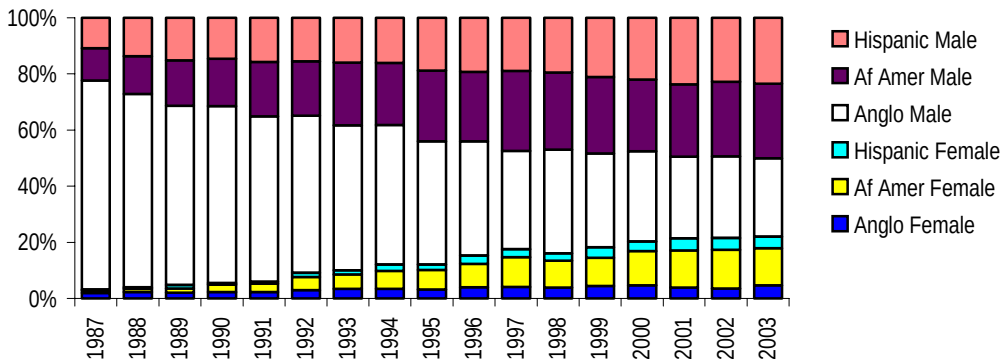


Exhibit 40. Male and Female AIDS Cases by Race/Ethnicity: 1987-3rdQ 2003



were due to male-to-male sex and injecting drug users who also engaged in male-to-male sex were stable between 2002 and 2003

In 1987, 3 percent of the AIDS cases were females over age 12; in 2003, 22 percent were female. In 1987, 12 percent of the adult and adolescent cases were African American; in 2003, 40 percent were African American. As Exhibit 40 shows, the proportion of Anglo males has dropped while the proportion of African Americans and Hispanics has increased.

The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 22 percent for 2003. 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 41).

Exhibit 42 shows that 18 percent of the 8,798 tests for HCV exposure given between January 1, 2003 and October 15, 2003, were positive. Some 41 percent of the positive tests were exposed through injecting drug use. The rates were higher for males, for American Indians and African Americans, and for persons ages 40 and older. The highest HCV positivity rates by site were sexually transmitted disease clinics (23 percent), drug treatment centers (22 percent), field outreach centers (22 percent), and corrections and probation settings (19 percent).

HIV outreach workers in Dallas report increases in trading sex for drugs, higher numbers of homeless persons, more youth and young adults having

Exhibit 41. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment Who Used Needles: 1/1/03-6/30/03

	Heroin	Cocaine	Stimulants
# Admissions	2,326	638	1,121
% of Needle Admits\Drug	93%	9%	55%
Lag-1st Use to Tmt-Yrs.	16	13	13
Average Age	36	34	31
% Male	71%	57%	51%
% African American	5%	4%	0%
% Anglo	40%	68%	94%
% Hispanic	54%	27%	4%
% CJ Involved	34%	39%	57%
% Employed	9%	15%	16%
% Homeless	15%	13%	10%

unprotected sex, and increases in Hispanics testing positive for HIV. In Houston, more women are being released from incarceration without any arrangements made for their care. Programs report that this includes women with dual diagnoses and other special needs. An increasing number of monolingual Spanish-speaking women need detoxification and residential treatment. Additional, the number of syphilis cases is rising among men who have sex with men.

Exhibit 42. HCV Counseling and Testing Report: 1/1/03-10/15/03

Overall	17.9%
By Mode of Exposure	
Injection Drug Exposure	41.0%
Medical exposure	13.2%
Tattoo or piercing	5.6%
Occupational	2.1%
Other blood/needle	3.3%
Sexual risk	8.8%
Shared snorting equipment	2.0%
No disclosed risk	5.5%
Male	19.3%
Female	15.8%
Hispanic	12.1%
Non-Hispanic	21.1%
Anglo	17.2%
African American	20.8%
Age Group	
13-19	25.0%
20-24	6.2%
25-29	11.9%
30-39	23.7%
40+	35.8%