TCADA Research Brief

Substance Abuse Trends In Texas—December 1995

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Substance Abuse Trends in Texas - December 1995

Cocaine continues to be the number one illicit drug problem in Texas. Some indicators point to more crack use among young Hispanic females. Mexican Black Tar and brown heroin are reported to be more prevalent. Marijuana use continues to increase as well, and the proportion of African Americans entering treatment for marijuana abuse is up. Methamphetamine indicators have also increased during the past six months. Rohypnol use continues to spread among the college and "yuppie" crowd, street youths, and polydrug abusers, and hallucinogen use is steady or increasing. The proportion of AIDS cases who are African Americans has jumped from 28 to 31 percent in a year and the practice of prostitutes engaging in risky sex for crack is continuing.

BACKGROUND

Area Description

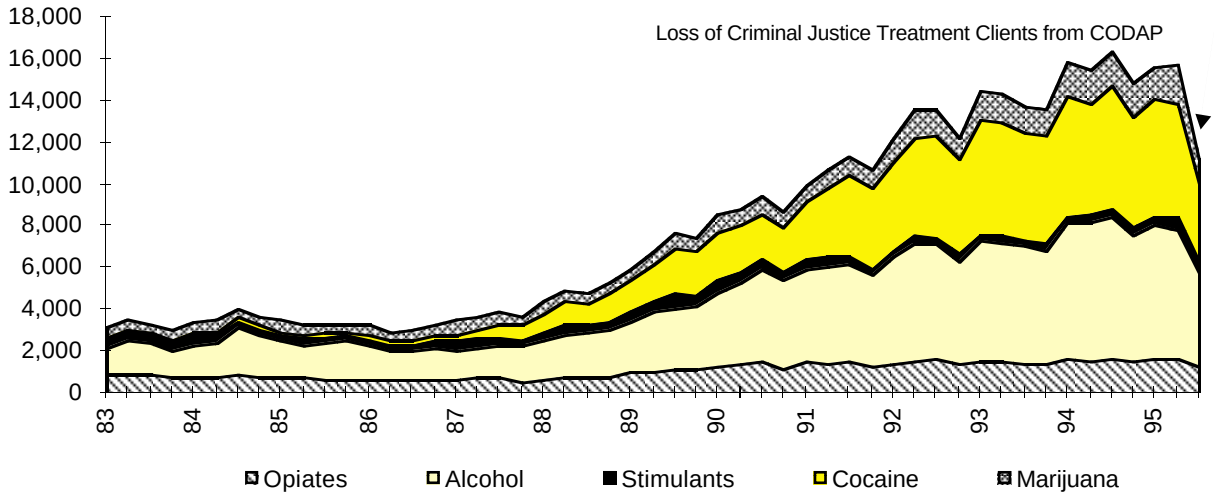
The population of Texas is distributed among 28 metropolitan statistical areas and 254 counties. The racial/ethnic composition of Texas is 61 percent Anglo, 26 percent Hispanic, and 12 percent African American. Traditionally, the border with Mexico and the Gulf of Mexico coastline have been the major routes for transportation of illicit substances into Texas, but drug traffic also moves across the state via three east-west interstate highways. The international airports in Houston and Dallas-Fort Worth are significant ports for the distribution of drugs in and out of the state as well. It appears trafficking has increased with the passage of the North American Free Trade Agreement. The devaluation of the peso has resulted in more drugs being sold very cheaply by Mexican pharmacies to U.S. citizens, and the U.S. Border Patrol blockade of the Mexico border has changed some distribution patterns, too.

Data Sources

Data were obtained from the following sources:

- **Ethnographic information and data on price, purity, trafficking, distribution, and supply**—Members of the Texas Epidemiology Work Group (TEWG), including representatives of the Dallas, San Antonio, and Houston Drug Enforcement Administration field divisions, provided information.
- **Treatment data**—The Texas Commission on Alcohol and Drug Abuse's Client Oriented Data Acquisition Process (CODAP) provided data on clients at admission to treatment in public facilities from the first quarter of 1983 through September, 1995 (appendices 1 and 2). Starting September 1, 1995, clients served in the State's Criminal Justice Treatment Initiative are no longer reported on CODAP, which will mean a decrease of about 30,000 client admissions annually.

Figure 1. Number of Admissions to Publicly Funded Treatment Programs by Primary Drug of Abuse: 1Q83-3Q95



- **Drug overdose data**—The Drug Abuse Warning Network (DAWN) provided information on emergency room episodes in the Dallas metropolitan area involving drug abuse for 1989 through 1994.
- **Drug use by arrestees**—The Drug Use Forecasting System (DUF) of the National Institute of Justice provided information for CY1991 through the second quarter of CY1995 for arrestees in Dallas, Houston, and San Antonio who were interviewed and tested for the presence of various drugs (Appendix 3).
- **Deaths**—The Travis County Medical Examiner's Office provided data for 1993 through November, 1995.
- **Drug analysis data**—The Texas Department of Public Safety (DPS) Crime Laboratories provided data on the content of evidence analyzed from CY1991 through October 24, 1995.
- **Special studies—**Sources for this report include preliminary information based on an ethnographic study of Rohypnol use in Texas by Sarah Calhoun, M.P.H., Gantt Galloway, D.Pharm., and Don Wesson, M.D., Haight-Ashbury Free Clinic; updated information based on *An Ethnographic Study of Heroin Abuse by Mexican Americans in San Antonio, Texas*, by Reyes Ramos, Ph.D.; background information for a study of crack prostitutes by Michael Ross, Ph.D.; and a study of drugs coming across the border by Marvin Shepherd, D.Pharm. Data on drug declarations on the border were also provided by Avelardo Valdez, Ph.D.
- **Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) data**—The Texas Department of Health's *Texas AIDS Cases: Surveillance Report* provided cumulative and year-to-date data for the period ending September 30, 1995.

COCAINE

Deaths and Emergency Room Mentions

There have been 15 cocaine overdose deaths reported in Austin through November 10, 1995, as compared to 17 in all of 1994. Of interest are the differences between those who died from an overdose compared to those who entered treatment for cocaine in Austin. Two-thirds of the decedents were

male, which is similar to the proportion of males entering treatment for cocaine in Austin. The average age of the decedents was slightly higher than that of the treatment admissions (34 compared to 31), but the most striking difference is in the racial/ethnic distribution. Although just under a third of the treatment admissions for cocaine were Anglo, almost all of the decedents were Anglo (81 percent). Fifty-seven percent of the cocaine admissions to treatment were African American, but only 10 percent of the decedents were.

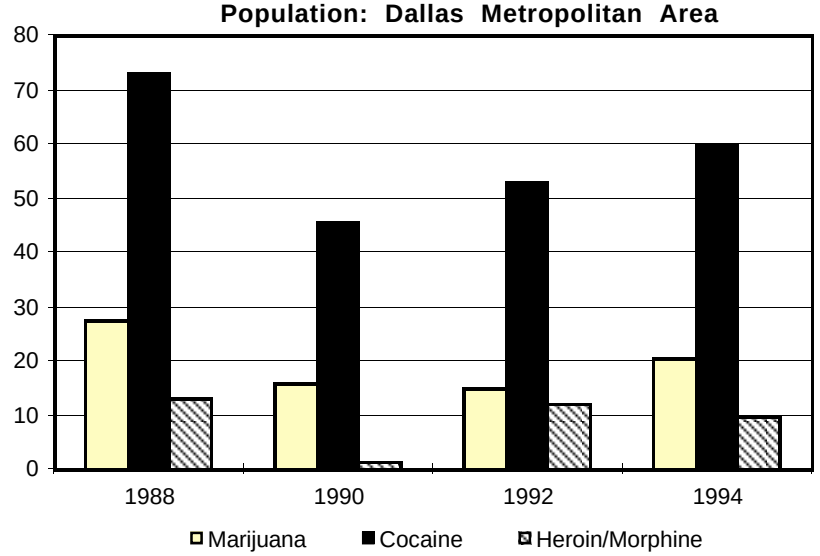
DAWN emergency room mentions of cocaine per 100,000 population in the Dallas metropolitan area peaked in 1988, the first year for comparable time series data, at 73.2 and dropped to a low of 45.4 in 1990 (see Figure 2). The numbers have been rising steadily since then, reaching 60.2 mentions per 100,000 for 1994. Between 1989 and 1994, the percentage of males has randomly fluctuated between 59 to 64 percent, the percentage of Anglos has ranged between 38 and 48 percent, the percentage of African Americans between 42 and 52 percent, and the percentage of Hispanics between 7 and 11 percent. These racial/ethnic distributions have been random over the years, but the significant finding is that the proportion of African Americans seeking emergency room services in Dallas for cocaine overdoses is lower than the percent seeking admission to treatment in Dallas (62 percent in 1992, 66 percent in 1993, and 65 percent in 1994). In addition, the age of the cocaine user reported on DAWN has increased over time: in 1989, 19 percent were aged 35 or older, but by 1994, 35 percent were in this older age category.

The different characteristics found among those users who sought emergency room treatment or died from overdoses and those clients entering publicly funded treatment programs help provide a more complete picture of who uses cocaine. The publicly funded treatment programs which provide the admissions data used in this report usually target certain neighborhoods or clientele with certain demographic characteristics. The death and emergency room data encompass broader geographical areas and include individuals who are not in the population that might be served by the publicly funded treatment programs.

Cocaine Admissions to Publicly Funded Treatment Programs

Cocaine continues to be the number-one illicit substance abuse problem for adult clients admitted to publicly funded treatment programs throughout Texas, although it has dropped from 38 percent in

Figure 2. Emergency Room Mentions Per 100,000 Population: Dallas Metropolitan Area



1993 to 34 percent through September 30, 1995 (see Figure 1 and Appendix 1). The average age at admission is 32 years. The proportion of African Americans went from 59 percent in 1992 to 62 percent in 1993, but dropped to 57 percent in 1995. At the same time, the percent of Anglos admitted for treatment remained stable at 29 percent. Hispanic admissions increased from 11 percent in 1993 to 13 percent in 1995. The proportion of female clients has been stable at 34-35 percent since 1991.

The proportion of adult cocaine admissions who are crack users is high, but appears to be leveling off. It rose from 67 percent in 1991 to 77 percent in 1993, and then dropped to 76 percent for 1995. Of all types of cocaine admissions, the crack smokers are the least likely to be male (63 percent). Twenty-three percent are Anglo, 6 percent are Hispanic, and 71 percent are African American. They are least likely to be employed (20 percent) and the least likely to be criminal justice referrals (54 percent) when compared with other cocaine admissions. Some 44 percent report physical problems and 47 percent report social problems. Their average annual income is very low, averaging $4,211, and 10 percent are homeless.

Twelve percent of cocaine admissions are inhalers. They tend to be male (77 percent) and Hispanic. The proportion of Hispanics who are inhalers has increased from 38 percent in 1992 to 47 percent in 1995, whereas the percentage of Anglo inhalers has decreased from 36 to 34 percent and the percentage of African Americans has dropped from 25 percent to 19 percent. Inhalers are more likely to be employed (37 percent) and to be criminal justice referrals (64 percent) when compared to other cocaine admissions. Inhalers also are the least likely to be impaired, with 37 percent reporting physical problems and 39 percent reporting social problems. The average annual income for this group is $7,496, and 3 percent are homeless.

Injectors, who also comprise 12 percent of cocaine users, are less likely than inhalers to be male (68 percent), less likely to be a minority (61 percent Anglo, 24 percent Hispanic, and 14 percent African American), less likely to be employed (19 percent), and less likely to be a criminal justice referral (57 percent). Forty-one percent of the injectors report physical problems and 43 percent report social problems. Their average annual income is $5,468 and 6 percent are homeless. Injection of crack, after it is diluted with vinegar or lemon juice, has been reported since crack is cheaper than powder cocaine and can be bought in smaller units.

Cocaine was the primary drug of abuse for 5 percent of youths entering treatment during the first three quarters of 1995 (Appendix 2). Seventy-one percent of these youths were male; 56 percent were Hispanic, 33 percent were Anglo, and 11 percent were African American; 10 percent were needle users.

Historically, crack smokers have not been Hispanic: only 6 percent of the adult crack smokers admitted to treatment statewide in 1995 are Hispanic. However, CODAP data is beginning to show increases in the proportion of Hispanic crack smokers in several locations. On the lower Rio Grande border, 69 percent of all female admissions are Hispanic, but 74 percent of the female crack admissions are Hispanic. In comparison, in the same location, 86 percent of all male admissions are Hispanic as are 64 percent of the male crack admissions. In El Paso, 55 percent of all female admissions are Hispanic compared to 37 percent of the female crack admissions, and 75 percent of all male admissions are Hispanic, as compared to 49 percent of the male crack admissions. In both locations, females admitted for crack abuse were younger than other female admissions. On the lower border, the average age of the female crack admission was 29.4 years as compared to 33.3 for all female admissions;

CODAP data is beginning to show increases in the proportion of Hispanic crack smokers in several locations.

in El Paso, the average age of the female crack admission was 27.3 years as compared to 31.1 for all female admissions.

Other Indicators

Between 1993 and second quarter 1995, the percent of adult male arrestees in Dallas, Houston, and San Antonio and adult female arrestees in Houston testing positive for cocaine has declined, while the percent of San Antonio females testing positive has increased. The proportion of adult females testing positive in Dallas has remained stable as has the proportion of juvenile males testing positive in San Antonio. However, the percent of juvenile females in San Antonio testing positive has declined (appendix 3).

The price of cocaine powder and crack has continued to decrease while purity remains high. The price of a kilogram of powder ranges from $10,500 and $22,000 in the state, with a purity of 85 to 90 percent. Ounce quantities of powder cost from $650 - $1,000 with a purity of 35 to 85 percent. The price per gram ranges between $20 and $90, with 35 percent purity. An ounce of crack costs between $600 and $1,100 at 85 percent purity. A gram sells for $60 to $125 at 30 to 77 percent purity. Rocks range from $5 to $50, with purity at 85 percent.

Cocaine Trafficking Patterns in Texas

Major cocaine trafficking organizations in the Dallas area have multiple sources of supply in the U.S. (Los Angeles, Houston, Shreveport, and Miami) as well as direct pipelines from Mexico and South America. The cocaine in the Dallas area is most likely from Bolivia or Peru, although it is processed in Colombia and then transshipped north through Central America for distribution in this country. Laredo, El Paso, and Houston are major entry points for cocaine. In October, 1995, 1,600 pounds of cocaine with a street value estimated at $11 million was seized in El Paso.

In the Dallas area, large-scale traffickers are Anglo or Hispanic, while lower-level distributors are primarily African American. Los Angeles-based gangs continue to be heavily involved in crack distribution. Nigerians also involved in the heroin trade are reportedly attempting to establish a foothold in the cocaine market, and Jamaican posses sell crack

Young Hispanics are reported using crack in Laredo and San Antonio.

In San Antonio, crack production is controlled by African-American groups who obtain the powder cocaine in Houston and then convert it to crack for sale. In Austin, crack is still very available, with organized gangs controlling most of the distribution.

Regional Trends

In addition to the trends found in the treatment data, young Hispanics are reported using crack in Laredo and San Antonio. They tend to be women who either are in a gang or friends of gang members. The smoking takes place when they party, which is often. Crack smoking may be an evolution from their practice of smoking “primos,” which are marijuana joints laced with cocaine. They see drugs as being heroin and cocaine, but define smoking primos differently: “We don’t do drugs. We just kick back and chill with *mota* (marijuana) and primos.”

In Austin, there are reports of crack addicts stealing their grandmothers’ high blood pressure medicine and taking it to avoid the cardiovascular problems caused by crack. In Houston, the crack scene is reported about the same as six months ago. In Dallas, Hispanic men are drinking alcohol and inhaling cocaine, whereas the gay community is shooting cocaine.

HEROIN

Deaths and Emergency Room Mentions

In Austin there have been 29 narcotic overdose

deaths reported through November 19, 1995, as compared to 24 in all of 1994 and 11 in all of 1993. In comparison with treatment data for Austin, the decedents were more likely to be Anglo, male, and slightly younger. Of the decedents, 77 percent were Anglo, 19 percent were Hispanic, and 3 percent were African American; of the treatment admissions, 35 percent were Anglo, 50 percent were Hispanic, and 14 percent were African American. Average age of the decedents was 34 years v. 37 years for treatment admissions; 81 percent of the decedents were male v. 70 percent treatment admissions.

Heroin/morphine emergency room mentions in the Dallas metropolitan area have decreased from 13.2 per 100,000 population in 1988 to 9.8 per 100,000 in 1994 (see Figure 2). The proportion of males has randomly fluctuated between 59 and 75 percent. The proportion of Anglos has varied between 53 and 63 percent, while African Americans have comprised between 24 to 42 percent of emergency room mentions, and Hispanics have comprised 0 to 14 percent. The only discernible trend over time is that the patients are getting older, as the proportion aged 35 and over has grown from 37 percent in 1989 to 54 percent in 1994.

Heroin Admissions to Publicly Funded Treatment Programs

Heroin is the number-three illicit drug problem for adult clients admitted to publicly funded substance abuse treatment programs, but as a percentage of admissions, it comprised only 10 percent for three quarters in 1995 (Appendices 1 and 2). The preferred route of administration of those admitted is injection (93 percent), as compared to inhaling (3 percent), taking orally (3 percent—primarily opium eaters and users of heroin nose drops), and smoking (0.8 percent). The average age at admission for the heroin client is 37; 70 percent of those admitted are male. About 50 percent are Hispanic, 35 percent are Anglo, and 14 percent are African American; 19 percent are employed and 45 percent are referred from the criminal justice system. Some 55 percent report physical problems; 51 percent report social problems. Their average annual income is $3,313.

There were only 16 youths admitted to treatment for a primary problem of heroin between January and September 1995. Like the adults admitted to treatment they are primarily male (75 percent), needle users (63 percent) and Hispanic (63 percent). Their average age is 15.9 years.

Other Indicators

According to DUF, the proportion of arrestees testing positive for opiates between 1991 and second quarter 1995 has remained fairly level, although there are variations by quarter (Appendix 3). The percent positive is consistently higher among male arrestees in San Antonio than in Dallas or Houston; female arrestees in all three cities are more likely to

Table 1. DEA Domestic Monitor Program: Price and Purity Data

	1st Q 1994	2nd Q 1994	3rd Q 1994	4th Q 1994	1st Q 1995	2nd Q 1995
Dallas						
Purity	11.4%	7.0%	11.4%	7.8%	10.0%	1.3% *
Price/Milligram Pure	$1.25	$1.97	$1.04	$2.40	$0.95	$4.37
Houston						
Purity	9.0%	13.4%	14.9%	27.8%	27.5%	12.7%
Price/Milligram Pure	$2.52	$2.35	$1.27	$0.91	$0.78	$2.36

* Represents only 1 purchase so 2ndQ 1995 Dallas should not be considered representative of price or purity.

test positive than are their male counterparts.

The predominant forms of heroin in Texas are Mexican brown and Black Tar. Mexican heroin is selling for $180 to $300 per gram with purity ranging from 12 to 55 percent; $2,300-$6,000 per ounce for heroin that is 35 to 70 percent pure; and $80,000 to $175,000 per kilogram for heroin 35 to 70 percent pure. Southeast Asian heroin ranges from $3,000 to $5,500 per ounce and $150,000 to $175,000 per kilogram; Southwest Asian heroin is going for $85,000 per kilogram. Heroin grown in Afghanistan and produced in India is 71 to 85 percent pure while Pakistani heroin is reported to be up to 80 percent pure. Colombian is reportedly selling for $5,500 to $6,000 per ounce at a purity of 40 to 80 percent and $80,000 to $100,000 per kilogram for heroin from 35 to 70 percent pure. The Domestic Monitor Program reported the price and purity information as shown in the Table 1.

Heroin Trafficking Patterns in Texas

In the Dallas area, Mexican Black Tar is reported to be more prevalent than usual, but Southeast Asian is becoming more available due to the trafficking activities of Nigerians. Southwest Asian smuggled through Pakistan has also been confirmed in the Dallas region. Colombian heroin is also being reported, although most of the Colombian and Southeast Asian is destined for New York or Chicago. Mexican heroin traffickers tend to be Hispanic or African American, whereas West Africans are the principal dealers of Asian heroin. The Mexico-Texas border is becoming a more prominent route of entry for heroin other than Mexican heroin. As evidence, 28 pounds of Southeast Asian heroin was seized at the El Paso border in May 1995.

In Austin, brown heroin is unusually prevalent. In San Antonio, young Hispanics are doing what they call “shabanging,” which is picking up the cooked heroin with a syringe and squirting it up their nose. A variation of this practice in Laredo is called “*usando agua de chango*” (using monkey water) and an eye or nose dropper is used instead of a syringe. Shabanging occurs when teenagers and young adults get together to kickback or *porear* (party). Movers or leaders in these groups are teens who are associated with a member of an adult gang such as the Mexican Mafia in San Antonio. In most cases, the adult is a relative, e.g., a brother, sister, parent or cousin. These kids have status because of this relationship and because they have access to drugs and guns. Often these teens become either the *perla* (i.e., the street dealer), or assistant to the *perla* in the drug distribution network in San Antonio. It appears that this is the point where kids enter into the drug distribution network. They are the ones who sell on the school grounds. Some parents tolerate this drug and criminal activity because the kids bring much-needed money and items into the home.

OTHER OPIATES

This group includes opiates such as methadone, codeine, hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium, but excludes heroin.

DAWN emergency room mentions for the Dallas area show that for hydrocodone, the rate per 100,000 has increased from 4.6 in 1989 to 8.9 in 1994.

Admissions to Publicly Funded Treatment Programs for Other Opiates

While abuse of opiates other than heroin is not as common as heroin abuse, the addicts who prefer other types of opiates are quite different from the heroin addicts. About 0.9 percent of all adult clients who entered treatment during the first three quarters of 1995 used opiates other than heroin (Appendices 1 and 2). Some 59 percent were female; 85 percent

Hispanic youths are “shabanging”—squirting cooked heroin up their nose.

were Anglo, 8 percent were African American, and 8 percent were Hispanic; 28 percent used needles. Users of other opiates were among the most impaired of all clients at admission, with 62 percent reporting physical problems and 58 percent reporting social problems. Their average annual income was $6,743.

Other Indicators

Statistics from DUF show that arrestees from San Antonio were the most likely to test positive for methadone, but the results range from 1 to 2 percent for most years (Appendix 3).

According to DEA reports, the primary narcotic controlled substances being diverted are dilaudid, Vicodin, and other products containing codeine or hydrocodone. Vicodin is consistently available and stable in price, while abuse of dilaudid is increasing because the price has dropped to $20-$50 per dosage unit and the drug is considered by users to be easier to obtain.

STEROIDS

Anabolic steroids, often smuggled from Mexico, remain a problem. Physical fitness centers are a primary distribution point. One brand of steroids costs $200 per cycle when purchased in Mexico, but it costs $700 in the Dallas area. The cost of the growth hormone in Mexico is $1,000 or less, but the price in the Dallas area ranges between $3,000 and $4,000. In addition, there are still a few physicians who continue to prescribe anabolic steroids for non-medical purposes.

MARIJUANA

Emergency Room Mentions

The rate of emergency room mentions per 100,000 population in the Dallas metropolitan area peaked at 27.3 in 1988 and then decreased to a low of 11.1 per 100,000 in 1992. It has since begun an upward rise, with a rate of 20.5 per 100,000 in 1994 (see Figure 2).

Marijuana Admissions to Publicly Funded Treatment Programs

Marijuana was the primary problem for 11 percent of adult admissions to treatment programs in the first three quarters of 1995 (see Figure 1 and Appendices 1 and 2). The average age of marijuana clients continues to increase: in 1985, the average age was 24; in 1995, it was 28. The proportion of males is 81 percent. Over time, Anglo adult clients have decreased from 50 percent in 1985 to 41 percent in 1995; Hispanics have decreased from 34 percent to 23 percent; and African Americans have increased from 15 percent to 35 percent in 1995. The average annual income for clients admitted for a primary problem of marijuana is $5,545.

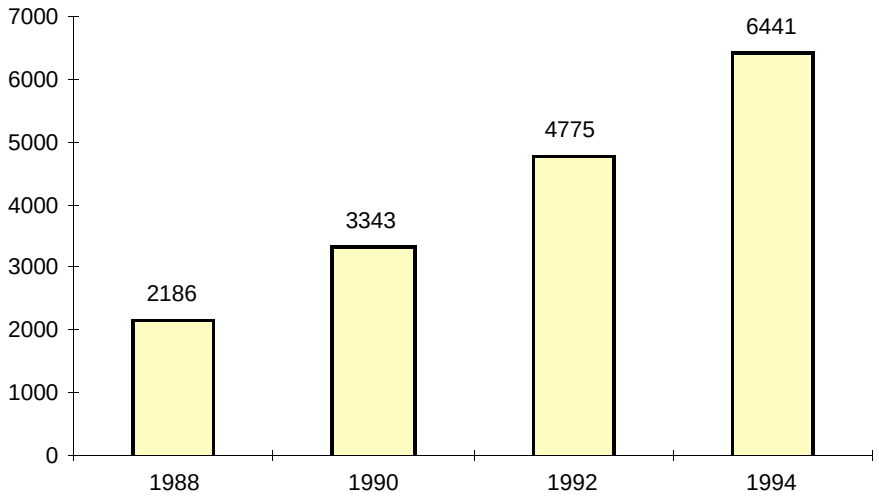
Marijuana was also the primary drug for 62 percent of adolescent admissions in the first three quarters of 1995 (Appendix 2), as compared to 51 percent in 1994. In 1995, 85 percent of the marijuana admissions were male; average age was 15.38 years; 46 percent were Hispanic, 31 percent were Anglo, and 22 percent were African American (in 1987, 7 percent were African American). Some 58 percent of the marijuana admissions were referred by the juvenile justice system.

Other Indicators

In the DUF data, the percentage of adult arrestees testing positive for marijuana increased between 1993 and second quarter 1995 for males in all cities and for females except adult females in San Antonio (Appendix 3). For San Antonio juvenile males, the percent positive went from 24 percent in 1993 to 44 percent in 1995, whereas for juvenile females in San Antonio, it dropped to a low of 4 percent in 1994, but is increasing again.

This trend in increasing marijuana use is reflected among other populations in recent TCADA studies including the 1994 school surveys, the 1993-1994 adult inmate studies, and the 1994 study of youths entering Texas Youth Commission facilities.

Figure 3. Adult Marijuana Admissions to Publicly Funded Treatment Centers in Texas



Marijuana Trafficking Patterns in Texas

High-quality marijuana is grown in northeast Texas and southeast Oklahoma in abundant quantities for export throughout the U.S. Indoor growing operations are elaborate and well concealed. Although close to this region where high-quality marijuana is being grown, most of the marijuana in the Dallas area is imported from Mexico.

Marijuana is smuggled across the Mexican border in a wide array of vehicles, ranging from airplanes to pack animals. Tractor-trailer rigs come out of the Rio Grande Valley heading for the north and northeast. Drivers earn up to $10,000 per trip, and the marijuana is often hidden in shipments of perishable fruits and vegetables which are subject to spoilage and thus are inspected hurriedly. Companies which lose shipments of goods due to inspection delays often attempt to seek reimbursement from the agency which caused the loss. Commercial airlines, bus lines, and Amtrak are also used to transport marijuana. Traffickers in Mexican marijuana are usually Anglo or Hispanic, while growers of domestic marijuana tend to be Anglo.

Prices fluctuate depending on quality, quantity, demand, and availability. Good quality Mexican marijuana costs between $500 and $750 a pound, while high quality domestic costs $650 to $3,000 a pound, with the average being $1,000. Ounce quantities sell for $40 to $100.

Regional Trends

Swishers and Blunts continue to be popular, and there are more reports about the use of marijuana soaked in embalming fluid. In San Antonio, mota (marijuana) and cocaine smoked with the mota in "primos" or blunts and the drugs of choice when teenagers and young adults who are in gangs or "near" gangs (i.e., tagging crews or homies) get together to kickback/chill/*porear* (party). On such occasions, alcohol and drugs are abused. For teens out of school, kickingback happens often since there is not much else to do during the day. While kicking, if individuals do not have drugs or alcohol or money, they will plan an operation (go out and rob or steal or sell mota or cocaine) to get money to buy drugs or alcohol. After the operation, they will meet at someone's home to kickback or *porear*.

STIMULANTS

Emergency Room Mentions

DAWN emergency room mentions showed a decrease in abuse of stimulants after the precursor

chemical laws came into effect, but now indicate an upswing. In 1989, the rate of mentions for methamphetamines and amphetamines per 100,000 in Dallas was 19.8, dropping 9.6 in 1990, 6.6 in 1991, and to 5.0 in 1992. They rose slightly to 5.6 in 1993, but jumped to 10.2 in 1994.

Stimulant Admissions to Publicly Funded Treatment Programs

Stimulants accounted for 3.5 percent of adult treatment admissions in the first three quarters of 1995 (see Figure 1 and Appendix 1), and the numbers are increasing each year. In 1993, there were 1,104 admissions for a primary problem with stimulants, as compared to 1,567 in 1994 and 1,514 for three quarters in 1995. The average client admitted for a primary problem with stimulants is aging: the average age was 26 in 1985 and 31 in 1995. Almost all of the admissions are Anglo. The proportion of Anglo clients has risen from 80 percent in 1985 to 91 percent in 1995, while the proportion of Hispanics has dropped from 11 percent to 5 percent, and the proportion of African Americans has dropped from 9 percent to 2 percent. Sixty percent of admissions for stimulants are males and 69 percent use needles.

There have been only 16 youth admissions for stimulants during the first three quarters of 1995. Half of the admissions are male and half are female; 12.5 percent use needles; their average age is 15.5. Like the adult admissions, a majority are Anglo (69 percent). One-fourth of the admissions are Hispanic and only 6 percent are African Americans.

Other Indicators

Dallas is the only city reporting positive amphetamine tests for both male and female DUF arrestees, and shows amphetamine use is up for the first two quarters of 1995 compared to 1994 (Appendix 3). For the first half of 1995, 3 percent of Dallas male arrestees tested positive for amphetamines as did 7 percent of female arrestees compared to 2 percent of males and 4 percent of females in all of 1994.

Trafficking Patterns for Stimulants in Texas

In the Dallas area, the number of laboratories producing methamphetamine or amphetamine has continued to increase slightly, although the number is below the peak of a few years ago. But, methamphetamine is increasing in availability from Mexico, where it is being produced using the ephedrine production method. The “better” or “cleaner” methamphetamine comes from California. Local traffickers in the Dallas area network with other trafficking organizations in the Southwest and major laboratory operators are producing sizable amounts of low quality methamphetamine in small towns in the region. The product in north Texas is “granulated,” “orange,” “yellow powder,” “P2P based,” “wet,” and it is called “crank.”

Mexican drug traffickers have taken over the methamphetamine trade which was previously controlled by the bikers. While the biker gangs used the P2P and Methylamine method to produce methamphetamine, the Mexican lab operators are using ephedrine because there is less odor.

According to DEA reports, the price range of methamphetamine has dropped from $15,000 to $18,000 a pound in January, 1994, to between $8,000 to $15,000 a pound in fall of 1995, with a purity of 40 to 98 percent. Amphetamine prices have decreased from $12,000 to $15,000 a pound to $8,000 to $13,000 a pound. Ounce quantities of methamphetamine and amphetamine retail for $800 to $1,500.

Regional Trends

In Houston, crystal meth has increased since the last report, while in Dallas crank use is up in the gay community. Distribution in Austin is by individuals and it is available in topless bars. In San Antonio, methamphetamine has also made a comeback.

Ecstasy

Methylene dioxymethamphetamine (MDMA or Ecstasy) is still popular among young, upper middle class Anglos and in the homosexual community. Use is reported up in Austin and Houston. Most of the MDMA and Ecstasy originates in Houston, Baytown, Mexico, or California. Prices of MDMA range from $6 to $25 per hit or dosage unit and $800 to $1,000 for a book.

Only 18 adults were admitted to treatment in 1994 with a primary problem of Ecstasy, but for the first nine months of 1995, 30 adults have been admitted with a primary problem with this drug. Average age was 23, 63 percent are male, and 87 percent are Anglo; 10 percent are homeless, which is the highest for any drug category.

Ritalin

Ritalin (methylphenidate) comprises 88 percent of the Schedule II prescriptions written in 1994 for stimulants. Increasing numbers of prescriptions are being written for adult use and it is now being sold on the street for its euphoric qualities.

Ephedrine

On October 11-12, 1995, the Commissioner of the Texas Department of Health (TDH) testified before the Food and Drug Administration's Working Group on the problems with ephedrine. Since 1993, TDH has received approximately 900 reports of adverse reactions from individuals, doctors, hospitals, a food distributor, and state poison control centers due to the ingestion of ephedrine in food or drugs, either in manufacturer's recommended amounts and indications or as a result of abuse and misuse. Of these complaints, about 400 were because of adverse reactions to ephedrine drug products and 500 were adverse reactions to ephedrine food products. One product, Nature's Nutrition Formula One, comprised 478 of the food product reports. A major concern is the prevalent use of marketing terms such as "all natural" or "all herbs" and the use of ingredients which are not known by the general population and most healthcare professionals to contain active drug ingredients.

TDH has also expressed strong concerns about the marketing of ephedrine products as legal versions of illicit hallucinogenic controlled substances such as MDMA. They are labeled as dietary supplements and marketed as being safe and "all natural," although they may contain 50 to 100 mg. of ephedrine in combination with caffeine. Reports have been received of young people at a recent rock concert who experienced adverse reactions from the ephedrine. For products such as Herbal X GWM, Cloud 9, Bliss, and Ritual Spirit, there is no quality control and the amount of ephedrine can vary by package.

Since 1993, the Texas Department of Health has received approximately 900 reports of adverse reactions due to the ingestion of ephedrine in food or drugs.

DEPRESSANTS

This "downer" category includes four groups of drugs: barbiturates, such as phenobarbital and secobarbital; tranquilizers, such as the benzodiazepines, diazepam, flunitrazepam, and chlordiazepoxide; nonbarbiturate sedatives, such as methaqualone, flurazepam, over-the-counter sleeping aids, and chloral hydrate; and antidepressants, such as amitriptyline, doxepin, and desipramine.

Rohypnol

Since the June, 1995, CEWG meeting, Rohypnol (flunitrazepam) has become even more common. While on the lower border use is primarily by younger Hispanic youth and gang members, in the rest of Texas it is more likely to be used by college students and yuppies in their twenties in

Department of Public Safety crime labs on the lower border of Texas report the number of Rohypnol pills seized and examined has increased from 194 in 1992 to 17,636 for January-October 24, 1995.

conjunction with beer. In October 1995, researchers interviewed 26 young adults on Austin's Sixth Street, the party street lined with clubs and bars. Seven of the 26 had heard about Rohypnol and five of the 26 had taken it. Around the University of Texas campus, of 33 youths surveyed, seven had used the drug and three more had heard of it. Outside a gay dance club, of seven persons interviewed, two had used and the five others had never heard of it. And at a community college campus in Austin, of 20 queried, three had used.

Overall, the researchers have found three groups of users: college and college-educated; polysubstance abusers in treatment at a methadone clinic; and street kids who are polydrug abusers. Among all three groups, knowledge of interaction with alcohol was common. Blackouts were reported frequently and a couple of near-overdoses were reported. People had driven while using Rohypnol and injuries such as falling down were reported. Date rape, promiscuity, "ritual" use, or being given the drug without knowledge were not reported or known of by those interviewed. College and college-educated users reported lighter use patterns and commonly either did not seek it out or had stopped using on their own due to negative experiences. College students and street kids indicated use was common in their social circles. Polysubstance abusers were older and used Rohypnol as an adjunct to their main drugs or for self-medication purposes rather than primarily to get high. No one reported it as their primary drug of choice. Supply lines are quite short, with the users either getting it themselves in Mexico or getting it from someone who had brought it back. The distribution network at this time seems very broad and shallow, and does not appear to be organized.

DPS crime labs on the lower border report the number of Rohypnol pills seized and examined has increased from 194 in 1992 to 17,636 for January through October 24, 1995. Rohypnol is a legal prescription drug in Mexico and federal law allows it to be brought into the U.S. if it is prescribed and if it is declared at the Border. Two surveys of the persons making declarations found that 42 to 46 percent of the persons were declaring Rohypnol as one of the drugs they were bringing into the U.S. The most common drug was diazepam.

Downer Admissions to Publicly Funded Treatment Programs

Only 0.7 percent of the adult clients entering treatment during 1995 had a primary problem with barbiturates, antidepressants, or sedatives/hypnotics (see Figure 1 and Appendix 1). This group was very different from other drug abusers: they were older (average age of 35), Anglo (83 percent), and female (61 percent). Only 14 percent injected drugs. They were among the most impaired, however, with 71 percent reporting physical problems and 65 percent reporting social problems. Their average annual income of $7,201 was the highest of all admissions.

Other Indicators

Benzodiazepines were the drugs in this category most often identified by DUF and they

Downer admissions to publicly funded treatment programs were among the most impaired of all clients—71 percent had physical problems and 65 percent had social problems.

continue to be a problem, with positives ranging from 3 to 8 percent (Appendix 3). For barbiturates, the positive rate ranges from 0 to 2 percent.

HALLUCINOGENS

Emergency Room Mentions

DAWN emergency room mentions for the Dallas area show that the use of LSD may be increasing. The rate per 100,000 was 2.9 in 1989, 3.8 in 1990, 2.7 in 1991, 2.7 in 1992, 3.6 in 1993, and 4.7 in 1994. For PCP, the rate per 100,000 was 0.8 in 1989, 0.5 in 1990, 0.9 in 1991, 0.9 in 1992, 0.7 in 1993, and 1.3 in 1994.

Hallucinogen Admissions to Publicly Funded Treatment Programs

Among adolescent treatment programs, 1.6 percent of the admissions in 1995 were for hallucinogens (Appendix 2). Males comprise 77 percent of these admissions Nearly half of these admissions were Anglo (49 percent), although the proportion has dropped from 90 percent in 1988. Conversely, Hispanic admissions have increased from 10 percent to 34 percent and African-American admissions have gone from 0 percent to 17 percent.

Among adult treatment admissions in 1995, only 0.26 percent were for hallucinogens. The average age of these clients was 24 years. Ninety percent were male; 40 percent were Anglo, 46 percent were African American and 12 percent were Hispanic (Appendix 1).

Other Indicators

PCP is most likely to be reported among male DUF arrestees in Dallas and Houston at 4 to 5 percent and for Dallas and Houston females at 2 to 3 percent (Appendix 3). PCP use is reported with marijuana joints soaked in embalming fluid laced with PCP.

LSD is manufactured in California and Houston. It is available in multi-thousand dosage units; most users are young Anglos. LSD still sells from $1 to $10 a hit. It is found around high school and college campuses and the majority of users are Anglos between 17 and 20 years of age. Shooting acid has been reported among street youths in Houston.

INHALANTS

Inhalant Admissions to Publicly Funded Treatment Programs

Inhalant abusers comprised 9 percent of the admissions to adolescent treatment programs in 1995 (Appendix 2). Some 73 percent of these teens were male, 76 percent were Hispanic, 19 percent were Anglo, and 3 percent were African American. The racial/ethnic distribution is heavily influenced by the location and orientation of the treatment programs. In addition, 0.28 percent of adult admissions were inhalant abusers in 1995 (Appendix 1). Some 77 percent were male; 63 percent were Hispanic and 29 percent were Anglo. These clients had the lowest education level (9.8 years) and lowest average annual income ($1,739) of all admissions.

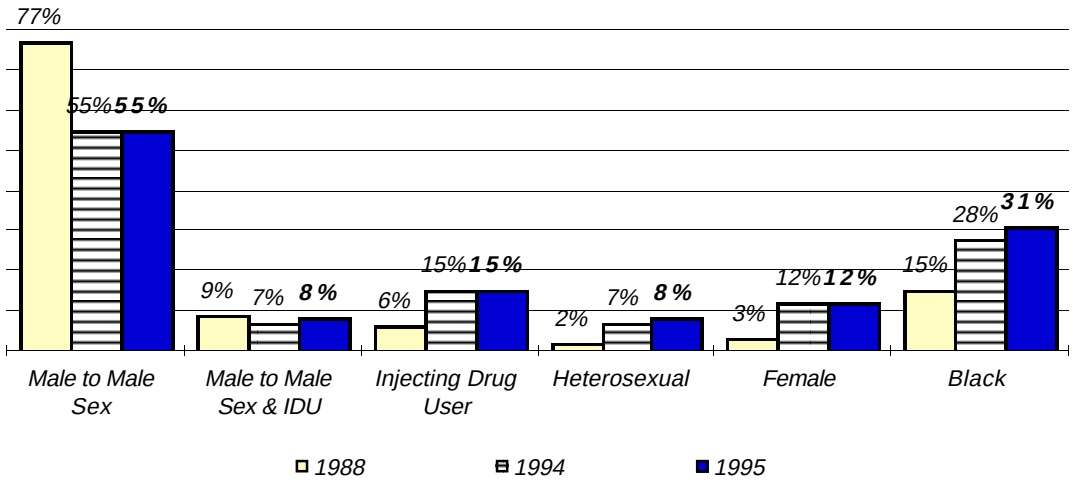
Regional Trends

In Dallas, the huffing of Miracle Grow by African-American youths is continuing. Water is put in a tin can and when it is boiling, Miracle Grow is put in the water and the steam is huffed. In Juarez, Optinol, a prescription eyedrop, is used as an inhalant and reported to have interesting side-effects. First notice of this drug was in newspaper articles saying it was liquid Rohypnol. In Austin, youths are reportedly stealing freon from air conditioning units by filling up balloons which they then inhale.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS (IDUs)

As of September 30, 1995, 34,672 AIDS cases had been officially reported in Texas since 1980. The proportion of adult and adolescent AIDS cases related to injecting drug use has risen from 15 percent in 1988 to 23 percent in 1995 through September 30 (Figure 4). In 1988, 6 percent of the

Figure 4. Texas AIDS Cases Exposure Categories for 1988, 1994, and 1995 (thru 3rd Quarter)



cases were IDUs, and 9 percent were male-to-male sex and IDUs; in 1995, 15 percent of the cases were IDUs, and 8 percent were male-to-male sex and IDUs. The proportion of cases resulting from heterosexual contact has increased from 2 percent in 1988 to 8 percent in 1995. In 1988, 3 percent of the AIDS cases were females over age 12; for 1995, 12 percent were female. In 1988, 15 percent of the adult and adolescent cases were African-Americans; in 1995, 31 percent were African-American, which is an increase from 28 percent in 1994. This increase in the proportion of females and African-Americans reflects the crack cocaine epidemic and the prostitution associated with it.

The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 20 percent for January through September, 1995.

The terms “rock stars,” “chicken heads,” and “strawberries” are used in Dallas and Houston to refer to women who trade sex for crack. While crack prostitutes are often thought of primarily as African American women, information is growing that men and women of all racial/ethnic groups are trading sex for drugs. This is not a reflection of gender nor of ethnicity, but rather of their poverty and homelessness as well as their powerlessness over their addiction and circumstances.

In Austin, male and female prostitution remains high, especially in the areas where crack use is high. Protected sex costs no more than unprotected sex. In the past, one oral sex act would be equal to the price of one rock of crack, now the price of sex has dropped so that several acts are necessary to get one rock.

High-risk sexual activity also takes place at kickback parties in San Antonio. A girl may be “trained,” which means all the guys have sex with her or she may be “diced” into the gang. Diced means that the dice are rolled and she has to have sex with as many guys as the number on the dice.

SUMMARY

Cocaine remains the illicit drug for which there are the most admissions to treatment in Texas. It accounts for just over one-third of the admissions to publicly funded treatment programs and continues to top the list of emergency room mentions. However, marijuana use and heroin use are on the rise, and these are the second and third most problematic drugs for clients admitted to publicly funded treatment programs. Especially alarming is the high number of deaths related to heroin in the Austin area in 1995. From deaths and emergency room men-

tions, it appears many heroin and cocaine users are demographically different from clients served by publicly funded treatment programs, and thus, there may be a larger number of users than is apparent. And, although crack use appears to be leveling off, from a public health perspective it is still a major problem. Prostitution related to crack is flourishing and crack users are among the poorest of those admitted to publicly funded treatment programs. Reports are beginning to be received about crack use among Hispanics, especially among females. Hispanics have not been involved in crack use previously, and if these early reports are accurate, Texas may see yet another crack epidemic in the near future.

As evident from some of the data presented in this paper and in other recent TCADA studies, attitudes toward marijuana use is softening, especially among adolescents. This may be read as a sign of potential increases in other illicit drug use in coming years. Not only is marijuana stronger than in previous years, but it is becoming more common for joints to be laced with cocaine or PCP. Currently, almost two-thirds of the youths admitted to publicly funded treatment programs are admitted due to problems with marijuana.

APPENDIX 1

CHARACTERISTICS OF ADULT CODAP CLIENTS AT ADMISSION
BY PRIMARY SUBSTANCE PROBLEM THAT CAUSED THEM TO SEEK TREATMENT
STATEWIDE ADMISSIONS FOR CALENDAR YEAR 1995: JANUARY - SEPTEMBER

PRIMARY DRUG	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	AVERAGE YEAR 1ST USE	AVG. LAG 1ST USE TO ADMISSION	PERCENT FIRST ADMITS	PERCENT MARRIED	PERCENT MALE	PERCENT USING NEEDLES	PERCENT BLACK
ALL DRUGS	43,245	100.00	33.23	20.00	81	14	77.81	23.11	72.25	20.50	33.50
HEROIN	4,157	9.61	37.14	21.98	79	16	65.26	28.70	69.93	92.86	14.17
ALCOHOL	17,084	39.51	34.64	16.42	76	19	79.85	24.72	79.44	7.69	20.80
AMPHETAMINES	1,514	3.50	31.02	19.65	83	12	82.56	21.33	60.30	68.56	2.25
COCAINE	14,916	34.49	32.47	24.67	87	8	76.71	20.11	64.61	14.26	57.37
MJ HASH	4,567	10.56	27.76	15.71	82	13	83.88	22.31	80.93	0.00	35.45
INHALANTS	120	0.28	26.30	17.18	85	10	75.83	10.00	76.67	0.00	5.00
ECSTASY	30	0.07	23.13	18.17	89	6	93.33	6.67	63.33	3.33	0.00
HALLUCINOGENS	114	0.26	23.82	16.14	87	8	90.35	10.53	90.35	13.16	45.61
OTHER OPIATES	368	0.85	35.61	25.61	84	11	71.20	26.36	41.30	28.26	7.88
DEPRESSANTS	298	0.69	35.44	25.02	84	11	73.83	29.87	39.26	14.09	10.40
OTHER DRUGS	77	0.18	33.91	26.06	87	8	88.31	31.17	48.05	15.58	19.48

PRIMARY DRUG	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PERCENT CRIMINAL JUSTICE REFERRED	AVERAGE EDUCATION	PERCENT LIVE WITH FAMILY	PERCENT HOMELESS	PERCENT PHYSICAL PROBLEMS	PERCENT SOCIAL PROBLEMS	AVERAGE INCOME AT ADMISSION
ALL DRUGS	42.50	23.23	29.04	55.87	11.30	56.41	7.13	43.85	43.63	$5,339
HEROIN	34.81	50.20	19.20	44.82	10.90	58.50	5.87	55.04	51.34	$3,313
ALCOHOL	50.77	27.48	35.74	54.30	11.23	57.30	8.01	46.53	45.67	$6,478
AMPHETAMINES	91.48	4.76	27.48	53.24	11.44	47.49	5.42	40.75	41.22	$5,780
COCAINE	28.71	13.41	21.69	55.89	11.51	53.93	8.32	42.45	44.68	$4,459
MJ HASH	40.90	22.90	38.76	76.42	11.13	61.81	1.97	26.28	24.20	$5,545
INHALANTS	29.17	63.33	20.83	53.33	9.82	61.67	3.33	45.83	47.50	$1,739
ECSTASY	86.67	13.33	33.33	26.67	11.90	50.00	10.00	60.00	53.33	$6,000
HALLUCINOGENS	40.35	12.28	29.82	70.18	10.60	46.49	5.26	23.68	23.68	$3,000
OTHER OPIATES	84.51	7.61	21.47	32.61	12.29	59.78	4.62	61.68	58.42	$6,743
DEPRESSANTS	83.22	6.04	21.81	26.51	11.99	59.73	7.38	70.81	65.10	$7,201
OTHER DRUGS	72.73	7.79	28.57	48.05	11.51	62.34	7.79	46.75	36.36	$6,961

APPENDIX 2

CHARACTERISTICS OF YOUTH CLIENTS AT ADMISSION
BY PRIMARY SUBSTANCE PROBLEM THAT CAUSED THEM TO SEEK TREATMENT
STATEWIDE TOTALS FOR CALENDAR YEAR 1995: JANUARY THROUGH SEPTEMBER

PRIMARY DRUG	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE OF FIRST USE	AVG. LAG 1ST USE TO ADMISSION	PERCENT FIRST ADMISSION	PERCENT MALE	PERCENT USING NEEDLES	PERCENT BLACK
	2,226	100.00	15.42	13.00	3	94.16	80.77	2.16	18.15
NONE	5	0.22	15.25			100.00	40.00	0.00	40.00
HEROIN	16	0.72	15.56	14.25	2	87.50	75.00	62.50	25.00
ALCOHOL	451	20.26	15.69	12.73	4	94.24	77.61	0.67	14.63
AMPHETAMINES	16	0.72	15.50	13.50	3	100.00	50.00	12.50	6.25
COCAINE	112	5.03	15.85	14.22	2	95.54	71.43	9.82	10.71
MJ HASH	1,371	61.59	15.38	12.88	3	94.09	84.68	1.24	22.25
INHALANTS	194	8.72	14.81	13.33	2	93.30	72.68	1.03	2.58
ECSTASY	5	0.22	15.60	15.00	1	100.00	60.00	20.00	20.00
HALLUCINOGEN	35	1.57	15.11	13.60	2	97.14	77.14	5.71	17.14
DEPRESSANTS	15	0.67	15.13	14.93	1	86.67	66.67	0.00	0.00
OTHER DRUGS	6	0.27	15.50	13.67	3	100.00	66.67	0.00	33.33

PRIMARY DRUG	PERCENT WHITE	PERCENT HISPANIC	PERCENT CRIMINAL JUSTICE REFERRED	AVERAGE EDUCATION
	30.23	50.49	54.81	8.01
NONE	60.00	0.00	20.00	8.25
HEROIN	12.50	62.50	62.50	7.75
ALCOHOL	28.38	55.21	50.33	8.12
AMPHETAMINES	68.75	25.00	43.75	8.19
COCAINE	33.04	56.25	47.32	8.13
MJ HASH	31.29	45.66	58.13	8.00
INHALANTS	18.56	75.77	51.03	7.75
ECSTASY	80.00	0.00	20.00	7.80
HALLUCINOGEN	48.57	34.29	48.57	8.11
DEPRESSANTS	26.67	73.33	33.33	8.13
OTHER DRUGS	33.33	33.33	50.00	9.00

APPENDIX 3. PERCENT OF ARRESTEES TESTING POSITIVE FOR VARIOUS DRUGS (DUF)

	1991				1992				1993				1994				1995		Average/CY				
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	1991	1992	1993	1994	1995
COCAINE																							
Dallas Males	32%	42%	48%	51%	48%	40%	40%	37%	42%	46%	47%	43%	37%	37%	35%	30%	32%	28%	43%	41%	45%	35%	30%
Houston Males	56%	54%	57%	57%	48%	43%	30%	45%	48%	36%	40%	39%	34%	32%	26%	21%	37%	37%	56%	41%	41%	28%	37%
San Antonio Males	26%	26%	28%	36%	35%	33%	30%	28%	37%	28%	26%	32%	34%	29%	29%	31%	24%	23%	29%	31%	31%	31%	24%
San Antonio Male Juveniles										5%	12%	5%	13%	7%	13%	4%	10%	6%			6%	9%	8%
Dallas Females	38%	46%	54%	45%	47%	39%	50%	55%	54%	30%	48%	40%	53%	50%	49%	33%	34%	50%	46%	48%	43%	46%	42%
Houston Females	45%	48%	52%	60%	44%	44%	52%	35%	23%	50%	48%	50%	40%	44%	30%	28%	32%	29%	51%	44%	43%	36%	31%
San Antonio Females	24%	23%	33%	16%	21%	40%	26%	14%	22%	31%	22%	20%	21%	21%	25%	23%	32%	21%	24%	25%	24%	23%	27%
San Antonio Female Juveniles										10%	2%	8%	2%	2%	10%	8%	3%	0%			5%	6%	2%
OPIATES																							
Dallas Males	4%	3%	3%	6%	4%	5%	5%	3%	3%	8%	3%	4%	3%	3%	2%	4%	6%	3%	4%	4%	5%	3%	5%
Houston Males	4%	4%	2%	4%	1%	5%	0%	4%	2%	2%	2%	*	3%	1%	3%	5%	3%	4%	3%	3%	2%	3%	4%
San Antonio Males	18%	11%	15%	18%	15%	15%	12%	16%	14%	12%	15%	16%	13%	13%	10%	15%	9%	12%	15%	14%	14%	13%	11%
San Antonio Male Juveniles										2%	0%	3%	0%	1%	3%	0%	0%	0%			1%	1%	0%
Dallas Females	8%	6%	18%	4%	4%	8%	11%	11%	14%	12%	6%	11%	9%	7%	10%	4%	3%	6%	9%	9%	11%	8%	5%
Houston Females	2%	8%	3%	4%	4%	7%	2%	2%	4%	*	8%	3%	6%	4%	4%	11%	5%	5%	4%	4%	5%	6%	5%
San Antonio Females	23%	15%	22%	19%	12%	16%	19%	6%	17%	16%	11%	14%	17%	13%	14%	11%	14%	7%	20%	13%	15%	14%	11%
San Antonio Female Juveniles										0%	0%	0%	0%	0%	0%	3%	0%	0%			0%	1%	0%
METHADONE																							
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	0%	*	0%	0%	*	0%	1%	0%	0%	0%	0%	0%	1%
Houston Males	2%	1%	1%	0%	1%	0%	0%	0%	0%	2%	*	0%	*	0%	0%	1%	*	2%	1%	0%	1%	0%	1%
San Antonio Males	2%	2%	3%	2%	2%	2%	2%	2%	2%	*	3%	*	*	*	1%	2%	*	1%	2%	2%	1%	1%	1%
Dallas Females	3%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%	1%	1%	0%	0%	1%
Houston Females	2%	3%	0%	4%	0%	0%	0%	0%	1%	0%	3%	0%	*	2%	0%	0%	*	0%	2%	0%	1%	1%	0%
San Antonio Females	5%	0%	10%	4%	4%	3%	3%	1%	4%	2%	*	*	*	*	2%	*	*	0%	5%	3%	2%	0%	0%
MARIJUANA																							
Dallas Males	30%	21%	9%	17%	26%	32%	27%	26%	30%	24%	29%	26%	34%	34%	36%	27%	30%	40%	19%	28%	27%	33%	35%
Houston Males	26%	19%	9%	13%	26%	33%	16%	20%	24%	23%	29%	20%	25%	27%	18%	20%	22%	34%	17%	24%	24%	23%	28%
San Antonio Males	28%	18%	11%	21%	24%	31%	25%	33%	28%	35%	34%	31%	34%	31%	25%	28%	32%	34%	19%	28%	32%	30%	33%
San Antonio Male Juveniles										28%	33%	35%	34%	36%	36%	33%	44%	44%			24%	35%	44%
Dallas Females	29%	4%	6%	5%	18%	28%	26%	24%	27%	20%	15%	16%	31%	17%	23%	19%	22%	23%	11%	24%	20%	23%	23%
Houston Females	15%	11%	5%	3%	8%	13%	11%	14%	11%	24%	16%	9%	14%	19%	15%	3%	12%	21%	8%	12%	15%	13%	17%
San Antonio Females	13%	10%	3%	8%	12%	30%	12%	11%	21%	15%	16%	14%	21%	21%	6%	11%	17%	16%	8%	16%	17%	15%	17%
San Antonio Female Juveniles										14%	9%	15%	9%	4%	0%	3%	13%	13%			10%	4%	13%

APPENDIX 3. CONTINUED

	1991				1992				1993				1994				1995		Average/CY				
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	1991	1992	1993	1994	1995
AMPHETAMINES																							
Dallas Males	0%	2%	2%	1%	1%	0%	0%	2%	2%	6%	5%	2%	2%	3%	1%	2%	2%	4%	1%	1%	4%	2%	3%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
San Antonio Males	3%	0%	3%	0%	0%	0%	1%	1%	*	*	0%	*	0%	0%	*	3%	*	2%	1%	0%	0%	0%	1%
San Antonio Male Juveniles										0%	0%	0%	0%	0%	0%	0%	0%	0%			0%	0%	0%
Dallas Females	4%	4%	0%	2%	5%	1%	3%	4%	1%	9%	6%	6%	1%	3%	6%	4%	4%	10%	3%	3%	6%	4%	7%
Houston Females	0%	0%	1%	0%	0%	0%	0%	0%	0%	2%	*	3%	0%	0%	*	0%	0%	*	0%	0%	1%	0%	0%
San Antonio Females	5%	2%	0%	0%	0%	1%	4%	0%	3%	*	2%	2%	*	3%	0%	*	2%	2%	2%	1%	2%	0%	2%
San Antonio Female Juveniles										5%	0%	0%	0%	0%	0%	0%	0%	0%			1%	0%	0%
BARBITURATES																							
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	*	0%	*	0%	*	*	0%	0%	0%	0%	0%	0%	0%
Houston Males	0%	1%	0%	1%	0%	0%	0%	0%	6%	0%	0%	0%	*	0%	0%	*	0%	0%	1%	0%	2%	0%	0%
San Antonio Males	0%	1%	2%	0%	1%	0%	1%	1%	0%	0%	0%	*	*	*	0%	*	0%	0%	1%	1%	0%	0%	0%
San Antonio Male Juveniles										0%	0%	1%	0%	0%	1%	0%	0%	0%			0%	0%	0%
Dallas Females	1%	2%	0%	0%	2%	0%	1%	2%	1%	5%	0%	1%	0%	2%	2%	*	2%	1%	1%	1%	2%	1%	2%
Houston Females	2%	3%	1%	3%	1%	2%	2%	0%	1%	2%	0%	0%	*	0%	2%	0%	*	*	2%	1%	1%	1%	*
San Antonio Females	2%	0%	3%	5%	0%	1%	0%	1%	*	0%	2%	2%	0%	2%	0%	0%	*	1%	3%	1%	1%	1%	1%
San Antonio Female Juveniles										0%	2%	0%	0%	2%	0%	0%	0%	0%			1%	1%	0%
BENZODIAZEPINES																							
Dallas Males	2%	2%	1%	2%	5%	2%	2%	2%	3%	2%	3%	3%	4%	3%	4%	2%	2%	3%	2%	3%	3%	3%	3%
Houston Males	4%	3%	4%	4%	3%	8%	13%	15%	6%	13%	3%	3%	12%	2%	*	3%	5%	6%	4%	10%	6%	4%	6%
San Antonio Males	2%	5%	6%	4%	3%	3%	6%	9%	6%	4%	6%	5%	2%	5%	4%	6%	3%	3%	4%	5%	5%	4%	3%
San Antonio Male Juveniles										3%	2%	3%	0%	4%	1%	0%	0%	0%			2%	1%	0%
Dallas Females	6%	4%	6%	8%	3%	7%	6%	8%	8%	8%	7%	12%	9%	7%	8%	5%	4%	3%	6%	6%	9%	7%	4%
Houston Females	2%	8%	7%	15%	13%	9%	7%	9%	8%	5%	17%	4%	5%	6%	8%	*	7%	7%	8%	9%	9%	5%	7%
San Antonio Females	16%	5%	14%	7%	7%	3%	7%	8%	10%	8%	6%	9%	6%	7%	6%	3%	5%	10%	11%	6%	8%	6%	8%
San Antonio Female Juveniles										0%	2%	0%	2%	2%	0%	0%	3%	0%			1%	1%	2%
PCP																							
Dallas Males	0%	0%	0%	1%	2%	3%	2%	4%	2%	3%	2%	3%	4%	2%	6%	6%	3%	6%	0%	3%	3%	5%	5%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	*	*	2%	*	2%	4%	2%	2%	4%	4%	0%	0%	1%	3%	4%
San Antonio Males	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	2%	1%	0%	3%	*	3%	4%	2%	0%	0%	1%	2%	3%
Houston Females	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	*	2%	2%	0%	0%	4%	0%	0%	0%	1%	2%
San Antonio Females	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	0%	0%	0%	0%	0%	0%	0%	0%	0%
ANY DRUG																							
Dallas Males	52%	56%	55%	60%	62%	60%	60%	56%	58%	64%	63%	61%	59%	60%	60%	50%	58%	58%	56%	60%	62%	57%	58%
Houston Males	70%	66%	61%	65%	61%	60%	50%	67%	68%	60%	60%	49%	61%	51%	38%	38%	52%	56%	65%	60%	59%	47%	54%
San Antonio Males	55%	47%	44%	54%	56%	54%	48%	59%	56%	55%	54%	57%	55%	53%	48%	52%	47%	55%	50%	54%	56%	52%	51%
San Antonio Male Juveniles										30%	38%	38%	40%	42%	40%	34%	45%	46%			27%	39%	46%
Dallas Females	64%	52%	57%	51%	61%	64%	71%	70%	70%	56%	63%	55%	70%	63%	66%	34%	54%	69%	56%	67%	61%	58%	62%
Houston Females	54%	61%	58%	67%	55%	58%	58%	44%	38%	61%	60%	55%	54%	59%	42%	55%	46%	50%	60%	54%	54%	53%	48%
San Antonio Females	56%	41%	52%	35%	35%	61%	50%	33%	44%	43%	40%	39%	44%	44%	37%	31%	48%	39%	46%	45%	42%	39%	44%
San Antonio Female Juveniles										24%	14%	19%	14%	9%	10%	10%	15%	13%			14%	11%	14%

*Less than 1%

Source: Drug Use Forecasting System of the National Institute of Justice