Texas Commission on
Alcohol and Drug Abuse

TCADA Research Brief:

Substance Abuse Trends in Texas: December 1997

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Substance Abuse Trends in Texas: December 1997

Cocaine is the number-one illicit drug problem in Texas, but treatment, arrest, and overdose indicators are down, while indicators point to increased use of heroin, which is still Mexican heroin. Marijuana use continues to increase and information is now available on the effects of smoking marijuana dipped in embalming fluid which can contain PCP. Methamphetamine indicators are beginning to rise, and problems with ephedrine continue, especially in calls to poison control centers. Flunitrazepam (Rohypnol) remains a problem, and a pattern of bringing multiple varieties of prescribed drugs into Texas from Mexico continues. Rivotril (Klonopin) is now being substituted for Rohypnol. Data on gamma-hydroxybutyrate (GHB) overdoses are available. Hallucinogen use is steady, and club drug use continues. Inhalants are a problem among youth. The proportion of AIDS cases resulting from heterosexual contact is increasing, as are cases involving African-Americans and females. A study of crack houses in Houston has confirmed that crack-using populations are at high risk of sexually transmitted diseases and treatment should be seen as a direct way of reducing the incidence of HIV infection.

Area Description

The population of Texas (18,967,764) is distributed among 28 metropolitan statistical areas and 254 counties. The ethnic/racial composition of Texas is 57 percent Anglo, 28.8 percent Hispanic, 11.5 percent African American, and 2.7 percent other. Traditionally, the border with Mexico and the coastline of the Gulf of Mexico have been the major routes for the transportation of illicit substances into Texas, and trafficking is reported to have increased with the North American Free Trade Agreement. Drug traffic also moves through Texas across the three east–west interstate highways. The international airports in Houston and Dallas-Fort Worth are major ports for the distribution of drugs in and out of the State. A major problem is that Mexican pharmacies sell controlled substances to U. S. citizens who declare these drugs and then legally bring up to a 90-day supply into the state.

Data Sources and Time Periods

Data were obtained from the following sources:

- *Ethnographic information and data on price, purity, trafficking, distribution, and supply*—This information was provided by members of the Texas Epidemiology Work Group (TEWG), which includes representatives from the Drug Enforcement Administration, treatment providers, outreach workers, and medical examiners.

- *Treatment data*—The Texas Commission on Alcohol and Drug Abuse's (TCADA) Client Oriented Data Acquisition Process (CODAP) provided data on clients admitted to substance abuse treatment in public facilities from the first quarter 1983 through September 1997.

- *Overdose data*—Regional poison control centers in Texas reported calls about possible overdoses of various drugs; the Drug Abuse Warning Network (DAWN) reported mentions of drugs in Dallas area emergency rooms; and overdose death data came from death certificates from the Bureau of Vital Statistics of the Texas Department of Health.

- *Drug use by arrestees*—The Drug Use Forecasting (DUF) System of the National Institute of Justice provided information for 1991 through third quarter 1997 for Dallas, Houston, and San Antonio for arrestees who were interviewed and tested for the presence of various drugs.

- *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, 1997.

- *Special Reports*—William Elwood provided preliminary information from his report on the use of embalming fluid with marijuana by Texas youth. Data comparing prevalence of drug use by Texas prison inmates and probationers comes from D. F. Farabee, *Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice-Institutional Division, 1993* and J. R. Booher, *Substance Use Among Probationers in Three Metropolitan Areas*. Both are published by TCADA. Recent findings on "Crack Cocaine as a Major Risk for HIV Transmission in a Crack House Population" is from a TCADA Research Brief by Michael W. Ross.

Cocaine and Crack

Emergency room mentions of cocaine per 100,000 population in the Dallas metropolitan area rose from 59.1 in 1989 to 65.3 mentions per 100,000 in 1995 but declined to 60.9 mentions per 100,000 for 1996.

Cocaine (crack and powder) remains the number two substance abuse problem, after alcohol (38 percent), for adult clients admitted to publicly-funded treatment programs throughout Texas, although it has dropped from 38 percent in 1993 to 33 percent in 1997 (Appendices 1 and 2).

Crack cocaine is the primary illicit drug of abuse for adult clients admitted to publicly-funded treatment programs throughout Texas, although it has dropped from 28 percent of all adult admissions in 1993 to 25 percent for 1997. Abusers of powder cocaine comprise 8

Estimated Cocaine-Related Emergency Room Mentions in the Dallas Area per 100,000 Population, by Age and Sex: 1989-1996

	1989	1990	1991	1992	1993	1994	1995	1996
Total	59.1	45.4	56.9	52.9	57.7	60.8	65.3	60.9
Age 34 & Under	86.5	66.5	79.3	70.0	73.5	80.8	78.7	72.4
Age 12-17	33.3	20.9	20.2	16.0	21.2	18.3	21.9	32.0
Age 18-25	140.9	102.5	116.9	106.3	109.1	99.5	109.3	91.7
Age 26-34	115.1	94.9	119.7	106.2	112.2	140.6	129.2	120.4
Age 35+	24.7	19.4	30.3	32.9	39.3	38.6	50.5	47.9
Male	76.6	58.0	69.0	69.1	72.4	74.2	84.3	80.2
Female	42.3	32.8	45.3	37.3	43.1	47.9	46.6	41.3

percent of admissions to treatment and they are younger than crack abusers, and more likely to be male and Anglo. As the adjacent table shows, of the users of powder cocaine, half prefer to inject the drug, while the other half prefer to snort it.

Powder cocaine was the primary drug of abuse for 7 percent of youths entering treatment during 1997, up from 4 percent in 1995 (Appendix 3). In 1997, 63 percent of these youths were male; 46 percent were Hispanic, 50 percent were Anglo, and 4 percent were African-American. Crack cocaine accounted for 1 percent of youth admissions in 1997 as well as 1995. Youth admissions for crack were 37 percent male, 33 percent Hispanic, 52 percent Anglo, and 11 percent African-American.

A new study of the prevalence of sexually transmitted diseases and hepatitis B and C in frequenters of crack houses in Houston found evidence of syphilis infection in 13 percent, HIV in 12 percent, hepatitis B in 52 percent, and hepatitis C in 41 percent of the persons interviewed. Some 84 percent met the DSM-III-R diagnosis for drug dependence.

Over time, the proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s. However, cocaine continues to be the drug for which more adult arrestees test positive.

Analysis of county-level data on probationers and prison inmates surveyed by TCADA between 1993 and 1995 shows that past month use by probationers and prison inmates for

Characteristics of Adult Clients Admitted to TCADA-Funded Treatment, by Primary Problem With Cocaine: Jan.-Sept. 1997

	Crack Cocaine-Smoke	Powder Cocaine-Inject	Powder Cocaine-Inhale
# Admissions	4,516	744	703
% of Cocaine Admissions	76%	12%	12%
Average Age	34	32	30
Lag-1st Use to Tmt.-Years	8	10	8
% Male	53%	59%	63%
% African American	59%	5%	9%
% Anglo	31%	73%	44%
% Hispanic	9%	21%	46%
% CJ/Legal Involvement	39%	42%	49%
% Employed	17%	22%	32%
% Homeless	11%	8%	2%
Average Income	$6,355	$8,042	$8,489

Texas Arrestees Testing Positive for Cocaine (DUF)

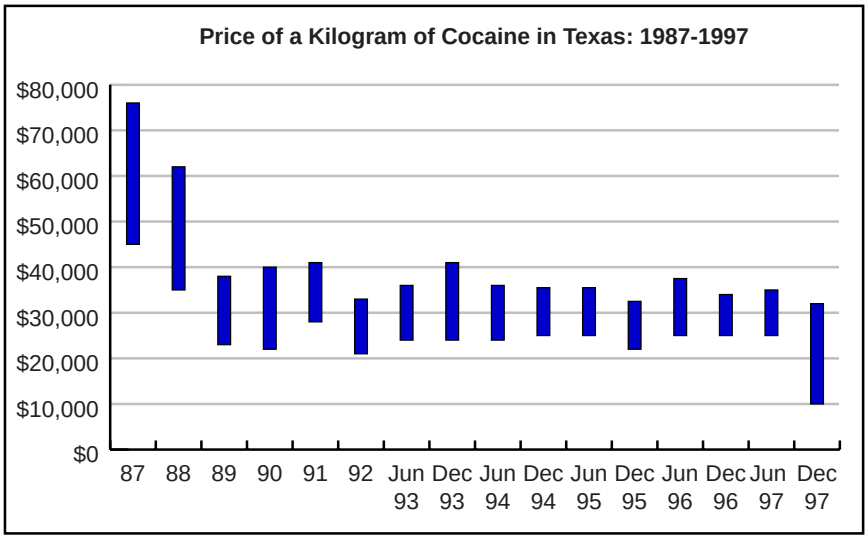
	1991	1992	1993	1994	1995	1996	1997
Dallas Males	43%	41%	45%	35%	32%	34%	32%
Houston Males	56%	41%	41%	28%	40%	46%	40%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%
San Antonio Male Juv.			6%	9%	6%	8%	15%
Dallas Females	46%	48%	43%	46%	44%	37%	36%
Houston Females	51%	44%	43%	36%	32%	40%	31%
San Antonio Females	24%	25%	24%	23%	23%	22%	17%
San Antonio Female Juv.			5%	6%	4%	11%	9%

Prevalence of Cocaine Use as Reported by Prison Inmates and Probationers from Dallas, Houston, and San Antonio

	Ever Used	Past Month	Past Year	Not Past Year
Dallas				
Cocaine-Probation	43.2%	9.3%	7.6%	26.2%
Cocaine-Prison	47.2%	17.0%	4.4%	25.7%
Crack-Probation	26.3%	8.2%	5.3%	12.8%
Crack-Prison	34.4%	8.9%	7.1%	18.4%
Houston				
Cocaine-Probation	31.4%	6.3%	5.4%	19.7%
Cocaine-Prison	44.3%	8.3%	6.6%	29.3%
Crack-Probation	18.2%	6.8%	5.0%	6.3%
Crack-Prison	32.3%	9.0%	5.6%	17.7%
San Antonio				
Cocaine-Probation	60.2%	14.6%	18.2%	27.2%
Cocaine-Prison	68.1%	18.7%	16.7%	32.6%
Crack-Probation	21.7%	4.6%	6.0%	11.0%
Crack-Prison	26.4%	4.5%	9.0%	12.9%

powder cocaine and crack were very similar in many instances. For Dallas and San Antonio, past month use of powder cocaine was higher than past month use of crack, and for all three cities, lifetime use of powder cocaine was higher. Because of the violence associated with crack cocaine, there can be a tendency to assume use of crack is higher than use of powder cocaine, and to assume that inmates have markedly higher rates of crack use than persons not in prison. These data shed new light on those assumptions and underline the continuing presence of powder cocaine.

Compared with 6 months ago, the price of cocaine HCl and crack has decreased very slightly while purity remains high. Cocaine HCl prices in the State are $10,000–$22,000 per kilogram (75–95 percent purity), $400–$1,200 per ounce (50–85 percent purity), and $20–$100 per gram (40 percent purity). Crack costs $500–$1,100 per ounce (up to 60 percent purity), $60–$100 per gram, and up to $100 per rock, although sales of $5 and $10 rocks are reportedly declining.



Heroin

Heroin/morphine emergency room mentions in the Dallas metropolitan area have increased from 10.2 per 100,000 in 1991 to 15.9 per 100,000 in 1996. In the first half of 1996, 13 youth aged 12-17 were seen in the Dallas emergency room for heroin or morphine overdoses.

The number of overdose deaths in which heroin or morphine was mentioned increased in the Dallas-Fort Worth area between 1995 and 1996. In 1995, there were 33 deaths in Dallas County and 19 in Tarrant County; in 1996, there were 40 in Dallas County and 27 in Tarrant County.

There have been sixteen overdose deaths reported by local authorities in Plano, an affluent suburb in Collin County, which is outside Dallas, to date in 1997, as compared to three in 1996. The heroin which has been seized in Plano this year has ranged from 38 to 75 percent uncut, with the cut

Estimated Heroin/Morphine Emergency Room Mentions in the Dallas Area per 100,000 Population, by Age and Sex: 1989-1996

	1989	1990	1991	1992	1993	1994	1995	1996
Total	14.1	14	10.2	11.9	12.7	10.1	12.7	15.9
Age 34 & Under	16.1	14.6	10	12	9.6	8.8	11.1	16.6
Age 12-17	-	-	-	-	-	-	-	9.5
Age 18-25	18.6	15.8	12.8	11.9	13.1	14.3	17.2	31.5
Age 26-34	27.2	26.1	16.8	22.9	15.9	13	17.7	19.1
Age 35+	11.6	13	10.4	11.8	16	11.5	14.5	14.8
Male	19.4	19	12.4	18.1	16.9	14.4	17.5	21.5
Female	8.9	9.2	8.2	5.8	8.8	5.7	8.2	10.5

heroin ranging from 1.3 to 12 percent pure. Benedryl is being used to cut the heroin, but most of the street-level heroin was uncut and was selling for $100,000 per kilogram. The decedents have been both sniffers and injectors.

Heroin ranks third after alcohol and crack cocaine in the number of adult clients admitted to substance abuse treatment programs funded by TCADA (Appendices 1 and 2). It comprised 12 percent of admissions for 1997 as compared to 9 percent in 1993. The average age at admission for the heroin client is 36; 63 percent of those admitted are male. About 37 percent are Hispanic, 48 percent are Anglo, and 13 percent are African American. Sixteen percent of heroin clients are employed and 35 percent are referred from the criminal justice system or have legal problems. Their average annual income is $5,435.

Most heroin addicts entering treatment inject heroin. Addicts who consume heroin "orally" include Black Tar "gummers," opium eaters, and users of heroin nose drops. The term "lag" refers to the period from first consistent or regular use of heroin to date of admission to treatment. While the number of individuals who inhale or smoke heroin is small, it is significant to note that the lag period in seeking treatment is less than half that of injectors. This shorter lag period means that contrary to street rumors that "sniffing or inhaling is not addictive," inhalers will need treatment more than twice as quickly as needle users.

Only 2 percent of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of heroin; 68 percent of all adolescent admissions were for dependence on marijuana.

A new TCADA study using synthetic estimation techniques has estimated that there are up to 50,000 adult heroin addicts in Texas who would enter

Characteristics of Adult Clients Admitted to TCADA-Funded Treatment, by Primary Problem With Heroin: Jan.-Sept. 1997

	Injectors	Inhalers	Oral	Smoke
# Admissions	2,067	138	21	13
% of Heroin Admissions	92%	6%	0.09%	0.06%
Average Age	36.3	30.9	35.6	29.4
Lag-1st Use to Tmt.-Years	15	7	18	8
% Male	64%	50%	67%	23%
% African American	11%	43%	5%	46%
% Anglo	49%	29%	57%	46%
% Hispanic	38%	23%	38%	8%
% CJ/Legal Involvement	35%	27%	48%	8%
% Employed	15%	25%	43%	0%
% Homeless	10%	0%	5%	8%
Average Income	$5,308	$5,789	$9,604	$7,702

Texas Arrestees Testing Positive for Opiates (DUF)

	1991	1992	1993	1994	1995	1996	1997
Dallas Males	4%	4%	5%	3%	5%	5%	5%
Houston Males	3%	3%	2%	3%	5%	7%	12%
San Antonio Males	15%	14%	14%	13%	10%	12%	10%
San Antonio Male Juv.			1%	1%	0%	3%	2%
Dallas Females	9%	9%	11%	8%	5%	9%	5%
Houston Females	4%	4%	5%	6%	3%	5%	5%
San Antonio Females	20%	13%	15%	14%	13%	13%	9%
San Antonio Female Juv.			0%	1%	1%	0%	1%

Prevalence of Heroin Use as Reported by Prison Inmates and Probationers from Dallas, Houston, and San Antonio

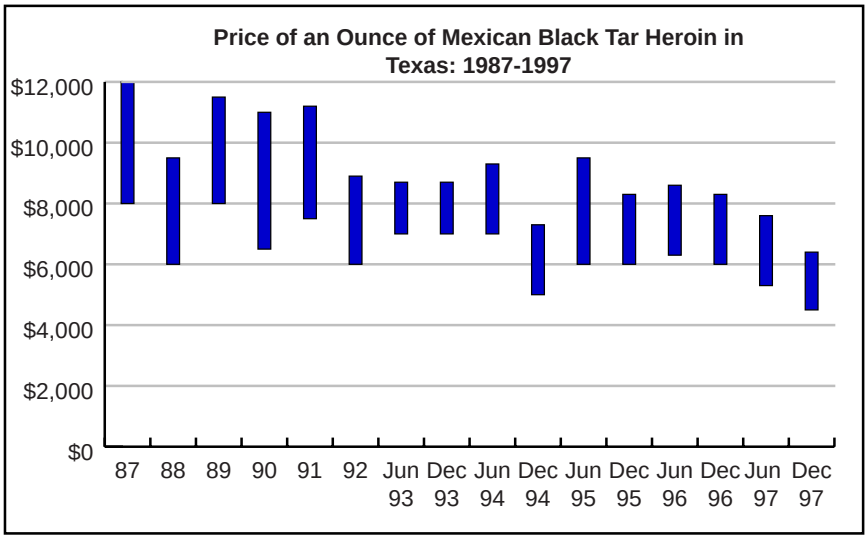
	Ever Used	Past Month	Past Year	Not Past Year
Dallas-Probation	11.3%	0.7%	2.0%	8.5%
Dallas-Prison	23.8%	8.5%	3.9%	11.3%
Houston-Probation	5.9%	0.0%	0.2%	5.6%
Houston-Prison	16.7%	3.8%	1.3%	11.5%
San Antonio-Probation	17.7%	3.8%	2.8%	11.0%
San Antonio-Prison	43.1%	24.8%	5.8%	12.3%

TCADA-funded programs if services were available. In fiscal year 1997, TCADA treated 3,580 heroin addicts.

According to data collected by the DUF program, the proportion of arrestees testing positive for opiates between 1991 and 1997 has remained fairly level, although male arrestees in Houston are showing increased use.

Prevalence data from the TCADA prison and probation studies showed that prison inmates were far more likely to report recent and lifetime use of heroin than were their counterparts who were on probation in the same cities, as the table on the previous page shows.

The predominant forms of heroin in Texas are Mexican brown and Black Tar; the availability of Black Tar has risen over the last few years. About 15 percent of the heroin in the Dallas-Fort Worth area is Southeast Asian. Southwest Asian and Colombian heroin is transshipped through Texas with little spillage; most of it is destined for the Northeast.



The purity of heroin in Dallas increased from 3.5 percent in 1996 to 8.9 percent in the first half of 1997, and purity in Houston declined from 26.1 percent in 1996 to 18.0 percent in first half of 1997. Price per milligram pure was $4.90 in Dallas in first half of 1997 as compared to $6.66 in 1996; in Houston it was $1.35 per milligram pure in first half of 1997 as compared to $2.15 in 1996.

The price of Black Tar heroin has decreased over the past ten years. Currently, Black Tar heroin sells on the street for $10 per cap, $250–$400 per gram; $1,900– $4,500 per ounce, and $50,000–$125,000 per kilogram at 30–80 percent purity at the wholesale level. Southeast Asian heroin costs $150,000– $175,000 per kilogram, Colombian costs $85,000–$100,000 per kilogram (40–80 percent pure), and Southwest Asian costs $85,000 per kilogram (80–90 percent pure).

Other Opiates

This group excludes heroin but includes opiates such as methadone, codeine, hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium. While abuse of these drugs is not as common as heroin abuse, the addicts who prefer other opiates are quite different from heroin addicts.

About 1.8 percent of all adults who entered treatment during 1997 used opiates other than heroin (Appendix 2). Of these treatment admissions, 62 percent were female; 88 percent were Anglo, 5 percent were African American, and 7 percent were Hispanic; and 24 percent used needles. The average annual income was $9,053, and the average age was 36.7.

DUF Statistics show that male arrestees from Houston were the most likely to test positive for methadone; in most years, the percentage testing positive in any city was 1 to 2 percent, but the percentage has increased significantly for Houston males. This is the same pattern seen with Houston males testing positive for opiates.

Texas Arrestees Testing Positive for Methadone (DUF)

	1991	1992	1993	1994	1995	1996	1997
Dallas Males	0%	0%	0%	0%	0%	0%	0%
Houston Males	1%	0%	1%	0%	2%	6%	8%
San Antonio Males	2%	2%	1%	1%	1%	2%	1%
Dallas Females	1%	1%	0%	0%	0%	1%	1%
Houston Females	2%	0%	1%	1%	0%	1%	3%
San Antonio Females	5%	3%	2%	0%	1%	2%	2%

According to DEA reports, the primary narcotic controlled substances being diverted are combinations of products containing hydrocodone (Vicodin and others). The abuse of hydromorphone (Dilaudid) appears to have decreased. However, 90-day supplies of codeine, alprazolam (Xanax), and steroids are legally brought into the United States from Mexico. The State Board of Pharmacy reports that hydrocodone, in combination with the benzodiazepines, is the most common drug involved in chemical dependency problems among pharmacists.

Marijuana

Emergency room mentions of marijuana have risen since 1991, although there was a decrease between 1995 and 1996. The increases have been most consistent among the youngest and oldest patients seen in the emergency rooms.

Estimated Marijuana Emergency Room Mentions in the Dallas Area per 100,000 Population, by Age and Sex: 1989-1996

	1989	1990	1991	1992	1993	1994	1995	1996
Total	23.8	15.6	11.1	14.8	15.7	20.3	23.9	22.9
Age 34 & Under	37.7	25.2	17	23.6	24.8	32.5	38.5	34.3
Age 12-17	38.7	23.8	13	24.9	34.5	39.8	44.7	51.4
Age 18-25	69.5	44.5	30.9	40.6	46.1	54.8	71.5	55.7
Age 26-34	35.2	26.1	18.8	24.5	19.9	31.7	34.8	30.9
Age 35+	6.5	4	3.9	4.4	5.3	6.9	8.1	10.7
Male	32.7	21.6	14.8	20	20.1	24.8	34	32.5
Female	15.2	9.9	7.4	9.6	11.1	15.7	14.1	13.6

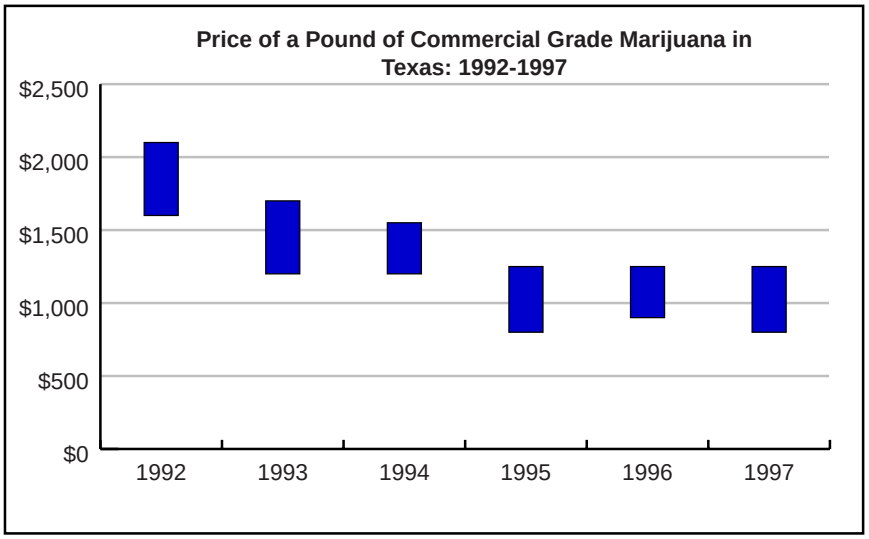
Marijuana was the primary problem for 8 percent of adult admissions to treatment programs in 1997 (Appendices 1 and 2). The average age of marijuana clients continues to increase: in 1985, the average age was 24; in 1997, it is 28. Males constitute 71 percent of the marijuana admissions. Anglos comprise 50 percent of the clients, African Americans comprise 26 percent, and Hispanics comprise 23 percent. The average annual income for marijuana clients is $7,196; 40 percent are employed and 68 percent are involved with the criminal justice system.

Texas Arrestees Testing Positive for Marijuana (DUF)

	1991	1992	1993	1994	1995	1996	1997
Dallas Males	19%	28%	27%	33%	39%	37%	43%
Houston Males	17%	24%	24%	23%	30%	23%	18%
San Antonio Males	19%	28%	32%	30%	34%	34%	35%
San Antonio Male Juv.			24%	35%	34%	34%	53%
Dallas Females	11%	24%	20%	23%	23%	23%	30%
Houston Females	8%	12%	15%	13%	21%	21%	19%
San Antonio Females	8%	16%	17%	15%	15%	15%	17%
San Antonio Female Juv.			10%	4%	13%	13%	17%

Marijuana was also the

primary drug for 68 percent of adolescent admissions in 1997 (Appendix 3), as compared to 51 percent in 1994. In 1997, 81 percent of the marijuana admissions were male, and their average age was 15.4 years. Forty-six percent of these adolescents were Hispanic, 31 percent were Anglo, and 22 percent were African American (in 1987, 7 percent were African American). Some 81 percent of the marijuana admissions were involved with the juvenile justice system.



In the DUF data shown on the previous page, the percentage of adult arrestees testing positive for marijuana has increased between 1991 and 1997. For San Antonio juvenile males, the percent positive went from 24 percent in 1993 to 53 percent in 1997, while for females, it went from 10 percent to 17 percent in the same period of time.

Treatment, survey, and criminal justice data all confirm this increase in marijuana use and the resulting problems.

With juveniles, not only are more students reporting use of marijuana in the Texas Secondary School Survey, but also the proportion of youth entering publicly-funded treatment with a primary marijuana problem is increasing, as is the proportion of juvenile drug offenders arrested for a marijuana offense.

The Texas school survey found that past month use went from 7 percent in 1992 to 16 percent in 1996 and heavy use, which is using daily or weekly, increased from 3 percent to 8 percent. This increase is partially due to more lax attitudes toward drug use among Texas students, lowered perceptions of parental disapproval of substance use, and the increased availability of drugs, which is shown by the decreasing prices in the figure shown above.

Marijuana prices fluctuate depending on quality, quantity, demand, and availability. In Houston, a pound costs $350–$900; in the Dallas area, Mexican marijuana costs $450–$800 per pound, while domestic, with higher tetrahydrocannabinol concentrations, costs $700–$3,000. Ounce quantities of both Mexican and domestic marijuana cost $50–$80.

"Swishers" and "blunts" remain popular, and reports continue about the use of marijuana soaked in embalming fluid or mixed with phencyclidine (PCP). In Houston, "Swisher sweets" dipped in codeine cough syrup are called "candyblunts."

The adolescent use of embalming fluid with marijuana and tobacco is growing. In Houston, interviews were conducted with young people who smoke marijuana joints or Swishers (cigars and cigarillos stripped of tobacco and refilled with marijuana), or cigarettes. The street names used for this embalming fluid phenomenon include "dip," "fry," "fry sticks," "amp," and "water-water." According to reports, the high from fry sticks is much like the effects from consuming a hallucinogenic substance. Participants describe effects from smoking marijuana soaked in embalming fluid that include seeing brilliant, unique colors, special designs and shapes, and distorted vision. Attitudinal

effects differ; some users interviewed state that the combined substance intensifies innate personality characteristics while others report strange and/or violent behavior. A small bottle of street embalming fluid that was analyzed contained PCP and contaminants of PCP synthesis.

Users report that fry sticks are made by dipping joints or Swishers individually into a bottle of embalming fluid or by dipping a tray of joints into a receptacle filled with embalming fluid. Reports differ as to how many times a joint is dipped into fluid—variations extend from dipping one to five times. Embalming fluid is diverted in small batches from hospital morgues and smaller, individual funeral homes by mortuary assistants, clerks, and other employees. These small batches are then sold to distributors who, in turn, sell to dealers. Dealers treat the joints and Swishers to sell to users. While it is possible, even if difficult, to purchase bottles of embalming fluid, the cost ($50 and up) is prohibitive to most of these young marijuana smokers. At present, the cost of fry sticks range between $5-$10 each.

Stimulants

Methamphetamines and amphetamines comprise 5 percent of adult admissions in 1997 (Appendices 1 and 2). The average client admitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 1997, it is 30. The proportion of Anglo clients has risen from 80 percent in 1985 to 93 percent in 1997, while the percent Hispanic has dropped from 11 percent to 5 percent and the percent African American has dropped from 9 percent to 1 percent. Some 64 percent inject the drug and 47 percent are involved with the criminal justice system.

Texas Arrestees Testing Positive for Amphetamines (DUF)

	1991	1992	1993	1994	1995	1996	1997
Dallas Males	1%	1%	4%	2%	2%	1%	4%
Houston Males	0%	0%	0%	0%	0%	0%	1%
San Antonio Males	1%	0%	0%	0%	1%	2%	3%
San Antonio Male Juv.			0%	0%	0%	1%	0%
Dallas Females	3%	3%	6%	4%	4%	1%	5%
Houston Females	0%	0%	1%	0%	1%	1%	2%
San Antonio Females	2%	1%	2%	0%	3%	3%	4%
San Antonio Female Juv.			1%	0%	0%	0%	0%

The proportion of arrestees testing positive for amphetamines has been low, but in 1997 the percentages in all three cities increased by one to four percentage points. The rates were highest in Dallas, where males averaged 4 percent and females averaged 5 percent.

Methamphetamine ("speed" or "crank") and amphetamine are manufactured in Texas and are also imported from California and Mexico. According to DEA reports, the pound price range for methamphetamine has dropped from $15,000–$18,000 in January 1994 to $10,000–$15,000 in the current reporting period. Amphetamine pound prices have decreased from $12,000–$15,000 to $10,000–$13,000. Ounce quantities of methamphetamine and amphetamine retail for $1,000–$1,500; a gram costs $90–$100.

Methylenedioxymethamphetamine (MDMA or "ecstasy") is still popular among young, upper-middle-class Anglos and homosexuals. Most of the MDMA in Texas originates in Houston, Baytown, Corpus Christi, Mexico, and California. MDMA prices are $7–$30 per 50–100 milligram tablet dosage unit.

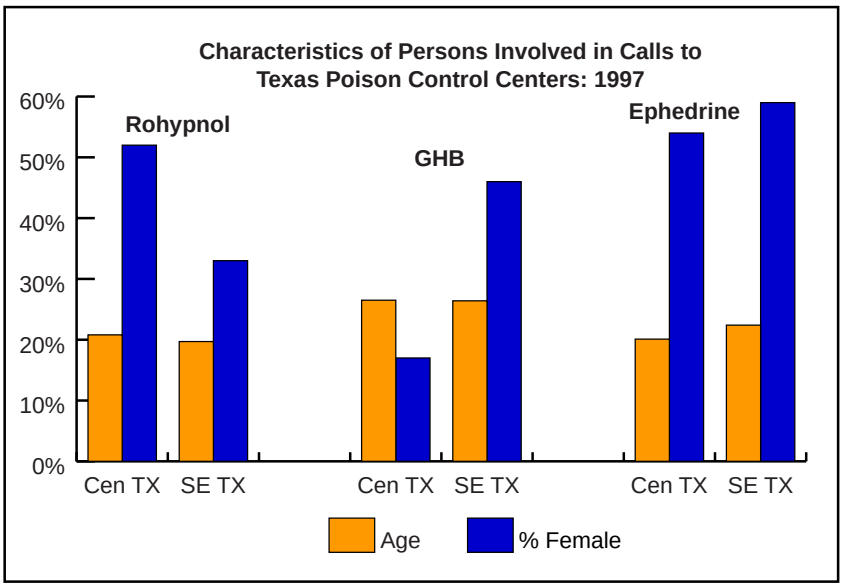
A major concern is the growing use of marketing terms such as “all natural” or “all herbs,” and the use of common names for ingredients that, unknown to the general population and most health care professionals, contain active drug elements. In addition, some of these products are “spiked” with synthetic ephedrine and caffeine.

Ephedrine products are also marketed as legal versions of illicit controlled substances, such as MDMA, with hallucinogenic properties. They are labeled as dietary supplements and marketed as safe and “all natural,” although they may contain 50–100 milligrams of ephedrine in combination with caffeine. These products include Herbal Ecstasy, Herbal X GWM, Cloud 9, Herbal Bliss, and Ritual Spirit.

In addition, ephedrine is sold in truck stops for asthma relief and as a bronchodilator to help breathing. Truck stop ephedrine products include 357 Magnum, Efedrin, Go-Power, Heads Up, Max Alert, Maxephedrine, Mini-Thins, Thin-Edrine, and Turbo Tabs.

Ephedrine sells for up to $1,200 per pound, and 1,000 tablets sell for $10. Pharmacists now report buyers in Texas wanting to purchase large quantities of pseudoephedrine over the counter to produce methamphetamine.

A total of 122 calls concerning overdoses of ephedrine have been received at the Central Texas Poison Center since 1995, and 23 were received at the Southeast Texas Poison Control Center in 1997. Of the calls concerning overdoses of ephedrine, the Central Texas Center reported 24 percent of their calls and the Southeast Texas Center reported 61 percent of their calls involved possible suicide attempts. Some 18 of the Central Texas and five of the Southeast Texas calls involved toddlers who had gotten into their parents’ ephedrine, which shows how prevalent this drug is in households. Of the calls on adolescents and adults, the average age in Southeast Texas was 22.4 and it was 20.1 years in Central Texas; 59 percent were female in Southeast Texas and 54 percent were female in Central Texas.



Depressants

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

Because Rohypnol can no longer be legally imported into the US, Mexican vendors recommend other Mexican drug products for importation into the United States. A first choice is clonazepam (Rivotril), which is sold in the United States as Klonopin and is used for the treatment of petit mal seizures. Communities on the Texas-Mexico border report Rivotril is "everywhere" and is now being used by juveniles in combination with beer just as Rohypnol has been used. Other drugs which are legally being brought into the US on legal prescriptions by anyone age 18 or older include Ritalin, Valium, fenfluramine, phentermine, Halcion, and bromazepam (Lexotan), a benzodiazepine neither made nor approved for use in the United States. Often the users cannot distinguish flunitrazepam from diazepam or clonazepam.

CODAP began collecting information on Rohypnol on January 1, 1996. Through September, 1997, 118 youth were admitted with a primary, secondary, or tertiary problem with Rohypnol. Eighty-five percent of the youth were Hispanic and 14 percent were Anglo; 72 percent were male and average age was 15.4 years. Forty percent were referred from the juvenile justice system. Other drugs of abuse included marijuana, cocaine, and alcohol. Significantly, 74 percent of these youth entered programs located on the Texas-Mexico border. Since Rohypnol abuse has been a problem among Border youth for a longer period of time, this represents the first cohort of Rohypnol users whose use of this drug has led to dependence and the need for treatment.

In addition, 103 adults were admitted into treatment during this period with a primary, secondary or tertiary problem with Rohypnol. Some 67 percent entered programs in Border counties. Of the adult clients, 66 percent were Hispanic and 34 percent were Anglo; 70 percent were male and average age was 24, which is much younger than most adult clients entering treatment (overall average age is 33.9 years). Powder cocaine and heroin were other drugs most likely to be abused by these adults.

A total of 101 different school districts out of over 1,000 in the state participated in the Texas school survey during 1997, which asked questions about the use of Rohypnol. In thirteen very small and rural districts, no students reported lifetime use. In the districts where lifetime use was reported, the mean prevalence rate was 3.4 percent. However, 14 percent of the students in a district on the Texas-Mexico border reported ever having used Rohypnol, and 5.3 percent had used it in the past month. The 1998 survey will provide statewide prevalence rates on use of Rohypnol, but the 1997 findings document that while prevalence is low, use of the drug is now being reported across the state.

Texas Arrestees Testing Positive for Depressants (DUF)

BARBITURATES	1991	1992	1993	1994	1995	1996	1997
Dallas Males	0%	0%	0%	0%	0%	0%	0%
Houston Males	1%	0%	2%	0%	0%	1%	0%
San Antonio Males	1%	1%	0%	0%	0%	0%	0%
San Antonio Male Juv.			0%	0%	0%	0%	0%
Dallas Females	1%	1%	2%	1%	1%	0%	0%
Houston Females	2%	1%	1%	1%	0%	1%	0%
San Antonio Females	3%	1%	1%	1%	0%	1%	0%
San Antonio Female Juv.			1%	1%	0%	0%	0%

BENZODIAZEPINES	1991	1992	1993	1994	1995	1996	1997
Dallas Males	2%	3%	3%	3%	2%	2%	3%
Houston Males	4%	10%	6%	4%	6%	9%	17%
San Antonio Males	4%	5%	5%	4%	3%	4%	5%
San Antonio Male Juv.			2%	1%	2%	2%	5%
Dallas Females	6%	6%	9%	7%	4%	7%	8%
Houston Females	8%	9%	9%	5%	7%	7%	7%
San Antonio Females	11%	6%	8%	6%	4%	10%	6%
San Antonio Female Juv.			1%	1%	1%	5%	0%

The Southeast Texas Poison Control Center in 1997 has reported 19 adult overdose calls involving Rohypnol, of which average age is 19.7 years and 33 percent were female. The Central Texas Poison Control Center reported 33 calls since 1995; average age was 20.8 years and 52 percent were female.

Twenty-eight adult overdoses involving GHB were reported by the Southeast Texas Poison Control Center in 1997; average age was 26.4 and 46 percent were female. Since 1995, 18 GHB cases were reported to the Central Texas Poison Control Center. Average age was 26.5 years and 17 percent were female. The Southeast Texas Center reported one case of Ketamine in 1997: a 26 year old female.

Less than 1 percent of the adults entering treatment during 1997 had a primary problem with barbiturates, sedatives, or tranquilizers (Appendix 2). This group was very different from most other drug abusers: they were older (average age of 37), Anglo (85 percent), and female (64 percent). Average income was $6,652.

Benzodiazepines were the depressant drugs most often identified by DUF. They remain a problem, with positive findings ranging from 2 to 14 percent. For barbiturates, positives range from 0 to 1 percent.

Hallucinogens

Among adolescent treatment programs, hallucinogens accounted for 2 percent of the admissions in 1997 (Appendix 3). The majority were male (95 percent) and Anglo (67 percent). Among adult treatment admissions in 1997, only 0.2 percent were for hallucinogens (Appendix 2). The average age was 24 years, and 84 percent were male; 73 percent were Anglo, 11 percent were African-American and 13 percent were Hispanic.

Texas Arrestees Testing Positive for PCP (DUF)

	1991	1992	1993	1994	1995	1996	1997
Dallas Males	0%	3%	3%	5%	8%	3%	3%
Houston Males	0%	0%	1%	3%	4%	2%	2%
San Antonio Males	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	0%	1%	2%	2%	1%	1%
Houston Females	0%	0%	0%	1%	2%	1%	2%
San Antonio Females	0%	0%	0%	0%	0%	0%	0%

Phencyclidine (PCP) among DUF arrestees was most likely to be reported among Houston males. No PCP positives were reported in San Antonio.

A liquid ounce of PCP six months ago sold for $150–$600; it now sells for $80–$300; a dipped cigarette costs about $20.

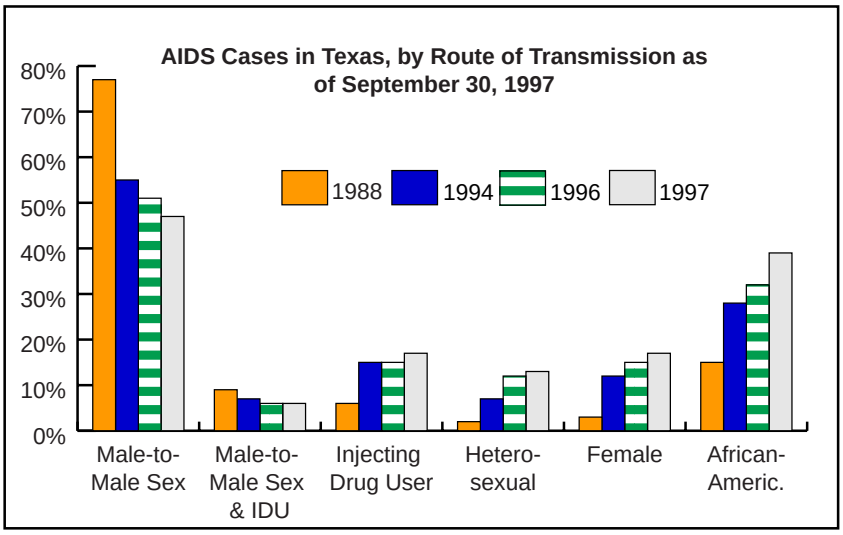
Inhalants

Inhalant abusers comprised 5 percent of the admissions to adolescent treatment programs in 1997 (Appendix 3). Some 65 percent were male, 77 percent were Hispanic, 19 percent were Anglo, and 4 percent were African American. The race/ethnic distribution is heavily influenced by the location and orientation of the treatment programs. In addition, 0.3 percent of adult admissions were inhalant abusers in 1997 (Appendix 2). Some 56 percent were male; 64 percent were Hispanic and 16 percent were Anglo. These clients had the lowest education level (10.2 years). Average annual income was only $4,228.

AIDS Among Drug Users

As of September 30, 1997, the proportion of adult and adolescent AIDS cases related to injecting drug use has gone from 15 percent in 1988 to 23 percent in 1997. Of these, in 1988, 6 percent of the cases were IDUs, and 9 percent were male-to-male sex and IDUs; in 1997, 17 percent of the cases were IDUs, and 6 percent were male-to-male sex and IDUs. The proportion of cases resulting from heterosexual contact has gone from 2 percent in 1988 to 13 percent in 1997.

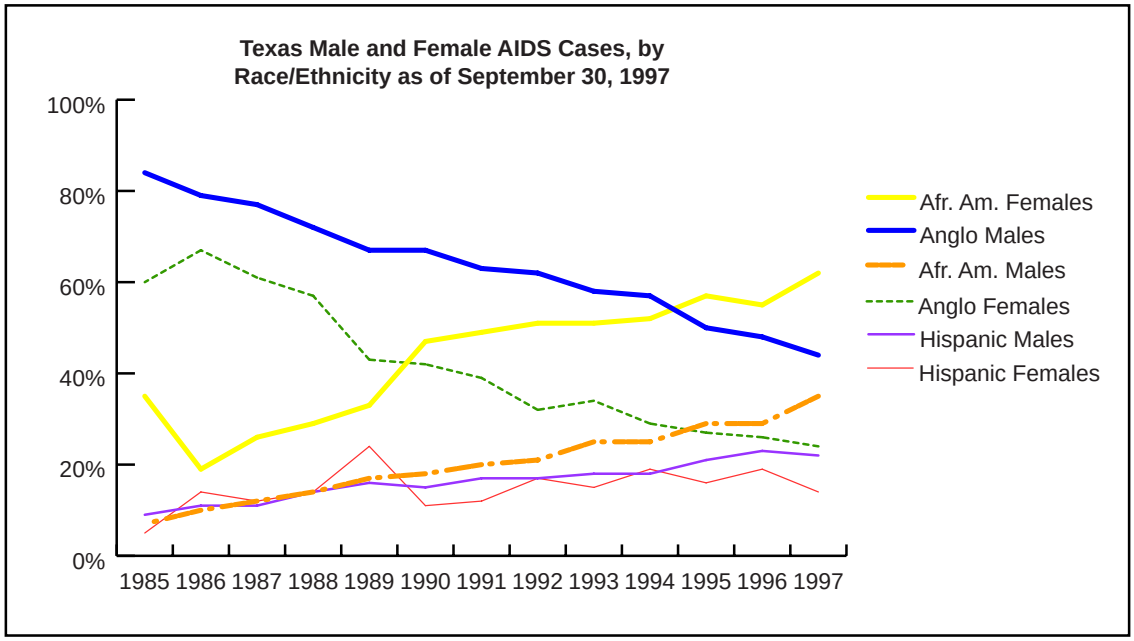
The Houston crack house study found the highest odds ratios were associated with injecting drugs for hepatitis C and HIV infection and for



Characteristics of Needle Users Admitted to TCADA-Funded Treatment Centers: January-September, 1997

	No.	Age	% Male	% Afr. Am.	% Anglo
Heroin	2,067	36.3	64.3	10.9	49.3
Stimulants	531	30.5	51.4	0.4	96.2
Cocaine	744	32	59.4	4.7	72.6

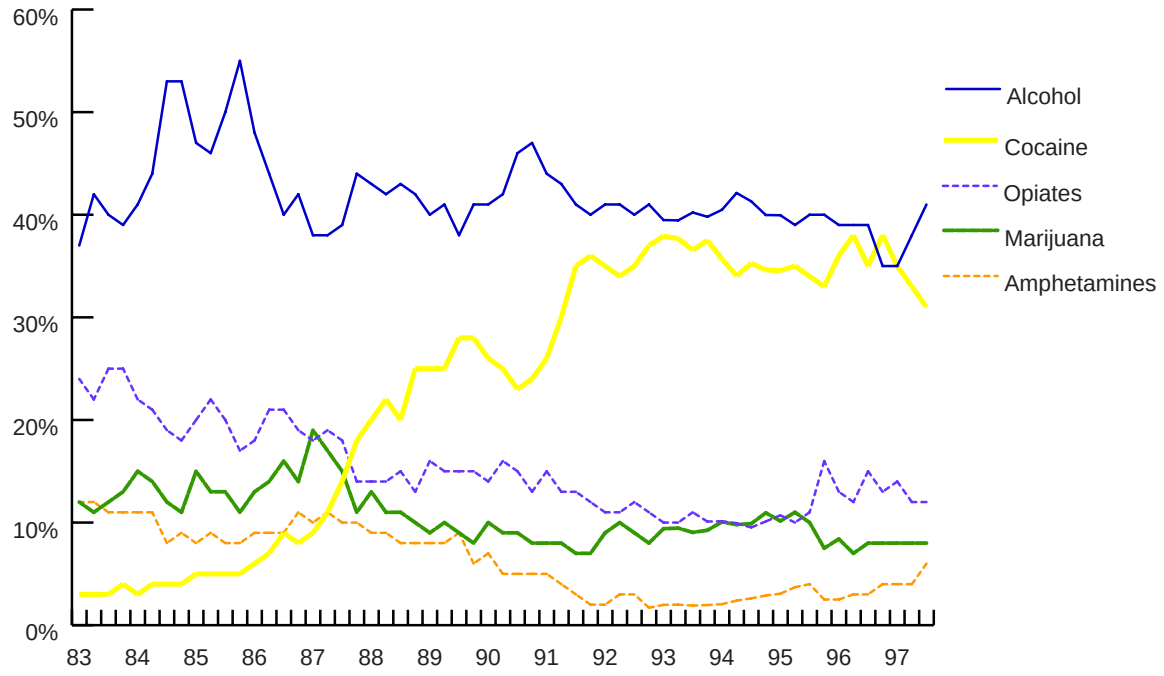
	% Hispanic	% Job	% CJ Refer'd	% No Home	Ave. Income
Heroin	38.2	15.1	35.4	10.1	$5,308
Stimulants	2.3	21.3	47.8	6.8	$6,751
Cocaine	21.4	22	42.2	8.1	$8,042



HIV, the odds ratio for sexually transmitted diseases is high and similar to that for injecting drug use, which confirms the association between sexually transmitted diseases and HIV infection. Treatment for crack addiction should be seen as a direct way of reducing the incidence of HIV infection.

The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 24 percent for 1997. There are differences in needle users who inject heroin, stimulants such as methamphetamine and amphetamine, and cocaine. Heroin injectors are most likely to be male, older, and persons of color, while injectors of stimulants and cocaine are far more likely to be Anglo.

Appendix 1
Percent of Adult Admissions to Publicly-Funded Treatment Programs by Primary Drug of Abuse: January 1983 to September 1997



Appendix 2

Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs: Jan. 1 through Sept. 30, 1997

Primary Drug	Total Admissions	Percent of All Admissions	Average Age	Average Age at 1st Use	Average Lag from 1st Use to Admission	Percent Married	Percent Male	Percent Using Needles
All Drugs	18,135	100.0%	33.9	20.4	14	21.7%	62.0%	24.4%
Heroin	2,261	12.5%	35.9	22.3	14	21.8%	62.8%	92.0%
Alcohol	6,919	38.2%	35.9	16.1	20	22.4%	69.4%	8.3%
Amphetamines	854	4.7%	30.1	20.5	10	21.0%	48.5%	63.5%
Cocaine	1,495	8.2%	30.8	22.4	9	23.6%	61.5%	51.2%
Marijuana/Hash	1,429	7.9%	27.5	15.7	12	23.0%	71.1%	7.3%
Inhalants	50	0.3%	27.5	17.1	11	18.0%	56.0%	6.0%
Ecstasy	7	0.0%	21.0	6.1	15	14.3%	100.0%	0.0%
Crack	4,516	24.9%	33.6	26.2	8	19.0%	52.9%	5.1%
Hallucinogens	45	0.2%	24.3	17.3	8	17.8%	84.4%	22.2%

Primary Drug	Percent African American	Percent Anglo	Percent Hispanic	Percent Employed	% Involved W/Criminal Justice	Average Education	Percent Homeless	Average Income at Admission
All Drugs	24.5%	52.8%	21.4%	24.7%	44.5%	11.5	8.4%	$7,127
Heroin	13.4%	47.8%	37.1%	15.8%	35.4%	11.3	9.3%	$5,435
Alcohol	13.9%	60.2%	24.2%	29.9%	46.5%	11.5	8.7%	$7,814
Amphetamines	0.7%	93.4%	5.0%	21.9%	46.8%	11.5	6.4%	$7,390
Cocaine	6.9%	58.3%	33.4%	27.4%	45.1%	11.5	5.4%	$8,369
Marijuana/Hash	26.2%	50.0%	22.7%	40.0%	67.6%	11.3	2.9%	$7,196
Inhalants	6.0%	16.0%	64.0%	16.0%	36.0%	10.2	4.0%	$4,228
Ecstasy	14.3%	71.4%	14.3%	57.1%	71.4%	11.7	0.0%	$4,543
Crack	58.8%	31.4%	8.8%	17.2%	38.7%	11.6	11.4%	$6,355
Hallucinogens	11.1%	73.3%	13.3%	22.2%	57.8%	11.2	4.4%	$6,711

TCADA Treatment Assessment Database (CODAP)

Appendix 3

Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs: Jan. 1 through Sept. 30, 1997

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Average Age at 1st Use	Average Lag from 1st Use to Admission	Percent First Admissions	Percent w/History of IV Drug Use
All Drugs	2,203	100.0%	15.4	12.7	3	69.2%	9.7%
Heroin	38	1.7%	16.0	14.7	2	47.4%	65.8%
Alcohol	258	11.7%	15.5	12.1	4	73.6%	5.8%
Amphetamines	32	1.5%	15.9	13.7	3	43.8%	50.0%
Cocaine	157	7.1%	15.9	14.2	2	58.0%	35.0%
MJ Hash	1,500	68.1%	15.4	12.5	3	71.9%	5.0%
Inhalants	113	5.1%	14.8	12.4	3	62.0%	6.2%
Ecstasy	2	0.1%	17.0	16.0	2	0.0%	100.0%
Rohypnol	10	0.5%	15.4	14.5	2	100.0%	0.0%
Crack	27	1.2%	15.6	14.9	1	70.4%	11.1%
Hallucinogens	43	2.0%	15.7	13.7	3	41.9%	23.3%
Other Opiates	3	0.1%	15.3	14.3	2	66.7%	33.3%

Primary Drug	Percent Male	Percent African American	Percent Anglo	Percent Hispanic	Percent Involved w/ Criminal Justice	Average Education	Percent w/a Parent who Abuses Substance(s)
All Drugs	77.1%	18.4%	33.4%	47.1%	77.0%	8.3	29.3%
Heroin	71.1%	7.9%	36.8%	52.6%	73.7%	8.2	39.5%
Alcohol	71.7%	15.5%	30.6%	52.7%	67.8%	8.3	41.1%
Amphetamines	68.8%	0.0%	90.6%	9.4%	68.8%	8.9	18.8%
Cocaine	63.1%	4.5%	49.7%	45.9%	64.3%	8.7	38.2%
MJ Hash	81.1%	22.3%	30.9%	45.8%	81.1%	8.2	25.9%
Inhalants	65.5%	3.5%	18.6%	77.0%	75.2%	7.5	32.7%
Ecstasy	100.0%	0.0%	100.0%	0.0%	0.0%	11.0	0.0%
Rohypnol	60.0%	0.0%	0.0%	100.0%	50.0%	8.5	30.0%
Crack	37.0%	11.1%	51.9%	33.3%	48.2%	8.6	29.6%
Hallucinogens	95.4%	16.3%	67.4%	11.6%	79.1%	9.4	34.9%
Other Opiates	66.7%	33.3%	0.0%	66.7%	66.7%	7.3	66.7%

TCADA Treatment Assessment Database (CODAP)