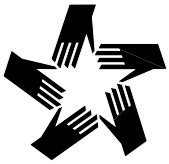
TCADA Research Brief

Substance Abuse Trends in Texas: December 1999



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Substance Abuse Trends in Texas: December 1999

Overview

by Jane Carlisle Maxwell, Ph.D.

Crack cocaine continues as the primary illicit drug for which adult clients are admitted to treatment. The proportion of African-American crack admissions is declining, while the proportion of Anglo and Hispanic admissions is increasing. Cocaine is the illicit drug, after marijuana, for which arrestees are most likely to test positive; however the proportions testing positive for cocaine now are lower now than they were in the early 1990s. Overdose deaths due to cocaine reached an all-time high in 1998 and the rate of emergency room mentions of cocaine in Dallas is at the highest point ever, which underscores the continuing and increasing role of cocaine as a leading drug of abuse, not only as crack, but also as powder cocaine. Cocaine is readily available; the price has remained fairly stable since 1997.

Alcohol is the primary drug of abuse in Texas in terms of abuse and dependence, deaths, treatment admissions, and arrests.

Heroin overdose deaths have increased annually, and the average age of the decedents dropped from nearly 40 in 1997 to 37 in 1998. They are predominately Anglo males. Emergency room mentions of heroin in Dallas increased between 1996 and 1997 and remained steady from 1997 to 1998, but mentions of heroin by teenagers were again reported in 1998. Heroin addicts entering treatment are primarily injectors and they are most likely to be Hispanic or Anglo males. The percentage of arrestees testing positive for heroin remains mixed, and the lowest price of Mexican heroin continues to drop while purity increases.

Codeine cough syrup is growing in popularity in the Houston area both among adults who are polydrug abusers and youth who are primarily abusers of cough syrup. Hydrocodone, hydromorphone, promethazine with codeine, Stadol nasal spray, and carisoprodol (Soma) are prescription drugs which are commonly diverted and abused across the state.

The proportion of youth admitted to treatment reporting marijuana as their primary drug problem continues to increase, as does the percentage of adolescents testing positive for marijuana at arrest. Dallas emergency room mentions of marijuana are higher than ever. Availability is high and price is lower. Dipping joints in codeine cough syrup or in embalming fluid that contains PCP continues and as a result, emergency room mentions of PCP and arrestees testing positive of PCP are increasing. Smoking blunt cigars filled with marijuana or adding crack or other drugs to marijuana cigarettes also continues.

Methamphetamine use is widely reported, especially in the rural areas of North and East Texas. Not all of the traditional indicators document the severity of the problem, although the number of deaths increased from 1997 to 1998, as have emergency room mentions of amphetamines. The percentage of admissions to publicly-funded treatment and percent of arrestees testing positive is still low. Stimulant users entering treatment are overwhelmingly Anglo and usually injectors. Diversion of

ephedrine and pseudoephedrine remains a problem with the number of small labs increasing around the state. In addition, methamphetamine continues to come from Mexico, with a shift in importation from California to the more eastern part of the US-Mexico border.

Depressants continue to be a problem because of their availability in Mexico, with Rivotril being substituted for Rohypnol. Mentions of downers are up in the Dallas emergency rooms. Rohypnol treatment admissions are increasing, especially in programs along the border. GHB, GBL, and similar precursor drugs are a dangerous problem.

LSD is available, and MDMA combined with heroin is being reported.

Characteristics of inhalant users differ depending on whether the data source is treatment, school surveys, or overdose deaths.

AIDS cases among females and African Americans reflect the correlation between drugs and HIV infection in these populations. The proportion of needle users entering treatment continues to decrease, while using cocaine, inhalants, amphetamines, or other drugs while having sex are significant risk factors for persons testing positive for HIV.

Area Description

The population of Texas (19,995,428) is distributed among 28 metropolitan statistical areas and 254 counties. The ethnic/racial composition of Texas in 1999 is 55 percent Anglo, 30 percent Hispanic, 11 percent African American, and 3 percent other. Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as smaller towns along the border, and then move northward for distribution through Dallas/Fort Worth and Houston. In addition, drugs move eastward from San Diego through Lubbock and from El Paso to Amarillo and Dallas/Fort Worth. A major problem is that Mexican pharmacies sell many controlled substances to US citizens who declare these drugs and then legally bring up to a 90-day supply into the state. Sea ports are used to import heroin and cocaine via commercial cargo vessels and the international airports in Houston and Dallas/Fort Worth are major ports for the distribution of drugs in and out of the state. In addition, bulk currency is moved southward through rental and private vehicles, commercial trucks, buses, and commercial flights, as well as by private courier services. Real estate, money exchange houses, local businesses, and banks are used to launder drug proceeds.

Data Sources and Time Periods

Substance Abuse Trends in Texas is an on-going series which is published every six months as a report to the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse. To compare December 1999 data against earlier periods, please refer to previous editions which are available in hard copy from TCADA or on the TCADA web page at: http://www.tcada.state.tx.us/research/subabusetrends.html.

- Data on price, purity, trafficking, distribution, and

supply–This information was provided by the fourth quarter trends in trafficking reports of the Dallas and Houston field divisions and the San Antonio district of the Drug Enforcement Administration.

- Treatment data–The Texas Commission on Alcohol and Drug Abuse's (TCADA) Client Oriented Data Acquisition Process (CODAP) provided data on clients at admission to treatment in public facilities from first quarter 1983 through September, 1999.

- Overdose data—Data on drug overdose deaths came from death certificates from the Bureau of Vital Statistics of the Texas Department of Health. Mentions of drugs in the Dallas area emergency rooms came from the Drug Abuse Warning Network (DAWN) of the Substance Abuse and Mental Health Administration.

- Drug use by arrestees–The Arrestee Drug Abuse Monitoring Program (ADAM) of the National Institute of Justice provided information through third quarter 1999 for Dallas, Houston, Laredo, and San Antonio.

- Poison control center data were provided by the Texas Department of Health.

- 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, 1999 and additional information was provide by the Prevention Counseling/Partner Elicitation Data Collection System of the Texas Department of Health.

Drug Abuse Trends

Cocaine and Crack

The number of deaths in which cocaine was mentioned increased to a high of 374 in 1998, after being fairly level from 1992 to 1995 (Figure 1). The average age of the decedents has increased over the years and the race/ethnic distribution has remained fairly stable. In 1998, the average age was 36.9 years; 48 percent of the decedents were Anglo, 21 percent were Hispanic, and 30 percent were African American.

In 1998, there were 357 confirmed exposures to cocaine reported to Poison Control Centers in Texas; as of September 30, there have been 243 in 1999. In both years, between 65 and 69 percent of the cases were male. A third of the cases were in their twenties, with some 20 percent in their teens and another 20 percent in their thirties (Appendix 4).

The rate of emergency room mentions of cocaine in the Dallas DAWN data is higher in 1998 than it ever has been (Table 1). The rates are highest for persons aged 18-34 and for males.

Cocaine (crack and powder) comprised 35 percent of all adult admissions to TCADA-funded treatment programs in the first three quarters of 1999 (Appendix 2), as compared to 35 percent of all adult admissions for alcohol. Crack cocaine is the primary illicit drug abused by adult clients admitted to publicly-funded treatment programs throughout Texas, although it has dropped from 28 percent of all adult admissions in 1993 to 26 percent for 1999.

Abusers of powder cocaine comprise 9 percent of admissions to treatment and they are younger than crack abusers (31 years as compared to 35 years), and more likely to be male and Anglo. Those who inhale are the youngest, the most likely to be male, the most likely to be Hispanic, and the most likely to be employed (Table 2).

The term "lag" refers to the period from first consistent or regular use of cocaine to date

Figure 1. Age & Race/Ethnicity of Persons Dying with a Mention of Cocaine: 1992-1998

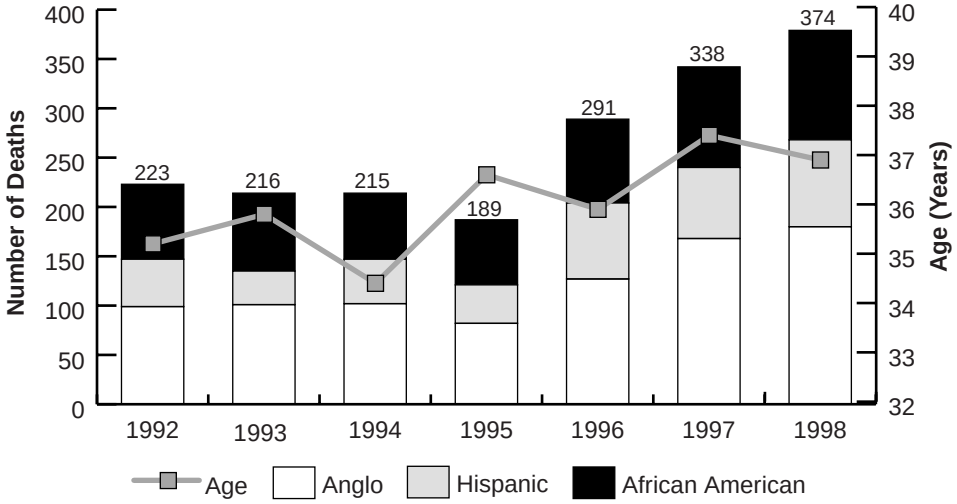


Table 1. Dallas DAWN Mentions of Cocaine Per 100,000 Population by Age and Gender: 1989-1998

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total	59	45	57	53	58	61	62	58	74	106
Age 34 & Under	87	67	79	70	74	81	75	72	92	128
Age 12-17	33	21	20	16	21	18	21	35	34	66
Age 18-25	141	103	117	106	109	100	106	92	156	192
Age 26-34	115	95	120	106	112	141	122	117	133	192
Age 35+	25	19	30	33	39	39	47	43	55	84
Male	77	58	69	69	72	74	79	78	97	142
Female	42	33	45	37	43	48	44	39	51	71

Table 2. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: Jan-Sept 1999

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All
# Admissions	7,738	1,131	1,289	10,158
% of Cocaine Admits	76%	11%	13%	100%
Lag-1st Use to Tmt-Yrs.	9	12	8	9
Average Age	34	33	29	34
% Male	55%	61%	63%	56%
% African American	54%	4%	8%	42%
% Anglo	33%	72%	41%	39%
% Hispanic	12%	23%	50%	18%
% CJ Involved	34%	41%	47%	37%
% Employed	15%	19%	33%	18%
% Homeless	16%	8%	5%	14%
Average Income	$5,870	$6,867	$8,289	$6,324

of admission to treatment. Crack smokers and powder cocaine inhalers average eight to nine years between first regular use and entrance to treatment, while injectors average 12 years of use before they enter treatment.

Between 1987 and 1999, the percentage of Hispanic treatment admissions using powder cocaine has increased from 23 percent to 38 percent and the percent of Anglo powder users has increased from 49 percent to 55 percent, while the percent of African-American clients using powder cocaine has dropped from 28 percent to 7 percent. Figure 2 shows this increase by Anglos and Hispanics since 1993 by route of administration, which also shows the decrease in the proportion of African Americans admitted for abuse of crack cocaine, and the increase in the proportion of Anglos and Hispanics.

Powder cocaine was the primary drug of abuse for 6 percent of youths entering treatment during 1999 (Appendix 3), up from 4 percent in 1995. Crack cocaine accounted for 2 percent of youth admissions.

The proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s in Dallas, Houston, and San Antonio, although there were increases between 1998 and 1999 for both males and females in Dallas. In addition, 42 percent of males and 24 percent of females tested in 1999 in Laredo were positive for cocaine (Table 3).

DEA reports that cocaine is readily available at the wholesale and retail levels. Since 1987, the price has dropped, but it has remained fairly stable since the second half of 1997 (Figure 3). In the Houston area, the price of powder cocaine is $9,500-$14,000 for a kilogram wholesale, with a retail price of $14,000 to $18,000, while in the North Texas region, the price is higher

Figure 2. Routes of Administration of Cocaine by Race/Ethnicity of Treatment Admissions: 1993-1998

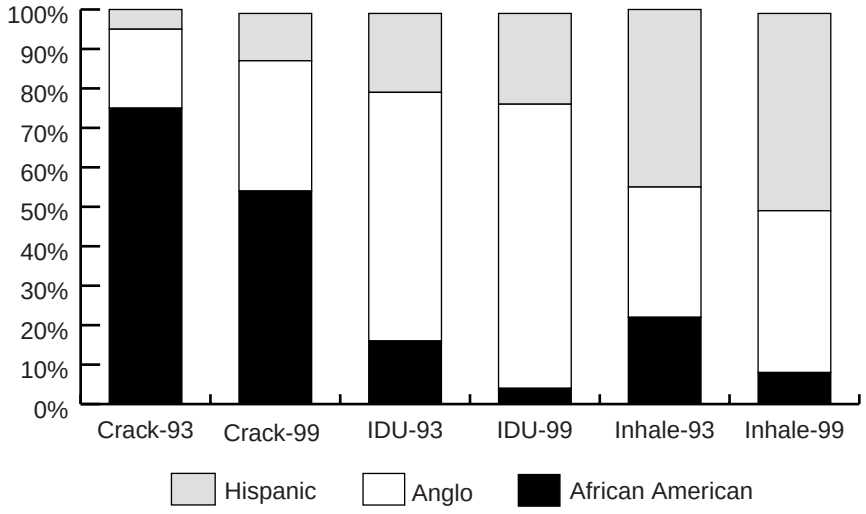


Table 3. Arrestees Testing Positive for Cocaine: 1991-3Q1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999*
COCAINE									
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%	32%
Houston Males	56%	41%	41%	28%	40%	39%	39%	36%	36%
Laredo Males								37%	42%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	27%	24%
San Antonio Male Juveniles			6%	9%	6%	9%	15%	8%	9%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%	41%
Houston Females	51%	44%	43%	36%	32%	34%	29%	37%	22%
Laredo Females								33%	24%
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	20%	19%
San Antonio Female Juveniles			5%	6%	4%	11%	6%	4%	9%

* Through 3Q 1999

at between $15,000 and $22,000. The price of powder in 1999 ranges between $500-$1,200 per ounce and $50-$275 per gram. The price of an ounce of crack cocaine is between $500-$1,100. A rock costs between $10 and $20.

In Dallas, indicators of cocaine abuse are mixed, showing an increase in the early warning indicators. Figure 4 shows that emergency room mentions of cocaine increased, as did positive cocaine tests for male and female arrestees. The lagging indicator, cocaine treatment admissions, decreased. Dallas crack cocaine treatment admissions have dropped from 21 percent in 1991 to 18 percent of all admissions in 1999, while powder cocaine admissions dropped from 11 percent to 6 percent during the same period. This decrease could be a reflection of shifts in funding among treatment programs with different target groups, especially heroin, or it could indicate that there is an upsurge in cocaine use among new users who are not yet in need of treatment.

Figure 3. Price of a Kilogram of Cocaine in Texas as Reported by DEA: 1987-1999

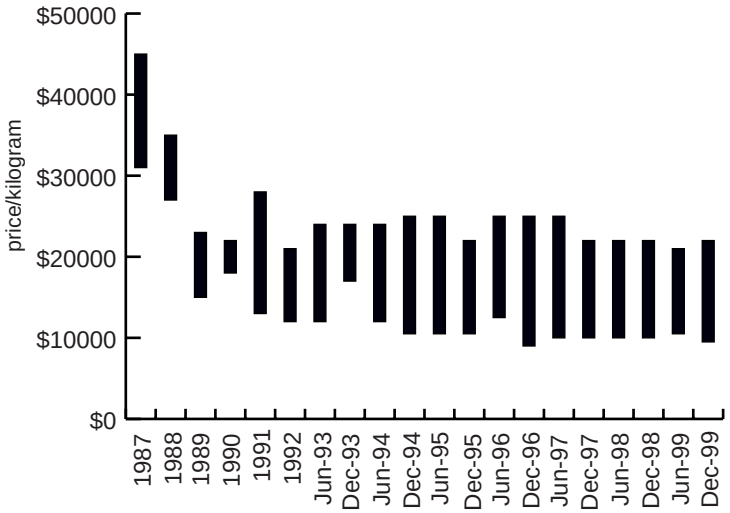
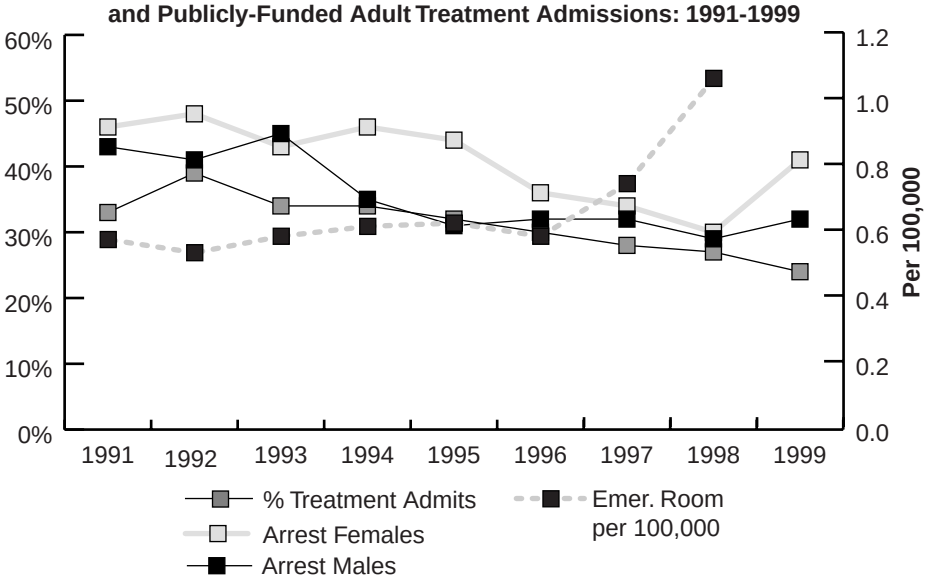


Figure 4. Dallas Cocaine Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1999



Alcohol

Alcohol is the primary drug of abuse in Texas. Some 11 percent of Texans in the 1996 household survey met the criteria for alcohol abuse, as compared to 2 percent who were drug abusers. Five percent of adults were dependent on alcohol, as compared to 2 percent who were dependent on drugs.

The number of mentions of alcohol in combination with other drugs in Dallas emergency rooms increased significantly in 1998 (Table 4).

Figure 5 shows that far more persons die as an indirect result of alcohol. "Direct" deaths are those where the substance,

alcohol or drugs, caused the death, while "indirect" deaths are those where the actual cause of death was due to another reason, such as a car wreck or a violent crime, but alcohol or drugs were involved. As this figure shows, the rate for "direct" alcohol deaths has remained level over the years, while the rate for "direct" drug deaths is slightly increasing.

Through the third quarter of 1999, 35 percent of clients admitted to publicly-funded programs had a primary problem with alcohol (Appendix 2). They were the oldest of the clients; 60 percent were Anglo; 71 percent were male; their level of education was highest of all clients, at 12 years of education, as was their annual income at $8,101. They were also among the most likely to be homeless at 13 percent, second only to crack clients. In terms of poly-drug use, 49 percent used only alcohol, 18 percent had a secondary drug problem with marijuana, 14 percent had a problem with crack cocaine, and 10 percent had a problem with powder cocaine.

Far more Texans are arrested for DWI and public intoxication than for other substance abuse offenses (Figure 6). The rates for DWI and public intoxication are decreasing, the rates for drug possession and liquor law violations are increasing, while the rate for drug trafficking is mixed over the years.

Table 4. Number of Mentions of Alcohol in Combination with Other Drugs in Dallas Emergency Rooms, Per 100,000 Population: 1998

	1991	1992	1993	1994	1995	1996	1997	1998
Alcohol-in-Combination	51.3	50.4	60.6	58.1	57.6	57.9	65.7	83

Figure 5. Direct and Indirect Alcohol and Drug Overdose Deaths Per 100,000 Population: 1994-1998

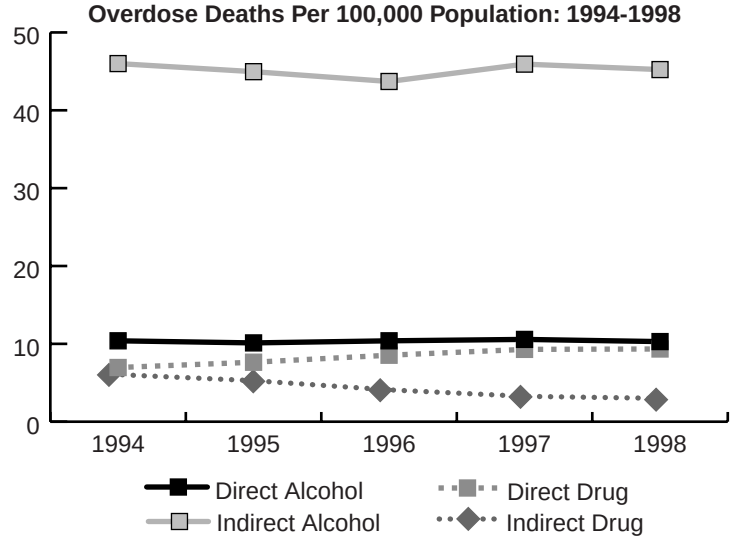
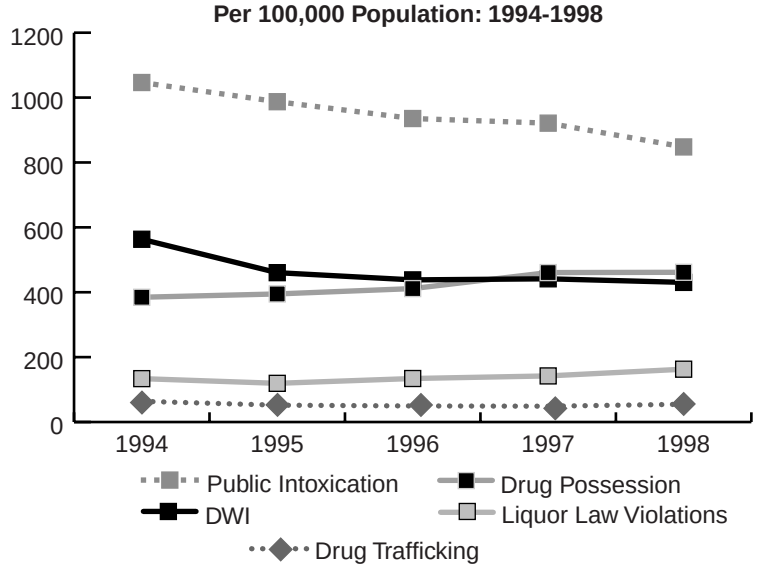


Figure 6. Substance Abuse Arrests Per 100,000 Population: 1994-1998



Heroin

The number of deaths with a mention of heroin or narcotics continued to increase to a high of 374 deaths in 1998 (Figure 7). In the period between 1992 and 1998, 55 percent of the persons whose death certificates mentioned heroin (either heroin only or in combination with other drugs) were Anglo, 32 percent were Hispanic, and 12 percent were African American, with the proportion of decedents who were Anglo increasing over the years. In terms of gender, between 1992 and 1998, 80 percent of the decedents have been male. Average age of the decedents decreased from 39.6 years in 1997 to 37.4 years in 1998, which shows the increase in overdose deaths among young Texans.

In 1998, there were 168 confirmed exposure calls to Texas Poison Control Centers involving heroin; as of September 30, 1999, there had already been 160 confirmed exposures. Some 83-87 percent of the calls involved males. Persons who were exposed to heroin were among the oldest of the cases, with a third involving persons in their thirties (Appendix 4).

Emergency room mentions of heroin have remained stable in 1997-1998 (Table 5), although mentions of heroin by teenagers

Figure 7. Age & Race/Ethnicity of Persons Dying with a Mention of Narcotics: 1992-1998

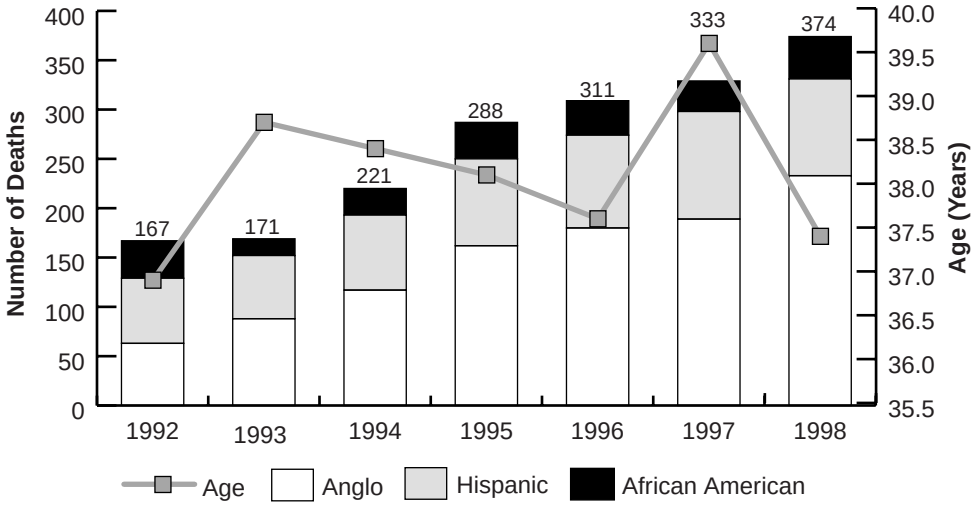


Table 5. Dallas DAWN Mentions of Heroin Per 100,000 Population by Age and Gender: 1989-1998

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total	14	14	10	12	13	10	12	15	21	21
Age 34 & Under	16	15	10	12	10	9	11	16	27	24
Age 12-17	-	-	-	-	-	-	-	10	-	7
Age 18-25	19	16	13	12	13	14	17	32	61	58
Age 26-34	27	26	17	23	16	13	17	18	25	24
Age 35+	12	13	10	12	16	12	13	12	16	18
Male	19	19	12	18	17	14	16	20	34	28
Female	9	9	8	6	9	6	8	10	9	14

Table 6. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: Jan-Sept 1999

	Inject	Inhale	All
# Admissions	3,472	249	3,824
% of Heroin Admits	93%	7%	100%
Lag-1st Use to Tmt-Yrs.	14	8	13
Average Age	36	31	36
% Male	66%	53%	65%
% African American	10%	32%	13%
% Anglo	42%	37%	42%
% Hispanic	47%	31%	46%
% CJ Involved	34%	25%	34%
% Employed	17%	23%	17%
% Homeless	11%	4%	11%
Average Income	$5,541	$7,436	$5,685

were again reported in 1998. Rates of heroin mentions are highest among males although there was a significant increase in the number of mentions by females.

Heroin ranks third after alcohol and crack cocaine as the primary drug for which adult clients are admitted to substance abuse treatment programs funded by TCADA (Appendices 1 and 2). It comprised 13 percent of admissions in 1999 as compared to 9 percent in 1993. The characteristics of these addicts vary depending on the route of administration, as Table 6 shows.

Most heroin addicts entering treatment inject heroin. While the number of individuals who inhale heroin is small, it is significant to note that the lag period in seeking treatment is eight as opposed to 14 years for injectors. This shorter lag period means that contrary to street rumors that "sniffing or inhaling is not addictive," inhalers will need treatment much more quickly than needle users.

Since 1986, 48 percent of heroin addicts entering treatment have been Hispanic and 38 percent have been Anglo; only 14 percent have been African American. Figure 8 shows that over time, the shifts in admissions among race/ethnic groups have not been large.

Only 2 percent of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of heroin (Appendix 3).

According to data collected by the ADAM program, the results of arrestees testing positive for opiates between 1991 and 1999 have remained mixed (Table 7).

The predominant form of heroin in Texas is black tar; some Mexican brown is also available. Some Southeast and Southwest Asian heroin is also reported available, but scarce in the Dallas region. There has been a reported increase in trafficking of Colombian heroin transshipped

Figure 8. Heroin Admissions to Treatment by Race/Ethnicity: 1986-3Q 1999

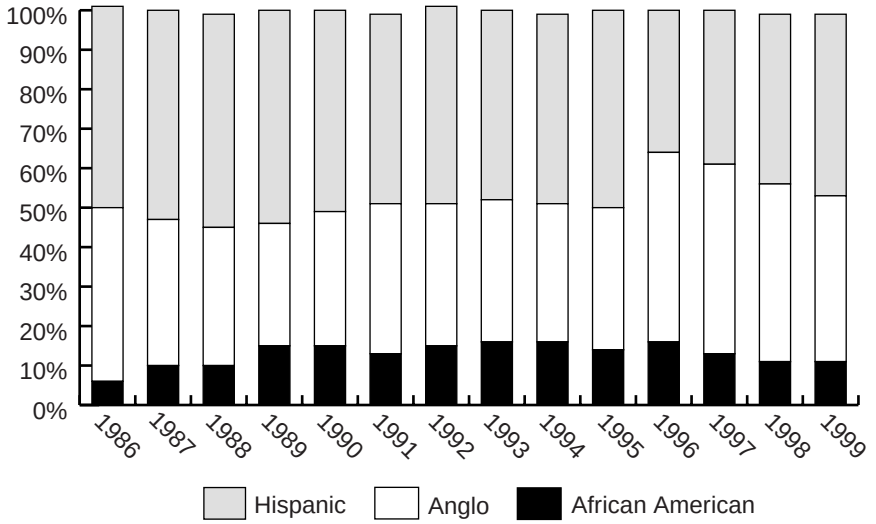


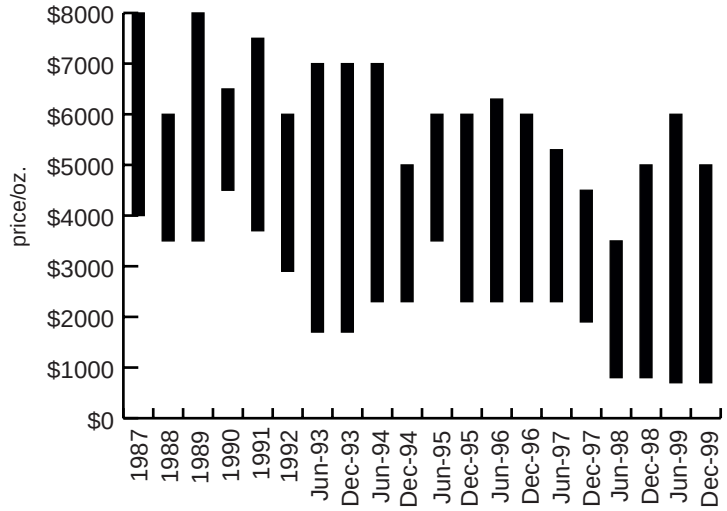
Table 7. Arrestees Testing Positive for Opiates: 1991-3Q1999

OPIATES	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	4.0%	4.3%	4.5%	3.0%	5.3%	5.3%	4.3%	2.3%	5.0%
Houston Males	3.3%	2.6%	1.5%	3.0%	5.2%	8.0%	10.5%	7.5%	4.7%
Laredo Males								11.2%	9.7%
San Antonio Males	15.4%	14.5%	14.3%	12.8%	9.6%	10.4%	10.3%	9.6%	10.0%
San Antonio Male Juveniles			1.3%	1.0%	0.4%	3.8%	2.8%	1.1%	3.0%
Dallas Females	9.0%	8.5%	10.8%	7.5%	5.1%	9.5%	4.5%	4.8%	6.0%
Houston Females	4.1%	3.7%	5.0%	6.3%	3.0%	4.3%	5.2%	7.0%	6.0%
Laredo Females								0.0%	2.0%
San Antonio Females	19.6%	13.3%	14.5%	13.8%	13.2%	12.7%	9.3%	8.6%	11.0%
San Antonio Female Juveniles			0.0%	0.8%	1.1%	2.1%	0.8%	0.0%	4.0%

* Through 3Q 1999

through Texas to the Northeastern US.

Figure 9. Price of an Ounce of Heroin in Texas as Reported by the DEA: 1987-1999



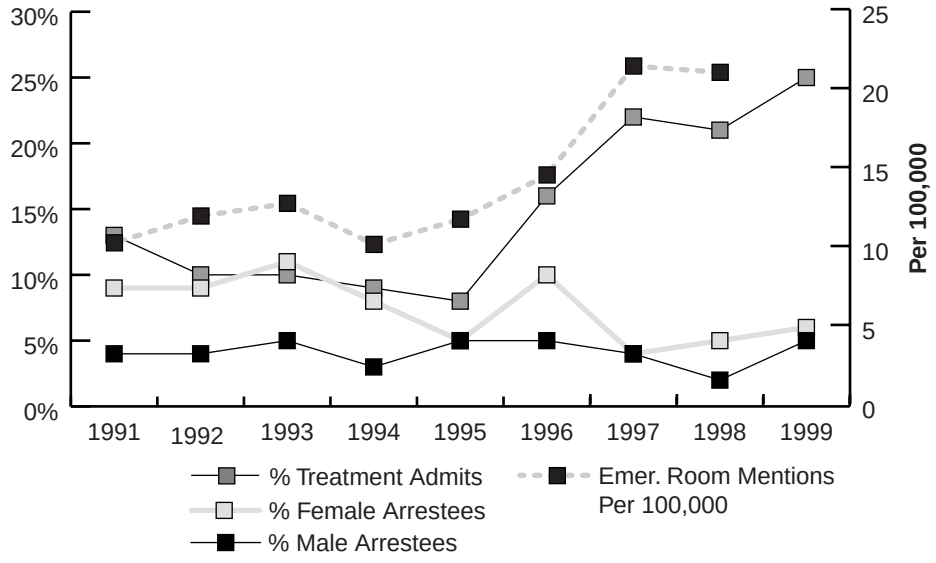
The cheapest price for black tar heroin continues to drop, according to DEA statewide reports (Figure 9). Currently, black tar heroin sells on the street for $10-20 a capsule, $120-$300 per gram, $700-$5,000 per ounce, and $62,000-$175,000 per kilogram. Mexican brown heroin costs $900-$3,500 per ounce. Southeast Asian heroin costs $3,500-$5,500 per ounce and $150,000-$175,000 per kilogram. Southwest Asian costs $85,000 per kilogram. Colombian sells for $1,000 per gram.

Table 8. Price and Purity of Heroin Purchased in Dallas and Houston by DEA: 1995-1999

	1995	1995	1997	1998	1999
Dallas Purity	6.8%	3.5%	7.0%	11.7%	11.9%
Price/Milligram Pure	$2.34	$6.66	$4.16	$1.06	$1.24
Houston Purity	16.0%	26.1%	16.3%	34.8%	16.8%
Price/Milligram Pure	$1.36	$2.15	$2.2	$2.43	$1.25

The Domestic Monitor Program of the DEA is a heroin purchase program that provides data on the purity, price, and origin of retail-level heroin available in the major metropolitan areas of the nation. As Table 8 shows, the purity of heroin is increasing, although the heroin in Dallas is not as potent as that in Houston. In addition, the price per milligram pure has varied over the years in Dallas, while it has remained fairly level in Houston. Some of this variation may be due to a low number of "buys" in some years.

Figure 10. Dallas Heroin Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1999



Indicators of heroin abuse in Dallas are increasing (Figure 10). Between 1996 and 1998, emergency room mentions of heroin and treatment admissions of heroin addicts in Dallas are up significantly, while the proportion of arrestees testing positive for heroin is also up.

Other Opiates

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

Emergency room mentions in Dallas show an overall increase since 1991, although there have been fluctuations over the years (Table 9).

Two percent of all adults who entered treatment during 1999 used opiates other than heroin and in comparison to heroin addicts, they were more likely to be older, to be Anglo, to be female, and to have higher incomes.

ADAM statistics show that the percentage testing positive for methadone is very low (Table 10).

According to DEA reports, hydrocodone (generic hydrocodone, lorcet, Lortab, Vicodin, and NORCO), promethazine with codeine, Stadol nasal spray, and carisoprodol (Soma) are the most commonly abused licit drugs in the Houston area, and hydrocodone and hydromorphone (Dilaudid) are the most commonly abused controlled narcotic substances within the Dallas area. DEA reports the abuse of promethazine with codeine is on the rise in Waco.

Codeine cough syrup continues to be a problem both among adults who are poly-drug abusers and youth who are primarily abusers of cough syrup.

Table 9. Dallas DAWN Mentions of Other Opiates Per 100,000 Population: 1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Diphenhydramine	3.3	2.9	5.1	4.6	3.7	5.5	3.1	4.1
Hydrocodone	7.0	6.8	8.1	8.7	7.5	8.4	12.7	11.2
Carisoprodol	2.1	2.1	2.4	3.4	3.7	3.3	3.7	3.3

Table 10. Arrestees Testing Positive for Methadone: 1991-3Q1999

METHADONE	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	0%	0%	0%	0%	0%	0%	0%	1%	1%
Houston Males	1%	0%	1%	0%	2%	6%	7%	1%	0%
Laredo Males								0%	1%
San Antonio Males	2%	2%	1%	1%	1%	1%	1%	1%	2%
Dallas Females	1%	1%	0%	0%	0%	1%	1%	1%	0%
Houston Females	2%	0%	1%	1%	0%	1%	2%	0%	0%
Laredo Females								0%	0%
San Antonio Females	5%	3%	2%	0%	1%	2%	2%	1%	1%

* Through 3Q 1999

Marijuana

Mentions of marijuana in emergency rooms in Dallas are the highest ever. While the highest rates of mention are among persons aged 18 to 25, the rates are up for all categories (Table 11).

There were 58 confirmed cases of exposure to marijuana reported to the Texas poison control centers in 1998 and 62 cases had already been reported as of September 30, 1999. About half of the cases involved teenagers and about two-thirds involved males (Appendix 4).

Marijuana was the primary problem for 9 percent of adult admissions to treatment programs in 1999 (Appendices 1 and 2). The average age of marijuana clients continues to increase: in 1985, the average age was 24; in 1999, it is 27.

The proportion of adolescents admitted for a primary problem with marijuana continues to increase to 74 percent of all admissions in 1999 (Appendix 3), as compared to 35 percent in

Table 11. Dallas DAWN Mentions of Marijuana Per 100,000 Population by Age and Gender: 1989-1998

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total	24	16	11	15	16	20	24	23	38	62
Age 34 & Under	38	25	17	24	25	33	38	36	58	96
Age 12-17	39	24	13	25	35	40	46	57	70	124
Age 18-25	70	45	31	41	46	55	71	59	118	171
Age 26-34	35	26	19	25	20	32	33	30	45	85
Age 35+	7	4	4	4	5	7	8	10	17	28
Male	33	22	15	20	20	25	33	34	52	85
Female	15	10	7	10	11	16	14	13	25	40

1987. In 1999, 46 percent of these adolescents were Hispanic, 30 percent were Anglo, and 24 percent were African American (in 1987, 7 percent were African American).

The percentage of arrestees testing positive for marijuana remains high, with big increases for San Antonio juveniles (Table 12).

Table 12. Arrestees Testing Positive for Marijuana: 1991-3Q1999

MARIJUANA	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	19%	28%	27%	33%	39%	43%	44%	43%	41%
Houston Males	17%	24%	24%	23%	30%	28%	23%	36%	39%
Laredo Males								39%	34%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	35%
San Antonio Male Juveniles			24%	35%	42%	45%	53%	49%	55%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	24%	27%
Houston Females	8%	12%	15%	13%	20%	24%	17%	20%	23%
Laredo Females								13%	11%
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	17%
San Antonio Female Juveniles			10%	4%	12%	18%	17%	18%	23%

*Through 3Q 1999

Marijuana is available, with multi-pound to multi-ton seizures commonplace. Prices remain low, although they fluctuate depending on quality, quantity, demand, and availability (Figure 11). In the southern half of the state, DEA reports a pound costs $500-$850 wholesale; in the northern area of the state, marijuana costs $400-$700 per pound. Ounce quantities of marijuana cost $35-$60.

Figure 11. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by the DEA: 1992-1999

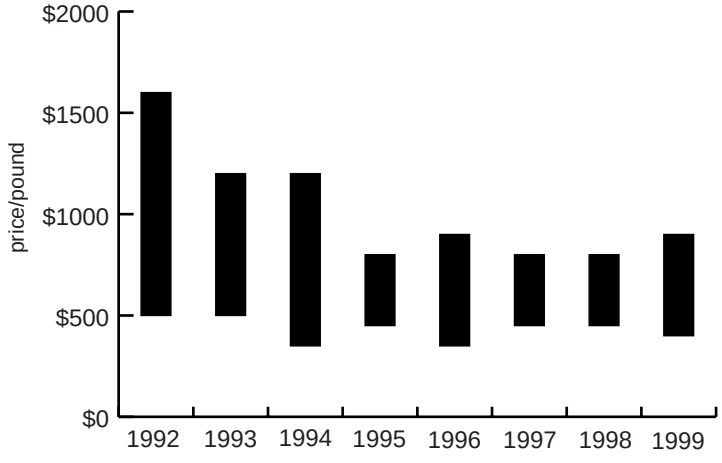


Figure 12 plots the trends in use of marijuana as reported in the statewide secondary school survey, adolescent admissions to treatment for a primary problem of marijuana, and the proportion of adolescent drug arrests for marijuana, as well as the Dallas adolescent emergency room mentions. As this figure shows, all the indicators have risen since 1992, although the increase has

Figure 12. Adolescent Indicators of Marijuana Use by Statewide Survey, Arrests, Publicly-Funded Treatment Admissions, and Emergency Room Mentions: 1987-1999

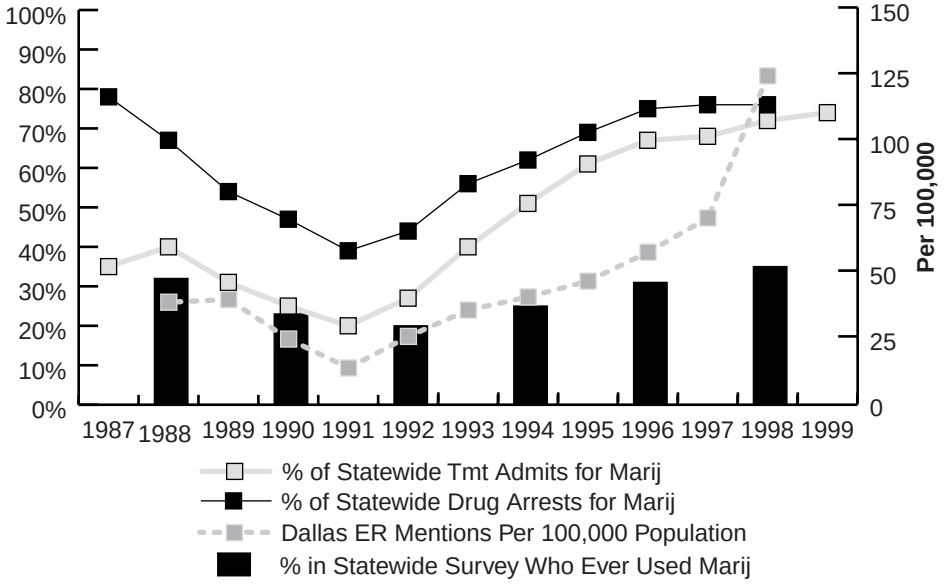
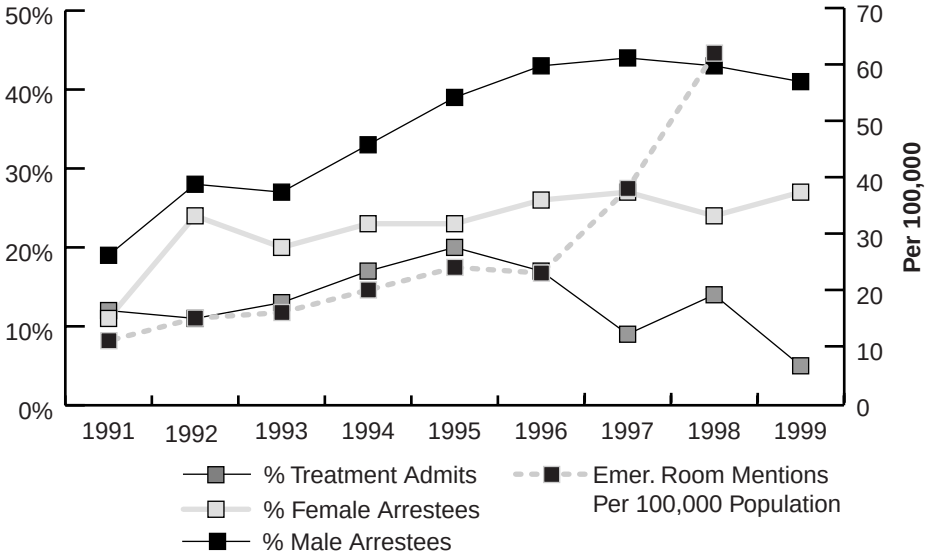


Figure 13. Dallas Marijuana Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1999



been steepest for emergency room mentions by adolescents in Dallas.

Arrest, treatment, and emergency room statistics for Dallas show increasing involvement of adults with marijuana, while treatment admissions continue to decline (Figure 13).

Stimulants

The number of deaths in which amphetamines or methamphetamines were mentioned increased from 1997 to 1998. Table 13 shows the characteristics of these decedents.

There were 994 confirmed cases involving amphetamines and related compounds reported to the Texas poison control centers in 1998, and there have already been 802 as of September 30, 1999 (Appendix 4). In 1999, nearly 250 of the cases involved Ritalin, and about half of the cases involved children under age ten. Another 30 percent involved

Table 13. Characteristics of Persons Dying with a Mention of Methamphetamine or Amphetamine: 1997-1998

	1997	1998
N	17	20
Age (Years)	38.7	38.2
% Male	65%	85%
% Black	6%	0%
% Anglo	82%	95%
% Hispanic	12%	0%
% Native American	0%	5%

Figure 14. Dallas Emergency Room Mentions of Stimulants Per 100,000 Population: 2nd Half 1991-2nd Half 1998

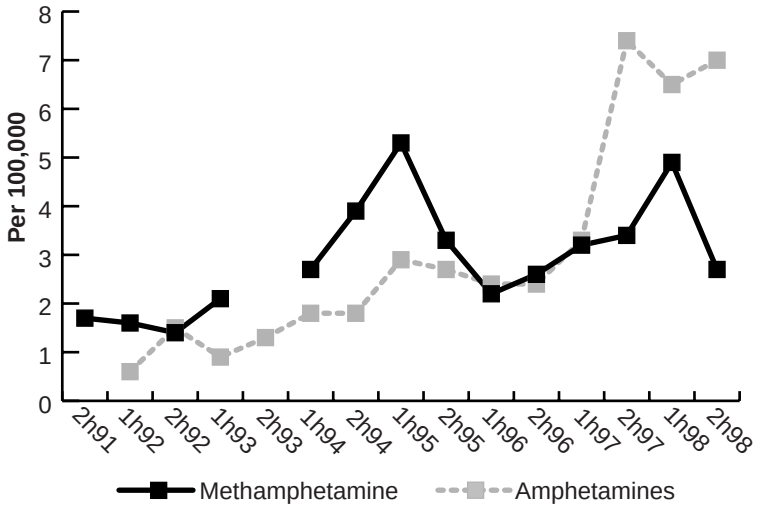


Table 14. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Stimulants by Route of Administration: Jan-Sept 1999

	Smoke	Inject	Inhale	Oral	All
# Admissions	129	701	160	95	1099
% of Stimulant Admits	11.9%	64.6%	14.7%	8.8%	100%
Lag-1st Use to Tmt-Yrs.	9	11	9	12	11
Average Age-Yrs.	29	31	29	32	31
% Male	38%	45%	58%	48%	47%
% African American	1%	1%	1%	5%	1%
% Anglo	88%	95%	93%	84%	93%
% Hispanic	9%	3%	6%	8%	5%
% CJ Involved	47%	51%	54%	48%	51%
% Employed	25%	20%	37%	27%	24%
% Homeless	3%	7%	9%	7%	7%
Average Income	$7,226	$6,884	$9,397	$8,799	$7,471

teenagers and slightly over half the cases were males.

Over time, the rate of mentions of methamphetamines and amphetamines in the Dallas emergency rooms has increased, as Figure 14 shows.

Stimulants such as methamphetamines and amphetamines comprise 4 percent of adult admissions in 1999 (Appendices 1 and 2). The average client admitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 1999, it is 31. The proportion of Anglo clients has risen from 80 percent in 1985 to 93 percent in 1999, 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. Unlike the other drug categories, slightly more than half of the methamphetamine clients entering treatment are female. Most stimulant users are injectors, with differences seen among the clients based on route of administration (Table 14).

The proportion of arrestees testing positive for amphetamines in ADAM is low, as Table 15 shows.

The Drug Enforcement Administration reports that recent seizures of methamphetamine manufactured in Mexico indicate that traffickers are shifting their importation routes eastward

Table 15. Arrestees Testing Positive for Amphetamines: 1991-3Q 1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	1%	1%	4%	2%	2%	1%	4%	3%	4%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	0%
Laredo Males								0%	1%
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	0%	3%
San Antonio Male Juveniles			0%	0%	0%	0%	0%	1%	3%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	4%	6%
Houston Females	0%	0%	1%	0%	1%	1%	2%	0%	1%
Laredo Females								0%	3%
San Antonio Females	2%	1%	2%	0%	3%	2%	4%	2%	2%
San Antonio Female Juveniles			1%	0%	0%	0%	0%	2%	1%

* Through 3Q 1999

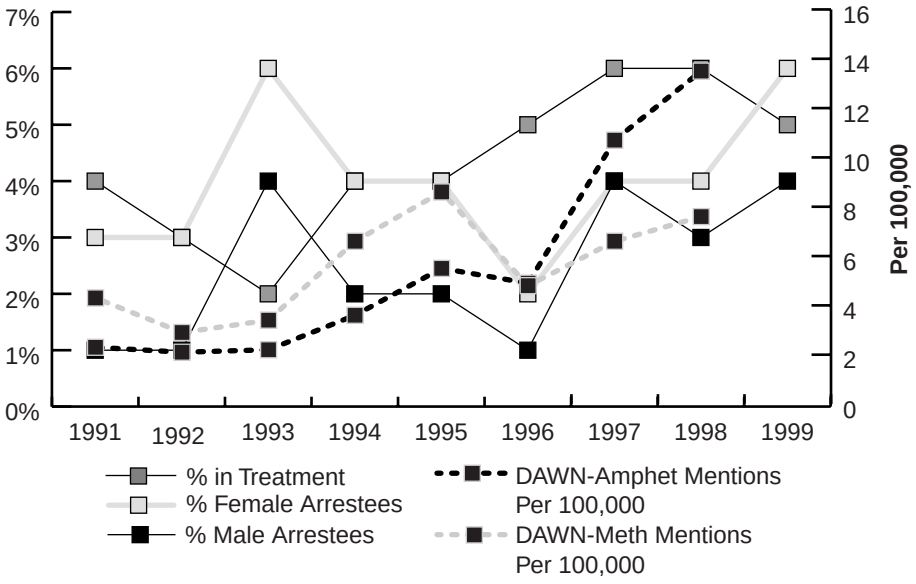
along the border. Not only have there been seizures in the Laredo area, but methamphetamine is now available in the Eagle Pass/ Del Rio area, and the supply continues to increase in the San Antonio area. DEA reports an "exponential growth" in clandestine labs which use over-the-counter pseudoephedrine tables to manufacture methamphetamine. Large sales of case-quantities of pseudoephedrine from retail distributors and even larger sales (pallet-quantities) of pseudoephedrine from wholesale distributors continue to be a problem in the Dallas/Fort Worth area. Other precursor chemicals are difficult to obtain in Texas due to state law requiring identification of the purchases. As a result, lab operators travel to Oklahoma and Louisiana to obtain the needed chemicals.

Local labs are using the "Nazi method," which includes ephedrine or pseudoephedrine, lithium, and anhydrous ammonia, or the "cold method," which uses ephedrine, red phosphorus, and iodine crystals. Before these methods became common, most illicit labs used the P2P method, which is based on 1-phenyl-2-propanone. The most commonly diverted chemicals are 60 mg. pseudoephedrine tablets such as Xtreme Relief, Mini-Thins, Zolzina, and Ephedrine Release.

According to DEA reports, the price for a pound of methamphetamine has dropped from $15,000-$18,000 in January 1994 to $4,400-$13,000 in the current reporting period. Ounce quantities of methamphetamine retail for $500-$1,400; a gram costs $100-$125.

As Figure 15 shows, the indicators for methamphetamines and amphetamines in Dallas are rising.

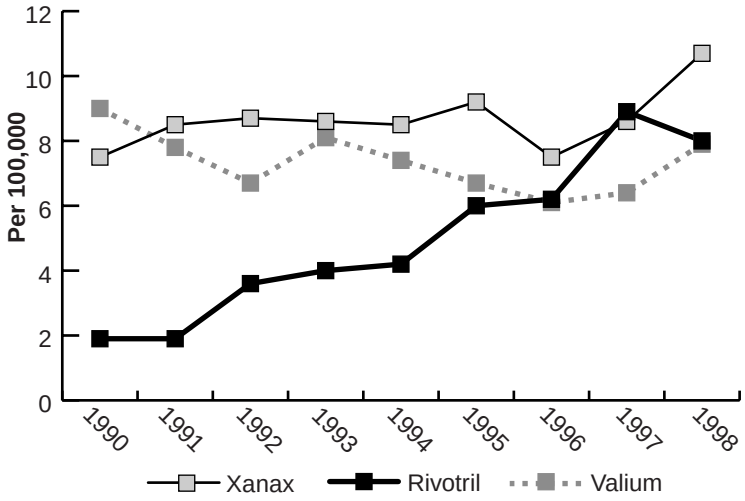
Figure 15. Dallas Stimulant Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1999



Depressants

This "downer" category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); tranquilizers and benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), flunitrazepam (Rohypnol), clonazepam (Klonopin or Rivotril), flurazepam (Dalmane), lorazepam (Ativan), and chlordiazepoxide (Librium and Librax); and nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, chloral hydrate, and gamma hydroxybutyrate (GHB) and its precursors.

Figure 16. Dallas Emergency Room Mentions of Benzodiazepines Per 100,000 Population: 1990-1998



The rate of mentions for alprazolam (Xanax) and diazepam (Valium) in Dallas emergency rooms is increasing (Figure 16). Through 1997, the rate for clonazepam (Rivotril) increased; this may have been related to the initial popularity of Rohypnol and then the increasing use of Rivotril, legally importable from Mexico, to replace Rohypnol.

One percent of the adults entering treatment in 1999 had a primary problem with barbiturates, sedatives, or tranquilizers. This group was very different from most other drug abusers,

Table 16. Arrestees Testing Positive for Barbiturates and Benzodiazepines: 1991-3Q1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999*
BARBITURATES									
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%	1%
Houston Males	1%	0%	2%	0%	0%	1%	0%	1%	0%
Laredo Males								0%	0%
San Antonio Males	1%	1%	0%	0%	0%	0%	0%	0%	0%
San Antonio Male Juveniles			0%	0%	0%	0%	0%	1%	0%
Dallas Females	1%	1%	2%	1%	1%	0%	0%	1%	1%
Houston Females	2%	1%	1%	1%	0%	1%	0%	0%	0%
Laredo Females								0%	0%
San Antonio Females	3%	1%	1%	1%	0%	0%	0%	1%	0%
San Antonio Female Juveniles			1%	1%	0%	0%	0%	0%	0%
BENZODIAZEPINES									
Dallas Males	2%	3%	3%	3%	2%	3%	3%	3%	5%
Houston Males	4%	10%	6%	4%	6%	10%	18%	9%	6%
Laredo Males								0%	2%
San Antonio Males	4%	5%	5%	4%	3%	4%	5%	4%	5%
San Antonio Male Juveniles			2%	1%	2%	2%	4%	1%	3%
Dallas Females	6%	6%	9%	7%	4%	7%	7%	4%	9%
Houston Females	8%	9%	9%	5%	7%	5%	7%	6%	7%
Laredo Females								0%	3%
San Antonio Females	11%	6%	8%	6%	4%	9%	6%	7%	6%
San Antonio Female Juveniles			1%	1%	1%	5%	0%	2%	2%

* Through 3Q 1999

as they were most likely Anglo and female.

Between January 1, 1998 and September 30, 1999, 333 youth were admitted to treatment with a primary, secondary, or tertiary problem with Rohypnol. Of these, 159 were admitted in 1998 and 174 were admitted through September, 1999. Eighty-nine percent of the youth were Hispanic and 9 percent were Anglo; 77 percent were male and average age was 15 years; 83 percent were referred to treatment from the criminal justice system. Other drugs of abuse included marijuana, powder cocaine, and alcohol. Of these youth, 77 percent in 1998 and 82 percent in 1999 were admitted into Texas programs along the Mexican border, which highlights the fact that Rohypnol use in Texas was first documented along the border. Now, these youth have become dependent and are seeking treatment.

In addition, 184 adults were admitted into treatment during this period with a primary, secondary or tertiary problem with Rohypnol. Of the adult clients, 83 percent were Hispanic and 15 percent were Anglo; 79 percent were male and average age was 23, which is much younger than most adult clients entering treatment (overall average age is 35 years). Only 15 percent were employed, 58 percent were referred from the criminal justice system, and average annual income at admission was $3,247. Heroin, alcohol, marijuana, powder cocaine, and crack were the other drugs most likely to be abused by these adults, of whom 52 percent entered programs along the Mexican border.

Benzodiazepines were the depressant drugs most often identified by ADAM (Table 16). They remain a problem, with positive findings ranging from 2 to 9 percent in 1999. For barbiturates, positives range from 0 to 1 percent.

DEA reports diazepam is selling for $1-$3 per tablet in the Dallas area.

Rohypnol continues to be smuggled into the US, and other benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), and clonazepam (Rivotril), are recommended by Mexican vendors for legal importation. The first choice is Rivotril and it 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, fenfluramine, phentermine, Halcion, and Tylox.

In January, 1999, the Texas Department of Health issued a warning about gamma butyrolactone (GBL), which is a precursor to gamma-hydroxybutyrate (GHB). GBL product brand names include Fire Water, Revivarant, Revivarent G, RenewTrient, GH Revitalizer, GH Release, Gamma-G, Invogorate, X-Depress, Furomax, Insom-X, and Blue Nitro.

Another precursor to GHB is 1,4 butanediol, also called tetramethylene glycol. The chemical can cause dangerously low respiratory rates, unconsciousness, vomiting, seizures, and death. Other 1,4 butanediol product brand names include Thunder Nectar, Revitalize Plus, Serenity, Enliven, GHRE, SomatoPro, NRG3, and Weight Belt Cleaner. While some products list 1,4 butanediol, tetramethylene glycol, gamma butyrolactone or 2(3H)-Furanone di-hydro on the label, others, such as Thunder Nectar, contain no label.

Sources for these products include Internet sales, health food stores, shopping mall kiosks, gyms, tanning salons, smoothie shops, tattoo studios, and head shops.

In 1998, there were 100 confirmed exposures of Rohypnol reported to the Texas poison control centers; in 1999, there have been 68 as of September 30, 1999. The majority of the cases involved teenagers and females. In comparison, in 1998 there were 116 calls that were confirmed exposures to GHB or

GBL; in 1999, there have already been 114 as of September 30, 1999 (Appendix 4).

Figure 17 shows that cases involving Rohypnol involve persons primarily in their teens, while GHB cases involve persons in their twenties and older. In addition, females are more likely to be confirmed Rohypnol cases and males being more likely to be GHB cases.

There is a geographic difference in location of the cases. Figure 18 shows the confirmed exposures to Rohypnol were higher in South Texas and El Paso, while the GHB cases were in the most populous areas (the Galveston Center covers the Houston area, while the Temple Center covers Austin).

Figure 17. GHB and Rohyphnol Cases Reported to the Texas Poison Control Centers by Age and Gender: 1998

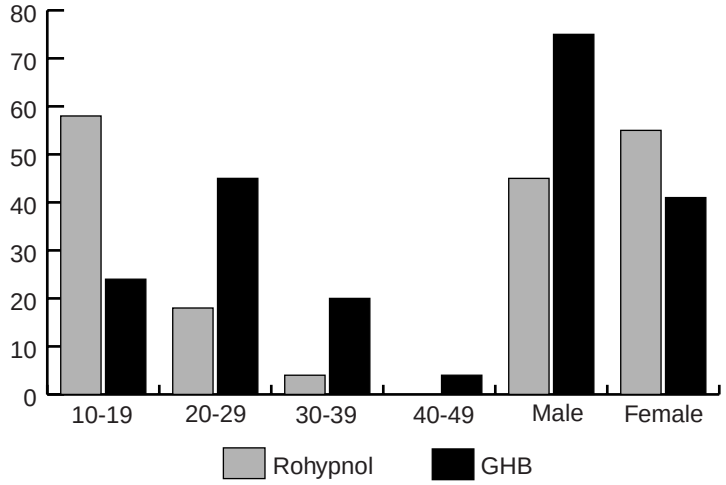
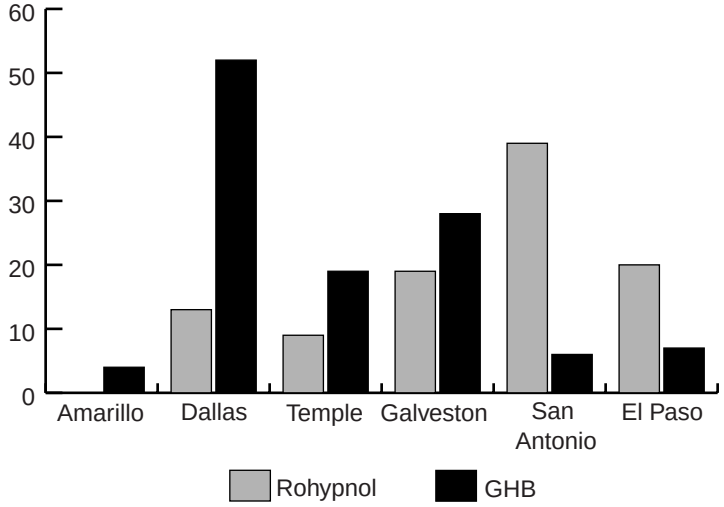


Figure 18. Confirmed Exposures to Rohypnol and GHB as Reported to Poison Control Centers: 1998



Hallucinogens

The rate of mentions of PCP and LSD in the Dallas emergency rooms peaked in 1995, but they are rising again in 1998 (Table 17).

In 1998, there were 77 confirmed exposures to LSD and 17 confirmed exposures to PCP reported to Texas poison control centers, while as of September 30, 1999, there have been 61 LSD cases and 20 PCP cases in 1999. Persons exposed to LSD are teenagers and about two-thirds are males, while PCP exposures are older and 80 to 90 percent are male (Appendix 4).

Phencyclidine (PCP) use among ADAM arrestees was most likely to be reported among Dallas and Houston arrestees (Table 18). While the percentages are low, this increase, as well as the increase in the DAWN data, may be a reflection of the use of marijuana cigarettes dipped in embalming fluid containing PCP.

According to the DEA, LSD sells for $2-$10 per dosage unit. In Lubbock, Beaumont, and

Table 17: Dallas DAWN Mentions of PCP and LSD per 100,000 Population: 1990-1998

	1990	1991	1992	1993	1994	1995	1996	1997	1998
PCP/PCP Combinations	0.5	0.9	0.9	0.7	1.3	3.0	1.5	2.2	2.8
LSD	3.8	2.7	2.7	3.6	4.6	5.6	3.5	3.2	3.6

Table 18. Arrestees Testing Positive for PCP: 1991-3Q1999

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

* Through 3Q 1999

Tyler, LSD is used by college and high school students. In Dallas, LSD is becoming more available in the young adult nightclub scene. Blotter paper is much more available in San Antonio, as well as in the Austin and Waco areas. Some LSD has been found mixed with other drugs such as MDMA, Valium, and Demenex, a diet pill from Mexico. DEA reports Mexican nationals who distribute methamphetamine also have LSD in 1,000-2,000 dosage unit quantities available for sale.

Ecstasy is reported to be increasing in popularity among young adults who go to nightclubs and all-night dance parties. Single dosage units sell for $20-$25 in Dallas, and $15-$80 in the Houston area.

Inhalants

Inhalant abusers comprised 2 percent of the admissions to adolescent treatment programs in 1999 (Appendix 3). While the youth entering treatment tended to be Hispanic (93 percent) males (63 percent) who were involved in gangs (49 percent), other data sources show a different picture of inhalant abuse.

The 1998 secondary school survey found that 23 percent of males had ever used inhalants, as compared to 21 percent of females. Twenty-five percent of Hispanics, 23 percent of Anglos, and 13 percent of African-American students had ever used inhalants.

In comparison, there were 144 deaths between 1988 and 1998 that involved a mention of an inhalant. Of these, 92 percent were male, 81 percent were Anglo, 17 percent were Hispanic, and average age was 25.6 years. Persons who died of chlorinated hydrocarbons such as Scotchguard or liquid paper or

carburetor cleaner were among the youngest with an average age of 22.6 years; half were students. Persons who died from Freon inhalation tended to be either mechanics or worked in other professions who had access to Freon on the job (average age 32.1, 97 percent Anglo, 100 percent male) or they were students (average age 16.4, 86 percent Anglo, 90 percent male) who were accessing Freon from neighborhood air conditioning units or other sources. Toluene users were older (age 28.9 and slightly over half were Anglo); occupationally, they were in lower socio-economic occupations including construction trades where they had access to toluene on the job. Otherwise, they were students, they were unemployed, or they had unknown occupations. Those who had used nitrous oxide were the oldest at 32.3 years, all were Anglo, and they tended to have higher socio-economic employment levels.

Acquired Immunodeficiency Syndrome (AIDS) and Sexually Transmitted Diseases Among Drug Users

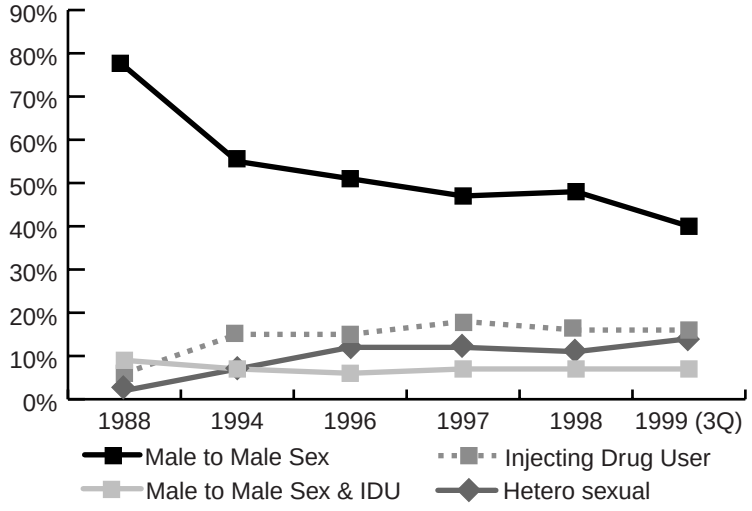
The proportion of adult and adolescent AIDS cases related to injecting drug use has gone from 15 percent in 1988 to 23 percent as of September 30, 1999. In 1988, 6 percent of the cases were injecting drug users (IDUs), and 9 percent were male-to-male sex and IDUs; in 1999, 16 percent of the cases were IDUs, and 7 percent were male-to-male sex and IDUs (Figure 19). The proportion of cases resulting from heterosexual contact has gone from 2 percent in 1988 to 14 percent in 1999. It should be noted that for 1999, the mode of exposure of 23 percent of the cases was still classified as "unspecified."

In 1988, 3 percent of the AIDS cases were females over age 12; for 1999, 18 percent were female. In 1988, 15 percent of the adult and adolescent cases were African Americans; in 1999, 37 percent were African American. As Figure 20 shows, the proportion of Anglo males has dropped from 81 percent in 1985 to 34 percent in 1999, while the proportion of African-American males has increased from 7 percent to 28 percent and the proportion of Hispanic males has increased from 9 percent to 20 percent.

The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 24 percent for 1999. Heroin injectors are most likely to be older, and over half are persons of color, while injectors of stimulants and cocaine are far more likely to be Anglo (Table 19).

The Texas Department of Health has developed, in cooperation with the Centers for Disease Control and Prevention, an HIV Prevention Counseling and Partner Elicitation data

Figure 19: AIDS Cases in Texas, by Route of Transmission: 1988-Sept. 30, 1999



collection system. For the first eight months of 1999, 66,004 clients were seen; 54 percent were male; 42 percent were Anglo, 24 percent were African American, and 30 percent were Hispanic. Of those testing positive for HIV, 76 percent were male and 24 percent were female; 36 percent were Anglo, 38 percent were African American, and 21 percent were Hispanic. Average age of those testing positive was 32.6 years, as compared to 28.5 for those who did not test positive.

In terms of factors which were related to possible drug use and whether or not the person tested positive for HIV, risky activities conducted in the past 12 months are of interest in Table 20.

For males, selling sex, having sex and using either amphetamines, marijuana, inhalants, or other drugs were the most significant drug use factors for testing positive for HIV. For females, selling sex, having sex and using cocaine, heroin, or other drugs, and being an injecting drug user or being an injecting drug user and sharing injecting equipment were the most significant drug user factors for testing positive for HIV. For Anglos, having sex and using amphetamines, marijuana, or inhalants were the most significant variables in terms of drug use and HIV risk. For African Americans, having sex and using cocaine or heroin, being an injecting drug user, and sharing injecting equipment were the most significant drug use variables for HIV risk. For Hispanics, selling sex, having sex and using other drugs, cocaine, or alcohol were the most important factors related to drug use and HIV risk.

Figure 20. Male and Female AIDS Cases by Race/Ethnicity: 1985-1999

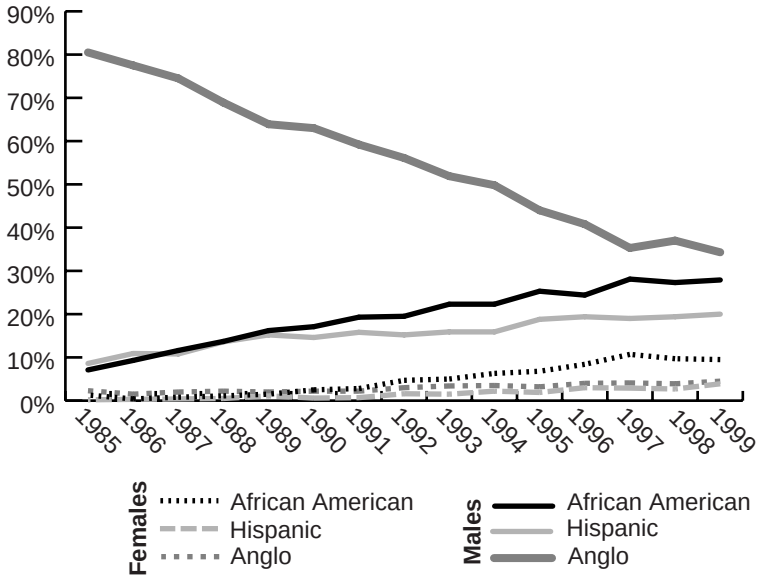


Table 19. Characteristics of Adult Needle Users Admitted to TCADA-Funded Treatment: Jan-Sept 1999

	Heroin	Cocaine	Amphetamines
# Admissions	3,472	1,131	701
% of Needle Admissions	65%	21%	13%
Lag-1st Use to Tmt-Yrs.	14	12	11
Average Age	36	33	31
% Male	66%	61%	45%
% African American	10%	4%	1%
% Anglo	42%	72%	95%
% Hispanic	47%	23%	3%
% CJ Involved	34%	41%	51%
% Employed	17%	19%	20%
% Homeless	11%	8%	7%
Average Income	$5,541	$6,867	$6,884

Table 20. Risk Factors in the Past 12 Months Associated with HIV Tests: Prevention Counseling/Partner Elicitation and HIV Antibody Testing Program: Jan-Aug 1999

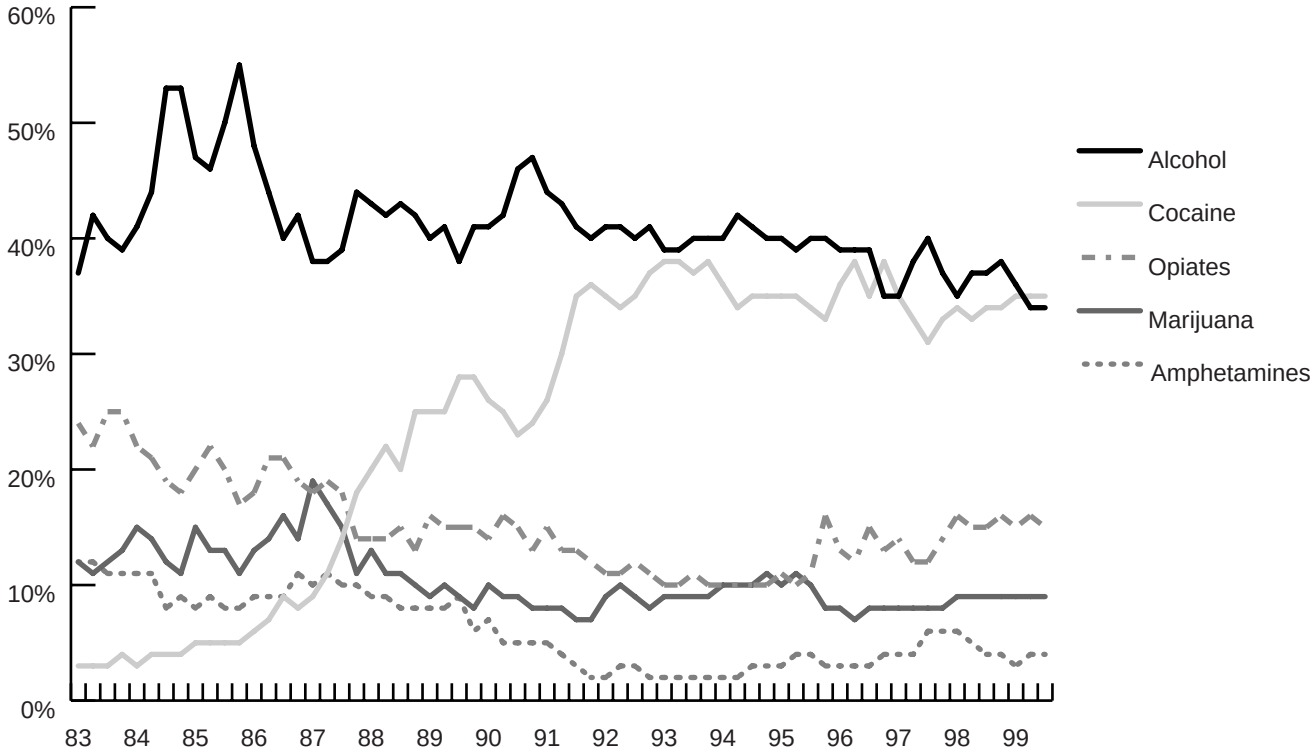
	Tested Positive	Tested Not Positive
Males	76%**	53%
Sex with Male	63%**	52%
Sex with Female	38%**	48%
Drug Use and Sex	60%*	57%
Heroin and Sex	7%	6%
Cocaine and Sex	24%**	19%
Alcohol and Sex	45%	44%
Marijuana and Sex	21%**	26%
Inhalants and Sex	4%**	2%
Amphetamines and Sex	4%**	6%
Other Drugs and Sex	1%**	3%
Injecting Drug Use	15%*	12%
IDU/Shared Equipment	9%	5%
Sold sex for drugs or $	8%**	5%
Paid for sex with drugs or $	4%	4%
History of STDs	14%**	11%
Partner HIV Positive	23%**	3%
Partner had Male-Male Sex	28%**	6%
Multiple Partners	41%**	35%

* Differences between those testing positive and not positive are significant at p<=.05

** Differences between those testing positive and not positive are significant at p<=.01

Appendix 1

Percent of Adult Admissions to Publicly-Funded Treatment Programs by Primary Drug of Abuse: January 1983 - September 1999



Appendix 2

Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs:
Jan. 1, 1999 through Sep. 30, 1999

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Average Age 1st at Use	Average Lag from 1st Use to Admission	Percent Married	Percent Male	Percent Using Needles
All Drugs	29,348	100%	35	21	14	20%	63%	24%
Heroin	3,824	13%	36	23	13	20%	65%	91%
Alcohol	10,211	35%	37	16	22	20%	71%	8%
Amphetamines	1,099	4%	31	20	11	17%	47%	65%
Cocaine	2,580	9%	31	22	10	22%	61%	45%
Marijuana/Hash	2,721	9%	27	16	12	21%	69%	6%
Inhalants	53	0%	27	17	10	21%	72%	2%
Ecstasy	8	0%	31	26	5	25%	12%	0%
Misc	1,102	4%	36	27	10	24%	37%	15%
Rohypnol	12	0%	22	14	8	8%	75%	0%
Crack	7,738	26%	35	26	9	17%	55%	5%

Primary Drug	Percent African American	Percent Anglo	Percent Hispanic	Percent Employed	% CJ or Legal System Involvement	Average Education	Percent Homeless	Average Income at Admission
All Drugs	24%	51%	24%	24%	43%	11	12%	$6,971
Heroin	11%	42%	46%	17%	34%	11	11%	$5,685
Alcohol	13%	60%	25%	29%	45%	12	13%	$8,101
Amphetamines	1%	93%	5%	24%	51%	11	7%	$7,471
Cocaine	7%	55%	38%	27%	44%	11	6%	$7,680
Marijuana/Hash	28%	46%	25%	39%	68%	11	3%	$6,880
Inhalants	2%	26%	40%	15%	45%	9	8%	$2,341
Ecstasy	38%	63%	0%	50%	25%	13	0%	$7,234
Misc	12%	79%	8%	19%	40%	12	6%	$7,023
Rohypnol	0%	25%	75%	25%	67%	11	0%	$2,110
Crack	54%	33%	12%	15%	34%	11	16%	$5,870

TCADA Treatment Assessment Database

Appendix 3

Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs:

Jan. 1, 1999 through Sep. 30, 1999

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Average Age at 1st Use	Average Lag from 1st Use to Admission	Percent Using Needles	Percent Male
All Drugs	3,843	100%	15	13	3	3%	77%
Heroin	83	2%	16	15	2	65%	75%
Alcohol	375	10%	16	13	4	2%	70%
Amphetamines	45	1%	16	13	3	20%	51%
Cocaine	238	6%	16	14	2	8%	63%
Marijuana/Hash	2,837	74%	15	13	3	1%	81%
Inhalants	81	2%	15	13	3	1%	63%
Ecstasy	7	0%	17	15	2	0%	71%
Rohypnol	35	1%	15	14	2	0%	69%
Crack	70	2%	16	14	2	1%	60%
Misc	72	2%	16	14	2	0%	74%

Primary Drug	Percent African American	Percent Anglo	Percent Hispanic	% CJ or Legal System Involvement	% w/History of Gang Involvement	Average Education	Percent Live W/Parent(s)
All Drugs	19%	32%	48%	84%	30%	8	72%
Heroin	5%	17%	78%	75%	43%	9	72%
Alcohol	8%	40%	50%	82%	24%	9	70%
Amphetamines	0%	84%	16%	78%	18%	9	67%
Cocaine	5%	34%	61%	76%	34%	9	68%
Marijuana/Hash	24%	30%	46%	86%	30%	8	73%
Inhalants	2%	5%	93%	84%	49%	8	69%
Ecstasy	0%	71%	29%	86%	29%	9	71%
Rohypnol	0%	3%	97%	83%	34%	8	83%
Crack	9%	49%	41%	74%	29%	9	74%
Misc	19%	60%	19%	75%	31%	10	47%

TCADA Treatment Assessment Database

Appendix 4

Confirmed Exposures Reported to the Texas Poison Control Network:
1998-Sept. 30, 1999

	Rohypnol		*GHB*		*Cocaine*		*Heroin*	
	1998	**1999**	**1998**	**1999**	**1998**	**1999**	**1998**	**1999**
Confirmed Exposures	100	68	116	114	357	243	168	160
Age Groups								
Under 10 or Unknown	78%	60%	41%	35%	34%	39%	15%	16%
10 to 19	58%	47%	21%	20%	20%	23%	10%	11%
20 to 29	18%	29%	39%	45%	32%	33%	23%	17%
30 to 39	4%	6%	17%	16%	22%	20%	32%	34%
40 to 49	0%	4%	3%	4%	11%	7%	19%	26%
50+	0%	0%	0%	0%	2%	2%	11%	7%
Male	45%	53%	65%	54%	65%	69%	83%	87%

	LSD		*Marijuana*		*PCP*		*Stimulants*	
	1998	**1999**	**1998**	**1999**	**1998**	**1999**	**1998**	**1999**
Confirmed Exposures	77	61	58	62	17	20	994	802
Age Groups								
Under 10 or Unknown	70%	79%	76%	60%	47%	30%	79%	81%
10 to 19	53%	69%	55%	44%	29%	20%	31%	30%
20 to 29	27%	18%	14%	27%	29%	25%	8%	9%
30 to 39	3%	3%	7%	10%	6%	30%	8%	7%
40 to 49	0%	0%	3%	3%	12%	10%	4%	3%
50+	0%	0%	0%	0%	6%	5%	1%	1%
Male	66%	70%	69%	63%	94%	80%	53%	57%