TCADA Research Brief

Substance Abuse Trends in Texas – June 2000

Texas Commission on Alcohol and Drug Abuse

 TCADA is a state agency headed by six commissioners appointed by the governor. TCADA provides educational materials on substance use, develops prevention, intervention, and treatment programs, and conducts studies on the problems of substance use and compulsive gambling in Texas.

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Overview

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 are lower than they were in the early 1990s. Overdose deaths due to cocaine reached an all-time high in 1998, but the rate of emergency room mentions of cocaine in Dallas declined in 1999.

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

Heroin overdose deaths increased through 1998, and Poison Control Center exposure cases increased between 1998 and 1999. However, emergency room mentions of heroin in Dallas decreased from 1998 to 1999. 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. The price of Mexican heroin remains steady.

The proportion of youth admitted to treatment reporting marijuana as their primary drug problem continues to increase. Dallas emergency room mentions of marijuana dropped in 1999; however, availability is high. Dipping joints in embalming fluid that contains PCP or in codeine cough syrup continues, as does smoking blunt cigars filled with marijuana or adding crack or other drugs to the marijuana cigarettes.

Methamphetamine use is widely reported and Poison Control Center exposures increased from 1998 to 1999. Emergency room mentions of amphetamines decreased, and the percentage of admissions to publicly-funded treatment and percentage of arrestees testing positive is still low. The fact that these indicators do not document the severity of the problem may be because the purity of locally cooked methamphetamine is dropping. 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, more methamphetamine is coming into Texas directly from Mexico.

Depressants continue to be a problem because of their availability in Mexico. Mentions of downers have decreased in the Dallas emergency rooms. Rohypnol treatment admissions are increasing, especially in programs along the border. GHB, GBL, and similar pre-

cursor drugs remain a dangerous problem, with increasing cases in 1999 Poison Control Center records.

LSD and Ecstasy use is increasing. Marijuana cigarettes continue to be dipped in embalming fluid containing PCP. Emergency room mentions of PCP, poison control center cases, and arrestees testing positive for PCP are increasing.

The proportion of AIDS cases due to injecting drug use and to heterosexual route of transmission is increasing. The proportion of needle users entering treatment continues to decrease.

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 was 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. Then they 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.

Data Sources and Time Periods

Substance Abuse Trends in Texas is an on-going series which is published every six months as a report to the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse. To compare June 2000 data with 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 were obtained from the following sources:

- **Price, purity, trafficking, distribution, and supply**–This information was provided by the second quarter 2000 trends in trafficking reports from the Dallas and Houston field divisions 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 TCADA-funded facilities from first quarter 1983 through March, 2000.

- **Overdose death data**–Data on drug overdose deaths statewide came from death certificates from the Bureau of Vital Statistics of the Texas Department of Health. The 1999 data for the state were not available at the time this report was written, but the 1999 data for Travis County was provided by the Travis County Medical Examiner's Office.

- **Emergency room mentions**–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 through the first half of 1999. The estimates for 1999 are prelimi-

nary; final estimates will be produced later and may be higher or lower than these preliminary estimates due to nonresponse adjustments and other factors.

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

- **Drug use by prisoners**– Data came from *Substance Use Among Male Inmates Texas Department of Criminal Justice – Institutional Division: 1998* by Lisa Kerber and published by the Texas Commission on Alcohol and Drug Abuse, 2000. The report is available at http://www.tcada.state.tx.us/research/criminaljustice/prison_1998.pdf

- **Poison Control Centers**– Data were provided by the Texas Department of Health for 1998 and 1999.

- **Acquired Immunodeficiency Syndrome (AIDS) data**– The Texas Department of Health's *Texas AIDS Cases: Surveillance Report* provided cumulative and year-to-date AIDS data for the period ending March 31, 2000.

DRUG ABUSE TRENDS

Cocaine and Crack

The number of deaths in which cocaine was mentioned has 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 racial/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.

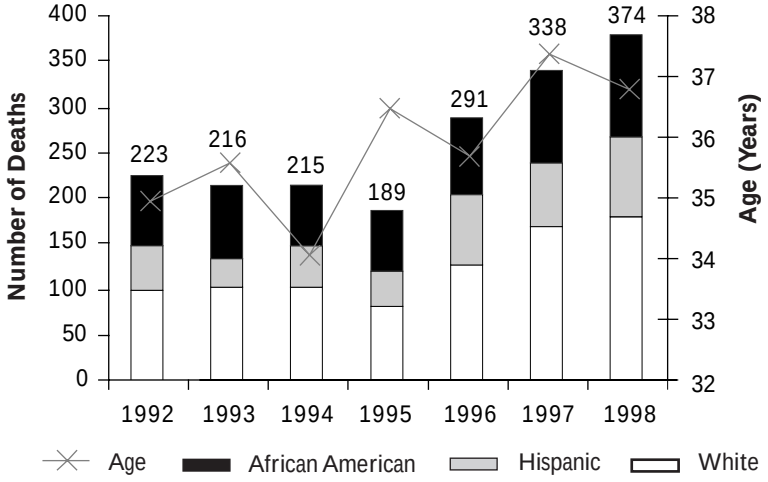
In Austin (Travis County), there were nine cocaine overdose deaths in 1998 and 12 in 1999. Of the 1999 deaths, 75 percent were male; average age was 40.9 years; 42 percent were Anglo, and 25 percent were Hispanic or African American, respectively.

In 1999, there were 357 confirmed exposures to cocaine reported to Poison Control Centers in Texas. Average age was 28 years, and 58 percent were male.

The rate of cocaine emergency room mentions per 100,000 population in the Dallas DAWN data in first half 1999 declined from the high levels in 1998 (Appendix 2). The rates are highest for persons aged 26-34 and for males.

Cocaine (crack and powder) comprised 34.9 percent of all adult admissions to TCADA-funded treatment programs in 1999 (Appendix 1). Crack cocaine is the primary illicit

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



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 (Appendix 3).

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 Hispanic, and the most likely to be employed (Table 1).

The term "lag" refers to the period from first consistent or regular use of a drug to date 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 treatment admissions who use powder cocaine has increased from 23 percent to 38 percent among Hispanics and from 49 percent to 54 percent among Anglos, while the percent has dropped from 28 percent to 7 percent among African Americans. Figure 2 not only shows this increase by Anglos and Hispanics in the use of powder cocaine, but it also shows the decrease in the proportion of African Americans

Figure 2. Routes of Administration of Cocaine by Race/Ethnicity of Treatment Admissions: 1993-1999

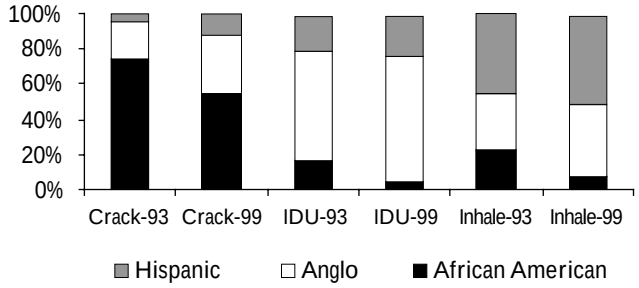


Table 1. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 1999

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All
# Admissions	10,593	1,506	1,813	13,912
% of Cocaine Admits	76%	11%	13%	100%
Lag-1st Use to Tmt-Yrs.	9	12	8	9
Average Age	35	33	29	34
% Male	56%	61%	63%	58%
% African American	54%	4%	8%	42%
% Anglo	33%	72%	40%	38%
% Hispanic	12%	23%	51%	19%
% CJ Involved	34%	41%	49%	37%
% Employed	14%	18%	35%	18%
% Homeless	17%	10%	4%	15%
Average Income	$5,782	$7,099	$8,245	$6,306

admitted for abuse of crack cocaine from 75 percent in 1993 to 54 percent in 1999, and the increase in Anglo and Hispanic admissions. The proportion of Anglos has increased from 20 percent in 1993 to 33 percent in 1999, and the percentage of Hispanic admissions has gone from 5 percent to 12 percent in the same time period.

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

The 1998 survey of male prison inmates found that 57 percent of incoming inmates had ever used powder cocaine and 34 percent had ever used crack cocaine. Use of powder cocaine in their last month on the street was reported by 11 percent of male prisoners, and 9 percent had used crack in their last month on the street. Inmates were more than twice as likely to inhale rather than inject powder cocaine. Anglos and Hispanics were more likely to be past-month users of powder cocaine (15 percent each) than African Americans (3 percent), while African

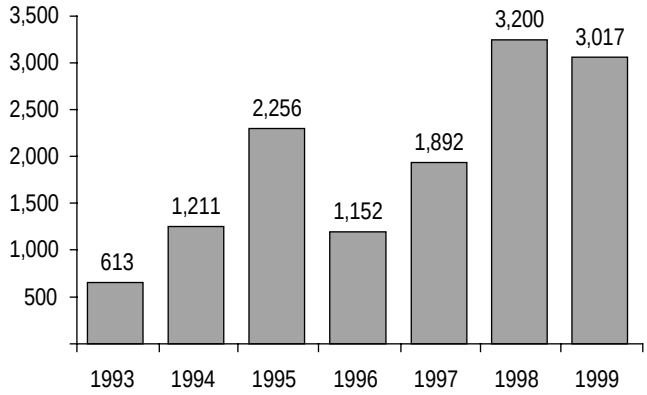
Americans (13 percent) were more likely to be users of crack than were Anglos (9 percent) or Hispanics (4 percent).

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 male and female arrestees in Dallas. Particularly significant is the fact that 42 percent of males and 21 percent of females in 1999 in Laredo tested positive for cocaine (Table 2).

Figure 3 shows the volume of cocaine examined by Texas Department of Public Safety laboratories. While the trend has been toward an increase in volume over time, there was a slight decrease between 1998 and 1999.

In second quarter 2000, the Dallas Field Office of the DEA is reporting a shortage of cocaine in the Dallas/Fort Worth area, which has resulted in higher prices at the kilogram level. Purity is ranging between 85 and 90 percent, and the cocaine is packaged in kilogram bricks wrapped in clear plastic and duct tape. In Austin, quality is reported down. Depending on location, a gram sells for $100-$125, an ounce for $500-$850, and a kilogram for $12,000-$22,000 (Figure 4).

Figure 3. Kilograms of Cocaine Examined by DPS Laboratories: 1993-1999



A rock of crack sells for $10 to $50, depending on location. The Houston Field Division of DEA reports the price of crack cocaine to be stable and availability high, while the Dallas Division reports crack use is again becoming popular in the predominately African-American and Hispanic neighborhoods in South Dallas and Oak Cliff. Young Hispanics in the Lubbock area also are reported to be using crack. The size of crack rocks is smaller in Austin, although the price and quality has remained the same. Crack use is continuing to increase in the Hispanic communities in Austin, and crack cocaine is reported as being produced locally in the South Texas area.

In Dallas, indicators of cocaine abuse are mixed. Figure 5 shows that emergency room mentions of cocaine decreased in 1999, as did cocaine treatment admissions, although it should be noted that no treatment data for Dallas has been received by

Table 2. Arrestees Testing Positive for Cocaine: 1991-1999

COCAINE	1991	1992	1993	1994	1995	1996	1997	1998	1999
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%	34%
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%	23%
San Antonio Male Juveniles			6%	9%	6%	9%	15%	8%	7%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%	40%
Houston Females	51%	44%	43%	36%	32%	34%	29%	37%	23%
Laredo Females								33%	21%
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	20%	19%
San Antonio Female Juveniles			5%	6%	4%	11%	6%	4%	6%

TCADA since June 30, 1999. The percent of positive cocaine tests for male and female arrestees continues to rise.

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 other drugs.

The number of mentions per 100,000 population of alcohol in combination with other drugs in Dallas emergency rooms increased significantly in 1998 but declined in the first half of 1999 (Table 3).

Far more persons die as an indirect result of alcohol, as Figure 6 shows. Direct deaths are those where the substance, alcohol or drugs, caused the death, while indirect deaths are those where the actual cause of death was due to another cause, such as a car wreck or a violent crime, but alcohol or drugs were involved.

In 1999, there were 1,063 cases involving confirmed exposures to alcohol reported to Poison Control Centers in Texas. Of these, 787 cases involved intentional misuse and abuse, and of these cases, 58 percent were male and the average age was 30 years.

In 1999, 36 percent of clients admitted to publicly-funded programs had a primary problem with alcohol (Appendix 3). They were the oldest of the clients; 59 percent were Anglo; 72 percent were male.

Figure 4. Price of a Kilogram of Cocaine in Texas as Reported by the DEA: 1987-2000

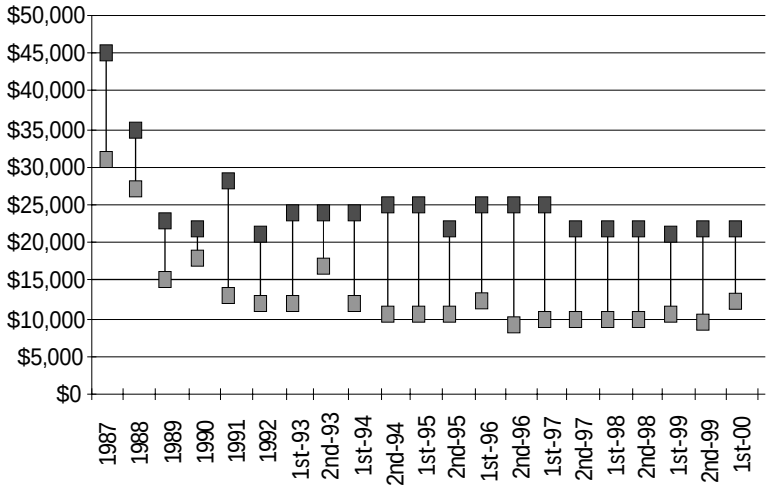


Figure 5. Dallas Cocaine Indicators: 1991-1999

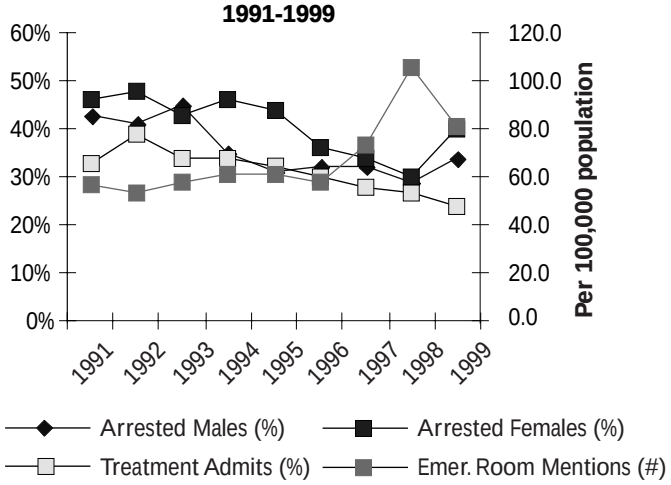


Table 3. Number of Dallas DAWN Mentions of Alcohol-in-Combination with Other Drugs Per 100,000 Population: 1993-1999

Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999
29.2	28	30.1	27.2	30.4	31.7	26.2	31	34.7	40.2	42.8	36.2

Their income level was highest of all clients at $8,198. However, they were also the most likely to be homeless (14 percent). In terms of poly-drug use, 50 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.

More Texans are arrested for public intoxication (PI) than for any other substance abuse offense (Figure 7). The arrest rate for public intoxication is clearly decreasing, while the rate for drug possession is increasing.The trends over time for drug trafficking, liquor law violations (LLV), and driving while intoxicated (DWI) are mixed.

The 1998 survey of male prison inmates found patterns of heavy alcohol consumption. Twenty-six percent were binge drinkers (drinking five or more drinks on two or more occasions in the past month) and 18 percent were heavy alcohol users (five or more drinks on five or more occasions in the past month). Anglos were more likely to be binge drinkers or heavy alcohol users than were Hispanics or African Americans. Some 28 percent met the clinical criteria for alcohol dependence, which means they should be in treatment, and 17 percent met the clinical criteria for alcohol abuse, which means they need intervention services to halt their progression into dependence.

Figure 6. Direct and Indirect Alcohol and Drug Deaths Per 100,000 Population: 1994-1998

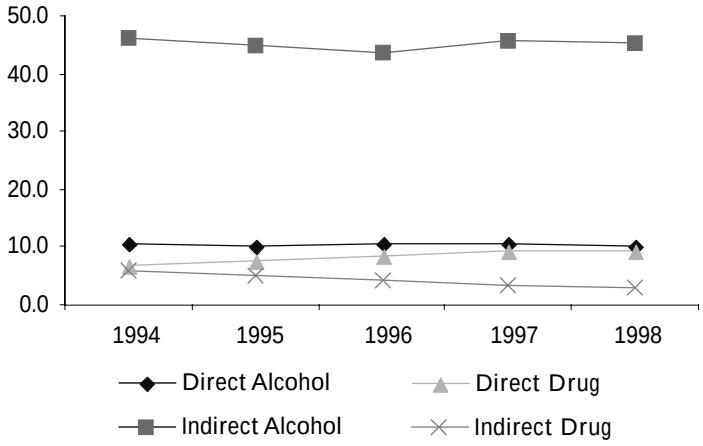
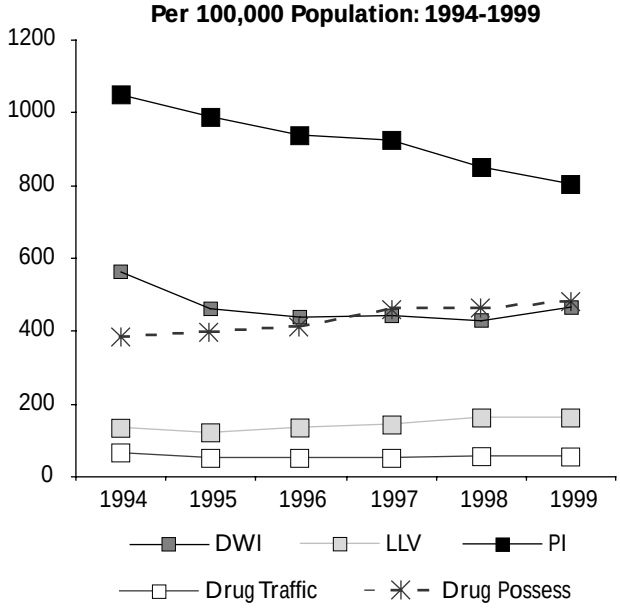


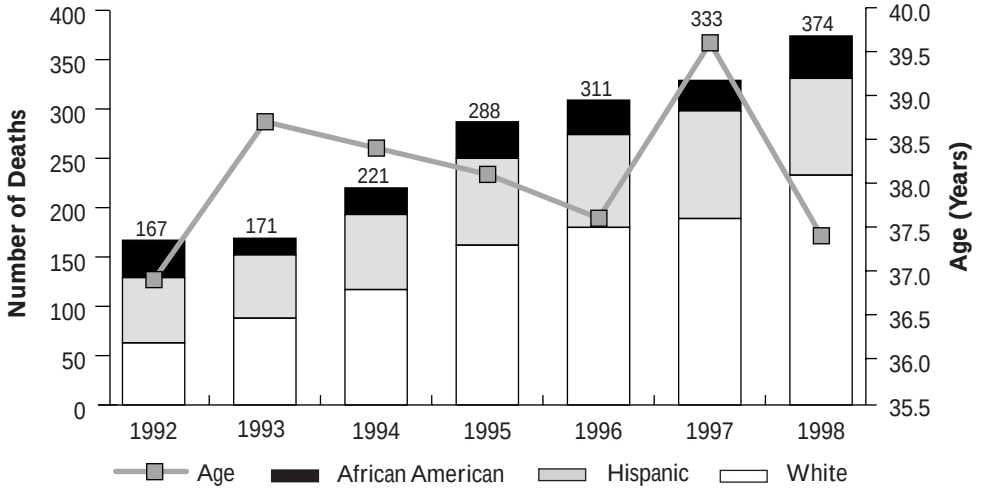
Figure 7. Substance Abuse Arrests Per 100,000 Population: 1994-1999



Heroin

The number of deaths with a mention of heroin or narcotics continued to increase to a high of 374 deaths in 1998 (Figure 8). Between 1992 and 1998, 55 percent of the people 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. Over the same period of time, 80 percent of the decedents were male and 20 percent female. Average age of the decedents decreased from 39.6 years in 1997 to 37.4 years in

Figure 8. Age & Race/Ethnicity of Persons Dying with a Mention of Narcotics: 1992-1998



1998, which reflects the increase in overdose deaths among young Texans.

In Travis County (Austin), the number of heroin overdose deaths increased from 21 in 1998 to 28 in 1999. Average age of the decedents in 1999 was 36.7 years, and 89 percent were male. Seventy-five percent were Anglo, 21 percent were Hispanic, and 4 percent were African American.

In 1998, there were 168 confirmed exposure calls involving heroin to Texas Poison Control Centers; in 1999, there were 231. The average age of the person involved was 35 years, and 87 percent were male.

Emergency room mentions of heroin per 100,000 population decreased in the first half of 1999 (Appendix 2), although mentions of heroin by teenagers were again reported. The highest rate of mentions remains among those ages 18-25.

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 3). 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 4 shows.

Table 4. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 1999

	Inject	Inhale	All
# Admissions	4,564	345	5,071
% of Heroin Admits	90%	7%	100%
Lag-1st Use to Tmt-Yrs.	14	8	14
Average Age	36	30	36
% Male	68%	53%	67%
% African American	9%	33%	11%
% Anglo	42%	32%	41%
% Hispanic	48%	35%	47%
% CJ Involved	34%	26%	33%
% Employed	17%	22%	17%
% Homeless	12%	4%	11%
Average Income	$5,389	$7,048	$5,551

Most heroin addicts entering treatment inject heroin. While the number of individuals who inhale heroin is small, it is significant to note that this lag period in seeking treatment is eight rather than 14 years for injectors. This shorter lag period means that contrary to street rumors that “sniffing or inhaling is not addictive,” inhalers

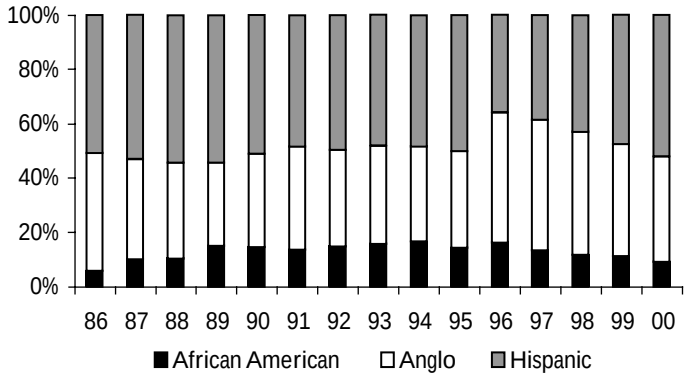
will need treatment much more quickly than needle users.

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 9 shows that over time, the shifts in admissions among race/ethnic groups has not been large, but that the proportion of Hispanics has been increasing since 1996.

Only 2 percent of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of heroin (Appendix 4).

Some 17 percent of male prison inmates reported ever having used heroin, and 4 percent had used heroin in their last month on the street. Anglos had higher rates of past-month use (9 percent) than did Hispanics (4 percent) or African Americans (2 percent). Some 74 percent of heroin users had ever injected, 44 percent had sniffed heroin, 17 percent had smoked it, and 16 percent had sprayed it up their noses ("shebanging"). Among the youngest inmates aged 17 to 24, 61 percent had inhaled heroin and 44 percent had injected and 44 percent had shebanged heroin.

Figure 9. Heroin Admissions to Treatment by Race/Ethnicity: 1986–2000



According to data collected by the ADAM program, the results of arrestees testing positive for opiates between 1991 and 1999 have remained mixed (Table 5).

Figure 10 shows the increasing amounts of heroin examined by the Texas Department of Public Safety laboratories from 1993 to 1999.

The predominant form of heroin in Texas is black tar, though Mexican brown is also available. Some Southeast Asian heroin is available in the Houston region, but no Southwest Asian heroin has been seized since August, 1999. There has been a reported increase in trafficking of Colombian heroin transshipped through Texas to the Northeastern US.

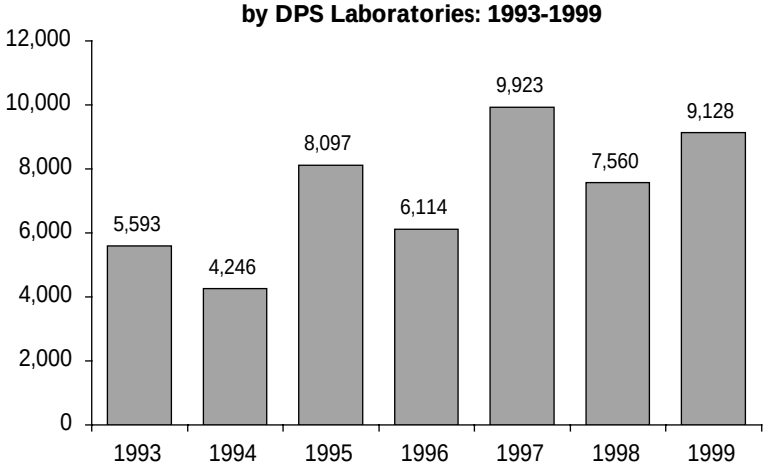
The Dallas Field Division of DEA reports black tar heroin is increasingly available, with the price decreasing while purity has increased from 56 percent in first quarter 2000 to 59 percent in the second quarter of

Table 5. Arrestees Testing Positive for Opiates: 1991-1999

OPIATES	1991	1992	1993	1994	1995	1996	1997	1998	1999
Dallas Males	4%	4%	5%	3%	5%	5%	4%	2%	5%
Houston Males	3%	3%	2%	3%	5%	8%	10%	8%	6%
Laredo Males								11%	11%
San Antonio Males	15%	14%	14%	13%	10%	10%	10%	10%	10%
San Antonio Male Juveniles			1%	1%	0%	4%	3%	1%	3%
Dallas Females	9%	9%	11%	8%	5%	10%	4%	5%	7%
Houston Females	4%	4%	5%	6%	3%	4%	5%	7%	7%
Laredo Females								0%	2%
San Antonio Females	20%	13%	15%	14%	13%	13%	9%	9%	10%
San Antonio Female Juveniles			0%	1%	1%	2%	1%	0%	3%

this year. There has been a 13 percent increase in heroin seizure totals for second quarter 2000. Because of problems in the processing stage in Mexico, DEA reports morphine has been sold as black tar heroin.

Figure 10. Grams of Heroin Examined by DPS Laboratories: 1993-1999

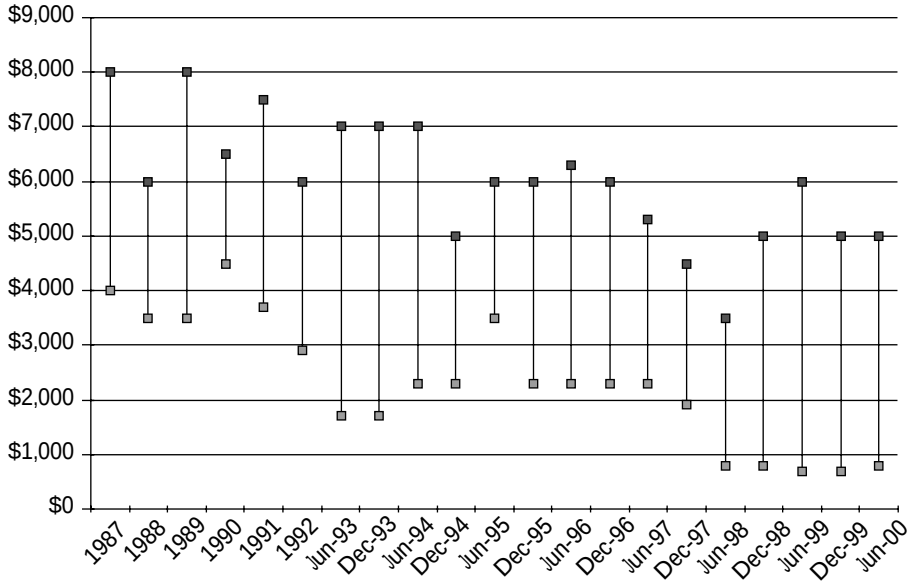


In Dallas, heroin is sold by the "piece," which is 25 grams. It is of sufficient potency that it can be cut seven times ("7-Cut"). In the past, it was sold in glassine envelopes or foil, but it is now sold in gelatin capsules. Because black tar has a gummy consistency, in order to inhale it, users freeze it until it is very hard and then grind it in a coffee grinder with Dormin or Benedryl (diphenhydramine). In Austin, it is cut with lactose.

Depending on the location, black tar heroin sells on the street for $10-$20 a capsule, $110-$400 per gram, $800-$5,000 per ounce, and $70,000-$175,000 per kilogram (Figure 11). Mexican brown heroin costs $2,200-$3,000 per ounce. Southeast Asian heroin costs $3,500-$4,500 per ounce. No prices were reported for Southwest Asian. Colombian sells for $1,000 per gram.

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 6 shows, over time, the purity of heroin is increasing, although the purity level in Houston dropped in 1999. The partial-year data for El Paso

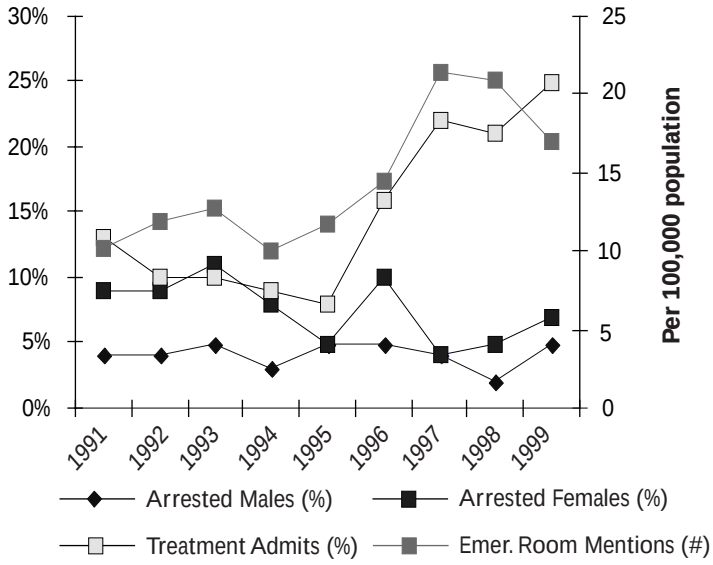
Figure 11. Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by DEA: 1987-2000



shows high purity levels and low prices of Mexican heroin at the Border.

Indicators of heroin abuse in Dallas are increasing (Figure 12). Between 1998 and the first half of 1999, emergency room mentions of heroin declined, while the proportion of arrestees testing positive for heroin continued to rise. The proportion of treatment admissions with a primary problem of heroin also increased during the first half of 1999.

Figure 12. Dallas Heroin Indicators: 1991-1999



Other Opiates

This group excludes heroin but includes opiates such as methadone, codeine, hydrocodone (Vicodin, Tussionex), carisoprodol (Soma), oxycodone (Percodan, Percocet-5, Tylox), d-propoxyphene (Darvon), hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium.

Emergency room mentions of other opiates in Dallas have fluctuated over the years, as Table 7 shows.

In 1999, Texas Poison Control Centers recorded 69 confirmed exposures to morphine, of which 38 involved the intentional misuse or abuse of morphine. Of these misuse cases, average age was 31 and 53 percent were male. In addition, there were 24 confirmed exposures to methadone, with an average age of 38 and 66 percent male.

There were 536 adverse reactions to Soma reported to the Poison Control Centers in 1999. Of these, 414 involved misuse or abuse. Average age of the misusers was 33.5 years and 57 percent of them were female.

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

Table 6. 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%	11.8%	14.4%
Price/Milligram Pure	$2.34	$6.66	$4.16	$1.06	$0.93
Houston Purity	16.0%	26.1%	16.3%	34.8%	17.8%
Price/Milligram Pure	$1.36	$2.15	$2.20	$2.43	$1.04
El Paso Purity*					56.7%
Price/Milligram Pure					$0.49

*El Paso began reporting in mid-1999

Table 7. Dallas DAWN Mentions of Other Opiates per 100,000 Population: 1991-1999

	Jul - Dec 1993	Jan - Jun 1994	Jul - Dec 1994	Jan - Jun 1995	Jul - Dec 1995	Jan - Jun 1996	Jul - Dec 1996	Jan - Jun 1997	Jul - Dec 1997	Jan - Jun 1998	Jul - Dec 1998	Jan - Jun 1999
Hydrocodone	4.4	4.8	3.9	4.0	3.5	4.3	4.2	6.2	6.5	5.3	5.9	4.6
Carisoprodol	1.2	1.2	2.2	1.8	1.9	1.9	1.3	2.3	1.3	1.4	1.8	1.5
Oxycodone	0.3	0.3	0.0					0.1		0.2	0.3	
d-Propoxyphene	2.7	3.7	2.6	2.2	1.6	1.8	1.5	1.9	2.5	1.4	1.8	0.8

Seventeen percent of male prison inmates surveyed in 1998 had ever used other opiates, and the most popular were codeine cough syrup (38 percent), codeine tablets (35 percent), Demerol (28 percent), Percodan (27 percent), and morphine (27 percent). Seventeen percent had ever used methadone illegally.

ADAM statistics show that the percentage testing positive for methadone is very low (Table 8).

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

In the Dallas area, Dilaudid sells for $20-$40 per tablet, Soma sells for $4 per tablet, and hydrocodone sells for $5 per tablet. In Houston, Vicodin, Lortab, and Lorcet sell for $3 to $3.50 per tablet.

Marijuana

Mentions of marijuana in emergency rooms in Dallas dropped between 1998 and first half of 1999 (Appendix 2). The highest rates of mentions are among persons aged 18 to 25.

There were 78 confirmed cases of exposure to marijuana reported to the Texas Poison Control Centers in 1999, as compared to 58 cases in 1998. Two-thirds of the 1999 cases involved males. Average age was 21, with males averaging 22.7 years and females 18.7 years.

Marijuana was the primary problem for 9 percent of adult admissions to treatment programs in 1999 (Appendices 1 and 3). The average age of adult marijuana clients continues to increase: in 1985, the average age was 24; in 1999, it was 27.

The proportion of adolescents admitted for a primary problem with marijuana continues to increase to 74 percent of all admissions in 1999 (Appendix 4), as compared to 35 percent in 1987. In 1999, 46 percent of these adolescents were Hispanic, 29 percent were Anglo, and 24 percent were African American (in 1987, 7 percent were African American).

Eighty-two percent of male prison inmates in 1998 had ever used marijuana or hashish, and 19 percent had used it in their last month on the street. Thirty-two percent of the past-month users had smoked "fry," a marijuana joint or cigar dipped in embalming fluid or formaldehyde that can contain PCP. Only 15 percent of those who used fry knew that it often contained PCP.

The percentage of arrestees testing positive for marijuana remains high, with increases noted especially for San Antonio juveniles (Table 9).

Marijuana is readily available. The overall freshness and quality of seized marijuana has remained constant after the last

Table 8. Arrestees Testing Positive for Methadone: 1991-1999

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

Table 9. Arrestees Testing Positive for Marijuana: 1991-1999

MARIJUANA	1991	1992	1993	1994	1995	1996	1997	1998	1999
Dallas Males	19%	28%	27%	33%	39%	43%	44%	43%	39%
Houston Males	17%	24%	24%	23%	30%	28%	23%	36%	38%
Laredo Males								39%	33%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	36%
San Antonio Male Juveniles			24%	35%	42%	45%	53%	49%	53%
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%	9%
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	16%
San Antonio Female Juveniles			10%	4%	12%	18%	17%	18%	24%

growing season, which suggests no seasonal product shortages occurred. In the Dallas area, DEA reports a pound costs $450-$800 for commercial-grade (Figure 13). An ounce costs $50-$80 in Dallas, $40-$100 in Galveston, and $80 in Lubbock. Mexican marijuana costs $325-$500 per pound in the Houston area, as compared to $500-$700 per pound in the Tyler area. Indoor-grown Sinsemilla costs $3,000-$5,000 in the Houston area.

Figure 13. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by DEA: 1992-2000

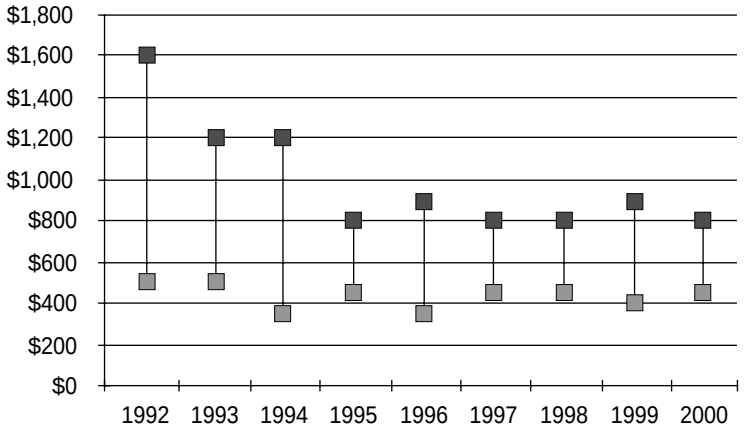
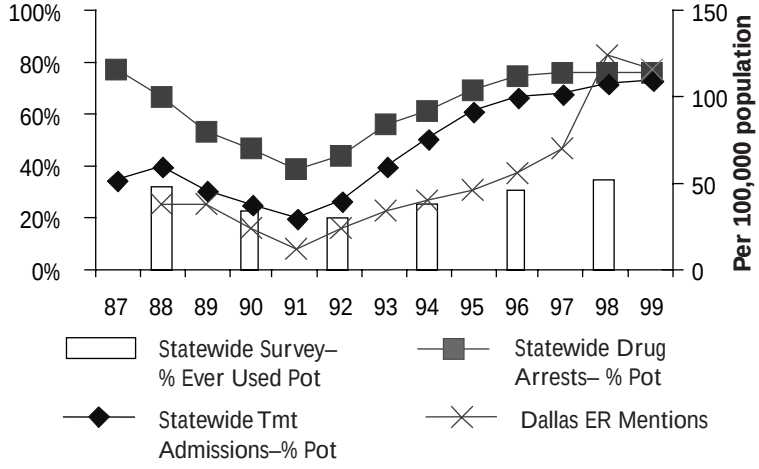


Figure 14 plots the trends in use of marijuana as reported in the secondary school survey, adolescent admissions to treatment for a primary problem of marijuana, and the proportion of adolescent drug arrests for marijuana. As this figure shows, all the indicators have risen since 1992, although there was a decline from 1998 to 1999 in Dallas emergency room mentions of marijuana by adolescents.

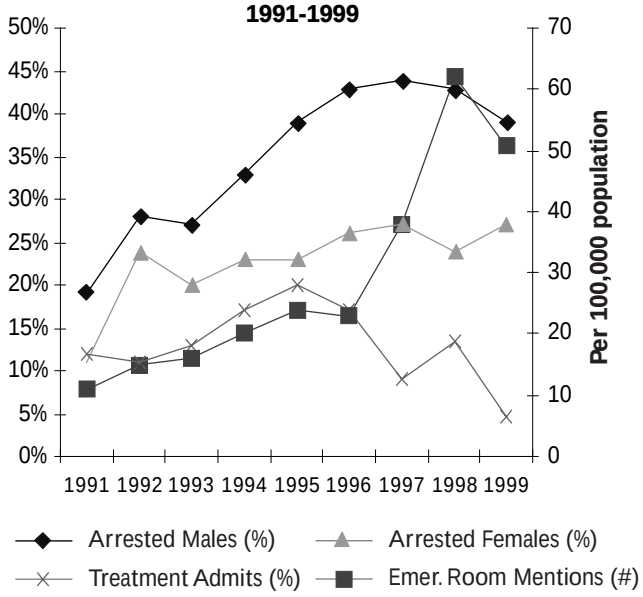
Figure 14. Adolescent Indicators of Marijuana Use: 1987-1999



Arrest and emergency room statistics for Dallas show a trend toward increasing involvement of adults with marijuana since 1991, although decreases are noted in 1999 for all indicators except female arrestees testing positive for marijuana. Note that treatment

statistics were only available for Dallas for the first half of 1999 (Figure 15).

Figure 15. Dallas Marijuana Indicators: 1991-1999



Stimulants

The number of deaths in which amphetamines or methamphetamines were mentioned increased from 1997 to 1998. Table 10 shows the characteristics of these decedents.

Table 10. Characteristics of Persons Dying with a Mention of Methamphetamine or Amphetamine: 1997-1998

	1997	1998
Number	17	20
Age (Years)	39	38.2
% Male	65%	85%
% Black	6%	0%
% Anglo	82%	95%
% Hispanic	12%	0%
% Native American	0%	5%

There were 994 confirmed cases involving amphetamines and related compounds reported to the Texas Poison Control Centers in 1998 and 1,252 in 1999. Of the 1999 cases, 419 involved confirmed exposure to Ritalin, and 114 of these cases involved intentional misuse or abuse of Ritalin. The average age of the misusers was 17.4 years, and 53 percent were male. There were 178 cases of amphetamines, methamphetamines, speed, etc. Of these, 102 involved misuse or abuse. Average age was 27 years, and 55 percent were male. Twenty-seven percent of these cases were from the Dallas-Fort Worth metroplex area. There were also 278 confirmed exposures to the amphetamine Adderall, and 149 of these involved misuse or abuse. Average age of the Adderall exposures was 18 years.

There were 351 confirmed cases involving ephedrine, of which 111 involved intentional misuse or abuse. Of these cases, 55 percent were female, and average age was 25. Of the ephedrine cases, 64 involved Mini-Thins or Two-Ways, over-the-counter pills containing ephedrine and guaifenesin. Twenty-seven of the cases were categorized as intentional misuse or abuse. Fifty-four percent were women, and average age was 26.

Over time, the rate of mentions per 100,000 population of methamphetamines and amphetamines in the Dallas emergency rooms has increased, with a peak in 1997, as Figure 16 shows. Although there has been a decrease in the last year, the rates in first half of 1999 are still high.

Stimulants such as methamphetamines and amphetamines comprise 4 percent of adult admissions in 1999 (Appendices 1 and 3). Because treatment data from Dallas are missing for the second half of 1999, this percentage may be low. The average client admitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 1999, it was nearly 31. The proportion of Anglo

Figure 16. Dallas DAWN Mentions of Stimulants Per 100,000 Population: 1991-1999

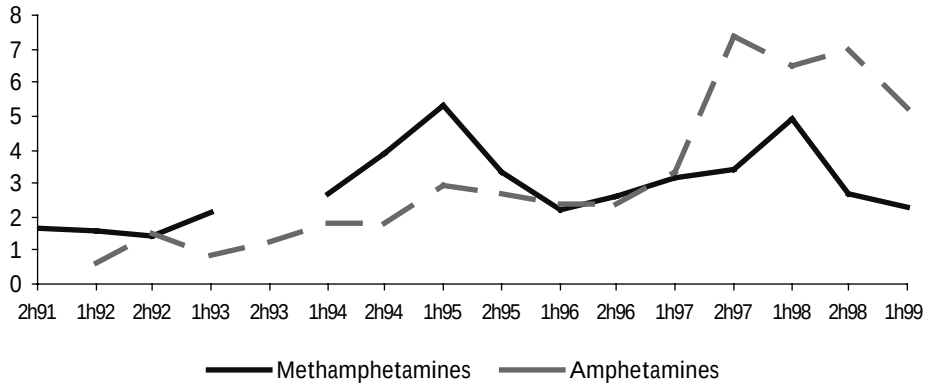


Table 11. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Stimulants by Route of Administration: 1999

	Smoke	Inject	Inhale	Oral	All
# Admissions	203	949	231	129	1,532
% of Stimulant Admits	13%	62%	15%	8%	100%
Lag-1st Use to Tmt-Yrs.	9	11	9	12	11
Average Age-Yrs.	29	31	29	32	31
% Male	37%	46%	61%	46%	47%
% African American	3%	1%	1%	5%	1%
% Anglo	85%	96%	92%	85%	92%
% Hispanic	11%	4%	7%	8%	5%
% CJ Involved	47%	53%	53%	47%	52%
% Employed	24%	22%	39%	24%	25%
% Homeless	3%	7%	9%	7%	7%
Average Income	$7,399	$6,880	$9,447	8,451	$7,473

clients has risen from 80 percent in 1985 to 92 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, more than half of the stimulant clients entering treatment are women. Most stimulant users are injectors, with differences seen among the clients based on route of administration (Table 11).

Thirty-six percent of male prison inmates in 1998 reported ever having used stimulants and 7 percent had used them in their last month on the street. The most popular uppers among those who had ever used them were Crystal (37 percent), Black Mollies (33 percent), methedrine (31 percent), and Speed (29 percent). Lifetime users reported their most common way to use uppers was to swallow pills, but among past-month users, injection was the most popular route of administration.

The proportion of arrestees testing positive for amphetamines in ADAM is low, as Table 12 shows.

Methamphetamine in Texas comes both from smaller, individual laboratories within the state and from Mexico, either through California, or now, more often, across the Texas border. Methamphetamine is available in multi-pound quantities in the Eagle Pass and Del Rio areas. Reports are also being received that amphetamine is being produced in Mexico.

The Dallas Field Division of DEA reports an increase in fires in motels and that these may be related to the manufacture of methamphetamine. Large-scale

Table 12. Arrestees Testing Positive for Amphetamines: 1991-1999

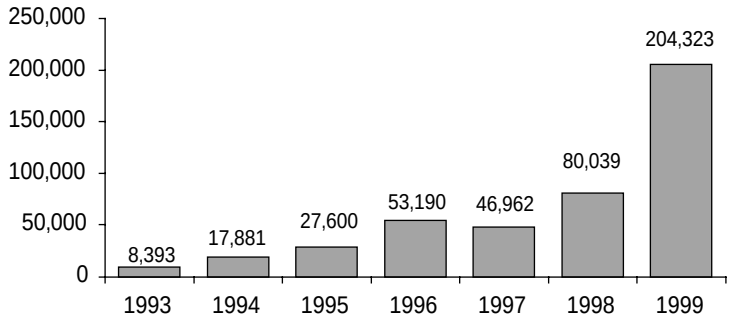
	1991	1992	1993	1994	1995	1996	1997	1998	1999
Dallas Males	1%	1%	4%	2%	2%	1%	4%	3%	3%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	0%
Laredo Males								0%	0%
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	0%	0%
San Antonio Male Juveniles	0%	0%	0%	0%	0%	0%	0%	1%	1%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	4%	4%
Houston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

theft of ephedrine products is being reported, as well as large-scale purchases of ether and starter fluid from auto supply stores. In Dallas, it is reported that methamphetamine is very available, while in Austin, the only speed reported to be around is "Stove Top."

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, Two-Way, and Ephedrine Release.

The amount of methamphetamine examined by the Texas Department of Public Safety laboratories increased significantly in 1999, as Figure 17 shows.

Figure 17. Grams of Methamphetamine Examined by DPS Laboratories: 1993-1999



According to DEA reports, the price for a pound of domestic methamphetamine in the Houston area is $10,000-$14,000, while a pound on Mexican methamphetamine costs $5,000-$8,000. An ounce of domestic methamphetamine sells for $600-$800 and an ounce of Mexican methamphetamine sells for $350-$600. In the North Texas region, a pound sells for $4,500-$7,500, an ounce sells for $450-$900, and a gram costs $70-$100.

As Figure 18 shows, the indicators for methamphetamines and amphetamines in Dallas rose through 1998, but they are down for 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 non-barbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, chloral hydrate, and gamma hydroxybutyrate (GHB) and its precursors.

The rate of mentions per 100,000 population for alpra-

zolam (Xanax) and diazepam (Valium) in Dallas emergency rooms increased through 1998 but dropped in 1999 (Figure 19). Through 1997, the rate for clonazepam (Klonopin or Rivotril) increased, which may have been related to the initial popularity of Rohypnol and then the increasing use of Rivotril, legally importable from Mexico, to replace Rohypnol. The rate of mentions of Klonopin has been dropping since 1997.

In 1998, there were 100 confirmed exposure cases involving GHB, GBL, and its precursors reported to the Poison Control Centers; in 1999, there were 166. Average age of the 1999 cases was 26 years and 57 percent were male. Forty-four percent of the cases were from the Dallas-Fort Worth metroplex area. There were 100 cases involving Rohypnol in 1998; in 1999, there were 105 cases. Average age in 1999 was 19 and 51 percent were female. Fifty-eight percent of the cases were reported from Texas border counties.

One percent of the adults entering treatment in 1999 had a primary problem with barbiturates, sedatives, or tranquilizers. These clients were most likely Anglo and female.

Between January 1, 1998, and March 31, 2000, 467 youth were admitted to treatment with a primary, secondary, or tertiary problem with Rohypnol. Of these, 160 were admitted in 1998, 235 were admitted in 1999, and 72 were admitted in the first three months of 2000. Ninety-one percent of the youth were Hispanic and 8 percent were Anglo; 76 percent were male; average age was 15 years; and 82 percent were involved with the juvenile justice system. Other drugs of abuse included marijuana, powder cocaine, and alcohol. Of these youth, 77 percent were admitted into Texas programs along the Mexican border, which highlights the fact that Rohypnol use in Texas was first documented along the border.

In addition, 239 adults were admitted into treatment during this period with a primary, secondary or tertiary problem with Rohypnol. Of the adult clients, 82 percent were Hispanic and

Figure 18. Dallas Stimulant Indicators: 1991-1999

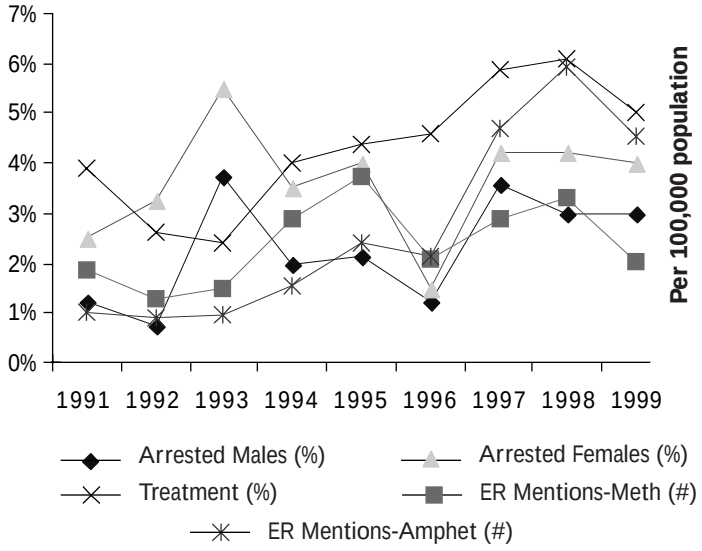
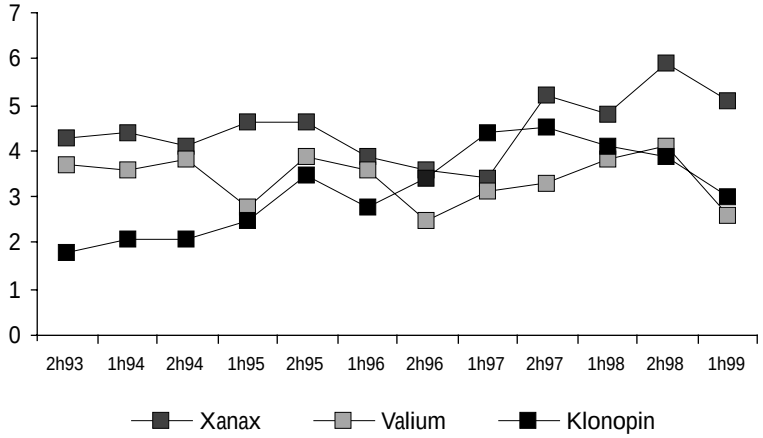


Figure 19. Dallas DAWN Mentions of Selected Benzodiazepines in the Dallas Area per 100,000 Population: 1993-1999



14 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 nearly 35 years). Only 15 percent were employed, 62 percent were involved with the criminal justice or legal system, and average annual income at admission was $3,765. Heroin, alcohol, marijuana, powder cocaine, and crack were the other drugs most likely to be abused by these adults, of whom 70 percent entered Texas programs along the Mexican border.

Thirty-eight percent of male prison inmates in 1998 had ever used "downers" illicitly and 9 percent had used them in their last month on the street. Those who had ever used downers reported use of Valium (70 percent), Quaaludes (39 percent), Rohypnol (21 percent), Seconal (19 percent), Xanax (15 percent), Nembutal (14 percent), and Phenobarbitals (12 percent). Anglos were more than twice as likely as Hispanics or African Americans to use downers in the past month.

Benzodiazepines are the depressant drugs most often identified in ADAM (Table 13). Positive findings ranged from 2 to 8 percent in 1999. For barbiturates, positives range from 0 to 3 percent.

DEA reports an increase in the abuse of alprazolam (Xanax) to heighten and prolong the effects of heroin. Xanax is selling for $2 per tablet in Houston and $3-$5 in Dallas and $10 in Tyler. Valium is selling for $1 to $3 in Dallas and $10 in Tyler.

The Texas Department of Public Safety reported that in 1999, it analyzed 112 exhibits involving GHB, four exhibits involving GBL, and four exhibits of 1,4-butanediol. Eighty-three percent of these cases were analyzed in the DPS lab in Garland, which is in Dallas County.

Hallucinogens

The rate of mentions of PCP and LSD in the Dallas emergency rooms peaked in 1995, but they are rising again in 1999 (Figure 20).

In 1998, the Texas Poison Control Centers reported 77

Table 13. Arrestees Testing Positive for Barbiturates and Benzodiazepines: 1991-1999

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

confirmed exposures to LSD, as compared to 95 confirmed exposures in 1999. Eighty-nine of the 1999 cases involved intentional misuse or abuse; of these, average age was 18 and 76 percent were male. In 1998, there were 17 confirmed exposures to PCP and 27 in 1999. Of the 1999 cases, 81 percent were male, and average age was 28.

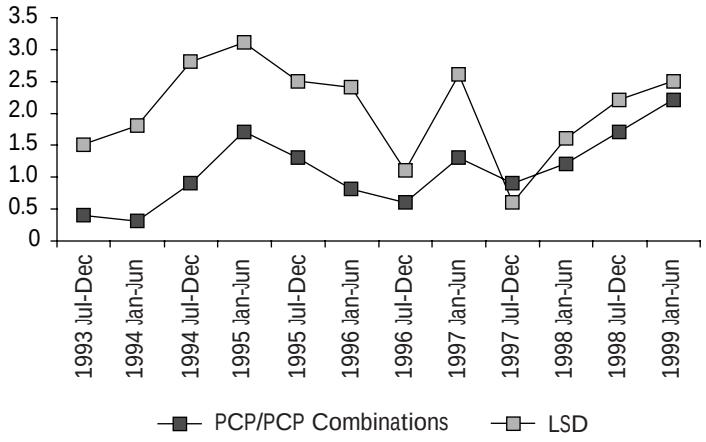
In addition, there have been 24 cases of exposure to formaldehyde due to intentional misuse or abuse reported in 1999. Some 65 percent were male, and average age was 25. Six of the cases mentioned "Dank," and three mentioned use with marijuana or "Fry."

Thirteen cases of intentional misuse or abuse of hallucinogenic mushrooms were reported in 1999, with an average age of 18 and 85 percent were male. There were 23 cases involving hallucinogenic plants, of which half involved morning glories.

Seven cases of misuse of Ketamine were also reported in 1999. Average age was 25 and 86 percent were male. And in 1999, 35 cases of Ecstasy were reported; average age was 20.7 years, and 60 percent were male.

The 1998 survey of male prison inmates found that 42 percent had ever used psychedelics, and 4 percent had used

Figure 20. Dallas DAWN Mentions of PCP and LSD per 100,000 Population: 1993-1999



in their last month on the street. The most popular drugs reported by those who had ever used psychedelics were LSD (83 percent), Psilocybin mushrooms (48 percent), Ecstasy (23 percent), PCP (20 percent), Mescaline (13 percent), and Peyote (12 percent). Younger inmates were more likely to be past-month users, and Anglos (6 percent) were more likely to be past-month users than Hispanics (3 percent) or African Americans (2 percent).

Phencyclidine (PCP) use among ADAM arrestees was most likely to be reported among Dallas and Houston arrestees (Table 14). While the percentages are low, these slight increases, as well as the increase in the DAWN data, may be additional evidence of the use of marijuana cigarettes dipped in embalming fluid containing PCP.

According to the DEA, Ecstacy (MDMA) and hallucinogens are increasing in popularity at nightclubs and raves. LSD is also becoming more available to young adults in nightclubs. There has been an increase in LSD seizures in the Austin area, and the most prevalent types of LSD are gel tabs, blotter paper, and capsules; purity is declining. Dealers distributing methamphetamine made in Mexico are reported to 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. LSD is selling for $1 to $3 in Houston, as compared to $2 to $10 in Dallas and Tyler. MDMA is selling for $20 to $25, and PCP is selling for $10 in Dallas. GHB is selling for $5-$10 for 1/4 ounce (a cap), $15-$20 per ounce, and $750-

Table 14. Arrestees Testing Positive for PCP: 1991-1999

	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%	7%
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%	1%
Laredo Females								0%	0%
San Antonio Females	0%	0%	0%	0%	0%	0%	0%	0%	0%

$1,000 per gallon in the Houston area.

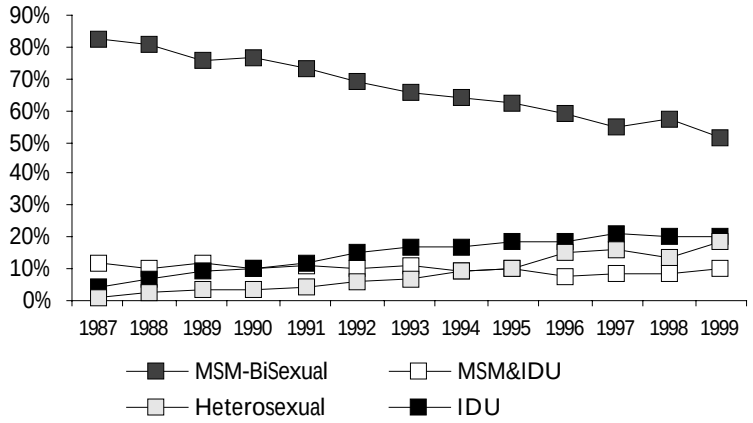
Inhalants

Inhalant abusers comprised 2 percent of the admissions to adolescent treatment programs in 1999 (Appendix 4). While the youths entering treatment tended to be Hispanic (91 percent) and male (61 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.

Among male prison inmates in 1998, only 21 percent had ever used inhalants, and less than 1 percent had used in their last month on the street. These past-month users were most likely to be aged 17 to 24 and Anglo. The most popular inhalants reported by those who had ever used them were poppers (36 percent), spray paint (33 percent), gasoline (30 percent), glues (17 percent), other paints and thinners (12 percent), and Freon (12 percent).

Figure 21. AIDS Cases in Texas by Route of Transmission: 1987-1999



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 16 percent in 1987 to 31 percent in 1999. In 1987, 4 percent of the cases were injecting drug users (IDUs), and 12 percent were exposed through male-to-male sex and IDUs. In 1999, 21 percent of the cases were IDUs, and 10 percent were male-to-male sex and also IDUs (Figure 21). The proportion of cases resulting from heterosexual contact has risen from 1 percent in 1987 to 18 percent in 1999.

In 1987, 3 percent of the AIDS cases were females over age 12; in 1999, 18 percent were female. In 1987, 12 percent of the adult and adolescent cases were African American; in 1999, 37 percent were African American. As Figure 22 shows, the proportion of Anglo males has dropped while the proportions of African Americans and Hispanics has increased.

The proportion of adult needle users entering TCADA-funded

treatment programs has decreased from 32 percent in 1988 to 23 percent for 1999. Heroin injectors are most likely to be older, and more than half are people of color, while injectors of stimulants and cocaine are far more likely to be Anglo (Table 15).

ADAM statistics also provide insight into the use of needles by arrestees. Table 16 shows that arrestees in all four cities who reported ever having injected drugs illegally were far more likely to report having injected heroin, which is consistent with the treatment data in Table 4, which shows that 90 percent of heroin users inject.

The lower percentage of ADAM arrestees who reported injecting cocaine is consistent with other data. Table 2 shows the high percent of arrestees testing positive for cocaine. But as the treatment data in Table 1 show, the preferred route of administration for cocaine for most users is inhaling, rather than injecting.

The picture is less clear for stimulant users. While Table 11 shows injecting was the preferred route of administration by stimulant users entering treatment, the other routes of administration varied by geographic location, according to Table 16. For example, in Dallas in 1999, stimulant users preferred injecting (69 percent) followed by inhalation or smoking (13 percent each); in Houston, injecting (54 percent) was followed by oral (22 percent), and in San Antonio, injecting (52 percent) was followed by inhalation (35 percent). There were not sufficient stimulant admissions in Laredo for an analysis by route.

Figure 22. Male and Female AIDS Cases by Race/Ethnicity: 1987-2000

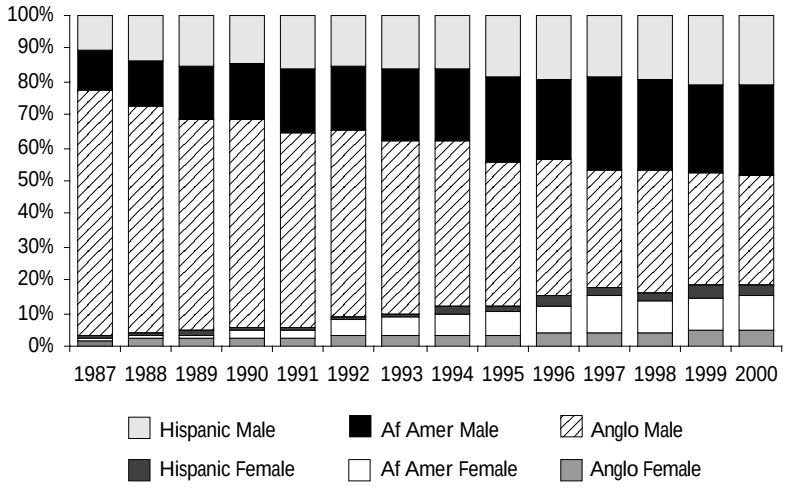


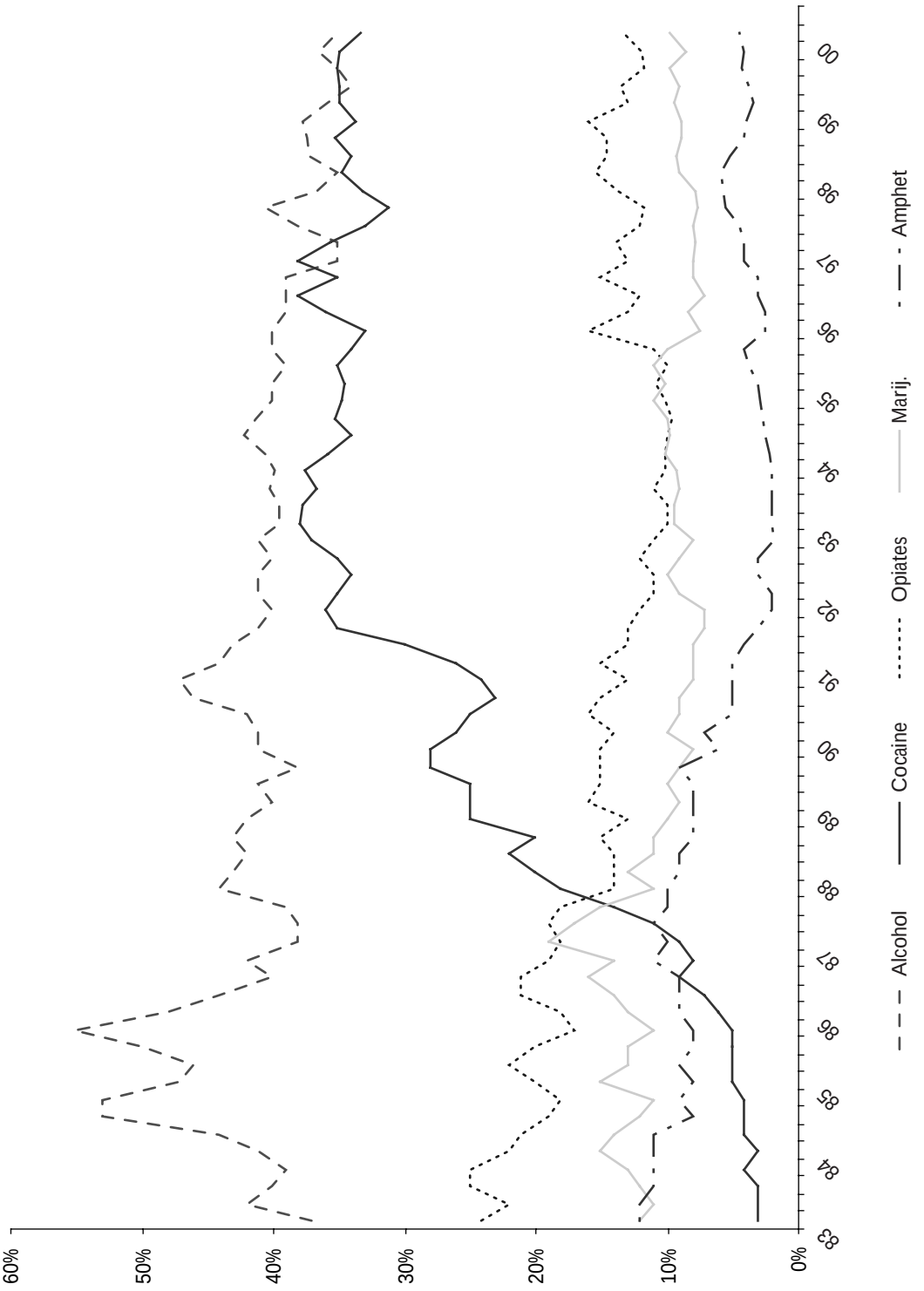
Table 15. Characteristics of Adult Needle Users Admitted to TCADA-Funded Treatment: 1999

	Heroin	Cocaine	Stimulants
# Admissions	4,564	1,506	949
% of Needle Admissions	65%	21%	13%
Lag-1st Use to Tmt-Yrs.	14	12	11
Average Age	36	33	31
% Male	68%	61%	46%
% African American	9%	4%	1%
% Anglo	42%	72%	96%
% Hispanic	48%	23%	4%
% CJ Involved	34%	41%	53%
% Employed	17%	18%	22%
% Homeless	12%	10%	7%
Average Income	$5,389	$7,099	$6,880

Table 16. Types of Drugs Injected by ADAM Arrestees Who Reported They Had Ever Injected Drugs Illegally: 1999

	Dallas		Houston		Laredo		San Antonio	
	Males	Females	Males	Females	Males	Females	Males	Females
Cocaine	25%	38%	26%	22%	22%	0%	14%	21%
Heroin	54%	55%	65%	61%	71%	0%	70%	82%
Amphet/speed/meth	47%	40%	42%	26%	18%	0%	21%	31%

Appendix 1. Percent of Adult Admissions to TCADA-Funded Treatment Programs by Primary Drug of Abuse: January 1983– March 2000



Appendix 2. Dallas DAWN Mentions of Cocaine, Heroin, Marijuana, and Methamphetamines per 100,000 Population by Age and Gender: 2nd Half 1991-1st Half 1999

COCAINE

	Jul - Dec 1991	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul – Dec 1993	Jan – Jun 1994	Jul – Dec 1994	Jan – Jun 1995	Jul – Dec 1995	Jan – Jun 1996	Jul – Dec 1996	Jan – Jun 1997	Jul – Dec 1997	Jan – Jun 1998	Jul – Dec 1998	Jan - Jun 1999
TOTAL	30.2	25.5	27.4	29.1	28.5	29.6	31.2	31.9	29.7	28.9	29.3	34.0	39.6	51.9	54.1	40.6
AGE																
6-34	41.6	34.7	35.4	36.6	36.9	39.1	41.7	38.3	36.4	34.4	37.4	43.8	48.0	61.7	66.1	45.5
12-17	12.0	11.8	...	13.4	7.8	6.7	11.5	11.0	9.6	16.5	18.5	18.8	14.9	25.8	40.1	24.4
18-25	57.3	53.0	53.3	52.2	57.3	41.1	58.4	53.9	51.6	38.1	54.0	71.9	83.6	89.0	103.2	61.7
26-34	64.7	50.5	55.7	55.9	56.5	73.1	67.5	62.1	59.8	59.9	57.1	63.1	69.7	98.4	94.0	73.1
35+	16.7	14.9	18.0	20.1	19.2	19.0	19.7	24.9	22.1	22.8	20.4	23.6	31.0	41.5	42.1	35.8
GENDER																
Male	39.8	33.6	35.5	37.2	35.3	35.1	39.0	39.2	40.1	37.5	40.3	46.0	51.2	67.9	74.4	52.3
Female	21.2	17.7	19.6	21.0	22.1	24.1	23.7	24.8	19.2	20.4	18.4	22.5	28.6	36.4	34.5	29.5

HEROIN/MORPHINE

	Jul - Dec 1991	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul – Dec 1993	Jan – Jun 1994	Jul – Dec 1994	Jan – Jun 1995	Jul – Dec 1995	Jan – Jun 1996	Jul – Dec 1996	Jan – Jun 1997	Jul – Dec 1997	Jan – Jun 1998	Jul – Dec 1998	Jan - Jun 1999
TOTAL	5.4	5.9	6.1	6.2	6.5	4.6	5.4	6.3	5.4	6.8	7.7	10.6	10.8	10.8	10.2	8.5
AGE																
6-34	4.5	6.5	5.6	4.2	5.4	4.4	4.4	5.5	5.1	7.4	8.8	13.2	13.6	11.8	11.9	9.3
12-17	...	...	...	...	0.9	0.0	...	0.0	...	5.2	4.7	...	...	3.8	...	4.2
18-25	...	4.8	7.2	4.1	8.6	6.8	7.5	8.2	8.3	11.8	20.1	27.1	34.0	26.9	30.8	19.7
26-34	9.3	13.2	9.8	7.6	8.3	7.2	5.8	9.3	7.2	9.2	8.6	13.7	11.2	12.9	11.4	10.6
35+	6.5	5.2	6.7	8.4	7.6	4.9	6.6	7.1	5.8	6.1	6.3	8.0	7.8	9.7	8.5	7.6
GENDER																
Male	7.4	8.5	9.6	7.9	8.8	6.8	7.6	8.8	7.2	9.0	10.8	17.3	16.5	14.0	13.9	9.8
Female	3.5	3.0	2.8	4.6	4.2	2.4	3.2	3.9	3.8	4.8	4.6	4.2	5.2	7.5	6.4	6.9

MARIJUANA/HASHISH

	Jul - Dec 1991	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul – Dec 1993	Jan – Jun 1994	Jul – Dec 1994	Jan – Jun 1995	Jul – Dec 1995	Jan – Jun 1996	Jul – Dec 1996	Jan – Jun 1997	Jul – Dec 1997	Jan – Jun 1998	Jul – Dec 1998	Jan - Jun 1999
TOTAL	4.8	7.7	7.0	8.3	7.4	10.4	10.0	10.5	13.0	12.3	10.9	18.1	19.9	31.3	30.8	25.3
AGE																
6-34	8.2	12.0	11.6	13.1	11.8	16.6	15.9	17.1	20.9	17.8	17.7	27.5	30.3	47.0	48.5	40.8
12-17	4.8	14.2	10.8	18.1	16.9	16.6	23.1	16.7	28.8	26.0	30.6	33.8	36.2	54.0	70.4	58.0
18-25	17.5	19.7	20.5	22.3	23.5	26.8	28.3	37.4	33.4	29.4	29.1	55.6	62.4	88.4	82.4	70.9
26-34	7.9	12.2	12.3	12.0	7.9	18.9	13.0	13.6	19.8	16.0	13.8	21.3	23.4	43.1	42.1	35.2
35+	...	2.7	1.8	2.7	2.6	3.3	3.6	3.4	4.2	6.5	3.8	8.2	9.2	15.3	13.0	9.7
GENDER																
Male	6.4	9.7	10.3	10.2	9.9	12.5	12.4	14.9	18.3	17.0	16.6	24.0	27.7	42.1	42.9	33.0
Female	3.3	5.8	4.0	6.0	5.0	7.9	7.8	6.4	7.6	7.9	5.5	12.3	12.4	20.8	19.0	17.9

METHAMPHETAMINE/SPEED

	Jul - Dec 1991	Jan - Jun 1992	Jul - Dec 1992	Jan - Jun 1993	Jul – Dec 1993	Jan – Jun 1994	Jul – Dec 1994	Jan – Jun 1995	Jul – Dec 1995	Jan – Jun 1996	Jul – Dec 1996	Jan – Jun 1997	Jul – Dec 1997	Jan – Jun 1998	Jul – Dec 1998	Jan - Jun 1999
TOTAL	1.7	1.6	1.4	2.1	...	2.7	3.9	5.3	3.3	2.2	2.6	3.2	3.4	4.9	2.7	2.3
AGE																
6-34	2.0	2.4	2.3	3.6	...	4.1	6.4	8.8	5.1	2.8	3.8	5.3	5.3	7.4	4.0	3.5
12-17	...	...	...	...	0.0	0.4	4.9	...	0.4	...	1.7	...	1.3	3.4	3.	2.9
18-25	3.7	3.4	5.5	7.6	...	5.1	9.6	19.9	11.7	5.9	4.5	13.5	9.7	14.2	4.8	6.8
26-34	3.0	3.1	2.3	4.3	2.7	7.2	8.5	9.3	6.1	2.6	6.4	4.7	7.6	9.3	6.	3.9
35+	1.1	...	...	...	0.3	1.0	1.2	1.4	1.4	1.6	1.4	1.1	1.4	2.3	1.6	1.1
GENDER																
Male	2.2	2.1	1.7	2.9	1.1	3.1	4.1	5.7	3.3	3.4	3.0	3.4	4.7	6.4	4.4	3.0
Female	1.1	0.8	...	1.5	...	2.2	3.7	4.9	3.4	1.1	2.2	3.0	2.2	3.4	1.2	1.7

Appendix 3. Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs: Jan. 1, 1999-Dec. 31, 1999

Primary Drug	Total Admissions	Percent of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	Pct No Prior Treatment	Percent Married	Percent Male	Percent w/ History of IV Drug Use
All Drugs	40,422	100.0	34.6	20.7	14.0	54.3	19.8	63.7	22.6
Heroin	5,071	12.5	35.9	22.8	14.0	52.8	20.8	66.6	90.5
Alcohol	14,332	35.5	37.1	16.3	21.0	55.7	20.6	72.4	7.5
Stimulants	1,532	3.8	30.6	20.3	11.0	64.2	16.7	47.0	63.0
Powder Cocaine	3,532	8.7	31.0	21.9	10.0	57.8	22.4	61.5	43.8
Marijuana	3,715	9.2	27.1	15.9	12.0	67.2	21.2	68.6	5.7
Inhalants	88	0.2	26.9	17.1	10.0	62.5	17.0	60.2	1.1
Ecstasy	14	0.0	26.4	21.9	5.0	42.9	14.3	35.7	0.0
Miscellaneous	1,531	3.8	36.1	27.0	10.0	55.7	24.6	38.4	16.6
Rohypnol	14	0.0	22.6	15.9	7.0	78.6	14.3	71.4	0.0
Crack Cocaine	10,593	26.2	34.8	26.2	9.0	45.6	16.5	55.8	4.9

Primary Drug	Percent African Am	Percent Anglo	Percent Hispanic	Percent Employed	Avg Months Employed Over Last 12	%Involved w/CJ or Legal Sys	Average Education	Percent Homeless	Income At Admission
All Drugs	23.6	50.2	24.8	24.4	5.3	43.0	11.4	12.2	$6,996
Heroin	10.9	40.9	47.1	16.9	4.1	33.2	11.1	11.1	$5,551
Alcohol	12.8	59.1	26.2	30.5	6.0	45.3	11.5	14.1	$8,198
Stimulants	1.4	92.4	5.4	24.9	5.6	52.1	11.4	6.6	$7,473
Powder Cocaine	6.7	53.9	38.3	27.4	5.6	45.3	11.2	7.0	$7,826
Marijuana	28.3	44.4	26.4	39.3	6.1	68.6	11.0	3.1	$6,857
Inhalants	2.3	20.5	42.0	11.4	2.7	47.7	7.9	5.7	$2,429
Ecstasy	35.7	64.3	0.0	28.6	4.5	57.1	12.1	0.0	$5,234
Miscellaneous	10.3	79.3	9.1	19.0	4.6	37.8	12.0	5.3	$7,306
Rohypnol	0.0	35.7	64.3	21.4	3.5	71.4	11.0	0.0	$1,977
Crack Cocaine	53.7	33.3	12.1	14.3	4.5	34.3	11.4	17.0	$5,782

Primary Drug	% on Medication	% with Emergeny Room Visit	% Sickness or Health Problems	% with Employment Problems	% with Family or Marital Problems	% with Social/Peer Problems	% with Psych/Emot. Problems	% Reporting Drug/Alcohol Problems	# Clients Pregnant at Admission
All Drugs	21.8	37.2	33.0	51.3	52.0	32.7	56.9	67.0	660
Heroin	50.0	29.4	39.9	63.1	54.3	37.3	59.6	79.5	100
Alcohol	19.9	41.2	34.5	50.7	49.6	31.1	57.4	67.2	93
Stimulants	20.4	39.9	34.3	50.5	60.8	43.2	67.2	66.8	46
Powder Cocaine	16.6	35.6	32.6	54.2	59.4	36.9	57.0	66.4	63
Marijuana	10.4	29.9	24.4	36.4	36.7	22.8	40.7	46.1	98
Inhalants	11.4	28.4	46.6	60.2	64.8	47.7	69.3	71.6	1
Ecstasy	7.1	35.7	21.4	71.4	64.3	50.0	50.0	78.6	0
Miscellaneous	30.8	58.6	45.9	52.8	59.6	38.6	74.1	75.3	14
Rohypnol	7.1	35.7	21.4	35.7	71.4	50.0	42.9	64.3	0
Crack Cocaine	15.6	35.3	28.6	50.5	54.6	32.3	56.6	67.2	245

TCADA Client Data Systems Database

Appendix 4. Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs: Jan. 1, 1999 through Dec. 31, 1999

Primary Drug	Total Admissions	Percent of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	Pct w/no Prior Treatment	Percent w/ History of IV Drug Use	Percent Male	Pct Use Tobacco Daily
All Drugs	5,325	100.0	15.5	12.8	3.0	64.4	7.1	77.2	52.8
Heroin	120	2.3	16.0	14.6	2.0	45.8	70.8	77.5	62.5
Alcohol	507	9.5	15.6	12.6	4.0	68.2	5.9	70.4	52.3
Stimulants	68	1.3	15.8	13.7	3.0	61.8	38.2	55.9	64.7
Powder Cocaine	313	5.9	15.8	14.3	2.0	54.0	16.6	63.3	60.7
MJ/Hash	3,955	74.3	15.4	12.6	3.0	66.0	3.8	80.6	51.3
Inhalants	103	1.9	14.9	12.8	3.0	51.5	8.7	61.2	41.7
Ecstasy	8	0.2	16.5	15.5	2.0	37.5	12.5	75.0	62.5
Rohypnol	45	0.8	15.3	14.1	2.0	75.6	6.7	71.1	51.1
Crack Cocaine	100	1.9	15.8	14.5	2.0	61.0	11.0	61.0	76.0
Miscellaneous	106	2.0	15.6	13.8	2.0	50.0	11.3	71.7	58.5

Primary Drug	Percent African Am	Percent Anglo	Percent Hispanic	% Involved w/ Juv Justice/ Legal System	%w/History of Gang Involvement	Average Education	Percent Homeless	Percent Live With Parent(s)	Pct Have Supportive Adult
All Drugs	19.4	30.9	48.9	83.2	29.8	8.4	0.3	72.3	96.9
Heroin	3.3	17.5	79.2	74.2	41.7	8.8	0.0	70.0	99.2
Alcohol	7.9	39.4	50.9	79.5	24.9	8.6	0.8	69.6	95.3
Stimulants	2.9	79.4	17.6	76.5	20.6	8.8	0.0	63.2	95.6
Powder Cocaine	5.4	32.9	61.7	75.4	32.9	8.7	0.0	71.2	93.6
MJ/Hash	23.6	29.2	46.4	85.1	29.4	8.3	0.2	73.5	97.3
Inhalants	1.9	6.8	91.3	81.6	49.5	7.7	0.0	67.0	98.1
Ecstasy	0.0	62.5	37.5	87.5	25.0	9.1	0.0	75.0	100.0
Rohypnol	0.0	2.2	97.8	82.2	31.1	8.1	0.0	86.7	95.6
Crack Cocaine	9.0	43.0	47.0	74.0	31.0	8.8	2.0	73.0	98.0
Miscellaneous	23.6	52.8	22.6	75.5	29.2	9.3	0.0	53.8	96.2

Primary Drug	% w/Parent Who Abuses Substances	% w/Sickness or Health Problems	Pct With Employment Problems	Pct With Family Problems	Pct With Social/Peer Problems	Pct With Psych/Emot. Problems	Pct Reporting Drug/Alcohol Problems	# of Clients Pregnant at Admission	# of Clients Who Have Children
All Drugs	29.4	21.5	41.9	39.1	24.1	33.5	33.9	50	321
Heroin	34.2	35.0	52.5	54.2	34.2	57.5	69.2	4	11
Alcohol	29.6	17.4	39.8	42.0	24.3	33.9	31.8	4	34
Stimulants	39.7	26.5	39.7	47.1	29.4	55.9	44.1	3	6
Powder Cocaine	34.2	28.4	40.9	52.1	26.8	50.8	49.2	3	22
MJ/Hash	28.1	20.7	42.1	36.9	23.2	30.2	31.2	27	220
Inhalants	36.9	19.4	41.7	45.6	25.2	38.8	37.9	2	6
Ecstasy	0.0	25.0	50.0	37.5	37.5	25.0	37.5	0	0
Rohypnol	17.8	33.3	42.2	46.7	26.7	35.6	35.6	2	0
Crack Cocaine	39.0	33.0	44.0	44.0	28.0	46.0	51.0	3	9
Miscellaneous	41.5	17.9	34.0	33.0	25.5	44.3	34.0	2	13

TCADA Client Data Systems Database