Substance Abuse Trends in Texas: June 2001

Texas Commission on
Alcohol and Drug Abuse

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Substance Abuse Trends in Texas—June 2001

Texas Commission on Alcohol and Drug Abuse — Austin, Texas

OVERVIEW

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Crack cocaine is the primary illicit drug for which adult clients enter treatment. The proportion of Anglo and Hispanic admissions for crack now totals 50 percent as African-American crack admissions decline. Powder cocaine inhalers tend to be Hispanic and injectors are Anglo. Deaths due to cocaine continue to increase and cocaine is the drug, after marijuana, for which arrestees are most likely to test positive. The rate of emergency room mentions of cocaine in Dallas remains high. Cocaine is a significant problem on the border.

Alcohol is the primary drug of abuse in Texas in terms of dependence, deaths, treatment admissions, and arrests. Use among Texas secondary school students, particularly younger ones, declined between 1998 and 2000, but binge drinking and driving while under the influence remain problematic. Sixteen percent of adults reported past-year problems with alcohol in 2000.

Heroin addicts entering treatment are primarily injectors, and they are most likely to be Hispanic or Anglo males. Emergency room mentions of heroin in Dallas have risen in the last year. The percentage of arrestees testing positive for heroin remains mixed, and overdose deaths in 1999 are down slightly from 1998. The price and purity of Mexican heroin remain steady, with plentiful supplies.

Seventy-three percent of youths entering treatment report marijuana as their primary problem drug. Dallas emergency room mentions of marijuana have dropped since 1998, but are still above the national average. Availability is high. The prevalence of use by students declined slightly between 1998 and 2000, but use by adults increased between 1996 and 2000.

Seizures of methamphetamine and amphetamine continue to rise, but the reports of adverse effects to these stimulants do not reflect the increasing supply. Emergency room mentions increased, but the percent of admissions to publicly-funded treatment and percent of arrestees testing positive is still low. Stimulant users entering treatment are Anglo and injectors. Diversion of ephedrine and pseudoephedrine continues, 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.

Club drug use continues to spread, with those who began using them several years ago now appearing in treatment. GHB, GBL, and similar precursor drugs remain a problem, particularly in the Metroplex area, with a high rate of emergency room mentions. Poison control confirmed exposure calls about Rohypnol are increasing, as are adolescent admissions to treatment. Ecstasy is more prevalent: poison control center confirmed exposures, emergency room mentions, treatment admissions, and DPS lab confirmations are all up. Arrestees are testing positive for PCP, emergency room mentions of PCP are increasing, and more adult clients are entering treatment for problems with PCP. Use of marijuana joints dipped in embalming fluid that can contain PCP ("Fry") continues.

The proportions of AIDS cases due to injecting drug use and to heterosexual route of transmission are increasing, as are the proportions of females and persons of color. The proportion of needle users entering treatment continues to decrease.

AREA DESCRIPTION

The population of Texas in 2000 is 20,851,820, with 56 percent Anglo, 12 percent African American, and 32 percent Hispanic. Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as smaller towns along the border. They then move northward for distribution through Dallas/Fort Worth and Houston. In addition, drugs move eastward from San Diego through Lubbock and from El Paso to Amarillo and Dallas/Fort Worth. A major problem is that Mexican pharmacies sell many controlled substances to US citizens who can legally bring up to 50 dosage units into the US. The use of private and express mail companies to traffic narcotics and smuggle money continues to increase. Seaports are used to import heroin and cocaine via commercial cargo vessels and the international airports in Houston and Dallas/Fort Worth are major ports for the distribution of drugs in and out of the state.

DATA SOURCES AND TIME PERIODS

Substance Abuse Trends in Texas is an on-going series which is published every six months as a report to the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse. To compare June 2001 data with earlier periods, please refer to previous editions that are available in hard copy from the Texas Commission on Alcohol and Drug Abuse (TCADA) or on the TCADA web page at http://www.tcada.state.tx.us/research/subabusetrends.html.

Data were obtained from the following sources:

Price, purity, trafficking, distribution, and supply—This information was provided by the first and second quarter 2001 reports on trends in trafficking from the Dallas and Houston field divisions of the Drug Enforcement Administration (DEA).

Treatment data—TCADA's Client Oriented Data Acquisition Process (CODAP) provided data on clients at admission to treatment in TCADA-funded facilities from first quarter 1983 through December, 2000; however, only partial data have been available for Dallas County since July, 1999. For most drugs, the characteristics of clients entering with a primary problem with the drug are discussed, but in the case of emerging club drugs, information is provided on any client with a primary, secondary, or tertiary problem with that drug.

Overdose death data—Data on drug overdose deaths through 1999 came from death certificates from the Bureau of Vital Statistics of the Texas Department of Health.

Emergency room mentions—Mentions of drugs in the Dallas area emergency rooms through the first half of 2000 came from the Drug Abuse Warning Network (DAWN) of the Substance Abuse and Mental Health Services Administration.

Drug use by arrestees—The Arrestee Drug Abuse Monitoring Program (ADAM) of the National Institute of Justice provided information for first, second, and fourth quarters of 2000 for Dallas males and females; first and second quarters for Houston males and first quarter for Houston females; all quarters for Laredo males and females; and all quarters for San Antonio males. The 2000 findings for females are comparable with earlier years; the male findings are weighted and represent probability-based sampling, so they are not comparable with earlier years, although the 1991-1999 data are presented to provide a view of the trend for those years.

Student substance use—Data came from TCADA's *2000 Texas School Survey of Substance Abuse: Grades 7-12* by Liang Liu and Jane Maxwell, which is available at http://www.tcada.state.tx.us/research/schoolsurveys.html.

Adult substance use—Data came from TCADA's *2000 Texas Survey of Substance Use Among Adults* by Lynn Wallisch, which is available at http://www.tcada.state.tx.us/research/adultsurveys.html.

Poison Control Center data—The Texas Department of Health provided data from the Texas Centers for 1998, 1999, and 2000.

Drugs identified by laboratory tests—The National Forensic Laboratory Information System reported data collected by all of the Texas Department of Public Safety (DPS) laboratories for 1999 and 2000.

Acquired Immunodeficiency Syndrome (AIDS) data—The Texas Department of Health provided annual and year-to-date AIDS data for the period ending March 31, 2001.

Drug Abuse Trends

Cocaine and Crack

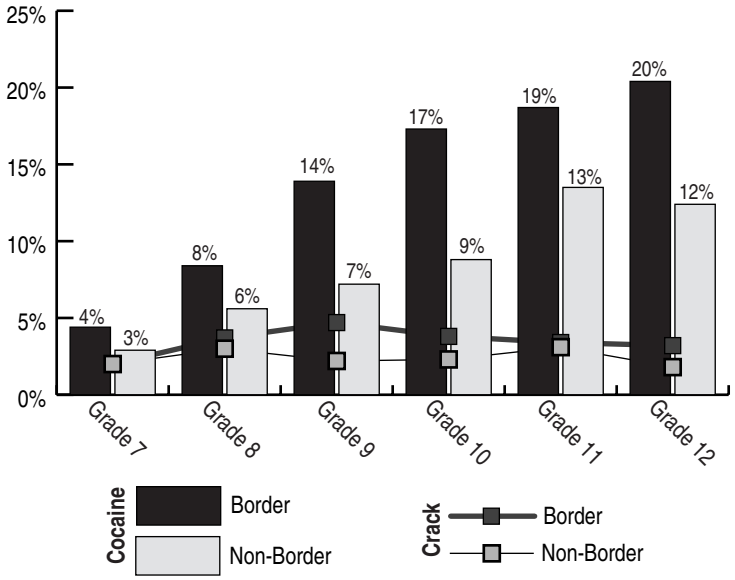
The TCADA *2000 Texas School Survey of Substance Abuse: Grades 7-12* found that 8.6 percent of students in non-border counties had ever used powder cocaine and 2.9 had used cocaine in the past month. In comparison, students in schools on the Texas border reported higher levels of powder cocaine use: 13.4 percent lifetime and 5.4 percent past month use. Use of crack was lower, with non-border students reporting 2.6 percent lifetime and 0.7 percent past month use; border students reported 3.6 percent lifetime and 1.3 percent past month use (Exhibit 1). The levels of use in 2000 for both border and non-border students decreased very slightly from the 1998 survey results.

TCADA's *2000 Texas Survey of Substance Use Among Adults* reported 12 percent of Texas adults had ever used powder cocaine and 1 percent had used it in the past month, up from 10 percent lifetime and 0.4 percent past month use in 1996. The increase in past-year use (1.4 percent to 1.9 percent) was statistically significant. The levels of crack cocaine use did not change between 1996 and 2000 (2 percent lifetime and 0.1 percent past month).

Texas Poison Control Centers reported 357 confirmed exposures to cocaine in 1999 and 1,455 in 2000. In 2000, the average age of these cases was 29 years and 66 percent were male.

Although Appendix 5 shows that the rate of cocaine emergency room mentions per 100,000 population in the Dallas DAWN data was lower in the first half of 2000 than the peak period in 1998, it was still higher than in earlier years. In the first half of 2000, there were 1,026 mentions of cocaine. Of these, 52 percent were 18-34 and 44 percent were 35 and older; 64 percent were male; 39 per-

Exhibit 1. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Powder Cocaine and Crack, by Grade: 2000



cent were Anglo, 42 percent were African American, and 16 percent were Hispanic. In the first half of 2000, the rate of cocaine mentions in Dallas was higher than nationally: 41.4 per 100,000 in Dallas and 33.2 per 100,000 nationally.

The number of deaths in which cocaine was mentioned increased to a high of 413 in 1999 (Exhibit 2). The average age of the decedents was 37.5 years in 1999; 43 percent were Anglo, 25 percent were Hispanic, and 31 percent were African American. Seventy-six percent were male.

Cocaine (crack and powder) comprised 31 percent of all adult admissions to TCADA-funded treatment programs in 2000. 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 23 percent in 2000 (Appendices 1 and 2).

Abusers of powder cocaine comprise 8 percent of admissions to treatment. 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 (Exhibit 3).

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 13 years of use before they enter treatment.

Between 1987 and 2000, the percentage of treatment admissions who use powder cocaine who are Hispanic has increased from 23 percent to 45 percent, while for Anglos, the percent has dropped from 49 percent to 46 per-

Exhibit 2. Age & Race/Ethnicity of Persons Dying with a Mention of Cocaine: 1992–1999

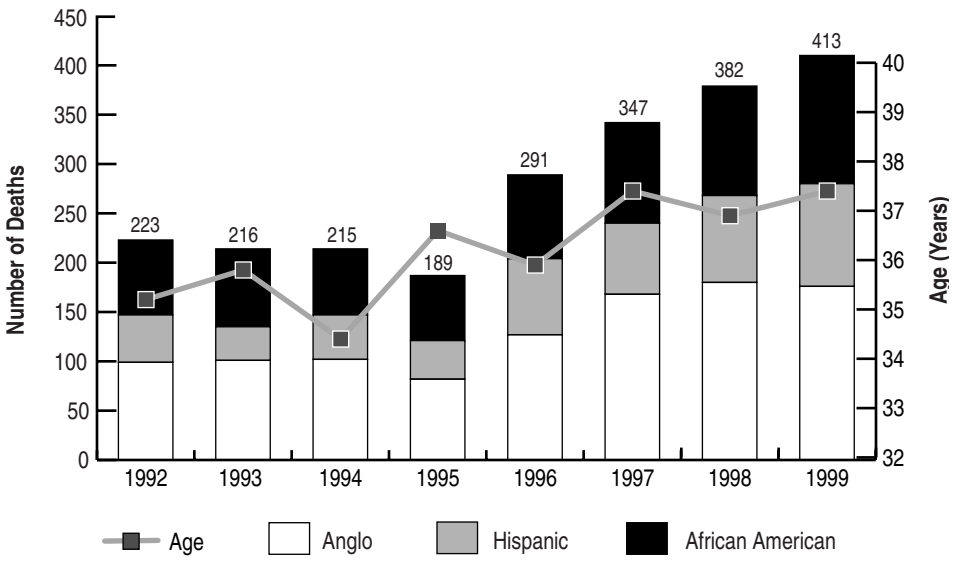


Exhibit 3. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 2000

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All
# Admissions	7,816	1,034	1,656	8,546
% of Cocaine Admits	74%	10%	16%	100%
Lag – 1st Use to Tmt – Yrs.	9	13	8	9
Average Age	35	34	30	34
% Male	54%	61%	64%	57%
% African American	50%	3%	9%	38%
% Anglo	36%	66%	35%	38%
% Hispanic	14%	29%	55%	23%
% CJ Involved	33%	42%	48%	37%
% Employed	16%	18%	35%	19%
% Homeless	17%	13%	4%	14%
Average Income	$6,335	$7,666	$8,290	$6,952

cent, and for African Americans, from 28 percent to 8 percent. Exhibit 4 not only shows this increase by Anglos and Hispanics in the use of powder cocaine, but it also shows the proportion of crack cocaine admissions who are African American dropped from 75 percent in 1993 to 50 percent in 2000, while the proportion of Anglos increased from 20 percent in 1993 to 36 percent in 2000, and the percentage of Hispanic admissions has gone from 5 percent to 14 percent in the same time period.

The increase in use by Hispanics is also seen when characteristics of new admissions are compared to those who have been in treatment previously. Of the new powder cocaine admissions, 52 percent are Hispanic, as compared to 37 percent of those who have been in treatment before. Among crack admissions, 19 percent of the new admissions are Hispanic, as compared to 11 percent of the previously treated.

Powder cocaine was the primary drug of abuse for 5 percent of youths entering treatment during 2000 (Appendix 3). 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. Particularly significant is the fact that 45 percent of males and 22 percent of females in 2000 in Laredo tested positive for cocaine, which shows the extent of the cocaine problem on the border (Exhibit 5). In addition, the 2000 ADAM reports showed that in Laredo and San Antonio, a disproportionate percentage of male arrestees aged 31-35 tested positive for cocaine, while in Dallas and Houston, arrestees 36 and older were overrepresented. In Dallas, Houston, and San Antonio, African American males were the most likely to test positive for cocaine.

Appendix 4 shows the impact of cocaine on the border in terms of forensic tests. Statewide, cocaine comprised 36 percent of all items examined by DPS in 2000, as compared to 42 percent of those reported by the lab in El Paso, 44 percent of those in Laredo, and 57 percent of those in McAllen.

In the second quarter of 2001, the Dallas and Houston Field Divisions of the DEA reported cocaine to be readily available. A "new" drug that

Exhibit 4. Routes of Administration of Cocaine by Race/Ethnicity of Treatment Admissions: 1993–2000

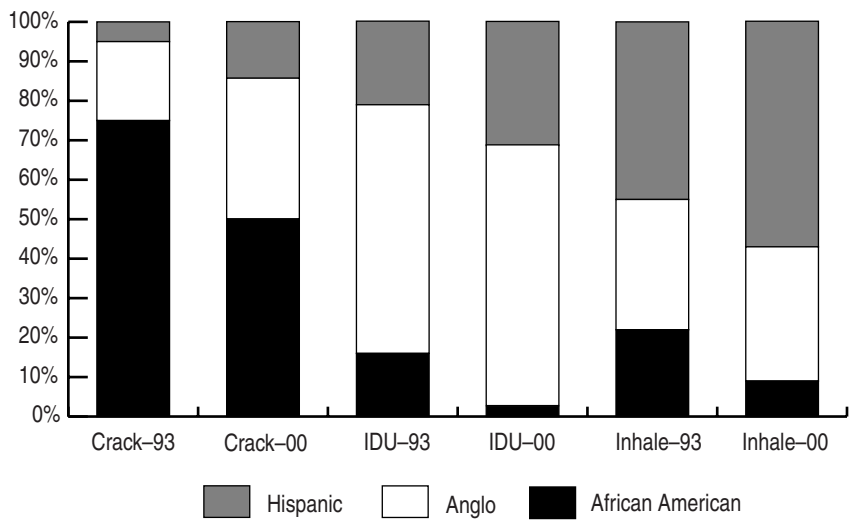
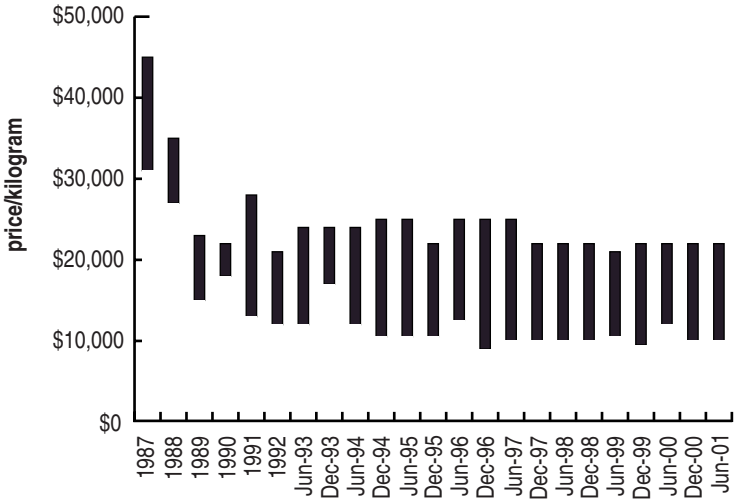


Exhibit 5. Arrestees Testing Positive for Cocaine: 1991–2000

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%	34%	28%
Houston Males	56%	41%	41%	28%	40%	39%	39%	36%	36%	32%
Laredo Males								37%	42%	45%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	27%	23%	20%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%	40%	24%
Houston Females	51%	44%	43%	36%	32%	34%	29%	37%	23%	40%
Laredo Females								33%	21%	22%
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	20%	19%	

is low purity heroin mixed with cocaine and pressed into block may soon appear due to the growing trend of using heroin and powder cocaine together. Depending on location in the state, a gram of powder cocaine sells for $50-$100, an ounce for $400-$1,200, and a kilogram for $10,000-$22,000 (Exhibit 6). Average purity for powder cocaine seized by the Dallas DEA Field Division in the second quarter of 2001 was 68 percent.

Exhibit 6. Price of a Kilogram of Cocaine in Texas as Reported by DEA: 1987–2001

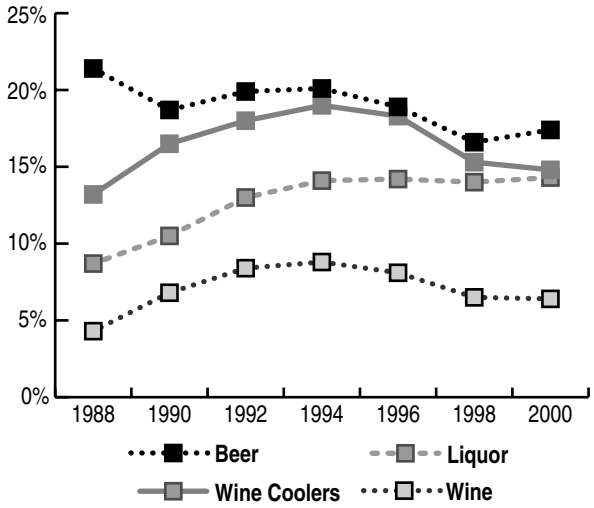


A rock of crack sells for $10 to $50, depending on location. An ounce sells for $375-$1,000 and a kilogram sells for $13,000-$24,500. Crack in Dallas is sold by price amounts, e.g., a "20" or "50" means $20 or $50 worth of crack judged by eyesight of the buyer and seller. At the mid and upper levels, crack is sold by weight: a "big eight" is one-eighth of a kilogram or approximately a quarter pound of crack. Average purity of crack cocaine seized by the Dallas DEA Field Division in the second quarter of 2001 was 56 percent.

ALCOHOL

Alcohol is the primary drug of abuse in Texas. The *1998 Texas School Survey of Substance Abuse: Grades 7-12* found that 72 percent had ever drunk alcohol and 38 percent had drunk in the last month; in comparison, in 2000, 71 percent had ever drunk alcohol and 36 percent used it in the past month. Students on the border in 2000 reported higher levels of use, with 74 percent having ever drunk alcohol and 41 percent having drunk in the past month.

Exhibit 7. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988–2000



Heavy consumption of alcohol or binge drinking, which is defined as drinking five or more drinks at one time, is of concern. About 17 percent of all secondary students said that when they drank, they usually drank five or more beers at one time, and 14 to 15 percent reported binge drinking of wine coolers and liquor. This pattern increased with grade level, with 27 percent of seniors reporting binge drinking of beer and 22 percent of liquor. The percentage of students who normally drank five or more beers decreased between 1988 and 2000, while the percentage of students who reported binge drinking of wine

or wine coolers has fallen from the peak in 1994, but still is higher than in 1988 (Exhibit 7). The percentage of binge drinking of hard liquor has remained relatively stable since 1994.

In the 2000 school survey, 26 percent of seniors admitted they had driven a car after having had "a good bit to drink" at least once in the past year. Among seniors, 18 percent had driven in this condition one to three times, 4 percent had done so from four to nine times, and another 4 percent had done so 10 or more times. In comparison, 18 percent of seniors reported having driven when they were high from drugs (Exhibit 8). Among seniors, 11 percent had done so one to three times, 3 percent had done so from four to nine times, and another 5 percent had done so 10 or more times during the past year.

The 2000 Texas Adult Survey found that 66 percent of Texas adults reported having drunk alcohol in the past year. In 1996, 65 percent reported past-year drinking. In 2000, 17 percent reported binge drinking and 6 percent reported heavy drinking in the past month. Some 15.7 percent of all adults reported problems with alcohol use in the past year in 2000; 16.8 percent reported past-year problems in 1996. In comparison, 5.2 percent of adults in 2000 and 4.1 percent of adults in 1996 reported past-year problems with the use of drugs.

Over the years, the number of mentions per 100,000 population of alcohol in combination with other drugs in Dallas emergency rooms has risen, although the most recent rates are below the peak in the first half of 1999 (Exhibit 9).

Far more persons die as an indirect result of alcohol, as Exhibit 10 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 reason, such as a car wreck or a violent crime, but alcohol or drugs were involved.

In 2000, 36 percent of adult clients admitted to publicly-funded programs had a primary problem with alcohol (Appendix 2). They were the oldest of the clients (average age of 37); 60 percent were Anglo, 26 percent were Hispanic, and 13 percent were African American; 73 percent were male. Their annual income level was the highest of all clients at $8,111. In terms of poly-drug use, 51 percent used only alcohol, 19 percent had a secondary drug problem with marijuana, 14 percent had a problem with crack cocaine, and 9 percent had a problem with powder cocaine.

Exhibit 8. Percentage of Texas Seniors Who Had Driven While Drunk or High From Drugs: 1988–2000

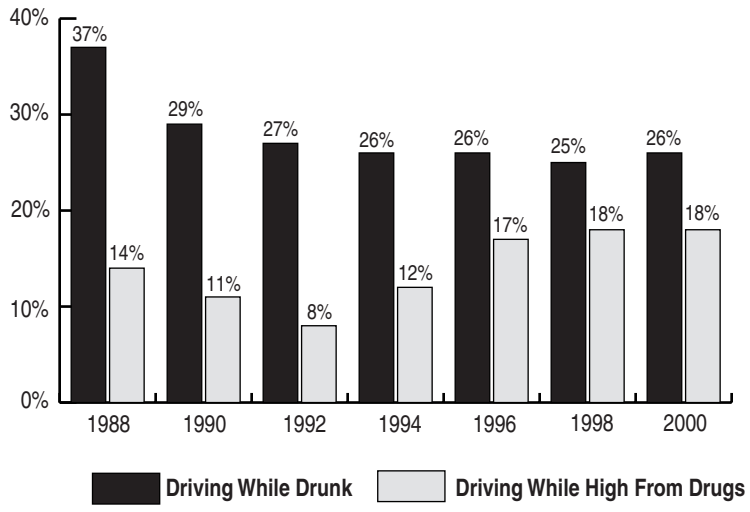


Exhibit 9. Dallas DAWN Mentions of Alcohol-in-Combination with Other Drugs Per 100,000 Population: 1994–2000

	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	Jul – Dec 1999	Jan – Jun 2000
Alcohol-in-Combination	30.1	27.2	30.4	31.7	26.2	31.0	34.7	40.2	42.8	35.9	32.1	33.7

Among adolescents, alcohol comprised 9 percent of all treatment admissions. Some 75 percent were male; 57 percent were Hispanic, 33 percent were Anglo, and 10 percent were African American. Seventy-six percent were involved with the juvenile justice or legal systems (Appendix 3).

More Texans are arrested for public intoxication (PI) than for any other substance abuse offense (Exhibit 11). The arrest rate per 100,000 for public intoxication is decreasing, while the rates for drug possession and liquor law violations (LLV) are increasing. Arrests for driving while intoxicated (DWI) have been dropping since the peak in 1994.

Exhibit 10. Direct and Indirect Alcohol and Drug Overdose Deaths Per 100,000 Population: 1994–1999

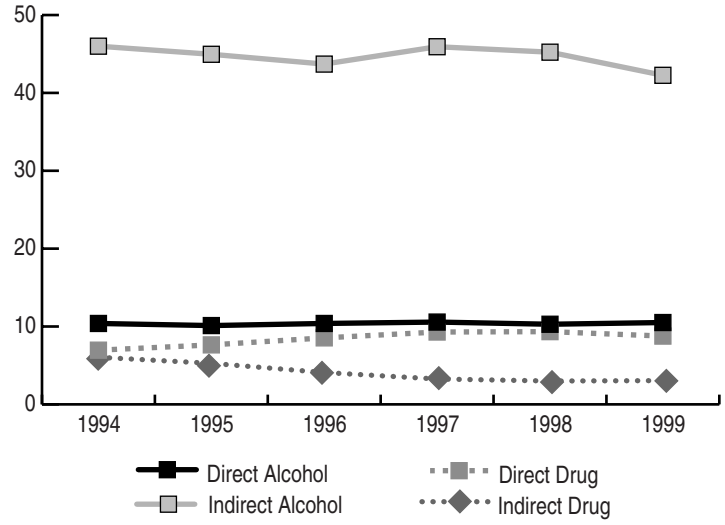
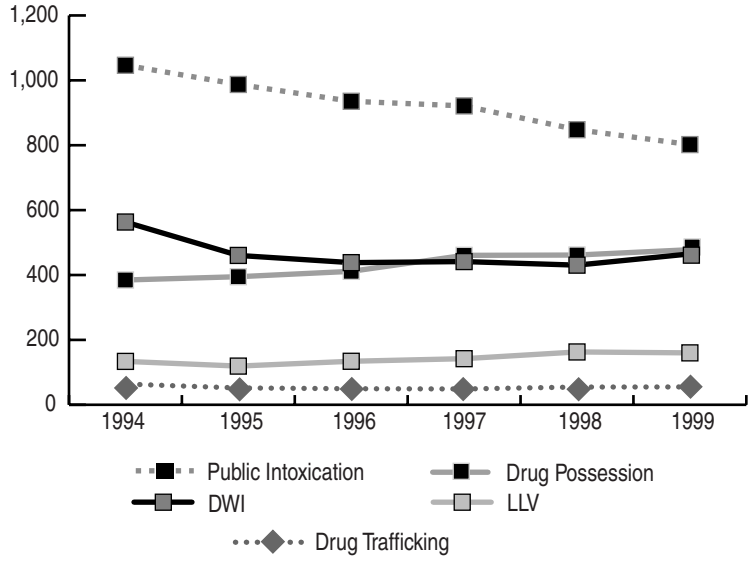


Exhibit 11. Substance Abuse Arrests Per 100,000 Population: 1994–1999



HEROIN

The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4 percent in 1998 to 1.6 percent in 2000, and past month use dropped from 0.7 percent to 0.5 percent.

The 2000 Texas adult survey found that 1.2 percent of adults reported lifetime use of heroin and 0.1 percent reported past-month use.

Calls to Texas Poison Control Centers involving confirmed exposures to heroin are rising. In 1998, there were 168 confirmed exposure calls involving heroin, in 1999, there were 231, and 271 in 2000. Of the cases in 2000, average age was 33 and 79 percent were male.

Emergency room mentions of heroin are rising, although they have not reached the high levels of 1997-1998 (Appendix 5). The number of mentions was lower in Dallas than nationally (9.8 per 100,000 in Dallas and 19.2 per 100,000 nationally). In the first half of 2000, there were 243 mentions of heroin or morphine in the Dallas emergency rooms, and 50 percent of these patients were 18-34, with 47 percent over 35. The number of those ages 12-17 was too low to be reported. Fifty-nine percent of all the cases were Anglo, 27 percent were African American, and 13 percent were Hispanic. The increase in mentions by Hispanics between second half 1999 and first half 2000 was statistically significant.

The number of deaths with a mention of heroin or narcotics decreased from a high of 374 in 1998 to 370 in 1999 (Exhibit 12). Of the 1999 decedents, 53 percent were Anglo, 34 percent were Hispanic, and 13 percent were African American; 82 percent were male and average age was 38.1 years.

Admissions to treatment are also increasing. Heroin ranks third after alcohol and cocaine as the primary drug for which adult clients are admitted to treatment (Appendices 1 and 2). It comprised 13 percent of admissions in 2000 as compared to 9 percent in 1993. The characteristics of these addicts vary depending on the route of administration, as Exhibit 13 shows.

Exhibit 12. Age & Race/Ethnicity of Persons Dying with a Mention of Narcotics: 1992–1999

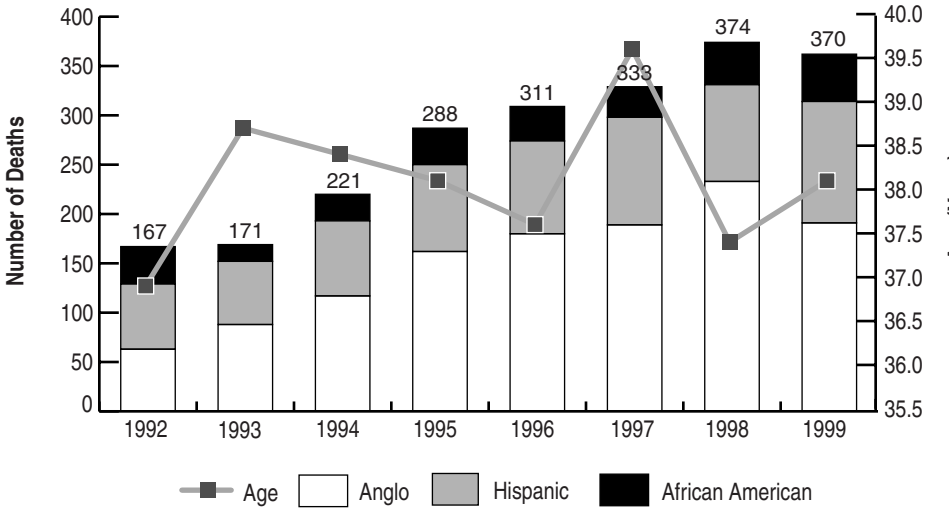


Exhibit 13. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 2000

	Inject	Inhale	All
# Admissions	4,220	287	4,507
% of Heroin Admits	94%	6%	100%
Lag – 1st Use to Tmt – Yrs.	15	7	15
Average Age	37	29	37
% Male	70%	64%	70%
% African American	9%	23%	9%
% Anglo	36%	28%	36%
% Hispanic	55%	50%	54%
% CJ Involved	30%	30%	30%
% Employed	18%	20%	18%
% Homeless	13%	5%	13%
Average Income	$5,176	$5,739	$5,198

Most heroin addicts entering treatment inject heroin. While the number of individuals who inhale heroin is small, it is significant to note that the lag period from first use and seeking treatment is seven rather than 15 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.

Exhibit 14 shows that since 1996, the proportion of Hispanics entering treatment for a primary problem with heroin has been increasing. In 2000, 54 percent were Hispanic, 36 percent were Anglo, and 9 percent were African American. The increase in use by Hispanics is also seen when the characteristics of first admissions are compared to those who have been in treatment before. Among first admissions to treatment, 62 percent were Hispanic and 27 percent were Anglo. Among readmissions, 51 percent were Hispanic and 40 percent were Anglo. First admissions were less likely to inject heroin (85 percent) as compared to readmissions (92 percent).

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

The results for arrestees testing positive for opiates between 1991 and 2000 have remained mixed, except for the increased positives among females in Laredo (Exhibit 15). The ADAM data for 2000 showed that the males most likely to test positive for heroin was under 21 in Dallas, 21-25 in Houston, under 21 and 26-30 in Laredo, and 36 and older in San Antonio. In Dallas, Anglo males were more likely to test positive for heroin, while in Houston and San Antonio, African Americans were most likely.

Appendix 4 shows that heroin was more frequently identified in exhibits submitted to DPS laboratories that were located closer to the border.

The predominant form of heroin in Texas is black tar, which is reported readily available. The price of an ounce of black tar heroin has narrowed since the first half of 1999 (Exhibit 16). Depending on the location, black tar heroin sells on the street for $10-$20 a capsule, $100-$350 per gram, $1,200-$4,000 per ounce, and $35,000-$85,000 per kilogram. The kilogram price is substantially lower than reported in December, 2000, when it ranged between $50,000 and $175,000.

Exhibit 14. Heroin Admissions to Treatment by Race/Ethnicity: 1986–2000

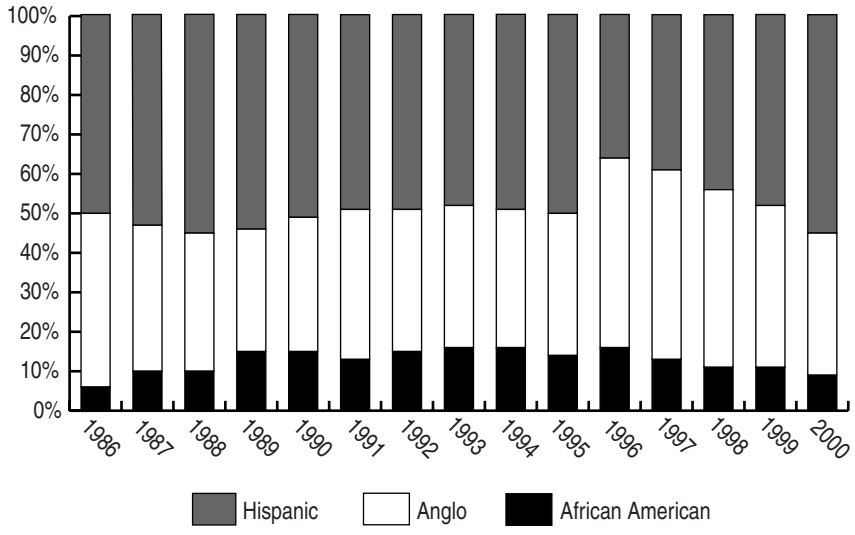


Exhibit 15. Arrestees Testing Positive for Opiates: 1991–2000

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

Mexican brown heroin costs $10 per cap, $110-$300 per gram, and $600-$3,000 per ounce. Southwest Asian heroin is not as available as in the past.

Colombian white heroin has rarely been available in Texas in the past, but both Dallas and Houston DEA report it is now available in street level quantities. It is being supplied from the New York City area. Colombian heroin is selling for $1,000 per gram, $2,000 per ounce and $70,000-$80,000 per kilogram in Texas.

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 Exhibit 17 shows, over time, the purity of heroin is increasing while the price is dropping.

Exhibit 16. Price of an Ounce of Heroin in Texas as Reported by the DEA: 1987–2000

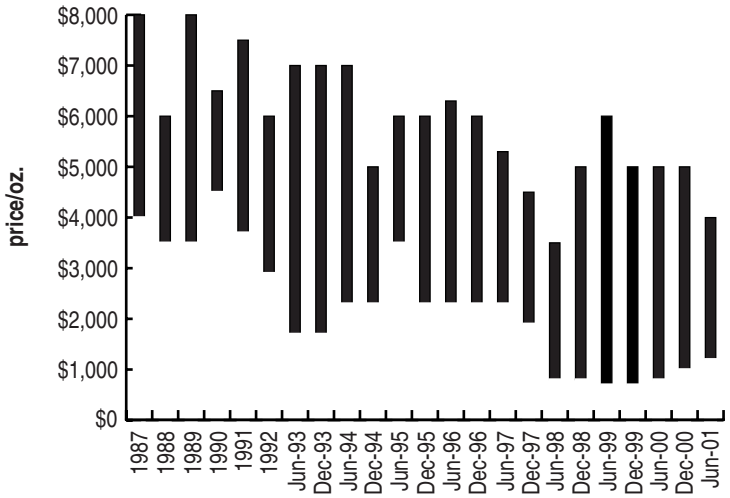


Exhibit 17. Price and Purity of Heroin Purchased in Dallas, El Paso, and Houston by DEA: 1995–2000

	1995	1996	1997	1998	1999	2000
Dallas Purity	6.8%	3.5%	7.0%	11.8%	14.0%	16.0%
Price/Milligram Pure	$2.34	$6.66	$4.16	$1.06	$1.01	$0.69
Houston Purity	16.0%	26.1%	16.3%	34.8%	17.4%	18.2%
Price/Milligram Pure	$1.36	$2.15	$2.20	$2.43	$1.24	$1.14
El Paso Purity*					56.7%	50.8%
Price/Milligram Pure					$0.49	$0.34

*El Paso began reporting in mid-1999

OTHER OPIATES

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

The 2000 Texas adult survey found that in 2000, lifetime use of other opiates was 4.4 percent and past-month use was 0.5 percent; in comparison, in 1996, lifetime use was 3 percent and past-month use was 0.2 percent. The increase in past-year use (0.6 percent to 1.5 percent) was statistically significant. Some 2.3 percent of Texas adults in 2000 reported ever having used codeine and 0.7 percent used in the past year; lifetime use of hydrocodone was 0.7 percent and past-year use was 0.4 percent.

The Poison Control Centers reported 64 confirmed exposures to drugs using the terms “OxyContin” or “oxycodone” in 2000. Average age was 38 years and 45 percent were male. There were also 64 confirmed exposures to methadone in 2000, as compared to 24 in 1999. The average age of the misusers in 2000 was 37, with 66 percent male.

Emergency room mentions of other opiates in Dallas have fluctuated over the years. Between the second half of 1999 and first half of 2000, the increase in oxycodone mentions was statistically significant, as was the decrease in carisoprodol mentions (Exhibit 18).

In 1999, there were 32 deaths involving methadone. Of these, 63 percent were male; 81 percent were Anglo, 13 percent Hispanic, and 6 percent African American. Average age was 37.5 years.

Three percent of all adults who entered treatment during 2000 used opiates other than heroin. Of these, 44 used illegal methadone and 871 used other opiates. Those who reported a primary problem with illicit methadone were male (61 percent); 37 years old; Anglo (64 percent), African American (20 percent), and Hispanic (16 percent). Eleven percent were homeless, annual income was $7,727, 27 percent were employed, 20 percent were referred by the criminal justice system, and 64 percent had been in treatment before. Those with problems with other opiates looked quite different: 61 percent were female, average age was 37; 84 percent were Anglo, 36 percent had been in treatment before, 7 percent were homeless, average income was $8,408, 17 percent were employed, and 31 percent were referred by the criminal justice system.

According to DEA reports, hydrocodone, promethazine with codeine and other codeine cough syrups are the most commonly abused licit narcotic drugs in the Houston area, and hydrocodone products (generic hydrocodone, Lorcet, Lortab, Vicodin, and NORCO) are the most commonly diverted controlled narcotic substances within the Dallas area.

In the Dallas-Fort Worth area, Dilaudid sells for $20-$80 per tablet, Soma sells for $4 per tablet, and hydrocodone sells for $4-$7 per tablet. Methadone sells for $10 per tablet. In Houston, promethazine or phenergan with codeine sells for $75-$100 for four ounces, $125 for eight ounces, and $1,600 for a gallon.

Abuse of codeine cough syrup continues to spread with the release of Rap CD songs such as "Sippin' on Syrup," "Sippin' Codeine," "Syrup and Soda," and "Syrup Sippers." It is now being diverted from Houston and sold in the Tyler area.

DPS labs in 1999 examined 479 hydrocodone items and 496 in 2000. The number varied across the state by geographic region (Appendix 4).

Exhibit 18. Dallas DAWN Mentions of Other Opiates Per 100,000 Population: 1993-2000

	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	Jul–Dec 1999	Jan–Jun 2000
Hydrocodone	4.4	4.8	3.9	4.0	3.5	4.3	4.2	6.2	6.5	5.3	5.9	4.9	4.9	5.0
Carisoprodol	1.2	1.2	2.2	1.8	1.9	1.9	1.3	2.3	1.3	1.4	1.8	1.6	2.6	1.4
Oxycodone	0.3	0.3	0.0					0.1		0.2	0.3		0.0	0.8
d-Propoxyphene	2.7	3.7	2.6	2.2	1.6	1.8	1.5	1.9	2.5	1.4	1.8	1.3	1.0	1.0

MARIJUANA

In 2000, 32 percent of Texas secondary students had ever tried marijuana and 14 percent had used it in the past month. This is a decline from 1998, when 35 percent had ever used marijuana and 15 percent had used in the past month. The greatest declines in use in 2000 were among youths in grades 7 and 8 (Exhibit 19).

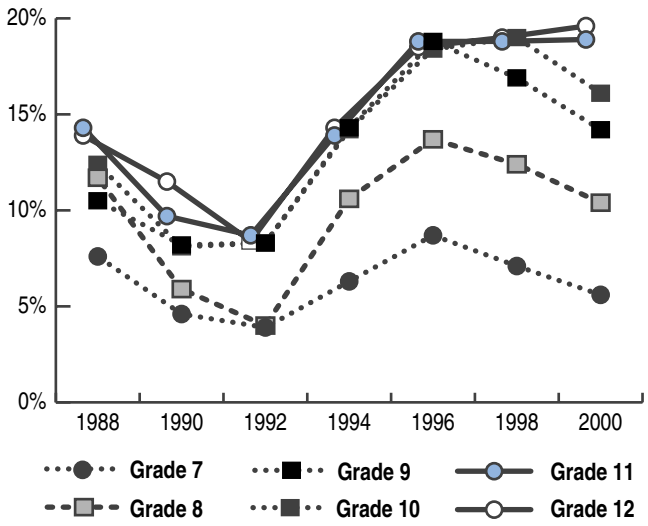
In comparison, 37 percent of adults reported lifetime and 4 percent past-month marijuana use in 2000, as compared to 34 percent lifetime and 3 percent past month in 1996. Prevalence was much higher among younger adults. Thirteen percent of those aged 18-24 in 2000 reported past-month use, as compared to 6 percent of those aged 25-34 and 2 percent of those aged 35 and over. The increase in past-year use between 1996 and 2000 (6 percent to 7 percent) was statistically significant.

There were 520 confirmed cases of exposure to marijuana reported to the Texas Poison Control Centers in 2000, and another 104 cases of misuse or abuse of marijuana where terms such as "formaldehyde," "fry," "amp," or "PCP" were mentioned. The cases which mentioned "marijuana" were average age 23 years and 56 percent were male.

Mentions of marijuana per 100,000 in emergency rooms in Dallas dropped between 1998 and 2000 (Appendix 4), although the rate of mentions in 2000 was higher in Dallas than nationally (24.3 per 100,000 in Dallas and 19.4 per 100,000 nationally). There were 603 mentions of marijuana in the first half of 2000. Twenty-four percent of the patients were 17 and under, 53 percent were 18-34, and 23 percent were 35 and older. Forty-eight percent were Anglo, 36 percent were African American, and 11 percent were Hispanic. The increase in the number of African American patients between second half of 1999 and first half of 2000 was statistically significant.

Marijuana was the primary problem for 10 percent of adult admissions to treatment programs in 2000 (Appendices 1 and 2). The average age of adult marijuana clients continues to increase: in 1985, the average age was 24; in 2000, it was 27.

Exhibit 19. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988–2000



The proportion of adolescents admitted for a primary problem with marijuana was 73 percent of all admissions in 2000 (Appendix 3), as compared to 35 percent in 1987. In 2000, 49 percent of these adolescents were Hispanic, 30 percent were Anglo, and 21 percent were African American (in 1987, 7 percent were African American).

The percentage of arrestees testing positive for marijuana remains high (Exhibit 20). In all four reporting cities, male arrestees under age 21 were the most likely to test positive for marijuana. In San Antonio, Anglo males were the most likely to test positive for marijuana, while in Dallas and Houston, African Americans were most likely.

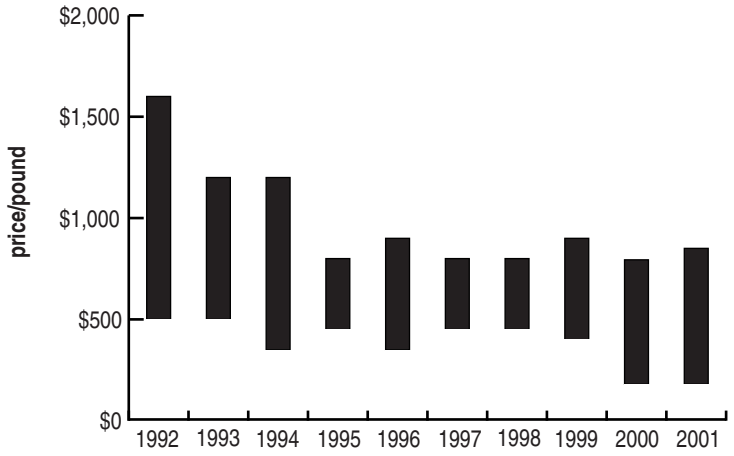
Cannabis was identified in 36 percent of the exhibits analyzed by DPS laboratories (Appendix 4)

Exhibit 20. Arrestees Testing Positive for Marijuana: 1991–2000

MARIJUANA	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Dallas Male	19%	28%	27%	33%	39%	43%	44%	43%	39%	36%
Houston Males	17%	24%	24%	23%	30%	28%	23%	36%	38%	26%
Laredo Males								39%	33%	29%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	36%	41%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	24%	27%	22%
Houston Females	8%	12%	15%	13%	20%	24%	17%	20%	23%	10%
Laredo Females								13%	9%	17%
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	16%	

Dallas DEA reports imported Mexican marijuana, domestically cultivated marijuana from Southeast Oklahoma and Northeast Texas, and indoor-grown marijuana continue to provide large amounts of high quality cannabis. Marijuana is also reported readily available in the Houston District. Indoor-grown sinsemilla sells for $750-$1,200 a pound in the Dallas-Fort Worth area. In 2001, the average price for a pound of commercial grade marijuana was between $180-$200 in Laredo, $350-$600 in Houston, and $375-$800 in the Dallas area. Exhibit 21 shows the range of prices across the state.

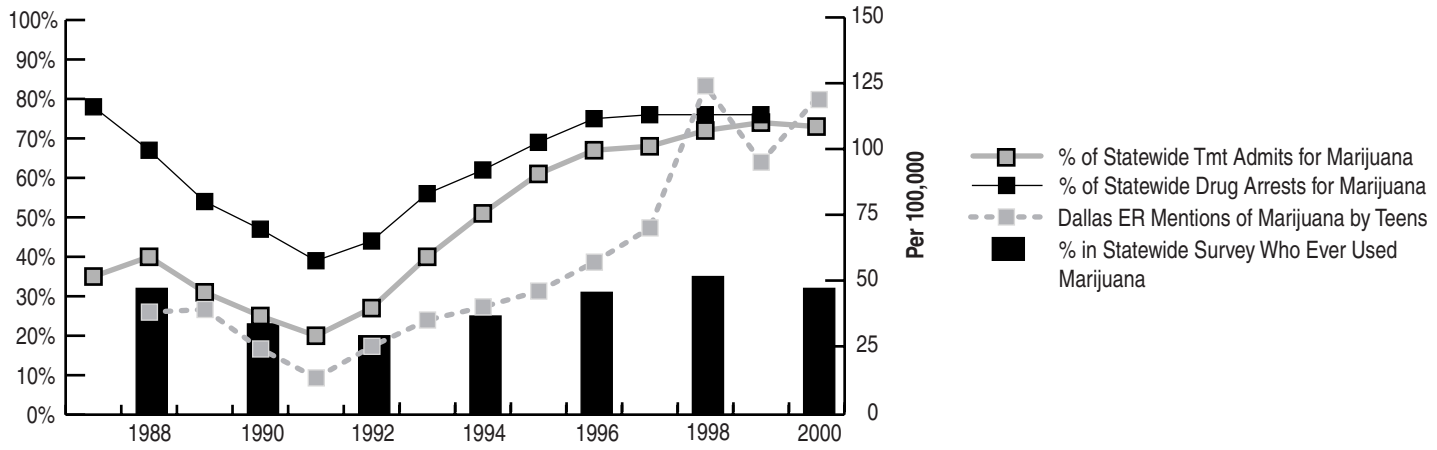
Exhibit 21. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by the DEA: 1992–2000



DEA also reports that in Central Texas, a red dust called "Red Rock Opium" is sprinkled on marijuana cigarettes to produce a taste reminiscent of flowers, to reduce throat and lung irritation, and to achieve a different psychological effect. Red Rock is a reddish substance that crumbles to a sticky light red powder and is reportedly made from the resin of the Daemonorops Draco, a species of the rattan palm plant which is also used to make incense.

Exhibit 22 plots the trends in use of marijuana as reported in the TCADA Texas secondary school surveys, adolescent admissions to treatment for a primary problem of marijuana, the proportion of adolescent drug arrests for marijuana, and adolescent emergency room mentions in Dallas. As this exhibit shows, all the indicators have risen since 1992, although there was a slight decline in lifetime use as reported in the statewide school surveys between 1998 and 2000.

Exhibit 22. Adolescent Indicators of Marijuana Use by Statewide Survey, Arrests, Publicly-Funded Treatment Admissions, and Emergency Room Mentions: 1987–2000



STIMULANTS

Uppers include stimulants such as amphetamines, methamphetamines, speed, over-the-counter medicines containing ephedrine, and prescription drugs such as Ritalin (methylphenidate) when taken for non-medical reasons. Uppers were the third most frequently used illicit drug among secondary students in Texas after marijuana and cocaine. Lifetime use of uppers was 7 percent in 2000, and current use was 3 percent.

Among Texas adults in 2000, 12 percent reported lifetime use and 1 percent reported past month use of uppers in 2000. In comparison, in 1996, lifetime use was 10 percent and past-month use was 1 percent. The difference in past year use from 1996 to 2000 (1.1 percent to 1.9 percent) was statistically significant.

In 2000, there were 315 cases mentioning amphetamines, methamphetamines, speed, etc. reported to Texas Poison Control Centers. Of these, 273 involved misuse or abuse, as compared to 102 in 1999. There were also 260 confirmed exposures of Ritalin in 2000, and 114 of them involved intentional misuse or abuse. Average age of the misusers was 19 years. In addition, there were also 84 cases in 2000 which involved use of Mini-Thins or Two-Ways, over-the-counter pills containing ephedrine. Some 56 of these cases were categorized as intentional misuse or abuse, and 66 percent were female; average age was 22 years.

The rate of mentions for amphetamines in the Dallas emergency rooms in 2000 was higher than the national rate (6.3 per 100,000 in Dallas v. 3.1 per 100,000 nationally), while the rate for methamphetamines was 2.8 per 100,000 both in Dallas and in the nation. The trends over time are shown in Exhibit 28; the increase in the number of mentions of methamphetamine between the second half of 1999 and first half of 2000 was statistically significant.

There were 21 deaths where amphetamines or methamphetamines were mentioned in 1999, as compared to 20 in 1998 and 17 in 1997. Of the 1999 decedents, 86 percent were male; average age was 37; and 86 percent were Anglo, 5 percent were Hispanic, and 10 percent were African American.

Methamphetamines and amphetamines comprise 5 percent of adult admissions in 2000 (Appendices 1 and 2). The average client admitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 2000, it was 31. The proportion of Anglo clients has risen from 80 percent in 1985 to 93 percent in 2000, while the percent Hispanic has dropped from 11 percent to 4 percent and the percent African American has dropped from 9 percent to 1 percent. Unlike the other drug categories, more than half of these clients entering treatment are women. Most stimulant

Exhibit 23. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: 2000

	Smoke	Inject	Inhale	Oral	All
# Admissions	317	1,075	279	136	1,822
% of Stimulant Admits	18%	59%	15%	8%	100%
Lag – 1st Use to Tmt – Yrs.	9	12	9	12	11
Average Age-Yrs.	29	31	30	34	31
% Male	47%	44%	50%	49%	46%
% African American	1%	1%	2%	4%	1%
% Anglo	90%	95%	90%	88%	93%
% Hispanic	6%	3%	8%	7%	4%
% CJ Involved	46%	53%	49%	43%	51%
% Employed	27%	19%	31%	32%	23%
% Homeless	5%	8%	8%	4%	7%
Average Income	$7,577	$6,989	$9,015	$8,989	$7,531

Exhibit 24. Arrestees Testing Positive for Amphetamines: 1991–2000

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

users are injectors, with differences seen among the clients based on route of administration (Exhibit 23).

Clients who have been in treatment before are more likely to inject methamphetamines or amphetamines (66 percent) than are first-time admissions (53 percent). In addition, readmissions are more likely to be female (57 percent) as compared to new admissions (51 percent).

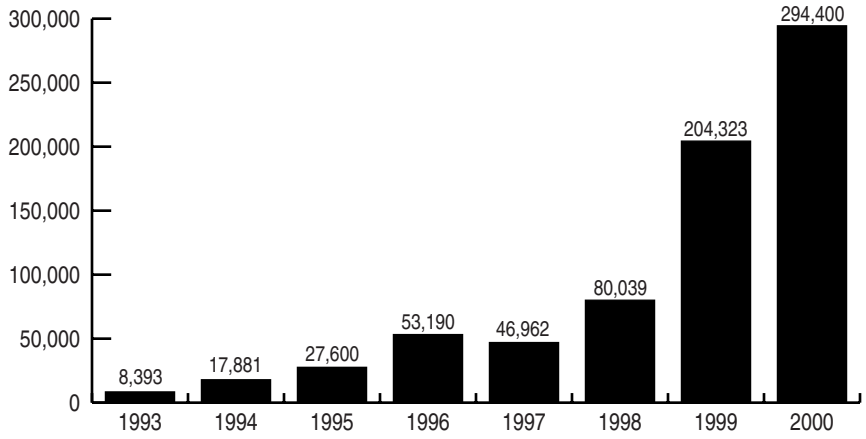
The proportion of arrestees testing positive for amphetamines in ADAM is low, as Exhibit 24 shows. In both Dallas and Houston, male arrestees who were 36 and older and who were Anglo were the most likely to test positive for methamphetamines.

The amount of methamphetamine examined by DPS laboratories continues to increase (Exhibit 25). DPS labs in 2000 reported identifying 5,013 substances that were methamphetamine and 492 that were amphetamine in 2000; in 1999, there were 4,800 methamphetamine and 890 amphetamine items. Appendix 4 shows the reports by region. Notice that the percentages of methamphetamine and amphetamine exhibits were higher in the northern part of the state, and those regions with the highest percentages also reported analyzing exhibits of pseudoephedrine, a chemical used in producing methamphetamine.

Local labs are using the "Nazi method," which includes ephedrine or pseudoephedrine, lithium, and anhydrous ammonia, or the "cold method," which uses ephedrine, red phosphorus, and iodine crystals. 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.

Both methamphetamine and amphetamine are reported by DEA to be in a plentiful supply. In addition to clandestine "mom and pop" labs in the area, traffickers are importing methamphetamine from California. A pound of low grade (10-15 percent purity) methamphetamine costs $3,000 there and can be resold for up to $8,500 in Texas. Methamphetamine is also reported more available in South Texas. Mexican methamphetamine can also be purchased in multi-pound quantities from a variety of sources. Overall, the purity of methamphetamine in the Dallas area is 35 percent, with purity of amphetamine at 22 percent.

Exhibit 25. Grams of Methamphetamine Examined by DPS Laboratories: 1993–2000

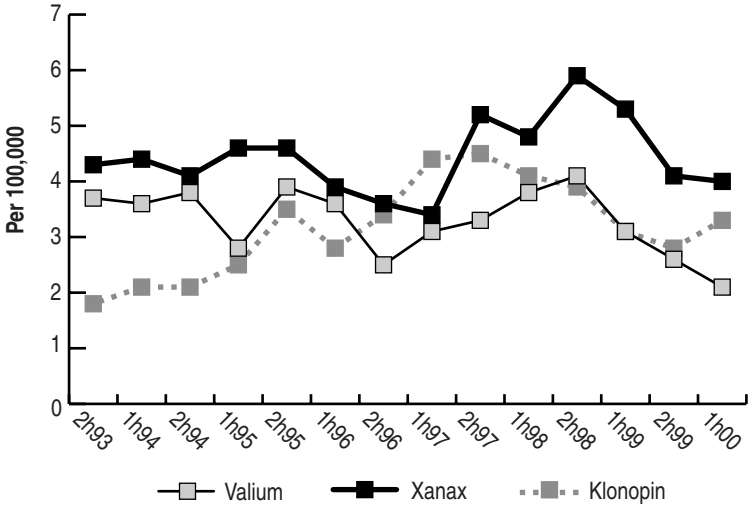


According to DEA reports, the price for a pound of methamphetamine in the Houston area is $6,000-$9,000, and an ounce sells for $500-$800. In Laredo, a pound costs $4,500. In the North Texas region, a pound of domestic methamphetamine sells for $5,000-$10,000, an ounce sells for $400-$1,000, and a gram costs $70-$100. A pound of Mexican methamphetamine sells for $5,800-$9,000.

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 analogs, including gamma butyrate lactone (GBL) and 1,4 butanediol (1,4 BD).

Exhibit 26. Dallas Emergency Room Mentions of Benzodiazepines Per 100,000 Population: 1993–2000



The 2000 adult survey reported lifetime use at 6.9 percent and past-month use at 0.6 percent; in 1996, lifetime use was 6.2 percent and past-month use was 0.3 percent. The difference in past year use between 1996 and 2000 (1 percent to 1.8 percent) was statistically significant.

The rate of mentions per 100,000 population for alprazolam (Xanax) and diazepam (Valium) in Dallas emergency rooms increased through 1998 but has dropped since that time (Exhibit 26). The decrease between second half of 1999 and first half of 2000 for diazepam was statistically significant. 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

In 1999, there were 232 mentions of Xanax in the Dallas DAWN emergency rooms and 99 in the first half of 2000. There were also 139 mentions of Valium in 1999 and 53 in the first half of 2000.

One percent (379) of the adults entering treatment in 2000 had a primary problem with barbiturates, sedatives, or tranquilizers. Average age was 36; 62 percent were female; 84 percent were Anglo, 10 percent were Hispanic, and 5 percent were African American. Thirty-five percent were referred by the criminal justice system, 16 percent were employed, and average annual income was $6,548.

Benzodiazepines are the depressant drugs most often identified in ADAM. Positive findings for the four Texas cities ranged from 3 to 8 percent in 2000. For barbiturates, positives ranged from 0 to 3 percent.

Alprazolam and diazepam are among the 10 most commonly identified substances according to DPS lab reports. The number of alprazolam identifications was 532 in 1999 and 478 in 2000. The number of diazepam identifications was 667 in 1999 and 427 in 2000. The number of clonazepam identifications was 526 in 1999 and 399 in 2000. Clonazepam was more likely to be identified by laboratories located on the border (Appendix 4).

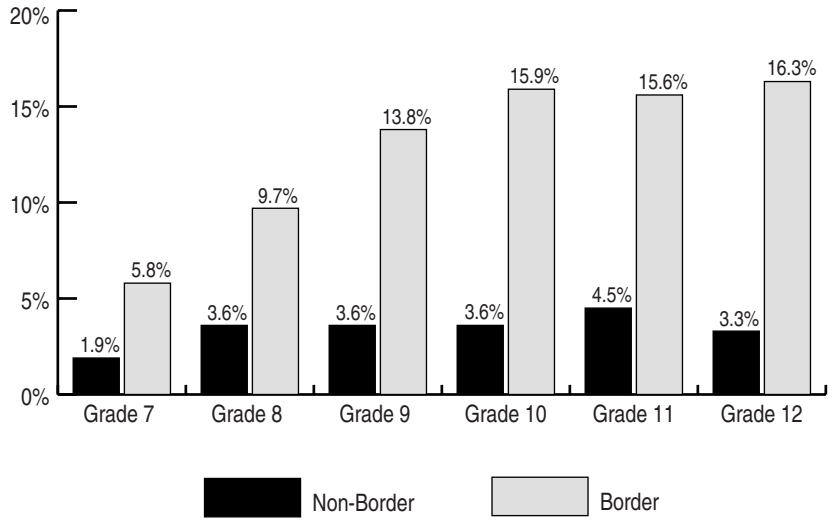
Both Houston and Dallas DEA report Xanax to be one of the most commonly abused diverted drugs. Xanax is selling for $3-$5 in Dallas and $5-$10 in Tyler. Valium is selling for $1 to $3 in Dallas and $5-$10 in Tyler.

CLUB DRUGS AND HALLUCINOGENS

Rohypnol

Rohypnol use in Texas first began along the Texas-Mexico border and then spread northward. As shown in Exhibit 27, the 2000 Texas Secondary School Survey found that students from the border area were three to four times more likely to report Rohypnol use than those living elsewhere in the state (13 percent v. 3 percent lifetime, and 4 percent v. 1.4 percent current).

Exhibit 27. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Rohypnol, by Grade: 2000



The 2000 Texas adult survey found that 0.8 percent reported lifetime use and 0.1 percent reported past-year use of Rohypnol.

The number of confirmed exposures to Rohypnol reported to the Texas Poison Control Centers were 100 in 1998, 105 in 1999, and 124 in 2000. Of the 2000 cases, average age was 17 and 55 percent involved females. Fifty-six percent of the cases were reported in counties which bordered Mexico.

In 2000, the rate of mentions for

Exhibit 28. Dallas DAWN Mentions: 2nd Half 1994–1st Half 2000

	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	Jul – Dec 1999	Jan – Jun 2000
Methamphetamines	92	124	78	53	62	77	82	118	67	58	42	69
Amphetamines	42	68	63	58	57	80	178	158	172	136	165	155
GHB	3	8	28	38	22	21	51	75	86	54	94	73
Ketamine	1	0	1	4	0	1	2	0	0	1	2	5
LSD	65	72	60	57	27	62	15	40	53	57	48	36
MDMA	17	33	24	8	11	8	9	6	9	7	18	26
PCP	22	39	31	20	15	32	22	28	41	52	46	51
Rohypnol	1	4	10	7	10	11	2	7	0	2	3	2

Rohypnol in the Dallas emergency rooms was 0.2 per 100,000, which was identical to the national average. As Exhibit 28 shows, mentions of Rohypnol peaked in 1996-1997.

Some 87 adults were admitted into treatment in 1998 with a primary, secondary or tertiary problem with Rohypnol. In 1999, 130 were admitted, and in 2000, 74 were admitted. Of the adult clients in 2000, 72 percent were Hispanic and 18 percent were Anglo; 68 percent were male and average age was 25, which is much younger than most adult clients entering treatment (overall average age is nearly 35 years). Only 16 percent were employed, 69 percent were involved with the criminal justice or legal system, and average annual income at admission was $4,274. Sixty-eight percent of the clients were in programs in counties on the border.

In 1998, there were 160 youths admitted to treatment with a primary, secondary, or tertiary problem with Rohypnol. In 1999, 234 were admitted, and in 2000, 250 youths were admitted. Of the 2000 admissions, 74 percent were male, average age was 15.5 years, and 95 percent were Hispanic. Some 73 percent were involved in the juvenile justice system. Eighty-nine percent of the youths were in programs in counties on the border, which reflects the fact that Rohypnol abuse first began on the border and the first cohorts of abusers are now becoming addicted and entering treatment.

DEA reported an increase in the seizures of Rohypnol in Laredo and Beaumont, and the Austin DEA office reported that use of Rohypnol was becoming more prevalent, with the new blue Rohypnol pills preferred. A Rohypnol pill sells for $20. Rivotril (clonazapam) is being abused by youths in the Laredo area.

Gamma Hydroxybutrate, Gamma Butyrate Lactone, 1-4 Butanediol

Texas Poison Control Centers reported 100 confirmed exposures to GHB, GBL, and 1,4 BD in 1998, as compared to 166 in 1999 and 154 in 2000. In 2000, the average age was 25 years and 63 percent were male. Fifty-one percent of the cases in 2000 were from the Dallas-Fort Worth metroplex.

The 2000 Texas adult survey reported that 0.4 percent had ever used GHB and 0.1 percent had used in the past year.

Exhibit 28 shows the overall increases in the mentions of GHB in the emergency rooms in the Dallas area, with the peak in the second half of 1999. In 2000, the rate of mentions per 100,000 for GHB was 3.0; only San Francisco had a higher rate at 5.0 per 100,000.

In 1999, there were three deaths which involved GHB. All were Anglo and two were female. Average age was 32.

Clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol are now being seen in treatment. In 1999, 17 adults were admitted and in 2000, 12 were admitted. In 2000, average age was 27; 67 percent were female and 75 percent were Anglo. None were employed and 33 percent were involved with the criminal justice or legal system. One adolescent was admitted to treatment in 2000 for a problem with GHB.

In 1999, 116 items were identified by DPS labs as being GHB or GBL; in 2000, 46 were.

DEA reports GHB continues to be seen in nightclubs and labs are being seized. The price of GHB in the Dallas region is $5-$20 per dose and $500-$900 per gallon.

Ecstasy (MDMA)

The 2000 Texas Secondary School Survey reported that ecstasy use was unchanged from 1998. In 2000, 4.5 percent had ever used Ecstasy and 1.9 percent had used in the past month as compared to 4.5 percent lifetime and 1.4 percent past month use in 1998.

The 2000 adult survey reported that 3.1 percent had ever used ecstasy and 1.0 percent had used in the past year.

The number of ecstasy cases reported to the Poison Control Centers is increasing. In 1999, there were 35 cases; in 2000, there were 96 cases. Average age was 20 years and 56 percent were male.

The rate of mentions of MDMA per 100,000 in Dallas emergency rooms in the first half of 2000 was 1.0; the national rate was 0.8. While the number of mentions peaked in Dallas in 1995, the increase between second half of 1999 and first half of 2000 was statistically significant (Exhibit 28).

In 1999, there were two deaths which involved MDMA in Texas. Both were Anglo males. One was 25 and one was 39.

Adult admissions for a primary, secondary, or tertiary problem with ecstasy increased from 45 in 1998 to 97 in 1999 to 141 in 2000. Of the 2000 admissions, average age was 24; 83 percent were Anglo and 9 percent were Hispanic; 66 percent were male; 37 percent were referred by the criminal justice or legal system; and 23 percent were employed.

Among adolescents, there were 18 admissions in 1998, 17 admissions in 1999 and 58 in 2000 who had a primary, secondary, or tertiary problem with Ecstasy. Average age of the 2000 admissions was 15.8; 71 percent were male; 74 percent were referred from the juvenile justice system; 69 percent were Anglo and 26 percent were Hispanic.

In 1999, there were 102 substances identified as MDMA and 31 identified as MDA by DPS labs; the number increased to 303 MDMA and 18 MDA in 2000. Distribution by geographic location of the labs is shown in Appendix 4.

According to the DEA, MDMA is readily available. Single dosage units of MDMA sell for $10-$40 in Dallas and $25 in Houston. In Austin, benzyl-piperazine (BZP) an amphetamine, and N-(3-trifluoromethylpheno) piperazine (TFMPP), a hallucinogenic, are being used together to produce an effect similar to MDMA

Ketamine

The 2000 adult survey reported that 0.3 percent had ever used Ketamine and 0.1 percent had used in the last year.

Seven cases of misuse of Ketamine were reported to Texas Poison Control Centers in 1999 and 28 were reported in 2000. Average age was 20 and 63 percent were male.

In the Dallas emergency rooms in 2000, the rate of mentions of Ketamine per 100,000 was 0.2, above the national average of 0.0. There were five mentions in the first half of 2000 (Exhibit 28).

There were also two deaths in 1999 which involved use of Ketamine. Both were Anglo males. One was 19 and one was 38 years old.

In 1999, 25 substances were identified as Ketamine by DPS labs; in 2000, 41 were identified as Ketamine.

Phencyclidine (PCP)

The 2000 Texas adult survey reported that 0.9 percent of adults had ever used PCP or Angel Dust and 0.1 percent had used in the past year.

There were 104 confirmed cases reported to the Texas Poison Control Centers in 2000 where terms such as “formaldehyde,” “fry,” “amp,” or “PCP” were mentioned. Of these cases, average age was 23 years and 76 percent were male.

The rate of mention of PCP in the Dallas emergency rooms has risen to 2.1 per 100,000 in the first half of 2000, above the national rate of 1.3 per 100,000. As Exhibit 28 shows, there were 46 mentions in the second half of 1999 and 51 in the first half of 2000.

There were three deaths in 1999 in Texas which involved PCP. All were male. One was African American, one was Anglo, and one was Hispanic. Ages ranged between 20 and 41.

In 2000, there were 174 adults admitted to treatment with a primary, secondary, or tertiary problem with PCP as compared to 125 in 1999 and 102 in 1998. Of these clients in 2000, 86 percent were African American, 73 percent were male, average age was 23, 49 percent were involved in the criminal justice system, 14 percent were employed, and average income was $3,050. While 45 percent reported a primary problem with PCP, another 32 percent reported a primary problem with marijuana, which demonstrates the link between these two drugs and the use of "Fry," which is a marijuana joint or cigar dipped in embalming fluid that can contain PCP.

Among adolescent clients, there were 62 admissions for a primary, secondary, or tertiary problem with PCP in 1998, 118 in 1999, and 76 in 2000. Of the 2000 admissions, 88 percent were male; 53 percent were African American, 28 percent were Hispanic, and 20 percent were Anglo; average age was 15.9 years. Ninety percent had been referred to treatment or were involved in the juvenile justice system. Marijuana was the primary drug of abuse.

PCP use among ADAM arrestees was most likely to be reported among Dallas and Houston male arrestees (Exhibit 29). Those arrestees testing positive for PCP were more likely to be under age 21 and African American.

DPS labs identified 77 substances as PCP in 1999 and 79 in 2000.

DEA reports PCP is selling for $500 per ounce and $10 per dose in Dallas.

LSD

The 2000 Secondary School Survey found that 5.4 percent had ever used hallucinogens (defined as LSD, PCP, etc.) and 1.8 percent had used in the past month. This is a decrease from 1998, when 7.3 percent had ever used hallucinogens and 2.5 percent had used in the past month.

The 2000 adult survey reported that 8.8 percent of Texas adults had ever used LSD and 0.9 percent had used in the past year.

Texas Poison Control Centers reported 77 confirmed exposures to LSD in 1998, 95 in 1999, and 87 in 2000. Average age in 2000 was 20 years. There were also 13 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 1999, as compared to 204 in 2000. Average age in 2000 was 20 years.

There were 36 mentions of LSD in the Dallas DAWN emergency rooms in the first half of 2000; the peak was 72 in the first half of 1995 (Exhibit 28). The rate of mentions

Exhibit 29. Arrestees Testing Positive for PCP: 1991–2000

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

per 100,000 in Dallas in 2000 was 1.5, which was above the national average of 0.9.

There were two deaths in 1999 which involved LSD. Both were Anglo males and ages were 15 and 25.

In 2000, there were 316 adults with a primary, secondary, or tertiary problem with hallucinogens. Average age of these individuals was 26; 65 percent were male; 72 percent were Anglo, 13 percent were African American, and 12 percent were Hispanic. Thirty percent were employed and 56 percent were in the criminal or legal system. Other drugs of abuse included marijuana and alcohol.

There were 320 youths with a primary, secondary or tertiary problem with hallucinogens admitted to treatment in 2000. Average age was 15.6 years; 79 percent were males; 52 percent were Anglo, 37 percent were Hispanic, and 9 percent were African American. Eighty percent were involved in the juvenile justice system, and marijuana was the primary drug used.

In 1999, DPS labs identified 405 substances as LSD; in 2000, they identified 192 as LSD.

LSD is selling for $5 to $10 in Houston and $1 to $10 in Dallas.

Dextromethorphan

School personnel in Texas are now reporting problems with the abuse of dextromethorphan (DXM), especially the use of Robitussin-DM, Tussin, and Coriciden Cough and Cold Tablets HBP. These substances can be purchased over the counter and if taken in large quantities, can product hallucinogenic effects.

Poison Control Centers reported 119 confirmed cases of abuse or intentional misuse of dextromethorphan in products such as Robitussin and Tussin. The average age of the misuser was 22.8 years and 54 percent were female. There were 433 confirmed exposures to Coriciden. Average age was 16.5 years and 54 percent were male.

DPS labs examined 12 substances in 1999 which were dextromethorphan and 28 in 2000.

INHALANTS

The characteristics of inhalant abusers vary by the source of the data. The 2000 TCADA secondary school survey found that 20 percent of males had ever used inhalants, as compared to18 percent of females. Twenty-four percent of Hispanics, 18 percent of Anglos, and 12 percent of African-American students had ever used inhalants.

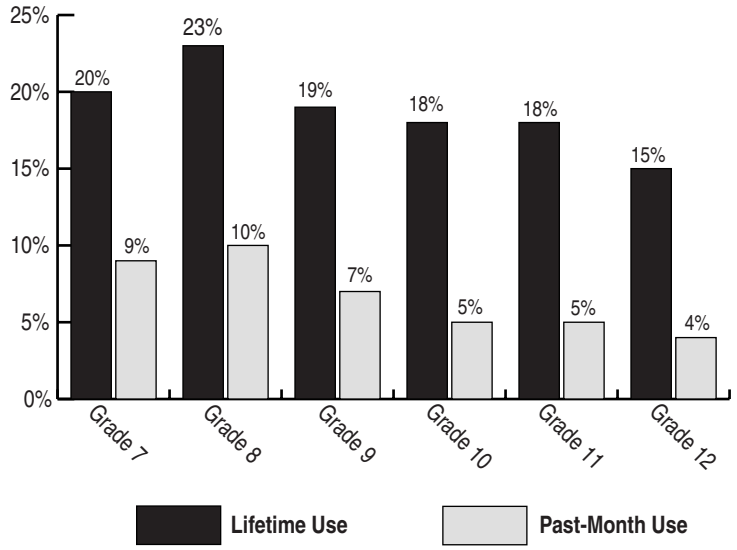
Inhalant use exhibits a peculiar age pattern not observed with any other substance. The prevalence of lifetime and past-month inhalant use was higher in the lower grades and lower in the upper grades (Exhibit 30). This decrease in inhalant use as students age may be partially due to the fact that inhalant users drop out of school early and hence are not in school in later grades to respond to school-based surveys.

Texas death data indicate inhalant use is also a problem among adult Anglo males. Analysis of death certificates involving misuse or abuse of inhalants from 1988 to 1998 found that the mean age of decedents was 25.6 years and ages ranged from 8-62 years. Ninety-two percent were male, 81 percent were Anglo, and 17 percent were Hispanic. Thirty-five percent of the death certificates mentioned Freon, 25 percent mentioned chlorinated hydrocarbons (e.g. fabric protector, liquid paper, or carburetor cleaner), and 17 percent mentioned alkyl benzenes (toluene or rubber cement).

Inhalant abusers comprised 2 percent of the admissions to adolescent treatment programs in 2000 (Appendix 3). Unlike the characteristics seen in the survey and overdose death data, the youths entering

treatment tended to be male (69 percent) and Hispanic (95 percent). The overrepresentation of Hispanic youths is due to the fact that TCADA developed and funded programs which were targeted specifically to this group.

Exhibit 30. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2000



AIDS AND DRUG USE

The proportion of adult and adolescent AIDS cases related to injecting drug use has gone from 16 percent in 1987 to 29 percent through the end of March 2001. 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 2001, 22 percent of the cases were IDUs, and 7 percent were male-to-male sex and also IDUs (Exhibit 31). The proportion of cases resulting from heterosexual contact has risen from 1 percent in 1987 to 18 percent in 2001.

In 1987, 3 percent of the AIDS cases were females over age 12; in 2001, 20 percent were female. In 1987, 12 percent of the adult and adolescent cases were African American; in 2000, 41 percent were African American. As Exhibit 32 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 2000. Heroin injectors are most likely to be older, and nearly two-thirds are people of color, while injectors of stimulants and cocaine are far more likely to be Anglo (Exhibit 33).

Exhibit 31. AIDS Cases in Texas, by Route of Transmission: 1987–1Q 2001

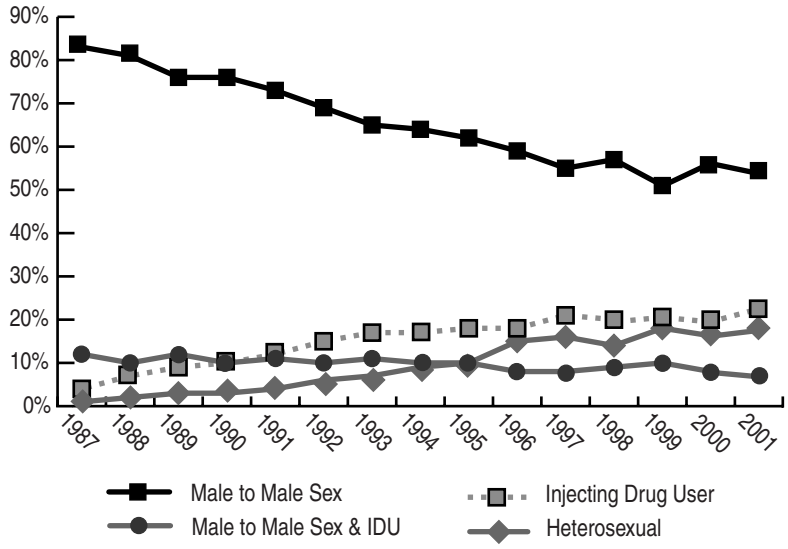


Exhibit 32. Male and Female AIDS Cases by Race/Ethnicity: 1987–1Q 2001

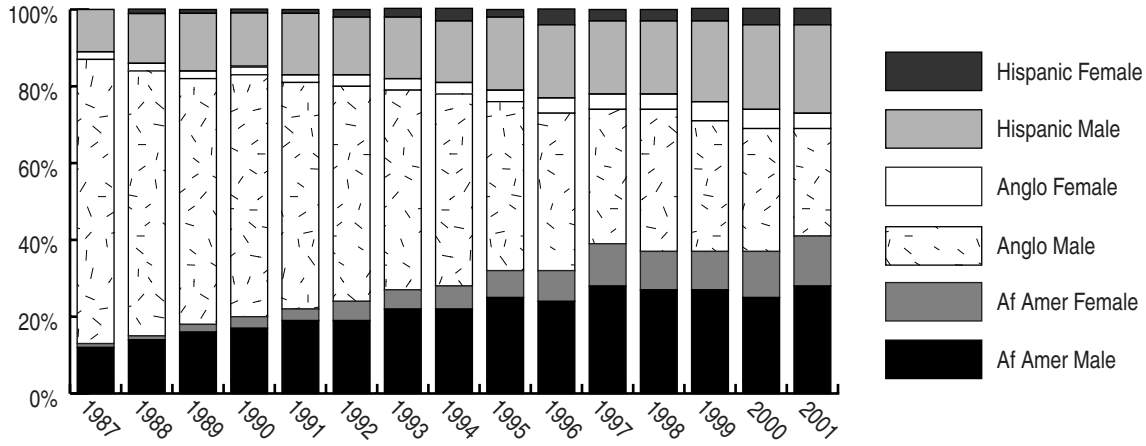
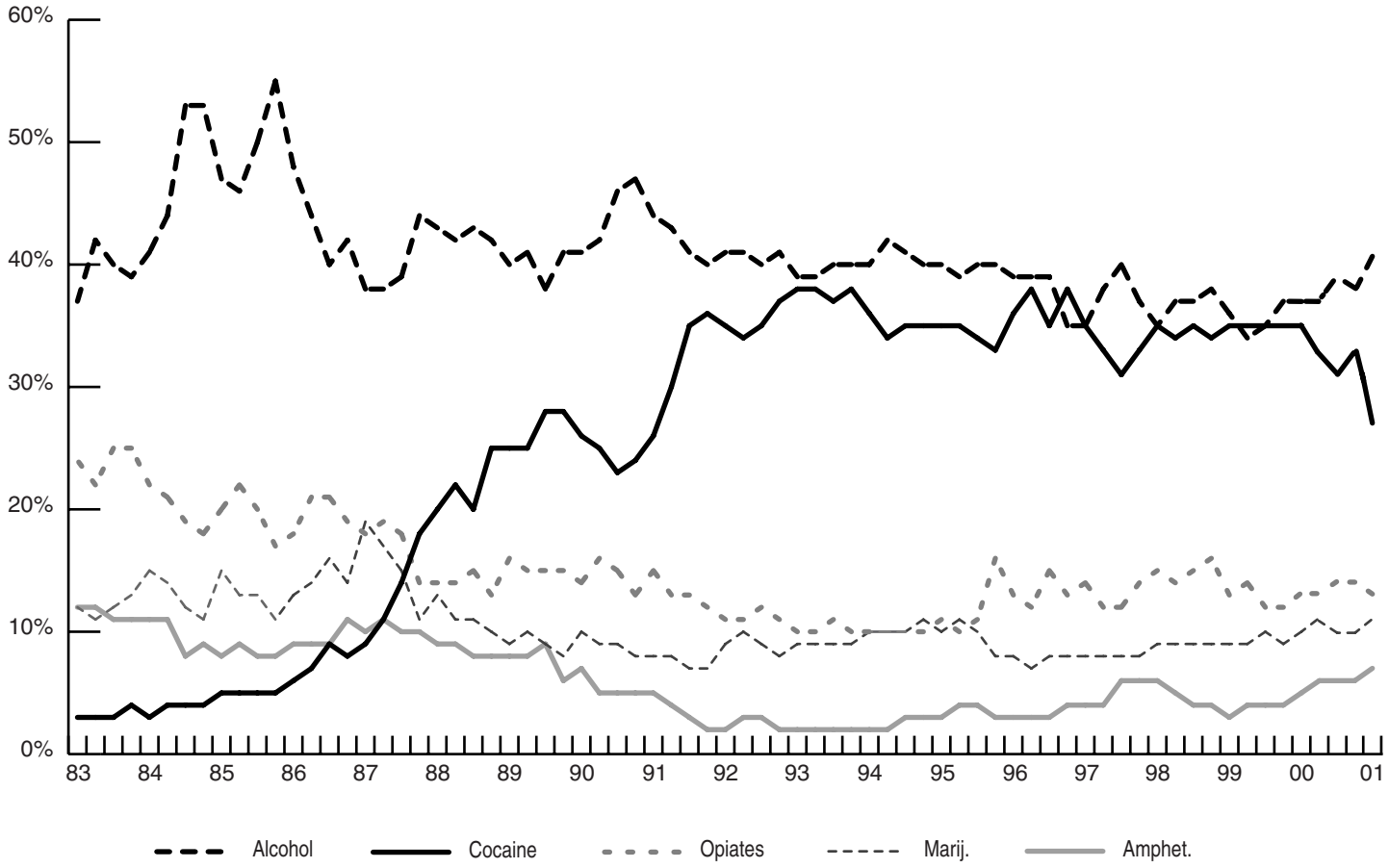


Exhibit 33. Characteristics of Adult Needle Users Admitted to TCADA-Funded Treatment: 2000

	Heroin	Cocaine	Stimulants
# Admissions	4,220	1,034	1,075
% of Needle Admits by Drug	94%	10%	59%
Lag – 1st Use to Tmt – Yrs.	15	13	12
Average Age	37	34	31
% Male	70%	61%	44%
% African American	9%	3%	1%
% Anglo	36%	66%	95%
% Hispanic	55%	29%	3%
% CJ Involved	30%	42%	53%
% Employed	18%	18%	19%
% Homeless	13%	13%	8%
Average Income	$5,176	$7,666	$6,989

Appendix 1. Percent of Adult Admissions to TCADA-Funded Treatment Programs by Primary Drug of Abuse: January 1983–March 2001



Appendix 2. Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs: January 1, 2000–December 31, 2000

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 Using Needles	% with History of IV Drug Use
Total	33,944	100.0	34.6	20.6	15.0	42.0	19.3	63.5	22.9	37.8
Heroin	4,386	12.9	36.7	22.4	15.0	25.9	19.7	69.5	90.2	91.9
Alcohol	12,130	35.7	37.0	16.4	21.0	43.1	20.2	72.6	6.7	24.6
Amphetamines	1,822	5.4	30.8	20.5	11.0	51.3	17.8	46.0	60.1	71.4
Cocaine (Powder)	2,852	8.4	31.2	22.1	10.0	49.7	22.5	61.8	37.3	45.9
Marijuana/Hash	3,312	9.8	27.1	16.2	12.0	65.3	17.8	65.4	5.7	14.6
Inhalants	63	0.2	29.0	17.6	12.0	31.7	25.4	69.8	1.6	7.9
Ecstasy	36	0.1	21.6	18.1	4.0	72.2	0.0	72.2	0.0	11.1
Steroids	7	0.0	34.3	27.3	8.0	28.6	14.3	28.6	0.0	28.6
Rohypnol	10	0.0	28.2	21.0	9.0	60.0	10.0	50.0	0.0	30.0
Crack	7,816	23.0	35.0	26.2	9.0	34.8	16.5	54.2	5.4	27.6
Ephedrine	10	0.0	32.4	21.3	12.0	30.0	20.0	50.0	0.0	0.0
GHB	4	0.0	23.8	15.8	9.0	0.0	0.0	50.0	0.0	25.0
Miscellaneous	1,496	4.4	35.4	26.8	9.0	40.2	24.7	41.4	16.8	37.6

Primary Drug	Percent Black	Percent White	Percent Hispanic	Percent Employed	Avg Months Employed Over Last 12	Pct Involved with CJ or Legal System	Average Education	Percent Homeless	Average Income At Adm
Total	21.3	51.1	26.2	25.1	5.1	42.6	11.3	12.4	$7,105
Heroin	9.0	36.2	54.0	17.6	3.8	30.1	10.9	12.5	$5,198
Alcohol	13.2	59.7	25.6	31.0	5.9	45.6	11.5	14.4	$8,111
Amphetamines	1.1	92.9	4.4	22.9	5.2	50.6	11.4	7.0	$7,531
Cocaine (Powder)	7.5	46.2	44.5	28.0	5.4	46.2	11.2	7.8	$7,955
Marijuana/Hash	27.2	46.1	25.5	38.2	5.6	66.1	11.0	4.6	$6,785
Inhalants	0.0	17.5	30.2	20.6	3.6	46.0	6.7	1.6	$3,356
Ecstasy	2.8	86.1	8.3	19.4	5.2	38.9	10.8	2.8	$6,755
Steroids	14.3	57.1	28.6	0.0	3.3	0.0	11.6	0.0	$5,516
Rohypnol	30.0	0.0	70.0	20.0	1.4	70.0	10.0	0.0	$629
Crack	49.7	35.7	13.6	15.6	4.4	33.4	11.5	16.6	$6,335
Ephedrine	30.0	60.0	10.0	10.0	4.3	40.0	12.5	0.0	$5,471
GHB	25.0	50.0	25.0	0.0	6.0	25.0	7.5	25.0	$2,753
Miscellaneous	13.4	76.3	9.3	17.4	4.4	33.6	12.0	7.7	$7,407

Primary Drug	# of Women Pregnant at Admission	Percent on Medication	% with Emergency Room Visit	% w/Sickness and/or Health Problems	% with Employment Problems	% w/Family and/or Marital Problems	% with Social/Peer Problems	% with Psych/Emot Problems	% with Drug/Alcohol Problems
Total	552	26.3	36.8	32.5	50.2	51.5	34.5	56.8	62.9
Heroin	59	57.4	28.2	40.6	67.3	61.6	43.8	60.1	79.2
Alcohol	89	24.0	39.3	33.0	48.7	47.3	32.0	56.3	61.8
Amphetamines	36	22.5	39.4	33.5	54.9	60.0	42.8	67.7	68.7
Cocaine (Powder)	53	18.5	35.9	28.9	52.6	58.4	37.5	56.9	62.3
Marijuana/Hash	85	12.0	30.5	24.8	35.5	36.5	23.2	43.3	42.1
Inhalants	1	1.6	27.0	17.5	46.0	39.7	31.7	31.7	47.6
Ecstasy	0	22.2	63.9	36.1	55.6	75.0	52.8	72.2	75.0
Steroids	0	57.1	57.1	42.9	28.6	57.1	71.4	100.0	85.7
Rohypnol	0	20.0	50.0	30.0	40.0	40.0	30.0	40.0	60.0
Crack	210	20.6	36.3	29.2	47.1	52.9	34.7	56.4	61.7
Ephedrine	0	40.0	60.0	50.0	50.0	20.0	50.0	80.0	60.0
GHB	0	0.0	25.0	0.0	50.0	50.0	25.0	50.0	50.0
Miscellaneous	19	36.2	56.2	44.3	50.1	58.0	35.2	70.8	71.5

Appendix 3. Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs: Jan. 1, 2000 through Dec. 31, 2000

Primary Drug	Total Admissions	Percent Of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	% With No Prior Treatment	Percent Using Needles	Percent with History of IV Drug Use	Percent Male
Total	4,401	100.0	15.5	12.9	3.0	68.6	2.9	6.5	80.0
Heroin	134	3.0	16.1	14.8	2.0	38.8	61.9	71.6	83.6
Alcohol	386	8.8	15.8	13.1	4.0	71.2	1.3	4.7	75.1
Amphetamines	53	1.2	16.3	14.5	2.0	54.7	26.4	39.6	52.8
Cocaine (Powder)	220	5.0	15.8	13.9	3.0	63.2	2.7	7.7	67.3
Marijuana/Hash	3,228	73.3	15.4	12.6	3.0	70.6	0.6	3.3	82.8
Inhalants	91	2.1	14.9	13.5	2.0	62.6	0.0	4.4	68.1
Ecstasy	10	0.2	16.3	15.2	2.0	60.0	10.0	10.0	60.0
Steroids	1	0.0	17.0	10.0	7.0	100.0	0.0	0.0	100.0
Rohypnol	64	1.5	15.4	14.2	2.0	70.3	0.0	1.6	62.5
Crack	85	1.9	16.1	14.5	2.0	57.6	0.0	11.8	74.1
Ephedrine	5	0.1	16.6	12.4	4.0	60.0	0.0	20.0	60.0
Miscellaneous	124	2.8	15.5	13.8	2.0	67.7	0.0	8.9	79.0

Primary Drug	Percent Black	Percent White	Percent Hispanic	Pct Involved CJ or Legal System	Pct w/History of Gang Involvement	Pct Use Tobacco Daily	Average Education	Percent Homeless	Percent Live With Parents	Pct have Supportive Adult
Total	17.1	29.3	52.8	81.9	28.0	49.9	8.4	0.4	73.1	94.5
Heroin	1.5	8.2	88.1	70.1	33.6	59.7	8.3	0.0	76.1	96.3
Alcohol	10.1	32.6	57.3	76.2	24.4	45.3	8.8	0.3	71.5	95.6
Amphetamines	1.9	88.7	9.4	69.8	24.5	73.6	8.8	1.9	52.8	98.1
Cocaine (Powder)	5.5	17.3	76.8	72.3	36.4	48.6	8.7	0.5	67.7	92.7
Marijuana/Hash	20.6	29.7	48.8	84.4	27.0	49.3	8.4	0.4	74.1	94.9
Inhalants	1.1	13.2	85.7	74.7	47.3	35.2	7.4	0.0	73.6	91.2
Ecstasy	0.0	90.0	10.0	90.0	20.0	80.0	9.8	0.0	70.0	80.0
Steroids	100.0	0.0	0.0	100.0	100.0	0.0	9.0	0.0	0.0	100.0
Rohypnol	0.0	3.1	96.9	62.5	35.9	31.3	8.4	0.0	81.3	100.0
Crack	4.7	27.1	68.2	77.6	23.5	62.4	8.2	3.5	68.2	95.3
Ephedrine	20.0	80.0	0.0	100.0	20.0	100.0	10.0	0.0	60.0	80.0
Miscellaneous	23.4	45.2	30.6	84.7	30.6	66.1	8.4	0.0	68.5	82.3

Primary Drug	% w/a Parent Who Abuses Substances	% w/Sickness and/or Health Problems	Pct w/ Employment Problems	Pct w/ Family Problems	Pct w/ Social/Peer Problems	Pct w/ Psych/Emot Problems	% Reporting Drug/Alcohol Problems	# of Clients Pregnant at Admission	# of Clients Who Have Children
Total	29.7	17.0	37.9	36.1	23.3	30.5	31.1	25	260
Heroin	50.7	32.1	61.2	64.2	37.3	64.9	74.6	2	12
Alcohol	31.6	17.6	34.7	33.4	23.1	27.5	28.8	2	22
Amphetamines	45.3	24.5	32.1	35.8	26.4	37.7	49.1	0	3
Cocaine (Powder)	26.4	23.6	51.8	50.0	29.5	48.6	48.2	3	20
Marijuana/Hash	28.7	15.1	35.7	33.1	21.9	26.6	26.2	14	181
Inhalants	28.6	18.7	42.9	40.7	26.4	31.9	41.8	2	1
Ecstasy	40.0	20.0	40.0	50.0	20.0	50.0	60.0	0	0
Steroids	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
Rohypnol	20.3	26.6	53.1	64.1	29.7	65.6	51.6	0	3
Crack	36.5	27.1	52.9	52.9	30.6	48.2	56.5	2	8
Ephedrine	60.0	20.0	40.0	40.0	40.0	40.0	80.0	0	1
Miscellaneous	25.0	21.8	37.1	37.9	21.0	34.7	41.1	0	9

Appendix 4. Ten Most Frequently Identified Substances by DPS Laboratories: 2000

Statewide	
Total Items Reported	38,457
Cocaine	36.4%
Cannabis	36.1%
Methamphetamine	13.0%
Heron	1.7%
Hydrocodone	1.3%
Amphetamine	1.3%
Alprazolam	1.2%
Diazepam	1.1%
Clonazepam	1.0%
MDMA	0.8%

Amarillo	
Total Items Reported	1,413
Cannabis	41.3%
Methamphetamine	25.9%
Cocaine	25.6%
Hydrocodone	0.8%
Non-Controlled Drug	0.6%
Diazepam	0.6%
Pseudoephedrine	0.6%
Psilocybin	0.4%
MDMA	0.4%
Alprazolam	0.4%

Lubbock	
Total Items Reported	1,006
Cannabis	40.7%
Cocaine	40.3%
Methamphetamine	14.2%
Non-Controlled Drug	0.6%
MDMA	0.4%
Hydrocodone	0.4%
LSD	0.4%
Diazepam	0.4%
Psilocybin	0.4%
Heroin	0.2%

Abilene	
Total Items Reported	2,906
Cannabis	32.0%
Methamphetamine	29.6%
Cocaine	25.5%
Hydrocodone	2.2%
Amphetamine	1.8%
Non-Controlled Drug	0.9%
Pseudoephedrine	0.9%
Alprazolam	0.9%
LSD	0.8%
Heroin	0.7%

Midland	
Total Items Reported	2,074
Cannabis	46.7%
Cocaine	39.8%
Methamphetamine	5.0%
Heroin	4.0%
Diazepam	0.8%
MDMA	0.6%
Alprazolam	0.4%
Hydrocodone	0.4%
Non-Controlled Drug	0.2%
Morphine	0.2%

Garland (Dallas)	
Total Items Reported	4,731
Methamphetamine	26.7%
Cocaine	26.0%
Cannabis	24.2%
Amphetamine	3.9%
Alprazolam	2.5%
Hydrocodone	2.3%
Heroin	1.9%
Diazepam	1.8%
MDMA	1.7%
Pseudoephedrine	1.1%

Tyler	
Total Items Reported	5,599
Cannabis	46.0%
Cocaine	28.5%
Methamphetamine	14.1%
Hydrocodone	2.3%
Alprazolam	1.9%
Amphetamine	1.1%
Diazepam	0.8%
Pseudoephedrine	0.7%
Carisoprodol	0.6%
Non-Controlled Drug	0.5%

Waco	
Total Items Reported	3,735
Cannabis	45.2%
Cocaine	32.5%
Methamphetamine	13.1%
Amphetamine	2.2%
Non-Controlled Drug	0.9%
Diazepam	0.6%
Pseudoephedrine	0.6%
MDMA	0.6%
Alprazolam	0.5%
Hydrocodone	0.4%

Austin	
Total Items Reported	3,958
Cocaine	44.5%
Cannabis	22.0%
Methamphetamine	14.4%
Heroin	1.8%
Non-Controlled Drug	1.6%
LSD	1.4%
MDMA	1.4%
Diazepam	1.4%
Hydrocodone	1.1%
Alprazolam	1.1%

Houston	
Total Items Reported	5,437
Cannabis	45.0%
Cocaine	36.2%
Methampehtamine	4.2%
Codeine	2.0%
Hydrocodone	1.6%
Alprazolam	1.6%
MDMA	1.1%
Diazepam	1.0%
Phencyclidine	0.9%
Amphetamine	0.8%

Corpus Christi	
Total Items Reported	1,932
Cocaine	63.7%
Cannabis	17.6%
Methamphetamine	5.9%
Heroin	5.6%
Alprazolam	1.2%
Diazepam	1.0%
Hydrocodone	1.0%
LSD	0.6%
Clonazepam	0.5%
Amphetamine	0.4%

El Paso	
Total Items Reported	2,551
Cocaine	41.6%
Cannabis	39.5%
Heroin	6.2%
Clonazepam	3.7%
Methamphetamine	2.7%
Diazepam	1.0%
Psilocybin	0.7%
MDMA	0.7%
Alprazolam	0.5%
Non-Controlled Drug	0.4%

Laredo	
Total Items Reported	1,314
Cocaine	43.5%
Cannabis	35.3%
Clonazepam	5.1%
Heroin	4.0%
Testosterone	3.4%
Diazepam	2.3%
Methampetamine	1.1%
Alprazolam	1.0%
Methandienone	0.5%
Nandrolone	0.5%

McAllen	
Total Items Reported	1,794
Cocaine	57.0%
Cannabis	24.5%
Clonazepam	9.2%
Diazepam	2.3%
Heroin	1.2%
Alprazolam	0.9%
Testosterone	0.8%
Flunitrazepam	0.6%
Nandrolone	0.4%
Propoxyphene	0.4%

Source: National Forensic Laboratory Information System of the Drug Enforcement Administration

Appendix 5. Dallas DAWN Mentions of Cocaine, Heroin, and Marijuana per 100,000 Population by Age and Gender: 2nd Half 1991–1st Half 2000

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	Jul – Dec 1999	Jan – Jun 2000
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	41.2	44.5	41.4
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	45.3	51.2	46.8
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	23.5	22.2	17.9
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	60.4	79.1	59.0
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	73.9	78.8	83.1
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	37.0	37.8	36.1
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	53.6	58.5	54.7
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	29.3	31.2	28.8

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	Jul – Dec 1999	Jan – Jun 2000
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	9.5	9.8
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	9.1	10.9	10.6
12-17	…	…	…	…	0.9	0.0	…	0.0	…	5.2	4.7	…	…	3.8	…	3.8	3.3	…
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	20.0	25.9	22.0
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	9.7	10.9	13.1
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	8.0	8.2	9.0
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	10.2	13.2	13.8
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	6.6	6.0	6.1

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	Jul – Dec 1999	Jan – Jun 2000
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	25.1	22.7	24.3
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	40.2	35.7	38.0
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	53.8	41.0	60.5
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	70.2	71.0	66.3
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	36.1	29.8	28.4
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	9.9	10.0	11.0
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	31.2	32.8
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	17.5	14.7	16.2

Source: Drug Abuse Warning Network, Substance Abuse and Mental Health Services Administration