Substance Abuse Trends in Texas, June 2004

by

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Cocaine is the primary illicit drug for which Texans enter treatment. It remains a problem on the border with Mexico, as documented in the school surveys, arrestee data, and forensic data. Use of crack cocaine, which is at an endemic level, continues to move beyond Black users to White and Hispanic users. Alcohol is the primary drug of abuse in Texas in terms of dependence, deaths, treatment admissions, and arrests. Heroin addicts entering treatment are primarily injectors. In Texas, hydrocodone is a much larger problem than oxycodone or methadone. Codeine cough syrup, "Lean," continues to be abused. Treatment data show that marijuana clients admitted with criminal justice problems are less impaired than those who are not referred from the criminal justice system. "Ice," which is smoked methamphetamine, is a growing problem. Xanax and Soma continue as widely-abused pharmaceutical drugs. Club drug users differ in their socio-demographic characteristics just as the properties of these drugs differ. Ecstasy use is moving out of the White club scene. Ketamine continues as a problem. GHB, GBL, and similar precursor drugs remain a problem, particularly in the Dallas/Fort Worth (DFW) Metroplex area. Although indicators are down, Rohypnol remains a problem along the Texas-Mexico border. All PCP indicators are continuing to rise, and dextromethorphan (DXM) is a problem with adolescents. Inhalants remain a problem, with different types of users. The numbers of AIDS cases of females and persons of color are growing. The proportion of cases due to the heterosexual mode of transmission now exceeds the proportion of cases due to injecting drug use. Forty-one percent of persons testing positive for hepatitis C (HCV) were exposed through injecting drug use.

Area Description

The population of Texas in 2003 is 21,828,569, with 51 percent White, 12 percent Black, 34 percent Hispanic, 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. 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 U.S. citizens who bring them into the U.S. Private and express mail companies are used to traffic narcotics and smuggle money. 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 6 months as a report for the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse (NIDA). To compare the June 2004 report with earlier periods, please refer to previous editions that are available in hard copy from the Texas Commission on Alcohol and Drug Abuse (TCADA). These reports are also available online on TCADA's web page at www.tcada.state.tx.us and on the Gulf Coast Addiction Technology Transfer Center's web page at www.utattc.net.

The information on each drug is discussed in the following order of sources:

Student substance use—Data came from TCADA's *Texas School Survey of Substance Abuse: Grades 7-12, 2002* and *Texas School Survey of Substance Abuse: Grades 4-6, 2002*.

Adult substance use—Data came from TCADA's *2000 Texas Survey of Substance Use Among Adults.*

Use by Texans ages 12 and older—Data came from the Substance Abuse and Mental Health Services Administration (SAMHSA) *State Estimates of Substance Use from the 2001 National Household Survey on Drug Abuse: Volume I. Findings*, and *Volume II. Individual State Tables and Technical Appendices.*

Poison Control Center data—Data came from the Texas Poison Center Network (TPCN), Texas Department of Health (TDH), for 1998 through 2003. Analysis was provided by Mathias Forrester, epidemiologist with the Texas Poison Center Network, TDH, and by the author.

Treatment data—--TCADA's client data system provided information on clients at admission to treatment in TCADA-funded facilities from the first quarter of 1983 through December 31, 2003. 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. Analysis was by the author.

Overdose death data—Statewide data on drug overdose deaths through 2002 came from death certificates from the Bureau of Vital Statistics of TDH. Analysis was by the author. Data on the deaths in the Dallas metropolitan areas came from 2002 medical examiner (ME) data collected by the Drug Abuse Warning Network (DAWN). DAWN is conducted by the Office of Applied Studies of SAMHSA.

Drug use by arrestees—The Arrestee Drug Abuse Monitoring Program (ADAM) of the National Institute of Justice provided data through 2003 for Dallas, Houston, Laredo, and San Antonio.

Drug and Alcohol Arrests—Arrest data come from the Uniform Crime Reports of the Texas Department of Public Safety (DPS).

Drugs identified by laboratory tests—The Texas Department of Public Safety submitted results from toxicological analyses of substances seized in law enforcement operations for 1998 through 2003 to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA). Analysis was by the author.

Price, purity, trafficking, distribution, and supply—This information was provided by second quarter 2004 reports on trends in trafficking from the Dallas, El Paso, and Houston Field Divisions of the DEA. The DEA's Domestic Monitor Program (DMP) reported the price and purity of heroin.

Reports by users and street outreach workers—Drug trends for January through March 2004 were reported to TCADA by street outreach workers and to the author as part of a study funded by NIDA Grant R21 DA014744.

Acquired Immunodeficiency Syndrome (AIDS) data—TDH provided annual and year-to-date AIDS data for the period ending March 2004.

Hepatitis C (HCV) data—TDH provided data on HCV counseling and testing for the period January 2003 to December 31, 2003.

Drug Trends

Cocaine and Crack

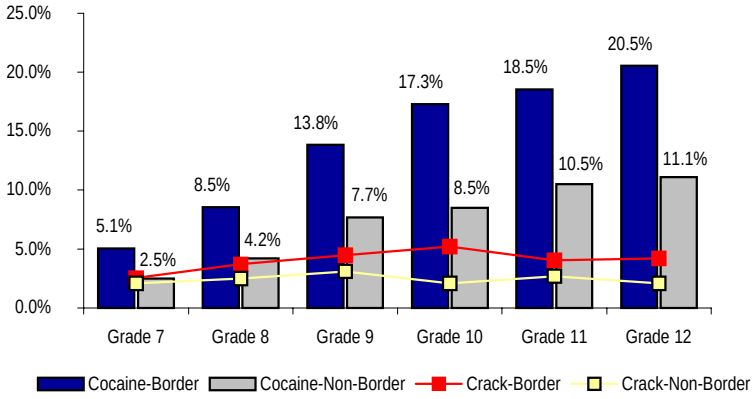
The *Texas School Survey of Substance Abuse: Grades 7-12, 2002* found that 7.2 percent of students in non-border counties had ever used powder cocaine and 2.5 had used cocaine in the past month. In comparison, students in schools on the Texas border reported higher levels of powder cocaine use: 13.3 percent lifetime and 6.0 percent past-month use. Use of crack was lower, with 2.7 percent of non-border students reporting past-month use; border students reported 4.0 percent lifetime and 1.5 percent past-month use (exhibit 1).

The *2000 Texas Survey of Substance Use Among Adults* reported 11.8 percent of Texas adults had ever used powder cocaine. Some 1.9 percent had used it in the past year. The National Household Survey on Drug Abuse averaged the 2000 and 2001 findings and reported that 1.9 percent of Texans ages 12 and above had used cocaine in the past year.

Texas Poison Control Center calls involving use of cocaine increased from 503 in 1998 to a high of 1,194 in 2002 before dropping to 979 in 2003. In 2003, average age was 30.6 and 65 percent were male.

Cocaine (crack and powder) comprised 27 percent of all adult admissions to TCADA-funded treatment programs in 2003. Crack cocaine is the primary illicit drug abused by clients admitted to publicly-funded treatment programs in Texas with 19 percent of all admissions.

Exhibit 1. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Powder Cocaine and Crack, by Grade: 2002



Source: TCADA

Abusers of powder cocaine were 8 percent of all admissions to treatment. Cocaine inhalers were the youngest and most likely to be Hispanic and involved in the criminal justice or legal systems. Cocaine injectors were older than inhalers but younger than crack smokers and were most likely to be White (exhibit 2).

Exhibit 2. Characteristics of Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 2003

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	9,660	1,164	3,039	14,016
% of Cocaine Admits	69	8	22	100
Lag-1st Use to Tmt-Yrs.	11	14	9	11
Average Age	37	34	29	35
% Male	54	62	57	55
% Black	49	5	13	38
% White	34	70	33	37
% Hispanic	15	23	53	24
% CJ Involved	37	44	56	41
% Employed	14	15	31	18
% Homeless	18	13	7	15

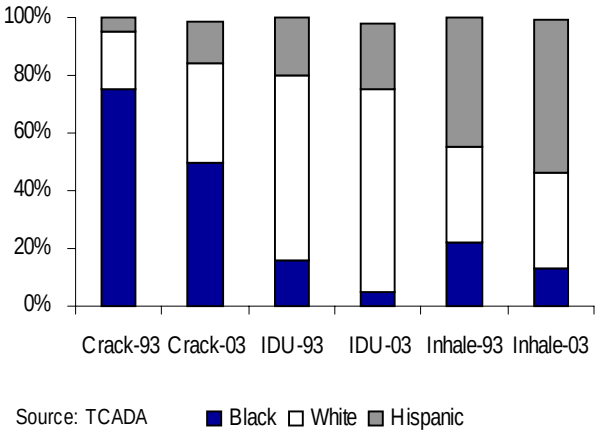
*Total includes clients with "other" routes of administration.

Source: TCADA

The term "lag" refers to the period from first consistent or regular use of a drug to the date of admission to treatment. Powder cocaine inhalers average 9 years between first regular use and entrance to treatment, while injectors average 14 years of use before they enter treatment.

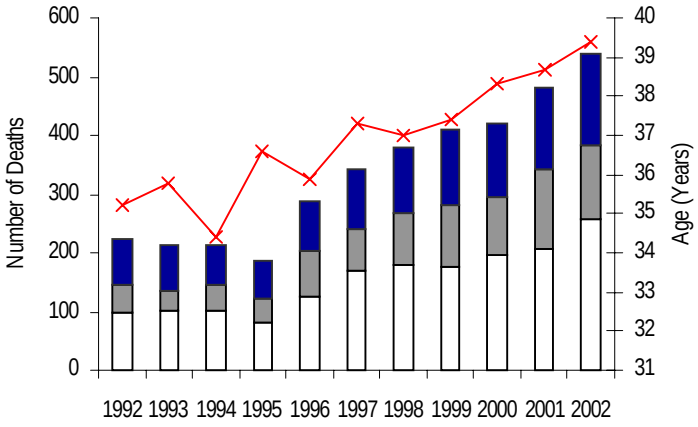
Between 1987 and 2003, the percentage of Hispanic treatment admissions using powder cocaine has increased from 23 percent to 46 percent, while for Whites and Blacks, the percent has dropped (from 48 percent to 42 percent and from 28 percent to 10 percent, respectively). Exhibit 3 shows these changes by route of administration. It also shows the proportion of Black crack cocaine admissions fell from 75 percent in 1993 to 49 percent in 2003, while the proportion of Whites increased from 20 percent in 1993 to 34 percent in 2003. Hispanic admissions rose

Exhibit 3. Routes of Administration of Cocaine by Race/Ethnicity from TCADA Treatment Admissions: 1993–2003



Source: TCADA

Exhibit 4. Age and Race/Ethnicity of Persons Dying with a Mention of Cocaine in Texas: 1992–2002



Source: TDH

Exhibit 5. Percentage of ADAM Arrestees Testing Positive for Cocaine: 1991–2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Males	43	41	45	35	31	32	32	29	34	28	30	30	33
Houston Males	56	41	41	28	40	39	39	36	36	32	NR	NR	23
Laredo Males	NR	NR	NR	NR	NR	NR	NR	37	42	45	35	36	36
San Antonio Males	29	31	31	31	24	28	26	27	23	20	30	33	31
Dallas Females	46	48	43	46	44	36	34	30	40	24	NR	NR	NR
Houston Females	51	44	43	36	32	34	29	37	23	32	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	33	21	22	27	NR	NR
San Antonio Females	24	25	24	23	23	23	18	20	19	NR	NR	NR	NR

Source: NIJ

from 5 percent to 15 percent in the same time period.

The number of deaths statewide in which cocaine was mentioned has increased over the years, from 223 in 1992 to 538 in 2002 (exhibit 4), and the rate per 100,000 population has more than doubled from 1.1 deaths per 100,000 in 1992 to 2.5 deaths per 100,000 in 2002. The average age of the decedents is continuing to increase to 39.4 years in 2002. Of these, 47 percent were White, 24 percent were Hispanic, and 28 percent were Black. Seventy-six percent were male.

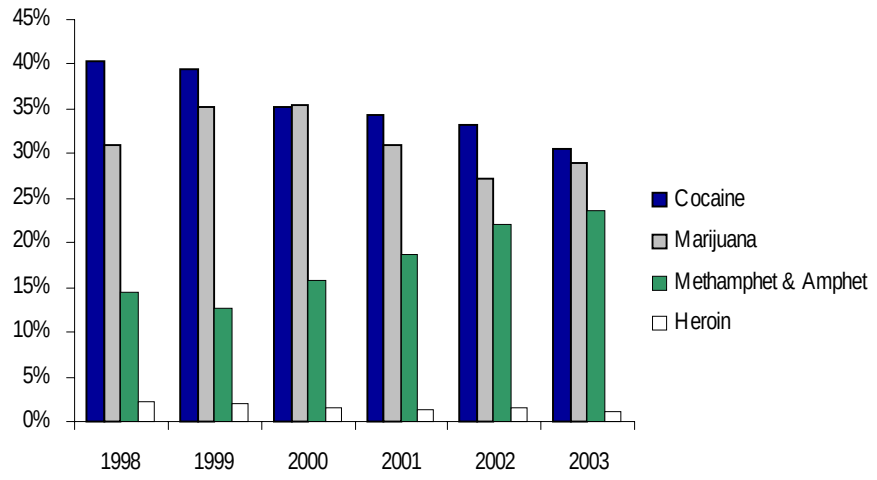
The DAWN medical examiner system reported that the number of deaths in the Dallas metropolitan area involving a mention of cocaine increased from 134 in 1996 to 177 in 2002. Twenty-eight percent of these deaths involved only cocaine, while 72 percent also involved other drugs.

The proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s. The high percentage of male arrestees in Laredo testing positive for cocaine in 2003 shows the extent of the cocaine problem on the border (exhibit 5).

Exhibit 6 shows the proportion of substances identified as cocaine by the DPS labs decreased. In 1998, cocaine was 40 percent of all items examined, as compared to 31 percent in 2003.

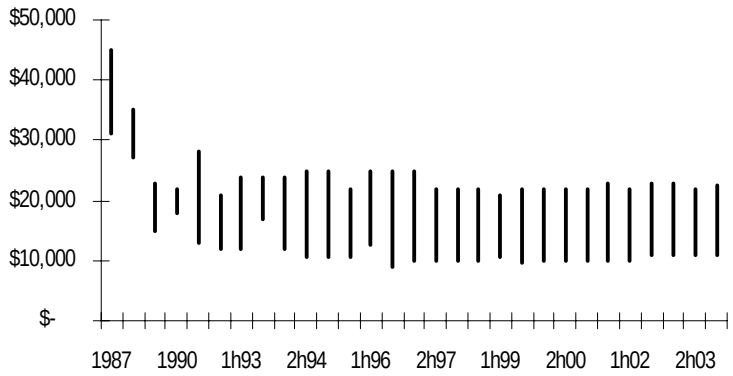
In the second quarter of 2004, powder cocaine was reported by the Dallas DEA Field Division as being abundant and available in ounce to gram quantities. The DFW metroplex is both a transshipment point and a center for regional distribution. Powder cocaine is reported by DEA to be readily available in Lubbock and in small towns and rural communities in that area. It is also reported to be

Exhibit 6. Substances Identified by Texas DPS Labs: 1998–2003



Source: NFLIS

Exhibit 7. Price of a Kilogram of Cocaine in Texas as Reported by the DEA: 1987–2004 (Prices reported by half year since 1993)



Source: DEA

available in the Tyler area, where a significant amount is converted to crack. The availability of powder cocaine according to the DEA's Houston Field Division is described as consistent though availability has increased in Laredo, and crack continues as the primary drug of choice in Beaumont and Galveston.

Across the state, a rock of crack costs between $10–$50 with $10–$20 being the most common price. An ounce of crack cocaine costs $400–$650 in Houston, $750–$1,100 in Dallas, $550–$750 in Tyler, $500–$800 in Beaumont, $450–$850 in Amarillo and Lubbock, $400–$600 in San Antonio, $830 in El Paso, $800–$900 in Midland, $500 in McAllen, and $650–$750 in Fort Worth.

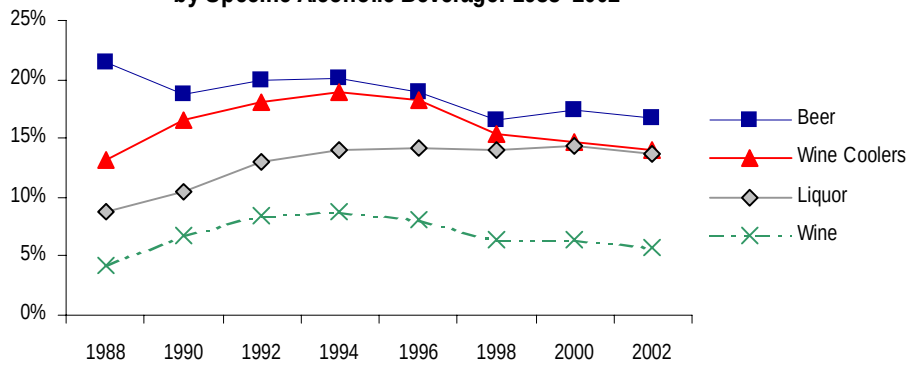
A gram of powder cocaine costs $50–$80 in Dallas, $50–$60 in El Paso, and $100 in Amarillo and Lubbock. Cocaine is less expensive at the border. An ounce in Laredo costs $400–$500, $500–$600 in El Paso, $400–$650 in Houston, $650–$950 in Dallas, $600 in Alpine, $600 in Alpine, $400–$600 in McAllen, $500–$700 in San Antonio, $650–$850 in Amarillo, $500–$850 in Lubbock, $700–$1,000 in Tyler, and $600–$750 in Fort Worth. The price for a kilogram ranges between $11,000–$22,500 across the state, and prices have remained very stable since 1997 (exhibit 7).

In Austin, street outreach workers reported an increase in crack use among young Hispanic males in their teens and early 20s and older heroin dealers who smoke it at night to stay awake to sell their heroin. Crack is being cut with vitamin B-12 to "give it a speed effect," and a price war has resulted in 2 rocks of crack being sold for $15 rather than the usual price of 1 rock for $10. Injected cocaine is in the powdered acidic form, while baking soda and water are added to powdered cocaine to turn it into its base form for smoking. In order to turn crack back into an acidic form to inject, it is being mixed with citric acid or lemon juice, and there are reports of using Kool-Aid instead of citric acid. These users reported that they can taste the different Kool-Aid flavors after the injection gets into their system.

Alcohol

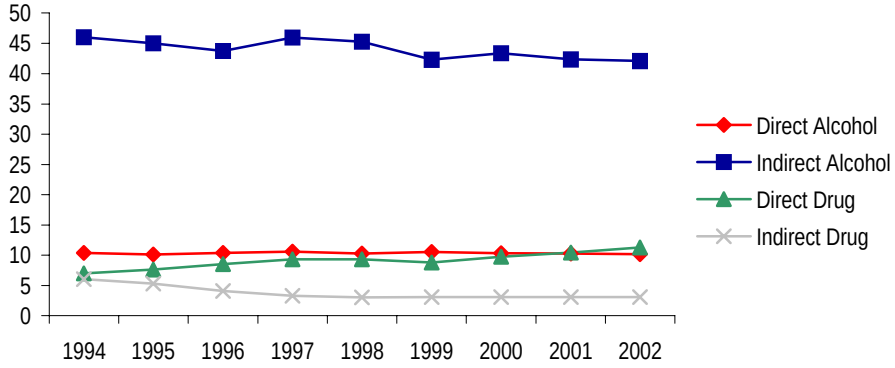
Alcohol is the primary drug of abuse in Texas. The 1998 secondary school survey found that 72 percent had ever drunk alcohol and 38 percent had drunk alcohol in the last month. In 2002, 71 percent had ever used alcohol and 35 percent had drunk alcohol in the last month, indicating that prevalence rates for alcohol use have stayed roughly the same over the years.

Exhibit 8. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988–2002



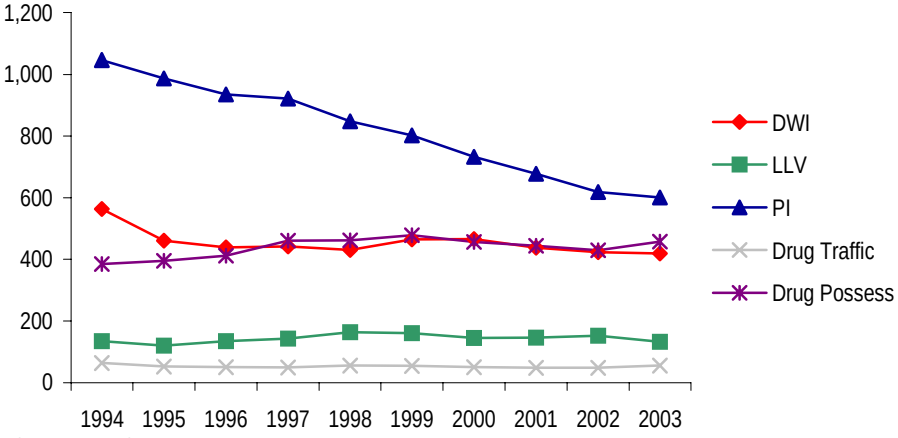
Source: TCADA

Exhibit 9. Direct and Indirect Alcohol and Drug Deaths per 100,000 Population in Texas: 1994–2002



Source: TDH

Exhibit 10. Texas Substance Abuse Arrests per 100,000 Population in Texas: 1994–2003



Source: TxDPS

Heavy consumption of alcohol or binge drinking, which is defined as drinking 5 or more drinks at one time, is of concern. In 2002, 17 percent of all secondary students said that when they drank, they usually drank 5 or more beers at one time, and 14 percent reported binge drinking of wine coolers and liquor. Binge drinking increased with grade level. Among seniors, 29 percent binged on beer and 19 percent on liquor. The percentage of students who normally drank 5 or more beers has decreased since 1988. While the percentage of binge drinking of wine or wine coolers has fallen from its peak in 1994, it is still higher than in 1988 (exhibit 8). The percentage of binge drinking of hard liquor has remained relatively stable since 1994.

Among students in grades 4–6 in 2002, 25 percent had ever drunk alcohol and 16 percent had drunk alcohol in the past school year.

The 2000 Texas adult survey found that 50.3 percent of Texas adults reported having drunk alcohol in the past month. Some 17 percent reported binge drinking, 6 percent reported heavy drinking in the past month, and 5.1 percent of all adults met the criteria for being dependent on alcohol. This estimate was based on the Diagnostic and Statistical Manual of Mental Disorders, III-R (DSM III-R).

Based on the 2000 and 2001 findings of the National Household Survey on Drug Abuse, past-month use of alcohol by Texans ages 12 and over was 44.2 percent and past-month binge use was 21.5 percent. Some 2.3 percent met the criteria for alcohol dependence based on

the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV).

In 2003, 30 percent of all clients admitted to publicly-funded treatment programs had a primary problem with alcohol. They were the oldest of the clients (average age of 37) and 70 percent were male. Some 60 percent were White, 24 percent were Hispanic, and 14 percent were Black.

Far more persons die as an indirect result of alcohol, as exhibit 9 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 in which alcohol or drugs were involved.

The Dallas metropolitan medical examiners reported that 27 percent (118 deaths) of the drug-involved deaths in the Dallas metro area in 2002 also involved alcohol. Of these combinations, 27 also involved cocaine, 4 involved heroin/morphine, and 4 involved both cocaine and heroin/morphine.

More Texans are arrested for public intoxication (PI) than for any other substance abuse offense, although the arrest rate for PI per 100,000 population is decreasing. The rates for the other substance abuse offenses are fairly level (exhibit 10).

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 to 1.7 percent in 2002. Past-month use dropped from 0.7 percent in 1998 to 0.5 percent in 2000 and 2002.

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 ranged from 181 in 1998 to a high of 296 in 2000 and dropped to 208 in 2003. In 2003, the average age was 35 and 66 percent were male. In 2003, 14 heroin exposures involved intentional misuse or abuse of heroin by inhalation (snorting or smoking), and the average age of these inhalers was 33. This finding shows that injectors tend to be older than inhalers in this dataset as well as in the treatment data.

Heroin is the primary drug of abuse for 10 percent of clients admitted to treatment. The characteristics of these addicts vary by route of administration, as exhibit 11 illustrates. Most heroin addicts

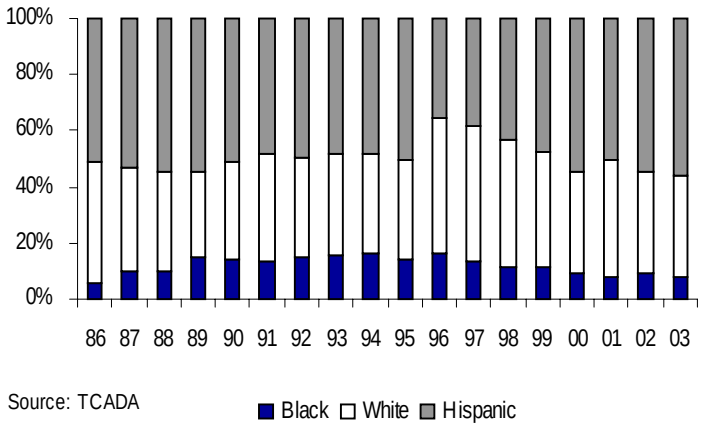
Exhibit 11. Characteristics of Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 2003

	Inject	Inhale	Smoke	All*
# Admissions	4,504	422	44	4,997
% of Heroin Admits	90	8	1	100
Lag-1st Use to Tmt-Yrs.	15	8	10	15
Average Age	36	29	29	36
% Male	70	58	66	69
% Black	5	33	23	8
% White	38	19	30	36
% Hispanic	56	47	46	55
% CJ Involved	35	38	39	35
% Employed	9	14	9	9
% Homeless	15	8	14	14

*Total includes clients with other routes of administration.

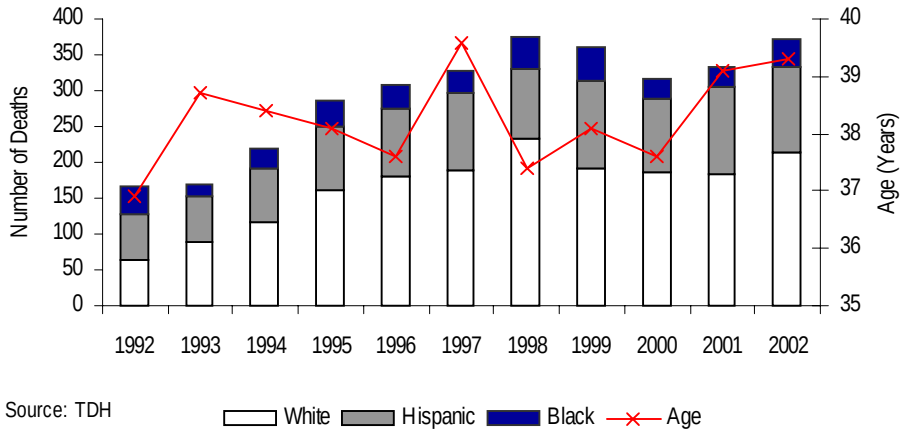
Source: TCADA

Exhibit 12. Heroin Admissions to TCADA-Funded Treatment by Race/Ethnicity: 1986–2003



Source: TCADA

Exhibit 13. Age and Race/Ethnicity of Persons Dying with a Mention of Heroin in Texas: 1992–2002



Source: TDH

Exhibit 14. ADAM Arrestees Testing Positive for Opiates: 1991–2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Males	4	4	5	3	5	5	4	2	5	3	5	7	7
Houston Males	3	3	2	3	5	8	10	8	6	7	NR	NR	6
Laredo Males	NR	NR	NR	NR	NR	NR	NR	11	11	10	11	7	NR
San Antonio Males	15	14	14	13	10	10	10	10	10	10	9	11	9
Dallas Females	9	9	11	8	5	10	4	5	7	5	NR	NR	NR
Houston Females	4	4	5	6	3	4	5	7	7	3	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0	2	7	10	7	NR
San Antonio Females	20	13	15	14	13	13	9	9	10	NR	NR	NR	NR

Source: NIJ

Exhibit 15. Price and Purity of Heroin Purchased in Dallas, El Paso, and Houston by the DEA: 1995–2003

	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Purity (%)	6.8	3.5	7.0	11.8	14.0	16.0	13.4	17.2	13.3
Price/Milligram Pure	$2.34	$6.66	$4.16	$1.06	$1.01	$0.69	$1.36	$0.75	$0.98
Houston Purity (%)	16.0	26.1	16.3	34.8	17.4	18.2	11.3	28.2	27.4
Price/Milligram Pure	$1.36	$2.15	$2.20	$2.43	$1.24	$1.14	$1.51	$0.64	$0.45
El Paso Purity (%)					56.7	50.8	41.8	40.3	44.7
Price/Milligram Pure					$0.49	$0.34	$0.44	$0.27	$0.40
San Antonio Purity (%)									8.2
Price/Milligram Pure									$1.97

Source: DEA

entering treatment inject heroin. While the number of individuals who inhale heroin is small, it is important to note that the lag period from first use and seeking treatment is 8 years rather than 15 years for injectors. This shorter lag period means that contrary to street rumors that "sniffing or inhaling is not addictive," inhalers can become addicted. They will either enter treatment sooner while still inhaling or they will shift to injecting, increase their risk of hepatitis C and HIV infection, become more impaired, and enter treatment later.

Exhibit 12 shows that the proportion of clients who are Hispanic has increased since 1996 but there has been little change between 2002 and 2003.

There were 371 deaths statewide with a mention of heroin or narcotics in 2002 (exhibit 13). The death rate has more than doubled from 0.85 per 100,000 population in 1992 to 1.73 per 100,000 population in 2002. Of those who died in 2002, 58 percent were White, 32 percent were Hispanic, and 10 percent were Black. Some 80 percent were male. The average age of the decedents continues to increase; in 2002 it was 39.3 years.

The DAWN reporting system, which collects more detailed reports from medical examiners in the Dallas area, reported that the number of deaths involving a mention of heroin or morphine increased from 66 in 1996 to 84 in 2002. Ninety-eight percent of these deaths involved the use of heroin plus at least one other drug.

The results for arrestees testing positive for opiates between 1991 and 2003 as shown in exhibit 14 have remained mixed and well below the levels testing positive for cocaine as shown in exhibit 5.

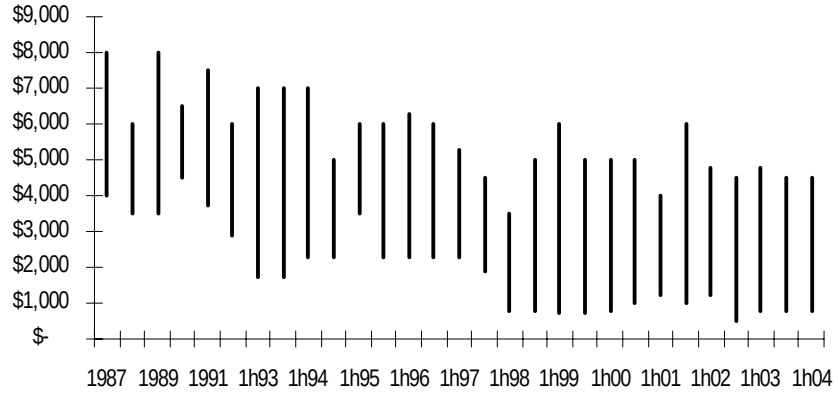
Exhibit 6 shows that the proportion of items identified as heroin by DPS labs has remained consistent at 1–2 percent over the years.

According to the DEA, heroin from Mexico remains available. The Mexican states of Guerrero, Oaxaca, and Michoacan are the primary sources and distribution is controlled by the Mexican Mafia and Texas Syndicate. The DEA Houston Field Division reports brown and black tar heroin is available throughout the area. White heroin is available in isolated instances in the large metropolitan areas. Most of the heroin comes from Mexico or Colombia. The Dallas Field Division reports that white heroin is more readily available in the area, and that Mexican traffickers are now producing white and beige-colored heroin using Colombian production methods to cater to a wider clientele. The white heroin is manufactured in the state of Durango. The presence of a higher quality heroin in Texas will mean more overdoses in the near future and more persons in need of treatment in the distant future.

DEA's Domestic Monitor Program (DMP), which reports the price and purity of heroin, found that in 2003, Mexican heroin remained the most readily available type of heroin in Texas. No samples of the other forms of heroin were purchased by DEA agents in Texas under the DMP program in 2003. Heroin bought in El Paso has a much higher purity, since it has not been as diluted as the heroin that has moved across the state to Dallas, Houston, and San Antonio. But even in Dallas and Houston, the purity has increased and the price has decreased over the years (exhibit 15).

The predominant form of heroin in Texas is black tar, which has a dark gummy, oily texture that can be diluted with water and injected. Exhibit 16 shows the decline in price over the years. Depending on the location, black tar heroin sells on the street for $10–$20 a capsule, $100–$350 per gram, $800–$4,500 per ounce, and $35,000–$50,000 per kilogram. In the Dallas area, heroin costs $10–$20 per cap, $800–$2,000 per ounce, and $35,000–$50,000 per kilogram. In Fort Worth, an ounce costs $1,200–$1,900, and a kilogram sells for $50,000. In El Paso, heroin costs $100 per gram and $1,000–$1,500 per ounce. In Alpine, heroin costs $125 per gram and $2,100–$2,200 per ounce, in Midland an ounce costs between $1,800–$4,000, and in Lubbock it costs $250 per gram and $3,500–$4,500 per ounce. In Houston, an ounce costs $1,200–$2,600, in Laredo an ounce costs $1,300, and in San Antonio, an ounce costs $1,600–$2,800.

Exhibit 16. Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by the DEA: 1987–2004 (Prices reported by half year since 1993)



Source: DEA

Mexican brown heroin, which is black tar that has been cut with lactose or another substance and then turned into a powder to inject or snort, costs $10 per cap, $110–$300 per gram, and $800–$3,000 per ounce in the Dallas field office area. In Fort Worth, it is packaged in a gel capsule and referred to as "a pill," with 10–15 pills in a gram. In San Antonio it costs $500–$800 per ounce, and it costs $800 per ounce in McAllen.

Colombian heroin sells for $10 per cap and $2,000 per ounce and $70,000–$80,000 per kilogram in Dallas. Asian heroin costs $200–$350 per gram, $2,000–$4,000 per ounce, and $70,000 per kilogram in Dallas.

This author has interviewed heroin addicts in methadone treatment programs in Austin, Dallas, Fort Worth, Houston, and San Antonio. This study of the differences in heroin inhalers and injectors is funded by NIDA Grant R21 DA014744. As noted in exhibit 11, heroin addicts who are inhaling or snorting heroin enter treatment earlier. Preliminary field notes indicate that reasons addicts give for snorting heroin include being afraid of needles or of overdosing, having seen the effects of injecting

("they lose everything"), knowing the reputation of injectors as "junkies" and their low social status, or the fact that their habits have not grown to the point that they need to inject.

Some injectors never heard or thought about snorting heroin; they were only exposed to people who injected. Others reported that injecting is a "much better high," or that injecting was "more economical." Others reported that they injected because black tar, which is not inhalable, was the only type of heroin available. Others injected because snorting hurt their noses and sinuses.

Some addicts started as snorters and then shifted to injecting, while others continued to use both routes of administration depending on whether or not needles were available, their friends were snorting or injecting, they had lost their veins, or they had to prove they had no needle tracks to their probation or parole officers or to their spouses. In addition, there were older addicts who had started as inhalers, shifted to injecting, then went through treatment and had ceased heroin use. However, they had relapsed and were snorting heroin but were worried about the possibility of shifting to needles and came into treatment this time as snorters.

Because of the oily, gummy consistency of black tar heroin, special steps must be taken to convert the heroin into brown powder so that it can be snorted. Since brown powder has been "cut," novice users and users who want to maintain smaller habits prefer brown heroin. "Cuts" include dormin, mannitol, lactose, benedryl, Nytol, baby laxative, vitamin B, and coffee creamer. The tar heroin can be frozen, the "cut" added, and then pulverized in a coffee grinder or with mortar and pestle. It can also be dried out on a plate over the stove, on a dollar bill over a lighter, or under a heat lamp and then pulverized.

Addicts who do not have the time or equipment to turn tar into powder or do not have a sharp needle can mix the tar with water and squirt it into their nose with a syringe barrel (with or without the needle) or with a Visine bottle. They may also pour it into their nose with a teaspoon or medicine dropper or inhale the liquid with a straw. This is know variously as "shebang," "waterloo," "agua de chango," or "monkey water." Injectors also report using this method when they are in situations where they cannot inject.

In Austin, heroin is sold in grams and balloons, and black tar heroin is usually cut with lactose to produce brown heroin. A gram quantity of black tar heroin, which would be about the size of a marble, is packaged in black plastic or in a finger cot. A gram of tar costs $250 and would average 12–16 shots. Small colored water balloons are used to package a single dose or shot. While an ounce of tar would be about three-fourths the size of a golf ball, an ounce of brown heroin would be a little bigger than a golf ball since it has been cut and powdered. There would be about 1.5 times as many shots from a gram of brown heroin. Ounces of heroin are packaged as balloons or in small zip lock bags in Austin.

HIV outreach workers in Austin reported that some white heroin is available. The price was the same as black tar, $20 a balloon. The heroin, which was reported to be potent, is brown with a creamy texture. It breaks down very easily and cotton is not needed to filter the solution when it is being drawn up into a syringe. Multiple heroin overdoses and some deaths have been reported by the outreach team. In addition, there were reports of Southwest Asian heroin, which is being brought home by troops rotating out of Iraq.

In Dallas, heroin is sold as grams, in pills, or in "papers," which are pieces of tin foil. It is usually cut with dormin and sold as a cap. In Fort Worth, heroin is sold as grams, "pills," and "turds." In Houston, heroin is sold in grams and is cut with lactose. Inhaling or snorting heroin is not as common in Houston. In San Antonio, heroin is sold as "dimes," "balloons," "spoons," or in grams, and it is usually cut with lactose. In San Antonio, users report a number of different ways to turn black tar into brown powder heroin.

Other Opiates

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

The 2000 Texas adult survey found that lifetime use of other opiates was 4.4 percent and past-month use was 0.5 percent in 2000. In

comparison, use was lower in 1996, with lifetime use at 3 percent and past-month use at 0.2 percent. 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.

Hydrocodone is a larger problem in Texas than is oxycodone, but use of oxycodone is growing faster, as exhibit 17 shows. The number of cases of hydrocodone misuse or abuse reported to Texas Poison Control Centers rose from 192 in 1998 to 414 in 2003, an increase of 112 percent in the rate per 100,000. Average age in 2003 was 32, and 52 percent were male. In comparison, the number of oxycodone misuse or abuse cases rose from 12 in 1998 to 64 in 2003, a 390 percent increase in the rate per 100,000 population. Average age in 2003 was 30.6, and 63 percent were male. In 2003, there were 3 cases which involved intentional misuse or abuse by inhaling oxycodone, and the average age was 20 years. Inhalation of oxycodone is not as common as injecting, but this phenomenon may represent the beginning of a new trend among younger users in Texas.

The number of cases involving misuse or abuse of methadone increased from 17 in 1998 to 53 in 2002 and dropped to 41 in 2003, which is a 134 percent increase in the rate per 100,000 population. In 2003, average age was 31, and 68 percent were male. Of the 41 cases reported, 31 took the drug orally, 1 injected, and 4 were reported to have inhaled methadone pain pills; average age of the inhalers was 29.6 years.

Exhibit 17. Hydrocodone, Oxycodone and Methadone Indicators in Texas: 1998–2003

	1998	1999	2000	2001	2002	2003
Poison Control Center Cases of Abuse and Misuse						
Hydrocodone	192	264	286	339	429	414
Oxycodone	12	26	22	34	68	64
Methadone	16	19	21	26	50	41
TCADA Treatment Admissions						
"Other Opiates"*	542	802	879	1,336	1,752	2,227
Methadone	53	68	44	50	63	66
Deaths with Mention of Substance (TDH)						
Hydrocodone		25	52	107	168	
Oxycodone		8	20	40	56	
Methadone	30	36	62	93	131	
Drug Exhibits Identified by DPS Laboratories						
Hydrocodone		479	629	771	747	1,212
Oxycodone		36	72	115	106	174
Methadone	1	19	22	42	49	63

* "Other Opiates" refers to those other than heroin.

Sources: TPCN, TCADA, NFLIS, and TDH

Some 4 percent of all clients who entered publicly-funded treatment during 2003 used opiates other than heroin. Of these, 66 used illegal methadone and 2,227 used other opiates. Those who reported a primary problem with illicit methadone were female (58 percent) and the average age was 35 years old. A majority of these clients were White (73 percent) with smaller percentages of Hispanic (15 percent) and Black (12 percent) clients. Nine percent were homeless, 12 percent were employed, 33 percent were referred by the criminal justice system, and 32 percent had never been in treatment. Of those with problems with other opiates, 54 percent were female, average age was 35, 84 percent were White, 35 percent had never been in treatment, 8 percent were homeless, 16 percent were employed, and 30 percent were referred by the criminal justice system.

The number of deaths due to these substances is increasing. There were 56 deaths statewide with a mention of oxycodone and 168 with a mention of hydrocodone in 2002 (exhibit 17). There were also 131 deaths with a mention of methadone in 2002, and there were 9 deaths in 2001 involving fentanyl and 22 in 2002.

Narcotic treatment programs are required to report deaths of their clients, and between 1994 and 2002, there were 776 deaths. Twenty percent died of liver disease, 18 percent of cardiovascular disease, and 14 percent of drug overdose. Compared to the standardized Texas population, narcotic treatment patients were 4.6 times more likely to die of a drug overdose, 3.4 times more likely to die of liver disease, 1.7 times more likely to die of a respiratory disease, 1.5 times more likely to die of a homicide, and 1.4 times more likely to die of AIDS.

In the Dallas DEA Field Division, there has been an increase in seizures of codeine cough syrup and in Tyler, OxyContin has surpassed hydrocodone as the drug of choice among abusers of pharmaceuticals. Dilaudid sells for $20–$40 per tablet, Soma sells for $4–$5 per tablet, and hydrocodone (Vicodin) sells for $5 per tablet. OxyContin sells for $1 per milligram. Methadone sells for $40 per tablet, and promethazine syrup with codeine sells for $200–$300 per pint in Dallas and $20-$40 per ounce. In the Houston Field Division, hydrocodone, promethazine with codeine, and other codeine cough syrups are the most commonly abused pharmaceutical drugs. In Houston, promethazine or phenergan cough syrup with codeine sells for $75–$100 for 4 ounces, $125 for 8 ounces, and $1,600 for a gallon. In San Antonio, hydrocodone sells for $1-$5 per pill, OxyContin costs $1 per milligram, and one pill costs $25 in McAllen. Dilaudid sells for $10–$15 per dose in McAllen.

A "cold shake" is when a tablet of Dilaudid is turned to powder and put in a syringe with cold water and then shaken to dissolve the particles prior to injecting it.

DPS labs reported an increase in the number of hydrocodone exhibits examined from 479 in 1998 to 1,212 in 2003. In comparison, the number of exhibits involving oxycodone increased from 36 in 1999 to 174 in 2003 and the number of exhibits involving methadone increased to 63 in 2003.

"Lean" (codeine cough syrup) has long been popular in Houston, and it is reported by street outreach workers as becoming more popular in Beaumont, San Antonio, and Waco, as well as among youth and young adults in the suburban areas of Fort Worth. In Austin, "Lean" or "Drank" is called a "nighttime drug" by some younger adults. They like to use it at night because they can use it for nodding or going into what they call "slightly sleep."

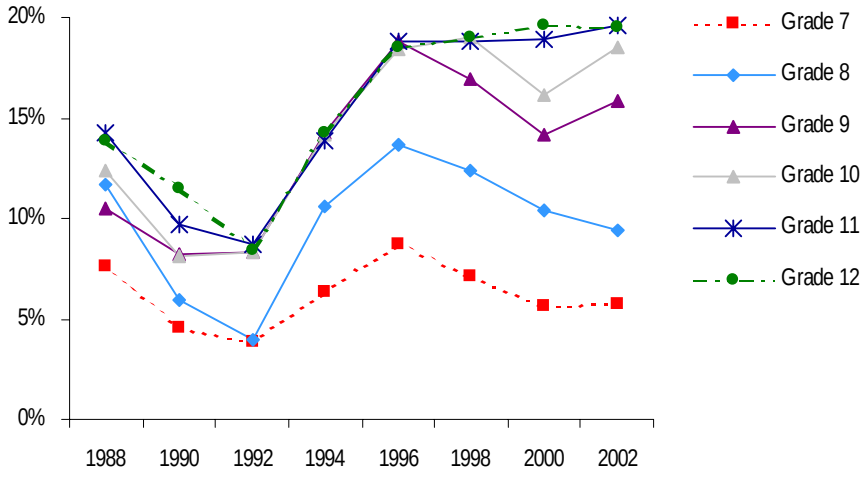
They cut the syrup as mild or strong as desired with orange or strawberry soda water. There are also some reports of older adults now using "Lean." It is readily available and is usually sold in baby bottles and measured out in ounces. Texas rappers are singing about it, and older adolescents and younger adults (16–25 year olds) are using it. One pint costs $200–$250, but it can sometimes cost as much as $350. People sometimes mix about 6–8 ounces in a 3-liter bottle of soft drink. A very small bottle of Robitussin or "Lean" is sold on the street for $20–$60. It is usually cut or mixed with Karo syrup and put in soda water to drink. T-shirts that advertise "Lean" are sold in Austin, and drinking Lean has spread from the Black community to Hispanics and Whites. Pineapple-flavored soda water is now a favorite to mix with cough syrup.

Marijuana

The number of Texas students in grades 4–6 who had ever used marijuana dropped from 2.8 percent in 2000 to 2.6 percent in 2002, and use in the past school year dropped from 2.1 percent to 1.7 percent. Among Texas secondary students (grades 7–12), 32 percent had ever tried marijuana and 14 percent had used in the past month, levels identical to 2000. While use by students in seventh and eighth grades continued to drop, use by students in grades 9 and 10 increased from 2000. Use by students in grades 11 and 12 remained stable (exhibit 18).

In comparison, the 2000 Texas adult survey found that 37 percent of adults reported lifetime and 4 percent past-month marijuana use

Exhibit 18. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988–2002



Source: TCADA

in 2000, as compared to 34 percent lifetime and 3 percent past-month use in 1996. The 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.

The 2000 and 2001 National Household Surveys on Drug Abuse estimated that 3.6 percent of Texans ages 12 and older had used marijuana in the past month, with 6.1 percent of those ages 12–17, 10.3 percent of those ages 18–25, and 1.9 percent of those ages 26 and older reporting past-month use.

The Texas Poison Control Centers reported there were 135 calls confirming exposure to marijuana in 1998, as compared to 406 in 2003, an increase of 172 percent in the rate per 100,000 population. Average age in 2003 was 22.5 and 67 percent were male.

Marijuana was the primary problem for 19 percent of admissions to treatment programs in 2003. The average age was 21. Some 43 percent were Hispanic, 33 percent were White, and 22 percent were Black. Seventy-nine percent had legal problems or had been referred from the criminal justice system, and these clients did not appear to be as impaired as those who came to treatment for other reasons. The criminal justice-referred clients reported using marijuana on 7 days in the month prior to admission, as compared to 13 days for the non-criminal justice referrals. The same differences were reported for number of days in the past month that the second problem drug was used (3.1 days vs. 6.5 days) and the number of days a third problem drug was used (2.7 days vs. 6.4 days).

Exhibit 19. ADAM Arrestees Testing Positive for Marijuana: 1991–2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Males	19	28	27	33	39	43	44	43	39	36	33	36	39
Houston Males	17	24	24	23	30	28	23	36	38	36	NR	NR	48
Laredo Males	NR	NR	NR	NR	NR	NR	NR	39	33	29	26	26	NR
San Antonio Males	19	28	32	30	34	38	34	41	36	41	41	42	42
Dallas Females	11	24	20	23	23	26	27	24	27	21	NR	NR	NR
Houston Females	8	12	15	13	20	24	17	20	23	27	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	13	9	17	14	7	NR
San Antonio Females	8	16	17	15	16	18	17	18	16	NR	NR	NR	NR

Source: NIJ

The Addiction Severity Index scores were lower for justice referrals: 29.9 percent of the criminal justice referrals reported employment problems vs. 44.3 percent non-criminal justice referred clients; for sickness or health problems, 14.1 percent vs. 21 percent; for family problems, 25.6 percent vs. 43 percent; for social problems with peers, 19.4 percent vs. 33.3 percent; for emotional problems, 17.9 percent vs. 37.0 percent, and for substance abuse problems, 34.2 percent vs. 54.3 percent. These differences, all of which were significant at $p<.0001$, indicate that marijuana users who are referred to treatment by the criminal justice system may be more appropriate for short-term intervention, with the more impaired marijuana users in need of more intensive treatment services.

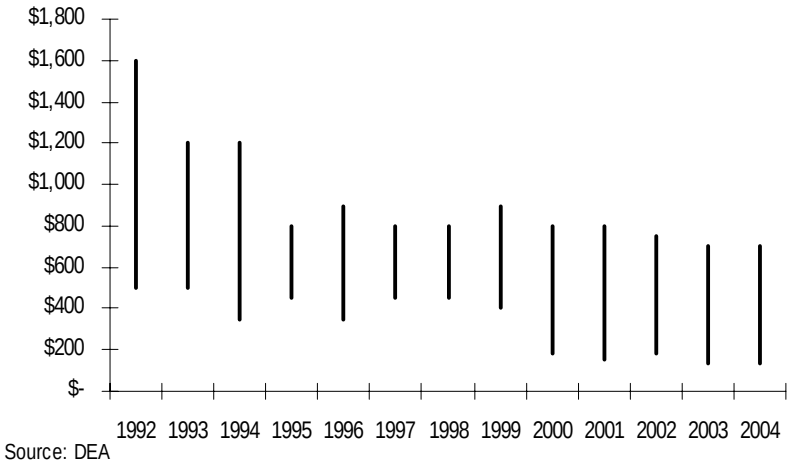
The DAWN medical examiner system reported there were 65 deaths in the Dallas metro area in 2001 and 43 in 2002 where marijuana was one of the substances identified.

The percentage of arrestees testing positive for marijuana varies (exhibit 19). It has dropped from its peak level in Dallas in 1997 but was at its highest level in Houston and San Antonio in 2003.

Cannabis was identified in 35 percent of all the exhibits analyzed by DPS laboratories in 2000, but dropped to 29 percent in 2003 (exhibit 6).

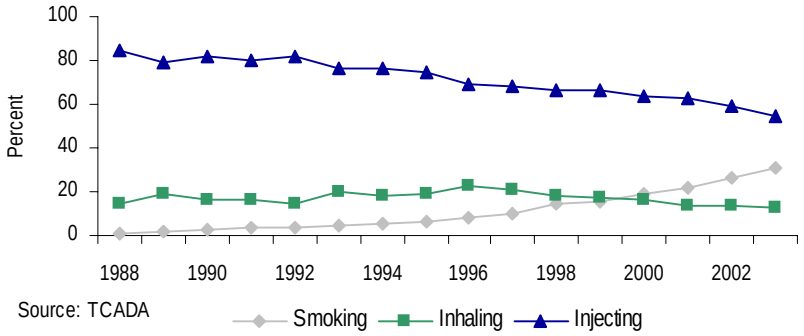
The Houston DEA Field Division reports marijuana continues to be readily available, with a slight increase in availability in McAllen and a slight decrease in Laredo. Hydroponic marijuana from the Northwest U.S. and Western Canada is readily available, especially in the Asian communities. The Dallas Field Division reports imported Mexican marijuana, coupled with domestically cultivated plants and indoor-grown operations, continue to provide large amounts of cannabis to consumers locally and within the U.S.

Exhibit 20. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by the DEA: 1992–2004



Source: DEA

Exhibit 21. Route of Administration of Methamphetamine by Adult Clients Admitted to TCADA-Funded Programs: 1988–2003



Source: TCADA

High quality sinsemilla sells for $750–$1,200 a pound in the Dallas/Fort Worth area. The average price for a pound of commercial grade marijuana is between $140–$160 in Laredo, $130–$165 in McAllen, $350–$450 in San Antonio, $350–$450 in Houston, $500 in El Paso, $500–$700 in the Alpine area, $375–$600 in Midland, $350–$600 in the Dallas/Fort Worth areas, $500–$600 in Lubbock, and $500–$550 in Tyler. Locally grown indoor marijuana sells for $6,000 per pound in Dallas. Exhibit 20 shows the decline in prices since 1992.

In Austin, people are dipping cigars (stuffed with tobacco or marijuana) in cognac brandy. The effect is reported like a "downward" high, and people have trouble keeping their eyes open after smoking a dipped cigar. Mexican marijuana is available at $425 a pound, $50–$60 an ounce, or $2 a joint. There are various types of "Hydro" weed, which comes in bright neon colors and has brightly colored "hair" growing on it. The blue-haired variety is called "blueberry," the orange-haired variety is called "grapefruit," and there is also "white widow" or "keef" as well as green and red varieties. A pound of this hydro is referred to as a "bow" and a half-pound is called a "half bow;" an ounce is called an "O" and a half-ounce is called a "1/2 O."

Stimulants

Uppers include prescription drugs including amphetamine pills such as Adderall and Ritalin (methylphenidate), as well as methamphetamines ("Speed," "Crystal," "Crank," and "Ice"), and over-the-counter substances such as diet pills and cold medications that contain ephedrine.

The 2002 secondary school survey reported that lifetime use of uppers was 8.1 percent in 1998, 6.7 percent in 2000, and 7.3 percent in 2002. Past-month use was 3.1 percent in 1998, 2.7 percent in 2000, and 3.3 percent in 2002.

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

There were 144 calls to Texas poison control centers involving exposure to methamphetamines in 1998, 183 in 1999, 264 in 2000, 321 in 2001, 382 in 2002, and 389 in 2003, an increase of 150 percent in the rate per 100,000. Average age in 2003 was 27.7 years and 65 percent were male. In 2003, there were 46 mentions of "Ice" and 25 mentions of "Crystal." Of the cases in 2003, 47 involved intentional inhalation of methamphetamine. Average age was 24.3, which shows the same pattern as treatment data in exhibit 22, where snorters and smokers were younger than injectors.

The presence of Ice is also seen in the treatment data. The percent of clients who injected methamphetamine has dropped from 84 percent in 1988 to 55 percent in 2003, while the proportion smoking Ice has gone from less than 1 percent in 1988 to 30 percent in 2003 (exhibit 21).

Methamphetamine and amphetamines comprised 9 percent of admissions to publicly-funded treatment in 2003; this is an increase from 5 percent in 2000. Exhibit 22 shows the characteristics of clients by route of administration. The average client admitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 2003, it was 30. The proportion of White clients has risen from 80 percent in 1985 to 91 percent in 2003, while the proportion of Hispanics has dropped from 11 percent to 6 percent and the proportion of Blacks has dropped from 9 percent to 1 percent. Unlike the other drug categories, more than half of these clients entering treatment are women (52 percent). Those who took the substance orally tended to be users of amphetamine pills.

Methamphetamine injectors were more likely to have been in treatment before (57 percent readmissions) as compared to amphetamine pill takers (47 percent), Ice smokers (41 percent), or inhalers (41 percent).

There were 17 deaths where amphetamines or methamphetamines were mentioned in 1997, 20 in 1998, 21 in 1999, 39 in 2000, 51 in 2001, and 131 in 2002.

The DAWN medical examiner system reported 46 deaths with a mention of methamphetamines and 7 with a mention of amphetamines in the Dallas metropolitan area in 2002.

Given the high rate of seizures, which proved to be methamphetamine when tested by the DPS labs, the low percentage of arrestees testing positive for methamphetamines in ADAM is puzzling, although the percentages increased in 2003 (exhibit 23).

To make methamphetamine, local labs are using the "Nazi method," which includes ephedrine or pseudoephedrine, lithium, and anhydrous ammonia, and the "cold method," which uses ephedrine, red phosphorus, and iodine crystals. The "Nazi method" is the most common method used in North Texas. 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.

Methamphetamine and amphetamine together comprised between 12 and 18 percent of all items

Exhibit 22. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: 2003

	Smoke	Inject	Inhale	Oral	All
# Admissions	1,310	2,325	524	252	4,500*
% of Stimulant Admits	29	52	12	6	100
Lag-1st Use to Tmt-Yrs.	8	13	9	10	11
Average Age-Yrs.	28	31	29	30	30
% Male	46	50	44	44	48
% Black	1	1	0	6	1
% White	89	93	89	83	91
% Hispanic	8	4	10	9	6
% CJ Involved	53	56	50	50	54
% Employed	25	17	34	25	22
% Homeless	7	10	6	7	8

*Total includes clients with "other" routes of administration

Source: TCADA

Exhibit 23. ADAM Arrestees Testing Positive for Amphetamines: 1991–2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Males	1	1	4	2	2	1	4	3	3	2	2	3	6
Houston Males	0	0	0	0	0	0	0	0	0	1	NR	NR	2
Laredo Males	NR	NR	NR	NR	NR	NR	NR	0	0	0	0	0	NR
San Antonio Males	1	0	0	0	1	1	2	0	0	0	3	2	4
Dallas Females	3	3	6	4	4	2	4	4	4	3	NR	NR	NR
Houston Females	0	0	1	0	1	1	2	0	0	2	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0	0	0	0	0	NR
San Antonio Females	2	1	2	0	3	2	4	2	2	NR	NR	NR	NR

Source: NIJ

Exhibit 24. Percent of Items Analyzed by Texas DPS Laboratories in 2003 Identified as Methamphetamine, by County and City

	%
Hidalgo (McAllen)	0.40
Webb (Laredo)	0.28
El Paso (El Paso)	4.65
Nueces (Corpus Christi)	8.84
Harris (Houston)	8.32
Travis (Austin)	21.84
McLennan (Waco)	28.53
Smith (Tyler)	28.88
Dallas (Dallas)	36.45
Midland (Odessa)	13.87
Taylor (Abilene)	47.80
Lubbock (Lubbock)	27.02
Potter (Amarillo)	48.87

Source: NFLIS

examined by DPS laboratories between 1998 and 2002 (exhibit 6), but the numbers are increasing. In 2003, 22.9 percent of the exhibits were methamphetamine and less than 1 percent were amphetamines.

Stimulants were more of a problem in the northern half of the state as exhibit 24 shows. In Amarillo, a city in the Texas Panhandle, 49 percent of all of the drug items examined by the DPS laboratory were either methamphetamines or amphetamines, while in McAllen and Laredo, less than 1 percent were. Labs in the northern part of the state were also more likely to report analyzing substances that turned out to be ammonia or pseudoephedrine, chemicals used in the manufacture of methamphetamine.

According to DEA, methamphetamine is readily available in all areas of the El Paso Field Division. The Houston Field Division reports that most of the methamphetamine in the Division is produced in Mexico, although domestically produced methamphetamine is made by motorcycle gangs and small home producers using pseudoephedrine, anhydrous ammonia, red phosphorous, iodine, lithium batteries, or muriatic acid.

Blister packs of cold tablets are the predominant supply source for pseudoephedrine, although the 240 mg. tablets are also seen. Red phosphorus can be purchased at gun shows, and there are reports of increasing use of the lithium metal/anhydrous ammonia ("Nazi" method) in the manufacturing process. There are also numerous laboratories operating in East Texas, Corpus Christi, and the Austin and Waco areas. Crystal methamphetamine is being encountered on an increasing basis and it is more expensive than powdered methamphetamine.

The Dallas Field Division reports availability is high at the retail level. Mexican methamphetamine dominates the market and can be purchased in multi-pound quantities from a variety of sources. Ice is the most abundant form now seen in the area, with quantities of 1 to 10 pounds available. Intelligence indicates that drug traffickers are shifting their efforts to Ice, which is more profitable than regular methamphetamine. Use of Ice is growing, with sales in clubs and raves now rivaling the volume of ecstasy sales. Ravers who previously used MDMA have tried Ice and now prefer it.

The price for a pound of methamphetamine is $8,000 in the Houston area, $4,500–$5,500 in Laredo, $6,000–$8,000 in San Antonio, $7,000 in McAllen, $4,000–$10,500 in Dallas, $5,000–$10,000 in Fort Worth, and $8,000–$9,000 in Lubbock. A gram sells for $70–$100 in Dallas, $70–$100 in Tyler, $90 in El Paso, and $100 in Midland. An ounce of domestic methamphetamine sells for $700–$1,500 in Dallas, while an ounce of Mexican sells for $400. An ounce of methamphetamine sells for $600–$800 in Fort Worth, $600–$1,200 in Tyler, $400–$1200 in Lubbock, $500–850 in Houston, $700–$1,000 in San Antonio, and $600–$800 in McAllen.

Ice sells for $13,000–$17,000 per pound in Houston, $8,000–$12,000 in San Antonio, $9,000 per pound in McAllen, $8,500–$19,000 in Dallas, and $10,000– $18,000 in Tyler.

Depressants

This "downer" category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, and chloral hydrate, and tranquilizers; and benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), flunitrazepam (Rohypnol),

clonazepam (Klonopin or Rivotril), flurazepam (Dalmane), lorazepam (Ativan), and chlordiazepoxide (Librium and Librax). Rohypnol is discussed separately in the Club Drugs section of this report.

The 2002 secondary school survey reported lifetime use of downers increased from 5.8 percent in 2000 to 7.1 percent in 2002. Past-year use increased from 2.6 percent in 2000 to 3.4 percent in 2002.

The 2000 adult survey reported lifetime use of downers 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.

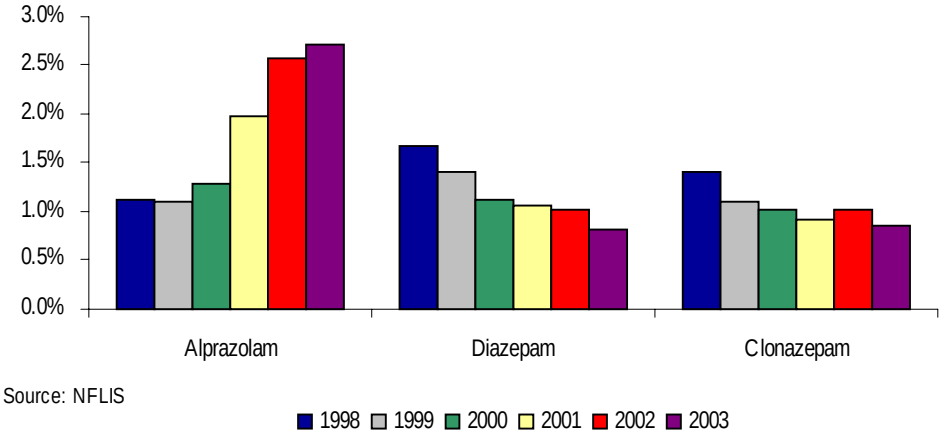
About 1 percent of the clients entering treatment in 2003 had a primary problem with barbiturates, sedatives, or tranquilizers.

There were 59 deaths in the Dallas metropolitan area in 2002 that involved benzodiazepines and 42 of these mentioned diazepam according to the DAWN medical examiner reporting system.

Alprazolam, clonazepam, and diazepam are among the 10 most commonly identified substances according to DPS lab reports, although none of them comprise more than 2 percent of all items examined in a year. The proportion of cases that are alprazolam (Xanax) continues to increase (exhibit 25).

Alprazolam sells for $3–$5 in Dallas, Fort Worth, and Houston, and for $4–$10 in Tyler. Depending on the dosage unit, diazepam sells for $1–$10 in Dallas, Fort Worth, and Tyler.

Exhibit 25. Benzodiazepines Identified by DPS Labs in Texas: 1998–2003



Source: NFLIS

Club Drugs and Hallucinogens

Exhibit 26 shows the demographic characteristics of clients entering TCADA-funded treatment programs statewide with a problem with a club drug. The row "Primary Drug" shows the percent of clients who cited a primary problem with the club drug shown at the top of the column. The rows under the heading "Other Primary Drug" show the percent of clients who had a primary problem with another drug, such as marijuana, but who had a secondary or tertiary problem with the club drug shown at the top of the column. Note that the treatment data uses a broader category, "Hallucinogens," that includes LSD, DMT, STP, mescaline, psilocybin, and peyote.

Based on exhibit 26, hallucinogen admissions are the most likely to be male, GHB clients are the most likely to be White, PCP clients are the most likely to be Black, Rohypnol clients are the youngest, and GHB clients are the oldest. While users of PCP are the most likely to have a primary problem with PCP, users of Rohypnol, ecstasy, and hallucinogens are more likely to have a primary problem with marijuana, rather than with a club drug.

Exhibit 27 shows the percent of exhibits identified by DPS laboratories that contained various club drugs. Notice the decrease in the percentage of cases involving LSD and ecstasy (MDMA and MDA).

Ecstasy (MDMA)

The 2002 secondary school survey reported that lifetime ecstasy use was 8.6 percent, up from 4.5 percent in 2000. Past-month use in 2002 was 3.1, as compared to 1.9 percent in 2000.

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

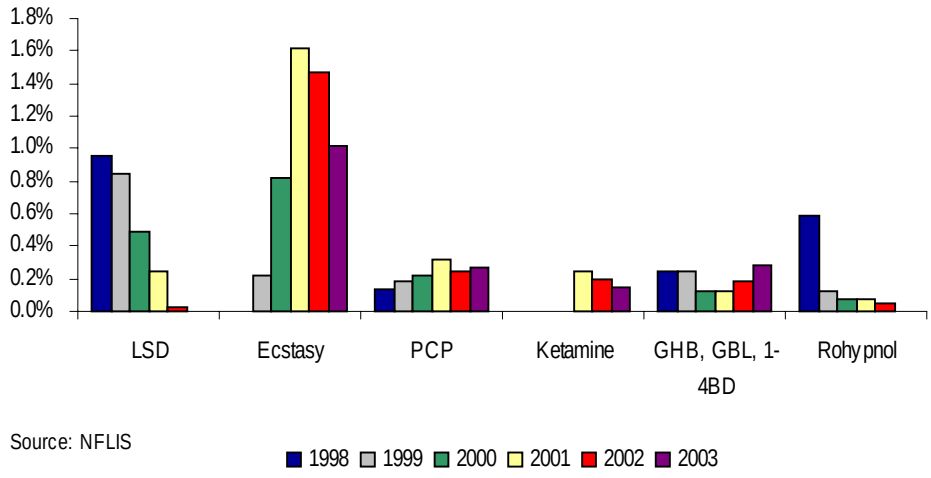
Texas Poison Control Centers reported 23 calls involving misuse

Exhibit 26. Characteristics of Youth and Adult Clients Admitted to TCADA-Funded Treatment with a Primary, Secondary, or Tertiary Problem with Club Drugs: 2003

	GHB	Hallucinogens	Ecstasy	PCP	Ketamine	Rohypnol
# Admissions	31	319	502	417	13	331
% Male	39	79	58	61	77	72
% White	77	56	51	12	54	2
% Hispanic	7	26	28	9	31	93
% Black	0	15	18	79	8	2
Average Age	28	23	21	23	24	17
% Criminal Justice Involved	45	72	65	59	85	75
% History Needle Use	36	22	14	7	31	14
Primary Drug=Club Drug	16	21	14	45	15	15
Other Primary Drug						
Marijuana	13	40	41	35	15	55
Alcohol	13	10	12	6	23	3
Methamphet/Amphetamines	45	10	10	1	15	0
Powder Cocaine	7	7	12	5	15	16
Crack Cocaine	3	3	4	7	0	4
Heroin	3	3	1	1	8	7

Source: TCADA

Exhibit 27. Club Drugs Identified by DPS Labs in Texas: 1998–2003



Source: NFLIS

or abuse of ecstasy in 1998, 46 in 1999, 119 in 2000, 155 in 2001, 172 in 2002, and 166 in 2003 (19 of these either smoked or snorted the drug). Average age of the ecstasy abusers in 2003 was 21.9 years.

There were 63 admissions for a primary, secondary, or tertiary problem with ecstasy in 1998, 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, and 502 in 2003.

Exhibit 26 shows that in comparison to users of other club drugs, those who used ecstasy were more likely to be young and racially diverse. Approximately 41 percent reported marijuana as their primary problem drug, as compared to 14 percent who reported ecstasy as their primary problem drug. Exhibit 28 shows that ecstasy has spread outside the White club scene and into the Hispanic and Black communities as evidenced by the declining proportion of White clients.

In 1999, there were 2 deaths that involved ecstasy in Texas. There was 1 death in 2000, 5 in 2001, and 5 in 2002. Of those who died in 2002, the average age was 23.4. All were White; 60 percent were male.

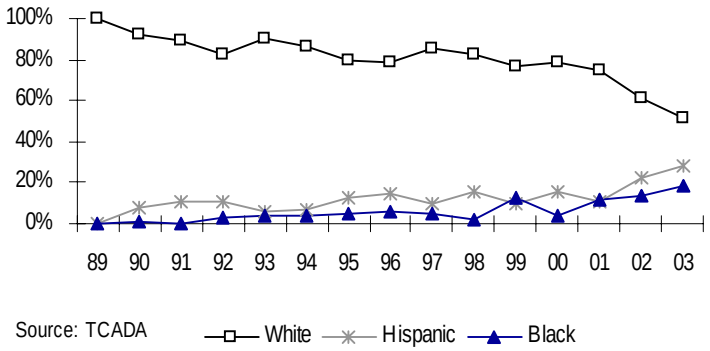
Exhibit 27 shows the increases in substances identified by DPS labs. The labs identified MDMA in 107 exhibits in 1999, 387 in 2000, 814 in 2001, 503 in 2002, and 426 in 2003. MDA was identified in 31 exhibits in 1999, 27 in 2000, 48 in 2001, 90 in 2002, and 86 in 2003.

According to the Houston DEA Field Division, ecstasy is available and use is increasing in the Galveston, Beaumont, and Fort Hood areas. A large-scale Vietnamese organization is distributing ecstasy and methamphetamine in the Houston area. Availability is down in Austin, although ecstasy can still be obtained at nightclubs. Drug abuse counselors in the McAllen area report an increase in teenagers being referred to treatment for ecstasy use after the end of Spring Break.

The Dallas DEA Field Division reports that the price of MDMA has decreased and this may be due to the poor quality of the drug. Use is spreading among Blacks and among older users. Combinations of drugs mentioned in Dallas include “candy flipping” (LSD and MDMA), “hippie flipping” (mushrooms and MDMA), “love flipping” (mescaline and MDMA), “robo flipping” (DXM and MDMA), and “elephant flipping” (PCP and MDMA). Lower grade

MDMA is referred to as "dirty." Repressed pills are available; the original pills are crushed and reprocessed with additional adulterants and then repressed with new logos. Viagra is sometimes added to MDMA to create "sextacy," according to the DEA report. Single dosage units of ecstasy sell for $6–$10 in Dallas, $5–$12.50 in Fort Worth, $12–$25 in Tyler, $8–$25 in Houston, $20–$35 in McAllen, $20 in Laredo, and $11–$20 in San Antonio.

Exhibit 28. Characteristics of Clients Admitted to TCADA-Funded Treatment with a Problem with Ecstasy: 1989–2003



Source: TCADA

Gamma Hydroxybutrate (GHB), Gamma Butyrate Lactone (GBL), 1-4 Butanediol (1,4 BD)

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

The number of cases of misuse or abuse of GHB reported to Texas Poison Control Centers was 110 in 1998, 150 in 1999, 120 in 2000, 119 in 2001, 100 in 2002, and 66 in 2003. Average age of the abusers in 2003 was 24, and of the callers whose gender was known, 64 percent were male.

Adult and adolescent clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol are seen in treatment. In 1998, 2 were admitted, as compared to 17 in 1999, 12 in 2000, 19 in 2001, 35 in 2002, and 31 in 2003. Clients who used GHB tended to be the oldest of all the club drug users and the most likely to be White. GHB users were more likely to have used the so-called "hardcore" drugs; 36 percent had a history of injecting drug use. Forty-five percent had a primary problem with amphetamines or methamphetamines. Because of the sleep-inducing properties of GHB, users will also use methamphetamine so they can stay awake while they are "high" (exhibit 26).

In 1999, there were 3 deaths that involved GHB, 5 in 2000, 3 in 2001, and 2 in 2002.

In 1998, there were 18 items identified by DPS labs as being GHB, in 1999 there were 112 GHB, 4 GBL, and 4 1,4 BD (exhibit 27). In 2000, 45 were GHB, 7 were GBL, and 4 were 1, 4 BD. In 2001, 34 were GHB, 7 were GBL, and 19 were 1,4 BD. In 2002, 81 were GHB, 6 were GBL, and 4 were 1,4 BD. In 2003, 132 were GHB, 5 were GBL, and none were 1,4 BD. In 2003, 89 percent of the GHB items were identified in the DPS lab in the Dallas area, which shows use of GHB is centered in this area of the state.

In Dallas in the first half of 2004, GHB was not as available as it had been, and the price had increased from $100–$200 per gallon to $250–$500 per gallon. A dose of GHB costs $20 in Dallas, $5–$10 in Lubbock, and $5–$10 in San Antonio. A 16-ounce bottle costs $100 in San Antonio and 2 two-ounce bottles cost $109.99 in Fort Worth.

Ketamine

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

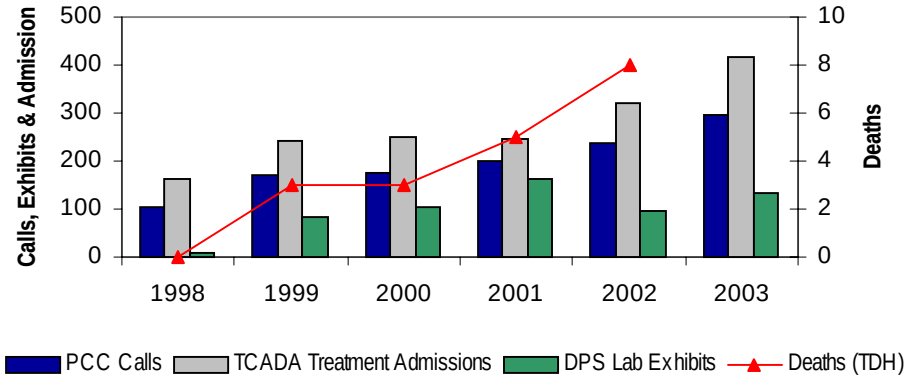
Eight cases of misuse or abuse of ketamine were reported to Texas Poison Control Centers in 1998, 7 in 1999, 15 in 2000, 14 in 2001, 10 in 2002, and 17 in 2003. Average age in 2003 was 21.9 and 88 percent were male.

Thirteen clients were admitted to TCADA-funded treatment programs in 2003 with a secondary or tertiary problem with ketamine. Nearly a third had a history of injecting drug use, and 85 percent had problems with the legal or criminal justice system (exhibit 26).

There were 2 deaths in 1999 that involved use of ketamine, none in 2000, 1 in 2001, and 1 in 2002.

In 1999, 25 substances were identified as ketamine by DPS labs. There were 29 in 2000, 119 in 2001, 78 in 2002, and 78 in 2003 (exhibit 27).

Exhibit 29. PCP Indicators in Texas: 1998–2003



Ketamine costs $2,200–$2,500 per liter in Fort Worth and $65 per vial in Tyler, with a dose selling for $20 per pill or gram,$50–$65 per 10 ml. vial in San Antonio and Tyler, where a pill sells for $20.

LSD and Other Hallucinogens

The secondary school survey shows that use of hallucinogens (defined as LSD, PCP, etc.) is continuing to decrease. Lifetime use peaked at 7.4 percent in 1996 and had dropped to 4.5 percent by 2002. Past-month use dropped from 2.5 percent in 1996 to 1.2 percent in 2002.

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 82 mentions of abuse or misuse of LSD in 1998, 113 in 1999, 97 in 2000, 70 in 2001, 129 in 2002, and 20 in 2003. There were also 98 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 1998, 73 in 1999, 110 in 2000, 94 in 2001, 151 in 2002, and 130 in 2003. In 2003, the average age of LSD cases was 21.2 and for mushrooms was 20.6.

In 2003, 319 adults and youths with a primary, secondary, or tertiary problem with hallucinogens entered treatment, as compared to 436 in 2002, 486 in 2001 and 636 in 2000. Of the admissions in 2003, the average age was 23, 79 percent were male, 56 percent were White, 26 percent were Hispanic, and 15 percent were Black. Seventy-two percent were referred from the criminal justice or legal system (exhibit 26).

There were 2 deaths in 1999 that involved LSD. No deaths with a mention of LSD have been reported since.

DPS labs identified 69 substances as LSD in 1998, 406 in 1999, 234 in 2000, 122 in 2001, 10 in 2002, and 7 in 2003 (exhibit 27).

A dosage unit of LSD is selling for $1–$10 in Dallas, $5–$10 in Tyler, $6–$10 in Fort Worth, $7 in Lubbock, and $8–$12 in San Antonio.

The Houston DEA Field Division reports that 2C-E, 2,5-Dimethoxy-4-Ethylphenethylamine, a psychedelic phenethylamine that is neither scheduled nor controlled and that can be purchased on the Internet, has been found in the Houston area.

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 it in the past year.

Texas Poison Control Centers reported cases of "Fry," "Amp," "Wack," or "PCP." Often marijuana joints were dipped in formaldehyde that contained PCP or PCP was sprinkled on the joint. The number of cases involving PCP increased from 102 in 1998 to a high of 237 in 2002 and then dropped to 172 in 2003 (exhibit 29). There were also 18 cases involving misuse or abuse of formaldehyde or formalin in 2003.

Adolescent and adult admissions to treatment with a primary, secondary, or tertiary problem with PCP are increasing (exhibit 29), rising from 164 in 1998 to 417 in 2003. Of these clients in 2003, 79 percent were Black, 61 percent were male, 59 percent were involved in the criminal justice system, 21 percent were employed, and 19 percent were homeless. While 45 percent reported a primary problem with PCP, another 35 percent reported a primary problem with marijuana, which demonstrates the link between these two drugs and the use of "Fry" (exhibit 26).

There were 3 deaths in 1999, 3 in 2000, 5 in 2001, and 8 in 2002 that involved PCP (exhibit 29). In 2002, 88 percent of the decedents were

Black, 88 percent were male, and the average age was 23.6.

PCP use in past years was most likely to be found among Dallas arrestees (exhibit 30).

DPS labs identified 10 substances as PCP in 1998, 84 in 1999, 104 in 2000, 163 in 2001, 95 in 2002, and 135 in 2003 (exhibit 29).

DEA reports that PCP sells for $25 per cigarette and $10 per piece of "sherm stick" in Dallas. It costs $350–$500 per ounce and $26,000–$28,000 per gallon in the Dallas/Fort Worth area. Its availability in the Houston area is increasing and it sells for $45–$80 per ounce. PCP sells for $700–$1,200 per gallon in San Antonio and $30 per dose in McAllen.

Because of the tendency of some users to strip off their clothes while under its influence, PCP has a nickname of "buck naked."

Rohypnol

Rohypnol use in Texas first began along the Texas-Mexico border and then spread northward. As shown in exhibit 31, the 2002 secondary school survey found that students from the border area were about three times more likely to report Rohypnol use than those living elsewhere in the state (10.9 percent vs. 3.8 percent lifetime, and 4.4 percent vs. 1.3 percent current use).

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 peaked at 102 in 1998, and dropped to 46 in 2003. Average age in 2003 was 17.9 years, 56 percent were male, and 76 percent lived in counties on the border.

The number of youths and adults admitted into treatment with a primary, secondary, or tertiary problem with Rohypnol has varied: 247 in 1998, 364 in 1999, 324 in 2000, 397 in 2001, 368 in 2002, and 331 in 2003. Clients abusing Rohypnol were the youngest of the club drug patients and they were predominately Hispanic, which would reflect the availability and use of this drug along the border (exhibit 26). Some 75 percent were involved with the criminal justice or legal system. While 15 percent of these clients said that Rohypnol was their primary problem drug, 55 percent reported a primary problem with marijuana.

DPS lab exhibits for Rohypnol numbered 43 in 1988, 56 in 1999, 32 in 2000, 35 in 2001, 22 in 2002, and 15 in 2003. This decline in the percent of seizures, as shown in exhibit 27, parallels the declines seen in other indicators.

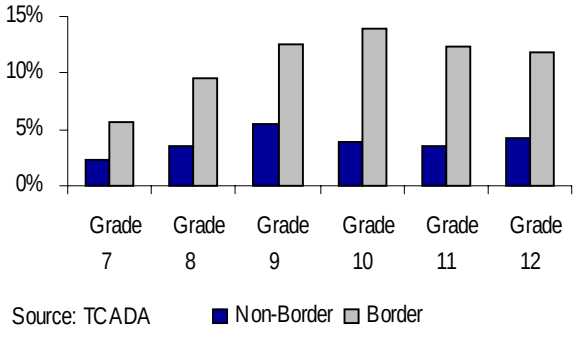
Although Roche is reported to no longer be making the 2 mg. Rohypnol tablet, which was a favorite with abusers, generic versions are still produced, and the blue dye added to the Rohypnol tablet to warn potential victims is

Exhibit 30. ADAM Arrestees Testing Positive for PCP: 1991–2003

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Dallas Males	0	3	3	5	8	4	3	4	5	4	2	3	4
Houston Males	0	0	1	3	4	3	3	6	7	5	NR	NR	0
Laredo Males	NR	NR	NR	NR	NR	NR	NR	0	0	0	0	0	NR
San Antonio Males	0	0	0	0	0	0	0	0	0	0	0	0	0
Dallas Females	0	0	1	2	2	1	1	0	1	2	NR	NR	NR
Houston Females	0	0	0	1	2	1	1	2	1	2	NR	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0	0	0	0	3	NR
San Antonio Females	0	0	0	0	0	0	0	0	0	NR	NR	NR	NR

Source: NIJ

Exhibit 31. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Rohypnol, by Grade: 2002



not in the generic version. Unfortunately, the dye is not proving effective; people intent on committing sexual assault are now serving blue tropical drinks and blue punches into which Rohypnol can be slipped.

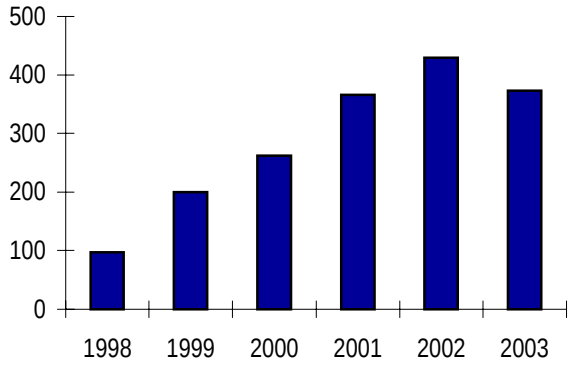
Dextromethorphan (DXM)

School personnel in Texas have been reporting problems with the abuse of dextromethorphan (DXM), especially the use of Robitussin-DM, Tussin, and Coricidin Cough and Cold Tablets HBP. These substances can be purchased over the counter and if taken in large quantities, can product hallucinogenic effects. Coricidin HBP pills are known as "Triple C's" or "Skittles."

Poison control centers reported the number of abuse and misuse cases involving dextromethorphan rose from 99 in 1998 to a high of 432 in 2002, and then dropped to 365 in 2003 (exhibit 32). The number of cases involving abuse or misuse of Coricidin HBP was 7 in 1998 and rose to 268 in 2002 and then decreased to 189 in 2003. Average age in 2003 was 16.3 years.

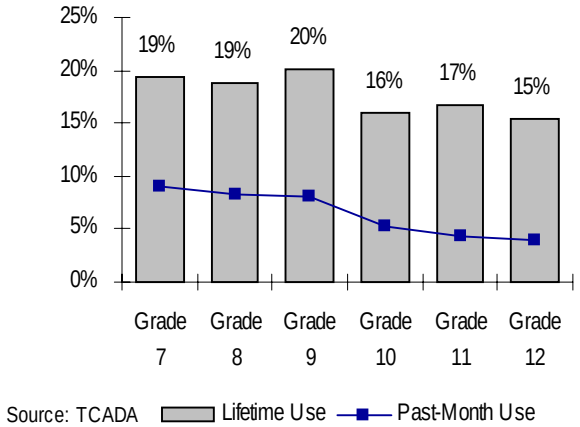
DPS labs examined 2 substances in 1998 that were dextromethorphan, 13 in 1999, 36 in 2000, 18 in 2001, 42 in 2002, and 9 in 2003. The labs also examined 1 substance in 1999, 5 in 2000, 5 in 2001, 2 in 2002, and 4 in 2003 that were Coricidin HBP.

Exhibit 32. DXM Abuse and Misuse Calls to Texas Poison Control Centers: 1998–2003



Source: TPCN

Exhibit 33. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2002



Source: TCADA

Other Abused Substances

Inhalants

The 2002 elementary school survey found that 9.3 percent of students in grades 4 to 6 had ever used inhalants, and 6.5 percent had used in the school year. The 2002 secondary school survey found that 18 percent of students in grades 7–12 had ever used inhalants and 6.8 percent had used in the past month. Some 18.5 percent of secondary school males had ever used inhalants, as compared to 17.4 percent of females. Some 20.7 percent of Hispanics, 17.9 percent of Whites, and 11.8 percent of Black 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 33). 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.

Exhibit 34 shows the number of cases reported to Texas Poison Control Centers where certain substances were intentionally inhaled for purposes of abuse or misuse. The exhibit also shows the average age of the misusers. The youngest inhalers misused typewriter correction fluid, aerosol air

Exhibit 34. Exposures Involving Misuse or Abuse of Inhalants Reported to the Texas Poison Center Network by Year: 1998–2003

Product	1998	1999	2000	2001	2002	2003	Total 1998–2003	Avg. Age 1998–2003
Air Freshener: Aerosol	4	3	9	3	10	4	33	14.6
Amyl/Butyl Nitrite	1	2	1	1		8	13	27.6
Automotive Product: Hydrocarbon (Transmission Fluid, Power Steering Fluid)	6	7	10	16	16	23	78	20.2
Automotive Product: Methanol (Dry Gas, Windshield Washing Solution)	5	5	9	14	18	23	74	25.3
Formaldehyde/Formalin	5	8	15	5	12	4	49	22.1
Freon/Other Propellant	23	24	21	20	23	15	126	17.6
Gasoline	24	19	16	18	18	6	101	14.8
Lighter Fluid/Naphtha	1	1	2	1	1		6	24.3
Mineral Spirits/Varsol/Stoddard Solvent	3	6	5	6	4	2	26	23.5
Nitrous Oxide	4	4	2	5	4	2	21	23.4
Paint: Oil-Base	30	22	17	18	20	7	114	23.6
Propane and Other Simple Asphyxiants	18	14	10	4	10	7	63	15.5
Toluene/Xylene (excluding Adhesives)	10	19	14	10	10	4	67	24.3
Typewriter Correction Fluid	2	4	3	1	3	2	15	12.9
Unknown Paint, Varnish, or Lacquer	16	7	14	8	10	7	62	23.8
Varnish and Lacquer		6	2		1	1	10	20.2

Source: TPCN

freshener, and gasoline. The oldest group of misusers inhaled amyl or butyl nitrite (poppers), and another group in their mid-20s used automotive products, lighter fluid, or paint products.

Inhalant abusers comprised 0.3 percent of the admissions to treatment programs in 2003. The clients tended to be male (66 percent) and Hispanic (68 percent). The overrepresentation of Hispanics is due to the fact that TCADA has developed and funded treatment programs that were targeted specifically to this group. Average age was 21.

In 2000, there were 12 deaths involving misuse of inhalants, 15 in 2001, and 8 in 2002. The categorization of inhalant deaths is difficult and leads to underreporting, but of those reported in 2002, the average age was 28, 88 percent were male, 75 percent were White, and 25 percent were Hispanic.

Exhibit 35. Number of Steroid Items Analyzed by DPS Laboratories in Texas: 1998–2003

	1998	1999	2000	2001	2002	2003
Testosterone	15	183	145	150	139	147
Nandrolone	11	61	4	7	0	5
Methandrostenolone	2	20	25	25	36	36
Boldenone	1	16	18	14	12	22
Stanozolol		11	11	15	36	23

Source: NFLIS

Steroids

The 2002 Texas school survey reported that 2 percent of all secondary students surveyed in 2002 had ever used steroids and that less than 1 percent had used steroids during the month before the survey. While the overall usage rate for steroids held steady, the lifetime and current use of steroids by ninth and twelfth graders increased in the survey from two years ago.

While lifetime use of steroids among boys decreased from 3.3 percent in 2000 to 2.8 percent in 2002, it increased from 1.3 percent to 1.9 percent among girls. White youths (3 percent) had higher rates of lifetime steroid use than Hispanics (2 percent) or Blacks (1 percent). Lifetime use of steroids was 1.9 percent among border students and 2.4 percent among non-border students, while current use was

identical on the border and elsewhere.

Steroid use was more common among secondary students who participated in athletics than among students who did not. However, steroid use became more popular among adolescents who did not play sports. Lifetime use of steroids among non-athletes increased from 1.5 percent in 2000 to 2.1 percent in 2002, while the use among athletes decreased from 3.0 percent to 2.4 percent.

Exhibit 35 shows the number of steroid items identified by DPS laboratories. While the numbers tend to vary by year, the overall trend is increasing.

Carisoprodol (Soma)

Poison control center confirmed exposure cases of intentional misuse or abuse of the muscle relaxant, carisoprodol (Soma), increased from 83 in 1998 to 235 in 2003, an increase of 182 percent. Between 1998 and 2003, 51 percent of these cases involved males and 83 percent involved persons over age 19. Some 37 percent of the cases were in state planning region six, which includes Houston, 18 percent were in state planning region three, which includes Dallas and Fort Worth, and 11 percent were in state planning region five, which includes Beaumont. Carisoprodol is a substance that tends to be abused in combination with other substances. Only 39 percent of the cases involved that one drug; all the others involved combinations of drugs.

In 2002, there were 65 deaths in which carisoprodol was one of the drugs mentioned on the death certificate. Only 2 of the deaths (3 percent) involved only carisoprodol; 72 percent also included hydrocodone. Propoxyphene, alcohol, and benzodiazepines were also substances that were mentioned in many cases. Average age was 39 years, 89 percent were White, and 62 percent were male.

DPS lab exhibits of carisoprodol reported to NFLIS increased from 13 in 1998 to 90 in 1999, 153 in 2000, 202 in 2001, 179 in 2002, and 237 in 2003.

Exhibit 36. Texas HCV Exposures and Their Demographics: 2003

Overall	17.8
By Mode of Exposure (%)	
Injection Drug Exposure	40.7
Medical exposure	13.3
Tattoo or piercing	5.3
Occupational	2.8
Other blood/needle	3.4
Sexual risk	7.6
Shared snorting equipment	3.3
No disclosed risk	5.1
Gender	
Male	19.3
Female	15.3
Race/Ethnicity	
Hispanic	12.1
Non-Hispanic	20.8
White	16.8
Black	20.4
Age Group	
13–19	2.3
20–24	6.3
25–29	11.5
30–39	23.8
40+	35.3

Source: TDH

Blood Borne Diseases and Drug Use

Hepatitis C

Exhibit 36 shows that 18 percent of the 8,798 tests for HCV exposure given in 2003 were positive. Some 41 percent of the positive tests were exposed through injecting drug use. The rates were higher for males, for American Indians and Blacks, and for persons aged 40 and older. The highest HCV positivity rates by site were sexually transmitted disease clinics and drug treatment centers (22 percent each) and field outreach centers and corrections and probation settings (20 percent each).

Fifty-eight percent of the 205 heroin addicts in treatment who were interviewed by the author as part of NIDA Grant R21

DA014744 said they were positive for hepatitis C, and 63 percent said a doctor had told them they had liver problems. However, only 6 percent reported they were HIV positive.

A physician with one of the treatment programs in Austin reported that new admissions in their 30s are not as likely to test positive for HCV. These individuals began drug use after the AIDS epidemic began, and they reported being more cautious about sharing needles and using condoms.

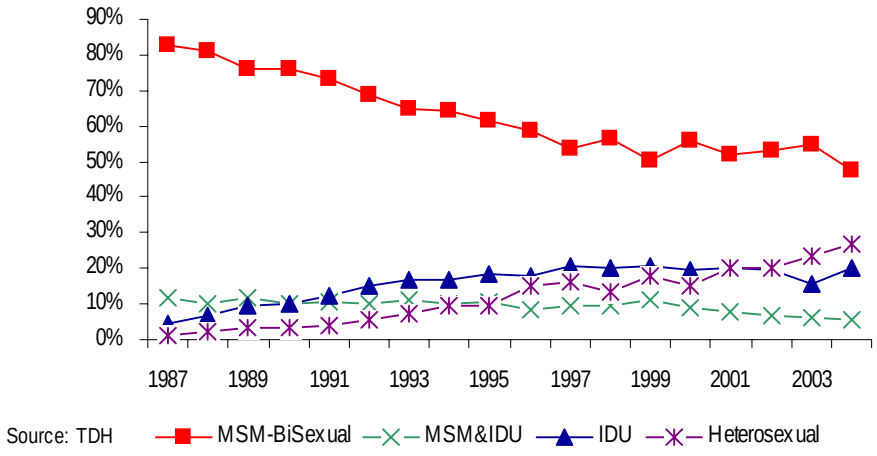
HIV and AIDS Cases

In 2003, the percent of AIDS cases involving heterosexual exposures was greater than the percent of cases due to injecting drug use (exhibit 37). The proportion due to heterosexual contact has risen from 1 percent in 1987 to 27 percent in the first quarter of 2004, while the proportion due to injecting drug use was 20 percent.

In 1987, 3 percent of the AIDS cases were females over age 12; in the first quarter of 2004, 23 percent were female. In 1987, 12 percent of the adult and adolescent cases were Black; in 2004, 46 percent were Black. As exhibit 38 shows, the proportion of White males has dropped while the proportion of Blacks and Hispanics has increased.

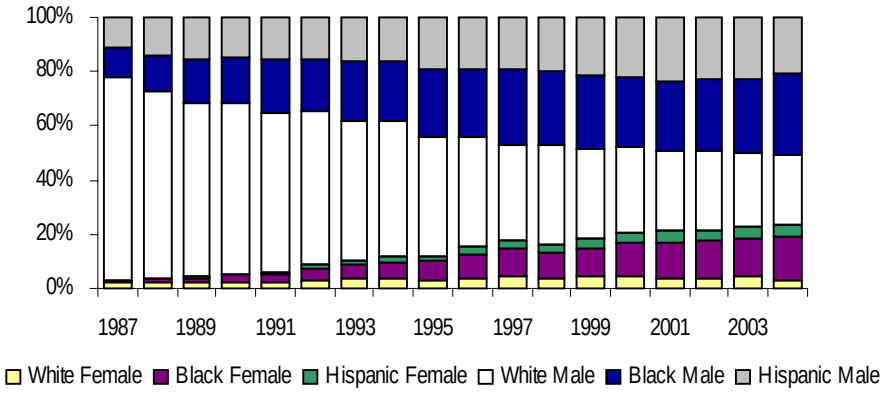
The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 22 percent for 2003. Heroin injectors are most likely to be older, and nearly two-thirds are people of color, while injectors of stimulants and cocaine are far more likely to be White (exhibit 39).

Exhibit 37. AIDS Cases in Texas by Route of Transmission: 1987–1st Q 2004 (Cases with Risk Not Reported Excluded)



Source: TDH

Exhibit 38. Texas Male and Female AIDS Cases by Race/Ethnicity: 1987–1stQ 2004



Source: TDH

HIV outreach workers in Dallas report that more heterosexual Black men are contacting HIV and that the drug of choice is injected heroin and crack cocaine. There are a number of women having sex for drugs and not using protection, and young Hispanic men, especially the day labor workers and illegal immigrants, do not know how to use protection and will not be tested because they fear they will be deported. Also, young Asians are testing positive, so there is a need to provide more information in the Asian communities. In Fort Worth, screenings are revealing more unprotected male-to-male sex, with participants saying they were doing it to get drugs, place to stay, or to get food.

In Corpus Christi, Black men composed 15 percent of the population surveyed by the HIV outreach team, and 30 percent of them were sex workers. Of all the individuals surveyed, 65 percent were male and 36 percent of them reported having multiple sex partners. Forty-one percent had unprotected sex. Of the women, 32 percent had multiple sex partners, 26 percent had unprotected sex, and 27 percent were sex workers. Thirty-nine percent of the women

were homeless. In Galveston, outreach workers report it has become more difficult for female sex workers to solicit sex for drugs because of competition from men who do not identify themselves as gay or bisexual ("down-lows") but who have sex with men for drugs or a place to stay.

Austin outreach workers report an increase in Hispanic males between ages 18 and 25 coming in to get information on sexually transmitted diseases (STD) and HIV. In addition, new clients who use diverted prescription drugs are being seen, and program staff report that these clients are difficult to work with because of their beliefs in stereotypes that they are not drug addicts because they are using prescription drugs and also they do not think they are at risk of HIV or other diseases because "only dirty people get STDs."

The data from local STD/HIV testing sites reported to TDH show that cocaine users are at high risk of STD and HIV. Some 19 percent of the clients reported using cocaine with sex in 2003, and that 29 percent of women and 7 percent of men who used cocaine sold sex and that 16 percent of men bought sex in the past year. Only 15 percent of the cocaine users reported almost always using a barrier during vaginal intercourse, 14 percent almost always used a barrier with anal intercourse, and only 8 percent almost always used a barrier with oral sex.

Among all persons tested in 2003 (regardless of cocaine use), 3 percent of males and 6 percent of females sold sex and 11 percent of males bought sex. Only 18 percent of the entire group reported almost always using a barrier during vaginal intercourse, 25 percent used a barrier with anal intercourse, and 8 percent used a barrier with oral sex.

Exhibit 39. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment Who Used Needles: 2003

	Heroin	Cocaine	Stimulants
# Admissions	4,504	1,164	2,325
% of Needle Admits\Drug	56	14	29
Lag-1st Use to Tmt-Yrs.	15	14	13
Average Age	36	34	31
% Male	70	62	50
% Black	5	5	1
% White	38	70	93
% Hispanic	56	23	4
% CJ Involved	35	44	56
% Employed	9	15	17
% Homeless	15	13	10

Source: TCADA

Exhibit 40. Adult and Youth Admissions to TCADA-Funded Programs: 2003

Primary Substance	Total Admissions	% of All Admissions	Average Age	Avg. Age 1st Use	Avg. Lag-1st Use to Admission	% First Treatment	Percent Married	Percent Male	% Use Needles	% History of IV Drug Use
Total	53,069	100.0	32.5	19.0	14.0	42.9	20.5	63.1	19.2	33.5
Heroin	5,061	9.5	35.4	21.3	15.0	24.3	17.4	68.4	89.3	91.9
Non-Rx Methadone	66	0.1	34.9	28.6	7.0	31.8	15.2	42.4	34.8	71.2
Other Opiates	2,227	4.2	35.0	25.6	10.0	34.8	24.5	45.9	17.3	41.9
Alcohol	15,862	29.9	37.2	15.6	23.0	39.4	19.0	69.9	6.1	24.3
Depressants	636	1.2	29.9	22.0	9.0	47.5	24.1	37.4	9.4	30.5
Amphet/Methamph	4,491	8.5	29.8	19.3	11.0	50.1	20.8	47.8	52.3	63.7
Cocaine(powder)	4,145	7.8	30.5	20.6	10.0	46.7	23.1	58.9	26.4	34.4
Marijuana	9,875	18.6	21.3	13.8	8.0	66.2	24.6	73.6	2.0	7.4
Hallucinogens	257	0.5	24.2	18.2	7.0	49.0	839.0	60.3	5.8	10.9
Other Drugs	375	0.7	24.3	18.1	7.0	57.1	22.1	58.7	8.8	17.1
Crack	10,065	19.0	36.6	25.8	11.0	31.0	18.3	53.9	5.5	29.5

Primary Substance	Percent Black	Percent White	Percent Hispanic	Percent Employed	% Employed Over Last 12 Months	% Involved with CJ or Legal System	Average Education (Years)	Percent Homeless	Average Income At Adm	# of Women Pregnant at Admission
Total	20.0	49.8	28.3	26.7	4.1	50.0	11.3	12.5	$6,040	925
Heroin	7.7	36.1	54.8	9.7	2.9	35.6	11.2	13.9	$4,081	78
Non-Rx Methadone	12.1	72.7	15.2	12.1	2.8	33.3	11.7	9.1	$3,870	1
Other Opiates	7.9	84.1	6.6	15.7	3.7	30.4	12.3	7.9	$6,933	34
Alcohol	13.7	59.9	24.2	26.1	4.7	45.5	11.8	14.3	$6,993	90
Depressants	6.6	72.6	18.7	28.3	4.0	48.3	11.4	8.0	$7,058	8
Amphet/Methamph	1.0	90.8	6.4	22.2	4.0	54.4	11.6	8.3	$5,965	116
Cocaine(powder)	9.8	42.3	46.1	28.1	4.5	53.7	11.3	8.2	$7,018	122
Marijuana	22.1	32.6	43.3	53.1	5.2	78.6	10.0	8.5	$6,082	170
Hallucinogens	68.1	16.7	14.0	21.0	3.6	62.3	10.8	13.6	$3,201	9
Other Drugs	9.6	44.0	43.7	40.3	3.4	58.1	10.1	8.8	$4,628	10
Crack	49.4	34.3	14.7	13.6	3.3	36.6	11.7	18.1	$5,050	287

Primary Substance	% on Medication	Percent Emergency Room Visit	% Sickness or Health Problems	Percent Employment Problems	% Family or Marital Problems	Percen Social/Peer Problems	Percent Psych/Emot. Problems	Percent Drug/Alcohol Problems
Total	21.3	33.9	25.2	50.3	49.2	40.2	42.0	67.1
Heroin	22.7	33.0	23.2	67.7	63.3	56.9	39.5	89.1
Non-Rx Methadone	28.8	57.6	47.0	69.7	60.6	57.6	57.6	86.4
Other opiates	34.1	57.3	38.5	51.0	56.9	44.9	59.2	84.1
Alcohol	23.7	39.2	27.7	49.7	47.4	39.9	46.1	68.9
Depressants	35.2	47.8	32.7	52.8	55.8	43.4	52.8	70.9
Amphet/Methamph	19.3	38.5	26.6	53.4	58.4	44.9	54.8	72.6
Cocaine(powder)	18.6	34.2	24.6	47.1	48.2	35.9	40.9	61.7
Marijuana	13.0	14.5	15.6	33.0	29.4	22.4	22.0	38.5
Hallucinogens	17.1	35.4	17.1	51.0	48.6	42.0	36.2	59.5
Other Drugs	25.3	24.5	22.4	49.9	46.4	31.5	42.9	52.8
Crack	23.1	37.1	28.0	59.1	58.8	48.4	46.9	77.5

Source: TCADA