SUBSTANCE ABUSE TRENDS IN TEXAS: JUNE 2007

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ABSTRACT

Cocaine is the primary illicit drug for which Texans enter treatment, and it is a major problem on the border with Mexico. Indicators of cocaine use remain stable or are increasing slightly, although methamphetamine and ice are becoming more popular than cocaine in some areas. Crack cocaine admissions are now more likely to be White or Hispanic. Heroin-dependent clients entering treatment are primarily injectors, but the proportion who are inhaling or sniffing heroin is increasing, the age of treatment admissions is decreasing, and the proportion of Hispanics is increasing. 'Cheese heroin,' a mixture of Tylenol PM and heroin, is a problem in some Dallas schools. Hydrocodone is a larger problem than oxycodone or methadone, and problems with fentanyl fluctuate from year to year. Methadone indicators are increasing, and most adverse events are related to methadone pain pills. Codeine cough syrup, 'Lean,' continues to be abused. Marijuana indicators are mixed, and treatment admissions referred from the criminal justice system are less impaired than those who enter treatment voluntarily. Methamphetamine indicators are varied because of decreased 'cooking' in Texas, but the situation is expected to worsen with increased importation of very pure methamphetamine and ice from Mexico. Smoking ice is now the major route of administration for persons entering methamphetamine treatment. Abuse of alprazolam (Xanax) and carisoprodol (Soma) is increasing. All indicators of ecstasy use are increasing as the drug spreads from the club scene to the street. PCP indicators are rising, and dextromethorphan use by adolescents is increasing. Different types of inhalants are used by different users. HIV and AIDS cases are more likely to be persons of color, and the heterosexual mode of transmission exceeded injection drug use among both HIV and AIDS cases in 2005. Overall, the proportion of injectors entering treatment is decreasing

Area Description

The population of Texas in 2006 was 23,507,783, with 49% White, 12% Black, 36% Hispanic, and 4% "Other." Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as through smaller towns along the border. The drugs 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.

Data Sources

Substance Abuse Trends in Texas is an ongoing series that is prepared every 6 months as a report for the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse (NIDA). This report updates the June 2006 report. To compare the June 2007 report with earlier periods, please access <http://www.utexas.edu/research/cswr/gcattc/drugtrends.html>.

- **Student substance use data** for 2006 came from the *Texas School Survey of Substance Abuse: Grades 7-12, 2006* and the *Texas School Survey of Substance Abuse: Grades 4-6, 2006*, which are authored by L.Y. Liu and published by the Department of State Health Services (DSHS), formerly the Texas Commission on Alcohol and Drug Abuse. Data on Texas college students came from the *2005 Texas Survey of Substance Use Among College Students: Main Findings*, also written by L.Y. Liu and published by the Department of State Health Services. For 2005, the data for high school students in grades 9–12 came from the Youth Risk Behavior Surveillance (YRBS)—United States, 2005, *MMWR Surveillance Summaries*, June 9, 2006/55(SS05); 1–108.

- **Data on drug use by Texans age 12 and older** came from the Substance Abuse and Mental Health Services Administration's (SAMHSA) *National Surveys on Drug Use and Health (NSDUH).* The State estimates of use of illicit drugs lifetime, past year, and past month for the population age 12 and older are based on the 2004–2005 surveys, and the estimates for Dallas and Houston metropolitan areas are based on the 2002–2005 surveys.

- **Poison control center data** came from the Texas Poison Center Network, DSHS, for 1998 through 2006. Analysis was provided by Mathias Forrester,

epidemiologist with the Texas Poison Center Network, and by the author. In addition, findings from five papers authored by Forrester were used in this report: "Carisoprodol Abuse in Texas, 1998-2003," "Flunitrazepam Abuse and Malicious Use in Texas, 1998-2003," "Oxycodone Abuse in Texas, 1998-2003," "Methylphenidate Abuse in Texas, 1998-2004," and "Alprazolam Abuse in Texas: 1998-2004," *Journal of Toxicology and Environmental Health, Part A, 69*:237–243, 2006.

- **Treatment data** were provided by DSHS's client data system on clients admitted to treatment in DSHS-funded facilities from January 1, 1987, through December 31, 2006. For most drugs, the characteristics of clients entering with a primary problem with the drug are discussed, but in the case of club drugs, information is provided on any client with a primary, secondary, or tertiary problem with that drug. Analysis was by the author. Data on substance use on the border was also drawn from Maxwell, J.C., et al., "Drug Use and Risk of HIV/AIDS on the Mexico-USA Border: A Comparison of Treatment Admissions in Both Countries," *Drug and Alcohol Dependence, 82 Suppl. 1*, S85-S93, 2006.

- **Information on drug-involved deaths** through 2005 came from death certificates from the Bureau of Vital Statistics, DSHS; analysis was by the author. Because justices of the peace, who have no medical training, can sign death certificates, the actual drugs involved may not be reported. Instead, a notation such as "drug abuse" is used. The 2003 death cases are incomplete.

- **Drug and alcohol arrest data** come from the Uniform Crime Reports of the Texas Department of Public Safety (DPS).

- **Information on drugs identified by laboratory tests** is from the Texas Department of Public Safety, which reported results from toxicological analyses of substances submitted in law enforcement operations for 1998 through December 2006 to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA). Analysis was by the author on data downloaded from NFLIS on April 8, 2007.

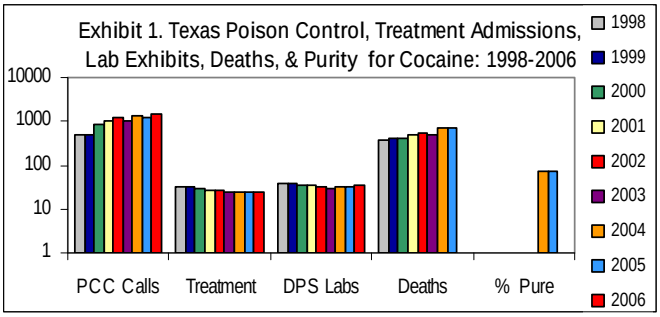
- **Information on forms of methadone** is from DEA's Automation of Reports and Consolidated Orders System (ARCOS) for 2000–2006.

- **Price, purity, trafficking, distribution, and supply** information was provided by second and third quarter fiscal year (FY) 2007 reports on trends in trafficking from the Dallas, El Paso, and Houston Field Divisions of the DEA and from DEA's 2005 Domestic Monitor Program (DMP).

- **Reports by users and street outreach workers** on drug trends for the first three quarters of FY 2007 were reported to DSHS by workers at local human immunodeficiency virus (HIV) counseling and testing programs across the State.

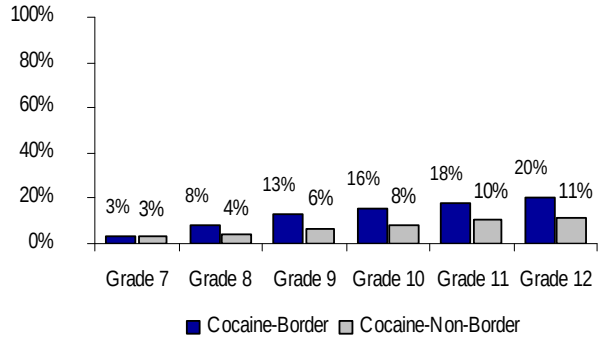
- **Sexually transmitted disease (STD), HIV, and acquired immunodeficiency syndrome (AIDS) data** were provided by DSHS for annual periods through December 2006, and the HIV cases exclude any that later seroconverted to AIDS. Data also come from Maxwell, J.C., and Spence, R.T. (2006), An exploratory study of inhalers and injectors who used black tar heroin, *Journal of Maintenance in the Addictions*, 3(1), 61–81.

Cocaine/Crack



The *Texas School Survey of Substance Abuse: Grades 7-12, 2006* reported that lifetime use of powder and crack cocaine had dropped from a high of 9% in 1998 to 8% in 2006, while past-month use dropped from 4% in 1998 to 3% in 2006. Some 7% of students in nonborder counties had ever used powder or crack cocaine, and 2% had used it in the past month. In comparison, students in schools on the Texas border reported higher levels of cocaine use: 12% lifetime and 5% past month. percentages are shown for grades 7–12 in exhibit 2. The 2005 YRBS reported that 12% of Texas high school students (grades 9–12) had ever used cocaine, and 6% had used in the past month. The 2005 Texas college survey reported that 10% had ever used cocaine or crack, and 2% had used it in the past month. The 2004–2005 NSDUH estimated that 2% of Texans age 12 and older had used any form of cocaine in the past year.

Exhibit 2. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Powder or Crack Cocaine, by Grade: 2006



Source: DSHS

Texas Poison Center Network calls involving the use of cocaine increased from 497 in 1998 to 1,410 in 2006 (exhibit 1). Some 59% of the cases in 2006 were male, and the average age was 31.

Cocaine (crack and powder together) represented 24% of all admissions to DSHS-funded treatment programs in 2006 (exhibit 1), down from 32% in 1995. Powder cocaine users made up 10% of all admissions to treatment. Among all cocaine admissions, cocaine inhalers were the youngest and most likely to be Hispanic and involved in the criminal justice or legal systems (exhibit 3). Cocaine injectors were older than inhalers but younger than crack smokers; they were most likely to be White.

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 averaged 9 years between first regular use and entrance to treatment, while injectors averaged 15 years of use before they entered treatment.

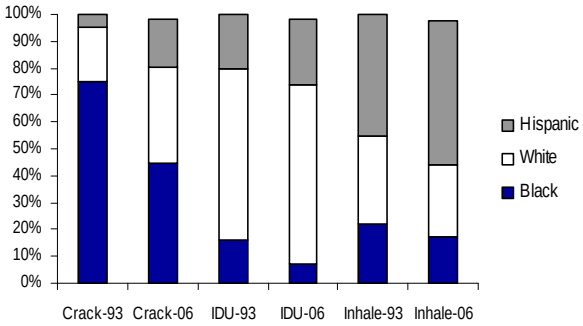
Between 1987 and 2006, the percentage of Hispanic treatment admissions using powder cocaine increased from 23% to 50%, while for Whites and Blacks, the percentages dropped from 48% to 32% and from 28% to 16%, respectively. Exhibit 4 shows these changes between 1993 and 2006 by route of administration. The proportion of Blacks among crack cocaine admissions fell from 75% in 1993 to 46% in 2006, while the proportion of Whites increased from 20% in 1993 to 36% in 2006. Hispanic crack admissions rose from 5% to 17% in the same time period.

Exhibit 3. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: Jan-Dec 2006

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	11,678	1,141	7,066	20,202
% of Cocaine Admits	58	6	35	100
Lag-1st Use to Tmt-Yrs.	13	15	9	11
Average Age	38	36	29	35
% Male	52	58	48	51
% Black	46	7	17	33
% White	36	67	27	34
% Hispanic	17	24	54	31
% CJ Involved	42	51	58	49
% Employed	16	16	35	23
% Homeless	19	14	5	14

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

Exhibit 4. Routes of Administration of Cocaine by Race/Ethnicity from DSHS Treatment Admissions: 1993–Jan-Dec 2006



Source: DSHS

Cocaine is a problem on the border. Twenty-six percent of all admissions to programs on the Texas side and 22% of all admissions on the Mexico side in 2003 were for powder or crack cocaine. Some 34% of the Texas cocaine admissions and 26% of the Mexican cocaine admissions smoked crack cocaine (Maxwell et al., 2006).

The number of deaths statewide in which cocaine was mentioned increased from 223 in 1992 to 723 in 2005 (exhibit 5). The average age of the decedents in 2005 was 41; 40% were White, 27% were Hispanic, and 33% were Black. Seventy-six percent were male.

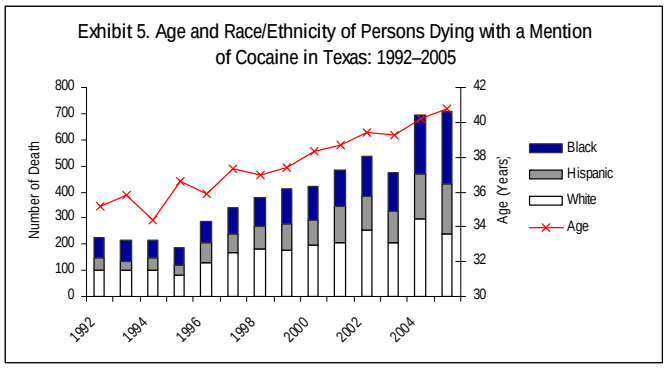
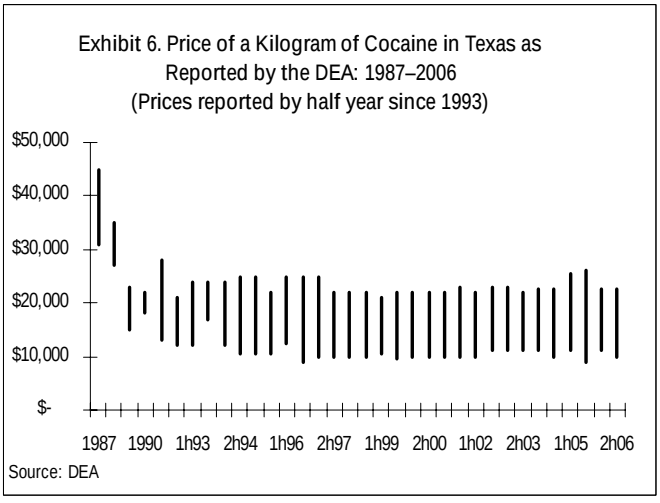


Exhibit 1 shows that the proportion of substances identified as cocaine by the DPS labs is decreasing. In 1998, cocaine accounted for 40% of all items examined, compared with 34% in 2006.

In the Dallas DEA Field Division, the purity of seized cocaine increased from 61% in the first quarter of FY 2006 to 77% in the second quarter of FY 2007. In Tyler, cocaine has reemerged. Ice users are reportedly concerned about the effects of using ice, and they are using cocaine instead of ice in some instances. Crack continues to be popular in South Dallas and Oak Cliff.

According to the El Paso DEA Field Division, cocaine is trafficked from Mexico through El Paso to the Chicago/Northwest Indiana area, and it is readily available. It is reported to be 80–95% pure.



Cocaine continues to be available with a fairly stable price range (exhibit 6). A gram of powder cocaine costs $50–$60 in El Paso and $100 in Amarillo and Lubbock. An ounce costs $500 in McAllen, $600-$950 in Dallas, $400–$800 in Houston, $400–$700 in Midland, $500 in El Paso, $500–$700 in San Antonio, and $400–$500 in Laredo. A kilogram of cocaine costs $14,200-$22,500 in Dallas, $11,000–$22,500 in El Paso, $13,000–$17,000 in Houston, $11,000–$13,000 in Laredo, $10,000–$13,500 in McAllen, and $12,000–$16,000 in San Antonio.

Across the State, a rock of crack costs $10–$50, with $10–$20 being the most common price. An ounce of crack cocaine costs $500 in El Paso, $600-$750 in Fort Worth, $400-$500 in Lubbock and Amarillo, $800 in Midland, $325–$550 in Houston, $500 in Galveston, $400–$600 in San Antonio, $400–$600 in Austin, $750 in Beaumont. A kilogram in Dallas ranges between $18,000 and $25,000, as compared to $14,000 in El Paso and $16,000 in Midland.

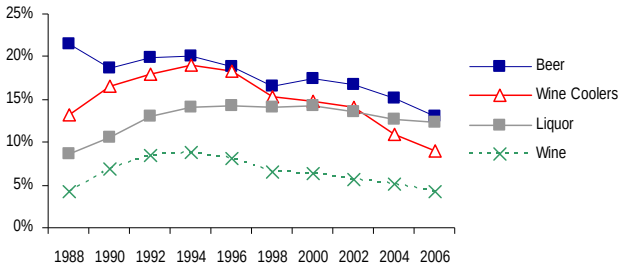
Crack cocaine users in north Austin report that the crack they smoke is causing them to itch, while in the 11th–12th street area in east Austin, crack cocaine is being cut with Palmolive bar soap. It is clear, not brittle, and does not crumble easily. In the East 2nd and Holly Street area, the crack is being cut with vitamin B-12, Drano, and cake mixes. Crack injectors in Austin are continuing to use vinegar and/or lemon juice to break down the crack before injecting it, even though citric acid is available in bleach and water kits. Crack and marijuana are plentiful in the Rundburg area of north Austin, with most dealers being young Black men. Powder cocaine is plentiful and of good quality, and is being sold in large "hard" pieces instead of powder. A piece sells for $10 and a gram sells for $20–$25. An "8-Ball" sells for $75. In the Gulf Coast area, crack users are reported to be injecting crack, and in the Dallas area, the older homeless population is using crack. In the Corpus Christi area, cocaine is reported to be mixed with albuterol, which is said to produce a longer lasting high and euphoria. Also, at-risk youth are smoking crack rather than snorting cocaine.

Alcohol

Alcohol is the primary drug of abuse in Texas. In 2006, 66% of Texas secondary school students (grades 7–12) had ever used alcohol, and 32% had drunk alcohol in the last month. Of particular concern is heavy consumption of alcohol, or binge drinking, which is defined as drinking five or more drinks at one time. In 2006, 13% of all secondary students said that when they drank, they usually drank five or more beers at one time, and 12% reported binge drinking of liquor. Binge drinking increased with grade level. Among seniors, 28% binged on beer and 21% binged on liquor. While the percentage of binge drinking of beer has fallen over the years, the level of binge drinking of hard liquor has remained relatively stable since 1994 (exhibit 7). Among students in grades 4–6 in 2006, 22% had ever drunk alcohol, and 14% had drunk alcohol in the past school

year. Use increased with grade level, as 9% of fourth graders had used alcohol in the school year, compared with 19% of sixth graders. The 2005 YRBS reported 80% of Texas high school students in grades 9–12 had ever drunk alcohol, 47% had drunk in the past month, and 30% had drunk five or more drinks in a row in the last month. Some 33% of boys and 26% of girls reported this binge drinking behavior.

Exhibit 7. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988–2006



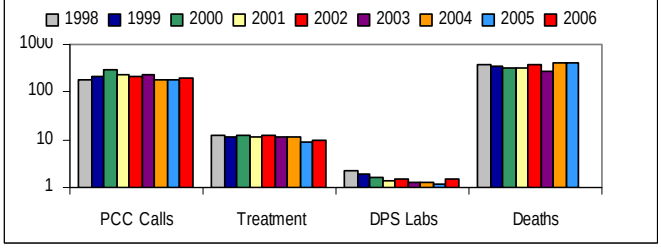
Source: DSHS

The 2005 Texas college survey found that 84% had drunk alcohol in their lifetimes, and 66% had drunk in the past month. Almost 30% of college students reported binge drinking (38% males and 23% females). Although the legal drinking age is 21, 58% of college students ages 18 to 20 reported drinking an alcoholic beverage in the past month. The 2004–2005 NSDUH estimated that 49% of Texans age 12 and older had drunk alcohol in the past month, and 24% had drunk five or more drinks on at least 1 day (binge drinking) in the past month. Twenty-eight percent of individuals who were ages 12 to 20 reported past-month alcohol use, and 18% reported past-month binge drinking. The 2002–2005 NSDUH reported that 22% of residents in the Dallas metropolitan area ages 12 and older reported past-month binge drinking, as did 26% of Houston residents.

In 2006, 25% of all clients admitted to publicly-funded treatment programs had a primary problem with alcohol (exhibit 33). The characteristics of alcohol admissions have changed over the years. In 1988, 82% of the clients were male, compared with 70% in 2006. The proportion of White clients declined from 63% in 1988 to 56% in 2006, and the proportion of Hispanic clients increased from 28% to 30%. During the same period, the proportion of Black clients increased from 7% to 13%. The average age increased from 33 to 37 years. The proportion of alcohol clients reporting no secondary drug problem dropped from 67% to 50%, but the proportion with a problem with cocaine (powder or crack) increased from 7% to 24%. Consuming cocaine and alcohol at the same time produces cocaethylene, which intensifies cocaine's euphoric effects.

Heroin

Exhibit 8. Texas Poison Control Calls, Treatment Admissions, DPS Lab Exhibits, and Deaths for Heroin: 1998-2006



The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4% in 1998 to 1.5% in 2006. The 2005 YRBS found 3% of Texas high school students had ever used heroin, and the 2005 college survey found 5% of students had ever used heroin or other opiates. The 2002–2004 NSDUH reported 0.1% of Texans age 12 and older had used heroin in the past year.

Calls to the Texas Poison Center Network involving confirmed exposures to heroin ranged from 181 in 1998 to a high of 296 in 2000 but dropped to 195 in 2006 (exhibit 8). Fifteen percent of the 2006 heroin exposures involved inhalation (snorting or smoking), an increase from 9% in 2005.

Heroin is the primary drug of abuse for 10% of clients admitted to treatment. The characteristics of these addicts vary by route of administration, as exhibit 9 illustrates. Most heroin addicts entering treatment inject it, but the proportion inhaling heroin has increased from 4% of all heroin admissions in 1996 to 17% in 2006. During that time, the proportion of inhalers who are Hispanic has increased from 26% to 59%, and the average age of inhalers has decreased from 30 to 27 years. While the number of individuals who inhale heroin is small, note that the lag period between first use and seeking treatment for this group is 7 years, compared with 15 years for injectors. This shorter lag period means that, contrary to the street rumors that "sniffing or inhaling is not addictive," inhalers can become dependent on heroin. They will either enter treatment sooner while still inhaling, or they will shift to injecting, thus increasing their risk of hepatitis C and HIV infection, becoming more impaired, and entering treatment later. In addition to the increase in inhaling, the age of all heroin admissions has decreased from 37 in 1996 to 34 in 2006. This increase in inhalers and

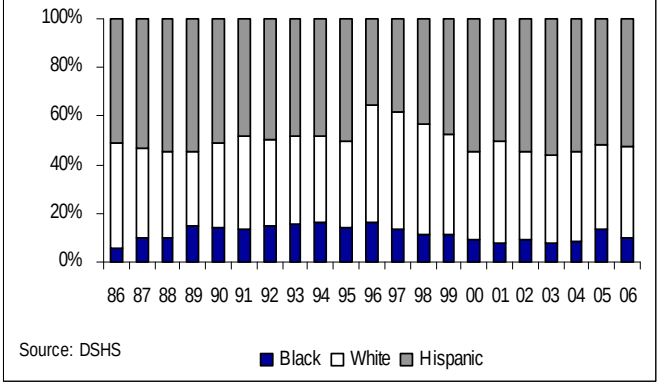
decrease in age at admission is evidence of the emergence of younger heroin users. The proportion of all treatment clients with a primary problem with heroin who are Hispanic increased from 23% in 1996 to 52% in 2006 (exhibit 10).

Exhibit 9. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem with Heroin by Route of Administration: Jan-Dec 2006

	Inject	Inhale	Smoke	All*
# Admissions	6,418	1,358	82	7,922
% of Heroin Admits	81	17	1	100
Lag-1st Use to Tmt-Yrs.	15	7	10	13
Average Age	35	28	30	34
% Male	66	56	68	64
% Black	8	19	15	10
% White	40	21	54	37
% Hispanic	51	59	27	52
% CJ Involved	32	32	33	32
% Employed	12	20	15	14
% Homeless	13	7	23	12

*Total includes clients with other routes of administration.

Exhibit 10. Heroin Admissions to DSHS-Funded Treatment by Race/Ethnicity: 1986–2006



In 2005, there were 421 deaths in Texas in which the death certificate included a mention of heroin, narcotics, opiates, or morphine (terms used by justices of the peace were not always as specific as desired) (exhibit 11). Some 57% were White, 33% were Hispanic, and 9% were Black; 78% were male; average age was 40.

Exhibit 8 shows that the proportion of items identified as heroin by DPS labs has remained low at 1%–2% over the years. 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 11. Age and Race/Ethnicity of Persons Dying with a Mention of Heroin in Texas: 1992–2005

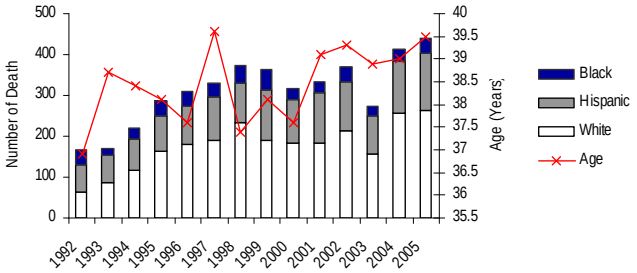
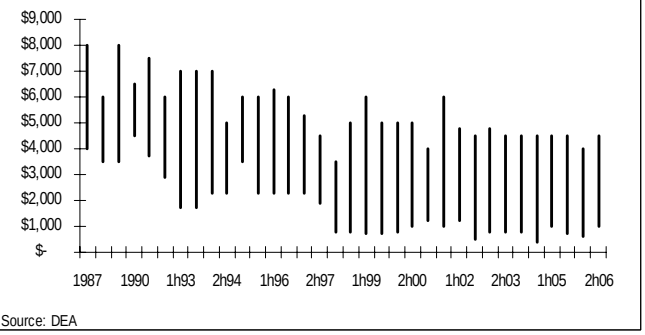


Exhibit 12 shows the change in price over the years. Depending on the location, black tar heroin sells on the street for $10–$20 per capsule, $100–$300 per gram, $1,000–$4,500 per ounce, and $25,000–$40,000 per kilogram. An ounce of black tar costs $1,000 in El Paso, $3,600–$4,000 in Midland, $3,400–$4,500 in Lubbock and Amarillo, $1,000–$2,500 in Houston, $2,400 in Galveston, $1,300 in Laredo, $1,500 in McAllen, $1,200–$1,600 in Austin, and $1,200–$2,400 in San Antonio. Black tar heroin costs $40,000–$50,000 per kilogram in Dallas, $25,000 in El Paso, $33,000–$50,000 in Houston, $25,000–$40,000 in McAllen, and $50,000–$62,000 in San Antonio.

Exhibit 12. Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by the DEA: 1987–2006 (Prices reported by half year since 1993)



Mexican brown heroin, which is black tar heroin that has been cut with lactose, diphenhydramine, or another substance and then turned into a powder to inject or snort, costs $10 per cap and $80–$150 per gram. An ounce costs $500–$800 in San Antonio, $800 in McAllen, $1,000–$1,500 in Houston, $1,200–$1,600 in Austin, $800-$1,600 in Dallas, and $3,400–$4,000 in Lubbock.

Colombian heroin sells for $60–$80 per gram and $1,200 per ounce in McAllen and $55,000–$80,000 per kilogram in Houston and $65,000-$80,000 in Dallas. Southwest and Southeast Asian heroin sells for $70,000 per kilogram in Dallas.

There were two buys of South American heroin in Houston, with a purity of 84.1% and a price per milligram pure of $0.45

Over time, the purity of Mexican heroin in Texas has increased, and the price has decreased. Exhibit 13 shows the purity and price of heroin purchased by the DEA in four Texas cities under the DMP. Heroin is much purer at the border in El Paso and decreases in purity as it moves north, since it is "cut" with other products as it passes through the chain of dealers In the Dallas area, black tar heroin is readily available and purity is increasing, according to the DEA Field Division. The purity rose from 26.4% in FY 2005 to 69% in the second quarter of FY 2007.

In El Paso in 2007, heroin use is reported as low. Black tar heroin was reported by the DEA as being the predominant type available. Limited amounts of brown heroin have been seized at the border, and there have been no reports of South American, Southeast Asian, or Southwest Asian heroin.

The DEA Houston Field Division reported the supply of brown and black tar heroin was stable. Colombian heroin is transported through Houston to the northeastern United States. There have been seizures of white heroin during the second quarter of 2006, but the origin of the heroin has not been specified.

There has been an outbreak among young Hispanics in Dallas of "Cheese heroin," which is black tar heroin turned into brown heroin powder by mixing the tar with Tylenol PM, which is acetaminophen and diphenhydramine (such as Benedryl). Diphenhydramine has traditionally been used as a "cut" to turn tar into powder, but there seems to be no explanation why "Cheese" heroin contains the more expensive Tylenol PM rather than the generic diphenhydramine. Cheese heroin has resulted in 10 human exposure cases reported to poison control centers in 2006 and 4 through April 2007, as well as 237 heroin inhaler cases entering treatment in Dallas in 2005, 268 in 2006, and 195 through May 2007. Of the 2007 cases through May, 60% were male, 71% were Hispanic, and the average age was 26. Some 39% of the 2007 Dallas heroin inhaler cases were age 19 and younger. A similar mixture of heroin, Tylenol, and Sudafed and also called "Cheese" has been reported in Amarillo. In the Corpus Christi area, heroin injectors are adding Tylenol PM to the heroin to "keep them down for a longer period of time."

In Austin, black tar heroin is plentiful and of good quality. It sells for $100 a gram. Balloons sell for $20. In the Holly Street and East 2nd area, the heroin is being cut with vitamin B and dried coffee in what is reported to be 60% heroin and 40% cut. However, some "good quality" heroin that sells for $20 a balloon is being snorted by Anglo and Hispanic users who are younger than 30. There are also reports that black tar heroin from Chicago is being sold; it is reported to be a brownish-red color and so potent that some users are using less of this form of heroin to avoid an overdose. In the south Austin area, a strong powdered heroin that is being cut with an unknown dark powder is causing abscesses. In the same area, there is a good quality tar heroin that smells like vinegar when it is being cooked down. Powder heroin is selling for the same price as black tar and there are reports of inhaling heroin dissolved in water ("aqua de chango"). In Fort Worth, heroin capsules are reported as more available among Black users and "cap houses" are described as places where black tar heroin is converted into capsules that sell on the street for $10 each.

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 2006 Texas secondary school survey found that 8% reported ever having drunk codeine cough syrup to get high, and 3% drank it in the past month. Lifetime use increased with grade level from 3% of 7th graders to 12% of 12th graders. The 2003–2004 NSDUH results reported that 4.6% of Texans aged 12 and older had used pain relievers, and 0.3% had used OxyContin for nonmedical purposes in the past year.

Hydrocodone is a larger problem in Texas than is oxycodone, but use of oxycodone is growing, as exhibit 14 shows. A study of oxycodone cases reported through the Texas Poison Center Network found that the proportion of calls that involved abuse of the drug more than doubled from 1998 to 2003. Oxycodone abuse cases tended to involve males, adolescents, exposures at other residences and public areas, referral by the poison center to a health care facility, and some sort of clinical effect; one-half involved no other substance (Forrester 2004).

Exhibit 13. Price and Purity of Heroin Purchased in Dallas, El Paso, Houston, and San Antonio by the DEA: 1995–2005

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Dallas Purity (%)	6.8	3.5	7.0	11.8	14.0	16.0	13.4	17.2	13.3	16.3	11.6
Price/Milligram Pure	$2.34	$6.66	$4.16	$1.06	$1.01	$0.69	$1.36	$0.75	$0.98	$0.90	$1.11
El Paso Purity (%)					56.7	50.8	41.8	40.3	44.7	50.5	44.7
Price/Milligram Pure					$0.49	$0.34	$0.44	$0.27	$0.40	$0.27	$0.40
Houston Purity (%)	16.0	26.1	16.3	34.8	17.4	18.2	11.3	28.2	27.4	24.8	24.4
Price/Milligram Pure	$1.36	$2.15	$2.20	$2.43	$1.24	$1.14	$1.51	$0.64	$0.45	$0.44	$1.11
San Antonio Purity (%)									8.2	6.4	11.2
Price/Milligram Pure									$1.97	$2.24	$0.56

Exhibit 14. Hydrocodone, Oxycodone, Methadone and Fentanyl Indicators in Texas: 1998–2006

	1998	1999	2000	2001	2002	2003	2004	2005	2006
Poison Control Center Cases of Abuse and Misuse									
Fentanyl			9	2	3	11	17	10	36
Hydrocodone	192	264	286	339	429	414	516	505	657
Methadone	17	15	30	27	50	41	69	69	73
Oxycodone	12	26	22	34	68	64	77	50	68
DSHS Treatment Admissions									
Methadone	55	69	44	52	75	86	63	91	101
"Other Opiates"*	553	815	890	1,386	2084	2794	3433	3482	3903
Deaths with Mention of Substance (DSHS)									
Fentanyl	8	5	4	7	22	10	32	30	
Hydrocodone	5	25	52	107	168	140	201	269	
Methadone	30	32	62	90	134	122	164	201	
Oxycodone	1	8	20	40	56	60	66	62	
Drug Exhibits Identified by DPS Laboratories									
Fentanyl	0	3	1	7	4	2	14	7	14
Hydrocodone	52	479	629	771	747	1212	1598	1789	2324
Methadone	1	19	22	42	58	70	130	133	169
Oxycodone	10	36	72	115	106	174	270	237	264

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

Poison control cases involving methadone are increasing. Methadone overdoses could be occurring among new patients in narcotic treatment programs; they could be due to liquid methadone, which has been diverted from treatment; they could be caused by pain pills diverted from pain patients; or they could be overdoses by pain patients who took too many of the pills or took other drugs in combination with the methadone pills. Methadone is used in liquid and 40-milligram diskette forms in narcotic treatment programs. The 40-milligram diskettes are not approved for used in pain management. The 5- and 10-milligram tablets are used for pain management. DEA's ARCOS reported that between 2000 and 2006 in Texas, the number of 5–10-gram methadone tablets distributed increased from 270 grams per 100,000 population to 1,019 per 100,000. Eighty-six percent of these tablets were distributed through pharmacies, and 13% were distributed through hospitals. The amount of 40-milligram diskettes increased from 276 grams per 100,000 in 2000 to 706 per 100,000 in 2006; 64% of the diskettes were distributed through narcotic treatment programs, and 35% were distributed through pharmacies. The amount of methadone liquid distributed increased from 573 grams per 100,000 population in 2000 to 1,591 grams per 100,000 in 2006. Some 98% of the liquid methadone was distributed to narcotic treatment programs.

Between 1998 and 2006, the total number of calls to the poison control centers to identify substances or to seek advice or report abuse or misuse cases that involved methadone pills increased from 29 to 729, while the number involving liquid as used in narcotic treatment programs rose from 5 to 13. Calls for unknown

formulations increased from 51 to 192, and 40-milligram diskettes used in pain or in some narcotic treatment programs increased from 4 to 53.

Of the fentanyl calls in 2006, 89 involved patches, 26 involved lozenges, and 28 were unknown formulation.

Nearly 5% of all clients who entered publicly-funded treatment during 2006 used opiates other than heroin. Of these, 101 used illegal methadone and 3,903 used other opiate drugs (exhibit 14). Those who reported a primary problem with other opiates were different from those who reported a problem with heroin. They were much more likely to be female, to be White, to have recently visited an emergency department, and to report more health and psychological or emotional problems in the month prior to entering treatment.

Of the 269 deaths with a mention of hydrocodone statewide in 2005, 55% were male, 85% were White, 6% were Black, 9% were Hispanic, and the average age was 42 (exhibit 14). Of the 62 deaths with a mention of oxycodone, 74% were male, 82% were White, 5% were Black, 13% were Hispanic, and the average age was 40. Of the 201 deaths with a mention of methadone, 66% were male, 82% were White, 3% were Black, 12% were Hispanic, and the average age was 39. There were 30 deaths with a mention of fentanyl in 2005. Of these, 57% were male, 90% were White, 3% were Black, 7% were Hispanic, and the average age was 43.

In the Dallas DEA Field Division, hydrocodone (10/325 milligrams), alprazolam (2 milligrams), and promethazine with codeine are the drugs most often diverted, followed by carisoprodol, diazepam (10 milligrams), Adderall (10 milligrams), methadone, and OxyContin (20 milligrams). In the Houston Field Division, hydrocodone, promethazine with codeine, and other codeine cough syrups are the most commonly abused pharmaceutical drugs. In the El Paso Field Division, morphine, Demerol, darvocet, codeine, Vicodin cough syrup, and fentanyl are the major diverted pharmaceutical drugs.

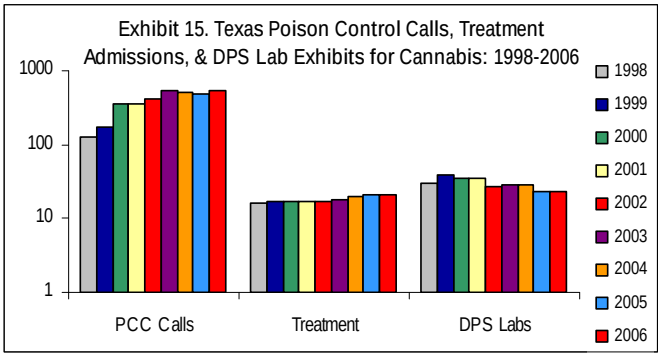
In Houston, promethazine or phenergan cough syrup with codeine sells for $250 per pint and it sells for $200-$400 per pint in Dallas, while an ounce sells for $40 in Waco and $20 in San Antonio. In the Houston Field Division, hydrocodone sells for $2–$10 per pill, and OxyContin costs $1 per milligram. Dilaudid sells for $10–$15 per dose in McAllen and $20-$40 in Dallas.

DPS labs report increases in the number of exhibits of hydrocodone and methadone each year from 1998 through 2006, while the number of fentanyl exhibits has varied over the years (exhibit 14).

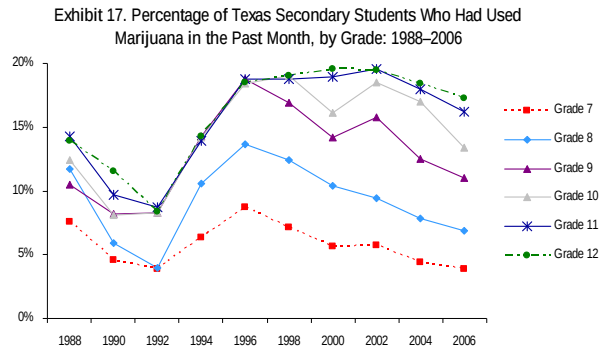
Methadone popsicles are being sold in East Texas for $33. Ten-milligram methadone pills prescribed for cancer patients sell on the street for $3 in Austin. Clonopin is being used to “enhance” the effects of methadone. OxyContin sells for $3–$4 per pill around the homeless shelters in Austin. In the Gulf Coast region, codeine cough syrup (“Lean”) remains the drug of choice for young Blacks, and liquid methadone is being sold on the streets for $0.50 to $1.00 per milliliter; 100 milliliters of methadone sell for $30. It is unknown whether the methadone is being diluted with water. OxyContin is highly available in Bastrop County, which adjoins Travis County (Austin). Twenty milligrams of OxyContin sell for $5–$10 per pill, 40 milligrams sell for $10–$20, and 80 milligrams cost $10–$40. In the Dripping Springs area west of Austin, 7.5 milligram hydrocodone tablets sell for $4.50. In the Houston area, use of OxyContin and hydrocodone is increasing, with more demand for detoxification and methadone treatment as a result. In the Dallas area, there is an increase in the use of Xanax and Valium among methadone clients.

Marijuana

Exhibit 15. Texas Poison Control Calls, Treatment Admissions, & DPS Lab Exhibits for Cannabis: 1998-2006



Among Texas students in 2006 in grades 4–6, 1.8% had ever used marijuana, with 1.2% reporting use in the past school year. Among Texas secondary students (grades 7–12), 26% had ever tried marijuana, and 11% had used in the past month. Percentages are shown by grade level in exhibit 16. In 2005, the YRBS reported that 42% of Texas high school students in grades 9–12 had ever smoked marijuana, and 22% had used in the past month. The 2005 Texas college survey reported that 37% of students had ever used marijuana, and 11% had used in the past month. The 2004–2005 NSDUH estimated that 9% of Texans age 12 and older had used marijuana in the past year, with 5% using in the past month.



The Texas Poison Center Network reported there were 133 calls confirming exposure to marijuana in 1998, compared with 544 in 2006 (exhibit 15).

Marijuana was the primary problem for 21% of admissions to treatment programs in 2006 (exhibit 33). The average age was 22. Some 41% were Hispanic, 30% were White, and 27% were Black. Seventy-nine percent had legal problems or had been referred from the criminal justice system; these clients were less frequent users of marijuana than those who came to treatment for other reasons, and they reported fewer days of problems in the month prior to admission as measured on the Addiction Severity Index (ASI).

Cannabis was identified in 33% of all the exhibits analyzed by DPS laboratories in 2000 but in only 23% in 2006 (exhibit 15).

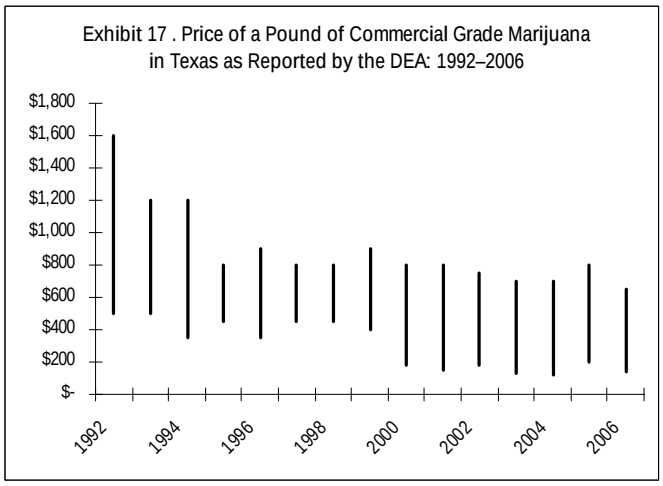
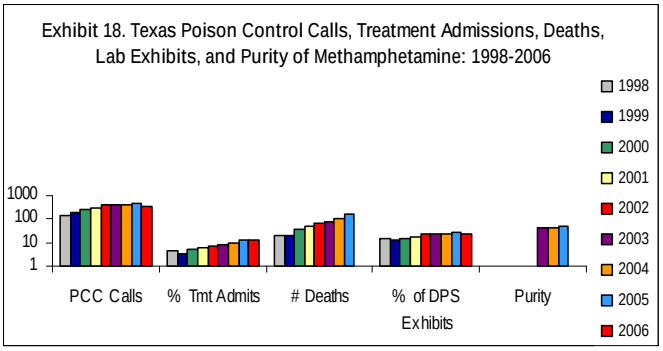


Exhibit 17 shows the decline in the price of a pound of marijuana since 1992.

The Houston DEA Field Division reports hydroponic marijuana is available, especially in Asian communities. In the Dallas-Fort Worth area, Mexican marijuana is readily available, and hydroponic growing may be increasing. In Austin, “dip,” joints dipped in embalming fluid, are available. In El Paso, Mexican-grown marijuana predominates.

Hydroponic marijuana sells for $3,500–$4,000 per pound in Houston, $4,600 in McAllen, $3,000–$4,500 in Austin, $3,500-$3,800 in Dallas, and $3,000–$5,000 in San Antonio. In Austin, “Hydro Weed” sells for $4,000 a pound and is reported to be “top of the line” quality. Blunts sell for $15-$20. The average price for a pound of commercial grade marijuana is $140–$160 in Laredo, $180 in McAllen, $330–$450 in San Antonio, $300–$500 in Houston, $200 in El Paso, $375–$600 in Midland, $259–$650 in Alpine, and $350-$800 in Dallas.

Stimulants



Amphetamine-type substances come in different forms and with different names. “Speed” (“meth,” “crank”) is a powdered methamphetamine of relatively low purity and is sold in grams or ounces. It can be snorted or injected. “Pills” can be pharmaceutical grade stimulants such as dextroamphetamine, Dexedrine, Adderall, or Ritalin (methylphenidate), or they can be methamphetamine powder that has been pressed into tablets and sold as amphetamines, “Yaba,” or ecstasy. Pills can be taken orally, crushed for inhalation, or dissolved in water for injection. There is also a damp, sticky powder of higher purity than “speed” that is known as “Base” in Australia and “Peanut Butter” in parts of the United States. “Ice,” also known as “crystal” or “Tina,” is methamphetamine that has been “washed” in a solvent to remove impurities; it has longer-lasting physical effects and purity levels above 80%. Ice can be smoked in a glass pipe, “chased” on aluminum foil, mixed with marijuana and smoked through a bong, or injected.

The Texas secondary school survey reported that lifetime use of “uppers” was 6%, and past-month use was 25% in 2006. The 2005 YRBS reported lifetime use of methamphetamine by Texas high school students was

8%. The 2005 Texas college survey reported that 10% had ever used stimulants and 2% had used in the past month. The 2002–2004 NSDUH reported that past-year nonmedical use of stimulants (which included amphetamines, methamphetamine, methylphenidate, and prescription diet pills) in Texas was 1.4%, and past-year use of methamphetamine was 0.7%.

There were 144 calls to Texas poison control centers involving exposure to methamphetamine in 1998 and 336 in 2006 (exhibit 18). Of the 2006 calls, there were 50 mentions of ice or crystal. There were also 183 calls involving abuse or misuse of amphetamine pills, phentermine, Adderall, or Ritalin. Forrester's study of all calls involving Ritalin to poison control centers in Texas between 1998 and 2004 found that 8.5% involved misuse and abuse. Of these Ritalin abuse/misuse calls, 62% involved males, 20% were younger than 13, 55% were age 13–19, and 25% were older than 19. Ninety-three percent had swallowed the drug, 7% had inhaled it, and 67% of these abuse/misuse callers also had used other substances. Compared with nonabuse calls, abusers were significantly more likely to be older, to have misused the drug while at school, and to suffer minor, moderate, or major effects from using the drug.

Table 19. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: Jan-Dec 2006

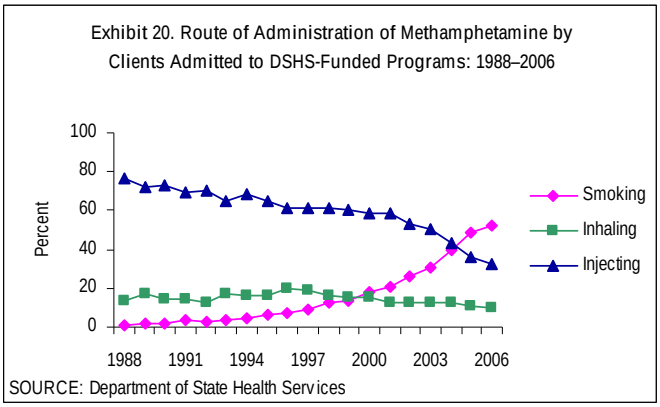
	Smoke	Inject	Inhale	Oral	All*
# Admissions	5,301	3,255	1,012	520	10,096
% of Stimulant Admits	53	32	10	5	100
Lag-1st Use to Tmt-Yrs.	9	13	10	12	11
Average Age-Yrs.	29	32	31	33	30
% Male	41	47	44	50	44
% Black	2	1	1	3	1
% White	82	92	87	81	86
% Hispanic	5	6	10	14	11
% CJ Involved	58	62	67	67	61
% Employed	6	23	36	33	28
% Homeless	9	12	6	10	10

*Total includes clients with "other" routes of administration

Methamphetamine/amphetamine admissions to treatment programs increased from 5% of all admissions in 2000 to 12% in 2006 (exhibit 18), and the average age of clients admitted for a primary problem with stimulants increased. In 1985, the average age was 26; in 2006, it was 30 (exhibit 19). The proportion of White clients rose from 80% in 1985 to 86% in 2006, while the proportion of Hispanics stayed at 11%, and the proportion of Blacks dropped from 9% to 1%. Unlike the other drug categories, more than one-half of these clients entering treatment were women (exhibit 33).

Users of amphetamines or methamphetamine tend to differ depending on their route of administration, as exhibit 19 shows. Methamphetamine injectors were more likely to have been in treatment before (62% readmissions) than amphetamine pill takers (43%), ice smokers (43%), or inhalers (40%).

More clients now smoke ice than inject speed (exhibit 20). The proportion smoking ice increased from less than 1% in 1988 to 49% in 2006, and the percentage of clients injecting the drug dropped from 84% in 1988 to 36% in 2006.



Statewide, there were 17 deaths in which amphetamines or methamphetamines were mentioned in 1997, compared with 177 in 2005 (exhibit 18). Of the decedents in 2005, 69% were male, 85% were White, 14% were Hispanic, and the average age was 37.

Methamphetamine and amphetamine together represented 16% of all items examined by DPS laboratories in 2000, but the percentage increased to 23% in 2006 (exhibit 18). Twenty-two percent of the exhibits were methamphetamine, and 1% was amphetamine.

Methamphetamine is more of a problem in the northern half of the State, as exhibit 21 shows. Labs in the northern part of the State were also more likely to report analyzing substances that were ammonia or pseudoephedrine, chemicals used in the manufacture of methamphetamine. However, the proportions of methamphetamine exhibits elsewhere in the State are increasing each year, as shown by the changes between 2001 and 2006. As the source of methamphetamine shifts to Mexico, the problem will increase along the border and in southern Texas. In

February 2007, the DEA reported its lab in Dallas had identified multiple submissions of large quantities of 99% pure ice along the lower Texas border.

Exhibit 21. Percent of Items Analyzed by Texas DPS Laboratories as Methamphetamine, by County and City: 2001 and 2006

	2001	2006
Hidalgo (McAllen)	0%	1%
Webb (Laredo)	1%	1%
El Paso (El Paso)	4%	3%
Nueces (Corpus Christi)	9%	12%
Harris (Houston)	6%	10%
Travis (Austin)	17%	25%
McLennan (Waco)	19%	27%
Smith (Tyler)	16%	28%
Dallas (Dallas)	32%	31%
Midland (Odessa)	12%	16%
Taylor (Abilene)	41%	45%
Lubbock (Lubbock)	23%	24%
Potter (Amarillo)	41%	37%

Source: NFLIS

A pound of domestic methamphetamine sells for $6,000–$8,000 in San Antonio, $6,000–$10,000 in Austin, $6,000–$7,500 in Laredo, and $6,000–$10,000 in Houston. An ounce of domestic methamphetamine sells for $375–$900 in Houston, $800 in Midland, and $700–$1,000 in San Antonio.

A pound of ice sells for $8,000–$15,000 in Houston, $8,000–$12,000 in San Antonio, $6,000–$10,000 in Austin, and $6,000–$8,500 in McAllen. An ounce of ice sells for $700–$1,400 in Houston, $1,000–$1,500 in San Antonio, $1,200-$1,400 in Dallas, $500–$1,000 in Austin, and $700 in McAllen.

The amount of methamphetamine produced in local laboratories is decreasing, although some local cooks are reported to be using pseudoephedrine from a product called “Breathing Blocks,” which may be an alias for “Tri-Hist Granules.” These granules come in 20-ounce bottles and contain 600 milligrams of pseudoephedrine per ounce. It is a soluble, edible corn-meal base utilized by veterinarians.

Statewide, the purity of methamphetamine has dropped from 56% in 2004 to 47% in 2006 because it is cut with methylsulfonylmethane (MSM). MSM is available in five-gallon quantities at local feed stores, and it is added to melted ice. The mixture is then spread out to dry like peanut brittle and then crushed up to look like a pure ice mixture.

The Dallas DEA Field Division reports that the availability of methamphetamine is decreasing and price is rising because of tighter border security and increasing difficulty in obtaining precursor chemicals in Mexico. The price of a pound of methamphetamine has increased from $10,000-$12,000 in the fall of 2006 to $14,000-$19,000 in Dallas in the first half of 2007. Pure methamphetamine from Mexico, which sells for $20,000-$25,000 per pound, is “cut” with MSM and sold for $14,000-$15,000 per pound. The typical first cut of a kilogram of methamphetamine with MSM can yield two kilograms of medium-purity methamphetamine that retains the same crystalline appearance.

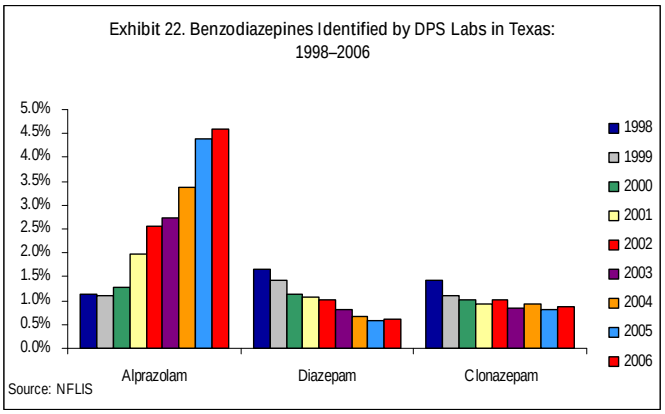
In Lubbock, the DEA reports ice is the primary threat in the area; methamphetamine use is reported in all ethnic and social/economic groups. In Tyler, methamphetamine continues to dominate the market, but there is a resurgence of powder cocaine, which ice smokers switch to in hopes of buffering the harmful effects of methamphetamine.

The Houston Field Division reports that users are increasingly turning to the purer Mexican methamphetamine. In Beaumont, the number of laboratories has decreased, and the domestic production that is occurring is by outlaw motorcycle gangs and independent producers. The El Paso Field Division reports methamphetamine traffickers operate out of California, Arizona, and Texas, with sources of supply being Mexico and California. Local street gangs distribute metham-phetamine, and local production continues.

Ice use continues to increase in the Amarillo area, where it is the drug of choice, and is injected or smoked. In Austin, methamphetamine sells for $1,250 per ounce and $120 per gram. In the Leander area, it sells for $80 per gram and $20 per “¼ bag.” Ice in South Austin sells for $120 for a 16th (3/4 gram), The Lake Bastrop area is reported to be ranked as #5 in terms of methamphetamine production in Texas. The methamphetamine from this area is made from Sudafed, phosphorus, and P2P and sells for $100 a gram and $1,400 an ounce. In the Gulf Coast area of Harris, Angelina, and Brazoria Counties, the number of methamphetamine users is increasing. In the Corpus Christi area, use of methamphetamine and ice is increasing, with users reported to be eating it, smoking it, snorting it, and injecting it; the proportion of Hispanic users is increasing. There are also reports of a methamphetamine capsule from Mexico that is being called “Yaba,” as well a very strong “Turbo Meth” from Mexico that is said to be 25 times as strong as street

methamphetamine. Methamphetamine is also seen in the Dallas area among homeless youths and among White injectors in rural areas north of Dallas.

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, 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 2006 Texas secondary school survey reported lifetime use of downers was 6%, and past-month use was 36%. The 2005 Texas college survey reported 9% had ever used sedatives, and 2% had used them in the past month. The 2002–2004 NSDUH reported 0.2% of Texans age 12 and older had used sedatives in the past year.

A study of patterns of alprazolam abuse and drug identification (ID) calls received by several poison control centers between 1998 and 2004 found that of 25,954 alprazolam calls received, 42% were drug identification calls and 51% were human exposure calls, of which 18% were abuse calls. The number of drug ID calls and the number of abuse calls both increased during the 7-year period. Male patients accounted for 54% of abuse calls, and females accounted for 66% of nonabuse calls. Adolescents represented 43% of abuse calls but only 12% of nonabuse calls. Although the majority of both types of human exposures occurred at the patient's own residence, abuse exposures were more likely than other exposures to occur at school (9% vs. 1%) and public areas (6% vs. 1%) (Forrester 2006).

About 1% of the clients entering DSHS-funded treatment in 2006 had a primary problem with barbiturates, sedatives, or tranquilizers. These clients were the most likely to be female and they were highly impaired, based on their ASI scores (see exhibit 33).

Alprazolam, clonazepam, and diazepam are among the 15 most commonly identified substances according to DPS lab reports, although none of them represent more than 5% of all items examined in a year. Alprazolam (Xanax) cases outnumbered other benzodiazepine cases (exhibit 22).

In Austin, clonopin sells for $1 per 100-milligram pill and $2 per 200-milligram pill. Alprazolam sells for $5 in San Antonio, $2–$4 in Houston, $3-$5 in Fort Worth, and $20 in McAllen. Outreach workers in the Galveston area report increasing abuse of alprazolam by women.

Club Drugs and Hallucinogens

Exhibit 23. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary, Secondary, or Tertiary Problem with Club Drugs: 2006

Club Drug	GHB	Hallucinogens	Ecstasy	PCP	Rohypnol	**Ketamine**
# Admissions	111	338	1212	223	278	29
% Male	39	69	55	42	76	52
% White	82	60	47	12	4	48
% Hispanic	8	14	19	5	95	35
% Black	4	24	32	82	1	17
Average Age (Years)	30	25	23	26	20	29
% Criminal Justice Involved	65	72	74	56	68	62
% History Needle Use	43	22	7	5	19	35
% Primary Drug=Club Drug	21	22	15	49	12	24
Other Primary Drug						
% Marijuana	3	32	37	17	44	10
% Alcohol	6	11	8	3	4	0
% Methamphet/Amphetamin	61	16	14	2	0	38
% Powder Cocaine	1	10	14	13	16	3
% Crack Cocaine	3	5	6	10	1	0
% Heroin	3	1	1	0	22	21
% Other Opiates	1	2	1	2	1	0

Exhibit 23 shows the demographic characteristics of clients entering DSHS-funded treatment programs statewide with a problem with a club drug. The row "Primary Drug" shows the percentage of clients citing a primary problem with the club drug shown at the top of the column. The rows under the heading "Other Primary Drug" show the percentage of clients who had a primary problem with another drug, such as marijuana, but who had a

secondary or tertiary problem with one of the club drugs shown at the top of the table. Note that the treatment data uses a broader category, "Hallucinogens," that includes lysergic acid diethylamide (LSD), dimethyl-tryptamine (DMT), STP, mescaline, psilocybin, and peyote.

Among the clients shown in exhibit 23, hallucinogen admissions were more likely to be male, gamma hydroxybutyrate (GHB) clients were the most likely to be White, phencyclidine (PCP) clients were the most likely to be Black, Rohypnol clients were the youngest, and GHB clients were the oldest. Users of PCP were the most likely to have a primary problem with PCP (49%); users of Rohypnol, ecstasy, and hallucinogens were more likely to have primary problems with marijuana. Users of GHB and ketamine tended to have a primary problem with methamphetamine (61% and 38%, respectively).

Dextromethorphan

The most popular dextromethorphan (DXM) products are Robitussin-DM, Tussin, and Coricidin Cough and Cold Tablets HBP, which can be purchased over the counter and can produce hallucinogenic effects if taken in large quantities. Coricidin HBP pills are known as "Triple C's" or "Skittles."

The 2006 Texas school survey reported that 5% of secondary students indicated they had ever used DXM, and 2% had used in the past year. Past-month use peaked at 2% in the 10th grade. The 2005 Texas college survey found that 5% of the students had ever used DXM, and less than 1% had used in the past month.

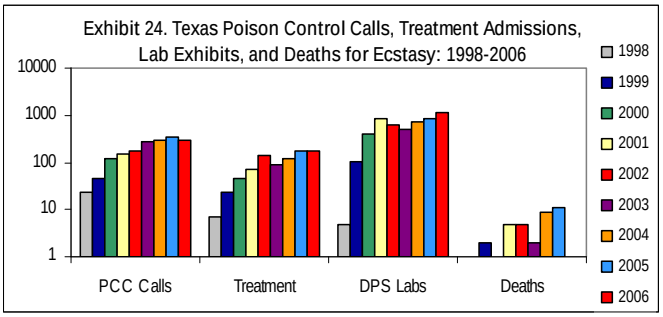
Poison control centers reported the number of abuse and misuse cases involving DXM rose from 99 in 1998 to 213 in 2006. The average age was 22. The numbers of cases involving abuse or misuse of Coricidin HBP were 7 in 1998, 189 in 2005, and 567 in 2006. The average age in 2006 was 16, which shows that youth can easily access and misuse this substance.

There were two deaths in 2005 in which dextro-methorphan was one of the substances mentioned on the death certificate.

DPS labs examined 2 substances in 1998 that were DXM, compared with 13 in 1999, 36 in 2000, 18 in 2001, 42 in 2002, 10 in 2003, 15 in 2004, 10 in 2005, and 12 in 2006.

Ecstasy (Methylenedioxymethamphetamine or MDMA)

The 2006 Texas secondary school survey reported that lifetime ecstasy use dropped from a high of 9% in 2002 to 5% in 2006, while past-year use dropped from 3% to 2% during that time. The 2005 YRBS reported that 8% of Texas high school students had ever used ecstasy; the 2005 Texas college survey found that 9% of college students had ever used ecstasy, and less than 1% had used in the past year. The 2002–2004 NSDUH survey reported 1.1% of Texans had used ecstasy in the past year.



The Texas Poison Center Network reported 23 calls involving misuse or abuse of ecstasy in 1998, compared with 46 in 1999, 119 in 2000, 155 in 2001, 172 in 2002, 284 in 2003, 302 in 2004, 343 in 2005, and 292 in 2006 (exhibit 24). In 2006, the average age was 21.

Exhibit 24 shows the number of persons admitted to treatment with a primary problem with ecstasy. Ecstasy is often used in combination with other drugs, and the increase in use and abuse of the drug is demonstrated in the increases in the numbers of persons seeking treatment who report a primary, secondary, or tertiary problem with ecstasy. In 1998, there were 63 of these poly-drug admissions, as compared with 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, 502 in 2003, 561 in 2004, 640 in 2005, and 1,212 in 2006 (exhibit 24).

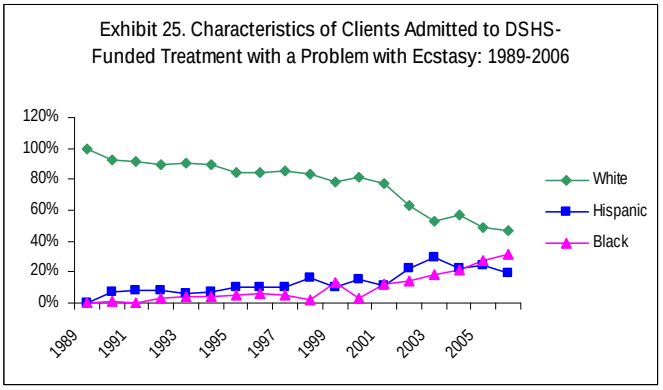


Exhibit 25 shows that ecstasy has spread outside the White club scene and into the Hispanic and Black

communities, as evidenced by the declining proportion of White treatment clients.

In 1999, there were two death certificates that mentioned ecstasy or MDMA in Texas. There was 1 such death in 2000, compared with 5 in 2001, 5 in 2002, 2 in 2003, 9 in 2004, and 11 in 2005 (exhibit 24). Of the 2005 deaths, 60% were male, 55% were White, and the average age was 25; four mentioned cocaine as well as MDMA.

Exhibit 24 shows the substances identified by DPS labs. The labs identified MDMA in 5 exhibits in 1998, 107 exhibits in 1999, 387 in 2000, 817 in 2001, 632 in 2002, 490 in 2003, 737 in 2004, 821 in 2005, and 1,173 in 2006. Methylenedioxyamphetamine (MDA) was identified in no exhibits in 1998, 31 in 1999, 27 in 2000, 60 in 2001, 106 in 2002, 94 in 2003, 67 in 2004, 85 in 2005, and 80 in 2006.

According to the Houston DEA Field Division, ecstasy is readily available at clubs, raves, and gyms, and use is stable among Galveston and Beaumont college students. While most tablets contain MDMA, some have high concentrations of caffeine or methamphetamine, with traces of ketamine in some tablets. Ecstasy is available in downtown Austin nightclubs, and use is stable. The primary source is Canada, but ecstasy also comes into South Texas from Mexico. Asian gangs in Houston control distribution. In Dallas, the standard quantity for sale is 1,000 tablets, which is referred to as a "boat."

In Austin, a new type of ecstasy called "White Nothing" sells for $30–$33. It has no markings or stamps on it and is reported to be "pure MDMA" and to be double or triple-stacked pills. A capsule pill that reportedly gives the same effects as ecstasy sells for $5–$20. It is said to be made of mixed chemicals, and it is called by names such as "2CI," "2CB," "2CE," and "4 Dot." This pill may be "Nexus" (4-Bromo-2,5-dimethoxyphenethylamine).The Dallas DEA Field Division reports that the drug is not only found in the club scene but is also sold on the street along with other illicit drugs.

Single dosage units of ecstasy sell for $10–$30 in Houston, $25 in McAllen, $20 in Laredo, $12-$20 in Dallas, and $20 in Galveston.

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

The 2005 Texas college survey reported that 2% of the students had ever used GHB, and 0% reported past-month use.

The number of cases of misuse or abuse of GHB or its precursors reported to the Texas Poison Center Network was 110 in 1998, 150 in 1999, 120 in 2000, 119 in 2001, 100 in 2002, 66 in 2003, 84 in 2004, 62 in 2005, and 43 in 2006. The average age of the abusers in 2006 was 31.

Adults and adolescents with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 BD are seen in treatment. In 1998, 2 were admitted, compared with 17 in 1999, 12 in 2000, 19 in 2001, 33 in 2002, 31 in 2003, 45 in 2004, 48 in 2005, and 111 in 2006. In 2006, clients who used GHB tended to be the oldest of all the club drug users (average age 30) and were the most likely to be White (82%) (exhibit 23). GHB users were more likely to have used the so-called "hard-core" drugs; 43% had a history of injection drug use and 61% had a primary problem with amphetamines or methamphetamine. Because of the sleep-inducing properties of GHB, users will also use methamphetamine so they can stay awake while they are "high" on GHB, or they use GHB to "come down" from their use of methamphetamine.

There were three deaths that involved GHB in 1999, compared with five in 2000, three in 2001, two in 2002, two in 2003, three in 2004, and three in 2005. In 2005, one was male, all were White, and the average age was 39.

There were 18 items identified by DPS labs as being GHB in 1998, compared with 112 in 1999, 45 in 2000, 34 in 2001, 110 in 2002, 150 in 2003, 99 in 2004, 92 in 2005, and 89 in 2006. In 2006, 76% 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. There were no items identified as GBL in 1998, compared with four in 1999, seven in 2000, seven in 2001, nine in 2002, five in 2003, two in 2004, one in 2005, and nine in 2006. There were no items identified as 1,4 BD in 1988, compared with 4 in 1989, 4 in 2000, 19 in 2001, 5 in 2002, and none in 2003, 2004, 2005, and 2006. In Houston, GHB sells for $5–$10 per dosage unit and $725–$1,000 per gallon. In Dallas, it sells for $20 per dosage unit and $500-$1,600 per gallon.

Ketamine

The 2005 Texas college survey found that 2% of the students had ever used ketamine, and 0% reported past-month use.

Eight cases of misuse or abuse of ketamine were reported to Texas Poison Control Centers in 1998, compared with 7 in 1999, 15 in 2000, 14 in 2001, 10 in 2002, 17 in 2003, 7 in 2004, 5 in 2005, and 3 in 2006.

In 2006, there were 29 admissions to treatment with a primary, secondary, or tertiary problem with ketamine. The average age was 29; 52% were male; 33% had a history of injection drug use; 48% were White; 33% were Hispanic; and 18% were Black (exhibit 23). While nearly one-quarter had a primary problem with ketamine, 38% had a primary problem with methamphetamine and a secondary or tertiary problem with ketamine.

There were two deaths in 1999 that involved use of ketamine, compared with none in 2000, one in 2001, one in 2002, none in 2003, two in 2004, and one in 2005.

In 1998, two substances were identified as ketamine by DPS labs. There were 26 in 1999, 49 in 2000, 120 in 2001, 116 in 2002, 85 in 2003, 79 in 2004, 19 in 2005, and 140 in 2006.

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.

LSD and Other Hallucinogens

The Texas secondary school survey shows that use of hallucinogens (defined as LSD, PCP, mushrooms, etc.) continues to decrease. Lifetime use peaked at 7.4% in 1996 and dropped to 4.7% in 2006. Past-month use dropped from a peak of 2.5% in 1998 to 1.4% in 2006. The 2005 Texas college survey found that 10% of college students had ever used hallucinogens, and less than 1% had used in the past month. The 2002–2004 NSDUH reported past-year use by Texans age 12 and older at 0.3%.

The Texas Poison Center Network reported 82 mentions of abuse or misuse of LSD in 1998, compared with 113 in 1999, 97 in 2000, 70 in 2001, 129 in 2002, 20 in 2003, 22 in 2004, 38 in 2005, and 332 in 2006. 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, 130 in 2003, 172 in 2004, 82 in 2005, and 96 in 2006. The average age in 2006 was 19 for the LSD cases and 21 for the mushroom cases.

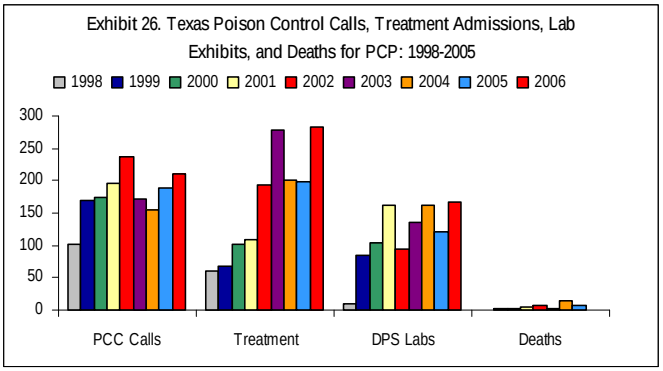
The number of adults and youths with a primary, secondary, or tertiary problem with hallucinogens entering treatment was decreasing but increased in 2006. There were 636 such admissions in 2000, 486 in 2001, 436 in 2002, 319 in 2003, 266 in 2004, 223 in 2005, and 338 in 2006. Of the hallucinogens admissions in 2006, the average age was 25; 69% were male; 60% were White; 14% were Hispanic; and 24% were Black (exhibit 23). Seventy-two percent were referred from the criminal justice or legal system, and 22% had a history of injection drug use.

Statewide, there were two deaths in 1999 with a mention of LSD. No deaths with a mention of LSD have been reported since then.

DPS labs identified 69 substances as LSD in 1998, compared with 406 in 1999, 234 in 2000, 122 in 2001, 11 in 2002, 10 in 2003, 25 in 2004, 14 in 2005, and 1 in 2006.

A dosage unit of LSD sells for $5–$7 in Austin, $1-$10 in Dallas, and $8–$12 in San Antonio.

PCP



The 2002–2004 NSDUH reported past-year use of PCP in Texas at 0.1%.

The Texas Poison Center Network reported cases of “Fry,” “Amp,” “Water,” “Wack,” “PCP,” or formaldehyde. Often, marijuana joints are dipped in formaldehyde that contains PCP, or PCP is sprinkled on the joint or cigarette. The number of poison cases involving PCP increased from 102 in 1998 to 182 in 2006 (exhibit 26).

Exhibit 26 shows the number of persons entering treatment with a primary problem with PCP. Of the clients in 2006, 82% were Black; 42% were male; and 56% were involved in the criminal justice system (exhibit 23). While 49% reported a primary problem with PCP, another 17% reported a primary problem with marijuana, which demonstrates the link between these two drugs as “Fry,” “Amp,” or “Water.”

There were 3 death certificates in 1999 and 8 in 2005 that mentioned PCP (exhibit 26). Among these decedents in 2005, 87% were male, 87% were Black, and the average age was 29.

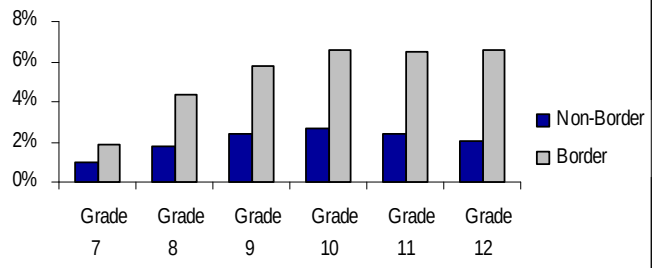
DPS labs identified 10 substances as PCP in 1998 and 168 in 2006 (exhibit 26).

According to the DEA, PCP costs $30 per dosage unit in McAllen and $45–$80 per ounce in San Antonio and $375-$450 per ounce in Dallas.

Rohypnol

Rohypnol (flunitrazepam) is a benzodiazepine that was never approved for use in the United States. The drug is legal in Mexico, but since 1996, it has been illegal to bring it into the United States. Rohypnol continues to be a problem along the Texas-Mexico border. As shown in exhibit 27, the 2006 secondary school survey found that students from the border area were two tot three times more likely to report Rohypnol use than those living elsewhere in the State (6% vs. 2% lifetime, and 2% vs. 1% current use). Use in both the border and nonborder areas has declined since its peak in 1998. Among Texas college students in 2005, 1% reported lifetime use of Rohypnol, and 0% reported past-month use.

Exhibit 27. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Rohypnol, by Grade: 2006



Source: DSHS

The number of confirmed exposures to Rohypnol reported to the Texas Poison Control Centers peaked at 102 in 1998; 22 cases were reported in 2005, and 10 were reported in 2006. The average age in 2006 was 18; 44% were male, and 70% lived in counties on the border. A study of all the exposure calls between 1998 and 2003 found that a significantly higher proportion of flunitrazepam abuse and malicious use calls occurred in border counties. The majority of the abuse calls involved males, while the majority of malicious use calls involved females. Most abuse calls involved adolescents, while the majority of the malicious use calls involved adults. Abuse cases occurred most frequently at the patient's own residence or at school, while malicious use occurred most often in public areas, with the patient's own residence ranking second (Forrester 2004). This analysis provides evidence of two patterns of Rohypnol use: (1) recreational use and abuse by adolescent males and (2) use of the drug with criminal intent on adult women.

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, 331 in 2003, 221 in 2004, 198 in 2005, and 278 in 2006. In 2006, clients abusing Rohypnol were among the youngest of the club drug patients (age 20), and they were Hispanic (95%), which reflects the availability and use of this drug along the border. Some 68% were involved with the criminal justice or legal system. While 12% of these clients said that Rohypnol was their primary problem drug, 44% reported a primary problem with marijuana, and 22% had a problem with heroin (exhibit 23)

DPS lab exhibits for Rohypnol numbered 43 in 1988, 56 in 1999, 32 in 2000, 33 in 2001, 26 in 2002, 17 in 2003, 17 in 2004, 10 in 2005, and 9 in 2006. This decline in the number of Rohypnol seizures parallels the declines seen in other indicators.

Although Roche is reported to no longer be making the 2-milligram Rohypnol tablet (a favorite with abusers), generic versions are still produced, and the blue dye added to the Rohypnol tablet to warn potential victims is not in the generic version. Unfortunately, the dye is not proving effective, since people intent on committing sexual assault may employ blue tropical drinks and blue punches into which the generic version of Rohypnol can be slipped.

Rohypnol sells for $2–$4 per pill in San Antonio.

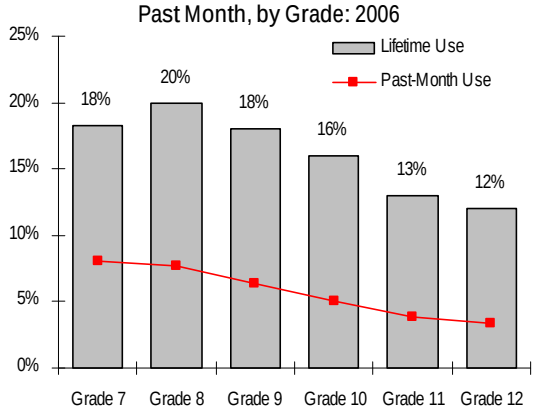
Other Abused Substances

Inhalants

The 2006 elementary school survey found that 10% of students in grades 4–6 had ever used inhalants, and 7% had used in the school year. The 2006 secondary school survey found that 17% of students in grades 7–12 had ever used inhalants, and 6% had used in the past month. 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 28). This decrease in inhalant use as students age may be partially related 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. In addition, the Texas school surveys have consistently found that 8th graders reported use of more kinds of inhalants than any other grade, and this may be a factor that exacerbates the damaging effects of inhalants and leads to dropping out. The 2005 YRBS reported that 13% of Texas high school students had ever used inhalants. Respondents to the 2005 Texas college survey reported 4% lifetime and 0.3% past-month use of inhalants. The 2002–2004 NSDUH estimated that

0.7% of Texas age 12 and older had used inhalants in the past year.

Exhibit 29. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2006



Source: DSHS

The poison control center data for 2006 show that there were 16 calls for exposure to automotive products such as carburetor cleaner, transmission fluid, and gasoline; the average age was 22. There were 15 calls for misuse of air fresheners or dusting sprays (average age of 21); 20 calls for abuse or misuse of paint or toluene (average age 30); 15 calls for misuse of Freon (average age 26); and 8 calls involving gases such as butane, helium, nitrous oxide, and propane (average age 33).

Inhalant abusers represented 0.1% of the admissions to treatment programs in 2006. The clients tended to be male (62%) and Hispanic (77%). The overrepresentation of Hispanics is related to the fact that DSHS developed and funded treatment programs targeted specifically to this group. The average age of the clients was 25. Seventy percent were involved with the criminal justice system; the average education was 9.2 years; 12% were homeless; and 30% had a history of injection drug use.

In 2000, there were 12 deaths involving misuse of inhalants, compared with 15 in 2001, 8 in 2002, 13 in 2003, 11 in 2004, and 17 in 2005. The categorization of inhalant deaths is difficult and leads to underreporting. However, of those reported in 2005, the average age was 38; 88% were male; 59% were White; 24% were Hispanic.

Steroids

The Texas school survey reported that 2% of all secondary students surveyed in 2006 had ever used steroids, and less than 1% had used steroids during the month before the survey. The 2005 Texas college survey found less than 1% had ever used steroids, and 0.1% had used in the past month.

There were 36 persons admitted to DSHS-funded treatment in 2006 with a primary, secondary, or tertiary problem with steroids. Forty-two percent were male, 78% were White, and 14% were Hispanic; the average age was 31. Some 75% were involved with the criminal justice or legal system; 50% had a primary problem with steroids; and 22% had a primary problem with marijuana.

The NFLIS data for Texas reported testosterone was the steroid most likely to be seized and submitted for forensic testing, although it only constituted 0.19% of all the items tested in 2006. Most of the steroid seizures were tested in DPS laboratories located on the border.

Anabolic steroids cost $1–$3 per tablet and $5–$10 per milliliter in Houston.

Carisoprodol (Soma)

Poison control centers confirmed that exposure cases of intentional misuse or abuse of the muscle relaxant carisoprodol (Soma) increased from 83 in 1998 to 282 in 2006. Forrester's study of carisoprodol cases reported to Texas poison control centers between 1998 and 2003 found that 51% of these cases involved males, and 83% involved persons older than 19. Carisoprodol is a substance that tends to be abused in combination with other substances. Only 39% of the cases involved that one drug; all the others involved combinations of drugs (Forrester 2004).

In 2005, carisoprodol was mentioned on 99 death certificates, up from 51 in 2003. Only four of the death certificates mentioned only carisoprodol. Hydrocodone and alprazolam were substances most often mentioned along with carisoprodol on the other death certificates. Of the 2005 deaths, 49% were male, 87% were White, 8% were Hispanic, 3% were Black, and the average age was 40.

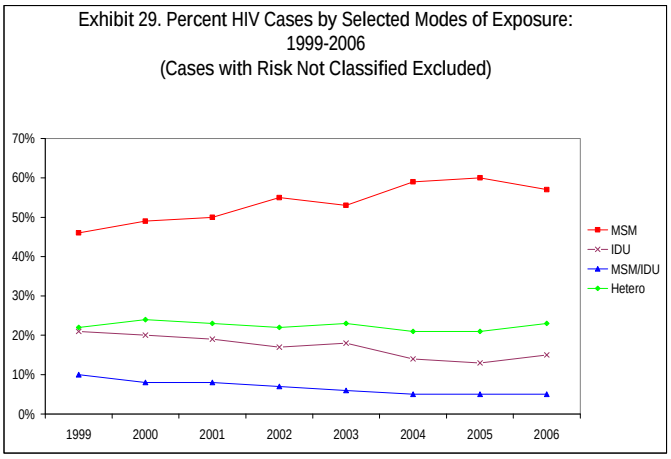
DPS lab exhibits of carisoprodol reported to NFLIS increased from 13 in 1998 to 90 in 1999, 153 in 2000, 202 in 2001, 232 in 2002, 277 in 2003, 253 in 2004, 336 in 2005, and 558 in 2006.

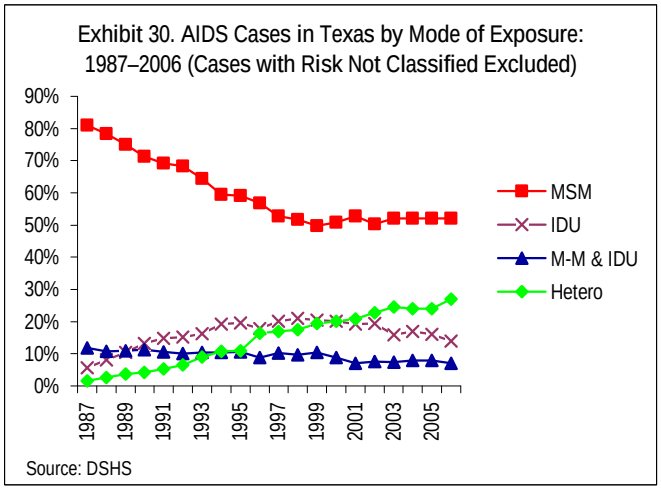
According to the Dallas DEA Field Division, Soma sells for $4 per tablet, and Soma with codeine sells for $2–$5.

HIV and AIDS Cases

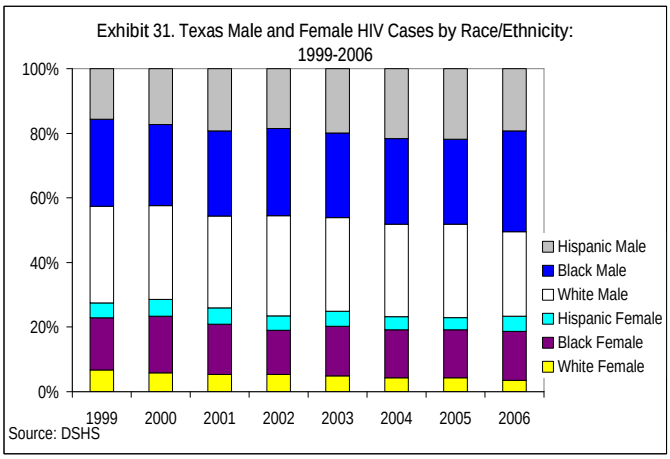
The proportion of adult needle users entering DSHS-funded treatment programs decreased from 32% in 1988 to 16% in 2006. Sixty percent of heroin injectors were people of color, while injectors of stimulants and cocaine were far more likely to be White.

The proportion of HIV cases among men having sex with men increased from 46% in 1999 to 57% in 2006 (exhibit 29), and the proportion of AIDS cases among men having sex with men increased from 50% in 1999 to 52% in 2006 (exhibit 30). Of the HIV cases in 2006, 23% were heterosexual mode of exposure, and 15% were among injection drug users (IDUs). Of the 2006 AIDS cases, 27% were heterosexual and 14% were IDUs. HIV cases that later seroconverted to AIDS are excluded from the HIV exhibits.





Persons infected with HIV or AIDS are more likely to be persons of color. Among HIV cases in 2006, 46% were Black, 30% were White, and 24% were Hispanic (exhibit 31). Among AIDS cases in 2006, 43% were Black, 29% were White, and 28% were Hispanic (exhibit 32).



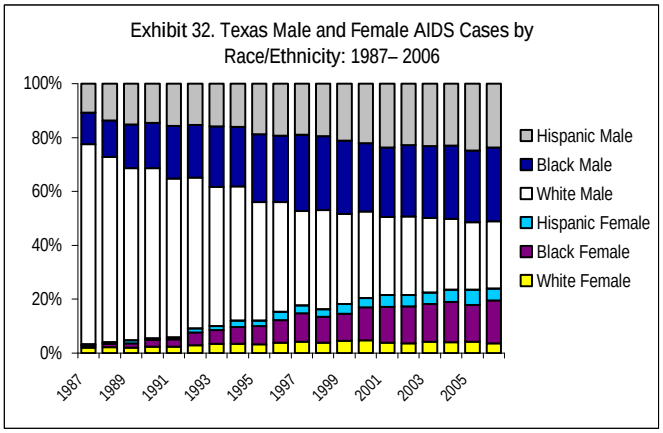


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Exhibit 33. Adult and Youth Admissions to DSHS-Funded Treatment Programs: Jan-Dec 2006

Primary Substance	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
Total	85646	100.0	31.8	19.0	13	49.0	20.0	60.2
Heroin	8144	9.6	34.3	21.2	14	25.1	16.3	63.6
Non-Rx Methadone	101	0.1	31.9	25.4	7	34.7	22.8	55.4
Other opiates	3903	4.6	34.7	25.0	10	36.0	24.3	44.3
Alcohol	21536	25.3	37.0	15.9	22	47.7	20.5	70.3
Depressants	1216	1.4	28.4	22.4	7	44.1	18.3	51.8
Amphet/Methamph	10456	12.2	30.4	20.4	11	51.1	18.3	43.9
Powder Cocaine	8353	9.8	29.8	20.8	10	55.0	23.1	50.5
Crack Cocaine	12331	14.4	37.6	25.4	13	36.8	17.4	51.6
Marijuana	18381	21.4	22.2	14.2	9	68.5	21.8	71.0
Hallucinogens	359	0.1	28.0	19.0	10	48.6	16.2	67.6
Other	675	0.8	28.4	20.2	8	32.0	13.3	63.0

Primary Substance	Percent Using Needles	Percent w/ History of IV Drug Use	Percent Black	Percent White	Percent Hispanic	Percent Employed	Avg Months Employed Over Last 12	Pct Involved w/Crim Just or Legal System
Total	16.0	27.3	19.1	47.9	31.1	32.6	4.1	56.5
Heroin	79.1	82.8	10.2	36.5	51.8	14.3	2.4	32.2
Non-Rx Methadone	21.8	47.5	8.9	66.3	24.8	20.8	3.3	42.6
Other opiates	15.3	36.0	9.2	81.2	8.5	17.2	3.5	33.2
Alcohol	5.0	18.7	12.5	55.5	29.7	35.6	5.1	54.9
Depressants	5.6	20.6	9.0	70.6	18.3	26.8	3.1	54.9
Amphet/Methamph	32.0	46.4	1.5	85.5	11.3	28.1	3.7	61.5
Powder Cocaine	12.8	19.6	15.7	31.8	50.4	32.9	4.2	58.5
Crack Cocaine	5.4	27.0	45.4	36.2	17.0	15.9	3.0	42.8
Marijuana	1.5	5.1	26.6	30.4	40.9	54.7	5.0	79.1
Hallucinogens	13.5	20.3	47.3	31.1	21.6	35.1	3.7	62.2
Other	4.9	11.1	17.6	34.7	46.5	26.7	3.8	71.3

Primary Substance	Average Education	Percent Homeless	Income At Adm	# Pregnant at Admission	% on Medication	% Emergency Room Visit	% Health Problems
Total	11.3	10.2	$9,418	1776	18.2	28.0	24.5
Heroin	11.3	11.5	$4,048	211	27.4	28.4	32.1
Non-Rx Methadone	11.6	9.9	$4,282	4	23.8	41.6	37.6
Other opiates	12.2	6.5	$6,831	68	31.7	44.5	38.5
Alcohol	11.8	12.2	$16341	150	18.8	31.3	27.6
Depressants	11.6	5.7	$9,569	33	28.6	35.0	32.4
Amphet/Methamph	11.7	9.5	$6,069	320	15.9	31.3	23.3
Powder Cocaine	11.1	5.7	$7,180	264	14.5	28.2	20.0
Crack Cocaine	11.6	18.6	$8,684	334	22.8	34.0	30.4
Marijuana	10.3	5.4	$6,675	364	10.1	14.0	13.1
Hallucinogens	11.2	9.5	$3,934	1	23.0	23.0	17.6
Other	11.1	5.9	$11,589	16	51.6	14.2	16.7

Primary Substance	Pct w/ Employment Problems	Pct w/Family and/or Marital Problems	Pct w/ Social/Peer Problems	Pct w/ Psych/Emot. Problems	Pct Reporting Drug/Alcohol Problems
Total	49.2	46.2	40.0	37.2	60.6
None	5.9	11.8	11.8	11.8	5.9
Heroin	71.9	68.0	64.0	42.2	85.4
Non-Rx Methadone	58.4	58.4	53.5	52.5	78.2
Other opiates	65.2	62.9	56.2	52.9	78.8
Alcohol	49.7	46.7	42.2	39.8	65.5
Depressants	55.9	53.0	45.6	47.5	50.6
Amphet/Methamph	49.3	47.3	37.7	42.7	59.8
Powder Cocaine	43.1	42.7	34.4	33.7	55.6
Crack Cocaine	59.9	56.2	50.4	50.0	73.2
Marijuana	31.2	27.3	20.4	18.2	39.8
Hallucinogens	41.9	41.9	40.5	28.4	48.6
Other	24.1	24.4	20.3	21.6	31.0