SUBSTANCE ABUSE TRENDS IN TEXAS: JUNE 2013

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ABSTRACT

This report updates indicators of substance abuse in Texas since the June 2012 report and describes trends by calendar year from 1987 through May, 2013.

Cannabis demand indicators (poison control calls, treatment admissions, forensic laboratory items identified) are level or increasing. However, supply indicators are down. The quality of Mexican cannabis is poor and availability is down due to drought in Mexico. Indoor grows and hydroponic grows in Texas provide large quantities of high-quality cannabis.

Synthetic cannabis indicators are increasing and the number of items and types of cannabinoids identified in forensic laboratories are growing.

Cocaine indicators (poison control calls, treatment, forensic findings, and deaths) continue to decrease, with fewer seizures at the border, more diversion to Europe, use of levamisole as a filler, and increased prices. Some users on the street report the available cocaine is so weak that it is not worth the cost.

Heroin demand indicators are increasing, as are the supply indicators, although the amounts seized are down, with lower prices. Users are young and average age of person dying from heroin overdoses has dropped from 40 to 36 in five years.

Other opiate indicators are increasing, with users of street methadone becoming more similar to users of other opioids. Drinking codeine cough syrup continues to be driven by the rap music promoting “sippin’ syrup.” Abuse of prescription narcotic drugs is seen in two groups: teenagers/young adults seeking euphoria and older Baby Boomers seeking pain relief. Pain clinics in Houston remain a problem even after DEA's “King of the Pill” operation.

Amphetamine Type Substances (ATS). Supply and demand indicators point to a strong and growing “love affair” with stimulant drugs, some of which may be emerging because of the world-wide shortage of MDMA and its precursors. The demand for each of these substances may well be interrelated with the availability and quality of the other ATS drugs and cocaine. **MDMA** demand indicators are down and the **2-C-xx** phenethylamines, which were replacements for MDMA in the 1980s, are increasing both in use and in variations. Youth are reported to be “researching chemicals” such as the **synthetic cathinones,** with use increasing with more items and more types identified in forensic laboratories each year. **Methamphetamine** demand indicators are close to approaching the levels of use before the pseudoephedrine ban and supplies are increasing with a decrease in price and very large seizures reported. Liquid methamphetamine is coming in from Mexico and being converted to Ice locally. As of the first quarter of 2013, the purity of the P2P methamphetamine nationally was 95 percent, the potency was 83 percent, and 95 percent of the methamphetamine examined in DEA’s special laboratory was made using the P2P process. The methamphetamine and cocaine trends may be inversely related, with the shortage of cocaine driving the increased supply of methamphetamine.

Other Club Drugs. PCP indicators vary, with increasing treatment admissions and recent seizures may indicate a resurgence of the drug. Psilocin and psilocybin indicators are emerging, as are those for 5-MeO-xx tryptamines.

ABBREVIATIONS IN THIS REPORT

CEWG—Community Epidemiology Work Group sponsored by the National Institute on Drug Abuse.

CY—Calendar year (January 1-December 31).

DMP—DEA's Domestic Monitoring Program.

DEA—Drug Enforcement Administration.

DSHS—Texas Department of State Health Services.

FD—DEA Field Divisions as in Dallas, El Paso, and Houston.

MPP—DEA's Methamphetamine Profiling Program.

NFLIS-DEA's National Forensic Laboratory Information System.

NSS—DEA's National Seizure System.

NSDUH—National Survey of Drug Use and Health.

SAMHSA—Substance Abuse and Mental Health Services Administration.

STRIDE— DEA's System to Retrieve Information from Drug Evidence.

YRBS—Youth Risk Behavior Survey sponsored by the Centers for Disease Control.

TTRS—Trends in Trafficking Reports issued by each of DEA's Field Divisions semi-annually.

AREA DESCRIPTION

The population of Texas in 2010 was 25,145,561, with 45 percent White, 11 percent Black, 38 percent Hispanic, and 5 percent "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

This report updates the June 2012 CEWG report. To compare the June 2013 report with earlier periods, please access *http://www.utexas.edu /research/cswr/ gcattc/ drugtrends.html*.

Data for this report include the following sources:

- **Student substance use data** for 2012 came from reports on the Texas School Survey of Substance Abuse: Grades 7–12, 2012, which was authored by L.Y. Liu and published by the Department of State Health Services (DSHS). For 2011, the data for high school students in grades 9–12 came from the Youth Risk Behavior Surveillance Survey (YRBS)—United States, 2011, MMWR Surveillance System, downloaded June 8, 2012 at *http://apps.nccd.cdc.gov/youthonline /App/ Default. aspx?SID=HS.*

- **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 statewide estimates are from the 2010-2011 and 2008-2009 NSDUH.

- **Poison control center data** came from the Texas Poison Center Network, DSHS, for 1998 through 2012 with updates on cannabis homologs and synthetic cathinones through May 31, 2013, courtesy of Mathias Forrester. The information on the 2Cxx drugs is taken from an article, "2C Series Phenethylamine Derivative Exposures in Texas" by Mathias Forrester in *Substance Abuse* 34:1, 81-82, 2013.

- **Treatment data** were provided by the DSHS data system on clients admitted to treatment in DSHS-funded facilities from January 1, 1987, through December 31, 2012. The 2012 data was provided by Lesli San Jose of the DSHS Decision Support Program. The DSHS treatment data changed beginning with calendar year 2010 with additional drug categories. The 2012 data were downloaded on April 23, 2013, and the file may not be complete due to additional records being submitted later.

- **Information on drug mortality** through 2012 came from the Bureau of Vital Statistics, DSHS, on May 31, 2012, courtesy of Lyudmila Baskin. These deaths are defined as "drug poisoning deaths" which involve deaths with an underlying cause of poisoning from drug overdose or other misuse of drugs. The 2012 data are provisional and subject to change as additional cases are analyzed.

- **Information on seized drugs identified by laboratory tests** came from forensic laboratories in Texas which reported results from analyses of substances for 1998 through partial 2013 to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA). The drugs reported include not only the first drug reported in a case of multiple substances, but also the second and third drugs in any combination. The 2009 and 2011 data are not complete due to missing data from some reporting units, and the 2012 data are missing two months of data due to changes in the computer system at the Texas Department of Public Safety.

- **Price, trafficking, distribution, and supply information** was gathered from the July–December 2012 reports on Trends in the Traffic Report System (TTRS) from the Dallas, El Paso, and Houston Field Divisions (FDs) of the DEA.

- **Purity data** were provided by the DEA. The purity of methamphetamine nationally came from DEA's Methamphetamine Monitoring Project (MPP) and the Texas purity data for heroin came from the DEA Domestic Monitor Program (DMP).

- **Reports by users and street outreach workers** on drug trends for last quarter of 2012 and first quarter of 2013 were reported to DSHS by workers at local HIV (human immunodeficiency virus) counseling and testing programs across the State. Information was also gathered from outreach staff at AIDS Services of Austin.

- **Sexually transmitted disease (STD) and acquired immunodeficiency syndrome (AIDS)** data through 2012 were provided by Nicole Hawkins of DSHS.

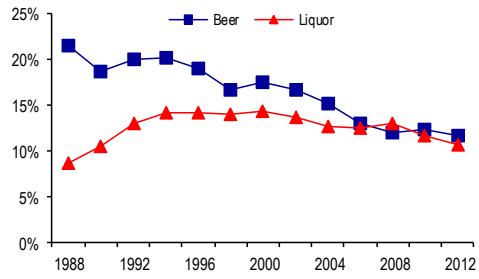
DRUG ABUSE PATTERNS AND TRENDS

Alcohol

Alcohol is the primary drug of abuse in Texas. In 2012, 58 percent of Texas secondary school students in grades 7–12 had ever used alcohol, and 25 percent had consumed 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 2012, 12 percent of all secondary students said that when they drank, they usually drank five or more beers at one time, and 11 percent reported binge drinking of liquor (exhibit 1).

The 2011 YRBS reported that 73 percent of Texas high school students in grades 9–12 had ever drunk alcohol; 40 percent had drunk alcohol in the past month; and 24 percent had drunk five or more drinks in a row in the last month. In comparison, in 2001, 81 percent had ever drunk alcohol; 49 percent had used alcohol in the last month; and 31 percent had drunk five or more drinks at a time. In 2011, 22 percent of girls and 25 percent of boys reported binge drinking.

Exhibit 1. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988–2012



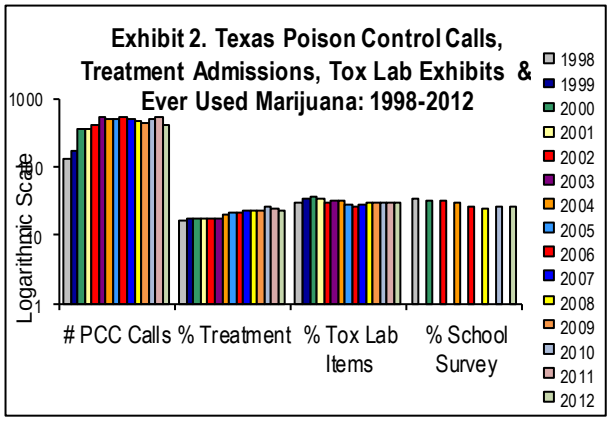
Source: DSHS

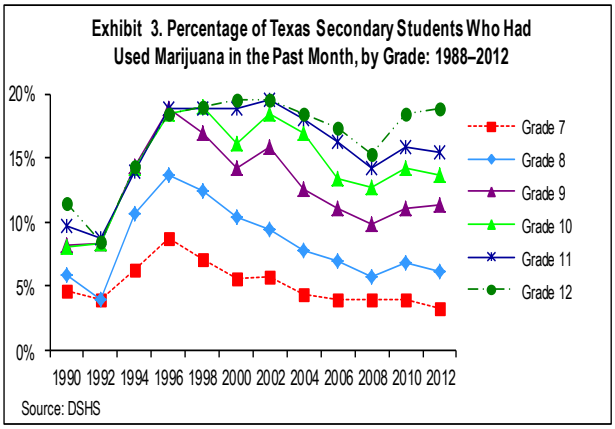
The 2010–2011 NSDUH estimated that 49.6 percent of all Texans age 12 and older had drunk alcohol in the past month, as compared to 51.8 percent nationally. In 2008-2009, 49.6 percent of Texans and 51.8 percent nationally had drunk alcohol in the past month. In 2010-2011, 6.6 percent of Texans age 12 and older were estimated to be alcohol dependent or abusers in the past year, compared with 6.8 percent of the U.S. population.

In 2012, 29 percent of all clients admitted to publicly-funded treatment programs in Texas had a primary problem with alcohol. The characteristics of alcohol admissions have changed over the years. In 1988, 82 percent of the clients were male, compared with 67 percent in 2012. The average age increased from 33 to 39 years. During this time, alcohol clients were also becoming more likely to be polydrug users: the proportion reporting no secondary drug problem dropped from 67 to 52 percent. The most common secondary drugs were cannabis (42 percent) and cocaine (17 percent).

Cannabis (Marijuana)

Cannabis indicators remained mixed (exhibit 2).

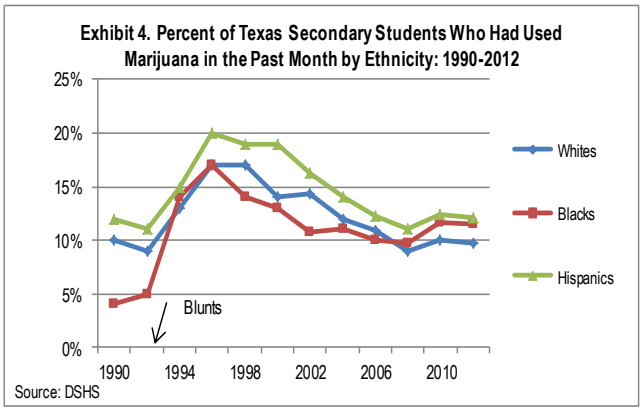




Among Texas secondary students (grades 7–12), 26 percent in 2012 had ever tried cannabis, and 11 percent had used in the past month. Past-month use was lowest among seventh graders (exhibit 3).

The use of blunt cigars (cheap cigars split open with cannabis replacing the tobacco) has driven the increase in the use of cannabis. Exhibit 4 shows the impact of blunt cigars after they appeared in Texas in 1993. Since then, rates have increased for all race/ethnic groups, although by 2008, the levels for Whites and Hispanics were back to their 1992 levels, while the levels for Black students are still above the rates prior to the introduction of blunts.

The 2012 survey provided further insight into this phenomenon. Of those youths who used cannabis, 63 percent smoked “blunts” at least one-half of the time, compared with 58 percent who smoked “joints” at least one-half of the time. The relationship between tobacco use, cannabis use, and cigars was also seen in the finding that of those youths who had ever used tobacco and never used cannabis, 5 percent had ever used cigars. In comparison, of those who had ever used tobacco and ever used cannabis, 77 percent had ever used cigars.



In 2011, the YRBS reported that 41 percent of Texas high school students in grades 9–12 had ever smoked cannabis, as compared with 37 percent in 2009, 38 percent in 2007, 42 percent in 2005, and 41 percent in 2001.

The 2010-2011 NSDUH estimated that 9.3 percent of Texans age 12 and older had used cannabis in the past year (compared with 11.6 percent nationally); in 2008-2009, 8.3 percent reported past-year use, as compared to 10.8 nationally.

The Texas Poison Center Network reported 133 calls of human exposure to cannabis in 1998, compared with 401 calls in 2012 (exhibit 2).

Cannabis was the primary problem for 23 percent of admissions to treatment programs in

2012 compared with 8 percent in 1995. While 43 percent of cannabis admissions in 2012 reported no second substance abuse problem, 29 percent had a problem with alcohol. The average age of cannabis clients was 23. Approximately 43 percent were Hispanic, 25 percent were White, and 26 percent were Black; 72 percent were male. Seventy-eight percent were involved with the criminal justice system and only 13 percent were employed fulltime.

Cannabis was identified in 28 percent of all the exhibits analyzed by Texas forensic laboratories in 2012 (exhibit 2).

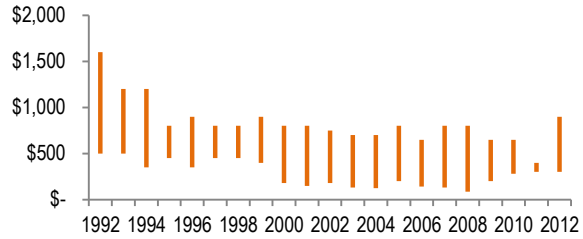
DEA's STRIDE statistics comparing CY 2011 with CY 2012 report cannabis seizure amounts dropped about 27 percent, from 245,219 kilograms to 179,645 kilograms. DEA's EPIC data comparing CY 2011 with CY 2012 disclosed cannabis seizure amounts in Texas declined 28 percent, from 1,080,426 kilograms to 780,087 kilograms.

The Dallas FD is a major transshipment and distribution center for cannabis imported from Mexico. Sophisticated indoor grows continue to be frequently encountered. The organizations responsible for the indoor grows have the capability to cultivate and distribute multiple hundred pounds of high-grade cannabis. During several recent seizures, elaborate indoor cannabis grow operations were found in residences.

Cannabis is the controlled substance most frequently seized in the El Paso Field Division. Cannabis levels have dropped since 2008. Northern Mexico is suffering the worst drought since the government began recording rainfall 72 years ago. The Field Division reports availability is still high, but less available than a year ago. Most of the cannabis in the region is Mexican with some hydroponic grown in the Midland area.

Cannabis continued to be highly available throughout the Houston FD but some areas reported a noticeable reduction in quality, with some of the cannabis seized on the border of poor quality (insect-infested, moldy, and likely stored for a longer period of time before crossing the border). Hydroponic/indoor grows were increasingly detected, as were outdoor cannabis grows in the area. The popcorn variety of cannabis was also in demand, and traffickers raised prices on this product.

Exhibit 5. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by DEA: 1992-2012



Source: DEA

Exhibit 5 shows an increase of the cost for a pound of cannabis since 1992. In Houston, a pound of domestic cost $360-$400, $300-$500 in Dallas, and $300-$900 in El Paso. A pound of Mexican cost $400-$1,900, in Dallas, $150-$400 in El Paso, and $180-$500 in Houston. A pound of hydroponic cost $1,900-$7,500 in Dallas, $4,000-$6,000 in Midland, and $3,600 to $5,500 in Houston.

Synthetic Cannabis

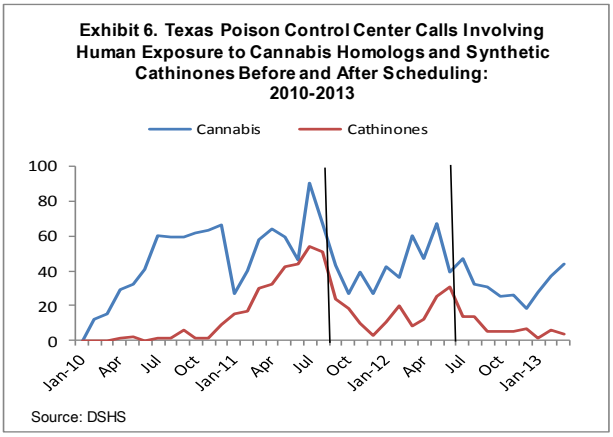
Cannabis homologs (synthetic cannabis or cannabamimetics) which mimic delta-9-tetrahydrocannabinol (THC) but with different chemical structures, continue to be a problem. Many of the newer varieties cannot be identified in standard drug tests, so they are used by probationers, parolees, or persons required to submit to drug tests. A new problem is that these synthetic drugs are also being used by individuals in drug treatment programs to avoid testing positive for cannabis.

The most common types include JWH, AM, UR, MAM, and XLR. The compounds had been developed by researchers to investigate the part of the brain responsible for hunger, memory, and temperature control. The products are known and sold under a wide variety of names such as K2, K2 summit, spice, spice gold, etc. They have been available through gas stations and specialized stores such as head shops and marketed as herbal incense.

On March 1, 2011, DEA designated 15 of these synthetic cannabinoids as Schedule I with 3 more scheduled on May 16, 2013. On September 1, 2011, Texas also made these

substances Schedule I. Since then, the drugs which are banned are primarily obtained over the internet and those which are not banned are obtained from smoke shops and head shops. As exhibit 6 shows, use declined immediately after scheduling but then increased. Human exposure events continue to be reported to the poison centers.

Symptoms associated with use of the cannabis homologs include tachycardia, respiratory issues, agitation, confusion, drowsiness, hallucinations, delusions, nausea and vomiting, ocular problems, and other problems. The substances may also produce withdrawal and dependence in users.



From 2010 through May 31, 2013, the Texas Poison Center Network received 1,793 calls involving human exposures to the substances (504 in 2010, 588 in 2011, 470 in 2012, and 227 to date in 2013). Of all the calls, the age range was between 7 and 75; 46 percent were younger than 20; 76 percent were male; and 89 percent had either misused or abused the substance. Of these calls, 6 percent resulted in “major” or life-threatening conditions; three deaths from synthetic cannabinoids were reported to the poison centers between 2010 and 2013

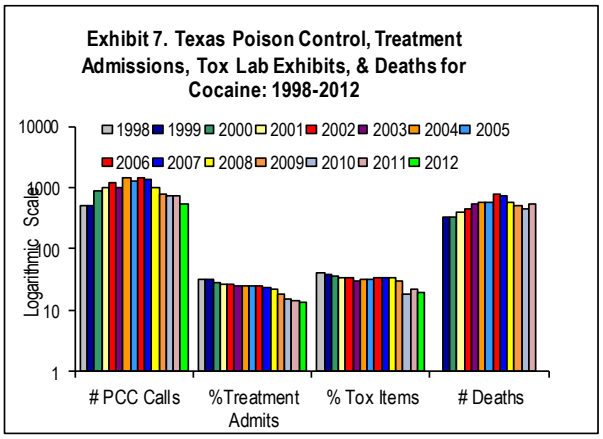
In 2012, 156 persons with a primary problem with synthetic cannabinoids entered Texas treatment programs. Average age was 23, 62 percent percent were White and 26 percent were Hispanic. Seventy-four percent were male and 46 percent used the substance daily.

The Texas forensic laboratories identified 79 synthetic cannabis items in 2010, 2001 in 2011, and 3108 in 2012. The number of varieties of these synthetics increased from 19 in 2010 to 37 in 2011 to 55 in 2012.

El Paso FD DEA reports some local distributors were making their own “Spice” by spraying potpourri with acetone and chemicals obtained in Ciudad Juarez or from China. The forensic laboratory in Laredo reported that the third and fifth most prevalent drugs were types of synthetic cannabis, which shows a trafficking route for these drugs through Mexico. In comparison, heroin ranked seventh in terms of items identified by the Laredo laboratory.

Cocaine/Crack

Cocaine indicators have decreased (exhibit 7). The changes are due to increasing demand for cocaine in Europe; production declines in the Andes; and the addition of levamisole, a filler that can dilute the potency of the cocaine.



The 2012 Texas School Survey of Substance Abuse: Grades 7–12 reported that lifetime use of powder and crack cocaine had dropped from a high of 9 percent in 1998 to 7 percent in 2012, while past-month use dropped from 4 percent in 1998 to 2 percent in 2012.

The 2011 YRBS reported that 9.4 percent percent of Texas high school students had ever used cocaine, compared with 8.5 percent in 2009.

In 2010-2011, the NSDUH reported that 1.5 percent of the Texas population age 12 and older had used cocaine in the past year, below the national rate of 1.6 percent.

Texas Poison Center Network abuse and misuse

calls involving the use of cocaine increased from 497 in 1998 to 1410 in 2008 and then declined to 552 in 2012 (exhibit 7). Sixty-five percent of the cocaine cases in 2012 were male and average age was 33.

Cocaine (both crack and powder) represented 13 percent of all admissions to DSHS-funded treatment programs in 2012, down from 35 percent in 1995. Among all cocaine admissions, cocaine inhalers were the youngest and most likely to be Hispanic (exhibit 8). Cocaine injectors were older than inhalers but younger than crack smokers and they were the most likely to be White. Crack smokers were more likely to be Black and more likely to be homeless. The term “lag” (exhibit 8) refers to the period from first consistent or regular use of a drug to the date of admission to treatment. Powder cocaine inhalers averaged 11 years between first regular use and entrance to treatment, while injectors averaged 19 years of use before they entered treatment.

Exhibit 8. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 2012

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All[a]
# Admissions	5,538	292	3,310	9,735
% of Cocaine Admits	61	3	34	100
Lag-1st Use to Tmt-Yrs.	17	19	11	15
Average Age	42	39	32	38
% Male	50	59	51	51
% Black	56	17	27	44
% White	26	58	20	25
% Hispanic	15	23	48	27
% CJ Involved	45	40	64	52
% Employed Full Tiime	7	10	18	11
% Homeless	20	16	5	15

[a]Total includes clients with "other" routes of administration.

Source: DSHS

Exhibit 9 shows the changes in treatment admissions between 1993 and 2012 by route of administration and race/ethnicity. The proportion of Blacks among crack cocaine smokers has decreased and the proportion of Whites increased.

The number of poisoning deaths that involved cocaine increased from 321 in 1999 to 778 in 2006, before dropping to 487 in 2012 (exhibit 7). In 2012, average age was 46; 8 percent were male; 77 percent were White, 11 percent Hispanic, and 10 percent Black.

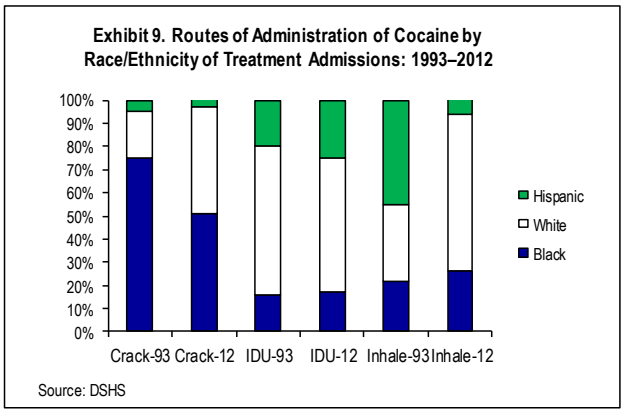


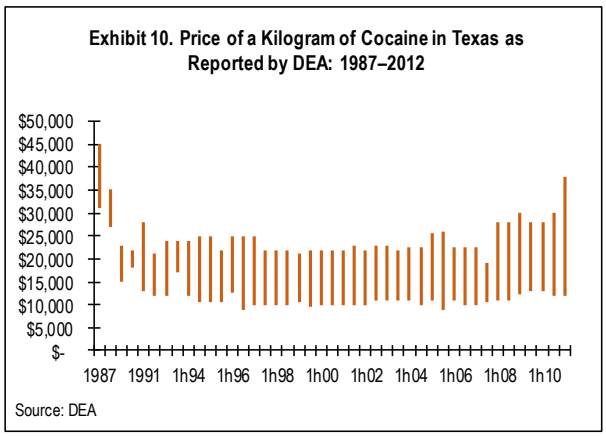
Exhibit 7 shows that the proportion of drug items identified as cocaine by the forensic laboratories has decreased. In 1998, cocaine accounted for 40 percent of all items examined, as compared with 19 percent in 2012. The DEA laboratory has been finding levamisole (phenyltetra-hydroimidazothiazole) (“PIT”) in cocaine exhibits for a number of years, and the decrease in purity may reflect increased use of PIT as filler to increase the volume of the drug. There were 700 items identified as PIT in 2012, according to the forensic laboratories in Texas.

Street outreach workers in Austin report crack use is continuing among older Black males but few new users are appearing and crack users who want to inject the drug continue to use packets of lemon juice to liquefy the drug. In order to minimize vein damage, vitamin C powder dissolved in water is a harm reduction option to using lemon juice. Some users in Austin also are reporting that the cocaine is so weak that it is not worth the cost. Other outreach programs around the state also reported crack use was down and that mixing synthetic cathinones with cocaine to increase its effect is reported to cause hallucinations and paranoia.

Data from the El Paso Intelligence Center’s (EPIC) National Seizure System (NSS) for CY 2012 reflected a significant decline in cocaine seizures in the Southwest Border. Cocaine seizures fell in Texas by 62 percent, from 14,301 kilograms in CY 2011 to 5,440 kilograms in CY

2012.

Along with the decrease in cocaine supply, there was an increase in price. Whereas cocaine was available at $23,500 per kilogram in late 2011 and early 2012, current per kilogram quotes typically range from $29,000 to $30,000, with some quotes as high as $34,000 (exhibit 10). DEA intelligence indicates that, in many cases, cocaine sources are "dry," regardless of price. Recent cocaine seizure totals corroborate Dallas FD intelligence.



In Houston, cocaine availability decreased throughout the FD, which resulted in an increase in cocaine prices. This reduction in the cocaine supply in the Brownsville area was likely caused by dysfunction in the organizational structure of the Cartel in the Brownsville/Matamoros area, increased Mexican military presence, and skirmishes between competing cartels. Crack cocaine's availability varies within the region.

Cocaine is readily available in El Paso. The source of supply in Ciudad Juarez and pricing in El Paso is stable. The loads typically encountered are less than 50 kilograms, which is smaller than typical load sizes encountered prior to 2008.

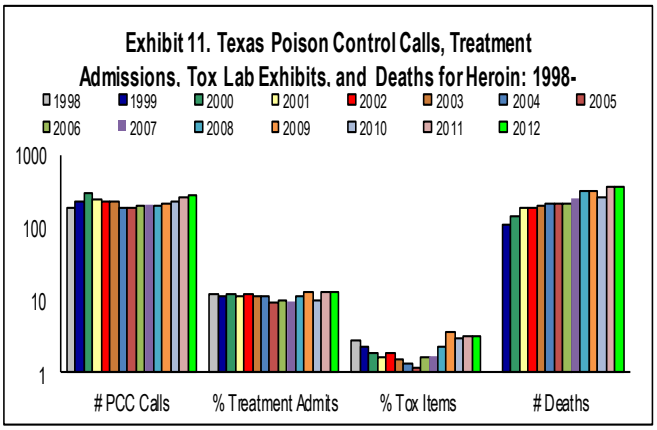
A gram of powder cocaine in Dallas costs $50-$90, $40-$140 in El Paso, and $60-$100 in Houston. An ounce of powder cocaine in 2012 cost $450–$1,400 in Dallas, $600–$1,600 in El Paso, and $360–$1,000 in Houston. A gram of crack cocaine cost $69-$100 in Dallas, $20-$100 in El Paso, and $50-$200 in Houston.

Heroin

Heroin indicators show a growing problem, particularly among teenagers and young adults. This was first noticed with the "cheese heroin" situation in Dallas in the mid-2000s, but heroin use indicators by youth and young adults are now increasing statewide. The primary types of heroin in Texas are Mexican black tar and powdered brown, which is black tar turned into a powder by combining it with diphenhydramine or other ingredients.

The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4 percent in 1998 to 1.1 percent in 2012. The 2011 YRBS found 3.3 percent of Texas high school students reported having ever used heroin, as compared with 2.1 percent in 2009, 2.4 percent in 2007, and 3.0 percent in 2005 and 2001.

Calls to the Texas Poison Center Network involving confirmed exposures to heroin ranged from 181 in 1998 to 268 in 2012 (exhibit 11).



Heroin was the primary drug of abuse for 13 percent of clients admitted to treatment in 2012 (Appendix 1). The characteristics of these users vary by route of administration, as exhibit 12 illustrates. Most heroin addicts entering treatment inject the drug, but the proportion inhaling heroin increased from 4 percent of all heroin admissions in 1996 to 18 percent in 2012. Smoking black tar heroin is very rare in Texas because the chemical composition tends to flare and burn rather than smolder.

While the number of individuals who inhale heroin was small, the lag period between first use and seeking treatment for this group was 8 years, compared with 12 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 and enter treatment sooner while still inhaling. Alternatively, they will shift to injecting—increasing their risk of hepatitis C and HIV infection, becoming more impaired, and entering treatment later.

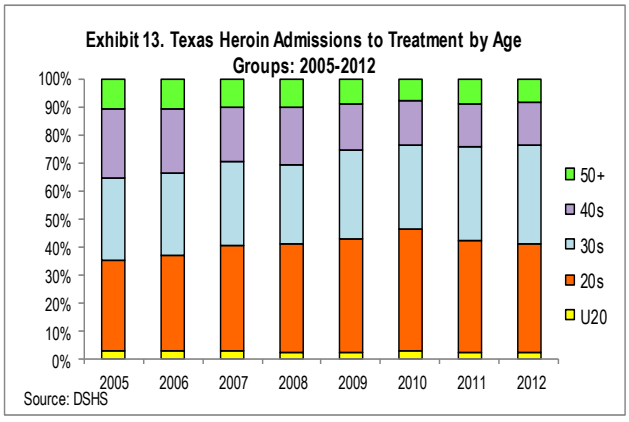
Exhibit 12. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 2012

	Inject	Inhale	Smoke	All[a]
# Admissions	7,439	1,695	282	9,416
% of Heroin Admits	79%	18%	2%	100%
Lag-1st Use to Tmt-Yrs.	12	8	6	11
Average Age	34	29	28	33
% Male	63	55	60	62
% Black	6	14	6	7
% White	41	53	40	43
% Hispanic	47	26	48	43
% CJ Involved	37	42	38	38
% Employed Full Time	6	6	11	6
% Homeless	22	9	10	19

[a]Total includes clients with other routes of administration.

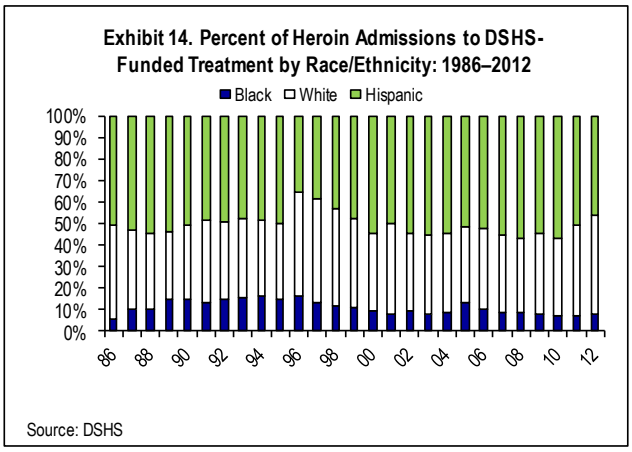
Source: DSHS

Of the 2012 heroin admissions, 43 percent reported no second substance problem, and 18 percent reported a problem with cocaine, which shows the tendency to "speedball," or use heroin and cocaine sequentially. Ten percent reported a second problem with cannabis and 8 percent with alcohol.



The increase in young persons entering treatment for dependence on heroin is a concern. The proportion of heroin clients under age 30 increased from 40 percent in 2005 to 48 percent in 2012, while the proportion of older admissions decreased correspondingly (exhibit 13). The proportion of teenagers entering treatment remained low, but given the lag between first use and dependence, many of the admissions in their twenties began their heroin use as teenagers.

Exhibit 14 shows the changes in race/ethnicity over the years. In 2011 and 2012, the proportion of White admissions increased and the proportion of Hispanic admissions decreased.



In 2012, there were 354 heroin poisoning deaths in Texas (exhibit 15). The decline in average age of the decedents from 40 in 2008 to 36 in 2012 is evidence of the increasing use by young adults. Of these deaths, 51 percent involved only heroin and 24 percent also involved cocaine. Of these decedents, 85 percent were male; 52 were White, 90 percent were Hispanic, and 8 percent were Black.

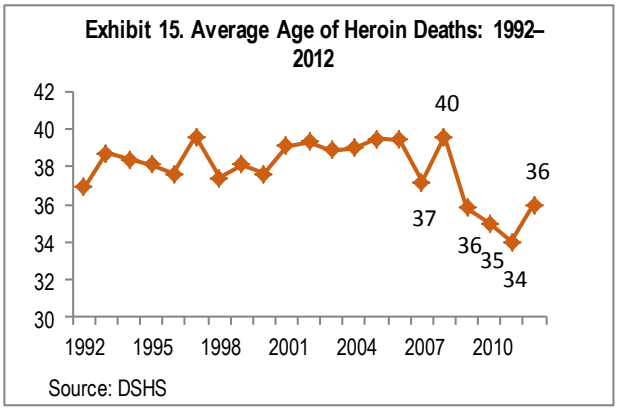


Exhibit 11 shows that the proportion of items identified as heroin by forensic laboratories has remained low (4 percent in 2011).
STRIDE statistics comparing CY 2011 with CY 2012 showed heroin seizure amounts dropped from 98 kilograms to 33 kilograms. EPIC data

comparing CY 2011 with CY 2012 showed heroin seizure amounts in Texas remained stable at 636 kilograms to 641 kilograms.

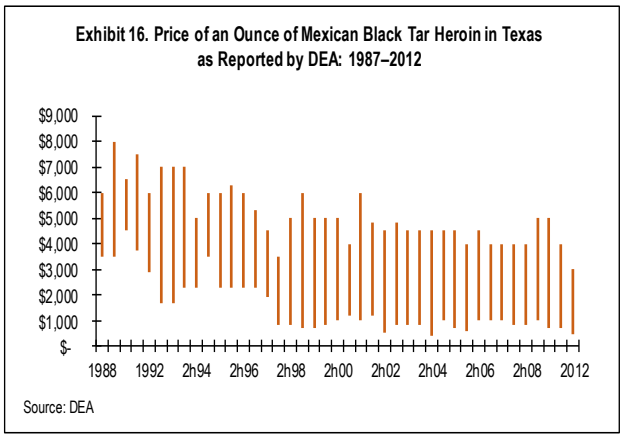
Mexican black tar heroin remains the most prevalent form of heroin available in the Dallas FD. The heroin seizures are increasing, along with reports that wholesale quantities of white heroin are transiting the Dallas area en route to consumer markets in the Northeast. Intelligence indicates that this new "China White" is made using chemicals and methods similar to those used to make methamphetamine in Mexico, and the process results in a cardboard-colored heroin. While large amounts of it transit the Dallas Division, this form is only distributed in larger markets such as New York, Chicago, and Atlanta.

The El Paso DEA FD reported that heroin was moderately available but more available than a year ago. Seizures of heroin in the district had risen recently, which could signal an increase in smuggling in the region. Users cross to Ciudad Juarez to obtain their supply.

There has been an increase in the street level availability of heroin within the Houston area, especially Mexican brown heroin (aka "Sugar"). Colombian heroin is smuggled to and through the Houston area and is sold for higher prices than brown heroin.

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 was sold on the street in 2012 for $5–$20 per paper, balloon, or capsule; $50–$150 per gram; $800–$3,000 per ounce; and $19,000–$60,000 per kilogram.



Mexican brown heroin, which is black tar heroin that has been cut with diphenhydramine, lactose, or another substance and then turned into a powder to inject or inhale, cost $100 per gram. An ounce cost $1,200-$1,600 in Houston.

Source reporting indicates that the price for the “China White” heroin made in Mexico is estimated at $75,000 - $80,000 per kilogram, compared to $19,000 - $60,000 for Mexican Black Tar.

Exhibit 17 shows the purity and price of heroin purchased by the DEA in Texas cities under the Domestic Monitor Program from 1995 to 2011.

Exhibit 17. Price and Purity of Heroin Purchased in Dallas, El Paso, Houston, and San Antonio by the DEA: 1995–2010

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Dallas Purity (%)	6.8	3.5	7.0	11.8	14.0	16.0	13.4	17.2	13.3	16.3	11.6	17.7	20.6	13.5	21.6	15.5	13.2
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	$1.10	$1.09	$0.93	$0.91	$1.31	$0.84
El Paso Purity (%)					56.7	50.8	41.8	40.3	44.7	50.5	44.7	44.8	39.8	41.1	30.5	*	*
Price/Milligram Pure					$0.49	$0.34	$0.44	$0.27	$0.40	$0.27	$0.40	$0.33	$0.49	$0.61	$0.69		
Houston Purity (%)	16.0	26.1	16.3	34.8	17.4	18.2	11.3	28.2	27.4	24.8	24.4	18.1	7.0	6.2	6.0	3.1	3.9
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	$1.90	$1.66	$3.05	$3.42	$6.77	$5.94
San Antonio Purity (%)									8.2	6.4	11.2	17.4	7.1	7.6	8.7	7.7	8.1
Price/Milligram Pure									$1.97	$2.24	$0.56	$0.79	$1.88	$1.42	$1.03	$1.09	$0.85

Source: DEA. * no El Paso reports

Other Opioids

The “other opioids” group excludes heroin but includes drugs such as methadone; codeine; hydrocodone (Vicodin®, Tussionex®); oxycodone (OxyContin®, Percodan®, Percocet-5®, Tylox®); buprenorphine; hydromorphone (Dilaudid®); morphine; meperidine (Demerol®);

tramadol (Ultram®), and opium.

The 2012 indicators for poison control cases and forensic lab items were far greater for hydrocodone as compared to oxycodone, which reflects the more stringent controls on oxycodone, which is Schedule II, as compared to hydrocodone, which is Schedule III (exhibit 18).

The pain pill problem continued to increase with the spread of the “Houston Cocktail” consisting of carisoprodol, alprazolam, and hydrocodone. Two new laws designed to eliminate doctor shopping and prescription fraud became effective September, 2011.

Abuse of codeine cough syrup sweetened with jelly beans dissolved in a soft drink continues; this phenomenon has been popularized by rap music that celebrates “sippin’ syrup.” The marketing of soft drinks that imitate the codeine cough syrup pattern, such as “Lean” and “Drank,” remains a concern.

The 2012 Texas secondary school survey queried about use of other opiates “to get high,” and reported that 8 percent had ever used hydrocodone; 11 percent had ever consumed codeine cough syrup “to get high”; and 4 percent had ever used oxycodone in that manner.

The 2010-2011 NSDUH reported that 4.3 percent of Texans age 12 and older had used pain relievers nonmedically in the past year, as compared with 4.6 percent nationally. The 2011 YRBS reported 22 percent of high school students in Texas have ever taken prescription pills without a doctor’s prescription.

Eight percent of all clients who entered publicly-funded treatment during 2012 had a primary problem with opioids other than heroin, compared with 1 percent in 1995. Appendix 1 shows users of these various opioids differed in their characteristics. They tended to be White, between 31 and 35 years of age, and other than for oxycodone, were more likely to be female. However, over time, the proportion of admissions under age 30 has increased from 35 percent in 2005 to 42 percent in 2012 (exhibit 19).

Poisoning deaths involving methadone, “other opiates,” and “other synthetic narcotics” are classified based on the International Classification of Diseases (ICD) categories, and other than “methadone,” they do not provide data on the specific opiate drug involved.

In 2012, 147 poisoning deaths involved methadone, with 24 percent of these also involving benzodiazepines. Average age of the methadone decedent was 41. There were also 485 deaths involving other opioids (exhibit 18), of which 53 percent involved no other drug, and 25 percent involved benzodiazepines. Average age was 43. Of those deaths involving synthetic narcotics (124 in 2012), average age was 46.

The number of exhibits of opioids examined by the forensic laboratories has increased over time, with some variations between years. Methadone peaked in 2009 while hydrocodone and oxycodone peaked in 2010 (exhibit 18).

In Dallas, promethazine with codeine is used to soak cannabis cigarettes in to give them an extra boost. Soma© (carisoprodol), Valium© (diazepam), Adderall©, methadone, and OxyContin© (oxycodone) continue to be other popular drugs used in the illicit market in the Dallas/Fort Worth area. Dallas continues to see Sibutramine, a Schedule IV controlled substance used as an appetite suppressant.

The indiscriminate prescribing by practitioners, doctor shopping, prescription fraud, and illegal sales by pharmacists remains the primary diversion of controlled pharmaceuticals within the El Paso field division. The international border facilitates the diversion of legal drugs into the illegal market. Prescription drugs and "trial" drugs not approved for human consumption in the United States are readily and legally available in along the border, where medications can be sold over-the-counter. This continues to be a popular source of prescription drugs in El Paso.

Diversion trafficking trends in Texas continued to center around illicit pain clinics, pharmacies, and physicians. DEA reported prescriptions from Houston pain management clinics were filled in pharmacies as far north as Oklahoma, as far east as Alabama, and as far west as El Paso. Large numbers of patients from Louisiana

and other states continued to travel to the Houston area for the purpose of prescription fraud. Furthermore, pill crews continued to recruit "patients" to fraudulently obtain multiple prescriptions from pain clinics that were subsequently filled at local area pharmacies and then given to the pill crew leader for illicit distribution. At the same time, Houston area physicians were found to be mailing prescriptions for Schedule II and Schedule III pharmaceuticals to patients in other states (primarily Louisiana and Mississippi), who then sent these medical practitioners money orders.

Exhibit 18. Indicators of Abuse of Opiates in Texas: 1998–2012

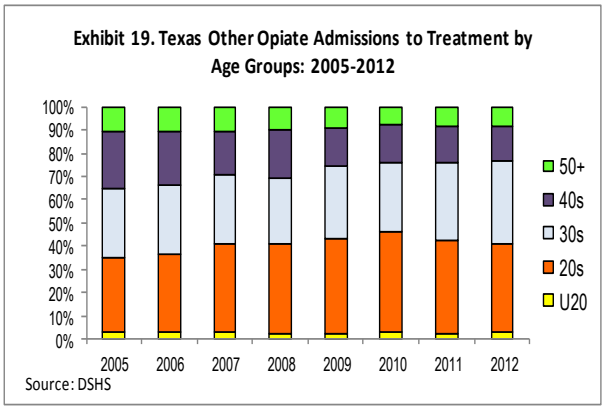
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Poison Control Center Cases of Abuse and Misuse															
Buprenorphine			4	0	2	12	12	27	33	61	83	109	130	138	116
Fentanyl			9	1	3	11	17	11	139	155	120	143	109	132	110
Hydrocodone			236	123	348	465	747	431	657	703	723	748	838	869	814
Methadone			66	91	46	103	378	477	402	1081	1169	1134	1104	794	575
Oxycodone			62	99	68	67	112	50	68	67	81	74	101	95	129
DSHS Treatment Admissions															
Methadone[a]	55	69	44	52	75	86	63	91	101	113	160	145	132	180	193
"Other Opiates"[a]	553	815	890	1,386	2084	2794	3433	3482	3903	4529	5221	5844	2679	2047	1851
Codeine[a]														109	102
Hydrocodone[a]														3102	3277
Hydromorphone[a]														222	275
Oxycodone														342	323
Deaths with Mention of Substance (DSHS)															
Other Opioids		122	168	224	313	370	369	402	577	572	535	555	564	526	485
Synthetic Narcotics		52	52	80	120	80	94	93	113	142	120	171	165	114	124
Methadone		27	62	89	141	161	164	205	222	224	198	183	190	187	147
Drug Exhibits Identified by Toxicology Laboratories (NFLIS)* NOTE 2 MONTHS OF 2012 WERE NOT REPORTED															
Hydrocodone	61	530	661	1,010	1162	1701	2036	2651	3201	3835	3663	4239	5271	4604	3173
Methadone	4	9	23	52	62	79	150	184	204	251	302	320	285	315	236
Oxycodone	11	41	77	150	164	232	309	334	335	333	397	456	519	457	326
Buprenorphine		20	12	6	10	11	6	6	13	25	43	89	131	113	65

[a] "Other Opiates" refers to all other opioids until 2010; starting in 2011 specific opioids are reported;2 months of data in 2012 not reported

[b]As of 2010 information on most common opioids reported separately

[b]The toxicology lab data (NFLIS) is not complete for 2009 and 2011

Sources: DSHS and NFLIS.



Illicit pain management clinics remained a primary threat in the Houston area. The most desired pharmaceuticals continued to be the three that comprise “The Houston Cocktail": hydrocodone, carisoprodol (Soma©), and alprazolam (Xanax©). During this reporting period, the Houston Division's “Operation King of the Pill” successfully executed 50 search warrants at area pain clinics, pharmacies, and an MRI facility. These warrants resulted in the seizure of approximately 3,500 boxes of non-drug evidence; over $1.1 million in assets; the arrest of 31 individuals; and the voluntary surrender for cause of 35 DEA registration numbers. Additionally, the Texas Medical Board temporarily suspended the medical licenses of 19 physicians and physician assistants.

In 2012, a hydrocodone pill sold for $2-$6 on the street. OxyContin® cost $1 per milligram in Dallas. A 10-milligram methadone tablet cost

$2–$5 in El Paso, $7-$8 in Fort Worth, and $4–$8 in San Antonio. A pint of codeine cough syrup with promethazine cost $550-$640.

Benzodiazepines

Benzodiazepines include diazepam (Valium®), alprazolam (Xanax®), flunitrazepam (Rohypnol®), clonazepam (Klonopin® or Rivotril®), flurazepam (Dalmane®), lorazepam (Ativan®), and chlordiazepoxide (Librium® and Librax®). Flunitrazepam (Rohypnol®) is discussed separately in the Club Drugs and Emerging Psychoactive Drugs section of this report.

The 2012 Texas secondary school survey reported lifetime use of downers was 6 percent, and past-month use was 2 percent.

Approximately 2 percent of the clients entering DSHS-funded treatment in 2012 reported a primary problem with benzodiazepines (Appendix 1). Exhibit 20 shows that the number of treatment admissions with problems with alprazolam increased from 581 in 2010 to 1,144 in 2012. Of the 2012 patients, average age was 27 and 38 percent were male.

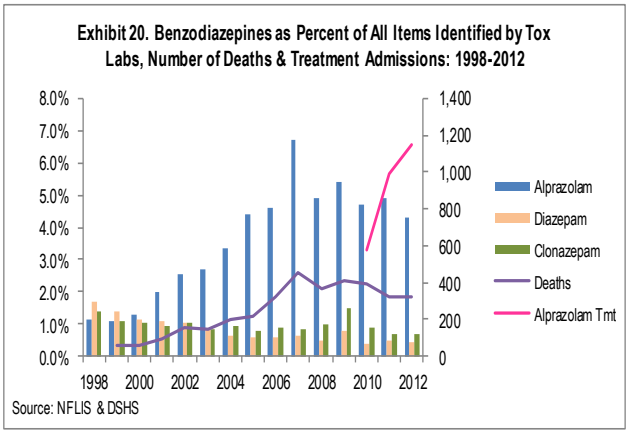


Exhibit 20 shows the increases in deaths due to benzodiazepine poisoning, from 55 in 1999 to 321 in 2012, as well as the dominance of alprazolam as the most abused benzodiazepine in terms of calls to poison centers. Of the deaths involving benzodiazepines, 79 percent involved other drugs; average age was 41; 38 percent were female; 75 percent were White; 15 percent were Hispanic, and 8 percent were Black. Some 87 percent of the deaths also involved opioids such as heroin, synthetic opiates, other opiates, or methadone.

Alprazolam, clonazepam, and diazepam were among the most commonly identified substances, according to the 2012 forensic laboratory reports, although none of them represented more than 5 percent of all drug items examined in a year (exhibit 20).

An alprazolam sold for $3-$5 for a 5 mg. tablet in Fort Worth.

Amphetamine-Type Substances (ATS)

Amphetamine-type substances come in different forms and with different names. This section provides the latest Texas data on a range of "speedy" type substances, including MDMA (ecstasy); 2 C-xx phenethylamine drugs designed in the 1980s as replacements for MDMA; BZP and TFMPP, which can produce an ecstasy-like effect if taken in combination; synthetic cathinones which are synthetic versions of the Khat plant in Africa; amphetamines; and methamphetamine.

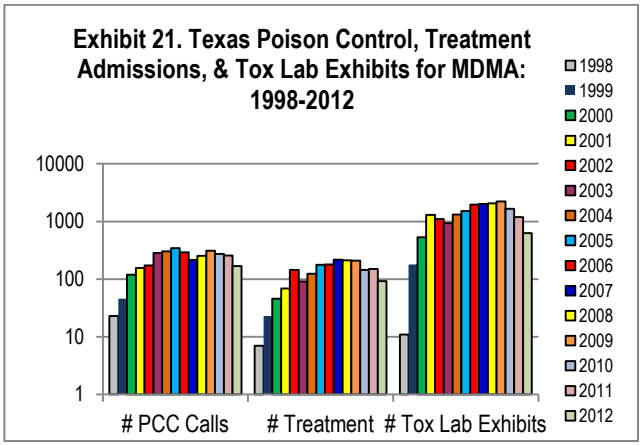
"Pills" can be pharmaceutical grade stimulants, such as dextroamphetamine, Dexedrine®, Adderall®, Concerta®, Vyvanse®, Ritalin® (methylphenidate), or phentermine, or they can be methamphetamine powder that has been pressed into tablets and sold as amphetamines, "Yaba," ecstasy or synthetic cathinones. Stimulant pills can be taken orally, crushed for inhalation, or dissolved in water for injection.

While pharmaceutical grade amphetamines are quite different from the illegally-manufactured methamphetamine, some reporting systems such as the treatment data system are unable to distinguish between them. However, information from the National Forensic Laboratory Information System has clarified that most of these substances are methamphetamine, not amphetamine. The forensic laboratories reported in 2012 that there were 7117 items in Texas identified as methamphetamine and only 258 were amphetamine.

MDMA (Ecstasy, MDA)

The 2012 Texas secondary school survey reported that lifetime ecstasy use dropped from a high of 9 percent in 2002 to 6 percent in 2012.

The YRBS reported that 12 percent of students had ever used ecstasy in 2011, as compared to 9 percent in 2009, 10 percent in 2007, and 8 percent in 2005.



Indicators of use of MDMA have varied over time, as exhibit 21 shows. The Texas Poison Centers reported 292 calls involving misuse or abuse of ecstasy in 2006, compared with 215 in 2007, 253 in 2008, 310 in 2009, 272 in 2010, 258 in 2011, and 1,600 in 2012. In 2012, the average age of these cases was 24 and 55 percent were male.

Ecstasy is often used in combination with other drugs, as shown by secondary problems with cannabis, alcohol, or cocaine (Appendix 1). In 2012, the average age of the MDMA treatment admissions was 24 and they had been using the drug over five years before coming to treatment.

Forensic laboratories identified MDMA (3,4-methylenedioxymethamphetamine) in 1,626 exhibits in 2006, 1,758 exhibits in 2007, 1,898 exhibits in 2008, 2,192 exhibits in 2009, 1,534 exhibits in 2010, 993 in 2011, and 368 in 2012 (exhibit 21). MDA (3,4-methylenedioxy-amphetamine) was identified in 268 exhibits in 2006, 225 in 2007, 149 in 2008, 45 in 2009, 98 in 2010, 69 in 2011, and 35 in 2012.

The Dallas DEA FD reported MDMA wholesale and retail distribution continues to be dominated primarily by Asian drug trafficking organizations. However, current DEA investigations indicate that younger Black males are increasingly becoming involved with retail level distribution of MDMA.

The El Paso DEA FD reported an increase in rave parties using ecstasy, and due to the violence in Ciudad Juarez, young adults were staying on the United States side to party. The drug was brought in from Ciudad Juarez in batches of 200–800 pills.

According to the Houston DEA FD, during this reporting period, MDMA continued to be found in gymnasiums, night clubs, restaurants, and other businesses frequented by young adults. The majority of MDMA entered the Houston area from sources of supply in Canada, Europe, and California, and was most often trafficked by Asians.

In 2011, single dosage units of ecstasy sold for $5–$20 in Houston, $2-$10 in El Paso, $2-$10 in Dallas, and $30 in Austin.

Molly

“Molly” is a slang term for a very pure crystalline form of MDMA. Given the shortage of MDMA in 2012, laboratories that test for MDMA are reporting that the drug that is sold as “Molly” actually contains 4-MEC, cocaine, MDA, or methylone, and it is often sold in a powder-filled capsule or in an epindorph tube, which is a small pipette. Desired effects include euphoria, but there are also reports of increased paranoia, agitated delirium, hallucinations, psychotic episodes, or violent or destructive self-harm behavior.

Street outreach workers report Molly is making a comeback, particularly in bars, gay clubs, and in the hip-hop scene.

2 C-xx Phenethylamine

There are a broad range of abused compounds that share a common phenylethan-2-amine structure. Some are naturally occurring neurotransmitters (dopamine and epinephrine), while others are psychoactive stimulants (amphetamine), entactogens (MDMA), or hallucinogens (the 2C-xx series of compounds).

Common street names for 2 C-B include Nexus, Bees, Venus, Bromo Mescaline, and BDMPEA. The drug first gained popularity as a legal Ecstasy replacement in the mid 1980s. It is

known for having a strong physical component to its effects and a moderate duration.

Other phenethylamines include 2C drugs with a third letter of B, E, C, I, P, and T. These drugs have been extremely difficult to identify due to the lack of peer-reviewed scientific data.

The Texas Poison Control Center reported 1 case of a 2C drug in 2005, 2006, and 2007, with two cases in 2008 and 2009, 4 in 2010, 18 in 2011, 12 in 2012, and 4 through April, 2013, Of these cases, 14 involved 2C-I and 12 involved 2C-E. The patients were predominately adolescents and male. A variety of adverse clinical effects were reported: the most frequent being tachycardia (45 percent), agitation (24 percent), hallucinations (24 percent), drowsiness (21 percent), mydriasis (21 percent), confusion (17 percent), and hypertension (17 percent). At least five deaths due to overdoses have been reported in the literature worldwide as of March, 2013.

2C-xx can be snorted or dissolved into a liquid and placed on blotter paper under the tongue. It may last 6-10 hours; onset takes 15-120 minutes. Street outreach workers report the 2-C drugs and DMT pose problems because they are white or creamy crystalline in appearance so it is difficult to tell what the drug is.

Forensic laboratories report that in Texas in 2012, there were 63 items identified as being a 2C-xx drug.

BZP (1-Benzylpiperazine) and TFMPP (1-(3-trifluoromethylphenyl)piperazine)

BZP has pharmacological effects that are qualitatively similar to those of amphetamine. It is a Schedule I drug that is often taken in combination with TFMPP, a noncontrolled substance, in order to enhance its effects as a substitute for MDMA. It is generally taken orally but can be smoked or inhaled. Piperazines are a broad class of chemicals which include several stimulants such as BZP and TFMPP as well as antivertigo agents (cyclizine, meclizine) and other drugs (e.g., sildenafil/Viagra®). The Texas forensic laboratories analyzed 2 BZP exhibits and 0 TFMPP exhibits in 2006, 16 BZP and 7 TFMPP in 2007, 274 BZP and 190 TFMPP exhibits in 2008, 744 BZP and 677 TFMPP exhibits in 2009, 470 BZP and 391 TFMPP exhibits in 2010, 342 BZP and 168 TFMPP in 2011, and 110 BZP and 170 TFMPP in 2012.

Synthetic Cathinones

Emerging Psychoactive Substances (EPS) include the substituted or synthetic cathinones, as well as and mephedrone (4-methyl-methcathinone) and MDPV (methylene-dioxypyrovalerone). Mephedrone is a designer substance of the phenethylamine class and is a cathinone derivative from the khat plant. Its pharmacology and structure are similar to MDMA and amphetamine. MDPV is another cathinone derivative with effects similar to cocaine and amphetamine.

These drugs are usually supplied as white crystalline powders, although they also are available in tablet form and sold over the Internet and through “head shops,” convenience stores, gas stations, tattoo parlors, and truck stops. They are often labeled as “bath salts,” “plant food,” or “insect repellant.” Their street names include “Bubbles,” “Snow,” “Bath Salts,” “M-cat,” and “Meow Meow.” They are usually ingested or inhaled, and they are reported to produce euphoria, increased energy, empathy, talkativeness, intensification of sensory experiences, and sexual arousal.

A final order to temporarily schedule these drugs under the federal Controlled Substances Act went into effect on October 21, 2011, and it became Penalty Group 2 in Texas on September 1, 2011. Exhibit 6 shows the number of cases per month reported to the Texas poison centers before and after the ban.

The Texas Poison Control Center Network reported 22 human exposures to “bath salt” substances in 2010, 340 in 2011, 157 in 2012, and 21 through May 31, 2013. Fifteen percent were younger than 20, with an age range of 12-67; 74 percent were male; 88 percent intended to abuse or misuse the drug; and common symptoms include tachycardia, hypertension, agitation, confusion, and hallucinations. For 46 percent of the cases, a moderate effect was reported (patient returns to pre-exposure state). For 11 percent of the cases, there was a “major” effect which was life-threatening or caused

significant residual disability. Three deaths have been reported by the Texas poison centers between 2010 and 2013.

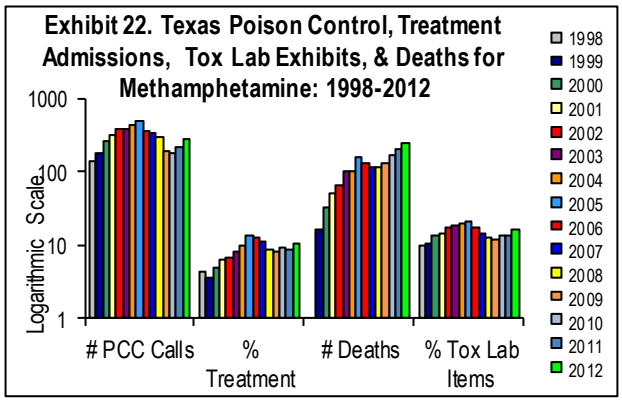
Street outreach workers report persons are using synthetic cathinones when they cannot find or afford methamphetamine and are suffering abscesses and pain from injecting them.

The forensic laboratories in Texas identified 156 items that were synthetic cathinones in 2010, 613 in 2011, and 996 in 2012. In 2010, there were 17 variations of the cathinones, as compared to 34 varieties in 2011 and 247 in 2012.

The Austin DEA seized a multi-kilogram amount of methylone, the first significant methylone seizure in the Austin area. The raw methylone powder was ordered via the internet, shipped from sources in China, and then distributed in Austin area nightclubs and raves throughout Texas.

Doses of synthetic cathinone sold for $5-$25 in Houston and $20-$70 in El Paso.

Methamphetamine and Amphetamine



Indicators are moving upward after the declines following the precursor regulations in 2005-2006 (exhibit 22). Local “cooking” of Ice using over-the-counter pseudoephedrine with the “one pot” or “shake and bake” method in which the precursor chemicals are placed in a two-liter soft drink bottle and then shaken to start the chemical reaction. This method has continued to be used to produce small amounts of methamphetamine, but as of the first quarter 2013, only 1 percent of the samples from across the U.S. examined in the DEA Methamphetamine Profiling Program were produced from the pseudoephedrine method, with 95 percent produced from the phenyl-2-propanone (P2P) method used in Mexico. During this period, the average purity was 96.2 percent and average potency was 93.0 percent. Importation of liquid methamphetamine from Mexico into Texas has also increased, with the liquid being converted to Ice or powder within the state.

The 2012 Texas secondary school survey reported that that lifetime use of “uppers” was 5 percent and past-month use was 2 percent in 2012. Three percent of students surveyed responded positively to a separate question regarding lifetime use of “methamphetamine,” and 1 percent reported past-month methamphetamine use.

The 2011 YRBS reported lifetime use of methamphetamine by Texas high school students was 5 percent, compared with 4 percent in 2009 and 7 percent in both 2007 and 2005.

There were 336 calls to the Texas Poison Center Network involving exposure to methamphetamine in 2006, 315 in 2007, 298 in 2008, 190 in 2009, 180 in 2010, 197 in 2011, and 279 in 2012 (exhibit 22). Of these 2012 methamphetamine exposures, 63 percent were male and average age was 30. There were also 215 calls for exposure to pharmaceutical amphetamines or phentermine; 57 percent were male and average age was 23, which shows the problems with misuse of these drugs by children and youths.

Methamphetamine/amphetamine admissions to treatment programs increased from 3 percent of all admissions in 1995 to 11 percent in 2007, dropped to 8 percent in 2009, and then rose to 12 percent of admissions in 2012. The average age of clients admitted for a primary problem with these stimulants increased from 26 in 1985 to 32 in 2012 (exhibit 23). Unlike most other drug categories, more than 59 percent of the clients entering treatment were female.

Clients with a primary problem with methamphetamine reported secondary problems with cannabis (29 percent), alcohol (17 percent),

or cocaine (8 percent). Thirty-three percent reported no second substance problem.

Users of methamphetamine tend to differ depending on their route of administration, as exhibit 23 shows. Methamphetamine injectors were more likely to be homeless and not employed fulltime.

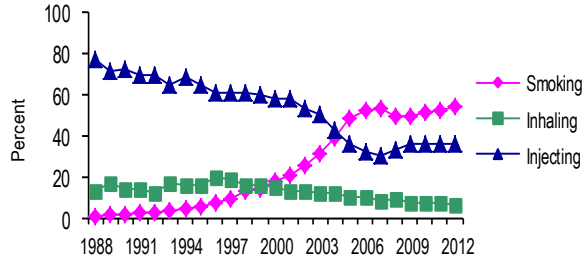
Exhibit 23. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: 2012

	Inject	Inhale	Smoke	Oral	All[a]
# Admissions	2,754	535	4,054	229	7,649
% of Stimulant Admits	36	7	53	3	100
Lag-1st Use to Tmt-Yrs.	13	10	10	10	11
Average Age-Yrs.	33	33	32	33	32
% Male	43	45	39	37	41
% Black	1	3	3	3	2
% White	89	74	75	84	80
% Hispanic	8	20	20	8	15
% CJ Involved	56	54	56	58	56
% Employed Full Time	8	17	14	12	12
% Homeless	19	9	9	11	12

[a]Total includes clients with "other" routes of administration

Source: DSHS

Exhibit 24. Route of Administration of Methamphetamine by Clients Admitted to DSHS-Funded Programs: 1988–2012



Source: DSHS

Since the precursor bans, the availability of the different forms of methamphetamine changed: the percentage smoking Ice decreased slightly and the proportion injecting increased in 2009. However, by 2012, smoking had increased to a slightly higher level than 2006, which is an indication that the supply of Ice had increased (exhibit 24).

Exhibit 22 shows the number of deaths that involved poisoning by psychostimulants, which include methamphetamine and amphetamine. There were 128 in 2006, 114 in 2007, 111 in 2008, 134 in 2009, 157 in 2010, 203 in 2011, and 248 in 2012. Some 11 percent also involved benzodiazepines. The average age was 42, 77 percent were male; 83 percent were White, 16 percent Hispanic, and 1 percent Black.

Methamphetamine represented 21 percent of all items analyzed by forensic laboratories in 2005, dropped to 13 percent in 2011, and rose to 16 percent in 2012 (exhibit 22). Amphetamine represented less than 1 percent of the exhibits examined in 2012.

HIV outreach workers in Austin in the spring of 2013 were reporting more psychosis, better "highs," and more use of needles, particularly in closed social groups of men who have sex with men. Outreach programs elsewhere in the state reported methamphetamine use was increasing and was considered by some as more popular than alcohol or cocaine. There were also reports of increasing syphilis cases among those using crystal meth, especially in social circles that engage in risky sex. Some of these individuals were injecting methamphetamine and also using GHB, Rohypnol©, and Ketamine. Smoking Ice was also reported as increasing, with more "shelving" or "plunging methamphetamine powder, along with shelving cocaine powder.

STRIDE statistics comparing CY 2011 with CY 2012 showed methamphetamine seizure amounts decreased slightly from 397 kilograms to 356 kilograms. However, EPIC data comparing CY 2011 with CY 2012 showed methamphetamine seizure amounts in Texas rose 65 percent, from 1,966 kilograms to 3,251 kilograms.

The Dallas DEA FD reported an increase in methamphetamine availability and a corresponding decrease in price. Since January 2012, the FD has made multiple seizures of methamphetamine in excess of 100 pounds. Investigative sources indicate that the abundance of low-price methamphetamine may, at least in part, explain the cocaine shortage Some investigative sources report the price of the methamphetamine sent to the U.S. is capped by the cartels at the $20,000 - $22,000 range due to its sheer abundance. This is down significantly from a high of around $36,000 towards the end of 2009.

In addition, the DEA is reporting increases in methamphetamine conversion laboratories used to change liquid methamphetamine imported from Mexico into crystal or powder methamphetamine for sale in Texas.

Methamphetamine has increased in availability throughout the Permian Basin. The drug is being distributed in larger amounts, and an ongoing investigation has indicated that at least one trafficker who previously distributed cocaine has switched to methamphetamine. During the current six-month reporting period, methamphetamine accounted for 53 percent of cases initiated, with cannabis and cocaine making up 35 percent and 6 percent respectively.

One reason for this increase in the Permian Basin may be the increasing population with its relative affluence due to the oil boom. Much of the new population is predominately young men, single or unaccompanied, who work the oilfields. They have few if any ties to the community, are extremely well paid, and their lives consist largely of working and "partying."

There was an increase in methamphetamine availability in the Brownsville area during the reporting period, perhaps due to a shortage of cocaine. Methamphetamine was seen in Ice, powder, and liquid forms. Pound quantities of methamphetamine decreased from $11,000-$17,500 to $8,000-$10,000.

In 2012, a pound of powder methamphetamine sold for $12,000-$34,000 in Dallas, $12,000-$23,000 in El Paso, and $16,000-$19,000 in Houston. A pound of Ice sold for $16,500–$20,000 in Dallas, $13,000-16,000 In Houston. A gram of Ice cost between $43 and $120 in Dallas, $80-$180 in El Paso, and $60-$100 in Houston.

Club Drugs and Emerging Psychoactive Substances

Exhibit 25 shows the demographic characteristics of clients entering DSHS-funded treatment programs statewide with a problem with a club drug. The treatment data include a broader category of “Hallucinogens,” which consists of LSD (lysergic acid diethylamide), DMT (dimethyltryptamine), STP (phencyclidine and 2,5-Dimethoxy-4-methylamphetamine), mescaline, psilocybin, and peyote. Among the clients shown in exhibit 25, the GHB (gamma hydroxybutrate) clients were the most likely to be White, while the Rohypnol users came to treatment at an average age of 17 after four years of use. Note the second most common drug problem for these club drug users was cannabis, with users of PCP (phencyclidine) reporting more secondary problems with different drugs.

DXM (Dextromethorphan)

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

The 2012 Texas school survey reported that 5 percent of secondary students indicated they had ever used DXM, and 2 percent had used in the past year. Highest past month use was among students in the eighth grade.

The Texas Poison Control Center Network reported the number of abuse and misuse cases involving DXM increased from 99 in 1998 to 598 in 2012. The average age of these cases was 21. The number of cases involving abuse or misuse of Coricidin HBP® was 288 in 2006 and dropped to 216 in 2012; average age in 2012 was 21.

Forensic laboratories analyzed 15 substances in 2006 that were DXM items, compared with 9 in 2007, 20 in 2008, 47 in 2009, 62 in 2010, 27 in 2011, and 13 in 2012.

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

The number of cases of misuse or abuse of GHB or its precursors reported to the Texas Poison Center Network was 43 in 2006, 56 in 2007, 49 in 2008, 46 in 2009, 55 in 2010, 36 in 2011, and 52 in 2012.

In 2012, 17 clients were admitted to DSHS-funded treatment who used GHB; their average age was 30; 100 percent were White and 65

percent were female (Appendix 1).

There were 88 items identified by forensic laboratories as being GHB in 2006, compared with 64 in 2007, 63 in 2008, 99 in 2009, 69 in 2010, 53 in 2011, and 56 in 2012. There were nine items identified as GBL in 2006, compared with none in 2007, five in 2008, four in 2009, none in 2010, three in 2011, and six in 2012. There were no items identified as 1,4-BD in 2006, 2007, or 2008; two identified in 2009; six in 2010, two in 2011, and 1 in 2012.

Exhibit 25. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem with Club Drugs: 2012

Club Drug	GHB	Hallucinogens	LSD	MDMA	PCP	Rohypnol
# Admissions	17	78	17	100	730	14
Other Secondary Drug Problem						
% Cannabis	*	31	35	49	29	79
% Alcohol	*	10	0	7	10	*
% Methamphetamine	*	7	*	7	1	*
% Cocaine	*	9	*	9	11	*
% Crack	*	*	*	*	2	*
% Heroin	*	*	*	*	*	*
% Other Opiates	*	*	*	*	*	*
% Benzodiazepines	*	4	*	4	3	*

*Fewer than 3 cases

Source: Texas Department of State Health Services

The Dallas DEA FD reported GHB availability was stable, as did Houston FD. In Dallas, a gallon sold for $1,200-$1,600, and in Houston, a dose cost $20-$65 and a 16-ounce bottle of GHB cost $100.

HIV outreach workers report GHB is readily available with users “stacking” every three hours.

Ketamine

Three cases of misuse or abuse of ketamine were reported to Texas Poison Control Centers in 2006, compared with one each in 2007, 2008, and 2009, 3 in 2010, 7 in 2011, and 10 in 2012.

In 2006, 161 substances were identified as ketamine by forensic laboratories. There were 235 items identified in 2007, 129 in 2008, 123 in 2009, 60 in 2010, 16 in 2011, and 12 in 2012. A dose sold for $20–$40 in Lubbock and $25–$60 in San Antonio for 0.2 grams.

LSD & Other Hallucinogens

The Texas secondary school survey showed that use of hallucinogens (defined as LSD, PCP, or mushrooms) continued to decrease. Lifetime use peaked at 7.4 percent in 1996 and dropped to 4.1 percent in 2012. Past-month use dropped from a peak of 2.5 percent in 1998 to 1.3 percent in 2012.

The Texas Poison Center Network reported 33 mentions of abuse or misuse of LSD in 2006, as compared with 31 in 2007, 17 in 2008, 26 in 2009, 18 in 2010, 16 in 2011, and 58 in 2012. There were also 96 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 2006, 125 in 2007, 93 in 2008, 96 in 2009, 85 in 2010, 59 in 2011, and 108 in 2012. The average ages in 2012 were 19 for the LSD cases and 22 for the mushroom cases.

Of the 78 hallucinogen treatment admissions in 2012, the average age was 30; 64 percent were male, and 58 percent were involved in the criminal justice system. Another 17 individuals entered treatment with a primary problem with LSD. Average age was 23, 59 percent were male, and 53 percent were involved in the criminal justice system. For

both groups, cannabis was the second most common drug of abuse (exhibit 25 and Appendix 1).

Forensic laboratories identified 34 substances as LSD in 2006, 41 in 2007, 36 in 2008, 59 in 2009, 71 in 2010, 19 in 2011, and 14 in 2012. A powerful psychedelic tryptamine, 5-MeO-DMT, has reappeared. It is found in a wide variety of plant and psychoactive toad species. Items identified in forensic laboratories as 5-MeO-DMT numbered 3 in 2010, 204 in 2011, and 76 in 2012.

PCP (Phencyclidine)

The Texas Poison Center Network reported cases of “Fry,” “Amp,” “Water,” "Wet," “Wack,” “PCP,” or formaldehyde (exhibit 26). Often, cannabis joints are dipped in formaldehyde that contains PCP, or PCP is sprinkled on the joint or cigarette. The number of poison center cases involving PCP declined from 290 in 2008 to 140 in 2012; average age in 2012 was 29.

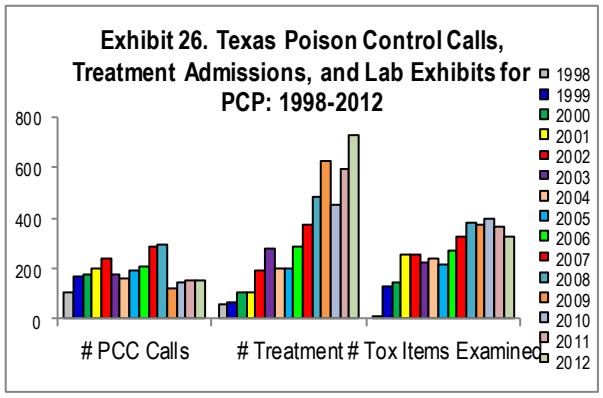


Exhibit 26 shows an increase in the number of clients entering treatment statewide with a primary problem with PCP from 487 in 2008 to 716 in 2012. Of the clients in 2012, 91 percent were Black; 39 percent were male; 44 percent were involved in the criminal justice system; and 6 percent were employed fulltime (Appendix 1).

Forensic laboratories identified 273 PCP items in 2006, 326 in 2007, 382 in 2008, 370 in 2009, 370 in 2009, 394 in 2010, 368 in 2011, and 359 in 2012 (exhibit 27).

The El Paso FD reported 16 pounds of PCP was seized in route from California to Fort Worth, with another large seizure in Arizona, which may indicate a resurgence of the drug.

PCP cost $20 per dipped cigarette and $700–$1,200 per gallon in San Antonio.

Psilocybin & Psilocybin

Psilocybin and psilocin “Magic Mushrooms” are naturally occurring psychedelics with a long history of human use. Both are present in 'psychedelic' or 'magic' mushrooms. Psilocybin, the better known of these two chemicals, is metabolized after ingestion into psilocin, which is the primary active chemical.

In 2012 there were 107 human exposure calls to Texas poison centers involving use of mushrooms or psilocybin. Average age was 22 and 77 percent were male. There were also four treatment admissions: average age 21, 100 percent White, 100 percent male.

Forensic laboratories reported 239 psilocin in 2010, 172 in 2011, and 204 in 2012. There were 12 psilocybin/psilocin items in 2010, 6 in 2011, and 6 in 2012. There were also 4 psilocybine items identified in 2010, 4 in 2011, and 20 in 2012.

Rohypnol®

Rohypnol® is the benzodiazepine, flunitrazepam, which 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.

The 2012 secondary school survey found that students from the border area were more likely to report Rohypnol® use than those living elsewhere in the State (5 percent versus 1 percent lifetime, and 2 percent versus 1 percent current use). Use in both the border and nonborder areas has declined since its peak in 1998.

The numbers of confirmed exposures to Rohypnol® reported to the Texas Poison

Control Centers were 10 in 2006, 11 in 2007, 12 in 2008, 23 in 2009 and 2010, 22 in 2011, and 10 in 2012.

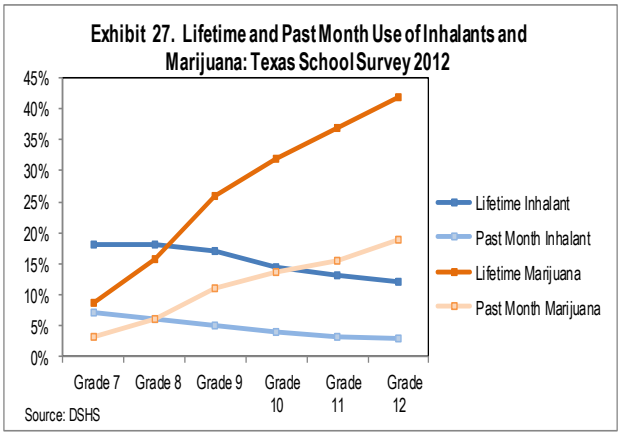
The number of youths and adults admitted into treatment with a primary problem with Rohypnol® has varied. In 2012, clients abusing Rohypnol® were the youngest of the club drug clients (age 17), and most were Hispanic, reflecting the availability and use of this drug along the border (exhibit 25 and Appendix 1).

Forensic laboratory exhibits for flunitrazepam numbered 10 in 2006, two in 2007, none in 2008, three in 2009, one in 2010, and none in 2011 or 2012. Rohypnol® sold for $2–$4 per pill in San Antonio in 2012.

Other Abused Substances

Inhalants

The 2012 secondary school survey found that 16 percent of students in grades 7–12 had ever used inhalants, and 5 percent had used in the past month.



Inhalant use has a peculiar age pattern not observed with any other substance (exhibit 27). The prevalence of lifetime and past-month inhalant use was higher in the lower grades and lower in the upper grades, which is opposite the trends seen in the use of other drugs such as marijuana, where use increases with age. This decrease in inhalant use as students age may be partially related to the fact that some inhalant users drop out of school early and are not in school in later grades to participate in later surveys. In addition, the Texas school surveys have consistently found that eighth graders reported use of more kinds of inhalants than any other grade, which may be a factor that exacerbates the damaging effects of inhalants and leads to dropping out of school.

The 2011 YRBS reported that 11.4 percent of Texas high school students had ever used inhalants, compared with 11.9 in 2009, 12.9 percent in 2007, 13.2 percent in 2005, and 13.9 percent in 2001.

Of the calls to the Texas Poison Center Network in 2012 that involved human exposure to the inhalation of chemicals, there were 76 calls for misuse of air fresheners or dusting sprays containing tetrafluoroethane or difluoroethane or freon (58 percent were male and average age was 28); 40 calls for exposure to automotive products, such as carburetor cleaner, transmission fluid, and gasoline (85 percent were male, average age 25); 31 calls for abuse or misuse of spray paint or toluene (71 percent male and average age 29); 21 calls for helium, butane, or nitrous oxide gas (86 percent male and average age 19).

Inhalant abusers represented 0.1 percent of the admissions to treatment programs in 2012 (Appendix 1).

Steroids

The Texas school survey reported that 1.7 percent of all secondary students surveyed in 2012 had ever used steroids, and 0.5 percent had used steroids during the month before the survey. The 2011 YRBS found lifetime use among Texas high school students was 4.8 percent; in 2009, use was 2.9 percent, and 3.9 percent in 2007.

The forensic data for Texas reported that testosterone was the steroid most likely to be identified in forensic testing, although it constituted only 0.1 percent of all the items tested in 2012.

Carisoprodol (Soma®)

On January 11, 2012, carisoprodol became a Schedule IV drug nationally. Texas poison control centers confirmed that exposure cases of intentional misuse or abuse of the muscle relaxant carisoprodol (Soma®) increased from 83 in 1998 to 222 cases in 2012; average age was 36.

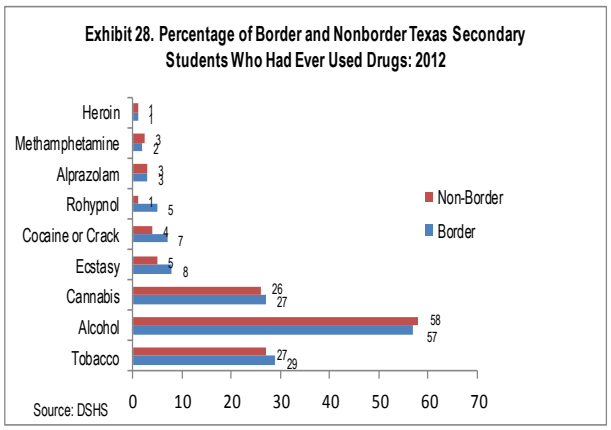
Forensic laboratory exhibits identified as carisoprodol have fluctuated in the past 5 years. The numbers of such drug items were 1,047 in 2006, 1,256 in 2007, 902 in 2008, 1,097 in 2009, 1,464 in 2010, 1,079 in 2011, and 771 in 2012.

Soma®, which cost $0.75 to the pharmacy, sells for $5 on the street. Carisoprodol is one of the most popular drugs in the illicit drug market in the Dallas/Fort Worth area and is part of the combination with hydrocodone and alprazolam that is known as the "Houston Cocktail" or "Holy Trinity."

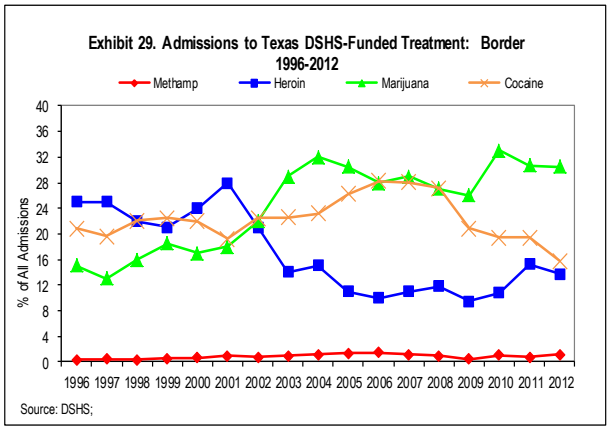
Drug Abuse Patterns on the Texas–Mexico Border

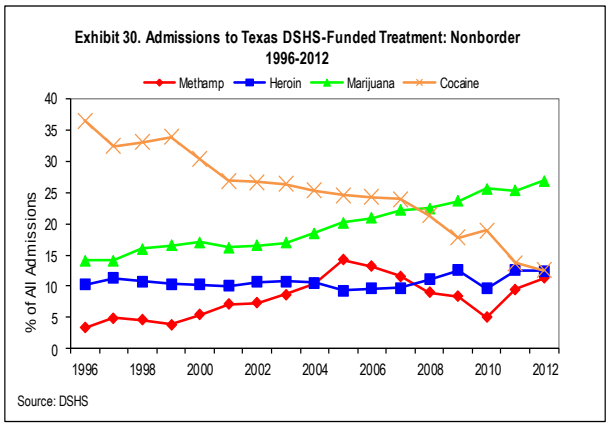
Exhibit 28 shows the lifetime prevalence of use of different drugs by Texas secondary school students. Border students were more likely to report use of Rohypnol, cocaine or crack, and ecstasy.

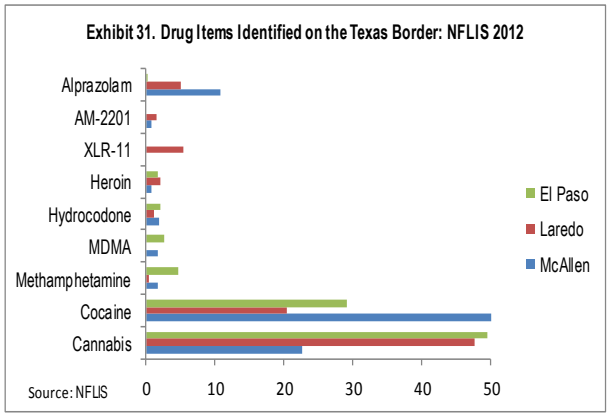
When asked which substances were very easy to obtain, border students were more likely to report Rohypnol® (5 versus 1 percent), cocaine or crack (7 versus 4 percent), and ecstasy (8 versus 5 percent). Both groups reported powder cocaine was easy to obtain, as was crack cocaine.



Different patterns were also seen in border and nonborder admissions to DSHS-funded treatment in 2012 (exhibits 29 and 30). Border clients were more likely to report problems with cannabis (31 versus 27 percent), cocaine (15 versus 13 percent), and heroin (14 versus 12 percent). Nonborder clients were more likely to report problems with methamphetamine (11 versus 1 percent).







Reports from the three forensic laboratories on the border show different trafficking patterns

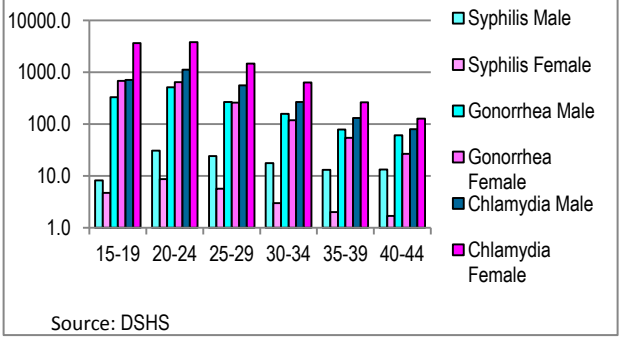
(exhibit 31). The laboratory in El Paso in 2012 reported that approximately 50 percent of the items examined were cannabis, followed by cocaine (28 percent) and methamphetamine (5 percent). In Laredo, 48 percent of the items analyzed were cannabis, 21 percent were cocaine, and 6 percent were heroin. In McAllen, 50 percent of the items analyzed were cocaine, with 23 percent identified as cannabis and 11 percent as alprazolam.

Infectious Diseases Related to Drug Abuse

Hepatitis C

Hepatitis C virus (HCV) is the leading cause of liver failure and liver transplantation in the United States and people who inject drugs (PWID) are particularly susceptible to this disease with as many as 70 percent or more of this population testing positive for the virus. In addition, many PWIDs have little, if any, consistent health care and are largely unaware of their HCV infection status. Those who are successful in accessing healthcare and are diagnosed with hepatitis C are rarely offered antiviral treatment. If they are offered HCV treatment, they often face additional treatment challenges since many suffer from mental disorders and/or HIV in addition to HCV and drug addiction.

Exhibit 32. Texas STD Case Rates: 2012



Source: DSHS

The Texas DSHS estimated in 2012 that about 2 percent of Texans were infected with hepatitis C virus (HCV). The number of acute HCV cases has fluctuated from 57 in 2006, to 68 in 2007, to 598 in 2008, to 36 in 2009, 35 in 2010, 37 in 2011, and 44 in 2012.

Street outreach workers are reporting increasing numbers of syphilis cases among young males engaging in MSM, along with reports of both males and females selling their bodies for drugs or to obtain money for other needs. There are more reports of people using the internet and classified ads to market their services.

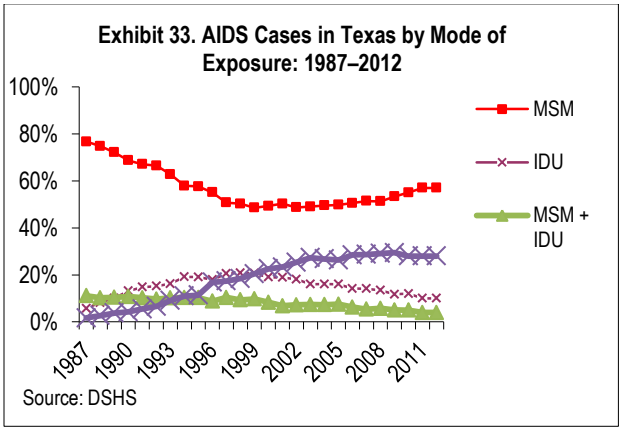
From 2007 to 2012, the number of chlamydia cases reported in the state of Texas increased each year from 84,784 to 124,835 cases. The number of gonorrhea cases reported during this same time period averaged 31,000 cases annually.

Primary and secondary syphilis peaked in 2009, with 1,644 cases reported and the case numbers decreased in 2010 (1,231) and 2011 (1,162), but greatly increased in 2012 (1,624). Reflecting the similar trend in primary and secondary syphilis cases, total syphilis peaked in 2009, with 6,989 cases reported and the case numbers decreased in 2010 (6,382) and in 2011 (6,142), then increased in 2012 (7,058).

The case rates for gonorrhea and chlamydia were higher for females between the ages of 15 and 24; the case rates for syphilis were higher for males than females for all age groups (Exhibit 32).

AIDS Cases

Exhibit 33. AIDS Cases in Texas by Mode of Exposure: 1987–2012



Source: DSHS

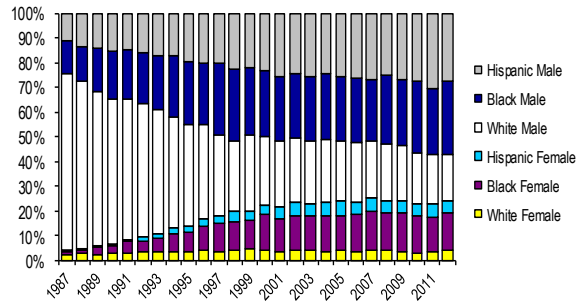
The proportion of AIDS cases among men who have sex with men (MSM) decreased from 81 percent in 1987 to 49 percent in 1999

before rising to 57 percent in 2012 (exhibit 33). Of the 2012 cases, 28 percent reported heterosexual mode of exposure, and 10 percent were injection drug users (IDUs). The proportions of cases involving IDUs or IDUs/MSM have decreased over time.

Persons infected with AIDS were increasingly likely to be people of color. Of the AIDS cases in 2012, 45 percent were Black; 23 percent were White; and 32 percent were Hispanic (exhibit 34).

The proportion of IDUs entering DSHS-funded treatment programs decreased from 32 percent in 1988 to 15 percent in 2012.

Exhibit 34. Texas Male and Female AIDS Cases by Race/Ethnicity: 1987– 2012



Source: DSHS

Appendix 1. Characteristics of Clients at Admission to DSHS-Funded Treatment Programs: 2012

	Total Admissions	% of All Admissions	Average Age	Av. Lag (Yrs) 1st Use to	% Black	% White	% Hispanic
All Drugs	75103	100%	32.7	14.2	18.2	45.6	31.4
Aerosols	15	0.0%	34.6	6.0		40.0	46.7
Alcohol	22117	29.4%	38.6	22.8	12.5	52.2	30.4
Amphetamines or Methamphetamine	7649	10.2%	32.4	11.4	2.0	80.2	14.9
Anesthetics (Nitrous Oxide, Eit	4	0.0%	32.0	1.8			
Ativan (Lorazepam)	20	0.0%	34.8	3.2		60.0	25.0
Barbiturate Sedatives	8	0.0%	45.6	12.1		62.5	
Benzodiazepines	140	0.2%	30.6	9.2	9.3	69.3	18.6
Cocaine or Crack	9735	13.0%	38.3	14.7	44.3	24.8	27.3
Codeine	102	0.1%	28.4	9.7	44.1	42.2	10.8
Cough Syrup	50	0.1%	25.3	8.6	22.0	46.0	20.0
Darvocet Darvon (D-Propxyphene)	23	0.0%	36.3	7.9		73.9	21.7
Dilaudid (Hydromorphone)	275	0.4%	32.4	5.9		92.0	4.7
Ephedrine/Psuedoephedrine	4	0.0%	17.3	3.0		100.0	
GHB/GBL	17	0.0%	30.2	6.0		82.4	
Hallucinogens	78	0.1%	30.3	9.8	17.9	60.3	17.9
Heroin	9416	12.5%	32.8	11.2	7.0	42.6	43.9
Inhalants	16	0.0%	31.8	11.2		75.0	
Klonopin (Clonazepam)	53	0.1%	38.5	7.2		88.7	
LSD	17	0.0%	22.6	7.6		52.9	41.2
MDMA/Ecstasy	100	0.1%	23.7	5.4	30.0	38.0	25.0
Marijuana/Hashish	17241	23.0%	22.6	8.7	25.6	25.1	43.3
Mescaline	16	0.0%	19.1	5.9		25.0	62.5
Methadone (Non-Prescription)	193	0.3%	33.7	6.9	2.1	75.6	19.2
Opiates and Synthetics	1826	2.4%	33.2	10.5	5.6	73.9	17.7
Other Cannabinoids	156	0.2%	22.7	4.0	9.6	61.5	26.3
Other Drugs	126	0.2%	30.9	2.7		81.0	13.5
Other Sedatives	21	0.0%	38.6	8.9		76.2	
Over-the-counter	13	0.0%	27.9	9.9		61.5	38.5
Oxycodone	323	0.4%	32.5	7.7	1.9	86.4	8.7
PCP (Phencyclidine)	730	1.0%	30.7	9.7	88.2	5.6	4.1
Psilocybin Mushrooms	4	0.0%	21.3	4.5		100.0	
Ritalin (Methylphenidate)	6	0.0%	21.5	1.8		83.3	
Rohypnol (Flunitrazepam)	14	0.0%	16.9	3.6			92.9
Sedatives	83	0.1%	31.1	8.3	15.7	69.9	14.5
Solvents (Paint Thinner, Gasoline)	15	0.0%	30.9	17.4			80.0
Special K (Ketamine)	6	0.0%	43.5	2.5		100.0	
Other Stimulants	17	0.0%	30.9	4.8		58.8	23.5
Ultram (Tramadol)	25	0.0%	32.8	5.8		72.0	20.0
Valium (Diazepam)	28	0.0%	32.3	8.4		85.7	
Vicodin (Hydrocodone)	3277	4.4%	33.9	9.0	8.1	72.6	15.9
Xanax (Alprazolam)	1144	1.5%	27.2	7.7	19.1	52.4	24.0

Appendix 1. Characteristics of Clients at Admission to DSHS-Funded Treatment Programs: 2012 cont.							
	% Male	% Injecting	% Use Daily	% Work Full Time	% No Legal Problem	% Homeless	Av. Yrs. Education
All Drugs	59.99	14.97	40.9	13.4	43.8	11.9	11.5
Aerosols	46.7		33.3		33.3		11.7
Alcohol	67.3	0.0	42.6	20.1	46.3	16.5	12.1
Amphetamines or Methamphetamine	41.4	36.0	30.8	12.3	43.7	12.3	11.6
Barbiturate Sedatives	50.0		75.0		75.0		12.3
Cocaine or Crack	50.8	3.5	29.3	10.9	47.6	14.8	11.4
Codeine	70.6		33.3	13.7	35.3	3.9	11.7
Cough Syrup	90.0		42.0	8.0	48.0		11.1
Dilaudid (Hydromorphone)	55.6	80.4	62.9	8.0	59.3	8.7	12.1
Ephedrine/Psuedoephedrine							9.0
GHB/GBL (Gamma-Hydroxybutyrate,	35.3		58.8				13.2
Hallucinogens	64.1	5.1	24.4	21.8	42.3	5.1	11.5
Heroin	61.4	78.4	76.2	5.8	62.6	19.8	11.5
Inhalants	62.5		31.3		56.3		11.8
Klonopin (Clonazepam)	34.0		69.8		64.2	9.4	12.1
LSD	58.8				47.1		11.9
MDMA/Ecstasy (Methylenedioxymet	55.0	4.0	14.0	7.0	24.0	8.0	11.6
Marijuana/Hashish	72.0		22.2	13.1	21.9	1.8	10.6
Mescaline	81.3						9.9
Methadone (Non-Prescription)	43.5	4.1	66.8	9.3	63.7	15.5	12.0
Opiates and Synthetics	51.4	24.7	64.5	9.3	59.9	11.4	12.1
Other Cannabinoids	73.7		45.5	12.2	30.8		11.0
Other Drugs	56.3	8.7	66.7	8.7	57.1	16.7	11.9
Other Sedatives	23.8		66.7		47.6		13.3
Over-the-counter	46.2		46.2		38.5		10.9
Oxycodone	55.1	13.3	60.7	11.5	66.6	7.4	12.4
PCP (Phencyclidine)	38.4		27.7	6.3	43.4	6.0	10.9
Psilocybin Mushrooms	100.0						12.0
Ritalin (Methylphenidate)					66.7		11.2
Rohypnol (Flunitrazepam)	35.7						8.6
Sedatives	24.1		44.6	7.2	37.3	4.8	12.1
Solvents (Paint Thinner, Gasoli	60.0		53.3		33.3		8.4
Special K (Ketamine)					83.3		10.4
Other Stimulants	52.9	35.3	58.8		47.1		12.4
Ultram (Tramadol)	36.0		80.0		60.0		13.3
Valium (Diazepam)	35.7		57.1		53.6	17.9	12.1
Vicodin (Hydrocodone)	35.1	0.3	69.4	11.0	64.6	8.3	12.1
Xanax (Alprazolam)	37.7		39.2	7.2	41.6	6.8	11.6