

SUBSTANCE ABUSE TRENDS IN TEXAS, JANUARY 2005

by Jane Carlisle Maxwell, Ph.D.

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

AREA DESCRIPTION

The population of Texas in 2004 is 22,158,126, with 51 percent White, 12 percent Black, 34 percent Hispanic, and 3 percent "Other." Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as 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.

A major problem is that Mexican pharmacies sell many controlled substances to U.S. citizens who then bring them into the States. Both private and express mail companies are used to traffic narcotics and smuggle money. Seaports are used to import heroin and cocaine via commercial cargo vessels. The international airports in Houston and Dallas/Fort Worth are major ports for the distribution of drugs into and out of the state.

DATA SOURCES AND TIME PERIODS

Substance Abuse Trends in Texas is an on-going series which is published every 6 months as a report for the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse (NIDA). This report updates the June 2004 report. Complete 2004 data will be published in the June 2005 report. To compare the January 2005 report with earlier periods, please access

[HTTP://WWW.UTEXAS.EDU/RESEARCH/
CSWR/GCATT/DRUGTRENDS.HTML](http://www.utexas.edu/research/cswr/gcattc/drugtrends.html)

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

Student substance use – Data came from the *Texas School Survey of Substance Abuse: Grades 7-12, 2004* and the *Texas School Survey of Substance Abuse: Grades 4-6, 2004*, which are published by the Texas Department of State Health Services (TDSHS), formerly the Texas Commission on Alcohol and Drug Abuse.

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

Use by Texans ages 12 and older – Data came from the Substance Abuse and Mental Health Services Administration (SAMHSA) *State Estimates of Substance Use from the 2002 National Survey on Drug Use and Health*.

Poison Control Center data – Data came from the Texas Poison Center Network, TDSHS, for 1998 through June 2004. Analysis was provided by Mathias Forrester, epidemiologist with the Texas Poison Center Network, and by the author. In addition, findings from three papers authored by Forester, "Carisoprodol Abuse in Texas, 1998-2003,"

"Flunitrazepam Abuse and Malicious Use in Texas, 1998-2003," and "Oxycodone Abuse in Texas, 1998-2003," were used in this report.

Treatment data – TDSHS's client data system provided information on clients at admission to treatment in TDSHS-funded facilities from the first quarter of 1983 through June 30, 2004. For most drugs, the characteristics of clients entering with a primary problem with the drug are discussed, but in the case of emerging club drugs, information is provided on any client with a primary, secondary, or tertiary problem with that drug. Analysis was by the author.

Overdose death data – Statewide data on drug overdose deaths came from death certificates from the Bureau of Vital Statistics, TDSHS; analysis was by the author. Findings are also presented from Maxwell, J. C., Pullum, T.W., and Tannert, K. (2005). "Deaths of Clients in Methadone Treatment in Texas: 1994-2002," Drug and Alcohol Dependence, (2005).

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

Drugs identified by laboratory tests – The Texas Department of Public Safety submitted results from toxicological analyses of substances submitted in law enforcement operations for 1998 through June 30, 2004 to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA). Analysis was by the author.

Price, purity, trafficking, distribution, and supply – This information was provided by fourth quarter 2004 reports on trends in trafficking from the Dallas, El Paso, and Houston Field Divisions of the DEA.

Reports by users and street outreach workers – Drug trends for September through November 2004 were reported to TDSHS by

street outreach workers.

Acquired Immunodeficiency Syndrome (AIDS) data – TDSHS provided annual and year-to-date AIDS data for the period through June 2004.

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

DRUG ABUSE TRENDS

COCAINE AND CRACK

The Texas School Survey of Substance Abuse: Grades 7-12, 2004 reported that lifetime use of powder and crack cocaine had dropped from a high of 9.3% in 1998 to 7.9% in 2004, while past month use dropped from 3.5% in 1998 to 3.2% in 2004. Some 7.0 percent of students in non-border counties had ever used powder or crack cocaine and 2.5 had used it in the past month. In comparison, students in schools on the Texas border reported higher levels of cocaine use: 13.3 percent lifetime and 5.8 percent past-month use (exhibit 1).

The 2000 Texas Survey of Substance Use Among Adults reported 11.8 percent of Texas adults had ever used powder cocaine. Some 1.9 percent had used it in the past year. In 2002, the National Survey on Drug Use and Health estimated that 2.4 percent of Texans ages 12 and

above had used cocaine in the past year. Estimates by age group were 2.6 percent of those 12 to 17, 6.7 percent of those 18 to 25, and 1.5 percent of those 26 and older.

Texas Poison Control Center calls involving the use of cocaine increased from 503 in 1998 to a high of 1,194 in 2002 before dropping to 979 in 2003. This trend is changing in 2004, where in the first half of the year, 720 cases had already been reported.

Cocaine (crack and powder) represented 26 percent of all admissions to TDSHS-funded treatment programs in the first half of 2004. With 18 percent of all admissions, crack cocaine is the primary illicit drug abused by clients

Exhibit 1. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Powder or Crack Cocaine, by Grade: 2004

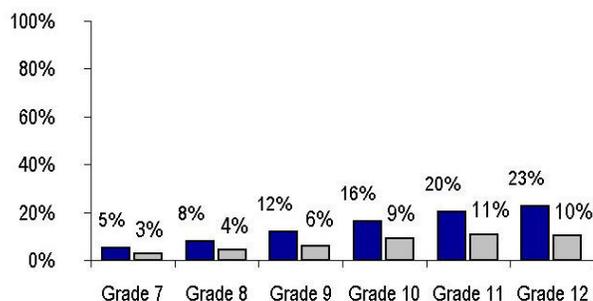
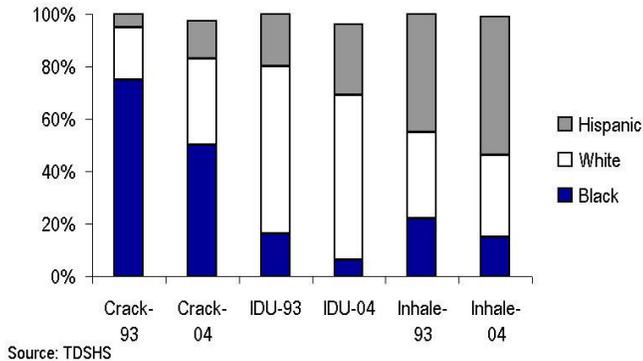


Exhibit 2. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: Jan-June 2004

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	4,868	554	1,505	7,009
% of Cocaine Admits	70	8	22	100
Lag-1st Use to Tmt-Yrs.	12	14	10	12
Average Age	37	36	31	36
% Male	55	65	57	56
% Black	50	5	15	39
% White	33	63	31	35
% Hispanic	15	27	53	25
% CJ Involved	37	48	49	41
% Employed	12	15	28	16
% Homeless	19	13	5	15

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

Exhibit 3. Routes of Administration of Cocaine by Race/Ethnicity from TDSHS Treatment Admissions: 1993-First Half of 2004



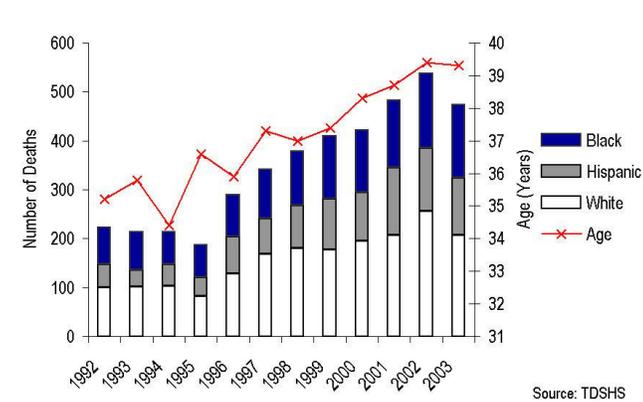
using powder cocaine has increased from 23 percent to 47 percent, while for Whites and Blacks, the percent has dropped (from 48 percent to 38 percent, respectively). Exhibit 3 shows these changes by route of administration. It also shows the proportion of Black crack cocaine admissions fell from 75 percent in 1993 to 50 percent in 2004, while the proportion of Whites increased from 20 percent in 1993 to 33 percent in 2004. Hispanic admissions rose from 5 percent to 15 percent in the same time period.

It is readily available in Lubbock and in small towns and rural communities in north Texas. Crack cocaine is also readily available, and while concentrated in urban areas, it is also available in small towns and rural areas. In Dallas, it is particularly popular in the predominantly Black and Hispanic neighborhoods and it is the most visible drug trafficked in Tyler. In Midland, an area referred to as "The Flats" is known as an area with street corner and crack house dealers.

Cocaine availability has remained constant in the Houston Field Division, except availability is up in Houston and there has been a large increase in cocaine seizures in the Laredo area. Crack cocaine is also readily available in the division, with availability increasing in the rural areas around Austin. Use of crack in the Laredo district remains minimal.

In addition to continuing to be readily available, the price for a kilogram has dropped from between \$11,000-\$22,500 in the first half of 2004 to \$10,000-\$22,500 in the last half of 2004 (exhibit 6). A gram of powder cocaine costs \$50-\$80 in Dallas, \$50-\$60 in El Paso, and \$100 in Amarillo and Lubbock. Cocaine is less expensive at the border. An ounce costs \$400-\$500 in Laredo, \$500-\$600 in El Paso, \$400-\$650 in Houston, \$650-\$950 in Dallas, \$600 in Alpine, \$700-\$900 in Midland, \$400-\$600 in McAllen, \$500-\$700 in San Antonio, \$500-\$600 in Austin, \$500-\$900 in Waco, \$650-\$850 in Amarillo, \$500-\$850 in Lubbock, \$300-\$750 in Tyler,

Exhibit 4. Age and Race/Ethnicity of Persons Dying with a Mention of Cocaine in Texas: 1992-2003



The number of deaths statewide in which cocaine was mentioned has increased over the years, from 223 in 1992 to 541 in 2002, but decreased to 477 deaths in 2003 (exhibit 4). The average age of the decedents is 39.3 years in 2003 and 43 percent were White, 25 percent were Hispanic, and 31 percent were Black; 80 percent were male.

Exhibit 5 shows the proportion of substances identified as cocaine by the DPS labs is decreasing. In 1998, cocaine was 40 percent of all items examined, as compared to 30 percent in the first half of 2004.

In the fourth quarter of 2004, powder cocaine was reported by the Dallas DEA Field Division as being available in ounce to gram quantities.

admitted to publicly-funded treatment programs in Texas (exhibit 29).

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

The term "lag" refers to the period from first consistent or regular use of a drug to the date of admission to treatment. Powder cocaine inhalers average 10 years between first regular use and entrance to treatment, while injectors average 14 years of use before they enter treatment.

Between 1987 and 2004, the percentage of Hispanic treatment admissions

Exhibit 5. Substances Identified by Texas DPS Labs: 1998-First Half 2004

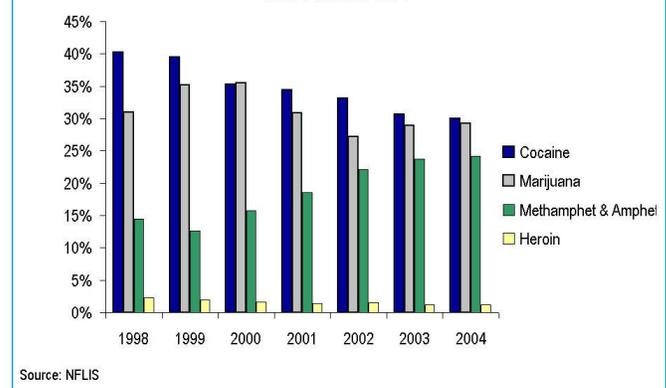
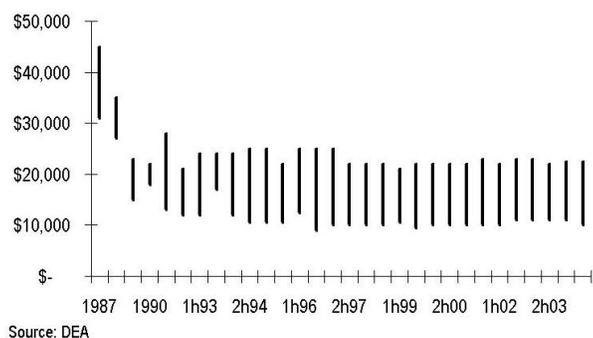


Exhibit 6. Price of a Kilogram of Cocaine in Texas as Reported by the DEA: 1987-2004
(Prices reported by half year since 1993)



and \$600-\$750 in Fort Worth.

Across the state, a rock of crack costs between \$10-\$50 with \$10-\$20 being the most common price. An ounce of crack cocaine costs \$325-\$450 in Houston, \$500 in Galveston, \$500-\$600 in Austin, \$500-\$700 in Waco, \$700-\$1,100 in Dallas, \$450-\$550 in Tyler, \$500-\$800 in Beaumont, \$450-\$850 in Amarillo and Lubbock, \$400-\$600 in San Antonio, \$830 in El Paso, \$700-\$900 in Midland, \$500 in McAllen, and \$650-\$750 in Fort Worth.

In Austin, street outreach workers report crack continues to be abundant and is sold in quantities of three rocks for \$30 as a "Friday Night Special." A "Big Slug," which sells for \$20, is a larger piece of crack which is considered to be a "higher" grade of cocaine and is reported to make users' ears "ring" when smoking it. Crack smokers are now using hollowed-out tire gauges to smoke crack, since these do not break like glass pipes. Rubber covers from spark plug wires are used to prevent burned lips (to decrease the risk of HIV infection). The larger rubber tips are used on the tire gauges, while the small tips are used on glass pipes and radio antennae.

In the Galveston-Brazoria area, crack cocaine continues to be the most visible drug on the street. Prostitution continues to be a primary source of income for drug purchasing, and younger women are now on the

street.

ALCOHOL

Alcohol is the primary drug of abuse in Texas. The 1998 secondary school survey found that 72 percent had ever drunk alcohol and 38 percent had drunk alcohol in the last month. In 2004, 68 percent had ever used alcohol and 33 percent had

drunk alcohol in the last month: an important drop in alcohol use.

Of particular concern is heavy consumption of alcohol, or binge drinking, defined as drinking 5 or more drinks at one time. In 2004, 15 percent of all secondary students said that when they drank, they usually drank 5 or more beers at one time, and 13 percent reported binge drinking of liquor. Binge drinking increased with grade level. Among seniors, 27 percent binged on beer and 21 percent on liquor. The percentage of students who normally drank 5 or more beers has decreased since 1988. While the percentage of binge drinking of wine or wine coolers has fallen from its peak in 1994, it is still higher than in 1988 (exhibit 7). The percentage of binge drinking of hard liquor has remained relatively stable since 1994.

Among students in grades 4-6 in 2004, 26 percent had ever drunk alcohol and 16 percent had drunk alcohol in the past school year.

The 2000 Texas adult survey found that 50.3 percent of Texas adults reported drinking alcohol in the past month. Some 17 percent reported binge drinking, 6 percent reported heavy drinking in

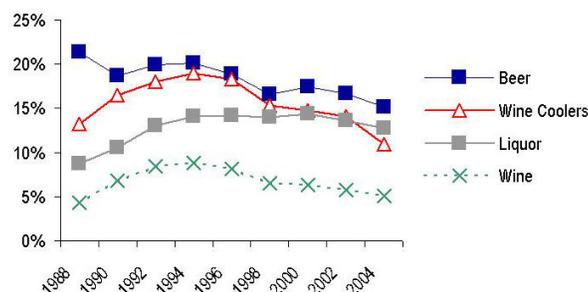
the past month, and 5.1 percent of all adults met the criteria for being dependent on alcohol. This estimate was based on the Diagnostic and Statistical Manual of Mental Disorders, III-R (DSM III-R).

The 2002 National Survey on Drug Use and Health estimated that 47.9 percent of Texans ages 12 and over had drunk alcohol in the past month (17.6 percent of those 12-17, 59.3 percent of those 18-25, and 50.5 percent of those 26 and older). Some 23.5 percent had drunk five or more drinks on at least one day (binge drinking) in the past month (10 percent of those 12-17, 41.3 percent of those 18-24, and 22.2 percent of those ages 26 and older). Some 7.9 percent met the criteria for alcohol dependence based on the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV). The level of alcohol dependence was estimated at 5.4 percent of those 12-17, 17.3 percent for those 18-25, and 6.4 percent of those 26 and older.

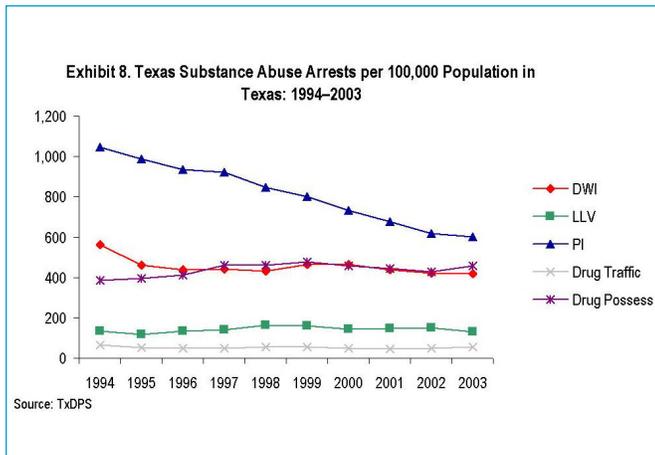
In 2004, 28 percent of all clients admitted to publicly-funded treatment programs had a primary problem with alcohol (exhibit 29). They were the oldest of the clients (average age of 38) and 68 percent were male. Some 58 percent were White, 24 percent were Hispanic, and 15 percent were Black.

More Texans are arrested for public intoxication (PI) than for any other substance abuse offense, although the arrest rate for PI per 100,000

Exhibit 7. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988-2004



Source: TDSHS



population is decreasing. The rates for the other substance abuse offenses are fairly level (exhibit 8).

HEROIN

The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4 percent in 1998 to 1.6 percent in 2004. Past-month use dropped from 0.7 percent in 1998 to 0.5 percent in 2004.

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

Calls to Texas Poison Control Centers involving confirmed exposures to heroin ranged from 181 in 1998 to a high of 296 in 2000 and dropped to 208 in 2003 and 79 in the first half of 2004. In 2004, the average age was 33 and 59 percent were male and in 2004, 13 percent of heroin exposures involved inhalation (snorting or smoking).

Heroin is the primary drug of abuse for 10 percent of clients admitted to treatment. The characteristics of these addicts vary by route of administration, as exhibit 9 illustrates. Most heroin addicts entering treatment inject heroin. While the number of individuals who inhale heroin is small, it is important to note that the lag period from first use and seeking treatment is 8 years rather than 16 years for injectors. This shorter lag period means that contrary to street rumors that "sniffing or inhaling is not addictive," inhalers can become addicted. They will either enter treatment sooner while still inhaling or they will shift to injecting, increase their risk of hepatitis C and HIV infection, become more impaired, and enter treatment later.

Exhibit 10 shows that the proportion of clients who are Hispanic has increased since 1996, but there has been little change since 2002.

Data show that there were 278 deaths statewide with a mention of heroin or narcotics in 2003 (exhibit 11). Some 56 percent were White, 33 percent were Hispanic, and 9 percent were Black; 72 percent were male. The average age was 39 years.

Exhibit 5 shows that the proportion of items identified as heroin by DPS labs has remained constant at 1-2 percent 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 12 shows the decline in price over the years. Depending on the location, black tar heroin sells on the street for \$10-\$20 a capsule, \$100-\$350 per gram, \$800-\$4,500 per ounce, and \$35,000-\$50,000 per kilogram. An ounce costs \$800-\$2,000 in Dallas, \$1,200-\$1,700 in Fort Worth, \$1,000-\$1,500 in El Paso, \$2,100-\$2,200 in Alpine, \$3,500-\$4,000 in Midland, and \$3,500-\$4,500 per ounce in

Exhibit 9. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Heroin by Route of Administration: Jan-June 2004

	Inject	Inhale	Smoke	All*
# Admissions	2,394	255	27	2,702
% of Heroin Admits	89	9	1	100
Lag-1st Use to Tmt-Yrs.	16	8	7	15
Average Age	37	29	28	36
% Male	69	53	48	67
% Black	6	33	7	9
% White	37	18	44	35
% Hispanic	55	47	41	54
% CJ Involved	31	29	15	30
% Employed	11	16	7	12
% Homeless	13	10	7	13

*Total includes clients with other routes of administration.

Source: TDSHS

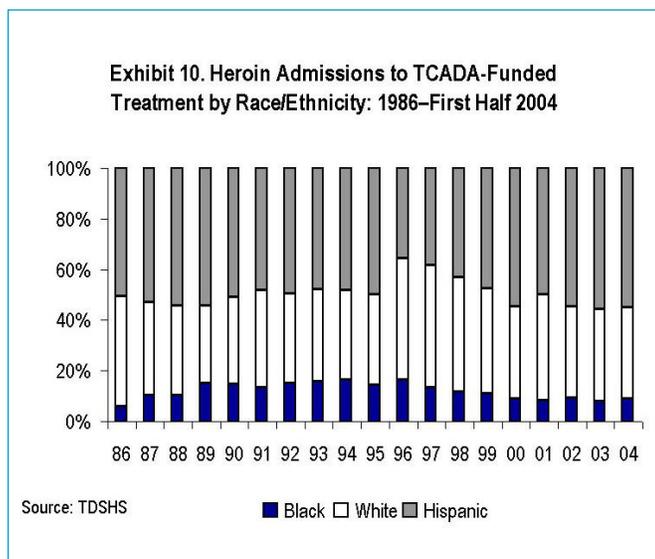
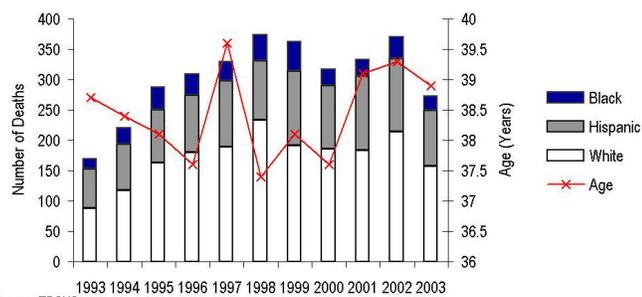


Exhibit 11. Age and Race/Ethnicity of Persons Dying with a Mention of Heroin in Texas: 1992-2003



quality is "strong."

OTHER OPIATES

This group excludes heroin but includes opiates such as methadone, codeine, hydrocodone (Vicodin, Tussionex), oxycodone (OxyContin, Percodan, Percocet-5,

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 involved 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; half involved no other substance (Forrester, 2004).

Cases involving methadone are increasing. Methadone is not only used in liquid and 50 mg diskette forms in narcotic treatment programs, but 5 and 10mg pills are used for pain management. The poison control center, death certificates, and forensic laboratory data usually do not report the form of methadone being abused. The form of the drug could be an overdose by new patients in narcotic treatment programs, liquid methadone which has been diverted from treatment, pain pills diverted from patients, or overdoses by pain patients who took too many of the pills or took other drugs in combination with the methadone pills. The number of poison control center cases involving misuse or abuse of methadone increased from 17 in 1998 to 53 in 2002 and dropped to 41 in 2003 with 39 cases in the first half of 2004.

Some 5.5 percent of all clients who entered publicly-funded treatment during the first half of 2004 used opiates other than heroin. Of these, 29

Lubbock. In Houston, an ounce costs \$1,200-\$1,500, \$1,300 in Laredo, \$400-\$1,500 in McAllen, \$1,400-\$1,600 in Austin, and in San Antonio, and \$1,600-\$2,800 in San Antonio.

Mexican brown heroin, which is black tar that has been cut with lactose or another substance and then turned into a powder to inject or snort, costs \$10 per cap and \$50-\$350 per gram. An ounce costs \$500-\$600 in San Antonio, \$1,100 in McAllen, \$800-\$1,600 in Dallas, and \$2,200-\$3,000 in Lubbock.

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

The DEA Houston Field Division reports the supply of brown and black tar heroin is stable, with an increase in activity in Austin. White heroin is available in isolated instances in the large metropolitan areas. In the Dallas area, black tar is readily available and Colombian is available in multi-kilogram quantities. Sources report white and beige-colored heroin is now being produced in Mexico using Colombian production methods.

Street outreach workers in Austin report that supplies are so plentiful that the price of a balloon of heroin has dropped from \$20 to \$15 and

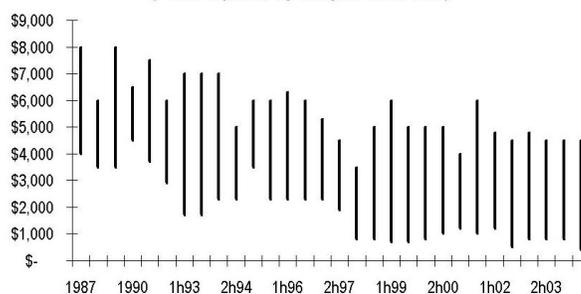
Tylox), d-propoxyphene (Darvon), hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium.

The 2004 Texas secondary school survey found that 8.3 percent reported ever having drunk codeine cough syrup to get high. Some 8.7 percent of Black and White students reported lifetime use, as did 8.5 percent of Native American students and 5 percent of Hispanic students. There was no difference by gender, but lifetime use increased from 2.7 percent of seventh graders to 10.5 percent of twelfth graders.

The 2000 Texas adult survey found that lifetime use of other opiates was 4.4 percent and past-month use was 0.5 percent in 2000. In comparison, use was lower in 1996, with lifetime use at 3 percent and past-month use at 0.2 percent. Some 2.3 percent of Texas adults in 2000 reported ever having used codeine and 0.7 percent used in the past year. Lifetime use of hydrocodone was 0.7 percent and past-year use was 0.4 percent.

Hydrocodone is a larger problem in Texas than is oxycodone, but use of oxycodone is growing faster, as exhibit 13 shows. A study of

Exhibit 12. Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by the DEA: 1987-2004 (Prices reported by half year since 1993)



Source: DEA

used illegal methadone and 1,344 used other opiates (exhibit 29). Those who reported a primary problem with illicit methadone or 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 room and to report more sickness and health problems in the month prior to entering treatment.

Of the hydrocodone deaths, 49 percent were male, 90 percent were White, and average age was 41.5 years. Of the oxycodone deaths, 67 percent were male, 88 percent were White, and average age was 3.3 years-younger than the hydrocodone decedents. Of the methadone deaths, 66 percent were male, 84 percent were White, and average age was 35. There were 10 deaths with a mention of fentanyl in 2003.

Narcotic treatment programs are required to report deaths of their clients. Between 1994 and 2002 776 deaths were reported. Twenty percent died of liver disease, 18 percent of cardiovascular disease, and 14 percent of drug overdose. Compared to the standardized Texas population, narcotic treatment patients were 4.6 times more likely to die of a drug overdose, 3.4 times more likely to die of liver disease, 1.7 times more likely to die of a respiratory disease, 1.5 times more likely to die of a homicide, and 1.4 times more likely to die of AIDS (Maxwell et al., 2005).

In the Dallas DEA Field Division, there has been an increase in seizures of codeine cough syrup and in Tyler, OxyContin has surpassed hydrocodone as the drug of choice among abusers of pharmaceuticals. Dilaudid sells for \$20-\$80 per tablet, and hydrocodone (Vicodin) sells for \$2-\$10 per tablet. OxyContin sells for \$1 per milligram. Methadone sells for \$10 per 10 mg tablet, and promethazine syrup with codeine sells for \$200-\$325 per pint in Dallas and Fort Worth and \$20 per ounce. In the Houston Field Division, hydrocodone, promethazine with codeine, and other

codeine cough syrups are the most commonly abused pharmaceutical drugs. In Houston, promethazine or phenergan cough syrup with codeine sells for \$75-\$100 for 4 ounces, \$125 for 8 ounces, and \$1,600 for a gallon. In San Antonio, hydrocodone sells for \$1-\$3 per pill, OxyContin costs \$1 per milligram, and one pill costs \$25 in McAllen. Dilaudid sells for \$10-\$15 per dose in McAllen.

DPS labs report increases in the number of exhibits of hydrocodone, oxycodone, and methadone each year from 1998 through the first half of 2004 (exhibit 13). There were 2 fentanyl exhibits in 2003 and 6 in the first half of 2004.

Outreach workers in Houston report increases in the sale and use of OxyContin in areas where injecting drug users gather.

MARIJUANA

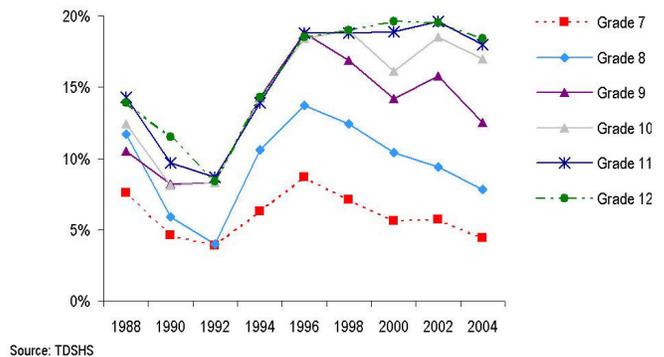
The proportion of Texas students in grades 4-6 who have ever used marijuana dropped from 2.8 percent in 2000 to 2.5 percent in 2004, and use in the past school year dropped from 2.1 percent to 1.7 percent. Among Texas secondary students (grades 7-12), 30 percent have ever tried marijuana and 13 percent had used in the past month, levels lower than in 2000. Use

Exhibit 13. Other Opiate Indicators in Texas: 1998-First Half 2004

	1998	1999	2000	2001	2002	2003	1H 2004
Poison Control Center Cases of Abuse and Misuse							
Hydrocodone	192	264	286	339	429	414	285
Oxycodone	12	26	22	34	68	64	42
Methadone	16	19	21	26	50	41	39
TDSHS Treatment Admissions							
*Other Opiates**	542	802	879	1,336	1,752	2,227	1,344
Methadone	53	68	44	50	63	66	29
Deaths with Mention of Substance (TDSHS)							
Hydrocodone		25	52	107	168	140	
Oxycodone		8	20	40	56	60	
Methadone	30	36	62	93	131	122	
Drug Exhibits Identified by DPS Laboratories							
Hydrocodone		479	629	771	747	1,212	776
Oxycodone		36	72	115	106	174	121
Methadone	1	19	22	42	49	63	67

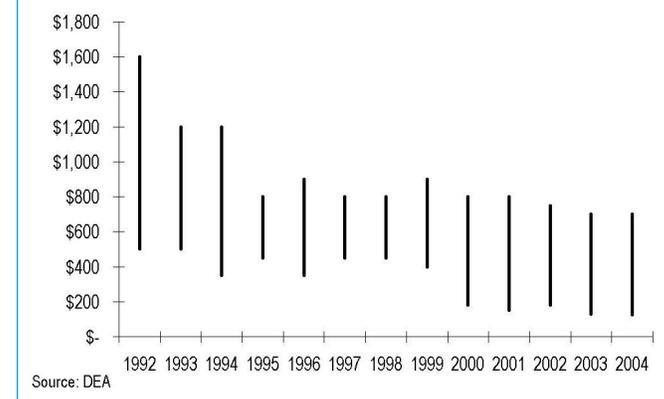
**Other Opiates" refers to those other than heroin.

Exhibit 14. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988-2004



Source: TDSHS

Exhibit 15. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by the DEA: 1992-2004



Source: DEA

by students in seventh and eighth grades continued to drop, while use by students in grade 12 remained stable (exhibit 14).

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

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

The 2002 National Survey on Drug Use and Health estimated that 4.9 percent of Texans ages 12 and older had used marijuana in the past month, with 5.9 percent of those ages 12-17, 13.2 percent of those ages 18-25, and 3.1 percent of those ages 26 and older reporting past-month use.

The Texas Poison Control Centers reported there were 135 calls confirming exposure to marijuana in 1998, as compared to 406 in 2003. There have been 240 in the first half of 2004.

Marijuana was the primary problem

for 19 percent of admissions to treatment programs in the first half of 2004 (exhibit 29). The average age was 22. Some 43 percent were Hispanic, 32 percent were White, and 22 percent were Black. Seventy-six percent had legal problems or had been referred from the criminal justice system, and these clients were less frequent users of marijuana than those who came to treatment for other reasons. The criminal justice-referred clients reported using marijuana on 7 days in the month prior to admission, as compared to 12 days for the non-criminal justice referrals. The same differences were reported for number of days in the past month that the second problem drug was used (3.2 days vs. 5.9 days) and the number of days a third problem drug was used (2.6 days vs. 5.2 days).

The Addiction Severity Index scores were lower for justice referrals: 33 percent of the criminal justice referrals reported employment problems vs. 45 percent non-criminal justice referred clients; for sickness or health problems, 14 percent vs. 19 percent;

for family problems, 27 percent vs. 45 percent; for social problems with peers, 22 percent vs. 33 percent; for emotional problems, 19 percent vs. 36 percent, and for substance abuse problems, 40 percent vs. 58 percent. These differences, all of which were significant at $p < .0001$, indicate that marijuana users who are referred to treatment by the criminal justice system may be more appropriate for short-term inter-

vention, with the more impaired marijuana users in need of more intensive treatment services.

Cannabis was identified in 35 percent of all the exhibits analyzed by DPS laboratories in 2000 but had dropped to 29 percent in the first half of 2004 (exhibit 5).

The Houston DEA Field Division reports hydroponic marijuana is especially available in Asian communities. In the DFW area, Mexican marijuana is readily available, but there are continuing seizures of domestically-grown marijuana (both indoor and outdoor grows). Mexican "Sinsemilla" is also plentiful. Marijuana is reported as more available in the El Paso Division.

High quality sinsemilla sells for \$900-\$1,200 a pound in the Dallas/Fort Worth area, \$800 per pound in Lubbock, and \$600 per pound in Houston. Canadian BC Bud sells for \$3,300 and hydroponic sells for \$3,500 in Houston, as compared to \$3,000 in Austin and \$4,600 in McAllen. The average price for a pound of commercial grade marijuana is between \$140-\$160 in Laredo, \$125-\$425 in McAllen, \$350-\$450 in San Antonio, \$350-\$375 in Austin, \$280-\$350 in Houston, \$500 in El Paso, \$500-\$700 in Alpine, \$300-\$400 in Midland, \$350-\$600 in the Dallas/Fort Worth areas, \$500-\$600 in Lubbock, and \$340-\$500 in Tyler. Locally grown indoor marijuana sells for \$3,800 per pound in Dallas. Exhibit 15 shows the decline in prices since 1992.

STIMULANTS

Amphetamine-type substances come in different forms and with different names. "Speed" ("meth," "crank,") is a powdered methamphetamine of relatively low purity and 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

Exhibit 16. Route of Administration of Methamphetamine by Clients Admitted to TDSHS-Funded Programs: 1988-First Half 2004

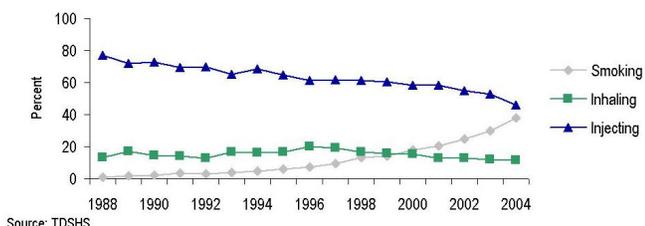


Exhibit 17. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: First Half 2004

	Smoke	Inject	Inhale	Oral	All*
# Admissions	911	1,292	299	103	2,607
% of Stimulant Admits	35	50	12	4	100
Lag-1st Use to Tmt-Yrs.	9	13	10	11	11
Average Age-Yrs.	28	31	31	31	30
% Male	44	47	48	48	46
% Black	1	0	1	2	1
% White	86	95	87	84	90
% Hispanic	10	4	9	13	7
% C.J. Involved	48	51	48	52	50
% Employed	22	16	25	26	19
% Homeless	7	10	6	11	9

*Total includes clients with "other" routes of administration

methamphetamine powder that has been pressed into tablets and sold as amphetamines 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 U.S. "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 2004 secondary school survey reported that lifetime use of uppers was 8.1 percent in 1998 and 6.0 percent in 2004. Past-month use was 3.1 percent in 1998 and 2.5 percent in 2002.

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

There were 144 calls to Texas poison control centers involving exposure to methamphetamines in 1998, 183 in 1999, 264 in 2000, 321 in 2001, 382 in 2002, 389 in 2003 and 109 in the first half of 2004. Of these 2004 calls, there were 38 mentions of "Ice" or "Crystal." There were also 100 calls involving abuse or misuse of amphetamine pills, phentermine, or Adderall, and another 13 calls involving abuse or misuse of Ritalin.

Methamphetamine/amphetamine admissions to treatment programs have increased from 5 percent of all admissions in 2000 to 10 percent in 2004, and the average age of clients admitted for a primary problem with stimulants is increasing. In 1985, average age was 26; in 2004, it was

30. The proportion of White clients has risen from 80 percent in 1985 to 90 percent in 2004, while the proportion of Hispanics has dropped from 11 percent to 7 percent and the proportion of Blacks has dropped from 9 percent to 1 percent. Unlike the other drug categories, more than half of these clients entering treatment are women (54 percent) (exhibit 29). The proportion smoking Ice has also increased from less than 1 percent in 1988 to 35 percent in 2004. The percent of clients injecting methamphetamine has dropped from 84 percent in 1988 to 50 percent in 2004 (exhibit 16).

Users of amphetamines or methamphetamines tend to differ depending on their route of administration, as exhibit 17 shows. Those who took the substance orally tended to be users of pills. Methamphetamine injectors were more likely to have been in treatment before (58 percent readmissions) as compared to amphetamine pill takers (50 percent), Ice smokers (40 percent), or inhalers (34 percent).

There were 17 deaths where amphetamines or methamphetamines were mentioned in 1997, 20 in 1998, 21 in 1999, 39 in 2000, 51 in 2001, 69 in 2002, and 80 in 2003. Of the decedents in 2003, 70 percent were male, 84 percent were White, and average age was 35.

To make methamphetamine, local labs are using the "Nazi method," which includes ephedrine or pseudoephedrine, lithium, and anhydrous ammonia, and the "cold method," which uses ephedrine, red phosphorus, and iodine crystals. The "Nazi method" is the most common method used in North Texas. Before these methods became common, most illicit labs used the "P2P method," which is based on 1-phenyl-2-propanone. The most commonly diverted chemicals are 60 mg. pseudoephedrine tablets such as Xtreme Relief, Mini-Thins, Zolzina, Two-Way, and Ephedrine Release.

Exhibit 18. Percent of Items Analyzed by DPS Laboratories Identified as Methamphetamine, by County and City: First Half 2004

	%
Hidalgo (McAllen)	0.40
Webb (Laredo)	1.02
El Paso (El Paso)	3.55
Nueces (Corpus Christi)	11.69
Harris (Houston)	10.86
Travis (Austin)	22.11
McLennan (Waco)	26.14
Smith (Tyler)	29.90
Dallas (Dallas)	35.78
Midland (Odessa)	18.69
Taylor (Abilene)	57.75
Lubbock (Lubbock)	29.30
Potter (Amarillo)	44.50

Source: NFLIS

Methamphetamine and amphetamine together comprised 16 percent of all items examined by DPS laboratories in 2000, but the percentage had increased to 24 percent in the first half of 2004 (exhibit 5). Twenty-three percent of the exhibits were methamphetamine and less than 1 percent were amphetamine.

Methamphetamine is more of a problem in the northern half of the state, as exhibit 18 shows. In Abilene, 58 percent of all of the drug items examined by the DPS laboratory were methamphetamine, while in McAllen and Laredo, only 1 percent were. Labs in the northern part of the state were also more likely to report analyzing substances that turned out to be ammonia or pseudoephedrine, chemicals used in the manufacture of methamphetamine.

Methamphetamine is also more of a problem in the western U.S. than in the Midwest or East: 31 percent of all treatment admissions in California in 2003 were for methamphetamine or amphetamine, as compared to 10 percent in Texas.

According to the El Paso Field Division, methamphetamine is primarily trafficked by Mexican organizations operating in Arizona and

Southern California. The Houston Field Division reports that the availability of both Mexican and locally-produced methamphetamine is increasing. Ice is more expensive than powdered methamphetamine; it is trafficked by White and Asian males. Most of the methamphetamine in the Division is produced in Mexico, although domestically produced methamphetamine is made by motorcycle gangs and small home producers. There are also numerous laboratories operating in East Texas and in the Corpus Christi, Austin, and Waco areas.

The Dallas Field Division reports that the availability of methamphetamine, especially Ice, is steady or rising at the retail level and has emerged as the primary problem in the Lubbock/Amarillo area. Mexican methamphetamine dominates this market and it is available for purchase in multi-pound quantities. Ice is produced in Michoacan, Monterrey, and Nuevo Leon for distribution in Dallas. Methamphetamine is primarily distributed by Mexican nationals, but Asian gangs are also involved.

The purity for 1-10 grams has risen from 46 percent pure in the Dallas area in 2000 to 65 percent pure in 2004, according to NFLIS data. At the same time, the number of labs seized has risen from 1707 to 3908, yet prices are dropping. The price for a pound of methamphetamine was \$8,000 in Houston six months ago; now it is \$7,000, and in Laredo it has dropped from \$4,500-\$5,500 to \$2,500. It sells for \$6,000-\$8,000 in San Antonio, \$8,000 in Midland, \$4,000-\$9,000 in Dallas, \$5,000-\$10,000 in Fort Worth, and \$8,000-\$9,000 in Lubbock.

An ounce of domestic methamphetamine sells for \$600-\$800 in Dallas (it was \$700-\$1,000 six months ago), while an ounce of Mexican sells for \$400. An ounce of methamphetamine sells for \$600 in Fort Worth, \$600-\$1,200 in Tyler, \$400-\$1,200 in Lubbock, \$960 in El Paso, \$600 in Alpine, \$700 in Midland, \$500-\$850 in

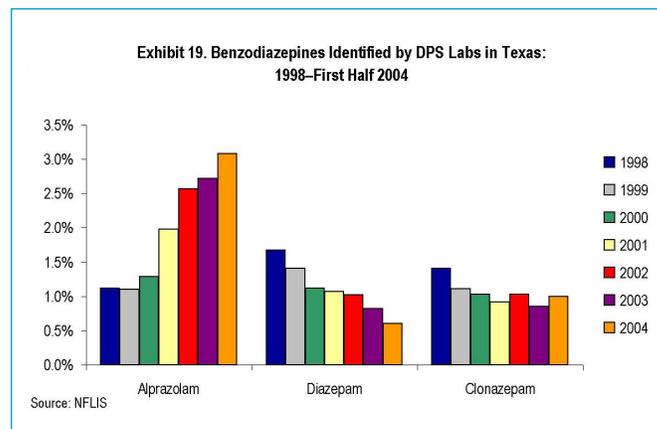
Houston, \$700-\$1,000 in San Antonio, and \$900-\$1,250 in Waco. The price of Ice has dropped even more, from \$13,000-\$17,000 down to \$8,000-\$12,000 in Houston. It now costs \$8,500-\$16,000 in Dallas, \$9,000-\$10,000 in Fort Worth, and \$10,000-\$18,000 in Tyler. An ounce of Ice sells for \$1,000-\$2,000 in Dallas, \$800-\$1,000 in Fort Worth, \$1,400 in Tyler, \$700-\$1,200 in Houston and \$1,000-\$1,500 in San Antonio.

Street outreach workers in Amarillo report increases in the use of methamphetamine. Users are shifting to smoking to reduce their risk of HIV from injecting, but as their decision-making processes deteriorate with the effects of smoking Ice, they are at risk from unprotected sex. Use of "Crystal" by young men having sex with men is increasing in Corpus Christi and surrounding counties. In Austin, it has been reported that good quality methamphetamine is on the streets and more laboratories are being established. Users are smoking methamphetamine with glass pipes or inhaling it on tinfoil. Ice is either being injected or smoked.

In Fort Worth, there is an increase both in the use of methamphetamine and in users seeking treatment. An ambulatory detoxification program has been established as an interim program for those needing residential treatment, and an outpatient program geared specifically to methamphetamine users has been established. In Dallas, methamphetamine is called "Ice" or "Tina" and drug treatment programs are reporting increasing admissions of methamphetamine users as well as more users testing positive for hepatitis C.

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 chlor-diazepoxide (Librium and Librax). Rohypnol is discussed separately in the Club Drugs section of this report. The 2004 secondary school survey reported lifetime use of downers decreased from 7.1 percent in 2002 to 5.9 percent in 2004. Past-year use decreased from 3.4 percent in 2002 to 2.6 percent in 2004.

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

About 1 percent of the clients entering treatment in 2004 had a primary problem with barbiturates, sedatives, or tranquilizers. These clients were the most likely to be female; only 36 percent were male. They were also likely to be highly impaired, based on their ASI scores (see Exhibit 29).

Alprazolam, clonazepam, and diazepam are among the 15 most commonly identified substances

according to DPS lab reports, although none of them comprise more than 3 percent of all items examined in a year. The proportion of cases that are alprazolam (Xanax) continues to increase (exhibit 19).

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

CLUB DRUGS AND HALLUCINOGENS

Exhibit 20 shows the demographic characteristics of clients entering TDSHS-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 percent of clients who had a primary problem with another drug, such as marijuana, but who had a secondary or tertiary problem with the club drug shown at the top of the column. Note that the treatment data uses a broader category, "Hallucinogens," that includes LSD, DMT, STP, mescaline, psilocybin, and peyote.

Based on exhibit 20, hallucinogen admissions are the most likely to be male, GHB clients are the most likely to be White, PCP clients are the most likely to be Black, Rohypnol clients are the youngest, and GHB clients are the oldest. While users of PCP are the most likely to have a primary problem with PCP, users of Rohypnol, ecstasy, and hallucinogens are more likely to have a primary problem with marijuana, rather than with a club drug.

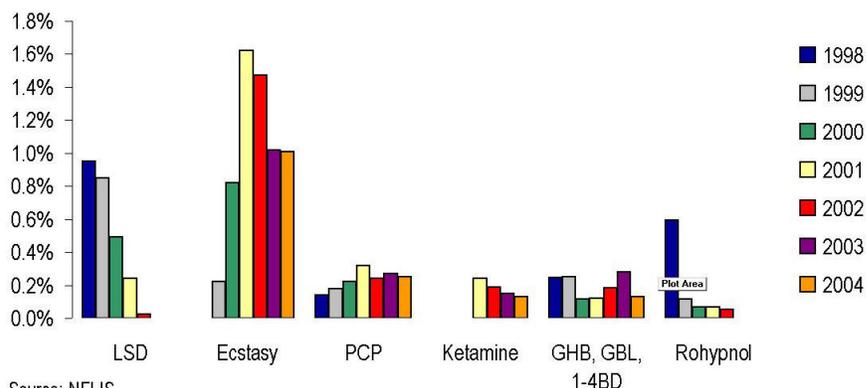
Exhibit 21 shows the percent of exhibits identified by DPS laboratories that contained various club drugs. Only the proportion of PCP exhibits has not decreased over time.

Dextromethorphan

Exhibit 20. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary, Secondary, or Tertiary Problem with Club Drugs: Jan-June 2004

Club Drug	GHB	Hallucinogens	Ecstasy	PCP	Ketamine	Rohypnol
# Admissions	21	142	289	175	5	137
% Male	57	76	57	56	100	70
% White	91	62	63	8	60	1
% Hispanic	9	26	19	9	40	99
% Black	0	10	16	83	0	0
Average Age (Years)	26	22	22	24	16	19
% Criminal Justice Involved	43	63	64	54	100	64
% History Needle Use	43	22	22	3	40	12
% Primary Drug=Club Drug	29	18	12	38	20	14
Other Primary Drug						
% Marijuana	5	46	36	31	40	45
% Alcohol	5	13	9	11	0	10
% Methamphet/Amphetamines	52	7	16	1	0	0
% Powder Cocaine	0	6	13	7	20	15
% Crack Cocaine	5	3	5	9	0	0
% Heroin	0	1	2	1	8	7

Exhibit 21. Club Drugs Identified by DPS Labs in Texas: 1998-First Half 2004



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 2004 Texas school survey reported that 4.3 percent of secondary students indicated they had used DXM. Use increased from 2.5 percent in seventh grade to 5.8 percent in twelfth grade. There was no difference by gender, but Whites reported higher lifetime use (6.1 percent) than Native Americans (5.8 percent), Hispanics (3.6 percent), or Blacks (2.4 percent).

Poison control centers reported the number of abuse and misuse cases involving dextromethorphan rose from

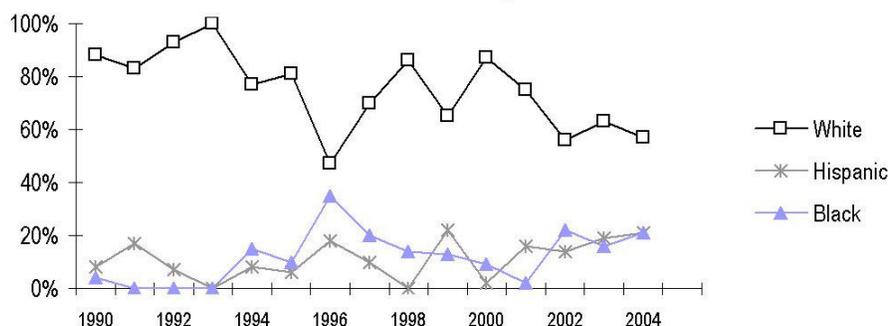
99 in 1998 to a high of 432 in 2002, and then dropped to 365 in 2003 and 91 in the first half of 2004. Average age was 23.8. The number of cases involving abuse or misuse of Coricidin HBP was 7 in 1998 and rose to 268 in 2002 and then decreased to 189 in 2003. There have been 175 cases in the first half of 2004. Average age in 2004 was 16.2 years, which shows that youths can easily access and misuse this substance.

DPS labs examined 2 substances in 1998 that were dextromethorphan, 13 in 1999, 36 in 2000, 18 in 2001, 42 in 2002, 10 in 2003, and 8 in the first half of 2004.

Ecstasy (MDMA)

The 2004 secondary school survey reported that lifetime ecstasy use

Exhibit 22. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Problem with Ecstasy: 1990–First Half 2004



Source: TDSHS

dropped from a high of 8.6 percent in 2002 to 5.5 percent in 2004, while past year use dropped from 3.1 percent to 1.8 percent.

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

Texas Poison Control Centers reported 23 calls involving misuse or abuse of ecstasy in 1998, 46 in 1999, 119 in 2000, 155 in 2001, 172 in 2002, 284 in 2003, and 169 in the first half of 2004. In 2004, 48 percent were male and average age was 20.8.

There were 63 admissions for a primary, secondary, or tertiary problem with ecstasy in 1998, 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, 502 in 2003, and 289 in the first half of 2004. Approximately 36 percent reported marijuana as their primary problem drug, as compared to 12 percent who reported ecstasy as their primary problem drug. Exhibit 22 shows that ecstasy has spread outside the White club scene and into the Hispanic and Black communities as evidenced by the declining proportion of White clients.

In 1999, there were 2 deaths that involved ecstasy in Texas. There was 1 death in 2000, 5 in 2001, 5 in 2002, and 2 in 2003. Exhibit 21 shows the substances identified by DPS labs. The labs identified MDMA in 107 exhibits in 1999, 387 in 2000, 814 in

2001, 503 in 2002, 484 in 2003, and 325 in the first half of 2004. MDA was identified in 31 exhibits in 1999, 27 in 2000, 48 in 2001, 90 in 2002, 94 in 2003, and 29 in the first half of 2004.

According to the Houston DEA Field Division, ecstasy is more available at clubs, raves, and gyms, and use is increasing in the Galveston, Beaumont, and the Fort Hood areas. Logos on the tablets include A&E, Blue Dolphins, Bear, Music Notes, Crescent Moon, Yellow Dolphins, Aladdin Lamp, Yellow Alligator, Yellow Trumpets, Omega, X-5 (aka BMW), JJ, Spade, and Footprints. While most tablets contain MDMA, some have high concentrations of caffeine or methamphetamine. Asian gangs and white males continue to be involved in MDMA distribution.

The Dallas DEA Field Division reports that MDMA, which is brought into the Division from Mexico, is heavily adulterated and of poor quality. Use is spreading among Blacks and among older users. Combinations of drugs mentioned in Dallas include "candy flipping" (LSD and MDMA), "hippie flipping" (mushrooms and MDMA), "love flipping" (mescaline and MDMA), "robo flipping" (DXM and MDMA), and "elephant flipping" (PCP and MDMA). The club drug distribution in the Division is dominated by Asian traffickers who are also involved with hydroponic marijuana and methamphetamine.

Single dosage units of ecstasy sell for \$6-\$20 in Dallas, \$5-\$12.50 in Fort Worth, \$12-\$25 in Tyler, \$4.75-\$25 in Houston, \$20-\$30 in McAllen, \$20 in Laredo, and \$11-\$20 in San Antonio. Multiple dosage units (1,000 tablets) sell for \$5,000-\$8,000 in Houston.

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

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

The number of cases of misuse or abuse of GHB reported to Texas Poison Control Centers was 110 in 1998, 150 in 1999, 120 in 2000, 119 in 2001, 100 in 2002, 66 in 2003, and 54 in the first half of 2004. Average age of the abusers in 2004 was 28, and of the callers whose gender was known, 38 percent were male.

Adult and adolescent clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol (1,4 BD) are seen in treatment. In 1998, 2 were admitted, as compared to 17 in 1999, 12 in 2000, 19 in 2001, 35 in 2002, 31 in 2003, and 21 in the first half of 2004. Clients who used GHB tended to be the oldest of all the club drug users (age 26) and the most likely to be White (91 percent). GHB users were more likely to have used the so-called "hard-core" drugs; 43 percent had a history of injecting drug use. Fifty-two percent had a primary problem with amphetamines or methamphetamines. Because of the sleep-inducing properties of GHB, users will also use methamphetamine so they can stay awake while they are "high" on GHB or they use GHB to "come down" from their use of methamphetamine (exhibit 20).

In 1999, there were 3 deaths that involved GHB, 5 in 2000, 3 in 2001, 2 in 2002, and 2 in 2003.

In 1998, there were 18 items identified by DPS labs as being GHB, in 1999 112 were GHB, 4 were GBL,

and 4 were 1,4 BD (exhibit 21). In 2000, 45 were GHB, 7 were GBL, and 4 were 1,4 BD. In 2001, 34 were GHB, 7 were GBL, and 19 were 1,4 BD. In 2002, 81 were GHB, 6 were GBL, and 4 were 1,4 BD. In 2003, 150 were GHB, 5 were GBL, and none were 1,4 BD. In the first half of 2004, 44 were GHB and none were GBL or 1,4 BD (exhibit 21). In 2004, 82 percent of the GHB items were identified in the DPS lab in the Dallas area, which shows use of GHB is centered in this area of the state.

In Dallas the price had increased from \$100-\$200 per gallon to \$250-\$500 per gallon. A dose of GHB costs \$20 in Dallas and \$5-\$10 in Lubbock and San Antonio. A 16-ounce bottle costs \$100 in San Antonio and 2 two-ounce bottles cost \$110 in Fort Worth. The DEA Field Division in Dallas reports that GHB is being manufactured in home laboratories where GBL ordered over the Internet is mixed with other chemicals and water to produce GHB.

Ketamine

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

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

Five clients were admitted to TDSHS-funded treatment programs in the first half of 2004 with a secondary or tertiary problem with ketamine. Forty percent had a history of injecting drug use, and all had problems with the legal or criminal justice system (exhibit 20).

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

In 1999, 25 substances were identified as ketamine by DPS labs. There

were 29 in 2000, 119 in 2001, 78 in 2002, 84 in 2003, and 40 in the first half of 2004 (exhibit 21).

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 secondary school survey shows that use of hallucinogens (defined as LSD, PCP, mushrooms, etc.) is continuing to decrease. Lifetime use peaked at 7.4 percent in 1996 and had dropped to 4.8 percent by 2004. Past-month use dropped from 2.5 percent in 1998 to 1.6 percent in 2004.

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

Texas Poison Control Centers reported 82 mentions of abuse or misuse of LSD in 1998, 113 in 1999, 97 in 2000, 70 in 2001, 129 in 2002, 20 in 2003, and 14 in the first half of 2004. 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, and 76 in 2004.

The number of adults and youths with a primary, secondary, or tertiary problem with hallucinogens entering treatment is decreasing. There were 636 in 2000, 486 in 2001, 436 in 2002, 319 in 2003, and 142 in the first half of 2004. Of the admissions in 2004, the average age was 22, 76 percent were male, 62 percent were White, 26 percent were Hispanic, and 10 percent were Black. Sixty-three percent were referred from the criminal justice or legal system (exhibit 20).

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

DPS labs identified 69 substances as LSD in 1998, 406 in 1999, 234 in

2000, 122 in 2001, 10 in 2002, 10 in 2003, and 12 in the first half of 2004 (exhibit 21).

A dosage unit of LSD is selling for \$1-\$10 in Dallas, \$5-\$10 in Tyler, \$6-\$10 in Fort Worth, \$7 in Lubbock, and \$5-\$12 in San Antonio. A dosage sheet of 100 sells for \$800 in San Antonio.

Phencyclidine (PCP)

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

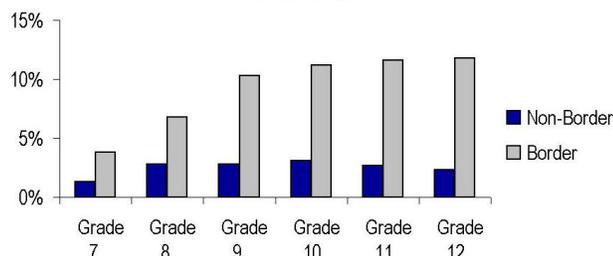
Texas Poison Control Centers reported cases of "Fry," "Amp," "Water," "Wack," or "PCP." Often marijuana joints were dipped in formaldehyde that contained PCP or PCP was sprinkled on the joint. The number of cases involving PCP increased from 102 in 1998 to a high of 237 in 2002, 172 in 2003, and 102 in the first half of 2004. There were also 18 cases involving misuse or abuse of formaldehyde or formalin in 2003 and 29 in the first half of 2004.

Adolescent and adult admissions to treatment with a primary, secondary, or tertiary problem with PCP are increasing (exhibit 20), rising from 164 in 1998 to 417 in 2003 and 175 in the first half of 2004. Of these clients in 2004, 83 percent were Black, 56 percent were male, 54 percent were involved in the criminal justice system, 22 percent were employed, and 20 percent were homeless. While 38 percent reported a primary problem with PCP, another 31 percent reported a primary problem with marijuana, which demonstrates the link between these two drugs and the use of "Fry" (exhibit 26).

There were 3 deaths in 1999, 3 in 2000, 5 in 2001, 8 in 2002, and 2 in 2003 that involved PCP.

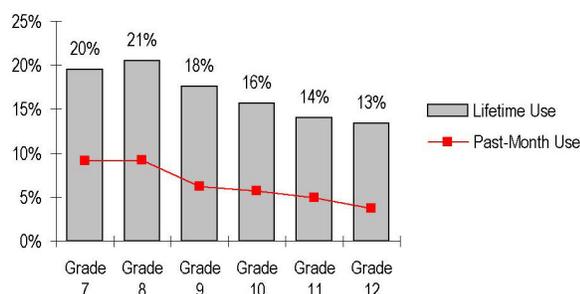
DPS labs identified 10 substances as PCP in 1998, 84 in 1999, 104 in 2000, 163 in 2001, 95 in 2002, 143 in 2003, and 83 in first half of 2004

Exhibit 23. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Rohypnol, by Grade: 2004



Source: TDSHS

Exhibit 24. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2004



Source: TDSHS

(exhibit 21).

PCP costs \$700-\$1,200 per ounce in San Antonio and \$30 per dosage unit in McAllen. In Dallas, it costs \$3,800 for a 16-ounce bottle, \$375-\$450 per ounce, \$25 per cigarette, and \$10 for a piece of a sherm stick. In Fort Worth, it costs \$26,000-\$28,000 per gallon.

Street outreach workers in the Galveston/Brazoria area report "Water" is a problem, and in Houston, there is an increase in the number of clients who identify their drug of choice as "Fry."

Rohypnol

Rohypnol is a benzodiazepine that was never approved for use in the U.S. It is legal in Mexico, but since 1996, it has been illegal to bring it into the U.S. It continues to be a problem along the Texas-Mexico border. As shown in exhibit 23, the 2004 secondary school survey found

that students from the border area were about three times more likely to report Rohypnol use than those living elsewhere in the state (9.1 percent vs. 2.5 percent lifetime, and 3.5 percent vs. 2.5 percent current use). Use on the border and non-border has declined since its peak in 1998.

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

The number of confirmed exposures to Rohypnol reported to the Texas Poison Control Centers

peaked at 102 in 1998; 40 cases were reported in the first half of 2004. Average age in 2003 was 16.7 years, 45 percent were male, and 83 percent lived in counties on the border. A study of all the exposure calls between 1998 and 2003 found 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 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).

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, and 137 in the first half of 2004. Clients abusing Rohypnol were among the youngest of the club drug patients and they were predominately Hispanic, which reflects the availability and use of this drug along the border (exhibit 20). Some 64 percent were involved with the criminal justice or legal system. While 14 percent of these clients said that Rohypnol was their primary problem drug, 45 percent reported a primary problem with marijuana.

DPS lab exhibits for Rohypnol numbered 43 in 1988, 56 in 1999, 32 in 2000, 35 in 2001, 22 in 2002, 17 in 2003 and 11 in the first half of 2004. This decline in the percent of seizures, as shown in exhibit 21, parallels the declines seen in other indicators.

Although Roche is reported to no longer be making the 2 mg. 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 Rohypnol can be slipped. Rohypnol was selling for \$2-\$4 per pill in San Antonio.

OTHER ABUSED SUBSTANCES

Inhalants

The 2004 elementary school survey found that 10.5 percent of students in grades 4 to 6 had ever used inhalants, and 7.8 percent had used in the school year. The 2004 secondary school survey found that 17 percent of students in grades 7-12 had ever used inhalants and 6.7 percent 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 24). This decrease in inhalant use as students age may be partially due to the fact that inhalant users drop out of school early and hence are not in school in later grades to respond to school-based surveys.

Inhalant abusers comprised 0.3 percent of the admissions to treatment programs in 2004. The clients tended to be male (63 percent) and Hispanic (82 percent). The overrepresentation of Hispanics is due to the fact that TDSHS has developed and funded treatment programs that were targeted specifically to this group. Average age was 22. Seventy percent were involved with the criminal justice system, average education was 8.9 years, 10 percent were homeless, and 16 percent had a history of injecting drug use.

In 2000, there were 12 deaths involving misuse of inhalants, 15 in 2001, 8 in 2002 and 13 in 2003. The categorization of inhalant deaths is difficult and leads to underreporting, but of those reported in 2003, the average age was 34, 85 percent were male, 69 percent were White, and 31 percent were Hispanic.

Street outreach workers in Austin reported the deaths of two clients in their quarterly report at the end of 2004. Both were homeless Hispanic males, in their late 40's or early 50's, who were "huffers" and died from inhaling carburetor fluid. One of the clients had been inhaling since he was 13 years old.

Steroids

The Texas school survey reported that 2 percent of all secondary students surveyed in 2004 had ever used steroids and that less than 1 percent had used steroids during the month before the survey. Although many steroids are brought across the border, the school survey found lifetime usage lower among border students (1.4 percent) than among non-border students (2.1 percent).

Carisoprodol (Soma)

Poison control centers confirmed exposure cases of intentional misuse or abuse of the muscle relaxant carisoprodol (Soma) increased from 83 in 1998 to 235 in 2003, and there were 160 in the first half of 2004. In addition to the abuse and misuse cases, there were another 329 cases where the reason for the call was suicide.

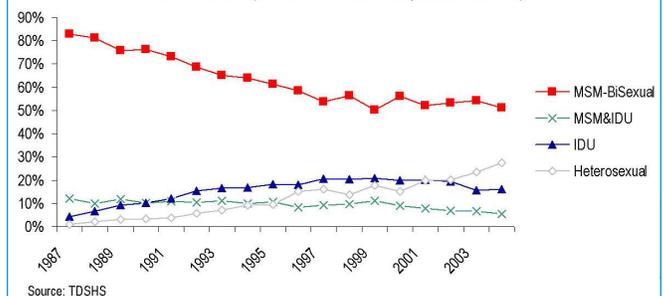
Between 1998 and 2003, 51 percent of these cases involved males and 83 percent involved persons over age 19. Some 37 percent of the cases were in the Houston region, 18 percent were in the Dallas and Fort Worth region, and 11 percent were in the Beaumont region. Carisoprodol is a substance that tends to be abused in combination with other substances. Only 39 percent of the cases involved that one drug; all the others involved combinations of drugs (Forrester, 2004).

In 2003, carisoprodol was mentioned on 51 death certificates. Only 1 of the deaths involved exclusively carisoprodol.

Exhibit 25. Texas HCV Exposures and Their Demographics: 2003

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

Exhibit 26. AIDS Cases in Texas by Route of Transmission: 1987-June 2004 (Cases with Risk Not Reported Excluded)



Hydrocodone, propoxyphene, alcohol, and benzodiazepines were also substances that were mentioned along with carisoprodol.

DPS lab exhibits of carisoprodol reported to NFLIS increased from 13 in 1998 to 90 in 1999, 153 in 2000, 202 in 2001, 179 in 2002, 278 in 2003, and 132 in the first half of 2004.

According to the Dallas DEA Field Division, Soma sells for \$2-\$5 per tablet.

BLOOD BORNE DISEASES AND DRUG USE

Hepatitis C

Exhibit 25 shows that 18 percent of the 8,798 tests for HCV exposure given in 2003 were positive. Some 41 percent of the positive tests were exposed through injecting drug use. The rates were higher for males, for American Indians and Blacks, and for persons aged 40 and older. The highest HCV positivity rates were reported by persons tested at sexually transmitted disease clinics and drug treatment centers (22 percent each) and field outreach centers and corrections and probation settings (20 percent each).

Forty-eight percent of the 200 clients in narcotic treatment programs who were interviewed by the author as part of NIDA Grant R21 DA014744 said they were positive for hepatitis C, and 54 percent said a doctor had told them they had liver problems. However, only 5 percent reported they were HIV positive.

HIV and AIDS Cases

In 2003, the percent of AIDS cases involving heterosexual exposures was greater than the percent of cases due to injecting drug use (exhibit 26). The proportion due to heterosexual contact has risen from 1 percent in 1987 to 27 percent in the first half of 2004, while the proportion due to injecting drug use was 16 percent.

In 1987, 3 percent of the AIDS cases were females over age 12; in the first half of 2004, 24 percent were female. In 1987, 12 percent of the adult and adolescent cases were Black; in 2004, 44 percent were Black. As exhibit 27 shows, the proportion of White males has dropped while the proportion of Blacks and Hispanics has increased.

The proportion of adult needle users entering TDSHS-funded treatment programs has decreased from 32 percent in 1988 to 22 percent for 2004.

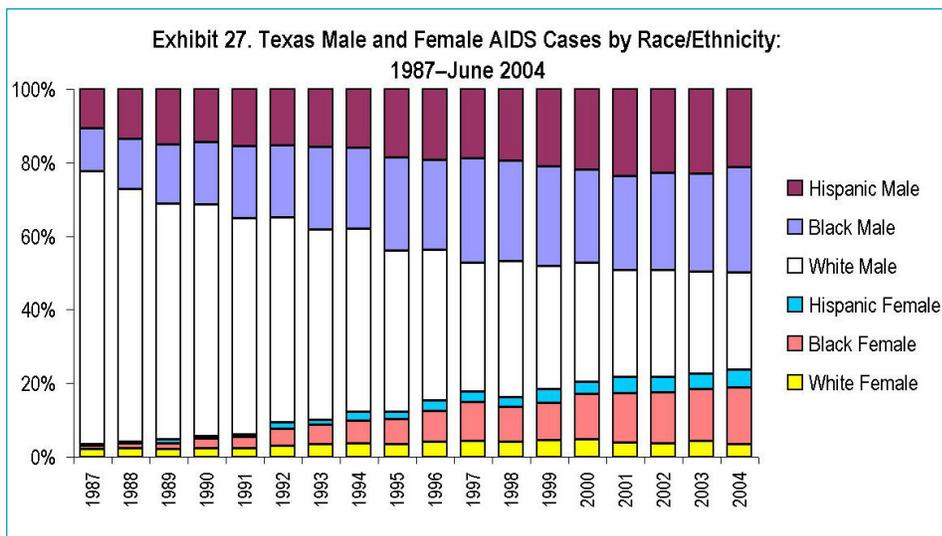


Exhibit 28. Characteristics of Clients Admitted to TDSHS-Funded Treatment Who Used Needles: First Half 2004

	Heroin	Cocaine	Stimulants
# Admissions	2,394	554	1,292
% of Needle Admits\Drug	89	8	50
Lag-1st Use to Tmt-Yrs.	16	14	13
Average Age	37	36	31
% Male	69	65	47
% Black	6	6	0
% White	37	63	95
% Hispanic	55	27	4
% CJ Involved	31	48	51
% Employed	11	15	16
% Homeless	13	13	10

Source: TDSHS

Heroin injectors are most likely to be older, and nearly two-thirds are people of color, while injectors of stimulants and cocaine are far more likely to be White (exhibit 28).

Center for Excellence in Drug Epidemiology

Gulf Coast Addiction Technology Transfer Center

The Center for Social Work Research

The University of Texas at Austin

Exhibit 29. Adult and Youth Admissions to TDSHS-Funded Programs: Jan-June, 2004

Primary Substance	Total Admissions	% of All Admissions	Average Age	Avg. Age 1st Use	Avg. Lag-1st Admission	% First Treatment	Percent Married	Percent Male	% Use Needles	% History of IV Drug Use
Total	28,261	100.0	32.4	19.1	14.0	43.2	18.7	61.8	19.2	33.1
Heroin	2,702	9.9	35.7	21.5	15.0	21.4	17.0	66.9	87.0	90.5
Methadone	29	0.1	32.2	25.8	7.0	21.9	21.9	37.5	31.3	56.3
Other Opiates	1,344	4.8	35.1	25.2	11.0	35.3	26.6	42.1	17.5	39.2
Alcohol	7,060	28.2	38.0	15.6	23.5	38.8	17.9	68.0	6.4	24.7
Depressants	368	1.3	31.4	23.2	9.0	39.3	18.8	35.7	7.8	26.9
Stimulants	2,760	9.8	30.1	19.7	11.3	50.7	21.0	45.9	49.3	61.4
Powder Cocaine	2,233	7.9	32.1	21.4	11.4	47.1	21.8	58.8	25.7	33.9
Marijuana	5,380	19.0	21.5	13.8	9.0	66.3	19.2	72.4	1.9	7.1
Hallucinogens	92	0.3	26.0	19.8	7.0	38.6	8.4	55.4	6.0	7.2
Other Drugs	160	0.6	31.1	22.4	9.6	50.5	7.7	42.9	9.9	20.9
Crack Cocaine	5,125	18.1	37.4	26.0	12.3	30.7	16.4	55.1	5.3	30.1

Primary Substance	Percent Black	Percent White	Percent Hispanic	% Involved with CJ or Legal System	Percent Employed	% Employed Over Last 12 Months	Average Education (Years)	Percent Homeless	Average Income At Adm	# of Women Pregnant at Admission
Total	20.0	48.7	29.4	49.0	20.5	3.9	11.3	11.8	\$5915	533
Heroin	8.7	35.2	54.1	31.0	12.5	2.7	11.2	12.8	\$3780	38
Methadone	6.3	81.3	9.4	40.6	12.5	2.5	11.8	12.5	\$2653	0
Other Opiates	9.1	81.9	7.9	31.1	12.1	3.5	12.3	7.8	\$6179	13
Alcohol	15.4	58.2	24.4	44.4	24.7	4.6	12.0	13.4	\$7382	53
Depressants	7.1	83.8	8.4	36.7	12.0	3.6	12.1	5.8	\$5057	4
Stimulants	0.8	90.4	6.6	50.0	19.6	3.7	11.7	8.8	\$5551	96
Powder Cocaine	12.3	38.2	47.1	50.0	26.0	4.5	11.4	6.6	\$6502	62
Marijuana	21.6	32.4	43.4	75.9	35.5	4.8	9.9	7.7	\$6140	126
Hallucinogens	78.3	14.5	7.2	51.8	24.1	2.8	11.2	12.0	\$2611	3
Other Drugs	17.6	42.9	38.5	52.7	9.9	2.5	11.8	5.5	\$4088	6
Crack Cocaine	49.7	33.5	15.4	37.6	12.1	3.0	11.7	18.4	\$4847	129

Primary Substance	% on Medication	Percent Emergency Room Visit	% Sickness or Health Problems	Percent Employment Problems	% Family or Marital Problems	Percent Social/Peer Problems	Percent Psych/Emot. Problems	Percent Drug/Alcohol Problems
Total	21.3	34.0	25.4	52.0	49.4	41.0	41.5	69.1
Heroin	29.1	32.9	25.6	67.3	61.3	55.4	38.2	88.4
Methadone	28.1	53.1	46.9	68.8	81.3	78.1	71.9	93.8
Other Opiates	32.8	56.6	40.0	52.9	57.8	46.8	58.7	84.3
Alcohol	24.0	40.0	27.3	52.8	49.1	41.3	47.4	72.2
Depressants	36.0	57.5	37.0	61.7	62.3	46.8	58.4	83.8
Stimulants	17.5	40.9	28.1	59.2	57.1	45.7	53.6	74.9
Powder Cocaine	18.1	35.8	23.6	48.6	47.7	35.7	38.5	66.0
Marijuana	12.9	15.5	15.3	35.7	31.1	24.2	23.2	44.1
Hallucinogens	14.5	44.6	25.3	54.2	55.4	41.0	30.1	61.4
Other Drugs	38.5	39.6	28.6	48.4	45.1	34.1	36.3	62.6
Crack Cocaine	22.3	38.3	29.6	58.8	57.7	49.4	46.2	77.7