

TCADA RESEARCH BRIEF

**Substance Abuse
Trends in Texas:
December 2000**



**Texas Commission on
Alcohol and Drug Abuse**

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Substance Abuse Trends in Texas—December 2000

Texas Commission on Alcohol and Drug Abuse — Austin, Texas

OVERVIEW

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Crack cocaine is the primary illicit drug for which adult clients are admitted to treatment. The proportion of Anglo and Hispanic admissions for crack now totals 50 percent as African-American crack admissions decline. Powder cocaine inhalers tend to be Hispanic and injectors are Anglo; the majority of first-time treatment clients are now Hispanic. Deaths due to cocaine continue to increase and cocaine is the drug, after marijuana, for which arrestees are most likely to test positive. The rate of emergency room mentions of cocaine in Dallas remains higher than in any year except 1998. Cocaine is emerging as a significant problem on the border.

Alcohol is the primary drug of abuse in Texas in terms of dependence, deaths, treatment admissions, and arrests. Use among secondary school students, particularly younger ones, declined between 1998 and 2000.

Heroin addicts entering treatment are primarily injectors, and they are most likely to be Hispanic or Anglo males. Emergency room mentions of heroin in Dallas decreased from 1998 to

1999. The percentage of arrestees testing positive for heroin remains mixed, and overdose deaths in 1999 did not increase. The price and purity of Mexican heroin remain steady, with plentiful supplies.

The proportion of youth admitted to treatment reporting marijuana as their primary drug problem remains high. Dallas emergency room mentions of marijuana dropped in 1999. Availability is high.

Methamphetamine use is widely reported but emergency room mentions have decreased, and the percent of admissions to publicly-funded treatment and arrestees testing positive is still low. The fact that these indicators do not document the severity of the problem may be because the purity of locally cooked methamphetamine is low. Stimulant users entering treatment are overwhelmingly Anglo and 60 percent are injectors. Diversion of ephedrine and pseudoephedrine continues, with the number of small labs increasing around the state. In addition, more methamphetamine is coming into Texas directly from Mexico.

Depressants continue to be a problem because of their availability in Mexico. Mentions of downers have decreased in the Dallas emergency rooms. Rohypnol treatment admissions are increasing. GHB, GBL, and similar precursor drugs remain a problem, with dependent users now entering treatment.

Ecstasy is more prevalent and treatment admissions and poison control center confirmed exposures are up. Arrestees are testing positive for PCP, emergency room mentions of PCP are increasing, and clients are now entering treatment for problems with PCP. Use of marijuana joints dipped in embalming fluid that often contains PCP ("Fry") is reported. Emergency room mentions of LSD are increasing and LSD cases are being seen in treatment and in poison control center calls.

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

AREA DESCRIPTION

The population of Texas (19,995,428) is distributed among 28 metropolitan statistical areas and 254 counties. The ethnic/racial composition of Texas in 1999 is 55 percent Anglo, 30 percent Hispanic, 11 percent African American, and 3 percent other race/ethnicity. Illicit drugs continue to enter from Mexico through cities such as

El Paso, Laredo, McAllen, and Brownsville, as well as smaller towns along the border. They then move northward for distribution through Dallas/Fort Worth and Houston. In addition, drugs move eastward from San Diego through Lubbock and from El Paso to Amarillo and Dallas/Fort Worth. A major problem is that Mexican pharmacies sell

many controlled substances to US citizens who declare these drugs and then legally bring up to a 90-day supply into the state. Seaports are used to import heroin and cocaine via commercial cargo vessels and the international airports in Houston and Dallas/Fort Worth are major ports for the distribution of drugs in and out of the state.

DATA SOURCES AND TIME PERIODS

Substance Abuse Trends in Texas is an on-going series which is published every six months as a report to the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse. To compare December 2000 data with earlier periods, please refer to previous editions that are available in hard copy from TCADA or on the TCADA Web page at <http://www.tcada.state.tx.us/research/subabussetrends.html>.

Data were obtained from the following sources:

Price, purity, trafficking, distribution, and supply—This information was provided by the third and fourth quarter 2000 trends in trafficking reports from the Dallas and Houston field divisions of the Drug Enforcement Administration.

Treatment data—The Texas Commission on Alcohol and Drug Abuse's (TCADA) Client Oriented

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

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

Emergency room mentions—Mentions of drugs in the Dallas area emergency rooms through 1999 came from the Drug Abuse Warning Network (DAWN) of the Substance Abuse and Mental Health Services Administration.

Drug use by arrestees—The Arrestee Drug Abuse Monitoring Program (ADAM) of the National Institute of Justice provided information through third quarter 2000 for Laredo and San Antonio adult males and adolescent males and females, while data through second quarter 2000 are shown for Dallas and Houston. The sample size for San Antonio females was too small to be reported in 2000.

Drug use by prisoners—Data came from the 1998 TCADA surveys which are available at <http://www.tcada.state.tx.us/research/criminaljustice.html>

Student drug use—Data came from the *2000 Texas School Survey of Substance Abuse: Grades 7-12*, which is available at <http://www.tcada.state.tx.us/research/schoolsurveys.html>

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

Acquired Immunodeficiency Syndrome (AIDS) data—The Texas Department of Health's *Texas AIDS Cases: Surveillance Report* provided cumulative and year-to-date AIDS

data for the period ending September 30, 2000.

DRUG ABUSE TRENDS

COCAINE AND CRACK

Texas Poison Control Centers reported 357 confirmed exposures to cocaine in 1999 and 675 from January-August, 2000. In 2000, the average age of the cases was 28 years and 67 percent were male.

Although the rate of cocaine emergency room mentions per 100,000 population in the Dallas DAWN data was lower in 1999 than the peak in 1998, it was still higher than earlier years, and the increases between 1997 and 1999 were statistically significant for the number of persons 35 and over, number of African American admissions, and number of persons seeking emergency department help for chronic effects (Table 1). In 1999, there were 2,107 mentions of cocaine. Of these, 51 percent were 18-34 and 44 percent were 35 and older; 43 percent

were Anglo and 41 percent were African American.

The number of deaths in which cocaine was mentioned increased to a high of 413 in 1999 (Figure 1). The average age of the decedents was 37.5 years in 1999; 43 percent were Anglo, 25 percent were

Hispanic, and 31 percent were African American. Seventy-five percent were male.

Cocaine (crack and powder) comprised 31 percent of all adult admissions to TCADA-funded treatment programs in the first nine months of 2000. Crack cocaine is the primary

Figure 1. Age & Race/Ethnicity of Persons Dying with a Mention of Cocaine: 1992-1999

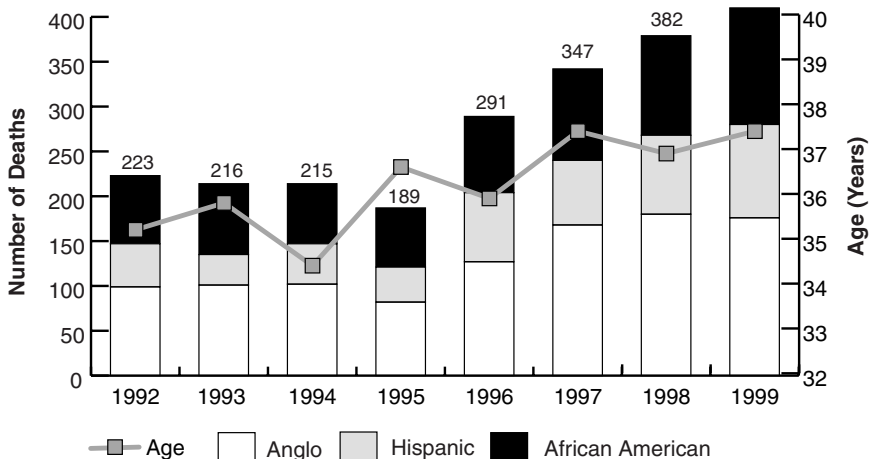


Table 1. Dallas DAWN Mentions of Cocaine Per 100,000 Population by Age and Gender: 1989-1999

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total	59.1	45.4	56.9	52.9	57.7	60.8	61.5	58.3	73.6	106.0	86.0
Age 34 & Under	86.5	66.5	79.3	70.0	73.5	80.8	74.8	72.0	91.8	128.0	97.0
Age 12-17	33.3	20.9	20.2	16.0	21.2	18.3	20.6	35.0	33.7	66.0	45.0
Age 18-25	140.9	102.5	116.9	106.3	109.1	99.5	105.5	92.0	155.5	192.0	140.0
Age 26-34	115.1	94.9	119.7	106.2	112.2	140.6	121.9	117.1	132.8	192.0	153.0
Age 35+	24.7	19.4	30.3	32.9	39.3	38.6	46.9	43.2	54.7	84.0	75.0
Male	76.6	58.0	69.0	69.1	72.4	74.2	79.3	77.8	97.1	142.0	112.0
Female	42.3	32.8	45.3	37.3	43.1	47.9	44.0	38.8	51.1	71.0	61.0

illicit drug abused by adult clients admitted to publicly-funded treatment programs throughout Texas, although it has dropped from 28 percent of all adult admissions in 1993 to 23 percent in 2000 (Appendices 1 and 2).

Abusers of powder cocaine comprise 9 percent of admissions to treatment. They are younger than crack abusers (31 years as compared to 35 years) and more likely to be male and Anglo. Those who inhale are the youngest, the most likely to be Hispanic, and the most likely to be employed (Table 2).

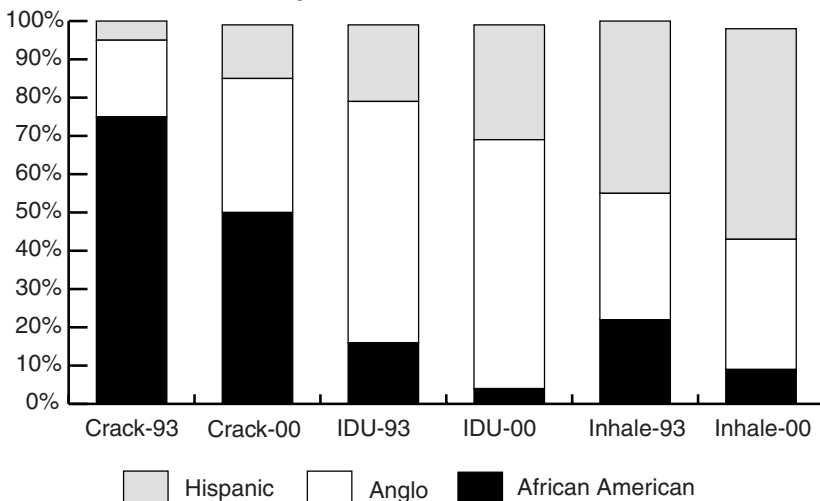
The term “lag” refers to the period from first consistent or regular use of a drug to date of admission to treatment. Crack smokers and powder cocaine inhalers average eight to nine years between first regular use and entrance to treatment, while injectors average 13 years of use before they enter treatment.

Between 1987 and 2000, the percentage of treatment admissions who use powder cocaine has increased from 23 percent to 45 percent among Hispanics, while the percent has dropped from 49 percent to 46 percent among Anglos and from 28 percent to 8 percent among African Americans. Figure 2 not only shows this increase by Anglos and Hispanics in the use of powder cocaine, but it also shows the decrease in the proportion of African Americans admitted for abuse of crack cocaine from 75 percent in 1993 to 50 percent in 2000, while

Table 2. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: Jan-Sept. 2000

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All
# Admissions	6,221	866	1,329	8,546
% of Cocaine Admits	74%	10%	16%	100%
Lag-1st Use to Tmt-Yrs.	9	13	8	9
Average Age	35	34	30	34
% Male	55%	63%	64%	57%
% African American	50%	4%	9%	38%
% Anglo	35%	65%	34%	38%
% Hispanic	14%	30%	55%	23%
% CJ Involved	33%	41%	48%	37%
% Employed	16%	19%	35%	19%
% Homeless	17%	13%	4%	14%
Average Income	\$6,508	\$7,773	\$8,552	\$6,952

Figure 2. Routes of Administration of Cocaine by Race/Ethnicity of Treatment Admissions: 1993-2000



the proportion of Anglos has increased from 20 percent in 1993 to 35 percent in 2000, and the percentage of Hispanic admissions has gone from 5 percent to 14 percent in the same time period.

Analysis of client data based on treatment experience shows the increase in Hispanic use of powder cocaine and crack. In 2000, 52 percent of first admissions to treatment were

Hispanic and 40 percent were Anglo; among clients who had been in treatment before, 36 percent were Hispanic and 53 percent were Anglo. Among crack users, those who had been in treatment previously were African American (59 percent), with another 35 percent Anglo and 10 percent Hispanic. Among first admissions, only 45 percent were African American; 35 percent were Anglo and 19 percent were Hispanic.

Powder cocaine was the primary drug of abuse for 5 percent of youths entering treatment during 2000 (Appendix 3). Crack cocaine accounted for 2 percent of youth admissions.

The 2000 Texas School Survey of Substance Abuse: Grades 7-12 found that 8.6 percent of students statewide had ever used powder cocaine and 2.9 had used cocaine in the past month. In comparison, students in schools on the Texas border reported higher levels of powder cocaine use: 13.4 percent lifetime and 5.4 percent past month use. Use of crack was lower, with students statewide reporting 2.6 percent life-

time and 0.7 percent past month use; border students reported 3.6 percent lifetime and 1.3 percent past month use. The levels of use in 2000 both statewide and on the border decreased very slightly from the 1998 survey results.

The proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s in Dallas, Houston, and San Antonio. Particularly significant is the fact that 42 percent of males and 24 percent of females in 2000 in Laredo tested positive for cocaine, which shows the extent of the cocaine problem on the border (Table 3).

In 1998, TCADA surveyed male and female inmates as they were admitted to state prisons and state jails. The state prisons house those felons who committed more violent crimes, while the state jails house felons convicted of non-violent crimes. Over half the state jail inmates were convicted for possession or delivery of a controlled substance. As Table 4 shows, there was little difference in prevalence of use of powder cocaine, but state jail males and females reported much higher use of crack cocaine than did their prison counterparts, with state jail females reporting the highest levels of use.

Table 3. Arrestees Testing Positive for Cocaine: 1991-3Q2000

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%	34%	31%
Houston Males	56%	41%	41%	28%	40%	39%	39%	36%	36%	30%
Laredo Males								37%	42%	42%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	27%	23%	25%
San Antonio Male Juveniles			6%	9%	6%	9%	15%	8%	7%	7%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%	40%	19%
Houston Females	51%	44%	43%	36%	32%	34%	29%	37%	23%	40%
Laredo Females								33%	21%	24%
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	20%	19%	
San Antonio Female Juveniles			5%	6%	4%	11%	6%	4%	6%	6%

Table 4. Prevalence of Use of Cocaine and Crack as Reported by Inmates in Texas Prisons and State Jails: 1998

	Lifetime	Past Month
Powder Cocaine		
Male Prison	57%	11%
Female Prison	59%	10%
Male State Jail	61%	15%
Female State Jail	63%	15%
Crack Cocaine		
Male Prison	34%	9%
Female Prison	48%	16%
Male State Jail	47%	18%
Female State Jail	65%	38%

Of those state jail female inmates who abused or were dependent on illicit drugs, 65 percent said crack caused them the most problems, 23 percent said powder cocaine, and 10 percent said marijuana. Among state jail male inmates, 40 percent said crack caused them the most problems, 27 percent said powder cocaine, and 20 percent said marijuana.

In the last half of 2000, the Dallas Field Office of the DEA reported cocaine more available in the Dallas/Fort Worth area than earlier in the year and the Houston Field Office also reported cocaine to be readily available through the southern half of the state. Purity is ranging between 80 and 98 percent. Depending on location in the state, a gram sells for \$50-\$125, an ounce for \$500-\$1,200, and a kilogram for \$10,000-\$22,000 (Figure 3).

A rock of crack sells for \$10 to \$50, depending on location. A kilogram sells for \$15,000-\$25,000 and an ounce sells for \$500-\$1,000. Both the Dallas and the Houston Field Divisions of the DEA report crack is more available. The Austin DEA office reports an increase in the distribution of crack by Hispanic gangs and that crack is being “spiked” with codeine to enhance the narcotic effect of the drug.

Figure 3. Price of a Kilogram of Cocaine in Texas as Reported by DEA: 1987-2000

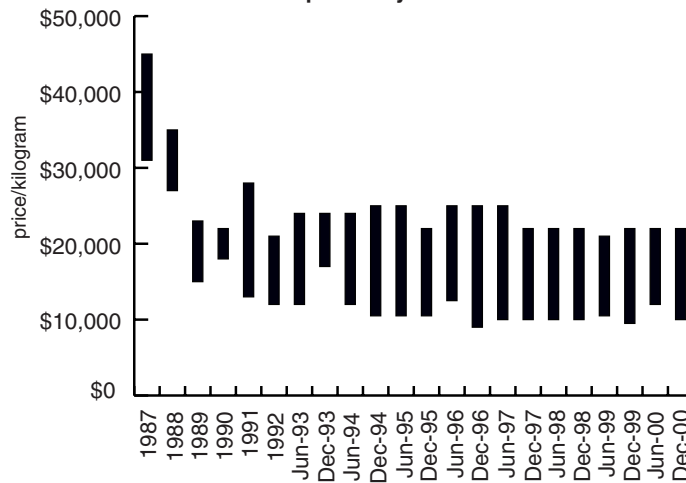
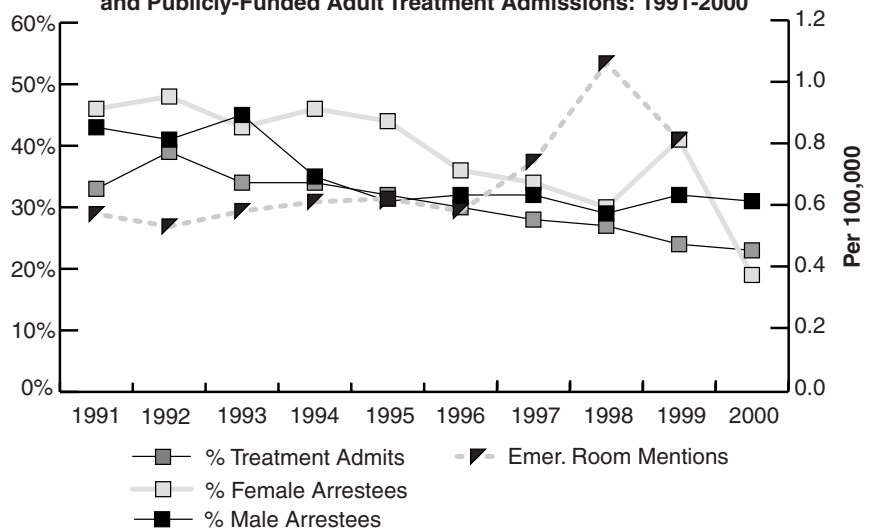


Figure 4. Dallas Cocaine Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-2000



In Dallas, indicators of cocaine abuse are mixed. Figure 4 shows that emergency room mentions of cocaine decreased in 1999 from the highest level ever in 1998, but the 1999 level is still higher than in any earlier year. The percent of arrestees

testing positive for cocaine continues to decrease, as does the proportion of treatment admissions for a primary problem with cocaine.

ALCOHOL

Alcohol is the primary drug of abuse in Texas. The 1998 *Texas School Survey of Substance Abuse: Grades 7-12* found that 72 percent

had ever drunk alcohol and 38 percent had drunk in the last month; in comparison, in 2000, 71 percent had ever drunk alcohol and 36 per-

cent used it in the past month. Students on the border in 2000 reported higher levels of use, with 74 percent having ever drunk

Table 5. Dallas DAWN Mentions of Alcohol-in-Combination with Other Drugs Per 100,000 Population: 1992-1999

	1992	1993	1994	1995	1996	1997	1998	1999
Total	50.4	60.6	58.1	57.6	57.9	65.7	83.0	68.0

alcohol and 41 percent having drunk in the past month.

The number of mentions per 100,000 population of alcohol in combination with other drugs in Dallas emergency rooms declined in 1999 from an all-time high in 1998 (Table 5). There were a total of 1,673 mentions of alcohol-in-combination with other drugs in 1999. Fifty percent of the individuals were 18-34 and 42 percent were 35 or older. Some 56 percent were Anglo, 23 percent were African American and 13 percent were Other, which includes Hispanic.

Far more persons die as an indirect result of alcohol, as Figure 5 shows. Direct deaths are those where the substance, alcohol or drugs, caused the death, while indirect deaths are those where the actual cause of death was due to another cause, such as a car wreck or a violent crime, but alcohol or drugs were involved.

In 2000, 36 percent of adult clients admitted to publicly-funded programs had a primary problem with alcohol (Appendix 2). They were the oldest of the clients (average age of 37); 59 percent were Anglo; 73 percent were male. Their income level was the highest of all clients at \$8,449. In terms of poly-drug use, 51 percent used only alcohol,

19 percent had a secondary drug problem with marijuana, 12 percent had a problem with crack cocaine, and 11 percent had a problem with powder cocaine.

Among adolescents, alcohol comprised 9 percent of all treatment admissions. Some 74 percent were

male; 55 percent were Hispanic, 34 percent were Anglo, and 11 percent were African American. Seventy-five percent were involved with the juvenile justice or legal systems.

More Texans are arrested for public intoxication (PI) than for any other substance abuse offense

Figure 5. Direct and Indirect Alcohol and Drug Overdose Deaths Per 100,000 Population: 1994-1999

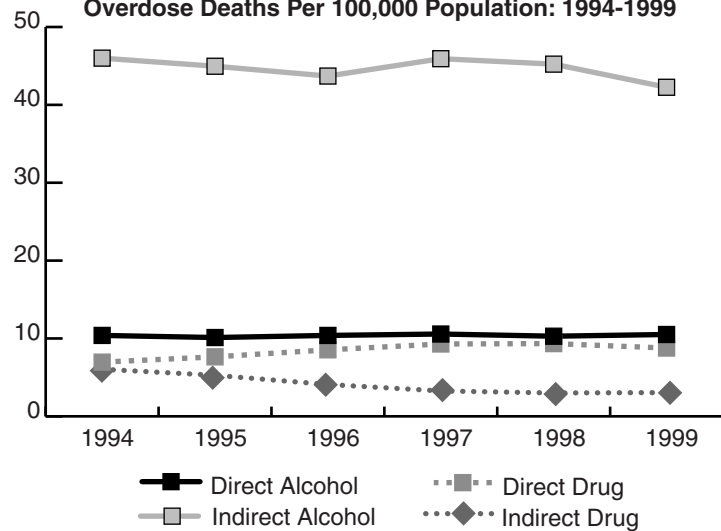
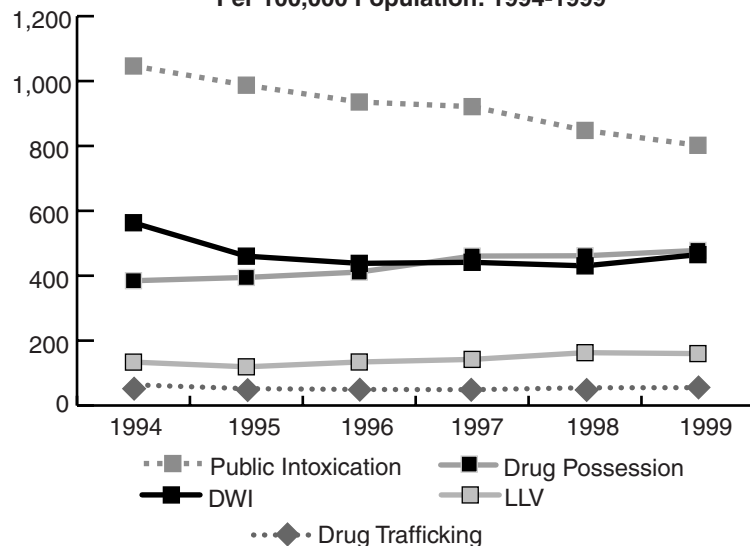


Figure 6. Substance Abuse Arrests Per 100,000 Population: 1994-1999



(Figure 6). The arrest rate per 100,000 for public intoxication is decreasing, while the rates for drug possession and liquor law violations (LLV) are increasing. Arrests for driving while intoxicated

(DWI) have been dropping since the peak in 1994.

The 1998 surveys of prison and state jail inmates at admission found that at least 89 percent had ever drunk

alcohol and at least 37 percent had drunk alcohol in their last month on the street. Males were more likely to meet DSM criteria for abuse or dependence on alcohol than their female counterparts (Table 6).

Table 6. Prevalence of Use of Alcohol as Reported by Inmates in Texas Prisons and State Jails: 1998

	Lifetime	Past Month	Abuser or Dependent
Male Prison	96%	41%	45%
Female Prison	90%	37%	30%
Male State Jail	92%	55%	41%
Female State Jail	89%	45%	36%

HEROIN

Texas Poison Control Centers reported 168 confirmed exposure calls involving heroin in 1998, 231 in 1999, and 184 for January-August, 2000. Of the cases in 2000, average age was 33 and 82 percent were male.

Emergency room mentions of heroin per 100,000 population decreased in 1999 (Table 7). In 1999, there were 444 mentions of heroin or morphine in the Dallas emergency rooms, and 51 percent of these were 18-34, with 45 percent over 35. Sixty percent

Figure 7. Age & Race/Ethnicity of Persons Dying with a Mention of Narcotics: 1992-1999

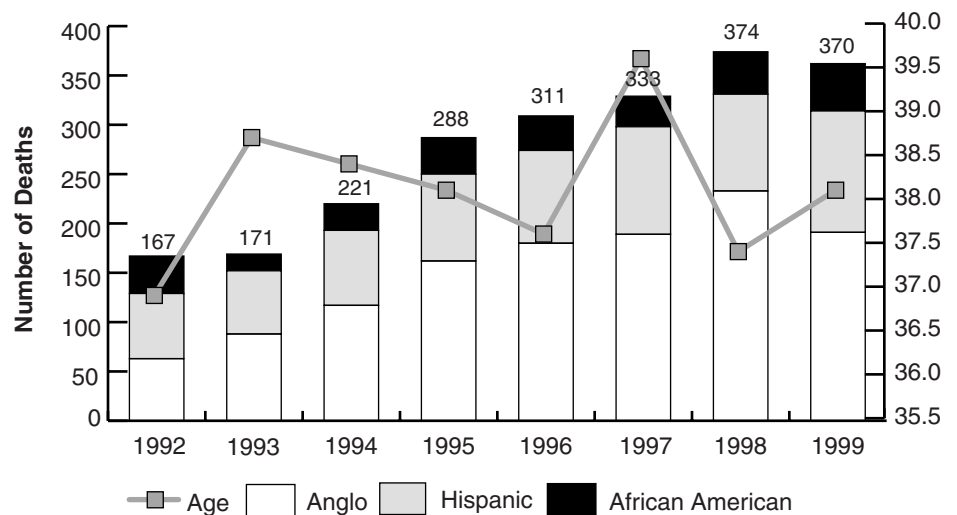


Table 7. Dallas DAWN Mentions of Heroin Per 100,000 Population by Age and Gender: 1989-1999

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total	14.1	14.0	10.2	11.9	12.7	10.1	11.7	14.5	21.4	21.0	18.0
Age 34 & Under	16.1	14.6	10.0	12.0	9.6	8.8	10.5	16.2	26.9	24.0	20.0
Age 12-17	-	-	-	1.0	2.0	-	-	9.9	-	7.0	7.0
Age 18-25	18.6	15.8	12.8	11.9	13.1	14.3	16.5	31.5	60.7	58.0	46.0
Age 26-34	27.2	26.1	16.8	22.9	15.9	13.0	16.7	18.0	24.9	24.0	21.0
Age 35+	11.6	13.0	10.4	11.8	16.0	11.5	12.9	12.4	15.8	18.0	16.0
Male	19.4	19.0	12.4	18.1	16.9	14.4	16.0	19.8	33.8	28.0	23.0
Female	8.9	9.2	8.2	5.8	8.8	5.7	7.6	9.5	9.4	14.0	13.0

were Anglo, 21 percent were African American, and 12 percent were Other, which includes Hispanics.

The number of deaths with a mention of heroin or narcotics decreased from a high of 374 in 1998 to 370 in 1999 (Figure 7). Of these decedents, 53 percent were Anglo, 34 percent were Hispanic, and 13 percent were African American; 82 percent were male and average age was 38.1 years.

Heroin ranks third after alcohol and crack cocaine as the primary drug for which adult clients are admitted to substance abuse treatment programs funded by TCADA (Appendices 1 and 2). It comprised 13 percent of admissions in 2000 as compared to 9 percent in 1993. The characteristics of these addicts vary depending on the route of administration, as Table 8 shows.

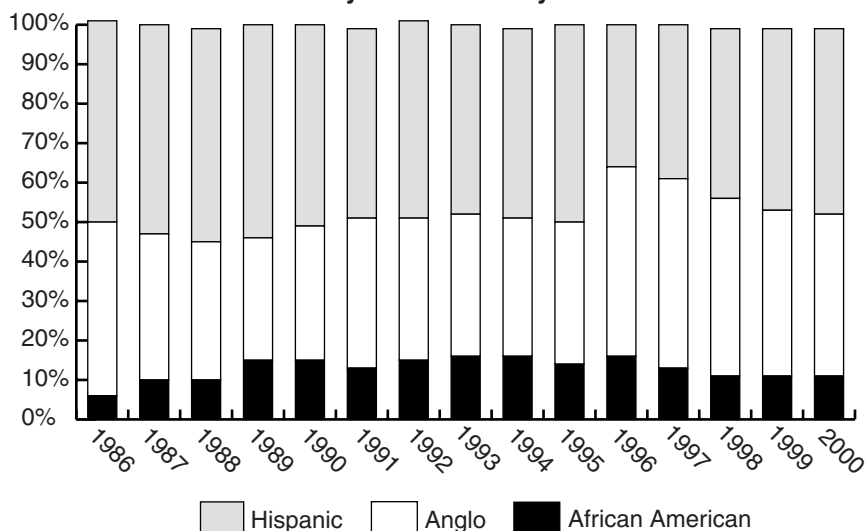
Most heroin addicts entering treatment inject heroin. While the number of individuals who inhale heroin is small, it is significant to note that the lag period from first use and seeking treatment is seven rather than 15 years for injectors. This shorter lag period means that contrary to street rumors that “sniffing or inhaling is not addictive,” inhalers will need treatment much more quickly than needle users.

Figure 8 shows that since 1996, the proportion of Hispanics entering treatment for a primary problem with heroin has been increasing. In 2000, 56 percent were Hispanic, 35 percent

Table 8. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: Jan-Sept. 2000

	Inject	Inhale	All
# Admissions	3,203	231	3,434
% of Heroin Admits	93%	7%	100%
Lag-1st Use to Tmt-Yrs.	15	7	15
Average Age	37	29	36
% Male	71%	64%	71%
% African American	7%	25%	9%
% Anglo	35%	23%	35%
% Hispanic	57%	52%	56%
% CJ Involved	31%	31%	31%
% Employed	17%	20%	18%
% Homeless	13%	3%	13%
Average Income	\$5,253	\$6,074	\$5,344

Figure 8. Heroin Admissions to Treatment by Race/Ethnicity: 1986-3Q 2000



were Anglo, and 9 percent were African American. The demographic shift is more noticeable among first admissions to treatment, where 66 percent were Hispanic and 26 percent were Anglo. Among readmissions, 46 percent were Hispanic and 44 percent were Anglo. First admissions were also slightly less likely to inject heroin (89 percent) as compared to readmissions (92 percent).

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

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

Table 9. Arrestees Testing Positive for Opiates: 1991-3Q2000

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Dallas Males	4%	4%	5%	3%	5%	5%	4%	2%	5%	4%
Houston Males	3%	3%	2%	3%	5%	8%	10%	8%	6%	7%
Laredo Males								11%	11%	7%
San Antonio Males	15%	14%	14%	13%	10%	10%	10%	10%	10%	10%
San Antonio Male Juveniles			1%	1%	0%	4%	3%	1%	3%	3%
Dallas Females	9%	9%	11%	8%	5%	10%	4%	5%	7%	5%
Houston Females	4%	4%	5%	6%	3%	4%	5%	7%	7%	3%
Laredo Females								0%	2%	4%
San Antonio Females	20%	13%	15%	14%	13%	13%	9%	9%	10%	
San Antonio Female Juveniles			0%	1%	1%	2%	1%	0%	3%	0%

The results for arrestees testing positive for opiates between 1991 and 2000 have remained mixed (Table 9).

The 1998 survey of incoming inmates found that at least 18 percent had ever used heroin and at least 4 percent had used in their past month on the street. As Table 10 shows, females, whether prison or state jail inmates, were more likely to have ever used heroin than their male counterparts.

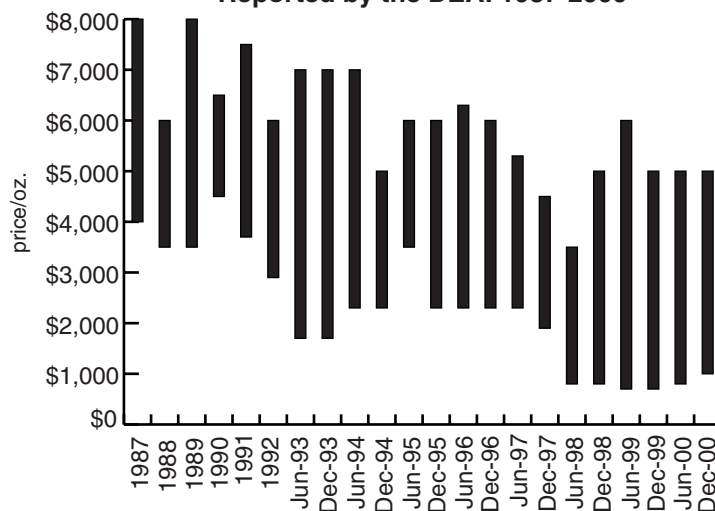
Among the state jail inmates who had ever used heroin, 86 percent of females and 72 percent of males had ever injected it. Thirty-two percent of females and 52 percent of males had ever snorted heroin, and 13 percent of females and 17 percent of males had ever smoked heroin.

The predominant form of heroin in Texas is black tar, though Mexican brown is also available. Some Southwest Asian heroin is available in the Houston region. The Dallas Field Division of DEA reports heroin, primarily black tar, is readily available at a wide range of prices and purity levels. In the Lubbock, Amarillo, and

Table 10. Prevalence of Use of Heroin as Reported by Inmates in Texas Prisons and State Jails: 1998

	Lifetime	Past Month
Male Prison	18%	4%
Female Prison	24%	7%
Male State Jail	20%	7%
Female State Jail	24%	5%

Figure 9. Price of an Ounce of Heroin in Texas as Reported by the DEA: 1987-2000



Abilene areas, retail heroin is packaged in either “bindles” or balloons; heroin purchased in gram amounts or more is in a plastic bag.

The price of black tar heroin has remained fairly consistent since the second half of 1999 (Figure 9). Depending on the location, black tar heroin sells on the street for \$10-\$20 a capsule, \$150-\$350 per gram, \$500 for

a bundle of 10 bags, \$1,000-\$5,000 per ounce, and \$50,000-\$175,000 per kilogram. Mexican brown heroin costs \$10 per cap, \$110-\$300 per gram, and \$800-\$3,000 per ounce. "White" heroin (source unknown) sells for \$10 per cap and \$100 per gram. Colombian sells for \$1,000 per gram. In Austin, Mexican brown sells for \$1,200 per ounce and \$20-\$40 for a balloon; black bar sells for \$1,800-\$2,200 per ounce and \$250 per gram, and "Glass" (less refined black tar) sells for \$400 per gram. In El Paso, a dose (1/10 of a gram) sells for \$10-\$20; in Juarez, it sells for \$5.

The Domestic Monitor Program of the DEA is a heroin purchase program that provides data on the purity, price, and origin of retail-level heroin available in the major metropolitan areas of the nation. As Table 11 shows, over time, the purity of heroin is increasing while the price is dropping.

Indicators of heroin abuse in Dallas are down between 1999 and 2000, although emergency room admissions

Figure 10. Dallas Heroin Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-2000

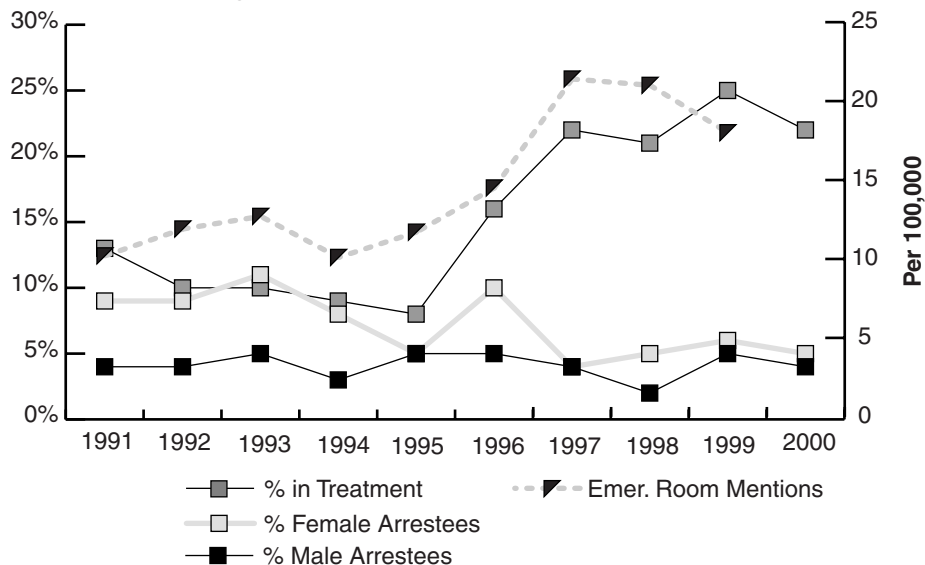


Table 11. Price and Purity of Heroin Purchased in Dallas, El Paso and Houston by DEA: 1995-2000

	1995	1996	1997	1998	1999	2000
Dallas Purity	6.8%	3.5%	7.0%	11.8%	14.0%	16.4%
Price/Milligram Pure	\$2.34	\$6.66	\$4.16	\$1.06	\$1.01	\$0.59
Houston Purity	16.0%	26.1%	16.3%	34.8%	17.4%	19.2%
Price/Milligram Pure	\$1.36	\$2.15	\$2.20	\$2.43	\$1.24	\$1.07
El Paso Purity*					56.7%	49.1%
Price/Milligram Pure					\$0.49	\$0.44

*El Paso began reporting in mid-1999

and treatment admissions remain very high. The proportion of female arrestees testing positive for heroin has declined since 1991, while the

proportion of male arrestees has remained level (Figure 10).

OTHER OPIATES

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

There have been 393 adverse reactions to carisoprodol (Soma) reported to the Poison Control Centers in the first half of 2000. Of these, 80 percent involved intentional misuse or abuse. Average age of the misusers was 35 years, and 65 percent of them were female.

The Poison Control Centers also reported 21 confirmed exposures to morphine in January-August 2000. Of these 16 involved intentional misuse or abuse, and average age of the misusers was 34, with 31 percent male. In addition, there were 21 confirmed exposures to methadone

in January-August 2000, as compared to 24 in all of 1999. The average age of the misusers in 2000 was 40, with 66 percent male.

Emergency room mentions of other opiates in Dallas have fluctuated over the years, as Table 12 shows.

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

There were also four deaths involving fentanyl in 1999.

Three percent of all adults who entered treatment during 2000 used opiates other than heroin. Of these, 33 used illegal methadone and 671 used other opiates. Those who reported a primary problem with illicit methadone were male (67 per-

cent); Anglo (64 percent), Hispanic or Black (18 percent each). Twelve percent were homeless, annual income was \$9,281, and 58 percent had been in treatment before. Those with problems with other opiates looked quite different: 62 percent were female, 84 percent were Anglo, 45 percent had been in treatment before, 8 percent were homeless, average income was \$8,816, and average education was 12.2 years—highest of any clients. Some 77 percent of these clients reported psychological or emotional problems.

ADAM statistics show that the percentage testing positive for methadone is very low (Table 13).

According to DEA reports, hydrocodone (generic hydrocodone, Lorcet, Lortab, Vicodin, and NORCO), promethazine with codeine, Stadol (nasal spray and injectable), and carisoprodol (Soma)

are the most commonly abused licit narcotic drugs in the Houston area, and hydrocodone, hydromorphone (Dilaudid), Vicodin, and Lortab are the most commonly abused controlled narcotic substances within the Dallas area. Soma is used to heighten and prolong the effects of heroin.

In the Dallas-Fort Worth area, Dilaudid sells for \$20-\$80 per tablet, Soma sells for \$4 per tablet, and hydrocodone sells for \$4-\$7 per tablet. Methadone sells for \$10 per tablet. In Houston, Vicodin, Lortab, and Lorcet sell for \$3 to \$3.50 per tablet.

Abuse of codeine cough syrup continues to be reported and may be expected to spread with the release of Rap CD songs such as “Sippin’ on Syrup,” “Sippin’ Codeine,” “Syrup and Soda,” and “Syrup Sippers.”

Table 12. Dallas DAWN Mentions of Other Opiates Per 100,000 Population: 1992-1999

	1992	1993	1994	1995	1996	1997	1998	1999
Hydrocodone	6.8	8.1	8.7	7.5	8.4	12.7	11.2	9.8
Carisoprodol	2.2	2.4	3.4	3.7	3.3	3.7	3.3	4.2
Oxycodone	0.1	0.4	0.3	0.2	0.6	0.2	0.5	0.3
d-Propoxyphene	4.6	4.9	6.3	3.7	3.3	4.4	3.1	2.3

Table 13. Arrestees Testing Positive for Methadone: 1991-3Q2000

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Dallas Males	0%	0%	0%	0%	0%	0%	0%	1%	0%	1%
Houston Males	1%	0%	1%	0%	2%	6%	7%	1%	0%	0%
Laredo Males								0%	1%	0%
San Antonio Males	2%	2%	1%	1%	1%	1%	1%	1%	1%	1%
Dallas Females	1%	1%	0%	0%	0%	1%	1%	1%	0%	0%
Houston Females	2%	0%	1%	1%	0%	1%	2%	0%	1%	0%
Laredo Females								0%	0%	0%
San Antonio Females	5%	3%	2%	0%	1%	2%	2%	1%	1%	

MARIJUANA

There were 278 confirmed cases of exposure to marijuana reported to the Texas Poison Control Centers in January-August 2000, and another 125 cases of misuse or abuse of marijuana where terms such as “formaldehyde,” “fry,” “amp,” or “PCP” were mentioned. The cases which mentioned “marijuana” were average age 22 years and 72 percent were male.

Mentions of marijuana in emergency rooms in Dallas dropped between 1998 and 1999 (Table 14). The highest rates of mentions in 1999 were among persons 18 to 25, males, and Anglos. There were 1,176 mentions of marijuana in 1999 in Dallas emergency rooms. Nineteen percent of the patients were 17 and under, 60 per-

cent were 18-34; and 21 percent were 35 and older. Fifty-one percent were Anglo, 34 percent were African American, and 10 percent were Other, which includes Hispanics.

Marijuana was the primary problem for 10 percent of adult admissions to treatment programs in 2000 (Appendices 1 and 2). The average age of adult marijuana clients continues to increase: in 1985, the average age was 24; in 1999, it was 27.

The proportion of adolescents admitted for a primary problem with marijuana was 73 percent of all admissions in 2000 (Appendix 3), as compared to 35 percent in 1987. In 2000, 49 percent of these adoles-

cents were Hispanic, 30 percent were Anglo, and 21 percent were African American (in 1987, 7 percent were African American).

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

The percentage of arrestees testing positive for marijuana remains high, with increases noted especially for San Antonio juveniles (Table 15).

Table 14. Dallas DAWN Mentions of Marijuana Per 100,000 Population by Age and Gender: 1989-1999

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total	23.8	15.6	11.1	14.8	15.7	20.3	23.5	23.3	37.9	62.0	48.0
Age 34 & Under	37.7	25.2	17.0	23.6	24.8	32.5	38.0	35.6	57.7	96.0	76.0
Age 12-17	38.7	23.8	13.0	24.9	34.5	39.8	46.0	56.6	70.0	124.0	95.0
Age 18-25	69.5	44.5	30.9	40.6	46.1	54.8	70.8	58.5	118.4	171.0	141.0
Age 26-34	35.2	26.1	18.8	24.5	19.9	31.7	33.3	29.8	44.7	85.0	66.0
Age 35+	6.5	4.0	3.9	4.4	5.3	6.9	7.5	10.2	17.3	28.0	20.0
Male	32.7	21.6	14.8	20.0	20.1	24.8	33.2	33.6	51.7	85.0	64.0
Female	15.2	9.9	7.4	9.6	11.1	15.7	13.9	13.3	24.7	40.0	32.0

Table 15. Arrestees Testing Positive for Marijuana: 1991-3Q2000

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Dallas Males	19%	28%	27%	33%	39%	43%	44%	43%	39%	36%
Houston Males	17%	24%	24%	23%	30%	28%	23%	36%	38%	35%
Laredo Males								39%	33%	30%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	36%	37%
San Antonio Male Juveniles			24%	35%	42%	45%	53%	49%	53%	54%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	24%	27%	22%
Houston Females	8%	12%	15%	13%	20%	24%	17%	20%	23%	27%
Laredo Females								13%	9%	18%
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	16%	
San Antonio Female Juveniles			10%	4%	12%	18%	17%	18%	24%	23%

Marijuana was the illicit drug most commonly used by inmates entering the correctional system in 1998.

Levels of use were higher for state jail inmates than for prison inmates (Table 16).

In Dallas and Fort Worth, according to DEA, most of the marijuana is imported from Mexico, with limited quantities of indoor-grown marijuana. This is a transshipment point for marijuana destined for the midwest, northeast, and southeast. In the Tyler area, marijuana is a productive cash crop with a plentiful supply due to abundant rainfall. In the Houston area, marijuana is readily available. Indoor-grown sinsemilla costs \$3,000-\$5,000 a pound in the Houston area and \$750-\$1,200 a pound in the Dallas-Fort Worth area. An ounce costs \$50-\$100 in Dallas, \$40-\$100 in Galveston, \$80 in Lubbock, \$14-\$16 in Corpus Christi, and \$9-\$10 along the border in the McAllen area.

In 2000, the average price for a pound of commercial grade marijuana dropped to its lowest price ever (Figure 11). In the Dallas area, DEA reports a pound costs \$450-\$800 for commercial grade, in Houston it costs \$325-\$500 per pound, in Austin it costs \$650-\$900, in San Antonio it costs \$500-\$900, and in Laredo, it costs \$100-\$500.

Figure 12 plots the trends in use of marijuana as reported in the TCADA Texas secondary school surveys, adolescent admissions to treatment for a primary problem of

Table 16. Prevalence of Use of Marijuana as Reported by Inmates in Texas Prisons and State Jails: 1998

	Lifetime	Past Month
Male Prison	82%	19%
Female Prison	79%	17%
Male State Jail	88%	29%
Female State Jail	82%	28%

Figure 11. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by the DEA: 1992-2000

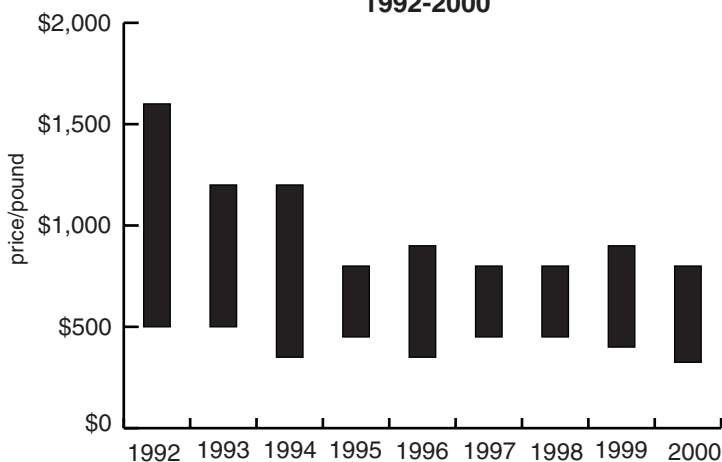
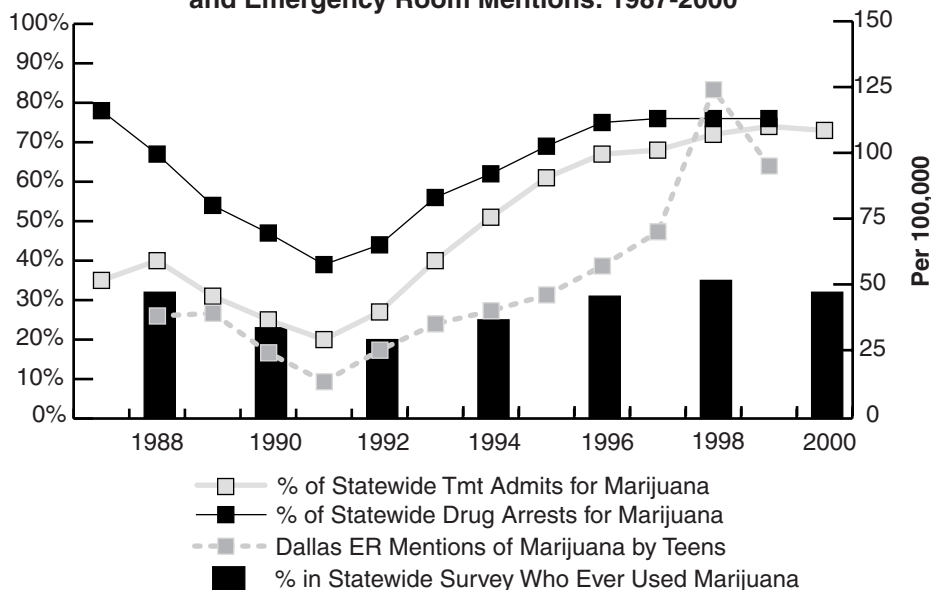


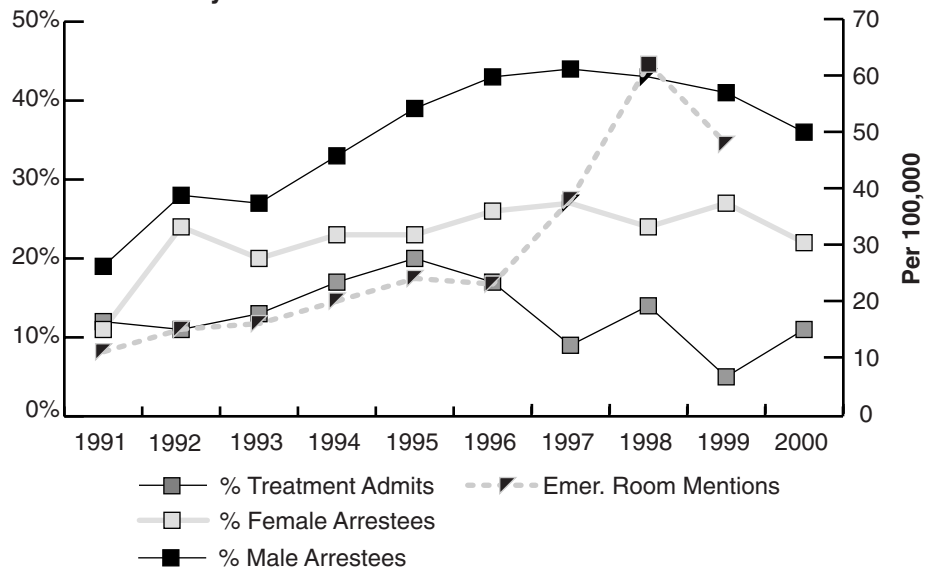
Figure 12. Adolescent Indicators of Marijuana Use by Statewide Survey, Arrests, Publicly-Funded Treatment Admissions, and Emergency Room Mentions: 1987-2000



marijuana, and the proportion of adolescent drug arrests for marijuana. As this figure shows, all the indicators have risen since 1992, although there was a decline from 1998 to 1999 in Dallas emergency room mentions of marijuana by adolescents and in lifetime use as reported in the statewide school surveys in 1998 and 2000.

Arrest and emergency room statistics for Dallas show a trend toward increasing involvement of adults with marijuana since 1991, although decreases are noted in 1999-2000 for all indicators except treatment. However, the 2000 Dallas treatment data are partial and include adolescents (Figure 13).

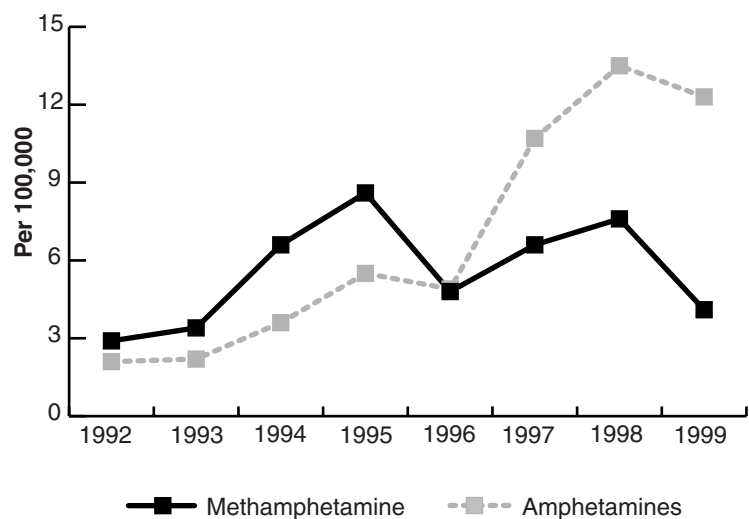
Figure 13. Dallas Marijuana Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-2000



STIMULANTS

In January-August 2000, there were 213 confirmed exposures of Ritalin reported to Texas Poison Control Centers, and 70 of these involved intentional misuse or abuse. Average age was 18 years. There were also 130 cases mentioning amphetamines, methamphetamines, speed, etc. in this time period. Of these, 106 involved misuse or abuse, as compared to 102 in all of 1999. Average age in 2000 was 27 years and 50 percent were male. There were also 50 cases in 2000 which involved use of Mini-Thins or Two-Ways, which are over-the-counter pills containing ephedrine. Some 30 of these cases were categorized as intentional misuse or abuse, and 66 percent were female; average age was 25 years.

Figure 14. Dallas Emergency Room Mentions of Stimulants Per 100,000 Population: 1992-1999



Over time, the mentions per 100,000 population of methamphetamines and amphetamines in the Dallas emergency rooms have increased, peaking in 1998, as

Figure 14 shows. Although there has been a decrease in the last year, the rates for 1999 are still high. There were 302 mentions of amphetamines in 1999 in Dallas emergency

rooms. Of these, 41 percent were 18-34 and 34 percent were 35 or older. Forty-three percent were Anglo females and 29 percent were Anglo males. There were also 100 methamphetamine mentions with 68 percent were 18-34 and 20 percent were 35 or older. Thirty-three percent were Anglo females and 52 percent were Anglo males. The 1999 rate per 100,000 in Dallas was 4.1, similar to the national average of 4.3, but significantly below the highest city levels (San Francisco, 34.4 and San Diego, 24.3).

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

Methamphetamines and amphetamines comprise 5 percent of adult admissions in 2000 (Appendices 1 and 2). The average client admitted for a primary problem with stimu-

lants is aging. In 1985, average age was 26; in 2000, it was 31. The proportion of Anglo clients has risen from 80 percent in 1985 to 92 percent in 2000, while the percent Hispanic has dropped from 11 percent to 5 percent and the percent African American has dropped from 9 percent to 1 percent. Unlike the other drug categories, more than half of these clients entering treatment are women. Most stimulant users are injectors, with differences seen among the clients based on route of administration (Table 17).

Table 17. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: Jan-Sept 2000

	Smoke	Inject	Inhale	Oral	All
# Admissions	243	858	243	112	1464
% of Stimulant Admits	17%	59%	17%	8%	100%
Lag-1st Use to Tmt-Yrs.	10	12	10	11	11
Average Age-Yrs.	30	31	30	35	31
% Male	50%	44%	50%	49%	46%
% African American	2%	1%	2%	5%	1%
% Anglo	89%	95%	89%	85%	92%
% Hispanic	9%	3%	9%	8%	5%
% CJ Involved	48%	53%	48%	46%	51%
% Employed	31%	20%	31%	31%	24%
% Homeless	7%	7%	7%	3%	6%
Average Income	\$9,464	\$7,159	\$9,464	\$9,553	\$7,758

Table 18. Arrestees Testing Positive for Amphetamines: 1991-3Q2000

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

Clients who have been in treatment before are more likely to inject methamphetamines or amphetamines (64 percent) than are first-time admissions (57 percent). In addition, readmissions are more likely to be female (57 percent) as compared to new admissions (53 percent).

Table 19. Prevalence of Use of Uppers as Reported by Inmates in Texas Prisons and State Jails: 1998

	Lifetime	Past Month
Male Prison	36%	7%
Female Prison	30%	8%
Male State Jail	31%	5%
Female State Jail	26%	7%

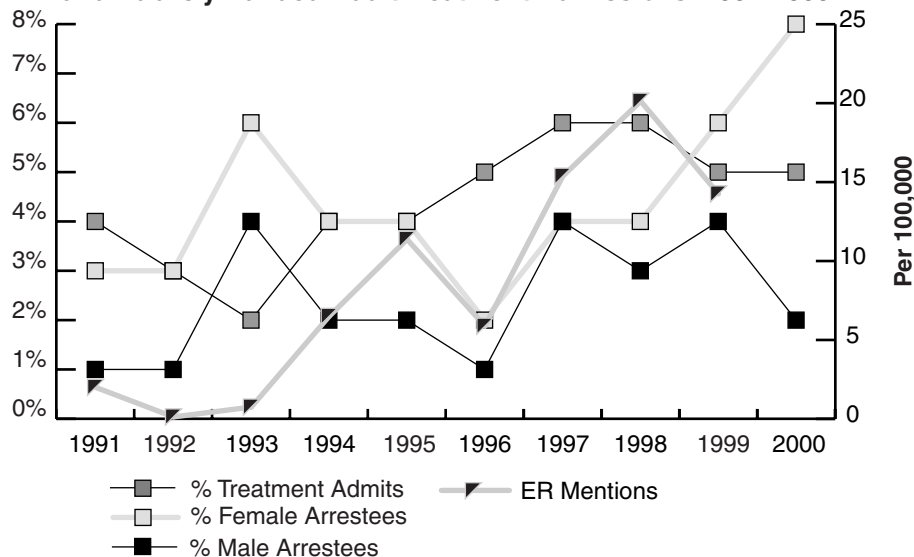
The proportion of arrestees testing positive for amphetamines in ADAM is low, as Table 18 shows. The only important increases between 1999 and 2000 were females in Dallas and Houston.

Male and female prison inmates in 1998 were more likely to report lifetime and past month use of uppers than were their peers in the state jails (Table 19).

Methamphetamine in Texas comes from smaller “mom and pop” laboratories within the state, from California, or across the Texas border from Mexico.

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

Figure 15. Dallas Stimulant Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-2000



According to DEA reports, the price for a pound of domestic methamphetamine in the Houston area is \$10,000-\$14,000, while a pound on Mexican methamphetamine costs \$5,000-\$8,000. An ounce of domestic methamphetamine sells for \$600-\$800 and an ounce of Mexican methamphetamine sells for \$450-\$900. In the North Texas region, a pound of domestic methamphetamine sells for \$4,500-\$7,500, while a pound of Mexican methamphetamine sells for \$5,800-\$9,000. An ounce sells for \$700-\$1,000, and a gram costs \$70-\$100. In Lubbock, a pound sells for \$9,000, an ounce for

\$800, and a gram for \$100. In Austin, a pound sells for \$12,000, an ounce from \$1,200-\$1,400, and a gram for \$100-\$125. On the border, a pound of Mexican methamphetamine sells for \$4,500 and in McAllen, an ounce sells for \$900-\$1,200 and a gram sells for \$60-\$80.

As Figure 15 shows, the indicators for methamphetamines and amphetamines in Dallas are down for 1999 and 2000, except for female arrestees.

DEPRESSANTS

This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); tranquilizers and benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), flunitrazepam (Rohypnol), clonazepam (Klonopin or Rivotril), flurazepam (Dalmane), lorazepam (Ativan), and chlordiazepoxide (Librium and Librax); and nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, chloral hydrate, and gamma hydroxybutyrate (GHB) and its analogs, including gamma butyrate lactone (GBL) and 1,4 butanediol (1,4 BD).

Benzodiazepines and Barbiturates

The rate of mentions per 100,000 population for alprazolam (Xanax) and diazepam (Valium) in Dallas emergency rooms increased through 1998 but has dropped since (Figure 16). Through 1997, the rate for clonazepam (Klonopin or Rivotril) increased, which may have been related to the initial popularity of Rohypnol and then the increasing use of Rivotril, legally importable from Mexico, to replace Rohypnol. The rate of mentions of Klonopin has been dropping since then.

In 1999, there were 232 mentions of Xanax in the Dallas DAWN emergency rooms. Of these patients, 47 percent were 18-34 and 46 percent were 35 or older; 40 percent were Anglo males and 46 percent

were Anglo females. There were also 139 mentions of Valium. Of these patients, 44 percent were ages 18-34, 47 percent were 35 or older, 42 percent were Anglo males, and 32 percent were Anglo females.

One percent of the adults entering treatment in 1999 had a primary problem with barbiturates, sedatives, or tranquilizers. Average age was 36; 65 percent were female; 83 percent were Anglo, 11 percent were Hispanic, and 5 percent were Black. Thirty-four percent were referred by the criminal justice system, 16 percent were employed, and average annual income was \$6,649.

Benzodiazepines are the depressant drugs most often identified in ADAM (Table 20). Positive findings ranged from 3 to 8 percent in 2000. For barbiturates, positives range from 0 to 3 percent.

Both Houston and Dallas DEA report Xanax to be one of the most commonly abused diverted drugs, since it is used to heighten and prolong the effects of heroin. Xanax is selling for \$2 per tablet in Houston and \$3-\$5 in Dallas and \$10 in Tyler. Valium is selling for \$1 to \$3 in Dallas and \$5-\$10 in Tyler.

Rohypnol

In 1998, there were 100 confirmed exposures to Rohypnol reported to the Texas Poison Control Centers; in 1999, 105 cases; in January-August 2000, 99 cases. Of the 2000 cases, average age was 17 and 58 percent involved females. Fifty-four percent of the cases were reported in counties which bordered Mexico.

In 1999, the rate of Rohypnol mentions per 100,000 in Dallas emergency rooms was 0.2, which was the same as the overall national average.

Figure 16. Dallas Emergency Room Mentions of Benzodiazepines Per 100,000 Population: 1993-1999

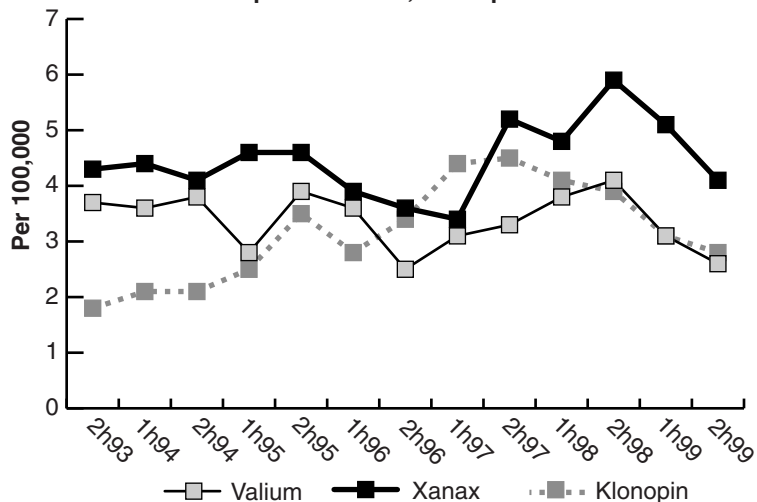


Table 20. Arrestees Testing Positive for Barbiturates and Benzodiazepines: 1991-3Q2000

BARBITURATES	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%
Houston Males	1%	0%	2%	0%	0%	1%	0%	1%	3%	0%
Laredo Males								0%	0%	1%
San Antonio Males	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
San Antonio Male Juveniles			0%	0%	0%	0%	0%	1%	0%	0%
Dallas Females	1%	1%	2%	1%	1%	0%	0%	1%	1%	3%
Houston Females	2%	1%	1%	1%	0%	1%	0%	0%	0%	0%
Laredo Females								0%	0%	0%
San Antonio Females	3%	1%	1%	1%	0%	0%	0%	1%	1%	
San Antonio Female Juveniles			1%	1%	0%	0%	0%	0%	0%	1%
BENZODIAZEPINES										
Dallas Males	2%	3%	3%	3%	2%	3%	3%	3%	4%	3%
Houston Males	4%	10%	6%	4%	6%	10%	18%	9%	8%	6%
Laredo Males								0%	2%	5%
San Antonio Males	4%	5%	5%	4%	3%	4%	5%	4%	4%	3%
San Antonio Male Juveniles			2%	1%	2%	2%	4%	1%	2%	4%
Dallas Females	6%	6%	9%	7%	4%	7%	7%	4%	8%	8%
Houston Females	8%	9%	9%	5%	7%	5%	7%	6%	7%	6%
Laredo Females								0%	2%	6%
San Antonio Females	11%	6%	8%	6%	4%	9%	6%	7%	6%	
San Antonio Female Juveniles			1%	1%	1%	5%	0%	2%	2%	4%

In addition, 87 adults were admitted into treatment in 1998 with a primary, secondary or tertiary problem with Rohypnol. In 1999, 130 were admitted, and in the first nine months of 2000, 62 had been admitted. Of the adult clients in 2000, 74 percent were Hispanic and 16 percent were Anglo; 69 percent were male and average age was 24, which is much younger than most adult clients entering treatment (overall average age is nearly 35 years). Only 13 percent were employed, 73 percent were involved with the criminal justice or legal system, and average annual income at admission was \$4,265. Marijuana, crack, heroin, and alcohol were the other drugs most likely to be abused by these adults.

In 1998, there were 160 youth admitted to treatment with a primary, secondary, or tertiary problem with Rohypnol. In 1999, 234 were admitted, and during the first nine months of 2000, 195 youth have been admitted to treatment for a problem with Rohypnol. Of the 2000 admissions, 75 percent were male, average age was 15.6 years, and 94 percent were Hispanic. Some 74 percent were involved in the juvenile justice system. Other drugs of abuse included marijuana, heroin, and powder cocaine.

Rohypnol is reported available in Galveston, Corpus Christi, and Laredo, where it sells for \$1 a pill.

Gamma Hydroxybutrate, Gamma Butyrate Lactone, 1-4 Butanediol

Texas Poison Control Centers reported 100 confirmed exposures to GHB, GBL, and 1,4 BD in 1998, as compared to 166 in 1999 and 138 through August, 2000. In 2000, the average age was 25 years and 39 percent were male. Fifty-two percent of the cases were from the Dallas-Fort Worth metroplex.

The rate of mentions of GHB per 100,000 in Dallas emergency rooms was 6.0, which was above the national average of 1.2. Only San Francisco, with a rate of 8.6 per 100,000, had a higher rate than Dallas.

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

Clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol are now seen in treatment. In 1999, 17 adults were admitted, while in the first nine months of 2000, 7 have been admitted. In 2000, average age was 25, all were

female and all were Anglo. None were employed and 43 percent were involved with the criminal justice or legal system. One adolescent has been admitted to treatment to date in 2000 for a problem with GHB.

DEA reports manufacturing of GHB is very prevalent in Houston and GHB and GBL are reported to be increasingly available in the Dallas area. GHB is selling for \$500 per gallon and \$15-\$20 per ounce.

HALLUCINOGENS

The 2000 Secondary School Survey found that 5.4 percent had ever used hallucinogens and 1.8 percent had used in the past month. This is a decrease from 1998, when 7.3 percent had ever used hallucinogens and 2.5 percent had used in the past month. Ecstasy use was unchanged: in 2000, 4.5 percent had ever used Ecstasy and 1.9 percent had used in the past month as compared to 4.5 percent lifetime and 1.4 percent past month use in 1998.

Ecstasy (MDMA)

The number of cases reported to the Poison Control Centers is increasing. In 1999, there were 35 cases; as of August, 2000, there were 71 cases. Average age was 20 years and 51 percent were male.

The rate of mentions of MDMA per 100,000 in Dallas emergency rooms in 1999 was 1.0; the national rate was 1.2.

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

Admissions for a primary, secondary, or tertiary problem with Ecstasy increased from 99 adults in 1999 to 113 in the first nine months of 2000. Of the 2000 admissions, average age was 24; 85 percent were Anglo and 10 percent were Hispanic; 66 percent were male; 33 percent were referred by the criminal justice or legal system; and 24 percent were employed.

Among adolescents, there were 17 admissions in 1999 and 41 in the first nine months of 2000 who had a primary, secondary, or tertiary problem with Ecstasy. Average age of the 2000 admissions was 16; 76 percent were male; 73 percent were referred from the juvenile justice system; 68 percent were Anglo and 27 percent were Hispanic.

According to the DEA, there has been an influx of Ecstasy (MDMA) and seizures are increasing. MDMA is readily available in Austin. Heavily-cut Mexican brown heroin is being pressed into tablets, sold as MDMA, and called "H-Bombs" or "Heaven's Gate" in Plano. Single dosage units of MDMA sell for \$10-\$20 in Dallas, \$20-\$30 in the Houston area (\$7.50-

\$10 per 1,000 tablets), \$15-\$25 in Austin (\$6-\$7 per 1,000 tablets), and \$15 in McAllen.

Ketamine

Seven cases of misuse of Ketamine were reported to Texas Poison Control Centers in 1999, and 22 have been reported through August, 2000. Average age in 2000 was 21 years.

In the Dallas emergency rooms in 1999, the rate of mentions of Ketamine per 100,000 was 0.1, below the national average of 0.2.

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

Phencyclidine (PCP)

There were 125 confirmed cases reported to the Texas Poison Control Centers in January-August 2000 where terms such as "formaldehyde," "fry," "amp," or "PCP" were mentioned. Of these cases, average age was 22 years and 87 percent were male.

Since 1996, the rates of mentions of PCP and LSD in the Dallas emer-

Table 21. Arrestees Testing Positive for PCP: 1991-3Q2000

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

gency rooms have risen, although they have not reached the highest levels of 1995 (Figure 17). There were 98 mentions of PCP in 1999. Seventy-seven percent were 18-34; 61 percent were African American males and 12 percent were African American females.

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

In 1999, there were 50 adults admitted to treatment with a primary, secondary, or tertiary problem with PCP. There have been 144 admitted during the first nine months of 2000. Of these clients in 2000, 81 percent were African American, 71 percent were male, average age was 24, 46 percent were involved in the criminal justice system, 14 percent were employed, and average income was \$3,161. While 45 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," which is a marijuana joint or cigar dipped in embalming fluid containing PCP.

Among adolescent clients, there were 118 admissions for a primary, secondary, or tertiary problem with PCP in 1999 and 65 in the first nine months of 2000. Of the 2000 admissions, 89 percent were male; 49 percent were African American, 29 percent were Hispanic, and 22 percent were Anglo; average age was 15.8 years. Eighty-nine percent had been referred to treatment or were involved in the juvenile justice system. Marijuana was the primary drug of abuse.

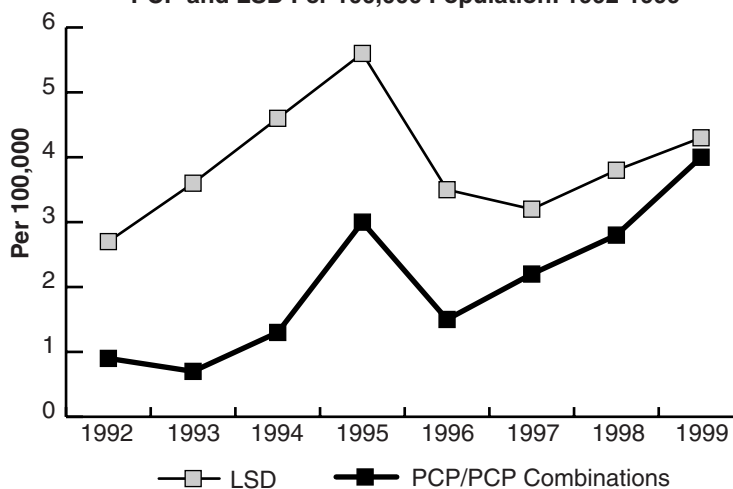
PCP use among ADAM arrestees was most likely to be reported among Dallas and Houston male arrestees (Table 21).

Six percent of male and female prison inmates, 10 percent of male state jail inmates, and 8 percent of female state jail inmates in 1998 reported ever having smoked fry.

According to DEA, in Austin PCP availability is up sharply and use appears to be gang-related. According to Austin Police Department, liquid PCP purity levels have averaged around 22 percent.

DEA reports PCP is selling for \$500 per ounce and \$10 per dose in Dallas. In the McAllen area, it is selling for \$5 per dose.

Figure 17. Dallas Emergency Room Mentions of PCP and LSD Per 100,000 Population: 1992-1999



LSD

Texas Poison Control Centers reported 77 confirmed exposures to LSD in 1998, 95 in 1999, and 63 through August 2000. Average age in 2000 was 21 years. There were also 13 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 1999, as compared to 73 through August 2000. Average age in 2000 was 20 years.

In 1999, there were 105 mentions of LSD in the Dallas DAWN emergency rooms (Figure 17). Fifty-two percent of these patients were ages 6-17 and 41 percent were ages 18-34. Fifty-eight percent were Anglo males and 20 percent were Anglo females. The rate of mentions in Dallas was 4.3, which was above the national average of 2.1.

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

In 2000, there were a total of 258 adults with a primary, secondary, or tertiary problem with hallucinogens. Average age of these individuals was 26; 67 percent were male; 73 percent were Anglo, 13 percent were African American, and 12 percent were Hispanic. Thirty-one percent were employed and 56 percent were in the criminal or legal system. Other drugs of abuse included marijuana and alcohol.

Among adolescents, there were 253 admissions with a primary, secondary or tertiary problem with hallucinogens admitted to treatment in 2000. Average age was 15.6 years; 79 per-

cent were males; 49 percent were Anglo, 40 percent were Hispanic, and 9 percent were African American. Eighty-one percent were involved in the juvenile justice system.

DEA reports LSD is becoming more available to young adults in nightclubs. In Austin, LSD is readily available in blotter paper and liquid forms. LSD is selling for \$5 to \$10 in Houston; \$5-\$8 in McAllen (\$175 for 100 doses); \$1 to \$10 in Dallas; \$6-\$10 in Fort Worth, \$5-\$10 in Tyler; \$7 in Lubbock (\$500 per sheet of 100 dosage units).

INHALANTS

Inhalant abusers comprised 2 percent of the admissions to adolescent treatment programs in 2000 (Appendix 3). While the youths entering treatment tended to be Hispanic (95 percent) and male (69 percent), due to the programs which report to TCADA, other data sources show a different picture of inhalant abuse.

The 2000 TCADA secondary school survey found that 20 percent of males had ever used inhalants, as compared to 18 percent of females. Twenty-four percent of Hispanics, 18 percent of Anglos, and 12 percent of African-American students had ever used inhalants.

Among male state jail inmates interviewed in 1998 who had ever used inhalants, 31 percent had used spray paint, 30 percent had used poppers, 24 percent had used gasoline, and 17 percent had used glue. Among female state jail inmates who had used inhalants, 45 percent had used poppers, 32 percent had used spray paint, 17 percent had used gasoline, and 16 percent had used other paints and thinners.

AIDS AND SEXUALLY TRANSMITTED DISEASES AMONG DRUG USERS

The proportion of adult and adolescent AIDS cases related to injecting drug use has gone from 16 percent in 1987 to 28 percent through the end of September 2000. In 1987, 4 percent of the cases were injecting drug users (IDUs), and 12 percent were exposed through male-to-male sex and IDUs. In 2000, 19 percent of the cases were IDUs, and 8 percent were male-to-male sex and also IDUs (Figure 18). The proportion of cases resulting from heterosexual contact has risen from 1 percent in 1987 to 14 percent in 2000.

In 1987, 3 percent of the AIDS cases were females over age 12; in 2000, 21 percent were female. In 1987, 12 percent of the adult and adolescent cases were African American; in 2000, 37 percent were African American. As Figure 19 shows, the proportion of Anglo males has dropped while the proportions of African Americans and Hispanics has increased.

The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 23 percent for 2000. Heroin injectors are most likely to be older, and nearly two-thirds are people of color, while injectors of stimulants and cocaine are far more likely to be Anglo (Table 22).

Figure 18. Male and Female AIDS Cases by Race/Ethnicity: 1987-3Q 2000

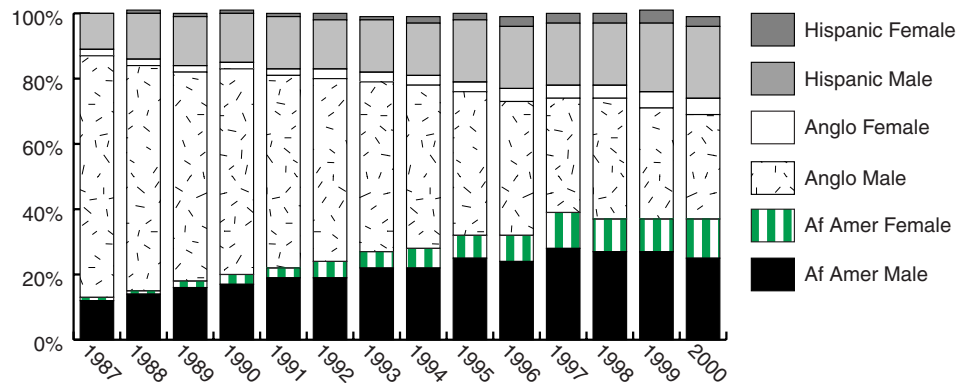


Figure 19. AIDS Cases in Texas, by Route of Transmission: 1987-3Q 2000

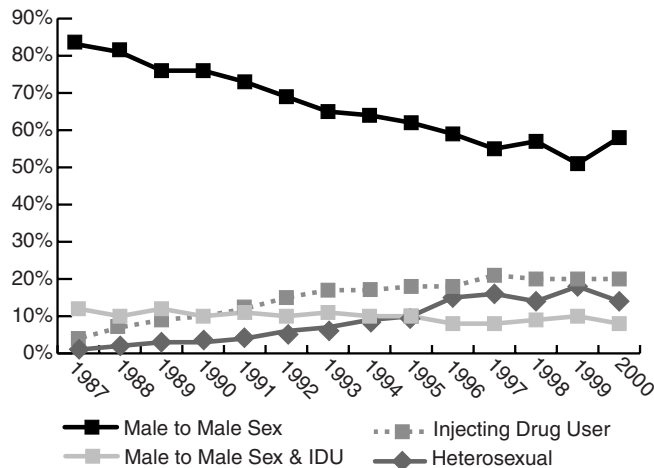
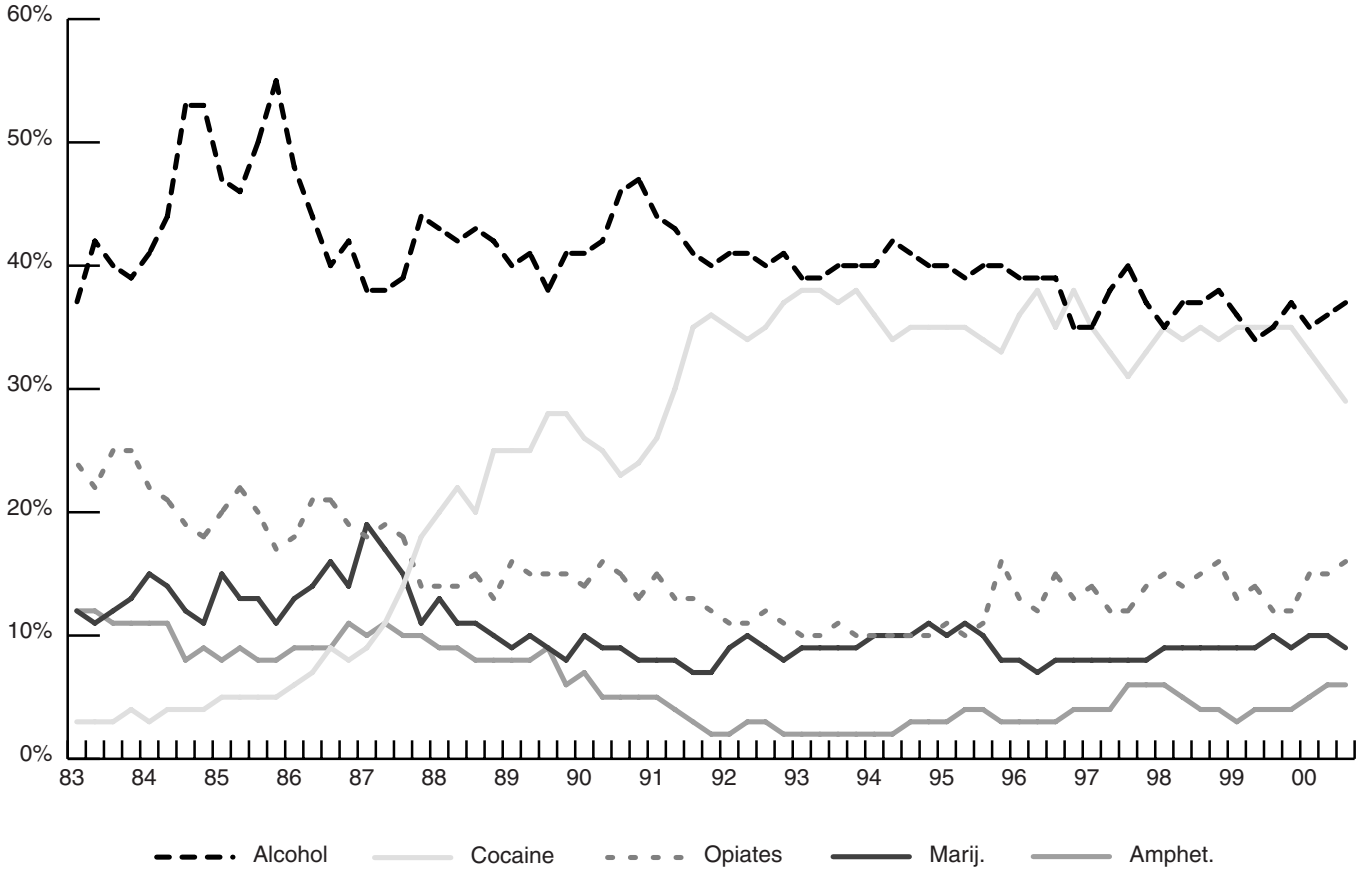


Table 22. Characteristics of Adult Needle Users Admitted to TCADA-Funded Treatment: Jan-Sept. 2000

	Heroin	Cocaine	Stimulants
# Admissions	3,203	866	858
% of Needle Admits by Drug	93%	11%	59%
Lag-1st Use to Tmt-Yrs.	15	13	12
Average Age	37	34	31
% Male	71%	63%	44%
% African American	7%	4%	1%
% Anglo	35%	65%	95%
% Hispanic	57%	30%	3%
% CJ Involved	31%	41%	53%
% Employed	17%	19%	20%
% Homeless	13%	13%	7%
Average Income	\$5,253	\$7,773	\$7,159

Appendix 1. Percent of Adult Admissions to TCADA-Funded Treatment Programs by Primary Drug of Abuse: January 1983-Sept. 2000



Appendix 2. Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs: Jan. 1, 2000-Sept. 30, 2000

Primary Drug	Total Admissions	Percent Of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	Pct No Prior Treatment	Percent Male	Percent Using Needles	Percent w/ History of IV Drug Use	Percent Married	Average Income At Admission	Problems								
												Black	White	Hispanic	Employed	Avg Months Employed Over Last 12	Pct Involved w/Crim Just or Legal System	Average Education	Homeless	Percent on Medication at Admission
Total	27332	100	34.5	20.6	15	54.8	63.9	23.2	37.7	19.6	\$7,337	36.7	32.9	49.8	52	34.6	57.3	63.6	26.4	463
Heroin	3553	13	36.4	22.4	15	51	70.7	90.6	92	19.8	\$5,344	27.9	40.6	67	61.9	44	60	80.5	56.4	52
Alcohol	9786	35.8	36.9	16.4	22	55.8	72.9	6.7	24.2	20.8	\$8,449	39.3	33.8	48.2	47.7	31.9	56.9	62.4	24.1	74
Amphetamines	1464	5.4	31	20.6	11	62.7	45.8	59.5	70.6	18.4	\$7,758	39.7	35	54.8	60.9	43.9	68.2	70.2	22.4	34
Powder Cocaine	2325	8.5	31.3	22	10	60	62.5	38.3	46.4	23.1	\$8,148	36	29.2	52.3	58.9	37.8	56.9	62.8	18.2	49
Marijuana/Hash	2688	9.8	27.1	16	12	69.1	65.3	5.6	14.7	18.1	\$6,915	30.1	24.4	35.9	37.4	23.7	44.2	42	12.3	70
Inhalants	52	0.2	30.1	18	13	48.1	69.2	1.9	9.6	26.9	\$3,630	25	17.3	50	44.2	32.7	30.8	51.9	0	1
Ecstasy	29	0.1	21.4	18.1	3	72.4	65.5	0	3.4	0	\$7,293	62.1	31	55.2	75.9	55.2	69	75.9	24.1	0
Steroids	5	0	32.6	27.6	6	40	40	0	40	20	\$3,030	60	20	40	60	100	100	100	40	0
Rohypnol	7	0	27.6	21.3	9	85.7	42.9	0	14.3	0	\$80	42.9	0	71.4	0	0.6	57.1	10	40	0
Crack	6221	22.8	34.9	26.2	9	45	54.7	5.7	27.6	16.2	\$6,508	49.7	35.3	14.1	16.1	4.5	33.4	11.5	16.8	0
Ephedrine	10	0	31.4	22	10	50	50	0	0	10	\$3,848	40	50	10	10	3.7	40	12.1	0	0
Miscellaneous	1173	4.3	35.4	26.9	9	56.4	39.1	16.3	36.9	25.5	\$7,738	12.4	77.1	9.5	16.7	4.4	33.6	12	7.6	14

Appendix 3. Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs: Jan. 1, 2000 through Sept. 30, 2000

Primary Drug	Total Admissions	Percent Of All Admissions	Average Age	Average Age 1st Use	Average Age 1st Use to Admission	Ave Lag	% Without Prior Treatment	Percent Using Needles	% Without History of IV Drug Use	Percent Male	Additional Characteristics																			
											Percent Black	Percent White	Percent Hispanic	% Involved w/Crim Just or Legal System	% With History of Gang Involvement	Pct Use Tobacco Daily	Average Education	Percent Homeless	Percent Live With Parent(s)	Percent Supportive Adult	% With Parent Substance(s)	% With Sickness and/or Health Problems	% With Employment Problems	% With Family Problems	% With Social/Peer Problems	% With Psych/Emot Problems	% Reporting Drug/Alcohol Problems	# of Clients Pregnant at Admission	# of Clients Who Have Children	
Total	3378	100	15.5	13.5	3	68.7	68.7	3	6.5	80.5	17.2	28.8	53.1	82	29.2	50.6	8.4	0.3	74.1	95.1	30.3	16.5	38.8	36.9	23.5	30.4	32	21	199	
Heroin	111	3.3	15.9	14.6	2	42.3	42.3	64	72.1	82.9	1.8	7.2	88.3	69.4	33.3	60.4	8.3	0	76.6	96.4	51.4	34.2	67.6	69.4	40.5	67.6	2	12	16	
Alcohol	303	9	15.8	12.9	4	70.6	70.6	1	4	73.6	11.2	34	54.8	75.2	24.1	46.2	8.9	0	72.3	96	31.4	17.5	36.3	34.3	24.4	27.4	1	16	12	
Amphetamines	38	1.1	16.3	14.5	3	52.6	52.6	23.7	28.9	63.2	2.6	86.8	10.5	68.4	31.6	65.8	9	2.6	47.4	97.4	47.4	26.3	26.3	42.1	28.9	36.8	0	3	3	
Powder Cocaine	175	5.2	15.9	13.8	3	63.4	63.4	2.9	8	68	5.7	17.7	76	76	39.4	49.1	8.6	0.6	65.1	93.1	26.9	21.1	49.7	49.1	45.7	46.3	3	18	18	
Marijuana/Hash	2452	72.6	15.5	13.4	4	70.4	70.4	0.6	3.3	83.2	20.8	29.6	48.7	84.4	27.9	50.2	8.4	0.3	75.5	95.7	29.4	14.6	36.3	33.7	26.5	27.3	13	135	135	
Inhalants	74	2.2	14.9	13.5	2	64.9	64.9	0	4.1	68.9	0	5.4	94.6	81.1	54.1	36.5	7.4	0	75.7	90.5	28.4	16.2	45.9	41.9	32.4	41.9	0	0	0	
Ecstasy	8	0.2	16.1	15	2	75	75	12.5	12.5	75	0	87.5	87.5	87.5	25	75	9.8	0	62.5	75	50	25	25	0	50	50	0	0	0	
Rohypnol	51	1.5	15.5	14.6	2	72.5	72.5	0	2	64.7	0	2	98	64.7	35.3	29.4	8.6	0	76.5	100	17.6	23.5	51	62.7	60.8	0	0	3	3	
Crack	69	2	15.7	14.1	2	62.3	62.3	0	10.1	75.4	4.3	29	66.7	78.3	21.7	65.2	8.1	1.4	68.1	98.6	40.6	27.5	55.1	30.4	50.7	56.5	2	4	4	
Ephedrine	2	0.1	16	12	4	100	100	0	0	0	0	0.1	100	100	100	100	9	0	100	100	0	0	0	0	0	0	0	0	0	0
Miscellaneous	95	2.8	15.6	13.6	3	70.5	70.5	0	9.5	83.2	22.1	41.1	35.8	84.2	37.9	68.4	8.5	0	69.5	80	26.3	20	34.7	33.7	20	44.2	0	0	8	8