

Substance Abuse Trends in Texas: December 2001



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OVERVIEW

Crack cocaine is the illicit drug for which 21 percent of adult clients enter 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. 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 high. Cocaine is 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 Texas secondary school students, particularly younger ones, declined from 1998 to 2000, but binge drinking and driving while under the influence remain problematic. Sixteen

percent of adults reported past-year problems with alcohol in 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 have risen in the last year. The percentage of arrestees testing positive for heroin remains mixed, and overdose deaths in 2000 are down from 1998. The purity of Mexican heroin is increasing and price is dropping, but availability varies around the state.

Hydrocodone is a much larger problem in Texas than is oxycodone. Codeine cough syrup continues to be abused.

Seventy-five percent of youths entering treatment report marijuana as their primary problem drug. Dallas emergency room mentions of marijuana are above

the national average. Availability is high. The prevalence of use by students declined slightly between 1998 and 2000, but use by adults increased from 1996 to 2000.

Methamphetamine and amphetamine are widely available and are a problem, particularly in the rural areas. Poison control center cases, emergency room cases, overdose deaths, and treatment admissions are rising, but levels in Texas are much lower than in other western states.

Alprazolam (Xanax) mentions are increasing in emergency room and DPS lab reports.

Club drug use continues to spread, with those who began using these drugs several years ago now appearing in treatment. Ecstasy cases reported to poison control centers, emergency rooms, and treatment admissions

continue to rise. GHB, GBL, and similar precursor drugs remain a problem, particularly in the Metroplex area, with a high rate of emergency room mentions. Rohypnol remains a problem along the border and the number of youths entering treatment for abuse of this drug is rising. Ketamine continues as a problem, with the Dallas emergency room rate above the national level. Use of marijuana joints dipped in embalming fluid that can contain PCP ("Fry") continues, with cases seen in the emergency rooms, treatment, arrests, and deaths.

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

AREA DESCRIPTION

The population of Texas in 2000 is 20,851,820, with 56 percent Anglo, 12 percent African American, and 32 percent Hispanic. 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 can legally bring up to 50 dosage units into the U.S. The use of private and express mail companies to traffic narcotics and smuggle money continues to increase. 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 2001 data with earlier periods, please refer to previous editions that are available in hard copy from the Texas Commission on Alcohol and Drug Abuse (TCADA) or on the TCADA web page at <http://www.tcada.state.tx.us/research/subabusereports.html> and at the web page of the Gulf Coast Addiction Technology Transfer Center at <http://www.utattc.net>.

Data were obtained from the following sources:

* Price, purity, trafficking, distribution, and supply--This information was provided by quarterly 2001 reports on trends in trafficking from the Dallas, El Paso, and Houston field divisions of the Drug Enforcement Administration (DEA).

* Treatment data--TCADA's Client Oriented Data Acquisition Process (CODAP) provided data on clients at admission to treatment in TCADA-funded facilities from first quarter 1983 through October 31, 2001; however, only partial data have been 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 club 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 2000 came from death certificates from the Bureau of Vital Statistics of the Texas Department of Health. Analysis of inhalant deaths is from Jane Maxwell, "Deaths Related to the Inhalation of Volatile Substances - Texas, 1988 - 1998." *American Journal of Drug and Alcohol Abuse*, Vol. 27, 689-697, 2001.

* Emergency room mentions--Mentions of drugs in the Dallas area emergency rooms through 2000 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 for 2000 for Dallas, Houston, Laredo, and San Antonio. The 2000 findings for females are comparable with earlier years; the male findings are weighted and represent probability-based sampling, so they are not comparable with earlier years, although the 1991-1999 data are presented to provide a view of the trend for those years.

* Student substance use--Data came from TCADA's 2000 *Texas School Survey of Substance Abuse: Grades 7-12* by Liang Liu and Jane Maxwell, which is available at <http://www.tcada.state.tx.us/research/schoolsurveys.html>.

* Adult substance use--Data came from TCADA's 2000 *Texas Survey of Substance Use Among Adults* by Lynn Wallisch, which is available at <http://www.tcada.state.tx.us/research/adultsurveys.html>.

* Poison Control Center data--The Texas Department of Health provided data from the Texas Centers for 1998, 1999, 2000, and three quarters of 2001.

* Drugs identified by laboratory tests--The National Forensic Laboratory Information System reported data collected by all of the Texas Department of Public Safety (DPS) laboratories for 1998 through September 30, 2001.

* Acquired Immunodeficiency Syndrome (AIDS) data--The Texas Department of Health provided annual and year-to-date AIDS data for the period ending June 30, 2001.

DRUG ABUSE TRENDS

Cocaine and Crack

The *Texas School Survey of Substance Use Among Students: Grades 7-12, 2000* found that 8.6 percent of students in non-border counties 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 non-border students reporting 2.6 percent lifetime and 0.7 percent past month use; border

Exhibit 1. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Powder Cocaine and Crack, by Grade: 2000

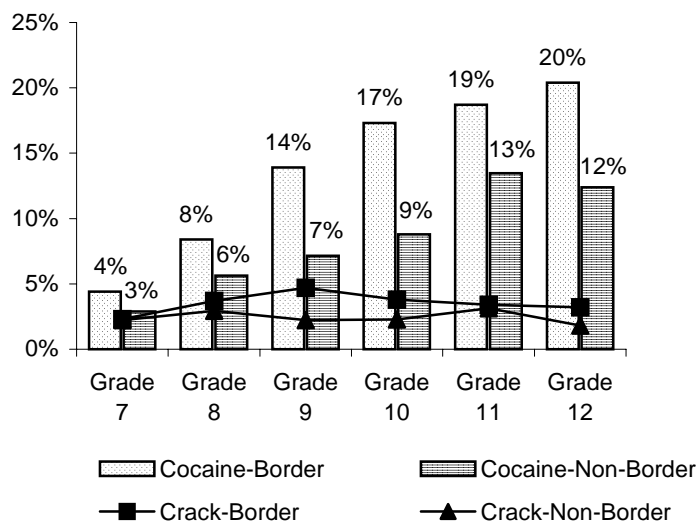


Exhibit 2. Dallas DAWN Mentions of Cocaine Per 100,000 Population by Age and Gender: 1989-2000

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total	59.1	45.4	56.9	52.9	57.7	61.5	61.6	58.3	73.6	106.0	85.6	87.3
Age 12-17	33.3	20.9	20.2	16.0	21.2	18.8	20.6	35.0	33.7	65.8	45.3	36.4
Age 18-25	140.9	102.5	116.9	106.3	109.1	100.5	105.5	92.0	155.5	192.3	139.9	130.4
Age 26-34	115.1	94.9	119.7	106.2	112.2	141.6	121.9	117.1	132.8	192.4	152.9	171.7
Age 35+	24.7	19.4	30.3	32.9	39.3	39.3	46.9	43.2	54.7	83.7	74.7	75.8
Male	76.6	58.0	69.0	69.1	72.4	75.2	79.3	77.8	97.1	142.2	112.0	114.9
Female	42.3	32.8	45.3	37.3	43.1	48.4	44.0	38.8	51.1	70.9	60.5	60.5

students reported 3.6 percent lifetime and 1.3 percent past month use (Exhibit 1). The levels of use in 2000 for both border and non-border students decreased very slightly from the 1998 survey results.

TCADA's 2000 Texas Survey of Substance Use Among Adults reported 12 percent of Texas adults had ever used powder cocaine and 1 percent had used it in the past month, up from 10 percent lifetime and 0.4 percent past month use in 1996. The increase in past-year use (1.4 percent to 1.9 percent) was statistically significant. The levels of crack cocaine use did not change between 1996 and 2000 (2 percent lifetime and 0.1 percent past month).

Texas Poison Control Centers reported 357 misuse or abuse cases involving cocaine in 1999, 1,252 in 2000, and 622 through the third quarter of 2001. In 2001, the average age of these cases was 30 years and 60 percent were male.

Exhibit 2 shows that while the rate of cocaine emergency room mentions per 100,000 population in the Dallas DAWN data was lower in 2000 than the peak period in 1998, it was still higher than in earlier years. In 2000, there were 2,180 mentions of cocaine. Of these, 51 percent were 18-34 and 44 percent were 35 and older; 64 percent were male; 39 percent were Anglo, 41 percent were African American,

and 17 percent were Hispanic. In 2000, the rate of cocaine mentions in Dallas was higher than nationally: 87.3 per 100,000 in Dallas and 70.7 per 100,000 nationally.

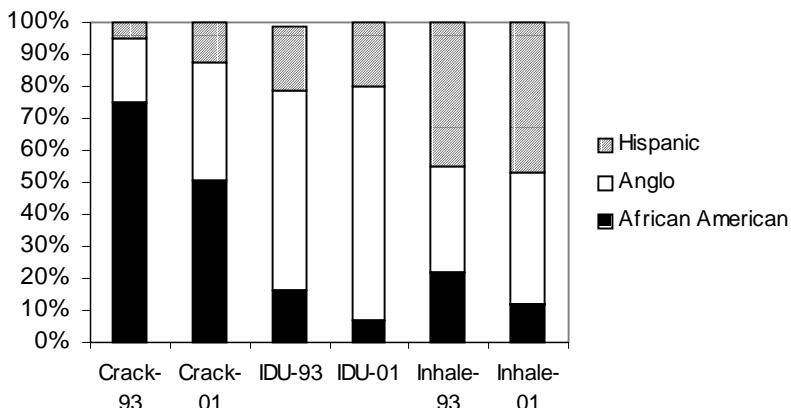
Cocaine (crack and powder) comprised 28 percent of all adult admissions to TCADA-funded treatment programs in 2001. Crack cocaine is the primary illicit drug abused by adult clients

Ex. 3. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: Jan-Oct 2001

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	5,768	700	1,328	8,222
% of Cocaine Admits	70%	9%	16%	100%
Lag-1st Use to Tmt-Yrs.	10	13	9	10
Average Age	36	34	30	35
% Male	55%	64%	63%	57%
% African American	50%	5%	9%	39%
% Anglo	36%	70%	38%	39%
% Hispanic	12%	20%	46%	19%
% CJ Involved	37%	44%	49%	40%
% Employed	14%	18%	31%	17%
% Homeless	17%	13%	5%	14%
Average Income	\$4,714	\$6,342	\$7,523	\$5,308

*Total includes clients with "other" routes of administration

Exhibit 4. Routes of Administration of Cocaine by Race/Ethnicity of Treatment Admissions: 1993-2001



admitted to publicly-funded treatment programs throughout Texas, although it has dropped from 28 percent of all adult admissions in 1993 to 21 percent in 2001 (Appendices 1 and 2).

Abusers of powder cocaine comprise 7 percent of admissions to treatment. They are younger than crack abusers (31 years as compared to 36 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 involved in the criminal justice or legal systems (Exhibit 3).

The term “lag” refers to the period from first consistent or regular use of a drug to date of admission to treatment. Powder cocaine inhalers average 9 years between first regular use and entrance to treatment, while injectors average 13 years of use before they enter treatment.

Between 1987 and 2001, the percentage of treatment admissions who use powder cocaine

who are Hispanic has increased from 23 percent to 38 percent, while for Anglos, the percent has remained at about 48 percent, and for African Americans, from 28 percent to 8 percent. Exhibit 4 not only shows this increase by Anglos and Hispanics in the use of powder cocaine, but it also shows the proportion of crack cocaine admissions who are African American dropped from 75 percent in 1993 to 50 percent in 2001, while the proportion of Anglos increased from 20 percent in 1993 to 36 percent in 2001, and the percentage of Hispanic admissions has gone from 5 percent to 12 percent in the same time period.

The increase in use by Hispanics is also seen when characteristics of new admissions are compared to those who have been in treatment previously. Of the new powder cocaine admissions, 44 percent are Hispanic, as compared to 33 percent of those who have been

Exhibit 5: Age & Race/Ethnicity of Persons Dying with a Mention of Cocaine: 1992-2000

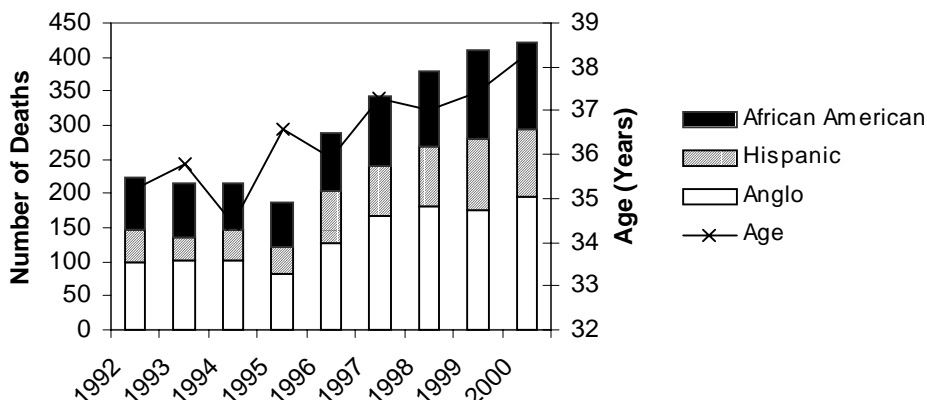


Exhibit 6. Arrestees Testing Positive for Cocaine: 1991-2000

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

in treatment before. Among crack admissions, 16 percent of the new admissions are Hispanic, as compared to 10 percent of the previously treated.

Powder cocaine was the primary drug of abuse for 6 percent of youths entering treatment during 2001 (Appendix 3). Crack cocaine accounted for 2 percent of youth admissions. Of the powder cocaine admissions, 76 percent were Hispanic and 23 percent were Anglo. Of the crack cocaine admissions, 66 percent were Hispanic and 26 percent were Anglo.

The number of deaths in which cocaine was mentioned increased to a high of 424 in 2000 (Exhibit 5). The average age of the decedents continues to increase to 38.3 years in 2000. Of these persons, 46 percent were Anglo, 23 percent were Hispanic, and 30 percent were African American. Seventy-five percent were male.

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 45 percent of males and 22 percent of females in 2000 in Laredo tested positive for cocaine, which shows the extent of the cocaine problem on the border (Exhibit 6). In addition, the 2000 ADAM reports showed that in Laredo and San Antonio, a disproportionate percentage of

male arrestees aged 31-35 tested positive for cocaine, while in Dallas and Houston, arrestees 36 and older were overrepresented. In Dallas, Houston, and San Antonio, African American males were the most likely to test positive for cocaine.

Exhibit 7 shows the proportion of substances identified by the DPS labs which were cocaine. In 2001, cocaine comprised 37 percent of all items examined by the labs.

Exhibit 7. Percent of All Drugs Identified by DPS Labs: 1998-2001

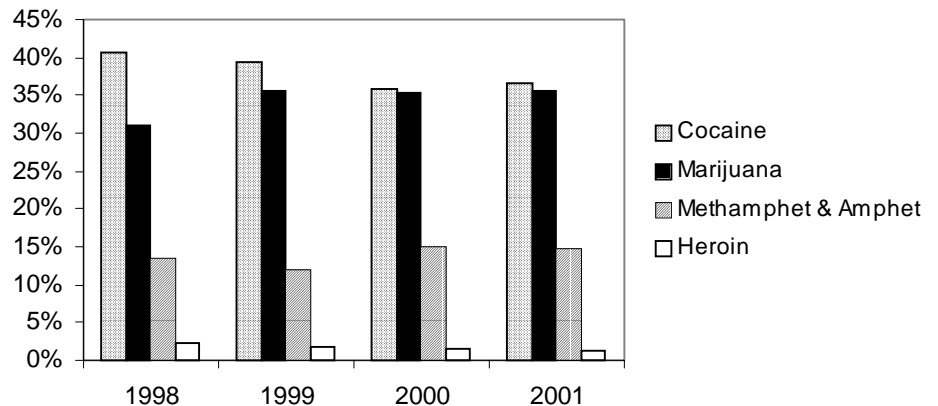
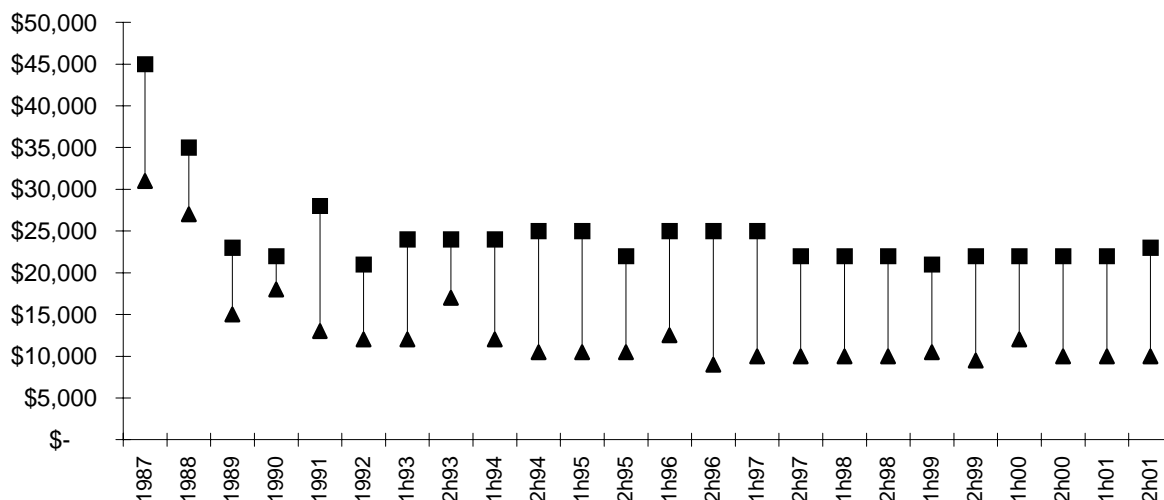


Exhibit 8. Price of a Kilogram of Cocaine in Texas as Reported by DEA: 1987-2001



In the second half of 2001, powder cocaine was reported by DEA as being abundant, especially at the retail level in ounce and gram quantities. Intelligence suggests that while street level and multi-kilogram quantities of cocaine are readily available, drug-related activity on the border decreased after September 11, 2001 and that traffickers are stockpiling drugs on the Mexican side of the border.

DEA reports crack cocaine is even more readily available, with increased use by Anglos. In addition, use of crack is reported up in African American and Hispanic neighborhoods. A rock of crack costs between \$10-\$100, with \$10 being the most common price. An ounce of crack cocaine costs \$400-\$600 in Houston, \$500-\$2,800 in Dallas, \$550-\$750 in Longview, \$600-\$800 in Beaumont, \$600-

\$850 in Amarillo, \$650-\$850 in Lubbock, and \$759-\$1,000 in Fort Worth.

Depending on location in the state, a gram of powder cocaine sells for \$50-\$100. A gram in Dallas costs \$50-\$100, \$80-\$100 in Houston, and \$100 in Alpine, Amarillo, and Lubbock. An ounce ranges between \$400 and \$1,200. An ounce in Laredo costs \$400-\$550; in Houston, \$400-\$650; \$500-\$1,200 in Dallas; \$600 in Alpine; \$600-\$800 in McAllen; \$600-\$1,000 in San Antonio; \$650-\$850 in Amarillo and Lubbock; \$700-\$1,000 in Tyler; and \$750 in Fort Worth. A kilogram sells for \$10,000-\$22,000 (Exhibit 8).

Street outreach workers in Austin report that kool-aid is again being used to break down crack cocaine for injection and also that crack is being cut with

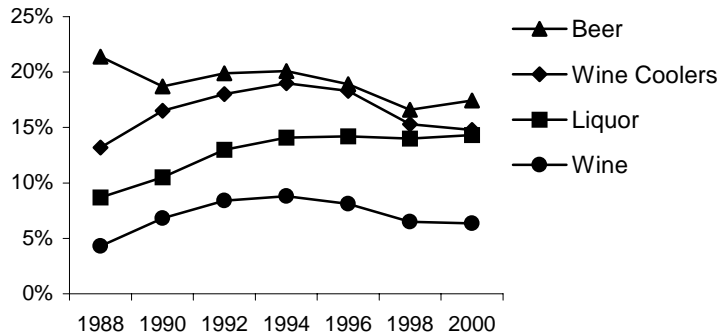
ether, in addition to baking soda, to give a “bell-ringing” effect.

Alcohol

Alcohol is the primary drug of abuse in Texas. The *2000 Texas School Survey of Substance Abuse: Grades 7-12* found that 71 percent had ever drunk alcohol and 36 percent used it in the past month. Students on the border in 2000 reported higher levels of use, with 74 percent having ever drunk alcohol and 41 percent having drunk in the past month.

Heavy consumption of alcohol or binge drinking, which is defined as drinking five or more drinks at one time, is of concern. About 17 percent of all secondary students said that when they drank, they usually drank five or more beers at one time, and 14 to 15 percent reported binge

Exhibit 9. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988-2000



drinking of wine coolers and liquor. This pattern increased with grade level, with 27 percent of seniors reporting binge drinking of beer and 22 percent of liquor. The percentage of students who normally drank five or more beers decreased between 1988 and 2000, while the percentage of students who reported binge drinking of wine or wine coolers has fallen from the peak in 1994, but still is higher than in 1988 (Exhibit 9). The percentage of binge drinking of hard liquor has remained relatively stable since 1994.

In the 2000 school survey, 26 percent of seniors admitted they had driven a car after having had “a good bit to drink” at least once in the past year. Among seniors, 18 percent had driven in this condition one to three times, 4 percent had done so from four to nine times, and another 4 percent had done so 10 or more times. In comparison, 18 percent

of seniors reported having driven when they were high from drugs (Exhibit 10). Among seniors, 11 percent had done so one to three times, 3 percent had done so from four to nine times, and another 5 percent had done so 10 or more times during the past year.

The 2000 Texas Adult Survey found that 66 percent of Texas adults reported having drunk

alcohol in the past year. In 1996, 65 percent reported past-year drinking. In 2000, 17 percent reported binge drinking and 6 percent reported heavy drinking in the past month. Some 15.7 percent of all adults reported problems with alcohol use in the past year in 2000; 16.8 percent reported past-year problems in 1996. In comparison, 5.2 percent of adults in 2000 and 4.1 percent of adults in 1996 reported past-year problems with the use of drugs.

Over the years, the number of mentions per 100,000 population of alcohol in combination with other drugs in Dallas emergency rooms has risen, although the most recent rates are below the peak in 1998 (Exhibit 11).

In 2001, 37 percent of adult clients admitted to publicly-funded programs had a primary

Exhibit 10. Percentage of Texas Seniors Who Had Driven While Drunk or High From Drugs: 1988-2000

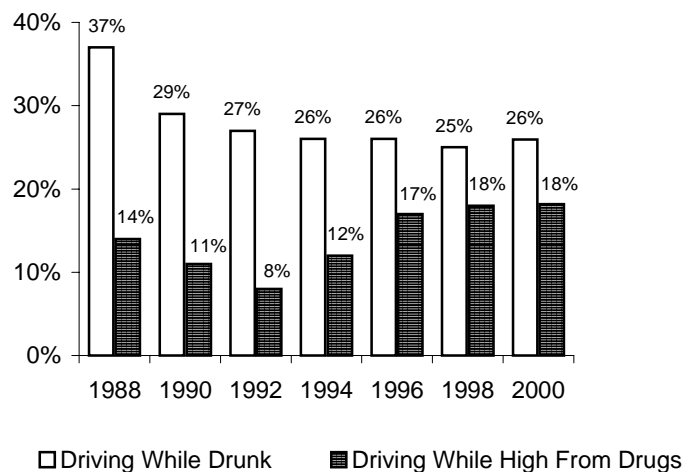


Exhibit 11. Dallas DAWN Mentions of Alcohol-in-Combination with Other Drugs Per 100,000 Population by Age and Gender: 1992-2000

	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total	50.4	60.6	57.9	57.6	57.9	65.7	83.0	68.0	74.8

problem with alcohol (Appendix 2). They were the oldest of the clients (average age of 38); 62 percent were Anglo, 21 percent were Hispanic, and 14 percent were African American; 70 percent were male. Their annual income level was second only to that of cocaine clients. In terms of poly-drug use, 48 percent used only alcohol, 17 percent had a secondary drug problem with marijuana, 14 percent had a problem with crack cocaine, and 11 percent had a problem with powder cocaine.

Among adolescents, alcohol comprised 8 percent of all treatment admissions. Some 72 percent were male; 62 percent were Hispanic, 29 percent were

Anglo, and 8 percent were African American. Seventy-five percent were involved with the juvenile justice or legal systems (Appendix 3).

Far more persons die as an indirect result of alcohol, as Exhibit 12 shows. Direct deaths are those where the substance, alcohol or drugs, caused the death, while indirect deaths are those where the actual cause of death was due to another reason, such as a car wreck or a violent crime, but alcohol or drugs were involved.

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

per 100,000 is decreasing (Exhibit 13).

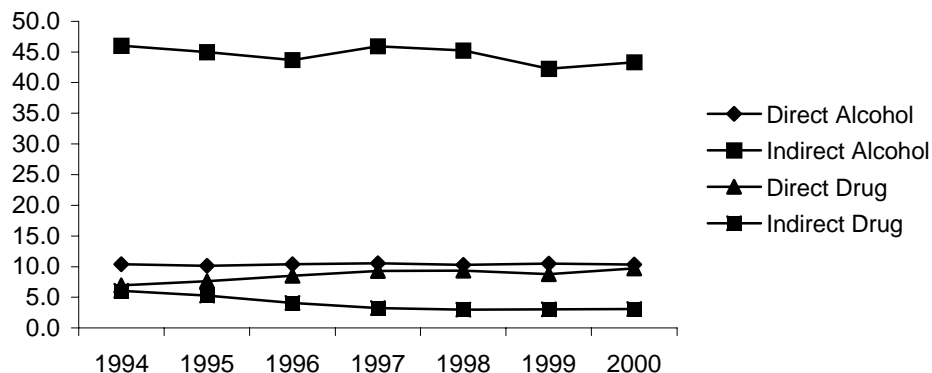
Heroin

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

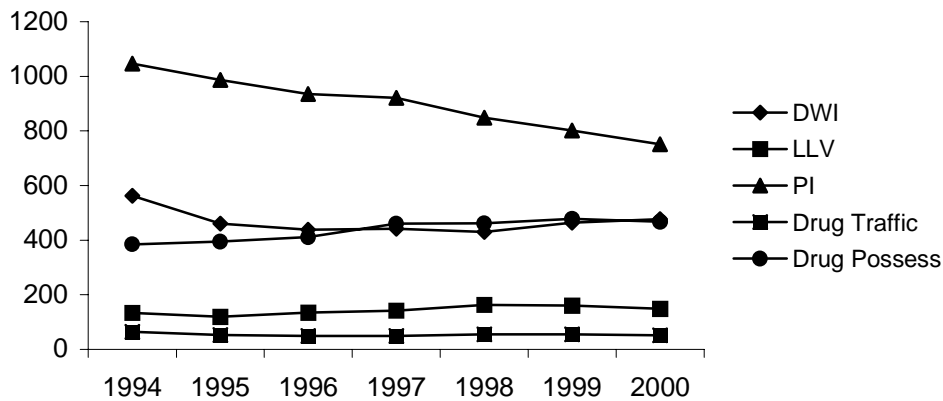
The 2000 Texas adult survey found that 1.2 percent of adults reported lifetime use of heroin and 0.1 percent reported past-month use.

Calls to Texas Poison Control Centers involving confirmed exposures to heroin rose through

Exhibit 12. Direct and Indirect Alcohol and Drug Deaths Per 100,000 Population: 1994-2000



**Exhibit 13. Substance Abuse Arrests Per 100,000
Population: 1994-2000**



2000. In 1998, there were 168 abuse or misuse exposure calls involving heroin, in 1999, there were 231, 265 in 2000, and 153 through third quarter 2001. Of the cases in 2001, average age was 34 and 80 percent were male.

Emergency room mentions of heroin are rising back to near the peak years of 1997-1998 (Exhibit 14). The number of mentions was lower in Dallas than nationally (19.1 per 100,000 in Dallas and 38.3 per 100,000 nationally). In 2000, there were

478 mentions of heroin or morphine in the Dallas emergency rooms, and 52 percent of these patients were 18-34, with 45 percent over 35; those ages 6-17 comprised 2.9 percent of the patients. Fifty-nine percent of all the cases were Anglo, 26 percent were African American, and 13 percent were Hispanic; 69 percent were male.

Admissions to treatment are also gradually increasing. Heroin ranks third after alcohol and cocaine as the primary drug for which adult clients are admitted

to treatment (Appendices 1 and 2). It comprised 12 percent of admissions in 2001 as compared to 9 percent in 1993. The characteristics of these addicts vary depending on the route of administration, as Exhibit 15 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 eight rather than 15 years for injectors. This shorter

Exhibit 14. Dallas DAWN ER Mentions of Heroin Per 100,000 Population by Age and Gender: 1989-2000

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total	14.1	14.0	10.2	11.9	12.7	10.3	11.2	13.8	20.9	20.5	17.4	19.1
Age 12-17	-	-	-	1.0	2.0	2.7	-	9.9	-	6.8	7.1	5.8
Age 18-25	18.6	15.8	12.8	11.9	13.1	14.3	16.2	30.8	60.4	55.0	45.3	49.1
Age 26-34	27.2	26.1	16.8	22.9	15.9	13.2	15.8	17.3	24.7	24.0	19.4	22.9
Age 35+	11.6	13.0	10.4	11.8	16.0	11.9	12.2	11.8	15.0	18.0	15.6	17.2
Male	19.4	19.0	12.4	18.1	16.9	14.7	15.1	19.0	33.3	27.4	22.4	27.1
Female	8.9	9.2	8.2	5.8	8.8	5.7	7.4	8.9	9.0	13.9	12.4	11.4

Exhibit 15. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: Jan-Oct 2001

	Inject	Inhale	All*
# Admissions	3,115	191	3,480
% of Heroin Admits	90%	5%	100%
Lag-1st Use to Tmt-Yrs.	15	8	14
Average Age	36	30	38
% Male	69%	59%	68%
% African American	6%	26%	7%
% Anglo	36%	29%	37%
% Hispanic	47%	34%	45%
% CJ Involved	33%	26%	32%
% Employed	14%	14%	14%
% Homeless	14%	6%	13%
Average Income	\$3,807	\$5,009	\$3,966

*Total includes clients with other routes of administration

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.

Exhibit 16 shows that since 1996, the proportion of Hispanics entering treatment for a primary problem with heroin increased

from 1996 to 2000. In 2001, 45 percent were Hispanic, 37 percent were Anglo, and 7 percent were African American. First admissions were less likely to inject heroin (87 percent) as compared to readmissions (91 percent).

Only 2 percent of all adolescents admitted to TCADA-

funded treatment programs reported a primary problem of heroin. Of these youths, 94 percent were Hispanic (Appendix 3).

The number of deaths with a mention of heroin or narcotics decreased from a high of 374 in 1998 to 318 in 2000 (Exhibit 17). Of the 2000 decedents, 58 percent were Anglo, 33 percent were Hispanic, and 8 percent were African American; 79 percent were male and average age was 37.6 years.

The results for arrestees testing positive for opiates from 1991 to 2000 have remained mixed, except for the increased positives among females in Laredo (Exhibit 18). The ADAM data for 2000 showed that the males most likely to test positive for heroin were under 21 in Dallas, 21-25 in Houston, under 21 and 26-30 in Laredo, and 36 and older in San Antonio. In

Exhibit 16. Heroin Admissions to Treatment by Race/Ethnicity: 1986-2001

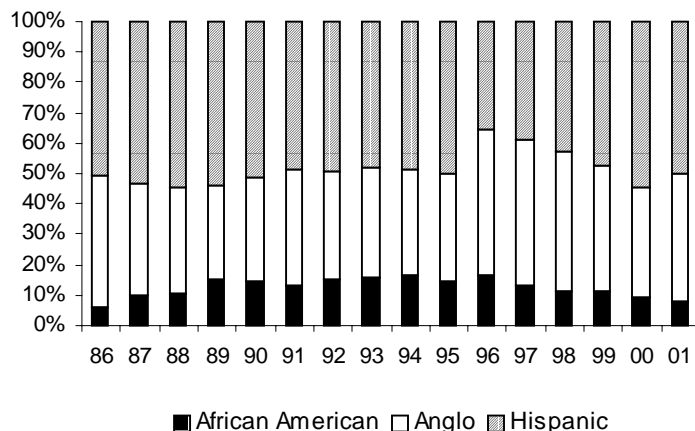
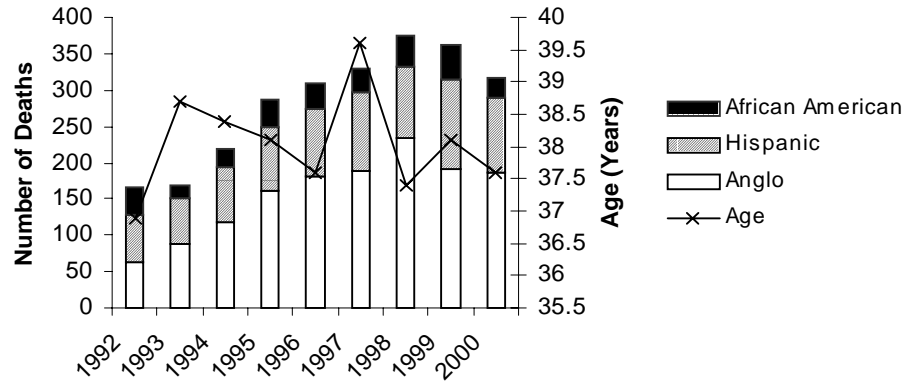


Exhibit 17: Age & Race/Ethnicity of Persons Dying with a Mention of Heroin: 1992-2000



Dallas, Anglo males were more likely to test positive for heroin, while in Houston and San Antonio, African Americans were most likely.

Exhibit 7 shows that proportion of items identified as heroin by DPS labs has remained consistent at 1 to 2 percent over the years.

The availability of heroin varies around the state. It is reported more available in

Houston and Laredo, readily available in Alpine, at the same levels of availability in Midland and Fort Worth as in past years, more expensive in Dallas, and available in Tyler, Longview, Lubbock, and Amarillo.

The predominant form of heroin in Texas is black tar. The cost of an ounce of black tar heroin has widened (Exhibit 19). Depending on the location, black tar heroin sells on the street for \$10-\$20 a capsule, \$100-\$350

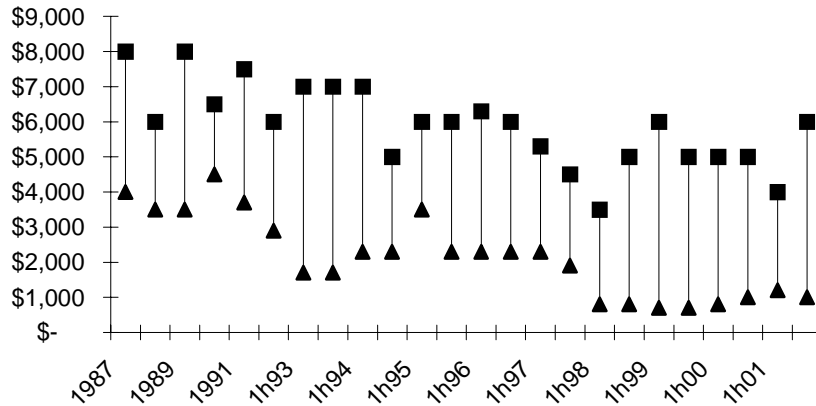
per gram, \$800-\$4,800 per ounce, and \$35,000-\$50,000 per kilogram. In the Dallas area, the purity of a cap ranges between 7 and 10 percent; an ounce at 10-64 percent, and a kilogram at 16-20 percent.

Mexican brown heroin costs \$10 per cap, \$110-\$300 per gram, and \$600-\$3,000 per ounce. Colombian sells for \$2,000 per ounce and \$75,000-\$80,000 per kilogram in the Dallas area and purity ranges

Exhibit 18. Arrestees Testing Positive for Opiates: 1991-2000

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

Exhibit 19: Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by the DEA: 1987-2001



between 74 and 89 percent. Southwest and Southeast Asian heroin were not reported as available in the last half of 2001.

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 Exhibit 20 shows, over time, the purity of heroin is increasing while the price is dropping in Dallas and Houston.

Other Opiates

This group excludes heroin but includes opiates such as metha-

done, codeine, hydrocodone (Vicodin, Tussionex), carisoprodol (Soma), oxycodone (OxyContin, Percodan, Percocet-5, Tylox), d-propoxyphene (Darvon), hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium.

The 2000 Texas adult survey found that in 2000, lifetime use of other opiates was 4.4 percent and past-month use was 0.5 percent; in comparison, in 1996, lifetime use was 3 percent and past-month use was 0.2 percent. The increase in past-year use (0.6 percent to 1.5 percent) was statistically significant. 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. There were 1,866 cases of intentional misuse or abuse of hydrocodone in 2000 and 964 in the first three quarters of 2001. In comparison, there were 62 intentional misuse or abuse cases using the terms “OxyContin” or “oxycodone” reported in 2000, and 77 cases reported in the first three quarters of 2001. There were also 24 cases of abuse or misuse of

Exhibit 20. Price and Purity of Heroin Purchased in Dallas, El Paso, and Houston by DEA: 1995-2000

	1995	1996	1997	1998	1999	2000	2000
Dallas Purity	6.8%	3.5%	7.0%	11.8%	14.0%	16.0%	22.9%
Price/Milligram Pure	\$2.34	\$6.66	\$4.16	\$1.06	\$1.01	\$0.69	\$0.54
Houston Purity	16.0%	26.1%	16.3%	34.8%	17.4%	18.2%	38.0%
Price/Milligram Pure	\$1.36	\$2.15	\$2.20	\$2.43	\$1.24	\$1.14	\$1.04
El Paso Purity*					56.7%	50.8%	45.3%
Price/Milligram Pure					\$0.49	\$0.34	\$0.48

*El Paso began reporting in mid-1999

Exhibit 21. Dallas DAWN ER Mentions of Other Opiates Per 100,000 Population: 1994-2000

	1994	1995	1996	1997	1998	1999	2000
Hydrocodone	44	55	61	87	51	63	74
Oxycodone	0	0	...	0	13

methadone in 1999, 64 cases in 2000, and 30 in the first three quarters of 2001.

Dallas area emergency room mentions of hydrocodone have increased over the years; the increase between 1994 and 2000 was statistically significant. Oxycodone was mentioned 13 times in 2000 (Exhibit 21).

Three percent of all adults who entered treatment during 2001 used opiates other than heroin. Of these, 43 used illegal methadone and 1087 used other opiates. Those who reported a primary problem with illicit methadone were male (51 percent); 34 years old; Anglo (79 percent), African American (5 percent), and Hispanic (9 percent). Nine percent were homeless, annual income was \$5,472, 19 percent were employed, 37 percent were referred by the criminal justice system, and 42 percent had been in treatment before. Those with problems with other opiates looked different: 56 percent were female, average age was 36; 83 percent were Anglo, 36 percent had been in treatment before, 8 percent were homeless, average income was

\$5,317, 17 percent were employed, and 33 percent were referred by the criminal justice system.

In 1999, there were 8 deaths with a mention of oxycodone; in 2000, there were 20. In 1999, there were 25 deaths involving hydrocodone; in 2000, there were 52. There were also 36 deaths involving methadone in 1999; in 2000, there were 62.

According to DEA reports, hydrocodone, promethazine with codeine and other codeine cough syrups, as well as benzodiazepines such as alprazolam, are the most commonly diverted drugs in the Houston area, and hydrocodone products, benzodiazepines, Ritalin and generic methlyphenidate are the most commonly diverted controlled substances within the Dallas area.

In the Dallas-Fort Worth Field Division, Dilaudid sells for \$20-\$80 per tablet, Soma sells for \$4 per tablet, and hydrocodone sells for \$4-\$7 per tablet. OxyContin sells for \$15-\$30 per tablet. Methadone sells for \$10 per tablet. In Houston, promethazine or phenergan with codeine sells

for \$75-\$100 for four ounces, \$125 for eight ounces, and \$1,600 for a gallon.

Abuse of codeine cough syrup continues with Rap CD songs such as "Sippin' on Syrup," "Sippin' Codeine," "Syrup and Soda," and "Syrup Sippers."

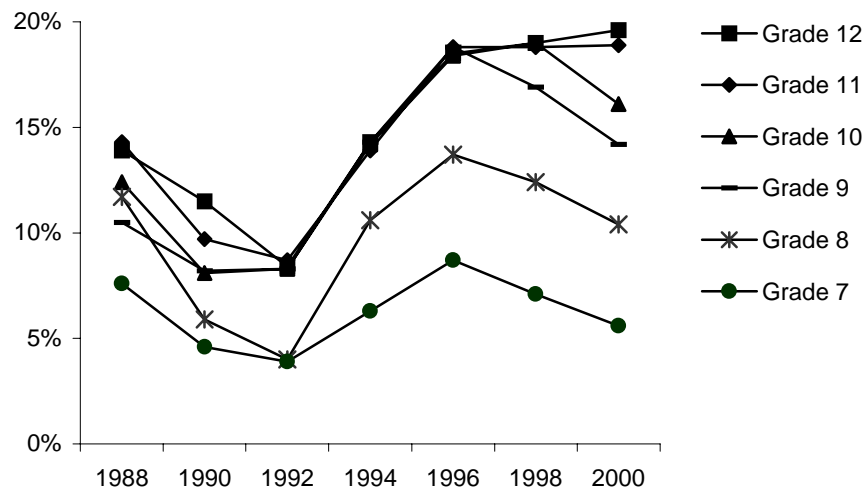
DPS labs reported examining 479 hydrocodone exhibits in 1999, 629 in 2000, and 307 through October, 2001. In comparison, the number of exhibits involving oxycodone were 36 in 1999, 72 in 2000, and 42 through October, 2001.

Marijuana

In 2000, 32 percent of Texas secondary students had ever tried marijuana and 14 percent had used it 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 youths in grades 7 and 8 (Exhibit 22).

In comparison, 37 percent of adults reported lifetime and 4 percent past-month marijuana use in 2000, as compared to 34 percent lifetime and 3 percent past month in 1996. Prevalence was much higher among younger adults. Thirteen percent of those aged 18-24 in 2000 reported past-month use, as compared to

Exhibit 22. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988-2000



6 percent of those aged 25-34 and 2 percent of those aged 35 and over. The increase in past-year use between 1996 and 2000 (6 percent to 7 percent) was statistically significant.

There were 285 intentional misuse or abuse cases due to marijuana reported to the Texas Poison Control Centers in 2000, and 192 through third quarter 2001. There were another 121 cases in 2000 and 92 cases in

2001 of misuse or abuse of marijuana where terms such as “formaldehyde,” “fry,” “amp,” or “PCP” were also mentioned.

Mentions of marijuana per 100,000 in emergency rooms in Dallas are increasing, but they have not reached the peak level of 1998 (Table 23), although the rate of mentions in 2000 was higher in Dallas than nationally (49.0 per 100,000 in Dallas and 39.0 per 100,000 nationally).

There were 1,225 mentions of marijuana in 2000. Twenty-three percent of the patients were 17 and under, 55 percent were 18-34, and 22 percent were 35 and older. Forty-seven percent were Anglo, 36 percent were African American, and 11 percent were Hispanic.

Marijuana was the primary problem for 10 percent of adult admissions to treatment programs in 2001 (Appendices 1

Exhibit 23. Dallas DAWN ER Mentions of Marijuana Per 100,000 Population by Age and Gender: 1989-2000

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total	23.8	15.6	11.1	14.8	15.7	20.0	23.2	23.1	37.9	61.9	47.6	49.0
Age 12-17	38.7	23.8	13.0	24.9	34.5	38.0	45.6	56.1	70.0	123.6	94.3	117.4
Age 18-25	69.5	44.5	30.9	40.6	46.1	54.2	69.4	58.1	118.4	170.4	140.6	127.8
Age 26-34	35.2	26.1	18.8	24.5	19.9	31.5	32.9	29.4	44.7	85.2	65.7	66.0
Age 35+	6.5	4.0	3.9	4.4	5.3	6.8	7.5	10.2	17.3	28.3	19.9	20.9
Male	32.7	21.6	14.8	20.0	20.1	24.7	32.7	33.3	51.7	84.8	64.0	65.2
Female	15.2	9.9	7.4	9.6	11.1	15.3	13.9	13.3	24.7	39.8	32.1	33.0

Exhibit 24. Arrestees Testing Positive for Marijuana: 1991-2000

MARIJUANA	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%	36%
Laredo Males	NR	NR	NR	NR	NR	NR	NR	39%	33%	29%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	36%	41%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	24%	27%	21%
Houston Females	8%	12%	15%	13%	20%	24%	17%	20%	23%	27%
Laredo Females	NR	NR	NR	NR	NR	NR	NR	13%	9%	17%
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	16%	NR

and 2). The average age of adult marijuana clients continues to increase: in 1985, the average age was 24; in 2001, it was 27.

The proportion of adolescents admitted for a primary problem with marijuana was 75 percent of all admissions in 2001 (Appendix 3), as compared to 35 percent in 1987. In 2001, 71 percent of these adolescents were Hispanic, 26 percent were Anglo, and 21 percent were African American (in 1987, 7 percent were African American).

The percentage of arrestees testing positive for marijuana remains high (Exhibit 24). In all four reporting cities, male arrestees under age 21 were the most likely to test positive for marijuana. In San Antonio, Anglo males were the most likely to test positive for marijuana, while in Dallas and Houston, African Americans were most likely.

Cannabis was identified in 35 to 36 percent of all the exhibits analyzed by DPS laboratories in

1999, 2000, and three quarters of 2001 (Exhibit 7).

Dallas DEA reports marijuana is readily available. Supplies of home-grown marijuana are expected to be more plentiful due to heavy rainfall. Marijuana is also reported readily available in the Houston District. In the El Paso area, commercial grade Mexican marijuana is the most common type. Indoor-grown sinsemilla sells for \$750-\$1,200 a pound in the Dallas-Fort Worth area. The average price for a pound of commercial grade marijuana was between \$180-

\$200 in Laredo, \$350-\$500 in Houston, \$500-\$700 north of the Border Patrol checkpoints in the Alpine area, and \$300-\$800 in the Dallas area. Exhibit 25 shows the range of prices across the state since 1992.

Street outreach workers in Austin report “dip,” a mixture of PCP, formaldehyde, and rocket fuel is being used to soak joints to produce an intense high.

Exhibit 26 plots the trends in lifetime use of marijuana as reported in the TCADA Texas secondary school surveys,

Exhibit 25. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by DEA: 1992-2001

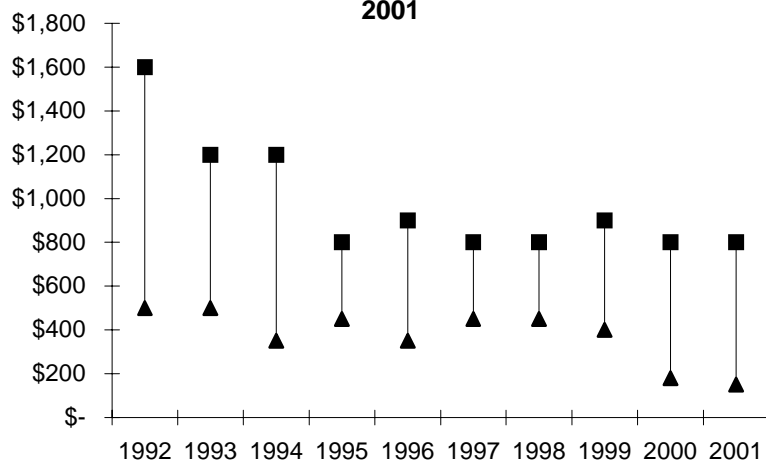
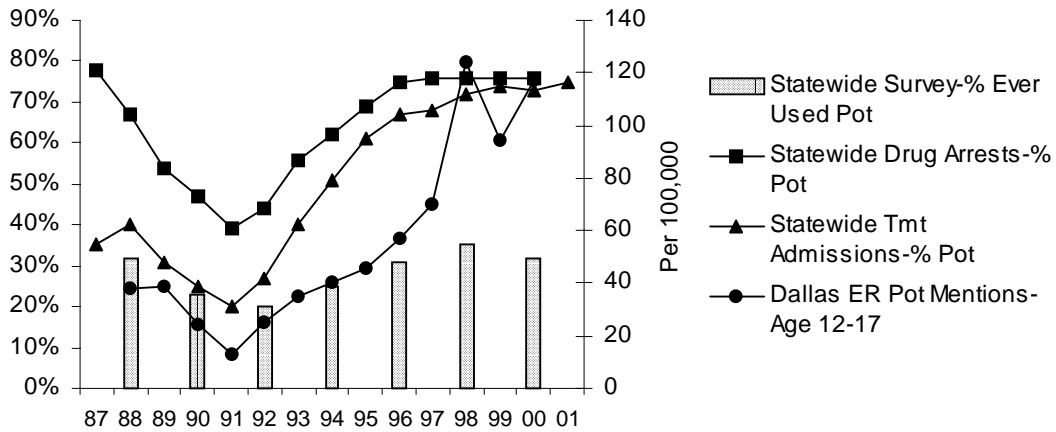


Exhibit 26. Adolescent Indicators of Marijuana Use: 1987-2001



adolescent admissions to treatment for a primary problem of marijuana, the proportion of adolescent drug arrests for marijuana, and adolescent emergency room mentions in Dallas. As this exhibit shows, all the indicators have risen since 1992, although there was a slight decline in lifetime use as reported in the statewide school surveys between 1998 and 2000.

Stimulants

Uppers include stimulants such as amphetamines, methamphetamines, speed, over-the-counter medicines containing ephedrine, and prescription drugs such as Ritalin (methylphenidate) when taken for non-medical reasons. Uppers were the third most frequently used illicit drug among

secondary students in Texas after marijuana and cocaine. Lifetime use of uppers was 7 percent in 2000, and current use was 3 percent.

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

In 2000, there were 207 cases of abuse or misuse of methamphetamines, methamphetamines, speed, etc., reported to Texas Poison Control Centers. In the first three quarters of 2001,

there have been 279 misuse or abuse cases. There were also 112 cases involving the intentional misuse or abuse of Ritalin in 2000 and 79 in the first three quarters of 2001. Average age of these cases in 2001 was 22.

The rate of mentions for amphetamines in the Dallas emergency rooms in 2000 was higher than the national rate (14.0 per 100,000 in Dallas v. 6.9 per 100,000 nationally), while the rate for methamphetamines was 5.4 per 100,000 in Dallas and 5.5 per 100,000 in the nation. Of the methamphetamine cases, 62 percent were male and 90 percent were Anglo; 59 percent were ages 18-34 and 36 percent were age 35 and older. The trends over time are shown in Exhibit 27. The number of

Exhibit 27. Dallas DAWN ER Mentions of Stimulants: 1994-2000

	1994	1995	1996	1997	1998	1999	2000
Methamphetamines	152	203	115	159	186	100	135
Amphetamines	92	133	120	263	336	307	351

mentions in 2000 for methamphetamine is below the peak in 1995, but the number of amphetamine mentions is at an all time high in 2000.

Methamphetamines and amphetamines comprise 7 percent of adult admissions in 2001 to date; this is an increase from 5 percent in 2000 (Appendices 1 and 2). The average client admitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 2001, it was 31. The proportion of Anglo clients has risen from 80 percent in 1985 to 92 percent in 2001, while the percent Hispanic has dropped from 11 percent to 5 percent and the percent African American has dropped from 9 percent to 2 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 (Exhibit 28).

Clients who have been in treatment before are more likely to inject methamphetamines or amphetamines (66 percent) than are first-time admissions (53 percent). In addition, readmissions are more likely to be female (54 percent) as compared to new admissions (50 percent).

There were 17 deaths where amphetamines or methamphetamines were mentioned in 1997, 20 in 1998, 21 in 1999, and 39 in 2000. Of the 2000 decedents, 51 percent were male; average age was 36.8; and 87 percent were Anglo, 8 percent were Hispanic,

and 5 percent were African American.

The proportion of arrestees testing positive for amphetamines in ADAM is low, as Exhibit 29 shows. In both Dallas and Houston, male arrestees who were 36 and older and who were Anglo were the most likely to test positive for methamphetamines.

Methamphetamine and amphetamine comprised between 12 and 15 percent of all items examined by DPS laboratories between 1998 and 2001 (Exhibit 7) and continues to increase. DPS labs in 1999 reported identifying 4,801 substances that were methamphetamine, as compared to 6,474 in 2000 and 3,203 through October, 2001. They also identified 890 amphet-

Exhibit 28. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: Jan-Oct 2001

	Smoke	Inject	Inhale	Oral	All
# Admissions	398	1,186	256	159	2,021
% of Stimulant Admits	20%	59%	13%	8%	100%
Lag-1st Use to Tmt-Yrs.	9	12	8	10	11
Average Age-Yrs.	29	31	29	33	31
% Male	47%	46%	54%	51%	48%
% African American	2%	2%	1%	6%	2%
% Anglo	90%	95%	89%	81%	92%
% Hispanic	700%	2%	6%	11%	5%
% CJ Involved	44%	52%	49%	47%	50%
% Employed	24%	18%	39%	13%	21%
% Homeless	12%	10%	5%	3%	9%
Average Income	\$6,335	\$4,191	\$5,955	\$5,779	\$4,967

Exhibit 29. Arrestees Testing Positive for Amphetamines: 1991-2000

	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%	1%
Laredo Males	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	0%	0%	0%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	4%	4%	3%
Houston Females	0%	0%	1%	0%	1%	1%	2%	0%	0%	2%
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%
San Antonio Females	2%	1%	2%	0%	3%	2%	4%	2%	2%	NR

amine items in 1999, as compared to 567 in 2000 and 322 to date in 2001.

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. 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.

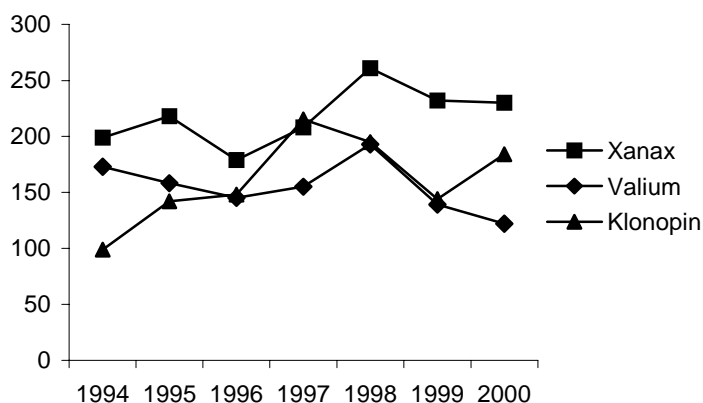
According to DEA, amphetamines and methamphetamines are at high availability at the retail level and Mexican methamphetamine is available in multi-pound quantities. Methamphetamine is primarily distributed and used in the rural areas. The

price for a pound of methamphetamine in the Houston area is \$6,000-\$8,000, and an ounce sells for \$500-\$800. In Laredo, a pound costs \$4,500. In the North Texas region, a pound of domestic methamphetamine sells for \$5,000-\$10,000, an ounce sells for \$400-\$1,000, and a gram costs \$70-\$100. A pound of Mexican methamphetamine sells for \$5,800-\$9,000.

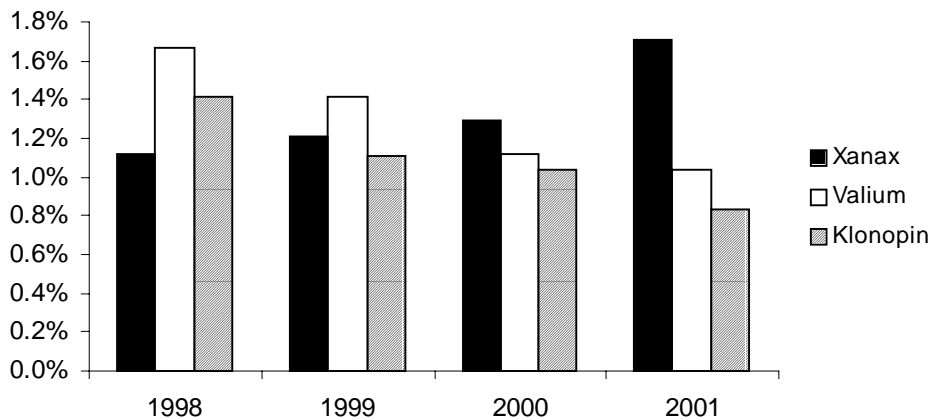
Depressants

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

Exhibit 30. Dallas DAWN ER Mentions of Selected Benzodiazepines in the Dallas Area: 1994-2000



**Exhibit 31. Percent of All Drugs Identified by DPS Labs:
1998-2001**



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

The 2000 adult survey reported lifetime use 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.

The number of mentions of alprazolam (Xanax) in the Dallas emergency rooms continues to rise, while the number of mentions for Valium are decreasing over time. The trend for Klonopin is less clear (Ex. 30).

One percent (402 clients) of the adults entering treatment in

2001 had a primary problem with barbiturates, sedatives, or tranquilizers. Average age was 34; 65 percent were female; 88 percent were Anglo, 6 percent were Hispanic, and 2 percent were African American. Thirty-seven percent were referred by the criminal justice system, 13 percent were employed, and average annual income was \$5,390.

Benzodiazepines are the depressant drugs most often identified in ADAM. Positive findings for the four Texas cities ranged from 3 to 8 percent in 2000. For barbiturates, positives ranged from 0 to 3 percent.

Alprazolam, clonazepam, and diazepam are among the 10 most commonly identified substances according to DPS lab reports, although none of them comprise more than 2 percent of all items examined in a year. In 2000, this

amounted to 600 items of Xanax, 524 Valium, and 486 Klonopin out of a total of 46,658 items analyzed by DPS labs. Notice that the proportion of Xanax exhibits is increasing, while the proportions of Valium and Klonopin exhibits are decreasing (Exhibit 31).

Both Houston and Dallas DEA report Xanax to be one of the most commonly abused diverted drugs. Xanax sells for \$3-\$10 per tablet.

Club Drugs and Hallucinogens

Ecstasy (MDMA)

The 2000 Texas Secondary School Survey reported that ecstasy use was unchanged from 1998. In 2000, 4.5 percent had ever used Ecstasy and 1.9 percent had used in the past month as compared to 4.5

Exhibit 32. Dallas DAWN ER Mentions: 1994-2000

	1994	1995	1996	1997	1998	1999	2000
GHB	11	37	60	72	160	156	169
Ketamine	2	1	4	3	0	3	10
LSD	107	133	84	77	93	105	64
MDMA	21	57	20	17	15	24	71
PCP	27	65	26	36	62	95	120
Rohypnol	1	14	...	13	7	5	4

percent lifetime and 1.4 percent past month use in 1998.

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

The number of ecstasy cases reported to the Poison Control Centers is increasing. In 1999, there were 35 cases; in 2000, there were 96 cases, and in three quarters of 2001, there have been 110. Average age was 21 years and 57 percent were male.

The rate of mentions of MDMA per 100,000 in Dallas emergency rooms in 2000 was 1.0; the national rate was 0.8. The number of mentions peaked in Dallas in 2000 (Exhibit 32).

Adult admissions for a primary, secondary, or tertiary problem with ecstasy increased from 45 in 1998 to 97 in 1999 to 141 in 2000 to 200 through October, 2001. Of the 2001 admissions, average age was 25; 78 percent were Anglo, 12 percent were African American and 6 percent were Hispanic; 65 percent were

male; 53 percent were referred by the criminal justice or legal system; and 17 percent were employed.

Among adolescents, there were 18 admissions in 1998, 17 admissions in 1999, 58 in 2000, and 75 through October, 2001, who had a primary, secondary, or tertiary problem with Ecstasy. Average age of the 2001 admissions was 15.9; 84 percent were male; 81 percent were referred from the juvenile justice system; 61 percent were Anglo and 20 percent were Hispanic.

In 1999, there were two deaths which involved MDMA in Texas. There was one death in 2001.

Exhibit 33 shows the proportion of substances which were club drugs, identified by DPS. The labs identified MDMA as the substance in 102 exhibits in 1999, 373 in 2000, and 259 through three quarters in 2001. MDA was identified in 31 exhibits in 1999, 20 in 2000, and 10 in 2001 to date.

According to the DEA, MDMA is becoming even more

available. Single dosage units of MDMA sell for \$10-\$40 in Dallas and \$25-\$30 in Houston, Galveston, and McAllen.

Benzyl-piperazine (BZP), a central nervous system stimulant, and N-(3-trifluoromethylpheno) piperazine (TFMPP), a hallucinogen, are being sold as ecstasy. In 2000, DPS labs identified one item as being BZP and in 2001, they identified eight items as BZP. The Austin Police Department laboratory identified three items in 2001 as BZP.

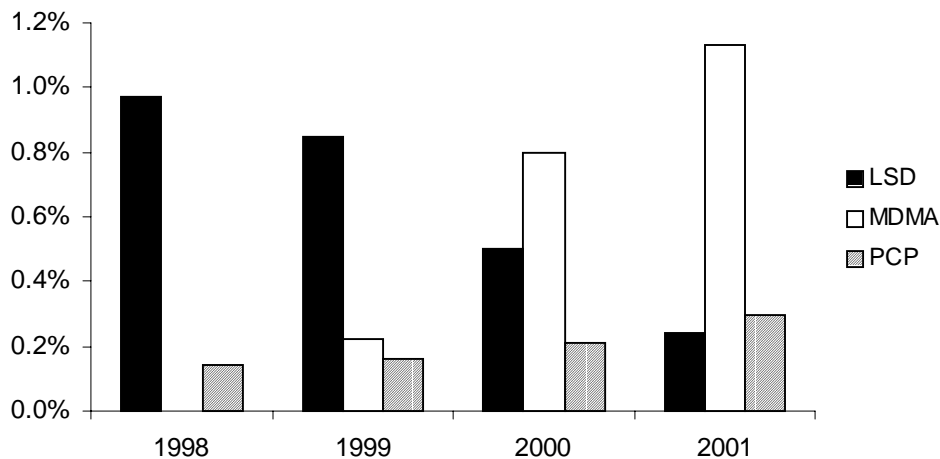
Tablets containing PCP and methamphetamine are also reported as being sold as ecstasy.

Gamma Hydroxybutyrate, Gamma Butyrate Lactone, 1-4 Butanediol

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

Texas Poison Control Centers reported 100 confirmed exposures to GHB, GBL, and 1,4 BD in 1998, as compared to 166 in

Exhibit 33. Club Drugs Identified by DPS Labs: 1998-2001



1999, 154 in 2000, and 108 through the third quarter of 2001. In 2001, the average age was 25 years and 62 percent were male. Sixty-three percent of the cases in 2001 were from the Dallas-Fort Worth metroplex.

Exhibit 32 shows the overall increases in the mentions of GHB in the emergency rooms in the Dallas area, with the peak in 2000. In 2000, the rate of mentions per 100,000 for GHB was 3.0; only San Francisco had a higher rate at 5.0 per 100,000.

Clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol are now being seen in treatment. In 1999, 17 adults were admitted, in 2000, 12 were, and in 2001 to date, 15 were. In 2001, average age was 27; 67 percent were female and 80 percent were

Anglo. Twenty percent were employed and 33 percent were involved with the criminal justice or legal system. No adolescents were admitted to treatment in 2001 for a problem with GHB.

In 1999, there were three deaths which involved GHB, and in 2000 there were five deaths. Eighty percent were Anglo and 80 percent were female. Average age was 29. Four of the deaths in 2000 were in the Dallas metro area, as were two of the deaths in 1999.

In 1999, 116 items were identified by DPS labs as being GHB or GBL; in 2000, 52 were, and in 2001 to date, 16 have been. Thirteen of the 16 items were identified in the DPS lab in the Dallas area, which shows, along with the overdose deaths and poison control center calls,

the prevalence of GHB in this area as compared to the rest of the state.

DEA reports GHB is becoming more available because of the ease of converting GBL into GHB. More labs are being seized in 2001. A dose of GHB costs \$5-\$10 in Houston and Lubbock and \$20 a dose in Dallas. A gallon costs \$500-\$900 in Dallas and \$725-\$1,000 in Houston.

Ketamine

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

Seven cases of misuse of Ketamine were reported to Texas Poison Control Centers in 1999, 28 were reported in 2000,

and 22 in three quarters of 2001. Average age was 21 and 71 percent were male.

In the Dallas emergency rooms in 2000, the rate of mentions of Ketamine per 100,000 was 0.2, above the national average of 0.0. There were 10 mentions in 2000 (Exhibit 32).

There were also two deaths in 1999 which involved use of Ketamine. Both were Anglo males. One was 19 and one was 38 years old. No deaths were reported in 2000.

In 1999, 25 substances were identified as Ketamine by DPS labs; in 2000, 41 were identified, and 32 were identified through third quarter 2001 as Ketamine.

The Houston DEA office reports Ketamine is widely available in clubs and at raves. In Brownsville, 10 milliliters of liquid Ketamine, which yields .95 grams of powder, sell for \$21.

LSD

The 2000 Secondary School Survey found that 5.4 percent had ever used hallucinogens (defined as LSD, PCP, etc.) 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.

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 77 mentions of LSD in 1998, 95 in 1999, 87 in 2000, and 57 in 2001. Average age in 2001 was 18.5 years. There were also 197 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 2000, as compared to 66 in three quarters of 2001. Average age in 2001 was 22 years.

There were 64 mentions of LSD in the Dallas DAWN emergency rooms in 2000; the peak was 133 in 1995 (Exhibit 32). The rate of mentions per 100,000 in Dallas in 2000 was 1.5, which was above the national average of 0.9.

In 2000, there were 316 adults with a primary, secondary, or tertiary problem with hallucinogens, and there were 253 through October, 2001. Average age of these individuals was 27; 63 percent were male; 62 percent were Anglo, 26 percent

were African American, and 10 percent were Hispanic. Twenty percent were employed and 54 percent were in the criminal or legal system. Twenty-five percent of these adult clients had a primary problem with a hallucinogen; another 25 percent had a primary problem with marijuana with a secondary problem with a hallucinogen.

There were 320 youths with a primary, secondary or tertiary problem with hallucinogens admitted to treatment in 2000 and 145 admitted through October, 2001. Average age was 15.8 years; 83 percent were males; 61 percent were Anglo, 30 percent were Hispanic, and 8 percent were African American. Eighty-three percent were involved in the juvenile justice system, and marijuana was the primary drug used, followed by hallucinogens.

There were two deaths in 1999 which involved LSD. Both were Anglo males and ages were 15 and 25. There were no LSD deaths reported in 2000.

In 1999, DPS labs identified 405 substances as LSD; in 2000, they identified 234 as LSD and 55 through October, 2001. Exhibit 33 shows that the percentage of exhibits which were

LSD has decreased over the last four years.

LSD is selling for \$0.60 to \$10 in Dallas, \$5-\$10 in Tyler, \$6-\$10 in Fort Worth, and \$7 in Lubbock. Two grams sells for \$160-\$180 a bottle in Houston.

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 in the past year.

There were 121 confirmed cases reported to the Texas Poison Control Centers in 2000 where terms such as “formaldehyde,” “fry,” “amp,” or “PCP” were mentioned; there have been 92 through third quarter 2001.

The rate of mention of PCP in the Dallas emergency rooms has risen to 4.8 per 100,000 in 2000, above the national rate of 2.2 per 100,000. As Exhibit 32 shows, there were 95 mentions in 1999 and 120 in 2000.

Adult admissions to treatment with a primary, secondary, or tertiary problem with PCP are increasing. In 1998, 102 were admitted, in 1999, 125 were, in 2000, 174 were, and in 2001 through October, 135 have been admitted. Of these clients in 2001, 84 percent were African American, 66 percent were male, average age was 23, 63 percent were involved in the criminal justice system, 24 percent were employed, 13 percent were homeless, and average income was \$2,586. While 56 percent reported a primary problem with PCP, another 28 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 that can contain PCP.

Among adolescent clients, there were 62 admissions for a primary, secondary, or tertiary problem with PCP in 1998, 118 in 1999, 76 in 2000, and 57 through October, 2001. Of the 2001

admissions, 86 percent were male; 49 percent were African American, 35 percent were Hispanic, and 14 percent were Anglo; average age was 15.9 years. Ninety-five percent had been referred to treatment or were involved in the juvenile justice system. Marijuana was the primary drug of abuse for 74 percent of the clients and PCP was the primary drug for 21 percent.

There were three deaths in 1999 and 3 in 2000 in Texas which involved PCP. In 2000, two of the decedents were male; all were African American. Ages ranged between 20 and 36.

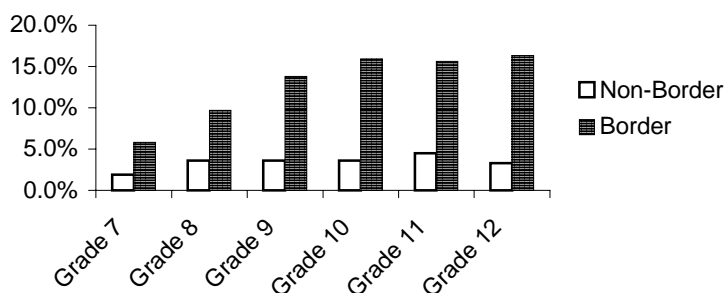
PCP use among ADAM arrestees was most likely to be reported among Dallas and Houston male arrestees (Exhibit 34). Those arrestees testing positive for PCP were more likely to be under age 21 and African American.

DPS labs identified 77 substances as PCP in 1999, 100 in 2000, and 68 through October,

Exhibit 34. Arrestees Testing Positive for PCP: 1991-2000

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

Exhibit 35. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Rohypnol, by Grade: 2000



2001. Exhibit 33 shows a slight annual increase in the proportion of all exhibits which were identified as PCP by DPS over the last four years.

DEA reports a significant increase in PCP use in the Dallas area. It is selling for \$500 per ounce and \$10 per dose in Dallas and \$26,000-\$28,000 per gallon in Fort Worth.

Rohypnol

Rohypnol use in Texas first began along the Texas-Mexico border and then spread northward. As shown in Exhibit 35, the 2000 Texas Secondary School Survey found that students from the border area were three to four times more likely to report Rohypnol use than those living elsewhere in the state (13 percent v. 3 percent lifetime, and 4 percent v. 1.4 percent current).

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 was 100 in 1998, 105 in 1999, 124 in 2000, and 76 in three quarters of 2001. Of the 2001 cases, average age was 17 and 55 percent involved females. Sixty-eight percent of the cases were reported in counties which bordered Mexico.

In 2000, the rate of mentions for Rohypnol in the Dallas emergency rooms was 0.1 per 100,000, which was identical to the national average. As Exhibit 32 shows, mentions of Rohypnol have dropped since 1995.

In 1998, 87 adults were admitted into treatment with a primary, secondary or tertiary problem with Rohypnol. In 1999, 130 were admitted; in 2000, 74 were admitted; and in 2001 to date, 55 have been admitted. Of the adult

clients in 2001, 76 percent were Hispanic and 16 percent were Anglo; 76 percent were male and average age was 27, which is much younger than most adult clients entering treatment (overall average age is nearly 35). Only 24 percent were employed, 67 percent were involved with the criminal justice or legal system, and average annual income at admission was \$4,160.

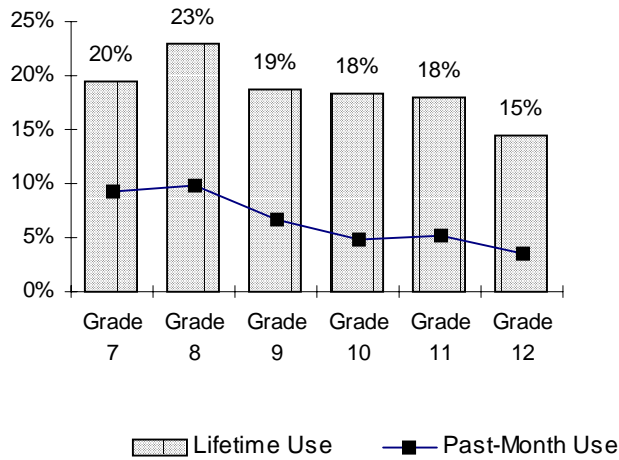
In 1998, there were 160 youths admitted to treatment with a primary, secondary, or tertiary problem with Rohypnol. In 1999, 234 were admitted, in 2000, 250 youths were admitted, and in 2001 to date, 262 youths have been admitted. Of the 2001 admissions, 71 percent were male, average age was 15.4, and 95 percent were Hispanic. Some 72 percent were involved in the juvenile justice system.

DPS lab exhibits for Rohypnol numbered 54 in 1999, 32 in 2000, and 18 to date in 2001.

Dextromethorphan

School personnel in Texas are reporting problems with the abuse of dextromethorphan (DXM), especially the use of Robitussin-DM, Tussin, and Coriciden Cough and Cold Tablets HBP. These substances can be purchased over the counter and if taken in large

Exhibit 36. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2000



quantities, can product hallucinogenic effects.

Poison control centers reported 433 confirmed exposures to Coriciden in 2000 and 188 through three quarters in 2001. Average age of the cases in 2001 was 15.7 years and 66 percent were male.

DPS labs examined 12 substances in 1999 which were dextromethorphan, 34 in 2000, and 6 through October, 2001.

percent of African-American students had ever used inhalants.

Inhalant use exhibits a peculiar age pattern not observed with any other substance. The prevalence of lifetime and past-month inhalant use was higher in the lower grades and lower in the upper grades (Exhibit 36). 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.

Texas Poison Control Centers in 2000 reported 29 cases of intentional misuse or abuse of freon; average age was 24 years. There were 10 cases of intentional misuse or abuse of lighter fluid, with an average age of 19, as well as 6 cases of misuse of whiteout with average age of 14. Products used with automobiles are also misused, with 77 cases of intentional

Inhalants

The characteristics of inhalant abusers vary by the source of the data. 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

Exhibit 37 . Dallas DAWN Mentions of Various Inhalants: 1994-2000

	1994	1995	1996	1997	1998	1999	2000
Volatile Agent	65	29	52	59	41	51	44
Embalming Fluid	0	1	1	0	4	8	10
Paint	7		3	1	3	13	8
Toluene Glue	28	4	17	19	10	5	13
Other Volatile Agents	30	24	31	39	24	25	13
Nitrites	0	0	0	0	0	0	1
Chloro-fluoro-hydrocarbons	1	8	0		3		1
General Anesthetics	0	1		0	1	0	

misuse or abuse of gasoline (average age of 24) and 31 cases of misuse of carburetor cleaner, starter or transmission fluid, etc. (average age of 25). There were 17 cases of intentional misuse of glue (average age 16) as well as 105 cases of intentional misuse or abuse of paint (average age 26) and 44 cases of intentional misuse or abuse of aerosols (average age 25).

Exhibit 37 shows a summary of the Dallas DAWN mentions for the major inhalant categories for 1994-2000. The embalming fluid mentions may well be related to the use of embalming fluid (with or without dissolved PCP) into which marijuana cigarettes are dipped.

Inhalant abusers comprised 1 percent of the admissions to

adolescent treatment programs in 2001 (Appendix 3). The youths entering treatment tended to be male (73 percent) and Hispanic (73 percent). The overrepresentation of Hispanic youths is due to the fact that TCADA has developed and funded programs which were targeted specifically to this group. Only 0.2 percent of adult admissions were for a primary problem with inhalants.

Texas death data also indicate inhalant use is a problem among adult Anglo males. Analysis of death certifications involving misuse or abuse of inhalants from 1988 to 1998 found that the mean age of decedents was 25.6 years and ages ranged from 8-62 years. Ninety-two percent were male, 81 percent were Anglo, and 17 percent were Hispanic. Thirty-five percent of the death

certificates mentioned Freon, 25 percent mentioned chlorinated hydrocarbons (e.g. fabric protector, liquid paper, or carburetor cleaner), and 17 percent mentioned alkyl benzenes (toluene or rubber cement).

In 2000, there were 12 deaths involving misuse of inhalants. Ninety percent were male, 83 percent were Anglo and average age was 27. Three deaths involved freon, three involved nitrous oxide, and three involved air freshener.

AIDS and Drug Use

The proportion of adult and adolescent AIDS cases related to injecting drug use has gone from 16 percent in 1987 to 26 percent through the end of June 2001. In 1987, 4 percent of the cases were injecting drug users

Exhibit 38. AIDS Cases in Texas by Route of Transmission: 1987-2Q 2001 (Cases with Route Not Reported Excluded)

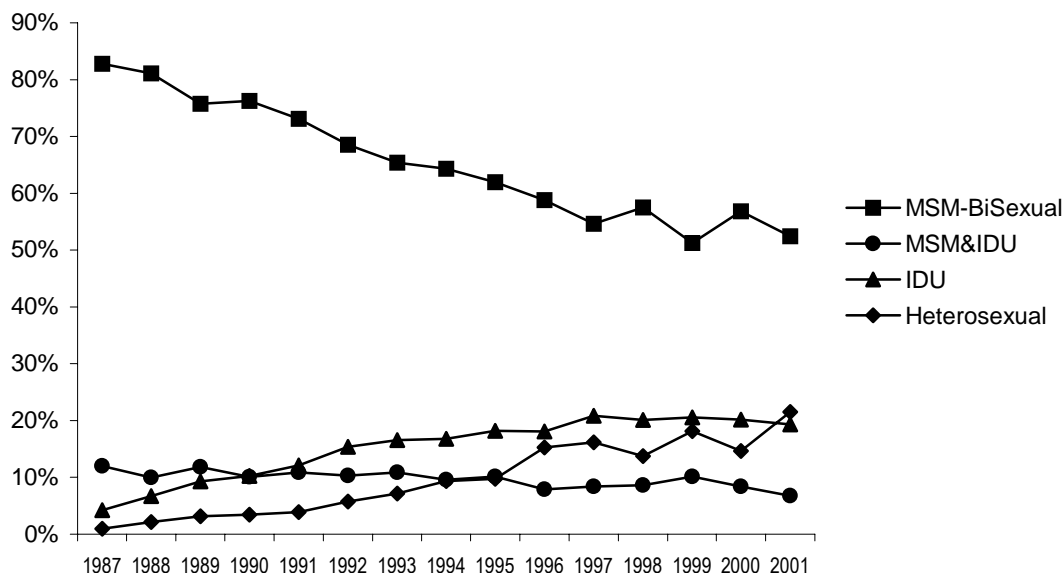
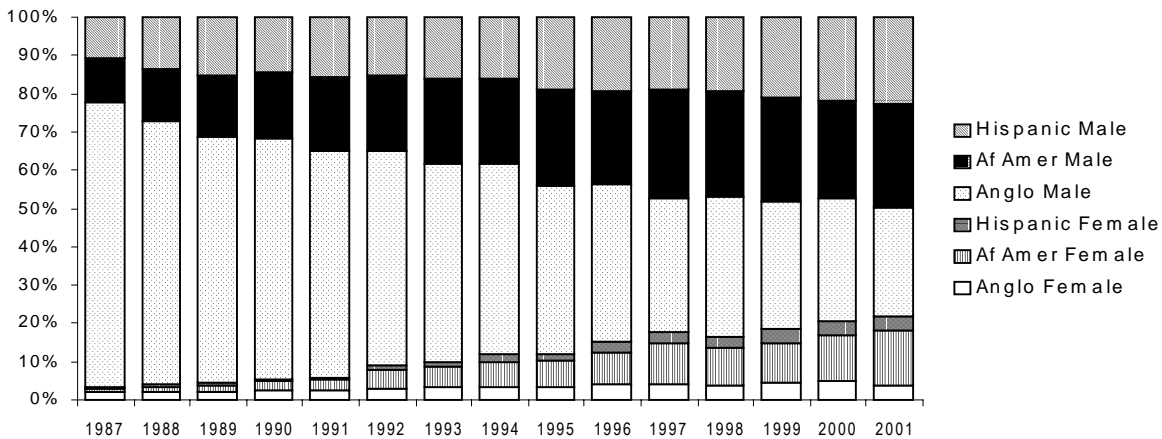


Exhibit 39. Male and Female AIDS Cases by Race/Ethnicity: 1987-2Q 2001



(IDUs), and 12 percent were exposed through male-to-male sex and IDUs. In 2001, of the cases where mode of exposure is known, 19 percent of the cases were IDUs, and 7 percent were male-to-male sex and also IDUs (Exhibit 38). The proportion of cases resulting from heterosexual contact has risen from 1 percent in 1987 to 22 percent in 2001.

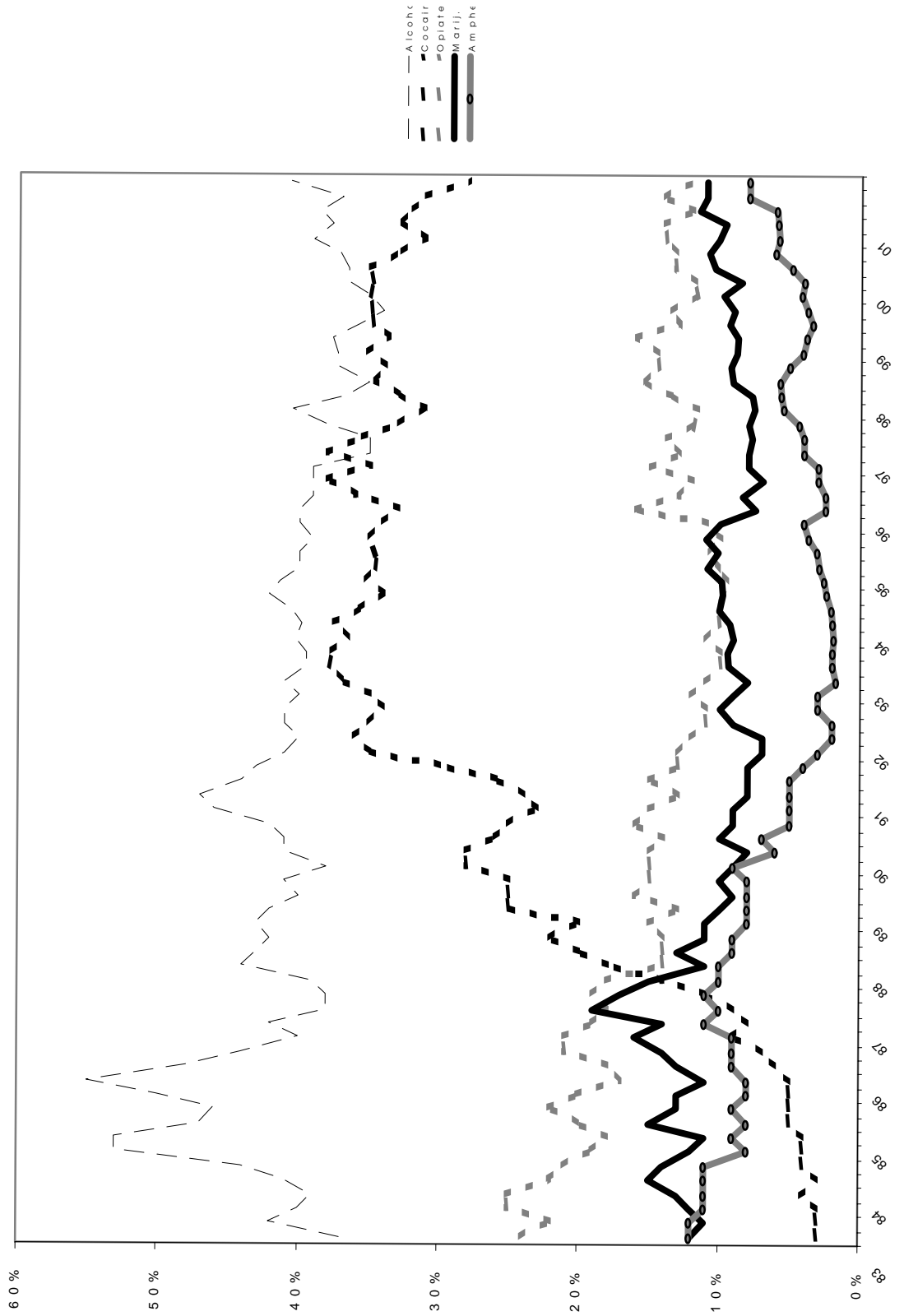
In 1987, 3 percent of the AIDS cases were females over age 12; in 2001, 22 percent were female. In 1987, 12 percent of the adult and adolescent cases were African American; in 2001, 41 percent were African American. As Exhibit 39 shows, the proportion of Anglo males has dropped while the proportions of African Americans has increased.

The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 23 percent for 2001. 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 (Exhibit 40).

Exhibit 40. Characteristics of Adult Needle Users Admitted to TCADA-Funded Treatment: Jan-Oct 2001

	Heroin	Cocaine	Stimulants
# Admissions	3,115	700	1,186
% of Needle Admits by Drug	62%	14%	24%
Lag-1st Use to Tmt-Yrs.	15	13	12
Average Age	36	34	31
% Male	69%	64%	46%
% African American	6%	5%	2%
% Anglo	36%	70%	95%
% Hispanic	47%	20%	2%
% CJ Involved	33%	44%	52%
% Employed	14%	18%	18%
% Homeless	14%	13%	10%
Average Income	\$3,807	\$6,342	\$4,191

Appendix 1. Percent of Adult Admissions to TCA DA-Funded Treatment Programs by Primary Drug of Abuse: January 1983-October 2001



Appendix 2. Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs: January 1, 2001-October 31, 2001

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 Married	Percent Male	Percent Using Needles	% with History of IV Drug Use
Total	29,334	100.0	34.8	20.4	15.0	40.0	19.2	62.6	22.7	38.8
Heroin	3,480	11.9	35.8	22.1	14.0	22.1	18.0	67.9	90.1	90.6
Alcohol	10,756	36.7	37.7	16.6	22.0	39.3	19.2	70.2	7.3	27.1
Amphetamines	2,021	6.9	30.6	20.4	11.0	49.7	19.9	47.9	59.7	71.4
Cocaine (Powder)	2,159	7.4	31.4	22.0	10.0	47.0	22.8	62.6	33.4	41.3
Marijuana/Hash	3,014	10.3	27.0	15.8	12.0	62.2	20.2	65.7	6.2	16.2
Inhalants	61	0.2	29.1	18.1	12.0	34.4	18.0	52.5	1.6	9.8
Ecstasy	43	0.1	21.8	18.7	4.0	53.5	7.0	44.2	2.3	11.6
Miscellaneous	1,727	5.9	34.6	26.4	9.0	38.8	22.4	43.8	14.8	40.4
Rohypnol	10	0.0	29.8	20.4	10.0	70.0	30.0	80.0	30.0	40.0
Crack Cocaine	6,063	20.7	35.6	26.1	10.0	34.8	17.3	54.8	6.1	29.2

Primary Drug	Percent Black	Percent White	Percent Hispanic	Percent Employed	Avg Months Employed Over Last 12	Pct Involved with CJ or Legal System	Average Education	Percent Homeless	Average Income At Adm
Total	20.6	54.0	21.5	23.0	4.8	43.9	11.4	13.2	\$5,672
Heroin	7.2	37.4	44.9	13.7	3.5	32.0	11.1	13.4	\$3,966
Alcohol	14.2	61.6	21.1	27.1	5.6	44.4	11.6	16.5	\$6,660
Amphetamines	1.8	91.6	4.7	21.2	4.4	49.6	11.4	9.2	\$4,967
Cocaine (Powder)	8.0	47.9	38.0	26.5	5.4	47.6	11.2	7.2	\$6,984
Marijuana/Hash	27.7	47.5	22.1	39.0	5.7	67.0	11.1	4.3	\$5,875
Inhalants	1.6	27.9	37.7	13.1	2.7	44.3	8.5	16.4	\$2,783
Ecstasy	18.6	67.4	0.0	16.3	3.7	51.2	10.8	2.3	\$2,099
Miscellaneous	10.8	78.9	7.4	16.6	4.2	35.5	11.8	8.2	\$5,261
Rohypnol	20.0	20.0	50.0	40.0	4.4	60.0	10.4	0.0	\$5,010
Crack Cocaine	49.8	36.3	12.3	14.1	4.0	37.6	11.5	16.4	\$4,716

Primary Drug	# of Women Pregnant at Admission	Percent on Medication	% with Emergency Room Visit	% w/Sickness and/or Health Problems	% with Employment Problems	% w/Family and/or Marital Problems	% with Social/Peer Problems	% with Psych/Emot Problems	% with Drug/Alcohol Problems
Total	509	27.1	37.6	32.8	54.9	54.1	40.5	60.7	66.9
Heroin	76	53.1	28.3	34.8	74.6	68.2	52.4	65.6	84.0
Alcohol	70	26.9	40.2	34.7	56.0	51.4	40.4	61.8	68.1
Amphetamines	44	22.9	39.9	31.4	59.2	66.3	48.9	72.1	72.9
Cocaine (Powder)	51	18.4	34.8	28.8	51.0	54.2	35.4	57.4	61.1
Marijuana/Hash	87	12.9	31.1	23.4	35.0	35.5	24.3	41.3	45.6
Inhalants	1	18.0	44.3	37.7	45.9	52.5	29.5	60.7	50.8
Ecstasy	0	9.3	39.5	14.0	55.8	74.4	67.4	67.4	67.4
Miscellaneous	22	39.0	53.6	45.3	56.9	59.1	46.1	72.3	76.0
Rohypnol	0	10.0	20.0	0.0	50.0	30.0	10.0	70.0	40.0
Crack Cocaine	158	21.3	37.2	31.4	51.0	54.4	39.2	59.4	63.4

Appendix 3. Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs: January 1, 2001 through October 31, 2001

Primary Drug	Total Admissions	Percent Of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	% With No Prior Treatment	Percent Using Needles	Percent with History of IV Drug Use	Percent Male
Total	3,639	100.0	15.5	13.0	3.0	66.9	2.3	5.5	79.7
Heroin	69	1.9	15.9	14.4	2.0	29.0	73.9	72.5	78.3
Alcohol	272	7.5	15.6	12.9	4.0	68.0	0.4	2.9	71.7
Amphetamines	53	1.5	15.7	13.9	2.0	66.0	15.1	26.4	49.1
Cocaine (Powder)	216	5.9	15.8	14.2	2.0	59.3	5.6	12.0	63.4
Marijuana/Hash	2,713	74.6	15.5	12.7	3.0	69.6	0.3	2.8	83.1
Inhalants	41	1.1	15.5	13.8	2.0	51.2	0.0	7.3	73.2
Ecstasy	13	0.4	15.7	14.8	2.0	61.5	0.0	0.0	92.3
Steroids	2	0.1	15.5	14.5	2.0	100.0	0.0	0.0	100.0
Rohypnol	73	2.0	15.1	13.9	2.0	58.9	1.4	4.1	69.9
Crack Cocaine	86	2.1	16.1	14.3	2.0	62.8	2.3	9.3	72.3
Miscellaneous	101	2.8	15.7	14.0	2.0	51.5	0.0	10.9	72.3

Primary Drug	Percent Black	Percent White	Percent Hispanic	Pct Involved CJ or Legal System	Pct w/History of Gang Involvement	Pct Use Tobacco Daily	Average Education	Percent Homeless	Percent Live With Parents	Pct have Supportive Adult
Total	17.7	26.7	54.1	82.1	24.3	46.4	8.3	0.9	73.8	94.6
Heroin	0.0	5.8	94.2	58.0	33.3	60.9	8.4	2.9	78.3	92.8
Alcohol	7.7	29.0	62.1	75.4	23.2	47.1	8.5	0.4	72.8	94.9
Amphetamines	0.0	90.6	5.7	69.8	7.5	67.9	8.3	0.0	54.7	94.3
Cocaine (Powder)	0.0	22.7	75.5	69.0	24.1	51.9	8.7	0.0	77.3	96.8
Marijuana/Hash	21.4	26.2	71.1	85.3	24.3	45.4	8.3	0.8	73.6	94.5
Inhalants	7.3	17.1	73.2	78.0	34.1	48.8	8.2	0.0	78.0	100.0
Ecstasy	15.4	69.2	7.7	76.9	0.0	38.5	8.8	0.0	76.9	100.0
Steroids	0.0	50.0	50.0	50.0	0.0	100.0	8.0	0.0	50.0	100.0
Rohypnol	0.0	1.4	95.9	76.7	24.7	23.3	8.0	0.0	93.2	98.6
Crack Cocaine	7.0	25.6	66.3	74.4	19.8	57.0	8.1	4.7	67.4	89.5
Miscellaneous	30.7	40.6	25.7	79.2	33.7	44.6	8.3	1.0	73.3	90.1

	% w/a Parent Who Abuses Substances	% w/Sickness and/or Health Problems	Pct w/ Employment Problems	Pct w/ Family Problems	Pct w/ Social/Peer Problems	Pct w/ Psych/Emot Problems	% Reporting Drug/Alcohol Problems	# of Clients Pregnant at Admission	# of Clients Who Have Children
Total	25.0	16.7	34.5	35.4	21.4	26.2	25.4	15	206
Heroin	30.4	23.2	62.3	69.6	55.1	43.5	47.8	0	10
Alcohol	31.3	18.0	32.7	39.0	23.9	29.4	31.6	0	9
Amphetamines	47.2	26.4	35.8	47.2	26.4	49.1	45.3	0	3
Cocaine (Powder)	18.1	17.6	45.8	51.4	33.3	38.9	35.6	1	17
Marijuana/Hash	24.6	16.1	32.8	31.4	18.8	23.4	23.0	11	149
Inhalants	24.4	17.1	36.6	41.5	31.7	31.7	26.8	0	0
Ecstasy	30.8	0.0	7.7	15.4	0.0	7.7	7.7	0	1
Steroids	50.0	0.0	50.0	50.0	50.0	50.0	0.0	0	0
Rohypnol	24.7	16.4	60.3	76.7	34.2	27.4	31.5	1	1
Crack	16.3	14.0	27.9	40.7	24.4	40.7	17.4	0	9
Miscellaneous	25.7	20.8	29.7	33.7	21.8	29.7	31.7	2	7

