

Substance Abuse Trends in Texas: December 2002



**The Gulf Coast Addiction Technology Transfer Center
The Center for Social Work Research, School of Social Work
The University of Texas at Austin
1717 West 6th Street, Suite 335
Austin, Texas 78703**

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Published in cooperation with the Texas Commission on Alcohol and Drug Abuse (TCADA).

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The University of Texas at Austin
1717 West 6th Street, Suite 335
Austin, Texas 78703

Web site: <http://www.utattc.net>

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Jane Carlisle Maxwell, Ph.D.

Center for Excellence in Drug Epidemiology
Gulf Coast Addiction Technology Transfer Center
The Center for Social Work Research
The University of Texas at Austin
Austin, Texas

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 48 percent as African-American crack admissions decline. Powder cocaine inhalers tend to be Hispanic and injectors are Anglo. The rate of emergency room mentions of cocaine in Dallas has declined. 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 between 2000 and 2002 was stable.

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 declined. Mexican heroin is more available and purer, with several recent samples at 60-70 percent. There are reports of efforts to begin marketing South American heroin in the Dallas area.

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 have declined. The 2002 school survey found use for grades 7 and 8 continues to decline, but use among older grades has increased since 2000.

Methamphetamine and amphetamine are widely available and are a problem, particularly in the northern part of the state.

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

Club drug use continues to spread, with those who began using them several years ago now appearing in treatment. Ecstasy cases reported to emergency rooms, and treatment admissions continue to rise and the 2002 secondary survey showed lifetime use rose from 4.5 percent in 2000 to 8.6 percent in 2002. 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. 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 poison control centers, emergency rooms, and treatment. DXM continues to be a problem with adolescents.

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 2001 is 21,175,281, with 52 percent Anglo, 11 percent African American, 32 percent Hispanic, and 3 percent "Other". Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as 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 2002 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/subabussetrends.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 2002 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 December 31, 2002; 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—Statewide data on drug overdose deaths through 2001 came from death certificates from the Bureau of Vital Statistics of the Texas Department of Health. Data on the Dallas and San Antonio metropolitan areas came from Mortality Data from the Drug Abuse Warning Network, 2000, published by the Substance Abuse and Mental Health Services Administration.
- Emergency room mentions—Mentions of drugs in the Dallas area emergency rooms through 2001 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 the third quarter of 2002 for Laredo and San Antonio. The data are provisional.

- Student substance use—Data came from TCADA’s *Texas School Survey of Substance Abuse: Grades 7-12 2002* and *Texas School Survey of Substance Abuse: Grades 4-6 2002*.

- Adult substance use—Data came from TCADA’s *2000 Texas Survey of Substance Use Among Adults*.

- Poison Control Center data—The Texas Department of Health provided data from the Texas centers for 1998, 1999, 2000, 2001, and three quarters of 2002.

- 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 August, 2002.

- Acquired Immunodeficiency Syndrome (AIDS) data—The Texas Department of Health provided annual and year-to-date AIDS data for the period ending September 30, 2002.

- Street outreach reports—Drug trends for June-August 2002 were reported to TCADA by HIV street outreach workers.

Exhibit 1. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Powder Cocaine and Crack, by Grade: 2002

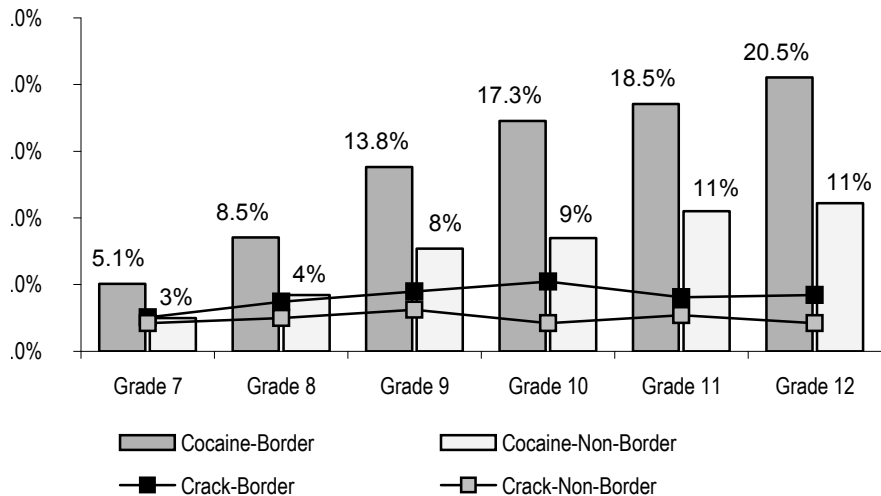


Exhibit 2. Dallas DAWN Mentions of Cocaine Per 100,000 Population by Age and Gender: 1989-2001

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
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	57.1
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	23.2
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	67.9
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	109.7
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	56.2
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	73.8
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	39.6

Drug Abuse Trends

Cocaine and Crack

The TCADA *Texas School Survey of Substance Abuse: Grades 7-12 2002* found that 7.2 percent of students in non-border counties had ever used powder cocaine and 2.5 had used cocaine in the past month. In comparison, students in schools on the Texas border reported higher levels of powder cocaine use: 13.3 percent lifetime and 6.0 percent past month use. Use of crack was lower, with non-border students reporting 2.7 percent lifetime and 0.6 percent past month use; border students reported 4.0 percent lifetime and 1.5 percent past month use (Exhibit 1).

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, 1,111 in 2001, and 1,049 in the first three quarters of 2002.

Exhibit 2 shows that the rate of cocaine emergency room mentions per 100,000 population in the Dallas DAWN data is continuing to decrease from the peak period in 1998. The decreases in rates between 2000 and 2001 were statistically significant for both genders and for all age groups except those under age 18.

Cocaine (crack and powder) comprised 29 percent of all adult admissions to TCADA-funded treatment programs in 2002. Crack cocaine is the primary 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 21 percent in 2002.

Abusers of powder cocaine comprise 8 percent of all admissions to treatment. Cocaine inhalers are the youngest and most likely to be Hispanic and involved in the criminal justice or legal system. Cocaine injectors are older than inhalers but younger than crack smokers and are more likely to be Anglo (Exhibit 3).

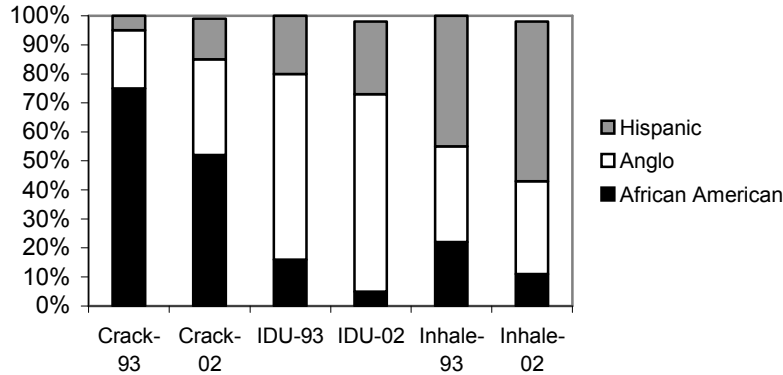
The term "lag" refers to the period from first consistent or regular use of a drug to date of admission to treatment. Powder cocaine inhalers average 9 years between first regular use and entrance to treatment, while

Exhibit 3. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 2002

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	9,073	1,062	2,075	12,666
% of Cocaine Admits	72%	8%	16%	100%
Lag-1st Use to Tmt-Yrs.	11	13	9	11
Average Age	37	34	31	35
% Male	56%	66%	62%	58%
% African American	51%	5%	11%	39%
% Anglo	33%	68%	32%	36%
% Hispanic	14%	25%	55%	24%
% CJ Involved	35%	40%	51%	39%
% Employed	14%	16%	29%	18%
% Homeless	19%	15%	6%	16%

*Total includes clients with "other" routes of administration

Exhibit 4. Routes of Administration of Cocaine by Race/Ethnicity of Treatment Admissions: 1993-2002



injectors average 13 years of use before they enter treatment.

Between 1987 and 2002, the percentage of treatment admissions using powder cocaine who are Hispanic has increased from 23 percent to 45 percent, while for Anglos, the percent has dropped from 48 percent to 44 percent, and for African Americans, from 28 percent to 10 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 51 percent in 2002, while the proportion of Anglos increased from 20 percent in 1993 to 33 percent in 2002, and the percentage of Hispanic admissions has gone from 5 percent to 14 percent in the same time period.

Powder cocaine was the primary drug of abuse for 6 percent of youths entering treatment during 2002. Crack cocaine accounted for 1 percent of all youth admissions. Of the powder cocaine admissions, 73 percent were Hispanic and 21 percent were Anglo. Of the crack cocaine admissions, 55

percent were Hispanic and 35 percent were Anglo.

The number of deaths in which cocaine was mentioned increased to a high of 491 in 2001 (Exhibit 5). The average age of the decedents continues to increase to 38.7 years in 2001. Of these persons, 42 percent were Anglo, 28 percent were Hispanic, and 28 percent were African

American. Seventy-six percent were male.

The DAWN medical examiner system reported that the number of deaths in the Dallas area involving a mention of cocaine increased from 134 in 1996 to 157 in 2000, while in San Antonio, the number of deaths with a mention of cocaine increased from 63 in 1996 to 126 in 2000.

The proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s. The high percentage of male and female arrestees in Laredo testing positive for cocaine shows the extent of the cocaine problem on the border (Exhibit 6).

Exhibit 7 shows the proportion of substances identified by the DPS labs which were cocaine. In 2002, cocaine comprised 35 percent of all items examined by the labs.

In the second half of 2002, powder cocaine was reported by DEA as

Exhibit 5: Age & Race/Ethnicity of Persons Dying with a Mention of Cocaine: 1992-2001

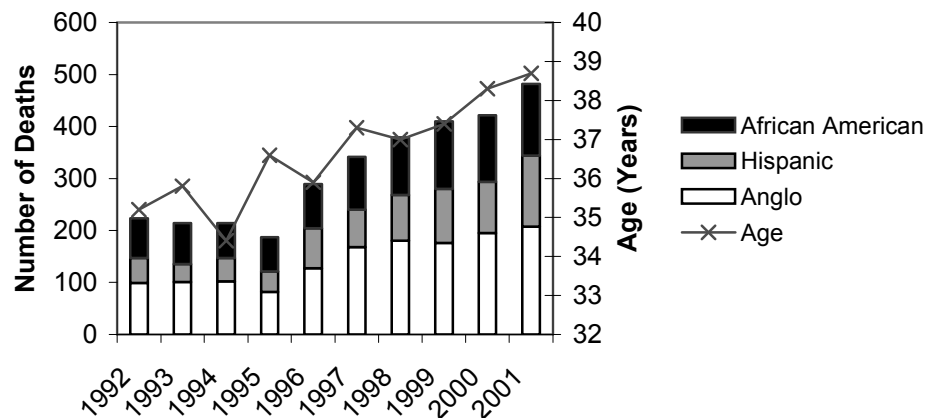


Exhibit 6. Arrestees Testing Positive for Cocaine: 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%	34%	28%	30%	NR
Houston Males	56%	41%	41%	28%	40%	39%	39%	36%	36%	32%	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	37%	42%	45%	35%	38%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	27%	23%	20%	30%	33%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%	40%	24%	NR	NR
Houston Females	51%	44%	43%	36%	32%	34%	29%	37%	23%	32%	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	33%	21%	22%	27%	NR
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	20%	19%	NR	NR	NR

being abundant, especially at the retail level in ounce and gram quantities. Intelligence suggests that kilogram quantities of cocaine are available and the major trafficking organizations in Houston, El Paso, and Laredo have multiple sources of supply from Mexico. Intelligence also indicates that drug trafficking organizations on the East Coast are interested in obtaining supplies of cocaine through Dallas, where prices are lower than on the East Coast.

DEA reports crack cocaine is readily available. Normally powder cocaine is

transported to Dallas and then cooked locally for sale. However, since the penalties for crack are more severe, some are opting not to convert powder to crack. Crack is the most common illicit drug in the Tyler area and runners from Northeast Texas travel to Dallas and Houston to obtain pound and kilogram amounts of crack for sale.

A rock of crack costs between \$10-\$100, with \$10 being the most common price. An ounce of crack cocaine costs \$375-\$900 in Houston, \$500-\$800 in Dallas, \$550-\$750 in

Tyler, \$500-\$800 in Beaumont, \$650-\$850 in Amarillo and Lubbock, \$400-\$650 in San Antonio, \$830 in El Paso, \$600-\$850 in McAllen, and \$700-\$750 in Fort Worth.

Depending on location in the state, a gram of powder cocaine sells for \$40-\$100. A gram in Dallas costs \$50-\$100, \$50-\$60 in El Paso, \$70-\$90 in Midland, \$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-\$500; in Houston, \$450-\$800; \$500-\$1,200 in Dallas; \$600 in

Exhibit 7. Substances Identified by DPS Labs: 1998-August, 2002

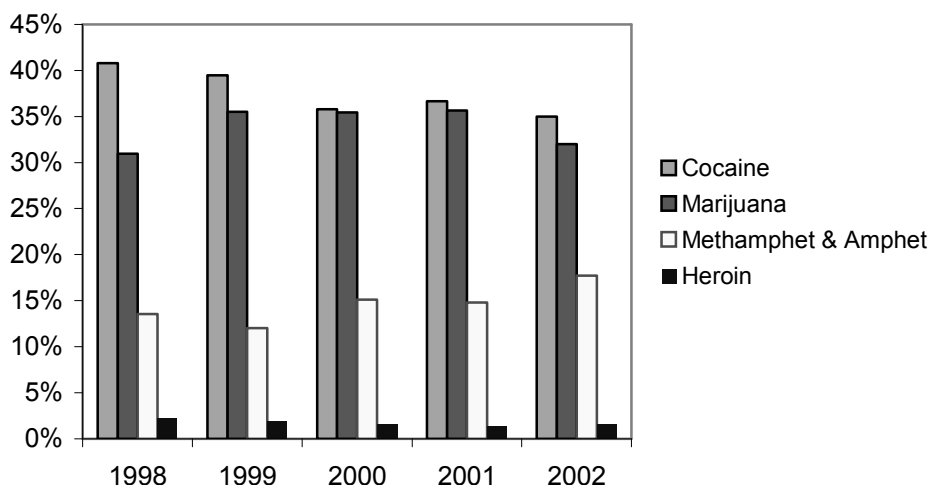
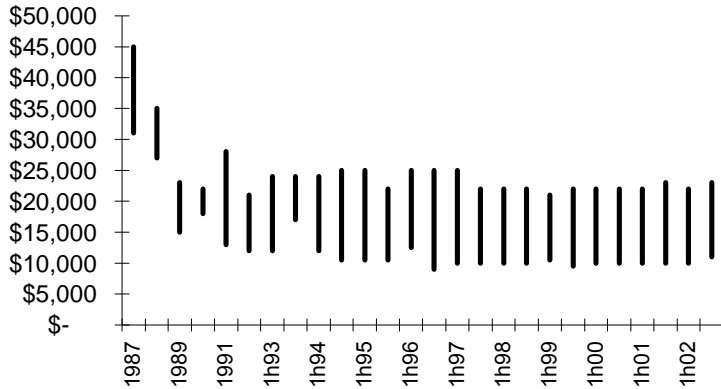


Exhibit 8. Price of a Kilogram of Cocaine in Texas as Reported by DEA: 1987-2002



Alpine; \$600-\$800 in McAllen; \$400-\$600 in San Antonio; \$650-\$850 in Amarillo and Lubbock; \$700-\$1,000 in Tyler; and \$750 in Fort Worth. A kilogram sells for \$11,000-\$23,000 (Exhibit 8).

In Austin, according to street outreach workers, crack cocaine is plentiful but the quality is poor. The prices on the street range from \$5 to \$20; three \$20 rocks can be purchased for \$40. Crack users who want to inject crack are now using citric acid, rather than lemon juice, since it is less harmful to the veins. In El Paso, the number of crack users is reported increasing, particularly among the older adolescent and young adult populations on the west side of the city.

Alcohol

Alcohol is the primary drug of abuse in Texas. The 1998 secondary school survey found that 72 percent had ever drunk alcohol and 38 percent had drunk in the last month; in 2000, 71 percent had ever drunk alcohol and 36 percent used it in the past month; in 2002, 71 percent had ever used alcohol and 35 percent in the last month.

Among students in grades 4-6 in 2002, 25 percent had ever drunk alcohol and 16 percent had drunk in the past school 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.

The number of mentions per 100,000 population of alcohol in combination with other drugs in Dallas emergency rooms peaked in 1998 (Exhibit 9).

In 2002, 35 percent of adult clients admitted to publicly-funded programs had a primary problem with alcohol. They were the oldest of the clients (average age of 38); 57 percent were Anglo, 23 percent were Hispanic, and 18 percent were African American; 71 percent were male.

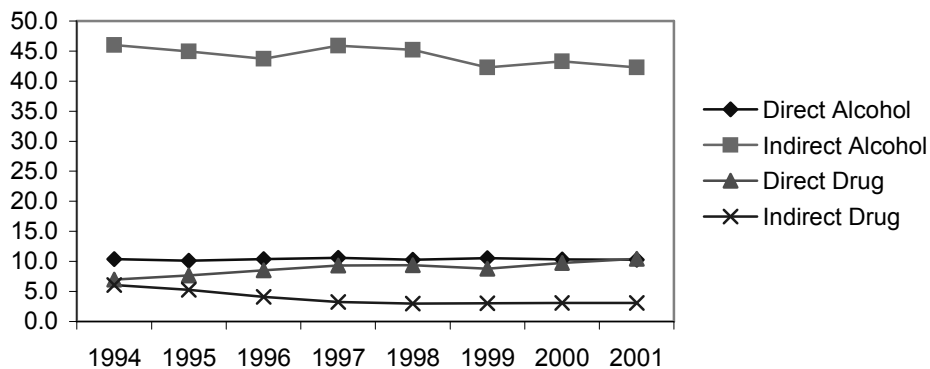
Among adolescents, alcohol comprised 9 percent of all treatment admissions. Some 65 percent were male; 64 percent were Hispanic, 28 percent were Anglo, and 6 percent were African American. Eighty percent were involved with the juvenile justice or legal systems.

Far more persons die as an indirect result of alcohol, as Exhibit 10 shows. Direct deaths are those where the substance, alcohol or drugs, caused the death, while indirect deaths are

Exhibit 9. Dallas DAWN Mentions of Alcohol-in-Combination with Other Drugs Per 100,000 Population by Age and Gender: 1992-2001

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	50.4	60.6	57.9	57.6	57.9	65.7	83.0	68.0	74.8	57.6

Exhibit 10. Direct and Indirect Alcohol and Drug Deaths Per 100,000 Population: 1994-2001



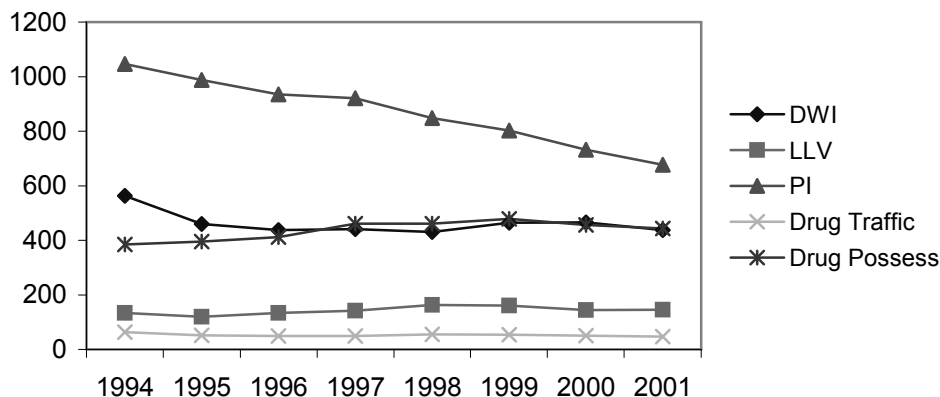
those where the actual cause of death was due to another reason, such as a car wreck or a violent crime, but alcohol or drugs were involved.

More Texans are arrested for public intoxication (PI) than for any other substance abuse offense, although the arrest rate for PI per 100,000 is decreasing; the rates for the other substance abuse offenses are fairly level (Exhibit 11).

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 to 1.7 percent in 2002, and past month use dropped from 0.7 percent in 1998 to 0.5 percent in 2000 and 2002.

Exhibit 11. Substance Abuse Arrests Per 100,000 Population: 1994-2001



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 have risen from 168 in 1998 to 231 in 1999 to 265 in 2000 to 241 in 2001 to 184 during the first three quarters of 2002.

The rate of Dallas emergency room mentions of heroin per 100,000 population has dropped since the peaks in 1997 and 1998 (Exhibit 12).

Exhibit 12. Dallas DAWN ER Mentions of Heroin Per 100,000 Population by Age and Gender: 1989-2001

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
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	14.3
Age 12-17	-	-	-	1.0	2.0	2.7	-	9.9	-	6.8	7.1	5.8	5.2
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	23.0
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	20.3
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	14.4
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	19.3
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	9.0

Exhibit 13. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 2002

	Inject	Inhale	All*
# Admissions	4,645	313	5,149
% of Heroin Admits	90%	6%	100%
Lag-1st Use to Tmt-Yrs.	15	10	15
Average Age	37	32	36
% Male	71%	67%	70%
% African American	6%	47%	9%
% Anglo	36%	20%	36%
% Hispanic	56%	31%	54%
% CJ Involved	33%	36%	33%
% Employed	12%	17%	13%
% Homeless	14%	11%	14%

*Total includes clients with other routes of administration

Heroin ranks third after alcohol and cocaine as the primary drug for which adult clients are admitted to treatment. It comprised 12 percent of admissions in 2002 as compared to 9 percent in 1993. The characteristics of these addicts vary depending on the route of administration, as Exhibit 13 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 10 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.

Exhibit 14 shows that over time, African Americans have been much less likely to be admitted to treatment for heroin abuse.

Only 1.4 percent of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of heroin. Of these youths, 92 percent were Hispanic.

The number of deaths with a mention of heroin or narcotics statewide decreased from a high of 374 in 1998 to 339 in 2001 (Exhibit 15). Of the 2001 decedents, 54 percent were Anglo, 36 percent were Hispanic, and 8 percent were African American; 81 percent were male and average age was 39.1 years.

The DAWN ME reporting system, which collects more detailed reports from medical examiners in the Dallas and San Antonio areas, reported that the number of deaths involving a mention of heroin or morphine in the Dallas area increased from 66 in 1996

Exhibit 14. Heroin Admissions to Treatment by Race/Ethnicity: 1986-2002

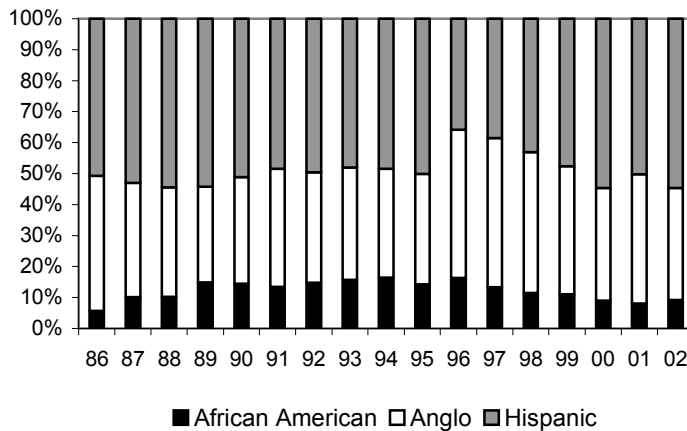


Exhibit 15: Age & Race/Ethnicity of Persons Dying with a Mention of Heroin: 1992-2001

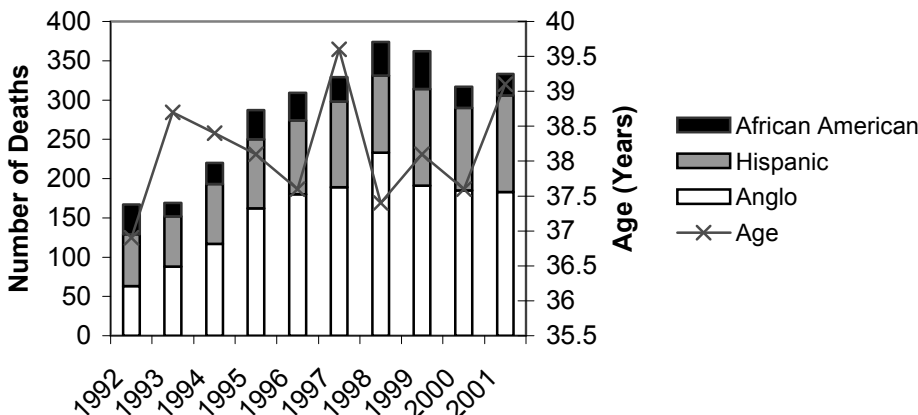


Exhibit 16. Arrestees Testing Positive for Opiates: 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Dallas Males	4%	4%	5%	3%	5%	5%	4%	2%	5%	3%	5%	NR
Houston Males	3%	3%	2%	3%	5%	8%	10%	8%	6%	7%	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	11%	11%	10%	11%	7%
San Antonio Males	15%	14%	14%	13%	10%	10%	10%	10%	10%	10%	9%	11%
Dallas Females	9%	9%	11%	8%	5%	10%	4%	5%	7%	5%	NR	NR
Houston Females	4%	4%	5%	6%	3%	4%	5%	7%	7%	3%	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	2%	7%	10%	NR
San Antonio Females	20%	13%	15%	14%	13%	13%	9%	9%	10%	NR	NR	NR

to 94 in 2000, while in the San Antonio area, the number of deaths mentioning heroin/morphine increased from 51 in 1996 to 90 in 2000.

The results for arrestees testing positive for opiates between 1991 and 2001 have remained mixed, except for the increase by Laredo females (Exhibit 16).

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

According to DEA, heroin is more available and heroin from Mexico is increasing in purity. The decline in availability in 2000 was due to a drought in Mexico in 1999-2000. Heroin is reported as readily available in El Paso. In the Houston Division, the availability and purity fluctuates from stable to increasing, even though the division experienced an unprecedented number of high volume heroin seizures, which reflects increasing availability and purity along the border. While purity in Houston was lower in 2000 and 2001, the purity for the first half of 2002 averaged 28 percent. Large seizures are being made. A seizure of 33.5 kilograms of Mexican heroin at a purity of 70 percent was made in

April, 2002 near San Antonio. In Laredo, a free sample of white heroin at 95 percent pure was obtained in the summer of 2002. In mid-August 2002, four individuals died from heroin overdoses in Laredo and another 25 non-fatal overdoses have been reported. Street-level samples obtained in Laredo during this period showed purities of 60 percent, 63 percent, and 67.7 percent. In the Dallas Field Division, purity for 2002 averaged 30 percent, with a range from 4.6 to 67 percent. In the Houston Field Division, average purity was 28 percent.

At the same time, DEA intelligence indicates that South American heroin is more available in the Dallas area and that this heroin is intended not only for distribution and

transshipment but also for consumption by local users. Heroin traffickers are reported interested in expanding operations in and around Dallas for greater distribution of heroin in the Metroplex. In addition, reports have been received of white heroin now being produced in Mexico.

The predominant form of heroin in Texas is black tar, which has a dark gummy, oily texture. In the Austin area, a hit is referred to as a "balloon." The piece of black tar is placed in a small piece of plastic and then placed in a small balloon. The cost of an ounce of black tar heroin has decreased (Exhibit 17). Depending on the location, black tar heroin sells on the street for \$10-\$20 a capsule, \$50-\$350 per gram, \$500-\$4,500 per

Exhibit 17: Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by the DEA: 1987-2001

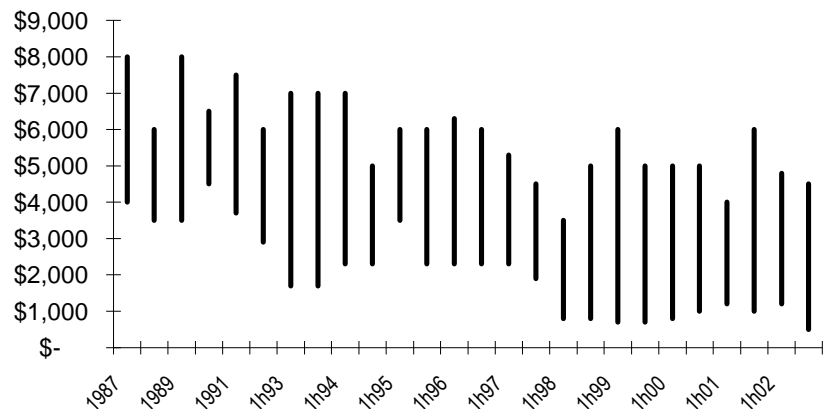


Exhibit 18. Price and Purity of Heroin Purchased in Dallas, El Paso, and Houston by DEA: 1995-2001

	1995	1996	1997	1998	1999	2000	2001
Dallas Purity	6.8%	3.5%	7.0%	11.8%	14.0%	16.0%	13.4%
Price/Milligram Pure	\$2.34	\$6.66	\$4.16	\$1.06	\$1.01	\$0.69	\$1.36
Houston Purity	16.0%	26.1%	16.3%	34.8%	17.4%	18.2%	11.3%
Price/Milligram Pure	\$1.36	\$2.15	\$2.20	\$2.43	\$1.24	\$1.14	\$1.51
El Paso Purity*					56.7%	50.8%	41.8%
Price/Milligram Pure					\$0.49	\$0.34	\$0.44

*El Paso began reporting in mid-1999

ounce, and \$35,000-\$60,000 per kilogram. In the Dallas area, heroin costs \$10-\$20 per cap, \$1,600-\$2,800 per ounce, and \$35,000-\$60,000 per kilogram. In Fort Worth, an ounce costs \$1,200-\$1,900, and a kilogram sells for \$50,000. In El Paso, heroin costs \$100 per gram, \$1,000-\$1,500 per ounce, and \$31,300 per kilogram. In Alpine, heroin costs \$20 per bag, \$125 per gram, and \$2,100-\$2,200 per ounce; in Midland an ounce costs between \$2,300-\$4,800. In Houston, an ounce costs \$1,000-\$2,000; in Laredo an ounce costs \$1,200-\$1,400; in McAllen an ounce costs \$2,500-\$3,000; and in San Antonio, an ounce costs \$1,800-\$3,100.

Mexican brown heroin, which is black tar that has been cut with lactose, manitol, baby laxative, coffee creamer, benedryl, vitamin B, or another substance and then turned into a powder, costs \$10 per cap, \$110-\$300 per gram, and \$700-\$3,000 per ounce. In Fort Worth, it is packaged in a gel capsule and referred to as "a pill," with 10-15 pills in a gram.

Brown heroin can be injected or inhaled. Black tar can be diluted with water and either injected or inhaled ("shebang," "waterloo," "monkey water," "aqua de chango") by squirting the liquefied heroin solution up the nose using a syringe with the needle broken off, with a nasal

sprayer, medicine dropper, or cotton swab which has been soaked in the solution.

Colombian heroin sells for \$2,000 per ounce and \$60,000-\$70,000 per kilogram in Dallas. Southwest Asian heroin costs \$70,000 per kilogram in Dallas.

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 18 shows, over time, the purity and price varies, although it is purer and cheaper in El Paso compared to cities farther from the border. The DMP also shows that heroin from sources other than Mexico was reported in 2001. Of the street "buys" in Dallas, 32 were Mexican, five were Southeast Asian, and one was unknown. In El Paso, 15 were Mexican and one was unknown. In Houston, 38 were Mexican, one was South American, and one was unknown.

AIDS outreach workers in Austin report that the quality of heroin is very good and availability is plentiful. In June it was reported that "pure" heroin was being brought to Austin straight from Mexico, but no specifics were given about what was considered "pure." Heroin drug

dealers were reportedly giving out "hot shots," mixes of heroin and rat poison, to people on a hit list whom they wanted to get rid of. Some eight deaths were reported within the community within about three months but they were not publicized. One veteran heroin addict who has been consistently using over a 20 year period reported that he injected one \$20 hit of heroin and nodded out in the bathroom for over four hours due to the high quality of the heroin. Also, there have been reports that heroin is being cut with an unknown substance that causes boils and/or big lumps on the site of injection. Some of the Hispanic males in their fifties and older who have not been using heroin in years began using again due to the high quality of the drug.

Outreach workers in El Paso report the purity of black tar is up and there were eight fatal overdoses in a period of two weeks.

In the Lower Rio Grande Valley, outreach workers reported seeing an increase of young persons ages 16 - 21 injecting heroin. For several years there was an increase in cocaine use among young persons in this area. However, now outreach workers are reporting increases in heroin injection. This trend is happening in the smaller Valley communities such

Exhibit 19. Dallas DAWN ER Mentions of Hydrocodone and Oxycodone Combinations: 1994-2001

	1994	1995	1996	1997	1998	1999	2000	2001
Hydrocodone/combinations	214	189	211	310	276	245	303	375
Oxycodone/combinations	8	4	15	6	13	8	27	42

as Donna, Weslaco, and Mercedes, as opposed to the larger Valley cities such as McAllen and Brownsville.

Other Opiates

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

The 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. 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. The poison control centers reported there were 121 abuse or misuse calls concerning hydrocodone in the first three quarters of 2002. In comparison, there were 175 calls about misuse or abuse of OxyContin or oxycodone reported in same time period. There were also 24 cases involving methadone in 1999, 64 cases in 2000, 91 in 2001, and 103 in the first three quarters of 2002.

Dallas area emergency room mentions of hydrocodone and hydrocodone in combination with other substances have increased over the years; the increase between 1994 and 2001 was statistically significant, as was the increase in mentions of oxycodone and oxycodone (Exhibit 19).

Some 4.2 percent of all adults who entered treatment during 2002 used opiates other than heroin. Of these, 61 used illegal methadone and 1,762 used other opiates. Those who reported a primary problem with illicit methadone were equally likely to be male or female (50 percent each), 36 years old, Anglo (80 percent) or Hispanic (18 percent). Twelve percent were homeless, 13 percent were employed, 41 percent were referred by the criminal justice system, and 41 percent had never been in treatment before. Of those with problems with other opiates, 57 percent were female, average age was 36, 83 percent were Anglo, 32 percent had never been in treatment, 9 percent were homeless, 14 percent were employed, and 29 percent were referred by the criminal justice system.

In 1999, there were 8 deaths with a mention of oxycodone; in 2000, there were 20, and in 2001, 40. In 1999, there were 25 deaths involving hydrocodone; in 2000, there were 52, and in 2001, 107. There were also 36 deaths involving methadone in 1999; in 2000, there were 62, and in 2001, 93.

There were nine deaths in 2001 involving fentanyl.

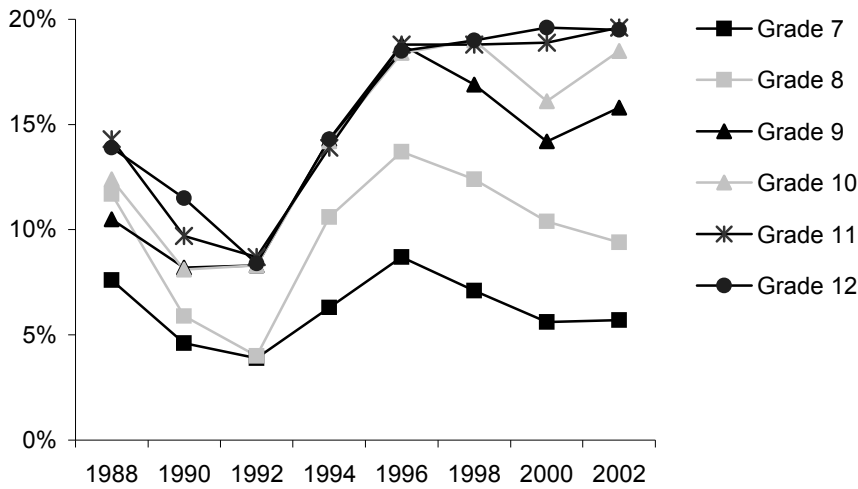
In the Dallas-Fort Worth Field Division, Dilaudid sells for \$20-\$80 per tablet, Soma sells for \$2-\$5 per tablet, and hydrocodone sells for \$3-\$10 per tablet. OxyContin sells for \$15-\$30 per tablet. Methadone sells for \$10 per tablet. In Houston, promethazine or phenergan with codeine sells for \$100 - \$125 for eight ounces, and hydrocodone sells for \$3-\$5 per pill.

DPS labs reported examining 479 hydrocodone exhibits in 1999, 629 in 2000, 771 in 2001, and 262 through August, 2002. In comparison, the number of exhibits involving oxycodone was 36 in 1999, 72 in 2000, 115 in 2001, and 35 through August, 2002.

In Tyler, OxyContin is reported to be more popular than hydrocodone as a drug of choice for narcotic addicts.

In Austin, "Lean" or "Drank" is promethazine (phenergan) with codeine. It is usually sold in baby bottles and measured out in ounces and is readily available. Texas rappers are singing about it and older adolescents and younger adults (16-25 year olds) are using it. One pint costs \$200-\$250, but it can sometimes cost as much as \$350. People sometimes mix about six to eight ounces in a three liter bottle of soft

Exhibit 20. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988-2002



Poison Control Centers in 2000, 345 in 2001, and 419 through the third quarter of 2002. The average age in 2002 was 23.6. There were another 121 marijuana cases in 2000, 155 cases in 2001, and 187 in 2002 where terms such as “formaldehyde,” “fry,” “amp,” or “PCP” were also mentioned.

Mentions of marijuana per 100,000 in emergency rooms in Dallas have declined since the peak levels in 1998 (Exhibit 21). The decline in the rate for those aged 12-17 between 2000 and 2001 was statistically significant.

drink. A very small bottle of Robitussin or “Lean” is sold on the street for \$30-\$60. It is usually cut or mixed with Karo syrup and put in soda water to drink. T-shirts that advertise “Lean” are sold in Austin, and drinking Lean has spread from the African American community to Hispanics and Anglos.

OxyContin is reported as selling for \$35-\$60 a tablet in Austin and Vicodin costs \$1-\$2 a tablet; 20 tablets sell for \$15 in some areas.

Marijuana

The number of students in grades 4-6 who had ever used marijuana dropped from 2.8 percent in 2000 to 2.6 percent in 2002 and use in the school year dropped from 2.1 percent to 1.7 percent. Among secondary students, 32 percent of Texas secondary students had ever tried marijuana and

14 percent had used in the past month, levels identical to 2000. While use by students in grades 7 and 8 continued to drop, use by students in grades 9 and 10 increased from 2000; use by students in grades 11 and 12 remained stable (Exhibit 20).

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 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 520 cases due to marijuana reported to the Texas

Marijuana was the primary problem for 10 percent of adult admissions to treatment programs in 2002. Average age of adult marijuana clients continues to increase: in 1985, the average age was 24; in 2002, it was 27.

Seventy-five percent of all adolescent admissions in 2002 had a primary problem with marijuana, as compared to 35 percent in 1987. In 2002, 57 percent of these adolescents were Hispanic, 24 percent were Anglo, and 17 percent were African American (in 1987, 7 percent were African American).

The percentage of arrestees testing positive for marijuana remains varied (Exhibit 22). It has dropped from its peak levels in Dallas and Laredo, but remains high in San Antonio.

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

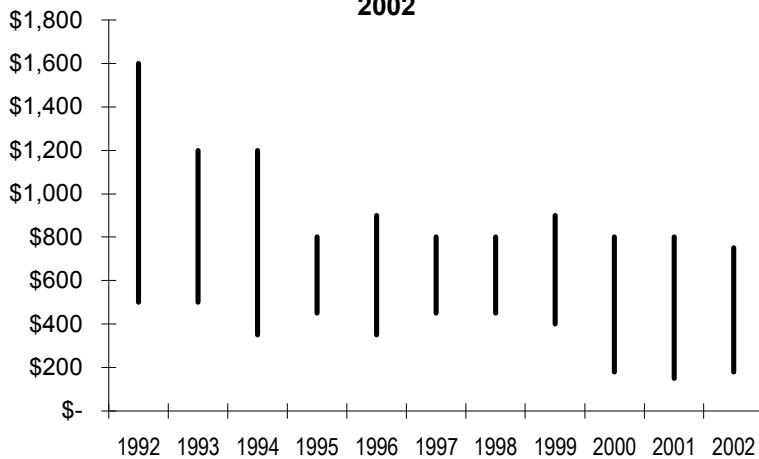
Exhibit 21. Dallas DAWN ER Mentions of Marijuana Per 100,000 Population by Age and Gender: 1989-2001

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
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	33.8
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	70.0
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	72.1
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	53.2
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	15.8
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	43.5
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	23.7

Exhibit 22. Arrestees Testing Positive for Marijuana: 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Dallas Males	19%	28%	27%	33%	39%	43%	44%	43%	39%	36%	33%	NR
Houston Males	17%	24%	24%	23%	30%	28%	23%	36%	38%	36%	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	39%	33%	29%	26%	28%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	36%	41%	41%	39%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	24%	27%	21%	NR	NR
Houston Females	8%	12%	15%	13%	20%	24%	17%	20%	23%	27%	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	13%	9%	17%	14%	NR
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	16%	NR	NR	NR

Exhibit 23. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by DEA: 1992-2002



DPS laboratories in 1999 and 2000, but dropped to 31 percent in 2001 and 32 percent in 2002 (Exhibit 7).

The Houston Field Division reports marijuana is readily available. The Dallas Field Division likewise reports the same. Much of the marijuana is smuggled in from Mexico. However, marijuana grown outdoors is available locally, and there is significant indoor hydroponic growing, with THC contents up to 15 percent. Sinsemilla sells for \$750-\$1,200 a pound in the Dallas-Fort Worth area. The average price for a pound of commercial grade marijuana is between \$200-\$250 in Laredo, \$180-\$250 in McAllen, \$400-\$700 in San Antonio, \$300-\$600 in Houston, \$250-\$500 in El Paso, \$500-\$700 north of the Border Patrol checkpoints in the Alpine area, \$500-\$600 in Midland, \$450-\$700 in the Dallas and Fort Worth areas, and \$500 in Lubbock. Exhibit 23 shows the range of prices across the state since 1992.

Exhibit 24. Adolescent Indicators of Marijuana Use: 1987-2002

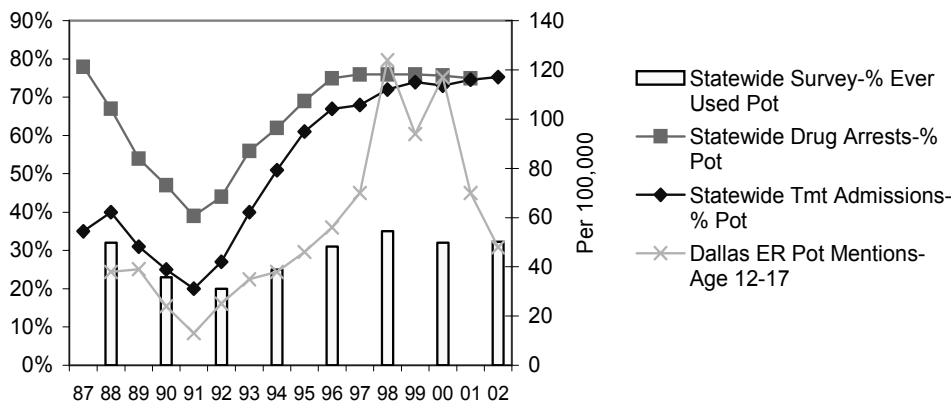


Exhibit 24 plots the trends in lifetime use of marijuana as reported in the secondary school surveys, adolescent admissions to treatment for a primary problem of marijuana, the proportion of adolescent drug arrests for marijuana, and adolescent emergency room mentions in Dallas.

Exhibit 25. Dallas DAWN ER Mentions of Stimulants: 1994-2001

	1994	1995	1996	1997	1998	1999	2000	2001
Methamphetamines	152	203	115	159	186	100	135	111
Amphetamines	92	133	120	263	336	307	351	378

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 since 1998.

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.

The 2002 secondary school survey reported the lifetime use of uppers was 8.1 percent in 1998, 6.7 percent in 2000, and 7.3 percent in 2002. Past month use was 3.1 percent in 1998, 2.7 percent in 2000, and 3.3 percent in 2002.

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 274 cases of abuse or misuse of amphetamines, methamphetamines, speed, etc., reported to Texas Poison Control Centers. In 2001, there were 349, and 219 in the first three quarters of 2002.

Exhibit 25 shows the number of mentions of methamphetamines and amphetamines in Dallas emergency rooms. The decrease in number of mentions for methamphetamine between 1994 and 2001 was statistically significant, as was the increase in mentions for amphetamines. The rate of mentions for amphetamines in the Dallas emergency rooms in 2001 was higher than the national rate (12.2 per 100,000 in Dallas compared to 7.3 per 100,000 nationally), while the rate for methamphetamines was 3.6 per 100,000 in Dallas and 5.9 per 100,000 in the nation.

Methamphetamines and amphetamines comprised 8 percent of adult admissions in 2002; this is an increase from 5 percent in 2000. There were 1,672 admissions in 1998 and 3,183 in 2002. The average client admitted for a primary problem with stimulants is aging. In 1985, the average age was 26; in 2002, it was 31. The proportion of Anglo clients has risen from 80 percent in 1985 to 92 percent in 2002, while the proportion of Hispanics has dropped from 11 percent to 6 percent and the proportion of African Americans has dropped from 9 percent to 1 percent. Unlike the other drug categories, more than half of these clients entering treatment are women (54 percent). Most stimulant users are injectors, with differences seen among the clients based on route of administration (Exhibit 26). Only 2 percent of adolescent admissions are for stimulants.

Methamphetamine and amphetamine injectors are more likely to have previously been in treatment (54

Exhibit 26. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: 2002

	Smoke	Inject	Inhale	Oral	All
# Admissions	752	1,771	382	232	3,183
% of Stimulant Admits	37%	23%	19%	11%	100%
Lag-1st Use to Tmt-Yrs.	9	13	10	11	11
Average Age-Yrs.	29	31	30	32	31
% Male	47%	46%	53%	37%	46%
% African American	1%	1%	1%	3%	1%
% Anglo	90%	95%	87%	88%	92%
% Hispanic	7%	4%	9%	8%	6%
% CJ Involved	47%	49%	52%	43%	48%
% Employed	25%	48%	29%	19%	19%
% Homeless	7%	11%	5%	10%	9%

Exhibit 27. Arrestees Testing Positive for Amphetamines: 1991-2002

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Dallas Males	1%	1%	4%	2%	2%	1%	4%	3%	3%	2%	2%	NR
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	0%	0%	0%	3%	2%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	4%	4%	3%	NR	NR
Houston Females	0%	0%	1%	0%	1%	1%	2%	0%	0%	2%	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%
San Antonio Females	2%	1%	2%	0%	3%	2%	4%	2%	2%	NR	NR	NR

percent readmissions) than smokers (39 percent readmissions), oral users (50 percent readmissions), or inhalers (45 percent readmissions).

There were 17 deaths where amphetamines or methamphetamines were mentioned in 1997, 20 in 1998, 21 in 1999, 39 in 2000, and 51 in 2001. Of the 2001 decedents, 82 percent were male; average age was 36.2; and 76 percent were Anglo, 18 percent were Hispanic, and 6 percent were African American.

The proportion of arrestees testing positive for amphetamines in ADAM is low, as Exhibit 27 shows.

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.

Methamphetamine and amphetamine together comprised between 12 and 18 percent of all items examined by DPS laboratories between 1998 and 2002 (Exhibit 7), and they continue to increase. In 2002, 17.2 percent were methamphetamine and 0.59 percent were amphetamines.

Notice that while the Dallas DAWN mentions in Exhibit 27 are more likely to be amphetamines, the DPS laboratory report for the Dallas area reported 32 percent of the exhibits were methamphetamine and 0.68

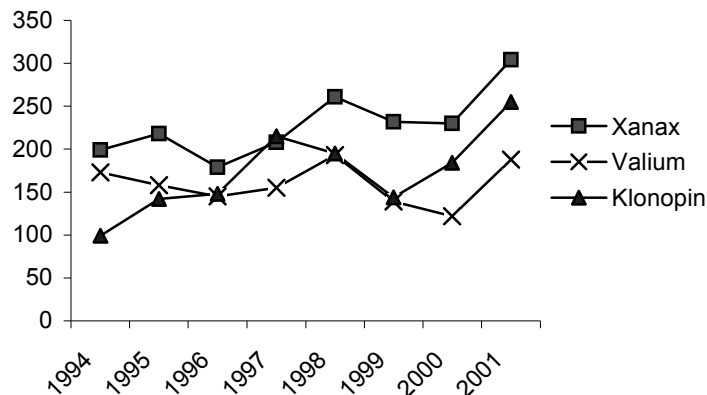
percent were amphetamine. There is no explanation for these differences.

Stimulants are more of a problem in the northern half of the state, as Exhibit 28 shows. In Amarillo in the Texas Panhandle, 41 percent of all the drug items examined by the DPS laboratory were either methamphetamines or amphetamines, while in McAllen, less than 1 percent were these substances. Labs in the northern part of the state are also more likely to report analyzing substances that turned out to be

Exhibit 28. Percent of Items Analyzed by DPS Laboratories in January-August 2002 That Were Methamphetamines or Amphetamines

El Paso (El Paso)	0
Hidalgo (McAllen)	0.34
Webb (Laredo)	0.72
El Paso (El Paso)	3.74
Nueces (Corpus Christi)	7.94
Harris (Houston)	6.73
Travis (Austin)	18.73
McLennan (Waco)	18.67
Smith (Tyler)	10.13
Dallas (Dallas)	33.03
Midland (Odessa)	16.29
Taylor (Abilene)	45.99
Lubbock (Lubbock)	25.95
Potter (Amarillo)	41.48

Exhibit 29. Dallas DAWN ER Mentions of Selected Benzodiazepines in the Dallas Area: 1994-2001



ammonia or pseudoephedrine, which are chemicals used in the manufacture of methamphetamine.

According to DEA, both Mexican and locally produced methamphetamines are available. Ice is being sold in Houston by Mexican traffickers. Mexican methamphetamine is the primary type in Texas while domestically-produced methamphetamine is manufactured by motorcycle gangs and independent producers in small batches. Most of these labs are small and mobile and produce for local distribution. Due to difficulties in obtaining precursor chemicals in Texas, lab operators travel to Louisiana and Oklahoma to obtain needed supplies.

The price for a pound of methamphetamine is \$10,600 in El Paso, \$8,000-\$10,000 in Midland, \$6,000-\$11,000 in the Houston area, \$4,500-\$5,500 in Laredo, \$1,200-\$1,300 in McAllen, \$5,000-\$8,000 in Fort Worth, \$6,000-\$7,000 in Tyler, and \$8,000-\$9,000 in Lubbock. In Dallas, a pound of domestic methamphetamine sells for \$4,500-\$10,000, an ounce

sells for \$700-\$1,100, and a gram costs \$70-\$100. A pound of Mexican methamphetamine sells for \$5,800-\$9,000 and \$400 an ounce. In San Antonio an ounce costs \$700-\$1,000.

According to street outreach workers, in Austin methamphetamine is \$60-\$90 a gram and readily available; one-half ounce costs \$300. Many younger adults ages 25-30 are smoking methamphetamine; most of the older adults are injecting. Street outreach workers in Fort Worth report “Ice” is on the streets.

Depressants

This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, and chloral hydrate; and tranquilizers and benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), flunitrazepam (Rohypnol), clonazepam (Klonopin or Rivotril), flurazepam (Dalmene), lorazepam (Ativan), and

chlordiazepoxide (Librium and Librax). Rohypnol is discussed separately in the Club Drugs section of this report.

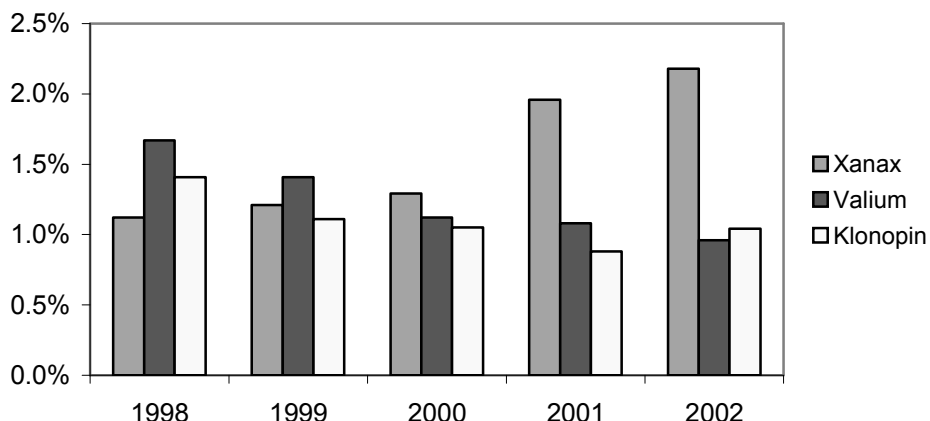
The 2002 secondary school survey reported lifetime use of downers increased from 5.8 percent in 2000 to 7.1 percent in 2002. Past year use increased from 2.6 percent in 2000 to 3.4 percent in 2002.

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), diazepam (Valium), and Klonopin (clonazepam) in the Dallas emergency rooms is rising (Exhibit 29).

About 1.2 percent (545 clients) of the adults entering treatment in 2002 had a primary problem with barbiturates, sedatives, or tranquilizers. Only 37 percent were male; 81 percent were

Exhibit 30. Benzodiazepines Identified by DPS Labs: 1998-2002



Anglo, 8 percent were African American and 9 percent were Hispanic. Forty-two percent were involved in the criminal justice or legal systems and 20 percent were employed.

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. The proportion of Xanax exhibits is increasing (Exhibit 30).

Both Houston and Dallas DEA report Xanax to be one of the most commonly abused diverted drugs. Xanax sells for \$3-\$10 per tablet and Valium sells for \$1-\$10 a tablet. In Austin, street outreach workers report Klonopin costs \$2-\$3 each. Valium 10 mg. or 20 mg. pills can be purchased for \$1-\$2 and the blue 1 mg. football-shaped Xanax pills cost \$2 a pill. The 2 mg. "white bars" or "handle bars" Xanax pills are scored and can be broken into 4 small pieces. They sell for \$4-\$5 a pill and they are very popular and readily available. In Houston, there appears to be an increase in the use of Xanax (Xandies) on the streets, and in Dallas, Xanax and Soma are used to heighten and prolong the effects of heroin.

Club Drugs and Hallucinogens

Ecstasy (MDMA)

The 2002 secondary school survey reported that lifetime ecstasy use was 8.6 percent, up from 4.5 percent in 2000. Past month use in 2002 was 3.1, as compared to 1.9 percent in 2000.

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

The rate of mentions of ecstasy per 100,000 in Dallas emergency rooms in 2001 was 2.5; the national rate was 2.2. The change in the rates in Dallas between 1994 and 2001 was statistically significant. Exhibit 31 shows the number of mentions of ecstasy. Notice that while ecstasy users were among the youngest, there was a larger race/ethnicity diversity than seen with other club drugs (Exhibit 33). MDMA patients were not likely to just use MDMA: only 6

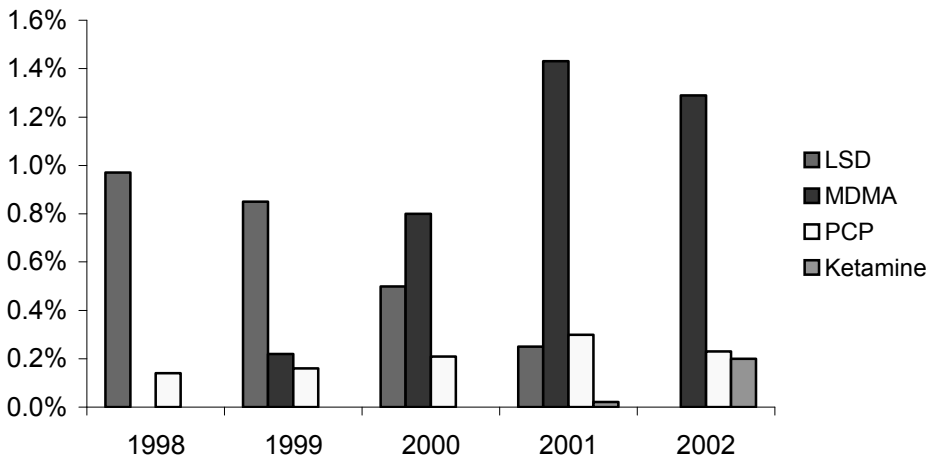
percent of the episodes mentioned MDMA alone. Some 41 percent mentioned alcohol and MDMA, 26 percent mentioned cocaine and MDMA, 21 percent mentioned marijuana and MDMA, 14 percent mentioned amphetamines or methamphetamines and MDMA, 9 percent mentioned LSD and MDMA, and 4 percent mentioned heroin and MDMA.

Adult admissions for a primary, secondary, or tertiary problem with ecstasy increased from 63 in 1998 to 97 in 1999 to 141 in 2000 to 252 in 2001 and 329 in 2002. Of the 2002 admissions, average age was 24; 70 percent were Anglo, 14 percent were African American and 13 percent were Hispanic; 61 percent were male; 44 percent were referred by the criminal justice or legal system; and 21 percent were employed. While 23 percent of these clients in 2002 listed ecstasy as their primary drug of abuse, another 20 percent reported marijuana as their

Exhibit 31. Dallas DAWN ER Mentions: 1994-2001

	1994	1995	1996	1997	1998	1999	2000	2001
GHB	11	37	60	72	160	156	169	128
Ketamine	2	1	4	3	0	3	10	11
LSD	107	133	84	77	93	105	64	43
Ecstasy	21	57	20	17	15	24	71	77
PCP	27	65	26	36	62	95	120	96
Rohypnol	1	14	...	13	7	5	4	8

Exhibit 32. Club Drugs Identified by DPS Labs: 1998-2002



primary drug, 16 percent reported amphetamines or methamphetamines as their primary drug, 13 percent reported powder cocaine, and 12 percent reported alcohol as their primary problem drug.

Among adolescents, there were 18 admissions in 1998, 17 admissions in 1999, 58 in 2000, 97 in 2001, and 189 in 2002 who had a primary, secondary, or tertiary problem with ecstasy. Average age of the 2002 admissions was 15.9; 68 percent were male; 81 percent were referred from the juvenile justice system; 46 percent were Anglo, 39 percent were Hispanic, and 13 percent were African American. Of these 2002 admissions, 54 percent reported a primary problem with marijuana and 25 percent reported a primary problem with ecstasy.

In 1999, there were two deaths which involved MDMA in Texas. There was one death in 2000 and five in 2001. Of

those in 2001, average age was 24.6; 80 percent were Anglo; 60 percent were male.

Exhibit 32 shows the increases in substances identified by DPS labs. The labs identified MDMA as the substance in 102 exhibits in 1999, 373 in 2000, 675 in 2001, and 222 through August, 2002. MDA was identified in 31 exhibits in 1999, 27 in 2000, 48 in 2001, and 52 in 2002.

According to the DEA, MDMA is becoming even more available. Single dosage units of MDMA sell for \$7.50-\$15 in Dallas, \$10-\$30 in Houston, \$7-\$20 in McAllen, and \$15-\$25 in San Antonio. The number of Raves is reported to be increasing in the Houston area. In Dallas MDMA is increasing in popularity at nightclubs that have a predominantly young African American clientele and Hispanic organizations are now distributing ecstasy. Most MDMA in

Texas comes from Europe, although some may be originating in Mexico.

In Austin, ecstasy sells for \$20-\$30 a pill; the cost to the dealers is reported as \$15-\$19 a pill. Ecstasy is increasing in availability and popularity in El Paso, according to street outreach workers.

Viagra is being sold on the streets in Tyler in combination with ecstasy and the pills are referred to as "Blue Boys."

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

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

Exhibit 31 shows the overall increases in the mentions of GHB in the emergency rooms in the Dallas area. In 2001, the rate of mentions per 100,000 for GHB was 4.1; only San Francisco had a higher rate at 10.1 per 100,000. The national average was 1.3 per 100,000. As shown in Exhibit 33, patients mentioning GHB were more likely to be older than patients mentioning other club drugs. In addition, only 15 percent of the patients mentioned only having used GHB during the episode; 60 percent had also used alcohol, 14 percent mentioned cocaine, 10 percent mentioned methamphetamines or amphetamines, and 7 percent mentioned MDMA. In some instances they had used three or four drugs in combination.

Clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol are seen in treatment. In 1998, two adults were admitted, as compared to 17 in 1999, 12 in 2000, 19

Exhibit 33. Characteristics of Patients Entering Dallas DAWN Emergency Rooms With Mentions of Club Drugs: 2001

	GHB	LSD	MDMA	PCP	Ketamine
% Male	66%	79%	62%	86%	91%
% Anglo	77%	79%	60%	9%	64%
% Hispanic	9%	...	9%	...	18%
% African American	0%	0%	13%	80%	0%
12--17	2%	33%	25%	8%	27%
18-25	56%	63%	55%	57%	45%
26-34	35%	2%	14%	30%	18%
35+	7%	2%.	6%	2%	9%

in 2001, and 34 in 2002. In 2002, average age was 32; 53 percent were male and 91 percent were Anglo.

Twenty-nine percent were employed and 59 percent were involved with the criminal justice or legal system. Fifty-six percent had a history of injecting drug use. GHB clients seem to have problems with the so-called “harder drugs.” While 35 percent had a primary problem with GHB, 21 percent had a problem with amphetamines or methamphetamines, 18 percent had a primary problem with crack cocaine, and 9 percent had a primary problem with heroin. One adolescent was admitted to treatment in 2002 for a problem with GHB.

In 1999, there were three deaths which involved GHB, and in 2000 there were five deaths and three in 2001.

In 1999, 133 items were identified by DPS labs as being GHB or GBL and four were 1,4BD; in 2000, 52 were GHB or GBL and four were 1,4 BD; in 2001, 34 were GHB or GBL and 17 were 1,4 BD; and through August 2002, 26 were GHB or GBL and 4 were 1,4BD. Eighty-eight percent of the GHB, GBL, and 1,4 BD items were identified in the DPS lab in the Dallas area, which

shows use of GHB seems centered in this area of the state.

In Dallas, GHB trafficking is reported on the rise, and the price of a gallon of GHB has dropped. In the third quarter of 2002, a gallon sold for \$1,600; in the fourth quarter of 2002, it sold for \$100-\$200 per gallon. A dose of GHB costs \$5-\$10 and a gallon costs \$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, 18 were reported in 2000, 15 in 2001, and 22 in first three quarters of 2002. Average age of these cases in 2002 was 19.8.

In the Dallas emergency rooms in 2001, the rate of mentions of ketamine per 100,000 was 0.35, above the national average of 0.27. There were 11 mentions in 2001 (Exhibit 32). Forty-five percent of the patients mentioning ketamine also mentioned alcohol, while 27 percent mentioned

GHB and 9 percent mentioned amphetamine, marijuana, or cocaine, respectively. None of the patients in 2001 only took ketamine.

One client was admitted to TCADA treatment programs in 2002 with a secondary or tertiary problem with ketamine. The client was a 17 year old Anglo female with a primary problem with cocaine.

There were also two deaths in 1999 which involved use of ketamine, none in 2000, and one in 2001.

In 1999, 25 substances were identified as ketamine by DPS labs; in 2000, 29 were; in 2001, 31 were, and in 2002, 38 have been to date.

Two significant seizures of ketamine in the third quarter and the seizure of 120 vials of ketamine in the fourth quarter with local destinations have been made at DFW in 2002, which indicates the demand in the area. GHB sells in Fort Worth for \$2,200-\$2,500 per liter.

LSD

The secondary school survey shows that use of hallucinogens (defined as

LSD, PCP, etc.) is continuing to decrease. Lifetime use peaked at 7.4 percent in 1996 and had dropped to 4.5 percent by 2002. Past month use dropped from 2.5 percent in 1996 to 1.2 percent in 2002.

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, 63 in 2001, and 10 to date in 2002. Average age in 2002 was 19.8 years. There were also 21 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 2000, as compared to 81 in 2001, and 128 in 2002. Average age in 2002 was 21.7.

There were 43 mentions of LSD in the Dallas DAWN emergency rooms in 2001 (Exhibit 31). The rate of mentions per 100,000 in Dallas in 2001 was 1.4, which was above the national average of 1.1. The decline in the rate/100,000 in Dallas between 1994 and 2001 was statistically significant. As Exhibit 33 shows, patients mentioning LSD tended to be younger than users of GHB or MDMA. In addition, 28 percent mentioned no other drug during this episode—a proportion higher than users of other club drugs. Some 33 percent also mentioned marijuana, 13 percent mentioned alcohol, 8 percent mentioned MDMA, and 7 percent mentioned cocaine.

In 2002, there were 250 adults with a primary, secondary, or tertiary problem with hallucinogens, as compared to 303 in 2001 and 316 in 2000. Average age of these individuals in 2002 was 27; 64 percent were male; 64 percent were Anglo, 19

percent were African American, and 17 percent were Hispanic. Twenty percent were employed and 54 percent were in the criminal justice or legal system. Twenty-five percent of these adult clients had a primary problem with a hallucinogen; another 23 percent had a primary problem with marijuana, 12 had a problem with either amphetamines/methamphetamines or alcohol or crack, respectively.

There were 320 youths with a primary, secondary or tertiary problem with hallucinogens admitted to treatment in 2000, 183 admitted in 2001, and 185 admitted in 2002. Average age was 15.9 years; 84 percent were male; 50 percent were Anglo, 34 percent were Hispanic, and 12 percent were African American. Eighty-six percent were involved in the juvenile justice system, and marijuana was the primary drug used by 64 percent, followed by hallucinogens for 14 percent.

There were two deaths in 1999 which involved LSD. There were no deaths with a mention of LSD reported in 2000 or 2001.

In 1999, DPS labs identified 405 substances as LSD; in 2000, they identified 234 as LSD and 119 in 2001; LSD data for 2002 to date had not been reported (Exhibit 32).

A dosage unit of LSD is selling for \$1-\$10 in Dallas, \$5-\$10 in Tyler, \$6-\$10 in Fort Worth, and \$7 in Lubbock. In McAllen it sells for \$8 and an ounce sells for \$450.

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.

Texas Poison Control Centers cases where terms such as “fry,” “amp,” or “PCP” were mentioned or abuse of formaldehyde was indicated have increased from 170 in 2000 to 156 in 2001 to 211 in 2002 as of the end of September. Average age is 21.8.

The rate of mention of PCP in the Dallas emergency rooms was 3.1 per 100,000 in 2001, above the national rate of 2.4 per 100,000. As Exhibit 31 shows, the number of mentions of PCP in Dallas peaked in 2000. However, the increase between 1994 and 2001 is statistically significant.

Because of the tendency of some users to strip off their clothes while under its influence, PCP has a nickname of “buck naked.”

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, in 2001, 178 were, and in 2002, 269 have been. Of these clients in 2002, 83 percent were African American, 69 percent were male, average age was 25, 41 percent were involved in the criminal justice system, 16 percent were employed, and 20 percent were homeless. While 49 percent reported a primary problem with PCP, another 22 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

Exhibit 34. Arrestees Testing Positive for PCP: 1991-2001

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2000	2001
Dallas Males	0%	3%	3%	5%	8%	4%	3%	4%	5%	4%	2%	NR
Houston Males	0%	0%	1%	3%	4%	3%	3%	6%	7%	5%	NR	NR
Laredo Males	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%
San Antonio Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	0%	1%	2%	2%	1%	1%	0%	1%	2%	NR	NR
Houston Females	0%	0%	0%	1%	2%	1%	1%	2%	1%	2%	NR	NR
Laredo Females	NR	NR	NR	NR	NR	NR	NR	0%	0%	0%	0%	0%
San Antonio Female	0%	0%	0%	0%	0%	0%	0%	0%	0%	NR	NR	0%

PCP in 1998, 118 in 1999, 76 in 2000, 67 in 2001 and 52 in 2002. Of the 2002 admissions, 87 percent were male; 48 percent were African American, 37 percent were Hispanic, and 12 percent were Anglo; average age was 15.6 years. Ninety-six percent had been referred to treatment or were involved in the juvenile justice system. Marijuana was the primary drug of abuse for 64 percent of the clients and PCP was the primary drug for 21 percent.

There were three deaths in 1999, three in 2000, and five in 2001 in Texas which involved PCP. In 2001, all were African American males and average age was 23.6.

PCP use in past years was most likely to be found among Dallas and Houston male arrestees; however data for these cities were not reported in 2001 (Exhibit 34).

DPS labs identified 77 substances as PCP in 1999, 100 in 2000, 144 in 2001, and 39 through August, 2002. Exhibit 32 shows an increase in the proportion of all exhibits which were identified as PCP by DPS. Until the complete 2002 data are received, it will be impossible to determine if the previous increase in number of PCP exhibits will continue.

DEA reports that PCP sells for \$100 per gram in McAllen, and in Dallas it sells for \$10-\$25 per “Sherm” stick or cigarette, \$350-\$500 per ounce, and \$3,800 for a pint bottle.

According to the HIV intervention workers in Houston, use of “Water,” which is a cigarette or marijuana joint dipped in embalming fluid, is growing.

Rohypnol

Rohypnol use in Texas first began along the Texas-Mexico border and then spread northward. As shown in Exhibit 35, the 2002 secondary school survey found that students from the border area were about three times more likely to report Rohypnol use than those living elsewhere in the

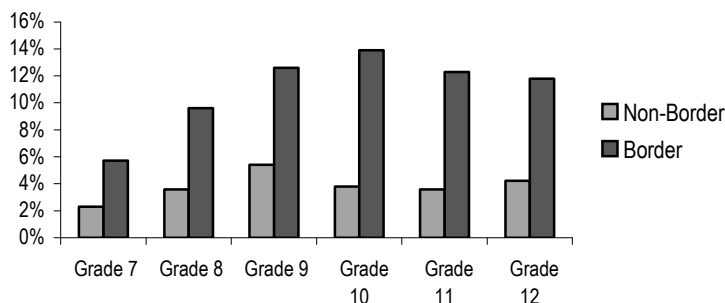
state (10.9 percent v. 3.8 percent lifetime, and 4.4 percent v. 1.3 percent current).

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, 91 in 2001, and 71 in first three quarters of 2002. Of the 2002 cases, average age was 17.1; 61 percent of the cases were reported in counties which bordered Mexico.

In 2001, the rate of mentions for Rohypnol in the Dallas emergency

Exhibit 35. Percentage of Border and Non-Border Secondary Students Who Had Ever Used Rohypnol, by Grade: 2002



rooms was 0.26 per 100,000; only Miami had a higher rate at 0.29. As Exhibit 32 shows, the number of mentions of Rohypnol increased between 2000 and 2001; the increase between 1994 and 2001 was statistically significant.

Of all the adult and youth Rohypnol treatment admissions, 82 percent in 2002 were primarily located on the Texas border. 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; in 2001, 78; and in 2002, 90. Of the adult clients in 2002, 90 percent were Hispanic and 7 percent were Anglo; 74 percent were male and average age was 26, which is much younger than most adult clients entering treatment (overall average age is 35 years). Only 14 percent were employed and 48 percent were involved with the criminal justice or legal system. While 16 percent of these clients said that Rohypnol was their primary problem drug, 28 percent reported marijuana, 17 percent reported heroin, 14 percent reported crack, and 12 percent reported alcohol.

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; in 2001, 319; and in 2002, 275. Of the 2002 admissions, 74 percent were male, average age was 15.5 years, and 96 percent were Hispanic. Some 76 percent were involved in the juvenile justice system. Fourteen percent of these youth listed Rohypnol as their primary drug; marijuana was the primary drug for 56 percent and cocaine for 15 percent.

DPS lab exhibits for Rohypnol numbered 54 in 1999, 32 in 2000, 31 in 2001, and 7 through August, 2002.

Although Roche is reported to no longer be making the 2 mg. Rohypnol tablet, which was a favorite with abusers, generic versions are reported to still be produced, and the blue dye added to the Rohypnol tablet is not in the generic version. And the dye is not proving effective: people intent on committing sexual assault are now serving blue tropical drinks and blue punches into which Rohypnol can be slipped.

Dextromethorphan

School personnel in Texas have been 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 quantities, can produce hallucinogenic effects. Coriciden HBP pills are known as “Triple C’s” or “Skittles.”

Poison control centers reported 433 confirmed exposures to Coriciden in 2000, 251 in 2001, and 235 to date in

2002. Average age of the cases to date in 2002 was 17.6 years.

DPS labs examined 12 substances in 1999 which were dextromethorphan, 35 in 2000, 12 in 2001, and 26 through August, 2002.

Outreach workers in El Paso report use of “Skittles” is increasing in popularity.

Inhalants

The 2002 elementary school survey found that 9.3 percent of students in grades 4-6 had ever used inhalants, and 6.5 percent had used in the school year. The 2002 secondary school survey found that 18 percent had ever used inhalants and 6.8 percent had used in the past month. Some 18.5 percent of secondary school males had ever used inhalants, as compared to 17.4 percent of females. Some 20.7 percent of Hispanics, 17.9 percent of Anglos, and 11.8 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

Exhibit 36. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2002

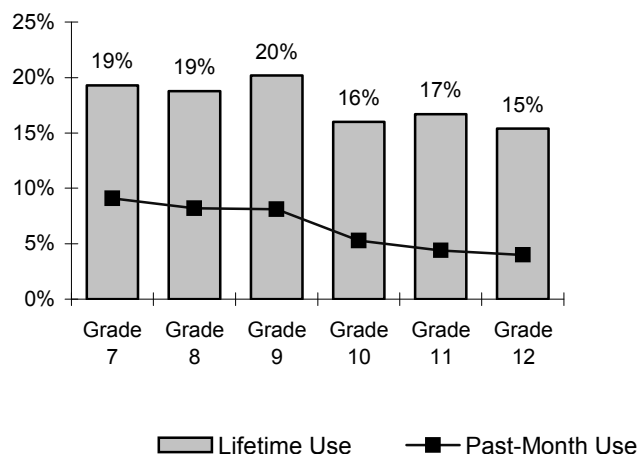


Exhibit 37 . Dallas DAWN Mentions of Various Inhalants: 1994-2001

	1994	1995	1996	1997	1998	1999	2000	2001
Volatile Agent	65	29	52	59	41	51	44	40
Paint	7		3	1	3	13	8	6
Toluene Glue	28	4	17	19	10	5	13	9
Other Volatile Agents	30	24	32	39	28	33	23	25
Nitrites	0	0	0	0	0	0	1	0
Chloro-fluoro-hydrocarbons	1	8	0		3		1	
General Anesthetics	0	1		0	1	0		0

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 the first three quarters of 2002 reported 12 cases of intentional misuse or abuse of Freon (average age 19.2 years). There were three cases of misuse of whiteout. Products used with automobiles are also misused, with 41 cases of intentional misuse or abuse of gasoline (average age of 22.1) and 21 cases of misuse of carburetor

cleaner, starter or transmission fluid, etc. (average age of 20.8). There were 38 cases of intentional misuse or abuse of paint (average age 22.2), 14 cases of intentional misuse or abuse of aerosols (average age 26.6), eight cases of misuse or abuse of glue (average age 27.2), nine cases of misuse or abuse of propane or lighter fluid (average age 23.8), and four cases of intentional abuse of nitrous oxide (average age 31.3).

Exhibit 37 shows a summary of the Dallas DAWN mentions for the major inhalant categories for 1994-2001.

Exhibit 38 shows the characteristics of patients who enter the emergency

rooms in the Dallas area with a mention of inhalants. Just as the number entering for different substances changes over the years, so do the characteristics of the patients. However, in 2000 and 2001, more of the patients have been over age 17 and more have been Hispanic.

Inhalant abusers comprised 1.7 percent of the admissions to adolescent treatment programs in 2002. The youths entering treatment tended to be male (72 percent) and Hispanic (77 percent). The overrepresentation of Hispanic youths is due to the fact that TCADA has developed and funded programs which were targeted specifically to

Exhibit 38. Dallas DAWN Mentions of Inhalants by Patient Demographic Characteristics: 1994-2001

	1994	1995	1996	1997	1998	1999	2000	2001
Total	66	39	57	63	44	53	49	45
% Age 12-17	56%	33%	46%	37%	48%	30%	20%	29%
% Age 18-25	27%	28%	37%	30%	27%	34%	35%	27%
% Age 26-34	8%	5%	9%	22%	11%	21%	27%	27%
% Age 35+	9%	13%	5%	11%	14%	13%	14%	...
% Male	70%	54%	60%	84%	70%	68%	67%	64%
% Anglo	50%	59%	19%	40%	41%	23%	24%	38%
% Hispanic	41%	26%	68%	44%	36%	36%	45%	49%

Exhibit 39. Texas Deaths With Mention of Inhalants: 1988-2001

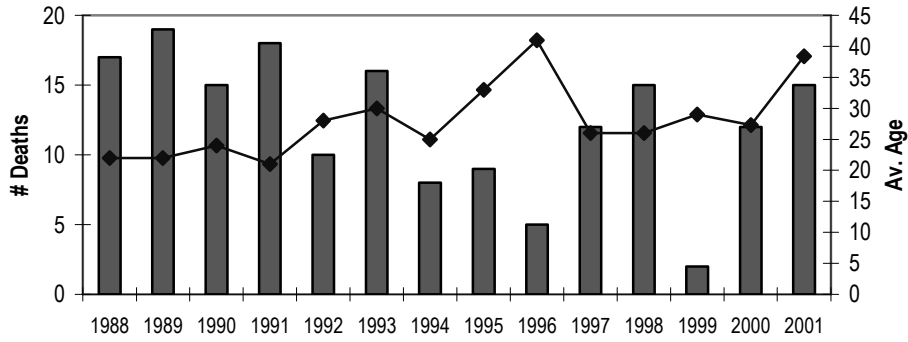


Exhibit 40. AIDS Cases in Texas by Route of Transmission: 1987-3Q 2002 (Cases with Risk Not Reported Excluded)

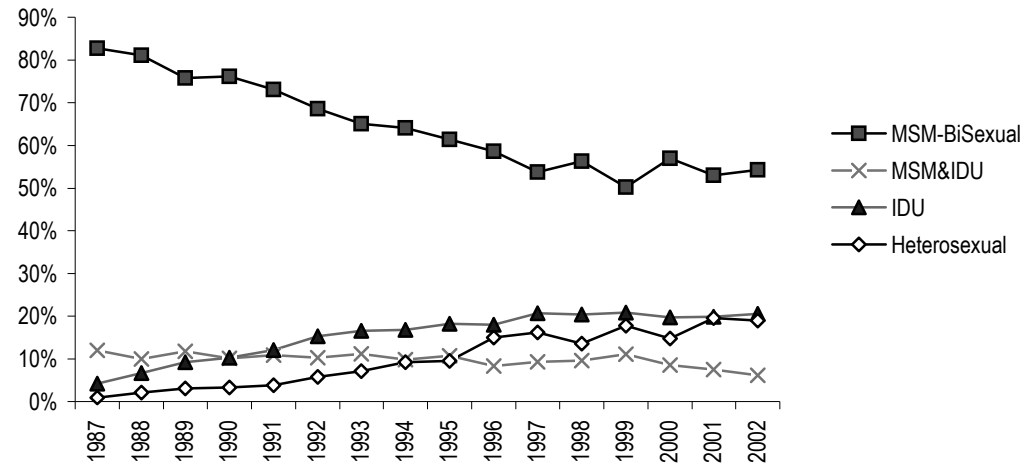


Exhibit 41. Male and Female AIDS Cases by Race/Ethnicity: 1987-3Q 2002

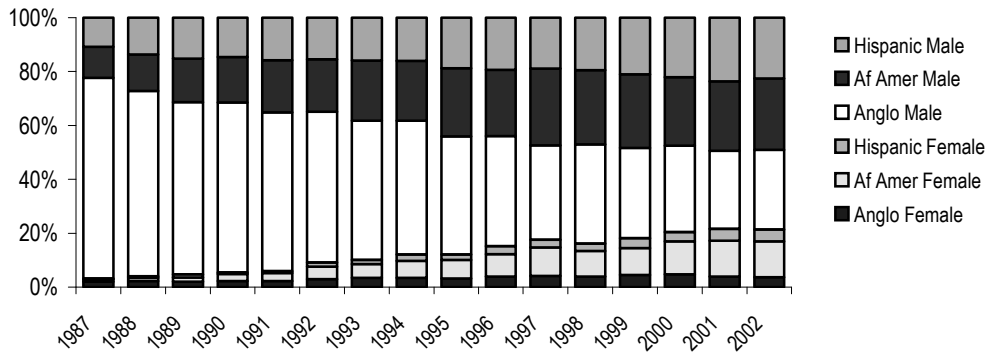


Exhibit 42. Characteristics of Adult Needle Users Admitted to TCADA-Funded Treatment: 2002

	Heroin	Cocaine	Stimulants
# Admissions	4,645	1,062	1,771
% of All Needle Admits\	59%	14%	23%
Lag-1st Use to Tmt-Yrs.	15	13	13
Average Age	37	34	31
% Male	71%	66%	46%
% African American	6%	5%	1%
% Anglo	36%	68%	95%
% Hispanic	56%	25%	4%
% CJ Involved	33%	40%	49%
% Employed	12%	16%	48%
% Homeless	14%	15%	11%

this group. Only 0.2 percent (64 clients) of adult admissions were for a primary problem with inhalants. Average age was 29, 64 percent were male, and 70 percent were Hispanic.

In 2000, there were 12 deaths involving misuse of inhalants and in 2001, 15. Six deaths involved Freon and two involved nitrous oxide (Exhibit 39). Average age was 38.4; 93 percent were male; 73 percent were Anglo and 13 percent were Hispanic or Black, respectively.

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 27 percent through September, 2002. 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 2002, of the cases where mode of exposure is known, 21 percent of the cases were IDUs, and 6 percent were male-to-male sex and also IDUs (Exhibit 40). The proportion of cases

resulting from heterosexual contact has risen from 1 percent in 1987 to 19 percent in 2002.

In 1987, 3 percent of the AIDS cases were females over age 12; in 2002, 21 percent were female. In 1987, 12 percent of the adult and adolescent cases were African American; in 2002, 40 percent were African American. As Exhibit 41 shows, the proportion of Anglo males has dropped while the proportion of African Americans and Hispanics has increased.

In Austin, AIDS intervention clients report that water and bleach kits are selling for \$2 when syringes are not available and new syringes can be purchased in the late evenings for \$2 on the streets in certain areas. Some sex industry workers report that the quality of crack cocaine has not been good and they have resorted to shooting heroin after many years of not using needles. There has been about a 10 to 20 percent increase in the number of male sex industry workers; many who had been incarcerated have been released and

they have returned to active addiction. The program also reports that as the drugs become more available, the sex industry business increases. During the quarter there were sex industry workers who reported they are offered about twice the amount of money for unprotected sex than they can get for protected sex.

AIDS outreach workers also report that hepatitis C is rampant in all communities and people have little or no education about the disease. In the African American community, many people are not willing to get medical help because of a distrust of the system and also a lack of services available.

The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 22 percent for 2002. 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 42).