



TCADA Research Brief

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***Substance Abuse Trends in Texas:  
December 1996***

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# **Substance Abuse Trends in Texas: December 1996**

*Cocaine is the number one illicit drug problem in Texas. Mexican Black Tar and brown heroin continue to be prevalent. Marijuana use continues to increase. Methamphetamine indicators are similar to the last report, and more problems with ephedrine and natural "X" are reported. Rohypnol use continues, and a pattern of bringing abusable prescription drugs into Texas from Mexico has developed. GHB is spreading across the state. Hallucinogen use is steady and club drug use continues. Inhalants are a problem among youth. The proportion of AIDS cases resulting from heterosexual contact is increasing and the proportion of cases who are African American and/or female continues to grow.*

## **Area Description**

The population of Texas is distributed among 28 metropolitan statistical areas and 254 counties. The ethnic/racial composition of Texas is 58 percent Anglo, 28 percent Hispanic, 11.5 percent African American, and 2.5 percent Other. Traditionally, the border with Mexico and the coastline of the Gulf of Mexico have been the major routes for the transportation of illicit substances into Texas, and trafficking is reported to have increased with the North American Free Trade Agreement. Drug traffic also moves through Texas across the three east-west interstate highways. The international airports in Houston and Dallas-Fort Worth are major ports for the distribution of drugs in and out of the state. A major problem is the selling of controlled substances in Mexican pharmacies to U. S. citizens who declare these drugs and then legally bring up to a 90 day supply into the state.

## **Data Sources**

Data were obtained from the following sources:

- Ethnographic information and data on price, purity, trafficking, distribution, and supply—Members of the Texas Epidemiology Work Group (TEWG), including representatives of the Dallas, San Antonio, and Houston Drug Enforcement Administration field divisions.
- Treatment data—The Texas Commission on Alcohol and Drug Abuse's (TCADA) Client Oriented Data Acquisition Process (CODAP) provided data on clients at admission to treatment in public facilities from the first quarter of 1983 through September, 1996. Starting September 1, 1995, clients served in the State's Criminal Justice Treatment Initiative

are no longer reported on CODAP, which will mean a decrease of about 30,000 client admissions annually. In addition, this means the CODAP data will show fewer males, more clients on “hard” drugs, and more impaired clients.

- Drug overdose data—The Drug Abuse Warning Network (DAWN) provided information on emergency room episodes in the Dallas metropolitan area involving drug abuse from 1988 through 1995.
- Drug use by arrestees—The Drug Use Forecasting System (DUF) of the National Institute of Justice provided information for CY1991 through third quarter CY1996 for Dallas, Houston, and San Antonio for arrestees who were interviewed and tested for the presence of various drugs.
- Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) data—The Texas Department of Health’s *Texas AIDS Cases: Surveillance Report* provided cumulative and year-to-date data for the period ending September 30, 1996.

**Cocaine**

The 1996 TCADA Texas Secondary School Survey found that while use of powder cocaine and/or crack remains low, the percent of students who reported lifetime and past month use has increased from a low point in 1992 and now surpasses the rates reported by the 1988 survey.

**Prevalence and Recency of Use of Cocaine or Crack  
Texas Secondary Students Grades 7-12**

	1988	1990	1992	1994	1996
Ever Used	6.7%	5.8%	5.0%	5.6%	7.1%
Past Month Use	2.3%	1.6%	1.5%	1.7%	2.4%

DAWN emergency room mentions of cocaine per 100,000 population in the Dallas metropolitan area have gone from a high in 1988 of 73.2 to a low of 45.4 in 1990 and have continued to rise since then to 64.9 in 1995. During this time, the percent Hispanic has increased, as has the average age.

Cocaine continues to be the number-one illicit substance abuse problem for adult clients

**Dallas DAWN Emergency Room Mentions—Cocaine**

	1988	1989	1990	1991	1992	1993	1994	1995
Mentions/100K	73.2	59.1	45.4	56.9	52.9	57.7	60.8	64.9
% Male	62%	63%	63%	59%	64%	62%	60%	64%
% White	37%	42%	43%	48%	46%	43%	40%	41%
% Black	55%	51%	49%	42%	43%	48%	48%	47%
% Hispanic	7%	7%	8%	10%	11%	9%	12%	12%
% Age 35 and Over	18%	10%	20%	25%	29%	33%	30%	37%

admitted to publicly funded treatment programs throughout Texas, although it has dropped from 38 percent in 1993 to 35 percent for 1996 to date. With the loss of the criminal justice treatment initiative clients from CODAP, the percent male and percent African American has decreased. In 1995, 61 percent were male v. 47 percent in 1996, and the percent Anglo has increased from 23 percent to 36 percent, while the proportion of African Americans has decreased from 70 percent to 49 percent. The proportion of Hispanics has gone from 6 percent to 13 percent. The proportion of adult cocaine admissions who are crack users is high, but appears to be leveling off. It rose from 67 percent in 1991 to 77 percent in 1993, and then dropped to 74 percent for 1996.

***Characteristics of Clients Admitted to TCADA-Funded Treatment  
Primary Problem with Cocaine—1st Half 1996***

	<b>Crack Smokers</b>	<b>Powder Cocaine Needle</b>	<b>Powder Cocaine Inhale</b>
# Admissions	3,143	529	567
% of Cocaine Admissions	74%	12%	13%
Average Age	32.5	31	29.5
% Male	44%	49%	61%
% African American	63%	6%	11%
% Anglo	29%	74%	41%
% Hispanic	7%	18%	46%
% CJ/Legal Involvement	17%	19%	32%
% Employed	16%	17%	31%
% Homeless	12%	13%	5%
% Physical Problem	62%	69%	40%
% Social Problem	65%	70%	43%
Average Income	\$5,425	\$6,796	\$7,512

Crack smokers are the oldest of the cocaine clients and the least likely to be criminal justice referrals. Some 62 percent report physical problems (memory lapse or blackout after period of intoxication; shakes or tremors or other withdrawal symptoms; alcohol or drug use before noon; and sickness or health problems related to alcohol or drugs) and 65 percent report social problems (missing a meal or other planned activity due to use of alcohol or other drugs; being intoxicated while at work or at school; and fighting or quarreling due to alcohol or other drugs).

Injectors, who comprise 12 percent of cocaine users, are less likely than inhalers to be a minority. The most significant change in the characteristics of injectors is that 51 percent of the admissions for 1996 were female, as compared to 34 percent a year ago, but part of this shift may be due to the loss of the primarily male criminal justice population from the CODAP dataset in 1995 and the increased funding of programs for females.

Thirteen percent of cocaine admissions are inhalers. Hispanics have increased from 38 percent in 1992 to 46 percent in 1996, while African Americans have dropped from 25 percent to

11 percent. Inhalers are much more likely than crack users or injectors to be employed and to be criminal justice referrals or to have legal problems, and they are the least likely to be impaired.

Powder cocaine was the primary drug of abuse for 5 percent of youths entering treatment during 1996; in 1995, 4 percent were powder cocaine admissions. Fifty-one percent of these youths in 1996 were male; 56 percent were Hispanic, 41 percent were Anglo, and 2 percent were African American. Crack cocaine comprised 1 percent of the admissions in 1996 and also for all of 1995. In 1996, 67 percent were male; 43 percent were Hispanic, 43 percent were Anglo, and 14 percent were African American.

DUF results for arrestees testing positive for cocaine vary by city. In Houston, over half of all arrestees tested positive for cocaine in 1991 and the percentage has declined since then to 42 percent of males and 36 percent of females in the first three quarters of 1996. In Dallas, the peak in positive urines was slightly later; in 1996, 31 percent of males and 35 percent of

**Percent of Arrestees Testing Positive for Cocaine (DUF)**

	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>
Dallas Males	43%	41%	45%	35%	32%	31%
Houston Males	56%	41%	41%	28%	40%	42%
San Antonio Males	29%	31%	31%	31%	24%	28%
San Antonio Male Juveniles			6%	9%	6%	10%
Dallas Females	46%	48%	43%	46%	44%	35%
Houston Females	51%	44%	43%	36%	32%	36%
San Antonio Females	24%	25%	24%	23%	23%	21%
San Antonio Female Juveniles			5%	6%	4%	14%

females were testing positive for cocaine. In San Antonio, the percent of positives has been more stable over the years; in 1996, 28 percent of males and 21 percent of females tested positive for cocaine. The percent of juveniles in San Antonio testing positive for cocaine has increased over time, but the number of youth tested is smaller and so the results are more subject to variation.

In comparison to six months ago, the price of cocaine powder and crack has dropped while purity remains high. The price of a kilogram of powder ranges from \$9,000 and \$25,000 in the state, with a purity of 75 to 95 percent. Ounce quantities of powder cost from \$400 - \$1,200 with purity of 50 to 85 percent. The price per gram ranges between \$20 and \$100, with 40 percent purity. An ounce of crack costs between \$500 and \$1,100 at up to 60 percent purity. A kilogram sells for \$15,000 to \$18,500. Rocks range from \$1 to \$50.

**Heroin**

Heroin/morphine emergency room mentions in the Dallas metropolitan area have ranged between 10.1 and 14.2 per 100,000 persons between 1988 and 1995, with no important changes in patterns or characteristics other than the aging of these patients.

**Dallas DAWN Emergency Room Mentions—Heroin/Morphine**

	1988	1989	1990	1991	1992	1993	1994	1995
Mentions/100K	13.2	14.1	14.0	10.2	11.9	12.7	10.1	12.9
% Male	59%	67%	66%	59%	75%	65%	71%	68%
% White	60%	59%	63%	57%	53%	58%	59%	59%
% Black	30%	28%	28%	31%	34%	42%	28%	29%
% Hispanic	10%	14%	9%	12%	12%	0%	13%	12%
% Age 35+	26%	37%	42%	47%	46%	59%	54%	54%

Heroin is the number-three illicit drug problem for adult clients admitted to TCADA-funded substance abuse treatment. It comprised 9 percent of all admissions in 1994, 10 percent in 1995, and 13 percent in 1996. The preferred route of administration is injection (93 percent), as compared to 4 percent for inhaling, and 2.6 percent taking orally (Black Tar “gummers,” opium eaters and users of heroin nose drops). The average age at admission for the heroin client has risen to 37; 59 percent of those admitted are male; 38 percent are Hispanic, 45 percent are Anglo, and 16 percent are African American; 21 percent are employed and 15 percent are referred from the criminal justice system. The average annual income is \$4,364.

**Characteristics of Clients Admitted to TCADA-Funded Treatment  
Primary Problem with Heroin—Jan. - Sept. 1996**

	Injectors	Inhalers	Oral
# Admissions	1,286	58	36
% of Heroin Admissions	93%	4%	3%
Average Age	36	31	37
% Male	59%	48%	42%
% African American	14%	57%	19%
% Anglo	46%	56%	67%
% Hispanic	38%	17%	14%
% CJ/Legal Involvement	16%	16%	33%
% Employed	17%	26%	33%
% Homeless	9%	9%	8%
% Physical Problem	65%	41%	64%
% Social Problem	59%	40%	58%
Average Income	\$4,238	\$5,649	\$7,556

The predominant forms are Mexican brown and Black Tar. Hispanic groups tend to dominate the trade of Mexican heroin, along with African-Americans. Southeast and Southwest Asian and Colombian heroin transships through Texas with little spillage; most of it is destined for the Northeast.

Black Tar heroin is selling on the street for \$10 per cap; \$250-\$400 per gram; \$2,300-\$6,000 per ounce; and \$50,000 to \$175,000 per kilogram at 30 to 80 percent pure. Southeast Asian heroin ranges from \$150,000 to \$175,000 per kilogram and Colombian is \$85,000-\$100,000 per kilogram.

**Substance Abuse Trends in Texas**

The Domestic Monitor Program reported the following information for 1994 through second quarter 1996:

**DEA Domestic Monitor Program Price and Purity Data**

	1st Q 1994	2ndQ 1994	3rd Q 1994	4th Q 1994	1st Q 1995	2ndQ 1995	3rd Q 1995	4th Q 1995	1st Q 1996	2ndQ 1996
<b>Dallas</b>										
Purity	11.4%	7.0%	11.4%	7.8%	10.0%	1.3%	6.1%	1.0%	3.3%	1.4%
Price/Mg Pure	\$1.25	\$1.97	\$1.04	\$2.40	\$0.95	\$4.37	\$2.20	\$6.22	\$7.91	\$5.16
<b>Houston</b>										
Purity	9.0%	13.4%	14.9%	27.8%	27.5%	12.7%	13.3%	*	35.7%	27.0%
Price/Mg. Pure	\$2.52	\$2.35	\$1.27	\$0.91	\$0.78	\$2.36	\$0.90	*	\$0.55	\$1.80

\*No buys in Houston 4th Q, 1995

According to DUF, the proportion of arrestees testing positive for opiates between 1991 and 1996 has remained fairly level, although there are variations by quarter. The percent positive is consistently higher among male arrestees in San Antonio than in Dallas or Houston; female arrestees in Dallas and San Antonio are usually more likely to test positive than are their male counterpart

**Percent of Arrestees Testing Positive for Opiates (DUF)**

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

**Other Opiates**

This group includes opiates such as methadone, codeine, hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium, but excludes heroin.

DAWN emergency room mentions for the Dallas area show that for hydrocodone, the rate per 100,000 persons has increased from 3.5 in 1988 to 7.1 in 1995.

While abuse of these drugs is not as common as heroin abuse, the addicts who prefer other types of opiates are quite different from the heroin addicts. About 1.4 percent of all adult clients who entered treatment during 1996 used opiates other than heroin. In 1996, 71 percent were female; 94 percent were Anglo, 3 percent were African American, and 3 percent were Hispanic; 14 percent used needles. Users of other opiates were among the most im-



paired of all clients at admission, with 68 percent reporting physical problems and 65 percent reporting social problems. Average annual income was \$8,299 and average age was 36.

Statistics from DUF show that male arrestees from Houston were the most likely to test positive for methadone in 1996 (7 percent); in most years the percent testing positive in any city was 1 to 2 percent.

***Percent of Arrestees Testing Positive for Methadone (DUF)***

	1991	1992	1993	1994	1995	1996
Dallas Males	0%	0%	0%	0%	0%	0%
Houston Males	1%	0%	1%	0%	2%	7%
San Antonio Males	2%	2%	1%	1%	1%	2%
Dallas Females	1%	1%	0%	0%	0%	1%
Houston Females	2%	0%	1%	1%	0%	1%
San Antonio Females	5%	3%	2%	0%	1%	1%

According to DEA reports, the primary narcotic controlled substances being diverted are hydrocodone, hydromorphone, fentanyl, methadone, oxycodone, and codeine. The State Board of Pharmacy reports that hydrocodone, in combination with the benzodiazepines, are the most common drugs involved in chemical dependency problems among pharmacists.

## ***Marijuana***

The 1996 Texas Secondary School Survey found that lifetime use of marijuana was back to the 1988 level, while past month use was well above earlier levels. The number of students indicating that their parents strongly disapprove of marijuana use (80 percent) declined from 86 percent in 1992 and the belief among young people that marijuana use is very dangerous declined to 60 percent in 1996, down from 76 percent in 1992. Preliminary results of the 1996

***Prevalence and Recency of Use of Marijuana  
Texas Secondary Students***

	1988	1990	1992	1994	1996
Ever Used	31.5%	22.6%	19.7%	25.3%	31.2%
Past Month Use	11.5%	7.8%	6.8%	12.0%	15.9%

survey also found that 36 percent of secondary school students in 1996 perceive that marijuana is more available than did youths in 1992 (24 percent).

The rate of emergency room mentions per 100,000 in the Dallas metropolitan area reached a high of 27.3 in 1988, then dropped to 11.1 in 1992 and has risen since then.

**Dallas DAWN Emergency Room Mentions—Marijuana**

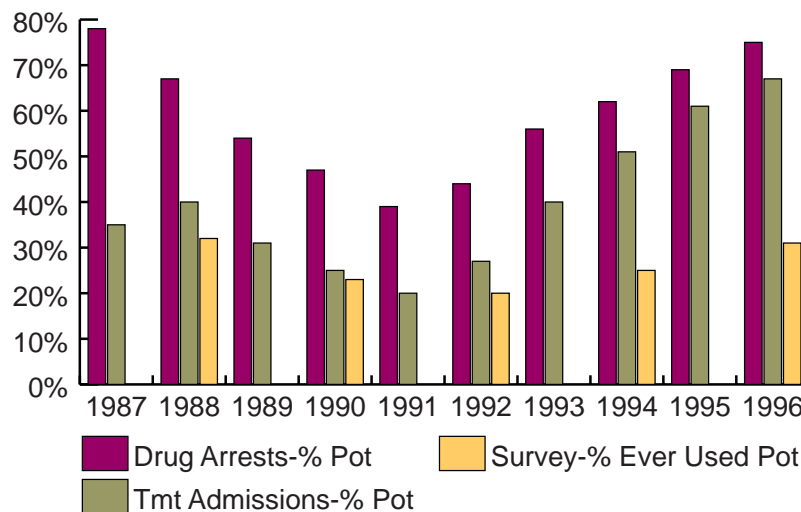
	1988	1989	1990	1991	1992	1993	1994	1995
Mentions/100K	27.3	23.8	15.6	11.1	14.8	15.7	20.3	23.2
% Male	68%	67%	67%	65%	66%	63%	60%	70%
% White	58%	63%	59%	65%	62%	56%	61%	58%
% Black	35%	30%	35%	26%	28%	34%	30%	34%
% Hispanic	8%	7%	6%	9%	10%	10%	10%	8%
% Age 35+	11%	12%	12%	16%	14%	16%	16%	16%

Marijuana was the primary problem for 8 percent of adult admissions to treatment programs in 1996. The average age of marijuana clients continues to increase: in 1985, the average age was 24; in 1996, it is nearly 28. The proportion of males is 67 percent. Fifty-one percent of the clients are Anglo, 28 percent are Hispanic, and 20 percent are Black. Average annual income is \$7,191.

Marijuana was also the primary drug for 65 percent of adolescent admissions in 1996, as compared with 61 percent in 1995 and 51 percent in 1994. In 1996, 82 percent of the marijuana admissions were male; average age was 15.5 years; 43 percent were Hispanic, 33 percent were Anglo, and 23 percent were African American (in 1987, 7 percent were African American). Some 69 percent of the marijuana admissions were referred by the juvenile justice system.

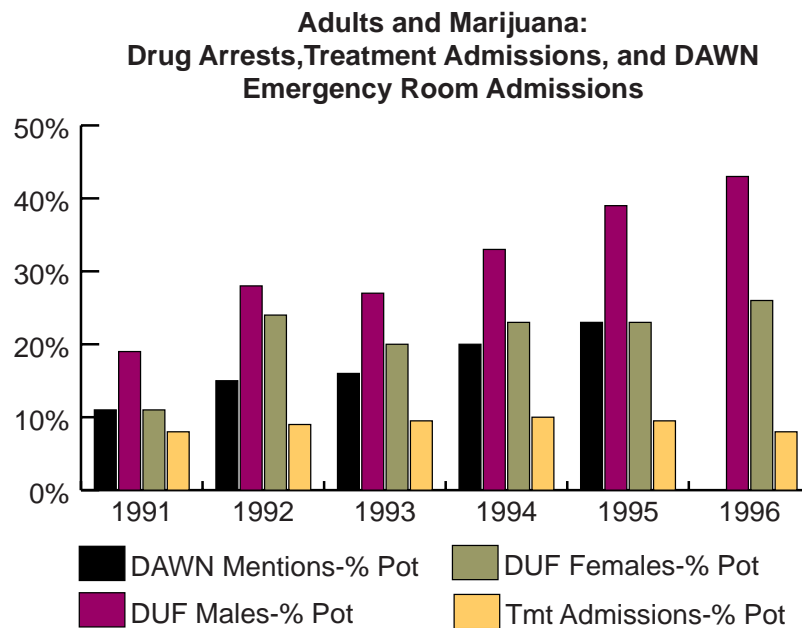
Treatment, survey, and criminal justice data all confirm this increase in marijuana use and the problems which are resulting. With juveniles, not only are more students reporting

**Juveniles and Marijuana:  
Drug Arrests, Treatment Admissions, and Lifetime  
Marijuana Use**



use of marijuana in the Texas School Survey, but the proportion of youth entering publicly-funded treatment with a primary problem of marijuana is increasing. And the proportion of youth who are arrested for a marijuana drug offense out of all juvenile drug offenses is also up.

The same trend is also seen in the data on adults. The DAWN emergency room admissions with marijuana mentions and the percent of Dallas arrestees testing positive for marijuana are up, as are adult treatment admissions statewide for a primary problems with marijuana.



In the DUF data, the percentage of adult arrestees testing positive for marijuana has increased dramatically between 1991 and 1996. For San Antonio juvenile males, the percent positive went from 24 percent in 1993 to 45 percent in 1996, while for females, it went from 10 to 17 percent.

**Percent of Arrestees Testing Positive for Marijuana (DUF)**

	1991	1992	1993	1994	1995	1996
Dallas Males	19%	28%	27%	33%	39%	43%
Houston Males	17%	24%	24%	23%	30%	26%
San Antonio Males	19%	28%	32%	30%	34%	39%
San Antonio Male Juveniles			24%	35%	42%	45%
Dallas Females	11%	24%	20%	23%	23%	26%
Houston Females	8%	12%	15%	13%	20%	25%
San Antonio Females	8%	16%	17%	15%	16%	17%
San Antonio Female Juveniles			10%	4%	12%	17%

## Substance Abuse Trends in Texas

Prices fluctuate depending on quality, quantity, demand, and availability. In Houston, a pound between \$350 and \$900, while in the Dallas area, Mexican marijuana is \$450-\$750 and domestic, with higher THC concentrations, is \$750-\$3,000 per pound.

Swishers and Blunts continue to be popular, and reports continue about the use of marijuana soaked in embalming fluid or mixed with PCP. In Houston, PCP is reported inexpensive to manufacture or purchase and smoking it with marijuana makes the PCP easier to ingest while the marijuana moderates the more frightening psychoactive effects.

### Stimulants

Various data sources refer to these stimulant drugs as "Uppers," "Stimulants," "Amphetamines," and "Methamphetamines." DAWN emergency room mentions show an upswing in mentions of methamphetamine and amphetamine. In first half of 1992, the rate of mentions for methamphetamines per 100,000 in Dallas was 1.6 per 100,000; it had risen to 3.3 in second half of 1995. For amphetamines, the rate was 0.6 per 100,000 in first half of 1992; it was 3.0 in second half of 1995.

Stimulants (methamphetamines and amphetamines) accounted for 3 percent of adult treatment admissions in 1996. The client admitted for a primary problem with stimulants is aging: the average age was 26 in 1985 and 30 in 1996. The proportion of Anglo clients has risen from 80 percent in 1985 to 94 percent in 1996, while the proportion of Hispanics has dropped from 11 percent to 5 percent, and the proportion of African Americans has dropped from 9 percent to 1 percent. The proportion of males is 37 percent and 62 percent use needles. Average income is \$6,391.

Methamphetamine and amphetamine is manufactured in Texas and it is also imported from California and Mexico. According to DEA reports, the price range of methamphetamine has dropped from \$15,000 to \$18,000 a pound in January, 1994, to between \$8,000 to \$14,000 a pound now. Amphetamine prices have decreased from \$12,000 to \$15,000 a pound to \$8,000 to \$13,000 a pound. In California, methamphetamine and amphetamine costs between \$4,500 and \$7,000 per pound. Ounce quantities of methamphetamine and amphetamine retail for \$800 to \$1,500; a gram costs \$100 to \$125. As prices have dropped, the purity has increased to 40-90 percent pure.

Dallas is the city most likely to have positive amphetamine tests for both male and female

#### **Percent of Arrestees Testing Positive for Amphetamines (DUF)**

	1991	1992	1993	1994	1995	1996
Dallas Males	1%	1%	4%	2%	2%	1%
Houston Males	0%	0%	0%	0%	0%	0%
San Antonio Males	1%	0%	0%	0%	1%	2%
San Antonio Male Juveniles			0%	0%	0%	1%
Dallas Females	3%	3%	6%	4%	4%	1%
Houston Females	0%	0%	1%	0%	1%	2%
San Antonio Females	2%	1%	2%	0%	3%	3%
San Antonio Female Juveniles			1%	0%	0%	0%

DUF arrestees over time. In all three cities, the percentage ranges between 1 and 4 percent. Methylene dioxymethamphetamine (MDMA or Ecstasy) is still popular among young, upper middle class Anglos and in the homosexual community. Use is reported up in Austin and Houston. Most of the MDMA and Ecstasy originates in Houston, Baytown, Mexico, or California. Prices of MDMA range from \$7 to \$30 per 50 to 100 milligram tablet dosage unit.

The 1996 Texas Secondary School Survey showed that use of Ecstasy is increasing.

***Prevalence and Recency of Use of Ecstasy  
Texas Secondary Students***

	<b>1990</b>	<b>1992</b>	<b>1994</b>	<b>1996</b>
Ever Used	4.1%	2.6%	2.5%	5.4%
Past Month Use	1.3%	0.6%	0.7%	1.5%

A major concern is the growing use of marketing terms such as “all natural” or “all herbs” and the use of common names for ingredients which are not known by the general population and most healthcare professionals to contain active drug ingredients. In addition, some of these products are “spiked” with synthetic ephedrine and caffeine.

TDH has also expressed strong concerns about the marketing of ephedrine products as legal versions of illicit hallucinogenic controlled substances such as MDMA. They are labeled as dietary supplements and marketed as being safe and “all natural,” although they may contain 50 to 100 mg. of ephedrine in combination with caffeine. Reports have been received of young people at rock concerts who experienced adverse reactions from the ephedrine in these products. There are varying levels of quality control and the amount of ephedrine in a product can vary by individual package. These products include Herbal Ecstasy, Herbal X GWM, Cloud 9, Herbal Bliss, and Ritual Spirit.

In addition, ephedrine is sold in truck stops for asthma relief and as a bronchodilator to help breathing. Truck stop ephedrine products include 357 Magnum, Efedrin, Go-Power, Heads Up, Max Alert, Maxephedrine, Mini-Thins, Thin-Edrine, and Turbo Tabs. Texas authorities continue to receive reports of the abuse of these drugs, particularly by young teenagers.

Ephedrine is selling for up to \$1,000 per pound, and 1,000 tablets will sell for \$10. Pharmacists are now reporting buyers in Texas wanting to purchase large quantities of pseudoephedrine, iodine, and guaifenesin over the counter to produce methamphetamine and amphetamines.

### ***Sedatives/Hypnotics***

This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital; tranquilizers, such as the benzodiazepines, diazepam, flunitrazepam, flurazepam, and chlordiazepoxide; and nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, and chloral hydrate.

The DAWN emergency room mentions for diazepam have varied between 2.9 and 4.4 mentions per 100,000 for 1992 to 1995. For phenobarbital, the mentions have ranged from 0 to 0.9 for the same period of time.

Rohypnol (flunitrazepam) use has continued to be widespread across the state. While on the Lower Border it is primarily used by younger Hispanic youth and gang members, in the rest of Texas it is also likely to be used by college students and yuppies in their twenties as well as by younger adolescents as well as older polydrug abusers. It is primarily used in conjunction with alcohol. In Houston, "roaches," "roopies," "rib," or "ro-SHAY" are popular with Anglo and Hispanic youth. In San Antonio, Rochas Dos, the 2 mg. pill, is a party drug among gang members.

Until Rohypnol was banned by Customs, it was selling for 50 cents to \$1 per tablet; now it is reported selling for \$5 to \$20 per tablet. Because of the ban, other Mexican drug products are being recommended by Mexican vendors for importation into the US. "Qual," an analgesic/tranquilizer that is composed of Paracetamol (acetaminophen) 200 mg., propoxiphen hydrochloride 50 mg (Darvon) and diazepam 2 mg (Valium) is one preferred replacement. A second choice is Rivotril (clonazepam), which is sold in the U. S. as Klonopin and is used for the treatment of petit mal seizures. A third drug is Lexotan (bromazepam), which is a benzo-diazepine not made nor approved for use in the US.

CODAP began collecting information specifically on Rohypnol on January 1, 1996. Through August, 1996, 6 youth were admitted with a primary problem with Rohypnol and 30 more were admitted for secondary or tertiary problems with the drug. Ninety-two percent of the youth were Hispanic and 6 percent were Anglo; 61 percent were male and average age was 15.6 years. Thirty-one percent were referred from the juvenile justice system. Of the youth with a primary problem with Rohypnol, secondary drugs of abuse included powder cocaine, marijuana, and alcohol. Of those youth reporting secondary problems with Rohypnol, the primary drug of abuse was marijuana, followed by powder cocaine. Significantly, 72 percent of these 36 youth entered programs located on the Texas-Mexico border, and since Rohypnol abuse has been a problem among Border youth for a longer period of time, this may represent the first cohort of Rohypnol users whose use of this drug has now led to dependence and the need for treatment.

In addition, 4 adults were admitted into treatment during the same period with a primary problem with Rohypnol and 19 more with a secondary problem with the drug. Unlike adolescent admissions, these admissions were reported from across the state: Lubbock, Dallas, Austin, San Antonio, El Paso, Laredo, Corpus, and Brownsville; 43 percent entered programs in Border counties. Of the adult clients, 48 percent were Hispanic and 52 percent were Anglo; 61 percent were male and average age was 26, which is much younger than most adult clients entering treatment (overall average age is 33.5 years). Ninety-one percent reported physical problems and 74 percent reported social problems. Alcohol, marijuana, heroin and cocaine were other drugs abused by these adults.

One percent of the adult clients entering treatment during 1996 had a primary problem with barbiturates, sedatives, or tranquilizers. This group was very different from other drug abus-

ers: they were older (average age of 34), Anglo (89 percent), and female (75 percent). Only 16 percent injected drugs. Average income is \$5,555.

Benzodiazepines were the drugs in the downer category most often identified by DUF and they continue to be a problem, with positives ranging from 3 to 10 percent. For barbiturates, the positive rate ranges from 0 to 1 percent.

***Percent of Arrestees Testing Positive for Various Drugs (DUF)***

<b>BARBITURATES</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>
Dallas Males	0%	0%	0%	0%	0%	0%
Houston Males	1%	0%	2%	0%	0%	1%
San Antonio Males	1%	1%	0%	0%	0%	0%
San Antonio Male Juveniles			0%	0%	0%	0%
Dallas Females	1%	1%	2%	1%	1%	0%
Houston Females	2%	1%	1%	1%	0%	1%
San Antonio Females	3%	1%	1%	1%	0%	0%
San Antonio Female Juveniles			1%	1%	0%	0%
<b>BENZODIAZEPINES</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>
Dallas Males	2%	3%	3%	3%	2%	3%
Houston Males	4%	10%	6%	4%	6%	10%
San Antonio Males	4%	5%	5%	4%	3%	4%
San Antonio Male Juveniles			2%	1%	2%	2%
Dallas Females	6%	6%	9%	7%	4%	7%
Houston Females	8%	9%	9%	5%	7%	6%
San Antonio Females	11%	6%	8%	6%	4%	9%
San Antonio Female Juveniles			1%	1%	1%	6%

GHB (gamma-hydroxybutyrate) is becoming more common in Texas where it is known on the street as "Liquid Ecstasy," "Somatomax," "Scoop," or "Grievous Bodily Harm." Data from the North Texas and Southeast Texas Poison Control Centers provided information on cases which resulted in emergency room treatment. Of 56 cases on which data are available in the period November, 1995 to October, 1996, average age was 25.9 years and 35 percent were females. In six instances, additional information on source of the drug was provided, and "gym" was mentioned by three males, while "drink" was mentioned by three females.

### ***Hallucinogens***

The 1996 Texas Secondary School Survey reports that use of hallucinogens is up for Texas students.

***Prevalence and Recency of Use of Hallucinogens  
Texas Secondary Students***

	<b>1988</b>	<b>1990</b>	<b>1992</b>	<b>1994</b>	<b>1996</b>
Ever Used	6.6%	4.6%	4.9%	5.9%	7.4%
Past Month Use	2.4%	1.6%	1.5%	1.9%	2.4%

## **Substance Abuse Trends in Texas**

DAWN emergency room mentions for the Dallas area show that the use of LSD may be increasing. The rate per 100,000 was 0 in first half of 1992, 1.1 in second half of 1992, 2.1 for first half of 1993, 1.5 for second half of 1993, 1.8 for first half of 1994, 2.8 for second half of 1994, and 2.8 for first half of 1995, and 2.5 for second half of 1995.

Among adolescent treatment programs, 1.7 percent of the admissions in 1995 and 2 percent of admissions during 1996 were for hallucinogens. The proportion of males in 1996 was 70 percent and 76 percent Anglo. Among adult treatment admissions in 1996, only 0.24 percent were for hallucinogens. Average age was 24 years and 47 percent were male; 67 percent were Anglo, 30 percent were African American and 3 percent were Hispanic.

Special K (Ketamine) is now being reported in the DFW Metroplex area and in Galveston.

DAWN emergency room mentions of PCP have varied for 0 to 0.6 for the period 1992 to the first half of 1994. In the second half of 1994, it was 0.9 and for the first and halves of 1995, it was 1.4 mentions per 100,000.

PCP is most likely to be reported among male DUF arrestees in Dallas. No PCP positives were reported in San Antonio.

### **Percentage of Arrestees Testing Positive for PCP (DUF)**

<b>PCP</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>
Dallas Males	0%	3%	3%	5%	8%	4%
Houston Males	0%	0%	1%	3%	4%	2%
San Antonio Males	0%	0%	0%	0%	0%	0%
Dallas Females	0%	0%	1%	2%	2%	1%
Houston Females	0%	0%	0%	1%	2%	1%
San Antonio Females	0%	0%	0%	0%	0%	0%

PCP use is reported with marijuana joints soaked in embalming fluid laced with PCP. A liquid ounce of PCP is selling for \$150 to \$600 and a dipped cigarette is about \$20.

LSD is manufactured in California and Houston and it still sells from \$1 to \$10 a hit and between \$800 and \$1,000 per book.

## **Inhalants**

The 1996 Texas Secondary School Survey shows that inhalant abuse has dropped from the high rates reported in 1988, but use has increased slightly from the low points in 1994.

### **Prevalence and Recency of Use of Inhalants Texas Secondary Students**

	<b>1988</b>	<b>1990</b>	<b>1992</b>	<b>1994</b>	<b>1996</b>
Ever Used	30.0%	24.1%	23.2%	18.7%	19.8%
Past Month Use	7.0%	6.2%	5.3%	4.9%	5.1%

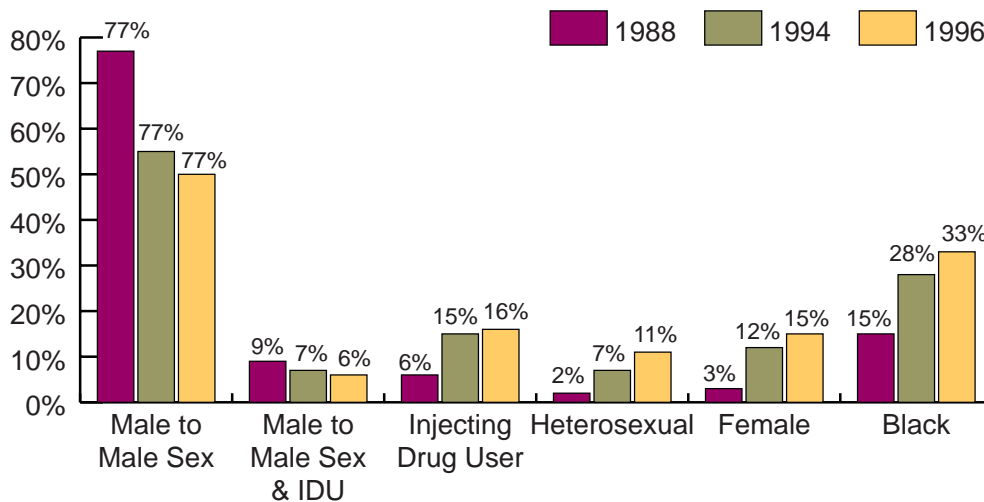


Inhalant abusers comprised 7 percent of the admissions to adolescent treatment programs in 1996. Some 76 percent were male, 75 percent were Hispanic, 22 percent were Anglo, and 2 percent were African American. The race/ethnic distribution is heavily influenced by the location and orientation of the treatment programs. In addition, 0.2 percent of adult admissions were inhalant abusers in 1996. Some 62 percent were male; 58 percent were Hispanic and 38 percent were Anglo. These clients had the lowest education level (10.5 years). Average annual income was only \$3,760.

**Acquired Immunodeficiency Syndrome (AIDS) Among Injecting Drug Users (IDUs)**

As of September 30, 1996, 39,196 AIDS cases had been officially reported in Texas since 1980. The proportion of adult and adolescent AIDS cases related to injecting drug use has gone from 15 percent in 1988 to 22 percent in 1996. In 1988, 6 percent of the cases were IDUs, and 9 percent were male-to-male sex and IDUs; in 1996, 16 percent of the cases were IDUs, and 6 percent were male-to-male sex and IDUs. The proportion of cases resulting from heterosexual contact has gone from 2 percent in 1988 to 11 percent in 1996. In 1988, 3 percent of the AIDS cases were females over age 12; for 1996, 15 percent were female. In 1988, 15 percent of the adult and adolescent cases were African-Americans; in 1996, 33 percent were African-American. This increase in the proportion of females and African-Americans reflects the crack cocaine epidemic and the prostitution associated with it.

**AIDS Cases in Texas**



The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 22 percent for 1996, which reflects the change to a primary illicit drug of abuse of cocaine.

**Exhibit 1. Percent of Adult Admissions to TCADA-Funded Treatment Programs by Primary Drug of Abuse from January 1983 - September 1996.**

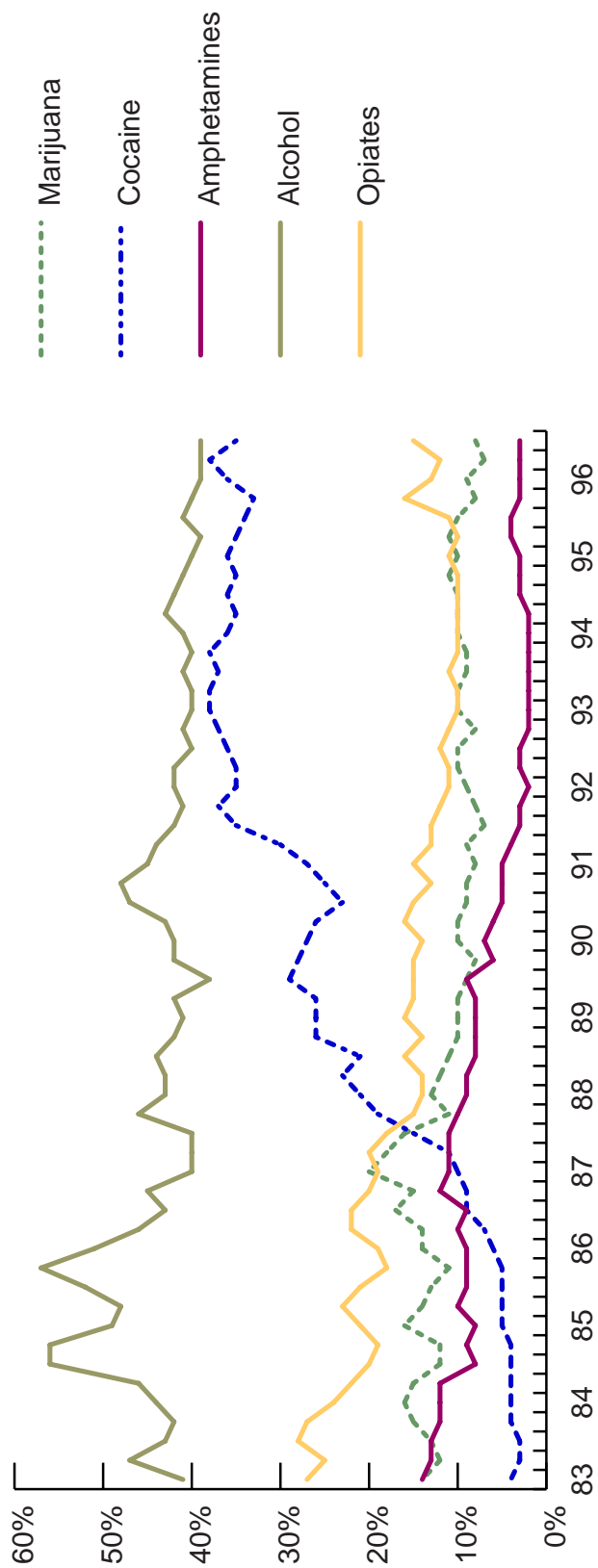


Exhibit 2. Characteristics of Adult Clients at Admission to TCADA Funded Treatment Programs, Jan.1 - Sept. 30,1996

Primary Drug	Total Admissions	Percent All Admissions	Average Age	Avg Age 1st at Use	Avg Year of 1st Use	Avg Lag from 1st Use to Admission	Percent First Admissions	Percent Married	Percent Male	Percent Using Needles
All Drugs	12537	100.00%	33.63	20.41	82	14	44.84%	22.03%	56.42%	22.83%
Heroin	1576	12.57%	36.71	22.89	82	14	31.22%	26.65%	59.07%	92.51%
Alcohol	4785	38.17%	35.65	16.27	76	20	46.60%	23.39%	65.73%	7.11%
Amphetamines	386	3.08%	30.41	19.96	85	11	46.89%	19.43%	37.05%	62.44%
Cocaine Powder	1118	8.92%	30.23	22.04	87	9	51.88%	25.76%	55.28%	48.30%
MJ Hash	978	7.80%	27.65	15.63	83	13	64.31%	20.14%	67.28%	0.00%
Inhalants	26	0.21%	27.58	18.50	86	10	38.46%	11.54%	61.54%	0.00%
Ecstasy	8	0.06%	26.00	23.50	93	3	62.50%	25.00%	62.50%	0.00%
Crack	3293	26.27%	32.57	25.59	88	8	40.78%	17.19%	44.00%	4.34%
Hallucinogens	30	0.24%	24.20	19.47	91	5	43.33%	3.33%	46.67%	23.33%
Other Opiates	180	1.44%	36.22	27.15	86	10	35.56%	26.11%	28.89%	13.89%
Depressants	124	0.99%	33.74	24.53	86	10	41.94%	28.23%	25.00%	16.13%
Other Drugs	33	0.26%	32.03	26.78	90	6	69.70%	27.27%	33.33%	24.24%

Primary Drug	Percent Black	Percent White	Percent Hispanic	Percent Employed	% Criminal Justice Referred	Avg Education	Percent Live with Family	Percent Homeless	Percent Physical Problems	Percent Social Problems	Avg Income at Admission
All Drugs	26.68%	51.14%	21.58%	26.53%	25.51%	11.45	64.49%	9.84%	56.77%	56.60%	\$6,463
Heroin	15.80%	45.11%	38.13%	20.75%	14.72%	11.29	68.46%	7.87%	56.28%	51.97%	\$4,364
Alcohol	14.65%	60.59%	24.01%	33.15%	29.91%	11.42	62.51%	10.80%	58.96%	57.99%	\$7,514
Amphetamines	1.55%	93.78%	4.66%	27.98%	26.68%	11.56	55.96%	8.81%	49.48%	49.74%	\$6,391
Cocaine Powder	8.50%	56.44%	34.35%	24.78%	26.39%	11.36	65.83%	8.32%	52.68%	54.38%	\$7,215
MJ Hash	20.04%	51.12%	28.43%	42.84%	54.81%	11.01	70.14%	4.50%	35.07%	32.92%	\$7,191
Inhalants	0.00%	38.46%	57.69%	26.92%	3.85%	10.50	65.38%	15.38%	65.38%	61.54%	\$3,560
Ecstasy	37.50%	25.00%	37.50%	25.00%	12.50%	12.88	100.00%	0.00%	37.50%	37.50%	\$2,150
Crack	63.01%	29.55%	7.20%	16.19%	16.61%	11.64	63.77%	11.96%	61.40%	64.50%	\$5,433
Hallucinogens	30.00%	66.67%	3.33%	16.67%	20.00%	11.70	56.67%	3.33%	43.33%	36.67%	\$4,071
Other Opiates	2.78%	93.89%	2.78%	18.33%	14.44%	12.65	72.22%	2.22%	67.78%	65.00%	\$8,299
Depressants	3.23%	88.71%	8.06%	18.55%	10.48%	11.35	65.32%	12.10%	71.77%	70.97%	\$5,555
Other Drugs	9.09%	75.76%	12.12%	18.18%	21.21%	13.19	72.73%	12.12%	60.61%	63.64%	\$9,500

TCADA Treatment Assessment Database

Exhibit 3. Characteristics of Youth Clients at Admission to TCADA Funded Treatment Programs, Jan. 1 - Sept. 30, 1996

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Avg Age 1st at Use	Average Lag from 1st Use to Admission	Percent Using Needles	Percent Male
All Drugs	1724	100.00%	15.46	12.26	4	1.22%	77.49%
None	32	1.86%	15.31			0.00%	78.13%
Heroin	8	0.46%	15.63	14.25	2	87.50%	75.00%
Alcohol	245	14.21%	15.47	11.60	5	0.00%	73.06%
Amphetamines	16	0.93%	16.00	13.25	3	31.25%	75.00%
Cocaine Powder	91	5.28%	15.63	13.12	3	6.59%	51.65%
Marijuana	1128	65.43%	15.48	12.14	4	0.18%	81.56%
Inhalants	122	7.80%	14.93	12.70	3	0.00%	75.41%
Ecstasy	3	0.17%	16.33	15.67	1	0.00%	33.33%
Rohypnol	7	0.41%	15.14	14.14	2	0.00%	57.14%
Crack	21	1.22%	15.52	14.57	2	4.76%	66.67%
Hallucinogens	37	2.15%	15.43	13.35	3	0.00%	70.27%
Other Opiates	2	0.12%	15.00	14.50	1	0.00%	100.00%
Depressants	5	0.29%	16.00	11.60	5	0.00%	80.00%
Other Drugs	7	0.41%	16.14	14.14	3	0.00%	57.14%

Primary Drug	Percent Black	Percent White	Percent Hispanic	Percent Involved w/ Criminal Justice	Average Education	Percent Live with Parent(s)	Percent w/a Parent who Abuses Substance(s)
All Drugs	17.23%	34.11%	47.74%	66.30%	8.24	72.45%	5.51%
None	3.13%	15.63%	78.13%	93.75%	8.59	84.38%	0.00%
Heroin	0.00%	50.00%	50.00%	37.50%	8.13	50.00%	12.50%
Alcohol	11.02%	32.65%	55.51%	65.71%	8.31	73.88%	4.90%
Amphetamines	0.00%	100.00%	0.00%	81.25%	8.73	81.25%	6.25%
Cocaine Powder	2.20%	40.66%	56.04%	50.55%	8.25	67.03%	9.89%
MJ Hash	22.87%	32.98%	43.26%	69.24%	7.66	71.28%	5.67%
Inhalants	1.64%	22.13%	74.59%	56.56%	8.67	84.43%	4.92%
Ecstasy	0.00%	66.67%	33.33%	33.33%	8.29	66.67%	33.33%
Rohypnol	0.00%	0.00%	100.00%	28.57%	8.43	85.71%	0.00%
Crack	14.29%	42.86%	42.86%	47.62%	8.27	95.24%	0.00%
Hallucinogens	5.41%	75.68%	18.92%	48.65%	8.00	59.46%	2.70%
Other Opiates	0.00%	100.00%	0.00%	50.00%	8.00	50.00%	0.00%
Depressants	20.00%	40.00%	40.00%	40.00%	9.00	40.00%	0.00%
Other Drugs	14.29%	57.14%	28.57%	85.71%	9.14	42.86%	0.00%

TCADA Treatment Assessment Database