

# SUBSTANCE ABUSE TRENDS IN TEXAS, JUNE 2005

by Jane Carlisle Maxwell, Ph.D.

*Cocaine continues to be readily available, and it is the primary illicit drug for which Texans enter treatment. It remains a problem on the border with Mexico, as documented in the school survey and treatment data. Use of crack cocaine continues to move beyond Black users to White and Hispanic users. Alcohol is the primary drug of abuse in Texas in terms of dependence, deaths, and treatment admissions, and of minors treated in emergency departments for a problem with alcohol; some 37%-38% were under age 18. Heroin addicts entering treatment are primarily injectors. In Texas, hydrocodone is a much larger problem than oxycodone or methadone. Codeine cough syrup, 'Lean,' continues to be abused. Treatment data show that marijuana clients admitted with criminal justice problems are less impaired than those who are referred from other sources. According to the indicators, methamphetamine is a growing problem, particularly in north and east Texas, and the practice of smoking 'Ice' is increasing, while the price of the drug continues to drop. Xanax and Soma continue to be widely abused pharmaceutical drugs. Club drug users differ in their sociodemographic characteristics, just as the properties of these drugs differ. Ecstasy use is moving out of the White club scene and the indicators are up from 2003 to 2004. Ketamine continues as a problem. GHB, GBL, and similar precursor drugs remain a problem, particularly in the Dallas-Fort Worth Metroplex area. Although indicators are down, Rohypnol remains a problem along the Texas-Mexico border. PCP indicators are mixed, dextromethorphan is a problem with adolescents, and carisoprodol (Soma), a growing problem, is often abused in combination with other prescription drugs. Inhalants remain a problem with different types of users. The number of AIDS cases of females and persons of color is growing. The proportion of cases due to the heterosexual mode of transmission now exceeds the proportion of cases due to injecting drug use.*

## AREA DESCRIPTION

The population of Texas in 2004 is 22,158,126, with 51% White, 12% Black, 34% Hispanic, and 3% "Other." Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as through smaller towns along the border. The drugs then move northward for distribution through Dallas-Fort Worth and Houston. In addition, drugs move eastward from San Diego through Lubbock and from El Paso to Amarillo and Dallas-Fort Worth.

There are multiple routes by which drugs enter Texas. The international airports in Houston and Dallas-Fort Worth are major ports for the distribution of drugs into and out of the State, and seaports are used to import heroin and cocaine via commercial cargo vessels. Both private and express mail companies are used to traffic narcotics and smuggle money, and drugs are transported across the border by private vehicles and couriers who carry the drugs across on their bodies. Another problem is that U.S. citizens can buy controlled substances in Mexican pharmacies and then bring them into the States.

## DATA SOURCES AND TIME PERIODS

*Substance Abuse Trends in Texas* is an ongoing series which is published every six months as a report for the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse (NIDA). This report updates the January 2005 report. To compare the June 2005 report with earlier periods, please access:

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

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

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

**Adult substance use data** came from DSHS's *2000 Texas Survey of Substance Use Among Adults*.

**Use by Texans age 12 and older data** came from the Substance Abuse and Mental Health Services Administration's (SAMHSA) *State Estimates of Substance Use from the 2002-2003 National Survey on Drug Use and Health*.

**Poison Control Center data** came from the Texas Poison Center Network, DSHS, for 1998-2004. Analysis was provided by Mathias Forrester, epidemiologist with the Texas Poison Center Network, and by the author. In addition, findings from four papers authored by Forrester, "Carisoprodol Abuse in Texas, 1998-2003," "Flunitrazepam Abuse and

Malicious Use in Texas, 1998-2003," "Oxycodone Abuse in Texas, 1998-2003," and "Methylphenidate Abuse in Texas, 1998-2004," were used in this report.

**Emergency department (ED)**

**data** were derived for calendar year 2004 from the Drug Abuse Warning Network (DAWN) *Live!* restricted-access online query system administered by the Office of Applied Studies (OAS), SAMHSA. Data derived from DAWN *Live!* represent drug reports in drug-related ED visits. Eligible hospitals in the Dallas-Fort Worth DAWN area totaled 49, with 48 in the DAWN sample. During 2004, between 10 and 16 emergency departments reported data each month. Eligible hospitals in the Houston DAWN area totaled 44, with 37 in the DAWN sample. During 2004, between 14 and 15 EDs reported data each month. The response rates in both Dallas and Houston were relatively low. In Houston, this was because it was new and, in Dallas, it was because few hospitals agreed to participate. Exhibits in this paper reflect cases that were received by DAWN as of April 13, 2005 and May 18, 2005. The DAWN *Live!* data are unweighted and, thus, are not estimates for the reporting area. These data cannot be compared to DAWN data from 2002 or before, nor can preliminary data be used for comparison with future data.

**Treatment data** were provided by DSHS's client data system on clients at admission to treatment in DSHS-funded facilities from the first quarter of 1987 through December 31, 2004. For most drugs, the characteristics of clients entering with a primary problem with the drug are discussed, but in the case of emerging club drugs, information is provided on any client with a primary, secondary, or tertiary problem with that drug. Analysis was by the author.

**Overdose death data statewide on drug overdose deaths** came from death certificates from the Bureau of Vital Statistics, DSHS; analysis was by the author.

Findings are also presented from Maxwell, J. C., Pullum, T.W., and Tannert, K. "Deaths of Clients in Methadone Treatment in Texas: 1994-2002," *Drug and Alcohol Dependence*, 78(1); 73-82, 2005.

**Drug and alcohol arrests data** come from the Uniform Crime Reports of the Texas Department of Public Safety (DPS).

**Information on drugs identified by laboratory tests** are from the Texas Department of Public Safety, which submitted results from toxicological analyses of substances submitted in law enforcement operations for 1998 through December 31, 2004, to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA). Analysis was by the author.

**Price, purity, trafficking, distribution, and supply information** was provided by first and second quarter 2005 reports on trends in trafficking from the Dallas, El Paso, and Houston Field Divisions of the DEA and from DEA's 2003 Domestic Monitor Program.

**Drug trends by users in 2005** were reported to DSHS by workers at local HIV counseling and testing programs.

**Acquired immunodeficiency syndrome (AIDS) data** were provided by DSHS for annual periods through December 2004.

**Hepatitis C (HCV) data** were provided by DSHS on HCV counseling and testing for the period January 1, 2003 to December 31, 2003.

**DRUG ABUSE TRENDS**

**COCAINE AND CRACK**

*The Texas School Survey of Substance Abuse: Grades 7-12, 2004* reported that lifetime use of powder and crack cocaine had dropped from a high of 9% in 1998 to 8% in 2004, while past-month use dropped from 4% in 1998 to 3% in 2004. Some 7% of students in nonborder counties had ever used powder or crack cocaine, and 3% had used it in the past month. In comparison, students in schools on the Texas border reported higher levels of cocaine use: 13% lifetime and 6% past-month use (exhibit 1).

*The 2000 Texas Survey of Substance Use Among Adults* reported 12% of Texas adults had ever used powder cocaine. Some 2% had used it in the past year. In 2002-2003, the National Survey on Drug Use and Health estimated that 2% of Texans age 12 and older had used cocaine in the past year. By age group, 3% were age 12-17, 7% were 18-25, and 2% were 26 and older.

Texas Poison Control Center calls involving the use of cocaine increased from 503 in 1998 to 1,405 cases in 2004. Some 65% were male and average age was 30.

Cocaine is the major illicit drug in

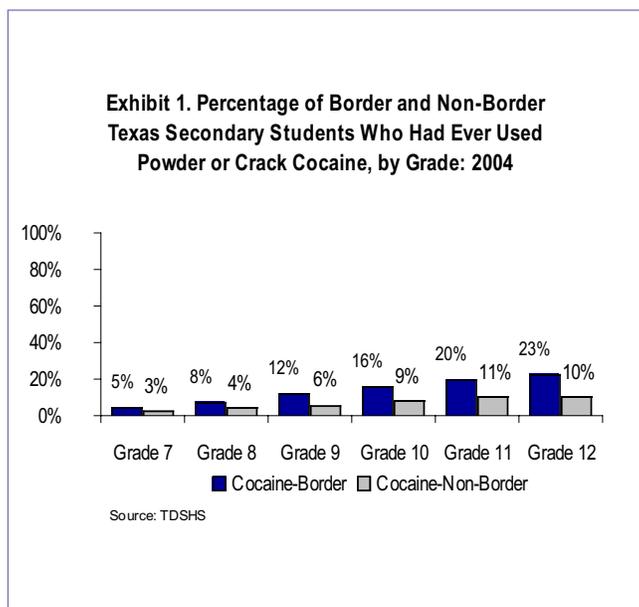


Exhibit 2. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 2004

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	9,131	900	3,256	13,863
% of Cocaine Admits	66	6	23	100
Lag-1st Use to Tmt-Yrs.	12	15	9	11
Average Age	37	35	29	35
% Male	54	62	54	55
% Black	50	5	13	37
% White	33	63	29	34
% Hispanic	16	29	57	27
% CJ Involved	36	46	52	41
% Employed	12	13	33	18
% Homeless	18	11	5	14

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

Source: TDSHS

terms of emergency department reports. It represented 33% of all DAWN emergency department reports in Dallas-Fort Worth and 38% of the reports in Houston. In Dallas, 67% of the patients were male, 36% were White, 44% were Black, and 15% were Hispanic; 35% were age 35-44 and 18% were 45-54. In Houston, 64% of the patients were male, 36% were White, 42% were Black, and 19% were Hispanic; 33% were 35-44 and 17% were 45-54.

Cocaine (crack and powder together) represented 26% of all admissions to DSHS-funded treatment programs in 2004. With 18% of all admissions, crack cocaine is the primary illicit drug problem of clients admitted to publicly funded treatment programs in Texas (exhibit 29).

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

The term "lag" refers to the period from first consistent or regular use of a drug to the date of admission to treatment. Powder cocaine inhalers average 9 years between first regular use and entrance to treatment, while injectors average 15 years of use before they enter treatment.

Between 1987 and 2004, the percentage of Hispanic treatment admissions using powder cocaine increased from 23% to 51%, while for Whites and

Blacks, it dropped from 48% to 36%, and from 28% to 11%, respectively. Exhibit 3 shows these changes by route of administration. It also shows the proportion of Black crack cocaine admissions fell from 75% in 1993 to 50% in 2004, while the proportion of Whites increased from 20% in 1993 to 33% in 2004. Hispanic admissions rose from 5% to 16% in the same time period.

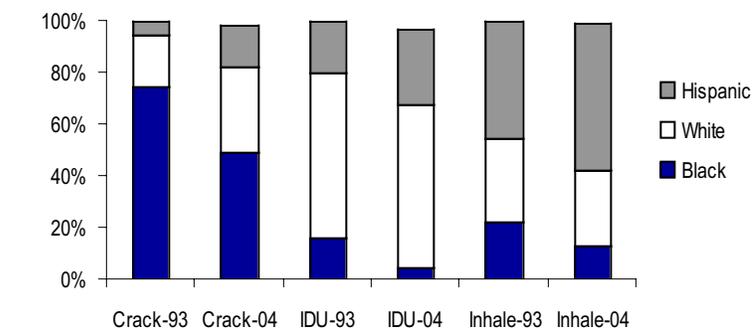
Cocaine is also a problem on the border. Eighteen percent of treatment admissions in 2004 were for problems with powder cocaine (86% inhaled the drug and 13% injected it). Another 11% of admissions smoked crack cocaine.

The number of deaths statewide in which cocaine was mentioned has increased over the years, from 223 in 1992 to 541 in 2002, but decreased to 477 in 2003 (exhibit 4). The average age of the decedents was 39 years in 2003, and 43% were White, 25% were Hispanic, and 31% were Black. Eighty percent were male.

Exhibit 5 shows that the proportion of substances identified as cocaine by the DPS labs is decreasing. In 1998, cocaine accounted for 40% of all items examined, as compared to 31% in 2004.

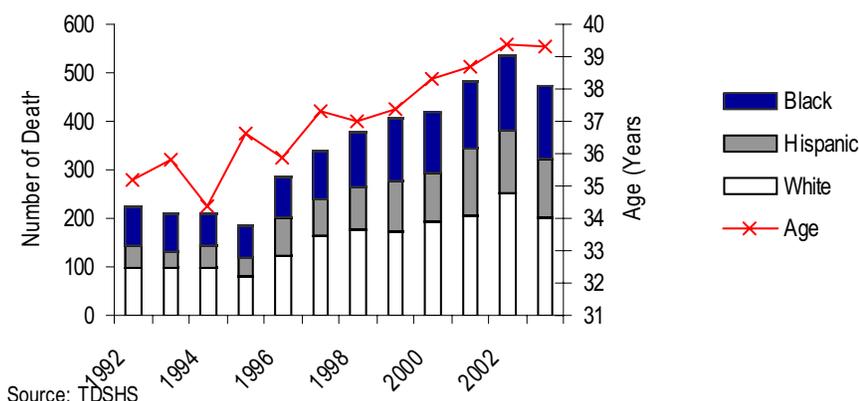
In the second quarter of 2005, powder and crack cocaine were reported by

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



Source: TDSHS

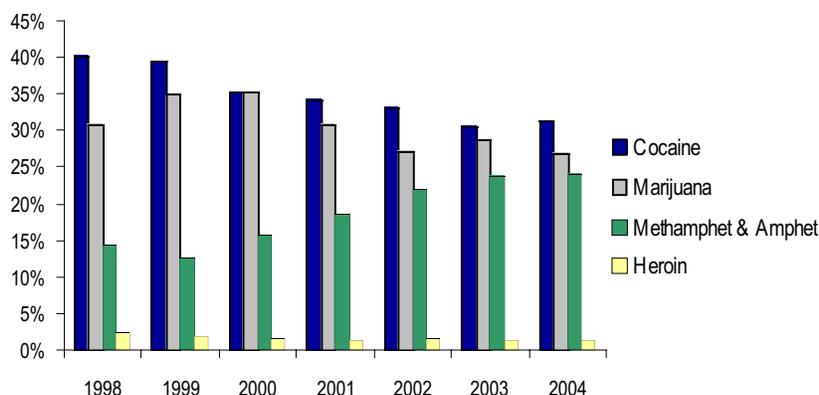
**Exhibit 4. Age and Race/Ethnicity of Persons Dying with a Mention of Cocaine in Texas: 1992–2003**



Source: TDSHS

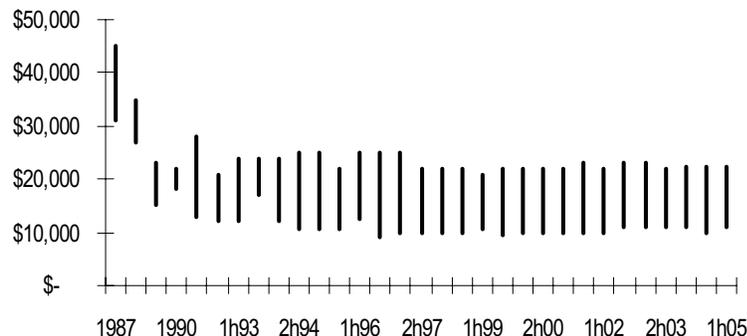
the Dallas DEA Field Division as being readily available in the Metroplex, in Lubbock, and in small towns and rural communities in north Texas. In Dallas, crack was particularly popular in the predominantly Black and Hispanic neighborhoods and it was the most visible drug trafficked in Tyler. In Fort Worth, crack and methamphetamine were reported as the drugs of choice by young users, and in Lubbock crack was used by all ethnic groups, although it was more prevalent in the Black community. Both forms of cocaine were readily available in the El Paso Field Division. Cocaine availability has remained constant in the Houston Field Division, with availability up in rural areas east of Austin (Elgin and Bastrop). Crack availability and use is minimal in Laredo. Cocaine is transshipped through the Lower Rio Grande Valley to large metropolitan centers using smaller private vehicles. Vehicle transport fees have averaged \$500-\$700 per kilogram, with a fee of \$1,000-\$1,500 for body carriers.

**Exhibit 5. Substances Identified by Texas DPS Labs: 1998–2004**



Source: NFLIS

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



Source: DEA

In addition to continuing to be readily available, the price for a kilogram remained stable at \$11,000–\$22,500 in the first half of 2005 (exhibit 6). A gram of powder cocaine costs \$50–\$80 in Dallas, \$50–\$60 in El Paso, and \$100 in Amarillo and Lubbock. An ounce costs \$400–\$600 in McAllen, \$400–\$650 in Houston, \$500–\$600 in Austin, \$800–\$900 in Midland, \$500–\$600 in El Paso, \$400–\$650 in Houston, \$600–\$950 in Dallas, \$600 in Alpine, \$500–\$700 in Waco, \$650–\$850 in Amarillo, \$500–\$850 in Lubbock, \$300–\$750 in Tyler, and \$600–\$750 in Fort Worth.

Across the State, a rock of crack costs \$10–\$50, with \$10–\$20 being the most common price. An ounce of crack cocaine costs \$325–\$450 in Houston, \$500 in Galveston, \$400–\$600 in San Antonio, \$500–\$600 in Austin, \$500–\$700 in Waco, \$700–\$1,100 in Dallas, \$450–\$550 in Tyler, \$500–\$800 in Beaumont, \$450–\$1,000 in Amarillo and Lubbock, \$400–\$600 in San Antonio,

\$830 in El Paso, \$800–\$900 in Midland, \$500 in McAllen, and \$650–\$750 in Fort Worth.

In Austin, street outreach workers report crack is being sold for \$200 per half-ounce or \$150 for a quarter piece. The quality is reported to be declining, and the pieces of crack are becoming smaller and the price increasing. A \$10-size piece now costs \$20. Cocaine is being “cut” with baking soda and B-12 vitamins or a mixture of dishwashing liquid and ammonia that is hardened and then combined with cocaine to produce crack. BC powder for Pain Relief is also combined with powder cocaine to produce crack. The baking soda and B-12 mixture is reported to produce crack of a higher quality. Injecting crack users use citric acid to break down the crack. They report it is a “clean” shot and is less likely to cause abscesses or swollen veins than crack that has been dissolved in Kool Aid or lemon juice. Metal lamp tubing that surrounds the electrical cord is being cut into 4-inch pieces and sold for \$5 as crack pipes. Injecting crack is also reported in Fort Worth.

In the Galveston-Brazoria area, powder cocaine use is up, but crack is more commonly used, especially in situations involving trading sex for drugs. Crack cocaine continues to be the most visible drug on the street.

**ALCOHOL**

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

Of particular concern is heavy consumption of alcohol, or binge drinking, defined as drinking five or more drinks at one time. In 2004, 15% of all secondary students said that when they drank, they usually drank five or more beers at one time, and 13% reported binge drinking of liquor. Binge drinking

increased with grade level. Among seniors, 27% binged on beer and 21% on liquor. While the percentage of binge drinking of wine or wine coolers has fallen from its peak in 1994, it is still higher than in 1988 (exhibit 7). The percentage of binge drinking of hard liquor has remained relatively stable since 1994.

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

The 2000 Texas adult survey found that 50% of Texas adults reported drinking alcohol in the past month. Some 17% reported binge drinking, 6% reported heavy drinking in the past month, and 5% of all adults met the criteria for being dependent on alcohol. This estimate was based on the Diagnostic and Statistical Manual of Mental Disorders, III-R (DSM III-R).

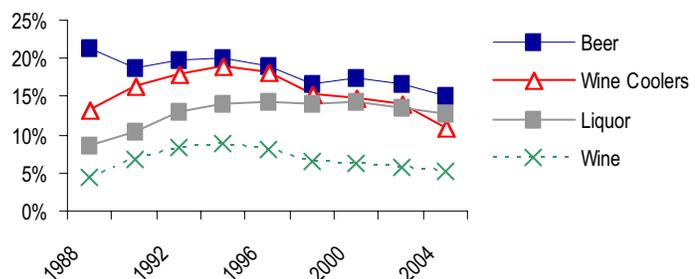
The 2002-2003 National Survey on Drug Use and Health estimated that 47% of Texans age 12 and older had drunk alcohol in the past month (18% of those age 12–17, 58% of those 18–25, and 50% of those 26 and older). Some 24% had drunk five or more drinks on at least 1 day (binge drinking) in the past month (10% of those 12–17, 40% of those 18–24, and 23% of those age 26 and older). Some 8% met the criteria for alcohol dependence based on the Diagnostic and Statistical Manual of Mental

Disorders-IV (DSM-IV). The level of alcohol dependence was estimated at 6% of those 12–17, 17% for those 18–25, and 6% of those 26 and older.

Of all the DAWN emergency department reports in 2004, 26% in Dallas-Fort Worth and 27% in Houston involved alcohol use/abuse by patients younger than twenty-one. In Dallas-Fort Worth, 53% of the minors were male, 53% were White, 6% were Black, and 30% were Hispanic. Sixty-three percent of these reports involved youths age 18-20, with 37% being 12-17. In Houston, 62% were male, 38% were White, 8% were Black, and 47% were Hispanic. Sixty-one percent of these reports involved youths age 18-20 and 38% were 12-17.

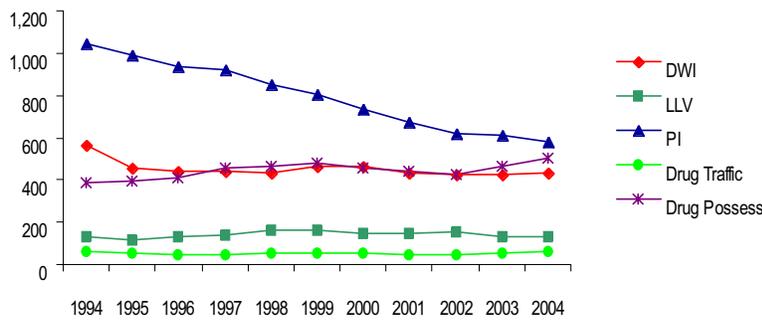
In 2004, 27% of all clients admitted to publicly funded treatment programs had a primary problem with alcohol (exhibit 29). They were among the oldest of the clients (average age of 37), and more likely to be male. Of the 14,410 alcohol admissions, 901 (6%) were under age 21. Of these minors, their average age was 17 and their average age of first use was 13. Seventy percent of the minors were male, 52% were Hispanic, 40% were White, and 6% were Black. Seventy-three percent were referred to treatment by the criminal justice or legal system; average education was 9.7 years. In comparison, among adult alcohol clients, 68% were male, 24% were Hispanic, 59% were White, and

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



Source: TDSHS

Exhibit 8. Texas Substance Abuse Arrests per 100,000 Population in Texas: 1994-2004



14% were Black. Forty-four percent were referred by the criminal justice or legal system and average education was 12 years.

Minors entering treatment were more likely to report problematic use of other substances: 71% reported a second drug of abuse. Among adults, 50% reported a second problem. Marijuana was a problem for 48% of minors and 14% of adults, powder cocaine was a problem for 10% of minors and 12% of adults, and crack cocaine was a problem for 2% of minors and 15% of adults.

The characteristics of alcohol admissions have changed over the years. In 1988, 82% of the clients were male, as compared to 68% in 2004. The proportion of White clients declined from 63% in 1988 to 58% in 2004, the proportion of Hispanic clients declined from 28% to 26%, while the proportion of Black clients increased from 7% to 14%. Average age increased from 35 to 37 years. The proportion of alcohol clients reporting no secondary drug problem dropped from 67% to 49%, while marijuana dropped from 18% to 16%, but stimulants remained level at 4%, and cocaine increased from 7% to 25%. Consuming cocaine and alcohol at the same time produces cocaethylene, which intensifies cocaine's euphoric effects.

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

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

**HEROIN**

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

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

Calls to Texas Poison Control Centers

involving confirmed exposures to heroin ranged from 181 in 1998 to a high of 296 in 2000 and dropped to 208 in 2003 and 184 in 2004. In 2004, the average age was 34, and 60% were male. Nine percent of heroin exposures involved inhalation (snorting or smoking).

Heroin represented 5% of all the DAWN emergency department reports in Dallas-Fort Worth and 2% of the reports in Houston in 2004. In Dallas-Fort Worth, 70% of the patients were male, 53% were White, 28% were Black, and 12% were Hispanic. Some 22% were age 35-44, 19% were 45-54, and 18% were 25-29. In Houston, 68% were male, 63% were White, 10% were Black, and 23% were Hispanic. Some 36% were 35-44, 20% were 45-54, and 10% were 25-29 or 30-34.

Heroin is the primary drug of abuse for 10% of clients admitted to treatment. The characteristics of these addicts vary by route of administration, as exhibit 9 illustrates. Most heroin addicts entering treatment inject heroin. While the number of individuals who inhale heroin is small, it is important to note that the lag period between first use and seeking treatment is 8 years rather than 16

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

	Inject	Inhale	Smoke	All*
# Admissions	4,651	521	51	5,424
% of Heroin Admits	86	10	1	100
Lag-1st Use to Tmt-Yrs.	16	8	9	15
Average Age	37	29	30	36
% Male	71	51	51	65
% Black	6	33	16	9
% White	37	16	35	36
% Hispanic	55	49	47	54
% CJ Involved	31	33	20	31
% Employed	12	14	10	13
% Homeless	12	8	8	11

\*Total includes clients with other routes of administration.

Source: TDSHS

years for injectors. This shorter lag period means that -- contrary to the street rumors that "sniffing or inhaling is not addictive" -- inhalers can become addicted. They will either enter treatment sooner while still inhaling or they will shift to injecting: increasing their risk of hepatitis C and HIV infection, becoming more impaired, and entering treatment later.

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

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

Exhibit 5 shows that the proportion of items identified as heroin by DPS labs has remained constant at 1%–2% over the years.

The predominant form of heroin in Texas is "black tar," which has a dark gummy, oily texture that can be diluted with water and injected. Exhibit 12 shows the decline in price over the years. Depending on the location, "black tar" heroin sells on the street for \$10–\$20 per capsule, \$50–\$350 per gram, \$400–\$4,500 per ounce, and \$40,000–\$80,000 per kilogram. An ounce costs \$1,000–\$1,500 in Dallas, \$1,200–\$1,700 in Fort Worth, \$1,000–\$1,500 in El Paso, \$2,100–\$2,200 in Alpine, \$1,800–\$4,000 in Midland, \$3,500–\$4,500 in Lubbock, \$1,200–\$1,500 in Houston, \$1,300 in Laredo, \$400–\$1,500 in McAllen, \$1,400–\$1,600 in Austin, and \$1,600–\$2,400 in San Antonio.

"Mexican brown heroin," which is "black tar" that has been cut with lactose or another substance and then turned into a powder to inject or snort, costs \$10 per cap and \$70–\$300 per gram. An ounce costs \$500–\$800 in San Antonio, \$1,100 in McAllen, \$800–\$1,600 in Dallas, and \$2,200–\$3,000 in Lubbock.

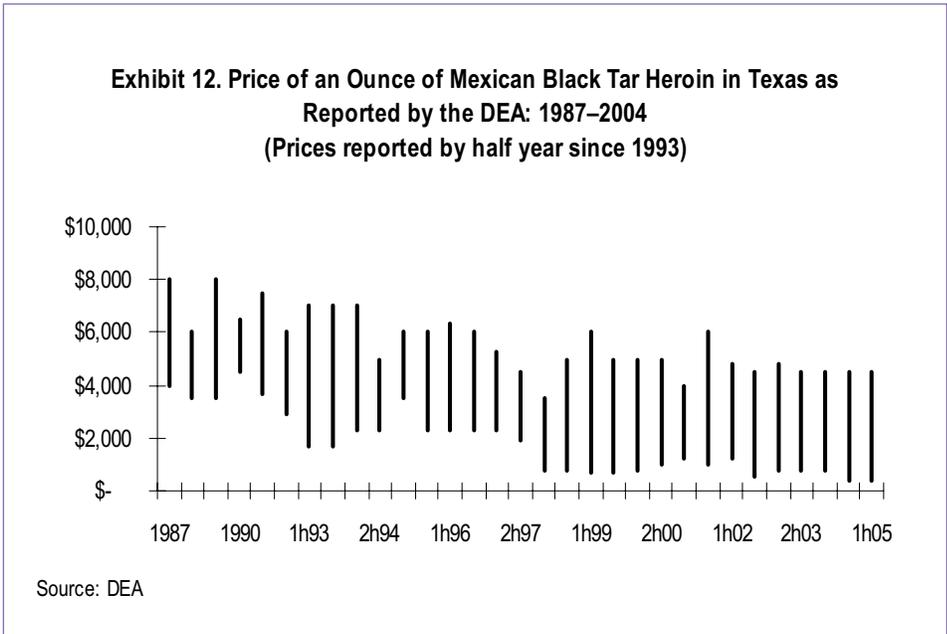
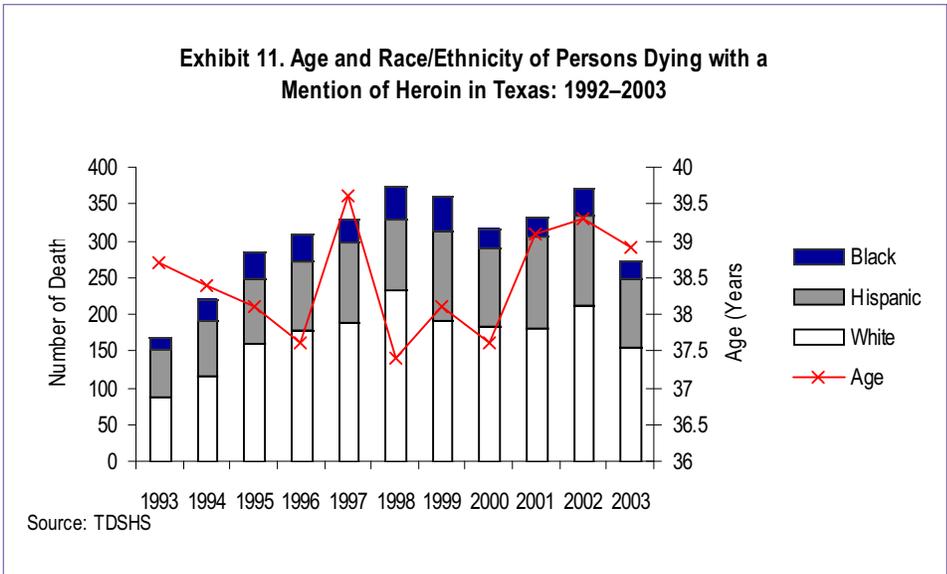
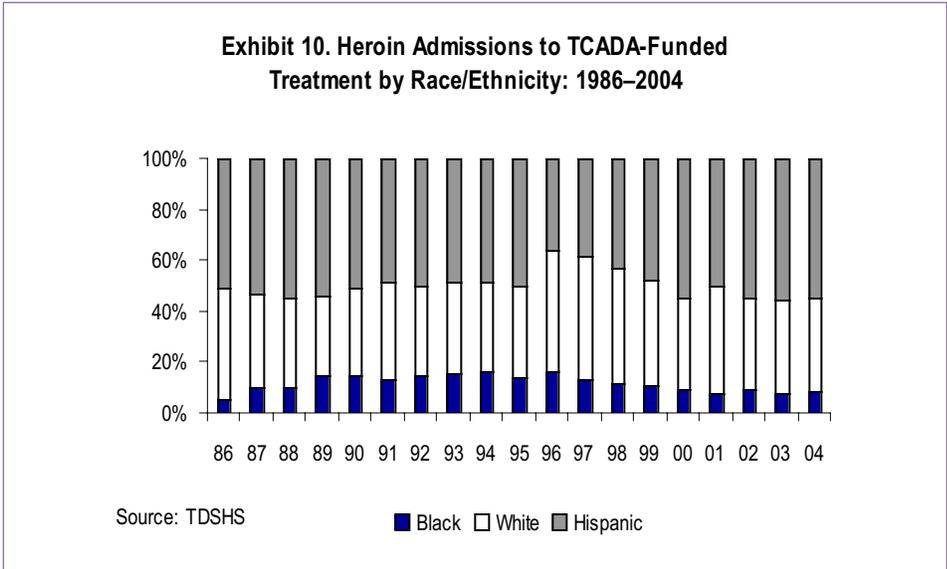


Exhibit 13. Hydrocodone, Oxycodone, and Methadone Indicators in Texas:

	1998	1999	2000	2001	2002	2003	2004
<b>Poison Control Center Cases of Abuse and Misuse</b>							
Hydrocodone	192	264	286	339	429	414	516
Oxycodone	12	26	22	34	68	64	77
Methadone	16	19	21	26	50	41	106
<b>TDSHS Treatment Admissions</b>							
"Other Opiates"	542	802	879	1,336	1,752	2,227	1,344
Methadone	53	68	44	50	63	66	55
<b>Deaths with Mention of Substance (TDSHS)</b>							
Hydrocodone		25	52	107	168	140	
Oxycodone		8	20	40	56	60	
Methadone	30	36	62	93	131	122	
<b>Drug Exhibits Identified by DPS Laboratories</b>							
Hydrocodone		479	629	771	747	1,212	1,534
Oxycodone		36	72	115	106	174	241
Methadone		19	22	42	49	63	116

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

Colombian heroin sells for \$10 per cap, \$2,000-\$4,000 per ounce, and \$65,000-\$80,000 per kilogram in Dallas and \$35,000-\$80,000 in Houston. Asian heroin costs \$200-\$350 per gram, \$2,000-\$4,000 per ounce, and \$70,000 per kilogram in Dallas.

In the Dallas area, "black tar" is readily available and Colombian is available in multi kilogram quantities. Sources report white and beige-colored heroin is now being produced in Mexico using Colombian production methods and Colombian heroin organizations are interested in developing a greater market presence in the Dallas area. In 2003, 31 exhibits of Mexican heroin purchased through the Domestic Monitor Program (DMP) were 13.3% pure and cost \$0.98 per milligram pure, as compared to 17.2% pure and \$0.75 per milligram pure in 2002.

In El Paso in 2003, heroin was reported by DEA as being available, although not plentiful. It could be purchased for about \$100 per gram. In 2003, 13 samples of Mexican heroin were purchased under the DEA program, and of these, purity averaged 44.7% and cost was \$0.40 per milligram pure. The price rose from \$0.13

and the purity rose from 40.3% in 2002. Colombian heroin is also being mentioned in El Paso.

The DEA Houston Field Division reported the supply of brown and "black tar" heroin was stable. There were 44 DMP purchases of heroin, at a purity of 28.2% and cost of \$0.45 per milligram pure in 2003, as compared to 28.2% purity and \$0.64 per milligram pure in 2002. Mexican black tar and brown are the primary types seen in the Houston Division, although Colombian heroin is transported through Houston to the Northeastern U.S.

Street outreach workers in Austin report that black tar is very available and is being cut with lactose, brown sugar, and instant coffee. A balloon, which is equal to 3/10th of a gram, costs \$15, with two balloons selling for \$30, four selling for \$40, and five selling for \$50. One-eighth teaspoon of black tar is split in half and each half is sold for \$15.00.

Amarillo street outreach workers report that there is an increase in injecting heroin.

**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 2004 Texas secondary school survey found that 8% reported ever having drunk codeine cough syrup to get high. Some 9% of Black and White students reported lifetime use, as did 9% of Native American students and 5% of Hispanic students. There was no difference by gender, but lifetime use increased with grade level (from 3% of 7th graders to 11% of 12th graders).

The 2000 Texas adult survey found that lifetime use of other opiates was 4%, and past-month use was 0.5% in 2000. Some 2% of Texas adults in 2000 reported ever having used codeine, and 0.7% used in the past year. Lifetime use of hydrocodone was 0.7%, and past-year use was 0.4%.

Hydrocodone is a larger problem in Texas than is oxycodone, but use of oxycodone is growing, as exhibit 13 shows. Average age of hydrocodone callers was 33 and oxycodone callers were 32. A study of oxycodone cases reported through the Texas Poison Center Network found that the proportion of calls that involved abuse of the drug more than doubled from 1998 to 2003. Oxycodone abuse involved males, adolescents, exposures at other residences and public areas, referral by the poison center to a health care facility, and some sort of clinical effect; one-half involved no other substance (Forrester, 2004).

Cases involving methadone are increasing. Methadone is not only used in liquid and 50-milligram diskette forms in narcotic treatment programs, but 5- and 10-milligram pills are used for pain management. The poison control center, death certificate, and forensic laboratory data usually do not report the form of methadone being abused. The form of the drug could be an overdose by new patients

in narcotic treatment programs, liquid methadone which has been diverted from treatment, pain pills diverted from patients, or overdoses by pain patients who took too many of the pills or took other drugs in combination with the methadone pills. The number of poison control center cases involving misuse or abuse of methadone increased from 17 in 1998 to 106 cases in 2004. Average age in 2004 was 33.

The 2004 DAWN emergency department reports showed 598 hydrocodone and hydrocodone combination cases in Dallas-Fort Worth and 664 in Houston. Of the reports in Dallas-Fort Worth, 40% were male, 67% were White, 14% were Black, and 8% were Hispanic; 22% of the reports were age 35-44 and 18% were 45-54. In Houston, 48% were male, 67% were White, 13% were Black, and 11% were Hispanic; 27% were age 35-44 and 20% were 45-54. In comparison, there were 86 oxycodone and oxycodone/combination reports in Dallas and 68 in Houston. Of the oxycodone cases in Dallas-Fort Worth, 56% were male, 73% were White, 28% were age 35-44 and 23% were 45-54. In Houston, 53% were male, 74% were White, 26% were 45-54 and 19% were 25-29. There were also 107 reports of methadone in Dallas-Fort Worth and 91 in Houston. Of the methadone cases in Dallas-Fort Worth, 48% were male, 77% were White, 31% were age 35-44, 21% were 45-54, and 19% were 30-34. In Houston, 73% were male, 80% were White, 33% were age 45-54, and 23% were 35-44.

Some 5% of all clients who entered publicly funded treatment during 2004 used opiates other than heroin. Of these, 55 used illegal methadone and 2,759 used other opiates (exhibit 13). Those who reported a primary problem with illicit methadone or other opiates were different from those who reported a problem with heroin. They were much more likely to be female, to be White, to have recently visited an emergency department, and to report more sickness and health

problems in the month prior to entering treatment.

Of the hydrocodone deaths statewide, 49% were male, 90% were White, and average age was 42. Of the oxycodone deaths, 67% were male, 88% were White, and average age was 36—younger than the hydrocodone decedents. Of the methadone deaths, 66% were male, 84% were White, and average age was 35. There were 10 deaths with a mention of fentanyl in 2003.

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

In the Dallas DEA Field Division, there has been an increase in seizures of codeine cough syrup, and, in Tyler, OxyContin has surpassed hydrocodone as the drug of choice among abusers of pharmaceuticals. Dilaudid sells for \$20–\$80 per tablet, and hydrocodone (Vicodin) sells for \$4–\$6 per tablet. OxyContin sells for \$1 per milligram. Methadone sells for \$10 per 10-milligram tablet. Codeine cough syrup is mixed with Sprite or 7-Up and drunk in a soda bottle to avoid police attention. Promethazine syrup with codeine (“lean”) sells for \$200–\$300 per pint in Dallas and \$20 per ounce in Fort Worth. In the Houston Field Division, hydrocodone, promethazine with codeine, and other codeine cough syrups are the most commonly abused pharmaceutical drugs. In Houston, promethazine or phenergan cough syrup with codeine sells for \$75–\$100 for 4 ounces, \$125 for 8 ounces, and \$1,600 for a gallon. In San Antonio, hydrocodone sells for

\$3 per pill and OxyContin costs \$1 per milligram; one OxyContin pill costs \$25 in McAllen. Dilaudid sells for \$10–\$15 per dose in McAllen.

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

Outreach workers in Fort Worth and Galveston report codeine cough syrup remains a popular drug. In Austin, a small vile (1 ½ inch tall, brown bottle with black cap) of codeine syrup sells for \$20. “Black & Mild” cigars are dipped into the syrup, dried and then smoked. The codeine-laced cigars are called “Candy” or “Blacks.”

## MARIJUANA

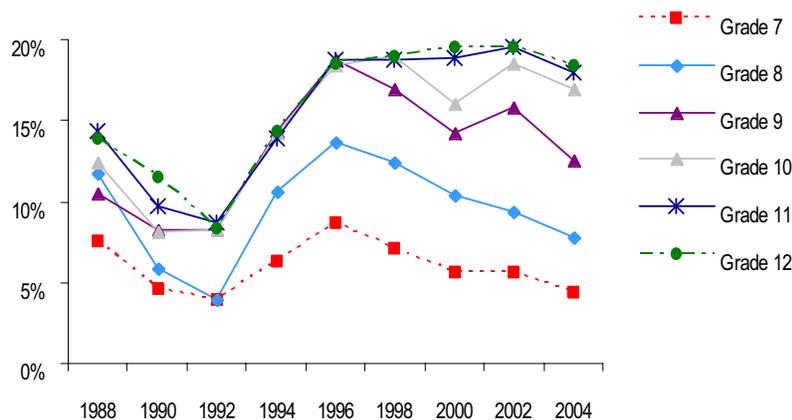
The proportion of Texas students in grades 4–6 who have ever used marijuana dropped from 2.8% in 2000 to 2.5% in 2004, and use in the past school year dropped from 2.1% to 1.7%. Among Texas secondary students (grades 7–12), 30% had ever tried marijuana and 13% had used in the past month, levels lower than in 2000 (exhibit 14, next page).

In comparison, the 2000 Texas adult survey found that 37% of adults reported lifetime and 4% past-month marijuana use, as compared to 34% lifetime and 3% past-month use in 1996. The prevalence was much higher among younger adults. Thirteen percent of those age 18–24 reported past-month use, as compared to 6% of those 25–34 and 2% of those 35 and older. The increase in past-year use between 1996 and 2000 (6% to 7%) is statistically significant.

The 2002-2003 National Survey on Drug Use and Health estimated that 4.8% of Texans age 12 and older had used marijuana in the past month, with 6.4% of those 12–17, 12.9% of those 18–25, and 3.0% of those 26 and older reporting past-month use.

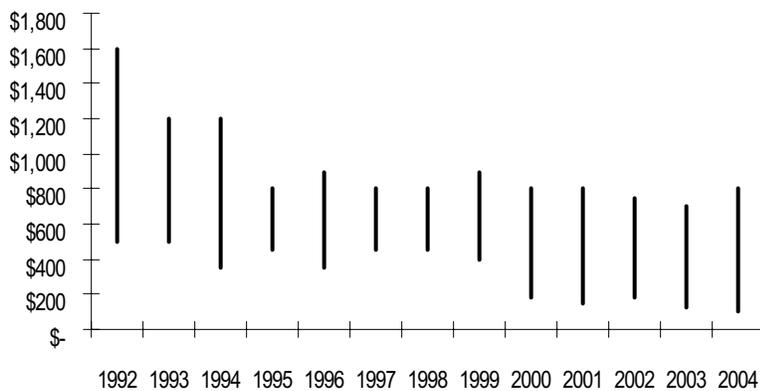
The Texas Poison Control Centers

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



Source: TDSHS

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



Source: DEA

reported there were 135 calls confirming exposure to marijuana in 1998, as compared with 5,060 in 2004. The average age was 24.

Marijuana represented 18% of all DAWN emergency department reports in Dallas-Fort Worth and 24% of the reports in Houston. Of the Dallas-Fort Worth reports, 67% were male, 45% were White, 36% were Black, and 13% were Hispanic. Some 19% were age 35-44, 14% were 12-17, and 16% were 21-24. In Houston, 66% were male, 43% were White, 34% were Black, and 18% were Hispanic. Some 17% of the Houston patients were 35-44 and another 17% were 21-24.

Marijuana was the primary problem

for 19% of admissions to treatment programs in 2004 (exhibit 29). The average age was 22. Some 43% were Hispanic, 33% were White, and 22% were Black; 53% had legal problems or had been referred from the criminal justice system, and these clients were less frequent users of marijuana than those who came to treatment for other reasons. The criminal justice-referred clients reported using marijuana on 6.6 days in the month prior to admission, as compared to 11 days for the non-criminal justice referrals. The same differences were reported for number of days in the past month that a second problem drug was used (2.9 vs. 5.5 days) and the number of days a third problem drug was used (2.5 vs. 4.7 days). All these differences were

significant at  $p < .0001$ . Criminal justice referrals were more likely to report no second problem drug (42% v. 35% for non-criminal justice referrals), 31% of the criminal justice and 29% of the non-criminal justice referrals reported a second problem with alcohol, 1.3% of criminal justice and 6% of non-criminal justice referrals had a second problem with crack cocaine, and 10% of criminal justice and 11% of non-criminal justice referrals had a second problem with powder cocaine.

The Addiction Severity Index (ASI) scores were lower for justice referrals: 30% of the criminal justice referrals reported employment problems versus 45% non-criminal justice referred clients; for sickness or health problems, 14% versus 20%; for family problems, 26% versus 45%; for social problems with peers, 20% versus 32%; for emotional problems, 18% versus 36%; and for substance abuse problems, 37% versus 56%. These differences, all of which were significant at  $p < .0001$ , indicate that marijuana users who are referred to treatment by the criminal justice system may be more appropriate for short-term intervention, with the more impaired marijuana users in need of more intensive treatment services.

Cannabis was identified in 35% of all the exhibits analyzed by DPS laboratories in 2000 but dropped to 27% in 2004 (exhibit 5).

The Houston DEA Field Division reports hydroponic marijuana is available especially in Asian communities and that multi-kilogram amounts are available in the Austin area. In the Dallas-Fort Worth area, Mexican marijuana is readily available, but there are continuing seizures of domestically grown marijuana (both indoor and outdoor grown). Mexican "sinsemilla" is also plentiful. Marijuana is reported as stable in the El Paso Division. In the Dallas Division, Mexican marijuana is readily available, along with domestically grown marijuana. Prices are reported to be dropping to below the cost to dealers because of increased availability and indoor grown marijuana

is producing THC content as high as 15%.

High quality sinsemilla sells for \$900–\$1,200 a pound in the Dallas-Fort Worth area, \$800 per pound in Lubbock, and \$600 per pound in Houston. Canadian BC Bud sells for \$3,300 in Houston. Hydroponic sells for \$3,500 per pound in Houston, \$4,600 in McAllen, \$3,000 in Austin, and \$3,800 in Dallas. The average price for a pound of commercial grade marijuana is \$140–\$160 in Laredo, \$100–\$200 in McAllen, \$350–\$450 in San Antonio, \$350–\$375 in Austin, \$350–\$425 in Houston, \$500 in El Paso, \$500–\$700 in Alpine, \$375–\$600 in Midland, \$350–\$800 in the Dallas-Fort Worth area, \$500–\$600 in Lubbock, and \$340–\$500 in Tyler. Locally grown indoor marijuana sells for \$3,800 per pound in Dallas. Exhibit 15 shows the decline in prices since 1992.

## STIMULANTS

Amphetamine-type substances come in different forms and with different names. “Speed” (“meth,” “crank,”) is a powdered methamphetamine of relatively low purity and is sold in grams or ounces. It can be snorted or injected. “Pills” can be pharmaceutical grade stimulants such as dextroamphetamine, Dexedrine, Adderall, or Ritalin (methylphenidate), or they can be methamphetamine powder that has been pressed into tablets and sold as amphetamines or ecstasy. Pills can be taken orally, crushed for inhalation, or dissolved in water for injection. There is also a damp, sticky powder of higher purity than “Speed” that is known as “Base” in Australia and “Peanut Butter” in parts of the United States. “Ice,” also known as “Crystal” or “Tina,” is methamphetamine that has been “washed” in a solvent to remove impurities; it has longer-lasting physical effects and purity levels above 80%. Ice can be smoked in a glass pipe, “chased” on aluminum foil, mixed with marijuana and smoked through a bong, or injected.

The secondary school survey reported

that lifetime use of uppers was 8.1% in 1998 and 6.0% in 2004. Past-month use was 3.1% in 1998 and 2.5% in 2004.

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

There were 144 calls to Texas poison control centers involving exposure to methamphetamines in 1998, 183 in 1999, 264 in 2000, 321 in 2001, 382 in 2002, 389 in 2003 and 423 in 2004. Of these 2004 calls, there were 104 mentions of “Ice” or “Crystal.” There were also 187 calls involving abuse or misuse of amphetamine pills, phentermine, or Adderall, and another 21 calls involving abuse or misuse of Ritalin. Forrester’s study of all calls involving Ritalin to poison control centers in Texas between 1998 and 2004 found that 8.5% involved misuse and abuse. Of these abuse/misuse calls, 62% involved males, 20% were younger than 13, 55% were age 13–19, and 25% were older than 19. Ninety-three percent had swallowed the drug, 7% had inhaled it, and 67% of these abuse/misuse calls also had used other substances. As compared to non-abuse calls, abusers were significantly more likely to be older, to have misused the drug while at school, and to suffer minor, moderate, or major effects from using the drug.

DAWN emergency department reports test specifically for amphetamine as compared to methamphetamine. In Dallas-Fort Worth, methamphetamine represented 8% of all reports and amphetamine comprised 6% of all reports. In Houston, methamphetamine comprised 1% of all reports, with amphetamine representing 4%. Of the methamphetamine patients in Dallas-Fort Worth, 66% were male, 74% were White, 3% were Black, and 13% were Hispanic; 22% were age 35–44 and 20% were 25–29. In Houston, 63% were male, 75% were White, 7%

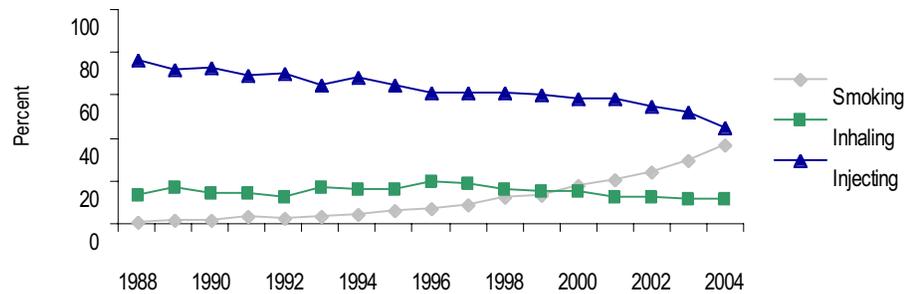
were Black, and 10% were Hispanic; 23% were age 21–24 and 22% were 25–29. Patients reporting amphetamines were less likely than methamphetamine patients to be male: in Dallas-Fort Worth, 58% were male and in Houston, 57% were male. In Dallas-Fort Worth, 74% were White, 8% were Black, and 12% were Hispanic, but in Houston, 60% were White, 23% were Black, and 12% were Hispanic. In Dallas-Fort Worth, the most common age group was 35–44, (24% of admissions). In Houston, the population was younger; 18% were 21–24 and 17% were 25–29.

Methamphetamine/amphetamine admissions to treatment programs increased from 5% of all admissions in 2000 to 10% in 2004, and the average age of clients admitted for a primary problem with stimulants increased. In 1985, the average age was 26; in 2004, it was 30. The proportion of White clients rose from 80% in 1985 to 89% in 2004, while the proportion of Hispanics dropped from 11% to 8% and the proportion of Blacks dropped from 9% to 1%. Unlike the other drug categories, more than one-half (53%) of these clients entering treatment were women (exhibit 29). The proportion smoking Ice also increased from less than 1% in 1988 to 37% in 2004. The percentage of clients injecting methamphetamine dropped from 84% in 1988 to 45% in 2004 (exhibit 16).

Users of amphetamines or methamphetamine tend to differ depending on their route of administration, as exhibit 17 shows. Those who took the substance orally tended to be users of pills. Methamphetamine injectors were more likely to have been in treatment before (60% readmissions) as compared to amphetamine pill takers (48%), Ice smokers (40%), or inhalers (37%).

Statewide, there were 17 deaths where amphetamines or methamphetamines were mentioned in 1997, 20 in 1998, 21 in 1999, 39 in 2000, 51 in 2001, 69 in 2002, and 80 in 2003. Of the decedents in 2003, 70% were

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



Source: TDSHS

male, 84% were White, and average age was 35.

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

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

Methamphetamine is more of a problem in the northern half of the State, as exhibit 18 shows. In Abilene, 54% of all of the drug items examined by the DPS laboratory were methamphetamine, while in McAllen and Laredo, only 1% were. Labs in the northern part of the State were also more likely to report analyzing

substances that turned out to be ammonia or pseudoephedrine, chemicals used in the manufacture of methamphetamine. The NFLIS report shows that methamphetamine is also more of a problem in the West than in the rest of the country: 38% of all items examined in the western U.S. were methamphetamine, as compared to 8% in the South and the Midwest and less than 1% in the East.

The Houston Field Division reports that the availability of both Mexican and locally produced methampheta-

mine is increasing. Ice comes from California via Houston and Dallas. Ice also comes from the State of Jalisco and methamphetamine is produced in the States of Aguascalientes, Zacatecas, Michoacan, and Guadalajara. Methamphetamine is also manufactured in Texas by motorcycle gangs and independent producers using small mobile pseudoephedrine labs that produce small amounts for distribution in the local area.

The Dallas Field Division reports that the availability of methamphetamine, especially Ice, is steady or rising at the retail level and has emerged as the primary problem in the Lubbock and Amarillo areas. There is continued reporting of use of Ice in the club and Rave scene, with some reports that sales of Ice rival ecstasy sales. Mexican methamphetamine dominates this market and it is available for purchase in multi-pound quantities and at a lower price than six months ago. Mexican Ice has a larger profit margin than locally-produced methamphetamine, so low quality methamphetamine may be sold as "Ice" by some dealers. High purity methamphetamine is primarily distributed by Mexican nationals, but Asian gangs

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

	Smoke	Inject	Inhale	Oral	All*
# Admissions	1,951	2,363	601	248	5,262
% of Stimulant Admits	37	45	11	5	100
Lag-1st Use to Tmt-Yrs.	8	13	9	11	11
Average Age-Yrs.	28	31	30	31	30
% Male	47	47	45	43	47
% Black	1	0	2	2	1
% White	84	94	87	83	89
% Hispanic	13	4	9	13	8
% CJ Involved	50	52	52	57	52
% Employed	27	18	29	29	23
% Homeless	7	11	6	6	8

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

Source: TDSHS

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

	%
Hidalgo (McAllen)	0.5
Webb (Laredo)	1.1
El Paso (El Paso)	3.8
Nueces (Corpus Christi)	11.4
Harris (Houston)	11.7
Travis (Austin)	24.1
McLennan (Waco)	29.3
Smith (Tyler)	29.0
Dallas (Dallas)	35.7
Midland (Odessa)	16.4
Taylor (Abilene)	54.3
Lubbock (Lubbock)	26.5
Potter (Amarillo)	41.3

Source: NFLIS

are also involved.

The purity for 1–10 grams has risen from 46% pure in the Dallas area in 2000 to 65% pure in 2004, according to NFLIS data. At the same time, the number of labs seized has risen from 1,707 to 3,908, yet prices are dropping. The price for a pound of methamphetamine was \$8,000 in Houston six months ago; now it is \$7,000. A pound sells for \$4,500–\$5,500 in Laredo, \$6,000–\$8,000 in San Antonio, \$8,000 in Midland, \$4,000–\$9,000–\$10,000 in Dallas and in Fort Worth, and \$7,000–\$8,000 in Lubbock. An ounce of domestic methamphetamine sells for \$600–\$800 in Dallas (it was \$700–\$1,000 a year ago), while an ounce of Mexican sells for \$400. An ounce of methamphetamine sells for \$600 in Fort Worth, \$600–\$1,200 in Tyler, \$700 in Lubbock, \$960 in El Paso, \$600 in Alpine, \$700 in Midland, \$500–\$850 in Houston, \$700–\$1,000 in San Antonio, and \$900–\$1,250 in Waco.

The price of Ice has dropped even more, from \$13,000–\$17,000 to \$8,000–\$12,000 in a year in Houston. It costs \$8,500–\$16,000 in Dallas, \$9,000–\$10,000 in Fort Worth, and \$10,000–\$18,000 in Tyler. An ounce

of Ice sells for \$1,000–\$1,400 in Dallas, \$800–\$1,000 in Fort Worth, \$1,200 in Tyler, \$700–\$1,200 in Houston, and \$1,000–\$1,500 in San Antonio.

In the Galveston area, outreach workers reported the amount of crystal methamphetamine on the street is increasing each month, and there is more abuse of pseudoephedrine products. In Fort Worth, Ice is used more often than regular methamphetamine. In Austin, in Hispanic neighborhoods where English is not the primary language, methamphetamine is being smoked by “sprinkling” it onto a joint to get “high” or on a cigarette to “mellow out.”

**DEPRESSANTS**

This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, chloral hydrate, and tranquilizers; and benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), flunitrazepam (Rohypnol), clonazepam (Klonopin or Rivotril), flurazepam (Dalmane), lorazepam (Ativan), and chlor-diazepoxide (Librium and Librax). Rohypnol is discussed separately in the Club Drugs section of this report.

The 2004 secondary school survey reported lifetime use of downers decreased from 7.1% in 2002 to 5.9%

in 2004. Past-year use decreased from 3.4% in 2002 to 2.6% in 2004. The 2000 adult survey reported lifetime use of downers at 6.9% and past-month use at 0.6%; in 1996, lifetime use was 6.2% and past-month use was 0.3%. The difference in past-year use between 1996 and 2000 (1% to 1.8%) was statistically significant.

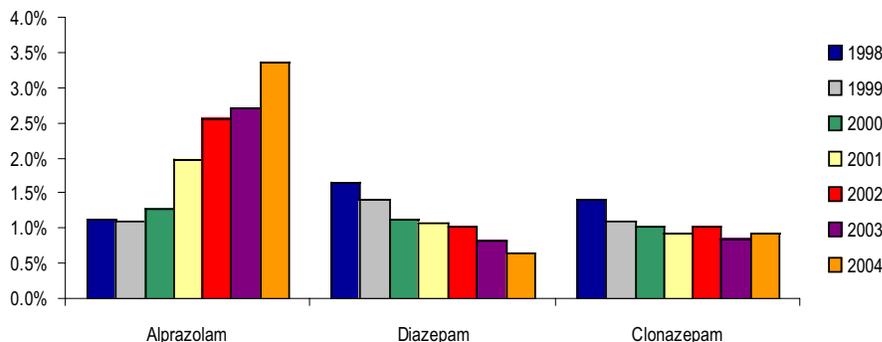
About 1% of the clients entering treatment in 2004 had a primary problem with barbiturates, sedatives, or tranquilizers. These clients were the most likely to be female and highly impaired, based on their ASI scores (see Exhibit 29).

Alprazolam, clonazepam, and diazepam are among the 15 most commonly identified substances according to DPS lab reports, although none of them represent more than 3% of all items examined in a year. The proportion of cases that are alprazolam (Xanax) continues to increase (exhibit 19).

Alprazolam sells for \$2–\$5 in Dallas, Fort Worth, and Houston, and for \$5–\$10 in Tyler. Depending on the dosage unit, diazepam sells for \$1–\$10 in Dallas, Fort Worth, and Tyler.

Street outreach workers in the Galveston area report Xanax is becoming more popular with young adults.

**Exhibit 19. Benzodiazepines Identified by DPS Labs in Texas: 1998–2004**



Source: NFLIS

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

Club Drug	GHB	Hallucinogens	Ecstasy	PCP	Ketamine	Rohypnol
# Admissions	45	266	561	295	7	221
% Male	33	75	54	57	100	75
% White	89	61	55	9	57	1
% Hispanic	4	25	21	10	43	97
% Black	0	12	20	81	0	0
Average Age (Years)	29	23	23	25	18	19
% Criminal Justice Involved	44	64	63	56	100	67
% History Needle Use	47	25	23	4	43	15
% Primary Drug=Club Drug	24	20	14	43	14	13
Other Primary Drug						
% Marijuana	2	42	36	30	43	48
% Alcohol	11	12	8	8	0	9
% Methamphet/Amphetamines	56	8	16	1	0	1
% Powder Cocaine	0	7	12	6	14	11
% Crack Cocaine	2	3	6	10	0	7
% Heroin	0	2	1	1	8	9

Source: TDSHS

**CLUB DRUGS AND HALLUCINOGENS**

Exhibit 20 shows the demographic characteristics of clients entering DSHS-funded treatment programs statewide with a problem with a club drug. The row “Primary Drug” shows the percentage of clients citing a primary problem with the club drug shown at the top of the column. The rows under the heading “Other Primary Drug” show the percentage of clients who had a primary problem with another drug, such as marijuana, but who had a secondary or tertiary problem with one of the club drugs shown at the top of the table. Note that the treatment data uses a broader category, “Hallucinogens,” that includes lysergic acid diethylamide (LSD), dimethyltryptamine (DMT), STP, mescaline, psilocybin, and peyote.

Excluding ketamine (due to the small number of cases), exhibit 20 shows that hallucinogen admissions are the most likely to be male, gamma hydroxybutyrate (GHB) clients are the most likely to be White, phencyclidine (PCP) clients are the most likely to be Black, Rohypnol clients are the youngest, and GHB clients are the oldest. While users of PCP are the most likely to have a primary problem

with PCP, users of Rohypnol, ecstasy, and hallucinogens are more likely to have primary problems with marijuana. Users of GHB have a primary problem with methamphetamine.

Exhibit 21 shows the percentage of exhibits identified by DPS laboratories that contained various club drugs. Only the proportion of PCP exhibits has not decreased over time, although the increase in MDMA exhibits between 2003 and 2004 is of concern.

**Dextromethorphan**

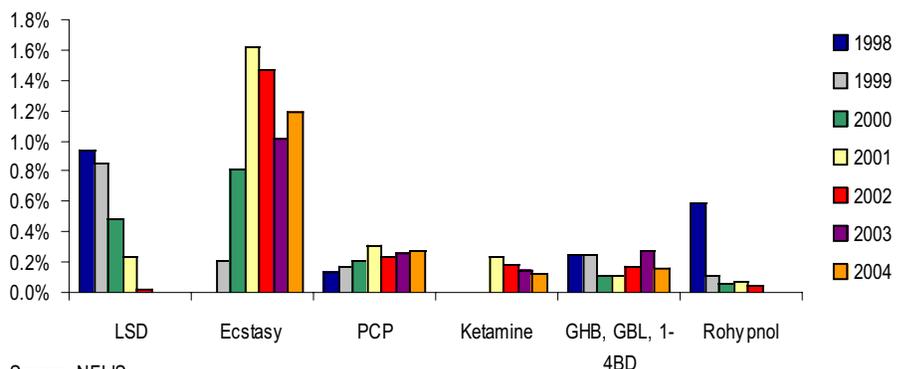
The most popular dextromethorphan (DXM) products are Robitussin-DM, Tussin, and Coricidin Cough and Cold Tablets HBP, which can be purchased over the counter and can produce hallucinogenic effects if taken in large quantities. Coricidin HBP pills are known as “Triple C’s” or “Skittles.”

The 2004 Texas school survey reported that 4.3% of secondary students indicated they had used DXM. Use increased from 2.5% in 7th grade to 5.8% in 12th grade. There was no difference by gender, but Whites reported higher lifetime use (6.1%) than Native Americans (5.8%), Hispanics (3.6%), or Blacks (2.4%).

Poison control centers reported the number of abuse and misuse cases involving dextromethorphan rose from 99 in 1998 to a high of 432 in 2002, and dropped to 232 in 2004. Average age was 21.6. The number of cases involving abuse or misuse of Coricidin HBP was 7 in 1998 and rose to 268 in 2002 and then decreased to 229 cases in 2004. Average age in 2004 was 16.5 years, which shows that youths can easily access and misuse this substance.

DPS labs examined 2 substances in

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



Source: NFLIS

1998 that were dextromethorphan, 13 in 1999, 36 in 2000, 18 in 2001, 42 in 2002, 10 in 2003, and 15 in 2004.

## **Ecstasy (Methylenedioxyamphetamine or MDMA)**

The 2004 Texas secondary school survey reported that lifetime ecstasy use dropped from a high of 8.6% in 2002 to 5.5% in 2004, while past-year use dropped from 3.1% to 1.8%.

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

Texas Poison Control Centers reported 23 calls involving misuse or abuse of ecstasy in 1998, 46 in 1999, 119 in 2000, 155 in 2001, 172 in 2002, 284 in 2003, and 302 in 2004. In 2004, the average age was 21.

There were 45 reports in Dallas-Fort Worth and 109 reports in Houston where ecstasy was one of the substances mentioned at admission to emergency departments reporting to DAWN. In Dallas-Fort Worth, 62% of the ecstasy reports were male, as were 58% of the Houston reports. Whites comprised 38% of the Dallas-Fort Worth reports and 44% of the Houston reports, while 27% in Dallas-Fort Worth were Black, as were 35% in Houston. Thirteen percent of the reports in Dallas-Fort Worth and 14% of the reports in Houston were Hispanic. Fifty-eight percent of the reports in Dallas-Fort Worth and 56% of the reports in Houston were age 18-24, with another 13% in Dallas-Fort Worth and 20% in Houston being 12-17 years.

There were 63 admissions for a primary, secondary, or tertiary problem with ecstasy in 1998, 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, 502 in 2003, and 561 in 2004. Approximately 36% reported marijuana as their primary problem drug, as compared to 14% who reported ecstasy as their primary problem drug.

Ecstasy has spread outside the White

club scene and into the Hispanic and Black. The proportion of treatment clients who were White has dropped from 88% in 1990 to 55% in 2004.

In 1999, there were two deaths that involved ecstasy in Texas. There was one death in 2000, five in 2001, five in 2002, and two in 2003.

Exhibit 21 shows the substances identified by DPS labs. The labs identified MDMA in 107 exhibits in 1999, 387 in 2000, 814 in 2001, 503 in 2002, 484 in 2003, and 691 in 2004. Methylenedioxyamphetamine (MDA) was identified in 31 exhibits in 1999, 27 in 2000, 48 in 2001, 90 in 2002, 94 in 2003, and 60 in 2004.

According to the Houston DEA Field Division, ecstasy is more available at clubs, raves, and gyms, and use is increasing in the Galveston, Beaumont, and Fort Hood areas. Logos on the tablets include A&E, Blue Dolphins, Bear, Music Notes, Crescent Moon, Yellow Dolphins, Aladdin Lamp, Yellow Alligator, Yellow Trumpets, Omega, X-5 (BMW), JJ, Spade, and Footprints. While most tablets contain MDMA, some have high concentrations of caffeine or methamphetamine, with traces of ketamine in some tablets. Ecstasy use is stable in Austin, but use has increased in the Waco area among soldiers stationed at Fort Hood.

The Dallas DEA Field Division reports that ecstasy made in Europe is transhipped through other U.S. ports into the Metroplex area. The club drug distribution in the Dallas and Houston Divisions is dominated by Asian traffickers who are also involved with hydroponic marijuana and methamphetamine. Combinations of drugs mentioned in Dallas include "candy flipping" (LSD and MDMA), "hippie flipping" (mushrooms and MDMA), "love flipping" (mescaline and MDMA), "robo flipping" (DXM and MDMA), and "elephant flipping" (PCP and MDMA).

Single dosage units of ecstasy sell for \$6-\$20 in Dallas, \$5-\$12.50 in Fort Worth, \$12-\$25 in Tyler, \$4.75-\$25 in

Houston, \$20-\$30 in McAllen, \$20 in Laredo, and \$11-\$20 in San Antonio. Multiple dosage units (1,000 tablets) sell for \$5,000-\$8,000 in Houston.

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

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

The number of cases of misuse or abuse of GHB or its precursors reported to Texas Poison Control Centers was 110 in 1998, 150 in 1999, 120 in 2000, 119 in 2001, 100 in 2002, 66 in 2003, and 84 in 2004. The average age of the abusers in 2004 was 26, and of the callers whose gender was known, 52% were male.

The DAWN data show there were 41 patients in Dallas-Fort Worth emergency departments who reported use of GHB, and there were 4 in Houston. Of the reports in Dallas-Fort Worth, 49% were male, 78% were White, 27% were age 18-24 years old, 39% were 25-34, and 29% were 35-54.

Adult and adolescent clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol (1,4 BD) are seen in treatment. In 1998, 2 were admitted, as compared to 17 in 1999, 12 in 2000, 19 in 2001, 35 in 2002, 31 in 2003, and 45 in 2004. Clients who used GHB tended to be the oldest of all the club drug users (average age 29) and were the most likely to be White (89%) and female (67%). GHB users were more likely to have used the so-called "hard-core" drugs; 47% had a history of injecting drug use and 56% had a primary problem with amphetamines or methamphetamine. Because of the sleep-inducing properties of GHB, users will also use methamphetamine so they can stay awake while they are "high" on GHB or they use GHB to "come down" from their use of methamphetamine (exhibit 20).

In 1999, there were three deaths that involved GHB, five in 2000, three in

2001, two in 2002, and two in 2003.

In 1998, there were 18 items identified by DPS labs as being GHB, in 1999 112 were GHB, 4 were GBL, and 4 were 1,4 BD (exhibit 21). In 2000, 45 were GHB, 7 were GBL, and 4 were 1,4 BD. In 2001, 34 were GHB, 7 were GBL, and 19 were 1,4 BD. In 2002, 81 were GHB, 6 were GBL, and 4 were 1,4 BD. In 2003, 150 were GHB, 5 were GBL, and none was 1,4 BD. In 2004, 95 were GHB, 1 was GBL, and none was 1,4 BD (exhibit 21). In 2004, 96% of the GHB items were identified in the DPS lab in the Dallas area, which shows use of GHB is centered in this area of the State.

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

## Ketamine

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

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

There was one report of ketamine in the 2004 Dallas-Fort Worth DAWN emergency department reports and 0 in Houston.

Seven clients were admitted to DSHS-funded treatment programs in 2004 with a secondary or tertiary problem with ketamine (exhibit 20). Forty percent had a history of injecting drug use, and all had problems

with the legal or criminal justice system.

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

In 1999, 25 substances were identified as ketamine by DPS labs. There were 29 in 2000, 119 in 2001, 78 in 2002, 84 in 2003, and 73 in 2004 (exhibit 21).

Ketamine costs \$2,200–\$2,500 per liter in Fort Worth and \$65 per vial in Tyler, with a dose selling for \$20 per pill or gram. It costs \$60 retail for a 10 ml. vial and \$15–\$20 for .2 grams of powder.

## LSD and Other Hallucinogens

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

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

Texas Poison Control Centers reported 82 mentions of abuse or misuse of LSD in 1998, 113 in 1999, 97 in 2000, 70 in 2001, 129 in 2002, 20 in 2003, and 22 in 2004. There were also 98 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 1998, 73 in 1999, 110 in 2000, 94 in 2001, 151 in 2002, 130 in 2003, and 172 in 2004. Average age in 2004 was 21 for the LSD cases and 19.6 for the mushroom cases.

There were 29 reports in Dallas-Fort Worth DAWN and 30 in Houston which involved LSD or other hallucinogens. Of the Dallas-Fort Worth reports, 76% were male, 59% were White, 7% Black, and 14% Hispanic, and 10% were under age 18, 66% were 18-24, and 21% were 25-34. In Houston, 75% were male, 43% were White, 10% were Black, and 33%

were Hispanic, and 20% were younger than 18, 33% were 18-24, and 20% were 25-34.

The number of adults and youths with a primary, secondary, or tertiary problem with hallucinogens entering treatment is decreasing. There were 636 in 2000, 486 in 2001, 436 in 2002, 319 in 2003, and 266 in 2004. Of the admissions in 2004, the average age was 23, 75% were male, 61% were White, 25% were Hispanic, and 12% were Black. Sixty-four percent were referred from the criminal justice or legal system and 25% had a history of injecting drug use (exhibit 20).

Statewide, there were two deaths in 1999 with a mention of LSD. No deaths with a mention of LSD have been reported since.

DPS labs identified 69 substances as LSD in 1998, compared with 406 in 1999, 234 in 2000, 122 in 2001, 10 in 2002, 10 in 2003, and 24 in 2004 (exhibit 21).

A dosage unit of LSD is selling for \$1–\$10 in Dallas, \$5–\$10 in Tyler, \$6–\$10 in Fort Worth, \$7 in Lubbock, and \$8–\$12 in San Antonio. A dosage sheet of 100 sells for \$800 in San Antonio.

## Phencyclidine (PCP)

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

Texas Poison Control Centers reported cases of “Fry,” “Amp,” “Water,” “Wack,” or “PCP.” Often, marijuana joints are dipped in formaldehyde that contains PCP or PCP is sprinkled on the joint. The number of cases involving PCP increased from 102 in 1998 to a high of 237 in 2002 and decreased to 160 in 2004. There were also 18 cases involving misuse or abuse of formaldehyde or formalin in 2003 and 55 in 2004. These formaldehyde or formalin cases may be linked to the use of PCP, but the records were not clear.

There were 71 reports of PCP in Dallas-Fort Worth DAWN emergency departments and 240 in Houston in 2004. Of these reports, 82% in Dallas-Fort Worth and 69% in Houston were male. Some 63% in Dallas-Fort Worth were Black, as were 72% in Houston. Twenty-five percent in Dallas-Fort Worth were White, as were 13% in Houston, and 4% in Dallas-Fort Worth and 10% in Houston were Hispanic. PCP patients were not young, only 7% in each area were younger than 18. Thirty-two percent in Dallas-Fort Worth and 42% in Houston were 18-24, 39% in Dallas-Fort Worth and 40% in Houston were 25-34, and 20% in Dallas-Fort Worth and 9% in Houston were 35-54.

Adolescent and adult admissions to treatment with a primary, secondary, or tertiary problem with PCP have varied over time, rising from 164 in 1998 to 417 in 2003 and then dropping to 295 in 2004. Of these clients in 2004, 81% were Black, 57% were male, 56% were involved in the criminal justice system, 22% were employed, and 14% were homeless. While 43% reported a primary problem with PCP, another 30% reported a primary problem with marijuana, which demonstrates the link between these two drugs and "Fry" (exhibit 20).

There were three deaths in 1999, three in 2000, five in 2001, eight in 2002, and two in 2003 that involved PCP.

DPS labs identified 10 substances as PCP in 1998, 84 in 1999, 104 in 2000, 163 in 2001, 95 in 2002, 143 in 2003, and 161 in 2004 (exhibit 21).

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

Street outreach workers in the Galveston/Brazoria area report "Water" is a problem.

**Rohypnol**

Rohypnol (flunitrazepam) is a benzodiazepine that was never approved for use in the United States. The drug is legal in Mexico, but since 1996, it has been illegal to bring it into the United States. It continues to be a problem along the Texas-Mexico border. As shown in exhibit 22, the 2004 secondary school survey found that students from the border area were about three times more likely to report Rohypnol use than those living elsewhere in the State (9.1% vs. 2.5% lifetime, and 3.5% vs. 2.5% current use). Use on both the border and non-border has declined since its peak in 1998.

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

The number of confirmed exposures to Rohypnol reported to the Texas Poison Control Centers peaked at 102 in 1998; 62 cases were reported in 2004. Average age in 2004 was 17, 52% were male, and 84% lived in counties on the border. A study of all the exposure calls between 1998 and 2003 found a significantly higher proportion of flunitrazepam abuse and malicious use calls occurred in border counties. The majority of the abuse calls involved males, while the majority of malicious use calls involved females. Most abuse calls involved adolescents, while the majority of the malicious calls involved adults. Abuse cases occurred most frequently at the

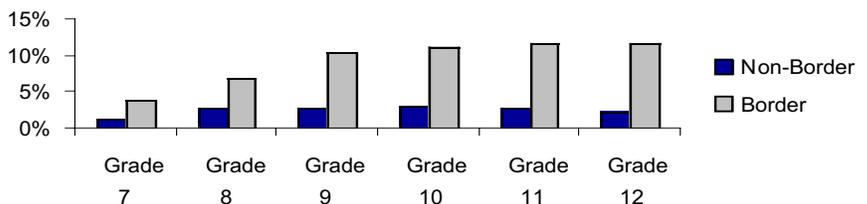
patient's own residence or at school, while malicious use occurred most often in public areas, with the patient's own residence ranking second (Forrester 2004). This analysis provides evidence of two patterns of Rohypnol use: (1) recreational use and abuse by adolescent males and (2) use of the drug with criminal intent on adult women.

There were no mentions of Rohypnol in the Dallas-Fort Worth DAWN reports in 2004, and there were 4 in Houston.

The number of youths and adults admitted into treatment with a primary, secondary, or tertiary problem with Rohypnol has varied: 247 in 1998, 364 in 1999, 324 in 2000, 397 in 2001, 368 in 2002, 331 in 2003, and 221 in 2004. In 2004, clients abusing Rohypnol were among the youngest of the club drug patients (age 19), and they were predominately Hispanic (97%), which reflects the availability and use of this drug along the border (exhibit 20). Some 67% were involved with the criminal justice or legal system. While 13% of these clients said that Rohypnol was their primary problem drug, 48% reported a primary problem with marijuana.

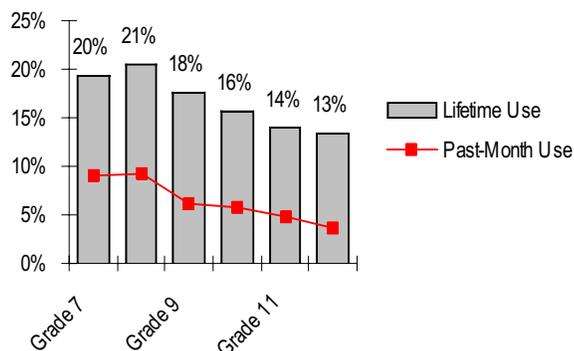
DPS lab exhibits for Rohypnol numbered 43 in 1988, 56 in 1999, 32 in 2000, 35 in 2001, 22 in 2002, 17 in 2003, and 16 in 2004. This decline in the number of Rohypnol seizures, as shown in exhibit 21, parallels the declines seen in other indicators.

**Exhibit 22. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Rohypnol, by Grade: 2004**



Source: TDSHS

**Exhibit 23. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2004**



Source: TDSHS

**Exhibit 24. Exposures Involving Intentional Misuse or Abuse of Inhalants as Reported to the Texas Poison Center Network**

Product	1998	1999	2000	2001	2002	2003	2004	Total
Aerosol	4	3	9	3	10	4	22	55
Amyl/Butyl Nitrite	1	2	1	1		8	2	15
Carburetor Cleaner, Auto Fluids	11	12	19	30	34	46	67	219
Freon/Other Propellants	23	24	21	20	23	15	29	155
Gasoline	24	19	16	18	18	6	21	122
Lighter Fluid/Propane	19	15	12	5	11	7	8	77
Nitrous Oxide	4	4	2	5	4	2	7	28
Paint	46	35	33	26	31	15	31	217
Toluene/Mineral Spirits	13	25	19	16	14	6	13	106
Correction Fluid	2	4	3	1	3	2	3	18

Source: DSHS

Although Roche is reported to no longer be making the 2-milligram Rohypnol tablet (a favorite with abusers), generic versions are still produced, and the blue dye added to the Rohypnol tablet to warn potential victims is not in the generic version. Unfortunately, the dye is not proving effective since people intent on committing sexual assault may employ blue tropical drinks and blue punches into which Rohypnol can be slipped. Rohypnol was selling for \$2–\$4 per pill in San Antonio.

**OTHER ABUSED SUBSTANCES**

**Inhalants**

The 2004 elementary school survey found that 11% of students in grades 4 to 6 had ever used inhalants, and 8% had used in the school year. The 2004 secondary school survey found that 17% of students in grades 7–12 had ever used inhalants and 7% had used in the past month.

Inhalant use exhibits a peculiar age pattern not observed with any other

substance. The prevalence of lifetime and past-month inhalant use was higher in the lower grades and lower in the upper grades (exhibit 23). This decrease in inhalant use as students age may be partially related 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.

The 2004 poison control center data show that automotive products such as carburetor cleaner and transmission fluid were the inhalants abused or misused the most often, with 67 calls (exhibit 24). Average age was 29. There were 31 calls of abuse or misuse of paint (average age 29), 29 calls of misuse of Freon or other propellants (average age 21), 22 calls for misuse of air fresheners or dusting sprays (average age of 18), 21 calls of misuse of gasoline (average age 24), and 13 calls about abuse of toluene or mineral spirits of thinning agents (average age 22).

There were 42 reports of inhalants in Dallas-Fort Worth and 52 in Houston in the 2004 DAWN emergency department reports. In Dallas-Fort Worth, 71% were male, 48% were White, 21% were Black, and 31% were Hispanic, while in Houston, 71% were male, 31% were White, 17% were Black, and 52% were Hispanic. In Dallas-Fort Worth, 26% were age 30-34 and 24% were under 21, whereas in Houston, 23% were 35-44, 21% were 25-29, and 21% were under 21.

Inhalant abusers represented 0.2% of the admissions to treatment programs in 2004. The clients tended to be male (60%) and Hispanic (77%). The overrepresentation of Hispanics is related to the fact that DSHS had developed and funded treatment programs targeted specifically to this group. Average age of the clients was 22. Sixty-five percent were involved with the criminal justice system, average education was 8.7 years, 10% were homeless, and 17% had a history of injecting drug use.

In 2000, there were 12 deaths involving misuse of inhalants, compared with 15 in 2001, 8 in 2002, and 13 in 2003. The categorization of inhalant deaths is difficult and leads to under-reporting; however, of those reported in 2003, the average age was 34, 85% were male, 69% were White, and 31% were Hispanic.

A new trend in McAllen is the use of "Whip-It" nitrous oxide capsules by teenagers.

**Steroids**

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

There were 17 persons admitted to DSHS-funded treatment in 2004 with a primary, secondary, or tertiary problem with steroids. Sixty-five percent were male, 59% were White and 35% were Hispanic; average age was 26. Some 65% were involved with the criminal justice or legal system, and 29% had a primary problem with alcohol, 24% had a primary problem with marijuana, and 18% had a primary problem with steroids.

The NFLIS data for Texas reported testosterone was the steroid most likely to be seized and submitted for forensic testing.

**Carisoprodol (Soma)**

Poison control centers confirmed exposure cases of intentional misuse or abuse of the muscle relaxant carisoprodol (Soma) increased from 83 in 1998 to 298 in 2004. In addition to these abuse and misuse cases, there were another 667 cases in which the reason for the call was suspected suicide.

Between 1998 and 2003, 51% of

these poison control center cases involved males and 83% involved persons older than 19. Carisoprodol is a substance that tends to be abused in combination with other substances. Only 39% of the cases involved that one drug; all the others involved combinations of drugs (Forrester, 2004).

The DAWN emergency department reports showed that in 2004, there were 160 reports of Soma in Dallas-Fort Worth and 429 in Houston. In Dallas-Fort Worth, 38% were male, 78% were Anglo, 30% were age 45-54 and 26% were 35-44. In Houston, 46% were male, 75% were White, 29% were age 35-44, 10% were 45-54, and 18% were 30-34.

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

Hydrocodone, propoxyphene, alcohol, and benzodiazepines were also substances that were mentioned along with carisoprodol on the other death certificates.

DPS lab exhibits of carisoprodol reported to NFLIS increased from 13 in 1998 to 90 in 1999, 153 in 2000, 202 in 2001, 179 in 2002, 278 in 2003, and 249 in 2004.

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

**BLOOD BORNE DISEASES AND DRUG USE**

**Hepatitis C**

Exhibit 25 shows that 18% of the 8,798 tests for HCV exposure given in 2003 were positive. Some 41% of

**Exhibit 25. Texas HCV Exposures and Their Demographics: 2003**

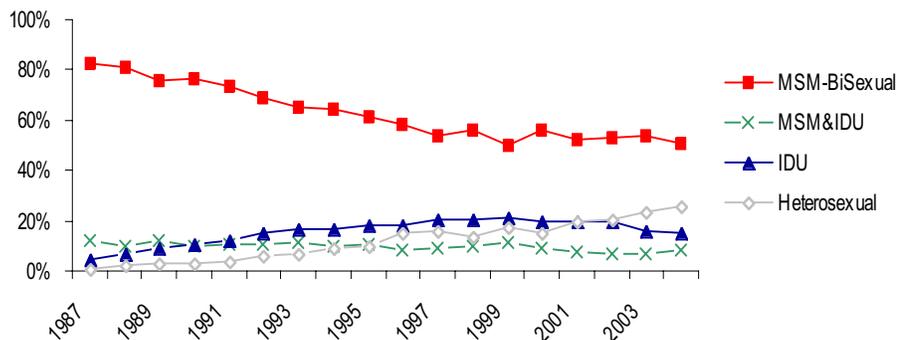
Overall	17.8
By Mode of Exposure (%)	
Injection Drug Exposure	40.7
Medical exposure	13.3
Tattoo or piercing	5.3
Occupational	2.8
Other blood/needle	3.4
Sexual risk	7.6
Shared snorting equipment	3.3
No disclosed risk	5.1
Gender (%)	
Male	19.3
Female	15.3
Race/Ethnicity (%)	
Hispanic	12.1
Non-Hispanic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

Source: TDSHS

those with positive tests were exposed through injecting drug use. The rates were higher for males, for American Indians and Blacks, and for persons age 40 and older. The highest HCV positivity rates were reported by persons tested at sexually transmitted disease clinics and drug treatment centers (22% each) and field outreach centers and corrections and probation settings (20% each).

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

**Exhibit 26. AIDS Cases in Texas by Mode of Exposure: 1987-2004 (Cases with Risk Not Classified Excluded)**



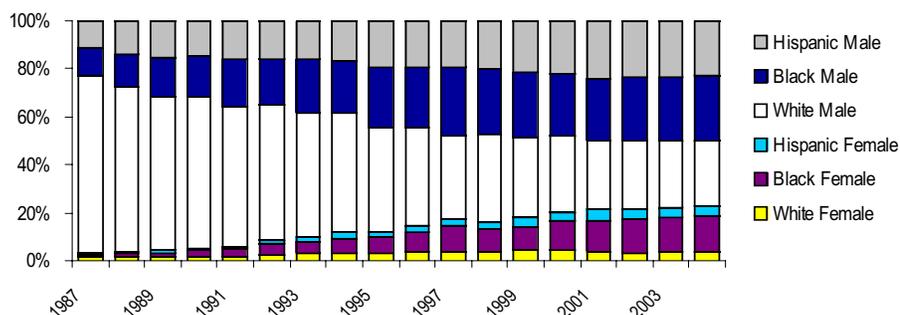
Source: TDSHS

**HIV and AIDS Cases**

In 2004, the percentage of AIDS cases involving heterosexual exposures was greater than the percentage of cases related to injecting drug use (exhibit 26). The proportion related to heterosexual contact rose from 1% in 1987 to 26% in 2004, while the proportion attributed to injecting drug use was 15% in 2004.

In 1987, 3% of the AIDS cases were females older than age 12; in 2004, 23% were female. As exhibit 27 shows, the proportion of Whites has dropped, while the proportion of Blacks and Hispanics increased.

**Exhibit 27. Texas Male and Female AIDS Cases by Race/Ethnicity: 1987-2004**



The proportion of adult needle users entering DSHS-funded treatment programs has decreased from 32% in 1988 to 19% for 2004. Heroin injectors are most likely to be older, and nearly two-thirds are people of color, while injectors of stimulants and cocaine are far more likely to be White (exhibit 28).

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

	Heroin	Cocaine	Stimulants
# Admissions	4,651	900	2,363
% of Needle Admits\Drug	86	6	45
Lag-1st Use to Tmt-Yrs.	16	15	13
Average Age	37	35	31
% Male	71	62	47
% Black	6	5	0
% White	37	63	94
% Hispanic	55	29	4
% CJ Involved	31	46	52
% Employed	12	13	18
% Homeless	12	11	11

Source: TDSHS

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

Primary Substance	Total Admissions	% of All Admissions	Average Age	Avg. Age 1st Use	Avg. Lag-1st Use to Admission	% First Treatment	Percent Married	Percent Male	% Use Needles	% History of IV Drug Use
Total	53204	100.0	32.5	19.2	14.0	43.8	20.4	61.0	19.0	32.7
Opiates	8238	15.5	35.7	22.6	14.0	25.9	19.9	57.2	62.8	73.1
Alcohol	14410	27.1	37.2	15.6	23.0	41.4	19.0	67.7	5.9	23.1
Depressants	706	1.3	28.8	21.8	8.0	42.8	22.0	37.4	6.5	21.2
Amphetamines	5268	9.9	29.7	19.7	11.0	50.8	20.3	46.5	45.5	57.6
Cocaine	4339	8.2	30.5	20.7	10.0	50.3	23.3	55.9	21.8	29.9
Marijuana	10254	19.3	21.6	13.9	8.0	66.9	25.5	72.3	1.8	6.7
Hallucinogens	180	0.3	25.1	18.9	7.0	38.9	8.3	56.7	6.1	7.8
Other Drugs	285	0.5	23.7	18.5	6.0	53.0	24.2	55.8	9.1	15.8
Crack Cocaine	9524	17.9	37.2	26.0	12.0	31.0	16.4	54.2	5.1	29.3

Primary Substance	Percent Black	Percent White	Percent Hispanic	% Involved with CJ or Legal System	Percent Employed	% Employed Over Last 12 Months	Average Education (Years)	Percent Homeless	Average Income At Adm	# of Women Pregnant at Admission
Total	19.4	48.9	29.7	26.9	3.8	48.5	11.3	11.1	\$5,716	1081
Opiates	8.6	51.6	38.2	12.7	2.9	30.1	11.6	9.5	\$4,394	115
Alcohol	13.8	57.9	26.1	26.9	4.6	45.8	11.9	12.7	\$7,250	99
Depressants	5.4	76.2	17.0	22.5	3.3	44.2	11.5	6.4	\$4,823	14
Amphetamines	0.9	88.9	8.2	23.1	3.8	51.6	11.6	8.4	\$5,570	185
Cocaine	11.2	36.0	50.8	28.9	4.3	50.7	11.2	7.0	\$5,986	152
Marijuana	21.9	32.5	43.1	53.1	4.8	75.7	10.0	7.4	\$5,834	242
Hallucinogens	70.0	19.4	10.6	27.2	3.1	58.9	11.0	9.4	\$3,312	8
Other Drugs	15.4	35.8	43.5	32.6	2.8	62.8	10.3	7.7	\$8,495	9
Crack Cocaine	49.0	33.3	16.3	12.2	2.9	36.4	11.7	17.8	\$4,539	257

Primary Substance	% on Medication	Percent Emergency Room Visit	% Sickness or Health Problems	Percent Employment Problems	% Family or Marital Problems	Percent Social/Peer Problems	Percent Psych/Emot. Problems	Percent Drug/Alcohol Problems
Total	21.5	33.8	24.8	51.2	48.9	39.9	41.6	67.6
Opiates	34.0	40.0	29.5	63.7	60.4	51.9	45.8	84.5
Alcohol	22.5	38.2	26.3	52.0	48.4	40.5	45.9	69.7
Depressants	32.2	46.5	31.0	53.3	55.1	40.5	52.5	71.2
Amphetamines	17.4	40.3	27.3	56.5	56.1	43.6	52.8	73.4
Cocaine	17.0	32.6	21.9	46.5	46.4	34.7	37.5	61.5
Marijuana	12.5	14.9	15.0	33.7	30.4	23.1	22.2	42.0
Hallucinogens	17.8	37.8	18.9	46.1	45.0	33.3	33.9	56.1
Other Drugs	24.2	22.8	20.4	35.1	35.8	28.4	30.9	48.1
Crack Cocaine	22.5	38.8	28.8	57.7	57.0	47.2	47.7	77.2

Source: TDSHS



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