

SUBSTANCE ABUSE TRENDS IN TEXAS:

JUNE 2008

BY JANE C. MAXWELL, PH.D.
THE CENTER FOR EXCELLENCE IN DRUG EPIDEMIOLOGY

GULF COAST ADDICTION TECHNOLOGY TRANSFER CENTER
U.T. ADDICTION RESEARCH INSTITUTE

ABSTRACT

This report updates indicators of drug abuse in Texas since the June 2007 report and describes trends by calendar year from 1987 through 2007. Important changes include increases in heroin inhalation by younger Hispanics. This was first noticed with the "cheese heroin" situation in Dallas, but further investigation has found that heroin inhalation is increasing statewide. Some treatment admissions are young teenagers, many of the users are not novices and are using other illicit drugs, and those in their twenties are shifting to injecting. Another change is decreases in methamphetamine indicators since 2005, with supplies down, price increasing, and purity decreasing. The influx of Mexican methamphetamine to replace the locally-produced product has not been as great as expected. With the higher price of Ice, the profit motive may encourage local manufacturers to return to cooking using over-the-counter pseudoephedrine. Other changes include continuing shifts in demographics of cocaine users and ecstasy users, severity of problems among non-coerced marijuana treatment admissions, increasing problems with alprazolam and carisoprodol, and possible reappearance of GHB. The majority of HIV and AIDS cases continue to be persons of color and more cases are now due to infection through the heterosexual route than due to injection drug use.

AREA DESCRIPTION

The population of Texas in 2007 was 23,728,510, with 48% White, 11% Black, 37% Hispanic, and 4% "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.

DATA SOURCES

Substance Abuse Trends in Texas is an ongoing series that is prepared annually as a report for the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse (NIDA). This report updates the June 2007 report. To compare the June 2008 report with earlier periods, please access <<http://www.utexas.edu/research/cswr/gcattc/drugtrends.html>>. Data for this report are from the sources shown below:

- **Student substance use data** for 2006 came from the *Texas School Survey of Substance Abuse: Grades 7-12, 2006* and the *Texas School Survey of Substance Abuse: Grades 4-6, 2006*, which are authored by L.Y. Liu and published by the Department of State Health Services (DSHS), formerly the Texas Commission on Alcohol and Drug Abuse. Data on Texas college students came from the *2005 Texas Survey of Substance Use Among College Students: Main Findings*, also written by L.Y. Liu and published by DSHS. For 2007, the data for high school students in grades 9–12 came from the Youth Risk Behavior Surveillance (YRBS)—United States, 2007, *MMWR Surveillance Summaries*, June 6, 2008/57(SS-4); 1–136.

- **Data on drug use** by Texans age 12 and older

came from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Surveys on Drug Use and Health (NSDUH). The Texas estimates for the population age 12 and older for past year use of marijuana, cocaine, and nonmedical use of pain relievers; past month use of alcohol, binge alcohol use, and any illicit drug; and perceptions of great risk of having five or more drinks are from the 2004, 2005, and 2006 NSDUH, and the estimates for Dallas and Houston metropolitan areas are based on the 2005–2006 surveys.

- **Poison control center data** came from the Texas Poison Center Network, DSHS, for 1998 through 2007. Analysis was provided by Mathias Forrester, epidemiologist with the Texas Poison Center Network, and by the author. In addition, findings from five papers authored by Forrester were used in this report: "Carisoprodol Abuse in Texas, 1998-2003," "Flunitrazepam Abuse and Malicious Use in Texas, 1998-2003," "Oxycodone Abuse in Texas, 1998-2003," "Methylphenidate Abuse in Texas, 1998-2004," and "Alprazolam Abuse in Texas: 1998-2004," *Journal of Toxicology and Environmental Health, Part A*, 69:237–243, 2006.
- **Treatment data** were provided by DSHS's client data system on clients admitted to treatment in DSHS-funded facilities from January 1, 1987, through December 31, 2007. For most drugs, the characteristics of clients entering with a primary problem with the drug are discussed, but in the case of club drugs, information is provided on any client with a primary, secondary, or tertiary problem with that drug. Analysis was by the author. Data on substance use on the border was drawn from Maxwell, J.C., et al., (2006). *Drug Use and Risk of HIV/AIDS on the Mexico-USA Border: A Comparison*

of Treatment Admissions in Both Countries, *Drug and Alcohol Dependence*, 82 Suppl. 1, S85-S93, 2006, and information on impaired drivers entering treatment was drawn from Maxwell, J.C. & Freeman, J. E. (2007). Gender Differences in DUI Offenders in Treatment in Texas *Traffic Injury Prevention*, 8: 353-360 and Maxwell, J.C. et al. (in press). Young DUI Offenders Seen in Substance Abuse Treatment in Texas, *Transportation Research Board Circular*, National Academy of Science, Washington. Data on heroin overdose deaths in Dallas came from Coleman, J.J. (2007). Special Report: Cheese-Heroin in Dallas, TX, Prescription Drug Research Center, Fairfax, VA, 2007.

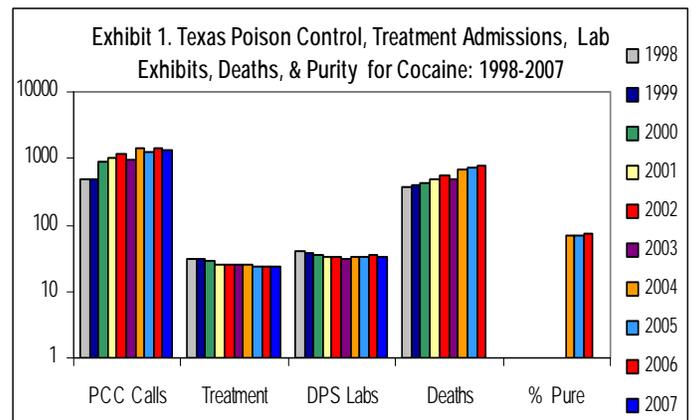
- **Information on drug-involved deaths** through 2006 came from death certificates from the Bureau of Vital Statistics, DSHS; analysis was by the author. Because justices of the peace, who have no medical training, can sign death certificates, the actual substances involved may not be listed. Instead, a notation such as “narcotism” may be used. The 2003 death cases are incomplete.
- **Information on drugs identified by laboratory tests** is from the Texas Department of Public Safety (DPS), which reported results from toxicological analyses of substances submitted in law enforcement operations for 1998 through December 2007 to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA). Analysis was by the author on data downloaded from NFLIS on May 8, 2008.
- **Information on forms of methadone** distributed in Texas is from DEA’s Automation of Reports and Consolidated Orders System (ARCOS) for 2000–2006.
- **Price, purity, trafficking, distribution, and supply** information was provided by second quarter fiscal year (FY) 2008 reports on trends in trafficking from the Dallas, El Paso, and Houston Field Divisions of the DEA and from DEA’s Domestic Monitor Program (DMP).
- **Reports by users and street outreach workers** on drug trends for the first two quarters of FY 2008 were reported to DSHS by workers at local human immunodeficiency virus (HIV) counseling and testing programs across the State.
- **Sexually transmitted disease (STD), HIV, and acquired immunodeficiency syndrome (AIDS)** data were provided by DSHS for annual periods through December 2007, and the HIV cases exclude

any that later seroconverted to AIDS. Data also come from Maxwell, J.C. & Spence, R.T. (2006), An exploratory study of inhalers and injectors who used black tar heroin, *Journal of Maintenance in the Addictions*, 3(1), 61–81.

DRUG ABUSE PATTERNS AND TRENDS

The 2004-2006 NSDUH estimated that 6.8% of the Texas population ages 12 and older had used an illicit drug in the past month, which is below the national average of 8.1%, and 1.8% of Texans were dependent on or abused an illicit drug in the past year, as compared to 2.0 nationally. For the period 2002-2005, 6.5% of the population aged 12 and older in the Dallas metropolitan statistical area and 6.2% in the Houston area had used any illicit drug.

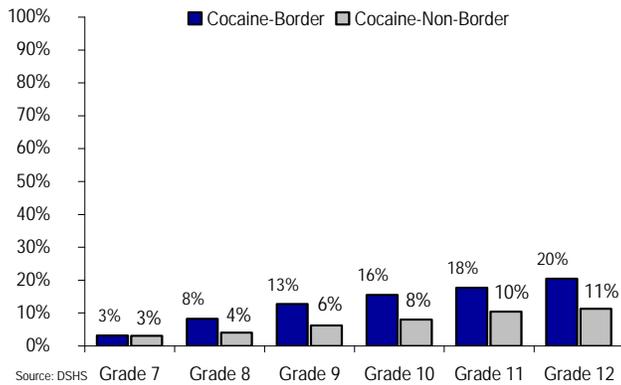
Cocaine/Crack



The *Texas School Survey of Substance Abuse: Grades 7-12, 2006* reported that lifetime use of powder and crack cocaine had dropped from a high of 9% in 1998 to 8% in 2006, while past-month use dropped from 4% in 1998 to 3% in 2006. Some 7% of students in nonborder counties had ever used powder or crack cocaine, and 2% had used it in the past month. In comparison, students in schools on the Texas border reported higher levels of cocaine use: 12% lifetime and 5% past month percentages are shown for grades 7–12 in exhibit 2.

The 2007 YRBS reported that 13% of Texas high school students in grades 9–12 had ever used cocaine, as compared to 12% in 2005, and 5% had used in the past month, as compared to 6% in 2005. The 2005 Texas college survey reported that 10% had ever used cocaine or crack, and 2% had used in the past month. For the period 2004-2006, the NSDUH reported that 2.5% of the Texas population age 12 and older had used cocaine in the past year, which is the same level as the national rate (exhibit 33).

Exhibit 2. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Powder or Crack Cocaine, by Grade: 2006



Texas Poison Center Network calls involving the use of cocaine increased from 497 in 1998 to 1,363 in 2007 (exhibit 1). Some 65% of the cases in 2007 were male, and the average age was 32.

Exhibit 3. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 2007

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	11,424	1,116	7,523	20,927
% of Cocaine Admits	55	5	36	100
Lag-1st Use to Tmt-Yrs.	13	15	9	11
Average Age	38	36	30	35
% Male	49	54	51	50
% Black	46	6	18	33
% White	35	74	27	34
% Hispanic	18	18	54	32
% CJ Involved	43	51	62	51
% Employed	15	17	36	23
% Homeless	21	17	5	14

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

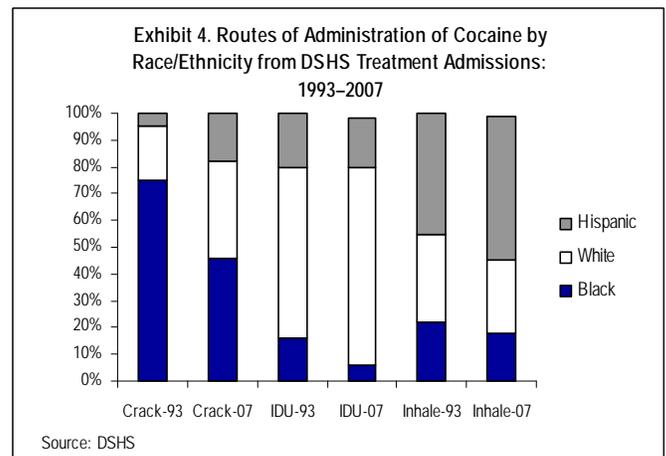
Source: DSHS

Cocaine (crack and powder together) represented 24% of all admissions to DSHS-funded treatment programs in 2007 (exhibit 1), down from 32% in 1995. Among all cocaine admissions, cocaine inhalers were the youngest and most likely to be Hispanic and involved in the criminal justice or legal systems (exhibit 3). Cocaine injectors were older than inhalers but younger than crack smokers; they were the most likely to be White.

And while 35% of the powder cocaine clients reported no problem with a second substance, 29% reported a problem with alcohol and 20% with marijuana. Of the crack cocaine clients, 37% reported no second substance problem, with 31% reporting a problem with alcohol, 18% with marijuana, and 5% with powder cocaine.

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 averaged nine years between first regular use and entrance to treatment, while injectors averaged 15 years of use before they entered treatment.

Between 1987 and 2007, the percentage of Hispanic treatment admissions using powder cocaine increased from 23% to 48%, while for Whites and Blacks, the percentages dropped from 48% to 33% and from 28% to 18%, respectively. Exhibit 4 shows these changes between 1993 and 2007 by route of administration. The proportion of Blacks among crack cocaine admissions fell from 75% in 1993 to 46% in 2007, while the proportion of Whites increased from 20% in 1993 to 35% in 2007. Hispanic crack admissions rose from 5% to 18% in the same time period.



Cocaine is a problem on the border. Twenty-six percent of all admissions to programs on the Texas side and 22% of all admissions on the Mexico side in 2003 were for powder or crack cocaine (Maxwell et al., 2006). In 2007, the percent of Texas border admissions which were powder or crack cocaine had increased to 29%.

The number of deaths statewide in which cocaine was mentioned increased from 223 in 1992 to 795 in 2006 (exhibit 5). The average age of the decedents in 2006 was 40; 44% were White, 28% were Hispanic, and 28% were Black. Seventy-five percent were male.

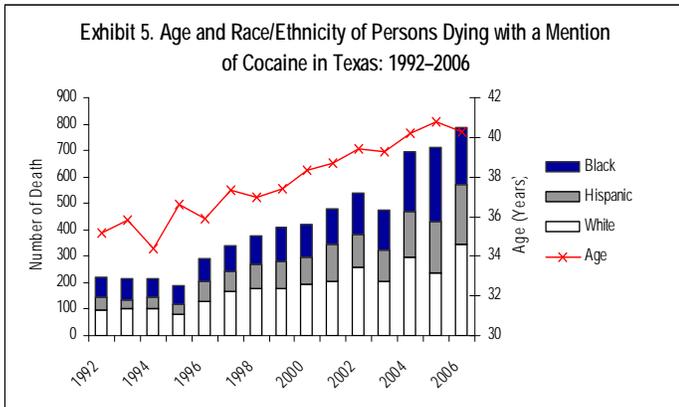
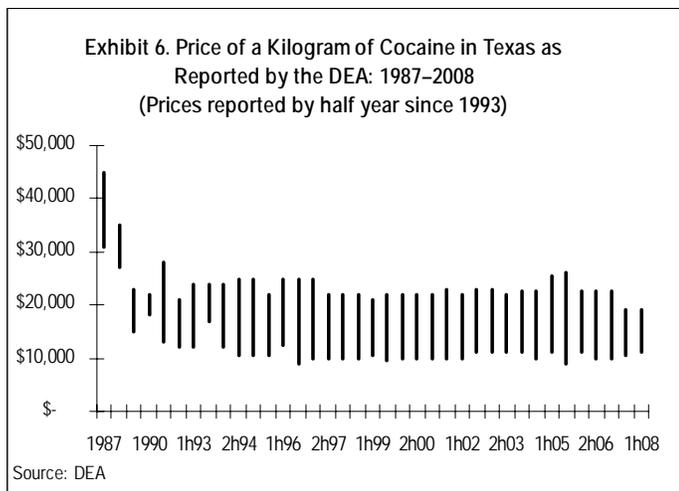


Exhibit 1 shows that the proportion of substances identified as cocaine by the DPS labs is decreasing. In 1998, cocaine accounted for 40% of all items examined, compared with 33% in 2007. In the Dallas DEA Field Division, the purity of seized cocaine decreased from 69% in FY2006 and 70% in FY2007 to 61% for the first half of FY2008.



Cocaine continues to be available (exhibit 6). A gram of powder cocaine costs \$50-\$60 in El Paso, \$50-\$80 in Dallas, \$60-\$100 in Houston, \$33 in McAllen, and \$70-\$110 in San Antonio. An ounce costs \$500 in McAllen, \$600-\$950 in Dallas, \$600-\$1,000 in Houston, \$400-\$700 in Midland, \$500 in El Paso, \$400-\$700 in San Antonio, and \$400-\$500 in Laredo. A kilogram of cocaine costs \$14,200-\$22,500 in Dallas, \$14,000 in El Paso, \$16,000-\$19,000 in Houston, \$11,000-\$13,000 in Laredo, \$13,500-\$15,000 in McAllen, and \$15,500-\$17,500 in San Antonio.

Across the State, a rock of crack costs \$10-\$50, with \$10-\$20 being the most common price. An ounce of crack cocaine costs \$500 in El Paso, \$650-\$750 in Fort

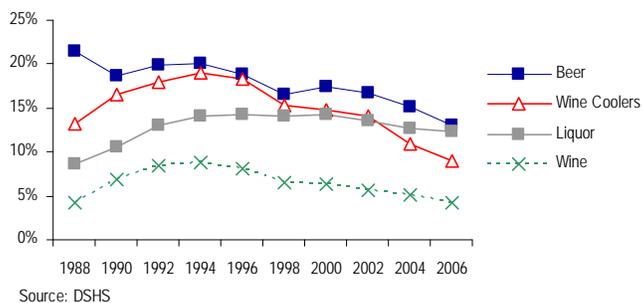
Worth, \$500-\$700 in Lubbock, \$500 in Amarillo, \$800 in Midland, \$350-\$500 in Houston, \$600 in Galveston, \$400-\$600 in San Antonio, \$350-\$450 in Austin, and \$600 in Beaumont. A kilogram in Dallas ranges between \$18,500 and \$25,500, as compared to \$14,000 in El Paso, \$24,000-\$26,000 in San Antonio, and \$16,000 in Midland.

Street outreach workers in Dallas report cocaine use among young undocumented Hispanic laborers is increasing because the drug is more available and increased crack use is reported in West and South Dallas, as well as on the east side of Lubbock.

Alcohol

Alcohol is the primary drug of abuse in Texas. In 2006, 66% of Texas secondary school students (grades 7-12) had ever used alcohol, and 32% had drunk alcohol in the last month. Of particular concern is heavy consumption of alcohol, or binge drinking, which is defined as drinking five or more drinks at one time. In 2006, 13% of all secondary students said that when they drank, they usually drank five or more beers at one time, and 12% reported binge drinking of liquor. Binge drinking increased with grade level. Among seniors, 28% binged on beer and 21% binged on liquor. While the percentage of binge drinking of beer has fallen over the years, the level of binge drinking of hard liquor has remained relatively stable since 1994 (exhibit 7). Among students in grades 4-6 in 2006, 22% had ever drunk alcohol, and 14% had drunk alcohol in the past school year. Use increased with grade level, as 9% of fourth graders had used alcohol in the school year, compared with 19% of sixth graders.

Exhibit 7. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988-2006



The 2007 YRBS reported 78% of Texas high school students in grades 9-12 had ever drunk alcohol, 48% had drunk in the past month, and 29% had drunk five or more drinks in a row in the last month. Binge drinking among girls increased and decreased for boys: in 2005, 26% of girls and 33% of boys reported binge drinking as

compared to 28% of girls and 30% of boys reporting this binge drinking behavior in 2007.

The 2005 Texas college survey found that 84% had drunk alcohol in their lifetime, and 66% had drunk in the past month. Almost 30% of college students reported binge drinking (38% males and 23% females). Although the legal drinking age is 21, 58% of college students ages 18 to 20 reported drinking an alcoholic beverage in the past month.

The 2004–2006 NSDUH estimated that 49% of Texans age 12 and older had drunk alcohol in the past month, below the national average of 51%, and 24% had drunk five or more drinks on at least one day (binge drinking) in the past month, above the national average of 23% (exhibit 33). The highest rate of binge drinking was in Region 2 and the lowest rate was in Region 4. Region 10 had the highest proportion of the Texas population who thought there was great risk in drinking five or more drinks once or twice a week, while Region 7 had the lowest perception of great risk. Twenty-seven percent of Texans who were ages 12 to 20 reported past-month alcohol use, as compared to 28% nationally, and 17% of Texas underage youths reported past-month binge drinking, as compared to 19% nationally.

In 2007, 25% of all clients admitted to publicly funded treatment programs had a primary problem with alcohol (exhibit 32). The characteristics of alcohol admissions have changed over the years. In 1988, 82% of the clients were male, compared with 70% in 2007. The proportion of White clients declined from 63% in 1988 to 55% in 2007, and the proportion of Hispanic clients increased from 28% to 31%. During the same period, the proportion of Black clients increased from 7% to 13%. The average age increased from 33 to 38 years. The proportion of alcohol clients reporting no secondary drug problem dropped from 67% to 49%, and the proportion with a problem with cocaine (powder or crack) increased from 7% to 25%. Consuming cocaine and alcohol at the same time produces cocaethylene, which intensifies cocaine's euphoric effects.

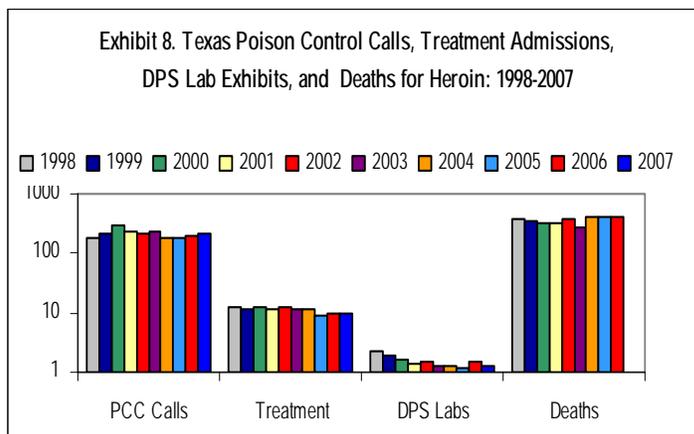
The characteristics of persons who entered treatment with a past-year offense for Driving Under the Influence (DUI) have changed over time. The proportion of females who were sent to treatment as a result of DUI increased from 27% in 2000 to 32% in 2005 (Maxwell & Freeman, 2007). Between 1990 and 2007, the proportion of DUI treatment admissions under the legal drinking age of 21 reporting a primary problem with alcohol decreased from 75% to 21%, the proportion with a primary problem of marijuana increased from 19% to 63%, and the proportion with a primary problem with cocaine increased from 5% to 7% (Maxwell et al., in

press).

Heroin

The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4% in 1998 to 1.5% in 2006. The 2007 YRBS found 2% of Texas high school students had ever used heroin, as compared to a national median of 4%. Dallas and Houston students reported lifetime use of heroin at 5%, as compared to a median of 3% among other local school districts which participated across the nation. The 2005 college survey found 5% of students had ever used heroin or other opiates. The 2002–2004 NSDUH reported 0.1% of Texans age 12 and older had used heroin in the past year.

Calls to the Texas Poison Center Network involving confirmed exposures to heroin ranged from 181 in 1998 to a high of 296 in 2000 but dropped to 208 in 2007 (exhibit 8). Seventeen percent of the 2007 heroin exposures involved inhalation (snorting or smoking), an increase from 9% in 2005.



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 it, but the proportion inhaling heroin has increased from 4% of all heroin admissions in 1996 to 20% in 2007. During that time, the proportion of inhalers who are Hispanic has increased from 26% to 69%, and the average age of inhalers has decreased from 30 to 27 years.

While the number of individuals who inhale heroin is small, note that the lag period between first use and seeking treatment for this group is seven years, compared with 15 years for injectors. This shorter lag period means that, contrary to the street rumors that

"sniffing or inhaling is not addictive," inhalers can become dependent on heroin. They will either enter treatment sooner while still inhaling, or they will shift to injecting, thus increasing their risk of hepatitis C and HIV infection, becoming more impaired, and entering treatment later.

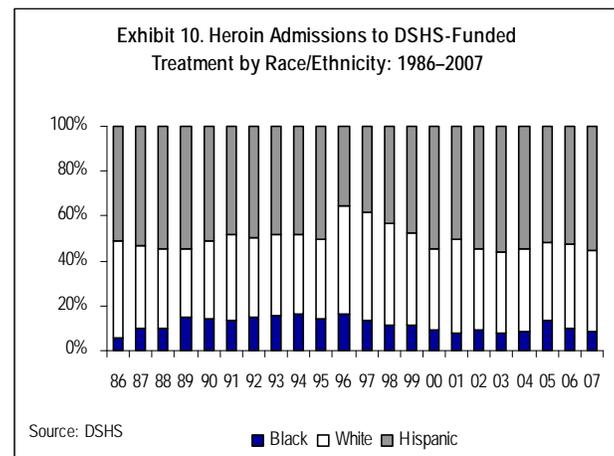
Exhibit 9. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 2007

	Inject	Inhale	Smoke	All*
# Admissions	6,594	1,698	99	8,622
% of Heroin Admits	77	20	1	100
Lag-1st Use to Tmt-Yrs.	15	7	11	13
Average Age	36	27	31	34
% Male	65	61	60	64
% Black	8	14	9	9
% White	41	17	30	36
% Hispanic	51	69	58	55
% CJ Involved	32	36	35	33
% Employed	14	26	18	17
% Homeless	15	8	7	14

*Total includes clients with other routes of administration.

Source: DSHS

In addition to the decrease in the age of inhalers, the age of all heroin admissions has decreased from 37 in 1996 to 34 in 2007. This increase in inhalers and decrease in age at admission is evidence of the emergence of younger heroin users. The proportion of all treatment clients with a primary problem with heroin who are Hispanic increased from 23% in 1996 to 55% in 2007 (exhibit 10).



Of all the 2007 heroin admissions, 43% reported no second substance problem and 26% reported a problem with powder cocaine (which shows the tendency to

"Speedball," or use heroin and cocaine sequentially on some occasions). Nine percent reported a second problem with marijuana, 7% with alcohol, 5% with crack cocaine, and 4% with other opiates.

"Cheese heroin," a mixture of Tylenol PM and heroin (heroin + diphenhydramine + acetaminophen), continues to be a problem in Dallas and heroin inhaling is increasing across the state. Diphenhydramine has traditionally been used as a "cut" to turn tar into powder. A recent analysis of records from the Dallas County medical examiner found that only one death involved just "cheese heroin;" all the other "cheese heroin" deaths also involved combinations of cocaine, alprazolam, hydrocodone, etc., which shows that this is not a population of novice users but is a growing problem among very young experienced heroin users (Coleman, 2007). Average age of teenaged admissions in Dallas in 2007 was 16 (range 12-19), and of those in their twenties, average age was 23. Of the 174 Dallas cases under age 19 in 2007, 52% were male, 92% were Hispanic, and 96% inhaled their heroin. Cases of "cheese heroin" were reported in other counties in the DFW metroplex area, but the term "cheese heroin" does not appear to have spread elsewhere in the state, although heroin inhaling by young users continues to increase.

In 2006, there were 392 deaths in Texas in which the death certificate included a mention of heroin, narcotics, opiates, or morphine (terms used by justices of the peace were not always as specific as desired) (exhibit 11). Some 56% were White, 34% were Hispanic, and 9% were Black; 78% were male. The average age was 39.

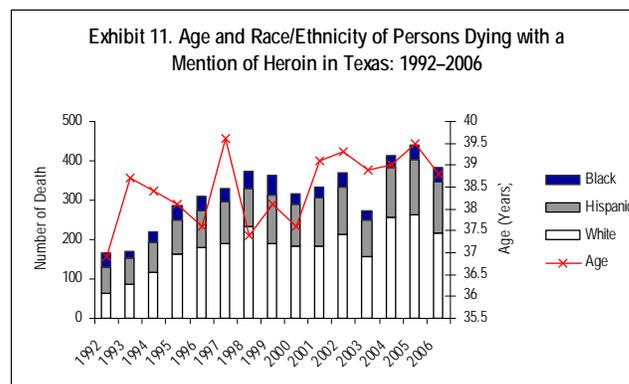


Exhibit 8 shows that the proportion of items identified as heroin by DPS labs has remained low at 1%–2% over the years. The predominant form of heroin in Texas is black tar, which has a dark gummy, oily texture that can be diluted with water and injected. Exhibit 12 shows the decline in price over the years. Depending on the

location, black tar heroin sells on the street for \$5–\$20 per paper, balloon, or capsule, \$100–\$300 per gram, \$800–\$4,000 per ounce, and \$25,000–\$62,000 per kilogram. An ounce of black tar costs \$1,000 in El Paso, \$3,600–\$4,000 in Midland, \$1,000–\$2,500 in Houston, \$1,300 in Galveston, \$1,300 in Laredo, \$1,000 in McAllen, \$1,200–\$1,600 in Austin, \$800–\$1,300 in Ft Worth, \$1000 in Lubbock, and \$1,200–\$2,400 in San Antonio. Black tar heroin costs \$35,000–\$50,000 per kilogram in Dallas, \$25,000 in El Paso, \$40,000–\$50,000 in Houston, \$25,000–\$40,000 in McAllen, and \$50,000–\$62,000 in San Antonio.

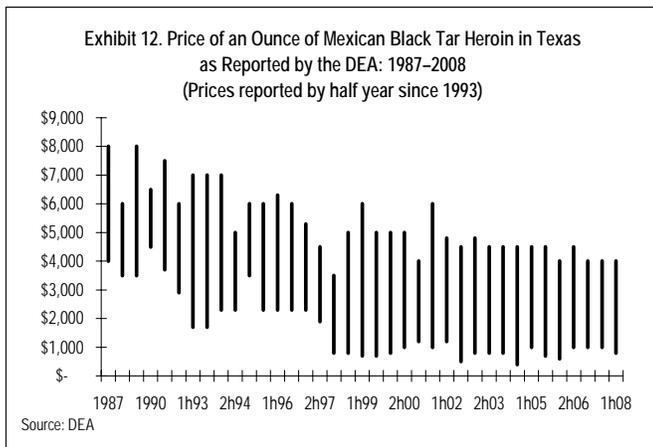
sells for \$50,000–\$80,000 per kilogram in Houston, \$30,000 in McAllen, \$84,000–\$90,000 in El Paso, and \$65,000–\$80,000 in Dallas. A kilogram of 96% pure South American heroin was seized in Dallas in early 2008 and operational intelligence suggests a growing market for South American white heroin in the Dallas area.

Southwest and Southeast Asian heroin sells for \$200–\$300 per gram, \$2000–\$4000 per ounce, and \$70,000 per kilogram in Dallas.

Over time, the purity of Mexican heroin in the Dallas area has remained constant at 30% between 2006 and 2008. Black tar heroin availability remains high with use increasing, especially in the rural areas, according to DEA.

In Houston, DEA reports that heroin cut with clenbuterol has been seized. Clenbuterol is described by DEA as a potent, long-lasting bronchodilator that is not prescribed for human use in the U.S. It is generally abused by bodybuilders and athletes for its ability to increase lean muscle mass and reduce body fat. Clenbuterol is also associated with significant adverse cardiovascular and neurological effects, with some individuals hospitalized for up to several days due to clenbuterol intoxication. In the last quarter of 2007, DEA also reported dealers from New Orleans were trafficking white South American heroin in Houston.

Exhibit 13 shows the purity and price of heroin purchased by the DEA in four Texas cities under the DMP. Heroin is much purer at the border in El Paso and decreases in purity as it moves north, since it is “cut” with other products as it passes through the chain of dealers.



Mexican brown heroin, which is black tar heroin that has been cut with lactose, diphenhydramine, or another substance and then turned into a powder to inject or inhale, costs \$10 per cap and \$25–\$250 per gram. An ounce costs \$500–\$800 in San Antonio, and \$800 in McAllen.

Colombian heroin sells for \$60–\$80 per gram and \$1,200 per ounce in McAllen and \$2,000 in Dallas. It

Exhibit 13. Price and Purity of Heroin Purchased in Dallas, El Paso, Houston, and San Antonio by the DEA: 1995–2006

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Dallas Purity (%)	6.8	3.5	7.0	11.8	14.0	16.0	13.4	17.2	13.3	16.3	11.6	17.7
Price/Milligram Pure	\$2.34	\$6.66	\$4.16	\$1.06	\$1.01	\$0.69	\$1.36	\$0.75	\$0.98	\$0.90	\$1.11	\$1.10
El Paso Purity (%)					56.7	50.8	41.8	40.3	44.7	50.5	44.7	44.8
Price/Milligram Pure					\$0.49	\$0.34	\$0.44	\$0.27	\$0.40	\$0.27	\$0.40	\$0.33
Houston Purity (%)	16.0	26.1	16.3	34.8	17.4	18.2	11.3	28.2	27.4	24.8	24.4	18.1
Price/Milligram Pure	\$1.36	\$2.15	\$2.20	\$2.43	\$1.24	\$1.14	\$1.51	\$0.64	\$0.45	\$0.44	\$1.11	\$1.90
San Antonio Purity (%)									8.2	6.4	11.2	17.4
Price/Milligram Pure									\$1.97	\$2.24	\$0.56	\$0.79

Source: DEA

Other Opiates

This group excludes heroin but includes opiates such as

methadone, codeine, hydrocodone (Vicodin, Tussionex), oxycodone (OxyContin, Percodan, Percocet-5, Tylox), buprenorphine (Suboxone and

Subutex), d-propoxyphene (Darvon), hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium. The 2006 Texas secondary school survey found that 8% reported ever having drunk codeine cough syrup to get high, and 3% drank it in the past month. Lifetime use increased with grade level from 3% of seventh graders to 12% of twelfth graders. The 2004–2006 NSDUH reported that 4.7% of Texans aged 12 and older had used pain relievers non-medically (as compared to 4.9% nationally). Region 7 reported the highest level of past-year nonmedical use of pain relievers, and Region 6 had the lower levels of use (exhibit 33).

Hydrocodone is a larger problem in Texas than is oxycodone, but use of oxycodone is growing, as exhibit 14 shows. 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 cases tended to involve 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).

Poison control cases involving methadone are increasing (exhibit 14). Methadone overdoses could be occurring among new patients in narcotic treatment programs; they could be due to liquid methadone, which has been diverted from treatment; they could be caused by pain pills diverted from pain patients; or they could be overdoses by pain patients who took too many of the

pills or took other drugs in combination with the methadone pills. Methadone is used in liquid and 40 mg. diskette forms in narcotic treatment programs; as of January 1, 2008, the 40 mg. diskettes can no longer be used in pain management. The 5 and 10 mg. milligram tablets are used for pain management. DEA's ARCOS reported that between 2000 and 2006 in Texas, the number of 5 and 10 mg. methadone tablets distributed increased from 270 grams per 100,000 population to 1,019 per 100,000. Eighty-six percent of these tablets were distributed through pharmacies, and 13% were distributed through hospitals. The amount of 40 mg. diskettes increased from 276 grams per 100,000 in 2000 to 706 per 100,000 in 2006; 64% of the diskettes were distributed through narcotic treatment programs, and 35% were distributed through pharmacies to pain patients. The amount of methadone liquid distributed increased from 573 grams per 100,000 population in 2000 to 1,591 grams per 100,000 in 2006. Some 98% of the liquid methadone was distributed to narcotic treatment programs.

Between 1998 and 2007, the total number of calls to the poison control centers to identify substances or to seek advice or report abuse or misuse cases that involved methadone pills increased from 29 to 766, while the number involving liquid as used in narcotic treatment programs rose from five to 18. Calls for unknown formulations increased from 51 to 226, while 40 mg. diskettes used in pain or in some narcotic treatment

Exhibit 14. Hydrocodone, Oxycodone, Methadone and Fentanyl Indicators in Texas: 1998–2006

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Poison Control Center Cases of Abuse and Misuse										
Fentanyl			9	2	3	11	17	10	36	28
Hydrocodone	192	264	286	339	429	414	516	505	657	703
Methadone	17	15	30	27	50	41	69	69	73	91
Oxycodone	12	26	22	34	68	64	77	50	68	67
DSHS Treatment Admissions										
Methadone	55	69	44	52	75	86	63	91	101	113
"Other Opiates"	553	815	890	1,386	2084	2794	3433	3482	3903	4529
Deaths with Mention of Substance (DSHS)										
Fentanyl	8	5	4	7	22	10	32	30	37	
Hydrocodone	5	25	52	107	168	140	201	269	374	
Methadone	31	32	62	90	131	122	164	201	231	
Oxycodone	1	8	20	40	56	60	66	62	78	
Drug Exhibits Identified by DPS Laboratories										
Fentanyl	0	3	1	7	4	2	14	7	14	10
Hydrocodone	52	479	629	771	747	1212	1598	1789	2324	2812
Methadone	1	19	22	42	58	70	130	133	169	209
Oxycodone	10	36	72	115	106	174	270	237	264	244

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

programs increased from four to 71. Human exposure calls involving only methadone or methadone plus alcohol comprised 53% of the methadone calls in 1998, as compared to 46% in 2007. Calls involving methadone and a combination of drugs, of which at least one was an illicit drug, comprised 9% of the calls in 1998 and 8% in 2007. It is assumed that this combination of drugs represents callers who were seeking euphoric effects of methadone and the illicit drugs. Calls involving a combination of methadone and licit drugs, including pain pills, comprised 38% of the calls in 1998 and 46% of the 2007 calls. While there is no way to know if the licit drugs that were ingested with the methadone were prescribed for that person, the increase in the number of calls involving methadone and licit drugs is of concern.

Of the 155 calls about human exposure to fentanyl in 2007, 107 involved patches, 15 involved lozenges, and 29 were unknown formulation.

Five percent of all clients who entered publicly-funded treatment during 2007 used opiates other than heroin. Of these, 113 used illegal methadone and 4,529 used other opiate drugs (exhibit 14). Those who reported a primary problem with other opiates were different from those who reported a problem with heroin. They were much more likely to be female (56%), to be White (81%), to have sought help in an emergency department (45%), and to report more health and psychological or emotional problems in the month prior to entering treatment (exhibit 32). Forty-five percent of these clients with problems with other opiates also reported problems with other substances such as sedatives (16%) and alcohol (11%). The clients with problems with illicit methadone were more likely to be male (54%), 66% were White and 24% were Hispanic. They were younger (age 32) than those with problems with other opiates or heroin (age 34). Only 34% had no second drug problem, and of those who did have other problems, 16% had problems with alcohol, 15% with other opiates, 11% with sedatives, and 8% with heroin.

In 2006, persons who died from one of the other opiates were more likely to be White and to be older than those persons whose death certificates mentioned heroin. Of the 374 deaths with a mention of hydrocodone in 2006, 55% were male, 88% were White, 3% were Black, 2% were Hispanic, and the average age was 41 (exhibit 14). Of the 78 deaths with a mention of oxycodone, 59% were male, 90% were White, 3% were Black, 1% was Hispanic, and the average age was 40. There were 37 deaths with a mention of fentanyl in 2006. Of these, 45% were male, 89% were White, 8% were Hispanic, and the average age was 54. Of the 231 deaths with a mention of methadone, 65% were male, 85% were White, 6% were Black, 7% were Hispanic, and the average age was 38.

Over time, it has been possible to track deaths with a mention of methadone by the other drugs which were listed on the death certificates. In 1992, 58% of the death certificates listed only methadone or methadone and alcohol; in 2006, 42% of the methadone deaths involved this combination. Of the other methadone deaths, 24% in 1992 involved methadone and a combination of other substances, of which at least one was an illicit drug such as cocaine. By 2006, the combination of methadone and drugs, including illicit, comprised 20% of the methadone deaths. These decedents were probably combining such drugs to achieve euphoria. Death certificates which listed methadone and a combination of other drugs (primarily pain drugs but none illicit) comprised 17% of the methadone deaths. By 2006, the combination of methadone and pain pills comprised 39% of the deaths. The data showing the increase in deaths involving a combination of methadone and other pain pills may be a partial explanation of the trend of increasing methadone-related deaths.

In the Dallas DEA Field Division, hydrocodone, carisoprodol, diazepam, Adderall, methadone, and oxycontin are the most commonly diverted drugs. In the Houston Field Division, hydrocodone, promethazine with codeine, and other codeine cough syrups are the most commonly abused pharmaceutical drugs. Houston DEA is reporting increases in pain management clinics and independent pharmacies who are involved in the unlawful distribution of hydrocodone and Xanax. In the El Paso Field Division, morphine, Demerol, darvocet, codeine, Vicodin cough syrup, and fentanyl are the major diverted pharmaceutical drugs.

Promethazine or phenergan cough syrup with codeine sells for \$200-\$400 per pint in the Dallas and Houston. Hydrocodone sells for \$2-\$4 per pill, and OxyContin costs \$1 per milligram. Dilaudid sells for \$10-\$15 per dose in McAllen and \$20-\$40 in Dallas, and methadone costs \$7-\$10 per tablet in Ft. Worth.

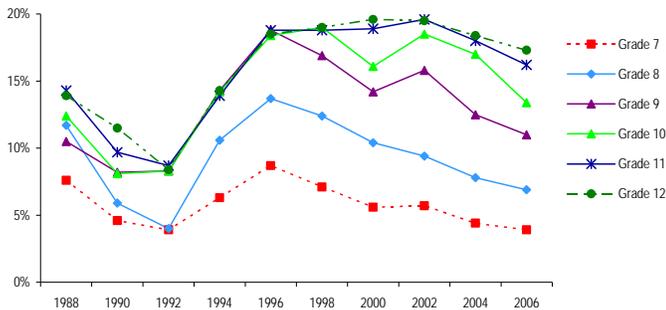
DPS labs reported increases in the number of exhibits of hydrocodone and methadone each year from 1998 through 2007, while the number of fentanyl exhibits has varied over the years (exhibit 14). These labs also reported 126 promethazine exhibits and 15 buprenorphine exhibits in 2007. In 2006, DPS reported 11,193 ounces of codeine syrup was seized; in 2007, 20,977 ounces were seized.

Street outreach workers in Lubbock report pharmaceuticals are being purchased online or obtained by "working the doctors" in the South Plains area. In Galveston, abuse of codeine cough syrup continues among young Black males and abuse of prescription drugs is primarily seen among Whites.

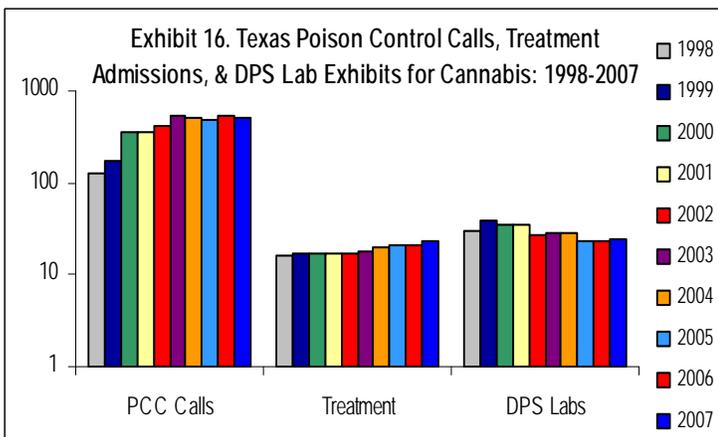
Marijuana

Among Texas students in 2006 in grades 4–6, 1.8% had ever used marijuana, with 1.2% reporting use in the past school year. Among Texas secondary students (grades 7–12), 26% had ever tried marijuana, and 11% had used in the past month. Past-month use shown by grade level is shown in exhibit 15. In 2007 the YRBS reported that 38% of Texas high school students in grades 9–12 had ever smoked marijuana, a significant decrease from 42% in 2005. Past month use declined from 22% in 2005 to 19% in 2007. The 2005 Texas college survey reported that 37% of students had ever used marijuana, and 11% had used in the past month. The 2004–2006 NSDUH estimated that 8.5% of Texans age 12 and older had used marijuana in the past year (compared to 10.5% nationally), with 4.4% using in the past month (compared to 6.1% nationally). Region 7 reported the highest level of past-year use of marijuana and Region 10 had the lowest level (exhibit 33).

Exhibit 15. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988–2006



The Texas Poison Center Network reported there were 133 calls confirming exposure to marijuana in 1998, compared with 544 in 2006 and 502 in 2007 (exhibit 16).



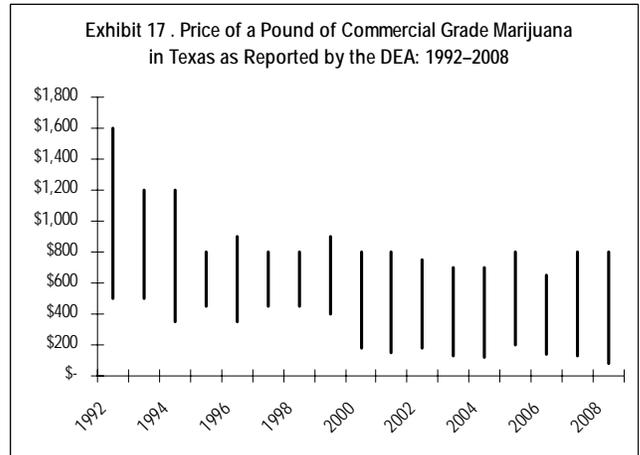
Marijuana was the primary problem for 23% of admissions to treatment programs in 2007 (exhibit 32) and while 44% reported no second substance abuse problem, 27% had a problem with alcohol and 12% had a problem with powder cocaine. The average age was

23. Some 42% were Hispanic, 30% were White, and 27% were Black. Seventy-nine percent had legal problems or had been referred from the criminal justice system; these clients were less frequent users of marijuana than those who came to treatment for other reasons, and they reported fewer days of problems in the month prior to admission as measured on the Addiction Severity Index (ASI).

A study of admissions to treatment in Texas programs between 2000 and 2005 found that the 69% of clients who were referred from the criminal justice system were more likely to complete treatment, compared with non-coerced clients and they were more likely to have received less intensive forms of treatment and to have not used marijuana in the month prior to 90-day post-discharge follow-up. This study concluded that more public health information is needed on marijuana dependence and increased availability of early and brief interventions in a variety of primary health care settings to reduce the late presentations of the more severely impaired voluntary clients (Copeland & Maxwell, 2007).

Cannabis was identified in 33% of all the exhibits analyzed by DPS laboratories in 2000 but in only 24% in 2007 (exhibit 16).

Exhibit 17 shows the decline in the price of a pound of marijuana since 1992.



The Houston DEA Field Division reports hydroponic marijuana is available, and Vietnamese and Chinese operators appear to be establishing "grow houses" with the profit from the sales used to purchase cocaine for distribution in Canada. In the Dallas-Fort Worth area, Mexican marijuana is readily available and hydroponic marijuana remains steady. "Popcorn" marijuana is available at \$700-\$1,000 per pound. It is often grown in Chihuahua in shade under pine trees and it is mostly buds and is slightly greasy or oily to the touch. The Dallas Field Division also reported that in the second

quarter of 2008, there were 18 new marijuana cases, of which 15 targeted marijuana of foreign origin, two targeted domestic marijuana, and one targeted an indoor-grown operation.

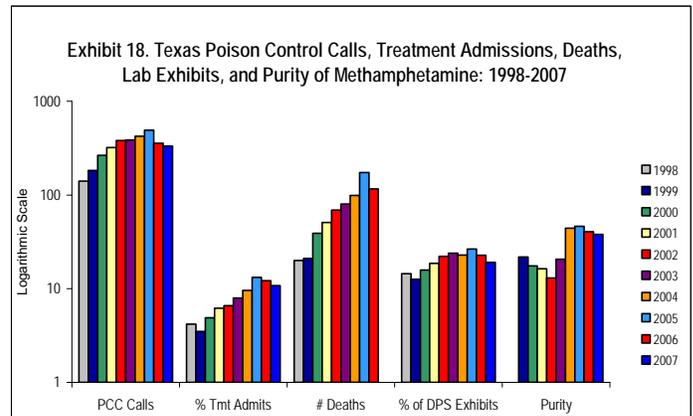
Hydroponic marijuana sells for \$4,000–\$5,000 per pound in Houston, \$1,300 in McAllen, \$3,000–\$4,500 in Austin, \$3,400–\$3,800 in Dallas, and \$3,000–\$5,000 in San Antonio. The average price for a pound of commercial grade marijuana is \$140–\$160 in Laredo, \$85–\$180 in McAllen, \$330–\$450 in San Antonio, \$275–\$500 in Houston, \$200 in El Paso, \$350–\$400 in Lubbock, \$375–\$600 in Midland, \$259–\$650 in Alpine, and \$350–\$800 in Dallas. Sinsemilla sells for \$750–\$1,200 per pound in the Dallas-Ft. Worth area, \$300–\$500 in Houston, and \$600 in Galveston.

Outreach workers in Dallas report increased marijuana use among the homeless.

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, “Yaba,” 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 Texas secondary school survey reported that lifetime use of “uppers” was 6%, and past-month use was 2% in 2006. The 2007 YRBS reported lifetime use of methamphetamine by Texas high school students was 7%. The 2005 Texas college survey reported that 10% had ever used stimulants and 2% had used in the past month. The 2002–2004 NSDUH reported that past-year nonmedical use of stimulants (which included amphetamines, methamphetamine, methylphenidate, and prescription diet pills) in Texas was 1.4%, and past-year use of methamphetamine was 0.7%.



There were 144 calls to Texas poison control centers involving exposure to methamphetamine in 1998, 336 in 2006, and 315 in 2007 (exhibit 18). 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 Ritalin abuse/misuse calls, 62% involved males, 20% were younger than 13, 55% were ages 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 callers also had used other substances. Compared with nonabuse 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.

Table 19. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: 2007

	Smoke	Inject	Inhale	Oral	All*
# Admissions	5,046	2,909	849	430	9,560
% of Stimulant Admits	53	30	9	5	100
Lag-1st Use to Tmt-Yrs.	10	14	10	12	11
Average Age-Yrs.	31	33	32	34	32
% Male	42	46	47	44	44
% Black	2	1	2	7	2
% White	81	92	81	77	84
% Hispanic	16	5	16	14	12
% CJ Involved	63	65	63	63	65
% Employed	31	22	31	32	29
% Homeless	8	11	8	5	8

*Total includes clients with “other” routes of administration

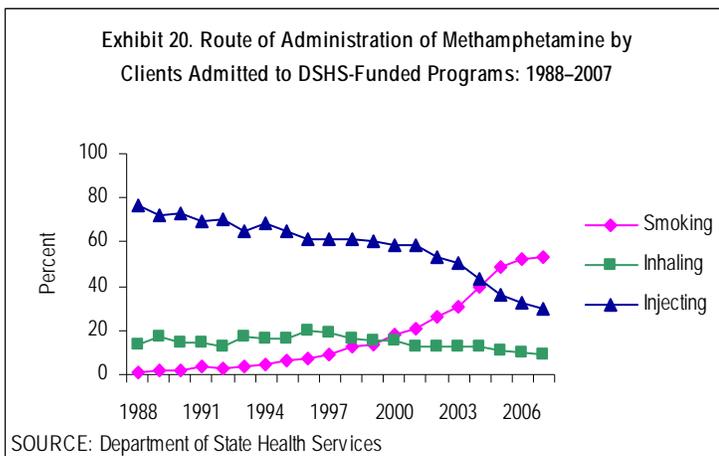
Source: DSHS

Methamphetamine/amphetamine admissions to treatment programs increased from 5% of all admissions in 2000 to 11% in 2007 (exhibit 18), and the average age of clients admitted for a primary problem with stimulants increased. In 1985, the average age was 26; in 2007, it was 32 (exhibit 19). The proportion of White clients rose from 80% in 1985 to 84% in 2007, while the proportion

of Hispanics rose from 11% to 12%, and the proportion of Blacks dropped from 9% to 2%. Unlike the other drug categories, more than one-half of these clients entering treatment were women. Clients with a primary problem with methamphetamine reported secondary problems with marijuana (27%), alcohol (15%), and powder cocaine (8%); some 39% reported no secondary substance abuse problem.

Users of amphetamines or methamphetamine tend to differ depending on their route of administration, as exhibit 19 shows. Methamphetamine injectors were more likely to have been in treatment before (61% readmissions) than amphetamine pill takers (45%), ice smokers (46%), or inhalers (47%).

More clients now smoke ice than inject speed (exhibit 20). The proportion smoking ice increased from less than 1% in 1988 to 53% in 2007, and the percentage of clients injecting the drug dropped from 84% in 1988 to 30% in 2007.



Statewide, there were 17 deaths in which amphetamines or methamphetamines were mentioned in 1997, compared with 177 in 2005 and 116 in 2006 (exhibit 18). Of the decedents in 2006, 78% were male, 87% were White, 10% were Hispanic, 2% were Black, and the average age was 39.

Methamphetamine and amphetamine together represented 16% of all items examined by DPS laboratories in 2000 and reached a peak of 25% in 2005 before dropping to 23% in 2007 (exhibit 18). Nineteen percent of the exhibits were methamphetamine, and 4% was amphetamine.

The Texas Department of Public Safety (state police) reported that 203 methamphetamine laboratories were seized in 2006, and 130 seized in 2007. The amount of methamphetamine seized totaled 6,951 dosage units in 2006 and 207,244 in 2007 and the amount of

amphetamine seized was 6,829 dosage units in 2006 and 6,547 in 2007.

A pound of powder methamphetamine sells for \$7,000–\$8,000 in San Antonio and \$6,000–\$7,500 in Laredo. A pound of ice sells for \$12,000–\$14,000 in Houston, \$8,000–\$12,000 in San Antonio, \$6,000–\$10,000 in Austin, \$9,000–\$20,000 in Dallas, and \$15,000 in McAllen. An ounce of ice sells for \$1,000–\$1,500 in San Antonio.

Statewide, the purity of methamphetamine has dropped from 56% in 2004 to 33% in 2008 because it is being cut with methylsulfonylmethane (MSM). MSM is available in five-gallon quantities at local feed stores, and it is added to melted ice. In Tulsa, MSM costs \$17.95 per pound. The mixture of ice and MSM is spread out to dry like peanut brittle and then crushed up to look like a pure ice mixture. Pure methamphetamine from Mexico, which sells for \$18,000–\$20,000 per pound, when “cut” with MSM, is sold for \$18,500 per pound. The typical first cut of a pound of methamphetamine with MSM can yield two pounds of medium-purity methamphetamine that retains the same crystalline appearance.

Although Texas law requires purchasers of pseudoephedrine products to register when they buy the product, the registries are not computerized and some methamphetamine organizations are returning to “smurfing” to obtain pseudoephedrine by paying hourly wages to people to purchase the product from every available outlet. In Tyler in 2005 and 2006, only one methamphetamine laboratory was found. In 2007, four were seized, and in the first half of 2008, 12 have been located. A case of 60 mg. 120 count pseudoephedrine pills in Tyler sells for \$28 per bottle and a case sells for \$2,400 in Dallas. Red phosphorus, which is used in making methamphetamine, sells for \$100 per pound. In Tyler, low to medium quality methamphetamine sells for \$17,000–\$24,000 and users are reported to be unhappy with the high prices and are turning back to cocaine as a substitute.

The Dallas DEA Field Division reports that the availability of methamphetamine is stable but price is rising because of tighter border security and increasing difficulty in obtaining precursor chemicals in Mexico. The price of a pound of methamphetamine has increased from \$4,500–\$18,000 in 2005 to \$9,000–\$20,000 in Dallas in the first half of 2008. Street outreach workers in Lubbock report smokable methamphetamine is used in all areas of the cities and by all cultures. In the rural areas of Collin and Denton Counties in the DFW Metroplex, there is an increase in methamphetamine use among White males and females ages 25 and older.

The Houston Field Division reports methamphetamine is available and the price is stable, but seizures are down in the Valley. The majority of methamphetamine in the Houston area is produced in Mexico but more small laboratories are being found in the area. In Galveston, there is a reported increase in Hispanic users.

The El Paso Field Division reports methamphetamine traffickers operate out of California, Arizona, and Texas, with sources of supply being Mexico and California. Local street gangs distribute methamphetamine, and local production continues.

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

The 2006 Texas secondary school survey reported lifetime use of downers was 6%, and past-month use was 3%. The 2005 Texas college survey reported 9% had ever used sedatives, and 2% had used them in the past month. The 2002–2004 NSDUH reported 0.2% of Texans age 12 and older had used sedatives in the past year.

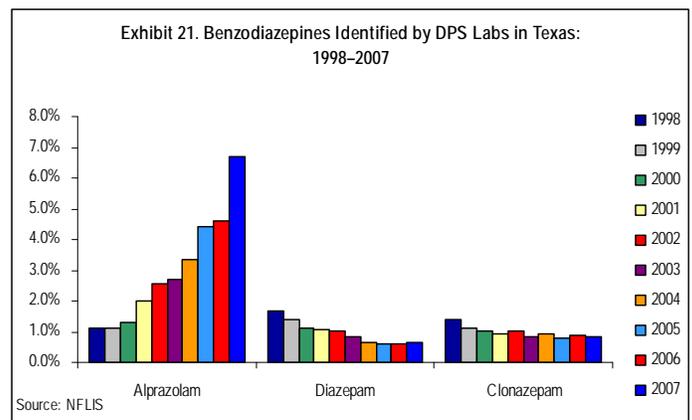
A study of patterns of alprazolam calls received by several poison control centers between 1998 and 2004 found that of 25,954 alprazolam calls received, 42% were drug identification calls and 51% were human exposure calls, of which 18% were abuse calls. The number of drug identification calls and the number of abuse calls both increased during the 7-year period. Male patients accounted for 54% of abuse calls, and females accounted for 66% of nonabuse calls. Adolescents represented 43% of abuse calls but only 12% of nonabuse calls. Although the majority of both types of human exposures occurred at the patient’s own residence, abuse exposures were more likely than other exposures to occur at school (9% vs. 1%) and in public areas (6% vs. 1%) (Forrester, 2006).

About 1.6% of the clients entering DSHS-funded treatment in 2007 had a primary problem with barbiturates, sedatives, or tranquilizers. These clients were the most likely to be female and they were highly impaired, based on their ASI scores. Users of these “downer” drugs use multiple drugs: only 28% report no

other problem substance, as compared to 42% of users of all other drugs. Of the “downer” clients, 23% reported a secondary problem with marijuana, 17% with alcohol, 12% with other opiate drugs, and 8% with powder cocaine.

In 2006, there were 216 death certificates in which alprazolam or Xanax was mentioned.

Alprazolam, clonazepam, and diazepam are among the 15 most commonly identified substances according to DPS lab reports, although none of them represent more than 7% of all items examined in a year. Alprazolam (Xanax) cases outnumbered other benzodiazepine cases (exhibit 21).



Xanax/alprazolam sells for \$5 in San Antonio, \$2–\$4 in Houston, \$3–\$5 in Fort Worth, \$4 in Austin, \$2–\$3 in Ft Worth, and \$5–\$10 in Dallas.

In the Dallas area, Xanax is used to cut Black Tar heroin to produce brown heroin, and there are reports that the drug is coming in from Mexico. Xanax is a favorite drug among youth in Houston

Club Drugs and Hallucinogens

Exhibit 22 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.

Exhibit 22. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary, Secondary, or Tertiary Problem with Club Drugs: 2007

Club Drug	GHB	Hallucinogens	Ecstasy	PCP	Rohypnol	Ketamine	Steroids
# Admissions	103	370	1247	694	272	28	32
Average Age (Years)	29	26	24	27	19	28	31
% Male	44	70	52	51	81	61	72
% Black	1	26	34	83	1	4	0
% White	85	55	43	10	2	64	66
% Hispanic	13	15	20	6	96	32	34
% History Needle Use	32	22	12	4	15	43	19
% Criminal Justice Involved	56	72	74	65	77	61	72
% Primary Drug=Club Drug	20	26	17	54	15	18	63
Other Primary Drug							
% Marijuana	1	31	37	19	45	0	19
% Alcohol	9	13	6	3	3	4	13
% Methamphet/Amphetamin	55	9	13	1	0	36	3
% Powder Cocaine	5	10	13	10	14	4	3
% Crack Cocaine	0	5	6	8	6	0	0
% Heroin	3	1	1	0	18	14	0
% Other Opiates	0	2	1	2	0	7	0

Among the clients shown in exhibit 22, the gamma hydroxybutyrate (GHB) clients were the most likely to be White, phencyclidine (PCP) clients were the most likely to be Black, Rohypnol clients were the most likely to be Hispanic and the youngest, and steroid clients were the oldest. Users of PCP were the most likely to have a primary problem with PCP (54%); users of Rohypnol, ecstasy, and hallucinogens were more likely to have primary problems with marijuana. Users of GHB and ketamine tended to have a primary problem with methamphetamine (55% and 36%, respectively), and ketamine users were the most likely to have a history of injecting drug use.

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 2006 Texas school survey reported that 5% of secondary students indicated they had ever used DXM, and 2% had used in the past year. Past-month use peaked at 2% in the tenth grade. The 2005 Texas college survey found that 5% had ever used DXM, and less than 1% had used it in the past month.

Poison control centers reported the number of abuse and misuse cases involving DXM rose from 99 in 1998 to 236 in 2007. The average age was 22. The number of

cases involving abuse or misuse of Coricidin HBP was seven in 1998, 189 in 2005, 288 in 2006, and 483 in 2007. The average age in 2007 was 17, which shows that youth can easily access and misuse this substance.

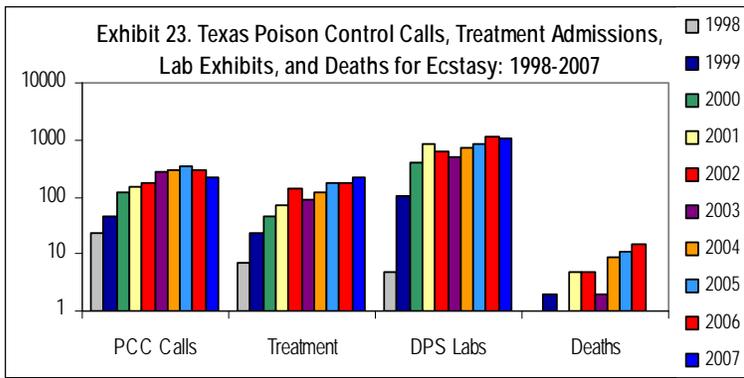
There were seven deaths in 2006 in which dextromethorphan was one of the substances mentioned on the death certificate.

DPS labs examined two substances in 1998 that were DXM, compared with 13 in 1999, 36 in 2000, 18 in 2001, 42 in 2002, 10 in 2003, 15 in 2004, 10 in 2005, 12 in 2006, and five in 2007.

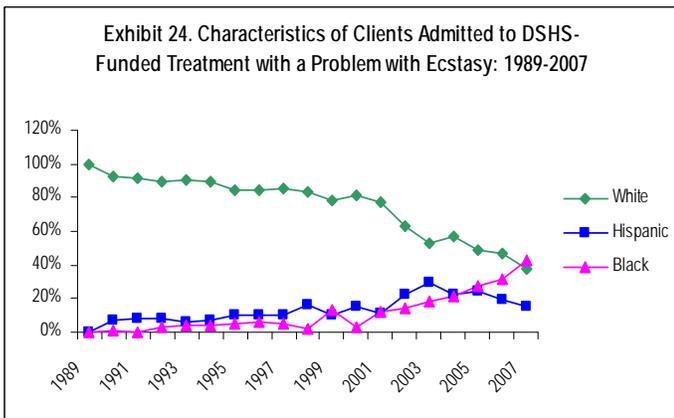
Ecstasy (Methylenedioxymethamphetamine or MDMA)

The 2006 Texas secondary school survey reported that lifetime ecstasy use dropped from a high of 9% in 2002 to 5% in 2006, while past-year use dropped from 3% to 2% during that time. The 2007 YRBS reported that 10% of Texas high school students had ever used ecstasy, a significant increase from 8% in 2005. The 2005 Texas college survey found that 9% of college students had ever used ecstasy, and less than 1% had used in the past year. The 2002–2004 NSDUH survey reported 1.1% of Texans had used ecstasy in the past year.

The Texas Poison Center Network reported 23 calls involving misuse or abuse of ecstasy in 1998, compared with 46 in 1999, 119 in 2000, 155 in 2001, 172 in 2002, 284 in 2003, 302 in 2004, 343 in 2005, 292 in 2006, and 232 in 2007 (exhibit 23). In 2007, the average age was 21.



Ecstasy is often used in combination with other drugs, and the increase in use and abuse of the drug is demonstrated in the increases in the numbers of persons seeking treatment who report a primary, secondary, or tertiary problem with ecstasy (exhibit 23). In 1998, there were 63 of these poly-drug admissions, as compared with 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, 502 in 2003, 561 in 2004, 640 in 2005, 1,212 in 2006, and 1,247 in 2007 (exhibit 23). Exhibit 24 shows that ecstasy has spread outside the White rave scene and into the Hispanic and Black communities, as evidenced by the fact that only 43% of the clients in 2007 were White.



In 1999, there were two death certificates that mentioned ecstasy or MDMA in Texas. There was one death in 2000, compared with five in 2001, five in 2002, two in 2003, nine in 2004, 11 in 2005, and 15 in 2006 (exhibit 23). Of the 2006 deaths, 87% were male, 60% were White, 14% were Hispanic, 14% were Black, and the average age was 30; nine mentioned cocaine as well as MDMA.

Exhibit 23 shows the substances identified by DPS labs. The labs identified MDMA in five exhibits in 1998, 107 exhibits in 1999, 387 in 2000, 817 in 2001, 63 in 2002, 490 in 2003, 737 in 2004, 821 in 2005, 1,173 in 2006, and 1,134 in 2007. Methylenedioxyamphetamine (MDA) was identified in no exhibits in 1998, 31 in 1999, 27 in

2000, 60 in 2001, 106 in 2002, 94 in 2003, 67 in 2004, 85 in 2005, 80 in 2006, and 43 in 2007.

According to the Houston DEA Field Division, ecstasy is readily available and Vietnamese and Chinese operators control trafficking. The drug is imported from Canada with smaller amounts coming in from Europe. Logos on the drug in the Houston area include A&E, Blue Dolphins, Bear, Music Notes, Crescent Moon, Yellow Dolphins, Alladin Lamp, Yellow Alligator, Yellow Trumpets, Omega, JJ, Spade, and Footprints.

Single dosage units of ecstasy sell for \$20 in Houston, \$25 in McAllen, \$20 in Laredo, \$2.75-\$7.50 in Austin, \$12-\$20 in Dallas, \$15-\$25 in Lubbock, and \$5-\$12 in Galveston.

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

The 2005 Texas college survey reported that 2% of the students had ever used GHB, and 0% reported past-month use.

The number of cases of misuse or abuse of GHB or its precursors reported to the Texas Poison Center Network was 110 in 1998, 150 in 1999, 120 in 2000, 119 in 2001, 100 in 2002, 66 in 2003, 84 in 2004, 62 in 2005, 43 in 2006, and 56 in 2007. The average age of the abusers in 2007 was 30.

Adults and adolescents with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 BD are seen in treatment. In 1998, two were admitted, compared with 17 in 1999, 12 in 2000, 19 in 2001, 33 in 2002, 31 in 2003, 45 in 2004, 48 in 2005, 111 in 2006, and 103 in 2007. In 2007, clients who used GHB tended to be older (average age 29) and were the most likely to be White (85%) (exhibit 22). GHB users were more likely to have used the so-called "hard-core" drugs; 32% had a history of injection drug use and 55% 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.

There were three deaths that involved GHB in 1999, compared with five in 2000, three in 2001, two in 2002, two in 2003, three in 2004, three in 2005, and one in 2006.

There were 18 items identified by DPS labs as being GHB in 1998, compared with 112 in 1999, 45 in 2000, 34 in 2001, 110 in 2002, 150 in 2003, 99 in 2004, 92 in 2005, 89 in 2006, and 56 in 2007. In 2007, 75% 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. There were no items identified as GBL in 1998, compared with four in 1999, seven in 2000, seven in 2001, nine in 2002, five in 2003, two in 2004, one in 2005, nine in 2006, and none in 2007. There were no items identified as 1,4 BD in 1988, compared with four in 1989, four in 2000, 19 in 2001, five in 2002, and none in 2003, 2004, 2005, 2006, and 2007.

In Houston, GHB sells for \$5–\$10 per dosage unit and \$725–\$1,000 per gallon. In Dallas, it sells for \$20 per dosage unit and \$500–\$1,600 per gallon. Dallas DEA reports that 10 gallons of GHB were seized in the second quarter of FY2008, which is significant, since between 2000 and 2007, only 6.5 gallons were seized in total.

Ketamine

The 2005 Texas college survey found that 2% of the students had ever used ketamine, and 0% reported past-month use.

Eight cases of misuse or abuse of ketamine were reported to Texas Poison Control Centers in 1998, compared with seven in 1999, 15 in 2000, 14 in 2001, 10 in 2002, 17 in 2003, seven in 2004, five in 2005, three in 2006, and one in 2007.

In 2007, there were 28 admissions to treatment with a primary, secondary, or tertiary problem with ketamine. The average age was 28; 61% were male; 43% had a history of injection drug use; 64% were White; 32% were Hispanic; and 4% were Black (exhibit 22). While 18% had a primary problem with ketamine, 36% had a primary problem with methamphetamine and a secondary or tertiary problem with ketamine.

There were two deaths in 1999 that involved use of ketamine, compared with none in 2000, one in 2001, one in 2002, none in 2003, two in 2004, one in 2005, and none in 2006.

In 1998, two substances were identified as ketamine by DPS labs. There were 26 items identified in 1999, 49 in 2000, 120 in 2001, 116 in 2002, 85 in 2003, 79 in 2004, 19 in 2005, 140 in 2006, and 154 in 2007.

Ketamine costs \$2,200–\$2,500 per liter in Ft Worth and \$65 per vial in Tyler, with a dose selling for \$20 per pill or gram in Tyler, \$20–\$40 in Lubbock, and \$15–\$20 in San Antonio.

LSD and Other Hallucinogens

The Texas 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 4.7% in 2006. Past-month use

dropped from a peak of 2.5% in 1998 to 1.4% in 2006. The 2005 Texas college survey found that 10% of college students had ever used hallucinogens, and less than 1% had used in the past month. The 2002–2004 NSDUH reported past-year use by Texans age 12 and older at 0.3%.

The Texas Poison Center Network reported 82 mentions of abuse or misuse of LSD in 1998, compared with 113 in 1999, 97 in 2000, 70 in 2001, 129 in 2002, 20 in 2003, 22 in 2004, 38 in 2005, 33 in 2006, and 31 in 2007. 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, 172 in 2004, 82 in 2005, 96 in 2006, and 125 in 2007. The average age in 2007 was 26 for the LSD cases and 24 for the mushroom cases.

The number of adults and youths with a primary, secondary, or tertiary problem with hallucinogens entering treatment was decreasing but increased in 2007. There were 636 such admissions in 2000, 486 in 2001, 436 in 2002, 319 in 2003, 266 in 2004, 223 in 2005, 338 in 2006, and 370 in 2007. Of the hallucinogen admissions in 2007, the average age was 26; 70% were male; 55% were White; 15% were Hispanic; and 26% were Black (exhibit 22). Seventy-two percent were referred from the criminal justice or legal system, and 22% had a history of injection drug use.

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

DPS labs identified 69 substances as LSD in 1998, compared with 406 in 1999, 234 in 2000, 122 in 2001, 11 in 2002, 10 in 2003, 25 in 2004, 14 in 2005, one in 2006, and 29 in 2007.

A dosage unit of LSD sells for \$1–\$10 in Dallas, \$10–\$12 in Lubbock, and \$8–\$12 in San Antonio. Psilocybin mushrooms sell for \$10–\$14 per gram in Lubbock. Salvia is being abused in Lubbock and it can be purchased at local smoke shops.

PCP

The 2002–2004 NSDUH reported past-year use of PCP in Texas at 0.1%.

The Texas Poison Center Network reported cases of “Fry,” “Amp,” “Water,” “Wet,” “Wack,” “PCP,” or formaldehyde. Often, marijuana joints are dipped in formaldehyde that contains PCP, or PCP is sprinkled on the joint or cigarette. The number of poison cases involving PCP increased from 102 in 1998 to 285 in 2007 (exhibit 25).

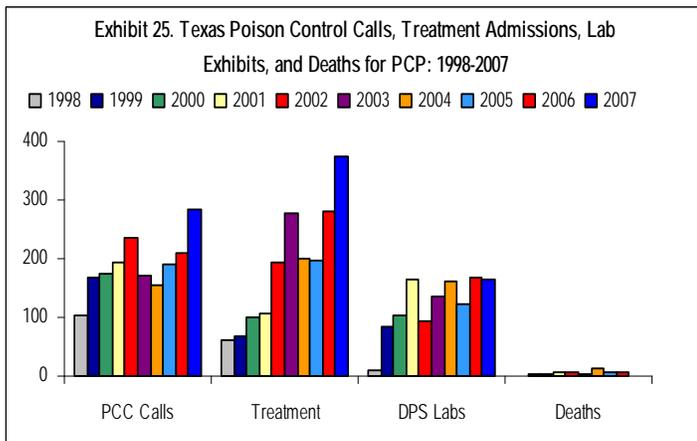


Exhibit 25 shows the increases in the number of persons entering treatment with a primary problem with PCP. Of the clients in 2007, 83% were Black; 51% were male; and 65% were involved in the criminal justice system (exhibit 22). While 54% reported a primary problem with PCP, another 19% reported a primary problem with marijuana, which demonstrates the link between these two drugs.

There were three death certificates in 1999 and six in 2006 that mentioned PCP (exhibit 25). Among these decedents in 2006, 83% were male, 50% were Black, 50% were White, and the average age was 30.

DPS labs identified 10 substances as PCP in 1998 and 180 in 2007 (exhibit 25).

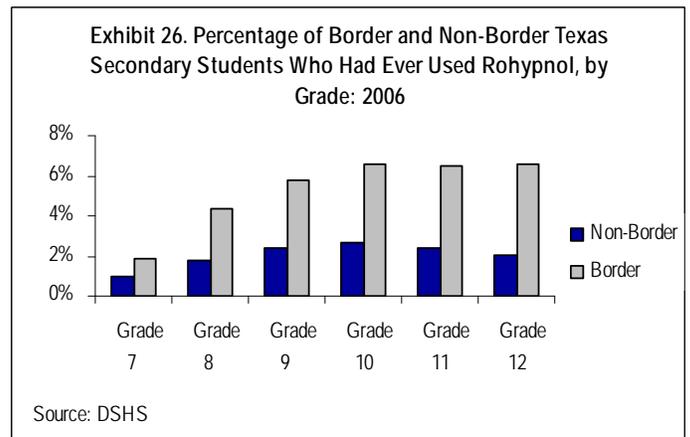
According to the DEA, PCP costs \$30 per dosage unit in McAllen, \$45–\$80 per ounce in San Antonio, and \$375–\$450 per ounce in Dallas.

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. Rohypnol continues to be a problem along the Texas-Mexico border. As shown in exhibit 26, the 2006 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 (6% vs. 2% lifetime, and 2% vs. 1% current use). Use in both the border and nonborder areas has declined since its peak in 1998. Among Texas college students in 2005, 1% reported lifetime use of Rohypnol, and 0% reported past-month use.

The number of confirmed exposures to Rohypnol reported to the Texas Poison Control Centers peaked at 102 in 1998; 22 in 2005, 10 in 2006, and 11 in 2007. The average age in 2007 was 15; 82% were male, and

70% lived in counties on the border. A study of all the exposure calls between 1998 and 2003 found that 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 use 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.



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, 221 in 2004, 198 in 2005, 278 in 2006, and 272 in 2007. In 2007, clients abusing Rohypnol were among the youngest of the club drug patients (age 19), and they were Hispanic (96%), which reflects the availability and use of this drug along the border. Some 77% were involved with the criminal justice or legal system. While 15% of these clients said that Rohypnol was their primary problem drug, 45% reported a primary problem with marijuana, and 18% had a problem with heroin (exhibit 22).

DPS lab exhibits for flunitrazepam numbered 43 in 1988, 56 in 1999, 32 in 2000, 33 in 2001, 26 in 2002, 17 in 2003, 17 in 2004, 10 in 2005, nine in 2006, and one in 2007. This decline in the number of Rohypnol seizures parallels the declines seen in other indicators.

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 sells for \$2–\$4 per pill in San Antonio.

Other Abused Substances

Inhalants

The 2006 elementary school survey found that 10% of students in grades 4–6 had ever used inhalants, and 7% had used in the school year. The 2006 secondary school survey found that 17% of students in grades 7–12 had ever used inhalants, and 6% 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 27). 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. In addition, the Texas school surveys have consistently found that eighth graders reported use of more different kinds of inhalants than any other grade, and this may be a factor that exacerbates the damaging effects of inhalants and leads to dropping out.

The 2007 YRBS reported that 13% of Texas high school students had ever used inhalants. Respondents to the 2005 Texas college survey reported 4% lifetime and 0.3% past-month use of inhalants. The 2002–2004 NSDUH estimated that 0.7% of Texas age 12 and older had used inhalants in the past year.

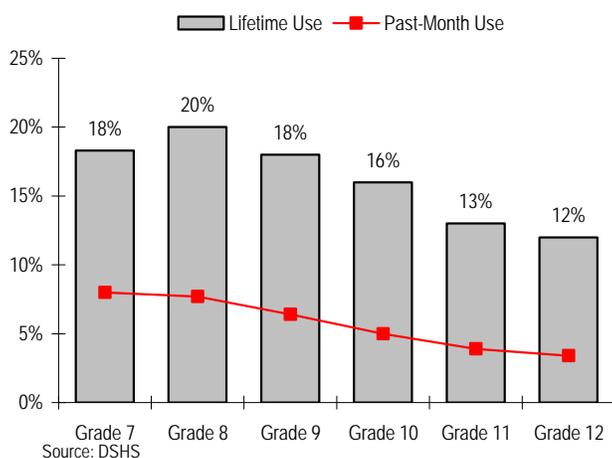
of chemicals, there were 26 calls for exposure to automotive products such as carburetor cleaner, transmission fluid, and gasoline, 67 calls for misuse of air fresheners or dusting sprays, 25 calls for abuse or misuse of paint or toluene, and nine calls involving gases such as butane, helium, nitrous oxide, or propane.

Inhalant abusers represented 0.1% of the admissions to treatment programs in 2007. The clients tended to be male (63%) and Hispanic (58%). The overrepresentation of Hispanics is related to the fact that DSHS developed and funded treatment programs targeted specifically to this group. The average age of the clients was 23. Fifty-five percent were involved with the criminal justice system; the average education was 9.2 years; 12% were homeless; and 15% had a history of injection drug use (exhibit 32). Of the inhalant abusers, 28% reported no secondary drug problem, 42% had a second problem with marijuana, and 13% had a second problem with alcohol.

The categorization of inhalant deaths is difficult and leads to underreporting. In 2000, there were 12 death certificates which reported inhalants, compared with 15 in 2001, eight in 2002, 13 in 2003, 11 in 2004, 17 in 2005, and four in 2006. Three of the four cases in 2006 involved nitrous oxide.

Street outreach workers in Dallas report that young females ages 10-12 are inhaling Airwick spray freshener, and in Galveston, youth are inhaling nitrous oxide from whipped cream dispensers ("whip-its"). They are said to be popular at parties because they are cheap and can be bought without anyone questioning the youth buying them.

Exhibit 27. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2006



Out of the 146 calls to the poison control centers in 2007 which involved human exposure to the inhalation

Steroids

The Texas school survey reported that 2% of all secondary students surveyed in 2006 had ever used steroids, and less than 1% had used steroids during the month before the survey. The 2007 YRBS found lifetime use among Texas students in grades 9-12 was 3.9%, with 4.8% among boys and 3.0% among girls. The 2005 Texas college survey found less than 1% had ever used steroids, and 0.1% had used in the past month.

There were 32 persons admitted to DSHS-funded treatment in 2007 with a primary, secondary, or tertiary problem with steroids. Seventy-two percent were male, 66% were White, and 34% were Hispanic; the average age was 31. Some 72% were involved with the criminal justice or legal system; 63% had a primary problem with steroids and 19% had a primary problem with marijuana (exhibit 22).

The NFLIS data for Texas reported testosterone was the

steroid most likely to be seized and submitted for forensic testing, although it only constituted 0.18% of all the items tested in 2007. Most of the steroid seizures were tested in DPS laboratories located on the border. Anabolic steroids cost \$1–\$3 per tablet and \$5–\$10 per milliliter in Houston.

Carisoprodol (Soma)

Poison control centers confirmed that exposure cases of intentional misuse or abuse of the muscle relaxant carisoprodol (Soma) increased from 83 in 1998 to 510 in 2007. Forrester’s 2004 study of carisoprodol cases reported to Texas poison control centers between 1998 and 2003 found that 51% of these 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).

In 2006, carisoprodol was mentioned on 146 death certificates, up from 51 in 2003. Only one death certificate mentioned only carisoprodol. Hydrocodone and alprazolam were substances most often mentioned on the other carisoprodol death certificates. Of the 2006 deaths, 54% were male, 90% were White, 4% were Hispanic, 6% were Black, and the average age was 39.

DPS lab exhibits of carisoprodol reported to NFLIS increased from 13 in 1998 to 90 in 1999, 153 in 2000, 202 in 2001, 232 in 2002, 277 in 2003, 253 in 2004, 336 in 2005, 558 in 2006, and 700 in 2007. According to the Dallas DEA Field Division, Soma and Soma with codeine sell for \$2–\$5 per tablet.

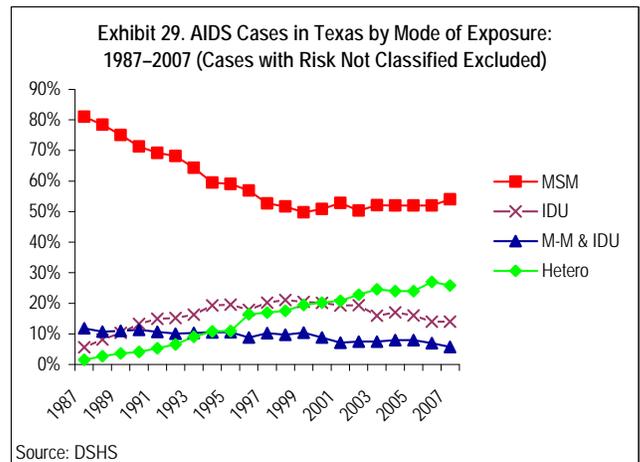
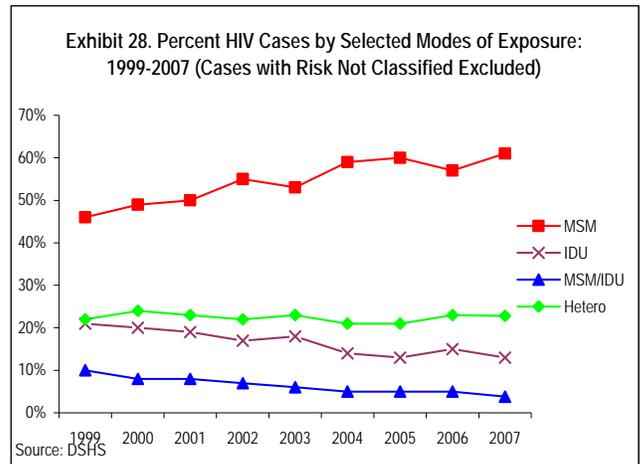
INFECTIOUS DISEASES RELATED TO DRUG ABUSE

Forty-eight percent of the 200 clients in Texas narcotic treatment programs said they were positive for hepatitis C, and 54% said a doctor had told them they had liver problems (Maxwell & Spence, 2006). DSHS reports that the number of acute viral hepatitis C cases totaled 50 in 2003, 109 in 2004, 102 in 2005, and 56 in 2006. The case rate for syphilis increased from 3.5 per 100,000 in 1997 to 4.5 in 2006. The case rate for chlamydia increased from 260.7 per 100,000 in 1997 to 321.0 in 2006, and the case rate for gonorrhea decreased from 136.9 per 100,000 in 1997 to 129.0 in 2006.

HIV/AIDS Cases

The proportion of HIV cases among men having sex with men increased from 46% in 1999 to 61% in 2007 (exhibit 28), and the proportion of AIDS cases among men having sex with men decreased from 81% in 1987 to 54% in 2007 (exhibit 29). Of the HIV cases in 2007, 23% were heterosexual mode of exposure, and 13%

were among injection drug users (IDUs). Of the 2007 AIDS cases, 26% were heterosexual and 14% were IDUs. HIV cases that later seroconverted to AIDS are excluded from the HIV exhibits. The proportions of cases involving IDU or IDU/MSM have decreased over time.



Persons infected with HIV or AIDS are more likely to be persons of color. Among HIV cases in 2007, 47% were Black, 28% were White, and 26% were Hispanic (exhibit 30). Among AIDS cases in 2007, 41% were Black, 27% were White, and 31% were Hispanic (exhibit 31).

The proportion of adult needle users entering DSHS-funded treatment programs decreased from 32% in 1988 to 15% in 2007. In 2007, 51% of heroin injectors were persons of color, while injectors of stimulants and cocaine were far more likely to be White.

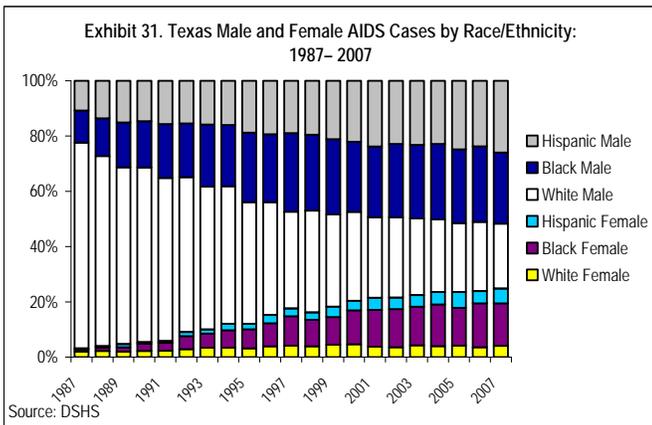
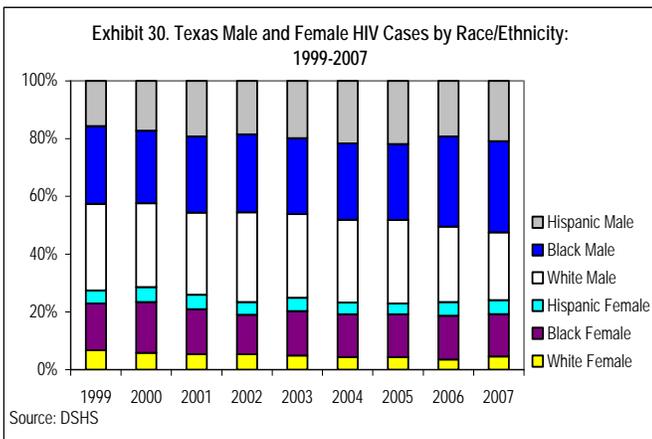


Exhibit 32. Characteristics of Clients at Admissions to DSHS-Funded Treatment Programs by Primary Problem Substance that Caused them to Seek Treatment: January-December, 2007.

Primary substance	Total Admissions	Percent Of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	Pct No Prior Treatment	Percent Married	Percent Male
Total	88452	100.0	32.3	18.8	14	42.7	19.1	59.8
Heroin	8622	9.7	34.2	21.0	13	23.9	17.3	63.6
Non-Rx Methadone	113	0.1	31.6	23.8	6	35.4	18.6	54.0
Other opiates	4529	5.1	34.4	24.4	10	37.2	22.7	43.6
Alcohol	22073	25.0	37.7	15.6	22	45.4	19.4	70.4
Barbiturates	99	0.1	25.5	18.2	7	40.4	17.2	55.6
Other sedatives	1328	1.5	27.5	20.5	7	38.9	17.3	40.1
Amphet/Methamph	9560	10.8	31.9	20.7	11	49.1	17.0	44.0
Cocaine(powder)	9799	11.1	31.1	21.1	10	52.4	22.0	52.2
Marijuana	20048	22.7	23.3	14.4	9	45.0	20.9	70.0

Primary substance	Percent Using Needles	Percent w/ History of IV Drug Use	Percent Black	Percent White	Percent Hispanic	Percent Employed	Avg Months Employed Over Last 12	% Crim Just or Legal Involved
Total	15.0	26.0	19.3	46.8	32.5	33.4	4.0	57.9
Heroin	76.7	80.3	8.6	35.7	54.5	16.7	2.3	32.7
Non-Rx Methadone	17.7	54.9	9.7	66.4	23.9	25.7	3.1	40.7
Other opiates	13.5	34.8	8.3	80.6	9.8	18.8	3.4	37.4
Alcohol	4.4	18.4	12.5	54.6	31.4	35.8	4.9	55.4
Barbiturates	2.0	12.1	10.1	58.6	27.3	33.3	4.0	60.6
Other sedatives	5.2	19.3	11.0	68.9	18.0	25.2	2.9	61.1
Amphet/Methamph	31.2	45.0	1.6	84.4	12.1	29.4	3.6	64.8
Cocaine(powder)	11.0	18.1	18.0	32.7	47.8	33.5	4.2	60.9
Marijuana	1.4	5.3	27.0	30.0	41.6	54.2	5.0	79.3

Primary substance	Average Education	Percent Homeless	Average Income At Adm	# of Women Pregnant at Admission	Percent on Medication	Percent an Emergency Room Visit	Pct Sickness or Health Problems
Total	11.4	10.6	\$6,852	1951	21.3	28.3	21.9
Heroin	11.2	13.5	\$3,546	217	29.6	26.9	27.5
Non-Rx Methadone	11.4	0.9	\$6,455	1	22.1	35.4	24.8
Other opiates	12.2	8.1	\$6,890	77	32.1	45.3	35.2
Alcohol	11.8	13.5	\$9,537	153	22.3	31.7	23.6
Barbiturates	11.3	5.1	\$5,569	2	33.3	31.3	25.3
Other sedatives	11.4	6.2	\$5,740	37	27.4	39.2	25.8
Amphet/Methamph	11.7	8.2	\$5,703	312	19.5	30.4	21.6
Cocaine(powder)	11.2	6.0	\$6,847	354	17.6	28.9	19.3
Marijuana	10.5	4.9	\$6,983	456	12.2	14.9	11.9

Primary substance	Pct w/ Employment Problems	Pct w/Family and/or Marital Problems	Pct w/ Social/Peer Problems	Pct w/ Psych/Emot. Problems	Pct Reporting Drug/Alcohol Problems
Total	43.8	43.4	37.0	34.7	57.5
Heroin	64.3	61.5	57.6	42.7	81.8
Non-Rx Methadone	49.6	49.6	40.7	38.9	69.0
Other opiates	57.6	58.5	51.4	51.2	75.9
Alcohol	44.3	43.7	39.3	37.9	58.2
Barbiturates	39.4	33.3	27.3	32.3	48.5
Other sedatives	49.5	49.3	41.6	43.4	60.0
Amphet/Methamph	42.0	41.9	33.1	38.1	54.6
Cocaine(powder)	39.4	41.2	31.8	31.6	52.6
Marijuana	28.4	26.7	20.7	16.7	38.9

Substance Abuse Trends in Texas: June 2008

Primary substance	Total Admissions	Percent Of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	Pct No Prior Treatment	Percent Married	Percent Male
Hallucinogens	97	0.1	28.3	19.5	8	43.3	16.5	56.7
Inhalants	67	0.1	22.5	15.6	7	22.4	31.3	62.7
Over-the-counter drugs	23	0.0	29.3	17.3	9	43.5	30.4	60.9
Tranquilizers	137	0.2	28.3	20.9	8	29.2	12.4	35.0
Other	110	0.1	29.3	20.2	10	60.0	19.1	56.4
Ecstasy	217	0.2	24.7	19.8	5	42.4	12.9	47.0
Anabolic steroids	20	0.0	32.7	18.6	13	30.0	25.0	65.0
Rohypnol	41	0.0	19.1	14.3	4	12.2	31.7	58.5
Crack	11128	12.6	38.4	25.5	13	36.1	15.2	48.4
Ephedrine	3	0.0	45.0	29.0	15	0.0	0.0	100.0

Primary substance	Percent Using Needles	Percent w/ History of IV Drug Use	Percent Black	Percent White	Percent Hispanic	Percent Employed	Avg Months Employed Over Last 12	% Crim Just or Legal Involved
Hallucinogens	11.3	14.4	46.4	34.0	14.4	38.1	3.7	64.9
Inhalants	1.5	14.9	1.5	38.8	58.2	41.8	2.9	55.2
Over-the-counter drugs	0.0	8.7	13.0	73.9	13.0	52.2	3.8	52.2
Tranquilizers	5.1	18.2	10.2	62.8	26.3	21.2	3.3	56.9
Other	1.8	11.8	39.1	44.5	16.4	33.6	4.0	65.5
Ecstasy	1.4	6.9	42.9	37.8	15.2	40.1	3.9	76.0
Anabolic steroids	25.0	30.0	0.0	75.0	25.0	40.0	4.2	65.0
Rohypnol	0.0	7.3	4.9	4.9	90.2	63.4	4.2	78.0
Crack	5.3	26.0	46.2	35.1	17.7	14.3	2.7	42.8
Ephedrine	0.0	33.3	0.0	100.0	0.0	33.3	4.0	100.0

Primary substance	Average Education	Percent Homeless	Average Income At Adm	# of Women Pregnant at Admission	Percent on Medication	Percent an Emergency Room Visit	Pct Sickness or Health Problems
Hallucinogens	11.4	10.3	\$4,213	4	19.6	33.0	23.7
Inhalants	9.2	11.9	\$2,752	2	34.3	13.4	13.4
Over-the-counter drugs	11.2	0.0	\$5,395	0	43.5	39.1	13.0
Tranquilizers	11.5	15.3	\$4,437	5	42.3	48.2	24.1
Other	11.1	5.5	\$4,233	0	22.7	22.7	24.5
Ecstasy	11.2	6.0	\$5,427	7	19.8	25.3	12.9
Anabolic steroids	12.0	5.0	\$6,115	0	20.0	10.0	20.0
Rohypnol	9.2	4.9	\$10702	0	7.3	4.9	17.1
Crack	11.7	21.1	\$5,259	310	28.4	36.2	29.1
Ephedrine	14.0	0.0	\$3,200	0	66.7	66.7	0.0

Primary substance	Pct w/ Employment Problems	Pct w/Family and/or Marital Problems	Pct w/ Social/Peer Problems	Pct w/ Psych/Emot. Problems	Pct Reporting Drug/Alcohol Problems
Hallucinogens	34.0	30.9	26.8	34.0	42.3
Inhalants	41.8	44.8	35.8	35.8	59.7
Over-the-counter drugs	17.4	39.1	47.8	47.8	43.5
Tranquilizers	35.0	56.9	46.7	56.9	62.0
Other	33.6	25.5	31.8	33.6	28.2
Ecstasy	32.3	33.6	29.0	29.0	40.1
Anabolic steroids	50.0	45.0	50.0	35.0	70.0
Rohypnol	63.4	65.9	39.0	39.0	73.2
Crack	54.6	55.3	47.4	46.6	70.5
Ephedrine	0.0	0.0	0.0	66.7	100.0

Substance Abuse Trends in Texas: June 2008

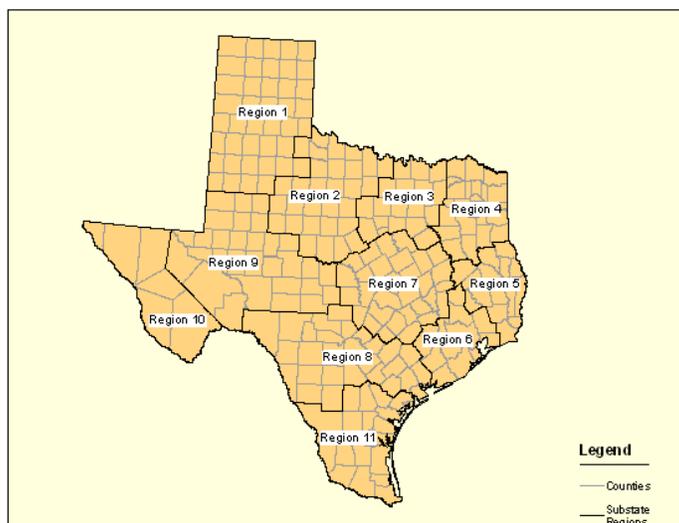
Primary substance	Total Admissions	Percent Of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	Pct No Prior Treatment	Percent Married	Percent Male
GHB	21	0.0	31.0	23.4	9	52.4	9.5	33.3
PCP	373	0.4	27.4	19.5	8	52.3	9.1	46.4
Ketamine	5	0.0	30.0	17.0	12	20.0	20.0	60.0
Klonopin	39	0.0	29.1	21.1	7	33.3	23.1	48.7

Primary substance	Percent Using Needles	Percent w/ History of IV Drug Use	Percent Black	Percent White	Percent Hispanic	Percent Employed	Avg Months Employed Over Last 12	% Crim Just or Legal Involved
GHB	14.3	19.0	0.0	90.5	9.5	28.6	2.0	57.1
PCP	0.5	1.9	89.0	6.7	3.8	26.3	3.3	62.2
Ketamine	60.0	60.0	0.0	60.0	40.0	0.0	3.0	80.0
Klonopin	7.7	25.6	15.4	56.4	20.5	33.3	2.8	53.8

Primary substance	Average Education	Percent Homeless	Average Income At Adm	# of Women Pregnant at Admission	Percent on Medication	Percent an Emergency Room Visit	Pct Sickness or Health Problems
GHB	12.5	23.8	\$667	0	38.1	19.0	23.8
PCP	11.3	7.8	\$3,706	13	13.7	35.4	18.5
Ketamine	13.2	20.0	\$2,800	0	60.0	20.0	60.0
Klonopin	11.4	10.3	\$6,493	1	43.6	25.6	30.8

Primary substance	Pct w/ Employment Problems	Pct w/Family and/or Marital Problems	Pct w/ Social/Peer Problems	Pct w/ Psych/Emot. Problems	Pct Reporting Drug/Alcohol Problems
GHB	47.6	47.6	47.6	47.6	47.6
PCP	45.0	37.5	34.3	28.7	52.3
Ketamine	60.0	60.0	60.0	80.0	80.0
Klonopin	56.4	53.8	41.0	38.5	59.0

Exhibit 33



Marijuana Use in Past Year, Cocaine Use in Past Year, and Nonmedical Use of Pain Relievers in Past Year among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 National Surveys on Drug Use and Health

	Marijuana Use in Past Year		Cocaine Use in Past Year		Nonmedical Use of Pain Relievers in Past Year	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Total United States	10.47	(10.24-10.69)	2.38	(2.26-2.49)	4.89	(4.75-5.03)
Texas	8.49	(7.91-9.11)	2.46	(2.16-2.80)	4.66	(4.25-5.10)
Region 1	9.92	(8.02-12.22)	2.84	(2.06-3.90)	5.71	(4.47-7.28)
Region 2	8.21	(6.37-10.53)	2.38	(1.64-3.45)	4.92	(3.73-6.47)
Region 3	8.59	(7.67-9.60)	2.06	(1.63-2.59)	4.98	(4.31-5.75)
Region 4	6.95	(5.50-8.75)	2.24	(1.61-3.11)	4.82	(3.77-6.16)
Region 5	8.67	(6.74-11.08)	2.55	(1.77-3.67)	5.02	(3.81-6.57)
Region 6	7.93	(6.84-9.19)	2.21	(1.76-2.77)	3.78	(3.16-4.53)
Region 7	11.96	(10.49-13.61)	3.26	(2.59-4.08)	5.82	(4.91-6.89)
Region 8	7.73	(6.44-9.25)	2.80	(2.13-3.68)	4.42	(3.52-5.54)
Region 9	6.88	(5.23-9.00)	2.43	(1.69-3.50)	4.79	(3.58-6.38)
Region 10	6.82	(5.23-8.86)	2.66	(1.83-3.85)	4.18	(3.08-5.66)
Region 11	7.26	(5.96-8.81)	2.81	(2.14-3.69)	4.12	(3.30-5.13)

Alcohol Use in Past Month, Binge Alcohol Use in Past Month, and Perceptions of Great Risk of Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 National Surveys on Drug Use and Health

	Alcohol Use in Past Month		Binge Alcohol Use in Past Month ¹		Perceptions of Great Risk of Having 5 or More Drinks Once or Twice a Week	
	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval	Estimate	95% Prediction Interval
Total United States	51.01	(50.44-51.58)	22.84	(22.52-23.16)	41.45	(41.06-41.84)
Texas	49.14	(47.75-50.53)	24.02	(22.96-25.11)	44.15	(42.80-45.51)
Region 1	47.53	(42.17-52.95)	26.89	(23.31-30.80)	41.42	(37.20-45.76)
Region 2	46.30	(40.85-51.84)	22.79	(19.25-26.76)	41.52	(37.18-45.99)
Region 3	49.68	(47.31-52.05)	22.69	(21.05-24.43)	42.98	(40.91-45.08)
Region 4	43.24	(38.02-48.61)	21.14	(17.91-24.78)	41.46	(37.34-45.70)
Region 5	42.75	(37.61-48.06)	21.47	(18.13-25.24)	43.14	(38.99-47.38)
Region 6	52.46	(49.76-55.14)	24.10	(22.04-26.29)	44.36	(41.84-46.91)
Region 7	54.78	(51.54-57.97)	25.84	(23.58-28.24)	40.88	(38.15-43.67)
Region 8	47.96	(44.29-51.66)	25.07	(22.28-28.07)	45.89	(42.63-49.18)
Region 9	42.60	(36.85-48.55)	22.21	(18.51-26.41)	47.29	(42.60-52.03)
Region 10	43.75	(38.30-49.35)	25.34	(21.37-29.77)	51.31	(47.10-55.51)
Region 11	43.32	(39.37-47.36)	26.07	(23.27-29.09)	50.02	(46.91-53.12)

¹ Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.