
***Substance Abuse Trends In Texas:
June 1995***

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Introduction

Summary of Trends

Cocaine continues as the number one illicit drug problem in Texas. Although trend indicators are level or down, use is spreading to smaller towns. Crack users comprise 74 percent of cocaine treatment admissions, down from 77 percent in 1993. Mexican black tar and brown heroin are the predominant forms of heroin used. Marijuana use continues to increase with more reports of smoking Blunts, Swishers, Sherms, Amp, Fry, and Wack. Increased use of amphetamines and methamphetamines is being documented. Benzodiazepines continue to be abused and Rohypnol abuse among youths has spread from the Texas-Mexico border northward in the state. Hallucinogen use is steady or increasing. Inhalants continue to be a problem among youths. The rate of AIDS cases among injecting drug users continues to rise, and there has been a noticeable increase in the number of male and female prostitutes who engage in risky sex for crack.

Area Description

The population of Texas is distributed among 28 metropolitan statistical areas and 254 counties. The ethnic/racial composition of Texas is 61 percent White, 26 percent Hispanic, and 12 percent African American. Traditionally, the border with Mexico and the Gulf of Mexico coastline have been the major routes for the transportation of illicit substances into Texas. Trafficking reportedly has increased with the North American Free

Trade Agreement. In addition, drug traffic moves through Texas across the three east–west interstate highways. The international airports in Houston and Dallas-Fort Worth are significant ports for the distribution of drugs in and out of the state. The devaluation of the peso has resulted in more drugs being sold very cheaply by Mexican pharmacies to U. S. citizens, although heavily increased surveillance by the Border Patrol has changed some patterns of distribution along the border.

Data Sources

Data for this report were obtained from the sources listed below.

- Ethnographic information and data on price, purity, trafficking, distribution, and supply was obtained from members of the Texas Epidemiology Work Group (TEWG) which met in April, 1995. Representatives of the Dallas and Houston Drug Enforcement Administration field divisions are members of TEWG as well as representatives from other law enforcement agencies and treatment programs.
- Treatment data—The Texas Commission on Alcohol and Drug Abuse (TCADA) maintains data on clients at admission to treatment in public facilities through its Client Oriented Data Acquisition Process (CODAP). This report uses CODAP data for the first quarter of 1983 through April of 1995 (exhibits 1, 2, 3 and 4).
- Drug use by arrestees—The Drug Use Forecasting System (DUF) of the National Institute of Justice provided information for CY1991 through the first

quarter of CY1995 for Dallas, Houston, and San Antonio for arrestees who were interviewed and tested for the presence of various drugs (exhibit 5).

- Deaths—The Bexar County Medical Examiner’s Office provided data for 1982 through April, 1995.
- Drug analysis data—The Texas Department of Public Safety (DPS) Crime Laboratories provided data on the content of evidence analyzed from CY1988 through CY1994.
- Special studies—The following TCADA studies were used for this report:
 - Survey of Substance Use Among Female Inmates Entering the Texas Department of Criminal Justice Institutional Division: 1994;*
 - Survey of Substance Use Among Male Inmates Entering the Texas Department of Criminal Justice Institutional Division: 1993;*
 - Preliminary Findings, Substance Abuse Among Youths Entering Texas Youth Commission Reception Facilities: 1994;*
 - 1994 Texas School Survey of Substance Use Among Students: Grades 4-6;*
 - 1994 Texas School Survey of Substance Use Among Students: Grades 7-12, and*
 - An Ethnographic Study of Heroin Abuse by Mexican Americans in San Antonio, Texas.*
- Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) data—The Texas Department of Health’s *Texas AIDS Cases: Surveillance Report* provided data for the period ending March 31, 1995 (exhibit 6).

Cocaine

Prevalence of Use

The 1994 TCADA survey of youths entering Texas Youth Commission (TYC) reception facilities found that although cocaine use had dropped slightly among recent admissions since 1989, these adolescents reported a rate of lifetime cocaine use at 500 percent that of in-school youths: 36 percent reported lifetime use and 14 percent reported cocaine use during their last month on the street. In 1989, 39 percent reported lifetime use and 18 percent past-month use. By comparison, in 1994 in-school youths

(matched for age, gender, and race/ethnicity) reported 7 percent lifetime and 2 percent past-month use of powder cocaine. Somewhat surprising is the fact that the TYC youths reported past-month cocaine use 15 percent higher than adult inmates.

In 1994, 13 percent of the TYC youths reported lifetime crack use and 5 percent reported past-month use, as compared to 25 percent lifetime and 12 percent past-month use in 1989. In-school youths in 1994 reported 2 percent lifetime and 0.7 percent past-month use of crack.

Among incoming prison inmates, powder cocaine was the second most popular illicit drug, and the pattern of heavier use by female inmates is significant: 64.8 percent of the females versus 54.7 percent of the males reported lifetime use, and 15 percent of the females compared to 13.3 percent of the males reported past-month use. White and Hispanic inmates were more likely to be powder cocaine users than were African Americans. Males were much more likely to have snorted than injected cocaine (82 percent v. 46 percent), whereas females were only slightly more likely to have snorted than injected it (69 percent v. 66 percent). For both groups, snorters were more likely to be under 35 years of age and injectors over age 35.

For female inmates, crack was the third most prevalent drug in terms of lifetime use, but it was more likely to have been used in the past month than any of the other illicit drugs. Lifetime crack use was 55 percent for females versus 33 percent for males; past-month use was 22 percent for females versus 9 percent for males. African-American inmates were most likely to report both past-month and lifetime crack use, and this is most apparent among female inmates. Among the incarcerated women, lifetime use was 69.8 percent for African Americans, 46.9 percent for Whites, 29.5 percent for Hispanics as compared to 40.6 percent for African-American males, 34.6 percent for White males, and 17.8 percent for Hispanic males. In terms of past-month use for females, it was 31.5 percent for African Americans, 16.6 percent for Whites, and 6.9 percent for Hispanics, as compared to males with 13.1 percent African American, 8.9 percent for Whites, and 3.9 percent for Hispanics. Inmates 25-34 years old had the highest rates of lifetime and past-month use of crack.

Deaths Related to Cocaine

The San Antonio Medical Examiner reports that heroin deaths again outnumbered cocaine deaths. This has been the traditional pattern in San Antonio except in 1992, where there were more cocaine deaths than heroin deaths. In 1992 there were 12 heroin, 27 cocaine, and 6 cocaine/heroin deaths; in 1993 there were 22 heroin, 14 cocaine, and 9 cocaine/heroin overdose deaths. In 1994 there were 33 heroin, 23 cocaine, and 14 cocaine/heroin overdose deaths. The Medical Examiner also tracks the presence of drugs in victims of violent deaths, and in 1994 there were 81 cases positive for cocaine and/or heroin, as compared to 83 cases in 1993 and 109 cases in 1992.

Cocaine Admissions to Publicly Funded Treatment Programs

Cocaine continues to be the number-one illicit substance abuse problem for adult clients admitted to publicly funded treatment programs in Texas, although it has dropped from 38 percent in 1993 to 35 percent in 1994 and in the first quarter of 1995 (exhibits 2 and 3). The average age at admission is 32 years. The percentage of African Americans admitted for a primary problem of cocaine increased from 59 percent in 1992 to 62 percent in 1993, but dropped again to 58 percent in 1994 and 55 percent in first quarter 1995. At the same time, Whites with a primary problem of cocaine remained at 28 percent through 1994 but increased to 31 percent in the first quarter of 1995. Hispanic clients admitted with a primary problem of cocaine increased from 11 percent in 1993 to 14 percent in 1995. The proportion of female clients remained stable at around 34 percent since 1991, but it dropped to 32 percent for the first quarter of 1995.

Cocaine was the primary drug of abuse for 5 percent of youths entering treatment during 1994 (exhibit 4). Sixty-seven percent of these youths were male; 54 percent were Hispanic, 38 percent were White, and 8 percent were African American. Eleven percent were needle users.

The proportion of adult cocaine admissions who are crack users is high, but appears to be stabilizing. It rose from 67 percent in 1991 to 77 percent in 1993, dropping to 74 percent for the twelve months ending in April 1995. Inhalers comprise 12 percent of these admissions, as do injectors.

Characteristics of Clients by Route of Administration

A comparison of the characteristics of cocaine users admitted in the twelve months ending April 1995, by route of administration, shows that inhalers tend to be male (77 percent). Hispanics who were inhalers increased from 38 percent in 1992 to 46 percent in 1995, while the proportion of Whites who were inhalers has decreased from 36 to 33 percent, and the rate of African-American inhalers has dropped from 25 percent to 20 percent. Inhalers are more likely to be employed (41 percent) and to be criminal justice referrals (69 percent). Of those admitted for a primary problem of cocaine, inhalers are the least likely to be impaired, with 29 percent reporting physical problems and 32 percent reporting social problems.

Injectors are less likely than inhalers to be male (66 percent), less likely to be a minority (61 percent White, 24 percent Hispanic, and 15 percent African American), less likely to be employed (20 percent), and less likely to be a criminal justice referral. Forty-one percent of the injectors report physical problems and 42 percent report social problems.

Injection of crack has been reported. Because crack is cheaper and can be bought in smaller units, it is being used by intravenous users in the poorer areas after being diluted with vinegar.

Of clients admitted to treatment since May 1994 with a primary problem of cocaine, crack smokers are the least likely to be male (64 percent). Since that time, 23 percent of the crack smokers admitted to treatment have been White, 6 percent Hispanic, and 71 percent African American, as compared to 1992 admissions when 20 percent were White, 4 percent were Hispanic, and 76 percent African American. The crack smokers are the least likely to be employed (19 percent) and the least likely to be criminal justice referrals (55 percent). Almost half of the crack smokers (46 percent) report social problems and 43 percent report physical problems.

Arrests and Seizures

Between 1993 and 1994, the proportion of arrests testing positive for cocaine in the three cities included in DUF has declined or remained stable except for females in Dallas. For males in Dallas and Houston, the decrease

between 1993 and 1995 is significant. In Dallas and Houston, the percentage of women testing positive for cocaine is higher than for males (exhibit 5).

The Uniform Crime Reporting System does not differentiate between cocaine arrests and arrests for most other drugs. However, the Texas Department of Public Safety keeps track of the substances found when the crime laboratories analyze seized drugs. Of all controlled substances found, the proportion of cocaine increased from 29 percent in 1988 to 46 percent in 1991. Since then the proportion has fluctuated some: it dropped to 42 percent in 1992, rose again to 46 percent for 1993, and dropped to 42 percent again for 1994.

Purity and Price of Powder Cocaine. Cocaine powder remains very pure while the price remains low. In May, 1994, DEA seized 2,700 pounds of cocaine in South Texas. The price of a kilogram of powder ranges from \$10,500 on the Texas-Mexico border to between \$13,000 and \$25,000 elsewhere in the state. Purity is 75 to 90 percent. Ounce quantities of powder are reported at 35 to 90 percent pure with the price ranging from \$600 - \$1,200. The price per gram ranges between \$28 and \$100 with a purity of 35 to 90 percent. The Bexar County Forensic Science Center in San Antonio tests the mean purity of ten randomly selected samples of heroin and cocaine submitted by law enforcement agencies each month, and for 1991, the purity of cocaine was 75.5 percent; in 1992, it was 74.9 percent; in 1993, 74.0 percent; in 1994, 80.6 percent; and through April 1995, 74.7 percent.

Purity and Price of Crack. An ounce of crack, with a purity of up to 85 percent, costs between \$475 and \$1,200. A gram sells for \$80 to \$125, with 7 to 22 percent purity. A \$50 large rock of 0.6 to 0.7 grams, "double ups," is sold by Jamaican dealers. Rocks range from \$5 to \$100, depending on size, and some report the size of a rock is decreasing.

Regional Trends

DEA reports cocaine is readily available with abundant supplies in the urban and rural areas and while crack use is most common among African Americans, its use is being seen more often among middle-to-high income Whites.

Lubbock. In Lubbock young Hispanic gang members are now distributing crack, and there has been a significant increase in turf wars and drive-by shootings. A gram of cocaine powder sells for \$80 to \$100 in Lubbock.

Houston. In Houston crack is reported of poor quality but very easy to find. A "cookie," which is the size of a silver dollar, costs between \$60 and \$75, with an eight-ball of crack selling for \$75. Bumps sell for 50 cents. Because of the plummeting price of cocaine, addicts are moving from heroin to cocaine. Availability is not driving the price down, but lack of money. A plastic "credit card," the Lone Star Card, has replaced food stamps. In the past clients would sell food stamps for cents on the dollar, but addicts have not figured out how to scam the system with the Lone Star Card. As a result, dealers are having to market their goods, offering "loss leaders" or "specials" to bring in customers. The first customers of the day may get a "boulder," which is a large piece of crack, for the usual price of a "rock," which is smaller. Specials are offered: five rocks for the price of three. Word will spread about the bargains, and as the day wears on, the dealers will make up their early losses by reducing the amount of drug sold for the money. By the end of the day, only "kibbles and bits" are being sold—but the dealer has sold his inventory without losing money.

Dallas. Although law enforcement activity against cocaine has increased in Dallas in the past year, more powder cocaine and crack are reported on the street. Many reported smoking marijuana with powdered cocaine sprinkled over it. Addicts are becoming more addicted and unlike a year ago, risky sex is no longer more expensive. Messages about safe sex have been forgotten as sick addicts will engage in any type of sexual activity in order to obtain more cocaine. In addition, gang activity related to cocaine distribution has reportedly risen, although the turnover in dealers is very high because crack dealing is high profile and it is very easy to get arrested.

San Antonio. In San Antonio crack is a major problem on the east and west sides. Crack users are younger and likely to be female. Street prostitutes on the east side tend to be crack and alcohol abusers, while street prostitutes on the west and south sides tend to be addicted to intravenous drugs, especially cocaine and heroin. The crack trade

in the housing projects is regulated by local youth gangs who also manufacture the drug. The majority of customers are African American, but the number of Hispanic buyers is increasing. In comparison, the main consumers of powder cocaine are Hispanic and White males, Hispanic and White prostitutes, and young African-American males. Cocaine-laced marijuana cigarettes, "Primos," are popular with young gang members who have not graduated to smoking crack or injecting drugs. Speedballing does not seem to be as frequent as in other cities, except among "tecatos," a population of heroin addicts. And because of increased police patrolling, prostitutes are less likely to be on the street—they are wearing beepers and working out of motels.

El Paso. In El Paso crack is rare but powder cocaine is prevalent. The price of powder cocaine has dropped and varies with purity: \$100 per gram for good quality cocaine and \$40 to \$50 per gram for lower quality cocaine. Snorting is the main route of administration with speedballing on the rise due to lower-quality heroin and the lower price of cocaine.

Austin. In Austin a gram of cocaine sells for \$40, an ounce for \$800, and a kilogram for \$16,000 wholesale. The kilo has a street value of \$25,000. There has been a rise in prostitution related to crack use. Crack is often consumed in Austin along with a 16-ounce beer and eight-balling with heroin occurs.

Heroin

Prevalence of Use

The rates of lifetime and current heroin use is higher among female inmates than among male inmates. In 1994, 35 percent of the women reported lifetime heroin use, while 23 percent of the men did so when surveyed in 1993. During the month prior to incarceration, 11 percent of the females reported heroin use compared to 7 percent of the males. Heroin was the only illicit drug where past-month use was higher among Hispanic inmates than among White or African-American inmates. Prevalence rates for lifetime heroin use were over twice as high for inmates 35 and older than for those ages 18-24. Of the females who used heroin, 91 percent reported injecting it and 26 percent reported snorting; while among male

inmates who used heroin, 87 percent injected and 30 percent snorted.

Among youths admitted to TYC facilities, 8 percent reported lifetime use of heroin in 1994 as compared to 11 percent in 1989; and 2 percent reported past-month use as compared to 3 percent in 1989.

Deaths Related to Heroin

Deaths where heroin was detected are increasing, according to the San Antonio Medical Examiner. In 1994, 33 heroin overdose deaths were reported, as compared to 22 in 1993 and 12 in 1992.

Heroin Admissions to Publicly Funded Treatment Programs

Heroin ranks third among the illicit drugs reported as primary problems for adult clients admitted to treatment. As a percentage of admissions, it comprised 9 percent in 1994 and 10 percent for first quarter 1995 (exhibits 1, 2, and 3). Most admitted for a primary problem of heroin preferred to inject it (93 percent). Three percent preferred inhaling heroin, 3 percent preferred orally ingesting it (these were primarily opium eaters and users of heroin nose drops), and 0.8 percent preferred smoking it.

Characteristics of Clients by Route of Administration

The average age at admission for the injecting heroin client has risen to 37, and 71 percent of those admitted are male. About 50 percent of heroin injectors are Hispanic, 35 percent are White, and 15 percent are African American; 19 percent are employed and 49 percent are referred by the criminal justice system.

For heroin inhalers, the average age is 34; 73 percent are male; 45 percent are African American, 34 percent are Hispanic, and 19 percent are White. Some 34 percent are employed and 45 percent are criminal justice referrals.

In comparison, for heroin smokers, the average age is 33; 64 percent are male; 57 percent are African American, 20 percent are Hispanic, and 23 percent are White. Some 25 percent are employed and 57 percent are referred from the criminal justice system.

Among addicts who take heroin orally, 78 percent are male; 45 percent are White, 37 percent Hispanic, 17

percent African American; 35 percent are employed, and 42 percent are referred by the criminal justice system.

Arrests and Seizures

According to DUF, the proportion of arrestees testing positive for opiates between 1991 and first quarter 1995 has remained fairly level (exhibit 5). The percentage testing positive is consistently higher among male arrestees in San Antonio than in Dallas or Houston; however, female arrestees in all three cities are more likely to test positive than are their male counterparts.

Drug arrests do not differentiate between those involving heroin or any other opiate and those involving other drugs; however, the crime laboratories of the Department of Public Safety reported that opiates comprised 4 percent of the exhibits analyzed from 1988 to 1992 and 3 percent for 1993 through 1994.

The predominant forms of heroin seized are Mexican brown and black tar. Mexican heroin is selling for \$80 to \$150 per gram with a purity of 12 to 55 percent; \$3,500-\$6,000 per ounce, with a purity of 35 to 75 percent; and \$130,000 to \$185,000 per kilogram, with a purity of 78 to 95 percent. Southeast Asian heroin ranges from \$150,000 to \$185,000 per kilogram and Colombian is reported to be selling for \$85,000 to \$100,000 per kilogram. The Domestic Monitor Program reported the following information for 1994:

	<i>Jan.- Mar. 1994</i>	<i>April - June 1994</i>	<i>July - Sept. 1994</i>
Dallas			
Purity	11.40%	7.00%	11.40%
Price/Milligram Pure	\$1.25	\$1.97	\$1.04
Houston			
Purity	9.00%	13.40%	14.90%
Price/Milligram Pure	\$2.52	\$2.35	\$1.27

The mean purity of heroin tested by the Bexar County Forensic Science Center in San Antonio has increased from 6.5 in 1991 to 9.1 in 1992 to 9.1 in 1993 to 11.8 in 1994 to 12.6 through April, 1995.

Regional Trends

Austin. In Austin black tar sells for \$150 per gram or \$30 per balloon; Mexican brown sells for \$100 per gram and \$20 per balloon. The balloons are of different colors and soft drink cans are cut in half and used to cook the heroin. A new trend in heroin use is the punk rocker with hair dyed various colors and extensive body piercing who is injecting heroin.

Lubbock. In Lubbock black tar papers are smaller and sell for \$350 per gram or \$25 per paper. Ounces sell for \$9,000 and are usually black tar. Addicts are not speedballing, but often use heroin and cocaine sequentially to take the edge off cocaine and keep their heroin habits low.

Houston. In Houston brown heroin is more common. Papers cost \$20 - \$40. One provider reports that there is some black tar and white heroin smoked. A recent video depicts European criminals smoking heroin, and “chasing the dragon” has now become more popular.

Dallas. In Dallas the size of a bag is reported smaller and purity is down, with B-12, Epsom salt, flour, milk sugar, and baby powder often used to cut the heroin. A cap sells for \$5 to \$10. Heroin dealers only sell to known clients, so the high turnover reported among cocaine dealers is not occurring among heroin dealers. In Fort Worth black tar is very available and potent. Yuppies are reported to be snorting heroin.

El Paso. Because the border is under extremely heavy surveillance at El Paso, the distribution pattern has changed. Previously, Mexican addicts went to El Paso to score the higher quality heroin there, but now they cannot go to El Paso except with proper documentation. The price of heroin in El Paso has risen with devaluation of the peso, and the price of heroin is equivalent to cocaine. Injection is the preferred route of administration, but a few snorters are reported. The number of users seeking treatment in Juarez has risen due to the shortage of heroin.

San Antonio. In San Antonio brown heroin is more common; only longtime addicts with connections in Mexico have access to black tar. White heroin is unknown except among addicts who have served time in jails on the East Coast. Hispanic heroin addicts tend to be male and older (average age 35 to 40); junkies aged 50 to 60 are common. African-American addicts are a more tightly-

knit group, older (over 40), and tend to speedball more. Heroin is usually injected by San Antonio addicts, but there have been reports of smoking heroin at parties where other drugs are used. Heroin smokers are usually in their late teens or early twenties and the heroin is smoked in a marijuana or regular cigarette as a Primo.

In the past two years street distribution has changed from older addicts to young gang members. This change is due to two reasons: (1) the old ex-con distributors were shooting up all the profits and were too well known to narcotics officers; (2) young gang members are incarcerated for less time, are more easily replaced, and are more violent and, hence, more effective in collecting debts.

The distribution of heroin in San Antonio is reported to work basically as follows: A "mule" (transporter) brings the heroin from a Mexican border town to the U. S. side. An individual carrying heroin may cross illegally disguised as a farm worker. If the heroin is smuggled across by car, the driver will not be told where the heroin is hidden so he or she will be less nervous at the border check points and will not look at the hiding place and give himself or herself away. A second mule will transport 10 to 15 half-ounce bags of heroin to a San Antonio connection (*el chingon* or "the machine"); it is estimated there are 12 to 15 connections in San Antonio. The connections cut the heroin four or five times with lactose and then package it in half-ounce bags. Ten of these bags are given to worker/distributors (*trabajadores*) who in turn cut the heroin once more with lactose and repackage in half-ounce bags. The *trabajadores* then deliver the heroin bags to another tier of individuals who repackage the heroin into balloons of individual hits without cutting it further. The balloons are then sold by the "*perlas*" or street dealers for \$10 to \$20.

Other Opiates

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

Prevalence of Use

As with cocaine and heroin, female prison inmates report a higher use of other opiates than do male inmates.

Male inmates reported 12 percent lifetime use of other opiates in 1993, whereas the females reported a 16 percent lifetime use in 1994. Past-month use was 2 percent for male inmates and 3 percent for female inmates. White inmates were significantly more likely to report higher lifetime use of other opiates than were Hispanic or African-American inmates. Of those inmates who reported use of other opiates, codeine was the most commonly reported, followed by Demerol and Percodan for female inmates. For the males, morphine was the most commonly reported, followed by Demerol, and codeine cough syrup.

Youths entering TYC in 1994 reported 9 percent lifetime and 3 percent past-month use of other opiates which was almost the same as in 1989 when they reported rates of 10 percent lifetime and 3 percent past-month use.

Admission of Clients to Publicly Funded Treatment Programs for Other Opiates

While abuse of these drugs is not as common as heroin abuse, the addicts who prefer other types of opiates are quite different from the heroin addicts. About 0.8 percent of all adult clients who entered treatment during 1994 and first quarter 1995 used opiates other than heroin (exhibits 1, 2, and 3). In 1994, half of the admissions were female, but this has increased to 59 percent in 1995; 83 percent were White, 7 to 8 percent were African American, and 8 to 10 percent were Hispanic. In 1994, 35 percent used needles; in 1995 to date, 30 percent used needles. Users of other opiates were among the most impaired of all clients at admission, with 67 percent reporting physical problems and 61 percent reporting social problems in 1994.

Arrests and Seizures

Statistics from DUF show that arrestees from San Antonio were the most likely to test positive for methadone, but the results range from 1 to 2 percent for most years (exhibit 5).

According to DEA reports, Dilaudid, Percodan, Demerol, hydrocodone combination products, and codeine combination products are the major drugs of this group which are diverted in Texas. Dilaudid sells on the street for \$10 for a 4 mg. tablet.

The State Board of Pharmacy reports that the number of prescriptions and number of dosage units of prescribed narcotics has continued to drop since the triplicate prescription program was instituted in 1983. As an example, in 1983, 261,971 prescriptions of 8,680,456 dosage units of Percodan were written; in 1994, 71,030 prescriptions of 3,990,346 dosage units were written.

In comparison, prescriptions for Ritalin (methyphenidate) have increased from 79,397 prescriptions for 7,188,024 dosage units in 1983 to 330,864 prescriptions for 31,348,707 dosage units in 1994. DEA is looking into the diversion of methyphenidate by youths who are buying or stealing the drug from their classmates who take it by prescription. Some users of diverted methyphenidate are reported to be crushing and snorting the pills, while others are dissolving and then injecting the drug.

Regional Trends

Lubbock. In Lubbock Dilaudid sells for \$40 to \$50 per 4 mg. tablet. Methadone clients use the benzodiazepines to potentiate methadone, and there is a growing problem with long-term benzodiazepine use since the city no longer has a public detoxification program. There is also a lot of Xanax on the streets.

Austin. In Austin Dilaudid is reported as readily available and very popular and selling at the same price as in Lubbock. It is injected intravenously or into muscle tissue. There have been limited reports of oral use of Dilaudid. Demerol is not available except when it can be obtained from an invalid who has access to it.

Houston. Robitussin AC is used to boost the effect of crack in Houston. Xanax and diazepam pills sell for \$2 to \$5.

Steroids

Anabolic steroids remain a problem. They are often smuggled in from Mexico, although in recent months steroids have also come from the United Kingdom. Steroids manufactured in Bombay, India, are being transshipped through the U. K. as importing and exporting steroids is legal in the U. K. In addition, there are still a few physicians who continue to prescribe anabolic steroids for nonmedical

purposes. Physical fitness centers are a primary distribution point.

Marijuana

Prevalence of Use

In 1994 all indicators point to increased marijuana use by youths. The 1994 survey of Texas elementary students found that the percent of students in grades four, five and six who had ever used marijuana increased from 1.7 percent in 1992 to 5.6 percent in 1994 and the percent reporting use in the school year increased from 1.0 percent to 1.9 percent.

The 1994 TYC survey found that marijuana was the illicit drug most commonly used by adolescents prior to entering TYC, with lifetime use at 88 percent, compared to 79 percent in 1989. Their lifetime marijuana use was greater than that of adult inmates surveyed in 1993 and 1994. Past-month use by TYC admissions had also increased to 57 percent from 44 percent in 1989. In-school youths who are comparable to TYC youths in terms of age, gender, and race-ethnicity, reported 35 percent lifetime and 17 percent past-month use of marijuana in 1994, showing an increase since 1992. Fewer 1994 in-school youths perceived marijuana as very dangerous to use and it was reported by the secondary students as being more available than in 1992.

In 1994 lifetime use of marijuana for female prison inmates was 83 percent as compared to 85 percent for male inmates; past-month use for female inmates was 14 percent versus 19 percent for males. Rates of lifetime and past-month marijuana use were both significantly higher among White inmates.

Marijuana Admissions to Publicly Funded Treatment Programs

Marijuana was the primary problem for 10 percent of adult admissions to treatment programs in 1994 (exhibits 1, 2, and 3). The average age of marijuana clients continues to increase: in 1985, the average age was 24; in 1994, it was 28. At the same time, the lag between first heavy use and admission to treatment has increased from 9 years to 13 years. The proportion of males remains stable at 83 percent. Over time, White adult clients admitted for a

primary problem of marijuana have decreased from 50 percent in 1985 to 40 percent in 1994 and Hispanics have decreased from 34 percent to 25 percent. However, African-American clients with a primary problem of marijuana have increased from 15 percent to 34 percent in 1994. Another trend is the increase in the proportion of marijuana abusers referred into treatment through the criminal justice system: 69 percent were referred in 1985 but 80 percent were in 1994.

Marijuana was also the primary drug for 51 percent of the adolescent admissions in 1994 (exhibit 4); in 1988, 40 percent were for a primary problem of marijuana, and this dropped to a low of 20 percent in 1991. In 1994, 82 percent of the marijuana admissions were male; average age was 15.19 years; 49 percent were Hispanic, 30 percent were White, and 20 percent were African American (in 1987, 7 percent were African American). Some 48 percent of the marijuana admissions were referred by the juvenile justice system.

Arrests and Seizures

In the DUF program, the percentage of adult arrestees testing positive for marijuana increased between 1993 and 1994 in Dallas and decreased slightly in Houston and San Antonio (exhibit 5). For the first quarter of 1995, the percent of those testing positive for marijuana in San Antonio rose again to 1993 levels. Among juvenile arrests in San Antonio, the percentage of males testing positive continued to increase (24 percent in 1993 to 44 percent for the first quarter of 1995), while for females, it dropped in 1994 but is now increasing.

Since 1991 there has been a significant increase in the proportion of juvenile arrests for marijuana offenses (exhibit 5). In 1987, 78 percent of all juvenile drug arrests involved marijuana. The proportion dropped to a low of 39 percent in 1991 and has now risen to 62 percent for 1994.

The proportion of the exhibits analyzed by the Department of Public Safety crime laboratories that were marijuana decreased from 51 percent in 1988 to 39 percent in 1990 and 1991. However, the proportion rose to 46 percent for 1994, and marijuana seizures continue to rise. In 1993 the DPS seized 41,962 kilograms; in 1994 they seized 48,948.

Quality and Availability. Marijuana is very available since the harvest season in Mexico has just been completed. Domestic cultivation provides high quality marijuana and domestic operations are in competition with traffickers of imported Mexican marijuana to provide high quality marijuana throughout the year. Marijuana is smuggled across the Mexican border in amounts from pounds to tons and most of the larger smuggling organizations are controlled by Mexican family units on both sides of the border. In addition, domestic cultivation provides high quality cannabis to consumers locally and out of state.

Price. Prices fluctuate depending on quality, quantity, demand, and availability. Good quality Mexican marijuana ranges between \$600 and \$750 a pound, while low quality domestic costs \$450 to \$800 and high quality domestic ranges from \$1,000 to \$3,000 a pound. THC levels range from 2 percent in ditchweed to 2 to 6 percent in Mexican marijuana to over 10 percent in samples of sinsemilla and marijuana from indoor grows.

Regional Trends

Swishers are the Texas version of Philly Blunts, which are cigars in which tobacco is replaced with marijuana. Amp, Fry, Wack, WAC, and Smurf are joints or Swishers which have been dipped in embalming fluid which may also be laced with PCP and then frozen prior to smoking. Fry is reported as gaining in popularity. Indo is marijuana mixed with embalming fluid and crack; it looks like ashes—a whitish-gray, powdery kind of marijuana. Other terms for Blunts are Zay and Water, which are terms used to throw outsiders off as to what is being smoked. Zay may have strychnine or rat poison in it. As mentioned earlier, Primo is cocaine and marijuana.

Dallas. Local slang for marijuana is Skunk Weed, Bo, Cest, and Indo. Marijuana is so available that it is used as a currency to purchase crack or heroin. A joint sells for \$1 to \$3, with blunts and Primos selling for up to \$5. In Dallas blunts are dipped in honey and then microwaved.

El Paso. In El Paso marijuana sells from \$40 to \$50 per ounce and is reported of very good quality.

Austin. An ounce of homegrown costs \$100 in Austin, and an ounce of Mexican costs \$130 to \$140. Marijuana is so plentiful that dealers often have trouble selling their supply.

Lubbock. In Lubbock prices range from \$75 to \$100 for an ounce. Young Hispanic gangs control the distribution of Mexican marijuana and White independent organizations control the sale of Colombian marijuana. Lubbock treatment programs are seeing younger and younger users—as low as age 9. Longtime marijuana users are reported to be mixing it with cocaine.

Houston. In Houston marijuana sells for \$70 to \$100 per ounce, and most is Mexican. It is more available and becoming cheaper, and purchasers usually pay less than \$25 to get the drug. Five types of marijuana are common in Houston: Bo, Homegrown, Redbud, Sinsemilla, and Skunk.

Stimulants

The prison surveys found that lifetime use of uppers for male inmates was 32 percent, while for female inmates it was 28 percent; past-month use for male inmates was 4 percent, while for female inmates it was 3 percent. Whites were the most likely to report lifetime or past-month upper use. Among female inmates, 72 percent reported taking uppers orally and 67 percent inject uppers; among male inmates, 75 percent took uppers orally and 42 percent injected.

Among TYC youths, lifetime use of uppers dropped from 29 percent in 1989 to 17 percent in 1994, and past-month use dropped from 10 percent to 4 percent. In-school youths comparable in terms of age, gender, and race/ethnicity, reported lifetime use of stimulants at 5 percent and past-month use at 2 percent.

Stimulant Admissions to Publicly Funded Treatment Programs

Stimulants accounted for 2.5 percent of adult treatment admissions in 1994 (exhibits 1, 2, and 3), but the percentage is increasing each quarter. From the first quarter of 1994, the percentage has steadily risen from 2.08 to 2.44, 2.65, 2.93, 3.12, and to 3.36 for the second quarter of 1995 (April only). The average client admitted for a primary problem with amphetamine is aging: the average age was 26 in 1985 and 31 in 1994. Since 1985, the lag between first heavy use and admission to treatment has jumped from 7 to 12 years. The proportion of White

clients has risen from 80 percent in 1985 to 91 percent in 1994, while the proportion of Hispanics has dropped from 11 percent to 5 percent, and the proportion of African Americans has dropped from 9 percent to 3 percent. Males comprise over half of the admissions for a primary problem of stimulants (59 percent), and 70 percent of these admissions use needles.

Arrests and Seizures

Dallas is the only city reporting positive amphetamine tests for both male and female DUF arrestees, but the percent has decreased for both groups since 1993 (exhibit 5).

The Uniform Crime Reporting system does not show amphetamine arrests separate from most other drug offenses. However, the proportion of the evidence analyzed by the DPS crime labs that was positive for amphetamine and methamphetamine has dropped from 13 percent in 1988 to 3 percent in 1993 and 4 percent in 1994.

The current market is described as “lower price, better quality, and higher availability.” Seizures at the Border are at an all time high. El Paso and McAllen DEA sources report that domestic wholesale suppliers have been shipping ephedrine and pseudo-ephedrine to El Paso and McAllen for transshipment to California. In Las Cruces, New Mexico, a neighboring city of El Paso, 315 kilograms of methamphetamine were seized in February 1995—one of the largest seizures in history. Methamphetamine in north Texas comes from California and Mexico. California methamphetamine and amphetamine is considered “cleaner” than that which is produced locally or in Mexico.

Since the passage of the federal Chemical Diversion and Trafficking Act of 1988, two trends have developed. One is that production has shifted from the use of phenyl-2-propanone (P2P) to the recipe which includes ephedrine and red phosphorous. In 1993, the ephedrine reduction method was used in 81 percent of all methamphetamine laboratories seized in the U. S. in 1993; the P2P method was used in only 16 percent of the seized labs (outlaw motorcycle gangs continue to use the older, more established production methods). Texas labs are utilizing the ephedrine-red phosphorus method of manufacturing since

this results in fewer odors during the cooking than using phenylacetic acid. A second trend is the ascent of Mexican drug trafficking organizations that have taken over the market traditionally controlled by biker gangs.

Ephedrine

Ephedrine is produced in four countries in the world: the Czech Republic, Germany, India, and China. The International Narcotics Control Board of the United Nations reported that in 1994, over 50 tons of ephedrine was transshipped from the Czech Republic through Switzerland into Mexico.

In early 1993 the Texas Department of Health began receiving reports from citizens, schools, physicians, hospitals and poison control centers of persons, many younger than 18, who suffered injury from ephedrine products. To date, the Health Department has conducted more than 120 investigations of injury reports from persons who either abused ephedrine products or who took them as recommended on the product label.

In May 1994 the Department issued an emergency order to limit the availability to minors of pep and diet pills containing ephedrine and ma huang, but the order was blocked in court by a product distributor. In April 1995 the Health Department proposed rules to place most ephedrine products on prescription-only status and to ban the sale of ma huang extracts or concentrates, which are 6 to 8 percent ephedrine, as compared to naturally occurring levels of 0.5 to 2.0 percent. The proposed rules would also ban products containing ephedrine combined with caffeine. Final rules incorporating public comments are not expected to go before the Board of Health before August 1995. In May 1995 the manufacturer of Nature's Nutrition Formula One and the Texas Attorney General's office, representing the Health Department, reached a settlement in their year-long court battle. In the agreement, the manufacturer, Alliance, agreed to no longer misbrand or adulterate its product, which includes "spiking" with synthetic ephedrine and caffeine and to strengthen label and package warnings stating more clearly the potential health problems Formula One might present for some consumers.

Price and Quality

The best quality methamphetamines are obtained in California. According to DEA reports, the price range of methamphetamine has dropped from \$15,000 to \$18,000 a pound in January, 1994, to between \$8,000 to \$14,000 a pound in April, 1995. Amphetamine prices have decreased from \$12,000 to \$15,000 a pound to \$8,000 to \$13,000 a pound. Ounce quantities of methamphetamine and amphetamine retail for \$800 to \$1,650. Methamphetamine and amphetamine produced in California can be purchased in California for between \$4,000 and \$7,000 a pound. While prices have decreased, purity levels have risen from a range of 15-60 percent to a current range of 40-90 percent.

Regional Trends

Houston. In Houston crystal meth is readily available, of excellent quality, and sold in \$20 bags. Most users inject and most are bikers. Ephedrine continues to be popular and is sold at convenience stores.

The Panhandle. In Lubbock there is an explosion of stimulants. Inpatient treatment counselors report an extremely high census of amphetamine and methamphetamine addicts and street addicts report "it is everywhere." Local narcotics agents report it to be 90 to 98 percent pure. Most of the speed is from Mexico with Mexican-American independent dealers distributing to high school and college aged White youths. Primary means of ingestion is injection, but it is also smoked. Prices are \$100 per gram, \$1,500 per ounce, and \$15,000 per pound. Bandidos in Amarillo control the distribution of speed in large areas of the Panhandle.

Austin. In Austin the favorite choices are methamphetamines, White powder, brown powder, and "stove top," which is orange to pinkish in color. White powder costs \$80 per gram and an 8 ball costs from \$180 to \$200. There is a trend to cook ephedrine with stove top crank to make it look whiter and purer. A new trend is to fill Vicks inhalers with powder speed.

El Paso. In El Paso speed is not as popular as in other areas, although it is available from Mexico.

Depressants

This “downer” category includes four groups of drugs: barbiturates, such as phenobarbital and secobarbital; tranquilizers, such as the benzodiazepines, diazepam, flunitrazepam (Rohypnol), and chlordiazepoxide; non-barbiturate sedatives, such as methaqualone, flurazepam, over-the-counter sleeping aids, and chloral hydrate; and antidepressants, such as amitriptyline, doxepin, and desipramine. Downers have traditionally been a favorite drug of females.

Prevalence of Use

Among female prison inmates, 34 percent reported lifetime use of downers and 5 percent reported past-month use; among male inmates, lifetime use was 29 percent and past-month use was 4 percent. The most popular drug was diazepam, which was reported by 83 percent of the female and 68 percent of the male inmates who used downers.

Among TYC youths, lifetime use in 1994 was 22 percent and past-month use was 7 percent, which is virtually identical to the 1989 rates. In-school youths in 1994 reported 4 percent lifetime and 1 percent past-month use of downers. The TYC survey did not query specifically for flunitrazepam, but in the open-ended questions, 4 percent mentioned its use.

Depressant Admissions to Publicly Funded Treatment Programs

Only 0.66 percent of the adult clients entering treatment during 1994 had a primary problem with barbiturates, antidepressants, or sedatives/hypnotics (exhibits 1, 2, and 3). This group was very different from other drug abusers: they were older (average age of 36), White (80 percent), and female (61 percent). Only 8 percent injected drugs. They were among the most impaired, however, with 63 percent reporting physical problems and 55 percent reporting social problems.

Arrests and Seizures

Benzodiazepines were the drugs in this category most often identified by DUF and they continue to be a problem, with positives ranging from 3 to 8 percent (exhibit 5). For barbiturates, the positive rate ranges from 0 to 1 percent.

While arrest data for this category are not available, DPS crime labs report the proportion of evidence positive for depressants has been at 2 percent for 1993 and 1994.

Regional Trends

Since late 1994 Rohypnol has spread from the Mexico border into the Austin and Houston areas. On the lower border, “Roach,” slang for Rohypnol, is used as a verb: e.g., “to get roached,” and Rohypnol use is common among gang members. As it has moved northward, use has been reported in affluent suburban high schools and by fraternity members. Among youths, flunitrazepam is used in combination with beer, while it is used by cocaine addicts to take the edge off their runs. Treatment programs are beginning to see adult clients who are using flunitrazepam in combination with their favorite drugs—alcohol, cocaine, and heroin.

In Austin, Rohypnol is the favorite downer and is used by speed and cocaine addicts to come down. A box of 30 sells for \$80. Among street youths in Houston, Valium and Xanax are favorites, selling at \$2-\$3 per pill. Many youths report using a variety of pharmaceutical drugs without knowing what they are taking. Rohypnol is increasing in popularity and sells for \$2-5 per pill. In El Paso, Rohypnol is easily obtained from Juarez pharmacies at 50 cents to \$1; it sells for \$3 in El Paso. A treatment program located near San Antonio in Kerrville, has admitted four clients who used Rohypnol in combination with other drugs, especially alcohol and cocaine. All were White males in their twenties. A Houston treatment program reports similar findings of Yuppies using cocaine, alcohol, marijuana, and Rohypnol. Some have crushed the pills and put on top of a bong of marijuana and smoked the drug.

Hallucinogens

Prevalence of Use

According to the TYC survey, lifetime use of hallucinogens was 31 percent, with past-month use at 11 percent; in 1989, it was 34 percent lifetime and 13 percent past-month use. In comparison, among in-school youths, lifetime use was 5 percent and past-month use was 2 percent.

Adult female prison inmates reported lifetime use at 30 percent and past-month use at 0.2 percent; male inmates reported 33 percent lifetime and 3 percent past-month use. Female inmate users were more likely to be White. LSD was the most popular hallucinogen ever used, followed by PCP for female inmates and psilocybin mushrooms and PCP for male inmates.

Hallucinogen Admissions to Publicly Funded Treatment Programs

Among adolescent treatment programs, 1 percent of the admissions in 1994 were for hallucinogens (exhibit 4). The proportion of males dropped from 70 percent in 1988 to 55 percent in 1994. Hallucinogen abusers are primarily White, although the proportion has dropped from 90 percent in 1988 to 77 percent in 1994, while Hispanic admissions have increased from 10 percent to 16 percent and the African-American admissions have gone from 0 percent to 5 percent. Among adult treatment admissions in 1994, only 0.2 percent were for hallucinogens. Average age was 24 years and 91 percent were male; 52 percent were White, 34 percent were African American and 13 percent were Hispanic.

Only 18 adults were admitted to treatment in 1994 with a primary problem of Ecstasy, but for the first four months of 1995, 19 adults have already been admitted with a primary problem with this drug.

Arrests and Seizures

PCP is most likely to be reported among male DUF arrestees in Dallas and Houston at 3-5 percent (exhibit 5). PCP use reportedly is rising, with more marijuana joints soaked in embalming fluid laced with PCP.

The DPS laboratories report that the percent of substances that tested out as hallucinogens between 1992 and 1994 has ranged from 2 to 3 percent.

Regional Trends

LSD is manufactured in California and Houston. It is available in multi-thousand dosage units; most users are young Whites. LSD still sells from \$1 to \$10 a hit. A small number of dealers are reported to be moving lots of books. In Dallas it is found around the local universities and in the upper class neighborhoods.

Methylene dioxymethamphetamine (MDMA or Ecstasy) continues to gain in popularity among young, upper-middle-class Whites and in the homosexual community. Most of the MDMA and Ecstasy originates in the vicinities of Houston, Baytown and Corpus Christi. Additionally, large scale MDMA manufacturers are setting up shops in Mexico. Prices of MDMA range from \$6 to \$10 per dosage unit (50-100 milligram tablets).

In Lubbock some LSD blotter acid is surfacing and abuse of Jimson Weed is periodic. In El Paso LSD is of a low potency, costs \$5 per hit, and is more common among affluent, "hip, intelligentsia" high school students. There were two deaths due to Jimson Weed last year in El Paso. In Austin, LSD, mescaline, and Ecstasy are popular and available.

Among Houston street youths, LSD and Ecstasy are favorites. LSD sells for \$5 per tab and Ecstasy sells for \$20 to \$30 per tab. None of these youths report use of the new designer drugs such as Special K. There seems to be a lot of paper acid or window panes and it may be getting stronger.

A new phenomenon in Houston is the "Vampire Culture" based on Dungeons and Dragons games. Youths have different vampire names and play these fantasy games at after-hours clubs. The games are intensive with blood sharing, including cutting necks. They play out roles, throw dice, engage in sexual activity mandated in the game, and participate in self-mutilation. They wear pale makeup, black lipstick, and fangs. Hallucinogens are the drugs most likely to be used in these cults, although some of the participants use no drugs.

Inhalants

Prevalence of Use

Among youths entering TYC, lifetime use of inhalants in 1994 was reported at 33 percent and past-month use was 11 percent; in 1989, lifetime use was 39 percent and past-month use was 13 percent. In comparison, in-school youths matched for age, race/ethnicity, and sex, reported lifetime use of 16 percent and 4 percent past-month use. For students in the fourth, fifth, and sixth grades, lifetime use in 1994 was 9.8 percent and 6 percent for the school year; in 1992, it was 16 percent lifetime and 11 percent for the school year.

Among female prison inmates, lifetime use was 15 percent and past-month use was 0.6 percent. For male inmates, lifetime use was 18 percent with 0.7 percent past-month use. Inhalers were more likely to be Hispanic or White. The most popular inhalant used by the female inmates who had ever used inhalants was Locker Room/Rush (amyl and butyl nitrites; also called "poppers"), used by 56 percent, followed by spray paint (26 percent). In comparison, for male inmates spray paint was most popular (46 percent), followed by gasoline (29 percent) and Locker Room/Rush (19 percent). The popularity of Locker Room/Rush among the female inmates is related to this inhalant's reputation as a party drug. The age of first use for any inhalant was 17 for the women and 14.9 for the men. For 71 percent of the women, poppers were the first inhalants used, as compared to 28 percent of the men. When both groups are considered together, the age of first use of poppers was 19.4 years, compared to 14.7 years for spray paint.

Inhalant Admissions into Publicly Funded Treatment Programs

Inhalant abusers comprised 10 percent of the admissions to adolescent treatment programs in 1994 (exhibit 4). Some 75 percent were male, 82 percent were Hispanic, 16 percent were White, and less than 1 percent were African American. The racial/ethnic distribution is heavily influenced by the location and orientation of the treatment programs. In addition, 0.28 percent of adult admissions were inhalant abusers in 1994 (exhibit 2). Some 81 percent were male; 65 percent were Hispanic and 28 percent were White. These clients had the lowest education level (9.59 years) and 6 percent were homeless. They were very impaired, with 62 percent reporting physical problems and 58 percent reporting social problems. Average annual income was only \$1,516.

Regional Trends

Octane Booster continues as a new favorite inhalant, and in Dallas there are reports of African-American youths huffing Miracle Grow. After the plant fertilizer is mixed with boiling water, the steam is huffed. In Juarez, Optinol, a prescription eyedrop, is used as an inhalant and reported to have interesting side-effects. First notice of

this drug was in newspaper articles saying it was liquid Rohypnol. Rohypnol is only manufactured as tablets. In another area of Juarez around a leather factory, a tanning chemical is bottled in baby food jars and inhaled; it is called "Beautiful Little Sky," "Little Heaven," and "Little Water." Veterans in El Paso are reported to be sniffing gasoline. In Austin adults are reported to sniff spray paints, Octane Booster, and freon.

Drug Users at Risk of HIV

As of March 31, 1995, 32,318 AIDS cases had been officially reported in Texas since 1980. The proportion of adult and adolescent AIDS cases related to injecting drug use has gone from 15 percent in 1988 to 23 percent in 1994 (exhibit 6). In 1988, 6 percent of the cases were IDUs, and 9 percent were male-to-male sex and IDUs; in 1994, 15 percent of the cases were IDUs, and 7 percent were male-to-male sex and IDUs. The proportion of cases resulting from heterosexual contact has gone from 2 percent in 1988 to 7 percent in 1994. In 1988, 3 percent of the AIDS cases were females over age 12; in 1994, 11 percent were female. In 1988, 15 percent of the adult and adolescent cases were African-Americans; in 1994, 28 percent were African-Americans. This increase in the proportion of females and African-Americans reflects the crack cocaine epidemic and the prostitution associated with it.

Focus groups of adult injecting drug users in Dallas found that all of the men had shared their works while only 2 percent of the women had shared. The women who shared sporadically used bleach to clean their works, while only half of the men followed the same practice. Participants said they were trying to be more consistent with their bleaching, using condoms more regularly with all partners, trying to buy new needles, and cutting back on the number of sex partners. Both men and women agreed "prostitution is getting worse: and they attribute this to the high incidence of crack. Fifty-five percent of the women in the groups had engaged in prostitution with no difference in price based on protected or unprotected sex. These women were usually paid with drugs rather than cash.

Needle Users Entering Publicly Funded Treatment Programs

The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 19 percent in 1994. There are significant differences among those who do and do not use needles. Clients in 1994 who used needles were older (age 34.5 v. age 32.7 for non-needle users), and 70 percent were male (v. 25 percent for non-needle users). Of the needle users, 32 percent were Hispanic, 54 percent White, and 13 percent African American; of the non-needle users, 22 percent were Hispanic, 38 percent were White, and 39 percent were African American. Needle users were more impaired, with 47 percent reporting physical problems and 45 percent reporting social problems, while of the non-needle users, 40 percent reported physical and social problems. Average income for needle users was \$4,508 v. \$5,833 for non-needle users.

Regional Differences Among Drug Users at Risk of HIV

Dallas. Dallas focus groups of adolescents found that while 72 percent took the threat of possible HIV infection seriously, less than 10 percent thought their friends took it seriously. Half of the female participants had engaged in prostitution and 65 percent of the males had sex with prostitutes. There was no price difference for protected or unprotected sex.

Lubbock. In Lubbock street drug users report that some men who do not identify themselves as homosexuals are selling their bodies to support crack habits and professional outreach workers report prostitution by youths as young as 13 to support crack habits. Exchange of sex for money is rare; exchange of crack for sex is common.

Houston. Among Houston street youths, 33 percent of the 93 youths interviewed between January and April, 1995, reported using crack on a regular basis and 12 percent reported injection drug use. Of the crack users, 77 percent exchanged sex for crack and of these, many reported regularly participating in unprotected sex. There has also been an upsurge in African-American males trading sex for drugs. In some instances, the men are HIV-positive bisexuals, but they continue to prostitute to get drugs.

El Paso. With the devaluation of the peso, there has been a small increase in the number of Mexican female prostitutes working in El Paso. These women formerly prostituted to survive and they were not IDUs, but now that they are working in El Paso, health authorities fear they will begin injecting drugs and will prostitute to support their drug habits.

Austin. In Austin male and female prostitution remains high, especially in the areas where crack use is high. Eight percent of the IDUs tested in 1994 by the CARE program were HIV positive. There is a large demand on the streets for easier access to injecting equipment and less hassle for possession of syringes.

Exhibits

Exhibit 1 - Number of Admissions to Publicly Funded Treatment Programs by Primary Drug of Abuse: 1Q83-1Q95

Exhibit 2 - Characteristics of Adult Clients at Admission to Publicly Funded Treatment Programs - 1994

Exhibit 3 - Characteristics of Adult Clients at Admission to Publicly Funded Treatment Programs - First Quarter 1995

Exhibit 4 - Characteristics of Youth Clients at Admission to Publicly Funded Treatment Programs - 1994

Exhibit 5 - Percent of Arrestees Testing Positive for Various Drugs (DUF)

Exhibit 6 - Texas AIDS Cases

Exhibit 1. Number of Admissions to Publicly Funded Treatment Programs by Primary Drug of Abuse: 1Q1983-1Q1995

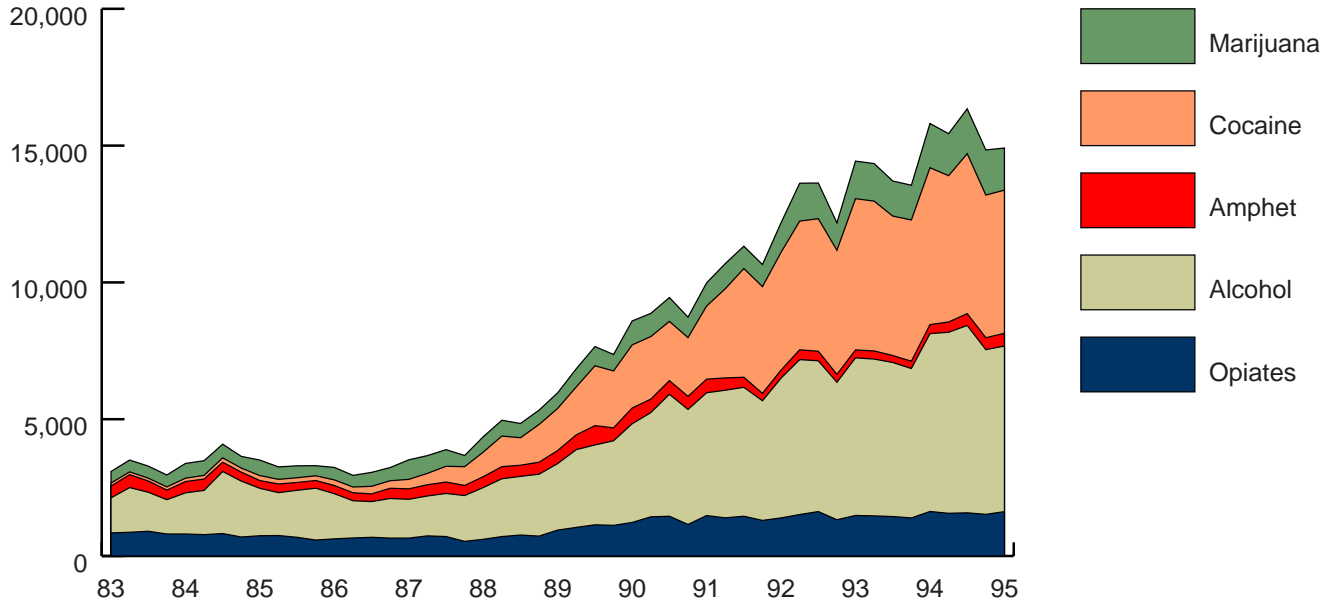


Exhibit 2--Characteristics of Adult Clients at Admission to Publicly Funded Treatment Programs - 1994

Characteristics of CODAP Clients at Admission
By Primary Substance Problem that Caused them to Seek Treatment
Statewide Admissions for Calendar Year 1994

Primary Drug	Total Admissns	Percent of All Admissns		Avg Age	Avg Age 1st Use	Avg Year 1st Use	Avg Lag 1st Use Admissn	Percent First Admissns	Percent Married	Percent Male	Percent Using Needles	Percent Black
		Admissns	Admissns									
All Drugs	63,160	100.00	32.95	19.97	81	13	76.80	23.91	73.65	19.35	33.92	
Heroin	5,798	9.18	36.82	21.93	79	15	62.30	27.82	70.71	93.60	16.33	
Alcohol	25,936	41.06	34.22	16.40	76	18	79.24	26.49	80.98	6.95	19.86	
Amphetamines	1,567	2.48	31.26	19.62	82	12	81.37	24.70	59.29	69.69	2.87	
Cocaine	22,104	35.00	32.04	24.65	86	8	75.69	19.50	65.15	14.56	58.49	
MJ/Hash	6,432	10.18	27.94	15.85	81	13	82.45	24.60	83.30	6.84	34.31	
Inhalants	177	0.28	24.12	16.73	86	8	75.71	14.69	80.79	3.95	0.00	
Ecstasy	18	0.03	24.11	18.47	88	6	83.33	5.56	88.89	11.11	22.22	
Hallucinogens	141	0.22	23.60	16.56	86	8	90.07	14.18	90.78	9.22	34.04	
Other Opiates	480	0.76	35.79	26.58	84	10	73.96	30.62	49.58	35.21	6.88	
Depressants	414	0.66	35.71	25.49	83	11	78.99	28.74	38.65	8.45	10.63	
Other Drugs	93	0.15	34.16	25.76	85	9	82.80	26.88	49.46	13.98	17.20	

Primary Drug	Percent White	Percent Hispanic	Percent Employed	Percent Crim Just Refrd	Avg Education	Percent Live with Family	Percent Homeless	Percent Physical Problems	Percent Social Problems	Avg Income at Admissn
Heroin	34.91	48.07	20.01	49.14	10.92	58.52	6.67	56.97	52.83	\$3,686
Alcohol	49.44	29.69	40.63	58.76	11.07	58.95	8.31	42.81	41.88	\$6,899
Amphetamines	91.38	4.59	28.14	58.90	11.38	51.37	3.96	37.84	37.46	\$5,660
Cocaine	28.18	12.94	22.55	56.05	11.46	51.47	12.14	42.83	44.73	\$4,593
MJ/Hash	40.13	24.66	45.02	79.82	11.11	62.89	2.01	24.72	22.73	\$5,717
Inhalants	27.68	64.97	16.38	41.81	9.59	70.06	5.65	61.58	58.19	\$1,516
Ecstasy	66.67	11.11	16.67	50.00	12.39	38.89	5.56	38.89	33.33	\$3,000
Hallucinogens	52.48	12.77	26.24	79.43	10.88	43.26	3.55	21.99	19.86	\$4,652
Other Opiates	82.50	10.42	26.87	30.62	12.11	61.67	8.33	67.29	60.83	\$7,532
Depressants	79.71	9.18	20.29	28.26	11.88	60.87	7.73	62.56	55.31	\$6,608
Other Drugs	72.04	10.75	26.88	46.24	11.91	58.06	4.30	43.01	35.48	\$6,012

Report Date: 14:03 Monday, May 15, 1995

Exhibit 3--Characteristics of Adult Clients at Admission to Publicly Funded Treatment Programs - First Quarter 1995

Characteristics of CODAP Clients at Admission
By Primary Substance Problem that Caused them to Seek Treatment
Statewide Admissions for Calendar Year 1995: Jan-April

Primary Drug	Total		Percent of All		Avg Age	Avg Age 1st Use	Avg Year 1st Use	Avg Lag 1st Use	Percent First Admissns	Percent Married	Percent Using Needles	Percent Black
	Admissns	Admissns	Admissns	Admissns								
All Drugs	19,554	100.00	33.10	19.94	81	14	77.56	22.85	20.97	32.98		
Heroin	1,893	9.68	36.98	21.87	79	16	61.97	27.68	92.92	15.06		
Alcohol	7,727	39.52	34.39	16.35	76	19	79.94	24.54	7.65	20.81		
Amphetamines	613	3.13	31.12	19.57	83	12	81.89	18.27	70.96	2.94		
Cocaine	6,862	35.09	32.34	24.54	86	9	76.80	20.13	15.59	55.01		
MJ/Hash	2,024	10.35	27.86	15.76	82	13	84.63	22.53	7.76	34.93		
Inhalants	56	0.29	26.89	16.21	84	12	71.43	10.71	10.71	1.79		
Ecstasy	19	0.10	22.53	18.47	90	5	94.74	10.53	5.26	0.00		
Hallucinogens	52	0.27	25.06	17.42	87	8	90.38	11.54	19.23	40.38		
Other Opiates	169	0.86	35.67	25.39	84	11	71.01	24.85	29.59	8.28		
Depressants	110	0.56	35.21	23.42	82	13	71.82	33.64	14.55	10.91		
Other Drugs	29	0.15	33.55	24.86	85	10	93.10	24.14	17.24	24.14		

Primary Drug	Percent White		Percent Hispanic		Percent Employed		Percent Crim Just Refrd		Percent Avg Education		Percent Live with Family		Percent Homeless		Percent Physical Problems		Percent Social Problems		Percent Avg Income at Admissn	
	White	Hispanic	Employed	Employed	Crim Just Refrd	Crim Just Refrd	Avg Education	Avg Education	Live with Family	Live with Family	Homeless	Homeless	Physical Problems	Physical Problems	Social Problems	Social Problems	Avg Income at Admissn	Avg Income at Admissn		
All Drugs	42.56	23.71	28.71	58.15	11.29	55.15	6.91	42.66	42.61	\$5,641										
Heroin	33.39	50.87	18.59	47.97	10.84	57.90	5.65	57.11	52.25	\$3,693										
Alcohol	50.42	27.80	35.72	57.59	11.18	56.52	7.74	43.89	43.25	\$6,622										
Amphetamines	90.54	5.22	28.87	58.40	11.45	44.21	4.89	36.22	37.68	\$5,627										
Cocaine	30.53	14.00	21.13	57.04	11.52	52.64	8.16	42.15	44.87	\$4,862										
MJ/Hash	41.30	22.88	38.19	77.17	11.23	59.63	1.68	25.54	23.07	\$6,244										
Inhalants	30.36	64.29	19.64	57.14	9.63	55.36	3.57	35.71	39.29	\$1,309										
Ecstasy	94.74	5.26	31.58	15.79	12.00	47.37	15.79	73.68	68.42	\$7,944										
Hallucinogens	46.15	13.46	23.08	71.15	10.56	44.23	5.77	17.31	21.15	\$3,529										
Other Opiates	83.43	8.28	20.71	37.28	12.15	52.07	5.33	63.31	58.58	\$7,240										
Depressants	81.82	7.27	25.45	27.27	11.97	60.91	3.64	70.00	63.64	\$7,701										
Other Drugs	65.52	10.34	31.03	48.28	11.21	44.83	3.45	37.93	27.59	\$8,103										

Report Date: 14:09 Monday, June 12, 1995

Exhibit 4--Characteristics of Youth Clients at Admission to Publicly Funded Treatment Programs - 1994

Characteristics of CODAP Clients at Admission
By Primary Substance Problem that Caused them to Seek Treatment
Statewide Admissions for Calendar Year 1994

Primary Drug	Total Admissns	Percent of All		Avg Age	Avg Age 1st Use	Avg Lag 1st Use	Percent First Admissns	Percent Male
		Admissns	Admissns					
All Drugs	3,685	100.00	15.20	12.75	3	93.79	76.88	
None	6	0.16	15.40	.	.	100.00	83.33	
Heroin	22	0.60	15.73	14.27	2	95.45	72.73	
Alcohol	1,145	31.07	15.29	12.61	3	93.89	72.23	
Amphetamines	17	0.46	15.71	13.94	2	88.24	35.29	
Cocaine	185	5.02	15.43	13.38	3	90.27	67.03	
MJ/Hash	1,889	51.26	15.19	12.69	3	94.28	81.95	
Inhalants	350	9.50	14.68	12.77	2	92.86	75.43	
Ecstasy	2	0.05	17.00	16.00	1	100.00	50.00	
Hallucinogens	44	1.19	15.55	13.75	2	90.91	54.55	
Depressants	13	0.35	15.92	15.31	1	92.31	76.92	
Other Drugs	12	0.33	15.75	11.50	5	100.00	66.67	

Primary Drug	Percent Using Needles	Percent Black	Percent White	Percent Hispanic	Percent Crim Just Refrd	Avg Education
None	0.00	16.67	33.33	50.00	50.00	8.60
Heroin	72.73	4.55	54.55	40.91	50.00	7.82
Alcohol	0.87	15.63	28.91	53.97	41.66	8.09
Amphetamines	11.76	0.00	82.35	17.65	11.76	8.71
Cocaine	11.35	8.11	37.84	53.51	41.08	7.95
MJ/Hash	1.06	20.28	30.33	48.54	48.01	7.92
Inhalants	0.57	0.86	16.29	82.29	50.86	7.52
Ecstasy	0.00	0.00	100.00	0.00	0.00	9.00
Hallucinogens	9.09	4.55	77.27	15.91	43.18	8.30
Depressants	0.00	0.00	15.38	84.62	61.54	8.69
Other Drugs	0.00	33.33	58.33	8.33	33.33	7.83

Report Date: 10:39 Monday, May 22, 1995

EXHIBIT 5-PERCENT OF ARRESTEES TESTING POSITIVE FOR VARIOUS DRUGS (DUF)

COCAINE	1991				1992				1993				1994				1995				Average/CY				
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1991	1992	1993	1994	1995
Dallas Males	32%	42%	48%	51%	48%	40%	40%	37%	42%	46%	47%	43%	37%	37%	35%	30%	32%	43%	41%	45%	43%	41%	45%	35%	32%
Houston Males	56%	54%	57%	57%	48%	43%	30%	45%	48%	36%	40%	39%	34%	32%	26%	21%	37%	56%	41%	41%	56%	41%	41%	28%	37%
San Antonio Males	26%	26%	28%	36%	35%	33%	30%	28%	37%	28%	26%	32%	34%	29%	29%	31%	24%	29%	31%	31%	29%	31%	31%	24%	24%
San Antonio Male Juveniles									5%	5%	12%	5%	13%	7%	13%	4%	10%						6%	9%	10%
Dallas Females	38%	46%	54%	45%	47%	39%	50%	55%	54%	30%	48%	40%	53%	50%	49%	33%	34%	46%	48%	43%	46%	48%	43%	46%	34%
Houston Females	45%	48%	52%	60%	44%	44%	52%	35%	23%	50%	48%	50%	40%	44%	30%	28%	32%	51%	44%	43%	51%	44%	43%	36%	32%
San Antonio Females	24%	23%	33%	16%	21%	40%	26%	14%	22%	31%	22%	20%	21%	21%	25%	23%	32%	24%	25%	24%	24%	25%	24%	23%	32%
San Antonio Female Juveniles					10%	2%	8%						2%	2%	10%	8%	3%						5%	6%	3%
OPIATES																									
Dallas Males	4%	3%	3%	6%	4%	5%	5%	3%	3%	8%	3%	4%	3%	3%	2%	4%	6%	4%	4%	5%	4%	4%	5%	3%	6%
Houston Males	4%	4%	2%	4%	1%	5%	0%	4%	2%	2%	2%	*	3%	1%	3%	5%	3%	3%	3%	2%	3%	3%	2%	3%	3%
San Antonio Males	18%	11%	15%	18%	15%	15%	12%	16%	14%	12%	15%	16%	13%	13%	10%	15%	9%	15%	14%	14%	15%	14%	14%	13%	9%
San Antonio Male Juveniles									2%	2%	0%	3%	0%	1%	3%	0%	0%						1%	1%	0%
Dallas Females	8%	6%	18%	4%	4%	8%	11%	11%	14%	12%	6%	11%	9%	7%	10%	4%	3%	9%	9%	11%	9%	9%	11%	8%	3%
Houston Females	2%	8%	3%	4%	4%	7%	2%	2%	4%	4%	8%	3%	6%	4%	4%	11%	5%	4%	4%	4%	4%	4%	5%	6%	5%
San Antonio Females	23%	15%	22%	19%	12%	16%	19%	6%	17%	16%	11%	14%	17%	13%	14%	11%	14%	20%	13%	13%	20%	13%	15%	14%	14%
San Antonio Female Juveniles									0%	0%	0%	0%	0%	0%	0%	3%	0%						0%	1%	0%
METHADONE																									
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	0%	0%	*	0%	1%	0%	0%	0%	0%	0%	0%	0%	1%
Houston Males	2%	1%	1%	0%	1%	0%	0%	0%	0%	0%	2%	0%	*	0%	0%	1%	*	1%	0%	0%	1%	0%	1%	0%	*
San Antonio Males	2%	2%	3%	2%	2%	2%	2%	2%	2%	2%	3%	*	*	*	1%	2%	*	2%	2%	2%	2%	2%	1%	1%	*
Dallas Females	3%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%	1%	1%	1%	1%	0%	0%	0%
Houston Females	2%	3%	0%	4%	0%	0%	0%	0%	1%	0%	0%	0%	*	2%	0%	0%	*	2%	0%	0%	2%	0%	1%	1%	*
San Antonio Females	5%	0%	10%	4%	4%	3%	3%	1%	4%	2%	2%	*	*	*	2%	0%	*	5%	3%	3%	5%	3%	2%	0%	*

EXHIBIT 5-PERCENT OF ARRESTEES TESTING POSITIVE FOR VARIOUS DRUGS (DUF) (cont.)

	1991				1992				1993				1994				1995				Average/CY							
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1991	1992	1993	1994	1995			
MARIJUANA																												
Dallas Males	30%	21%	9%	17%	26%	32%	27%	26%	30%	24%	29%	26%	34%	34%	36%	27%	30%	28%	27%	33%	19%	28%	27%	33%	30%			
Houston Males	26%	19%	9%	13%	26%	33%	16%	20%	24%	23%	29%	20%	25%	27%	18%	20%	22%	17%	24%	24%	17%	24%	24%	23%	22%			
San Antonio Males	28%	18%	11%	21%	24%	31%	25%	33%	28%	35%	34%	31%	34%	31%	25%	28%	32%	19%	28%	32%	19%	28%	32%	30%	32%			
San Antonio Male Juveniles	29%	4%	6%	5%	18%	28%	26%	24%	27%	20%	15%	16%	31%	36%	36%	33%	44%	11%	24%	20%	11%	24%	20%	23%	22%			
Dallas Females	15%	11%	5%	3%	8%	13%	11%	14%	11%	24%	16%	9%	14%	19%	15%	3%	12%	8%	12%	15%	8%	12%	15%	13%	12%			
Houston Females	13%	10%	3%	8%	12%	30%	12%	11%	21%	15%	16%	14%	21%	21%	6%	11%	17%	8%	16%	17%	8%	16%	17%	15%	17%			
San Antonio Females																												
San Antonio Female Juveniles																												
AMPHETAMINES																												
Dallas Males	0%	2%	2%	1%	1%	0%	0%	2%	2%	6%	5%	2%	2%	3%	1%	2%	2%	1%	3%	3%	1%	1%	4%	2%	2%			
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			
San Antonio Males	3%	0%	3%	0%	0%	0%	1%	1%	*	0%	0%	*	0%	0%	0%	3%	0%	1%	0%	0%	1%	0%	0%	0%	*			
San Antonio Male Juveniles	4%	4%	0%	2%	5%	1%	3%	4%	1%	9%	6%	6%	1%	3%	6%	4%	0%	3%	6%	6%	3%	3%	6%	4%	4%			
Dallas Females	0%	0%	1%	0%	0%	0%	0%	0%	0%	2%	*	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%			
Houston Females	5%	2%	0%	0%	0%	1%	4%	0%	3%	*	2%	2%	0%	*	3%	0%	*	2%	3%	0%	2%	1%	2%	0%	2%			
San Antonio Females																												
San Antonio Female Juveniles																												
BARBITURATES																												
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	*	0%	*	0%	*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			
Houston Males	0%	1%	0%	1%	0%	0%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	2%	0%	0%			
San Antonio Males	0%	1%	2%	0%	1%	0%	1%	1%	0%	0%	0%	*	0%	*	0%	*	0%	0%	0%	0%	1%	1%	0%	0%	0%			
San Antonio Male Juveniles	1%	2%	0%	0%	2%	0%	1%	2%	1%	5%	0%	1%	0%	2%	2%	2%	2%	0%	2%	2%	1%	1%	2%	0%	0%			
Dallas Females	2%	3%	1%	3%	1%	2%	2%	0%	1%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%	1%	1%	1%	2%			
Houston Females	2%	0%	3%	5%	0%	1%	0%	1%	*	0%	2%	2%	0%	2%	0%	0%	*	0%	2%	0%	3%	1%	1%	1%	*			
San Antonio Females																												
San Antonio Female Juveniles																												

EXHIBIT 5-PERCENT OF ARRESTEES TESTING POSITIVE FOR VARIOUS DRUGS (DUF) (cont.)

	1991				1992				1993				1994				1995				Average/CY						
	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q	1991	1992	1993	1994	1995		
BENZODIAZEPINES																											
Dallas Males	2%	2%	1%	2%	5%	2%	2%	2%	3%	2%	3%	3%	4%	3%	4%	2%	4%	3%	4%	2%	2%	3%	3%	3%	2%	3%	2%
Houston Males	4%	3%	4%	4%	3%	8%	13%	15%	6%	13%	3%	3%	12%	3%	4%	3%	12%	2%	2%	3%	4%	4%	10%	6%	4%	4%	5%
San Antonio Males	2%	5%	6%	4%	3%	3%	6%	9%	6%	4%	6%	5%	2%	5%	4%	6%	2%	5%	4%	3%	4%	5%	5%	5%	4%	4%	3%
San Antonio Male Juveniles																											
Dallas Females	6%	4%	6%	8%	3%	7%	6%	6%	8%	8%	7%	12%	3%	2%	3%	3%	0%	4%	1%	0%	6%	6%	9%	2%	6%	9%	4%
Houston Females	2%	8%	7%	15%	13%	9%	7%	9%	8%	5%	17%	4%	9%	7%	8%	8%	5%	6%	8%	*	8%	9%	9%	9%	7%	7%	7%
San Antonio Females	16%	5%	14%	7%	7%	3%	7%	8%	10%	8%	6%	9%	6%	7%	6%	3%	6%	7%	6%	3%	11%	6%	8%	6%	8%	6%	5%
San Antonio Female Juveniles																											
PCP																											
Dallas Males	0%	0%	0%	1%	2%	3%	2%	4%	2%	3%	2%	3%	4%	2%	6%	6%	4%	2%	2%	6%	0%	3%	3%	5%	0%	3%	3%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	*	*	2%	4%	2%	2%	2%	4%	2%	2%	0%	0%	1%	3%	0%	0%	4%
San Antonio Males	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	2%	1%	0%	3%	*	3%	0%	3%	*	3%	0%	0%	1%	2%	0%	0%	4%
Houston Females	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	2%	0%	0%	*	2%	0%	0%	0%	0%	0%	0%	0%	0%
San Antonio Females	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
ANY DRUG																											
Dallas Males	52%	56%	55%	60%	62%	60%	60%	56%	58%	64%	63%	61%	59%	60%	60%	50%	59%	60%	60%	50%	56%	60%	62%	57%	58%	60%	58%
Houston Males	70%	66%	61%	65%	61%	60%	50%	67%	68%	60%	60%	49%	61%	51%	38%	38%	61%	51%	38%	38%	65%	60%	59%	47%	52%	60%	52%
San Antonio Males	55%	47%	44%	54%	56%	54%	48%	59%	56%	55%	54%	57%	55%	53%	48%	52%	55%	53%	48%	52%	50%	54%	56%	52%	47%	54%	47%
San Antonio Male Juveniles																											
Dallas Females	64%	52%	57%	51%	61%	64%	71%	70%	70%	56%	63%	55%	70%	63%	66%	34%	70%	63%	66%	34%	56%	67%	61%	58%	54%	67%	54%
Houston Females	54%	61%	58%	67%	55%	58%	58%	44%	38%	61%	60%	55%	54%	59%	42%	55%	54%	59%	42%	55%	60%	54%	54%	53%	46%	60%	54%
San Antonio Females	56%	41%	52%	35%	35%	61%	50%	33%	44%	43%	40%	39%	44%	44%	37%	31%	44%	44%	37%	31%	46%	45%	42%	39%	48%	46%	48%
San Antonio Female Juveniles																											

*Less than 1%

Source: Drug Use Forecasting System of the National Institute of Justice

Exhibit 6. Texas AIDS Cases

