TCADA Research Brief

Substance Abuse Trends in Texas: June 1996

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Cocaine remains the number one illicit drug problem in Texas. Mexican Black tar and brown heroin are reported as even more prevalent than in 1995. Marijuana use continues to increase. Methamphetamine indicators are up since December 1995, and more problems with ephedrine and natural "X" are reported. Rohypnol use continues to spread across the state, and a pattern of legally bringing scheduled drugs into Texas from Mexico has developed. GHB is becoming a problem in the DFW metroplex. Hallucinogen use is steady and club drug use is increasing. Inhalants continue to be a problem among youth. The proportion of AIDS cases who are African Americans has jumped from 28 to 32 percent and the practice of trading sex for crack or engaging in risky sexual behaviors while "high" is continuing.

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 Anglo, 26 percent Hispanic, and 12 percent African American. Traditionally, the border with Mexico and the coastline of the Gulf of Mexico have been the major routes for the transportation of illicit substances into Texas, and trafficking is reported to have increased with the North American Free Trade Agreement. Drug traffic also moves through Texas across the three east–west interstate highways. The international airports in Houston and Dallas-Fort Worth are major ports for the distribution of drugs in and out of the state. A major problem is the selling of controlled substances in Mexican *pharmacias* to U. S. citizens who declare these drugs and then legally bring up to a 90-day supply into the state.

DATA SOURCES

Data were obtained from the following sources:

- Ethnographic information and data on price, purity, trafficking, distribution, and supply were gathered during the April 16, 1996 meeting of the Texas Epidemiology Work Group (TEWG). TEWG includes representatives of the Dallas, San Antonio, El Paso, and Houston Drug Enforcement Administration field divisions and representatives from various agencies and treatment programs.
- Treatment data is obtained through the Texas Commission on Alcohol and Drug Abuse's (TCADA) Client Oriented Data Acquisition Process (CODAP) database. CODAP provided data on clients at admission to treatment in public facilities from the first quarter of 1983

through March, 1996 (Appendices 1, 2, 3, and 4). Starting September 1, 1995, clients served in the State's Criminal Justice Treatment Initiative are no longer reported on CODAP, which will reflect a decrease of about 30,000 client admissions annually. In addition, this means the CODAP data will show fewer males, more clients on "hard" drugs, and more impaired clients. First quarter 1996 CODAP data are discussed in this report when the number of cases is large enough, and calendar year (CY) 1995 data are used when the number of admissions in first quarter 1996 was too small to draw any inferences.

- Drug overdose data or emergency room mentions were collected by the Drug Abuse Warning Network (DAWN). DAWN provided information on emergency room episodes in the Dallas metropolitan area involving drug abuse for six-month periods beginning in 1992 through the first half of 1995 (Appendix 5).
- Information regarding drug use by arrestees was gathered through the Drug Use Forecasting System (DUF) of the National Institute of Justice. DUF provided information for CY1991 through CY1995 for Dallas, Houston, and San Antonio arrestees who were interviewed and tested for the presence of various drugs (Appendix 6).
- Drug analysis data came from the Texas Department of Public Safety (DPS) Crime Laboratories for CY1991 through CY1995.
- Human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS) data is provided by The Texas Department of Health's Texas *AIDS Cases: Surveillance Report*. It contains cumulative and year-to-date data for the period ending December 31, 1995.
- Special studies—Other sources for this report include the articles or publications listed below.

J. C. Maxwell, *Methadone in Texas: Analysis of Treatment, Arrest, and Overdose Data.* (Austin: TCADA, 1996).

M. D. Shepherd and K. McKeithan, *Final Report: Examination of the Type and Amount of Pharmaceutical Products Being Declared by US Residents Upon Returning to the US from Mexico at the Laredo, Texas Border Crossing*, February 28, 1996. (Austin: The University of Texas College of Pharmacy, 1996).

S. R. Calhoun, D. R. Wesson, G. P. Galloway, and D. E. Smith, "Abuse of Flunitrazepam (Rohypnol) and Other Benzodiazepines in Austin and South Texas," *Journal of Psychoactive Drugs* 28(2), April-June 1996.

W. N. Elwood, M. L. Williams, and A. M. Bowen, *Psychosocial Determinants of HIV Risk Reduction Behaviors Among Men Who Frequent Bathhouses*, poster to be presented at the XI International AIDS Conference, Vancouver, BC. Canada, 1996.

W. N. Elwood, C. A. Dayton, and A. J. Richard, "Ethnography and Illegal Drug Users: The Efficacy of Outreach as HIV Prevention," *Communication Studies*, (1995) in press.

W. N. Elwood, I. D. Montoya, A. J. Richard, and C. A. Dayton, "To Hang in the 'Hood: The Description and Analysis of Outreach Activities," *Journal of Psychoactive Drugs*, 27(3) 249-259 (1995).

Texas Department of Health, *Disease Prevention News*, 56(6), March 18, 1996.

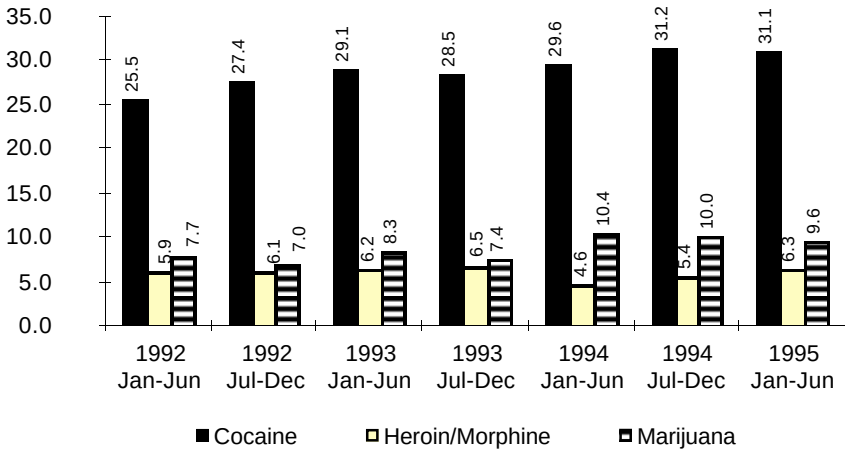
COCAINE

Emergency Room Data

DAWN medical examiner data show that the number of drug abuse deaths with a mention of cocaine in Dallas went from 69 in 1991 to 78 in 1992 to 129 in 1993 to 106 in 1994. Of these decedents in 1994, 43 percent were Anglo, 38 percent were African American, and 19 percent were Hispanic; 21 percent were female. Fifty-three percent were aged 35 or older. In San Antonio, the number of deaths with a mention of cocaine went from 47 in 1991 to 61 in 1992 to 42 in 1993 to 51 in 1994. Of

these decedents in 1994, 33 percent were Anglo, 8 percent were African American, and 59 percent were Hispanic; 17 percent were female. Forty-five percent were aged 35 or older.

Figure 1. Emergency Room Mentions, Dallas, Per 100,000 Population



DAWN emergency room mentions of cocaine per 100,000 population in the Dallas metropolitan area rose from 25.5 for the first half of 1992 to 31.1 for the first half of 1995 (Figure 1). During this time, the percent male has declined from 64 percent to 60 percent, and the percent Anglo has dropped from 46 percent in first half of 1992 to 42 percent for first half of 1995, while the percent African American has varied between 43 and 51 percent. The percent Hispanic has gradually increased from 10 to 12 percent. The percent of Anglos seeking emergency room services in Dallas for cocaine overdoses is higher than the percent admitted to TCADA-funded treatment in Dallas. Of the Dallas treatment admissions, 28 percent were Anglo and 5 percent were Hispanic; 61 percent were male. In addition, the age of the cocaine user in Dallas reported on DAWN has increased over time: in 1992, 27 percent were aged 35 or older, but by 1995, 37 percent were in this older age category.

Admissions to Publicly Funded Treatment

Cocaine continues to be the number-one illicit substance abuse problem for adult clients admitted to publicly funded treatment programs throughout Texas, although as a primary problem drug, it has dropped from 38 percent of admissions in 1993 to 34 percent for first quarter 1996 (see Appendices 1, 2, and 3 and Table 1 on page 4). The proportion of adult cocaine admissions who are crack users is high, but appears to be leveling off. It rose from 67 percent in 1991 to 77 percent in 1993, and then dropped to 76 percent for first quarter 1996. With the loss of the criminal justice treatment initiative clients from CODAP, the percentage of clients who are male and the percentage who are African American has decreased. In 1995, 61 percent were male vs. 45 percent in first quarter 1996. The proportion of Anglo clients has increased from 23 percent to 28 percent, whereas the proportion of African Americans has decreased from 70 percent to 65 percent. The proportion of Hispanics has risen from 6 percent to 7 percent.

Crack users are the oldest of the cocaine clients

The most significant change in the characteristics of cocaine injectors admitted for treatment is that 57 percent of the admissions for first quarter 1996 were female, as compared to 34 percent a year ago.

Table 1. Characteristics of Clients Admitted to TCADA-Funded Treatment with a Primary Problem of Cocaine—1st Quarter 1996

	Crack	Powder Cocaine Needle	Powder Cocaine Inhale
# Admissions	1049	160	180
Average Age	33	30	29
% Male	45%	43%	54%
% African American	65%	5%	17%
% Anglo	28%	76%	39%
% Hispanic	7%	18%	45%
% CJ Referred	18%	20%	32%
% Employed	14%	10%	37%
% Homeless	15%	18%	3%
% Physical Problem	68%	83%	43%
% Social Problem	70%	82%	46%
Average Income	$5,628	$6,431	$7,733

and the least likely to be criminal justice referrals. Some 68 percent report physical problems (memory lapse or blackout after period of intoxication; shakes or tremors or other withdrawal symptoms; alcohol or drug use before noon; and sickness or health problems related to alcohol or drugs) and 70 percent report social problems (missing a meal or other planned activity due to use of alcohol or other drugs; being intoxicated while at work or at school; and fighting or quarreling due to alcohol or other drugs).

Injectors, who comprise 12 percent of cocaine users, are less likely than inhalers to be a minority and less likely to be employed. The most significant change in the characteristics of injectors is that 57 percent of the admissions for first quarter 1996 were female, as compared to 34 percent a year ago.

Thirteen percent of cocaine admissions are inhalers. The proportion of Hispanic clients has increased from 38 percent in 1992 to 45 percent in 1996, while the percentage of African Americans has dropped from 25 percent to 17 percent. Inhalers are much more likely than crack users or injectors to be employed and to be criminal justice referrals, and they are the least likely to be impaired.

Powder cocaine was the primary drug of abuse for 7.4 percent of youths entering treatment during the first quarter of 1996; in 1995, 3.7 percent were powder cocaine admissions (Appendix 4). Nearly 66 percent of these youths in 1995 were male; 62 percent were Hispanic, 32 percent were Anglo, and 6 percent were African American. Crack cocaine comprised 1.7 percent of the admissions for first quarter 1996 and for all of 1995. In 1995, 76 percent were male; 36 percent were Hispanic, 40 percent were Anglo, and 24 percent were African American.

Regional Trends

In Houston, street youths are smoking crack and injecting cocaine. Crack is reported to be of poor quality and some is reported to be mixtures of crack and crank (methamphetamine). There are also reports of moth balls sold as crack. Runners are less obvious than in the past and do not run up to cars to sell crack. It is popular with the homeless who use it to mediate the effects of alcohol. About one-third of the men interviewed in the Houston bathhouse study reported ever having used crack.

In San Antonio, young African Americans will smoke crack in a marijuana cigarette, but they look down on crack pipe smokers.

In Austin, crack is readily available and it is seen mostly in the African-American communities, although use is also reported by Anglos. The prices of rocks are $10 and $20. A “5 Pack” of big rocks ($20 rocks) can be purchased for $80. Powder cocaine is also plentiful on the streets and a gram costs $50 and a “sixteenth” (2 grams) costs $80. Quality is rated high. Among African Americans and Hispanics, powder cocaine is injected, sometimes with heroin as a speedball, while Anglos are more likely to snort cocaine or to inject it without the heroin combination.

In Dallas, upper-class and upper middle-class

Anglo youths are reported to be experimenting with crack. Crack use among the African-American population may be down somewhat. Crack use in Austin is unchanged.

In Lubbock, powder cocaine and crack is readily available. Crack is distributed by African-American gangs who are supplied from the Dallas/ Fort Worth area. There have been at least six deaths over the past 10 months that can be linked directly to turf wars. Young Hispanic gang members are also beginning to sell crack. Powder cocaine is distributed by Mexican independent dealers with direct ties to Mexican cartels and by White independents. Powdered cocaine is usually injected.

In El Paso, cocaine use is primarily by more affluent individuals. Crack is not as prevalent in El Paso as elsewhere in the state.

Arrest Data

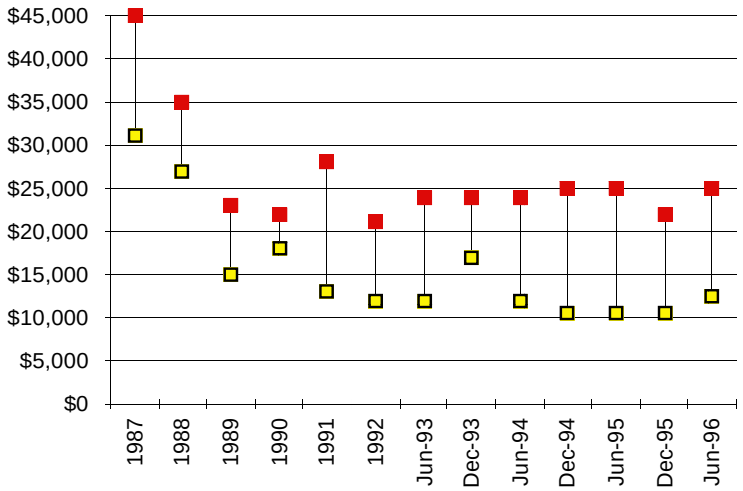
DUF results for arrestees testing positive for cocaine vary by city. In Houston, over half of all arrestees tested positive for cocaine in 1991. Since then, the percentage has declined to 40 percent of males and 32 percent of females in 1995. In Dallas, the peak in positive urines was slightly later; in 1995, 31 percent of males and 44 percent of females were testing positive for cocaine. In San Antonio, the percent of positives has been more stable over the years, and in 1995, 24 percent of males and 23 percent of females tested positive for cocaine (Appendix 6).

Cocaine Price and Purity Information

The price of cocaine powder and crack has risen slightly since December 1995, while purity remains high. The price of a kilogram of powder ranges from $12,500 and $25,000 in the state (see Figure 2), with a purity of 85 to 90 percent; six months ago the price was $10,500 to $22,000 with the same purity. Ounce quantities of powder cost from $650 - $1,200 with purity of 35 to 85 percent; six months ago the price range was $650 to $1,000 for the same purity. The price per gram ranges between $20 and $100, with 35 percent purity; six months ago the cost was $20 to $90 at the same purity. An ounce of crack costs between $700 and $1,100 at 85 percent purity; six months ago the cost was $600 to $1,100. A kilogram sells for $10,800 to $22,000 at 44 to 67 percent purity. Rocks range from $1 to $50, with purity at 85 percent. Jamaicans sell their product as $50 rocks (.6 to .7 grams) and they are often referred to as “double

In Houston, over half of all arrestees tested positive for cocaine in 1991. Since then, the percentage has declined to 40 percent of males and 32 percent of females in 1995.

Figure 2. Variation in the Price Range of a Kilogram of Powder Cocaine in Texas 1987-1996



ups." "Big 8s," which are an eighth of a kilogram, are distributed at the wholesale level and sell for $2,800.

Wholesale quantities of cocaine are distributed by Colombian or Mexican trafficking organizations, with Hispanic and African-American crews dealing at the street level. These dealers are often affiliated with a gang such as the Bloods, Crips, Mexican Mafia, or Latin Kings. In San Antonio, the gangs have begun to cut down on the violence associated with the drug trade so there will be less attention by the police. However, with the truces, concerns have been raised about a resulting increase in drug use. Anglos are now being seen at the middle to upper distribution levels, and crack use is being encountered in the middle to upper-income Anglo communities.

Heroin

Emergency Room Data

DAWN medical examiner data show that the number of drug abuse deaths in Dallas with a mention of heroin or morphine rose from 15 in 1991 to 23 in 1992 to 60 in 1993, dropping to 46 in 1994 (Appendix 5). In Dallas the decedents in 1994 were Anglo (63 percent), with 15 percent African American and 15 percent Hispanic; 28 percent were female. Sixty-three percent were age 35 or older. In San Antonio, the number of drug abuse deaths with a mention of heroin or morphine went from 34 in 1991 to 23 in 1992 to 30 in 1993 to 30 in 1994. Fifty-three percent were Anglo and 47 percent were Hispanic; 17 percent were female. Seventy-three percent were age 35 or older.

As shown in Figure 1 on page 3, heroin/morphine emergency room mentions in the Dallas metropolitan area per half year have ranged between 5.9 and 6.3 per 100,000 between 1992 and 1995. The percent male has randomly fluctuated between 62 and 77 percent. The proportion of Anglos has varied between 46 and 62 percent, while African Americans have comprised between 23 to 44 percent and Hispanics have comprised 0 to 16 percent. The only discernible trend over time is that the patients are getting older. The proportion of emergency room patients aged 35 and over has grown from 41 percent in 1992 to 54 percent in 1995. In comparison, of the heroin addicts admitted to TCADA-funded programs in Dallas in 1995, the percent male is 60 percent, with 46 percent Anglo, 40 percent African American, and 12 percent Hispanic. Average age is 37.

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Admissions to Publicly Funded Treatment

Heroin is the number-three illicit drug problem for adult clients admitted to TCADA-funded substance abuse treatment. Nine percent of all admissions in 1994 were admitted for a primary problem of heroin. The proportion of adult admissions rose to 10 percent in 1995, and 12 percent in first quarter 1996 (Appendices 1, 2, and 3). The preferred route of administration is injection (94 percent), as compared to 3.6 percent for inhaling, and 2.6 percent taking orally (i.e., black tar "gummers," opium eaters and users of heroin nose drops). The average age at admission for the heroin client has risen to 37; 62 percent of those admitted in first quarter 1996 were male, as compared to 69 percent in 1995. This decrease is partially due to the loss of the predominately male criminal justice clients from the CODAP data set as of September 1995. In 1996, 42 percent are Hispanic, 45 percent are Anglo, and 12 percent are African American; in 1995, 50 percent were Hispanic, 35 percent Anglo, and 14 percent African American. In 1996, 19 percent are employed and 16 percent are referred from the criminal justice system, as compared to 41 percent in 1995. Some 78 percent report physical problems, 71 percent report social problems, and average annual income is $3,424.

Of the heroin addicts admitted to TCADA-

Of the heroin addicts admitted to TCADA-funded programs, 25 percent are admitted to methadone treatment programs.

funded programs, 25 percent are admitted to methadone treatment programs. These methadone clients are older (39 years) than heroin addicts admitted to other programs, more likely to be employed (26%), more likely to live with their families (80 percent), and less likely to be referred from the criminal justice system (3 percent).

A comparison of clients in private and public methadone programs in Texas found that two-thirds of the clients in both types of programs are male, but that private programs are more likely to serve Anglo clients whereas the public programs are more likely to serve minority populations. Between 1992 and 1995, the proportion of Anglos in the private programs has averaged 66 percent as compared to 38 percent in the public programs. Hispanics comprised 26 percent of the admissions in private programs and 46 percent in public programs, whereas African Americans comprised 6 percent of private admissions and 16 percent of public admissions. These data, which come from the federal Uniform Facility Data Set Survey and TCADA's CODAP dataset, also found that the largest group of clients in both types of programs are in the 35-44 age group (about 48 percent of clients in both types of programs in 1995). The proportion of clients in the 45-54 age group has increased from about 14 percent in 1992 to 25 percent in 1995, which is additional evidence of the aging of heroin addicts who have entered treatment. From these data and from conversations with treatment providers, it appears that the white heroin epidemic that is seen on the East Coast has not yet hit Texas.

Arrest Data

According to DUF, the proportion of arrestees testing positive for opiates between 1991 and 1995 has remained fairly level, although there are variations by quarter (Appendix 6). The percent positive is consistently higher among male arrestees in San Antonio than in Dallas or Houston; female arrestees in all three cities are more likely to test positive than are their male counterparts.

Heroin Trafficking Patterns in Texas

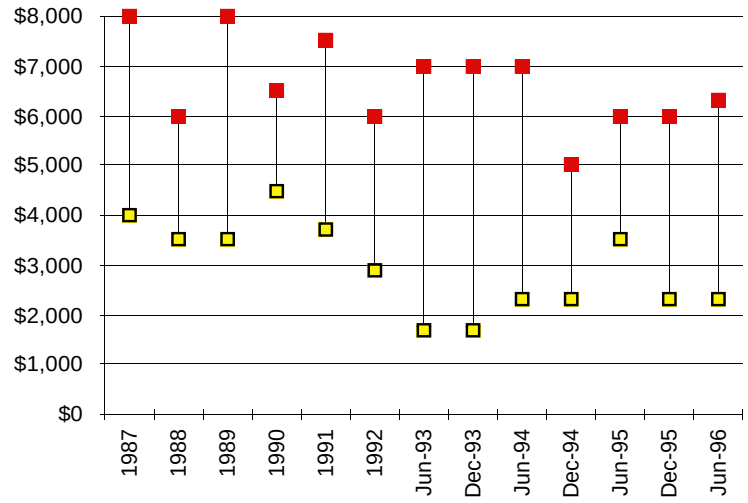
The predominant forms are Mexican brown and black tar, although Mexican brown is rare in north Texas at this time. Hispanic groups tend to dominate the trade of Mexican heroin, along with African-Americans. Southeast Asian (SEA) heroin transships through Texas with little spillage; less than 15 percent of the heroin used in Texas is SEA. Most of the SEA is trafficked by West Africans. Southwest Asian, which also transships through Texas for other destinations, is trafficked by persons from the Middle East. Colombian heroin is being smuggled across the US-Mexico Border by Hispanics and most of it is destined for the Northeast. Colombian heroin is being shipped within loads of cocaine.

Price and Purity Information

Black tar heroin is selling on the street for $10 per cap. It costs $2,300-$6,300 per ounce (see Figure 3) at 45 to 90 percent pure; and $80,000 to $175,000 per kilogram at 40 to 70 percent pure. Southeast Asian heroin ranges from $150,000 to $175,000 per kilogram; it is rarely sold in the Dallas area in ounce

From these data and from conversations with treatment providers, it appears that the white heroin epidemic that is seen on the East Coast has not yet hit Texas.

Figure 3. Variation in the Price Range of an Ounce of Black Tar Heroin in Texas 1987-1996



quantities. Southwest Asian is rare in Texas at this time and prices cannot be accurately fixed. Colombian is reported to be selling for $5,500 to $6,500 per ounce with street level purity at 2 to 3 percent and $80,000 to $100,000 per kilogram at 18 to 85 percent pure. The Domestic Monitor Program information reported for 1994 and 1995 is shown in Table 2.

Regional Trends

In Houston, heroin on the street is plentiful but quality is poor, at 15 to 18 percent purity. Aside from its popularity with hard-core users and street youths, there does not seem to be any new users, although there continue to be unconfirmed rumors that heroin use is emerging among the "Yuppies."

In San Antonio, gang members use heroin nose drops ("Shabanging") and look down on injectors. In El Paso, there is a lot of heroin activity and overdoses are being reported.

In Austin, heroin is plentiful and high quality; potency is about equal for brown and black tar. Very pure black tar is formed into small pellets and "gummed." A balloon costs $20; 6 or 7 balloons costs $100 and it can be broken down and re-sold for a profit. Hispanics control the flow of heroin in Austin. Street youths on the "Drag" in Austin are reported to be shooting heroin.

In Dallas, youths are reported to be cooking brownies containing heroin and heroin use may be becoming a fad among youths.

In Lubbock, heroin is more available than previously with numerous sources. Papers are larger and priced at $20 per piece and $200 to $250 per gram. Quality is said to be mid-range, which has resulted in a significant increase in methadone treatment admissions. Heroin is primarily black tar and is distributed by Mexican Americans or Mexican nationals. Heroin is injected, and cocaine is also injected along with the heroin, but not as a

Table 2. DEA Domestic Monitor Program Price and Purity Data for Heroin: 1994-1995

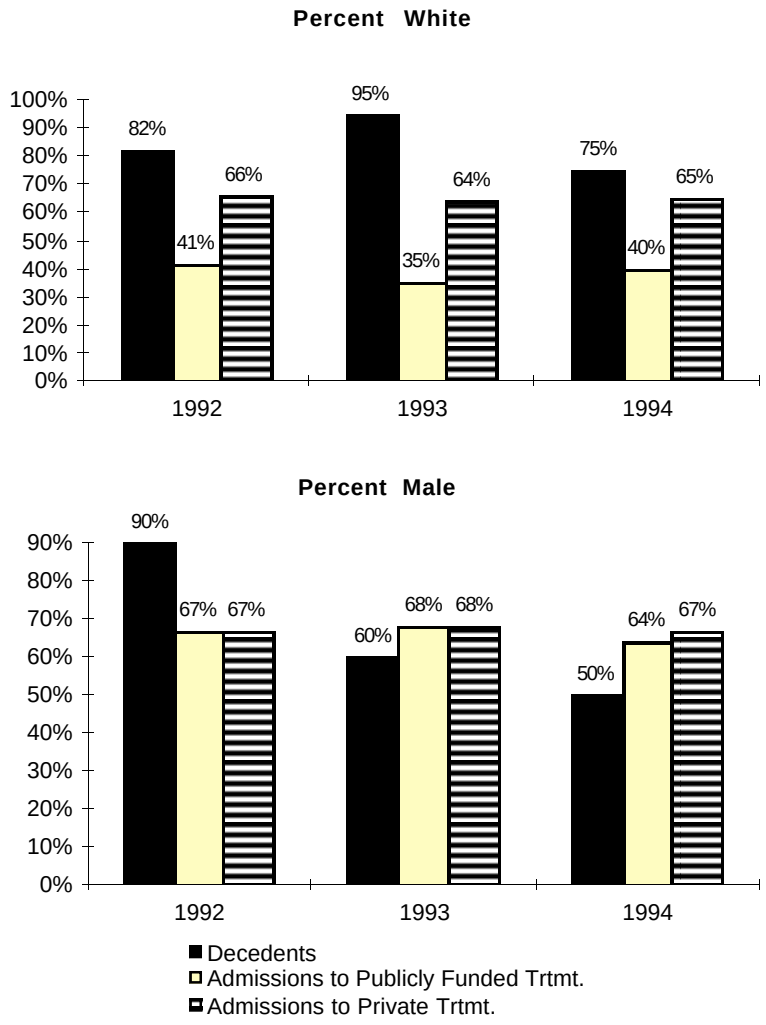
	1st Q 1994	2nd Q 1994	3rd Q 1994	4th Q 1994	1st Q 1995	2nd Q 1995	3rd Q 1995	4th Q 1995
Dallas								
Purity	11.4%	7.0%	11.4%	7.8%	10.0%	1.3%	6.1%	1.0%
Price/Milligram Pure	$1.25	$1.97	$1.04	$2.40	$0.95	$4.37	$2.20	$6.22
Houston								
Purity	9.0%	13.4%	14.9%	27.8%	27.5%	12.7%	13.30%	*
Price/Milligram Pure	$2.52	$2.35	$1.27	$0.91	$0.78	$2.36	$0.90	*

*No buys in Houston 4th Q.

speedball.

In El Paso, both Mexican brown and black tar are available. The Mexican states of Sinaloa, Michoacan, and Durango are the primary poppy-producing regions, and this Mexican heroin is readily available in El Paso for personal consumption and for wholesale distribution throughout the US. Trafficking routes from El Paso go through New Mexico, Colorado, Kansas, and north to Illinois, where Chicago is a secondary hub for heroin distribution in the northern states. A second trafficking route extends from Ojinaga, Chihuahua, Mexico to the area around Alpine. From this west Texas area, black tar is smuggled northward to small towns in Texas and New Mexico and then into Colorado, Nevada, and Kansas.

Figure 4. Characteristics of Overdose Deaths with a Mention of Methadone vs. Characteristics of Methadone Admissions to Treatment



OTHER OPIATES

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

Emergency Room and Death Data

DAWN emergency room mentions for the Dallas area show that for hydrocodone, the rate per 100,000 has increased from 2.8 in 1992 to 3.5 in first half 1995.

The 1996 TCADA methadone report compared the characteristics of clients in methadone treatment programs with the characteristics of persons who died of a drug overdose with a mention of methadone for the period 1991 through 1994 (see Figure 4). For both groups, two-thirds were male. The age of the decedents was younger than that of the methadone treatment client (36 years v. 39 years), and the decedents were more likely to be Anglo (86 percent) as compared to 69 percent of clients in private treatment programs and 38 percent of the public treatment clients.

Admissions to Publicly Funded Treatment

Abuse of other opiates is not as common as heroin abuse, and the addicts who prefer other types of opiates are quite different from the heroin addicts. About 0.9 percent of all adult clients who entered treatment during 1995 and first quarter 1996 used opiates other than heroin (Appendices 1, 2, and 3). In 1995, 59 percent were female; 85 percent were Anglo, 7 percent were African American, and 7 percent were Hispanic; 28 percent used needles. Users of other opiates were among the most impaired of all clients at admission, with 65 percent reporting physical problems and 61 percent reporting social problems. Average annual income was $6,960.

Arrest Data

As shown in Appendix 6, statistics from DUF indicate that arrestees from San Antonio were the most likely to test positive for methadone (1 to 2 percent for most years). The TCADA methadone report looked at the relationship between the rate of DUF positives and number of methadone treatment programs in each of the three cities and found that the rate of DUF positives seems to be inversely related to the number of methadone programs in each community—San Antonio has the highest DUF positives and the fewest methadone programs; Houston has the lowest DUF positives and the largest number of methadone programs.

Diversion of Other Opiates and Regional Trends

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

In the Dallas area, Vicodin is readily available while abuse of Dilaudid seems to have decreased. A hydrocodone tablet sells for $1 to $5 while a Dilaudid tablet sells for $15.

In Lubbock, Dilaudid is reported as occasionally available through physician scripts. Dilaudid sells for $40 to $50 per 4 mg. tablet, and methadone clients who are not truly motivated toward treatment are reported to use benzodiazepines, especially Xanax, to potentiate their highs.

MARIJUANA

Marijuana is becoming the primary problem drug for Texas youths (see Figure 5). Since 1991, juvenile arrests for marijuana, juvenile admissions to publicly funded treatment for marijuana, and lifetime marijuana use among Texas secondary students have risen steadily.

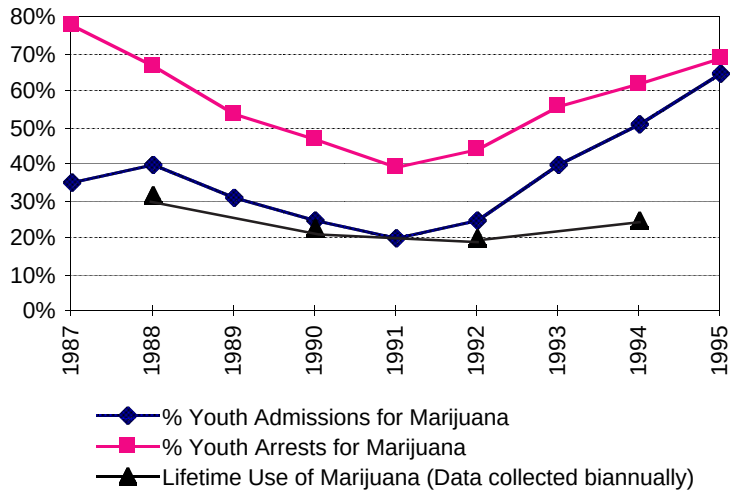
Emergency Room Mentions

The rate of emergency room mentions per 100,000 in the Dallas metropolitan area has risen from 7.7 for first half of 1992 to 9.6 for first half of 1995 (refer to Figure 1 on page 3 and Appendix 5).

Admissions to Publicly Funded Treatment

Marijuana was the primary problem for 10

Figure 5. Texas Juveniles and Marijuana



percent of adult admissions to treatment programs in 1995 and 8 percent in first quarter 1996 (Appendices 1, 2, and 3). This decline in the proportion of marijuana admissions is due to the fact that drug abusers participating in the criminal justice initiative are no longer reported on CODAP, and a substantial number of these clients reported a primary problem with marijuana. The average age of marijuana clients continues to increase: in 1985, the average age was 24; in 1996, it is 28. The proportion of males has dropped to 64 percent. Forty-nine percent of the clients are Anglo, 31 percent are Hispanic, and 20 percent are Black. Average annual income is $6,430.

Marijuana was also the primary drug for 65 percent of adolescent admissions in the first quarter of 1996, as compared with 61 percent in 1995 and 51 percent in 1994. Figure 6 compares marijuana admissions for youths to other problem substances. In 1996, 82 percent of the marijuana admissions were male; average age was 15.2 years; 47 percent were Hispanic, 31 percent were Anglo, and 20 percent were African American (in 1987, 7 percent were African American). Some 52 percent of the marijuana admissions were referred by the juvenile justice system.

Arrest Data

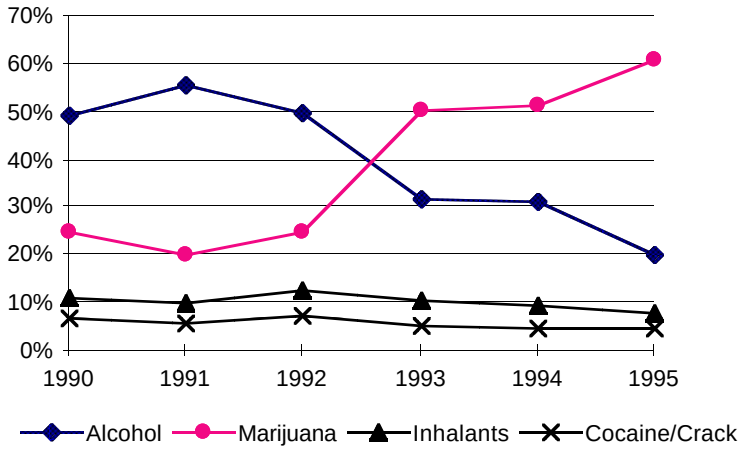
In the DUF data, the percentage of adult arrestees testing positive for marijuana increased between 1991 and 1995 (Appendix 6). For San Antonio juvenile males, the percent positive went from 24 percent in 1993 to 42 percent in 1995, while for females, it dropped in 1994 but is increasing again.

Marijuana Prices and Trafficking Patterns

Prices fluctuate depending on quality, quantity, demand, and availability. In Dallas, good quality Mexican marijuana ranges between $500 and $750 a pound, while high quality domestic costs $700 to $3,000 a pound. In Houston, an ounce costs between $40 and $100 and a pound between $300 and $800.

Traffickers in Mexican marijuana are usually

Figure 6. Youth Admissions to Publicly Funded Treatment Programs, 1990-1995



Anglo or Hispanic, while growers of domestic marijuana tend to be Anglo. Recent intelligence suggests that previously active Colombian marijuana trafficking organizations are moving back into the marijuana market.

Regional Trends

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

In Lubbock, marijuana continues to increase in availability and the origin of the drug sold on the street is from Texas, Oklahoma, California, Arizona, and New Mexico, as well as Mexico and Colombia. Young Hispanic gangs control distribution of the Mexican marijuana while independent Anglo operators distribute the Colombian marijuana. Prices are $5, $10, and $20 per bag, with 1/2 ounce for $50 and a pound for $750 to $1,100. In comparison to previous reports, there is also an increase in mixing cocaine with marijuana by adults who have been using marijuana for a long time. In El Paso, most marijuana is from Mexico and no particular group is described as being more likely to use marijuana.

In Austin, most of the marijuana is home grown of medium to high quality. It is readily available and sells for $30 per quarter-ounce; $55 per half ounce; $100 per ounce; $250 per quarter pound, and $800 per pound.

STIMULANTS

Emergency Room Mentions

DAWN emergency room mentions (Appendix 5) show an upswing in mentions of methamphetamine and amphetamine. In first half of 1992 in Dallas, the rate of mentions for methamphetamines per 100,000 population was 1.6 per 100,000; it rose to 4.8 in first half of 1995. For amphetamines, the rate was 0.6 per 100,000 in first half of 1992 compared to 2.8 in the first half of 1995 .

Admissions to Publicly Funded Treatment

Stimulants accounted for 3.4 percent of adult treatment admissions in 1995 (Appendices 1 and 2). In 1993, there were 1,104 admissions for a primary problem with stimulants, as compared to 1,567 in 1994 and 1,648 for 1995. The average client admitted for a primary problem with stimulants is aging: the average age was 26 in 1985 and 31 in 1995. The proportion of Anglo clients has risen from 80 percent in 1985 to 92 percent in 1995, 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 2 percent. The proportion of males is 59 percent and 68 percent use needles.

Arrest Data

Dallas is the city most likely to have positive amphetamine tests for both male and female DUF arrestees over time. In all three cities, the percentage ranges between 1 and 4 percent (Appendix 6).

Trafficking Patterns, Prices, and Purity of Stimulants

In the Dallas area, the number of laboratories producing methamphetamine or amphetamine has remained unchanged. Methamphetamine is increasing in availability and it is coming from Mexico, where it is being produced using the ephedrine production method, while the traditional outlaw motorcycle gangs in Texas continue to produce

Emergency room mentions show an upswing in mentions of methamphetamine and amphetamine.

TDH has also expressed strong concerns about the marketing of ephedrine products as legal versions of illicit hallucinogenic controlled substances such as MDMA.

speed using the older phenyl-2-propanone (P2P) method.

According to DEA reports, the price range of methamphetamine has dropped from $15,000-$18,000 a pound in January 1994, to $10,000-$15,000 a pound now. Amphetamine prices have decreased from $12,000 to $15,000 a pound to $10,000 to $14,000 a pound, although these prices are higher than six months ago. Ounce quantities of methamphetamine and amphetamine retail for $500 to $1,600; a gram costs $75. Purity levels have risen from 15 to 60 percent to a current range of 40 to 90 percent.

Regional Trends

In Lubbock, an "explosion" of speed is being reported by narcotic officers and inpatient treatment programs. Purity is said to range between 90 and 98 percent, with most of the speed coming from Mexico and being distributed by Mexican American independents to high school and college age Anglo youths. This Mexican speed seems to be coming through California and Arizona, although some sources report it is coming directly across from Mexico. Injection is the primary route of administration, but it is also smoked, snorted, and taken orally. Prices are $100 per gram, $1,500 per ounce, and $15,000 per pound.

In Austin, powder crystal meth is the only kind available. It is reported to be very scarce and price is fluctuating. In February, some yellow powder "stove top" was available for $100 to $200 per gram and it was available in the South Austin area where it was used by Anglos. One source said that in Austin, speed is being produced by the "hate groups" such as the Aryan Brotherhood and the Bandidos.

Methylene dioxymethamphetamine (MDMA or Ecstasy) is still popular among young, upper middle class Anglos and in the homosexual community. Use is reported up in Austin and Houston. Most of the MDMA and Ecstasy originates in Houston, Baytown, Mexico, or California. Prices of MDMA range from $7 to $30 per hit or dosage unit.

In 1995, 33 adults were admitted to treatment with a primary problem of Ecstasy, an increase from 18 in 1994 (Appendix 2). Average age was 23, 64 percent are male, and 85 percent are Anglo; 9 percent are homeless.

Over-the-Counter and "Herbal" Stimulants

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

Since 1993, the Texas Department of Health (TDH) has received approximately 900 reports of adverse reactions from individuals, doctors, hospitals, a food distributor, and state poison control centers due to the ingestion of ephedrine in food or drugs, either in manufacturer's recommended amounts and indications or as a result of abuse and misuse. Of these complaints, about 400 were because of adverse reactions to ephedrine drug products and 500 were adverse reactions to ephedrine food products. One product, Nature's Nutrition Formula One, was used in 478 of the food product reports.

Products containing ma huang include AM Trim and Firm, Blasting Caps, Chi Power, Cybergenics, Dextrate, Diet Max, Diet Max Liqui-Gels, Diet Now, Diet Pep, Ephedra 850, Excell Ultra High Energy Performance, Excell Energy, Formula One, Herbal Fuel, Kickers Instant Energy Caplets,

Mega Ripped, New Zest, New Zest Plus, Now, Nutra One, Performance Energy, Power Trim, Pro Ripped, Ripped Fuel Tea, Quick Shot Energel, Super Day Trim, Summit Select, Super Fat Burners, Smart Body, Thermo Diet, Thermo Slim, Thermogenics, Thermojetics, Thinline III, Trim Time Tea, Ultra Diet Pep, and Up You Gas.

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

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

The state crime laboratories have also analyzed some "X" pills known as "Rome" which include dextromethorphan and ephedrine.

Ephedrine is selling for $1,200 per pound, and 1,000 tablets will sell for $10 and reports are being received of shifts in production from 100 percent methamphetamine to 50 percent methamphetamine and 50 percent amphetamine. Pharmacists are now reporting buyers in Texas wanting to purchase large quantities of pseudoephedrine, iodine, and guaifenesin over the counter to produce methamphetamine and amphetamines.

SEDATIVES/HYPNOTICS

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

Emergency Room Mentions

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

Rohypnol Use

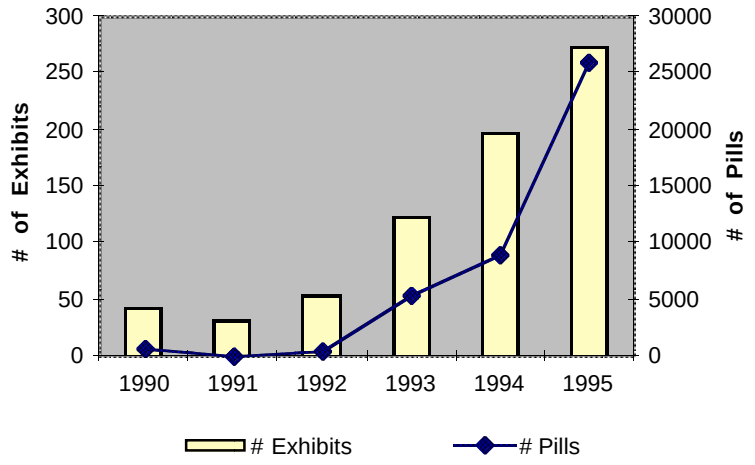
Since December, 1995, Rohypnol (flunitrazepam) use has become even more widespread across the state. While on the Lower Border it is primarily used by younger Hispanic youth and gang members, in the rest of Texas it is also likely to be used by college students and yuppies in their twenties as well as by younger adolescents. It is primarily used in conjunction with alcohol. In Houston, "roaches," "roapies," "rib," or "ro-SHAY" are popular with Anglo and Hispanic youth. In San Antonio, Rochas Dos, the 2 mg. pill, is a party drug among gang members. It was selling for 40 pills for $20 prior to the closure of the Border. Rohypnol use among adolescents is also increasing in El Paso with the first admissions to treatment being reported; in

Until Rohypnol was banned by Customs, it was selling for 50 cents to $1 per tablet; now it is reported selling for $5 to $20 per tablet. Because of the ban, other Mexican drug products are being recommended by Mexican vendors for importation into the U.S.

spring, 1995, Rohypnol use was very low in El Paso.

The 1996 Texas Secondary School Survey, which is currently in the field, queried about the use of "Roach." Preliminary prevalence estimates have been run for some school districts, and two districts along the Lower Border are reporting lifetime use of "Roach" at 15 to 18 percent and 5 to 6 percent past month use, while four districts in the DFW metroplex are reporting between 7 and 9 percent lifetime and 3 percent past month use. In Central Texas, lifetime use is 11 percent with 4 percent past month, while in Southeast Texas, two districts are reporting 7 percent lifetime and 3 percent past month. In the High Plains, lifetime use was reported at 12 percent with 5 percent past month use. The typical prevalence pattern is that alcohol is the most commonly used drug, followed by tobacco, marijuana, and then inhalants. In the districts which are not on the Texas border, "Roach" followed inhalants in terms of use, but for the two Border districts, use of "Roach" was as common or more common than use of inhalants among school students.

Figure 7. Exhibits and Tablets of Rohypnol as Reported by the Texas State Police Labs in McAllen and Laredo



A field investigation in Austin, Houston, and along the lower Texas-Mexico border (Calhoun, 1996) found that many subjects identified the drugs they had used as "roches" but they also described other benzodiazepine tablets that did not look like Rohypnol. Almost all the persons interviewed also used other drugs, primarily alcohol and marijuana. Adverse consequences included amnesia, discoordination, automobile accidents, sexual assault, and respiratory depression or arrest. A significant number reported that continued use was unappealing to them.

CODAP began collecting information specifically on Rohypnol on January 1, 1996. During the first quarter of 1996, 2 youth were admitted with a primary problem with Rohypnol and 8 more were admitted for secondary or tertiary problems with the drug. In addition, 3 adults were admitted into treatment during the same period with a primary problem with Rohypnol and 5 more with a secondary problem. These admissions were reported from across the state: Lubbock, DWF, Austin, San Antonio, El Paso, Laredo, Corpus, and Brownsville.

Trafficking Patterns for Depressants

DPS crime labs on the Lower Border report the number of Rohypnol pills seized and examined has increased from 194 in 1992 to 25,966 in 1995. Rohypnol is a legal prescription drug in Mexico and effective March 6, 1996, the Customs Service no longer allows it to be brought into the U. S. even if it was prescribed and declared at the Border.

Prior to the ban, a survey of the persons making declarations (Shepherd, 1996) found that the average age of people who completed declaration forms was 34.5 years; 60 percent were males; and that the people who made the declarations came from 39 states. Contrary to popular belief, the drugs being declared were not from people who suffer from chronic health conditions such as hypertension, ulcers, or cardiovascular problems. The most commonly declared drug was diazepam (70 percent

The most common drug coming across the border was diazepam or (Valium), followed by flunitrazepam (Rohypnol).

of all declarations), followed by flunitrazepam (43 percent of all declarations), alprazolam (23 percent), diethylproprion (18 percent), dextropropoxyphene (15 percent), phentermine (15 percent), clobenzorex (11 percent), acetaminophen with codeine (9 percent), propoxyphene (8 percent), nalbuphine (6 percent), dextropropoxyphene with diazepam (4 percent), triazolam (4 percent), methylphenidate (3 percent), lorazepam (3 percent), and carisoprodol-naproxen (2 percent).

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

Admissions to Publicly Funded Treatment

Only 0.72 percent of the adult clients entering treatment during 1995 had a primary problem with barbiturates, sedatives, or tranquilizers (Appendices 1 and 2). This group was very different from other drug abusers: they were older (average age of 35), Anglo (84 percent), and female (64 percent). Only 14 percent injected drugs. They were among the most impaired, with 73 percent reporting physical problems and 66 percent reporting social problems.

Arrest Data

Benzodiazepines were the drugs in the downer category most often identified by DUF and they continue to be a problem, with positives ranging from 1 to 7 percent (Appendix 6). For barbiturates, the positive rate ranges from 0 to 1 percent. Valium is selling for $1 to $5 per tablet.

Regional Trends

In Austin Tuinal sells for $5 to $10 in the African-American community, but availability is limited.

GHB (gamma-hydroxybutyrate) is being used on the DFW Metroplex area. Known on the street as "Liquid Ecstasy," "Somatomax," "Scoop," or "Grievous Bodily Harm," this drug has resulted in 110 calls to the North Texas Poison Control Center between October, 1995 and March, 1996. The majority of the calls involved teenagers and young adults in a club setting on the weekends. Most cases were treated at emergency rooms or hospitals. It is selling for $10 in small plastic bottles that resemble hotel shampoo bottles, and there are usually 9 hits per bottle.

HALLUCINOGENS

Emergency Room Mentions

DAWN emergency room mentions for the Dallas area show that the use of LSD may be increasing. As shown in Appendix 5, the rate per 100,000 was 0 in first half of 1992, 1.1 in second half of 1992, 2.1 for first half of 1993, 1.5 for second half of 1993, 1.8 for first half of 1994, 2.8 for second half of 1994, and 2.7 for first half of 1995. For PCP, the mentions have varied for 0 to 0.6 for the period 1992 to the first half of 1994. In the second half of 1994, it was 0.9 and for first half of 1995, it was 1.3 mentions per 100,000.

Admissions to Publicly Funded Treatment

Among adolescent treatment programs, 1.7 percent of the admissions in 1995 (Appendix 4) and 2 percent of admissions during the first quarter of 1996 were for hallucinogens. The proportion of males in 1995 was 73 percent. Just over half of the admissions (53 percent) were Anglo, although the proportion has dropped from 90 percent in 1988, whereas Hispanic admissions have increased from 10 percent to 27 percent and the African-American admissions have gone from 0 percent to 18 percent. Among adult treatment admissions in 1995, only 0.33 percent were for hallucinogens. Average age was 28 years and 83 percent were male; 40 percent were Anglo, 47 percent were African American and 11 percent were Hispanic (Appendix 2).

Regional Trends and Prices

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

PCP is most likely to be reported among male DUF arrestees in Dallas, where the positive rate has jumped to 8 percent in 1995. In Houston, male arrestees reported 4 percent, and for Dallas and Houston females at 2 to 3 percent (Appendix 6). No PCP positives were reported in San Antonio.

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

LSD is manufactured in California and Houston and it still sells from $1 to $20 a hit and between $800-$1,000 per book. In El Paso it is available around high school campuses. In Austin, among Anglo teenagers, acid is readily available and popular. It is sold in pieces of approximately one-eighth inch square. A single dip costs $3 to $5, a double dip costs $8 to $10, and triple dip is $10 to $15.

INHALANTS

Admissions to Treatment

Inhalant abusers comprised 8 percent of the admissions to adolescent treatment programs in 1995 (see Figure 6 on page 11) and 9 percent in 1996. In 1995, 72 percent were male, 74 percent were Hispanic, 20 percent were Anglo, and 2 percent were African American. The racial/ethnic distribution is heavily influenced by the location and orientation of the treatment programs. In addition, 0.27 percent of adult admissions were inhalant abusers in 1995 (Appendix 2). Some 78 percent were male; 62 percent were Hispanic and 31 percent were Anglo. These clients had the lowest education level (9.8 years). Average annual income was only $2,352.

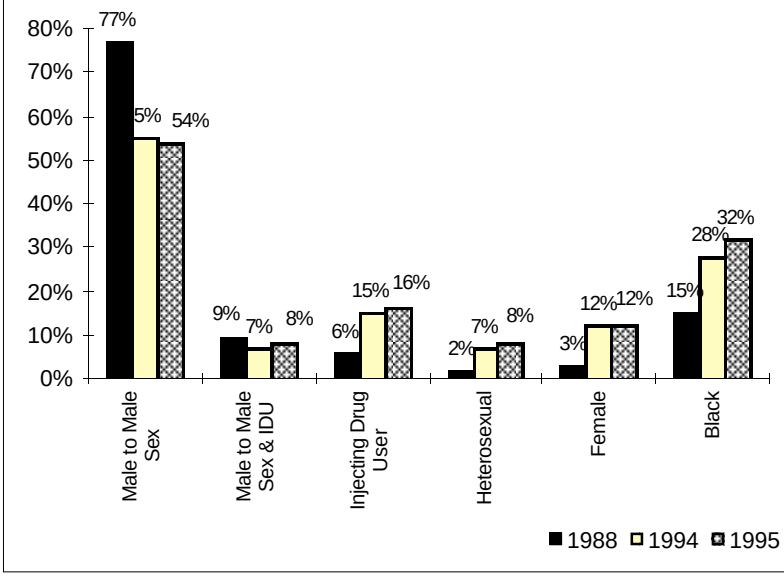
Regional Trends

In Dallas, the huffing of Miracle Grow by African-American youths continues. Water is put in a tin can and when it is boiling, Miracle Grow is put in the water and the steam is huffed.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS (IDUs)

As of March 30, 1996, 36,290 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 6 percent in 1988 to 16 percent in 1995 (Figure 8). In 1988, 6 percent of the cases were IDUs, and 9 percent were male-to-male sex and IDUs; in 1995, 16 percent of the cases were IDUs, and 8 percent were male-to-male sex and IDUs. The proportion of cases resulting from heterosexual contact has gone from 2 percent in 1988 to 8 percent in 1995. In 1988, 3 percent of the AIDS cases were females over age 12; for 1995, 12 percent were female. In 1988, 15 percent of the adult and adolescent cases were

Figure 8. Texas AIDS Cases: Exposure Categories for 1988, 1994, and 1995



African Americans; in 1995, 32 percent were African American, which is an increase from 28 percent in 1994. This increase in the proportion of females and African Americans reflects the crack cocaine epidemic and the prostitution associated with it.

A report by the Texas Department of Health found that in 1994, the AIDS case rate for females was 7.3 per 100,000, but for African-American females, it was 31.7, while for Hispanic females it was 5.1 and for Anglo females, it was 3.6. The 1994 rate for all males was 55 per 100,000, but for African-American males the rate was 123, followed by 53 for Anglo males and 35 for Hispanic males.

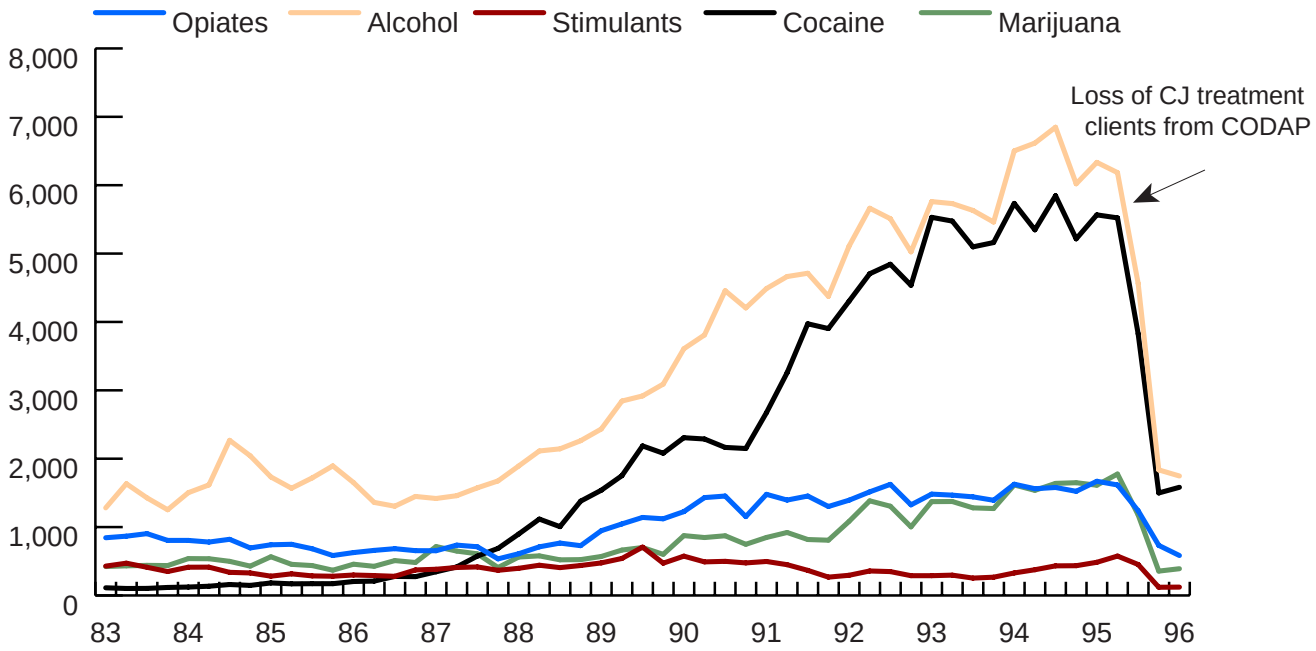
The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 22 percent for first quarter 1996.

In Houston, alcohol is reported as a factor among 18-29 year old men having sex with other men at bathhouses. These young men say they go to bathhouses after the bars and clubs have closed as a way to continue partying. One study (Elwood, 1996) found that 63 percent of the participants reported being under the influence of alcohol or other drugs during anal sex with a casual partner in or out of a bathhouse, and these subjects reported having sex anywhere between one and 90 times in a bathhouse in the six months prior to their interviews. Although these men reported few instances of unprotected anal sex, they did state they had seen multiple unprotected sex acts during their visits. In addition, two recent students found that 7.3 percent of men having sex with men at bathhouses reported trading sex for drugs in the past six months and 17 percent reported trading sex for money during the same time period.

Another Houston study (Elwood, 1995) found that trading sex for drugs is most frequent among African-American women (44 percent), Anglo women (25 percent) and Hispanic women (15 percent), but 8 percent of African-American men, 11 percent of Anglo men, and 6 percent of Hispanic men also reported trading sex for drugs. Both the bathhouse study and outreach study found trading sex for drugs is a result of powerlessness as characterized by poverty, hunger, homelessness, and drug dependence.

In the Lubbock area, 27 percent of the females who report to public health clinics with no acknowledged risk factors actually turn out to be sexual partners of injecting drug users and street drug users report that some men who do not identify themselves as homosexuals are selling their bodies to support their crack habits. In addition, prostitution is reported among adolescents as young as 13 who are supporting their crack habits.

Appendix 1. Number of Admissions to Publicly Funded Treatment Programs by Primary Drug of Abuse



Appendix 2 - Characteristics of Adult Clients at Admission to Publicly Funded Treatment Programs—CY 1995

Primary Drug	Total Admissions	Percent of All Admissions	Average Age	Average Age at 1st Use	Average Year of 1st Use	Average Lag 1st Use to Admission	Percent First Admissions	Percent Married	Percent Male	Percent Using Needles
All Drugs	48,585	100.0%	33.3	20.0	81	14	77.1%	23.0%	71.1%	20.8%
Heroin	4,898	10.1%	37.2	22.0	79	16	64.0%	28.7%	68.9%	92.6%
Alcohol	19,176	39.5%	34.7	16.4	76	19	79.0%	24.4%	78.6%	7.6%
Amphetamines	1,648	3.4%	31.0	19.7	83	12	82.2%	21.3%	59.2%	68.1%
Cocaine - Powder	4,339	8.9%	31.3	22.6	86	9	76.8%	25.2%	69.8%	46.3%
Marijuana/Hash	4,988	10.3%	27.7	15.7	82	13	83.3%	22.4%	79.9%	7.4%
Inhalants	130	0.3%	25.9	16.9	85	10	75.4%	10.0%	77.7%	9.2%
Ecstasy	33	0.1%	23.1	18.0	89	6	93.9%	9.1%	63.6%	6.1%
Crack	12,329	25.4%	32.9	25.4	87	8	76.3%	18.1%	61.0%	2.8%
Hallucinogens	162	0.3%	27.7	19.0	86	9	82.1%	19.8%	82.7%	33.3%
Other Opiates	438	0.9%	35.6	25.6	84	11	70.6%	27.4%	40.9%	27.9%
Depressants	349	0.7%	35.4	25.0	84	11	73.6%	28.4%	35.8%	13.8%
Other Drugs	95	0.2%	34.2	25.8	86	9	86.3%	32.6%	41.1%	14.7%

Primary Drug	Percent Black	Percent White	Percent Hispanic	Percent Employed	% Criminal Justice Referred	Average Education	Percent Live with Family	Percent Homeless	Percent Physical Problems	Percent Social Problems	Average Income at Admission
All Drugs	33.2%	42.8%	23.2%	28.8%	53.0%	11.3	57.1%	7.6%	46.3%	46.1%	$5,363
Heroin	14.2%	35.3%	49.7%	19.3%	40.8%	10.9	59.2%	6.5%	57.8%	53.9%	$3,381
Alcohol	20.7%	51.3%	27.1%	35.3%	51.8%	11.2	57.6%	8.5%	49.0%	48.2%	$6,482
Amphetamines	2.2%	91.6%	4.7%	27.3%	51.8%	11.5	48.9%	5.6%	42.2%	42.6%	$5,790
Cocaine - Powder	19.9%	45.7%	33.7%	28.3%	58.8%	11.3	55.8%	4.8%	39.5%	42.0%	$5,741
Marijuana/Hash	34.8%	41.5%	22.9%	38.4%	74.8%	11.1	62.6%	2.0%	28.2%	26.0%	$5,511
Inhalants	4.6%	30.8%	62.3%	20.8%	51.5%	9.8	62.3%	3.9%	46.9%	49.2%	$2,352
Ecstasy	3.0%	84.9%	12.1%	30.3%	30.3%	11.9	51.5%	9.1%	57.6%	54.6%	$5,968
Crack	70.4%	22.9%	6.3%	19.3%	50.9%	11.6	54.4%	10.1%	46.2%	48.7%	$4,105
Hallucinogens	46.9%	40.1%	11.1%	35.2%	51.2%	10.5	53.1%	5.6%	43.2%	40.1%	$3,807
Other Opiates	7.3%	85.4%	7.3%	23.1%	29.0%	12.3	61.0%	4.8%	64.6%	61.2%	$6,960
Depressants	10.0%	83.7%	6.0%	20.6%	25.2%	12.1	61.0%	7.5%	72.8%	66.5%	$6,750
Other Drugs	21.1%	71.6%	7.4%	28.4%	40.0%	11.6	61.1%	10.5%	52.6%	43.2%	$7,149

Source: TCADA Client Oriented Acquisition Database

Appendix 3 - Characteristics of Adult Clients at Admission to Publicly Funded Treatment Programs by Primary Problem

Primary Drug	Total Admissions	Percent All Admissions	Average Age	Age at 1st Use	Average Year of 1st Use	Avg. Lag from 1st Use to Admission	Percent First Admissions	Percent Married	Percent Male	Percent Using Needles
All Drugs	4,051	100.00%	33.6	20.3	82	14	69.1%	22.0%	57.3%	22.0%
Heroin	500	12.34%	36.8	22.6	81	15	62.6%	29.6%	61.8%	92.8%
Alcohol	1,584	39.10%	35.5	16.3	76	20	67.9%	23.2%	67.4%	7.3%
Amphetamines	109	2.69%	30.4	20.6	85	11	72.5%	21.1%	36.7%	62.4%
Cocaine Powder	340	8.39%	29.7	21.9	87	9	70.0%	26.2%	47.4%	46.2%
Marijuana/Hash	342	8.44%	28.1	15.7	83	13	71.1%	18.4%	64.3%	7.9%
Inhalants	6	0.15%	24.7	14.3	85	11	50.0%	16.7%	66.7%	33.3%
Ecstasy	2	0.05%	23.0	21.0	93	3	50.0%	0.0%	0.0%	0.0%
Rohypnol	3	0.07%	33.3	19.0	81	15	66.7%	0.0%	100.0%	0.0%
Crack	1,071	26.44%	32.5	25.8	88	8	72.0%	16.7%	45.2%	3.7%
Hallucinogens	9	0.22%	24.2	19.6	90	6	100.0%	11.1%	66.7%	22.2%
Other Opiates	40	0.99%	38.9	29.0	85	11	72.5%	25.0%	32.5%	22.5%
Depressants	37	0.91%	35.9	25.2	85	12	83.8%	24.3%	32.4%	16.2%
Other Drugs	8	0.02%	34.4	26.9	88	8	75.0%	12.5%	50.0%	12.5%

Primary Drug	Percent African American	Percent White	Percent Hispanic	Percent Employed	Criminal Justice Referred	Avg Education	Percent Live with Family	Percent Homeless	Percent Physical Problems	Percent Social Problems	Average Income at Admission
All Drugs	27.9%	49.8%	21.6%	24.0%	26.5%	11.5	61.4%	12.5%	65.7%	64.8%	$6,000
Heroin	11.6%	45.2%	42.2%	18.6%	16.2%	11.3	64.0%	11.0%	78.2%	71.2%	$3,424
Alcohol	16.5%	60.1%	22.8%	29.5%	29.6%	11.5	60.8%	13.2%	67.9%	66.6%	$6,658
Amphetamines	2.8%	91.7%	5.5%	23.9%	35.8%	11.6	50.5%	11.9%	47.7%	46.8%	$5,945
Cocaine Powder	10.9%	56.5%	31.2%	24.1%	26.8%	11.3	63.8%	10.0%	60.6%	62.4%	$7,206
Marijuana/Hash	19.6%	48.8%	30.7%	40.6%	55.3%	10.8	69.9%	6.7%	38.9%	36.0%	$6,430
Inhalants	0.0%	33.3%	66.7%	50.0%	0.0%	12.7	66.7%	33.3%	66.7%	66.7%	$5,400
Ecstasy	0.0%	0.0%	100.0%	0.0%	0.0%	14.0	0.0%	0.0%	100.0%	100.0%	$0
Rohypnol	0.0%	100.0%	0.0%	33.3%	0.0%	11.3	33.3%	33.3%	100.0%	100.0%	$7,333
Crack	65.0%	27.5%	7.1%	13.7%	17.8%	11.7	58.3%	14.8%	66.7%	70.6%	$5,560
Hallucinogens	33.3%	55.6%	11.1%	11.1%	11.1%	11.9	66.7%	0.0%	66.7%	33.3%	$1,333
Other Opiates	5.0%	90.0%	2.5%	12.5%	20.0%	14.3	70.0%	2.5%	65.0%	62.5%	$9,550
Depressants	2.7%	91.9%	5.4%	13.5%	8.1%	11.2	62.2%	24.3%	83.8%	81.1%	$5,351
Other Drugs	25.0%	62.5%	12.5%	37.5%	12.5%	13.9	75.0%	12.5%	62.5%	62.5%	$18,500

Source: TCADA Client Oriented Acquisition Process (CODAP) Database

Appendix 4 - Primary Characteristics of Youth Clients at Admission to Publicly Funded Treatment, by Primary Problem Drug

For CY 1995

Primary Drug	Total Admissions	Percent of All Admissions	Avg. Age	Avg. Age of 1st Use	Average Lag 1st Use to Admission	Percent First Admissions	Percent Male	Percent Using Needles	Percent Black	Percent White	Percent Hispanic	Percent Criminal Justice Referred	Avg. Education
All Drugs	3013	100.0%	15.3	12.9	3.0	94.3%	79.9%	2.1%	18.6%	31.1%	49.0%	54.3%	8.0
None	8	0.3%	15.0	n/a	n/a	100.0%	37.5%	0.0%	25.0%	62.5%	12.5%	12.5%	8.7
Heroin	23	0.8%	15.5	13.9	2.0	95.7%	69.6%	60.9%	17.4%	26.1%	56.5%	56.5%	7.8
Alcohol	609	20.2%	15.4	12.6	3.0	94.3%	77.8%	1.2%	13.8%	29.6%	55.0%	50.7%	8.2
Amphetamines	27	0.9%	15.5	13.9	2.0	100.0%	63.0%	14.8%	3.7%	77.8%	18.5%	55.6%	8.2
Cocaine-Powder	110	3.7%	15.7	14.0	2.0	96.4%	65.5%	9.1%	6.4%	31.8%	61.8%	51.8%	8.1
Marijuana/Hash	1841	61.1%	15.3	12.8	3.0	94.2%	83.8%	1.2%	23.3%	31.3%	44.3%	56.9%	8.0
Inhalants	253	8.4%	14.8	13.2	2.0	91.7%	71.5%	0.8%	2.4%	20.6%	73.9%	52.6%	7.7
Ecstasy	8	0.3%	15.4	14.6	1.0	100.0%	50.0%	12.5%	12.5%	62.5%	12.5%	12.5%	7.6
Crack	50	1.7%	15.8	13.9	2.0	96.0%	76.0%	4.0%	24.0%	40.0%	36.0%	40.0%	8.2
Hallucinogens	51	1.7%	15.2	13.6	2.0	96.1%	72.6%	3.9%	17.7%	52.9%	27.5%	51.0%	8.3
Depressants	23	0.8%	15.0	14.4	1.0	91.3%	73.9%	0.0%	4.4%	26.1%	69.6%	43.5%	7.9
Other Drugs	10	0.3%	15.4	13.6	2.0	100.0%	70.0%	0.0%	40.0%	30.0%	20.0%	40.0%	8.3

For 1st Quarter 1996

Primary Drug	Total Admissions	Percent of All Admissions	Avg. Age	Avg. Age of 1st Use	Average Lag 1st Use to Admission	Percent First Admissions	Percent Male	Percent Using Needles	Percent Black	Percent White	Percent Hispanic	Percent Criminal Justice Referred	Avg. Education
All Drugs	351	100.0%	15.2	12.0	4.0	91.7%	76.9%	2.3%	15.4%	33.9%	48.4%	53.9%	8.2
None	1	0.3%	16.0	n/a	n/a	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	100.0%	9.0
Heroin	1	0.3%	15.0	14.0	2.0	100.0%	100.0%	100.0%	0.0%	0.0%	100.0%	0.0%	8.0
Alcohol	44	12.5%	15.4	11.7	5.0	93.2%	70.5%	0.0%	13.6%	31.8%	54.6%	59.1%	8.5
Amphetamines	1	0.3%	16.0	11.0	5.0	100.0%	100.0%	100.0%	0.0%	100.0%	0.0%	100.0%	8.0
Cocaine-Powder	26	7.4%	15.6	12.3	4.0	88.5%	38.5%	7.7%	0.0%	42.3%	53.9%	38.5%	8.5
Marijuana/Hash	227	64.7%	15.2	12.2	4.0	90.8%	81.1%	1.3%	19.8%	34.4%	44.5%	54.2%	8.1
Inhalants	29	8.3%	15.0	12.2	4.0	93.1%	93.1%	3.5%	3.5%	17.2%	69.0%	62.1%	7.7
Royhpnol	3	0.9%	15.0	13.3	3.0	100.0%	33.3%	0.0%	0.0%	0.0%	100.0%	33.3%	8.3
Crack	6	1.7%	15.2	13.5	2.0	100.0%	83.3%	0.0%	33.3%	16.7%	50.0%	33.3%	8.0
Hallucinogens	9	2.6%	14.9	12.9	3.0	100.0%	77.8%	0.0%	0.0%	77.8%	22.2%	55.6%	8.3
Depressants	2	0.6%	14.5	13.5	2.0	100.0%	50.0%	0.0%	0.0%	50.0%	50.0%	0.0%	8.0
Other Drugs	2	0.6%	16.0	13.0	4.0	100.0%	50.0%	0.0%	0.0%	0.0%	50.0%	100.0%	9.5

Source: TCADA Client Oriented Acquisition Process (CODAP) Database

Appendix 5. Estimated Rate of Emergency Department Mentions Per 100,000 Population for the Dallas Metropolitan Area

By Half Year 1992-1994

	Jan-Jun 1992	Jul-Dec 1992	Jan-Jun 1993	Jul-Dec 1993	Jan-Jun 1994	Jul-Dec 1994	Jan-Jun 1995
Cocaine	25.5	27.4	29.1	28.5	29.6	31.2	31.1
Heroin/Morphine	5.9	6.1	6.2	6.5	4.6	5.4	6.3
Marijuana	7.7	7.0	8.3	7.4	10.4	10.0	9.6

By Full Year 1988-1994

	1988	1989	1990	1991	1992	1993	1994
Cocaine	73.2	59.1	45.4	56.9	52.9	57.7	60.2
Heroin/Morphine	13.2	14.1	14.0	10.2	11.9	12.7	9.8
Marijuana	27.3	23.8	15.6	11.1	14.8	15.7	20.5

Appendix 6. Percent of Arrestees Testing Positive for Various Drugs (DUF)

	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
COCAINE																									
Dallas Males	32%	42%	48%	51%	48%	40%	40%	37%	42%	46%	47%	43%	37%	37%	35%	30%	32%	28%	36%	27%	43%	41%	45%	35%	31%
Houston Males	56%	54%	57%	57%	48%	43%	30%	45%	48%	36%	40%	39%	34%	32%	26%	21%	37%	37%	56%	30%	56%	41%	41%	28%	40%
San Antonio Males	26%	26%	28%	36%	35%	33%	30%	28%	37%	28%	26%	32%	34%	29%	29%	31%	24%	23%	23%	25%	29%	31%	31%	31%	24%
San Antonio Male Juveniles										5%	12%	5%	13%	7%	13%	4%	10%	6%	3%	7%			6%	9%	6%
Dallas Females	38%	46%	54%	45%	47%	39%	50%	55%	54%	30%	48%	40%	53%	50%	49%	33%	34%	50%	51%	41%	46%	48%	43%	46%	44%
Houston Females	45%	48%	52%	60%	44%	44%	52%	35%	23%	50%	48%	50%	40%	44%	30%	28%	32%	29%	27%	42%	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%	21%	20%	19%	24%	25%	24%	23%	23%
San Antonio Female Juveniles										10%	2%	8%	2%	2%	10%	8%	3%	0%	3%	9%			5%	6%	4%
OPIATES																									
Dallas Males	4%	3%	3%	6%	4%	5%	5%	3%	3%	8%	3%	4%	3%	3%	2%	4%	6%	3%	6%	6%	4%	4%	5%	3%	5%
Houston Males	4%	4%	2%	4%	1%	5%	0%	4%	2%	2%	2%	*	3%	1%	3%	5%	3%	4%	2%	12%	3%	3%	2%	3%	5%
San Antonio Males	18%	11%	15%	18%	15%	15%	12%	16%	14%	12%	15%	16%	13%	13%	10%	15%	9%	12%	7%	11%	15%	14%	14%	13%	10%
San Antonio Male Juveniles										2%	0%	3%	0%	1%	3%	0%	0%	0%	0%	2%			1%	1%	0%
Dallas Females	8%	6%	18%	4%	4%	8%	11%	11%	14%	12%	6%	11%	9%	7%	10%	4%	3%	6%	4%	7%	9%	9%	11%	8%	5%
Houston Females	2%	8%	3%	4%	4%	7%	2%	2%	4%	*	8%	3%	6%	4%	4%	11%	5%	5%	*	2%	4%	4%	5%	6%	3%
San Antonio Females	23%	15%	22%	19%	12%	16%	19%	6%	17%	16%	11%	14%	17%	13%	14%	11%	14%	7%	16%	16%	20%	13%	15%	14%	13%
San Antonio Female Juveniles										0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	5%			0%	1%	1%
METHADONE																									
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	0%	*	0%	0%	*	0%	1%	0%	*	0%	0%	0%	0%	0%	0%
Houston Males	2%	1%	1%	0%	1%	0%	0%	0%	0%	2%	*	0%	*	0%	0%	1%	0%	2%	2%	5%	1%	0%	1%	0%	2%
San Antonio Males	2%	2%	3%	2%	2%	2%	2%	2%	2%	*	3%	*	*	*	1%	2%	0%	1%	*	2%	2%	2%	1%	1%	1%
Dallas Females	3%	0%	0%	0%	0%	0%	0%	2%	0%	0%	0%	1%	0%	0%	0%	0%	0%	1%	0%	0%	1%	1%	0%	0%	0%
Houston Females	2%	3%	0%	4%	0%	0%	0%	0%	1%	0%	3%	0%	*	2%	0%	0%	0%	0%	0%	0%	2%	0%	1%	1%	0%
San Antonio Females	5%	0%	10%	4%	4%	3%	3%	1%	4%	2%	*	*	*	*	2%	*	0%	0%	3%	0%	5%	3%	2%	0%	1%
MARIJUANA																									
Dallas Males	30%	21%	9%	17%	26%	32%	27%	26%	30%	24%	29%	26%	34%	34%	36%	27%	30%	40%	36%	48%	19%	28%	27%	33%	39%
Houston Males	26%	19%	9%	13%	26%	33%	16%	20%	24%	23%	29%	20%	25%	27%	18%	20%	22%	34%	26%	38%	17%	24%	24%	23%	30%
San Antonio Males	28%	18%	11%	21%	24%	31%	25%	33%	28%	35%	34%	31%	34%	31%	25%	28%	32%	34%	34%	36%	19%	28%	32%	30%	34%
San Antonio Male Juveniles										28%	33%	35%	34%	36%	36%	33%	44%	44%	38%	40%			24%	35%	42%
Dallas Females	29%	4%	6%	5%	18%	28%	26%	24%	27%	20%	15%	16%	31%	17%	23%	19%	22%	23%	14%	33%	11%	24%	20%	23%	23%
Houston Females	15%	11%	5%	3%	8%	13%	11%	14%	11%	24%	16%	9%	14%	19%	15%	3%	12%	21%	17%	30%	8%	12%	15%	13%	20%
San Antonio Females	13%	10%	3%	8%	12%	30%	12%	11%	21%	15%	16%	14%	21%	21%	6%	11%	17%	16%	12%	20%	8%	16%	17%	15%	16%
San Antonio Female Juveniles										14%	9%	15%	9%	4%	0%	3%	13%	13%	10%	14%			10%	4%	12%
AMPHETAMINES																									
Dallas Males	0%	2%	2%	1%	1%	0%	0%	2%	2%	6%	5%	2%	2%	3%	1%	2%	2%	4%	1%	2%	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%
San Antonio Males	3%	0%	3%	0%	0%	0%	1%	1%	*	*	0%	*	0%	0%	*	3%	0%	2%	2%	0%	1%	0%	0%	0%	1%
San Antonio Male Juveniles										0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%			0%	0%	0%
Dallas Females	4%	4%	0%	2%	5%	1%	3%	4%	1%	9%	6%	6%	1%	3%	6%	4%	4%	10%	0%	2%	3%	3%	6%	4%	4%
Houston Females	0%	0%	1%	0%	0%	0%	0%	0%	0%	2%	*	3%	0%	0%	*	0%	0%	0%	3%	3%	0%	0%	1%	0%	1%
San Antonio Females	5%	2%	0%	0%	0%	1%	4%	0%	3%	*	2%	2%	*	3%	0%	*	2%	2%	2%	7%	2%	1%	2%	0%	3%
San Antonio Female Juveniles										5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			1%	0%	0%

Appendix 6, continued

	1991				1992				1993				1994				1995				Average CY				
	1stQ	2ndQ	3rdQ	4thQ	1stQ	2ndQ	3rdQ	4thQ	1stQ	2ndQ	3rdQ	4thQ	1stQ	2ndQ	3rdQ	4thQ	1stQ	2ndQ	3rdQ	4thQ	1991	1992	1993	1994	1995
BARBITURATES																									
Dallas Males	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%	1%	0%	2%	0%	0%
San Antonio Males	0%	1%	2%	0%	1%	0%	1%	1%	0%	0%	0%	*	*	*	0%	*	0%	0%	0%	0%	1%	1%	0%	0%	0%
San Antonio Male Juveniles										0%	0%	1%	0%	0%	1%	0%	0%	0%	0%	0%			0%	0%	0%
Dallas Females	1%	2%	0%	0%	2%	0%	1%	2%	1%	5%	0%	1%	0%	2%	2%	*	2%	1%	0%	0%	1%	1%	2%	1%	1%
Houston Females	2%	3%	1%	3%	1%	2%	2%	0%	1%	2%	0%	0%	*	0%	2%	0%	0%	0%	*	0%	2%	1%	1%	1%	0%
San Antonio Females	2%	0%	3%	5%	0%	1%	0%	1%	*	0%	2%	2%	0%	2%	0%	0%	0%	1%	0%	1%	3%	1%	1%	1%	0%
San Antonio Female Juveniles										0%	2%	0%	0%	2%	0%	0%	0%	0%	0%	0%			1%	1%	0%
BENZODIAZEPINES																									
Dallas Males	2%	2%	1%	2%	5%	2%	2%	2%	3%	2%	3%	3%	4%	3%	4%	2%	2%	3%	2%	2%	2%	3%	3%	3%	2%
Houston Males	4%	3%	4%	4%	3%	8%	13%	15%	6%	13%	3%	3%	12%	2%	*	3%	5%	6%	6%	5%	4%	10%	6%	4%	6%
San Antonio Males	2%	5%	6%	4%	3%	3%	6%	9%	6%	4%	6%	5%	2%	5%	4%	6%	3%	3%	4%	4%	4%	5%	5%	4%	3%
San Antonio Male Juveniles										3%	2%	3%	0%	4%	1%	0%	0%	0%	3%	3%			2%	1%	2%
Dallas Females	6%	4%	6%	8%	3%	7%	6%	8%	8%	8%	7%	12%	9%	7%	8%	5%	4%	3%	4%	5%	6%	6%	9%	7%	4%
Houston Females	2%	8%	7%	15%	13%	9%	7%	9%	8%	5%	17%	4%	5%	6%	8%	*	7%	7%	6%	6%	8%	9%	9%	5%	7%
San Antonio Females	16%	5%	14%	7%	7%	3%	7%	8%	10%	8%	6%	9%	6%	7%	6%	3%	5%	0%	9%	3%	11%	6%	8%	6%	4%
San Antonio Female Juveniles										0%	2%	0%	2%	2%	0%	0%	3%	0%	0%	0%			1%	1%	1%
PCP																									
Dallas Males	0%	0%	0%	1%	2%	3%	2%	4%	2%	3%	2%	3%	4%	2%	6%	6%	3%	6%	9%	13%	0%	3%	3%	5%	8%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	*	*	2%	*	2%	4%	2%	2%	4%	4%	2%	7%	0%	0%	1%	3%	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%
Dallas Females	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	2%	1%	0%	3%	*	3%	4%	2%	0%	2%	0%	0%	1%	2%	2%
Houston Females	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	*	*	2%	2%	0%	0%	4%	2%	3%	0%	0%	0%	1%	2%
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%
ANY DRUG																									
Dallas Males	52%	56%	55%	60%	62%	60%	60%	56%	58%	64%	63%	61%	59%	60%	60%	50%	58%	58%	63%	66%	56%	60%	62%	57%	61%
Houston Males	70%	66%	61%	65%	61%	60%	50%	67%	68%	60%	60%	49%	61%	51%	38%	38%	52%	56%	70%	58%	65%	60%	59%	47%	59%
San Antonio Males	55%	47%	44%	54%	56%	54%	48%	59%	56%	55%	54%	57%	55%	53%	48%	52%	47%	55%	49%	54%	50%	54%	56%	52%	51%
San Antonio Male Juveniles										30%	38%	38%	40%	42%	40%	34%	45%	46%	39%	47%			27%	39%	44%
Dallas Females	64%	52%	57%	51%	61%	64%	71%	70%	70%	56%	63%	55%	70%	63%	66%	34%	54%	69%	58%	55%	56%	67%	61%	58%	59%
Houston Females	54%	61%	58%	67%	55%	58%	58%	44%	38%	61%	60%	55%	54%	59%	42%	55%	46%	50%	43%	62%	60%	54%	54%	53%	50%
San Antonio Females	56%	41%	52%	35%	35%	61%	50%	33%	44%	43%	40%	39%	44%	44%	37%	31%	48%	39%	42%	41%	46%	45%	42%	39%	43%
San Antonio Female Juveniles										24%	14%	19%	14%	9%	10%	10%	15%	13%	13%	23%			14%	11%	16%

*Less than 1%

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