



TCADA Research Brief



Substance Abuse Trends in Texas: June 1997



Texas Commission on
Alcohol and Drug Abuse

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Cocaine is the number one illicit drug problem in Texas, but indicators are pointing to increased use of heroin. Marijuana use continues to increase. Methamphetamine indicators are beginning to rise, and problems with ephedrine and natural “X” continue. Rohypnol use continues, and a pattern of bringing abusable prescription drugs into Texas from Mexico has developed. GHB is spreading across the state. Hallucinogen use is steady and club drug use continues. Inhalants are a problem among youth. The proportion of AIDS cases resulting from heterosexual contact is increasing and the proportion of cases who are African American and/or female continues to grow.

Area Description

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

Data Sources

Data were obtained from the following sources:

- Ethnographic information and data on price, purity, trafficking, distribution, and supply, and

information on the different metropolitan areas was provided by members of the Texas Epidemiology Work Group (TEWG), which met on April 18, 1997.

- Treatment data—The Texas Commission on Alcohol and Drug Abuse’s (TCADA) Client Oriented Data Acquisition Process (CODAP) provided data on clients at admission to treatment in public facilities from the first quarter of 1983 through March, 1997 (Appendices 1, 2, and 3).
- Drug overdose data—TEWG correspondents reported overdose deaths in Bexar and Travis Counties.
- Drug use by arrestees—The Drug Use Forecasting System (DUF) of the National Institute of Justice provided information for CY1991 through first quarter CY1997 for Dallas, Houston, and San Antonio for arrestees who were interviewed and tested for the presence of various drugs. The data for 1996 and 1997 should be considered preliminary.

■ Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) data—The Texas Department of Health’s *Texas AIDS Cases*:

Surveillance Report provided cumulative and year-to-date data for the period ending March 31, 1997.

Cocaine

Deaths in Bexar County due to cocaine include both overdoses and “detections,” which are deaths due to other causes, such as homicides, but where cocaine was detected in the decedents. The chart below shows that, depending on the year, between 67 and 87 percent of all cocaine deaths were “detections,” which underscores the relationship between cocaine and violence.

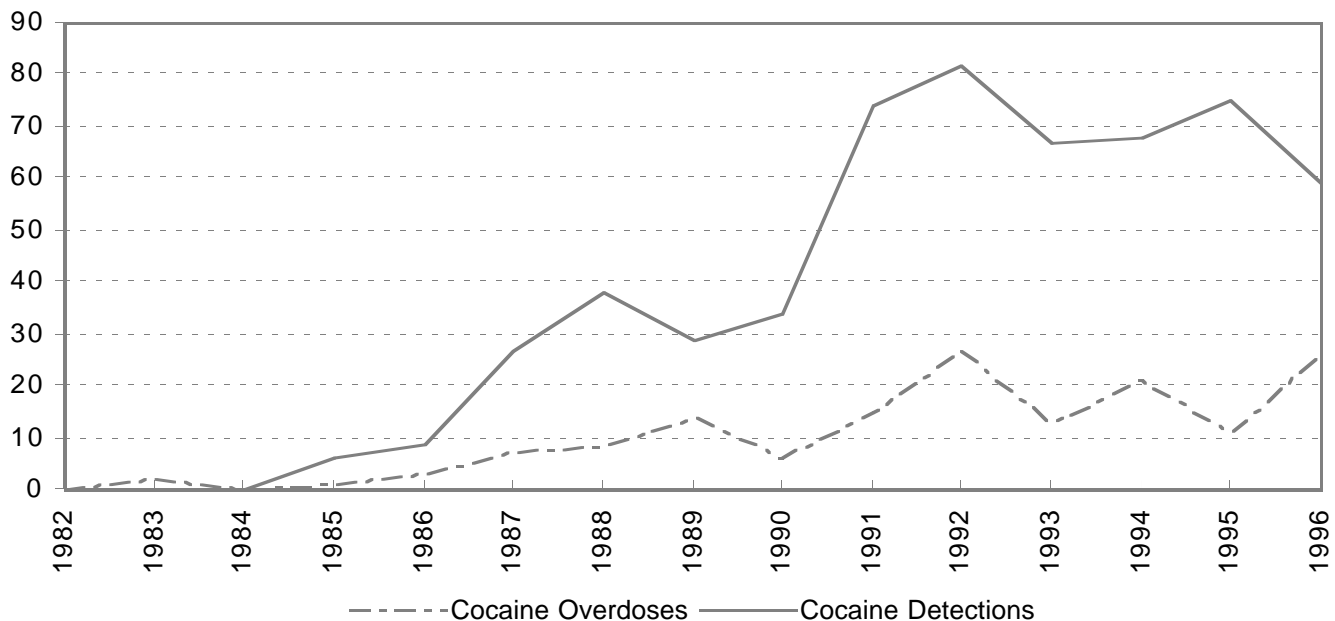
Cocaine continues to be the number-one illicit substance abuse problem for adult clients admitted to publicly-funded treatment programs throughout Texas, although it has dropped from 38 percent in 1993 to 35 percent in 1996 (Appendices 1 and 2).

Crack smokers are the oldest of the cocaine clients and the least likely to be criminal justice referrals,

while injectors are less likely than inhalers to be persons of color. Among inhalers, Hispanics have increased from 38 percent in 1992 to 47 percent in 1996, while African Americans have dropped from 25 percent to 11 percent. Inhalers are much more likely than crack users or injectors to be employed and to be criminal justice referrals or to have legal involvement.

Powder cocaine was the primary drug of abuse for 5 percent of youths entering treatment during 1996 (Appendix 3); in 1995, 4 percent were powder cocaine admissions, and 1 percent were crack admissions. Fifty-eight percent of adolescent cocaine admissions in 1996 were male; 54 percent were Hispanic, 42 percent were Anglo, and 3 percent were African American.

Cocaine Deaths in Bexar County: 1982-1996



Characteristics of Clients Admitted to TCADA-Funded Treatment—Primary Problem with Cocaine: 1996

	Crack Smokers	Powder Cocaine Injectors	Powder Cocaine Inhalers
# Admissions	3,512	711	797
% of Cocaine Admits	70%	14%	16%
Average Age	32.7	31.3	29.4
% Male	45%	52%	62%
% African American	62%	6%	11%
% Anglo	30%	74%	41%
% Hispanic	8%	20%	47%
% CJ/Legal Involved	26%	28%	42%
% Employed	17%	18%	34%
% Homeless	11%	12%	5%
Average Income	\$5,606	\$7,347	\$7,676

Percent of Arrestees Testing Positive for Cocaine (DUF)

	1991	1992	1993	1994	1995	1996	1st Qtr 1997
Dallas Males	43%	41%	45%	35%	32%	32%	31%
Houston Males	56%	41%	41%	28%	40%	39%	31%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%
San Antonio Male Juveniles			6%	9%	6%	10%	15%
Dallas Females	46%	48%	43%	46%	44%	36%	29%
Houston Females	51%	44%	43%	36%	32%	34%	31%
San Antonio Females	24%	25%	24%	23%	23%	23%	18%
San Antonio Female Juveniles			5%	6%	4%	11%	7%

DUF results for arrestees testing positive for cocaine vary by city. In Houston, over half of all arrestees tested positive for cocaine in 1991 and the percentage has declined since then to 31 percent in the first quarter of 1997. In Dallas, 31 percent of males and 29 percent of females were testing positive for cocaine in 1997. In San Antonio, the percent of positives has been more stable over the years although it is declining; in 1997, 26 percent of males and 18 percent of females tested positive for cocaine. The percent of juveniles in San Antonio testing positive for cocaine has increased over time, but the number of youth tested is smaller and so the results are more subject to variation.

In comparison to six months ago, the price of powder

cocaine and crack has increased very slightly while purity remains high. The price of a kilogram of powder ranges from \$10,000 and \$25,000 in the state, with a purity of 75 to 95 percent. Ounce quantities of powder cost from \$400 to \$1,200 with purity of 50 to 85 percent. The price per gram ranges between \$20 and \$100, with 40 percent purity. An ounce of crack costs between \$500 and \$1,100 at up to 60 percent purity. A gram sells for \$60 to \$100. Rocks cost from \$1 to \$100, although sales of \$5 and \$10 rocks are reported declining.

In Lubbock, both powder and crack are readily available, with crack distributed by African American and young Hispanic gangs, while powder is distributed by Mexican dealers with direct ties to Mexican

cartels. In Dallas, Anglos are now getting involved in the higher levels of distribution of powder cocaine. In Lubbock, powder cocaine is injected, while in the Dallas area, it is snorted. In Houston, the quality of crack is reported to be declining due to its being cut many times. Substances used in the cutting include baking soda, laundry detergent, Orajel, vitamin B-12, Coca-Cola (to restore the brown tint), and battery acid (as a vengeance tool). Crack is reported to be the drug of choice among homeless individuals who are dually diagnosed for mental illness and substance abuse.

In Austin, higher quality powder cocaine is being used in the white-collar Anglo communities, and it is reported plentiful and available in the “topless bar” areas. Powder cocaine in \$10 and \$20 bags are sold to Speedball users. Crack is controlled in Austin by African Americans, but use is reported to be up

among Anglos. The \$5 and \$10 rocks are less available, and instead shavings are being sold for that price. There is an increase in use of crack in gallery settings rather than in vacant lots, and prostitution and high alcohol use are associated with these galleries. In addition, a fake crack, “Zulu,” “Whack,” or “Bud,” is sold in Austin.

In San Antonio, the supply is plentiful and many are Speedball users. In Laredo, widespread use of powder cocaine is reported in the lower class barrios, where users both snort and inject. Crack cocaine is not available as “ready made” in Laredo, but a large population of users are reported to be making their own crack. There is an increase in use of crack by prostitutes. Between 1986 and 1996, the price of a paper of powder cocaine has dropped from \$20 to \$10; a gram has decreased from \$100 to \$50; and an ounce has dropped from \$900 to \$600.

Heroin

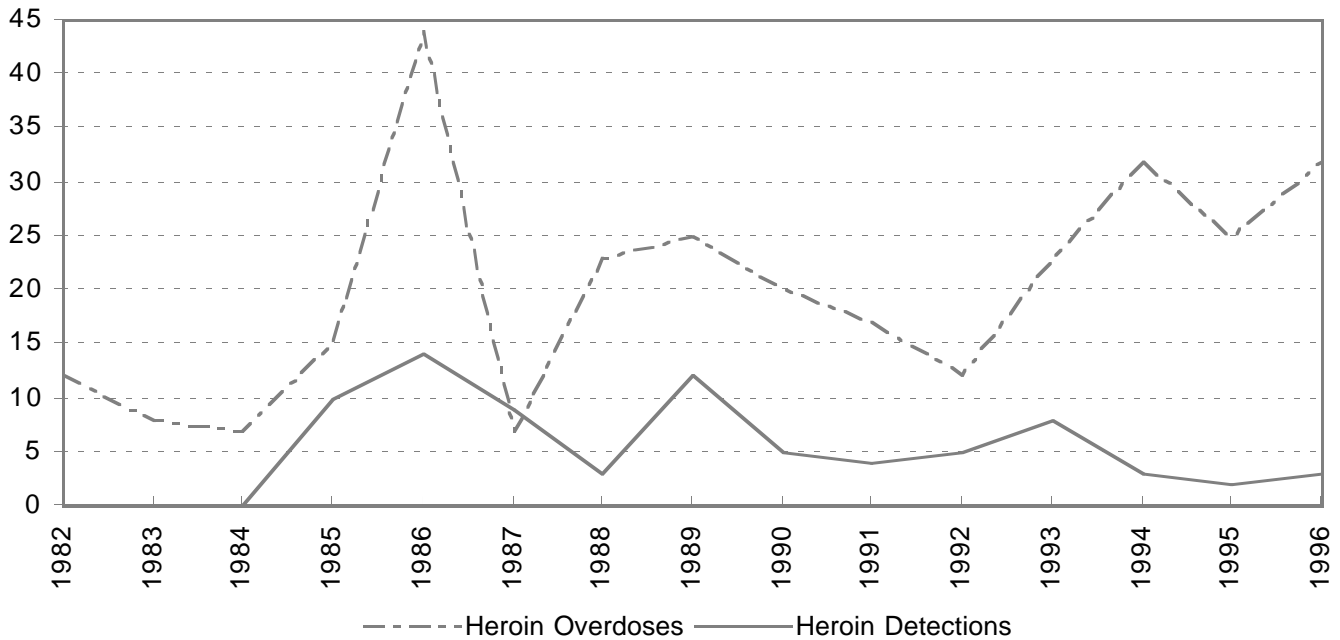
The number of heroin overdose deaths in Bexar County has continued to rise, while the number of deaths due to other causes, but where heroin was detected, have decreased. In 1992, there were 12 heroin overdose deaths; in 1996, there were 32.

This same pattern is reported in Travis County, where the number of heroin overdose deaths has increased from 7 in 1992 to 30 in 1996. Of the deaths in 1996, most were older addicts (43 percent were in their 30s and 30 percent were in their 40s); 70 percent were Anglo, 27 percent were Hispanic, and 3 percent were African American; 83 percent were male. The histories of several of the decedents indicated that they were known heroin users, and of the decedents in 1996, 63 percent also had alcohol in their blood, 23 percent had cocaine, and 17 percent also were positive for diazepam.

Heroin is the number-three illicit drug problem for adult clients admitted to TCADA-funded substance abuse treatment. It comprised 9 percent of all admissions in 1994, 10 percent in 1995, 13 percent in 1996, and 14 percent for first quarter 1997 (appendices 1 and 2). The preferred route of administration is injection (93 percent), as compared to 4 percent for inhaling, and 2.6 percent taking orally (Black Tar “gummers,” opium eaters, and users of heroin nose drops). The average age at admission for the heroin client has risen to 37; 60 percent of those admitted are male; 36 percent are Hispanic, 47 percent are Anglo, and 16 percent are African American; 21 percent are employed and 22 percent are referred from the criminal justice system. The average annual income is \$4,570.

According to DUF, the proportion of arrestees testing positive for opiates since 1991 has remained

Heroin Overdose Deaths in Bexar County: 1982-1996



fairly level. The percent positive is consistently higher in San Antonio than in Dallas or Houston.

The predominant forms are Mexican brown and Black Tar; the availability of Black Tar has risen over the last few years. About 15 percent of the heroin in the Dallas-Fort Worth area is Southeast Asian. Southwest Asian and Colombian heroin transships through Texas with little spillage; most of it is destined for the Northeast.

Black Tar heroin is selling on the street for \$10 per cap; \$250-\$400 per gram; \$2,300-\$6,000 per ounce; and \$50,000 to \$175,000 per kilogram at 30 to 80 percent pure. Southeast Asian heroin ranges from \$150,000-\$175,000 per kilogram, Colombian is \$85,000-\$100,000 per kilogram and 40 to 80 percent pure, and Southwest Asian is \$85,000 per kilogram

Characteristics of Adult Clients Admitted to TCADA-Funded Treatment—Primary Problem with Heroin: 1996

	Inject	Inhale	Oral	Smoke
# Admissions	2,020	82	58	13
% of Heroin Admits	93%	4%	3%	0.60%
Average Age	37.3	29.9	37.6	35.2
Av. Age 1st Use	22.8	23.5	21.1	23.7
Lag- 1st Use & Tmt-yrs.	15	7	17	12
% Male	61%	50%	45%	62%
% African American	14%	45%	12%	23%
% Anglo	47%	30%	72%	54%
% Hispanic	37%	24%	16%	23%
% CJ/Legal Involved	22%	20%	31%	46%
% Employed	22%	37%	28%	38%
% Homeless	7%	7%	7%	0%
Average Income	\$4,440	\$6,417	\$7,449	\$8,615

and 80 to 90 percent pure.

In Lubbock, availability is up, as is quality, with an increased demand for treatment services. Papers are reported to be larger and cost \$20. In Austin, quality is high and heroin is readily available. A balloon costs \$20, and lactose is being used to cut the drug. In Houston, the number of Anglo adolescents and young

Percent of Arrestees Testing Positive for Opiates (DUF)

	1991	1992	1993	1994	1995	1996	1997
Dallas Males	4%	4%	5%	3%	5%	5%	4%
Houston Males	3%	3%	2%	3%	5%	8%	11%
San Antonio Males	15%	14%	14%	13%	10%	10%	12%
San Antonio Male Juveniles			1%	1%	0%	4%	0%
Dallas Females	9%	9%	11%	8%	5%	10%	10%
Houston Females	4%	4%	5%	6%	3%	4%	7%
San Antonio Females	20%	13%	15%	14%	13%	13%	14%
San Antonio Female Juveniles			0%	1%	1%	1%	0%

DEA Domestic Monitor Program Price and Purity Data

	1993	1994	1995	1996
Dallas				
Purity	10.40%	9.70%	6.80%	3.50%
Price/Mg Pure	\$1.30	\$1.60	\$2.34	\$6.66
Houston				
Purity	15.50%	16.00%	16.00%	26.10%
Price/Mg. Pure	\$1.18	\$1.72	\$1.36	\$2.15

In Laredo and San Antonio, heroin is mixed with water and used as nose drops or nasal spray in a Visine bottle. It is called “agua de chango” or “shabanging,” and increasing numbers of young people are reported to be hooked on agua de chango. However, these users are moving to injecting heroin because of its odor. In

adults presenting for treatment is reported to be increasing. Injection is the most popular method of consumption, with some snorting being reported. Speedballs are also used. Mexican brown is readily available in Houston while Black Tar is scarce. If heroin is snorted, it is called “China White,” regardless of the source or type. A gram costs \$120-\$160 at 75 percent purity. Heroin in Laredo is sold in \$10 and \$20 papers.

Spanish, heroin is called “chiva” (goat), and shabangers try other methods of administration to avoid the smell of heroin.

The price and purity data reported by the Domestic Monitor Program for 1993 through 1996 shows a wide variation due to the low number of “buys.”

Other Opiates

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

While abuse of these drugs is not as common as heroin abuse, the addicts who prefer other types of opiates are quite different from the heroin addicts. About 1.6 percent of all adult clients who entered treatment during 1996 used opiates other than heroin

(Appendix 2). In 1996, 70 percent were female; 90 percent were Anglo, 4 percent were African American, and 5 percent were Hispanic; 15 percent used needles. Average annual income was \$9,353, and average age was 37.

In San Antonio, four hydrocodone overdose deaths were reported in 1996, which is a sudden increase.

Statistics from DUF show that male arrestees from

Percent of Arrestees Testing Positive for Methadone (DUF)

	1991	1992	1993	1994	1995	1996	1997
Dallas Males	0%	0%	0%	0%	0%	0%	0%
Houston Males	1%	0%	1%	0%	2%	6%	10%
San Antonio Males	2%	2%	1%	1%	1%	2%	1%
Dallas Females	1%	1%	0%	0%	0%	1%	1%
Houston Females	2%	0%	1%	1%	0%	1%	3%
San Antonio Females	5%	3%	2%	0%	1%	2%	4%

Houston were the most likely to test positive for methadone; in most years the percent testing positive in any city was 1 to 2 percent.

According to DEA reports, the primary narcotic controlled substances being diverted are Vicodin and other combinations of products containing hydrocodone. The abuse of Dilaudid appears to have decreased. However, 90-day supplies of codeine and Xanax are being legally brought into the U. S. from Mexico. The State Board of Pharmacy reports that

hydrocodone and benzodiazepines are the most common drugs involved in chemical dependency problems among pharmacists. In Houston, codeine cough syrup, which is called “lean” and “dean,” has become more popular. It is available in Third Ward nightclubs at \$55 to \$65 per 16 ounce bottle. On the street, an 8-ounce bottle can be purchased for \$25. It is consumed directly from the bottle, in styrofoam cups, and in alcohol products. In Lubbock, Dilaudid sells on the street for \$40 to \$50 per 4 mg. tablet but demand is low.

Marijuana

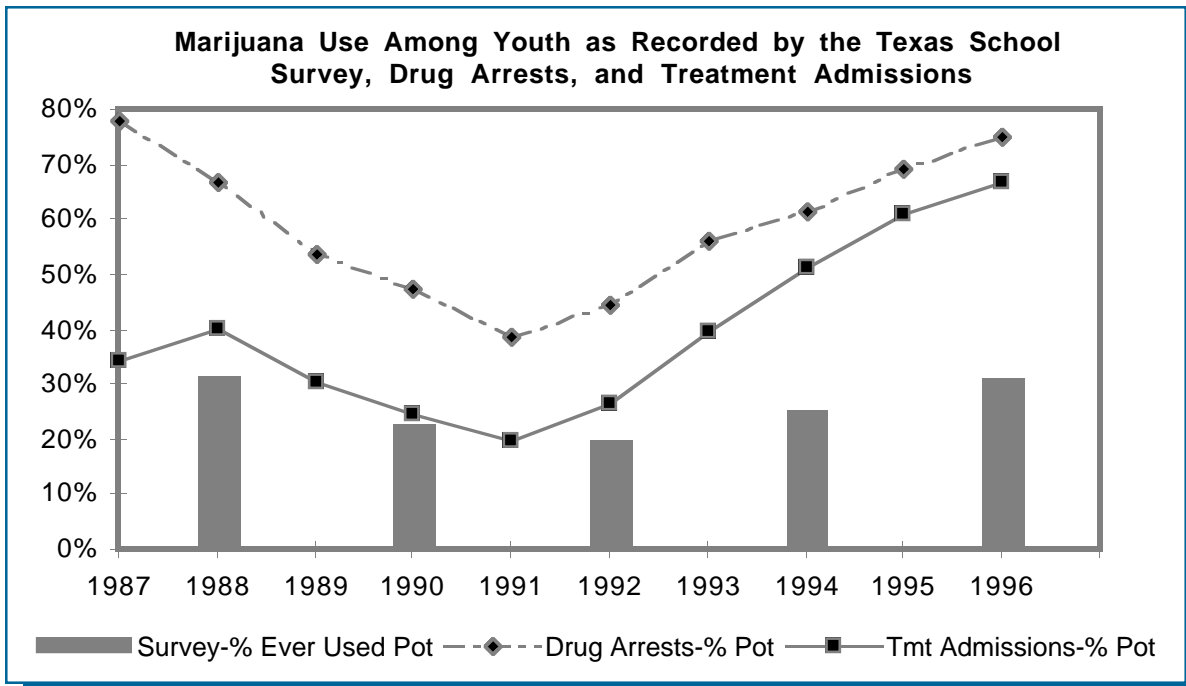
Marijuana was the primary problem for 8 percent of adult admissions to treatment programs in 1996 (Appendices 1 and 2). The average age of marijuana clients continues to increase: in 1985, the average age was 24; in 1996, it was 27. The proportion of males is 68 percent. Fifty-one percent of the clients are Anglo, 28 percent are Hispanic, and 20 percent are African American. Some 61 percent were referred by the criminal justice system; this proportion was higher than for any other drug category. Average annual income is \$7,289.

Marijuana was also the primary drug for 70 percent of adolescent admissions in first quarter 1997, as compared to 66 percent in 1996 (Appendix 3), 61 percent in 1995 and 51 percent in 1994. In 1996, 81 percent of the marijuana admissions were male; average age was 15.4 years; 45 percent were Hispanic, 32 percent were Anglo, and 22 percent were African American

(in 1987, 7 percent were African American). Some 71 percent of the marijuana admissions were referred by the juvenile justice system.

Treatment, survey, and criminal justice data all confirm this increase in marijuana use and the problems which are resulting. With juveniles, not only are more students reporting having ever used marijuana in the Texas Secondary School Survey, but also the proportion of youth entering publicly-funded treatment with a primary problem of marijuana is increasing. The proportion of youth who are arrested for a marijuana drug offense out of all juvenile drug offenses continues to rise.

In the DUF data, the percentage of adult arrestees testing positive for marijuana has increased dramatically since 1991. For San Antonio juvenile males, the percent positive went from 24 percent in 1993 to 68



Percent of Arrestees Testing Positive for Marijuana (DUF)

	1991	1992	1993	1994	1995	1996	1997
Dallas Males	19%	28%	27%	33%	39%	44%	44%
Houston Males	17%	24%	24%	23%	30%	33%	22%
San Antonio Males	19%	28%	32%	30%	34%	39%	32%
San Antonio Male Juveniles			24%	35%	42%	48%	68%
Dallas Females	11%	24%	20%	23%	23%	27%	32%
Houston Females	8%	12%	15%	13%	20%	26%	22%
San Antonio Females	8%	16%	17%	15%	16%	19%	18%
San Antonio Female Juveniles			10%	4%	12%	13%	15%

percent in 1997, while for females, it went from 10 to 15 percent.

Prices fluctuate depending on quality, quantity, demand, and availability. In Houston, a pound sells for between \$350 and \$900, while in the Dallas area, Mexican marijuana is \$450 to \$800 and domestic, with higher THC concentrations, is \$700 to \$3,000 per pound. Ounce quantities of both Mexican and domestic marijuana range between \$60 and \$80.

Swishers and Blunts continue to be popular, and reports continue about the use of marijuana soaked in embalming fluid or mixed with PCP. In Houston, Swisher Sweets dipped in codeine cough syrup are

called “Candyblunts.” Cigars which have been converted to blunts sell for \$5 for one cigar, 3 for \$10, and 5 for \$15.

“Primos” are joints laced with crack or embalming fluid, while “Rompums” are joints laced with horse tranquilizers. “Dank” is another term for marijuana, and “Killer” is high quality marijuana. “Water” indicates the use of PCP with marijuana in Lubbock, while in Houston, “Water-Water,” “Fry,” and “Amp” are terms for marijuana cigarettes dipped in embalming fluid. The embalming fluid which provides the best high is said to be dark amber in color; acetone and pink formaldehyde are available for \$50 to \$100 in small bottles similar to those used to distribute

crack or in baby food jars. Cough syrups can be mixed with the embalming fluid; "Green" has Nyquil mixed in. In Lubbock, "Yeola" is marijuana used with crack. In Laredo, most of the high grade marijuana is transported from Mexico and shipped north, while the

marijuana on the street is reported of low quality. High quality marijuana, such as Sinsemilla, Acapulco Gold, Panama Red, and Lima Lemon, which sold for \$400/lb. in Laredo in 1986 now sells for \$250/lb.

Stimulants

Stimulants (methamphetamines and amphetamines) accounted for 3.45 percent of adult treatment admissions in 1996 but comprise 4.4 percent in the first quarter of 1997 (Appendices 1 and 2). The client admitted for a primary problem with stimulants is aging: the average age was 26 in 1985 and 31 in 1996. The proportion of Anglo clients has risen from 80 percent in 1985 to 93 percent in 1996, while the proportion of Hispanics has dropped from 11 percent to 5 percent, and the proportion of African Americans has dropped from 9 percent to 1 percent. The proportion of males is 43 percent and 63 percent use needles. The average income is \$6,928.

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 percentages are up for the first quarter 1997.

Methamphetamine and amphetamine is manufactured in Texas and it is also imported from California and Mexico. According to DEA reports, the price range of methamphetamine has dropped from be-

tween \$15,000 to \$18,000 a pound in January, 1994, to between \$10,000 to \$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. Ounce quantities of methamphetamine and amphetamine retail for \$800 to \$1,600; a gram costs \$100 to \$125. As prices have dropped, the purity has increased to 40-90 percent pure.

Lubbock reports an "explosion" of speed, with most of it coming from Mexico. Most users inject, but there is some snorting. Methamphetamine which is made in stainless steel equipment is yellow, moist, and preferred by injectors. Methamphetamine which is made in glass equipment is white and has a consistency which snorters prefer. In comparison, in Austin, crank is not available and the precursor chemicals are reported as difficult to obtain. There is a limited supply of "Ice," which comes in a rock form and is smoked on tin foil. It costs \$75 for a half gram and \$140 for a gram. In Houston, pseudoephedrine and iodine, which is purchased locally, is used to make methamphetamine.

Percent of Arrestees Testing Positive for Amphetamines (DUF)

	1991	1992	1993	1994	1995	1996	1997
Dallas Males	1%	1%	4%	2%	2%	1%	4%
Houston Males	0%	0%	0%	0%	0%	0%	0%
San Antonio Males	1%	0%	0%	0%	1%	2%	3%
San Antonio Male Juveniles			0%	0%	0%	1%	0%
Dallas Females	3%	3%	6%	4%	4%	1%	5%
Houston Females	0%	0%	1%	0%	1%	1%	3%
San Antonio Females	2%	1%	2%	0%	3%	3%	4%
San Antonio Female Juveniles			1%	0%	0%	0%	0%

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 or Ecstasy originates in Houston, Baytown, Corpus Christi, Mexico, or California. Prices of MDMA range from \$7 to \$30 per 50 to 100 milligram tablet dosage unit.

In Austin, there are several varieties of Ecstasy and the cost is \$25 per dose. It is mainly seen in the young adult population with an increase now noted in use by teenagers. Ecstasy wafers, which are called “chocolate chip cookies,” are made with MDMA and heroin or methadone. They are taken orally and users report seeing “colors” while under the influence. There are also “eraser heads,” which are little white pills that have the same effect as Wafers. Pills that are blue and black are reported to have an effect more similar to using speed. In Lubbock, some Ecstasy is combined with a synthetic opiate such as fentanyl.

Two popular appetite suppressant drugs, fenfluramine and phentermine, commonly called “fen/phen,” are being diverted and are also being marketed by diet clinics with ads targeting truckers. The manufacturer of Pondimin (fenfluramine) has published a notice that the use of Pondimin in combination with other weight-loss chemicals is not recommended, and the addition of phentermine to Pondimin is not an approved use of the product.

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 profes-

sionals to contain active drug ingredients. In addition, some of these products are “spiked” with synthetic ephedrine and caffeine.

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

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

Ephedrine is selling for up to \$1,200 per pound, an increase from \$1,000 six months ago, and 1,000 tablets will sell for \$10. Pharmacists are now reporting buyers in Texas wanting to purchase large quantities of pseudoephedrine, iodine, and guaifenesin over the counter to produce methamphetamine and amphetamines.

Sedatives/Hypnotics

This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital; tranquilizers, such as the benzodiazepines,

diazepam, flunitrazepam, flurazepam, and chlordiazepoxide; and nonbarbiturate sedatives, such as meth-

aqualone, over-the-counter sleeping aids, and chloral hydrate.

In 1996, the Southeast Texas Poison Control Center, which is one of six in Texas, reported 24 cases of Rohypnol (flunitrazepam) abuse which resulted in hospital admissions for all but one user. Of the cases where information was available, 65 percent were male, and the average age was 19.

While on the Lower Border, Rohypnol is primarily used by middle and high school 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 and older polydrug abusers. It is primarily used in conjunction with alcohol. In Houston, "roaches," "roopies," "rib," or "ro-SHAY" are popular with Anglo and Hispanic youth. In San Antonio, Rochas Dos, the 2 mg. pill, is a party drug among gang members. In Austin, it is called "rope" and "Run-Trip-and-Fall."

Until Rohypnol was banned by Customs, it was selling for 50 cents to \$1 per tablet; now it is reported selling for \$1.50-\$3 per tablet in Laredo and \$5 a pill in Austin. 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 hydrochloride 50 mg (Darvon), and diazepam 2 mg (Valium) is one preferred replacement. A second choice is Rivotril (clonazepam), which is sold in the U.S. as Klonopin and is used for the treatment of petit mal seizures. A third drug is Lexotan (bromazepam), which is a benzodiazepine not made nor approved for use in the U.S. Often the users cannot distinguish Rohypnol from Valium or Clonopin.

CODAP began collecting information specifically on Rohypnol on January 1, 1996. Through December, 1996, 11 youth were admitted with a primary problem with Rohypnol and 57 more were admitted for secondary or tertiary problems with the drug. Eighty-seven percent of the youth were Hispanic and 12

Percent of Arrestees Testing Positive for Various Drugs (DUF)

BARBITURATES	1991	1992	1993	1994	1995	1996	1997
Dallas Males	0%	0%	0%	0%	0%	0%	0%
Houston Males	1%	0%	2%	0%	0%	1%	0%
San Antonio Males	1%	1%	0%	0%	0%	0%	0%
San Antonio Male Juveniles			0%	0%	0%	0%	0%
Dallas Females	1%	1%	2%	1%	1%	0%	0%
Houston Females	2%	1%	1%	1%	0%	1%	0%
San Antonio Females	3%	1%	1%	1%	0%	1%	0%
San Antonio Female Juveniles			1%	1%	0%	0%	0%
BENZODIAZEPINES	1991	1992	1993	1994	1995	1996	1997
Dallas Males	2%	3%	3%	3%	2%	2%	2%
Houston Males	4%	10%	6%	4%	6%	9%	14%
San Antonio Males	4%	5%	5%	4%	3%	4%	4%
San Antonio Male Juveniles			2%	1%	2%	2%	8%
Dallas Females	6%	6%	9%	7%	4%	7%	5%
Houston Females	8%	9%	9%	5%	7%	7%	6%
San Antonio Females	11%	6%	8%	6%	4%	10%	6%
San Antonio Female Juveniles			1%	1%	1%	5%	0%

percent were Anglo; 68 percent were male and the average age was 15.4 years. Forty-one percent were referred from the juvenile justice system. Other drugs of abuse included marijuana and alcohol. Significantly, 72 percent of these youth entered programs located on the Texas-Mexico border, and since Rohypnol abuse has been a problem among Border youth for a longer period of time, this may represent the first cohort of Rohypnol users whose use of this drug has now led to dependence and the need for treatment.

In addition, 20 adults were admitted into treatment during 1996 with a primary, secondary or tertiary problem with Rohypnol. Some 55 percent entered programs in Border counties. Of the adult clients, 60 percent were Hispanic, and 40 percent were Anglo; 35 percent were male, and the average age was 25, which is much younger than most adult clients entering treatment (overall average age is 33.8 years). Powder cocaine and heroin were other drugs most likely to be abused by these adults.

Less than 1 percent of the adult clients entering treatment during 1996 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 (87 percent), and female (78 percent). The average income is \$5,268.

Benzodiazepines were the drugs in the downer category most often identified by DUF and they continue to be a problem, with positives ranging from 2 to 14 percent. For barbiturates, the positive rate ranges from 0 to 1 percent.

Non-compliant methadone patients in Lubbock are seeking to potentiate their highs through the use of benzodiazepines. Xanax and valium sell for \$2 each; Xanax is becoming a popular drug of abuse with addicts. It sells for \$2 a pill in Austin, and 100 can be purchased for \$100. In Houston, Xanax is used by heroin addicts to minimize the highs and lows.

GHB (gamma-hydroxybutyrate) is becoming more common in Texas where it is known on the street as "Liquid Ecstasy," "Somatomax," "Scoop," or "Grievous Bodily Harm." DEA reports purchases of butyrolactone and sodium hydroxide to produce GHB and that supplies are up in the San Antonio and Houston areas.

Hallucinogens

One overdose death due to a psilocin/psilocybin mushroom was detected in Bexar County in 1996.

Among adolescent treatment programs, 2.4 percent of the admissions in 1996 were for hallucinogens (Appendix 3). The proportion of males in 1996 was 76 percent and 74 percent Anglo. Among adult treatment admissions in 1996, only 0.26 percent were for hallucinogens. Average age was 25 years and 50 percent were male; 61 percent were Anglo, 34 percent were African American and 5 percent were Hispanic (Appendices 1 and 2).

PCP is most likely to be reported among male DUF arrestees in Houston. 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 is about \$20.

LSD is manufactured in California and Houston and it still sells from \$1 to \$10 a hit and between \$800 and \$1,000 per book. In Lubbock, it is popular among the college crowd, and 100 unit acid hits are

Percentage of Arrestees Testing Positive for PCP (DUF)

PCP	1991	1992	1993	1994	1995	1996	1997
Dallas Males	0%	3%	3%	5%	8%	3%	2%
Houston Males	0%	0%	1%	3%	4%	2%	6%
San Antonio Males	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	0%	1%	2%	2%	1%	0%
Houston Females	0%	0%	0%	1%	2%	1%	2%
San Antonio Females	0%	0%	0%	0%	0%	0%	0%

easy to obtain. In Houston, use is up among adolescents and young adults of all racial and ethnic groups. It is being marketed specifically to youth; in February, 1997, a dealer was arrested for selling baseball-style cards with images of space aliens. Each card contained 100 hits of LSD. LSD is reported to be consumed with other substances. "Candyflipping," which is combining hits of ecstasy and acid, sell for \$20 a pill

for ecstasy and \$5 to \$8 per pill for acid. When chased with a line of inhaled cocaine, the routine is called "candyflipping on a string." In Austin, LSD costs \$5 per hit and is sold in tiny square paper forms. Five hits cost \$20 and a sheet approximately the size of a dollar bill costs \$150; it can be broken down and sold for approximately a \$350 profit. Most users are young Anglos and Hispanics.

Inhalants

Inhalant abusers comprised 7 percent of the admissions to adolescent treatment programs in 1996 (Appendix 3). Some 76 percent were male, 76 percent were Hispanic, 21 percent were Anglo, and 2 percent were African American. The race/ethnic distribution is heavily influenced by the location and orientation of the treatment programs. In addition, 0.2 percent of adult admissions were inhalant abusers in 1996 (Appendix 2). Some 62 percent were male; 54 percent were Hispanic, and 41 percent were Anglo. These clients had the lowest education level (10.6 years). The average annual income was only \$3,903.

A study of adult inhalant abusers in San Antonio is in progress, and this study found that most subjects report they forget things and that they studder; they

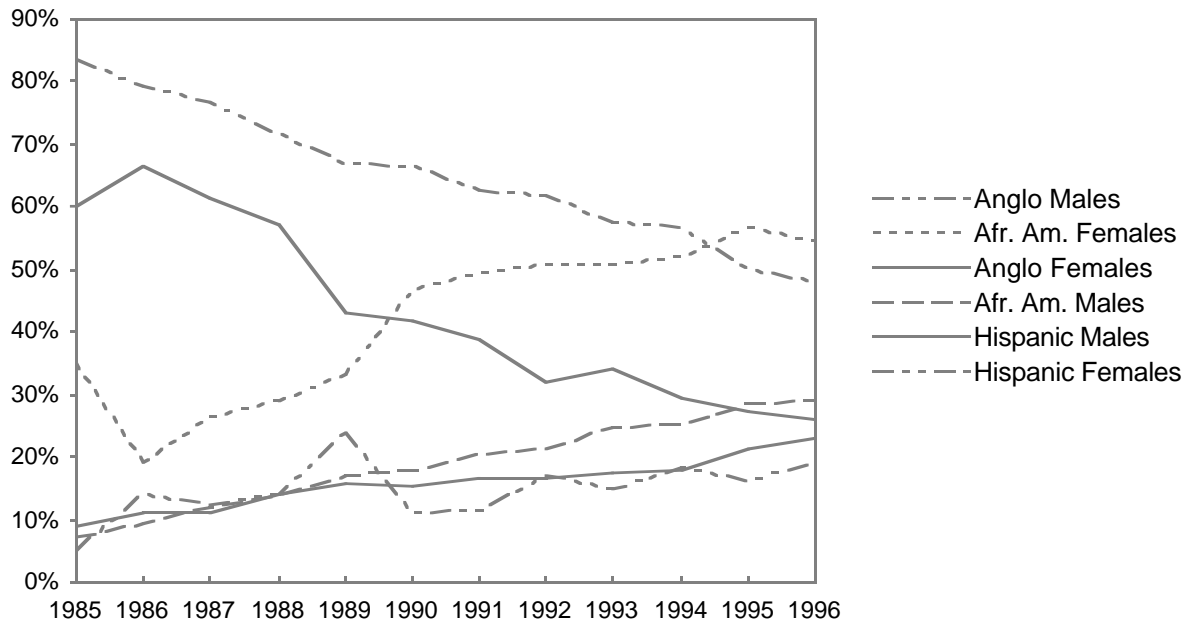
are violent; they all smoke marijuana and some use cocaine and heroin. Most of the subjects report inhaling gold and silver paint, with some inhaling octane booster and freon gas. Some have been in treatment. None of the subjects graduated from high school; most dropped out in the ninth or tenth grade. In Austin, use of gasoline and spray paints, along with alcohol, is high among homeless Hispanics. In Laredo, inhalant abuse is common among teenagers in middle and high school, but use is less than use of marijuana. Inhalants are widely used in the barrios because they are cheap. In addition, inhalant abuse is prevalent in Mexico and recent immigrants have contributed to the widespread use of inhalants. In Houston, inhaling is called "Choo-Choo," and octane boosters and paints are the favorite inhalants

AIDS Among Drug Users

As of March 31, 1997, 41,446 AIDS cases had been officially reported in Texas since 1980. The proportion of adult and adolescent AIDS cases related to

injecting drug use has gone from 15 percent in 1988 to 22 percent in 1997. In 1988, 6 percent of the cases were IDU's, and 9 percent were male-to-male sex

Male and Female AIDS Cases by Race/Ethnicity



Differences in Needle Users Who Inject Heroin, Stimulants, and Cocaine from CODAP Data

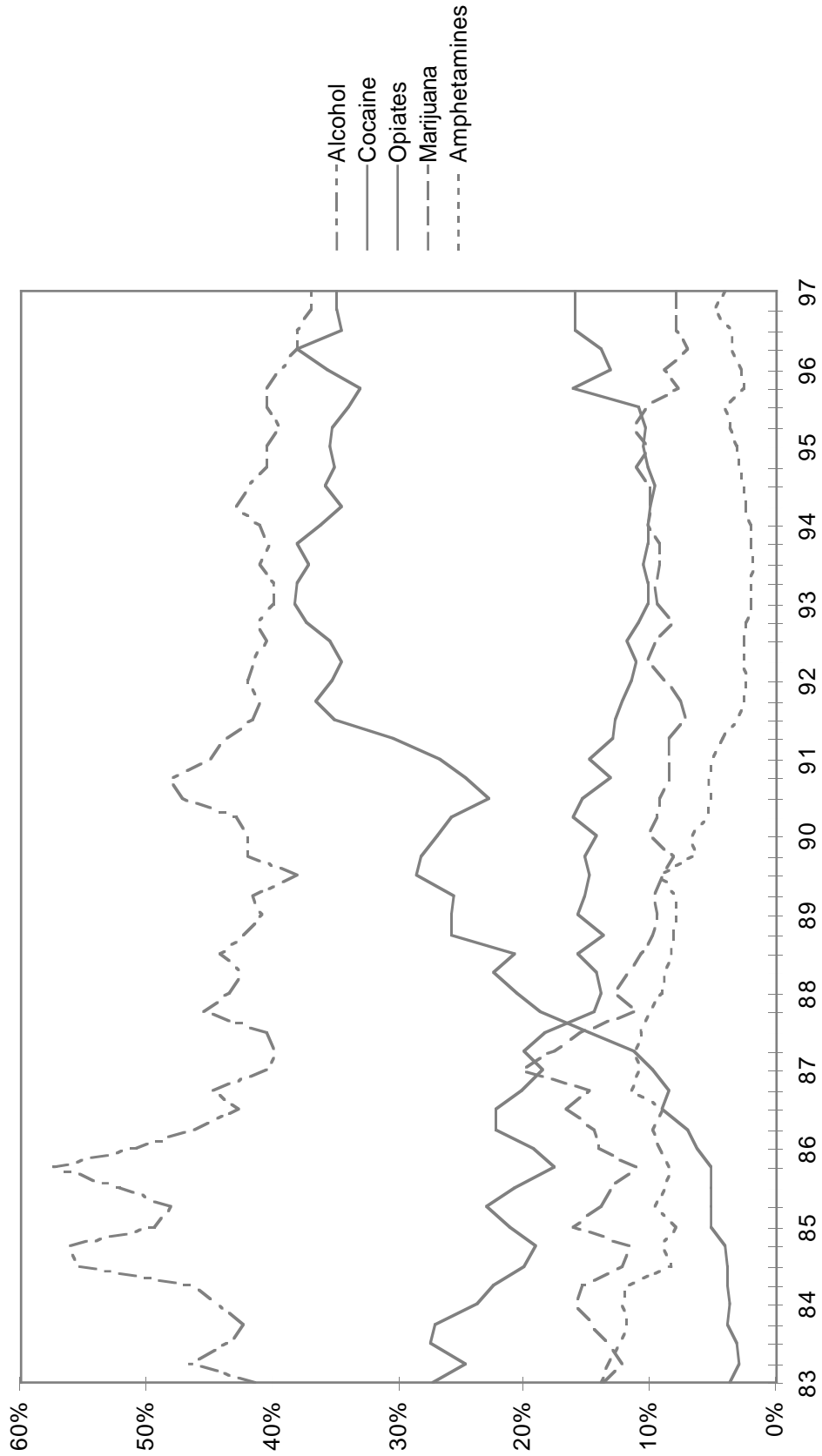
	N	Age	% Male	% Afr. Am.	% Anglo
Heroin	1,198	36.6	58.6	14.0	46.5
Stimulants	208	30.5	34.6	1.4	94.7
Cocaine	711	31.3	52.0	5.9	73.6
	% Hispan.	% Job	% CJ Refer'd	% No Home	Avg. Income
Heroin	38.7	16.2	17.9	9.6	\$4,076
Stimulants	3.9	22.6	25.5	11.1	\$6,163
Cocaine	19.6	18.4	28.0	12.1	\$7,347

and IDU's; in 1996, 17 percent of the cases were IDU's, and 5 percent were male-to-male sex and IDU's. The proportion of cases resulting from heterosexual contact has gone from 2 percent in 1988 to 16 percent in 1997. In 1988, 3 percent of the AIDS cases were females over age 12; for 1997, 18 percent were female. In 1988, 15 percent of the adult and adolescent cases were African Americans; in 1996, 33 percent were African American. As of 1996, of the female cases, 57 percent were African American, as

were 29 percent of the male cases.

The proportion of adult needle users entering TCADA-funded treatment programs had decreased from 32 percent in 1988 to 23 percent for 1996, but has risen to 26 percent for first quarter of 1997. The above table shows the differences in needle users who inject heroin, stimulants such as methamphetamine and amphetamine, and cocaine. ❄️

Appendix 1
Percent of Adult Admissions to Publicly Funded Treatment Programs by Primary Drug of Abuse, by Quarter: January 1983-March 1997



Appendix 2

Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs:

Jan. 1 through Dec. 31, 1996

Primary Drug	Percent of all Admissions		Average Age	Average Age 1st at Use	Average Age at Use	Average Lag from 1st Admission	Percent Married	Percent Male	Percent Using Needles
	Total	Drug							
All Drugs	17,250	100.00%	33.76	20.49	20.49	14	22.31%	57.13%	23.45%
Heroin	2,214	12.83%	37.12	22.84	22.84	15	26.47%	59.67%	93.54%
Alcohol	6,436	37.31%	35.75	16.27	16.27	20	23.46%	65.91%	7.22%
Amphetamines	595	3.45%	30.73	19.95	19.95	11	20.84%	42.69%	62.86%
Cocaine	1,548	8.97%	30.33	21.84	21.84	9	25.71%	57.11%	47.55%
Marijuana/Hash	1,332	7.72%	27.38	15.47	15.47	12	21.17%	68.32%	0.00%
Inhalants	37	0.21%	29.59	19.78	19.78	10	13.51%	62.16%	0.00%
Other Drugs	44	0.26%	30.86	25.25	25.25	6	29.55%	40.91%	18.18%
Ecstasy	12	0.07%	26.00	23.33	23.33	3	16.67%	66.67%	0.00%
Crack	4,572	26.50%	32.73	25.70	25.70	8	17.72%	45.06%	4.86%
Hallucinogens	44	0.26%	24.80	19.32	19.32	6	4.55%	50.00%	25.00%
Other Opiates	268	1.55%	36.64	27.88	27.88	9	27.61%	30.22%	15.30%
Depressants	148	0.86%	34.76	26.19	26.19	9	28.38%	21.62%	16.89%

Primary Drug	Percent			Percent Employed	% Criminal Justice Referred	Average Education	Percent Homeless	Average Income at Admission
	African American	Anglo	Hispanic					
All Drugs	26.10%	51.74%	21.27%	27.93%	33.31%	11.46	9.22%	\$6,601
Heroin	15.54%	46.93%	35.95%	23.80%	21.95%	11.26	7.23%	\$4,570
Alcohol	13.72%	61.26%	23.99%	34.32%	36.78%	11.45	10.11%	\$7,570
Amphetamines	1.34%	93.45%	5.21%	30.42%	39.16%	11.59	8.24%	\$6,928
Cocaine	8.98%	55.81%	34.04%	26.10%	35.40%	11.38	8.33%	\$7,525
Marijuana/Hash	20.12%	51.43%	27.55%	43.92%	61.11%	11.04	4.13%	\$7,289
Inhalants	2.70%	40.54%	54.05%	27.03%	16.22%	10.62	18.92%	\$3,903
Other Drugs	6.82%	79.55%	13.64%	18.18%	22.73%	12.05	11.36%	\$6,818
Ecstasy	33.33%	33.33%	33.33%	33.33%	25.00%	12.67	0.00%	\$1,908
Crack	61.66%	30.38%	7.61%	17.19%	25.68%	11.65	11.13%	\$5,606
Hallucinogens	34.09%	61.36%	4.55%	22.73%	40.91%	11.39	4.55%	\$3,769
Other Opiates	4.10%	89.55%	4.85%	23.88%	22.76%	12.69	2.99%	\$9,353
Depressants	5.41%	87.16%	7.43%	20.27%	17.57%	11.39	10.81%	\$5,268

Appendix 3

Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs:

Jan. 1 through Dec. 31, 1996

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Average Age 1st at Use	Average Lag from 1st Use to Admission	Percent First Admissions	
						Percent	Male
All Drugs	2,326	100.00%	15.42	12.34	4	70.55%	77.77%
Heroin	16	0.69%	15.50	13.75	2	43.75%	81.25%
Alcohol	323	13.89%	15.52	11.64	4	73.37%	72.76%
Amphetamines	22	0.95%	15.91	13.36	3	59.09%	63.64%
Cocaine	122	5.25%	15.71	13.43	3	58.20%	58.20%
MJ Hash	1,543	66.34%	15.40	12.22	4	72.46%	81.40%
Inhalants	164	7.05%	14.88	12.67	3	71.34%	76.22%
Ecstasy	6	0.26%	16.17	15.17	2	66.67%	50.00%
Rohypnol	11	0.47%	15.27	13.82	2	45.45%	54.55%
Crack	30	1.29%	15.77	14.53	2	63.33%	63.33%
Hallucinogens	58	2.49%	15.67	13.57	3	55.17%	75.86%
Depressants	6	0.26%	16.17	11.83	5	100.00%	83.33%
Other Drugs	14	0.60%	16.14	13.18	3	71.43%	71.43%

Primary Drug	Percent Using Needles	Percent African American	Percent Anglo	Percent Hispanic	Percent Involved w/ Criminal Justice	Average Education
Heroin	56.25%	0.00%	50.00%	50.00%	56.25%	8.13
Alcohol	0.00%	11.46%	33.44%	54.49%	68.11%	8.34
Amphetamines	40.91%	0.00%	100.00%	0.00%	72.73%	8.68
Cocaine	7.38%	3.28%	41.80%	54.10%	54.92%	8.39
MJ Hash	0.13%	22.42%	32.53%	44.33%	71.10%	8.25
Inhalants	0.00%	2.44%	20.73%	75.61%	59.15%	7.59
Ecstasy	0.00%	0.00%	66.67%	33.33%	50.00%	9.00
Rohypnol	0.00%	0.00%	18.18%	81.82%	54.55%	8.55
Crack	3.33%	16.67%	36.67%	46.67%	50.00%	8.47
Hallucinogens	0.00%	10.34%	74.14%	15.52%	60.34%	8.66
Depressants	0.00%	16.67%	33.33%	50.00%	50.00%	9.17
Other Drugs	0.00%	35.71%	28.57%	35.71%	92.86%	8.71