



TCADA Research Brief

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Substance Abuse Trends in Texas:
June 1998

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Crack cocaine is the primary illicit drug for which adult clients are admitted to treatment, but the proportion of crack admissions is declining, while admissions for powder cocaine are increasing. Overdose deaths due to cocaine increased between 1995 and 1996, which may reflect increased use of powder cocaine or the reported use of crack by Anglos and Hispanics. Heroin treatment admissions are increasing; most are injectors. Heroin overdose deaths have increased annually, with a rash of overdoses among young suburban residents reported in the DFW area. The price of Mexican heroin has dropped sharply, while purity has increased. Vicodin is a major diversion problem, and codeine cough syrup is growing in popularity. Marijuana is the primary drug problem for adolescent treatment admissions, and the percent of adult and adolescents testing positive for marijuana at arrest continues to increase, as does the volume of seized marijuana submitted for laboratory analysis. The availability of marijuana is high and the price is lower. The use of marijuana and tobacco dipped in embalming fluid containing PCP continues to be reported. Amphetamine and methamphetamine admissions to treatment are low but increasing slightly as are DUF reports. Prices are dropping, and methamphetamine use appears to be increasing at a higher rate in North Texas. Ephedrine use remains a problem. Depressants are a growing problem because of their importation from Mexico, with Rivotril being substituted for Rohypnol. Rohypnol treatment admissions are increasing, and Xanax continues to be abused by heroin addicts. GHB overdoses are increasingly reported. LSD is easy to obtain, but the quality is low. AIDS cases among heterosexuals are increasing, as are cases involving females and African Americans. Programs are more aware of hepatitis C (HCV) and the lack of resources for testing and treatment, as well as the fact that recovering drug users who have not used in years are now testing positive for HCV.

Area Description

The population of Texas (18,967,764) is distributed among 28 metropolitan statistical areas and 254 counties. The racial/ethnic composition of Texas is 57 percent Anglo, 28.8 percent Hispanic, 11.5 percent African American, and 2.7 percent other race/ethnicity. 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 implementation of 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 that Mexican pharmacies sell many controlled substances to U.S. citizens who declare these drugs and then legally bring up to a 90-day

supply into the state. In addition, “Conjunto” or “Norteno” music now reflects the economic problems of Mexico and the easy money involved in drug running.

With the death of Carrillo Fuentes, a Mexican drug lord, in 1997, a war has erupted between rival factions for control of his

empire, with a resulting chaos in Ciudad Juarez which has led to Colombian suppliers shifting to more stable routes through South Texas and other areas of the U.S. The chaos has influenced El Paso’s drug culture, which had formerly been close-knit. A decade ago, addicts rarely trav-

eled outside their own barrios to use or to buy; now the social stratification has broken down. In the past, El Paso addicts did not go to Ciudad Juarez to buy drugs; today, Juarez is “wide open” with a great deal of trafficking (Ramos, 1998).

Data Sources and Time Periods

Data were obtained from the following sources:

- **Ethnographic information and data on price, purity, trafficking, distribution, and supply**—This information was provided by members of the Texas Epidemiology Work Group (TEWG), which met on May 7, 1998. The Work Group includes representatives from the Drug Enforcement Administration, substance abuse treatment providers, outreach workers, researchers, and medical examiners. Their individual reports are reflected in information in the city-by-city summaries in each drug section in this report. Copies of their full reports are published by TCADA in *Current Trends in Substance Use: Texas 1998* (in press).
- **Treatment data**—The Texas Commission on Alcohol and Drug Abuse’s (TCADA) Client Oriented Data Acqui-

sition Process (CODAP) provided data on clients at admission to treatment in public facilities from the first quarter of 1983 through March, 1998.

- **Overdose data**—Four of the six regional poison control centers in Texas reported calls about possible overdoses of various drugs. The reporting periods were not uniform, but the information received covers between November, 1995 and the first quarter of 1998. Overdose death data came from death certificates from the Bureau of Vital Statistics at the Texas Department of Health. Emergency room reports are not discussed, since new Drug Abuse Warning Network (DAWN) statistics have not been received since those reported in the *Substance Abuse Trends in Texas: December 1997*.
- **Drug use by arrestees**—The Drug Use Forecasting (DUF)

System of the National Institute of Justice provided information for 1991 through the second quarter 1998 for Dallas and Houston, and through the first quarter of 1998 in San Antonio for arrestees who were interviewed and tested for the presence of various drugs.

- **Acquired immunodeficiency syndrome (AIDS) and other diseases 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, 1998. The Texas Department of Health, Infectious Disease Epidemiology and Surveillance Division, provided data on hepatitis C.
- **Special reports**—These include *Crack Cocaine as a Major Risk for HIV Transmission in a Crack House Population* by Michael Ross et al. (1997), *“Fry:” A Study of*

Adolescents' use of Embalming Fluid with Marijuana and Tobacco by William Elwood (1998), and *An Ethnographic*

Comparison of the Mexican American Drug Culture in El Paso, Texas: 1987 to 1997 by Reyes Ramos (1998). More

information on these and other TCADA research reports are available at www.tcada.state.tx.us.

Cocaine and Crack

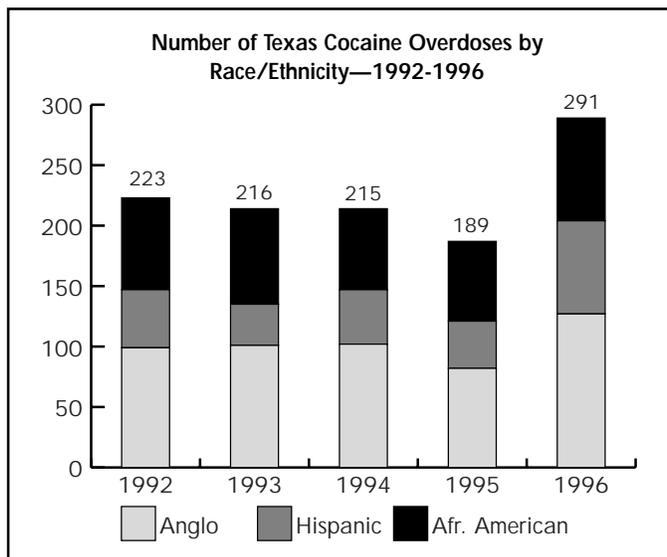
Death certificates of persons dying of cocaine (alone or in combination with other drugs) show an increase in the number of cases from 1995 to 1996. Between 1992 and 1996, of

those persons dying from a cocaine overdose, 43 percent were Anglo, 33 percent were African American, and 23 percent were Hispanic. Some 78 percent were male. The average

age was 35.6 years.

Cocaine (crack and powder) remains the number two substance abuse problem, after alcohol (38 percent), for adult clients admitted to publicly-funded treatment programs throughout Texas, although cocaine has dropped from 38 percent of all admissions in 1993 to 33 percent in 1997 (appendix 1). See appendix 2 for information on the characteristics of these clients.

Crack cocaine is the primary illicit drug of abuse for adult clients admitted to publicly-funded treatment programs throughout Texas, although it has dropped from 28 percent of all adult admissions in 1993 to 25 percent for 1997. Abusers of powder cocaine comprise 8 percent of admissions to treatment, and they are younger than crack abusers and more likely to be male and Anglo. As the adjacent table shows, of the users of powder cocaine, half prefer to inject the drug, while the other half prefer to inhale it. The term "lag" refers to the period from first consistent or regular use of cocaine to date of admission to treatment.



Characteristics of Clients Admitted to TCADA-Funded Treatment by Primary Problem with Cocaine and Route of Administration—Jan.-Dec. 1997

	Crack Smoke	Powder Cocaine Inject	Powder Cocaine Inhale
# Admissions	6,366	1,040	956
% of Cocaine Admits	76%	12%	11%
Average Age	34	32	29
Lag-1st Use to Tmt-Yrs.	8	10	8
% Male	52%	58%	63%
% African American	60%	5%	10%
% Anglo	31%	72%	43%
% Hispanic	9%	22%	46%
% CJ Involved	39%	42%	48%
% Employed	17%	20%	33%
% Homeless	12%	8%	2%
Average Income	\$6,376	\$7,931	\$8,352

Powder cocaine was the primary drug of abuse for 6 percent of youths entering treatment during 1997 (appendix 3), up from 4 percent in 1995. Crack cocaine accounted for 2 percent of youth admissions in 1997 as well as in 1995.

The proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s. However, cocaine continues to be the drug for which more adult female arrestees test positive in DUF.

Compared with prices at the end of 1997, the price of cocaine statewide has remained level while purity remains high, according to DEA reports. Cocaine prices in the state are \$10,000-\$22,000 per kilogram (75-95 percent purity) in Houston as compared to \$12,500-\$15,000 in Dallas. The statewide price of powder is \$500-\$1,200 per ounce (50-88 percent purity), and \$20-\$100 per gram (40 percent purity). Crack costs \$500-\$1,100 per ounce (up to 60 percent purity), \$60-\$100 per gram, and between \$10-\$50 per rock.

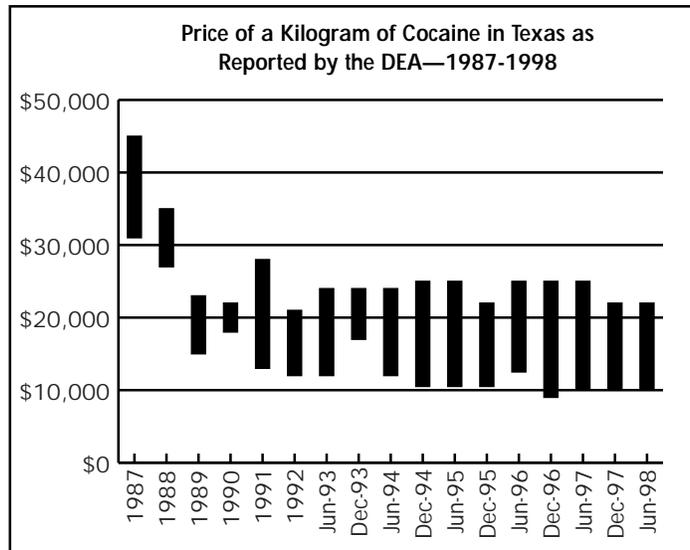
The crime laboratories of the Texas Department of Public Safety (DPS) report an overall increase in the amount of cocaine examined.

1998 TEWG REGIONAL REPORTS

In Austin, powder cocaine is

Texas Arrestees Testing Positive for Cocaine (DUF)—1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%
Houston Males	56%	41%	41%	28%	40%	39%	39%	35%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	25%
San Antonio Male Juv.			6%	9%	6%	9%	15%	9%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%
Houston Females	51%	44%	43%	36%	32%	34%	29%	45%
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	18%
San Antonio Female Juv.			5%	6%	4%	11%	6%	0%



plentiful and of high quality. A gram sells for \$45-\$85, and an increase in intravenous use of cocaine is reported, along with snorting of cocaine by upper socioeconomic users. Crack is reported to be a lesser quality, but the supply is plentiful. Rocks sell for \$10 (a "dime") or \$20 (a "piece"); an ounce or "cookie" costs \$700-\$800. If the crack is made with 60 percent baking soda and 40 percent cocaine, it is called "rock." A 40 percent baking soda and 60 percent cocaine mixture is called "flame." There are some reports of adolescents aged 13-17 dealing, and crack houses are now

Kilograms of Cocaine Submitted for Analysis at Texas DPS Crime Laboratories—1993-1997

Year	Cocaine (kgm)
1993	613
1994	1,211
1995	2,256
1996	1,152
1997	1,892

seen in the Hispanic community. Crack is also being cooked down with vinegar and lemon juice in order to inject it.

In Dallas from 1996-1997, 30 percent of adults assessed through the centralized intake system reported cocaine as the primary drug of choice (37 percent report alcohol). Among females, cocaine is the drug of choice for 36 percent of those assessed, as compared to 29 percent reporting a primary

problem with alcohol.

In El Paso, the supply of cocaine is reportedly increasing, while the cost is decreasing. A gram sells for \$50, and a pound sells for \$400-\$550, as compared to \$2,000 per pound in the 1980s. In 1987, a hit sold for \$15; now it sells for \$10.

In Houston, powder cocaine sells for \$75 per gram. Because of crack's deleterious effects on the African American community, crack is not the drug of choice among young African Americans, but crack use is reported to be popular among Anglo and Hispanic street youths in Montrose who are turning to crack because of the poor quality of methamphetamine. There are two kinds of crack available in Houston: "pineapple," which has a yellow tint, and "white," the brownish-cream color traditionally associated with crack. A

"bump" of crack (a "crumb") sells for \$1; a "wholesale pack" of nine dime rocks costs \$50. Very few people are reportedly buying powder cocaine to make their own crack rocks.

Alcohol consumption is common with cocaine use. "Crackhead Specials" are two sixteen-ounce cans of Busch beer which sell for 99 cents at convenience stores in Houston crack neighborhoods. In addition, forty-ounce bottles of beer have become so popular that some brewers have modified their labels so that "40 oz." appears in a very large font on the front label.

In Lubbock, young Hispanic gangs are now beginning to market crack alongside the traditional African American suppliers. Youths as young as ages 9-14 are reported to be snorting cocaine and to be using and

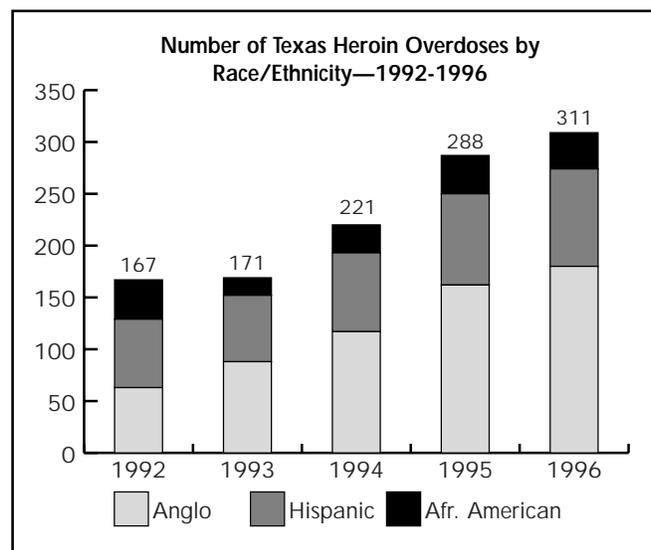
selling crack. "Rocks" sell from \$5 to \$100, depending on size. High quality crack ("butter") sells for \$750 an ounce, while a rock costs \$500-\$600 an ounce. An ounce of powder cocaine sells for \$750 and a kilo sells for \$17,500; the quality is reported to be very good. Powder cocaine is usually injected, not snorted, in Lubbock.

In San Antonio, single doses sell for \$10-\$25 on the street; 1/16th-ounce sells for \$100 to \$150; the price and quality are stable. Cocaine use is reportedly increasing among Anglo and Hispanic teenagers. Use is either by snorting just cocaine, or by mixing powdered cocaine and methamphetamine and then either snorting the mixture or "shebanging" it. "Shebanging" occurs when the drug is mixed with water and then is drawn up into a syringe or a Visine bottle and squirted up the nose.

Heroin

In the period between 1992 and 1996, 53 percent of the persons dying from heroin (either heroin only or in combination with other drugs) were Anglo, 34 percent were Hispanic, and 13 percent were African American, with the proportion of decedents who were Anglo increasing. In terms of gender, between 1992 and 1996, 81 percent of the decedents have been male and 19 percent female; the average age is 38 years old.

Since 1993, the number of heroin overdose deaths in Dallas and Tarrant counties has continued to increase. This is the region where a number of overdoses have been reported



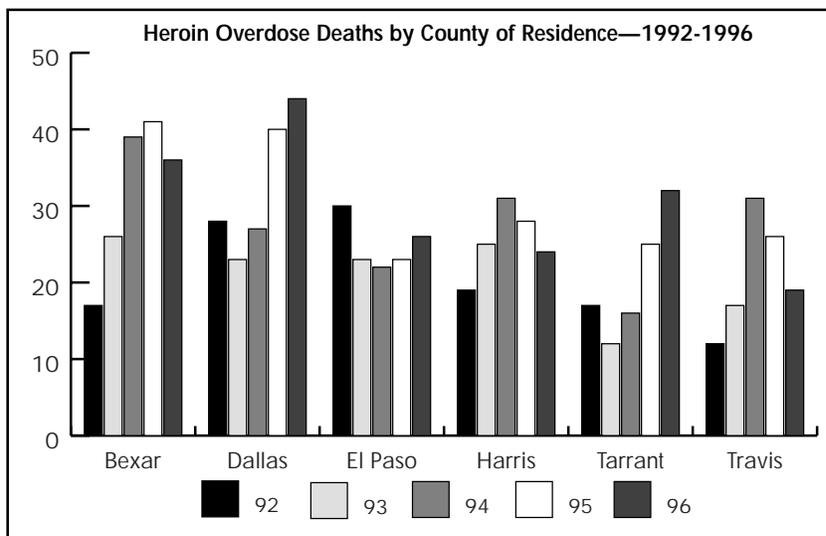
among young suburban residents. Complete data on 1997 overdose deaths will not be available from the Texas Department of Health until fall, 1998.

Heroin ranks third after alcohol and crack cocaine in the number of adult clients admitted to substance abuse treatment programs funded by TCADA (appendices 1 and 2). It comprised 13 percent of admissions for 1997 as compared to 9 percent in 1993. The characteristics of these addicts vary depending on the route of administration.

Most heroin addicts entering treatment inject heroin. The term “lag” refers to the period from first consistent or regular use of heroin to the date of admission to treatment. While the number of individuals who inhale heroin is small, it is significant to note that the lag period in seeking treatment is eight rather than 14 years for injectors. This shorter lag period means that contrary to street rumors that “sniffing or inhaling is not addictive,” inhalers will need treatment much more quickly than needle users.

Only 2 percent of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of opiates (appendix 3).

According to data collected by the DUF program, the proportion of arrestees testing positive for opiates between 1991



Characteristics of Clients Admitted to TCADA-Funded Treatment by Primary Problem with Heroin and Route of Administration—Jan.-Dec. 1997

	Inject	Inhale
# Admissions	3,083	199
% of Heroin Admits	94%	6%
Average Age	36	31
Lag-1st Use to Tmt-Yrs.	14	8
% Male	64%	51%
% African American	11%	40%
% Anglo	49%	29%
% Hispanic	39%	27%
% CJ Involved	35%	31%
% Employed	16%	24%
% Homeless	10%	1%
Average Income	\$5,439	\$6,042

Texas Arrestees Testing Positive for Opiates (DUF)—1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	4%	4%	5%	3%	5%	5%	4%	3%
Houston Males	3%	3%	2%	3%	5%	8%	10%	7%
San Antonio Males	15%	14%	14%	13%	10%	10%	10%	12%
San Antonio Male Juv.			1%	1%	0%	4%	3%	1%
Dallas Females	9%	9%	11%	8%	5%	10%	4%	5%
Houston Females	4%	4%	5%	6%	3%	4%	5%	7%
San Antonio Females	20%	13%	15%	14%	13%	13%	9%	10%
San Antonio Female Juv.			0%	1%	1%	2%	1%	0%

Grams of Heroin Submitted for Analysis at Texas DPS Crime Laboratories—1993-1997

Year	Heroin (gm)
1993	5,593
1994	4,246
1995	8,097
1996	6,114
1997	9,923

and 1998 has remained fairly level.

The increasing presence of heroin is also seen in the amount of heroin examined in the crime laboratories of the Texas Department of Public Safety.

The predominant form of heroin in Texas is Black Tar; some Mexican brown is also

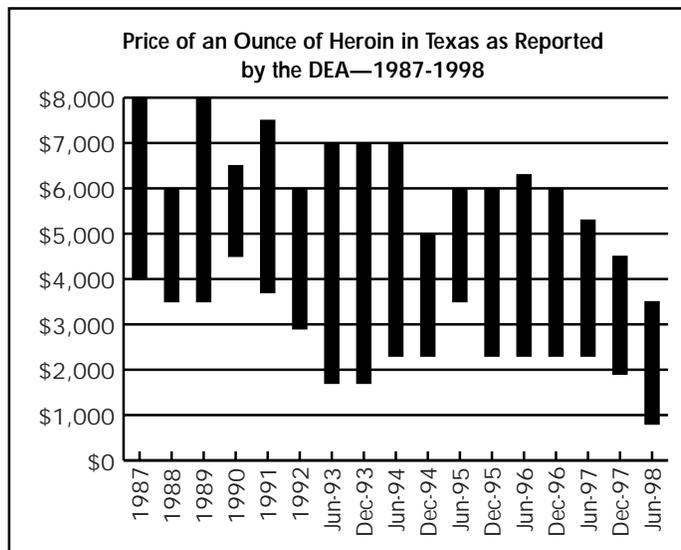
available. Southeast Asian, Southwest Asian, and Colombian heroin is transshipped through Texas with little spillage; most of it is destined for the Northeast.

The price of Black Tar heroin has decreased over the past ten years, according to DEA state-wide reports. Currently, Black Tar heroin sells on the street for \$250–\$400 per gram; \$800–\$3,500 per ounce, and \$50,000–\$175,000 per kilogram at 44–80 percent purity. Southeast Asian heroin costs \$150,000–\$175,000 per kilogram, Colombian costs \$50,000–\$95,000 per kilogram (30–80 percent pure), and Southwest Asian costs \$85,000 per kilogram.

The Domestic Monitor Program reports that heroin in Dallas in 1997 sold for an average of \$4.16 per milligram pure and in Houston for \$2.20 per milligram pure. The Mexican heroin in Dallas averaged 12.9 percent pure, and in Houston it was 17.6 percent pure.

1998 TEWG REGIONAL REPORTS

In Austin, heroin reported to be readily available and is in a cinnamon-color powder form. The quality is high and overdoses are occurring. Not as much Black Tar is available as at the first of the year. There are more reports of powder being snorted, especially among young adults. The average price in the University



area is \$10 a hit, while a balloon in other areas sells for \$20. A gram sells for \$190–\$225. Black Tar is converted to powder by freezing it, then cutting it with lactose in a blender. The color is then adjusted. If it is cut with acetone, it is reported to be darker and stronger. Although the Hispanic community controls the flow of heroin into Austin, there is a reported increase in intravenous heroin use in the African American community.

In Dallas, there has been an increase in the number of youths and young adults overdosing on heroin. At least fifteen such fatalities have been reported by the media in the Metroplex suburbs in 1996–1997. The heroin, called *chiva*, the Spanish term for heroin or “goat,” is often used with other drugs and alcohol. Purity was reported to be as high as 65 percent on the street, and route of administra-

tion was by nose or mouth. This increase in heroin use has also resulted in an increase in the number of heroin addicts seeking admission to treatment. In the second quarter of 1996, 26 heroin addicts were assessed by the Greater Dallas County Alcohol and Drug Abuse Centralized Intake System. In the second quarter of 1997, 87 heroin addicts were assessed.

In El Paso, heroin use has remained fairly constant. A dose of 1/10 of a gram sells for \$20. In 1987, a hit sold for \$20. In 1997, a hit sold for \$5 to \$10. A decade ago, addicts bought heroin in their barrios and only injected among family and close friends; now addicts purchase heroin in Juarez and inject there in shooting galleries or in El Paso where non-relatives and non-close friends have entered a formerly closed injecting society.

In Fort Worth, heroin use is increasing, especially among

teenagers. Five suburban teenager overdose deaths have been reported by the media in the past 18 months.

In Houston, heroin is reported as more prevalent. Good quality Mexican brown at 75 percent purity costs \$100-\$160 per gram. Black Tar is reported to be of poor quality and is selling for \$75 per gram.

Heroin is more available in Lubbock, with numerous dealers and papers that are larger and better quality and priced at \$20 per piece and \$150-\$200 per gram. An ounce of Black Tar sells for \$3,500-\$5,000. Mexican brown is available and is reported

to be three times the purity of Black Tar. Most users are injectors, although there are some snorters. Cocaine is injected with heroin, but not as a speedball combination, and a new generation of middle and upper class Anglo heroin addicts is appearing.

In San Antonio, heroin sells for \$10, \$20, and \$80. Most is Mexican brown, with very little Black Tar. The quality and price are stable. Outreach workers report some heroin dealers have started cutting heroin with cocaine because the cocaine supposedly makes the effects of

the heroin wear off faster so people will buy more heroin. Results of urine testing of injecting drug users enrolled in the Community Outreach for Prevention of AIDS project indicate that 17 percent of subjects who reported no use of cocaine within the past 30 days actually tested positive for cocaine, as did 32 percent of those who reported no use of cocaine within the past 48 hours. Heroin is popular with Hispanic teenagers. One outreach worker reported that youths as young as 12 years old are injecting or shebanging heroin.

Other Opiates

This group excludes heroin but includes opiates such as methadone, codeine, hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium. While abuse of these drugs is not as common as heroin abuse, the addicts who prefer other opiates are quite different from heroin addicts.

About 2 percent of all adults who entered treatment during 1997 used opiates other than heroin (appendix 2).

DUF statistics show that the percentage testing positive for methadone is very low.

According to DEA reports, hydrocodone (Vicodin) is the drug of choice, accounting for 80

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	0%	0%	0%	0%	0%	0%	0%	1%
Houston Males	1%	0%	1%	0%	2%	6%	7%	1%
San Antonio Males	2%	2%	1%	1%	1%	1%	1%	2%
Dallas Females	1%	1%	0%	0%	0%	1%	1%	1%
Houston Females	2%	0%	1%	1%	0%	1%	2%	0%
San Antonio Females	5%	3%	2%	0%	1%	2%	2%	0%

percent of the diversion cases. Abuse of dilaudid, fentanyl, Vicodin and other drugs containing codeine or hydrocodone remains at a consistently high level. Unlike earlier years when controlled substances were diverted by indiscriminate prescribing, pharmacy theft, forged prescriptions, doctor shoppers, and impaired health care professionals, most of these drugs now are obtained in Mexico and transported into the

Methadone Dosage Units Prescribed in the Texas Triplicate Prescription Data System—1991-1997

Year	Methadone
1991	23,345
1992	60,557
1993	66,281
1994	85,421
1995	90,228
1996	196,766
1997	220,128

United States.

The State Board of Pharmacy reports that hydrocodone, alprazolam, and diazepam are the prescription drugs that are most

often diverted. Examination of data on methadone prescriptions shows the increase in the number of heroin addicts receiving methadone treatment.

DEA reports that anabolic steroids are being purchased in Mexico and brought into the U.S., where they are distributed in physical fitness centers. Typical violators range from male high school athletes to professional athletes in a variety of sports.

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In Houston, the use of codeine cough syrup has grown in popularity, particularly in the African American community. Between 1997 and 1998, the price of an eight-ounce bottle of syrup increased from \$25 to \$60-\$80. It is consumed directly from the bottle; in styrofoam cups; mixed with 7-Up, Big Red, or

other soft drinks; or in cocktails. It is frequently procured through indiscriminate prescribing and the use of Medicaid and hospital district card benefits.

Tylenol 4 which contains codeine sells for \$4 a pill in Houston, and it is popular among older or more experienced injectors. It is also frequently obtained through Medicaid and hospital district card benefits.

Marijuana

Marijuana was the primary problem for 8 percent of adult admissions to treatment programs in 1997 (appendices 1 and 2). The average age of marijuana clients continues to increase: in 1985, the average age was 24; in 1997, it is 27.

Marijuana was also the primary drug for 68 percent of adolescent admissions in 1997 (appendix 3), as compared to 35 percent in 1987. Forty-five percent of these adolescents were Hispanic, 31 percent were Anglo, and 22 percent were African American (in 1987, 7 percent were African American).

In the DUF data overall, the percentage of adult arrestees testing positive for marijuana continues to increase.

The availability of marijuana is also shown by the amount examined by the DPS crime laboratories.

The availability of marijuana

remains high, and multi-pound to multi-ton seizures are commonplace. Ton quantities flow through Texas via tractor-trailers and false compartments in private vehicles. Marijuana prices continue to drop, although they fluctuate depending on quality, quantity, demand, and availability. In the southern half of the state, DEA reports a pound costs \$250-\$800; in the northern area, Mexican marijuana costs \$450-\$800 per pound, while domestic with higher tetrahydrocannabinol concentrations costs \$700-\$3,000. Ounce quantities of both

Texas Arrestees Testing Positive for Marijuana (DUF)—1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	19%	28%	27%	33%	39%	43%	44%	45%
Houston Males	17%	24%	24%	23%	30%	28%	23%	34%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%
San Antonio Male Juv.			24%	35%	42%	45%	53%	49%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	26%
Houston Females	8%	12%	15%	13%	20%	24%	17%	16%
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%
San Antonio Female Juv.			10%	4%	12%	18%	17%	20%

Pounds of Marijuana Submitted for Analysis at Texas DPS Crime Laboratories—1993-1997

Year	Marijuana (lb)
1993	96,419
1994	89,515
1995	121,627
1996	154,526
1997	149,817

Mexican and domestic marijuana cost \$50-\$100.

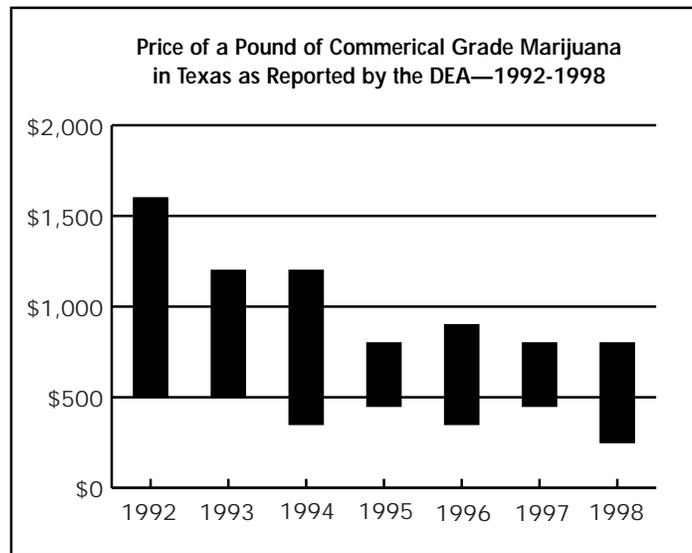
1998 TEWG REGIONAL REPORTS

In Austin, quality is reported to be medium to high and costs \$100 an ounce. A \$10-\$15 finger bag will roll six to eight joints. A single joint sells for \$2-\$3. A

pound sells for \$650-\$900.

In El Paso, an ounce sells for \$60, and a pound sells for \$400.

In Houston, both Hawaiian and Red Bud strains are available and selling for \$70-\$100 per ounce. Mixing marijuana and other psychoactive substances remains popular. "Primos," marijuana mixed with crack in a self-rolled cigarette, is less popular among young people, but remains popular among working people since the marijuana curbs the anxiety associated with crack's psychoactive effects. "Fry," "Amp," and "Water-Water," which describe marijuana cigarettes or blunts (cigars in which the tobacco has been replaced with marijuana) dipped in embalming fluid containing PCP, remain popular among adolescents, although vials of embalming fluid are not as available on the street. "Fry sticks" and "fry squares" cost \$10. "Fry sweets," treated Swisher Sweet cigarillos, cost \$15-\$20. Swisher Sweets continue to be the most popular blunt, although Philly Blunts and King Edwards are acceptable



substitutes. Ready-made blunts are becoming more prevalent; one cigar costs \$5, three sell for \$10, and four sell for \$15 at "Sweet Houses." Ready-made "Candy Blunts," which are cigarillos dipped in cough syrup, sell for the same price as Sweets (one for \$5 and three for \$15) at Sweet Houses. And menthol cigarettes, especially Newport and Kool brands, dipped in embalming fluid are called "Sherms."

In Lubbock, marijuana is reported as more available. A bag costs between \$5 and \$20; an

ounce is \$60-\$100, and a pound sells for \$500-\$700. The quality ranges between good and excellent. Primos contain either crack or embalming fluid, and "Fry," which in Lubbock is a marijuana joint or blunt laced with embalming fluid, sells for \$10 a stick. Adults with a long history of marijuana use are reportedly mixing cocaine with the marijuana.

In San Antonio, Swisher Sweets or El Perfecto blunts are popular among African American youths and sell for \$5.

Stimulants

Methamphetamines and amphetamines comprise 5 percent of adult admissions in 1997 (appendices 1 and 2). The average client admitted for a primary problem with stimulants is aging. In 1985, the average age was 26; in 1997, it is 30. The

proportion of Anglo clients has risen from 80 percent in 1985 to 94 percent in 1997, while the percent of Hispanics has dropped from 11 percent to 5 percent and the percent of African Americans has dropped from 9 percent to 1 percent.

The proportion of arrestees testing positive for amphetamines in DUF has been low, but in 1997-1998 the percentages in Dallas and San Antonio increased.

The Drug Enforcement Administration reports Ritalin,

Phentermine, Phendimetrazine, and Fenfluramine are being diverted or illegally prescribed, in addition to being legally declared and brought in from Mexico.

Because of the large number of prescriptions which are written for Ritalin, information on this drug is no longer entered into the Texas Triplicate Prescription Data System. While the number of prescriptions and dosage units for other stimulants is decreasing, the number for Dexedrine (dextroamphetamine) is increasing, from 1,522,637 dosage units in 1991 to 8,791,037 in 1997.

The overall increase in methamphetamine in Texas is shown by the amounts examined each year by the DPS crime laboratories.

Methamphetamine (“speed” or “crank”) and amphetamine are manufactured in Texas and are also imported from California and Mexico. The availability is increasing across Texas. According to DEA reports, the pound price range for methamphetamine has dropped from \$15,000–\$18,000 in January 1994 to \$5,000–\$12,500 in the current reporting period. Amphetamine pound prices have decreased from \$12,000–\$15,000 to \$10,000–\$12,000. Ounce quantities of methamphetamine and amphetamine retail for \$750–\$2,000; a gram costs \$90–\$125.

Characteristics of Clients Admitted to TCADA-Funded Treatment by Primary Problem with Amphetamines and Route of Administration—Jan.-Dec. 1997

	Smoke	Inject	Inhale	Oral
# Admissions	119	788	236	122
% of Stimulant Admits	9%	62%	19%	10%
Lag-1st Use to Tmt-Yrs.	8	11	8	10
Average Age-Yrs.	29	30	28	30
% Male	37%	50%	45%	47%
% African American	1%	1%	1%	0%
% Anglo	92%	96%	89%	89%
% Hispanic	5%	2%	9%	11%
% CJ Involved	37%	49%	46%	51%
% Employed	19%	20%	29%	25%
% Homeless	10%	7%	6%	8%
Average Income	\$6,500	\$6,592	\$8,915	\$7,925

Texas Arrestees Testing Positive for Amphetamines (DUF)—1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	1%	1%	4%	2%	2%	1%	4%	4%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	4%
San Antonio Male Juv.			0%	0%	0%	0%	0%	1%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	8%
Houston Females	0%	0%	1%	0%	1%	1%	2%	0%
San Antonio Females	2%	1%	2%	0%	3%	2%	4%	4%
San Antonio Female Juv.			1%	0%	0%	0%	0%	0%

1998 TEWG REGIONAL REPORTS

In Austin, speed is called “crank” and is a yellowish color with a sticky texture; some powder is also available. The quality is medium to high and it is very popular in the topless bar scene and around the University. It is both snorted and injected. It sells for \$75-\$80 per gram and is available in \$10 hits.

In El Paso, crystal methamphetamine or crank use is increasing among young adults. It is manufactured locally in small-scale laboratories using ephedrine. It is priced similarly to cocaine at about \$20 per dose.

In Fort Worth, methamphetamines and amphetamines are returning to the scene, and the

Grams of Methamphetamine Submitted for Analysis by Texas DPS Crime Laboratories—1993-1997

Year	Methamphetamine (gm)
1993	8,393
1994	17,881
1995	27,600
1996	53,190
1997	46,962

drugs are manufactured in Mexico.

In Houston, use of “crystal,” “speed,” “crank,” or “go fast” remains low. Crystal is perceived as a substitute for cocaine and as a palliative for dope sickness. Use is popular among young adult club goers and men who frequent gay clubs. The price is \$20 for a quarter gram and \$100 for a gram.

In Lubbock, there is a reported “explosion” of stimulants, with increasing admissions to treatment. The purity is report-

edly good, and the drug is primarily injected, with some smoking, snorting, and oral use. Crystal meth is described as pink in color with a heavy oil film that surfaces when water is added for injection. Purity is very high with an increase in paranoia and delusional thinking. It is probably locally manufactured and distributed by Bandito clubs. Yellow meth is manufactured in stainless steel equipment and is preferred by injecting drug users, while white meth is made in glass equipment and preferred by

those who snort the drug. Prices are \$100 per gram, \$1,500 for an ounce, and \$15,000 for a pound.

In San Antonio, crank use is primarily concentrated among Anglos, and high school students are reported mixing it with cocaine and snorting or shebanging it. It sells for \$80 per gram.

Ephedrine, the substance used to make methamphetamine, continues to be a major problem in Texas. More than 1,200 reports of a wide range of adverse effects, including at least eight

deaths, have been associated with the use of ephedrine since 1993. These reports indicate that dietary supplements containing ephedrine and energy boosting products have been used to get high, stay awake, lose weight, enhance athletic performance, boost energy levels, or attempt suicide. School-age children consider over-the-counter drug products containing ephedrine to be “legal” and cheap alternatives to amphetamines and other illicit stimulants and hallucinogens.

Depressants

This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); tranquilizers and benzodiazepines, such as diazepam, flunitrazepam (Rohypnol), clonazepam (Klonopin or Rivotril), flurazepam, and chlordiazepoxide; and nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, chloral hydrate, and gamma-hydroxybutyrate (GHB).

One percent of the adults entering treatment during 1997 had a primary problem with barbiturates, sedatives, or tranquilizers (appendix 2). This group was very different from most other drug abusers, as they were most likely Anglo and female.

Benzodiazepines were the depressant drugs most often identified by DUF. They remain a problem, with positive findings in 1998 ranging from 2 to 18 percent. For barbiturates, posi-

tives range from 0 to 1 percent.

Rohypnol continues to be smuggled into the U.S., and other benzodiazepines, such as diazepam, alprazolam and clonazepam, are recommended

Texas Arrestees Testing Positive for Depressants (DUF)—1991-1998

BARBITURATES	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%
Houston Males	1%	0%	2%	0%	0%	1%	0%	1%
San Antonio Males	1%	1%	0%	0%	0%	0%	0%	0%
San Antonio Male Juv.			0%	0%	0%	0%	0%	1%
Dallas Females	1%	1%	2%	1%	1%	0%	0%	1%
Houston Females	2%	1%	1%	1%	0%	1%	0%	0%
San Antonio Females	3%	1%	1%	1%	0%	0%	0%	1%
San Antonio Female Juv.			1%	1%	0%	0%	0%	0%
BENZODIAZEPINES								
Dallas Males	2%	3%	3%	3%	2%	3%	3%	3%
Houston Males	4%	10%	6%	4%	6%	10%	18%	9%
San Antonio Males	4%	5%	5%	4%	3%	4%	5%	2%
San Antonio Male Juv.			2%	1%	2%	2%	4%	0%
Dallas Females	6%	6%	9%	7%	4%	7%	7%	4%
Houston Females	8%	9%	9%	5%	7%	5%	7%	6%
San Antonio Females	11%	6%	8%	6%	4%	9%	6%	6%
San Antonio Female Juv.			1%	1%	1%	5%	0%	0%

by Mexican vendors for legal importation. The first choice is clonazepam (Rivotril). It is now being used by juveniles in combination with beer just as Rohypnol has been used. Other drugs which are legally being brought into the U.S. on Mexican prescriptions by anyone age 18 or older include Ritalin, fenfluramine, phentermine, Halcion, and Tylox.

The number of benzodiazepine pills submitted to the DPS Crime Laboratories in 1996 and 1997 for analysis shows the increase in seizures of Valium, Xanax, and Rivotril. The increase in Rivotril over the two years (69 percent) is almost the same as the decrease in the number of Rohypnol pills submitted (down 71 percent).

TCADA's CODAP system began collecting treatment admission information on Rohypnol on January 1, 1996. Through February, 1998, 163 youths had been admitted to treatment with a primary, secondary, or tertiary problem with Rohypnol. Eighty-five percent of the youths were Hispanic and 14 percent were Anglo; 71 percent were male, and the average age was 15.3 years. Forty-five percent were referred from the juvenile justice system. Other drugs of abuse included marijuana, powder cocaine, and alcohol.

In addition, 136 adults were admitted into treatment during this period with a primary,

secondary or tertiary problem with Rohypnol. Of the adult clients, 65 percent were Hispanic and 35 percent were Anglo; 71 percent were male and average age was 24, which is much younger than most adult clients entering treatment (overall average age is 34 years old). Heroin, alcohol, marijuana, powder cocaine, and crack were other drugs most likely to be abused by these adults.

DEA's Dallas field division reports Rohypnol sells for \$1-\$3 per pill; the Houston field division reports the price is \$1.50-\$10 per pill. In Austin, the Rohypnol supply is limited. One pill sells for \$3-\$5, and a bottle of 100 sells for \$100-\$200, when it can be found.

Data from poison control centers are incomplete, but a total of 64 cases involving Rohypnol have been reported to TCADA. Of these, 57 percent are male, and the average age of the cases is 20.6 years. Another 110 calls were received involving GHB. Of these cases, average age was 25.6 years and 63 percent involved males.

Quantity of Tablets Submitted for Analysis at Texas DPS Crime Laboratories—1996-1997

	1996	1997	% Increase
Diazepam (Valium)	140,899	165,532	17%
Alprazolam (Xanax)	43,193	51,620	20%
Clonazepam (Rivotril)	18,278	30,936	69%
Flunitrazepam (Rohypnol)	19,165	5,650	-71%

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In El Paso, Rohypnol has become a growing drug problem among high school youths. It can be easily purchased in Ciudad Juarez and sells on the street for \$1-\$2 per pill.

In Houston, Rohypnol sells for \$1-\$3 but it is less available than in the past.

In Lubbock, Rohypnol is available but not as prevalent as in the past.

In the Fort Worth area, GHB is found in the Arlington dance club scene. It sells for \$10 an ounce and is distributed in travel-size mouthwash bottles.

The Texas Association Against Sexual Assault reports that from October 1, 1996 to September 31, 1997, rape crisis centers in Texas reported 1,658 sexual assault cases where drugs and/or alcohol were involved. Due to stigma, fear of retribution, and loss of memory, reporting of such crimes is low, and there is a problem in that testing and forensic evidence-gathering techniques do not normally show the presence of Rohypnol and GHB. Only laboratories in two counties are reported equipped to test for GHB.

In Austin, Valium and Xanax are usually obtained by prescription and found on the streets and in the clubs. A 10 mg. Valium sells for \$2-\$3 and Xanax sells for \$2.

In Houston, Xanax is popular among opiate users over age 30 because it levels out the highs and lows of opiate use. It is available on the street for \$2 per

pill. Prozac sells for \$2, and it is combined with powder cocaine and crack to provide a stronger and longer high. Capsules are occasionally opened and the contents inhaled, although the more frequent route is by mouth.

In Lubbock, methadone clients who are not truly motivated toward treatment use the benzodiazepines to get high.

Xanax and 10 mg. Valium sell for \$2 each. Xanax abuse is reported to be increasing.

In San Antonio, the abuse of the benzodiazepines among methadone clients is also noted: about 20 percent of patients in a local methadone program have tested positive for benzodiazepines for several years. Xanax is popular with all groups of street users. A 1 mg. tablet sells for \$1.

Hallucinogens

Among adolescent treatment programs, hallucinogens accounted for 2 percent of the admissions in 1997 (appendix 3), while only 0.2 percent of adult admissions were for hallucinogens (appendix 2).

Phencyclidine (PCP) use among DUF arrestees was most likely to be reported among Houston arrestees. While the percentages are low, this may be a reflection of the use of marijuana cigarettes dipped in embalming fluid containing PCP in the Houston area (Elwood, 1998).

According to the DEA, a liquid ounce of PCP sells for \$350-\$500 and a dipped cigarette sells for \$20. LSD sells for \$1-\$10 in North Texas and \$5-\$8 in the South Texas DEA Region. Ecstasy sells for \$7-\$30 in the North Texas region and \$20-\$25 in the South Texas region.

Texas Arrestees Testing Positive for PCP (DUF)—1991-1998

	1991	1992	1993	1994	1995	1996	1997	1998
Dallas Males	0%	3%	3%	5%	8%	4%	3%	5%
Houston Males	0%	0%	1%	3%	4%	3%	3%	6%
San Antonio Males	0%	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	0%	1%	2%	2%	1%	1%	0%
Houston Females	0%	0%	0%	1%	2%	1%	1%	1%
San Antonio Females	0%	0%	0%	0%	0%	0%	0%	0%

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In Beaumont, LSD and Ecstasy are available in local night clubs, in bars, and among students. Supplies come from the Houston area.

In Houston, LSD is popular among youths and adults of all racial and ethnic groups. Current cost is \$5-\$10 per hit. Older heroin users report acid attenuates the high and “stops the nodding off.” It is alleged to help prevent “dope sickness.” Acid use is also popular among street youths who are interested in the 1960s and 1970s. Marijuana

cigarettes and blunts are dipped in embalming fluid which may contain PCP.

In Lubbock, hallucinogen use is largely in the college and high school scene. LSD sells for \$5-\$10 per hit, and 100-unit hits are easily obtainable. The quality is reported to be mediocre. Current LSD hits are white zombie, beavis and butthead, and purple haze. Ecstasy sells for \$20 a hit and is readily available in pill and powder form. There are rumors on the street of Ecstasy being combined with a synthetic opiate, probably fentanyl.

In San Antonio, LSD from California is available.

Inhalants

Analysis of overdose death certificates from 1990 to 1996 showed that 83 persons died of inhalant abuse. Of these, 92 percent were male, 90 percent were Anglo, 8 percent were Hispanic, and the average age was 27. Where specific inhalant substances were reported, data showed that 41 percent of the decedents had died from use of freon, while 16 percent died from use of toluene. Twenty-nine percent of the decedents were students. Persons dying from use of freon were most likely to be air

conditioning mechanics and persons with occupations that had access to and used freon on the job.

Inhalant abusers comprised 5 percent of the admissions to adolescent treatment programs in 1997 (appendix 3) and 0.3 percent of adult admissions.

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In Austin, there is a reported increase in inhalant abuse by adult street addicts. Spray paint,

gasoline, paint thinner, and products containing toluene (“tolly”) are the most popular chemicals and use is usually in combination with heavy alcohol use.

In Lubbock, gasoline, spray paint, auto parts cleaner, markers, correction fluid, hair spray, and propane are widely abused. Use has been primarily by adolescent Hispanic males, but more adolescent females are reported to be experimenting with inhalants.

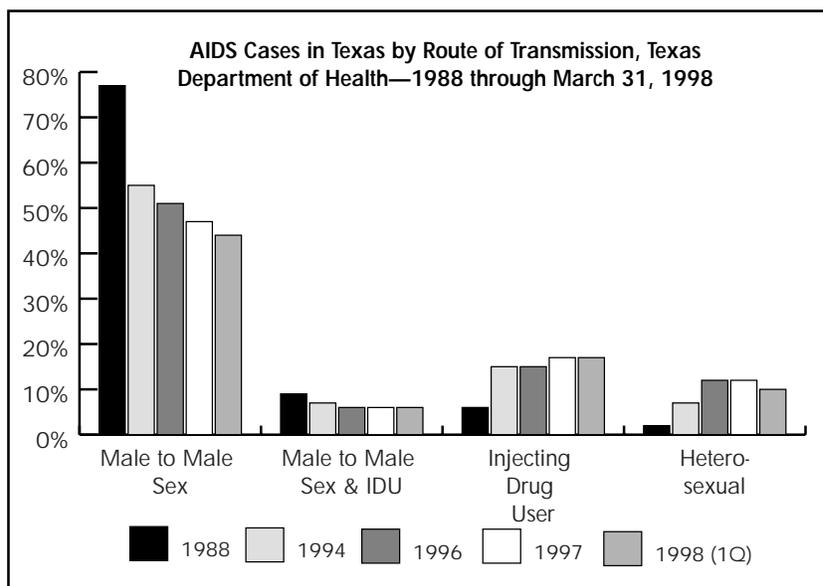
AIDS and Other Diseases Among Drug Users

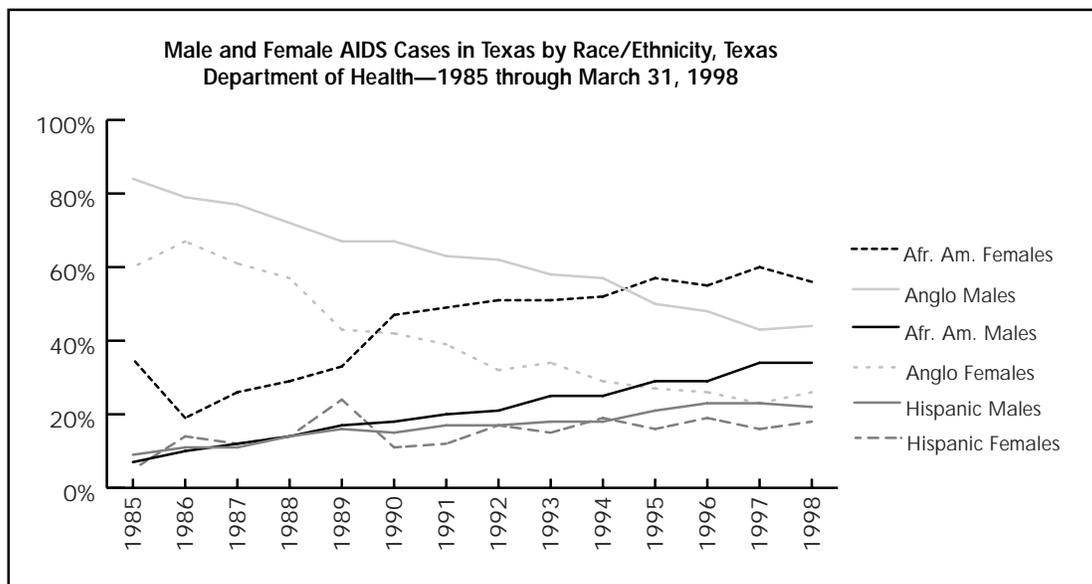
As of March 31, 1998, the proportion of adult and adolescent AIDS (Acquired Immunodeficiency Syndrome) cases related to injecting drug use has gone from 15 percent in 1988 to 23 percent in 1998. Of these in 1988, 6 percent of the cases were injecting drug users (IDUs), and 9 percent were male-to-male sex and IDUs; in 1998, 17 percent of the cases were IDUs, and 6 percent were male-to-male sex and IDUs. The proportion of cases resulting from heterosexual contact has gone from 2 percent in 1988 to 10 percent in 1998. It should be noted that for first quarter 1998, the mode of exposure of 21 percent of the cases was still classified as “un-specified.”

In 1988, 3 percent of the AIDS cases were females over age 12; for 1998, 17 percent were female. In 1988, 15 percent of the adult and adolescent cases were African Americans; in 1998,

38 percent were African American. Of the female cases, 56 percent were African American, and of the male cases, 34 percent were African American.

The Houston crack house





study (Ross, 1997) found that 41.6 percent of 435 crack users interviewed on-site in Houston crack houses were infected with hepatitis C (HCV), and 13 percent were infected with syphilis, 61 percent with herpes simplex virus-2, and 12 percent with HIV.

The incidence rates for acute hepatitis C do not adequately reflect the overall prevalence of the disease, since reliable testing did not begin until 1992 and reporting is only mandatory for acute, not chronic, cases.

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In Austin, according to the Austin-Travis County MHMR CARE program, there has been a decrease from 1996 to 1997 in persons testing HIV-antibody positive who report intravenous drug use as a risk. Street addicts

report that due to easier access to clean injecting equipment, there is a reduction in needle sharing. However, hepatitis C is prevalent in intravenous drug users. Many people who are testing positive for HCV are recovering intravenous drug users who have not used in five to 15 years. At this time, there are no services available for indigent clients who need to be tested for HCV.

In Houston, injecting drug users account for 20 percent of AIDS cases reported since 1986. The percentage of females reporting injection drug use as an HIV risk factor is steadily declining, with females having unprotected heterosexual sex replacing drug-injecting women. There are over 3.2 times as many African American female injecting drug users who are infected with HIV as Anglo female injecting drug users.

In Lubbock, seven new cases

of females who reported heterosexual sex as the risk factor were reported in the first nine months of 1997; between 1983 and 1996, only six female cases were reported. Street drug users are reporting prostitution by both males and females in order to obtain drugs. And more individuals are reporting HCV infection, including recovering drug users who have not injected for five years or more. Very little information about HCV is on the street and testing is not readily available.

In San Antonio, HIV prevalence among heterosexual injectors who have never used crack remains at less than 1 percent. Prevalence among crack users who have never injected is 2.8 percent, and among drug users with a history of crack use and injection, the prevalence is 4 percent. Despite high levels of injection risk, HIV among

injecting drug users appears to be sexually transmitted. Hepatitis C is a major problem. At the Community Outreach for Prevention of AIDS project, of 134 drug users who reported current or past injecting, 86 percent were HCV positive, and of 30 crack users who had never injected, 33 percent were HCV positive. In addition, a large treatment program reports that liver disease is now the leading cause of death among their patients.

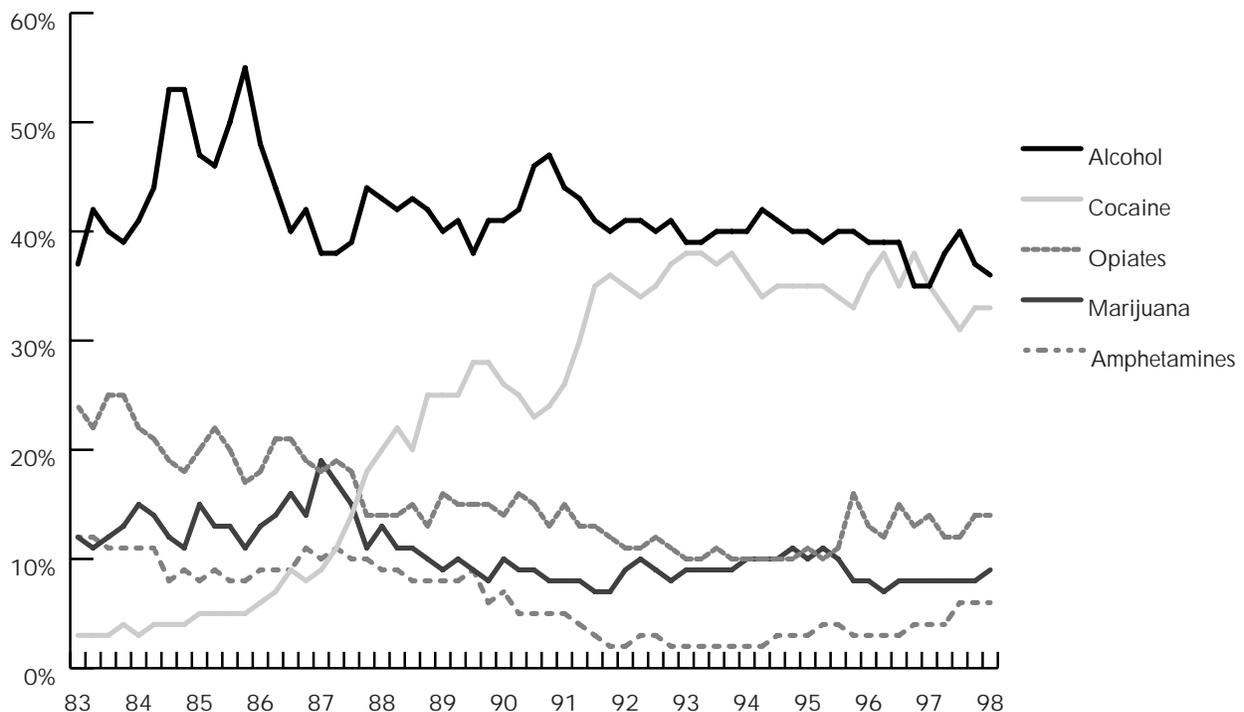
Characteristics of Needle Using Clients Admitted to TCADA-Funded Treatment Centers—Jan.-Dec. 1997

	Heroin	Stimulants	Cocaine
No.	3,083	788	1,040
Avg. Age	36.3	30.4	31.8
% Male	64%	50%	58%
% African American	11%	1%	5%
% Anglo	49%	96%	72%
% Hispanic	39%	2%	22%
% Employed	16%	20%	20%
% Crim. Just. Involved	35%	49%	42%
% Homeless	10%	7%	8%
Avg. Income	\$5,439	\$6,592	\$7,931

Incidence Rate of Acute Hepatitis C, Texas Department of Health—1992-1997

	1992	1993	1994	1995	1996	1997
Afr. American	2.4%	2.1%	1.9%	2.2%	0.9%	1.8%
Anglo	1.4%	1.9%	1.5%	1.6%	0.9%	1.2%
Hispanic	0.9%	2.0%	1.5%	1.9%	1.2%	2.2%
Statewide Rate	1.4%	2.1%	1.7%	1.8%	1.1%	1.9%

Appendix 1. Percent of Adult Admissions to Publicly-Funded Treatment Programs by Primary Drug of Abuse—January 1983-March 1998



**Appendix 2. Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs—
Jan. 1 through Dec. 31, 1997**

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Average Age at 1st Use	Average Lag from 1st Use to Admission	Percent Married	Percent Male	Percent Using Needles
All Drugs	25,554	100.0%	33.9	20.4	14	21.8%	61.6%	24.9%
Heroin	3,342	13.1%	35.9	22.3	14	22.2%	62.5%	92.5%
Alcohol	9,593	37.5%	36.0	16.1	20	22.5%	69.8%	8.0%
Amphetamines	1,269	5.0%	29.8	20.1	10	19.9%	47.0%	62.8%
Cocaine	2,066	8.1%	30.8	22.2	9	24.0%	60.9%	51.2%
MJ Hash	1,993	7.8%	27.4	15.7	12	22.2%	69.5%	7.4%
Inhalants	76	0.3%	27.9	16.7	12	26.3%	55.3%	5.3%
Ecstasy	8	0.0%	23.4	16.4	8	25.0%	100.0%	0.0%
Crack	6,366	24.9%	33.7	26.1	8	18.8%	52.0%	5.5%
Hallucinogens	48	0.2%	24.6	17.6	8	12.5%	79.2%	20.8%
Other Opiates	458	1.8%	36.6	27.8	9	32.3%	40.0%	22.7%
Other Drugs	71	0.3%	31.8	23.7	9	28.2%	54.9%	21.1%
Depressants	264	1.0%	36.2	26.5	10	26.9%	33.3%	11.7%

Primary Drug	Percent African American	Percent Anglo	Percent Hispanic	Percent Employed	% Involved w/Criminal Justice	Average Education	Percent Homeless	Average Income at Admission
All Drugs	24.4%	53.0%	21.3%	25.0%	44.2%	11.5	9.0%	\$7,146
Heroin	13.0%	47.5%	38.0%	17.1%	35.4%	11.3	9.8%	\$5,541
Alcohol	13.3%	61.0%	24.2%	30.4%	46.5%	11.5	9.3%	\$7,952
Amphetamines	0.6%	93.5%	4.5%	22.2%	47.1%	11.4	7.2%	\$7,134
Cocaine	7.7%	58.0%	33.1%	26.8%	44.4%	11.4	5.3%	\$8,208
MJ Hash	26.1%	51.4%	21.3%	39.7%	66.7%	11.2	2.9%	\$7,100
Inhalants	3.9%	11.8%	57.9%	14.5%	32.9%	7.9	3.9%	\$3,454
Ecstasy	12.5%	62.5%	25.0%	50.0%	62.5%	11.4	0.0%	\$4,850
Crack	59.5%	31.0%	8.7%	17.4%	38.8%	11.6	12.3%	\$6,376
Hallucinogens	14.6%	70.8%	12.5%	20.8%	60.4%	11.4	4.2%	\$6,639
Other Opiates	4.8%	86.5%	8.7%	15.1%	34.1%	12.2	4.6%	\$8,681
Other Drugs	5.6%	67.6%	26.8%	19.7%	40.8%	11.7	4.2%	\$8,456
Depressants	6.8%	86.4%	6.4%	16.3%	34.1%	12.1	5.3%	\$6,745

Source: TCADA Treatment Assessment Database (CODAP)

**Appendix 3. Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs—
Jan. 1 through Dec. 31, 1997**

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Average Age at 1st Use	Average Lag from 1st Use to Admission	Percent First Admissions	Percent w/History of IV Drug Use
All Drugs	3,067	100%	15	13	3	70%	10%
Opiates	55	2%	16	15	2	51%	62%
Alcohol	384	13%	16	12	4	75%	6%
Amphetamines	51	2%	16	14	3	47%	53%
Cocaine	191	6%	16	14	2	58%	36%
MJ Hash	2,089	68%	15	12	3	72%	5%
Inhalants	144	5%	15	13	3	58%	6%
Ecstasy	2	0%	17	16	2	0%	100%
Rohypnol	14	0%	15	14	2	93%	0%
Crack	47	2%	16	15	2	62%	9%
Hallucinogens	62	2%	16	13	3	50%	32%
Depressants	10	0%	16	14	2	50%	30%
Other Drugs	18	1%	16	13	3	83%	6%

Primary Drug	Percent Male	Percent African American	Percent Anglo	Percent Hispanic	Percent Involved w/ Criminal Justice	Average Education	Percent w/ a Parent Who Abuses Substance(s)
All Drugs	77%	18%	33%	47%	77%	8	29%
Opiates	69%	9%	35%	55%	71%	8	40%
Alcohol	72%	13%	31%	54%	69%	8	37%
Amphetamines	55%	0%	86%	14%	65%	9	29%
Cocaine	60%	5%	46%	48%	69%	9	38%
MJ Hash	81%	22%	31%	45%	80%	8	27%
Inhalants	67%	4%	19%	74%	78%	8	33%
Ecstasy	0%	0%	100%	0%	0%	11	0%
Rohypnol	57%	0%	0%	100%	57%	8	29%
Crack	45%	11%	43%	45%	51%	9	30%
Hallucinogens	82%	15%	71%	13%	77%	8	24%
Depressants	80%	20%	20%	50%	80%	8	40%
Other Drugs	67%	28%	28%	44%	72%	9	22%

Source: TCADA Treatment Assessment Database (CODAP)