

TCADA Research Brief

Substance Abuse Trends
in Texas:
June 1999



Texas Commission on
Alcohol and Drug Abuse

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Substance Abuse Trends in Texas: June 1999

Overview

by Jane Carlisle Maxwell, Ph.D.

Crack cocaine continues as the primary illicit drug for which adult clients are admitted to treatment, but the proportion of African-American crack admissions is declining, the proportion of Anglo admissions is increasing, and there are more reports by Texas Epidemiology Work Group correspondents about increased use of crack by Hispanics and by Anglos. The 1998 secondary school survey not only showed nearly a 40 percent increase in the use of cocaine between 1988 and 1998, but students living along the Texas border were 1.75 times more likely to report lifetime use of cocaine than non-border students. Cocaine is the drug, after marijuana, for which arrestees are most likely to test positive; however, the proportions testing positive for cocaine are lower now than they were in the early 1990s.

The amount of cocaine examined by DPS laboratories in 1998 exceeded the previous high of 1995. Overdose deaths due to cocaine increased sharply between 1995 and 1997 and the rate of emergency room mentions of cocaine in Dallas is at

the highest point ever, which underscores the continuing and, perhaps, increasing role of cocaine as a leading drug of abuse, not only as crack, but also as powder cocaine.

Heroin overdose deaths have increased annually, and the average age of the decedents is nearly 40. They are predominantly Anglo males. Emergency room mentions of heroin in Dallas have remained steady from 1997 to 1998. Heroin addicts entering treatment are primarily injectors and they are most likely to be Anglo or Hispanic males. The percentage of arrestees testing positive for heroin remains mixed and the lowest price of Mexican heroin continues to drop, while purity increases. Adolescent heroin abuse is reported increasing, but it is primarily a hidden problem because it is not reflected in the traditional indicators.

Codeine cough syrup is growing in popularity in the Houston area both among adults who are poly-drug abusers and youth who are primarily abusers of cough syrup. Hydrocodone, Stadol nasal spray, Soma,

Vicodin, and Lortabs are prescription drugs which are commonly diverted and abused across the state.

The proportion of youth admitted to treatment reporting marijuana as their primary drug problem continues to increase, as does the percent of adolescents testing positive for marijuana at arrest. Dallas emergency room mentions of marijuana are higher than ever with the rate increasing by over 50 percent between 1997 and 1998. Availability is high and price is lower. The 1998 secondary school survey found a continuous rise in lifetime use of marijuana but some decrease in current use by younger students; use is lower among students on the border than elsewhere in the state. Dipping joints in embalming fluid that contains PCP or in codeine cough syrup continues, as does smoking blunt cigars filled with marijuana or adding crack or other drugs to the marijuana cigarettes.

Methamphetamine use is widely reported, especially in the rural areas, but not all of the traditional indicators document the severity of the problem. The

percent of admissions to publicly-funded treatment and percent of arrestees testing positive is still low. Stimulant users entering treatment are overwhelmingly Anglo and usually injectors. Emergency room mentions of methamphetamine and amphetamines in Dallas are up significantly, as is the quantity of methamphetamine examined by the DPS labs. Diversion of ephedrine and pseudoephedrine remains a problem with the number of small labs increasing around the state. In addition, methamphetamine continues to be imported from Mexico.

Depressants continue to be a problem because of their impor-

tation from Mexico, with Rivotril being substituted for Rohypnol. Mentions of Rivotril are up in the Dallas emergency rooms, and the secondary school survey found students along the border are 2.6 times more likely to have used Rohypnol than non-border students. Rohypnol treatment admissions are increasing, especially in programs along the border. GHB, GBL, and similar precursor drugs are a dangerous problem; an overdose death was reported in Austin in May, 1999.

LSD is available, and MDMA combined with heroin is now being reported.

Inhalant use is increasing among youth, according to the 1998

elementary and secondary school surveys.

AIDS cases among females and African Americans reflect the correlation between drugs and HIV infection in these populations. A study of clients in three Texas treatment programs found 44 percent had genital herpes, 35 percent were positive for hepatitis C, 30 percent were positive for hepatitis B, 3 percent were infected with HIV, and 6 percent had treatable sexually transmitted diseases. Treatment for indigent persons who are positive for hepatitis C is limited.

Area Description

The population of Texas (19,307,7387) is distributed among 28 metropolitan statistical areas and 254 counties. The ethnic/racial composition of Texas is 56 percent Anglo, 29 percent Hispanic, 12 percent African-American, and 3 percent other. Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as

well as smaller towns along the border. A major problem is that Mexican farmacias 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. Sea ports are used to import heroin and cocaine via commercial cargo vessels and the international airports in Houston and Dallas-Fort Worth are major

ports for the distribution of drugs in and out of the state. Interstate highways provide not only a means of moving drugs from Mexico to the north, but also for transporting drugs from the west to the east. Real estate, money exchange houses and banks are used to launder drug proceeds, and drug profits are smuggled out of the U.S. through the same Texas ports.

Data Sources and Time Periods

Substance Abuse Trends in Texas is an on-going series which is published every six months as a report to the Community Epidemiology Work Group meetings

sponsored by the National Institute on Drug Abuse. To compare 1999 data against earlier statistics, refer to previous editions which are available in

hard copy from TCADA or on the TCADA web page at <http://www.tcada.state.tx.us/research/subabusetrends.html>.

- ◆ **Ethnographic information and data on price, purity, trafficking, distribution, and supply**—This information was provided by members of the Texas Epidemiology Work Group (IEWG), which met on May 7, 1999. The Work Group, which has been meeting annually since September 11, 1986, includes representatives from the Drug Enforcement Administration, state agencies in Texas, service 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 1999*.
- ◆ **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 first quarter 1983 through March, 1999.
- ◆ **Overdose data**—Data on drug overdose deaths came from death certificates from the Bureau of Vital Statistics of the Texas Department of Health. Death certificates were only available through 1997 at the time of this report. Mentions of drugs in the Dallas area emergency rooms came from the Drug Abuse Warning Network (DAWN). The DAWN statistics for the first half of 1998 are preliminary and full year estimates are extrapolated from the reports for the first half of 1998.
- ◆ **Drug use by arrestees**—The Arrestee Drug Abuse Monitoring Program (ADAM) of the National Institute of Justice provided information on arrestees who were interviewed and tested for the presence of various drugs. Data includes 1991 through first quarter 1999 for Dallas, Houston and San Antonio and for first and second quarters 1999 in Laredo.
- ◆ **Amounts of drugs examined**—The Texas Department of Public Safety (DPS) provided information on the amounts of various drugs examined in their crime laboratories through 1998.
- ◆ **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, 1999.
- ◆ **Special Reports**—These include *1998 Texas School Survey of Substance Use Among Students: Grades 7-12* by Jane C. Maxwell and Liang Liu; the *1998 Texas School Survey of Substance Use Among Students: Grades 4-6* by Lynn S. Wallisch and Liang Liu; the *1998 Survey of Substance Abuse Among Students on the Texas Border: Grades 4-12* by Jane C. Maxwell, Lynn S. Wallisch and Liang Liu; "STD Prevalence in Drug Abuse Treatment Populations" by Lu-Yu Hwang, Michael W. Ross, Carolyn Zack, and Lara Bull; "Fry: A Study of Adolescents' Use of Embalming Fluid with Marijuana and Tobacco." All are published by TCADA.

Cocaine and Crack

Overdose death statistics for 1998 are not available for this report, but there was a marked increase in the number of persons dying of cocaine (alone or in combination with other

drugs) from 1995 to 1997, as Figure 1 shows. Between 1992 and 1997, of those persons dying from a cocaine overdose, 46 percent were Anglo, 32 percent were African American, and 21

percent were Hispanic. Some 78 percent were male. Average age was 35.9 years.

The rate of emergency room mentions of cocaine in the

Dallas DAWN data is higher than ever for the first half of 1998 (Figure 2). Appendix 2 shows the rates of cocaine mentions per 100,000 population by age and gender. The rates are highest for persons aged 26-34 and for males.

Cocaine (crack and powder) comprised 34 percent of all adult admissions to TCADA-funded treatment programs in 1998 (Appendix 3), as compared to 36 percent of all adult admissions for alcohol. 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 1998.

Abusers of powder cocaine comprise 9 percent of admissions to treatment, and they are younger than crack abusers (31 years as compared to 34 years), and more likely to be male and Anglo. As Table 1 shows, users of powder cocaine prefer to inhale rather than inject the drug. Note that those who inhale are the youngest, the most likely to be male, the most likely to be Hispanic, and the most likely to be employed.

The term “lag” refers to the period from first consistent or regular use of cocaine to date of admission to treatment. Crack smokers and powder cocaine inhalers average eight years between first regular use and entrance to treatment, while

Figure 1. Race/Ethnicity and Average Age of Persons Dying from a Cocaine Overdose in Texas: 1992-1997

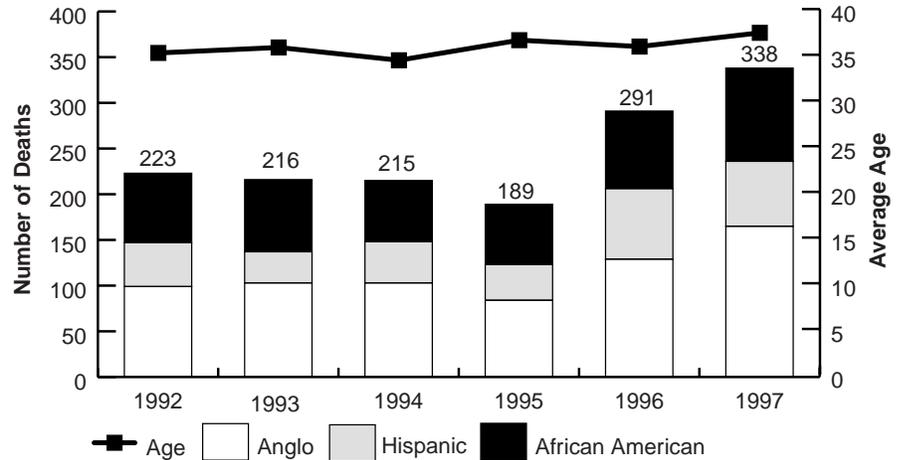


Figure 2. Estimated Rate of Emergency Room Mentions of Cocaine, Marijuana, Heroin and Methamphetamine in the Dallas Area Per 100,000 Population: 1992-1998

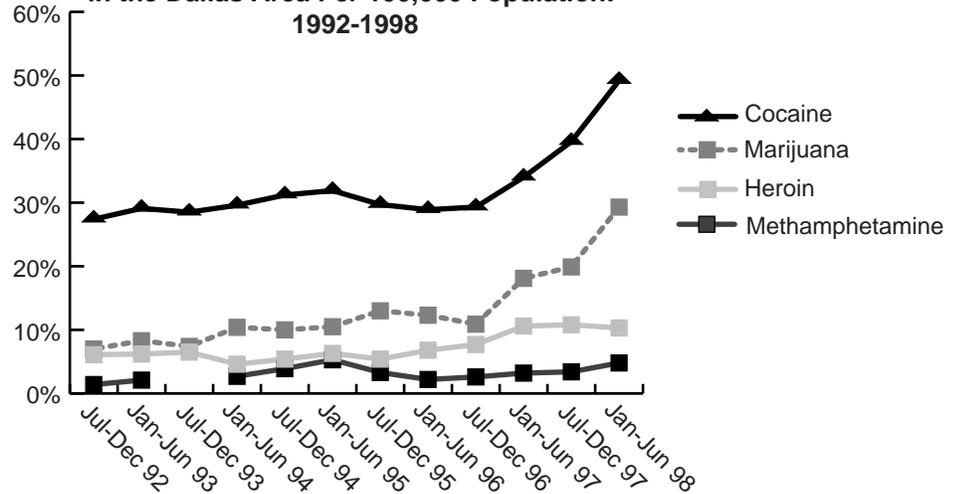


Table 1. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 1998

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale
# Admissions	8,254	1,392	1,688
% of Cocaine Admits	73%	12%	15%
Lag-1st Use to Tmt-Yrs.	8	11	8
Average Age	34	32	29
% Male	55%	62%	68%
% African American	55%	5%	9%
% Anglo	34%	72%	41%
% Hispanic	10%	23%	49%
% CJ Involved	38%	42%	48%
% Employed	18%	20%	35%
% Homeless	13%	10%	4%
Average Income	\$6,279	\$8,017	\$8,676

injectors average 11 years of use before they enter treatment.

Between 1987 and 1998, the percentage of Hispanic treatment admissions using powder cocaine has increased from 23 percent to 37 percent and the percent of Anglo powder users has increased from 49 percent to 54 percent, while the percent of African-American clients using powder cocaine has dropped from 28 percent to 7 percent. For crack cocaine, the percent of Hispanic treatment admissions has increased from 4 percent to 10 percent between 1987 and 1998, while the percent of Anglo users has increased from 18 percent to 35 percent, and the percent of African-American clients has decreased from 78 percent to 55 percent.

Powder cocaine was the primary drug of abuse for 7 percent of youths entering treatment during 1998 (Appendix 4), up from 4 percent in 1995. Crack cocaine accounted for 2 percent of youth admissions.

The proportion of arrestees testing positive for cocaine has decreased from the peak periods in the early 1990s in Dallas, Houston and San Antonio. However, 45 percent of males and 51 percent of females tested in the first two quarters of 1999 in Laredo were positive for cocaine (Table 2). Laredo became an ADAM site in the fourth quarter of 1998. Of the Laredo ADAM arrestees who self-reported drug use, only 14

percent reported injecting cocaine.

Figure 3 shows that the amount of cocaine examined by the Department of Public Safety (DPS) laboratories in 1998 surpassed the previous high in 1995.

DEA reports that cocaine is readily available at the wholesale and retail levels. Since 1987, the price has dropped, but it has remained fairly stable since the second half of 1997 (Figure 4). In the Houston area, the price of powder cocaine is \$10,500-\$12,500 for a kilogram wholesale,

with a retail price of \$13,000 to \$19,500 retail, while in the North Texas region, the price is higher at between \$15,000 and \$21,000. The price of powder in 1999 ranges between \$650-\$1,000 per ounce and \$100-\$275 per gram. The price of an ounce of crack cocaine is between \$600-\$1,300.

The 1998 Texas School Survey of Substance Use Among Students: Grades 7-12 found lifetime and past-month use of powder cocaine and/or crack was higher than at any time since the survey began in 1988. In 1988, 6.7 percent of students statewide reported lifetime use of cocaine

Table 2. Arrestees Testing Positive for Cocaine: 1991-1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	43%	41%	45%	35%	31%	32%	32%	29%	20%
Houston Males	56%	41%	41%	28%	40%	39%	39%	36%	27%
Laredo Males								37%	45%
San Antonio Males	29%	31%	31%	31%	24%	28%	26%	27%	21%
San Antonio Male Juveniles			6%	9%	6%	9%	15%	8%	5%
Dallas Females	46%	48%	43%	46%	44%	36%	34%	30%	42%
Houston Females	51%	44%	43%	36%	32%	34%	29%	37%	27%
Laredo Females								33%	29%
San Antonio Females	24%	25%	24%	23%	23%	23%	18%	20%	17%
San Antonio Female Juveniles			5%	6%	4%	11%	6%	4%	13%

*2Q for Laredo, 1Q for other sites

Figure 3. Kilograms of Cocaine Examined by DPS Laboratories: 1993-1998

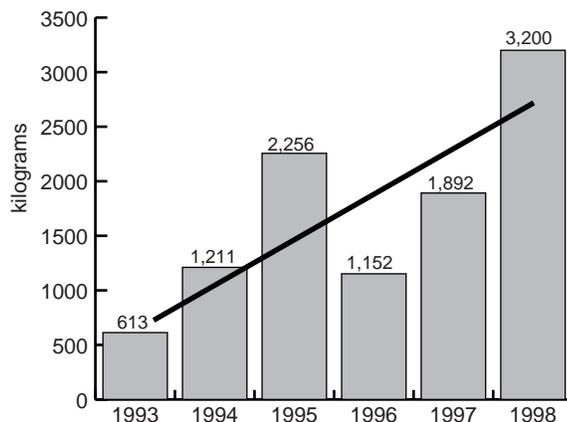


Figure 4. Price of a Kilogram of Cocaine in Texas as Reported by the DEA: 1987-1999

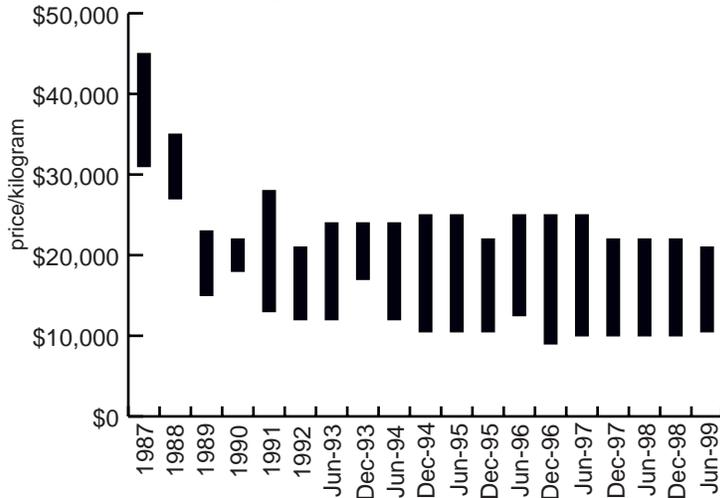
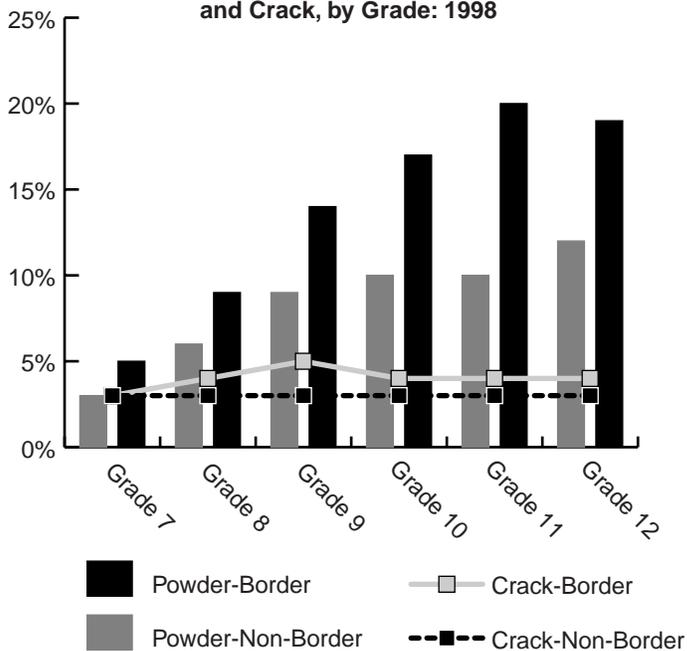


Figure 5. Percentage of Texas Secondary Students Who Had Ever Used Powder Cocaine and Crack, by Grade: 1998



or crack and 2.3 percent reported past-month use; in 1998, 9.3 percent reported lifetime use and 3.5 percent reported past-month use. While this increase is significant, the situation becomes more serious when the rates for students on the border are examined. The 1998 survey sampled nearly 60,000 students in school districts on the border and found

that 13.8 percent reported lifetime use of cocaine or crack and 5.9 percent reported past-month use.

Figure 5 compares the use of powder cocaine and crack between border and non-border students. As this figure shows, while use of powder cocaine is much higher by border students

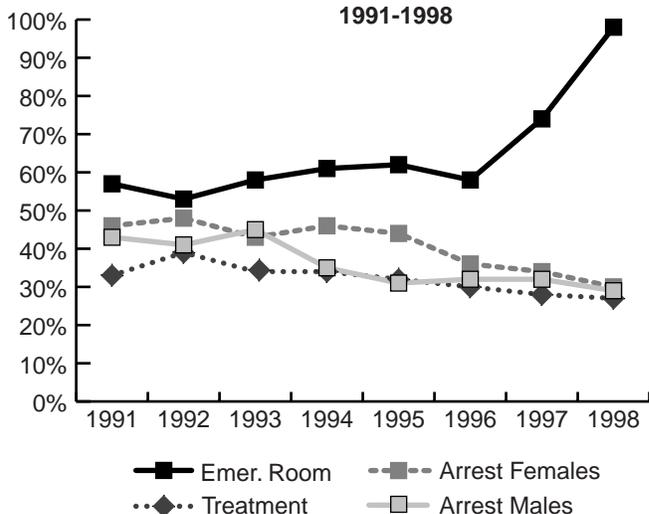
(20 percent of eleventh graders had ever used cocaine), use of crack cocaine is similar for both border and non-border students, and it does not increase with academic grade level.

1999 TEWG REGIONAL REPORTS

In Austin, powder cocaine is plentiful and of high quality and sells for \$45-\$60 per gram. Small bags of powder are sold for \$5 to \$10 as “hits” for injection with heroin for a speedball effect. The average price for a rock of crack is \$20; a \$20 rock dipped in formaldehyde sells for \$25 and produces a more intense high. Smaller pieces of crack, “Kibbles and Bits,” sell for \$1-\$10. Crack cocaine dealing and use is spreading in the Hispanic communities. The Medical Examiner’s Office reports an increase in cocaine overdose and cocaine-related deaths during the first four months of 1999, and the average purity of cocaine seized is 65 to 85 percent.

In Dallas, indicators of cocaine abuse are mixed. Figure 6 shows the trends for cocaine use as reported by ADAM arrest data, DAWN emergency room mentions and CODAP treatment admissions. As this exhibit shows, emergency room mentions, of cocaine increased, while positive cocaine tests for arrestees decreased for males and increased for females; cocaine treatment admissions decreased. Because DAWN and ADAM do not differentiate between powder cocaine use and crack cocaine

Figure 6. Dallas Cocaine Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1998



use, there is no way to tell if the ADAM decreases are due to less crack use, or if emergency room admissions are due to increasing cocaine powder use. Dallas crack cocaine treatment admissions have dropped from 21 percent in 1991 to 19 percent of all admissions in 1998, while powder cocaine admissions dropped from 11 percent to 8 percent during the same period.

In El Paso, a gram sells for \$50 and an ounce sells for \$400-\$550. Cocaine use is up due to increasing supply and decreasing cost, although cocaine admissions to treatment peaked in 1995. It is usually snorted or injected, and heroin addicts often combine cocaine with heroin to inject.

In Houston, the price of a gram of powder cocaine is \$75 and an ounce sells for \$350; the price of a “fair” quality rock is \$10 as compared to \$45 for a rock of “great” quality. A cookie (large sheet of crack that can be broken

into rocks for sale and smoking) sells for \$200. Crack is popular among Anglo, Hispanic, and African-American street hustlers, and exchanging sex for crack continues to be reported. Adolescents in treatment seldom report just using crack, but they use it as part of a larger “drug buffet” that includes other drugs.

In Laredo, approximately 60 percent of all juveniles assessed at the Webb County Juvenile Department reported occasional use of cocaine; 30 percent reported using at least once per week; less than 5 percent reported use of crack. Of those who used powder cocaine, 95 percent were sniffers and 5 percent were injectors.

In the Lower Rio Grande Valley, powder cocaine is pure and cheap and increased outreach is leading to more demand for treatment services.

In Lubbock, an ounce of powder cocaine sells for \$800-\$1,000 and the price of a rock ranges between \$2 and \$100, depending on the size. The price remains low because the streets are saturated with large quantities. There is some evidence of teens switching from crack to powder cocaine, with young teens reported to be snorting cocaine. The smoking of crack with metal “straight shooters,” which are usually car antennas, may cause problems with the lungs due to the metal alloys from the antennae.

In San Antonio, use of powder cocaine remains stable, although some heroin dealers are reported to be mixing cocaine in with heroin in an attempt to expand their cocaine market by getting “old time” heroin addicts to try speedballs. Purity is reported high with few complaints about quality. Street sources report that they are hearing less and less about crack. It is a stable population with few new users, although there have been some reports of use by young Hispanics living in neighborhoods adjacent to African-American communities with high crack use.

Heroin

The number of deaths due to heroin overdoses continues to increase, as Figure 7 shows. In the period between 1992 and 1997, 54 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 over the years. In terms of gender, between 1992 and 1997, 81 percent of the decedents have been male and 19 percent female; average age is 38 years.

Emergency room mentions of heroin have remained stable in 1997-1998. Unlike 1996, heroin mentions by teenagers were not reported in 1997. Rates of heroin mentions are highest among those aged 18-25 and among males (Appendix 2).

Heroin ranks third after alcohol and crack cocaine as the primary drug for which adult clients are admitted to substance abuse treatment programs funded by TCADA (Appendices 1 and 3). It comprised 9 percent of admissions in 1993 as compared to 13 percent in 1998. The characteristics of these addicts vary depending on the route of administration, as Table 3 shows. The most noticeable change between 1997 and 1998 is that the proportion of inhalers who are male has risen from 51 percent to 61 percent.

Most heroin addicts entering treatment inject heroin. The term “lag” refers to the period from first consistent or regular use of heroin to 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 nine rather than thirteen years for injectors. This shorter lag period means that contrary to

street rumors that “sniffing or inhaling is not addictive,” inhalers will need treatment more quickly than needle users.

Only 2 percent of all adolescents admitted to TCADA-funded treatment programs reported a primary problem of heroin.

The 1998 secondary school survey found that among non-

Figure 7. Race/Ethnicity and Average Age of Persons Dying from a Heroin Overdose in Texas: 1992-1997

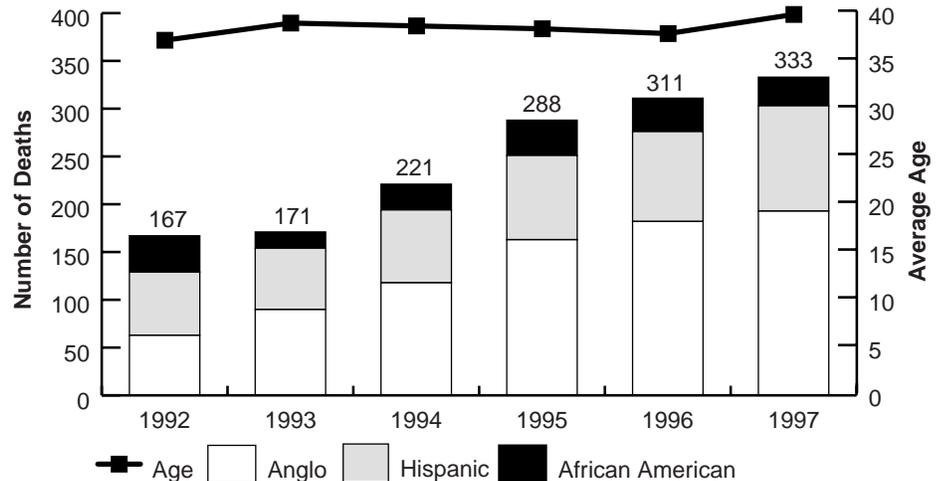


Table 3. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment With a Primary Problem with Heroin by Route of Administration: 1998

	Inject	Inhale
# Admissions	4,096	307
% of Heroin Admits	93%	7%
Lag-1st Use to Tmt-Yrs.	13	9
Average Age	36	31
% Male	66%	61%
% African American	9%	37%
% Anglo	46%	34%
% Hispanic	44%	28%
% CJ Involved	36%	36%
% Employed	18%	24%
% Homeless	10%	4%
Average Income	\$5,983	\$6,726

border students, lifetime use of heroin was 2.5 percent and past-month use was 0.7 percent.

Among border students, lifetime use was 2 percent and past-month use was 0.6 percent.

According to data collected by the ADAM program, the results of arrestees testing positive for opiates between 1991 and 1999 have remained mixed (Table 4).

The number of grams of heroin examined by Department of Public Safety laboratories is not as great in 1998 as in 1997, but there has been an overall upward trend since 1993 (Figure 8).

The predominant form of heroin in Texas is black tar; some Mexican brown is also available, particularly in San Antonio. Southeast Asian, Southwest Asian and Colombian heroin is transshipped through Texas with little spillage; most of it is destined for the Northeast.

The cheapest price for black tar heroin continues to drop, although the “top” price is higher now than in the recent past, according to DEA statewide reports (Figure 9). Currently, black tar heroin sells on the street for \$10 a capsule, \$120-\$300 per gram, \$700-\$6,000 per ounce, and \$80,000-\$175,000 per kilogram. Mexican brown heroin costs \$1,000-\$1,200 per ounce. Southeast Asian heroin costs \$2,000 per ounce.

The Domestic Monitor Program of the DEA is a heroin purchase

Table 4. Arrestees Testing Positive for Opiates: 1991-1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	4%	4%	5%	3%	5%	5%	4%	2%	6%
Houston Males	3%	3%	2%	3%	5%	8%	10%	8%	5%
Laredo Males								11%	10%
San Antonio Males	15%	14%	14%	13%	10%	10%	10%	10%	6%
San Antonio Male Juveniles			1%	1%	0%	4%	3%	1%	1%
Dallas Females	9%	9%	11%	8%	5%	10%	4%	5%	5%
Houston Females	4%	4%	5%	6%	3%	4%	5%	7%	5%
Laredo Females								0%	0%
San Antonio Females	20%	13%	15%	14%	13%	13%	9%	9%	10%
San Antonio Female Juveniles			0%	1%	1%	2%	1%	0%	3%

*2Q for Laredo, 1Q for other sites

Figure 8. Grams of Heroin Examined by DPS Laboratories: 1993-1998

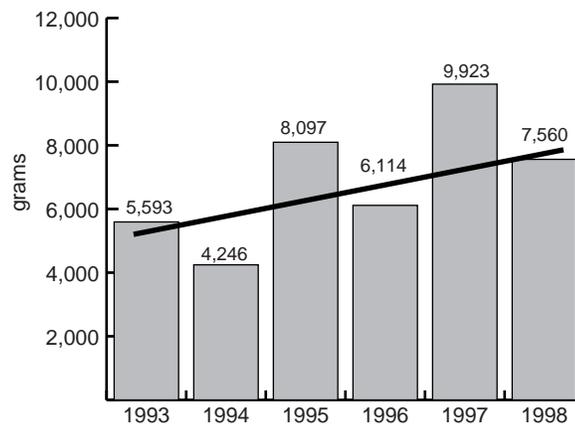
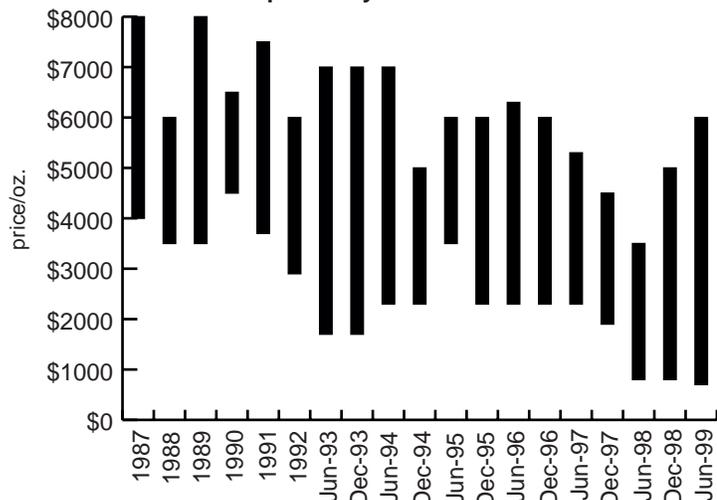


Figure 9. Price of an Ounce of Heroin in Texas as Reported by the DEA: 1987-1999



program that provides data on the purity, price, and origin of retail-level heroin available in the major metropolitan areas of the nation. As Table 5 shows, the purity of heroin is increasing, although the heroin in Dallas is not as potent as that in Houston. In addition, the price per milligram pure has varied over the years in Dallas, while it has remained fairly level in the last three years in Houston. Some of this variation may be due to a low number of “buys” in some years.

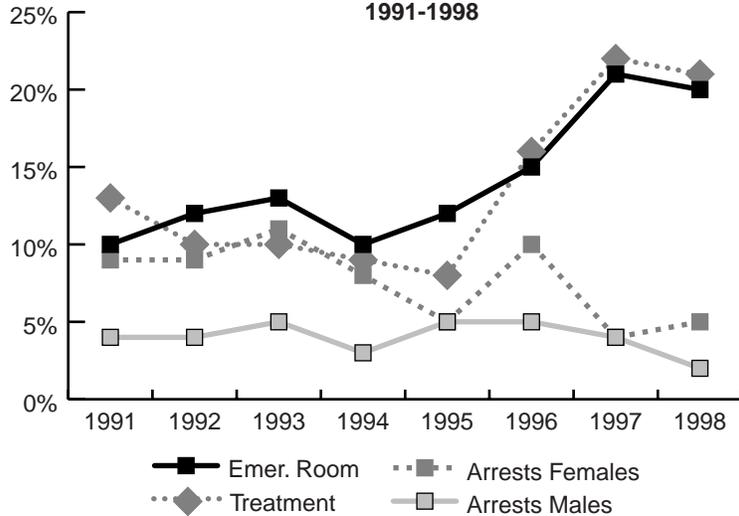
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In Austin, black tar heroin is reported to be good quality (up to 15 percent) and readily available. Some chocolate-brown powder that is made by cutting the tar with lactose is also available. The Spanish term for the tar form is “chapapote.” Heroin is still primarily injected but there are reports of younger adults putting heroin in aluminum foil and inhaling the fumes of the burning heroin (“chasing the dragon”) or they are snorting the powder form. These alternative methods of using heroin are seen in the sex industry business and in topless bars. A balloon of black tar heroin is \$20, a gram is \$80-\$150, and an ounce is \$1,800-\$2,000. In the past, an ounce sold for \$3,500-\$6,000. Of the 54 overdose deaths in Austin in 1998, 39 percent involved heroin, and of these deaths, cocaine was found in 48 percent of them. Sertraline (Zoloft) was detected in four of the heroin

Table 5. Price and Purity of Heroin Purchased in Dallas and Houston by DEA: 1995-1998

	1995	1996	1997	1998
Dallas Purity	6.8%	3.5%	7.0%	11.8%
Price/Milligram Pure	\$2.34	\$6.66	\$4.16	\$1.06
Houston Purity	16.0%	26.1%	16.3%	34.8%
Price/Milligram Pure	\$1.36	\$2.15	\$2.20	\$2.43

Figure 10. Dallas Heroin Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1998



overdoses, and this new antidepressant may be taking the place of the benzodiazepines to help moderate the negative effects experienced when coming down from a heroin high.

In Dallas, snortable heroin is called “chiva” and it is reported to be increasing in availability, while the price is dropping. As Figure 10 shows, indicators of heroin abuse in Dallas are mixed. Between 1997 and 1998, emergency room mentions of heroin and treatment admissions of heroin addicts in Dallas are fairly level, while the proportion of arrestees testing positive for heroin is down for males and up slightly for females. Poly-drug use is increasing among arrestees

who tested positive for opiates. In 1996, 65 percent of the opiate-positive arrestees also tested positive for cocaine; in 1998, 100 percent tested positive for cocaine.

In El Paso, heroin is cheap, very pure and readily available. Heroin addicts also can cross the bridge into Cd. Juárez and easily find shooting galleries where the drug is even cheaper. An ounce of heroin sells for \$1,200-\$1,300 in El Paso and a 1/10th gram dose sells for \$10-\$20 in El Paso and \$5 in Cd. Juárez. Although most addicts tend to be adults, a service provider reports that the number of young heroin users is increasing dramatically and they are a hidden population that only

appears in treatment when they are old enough to enter adult treatment programs.

In Fort Worth, between October, 1996 and June, 1998, there have been 20 heroin overdose deaths reported, and most were young Anglo males who were often from relatively affluent neighborhoods.

In Houston, multi-ounce quantities of black tar are available, with some Southeast Asian and Mexican brown heroin also available. Heroin is becoming more popular among adolescents, and a survey of addicts in and out of treatment found that many “brands” of heroin are available, including “DOA,” “Bloody Mary,” “China White,” “blue heron”, and “redrum,” which is “murder” reversed. The cost has dropped by half since last year: \$70 per gram now as compared to \$100-\$160 a year ago. Respondents reported that the quality of the heroin was good.

In Laredo, juveniles report heroin and syringes are available at local neighborhood grocery stores in the poorer areas of town, and the use of “Monkey Water” continues. “Monkey

Water” and “Shebanging” are terms to describe heroin nose drops. Heroin is dissolved in water and then either sprayed up the nose using a bottle like a Visine bottle or squirted up the nose using a syringe. Purity of heroin has risen to 20-30 percent. Prices are stable and it is easier to get heroin in Laredo than in Nuevo Laredo. The Webb County Juvenile Department reports that the youngest heroin user they processed in 1998 was eleven years old, and 25 percent of all adolescents assessed used heroin on a weekly basis and 45 percent had ever used heroin. Some 20 percent used speedballs. In addition, there is an increasingly shorter transition period from inhaling to injecting. Approximately 40 percent of these adolescent users reported transitioning to injecting within 4-8 weeks after they start inhaling.

In Lubbock, heroin is becoming more and more available. There are numerous sources to score heroin and papers are larger and priced at \$20 per piece and \$150-\$200 per gram. Quality is mid-range, which is resulting in a significant increase in admissions to methadone treatment. An ounce sells for \$3,500-\$5,000 and

it is almost exclusively black tar, although Mexican brown heroin is back in the region and is reported to be three times stronger than black tar. Almost all users are injectors, although some snorters are appearing in treatment, and cocaine is injected along with heroin, but not as a speedball.

In San Antonio, most heroin is Mexican brown that is 12-15 percent pure. Black tar that is available is reported at 50 percent purity. Prices have remained stable, but some dealers are reported to be discounting the prices due to the plentiful supply. As an example, a dealer may discount a \$40 bag by \$10 to a loyal customer. Shebanging is still common among users in their late teens or early twenties. While about half of these users use a spray bottle such as a Visine bottle, half use a syringe to squirt the liquified heroin up their nose, which could facilitate their transition from nasal drops to injecting the heroin. Treatment programs report they are seeing more young users, and unlike crack cocaine, where the population is stable, there are new initiates in the population of injecting heroin users.

Other Opiates

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

Almost 2 percent of all adults who entered treatment during 1997 used opiates other than heroin (Appendix 3) and in comparison to heroin addicts,

they were more likely to be Anglo, to be high school graduates, to be female, and to have higher incomes than other drug users.

ADAM statistics show that the percentage testing positive for methadone is very low, as Table 6 shows.

According to DEA reports, hydrocodone, promethazine with codeine, Stadol nasal spray, and carisoprodol (Soma) are the most commonly abused licit drugs in the Houston area, and hydrocodone (generic hydrocodone, lorcet, Lortab, Vicodin, and NORCO) is diverted within the Dallas area.

1999 TEWG REGIONAL REPORTS

In Austin, MS Contin pills, which contain morphine, are obtained by prescription and used by addicts trying to withdraw from heroin. Mexican hydrocodone is also seen in Austin.

In Houston, the use of codeine cough syrup continues to increase in popularity, particularly among African-American drug users of all age groups and by youth of all racial/ethnic groups. Syrup is consumed directly from the bottle, in soft drinks, and in cocktails. Four ounces of Robitussin can produce hallucinations. It is also used in combination with marijuana, either drunk while smoking a joint or by smoking a “candyblunt,” which is a joint dipped in codeine cough syrup.

Syrup is procured by prescription by people with Medicaid and private health insurance benefits and is either consumed by them, sold, or traded for other drugs.

Table 6. Arrestees Testing Positive for Methadone: 1991-1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	0%	0%	0%	0%	0%	0%	0%	1%	1%
Houston Males	1%	0%	1%	0%	2%	6%	7%	1%	1%
Laredo Males								0%	1%
San Antonio Males	2%	2%	1%	1%	1%	1%	1%	1%	1%
Dallas Females	1%	1%	0%	0%	0%	1%	1%	1%	1%
Houston Females	2%	0%	1%	1%	0%	1%	2%	0%	1%
Laredo Females								0%	0%
San Antonio Females	5%	3%	2%	0%	1%	2%	2%	1%	1%

*2Q for Laredo, 1Q for other sites

DEA reports the diversion of gallons of cough syrup from legal sources; an audit of one pharmacy revealed a shortage of 177 gallons of codeine cough syrup.

Prices continue to increase along with popularity. In 1997, an 8-ounce bottle of syrup sold for \$25; in 1998 it sold for between \$60 and \$80; in 1999, it sells for \$200 on the street and users report paying \$15-\$20 per ounce for “high quality” syrup, or \$10 per capful. Syrup is now being cut with wine or liquid cold remedies. Codeine tablets are also being dissolved into liquid cold medicine, and Nyquil and Dramamine tablets are consumed for a “trip.” Syrup consumption is seen as a social activity and young people share a bottle while they kick back or play video games.

Tylenol 4, which is 300 milligrams of acetaminophen and 60 milligrams of codeine, sells for \$2 per pill, down from \$4 a year ago. Tylenol 3 sells for \$1 a pill and it is popular among older injectors, Anglo injectors, and more experienced African-

American injectors, It is frequently obtained through Medicaid/Harris County Hospital District Gold Card benefits or from physicians. It may be consumed by the patient, sold for cash, or traded for other drugs. Vicodin costs \$2 per pill and Lorcet and hydrocodone, which cost about \$59 for 100 pills, were reported to be used recreationally. Soma tablets are selling for \$2 and diluadid is selling for \$40-50 per 4 mg. tablet.

In the Fort Worth area, diluadid is selling for \$60-\$80 for a 4 mg. tablet and hydrocodone is selling for \$5 per tablet.

In Lubbock, there is little mention of other opiates other than dilaudid, which sells for \$40-\$50 for a 4 mg. tablet, although demand is lower than in the past.

Marijuana

The number of mentions of marijuana in the emergency rooms in the Dallas area are the highest ever (Figure 2) as reported by DAWN. The characteristics of persons who were treated in the emergency rooms are in Appendix 2, which shows that the highest rates of mention are among persons aged 18 to 25 and males.

Marijuana was the primary problem for 9 percent of adult admissions to treatment programs in 1998 (Appendices 1 and 3). The average age of marijuana clients continues to increase: in 1985, the average age was 24; in 1998, it is 27.

The proportion of adolescents being admitted for a primary problem with marijuana continues to increase. It comprised 72 percent of adolescent admissions in 1998 and 73 percent for first quarter 1999, as compared to 35 percent in 1987. In 1998, 45 percent of these adolescents were Hispanic, 31 percent were Anglo, and 23 percent were African American (Appendix 4). In 1987, 7 percent were African American.

In the ADAM data shown in Table 7, the percentage of arrestees testing positive for marijuana remains high.

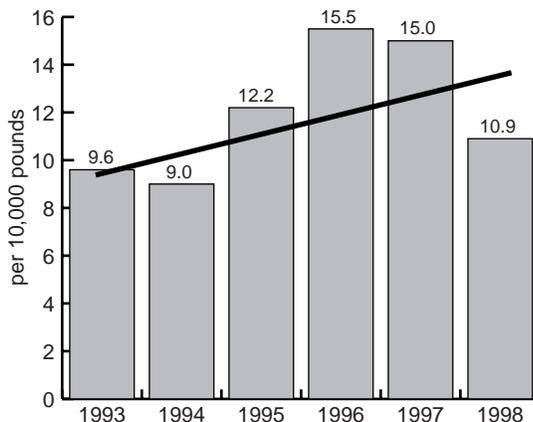
Figure 11 shows the pounds of marijuana which have been examined by DPS laboratories. The trend line is upward, but

Table 7. Arrestees Testing Positive for Marijuana: 1991-1999

MARIJUANA	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	19%	28%	27%	33%	39%	43%	44%	43%	43%
Houston Males	17%	24%	24%	23%	30%	28%	23%	36%	33%
Laredo Males								39%	35%
San Antonio Males	19%	28%	32%	30%	34%	38%	34%	41%	36%
San Antonio Male Juveniles			24%	35%	42%	45%	53%	49%	50%
Dallas Females	11%	24%	20%	23%	23%	26%	27%	24%	27%
Houston Females	8%	12%	15%	13%	20%	24%	17%	20%	23%
Laredo Females								13%	12%
San Antonio Females	8%	16%	17%	15%	16%	18%	17%	18%	17%
San Antonio Female Juveniles			10%	4%	12%	18%	17%	18%	38%

*2Q for Laredo, 1Q for other sites

Figure 11. Amount of Marijuana Examined by DPS Laboratories Per 10,000 Pounds: 1993-1998



not at as steep as for some other drugs.

Marijuana is available, with multi-pound to multi-ton seizures commonplace. Prices remain low, although they fluctuate depending on quality, quantity, demand, and availability (Figure 12). In the southern half of the state, DEA reports a pound costs \$150-\$700 wholesale and \$500-\$850 retail; in the northern area of the state, marijuana costs \$450-\$800 per pound. Ounce quantities of marijuana cost \$60-\$100.

The 1998 secondary school survey found a continuous rise in lifetime use of marijuana among all secondary students since 1992 (Figure 13), but past-month use among younger students decreased in 1998 following a six-year increase. Some 35 percent of all secondary students in 1998 reported ever having smoked marijuana, up from 31 percent in 1996 and 20 percent in 1992. However, the proportion of eighth graders who reported smoking marijuana in the past month increased from 4 percent

in 1992 to 14 percent in 1996 and then dropped to 12 percent in 1998. Similar patterns were seen for seventh and ninth graders.

Among students in grades four through six, 3.6 percent reported lifetime use in 1998 and 2.6 percent reported use in the past school year. Past year use dropped between 1990 and 1992, but then rose steadily until 1996; in 1998, past-year rates were almost identical to those in 1996.

Border secondary students reported lower usage of marijuana (30 percent lifetime and 13 percent past month) than did non-border students (35 percent lifetime and 16 percent past month), and the difference became more pronounced as grade level increased (Figure 14).

Figure 15 plots the trends in lifetime use of marijuana as reported in the secondary school survey, adolescent admissions to treatment for a primary problem of marijuana, and the proportion of adolescent drug arrests for marijuana. As this exhibit shows, all the indicators have risen since 1992, although the increase has been less steep in the recent past.

1999 TEWG REGIONAL REPORTS

In Austin, marijuana is readily available and is of medium to high quality, although the amount of outdoor-grown marijuana in Texas diminished in 1998 due to the drought. There are now three different qualities of marijuana in

Figure 12. Price of a Pound of Commercial Grade Marijuana in Texas as Reported by the DEA: 1992-1999

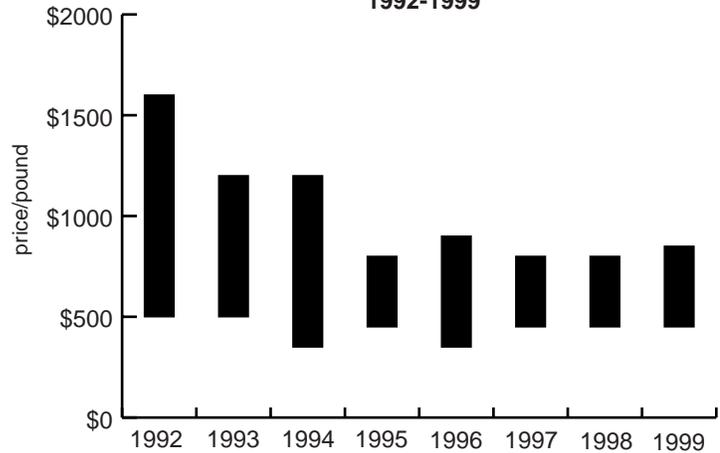


Figure 13. Trends in Lifetime, Past Year, and Past-Month Use of Marijuana Among Texas Secondary Students: 1988-1998

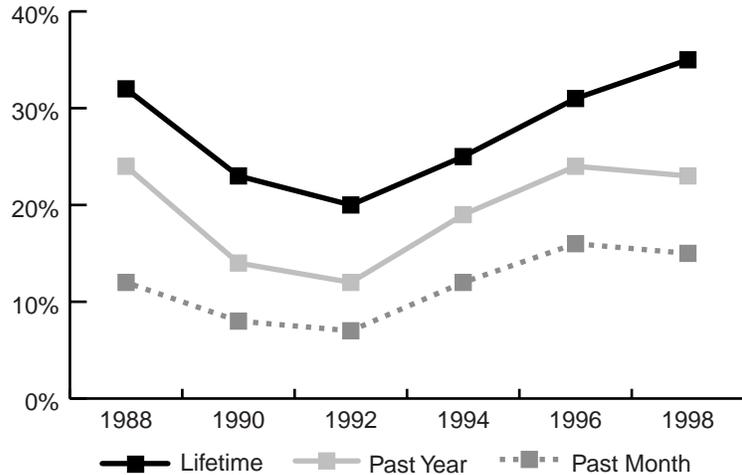
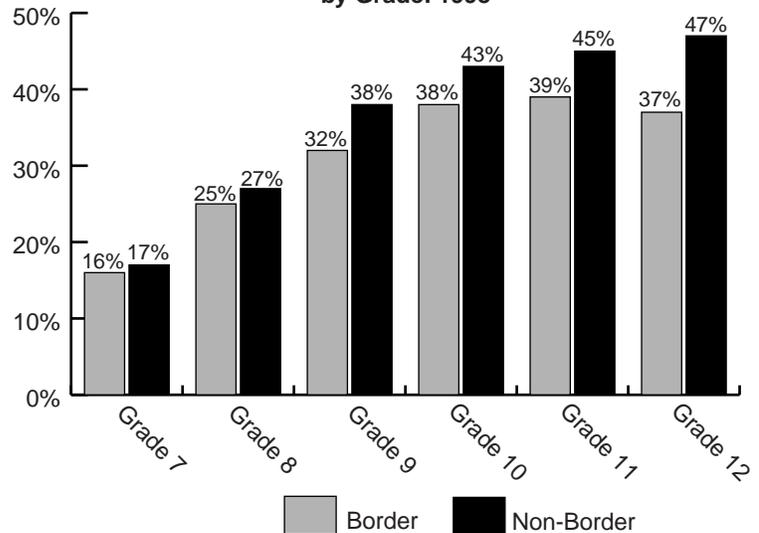


Figure 14. Percentage of Texas Secondary Students Who Had Ever Used Marijuana, by Grade: 1998



Austin. Commercial Mexican marijuana comes through the Laredo area, is referred to as “schwag” or “killa” weed, has a THC content of about 3.33 percent and costs \$50-\$80 an ounce and \$450-\$600 a pound. “Skunk” marijuana, which is a higher quality, also comes from Mexico and costs \$135-\$140 per ounce. “Hydro,” “kind bud,” or “chronic” marijuana has the highest THC content (up to 22.3 percent); several people are said to be able to get an intense high from sharing a joint. This marijuana costs \$300-\$400 an ounce. There are also reports of marijuana being dipped in formaldehyde and sold as “Water” on the streets at \$5-\$10 a joint. People who smoke it are referred to as “wetheads” or “fryheads.”

In Dallas, marijuana costs between \$35-\$55 per ounce. Arrest, treatment, and emergency room statistics for Dallas show increasing involvement of adults with marijuana (Figure 16).

In El Paso, use of marijuana is increasing, as is the volume of marijuana shipped through El Paso. Price has remained consistent over the last 20 years, with an ounce selling for about \$60 and a pound selling for \$300-\$450; a pound sells for as little as \$200 across the bridge in Cd. Juarez.

In Houston, the types of marijuana currently available include “kind,” “kind bud,” “redbud,” “hydro,” “skunk,” “sensamilla,” “pine,” and “chronic.” Quality is described as “very potent,” “the

best,” and “20 percent THC.” Marijuana continues to be mixed with other psychoactive substances. “Primos,” marijuana mixed with crack in self-rolled cigarettes, are reported to have lost popularity among young people but remain popular with working people who find the marijuana curbs the anxiety associated with the psychoactive effects of crack.

“Fry,” “amp,” and “water-water” are terms for marijuana cigarettes dipped in embalming fluid into which phencyclidine (PCP) has been dissolved. This form of marijuana consumption is widespread, particularly among adolescents and young adults in the Montrose area and Third and Fifth Wards. “Fry sticks” and “fry squares,” which are marijuana joints dipped in Fry, cost

Figure 15. Adolescent Indicators of Marijuana Use Including Lifetime Use of Marijuana, Publicly-Funded Marijuana Treatment Admissions, and Marijuana Drug Arrests: 1987-1998

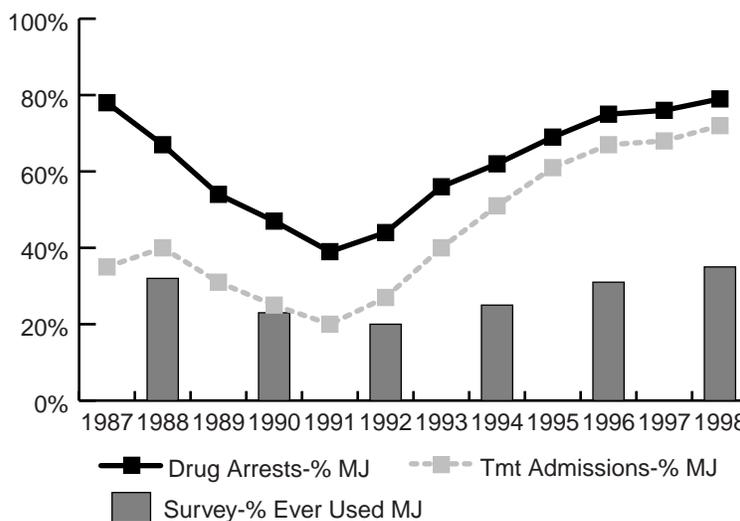
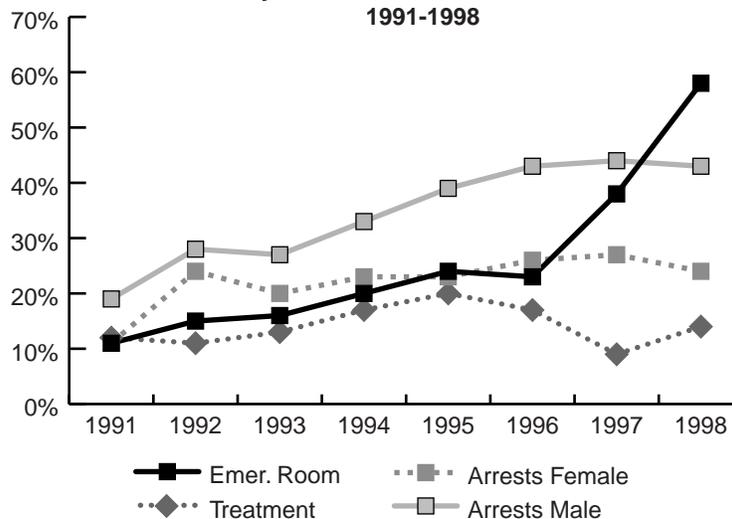


Figure 16. Dallas Marijuana Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1998



\$10 each, while “fry sweets,” which are treated Swisher Sweet cigarillos, cost \$15-\$20. In 1998, vials of embalming fluid were available on the street for \$50-\$100; vials are not as available in 1999.

Swisher Sweets, an inexpensive brand of filter-tipped cigars, remain a popular way among all age groups to consume marijuana. It is the brand of choice due to the sweet taste of the rolling paper; Phillie Blunts and King Edward cigars remain acceptable substitute brands. Concealment of marijuana inside the legal cigarillo minimizes the risk of arrest during police sweeps and stops. Some purchase the cigars and then replace the tobacco with marijuana, but buying cigars which have already been converted is becoming more prevalent. Current prices are \$5 for one converted cigar, three for \$10, or four for \$15 at “sweet houses.” Smokers report that the marijuana quality in these ready-made cigars is inconsistent or poor; marijuana smokers who take their drug

seriously eschew ready-mades and roll their own. In addition, ready-made “candyblunts,” which are cigarillos dipped in cough syrup, have become more prevalent and cost the same as converted “sweets.”

In Laredo, 90 percent of all juveniles assessed at the Webb County Juvenile Department have used marijuana in the past month, 75 percent use weekly, 30 percent use daily, and some of the daily users reported smoking 30-40 joints per day. The youngest identified marijuana user was 10 years old. Marijuana users at several high schools report coating marijuana joints with molasses or honey for a stronger buzz.

In Lubbock, marijuana availability has increased and the quality is reported as ranging from fair to excellent. Marijuana costs \$5-\$20 per bag; one ounce costs \$75-\$100, and a pound sells for \$500-\$800. Marijuana called “dank” and “killer” is high quality marijuana. Substances added to marijuana joints include

“water,” which is PCP, and “yeola,” which is crack. “Primos” are marijuana cigarettes laced with crack or embalming fluid, “blunts” are cigars filled with marijuana, and “rompums” are marijuana joints laced with a horse tranquilizer to give a fast nod. “Cotton candy” is a mixture of codeine, cocaine, and marijuana which is smoked together. It gets its name from the fact that the flavor is similar to cotton candy. Some high school students report that this mixture is difficult to detect when smoked at school.

In San Antonio, marijuana is cheap at \$10 a bag, and some very potent strains that produce psychedelic effects are available. Use of blunts also is reported increasing.

Stimulants

Overall, the rate of mentions of methamphetamines and amphetamines in the Dallas emergency rooms has increased, as Figure 17 shows.

Stimulants such as methamphetamines and amphetamines comprise 5 percent of adult admissions in 1998 (Appendices 1 and 3). The average client

admitted for a primary problem with stimulants is aging. In 1985, average age was 26; in 1998, it is 30. The proportion of Anglo clients has risen from 80 percent in 1985 to 93 percent in 1998, while the percent Hispanic has dropped from 11 percent to 4 percent and the percent African American has dropped from 9 percent to 2 percent. Unlike the

other drug categories, slightly more than half of the stimulant clients entering treatment are female. The characteristics of the clients by route of administration are shown in the Table 8.

The proportion of arrestees testing positive for methamphetamines in ADAM is low, as Table 9 shows.

The Drug Enforcement Administration reports methamphetamine is the drug which is most produced within the Houston Field Division, with demand and availability on the rise. Producers are small, individual operators, rather than the larger, more organized groups of the past. Large quantities of methamphetamine and amphetamine have been seized coming into the U.S. from Mexico in the Laredo area. In the northern half of the state, clandestine labs using pseudoephedrine are increasing, but the largest quantities come from California and Mexico. Local labs are using the “Nazi method,” which includes ephedrine or pseudoephedrine, lithium, and anhydrous ammonia, or the “cold method,” which uses ephedrine, red phosphorus, and iodine crystals. Before these methods became common, most illicit labs used the P2P method, which is based on 1-phenyl-2-propanone.

The most commonly diverted chemicals are 60 mg. pseudoephedrine tablets such as Xtreme Relief, Mini-Thins, Zolzina, and Ephedrine Release.

Figure 18 shows the grams of methamphetamine examined by DPS laboratories between 1993 and 1998. The trend is clearly rising.

According to DEA reports, the price for a pound of methamphetamine has dropped from \$15,000-\$18,000 in January 1994 to \$5,500-\$16,000 in the current reporting period. Ounce quanti-

Figure 17. Dallas Emergency Room Mentions Per 100,000 Population: 2nd Half 1991-1st Half 1998

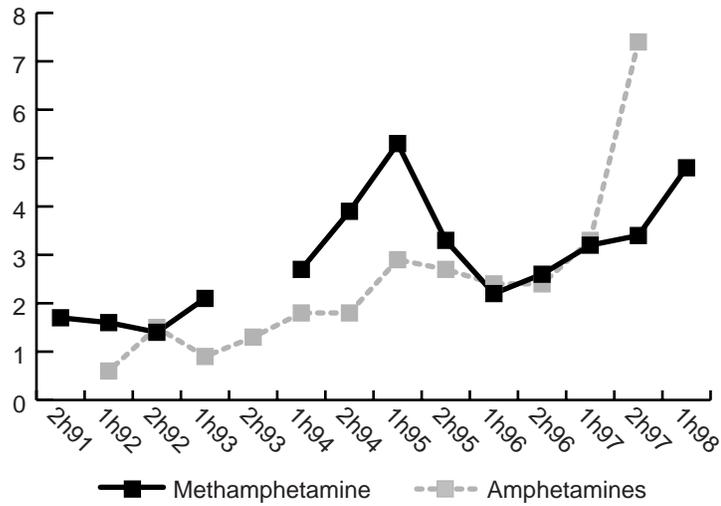


Table 8. Characteristics of Adult Clients Admitted to TCADA-Funded Treatment With a Primary Problem of Stimulants by Route of Administration: 1998

	Smoke	Inject	Inhale	Oral
# Admissions	200	1,004	252	128
% of Stimulant Admits	13%	63%	16%	8%
Lag-1st Use to Tmt-Yrs.	8	12	7	11
Average Age-Yrs.	28	31	28	32
% Male	55%	49%	48%	40%
% African American	5%	1%	1%	5%
% Anglo	86%	94%	92%	90%
% Hispanic	8%	3%	4%	2%
% CJ Involved	48%	50%	52%	48%
% Employed	24%	22%	26%	24%
% Homeless	6%	7%	4%	2%
Average Income	\$6,775	\$6,626	\$7,409	\$7,744

Table 9. Arrestees Testing Positive for Methamphetamines: 1991-1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	1%	1%	4%	2%	2%	1%	4%	3%	4%
Houston Males	0%	0%	0%	0%	0%	0%	0%	0%	1%
Laredo Males								0%	1%
San Antonio Males	1%	0%	0%	0%	1%	1%	2%	0%	3%
San Antonio Male Juveniles			0%	0%	0%	0%	0%	1%	1%
Dallas Females	3%	3%	6%	4%	4%	2%	4%	4%	2%
Houston Females	0%	0%	1%	0%	1%	1%	2%	0%	0%
Laredo Females								0%	4%
San Antonio Females	2%	1%	2%	0%	3%	2%	4%	2%	2%
San Antonio Female Juveniles			1%	0%	0%	0%	0%	2%	3%

*2Q for Laredo, 1Q for other sites

ties of methamphetamine retail for \$500-\$1,400; a gram costs \$100-\$125.

The 1998 secondary school survey reported that lifetime use of uppers has increased from 6.5 percent in 1992 to 8.2 percent in 1998, and past-month use has increased from 1.8 percent to 3.1 percent in this same period of time. Use by border secondary students was slightly lower at 7.1 percent lifetime and 2.7 percent past-month in 1998.

1999 TEWG REGIONAL REPORTS

In Austin, methamphetamine is reported limited with low quality. Price is \$60-\$125 per gram, an ounce costs \$1,200-\$1,400, and a pound costs \$12,000. The sources are Mexican trafficking organizations and Bandito clubs. The methamphetamine is a brown peanut butter to rusty color and the texture is sticky, which discourages snorting. Some users are taking it orally, but most users are Anglo who inject it. It is used in the topless bar scene. White powder is rarely available. There have been recent arrests for the manufacture of "bathtub crank," but methamphetamine is reported harder to manufacture due to difficulty in obtaining the necessary chemicals, and the "Nazi" is reported less popular because it is perceived as more volatile and dangerous. Five ephedrine labs have been seized in Central Texas since October, 1998. There are reports that the amphetamine, Adderall, is crushed and

snorted. Sometimes it is mixed with crushed Elavil and snorted to get a speedball effect. This combination is being used by young adults around the Sixth Street scene and in sex clubs.

In Dallas, most of the methamphetamine originates in Mexico, although local labs are becoming more common, especially north of Dallas. As Figure 19 shows, the indicators for methamphetamines and amphetamines in Dallas are mixed, although they are rising. The DAWN and ADAM

data refer to methamphetamines, while the CODAP treatment statistics refer to treatment admissions for the use of any "Upper."

In Houston, methamphetamine popularity remains low, although it is popular with club goers and among adolescents. Drug users see it as a substitute for cocaine, but it is reported of poor to average quality and scarce. There are anecdotal reports of methamphetamine samples being distributed free to try to increase its popularity, but drug users are

Figure 18. Kilograms of Methamphetamine Examined by DPS Laboratories: 1993-1998

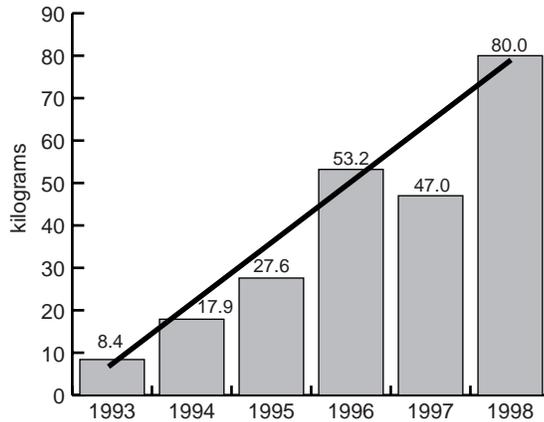
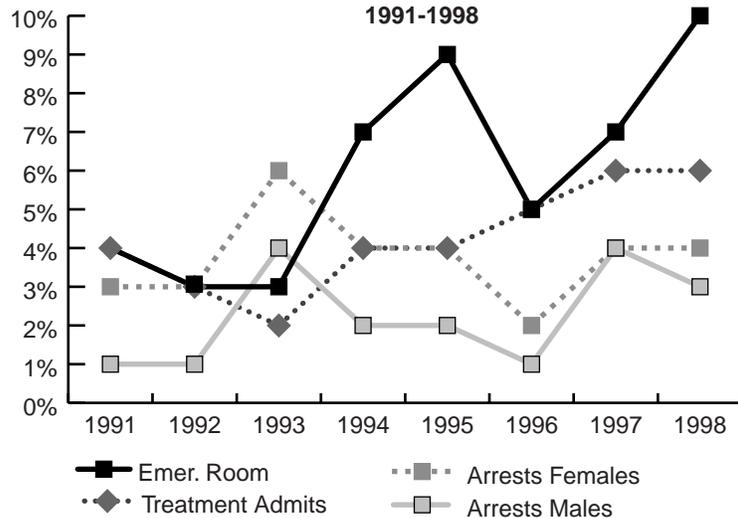


Figure 19. Dallas Stimulant Indicators by Male and Female Arrestees, Emergency Room Mentions Per 100,000 Population, and Publicly-Funded Adult Treatment Admissions: 1991-1998



trading the samples and some cash for crack or powder cocaine. A half-ounce of high quality methamphetamine sells for \$200 and very strong quality sells for \$90 per gram.

In the Lower Rio Grande Valley, methamphetamine is not as popular as elsewhere in the state.

In Lubbock, speed is reported very available with competition

among manufacturers reported intense. Treatment programs are seeing an increase in the number of clients seeking admission with a primary problem with methamphetamines or amphetamines. Much of the speed is Mexican and it comes from California or Arizona. It is primarily injected, but some is smoked or snorted. Prices are \$100 per gram, \$1,500 per ounce, and \$15,000 per pound.

In San Antonio, methamphetamine use is slowly increasing. Treatment clients refer to “orange” and “yellow” kinds. Use in 1999 is primarily by Anglos; in the early 1970s, there was a pattern of speed use by Hispanics which has not reemerged at this time.

Depressants

This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); tranquilizers and benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), flunitrazepam (Rohypnol), clonazepam (Klonopin or Rivotril), flurazepam (Dalmane), lorazepam (Ativan), and chlor-diazepoxide (Librium and Librax); and nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, chloral hydrate, and gamma hydroxybutyrate (GHB) and its precursors.

Figure 20 shows that the rate of mentions for alprazolam in Dallas emergency rooms has been steady since 1990, while the rate of mentions of diazepam has decreased slightly. However, the rate for clonazepam has been increasing, and this increase may well be related to the initial popularity of Rohypnol and then the increasing use of Rivotril

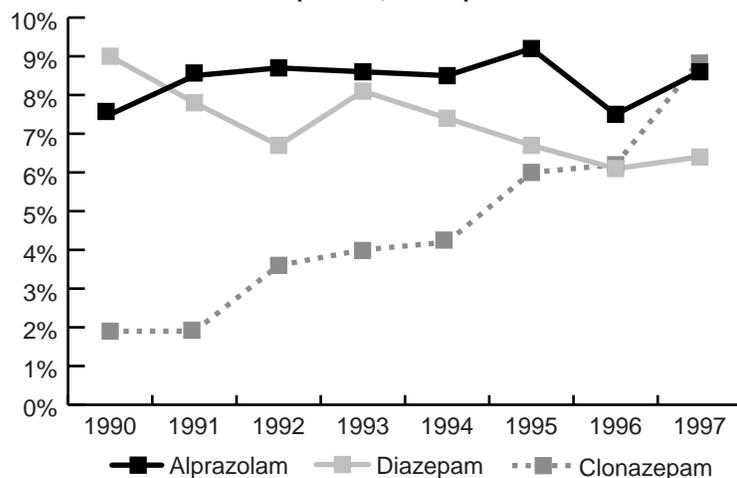
obtained in Mexico to replace Rohypnol.

One percent of the adults entering treatment in 1998 had a primary problem with barbiturates, sedatives or tranquilizers (Appendix 3). This group was very different from most other drug abusers, as they were most likely Anglo and female.

Between January 1, 1998, and April 30, 1999, 223 youth were

admitted to treatment with a primary, secondary, or tertiary problem with Rohypnol. Eighty-eight percent of the youth were Hispanic and 9 percent were Anglo; 74 percent were male and average age was 15 years. Forty-five percent were affiliated with gangs and 84 percent were referred to treatment from the criminal justice system. Other drugs of abuse included marijuana, powder cocaine, and alcohol. Of these youth, 84

Figure 20. Emergency Room Mentions of Alprazolam, Diazepam and Clonazepam in the Dallas Area per 100,000 Population: 1990-1997



percent were admitted into Texas programs along the Mexican border, which highlights the fact that Rohypnol use in Texas was first documented along the border. These youth have now become dependent and are seeking treatment.

In addition, 118 adults were admitted into treatment during this period with a primary, secondary or tertiary problem with Rohypnol. Of the adult clients, 78 percent were Hispanic and 19 percent were Anglo; 77 percent were male and average age was 23, which is much younger than most adult clients entering treatment (overall average age is 34 years). Only 14 percent were employed, 58 percent were referred from the criminal justice system, and

average annual income at admission was \$3,216. Heroin, alcohol, marijuana, powder cocaine, and crack were the other drugs most likely to be abused by these adults, of whom 68 percent entered programs along the Mexican border.

Benzodiazepines were the depressant drugs most often identified by ADAM (Table 10). They remain a problem, with positive findings over the years ranging from 2 to 18 percent. For barbiturates, positives range from 0 to 1 percent.

DEA reports diazepam is selling for \$1 per tablet and Xanax is selling for \$2.

Rohypnol continues to be smuggled into the U.S., and other

benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), and clonazepam (Rivotril), are recommended by Mexican vendors for legal importation. The first choice is Rivotril, and 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 legal prescriptions by anyone age 18 or older include Ritalin, fenfluramine, phentermine, Halcion, and Tylox. In 1998, there were at least 237 calls made to the Texas Poison Control Centers concerning Rohypnol; 100 of these cases were confirmed exposures. Of the confirmed exposures, 45 percent were male, and 47 percent were between 15 and 19 years of age. A third of the calls

Table 10. Arrestees Testing Positive for Barbiturates and Benzodiazepines: 1991-1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999*
BARBITURATES									
Dallas Males	0%	0%	0%	0%	0%	0%	0%	0%	1%
Houston Males	1%	0%	2%	0%	0%	1%	0%	1%	1%
Laredo Males								0%	0%
San Antonio Males	1%	1%	0%	0%	0%	0%	0%	0%	1%
San Antonio Male Juveniles			0%	0%	0%	0%	0%	1%	0%
Dallas Females	1%	1%	2%	1%	1%	0%	0%	1%	1%
Houston Females	2%	1%	1%	1%	0%	1%	0%	0%	0%
Laredo Females								0%	0%
San Antonio Females	3%	1%	1%	1%	0%	0%	0%	1%	0%
San Antonio Female Juveniles			1%	1%	0%	0%	0%	0%	0%
BENZODIAZEPINES									
Dallas Males	2%	3%	3%	3%	2%	3%	3%	3%	7%
Houston Males	4%	10%	6%	4%	6%	10%	18%	9%	7%
Laredo Males								0%	3%
San Antonio Males	4%	5%	5%	4%	3%	4%	5%	4%	2%
San Antonio Male Juveniles			2%	1%	2%	2%	4%	1%	1%
Dallas Females	6%	6%	9%	7%	4%	7%	7%	4%	5%
Houston Females	8%	9%	9%	5%	7%	5%	7%	6%	3%
Laredo Females								0%	4%
San Antonio Females	11%	6%	8%	6%	4%	9%	6%	7%	4%
San Antonio Female Juveniles			1%	1%	1%	5%	0%	2%	6%

*2Q for Laredo, 1Q for other sites

involved other substances with alcohol 49 percent of the time.

Figure 21 shows the number of tablets of Rivotril and Rohypnol which have been examined by the DPS labs between 1996 and 1998. The ban against the legal importation of Rohypnol began in March, 1997.

The 1998 secondary school survey found that 13 percent of border students and 5 percent of non-border reported ever having taken Rohypnol and 5 percent of border students and 2 percent of non-border students had taken it within the past month. Figure 22 shows lifetime usage by grade.

During 1998, there were 167 calls related to GHB made to the Texas Poison Center Network. Of the calls, 70 percent (116 calls) were confirmed exposures. Sixty-five percent were males and 47 percent of the calls were between 20 and 29 years of age. Thirty-seven percent of the calls involved another substance, and alcohol was involved 61 percent of the time.

In January, 1999, the Texas Department of Health issued a warning about gamma butyrolactone (GBL), which is a precursor to gamma-hydroxybutyrate (GHB). GBL product brand names include Fire Water, Revivarant, Revivarent G, RenewTrient, GH Revitalizer, GH Release, Gamma-G, Invigorate, X-Depress, Furomax, Insom-X, and Blue Nitro.

Figure 21. Amount of Rohypnol and Rivotril Examined by DPS Labs Per 10,000 Tablets: 1996-1998

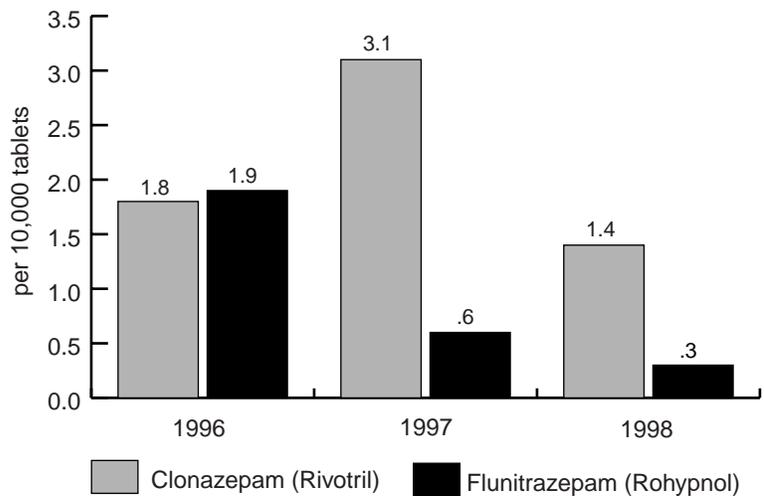
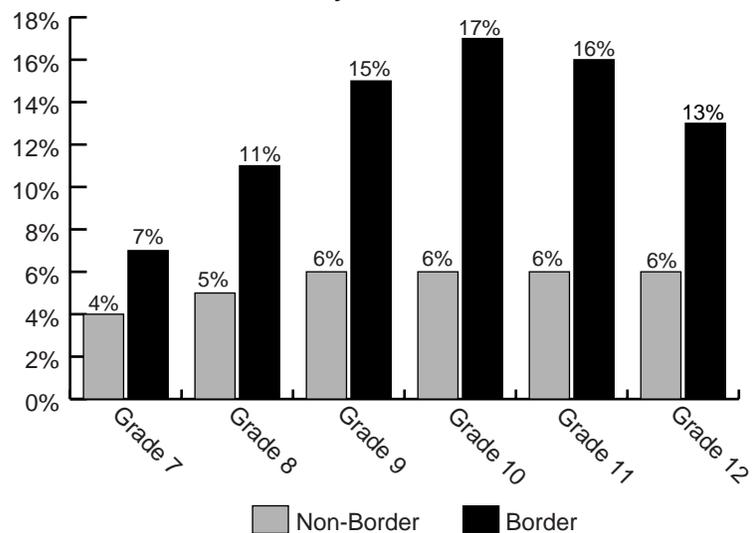


Figure 22. Percentage of Texas Secondary Students Who Had Ever Used Rohypnol, by Grade: 1998



On May 3, 1999, the death of an Austin man prompted the Department to issue further warnings. The man and his wife had taken “Thunder Nectar,” one of a series of new body-building and sleep-aid products that contains 1,4 butanediol, also called tetramethylene glycol. The chemical can cause dangerously low respiratory rates, unconsciousness, vomiting, seizures, and death. Other 1,4 butanediol

product brand names include Revitalize Plus, Serenity, Enliven, GHRE, SomatoPro, NRG3, and Weight Belt Cleaner. Sources for these products include Internet sales, health food stores, shopping mall kiosks, gyms, tanning salons, smoothie shops, tattoo studios, and head shops. While some products list 1,4 butanediol, tetramethylene glycol, gamma butyrolactone, or 2(3H)-Furanone di-hydro on the

label, others contain no label of any kind (Thunder Nectar has no label).

Since November, 1998, the Department has received information on 35 individuals requiring emergency medical attention after taking one of these products. Sixty-nine percent of these individuals were male and average age was 25.3. Seventeen of these individuals were hospitalized and 12 were placed on mechanical ventilation.

1999 TEWG REGIONAL REPORTS

In Austin, Rohypnol is scarce, although there are reports of more being smuggled in from Mexico. One pill sells for \$25 to \$45. Xanax and 10 mg. Valium sell for \$2-\$3. There are reports of "Zanbar" being sold; it has the potency of a 10 mg. Xanax and costs \$20 and is popular in the bar scene. A 10 pack of Zanbar can be purchased in Mexico for \$20. Valium appears to be an increasing problem, with increasing seizures of Valium that originated in Nuevo Laredo. Several sexual assault cases have occurred and the residue of GHB or Rohypnol has been found in the cola cans or in the glasses. GHB is widely available in the Austin area, and the quality and purity varies greatly.

In Dallas, GHB is increasingly being seen among young adult Anglos at night clubs, particularly in the Deep Ellum area of Dallas

and also in Tyler. GHB traffickers in East Texas who were arrested were also found to be trafficking LSD and methamphetamine.

In Houston, Xanax is popular among heroin addicts who congregate in midtown Houston's Main Street area because it attenuates the highs and lows of heroin use. It sells for \$2 per pill. Prozac is available for \$2 per pill throughout Houston's Inner Loop areas. The latest trend is to combine Prozac and cocaine (and crack). Prozac attenuates the effects of cocaine by allowing stronger and longer highs. Capsules are occasionally opened and their contents inhaled, but more frequently Prozac is taken orally. Prozac, Xanax, Elavil, and other antidepressants are often prescribed to HIV-infected African-American crack smokers who like these drugs. Rohypnol remains available in Houston and sells for \$1-\$3, although some dealers may be selling other substances as Rohypnol. In addition, adolescents reported Valium was available for \$2 per pill.

In Laredo, Rivotril is the most common benzodiazepine used by juveniles assessed at the Webb County Juvenile Department. The pills are referred to as "Positives" for the quarter scores on the backside, as compared to Rohypnol, which is referred to as "Negatives" because of the half-score on the back. Juveniles who regularly use heroin report high levels of benzodiazepine use

when heroin is unavailable or when they are trying to detoxify. A juvenile may use up to 24-36 mg. of benzodiazepines in a day. Approximately 80 percent of the juveniles assessed at WCJD report monthly use of benzodiazepines and 60 percent report weekly use. Since January, 1999, three female juveniles referred to the department report having been raped while under the influence of benzodiazepines. Rohypnol is reported still easy to obtain and selling for \$1-\$2.

In the Lower Rio Grande Valley, Rohypnol is said to be on the decline but is still used by younger persons.

In Lubbock, Xanax and Valium sell for \$2 each, and they are used by methadone clients to potentiate their highs. Xanax abuse is spreading among different cultures. "T's and Blues" remain popular and sell for \$8 per set.

In San Antonio, use of tranquilizers such as Xanax, Ativan, and Valium is increasing. Use is up among heroin addicts and also among high school students. Rohypnol is not on the streets at this time. The tranquilizers which are being abused are often diverted from Medicaid recipients, according to one source.

Hallucinogens

The rate of mentions of PCP and LSD in the Dallas emergency rooms peaked in 1995, but they are still higher in 1997 than in the early 1990s (Figure 23).

Among adolescent treatment programs, hallucinogens accounted for 1 percent of the admissions in 1998 (Appendix 4), while only 0.2 percent of adult admissions were for hallucinogen problems (Appendix 3).

Phencyclidine (PCP) use among ADAM arrestees was most likely to be reported among Dallas and Houston male arrestees (Table 11). 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, LSD sells for \$4-\$10 in North Texas and \$5-\$8 in the South Texas DEA regions. Ecstasy sells for \$20-\$25 throughout the state.

1999 TEWG REGIONAL REPORTS

In the Austin area, Blotter Acid is available and sells in single hits for \$3-\$5. An entire sheet usually contains 100-200 hits and sells for \$200-\$325, but quantities of this size are scarce. Street sources report the chances of having a good vs. a bad trip are about 50 percent. Blotter acid is available on sugar cubes and on window panes, which are now triangular.

Figure 23. Estimated Emergency Room Mentions of Hallucinogens in the Dallas Area Per 100,000 Population: 1990-1997

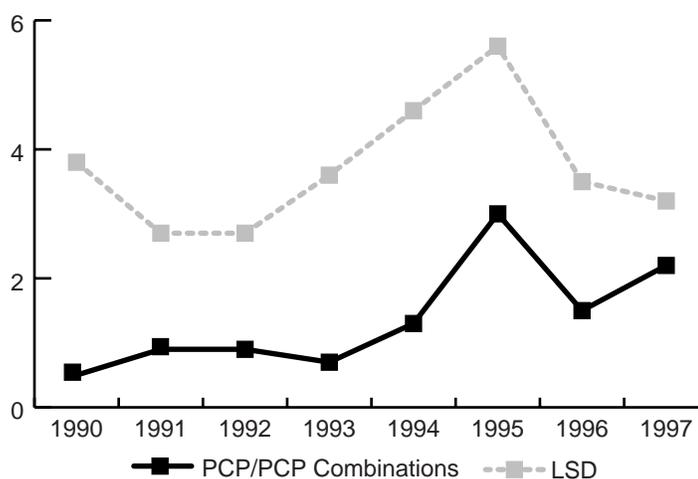


Table 11. Arrestees Testing Positive for PCP: 1991-1999

	1991	1992	1993	1994	1995	1996	1997	1998	1999*
Dallas Males	0%	3%	3%	5%	8%	4%	3%	4%	5%
Houston Males	0%	0%	1%	3%	4%	3%	3%	6%	4%
Laredo Males								0%	0%
San Antonio Males	0%	0%	0%	0%	0%	0%	0%	0%	0%
Dallas Females	0%	0%	1%	2%	2%	1%	1%	0%	0%
Houston Females	0%	0%	0%	1%	2%	1%	1%	2%	2%
Laredo Females								0%	0%
San Antonio Females	0%	0%	0%	0%	0%	0%	0%	0%	0%

*2Q for Laredo, 1Q for other sites

Another type of acid comes in a gel tab form like Jell-O and is available in red, green or blue and is about the size of the tip of the pinkie finger and is called a "jelly bean." It costs \$10-\$15 a hit and is popular in the club scene. A third type is liquid, and it is becoming more popular around the university and in the club scene. Recently 8 ounces of liquid LSD, which equaled 40,000 doses, was seized.

There are three types of Ecstasy in the Austin area. Liquid Ec-

stasy, MDMA, costs \$20. It is usually kept in a Visine bottle and administered by putting a drop under the tongue or in the eye to avoid its foul taste. It is said to be approximately three times as potent as blotter acid and is considered the highest quality. Another type of Ecstasy is heroin-based and is a white pill with brown spots. It is called "chocolate sprinkles" and costs \$10-\$20 and is popular in the topless bar scene and in gay bars. A third type of Ecstasy is in a wafer form about the size of a

nickel. It does not contain heroin but is said to be of better quality and costs \$20 per hit. In many instances, MDMA tablets are crushed and repressed with drugs such as methamphetamine, psilocybin mushrooms, or LSD or “fake” fillers before redistribution. This synthetic MDMA is commonly called “bunk” or “bunky.” It costs \$5-\$7 in quantities of 1,000 or more, or \$20 a hit at the retail level. Psilocybin mushrooms are reported in the Austin club scene, especially around the university and in the entertainment sector. A large psilocybin farm was recently seized outside Austin.

In Dallas, there is more LSD in both the liquid or blotter form for \$2-\$2.50 per dosage unit. The

price in Fort Worth and Arlington is from \$6 wholesale to \$10 retail. LSD is becoming more available in the young adult nightclubs, and MDMA is also more popular, with single doses selling for \$20-\$25 each.

In Houston, LSD is popular among adolescents and adults of all racial and ethnic groups. It costs \$5-\$10 per hit or \$50 a quarter sheet; all usage is oral. Older heroin users report acid attenuates the high and stops the “nodding off” or prevents “dope sickness.” Acid use is popular among street youth in Montrose and among other adolescents. These youth do not consider it to be a “junkie’s drug,” and they are very interested in the 1960s and 1970s fashions. Mushrooms are available for \$5 per hit or for

free. A pound of MDMA sells for \$10,000 wholesale and \$20,000 retail.

In Lubbock, hallucinogens are largely confined to the college club scene. LSD costs \$5-\$15 per hit. It is easy to obtain 100 unit hits in the region, although quality is reported to be mediocre. High school students are reported to be experimenting with blotter acid LSD. Ecstasy sells for \$5-\$10 per hit and is readily available. There are street rumors of Ecstasy combined with a synthetic opiate, probably fentanyl.

In San Antonio, LSD is still used by Anglo high school and college students.

Inhalants

Inhalant abusers comprised 3 percent of the admissions to adolescent treatment programs in 1997 (Appendix 4) and 0.1 percent of adult admissions to publicly-funded treatment programs (Appendix 3).

Prevalence of use among school students is increasing. The 1998 elementary school survey found that past school year use of inhalants among students in grades four through six rose from 6 percent in 1994 to 9 percent in 1998. Past-year use among border elementary students in 1998 was higher at 11 percent.

Among secondary students statewide, lifetime use of inhal-

ants increased from 19 percent in 1994 to 22 percent in 1998.

There was little difference in levels of use between border and non-border students in 1998. Some 21 percent of all border secondary students reported lifetime use of any inhalant (Figure 24). Among the various inhalants, liquid or spray paints were the most frequently used inhalants by border students, while correction fluid was the most frequently used by non-border students.

1999 TEWG REGIONAL REPORTS

In Austin, gold spray paint is preferred by “huffers” because it

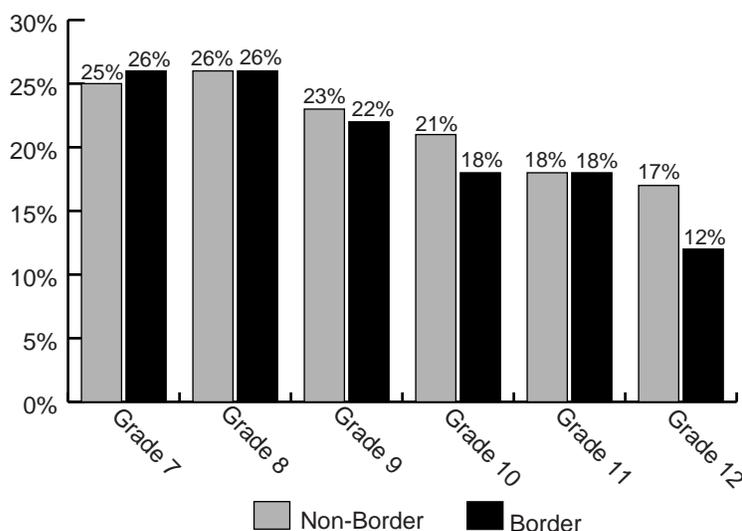
is said to have the highest content of toluene. Topless dancers in the bar scenes are reported using it, while adult men use paint or gasoline which has been placed in a cola can. The fumes are then inhaled until euphoria is reached. One can of spray paint will last about an hour for up to five people. Price is \$4.30 at the local auto parts stores. Krylon paint is also being used, but it is said to be of lesser quality. There are no reports of octane booster being used at this time because it is difficult to obtain.

In Laredo, inhalant use by youth referred to the Webb County Juvenile Department tends to be higher among female juveniles

and male juveniles aged 10 to 13. Those youth who report high levels of inhalant abuse tend to report lower use of other drugs.

In Lubbock, gasoline, spray paint, auto parts cleaner, markers, typewriter correction fluid, hair spray, and propane are all widely abused, particularly by male adolescents.

Figure 24. Percentage of Texas Secondary Students Who Had Ever Used Inhalants, by Grade: 1998

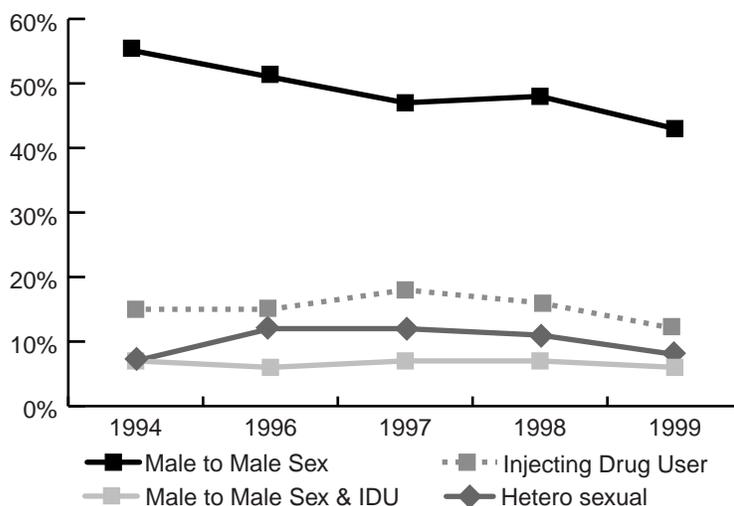


Acquired Immunodeficiency Syndrome (AIDS) and Sexually Transmitted Diseases Among Drug Users

As of December 31, 1998, the proportion of adult and adolescent AIDS cases related to injecting drug use has gone from 15 percent in 1988 to 23 percent, as Figure 25 shows. In 1988, 6 percent of the cases were injecting drug users (IDUs), and 9 percent were male-to-male sex and IDUs; in 1998, 16 percent of the cases were IDUs, and 7 percent were male-to-male sex and IDUs. The proportion of cases resulting from heterosexual contact has gone from 2 percent in 1988 to 11 percent in 1998. It should be noted that for 1998, the mode of exposure of 19 percent of the cases was still classified as “unspecified.”

In 1988, 3 percent of the AIDS cases were females over age 12; for 1999, 18 percent were female. In 1988, 15 percent of the adult

Figure 25. AIDS Cases in Texas as of March 31, 1999 by Route of Transmission



and adolescent cases were African-Americans; in 1998, 37 percent were African-American. Of the female cases in 1998, 60 percent were African American, and of the male cases, 32 percent were African American, as Figure 26 shows.

A study of 407 clients in three TCADA-funded treatment programs in 1998 found that 44 percent were positive for genital herpes, 35 percent were positive for hepatitis C, 29 percent were positive for hepatitis B, 3 percent were HIV infected, and 6 percent

had treatable sexually transmitted diseases.

The proportion of adult needle users entering TCADA-funded treatment programs has decreased from 32 percent in 1988 to 24 percent for 1998. Heroin injectors are most likely to be older, and more than half are minorities, while injectors of stimulants and cocaine are far more likely to be Anglo (Table 12).

1999 TEWG REGIONAL REPORTS

In Austin, street outreach workers are reporting an epidemic of hepatitis C and they are being bombarded with persons either finding out they are positive for hepatitis C or by addicts wanting to get tested to find to their status. There is no service available to test indigent persons who are not in substance abuse treatment. The TCADA-funded methadone program reports that of those clients tested, 90 percent are positive. Treatment is limited and the cost for interferon and ribavirin is approximately \$8,000 for six months; doctors recommend treatment for 12-18 months. The side effects associated with treatment can include severe fatigue, muscle soreness, flu-like symptoms and severe depression.

In Houston, a sample of drug-using male street prostitutes (n=97) found a self-reported HIV-infection rate of 30 percent. Blinded seroprevalence studies in drug treatment centers in 1992-

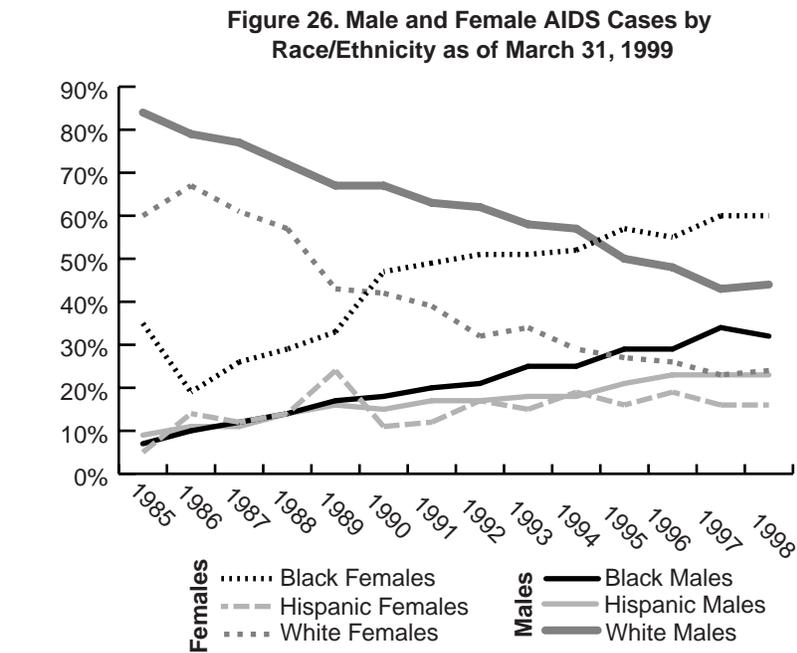


Table 12. Characteristics of Needle Users Admitted to TCADA-Funded Treatment: 1998

	Heroin	Cocaine	Stimulants
# Admissions	4,096	1,392	1,004
% of Needle Admissions	63%	21%	15%
Lag-1st Use to Tmt-Yrs.	13	11	12
Average Age	36	32	31
% Male	66%	62%	49%
% African American	9%	5%	1%
% Anglo	46%	72%	94%
% Hispanic	44%	23%	3%
% CJ Involved	36%	42%	50%
% Employed	18%	20%	22%
% Homeless	10%	10%	7%
Average Income	\$5,983	\$8,017	\$6,626

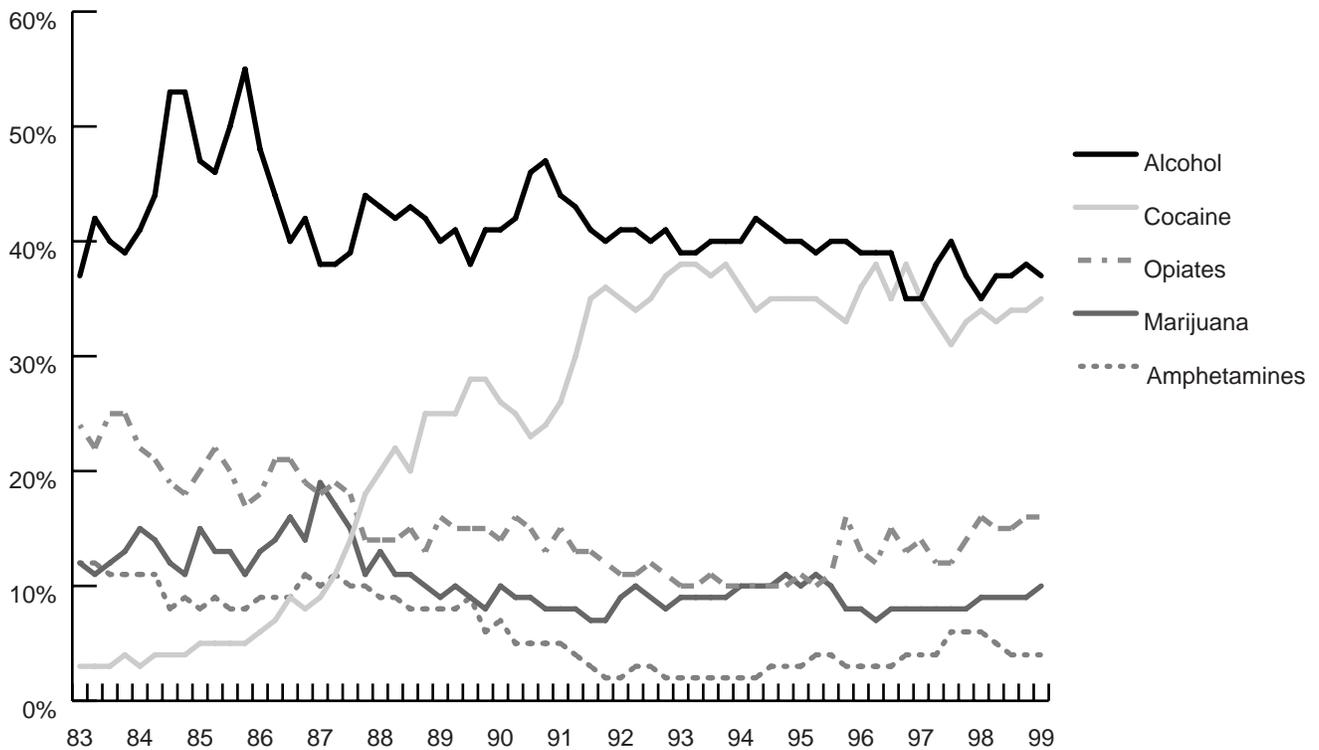
1995 found that among Anglo clients, 4 percent of males and 8 percent of females were infected with HIV, while among African-American clients, 26 percent of males and 10 percent of females were infected with HIV. Among Hispanic clients, 13 percent of males were HIV-infected; no data were available on Hispanic females.

In Lubbock, some men who do not identify themselves as homo-

sexuals are selling their bodies to support crack habits, and professional outreach workers report prostitution to support crack habits in age groups as young as 13. Crack cocaine, rather than money, is usually exchanged for sex. "Old timers" and the difficult-to-reach addicts continue to practice high-risk behaviors and refuse HIV testing services.

Appendices

Appendix 1. Percent of Adult Admissions to Publicly-Funded Treatment Programs by Primary Drug of Abuse: January 1983 - March 1999



Appendix 2. Dallas DAWN Mentions of Cocaine, Heroin, and Marijuana Per 100,000 Population by Age and Gender: 2nd Half 1991-1st Half 1998

	Jul-Dec 1991	Jan-Jun 1992	Jul-Dec 1992	Jan-Jun 1993	Jul-Dec 1993	Jan-Jun 1994	Jul-Dec 1994	Jan-Jun 1995	Jul-Dec 1995	Jan-Jun 1996	Jul-Dec 1996	Jan-Jun 1997	Jul-Dec 1997	Jan-Jun 1998
Cocaine	30.2	25.5	27.4	29.1	28.5	29.6	31.2	31.9	29.7	28.9	29.3	34.0	39.6	49.2
Age 6-34	41.6	34.7	35.4	36.6	36.9	39.1	41.7	38.3	36.4	34.4	37.4	43.8	48.0	58.4
Age 12-17	12.0	11.8	...	13.4	7.8	6.7	11.5	11.0	9.6	16.5	18.5	18.8	14.9	24.6
Age 18-25	57.3	53.0	53.3	52.2	57.3	41.1	58.4	53.9	51.6	38.1	54.0	71.9	83.6	84.7
Age 26-34	64.7	50.5	55.7	55.9	56.5	73.1	67.5	62.1	59.8	59.9	57.1	63.1	69.7	92.8
Age 35+	16.7	14.9	18.0	20.1	19.2	19.0	19.7	24.9	22.1	22.8	20.4	23.6	31.0	39.5
Male	39.8	33.6	35.5	37.2	35.3	35.1	39.0	39.2	40.1	37.5	40.3	46.0	51.2	64.1
Female	21.2	17.7	19.6	21.0	22.1	24.1	23.7	24.8	19.2	20.4	18.4	22.5	28.6	34.7
Heroin	5.4	5.9	6.1	6.2	6.5	4.6	5.4	6.3	5.4	6.8	7.7	10.6	10.8	10.3
Age 6-34	4.5	6.5	5.6	4.2	5.4	4.4	4.4	5.5	5.1	7.4	8.8	13.2	13.6	11.4
Age 12-17	...	...	...	...	...	...	...	...	...	5.2	4.7	...	...	...
Age 18-25	...	4.8	7.2	4.1	8.6	6.8	7.5	8.2	8.3	11.8	20.1	27.1	34.0	25.9
Age 26-34	9.3	13.2	9.8	7.6	8.3	7.2	5.8	9.3	7.2	9.2	8.6	13.7	11.2	12.4
Age 35+	6.5	5.2	6.7	8.4	7.6	4.9	6.6	7.1	5.8	6.1	6.3	8.0	7.8	9.3
Male	7.4	8.5	9.6	7.9	8.8	6.8	7.6	8.8	7.2	9.0	10.8	17.3	16.5	13.6
Female	3.5	3.0	2.8	4.6	4.2	2.4	3.2	3.9	3.8	4.8	4.6	4.2	5.2	7.0
Marijuana	4.8	7.7	7.0	8.3	7.4	10.4	10.0	10.5	13.0	12.3	10.9	18.1	19.9	29.3
Age 6-34	8.2	12.0	11.6	13.1	11.8	16.6	15.9	17.1	20.9	17.8	17.7	27.5	30.3	44.6
Age 12-17	4.8	14.2	10.8	18.1	16.9	16.6	23.1	16.7	28.8	26.0	30.6	33.8	36.2	51.3
Age 18-25	17.5	19.7	20.5	22.3	23.5	26.8	28.3	37.4	33.4	29.4	29.1	55.6	62.4	85.0
Age 26-34	7.9	12.2	12.3	12.0	7.9	18.9	13.0	13.6	19.8	16.0	13.8	21.3	23.4	40.1
Age 35+	...	2.7	1.8	2.7	2.6	3.3	3.6	3.4	4.2	6.5	3.8	8.2	9.2	13.8
Male	6.4	9.7	10.3	10.2	9.9	12.5	12.4	14.9	18.3	17.0	16.6	24.0	27.7	39.2
Female	3.3	5.8	4.0	6.0	5.0	7.9	7.8	6.4	7.6	7.9	5.5	12.3	12.4	19.9

**Appendix 3: Characteristics of Adult Clients at Admission to TCADA-Funded Treatment Programs:
Jan. 1, 1998 through Dec. 31, 1998**

Primary Drug	Total Admissions	Percent of all Admissions	Average Age	Average Age at 1st Use	Average Lag		Percent Married	Percent Male	Percent Using Needles
					from 1st Use to Admission				
All Drugs	34,573	100.0%	34.2	20.6	14	20.0%	63.8%	24.0%	
Heroin	4,528	13.1%	35.5	22.8	13	20.2%	65.5%	90.9%	
Alcohol	12,524	36.2%	36.6	16.4	21	22.1%	72.4%	7.1%	
Amphetamines	1,608	4.7%	30.3	20.2	11	17.7%	48.8%	63.5%	
Powder Cocaine	3,194	9.2%	30.7	22.1	9	22.9%	64.7%	44.8%	
Marijuana/Hash	3,057	8.8%	27.2	15.7	12	18.8%	68.3%	6.3%	
Inhalants	57	0.2%	29.4	19.4	11	22.8%	59.6%	5.3%	
Ecstasy	3	0.0%	19.7	17.3	3	0.0%	100.0%	33.3%	
Rohypnol	13	0.0%	22.6	20.5	3	7.7%	92.3%	0.0%	
Crack	8,498	24.6%	34.2	26.2	8	16.1%	54.4%	5.4%	
Hallucinogens	88	0.3%	24.2	17.4	7	14.8%	77.3%	8.0%	
Other Opiates	603	1.7%	36.4	28.2	9	26.9%	36.2%	19.4%	
Depressants	296	0.9%	35.1	26.3	9	20.9%	28.0%	15.2%	
Other Drugs	104	0.3%	35.7	29.2	7	24.3%	51.4%	8.1%	

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	23.4%	52.4%	22.7%	26.4%	45.7%	11.4	9.2%	\$7,148	
Heroin	11.3%	45.1%	42.3%	18.4%	35.7%	11.2	9.3%	\$6,005	
Alcohol	13.9%	59.6%	24.7%	31.9%	49.2%	11.5	9.8%	\$7,941	
Amphetamines	1.6%	92.7%	3.9%	23.1%	49.8%	11.3	6.0%	\$6,898	
Powder Cocaine	7.4%	54.2%	37.3%	28.2%	44.9%	11.4	6.3%	\$8,295	
Marijuana/Hash	27.1%	50.6%	21.3%	40.8%	71.5%	11.1	2.9%	\$6,991	
Inhalants	3.5%	33.3%	40.4%	15.8%	47.4%	9.8	8.8%	\$4,384	
Ecstasy	0.0%	100.0%	0.0%	66.7%	100.0%	11.0	0.0%	\$5,400	
Rohypnol	7.7%	15.4%	76.9%	15.4%	61.5%	12.2	0.0%	\$3,078	
Crack	54.5%	34.9%	9.7%	18.1%	37.8%	11.6	12.8%	\$6,296	
Hallucinogens	50.0%	39.8%	10.2%	34.1%	56.8%	10.3	1.1%	\$4,303	
Other Opiates	6.1%	85.7%	6.8%	17.7%	33.0%	12.1	5.1%	\$7,614	
Depressants	5.1%	87.8%	6.4%	17.6%	34.1%	11.5	6.1%	\$6,594	
Other Drugs	18.9%	73.0%	5.4%	21.6%	29.7%	12.2	10.8%	\$6,206	

TCADA Treatment Assessment Database

**Appendix 4: Characteristics of Youth Clients at Admission to TCADA-Funded Treatment Programs:
Jan. 1, 1998 through Dec. 31, 1998**

Primary Drug	Total Admissions	Percent of All Admissions	Average Age	Average Lag from			Percent Male	Percent Using Needles
				Average Age at 1st Use	1st Use to Admission			
All Drugs	4,504	100.0%	15.5	12.8	3	77.4%	2.9%	
Heroin	83	1.8%	16.1	14.4	2	56.6%	60.2%	
Alcohol	479	10.6%	15.8	13.0	3	75.2%	0.4%	
Amphetamines	69	1.5%	15.9	13.6	3	65.2%	18.8%	
Powder Cocaine	323	7.2%	15.7	14.1	2	61.3%	7.7%	
MJ Hash	3,223	71.6%	15.4	12.5	3	80.8%	1.0%	
Inhalants	120	2.7%	15.0	12.7	3	76.7%	1.7%	
Ecstasy	4	0.1%	14.8	13.0	2	100.0%	0.0%	
Rohypnol	30	0.7%	15.0	13.8	2	66.7%	0.0%	
Crack	97	2.2%	15.8	14.4	2	61.9%	3.1%	
Hallucinogens	55	1.2%	15.6	13.1	3	76.4%	3.6%	
Other Opiates	3	0.1%	16.0	15.7	1	66.7%	0.0%	
Depressants	10	0.2%	15.8	12.4	2	70.0%	10.0%	
Other Drugs	8	0.2%	15.5	13.6	3	75.0%	0.0%	

Primary Drug	Percent Involved			Percent w/History		Average Education	Percent Live with Parents
	Percent African American	Percent Anglo	Percent Hispanic	w/ Criminal Justice	of Gang Involvement		
All Drugs	18.2%	32.6%	47.8%	81.4%	34.1%	8.4	69.1%
Heroin	3.6%	44.6%	49.4%	63.9%	32.5%	9.0	67.5%
Alcohol	8.1%	30.3%	58.9%	71.6%	29.4%	8.8	73.3%
Amphetamines	2.9%	76.8%	20.3%	85.5%	34.8%	8.9	50.7%
Powder Cocaine	1.9%	39.0%	57.9%	74.0%	35.6%	8.6	61.0%
MJ Hash	23.0%	31.2%	44.6%	84.1%	33.9%	8.3	70.7%
Inhalants	0.8%	18.3%	80.0%	85.0%	55.0%	7.9	49.2%
Ecstasy	0.0%	75.0%	25.0%	75.0%	50.0%	8.3	25.0%
Rohypnol	3.3%	6.7%	90.0%	76.7%	30.0%	8.3	76.7%
Crack	6.2%	46.4%	47.4%	78.4%	36.1%	8.3	69.1%
Hallucinogens	20.0%	47.3%	25.5%	85.5%	27.3%	9.9	54.5%
Other Opiates	0.0%	100.0%	0.0%	0.0%	33.3%	7.0	66.7%
Depressants	30.0%	30.0%	30.0%	60.0%	30.0%	9.8	60.0%
Other Drugs	50.0%	12.5%	37.5%	87.5%	50.0%	8.6	62.5%

TCADA Treatment Assessment Database