



EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

Proceedings of the Community
Epidemiology Work Group

Volume I

Highlights and Executive Summary

June 2007

NATIONAL INSTITUTE ON DRUG ABUSE



COMMUNITY EPIDEMIOLOGY WORK GROUP

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

Division of Epidemiology, Services
and Prevention Research
National Institute on Drug Abuse
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The National Institute on Drug Abuse (NIDA) acknowledges the contributions made by the representatives of the Community Epidemiology Work Group (CEWG) who prepare the reports presented at the meetings. Appreciation is extended also to other participating researchers, agency personnel from the host city of Philadelphia, and Federal officials who contributed information. This publication was prepared by Social Solutions, Inc., and its subcontractor, MasiMax Resources, Inc., under contract number HHSN-2712007-00003C from the National Institute on Drug Abuse.

The information presented in this *Executive Summary* is from the *Abstracts* and PowerPoint slides prepared by 22 CEWG representatives for

the CEWG meeting in Philadelphia, Pennsylvania; tape recordings from the meeting; and papers prepared by presenters. Data/information supplemental to the meeting presentations and discussions have been included in this report.

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For more information about the Community Epidemiology Work Group and other research-based publications and information on drug abuse and addiction, visit NIDA's Web site at <<http://www.drugabuse.gov>>.

Both Volumes I and II (available in limited supply) can be obtained by contacting the National Clearinghouse for Alcohol and Drug Information

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Foreword

This *Executive Summary* is a synthesis of findings from data prepared by CEWG representatives for the 62nd semiannual meeting of the Community Epidemiology Work Group (CEWG) held in Philadelphia, Pennsylvania, on June 13–15, 2007, under the sponsorship of the National Institute on Drug Abuse (NIDA).

At the opening of the meeting, the NIDA Project Officer introduced Roland Lamb, Director, and Marvin Levine, Deputy Director, Office of Addiction Services, Department of Behavioral Health/Mental Retardation Services, who provided participants with an overview of the services provided to substance abusers in the city of Philadelphia.

For the June 2007 meeting, CEWG representatives prepared 2006 calendar year and/or fiscal year data on patterns and trends in drug abuse in their areas, and presented 2007 data, as available. The primary emphasis of the meeting was on pursuing, discussing, reviewing, and providing updates on drug abuse issues that emerged from the January 2007 deliberations.

Through focused discussions at the CEWG meetings, participants report on, share insight about, and review...

- What was learned about drugs patterns and trends and emerging drug problems from available data sources
- Issues related to data sources, including methodologies, strengths and limitations, and ways of assessing and reporting relevant findings
- What was learned from local sources of information, such as key informants
- The emerging questions and issues that need to be addressed

The information from the CEWG network presented in this report includes an overview of

drug abuse patterns and trends in 22 CEWG areas. The findings are taken from the CEWG representatives' papers and their slide presentations at the meeting. The *Abstracts* from the CEWG papers are presented in one section of this report and provide the reader with a snapshot of the variations in local drug abuse patterns in trends in the CEWG areas. Data and information supplemental to the meeting presentations and discussions has been included as appropriate.

The report focuses on the abuse of cocaine/crack, heroin, opiates/narcotic analgesics (other than heroin), methamphetamine, marijuana, club drugs, phencyclidine (PCP), and benzodiazepines. An update on the emerging problems related to fentanyl and fentanyl mixtures in the Nation is included in the Other Opiates/Narcotic Analgesics section of this report.

The information published after each CEWG meeting represents findings from CEWG area representatives across the Nation, which are supplemented by national data and by special presentations at each meeting. Publications are disseminated to drug abuse prevention and treatment agencies, public health officials, researchers, and policymakers. The information is intended to alert authorities at the local, State, regional, and national levels, and the general public, to current conditions and potential problems so that appropriate and timely action can be taken. Researchers also use the information to develop research hypotheses that might explain social, behavioral, and biological issues related to drug abuse.

Moira P. O'Brien
Division of Epidemiology, Services and
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National Institutes of Health
Department of Health and Human Services

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Highlights of the June 2007 Meeting of the Community Epidemiology Work Group (CEWG)

■ CEWG Mission and Goals

- The **mission** of the CEWG is to objectively monitor drug abuse trends by tracking multiple, existing data sources that document drug use and abuse indicators within and across 22 local, predominantly metropolitan areas in the United States.
- The **goals** are...
 - To characterize changes in drug use levels and patterns, consequences of use, and contextual factors
 - To provide early identification of new trends and emerging drug abuse issues
- The **CEWG findings** are disseminated through...
 - Regular print publications
 - NIDA's Web site (<http://www.nida.nih.gov>)

■ Highlights of the CEWG meeting held June 13-15, 2007 in Philadelphia, Pennsylvania, follow (details are presented in the *Issues and Findings from the CEWG* section of this report):

- **Methamphetamine** persists as a major problem in western CEWG areas; however, in 2006 for the first time in several years, there was a **halt in the escalation of methamphetamine indicators in most western areas**. CEWG area representatives stressed the need for continued monitoring of methamphetamine indicators to ascertain whether these changes are sustained. Methamphetamine abuse indicators continued to be low and stable in most eastern CEWG areas.
 - **Changes in patterns of methamphetamine distribution, marketing, and availability** included the following:
 - The **increased availability of "ice,"** a more potent form of methamphetamine produced in Mexico
 - **Changes in selling of drugs,** that is, methamphetamine distributors are increasingly selling other drugs, including cocaine
 - The **"switching" from methamphetamine use to cocaine use,** which was reported in several CEWG areas. The switching was attributed to users' concerns about the length of a methamphetamine

high and loss of control for an extended period, which users believe may increase the risk of detection and arrest

- **Increases in methamphetamine use among African-Americans and Hispanics** in some CEWG areas
- **Cocaine/crack abuse indicators increased in many CEWG areas and remained at high levels in most areas.**
 - **Increases in treatment admissions and cocaine-related deaths** were reported from some CEWG areas.
 - **Crack/cocaine is increasingly being used with other drugs**, contributing to the increases in polydrug abuse. High proportions of the heroin abusers admitted to drug treatment programs reported cocaine/crack as their secondary drug of abuse, and alcohol and cocaine were frequently detected in combination among ED patients and decedents.
 - Indications of **more younger cocaine users, and of increasing proportions of Whites and decreasing proportions of African-Americans among primary cocaine treatment admissions** were reported in some CEWG areas.
- **Heroin abuse indicators decreased or remained stable in most CEWG areas and polydrug abuse patterns involving heroin were reported.**
 - **Prescription-type pharmaceutical drugs or adulterants were reportedly being sold, sold with, or sold in place of heroin** in some CEWG areas; these included fentanyl (sold or mixed with heroin in some areas), Clenbuterol, and benzodiazepines.
 - **Cocaine was being used as a secondary drug** by sizable proportions of admissions to treatment for primary heroin abuse.
- **Increases in prescription drug abuse indicators** were reported in several CEWG areas.
- **Marijuana remained the most widely available and used illicit drug** in CEWG areas.
- **MDMA (ecstasy) abuse indicators remained at low levels.** MDMA (ecstasy) abuse indicators remained at low levels although increases were reported in four areas. Several areas reported transportation of the drug through the Canadian border and of tablets sold as ecstasy or MDMA tested to contain methamphetamine and other substances.
- **Polysubstance abuse continues to be a pervasive feature of drug use patterns across all CEWG areas.**
 - Multiple drug use continued to be a **major contributor to overdose and other drug-related deaths.**
 - **Polydrug abuse among treatment admissions was increasingly reported** in terms of secondary and tertiary drugs of admission.

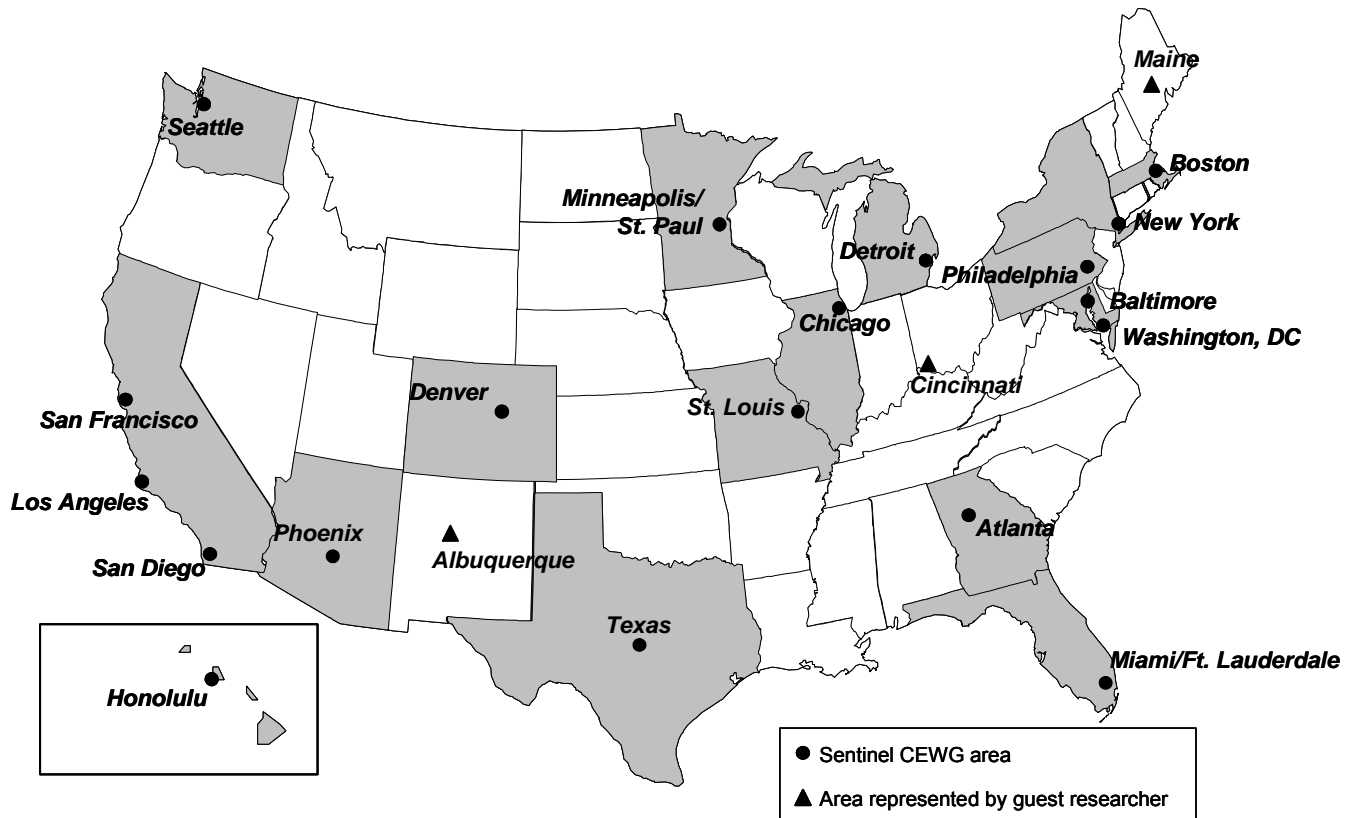
The CEWG Network: Roles, Functions, and Data Sources

Roles of the CEWG

The CEWG is a unique epidemiology network that has functioned for 31 years as a drug abuse surveillance system to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of information. Each source provides information about the abuse of particular drugs, drug-using populations, and/or different facets of the behaviors and outcomes related to drug abuse. The information obtained from each source is considered a drug abuse *indicator*. Typically, indicators do not provide estimates of the number (prevalence) of drug abusers at any given time or the rate at which drug-abusing populations may be increasing or decreasing in size. However, indicators do help to characterize drug abuse trends and different types of drug abusers (such as those who have been treated in emergency rooms, have been admitted

to drug treatment programs, or have died with drugs found in their bodies). Data on items submitted for forensic chemical analysis serve as indicators on availability of different substances and engagement of law enforcement at the local level, and data such as drug price and purity are indicators of availability, accessibility, and potency of specific drugs. Drug abuse indicators are examined over time to monitor the nature and extent of drug abuse and associated problems within and across geographic areas.

In June 2007, researchers from 22 geographically dispersed areas participated in the CEWG meeting held in Philadelphia, Pennsylvania. In addition to the information provided by the 19 sentinel areas that have served in the network for many years, guest researchers from Albuquerque, Cincinnati, and Maine provided data from their respective areas. The 22 participating areas are depicted in the map below.



The Functions of CEWG Meetings

The CEWG convenes semiannually. The semiannual meetings continue to be a major and distinguishing feature of the CEWG. CEWG representatives and guest researchers present information on drug abuse patterns and trends in their areas through formal presentations, using slides to present graphical data and maps. Personnel from Federal agencies provide updates of data sets used by the CEWG. Time is set aside for question and answer periods and discussion sessions. The meetings provide a foundation for continuity in the monitoring and surveillance of current and emerging drug problems and related health and social consequences.

Through the meetings, the CEWG accomplishes the following:

- Dissemination of the most up-to-date information on drug abuse patterns and trends in each CEWG area
- Identification of changing drug abuse patterns and trends within and across CEWG areas
- Planning for followup on identified problems and emerging drug abuse problems

Through ongoing research at State, city, and community levels; the semiannual meetings; and several exchange mechanisms including e-mail and conference calls, CEWG representatives maintain a multidimensional perspective from which to access, analyze, and interpret drug-related phenomena and change over time. At the semiannual meetings, CEWG representatives address issues identified in prior meetings, and, subsequently, identify drug abuse issues for followup in the future.

Presentations by each CEWG representative include a compilation of quantitative drug abuse indicator data. Many representatives go beyond publicly accessible data and provide a unique local perspective obtained from qualitative

research. Information is often obtained from local substance abuse treatment providers and administrators, personnel of other health-related agencies, medical examiners, poison control centers, law enforcement officials, and drug abusers.

Time at each meeting is devoted to presentations by invited speakers. These special sessions typically focus on the following:

- Presentations by researchers in the CEWG host city
- Presentations by a panel of experts on a current or emerging drug problem identified in prior CEWG meetings
- Updates by Federal personnel on key data sets used by CEWG representatives
- Drug abuse patterns and trends in other countries

Identification of changing drug abuse patterns is part of the discussions at each CEWG meeting. Through this process, CEWG representatives can alert one another to the emergence of a potentially new drug of abuse that could spread from one area to another. The CEWG is uniquely positioned to bring crucial perspectives to bear on urgent drug abuse issues in a timely fashion and to illuminate their various facets within the local context through its semiannual meetings and postmeeting communications.

Planning for followup on issues and problems identified at a meeting is initiated during discussion sessions at meetings, with postmeeting planning continuing through e-mails and conference calls. Postmeeting communications assist in formulating agenda items for a subsequent meeting, and, also, raise new issues for exploration at the following meeting.

The agenda for the June 2007 meeting was patterned after previous CEWG meetings. Officials from the host city provided an overview of the Philadelphia Office of Behavioral Health and updated information on fentanyl abuse in Philadelphia. A NIDA grantee presented data

from a study of drug use among migrant farm workers in Pennsylvania. CEWG representatives presented updated data on drug abuse patterns and trends in their areas. A guest researcher from the CICAD Inter-American Observatory on Drugs, OAS, Inter-American Drug Abuse Control Commission, provided information on drug patterns and trends in Latin America. Guest researchers from Mexico, the Netherlands, and the Asian Multi-City Epidemiology Work Group presented information on drug abuse patterns and trends in their countries or regions. Officials from the Drug Enforcement Administration provided updates on the National Forensic Laboratory Information System and the Arrestee Drug Abuse Monitoring program. An official from the Office of Applied Studies provided an update on the Drug Abuse Warning Network system supported by the Substance Abuse and Mental Health Services Administration.

At a special workshop, CEWG representatives from Maine, New Mexico, Philadelphia, and Seattle, and staff of OAS's Medical/Examiner Coroner system, presented information on ways of accessing, understanding, and analyzing mortality data as a drug abuse indicator.

Primary sources of data used by the CEWG and presented in this *Executive Summary* are summarized below.

Treatment data are from CEWG reports and represent statewide data for Hawaii, Maine, and Texas, and metropolitan-area data for 14 CEWG areas. Recent or complete data were not available for Albuquerque, Broward County, and Washington, DC, and primary admissions data were not available for Philadelphia. Full-year data were not available for Cincinnati; the partial data were presented in the January 2007 *Highlights and Executive Summary* report. Because the States of California and Georgia had not completed changes in their treatment database systems by the time of the June 2007 CEWG meeting, data from Atlanta, Los Angeles, and San Diego are for the first half of 2006. As shown in the *Appendix*, 4 CEWG areas provided fiscal year (FY) 2006 data, 10 provided data for calendar year (CY) 2006, and 3 reported data for the first half of CY 2006. Treatment data on primary abuse of specific

drugs in this report represent percentages of total admissions, excluding primary alcohol admissions. Data on demographic characteristics (gender, race/ethnicity, age) and route of administration of particular drugs were provided for some CEWG areas. The number of admissions for alcohol and other drugs in the 2006 time periods are presented for the 17 CEWG areas in the *Appendix*. Treatment data are not totally comparable across CEWG areas.

Note that in the *Abstracts* from CEWG areas, the percentages of treatment admissions for different drug groups may include primary alcohol admissions in the denominator.

Drug Abuse Warning Network (DAWN) emergency department (ED) data

presented in some CEWG *Abstracts* (Chicago, Denver, Seattle, South Florida) represent 2006 unweighted drug reports accessed through DAWN *Live!*, a restricted-access online data query system administered by the OAS. Because the DAWN *Live!* reports represent unweighted numbers of ED visits they cannot be compared across CEWG areas or across data collection years, and estimates may change after cases are reviewed for quality control.

A full description of the DAWN system can be found at <<http://dawninfo.samhsa.gov>>.

Local drug-related mortality data

from medical examiners/coroners (ME/Cs) were reported for 17 CEWG areas. Seven CEWG representatives reported county-level data for selected drugs for 2006 (Broward County; Cincinnati/Hamilton County; Detroit/Wayne County Honolulu; Miami/Dade County; Minneapolis/St. Paul [Hennepin and Ramsey Counties], and Seattle/King County). Selected data from 2005 were reported for San Diego County. Philadelphia and St. Louis reported city-level data for 2006, and New York City and Washington, DC, presented data on drug-related deaths in 2005. Recent statewide ME/C data were reported for Colorado (2005), Florida (2006), Georgia (FY 2006), Maine (2006), and Texas (2005). The New Mexico data represent age-adjusted rates per 100,000 population for drug overdose deaths in

Albuquerque/Bernalillo County and the State of New Mexico (2004–2006). Mortality data from all other sites typically represent the presence of a drug detected in a decedent rather than overdose deaths, with some exceptions (e.g., Maine). The mortality data are not comparable across areas because of variations in methods and procedures used by ME/Cs. Drugs may cause a death, be detected in a death, or simply relate to a death in an unspecified way. Multiple drugs may be identified in a single case, with each reported in a separate drug category.

Forensic laboratory data for 21 CEWG metropolitan areas in CY 2006 were provided by the National Forensic Laboratory Information System (NFLIS), maintained by the Drug Enforcement Administration (DEA). Three other areas that report to NFLIS also provided forensic lab data for 2006: Albuquerque, based on the Albuquerque Police Department forensic lab reports; Maine, based on data from the Maine Health and Environmental Testing Lab; and Texas, as reported by the Texas Department of Public Safety and analyzed by the Texas CEWG representative. In addition, data on methamphetamine items in Ft. Lauderdale were reported by the Broward Sheriff's Office Crime Lab since the data for this drug were not reported to NFLIS. All

data are based on State and local forensic laboratory analyses of items received from drug seizures by law enforcement authorities. There are differences in local/State lab procedures and law enforcement practices across areas, making area comparisons inexact. Also, the data cannot be used for prevalence estimates because they are not adjusted for population size. They are reported as the percentage that each drug represents in the total drug items analyzed by labs in a CEWG area.

Heroin price and purity data for 2005 are from DEA's Domestic Monitor Program (DMP).

Also cited in this report are local data accessed and analyzed by CEWG representatives. The sources include local law enforcement (e.g., data on drug arrests); local DEA offices; drug price data from the National Drug Intelligence Center (NDIC), U.S. Department of Justice (2006); High Intensity Drug Trafficking (HIDTA) reports; poison control centers and Helplines; local and State surveys; and key informants and ethnographers.

Examples of how CEWG representatives use these data sources will be illustrated throughout the following section.

Overview of Key Findings from the CEWG

Cocaine/crack abuse indicators increased in 10 CEWG areas in 2006 (Boston, Denver, Honolulu, Miami/Broward County, New York City, Philadelphia, Phoenix/Maricopa County, Seattle, Maine, and New Mexico), remained stable in 9 (all of which were at high levels), decreased in 1 (San Francisco), and were mixed in 2 (Atlanta and Texas). Crack continued to be the predominant form of cocaine used. Cocaine/crack accounted for more than one-fifth of primary treatment admissions (excluding primary alcohol admissions) in 12 of 18 CEWG areas in 2006, and was the secondary drug of use reported by high proportions of primary treatment admissions, especially primary heroin admissions. Cocaine was also the drug most frequently identified by forensic labs in 17 CEWG areas. In several areas (Atlanta, Honolulu, and Texas), it was reported that methamphetamine abusers were switching to cocaine/crack in some instances.

Heroin abuse indicators decreased in 7 CEWG areas in 2006 (Atlanta, Cincinnati, Denver, Miami, Phoenix, San Francisco, and Maine), were stable in most, and mixed in 1 (Texas). Patterns of heroin use had reportedly changed, based on such factors as purity level, the way heroin is distributed and sold on the street, and the number and types of substances used with heroin. Injection continued to be the preferred route of administration in many CEWG areas, especially those where black tar heroin dominated. The proportions of primary heroin treatment admissions (excluding alcohol) were particularly high in Boston (76 percent), and ranged between 38 and 54 percent of the illicit drug admissions in Detroit, Chicago, and Baltimore. Cocaine was the most frequently reported secondary drug of choice among heroin admissions. In 2005, purity levels of white powder heroin increased over the previous years in eight CEWG areas and purity of black tar heroin increased in four.

Other opiate/narcotic analgesics abuse indicators increased in 8 CEWG areas (Detroit, Miami/Ft. Lauderdale, Minneapolis/St. Paul, Philadelphia, Seattle, Maine, New Mexico, and Texas) and remained stable in 13. Hydrocodone and oxycodone continued to appear most commonly in indicator data among this class of pharmaceuticals in most CEWG areas.

Methamphetamine abuse indicators showed signs of stabilizing or declining in 2006. Indicators decreased in four CEWG areas where they had been high (Denver, Honolulu, Minneapolis/St. Paul, and San Francisco), stabilized at low levels in the Northeast, and were mixed (varied by area) in Atlanta and Texas. However, the problems associated with methamphetamine abuse were still evident. These include...

- ◆ Increased availability of "ice," a more potent form of methamphetamine, was reported in six areas
- ◆ Proportions of methamphetamine treatment admissions (excluding alcohol) remained high in Hawaii (54 percent) and San Diego (49), and ranged from 18 to 42 percent in Seattle, Denver, Los Angeles, and Phoenix.

- ◆ Proportions of methamphetamine items analyzed by NFLIS forensic labs remained high in Honolulu (55 percent), Minneapolis (38 percent), and other areas such as Atlanta, Seattle, Los Angeles, Phoenix, and San Diego (25 to 31 percent)

Marijuana was widely available and abuse indicators remained high in all CEWG areas in 2006, decreasing in three (Cincinnati, Denver, and Maine) and increasing in one (Atlanta). Primary marijuana treatment admissions (excluding alcohol) exceeded those for other types of illicit drug admissions in Denver and Minneapolis/St. Paul. Marijuana accounted for the highest percentage of drug items tested by forensic labs in Boston and Chicago.

MDMA (methylenedioxymethamphetamine or ecstasy) abuse indicators continued at low stable levels in 13 CEWG areas and decreased in Los Angeles. Increases in MDMA abuse indicators were reported by CEWG representatives from Atlanta, Chicago, Miami, and Texas. There were insufficient data to report on the indicators in six areas. Six CEWG representatives reported that MDMA was being transported through the Canadian border into their areas (Atlanta, Boston, Chicago, Detroit, Seattle, and Texas). It was reported by five CEWG representatives that tablets sold as ecstasy or MDMA often contained other substances (e.g., methamphetamine, PCP), increasing the chances for unanticipated effects. Abuse indicators for other club drugs such as GHB (gamma hydroxybutyrate), GBL (gamma butyrolactone), LSD (lysergic acid diethylamide), and ketamine were too low in 2006 to draw any conclusions.

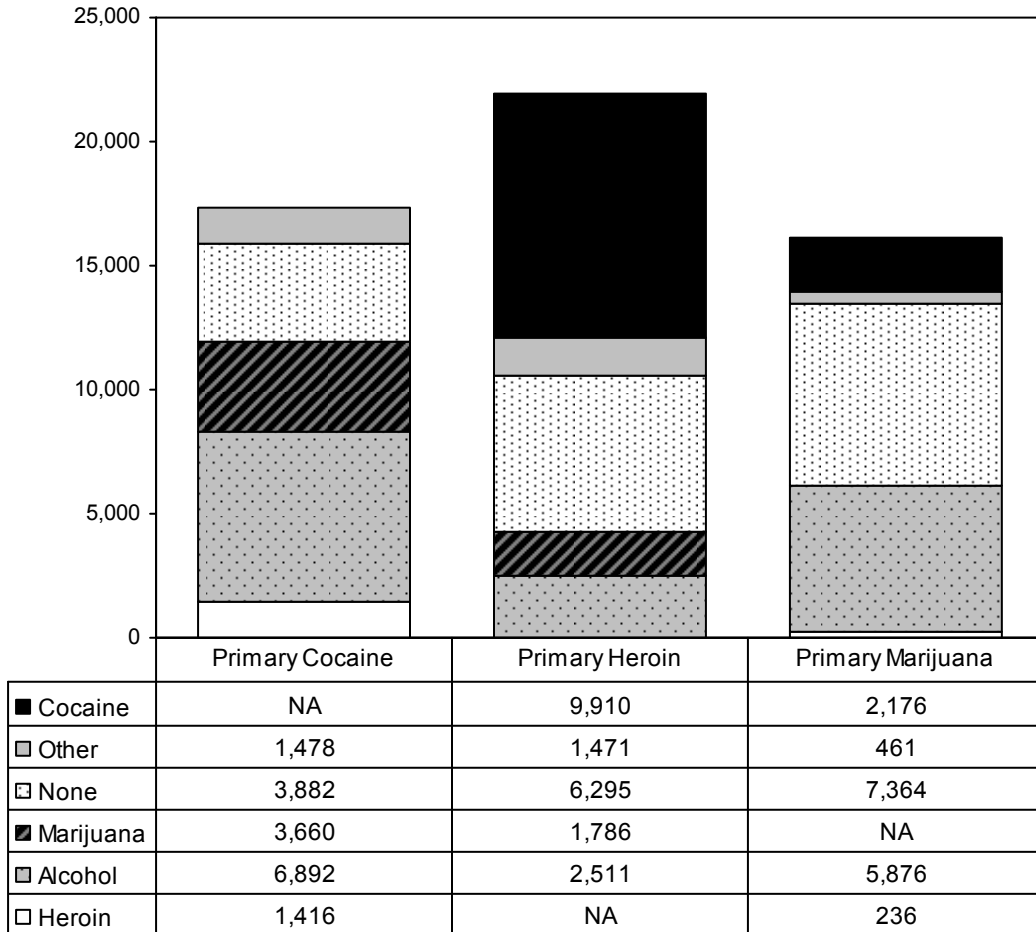
Phencyclidine (PCP) abuse indicators for 2006 showed some increases in Philadelphia, Texas, and Atlanta, and remained low and unchanged in all other areas that had sufficient data to report on this drug. PCP indicators were closely monitored since the December 2003 CEWG meeting when PCP abuse indicators were reportedly increasing in Los Angeles, Philadelphia, and Washington.

Benzodiazepine abuse indicators continue to be relatively high in the CEWG areas reporting on this drug. Treatment and mortality data show that benzodiazepines were often used with other illicit drugs. Deaths with the presence of benzodiazepines were high in such areas as Philadelphia, South Florida, Seattle, and Georgia. Alprazolam and clonazepam continued to be the most frequently reported benzodiazepine in the indicator data.

Polysubstance abuse continues as a significant drug pattern across CEWG areas, as documented in various data sources used by CEWG representatives (see Examples below).

Examples: The use of multiple substances among treatment admissions is illustrated below for New York City and among decedents in Philadelphia and the State of Florida.

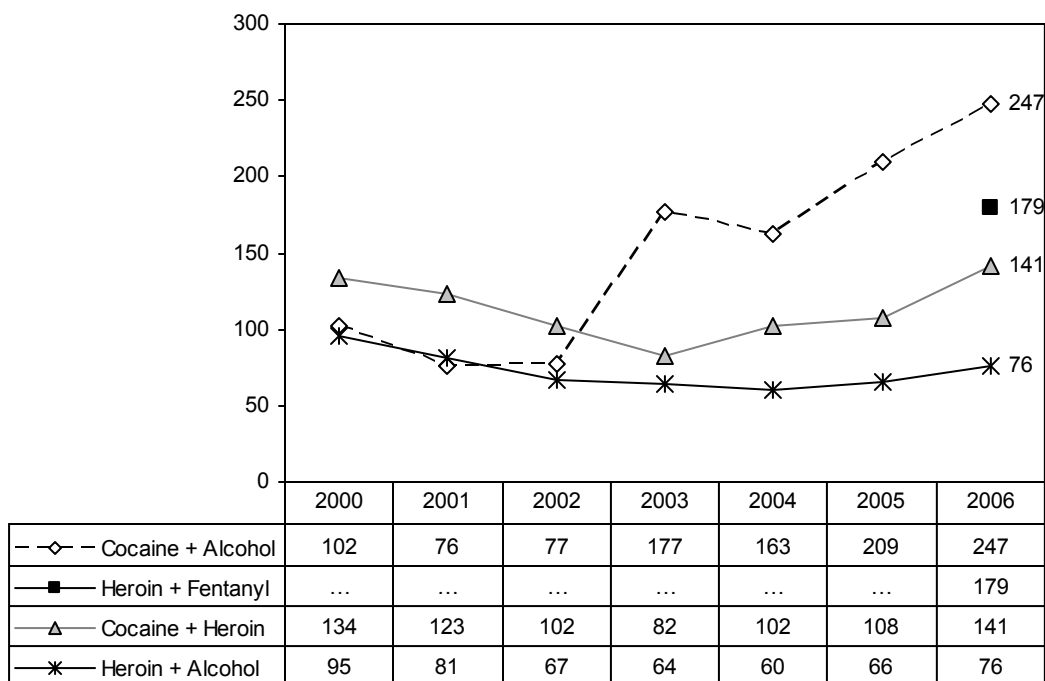
Secondary Drugs of Abuse Among Primary Cocaine, Heroin, and Marijuana Admissions in New York City: 2006



¹NA=Not applicable.

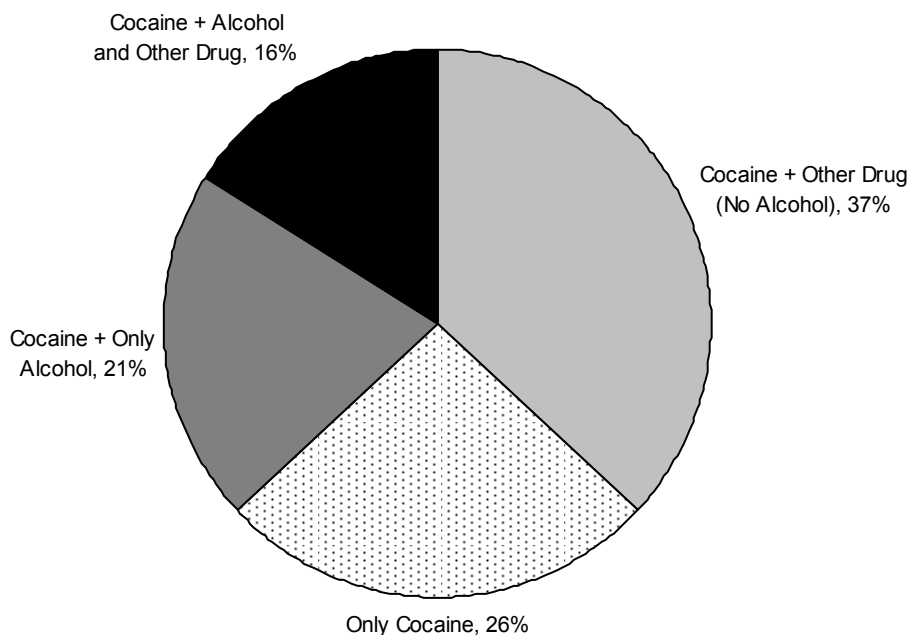
SOURCE: New York State Office of Alcoholism and Substance Abuse Services

Most Common Combinations of Drugs in Decedents in Philadelphia: 2000–2006



SOURCE: Philadelphia Medical Examiner's Office

Alcohol and Other Drugs Detected in Cocaine-Related¹ Deaths in Florida: 2005



¹In 52 percent of the cocaine-related deaths, a prescription medication was also detected.
SOURCE: Florida Medical Examiners Commission

Issues and Findings from the CEWG

Cocaine/Crack

In 2006, sizable proportions of drug abusers in all CEWG areas abused cocaine, most often in combination with other substances. Cocaine/crack abuse indicators continued to be particularly high in eastern and Midwestern regions. In 2006, cocaine/crack abuse indicators increased in 10 CEWG areas (Boston, Denver, Honolulu, Miami/Broward County, New York City, Philadelphia, Phoenix/Maricopa County, Seattle, Maine, and New Mexico), remained stable in 9 (all of which were at high levels), decreased in 1 (San Francisco), and were mixed in 2 (Atlanta and Texas). Crack continued to be the predominant form used by cocaine abusers, as judged by the proportions of primary treatment admissions who smoked the drug. Among treatment admissions for abuse of other drugs, cocaine was frequently the second drug of choice, especially among primary heroin admissions. Deaths with the presence of cocaine continued to be high in some CEWG areas, particularly Detroit and Philadelphia. Cocaine was the drug most frequently identified by forensic laboratories in 17 CEWG areas.

CEWG areas in which cocaine/crack indicators increased are...

BOSTON: Cocaine indicators in the Greater Boston area are at high levels and increasing slightly. The proportion of treatment admissions reporting past-month cocaine increased to 26 percent in FY 2006. The number of Class B drug arrests (mainly cocaine) increased 12 percent from 2005 to 2006. —**Daniel Dooley**

DENVER: Most cocaine abuse indicators rose in 2006. Of nine drug abuse indicators, all but hospital discharge reports and deaths increased. Excluding alcohol, cocaine ranked first in the number of ED and hospital discharge reports. In the Denver metropolitan area, cocaine treatment admissions increased to 23.5 percent of illicit treatment admissions (excluding alcohol). Admissions of younger cocaine abusers (persons age 18–24) also increased over this period from 9 to 14 percent. Outreach workers report increased crack abuse in Denver, especially among street youth. —**Tamara Hoxworth**

HONOLULU: In 2006, there was an 80 percent increase in decedents (n=27) with a positive toxicology screen for cocaine, a 55 percent increase in primary cocaine treatment admissions (n=378), and a 94 percent increase in Honolulu Police Department cocaine-related arrests. —**D. William Wood**

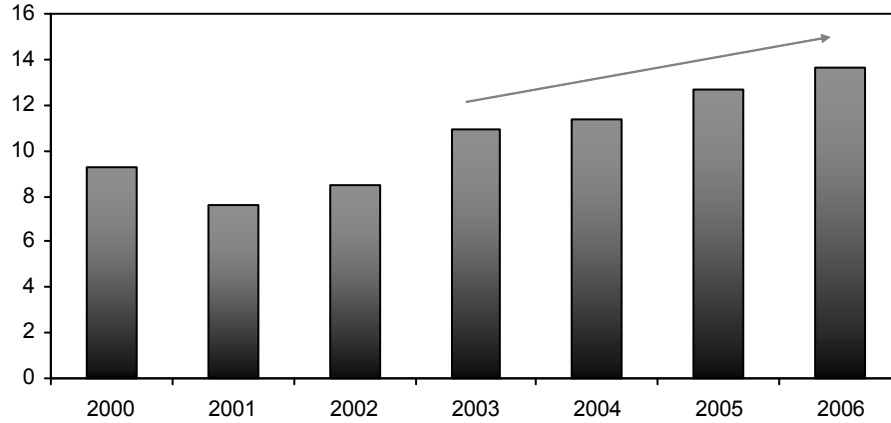
NEW YORK CITY: Many cocaine abuse indicators, which had been stable, are beginning to show an increase, and the drug still accounts for major problems in New York City. Primary cocaine treatment admissions...increased to the highest number in almost a decade...Arrests involving cocaine numbered 27,992, a slight increase over the year before...the 214 cocaine-related deaths in 2005...were slightly higher than the years preceding 2004. —**Rozanne Marel**

NEW MEXICO: Cocaine use is a growing problem among New Mexicans. In 2006, there were more unintentional cocaine overdose deaths than heroin overdose deaths. Large and consistent cocaine seizures indicate an increasing supply of cocaine in the State. —**Nina Shah**

MAINE: Cocaine/crack abuse indicators have increased in Maine as indicated by a rising trend in primary cocaine admissions and cocaine arrests, and other indicators. —**Marcella Sorg** (See Example C-1.)

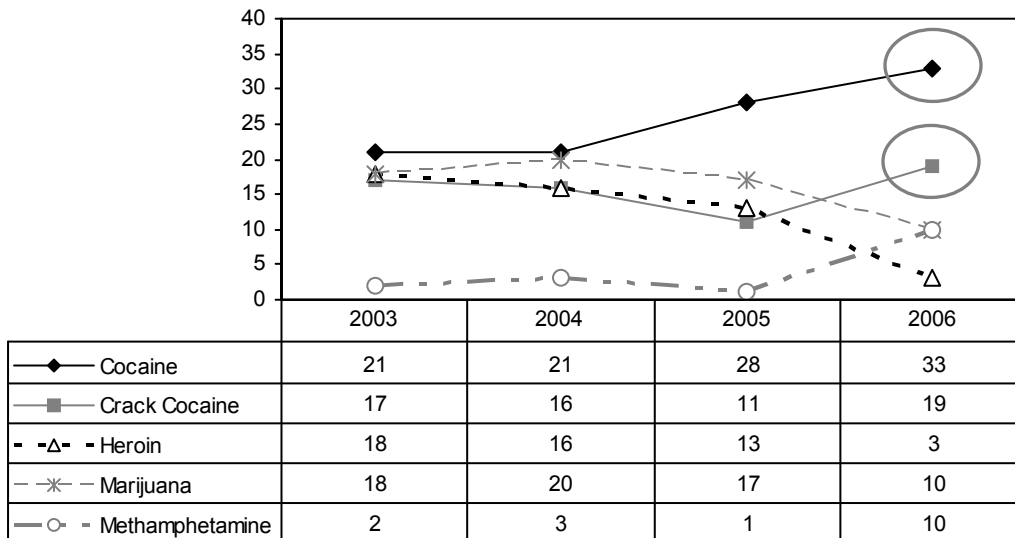
Example C-1: Cocaine/crack abuse treatment admissions and arrests have increased over the past several years in Maine.

**Percent of Cocaine Treatment Admissions in Maine:
2000–2006**



SOURCE: Maine Treatment Data System

Percent of Drug-Related Arrests in Maine: 2003–2006



SOURCE: Maine Drug Enforcement Administration

In 2006, cocaine was often reported as a secondary drug by primary heroin abusers entering drug abuse treatment. For example, the proportions were relatively high in Chicago and New York City (each 43 percent), Minneapolis/St. Paul (42 percent), Denver (nearly one-third), St. Louis (26 percent), and Los Angeles (19 percent). In Baltimore, 35 percent of all treatment admissions reported cocaine as their secondary drug of abuse.

CHICAGO: Cocaine was the most commonly mentioned secondary drug among persons entering treatment for primary alcohol, heroin, or other opioid-related abuse. —*Wade Ivy*

LOS ANGELES: Cocaine was the most frequently reported secondary drug among primary heroin admissions in the first half of 2006. —*Beth Rutkowski*

MIAMI /FT. LAUDERDALE: Cocaine (excluding alcohol) accounted for 39 percent of the 7,717 primary, secondary, and tertiary treatment admissions in Broward County in the first half of 2006. —*James Hall*

Additional information on secondary cocaine use among treatment admissions is presented in the next section on Patterns and Trends in Cocaine/Crack Abuse.

Indications of more younger cocaine users, and increasing proportions of Whites and decreasing proportions of African-Americans among treatment admissions were reported in some CEWG areas.

BALTIMORE: The proportion of African-American primary cocaine/crack treatment admissions fell from 63 to 55 percent, while the proportion that was White increased from 36 to 42 percent.

BOSTON: After years of decreasing proportions of younger clients (age 19–29), the most recent treatment data reveal an increase from 13 percent in FY 2004 to 19 percent in FY 2006.

BOSTON: The FY 2006 racial/ethnic distribution for cocaine/crack admissions reveals a shift toward higher White proportions (up 25 percent from 2005) and lower Black proportions (down 13 percent from FY 2005).

CINCINNATI: Qualitative data indicate that new cocaine users are more likely to be young (some as young as 13) and more likely to start their use by mixing the cocaine, either powder or crack, with tobacco or marijuana and smoking it (called 'Primo'). —*Jan Scaglione*

A variety of substances were reportedly used by cocaine abusers, either by choice or because the cocaine was adulterated with other substances.

PHILADELPHIA: Crack users continue to report that they frequently use cocaine in combination with 40-ounce bottles of malt liquor or beer. Other drugs commonly used by cocaine abusers included alprazolam, marijuana, and/or heroin. —*Samuel Cutler*

TEXAS: In Texas areas, cocaine is often cut with adulterants. For example, in East Austin, crack is cut with a particular brand of bar soap. In another area it is being cut with vitamin B-12, 'Drano,' and cake mixes. In Corpus Christi, cocaine is reported to be used with albuterol, which is said to produce a longer lasting high and euphoria. —*Jane Maxwell*

In some areas, it was reported that methamphetamine abusers had switched to cocaine.

ATLANTA: ...Trends supported by ethnographic field studies indicate that some drug users are transitioning from methamphetamine use to cocaine use because of displeasure over the long-term high associated with the use of methamphetamine, loss of control, and the increased possibility of getting arrested. While the majority of persons switching to cocaine had been former users of the drug, ethnographic data indicate that, for some persons, this switch led to first time use of cocaine. —*Brian Dew*

HONOLULU: *Methamphetamine abusers have shifted to cocaine because they consider the use of this stimulant (cocaine) less damaging. Some reserve methamphetamine for periodic binge use.* —**D. William Wood**

TEXAS: *Some ice users shifted to cocaine because they were reportedly concerned about the effects of ice.* —**Jane Maxwell**

In CEWG areas where school surveys were conducted and reported, cocaine use was more prevalent among student populations in some areas than others.

Past-30-Day Use

MIAMI: *Based on the 2006 Florida Youth Survey, it was reported that 1.6 percent of the middle and high school students in Miami-Dade County reported past-30-day cocaine use.* —**James Hall**

NEW MEXICO: *In 2005, high school students in New Mexico had the highest prevalence of current cocaine use in the United States. According to the 2005 New Mexico YRRS study, 7.9 percent of the students in grades 9–12 used cocaine in the past 30 days. Approximately, 9.4 percent of the Albuquerque students reported current cocaine use.* —**Nina Shah**

Past-Year or Lifetime Use

CHICAGO: *The Illinois Youth Survey showed that in 2006, 2.1 percent of the students in Cook County had used cocaine in the past year.* —**Wade Ivy**

LOS ANGELES: *According to weighted data for the 2004–2006 school years, 6.9 percent of students (7th, 9th, and 11th graders, and a small sample of nontraditional students) in Los Angeles County secondary schools had ever used cocaine (crack or powder).* —**Beth Rutkowski**

PHOENIX: *Lifetime use of cocaine among high school students in Maricopa County changed little from 2004 to 2006. In 2006, 6.3 percent of 10th graders and 10.8 percent of 12th graders*

reported ever using cocaine. —**James Cunningham**

WASHINGTON, DC: *In the YRBS data for the District, lifetime use of any form of cocaine decreased from 6.2 percent in 2003 to 2.1 percent in 2005.* —**Erin Artigiani**

TEXAS: *Based on the 2006 Texas School Survey of Substance Abuse, it was reported that lifetime use (ever used) of cocaine was 8 percent. Some 7 percent of students in nonborder counties had ever used powder or crack cocaine, and 2 percent had used it in the past month. In comparison, students in schools on the Texas border reported higher levels of cocaine use: 12 percent lifetime and 5 percent past month use. The 2005 YRBS survey reported that 12 percent of Texas high school students in grades 9–12 had ever used cocaine and 6 percent had used this drug in the past 6 months. The 2005 Texas College Survey reported that 10 percent of the students had ever used powder cocaine or crack.* —**Jane Maxwell**

Routes of administration for cocaine varied by area, population group, and time period.

DENVER: *In Denver, the proportion of treatment admissions that smoked cocaine declined steadily from 69 percent in 2000 to 57 percent in 2006. However, outreach workers in Denver reported increased crack use, especially among street youth.* —**Tamara Hoxworth**

LOS ANGELES: *Smoking (crack) was the route of administration reported by 86 percent of all primary cocaine treatment admissions in the first half of 2006.* —**Beth Rutkowski**

NEW YORK CITY: *Among treatment admissions in 2006, those who smoked cocaine were more likely than intranasal users to be female (36 vs. 26 percent), Black (68 vs. 39 percent), and without income (42 vs. 31 percent). Those using intranasally were more likely to be Hispanic or White and to have some criminal justice status.* —**Rozanne Marel**

TEXAS: *Powder cocaine users made up 10 percent of all 2006 treatment admissions in Texas in*

2006. Cocaine inhalers were the youngest cocaine admissions cohort and were most likely to be Hispanic. In 2006, 35 percent of the treatment admissions on the Texas border smoked cocaine (crack). On the Mexican side of the border, 26 percent of admissions smoked cocaine.

—Jane Maxwell

PATTERNS AND TRENDS IN COCAINE ABUSE ACROSS CEWG AREAS

Treatment Data on Cocaine/Crack

Exhibit 1a presents 2006 data from 17 CEWG areas on primary cocaine treatment admissions as a proportion of total admissions, excluding alcohol. In each of the 4 years shown (2003–2006), the proportion of primary cocaine admissions was higher in Atlanta than in other CEWG areas, even though a 7 percentage-point decline occurred from 2003 to the first half of 2006 when this group accounted for nearly 51 percent of Atlanta’s illicit drug admissions. The proportion of primary cocaine treatment admissions (excluding alcohol) was also high in Detroit in FY 2006, at 41.1 percent, with a short-term increase of 6.4 percentage points from FY 2005 but a fairly stable trend from FY 2003 (an increase of 2.6 percentage points). In 2006, primary cocaine admissions ranged from around 31 to 34 percent of illicit drug admissions in Chicago, St. Louis, and Texas, with decreases reported from 2003 to 2006 in St. Louis and Texas (6.4 and 5.8 percentage points, respectively). In Los Angeles, Denver, Seattle, Minneapolis/St. Paul, San Francisco, and New York City, the trend for primary cocaine admissions was fairly stable, accounting for between approximately 20 to 30 percent of illicit drug admissions over the 4-year period. In Phoenix, the proportion of primary cocaine admissions remained fairly stable from 2005 to 2006. Hawaii and San Diego continued to report the smallest proportions of primary cocaine admissions among illicit drug ad-

missions (approximately 6–8 percent, respectively).

Exhibit 1a. Primary Cocaine Treatment Admissions in 17 CEWG Areas, by Percentage of All Admissions (Excluding Primary Alcohol Admissions): 2003–FY 2006, CY 2006, or First Half of CY 2006¹

CEWG Area/State	Year			
	2003	2004	2005	2006
Atlanta	57.6	52.5	49.8	50.6
Baltimore	15.5	15.8	16.4	17.7
Boston	12.7	11.3	12.5	12.0
Chicago	32.4	32.7	26.5	31.1
Denver	22.4	23.2	20.0	23.5
Detroit	38.5	35.6	34.7	41.1
Los Angeles	23.0	22.0	20.5	20.9
Mpls./St. Paul	26.3	26.1	26.5	27.3
New York	28.9	29.5	29.2	29.9
Phoenix	NR ²	NR	16.1	15.2
St. Louis	40.2	40.9	33.5	33.8
San Diego	8.1	8.7	8.2	8.2
San Francisco	25.9	29.7	26.8	29.4
Seattle	22.6	21.8	24.6	25.6
Hawaii	6.3	6.3	4.1	6.3
Maine	10.9	11.4	12.7	14.2
Texas	38.2	35.7	34.1	32.4

¹Boston, Chicago, Detroit, and San Francisco report FY 2006 data; Atlanta, Los Angeles, and San Diego report first half CY 2006 data; all others report full-year CY 2006 data.

²NR=Not reported by the CEWG representative.

SOURCE: June 2007 CEWG reports

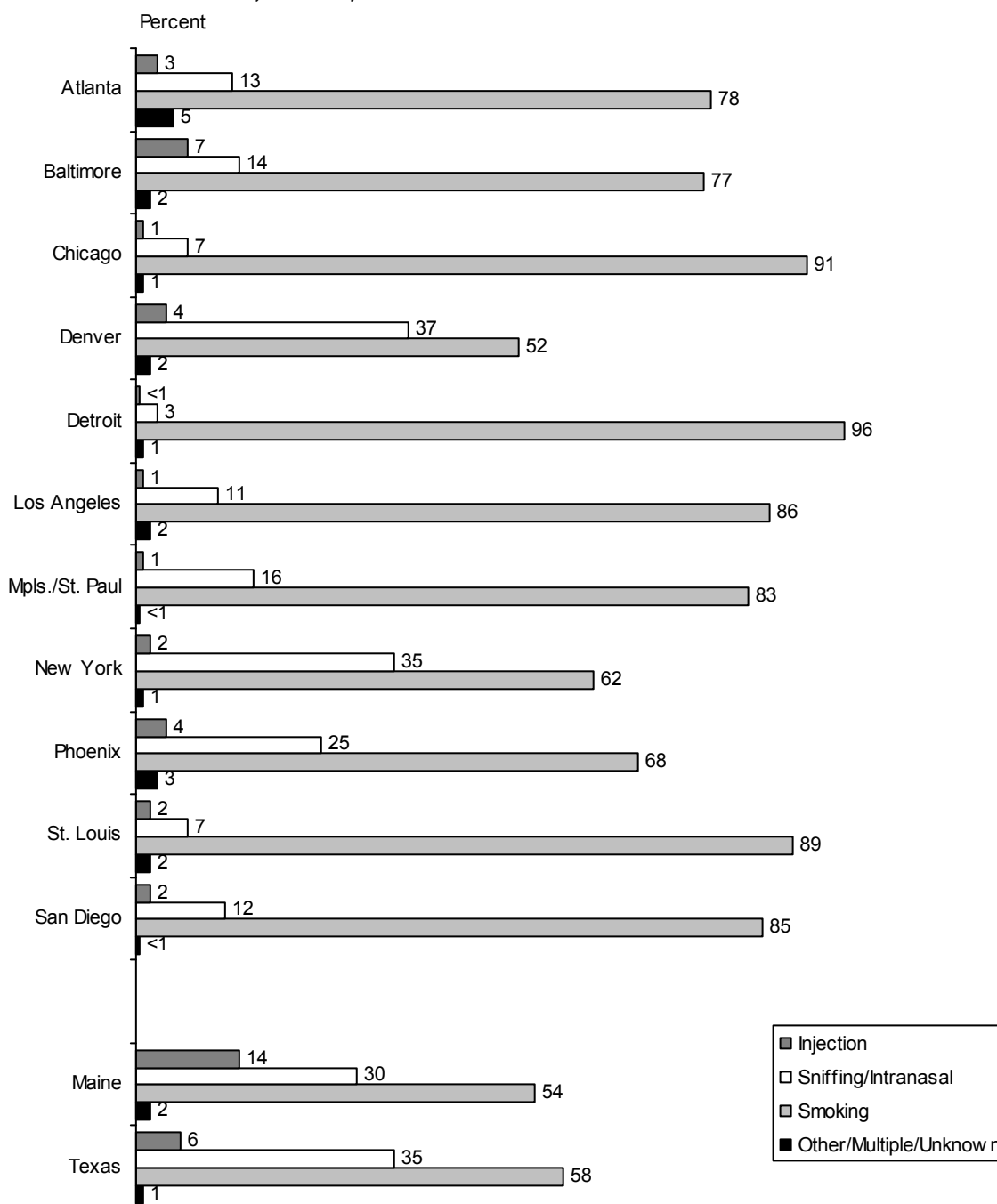
Route of Administration of Cocaine. Data from 16 CEWG areas indicate that cocaine treatment admissions in 2006 were most likely to smoke the drug.¹ Smoking was the most common mode of cocaine administration among primary cocaine treatment admissions in the 13 areas shown in exhibit 1b, ranging from 77 to 96 percent in eight areas and from 52 to 68 percent in the other five areas. In another two CEWG areas that reported only partial data on route of

¹ SAMHSA’s Treatment Episode Data Set report (2003) notes that “Smoked cocaine primarily represents crack or rock cocaine, but can also include cocaine hydrochloride (powder cocaine) when it is free-based.” TEDS uses smoked cocaine (crack).

administration, smoking was also the preferred mode of cocaine use; these were San Francisco (71 percent), and Boston (60 percent). Across 14 reporting CEWG areas, the proportions of co-

caine admissions who reported injecting the drug tended to be low, with the highest proportions being in San Francisco (25 percent) and Maine (14 percent).

Exhibit 1b. Major Routes of Administration of Cocaine Among Treatment Admissions in 13 CEWG Areas, by Percent:¹ FY 2006, CY 2006, or First Half of CY 2006²



¹Percentages rounded.

²Chicago and Detroit report FY 2006 data; Atlanta, Los Angeles, and San Diego report first half of CY 2006 data; all others report full year CY 2006 data.

SOURCE: June 2007 CEWG reports

Gender of Cocaine/Crack Admissions. Across 13 of 14 reporting CEWG areas in 2006, pri-

mary cocaine admissions were more likely to be male than female (exhibit 1c).

Exhibit 1c. Demographic Characteristics of Primary Cocaine Treatment Admissions in 14 CEWG Areas, by Percent¹: FY 2006, CY 2006, or First Half of CY 2006²

CEWG Area	Gender		Race/Ethnicity ³			Age
	Male	Female	White	Afr.-Amer.	Hispanic	35–36 or Older
Atlanta	59	41	25	73	1	82
Baltimore	57	43	40	57	2	71
Boston	59	41	32	49	16	(81) ⁴
Chicago	55	45	9	82	7	74
Denver	61	39	44	21	31	58
Detroit	59	41	5	93	1	85
Los Angeles	67	33	15	57	25	72
Mpls./St. Paul	67	33	41	49	5	67
New York City	68	32	15	57	24	76
Phoenix	62	38	NR ⁵			67
St. Louis	57	43	30	69	1	70
San Diego	64	36	24	64	10	75 ⁶
Maine	53	47	94	3	1	36
Texas	51	49	34	33	31	50

¹Percentages rounded.

²Boston, Chicago, and Detroit report FY 2006 data; Atlanta, Los Angeles, and San Diego report first half CY 2006 data; all others report full year CY 2006 data.

³The racial/ethnic population distribution varies across CEWG areas.

⁴Data from Boston are for age 30–39 (37 percent), and 40 and older (44 percent).

⁵NR=Not reported by the CEWG representative using the racial/ethnic categories shown.

⁶Represents admissions age 36 or older.

SOURCE: June 2007 CEWG reports

Age of Cocaine/Crack Admissions. In 13 reporting CEWG areas in 2006, more than one-half of the primary cocaine treatment admissions were 35–36 or older (or 30 and older in Boston), with the largest proportions being in Detroit (85 percent) and Atlanta (82 percent) (*see exhibit 1c*). In Maine, only 36 percent of this admissions group were age 35 or older; another 37 percent were age 25–34 and 24 percent were younger than 25.

Polydrug Patterns. Cocaine/crack abuse was a prominent pattern of polydrug use among treatment admissions. In many CEWG areas, cocaine/crack was reported as a secondary or tertiary drug by some proportion of treatment admissions who used another drug; this was a common pattern among heroin treatment admissions who

used another drug. The most recent data reported from 11 CEWG areas show the following:

ATLANTA: Cocaine was the secondary drug of use among 30 percent of all treatment admissions in the first half of 2006.

BALTIMORE: Cocaine was reported as a secondary substance by 35 percent of all treatment admissions in 2006; that is, for every person reporting cocaine as a primary substance, 2.3 reported it as a secondary substance. Overall, 51 percent of treatment admissions reported cocaine abuse as a primary or secondary problem in 2006.

BOSTON: Twenty-six percent of all treatment admissions (including alcohol) in FY 2006 reported past-month use of cocaine.

BROWARD COUNTY: Cocaine was used as a primary, secondary, or tertiary drug by 39 percent of the admissions (excluding alcohol) in the first half of 2006.

CHICAGO: Forty-three percent of primary heroin admissions who used a secondary drug used cocaine/crack in FY 2006.

DENVER: Nearly one-third of the 2006 primary heroin admissions who used a secondary drug used cocaine/crack.

DETROIT: Crack was the most frequent secondary drug of abuse among primary heroin admissions in FY 2006.

LOS ANGELES: Cocaine/crack was the most frequently used secondary drug among primary heroin admissions in the first half of 2006. As a secondary drug, cocaine/crack use was reported by 19 percent of heroin admissions who used another drug.

MINNEAPOLIS/ST. PAUL: Cocaine was the secondary drug of abuse among 42 percent of the primary heroin admissions and 32 percent of the primary alcohol admissions in 2006.

NEW YORK CITY: Forty-three percent of the primary heroin admissions who used a drug other than heroin used cocaine/crack as a secondary drug, and 5 percent used it as a tertiary drug.

ST. LOUIS: In 2006, among the primary heroin admissions who used a secondary drug, 26 percent used cocaine/crack.

MAINE: Among the 2006 treatment admissions who used a secondary drug, 12.0 percent used

cocaine/crack, with the largest percentage (9.8) using powder cocaine.

Mortality Data on Cocaine/Crack

Deaths with the presence of cocaine were reported for 12 CEWG metropolitan or county areas. Rate data for 2004–2006 combined are reported for Albuquerque (which also reports State data). New York City and Washington, DC, reports cases for 2005; the others report 2006 data. The numbers for the 12 areas are shown below; many of the deaths involve more than one drug.

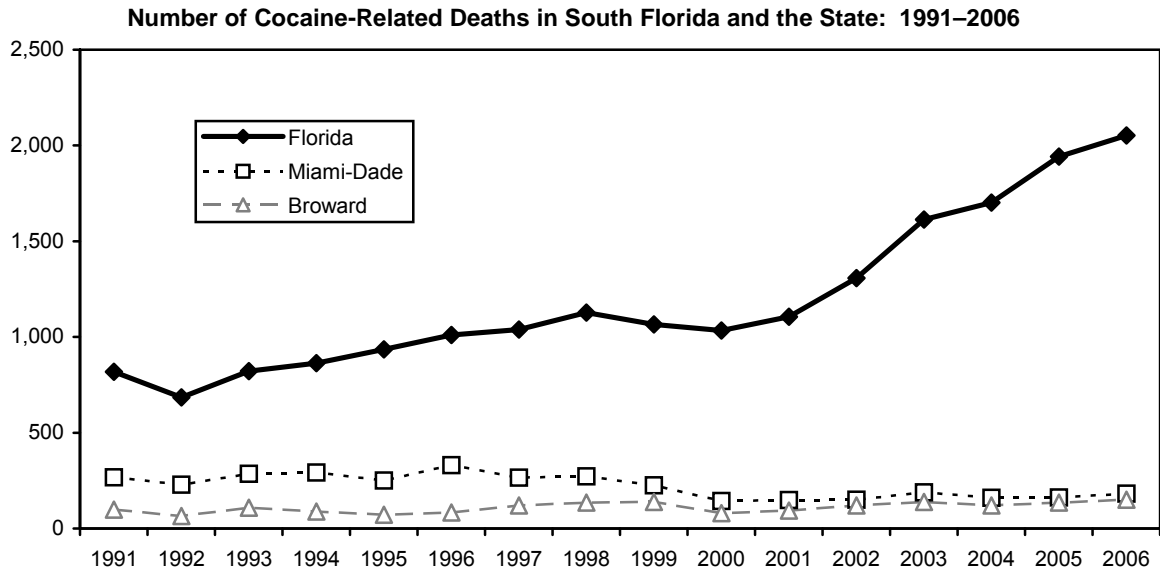
- 552 in Philadelphia
- 424 in Detroit/Wayne County
- 214 in New York City
- 187 in Washington, DC
- 182 in Miami-Dade County
- 150 in Broward County, Florida
- 111 in Seattle/King County
- 93 in Cincinnati/Hamilton County
- 61 in Minneapolis/Hennepin County and St. Paul/Ramsey County
- 42 in St. Louis County
- 27 in Honolulu, based on toxicology tests

In Albuquerque/Bernalillo County, the rate of cocaine overdose deaths from 2004–2006 was 7.7 per 100,000 persons, higher than the rate for New Mexico overall (5.3).

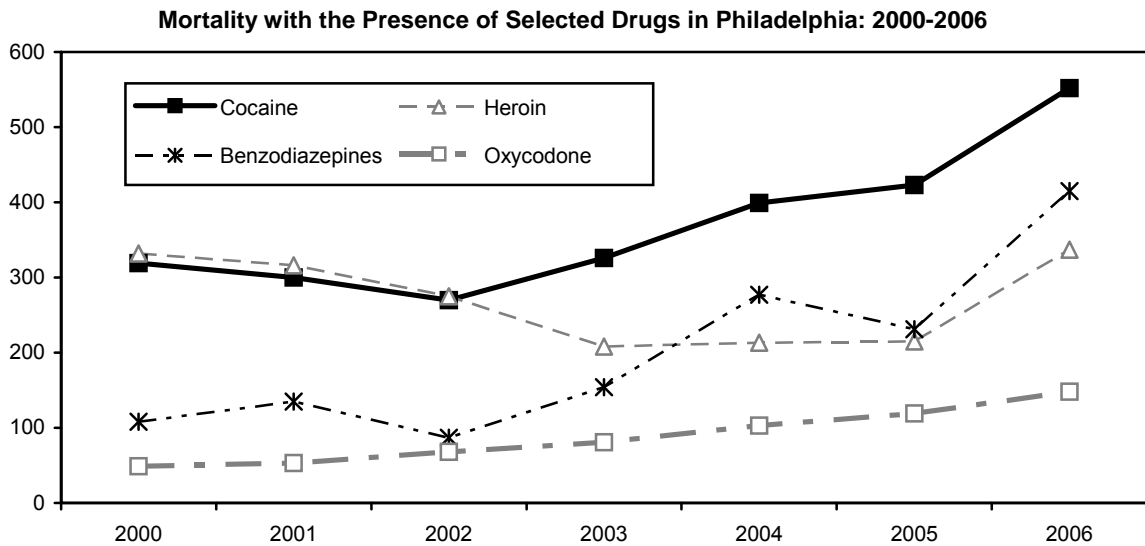
Data on deaths with a presence of cocaine were also reported for another four States. These data are for 2006, with the exception of Texas, which reported 2005 data.

- Colorado—206
- Florida—2,052
- Georgia—432 (postmortem specimens in which cocaine tested positive)
- Texas—723

Example C-2: Deaths with the presence of cocaine have increased substantially statewide in Florida and in Philadelphia.



SOURCE: Florida Department of Law Enforcement, Florida Medical Examiners Commission Report



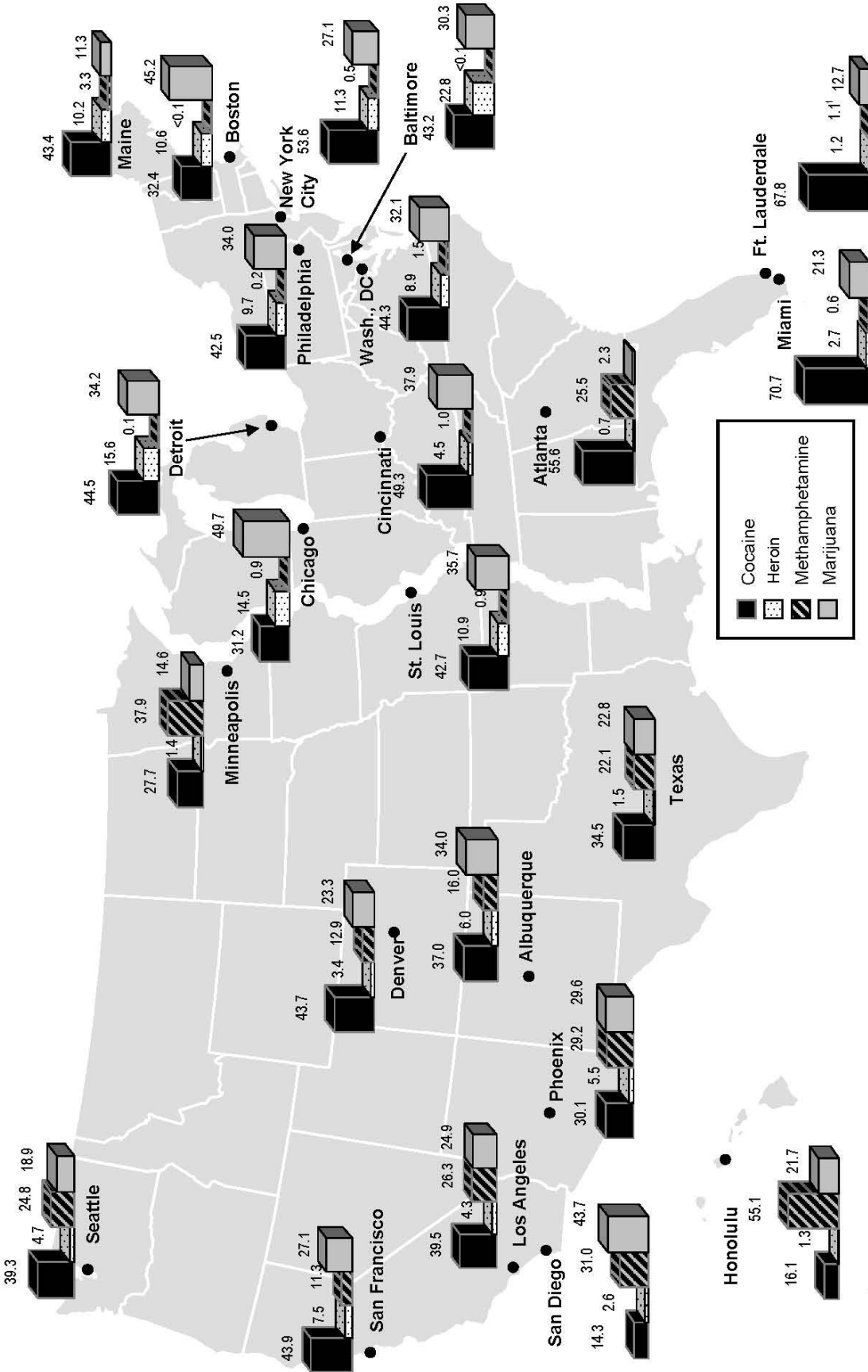
SOURCE: Philadelphia Medical Examiner's Office

Forensic Lab Data on Cocaine/Crack

In 2006, cocaine was the drug most frequently reported for 16 of the 23 CEWG areas shown on the map in exhibit 2. Cocaine items as a percent-

age of the total drug items reported to NFLIS were particularly high in Miami-Dade and Ft. Lauderdale (nearly 71 and 68 percent, respectively) and in Atlanta (approximately 56 percent).

Exhibit 2. Percentages of Cocaine, Heroin, Methamphetamine, and Marijuana Items Analyzed by Forensic Labs in 23 CEWG Areas, Each as a Percentage of Total Items Analyzed: 2006



¹Reported by the Broward Sheriff's Office Crime Lab
 SOURCE: Albuquerque data were analyzed by the Albuquerque Police Department; Maine data were analyzed by the Maine Environmental Testing Lab; Texas data, provided by the Texas Department of Public Safety, were analyzed by the Texas CEWG representative; data for all other areas were provided by NFLIS, DEA

Heroin

In 2006, heroin abuse indicators decreased in 7 CEWG areas, were stable in 14, and mixed in 1 (Texas). Injection continued to be the preferred route of heroin administration among primary heroin admissions in most CEWG areas, particularly areas west of the Mississippi River where black tar heroin is the most available form of the drug. Heroin primary treatment admissions, as a percentage of total admissions (excluding primary alcohol admissions), were particularly high in Boston (approximately 76 percent), Baltimore (54 percent), Chicago (47 percent), Detroit and New York City (each 38 percent). As shown in the Cocaine/Crack section (pages 11-20), high percentages of all primary heroin treatment admissions in 10 CEWG areas reported using cocaine as a secondary or tertiary drug, with the proportions ranging from 19 percent in Los Angeles to 43 percent in New York City. Deaths involving heroin or heroin/morphine continued to be high in the Albuquerque, Detroit, Philadelphia, and New York City areas. Purity of white powder heroin, the most likely form to be inhaled or snorted, increased in 2005 in eight CEWG areas after substantial declines in most of these areas from 1999, including a decline in 2004. The purity of Mexican black tar heroin varied across 10 CEWG areas but increased in 4 from 2002 to 2005. CEWG representatives cited changes in the patterns of heroin use, based on a number of factors, including purity levels, the way heroin was used, and the number and types of substances used with heroin.

Changes in the patterns of heroin use were reported in most CEWG areas and were highlighted during a discussion at the June 2007 meeting. CEWG representatives identified numerous reasons for this phenomenon, including changes in the following:

- Heroin trafficking and distribution
- The way heroin is sold on the street
- Purity levels of the drug
- The ways heroin is used (routes of administration)
- The types of substances used with heroin, sequentially and in combination

A number of substances, including some relatively new to the drug scene, reportedly are being used with heroin. These include the following:

- Other opiates (e.g., fentanyl, as described in the next section on Other Opiates/Narcotic Analgesics)
- Cocaine, which is increasing used as a secondary drug by heroin abusers admitted to treatment (as described in the previous section on Cocaine/Crack)
- Alcohol and/or marijuana
- Clenbuterol (a 2-adrenergic receptor agonist with rapid onset and long duration of action that is approved for limited veterinary use, frequently with horses, in the United States)
- Acetaminophen and diphenhydramine (ingredients found in over-the-counter cold tablets)

Clenbuterol¹

In discussions at the June CEWG meeting, several representatives referred to incidents in which Clenbuterol was a suspected adulterant in the cocaine and heroin supplies.

¹ Investigating atypical reactions associated with heroin use in January–April 2005, the Centers for Disease Control and Prevention (CDC) reported that the veterinary pharmaceutical Clenbuterol was identified, through urinalysis, in several States, including Connecticut, New Jersey, and New York, “Atypical Reactions Associated with Heroin Use—Five States, January–April 2005.” The article and an erratum can be viewed at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5432a1.htm>

CINCINNATI: *The Cincinnati Drug and Poison Information Center recently identified several cases in which negative side effects resulted when Clenbuterol was used with heroin. Clenbuterol, which has a long duration of action, caused many serious side effects. The drug was positively identified by laboratory analysis in four cases. —Jan Scaglione*

PHILADELPHIA: *Clenbuterol was suspected in several heroin cases in Philadelphia. An attempt was made to get lab tests for Clenbuterol but it was not successful. —Samuel Cutler*

“Cheese Heroin”

In Texas, over-the-counter cold medications are being used to convert black tar heroin into brown heroin powder to produce what is called “cheese heroin.”

- *In 2006, the Texas poison control centers identified 10 cases of human exposure in which heroin, acetaminophen, and diphenhydramine were detected in combination, up from the one to four cases reported in 1998, 2002, 2003, and 2004. All 10 cases in 2006 were reported in Dallas; 6 were teenagers, 7 were male; the average age was 21.1. Four cases were reported in the first 5 months of 2007; 2 were in Dallas, with the others being in three other counties. No deaths have been reported in any of the poison control center cases since they were first reported in 1998. —Jane Maxwell*

Recent trends in heroin indicators from several CEWG areas are summarized below.

ATLANTA: *Heroin abuse indicators continued to show decreasing levels, with the majority of abusers concentrated in Atlanta’s Bluff district. Admissions to public treatment programs, drug-related deaths, and ethnographic data obtained through corroboration with local street outreach workers, suggest that heroin abuse is decreasing. Heroin purity continued to decrease, according to DMP data. —Brian Dew*

DENVER: *Most heroin abuse indicators decreased over the last several years while poison control center calls remained stable. In 2006, all heroin abuse indicators except seizures declined. During 2006, heroin was reported as the primary drug of abuse (excluding alcohol) in 11 percent of treatment admissions in Denver, down from the 28 percent recorded in 2000. —Tamara Hoxworth*

LOS ANGELES: *Primary heroin admissions had been on a constant decline from the year 2000 to the first half of 2005; they increased slightly in the last half of 2005 but decreased slightly in the first half of 2006...The [small] number of Los Angeles County-based California Poison Control System calls involving exposure to heroin fluctuated between 2000 and 2004 but dropped in 2006 to the number seen in 2000 (n=17)...Heroin arrests made within the city in 2006...represented a 17-percent decrease from the number of heroin arrests made in the same timeframe in 2005. —Beth Rutkowski*

MIAMI: *In 2006, there were substantial increases in abuse consequences from the use of narcotic analgesics as heroin abuse indicators declined. In Miami-Dade County, heroin was identified at lethal dose levels in 12 deaths, a decrease from 19 such deaths in 2005. Heroin-related deaths peaked in the county in 2000 when there were 61 fatalities associated with heroin use. —James Hall*

SEATTLE: *Treatment admissions and drug overdose deaths involving heroin dropped slightly in 2006. The number of heroin drug treatment admissions to all treatment modalities totaled 1,589 in 2006, which represented a decrease from the 2 most recent years. —Caleb Banta-Green*

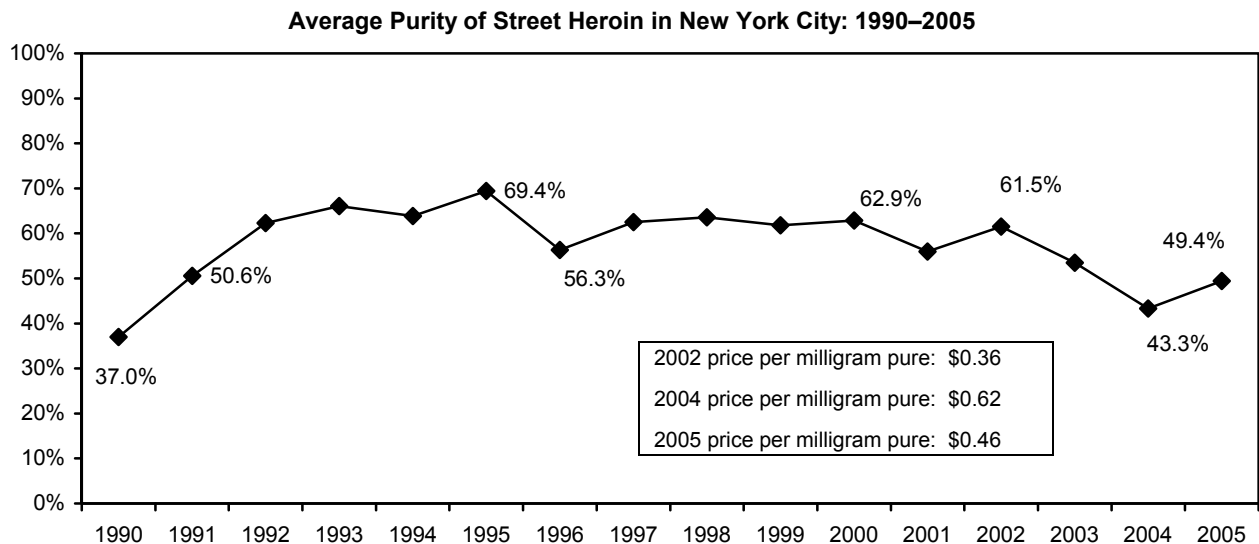
Samuel Cutler, Philadelphia CEWG representative, stressed the importance of assessing changes in the purity of heroin, pointing out that purity levels are likely to have an impact on the extent to which the drug is preferred over other substances; how it is used (route of administration); the extent to which

it is used with other substances; and the consequences of use. CEWG representatives have been reporting on these changes in heroin purity over the past several years. Trends from 1999 to 2005 are summarized below. Changes from 2002 to 2005, as reported by DMP, are presented in greater detail later in the section on Patterns and Trends in Heroin Abuse...

Domestic Monitor Program data show that, from 1999 to 2005, heroin purity levels per milligram pure decreased in most northeastern and all midwestern CEWG areas where white power heroin from South America and Southeast Asia were the predominant types available. From 1999 to 2005, purity levels decreased in Atlanta (from 60 to 39 percent in 2005), Boston (59 to 29 percent), Chicago (25 to 17 percent), Detroit (52 to 47 percent), Philadelphia (72 to 55 percent), and New York City (63 to 49 percent) (see *Example H-1*). Over the time period from 1999 to 2005, the purity of white powder heroin increased in Miami (from 11 to 19 percent).

In assessing heroin abuse patterns and trends, the average purity of the drug has varied by geographic area over time. For example, DEA's

Example H-1: Heroin purity has fluctuated over time in New York City.



From 1999 to 2005, decreases in the purity of black tar (the predominant type of heroin available in CEWG areas west of the Mississippi River) were reported in San Francisco (20 to 12 percent) and Seattle (19 to 11 percent). In Los Angeles and San Diego, heroin purity levels were the same in 1999 and 2005 (33 and 56 percent, respectively).

In Texas, black tar purity levels differed by area from 1999 to 2005, increasing in Houston (18 to 24 percent), while decreasing in Dallas (14 to 12 percent) and El Paso (57 to 45 percent).

Examples from CEWG areas where black tar heroin (or Mexican brown powder) is the predominant form of the drug illustrate the dominance of heroin injection, although some increases in smoking and inhaling are reported in Denver and Texas...

CINCINNATI: *Qualitative data show [that] Mexican brown powder heroin is the most available form of heroin in the Cincinnati area, with black tar transported to Cincinnati at lower rates than previously. Injection of heroin*

remains the primary method of administration among young heroin users. —Jan Scaglione

DENVER: *Black tar heroin is most often injected in Denver. In 2006, the proportion of treatment admissions injecting heroin declined slightly to 83 percent, as the proportion smoking heroin increased to 10 percent. —Tamara Hoxworth*

LOS ANGELES: *Injectors accounted for 86 percent of the heroin treatment admissions in the first half of 2006. Heroin injectors were more likely than their inhaler or smoking counterparts to be Hispanic, and to have been through multiple (four or more) prior treatment episodes. —Beth Rutkowski*

TEXAS: *In 2006, 83 percent of the heroin addicts entering treatment programs injected the drug; however, the proportion inhaling the drug increased from 4 percent of all heroin admissions in 1996 to 17 percent in 2006. —Jane Maxwell*

Patterns of heroin administration related to purity of white powder heroin from South America and South-east Asia varied. Injection was more common in Atlanta than in Chicago, two areas where purity of white powder heroin was relatively low, while intranasal use was more common in areas where purity of white powder heroin was higher. Note, however, that the New York CEWG representative reported that needle use may be increasing in New York City.

ATLANTA: *In the Atlanta metropolitan area, nearly two out of three primary heroin treatment admissions in the first half of 2006 preferred to inject the drug. —Brian Dew*

CHICAGO: *In FY 2006, a majority (82 percent) of the 26,889 heroin admissions reported intranasal (“snorting”) as the primary route of admission, although purity levels continued to decline (reaching 17 percent in 2005). Approximately 14 percent of the treatment admissions reportedly injected the drug. Recent research indicates that injection is declining among African-American heroin abusers but increasing among Whites. —Wade Ivy*

NEW YORK CITY: *Although most heroin users describe themselves as snorters (e.g., 61 percent of primary heroin admissions in 2006), they report that more and more users they know are using needles. This is particularly true for young users (younger than 30). —Rozanne Marel*

More detailed information on mode of heroin administration is provided in the section that follows.

PATTERNS AND TRENDS IN HEROIN ABUSE ACROSS CEWG AREAS

Treatment Data on Heroin

In 2006, primary heroin admissions, as a proportion of total admissions excluding primary alcohol admissions, exceeded those for other drugs in Baltimore, Boston, Chicago, Detroit, and New York City. This pattern continued across the 4 years shown in exhibit 3a. The trend held relatively steady from 2003 to 2006 in Boston, where the 2006 heroin admissions represented about 76 percent of illicit drug admissions. Whether the 6 percentage-point decline in Chicago from 2005 to 2006 is simply a short-term fluctuation or the beginning of a decline in primary heroin admissions should become apparent in future monitoring of this admissions group. In the Baltimore PMSA, which reported the second highest proportion of primary heroin admissions in 2006 (54.3 percent, excluding alcohol), the trend has been downward, with declines of more than 7 percentage points from 2003 to 2006 and 5 percentage points from 2005 to 2006. A decline of 5 percentage points occurred in Detroit in both time periods compared in exhibit 3a, down from 43 percent in 2003, with slightly more than 38 percent of the illicit drug admissions being for heroin abuse in 2006. A similar pattern is shown for New York City, where primary heroin admissions represented nearly 38 percent of illicit drug admissions in 2006, dropping more than 4 percentage points from 2003.

In Los Angeles and San Diego, where methamphetamine is the dominant drug, primary heroin

admissions were second in frequency among illicit drug admissions in the first half of 2006, at around 24 and 22 percent, respectively. This pattern in these two west coast areas remained relatively stable from 2003 to the first half of 2006. In Seattle, the proportions of heroin

admissions declined more than 4 percentage points in both the shorter-term and longer-term time comparisons depicted in exhibit 3a. Hawaii continued to report the smallest proportion of primary heroin admissions, around 3 percent of illicit drug admissions from 2003 onward.

Exhibit 3a. Primary Heroin Treatment Admissions in 17 CEWG Areas, by Percentage of All Admissions (Excluding Primary Alcohol Admissions): 2003–FY 2006, CY 2006, or First Half of CY 2006¹

CEWG Area/State	2003	2004	2005	2006
Atlanta	8.5	7.6	7.0	7.2
Baltimore	61.7	60.7	59.5	54.3
Boston	73.4	74.2	75.6	75.9
Chicago	48.1	47.3	53.0	47.0
Denver	22.5	13.6	14.1	10.6
Detroit	43.1	46.0	43.6	38.1
Los Angeles	31.1	30.1	24.4	24.3
Mpls./St. Paul	6.7	5.6	9.8	11.2
New York	42.3	42.1	40.8	37.9
Phoenix	NR ²	NR	15.1	16.7
St. Louis	11.7	18.4	16.0	17.5
San Diego	20.0	23.4	22.8	22.3
San Francisco	35.6	42.8	41.0 ³	42.0 ³
Seattle	25.1	27.0	25.4	20.9
Hawaii	3.6	3.0	3.1	3.3
Maine ⁴	20.7	21.3	20.5	18.7
Texas	13.6	13.7	11.6	12.8

¹Boston, Chicago, Detroit, and San Francisco report FY 2006 data; Atlanta, Los Angeles, and San Diego report first half CY 2006 data; all others report full-year CY 2006 data.

²NR=Not reported by the CEWG representative.

³Includes a small but unknown number of admissions for other opiates; therefore, the percent change from 2003 to 2006 could not be determined.

⁴Includes morphine as well as heroin.

SOURCE: June 2007 CEWG reports

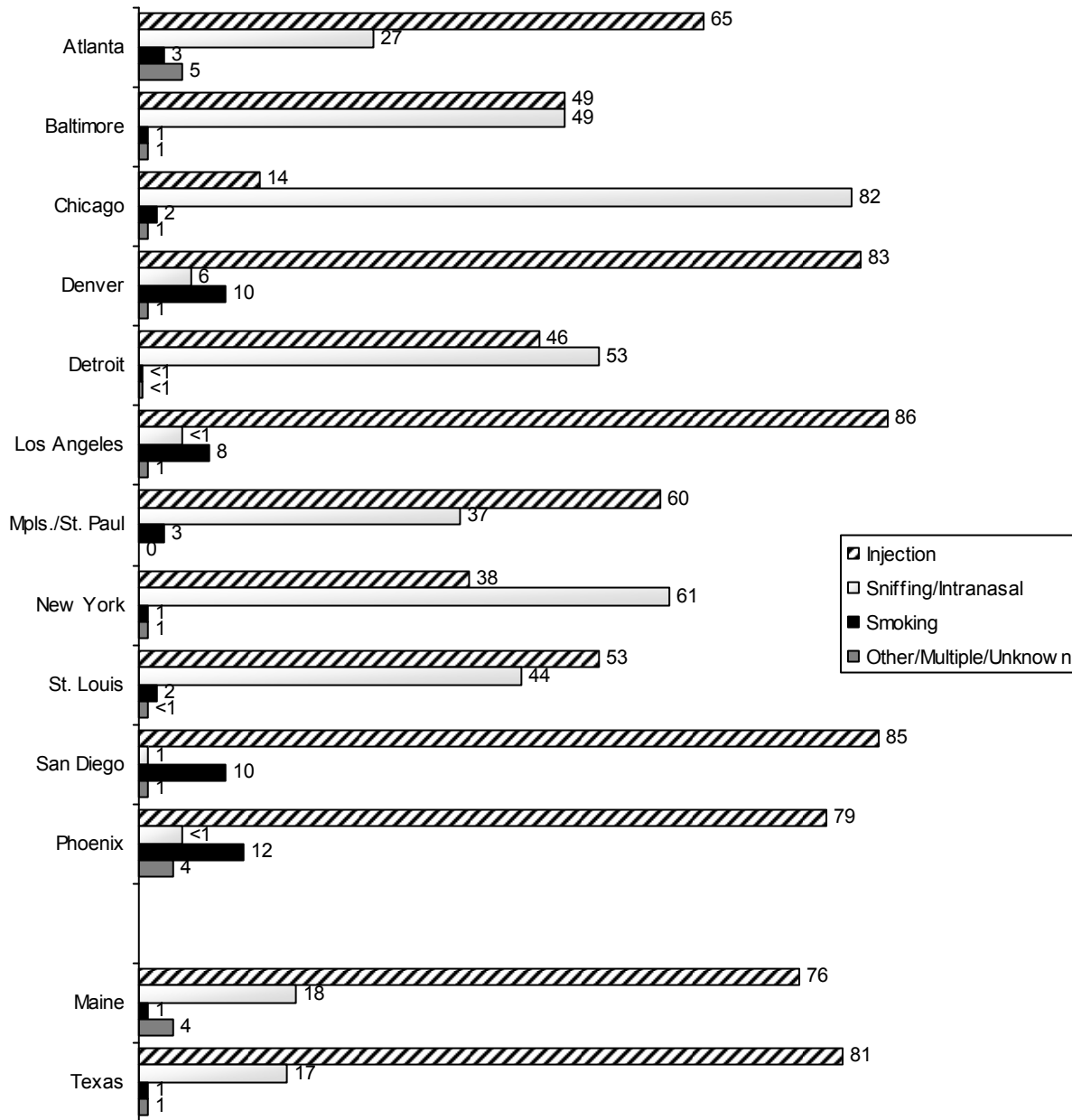
Route of Administration of Heroin. Injection was the most frequently reported mode of heroin administration by primary heroin admissions in 9 of the 13 CEWG areas shown in exhibit 3b, ranging from 53 percent in St. Louis to 86 percent in Los Angeles. Injection was also the most common route of heroin administration in San Francisco, at 93 percent.

Sniffing/intranasal use was the most frequent mode of heroin administration reported by primary heroin admissions in Chicago, at 82 percent, followed by Detroit and New York City, at 53 and 61 percent, respectively. In Baltimore, the proportion of primary heroin

admissions who injected was equal to the proportion who reported sniffing/intranasal use (49 percent each).

In the June 2006 CEWG *Highlights and Executive Summary* report, 11 of the 12 areas shown in exhibit 3b reported on mode of heroin administration in 2005. The 2006 figures varied only slightly from the 2005 figures in 9 of the 11 areas. In Minneapolis/St. Paul and in St. Louis, the proportions who injected heroin declined 4 and 5 percentage points, respectively, while the proportions for sniffing/intranasal increased 5 percentage points in both areas.

Exhibit 3b. Major Routes of Administration of Heroin Among Treatment Admissions in 13 CEWG Areas, by Percent¹: FY 2006, CY 2006, or First Half of CY 2006²



¹Percentages rounded.

²Chicago and Detroit report FY 2006 data; Atlanta, Los Angeles, and San Diego report first half CY 2006 data; all others report full year CY 2006 data.

SOURCE: June 2007 CEWG reports

Gender of Heroin Admissions. There were proportionally more male than female heroin admissions in the 14 CEWG areas represented in

exhibit 3c. The largest proportions of females were in Chicago (47 percent) and Maine (48 percent, which includes morphine).

Exhibit 3c. Demographic Characteristics of Primary Heroin Treatment Admissions in 13 CEWG Areas, by Percent¹: FY 2006, CY 2006, or First Half of CY 2006²

CEWG Area	Gender		Race/Ethnicity ³			Age
	Male	Female	White	Afr.-Amer.	Hispanic	35–36 or Older
Atlanta	69	31	49	47	4	81
Baltimore	58	42	36	61	2	68
Chicago	53	47	8	82	8	79
Denver	68	32	65	7	24	57
Detroit	59	41	7	90	1	85
Los Angeles	73	27	36	10	50	75
Mpls./St. Paul	69	31	58	34	4	55
New York	76	24	19	27	49	78
Phoenix	68	32	NR ⁴			59
St. Louis	62	38	47	51	2	(31) ⁵
San Diego	70	30	51	5	39	60 ⁶
Maine	52	48	96	NR		(18) ⁷
Texas	64	36	37	10	52	44

¹Percentages rounded.

²Chicago and Detroit report FY 2006 data; Atlanta, Los Angeles, and San Diego report first half CY 2006 data; all others report full year CY 2006 data.

³The racial/ethnic distribution varies across CEWG areas.

⁴NR=Not reported by the CEWG representative or reported using different racial/ethnic categories.

⁵St. Louis heroin admissions were somewhat evenly divided, with 38 percent being age 26–34 and 31 percent being younger than 26.

⁶Represents admissions age 36 or older.

⁷Heroin/morphine admissions for clients under age 25 and those 26–34 were 31 and 38 percent, respectively.

SOURCE: June 2007 CEWG reports

Age of Heroin Admissions. In 10 of 14 reporting CEWG areas, more than one-half of the primary heroin admissions in 2006 were 35–36 or older, with the proportion being highest in Detroit (85 percent). In Maine, 81 percent of the heroin/morphine admissions were younger than 35, as were 69 percent of those in St. Louis.

Mortality Data on Heroin

Fourteen CEWG representatives reported the most recent available data on heroin or heroin/morphine deaths. These data were reported for nine CEWG counties, three cities, and five States. The data from Albuquerque/Bernalillo County are for the combined years of 2004–2006, and New York City, San Diego, Washington, DC, and Texas are for 2005; all other data are for 2006. The numbers of deaths involving the presence of heroin or heroin/morphine in decedents in 11 county or city areas are as follows:

- 337 in Philadelphia (includes morphine)
- 231 in Detroit/Wayne County

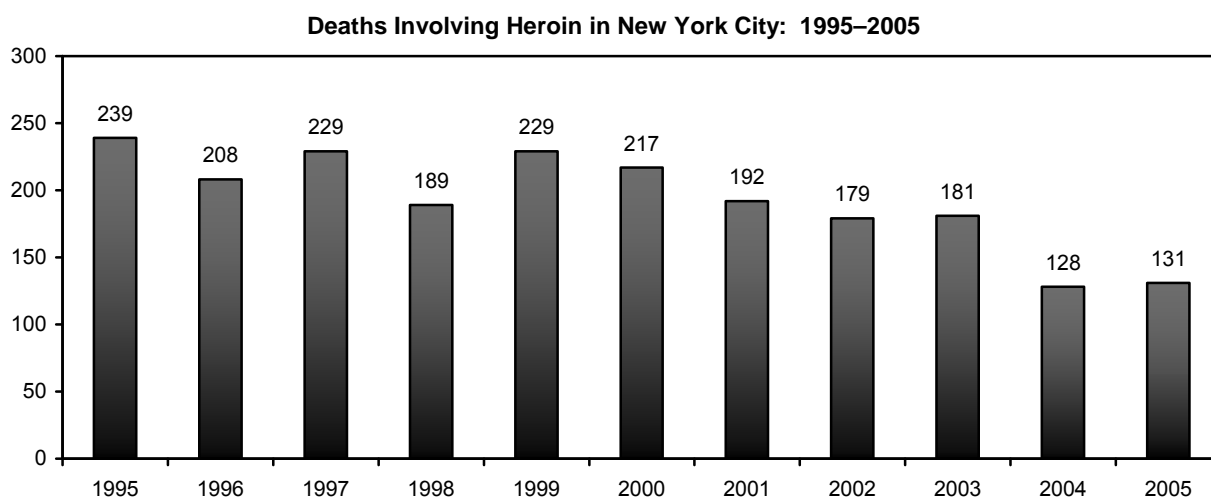
- 131 in New York City (see *Example H-4* below)
- 94 in Washington, DC (heroin/morphine)
- 90 in San Diego County (with a rate of 3.0 per 100,000 population)
- 71 in Seattle/King County (heroin and/or morphine)
- 47 in St. Louis County
- 44 in Honolulu County
- 20 in Miami-Dade County
- 13 in Broward County, Florida
- 10 in Cincinnati/Hamilton County

In Albuquerque/Bernalillo County, the rate of heroin overdose deaths from 2004–2006 was 8.8 per 100,000 persons, higher than the rate in the State of New Mexico overall (5.6).

Data from other States show...

- 446 heroin/morphine mentions in Texas in 2005
- 96 heroin-involved deaths in Florida in 2006
- 37 deaths involving heroin in Colorado in 2006
- 28 estimated heroin/morphine-induced deaths in Maine 2006

Example H-2: Declines were observed in deaths involving heroin in New York City in 2004 and 2005, compared with earlier years.



SOURCE: Bureau of Vital Statistics, New York City Department of Health and Mental Hygiene

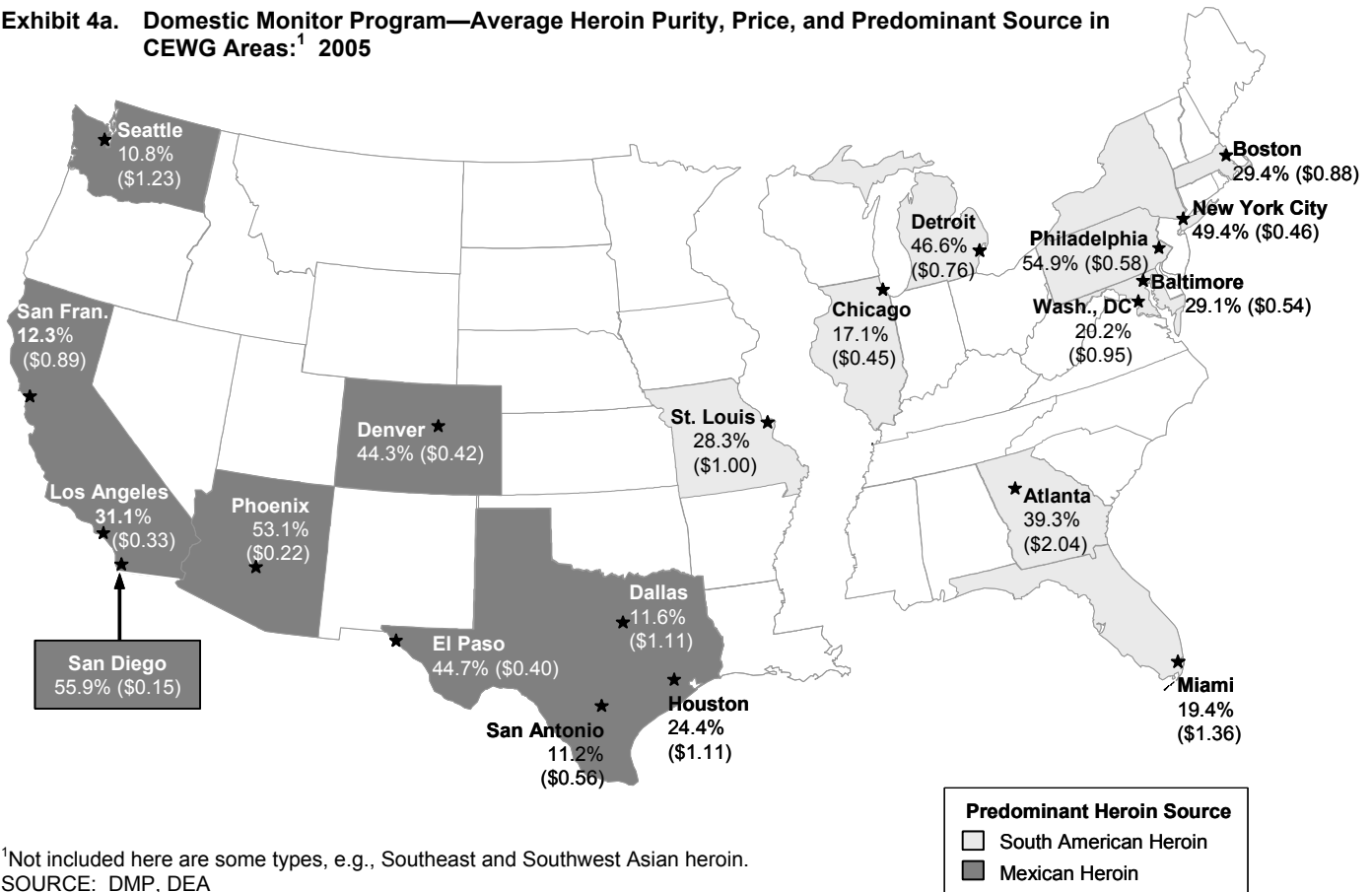
Forensic Lab Data on Heroin

In 14 of the 23 CEWG areas shown earlier in exhibit 2, heroin items accounted for less than 9 percent of the total drug items reported by NFLIS or local/State labs. As a proportion of total drug items, heroin items were higher in Chicago (14.5 percent), Detroit (15.6 percent), and Baltimore (22.8 percent) than in other CEWG areas. In Boston, New York City, and St. Louis, heroin items represented approximately 10–11 percent of all drug items. Heroin items accounted for approximately 9 to 10 percent of all drug items in Washington, DC, Philadelphia, and Maine.

DMP Price and Purity Data on Heroin

The map below depicts the most recent data on the average price per milligram pure and the average percentage of heroin purity across CEWG areas, as reported by the DEA’s Domestic Monitor Program for 2005. The data continue to illustrate the predominance of South American heroin in areas east of the Mississippi River and the predominance of Mexican heroin in areas west of the Mississippi. The one exception in 2005 was St. Louis where South American rather than Mexican heroin emerged for the first time as the predominant form of the drug reported by DMP.

Exhibit 4a. Domestic Monitor Program—Average Heroin Purity, Price, and Predominant Source in CEWG Areas:¹ 2005



¹Not included here are some types, e.g., Southeast and Southwest Asian heroin.
 SOURCE: DMP, DEA

Trend data on the average purity of South American heroin per milligram pure are shown in exhibit 4b for 9 of 10 CEWG areas. Across the 4 years shown, the average purity per

milligram pure was at peak levels in 2003 in three CEWG areas (Atlanta, Baltimore, and Detroit) and in 2002 in another six areas.

Exhibit 4b. Average Percent Purity of South American Heroin in 10 CEWG Areas, Ordered by Highest Purity in 2005: 2002–2005

CEWG Area	2002	2003	2004	2005
Philadelphia	66.3	59.6	51.6	54.9
New York City	61.5	53.5	43.3	49.4
Detroit	45.8	47.9	38.9	46.6
Atlanta	52.4	56.8	40.9	39.3
Boston	50.3	40.3	27.8	29.4
Baltimore	23.6	35.0	27.5	29.1
St. Louis	NR ²	NR	NR	28.3
Wash., DC	20.8	20.0	15.6	20.2
Miami	29.4	25.8	15.7	19.4
Chicago	20.4	16.6	13.8	17.1

¹The “peak year,” based on the 4-year period, was 2002 (6 areas) or 2003 (3 areas).

²NR=Not reported because Mexican heroin was the most dominant form of heroin reported from 2002 to 2004 in St. Louis.

SOURCE: DMP, DEA

Across the nine CEWG areas where 2002–2005 data were reported, the average price per milligram pure for South American heroin tended to be lower the higher the purity of the drug. This occurred, for example, in New York City, Philadelphia, and Miami, where purity levels were high and prices were low in 2002.

In the eight CEWG areas where average purity levels rose from 2004 to 2005, prices of South American heroin decreased in seven, with the largest declines being in Philadelphia, Chicago, and New York City, at 18, 20, and 26 percent, respectively (see exhibit 4c). Prices increased modestly in Boston and Baltimore where purity levels increased from 2004 to 2005.

Exhibit 4c. Average Price of South American Heroin per Milligram Pure in 10 CEWG Areas, Ordered by Lowest Price in 2005: 2002–2005

CEWG Area	2002	2003	2004	2005
Chicago	0.43	0.45	0.56	0.45
New York City	0.36	0.48	0.62	0.46
Baltimore	0.38	0.34	0.50	0.54
Philadelphia	0.42	0.60	0.71	0.58
Detroit	0.80	0.80	0.86	0.76
Boston	1.19	0.73	0.87	0.88
Wash., DC	0.79	0.73	1.06	0.95
Miami	0.61	0.90	1.53	1.36
St. Louis	NR ²	NR	NR	1.47
Atlanta	1.71	1.29	2.30	2.04

¹Percentages rounded.

²NR=Not reported because Mexican heroin was the most dominant form of heroin reported from 2002 to 2004 in St. Louis.

SOURCE: DMP, DEA

Similar data on Mexican black tar heroin are presented in exhibit 4d for another 10 CEWG areas. The data illustrate a somewhat different pattern than that reported for South American heroin over the 4-year period. For Mexican black tar, purity levels per milligram pure rose from 2002 to 2005 in five CEWG areas (Denver, El Paso, Los Angeles, Phoenix, and San Diego), remained relatively unchanged in two (San Francisco and Seattle), decreased in two (Dallas and Houston), and, from 2003 to 2005, increased in San Antonio. The increase in purity of Mexican black tar heroin was particularly striking in Denver, up 26 percentage points.

Exhibit 4d. Average Percent Purity of Mexican Heroin per Milligram Pure in 10 CEWG Areas, Ordered by Highest Purity in 2005: 2002–2005

CEWG Area	2002	2003	2004	2005
San Diego	47.9	44.9	49.7	55.9
Phoenix	48.9	45.3	47.7	53.1
El Paso	40.3	44.7	50.5	44.7
Denver	18.4	18.7	34.4	44.3
Los Angeles	26.5	29.7	31.4	31.1
Houston	28.2	28.2	24.8	23.7
San Fran.	12.1	11.1	11.1	12.3
Dallas	17.2	13.3	16.3	11.6
San Antonio	NR ¹	8.2	6.4	11.2
Seattle	10.5	10.4	10.4	10.8

¹NR=Not reported.

SOURCE: DMP, DEA

The average price per milligram pure of Mexican black tar heroin tended to be lower in areas where purity of the drug was higher, as was the pattern with South American heroin. As shown in exhibit 4e, prices of Mexican heroin decreased from 2002 to 2005 in three of the four areas where purity levels were highest: Denver (62 percent), Phoenix (57 percent), and San Diego (37 percent). Increases in price from 2002 to 2005 were highest three Texas sites: Houston (78 percent), and Dallas and El Paso (each 48 percent); however, a decrease was reported for San Antonio (72 percent from 2003 to 2005).

Exhibit 4e. Average Price per Milligram Pure of Mexican Heroin in 10 CEWG Areas, Ordered by Lowest Price in 2005: 2002–2005

CEWG Area	2002	2003	2004	2005
San Diego	\$0.24	\$0.25	\$0.20	\$0.15
Phoenix	0.51	0.42	0.49	0.22
Los Angeles	0.30	0.34	0.23	0.33
El Paso	0.27	0.40	0.27	0.40
Denver	1.12	0.81	0.46	0.42
San Antonio	NR ¹	1.97	2.24	0.56
San Fran.	0.99	0.98	0.98	0.89
Dallas	0.75	0.98	0.90	1.11
Houston	0.64	0.45	0.44	1.14
Seattle	0.89	1.18	1.18	1.23

¹NR=Not reported.

SOURCE: DMP, DEA

Other Opiates/ Narcotic Analgesics

In 2006, abuse indicators for other opiates/narcotic analgesics (excluding heroin) increased in 8 CEWG areas (Detroit, Miami/Ft. Lauderdale, Minneapolis/St. Paul, Philadelphia, Seattle, Maine, New Mexico, and Texas), remained stable in 13, and were not reported in one (Chicago, with the exception of fentanyl). Treatment admissions for primary abuse of other opiates, as a percentage of total admissions (excluding primary alcohol admissions), ranged between approximately 1 to 9 percent in 13 of 14 reporting CEWG areas and were highest in Maine (42 percent).

Polydrug Abuse Patterns

Five CEWG representatives reported data showing that the abuse of other opiates had an impact on polysubstance abuse patterns in their areas.

BALTIMORE: *Tranquilizer use secondary to primary opiate use was reported by 13 percent of the primary opiate admissions...secondary*

users were demographically similar to primary users—82 versus 84 percent White and 56 versus 52 percent male, respectively. Most reported opiate abuse secondary to heroin injection (31 percent) or intranasal heroin use (23 percent). —Leigh Henderson

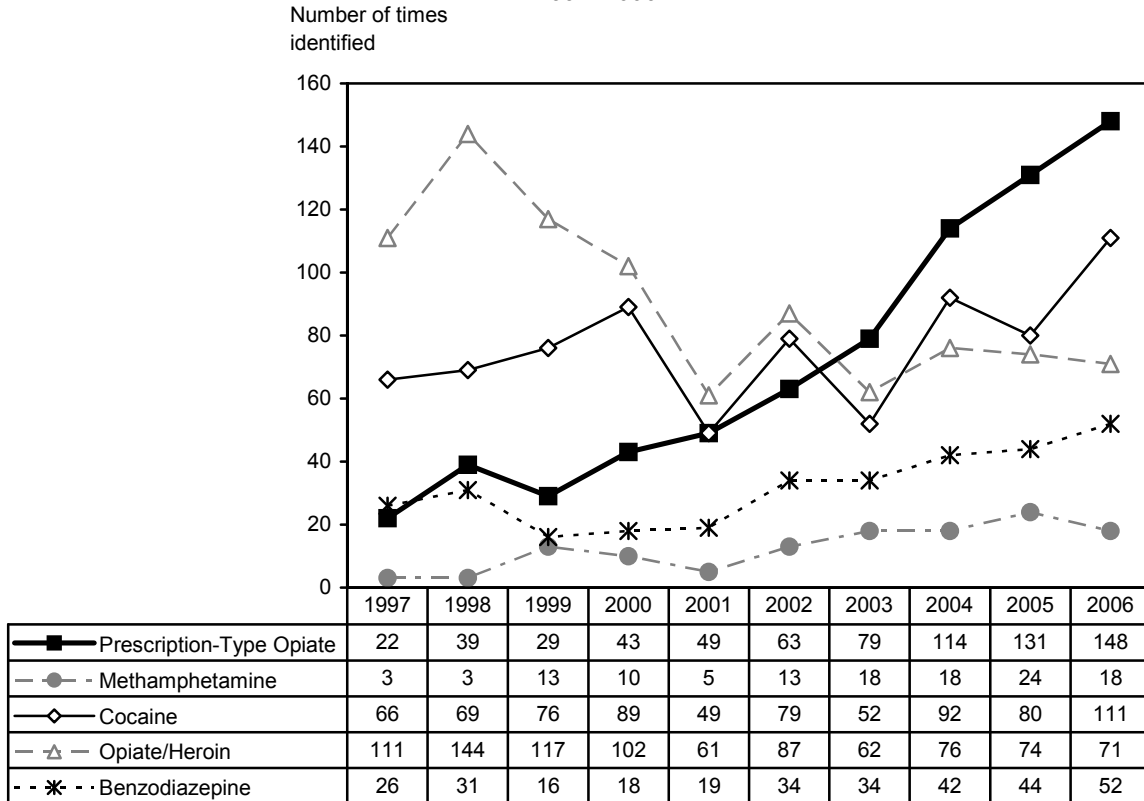
MIAMI/FT. LAUDERDALE: *Polysubstance abuse consequences, fueled by the nonmedical use of pharmaceuticals in combination with illicit drugs and/or alcohol, dominated the drug abuse indicators in Southeast Florida. Approximately 60 percent of the oxycodone-related deaths reported by the Miami-Dade County medical examiner in 2006 involved at least one other drug. —James Hall*

NEW YORK CITY: *The Street Studies Unit reported that OxyContin continues to be used to cut heroin or to boost methadone. —Rozanne Marel*

SEATTLE: *Deaths involving prescription-type opiate drugs continued to increase in King County, reaching 148 in 2006. Of these deaths, 88 percent (n=130) involved multiple drugs. —Caleb Banta-Green (See Example O-1.)*

Example O-1: The detection of prescription-type opiates identified in drug-caused deaths in Seattle/King County, Washington, increased steadily and dramatically from 1997 to 2006.

Drug-Caused Deaths in King County, Washington—Substances Identified: 1997–2006¹



¹The 2006 data are preliminary.
SOURCE: King County Medical Examiner, Public Health Seattle-King County

Fentanyl

fentanyl, and other additives, while other packets did not include heroin. —Samuel Cutler

Fentanyl abuse emerged as a significant problem in several CEWG areas in early- to mid-2006. At the June 2007 CEWG meeting, Chicago, Detroit, and St. Louis indicated some decrease or dissipation of the fentanyl problem...

PHILADELPHIA: Deaths with the presence of fentanyl increased from 215 in 2005 to 337 in 2006. The year 2006, was marked by the lethal effects of fentanyl being included in packets sold as heroin. Some of the packets contained heroin,

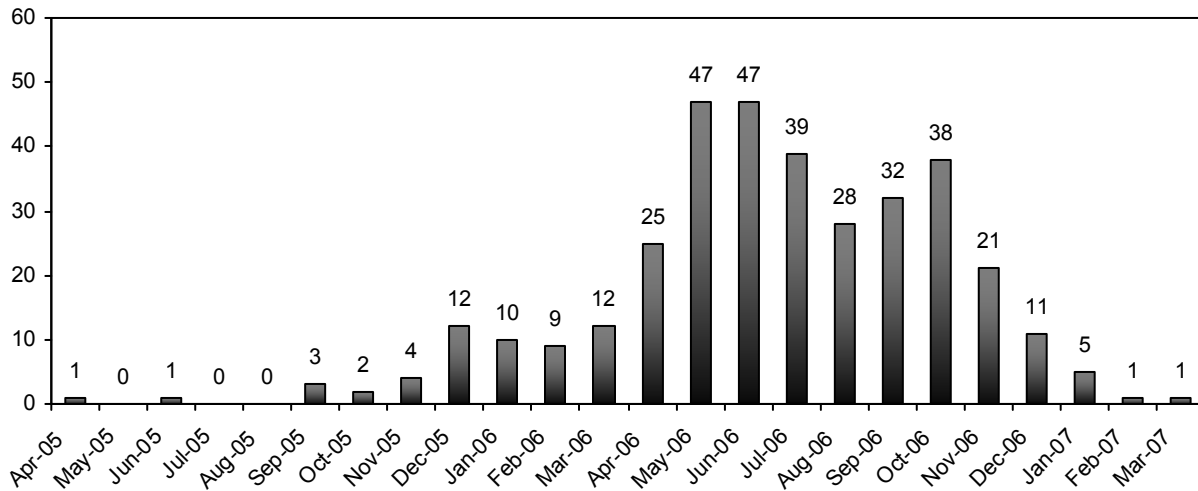
CHICAGO: In light of the outbreak of fentanyl-related deaths in Chicago, the Cook County ME provided mortality data through the end of March 2007. In December 2005, a dramatic increase in the number of deaths related to fentanyl was reported. The epidemic peaked in May and June of 2006, with 47 fentanyl-related deaths occurring in each of these months. By March 2007, the number of fentanyl-related deaths had decreased to pre-epidemic levels. Between April 2005 and March 2007, 349 fentanyl-related deaths were reported in Cook County; 84 percent were male and 59 percent

were African-American. Twenty percent of these deaths occurred outside the city. Many of the cases are thought to be the result of fentanyl

mixed with or sold as heroin, and used in combination with other substances, such as cocaine. —**Wade Ivy** (See Example O-2.)

Example O-2: Fentanyl-related deaths declined in Chicago/Cook County, Illinois.

Nonprescription Fentanyl-Related Poisoning Deaths in Chicago/Cook County, Illinois: April 2005–March 2007



SOURCE: Cook County Medical Examiner

DETROIT: In 2006, the medical examiner reported increases in deaths in which fentanyl was detected in decedents. Fentanyl was detected in 241 decedents, second only to cocaine deaths. The lethal combination of heroin or cocaine and fentanyl, which was reported in Detroit and northern Michigan during the second half of 2005, continued in 2006 with two monthly peaks in the number of such deaths before dissipating. Outreach efforts were implemented to disseminate information to at-risk people on the streets about this new threat, and efforts are underway to implement an overdose prevention approach to opiate abuse. —**Yvonne Anthony**

ST. LOUIS: The fentanyl overdose problem that struck many cities in the spring and summer of 2006 has abated in St. Louis, with only an occasional overdose death noted as of late fall 2006. The coordination of information across

offices, and officials was difficult, and was complicated by the time lag on reporting final drug analysis results. Rapid response in this kind of epidemic will be difficult. The number of deaths in St. Louis City and County was 70; additional outlying county reports are still being reviewed. —**Heidi Israel**

Data on fentanyl were also reported from four other CEWG areas...

CINCINNATI: The Cincinnati Drug and Poison Information Center reported four intentional fentanyl-laced heroin abuse cases in the summer of 2006. In one case in which the individual died, the Hamilton County Coroner’s office confirmed both fentanyl and heroin as the ‘manner of death’ in the decedent. —**Jan Scaglione**

many law enforcement, medical examiner

MINNEAPOLIS/ST. PAUL: In 2006, six Hennepin County and three Ramsey County deaths in 2006 involved fentanyl, and the sale of heroin that also contained fentanyl was reported in St. Paul.

FLORIDA: Across Florida, deaths related to fentanyl increased by 5 percent from 2005 to 2006. In 2006, fentanyl-related deaths totaled 178. Fentanyl was the cause of death in 60 percent of these cases (n=112). —**James Hall**

TEXAS: Of the fentanyl calls to poison control centers in 2006, 89 involved patches, 26 involved lozenges, and 28 were of unknown formulation. —**Jane Maxwell**

Hydrocodone, Oxycodone, and Codeine

Hydrocodone and oxycodone continue to appear most frequently in the indicator data for most CEWG areas. Examples from the June 2007 presentations include...

BROWARD COUNTY: Broward County had 71 oxycodone-related deaths in 2006, 69 percent of which were oxycodone-induced. There were also 22 hydrocodone-related deaths with 4 considered to be a lethal dose. —**James Hall**

CINCINNATI: Qualitative data illustrate that OxyContin continues to lead other opiates in both desirability and availability with regard to diversion of pharmaceutical products to the street. Poison Control Center data showed that hydrocodone and oxycodone pharmaceutical products were more likely to be abused than other opiates/opioids available. —**Jan Scaglione**

DETROIT: In Detroit/Wayne County in 2006, there were 189 deaths involving hydrocodone and 39 involving oxycodone. —**Yvonne Anthony**

LOS ANGELES: Sales increased for oxycodone (84 percent) and hydrocodone (47 percent) between 2001 and 2005, according to ARCOS records for the county. Sales for codeine decreased (28 percent). In terms of total drug amounts (in grams) distributed in Los Angeles, codeine, hydrocodone, and morphine were distributed in the largest amounts, when compared with the grams of other opiates distributed. —**Beth Rutkowski**

MIAMI-DADE COUNTY: Miami-Dade County had 23 oxycodone-related deaths in 2006, 4 of which were oxycodone-induced. There were also 14 hydrocodone-related deaths and 5 were hydrocodone induced. —**James Hall**

PHILADELPHIA: In 2006, deaths with the presence of codeine ranked fourth among the most frequently detected drugs by the medical examiner, peaking over a 13-year period to 191, and up dramatically from 2000 when they totaled 19. Deaths with the presence of oxycodone ranked seventh in the mortality data in 2006 (n=148) and eighth over a 13-year period. Hydrocodone detections in mortality cases have shown some increases in recent years. There were 40 positive toxicology ME reports for hydrocodone in 2003, 51 in 2004, 66 in 2005, and 63 in 2006. Deaths with the presence of hydrocodone ranked 14th among all deaths with positive toxicology reports over a 13-year period. —**Samuel Cutler**

SEATTLE: In 2006, there were 44 oxycodone-caused deaths, with 1 being a single drug death. There were also 18 hydrocodone-caused deaths and all involved polydrug use. —**Caleb Banta-Green**

GEORGIA: In FY 2006, postmortem specimens tested positive for hydrocodone in 137 cases, oxycodone in 100 cases, and codeine in 33 cases. —**Brian Dew**

MAINE: In 2006, there were 29 deaths (17 percent) caused by hydrocodone, oxycodone, or codeine, either alone or in combination; 18 percent of these were caused by oxycodone. —**Marcella Sorg**

Methadone

Several CEWG areas reported on deaths involving methadone.

ALBUQUERQUE: *In Albuquerque/Bernalillo County, the rate of methadone overdose deaths from 2004 to 2006 was 3.3 per 100,000 persons, higher than the rate of 2.2 for the State overall. —Nina Shah*

BROWARD COUNTY: *Broward County, Florida, recorded 62 methadone-related deaths in 2006, of which 58 percent were methadone induced. —James Hall*

CINCINNATI: *Methadone indicators increased across the area, as shown by a 16-percent increase in items analyzed by NFLIS and a 43-percent increase in reported intentional methadone exposures to the Cincinnati Drug and Poison Control Center from the first half to the latter half of 2006... There were 18 recorded cases in 2006 in which methadone was determined to be contributory to death. All were determined to be from accidental exposure/overdose. —Jan Scaglione*

DETROIT: *There were 106 methadone-related deaths in Detroit/Wayne County in 2006, compared with 50 in 2005. —Yvonne Anthony*

HONOLULU: *Toxicology tests showed 27 positive tests for methadone in 2006, up from 21 in 2005 but closer to the 25 reported in 2004. —D. William Wood*

MIAMI-DADE COUNTY: *In 2006, 13 methadone-related deaths were recorded; 11 were considered methadone induced. —James Hall*

PHILADELPHIA: *Deaths with the presence of methadone continued to rise in 2006. There were 139 with the presence of methadone in 2006 compared with 731 in the 13-year period from 1994 to 2006. —Samuel Cutler*

SEATTLE: *In 2006, there were 93 drug-caused deaths in which methadone was present, with 15 being single drug deaths. —Caleb Banta-Green*

WASHINGTON, DC: *In 2005, the Office of the Chief Medical Examiner reported 39 methadone-positive deaths; 18 were considered overdose deaths. Methadone was the most frequently found opiate after morphine in drug-positive deaths. —Erin Artigiani*

GEORGIA: *Statewide in 2006, 153 postmortem specimens tested positive for methadone. —Brian Dew*

MAINE: *Methadone, the majority of times in pill form, dominated the drug-induced deaths in Maine in 2006, causing 50 (30 percent) deaths, 31 of which were caused by methadone alone. An additional 19 deaths were caused by 'multiple drug toxicity' that involved methadone toxicology findings. —Marcella Sorg*

TEXAS: *Deaths with a mention of methadone increased from 30 in 1998 to 164 in 2004 and to 205 in 2005. Poison control cases involving methadone are increasing. Between 1998 and 2006, the total number of calls to poison control centers to identify substances or to seek advice or report abuse or misuse cases that involved methadone pills went from 29 to 729, while the number involving liquid as used in narcotic treatment programs increased from 5 to 13. Calls for unknown formulations increased from 51 to 192, and 40 milligram diskettes used in pain or in some narcotic treatment programs rose from 4 to 53. —Jane Maxwell*

Three CEWG areas reported State survey data on the use of other opiates/opioids among school students...

FLORIDA: *The 2006 Florida Youth Survey on Substance Abuse showed that 1.8 percent of middle and high school students reported past-30-day nonmedical use of prescription pain medication. —James Hall*

WASHINGTON: *According to the 2006 Washington State Healthy Youth Survey, 7.2 percent of 12th graders had used a pain killer (e.g., like Vicodin, OxyContin, or Percocet) in the past 30 days to get high. —Caleb Banta-Green*

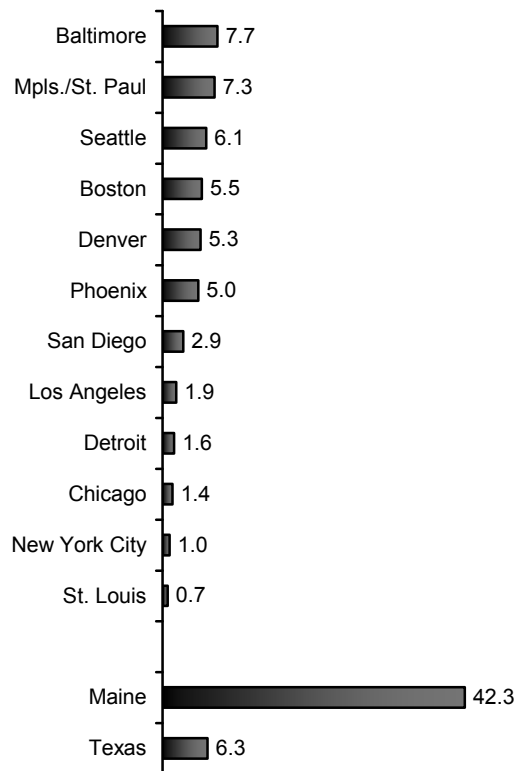
TEXAS: *The 2006 Texas secondary school survey shows that 8 percent of the students had ever used codeine cough syrup to get high and 3 percent used it in the past month. Twelve percent of the 12th graders had used codeine syrup in the past month to get high. —Jane Maxwell*

PATTERNS AND TRENDS IN OTHER OPIATE ABUSE ACROSS CEWG AREAS

Treatment Data on Other Opiates

In the 2006 reporting periods, 14 CEWG areas provided data on treatment admissions for primary abuse of opiates other than heroin. Excluding primary alcohol admissions, this admissions group accounted for more than 42 percent of the primary treatment admissions in Maine and for less than 1 percent of the illicit drug admissions in St. Louis (exhibit 5a). Between these two extremes, the representation of primary admissions for other opiates varied considerably, accounting for between approximately 6 to nearly 8 percent of illicit drug admissions in four CEWG areas, and for around 3 to more than 5 percent of illicit drug admissions in another four CEWG areas. This admissions group represented less than 3 percent of illicit drug admissions in other CEWG areas.

Exhibit 5a. Primary Admissions for Other Opiate Abuse in 14 CEWG Areas, by Percentage of All Admissions (Excluding Primary Alcohol Admissions): FY 2006, CY 2006, or First Half CY 2006¹



¹Boston, Chicago, and Detroit report FY 2006 data; Los Angeles and San Diego report first half 2006 data; all others report full CY 2006 data.
SOURCE: June 2007 CEWG reports

Route of Administration of Other Opiates. Six CEWG areas provided some information on the route of administration of other opiates among primary other opiate admissions in 2006. A small percentage of this client group in all six areas injected the drug: New York City (3 percent), Baltimore and St. Louis (each 5 percent), Phoenix (7 percent), Denver (10 percent), and Chicago (14 percent). Because “oral” is a specific category only in three areas, there is no exact information on this category; however, oral is likely the major route of administration in these CEWG areas. For example, in Denver and Phoenix, respectively, 84 and 88 percent of this admissions group used these drugs orally. In three other areas (Baltimore, St. Louis, and New York City) that did not report a specific “oral” category, between 81

and 94 percent of this admissions group were classified under the “Other/multiple” category, which included “oral.”

Gender of Other Opiate Admissions. Females were more prominent in this admissions group than in any other drug admissions group in eight CEWG areas. Males predominated in five and females in four areas (exhibit 5b). However, the

gender differences were small in all areas except San Diego, New York City, and Maine where 64, 66, and 55 percent, respectively, of the admissions were male. Note that while the number of primary other opiate admissions was small in St. Louis ($n=43$), the demographic patterns in St. Louis were similar to those in the other metropolitan areas.

Exhibit 5b. Demographic Characteristics of Primary Other Opiate Treatment Admissions in 9 CEWG Areas, by Percent¹: FY 2006, CY 2006, or First Half CY 2006²

CEWG Area (n=)	Gender		Race/Ethnicity ³			Age		
	Male	Female	White	African-American	Hispanic	25 and Younger	26–34/35	35–36+
Baltimore (1,997)	52	48	82	15	2	27	26	47
Chicago (788)	48	52	20	67	12	7	20	73
Denver (405)	52	48	86	3	9	12	35	53
New York (593)	66	34	69	10	16	16	20	63
Phoenix (134)	49	51	NR ⁴			16	26	58
San Diego (160)	64	36	91	1	6	29	41 ⁵	30 ⁵
St. Louis (43)	49	51	86	9	0	28	28	44
Maine (2,282)	55	45	94	1	<1	43	33	24
Texas (4,004)	44	56	81	9	9	18	36	46

¹Percentages rounded.

²Chicago reports FY 2006 data and San Diego reports first half CY 2006 data; all others report full-year 2006 data.

³The race/ethnic population distribution varies across CEWG areas.

⁴NR=Not reported by the CEWG representative using the racial/ethnic categories shown.

⁵Represents admissions age 26–35 and 36 and older.

SOURCE: June 2007 CEWG reports

Age of Other Opiate Admissions. In Denver, Phoenix, New York City, and Chicago, a majority of the primary other opiate admissions were age 35 or older (53–73 percent). The 35 and older group also predominated in Baltimore, St. Louis, and Texas. In Maine, the largest proportion of other opiate admissions was younger than 35 (78 percent).

Mortality Data on Other Opiates

Some data on deaths with the presence of opiates were reported for 11 metropolitan or county CEWG areas. Except for Hennepin and Ramsey Counties in Minnesota, the deaths exclude those involving heroin. Note that any

“total” numbers shown may include decedents who had more than one opiate or other drug in their system. For these metropolitan and county areas, Albuquerque/Bernalillo County reported data for 2004–2006 combined, and San Diego and Washington, DC, reported data for 2005; all others reported data for 2006.

- In Broward County, Florida in 2006, there were 71 oxycodone-involved deaths, 62 methadone-involved deaths, 25 with the presence of morphine, 22 with the presence of hydrocodone, and 13 propoxyphene-involved deaths.
- In Cincinnati, there were 105 deaths involving opiates/opioids in 2006, and 18 involving methadone.

- In Detroit in 2006, there were, as noted earlier, 241 deaths involving fentanyl and 106 involving methadone. There were also 189 deaths involving hydrocodone and 39 involving oxycodone.
- In Hennepin and Ramsey Counties, there were 96 deaths involving opiates (including heroin).
- In Honolulu in 2006, 87 decedents tested positive for the presence of an opiate; of the decedents, 27 tested positive for methadone, 25 for oxycodone, and 18 for hydrocodone.
- In Miami-Dade County in 2006, there were 30 morphine-involved deaths, 23 that involved oxycodone, 14 with the presence of hydrocodone, 13 involving methadone, and 7 with the presence of propoxyphene.
- In Philadelphia in 2006, 297 deaths with the presence of fentanyl were reported, as were 191 with the presence of codeine, 148 with the presence of oxycodone, 139 with the presence of methadone, 63 with the presence of hydrocodone, and 36 with the presence of propoxyphene.
- In Seattle/King County in 2006, there were 148 drug-caused deaths in which prescription-type opiates (excluding codeine) were identified; these included 93 deaths involving methadone, 44 involving oxycodone, and 18 involving hydrocodone.
- In Washington, DC, in 2005, there were 39 deaths that were methadone-positive, 24 that were codeine-positive, and 18 that were oxycodone-positive.

In Albuquerque from 2004 to 2006, the rate of overdose deaths from other opiates (excluding methadone) was 5.0 per 100,000 persons, higher than the rate of 4.2 for New Mexico overall.

The data on opiate-related deaths from States are for 2005 in Texas and for 2006 in the other four States.

- Colorado reported 335 deaths involving opiates in 2006 (excluding suicide deaths).
- Florida reported 923 oxycodone-involved deaths in 2006, 731 deaths with the presence of hydrocodone, 716 with the presence of methadone, and 178 with the presence of fentanyl.
- Georgia reported that postmortem specimens testing positive for opiates/opioids in FY 2006 were highest for methadone, 153, followed by hydrocodone at 137, morphine at 108, oxycodone at 100, lidocaine at 58, and codeine at 33.
- Maine reported 77 (46 percent) deaths involving pharmaceutical opiates/opioids. In another 25 (15 percent), the death certificate implicated “mixed” or “multiple” drug toxicity, with narcotic analgesics found in toxicology. Of the 77 opiate-induced deaths, 50 percent were caused by methadone.
- Texas reported 201 deaths with a mention of methadone in 2005, 62 with a mention of oxycodone, 30 with a mention of fentanyl, and 269 with a mention of hydrocodone.

Forensic Lab Data on Other Opiates

Of the narcotic analgesic/opiate items identified by forensic laboratories across CEWG areas in 2006, oxycodone and hydrocodone were the two most frequently reported in most areas, but generally accounted for less than 1 percent of all drug items reported in each area.

Methamphetamine

For the first time in several years, there was a halt in the escalation of methamphetamine indicators in western CEWG areas. Methamphetamine abuse indicators decreased in 4 CEWG areas where indicators have been high (Denver, Honolulu, Minneapolis/St. Paul, and San Francisco) and remained stable in most other CEWG areas. The proportions of treatment admissions for methamphetamine abuse remained especially high in Hawaii and San Diego, at approximately 54 and 49 percent of illicit drug admissions, respectively; they were also high in Seattle, Denver, Los Angeles, and Phoenix, ranging from 18 percent in Seattle to 42 percent in Phoenix (excluding alcohol). The largest proportion of methamphetamine items analyzed by forensic labs were reported in Honolulu and Minneapolis (55 and 38 percent, respectively), and they accounted for between 25 and 31 percent of all drug items in Atlanta, Seattle, Los Angeles, Phoenix, and San Diego.

Reports from areas in which methamphetamine indicators decreased...

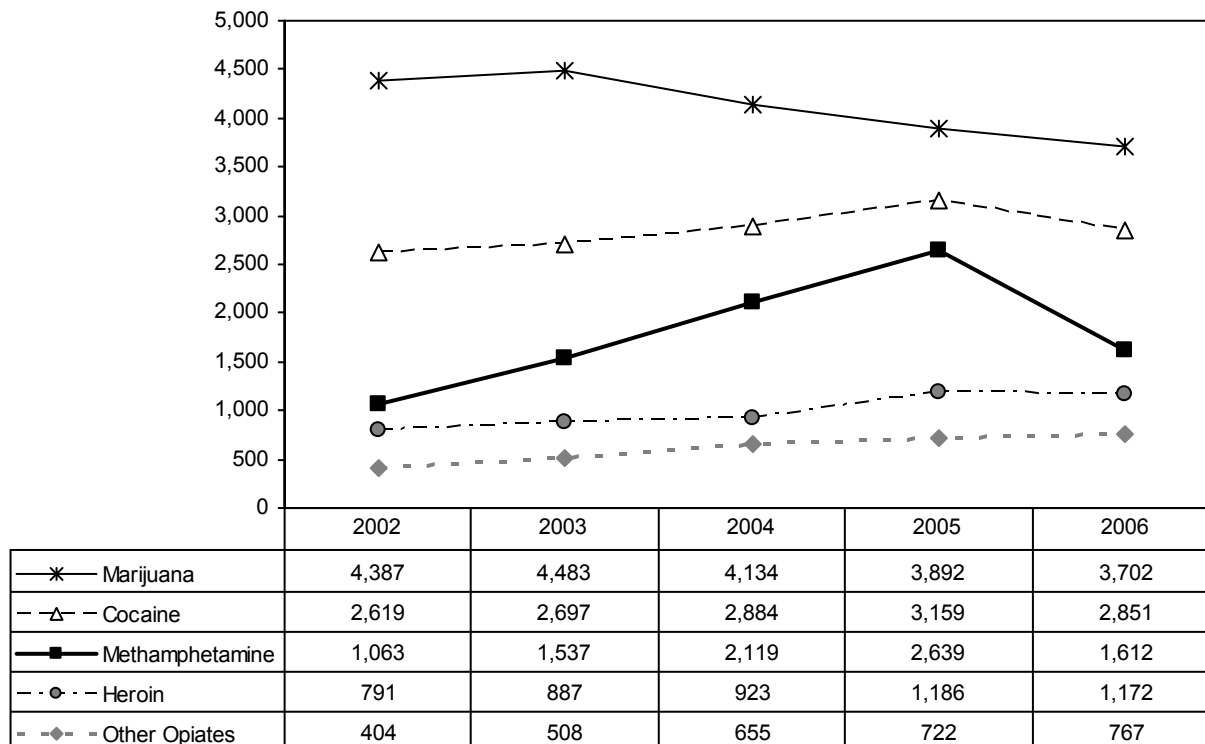
DENVER: *All methamphetamine indicators declined in 2006, except for amounts seized. Treatment admissions declined for the second time in several years, comprising approximately 21 percent of all admissions (excluding alcohol) in 2005 and 2006. —Tamara Hoxworth*

HONOLULU: *From 2005 to 2006, important changes occurred with respect to illicit drug use in Honolulu. There was a 3-percent decrease in Honolulu police department methamphetamine-related arrests; a 3-percent decrease in primary methamphetamine treatment admissions; and a 24-percent decrease in decedents with a positive screen for methamphetamine. The decline was especially high among adolescent treatment admissions. —D. William Wood*

MINNEAPOLIS/ST PAUL: The CEWG representative reported that the consequences related to methamphetamine abuse and addiction showed significant signs of decline in 2006. Eight percent of the treatment admissions in 2006 reported primary methamphetamine abuse compared with 12 percent in 2005. (See *Example MA-1.*)

Example MA-1: A substantial decline in methamphetamine admissions was reported in Minneapolis/St. Paul in 2006.

Number of Admissions to Addiction Treatment Programs in Minneapolis/St. Paul, by Primary Substance Problem (Excluding Alcohol): 2002–2006

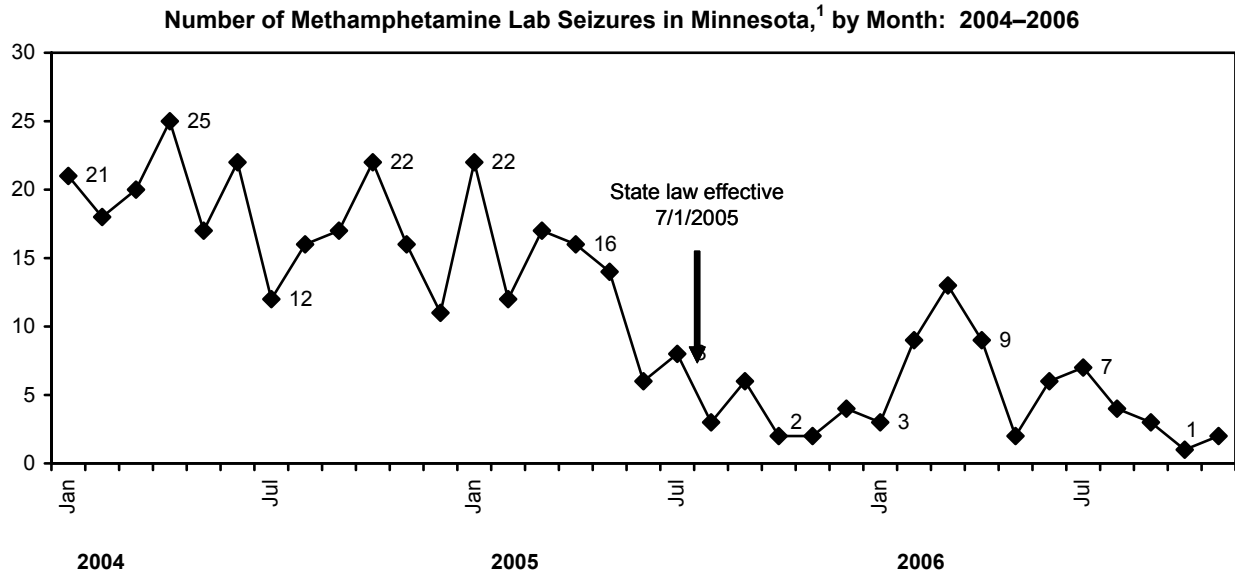


SOURCE: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Performance Measurement and Quality Improvement Division, Minnesota Department of Human Services, 2007

SAN FRANCISCO: The CEWG representative reported that the prevalence of use appears to

have eased off after steep rises until 2004 or 2005, especially among gay men.

Example MA-2: Shown below is the downward trend in methamphetamine laboratory seizures in Minnesota before and after implementation of a State law restricting pseudoephedrine retail sales.



¹Effective July 1, 2005, a Minnesota State law restricting retail sales of products containing pseudoephedrine was enacted.
SOURCE: U.S. Drug Enforcement Administration

Several CEWG areas reported an increase in the availability and use of “ice” (high purity methamphetamine in the form of large crystals), which is more likely to be smoked than methamphetamine produced by clandestine laboratories...

ATLANTA: The increased availability of crystal methamphetamine led to an 11 percent increase in treatment admissions in FY 2005 and the first half of 2006 who preferred to smoke the drug. In metropolitan Atlanta, 62 percent of the methamphetamine treatment admissions in the first half of 2006 had smoked the drug, compared with 56 percent in all of 2005. —**Brian Dew**

CHICAGO: In 2006, there were more reports from street sources of the availability of ‘ice’ methamphetamine than in past years, which is associated with the increase in the percentage of methamphetamine treatment admissions who smoked the drug as their primary route of administration. —**Wade Ivy**

DENVER: Local law enforcement sources reported increased methamphetamine purity levels and prices. As reported in the State, the overall proportion of methamphetamine treatment admissions who smoked the drug increased from 36 percent in 2000 to 65 percent in 2006. —**Tamara Hoxworth**

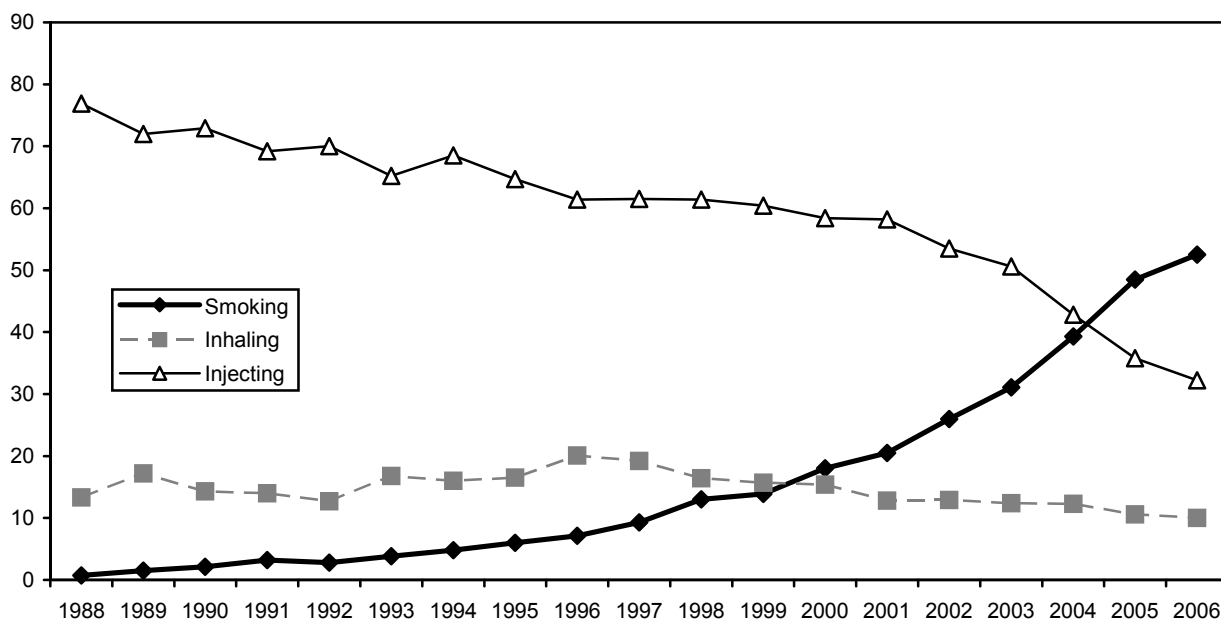
MIAMI /FT. LAUDERDALE: Criminal cases are rising as high potency Mexican ‘ice’ is being trafficked into Florida. —**James Hall**

NEW MEXICO: Although clandestine lab incidents in New Mexico have dropped (59 in 2005 to 6 in 2006), seizures of Mexican ‘ice’ have increased at the border and along highway stops. —**Nina Shah**

TEXAS: In Texas, the methamphetamine abuse problem is expected to worsen because of the increased importation of very pure methamphetamine and ‘ice’ from Mexico. Smoking is currently the major route of administration for persons entering treatment for primary methamphetamine abuse. —**Jane Maxwell** (See Example MA-3.)

Example MA-3: Smoking of methamphetamine among treatment admissions in Texas has increased as 'ice' becomes more available.

Routes of Administration of Methamphetamine of Clients in Texas Programs, by Percent: 1988–2006



SOURCE: Texas Department of State Health Services

In 2006, some changes in the demographic characteristics of methamphetamine abusers were reported. Among treatment admissions, females continued to represent a higher percentage of the methamphetamine admissions than did females in admissions for other illicit drugs of abuse. While Whites tended to dominate in methamphetamine indicators in CEWG areas, increases of methamphetamine abuse among African-Americans and Hispanics were reported for 2006 compared with previous years.

Gender

- In Atlanta, females comprised 70 percent of the primary methamphetamine admissions in the first half of 2006; in six other areas

reporting gender data, females represented between 35 and 50 percent of the primary methamphetamine admissions.

Race/Ethnicity

While African-Americans account for only small proportions of primary methamphetamine admissions in reporting CEWG areas (1–6 percent), two areas reported that the use of methamphetamine among African-Americans increased...

- **ATLANTA:** Although 93 percent of the 2006 methamphetamine treatment admissions were White, HIDTA investigators reported an increase in African-Americans using methamphetamine in Atlanta. Ethnographic data from Atlanta area drug research studies of methamphetamine users support this trend. —**Brian Dew**

- **CHICAGO:** *In FY 2006, equal proportions of Whites and African-Americans sought treatment for methamphetamine abuse in 2006. —Wade Ivy*

Increased use of methamphetamine by Hispanics was reported in particular data sources in the following areas:

- **DENVER:** *In 2006 compared with 2000, the proportion of Hispanic methamphetamine treatment admissions rose from 7 to 13 percent in Denver. —Tamara Hoxworth*
- **LOS ANGELES:** *In the period from 2000 to 2005, a shift occurred and primary methamphetamine admissions became more dominated by Hispanics, with substantially fewer admissions for Whites. In the second half of 2005 and first half of 2006, Hispanics represented approximately 54 percent of methamphetamine admissions. —Beth Rutkowski*
- **NEW MEXICO:** *The proportion of Hispanics among methamphetamine-caused deaths has been growing. —Nina Shah*

Findings from school surveys, including questions on methamphetamine use, were reported from six CEWG areas.

Past 30-Day-Use

SEATTLE: *A survey of 12th graders showed higher levels of nonprescribed Ritalin (4.1 percent) than use of methamphetamine (1.9 percent) in the past 30 days. —Caleb Banta-Green*

NEW MEXICO: *The YRRS 2005 data showed that 4.6 percent of New Mexico students reported current (past-30-day) methamphetamine use. —Nina Shah*

Past-Year or Lifetime Use

CHICAGO: *According to the 2006 Illinois Youth Survey, past-year use of methamphetamine among 8th, 10th, and 12th graders*

decreased in Cook County from 1.1 percent in 2004 to 0.3 percent in 2006. —Wade Ivy

LOS ANGELES: *Weighted California Healthy Kids Survey data for the 2004–2006 school years show that 6.8 percent of all Los Angeles County secondary school students (7th, 9th, and 11th graders and a small sample of nontraditional students) who responded to the survey had ever used methamphetamine, and 2.8 percent were current (used in past 30 days) methamphetamine users. —Beth Rutkowski*

PHOENIX: *In 2006, 6.1 percent of Maricopa County students in grade 12 reported ever using methamphetamine, compared with 9.5 in 2002 who responded to a similar question about use of the drug. In 2006, 4.1 percent of the students in grade 10 reported lifetime use of methamphetamine, compared with 7.1 percent in 2002. Among 8th graders, 2.3 percent reported ever using methamphetamine in 2006, compared with 2.9 percent in 2003. —James Cunningham*

WASHINGTON, DC: *The results of the 2005 YRBS indicate a very low level of methamphetamine use in DC. The percentage of public school students in grades 9–12 reporting lifetime methamphetamine use decreased from 5.7 percent in 2003 to 2.0 percent in 2005. —Erin Artigiani*

PATTERNS AND TRENDS IN METHAMPHETAMINE ABUSE ACROSS CEWG AREAS

Treatment Data on Methamphetamine

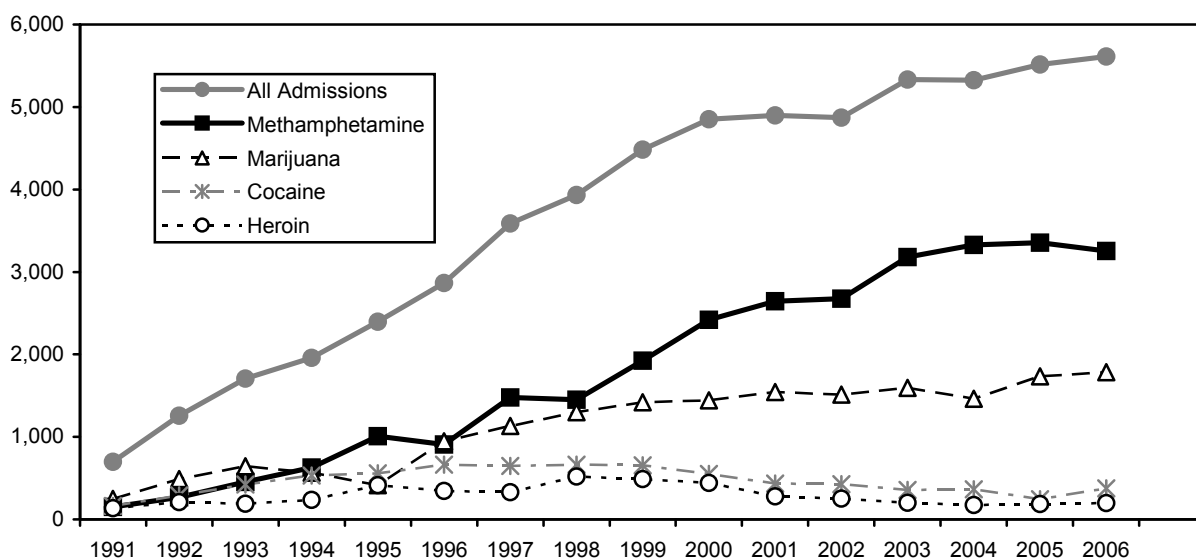
Specific data on primary methamphetamine treatment admissions in 2006 were reported for 15 CEWG areas. Six, all east of the Mississippi River, reported that less than 1 percent of admissions (excluding alcohol) were for primary methamphetamine abuse. The other nine are represented in the trend data in exhibit 6a.

In 2006, more than one-half of illicit drug admissions in Hawaii were for primary methamphetamine abuse, a fairly stable trend from 2003 to 2006, as shown in *Example MA-4*. In 2006, primary methamphetamine admissions also accounted for nearly one-half of the illicit drug admissions in San Diego, up nearly 4 percentage points from 2003, but relatively unchanged from 2005. While a sharp decline occurred over the 2-year reporting period in Phoenix, primary methamphetamine admissions accounted for the largest group of admissions (excluding alcohol) in 2006, at 42.4 percent. In

Denver and Seattle, the proportions of primary methamphetamine admissions rose more than 4 percentage points from 2003 to 2006, but remained relatively unchanged from 2005 to 2006, at approximately 21 and 18 percent of the illicit drug admissions, respectively. Of the 9 CEWG areas shown in exhibit 6a, St. Louis continued to have the lowest proportion of primary methamphetamine admissions (excluding alcohol), showing a somewhat consistent pattern of decline over the 4-year period.

Example MA-4: Methamphetamine treatment admissions have trended upward in Hawaii, but decreased slightly from 2005 to 2006.

Number of Treatment Admissions for Selected Drugs in Hawaii: 1991–2006



SOURCE: Hawaii State Department of Health, Alcohol and Drug Abuse Division

Exhibit 6a. Primary Methamphetamine Treatment Admissions in 9 CEWG Areas, by Percentage of All Admissions (Excluding Primary Alcohol Admissions): 2003–FY 2006, CY 2006, or First Half 2006¹

CEWG Area	2003	2004	2005	2006
Atlanta	6.9	11.3	15.5	11.4
Denver	16.8	17.6	20.7	21.4
Los Angeles	23.0	26.7	31.4	31.0
Mpls./St. Paul	14.8	19.6	22.1	15.4
Phoenix	NR ²	NR	48.8	42.4
St. Louis	5.9	6.5	5.7	4.0
San Diego	45.2	44.6	50.2	49.0
Seattle	13.1	15.2	16.9	17.6
Hawaii	56.3	57.3	56.3	54.3

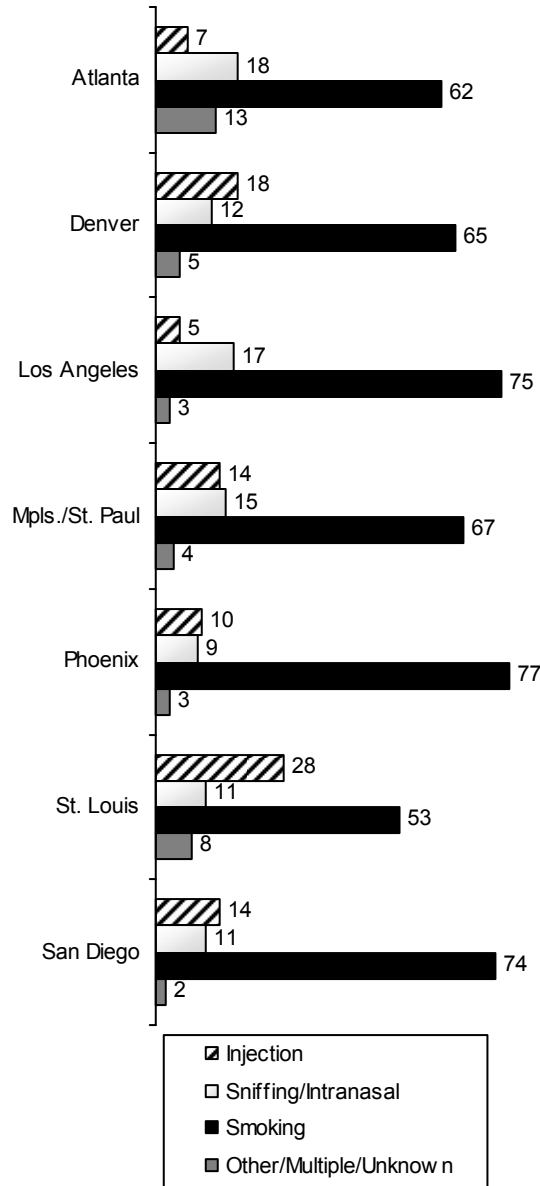
¹Atlanta, Los Angeles, and San Diego report first half of CY2006 data; all others report full year CY 2006 data.
²NR=Not reported by the CEWG representative.
 SOURCE: June 2007 CEWG reports

In both San Francisco and Texas, which do not separate methamphetamine from other stimulants, approximately 16 percent of the illicit drug admissions in 2006 were for primary stimulant abuse.

Route of Administration of Methamphetamine.

In the seven CEWG areas represented in exhibit 6b, smoking was the most common mode of administering methamphetamine among primary methamphetamine admissions, ranging from 53 percent in St. Louis to 77 percent in Phoenix. St. Louis reported the largest proportion of methamphetamine admissions who injected the drug (28 percent).

Exhibit 6b. Major Routes of Administration of Methamphetamine Among Treatment Admissions in 7 CEWG Areas, by Percent¹: FY 2006, CY 2006, or First Half 2006²



¹Percentages rounded.
²Atlanta, Los Angeles, and San Diego report first half of CY2006 data; all others report full year CY 2006 data.
 SOURCE: June 2007 CEWG reports

In Texas, 32 percent of the primary amphetamine/methamphetamine admissions in 2006 injected methamphetamine, 1 percent inhaled the drug, 53 percent smoked it, and 5 percent reported oral use.

primary methamphetamine admissions, females predominated only in Atlanta (70 percent), although the gender split was equal in Phoenix. The largest proportion of male methamphetamine admissions was in Minneapolis/St. Paul, at 65 percent.

Gender of Methamphetamine Admissions. In seven CEWG areas reporting on the gender of

Exhibit 6c. Demographic Characteristics of Primary Methamphetamine Admissions in 7 CEWG Areas, by Percent¹: FY 2006, CY 2006, or First Half 2006²

CEWG Area	Gender		Race/Ethnicity ³			Age	
	Male	Female	White	Afr.-Amer.	Hispanic	≤34–35	35–36+
Atlanta	30	70	93	4	2	19	81
Denver	55	45	82	1	13	67	33
Los Angeles	59	41	36	4	54	71	29
Mpls./St. Paul	65	35	89	1	3	71	29
Phoenix	50	50	NR ⁴			59	41
St. Louis	53	47	98	<1	1	60	40
San Diego	54	46	54	6	32	59 ⁵	41 ⁵

¹Percentages rounded.

²Atlanta, Los Angeles, and San Diego report first half of CY2006 data; all others report full year CY 2006 data.

³The racial/ethnic population distribution varies by CEWG areas.

⁴NR=Not reported by the racial/ethnic categories shown in this exhibit.

⁵Represents admissions younger than 35 and those 36 and older.

SOURCE: June 2007 CEWG reports

In Texas, 53 percent of the amphetamine/methamphetamine admissions in 2006 were female, 44 percent were male; 86 percent were White, 11 percent were Hispanic, and 1 percent were African-American.

Albuquerque/Bernalillo County are for the combined years of 2004–2006; Washington, DC, reported for 2005; all others reported 2006 data...

Age of Methamphetamine Admissions. In Atlanta, the majority of methamphetamine admissions were 35 or older (81 percent), while from 59 to 71 percent of these admissions were 34 or younger in the other six CEWG areas (*see exhibit 6c*).

- 57 in Honolulu, based on toxicology tests
- 20 in Philadelphia
- 18 in Seattle/King County
- 14 in Hennepin and Ramsey Counties (MN)
- 11 in Detroit/Wayne County
- 7 Washington, DC

Mortality Data on Methamphetamine

Eight CEWG metropolitan/county areas provided information on deaths with the presence of methamphetamine. The data for

In Albuquerque/Bernalillo County in 2004–2006, the rate for methamphetamine overdose deaths was 1.5 per 100,000 persons, the same rate as the State overall.

Methamphetamine-related mortality data were also reported for three States. The Texas data are for 2005; the other two States report 2006 data...

- 177 mentions in Texas
- 115 in Florida
- 85 in Georgia (positive methamphetamine specimens)

In Colorado in 2006, 42 deaths were reported for the category of “amphetamines.”

Forensic Lab Data on Methamphetamine

In the 2006 forensic lab data for CEWG areas, shown earlier on the map in exhibit 2, methamphetamine was the drug found most frequently in Honolulu (51.1 percent of the total drug items) and Minneapolis/St. Paul (37.9 percent). Items containing methamphetamine were next highest in Seattle (24.8 percent), Atlanta (25.5 percent), and Los Angeles (26.3 percent). Methamphetamine items were nearly equal to marijuana items in Phoenix and Texas. In 12 of the areas depicted in the map, 2 percent or less of the total drug items contained methamphetamine; 11 were in areas east of the Mississippi River.

Marijuana

In 2006, marijuana abuse indicators remained high in all CEWG areas, decreasing in three (Cincinnati, Denver, and Maine) and increasing slightly in one (Atlanta). Primary marijuana treatment admissions exceeded those for other illicit drug admissions groups in Denver and Minneapolis/St. Paul. Marijuana accounted for the highest percentage of drug items tested by forensic labs in Boston and Chicago.

Decreases in the marijuana abuse indicators were reported in two CEWG areas...

DENVER: *In 2006, all marijuana abuse indicators decreased. There has been a gradual decline in treatment admissions since 2004. There have also been declines in marijuana hospital discharge reports, calls to the Rocky Mountain Poison and Drug Center, and in marijuana seizures. Despite a decrease in most marijuana abuse indicators, marijuana continued to account for the highest numbers of treatment admissions (excluding alcohol) in the Denver area and statewide. —Tamara Hoxworth*

CINCINNATI: *Marijuana abuse indicators decreased slightly but remained high in the Cincinnati area. —Jan Scaglione*

An increase in marijuana indicators was reported in...

ATLANTA: *Most marijuana abuse indicators show an upward trend in Atlanta. Ethnographic studies consistently confirm that marijuana is the most commonly abused drug in the metropolitan area. —Brian Dew*

Court referrals continued to be a major referral source for marijuana abusers referred to substance abuse treatment programs in most CEWG areas. For example...

BALTIMORE: *Criminal justice referrals continued to constitute the majority of marijuana treatment admissions—61 percent in 2006. —Leigh Henderson*

ST. LOUIS: The CEWG representative reported that almost two-thirds of the 2006 marijuana treatment admissions were referred by the courts.

HAWAII: *Statewide, marijuana treatment admissions for 2006 again rose to a new high since 1991. There were a total of 1,783 primary marijuana admissions in 2006, slightly more than in 2005 when they accounted for*

approximately 29 and 30 percent of illicit drug admissions, respectively. The marijuana abusers entering treatment in 2006 tended to be younger and more likely to be referred by the courts and schools than admissions for other drugs of abuse. —**D. William Wood**

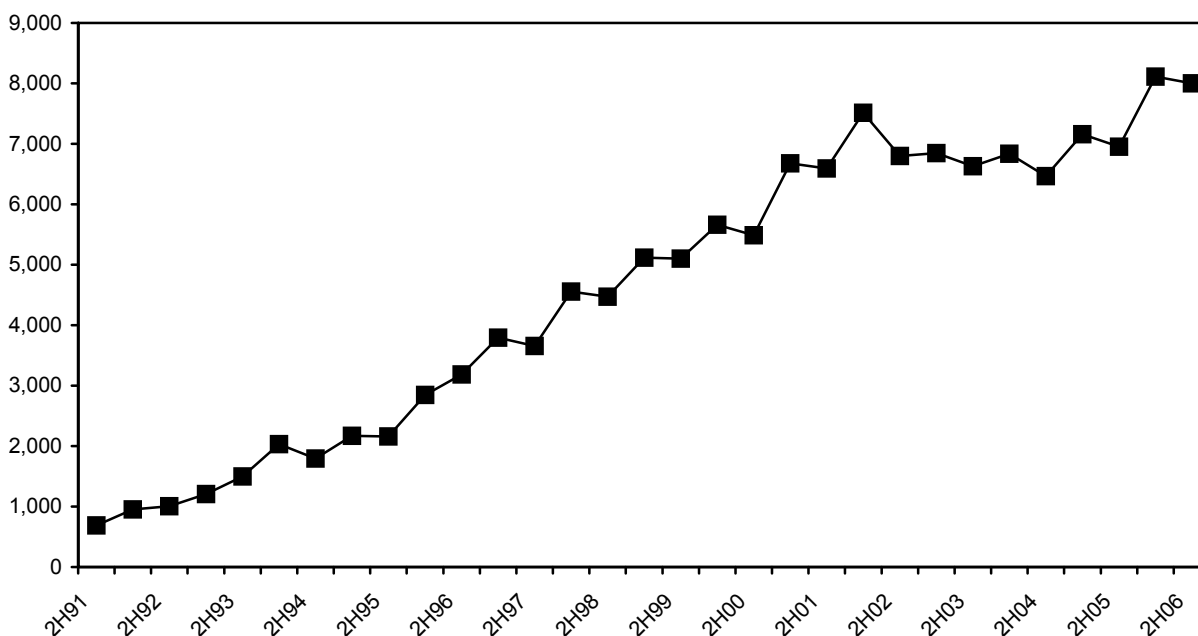
TEXAS: Seventy-nine percent of the marijuana treatment admissions had legal problems or had been referred from the criminal justice system. These clients were less frequent users of marijuana than those who came into treatment for other reasons. They reported fewer days of problems in the month prior to admission, as

measured on the Addiction Severity Index. —**Jane Maxwell**

In 2006, relatively high proportions of treatment slots were occupied by marijuana abusers in most CEWG areas. Excluding primary alcohol admissions, the highest proportions of marijuana treatment admissions, compared with all 2006 illicit drug admissions groups, were reported in Denver (36.9 percent), Minneapolis/St. Paul (35.5), Atlanta (30.9), Hawaii (29.6), Texas (28.7) New York City (27.8), and St Louis (27.5).

Example M-1: Primary marijuana admissions in New York City showed an upward trend since 2004.

Primary Marijuana Treatment Admissions in New York City: 1991–2006



SOURCE: New York State Office of Alcoholism and Substance Abuse Services

Even in CEWG areas where marijuana abuse indicators remained stable, there was concern about the extent to which this drug was available and used; for example...

CHICAGO: Marijuana continues to be the most widely available and used illicit drug in Chicago —**Wade Ivy**

MIAMI: Marijuana is abused by more people in Miami-Dade County, particularly youth, than any other illicit drug. —**James Hall**

NEW YORK CITY: *According to the Street Studies Unit, marijuana continues to be exceedingly available and in high demand. There is currently a tendency by drug users, regardless of primary drug, to mix and combine multiple drugs for simultaneous use, and marijuana in a blunt cigar often serves as the base to which other drugs are added.*
—**Rozanne Marel**

NEW MEXICO: *Marijuana is the most prevalent drug in New Mexico and the most frequently seized substance.* —**Nina Shah**

Representatives of several CEWG areas cited marijuana data reported in recent school surveys...

MIAMI: *The 2006 Florida Youth Survey on Substance Abuse reported that 16 percent of high school students had used marijuana at least one time in the past 30 days. In Miami-Dade County, 9.4 percent of middle and high school students reported past-30-day marijuana use.*
—**James Hall**

PHOENIX/MARICOPA COUNTY, ARIZONA: *Based on the Maricopa County High School survey conducted in 2006, 41 percent of the 12th graders had ever (lifetime) used marijuana, compared with 43 percent in 2004.* —**James Cunningham**

SEATTLE: *According to the 2006 Washington State Healthy Youth Survey, marijuana remains*

the most common illegal drug reported by high school seniors, with approximately 20 percent reporting ever using it in the past month. Some 6.4 percent reported using the drug for 10 days or more in the past month. —**Caleb Banta-Green**

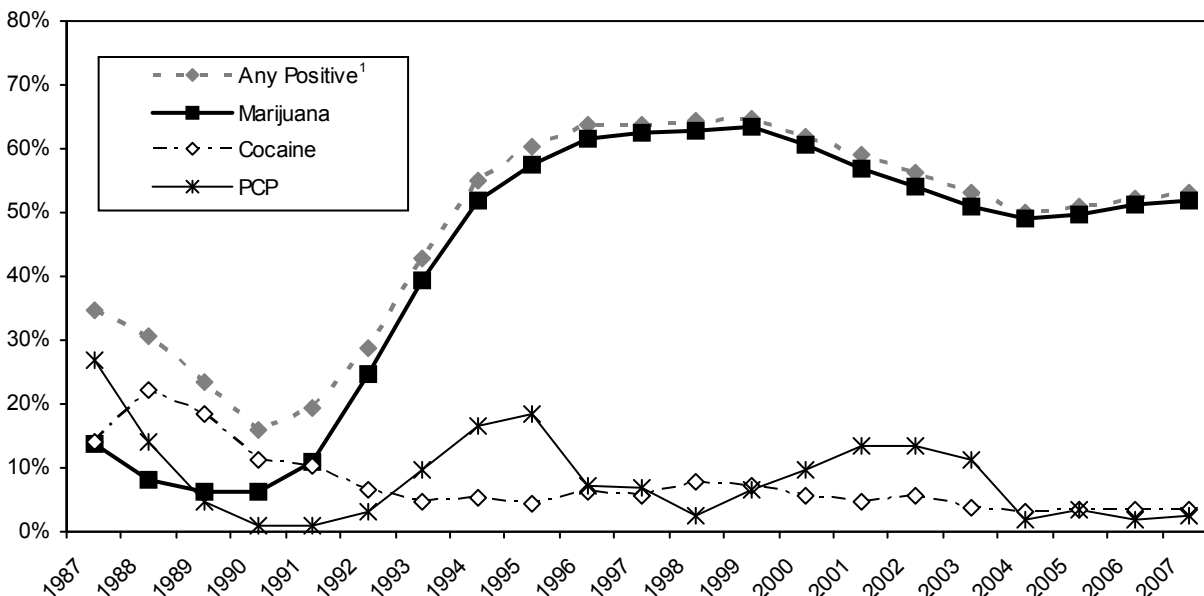
WASHINGTON, DC: *The results of the 2005 YRBS show a decrease in marijuana use by youth. The percentage of public school students in grades 9–12 reporting lifetime and past-month use decreased, respectively, from 41.7 percent and 23.5 percent in 2003 to 27.2 and 14.5 percent in 2005.* —**Erin Artigiani**

NEW MEXICO: *According to the 2005 YRRS student survey, 26.2 percent of New Mexico students reported current (past-30-day) marijuana use, higher than the 20.2 percent reported nationally.* —**Nina Shah**

TEXAS: *Based on the 2006 Texas School Survey of Substance Use, 26 percent of the secondary students (grades 7–12), had ever tried marijuana, and 11 percent had used in the past month. The 2005 YRBS reported that 42 percent of Texas high school students in grades 9–12 had ever smoked marijuana, and 22 percent had used it in the past month. The 2005 Texas college survey showed that 37 percent of college students had ever used marijuana, and 11 percent had used in the past month.* —**Jane Maxwell**

Example M-2: The proportion of juvenile arrestees testing positive for marijuana in Washington, DC, continued to be high and increased slightly between 2004 and the first quarter of 2007.

Percentage of Washington, DC, Juvenile Arrestees Testing Positive for Any Drug, Marijuana, Cocaine, and PCP: 1987–2007



¹Any Positive includes opiates from 1987 through mid-1994 (<1 percent); 2007 includes January–April.
SOURCE: Adapted by the Center for Substance Abuse Research from data provided by the District of Columbia Pretrial Services Agency

PATTERNS AND TRENDS IN MARIJUANA ABUSE ACROSS CEWG AREAS

Treatment Data on Marijuana

In 2006, marijuana was the most frequently reported illicit drug of abuse among treatment admissions in Denver and Minneapolis/St. Paul, accounting for more than one-third of total admissions excluding primary alcohol admissions (exhibit 7a). In Denver, this admissions group increased nearly 7 percentage points from 2003 to 2006. In Minneapolis/St. Paul, the proportion of this admissions group declined 9.5 percentage points from 2003 to 2006, with a modest rebound from 2005 to 2006.

In another seven CEWG areas, the proportions of primary marijuana admissions (excluding

primary alcohol admissions) ranged from approximately 22 percent (Maine) to 31 percent (Atlanta). As shown in exhibit 7a, there were substantial declines in three of seven areas from 2003 to 2006—nearly 7 percentage points in St. Louis, 9 percentage points in Seattle, and 12 percentage points in Maine, with no signs of increases in the three areas between 2005 and 2006. The only notable increases in this group of CEWG areas between 2003 and 2006 occurred in Atlanta and New York City (both approximately 4 percentage points) and both showed modest increases between 2005 and 2006.

In still another eight CEWG areas in 2006, the proportions of primary marijuana admissions (excluding primary alcohol admissions) ranged from approximately 11 percent (San Francisco) to 20 percent (Los Angeles). Changes from 2003 to 2006 were relatively modest in six of the areas. However, substantial increases were reported in Detroit from 2003 to 2006 (5.5 percentage points) and from 2005 to 2006 (3.6 percentage points), while a substantial decline

occurred in San Diego from 2003 to 2006 (7 percentage points), with only a small increase from 2005 to 2006. Boston continued to report

the smallest proportion of primary marijuana admissions, 4.2 percent in 2006, down slightly from 2003.

Exhibit 7a. Primary Marijuana Treatment Admissions in 17 CEWG Areas, by Percentage of All Admissions (Excluding Primary Alcohol Admissions): 2003–FY 2006, CY 2006, or First Half of CY 2006¹

CEWG Area/State	2003	2004	2005	2006
Atlanta	27.0	28.8	27.7	30.9
Baltimore	17.0	16.2	15.8	18.3
Boston	6.7	6.6	5.0	4.2
Chicago	NR ²	16.4	14.7	16.1
Denver	30.2	38.6	37.0	36.9
Detroit	13.5	13.5	15.4	19.0
Los Angeles	16.3	17.0	18.7	19.7
Mpls./St. Paul	45.0	39.1	32.6	35.5
New York	24.2	23.5	25.3	27.8
Phoenix	NR	NR	16.0	18.6
St. Louis	34.4	35.1	29.0	27.5
San Diego	23.6	20.2	15.4	16.6
San Francisco	13.2	11.2	9.4	10.7
Seattle	32.9	28.2	25.2	24.4
Hawaii	28.2	25.2	29.2	29.6
Maine	33.5	30.5	25.6	21.7
Texas	26.5	26.4	27.1	28.7

¹Boston, Chicago, Detroit, and San Francisco report FY 2006 data; Atlanta, Los Angeles and San Diego report first half CY 2006 data; all others report full year CY 2006 data.

²NR=Not reported by the CEWG representative.

SOURCE: June 2007 CEWG reports

Gender of Marijuana Admissions. In 14 CEWG areas reporting on the gender of primary marijuana admissions in 2006, males predominated in all areas (exhibit 7b). The areas

with the largest percentage of female marijuana admissions were Phoenix (37 percent) and Atlanta (35 percent).

Exhibit 7b. Demographic Characteristics of Primary Marijuana Treatment Admissions in 14 CEWG Areas, by Percent¹: FY 2006, CY 2006, or First Half 2006²

CEWG Area	Gender		Race/Ethnicity ³			Age			
	Male	Female	White	Afr.-Amer.	Hispanic	≤17 or 18	18–25	26–34/35	35–36+
Atlanta	65	35	37	56	4	10	3	6	81
Baltimore	80	20	43	53	2	40	38	13	9
Boston	72	28	26	48	21	14	(51) ⁴	(35) ⁴	
Chicago	75	25	6	76	16	40	33	17	9
Denver	77	23	44	21	30	39	27	20	14
Detroit	73	27	3	94	2	29	25	28	18
Los Angeles	71	29	14	29	52	55	20	12	13
Mpls./St. Paul	80	20	61	27	5	39	33	16	12
New York	78	22	7	60	28	12	38	28	22
Phoenix	63	37	NR ⁵			0	43	31	26
St. Louis	71	29	45	52	1	28	32	24	16
San Diego	71	29	38	16	41	46	25	15 ⁶	13 ⁶
Maine	74	26	92	3	1	33	31	17	18
Texas	71	29	30	27	41	39	32	20	9

¹Percentages rounded.

²Boston, Chicago, and Detroit report FY 2006 data; Atlanta, Los Angeles, and San Diego report first half CY 2006 data; all others report full year 2006 data.

³The racial/ethnic population distribution varies across CEWG areas.

⁴The age groups are 19–29 (51 percent) and 30 and older (35 percent, with 25 percent being 30–39).

⁵NR=Not reported by the CEWG representative using the racial/ethnic categories above.

⁶Represents admissions age 26–35 and 36 and older.

SOURCE: June 2007 CEWG reports

Age of Marijuana Admissions. Primary marijuana treatment admissions tended to be younger than other treatment admission groups in 2006. The exception was Atlanta, where 81 percent of the primary marijuana users were 35 or older (exhibit 7b). Across 14 CEWG areas, the majority of primary marijuana admissions were 25–26 or younger (the exact proportion could not be determined for Boston). In San Diego and Los Angeles, 46 and 55 percent of marijuana admissions, respectively, were 18 or younger. This younger group also accounted for the highest proportion of marijuana admissions in Baltimore, Chicago, Denver, Minneapolis/St. Paul, Maine, and Texas. In St. Louis, New York City, and Phoenix, marijuana admissions were more likely to be age 18–25 (32, 38, and 43 percent, respectively).

Mortality Data on Marijuana

In 2006, the Honolulu ME detected marijuana in the toxicology tests of 44 decedents. Hennepin and Ramsey Counties in Minnesota also reported 44 marijuana-involved deaths in 2006. In Georgia in FY 2006, 102 positive tetrahydrocannabinol (THC) toxicology specimens were reported.

In Washington, DC, in 2005, toxicologies performed by the Medical Examiner’s office on driving while intoxicated (DUI) cases indicated that DUIs were more likely to test positive for marijuana than any other drug.

Forensic Lab Data on Marijuana

As indicated earlier in exhibit 2, marijuana was the drug item most frequently reported in 2006 by NFLIS for Boston (45.2 percent) and Chicago (49.7 percent). With the exceptions of Atlanta, Los Angeles, Minneapolis, and Seattle, marijuana was the second most frequently reported drug item in 2006. The proportions of marijuana in the other 17 areas were highest in Baltimore, Washington, DC, Detroit, Albuquerque, Philadelphia, and Cincinnati, ranging from approximately 30 to 38 percent of all items.

Club Drugs (MDMA, GHB/GBL, LSD, Ketamine)

The club drugs in this section include MDMA (methylenedioxymethamphetamine, or ecstasy), GHB (gamma hydroxybutyrate), GBL (gamma butyrolactone), LSD (lysergic acid diethylamide), and ketamine.

These drugs continue to be used in party settings, but abuse indicators also continue to suggest that abuse of GHB/GBL, LSD, and ketamine is quite low in most CEWG areas. MDMA continues to be the most widely used of the club drugs. Admissions for primary treatment of club drugs or MDMA are not captured in all treatment data systems but appear low in those that do. Small numbers of mortality cases involving MDMA or ketamine were reported, and drug items analyzed by forensic labs were typically small in number.

MDMA abuse continued to be low and stable in 13 CEWG areas, but decreased in Los Angeles, and indications of increases in MDMA use in some populations were reported in 4 CEWG areas. There were insufficient data from Albuquerque/New Mexico, Baltimore, Minneapolis/St. Paul, Phoenix, and San Francisco to determine if MDMA abuse indicators had changed (increased, decreased, or remained the same) in 2006.

Increases in MDMA abuse indicators were reported in the following four CEWG areas among some population groups.

ATLANTA: *Although MDMA abuse indicators have been stable and low, ethnographic research indicates that the use of this drug may be increasing in the metropolitan young adult population. Ethnographic research also indicates that most MDMA dealers are White middle and upper class high school and college students between the ages of 16 and 25. In 2006, police forensic labs (NFLIS) in Atlanta reported that MDMA was identified in 5.5 percent of the items analyzed. —Brian Dew*

CHICAGO: *MDMA abuse indicators have remained stable and low but increased use of MDMA has been reported among young African-Americans. Preliminary 2006 unweighted DAWN ED data included 135 MDMA reports. —Wade Ivy*

MIAMI: *Having stabilized from 2003 to 2005, MDMA abuse indicators increased in 2006. In 2006, there were 67 MDMA-related deaths reported in Florida, a sharp increase from prior years. The 2006 unweighted DAWN ED data for Miami-Dade County included 175 MDMA ED reports. Sixty-two percent of these reports involved ED patients younger than 25. The Miami-Dade forensic labs (NFLIS) identified 262 items containing MDMA in 2006. —James Hall*

TEXAS: *The Dallas DEA Field Division reported that, in addition to being widely available in the club drug scene, ecstasy was sold on the streets, along with other illicit drugs. According to the Houston DEA Field Division, ecstasy was readily available at clubs, raves, and gyms. The Texas Poison Control Centers reported 292 calls in 2006 involving the misuse or abuse of ecstasy. The average age of the MDMA users was 21. Treatment admissions for a primary, secondary, or tertiary problem with ecstasy increased from 114 in 1999 to 1,212 in 2006. NFLIS exhibits increased from 107 in 1999 to 1,173 in 2006.*—**Jane Maxwell**

MDMA abuse indicators were reportedly low and stable in several CEWG areas and decreased in one (Los Angeles).

BOSTON: *MDMA abuse indicators were stable at relatively low levels, compared with the indicators for other drugs. In 2005 and 2006, MDMA was only identified in 17 and 20 calls, respectively, to the Boston Helpline, representing less than 1 percent of the calls in each year.* —**Daniel Dooley**

DETROIT: *MDMA abuse indicators remained stable and low in Detroit. There were 10 treatment admissions for ecstasy abuse in the first half of FY 2007. Based on toxicology findings reported by the Wayne County Medical Examiner's office, 18 of the deaths reported in 2006 involved MDMA. MDMA was also identified in 2.2 percent of the drug items analyzed by forensic laboratories (NFLIS) in 2006.* —**Yvonne Anthony**

LOS ANGELES: *Calls to the California Poison Control System involving exposure to MDMA among Los Angeles County residents have steadily decreased in recent years, from 34 in 2002 to 17 calls in 2006. Of the 55,793 items analyzed by NFLIS forensic labs within Los Angeles County in 2006, 1.3 percent (n=753) were found to have at least one of the club drugs (MDMA, GHB, ketamine, or Rohypnol); MDMA represented 89 percent (n=669) of the club drug samples identified.* —**Beth Rutkowski**

NEW YORK CITY: *All MDMA abuse indicators remained low in 2006.* —**Rozanne Marel**

PHILADELPHIA: *MDMA abuse indicators were relatively stable at low levels in 2006 and the beginning of 2007. In 2006, MDMA was detected in 103 of the items analyzed by NFLIS forensic laboratories in Philadelphia. MDMA was also identified in 16 of the deaths reported by the Medical Examiner's office in 2006. Reports from the field indicate that MDMA was used by club-goers in combination with marijuana and lysergic acid diethylamide (LSD).* —**Samuel Cutler**

SEATTLE: *Local and Federal law enforcement seizures of MDMA were at an all time high... However, MDMA was reported infrequently in the morbidity and mortality indicator data... There were only two MDMA-related deaths in Seattle in 2006. Both deaths involved other drugs. There were 62 adult and 43 youth calls involving MDMA to the Helpline in 2006.* —**Caleb Banta-Green**

WASHINGTON, DC: *MDMA abuse indicators in DC remained low in 2006. Less than 2 percent of the cases reviewed by the District's Chief Medical Examiner were positive for MDMA. Approximately 2.8 percent of the items analyzed by forensic laboratories (NFLIS) in the District contained MDMA.* —**Erin Artigiani**

The four CEWG areas cited below, as well as Boston, Detroit, and Maine reported that MDMA was being transported through Canada.

ATLANTA: *According to the National Drug Intelligence Center, MDMA from Canada is transported into Southeast areas, including Atlanta. Additional supplies of MDMA, available in Georgia, are produced in northern Europe and flown into the United States.* —**Brian Dew**

CHICAGO: *Local law enforcement agencies report that MDMA is coming into Chicago from Canada. Asian traffickers are making and distributing the drug.* —**Wade Ivy**

SEATTLE: Local and Federal law enforcement seizures of MDMA were at an all time high, as 5,331,191 dosage units were seized in 2006. A substantial proportion of the seizures were made at the Canadian border where most of the MDMA is being brought into the United States. Washington is considered to be a major transshipment point through which MDMA flows. —**Caleb Banta-Green**

TEXAS: The primary source of ecstasy is Canada, but ecstasy also comes into South Texas from Mexico. Asian gangs in Houston control the distribution of this drug. —**Jane Maxwell**

It was reported in Atlanta that dealers and buyers were using the Internet to make MDMA transactions.

ATLANTA: Increasingly, the men-who-have-sex-with-men (MSM) populations in Atlanta are engaged on the Internet, using chat rooms, and using instant messaging to buy and sell MDMA. Once a deal is consummated, dealers deliver MDMA directly to the buyers. In a study of 800 MSM, it was learned that 68 percent of individuals who reported lifetime use of MDMA had purchased the substance via Internet chat rooms. —**Brian Dew**

School survey data reported from five CEWG areas indicate low levels of MDMA use among students and declines in use in two areas...

CHICAGO: Between 2004 and 2006, past-year use of MDMA among 8th, 10th, and 12th grade students in Cook County remained relatively constant at 1.8 percent, according to the Illinois Youth Survey. White students were more likely to report MDMA use in the past year (2.7 percent) than were African-American (1.8 percent) and Hispanic students (1.4 percent). —**Wade Ivy**

LOS ANGELES: According to weighted 2004–2006 CHKS data, 5.3 percent of Los Angeles County school students (7th, 9th, and 11th grades and a small sample of nontraditional

students) had ever used ecstasy. —**Beth Rutkowski**

MIAMI: The 2006 Florida Youth Survey on Substance Abuse reported that 1.4 percent of Miami-Dade County middle school and high school students had used ecstasy at least once in the last 30 days. —**James Hall**

PHOENIX: Reports of lifetime use of ecstasy by Maricopa County high school students appears to have decreased in recent years (statistical significance tests are not yet available). For example, among 12th graders, self-reports of lifetime use decreased from 15.4 percent in 2002 to 6.0 percent in 2004 and to 4.3 percent in 2006. —**James Cunningham**

TEXAS: The 2006 Texas secondary school survey reported that lifetime ecstasy use dropped from a high of 9 percent in 2002 to 5 percent in 2006, while past-year use dropped from 3 to 2 percent. The 2005 YRBS reported that 8 percent of Texas high school student had ever used ecstasy... The Texas college survey found that 9 percent of college students had ever used ecstasy, and less than 1 percent had used in the past year. —**Jane Maxwell**

PATTERNS AND TRENDS IN ABUSE OF CLUB DRUGS ACROSS CEWG AREAS

Treatment Data on Club Drugs

Three CEWG areas reported 2006 data on primary abuse of one or more club drugs and Chicago reported data for the overall category of “club drugs.”

CHICAGO: There were 79 admissions for primary abuse of club drugs in FY 2006. Sixty-eight percent were male, substantially lower than the 95 percent reported in FY 2005. Nearly three-fourths of this admissions group was African-American, essentially the same proportion as in FY 2005. The 2006 admissions

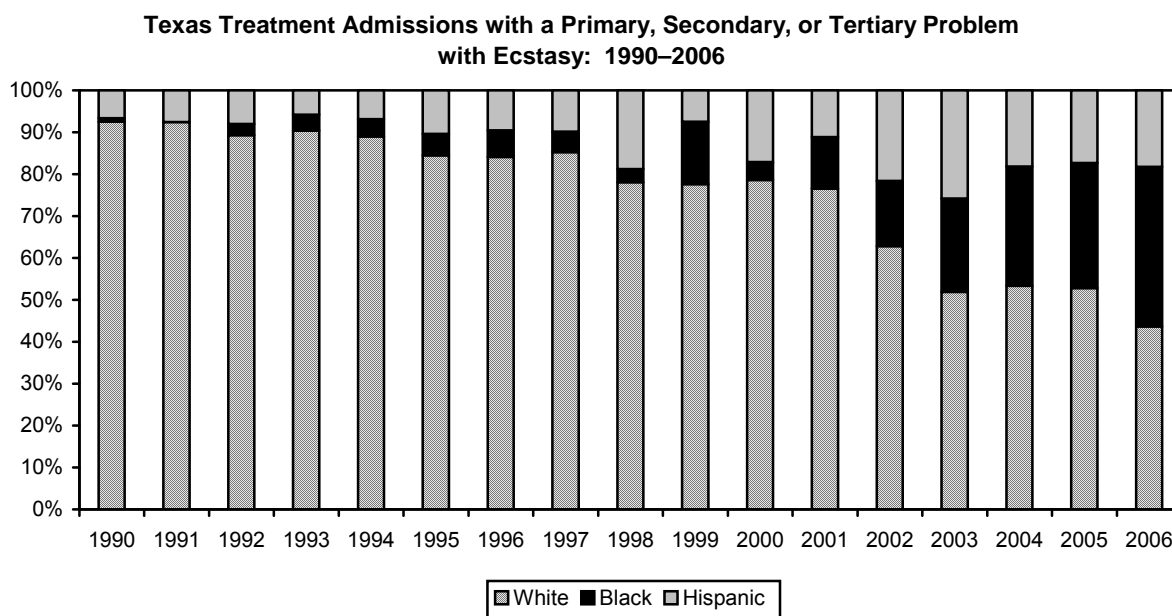
represent an increase over the 30 club drug admissions in FY 2004.

DETROIT: In Detroit/Wayne County in FY 2006, 10 persons were admitted for primary abuse of ecstasy.

MAINE: In CY 2006, primary treatment admissions for MDMA were low and stable, at 0.3 percent of all admissions in both 2003 and 2006.

TEXAS: In CY 2006, there were 1,212 admissions to treatment for a primary, secondary, or tertiary (PST) problem with ecstasy, compared with 114 in 1999, 349 in 2001, 502 in 2003, and 640 in 2005. There were also 111 clients admitted to treatment in 2006 for a PST problem with GHB, GBL, or 1,4 BD, up from 17 in 1999, 19 in 2001, 31 in 2003, and 48 in 2005. PTS admissions for ketamine totaled 29 in 2006.

Example E-1. Among treatment clients in Texas, the proportions of African-Americans reporting a problem with ecstasy increased substantially from 2002 to 2006, as did the proportions of Hispanics reporting a problem with ecstasy.



SOURCE: Texas Department of State Health Services

Mortality Data on Club Drugs

Deaths with the presence of one or more club drugs were reported from five CEWG metropolitan/county areas and three States. The metropolitan data are as follows:

- In Detroit/Wayne County in 2006, there were 18 deaths involving MDMA and 6 involving ketamine.

- In Hennepin County, Minnesota, in 2006, one death with the presence of methamphetamine also involved MDMA.
- In Philadelphia, there were 16 cases with the presence of MDMA in 2006, the most for any year since 1999. Deaths with the presence of MDMA have totaled 66 since 1999.

- In Seattle, there were a total of 15 drug-caused deaths positive for MDMA from 1999 to 2006; the 2 MDMA-positive deaths in 2006 both involved other drugs as well.
- In Washington, DC, in 2005, 17 decedents were positive for MDMA.

Mortality data from States show...

- In Florida in 2006, there were 13 deaths in which MDMA was detected, 42 in which MDA was detected, and 4 in which GHB was detected.
- In Georgia in 2006, there were 20 postmortem specimens positive for MDMA.
- In Texas in 2005, there were 11 death certificates with a mention of MDMA, 3 with a mention of GHB, and 1 with a mention of ketamine.

Forensic Lab Data on Club Drugs

In 2006, a total of 4,934 reports of the 4 club drugs were reported from 19 CEWG metropolitan areas, and another 1,284 were among the top 25 drugs reported from Texas forensic laboratories. The data on each of these drugs follow.

MDMA. MDMA was the club drug most frequently reported in the 21 CEWG areas depicted in exhibit 8. As shown, MDMA exceeded 2 percent of all drug items in Atlanta, Denver, Detroit, Minneapolis/St. Paul, St. Louis, San Francisco, Seattle, and Washington, DC, with the highest percentage (5.5) being in Atlanta.

Exhibit 8. Number of MDMA Items and Percentage of MDMA to Total Items Reported by Forensic Labs in 21 CEWG Areas: 2006

CEWG Area	Count	Percent
Atlanta	882	5.5
St. Louis	248	4.2
Seattle	90	3.1
Mpls./St. Paul	216	2.9
Wash., DC	123	2.8
Denver	177	2.6
San Francisco	196	2.4
Detroit	93	2.2
Honolulu	47	1.8
Miami	262	1.4
Los Angeles	669	1.2
Phoenix	61	1.1
San Diego	210	1.0
Chicago	577	0.8
Cincinnati	123	0.7
New York City	303	0.6
Philadelphia	103	0.4
Boston	24	0.3
Baltimore	134	0.3
Maine	11	0.7
Texas	1,173	1.9

SOURCE: Maine data were analyzed by the Maine Environmental Testing Lab; Texas data, provided by the Texas Department of Public Safety, were analyzed by the Texas CEWG representative; data for all other areas were provided by NFLIS, DEA

Ketamine. Ketamine was the second most frequently reported club drug in the 2006 NFLIS data, accounting for 277 items. (Albuquerque and Maine did not include ketamine in their reporting.) Ketamine items were reported from all areas except Cincinnati, Ft. Lauderdale, Honolulu, Philadelphia, Seattle, and Washington, DC. Ketamine accounted for less than 1 percent of the total drug items in all 14 reporting CEWG areas (including Texas).

LSD. LSD was the third most frequently reported club drug and was reported in 15 CEWG metropolitan areas. However, LSD was not among the top 25 drugs reported from Texas, and there were no LSD items were reported from Detroit, Ft. Lauderdale, Honolulu, Phoenix, and Washington, DC. The number of LSD items in all 15 reporting areas was small ($n=92$), accounting for less than 1 percent of the total drug items in all reporting areas.

GHB. Forty-seven drug items containing GHB were reported from six CEWG areas in 2006. These items accounted for less than 1 percent of all items in the six areas.

Phencyclidine (PCP)

Based on 2006 data including ethnographic reports, PCP abuse indicators increased in Philadelphia, Texas, and Atlanta. This drug has been closely monitored since the December 2003 CEWG meeting when a PCP panel focused on increases in PCP abuse indicators in Los Angeles, Philadelphia, and Washington. PCP abuse indicators continue to be higher in these three areas than in other CEWG areas.

LOS ANGELES: *The proportion of PCP treatment admissions among all admissions has been stable for several years. In the first half of 2006, 0.5 percent of all treatment admissions ($n=124$) reported PCP as a primary drug...California Poison Control System calls involving exposure to PCP increased slightly to 12 in 2006...PCP arrests during 2006 ($n=113$) were almost identical to the number made in 2005 (117).* —**Beth Rutkowski**

PHILADELPHIA: *The presence of PCP in mortality cases rose to its highest level in 2006 to 74, up from 58 in 2003, 28 in 2004, and 42 in 2005. In 2006, PCP ranked ninth in mortality data, eighth in treatment mentions, sixth in NFLIS, and sixth in the Adult Probation/Parole*

Department (APPD) tests. In 2006, 9.5 percent of the APPD adult arrestees tested positive for PCP. —**Samuel Cutler**

WASHINGTON, DC: *In 2003, PCP was rapidly becoming the drug of choice at raves and nightclubs...In 2004, PCP abuse indicators began to decline...but increased in 2005 largely because of a 33-percent increase in PCP possession arrests;...in 2006, the proportion of juvenile arrestees testing positive for PCP decreased from 3.4 percent in 2005 to 2.0 percent in 2006, and in the first 4 months of 2007, 2.5 percent of juvenile arrestees tested PCP positive. According to the Washington/Baltimore HIDTA 2007 Threat Assessment, no major labs manufacturing PCP have been found in the Baltimore/Washington area since 2002, and law enforcement recently rated PCP as a secondary threat.* —**Erin Artigiani**

In other CEWG areas, PCP abuse indicators are reportedly very low, although Atlanta ethnographic reports suggest that abuse of this drug increased, and the Texas CEWG reports that "PCP indicators are rising."

ATLANTA: *The epidemiological indicators and law enforcement data do not indicate much hallucinogen use in Atlanta. Despite these data, there was an increase in ethnographic reports of PCP use in the past 12 months, especially in combination with marijuana and ecstasy.* —**Brian Dew**

CHICAGO: *PCP abuse indicators continue to show levels of use below the national average. The amount of PCP samples received by the Illinois State Police laboratory for analysis decreased substantially between 2002 to 2006, from 4.2 kilograms to 0.16 kilograms.* —**Wade Ivy**

PHOENIX: *PCP was not found in the urine testing for adults in Maricopa County's Diversion program [and] was detected in only 0.02 percent of such tests for juveniles.* —**James Cunningham**

ST. LOUIS: *PCP has been available in limited quantities in the inner city and has generally been used as a dip on marijuana joints. —Heidi Israel*

PATTERNS AND TRENDS IN PCP ABUSE ACROSS CEWG AREAS

Treatment Data on PCP

Treatment data systems typically include PCP under “hallucinogens,” together with such drugs as LSD, peyote, and mescaline. In CEWG areas reporting on primary hallucinogen admissions, this group typically accounted for less than 1 percent of all admissions (e.g., in Atlanta, Chicago, San Francisco, and Seattle). Reports of PCP use among treatment admissions are from two CEWG areas.

LOS ANGELES: Primary PCP treatment admissions accounted for 0.5 percent ($n=124$) of all admissions in the first half of 2006. While there have been fluctuations in the numbers of PCP admissions since the 1990s, the proportion has remained relatively stable.

TEXAS: In 2006, 223 clients were admitted to treatment for a primary, secondary, or tertiary problem with PCP, up from 164 in 1998 and 417 in 2003. In 2006, 17 percent of these admissions reported a primary problem with marijuana.

Mortality Data on PCP

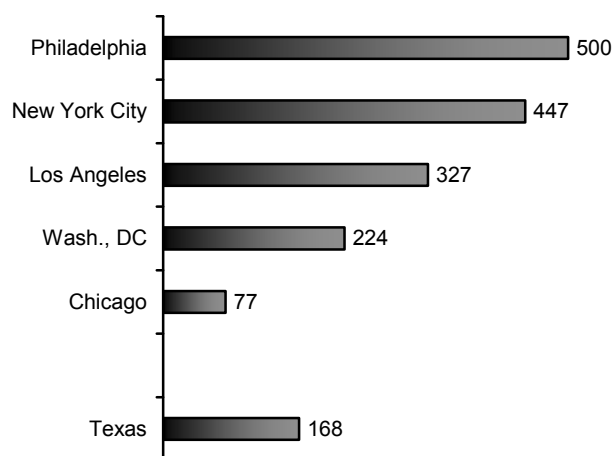
No PCP-involved deaths were reported in Maine in 2006. Two other CEWG areas reported on deaths with the presence of PCP...

- 74 in Philadelphia in 2006, up from 48 in 2000, 58 in 2003, and 42 in 2005
- 44 in Washington, DC, in 2005

Forensic Lab Data on PCP

PCP was contained in 1,648 drug items analyzed by forensic labs in 13 metropolitan CEWG areas, and another 168 were identified in Texas labs in 2006. The six areas where the numbers of items exceeded 75 are depicted in exhibit 9. A few PCP items were reported from seven other CEWG areas. Between 2 and 6 PCP items were identified in San Francisco, Seattle, and Boston; 14 were reported from Phoenix; 16 from St. Louis, 19 from San Diego, and 20 from Baltimore. No PCP items were documented in the other CEWG areas.

Exhibit 9. Number of PCP Items Reported in 6 CEWG Areas, Ordered from Highest to Lowest: 2006



SOURCE: Texas data were provided by the Texas Department of Public Safety; data for other CEWG areas were provided by NFLIS, DEA

Benzodiazepines/ Depressants

Benzodiazepine indicators continue to be relatively high in the 16 CEWG areas reporting recent data on this drug. Treatment and mortality data show that benzodiazepines are often used in combination with other drugs, thus contributing to the complexity of polydrug abuse patterns. Alprazolam and clonazepam continue to be the most frequently reported benzodiazepines in the CEWG indicator data.

Excerpts from CEWG papers illustrate the use of benzodiazepines with other drugs.

CHICAGO: *In Chicago, central nervous system (CNS) depressants such as benzodiazepines and barbiturates, are commonly taken with narcotics to potentiate the effects of opiates, frequently heroin.* —**Wade Ivy**

PHILADELPHIA: *Benzodiazepines, particularly alprazolam (Xanax), continue to be used in combination with other drugs... Benzodiazepine abuse continued to be reported by focus group participants as being common among users of heroin, oxycodone, cocaine, marijuana, and cough syrup.* —**Samuel Cutler**

SEATTLE: *Less than 1 percent of drug-caused deaths involving benzodiazepines were single drug deaths over the past decade. In 2006, the total number of drug-caused deaths with benzodiazepines was at its highest point, 52, all of which were polydrug deaths. Benzodiazepines are commonly detected in combination with prescription-type opiates.* —**Caleb Banta-Green**

FLORIDA: *One or more narcotic analgesics were detected in 45 percent of the cocaine deaths; benzodiazepines were found in 34 percent...* —**James Hall**

NEW MEXICO: *Of all drug types, benzodiazepines cause deaths most often in combination with opioids.* —**Nina Shah**

Alprazolam, clonazepam, and diazepam are the most frequently reported benzodiazepine drugs of abuse in reporting CEWG areas.

ATLANTA: *The most commonly abused benzodiazepine is alprazolam (Xanax).* —**Brian Dew**

LOS ANGELES: *Between January and December 2006, 123 (25 percent) of the benzodiazepine-related calls to the Los Angeles County-based Poison Control System were for alprazolam; 118 (24 percent) were for clonazepam, 97 (20 percent) were for lorazepam, and 58 (12 percent) were for diazepam.* —**Beth Rutkowski**

NEW YORK CITY: *According to the Street Studies Unit, alprazolam is one of the three most popular or commonly sold pharmaceuticals on the street.* —**Rozanne Marel**

PHILADELPHIA: *The most frequently abused benzodiazepine continues to be alprazolam, while the popularity of diazepam has substantially waned.* —**Samuel Cutler**

FLORIDA: *Among the benzodiazepine-related deaths statewide in 2006, 1,117 were attributed to alprazolam, and 617 were attributed to diazepam.* —**James Hall**

TEXAS: *Alprazolam, clonazepam, and diazepam are among the 15 most commonly identified substances, according to the Department of Public Safety labs, although none of them represented more than 5 percent of all items examined in a year. Alprazolam (Xanax) cases outnumbered other benzodiazepine cases.* —**Jane Maxwell**

Other CEWG reports of benzodiazepine abuse tended to be general in nature or focused on a single indicator.

ATLANTA: *The use of CNS depressants, especially benzodiazepines, is on the rise in Atlanta...The DEA considers benzodiazepines and other prescription depressants to be a growing threat in Georgia. The pills are widely available on the Internet. Their abuse now exceeds that of oxycodone and hydrocodone.*
—**Brian Dew**

BOSTON: *As a group, benzodiazepines continue to show high levels of abuse.* —**Daniel Dooley**

CINCINNATI: *Prescription opioids and benzodiazepines remain a problem across the area.* —**Jan Scaglione**

PHOENIX: *Benzodiazepine was found in 0.3 percent of adult drug tests at the Maricopa County Diversion program, Treatment Assessment Screening Center, from January through March 2007.* —**James Cunningham**

PATTERNS AND TRENDS IN BENZODIAZEPINE ABUSE ACROSS CEWG AREAS

Treatment Data on Benzodiazepines

In most CEWG area treatment data systems, benzodiazepines are included with other depressants, barbiturates, and sedative/hypnotics; these admissions continued to account for small proportions of total treatment admissions. However, some CEWG areas note that benzodiazepines or sedative/hypnotics are secondary drugs of abuse among some treatment admissions.

ATLANTA: Less than 2 percent of those admitted for treatment in the first half of 2006 chose benzodiazepines as their secondary or tertiary drug of choice.

LOS ANGELES: Treatment admissions associated with primary barbiturate, benzodiazepine, or other sedative/hypnotic abuse continued to account for less than 1 percent of all admissions in Los Angeles County in the first half of 2006.

PHILADELPHIA: Among treatment admissions in CY 2006, benzodiazepines ranked seventh among *mentions* of use of different drugs, down from fifth rank from 2003 to 2005.

SEATTLE: Benzodiazepines and barbiturates were rarely mentioned as primary or secondary drugs by youth entering treatment, with less than half a dozen mentions in any year. These drugs were also rarely mentioned as primary for adults; benzodiazepines were the most common class of these drugs mentioned, with 20 mentions in CY 2006 and no apparent trend over time. However, benzodiazepines in particular were more common as secondary drugs, with 121 admissions involving benzodiazepines in 2006, about 1 percent of all admissions, similar to prior years. A larger proportion, about 4 percent, mentioned benzodiazepines as their second drug of choice when entering opiate treatment programs in 2006.

TEXAS: In CY 2006, there were 17 primary admissions for tranquilizers and 15 for sedative/hypnotics.

Mortality Data on Benzodiazepines

Deaths involving benzodiazepines were reported from the five following CEWG metropolitan areas:

- In Broward County, Florida, in 2006, 88 deaths involved alprazolam and 53 involved diazepam.
- In Miami-Dade County, 62 deaths involved alprazolam and 33 involved diazepam in 2006.
- In Philadelphia in 2006, there were 129 deaths with the presence of alprazolam and

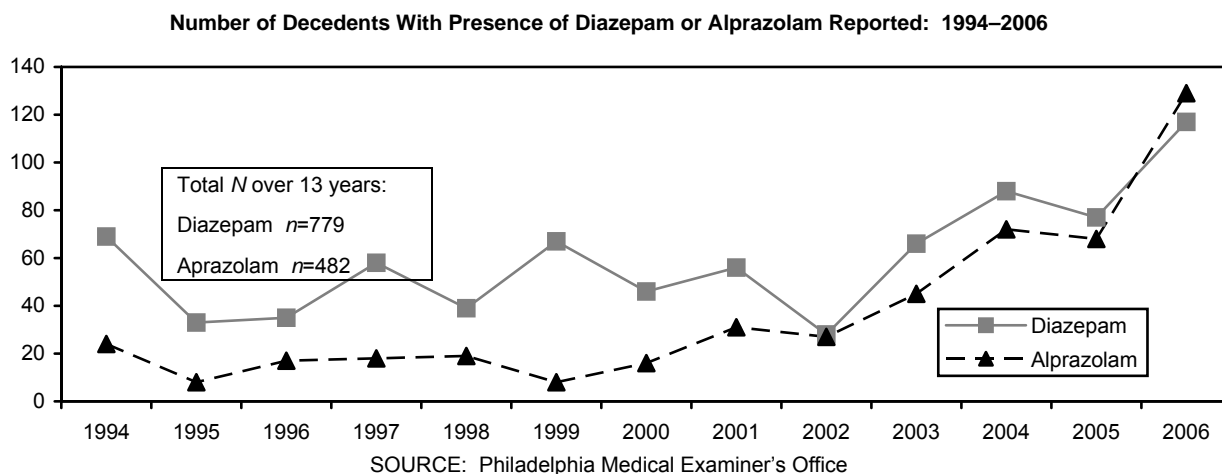
117 with the presence of diazepam. Deaths involving alprazolam increased from 68 in 2005. These deaths totaled 482 over a 13-year period and ranked 10th among drug-related deaths. Deaths with the presence of diazepam were up from 77 in 2005. These deaths totaled 779 over a 13-year period and ranked fifth among drug-related deaths.

- In Seattle in 2006, there were 52 benzodiazepine-caused deaths; all involved multiple drugs. Deaths related to benzodiazepines increased from 18 in 2000, to 34 in 2003, to 44 in 2005, to 52 in 2006.
- In Washington, DC, in 2005, the ME reported 23 deaths positive for diazepam; none was classified as an overdose death.

- In Colorado in 2006, 37 deaths involved benzodiazepines (excluding suicide deaths).
- In Florida in 2006, 1,987 deaths involved benzodiazepines, up 5 percent from the previous year.
- In Georgia in FY 2006, 144 postmortem specimens were positive for alprazolam, down from the 257 reported in FY 2005, but up from the 116 reported in FY 2002.
- In Maine in 2006, benzodiazepines were implicated in 6 percent of drug deaths, most in combination with a narcotic. An additional 9 percent of cases in which “mixed” or “multiple” drug toxicity was given as the cause of death included at least one benzodiazepine in the toxicology findings.

Four States also reported on benzodiazepine-related deaths...

Example B-1: In Philadelphia, decedents with the presence of diazepam and alprazolam increased from 2002 to 2006.



Forensic Lab Data on Benzodiazepines

In 2006, three benzodiazepine-type items were the most frequently reported benzodiazepines identified by forensic labs in 21 CEWG areas. Exhibit 10 shows the numbers of drug items containing alprazolam, clonazepam, and diazepam in each of the 21 CEWG areas.

Exhibit 10. Number of Selected Benzodiazepine Items Reported by Forensic Laboratories in 21¹ CEWG Areas: 2006

CEWG Area	Alprazolam	Clonazepam	Diazepam
Atlanta	420	57	56
Baltimore	277	223	46
Boston	67	70	12
Broward Co. ²	628	23	–
Chicago	82	24	33
Cincinnati	113	58	78
Denver	25	20	27
Honolulu	14	4	9
Los Angeles	117	106	116
Miami	319	18	11
Mpls./St. Paul	15	28	25
New York City	796	159	82
Philadelphia	849	141	83
Phoenix	13	15	21
St. Louis	35	5	24
San Diego	76	75	104
San Francisco	15	57	32
Seattle	9	11	17
Wash., DC	7	4	1
Maine	26	28	14
Texas	2,921	554	387

¹ Not shown in the exhibit is Detroit where 16 unspecified types of benzodiazepine items were reported for 2006.

² Unspecified benzodiazepines totaled 85 among the 1,782 items analyzed in Broward County.

SOURCE: Maine data were provided by the Maine Environmental Testing Lab; Texas data were provided by the Texas Department of Public Safety; data for the other areas were provided by NFLIS, DEA

Alprazolam. Across 18 CEWG metropolitan areas in 2006, 3,877 drug items were found to contain alprazolam. As a percentage of all items, alprazolam items accounted for 3.2 percent in Philadelphia, 2.6 percent in Atlanta, 1.6 percent in both Miami and New York City, and less than 1 percent in the remaining CEWG metropolitan areas. A total of 2,921 alprazolam items were identified across Texas sites, accounting for nearly 5 percent of all drug items analyzed; 26 drug items in Maine contained alprazolam, accounting for 1.7 percent of the total items.

Clonazepam. Drug items containing clonazepam totaled 1,098 across the 18 CEWG metropolitan areas, 28 in Maine, and 554 across Texas sites. The drug accounted for less than 2 percent of all drug items in each of the CEWG areas.

Diazepam. Drug items containing diazepam totaled 777 across the 18 metropolitan CEWG areas, 14 in Maine, and 387 across Texas sites. The drug accounted for less than 1 percent of all drug items in each of the 19 CEWG areas.

CEWG Area Abstracts

Northeast

Greater Boston Patterns and Trends in Drug Abuse: June 2007

Daniel P. Dooley

Greater Boston's cocaine indicators remain at high levels that are slightly increasing. The proportion of treatment admissions with past-month cocaine (including crack) use increased slightly over 2 years, from 23 percent in FY 2004 to 26 percent in FY 2006. The number of cocaine calls to the Helpline remained stable from 2005 to 2006, but the proportion increased from 18 percent in 2003 to 21 percent in 2006. The number of Class B drug arrests (mainly cocaine) increased 12 percent from 2005 to 2006. Similarly, drug lab samples increased 11 percent from 2005 to 2006. Heroin abuse remains stable at high levels in Boston. In FY 2006, one-half of all treatment admissions cited heroin as the client's primary drug of choice. This proportion is similar to FY 2005 and to the first three quarters of FY 2007. The proportion of heroin calls to the substance abuse Helpline, 34 percent of all calls, did not change from 2005 to 2006. The levels of Class A drug arrests (mainly heroin) and heroin drug lab samples were stable from 2005 to 2006. In Boston, heroin remains relatively pure (the 2005 average purity was 28 percent) and inexpensive (the 2005 average price was \$.88 per milligram pure). The most recent street-level heroin purchases by the Domestic Monitoring Program (DEA) revealed stable price and purity from 2004 to 2005. Indicators for other opiates are relatively stable at historically high levels. The number and proportion of other opiate treatment admissions increased slightly from FY 2005 to FY 2006. The proportion of Helpline calls for other opiates (18 percent in 2006) remained fairly stable from 2003 to 2006. The number of oxycodone drug lab samples in 2006 decreased from 2005, but was similar to 2004 and previous years. In Boston, methamphetamine

abuse levels remain small overall, but anecdotal evidence suggests higher levels of abuse in specific populations. The number of primary admissions for methamphetamine total less than 1 percent of all treatment admissions. Methamphetamine drug lab samples totaled 17 in 2004, 55 in 2005, and 36 in 2006. Of the 6,435 methamphetamine lab seizures across the United States in 2006, only 2 were located in Massachusetts. Recent marijuana indicators are mostly stable. Treatment admissions for marijuana have steadily decreased in number and as a proportion of all admissions during the past 7 years. The proportion of marijuana Helpline calls and drug lab samples was unchanged from 2005 to 2006. Benzodiazepine misuse and abuse levels remain fairly stable at relatively high levels. In 2005, there were 257 adult HIV/AIDS cases diagnosed in Boston. Primary transmission risk factors of these cases included 11 percent who were IDUs, 2 percent who had sex with IDUs, and 32 percent with an unknown/undetermined risk factor.

Maine Patterns and Trends in Drug Abuse: June 2007

Marcella H. Sorg, Ph.D., R.N., D.-A.B.F.A.

Cocaine indicators in Maine are stable or increasing. Primary cocaine treatment admissions increased each year from 2000 to 2006, and the age of new admissions grew younger. The number of cocaine deaths has stabilized at 20 per year, and, in 2006, cocaine accounted for 12 percent of drug-induced deaths. Cocaine combined with methadone or other opiates caused 55 percent of cocaine-induced deaths in 2006. The proportion of cocaine arrests rose to 43.5 percent in 2006, and the proportion of forensic lab items containing cocaine rose to 43 percent in 2006 and to 58 percent in early 2007. Most heroin indicators are stable or decreasing. The proportion of primary heroin treatment admissions decreased 2 percent from 2003 to 2006, but the proportion of new admissions decreased sharply. The heroin treatment population is quite young; only 19 percent of

heroin admissions in 2006 were age 35 or older. The number of deaths caused by heroin/morphine doubled from 2004 to 2005, but decreased by 32 percent in 2006 to 17 percent of drug deaths. The proportion of heroin arrests by the Maine Drug Enforcement Agency (MDEA) decreased dramatically from 13 percent in 2005 to 3 percent in 2006. Primary admissions for pharmaceutical narcotics increased heavily over the last decade, and comprised 42 percent of the 2006 drug admissions (excluding alcohol admissions); oxycodone admissions alone accounted for 31 percent. Mortality caused by pharmaceutical narcotics swelled to 61 percent of drug-induced deaths in 2006; 15 percent were from 'multiple drug toxicity.' Methadone, the majority of cases in tablet form, dominated the narcotic mortality pattern in 2006, and comprised 41 percent of drug deaths, which included 11 percent caused by 'multiple drug toxicity.' Calls to the Northern New England Poison Center involving methadone exposure constituted the largest proportion (28 percent) of all narcotics calls, including heroin, between 2001 and 2006. The proportion of arrests by MDEA for prescription drug trafficking was 25 percent in 2006, down slightly from 27 percent in 2005, and second only to cocaine. Methamphetamine indicators have small numbers, but those for treatment admissions and arrests continued to rise. Recent declines in the number of small methamphetamine lab seizures are occurring along with increases in methamphetamine product in pill form. Most marijuana indicators have decreased. Primary marijuana treatment admissions (excluding alcohol) declined from 33.5 percent in 2003 to 21.7 percent in 2006. The number of arrests decreased from 125 to 111 in the same period, and the number of prosecutions fell from 126 in 2004 to 86 in 2005. Forensic lab items containing marijuana declined from 15 percent in 2003 to 11 percent in 2006. MDMA indicators were low and stable in 2006, with treatment admissions hovering at 0.3 percent, arrests at 1 percent or less, NFLIS identifications at less than 1 percent, and deaths occurring about once a year. Reported current (prior 30 day) marijuana use by Maine youth, which was less than 2 percent in 2006, dropped by about one-half across all grades (6–

12) between 2002 and 2006. Benzodiazepines are among the most common street drugs. They comprised 34 percent of all prescriptions written for scheduled pharmaceuticals in Maine from FY 2004 to FY 2006. More than 600,000 prescriptions for tranquilizers are written in a year, with 68 percent written for persons older than 45, and predominantly female. Only 5 percent of forensic lab items tested in 2006 contained benzodiazepines, up from 2.8 percent in 2005. In 6 percent of drug-induced deaths in 2006, benzodiazepines were mentioned as a cause; in another 9 percent the attributed cause was 'multiple drug toxicity,' and benzodiazepines were found in toxicology tests.

Drug Use Trends in New York City

Rozanne Marel, Ph.D., John Galea, M.A., Robinson B. Smith, M.A., and Gregory Rainone, Ph.D.

Drug use trends in New York City were again mixed for this reporting period. Cocaine indicators are beginning to show an increase, and cocaine remains a major problem in New York City. Primary cocaine admissions constitute one quarter of New York City's drug and alcohol treatment admissions, and 57 percent of clients in treatment report cocaine as a primary, secondary, or tertiary drug. Heroin indicators were mixed for this reporting period. Heroin-related deaths have decreased, and treatment admissions have remained stable. Heroin remains widely available, and purity continues to increase, although it is lower than the 60-percent levels that had been noted for several years. Marijuana indicators seem to have stabilized. Marijuana continues to be of good quality and available in a wide variety of flavors and colors. Many users mix and combine drugs for simultaneous use. Although the numbers remain small, methamphetamine continues to be used in the gay community and the nightclub population of New York City. Street sources report that the methamphetamine in New York City is low in quality and high in price. According to street sources and indicator data, many kinds of prescription drugs are popular and available on the street. Of the 95,417 New Yorkers living with HIV or AIDS, men having sex with men and injection

drug use history continue to be the two major transmission risk factors. Deaths have continued to decrease in both sexes, all races, and all transmission categories. The number of new HIV (non-AIDS) diagnoses attributed to injection drug use continues to decline, and decreased 36 percent between 2004 and 2005.

Drug Use in Philadelphia, Pennsylvania

Samuel J. Cutler, Marvin F. Levine, M.S.W., and Roland C. Lamb, M.A.

Cocaine abuse, particularly in the form of crack, continues to lead the 2006 consequence data with respect to deaths with the presence of drugs, treatment mentions, and laboratory tests performed by NFLIS. It was the second most frequently encountered substance in urine/drug screens performed by the Philadelphia Adult Probation and Parole Department (APPD). The street-level purity of heroin declined between 2000 (73 percent) and the spring of 2006 (38 percent), which appears to have caused users to seek or approximate a high through the use of increased amounts or adding other drugs to use in combination. In 2006, heroin ranked third among deaths with the presence of drugs, treatment mentions, and APPD urinalysis, and NFLIS submissions. The inclusion of fentanyl in drug packets containing or sold as heroin since April 2006 has had a marked influence on mortality data. Deaths with the presence of heroin increased 57 percent from 2005 (n=215) to 2006 (337). Deaths with the presence of fentanyl increased 754 percent from 2005 (n=35) to 2006 (299). Deaths with the presence of oxycodone ranked seventh among all positive toxicology reports in 2006. Marijuana, which is not tested for in decedents, was the most frequently detected drug by the APPD, ranked second in the NFLIS study, and was third in treatment mentions in 2006. Alcohol in combination with other drugs ranked second among drugs detected in decedents, second in treatment mentions, and seventh in APPD urinalysis results. The most frequently abused benzodiazepine continues to be alprazolam, while the popularity of diazepam has significantly waned. Benzodiazepines ranked fourth in the NFLIS study. This class of drugs ranked fifth in both the APPD data and among drugs of abuse mentioned by

clients in treatment. Methamphetamine indicators continue to be low compared with other drugs. There is cause to suspect that its use appears to be expanding to different populations. The average number of drugs detected in decedents was 4.16 in 2006, compared with 3.75 in 2004 and 3.69 per decedent in 2005.

Midwest

Patterns and Trends of Drug Abuse in Chicago

Wade Ivy III, M.P.H., Wayne Wiebel, Ph.D., and Lawrence Ouellet, Ph.D.

Epidemiological indicators suggest that heroin, cocaine, and marijuana continue to be the most commonly used illicit substances in Chicago. Heroin is the major opiate abused in this region, and many heroin use indicators have been increasing or maintaining already elevated levels since the mid-1990s. Drug treatment services for heroin use, which surpassed those for cocaine in FY 2001, peaked in FY 2005 at 33,662 episodes, but they decreased to 26,889 episodes in FY 2006. Cocaine was the second most frequently reported reason for entering publicly funded treatment programs in FY 2006, a trend that has been relatively constant since FY 2001, with slight increases in the previous 3 years. Although reported marijuana-related treatment services decreased in Chicago in FY 2006, these services increased by 6 percent in the rest of the State. According to preliminary unweighted data from DAWN Live!, cocaine, heroin, and marijuana were the illicit drugs most often reported in emergency departments during 2006. These were also the drugs most frequently seized by law enforcement in FY 2006, accounting for 97 percent of all items seized. According to the Illinois Youth Survey, alcohol and marijuana use by 8th, 10th, and 12th grade students in Chicago increased by 19 and 11 percent, respectively, from 2004 to 2006. The number of deaths attributed to fentanyl-laced heroin has declined to pre-epidemic levels. Methamphetamine indicators continued to show low but increasing levels of use in Chicago, including an increase among African-Americans. Smoking 'ice' methamphetamine appears to be increasing as

a form of methamphetamine administration. Methamphetamine use appears to remain concentrated among North Side men who have sex with men. Beyond Chicago, methamphetamine use is most common in downstate Illinois. Most MDMA indicators were stable at low levels; however, ethnographic and survey reports suggest MDMA is popular among young low-income African-Americans. The drug is available in street drug markets. LSD and PCP indicators continue to show levels of use below the national average. African-American injection drug users are an aging cohort, while among Whites, new cohorts of young heroin injectors continue to emerge.

Drug Abuse Patterns and Trends in Cincinnati, Ohio

Jan Scaglione, B.S., M.T. PharmD, DABAT

In reading this report, the reader should be aware of the following: in October 2006, the Alcohol and Drug Addiction Services Board merged with the Mental Health and Recovery Services Board in Hamilton County, Ohio. Publicly funded treatment data for FY 2006 are not yet available in complete form while the various reporting agencies work through new data requirements. Available treatment data are estimates representing 65–75 percent of the total treatment services provided during FY 2006. The data presented are expected to closely reflect overall percentages of total treatment services provided to residents of Hamilton County. Drug abuse indicators showed that cocaine/crack cocaine and marijuana continue to be primary drugs of abuse in Cincinnati, with the drugs dominant among publicly funded treatment admissions, seizures from Cincinnati law enforcement and the Drug Enforcement Administration and seized items analyzed by the National Forensic Laboratory Information System. Available treatment data for cocaine/crack cocaine, excluding alcohol, accounted for nearly 37 percent of primary admissions during FY 2006. The Cincinnati Police Department record of seizures of powdered cocaine nearly doubled from the previous year and constituted 49 percent of NFLIS lab submissions in 2006. The Hamilton County Coroner's Office recorded 93 deaths in which evidence of cocaine/crack cocaine use was

documented by the medical examiner during 2006. Indicators for marijuana remained high, decreasing slightly, with the drug accounting for approximately 27 percent of treatment admissions, excluding alcohol, and nearly 38 percent of seized items analyzed by NFLIS for the Cincinnati area. Indicators for heroin use decreased slightly; heroin accounted for approximately 17 percent of the publicly funded treatment admissions and seizures declined. The 2005–2006 national epidemic of fentanyl-laced heroin accounted for one confirmed death recorded by the Hamilton County Coroner's Office. Methamphetamine indicators were low, with a decrease noted among treatment admissions, intentional drug exposures reported to the Cincinnati Drug and Poison Control Center, items analyzed by NFLIS, and recorded cleanup of methamphetamine sites by the Ohio Bureau of Criminal Investigation and Identification. Prescription opioids and benzodiazepines remain a problem across the area. Methadone indicators increased across the area, as evidenced by a 16-percent increase in items analyzed by NFLIS and a 43-percent increase of reported intentional methadone exposures to the Cincinnati DPIC from the first half to the latter half of 2006. Epidemiology indicators for MDMA indicated a decrease in availability and use across the Cincinnati region during 2006.

Drug Abuse in Detroit, Wayne County, and Michigan

Cynthia L. Arfken, Ph.D. and Yvonne E. Anthony, Ph.D., M.B.A., M.H.A.

Cocaine and heroin are the two major drugs of abuse in the area, but marijuana is the most widespread. Cocaine primary treatment admissions accounted for 28 percent of publicly funded admissions in the first half of FY 2007; 92 percent of these admissions were for crack cocaine. Of the cocaine/crack admissions, 59 percent were male, 92 percent were African-American, and 86 percent were older than 35. Cocaine accounted for 34 percent of the drug items reported by NFLIS in 2006. In 2006, the medical examiner (ME) reported 424 deaths involving cocaine, the highest number for all drugs. In the first half of FY 2007, heroin primary treatment admissions represented 31

percent of the publicly funded admissions; 58 percent were male, 89 percent were African-American, and 93 percent were older than 35. Two-hundred thirty-one deaths involving heroin were reported by the ME in 2006. The 641 heroin items analyzed by forensic laboratories accounted for 16 percent of the total drug items. In 2006, the ME reported increases in deaths in which fentanyl, hydrocodone, and methadone were detected in the decedents. Fentanyl was detected in 241 decedents, second only to cocaine. The lethal combination of heroin or cocaine and fentanyl, which appeared in Detroit and northern Michigan during the second half of 2005, continued in 2006 with two monthly peaks in number of deaths but then appeared to dissipate. Outreach efforts were implemented to disseminate information to at-risk people on the streets about this new threat, and efforts are underway to implement an overdose prevention approach to opiates. Treatment admissions for marijuana have increased steadily since 2003, accounting for 16 percent of the publicly funded admissions in the first half of FY 2007. Of these admissions, 71 percent were male, 93 percent were African-American, and 40 percent were younger than 18. Marijuana represented 45 percent of the drug items reported by NFLIS in 2006. The number of indicators for methamphetamine remained low. Ecstasy use is still troublesome, as evidenced by treatment admissions, poison control calls, law enforcement, and ME reports.

Drug Abuse Patterns and Trends in Minneapolis/St. Paul

Carol L. Falkowski

Consequences related to methamphetamine abuse and addiction showed significant signs of decline in 2006, in the wake of rising indicators since 2000. Only 8 percent of admissions to Twin Cities area addiction treatment programs were for methamphetamine in 2006, compared with 12 percent in 2005 and 10 percent in 2004. Methamphetamine was reported in 480 hospital emergency department incidents in 2006, compared with 2,307 for cocaine, 2,186 for marijuana, and 682 for heroin. The number of clandestine methamphetamine labs also fell throughout the State, in large part attributed to the 2005 State law

restricting the retail sales of products containing pseudoephedrine. Methamphetamine-related accidental deaths remained stable. Opiate-related accidental overdose deaths outnumbered those for any other illicit drug in 2006. From 2005 to 2006, these increased in Hennepin County from 60 to 69, but they declined in Ramsey County from 42 to 27. Treatment admissions for opiates other than heroin and methadone continued to increase, accounting for 3.8 percent of total admissions in 2006 compared with only 1.3 percent in 2000. Heroin addiction among high school students surfaced in a small college town south of the Twin Cities. Marijuana accounted for more admissions to addiction treatment programs than any other illicit drug, with 3,702 admissions representing 18.3 percent of total admissions. It was also a commonly reported secondary and tertiary substance problem among patients admitted for addiction to other drugs. Among patients in treatment for alcoholism, for example, 56.2 percent reported marijuana as their secondary substance problem, and 29.3 reported it as a tertiary problem.

Drug Trends in St. Louis

Heidi Israel, Ph.D., R.N., L.C.S.W., and James Topolski, Ph.D.

Methamphetamine use has stabilized in St. Louis, and the drug no longer produces the clandestine laboratory issues discussed in previous CEWG presentations. Legislation has reduced access to pseudoephedrine-based cold medications and has reduced the clandestine lab activity. Clandestine lab incidents dropped more than 50 percent from the previous year. However, access to methamphetamine from Mexico and the Southwest is considered to be the major component of the methamphetamine problem in the city and county of St. Louis and the surrounding five Missouri counties, but it is not nearly as significant a problem as the ice that is available in Kansas City. Treatment admissions in the St. Louis area for methamphetamine abuse decreased 25 percent from 2005 to 2006. A problem of immediate concern is both the heroin availability and use of prescription opiates. It is clear that heroin activity has become more widespread. Three

types of heroin are currently available in the St. Louis metropolitan statistical area. The other opiate problem involves the abuse of narcotic analgesics. Crack cocaine continued to be the stimulant problem in the area, but most indicators have remained relatively stable, with treatment admissions down slightly. Marijuana indicators continue to increase. Club drug abuse continued to be sparse and decreasing. In the St. Louis area, less than 10 percent of HIV cases had a risk factor of injection drug use, with most new cases identified among men who have sex with men or among minority women.

South

Patterns and Trends of Drug Use in Atlanta

Brian Dew, Ph.D.

Cocaine, marijuana, methamphetamine, and heroin are the dominant drugs of abuse in the metropolitan Atlanta area. Cocaine remains Atlanta's primary drug concern. Cocaine was the most mentioned drug among treatment admissions and prison admissions, and in NFLIS's drug seizure data. However, the proportion of cocaine-related treatment admissions continued a 6-year decline (59.0 percent in 2000 to 34.2 percent in the first half of 2006). Atlanta's cocaine users were most likely to be African-American, male, and older than 35. Nearly 8 out of 10 of all cocaine users who entered treatment preferred to smoke the drug. Marijuana remains the most commonly used substance in Atlanta. Ethnographic reports suggest that supply for marijuana is easily available and price levels for Mexican-grown marijuana have remained stable. However, the supply of BC Bud and hydroponic marijuana has increased, thereby driving retail prices down. Indicators are mixed with regard to methamphetamine. For the first time in more than 10 years, methamphetamine-related treatment admissions decreased (from 11.4 percent in 2005 to 7.7 percent in the first half of 2006). Methamphetamine-related NFLIS drug seizure data for 2006 also declined, while local law enforcement officials indicated increased use of methamphetamine

in suburban Atlanta. The increased availability of crystal methamphetamine led to an 11 percent increase (FY 2005 to the first half of 2006) in treatment admissions who preferred to smoke the drug. The proportion of female to male methamphetamine users seeking treatment widened in the first 6 months of 2006, both in metropolitan Atlanta and rural areas of the State. Although Whites were the most frequent users of methamphetamine, indicators suggest a growing level of methamphetamine use occurred among African-Americans. Heroin indicators continued to show decreasing levels of use with the majority of users concentrated in Atlanta's Bluff district. Rates of injecting South American heroin have remained stable although reports indicated a decrease in purity levels and increase in price. Law enforcement officials have reported greater amounts of Mexican brown powder heroin in Atlanta. The Georgia Medical Examiners Office reports that prescription benzodiazepines are second only to cocaine in the number of statewide postmortem specimens that test positive for a particular drug. Multiple indicators show that hydrocodone is the most commonly abused narcotic analgesic in Atlanta, followed by oxycodone.

Drug Use in the Baltimore Metropolitan Area: Epidemiology and Trends, 2002–2006

Leigh A. Henderson, Ph.D., and Doren H. Walker, M.S.

Heroin remained the most significant substance of abuse among drug-related treatment admissions in the Baltimore PMSA in 2006, responsible for 45 percent of total admissions. Heroin use in the Baltimore metropolitan area is complex. There were several groups of heroin users differing by urbanicity, route of administration, age, and race. In 2006, Baltimore had a core of older African-American heroin users, both intranasal users and injectors (39 and 20 percent of all heroin treatment admissions, respectively). White users entering treatment for heroin were younger and were predominantly injectors rather than intranasal users (29 and 9 percent of all heroin treatment admissions, respec-

tively). *The cocaine situation is complicated by the fact that for every treatment admission reporting primary cocaine use, 2.3 reported secondary use. In 2006, primary cocaine use was reported by 16 percent of treatment admissions, and secondary cocaine use by 35 percent. Cocaine smoking was the most prevalent route of administration among both primary and secondary users. Cocaine smoking and intranasal use were associated with intranasal heroin use in 33 percent of all those who smoked cocaine or used it intranasally. Cocaine injection was associated with heroin injection in 88 percent of all those who injected cocaine. Younger cocaine users tended to be White, while the African-American cocaine-using population aged. Marijuana was reported more frequently as a secondary substance by treatment admissions in 2006 (18 percent) than as a primary substance (16 percent). More than one-half (59 percent) of primary marijuana admissions reported the use of other substances, primarily alcohol (50 percent), although 9 percent reported cocaine. Some 41 percent were younger than 18, and 80 percent were male. Criminal justice referrals continued to constitute the majority of marijuana treatment admissions—61 percent in 2006. Opiates and narcotics other than heroin continued to increase as primary substances among treatment admissions. In 2006, treatment admissions for primary opiate use were 84 percent White; slightly more than one-half were male, and they were a younger population than in 2002; use of a wide range of secondary substances was reported. Similar numbers of treatment admissions reported primary and secondary opiate use. Secondary users were also predominantly White and 58 percent were male. Most reported opiate abuse secondary to heroin injection (31 percent) or intranasal heroin use (23 percent). Stimulants other than cocaine were rarely mentioned as the primary substance of abuse by treatment admissions. Tranquilizer use secondary to primary opiate use was reported by 13 percent of primary opiate treatment admissions.*

Drug Abuse in Miami/Ft. Lauderdale, Florida: June 2007

James N. Hall

Polysubstance abuse consequences fueled by nonmedical use of pharmaceuticals in combination with illicit drugs and/or alcohol dominate drug abuse indicators in Southeast Florida. A prescription drug was present in one-half of all cocaine-related deaths statewide. Cocaine consequences outnumber those for all other drugs in Miami-Dade County. The numbers of deaths, ED reports, and crime lab items related to the nonmedical use of prescription drugs in Broward County were more than double the numbers for Miami-Dade County in 2006. Heroin deaths across Florida decreased 56 percent between 2000 and 2005, while deaths related to prescription opiate pain medications increased 166 percent. Oxycodone was the most frequently cited narcotic analgesic among the unweighted ED DAWN Live! reports in both counties in 2006. Alprazolam (Xanax) is the benzodiazepine most often related to nonmedical use. Marijuana ranks second after cocaine (excluding alcohol) in ED reports, treatment admissions, and crime lab items. Measures of MDMA ('ecstasy') consequences and use increased slightly during 2006 reversing declining trends since 2001. GHB problems are reported at very low levels and continue to decline. Indicators of methamphetamine abuse also remain low, yet criminal cases are rising as high potency 'Mexican ice' is being trafficked via Atlanta into Florida. Sexual activity related to methamphetamine abuse is cited by public health officials as the key factor for why Miami-Dade and Broward Counties rank first and second in the Nation for per capita rates of HIV infection. Local trends from the Florida Youth Survey on Substance Abuse reflected declines in the prevalence of current use for most substances among Broward County middle and high school students between 2004 and 2006 but increases among Miami-Dade students.

Substance Abuse Trends in Texas

Jane Carlisle Maxwell, Ph.D.

Cocaine is the primary illicit drug for which Texans enter treatment, and it is a major problem on the border with Mexico. Indicators of cocaine use remain stable or are increasing slightly, although methamphetamine and ice are becoming more popular than cocaine in some areas. Crack cocaine admissions are more likely to be White or Hispanic. Heroin-dependent clients entering treatment are primarily injectors, but the proportion who are inhaling or sniffing heroin is increasing, which is reflected in the finding that the age of treatment admissions is decreasing and the proportion of Hispanics is increasing. 'Cheese heroin,' a mixture of Tylenol PM and heroin, is a problem in some Dallas schools. Hydrocodone is a larger problem than oxycodone or methadone, and problems with fentanyl patches fluctuate from year to year. Methadone indicators are increasing, and most adverse events are related to methadone pain pills. Codeine cough syrup, 'Lean,' continues to be abused. Marijuana indicators are mixed, and treatment admissions referred from the criminal justice system are less impaired than those who enter treatment voluntarily. Methamphetamine indicators are varied because of decreased 'cooking' in Texas, but the situation is expected to worsen with increased importation of very pure methamphetamine and ice from Mexico. Smoking ice is now the major route of administration for persons entering methamphetamine treatment. Abuse of alprazolam (Xanax) and carisoprodol (Soma) is increasing. All indicators of ecstasy use are increasing as the drug spreads from the club scene to the street. PCP indicators are rising, and dextromethorphan use by adolescents is increasing. Different types of inhalants are used by different users. HIV and AIDS cases are more likely to be persons of color, and the proportions of HIV and AIDS cases related to male-to-male sex are increasing. The heterosexual mode of transmission exceeded injection drug use among both HIV and AIDS cases in 2005. Overall, the proportion of injectors entering treatment is decreasing.

Patterns and Trends of Drug Abuse in Washington, DC

Erin Artigiani, M.A.; Cindy Voss, M.A.; Maribeth Rezey, B.A.; Joseph Tedeschi; and Eric Wish, Ph.D.

Cocaine/crack, marijuana, and heroin continued to be the main illicit drug problems in Washington DC, in 2006. The use and availability of PCP continues to fluctuate. Cocaine remained one of the most serious drugs of abuse in the District, as evidenced by the fact that more adult arrestees tested positive for cocaine than any other drug in 2006 and early 2007 (about 40 percent). Also, more seized items tested positive for cocaine (44 percent) than any other drug, as reported by NFLIS in CY 2006. Overdose deaths were also more likely to be related to cocaine than any other drug (64 percent) in 2005. Juvenile arrestees were more likely to test positive for marijuana than any other drug. The percentages of juveniles testing marijuana-positive have remained about the same for the past few years (around 50 percent). While other parts of the country have seen shifts in the use of methamphetamine, use remains low and confined to isolated communities in DC. The percentage of students reporting lifetime use of cocaine, marijuana, and methamphetamine in the DC YRBS decreased from 2003 to 2005. Marijuana and cocaine accounted for nearly all of the \$26 million worth of drugs seized by Washington/Baltimore High Intensity Drug Trafficking Area (W/B HIDTA) Initiatives in 2006. According to the W/B HIDTA, approximately 50 drug trafficking organizations (DTOs) (mostly African-American) were identified in 2005. The most frequent drugs trafficked by these DTOs were cocaine, marijuana, heroin, and PCP. Recent interviews with criminal justice and public health contacts confirm these trends. Findings show that biggest concerns among these key contacts are crack, heroin, PCP, and marijuana. New trends noted by these key contacts are blunts laced with amphetamines and other drugs, and the increase in gang activity in the Hispanic population. Misuse of pharmaceuticals among adolescents in the District and surrounding areas of Maryland and Virginia were also areas of concern.

West

Drug Abuse Patterns and Trends in Albuquerque and New Mexico

Nina G. Shah, M.S.

Marijuana is the most widely available and commonly used illicit drug in New Mexico, especially among teenagers, though heroin is the most significant drug threat in New Mexico in terms of abuse. Interestingly, the drug class of prescription opioids (i.e., methadone, oxycodone, hydrocodone, propoxyphene, fentanyl) caused the most unintentional overdose deaths in 2006, followed by heroin, cocaine, and drug/alcohol combinations. For illicit drugs, the overdose death rate from heroin decreased 21 percent from 6.7 per 100,000 in 2005 to 5.3 per 100,000 population in 2006, while cocaine (5.6 per 100,000 in 2005 and 5.7 per 100,000 in 2006) and methamphetamine death rates (1.8 per 100,000 in 2005 and 1.7 per 100,000 in 2006) remained relatively unchanged. For prescription drugs, the overdose death rate from methadone increased 33 percent from 1.8 per 100,000 population in 2005 to 2.4 per 100,000 in 2006; overdose deaths from opioids other than methadone increased 14 percent from 4.3 per 100,000 in 2005 to 4.9 per 100,000 in 2006; tranquilizer/muscle relaxant overdoses remained stable (3.3 per 100,000 in 2005 and 3.2 per 100,000 in 2006); and overdoses from antidepressants decreased 18 percent from 1.7 per 100,000 in 2005 to 1.4 per 100,000 in 2006. The heroin and cocaine overdose death rates are highest among Hispanics in New Mexico, yet prescription opioid overdose deaths have sharply increased among Whites (non-Hispanic) in the past few years. Consequently, racial disparity for total drug overdose death is diminishing. Compared with the rest of the State, decedents residing in Albuquerque (Bernalillo County) were more likely to die from heroin (rate ratio [RR]=2.8), cocaine (RR=2.3), methadone (RR=2.6), and drug/alcohol combination overdose (RR=2.1) during 2004–2006. The burden from methamphetamine abuse is highest in the southeast and northwest regions of the State according to indicator data; resources to combat metham-

phetamine abuse are targeted to these localized areas and Albuquerque. The number of methamphetamine lab incidents is declining, while most methamphetamine seized in 2006 was produced in Mexico. Items collected and analyzed by Albuquerque forensic labs during the first quarter of 2007 were largely cocaine (34 percent) and marijuana (30 percent); it is noted that the proportion of methamphetamine lab tests increased from 16 percent in 2006 to 24 percent in the first quarter of 2007. Rates of HIV infection remain low among IDUs because heroin-using networks are often familial and relatively static. Overall, 20 percent of 3,257 living HIV/AIDS cases in New Mexico have been identified with the risk factors of injection drug use or homosexual sex and injection drug use. Surveillance efforts have determined HCV infection status for one-third of people living with HIV/AIDS in the State. In 2006, 80 percent of IDUs living with HIV/HCV co-infection were male; 48 percent were White (non-Hispanic) and 37 percent were Hispanic. Forty-two percent were between ages 30 and 39 and 31 percent resided in the Albuquerque area. Data from the 2005 New Mexico Youth Risk and Resiliency Survey showed that high school students in the Albuquerque area, compared with students nationally (YRBS), reported higher prevalence of marijuana (30.5 vs. 20.2 percent) and cocaine use (9.4 vs. 3.4 percent) in the past month and of ever injecting an illicit drug (5.5 vs. 2.1 percent). Four percent of these students reported heroin use, 5.7 percent reported methamphetamine use, and 8.0 percent reported inhalant use in the past month. Drug use prevalence among these students was similar to high school students in New Mexico overall.

Patterns and Trends in Drug Abuse in Denver and Colorado: January–December 2006

Tamara Hoxworth, Ph.D.

Excluding alcohol, marijuana abuse has continued to result in the highest number of treatment admissions annually since 1997, although in 2006, all indicators decreased. There has been a gradual decline in statewide treatment admissions since 2001 and in Denver area admissions since 2004. There have also

been declines in marijuana hospital discharge reports, calls to the Rocky Mountain Poison & Drug Center, and in illicit drug seizures. Most cocaine indicators rose in 2006. In 2006, cocaine ranked third in statewide treatment admissions and second in admissions of persons living in the Denver metropolitan area. Cocaine had the highest illicit drug rate per 100,000 persons for hospital discharges from 1996 through 2006 and the highest proportion of illicit drug ED reports from 2004 through 2006. Cocaine also accounted for the highest drug-related mortality rates from 1996 through 2002, but was surpassed in 2003 by all opiates including heroin, and in 2004 through 2006, by opiates other than heroin. Cocaine had the highest number of poison center calls from 2001 through 2003 in the Denver area, but was surpassed by methamphetamine in 2004 and 2005. However, in 2006, cocaine had substantially more poison calls than methamphetamine (129 vs. 29 respectively). Most methamphetamine indicators declined in 2006. While methamphetamine surpassed cocaine in statewide treatment admissions in 2003, and in Denver/Boulder treatment admissions in 2005, 2006 data showed the first decline in several years for methamphetamine admissions and for poison calls. Clandestine laboratory closures decreased steadily since 2003, but the amount of methamphetamine seized continually increased through 2006. This is most likely because an estimated 80 percent of Colorado's methamphetamine comes from outside the State, predominantly Mexico. Moreover, drug enforcement officials have reported increased purity levels of methamphetamine seized in Colorado. Many heroin abuse indicators decreased over the last several years, while poison calls remained stable. In 2003 through 2006, opiate-related drug misuse mortalities exceeded those that were cocaine-related. Beyond abuse of illicit drugs, alcohol remained Colorado's most frequently abused substance and accounted for the most treatment admissions, poison center calls, drug-related hospital discharges, and drug-related mortality in 2006.

Illicit Drug Use in Honolulu and the State of Hawai'i

D. William Wood, M.P.H., Ph.D.

During 2006, several important changes occurred with respect to illicit drug use in Honolulu. There was a 31-percent decrease in Honolulu Police Department arrests for methamphetamine; a 3-percent decrease in treatment admissions for primary methamphetamine drug admissions; and a 24-percent decrease in decedents with a positive toxicology screen for methamphetamine. At the same time, there was an 80-percent increase in decedents with a positive toxicology screen for cocaine, a 55-percent increase in persons claiming cocaine as their primary drug of choice on admission to treatment, and a 94-percent increase in Honolulu Police Department arrests for cocaine. A 5-percent increase in positive decedent presence of opiates occurred during this time period, with an additional 26 methadone deaths. Arrests for opiates were down 51 percent. Seizures of 95,188 grams of dried marijuana from 4,842 plants were made during the year; there was a 2.8 percent increase in marijuana treatment admissions and a 2.4-percent increase in decedents with positive toxicology screens for marijuana during 2006. Data from NFLIS are presented, showing great stability in the four drugs most often collected and analyzed over the past 4 years. Numbers and risks for AIDS data are also presented. As these major changes in drug activity were being reported, the State was continuing its major fiscal recovery. Unemployment is nearly nonexistent, at 3 percent. As of December 2006, Caucasians represented nearly two-fifths of the population.

Patterns and Trends in Drug Abuse in Los Angeles County, California: June 2007 Update

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As the California Department of Alcohol and Drug Programs continues its shift to a new data management system, Los Angeles treatment admissions data were only available

for the first half of 2006 (January–June). Methamphetamine continued to dominate the local treatment system in early 2006 (with more than one in four admissions [26 percent] reporting primary methamphetamine abuse), despite an apparent leveling off of methamphetamine admissions. The second most frequently mentioned primary drug of abuse at admission was heroin (20.2 percent), followed closely by cocaine/crack (16.4 percent). Cocaine and methamphetamine together accounted for 66 percent of all Los Angeles-based illicit drug items analyzed and recorded by the NFLIS in calendar year 2006; and analgesics and benzodiazepines accounted for 70 percent of pharmaceutical/non-controlled drug items. Adolescent substance use data collected in the California Healthy Kids Survey (2005–06) illustrated that past-month usage percentages among Los Angeles County secondary school students remained somewhat stable (with a slight increase seen in inhalant use) over the percentages seen in 2004–05. According to weighted data for the 2004–06 surveys, school-based students were most likely to report lifetime use of marijuana (22.6 percent) or inhalants (12.8 percent), followed more distantly by methamphetamine or cocaine/crack (6.8 and 6.9 percent, respectively). Wholesale and retail drug prices and purities were relatively stable between 2005 and 2006. Mexican black tar heroin continues to be the heroin of choice in Los Angeles, though there has been a 0.3 percentage point decline in average purity and a \$0.10 increase in price per milligram pure. The Los Angeles HIDTA region (comprised of Los Angeles, Orange, Riverside, and San Bernardino counties) accounted for 26 percent of the 337 clandestine methamphetamine laboratory incidents reported in California in calendar year 2006. California was ranked 7th in laboratory seizures in the United States in 2006, and remains the home of the domestic methamphetamine ‘superlab.’ Ninety-two percent of the 13 superlabs seized throughout the United States from January–December 2006 were located in California; of those, 25 percent of were located in LA HIDTA counties (Los Angeles and Riverside, specifically). Regarding AIDS cases diagnosed in 2006 in Los Angeles County, 63 percent of males were infected

through sexual contact with another male and 6 percent were infected through sexual contact with an intravenous drug user (IDU), while 27 percent of females were infected through heterosexual contact and 14 percent were infected through sexual contact with an IDU.

Drug Abuse Patterns and Trends in Phoenix, Arizona

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After rising for multiple years, amphetamine-related hospital admissions in the Phoenix area plateaued in 2006. In contrast, cocaine- and heroin/opioid-related admissions increased in 2006 compared with the previous year. Despite their increases, cocaine- and heroin/opioid-related hospital admissions remained below amphetamine-related admissions, as they have since 2004. Amphetamine-related hospital admissions in Arizona’s rural counties also outnumbered those related to cocaine and heroin/opioids. In the Tucson area, however, cocaine-related hospital admissions in 2006 outnumbered amphetamine-related admissions by more than 100 percent. Heroin/opioid-related admissions also outnumbered amphetamine admissions, though by a lesser percentage. Source and intelligence information indicates that major Mexican producers are smuggling methamphetamine across the Arizona border in both solid and liquid form, possibly in equal proportions. To transport methamphetamine in liquid form, the drug is dissolved in water and then placed in containers, including liquor bottles and over-the-counter medicine bottles. Once the liquid methamphetamine is transported across the border, traffickers boil the water away, leaving methamphetamine in solid form. Intelligence also indicates that some high school students are ‘Roboing,’ which is mixing stimulants, depressants, or hallucinogenics with Robitussin, a nonprescription cough medicine. The specific controlled substances mixed with Robitussin are selected depending on the desired effect. The rate of emergent HIV/AIDS cases involving injection drug use appears to be slowly declining.

Drug Abuse Patterns and Trends in San Diego County, California

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Methamphetamine continues to be the primary drug of abuse in San Diego but there are some early signs that persistent increases in indicators of use and abuse may be abating. Methamphetamine accounted for 49 percent of all primary drug treatment admissions (excluding alcohol) between January and June 2006 (compared to 50 percent during the same period in 2005), followed by heroin (22 percent) and marijuana (17 percent). The number of admissions—both overall and for specific drugs—was generally unchanged compared with the first half of 2005. Preliminary arrestee monitoring estimates for 2006 show that methamphetamine was the most commonly detected drug among female adult arrestees (47 percent), and ranked second (below marijuana) for male adults (36 percent) and juveniles (10 percent); however, methamphetamine prevalence was lower across all three groups compared with 2005. New data from the San Diego County Health and Human Services Agency shows that opiates (including heroin) accounted for the largest number of ED and hospital visits involving drug dependence, while amphetamines (including methamphetamine), cannabis, and cocaine all accounted for more visits involving drug abuse.

Patterns and Trends of Drug Use in the San Francisco Bay Area

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Indicators suggest a modest decline in cocaine abuse since 2003. Problem users—those admitted to treatment or emergency departments (EDs)—remain predominantly Black, and smokers of ‘crack.’ About one-half of all ED cocaine patients in the 2006 DAWN Live! unweighted reports were older than 40. Heroin abuse is level after substantial declines from 2000 through 2004. Among ED patients in the unweighted DAWN Live! data in 2006, Whites

predominated; the median age was over 40 and injection was the preferred route of heroin use for well over 90 percent of patients for whom route of administration was reported. Heroin is cheaper than it was 5 years ago. There were about 11,100 heroin users in San Francisco County in 2006, about one-fifth fewer than in 2001. Local methamphetamine users remain predominantly male, overwhelmingly White, and of a median age well over 30. Injection is still the dominant route of methamphetamine use. Prevalence of methamphetamine use appears to have eased off after steep rises through 2004, especially among gay men. For bay area residents, recent use of marijuana is almost as common as that of tobacco. Marijuana was somewhat cheaper in 2006 than in 2004. The drug has recently become less commonly reported among treatment program admissions. Overall, marijuana use seems to have peaked in 2001, declined during 2002–2004, and then leveled off in the most recent 2 years. Use of club drugs and hallucinogens remains rare. The Consensus Group estimated that, in San Francisco in 2006, 13.5 percent of 7,100 heterosexual male IDUs, 10.5 percent of 4,000 female IDUs, and 42.0 percent of 5,200 MSM/IDUs were HIV-positive. The Group also estimated very low annual HIV-incidence rates for heterosexual men and women (0.5 percent each) but higher incidence rates for MSM/IDUs (2.6 percent).

Recent Drug Abuse Trends in the Seattle-King County Area

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Cocaine continues to be associated with substantial morbidity and mortality. The most common drug in emergency department reports is cocaine, and cocaine-involved deaths are at their highest level in at least a decade—111 drug-caused deaths involved cocaine and 43 of these deaths had no other drug detected. Prescription-type opiate-involved drug-caused deaths continue to increase, totaling 148, with nearly 90 percent of these deaths involving multiple drugs. Treatment admissions with

prescription-type opiates as the primary drug continue to increase. Treatment admissions and drug overdoses involving heroin dropped slightly in 2006, with treatment admissions second only to cocaine among the illegal drugs and fatalities less prevalent than cocaine or prescription-type opiates. Methamphetamine indicators appear to be leveling off at moderate levels in King County, with about 12 percent of adults entering drug treatment indicating methamphetamine as their primary drug, 18 deaths related to the drug, and fewer ED reports than the other major drugs of abuse. Manufacturing of methamphetamine continues

its rapid descent throughout Washington State. MDMA use continues at modest levels, with some morbidity and mortality. However, seizures of MDMA entering the United States via Washington are at high levels; 394 pieces of evidence submitted by local law enforcement throughout the State tested positive for MDMA, more than double the number from 2005. Marijuana use continues at high levels. Research conducted by the county health department indicates a decrease in the prevalence of hepatitis B and C and a continued low prevalence of HIV among 18–20-year-old Seattle-area injection drug users.

Appendix

Total Admissions, by Primary Substance of Abuse as a Percent of Total, and CEWG Area: FY 2006, CY 2006, and First Half of 2006

Area	Percent of Total Admissions							Total (N)
	Alcohol ¹	Cocaine/ Crack	Heroin	Other Opiates	Marijuana	Stimulants	Other Drugs	
FY 2006								
Boston	34.7	7.8	49.6	3.6	2.8	0.2	1.3	18,098
Chicago	18.4	25.4	38.4	1.1	13.1	0.3	3.3	70,065
Detroit	23.2	31.6	29.2	1.2	14.6	NR ²	0.2	7,730
San Francisco	22.2	22.9	32.7		8.3	12.4	1.4	10,122
CY 2006								
Baltimore	27.8	12.8	39.2	5.6	13.2	0.3	1.1	35,735
Denver	35.8	15.1	6.8	3.4	23.7	13.7	1.5	11,812
Mpls./St. Paul	48.3	14.1	5.8	3.8	18.3	8.0	1.7	20,208
New York City	27.1	21.8	27.7	0.7	20.3	0.3	2.2	79,432
Phoenix ³	30.7	10.5	11.6	3.5	12.9	29.5	1.3	3,870
St. Louis	24.5	25.6	13.2	0.5	20.7	3.3	12.1	10,719
Seattle	35.3	16.5	13.5	3.9	15.8	11.4	3.5	11,803
Hawaii	16.7	4.9	2.5	NR	22.9	42.1	10.9	7,733
Maine	50.6	7.0	92.3	20.9	10.7	0.4	1.1	10,912
Texas	25.3	24.2	9.6	4.7	21.4	12.2	2.7	85,215
1H 2006								
Atlanta	32.4	34.2	4.9	NR	20.9	7.7	NR	4,409
Los Angeles	16.9	17.4	20.2	1.6	16.4	25.8	1.7	27,217
San Diego	17.5	6.8	18.4	2.4	13.7	40.5	0.8	6,742

¹Atlanta includes alcohol-only data; some areas combine alcohol-only and alcohol-in-combination.

²NR=Not Reported

³Excludes admissions for which primary and secondary substances of abuse were not identified.

SOURCE: June 2007 State and local reports

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