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Epidemiologic Trends in Drug Abuse

Advance Report

Community Epidemiology Work Group

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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CONTENTS

FOREWORD

This Advance Report is a synthesis of findings presented at the 54th semiannual meeting of the Community Epidemiology Work Group (CEWG) held in St. Louis, Missouri, on June 24–27, 2003, under sponsorship of the National Institutes of Health, National Institute on Drug Abuse (NIDA). Information reported at each CEWG meeting is 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 the current conditions and potential problems so that appropriate and timely action can be taken. Researchers also use this information to develop research hypotheses that might explain social, behavioral, and biological issues related to drug abuse.

In an opening presentation to CEWG participants, keynote speaker Lee N. Robins, Ph.D., Professor, Washington University School of Medicine, acknowledged the value of the CEWG and its publications, and suggested a strategy that might be used by the CEWG to assess and understand why drug patterns and rates of drug abuse change in one area and not another.

Andrew L. Homer, Ph.D., Coordinator for Research and Statistics, Missouri Department of Mental Health, Division of Alcohol and Drug Abuse, welcomed the participants. He noted the role played by the CEWG as an "early warning system" and cited examples, including the beginning of the crack epidemic and the recent "club drug" phenomenon.

In addition to presentations by the 21 CEWG members, the meeting included the following:

- A panel on an emerging/current issue—methadone-associated mortality (see pages 32–33).

- Presentations on the status of and recent data produced by two national data sources—the National Institute of Justice's (NIJ's) Arrestee Drug Abuse Monitoring (ADAM) program, and the Drug Enforcement Administration's (DEA's) National Forensic Laboratory Information System (NFLIS).

- An update on the status of the Drug Abuse Warning Network (DAWN) by staff of the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA).

- Presentations on drug abuse in Missouri by representatives from Washington University; University of Missouri; Family Counseling, Inc.; the Regional Crime Laboratory at Southeast Missouri

State University; Missouri State Highway Patrol; Division of Corrections at the Department of Public Safety; and the St. Louis Office of the Drug Enforcement Administration. (Harvey Siegal, Ph.D., researcher from the Center for Intervention, Treatment and Addiction Research, Wright State University, served as a panel moderator).

- Presentations on the status and most recent drug abuse data produced by the surveillance systems in Canada and Mexico.

Moira P. O'Brien
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WHAT IS THE CEWG?

The CEWG, established by NIDA, is a unique epidemiology network that functions as a surveillance system to identify drug abuse patterns and trends, as well as emerging drug problems and issues. Through ongoing research at the State, city, and community levels, interactive semiannual meetings, a dedicated e-mail system, and other exchange mechanisms, the 21 CEWG members maintain an ongoing multidimensional perspective from which to access, view, and interpret drug-related phenomena and change over time. The CEWG has proven to be a useful mechanism for advancing knowledge about drug abuse and its consequences, and alerting public health personnel, service providers, and policymakers to problems and needs. The CEWG has pioneered in identifying the emergence of drug epidemics and patterns of abuse, such as those involving abuse of methaqualone (1979–1982), crack (1983–1986), methamphetamine (1987–1989), and "blunts" (1993–1995). Methylenedioxy-methamphetamine (MDMA or "ecstasy") abuse indicators were first reported by CEWG members in June 1987.

The 21 CEWG areas include the following:

Atlanta	Los Angeles	Phoenix
Baltimore	Miami/Ft. Lauderdale	St. Louis
Boston	Minneapolis/St. Paul	San Diego
Chicago	New Orleans	San Francisco
Denver	New York	Seattle
Detroit	Newark	Texas
Honolulu	Philadelphia	Washington, DC

CEWG members bring the following attributes to the network:

- Extensive experience in community research, which over many years has fostered information sharing between members and local agencies

- A body of knowledge about their local communities, drugs, and drug-abusing populations, the social and health consequences of drug abuse, drug trafficking and other law enforcement patterns, and emerging drugs within and across communities

- Ongoing collaborative relationships with one another and other researchers and experts in the field, which allows for both learning about new issues and sharing information

- The capability to access relevant drug-related data from the literature, media, and Federal, State, community, and neighborhood sources

- An understanding of the strengths and limitations of each data source

- The skills required to systematically analyze and synthesize multiple sources of information, and interpret findings within the local community context

While members rely on quantitatively based data sets and sources, they also use a variety of qualitative research methods at the local level to obtain more in-depth information on drug-abusing populations and trends; these include ethnographic techniques, focus groups, and key informant interviews.

Major indicators and primary data sources used by CEWG members and cited in this report include those shown below.

Emergency department (ED) drug mentions data. These DAWN data were provided by OAS, SAMHSA. The data are reported semiannually and represent drug-related visits to 24-hour non-Federal facilities by persons age 6 and older in 21 metropolitan statistical areas (MSAs); 20 are CEWG areas. ED data for the first half of 2002 are preliminary. In 2001, the drug vocabulary was revised, as were estimates published previously for 1994–2000. Also in 2001, ED rates per 100,000 population were based on the 2000 decennial census for the first time, resulting in a larger denominator than in the 1994–2000 period, when less precise annual population projections developed by the U.S. Bureau of the Census were used as denominators in calculating ED rates. In DAWN EDs, up to four drugs may be recorded for each patient who may visit the ED more than once in a reporting year; thus, data cannot be used for prevalence estimates. Statistically significant changes ($p>0.05$) are reported as "percent change"; relative standard errors for DAWN tables are published on the Internet, as are other DAWN data, at <http//:samhsa.gov/oas/dawn.htm>.

Drug-related mortality data. Data from the medical examiner component of DAWN (OAS, SAMHSA) are presented in this report for the years 1999–2001. This DAWN data set provides information on drug abuse-related deaths identified by death investigations in 128 medical examiner/coroner jurisdictions in 42 MSAs; 20 MSAs are CEWG areas. The data include "drug-induced" deaths (i.e., those directly caused by a drug or drugs) and "drug-related" deaths (those in which drugs played a contributory role). Because up to six drugs can be mentioned in a reportable case, drug "mentions" always exceed the total number of deaths. In cases where multiple drugs are involved, the cause of death cannot be attributed to a particular substance. Some facilities do not test for or report on marijuana. Counts do not represent

the Nation as a whole, nor do they represent MSAs with less than full participation. CEWG areas with full participation are identified in the DAWN mortality exhibits in this report. More complete information can be accessed from the Internet at <http://DAWNinfo.net>.

Also presented in this report are mortality data on selected drugs in eight CEWG areas; these data were derived from local medical examiners (MEs) and coroners for 2000–2002.

Substance abuse treatment admissions data. These data, for 2000–2002, were derived from three sources: State treatment databases (18 CEWG areas); the Treatment Episode Data Set (TEDS) maintained by OAS, SAMHSA; and admissions samples from programs in Miami-Dade and Broward Counties, Florida (Miami/Ft. Lauderdale). Colorado, Hawaii, Illinois, and Texas representatives report statewide treatment admissions data. Data from some CEWG areas represent calendar years, while others represent fiscal years. Data are reported as percentages of admissions for primary drug of abuse; the denominators exclude alcohol admissions.

Arrestee drug-testing data. These data, for 2000–2002, were derived primarily from the ADAM program supported by NIJ. Beginning in 2000, changes were made in ADAM, including the data collection instrument and sampling of adult male arrestees, making data prior to 2000 noncomparable to that from 2000 onward. Since 2000, adult male arrestees have been selected based on probability sampling and data are weighted. Convenience sampling is used to select the smaller samples of females and findings represent unweighted data, making the data noncomparable to those for adult males. Urinalysis continues to be used to test for 10 drugs, with confirmation to distinguish methamphetamine from amphetamines. The 2002 data on adult arrestees do not represent all four quarters of data collection in 6 of the 16 CEWG sites or for adult females in 4 of the 9 CEWG sites in ADAM; these exceptions are noted in the ADAM exhibits Data on juvenile arrestees continue to be based on the Drug Use Forecasting model. Additional information can be accessed on the Internet at <www.adam-nij.net>.

Forensic drug laboratory testing. Data from the NFLIS are reported for 2002. Sponsored by the U.S. DEA, NFLIS accumulated drug analysis results from State and local forensic labs, which, as of May 2003, included 187 of the Nation's approximately 300 State and local labs, with 162 reporting regularly. Currently, labs in or near 17 CEWG areas participate in NFLIS (the exceptions are Atlanta, Phoenix, Seattle, and Washington, DC).

Drug seizure, trafficking, price, and purity data. This report includes nationwide DEA data on drug seizures in 2002.

Issues identified by the CEWG are highlighted for each drug category, followed by data from the major indicator sources. When multiple years appear in an exhibit, the peak year for the time periods presented will appear in **boldface** type. Information derived from CEWG meeting discussions and papers appears in *italic* type.

ISSUES AND FINDINGS FROM THE CEWG

POLYSUBSTANCE ABUSE

POLYSUBSTANCE abuse is proliferating across all CEWG areas. Patterns are changing rapidly. The abuse of an ever-growing array of illicit and licit substances used in a variety of combinations is contributing to a rise in health problems and deaths.

New patterns of polysubstance abuse were identified by CEWG members. Changes and variations in polysubstance abuse were attributed to a variety of factors including the following: the increased role of nonmedical use of prescription drugs, especially narcotic analgesics and benzodiazepines; the "club drug" culture in which an array of different types of drugs are available and used in combination or sequentially to achieve desired effects; the use of different substances to enhance effects or counteract negative effects of other drugs; the substitution of one drug for another (e.g., narcotic analgesic prescription drugs for heroin); and the use of telecommunications and computer technology in drug distribution. Samples of these findings and issues are presented below:

Washington, DC
The police department reports that MDMA pills have been dissolved in liquid phencyclidine (PCP). It is believed by some users that MDMA will enhance the effects of PCP (Eric Wish).

Atlanta
Street-level dealers are known to be selling MDMA with Viagra, known to many when taken together as 'sexctasy' (Tara McDonald).

Minneapolis/St. Paul
In western Hennepin County, a seizure of 2,700 blue pills with a design of a handshake being sold as ecstasy actually contained MDMA, methamphetamine, and ketamine. Other pills sold as ecstasy contained only MDMA (3,4-methylenedioxyamphetamine) (Carol Falkowski).

Missouri
In southeastern Missouri, toxicology analyses of 2,174 drug cases from March 2002 to March 2003 showed that the most common combinations were amphetamines, methamphetamine, benzodiazepines, and marijuana (Pamela Johnson).

Minneapolis/St. Paul
Polysubstance abuse has always been an issue, but today, drug abusers have greater access to, and therefore use, a greater array of substances (Carol Falkowski).

Miami/Ft. Lauderdale
There are many factors associated with the new poly-substance patterns, including the diversion of prescription drugs, especially narcotic analgesics and benzodiazepines (James Hall).

New York
Virtual sellers and dealers working out of apartments are able to sell other [more than one] drugs. The techno-method, in which a connection is made through beeper, cell phone, or the Internet, has gained popularity (Rozanne Marel).

Baltimore
Information about new polydrug abuse patterns is being transmitted culturally, e.g., through 'hip-hop' music (Doren Walker).

New Orleans
Drugs continue to be used by drug abusers, sequentially and in-combination, to enhance or offset the negative effects of another drug (Gail Thornton-Collins).

PATTERNS/TRENDS ACROSS CEWG AREAS

While CEWG members regularly report on the abuse of such drugs as cocaine, heroin, marijuana, and methamphetamine, they emphasize the fact that most abusers use multiple substances. This abuse pattern varies within and across communities, but is exemplified in federally supported data sets (exhibit 1).

DAWN ED Data (1H 2002)

- The preliminary DAWN ED estimates from the first half of 2002 show that more than 71 percent of the cocaine mentions represented multidrug episodes, as did approximately 53 percent of the heroin mentions, 74 percent of the marijuana mentions, and 54 percent of the methamphetamine mentions across the coterminous United States.

TEDS Data (2001)

- Similar figures appear in the TEDS data for 2001: 71 percent of the primary cocaine treatment admissions used more than one drug, as did 59 percent of the primary heroin admissions, 67 percent of primary marijuana admissions, and 71 percent of the primary amphetamine/methamphetamine admissions.

DAWN Mortality Data (2001)

- Among DAWN drug-involved death mentions across 20 CEWG areas in 2001, the vast majority of deaths involved more than one drug, including cocaine (83 percent), heroin (89 percent), and methamphetamine (92 percent). Even among the smaller number of marijuana mentions (*n* = 422), 78 percent involved other drugs.

In CEWG areas, 94 percent of the DAWN narcotic analgesic death mentions involved more than one drug. A recent study of oxycodone deaths in 23 States (based on DAWN classification) showed that nearly 97 percent involved other drugs, such as benzodiazepines, alcohol, cocaine, other narcotics, marijuana, or antidepressants (Cone, E.J. et al. Oxycodone Involvement in Drug Abuse Deaths…, *Journal of Analytic Toxicology* 27:57–67, 2003).

ADAM Data (2002)

- In ADAM data from 16 CEWG areas, nearly one-quarter of male arrestees tested positive for more than 1 drug. In nine CEWG areas, 26 percent of adult females tested positive for multiple drugs.

Exhibit 1. Polydrug Use—Examples from 4 Federally Supported Data Sets by Selected Drug

Data Set (Year)/Variable	Cocaine	Heroin[1]	Marijuana	Metham-phetamine
DAWN ED (1H 02)[2] *Percentage of multi-drug episodes*	71.5	53.3	73.9	54.0
TEDS (2001)[3] *Percentage of primary admissions group using more than one drug*	71.0	59.0	67.0	71.0 (includes amphetamines)
DAWN Mortality (2001)[4] *Percentage of mentions with more than one drug*	83.0	88.9	78.4	91.6
ADAM (2002) *Median percentage of adult arrestees using multiple drugs (any of 10)*[5]	*Males*[6]		*Females*[7]	
	24.6		26.1	

[1]Includes morphine in DAWN mortality data and "opiates" in ADAM.
[2]Represents the coterminous United States; more than 96 percent of the (preliminary) mentions are reported from CEWG areas.
[3]Represents all primary admissions reported to TEDS.
[4]Represents 20 CEWG areas only.
[5]Includes barbiturates, benzodiazepines, cocaine, marijuana, methamphetamine, methaqualone, opiates, phencyclidine, and propoxyphene.
[6]Represents 16 CEWG areas (the median is nearly identical to that for all 36 ADAM sites).
[7]Represents 9 CEWG areas (the median is similar to that for all 23 sites).

NFLIS Data (2002)

- Data from participating State and local forensic laboratory drug analyses show that cocaine and heroin are the combinations most frequently identified (exhibit 2).

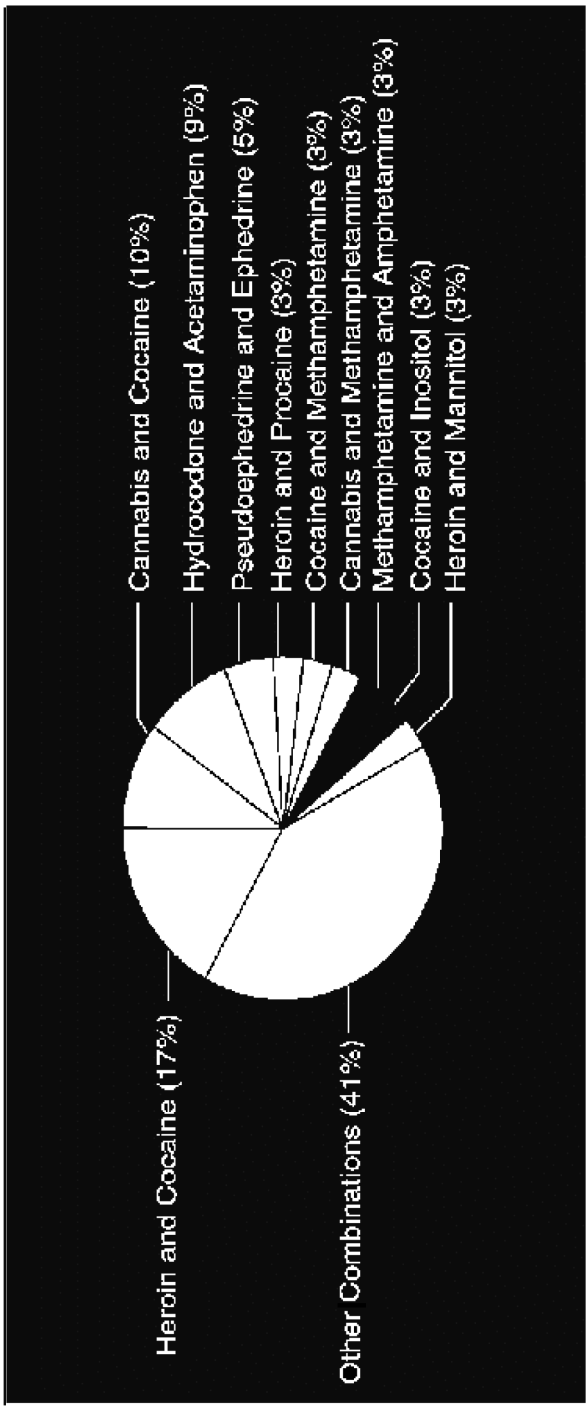


Exhibit 2. Distribution of Top 10 Drug Combinations: 2002

SOURCE: NFLIS

METHAMPHETAMINE

METHAMPHETAMINE production and abuse have become national issues of concern to health providers, social services, law enforcement, and environmental agencies. In addition to the large "super labs" in California, and trafficking from Mexico, there has been a proliferation of small "mom and pop" laboratories throughout the Nation, especially in rural areas. Abuse of the drug continues to spread geographically and to different populations.

Methamphetamine abuse and production continue at high levels in Hawaii, west coast areas, and some southwestern areas:

Honolulu
In Honolulu, there were 62 methamphetamine-related deaths in 2002. Among adult arrestees, 50 percent of females and 44 percent of males tested positive for methamphetamine (William Wood).

San Diego
In 2002, 39 percent of San Diego treatment admissions were for primary methamphetamine abuse (Michael Ann Haight).

San Francisco
In San Francisco, methamphetamine usage continues to be widespread, and risky injection practices among gay/bisexual men continue to be a major factor in the incidence of the human immunodeficiency virus (HIV) (John Newmeyer).

Seattle
Informants report increasing use of 'ice' and 'glass'…areas experiencing increasing methamphetamine incidents are those that are more rural (Caleb Banta-Green).

Abuse and manufacture of methamphetamine continues to move eastward, especially to rural areas:

Denver
Reports from clinicians, researchers, and street outreach workers around the State all describe the widespread and growing availability and use of methamphetamine (Bruce Mendelson).

St. Louis
While the number of primary methamphetamine treatment admissions was still relatively low in St. Louis in 2002 (n=456), methamphetamine was the drug of choice after alcohol in rural treatment programs (Heidi Israel).

Missouri
In 2002, 46 percent of the 15,676 methamphetamine lab incidents were reported in 9 sites located in mid-America—Missouri (2,788), Iowa (862), Kansas (763), Oklahoma (595), Tennessee (560), Illinois (551), Arkansas (398), Kentucky (372), and Nebraska (272). (Pamela Johnson)

New York
There has been a slight increase in the availability of methamphetamine, especially in the Bronx, where field researchers found 'crystal meth' being sold. The New York State Police have found an increasing number of methamphetamine labs in areas of the State outside New York City—from 2 in 1999 to 46 in 2002 and 10 in the first 6 weeks of 2003 (Rozanne Marel).

South Florida
Methamphetamine abuse is an emerging drug epidemic in the 'outbreak' stage across the region (James Hall).

Data also point to new populations of methamphetamine users in some areas:

Denver
Programs in Colorado report increased use of methamphetamine among Hispanics and younger groups (adolescents and persons in their early twenties). Crack abusers are switching to methamphetamine (Bruce Mendelson).

Boston
Methamphetamine abuse is emerging in the club scene (Daniel Dooley).

Missouri
Although predominately used by White males and females, there are indicators suggesting that other ethnic populations are using methamphetamine (Jim Topolski).

Texas
In Amarillo, street outreach workers report that more African-Americans are beginning to inject methamphetamine (Jane Maxwell).

Health consequences to methamphetamine abusers are serious, but there are also consequences to children and to agencies that seize and clean up methamphetamine labs:

Captain Ron Replogle, Missouri Highway Patrol, noted that, nationally in 2002, 1,997 children were endangered by being exposed to the contamination in methamphetamine labs, often located in or around their homes. The costs associated with seizing and cleaning methamphetamine labs have been draining the resources of law enforcement agencies.

Missouri
Relatively large percentages of methamphetamine abusers inject the drug, making them at increased risk for health problems, including hepatitis B and C and HIV (Jim Topolski).

Phoenix
In Phoenix, it was reported by the DEA that 31 children were present at clandestine lab locations during the second quarter of fiscal year (FY) 2003. The DEA reported that the approximate costs for clandestine methamphetamine laboratory cleanup in the area was $743,000 for calendar year 2002 (Ilene Dode).

CEWG participants noted distinguishing factors related to methamphetamine:

San Francisco
One of the factors that makes this drug epidemic different is its production and distribution from rural areas (John Newmeyer).

Missouri
Methamphetamine abuse is more prominent in rural Missouri and is dominated by White abusers (Andrew Homer).

Harvey Siegal, panel moderator, stated that methamphetamine production, abuse, and related consequences are among the greatest challenges facing our Nation.

PATTERNS/TRENDS ACROSS CEWG AREAS

DAWN ED Data (2001–1H 2002)

- Preliminary rates of methamphetamine ED mentions in the first half of 2002 continued to be highest in west coast areas and parts of the southwest, with San Francisco leading at 24 per 100,000 population (exhibit 3).

- A similar geographic pattern characterized rates of amphetamine ED mentions, with rates being highest in Phoenix (26), and San Diego and San Francisco (each 23).

DAWN Mortality Data (2001)

- Across 13 CEWG areas that report DAWN ME data, only 3 had mentions of amphetamines that exceeded 8 in 2001; these were San Diego with 84, San Francisco with 31, and San Antonio with 11. Death mentions involving methamphetamine in 2001 were highest in San Diego (94), Dallas (37), San Francisco (32), Denver (19), and San Antonio (18). Of the Dallas methamphetamine mentions, 13 involved a single drug, as did 4 in Denver, and 3 in San Diego.

Exhibit 3. Rates of Methamphetamine and Amphetamine ED Mentions Per 100,000 Population by CEWG Area: First Half 2002

[1]Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.

SOURCE: DAWN, OAS, SAMHSA

Local ME Data (2002)

- Across four CEWG areas reporting local ME data, Phoenix reported the highest number of methamphetamine-related deaths in 2002: 132 involving methamphetamine and 44 involving methamphetamine/ combinations. Honolulu reported 62 methamphetamine-related deaths in 2002. Both Minneapolis/St. Paul and Seattle reported 14 deaths involving methamphetamine or amphetamines in 2002. Three of the Minneapolis deaths also involved MDMA.

Treatment Data (2000–2002)

- Primary admissions for amphetamines/methamphetamine (excluding alcohol) represented a sizable minority of treatment admissions in eight CEWG areas in 2002. Most admissions were primary methamphetamine abusers. The proportions of methamphetamine admissions (excluding alcohol) were highest in Honolulu (52.1 percent, including a few amphetamine admissions) and San Diego (49.7 percent), followed by Los Angeles (18.5 percent), Colorado (16.8 percent) and Seattle (14.7 percent). During the first half of 2002, 11.2 percent of illicit drug admissions in Minneapolis/St. Paul were for primary methamphetamine abuse, as were 9.5 percent in Atlanta and 5.3 percent in St. Louis.

ADAM Data (2000–2002)

- The percentages of adult male arrestees testing methamphetamine-positive in CEWG areas in 2002 were highest in Honolulu (44.8 percent), San Diego (31.7 percent), Phoenix (31.2 percent), Los Angeles (14.8 percent), and Seattle (10.9 percent). The percentages ranged between 2 and 4 percent in Atlanta, San Antonio, Denver, Minneapolis, and Dallas. As shown in exhibit 4, the percentages testing methamphetamine-positive trended upward in nine CEWG areas between 2000 and 2002.

Exhibit 4. Percentages of Adult Male Arrestees Testing Methamphetamine-Positive in 10[1] CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Atlanta[2]	0.5	NS[3]	**2.1[3]**
Dallas[2]	2.1	1.7	**4.0[3]**
Denver	2.6	3.4	**3.8**
Honolulu[2]	35.9	37.4	**44.8**
Los Angeles	NS	NS	14.8[3]
Minneapolis	1.6	2.4	**3.9**
Phoenix[2]	19.1	25.3	**31.2**
San Antonio	0.2	**2.6**	2.3
San Diego	26.3	27.9	**31.7**
Seattle	9.2	**11.1**	10.9

[1]In six other sites, the 2002 percentages ranged between zero and 1.3 percent.
[2]In 2002, fourth quarter data in four sites were not weighted because of absence of census data.
[3]NS = Not sampled or represents partial data.
SOURCE: ADAM, NIJ

- One-half of adult female arrestees in Honolulu tested methamphetamine-positive in 2002, as did nearly 42 percent of those in Phoenix and 37 percent in San Diego. As shown in exhibit 5, the percentages of women testing methamphetamine-positive tended to trend upward from 2000 in four CEWG areas.

Exhibit 5. Percentages of Adult Female[1] Arrestees Testing Methamphetamine-Positive in 5[2] CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Denver	5.3	4.3	**6.8**
Honolulu	47.2	36.1	**50.0**
Los Angeles[3]	NS	NS	14.3
Phoenix	24.1	32.3	**41.7**
San Diego	28.7	32.0	**36.8**

[1]Female data are unweighted.
[2]The percentages in four other CEWG areas ranged from zero to 0.6.
[3]Represents only the last two quarters of 2002; females were not sampled in 2000 and 2001.
SOURCE: ADAM, NIJ

- Among juvenile arrestees tested in Phoenix and San Diego in 2002, 13.8 percent of the males and 26.3 percent of the females in Phoenix tested methamphetamine-positive, as did 9.2 percent of the males and 10.3 percent of the females in San Diego.

NFLIS Data (2002)

- Methamphetamine was the third most frequently identified drug in NFLIS in 2002, accounting for an estimated 11.8 percent of all drugs analyzed.

DEA Data (2002)

- The DEA reported seizures totaling 118,049,279 dosage units in 2002, less than the 139,540,464 dosage units seized in 1995.

MARIJUANA

MARIJUANA is the most frequently used illicit drug in CEWG areas. Local and national surveys show high levels of use and abuse among adolescents and young adults. Treatment data point to increasing numbers of primary marijuana abusers entering treatment. Arrest rates for possession and sale of marijuana are also high, leading to an influx of court-referred marijuana users into the treatment system. There is evidence also of higher potency marijuana in recent years. CEWG members identified issues needing further study, including the following:

- The potency levels of marijuana and its effects on the user
- The problems and needs presented by court and non-court treatment referrals
- Criteria for making treatment referrals and for treatment interventions

The high level of marijuana use among the young is documented in school surveys in a number of CEWG areas, including those shown below:

Chicago
The proportion of 9th–12th graders who reported current marijuana use increased from 1993 and reached 29 percent in 2001 (Dita Davis).

Minneapolis/St. Paul
According to the most recent Minnesota Student Survey (2001), 30.3 percent of high school seniors had used marijuana in the past year (Carol Falkowski).

Boston
Recent Risk Behavior Survey data show that 42 percent of Boston high school students had used marijuana in their lifetime and 23 percent had used within the past month (Daniel Dooley).

Texas
The 2002 Texas Secondary School Survey found that 32 percent of students had ever tried marijuana and 14 percent had used it in the past month (Jane Maxwell).

Examples of the rise in marijuana arrests, as well as high levels of marijuana-positive tests among arrestees, are cited in most CEWG areas, including the following:

Boston
The percentage of Class D arrests (mainly marijuana) in Boston increased 14 percent from 2001 to 2002 (Daniel Dooley).

Los Angeles
In 2002, a total of 4,818 marijuana arrests were made in the City of Los Angeles, accounting for 20 percent of all narcotic arrests made that year (Beth Finnerty).

Washington, DC
In 2002, 41 percent of adult male arrestees in the District tested positive for marijuana, as did one-third of the female arrestees (Eric Wish).

New York
In New York City, 44 percent of adult male arrestees tested marijuana-positive, as did 31 percent of females (Rozanne Marel).

Minneapolis/St. Paul
In Minneapolis, 54 percent of adult male arrestees tested marijuana-positive, compared with 45 percent in 1998 (Carol Falkowski).

The impact of marijuana abuse on the treatment system is documented in most CEWG areas, as in the examples below:

Texas
Seventy-eight percent of all adolescent treatment admissions in Texas in 2002 had a primary problem with marijuana, compared with only 35 percent in 1987. Fifty-three percent of these clients had legal or juvenile justice problems; however, this group was less impaired than other marijuana adolescent admissions, as indicated by fewer days of drug use and less severe scores on the Addiction Severity Index (Jane Maxwell).

Phoenix
Approximately 75 percent (n=13,559) of admissions to the Treatment Alternatives to Street Crime (TASC) Juvenile Probation Program in Maricopa County from 1989 to March 2003 were for marijuana treatment (Ilene Dode).

Honolulu
In Hawaii in 2002, there were 1,514 admissions for marijuana treatment, triple the number in 1992 (William Wood).

Chicago
In Illinois, marijuana admissions increased from 20,773 in FY 2000 to 26,372 in FY 2002 (Dita Davis).

St. Louis
In St. Louis, marijuana treatment admissions more than doubled from 1,573 in 1997 to 3,210 in 2001 (Heidi Israel).

Marijuana is being used in combination with a variety of other substances:

Miami/Ft. Lauderdale
The local practice of adding powder cocaine to marijuana cigarettes (known as 'dirties') and other polydrug abuse patterns may be a key factor in the rising consequences linked to marijuana (James Hall).

Washington, DC
Marijuana is most often smoked in blunts or joints, which can be combined with rocks of cocaine or dipped in liquid PCP (Eric Wish).

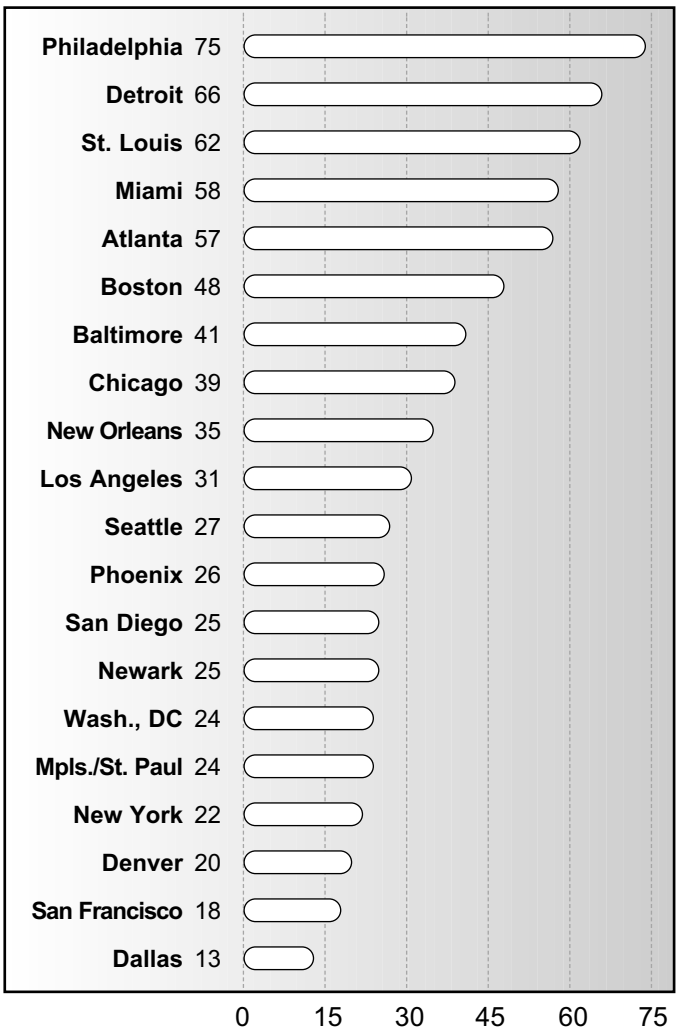
PATTERNS/TRENDS ACROSS CEWG AREAS

DAWN ED Data (2001–1H 2002)

- Rates of marijuana ED mentions per 100,000 population increased significantly between the first halves of 2001 and 2002 in Miami, Newark, Phoenix, and San Diego, but they decreased in Chicago, San Francisco, and Seattle.

- As shown in exhibit 6, rates in the first half of 2002 were highest in Philadelphia (74), Detroit (66), St. Louis (62), Miami (58), and Atlanta (57).

Exhibit 6. Rates of Marijuana ED Mentions Per 100,000 Population: First Half 2002



SOURCE: DAWN, OAS, SAMHSA

DAWN Mortality Data (2001)

- Marijuana-related death mentions in DAWN totaled 422 across 20 CEWG areas in 2001; it was the only drug detected in 20 cases. Mentions were highest in Detroit (*n* = 74) and Dallas (65), and ranged between 1 and 39 in 16 other areas where a number was recorded.

Treatment Data (2000–2002)

- Primary marijuana admissions (excluding alcohol) accounted for approximately one-quarter to one-half of admissions for illicit drug use in 12 of the 20 CEWG areas reporting 2002 treatment data (exhibit 7). The proportions were highest in Minneapolis/St. Paul (47.7 percent), Miami (45.6 percent), Colorado (39.4 percent), New Orleans (37.0 percent), and Seattle (34.0 percent).

Exhibit 7. Primary Marijuana Treatment Admissions by CEWG Area and Percent (Excluding Alcohol): 2000–2002[1]

CEWG Area/State	Year		
	2000	2001	2002
Atlanta[2]	19.4	20.9	**26.1**
Baltimore[2]	19.0	**19.1**	17.4
Boston	**8.2**	7.7	6.6
Detroit	9.2	10.4	**13.4**
Los Angeles	8.6	11.3	**14.2**
Miami (sample)	37.0	NR[3]	**45.6**
Mpls./St. Paul	**49.4**	49.2	47.7
New Orleans	36.9	**37.5**	37.0
New York	24.1	25.2	**26.1**
Newark[2]	6.0	**6.1**	5.7
Philadelphia	21.7	19.7	**22.4**
St. Louis	32.3	35.5	**36.3**
San Diego	20.5	**25.9**	25.3
San Francisco	5.9	6.5	**9.7**
Seattle[2]	31.0	**34.4**	34.0
Wash., DC	**10.2**	7.9	5.8
Colorado	40.5	**40.6**	39.4
Hawaii	27.8	**28.6**	28.5
Illinois	25.8	25.9	**28.1**
Texas	25.5	**26.1**	25.8

[1]Represents either fiscal or calendar year.
[2]Represents only half-year data for 2002.
[3]NR = Not reported.
SOURCES: CEWG June 2003 reports on State and local data; for Washington, DC, TEDS

- Trend data show little change in the proportions of primary marijuana admissions from 2000 to 2002. An increase of approximately 4 to 7 percentage points did occur in seven areas, the highest being in Atlanta, followed by Los Angeles.

ADAM Data (2000–2002)

- The percentages of adult male arrestees testing marijuana-positive in 2002 exceeded the percentages testing positive for other drugs in 12 of the 16 CEWG areas; this was true for adult female arrestees in only 3 of 9 CEWG sites (Phoenix, Los Angeles, and San Diego).

- The percentages of adult males testing marijuana-positive in 16 CEWG areas in 2002 were highest in Minneapolis (54.2 percent), Chicago (49.4 percent), Philadelphia (47.7 percent), New Orleans (46.9 percent), and New York (44.3 percent) (exhibit 8). The largest percentage-point increase from 2000 to 2002 was in Phoenix (7.8).

Exhibit 8. Percentages of Adult Male Arrestees Testing Marijuana-Positive in 16 CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Atlanta[1]	**38.2**	NS[2]	35.2[3]
Chicago	45.0[3]	**50.2**[3]	49.4
Dallas[1]	**35.8**	32.9	35.3[3]
Denver	**40.9**	40.0	40.3
Honolulu[1]	30.4	30.2	**32.2**
Laredo	**28.6**	26.4	26.1[3]
Los Angeles	NS	NS	36.4[3]
Minneapolis	**54.2**	53.6	54.2
New Orleans	46.6	44.9	**46.9**
New York	40.6	40.5	**44.3**
Philadelphia	**49.4**	42.7	47.7[3]
Phoenix[1]	33.7	39.7	**41.5**
San Antonio	40.7	40.7	**42.0**
San Diego	**38.7**	36.4	37.8
Seattle	37.7	35.1	**38.5**
Wash., DC	NS	NS	40.7[3]

[1]In 2002, fourth-quarter data in four sites were not weighted because of absence of census data.
[2]NS = Not sampled or reported.
[3]Represents only partial-year data.
SOURCE: ADAM, NIJ

- Among adult female arrestees, the proportions testing marijuana-positive were highest in Los Angeles (35.7 percent), and Denver, San Diego, and Washington, DC (all 33.3 percent) (exhibit 9).

Exhibit 9. Percentages of Adult Female[1] Arrestees Testing Marijuana-Positive in 9 CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Denver	**33.8**	33.0	33.3
Honolulu	19.4	13.9	**20.6**
Laredo	17.2	14.3	**7.4**[3]
Los Angeles	NS[2]	NS	35.7[3]
New Orleans	**28.0**	25.1	26.0
New York	28.2	**32.1**	30.6[3]
Phoenix	23.3	26.5	**29.4**
San Diego	27.2	27.2	**33.3**
Wash., DC	NS	NS	33.3[3]

[1]Female data are unweighted.
[2]NS = Not sampled or not reported.
[3]Partial-year data.
SOURCE: ADAM, NIJ

- In three CEWG areas where juveniles were tested in 2002, the proportions of males testing marijuana-positive were high in Phoenix (67.9 percent), San Diego (50.0 percent), and San Antonio (48.4 percent). The proportions of female youths testing positive were much lower: San Antonio (23.5 percent), San Diego (30.8 percent), and Phoenix (34.2 percent).

NFLIS Data (2002)

- Cannabis ranked first as the most frequently identified drug in the NFLIS system in 2002, accounting for an estimated 35.2 percent of all drugs analyzed.

DEA Data (2002)

- The DEA reported seizures of 195,644 kilograms of marijuana in 2002, the lowest amount since 1996.

COCAINE/CRACK

Cocaine/Crack abuse was endemic in almost all CEWG areas in 2002. Rates of ED cocaine mentions in the first half of 2002 were particularly high in Baltimore, Miami, Atlanta, Philadelphia, and Chicago, ranging between 120 and 140 per 100,000 population. Primary cocaine treatment admissions constituted more than 40 percent of illicit drug admissions (excluding alcohol) in seven areas, with the majority being for crack. Between 27 and 49 percent of male arrestees tested cocaine-positive in 14 CEWG areas.

Polydrug abuse is common among powder and crack cocaine abusers. It is frequently reported as a secondary drug by heroin abusers admitted to treatment:

Chicago
Cocaine use was common among heroin users in Chicago. In an ongoing study of non-injecting heroin users, 73 percent reported using crack and 68 percent powder cocaine (Dita Davis).

Washington, DC
The police department in the District describes crack as a weekend drug and heroin as a more steady ongoing market. Marijuana is overwhelmingly the secondary drug of choice among 18–25-year-old cocaine users (Eric Wish).

St. Louis
Polydrug use is evident among cocaine/crack abusers in St. Louis. The reported use of marijuana, heroin, and methamphetamine, in addition to cocaine, suggests this trend is likely to continue (Heidi Israel).

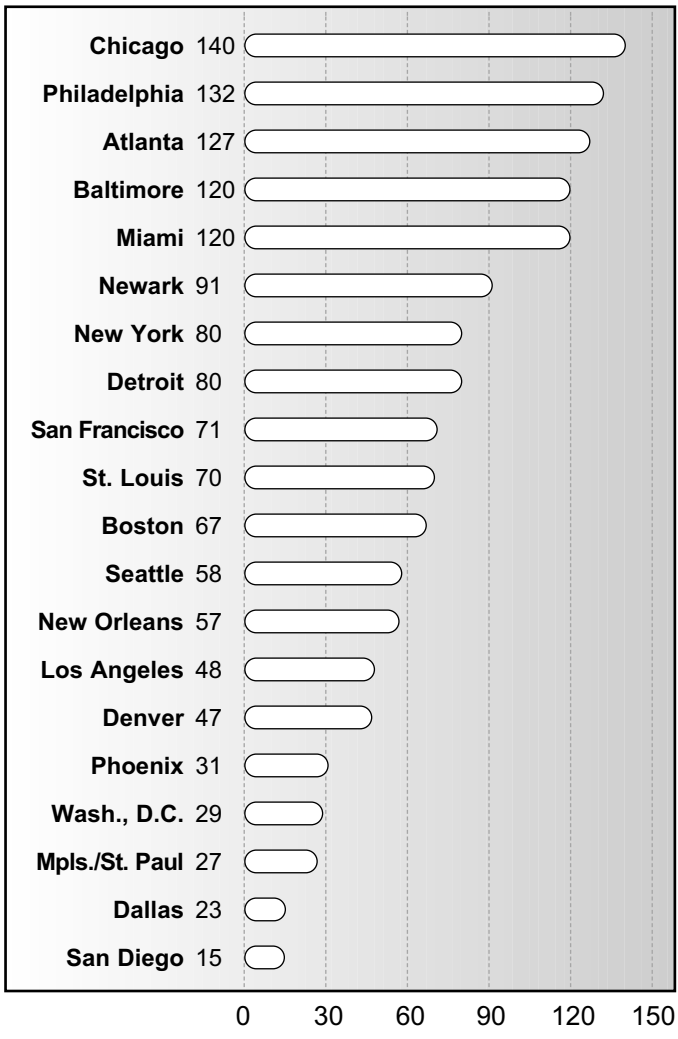
PATTERNS/TRENDS ACROSS CEWG AREAS

DAWN ED Data (2001–1H 2002)

- Rates of ED mentions per 100,000 population were higher for cocaine than for any other drug in 17 CEWG areas. Rates increased significantly between the second half of 2001 and the first half of 2002 in Baltimore, Denver, Newark, and San Diego, while decreasing in San Francisco and Seattle.

- As shown in exhibit 10, rates were highest in Chicago (140), Philadelphia (132), Atlanta (127), Baltimore and Miami (each 120), Newark (91), and Detroit and New York (each 80) in the first half of 2002.

Exhibit 10. Rates of Cocaine ED Mentions Per 100,000 Population: First Half 2002



SOURCE: DAWN, OAS, SAMHSA

- Rates for cocaine were much higher than those for methamphetamine in west coast areas, including San Francisco (71 vs. 24), Los Angeles (48 vs. 8), Seattle (58 vs. 9), and San Diego (15 vs. 11).

DAWN Mortality Data (1999–2001)

- In the DAWN data, cocaine-related death mentions exceeded those for other drugs in 8 of 13 CEWG areas in 2001. Cocaine-involved death mentions peaked in 2001 (from 1999 and 2000) in seven CEWG areas.

- In DAWN, cocaine-related death mentions in 2001 were particularly high in Chicago (*n* = 514), Baltimore (248), Dallas (185), Newark (148), San Antonio (130), Atlanta (137), Boston (132), Denver (126), San Francisco (106), and New York (101) (exhibit 11).

- In Atlanta in 2001, cocaine was the only drug detected in 54 percent of the mentions, as was the case for approximately one-third of the mentions in Chicago, Denver, and Washington, DC. In the other CEWG areas, single-drug deaths involving cocaine ranged from a low of 5 percent in New York (Long Island) to a high of 22 percent in Dallas.

Exhibit 11. Number of Cocaine-Involved Death Mentions in 13 CEWG Areas: 1999–2001

CEWG Area	1999	2000	2001
Atlanta	**172**	151	137
Baltimore[1]	**303**	243	248
Boston	117	118	**132**
Chicago	511	464	**514**
Dallas	153	157	**185**
Denver[1]	82	80	**126**
New Orleans	82	**111**	90
New York[1]	94	69	**101**
Newark	130	137	**148**
San Antonio	110	126	**130**
San Diego[1]	74	**84**	40
San Francisco[1]	**158**	146	106
Wash., DC	106	**107**	90

[1]In these sites, 100 percent of the population is covered.
SOURCE: DAWN, OAS, SAMHSA

Local ME Data (2000–2002)

- As shown in exhibit 12, cocaine-related deaths reported by local MEs in 2002 were highest in Detroit (*n* = 417), Philadelphia (270), Miami (215), and Phoenix (116). Deaths involving cocaine increased from 2000 to 2002 only in Detroit and South Florida areas.

Exhibit 12. Number of Cocaine-Related Deaths Reported by Local MEs in 8 CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Detroit	396	406	**417**
Honolulu	22	**24**	23
Miami[1]	184	201	**215**
Mpls./St. Paul	**60**	48	45
Philadelphia	**321**	300	270
Phoenix	**167**	136	116
St. Louis	**66**	NR[2]	58
Seattle	**89**	49	79

[1]Represents Miami-Dade and Broward Counties.
[2]NR = Not reported.
SOURCE: MEs/coroners as cited in CEWG June 2003 reports

Treatment Data (2000–2002)

- Primary cocaine treatment admissions—excluding alcohol admissions—were high in 9 of the 20 CEWG areas reporting treatment data in 2002: Atlanta (58.4 percent), a Miami sample (45.3 percent), New Orleans (42.7 percent), St. Louis and Washington, DC (41.9 percent each), Philadelphia (40.3 percent), Texas (38.7 percent), Detroit (38.6 percent), and Illinois (30.3 percent) (exhibit 13).

Exhibit 13. Percentages of Primary Cocaine Treatment Admissions by CEWG Area (Excluding Alcohol): 2000–2002[1]

CEWG Area/State	Year			% Crack
	2000	2001	2002	2002[2]
Atlanta[3]	**70.3**	68.1	58.4	82.9
Baltimore[3]	15.5	15.1	**15.8**	77.3
Boston	**18.4**	16.0	15.0	58.6
Detroit	**40.8**	38.7	38.6	94.0
Los Angeles	21.6	22.9	**23.3**	86.4
Miami (sample)	27.0	NR[4]	**45.3**	NR
Mpls./St. Paul	**29.8**	26.6	27.2	82.7
New Orleans	33.3	40.0	**42.7**	NR
New York	28.5	**29.3**	28.5	61.7
Newark[3]	**9.0**	7.0	6.8	73.9
Philadelphia	**48.1**	39.6	40.3	82.6
St. Louis	44.1	**44.3**	41.9	90.8
San Diego	**13.1**	12.1	10.2	82.3
San Francisco	**24.2**	21.4	23.9	NR
Seattle[3]	21.1	**21.9**	19.9	NR
Wash., DC	**43.7**	41.4	41.9	61.8
Colorado	**20.7**	20.7	20.7	59.9
Hawaii	**10.6**	8.0	8.5	51.3
Illinois	**39.0**	31.6	30.0	81.6
Texas	**42.5**	38.9	38.7	71.6

[1]Represents either fiscal or calendar year.
[2]Represents the percentage of primary cocaine admissions who reported smoking the drug.
[3]Represents only half-year data for 2002.
[4]NR = Not reported.
SOURCES: CEWG June 2003 reports on State and local data; for Washington, DC, TEDS

- The majority of primary cocaine admissions in 2002 were for smoked cocaine (crack) in the 16 sites reporting the route of administration. The highest proportions were in Detroit (94.0 percent), St. Louis (90.8 percent), Los Angeles (86.4 percent), Atlanta (82.9 percent), Minneapolis/St. Paul (82.7 percent), Philadelphia (82.6 percent), San Diego (82.3 percent), Illinois (81.6 percent), Baltimore (77.3 percent), Newark (73.9 percent), Texas (71.6 percent), Washington, DC (61.8 percent), and New York (61.7 percent).

- Trends in admissions from 2000 to 2002 show little change in most CEWG areas since 2000, with increases or declines of less than 4 percentage points. The exceptions were New Orleans, with an increase of approximately 9 percentage points, and Atlanta, Illinois, and Philadelphia, with declines of 12, 9, and 8 percentage points, respectively. (The data reported from Miami and San Francisco are not comparable from 2000 to 2002.)

ADAM Data (2000–2002)

- Nearly one-half of the adult male arrestees in Atlanta (49.4 percent), New York (49.0 percent), and Chicago (47.9 percent) tested positive for cocaine in 2002. The proportions of males testing cocaine-positive were also high in New Orleans (42.4 percent), Philadelphia (38.7 percent), Seattle (38.1 percent), Laredo (36.2 percent), Denver (32.7 percent), San Antonio (32.5 percent), Los Angeles (32.1 percent), Minneapolis (30.8 percent), and Dallas (30.7 percent) (exhibit 14).

Exhibit 14. Percentages of Adult Male Arrestees Testing Cocaine-Positive in 16 CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Atlanta[1]	48.5	NS[2]	**49.4**[3]
Chicago	37.0[3]	40.6[3]	**47.9**
Dallas[1]	27.7	30.4	**30.7**[3]
Denver	**35.4**	33.8	32.7
Honolulu[1]	**15.8**	10.8	9.1
Laredo	**45.1**	35.0	36.2[3]
Los Angeles	NS	NS	32.1[3]
Minneapolis	25.7	28.0	**30.8**
New Orleans	34.8	37.3	**42.4**
New York	48.8	44.6	**49.0**
Philadelphia	30.9	36.7	**38.7**[3]
Phoenix[1]	**31.9**	27.2	27.1
San Antonio	20.4	29.6	**32.5**
San Diego	**14.8**	14.1	12.7
Seattle	31.3	32.0	**38.1**
Wash., DC	NS	NS	27.5[3]

[1]In 2002, fourth-quarter data in four sites were not weighted because of absence of census data.
[2]NS = Not sampled or reported.
[3]Represents only partial-year data.
SOURCE: ADAM, NIJ

- The percentage of male arrestees testing cocaine-positive increased several percentage points from 2000 to 2002 in San Antonio (12.1 percentage points), Chicago (10.9), Philadelphia (7.8), New Orleans (7.6), Seattle (6.8), Minneapolis (5.1), and Dallas (3.0). Decreases of 5 to 9 percentage points occurred in three sites (Honolulu, Laredo, and Phoenix).

- The proportions of adult female arrestees testing cocaine-positive were particularly high in Denver (44.6 percent), New Orleans (42.2 percent), New York (38.9 percent), Washington, DC (38.5 percent), and Phoenix (26.2 percent) (exhibit 15).

Exhibit 15. Percentages of Adult Female[1] Arrestees Testing Cocaine-Positive in 9 CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Denver	**46.9**	45.0	44.6
Honolulu	**19.4**	9.7	9.4
Laredo	22.4	**26.5**	11.4[2]
Los Angeles	NS[2]	NS	21.4[2]
New Orleans	41.1	38.1	**42.2**
New York	53.0	**56.9**	38.9[2]
Phoenix	**35.2**	31.6	26.2
San Diego	**26.1**	16.5	21.2
Wash., DC	NS	NS	38.5[2]

[1]Female data are unweighted.
[2]NS = Not sampled or reported, or represents partial-year data.
SOURCE: ADAM, NIJ

NFLIS Data (2002)

- Cocaine was the second most frequently identified drug in the NFLIS system in 2002, accounting for an estimated 31.4 percent of all drugs analyzed.

DEA Data (2002)

- Nationwide in 2002, 61,594 kilograms of cocaine were seized by the DEA, 3.6 percent more than in 2001 and 35.9 percent more than in 1995.

HEROIN

Heroin indicators were relatively stable in 2002, but continued at high levels in Boston, Chicago, Detroit, Newark, Philadelphia, and San Francisco. Primary heroin treatment admissions ranged from 62 to 82 percent of all illicit drug admissions (excluding alcohol) in Baltimore, Boston, and Newark; rates of heroin ED mentions exceeded 100 per 100,000 population in Chicago and Newark; and heroin/opiate-related deaths ranged between 275 and 496 in Philadelphia, Baltimore, Chicago, and Detroit. DEA data show heroin purity in 2001 was highest in Philadelphia (73 percent pure), and ranged between 56 and 68 percent in New York, Boston, and Newark—all areas where South American and Southwest Asian heroin were widely available.

Boston

Heroin deaths and emergency department mentions were stable at high levels, but heroin treatment admissions continued to rise (Daniel Dooley).

Detroit

With increases in heroin ED mentions and heroin-involved deaths, heroin abuse appears to be increasing in the Detroit area (Richard Calkins).

New York

Primary heroin admissions to all treatment programs in New York City have been gradually increasing—24 percent from 1994 to 2002 (Rozeanne Marel).

Newark

In Newark and the State, the rise in heroin injection among treatment admissions was most pronounced among 18–25-year-olds, but injection among those age 26–34 also increased moderately. This practice has serious implications, potentially increasing HIV and hepatitis C infection rates (Abate Mammo).

San Francisco

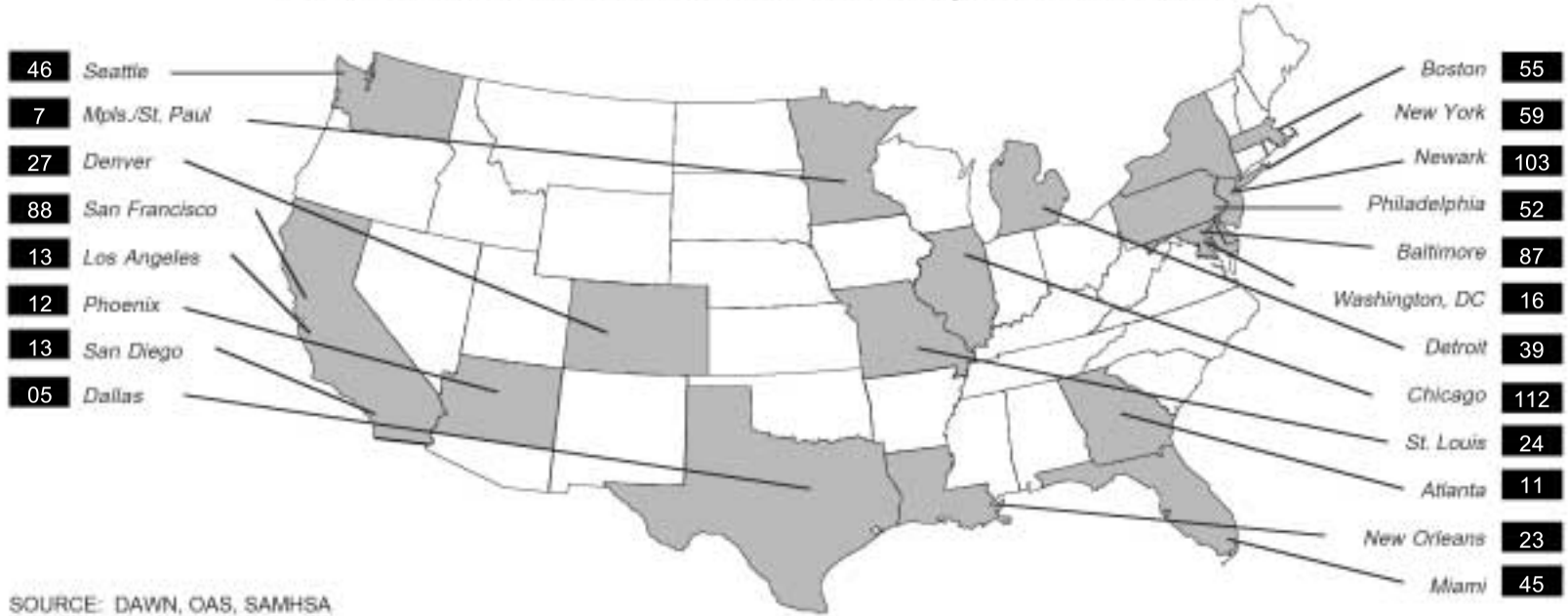
Arrests for heroin-related offenses totaled 6,136 in 2002, 16 percent higher than in 2001 (John Newmeyer).

PATTERNS/TRENDS ACROSS CEWG AREAS

DAWN ED Data (2001–1H 2002)

- The highest rates of heroin ED mentions per 100,000 population were reported in Chicago (112), Newark (103), San Francisco (88), and Baltimore (87) (exhibit 16).

Exhibit 16. Rates of Heroin ED Mentions Per 100,000 Population: First Half 2002



SOURCE: DAWN, OAS, SAMHSA

- Significant decreases in heroin ED rates occurred between the first halves of 2001 and 2002 in six CEWG areas: Baltimore, Dallas, Detroit, Phoenix, San Diego, and Washington, DC. The only significant increase occurred in Denver. The most recent (preliminary) decrease in Baltimore continued the downward trend reported from 1999 to 2000. The decrease in Detroit reversed the significant increase reported from 1999 to 2000.

- Rates of heroin ED mentions were relatively low in the first half of 2002 in six CEWG areas: Dallas (5), Minneapolis/St. Paul (7), Atlanta (11), Phoenix (12), San Diego (13), and Washington, DC (16).

DAWN Mortality Data (1999–2001)

- The numbers of DAWN heroin/morphine death mentions in 2001 were highest in Chicago (352), Baltimore (349), Boston (195), and Newark (177), peaking in Boston over a 3-year period (exhibit 17). In Chicago and Denver, between 22 and 23 percent of the deaths involved only heroin. In the other CEWG areas shown in exhibit 17, there were no single-drug deaths in Atlanta, and between 6 and 16 percent in the other 10.

Exhibit 17. Number of Heroin/Morphine-Involved Death Mentions in 13 CEWG Areas: 1999-2001

CEWG Area	1999	2000	2001
Atlanta	**39**	30	17
Baltimore[1]	**451**	397	349
Boston	168	183	**195**
Chicago	456	**499**	352
Dallas	77	**94**	76
Denver[1]	**79**	66	77
New Orleans	38	**48**	37
New York[1]	**105**	96	96
Newark	128	**179**	177
San Antonio	77	**90**	88
San Diego[1]	142	**145**	111
San Francisco[1]	77	**90**	88
Wash., DC	**95**	84	64

[1]In these sites, 100 percent of the population is covered.
SOURCE: DAWN, OAS, SAMHSA

Local ME Data (2000–2002)

- In eight CEWG areas reporting on heroin/morphine-related drug mortality in 2002, the numbers were particularly high in Detroit (496), Philadelphia (275), Southern Florida counties (137), and Phoenix (103) (exhibit 18).

Exhibit 18. Number of Heroin/Morphine-Related Deaths Reported by Local MEs in 8 CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Detroit	473	465	**496**
Honolulu	22	**24**	14
Miami[1]	174	**194**	137
Mpls./St. Paul	58	**77**	77
Philadelphia	**332**	316	275
Phoenix	**137**	103	103
St. Louis	**47**	36	35
Seattle	**89**	49	87

[1]Represents Miami-Dade, Broward, and Palm Beach Counties.
SOURCE: MEs/coroners as cited in CEWG June 2003 reports

Treatment Data (2000–2002)

- Primary heroin treatment admissions continued to account for large proportions of all admissions (excluding alcohol admissions) in eight areas in 2002: Newark (86.1 percent), Boston (72.6 percent), Baltimore (61.8 percent), Washington, DC (46.9 percent), Detroit (42.7 percent), New York (41.1 percent), San Francisco (40.4 percent), and Los Angeles (38.4 percent) (exhibit 19).

Exhibit 19. Percentages of Primary Heroin Treatment Admissions by CEWG Area (Excluding Alcohol): 2000–2002[1]

CEWG Area/State	Year		
	2000	2001	2002
Atlanta[2]	6.6	8.6	**10.3**
Baltimore[2]	**64.3**	60.4	61.8
Boston	69.1	**74.1**	72.6
Detroit	43.4	**46.9**	42.7
Los Angeles	**55.5**	46.3	38.4
Miami (sample)	2.0	NR[3]	**9.0**
Mpls./St. Paul	6.9	6.4	**7.1**
New Orleans	15.3	**18.3**	14.6
New York	42.9	**43.2**	41.1
Newark[2]	83.8	85.9	**86.1**
Philadelphia	24.1	**33.9**	29.6
St. Louis	**16.4**	15.0	13.7
San Diego	**14.6**	12.3	11.7
San Francisco	54.8	**63.0**	40.4
Seattle[2]	**29.0**	23.7	26.6
Wash., DC	44.7	**47.0**	46.9
Colorado	**14.7**	13.9	13.5
Hawaii	**8.5**	5.1	4.7
Illinois	22.8	**24.7**	23.4
Texas	**17.5**	16.4	15.9

[1]Represents either fiscal or calendar year.
[2] Represents only half-year data for 2002.
[3]NR = Not reported.
SOURCES: CEWG June 2003 reports on State and local data; for Washington, DC, TEDS

- Primary heroin admissions (excluding alcohol admissions) in 2002 were lowest in Hawaii (4.7 percent), Minneapolis/St. Paul (7.1 percent), Miami (9.0 percent), Atlanta (10.3 percent), San Diego (11.7

percent), Colorado (13.5 percent), St. Louis (13.7 percent), New Orleans (14.6 percent), Texas (15.9 percent), and Seattle (26.6 percent).

- Comparable data from 18 CEWG areas for 2000 versus 2002 show only one major change—a decrease of 17.1 percentage points in Los Angeles.

ADAM Data (2000–2002)

- The CEWG/ADAM sites reporting the highest percentages of adult male arrestees testing opiate-positive were Chicago (26.0 percent), New Orleans (17.4 percent), Philadelphia (15.9 percent), and New York (15.0 percent) (exhibit 20).

Exhibit 20. Percentages of Adult Male Arrestees Testing Opiate-Positive in 16 CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Atlanta[1]	2.8	NS[2]	**3.4**[3]
Chicago	**27.0**[3]	21.8[3]	26.0
Dallas[1]	3.0	4.8	**6.1**[3]
Denver	3.4	**5.2**	4.0
Honolulu[1]	**6.8**	3.4	3.5
Laredo	9.9	**10.7**	6.5[3]
Los Angeles	NS	NS	5.8[3]
Minneapolis	3.0	**5.4**	5.1
New Orleans	15.5	15.6	**17.4**
New York	**20.5**	18.7	15.0
Philadelphia	11.8	13.2	**15.9**[3]
Phoenix[1]	**6.6**	6.0	5.0
San Antonio	10.2	9.1	**11.0**
San Diego	6.0	**7.6**	5.6
Seattle	9.9	**10.3**	10.0
Wash., DC	NS	NS	9.5[3]

[1]In 2002, fourth-quarter data in four sites were not weighted because of absence of census data.
[2]NS = Not sampled or reported.
[3]Represents only partial-year data.
SOURCE: ADAM, NIJ

- The percentages of male arrestees testing positive for opiates were low in Atlanta, Honolulu, and Denver, ranging from 3.4 to 4.0 percent. The proportions ranged between 5.0 and 5.8 percent in Phoenix, Minneapolis, San Diego, and Los Angeles, with somewhat higher proportions in Dallas (6.1 percent), Laredo (6.5 percent), and Washington, DC (9.5 percent).

- There was little change in the percentages of male arrestees testing opiate-positive from 2000 to 2002. The percentage, while low, doubled in Dallas, and increased 4 percentage points in Philadelphia. Percentage-point decreases were highest in New York (5.5), Laredo (3.4), and Honolulu (3.3).

- Of the nine CEWG sites where adult female arrestees were tested in 2002, 17.9 percent of the women in Washington, DC, tested opiate-positive, as did 14.3

percent of those in Los Angeles, 13.9 percent of those in New York, and 9.2 percent of the women in New Orleans (exhibit 21). Percentage-point decreases from 2000 to 2002 were highest in New York (5.2) and Honolulu (2.4).

Exhibit 21. Percentages of Adult Female[1] Arrestees Testing Opiate-Positive in 9 CEWG Areas: 2000–2002

CEWG Area	2000	2001	2002
Denver	**5.8**	5.2	5.4
Honolulu	**8.3**	4.2	5.9
Laredo	6.9	**10.2**	7.4[2]
Los Angeles	NS	NS	14.3[2]
New Orleans	8.5	7.6	**9.2**
New York	**19.1**	13.9	13.9[2]
Phoenix	**6.5**	6.3	5.2
San Diego	7.5	**8.6**	5.8
Wash., DC	NS	NS	17.9[2]

[1]Female data are unweighted.
[2]NS = Not sampled or reported, or represents partial-year data.
SOURCE: ADAM, NIJ

NFLIS Data (2002)

- Heroin was the fourth most frequently identified drug in the NFLIS in 2002, accounting for an estimated 6.3 percent of all drugs analyzed.

DEA Data (2002)

- In 2002, the DEA seized 705 kilograms of heroin, considerably less than the 876 kilograms seized in 1995.

OTHER OPIATES/NARCOTICS

OPIATES/NARCOTICS (excluding heroin) appear increasingly in drug indicator data, particularly hydrocodone and oxycodone products. Methadone, associated with an increase in deaths, was a concern addressed by a special panel at the June 2003 CEWG meeting.

EXCERPTS FROM METHADONE PANEL REPORTS

Based on DAWN mortality data in eight areas, most methadone-related deaths involved other drugs. The DAWN ED data on methadone mentions show the following types of other drug combinations: cocaine and other narcotic analgesics; cocaine, alcohol, and oxycodone; acetaminophen-hydrocodone; and cocaine and benzodiazepines (Elizabeth Crane).

Currently, 200,000 heroin-addicted patients in more than 1,000 clinics are being maintained on methadone, primarily a liquid form of the drug. In addition, methadone

is increasingly being prescribed by physicians, primarily in 5–10-milligram tablets. Methadone, long used in the treatment of heroin addiction, is increasingly used as a pain medication because of its analgesic properties and relatively low cost. The drug is long-lasting, with a slow metabolism and kinetics. When prescribed as an analgesic, it is typically taken 4 times a day—a dosage that can be fatal when a patient is not otherwise opioid-tolerant. Toxicity varies by individual, but methadone is more likely to become fatal when used with other drugs. Medical charts for prescribing methadone can also be misleading. For this and other reasons, there is a need for physician education programs (Alan Trachtenberg).

United States

The number of items examined in the United States by the NFLIS between 2001 and 2002 increased 14 percent, while methadone items increased 122 percent. Analyses were also conducted by type of methadone. Methadone maintenance programs predominantly dispense the liquid form at clinics and 40-milligram diskettes for 'take home,' while physicians prescribe 5- and 10-milligram tablets for chronic pain. Analyses showed a 133-percent increase in tablets (diskettes) and pills but only an 11-percent increase in the number of liquid methadone items.

The DEA Automation of Reports and Consolidated Orders System (ARCOS-2), which tracks drug distribution to pharmacies, drug stores, and hospitals, reported increases in methadone distribution in 2002. States with the highest number of distributed grams of methadone tablets per 100,000 population included Alaska, Alabama, Arkansas, Nevada, Oregon, and Maine—areas with relatively large rural populations and few methadone programs (Jane Maxwell).

Seattle

In King County, methadone-related deaths increased from 24 in 2001 to 37 in 2002. ED methadone mentions, while showing some decline, are common. Tablets are the most common form of methadone identified in ED data. DEA data show a 157-percent increase in methadone prescription sales to hospitals and pharmacies from 1997 to 2001 (Caleb Banta-Green).

OXYCODONE

Increases in oxycodone indicators were reported in 12 CEWG areas. Several CEWG members reported on the increasing popularity of oxycodone products:

St. Louis

Abuse of prescription oxycodone (Percocet and Percodan) is growing in popularity (Heidi Israel).

Denver

Based on ethnographic reports, more oxycodone is showing up on the street, and it is not being taken as seriously as other street drugs (Bruce Mendelson).

San Francisco
Oxycodone ED mentions increased 110 percent between the first halves of 2001 and 2002. Ethnographic observers concur that the use of this drug is on the rise (John Newmeyer).

In some areas, oxycodone is being substituted for other street drugs:

Baltimore
Addicts in Baltimore have been using oxycodone as a substitute for heroin. They prefer 'oxy' because it is regulated and they know what they are getting (Doren Walker).

Philadelphia
Use of oxycodone and other narcotic analgesics has increased in Philadelphia among traditional drug-abusing populations (Samuel Cutler).

Increases in DAWN ED mentions occurred in 12 CEWG areas from the first half of 2001 to the first half of 2002, with 7 being statistically significant. Deaths specifically related to oxycodone were reported in 2 areas, and there were increased calls to a poison control center in another.

Minneapolis/St. Paul
Drugs containing oxycodone (Percodin, Percocet, and OxyContin) were of particular concern in Minneapolis. DAWN ED oxycodone/combinations mentions more than doubled from 2000 (n = 101) to 2001 (222); also, 10 of the opiate-related deaths in Hennepin County in 2002 were attributed to oxycodone, compared with 3 in 2001 (Carol Falkowski).

South Florida
There were 589 oxycodone-related deaths in Florida in 2002 and oxycodone was the cause of death in 43 percent of those cases. There were 24 such deaths in Miami-Dade County and 91 in Broward County in 2002 (James Hall).

Boston
There was a 22-percent increase in oxycodone calls to the Massachusetts Substance Abuse Helpline in 2002, for a total of 445 (Daniel Dooley).

Other CEWG members report an increase in oxycodone medical sales, diversion of the drug from clinics, and increased arrests:

Seattle
There was a 201-percent increase in sales of oxycodone to hospitals and pharmacies from 1997 to 2001 (Caleb Banta-Green).

Phoenix
Oxycodone has been diverted from pain management clinics in recent years (Ilene Dode).

Detroit
Since 2000, oxycodone arrests have been steadily reported by law enforcement agencies, primarily in the western and northern lower-Michigan areas, but more recently across the State (Richard Calkins).

In at least two areas—Phoenix and Washington, DC—law enforcement units have been charged with investigating the diversion of oxycodone products.

HYDROCODONE

Hydrocodone, often used in combination with alcohol and other drugs, was highlighted as a problem in several CEWG areas:

Phoenix
The Phoenix DEA Diversion Group reported that the most commonly abused pharmaceutical controlled substances include Vicodin, Lortab, and other hydrocodone products (Ilene Dode).

Texas
Hydrocodone is a larger problem than oxycodone in Texas. The Poison Control Centers reported 429 cases of hydrocodone abuse or misuse in 2002. There were 107 hydrocodone-related deaths reported in Dallas in 2001. Labs reported examining 747 hydrocodone exhibits in 2002 (Jane Maxwell).

Minneapolis/St. Paul
Among narcotic analgesics, hydrocodone ED mentions increased nearly 79 percent between the first halves of 2001 (n = 85) and 2002 (152) (Carol Falkowski).

South Florida
From 2001 to 2002, hydrocodone-related deaths rose 32 percent in Florida, from 420 to 554; it was the cause of death in 31 percent of the cases. Nearly 27 percent of the deaths were in Miami-Dade, Broward, and Palm Beach Counties (James Hall).

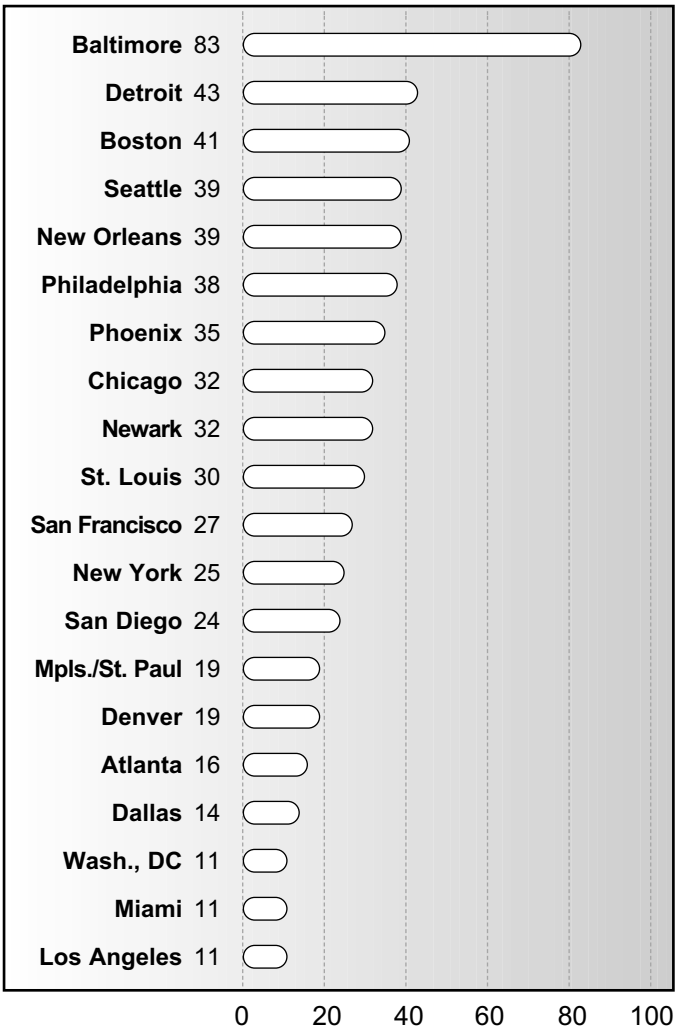
PATTERNS/TRENDS ACROSS CEWG AREAS

DAWN ED Data (2001–1H 2002)

- Preliminary ED data for the first half of 2002 show that the rate of narcotic analgesics/combinations mentions per 100,000 population was 2–7 times higher in Baltimore than in other CEWG areas (exhibit 22). Also, the rate (83) in Baltimore increased significantly from the rate (50) in the first half of 2001. The half-year 2002 rates ranged between 41 and 43 in Boston and Detroit, and between 32 and 39 in Chicago, Newark, Phoenix, Philadelphia, New Orleans, and Seattle.

Newark experienced a significant increase and Seattle a significant decrease between the first halves of 2001 and 2002.

Exhibit 22. Rates of Narcotic Analgesics/ Combinations ED Mentions Per 100,000 Population: First Half 2002



SOURCE: DAWN, OAS, SAMHSA

- The ED rate for narcotic analgesics/combinations in Phoenix exceeded the rate for all other drugs. In seven other CEWG areas—Atlanta, Dallas, Detroit, Minneapolis/St. Paul, New Orleans, St. Louis, and San Diego—rates of narcotic analgesics/combinations exceeded rates for heroin ED mentions.

- Oxycodone/combinations ED mentions were highest in Philadelphia (*n* = 557) and Boston (535) (exhibit 23). Significant increases from the first half of 2001 were reported in Baltimore, Chicago, Detroit, Miami, Phoenix, San Francisco, and Seattle. A significant decrease was reported only for San Diego.

- Hydrocodone/combinations ED mentions were highest in Detroit (290) and Los Angeles (206), although neither changed significantly from the 2001 testing periods (exhibit 23). In 11 CEWG areas, hydrocodone/combinations ED mentions ranged between 101 and 171, with significant increases in Denver, Minneapolis/St. Paul, San Francisco, and Seattle, and significant decreases in San Diego and Washington, DC, between the first halves of 2001 and 2002.

- Methadone ED mentions were much higher in New York than any other CEWG site, at 709 (exhibit 23). Seven other areas had between 104 and 160 methadone ED mentions—Phoenix, Detroit, Chicago, Philadelphia, Los Angeles, Newark, and Seattle. One factor likely to be associated with the high numbers of methadone mentions in New York and Newark is the relatively high numbers of clients treated with methadone in these metropolitan areas.

DAWN Mortality Data (1999–2001)

- In the 20 CEWG areas included in the DAWN mortality system in 2001, the number of narcotic analgesic-related death mentions exceeded those for cocaine, heroin/morphine, marijuana, and methamphetamine in 11: Boston, Detroit, Minneapolis/St. Paul, New Orleans, Newark, Philadelphia, Phoenix, St. Louis, San Diego, San Francisco, and Seattle.

- In the 20 CEWG areas included in the DAWN ME data, narcotic analgesics-related deaths peaked in 2001 in 11 (exhibit 24). The highest numbers were reported for Philadelphia (466), Detroit (354), Phoenix (261), Boston (206), New Orleans (200), Newark (190), and Baltimore and San Diego (each 164).

Exhibit 23. Number of Oxycodone/Combinations, Hydrocodone/Combinations, and Methadone ED Mentions: First Half 2002

[1]Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.
SOURCE: DAWN, OAS, SAMHSA

Exhibit 24. Number of Narcotic Analgesics-Involved Death Mentions in 20 CEWG Areas: 1999–2001

CEWG Area	1999	2000	2001
Atlanta	52	**89**	85
Baltimore[1]	122	147	**164**
Boston	74	118	**206**
Chicago	**175**	171	142
Dallas	61	101	**115**
Detroit	284	298	**354**
Denver[1]	71	64	**106**
Miami[1]	54	**126**	110
Mpls./St. Paul	37	47	**77**
New Orleans	124	118	**200**
New York[1]	69	73	**98**
Newark	44	75	**190**
Philadelphia	376	**503**	466
Phoenix	291	**318**	261
St. Louis	65	77	**78**
San Antonio	90	**95**	90
San Diego[1]	137	**179**	164
San Francisco[1]	**198**	164	124
Seattle	43	75	**85**
Wash., DC	55	**72**	70

[1]In these sites, 100 percent of the population is covered.
SOURCE: DAWN, OAS, SAMHSA

- In the 2001 DAWN mortality data, several narcotic analgesics ranked in the top 10 most frequently reported drugs in CEWG areas. Codeine was in the top 10 drugs in 18 areas, methadone in 16, hydrocodone in 10, and oxycodone in 11 (exhibit 25). In 2 CEWG areas, propoxyphene ranked among the top 10 drugs: Philadelphia (*n* = 72 mentions) and New Orleans (24).

Exhibit 25. Narcotic-Type Drugs Ranking in the DAWN ME Top 10 Most Frequently Mentioned Drugs: 2001

CEWG Area	Codeine	Methadone	Hydrocodone	Oxycodone
Atlanta	—[1]	12	11	16
Baltimore[2]	50	**52**	—	34
Boston	**59**	12	—	34
Chicago	**43**	41	16	—
Dallas	28	—	**36**	—
Denver[2]	13	16	—	**23**
Detroit	**118**	47	63	—
Miami[2]	**51**	—	—	28
Mpls./St. Paul	**10**	**10**	8	—
New Orleans	19	**37**	33	—
New York[2]	—	**30**	21	—
Newark	**77**	44	—	18
Philadelphia	**113**	—	—	88
Phoenix	**91**	40	—	34
St. Louis	**21**	18	—	—
San Antonio	20	**35**	21	—
San Diego[2]	**68**	—	29	25
San Francisco[2]	**47**	32	20	—
Seattle	**37**	**37**	—	22
Wash., DC	**20**	15	—	12

[1]A blank indicates that a drug was not in the 10 most frequently mentioned; it does not signify zero mentions.
[2]In these sites, 100 percent of the population is covered.
SOURCE: DAWN, OAS, SAMHSA

- Codeine-related death mentions were highest in Detroit (118), Philadelphia (113), Phoenix (91), Newark (77), and San Diego (68). Codeine mentions ranged between 10 and 59 in 13 CEWG areas. Atlanta and New York were the only CEWG sites where codeine did not rank among the top 10 drugs.

- Methadone-related death mentions were highest in Baltimore (52), Detroit (47), Newark (44), Chicago (41), Phoenix (40), New Orleans and Seattle (each 37), San Antonio (35), San Francisco (32), and New York (30). Methadone mentions ranged between 10 and 18 in 6 CEWG areas. Methadone was not in the top 10 ranked drugs in Dallas, Miami, Philadelphia, and San Diego.

- Hydrocodone-related death mentions were highest in Detroit (63), Dallas (36), and New Orleans (33). The number of mentions ranged between 20 and 29 in 4 areas and between 8 and 16 in 3. The 10 CEWG areas where hydrocodone did not rank in the top 10 drugs are depicted in exhibit 25.

- Oxycodone-related death mentions in Philadelphia DAWN data were more than double those in 9 other CEWG areas, at 88 in 2001. Next highest were Baltimore, Boston, and Phoenix, at 34 mentions. Mentions ranged between 12 and 28 in 7 CEWG areas. Oxycodone was

not among the top 10 drugs in Chicago, Dallas, Detroit, Minneapolis/St. Paul, New Orleans, New York, St. Louis, San Antonio, and San Francisco.

Local ME Data (2002)

Local ME data from five CEWG areas are not totally comparable but, within sites, show increased deaths related to various narcotics or opiates other than heroin.

- **Detroit**—Deaths involving hydrocodone and hydrocodone combinations doubled from 2000 to 2002, from 60 to 120. Decedents with codeine positivity in Wayne County totaled 241 in 2002, while those with oxycodone positivity totaled 12 in 2002, compared with 10 in 2000.

- **Philadelphia**—There were 180 deaths with the presence of methadone, codeine, or oxycodone in 2002, compared with 104 in 2000.

- **Phoenix**—Deaths involving methadone/combined and propoxyphene/other narcotics increased slightly, from 107 in 2000 to 110 in 2002.

- **Seattle**—Deaths involving "other opiates" rose from 49 in 2000 to 78 in 2002.

- **South Florida**—In a 3-county area, there were 173 oxycodone-related deaths in 2002, 143 methadone-related deaths, and 112 hydrocodone-related deaths.

Treatment Data (2002)

- "Other opiates" accounted for only small proportions of treatment admissions in CEWG areas reporting these data in 2002. Excluding primary alcohol admissions, the proportions of primary "other opiate" admissions were highest in Texas (5.4 percent), Boston (4.2 percent), Colorado (3.7 percent), New Orleans and Baltimore (each 3.6 percent), Detroit (3.4 percent), Los Angeles (2.2 percent), Philadelphia (2.1 percent), Illinois (1.8 percent), Seattle (1.2 percent), and St. Louis (1.1 percent). Primary "other opiate" admissions in other CEWG sites accounted for less than 1 percent of total admissions (excluding alcohol) in 2002.

PHENCYCLIDINE (PCP)

PCP indicators increased in five CEWG areas—Los Angeles, Philadelphia, Phoenix, Washington, DC, and Texas, and remained "steady" in Chicago communities. CEWG members will continue to monitor the use of PCP and the many ways it is marketed and used.

Los Angeles
In 2002, there were 165 PCP-related arrests in the city, an 11-percent increase from 2001. In the fourth quarter of 2002, 7.1 percent of adult female arrestees tested positive for PCP (Beth Finnerty).

Philadelphia
PCP has become easier than ever to obtain in Philadelphia. It is more commonly available in mint leaves for use in 'blunts' or rolled and smoked (Samuel Cutler).

Phoenix
PCP ED mentions increased significantly between the first halves of 2001 and 2002, from 27 to 42 mentions (Ilene Dode).

Washington, DC
Washington, DC, has a growing PCP problem. Interviews with criminal justice and treatment experts indicate an increase in PCP availability and use. It is most often sold as 'dippers' or 'boats' (Eric Wish).

Texas
Adolescent and adult admissions to treatment with a primary, secondary, or tertiary problem with PCP are increasing, from 164 in 1998 to 321 in 2002; 78 percent were African-American in 2002. DAWN ED mentions of PCP increased significantly between the first halves of 2001 and 2002, from 46 to 74. Texas Poison Control Center cases increased from 103 in 1998 to 237 in 2002 (Jane Maxwell).

Chicago
Ethnographic reports suggest that PCP use has remained steady and can be found in all areas in Chicago (Dita Davis).

PATTERNS/TRENDS ACROSS CEWG AREAS

DAWN ED Data (2H 1998–1H 2002)

- In the first half of 2001, 6 CEWG areas had more than 73 PCP ED mentions, ranging from 74 in Dallas to 542 in Philadelphia.

- Rates of PCP ED mentions per 100,000 population increased over time in Philadelphia and Washington, DC, with significant increases between the first halves of 2001 and 2002 (exhibit 26). In the second half of 2002, the rate of PCP ED mentions was highest in Philadelphia

(12), followed by Washington, DC (10), Los Angeles (6), Chicago (4), and Dallas and New York (each at 2). The rate in Dallas increased, while the rate in Chicago declined significantly.

Exhibit 26. Rates of ED PCP Mentions in 6 CEWG Areas[1] and Percent Change: July 1998–June 2002

CEWG Area	2H98	1H99	2H99	1H00	2H00	1H01	2H01	1H02	Change[2]	
									2H01, 1H02	1H01, 1H02
Philadelphia	6	7	5	5	8	8	9	**12**		40.9
Los Angeles	4	4	4	5	4	5	**6**	6		
Wash., DC	2	3	2	4	5	5	7	**10**		99.8
Chicago	3	5	6	7	**9**	9	6	4	-29.9	-52.8
New York	1	**2**	2	2	1	1	1	2		
Dallas	1	2	2	2	**3**	1	2	2		58.2

[1] Excludes areas with fewer than 74 mentions in the first half of 2002.
[2] These columns denote statistically significant ($p<.05$) increases and decreases between the time periods noted.
SOURCE: DAWN, OAS, SAMHSA

Local ME Data (2001–2002)

- **Philadelphia—**PCP was the fifth most frequently detected drug in decedents in Philadelphia from 1994 to 2002, totaling 363 cases over that time period.

- **Washington, DC—**In 2001, there were 11 PCP-related deaths, 3 in the District, and 8 in nearby Prince Georges County.

Treatment Data (2002)

- Primary PCP admissions in 2002, like ED mentions, were highest in Washington, DC (4.6 percent, excluding alcohol admissions) and Philadelphia (2.1 percent). In the second half of 2002, PCP in Los Angeles accounted for 1 percent of all treatment admissions, most of whom smoked the drug. Primary PCP admissions in Texas totaled 143 (0.4 percent of illicit drug admissions).

- Admissions with a primary, secondary, or tertiary problem with PCP in Texas increased from 164 in 1998 to 321 in 2002.

ADAM and D.C. Testing Agency Data (2002)

- Two CEWG members reported on PCP-positive tests among adult male arrestees in ADAM 2002: Dallas, at 5 percent, and Seattle, at 2 percent.

- The D.C. Pre-Trial Services Agency reported that 14.2 percent of adult arrestees screened in 2002 tested positive for PCP, up dramatically from 2.0 percent in 1998. A similar increase in PCP positives was apparent in juvenile arrestees.

CLUB DRUGS

CLUB DRUG [1] use has diffused beyond the club culture to different populations. Given this phenomenon, CEWG members questioned the utility of the term "club drugs." Data suggest that abuse of club drugs is stable or declining in many CEWG areas and indicators of drugs such as GHB and ketamine are low. MDMA indicators suggest use of this drug has spread to populations outside the club scene. MDMA is often used in combination with alcohol and other drugs. Pills sold in clubs as ecstasy often contain substances other than or in addition to MDMA.

Chicago

Street reports suggest that ecstasy—or drugs sold as ecstasy—are widely available among high school and college students (Dita Davis).

Texas

Ecstasy abuse continues at a relatively high level among Whites but is spreading to other ethnic groups (Jane Maxwell).

[1] The club drugs included in this report are MDMA, GHB, gamma butyrolactone (GBL), ketamine, and Rohypnol.

Several CEWG members expressed concern about the lack of quantitative indicator data on club drugs, as in the examples below:

Los Angeles
Because of the paucity of indicator data relating to club drugs, it is difficult to accurately assess the use and abuse of club drugs in Los Angeles County (Beth Finnerty).

St. Louis
Club drug indicator data are sparse. Public treatment programs report no admissions for primary MDMA abuse (Heidi Israel).

San Diego
Indicators of club drug use remain low (Michael Ann Haight).

Washington, DC
The use and marketability of GHB and its analogs are relatively low in the District (Eric Wish).

DAWN remains the major source of indicator data on club drugs in CEWG areas. Texas has been collecting data on use of ecstasy among treatment admissions since 1987, when CEWG members began reporting indicators of ecstasy abuse. Recently, Illinois began collecting data on club drug treatment admissions. Colorado will begin reporting on club drug admissions in the near future.

PATTERNS/TRENDS ACROSS CEWG AREAS

DAWN ED MDMA Data (2001–1H 2002)

- The number of MDMA ED mentions decreased in 11 CEWG areas from the first and/or second half of 2001 to the first half of 2002, with a significant increase reported only in New Orleans (exhibit 27).

- The highest numbers of MDMA ED mentions in the 2002 period were in Philadelphia (84), Miami (79), San Francisco (76), Atlanta (73), Los Angeles (72), and New York (61).

Exhibit 27. MDMA ED Mentions by CEWG Area and Percent Change: 2001–June 2002

CEWG Area	*Number*			Change[1]	
	1H01	2H01	1H02	2H01, 1H02	1H01, 1H02
Atlanta	…[2]	**94**	73		
Baltimore	**46**	29	30		-34.8
Boston	63	**77**	40	-48.1	
Chicago	**87**	34	39		-55.2
Dallas	37	**40**	34		
Denver	**27**	15	20		
Detroit	**56**	55	…		
Los Angeles	55	**87**	72		
Miami	**102**	83	79		-22.5
Mpls./St. Paul	37	40	**50**		
New Orleans	17	17	**34**	100.0	100.0
New York	**95**	77	61		
Newark	18	**31**	21	-32.3	
Philadelphia	85	**118**	84		
Phoenix	**58**	38	29		-50.0
St. Louis	13	**42**	21	-50.0	
San Diego	**27**	24	15	-37.5	-44.4
San Fran.	**86**	65	76	16.9	-11.6
Seattle	**64**	51	38		-40.6
Wash., DC	48	**62**	43	-30.6	

[1]These columns denote statistically significant ($p<0.05$) increases and decreases between estimates for the time periods noted.
[2]Dots (…) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.
SOURCE: DAWN, OAS, SAMHSA

DAWN Mortality Data (1999–2001)

- The number of DAWN deaths involving club drugs in CEWG areas was small, but peaked in 2001 in 10 CEWG areas over a 3-year period (exhibit 28).

- Of the 101 deaths involving club drugs in 2001, only 15 were single drug deaths reported from 10 of the 20 CEWG areas.

- Club drug death mentions in 2001 were highest in Philadelphia (16), Miami (15), and Dallas (11).

Exhibit 28. Death Mentions Involving Club Drugs[1] in 20 CEWG Areas: 1999–2001

CEWG Area	1999	2000	2001
Atlanta	**6**	2	4
Baltimore [2]	**3**	3	2
Boston	–	1	**6**
Chicago	3	**9**	4
Dallas	3	10	**11**
Denver[2]	–	2	**4**
Detroit	2	**5**	5
Miami[2]	5	9	**15**
Mpls./St. Paul	3	**6**	–
New Orleans	4	3	**7**
New York[2]	1	3	**4**
Newark	1	1	**2**
Philadelphia	10	7	**16**
Phoenix	**6**	6	1
St. Louis	**3**	2	1
San Antonio	–	–	**1**
San Diego[2]	5	3	**9**
San Francisco[2]	**6**	6	5
Seattle	2	**3**	3
Wash., DC	–	**1**	1

[1]Includes MDMA, ketamine, GHB, GBL, and Rohypnol.
[2]In these sites, 100 percent of the population is covered.
SOURCE: DAWN, OAS, SAMHSA

Local ME Data (2000–2002)

- **South Florida—**In all of Florida in 2002, there were 126 methylated amphetamine-related deaths; 8 were in Miami-Dade County and 9 in Broward County. Statewide in 2002, there were 19 GHB-related deaths; none was in Miami-Dade County and 3 were in Broward County.

- **Minneapolis/St. Paul—**MDMA cases totaled six in 2000, eight in 2001, and three in 2002.

- **Philadelphia—**MDMA was present in 8 decedents in 2000, 14 in 2001, and 5 in 2002.

- **Phoenix—**The Maricopa County ME data included one death in 2002 for each of the following drugs: GHB, MDMA, and ketamine.

- **Seattle—**The King County ME reported only one MDMA-related death in 2002—the sixth since 1999. Three GHB-related deaths were reported in 2002—the first reported in the county.

Treatment Data (2002)

Two CEWG members reported statewide admissions data for 2002:

- **Illinois—**"Club drug" admissions totaled 50 in fiscal year 2002 (the first year the drugs were tracked); a majority were male (68 percent) and White (74 percent).

- **Texas—**Admissions (all ages) with a primary, secondary, or tertiary (PST) problem with MDMA rose from 63 in 1998 to 521 in 2002. In 2002, MDMA was the primary drug for 24 percent of these admissions, with one-third reporting primary marijuana abuse. More than 60 percent of the MDMA (PST) admissions in 2002 were male and White. PST admissions for GHB and related drugs totaled only 2 in 1998, rising to 35 in 2002. In 2002, 34 percent of these PST admissions reported GHB as a primary drug; most other GHB users reported methamphetamine/amphetamine or crack as a primary drug, and 54 percent had a history of injection drug use.

NFLIS Data (2002)

- MDMA was among the top 25 drugs identified in the NFLIS in 2002, but accounted for only an estimated 1 percent of the drugs analyzed.

BENZODIAZEPINES

BENZODIAZEPINE abuse indicators are at relatively high levels in many CEWG areas, with DAWN ME mentions peaking in eight areas in 2001.

Florida
There were 1,625 benzodiazepine-related deaths in Florida in 2002, an 18-percent increase over 2001. Benzodiazepine was identified as the cause of death in 21 percent of the cases (James Hall).

Seattle
In the first half of 2002, there were 594 ED mentions for depressants, slightly more than the number of marijuana mentions (579). Almost three-quarters (73 percent) of depressant mentions were for benzodiazepines (Caleb Banta-Green).

Texas
The DEA reports alprazolam to be one of the most commonly abused diverted drugs in Houston and Dallas. Xanax sells for $3 to $10 per tablet (Jane Maxwell).

PATTERNS/TRENDS ACROSS CEWG AREAS

DAWN ED Data (2001–1H 2002)

- Rates of benzodiazepine ED mentions in the first half of 2002 were highest in Boston—48 per 100,000 population—followed by Philadelphia (45), St. Louis (37), New Orleans (33), and Baltimore (31) (exhibit 29). The rate increased significantly in Baltimore between the first halves of 2001 and 2002, but decreased in Dallas, San Diego, San Francisco, and Seattle. In Atlanta, Dallas, Phoenix, and San Francisco, rates of

benzodiazepine mentions exceeded the rates for marijuana ED mentions, and in Boston and Newark rates of benzodiazepine ED mentions equaled those for marijuana in the first half of 2002.

Exhibit 29. Rates of Benzodiazepine ED Mentions by CEWG Area and Percent Change: 2001–June 2002

CEWG Area	Rate			Change[1]	
	1H01	2H01	1H02	2H01, 1H02	1H01, 1H02
Atlanta	…[2]	12	**17**		
Baltimore	27	**32**	31		13.6
Boston	46	**49**	48		
Chicago	22	**24**	24		
Dallas	**22**	21	15	-27.3	-30.0
Denver	15	**18**	13	-27.9	
Detroit	24	**33**	30		
Los Angeles	11	11	**12**		
Miami	**26**	26	26		
Mpls./St. Paul	12	**15**	14		
New Orleans	31	**36**	33		
New York	**12**	11	10		
Newark	24	**25**	25		
Philadelphia	**49**	46	45		
Phoenix	26	26	**29**		
St. Louis	27	28	**37**		
San Diego	**28**	24	23	-3.4	-15.2
San Fran.	**28**	24	20	-16.2	-28.6
Seattle	31	**33**	20	-37.9	-34.0
Wash., DC	10	**11**	11		

[1]These columns denote statistically significant ($p<0.05$) increases and decreases between estimates for the time periods noted.
[2]Dots (…) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.
SOURCE: DAWN, OAS, SAMHSA

DAWN Mortality Data (1999–2001)

- In 8 CEWG areas in 2001, benzodiazepines ranked among the top 10 drugs in DAWN death mentions; these areas appear in boldface type in exhibit 30. Among CEWG areas in DAWN in 2001, Philadelphia reported the highest number of benzodiazepine death mentions, at 235, up from 200 in 1999. Benzodiazepine death mentions exceeded 100 in Detroit (n = 193), Boston (136), and Miami (112), all at peak levels from 1999, with Boston reporting an increase of more than 800 percent, and Miami an increase of 133 percent. Of the 20 areas shown in exhibit 30, only 10 reported benzodiazepine single drug deaths—40 in total, with 15 occurring in Atlanta, 6 in Boston, and 5 each in Denver and Detroit.

Exhibit 30. Number of DAWN Benzodiazepine ME Mentions in CEWG Areas: 1999–2001

CEWG Area	1999	2000	2001
Atlanta	26	44	**45**
Baltimore[1]	11	**26**	26
Boston	15	25	**136**
Chicago	37	43	**47**
Dallas	52	**73**	60
Denver[1]	39	28	**55**
Detroit	177	189	**193**
Miami[1]	48	92	**112**
Mpls./St. Paul	12	**24**	21
New Orleans	67	**78**	73
New York[1]	36	31	**50**
Newark	49	**35**	33
Philadelphia	200	212	**235**
Phoenix	95	**104**	80
St. Louis	**65**	60	59
San Antonio	48	77	**88**
San Diego[1]	59	58	**81**
San Francisco[1]	50	55	**56**
Seattle	26	**33**	29
Wash., DC	19	**22**	19

[1]In these sites, 100 percent of the population is covered.
SOURCE: DAWN, OAS, SAMHSA

LYSERGIC ACID DIETHYLAMIDE (LSD)

LSD indicators have been declining sharply in most CEWG areas. This reflects the national trend reported in the National Household Survey on Drug Abuse and Health and the Monitoring the Future study.

Atlanta
In recent years, the rate of LSD ED mentions has fallen, and the drug is mentioned less and less in ethnographic reports (Tara McDonald).

Chicago
Decreases in LSD indicators suggest a possible downward trend in LSD use in Chicago (Dita Davis).

Los Angeles
LSD was the only major substance of abuse to show a statistically significant change in ED mentions in the first half of 2002, decreasing 60 percent from the first half of 2001 (Beth Finnerty).

Miami
The 2001 Miami-Dade School Survey found that only 1.7 percent of students in grades 7–12 reported current use of LSD, down from 3.8 percent in 1995 (James Hall).

Minneapolis/St. Paul
LSD has appeared less frequently in the indictors in recent years (Carol Falkowski).

INTERNATIONAL REPORTS

Many countries around the world have adapted the CEWG model and developed systems to monitor drug abuse patterns and trends in their own countries. Two—Canada and Mexico—reported findings from their surveillance efforts at the June 2003 meeting.

INTERNATIONAL HIGHLIGHTS

Canada

Chaired by the Canadian Centre on Substance Abuse, the Canadian Community Epidemiology Network on Drug Use (CCENDU) is a multilevel collaborative drug surveillance system. Twelve urban centers currently participate in the system, and additional sites are under development. Each site systematically collects, analyzes, interprets, and reports data in six indicator areas: prevalence, law enforcement, treatment, morbidity, mortality, and health diseases and problems associated with drug abuse. The research is focused on eight drug categories. National data, including survey data, are accessed and disaggregated in six indicator areas to the local sites when possible. In 2001, cannabis charges represented the majority of drug offenses for adult males (71 percent) and adult females (62 percent). Approximately 27 percent of female offenders and 21 percent of male offenders had drug-related charges. Indicator data showed that drug abuse patterns differed by area. For example, crack (smoked and injected) was a serious problem in Toronto. In Vancouver, methamphetamine indicators increased in 2001, as they have in areas located in the western part of the United States. In contrast, 80 percent of the clients entering treatment in Halifax reported using cocaine, benzodiazepines, and/or opiate drugs. The 2002 Road Safety Monitor, a survey of Canadian drivers, revealed that over the past 12 months, nearly 18 percent of respondents admitted to driving within 2 hours of taking a drug that was potentially impairing. Over-the-counter drugs were the most likely to be reported (15.9 percent).

Mexico

The Mexico Epidemiologic Surveillance System of Addictions (SISVEA), established 13 years ago, collects data and information from 53 cities; 38 percent are located along the northern border. The data sources include government treatment centers (GTCs) and nongovernment treatment centers (NGCs), criminal justice agencies (juvenile arrestees), medical examiners (drug-related deaths), and general population surveys. In 2002, nearly one-third (32.2 percent) of clients admitted to GTCs and 19.2 percent admitted to NGCs reported cocaine as their current (primary) drug of abuse. Juvenile Detention Centers reported cocaine abuse by 21.2 percent of young arrestees.

Only 2.9 percent of the patients admitted to GTCs in 2002 reported heroin as their primary drug of abuse. However, 26.3 percent of the patients in NGCs reported heroin as their primary drug, a significant increase over 2001. Relatively few juvenile arrestees (0.9 percent) reportedly had used heroin.

Inhalant abuse was reported as the primary drug problem by 18.2 percent of patients entering GTCs and 7.6 percent entering NGCs.

Marijuana was reported as the primary drug of abuse by 18.2 percent of the patients admitted to GTCs and 10.4 percent of NGC patients.

The Mexican system includes data by geographic area, source, and demographic characteristics. Particular attention is focused on drug and age of onset for each type of drug to guide drug abuse prevention planning and intervention efforts.

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