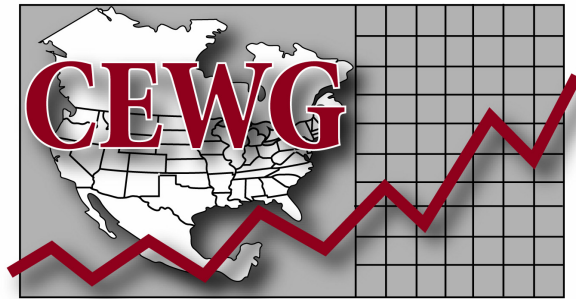


NATIONAL INSTITUTE ON DRUG ABUSE



COMMUNITY EPIDEMIOLOGY WORK GROUP

**EPIDEMIOLOGIC TRENDS
IN DRUG ABUSE**

Advance Report

**Community
Epidemiology
Work Group**

June 2005

**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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This *Advance Report* is a synopsis of findings reported by the 21 CEWG members and issues discussed by participants at the June 2005 CEWG meeting. Also presented are summaries by a panel of NIDA-supported researchers who presented community-based findings on methamphetamine and stimulant abuse among youth and young adults and summaries by international presenters on drug abuse trends in Australia, Europe, Mexico, Southern Africa, and Taiwan. Individual papers by CEWG representatives and panel participants will appear in *Volume II Proceedings*.

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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>

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FOREWORD

This *Advance Report* is a synthesis of findings presented at the 58th semiannual meeting of the Community Epidemiology Work Group (CEWG) held in Denver, Colorado, on June 14–17, 2005, under the sponsorship of the National Institute on Drug Abuse (NIDA). The information from the CEWG network presented in this report focuses primarily on the abuse of cocaine/crack, heroin, methamphetamine, narcotic analgesics/other opiates, and marijuana in the United States. Summaries from a panel on methamphetamine/stimulant abuse among youth and young adults and a panel on international drug abuse trends are also presented. Individual papers by CEWG representatives and participants in the two panels will be published in the forthcoming *Epidemiologic Trends in Drug Abuse, Volume II* of the June 2005 Proceedings. Information on how to obtain these volumes can be found on page 2 of this report.

The information published after each CEWG meeting represents findings from CEWG members in 21 areas across the Nation. To enhance nonurban representation, information is provided by guest researchers from Maine and Ohio.

Findings from the CEWG network 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 policy-makers. 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.

At the June 2005 meeting, Timothy Condon, Ph.D., Deputy Director, NIDA, welcomed participants and provided an update on NIDA research activities, including NIDA's collaboration with other Federal agencies to build partnerships to disseminate and test NIDA's research findings at the community level.

Wilson Compton, M.D., M.P.E., NIDA, led the discussion of the Panel on Methamphetamine and Other Stimulant Abuse Among Youth and Young Adults, and Steve Gust, Ph.D., NIDA, led the discussion at the Panel on International Drug Abuse Emerging/ Current Trends. In addition, updates were presented on the Drug Abuse Warning Network and the Forensic Laboratory Information System.

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INTRODUCTION TO THE CEWG ADVANCE REPORT

Overview of This Report

This *Advance Report* presents a synopsis of selected findings from the June 2005 Community Epidemiology Work Group meeting. This report focuses on...

- The abuse of cocaine/crack, heroin, methamphetamine, narcotic analgesics/other opiates, and marijuana in the 21 CEWG areas and the guest States of Maine and Ohio
- Methamphetamine and stimulant abuse among youth and young adults, as reported by researchers from four community-based NIDA-supported studies
- An overview of special issues raised in meeting discussions
- International current/emerging drug abuse trends in Australia, Europe, Mexico, Southern Africa, and Taiwan

A Unique Epidemiology Network

The CEWG is a unique epidemiology network. The CEWG has functioned for 29 years as a drug abuse surveillance system to identify and assess current and emerging drug abuse patterns, trends, and issues. The network is comprised of researchers from 21 areas: **Atlanta, Baltimore, Boston, Chicago, Denver, Detroit, Honolulu, Los Angeles, Miami/Ft. Lauderdale, Minneapolis/St. Paul, New Orleans, New York City, Newark, Philadelphia, Phoenix, St. Louis, San Diego, San Francisco, Seattle, Texas, and Washington, DC.** In recent years, nonurban representation has been enhanced by presentations from guest researchers in Maine and Ohio. An Emerging/Current Trend approach draws on CEWG members' knowledge of local drug abuse patterns and trends, findings from small

exploratory studies, research findings from NIDA-supported grant studies, presentations of pertinent information from federally supported data sources, and presentations by other speakers knowledgeable in a selected topic area. Presentations by researchers from other countries provide an international perspective on drug abuse patterns and trends.

Through ongoing research at State, city, and community levels, interactive semiannual meetings, e-mail, conference calls, and other exchange mechanisms, CEWG members maintain a multi-dimensional perspective from which to access, analyze, and interpret drug-related phenomena and change over time. The semiannual meetings permit the CEWG to identify issues for special sessions and, subsequently, to follow up on issues identified in prior meetings. The CEWG pioneered in identifying the emergence of drug epidemics, such as those involving the abuse of methaqualone (1997), crack (1983), methamphetamine (1983), and “blunts” (1993).

CEWG members present drug abuse indicator data, survey findings, and other quantitative and qualitative data compiled from local, city, State, and Federal sources. Four primary sources of data used by the CEWG are...

- **National Forensic Laboratory Information System (NFLIS) data** are maintained by the Drug Enforcement Administration (DEA); these are reported for 2004 in 19 CEWG metropolitan areas and Texas (statewide). Only San Francisco does not participate in NFLIS. These 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 that affect comparability across areas. Also, the data 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.
- **Treatment data** are from CEWG reports and represent either calendar or fiscal year 2004. The data are reported from 20 CEWG areas on primary admissions for treatment of specific drugs of abuse; the primary drugs are reported as percentages of total admissions, excluding

alcohol. No 2004 data are available for Washington, DC. Treatment data are not totally standardized across CEWG areas.

- **Drug Abuse Warning Network (DAWN) emergency department (ED) data** for 2004 were accessed through *DAWN Live!*, a restricted-access online service administered by the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), and represent patients of all ages in CEWG areas (with the exception of Honolulu). The 2004 data are from the redesigned DAWN system and are not comparable to data from 2002 or before. The unweighted *DAWN Live!* data in this report cannot be compared across CEWG areas or generalized within areas. Participation by EDs in each DAWN sample was incomplete; completeness data by CEWG area are summarized in *Appendix A*. The unweighted numbers represent drug reports involved in drug-related visits. Drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol). Since all DAWN cases are reviewed for quality control and are subject to change following review, the data reported here are preliminary. As weighted estimates are published by SAMHSA, they will be reported by the CEWG and comparisons will be made across areas in future NIDA reports.
- **DAWN and local drug-related mortality data** are from SAMHSA and CEWG reports. The **DAWN** medical examiner/coroner (ME/C) system has been redesigned. Data for 2002 and before are not comparable to the 2003 data published by SAMHSA and reported in this publication for 13 selected CEWG areas. Los Angeles is not in the DAWN sample. The new DAWN system covers any death, accidental or intentional, related to recent drug use among decedents age 6–97. These deaths may be caused/induced by the drug, deemed to have contributed to the death, or simply implicated in the death. A DAWN case may involve multiple drugs; thus, the number of cases across drug categories exceeds the number of deaths. Only unweighted data are reported because rates are not available by specific drug. The unweighted data are not comparable across CEWG areas for several reasons: methods and procedures used to identify drug-related deaths may vary from facility to facility; less than 100 percent of the population are covered some DAWN areas;

and the DAWN geographic areas may be larger than CEWG areas. For convenience, shortened versions of broader metropolitan area names are used in exhibits in this report (e.g., Boston in place of Boston-Cambridge-Quincy). The geographic jurisdictions and the percentage of the population covered in each of the 13 DAWN areas included in this report are summarily described in *Appendix B*. The drug-related mortality data from **local/State ME/Cs** in 2004 are reported for seven CEWG areas. Texas reports 2003 data. These data are not comparable across areas because of variations in methods and procedures used by ME/Cs. Drugs may cause a death or simply be implicated in a death, and multiple drugs may be identified in a single case with each reported in a separate drug category.

Other data sources used by many CEWG members include Threat Assessment data from the National Drug Intelligence Center (NDIC), U.S. Department of Justice; price and purity data from *Narcotics Digest Weekly*, DEA's Domestic Monitor Program, or local DEA offices; and various local sources (e.g., arrest data, surveys, poison control centers, helplines).

The synopsis of CEWG findings are presented next, followed by summaries of the Panel on Methamphetamine and Other Stimulant Abuse Among Youth and Young Adults and the Panel on International Drug Abuse.

KEY FINDINGS FROM THE CEWG

Cocaine/Crack

Cocaine abuse indicators, particularly those for crack, continue to dominate in many CEWG areas and to have serious consequences for users, service providers, and law enforcement personnel. High levels of gang activity and violence are associated with cocaine trafficking. Indicator data, primarily for 2004, show that cocaine items reported by NFLIS exceeded those for other drugs in 12 CEWG areas, and crack accounted for 50 to more than 90 percent of primary cocaine treatment admissions in 15 of 16 reporting areas.

Heroin

Heroin abuse indicators continued to be high in Baltimore and Newark, and relatively high in Boston, Chicago, New York, Philadelphia, San Francisco, Seattle, and Washington, DC.

Narcotic Analgesics/ Other Opiates

Indicators of narcotic analgesics/other opiates abuse continue to cause concern in most CEWG areas. Treatment data indicate increases in admissions for primary opiate (other than heroin) abuse in 7 of the 14 CEWG areas in which treatment data for 2002 to 2004 were reported. Four CEWG participants reported that prescription-type narcotic drugs were being used with or in place of heroin.

Methamphetamine

Methamphetamine abuse indicators continued at high levels in western and southwestern areas of the Nation. In 2004, indicators increased dramatically in Phoenix, and increasing levels were reported in Atlanta, Minneapolis/St. Paul, and St. Louis. Increasing numbers of Hispanics entered treatment for primary methamphetamine abuse in some CEWG areas. In Los Angeles, Hispanics represented 47 percent of all primary methamphetamine admissions in the second half of 2004.

Marijuana

Marijuana continues to be readily available and the most widely used drug in CEWG areas. In 2004, relatively high percentages of the items reported by forensic laboratories (NFLIS) contained marijuana in New Orleans, San Diego, Chicago, Boston, Detroit, St. Louis, Washington, DC, and Philadelphia. In 12 CEWG areas, 20–40 percent of 2004 illicit drug abuse admissions were for primary marijuana abuse. In four CEWG areas, primary marijuana treatment admissions (excluding alcohol) exceeded those for other illicit drugs: Seattle, Minneapolis/St. Paul, New Orleans, and Denver.

SELECTED FINDINGS AND ISSUES FROM THE CEWG

Cocaine/Crack

Cocaine abuse indicators, particularly those for crack, continue to dominate in many CEWG areas, with serious health consequences for users and serious consequences for service providers and law enforcement personnel. High levels of gang activity are associated with cocaine trafficking and violent acts.

NFLIS data, like other major indicator data sources, point to cocaine as the dominant law enforcement problem related to drugs in many CEWG areas. In calendar year 2004, the percentages of cocaine items reported by NFLIS were higher than those for any other drug in 12 of the 20 CEWG participating areas (see *exhibit 1*). In 13 CEWG areas, more than 38 percent of the items analyzed contained cocaine. Cocaine as a percentage of total items was particularly high in Miami (69.1 percent), New York City (48.9 percent), and Denver (48.8 percent), and ranged between 43.3 and 45.5 percent in Atlanta, Baltimore, Philadelphia, Washington, DC, and Newark.

Exhibit 1. Percentages of Cocaine, Heroin, Methamphetamine (MA), and Marijuana (MJ) Items¹ Analyzed by Forensic Labs by CEWG Area: 2004

CEWG Area	Cocaine	Heroin	MA	MJ
Atlanta	44.2	1.1	30.3	14.4
Baltimore	43.3	26.0	0.01	29.6
Boston	30.7	15.1	0.0	46.5
Chicago	32.6	16.6	0.4	48.7
Denver	48.8	4.8	15.0	18.5
Detroit	41.9	12.1	0.02	45.2
Honolulu	14.8	2.2	57.5	19.4
Los Angeles	38.3	4.1	32.4	22.4
Miami	69.1	4.1	1.0	20.5
Mpls./St. Paul	21.4	0.9	60.8	5.6
Newark	45.5	34.3	0.03	9.0
New Orleans	40.8	5.3	0.5	50.2
New York City	48.9	11.7	0.4	25.3
Philadelphia	44.3	9.9	0.3	33.2
Phoenix ²	32.2	6.0	32.3	26.8
St. Louis	41.5	10.0	1.5	40.7
San Diego	14.3	1.5	26.9	50.0
Seattle	38.1	4.8	31.0	15.3
Texas	31.8	1.3	22.3	28.1
Wash., DC	44.7	10.3	2.7	34.6

¹Some substances listed include more than one variant of a drug.

²Data are for September–December 2004.

SOURCE: NFLIS, DEA

Treatment data for 2004 show that primary admissions for cocaine abuse exceeded those for other drugs (excluding alcohol) in six CEWG areas: Atlanta (52.5 percent), Broward County, Florida (47.3 percent), Philadelphia (33.8 percent), St. Louis (40.9 percent), New Orleans (38.9 percent), and Texas (35.7 percent) (see *exhibit 2*). In the 17 CEWG areas that reported data on route of administration of cocaine, smoking (crack) accounted for one-half or more of the primary cocaine admissions in 16 (Hawaii was the exception at 41.2 percent). In Chicago, Detroit, Los Angeles, St. Louis, and San Francisco, between 85 and 92 percent of the primary cocaine admissions smoked the drug.

Exhibit 2. Treatment Admissions for Primary Cocaine, Heroin, Methamphetamine (MA), and Marijuana (MJ) Abuse, by Percentage of Total Admissions (Excluding Alcohol): 2004¹

CEWG Area	Cocaine	Heroin	MA	MJ
Atlanta	52.5	7.4	11.3	28.8
Baltimore	16.0	60.4	0.02	17.0
Boston	11.3	74.2	0.4	6.6
Chicago	32.7	47.3	0.1	16.4
Denver	23.2	13.6	17.6	39.6
Detroit	35.6	46.0	0.08	13.5
Los Angeles	22.0	29.2	26.7	17.0
Broward Co. ²	47.3	13.0	NR	35.7
Mpls./St. Paul	26.1	6.5	19.6	39.1
New Orleans	38.9	13.6	0.3	39.5
New York City	29.5	42.0	0.2	23.5
Newark	7.2	81.8	0.09	7.8
Philadelphia	33.8	33.5	0.5	22.0
St. Louis	40.9	14.6	6.5	35.1
San Diego	8.7	25.0	45.2	17.6
San Francisco	29.7	42.8	14.5	11.2
Seattle	21.8	27.2	15.2	28.2
Arizona	16.1	19.6	37.5	21.4
Hawaii	6.3	3.0	57.3	25.2
Texas	35.7	14.0	NR ³	26.4

¹Recent data were not available for Washington, DC.

²Includes two programs in Broward County, FL; data projected from first half of 2004, methamphetamine was not reported (NR).

³Reported with amphetamines (13.6 percent combined).

SOURCE: CEWG June 2005 reports

DAWN ED unweighted data show there were more cocaine reports than heroin, methamphetamine, or marijuana reports in 17 of the 20 CEWG areas shown in exhibit 3. The three exceptions were Baltimore and Newark, both areas where heroin reports were high, and San Diego, where methamphetamine reports exceeded those for cocaine, heroin, and marijuana. In Atlanta, where forensic labs have reported increasing percentages of methamphetamine items in recent years, there were 5,758 cocaine ED reports in 2004, compared with 567 methamphetamine ED reports. The longstanding crack abuse problem in Atlanta is reflected in the treatment data; from 2001 to 2004, between 52 and 68 percent of illicit drug admissions were for primary cocaine abuse, with three-quarters or more of the cocaine admissions being for crack abuse. Likewise, in Minneapolis/St. Paul, another area where there have been sharp increases in

methamphetamine items analyzed by forensic labs, there was a higher number of cocaine ED reports (3,046) than methamphetamine (847) reports.

Exhibit 3. Number of Cocaine, Heroin, Methamphetamine (MA), and Marijuana (MJ) ED Reports in 20 CEWG Areas (Unweighted¹): 2004

CEWG Area	Cocaine	Heroin	MA	MJ
Atlanta	5,758	483	567	2,001
Baltimore	4,511	4,533	15	1,219
Boston	3,348	3,341	39	1,801
Chicago	5,981	4,163	47	2,222
Denver	1,569	609	475	755
Detroit	3,287	1,885	16	1,525
Houston	3,296	166	126	2,078
Los Angeles	2,348	712	909	1,067
Miami-Dade Co.	5,420	1,387	38	2,098
Mpls./St. Paul	3,046	779	874	2,556
New Orleans	1,607	490	25	821
New York	10,686	6,574	105	3,442
Newark	1,505	1,764	4	505
Philadelphia	3,739	1,935	41	1,270
Phoenix	1,591	755	1,346	1,122
St. Louis	1,702	601	286	1,230
San Diego	558	492	797	641
San Francisco	2,456	1,278	1,092	593
Seattle	2,725	2,171	855	1,159
Wash., DC	2,849	1,486	31	1,255

¹Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control. Based on the review, cases may be corrected or deleted. Therefore, these data are subject to change. (See *Appendix A* for completeness data.) SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/13–4/14, 2005

DAWN and local/State mortality data for 2003 and 2004, respectively, show that cocaine-related deaths tend to exceed those for the other drugs shown in exhibits 4a and 4b. The exceptions were San Diego in the DAWN data and Honolulu in the local ME data. In San Diego, there were fewer cocaine-related deaths than deaths related to heroin and stimulants. In Honolulu, cocaine-related deaths totaled 22, compared with 12 for heroin/other opiates and 67 for methamphetamine.

Exhibit 4a. DAWN Mortality Cases Involving Cocaine, Heroin, Stimulants, and Marijuana (MJ) in 13 CEWG Areas: 2003

CEWG Area ¹	Cocaine	Heroin	Stimulants ²	MJ
Atlanta	112	0	12	0
Baltimore ³	226	---	0	0
Boston ³	237	111	---	---
Chicago	67	27	0	---
Denver	102	7	26	6
Detroit	295	72	6	39
Houston	142	29	---	21
New Orleans	84	6	12	21
NYC/Newark	527	104	9	54
Phoenix	144	13	122	0
San Diego ³	56	62	119	---
San Fran.	32	8	24	---
Wash., DC ⁵	142	7	---	---

¹In some cases, the CEWG area is part of a larger medical examiner jurisdiction (see *Appendix B*).

²Includes methamphetamine and amphetamines. All data shown include both suicide and drug misuse deaths.

³Covers 100 percent of the area population (see *Appendix B*).

⁴Indicates a number less than 4 has been suppressed.

⁵Covers the metropolitan area.

SOURCE: DAWN, OAS, SAMHSA

Exhibit 4b. Deaths Involving Cocaine, Heroin/ Other Opiates (OO), and Methamphetamine as Reported by MEs in 8 CEWG Areas: 2003–2004

CEWG Area	Cocaine	Heroin/ OO ¹	MA
Honolulu/Oahu	22	12	67
Broward Co., FL	120	35	NR ²
Miami-Dade Co.	160	18	NR
Mpls./St.Paul	49	72	28
Philadelphia	399	214	NR
St. Louis	38	64	NR
Seattle	92	75	18
Texas	477	278	80

¹The Florida and St. Louis data include only heroin; Philadelphia includes heroin/morphine; Seattle's heroin/morphine/opiate category approximates heroin and excludes prescription-type opiates; all others include heroin and various opiates.

²NR=Not reported.

SOURCE: Local MEs, CEWG June 2005 reports

These treatment, ED, and mortality data reflect the health consequences to cocaine abusers. Other data reflect the social consequences of cocaine abuse, including high levels of violence and crime associated with the drug.

CEWG representatives reported on the health consequences and the high levels of violence and other crimes associated with cocaine/crack.

SOUTH FLORIDA: *South Florida's cocaine epidemic is characterized by morbidity and mortality cases that rank among the highest in the Nation. The steady flow of cheap cocaine into the region fuels the epidemic. —James Hall*

NEWARK/ESSEX COUNTY: *Cocaine, particularly crack, is the drug most often associated with violent crime in New Jersey. Dealers frequently carry firearms and commit drive-by shootings, assaults, and murder. In early 2003, most of the 60 drug-related homicides in Essex County were attributed to cocaine distribution. —Allison Gertel-Rosenberg*

MINNEAPOLIS: *Gangs continued to play a considerable role in street-level retail distribution of crack cocaine. A recent sweep of drug dealers in Minneapolis on April 2005 resulted in 31 warrants for felony sales of crack. The suspects came from eight different gangs and almost all had prior criminal records. —Carol Falkowski*

LOS ANGELES: *In 2004, there were 10,717 cocaine/crack arrests within Los Angeles City, and cocaine was the most likely drug to be identified by forensic labs (NFLIS) in the county (n=21,037). Cocaine accounted for 38.3 percent of the 54,916 items analyzed. —Beth Finnerty*

Heroin

Heroin abuse indicators continued to be high in Baltimore and Newark and relatively high in Boston, Chicago, New York, Philadelphia, San Francisco, Seattle, and Washington, DC.

NFLIS data show that Newark (34.3 percent) and Baltimore (26.0 percent) had, by far, the highest percentages of heroin items reported in CEWG areas in 2004 (see *exhibit 1*). Other areas with relatively high percentages of heroin items included Chicago (16.6 percent) and Boston (15.1 percent).

Treatment data for 2004 reveal exceedingly high percentages of primary heroin admissions (excluding alcohol) in 2004 in Newark (81.8 percent), Boston (74.2 percent), and Baltimore (60.4 percent) (see *exhibit 2*). Primary heroin admissions were also high in New York City, San Francisco, Detroit, and Chicago, ranging between approximately 42 and 47 percent.

DAWN ED data (unweighted) for 2004 show that heroin ED reports exceeded those for cocaine, methamphetamine, and marijuana in Baltimore and Newark (see *exhibit 3*). Compared with ED reports for other drugs, heroin ED reports were also high, usually second to cocaine reports, in 9 other CEWG areas: Boston, Chicago, Detroit, Miami, New York City, Philadelphia, San Francisco, Seattle, and Washington, DC.

DAWN mortality data for 2003 in 13 CEWG areas show that heroin-related deaths reported to DAWN exceeded 100 only in 2 areas: Boston ($n=111$) and New York/Newark (104) (see *exhibit 4a*). Heroin-related deaths reported to DAWN were relatively high in Detroit (72) and San Diego (62). **Local/State ME data** specific to heroin were reported for only four CEWG areas, with high numbers reported in 2004 in St. Louis (64), Broward County, Florida (35), and Miami-Dade County (18). Deaths involving heroin in Texas in 2003 totaled 278 (see *exhibit 4b*).

While heroin abuse indicators remained stable in most CEWG areas, abuse of the drug is complex. Users vary in demographic characteristics. They differ also by the methods they use to administer the drug for a variety of reasons (e.g., type of heroin available, its purity, concern about contracting AIDS). Many heroin abusers also use other substances sequentially or in combination.

BALTIMORE: Heroin abuse is complex. There are many different types of heroin abusers in the Baltimore metropolitan area. They differ by urbanity, route of administration, race, and age. In Baltimore, 68 percent of 2004 treatment admissions used other drugs: 42 percent smoked cocaine, 9 percent used cocaine intranasally, 11 percent used marijuana, and 2 percent used other opiates. —Leigh Henderson

CHICAGO: In Chicago, the majority of 2004 heroin admissions (81 percent) snorted heroin and 14 percent injected. —Matthew Magee

NEW YORK CITY: Increasingly, heroin users are using both heroin and crack to produce a 'speedball' effect. —Rozeanne Marel

PHILADELPHIA: In 2004, heroin alone was identified in only 3 percent of the heroin-positive toxicology decedent reports in Philadelphia. Cocaine was detected in 47 percent of the toxicology reports. —Samuel Cutler

TEXAS: In Texas, where black tar heroin is highly available, 86 percent of the heroin admissions in 2004 were injectors, 10 percent were inhalers (snorters), and 1 percent were heroin smokers. —Jane Maxwell

Heroin indicators differ by and within CEWG area. Heroin treatment admissions may be high in a particular area because more resources are devoted to treatment modalities (e.g., methadone maintenance) targeted to heroin addicts. It is important to consider and review findings from different indicators. For example...

NEWARK: *Although heroin (primary drug) was the leading drug among treatment admissions and ED reports in 2004, only 34 percent of the 2,858 items analyzed by forensic labs in Newark contained heroin.* —**Allison Gertel-Rosenberg**

Heroin Purity

Heroin purity differs by CEWG area. In 2003, purity ranged from 61 percent pure in Newark to 11 percent pure in San Francisco (DEA Domestic Monitor Program, February 2005). Also, different types of heroin are transported to and available in different areas of the country. Mexican black tar is the predominant type of heroin in CEWG areas west of the Mississippi River, while South American powdered heroin is the most common type in areas east of the Mississippi. The price of Mexican black tar heroin varied from 25 cents per milligram pure in San Diego to \$1.89 per milligram pure in St. Louis. South American heroin varied from 33 cents per milligram pure in Newark to \$1.62 in New Orleans. Southwest Asian heroin was also available in some CEWG areas, including St. Louis.

Narcotic Analgesics/ Other Opiates

Indicators of abuse of narcotic analgesics/other opiates (NA/OOs) continued to cause concern in most CEWG areas in 2004. The NA/OOs most frequently reported in indicator data are hydrocodone and oxycodone products, methadone, and codeine.

Increases in sales of prescription-type NA/OOs are reported from some CEWG areas, as is the diversion of these drugs to the illegal market.

ATLANTA: *Hydrocodone (Vicodin) and hydromorphone (Dilaudid) are among the drugs abused in Atlanta. These drugs are obtained by 'doctor-shopping' or by purchasing from dealers. Some dealers steal prescription pads or rob pharmacies. Several such incidents were reported in Georgia in 2004.* —**Brian Dew**

BOSTON: *Statewide OxyContin thefts continued to decrease in number. There were 33 statewide OxyContin thefts from pharmacies reported during 2004, compared with 62 in 2003, 93 in 2002, and the peak of 139 thefts in 2001. Changes in pharmacy supply procedures are believed to have played a major role in preventing thefts.* —**Daniel Dooley**

DENVER: *Pharmaceutical diversions of OxyContin and other narcotic analgesics are increasing as they provide the abuser with reliable strength and dosage levels.* —**Nancy Brace**

MICHIGAN: *According to the number of prescriptions filled, oxycodone products were the most frequently prescribed opioid in 2002 and 2003, at 34 and 38 percent, respectively. Fentanyl products increased 95 percent, to represent 25 percent of the opioid prescriptions filled in 2003.* —**Cynthia Arfken**

NEW YORK CITY: *Street researchers are reporting increased diversion and use of OxyContin. It is being used by itself and injected with cocaine for a 'speedball effect'.* —**Rozanne Marel**

SAN FRANCISCO: *Local observers report that Internet trafficking in pharmaceutical opiates is mushrooming. Vicodin is the most frequently cited narcotic analgesic. Tylenol-with-codeine is also prominent.* —**John Newmeyer**

SEATTLE: *DEA data on sales of prescription-type opiates to hospitals and pharmacies indicate that methadone sales have steadily increased each year, with a total increase of 359 percent from 1997 to 2003. (Note: these data for methadone only include prescriptions for pain; they do not include methadone provided in opiate treatment programs.) Oxycodone sales continued to increase in recent years. Hydromorphone (80 percent), hydrocodone (93 percent), morphine (129 percent), and fentanyl (174 percent) sales also increased... Codeine and meperidine steadily declined, decreasing 27 and 30 percent, respectively.* —**Caleb Banta-Green**

Treatment admissions for abuse of opiates other than heroin (as a proportion of total admissions, excluding alcohol) increased in 7 of 14 CEWG areas for which there are comparable data from 2002 to 2004. In 2004, primary OO admissions (excluding alcohol) accounted for 7.3 percent of admissions in Texas, 6.0 percent in Boston, and between 3.5 and 4.9 percent in Seattle, Detroit, New Orleans, Baltimore, and Denver, and ranged between 1.0 and 2.8 percent of illicit drug admissions in Chicago, St. Louis, Hawaii, San Diego, Los Angeles, and Philadelphia. Excerpts from CEWG reports are presented below.

BALTIMORE: *For opiates and narcotics other than heroin, indicators increased over the past several years. Treatment admissions rates for opiates other than heroin more than doubled between 2000 and 2003, from 23 per 100,000 population age 12 and older to 55 per 100,000 in 2003 and in 2004.*
—Leigh Henderson

BOSTON: *A comparison of the last full year of data (FY 2004) to previous years shows the number of clients reporting other opiates as their primary drug (n=781) increased 243 percent from FY 2000 and 830 percent from FY 1997. The number of mentions of current other opiate use in FY 2004 (1,529) increased 65 percent from FY 2000 and 166 percent from FY 1997.* —Daniel Dooley

SEATTLE: *Treatment admissions increased from 81 to 264 for other opiates as the primary drug from 1999 to 2004. A substantial increase was seen in the 18–29 age group, rising from 16 to 40 percent of other opiate admissions from 1999 to 2004. Among those entering opiate substitution treatment, the proportion reporting prescription opiates as their primary drug increased from 3 to 12 percent.*
—Caleb Banta-Green

Increases in helpline and poison control center calls and/or hospital discharge cases involving NA/OOs were also reported by some CEWG members.

BOSTON: *In FY 2004, there were 1,025 calls to the Helpline during which opiates were mentioned (18 percent of all calls). Oxycodone (including OxyContin) was mentioned in 691 calls. Helpline calls with oxycodone mentions in FY 2004 (12*

percent of total) reflected increases of 25 percent from FY 2003, 52 percent from FY 2002, and 261 percent from FY 2001. Other narcotic analgesics including methadone, codeine, morphine, Percocet, Vicodin, and Roxicet were mentioned among 401 calls (7 percent of total calls). —**Daniel Dooley**

DENVER: *Statewide hospital discharge data from 1997 to 2003 combined all narcotic analgesics, including heroin. Rates have steadily increased, almost doubling in 7 years, from 37 per 100,000 in 1997 to 73 per 100,000 in 2003. Treatment providers indicated a rapid rise in the popularity of prescription narcotics, such as OxyContin and hydrocodone, especially among youth, and these data may reflect that.* —**Nancy Brace**

LOS ANGELES: *Los Angeles County-based California Poison Control System calls involving exposure to opiates/analgesics increased from a low of 25 in 2000 to a high of 67 in 2003. In the first half of 2004 alone, 31 opiate/analgesic exposure calls were reported, which may indicate a stabilizing of the trend line. Between January 2003 and June 2004, calls involving an exposure to hydrocodone were more likely than calls involving an exposure to oxycodone (58 vs. 11 calls, respectively).* —**Beth Finnerty**

TEXAS: *The number of poison control center cases involving abuse of oxycodone more than doubled between 1998 and 2003.* —**Jane Maxwell**

NA/OO-related death data from several CEWG areas are further testimony to the potentially adverse effects of these drugs on users...

BOSTON: *Narcotic analgesics were mentioned 223 times among 486 drug misuse deaths in the 2003 DAWN report. Forty-nine of those mentions were single-drug deaths, representing 24 percent of the 206 total single-drug deaths (i.e., deaths involving only one drug).* —**Daniel Dooley**

FLORIDA/MIAMI-DADE COUNTY: *Oxycodone-related deaths increased 7 percent statewide between 2003 and 2004, when they totaled 674. In 2004, there were 572 hydrocodone-related deaths; additional opiate-related deaths included morphine (n=597), propoxyphene (347), fentanyl (182), and hydromorphone (98). Methadone-related deaths*

statewide increased 40 percent from 2003 to 2004; deaths caused by methadone rose 51 percent and accounted for 66 percent of the 849 deaths related to the drug in 2004. In 2004, Miami-Dade County recorded 30 oxycodone-related deaths, of which 11 (37 percent) were oxycodone induced; 14 (88 percent) involved oxycodone in combination with at least one other drug. The county also recorded 19 hydrocodone-related deaths, 5 (26 percent) were hydrocodone induced; 17 methadone-related deaths, 7 (41 percent) were methadone induced; 41 morphine-related deaths, 8 (20 percent) were morphine induced; and 15 propoxyphene-related deaths, 4 (27 percent) were propoxyphene induced. —**James Hall**

HONOLULU: Concern was expressed by the Medical Examiner's office this year with respect to methadone. Previously, the ME had been asked to review its records and to monitor the appearance of methadone among decedents. In 2004, there were 25 decedents with a positive toxicology screen for methadone. There were 22 decedents with methadone in their toxicology results in 2003 and 28 in 2002. —**D. William Wood**

PHILADELPHIA: Detections of oxycodone have increased rapidly since 2000. In 2003, oxycodone was present in 9.6 percent of all drug deaths, rising to 11.6 percent in 2004. The presence of hydrocodone in mortality cases also increased, from 40 in 2003 to 51 in 2004. In 2004, there were 35 deaths with the presence of fentanyl. —**Samuel Cutler**

SEATTLE: The number of deaths in 2004 involving prescription-type opiates continued to increase and surpassed all other drugs, with 118 deaths in which prescription opiates were identified, up from 84 in 2003 and 29 in 1997. Three specific prescription opiates make up the majority of all cases, with methadone present in 57 percent of prescription opiate-involved deaths in 2004. Oxycodone was the next most common, present in more than one-quarter of such deaths. Hydrocodone was present in 14 deaths, with the remaining prescription-type opiates totaling 33 cases in 2004. In 2004, 62 percent of depressant-involved deaths also involved a prescription-type opiate, while 43 percent of all prescription-type opiate-involved deaths also involved a depressant. This drug combination has been common in the past as well. —**Caleb Banta-Green**

Such patterns and trends in NA/OO abuse will continue to be monitored by CEWG representatives.

Heroin and Prescription-Type Narcotic Analgesics: An Issue for Future Surveillance

Several CEWG participants reported on the relationship between prescription-type narcotic analgesics and heroin use.

CHICAGO: *Fifty-seven percent of participants in an ongoing study of heroin users in Chicago reported ever using narcotic analgesic drugs without a legal prescription. The narcotic analgesics most often cited included codeine, Tylenol 3 and 4, Dilaudid, Demerol, morphine, and methadone.* —**Matthew Magee**

OHIO: *Interviews with young heroin users and other indicators suggest that pharmaceutical analgesics can be a pathway to heroin use, especially among young (age 18–25) White drug abusers. This trend, first reported in Ohio in 2002, has been confirmed in most regions in the State in recent years.* —**Robert Carlson**

PHILADELPHIA: *When heroin purity declines, heroin users may choose to switch to pharmaceuticals they consider reliable, such as oxycodone, in the pursuit of the heroin-like high.* —**Samuel Cutler**

SOUTH FLORIDA/FLORIDA: *As the wholesale and retail prices of heroin have declined, South Florida has experienced a diversification of opioid abuse that includes non-prescribed narcotic analgesics such as oxycodone, methadone, and hydrocodone. In 2004, there were 674 oxycodone-related, 597 morphine-related, and 572 hydrocodone-related deaths in Florida.* —**James Hall**

Methamphetamine

Methamphetamine abuse indicators continue to be high in western and southwestern areas of the Nation and are showing increasing levels in Atlanta, Minneapolis/St. Paul, and St. Louis.

NFLIS data show that nearly 61 percent of the drug items analyzed in Minneapolis/St. Paul in 2004 contained methamphetamine (see *exhibit 1*), relatively unchanged from 2003. Other CEWG areas with high percentages of methamphetamine items were Honolulu (57.5 percent), Los Angeles (32.4 percent), Phoenix (32.3 percent), Seattle (31.0 percent), and Atlanta (30.3 percent).

Treatment data in 2004 continued to show the impact of methamphetamine on treatment systems in the West and Southwest. Excluding alcohol admissions, those for primary methamphetamine abuse were exceedingly high in Hawaii (57.3 percent), followed by San Diego (45.2 percent), Arizona (37.5 percent), and Los Angeles (26.7 percent) (see *exhibit 2*). Other CEWG areas with relatively high proportions of primary methamphetamine admissions were Minneapolis/St. Paul (19.6 percent), Denver (17.6 percent), Seattle (15.2 percent), San Francisco (14.5 percent), Atlanta (11.3 percent), and St. Louis (6.5 percent). In all other areas for which data were available, primary methamphetamine admissions accounted for less than 1 percent of illicit drug admissions.

DAWN ED data (unweighted) for 2004 show high numbers of methamphetamine ED reports, relative to other major drugs of abuse, in western and southwestern areas: Los Angeles, Minneapolis/St. Paul, Phoenix, San Diego, San Francisco, and Seattle (see *exhibit 3*). Relatively high numbers of methamphetamine reports were also found for Atlanta, Denver, and St. Louis. Relative to the numbers of ED reports for other major drugs, methamphetamine reports were low in other CEWG areas, e.g., Baltimore, Boston, Chicago, Detroit, New York, and Newark.

DAWN mortality data combine methamphetamine and amphetamines into the category of “Stimulants.” Stimulant-related deaths were reported to DAWN in only 8 of 13 CEWG areas in 2003 (with data sup-

pressed in 3). The number of stimulant-related deaths totaled 122 in Phoenix and 119 in San Diego (see *exhibit 4a*). Stimulant-related deaths were 24 and 26, respectively, in San Francisco and Denver, and totaled 12 in both Atlanta and New Orleans. A few were reported in Detroit (6) and New York/Newark (9). **Local/State ME data** on methamphetamine-involved deaths were reported from four CEWG areas and from Texas for 2003. Deaths specific to methamphetamine in 2004 were reported from three CEWG areas: Honolulu reported 67, Minneapolis/St. Paul 28, and Seattle 18. The 2003 ME data for Texas showed 80 deaths involving methamphetamine.

Although methamphetamine abuse indicators were still relatively low in most CEWG areas east of the Mississippi River, CEWG representatives were closely monitoring methamphetamine indicators and communities were becoming more proactive in planning and implementing prevention interventions.

ATLANTA: *In the past 12 to 18 months, significant efforts have been made in Atlanta to prevent methamphetamine abuse from increasing, including a summit to address supply and distribution issues and community forums.* —**Brian Dew**

COLORADO: *In 2005, Colorado passed legislation limiting public access to methamphetamine precursor drugs. Impact from this legislation has yet to be determined.* —**Nancy Brace**

LOS ANGELES: *Local, statewide, and national efforts, known as Drug Endangered Children Programs, have been launched to address the issue of what happens to children who are found at a methamphetamine laboratory when it is seized.* —**Beth Finnerty**

MICHIGAN: *Michigan's border with Canada has been the focus of efforts to stop the flow of large amounts of pseudoephedrine and ephedrine into the United States.* —**Cynthia Arfken**

ST. LOUIS: *The Midwest Field Division of the DEA decreased its cleanup of clandestine methamphetamine labs after training local enforcement groups; 2,788 labs were reported for 2004. The*

intensity of these law enforcement efforts is based on the availability of funds for local police departments to clean up box labs under Community Oriented Policing Service (COPS) funding. Thefts of anhydrous ammonia continued to be identified as an issue in rural areas. —Heidi Israel

SAN DIEGO: *The Methamphetamine Strike Force (MSF), established in March 1996 as a collaborative 'assessment and action' effort involving more than 60 members and 10 data sources, continues to assess the methamphetamine problem at the community level, determine appropriate actions to take, and evaluate results. The MSF has developed effective plans and policies; controlled the availability of precursor chemicals; taken steps to protect endangered children; made effective use of the media; and developed and used training at all levels. The two newest initiatives include a focus on women and the border. —Steffanie Strathdee*

Forensic laboratory data, a leading drug abuse indicator, showed that high proportions of the items analyzed in Minneapolis (60.8 percent) and Atlanta (30.3 percent) in 2004 contained methamphetamine. The CEWG representatives for these metropolitan areas are closely monitoring other indicators to assess changes and learn more about methamphetamine abuse.

ATLANTA: *Methamphetamine treatment admissions were rising faster than for any other type of drug. In 2004, 11.3 percent of all public treatment admissions (excluding alcohol) reported methamphetamine as their primary drug of abuse. —Brian Dew*

MINNEAPOLIS/ST. PAUL: *In 2004, 19.6 percent of treatment admissions (excluding alcohol) were for primary methamphetamine abuse, a record high. —Carol Falkowski*

Methamphetamine abuse is having a significant impact on affected communities.

ARIZONA: *Methamphetamine abuse is a public health crisis in Arizona, crossing all economic levels, racial and ethnic groups, and urban and rural areas. —Ilene Dode*

In some CEWG areas, there are indications of increases in methamphetamine abuse among high school and other students.

MINNEAPOLIS/ST. PAUL: *Methamphetamine abuse took hold among younger populations in 2004. All onsite school-based drug abuse counselors reported increased methamphetamine abuse by metropolitan high school students.* —
Carol Falkowski

NEW YORK CITY: *Methamphetamine abuse has spread to and is increasing among college students and heterosexual club-goers.* —**Rozanne Marel**

ST. LOUIS: *The use of methamphetamine and its derivatives has become more widespread among high school and college students who do not consider it as dangerous as other drugs.* —**Heidi Israel**

Females represented relatively high proportions of primary methamphetamine admissions compared with admissions for other drugs.

LOS ANGELES: *Females represented 40 percent of all primary methamphetamine admissions in the second half of 2004.* —**Beth Finnerty**

TEXAS: *More than one-half (53 percent) of the 2004 methamphetamine (primary drug) admissions in Texas were women.* —**Jane Maxwell**

In most areas, methamphetamine treatment admissions tended to be White. However, in some areas, high and increasing numbers of Hispanic methamphetamine abusers were admitted to treatment in 2004.

LOS ANGELES: *In Los Angeles in the second half of 2004, Hispanics accounted for 47 percent of all primary methamphetamine treatment admissions compared with 39 percent for White admissions.* —**Beth Finnerty**

Several CEWG representatives stressed the dominant role of Mexican drug trafficking organizations in methamphetamine trafficking in their areas.

MINNEAPOLIS/ST. PAUL: *The bulk of methamphetamine consumed in the State is still imported from Mexico.* —Carol Falkowski

SAN FRANCISCO: *Mexican criminal gangs control most wholesale and mid-level distribution of methamphetamine in San Francisco.* —John Newmeyer

ST. LOUIS: *Mexican drug trafficking organizations dominate the trafficking of methamphetamine.* —Heidi Israel

Marijuana

Marijuana continues to be readily available and the most widely abused drug in CEWG areas. Youth continue to be heavily involved in marijuana use and trafficking.

NFLIS data show that marijuana (cannabis) items accounted for one-half of all items analyzed in 2004 in New Orleans and San Diego, and between approximately 41 and 49 percent of all items in St. Louis, Detroit, Boston, and Chicago (*see exhibit 1*). The only two areas where marijuana items accounted for less than 10 percent of all drug items were Newark (9.0 percent) and Minneapolis/St. Paul (5.6 percent)

Treatment data for primary marijuana admissions (excluding alcohol) ranged between 35 and nearly 40 percent in St. Louis, Broward County, Florida, Denver, Minneapolis/St. Paul, and New Orleans (*see exhibit 2*). In 2004, primary marijuana admissions accounted for less than 7–8 percent of illicit drug admissions in Boston and Newark, and ranged between 11 and 29 percent in 13 CEWG areas.

DAWN ED unweighted data show that within nine CEWG areas, marijuana reports were second in frequency only to one other drug. In San Diego, only methamphetamine ED reports outnumbered those for marijuana. In Atlanta, Denver, Houston, Los Angeles, Miami, Minneapolis/St. Paul, New Orleans, and St. Louis, only cocaine reports exceeded the number of marijuana reports (see *exhibit 3*).

DAWN ME data for 2003 showed no marijuana-related deaths in 3 of the 13 DAWN/CEWG areas covered in this report. (It is unclear whether these three areas tested for marijuana.) In another five areas, numbers were suppressed (meaning less than four were reported). In the remaining 5 areas, 6 marijuana-related deaths were reported in Denver and between 21 and 54 were reported in Houston, New Orleans, Detroit, and New York City/Newark.

“Widely used” and “readily available” are two common phrases often used to characterize marijuana in CEWG areas.

ATLANTA: *Ethnographic sources consistently confirm that marijuana is the most commonly abused drug in Atlanta. Most epidemiological indicators show an upward trend in marijuana use, particularly among individuals younger than 17.* —**Brian Dew**

CHICAGO: *Marijuana remains the most widely available and used illicit drug in Chicago and Illinois.* —**Dita Broz**

HONOLULU: *Marijuana has been a drug of choice in the islands for decades.* —**D. William Wood**

MINNEAPOLIS/ST. PAUL: *Marijuana remained the overwhelmingly popular drug of abuse among adolescents and young adults.* —**Carol Falkowski**

NEWARK: *Marijuana is the most widely available and most frequently seized illicit drug in New Jersey.* —**Allison Gertel-Rosenberg**

NEW YORK CITY: *Marijuana continues to be the most widely abused illicit drug in New York City.* —**Rozanne Marel**

WASHINGTON, DC: *Marijuana is widely used in the District, as it is in many other jurisdictions. Commercial-grade and high-grade marijuana are available for wide ranging, but relatively stable prices.* —**Erin Artigiani**

Youth figure prominently in marijuana treatment admissions.

BALTIMORE: *Persons entering treatment for primary marijuana use were young: 44 percent were younger than 18.* —**Leigh Henderson**

HONOLULU: *Those admitted for treatment in 2004 continued to be younger persons referred by the courts.* —**D. William Wood**

LOS ANGELES: *Individuals younger than 18 constituted 48 percent of [marijuana] admissions.* —**Beth Finnerty**

SEATTLE: *Those reporting marijuana as their primary drug are much younger than other drug users overall, with 45 percent of users being younger than 18 in 2004. However, primary marijuana users appear to be aging, as the younger-than-18 age group represented 63 percent of users in 1999.* —**Caleb Banta-Green**

Other Drugs

Indicators of **MDMA** (ecstasy) abuse, the most frequently mentioned “club drug” in CEWG areas, pointed to continued low levels of use. MDMA represented only a small proportion of items identified in the NFLIS in 2004, with the highest proportion recorded in Atlanta (2.0 percent). Some CEWG members continued to report the spread of MDMA use to people outside the club scene.

NEW YORK CITY: *Club drugs, particularly ecstasy, are making great inroads among New York residents, especially non-White users.* —**Rozanne Marel**

TEXAS: *Ecstasy has spread outside the White club scene and into Hispanic and Black communities.*
—Jane Maxwell

Lysergic Acid Diethylamide (LSD) indicators continued to decline throughout almost all CEWG areas, with the exception of Atlanta.

ATLANTA: *The DEA reports an increase in the availability of LSD, especially among White traffickers/users age 18–25.* —Brian Dew

In 2004, **phencyclidine (PCP)** indicators remained low in all CEWG areas, including those that reported increases in 2003.

PANEL ON METHAMPHETAMINE AND OTHER STIMULANT ABUSE AMONG YOUTH AND YOUNG ADULTS: FINDINGS FROM COMMUNITY-BASED STUDIES

Stimulant Abuse in Ohio and the Rural South

Robert G. Carlson, Ph.D.

Among 402 young adult MDMA users in an urban setting in central Ohio, 91 had used methamphetamine (MA) in the past 6 months [NIDA grant R01DA14488]. Logistic regression revealed that MA users were significantly more likely to not be taking college courses and to have used cocaine, hallucinogens, and inhalants in the previous 6 months than non-MA users. Participants who had used MDMA on 50 or more lifetime occasions were also more likely to have used MA than participants who had used MDMA 1–10 times. Among 711 rural stimulant users in Ohio, Arkansas, and Kentucky, 342 (48.1 percent) had used MA in the previous 30 days [NIDA grant R01DA14340 and R01DA15363]. Compared with cocaine-only ($n=367$) and MA and cocaine users (249), MA-only users (93) were more likely to be employed and on probation or parole. Cocaine-only users were more likely to be older, of non-White ethnicity, and to have used alcohol in the past 30 days. MA and cocaine users were more likely to have less than a high school diploma, to have engaged in illegal acts for profit in the past 30 days, and to have used marijuana, OxyContin, other nonprescribed analgesics, and non-prescribed tranquilizers than the other two groups. Ethnographic interviews with 17 recent (past-12-months) MA users in Dayton for the Ohio Substance Abuse Monitoring Network revealed that the availability of MA is increasing. Five participants inhaled MA, seven smoked it, three inhaled and smoked, and two injected. Seven were “old generation” users who were first introduced to MA about 15 years ago; 10 were “new generation” users who had initiated use 2–5 years ago. Five, sometimes overlapping, pathways to MA use were identified (powder cocaine to MA, crack to MA, MDMA to MA, nonprescribed amphetamines to MA, and marijuana to MA). After years of low levels of abuse, MA use appears to be increasing in the Dayton area among

diverse populations. However, these reported increases are not yet being observed by treatment providers. MA user groups identified included gay men; young Whites, primarily in the “party/rave” scene; and young/middle-aged Whites in urban and rural settings. The field is confronted with multiple methamphetamine epidemics, each with its own dynamic, reasons for use, risks, and prevention and treatment needs.

Rural Methamphetamine Abuse: An Ethnographic Perspective

Rocky L. Sexton, Ph.D.

Ethnographic research among 34 active methamphetamine (MA) abusers in Arkansas and Kentucky indicates that the small-scale production of MA using the Birch/Nazi method has increased over the last decade [NIDA grant R01DA15363]. MA is distributed within relatively small networks through sales, gift-giving, and barter for cooking ingredients or other items. Smoking MA on aluminum foil is the most common route of use, followed by injecting, inhaling, and oral use. MA abuse is most common among Whites, but there are also several limited pathways to MA use among African-Americans. Participants believed that improperly prepared MA can cause tremors, feelings of paralysis, and back pain. Paranoia, hallucinations, and violence are associated with binge use of MA. Self-reports of risky sexual behavior, dental problems, dramatic weight loss, respiratory problems, and feelings of poor health in general were also commonly linked to MA abuse.

Stimulant Use Among New York City-Area Club-Going Young Adults

Brian C. Kelly

Brian C. Kelly presented findings from the Club Drugs and Health Project, a study of club drug use and its associated risks among young adults in the New York City club scene [NIDA grant R01DA01492-02]. Intercept survey data from 1,828 adults screened revealed that 46.4 percent had used ecstasy, 44.8 percent had used cocaine, 22.0

percent had used ketamine, and 16.6 percent had used crystal methamphetamine. One of six was an active club drug user. Nearly 19.5 percent of the males and 13.7 percent of the females had used methamphetamine (MA). Whites (18.9 percent) were more likely than Latinos (16.5 percent) and African-Americans (9.3 percent) to have used MA. Gays/bisexuals (21.4 percent) were more likely than heterosexuals (12.3 percent) to be MA users. Relatively high percentages of male (45.7 percent) and female (43.2 percent) subjects reported having used cocaine. A higher percentage of gay/bisexual than heterosexual subjects (47.1 vs. 41.7 percent) had used cocaine. One-half of Whites had used cocaine, compared with Latinos at 38.8 percent and African-Americans at 31.5 percent.

Mr. Kelly also presented findings from the Bridge and Tunnel Project, an ethnographic study of club drug-using suburban youth who attend clubs in New York City [NIDA grant R03DA016171-01]. All had used ecstasy, and 33 percent had used at least one other stimulant drug. Nearly one-half of those who had used a stimulant other than ecstasy had used cocaine, with nearly one-quarter having used MA and about one-third having used prescription stimulants. More than one-half of the youths had used a prescription drug; the most popular non-stimulants were Vicodin, codeine, and alprazolam (Xanax) and other benzodiazepines. Youths indicated that they could more regularly predict the desired high from prescription stimulants than illicit drugs and that they used them outside the party scene.

Stimulant Use Among Young People in Hartford, Connecticut

Jean J. Schensul, Ph.D.

Recent findings from a NIDA-supported study of young “club drug” users in Hartford, Connecticut [R01DA11421], were reported by Jean Schensul, Ph.D. Researchers at the Institute for Community Research (ICR) have been monitoring stimulant drug patterns and trends and the factors associated with the use of particular drugs. The multimethod research design includes field observations, key informant interviews, and semistructured interviews with substance abusers. Drug use patterns in Hartford differ from patterns reported in other areas of the Nation. PCP, alcohol, and marijuana use continue to be stable components of youth drug repertoires in Hartford. In a 1-year followup of the

Hartford study population, alcohol use had increased by 4.0 percent, ecstasy use by 8.5 percent, and PCP use by 3.0 percent. Ecstasy use is common, and the pool of new users is increasing. Of other stimulants, cocaine use decreased and methamphetamine use is not being reported. Continuing at relatively high levels are initiation and 30-day use of ecstasy and “dust” (a PCP derivative or substitute of embalming fluid or formaldehyde). Of those who had ever used ecstasy (24 percent, $n=548$), 18.5 percent had used it in the 30 days prior to interview. Favorable effects of ecstasy reported by users included *feel good, enhance mood, less stressed, feel like sex, enjoy touching, let loose*; nearly one-half reported negative effects, including verbal and physical aggression.

PANEL ON INTERNATIONAL DRUG ABUSE: EMERGING/ CURRENT TRENDS

Australia

Louisa Degenhardt, Ph.D.

Dr. Louisa Degenhardt described Australia’s drug abuse surveillance system and recently reported drug trends. The Illicit Drug Reporting System (IDRS), established in 1996, monitors illicit drug abuse patterns, emerging trends, and the price and purity of different substances in every jurisdiction in the country. It includes a quantitative survey of injection drug users (IDUs), a qualitative survey of key informants who work in the drug field, and the synthesis of extant indicator data (e.g., treatment, arrests, overdoses, and drug seizures).

Standardized data were collected from more than 900 IDUs annually since 2000. The Party Drug Initiative (PDI), initiated in 2000, is targeted to ecstasy and other “party” drug users; 850 PDI interviews were conducted in 2004. Recent drug trends based on IDRS and PDI data include increases in psychostimulant use (e.g., ecstasy, crystal methamphetamine, and the psychotic symptoms associated with the use of these drugs); increased use of pharmaceuticals by IDUs; and sharp decreases in heroin abuse indicators (e.g., heroin overdose cases). Local trends included illicit

morphine abuse in the Northern Territory, illicit methadone abuse in Tasmania, injection of benzodiazepines (particularly in Tasmania and Victoria), and injection of cocaine in New South Wales.

Europe

Paul Griffiths

An overview of the drug abuse situation in the European Union (EU), as reported to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), was presented by Paul Griffiths. Established in 1993, and based in Lisbon, Portugal, EMCDDA is the central reference point for drug information in the EU. Information is collected via the Reitox reporting network, which consists of “government nominated” focal points, linked to technical groups in each of the 25 member States of the EU. Norway participates by special agreement, and the candidate countries of Bulgaria, Romania, and Turkey also provide data. Data are collected on common indicators and synthesized into an *Annual Report* that covers developments across the EU.

Among recent findings are those showing that cannabis indicators have trended upward, with some signs of convergence and stabilization among high prevalence countries. Cannabis use in the United Kingdom (UK), historically the highest, now appears stable; France, the Czech Republic, and Spain report equivalent or, on some measures, high rates of cannabis use. Three waves of school survey data on 15-year-old students (1996, 1999, 2003) show increases in cannabis use in almost all countries, with the greatest changes occurring in 1996 and 1999.

Overall, ecstasy has replaced amphetamine as Europe’s second most commonly used drug. Ecstasy indicators continue to trend upwards in most countries, except in the UK where rates remain high but stable. Significant methamphetamine use is reported only in the Czech Republic. Powder cocaine use is increasing in many countries, including those where use rates are already high. Past-year estimates of powder cocaine use in Spain and the UK, for example, are similar to rates in the United States; however, lifetime estimates are considerably lower. Crack cocaine use remains rare; significant use is limited to a few major cities.

Mexico

Santiago Zaragoza, M.D.

Mexico's Epidemiologic Surveillance System of Addictions (SISVEA), initiated in 1990, currently includes 31 States and 53 cities. Data sources, analyzed periodically, include government treatment centers (GTCs) and nongovernment treatment centers (NGCs), emergency rooms, medical examiners, law enforcement, and surveys. In addition, qualitative studies are conducted to address questions/issues that arise. Dr. Santiago Zaragoza presented recent SISVEA findings from data reported in 2004. Crystal methamphetamine was the most frequently reported primary drug of abuse among NGC patients in the first half of 2004. The proportion of primary crystal patients at NGCs increased each year from 3.6 percent of all admissions in 1998 to 20.6 percent in the first half of 2004. NGC cocaine admissions decreased from 27 percent in 2000 to 18 percent in the 2004 period. In 2004, relatively high percentages of juvenile arrestees in cities in western and central areas of Mexico reportedly used crystal, e.g., Hermosilla (30 percent), Tijuana (24 percent), and Mexicali and Chihuahua (each 15 percent). In 2004, marijuana continued to be the most frequently reported drug of abuse by juvenile arrestees (35 percent) and patients at GTCs (18 percent).

Southern Africa

Charles D.H. Parry, M.Sc., M.A., Ph.D.

The Southern African Development Community (SADC) Regional Drug Control Program has established a regional drug surveillance network (SADC Epidemiology Network on Drug Use—SENDU) in 13 SADC member States. At the end of June 2004, data, as reported by Charles Parry, Ph.D., were available from 11 countries: Botswana, Lesotho, Malawi, Mozambique, Mauritius, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. During the first half of 2004, treatment demand data were collected from 98 specialist drug treatment centres and psychiatric hospitals in 9 countries and from law enforcement agencies in 11. Overall in the region, an increase in treatment demand for substances other than alcohol and cannabis occurred in the first half of 2004, as compared with the second half of 2003; there was also an increase in police seizures of heroin. Seizures

of methaqualone (Mandrax), cocaine, and amphetamine-type stimulants, however, showed a decline. Most alarming was the very high level of HIV/AIDS cases associated with injection drug use in Mauritius and the dramatic increase in treatment demand related to methamphetamine use in Cape Town.

Taiwan

Jih-Heng Li, Ph.D.

The National Bureau of Controlled Drugs, Department of Health, established the Taiwan drug abuse surveillance system in 1999. Treatment, drug offender, seizure, HIV/AIDS, and wholesale price data are systematically collected from sources and analyzed annually. Dr. Jih-Heng Li presented data showing that methamphetamine and heroin were the predominant illicit drugs of abuse in Taiwan from 2000 to 2004. In 2004, nearly 63 percent ($n=32,240$) of drug offenders tested (urinalysis) positive for methamphetamine. Sixty-three percent tested positive for morphine, and 30.8 percent tested positive for both drugs. Of the 14,768 admissions for addiction treatment in 2004, 87 percent were heroin cases and 18 percent were methamphetamine cases (some used both drugs). In 2004, 3,165 kilograms of methamphetamine were seized by law enforcement authorities, compared with 645 kilograms of heroin. In New Taiwan (NT) dollars, the wholesale price of heroin increased dramatically from NT\$1,270,000 per kilogram in 2000 to NT\$2,710,000 in 2004. There were 431 benzodiazepine treatment admissions in 2004. The amount of seized benzodiazepines increased tenfold to 141 kilograms in 2004, and nimetazepam accounted for 97 percent of the benzodiazepines seized. Positive urine tests for MDMA increased among the drug offender population, from 149 in 2000 to 1,610 in 2004. However, there were 103 treatment admissions for MDMA in 2004, less than the number reported in each of the prior 3 years. In 2004, 80 drug offenders tested positive for cannabis, and there were only 42 cannabis treatment admissions.

APPENDIX A

DAWN ED Samples and Reporting Information, by CEWG Area: January–December 2004

CEWG Area	Total EDs in DAWN Sample	No. of EDs Reporting per Month: Completeness of Data (%)		No. of EDs Not Reporting
		≥ 90%	< 90%	
Atlanta	33	16–18	0–2	14–16
Baltimore	24	10–21	0–7	1–9
Boston	34	15–23	0–4	11–16
Chicago	76	19–31	0–7	44–52
Dallas/Ft. Worth	49	8–13	0–4	33–39
Denver	14	5–8	0–1	6–9
Detroit	24	7–21	0–2	3–15
Houston	39	9–14	0–4	24–25
Los Angeles	37	7–12	0–3	23–28
Miami-Dade Co.	17	5–9	0–3	7–9
Mpls./St. Paul	26	6–13	0–1	13–19
Newark	43	7–10	0–3	31–33
New Orleans	21	9–11	0–2	10–13
New York City	94	22–36	1–9	51–62
Philadelphia	40	13–23	0–6	13–23
Phoenix	26	9–13	0–2	12–15
St. Louis	38	15–18	0–2	20–23
San Diego	16	6–9	0–1	6–10
San Francisco	19	7–10	0–3	8–11
Seattle	23	8–12	0–4	10–13
Washington, DC	30	8–12	0–5	15–19

SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/13–4/14, 2005

APPENDIX B

Participation of Medical Examiner/Coroner Jurisdictions in DAWN in 13 CEWG Areas: 2003

Area Jurisdictions	Percent of Population in Participating Jurisdiction
Atlanta-Sandy Springs-Marietta, GA	61
Baltimore-Towson, MD	100
Boston-Cambridge-Quincy, MA-NH	100
Chicago-Naperville-Joliet, IL-IN-WI	26
Detroit-Warren-Livonia, MI	94
Houston-Baytown-Sugar Land, TX	87
New Orleans-Metairie-Kenner, LA	73
New York-Newark-Edison, NY-NJ-PA	57
Phoenix-Mesa-Scottsdale, AZ	94
San Diego-Carlsbad-San Marcos, CA	100
San Francisco-Oakland-Fremont, CA	23
St. Louis, MO-IL	84
Washington-Arlington-Alexandria, DC-VA-MD-WV	94

SOURCE: DAWN, OAS, SAMHSA

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CEWG

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