

U.S. Department of Health and Human Services
Public Health Service
National Institutes of Health
National Institute on Drug Abuse
6001 Executive Boulevard
Room 5213
Bethesda, MD 20892

Official Business
Penalty for Private Use \$300.00

NIDA
NATIONAL INSTITUTE
ON DRUG ABUSE

NIH Publication No. 06-5878A
Printed October 2006

FIRST-CLASS MAIL
POSTAGE AND FEES
PAID
DHHS/NIH
PERMIT NO. G-827

NIDA NATIONAL INSTITUTE
ON DRUG ABUSE



COMMUNITY EPIDEMIOLOGY WORK GROUP

EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

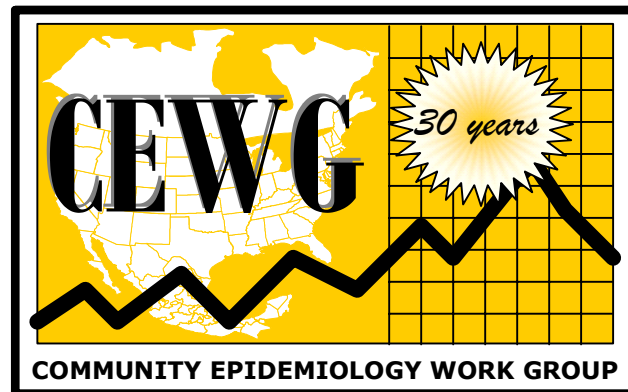
Advance Report

Community
Epidemiology
Work Group

June 2006

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

NATIONAL INSTITUTE ON DRUG ABUSE



Epidemiologic Trends in Drug Abuse

Advance Report

**Community
Epidemiology
Work Group**

June 2006

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

Division of Epidemiology, Services
and Prevention Research
National Institute on Drug Abuse
6001 Executive Boulevard
Bethesda, Maryland 20892

The National Institute on Drug Abuse (NIDA) acknowledges the contributions made by the representatives of the Community Epidemiology Work Group (CEWG) who prepare the reports presented at the meetings. Appreciation is extended also to other participating researchers who contribute information. This publication was prepared by MasiMax Resources, Inc., under contract number N01-DA-1-5514 from the National Institute on Drug Abuse.

This *Advance Report* is a synopsis of findings reported by 20 CEWG representatives and issues discussed by participants at the June 2006 CEWG meeting. Also presented are *Abstracts* from 20 CEWG papers and on drug abuse patterns and trends in CEWG areas. At the meeting, presentations covered special populations and issues in the Minneapolis/St. Paul area; the epidemiology of drug abuse in New Orleans after Hurricane Katrina; and an international panel on monitoring of drug abuse trends in Latin America. The full papers of the CEWG representatives will appear in the June 2006 *Epidemiologic Trends in Drug Abuse, Volume II*; summaries of selected presentations by other participants will appear in *Volume I*.

All material in this volume is in the public domain and may be reproduced or copied without permission from the Institute or the authors. Citation of the source is appreciated. The U.S. Government does not endorse or favor any specific commercial product. Trade or proprietary names appearing in this publication are used only because they are considered essential in the context of the studies reported herein.

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

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

***by mail: P.O. Box 2345
Rockville, MD 20852-2345***

***by phone: (301) 468-2600
(800) 729-6686***

by fax: (301) 468-6433

National Institute on Drug Abuse
NIH Publication No. 06-5878A
Printed November 2006

Foreword

This *Advance Report* is a synthesis of findings presented at the 60th semiannual meeting of the Community Epidemiology Work Group (CEWG) held in Minneapolis, Minnesota, on June 13–16, 2006, under the sponsorship of the National Institute on Drug Abuse (NIDA). The information from the CEWG network presented in this report includes an overview of drug abuse patterns and trends in 20 CEWG areas, an *Abstract* from each CEWG representative's report, and tables and charts displaying the data in the appendices. One focus of this *Advance Report* is on the emerging problems related to fentanyl and fentanyl mixtures in the United States. The report also focuses on the abuse of heroin, opiates/narcotic analgesics (other than heroin and fentanyl), cocaine/crack, methamphetamine, and marijuana. More complete coverage of these and other drugs reported in CEWG areas and in Cincinnati, Ohio, as well as summaries of panel presentations by researchers from Latin America, will be published in the June 2006 CEWG report, *Epidemiologic Trends in Drug Abuse, Volume I*. Individual papers by CEWG representatives will be in the *Volume II* 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 area representatives across the Nation. 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 policymakers. The information is intended to alert authorities at the local, State, regional, and national levels, and the general public, to current conditions and potential problems so that appropriate and timely action can be taken. Researchers also use the information to develop research hypotheses that might explain social, behavioral, and biological issues related to drug abuse.

Moirá P. O'Brien
Division of Epidemiology, Services and
Prevention Research
National Institute on Drug Abuse
National Institutes of Health
Department of Health and Human Services

Contents

Foreword	3
Introduction to the CEWG Advance Report	5
Key Findings from the CEWG	9
Drug Abuse Patterns and Trends Across CEWG Areas	13
Fentanyl: An Emerging Drug of Abuse	13
Heroin Abuse Indicator Data	17
Other Opiate Abuse Indicator Data	19
Cocaine/Crack Abuse Indicator Data	21
Methamphetamine Abuse Indicator Data	24
Marijuana Abuse Indicator Data	27
Abstracts from CEWG Papers	29
Appendices	46
Appendix A. Treatment Admissions for Primary Cocaine, Heroin, Methamphetamine (MA), and Marijuana (MJ) in 19 CEWG Areas, by Percentage of Total Admissions (Excluding Alcohol): 2005	46
Appendix B-1. DAWN ED Samples and Reporting Information, by CEWG Area: 2005	47
Appendix B-2. Number of Cocaine, Heroin, Methamphetamine (MA), and Marijuana (MJ) ED Reports in 12 CEWG Areas (Unweighted): 2005	47
Appendix C. Cocaine, Heroin, Methamphetamine (MA), and Marijuana (MJ) Items Analyzed by Forensic Labs, by CEWG Area and Percentage of Total Items: 2005	48
Appendix D. Number of Selected Narcotic Analgesic/Opiate Items Analyzed by Forensic Laboratories in CEWG Areas: 2005	49
CEWG Participants	50

Introduction to the CEWG Advance Report

The CEWG is a unique epidemiology network that has functioned for 30 years as a drug abuse surveillance system to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of information. Each source provides information about the abuse of particular drugs, drug-using populations, and/or different facets of the behaviors and outcomes related to drug abuse. The information obtained from each source is considered a drug abuse *indicator*. Typically, indicators do not provide estimates of the number (prevalence) of drug abusers at any given time or the rate at which drug-abusing populations may be increasing or decreasing in size. However, indicators do help to characterize drug abuse trends and different types of drug abusers, such as those who have been treated in emergency rooms, have been admitted to drug treatment programs, or have died with drugs found in their bodies. Data on items submitted for forensic chemical analysis serve as indicators of the availability of different drugs and engagement of law enforcement at the local level, and data on drug price and purity are indicators of the availability, accessibility, and potency of specific drugs. Drug abuse indicators are examined over time to monitor the nature and extent of drug abuse and associated problems within and across geographic areas.

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.** Because Hurricane Katrina displaced many New Orleans residents, including drug abusers, and impacted adversely on the service systems in the city and Orleans Parish, there was insufficient data for a CEWG presentation/report on New Orleans at this meeting. However, a special panel was convened to discuss current drug abuse issues in the city/parish; the panel deliberations will appear in the June 2006 Volume I of the Proceedings.

As in past years, representation was enhanced by a presentation from a guest researcher who, at this meeting, represented Cincinnati, Ohio. The Emerging/Current Trend approach, followed by the CEWG in recent years, focused on fentanyl abuse. As in past meet-

ings, there were updates on pertinent information from federally supported data sources, presentations by other speakers knowledgeable in selected topic areas, and presentations by researchers from other countries to provide an international perspective on drug abuse patterns and trends.

At the June 2006 meeting...

- ◆ A panel on Drug Abuse Epidemiology in Latin America presented data/information from research studies in Brazil, Chile, Costa Rica, and Peru. In addition, a representative of the Organization of American States, Inter-American Drug Abuse Control Commission, provided a comparative overview of drug use in South America and discussed opportunities and challenges for establishing a Latin American Epidemiology Work Group.
- ◆ A New Orleans panel of experts reviewed and discussed drug abuse issues in New Orleans and Orleans Parish since Hurricane Katrina.
- ◆ A researcher from Cincinnati presented multiple indicator data on drug abuse patterns and trends in that area.
- ◆ Personnel from schools and treatment agencies presented information on special populations in the Minneapolis/St. Paul area, including the Hazelden Foundation.
- ◆ Federal personnel provided updates on the National Forensic Laboratory Information System and the Drug Abuse Warning Network.

While Mexico's Ministry of Health was unable to send a representative to the meeting, an update on drug abuse patterns and trends in Mexico was forwarded to NIDA; this will be published in the June 2006 *Volume II* Proceedings.

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. At the semiannual meetings, CEWG representatives address issues identified in prior meetings and, subsequently, identify drug abuse issues for followup in the future.

In semiannual meetings, CEWG representatives 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 summarized below; the data, by CEWG area, are presented in appendices to this report.

◆ **Treatment data** are from CEWG reports and represent statewide data for Arizona, Hawaii, and Texas and metropolitan area or county-level data for 16 CEWG areas. No 2005 data were available for Washington, DC, or New Orleans. (Treatment data for the first half of 2005 in Orleans Parish may be found in the NIDA January 2006 publications). Five CEWG areas provided fiscal year (FY) 2005 data and 14 reported calendar year (CY) 2005 data (*see Appendix A*). Data from South Florida are from nine Broward (County) Recovery Center (BARC) programs that serve 51.5 percent of admissions to county treatment facilities. Treatment data on specific drugs are reported as percentages of total admissions, excluding alcohol. Note, however, that some area *Abstracts* report percentages for specific drugs based on total admissions, including alcohol. The most recent percentages for four major drugs (excluding alcohol) are presented in *Appendix A*. Treatment data are not totally standardized across CEWG areas.

◆ **Drug Abuse Warning Network (DAWN) emergency department (ED) data** for 12 CEWG areas for CY 2005 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). Participation by EDs in each DAWN sample was incomplete; completeness data are summarized in *Appendix B-1*, followed by the numbers of *DAWN Live!* reports for four major drugs of abuse (*Appendix B-2*). The unweighted numbers represent drug reports involved in drug-related visits for illicit drugs and the nonmedical use of selected prescription drugs. 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, the data may be corrected or deleted; therefore, the data in this report are subject to change and do not represent weighted estimates of ED visits. A full description of the DAWN system can be found at <<http://dawninfo.samhsa.gov>>.

- ◆ **Local drug-related mortality data** from medical examiners/coroners (ME/Cs) were reported for 16 CEWG areas. Eight report county-level data for selected drugs for 2005 (Broward County, Florida; Detroit/Wayne County; Honolulu; Miami/Dade County; Minneapolis/Hennepin County; St. Paul/Ramsey County; Newark/Essex County; Seattle/King County). City-level data were reported for Philadelphia and St. Louis for 2005, and for San Francisco and Washington DC, for 2004. Statewide ME/C data were reported for Florida and Georgia for 2005, and for Arizona, Colorado, and Texas in 2004. The 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 present in a decedent, and multiple drugs may be identified in a single case, with each reported in a separate drug category.

- ◆ **National Forensic Laboratory Information System (NFLIS) data** are maintained by the Drug Enforcement Administration (DEA); these are reported for CY 2005 in 20 CEWG metropolitan areas and Texas (statewide). The 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, and 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. The CY 2005 NFLIS data for each CEWG area are presented on four major illicit drugs in *Appendix C* and on opiate-type drugs in *Appendix D*.

Other data sources used in this report and 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 NDIC; heroin price and purity data from DEA's Domestic Monitor Program (DMP) or local DEA offices; DEA's National Clandestine Laboratory Database; various local sources that provide data on drug arrests; calls to poison control centers and helplines; and drug-related data from surveys.

Key Findings from the CEWG

These *Key Findings* are based on data presented by CEWG representatives at the June 2006 meeting, the information provided in their reports (to be published in *Volume II* of the Proceedings), their review of a draft of this report, and when appropriate, followup contacts with representatives to verify data.

Fentanyl and fentanyl mixtures. In late 2005 and early 2006, fentanyl abuse emerged as a public health problem in seven CEWG areas. There were reports of confirmed or suspected deaths in these areas (including cases in which the drug was mixed with other substances). In closely monitoring this drug problem, CEWG representatives reviewed data and relevant information prior to the June CEWG meeting, and they reported and discussed what was learned at the meeting. It was concluded that all drug abuse indicators should continue to be closely monitored by all CEWG representatives, that close communication should be maintained, and that information should be shared with local public health and criminal justice agencies and officials. Mortality data reported included...

- ◆ In Chicago/Cook County from April 18, 2005, to May 31, 2006, there were 102 confirmed fentanyl-related deaths; 40 involved fentanyl only.
- ◆ In Detroit/Wayne County, Michigan, 63 fentanyl-related deaths were reported in 2005 and another 72 were reported from January 1 to May 2, 2006.
- ◆ In Philadelphia from April to June 2006, there were 53 fentanyl-related deaths.
- ◆ In the first quarter of 2006, there were three confirmed fentanyl-related deaths reported in a jurisdiction that includes St. Louis; nine were reported in 2005.
- ◆ In South New Jersey, there were 10 confirmed fentanyl-related deaths in April 2006.

- ◆ In Georgia, fentanyl-related deaths spiked in December 2005 when the number totaled 12; in the prior 11 months, fentanyl-related deaths typically averaged about 1–2 per month.
- ◆ In Maryland, three fentanyl-related deaths were reported in April–May 2006.

Heroin abuse indicators...

- ◆ **Increased in five CEWG areas: Chicago, Denver, Los Angeles, Minneapolis/St. Paul, and St. Louis**
- ◆ **Decreased in five areas: Atlanta, Boston, Miami/Ft. Lauderdale, Philadelphia, and Texas**
- ◆ **Remained stable or mixed in the other 10 CEWG areas**

Of 12 CEWG areas reporting on route of heroin administration among heroin treatment admissions, the 5 reporting the highest percentages of heroin injection were areas where black tar is the primary type of heroin available—Hawaii (90 percent), Los Angeles (87 percent), Denver (83 percent), and San Diego (82 percent), and San Francisco (80 percent). In Texas, 86 percent of the primary heroin admissions had a “history of IV drug use.”

From 2002 to 2004, heroin purity decreased in all 11 CEWG areas located east of the Mississippi River where South American powder is the predominant type available. In contrast, heroin purity did not decrease in the 10 CEWG areas west of the Mississippi, where Mexican black tar is the predominant type (DMP 2005).

Other Opiate abuse indicators...

- ◆ **Increased in nine CEWG areas: Atlanta, Baltimore, Denver, Detroit, Miami/Dade County, Minneapolis/St. Paul, Philadelphia, San Diego, and Seattle**
- ◆ **Remained stable or mixed in the other 11 CEWG areas**

The proportions of treatment admissions for primary other opiate abuse were low compared with the proportions for other drugs (e.g., cocaine/crack, heroin, marijuana, and methamphetamine). The highest proportions (excluding alcohol) were reported in Baltimore (6.9 percent), Texas (6.4 percent), Denver (6.1 percent), Seattle (5.2 percent), and Boston (4.3 percent). In the partial-county area served in Broward County, primary other opiate admissions accounted for 15.2 percent of the admissions (excluding alcohol).

Cocaine/crack abuse indicators...

- ◆ **Increased only in Minneapolis/St. Paul in 2005**
- ◆ **Decreased in four CEWG areas that had previously reported high levels of abuse (Atlanta, Denver, Los Angeles, and Miami/Ft. Lauderdale) and in another three areas with relatively low levels of abuse (Honolulu, Phoenix, and San Francisco)**
- ◆ **Remained stable or mixed in 12 areas; all but 1 had previously reported high levels of abuse**

Cocaine/crack was frequently reported as a secondary or tertiary drug of abuse by individuals entering treatment who reported other substances as their primary drugs.

Cocaine items reported by forensic labs (NFLIS) exceeded the numbers of items for other drugs in 14 of the 20 CEWG areas.

Methamphetamine abuse indicators...

- ◆ **Did not decrease in any CEWG area**
- ◆ **Increased in nine CEWG areas (eight of which had high levels of methamphetamine abuse, Atlanta, Denver, Honolulu, Los Angeles, Phoenix, San Diego, Seattle, and Texas) and was reported as a growing problem in St. Louis, where a 15-percent increase occurred in methamphetamine admissions from 2004 to 2005. It was reported that in some areas of Texas, methamphetamine has been replacing crack as a drug of choice**

- ◆ **Remained stable or mixed in two areas, Minneapolis/St. Paul and San Francisco**
- ◆ **Remained at low levels in nine areas located in the Northeast and Midwest**

Sharp decreases were reported in small methamphetamine clandestine incidents (e.g., laboratories, dumpsites, chemical/glass/equipment) located in and/or around most CEWG areas, according to the El Paso Intelligence Center (2006). Despite decreases in the number of methamphetamine incidents and seizures, the drug was readily available and generally of higher purity than in prior years. Most areas reported increases in the amounts and purity of methamphetamine smuggled into the United States from Mexico.

Marijuana abuse indicators...

- ◆ **Remained at high levels in all 20 CEWG areas**

It was reported that commercial grade marijuana continued to be widely available in all areas. In 2005, cannabis was the drug most frequently identified by forensic labs in Boston and Chicago (46 and 49 percent, respectively), and was the second most frequently identified drug in 10 CEWG areas (ranging from nearly 20 percent of all items analyzed in Denver to 41 percent in Detroit).

Marijuana accounted for the largest proportion of treatment admissions (excluding alcohol) in Arizona, Denver, and Minneapolis/St. Paul.

Drug Abuse Patterns and Trends Across CEWG Areas

Fentanyl: An Emerging Drug of Abuse

At the June 2006 CEWG meeting, fentanyl was identified as an emerging drug of abuse. Before and during the meeting, CEWG representatives and the guest researcher from Maine reviewed available data and checked with local contacts (e.g., MEs, local law enforcement, poison control centers, health departments) to obtain the most up-to-date information on the abuse of fentanyl and fentanyl-laced drug mixtures. The week following the meeting, the NIDA Project Officer contacted CEWG representatives specifically named below to clarify data; several provided more up-to-date information that has been included in this section of the *Advance Report*.

The “alarm” regarding fentanyl came about primarily because of fentanyl-related deaths being reported in Chicago/Cook County, Detroit/Wayne County, Philadelphia, and a few other areas. Since December 2005, increases in fentanyl-related deaths were reported in five CEWG metropolitan/county areas and two States. Many deaths involved drugs used in addition to fentanyl, especially heroin. The mortality data are summarized below:

- ◆ *Chicago/Cook County*. Updated information provided by CEWG representatives Dita Broz, M.P.H., and Lawrence Ouellet, Ph.D., School of Public Health, University of Illinois at Chicago, show the following:
 - From April 18, 2005, to May 31, 2006, there were 102 confirmed fentanyl-related deaths. In 40 cases, fentanyl was the only substance detected. Other substances were detected in 62 cases—29 involved other opiates (including heroin), 34 involved cocaine, and 17 involved alcohol. Other data show that...
 - ◇ Sixty-six decedents were residents of the city, 31 were residents of the metropolitan area, and 5 were from outside the State.

- ◇ Eighty-five were male and 17 were female; 60 were African-American and 42 were White; the median age of the decedents was 40; and the age range was 19–61.
- *Detroit/Wayne County.* CEWG representative Cynthia Arfken, Ph.D., Wayne State University, reported that fentanyl-related deaths continued to increase after Wayne County’s Office of the Medical Examiner detected a sudden increase in deaths involving fentanyl and heroin in August 2005. Fentanyl-involved deaths trended upward from 29 in 2004, to 63 in 2005, to 72 from January 1 to May 2, 2006.
- *New Jersey.* The CEWG representative for Newark, Allison Gertel-Rosenberg, M.S., Division of Addiction Services, Office of Policy Development, New Jersey Department of Human Services, noted that the fentanyl problem in New Jersey focused on the Camden and Gloucester areas of South New Jersey, near Philadelphia. In April 2006, there were 10 confirmed fentanyl-related deaths in these areas. There have been reports of other possible fentanyl-related overdoses and deaths, but it is not yet clear how many involved fentanyl.
- CEWG representative Samuel Cutler, Coordinating Office for Drug and Alcohol Abuse Programs, City of Philadelphia, reported that fentanyl-related deaths totaled 35 in both 2004 and 2005. In a July 3 update, Mr. Cutler reported that from April 17 to June 12, 2006, there were 53 confirmed and completed cases of deaths linked with fentanyl. Another seven cases had been screened, and the ME had confirmed that fentanyl was present. However, the quantity of the drug present was not yet determined.
- *St. Louis.* CEWG representative James Topolski, Ph.D., Missouri Institute of Mental Health, University of Missouri School of Medicine, reported that in 2005, fentanyl was detected in nine deaths reported by the Medical Examiner for the jurisdiction that includes St. Louis City. On June 22, Dr. Topolski obtained 2006 data from the ME and reported that three fentanyl-related deaths had been confirmed as of June 22. One male death occurred in February, the other two deaths occurred in May.
- *State of Georgia.* Brian Dew, Ph.D., the Atlanta CEWG representative, Department of Counseling and Psychological Services, Georgia State University, reported a “spike” in fentanyl-related deaths in Georgia in December

2005, when the number totaled 12. In the prior 11 months, the number of fentanyl-related deaths averaged about 1–2 per month, although no such deaths were reported in November 2005. No data were available from the State Medical Examiner for 2006 shortly before the June 2006 CEWG meeting.

- *State of Maryland.* Erin Artigiani, M.A., Washington, DC, CEWG representative, reported that in mid-April, 2006, the Maryland State Police began to investigate a cluster of opioid overdoses in two counties on the Eastern Shore; one was a fatality. Subsequent investigation and analyses determined that fentanyl was the drug involved. Afterwards, the Office of the Chief Medical Examiner reported two additional fatalities—one in Howard County (fentanyl, cocaine, and morphine were detected) and one in Baltimore City (fentanyl, cocaine, and heroin were detected). Since April 20, the Maryland Poison Control Center has been notified of additional fentanyl overdoses in other areas of Maryland and issued a “Toxtidbits” notice on fentanyl in May 2006.

The other 13 CEWG representatives could not confirm any recent or suspected deaths in their areas. The guest researcher from Maine, Marcella Sorg, R.N., Ph.D., Margaret Chase Smith Policy Center, University of Maine, contacted MEs in Maine, New Hampshire, Vermont, Rhode Island, North Carolina, and the city of Birmingham, Alabama. No increases in fentanyl-related deaths were reported from any of these areas.

It is highly possible that fentanyl-related deaths and overdoses are not always recognized. Jan Scaglione, M.T., Pharm.D., Cincinnati Drug and Poison Information Center, noted that MEs do not consistently test for the presence of fentanyl. This was also reported by Dr. Sorg and by Samuel Cutler.

The extent of the illicit fentanyl supply into Chicago is being assessed. The Chicago Police Department and the DEA met with representatives from other States to determine the extent of the problem at a June 14–15 conference in Chicago. The Chicago CEWG representatives are members of a research team that conducts ethnographic research among drug users in Chicago. This research team is also seeking to understand more about the fen-

tanyl problem in the area. Preliminary findings from ethnographic interviews with drug users in Chicago include the following:

- ◆ *Overdoses may not scare users away.* Some users avoid locations where overdoses have occurred, while others seek out “hot bags” of fentanyl-laced heroin. Some users perceive overdoses as evidence of better quality heroin and seek to obtain the drug.
- ◆ *Brand names.* Names associated with fentanyl and fentanyl-laced heroin include “lethal injection,” “drop dead,” “incredible hulk,” “fat Albert,” and “the bomb.” Some fentanyl-laced heroin was associated with specific markings on “dime bags,” such as multiple spades.
- ◆ *Users are snorting and injecting fentanyl and fentanyl combinations.* Some users have access to fentanyl patches and have tried, without success, to figure out how to inject the material from the patches.
- ◆ *Ethnographic reports suggest those who seek fentanyl-laced heroin may take some precautions, such as...*
 - Users believe they may be able to identify what kind of heroin batch they have purchased based on where they buy it and/or whether it looks or tastes different. Most intranasal users say they can taste a difference, but the widely varying reports on visual indicators (e.g., reports of mint green color when the mixture is heated) suggest the absence of reliable visual cues.
 - Users may use the mixture less than they normally use a drug.
 - Users may ingest or inject what they think is fentanyl-laced heroin more slowly than heroin without fentanyl.

Additional information on fentanyl can be found at the following three Web sites:

ONDCP

http://www.whitehousedrugpolicy.gov/news/fentanyl_heroin_forum

NIDA

<http://www.nida.nih.gov/about/welcome/messagefentanyl606.html>

SAMHSA

http://www.samhsa.gov/drugalerts/fentanyl_july06.aspx

Heroin Abuse Indicator Data

Treatment Data: Across 2005 reporting periods, primary heroin treatment admissions as a proportion of all admissions, excluding alcohol, exceeded those for all other illicit drug admissions in Baltimore, Boston, Chicago, Detroit, New York City, Newark, San Francisco, and Seattle. These admissions were highest in Newark (79.7 percent), Boston (75.6 percent), and Baltimore (60.9 percent), and they ranged between 41.0 and 53.0 percent in San Francisco, New York City, Detroit, and Chicago (*see Appendix A*).

Route of administration. In 12 CEWG areas reporting treatment data in 2005, injection was the most frequently reported mode of heroin administration in Atlanta, Denver, Hawaii, Los Angeles, Minneapolis/St. Paul, St. Louis, and San Diego, ranging from 64 to 90 percent of the heroin admissions in these 7 areas. San Francisco also reported that more than 80 percent of the heroin admissions in the bay area injected the drug. Sniffing/intranasal use was slightly dominant among heroin admissions in Baltimore (49 percent) and was the choice of administration among heroin admissions in Chicago, Detroit, New York City, and Newark (ranging between 53 and 82 percent).

Gender. Male heroin admissions exceeded female admissions in all 15 CEWG areas reporting gender data, although nearly one-half were female in Chicago.

Age. In 10 of 11 CEWG areas reporting age data, a majority (54–88 percent) of primary heroin admissions were age 35 or older (or 36 or older in 1 area and 30–44 in another area).

Race/ethnicity. Data from 15 CEWG areas show higher proportions of African-American primary heroin admissions in 6, with the highest being in Chicago and Detroit (each 82 percent). In six CEWG areas, Whites represented the largest proportion of heroin admissions, with the proportions being highest in Hawaii (66 percent) and Seattle (67 percent). Hispanics predominated in Los Angeles, New York City, and Texas, representing between 49 and 52 percent of the primary heroin admissions.

Recent trends. Trend data from 18 CEWG areas from 2004 to 2005 show that primary heroin admissions as a proportion of all admissions, excluding alcohol, increased more than 4 percentage points in Minneapolis/St. Paul (4.2 percent) and Chicago (5.7), while they decreased more than 4 percentage points in Los Angeles (5.7), Arizona (9.0), and Philadelphia (13.3).

In 16 CEWG areas, from 2002 and 2005, primary heroin admissions, excluding alcohol, were relatively stable in 11. An increase of 10.0 percentage points occurred in Denver. Decreases in primary heroin admissions were reported in Los Angeles (13.0 percentage points), Newark, Philadelphia, and San Francisco (between 6.1 and 6.9 percentage points), and in Texas (4.3 percentage points).

DAWN ED Data: Unweighted DAWN *Live!* data for 2005 show that heroin ED reports were the second most frequent illicit drug report in Boston, Chicago, Detroit, New York City, and Seattle EDs (*see Appendix B-2*).

Mortality Data: The most recent data from metropolitan/county areas show the following numbers of deaths with the presence of heroin: Detroit/Wayne County ($n=221$); Philadelphia (215, including morphine); Seattle/King County (74 that approximate heroin); San Francisco (57); St. Louis (31); Miami-Dade County (22); Broward County, Florida (17); Honolulu (13); and Washington, DC (5). In 2004, there were 337 heroin-involved deaths in Arizona and 22 in Colorado. In Hennepin and Ramsey Counties (Minneapolis/St. Paul) in 2005, most of the 102 opiate-related deaths involved heroin. Deaths related to heroin and other opiates totaled 118 in Newark/Essex County in 2005. In Texas in 2004, there were 415 deaths with a mention of heroin/narcotics, opiates, or morphine.

Forensic Lab Data: In CEWG areas in 2005, heroin was the second most frequently reported drug by NFLIS in Newark (32.6 percent of all items) (*see Appendix C*). Heroin items were also relatively common in Baltimore (20.1 percent), Chicago (16.4 percent), Detroit (12.8 percent), and New York City and St. Louis (11.9 and 11.4 percent, respectively).

Heroin Price Data: NDIC data on the street price per gram of white powder heroin in nine CEWG areas (primarily in the east) show the lowest prices in New York City and Boston (\$45 and 53, respectively, with a higher range of \$100 in each area) and the highest price in Philadelphia (\$180). In eight areas west of the Mississippi River, the cost of a gram of black tar heroin was cheapest on the streets of San Francisco (\$35) and most expensive in Honolulu (\$100–\$300 per gram).

Other Opiate Abuse Indicator Data

This section focuses on opiates other than heroin and fentanyl, which were covered earlier.

Treatment Data: In the 2005 reporting periods, 16 CEWG areas provided data on admissions for primary abuse of opiates other than heroin. In 14 areas, the proportions (excluding alcohol admissions) were greater than 1 percent of all illicit drug admissions. In Denver, Texas, and Baltimore, this admissions group accounted for between 6.1 and 6.9 percent of the illicit drug admissions. This group represented 5.2 percent of illicit drug admissions in Seattle, 4.3 percent in Boston, 3.6 percent in Philadelphia, and 3.2 percent in Hawaii. In New York City, Chicago, Los Angeles, St. Louis, Detroit, and San Diego, primary other opiate admissions represented between 1.0 and 2.2 percent of the illicit drug admissions. In the nine Broward Addiction Recovery Center programs in Florida, which served 51.5 percent of Broward County admissions in 2005, other opiate admissions (excluding alcohol) accounted for 15.2 percent of the 7,863 admissions to their facilities.

DAWN ED: In the 12 CEWG areas participating in DAWN *Live!* in 2005, sizable (unweighted) numbers of ED reports were for opiates/opioids—hydrocodone and oxycodone, and in some areas for methadone. A greater number of these ED reports were for oxycodone in Boston, Denver, Minneapolis/St. Paul, and Phoenix, while hydrocodone accounted for the largest numbers of these reports in Houston, San Diego, and San Francisco. According to the Seattle CEWG representative, methadone reports were the second most frequent of the opiate/opioid reports in that area.

Mortality Data: CEWG representatives reported data on deaths involving opiates (other than heroin and fentanyl) in 12 local areas or States. Note that any “total” numbers shown may include decedents who had more than one other opiate (or other type of drug) in their system. All reports are for 2005 except for Arizona, Colorado, Texas, and Washington, DC, where the data are for 2004.

Data from metropolitan and county areas show...

- ◆ In Broward County, Florida, there were 82 deaths involving oxycodone, 78 involving methadone, 45 with the presence of morphine, 26 related to hydrocodone, and 13 involving propoxyphene.
- ◆ In Detroit/Wayne County, there were 144 deaths with the presence of codeine, 81 involving hydrocodone, 50 with the presence of methadone, and 19 involving oxycodone.
- ◆ In Honolulu, there were 83 deaths with the presence of other opiates.
- ◆ In Miami-Dade County, there were 30 deaths with the presence of morphine, 19 each with the presence of oxycodone or propoxyphene, 16 involving hydrocodone, and 10 involving methadone.
- ◆ In Philadelphia, there were 139 deaths with the presence of codeine, 119 with the presence of oxycodone, 113 with the presence of methadone, and 42 with the presence of propoxyphene.
- ◆ In St. Louis, there were 33 deaths with the presence of oxycodone and 27 involving methadone.
- ◆ In Seattle/King County, there were 138 deaths involving other opiates.
- ◆ In Washington, DC, in 2004, there were 41 deaths with the presence of morphine, 10 involving codeine/combinations, 2 with the presence of oxycodone/combinations, 2 involving propoxyphene/combinations, 1 involving hydrocodone, and 20 mentions for which the opiate drug was not specified.

Arizona reported 117 other opiate deaths in 2004 (involving codeine, morphine, and oxycodone). Colorado reported 238 deaths involving opiates other than heroin in 2004. In 2005, other opiate-related deaths in Georgia included those involving methadone (277), hydrocodone (245), morphine (166), and codeine (52). In

Texas in 2004, there were 201 deaths with the mention of hydrocodone, 164 with a mention of methadone, and 66 with a mention of oxycodone.

Forensic Laboratory Data: Across 19 CEWG metropolitan areas and the State of Texas in 2005, other opiates/narcotic analgesics accounted for only small percentages of the items analyzed by forensic labs, usually less than 1 percent for specific prescription-type drugs. Hydrocodone and oxycodone were the most frequently reported other opiate-type drugs (*see Appendix D*). Across the metropolitan areas, 1,765 hydrocodone items were reported; three-fourths of these were reported from Atlanta, Los Angeles, New York City, Philadelphia, San Diego, and San Francisco. Texas reported 1,792 hydrocodone items (3 percent of the items statewide). Of the 1,908 oxycodone items reported from CEWG metropolitan areas, 41 percent were reported from Philadelphia and San Francisco combined. Another 24 percent were identified in Atlanta, Baltimore, and New York City. Texas reported 237 oxycodone items. Of the methadone items identified in 17 CEWG areas, 48 percent were reported from New York City.

Cocaine/Crack Abuse Indicator Data

Treatment Data: In 2005 reporting periods, primary cocaine treatment admissions, excluding alcohol, exceeded those for heroin, methamphetamine, and marijuana in 5 of 19 CEWG areas: Atlanta, Broward County in Florida, Philadelphia, St. Louis, and Texas (*see Appendix A*). Cocaine admissions accounted for approximately one-half of illicit drug admissions in Atlanta, 41 percent in Broward County, Florida, and around 33–35 percent in Detroit, Philadelphia, St. Louis, and Texas.

Route of administration. In 2005, 14 CEWG areas reported on the route of cocaine administration. In 13 of the areas, more than one-half of the primary cocaine admissions reported smoking cocaine.¹

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

The exception was Hawaii, where 41.5 percent smoked cocaine. In Chicago and Detroit, smoking was the mode of cocaine administration for between 91 and 99 percent of the primary cocaine admissions. In Los Angeles, Minneapolis/St. Paul, and San Diego, between 82 and 86 percent of the cocaine admissions smoked the drug. Cocaine smokers accounted for between 74 and 79 percent of cocaine admissions in Atlanta, Baltimore, and Newark and between 56 and 64 percent of those in Boston, Denver, New York City, and Texas.

Gender. In 12 of 13 areas reporting on gender, males constituted between 53 (Newark) and 69 percent (Minneapolis/St. Paul) of the primary cocaine admissions. In Texas, 50 percent of both powder cocaine and crack cocaine admissions were male.

Age. Age data from 12 CEWG areas show that a majority (53–81 percent) of the cocaine admissions were age 35 and older (or, 36 and older than in 1 area, and in another area, between the ages of 30 and 44). The older groups especially predominated in Atlanta and Detroit (81 and 84 percent, respectively).

Race/ethnicity. In 12 of 14 CEWG areas reporting on race/ethnicity, African-Americans accounted for between 50 (Minneapolis/St. Paul) and 88 (Detroit) percent of cocaine/crack admissions. Whites accounted for the largest proportion of cocaine/crack admissions in Denver (41 percent). In Texas, Hispanics represented 52 percent of the cocaine admissions but only 17 percent of the crack admissions. Hispanics also accounted for sizable proportions of the cocaine/crack admissions in Newark (24 percent), Los Angeles and New York City (each 25 percent), and Denver (32 percent).

Recent trends. Trend data from 18 CEWG areas from 2004 to 2005 periods show that cocaine/crack admissions as a proportion of total admissions, excluding alcohol, decreased more than 6 percentage points in Chicago (6.2) and St. Louis (7.4). Data from 16 CEWG areas for 2002 to 2005 show that cocaine admissions (excluding alcohol) were lower in 10 areas, were higher in 3, and were relatively stable in 3. The greatest percentage-point declines were in Atlanta (11.0), St. Louis (8.4), and Philadelphia (6.0 percent), while the largest percentage-point increase was in Seattle (4.8).

In many CEWG areas, cocaine/crack is reported as a secondary or tertiary drug by treatment admissions, indicating it is often used in combination with other drugs. For example, in both Baltimore and Newark in 2005, 53 percent of the primary heroin admissions who used a drug other than heroin reported cocaine/crack as their secondary drug. In both Minneapolis/St. Paul and New York City, 43 percent of the heroin admissions reported cocaine/crack as a secondary drug, as did 39 percent of those in Atlanta. In Minneapolis/St. Paul, cocaine was the tertiary drug used by 30 percent of the heroin abusers who used a third drug. In Baltimore, 47 percent of the White heroin injectors and 70 percent of the African-American heroin injectors reported secondary use of cocaine.

DAWN ED Data: The unweighted DAWN *Live!* data for 2005 show the total numbers of ED reports for cocaine exceeded those for other illicit drugs of abuse in 10 of the 12 participating CEWG areas (*see Appendix B-2*). The two exceptions were Phoenix and San Diego, where methamphetamine ED reports were more frequent.

Mortality Data: Eleven CEWG representatives reported the most recent data on deaths with the presence of cocaine for their metropolitan or county areas; nine reported for 2005 and San Francisco and Washington, DC, reported for 2004. The numbers are as follows:

- ◆ 423 in Philadelphia
- ◆ 325 in Detroit/Wayne County
- ◆ 162 in Miami-Dade County
- ◆ 136 in Broward County, Florida
- ◆ 135 in Newark/Essex County
- ◆ 103 in St. Louis
- ◆ 81 in Seattle/King County
- ◆ 65 in San Francisco
- ◆ 62 in Minneapolis/Hennepin County and St. Paul/Ramsey County
- ◆ 62 in Washington, DC
- ◆ 15 in Honolulu

In addition, five CEWG representatives provided reports on cocaine-related deaths in their States: 1,943 in Florida and 400 in Georgia in 2005, and, in 2004, 699 in Texas, 170 in Colorado, and 109 in Arizona.

Forensic Lab Data: NFLIS data reported for calendar year 2005 for 19 CEWG metropolitan areas and for Texas statewide show that cocaine accounted for between 50 and 71 percent of all items analyzed by forensic labs in Newark, New York City, Atlanta, and Miami (*see Appendix C*). Only in San Diego and Honolulu did cocaine items account for less than one-fifth of the items reported.

Price and Purity Data: NDIC data for 19 CEWG areas in 2005 show that cocaine per gram was cheapest on the streets of Phoenix, New York City, and Newark, with the low end of the price range being \$20 in both Phoenix and New York City and \$30 in Newark. The highest price for a gram of cocaine was \$100, which was the street cost in Atlanta, Minneapolis, Seattle, and Washington, DC.

Methamphetamine Abuse Indicator Data

Treatment Data: In the 2005 reporting periods, primary admissions for methamphetamine abuse as a proportion of all admissions, excluding alcohol, continued to be highest in Hawaii (56.3 percent) and San Diego (49.4 percent) and ranged between 5.7 and 32.5 percent in seven other CEWG areas (*see Appendix A*).

Route of administration. Smoking was the most common route of administration among primary methamphetamine admissions in seven reporting CEWG areas, ranging from a low of 54 percent of the St. Louis admissions to 97 percent of those in Hawaii. Injection of methamphetamine was most likely to be reported by admissions in Denver and St. Louis (23 and 28 percent, respectively).

Gender. Demographic data suggest that, compared with cocaine and heroin admissions, primary methamphetamine admissions are more likely to be female, White, and younger than 25. In Atlanta, females accounted for 63 percent of the 2005 methamphetamine admissions, and in St. Louis they accounted for 51 percent. In Denver, Hawaii, Los Angeles, Minneapolis/St. Paul, San Diego, and Seattle, the proportions of females ranged from 37 (Hawaii) to 43 (Denver) percent of this admissions group.

Age. In five CEWG areas, between 58 (San Diego) and 76 (Minneapolis/St. Paul) percent of the primary methamphetamine admissions were age 34 or younger, while in Atlanta, 80 percent were 35 or older. In Seattle, 47 percent were 29 or younger, and 48 percent were age 30–44.

Race/ethnicity. In Atlanta, Denver, Minneapolis/St. Paul, St. Louis, and Seattle, Whites represented between 82 and 99 percent of methamphetamine treatment admissions. Hispanics were prominently represented in methamphetamine treatment admissions in San Diego and Los Angeles (30 and 54 percent, respectively). In Hawaii, 47 percent of this admissions group were “Mixed-Part Hawaiian,” with 15 percent being White, 1 percent being African-American, 4 percent being Hispanic, and the remainder being persons of various racial/ethnic groups.

Recent trends. Trend data from 2004 to 2005 show increases in methamphetamine admissions as a proportion of all admissions, excluding alcohol, of between 4.1 and 4.7 percentage points in Atlanta, Los Angeles, and San Diego. From 2004 to 2005, primary methamphetamine admissions declined 5 percentage points in Arizona. In eight areas with data available from 2002 and 2005, sizable increases in methamphetamine admissions occurred in six; they were greater in Arizona, Minneapolis/St. Paul, and Los Angeles County (11.0 to 12.9 percentage points), followed by Denver and Atlanta (8.6 and 8.8, respectively).

DAWN ED Data: Unweighted DAWN *Live!* data for 2005 show that methamphetamine ED reports exceeded those for all other illicit drugs (excluding alcohol) in Phoenix and San Diego and accounted for the second highest number of reports in San Francisco (*see Appendix B-2*).

Mortality Data: The most recent data on deaths with the presence of methamphetamine were reported for seven CEWG metropolitan/county areas, with five reporting 2005 data and two reporting 2004 data...

- ◆ 88 in Honolulu
- ◆ 28 in San Francisco
- ◆ 24 in Seattle/King County
- ◆ 17 in Minneapolis/Hennepin County and St. Paul/Ramsey County (combined)
- ◆ 13 in St. Louis (1.2 percent of the cases)
- ◆ 10 in Detroit/Wayne County

There were no methamphetamine-related deaths reported in 2004 in Washington, DC.

Methamphetamine-involved deaths were also reported for four States. In 2004, there were 58 recorded deaths involving methamphetamine in Arizona and 99 involving methamphetamine/amphetamines in Texas. In 2005, Florida reported 115 deaths involving methamphetamine, and Georgia reported 135.

Forensic Lab Data: The proportions of methamphetamine items reported by NFLIS in 2005 were high in Honolulu (62.5 percent of all items) and in Minneapolis/St. Paul (51.0 percent) (*see Appendix C*). In Atlanta, Los Angeles, Phoenix, San Diego, and Seattle, methamphetamine accounted for between approximately 32 and 33 percent of total items.

Methamphetamine Prices: Across 17 CEWG areas in 2005, the street price per gram of methamphetamine was lowest in San Diego (\$40–\$50) and Newark (\$64–\$80). The highest prices per gram were in Miami and New York (each \$150) and Philadelphia (\$250).

Methamphetamine Clandestine Laboratory

Incidents: Incidents, including seizures of labs, dumpsites, and equipment, across the United States in 2005 totaled 12,139, according to DEA. In 18 States where CEWG areas are located, the number of incidents in 2005 was highest in Missouri (2,170),

with the next highest number being in Illinois (931). The numbers of incidents in both Missouri and Illinois were lower than in 2002. In fact, trend data show decreases in lab incidents from 2002 to 2005 in all CEWG States except Florida (up from 157 to 273), Michigan (from 225 to 341), and Pennsylvania (30 to 79).

Marijuana Abuse Indicator Data

Treatment Data: In the 2005 reporting periods, primary marijuana admissions as a proportion of all admissions, excluding alcohol, continued to exceed those for any other drug in Arizona (33.5 percent), Denver (37.0 percent), and Minneapolis/St. Paul (32.6 percent) (*see Appendix A*).

Route of administration. Smoking was the preferred route of administration of marijuana across 10 reporting CEWG areas, with the proportion of smokers ranging from 92 to 98 percent of the primary marijuana admissions.

Gender. In 15 CEWG areas reporting gender data, males represented between 61 and 83 percent of the marijuana admissions.

Age. Marijuana admissions tended to be younger than admissions groups for other illicit drugs, although there was more variation in age in the marijuana admissions than in other admissions groups. In Detroit, Newark, New York, and St. Louis, primary marijuana admissions were somewhat evenly divided across three age groups—younger than 17 (or younger than 20 in New York), 18–25, and 26–34. In Boston, Denver, Los Angeles, and San Diego, the largest proportions were younger than 17 or 18 (41–64 percent). In Baltimore and Minneapolis/St. Paul, the majority were younger than 25, and in Philadelphia and Seattle, the majority were younger than 30. Marijuana admissions in Atlanta appeared to be an aging cohort, with 81 percent being age 35 or older.

Race/ethnicity. In 9 of 15 reporting areas, marijuana admissions were most likely to be African-American, with the proportions

being highest in Chicago, Detroit, and Newark (75–85 percent). In four CEWG areas, Whites were most dominant. Hispanics predominated in Los Angeles (51 percent) and Texas (43 percent) and were second in prominence in Boston, Chicago, Denver, Newark, New York City, and San Diego.

Recent trends. Trend data from 18 CEWG areas from 2004 to 2005 show that primary marijuana admissions (excluding alcohol) changed less than 4 percentage points in 14; this admissions group increased 4 percentage points in Hawaii and decreased more than 6 percentage points in both Minneapolis/St. Paul and St. Louis and 12 percentage points in Arizona.

DAWN ED Data: Unweighted DAWN *Live!* data for 2005 show that marijuana accounted for the second highest number of illicit drug reports in 5 of the 12 participating CEWG areas: Denver, Houston, Miami-Dade County, Minneapolis/St. Paul, and San Diego (*see Appendix B-2*).

Mortality Data: The presence of marijuana in decedents is not tested in all CEWG areas. In 2005, St. Louis reported 64 mentions of marijuana (19 percent of the death cases); Honolulu reported 43 deaths involving marijuana; and Newark/Essex County reported 6. Across Florida in 2005, marijuana-involved deaths totaled 843.

Forensic Lab Data: Marijuana was the drug most frequently reported by forensic labs in Boston, Chicago, and San Diego, accounting for approximately 45–49 percent of the total items reported by NFLIS in these areas (*see Appendix C*). In another 11 areas, marijuana was the second most frequently reported drug item, ranging from 20 percent in Denver to 41 percent in Detroit.

Abstracts from the CEWG Reports

Patterns and Trends of Drug Abuse in Atlanta

Brian Dew, Ph.D.

Cocaine, marijuana, methamphetamine, and heroin are the dominant drugs of abuse in the metropolitan Atlanta area. Even in the midst of Federal and State budget cutbacks, admissions to area public substance abuse treatment increased 18 percent from FY 2004 to FY 2005 and 29 percent over the prior 2 years. Cocaine remains Atlanta's primary drug concern. Cocaine was the most mentioned drug among treatment admissions, drug abuse deaths, and NFLIS drug seizure data. However, the proportion of cocaine-related treatment admissions continued a 5-year decline (from 59 percent in 2000 to 37 percent in 2005). Atlanta's cocaine users were most likely to be African-American, male, and older than 35. Nearly 8 out of 10 of all cocaine users who entered treatment preferred to smoke the drug. Marijuana remains the second most commonly used substance in Atlanta. Ethnographic reports suggest that marijuana is easily available, and price levels for the drug have remained stable. Multiple indicators suggest that methamphetamine continued a 4-year trend as Atlanta's fastest growing drug problem. The increased availability of and reduced cost for crystal methamphetamine led to a 13-percent increase (from FY 2004 to FY 2005) in treatment admissions who preferred to smoke the drug. The proportion of female to male methamphetamine users seeking treatment widened in 2005, both in metropolitan Atlanta and rural areas of the State. Although White users most frequently used methamphetamine, indicators suggest a growing level of methamphetamine use occurred among African-Americans. Heroin indicators continued to show decreasing levels of use, with the majority of users concentrated in Atlanta's Bluff district. Rates of injecting South American heroin have remained stable, although reports indicated a decrease in purity levels and an increase in price. Prescription benzodiazepines are second only to cocaine in the number of substance-related deaths across Georgia. Excluding alcohol, narcotic analgesics accounted for nearly one-half of drug-related deaths in 2005. Multiple indicators show that hydrocodone is the most commonly abused narcotic analgesic in Atlanta, followed by oxycodone.

Drug Use in the Baltimore Metropolitan Area: Epidemiology and Trends, 2000–2005

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

Heroin remained the most significant substance among drug-related treatment admissions in Baltimore in 2005 and was responsible for 53 percent of admissions. Heroin use in the Baltimore metropolitan area is complex. There were several groups of heroin users differing by urbanicity, route of administration, age, and race. Baltimore has a core of older African-American heroin users, both intranasal users and injectors (39 and 20 percent of all heroin treatment admissions, respectively, in 2005). White users entering treatment for heroin were younger and were predominantly injectors rather than intranasal users (28 and 9 percent of all heroin treatment admissions, respectively, in 2005). The cocaine situation is complicated by the fact that for every treatment admission reporting primary cocaine use, 2.6 reported secondary use. In 2005, primary cocaine use was reported by 14 percent of treatment admissions, and secondary cocaine use was reported by 36 percent. Cocaine smoking was the most prevalent route of administration among both primary and secondary users. Cocaine smoking and intranasal use were associated with intranasal heroin use in 38 percent of those who smoked cocaine or used it intranasally. Cocaine injection was associated with heroin injection among 90 percent of those who injected cocaine. Younger cocaine users tended to be White, while the African-American cocaine-using population tended to represent an aging cohort. Marijuana was reported more frequently as a secondary substance by treatment admissions in 2005 (17 percent) than as a primary substance (13 percent). Sixty percent of the treatment admissions reporting primary marijuana use also reported use of other substances, primarily alcohol, although use of cocaine, heroin, and other opiates were reported by some admissions. Some 39 percent were younger than 18, 82 percent were male, and criminal justice referrals continued to constitute the majority of marijuana treatment admissions—62 percent in 2005. Opiates and narcotics other than heroin continued to increase as primary substances among treatment admissions. In 2005, treatment admissions for primary opiate use were 89 percent White, slightly more than one-half were male, and they were a younger population than in 2001; a wide range of secondary substances was reported. Similar numbers of treatment admissions reported primary and secondary opiate use. Secondary users were also predominantly White, and slightly more than one-half were male. Most reported opiate abuse secondary to heroin injection (32 percent) or intranasal heroin use (27 percent). Stimulants other than cocaine were rarely mentioned as the primary substance of abuse by treatment admis-

sions. Tranquilizer use secondary to primary opiate use was reported by 11 percent of primary opiate treatment admissions.

Greater Boston Patterns and Trends in Drug Abuse

Daniel P. Dooley

Cocaine indicators for Boston remain fairly stable at high levels. However, increases in the number of crack admissions in FY 2005 caused the proportion of combined cocaine or crack treatment admissions to increase slightly for the first time in 7 years. Though the proportion remained stable, the number of cocaine drug arrests (Class B) increased in 2005. Heroin abuse remains at very high levels in Boston, but the most recent indicators are beginning to show downward movement. While the proportion of heroin treatment admissions increased slightly in FY 2005, analysis of the first 3 quarters of FY 2006 suggest the 9-year trend of rising proportions of heroin treatment admissions may be coming to an end. The number of heroin calls to the substance abuse Helpline decreased substantially (30 percent) from FY 2004 to FY 2005. The 2005 levels of heroin drug arrests (Class A) and drug lab samples show decreasing numbers and proportions as well. Mixed opiate indicators suggest that historically high levels of oxycodone abuse may be stabilizing after years of growth. Numbers and proportions of both treatment admissions and Helpline calls for opiates decreased for the first time in 5 years in FY 2005. The number of oxycodone drug lab samples, however, increased 31 percent from 2004 to 2005. Methamphetamine abuse numbers among available indicators remain very small. Methamphetamine accounts for less than 1 percent of all treatment admissions, but the number of primary admissions for the drug increased from 53 in FY 2004 to 75 in FY 2005. Methamphetamine drug lab samples increased from 17 in 2004 to 55 in 2005. Recent marijuana indicators are mixed. Treatment admissions for marijuana have steadily decreased in number and as a proportion of all admissions during the past 6 years, while marijuana drug arrests (Class D) and lab samples increased in 2005. Benzodiazepine misuse and abuse levels remain fairly stable at relatively high levels. In 2004, there were 258 adult HIV/AIDS cases diagnosed in Boston. Primary transmission risk factor of these cases included 9 percent who were IDUs, 4 percent who had sex with IDUs, and 40 percent with an unknown/undetermined risk factor.

Patterns and Trends of Drug Abuse in Chicago

Dita Broz, M.P.H., Wayne Wiebel, Ph.D., and Lawrence Ouellet, Ph.D.

Recent increases in deaths related to fentanyl-laced heroin highlight a growing opiate abuse problem in the Chicago area. Between December 2005 and May 2006, the Cook County Medical Examiner reported 98 deaths linked to fentanyl, and hundreds of nonfatal overdoses are suspected. The Chicago division of the ISP forensic laboratory reported a significant increase in the number of drug samples positive for fentanyl during the same period. Between January and May 2006, the ISP identified fentanyl in 171 drug samples, compared with 4 samples in 2005, 3 in 2004, and 1 in 2003. Heroin is the major opiate abused in this region, and many heroin use indicators have been increasing or have remained at elevated levels since the mid-1990s. Drug treatment services for heroin use, which surpassed those for cocaine in FY 2001, have since nearly doubled to 33,662 episodes in FY 2005. According to preliminary unweighted data from *DAWN Live!*, heroin was the second most commonly reported illicit substance in emergency departments in 2005. DMP data indicate heroin purity has been decreasing in Chicago. Availability of a high potency opiate, such as fentanyl, may be appealing to some heroin users. Epidemiological indicators continue to show that cocaine and marijuana are among the most commonly used illicit substances in Chicago. Cocaine was the second most frequently reported reason for entering publicly funded treatment programs in FY 2005, and this trend has been stable over the past 5 years. Reported marijuana-related treatment services continue to increase in Chicago, though less rapidly than in the rest of the State. According to preliminary unweighted data from *DAWN Live!*, cocaine and marijuana were among the top three illicit drugs most often reported in emergency departments in 2005. Cocaine and marijuana, followed by heroin, were the substances most frequently seized by law enforcement in Chicago; together the three accounted for 98 percent of all items seized. Most MDMA indicators were stable at low levels; however, ethnographic and survey reports suggest an increased trend in use among young African-Americans. Methamphetamine indicators continued to show low but perhaps increasing levels of use in some areas of Chicago, especially on the north side, where young gay men and clubgoers congregate. A recent study of men who have sex with men in Chicago (CHAT 2004) reported that methamphetamine use was strongly associated with high-risk behavior and HIV-positive status. Though use in Chicago is relatively low, these findings highlight the potential importance of methamphetamine use in the transmission of infectious diseases in the city.

Patterns and Trends in Drug Abuse in Denver and Colorado: January–December 2005

Tamara Hoxworth, Ph.D.

Excluding alcohol, marijuana abuse has resulted in the highest number of treatment admissions since 1997 and represents the highest percentage of users entering treatment within 3 years of initial use. In 2005, cocaine ranked third in illicit treatment admissions, but it accounted for the highest illicit drug rate per 100,000 persons for hospital discharges from 1996 through 2005 and for the highest number of illicit drug ED reports in 2005. Cocaine also accounted for the highest drug-related mortality rates from 1996 through 2002, but it was surpassed in 2003 by all opiates including heroin and in 2004 by opiates other than heroin. Cocaine had the highest number of illicit drug-related calls to the Rocky Mountain Poison & Drug Center from 2001 through 2003 in the Denver area but was surpassed by methamphetamine in 2004. In 2005, methamphetamine also surpassed cocaine in statewide poison calls. Since 2003, methamphetamine has exceeded cocaine treatment admissions statewide, and it surpassed cocaine admissions in the Denver/Boulder metropolitan area in 2005. Most methamphetamine abuse indicators have risen since 2000, and drug enforcement officials and treatment providers have corroborated reports of increased methamphetamine use and trafficking in Colorado. While clandestine laboratory closures decreased steadily since 2003, the amount of methamphetamine seized increased, most likely because an estimated 80 percent of Colorado's methamphetamine comes from outside the State, predominantly Mexico. From 2000 through 2004, most heroin abuse indicators decreased; the exception was an increase in the amount of heroin seized since 2002. However, in 2005, heroin treatment admissions increased slightly, which corroborates anecdotal reports from Denver drug detectives and outreach workers. They claimed that heroin was increasingly available and prices had fallen, resulting in increased use, especially among street youth. In 2003 and 2004, opiate-related drug misuse mortalities exceeded those that were cocaine-related. In a recent survey of local treatment providers statewide, more than one-half reported an increase in opiate prescription diversion, especially OxyContin. Beyond abuse of illicit drugs, alcohol remained Colorado's most frequently abused substance and accounts for the most treatment admissions, emergency department reports, poison center calls, drug-related hospital discharges, and drug-related mortality.

Drug Abuse in Detroit, Wayne County, and Michigan

Cynthia L. Arfken, Ph.D.

Cocaine and heroin are the two major drugs of abuse in the area, but marijuana is the most widespread. Cocaine indicators stabilized, with a high percentage of cocaine ED and ME drug reports and a high number of cocaine items reviewed by forensic laboratories. In the first half of FY 2006, heroin treatment admissions, especially as the primary substance of abuse, stabilized, as did the number of ED and ME reports. However, there were few heroin items reviewed by forensic laboratories. Indicators for methamphetamine remained low. Ecstasy use may be increasing, as evidenced by increasing (but still low) treatment admissions and seizures. The lethal combination of heroin or cocaine and fentanyl, which appeared in Detroit and northern Michigan during the second half of 2005, continues to kill people. Outreach efforts were implemented to get information to people on the streets about this new threat.

Illicit Drug Use in Honolulu and the State of Hawaii

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

This report represents 2005 data on illicit drug use in Honolulu. During this year, there was a 31-percent increase in Medical Examiner reports for decedents positive for methamphetamine; a minimal increase in treatment admissions for primary methamphetamine drug admissions; a 10-percent increase in methamphetamine cases reported by the Honolulu Police Department; a 75-percent increase in decedents positive for other opiates; seizures of 81,977 grams of dried marijuana (6,814 plants); an 18.6-percent increase in treatment admissions for marijuana; and a 10.7-percent increase in alcohol-related deaths. Data from NFLIS are presented; they show great stability in the four drugs most often collected and analyzed over the past 4 years. Numbers and risks for AIDS data are also presented. As these major increases in drug activity were being reported, the State was undergoing a major fiscal recovery. Unemployment was nearly nonexistent, at 3 percent. As of December 2005, Caucasians represented nearly two-fifths of the population.

Patterns and Trends in Drug Abuse in Los Angeles County, California: A Semiannual Update

Beth Rutkowski, M.P.H.

Illicit drug use and abuse in Los Angeles County remained largely stable in the second half of 2005. Methamphetamine continued to impact the lives of more and more Los Angeles drug abusers. Despite methamphetamine's dominance in many epidemiological indicator systems, cocaine, heroin, marijuana, and alcohol follow relatively closely to methamphetamine in availability and abuse in the community. The Drug Abuse Warning Network data collection in Los Angeles emergency departments was discontinued in the second half of 2005, signaling the loss of a valuable data source. On a positive note, this is the first Los Angeles County-based report that includes DEA's Automation of Reports and Consolidated Orders System (ARCOS) data, which can be used as a proxy measure of prescription drug use. Two notable changes occurred in the latter half of 2005 in substance abuse treatment admissions: (1) a continued increase in the percentage of admissions linked to primary methamphetamine abuse and (2) a slight bump up in primary heroin admissions. Methamphetamine accounted for nearly 27 percent of all treatment admissions (triple the percentage reported 5 years prior). For the prior 5 years, the percentage of primary heroin admissions consistently decreased; however, they rose slightly from the first to the second half of 2005 (from 19 to 21 percent of all admissions). Between the first and second halves of 2005, cocaine/crack admissions decreased slightly to 17 percent of all admissions (20 percent excluding alcohol), as did primary marijuana admissions (to approximately 15 percent of the total and 18 percent of illicit drug admissions). The Los Angeles HIDTA region (comprised of Los Angeles, Orange, Riverside, and San Bernardino Counties) accounted for 38 percent of the 256 clandestine methamphetamine laboratory seizures in California in 2005. Even though Missouri, Tennessee, Indiana, Kentucky, and Illinois each had more laboratory seizures than California, and despite the steady decline in methamphetamine laboratories throughout the State, California remains the home of the domestic methamphetamine 'superlab.' Seventy-six percent of the 38 superlabs seized throughout the Nation were in California, with 34 percent of those being in LA HIDTA counties. Cocaine and methamphetamine together accounted for 69 percent of all Los Angeles-based items recorded by NFLIS. Drug prices and purities were relatively stable in the second half of 2005, with small changes occurring at the midlevel and retail level for certain drugs. Los Angeles County-level California Poison Control System major drug exposure

calls in 2005 were dominated by methamphetamine/amphetamine and cocaine/crack; among prescription and over-the-counter medication-related exposure calls, opiates/analgesics were the most frequently mentioned, followed by Coricidin HBP and benzodiazepines. Weighted adolescent substance use data gathered from the California Healthy Kids Survey for the 2003–2005 school years illustrated that past-month usage among Los Angeles County students in grades 7, 9, and 11 were either the same or lower than percentages reported in previous school years (with the exception of binge drinking and marijuana use). Aside from alcohol, students were most likely to report lifetime marijuana use (22 percent), followed by inhalants (12 percent), cocaine or methamphetamine (at 6 and 7 percent, respectively), and LSD/other psychedelics or ecstasy (each at 5 percent). Indicator data for prescription drugs, PCP, LSD, MDMA, and GHB remained limited, but use and abuse are reported among some nontraditional indicators.

Drug Abuse in South Florida: 2005

James N. Hall

This report addresses the consequences of illicit drug and medication abuse in South Florida during 2005. The growing abuse of medications caused the greatest number of drug-induced and drug-related deaths locally and across Florida. The exception is in Miami-Dade County, where cocaine dominates drug fatalities and medication-related deaths are fewer than in any other metropolitan area of the State. Palm Beach and Broward Counties, immediately north of Miami-Dade County, have the highest number of narcotic analgesic and benzodiazepine deaths in Florida. Oxycodone is the prescription opiate most frequently mentioned by addiction treatment clients. Cocaine is responsible for the highest number of illicit drug deaths, medical emergencies, and treatment admissions, despite the fact that annual cocaine use is reported by less than 2 percent of Miami-Dade and Broward residents. Cocaine trends are declining slightly in South Florida, but they are increasing statewide. In Florida in 2005, reported cocaine deaths were at their highest level since being tracked beginning in 1991. Heroin deaths are down substantially across the region and the State as fatalities from prescription opiates are dramatically increasing, except in Miami-Dade County. Methamphetamine abuse and related problems are low in the region, but they have been increasing over the past year. Marijuana is the most prevalent illicit drug of abuse and dominates consequences among youth. Marijuana-related emergency department reports and addiction treatment mentions rank second behind cocaine (excluding

alcohol). Club drug consequences continue to decline, and MDA and MDEA are being sold as 'ecstasy' along with MDMA. GHB has been replaced by 1,4 butanediol, which is responsible for a declining number of cases linked to 'GHB.' Benzodiazepine- and, particularly, alprazolam-related consequences are higher in Broward and Palm Beach Counties than in the rest of Florida; they are lowest in Miami-Dade County.

Minneapolis/St. Paul Drug Abuse Trends: June 2006

Carol L. Falkowski

Methamphetamine abuse and addiction remained apparent throughout the Twin Cities and the State in 2005, with some signs of leveling. Twelve percent of admissions to Twin Cities area addiction treatment programs were for methamphetamine in 2005, compared with 3.1 percent in 2000. Yet methamphetamine-related accidental deaths fell to 14 in 2005, from 20 in 2004 and 24 in 2003. State drug task force data showed a 78-percent decrease in methamphetamine labs seized and a 75-percent reduction in arrests for methamphetamine manufacture (comparing third quarter of 2005 with the third quarter of 2004). Opiate-related accidental overdose deaths increased and outnumbered those for any other illicit drug, with 102 in 2005 compared with 72 in 2004 and 69 in 2003. Most of these opiate-related deaths involved heroin, while some involved oxycodone, fentanyl, or methadone. Cocaine-related deaths also increased, with 62 in 2005 compared with 49 in 2004. Of the admissions to Twin Cities area addiction treatment programs in 2005, 14.4 percent were for cocaine (mostly crack). Alcohol-related treatment admissions fell from 54.4 percent of admissions in 2000 to 45.8 percent in 2005. Marijuana accounted for 17.7 percent of treatment admissions in 2005, down from 22.3 percent in 2000. Cocaine abuse resulted in 3,552 hospital emergency department reports in 2005, compared with 3,102 for marijuana, 1,402 for methamphetamine, and 895 for heroin. Khat remained a drug of abuse within the Somali community, and opium continued to be abused within the Hmong community. Reports of adolescent abuse of prescription medications and over-the-counter products containing dextromethorphan continued as well.

Drug Use Trends in New York City

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

Drug use trends were mixed for this reporting period. Cocaine indicators in New York City appeared to be stable, and cocaine remains a major problem in New York City. While primary cocaine admissions constitute one-quarter of New York City's drug and alcohol treatment admissions, many more admissions report cocaine as a secondary or tertiary substance of abuse. Although both cocaine powder and crack remain of good quality, many crack locations are seeing a decline in buyers and sellers. Prices for cocaine reported by the DEA for 2004 are considerably lower than those for 2003. Heroin indicators were mixed for this reporting period. Heroin remains widely available, although there has been a marked change in the purity and price of heroin in New York City. Between 2002 and 2004, the average purity for South American heroin fell from 61.5 to 43.3 percent, and the price rose from \$0.36 per milligram pure in 2002 to \$0.62 in 2004. Marijuana indicators, which had been reaching new peaks, seem to have stabilized. Marijuana continues to be of good quality and available in a wide variety of flavors and colors. Many dealers are marketing a premixed combination of two or three different types of marijuana. The most salient feature of the present drug scene is the general tendency of drug users, regardless of primary drug, to mix and combine multiple drugs for simultaneous use. Marijuana in a blunt cigar serves as the base to which other drugs are added. Although the numbers remain small, methamphetamine indicators are showing an increase in the gay community of New York City. PCP appears to be gaining in popularity in some sections of the city. Teens report mixing marijuana and PCP, and in some areas, crack is being soaked in PCP. Many kinds of prescription drugs continue to be available on the street, and they seem to be growing in popularity based on indicator data and street observations. Of the 94,495 New Yorkers living with HIV or AIDS, men having sex with men and injection drug use history were the two major transmission risk factors.

Patterns and Trends of Drug Abuse: Newark, New Jersey

Allison S. Gertel-Rosenberg, M.S., Limei Zhu, and Yohannes Hailu, Ph.D.

In this report, drug abuse indicators in Newark City, the Newark primary metropolitan statistical area (Newark PMSA), and the State of New Jersey are presented using substance abuse treatment data, medical examiner cases, and other information. Indicators analyzed in the report indicate a relatively stable time in Newark, the PMSA, and the State regarding specific trends and patterns in substance abuse. The indicators demonstrate that the primary drugs of concern in the Newark PMSA are heroin and cocaine. Most primary admissions in 2005 (73 percent) were for illicit drugs. Heroin accounted for 74.3 percent of all primary admissions for illicit drugs in the Newark PMSA, compared with 11.4 percent of admissions for primary crack/cocaine and 12.2 percent of admissions for primary marijuana use. Excluding alcohol, heroin accounted for 81.9 percent of admissions in Newark City (compared with 8.6 percent for cocaine and 8.6 percent for marijuana admissions). Heroin purity remains high: 52.7 percent in 2005. Between January and December 2005, cocaine accounted for 50.2 percent of items analyzed by NFLIS, followed by heroin (32.6 percent) and marijuana (8.6 percent). With respect to transmission mode among people living with HIV/AIDS, injection drug use alone accounted for 29 percent of cases statewide and 37 percent in Newark. Cocaine's role as a secondary and tertiary substance of abuse was explored in the January 2006 CEWG paper for Newark. This paper focuses instead on the differences in demographics and treatment modality when cocaine is the primary, secondary, or tertiary substance of abuse. Differences in age, treatment modality, gender, race/ethnicity, education, marital status, and employment status were explored, and measurable differences were found only for age, treatment modality, and race/ethnicity.

Drug Use in Philadelphia, Pennsylvania

Samuel J. Cutler and Marvin F. Levine, M.S.W.

Indicators remain mostly stable for the four major drugs of abuse—cocaine, heroin, marijuana, and alcohol. However, numerous other drugs are used that contribute to the abuse patterns in this city. Cocaine abuse, particularly in the form of crack, continues to lead the

2005 consequence data with respect to deaths with the presence of drugs, treatment admissions, and laboratory tests performed by NFLIS. It was the second substance most frequently encountered in urine/drug screens performed by the Philadelphia Adult Probation and Parole Department (APPD). The street-level purity of heroin declined from 2000 (73 percent) to the spring of 2006 (38 percent), which appears to have caused users to seek or approximate a high through the use of increased amounts or adding other drugs to use in combination. In 2005, heroin ranked third among deaths with the presence of drugs, treatment admissions, and the NFLIS, and fourth in APPD urinalysis. Deaths with the presence of oxycodone ranked eighth among all positive toxicology reports in the first half of 2005 and eighth in the second half. Marijuana, which is not tested for in decedents, was the most frequently detected drug by the APPD, ranked second in the NFLIS study, and fourth in treatment admissions. Alcohol in combination with other drugs ranked second in drugs detected in decedents and treatment admissions. Alcohol ranked seventh in APPD urinalysis results. The two most frequently abused benzodiazepines continue to be alprazolam and diazepam, although others are abused/misused. Benzodiazepines were the fourth most frequently detected drugs in decedents in the first half of 2005, third most in the second half, and ranked fourth in the NFLIS study. This class of drugs ranked fifth in the APPD data and sixth among drugs of abuse mentioned by clients in treatment. Methamphetamine indicators continue to be low compared with other drugs. Its use is largely confined to a relatively small segment of the population. The average number of drugs detected in decedents leveled off in 2005, having increased steadily from 2.0 in 1995 to 3.75 in 2004. In 2005, the average was 3.69 per decedent.

Drug Abuse Trends in Phoenix and Arizona

Ilene L. Dode, Ph.D., and James K. Cunningham, Ph.D.

Methamphetamine continues to be the apparent drug of choice in the greater Phoenix area and throughout most of the State, with the exception of Tucson, where cocaine appears to be more prevalent. Hospital admissions associated with the use of the two illicit drugs are rising in Arizona. Since the second half of 2003, methamphetamine and cocaine were the two drug types most often listed concurrently on hospital admissions records. Cocaine and heroin/opioids was the most frequent combination found in hospital admissions records from 2000 through the first half of 2003, but it is now the second most frequent and appears to be on the decline. Vital Statistics reported 629 deaths of Arizona residents in 2004 that were at-

tributed to mental and behavioral disorders related to psychoactive substance use, accidental overdose of drugs, or drug poisoning of undetermined intent. A reward of \$10,000 in cash is being offered for information leading to the arrests of three men for pharmacy robberies involving OxyContin. Blister packs of methamphetamine tablets are becoming available for sale in nightclubs. All major drug treatment agencies within Maricopa County reported methamphetamine as the primary drug identified at time of admission. Prescription and over-the-counter medications are second only to marijuana in reported use, according to survey data. As a proportion of emergent HIV/AIDS cases, those involving injection drug use may be declining.

Patterns and Trends in Drug Abuse in St. Louis

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

Law enforcement personnel in the St. Louis area continued to devote many resources to methamphetamine. Clandestine labs in rural areas continued to be a problem. Recent legislation to reduce access to pseudoephedrine-based cold medications has been credited with reducing the clandestine lab activity. Clandestine lab incidents dropped more than 20 percent from the previous year. Jefferson County, just south of St. Louis, continued to be one of the most active areas for methamphetamine. However, access to methamphetamine from Mexico and the Southwest is considered to be the major component of the methamphetamine problem in the city and county of St. Louis and the surrounding five Missouri counties. Treatment admissions in the St. Louis area for methamphetamine abuse rose 15 percent from 2004 to 2005, and statewide treatment admissions increased 23 percent over the same timeframe. A problem of immediate concern is the duo opiate problem. The most pressing issue is the recent increase in deaths related to the use of heroin and fentanyl. While this issue has gained widespread media attention in the St. Louis area, more data need to be collected and analyzed to determine the extent and nature of the problem. It is clear that heroin activity has increased, with treatment admissions in the St. Louis area rising 43.2 percent from 2004 to 2005. Reports of white heroin supplies have increased over the past years and have been supported by DEA data. The other side of the opiate problem is the abuse of narcotic analgesics. Treatment admissions for abuse of other opiates increased 61.5 percent in the St. Louis area in 1 year. Crack cocaine continued to be the major problem in the area, but most indicators have remained relatively stable, with treatment admissions down slightly

(-3.1 percent). Marijuana indicators continued to increase. Primary marijuana treatment admissions more than doubled between 1997 and 2001 and rose 7.5 percent from 2004 to 2005. Club drug abuse continued to be sparse and decreasing. In the St. Louis area, 5 percent of HIV cases had a risk factor of injection drug use, and another 5 percent were among men who have sex with men and also inject drugs.

Drug Abuse Patterns and Trends in San Diego County, California

Robin Pollini, Ph.D., and Steffanie Strathdee, Ph.D.

Methamphetamine continued to be the primary drug of abuse in San Diego County in 2005. Methamphetamine accounted for almost one-half (49.2 percent) of drug treatment admissions (excluding alcohol) in the county in 2005 and was the most commonly cited drug in DAWN ED reports involving major illicit drugs (32.6 percent). In fact, the number of unweighted ED reports for methamphetamine (n=1,477) was more than double the number of reports for both cocaine (n=694) and heroin (n=616). More than one-half (51 percent) of female arrestees tested positive for methamphetamine in 2005, as did 44 percent of male and 21 percent of juvenile arrestees. Primary cocaine users accounted for 8.2 percent of illicit drug treatment admissions. As with methamphetamine, more female than male arrestees tested positive for cocaine (15 vs. 11 percent). However, stimulant treatment admissions varied substantially by race/ethnicity. Of patients admitted for primary methamphetamine abuse in 2005, 52.8 percent were White, 5.8 percent were African-American, and 30.2 percent were Hispanic; in contrast, 58.1 percent of cocaine admissions were African-American, 27.6 percent were White, and 11.2 percent were Hispanic. Heroin accounted for almost one-quarter (23.8 percent) of primary treatment admissions, excluding alcohol. Most heroin users (82.4 percent) cited injection as their primary route of administration, accounting for 72.4 percent of all primary injection admissions in San Diego County in 2005. Overall, the number of treatment admissions for all drugs of abuse has been steadily declining since 2002 with the exception of non-heroin opiates, for which admissions have increased 26.1 percent. Sources in San Diego County suggest that this is likely attributable to decreases in public funding for drug treatment services rather than decreases in use and abuse of these drugs.

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

John A. Newmeyer, Ph.D.

Indicators suggest a level or downward trend in the prevalence of cocaine use since 2003. Users predominantly prefer to smoke crack, and it may be that the majority are older than 40. Heroin use declined during the period 2000 to 2004, but it may have leveled off since then. Injection remains by far the preferred route of use. The median age of users is higher than ever, probably above 40. Use of methamphetamine may be leveling off after a long era of increases culminating in a peak around 2004 or 2005. Injection remains the dominant route of use, at least among problem users. As with cocaine and heroin, the great majority of users appear to be older than 30. Indicators suggest that marijuana use peaked in 2001 and declined significantly after that. Use of club drugs and hallucinogens remains rare. HIV disease incidence is low among heterosexual drug injectors.

Recent Drug Abuse Trends in the Seattle-King County Area

Caleb Banta-Green, T. Ron Jackson, Michael Hanrahan, Susan Kingston, David H. Albert, Steve Freng, Ann Forbes, Richard Harruff, and Sara Miller

The most noteworthy trends for 2005 in the Seattle area involved increases in prescription-type opiates and methamphetamine. Morbidity and mortality indicators for prescription-type opiates continued to increase; these substances (usually detected in combination with other substances) are the most common drug type identified in drug-caused deaths. Methamphetamine deaths increased slightly, and they are the least common of the street drugs detected in deaths in the Seattle area. While methamphetamine labs and dump sites continued to decline, treatment admissions continued to increase throughout the State. The price of methamphetamine is declining, while the overall purity and the availability and use of crystal methamphetamine throughout Washington are increasing. Use of methamphetamine among those entering State-funded treatment outside of King County is more than double that in the county. Cocaine and heroin morbidity and mortality indicators continue at moderately high levels, as do treatment admissions and law enforcement reports. Marijuana continues to be a major drug used, with substantial production in Washington and Vancouver, Canada. Benzodiazepine and muscle relaxant

indicators are fairly low, with continued slight increases; use of these substances appears to be mostly secondary to other drugs. MDMA use continues at relatively low levels; however, large seizures by U.S. Customs and the DEA in Washington in 2004 and 2005 indicate that the Northwest appears to be a major transshipment point to parts of the United States for MDMA. Prevalence of hepatitis B and C remains high in injection drug users, with the prevalence and incidence of HIV remaining steady.

Substance Abuse Trends in Texas, June 2006

Jane Carlisle Maxwell, Ph.D.

Cocaine is the primary illicit drug for which Texans enter treatment, and it is a major problem on the border with Mexico. Indicators of cocaine use remain stable or are increasing slightly, although methamphetamine and 'ice' are becoming more popular than cocaine in some areas. This has resulted in shifting marketing tactics to sell cocaine. Crack cocaine admissions are more likely to be White or Hispanic. Heroin indicators are stable or dropping; addicts entering treatment are primarily injectors. Heroin purity is increasing, and 'Cheese,' a mixture of Tylenol PM and 1 percent heroin, has been reported in the Dallas schools. Hydrocodone is a larger problem than oxycodone or methadone and fentanyl indicators fluctuate from year to year. Methadone indicators are increasing, and these users are predominately White. More adverse events appear to be related to methadone pain pills. Codeine cough syrup, 'Lean,' continues to be abused. Marijuana indicators are mixed, and treatment admissions with criminal justice problems are less impaired than those who are referred from other sources. Methamphetamine is a growing problem across the State, and smoking ice is now the major route of administration for persons entering treatment. Most of the ice and methamphetamine are made in Mexico, but local laboratories are using different ingredients to replace the pseudoephedrine that is becoming more limited in supply. Abuse of alprazolam (Xanax) and carisoprodol (Soma) is increasing. All indicators of ecstasy use are increasing as the drug spreads from the club scene to 'the street.' GHB and GBL remain problems, particularly in the Dallas-Fort Worth Metroplex area. PCP indicators are stable or rising, and dextromethorphan is a problem with adolescents. Inhalants remain a problem with different types of users. HIV and AIDS cases are more likely to be among persons of color, and the proportions of HIV and AIDS cases related to male-to-male sex are increasing. The heterosexual mode of transmission now exceeds injection drug use.

Patterns and Trends of Drug Abuse in Washington, DC

Erin Artigiani, M.A., Eric Wish, Ph.D., Margaret Hsu, M.H.S., and Cheryl Rinehart, B.A.

Cocaine/crack, marijuana, and heroin continued to be the main illicit drug problems in Washington, DC, in 2005 and early 2006. The use and availability of PCP declined in 2004 and remained about the same in 2005. Cocaine continued to be one of the most serious drugs of abuse in the District, as evidenced by the fact that more adult arrestees tested positive for cocaine than for any other drug in 2005. More seized items tested positive for cocaine than for any other drug in CY 2005. Drug-related deaths, however, were more likely to be related to opiates than to cocaine in 2004. Pretrial Services test results indicate that PCP positives increased slightly in 2005 for both adults and juveniles. In early 2006, however, PCP positives for juveniles began to decline. Juvenile arrestees were more likely to test positive for marijuana than for any other drug. Arrest data from the Metropolitan Police Department show slight increases in arrests related to cocaine/crack and PCP in 2005. While other parts of the country have seen shifts in the use of methamphetamine, use remains low and confined to isolated communities in DC. Research is currently under way to better understand the use of methamphetamine in these communities.

Appendices

Appendix A. Treatment Admissions for Primary Cocaine, Heroin, Methamphetamine (MA), and Marijuana (MJ) in 19 CEWG Areas, by Percentage of Total Admissions (Excluding Alcohol): 2005

CEWG Area	Cocaine	Heroin	MA	MJ
<i>FY 2005</i>				
Arizona	14.1	10.6	32.5	33.5
Boston	12.5	75.6	<0.01	5.0
Chicago	26.5	53.0	0.1	14.7
Detroit	34.7	43.6	<0.01	15.4
San Francisco	26.8	41.0	NR ¹	9.4
<i>CY 2005</i>				
Atlanta	49.8	7.0	15.5	27.7
Baltimore	15.7	60.9	0.2	15.0
Broward Co., FL ²	41.1	21.8	0.4	16.5
Denver	20.0	14.1	20.7	37.0
Los Angeles	20.5	24.4	31.4	18.7
Mpls./St. Paul	26.5	9.8	22.1	32.6
New York	29.2	40.8	0.03	25.3
Newark	8.5	79.7	0.09	8.5
Philadelphia	34.3	22.7	0.1	22.8
St. Louis	33.5	16.0	5.7	29.0
San Diego	8.2	23.8	49.2	15.2
Seattle	24.6	25.4	16.9	25.2
Hawaii	4.1	3.1	56.3	29.2
Texas	34.1	11.6	NR ¹	27.1

¹Reported with amphetamines in San Francisco (14.2 percent) and in Texas (17.8 percent).

²Data are from 9 programs that serve 51.5 percent of admissions to county treatment facilities.

SOURCE: CEWG June 2006 Reports

Appendix B-1. DAWN ED Samples and Reporting Information, by CEWG Area: 2005

CEWG Area	Total EDs in DAWN Sample	No. of EDs Reporting per Month: Completeness of Data (%)		No. EDs Not Reporting
		≥ 90%	<90%	
Boston	37	16–20	0–3	16–19
Chicago	78	24–30	0–4	45–52
Denver	14	7	0–1	6–7
Detroit	29	15–21	0–4	7–10
Houston	42	11–14	0–2	28–30
Miami-Dade	19	9–10	0–1	8–9
Mpls./St. Paul	26	9–13	0–1	13–17
New York City	64	24–33	2–9	29–33
Phoenix	26	11–14	0–3	11–13
San Diego	17	7–9	0–2	7–8
San Francisco	19	9–11	0–2	7–10
Seattle	24	9–12	0–3	11–14

SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/17–18, 2006

Appendix B-2. Number of Cocaine, Heroin, Methamphetamine (MA), and Marijuana (MJ) ED Reports in 12 CEWG Areas (Unweighted¹): 2005

CEWG Area	Total ²	Cocaine	Heroin	MA	MJ
Boston	10,056	4,020	3,380	85	2,169
Chicago	16,476	8,133	4,955	77	2,905
Denver	5,612	2,265	667	990	1,124
Detroit	12,716	6,324	2,948	30	2,908
Houston	6,322	3,409	157	204	1,833
Miami-Dade	11,402	6,800	1,587	74	2,681
Mpls./St. Paul	9,601	3,552	895	1,402	3,102
New York City	28,549	14,119	8,607	133	4,756
Phoenix	7,479	1,962	784	2,287	1,437
San Diego	4,531	694	616	1,477	988
San Francisco	6,846	2,718	1,187	1,422	664
Seattle	11,945	4,646	2,391	1,928	1,968

¹Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control, and based on review, may be corrected or deleted. Therefore, these data are subject to change.

²Represents the total numbers of reports in the "Major Substances of Abuse" category, excluding alcohol reports.

SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/17–18, 2006

Appendix C. Cocaine, Heroin, Methamphetamine (MA), and Marijuana (MJ) Items¹ Analyzed by Forensic Labs, by CEWG Area and Percentage of Total Items: 2005

CEWG Area	Cocaine	Heroin	MA	MJ
Atlanta	56.3	1.2	33.0	0.6
Baltimore	39.8	20.1	0.04	37.6
Boston	32.6	13.5	0.01	46.1
Chicago	32.4	16.4	0.7	49.0
Denver	44.3	3.9	16.3	19.6
Detroit	45.4	12.8	0.15	41.3
Honolulu	13.0	1.6	62.5	17.4
Los Angeles	36.5	4.5	32.4	22.9
Miami	71.0	3.4	0.8	20.6
Mpls./St. Paul ²	25.1	1.6	51.0	10.5
New York City	54.1	11.9	0.55	26.8
Newark	50.2	32.6	0.18	8.6
Philadelphia	45.0	9.2	0.17	34.8
Phoenix	29.3	5.9	32.9	28.4
St. Louis	40.5	11.4	0.57	39.7
San Diego	13.5	2.2	32.5	44.7
San Francisco	41.5	7.4	14.3	25.6
Seattle	36.5	5.4	31.6	15.1
Wash., DC	44.4	10.7	1.4	36.4
Texas	32.1	1.2	26.0	23.7

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

²Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.
SOURCE: NFLIS, DEA

Appendix D. Number of Selected Narcotic Analgesic/Opiate¹ Items Analyzed by Forensic Laboratories in CEWG Areas: 2005

CEWG Area	Hydro-codone	Oxy-codone	Metha-done	Co-deine	Mor-phine
Atlanta	266	149	70	11	28
Baltimore	36	171	28	6	24
Boston	26	98	21	14	22
Chicago	85	22	73	32	10
Denver	51	67	7	9	22
Detroit	NR ²	NR	NR	9	NR
Honolulu	14	11	8	1	6
Los Angeles	330	58	35	111	30
Miami	33	41	8	6	1
Mpls./St. Paul ³	67	93	17	19	23
New York City	200	146	449	90	22
Newark	0	5	0	0	11
Philadelphia	171	565	49	90	41
Phoenix	36	36	4	11	17
St. Louis	44	61	19	28	4
San Diego	187	61	21	32	27
San Francisco	176	223	63	96	88
Seattle	43	78	46	9	18
Wash., DC	0	23	18	3	0
Texas	1,792	237	133	363	100

¹Excludes heroin.

²NR=Not reported.

³Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.

SOURCE: NFLIS, DEA

CEWG Participants

NIDA DESPR, CEWG Coordinators

O'Brien, Moira, MPhil, CEWG Project Officer

Rugh, Douglas, PhD, CEWG Deputy Project Officer

CEWG Members / Organization / Area

Arfken, Cynthia L., PhD, Wayne State University (Detroit)

Artigiani, Erin, University of Maryland (Washington, DC)

Banta-Green, Caleb, University of Washington (Seattle)

Broz, Dita, MPH, University of Illinois at Chicago (Chicago)

Cutler, Samuel J., City of Philadelphia Behavioral Health System (Philadelphia)

Dew, Brian J., PhD, LPC, Georgia State University (Atlanta)

Dode, Ilene L., PhD, Emergency Mobile Pediatric and Adult Crisis Team (EMPACT)—Suicide Prevention Center, Inc. (Phoenix)

Dooley, Daniel P., Boston Public Health Commission (Boston)

Falkowski, Carol L. Hazelden Foundation (Mpls./St. Paul)

Galea, John A., MA, New York State Office of Alcoholism and Substance Abuse Services (New York City)

Gertel-Rosenberg, Allison S., New Jersey Department of Human Services (Newark)

Hall, James N., Up Front Drug Information Center (Miami/Ft. Lauderdale, South Florida)

Henderson, Leigh, PhD, Synectics for Management Decisions, Inc. (Baltimore)

Hoxworth, Tamara, PhD, Colorado Alcohol and Drug Abuse Division (Denver)

Maxwell, Jane C., PhD, University of Texas at Austin (Texas)

Newmeyer, John A., PhD, Haight-Ashbury Free Clinics, Inc. (San Francisco)

Pollini, Robin, MPH, PhD, University of California at San Diego (San Diego)

Rutkowski, Beth A., MPH, University of California at Los Angeles (Los Angeles)

Topolski, James, Missouri Institute of Mental Health (St. Louis)

Wood, D. William, PhD, University of Hawaii at Manoa (Honolulu)

Other Contributors / Organization

Bart, Gavin, MD, Hennepin County Medical Center

Bejarano, Julio, MSc, National Institute on Alcoholism and Drug
Dependence of Costa Rica

Caces, M. Fe, PhD, Office of National Drug Control Policy

Carlson, Greg, Hennepin Faculty Associates

Crane, Elizabeth, MPH, PhD, Office of Applied Studies, SAMHSA

Crossland, Christine R., National Institute of Justice

Gust, Steven, PhD, International Program, National Institute on Drug
Abuse

Hanson, Judi, Sobriety High School

Hynes, Marya L., MHS, CICAD Inter-American Observatory on Drugs
(OID)

Kissinger, Patty, PhD, Tulane University

Liao, Christine Chun-Jung, National Bureau of Controlled Drugs, Taiwan

Liu, Shu-Fen, National Bureau of Controlled Drugs, Taiwan

Morse, Edward, PhD, Tulane Medical School

Motu, Nick, Hazelden Foundation

Moyers, William, Hazelden Foundation

Robinson, William T., PhD, Louisiana Office of Public Health

Salazar, Fernando, PhD, Universidad Peruana Cayetano Heredia

Scaglione, Jan, BS, MT, PharmD, DABAT, Cincinnati Drug and Poison
Information Center

Seppella, Marvin, MD, Hazelden Foundation

Sorg, Marcella H., RN, PhD, D-ABFA, University of Maine

Stempliuk, Vladimir de Andrade, PhD, Brazilian Observatory on Drug
Information

Thornton-Collins, Gail, Panel Representative for New Orleans

Valdivia, Leonel A., PhD, University of Chile

Woerle, Sandra, National Institute of Justice

Wong, Liqun, Drug Enforcement Administration