

Substance Abuse Trends in Texas

June, 2006

by Jane Carlisle Maxwell, Ph.D.
Gulf Coast Addiction
Technology Transfer Center
The University of Texas at Austin



TABLE OF CONTENTS

3	Abstract,
3	Introduction
5	DRUG ABUSE TRENDS
5	Cocaine/Crack
7	Alcohol
8	Heroin
10	Other Opiates
11	Marijuana
12	Stimulants
14	Depressants
15	Club Drugs and Hallucinogens
19	Other Abused Substances
20	Infectious Diseases Related to Drug Use
21	Exhibit 34: Adult and Youth Admissions to DSHS-Funded Treatment Programs, Jan.–Dec., 2005

This trends report was written by Jane C. Maxwell, Ph.D. Please direct any inquiries to the author at the address below.

© June 2006.

The Gulf Coast Addiction Technology Transfer Center (GCATTC) which grants permission to reproduce and distribute any part of this document for non-commercial use. Appropriate credits appreciated. The GCATTC is located in the Center for Social Work Research at The University of Texas at Austin and serves Texas, Louisiana, and Mississippi. The purpose of the center is to work through multiple collaborative networks to bridge research and practice. It also includes the National Center of Excellence in Drug Epidemiology.

The Gulf Coast Addiction Technology Transfer Center (GCATTC)

The Center for Social Work Research
School of Social Work
The University of Texas at Austin
1717 West 6th Street, Suite 335
Austin, Texas 78703

Web site: www.utattc.net

Substance Abuse Trends in Texas

June, 2006

by Jane Carlisle Maxwell, Ph.D.
Gulf Coast Addiction Technology Transfer Center
The University of Texas at Austin

Abstract

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, which has resulted in shifting cocaine marketing tactics. 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% 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 and more adverse events appear to be due 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 a problem, particularly in the Dallas-Fort Worth Metroplex area. PCP indicators are stable or rising, and dextromethorphan is abused by adolescents. Different types of inhalants are used by different users. HIV and AIDS cases are more likely to be persons of color and the proportions of HIV and AIDS cases related to male-to-male sex are increasing. The heterosexual mode of transmission now exceeds injection drug use.

Introduction

Area Description

The population of Texas in 2006 was 23,464,827, with 49% White, 12% Black, 36% Hispanic, and 4% "Other." Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as through smaller towns along the border. The drugs then move northward for distribution through Dallas-Fort Worth and Houston. In addition, drugs move eastward from San Diego through Lubbock and from El Paso to Amarillo and Dallas-Fort Worth.

Data Sources

Substance Abuse Trends in Texas is an ongoing series which is prepared every six months as a report for the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse (NIDA). This report updates the January 2006 report. To compare the June 2006 report with earlier periods, please access <http://www.utexas.edu/research/cswr/gcattc/drugtrends.html>. All of the data included in this report are reviewed for quality control. Based on this review, cases may be corrected, deleted, or added. Therefore, these data are subject to change. The information on each drug is discussed in the following order of sources:

Student substance use data for 2004 came from the *Texas School Survey of Substance Abuse: Grades 7-12, 2004* and the *Texas School Survey of Substance Abuse: Grades 4-6, 2004*, which are published by the Department of State Health Services (DSHS), formerly the Texas Commission on Alcohol and Drug Abuse. For 2005, the data for high school students in grades 9-12 came from the Youth Risk Behavior Surveillance (YRBS)—United States, 2005, *MMWR Surveillance Summaries*, June 9, 2006/55(SS05); 1-108.

Use by Texans age 12 and older data came from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Surveys on Substance Use and Health (NSDUH). The State and metropolitan estimates of use of illicit drugs lifetime, past year, and past month for population age 12 and older are based on the 2003-2004 surveys, and the regional estimates are based on the 1999-2001 surveys.

Poison Control Center data came from the Texas Poison Center Network, DSHS, for 1998 through 2005. Analysis was provided by Mathias Forrester, epidemiologist with the Texas Poison Center Network, and by the author. In addition, findings from five papers authored by Forrester were used in this report: “Carisoprodol Abuse in Texas, 1998-2003,” “Flunitrazepam Abuse and Malicious Use in Texas, 1998-2003,” “Oxycodone Abuse in Texas, 1998-2003,” “Methylphenidate Abuse in Texas, 1998-2004,” and “Alprazolam Abuse in Texas: 1998-2004,” *Journal of Toxicology and Environmental Health, Part A*, 69:237-243, 2006.

Emergency department (ED) data for 2005 came from the Drug Abuse Warning Network (DAWN) *Live!* system administered by SAMHSA. Data derived from DAWN *Live!* represent drug reports in drug-related ED visits. 13-14 hospitals participate in the Houston DAWN sample. Exhibits in this paper reflect cases that were received by DAWN as of April 21, 2006. The DAWN *Live!* data are unweighted and, thus, are not estimates for the reporting area.

Treatment data were provided by DSHS’s client data system on clients admitted to treatment in DSHS-funded facilities from January 1, 1987 through December 31, 2005. For most drugs, the characteristics of clients entering with a primary problem with the drug are discussed, but in the case of club drugs, information is provided on any client with a primary, secondary, or tertiary problem with that drug. Analysis was by the author. Data on substance use on the border was also drawn from Maxwell, J. C. et al., “Drug Use and Risk of HIV/AIDS on the Mexico-USA Border: A Comparison of Treatment Admissions in Both Countries,” *Drug and Alcohol Dependence*, 82 Suppl. 1, S85-S93. Analysis of DWI admissions to treatment is from Maxwell, J. C., Impaired Drivers at Admission to Substance Abuse Treatment, a poster presented at the 2006 meeting of the Research Society on Alcoholism.

Drug-involved deaths through 2004 came from death certificates from the Bureau of Vital Statistics, DSHS; analysis was by the author. Because justices of the peace, who have

no medical training, can sign death certificates, the actual drugs involved may not be reported but instead a notation such as “drug abuse” is used. Deaths where the actual substance is not reported are not included in the data in this paper, and the 2003 death cases appear to be underreported by DSHS. Findings are also presented from Maxwell, J. C., Pullum, T.W., and Tannert, K. “Deaths of Clients in Methadone Treatment in Texas: 1994-2002,” *Drug and Alcohol Dependence*, 78(1); 73-82, 2005.

Drug and alcohol arrest data come from the Uniform Crime Reports of the Texas Department of Public Safety (DPS).

Information on drugs identified by laboratory tests are from the Texas Department of Public Safety, which reported results from toxicological analyses of substances submitted in law enforcement operations for 1998 through December, 2005, to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA). Analysis was by the author on data downloaded from NFLIS on April 16, 2006.

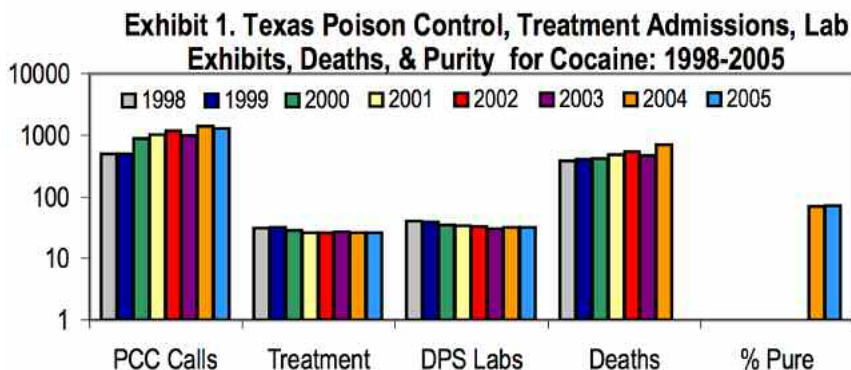
Information on forms of methadone is from DEA’s Automation of Reports and Consolidated Orders System (ARCOS).

Price, purity, trafficking, distribution, and supply information was provided by second quarter 2006 reports on trends in trafficking from the Dallas, El Paso, and Houston Field Divisions of the DEA and from DEA’s 2005 Domestic Monitor Program.

Reports by users and street outreach workers on drug trends for 2006 were reported to DSHS by workers at local HIV counseling and testing programs across the State.

STD, HIV and AIDS data were provided by DSHS for annual periods through December 2005 and the HIV cases exclude any which later seroconverted to AIDS. Data also come from Maxwell, J. C., Spence, R. T. (2006). An exploratory study of inhalers and injectors who used black tar heroin, *Journal of Maintenance in the Addictions*, 3(1), 61-81.

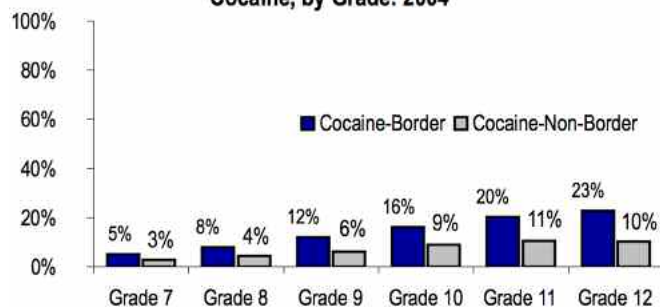
Drug Abuse Trends



COCAINE/CRACK

The *Texas School Survey of Substance Abuse: Grades 7-12, 2004* reported that lifetime use of powder and crack cocaine had dropped from a high of 9% in 1998 to 8% in 2004, while past-month use dropped from 4% in 1998 to 3% in 2004. Some 7.0% of students in nonborder counties had ever used powder or crack cocaine, and 2.5% had used it in the past month. In comparison, students in schools on the Texas border reported higher levels of cocaine use: 13% lifetime and 6% past-month use (Exhibit 2). The 2005 YRBS reported that 12% of Texas high school students (grades 9-12) had ever used cocaine and 6% had used in the past month.

Exhibit 2. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Powder or Crack Cocaine, by Grade: 2004



The 2003-2004 National Survey on Drug Use and Health (NSDUH) estimated that 2.4% of Texans age 12 and older had used any form of cocaine in the past year and 0.4% had used crack cocaine. The past-year rate for the Dallas-Fort Worth metropolitan statistical area was 1.9% for all forms of cocaine and 0.5% for crack cocaine, while in the Houston metropolitan area, the rate was 1.9% for cocaine and 0.2% for crack cocaine. The past-year use in the regions, based on the 1999, 2000, and 2001 NSDUH, was highest at 2.4% in the Central Texas, West Central Texas, Permian Basin, and Nortex regions and lowest in the East Texas region at 1.7%.

Texas Poison Control Center calls involving the use of cocaine increased from 497 in 1998 to 1,275 in 2005 (Exhibit 1). Some 65% of the cases in 2005 were male and

the average age was 30.5.

Cocaine is the major illicit drug in terms of DAWN emergency department reports. It represented 54% of the drug cases reported in Houston, with 65% of the patients being male, 30% White, 47% Black, and 20% Hispanic; 19% were under age 25, 25% were 25-34, and 55% were 35 or older.

Cocaine (crack and powder together) represented 26% of all admissions to DSHS-funded treatment programs in 2005, down from 32% in 1995 (Exhibit 1). Abusers of powder cocaine made up 11% of all admissions to treatment. Among all cocaine admissions, cocaine inhalers were the youngest and most likely to be Hispanic and involved in the criminal justice or legal systems. Cocaine injectors were older than inhalers but younger than crack smokers and were most likely to be White (Exhibit 3).

Exhibit 3. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: Jan-Dec 2005

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	9,115	890	4,343	14,838
% of Cocaine Admits	64	6	30	100
Lag-1st Use to Tmt-Yrs.	12	16	9	11
Average Age	37	35	29	35
% Male	51	60	48	50
% Black	47	4	13	33
% White	34	68	26	34
% Hispanic	17	27	60	31
% CJ Involved	36	44	49	41
% Employed	14	14	34	20
% Homeless	16	12	4	12

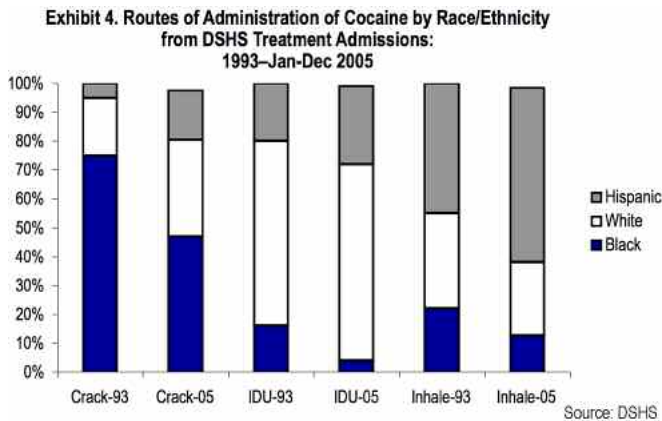
*Total includes clients with "other" routes of administration.

Source: DSHS

The term "lag" refers to the period from first consistent or regular use of a drug to the date of admission to treatment. Powder cocaine inhalers average 9 years between first regular use and entrance to treatment, while injectors aver-

age 16 years of use before they enter treatment.

Between 1987 and 2005, the percentage of Hispanic treatment admissions using powder cocaine increased from 23% to 52%, while for Whites and Blacks, it dropped from 48% to 32%, and from 28% to 14%, respectively. Exhibit 4 shows these changes by route of administration. It also shows the proportion of Black crack cocaine admissions fell from 75% in 1993 to 47% in 2005, while the proportion of Whites increased from 20% in 1993 to 35% in 2005. Hispanic admissions rose from 5% to 17% in the same time period.



Cocaine is a problem on the border. Twenty-six percent of all admissions to programs on the Texas side and 22% of all admissions on the Mexico side in 2003 were for powder or crack cocaine. Some 34% of the Texas cocaine admissions and 26% of the Mexican cocaine admissions smoked crack cocaine (Maxwell et al., 2006).

The number of deaths statewide in which cocaine was mentioned has increased from 223 in 1992 to 699 in 2004 (Exhibit 5). The average age of the decedents in 2004 was 40, and 43% were White, 25% were Hispanic, and 32% were Black. Seventy-seven percent were male.

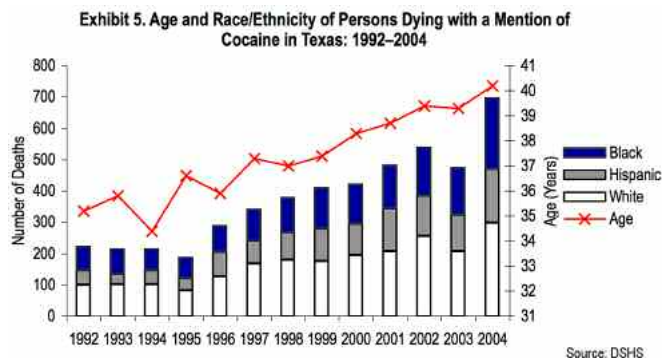
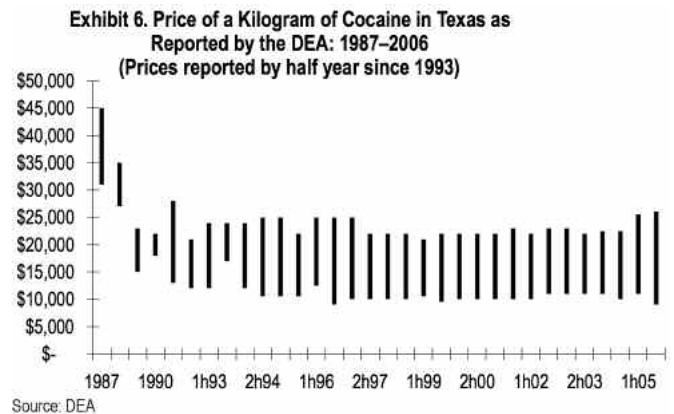


Exhibit 1 shows that the proportion of substances identified as cocaine by the DPS labs is decreasing. In 1998, cocaine accounted for 40% of all items examined, as compared to 32% in 2005.

The purity of cocaine examined in all the NFLIS labs in Texas increased from 69.9% in 2004 to 71.1% in 2005. In

the Dallas DEA Field Division, the purity of seized cocaine increased from 60.9% in the first quarter of fiscal year 2006 to 70.6% in the second quarter, and DEA reports there is an abundance of powder and base cocaine in ounce, gram, and kilogram quantities. In Tyler, cocaine is being sold in smaller quantities and organizations are now willing to “front” cocaine to street dealers. This may be due to dealers attempting to increase sales of cocaine. Currently, methamphetamine is the drug of choice in Tyler and cocaine dealers have to compete to move their product. Crack organizations are also reported to be moving away from distributing crack and selling the more profitable methamphetamine and Ice. Crack continues to be popular in South Dallas and Oak Cliff.

According to the El Paso DEA Field Division, cocaine is trafficked to the Chicago/Northwest Indiana area. It is also smuggled into the U.S. through Presidio from Ojinaga, Mexico, and either sold locally or transported to the Midland/Odessa area.



The Houston DEA reports a slight decrease in the price of cocaine. It is readily available throughout the Houston DEA Field Division area, and crack cocaine is manufactured throughout the area, except in the Laredo district. Crack is distributed by single individuals or loose-knit organizations.

Cocaine continued to be readily available, and the price range expanded in the second half of 2005 (Exhibit 6). A gram of powder cocaine costs \$50–\$80 in Dallas, \$50–\$60 in El Paso, and \$100 in Amarillo and Lubbock. An ounce costs \$400–\$600 in McAllen, \$400–\$650 in Houston, \$500–\$600 in Austin, \$400–\$700 in Midland, \$550 in El Paso, \$400–\$650 in Houston, \$500–\$700 in San Antonio, \$400–\$500 in Laredo, \$600–\$950 in Dallas, \$500–\$900 in Waco, \$650–\$850 in Amarillo, \$500–\$850 in Lubbock, \$700–\$1,000 in Tyler, and \$600–\$750 in Fort Worth.

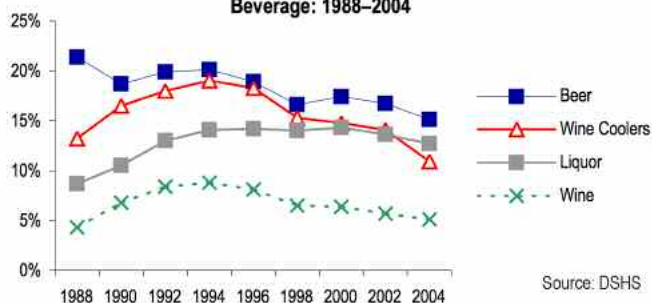
Across the State, a rock of crack costs \$10–\$50, with \$10–\$20 being the most common price. An ounce of crack cocaine costs \$325–\$550 in Houston, \$500 in Galveston, \$400–\$600 in San Antonio, \$400–\$600 in Austin, \$550 in Waco, \$700–\$1,100 in Dallas, \$450–\$550 in Tyler, \$750 in Beaumont, \$450–\$1,000 in Amarillo and Lubbock, \$500 in El Paso, \$800 in Midland, \$500 in McAllen, and \$650–\$750 in Fort Worth.

In Austin, crack cocaine is reported as plentiful in East Austin but not of good quality since it is being cut and recut with baking soda. Users report they are not getting “high” and are unsure of what they are buying. Something referred to as “Raid” crack is also being sold, and when it is smoked, it is reported to be making people “angry.” In the Gulf Coast area, crack users are now reported to be injecting crack.

ALCOHOL

Alcohol is the primary drug of abuse in Texas. In 2004, 68% of Texas secondary school students (grades 7-12) had ever used alcohol and 33% had drunk alcohol in the last month. Of particular concern is heavy consumption of alcohol, or binge drinking, which is defined as drinking five or more drinks at one time. In 2004, 15% of all secondary students said that when they drank, they usually drank five or more beers at one time, and 13% reported binge drinking of liquor. Binge drinking increased with grade level. Among seniors, 27% binged on beer and 21% on liquor. While the percentage of binge drinking of beer has fallen over the years, the level of binge drinking of hard liquor has remained relatively stable since 1994 (Exhibit 7).

Exhibit 7. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988–2004



Among students in grades 4–6 in 2004, 25.5% had ever drunk alcohol and 16.1% had drunk alcohol in the past school year. Use increased with grade level, as 11.6% of fourth graders had used alcohol in the school year, compared to 22.2% of sixth graders.

The 2005 YRBS reported 80% of Texas high school students in grades 9-12 had ever drunk alcohol, 47% had drunk in the past month, and 30% had drunk five or more drinks in a row in the last month. Some 33% of boys and 26% of girls reported this binge drinking behavior.

The 2003-2004 NSDUH estimated that 46.8% of Texans age 12 and older had drunk alcohol in the past month and 23.6% had drunk five or more drinks on at least one day (binge drinking) in the past month. Past-month alcohol use was highest in the Central Texas region at 49.2% and lowest in the South Texas and Lower Rio Grande region at 35.3%; binge drinking was highest in the Central Texas region at 26.1% and lowest in the DFW region at 19.9%.

Of the Houston DAWN emergency department reports in 2005, 544 reports involved use/abuse of alcohol alone or

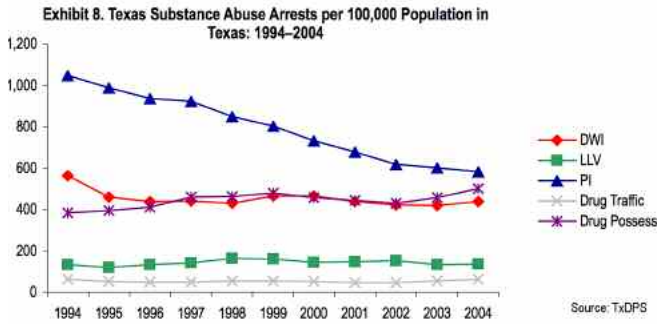
alcohol-in combination by patients younger than 21. Of the reports involving minors, 44% were younger than 18.

In 2005, 24% of all clients admitted to publicly funded treatment programs had a primary problem with alcohol (Exhibit 34). The characteristics of alcohol admissions have changed over the years. In 1988, 82% of the clients were male, as compared to 66% in 2005. The proportion of White clients declined from 63% in 1988 to 57% in 2005, the proportion of Hispanic clients barely increased from 28% to 29%, while the proportion of Black clients increased from 7% to 12%. Average age increased from 35 to 37 years. The proportion of alcohol clients reporting no secondary drug problem dropped from 67% to 53%, but the proportion with a problem with cocaine (powder or crack) increased from 7% to 23%. Consuming cocaine and alcohol at the same time produces cocaethylene, which intensifies cocaine’s euphoric effects.

The alcohol clients were among the oldest (average age of 37), and more likely to be male than other admissions. Of the 13,374 alcohol admissions in 2005, 998 (7%) were under age 21. Of these minors, average age was 17 and average age of first use was 13.5. Sixty-nine percent of the minors admitted for a primary problem with alcohol were referred to treatment by the criminal justice or legal system; 65% were male and 57% were Hispanic, 34% were White, and 6% were Black. Minors entering programs for alcohol treatment were more likely to report problematic use of other substances: 64% reported a second drug of abuse. Among adults, 45% reported a second problem. Marijuana was a second problem for 48% of minors and 12% of adults, powder cocaine was a problem for 11% of minors and 12% of adults, and crack cocaine was a problem for 1% of minors and 12% of adults.

A study of over 44,000 adult Texans who entered treatment as a result of a past-year DWI arrest or DWI probation between 1996 and 2005 found the proportion of DWI admissions with a primary problem with alcohol had decreased from 75% in 1996 to 66% in 2005 (Maxwell, 2006). Some 63% of those with a primary problem with alcohol reported no second drug problem, as compared to only 23% of those with a primary problem with drugs. Some 48% of all the DWI admissions were first admissions and 25% had a history of injecting drug use. Average age was 35.7 years, with 73% male and 60% White.

Seventy percent of the clients completed treatment, and of those who did, 91% were abstinent in their last 30 days of treatment, as compared to 57% of those who did not complete treatment. Those who completed treatment stayed in treatment longer (62 v. 56 days), had significantly fewer DWI arrests at follow-up 90 days after leaving treatment (0.02 v 0.04 arrests), and reported fewer days of use of their problem substance at follow-up (1.4 days v. 3.5 days). Those entering treatment after their first DWI arrest were less impaired at admission than those with more than one arrest and their levels of substance use were lower. At discharge, those with more than two arrests were less likely to complete treatment. The levels of severity on the ASI and days used decreased for all patients.



More Texans are arrested for public intoxication (PI) than for any other substance abuse offense, although the arrest rate for PI per 100,000 population is decreasing (Exhibit 8).

Exhibit 10. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem with Heroin by Route of Administration: Jan-Dec 2005

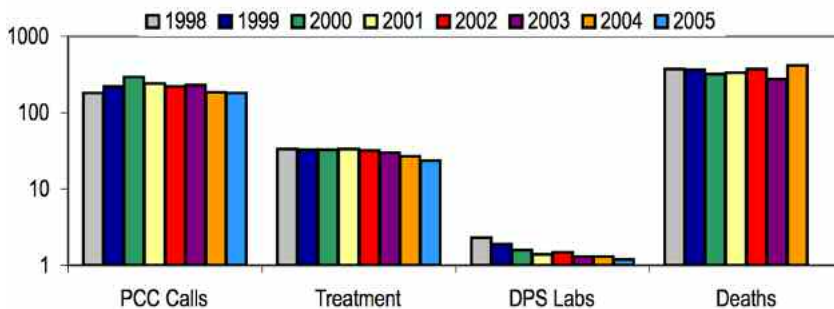
	Inject	Inhale	Smoke	All*
# Admissions	4,162	651	43	4,856
% of Heroin Admits	86	13	1	100
Lag-1st Use to Tmt-Yrs.	16	8	10	15
Average Age	36	30	31	36
% Male	66	51	65	64
% Black	10	31	5	13
% White	36	16	58	34
% Hispanic	52	50	33	51
% CJ Involved	28	36	26	29
% Employed	13	17	7	14
% Homeless	11	8	5	10

*Total includes clients with other routes of administration.

Source: DSHS

HEROIN

Exhibit 9. Texas Poison Control Calls, Treatment Admissions, DPS Lab Exhibits, Deaths, and Purity for Heroin: 1998-2005



The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4% in 1998 to 1.6% in 2004. Past-month use dropped from 0.7% in 1998 to 0.5% in 2004. The 2005 YRBS found 3% of Texas high school students had ever used heroin.

The 2002-2004 NSDUH reported 0.1% of Texans aged 12 and older had used heroin in the past year. In the DFW metro area, 0.2% reported past year use, while in the Houston metro area, 0.0% reported past year use.

Calls to Texas Poison Control Centers involving confirmed exposures to heroin ranged from 181 in 1998 to a high of 296 in 2000 and dropped to 179 in 2005. Nine percent of the 2005 heroin exposures involved inhalation (snorting or smoking) (Exhibit 9).

Heroin represented 3% of all the DAWN emergency department reports in Houston in 2005 (157 cases). Some 73% were male, 13% were under age 25, 29% were between 25 and 34, and 57% were 35 and older. The race/ethnic proportion changed from 74% White, 6% Black, and 15% Hispanic in the first half of 2005 to 43% White, 26% Black, and 17% Hispanic in the second half of 2005. The increase in the proportion of Blacks reporting problems with heroin reflects the influx of Katrina evacuees.

Heroin is the primary drug of abuse for 9% of clients admitted to treatment. The characteristics of these addicts vary by route of administration, as Exhibit 10 illustrates. Most heroin addicts entering treatment inject heroin. While the number of individuals who inhale heroin is small, note that the lag period between first use and seeking treatment for this group is 8 years rather than 16 years for injectors. This shorter lag period means that, contrary to the street rumors that “sniffing or inhaling is not addictive,” inhalers can become addicted. They will either enter treatment sooner while still inhaling or they will shift to injecting, increasing their risk of hepatitis C and HIV infection, becoming more impaired, and entering treatment later.

Exhibit 11. Heroin Admissions to DSHS-Funded Treatment by Race/Ethnicity: 1986-2005

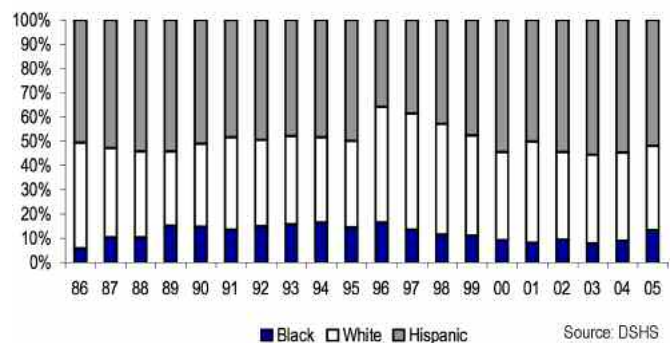


Exhibit 11 shows that the proportion of treatment clients who are Hispanic has increased since 1996. Since then, over half of the admissions have been Hispanic.

In 2004, there were 415 deaths in Texas in which the death certificate included a mention of heroin, narcotics, opiates, or morphine (terms used by justices of the peace were not always as specific as desired). Some 62% were White, 30% were Hispanic, and 8% were Black; 75% were male. The average age was 39 (Exhibit 12).

Exhibit 12. Age and Race/Ethnicity of Persons Dying with a Mention of Heroin in Texas: 1992-2004

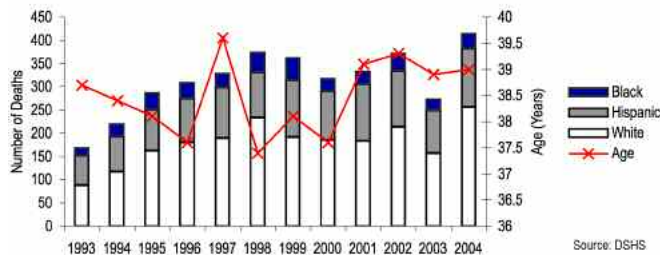
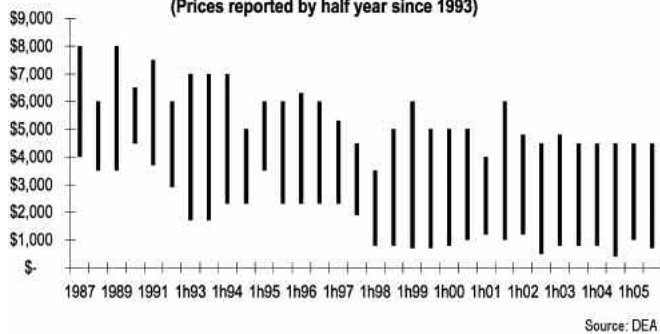


Exhibit 9 shows that the proportion of items identified as heroin by DPS labs has remained low at 1%–2% over the years.

Exhibit 13. Price of an Ounce of Mexican Black Tar Heroin in Texas as Reported by the DEA: 1987-2005 (Prices reported by half year since 1993)



The predominant form of heroin in Texas is “black tar,” which has a dark gummy, oily texture that can be diluted with water and injected. Exhibit 13 shows the decline in price over the years. Depending on the location, “black tar” heroin sells on the street for \$10–\$20 per capsule, \$100–\$300 per gram, \$1,000–\$4,500 per ounce, and \$25,000–\$40,000 per kilogram. An ounce of Black Tar costs \$1,000–\$1,500 in Dallas, \$1,200–\$1,700 in Fort Worth, \$1,000 in El Paso, \$3,600–\$4,000 in Midland, \$3,500–\$4,500 in Lubbock, \$2,300–\$2,500 in Houston, \$2,000–\$2,600 in Galveston, \$1,300 in Laredo, \$700–\$1,400 in McAllen, \$1,400–\$1,600 in Austin, and \$1,200–\$1,600 in San Antonio.

“Mexican brown heroin,” which is black tar that has been cut with lactose or another substance and then turned into a powder to inject or snort, costs \$10 per cap and \$80–\$300 per gram. An ounce costs \$500–\$800 in San Antonio, \$800 in McAllen, \$800–\$1,600 in Dallas, \$1,200–\$1,500 in Houston, \$1,400–\$1,600 in Austin, and \$3,400–\$4,000 in Lubbock.

Colombian heroin sells for \$10 per cap, \$2,000 per ounce, and \$65,000–\$80,000 per kilogram in Dallas, \$45,000 in McAllen, and \$60,000 in Houston. Asian heroin costs \$200–\$350 per gram, \$2,000–\$4,000 per ounce, and \$70,000 per kilogram in Dallas.

Over time, the purity of Mexican heroin in Texas has increased and the price has decreased. Exhibit 14 shows the purity and price of heroin purchased by DEA in four Texas cities under the Domestic Monitor Program. Heroin is much purer at the border in El Paso and decreases in purity as it moves north, since it is “cut” with other products as it passes through the chain of dealers. Although not shown in Exhibit 14, there were two buys of South American heroin in Houston, with a purity of 84.1% and a price per milligram pure of \$0.45.

In the Dallas area, “black tar” is readily available, according to the DEA Field Division, and the purity has risen from 26.4% in FY2005 to 38.5% in second quarter of FY2006. A new drug mixture, “Cheese,” has been found folded inside torn pieces of paper in the Dallas school district Laboratory analysis shows “Cheese” contains approximately 94.5%–95% acetaminophen, 4.5%–5% diphenhydramine HCL, and 0.5%–1.0% heroin. Acetaminophen and diphenhydramine HCL are the two active ingredients in Tylenol PM. It sells for \$5 for 0.25 gm. and \$10 for 0.5gm. As of June, reports of “Cheese” appear to have decreased.

In El Paso in 2006, black tar heroin was reported by DEA as being the predominant type available. Limited amounts of brown heroin have been seized at the border, and there have been no reports of South American, Southeast Asian, or Southwest Asian.

The DEA Houston Field Division reported the supply of brown and “black tar” heroin was stable. Colombian heroin is transported through Houston to the Northeastern U.S. and there have been seizures of white heroin during the second quarter of 2006, but the origin of the heroin has not been specified.

In Austin, shooting galleries in the Montopolis area are reported to have disappeared and the “old timers” have

Exhibit 14. Price and Purity of Heroin Purchased in Dallas, El Paso, Houston, and San Antonio by the DEA: 1995-2005

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Dallas Purity (%)	6.8	3.5	7.0	11.8	14.0	16.0	13.4	17.2	13.3	16.3	11.6
Price/Milligram Pure	\$2.34	\$6.66	\$4.16	\$1.06	\$1.01	\$0.69	\$1.36	\$0.75	\$0.98	\$0.90	\$1.11
El Paso Purity (%)					56.7	50.8	41.8	40.3	44.7	50.5	44.7
Price/Milligram Pure					\$0.49	\$0.34	\$0.44	\$0.27	\$0.40	\$0.27	\$0.40
Houston Purity (%)	16.0	26.1	16.3	34.8	17.4	18.2	11.3	28.2	27.4	24.8	24.4
Price/Milligram Pure	\$1.36	\$2.15	\$2.20	\$2.43	\$1.24	\$1.14	\$1.51	\$0.64	\$0.45	\$0.44	\$1.11
San Antonio Purity (%)									8.2	6.4	11.2
Price/Milligram Pure									\$1.97	\$2.24	\$0.56

Source: DEA

either died, are in prison, or have moved out of the area to avoid harassment from the police. Heroin is plentiful in the Montopolis area and three to four balloons of good quality heroin sell for \$25 or less.

OTHER OPIATES

This group excludes heroin but includes opiates such as methadone, codeine, hydrocodone (Vicodin, Tussionex), oxycodone (OxyContin, Percodan, Percocet-5, Tylox), d-propoxyphene (Darvon), hydromorphone (Dilaudid), morphine, meperidine (Demerol), and opium.

The 2004 Texas secondary school survey found that 8.3% reported ever having drunk codeine cough syrup to get high, and 3.3% drank it in the past month. Some 9% of Black and White students reported lifetime use, as did 9% of Native American students and 5% of Hispanic students. There was no difference by gender, but lifetime use increased with grade level from 3% of 7th graders to 11% of 12th graders.

The 2003-2004 NSDUH results reported that 4.6% of Texans aged 12 and older had used pain relievers and 0.3% had ever used OxyContin for nonmedical purposes in the past year. In the DFW metro area, 5.0% had used pain relievers and 0.6% had used OxyContin nonmedically, and in the Houston metro area, 4.1% had used pain relievers and 0.2% had used OxyContin nonmedically in the past year.

Hydrocodone is a larger problem in Texas than is oxycodone, but use of oxycodone is growing, as Exhibit 15 shows. A study of oxycodone cases reported through the Texas Poison Center Network found that the proportion of calls that involved abuse of the drug more than doubled from 1998 to 2003. Oxycodone abuse cases involved males, adolescents, exposures at other residences and public areas, referral by the poison center to a health care facility, and some sort of clinical effect; one-half involved no other substance (Forrester, 2004).

Cases involving methadone are increasing. Methadone overdoses could be occurring among new patients in narcotic treatment programs, or they could be due to liquid methadone which has been diverted from treatment, or pain

pills diverted from pain patients, or overdoses by pain patients who took too many of the pills or took other drugs in combination with the methadone pills. Methadone is used in liquid and 40-milligram diskette forms in narcotic treatment programs, and the 40 mg. diskettes are also used in pain management. In addition, 5- and 10-milligram tablets are used for pain management. DEA's Automation of Reports and Consolidated Orders System (ARCOS) reported that between 2000 and 2005 in Texas, the number of methadone 5-10 mg tablets distributed increased from 270 grams per 100,000 population to 941 per 100,000, and 88% of these tablets were distributed through pharmacies and 12% were distributed through hospitals. The amount of 40 mg. diskettes increased from 276 grams per 100,000 in 2000 to 622 per 100,000 in 2005 and 65% of the diskettes were distributed through narcotic treatment programs, with 35% being distributed through pharmacies to pain patients. The amount of methadone liquid distributed went from 573 grams per 100,000 population in 2000 to 782 grams per 100,000 in 2004 and then dropped to 466 grams per 100,000 in 2005. Some 97% of the liquid methadone was distributed to narcotic treatment programs.

Between 1998 and 2004, the number of calls to the poison control centers to identify substances or to seek advice or report abuse or misuse cases which involved methadone pills went from 38 to 433, while the number involving high liquid doses as used in narcotic treatment programs remained level at about one to three per year, unknown formulations went from 51 to 97, and forms used in pain or in some narcotic treatment programs went from 4 to 9.

Of the hydrocodone, oxycodone, and methadone reports in 2005 in Houston DAWN hospitals, the patients reporting hydrocodone were the least likely to be male and least likely to be White, those reporting oxycodone were the youngest, and the methadone cases were the oldest and most likely to be White. The oxycodone cases were the youngest of the patients reporting use of any of these drugs. There were 679 hydrocodone and hydrocodone combination reports in Houston. Of these reports, 46% were male, 63% were White, 13% were Black, and 11% were Hispanic. Seventeen

percent were under age 25, 28% were 25-34, and 55% were 35 or older. In comparison, there were 49 oxycodone and oxycodone/combination reports in Houston. Of the oxycodone cases, 49% were male, 67% were White, 4% were Black and 18% were Hispanic. Some 24% were under age 25, 18% were 25-34, and 57% were 35 or older. There were also 144 reports of methadone in Houston. Of the methadone cases, 55% were male, 72% were White, 7% were Black, and 10% were Hispanic; 12% were under 25, 26% were 25-34, and 63% were 35 or older.

Nearly 5% of all clients who entered publicly funded treatment during 2005

Exhibit 15. Hydrocodone, Oxycodone, Methadone and Fentanyl Indicators in Texas: 1998-2005

	1998	1999	2000	2001	2002	2003	2004	2005
Poison Control Center Cases of Abuse and Misuse								
Fentanyl			9	2	3	11	17	10
Hydrocodone	192	264	286	339	429	414	516	505
Methadone	16	19	21	26	50	41	106	71
Oxycodone	12	26	22	34	68	64	77	50
DSHS Treatment Admissions								
Methadone	53	68	44	50	63	66	55	70
"Other Opiates**	542	802	879	1,336	1,752	2,227	1,344	2,712
Deaths with Mention of Substance (DSHS)								
Fentanyl	8	5	4	7	22	10	32	
Hydrocodone	5	25	52	107	168	140	201	
Methadone	30	32	62	90	134	122	164	
Oxycodone	1	8	20	40	56	60	66	
Drug Exhibits Identified by DPS Laboratories								
Fentanyl	0	3	1	7	4	2	14	7
Hydrocodone	52	479	629	771	747	1,212	1,598	1,789
Methadone	1	19	22	42	58	70	130	133
Oxycodone	10	36	72	115	106	174	270	237

**Other Opiates* refers to those other than heroin.

used opiates other than heroin. Of these, 70 used illegal methadone and 2,712 used other opiate drugs (Exhibit 15). Those who reported a primary problem with illegal methadone or other opiates were different from those who reported a problem with heroin. They were much more likely to be female, to be White, to have recently visited an emergency department, and to report more health and psychological or emotional problems in the month prior to entering treatment.

Of the 201 deaths with a mention of hydrocodone statewide in 2004 (Exhibit 15), 56% were male, 86% were White, 7% were Black, 6% were Hispanic, and average age was 40. Of the 66 deaths with a mention of oxycodone, 67% were male, 88% were White, 6% were Black, 6% were Hispanic, and average age was 36—younger than the hydrocodone decedents. Of the 164 deaths with a mention of methadone, 60% were male, 87% were White, 4% were Black, 9% were Hispanic, and average age was 38. There were 32 deaths with a mention of fentanyl in 2004. Of these, 53% were male, 88% were White, 3% were Black, 9% were Hispanic, and average age was 37.

Narcotic treatment programs are required to report the deaths of their clients. Between 1994 and 2002, 776 deaths were reported. Twenty percent died of liver disease, 18% of cardiovascular disease, and 14% of drug overdose. Compared with the standardized Texas population, narcotic treatment patients were 4.6 times more likely to die of a drug overdose, 3.4 times more likely to die of liver disease, 1.7 times more likely to die of a respiratory disease, 1.5 times more likely to die of a homicide, and 1.4 times more likely to die of AIDS (Maxwell et al., 2005).

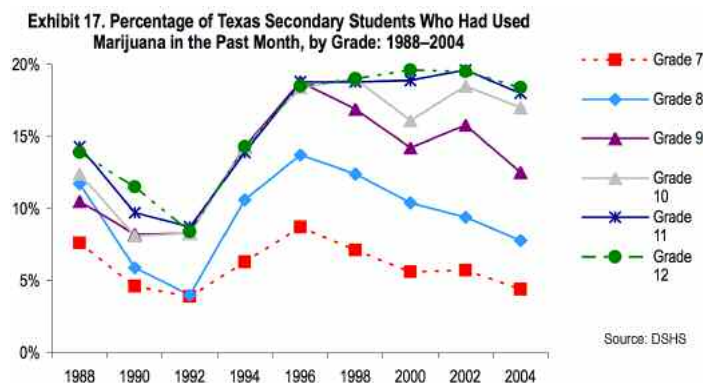
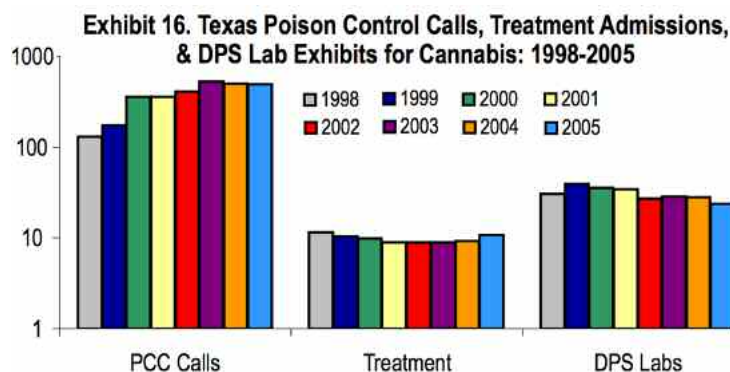
In the Dallas DEA Field Division, there has been an increase in seizures of codeine cough syrup, and in Tyler, adolescents are reported to be using it and then needing to move on to other opiates as their dependence increases. Dilaudid sells for \$20–\$80 per tablet, and hydrocodone (Vicodin) sells for \$5–\$6 per tablet. OxyContin sells for \$1 per milligram in Fort Worth and \$8–\$20 per 20 mg. in Tyler. Methadone sells for \$10 per 10-milligram tablet. Codeine cough syrup is mixed with Sprite or 7-Up and drunk in a soda bottle to avoid police attention. Promethazine syrup with codeine (“lean”) sells for \$200–\$225 per pint in Dallas and Fort Worth. In the Houston Field Division, hydrocodone, promethazine with codeine, and other codeine cough syrups are the most commonly abused pharmaceutical drugs.

In Houston, promethazine or phenergan cough syrup with codeine sells for \$250 a pint, while an ounce sells for \$40 in Waco and \$20 in San Antonio. Hydrocodone sells for \$2–8 per pill and OxyContin costs \$1 per milligram; one OxyContin pill costs \$25 in McAllen. Dilaudid sells for \$10–\$15 per dose in McAllen. In the El Paso Field Division, morphine, Demerol, darvocet, codeine, vicodin cough syrup, and fentanyl are the major diverted pharmaceutical drugs.

DPS labs report increases in the number of exhibits of hydrocodone and methadone each year from 1998 through 2005, while the number of fentanyl exhibits has varied over the years (Exhibit 15).

A liquid form of methadone is being sold on the streets for 50 cents to \$1.00 per ml and 100 ml of methadone sells for \$30. It is unknown if the methadone is being diluted with water or not. OxyContin is very available in Bastrop County, which adjoins Travis County (Austin). Twenty mg. of OxyContin sells for \$5 to \$10 a pill, 40 mg. sells from \$10 to \$20, and 80 mg. costs \$10 to \$40. In the Houston area, use of OxyContin and hydrocodone is increasing, with more demand for detoxification and methadone treatment as a result. In the Dallas area, there is an increase in the use of Xanax and Valium among methadone clients.

MARIJUANA/CANNABIS



Among Texas students in 2004 in grades 4–6, 2.5% had ever used marijuana, with 1.7% reporting use in the past school year. Among Texas secondary students (grades 7–12), 29.8% had ever tried marijuana and 12.6% had used in the past month, levels lower than in 2000 (Exhibit 17). In 2005, the YRBS reported that 42% of Texas high school students in grades 9–12 had ever smoked marijuana and 22% had used in the past month.

The 2003-2004 National Survey on Drug Use and Health estimated that 8.5% of Texans age 12 and older had used marijuana in the past year, with 4.7% using in the past month. Past-month use was 4.5% in the DFW metro area

and 4.4% in the Houston area. The regional estimates from the 1999-2001 surveys showed past-month use was highest in the Central Texas region (5.6%) and lowest in the South Texas-Lower Rio Grande region (2.6%).

The Texas Poison Control Centers reported there were 135 calls confirming exposure to marijuana in 1998, as compared with 502 in 2004 and 492 in 2005 (Exhibit 16).

Marijuana represented 29% of all DAWN emergency department reports in Houston. Most of these patients (65%) were male; 32% were White, 42% were Black, and 19% were Hispanic. Some 44% were under 25, 25% were 25-34, and 29% were 35 or older.

Marijuana was the primary problem for 21% of admissions to treatment programs in 2005 (Exhibit 34). The average age was 21. Some 43% were Hispanic, 32% were White, and 23% were Black; 76% had legal problems or had been referred from the criminal justice system, and these clients were less frequent users of marijuana than those who came to treatment for other reasons. The criminal justice-referred clients reported using marijuana on 5.9 days in the month prior to admission, as compared to 9.8 days for the non-criminal justice referrals. The same differences were reported for number of days in the past month that a second problem drug was used (2.6 vs. 4.9 days) and the number of days a third problem drug was used (2.3 vs. 4.2 days). Criminal justice referrals were more likely to report no second problem drug (43% vs. 39% for non-criminal justice referrals); 28% of both the criminal justice and non-criminal justice referrals reported a second problem with alcohol, 1.2% of criminal justice and 4.8% of non-criminal justice referrals had a second problem with crack cocaine, and 12% of criminal justice and 12% of non-criminal justice referrals had a second problem with powder cocaine.

The Addiction Severity Index (ASI) scores were lower for justice referrals: 31% of the criminal justice referrals reported employment problems versus 47% non-criminal justice referred clients; for sickness or health problems, 13% versus 19%; for family problems, 26% versus 49%; for social problems with peers, 20% versus 33%; for emotional problems, 19% versus 36%; and for substance abuse problems, 38% versus 58%. These differences indicate that marijuana users who are referred to treatment by the criminal justice system may be more appropriate for short-term intervention, with the more impaired voluntary marijuana admissions in need of more intensive treatment services.

Cannabis was identified in 35% of all the exhibits analyzed by DPS laboratories in 2000 but dropped to 24% in 2005 (Exhibit 16).

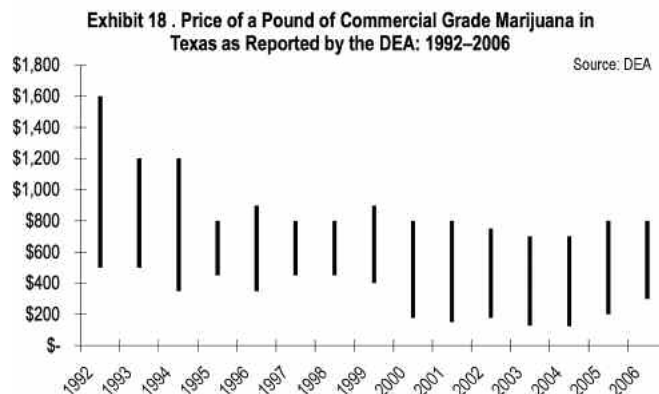


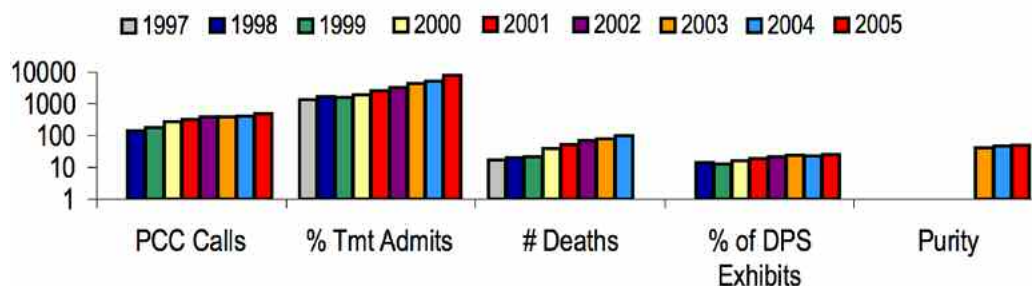
Exhibit 18 shows the decline in the price of a pound of marijuana since 1992 and the increase between 2003 and 2006.

The Houston DEA Field Division reports hydroponic marijuana is available, especially in Asian communities. In the Dallas-Fort Worth area, Mexican marijuana is readily available, but there are continuing seizures of domestically grown marijuana (both indoor and outdoor grown).

High quality sinsemilla sells for \$900-\$1,200 a pound in the Dallas-Fort Worth area, \$800 per pound in Lubbock, and \$600 per pound in Houston. Canadian BC Bud sells for \$3,300 in Houston and \$2,900-\$3,100 in Dallas. Hydroponic sells for \$3,500 per pound in Houston, \$4,600 in McAllen, \$3,000-\$4,000 in Austin, and \$3,800 in Dallas. The average price for a pound of commercial grade marijuana is \$140-\$160 in Laredo, \$215 in McAllen, \$350-\$450 in San Antonio and Austin, \$350-\$425 in Houston, \$200 in El Paso, \$375-\$600 in Midland, \$350-\$800 in the Dallas-Fort Worth area, \$500-\$600 in Lubbock, and \$300-\$500 in Tyler.

STIMULANTS

Exhibit 19. Poison Control Calls, Treatment Admissions, Deaths, Lab Exhibits, and Purity of Methamphetamine: 1997-2005



Amphetamine-type substances come in different forms and with different names. "Speed" ("meth," "crank,") is a powdered methamphetamine of relatively low purity and is sold in grams or ounces. It can be snorted or injected. "Pills" can be pharmaceutical grade stimulants such as dextroamphetamine, Dexedrine, Adderall, or Ritalin (methylphenidate), or they can be methamphetamine powder that has been pressed into tablets and sold as amphetamines or

ecstasy. Pills can be taken orally, crushed for inhalation, or dissolved in water for injection. There is also a damp, sticky powder of higher purity than “Speed” that is known as “Base” in Australia and “Peanut Butter” in parts of the United States. “Ice,” also known as “Crystal” or “Tina,” is methamphetamine that has been “washed” in a solvent to remove impurities; it has longer-lasting physical effects and purity levels above 80%. Ice can be smoked in a glass pipe, “chased” on aluminum foil, mixed with marijuana and smoked through a bong, or injected.

The Texas secondary school survey reported that lifetime use of uppers was 6.0% and past-month use was 2.5% in 2004. The 2005 YRBS reported lifetime use of methamphetamine by Texas high school students was 8%.

The 2002-2004 NSDUH reported that past-year use of stimulants (which included amphetamines, methamphetamine, methylphenidate, and prescription diet pills) in Texas was 1.4%, and past-year use of methamphetamine was 0.7%. Past-year use of stimulants in the DFW metro area was 1.1% and use of methamphetamine was 0.7%, while in the Houston area, 1.3% had used stimulants and 0.5% had used methamphetamines.

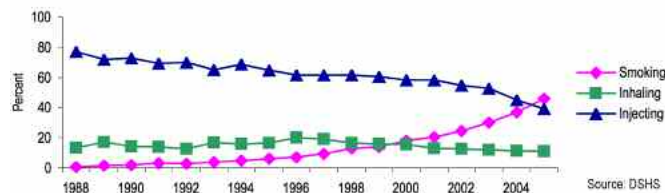
There were 144 calls to Texas poison control centers involving exposure to methamphetamines in 1998 and 490 in 2005 (Exhibit 19). Of the 2005 calls, there were 123 mentions of “Ice” or “Crystal.” There were also 177 calls involving abuse or misuse of amphetamine pills, phentermine, or Adderall, and another 114 calls involving abuse or misuse of Ritalin. Forrester’s study of all calls involving Ritalin to poison control centers in Texas between 1998 and 2004 found that 8.5% involved misuse and abuse. Of these Ritalin abuse/misuse calls, 62% involved males, 20% were younger than 13, 55% were age 13-19, and 25% were older than 19. Ninety-three percent had swallowed the drug, 7% had inhaled it, and 67% of these abuse/misuse calls also had used other substances. As compared to non-abuse calls, abusers were significantly more likely to be older, to have misused the drug while at school, and to suffer minor, moderate, or major effects from using the drug.

In the Houston DAWN ED reports, methamphetamine comprised 3% of all reports and amphetamine, 5%. Patients who reported use of methamphetamine were more likely to be male (67%), White (73%), and between ages 25 and 34; 5% were Black, 9% were Hispanic; 43% were under 25, 37% were 25-34, and 20% were 35 and older. Among amphetamine cases, 61% were male, 52% were White, 27% were Black and 15% were Hispanic. Amphetamine users were less likely to be in the 25-34 age group: 46% were under 25, 28% were 25-34, and 23% were 35 or older.

Methamphetamine/amphetamine admissions to treatment programs increased from 5% of all admissions in 2000 to 14% in 2005 (Exhibit 19), and the average age of clients admitted for a primary problem with stimulants increased. In 1985, the average age was 26; in 2005, it was 29. The proportion of White clients rose from 80% in 1985 to 86% in 2005, while the proportion of Hispanics dropped from 11% to 10% and the proportion of Blacks dropped from 9% to

1%. Unlike the other drug categories, more than one-half (54%) of these clients entering treatment were women (Exhibit 34).

Exhibit 20. Route of Administration of Methamphetamine by Clients Admitted to DSHS-Funded Programs: 1988-2005



More clients now smoke “Ice” than inject “Speed.” The proportion smoking Ice also increased from less than 1% in 1988 to 46% in 2005. The percentage of clients injecting the drug dropped from 84% in 1988 to 39% in 2005 (Exhibit 20).

Users of amphetamines or methamphetamine tend to differ depending on their route of administration, as Exhibit 21 shows. Methamphetamine injectors were more likely to have been in treatment before (59% readmissions) as compared to amphetamine pill takers (40%), Ice smokers (43%), or inhalers (41%).

Exhibit 21. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: Jan-Dec 2005

	Smoke	Inject	Inhale	Oral	All*
# Admissions	3,466	2,972	796	343	7,714
% of Stimulant Admits	46	39	11	5	100
Lag-1st Use to Tmt-Yrs.	8	13	9	10	10
Average Age-Yrs.	28	31	30	31	29
% Male	44	49	43	40	46
% Black	2	0	2	2	1
% White	82	93	82	83	86
% Hispanic	14	5	15	11	10
% CJ Involved	51	53	51	46	52
% Employed	26	17	31	28	23
% Homeless	9	11	7	8	9

*Total includes clients with "other" routes of administration

Source: DSHS

Statewide, there were 17 deaths where amphetamines or methamphetamines were mentioned in 1997 as compared to 99 in 2004 (Exhibit 19). Of the decedents in 2004, 75% were male, 89% were White, 4% were Black, 7% were Hispanic, and average age was 38.

To make methamphetamine, local labs are using the “Nazi method,” which includes ephedrine or pseudo-ephedrine, lithium, and anhydrous ammonia, and the “cold method,” which uses ephedrine, red phosphorus, and iodine crystals. The “Nazi method” is the most common method used in North Texas. Before these methods became common, most illicit labs used the “P2P method,” which is based on 1-phenyl-2-propanone. The most commonly diverted

chemicals are 60-milligram pseudoephedrine tablets such as Xtreme Relief, Mini-Thins, Zolzina, Two-Way, and Ephedrine Release.

Methamphetamine and amphetamine together represented 16% of all items examined by DPS laboratories in 2000, but the percentage increased to 25% in 2005 (Exhibit 19). Twenty-four percent of the exhibits were methamphetamine and less than 1% was amphetamine.

Exhibit 22. Percent of Items Analyzed by Texas DPS Laboratories as Methamphetamine, by County and City: 2001 and 2005

	2001	2005
Hidalgo (McAllen)	0%	1%
Webb (Laredo)	1%	2%
El Paso (El Paso)	4%	4%
Nueces (Corpus Christi)	9%	16%
Harris (Houston)	6%	12%
Travis (Austin)	17%	28%
McLennan (Waco)	19%	32%
Smith (Tyler)	16%	34%
Dallas (Dallas)	32%	38%
Midland (Odessa)	12%	25%
Taylor (Abilene)	41%	55%
Lubbock (Lubbock)	23%	28%
Potter (Amarillo)	41%	43%

Source: NFLIS

Methamphetamine is more of a problem in the northern half of the State, as Exhibit 22 shows. Labs in the northern part of the State were also more likely to report analyzing substances that turned out to be ammonia or pseudoephedrine, chemicals used in the manufacture of methamphetamine. However, the proportions of methamphetamine exhibits elsewhere in the state are increasing each year, as shown by the changes between 2001 and 2005. In the Harris, Smith, and Midland DPS lab districts, the proportion of exhibits that were methamphetamine doubled.

The Houston Field Division reports that the availability of both Mexican and locally produced methamphetamine is increasing. Most of the methamphetamine comes from Mexico, and Ice is being shipped via parcel service from California. It is also being smuggled directly into Houston from Mexico. It is becoming more popular in Beaumont and is the drug of choice in Galveston. Transporters are being paid \$500 per kilogram to transport “cocaine,” which is actually Ice.

The Dallas DEA Field Division reports that the availability of methamphetamine, especially Ice, is steady or rising at the retail level. Ice is the most abundant form of methamphetamine seen in the division and pound quantities are increasing in Fort Worth. Mexican methamphetamine and Ice come from Michoacán and Nuevo Leon. Methamphetamine continues to be produced in local laboratories,

and cooks are reported to be using PSE from a product called “Breathing Blocks,” which may be an alias for “Tri-Hist Granules.” These granules come in 20 ounce bottles and contain 600 milligrams of pseudoephedrine per ounce. It is a soluble, edible corn-meal base utilized by veterinarians. Other locally-produced methamphetamine is more often being cut with methylsulfonylmethane (MSM). One dealer is selling MSM instead of methamphetamine. In addition, methamphetamine tables manufactured in Colombia have been seized in Texas.

The El Paso Field Division reports methamphetamine traffickers operate out of California, Arizona, and Texas, with sources of supply being Mexico and California. Local street gangs distribute methamphetamine and local production continues.

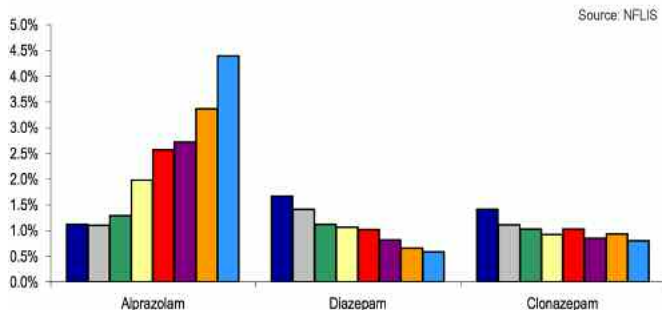
Statewide, the purity of methamphetamine has increased from 46% in 2004 to 48% in 2005, and the purity for 1–10 grams has risen from 46% pure in the Dallas area in 2000 to 65% pure in 2004, according to NFLIS data. A pound of domestic methamphetamine sells for \$10,500 in Dallas and a pound of Mexican methamphetamine sells for \$7,500–\$9,000. A pound sells for \$6,000–\$8,000 in San Antonio, \$4,500–\$10,000 in Fort Worth, \$6,000–\$7,000 in Tyler, and \$7,000–\$8,000 in Lubbock. An ounce of domestic methamphetamine sells for \$600–\$800 in Dallas, while an ounce of Mexican sells for \$400. An ounce of methamphetamine sells for \$600 in Fort Worth, \$250–\$800 in Tyler, \$500–\$700 in Lubbock, \$500–\$850 in Houston and \$700–\$1,000 in San Antonio.

The price of Ice continues to drop, from \$13,000–\$17,000 per kilogram in 2004 to \$8,000–\$15,000 in 2005 in Houston. A kilogram costs \$22,000 in El Paso. An ounce of Ice sells for \$1,400 in Dallas, \$800–\$1,000 in Fort Worth, \$1,200 in Lubbock, \$950–\$1,250 in Tyler, \$700–\$1,200 in Houston, \$500–\$1,000 in Austin, \$900 in McAllen and \$1,000–\$1,500 in San Antonio.

Ice is the most popular drug with both adults and adolescents in the Amarillo area. The methamphetamine in the Austin area is reported to be coming in from Bastrop, Caldwell, and Hays Counties, which are more rural counties adjoining Travis County. It is being sold for \$90 per gram, and methamphetamine users are reported to be centered in Williamson County and North Austin in the Rundburg area. Buyers are reported to be Anglos and wealthier housewives. Methamphetamine is not only seen in the gay community in Houston, but also in the rural areas surrounding the city, with increasing criminal activities being reported as a result. Crystal meth is also being reported in the Black community in Houston, and former cocaine injectors report that meth is easy to obtain, less expensive, and the “high” lasts longer than cocaine. In other areas on the Gulf Coast, street outreach workers are also reporting increases in methamphetamine use. In the Fort Worth area, methamphetamine use is increasing in the population aged 18–25, and use is reported up in the rural areas of McKinney in Collin County and in the rural areas of Denton County. In the Amarillo area, smoking Ice is increasing.

DEPRESSANTS

Exhibit 23. Benzodiazepines Identified by DPS Labs in Texas: 1998–2005



This “downer” category includes three groups of drugs: barbiturates, such as phenobarbital and secobarbital (Seconal); nonbarbiturate sedatives, such as methaqualone, over-the-counter sleeping aids, chloral hydrate, and tranquilizers; and benzodiazepines, such as diazepam (Valium), alprazolam (Xanax), flunitrazepam (Rohypnol), clonazepam (Klonopin or Rivotril), flurazepam (Dalmane), lorazepam (Ativan), and chlordiazepoxide (Librium and Librax). Rohypnol is discussed separately in the Club Drugs section of this report.

The 2004 Texas secondary school survey reported lifetime use of downers was 5.9% and past-month use was 2.6%.

The 2002–2004 NSDUH reported 0.2% of Texans ages 12 and older had used sedatives in the past year, with 0.2% past-year use in the DFW metro area and 0.1% in the Houston region.

A study of patterns of alprazolam abuse and drug identification (ID) calls received by several poison control centers between 1998 and 2004 found that of 25,954 alprazolam calls received, 42% were drug identification calls and 51% were human exposure calls, of which 18% were abuse calls. The number of drug ID calls and the number of abuse calls both increased during the seven-year period. Male patients accounted for 54% of abuse calls and females for 66% of nonabuse calls. Adolescent patients comprised 43% of abuse calls but only 12% of nonabuse calls. Although the majority of both types of human exposures occurred at the patient’s own residence, abuse exposures were more likely than other exposures to occur at school (9% vs. 1%) and public areas (6% vs. 1%) (Forrester, 2006).

About 1% of the clients entering treatment in 2005 had a primary problem with barbiturates, sedatives, or tranquilizers. These clients were the most likely to be female and highly impaired, based on their ASI scores (see Exhibit 34).

Alprazolam, clonazepam, and diazepam are among the 15 most com-

monly identified substances according to DPS lab reports, although none of them represent more than 3% of all items examined in a year. Alprazolam (Xanax) cases outnumber other benzodiazepine cases (Exhibit 23).

Alprazolam sells for \$5 a pill in Dallas, \$3–\$5 in Fort Worth, \$5 in San Antonio, \$2–\$4 in Houston, \$20 in McAllen, and \$3–\$10 in Tyler. Depending on the dosage unit, diazepam sells for \$1–\$10 in Dallas, Fort Worth, and Tyler.

Club Drugs & Hallucinogens

Exhibit 24 shows the demographic characteristics of clients entering DSHS-funded treatment programs statewide with a problem with a club drug. The row “Primary Drug” shows the percentage of clients citing a primary problem with the club drug shown at the top of the column. The rows under the heading “Other Primary Drug” show the percentage of clients who had a primary problem with another drug, such as marijuana, but who had a secondary or tertiary problem with one of the club drugs shown at the top of the table. Note that the treatment data uses a broader category, “Hallucinogens,” that includes lysergic acid diethylamide (LSD), dimethyltryptamine (DMT), STP, mescaline, psilocybin, and peyote.

Exhibit 24 shows that hallucinogen admissions are more likely to be male, gamma hydroxybutyrate (GHB) clients are the most likely to be White, phencyclidine (PCP) clients are the most likely to be Black, Rohypnol clients are the youngest, and GHB clients are the oldest. While users of PCP are the most likely to have a primary problem with PCP (49%), users of Rohypnol, ecstasy, and hallucinogens are more likely to have primary problems with marijuana. Users of GHB have a primary problem with methamphetamine (58%).

Exhibit 24. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary, Secondary, or Tertiary Problem with Club Drugs: 2005

Club Drug	GHB	Hallucinogens	Ecstasy	PCP	Rohypnc
# Admissions	48	223	640	223	198
% Male	48	72	53	42	69
% White	98	59	48	12	1
% Hispanic	2	23	24	5	98
% Black	0	18	26	82	1
Average Age (Years)	30	23	22	26	16
% Criminal Justice Involved	63	64	68	56	78
% History Needle Use	44	27	14	5	7
% Primary Drug=Club Drug	23	26	18	49	12
Other Primary Drug					
% Marijuana	2	34	34	17	53
% Alcohol	4	9	8	3	10
% Methamphet/Amphetamines	58	11	15	2	0
% Powder Cocaine	0	6	13	13	18
% Crack Cocaine	2	5	5	10	2
% Heroin	0	3	1	0	7
% Other Opiates	8	3	1	2	0

Source: DSHS

DEXTROMETHORPHAN

The most popular dextromethorphan (DXM) products are Robitussin-DM, Tussin, and Coricidin Cough and Cold Tablets HBP, which can be purchased over the counter and can produce hallucinogenic effects if taken in large quantities. Coricidin HBP pills are known as “Triple C’s” or “Skittles.”

The 2004 Texas school survey reported that 4.3% of secondary students indicated they had used DXM. Use increased from 2.5% in 7th grade to 5.8% in 12th grade. There was no difference by gender, but Whites reported higher lifetime use (6.1%) than Native Americans (5.8%), Hispanics (3.6%), or Blacks (2.4%).

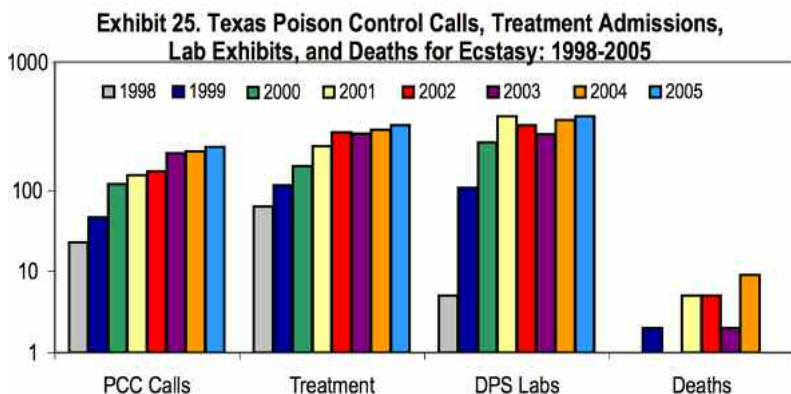
Poison control centers reported the number of abuse and misuse cases involving dextromethorphan rose from 99 in 1998 to 189 in 2005. Average age was 22.7. The number of cases involving abuse or misuse of Coricidin HBP was 7 in 1998 and 234 in 2005. Average age in 2005 was 15.9 years, which shows that youths can easily access and misuse this substance.

There was one death in 2004 where dextromethorphan was one of the substances mentioned on the death certificate.

DPS labs examined 2 substances in 1998 that were dextromethorphan, 13 in 1999, 36 in 2000, 18 in 2001, 42 in 2002, 10 in 2003, 15 in 2004, and 10 in 2005.

ECSTASY

(Methylenedioxyamphetamine or MDMA)



The 2004 Texas secondary school survey reported that lifetime ecstasy use dropped from a high of 8.6% in 2002 to 5.5% in 2004, while past-year use dropped from 3.1% to 1.8%. The 2005 YRBS reported that 8% of Texas high school students had ever used ecstasy.

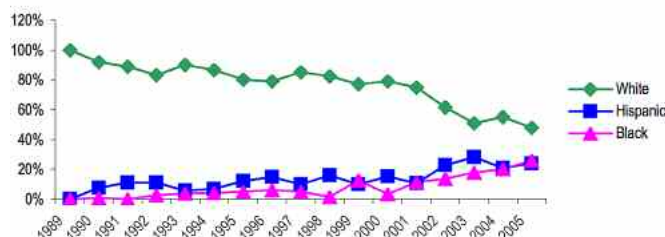
The 2002-2004 NSDUH survey reported 1.1% of Texans had used ecstasy in the past year, with 1.3% using in the DFW and Houston metro areas.

Texas Poison Control Centers reported 23 calls involving misuse or abuse of ecstasy in 1998, 46 in 1999, 119 in 2000, 155 in 2001, 172 in 2002, 284 in 2003, 302 in 2004, and 343 in 2005 (Exhibit 25). In 2005, the average age was 21.

There were 138 reports in Houston where ecstasy was

one of the substances mentioned at admission to emergency departments reporting to DAWN in 2005. Some 57% of the ecstasy cases were male, 21% were White, 43% were Black, and 24% were Hispanic. Sixty-one percent were under age 25, 31% were between 25 and 34, and 7% were 35 or older.

Exhibit 26. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Problem with Ecstasy: 1989-2005



There were 63 admissions to treatment for a primary, secondary, or tertiary problem with ecstasy in 1998, 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, 502 in 2003, 561 in 2004, and 640 in 2005 (Exhibit 25). Exhibit 26 shows that ecstasy has spread outside the White club scene and into the Hispanic and Black communities as evidenced by the declining proportion of White treatment clients.

In 1999, there were two death certificates that mentioned ecstasy or MDMA in Texas. There was one death in 2000, 5 in 2001, 5 in 2002, 2 in 2003, and 9 in 2004 (Exhibit 25). Of the 2004 cases, 66% were male, 100% were White, and average age was 28.

Exhibit 25 shows the substances identified by DPS labs. The labs identified MDMA in 5 exhibits in 1998, 107 exhibits in 1999, 387 in 2000, 817 in 2001, 632 in 2002, 490 in 2003, 737 in 2004, and 821 in 2005.

Methylenedioxyamphetamine (MDA) was identified in 0 exhibits in 1998, 31 exhibits in 1999, 27 in 2000, 60 in 2001, 106 in 2002, 94 in 2003, 67 in 2004, and 85 in 2005.

According to the Houston DEA Field Division, ecstasy is readily available at clubs, raves, and gyms, and use is stable among Galveston and Beaumont college students.

While most tablets contain MDMA, some have high concentrations of caffeine or methamphetamine, with traces of ketamine in some tablets. Ecstasy is available in downtown Austin nightclubs and use is stable. The primary source is Canada but ecstasy also comes into South Texas from Mexico. Asian gangs in Houston control distribution.

The Dallas DEA Field Division reports that ecstasy comes from Houston, Los Angeles, Las Vegas, Michigan, or directly from Europe. Asian groups continue to be heavily involved in the sale and distribution of Ecstasy.

Single dosage units of ecstasy sell for \$12-\$20 in Dallas, \$5-\$12.50 in Fort Worth, \$12-\$25 in Tyler, \$5-\$10 in Houston, \$25 in McAllen, \$20 in Laredo and Galveston, \$6.50-\$7

GAMMA HYDROXYBUTYRATE (GHB), GAMMA BUTYRATE LACTONE (GBL), 1-4 BUTANEDIOL (1,4 BD)

The number of cases of misuse or abuse of GHB or its precursors reported to Texas Poison Control Centers was 110 in 1998, 150 in 1999, 120 in 2000, 119 in 2001, 100 in 2002, 66 in 2003, 84 in 2004, and 62 in 2005. The average age of the abusers in 2005 was 27.6, and of the callers whose gender was known, 57% were male.

The DAWN ED data show there were 6 GHB reports in Houston in 2005.

Adults and adolescents with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 butanediol (1,4 BD) are seen in treatment. In 1998, 2 were admitted, as compared to 17 in 1999, 12 in 2000, 19 in 2001, 35 in 2002, 31 in 2003, 45 in 2004, and 48 in 2005. In 2005, clients who used GHB tended to be the oldest of all the club drug users (average age 29) and were the most likely to be White (98%). GHB users were more likely to have used the so-called “hard-core” drugs; 44% had a history of injection drug use and 58% had a primary problem with amphetamines or methamphetamine. Because of the sleep-inducing properties of GHB, users will also use methamphetamine so they can stay awake while they are “high” on GHB or they use GHB to “come down” from their use of methamphetamine (Exhibit 24).

In 1999, there were 3 deaths that involved GHB, 5 in 2000, 3 in 2001, 2 in 2002, 2 in 2003, and 3 in 2004. In 2004, 100% were male, 66% were White, and average age was 33.

There were 18 items identified by DPS labs as being GHB in 1998, 112 in 1999, 45 in 2000, 34 in 2001, 110 in 2002, 150 in 2003, 99 in 2004, and 92 in 2005. There were 0 items identified as GBL in 1998, 4 in 1999, 7 in 2000, 7 in 2001, 9 in 2002, 5 in 2003, 2 in 2004, and 1 in 2005. There were 0 items identified as 1,4 BD in 1988, 4 in 1989, 4 in 2000, 19 in 2001, 5 in 2002, and 0 in 2003, 2004, and 2005. In 2005, 98% of the GHB and GBL items were identified in the DPS lab in the Dallas area, which shows use of GHB is centered in this area of the State.

In Dallas, the price of GHB has increased from \$100–\$200 per gallon in 2005 to \$500–\$1,600 per gallon in 2006. A dose of GHB costs \$20 in Dallas and \$5–\$10 in Lubbock and San Antonio. The DEA Field Division in Dallas reports that GHB is being manufactured in home laboratories where GBL ordered over the Internet is mixed with other chemicals and water to produce GHB.

KETAMINE

Eight cases of misuse or abuse of ketamine were reported to Texas Poison Control Centers in 1998, compared with 7 in 1999, 15 in 2000, 14 in 2001, 10 in 2002, 17 in 2003, 7 in 2004, and 5 in 2005.

There were no reports of ketamine in the Houston DAWN emergency departments and 1 client was admitted to a DSHS-funded treatment program in 2005 for a problem with ketamine.

There were 2 deaths in 1999 that involved use of ketamine, 0 in 2000, 1 in 2001, 1 in 2002, 0 in 2003, and 2 in 2004.

In 1998, 2 substances were identified as ketamine by DPS labs. There were 26 in 1999, 49 in 2000, 120 in 2001, 116 in 2002, 85 in 2003, 79 in 2004, and 19 in 2005.

Ketamine costs \$2,200–\$2,500 per liter in Fort Worth and \$65 per vial in Tyler, with a dose selling for \$20 per pill or gram.

LSD AND OTHER HALLUCINOGENS

The Texas secondary school survey shows that use of hallucinogens (defined as LSD, PCP, mushrooms, etc.) continues to decrease. Lifetime use peaked at 7.4% in 1996 and dropped to 4.8% by 2004. Past-month use dropped from a peak of 2.5% in 1998 to 1.6% in 2004.

The 2002–2004 NSDUH reported past-year use by Texans age 12 and older at 0.3%, with use at 0.3% in both the DFW and Houston metro areas.

Texas Poison Control Centers reported 82 mentions of abuse or misuse of LSD in 1998, 113 in 1999, 97 in 2000, 70 in 2001, 129 in 2002, 20 in 2003, 22 in 2004, and 38 in 2005. There were also 98 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 1998, 73 in 1999, 110 in 2000, 94 in 2001, 151 in 2002, 130 in 2003, 172 in 2004, and 82 in 2005. Average age in 2005 was 20.4 for the LSD cases and 21.6 for the mushroom cases.

There were 9 reports of LSD and 5 reports of miscellaneous hallucinogens in the Houston DAWN emergency departments in 2005.

The number of adults and youths with a primary, secondary, or tertiary problem with hallucinogens entering treatment is decreasing. There were 636 in 2000, 486 in 2001, 436 in 2002, 319 in 2003, 266 in 2004, and 223 in 2005. Of the admissions in 2005, the average age was 23, 72% were male, 59% were White, 23% were Hispanic, and 18% were Black. Sixty-four percent were referred from the criminal justice or legal system and 27% had a history of injecting drug use (Exhibit 24).

Statewide, there were two deaths in 1999 with a mention of LSD. No deaths with a mention of LSD have been reported since.

DPS labs identified 69 substances as LSD in 1998, compared with 406 in 1999, 234 in 2000, 122 in 2001, 11 in 2002, 10 in 2003, 25 in 2004, and 14 in 2005.

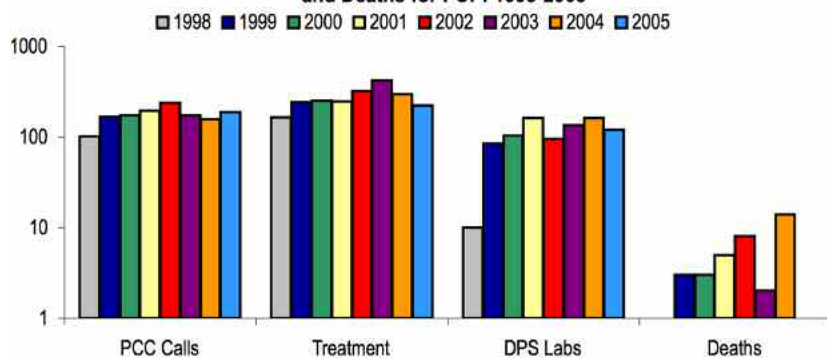
A dosage unit of LSD is selling for \$1–\$10 in Dallas, \$5–\$10 in Tyler, \$6–\$10 in Fort Worth, \$5–\$7 in Austin, and \$8–\$12 in San Antonio.

PHENCYCLIDINE (PCP)

The 2002–2004 NSDUH reported 0.1% past-year use of PCP in Texas. Past-year use in the DFW metro area was 0.1% and 0.2% in the Houston.

Texas Poison Control Centers reported cases of “Fry,” “Amp,” “Water,” “Wack,” or “PCP.” Often, marijuana joints are dipped in formaldehyde that contains PCP or PCP is sprin-

Exhibit 27. Texas Poison Control Calls, Treatment Admissions, Lab Exhibits, and Deaths for PCP: 1998-2005



kled on the joint or cigarette. The number of cases involving PCP increased from 102 in 1998 to 189 in 2005 (Exhibit 27). Of these, 18 cases involved misuse or abuse of formaldehyde or formalin in 2003, 55 in 2004, and 56 in 2005.

There were 212 reports of PCP in Houston DAWN emergency departments in 2005. Of these reports, 69% were male, 79% were Black, 13% were White, and 8% were Hispanic. Forty-two percent were under age 25, 42% were between 25 and 34, and 13% were 35 or older.

Adolescent and adult admissions to treatment with a primary, secondary, or tertiary problem with PCP have varied over time (Exhibit 27), rising from 164 in 1998 to 417 in 2003 and then dropping to 223 in 2005. Of these clients in 2005, 82% were Black, 42% were male, and 56% were involved in the criminal justice system. While 49% reported a primary problem with PCP, another 16% reported a primary problem with marijuana, which demonstrates the link between these two drugs as “Fry,” “Amp,” or “Water” (Exhibit 24).

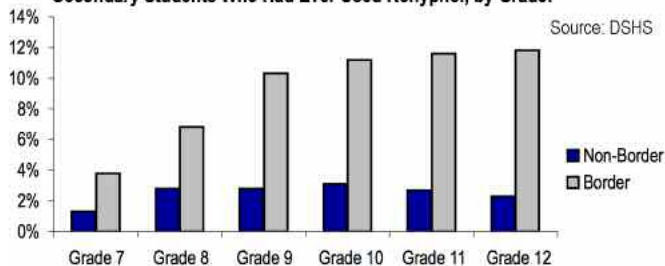
There were 3 death certificates in 1999 and 14 in 2004 that mentioned PCP (Exhibit 27). In 2004, 86% were male, 86% were Black, and average age was 32.

DPS labs identified 10 substances as PCP in 1998 and 121 in 2005 (Exhibit 27).

According to DEA, PCP costs \$30 per dosage unit in McAllen. In Dallas, it costs \$375–\$450 per ounce, \$25 per cigarette, and \$10 for a piece of a “sherm” stick. In Fort Worth, it costs \$26,000–\$28,000 per gallon and \$700–\$1,200 per gallon in San Antonio. An ounce in San Antonio costs \$45–\$80 and a dosage unit costs \$30 in McAllen.

ROHYPNOL

Exhibit 28. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Rohypnol, by Grade:



Rohypnol (flunitrazepam) is a benzodiazepine that was never approved for use in the United States. The drug is legal in Mexico, but since 1996, it has been illegal to bring it into the United States. It continues to be a problem along the Texas-Mexico border. As shown in Exhibit 28, the 2004 secondary school survey found that students from the border area were about three times more likely to report Rohypnol use than those living elsewhere in the State (9.1% vs. 2.5% lifetime, and 3.5% vs. 2.5% current use). Use on both the border and non-border has declined since its peak in 1998.

The number of confirmed exposures to Rohypnol reported to the Texas Poison Control Centers peaked at 102 in 1998; 22 cases were reported in 2005. Average age in 2004 was 17, 43% were male, and 62% lived in counties on the border. A study of all the exposure calls between 1998 and 2003 found a significantly higher proportion of flunitrazepam abuse and malicious use calls occurred in border counties. The majority of the abuse calls involved males, while the majority of malicious use calls involved females. Most abuse calls involved adolescents, while the majority of the malicious calls involved adults. Abuse cases occurred most frequently at the patient’s own residence or at school, while malicious use occurred most often in public areas, with the patient’s own residence ranking second (Forrester, 2004). This analysis provides evidence of two patterns of Rohypnol use: (1) recreational use and abuse by adolescent males and (2) use of the drug with criminal intent on adult women.

The number of youths and adults admitted into treatment with a primary, secondary, or tertiary problem with Rohypnol has varied: 247 in 1998, 364 in 1999, 324 in 2000, 397 in 2001, 368 in 2002, 331 in 2003, 221 in 2004, and 198 in 2005. In 2005, clients abusing Rohypnol were among the youngest of the club drug patients (age 16), and they were Hispanic (98%), which reflects the availability and use of this drug along the border (Exhibit 24). Some 78% were involved with the criminal justice or legal system. While 12% of these clients said that Rohypnol was their primary problem drug, 53% reported a primary problem with marijuana.

DPS lab exhibits for Rohypnol numbered 43 in 1988, 56 in 1999, 32 in 2000, 35 in 2001, 26 in 2002, 17 in 2003, 17 in 2004, and 10 in 2005. This decline in the number of Rohypnol seizures parallels the declines seen in other indicators.

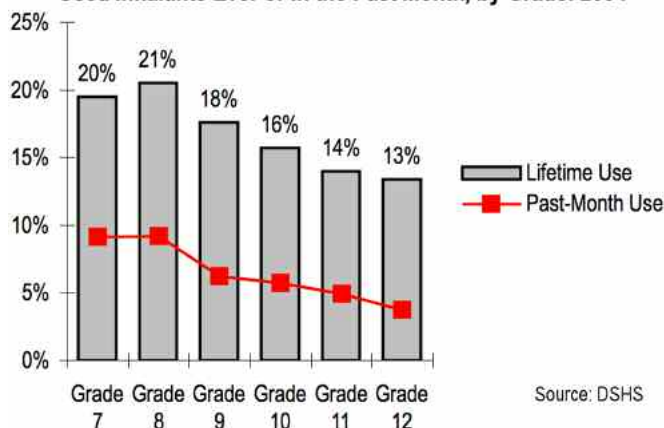
Although Roche is reported to no longer be making the 2-milligram Rohypnol tablet (a favorite with abusers), generic versions are still produced, and the blue dye added to the Rohypnol tablet to warn potential victims is not in the generic version. Unfortunately, the dye is not proving effective since people intent on committing sexual assault may employ blue tropical drinks and blue punches into which Rohypnol can be slipped.

Rohypnol was selling for \$2–\$4 per pill in San Antonio.

Other Abused Substances

INHALANTS

Exhibit 29. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2004



The 2004 elementary school survey found that 10.5% of students in grades 4 to 6 had ever used inhalants, and 7.6% had used in the school year. The 2004 secondary school survey found that 17% of students in grades 7–12 had ever used inhalants and 6.7% had used in the past month. Inhalant use exhibits a peculiar age pattern not observed with any other substance. The prevalence of lifetime and past-month inhalant use was higher in the lower grades and lower in the upper grades (Exhibit 29). This decrease in inhalant use as students age may be partially related to the fact that inhalant users drop out of school early and hence are not in school in later grades to respond to school-based surveys. In addition, the Texas school surveys have consistently found that eighth graders reported use of more different kinds of inhalants than any other grade, and this may be a factor which exacerbates the damaging effects of inhalants and leads to dropping out.

The 2005 YRBS reported that 13% of Texas high school students had ever used inhalants. Note that unlike other drugs, where the 2005 YRBS reported higher prevalence rates for students in grades 9–12, as compared to the 2004 Texas secondary school survey for grades 7–12, for inhalants, the prevalence of inhalant use is lower in grades 9–12 than for those in grades 7–12, another indication of the drop-out factor with inhalant abuse.

The 2002–2004 NSDUH estimate was that 0.7% of Texas age 12 and older had used inhalants in the past year, with 0.7% prevalence in Dallas and 0.6% in Houston.

The poison control center data for 2005 show that automotive products such as carburetor cleaner, transmission fluid, and gasoline were the inhalants abused or misused the most often, with 45 calls. Average age was 21. There were

26 calls for misuse of air fresheners, dusting sprays, or body deodorants (average age of 15, 25 calls of abuse or misuse of paint or toluene (average age 27), and 8 calls of misuse of Freon (average age 21).

There were 35 reports of inhalants in the 2005 Houston DAWN emergency departments. Some 80% were male and 57% were Hispanic, 25% were White, and 16% Black. Some 50% were under age 25, 31% were 25–34, and 28% were 35 or older.

Inhalant abusers represented 0.2% of the admissions to treatment programs in 2005. The clients tended to be male (63%) and Hispanic (79%). The overrepresentation of Hispanics is related to the fact that DSHS developed and funded treatment programs targeted specifically to this group. Average age of the clients was 20. Sixty-nine percent were involved with the criminal justice system, average education was 8.9 years, 10% were homeless, and 14% had a history of injecting drug use.

In 2000, there were 12 deaths involving misuse of inhalants, compared with 15 in 2001, 8 in 2002, 13 in 2003, and 11 in 2004. The categorization of inhalant deaths is difficult and leads to underreporting; however, of those reported in 2004, the average age was 30, 73% were male, 45% were White, and 55% were Hispanic.

STEROIDS

The Texas school survey reported that 2% of all secondary students surveyed in 2004 had ever used steroids and that less than 1% had used steroids during the month before the survey. Although steroids can be bought across the border, the school survey found lifetime usage lower among border students (1.4%) than among non-border students (2.1%). The 2005 YRBS found 4% of Texas high school students had used steroids.

There were 24 persons admitted to DSHS-funded treatment in 2005 with a primary, secondary, or tertiary problem with steroids. Sixty-three percent were male, 71% were White and 25% were Hispanic; average age was 32. Some 75% were involved with the criminal justice or legal system, and 46% had a primary problem with steroids, 21% had a primary problem with marijuana, and 13% had a primary problem with crack.

The NFLIS data for Texas reported testosterone was the steroid most likely to be seized and submitted for forensic testing, although it only comprised 0.18% of all the items tested in 2005. Most of the steroid seizures were tested in DPS laboratories located on the border.

Anabolic steroids cost \$1–\$3 per tablet and \$5–\$10 per ml. in Houston and \$5–\$10 per tablet in Fort Worth.

CARISOPRODOL (SOMA)

Poison control centers confirmed exposure cases of intentional misuse or abuse of the muscle relaxant carisoprodol (Soma) increased from 83 in 1998 to 373 in 2005. Between 1998 and 2003, 51% of these poison control center cases

involved males and 83% involved persons older than 19. Carisoprodol is a substance that tends to be abused in combination with other substances. Only 39% of the cases involved that one drug; all the others involved combinations of drugs (Forrester, 2004).

The Houston DAWN emergency department data in 2005 reported there were 432 carisoprodol cases; 43% were male, 66% were White, 12% were Black and 6% were Hispanic; 19% were under age 25, 30% were 25-34, and 50% were 35 or older.

In 2004, carisoprodol was mentioned on 87 death certificates, up from 51 in 2003. Only 3 of the deaths involved just carisoprodol. Hydrocodone and alprazolam were substances that were most often mentioned along with carisoprodol on the other death certificates. Of the 2004 deaths, 60% were male, 93% were White, and average age was 41.

DPS lab exhibits of carisoprodol reported to NFLIS increased from 13 in 1998 to 90 in 1999, 153 in 2000, 202 in 2001, 232 in 2002, 277 in 2003, 253 in 2004, and 356 in 2005.

According to the Dallas DEA Field Division, Soma sells for \$4 per tablet and Soma with codeine sells for \$2-\$5.

Infectious Diseases Related to Drug Abuse

Forty-eight percent of the 200 clients in Texas narcotic treatment programs said they were positive for hepatitis C, and 54% said a doctor had told them they had liver problems (Maxwell and Spence, 2006).

Men exposed to HIV by having sex with men represented 63% of the total HIV population in 2005, compared to 46% in 1999 (Exhibit 30). Similarly, men who contracted AIDS by having sex with men represented 54% of the total AIDS population in 2005, compared to 50% in 1999 (Exhibit 31).

Of the HIV cases in 2005, 20% were heterosexual mode of exposure and 12% were IDU. Of the 2005 AIDS cases, 21% were heterosexual and 17% were IDU. HIV cases which later seroconverted to AIDS are excluded from the HIV exhibits.

Persons infected with HIV or AIDS are more likely to be persons of color. Among HIV cases in 2005, 39% were Black, 34% were White (Exhibit 32), and 26% were Hispanic. Among AIDS cases in 2005, 39% were Black, 31% were White, and 30% were Hispanic (Exhibit 33).

The proportion of adult needle users entering DSHS-funded treatment programs has decreased from 32% in 1988 to 18% for 2005. Heroin injectors are most likely to be older, and nearly two-thirds are people of color, while injectors of stimulants and cocaine are far more likely to be White.

Exhibit 30. Percent HIV Cases by Selected Modes of Exposure: 1999-2005 (Cases with Risk Not Classified Excluded)

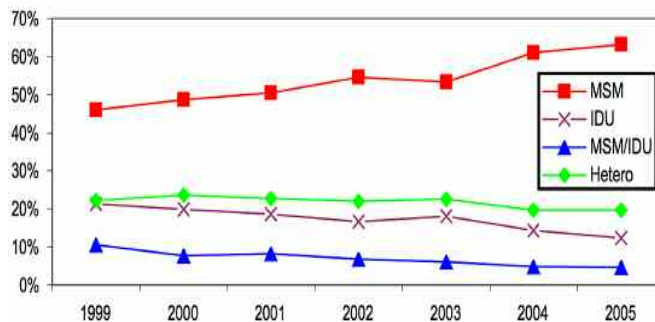
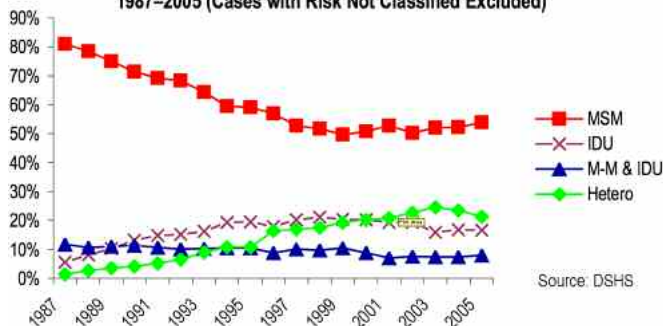
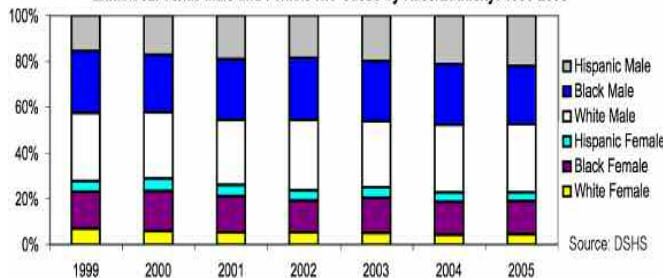


Exhibit 31. AIDS Cases in Texas by Mode of Exposure: 1987-2005 (Cases with Risk Not Classified Excluded)



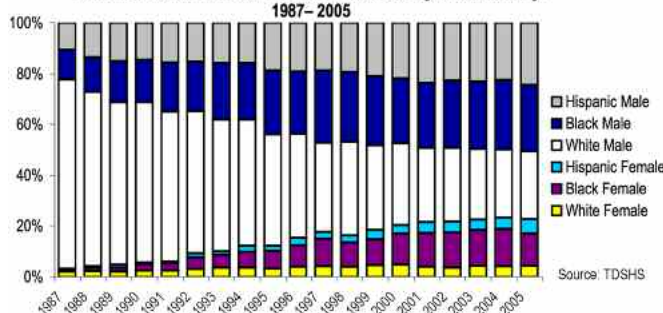
Source: DSHS

Exhibit 32. Texas Male and Female HIV Cases by Race/Ethnicity: 1999-2005



Source: DSHS

Exhibit 33. Texas Male and Female AIDS Cases by Race/Ethnicity: 1987-2005



Source: TDSHS

Exhibit 34. Adult and Youth Admissions to DSHS-Funded Treatment Programs: Jan-Dec 2005

<u>Primary Substance</u>	<u>Total Admissions</u>	<u>Percent of All Admissions</u>	<u>Average Age</u>	<u>Average Age 1st Use</u>	<u>Ave Lag 1st Use to Admission</u>	<u>Pct No Prior Treatment</u>	<u>Percent Male</u>	<u>Percent Using Needles</u>	<u>Percent History of IV Drug Use</u>
Total	56858	100.0	31.6	19.1	13	45.9	58.3	17.5	30.1
Heroin	5040	8.9	35.6	21.3	15	23.9	63.6	82.7	86.5
Non Rx Methadone	70	0.1	32.3	25.5	7	28.6	45.7	32.9	62.9
Other Opiates	2712	4.8	35.0	25.3	10	35.5	45.8	16.3	39.0
Alcohol	13374	23.5	37.0	15.7	22	42.0	66.2	4.8	21.0
Depressants	804	1.4	28.6	21.6	8	46.1	34.6	6.0	20.5
Amphetamines	7721	13.6	29.4	19.9	10	50.3	45.6	39.1	51.7
Cocaine	6084	10.7	30.5	20.9	10	49.8	49.9	14.4	23.4
Marijuana	11789	20.7	21.3	13.9	8	67.6	70.5	1.7	5.4
Hallucinogens	168	0.3	24.7	18.4	7	54.2	47.0	7.1	11.9
Other Drugs	342	0.6	25.0	19.0	7	57.9	52.9	6.4	16.1
Crack	8754	15.4	37.3	25.6	12	31.7	50.5	5.4	29.3

<u>Primary Substance</u>	<u>Percent Black</u>	<u>Percent White</u>	<u>Percent Hispanic</u>	<u>Percent Employed</u>	<u>Pct Involved w/Crim Just or Legal System</u>	<u>Average Education</u>	<u>Percent Homeless</u>	<u>Average Income</u>	<u>Pregnant At Adm</u>
Total	18.3	48.9	30.6	22.4	49.5	11.3	9.7	\$5,753	1291
Heroin	12.6	33.9	51.4	13.2	29.0	11.3	10.0	\$3,490	124
Non RX Methadone	2.9	88.6	8.6	10.3	25.7	12.0	8.6	\$3,269	2
Other Opiates	7.3	82.9	8.5	13.2	29.6	12.2	5.6	\$8,018	36
Alcohol	12.2	57.0	28.5	26.6	46.4	11.8	11.4	\$7,267	88
Depressants	8.7	71.4	18.0	21.0	45.3	11.5	5.2	\$4,136	31
Amphetamines	1.2	86.3	10.4	20.6	51.6	11.5	9.0	\$5,169	237
Cocaine	14.0	32.3	51.7	25.8	47.7	11.2	6.2	\$5,581	226
Marijuana	22.5	31.8	42.8	38.3	75.5	9.9	6.9	\$6,338	278
Hallucinogens	72.6	14.9	12.5	18.6	56.5	10.8	6.5	\$2,526	8
Other Drugs	17.5	43.6	35.7	36.8	64.6	10.5	7.6	\$5,775	3
Crack	46.8	34.5	17.1	16.4	36.2	11.7	15.9	\$4,508	258

<u>Primary Substance</u>	<u>% on Medication</u>	<u>% w/ Emergency Room Visit</u>	<u>% Sickness or Health Problems</u>	<u>% Employment Problems</u>	<u>% Family or Marital Problems</u>	<u>% Social or Peer Problems</u>	<u>% Psych Emot. Problems</u>	<u>% Reporting Drug/Alcohol Problems</u>
Total	21.0	31.8	25.1	54.1	52.3	42.5	45.0	67.5
Heroin	36.6	30.8	24.1	68.4	62.2	56.3	44.1	85.9
Non-RX Methadone	36.7	61.8	48.5	72.1	67.6	64.7	73.5	91.2
Other Opiates	32.8	50.0	40.2	70.2	71.2	61.2	68.0	86.7
Alcohol	22.1	35.7	27.3	55.2	52.3	45.0	48.7	69.0
Depressants	31.1	46.5	34.7	60.0	62.8	50.0	59.2	75.6
Amphetamines	17.6	38.1	27.5	60.0	60.4	46.8	53.6	73.6
Cocaine	17.3	32.2	22.0	48.9	50.1	36.2	41.9	63.6
Marijuana	12.2	13.9	14.5	35.1	31.9	23.3	22.9	42.9
Hallucinogens	16.1	31.0	18.5	42.3	38.1	36.3	36.3	61.3
Other Drugs	27.5	22.5	22.8	43.3	41.2	33.0	38.6	52.9
Crack	23.1	37.9	31.4	63.6	62.6	51.1	56.3	78.9