

Substance Abuse Trends in Texas, January 2006

by Jane Carlisle Maxwell, Ph.D.

Cocaine continues to be readily available, and it is the primary illicit drug for which Texans enter treatment and it is a major problem on the border with Mexico, as documented in the school survey and treatment data. Crack cocaine continues to move beyond Black users to White and Hispanic users, including those on the border. Alcohol is the primary substance of abuse in Texas. Heroin purity is increasing and price is decreasing; addicts entering treatment are primarily injectors. Hydrocodone is a larger problem than oxycodone or methadone. Codeine cough syrup, "Lean," continues to be abused. Marijuana treatment admissions with criminal justice problems are less impaired than those who are referred from other sources. Methamphetamine is a growing problem, particularly in north and east Texas, and smoking "Ice" is now the major route of administration for persons entering treatment. Abuse of Xanax and Soma is increasing. Club drug users differ in their sociodemographic characteristics, just as the properties of these drugs differ. Ecstasy use is moving out of the White club scene and the indicators are not decreasing. Ketamine continues to be abused. GHB and GBL remain a problem, particularly in the Dallas-Fort Worth Metroplex area. Although indicators are down, Rohypnol remains a problem along the Texas-Mexico border, PCP indicators are mixed, and dextromethorphan is a problem with adolescents. Inhalants remain a problem with different types of users. The number of AIDS cases of females and persons of color is growing. The proportion of cases related to the heterosexual mode of transmission now exceeds the proportion of cases related to injecting drug use.

Area Description

The population of Texas in 2004 was 22,158,126, with 51% White, 12% Black, 34% Hispanic, and 3% "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.

There are multiple routes by which drugs enter Texas. The international airports in Houston and Dallas-Fort Worth are major ports for the distribution of drugs into and out of the State, and seaports are used to import heroin and cocaine via commercial cargo vessels, fishing boats, and "Go Fast" speedboats. Both private and express mail companies are used to traffic narcotics and smuggle money, and drugs are transported across the border by private vehicles and couriers who carry the drugs across

on their bodies. Another problem is that U.S. citizens can buy controlled substances in Mexican pharmacies and then bring them into the States.

Data Sources and Time Periods

Substance Abuse Trends in Texas is an ongoing series which is published 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 June 2005 report. To compare the January 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 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.

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 2002-2004 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 the first half of 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 the first half of 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. Thirty-eight hospitals participate in the Houston DAWN sample. Exhibits in this paper reflect cases that were received by DAWN as of December 6, 7, and 21, 2005. 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 the first quarter of 1987 through June 30, 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 on data run on November 27, 2005.

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 notations such as "drug abuse" is used. Deaths where the actual substance is not reported are not included in the data in this paper. 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 June 30, 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 November 17 and December 30, 2005.

Price, purity, trafficking, distribution, and supply information was provided by quarterly reports on trends in trafficking from the Dallas, El Paso, and Houston Field Divisions of the DEA and from DEA's 2004 Domestic Monitor Program.

Reports by users and street outreach workers on drug trends for 2005 were reported to DSHS by workers at local HIV counseling and testing programs.

Acquired immunodeficiency syndrome (AIDS) data were provided by DSHS for annual periods through December 2004.

Drug Trends

Impact of Hurricanes Katrina and Rita

Between September 1 and December 9, 2005, 530 individuals who were displaced by Hurricanes Katrina or Rita entered treatment in publicly-funded Texas programs. Some 55% were admitted to methadone, 18% were admitted to residential, and 9% were admitted to detoxification. Admissions were statewide, with 59% in programs in the Houston area, 13% in the Beaumont area, 9% in the Austin area and another 9% in the Tyler-Longview area. Fifty-four percent of the evacuees were from outside Texas, and while the county of residence of non-Texans was not recorded, 54% had been born in New Orleans.

Of the evacuees, 68% were male, average age was 37.6, 54% were Black, 40% were White, and 5% were Hispanic. In comparison, there were 20,551 individuals who were not evacuees who also entered treatment during this time period. Some 60% were male, average age was 31.7, 18% were Black, 48% were White, and 31% were Hispanic. The primary problem of the evacuees was heroin (48%), other opiates (14%), alcohol (13%), crack cocaine (9%), and marijuana (8%). The primary problem for non-evacuees was alcohol (25%), marijuana (21%), crack cocaine (15%), stimulants (14%), powder cocaine or heroin (9% each). There was no difference in the average

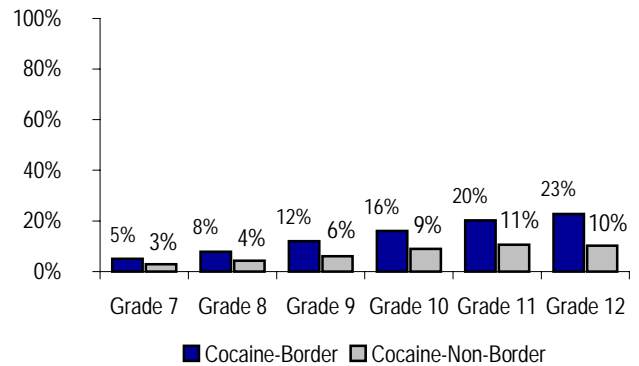
number of months the two groups had been employed in the past year (3.8) or in their average education level (11 years); 90% of evacuees and 85% of non-evacuees had no health insurance.

Some 55% of the evacuees left treatment during this time period; 33% completed treatment. In comparison, 48% of the comparison non-evacuee group left treatment in this same period and 60% completed treatment. Of the evacuees who did not complete treatment, 59% left AMA vs. 38% of non-evacuees. Thirty percent of the evacuees received no referral to other services vs. 7% of non-evacuees.

These data provide insight into the characteristics of displaced substance abusers who sought treatment in Texas programs. Demographically, they differed from Texas clients, and because of the upheaval in their lives, they were less likely to complete treatment.

Austin street outreach workers reported new contacts who are evacuees from New Orleans. They were said to be hanging out on the streets in East Austin and downtown area and using drugs, primarily heroin, crack cocaine, alcohol and marijuana. These individuals were using the services of the outreach center. In the Galveston-Brazoria County area, most of the Hurricane Rita evacuees were reported to have returned home, but Katrina evacuees are embedded in the community, with

Exhibit 1. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Powder or Crack Cocaine, by Grade: 2004



Source: TDSHS

many living in low-cost beachfront motels. In Dallas, there was an increase in outreach efforts as evacuees found themselves part of the homeless population due to Katrina. HIV outreach staff worked to provide testing, education, and referral to these individuals.

Cocaine and 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 1).

The 2002-2004 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-

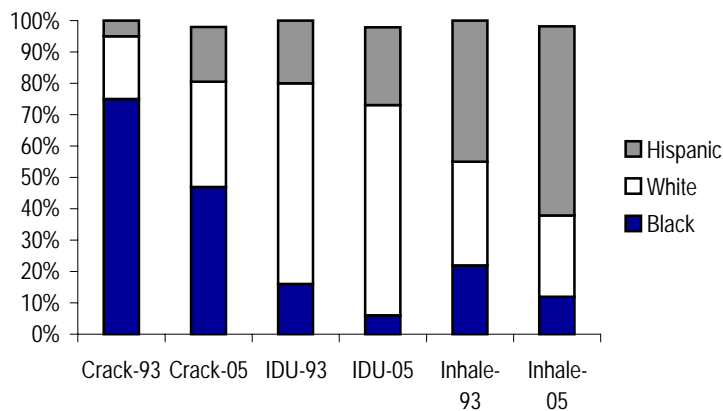
Exhibit 2. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: Jan-June 2005

	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All*
# Admissions	4,848	465	2,061	7,748
% of Cocaine Admits	63	6	27	100
Lag-1st Use to Tmt-Yrs.	13	16	9	12
Average Age	37	36	29	35
% Male	52	60	49	52
% Black	47	6	12	35
% White	33	67	26	33
% Hispanic	18	25	60	30
% CJ Involved	36	42	46	40
% Employed	12	15	33	20
% Homeless	16	15	4	13

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

Source: TDSHS

Exhibit 3. Routes of Administration of Cocaine by Race/Ethnicity from TDSHS Treatment Admissions: 1993–Jan-June 2005



Source: TDSHS

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 confirmed exposure calls involving the use of cocaine increased from 503 in 1998 to 1,405 cases in 2004 and 644 in the first half of 2005. Some 61% of the cases in 2005 were male and average age was 30.

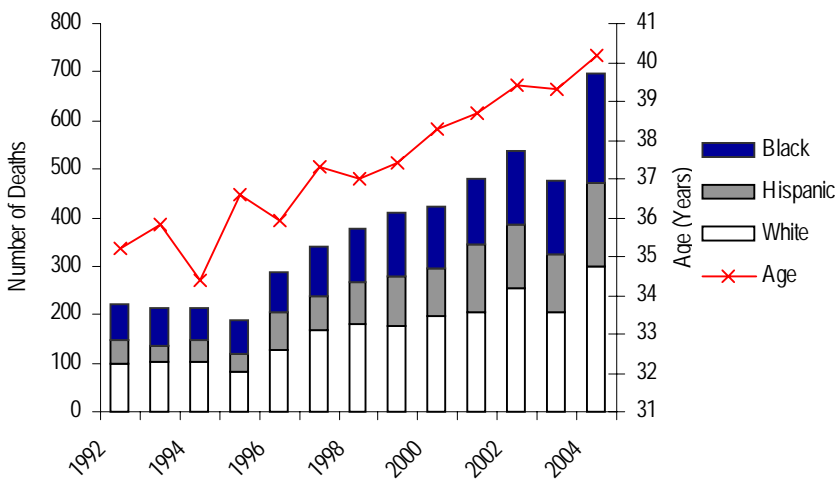
Cocaine is the major illicit drug in terms of DAWN emergency department reports. It represented 39% of the cases reported in Houston, with 66% of the patients being male, 30% White, 46% were Black, and 20% were Hispanic; 21% were under age 25, 24% were 25-34, and 55% were 35 or older.

Cocaine (crack and powder together) represented 27% of all admissions to DSHS-funded treatment programs in the first half of 2005 (exhibit 30). Abusers of powder cocaine made up 9% 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 2).

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 average 16 years of use before they enter treatment.

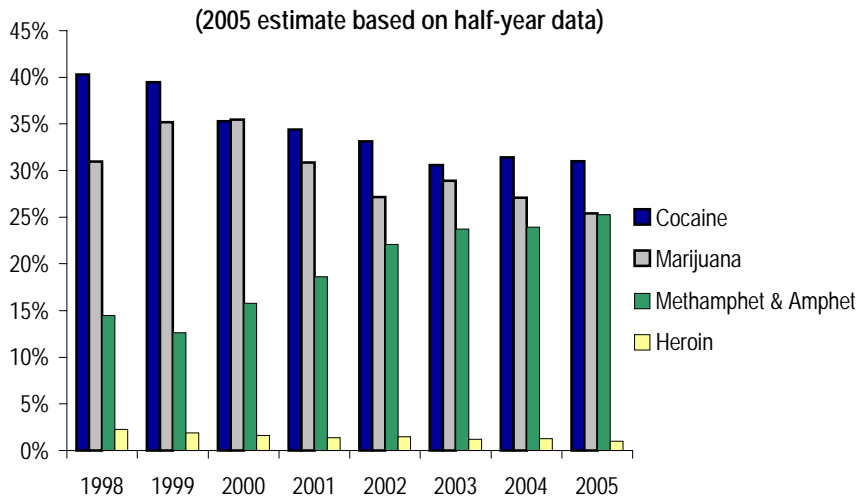
Between 1987 and 2005, the percentage of Hispanic treatment admissions using powder cocaine increased from 23% to 54%, while for Whites and Blacks, it dropped from 48% to 33%, and from 28% to 11%, respectively. Exhibit 3 shows these changes by route of administration. It also shows the proportion of Black crack cocaine admissions fell from 75% in 1993 to 47% in 2005, while the proportion of Whites increased from 20%

Exhibit 4. Age and Race/Ethnicity of Persons Dying with a Mention of Cocaine in Texas: 1992–2004



Source: TDSHS

Exhibit 5. Substances Identified by Texas DPS Labs: 1998–2005 (2005 estimate based on half-year data)



Source: NFLIS

in 1993 to 33% in 2005. Hispanic admissions rose from 5% to 18% in the same time period.

Cocaine is also 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 were for powder or crack cocaine. Some 34% of the Texas cocaine admissions and 26% of the Mexican cocaine admissions in 2003 smoked crack cocaine.

The number of deaths statewide in which cocaine was mentioned has increased over the years, from 223 in 1992 to 699 in 2004 (exhibit 4). 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 5 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 31% in 2005.

In the fourth quarter of 2005, multi-kilogram quantities of powder cocaine were widely available in the DFW metroplex, according to the Dallas DEA Field Division. Cocaine is transported from Monterrey and Monclova, Coahuila through Laredo, McAllen, Brownsville, and Eagle Pass to the DFW area. DFW is a transshipment and distribution point for cocaine being sent to the Midwest, South, and Southeastern U.S., and I-35 from Laredo to Dallas is a major route for the movement of cocaine.

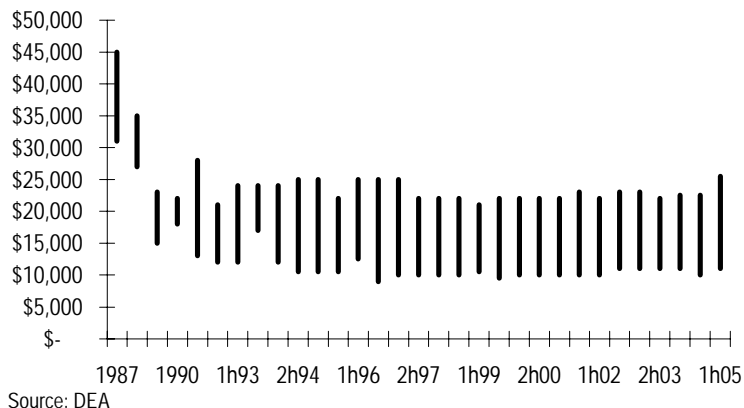
Houston is no longer as frequently used as a distribution point because of increased law enforcement on I-10 and Highway 59. Crack cocaine is concentrated in the DFW urban areas, particularly in Black and Hispanic neighborhoods. It is the most visible drug trafficked in the Tyler area.

According to the El Paso DEA Field Division, cocaine trafficking is tied 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.

Cocaine is readily available throughout the Houston DEA Field Division area, and crack cocaine is manufactured throughout the area, except in the Laredo district.

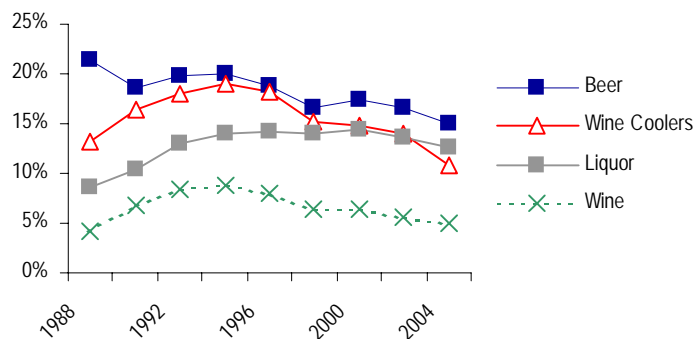
Cocaine continued to be readily available, but became slightly more expensive in the second half of 2005 (exhibit 6). A gram of powder cocaine costs \$50–\$80 in Dallas, \$50–\$60 in El Paso, and \$100 in Amarillo and Lubbock. An ounce costs \$400–\$600 in McAllen, \$400–

Exhibit 6. Price of a Kilogram of Cocaine in Texas as Reported by the DEA: 1987–2005
(Prices reported by half year since 1993)



Source: DEA

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



Source: TDSHS

\$650 in Houston, \$500-\$600 in Austin, \$400-\$700 in Midland, \$550 in El Paso, \$400-\$650 in Houston, \$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, \$500-\$600 in Austin, \$500-\$700 in Waco, \$700-\$1,100 in Dallas, \$450-\$550 in Tyler, \$500-\$800 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 Houston, street outreach workers report an increase in crack cocaine users who are seeking residential treatment services, and many of these individuals have not been in treatment before. In Austin, there is an increase in homeless Black and White teenagers living in the Rundberg, St. John's and Cameron Road area. They are using crack, alcohol, and marijuana, and trading sex for money and drugs. Outreach workers report an increase in people with mental illness appearing at the Drop In Center in

East Austin, as well as more violence on the street with gangs fighting over territory. There is also a need for treatment for monolingual Spanish speakers. In Galveston and Brazoria counties, crack cocaine and marijuana are the most prevalent drugs.

Alcohol

Alcohol is the primary drug of abuse in Texas. In 2004, 68% 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).

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 1999-2001 NSDUH estimated that 43.8% of Texans age 12 and older had drunk alcohol in the past month and 22.2% had drunk five or more drinks on at least 1 day (binge drinking) in the past month. Past-

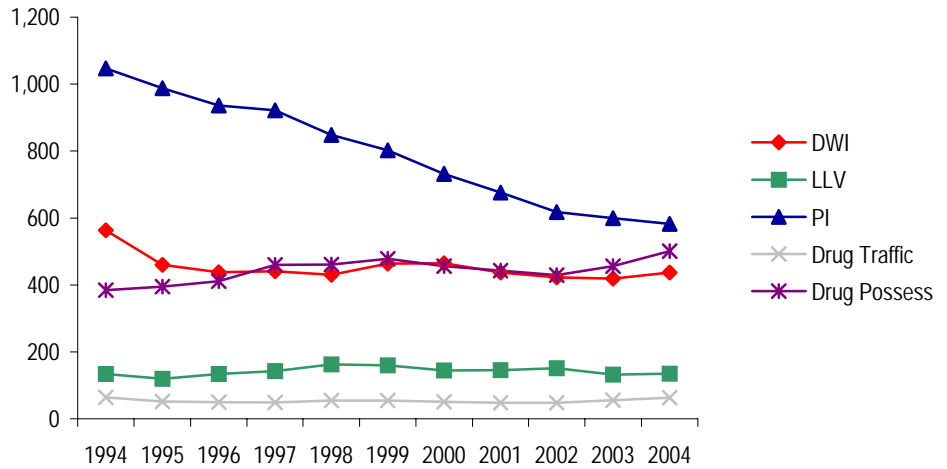
month alcohol use was highest in the Central Texas region at 49.2% and lowest in the South Texas and Lower Rio Grande region at 35.3%; binge drinking was highest in the Central Texas region at 26.1% and lowest in the DFW region at 19.9%.

Of the Houston DAWN emergency department reports in the first half of 2005, 289 cases involved alcohol use/abuse by patients younger than twenty-one. And of these cases involving minors, 47% were under age 18.

In 2005, 24% of all clients admitted to publicly funded treatment programs had a primary problem with alcohol (exhibit 30). 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 58% in 2005, the proportion of Hispanic clients declined from 28% to 27%, while the proportion of Black clients increased from 7% to 13%. Average age increased from 35 to 37 years. The proportion of alcohol clients reporting no secondary drug problem dropped from 67% to 52%, 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 6,967 alcohol admissions in the first half of 2005, 699 (10%) were under age 21. Of these minors, average age was 16

Exhibit 8. Texas Substance Abuse Arrests per 100,000 Population in Texas: 1994-2004



Source: TxDPS

and average age of first use was 13. Seventy 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. 61% were Hispanic, 29% were White, and 7% were Black. Minors entering programs for alcohol treatment were more likely to report problematic use of other substances: 63% reported a second drug of abuse. Among adults, 46% reported a second problem. Marijuana was also a problem for 47% of minors and 12% of adults, powder cocaine was a problem for 7% of minors and 11% of adults, and crack cocaine was a problem for 1% of minors and 13% of adults.

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).

Heroin

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 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 184 in 2004 and 92 in the first half of 2005. Nine percent of the 2005 heroin exposures involved inhalation (snorting or smoking).

Heroin represented 2% of all the DAWN emergency department reports in Houston in 2005. Some 63% were male, 73% were White, 6% were Black, and 16% were Hispanic; 13% were under age 25, 24% were between 25 and 34, and 62% were 35 and older.

Heroin is the primary drug of abuse for 9% of clients admitted to

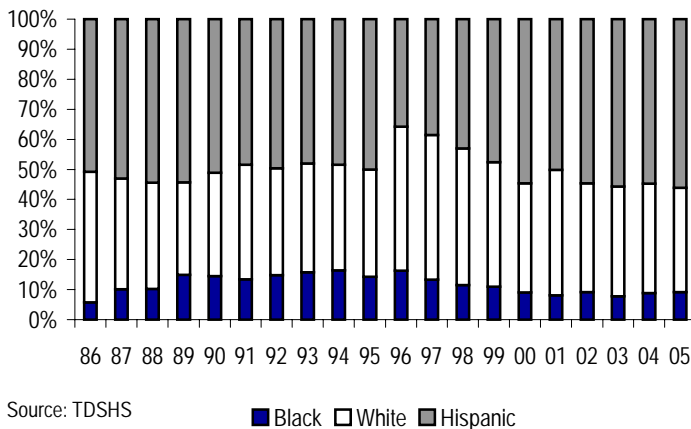
Exhibit 9. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Heroin by Route of Administration: Jan-June 2005

	Inject	Inhale	Smoke	All*
# Admissions	2,148	333	25	2,588
% of Heroin Admits	83	13	1	100
Lag-1st Use to Tmt-Yrs.	16	9	11	15
Average Age	37	29	32	36
% Male	71	54	60	65
% Black	6	31	0	9
% White	37	18	56	34
% Hispanic	55	50	40	55
% CJ Involved	31	35	28	30
% Employed	12	19	4	16
% Homeless	12	9	4	10

*Total includes clients with other routes of administration.

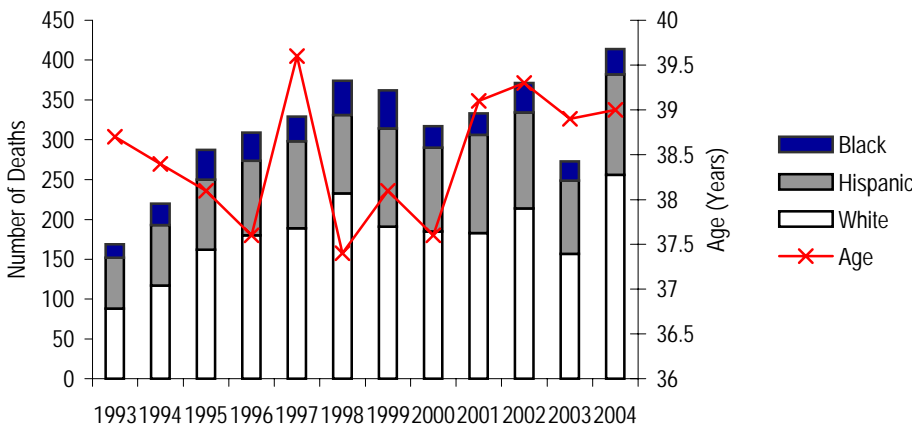
Source: TDSHS

Exhibit 10. Heroin Admissions to TCADA-Funded Treatment by Race/Ethnicity: 1986–Jan-June 2005



Source: TDSHS

Exhibit 11. Age and Race/Ethnicity of Persons Dying with a Mention of Heroin in Texas: 1992–2004



Source: TDSHS

treatment. The characteristics of these addicts vary by route of administration, as exhibit 9 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 9 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 10 shows that the proportion of treatment clients who are Hispanic has increased since 1996, but there has been little change since 2002.

In 2003, 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 89% were Black; 75% were male. The average age was 39 (exhibit 11).

Exhibit 5 shows that the proportion of items identified as heroin by DPS labs has remained low at 1%–2% over the years.

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 12 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 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, \$1,200–\$1,500 in Houston, \$2,000–\$2,600 in Galveston, \$1,300 in Laredo, \$700–\$1,350 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 \$2,000–\$2,500 in San Antonio, \$800 in McAllen, \$800–\$1,600 in Dallas, and \$3,400–\$4,000 in Lubbock.

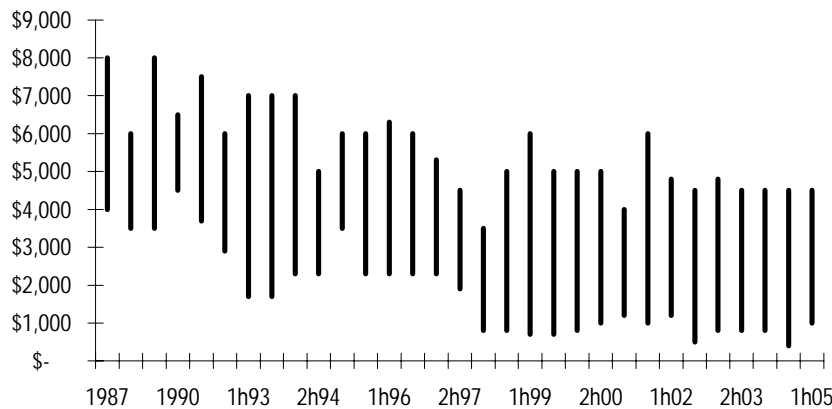
Colombian heroin sells for \$10 per cap, \$2,000–\$4,000 per ounce, and \$65,000–\$80,000 per kilogram in Dallas, \$84,000–\$90,000 in Midland, and \$50,000–\$80,000 in Houston. Asian heroin costs \$200–\$350 per gram, \$2,000–\$4,000 per ounce, and \$70,000 per kilogram in Dallas.

Over time, the purity of Mexican heroin in Texas has increased and

the price has decreased. Exhibit 13 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.

In the Dallas area, “black tar” is readily available, according to the DEA Field Division. Sources report white and beige-colored heroin is now being produced in Mexico using Colombian production methods. Black tar is smuggled across the border to Laredo, McAllen and

Exhibit 12. 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)



Source: DEA

Exhibit 13. Price and Purity of Heroin Purchased in Dallas, El Paso, Houston, and San Antonio by the DEA: 1995–2004

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

Source: DEA

Exhibit 14. Hydrocodone, Oxycodone and Methadone Indicators in Texas: 1998–First Half 2005

	1998	1999	2000	2001	2002	2003	2004	1/2 2005
Poison Control Center Cases of Abuse and Misuse								
Hydrocodone	192	264	286	339	429	414	516	257
Oxycodone	12	26	22	34	68	64	77	26
Methadone	16	19	21	26	50	41	106	29
TDSHS Treatment Admissions								
"Other Opiates"	542	802	879	1,336	1,752	2,227	1,344	1,331
Methadone	53	68	44	50	63	66	55	32
Deaths with Mention of Substance (TDSHS)								
Hydrocodone		25	52	107	168	140	201	
Oxycodone		8	20	40	56	60	66	
Methadone	30	36	62	93	131	122	164	
Drug Exhibits Identified by DPS Laboratories								
Hydrocodone		479	629	771	747	1,212	1598	803
Oxycodone		36	72	115	106	174	270	97
Methadone	1	19	22	42	58	70	130	56

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

Houston and then transported to the DFW area. Black tar in the Tyler, Longview, and Gilmer area comes from Dallas.

In El Paso in 2005, black tar heroin was reported by DEA as being the predominant type available. Heroin is generally transshipped through the Las Cruces area to northern New Mexico and Colorado. 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 in the fourth quarter.

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. Austin street outreach workers report that high grade heroin that is a "milky white" color continues to be available.

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 2002-2004 NSDUH results reported that 4.7% 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 14 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 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 is not only used in liquid and 50-milligram diskette forms in narcotic treatment programs, but 5- and

10-milligram pills are used for pain management. The poison control center, death certificate, and forensic laboratory data usually do not report the form of methadone being abused. 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, pain pills diverted from patients, or overdoses by pain patients who took too many of the pills or took other drugs in combination with the methadone pills. The number of poison control center cases involving misuse or abuse of methadone increased from 16 in 1998 to 106 cases in 2004 and 29 in the first half of 2005 (exhibit 14).

Of the hydrocodone, oxycodone, and methadone reports in 2005 in Houston DAWN hospitals, the patients reporting hydrocodone were less likely to be male and less likely to be White, while the methadone cases were older and less likely to be Black. The oxycodone cases were the youngest of the patients reporting use of any of these drugs. There were 378 hydrocodone and hydrocodone combination reports in Houston. Of these reports, 44% were male, 63% were White, 11% were Black, and 11% were Hispanic. Nineteen percent were under age 25, 29% were 25-34, and 52% were 35 or older. In comparison, there were 26 oxycodone and oxycodone/combo reports in Houston. Of the oxycodone cases, 54% were male, 73% were White, 4% were Black and 4% were Hispanic. Some 23% were under age 25, 23% were 25-34, and 54% were 35 or older. There were also

76 reports of methadone in Houston. Of the methadone cases, 52% were male, 83% were White, 3% were Black, and 14% were Hispanic; 14% were under 25, 28% were 25-34, and 59% were 35 or older.

Nearly 6% of all clients who entered publicly funded treatment during the first half of 2005 used opiates other than heroin. Of these, 32 used illegal methadone and 1,331 used other opiate drugs (exhibit 14). 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, 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, OxyContin has surpassed hydrocodone as the drug of choice among abusers of pharmaceuticals. Dilaudid sells for \$20–\$80 per tablet, and hydrocodone (Vicodin) sells for \$4–\$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–\$300 per pint in Dallas and \$225 for a pint in 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 \$75–\$100 for 4 ounces, \$125 for 8 ounces, and \$1,600 for a gallon. In San Antonio, hydrocodone sells for \$3 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, oxycodone, and methadone each year from 1998 through 2004 (exhibit 14). There were two fentanyl exhibits in 2003, 13 in 2004, and 2 in the first half of 2005.

Outreach workers in Galveston report a rise in codeine cough syrup use among young adults ages 18-35. Cough syrup ranks right behind crack cocaine and marijuana in terms of popularity.

Marijuana

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 15).

The 2002-2004 National Survey on Drug Use and Health estimated that 8.6% 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 241 in the first half of 2005.

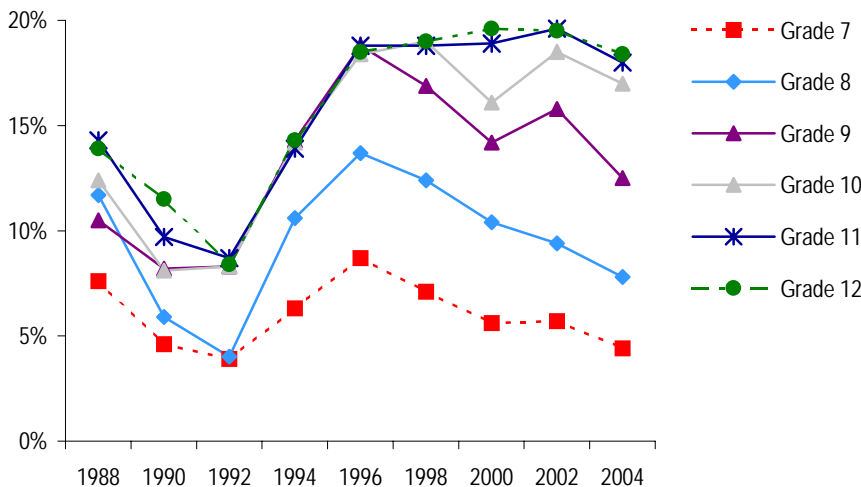
Marijuana represented 21% of all DAWN emergency department reports in Houston. Most of these patients (65%) were male; 35%

were White, 37% were Black, and 21% were Hispanic. Some 46% 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 30). The average age was 21. Some 43% were Hispanic, 32% were White, and 22% 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 6.2 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 (2.9 vs. 5.5 days) and the number of days a third problem drug was used (2.7 vs. 5.1 days). Criminal justice referrals were more likely to report no second problem drug (43% vs. 40% for non-criminal justice referrals), 29% of both the criminal justice and non-criminal justice referrals reported a second problem with alcohol, 1.3% of criminal justice and 4.7% of non-criminal justice referrals had a second problem with crack cocaine, and 12% of criminal justice and 11% of non-criminal justice referrals had a second problem with powder cocaine. All these differences were significant at $p < .0001$.

The Addiction Severity Index (ASI) scores were lower for justice referrals: 35% of the criminal justice referrals reported employment problems versus 47% non-criminal justice referred clients; for sickness

Exhibit 15. Percentage of Texas Secondary Students Who Had Used Marijuana in the Past Month, by Grade: 1988–2004



Source: TDSHS

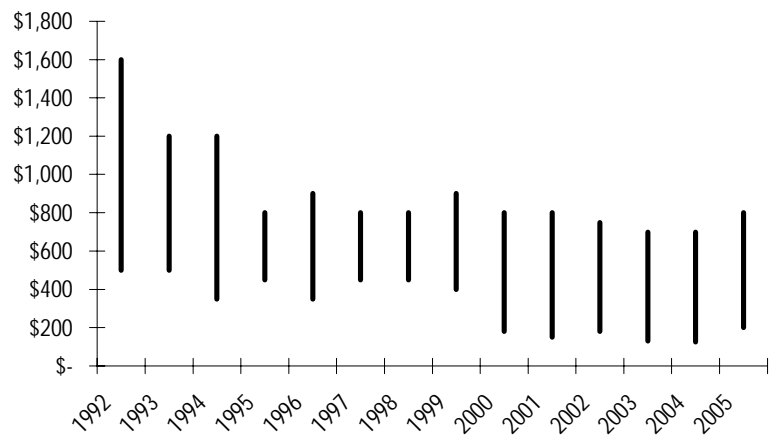
or health problems, 15% versus 19%; for family problems, 28% versus 49%; for social problems with peers, 22% versus 32%; for emotional problems, 20% versus 32%; and for substance abuse problems, 38% versus 54%. These differences, all of which were significant, indicate that marijuana users who are referred to treatment by the criminal justice system may be more appropriate for short-term intervention, with the more impaired marijuana users 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 27% in 2005 (exhibit 5).

Exhibit 16 shows the decline in the price of a pound of marijuana since 1992.

The Houston DEA Field Division reports hydroponic marijuana is available, especially in Asian communities, and that multi-kilogram amounts are available in the Austin area. 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). The marijuana prices are now sometimes dropping to below the cost to dealers because of the increased availability. BC Bud is again available. Mexican marijuana is transshipped eastward either from Guadalajara/Juarez through El Paso to Amarillo, DFW and Oklahoma, or from San Diego or San Bernardino to Lubbock, DFW, and Oklahoma. It is also shipped north from Monterrey through McAllen and Laredo to Houston, DFW, and Oklahoma.

Exhibit 16 . Price of a Pound of Commercial Grade Marijuana in Texas as Reported by the DEA: 1992–2004



Source: DEA

The largest seizures of marijuana in the El Paso Division are in El Paso and Alpine.

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 in Austin, and \$3,800 in Dallas. The average price for a pound of commercial grade marijuana is \$140–\$160 in Laredo, \$250–\$500 in McAllen, \$350 in San Antonio, \$350–\$375 in 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 \$340–\$500 in Tyler. Locally grown indoor marijuana sells for \$3,800 per pound in Dallas.

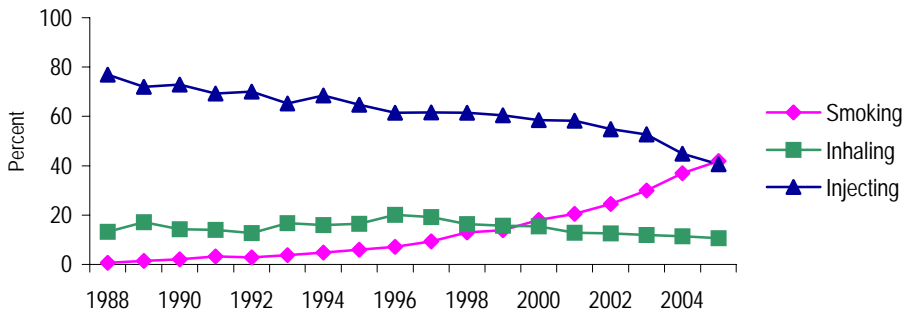
Stimulants

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 secondary school survey reported that lifetime use of uppers was 6.0% and past-month use was 2.5% in 2004.

Exhibit 17. Route of Administration of Methamphetamine by Clients Admitted to TDSHS-Funded Programs: 1988–Jan-June 2005



Source: TDSHS

Exhibit 18. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: Jan-June 2005

	Smoke	Inject	Inhale	Oral	All*
# Admissions	1,541	1,480	387	173	3,641
% of Stimulant Admits	42	41	11	5	100
Lag-1st Use to Tmt-Yrs.	9	13	9	10	11
Average Age-Yrs.	28	31	29	30	30
% Male	45	50	45	37	47
% Black	2	0	1	3	1
% White	82	93	86	83	87
% Hispanic	13	5	13	10	10
% CJ Involved	52	51	55	44	52
% Employed	27	18	34	29	24
% Homeless	8	9	8	9	9

*Total includes clients with "other" routes of administration

Source: TDSHS

The 2002-2004 NSDUH reported that past-year use of stimulants (which included amphetamines, methamphetamine, methylphenidate, and prescription diet pills) 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, 183 in 1999, 264 in 2000, 321

in 2001, 382 in 2002, 389 in 2003, 423 in 2004, and 146 in the first half of 2005. Of the 2005 calls, there were 63 mentions of "Ice" or "Crystal." There were also 83 calls involving abuse or misuse of amphetamine pills, phentermine, or Adderall, and another 4 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 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 2% of all reports and amphetamine, 4%. Patients who reported use of methamphetamine were more likely to be male (70%), White (72%), and younger; 2% were Black, 8% were Hispanic; 44% were under 25, 36% were 25-34, and 21% were 35. Among amphetamine cases, 58% were male, 51% were White, 26% were Black and 14% were Hispanic. Amphetamine users tended to be older: 44% were under 25, 29% were 25-34, and 28% were 35 or older.

Methamphetamine/amphetamine admissions to treatment programs increased from 5% of all admissions in 2000 to 13% in 2005, 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 30. The proportion of White clients rose from 80% in 1985 to 87% 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 (53%) of these clients entering treatment were women (exhibit 30).

More clients now smoke "Ice" than inject "Speed." The proportion smoking Ice also increased from

less than 1% in 1988 to 42% in 2005. The percentage of clients injecting methamphetamine dropped from 84% in 1988 to 41% in 2005 (exhibit 17).

Users of amphetamines or methamphetamine tend to differ depending on their route of administration, as exhibit 18 shows. Those who took the substance orally tended to be users of pills. Methamphetamine injectors were more likely to have been in treatment before (59% readmissions) as compared to amphetamine pill takers (40%), Ice smokers (41%), or inhalers (42%).

Statewide, there were 17 deaths where amphetamines or methamphetamines were mentioned in 1997, 20 in 1998, 21 in 1999, 39 in 2000, 51 in 2001, 69 in 2002, 80 in 2003, and 99 in 2004. 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 pseudoephedrine, 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 5). Twenty-four percent of the exhibits were methamphetamine and less than 1% was amphetamine.

Methamphetamine is more of a problem in the northern half of the State, as exhibit 19 shows. In Abilene, 55% of all of the drug items examined by the DPS laboratory were methamphetamine, while in McAllen and Laredo, less than 1% were. 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. In addition, the proportions of methamphetamine exhibits elsewhere in the state are increasing each year, as shown by the fact that the percent in the DPS lab in the first half of 2004 in Corpus Christi was 12% as compared to 16% in the first half of 2005 and in Austin it was 22% in 2004 and 28% in 2005.

The Houston Field Division reports that the availability of both Mexican and locally produced methamphetamine is increasing. Most of the methamphetamine comes from Mexico, but it is also manufactured in Texas by motorcycle gangs and independent producers using small mobile pseudoephedrine labs that produce small amounts for distribution in the local area.

The Dallas DEA Field Division reports that the availability of methamphetamine, especially Ice, is steady or rising at the retail level. Mexican methamphetamine from

Exhibit 19. Percent of Items Analyzed by DPS Laboratories Identified as Methamphetamine, by County and City Jan-June: 2005

	%
Hidalgo (McAllen)	0.5
Webb (Laredo)	0.6
El Paso (El Paso)	3.8
Nueces (Corpus Christi)	16.1
Harris (Houston)	10.8
Travis (Austin)	27.9
McLennan (Waco)	30.2
Smith (Tyler)	30.3
Dallas (Dallas)	37.9
Midland (Odessa)	17.8
Taylor (Abilene)	54.9
Lubbock (Lubbock)	26.2
Potter (Amarillo)	41.4

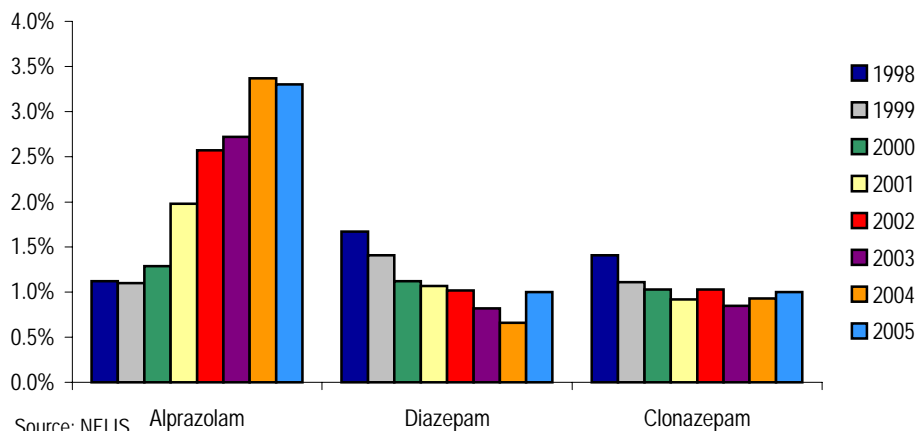
Source: NFLIS

Michoacán, Nuevo Leon, and Allende dominates the market and it is available for purchase in multi-pound quantities. It is shipped through Laredo and McAllen to DFW. Local lab seizures have decreased, which may be due to the increase in Mexican Ice, which has a larger profit margin than locally-produced methamphetamine, so low quality methamphetamine may be sold as “Ice” by some dealers. High purity methamphetamine is primarily distributed by Mexican nationals, but Asian gangs are also involved.

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.

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

Exhibit 20. Benzodiazepines Identified by DPS Labs in Texas: 1998–2005
(2005 estimate based on half-year data)



Source: NFLIS

of Mexican methamphetamine sells for \$7,500–\$8,500. A pound sells for \$6,000–\$8,000 in San Antonio, \$8,000 in Midland, \$4,500–\$10,000 in Fort Worth, 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, \$600–\$900 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 the first half of 2004 to \$8,000–\$15,000 in the second half of 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, \$750–\$1,100 in Tyler, \$700–\$1,200 in Houston, \$1,000–\$1,200 in Austin, \$1,200 in McAllen and \$1,000–\$1,500 in San Antonio.

Ice is being sold in North Austin around the Rundburg area. In Hispanic neighborhoods where English is not the primary language, “La Tina” is being smoked by

sprinkling it onto a joint to “get high” or on a cigarette to “mellow out.” Of the Austin women tested for HIV in 2004, 2% of African Americans and 4% of Hispanics had used methamphetamine while having sex. Use is also prevalent in the Houston gay community and is increasing in popularity among adolescent users in Amarillo.

Depressants

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 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 on patterns of alprazolam abuse and drug identification (ID) calls received by several poison control centers 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 30).

Alprazolam, clonazepam, and diazepam are among the 15 most commonly 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 20).

Alprazolam sells for \$5 in Dallas, \$3-\$5 in Fort Worth, \$5 in San Antonio, \$20 in McAllen, and \$5-\$10 in Tyler. Depending on the dosage unit, diazepam sells for \$1-\$10 in Dallas, Fort Worth, and Tyler.

Club Drugs and Hallucinogens

Exhibit 21 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 21 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 (41%), users of Rohypnol, ecstasy, and hallucinogens are more likely to have primary problems with

Exhibit 21. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary, Secondary, or Tertiary Problem with Club Drugs:1/2 2005

Club Drug	GHB	Hallucinogens	Ecstasy	PCP	Rohypnol
# Admissions	17	109	269	70	112
% Male	53	76	61	41	79
% White	100	65	49	7	0
% Hispanic	0	24	27	11	99
% Black	0	11	22	79	0
Average Age (Years)	29	21	21	24	16
% Criminal Justice Involved	71	61	70	60	79
% History Needle Use	47	29	12	0	6
% Primary Drug=Club Drug	24	21	15	41	10
Other Primary Drug					
% Marijuana	0	38	41	21	52
% Alcohol	0	9	7	3	13
% Methamphet/Amphetamines	53	11	13	3	0
% Powder Cocaine	0	5	13	16	15
% Crack Cocaine	0	4	6	10	0
% Heroin	0	4	2	0	10
% Other Opiates	24	5	1	0	0

Source: TDSHS

marijuana. Users of GHB have a primary problem with methamphetamine (53%).

Exhibit 22 shows the percentage of exhibits identified by DPS laboratories that contained various club drugs. Only the proportion of PCP exhibits has not decreased over time, although the increase in MDMA exhibits between 2003 and 2004-2005 is of concern.

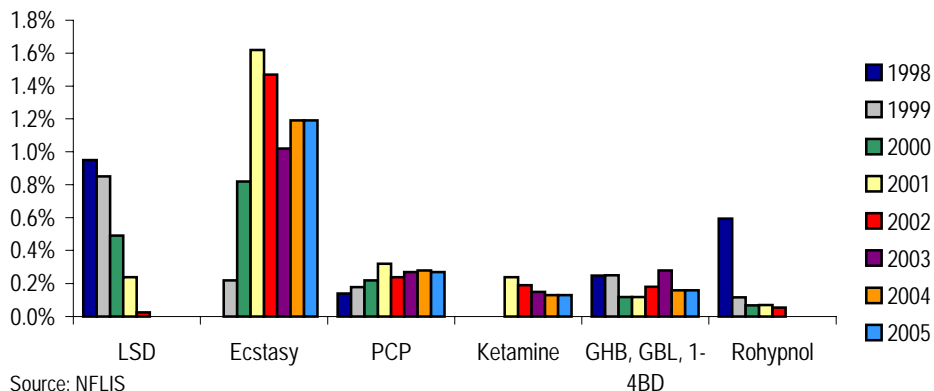
Dextromethorphan

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%).

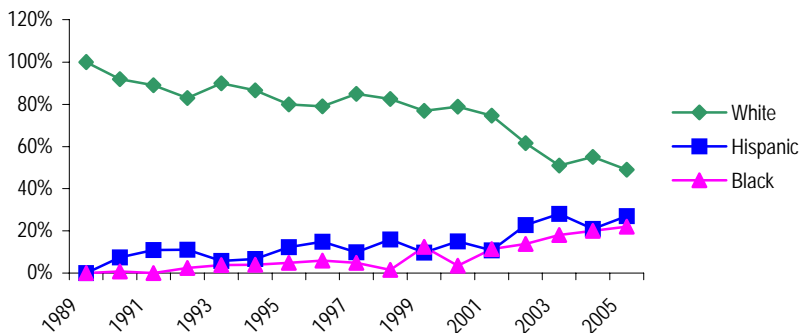
Poison control centers reported the number of abuse and misuse cases involving dextromethorphan rose from 99 in 1998 to a high of 432 in 2002, and dropped to 232 in 2004, and 162 in the first half of 2005. Average age was 20.3. The number of cases involving abuse or misuse of Coricidin HBP was 7 in 1998 and rose to 268 in 2002 and then decreased to 229 cases in 2004 and 47 in the first half of 2005. Average age in 2005 was 15.6 years, which

Exhibit 22. Club Drugs Identified by DPS Labs in Texas: 1998-2005 (2005 estimate based on half-year data)



Source: NFLIS

Exhibit 23. Characteristics of Clients Admitted to TCADA-Funded Treatment with a Problem with Ecstasy: 1989-2005



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 4 in the first half of 2005.

Ecstasy (Methylenedioxy-methamphetamine 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 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 159 in the first half of 2005. In 2005, the average age was 21.

There were 71 reports in Houston where ecstasy was one of the substances mentioned at admission to emergency departments report-

ing to DAWN. Some 56% of the ecstasy cases were male, 24% were White, 35% were Black, and 24% were Hispanic. Sixty-two percent were under age 25, 30% were between 25 and 34, and 7% were 35 or older.

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 269 in the first half of 2005 (exhibit 21). Exhibit 23 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. Of the 2004 cases, 66% were male, 100% were White, and average age was 28.

Exhibit 22 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 410 in the first half of 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 18 in the first half of 2005.

According to the Houston DEA Field Division, ecstasy is more 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, but use has increased in the Waco area among soldiers stationed at Fort Hood.

The Dallas DEA Field Division reports that ecstasy comes from Houston, Los Angeles, Las Vegas, or directly from Europe. Asian groups continue to be heavily involved in the sale and distribution of Ecstasy. Combinations of drugs mentioned in Dallas include “candy flipping” (LSD and MDMA), “hippie flipping” (mushrooms and MDMA), “love flipping” (mescaline and MDMA), “robo flipping” (DXM and MDMA), and “elephant flipping” (PCP and MDMA).

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, \$6.50–\$7.00 in Austin, and \$11–\$16 in San Antonio. Multiple dosage units (1,000 tablets) sell for \$5,000–\$8,000 in Houston.

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 63 in the first half of 2005. The average age of the abusers in 2005 was 24, and of the callers whose gender was known, 59% were male.

The DAWN ED data show there were 5 GHB reports in Houston in the first half of 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 17 in the first half of 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 (100%). GHB users were more likely to have used the so-called “hard-core” drugs; 47% had a history of injecting drug use and 53% 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 21).

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 48 through the first half of 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 (exhibit 22). 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 had increased from \$100–\$200 per gallon to \$500–\$1,600 per gallon. A dose of GHB costs \$20 in Dallas and \$5–\$10 in Lubbock and San Antonio. A 16-ounce bottle costs \$100 in San Antonio and two 2-ounce bottles cost \$110 in Fort Worth. 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 3 in the first half of 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 the first half of 2005 with 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 7 in the first half of 2005. (exhibit 22).

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 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 16 in the first half of 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 38 in 2005. Average age in 2005 was 19 for the LSD cases and 21 for the mushroom cases.

There were 5 reports of LSD and 2 reports of miscellaneous hallucinogens in the Houston DAWN emergency departments in the first half of 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 109 in the first half of 2005. Of the admissions in 2005, the average age was 21, 76% were male, 65% were White, 24% were Hispanic, and 11% were Black. Sixty-one percent were referred from the criminal justice or legal system and 29% had a history of injecting drug use (exhibit 21).

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 9 in the first half of 2005 (exhibit 22).

A dosage unit of LSD is selling for \$1–\$10 in Dallas, \$5–\$10 in Tyler, \$6–\$10 in Fort Worth, and \$8–\$12 in San Antonio. A dosage sheet of 100 sells for \$800 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 sprinkled on the joint or cigarette. The number of cases involving PCP increased from 102 in 1998 to a high of 237 in 2002 and decreased to 160 in 2004 and 41 in the first half of 2005. There were also 18 cases involving misuse or abuse of formaldehyde or formalin in 2003, 55 in 2004, and

24 in 2005. These formaldehyde or formalin cases may be linked to the use of PCP, but the records were not clear.

There were 73 reports of PCP in Houston DAWN emergency departments in the first half of 2005. Of these reports, 77% were male, 77% were Black, 12% were White, and 11% were Hispanic. Fifty-three percent were under age 25, 40% were between 25 and 34, and 7% were 35 or older.

Adolescent and adult admissions to treatment with a primary, secondary, or tertiary problem with PCP have varied over time (exhibit 21), rising from 164 in 1998 to 417 in 2003 and then dropping to 295 in 2004 and 70 in the first half of 2005. Of these clients in 2005, 79% were Black, 41% were male, and 60% were involved in the criminal justice system. While 41% reported a primary problem with PCP, another 21% reported a primary problem with marijuana, which demonstrates the link between these two drugs as “Fry,” “Amp,” or “Water” (exhibit 21).

There were 3 death certificates in 1999, 3 in 2000, 5 in 2001, 8 in 2002, 2 in 2003, and 14 in 2004 that mentioned PCP. In 2004, 86% were male, 86% were Black, and average age was 32.

DPS labs identified 10 substances as PCP in 1998, 84 in 1999, 104 in 2000, 163 in 2001, 125 in 2002, 143 in 2003, 164 in 2004, and 70 in the first half of 2005 (exhibit 22).

According to DEA, PCP costs \$30 per dosage unit in McAllen. In Dallas, it costs \$3,800 for a 16-ounce bottle, \$375–\$450 per ounce,

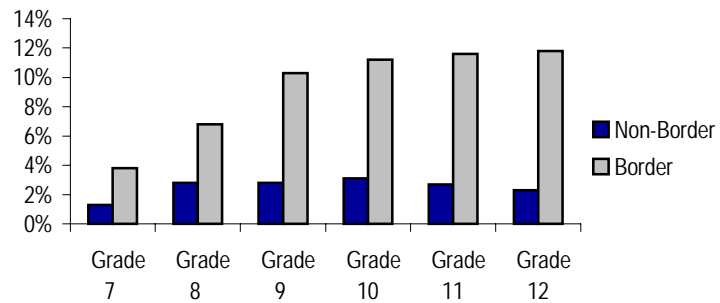
\$25 per cigarette, and \$10 for a piece of a “sherm” stick. In Fort Worth, it costs \$26,000–\$28,000 per gallon.

Rohypnol

Rohypnol (flunitrazepam) is a benzodiazepine that was never approved for use in the 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 24, 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; 62 cases were reported in 2004 and 32 in the first half of 2005. Average age in 2004 was 17, 52% were male, and 78% 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

Exhibit 24. Percentage of Border and Non-Border Texas Secondary Students Who Had Ever Used Rohypnol, by Grade: 2004



Source: TDSHS

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 112 in the first half of 2005. In 2005, clients abusing Rohypnol were among the youngest of the club drug patients (age 16), and they were Hispanic (99%), which reflects the availability and use of this drug along the border (exhibit 21). Some 79% were involved with the criminal justice or legal system. While 10% of these clients said that Rohypnol was their primary problem drug, 52% 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 3 in the first half of 2005. This decline in the number of Rohypnol seizures,

as shown in exhibit 22, 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.

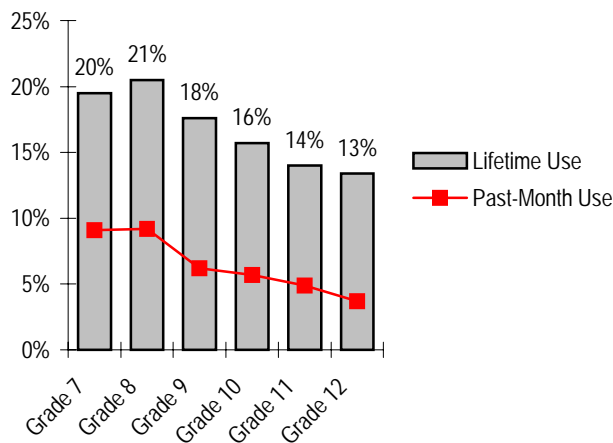
Rohypnol was selling for \$2–\$4 per pill in San Antonio.

Other Abused Substances *Inhalants*

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

Exhibit 25. Percentage of Texas Secondary Students Who Had Used Inhalants Ever or in the Past Month, by Grade: 2004



Source: TDSHS

lifetime and past-month inhalant use was higher in the lower grades and lower in the upper grades (exhibit 25). 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 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 the first half of 2005 show that automotive products such as carburetor cleaner, transmission fluid, and gasoline were the inhal-

ants abused or misused the most often, with 29 calls. Average age was 23. There were 12 calls of abuse or misuse of paint (average age 32), 6 calls of misuse of Freon (average age 21), and 5 calls for misuse of air fresheners, dusting sprays, or body deodorants (average age of 15).

There were 20 reports of inhalants in the 2005 Houston DAWN emergency departments. Some 75% were male and 75% were Hispanic; 50% were under age 25, 20% were 25-34, and 30% were 35 or older.

Inhalant abusers represented 0.2% of the admissions to treatment programs in the first half of 2005. The clients tended to be male (58%) and Hispanic (73%). The overrepresentation of Hispanics is related to the fact that DSHS had developed and funded treatment programs targeted specifically to this group. Average age of the clients was 21. Sixty-nine percent were involved with the criminal

justice system, average education was 9.2 years, 15% were homeless, and 18% 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%).

There were 97 persons admitted to DSHS-funded treatment in the first half of 2005 with a primary, secondary, or tertiary problem with steroids. Sixty-seven percent were male, 56% were White and 44% were Hispanic; average age was 29. Some 78% were involved with the criminal justice or legal system, and 44% had a primary problem with steroids and 22% had a primary problem with marijuana.

The NFLIS data for Texas reported testosterone was the steroid most likely to be seized and submitted for forensic testing, although it only comprised 0.16% of all the items tested in the first half of 2005.

Most of the steroid seizures were tested in DPS laboratories located on the border.

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 298 in 2004, with 189 in the first half of 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 reports showed that in the first half of 2005, there were 252 for carisoprodol; 43% were male, 70% were White, 12% were Black and 6% were Hispanic; 21% were under age 25, 31% were 25-34, and 48% were 35 or older.

In 2004, carisoprodol was mentioned on 87 death certificates, up from 51 in 2003. Only 3 of the deaths involved only 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,

Exhibit 26. Texas HCV Exposures and Their Demographics: 2003

Overall	17.8
By Mode of Exposure (%)	
Injection Drug Exposure	40.7
Medical exposure	13.3
Tattoo or piercing	5.3
Occupational	2.8
Other blood/needle	3.4
Sexual risk	7.6
Shared snorting equipment	3.3
No disclosed risk	5.1
Gender	
Male	19.3
Female	15.3
Race/Ethnicity	
Hispanic	12.1
Non-Hispanic	20.8
White	16.8
Black	20.4
Age Group	
13-19	2.3
20-24	6.3
25-29	11.5
30-39	23.8
40+	35.3

Source: TDSHS

153 in 2000, 202 in 2001, 232 in 2002, 277 in 2003, 253 in 2004, and 170 in the first half of 2005.

According to the Dallas DEA Field Division, Soma sells for \$4 –\$5 per tablet.

Infectious Diseases Related to Drug Abuse

Hepatitis C

Exhibit 26 shows that 18% of the 8,798 tests for HCV exposure given in 2003 were positive. Some 41% of those with positive tests were exposed through injecting drug use. The rates were higher for males, for American Indians and Blacks, and for persons age 40 and older. The highest HCV positivity rates were

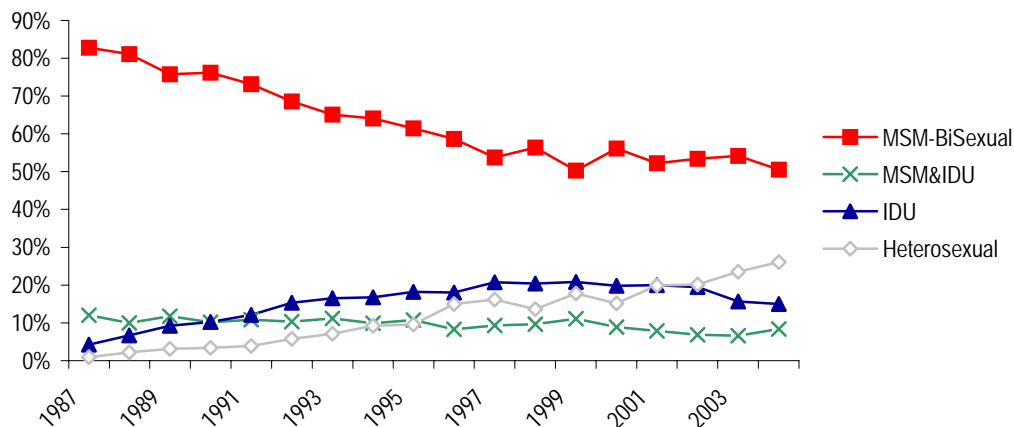
reported by persons tested at sexually transmitted disease clinics and drug treatment centers (22% each) and field outreach centers and corrections and probation settings (20% each).

Forty-eight percent of the 200 clients in narcotic treatment programs who were interviewed by the author as part of NIDA Grant R21 DA014744 said they were positive for hepatitis C, and 54% said a doctor had told them they had liver problems.

HIV and AIDS Cases

In 2004, the percentage of AIDS cases involving heterosexual exposures was greater than the percentage of cases related to injecting drug use (exhibit 27). The

Exhibit 27. AIDS Cases in Texas by Mode of Exposure: 1987–2004 (Cases with Risk Not Classified Excluded)

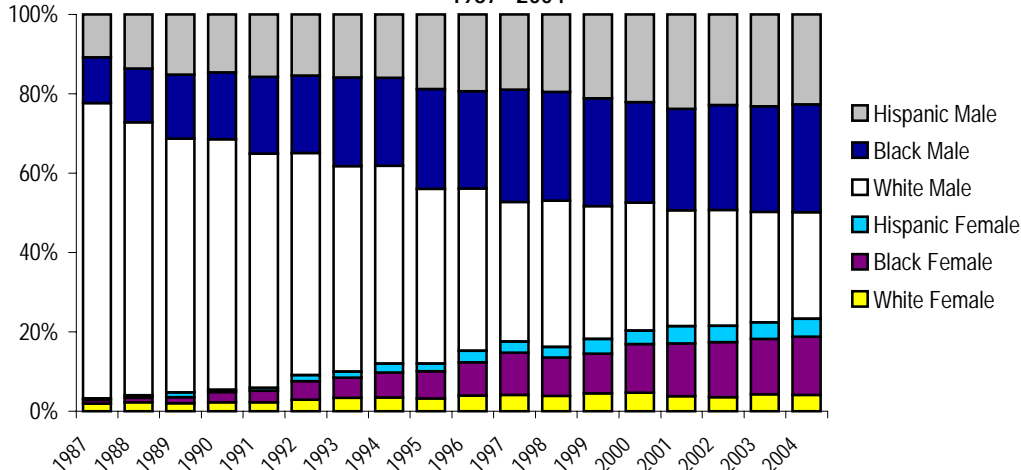


Source: TDSHS

proportion related to heterosexual contact rose from 1% in 1987 to 26% in 2004, while the proportion attributed to injecting drug use was 15% in 2004.

In 1987, 3% of the AIDS cases were females older than age 12; in 2004, 23% were female. As exhibit 28 shows, the proportion of Whites has dropped, while the proportion of Blacks and Hispanics increased.

Exhibit 28. Texas Male and Female AIDS Cases by Race/Ethnicity: 1987–2004



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 29).

Exhibit 29. Characteristics of Clients Admitted to DSHS-Funded Treatment Who Used Needles: First Half 2005

	Heroin	Cocaine	Stimulants
# Admissions	2,148	465	1,480
% of All Needle Admits\Drug	50	11	34
Lag-1st Use to Tmt-Yrs.	16	16	13
Average Age	36	36	31
% Male	66	60	50
% Black	6	6	0
% White	36	67	93
% Hispanic	56	25	5
% CJ Involved	30	42	51
% Employed	15	15	18
% Homeless	10	15	9

Source: TDSHS

Exhibit 30. Adult and Youth Admissions to DSHS-Funded Treatment Programs: Jan-June 2005

Primary Substance	Total Admissions	Percent of All Admissions	Average Age	Average Age 1st Use	Ave Lag 1st Use to Admission	Pct No Prior Treatment	Percent Male	Percent Using Needles	Percent History IV Drug Use
Total	29,135	100.0	31.7	19.1	14	45.8	59.0	17.7	30.5
Heroin	2,588	8.9	35.6	21.3	15	22.7	64.5	83.0	87.8
Other Opiates	1,363	4.7	34.5	25.0	10	32.8	45.9	17.5	39.5
Alcohol	6,967	23.9	37.1	15.8	22	41.8	65.8	4.7	21.3
Depressants	434	1.5	28.0	21.5	7	45.6	35.5	6.7	20.7
Amphetamines	3,646	12.5	29.5	19.7	11	51.1	46.5	41.3	53.5
Cocaine Powder	2,686	9.2	30.3	20.8	10	52.3	51.1	18.7	25.2
Crack Cocaine	5,062	17.4	37.2	25.5	13	31.8	51.7	5.4	29.2
Marijuana	6,150	21.1	21.3	13.8	8	68.3	70.8	1.8	5.5
Hallucinogens	68	0.2	24.2	17.8	7	44.1	47.1	10.3	14.7
Other Drugs	171	0.6	24.5	18.1	9	60.2	52.6	8.2	17.0

Primary Substance	Percent Black	Percent White	Percent Hispanic	Percent Employed	% CJ or Legal System Involvement	Average Education	Percent Homeless	Income At Adm	Pregnant at Adm
Total	18.6	48.6	30.7	29.1	49.3	11.2	10.0	\$5,814	659
Heroin	9.2	34.1	55.1	16.1	30.2	11.3	9.5	\$3,355	69
Other Opiates	6.5	83.6	8.7	11.8	30.3	12.2	6.5	\$8,954	14
Alcohol	12.7	57.5	27.4	28.2	45.6	11.8	11.7	\$6,928	37
Depressants	9.4	70.5	17.7	21.7	46.5	11.3	5.5	\$3,769	15
Amphetamines	1.3	87.1	9.6	24.2	51.6	11.6	8.6	\$5,118	121
Cocaine Powder	11.2	33.1	53.7	30.5	46.3	11.2	5.9	\$6,020	87
Crack Cocaine	46.9	33.6	17.5	14.4	36.7	11.7	16.0	\$4,522	158
Marijuana	22.1	32.2	43.2	53.9	75.5	9.8	7.1	\$7,054	150
Hallucinogens	66.2	16.2	17.6	22.1	60.3	10.7	7.4	\$1,944	5
Other Drugs	17.0	41.5	38.0	38.6	67.8	10.6	8.8	\$6,687	3

Primary Substance	Percent w/ Medication	% Hospital/ Emergency Room Visit	% Sickness and/or Health Problems	Pct w/ Employment Problems	Pct w/Family or Marital Problems	Pct w/ Social/Peer Problems	Pct w/ Psych/Emot. Problems	Pct w/ Drug/Alcohol Problems	Percent Married
Total	21.2	32.6	26.0	54.5	52.4	42.5	45.3	67.2	20.9
Heroin	36.3	31.3	26.0	69.4	63.8	56.9	43.4	87.1	19.2
Other Opiates	31.5	53.3	41.1	68.4	71.3	60.7	67.7	85.8	26.0
Alcohol	23.0	35.9	28.2	55.8	52.4	44.7	49.5	69.3	19.3
Depressants	29.0	48.8	35.3	59.4	63.4	51.6	58.3	73.5	19.6
Amphetamines	17.6	39.0	27.8	59.7	60.2	46.4	53.7	72.6	20.5
Cocaine Powder	17.9	33.6	21.0	47.2	48.5	35.7	40.8	62.4	24.4
Crack Cocaine	22.6	39.1	31.7	62.0	61.6	49.5	56.1	78.3	17.2
Marijuana	12.6	14.2	16.0	37.8	32.8	24.5	24.0	42.4	24.4
Hallucinogens	20.6	36.8	17.6	33.8	25.0	22.1	33.8	48.5	7.4
Other Drugs	22.2	22.8	24.6	42.7	39.2	32.7	39.8	50.9	21.1

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

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