

# EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

Proceedings of the Community  
Epidemiology Work Group

**Volume I**

**Highlights and Executive Summary**

June 2008

NATIONAL INSTITUTE ON DRUG ABUSE



COMMUNITY EPIDEMIOLOGY WORK GROUP

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## Highlights and Executive Summary

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH  
Division of Epidemiology, Services and Prevention Research  
National Institute on Drug Abuse  
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This publication, Volume I, is primarily based on CEWG area reports and meeting presentations prepared by CEWG representatives for the June

2008 CEWG meeting. Data/information from Federal sources supplemental to the meeting presentations and discussions have been included in this report to facilitate cross-area comparisons. The full edited text from CEWG area reports appears in Volume II.

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

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# Foreword

**THIS EXECUTIVE SUMMARY PROVIDES A SYNTHESIS** of findings from reports presented and data prepared for the 64th semiannual meeting of the National Institute on Drug Abuse (NIDA) Community Epidemiology Work Group (CEWG) held in Bethesda, Maryland, on June 11–13, 2008. The CEWG is a network of researchers from sentinel sites throughout the United States. It meets semi-annually to provide ongoing community-level public health surveillance of drug abuse through presentation and discussion of quantitative and qualitative data. CEWG representatives access multiple sources of existing data from their local areas to report on drug abuse patterns and consequences in their areas and to provide an alert to potentially emerging new issues. Local area data are supplemented, as possible, with data available from federally supported projects such as the Substance Abuse and Mental Health Services Administration (SAMHSA) Drug Abuse Warning Network (DAWN), Drug Enforcement Administration (DEA) National Forensic Laboratory Information System (NFLIS), and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS). This descriptive and analytic information is used to inform the health and scientific communities and the general public about the current nature and patterns of drug abuse, emerging trends, and consequences of drug abuse.

At the opening of the June 2008 CEWG meeting, Dr. Peter Cohen, Medical Director of the Maryland Alcohol and Drug Abuse Administration, Department of Health and Mental Hygiene, provided participants with an overview of major drug abuse issues confronting Maryland, and how epidemiology can serve to inform these issues. The majority of the meeting was devoted to the CEWG area reports. CEWG representatives presented data on drug abuse patterns and trends,

and discussions were held on emerging drug problems and issues across CEWG areas. Presentations on drug abuse patterns and issues were also provided by guest researchers from Canada, Mexico, and the European Monitoring Centre for Drugs and Drug Addiction. Updates on new or existing projects were provided by officials from the DEA and Office of National Drug Control Policy who discussed NFLIS and the Arrestee Drug Abuse Monitoring program, respectively. Staff from DEA also provided an update on emerging drugs of concern and an overview of the Automation of Reports and Consolidated Orders System (ARCOS).

The NIDA Director, Dr. Nora Volkow, offered welcoming remarks on behalf of NIDA, and NIDA staff described programs with specific relevance to community-based epidemiology. Presentations were given by Dr. Betty Tai, Director of the NIDA Center for Clinical Trials Network; Dr. Wilson Compton, Director of the NIDA Division of Epidemiology, Services and Prevention Research (DESPR); and program officials from the Epidemiology, Services and Prevention Research Branches of DESPR.

The *Proceedings* for the June 2008 CEWG meeting focus on the CEWG area reports and data, and is published in two volumes. This volume highlights findings across CEWG areas. Full local area reports are presented in Volume II. Readers of this report are directed to Volume II for a more detailed description of data sources and presentation of data from the CEWG areas.

*Moira P. O'Brien*

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National Institutes of Health  
Department of Health and Human Services



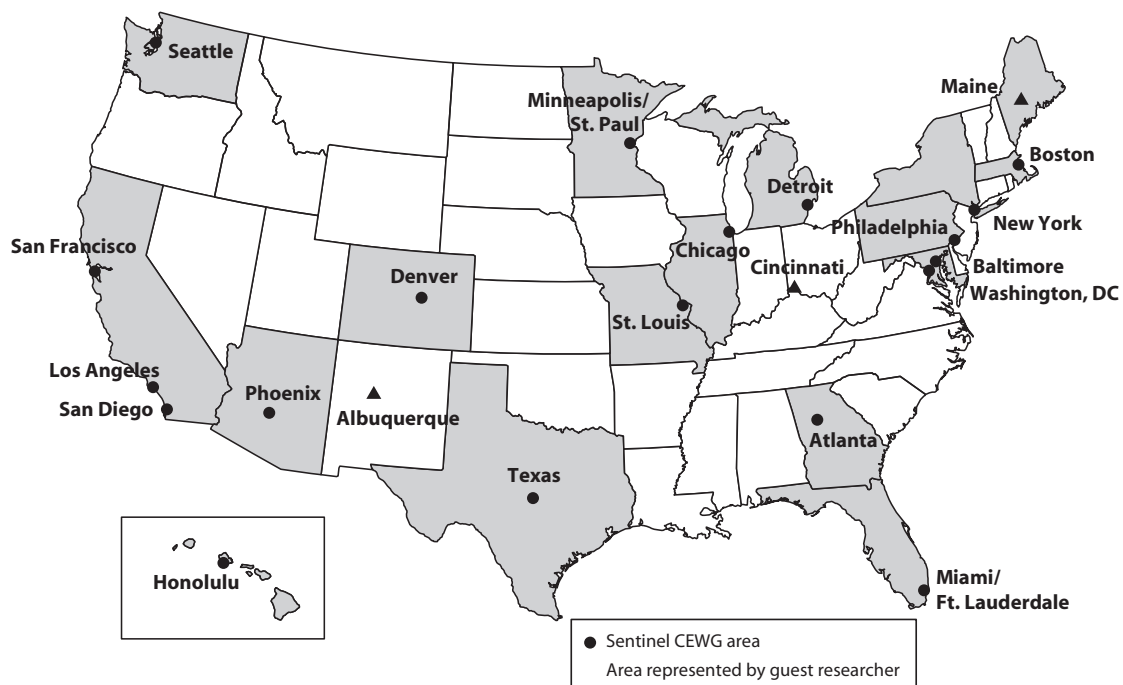
# Section I. Introduction

THE 64TH SEMIANNUAL MEETING OF THE COMMUNITY Epidemiology Work Group (CEWG) was held on June 11–13, 2008, in Bethesda, Maryland. During the meeting, researchers from 22 geographically dispersed areas in the United States reported on current trends and emerging issues in their areas. In addition to the information provided for 19 sentinel areas that have contributed to the network for many years, guest researchers from Albuquerque, Cincinnati, and Maine provided data from their respective areas, as did international representatives from Mexico, Canada, and Europe. The following highlights and summary are based on these reports.

## The CEWG Network

The CEWG is a unique epidemiology network that has functioned since 1976 as a drug abuse surveillance system to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of information. Each source provides information about the abuse of particular drugs, drug-using populations, and/

or different facets of the behaviors and outcomes related to drug abuse. The information obtained from each source is considered a drug abuse *indicator*. Typically, indicators do not provide estimates of the number (prevalence) of drug abusers at any given time or the rate at which drug-abusing populations may be increasing or decreasing in size. However, indicators do help to characterize drug abuse trends and different types of drug abusers (such as those who have been treated in hospital emergency departments, admitted to drug treatment programs, or died with drugs found in their bodies). Data on items submitted for forensic chemical analysis serve as indicators of availability of different substances and engagement of law enforcement at the local level, and data such as drug price and purity are indicators of availability, accessibility, and potency of specific drugs. Drug abuse indicators are examined over time to monitor the nature and extent of drug abuse and associated problems within and across geographic areas. The CEWG areas on which presentations were made are depicted in the map below,





with one area presentation including data on Washington, DC; Baltimore City; and Maryland.

### CEWG Meetings

The CEWG convenes semiannually; these meetings continue to be a major and distinguishing feature of the workgroup. CEWG representatives and guest researchers present information on drug abuse patterns and trends in their areas, and personnel from Federal agencies provide updates of data sets used by the CEWG. In addition, time is set aside for question-and-answer periods and discussion sessions. The meetings provide a foundation for continuity in the monitoring and surveillance of current and emerging drug problems and related health and social consequences.

Through the meetings, the CEWG accomplishes the following:

- Dissemination of the most up-to-date information on drug abuse patterns and trends in each CEWG area
- Identification of changing drug abuse patterns and trends within and across CEWG areas

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

Time at each meeting is devoted to presentations by invited speakers. These special sessions typically focus on the following:

- Presentations by researchers in the CEWG host city
- Presentations by a panel of experts on a current or emerging drug problem identified in prior CEWG meetings
- Updates by Federal personnel on key data sets used by CEWG representatives
- Drug abuse patterns and trends in other countries

Identification of changing drug abuse patterns is part of the discussions at each CEWG meeting.

Through this process, CEWG representatives can alert one another to the emergence of a potentially new drug of abuse. The CEWG is uniquely positioned to bring crucial perspectives to bear on urgent drug abuse issues in a timely fashion and to illuminate their various facets within the local context through its semiannual meetings and postmeeting communications.

### Data Sources

To assess drug abuse patterns and trends, city- and State-specific data were compiled from a variety of health and other drug abuse indicator sources. Such sources include: public health agencies; medical and treatment facilities; ethnographic research; key informant discussions; criminal justice, correctional, and other law enforcement agencies; surveys; and other sources unique to local areas.

Types of data reviewed by CEWG representatives to derive drug abuse indicators include, but are not limited to, the following:

- Admissions to drug abuse treatment programs by primary substance of abuse or primary reason for treatment admission reported by clients at admission
- Drug-related emergency department (ED) reports of drugs mentioned in ED records in the DAWN *Live!* data system
- Seizure, average price, average purity, and related data obtained from the DEA and from State and local law enforcement agencies
- Drug-related deaths reported by medical examiner (ME)/local coroner offices or State public health agencies
- Arrestee urinalysis results
- State and local random sample and other surveys, such as the Youth Risk Behavior Survey (YRBS) and the National Survey on Drug Use and Health (NSDUH)
- Poison control center data

Primary sources of data used by the CEWG and presented in this *Executive Summary* are summarized below, along with some caveats related to their use and interpretation. The terminology that a particular data source uses to characterize a drug, for example, marijuana versus cannabis, is replicated here.

**Treatment data** were derived from CEWG area reports. For this report, they represent data for 14 CEWG metropolitan areas and 4 States: Hawai'i, Texas, Maine, and Maryland. Recent or complete treatment admissions data were not available for Albuquerque, Cincinnati, Miami, San Francisco, and Washington, DC. Treatment data for Maryland are included, along with data for Baltimore, because the newly defined Baltimore/Maryland-Washington, DC, area encompasses all three locations. Calendar year (CY) data were not available for Chicago, but fiscal year (FY) 2007 data were provided. Appendix table 1 shows overall treatment admissions data by drug and CEWG area, for which, as noted, 1 CEWG area provided FY 2007 data, and 17 provided data for CY 2007. Tables 2 and 3 in Section II also display cross-area treatment admissions data, along with several tables in Section III (tables 4–6, 8–10, 12–13, 16–18, and 20–21).

**Drug Abuse Warning Network (DAWN) ED data** were presented in some CEWG reports contained in Volume II, in figures 21 and 22 in Section II, and in appendix tables 3.1 and 3.2. These represent CY 2007 unweighted drug reports or mentions. These are accessed through DAWN *Live!*, a restricted-access online data query system administered by the SAMHSA Office of Applied Studies (OAS). They were available for 11 of the 22 CEWG areas reporting for the June 2008 meeting. DAWN data are most often specific to areas defined as Metropolitan Statistical Areas (MSAs), but all 11 areas are defined in appendix table 3.1. A full description of the DAWN system can be found at <<http://dawninfo.samhsa.gov>>.

**Forensic laboratory data** for a total of 21 CEWG sites were available for CY 2007. Data for 20 CEWG metropolitan areas in CY 2007 were provided by NFLIS, maintained by the

DEA. NFLIS is a continuous system of reporting from participating forensic laboratories with daily data input based on seizure date and the county in which the seizure occurred. Texas NFLIS forensic laboratory data for 2007, which is confined to data reported by the Texas Department of Public Safety, was accessed by the Texas CEWG area member to maintain consistency over time. All data are based on State and local forensic laboratory analyses of items received from drug seizures by law enforcement authorities. Boston also reports forensic drug seizure data from the Massachusetts Department of Public Health Drug Analysis Laboratory to supplement NFLIS reports. A map displaying NFLIS data for CY 2007 for 21 CEWG areas is included as figure 20 (in Section II), while a number of tables and other figures, including table 1 in Section II; tables 14, 15, and 23 in Section III; figures 23–26 in Section III; and appendix tables 2.1–2.21, are provided to display the data on forensic laboratory drug items identified for the period across areas. CEWG reports in Volume II also include NFLIS data for CEWG areas.

**Youth Risk Behavior Survey (YRBS) data** from the YRBS online query system are reported for 2007 for 19 CEWG areas and for both 2005 and 2007 for 16 CEWG areas in appendix table 4 and Section III tables 7, 11, 19, 22, and 24 and at <<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>> (specific application URLs for each table are provided in each table's SOURCE line). These data represent results of the two most recent (2005 and 2007) National Youth Risk Behavior Surveys. The Youth Risk Behavioral Surveillance System (YRBSS), under which the YRBS is conducted, monitors priority health risk behaviors, including drug use, among youth and young adults. The YRBSS includes the YRBS, which is a national probability sample, school-based survey sponsored by the Centers for Disease Control and Prevention (CDC) and conducted by State, territorial, tribal, and local health departments; local education and health agencies; and tribal governments.

**DEA ARCOS (Automation of Reports and Consolidated Orders System) data** were presented in several area reports by CEWG members contained in Volume II. Figure 12 in Section II contains data presented at the June meeting by an agency representative. ARCOS is an automated, comprehensive drug reporting system that monitors the flow of DEA-controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing/retail level. The following controlled substance transactions are tracked by ARCOS: all Schedule I and II materials (manufacturers and distributors); Schedule III narcotic and gamma hydroxybutyric acid (GHB) materials (manufacturers and distributors); and selected Schedule III and IV psychotropic drugs (manufacturers only).

**Local drug-related mortality data** from medical examiners/coroners (ME/Cs) were reported for 21 CEWG areas: Albuquerque, Atlanta, Boston, Chicago, Cincinnati, Denver, Detroit, Honolulu, Maine, Maryland, Minneapolis, Miami, New York, Philadelphia, Phoenix, Texas, San Francisco, San Diego, Seattle, St. Louis, and Washington, DC. These are shown in Volume II reports and in figures 4 and 5 in Section II of this volume.

**Other data** cited in this report were local data accessed and analyzed by CEWG representatives. The sources included: local law enforcement (e.g., data on drug arrests); local DEA offices; drug price data from the National Drug Intelligence Center (NDIC), U.S. Department of Justice (2007); High Intensity Drug Trafficking Area (HIDTA) reports; poison control centers and help lines; prescription drug monitoring systems; local and State surveys; and key informants and ethnographers.

### **A Note to the Reader—Caveats**

Local comparisons are limited, or must be made with caution, for the following indicators:

**Treatment Admissions**—Many variables affect treatment admission numbers, including

program emphasis, capacity, data collection methods, and reporting periods; therefore, changes in admissions bear a complex relationship to drug abuse prevalence. Treatment data on primary abuse of specific drugs in this report represent percentages of total admissions, both including and excluding primary alcohol admissions. Percentage distributions based on total treatment admissions by drug, excluding primary alcohol admissions, were used for most cross-area comparisons to approximate illicit drug admissions. Data on demographic characteristics (gender, race/ethnicity, age group) and route of administration of particular drugs were provided for some CEWG areas. The numbers of admissions for alcohol and other drugs in CY 2007 are presented for 17 of the 18 reporting CEWG areas in tables 2 and 3 and appendix table 1. One area, Chicago, reported FY 2007 treatment admissions data in those tables, spanning October 2006 through September 2007. Treatment data are not totally comparable across CEWG areas, and differences are noted insofar as possible. Treatment numbers are subject to change.

**ED Drug Reports**—Because the DAWN *Live!* reports represent unweighted numbers of ED visits from samples of EDs that may vary over time, they cannot be compared across CEWG areas or across data collection years, and the data may change after cases are reviewed for quality control. Percentages are calculated based on two totals: for major substances of abuse and for the subcategory, opiates/opioids. Completeness data provided in appendix table 3.1 for each reporting CEWG area show the percentages of sampled EDs that were included in the DAWN *Live!* data for the report period.

**Forensic Laboratory Drug Items Identified**—There are differences in local/State laboratory procedures and law enforcement practices across areas, making area comparisons inexact. Also, the data cannot be used for prevalence estimates because they are not adjusted for population size. They are reported as the percentage that each drug represents in the total drug items seized and identified by forensic laboratories in a CEWG

area, and cases are assigned to a geographic area by the location of the seizure event, not the laboratory. Because the method of case assignment for the data provided by DEA to the CEWG has changed recently to assignment based on the geographic location from which items were submitted for identification, rather than the location of the laboratory that performed the item identification, the 2007 NFLIS data cannot be compared with past years of data presented in prior CEWG reports. The nature of the reporting system is such that there may be a time lag between the time of seizure, the time of analysis of drug items, and the time of reporting to the NFLIS system. Therefore, differences in the number of drug items for a specified time period may occur when NFLIS is queried at different times, since the data are being input daily and cases may be held for different periods of time before analysis and reporting in various areas and agencies, resulting in reporting lags. Numbers of drug items presented in these reports are subject to change and may differ when drawn on different dates.

**Deaths**—Mortality data may represent the presence of a drug detected in a decedent or may represent overdose deaths. The mortality data are not comparable across areas because of variations in methods and procedures used by ME/Cs. Drugs may cause a death, be detected in a death, or simply relate to a death in an unspecified way. Multiple drugs may be identified in a single case, with each reported in a separate drug category. Definitions associated with drug deaths vary. Common reporting terms include “drug-related,” “drug-detected,” “drug-induced,” “drug-caused,” and “drug-involved.” These terms may have different meanings in different areas of the country, and their meaning may depend upon the local reporting standards and definitions. Cross-area tabulations of mortality drug abuse indicators are not included in this report.

**Arrest and Seizure Data**—The numbers of arrests and quantities of drugs seized often reflect enforcement policy and resources, rather than level of abuse.

## Local Area Comparisons

The following methods were applied to facilitate local area comparisons:

- Local areas vary in their reporting periods. Some indicators reflect fiscal periods that may differ among local areas. In addition, the timelines of data vary, particularly for death and treatment indicators. Spatial units defining a CEWG area may also differ depending on the data source. Care has been taken to delineate the definition of the geographic unit under study for each data source, whether a single metropolitan county, a Metropolitan Statistical Area (MSA), or some subset of counties in an MSA. In some instances, data were compiled by region, defined by the U.S. Census as northeastern, southern, midwestern, or western region. Texas is included in the western region in this report, rather than in the census-defined southern region, based on member recommendations concerning area comparability of drug patterns and similarity of population characteristics to other western areas.
- In Section III of this report, percentages for treatment program admissions are calculated and presented in two ways: excluding primary alcohol admissions from the total on which the percentages are based, and including primary alcohol admissions in the total on which the percentages are based.
- Nearly all treatment data in the cross-area comparison section of this report cover CY 2007.
- All ED data are based on unweighted preliminary DAWN data for CY 2007 and cannot be compared across time or areas. The completeness data are provided in appendix table 3.1, along with data in appendix table 3.2 for each reporting area of drug mentions by drug. Completeness tables reflect the extent of completeness of coverage among sampled EDs over the period to provide the reader with a measure of sample participation and response rates.

- Some indicator data are unavailable for certain cities. Therefore, the symbol “NR” in tables refers to data not reported.
- The population racial/ethnic composition differs across CEWG areas. This fact should be considered when interpreting tables displaying demographic characteristics of treatment admissions in this volume of the CEWG *Proceedings*. Readers are directed to the individual CEWG area reports in Volume II regarding treatment patterns and trends pertaining to race/ethnicity.
- YRBS data from CDC are reported as percentages of lifetime self-reported use prevalence of various drugs, including cocaine, marijuana, heroin, methamphetamine, and ecstasy

(methylenedioxymethamphetamine [MDMA]), along with 95-percent confidence intervals. Statistical significance of results over time (2005 versus 2007) and of local area results compared with national results in 2007 are provided by CDC based on *t*-tests at  $p \leq .05$ . No changes are discussed here except in the presence of a *p*-value of .05 or below and/or nonoverlapping confidence intervals for point estimates for the comparison groups. In the very few cases for which *t*-tests were not calculated by CDC (where no 2005 data were available, for example), non-overlapping confidence intervals were used to identify statistically significant differences or changes. This is footnoted in all cases.

# Section II. Highlights and Summary of Key Findings and Emerging Drug Issues From the June 2008 CEWG Meeting

THIS SECTION HIGHLIGHTS AND SUMMARIZES KEY findings reported and issues identified at the June 2008 CEWG meeting, held June 11–13, 2008, in Bethesda, Maryland. Findings are reported by type of substance, but it is important to note that polysubstance use continues to be a pervasive pattern across all CEWG areas. Treatment admissions commonly report problems with more than one drug, and multiple drug use continues to be a major contributor to drug-related deaths.

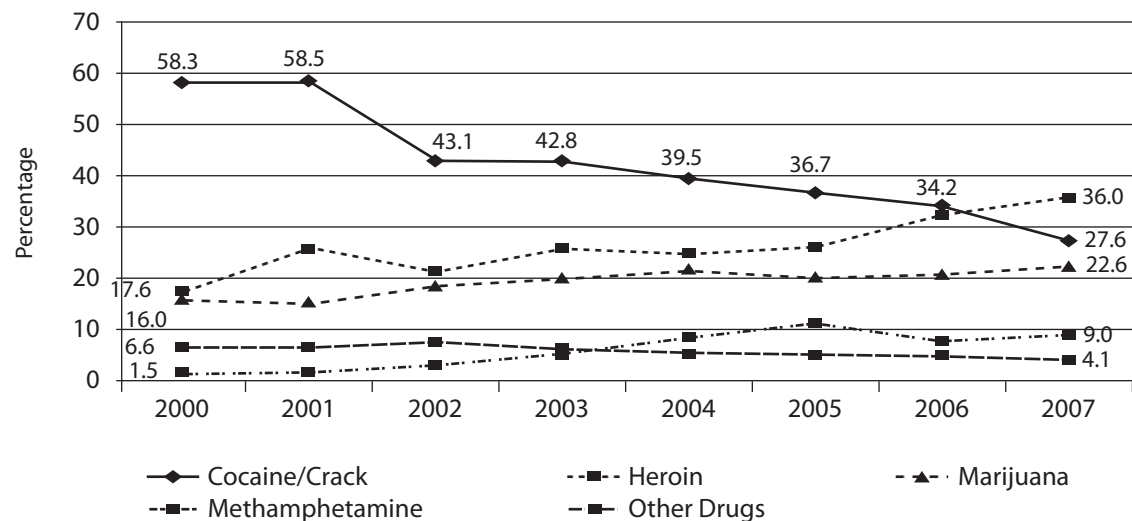
Full area reports, documenting and detailing drug abuse trends and issues in specific CEWG areas, with an emphasis on information newly available since the June 2007 and January 2008 meeting area reports, are included in Volume II of this report, published separately.

The final section (Section III) of this report summarizes and compares drug abuse indicator data commonly available across a majority of CEWG areas.

## Cocaine

- Cocaine indicators remained high and stable in many areas of the northeastern and southern regions of the United States, although indicators were mixed in Philadelphia and New York City. Stable or slightly downward trends were reported in CEWG areas in the midwestern and western regions. Indicators showing decreasing trends in cocaine abuse include declines in treatment admissions reported in Atlanta (figure 1)

**Figure 1. Percentages of Primary Public Substance Abuse Treatment Admissions for Cocaine and Other Selected Drugs, Metropolitan Atlanta: 2000–2007**



SOURCE: Georgia Department of Human Resources; reported by Brian Dew at the June 2008 CEWG meeting

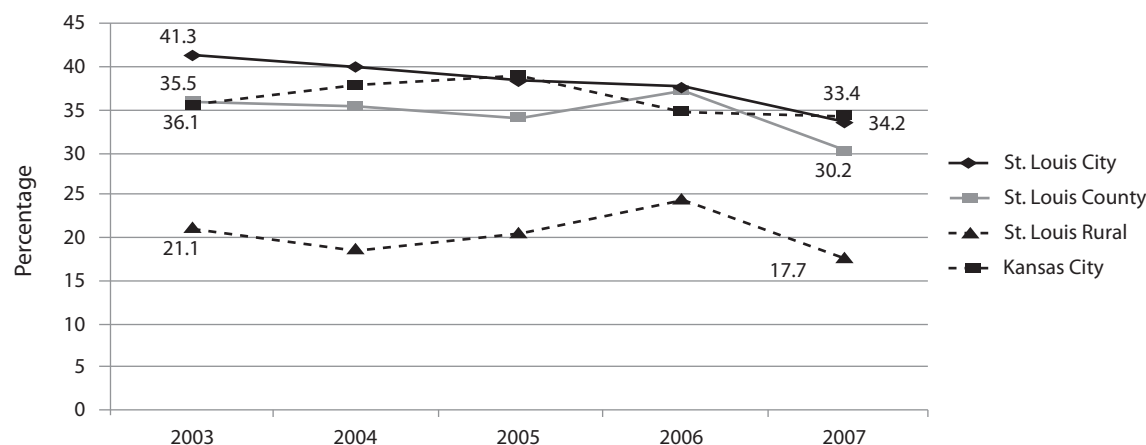
and Miami/Dade County and decreases in urine screen positives among probationers, parolees, and incarcerated persons in Missouri (figure 2), and among arrestees in Washington, DC (figure 3).

- Deaths related to cocaine increased in several areas, including St. Louis, Hennepin County (Minneapolis/St. Paul), Maine (figure 4), Denver (figure 5), and Hawai'i. Cocaine-related deaths increased from 3 percent in 2000 to 18 percent of deaths reported by the Maine Office of the Chief Medical Examiner in 2007, and both number of deaths and death rates per 100,000 population increased in Denver between 2004 and 2006.
- Cocaine wholesale prices were reported as fluctuating in 2007, but no shortage of drug supplies on the street was reported. Cocaine seizures by law enforcement increased in Cincinnati from 2004 to 2007, with a large increase in both powder cocaine and crack cocaine seizures in the most recent period, 2006–2007 (figure 6).
- Cocaine was the drug most frequently identified by forensic laboratories in 9 of 21 CEWG areas in 2007 (table 1). Cocaine ranked first in

drug items identified in three of four areas in the southern region (Miami, Atlanta, and Washington, DC) and in two of three areas in the northeastern region (New York City and Philadelphia). Cocaine ranked first in frequency of forensic drug items identified in four of nine areas in the western region of the United States (Seattle, Los Angeles, Texas, and Denver). Cocaine did not rank first in any of the five CEWG areas located in the midwestern region, although it ranked second in all midwestern areas reporting (table 1).

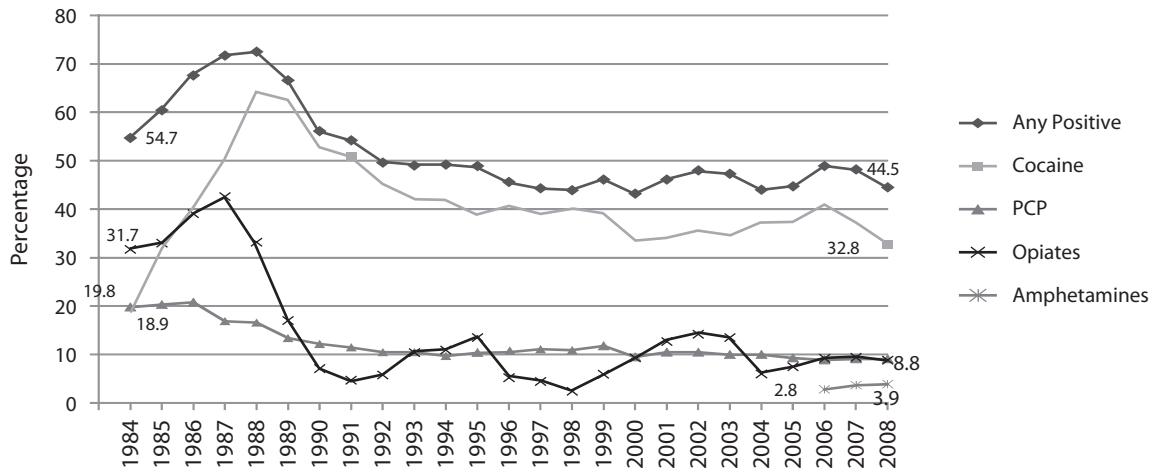
- Treatment admissions for primary cocaine/crack as a percentage of all treatment admissions, excluding primary alcohol admissions, ranked first in frequency in 5 of the 18 CEWG areas for which treatment data were reported: Atlanta, Philadelphia, St. Louis, Seattle, and Texas (table 3).
- A majority (approximately 51–95 percent) of primary treatment admissions reported smoking as the major route of administration among primary cocaine admissions in all 16 CEWG areas reporting. In Denver, New York City, and Texas, more than one-third of primary cocaine

**Figure 2. Missouri Department of Corrections Positive Cocaine Screens of Probationers, Parolees, and Incarcerated Persons as a Percentage of All Positive Screens in Region: 2003–2007**



SOURCE: St. Louis Missouri Department of Corrections; reported by James Topolski at the June 2008 CEWG meeting

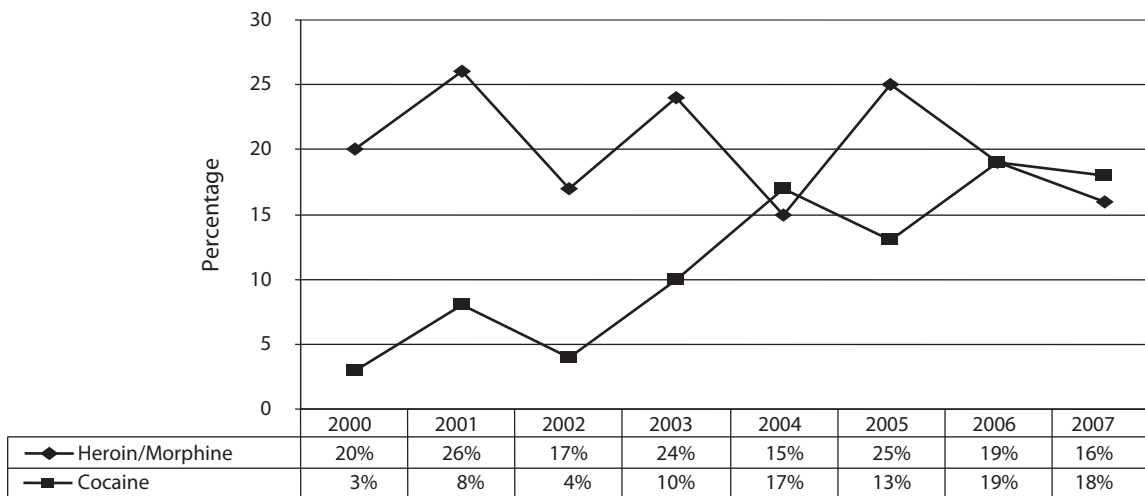
**Figure 3. Percentage of Adult Arrestees Testing Positive for Any Drug, Cocaine, PCP, Opiates, and Amphetamines, Washington, DC: 1984–2008<sup>1</sup>**



<sup>1</sup>2008 includes January–February; 2006 amphetamine data covers August–December only.

SOURCE: Adapted by the University of Maryland Center for Substance Abuse Research from data from the District of Columbia Pretrial Services Agency; reported by Erin Artigiani at the June 2008 CEWG meeting

**Figure 4. Deaths Caused by Cocaine and Heroin/Morphine as a Percentage of All Drug-Induced Deaths, Maine: 2000–2007**



SOURCE: Maine Office of the Chief Medical Examiner; reported by Marcella Sorg at the June 2008 CEWG meeting



admissions reported inhalation as the major route of cocaine administration in 2007 (Section III, table 5).

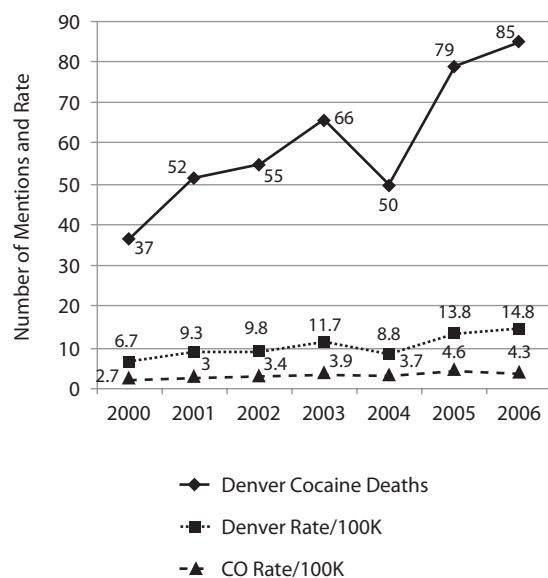
- Cocaine is often reported as a secondary or tertiary drug among treatment admissions and is used in conjunction with other substances, including alcohol. High levels and increases in cocaine treatment proportions are found in New York City when percentages of primary, secondary, and tertiary cocaine admissions are combined. New York City treatment admissions for cocaine are lower than those for heroin when only primary treatment admissions are considered (appendix table 1), but cocaine predominates over other drugs when primary, secondary, and tertiary substance problems among treatment admissions are considered together.
- YRBS data for 2007 reveal a higher proportion of high school students in Arizona, Texas, New Mexico, and Los Angeles reporting lifetime

cocaine use than their counterparts nationally (appendix table 4).

### Heroin

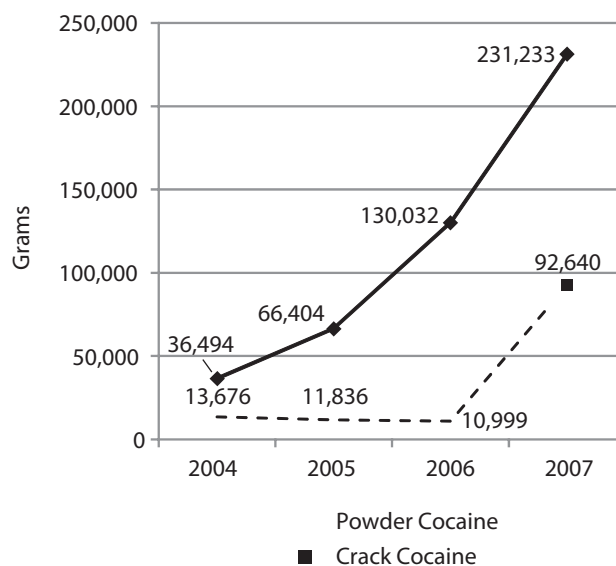
- Heroin ranked first as the primary drug reported in substance abuse treatment admissions, excluding primary alcohol admissions, in 6 of the 18 CEWG areas reporting treatment data: Baltimore, Boston, New York City, Chicago, Detroit, and the State of Maryland (table 3). More than 77 percent of primary treatment admissions, excluding primary alcohol admissions, in Boston were for heroin, as were approximately 64 percent in Baltimore and 49 percent in Chicago (Section III, table 8).
- Heroin abuse indicators continued to be stable in most areas. However, increases in heroin abuse indicators were observed in Denver and in areas of the Midwest, namely St. Louis, Cincinnati,

**Figure 5. Cocaine Mentions in Deaths and Rates per 100,000, Denver and Colorado: 2000–2006**



SOURCE: Colorado Hospital Association and Colorado Department of Public Health and Environment; reported by Bruce Mendelson at the June 2008 CEWG meeting

**Figure 6. Drug Seizures of Powder Cocaine and Crack Cocaine (in Grams), Cincinnati: 2004–2007**



SOURCE: Cincinnati Police Department, January–December data for each year; reported by Jan Scaglione at the June 2008 CEWG meeting

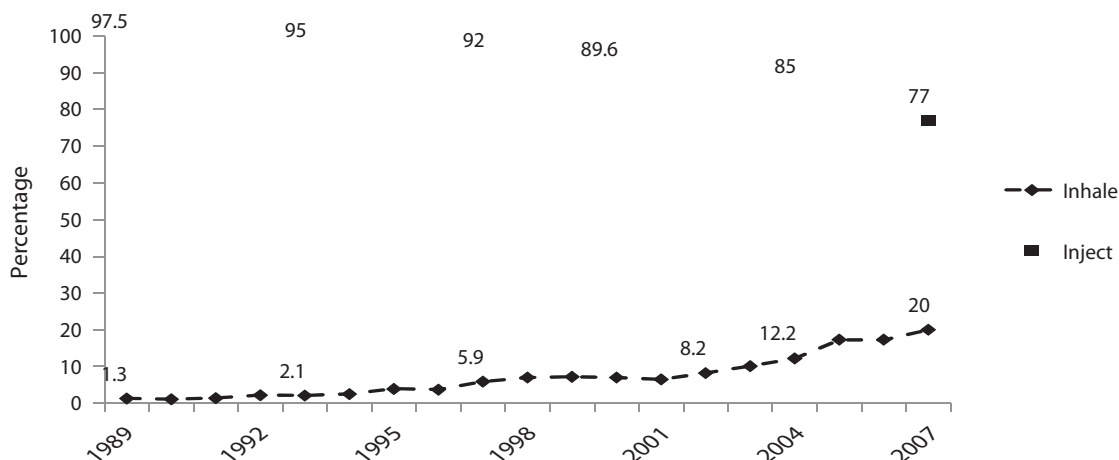
and Minneapolis/St. Paul. In St. Louis, primary heroin treatment admissions increased by nearly 7 percentage points from 2006 to 2007, and in Minneapolis/St. Paul, they increased from 5.6 percent in 2004 to 13.0 percent in 2007 (appendix table 5.2). Based on reports by CEWG area representatives, Cincinnati poison control data showed a 33-percent increase in reported human heroin exposure cases in 2007 compared with 2006, and in Florida, the number of heroin-related deaths ( $n=110$ ) increased 15 percent in 2007 compared with 2006, reversing declining trends since 2001. This increase was higher in Miami/Dade County, at 30 percent, than in the State as a whole, although numbers are small.

- Injection continued to be the most frequently reported route of heroin administration among primary treatment admissions in most (11 of 16) of the CEWG areas reporting on major routes of administration. However, in Chicago, New York City, Baltimore, and Detroit, the majority of treatment admissions reported inhalation as the route of administration, with Chicago reporting the highest percentage inhaling the drug (Section III, table 9). The proportion

of primary heroin treatment admissions who reported inhalation rose in Texas from 2001 to 2007 (figure 7), and heroin smoking more than doubled in San Diego, from approximately 6 to 14 percent between 2002 and 2007, with heroin inhalation remaining stable at 5 percent.

- Changes in the demographic profile of primary heroin treatment admissions were also reported in Cincinnati, where increases were observed in the percentage of White non-Hispanic admissions from 2005 to 2007, with concomitant decreases in the percentage of African American non-Hispanics who were primary heroin treatment admissions (figure 8).
- The use of black tar heroin in Atlanta was said by the CEWG area representative to be increasing, and the use of “cheese” heroin (a mixture of heroin, diphenhydramine, and acetaminophen, as described by the Texas CEWG member) continues to be a problem among young users in Dallas but was not reported in other CEWG areas. The Texas representative expressed concern about the tendency for young “cheese”

**Figure 7. Route of Heroin Administration Among Primary Heroin Treatment Admissions, Texas: 1989–2007**



SOURCE: Texas Department of State Health Services (DSHS); analysis by Jane C. Maxwell at the June 2008 CEWG meeting

heroin users to shift from inhaling to injecting as they age (figure 9).

- In St. Louis, where the heroin market has been described as increasingly complex due to the infusion of South American and Southwest Asian heroin in addition to Mexican black tar heroin, fluctuations were reported in the average purity of heroin in 2006, compared with earlier years (figure 10).
- YRBS results for 2007 suggest that Arizona students reported significantly higher lifetime heroin use than the U.S. student YRBS average (appendix table 4), while Miami/Dade County students reported significantly higher lifetime heroin use in YRBS surveys in 2007 than in 2005 (Section III, table 11).

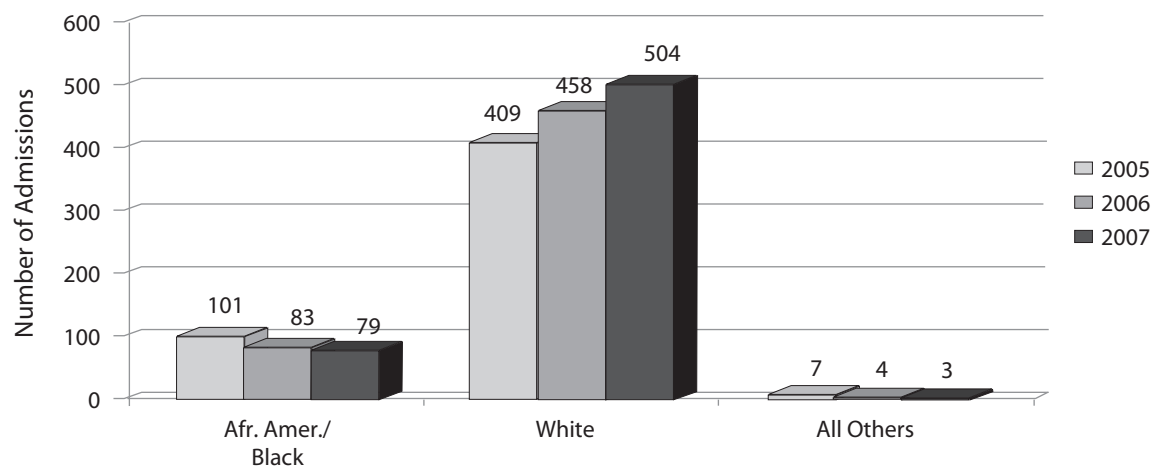
### Opiates Other than Heroin

- In 2007, indicators for other opiates were reported for selected narcotic analgesics, including oxycodone, hydrocodone, methadone, fentanyl, and buprenorphine, by CEWG

area members in full area reports and meeting presentations.

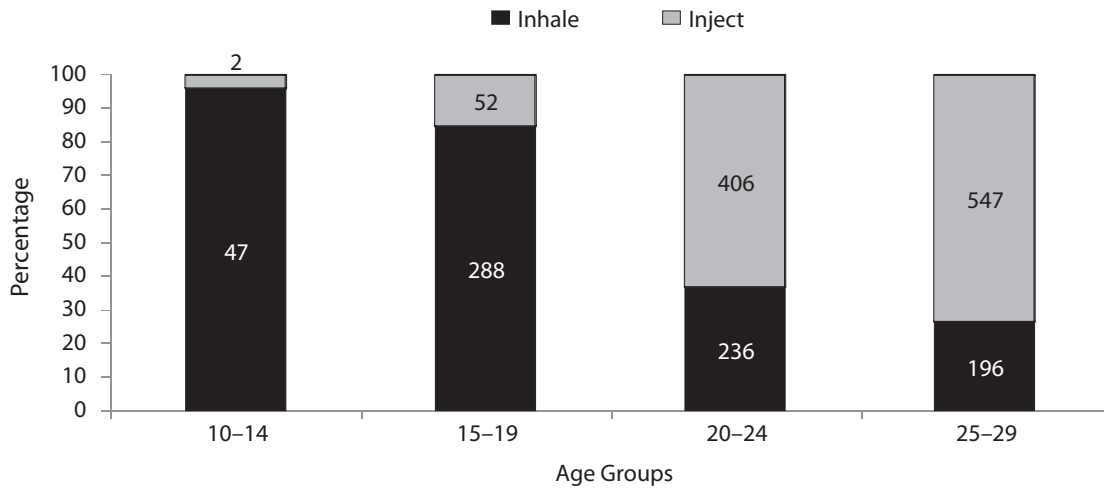
- Of total drug items identified in forensic laboratories in 21 CEWG areas, oxycodone and hydrocodone often appeared in the top 10 ranked drug items in terms of frequency in 2007. In Baltimore, Philadelphia, Boston, and Cincinnati, oxycodone ranked fourth in drug items identified, and it ranked fifth in Minneapolis/St. Paul and Phoenix. Hydrocodone ranked fifth in frequency of drug items identified in Atlanta, Cincinnati, San Diego, Albuquerque, and Texas (table 1).
- Treatment admissions for primary abuse of other opiates, as a percentage of total admissions (excluding primary alcohol admissions), ranged from less than 1 to approximately 10 percent in 16 of 17 reporting CEWG areas. These admissions were highest in Maine, at nearly 48 percent, followed distantly by Minneapolis/St. Paul and Maryland, each at approximately 10 percent of treatment admissions, excluding primary alcohol admissions, in 2007 (table 12).

**Figure 8. Number of Primary Heroin Treatment Admissions by Race, Cincinnati: 2005–2007**



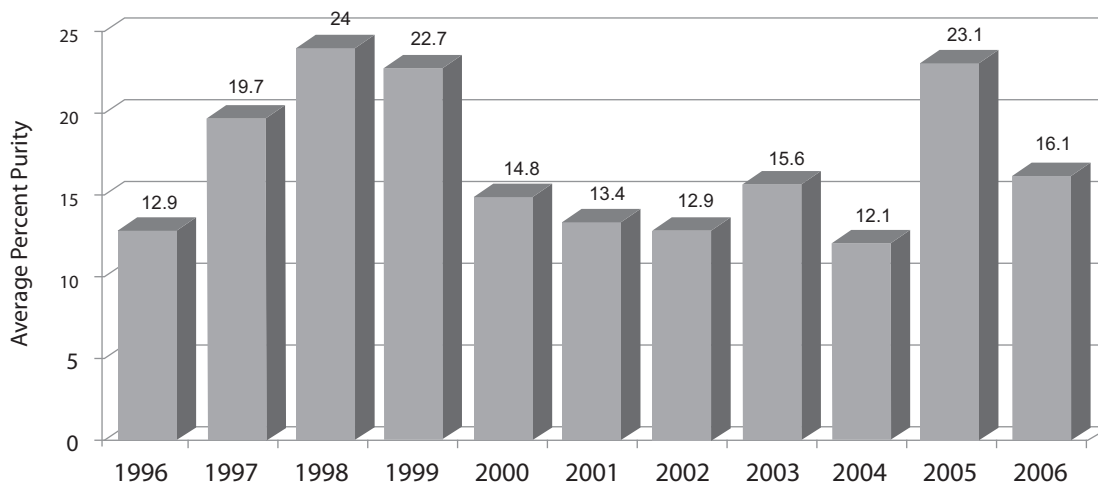
SOURCE: Hamilton County Mental Health and Recovery Services Board; reported by Jan Scaglione at the June 2008 CEWG meeting

**Figure 9. Route of Heroin Administration Among Primary Heroin Treatment Admissions by Age Group, Dallas: Aggregated Data for 2005–April 2008**



SOURCE: Texas Department of State Health Services (DSHS); analysis by Jane C. Maxwell at the June 2008 CEWG meeting

**Figure 10. Retail-Level Heroin Average Purity, St. Louis: 1996–2006**



SOURCE: DEA, Missouri Domestic Monitor Program; reported by James Topolski at the June 2008 CEWG meeting

- Of drugs mentioned in deaths in Maricopa County (Phoenix), methadone, oxycodone, and hydrocodone ranked among the top six, as reported by the CEWG area representatives.
- Buprenorphine ranked 6th in drug items identified in forensic laboratories in 2007 in Boston and ranked 7th in Baltimore. Methadone ranked 5th in identified drug items in New York City, 8th in Baltimore and Seattle, 9th in Atlanta, and 10th in Washington, DC; Boston; Chicago; Cincinnati; and San Francisco (table 1).
- The Cincinnati representative reported an increased number of calls in 2007 ( $n=155$ ) to poison control for tablet identification of buprenorphine-containing pharmaceuticals, up by 59 percent over 2006 levels ( $n=63$ ). Preliminary data for the first 5 months of 2008 suggest a substantial increase over 2007 (figure 11).
- Increases in retail distribution of oxycodone, methadone, and buprenorphine were reported in both Washington, DC, and Baltimore between 2000 and 2006, based on ARCOS drug summaries. Figure 12 shows the increases for Baltimore.

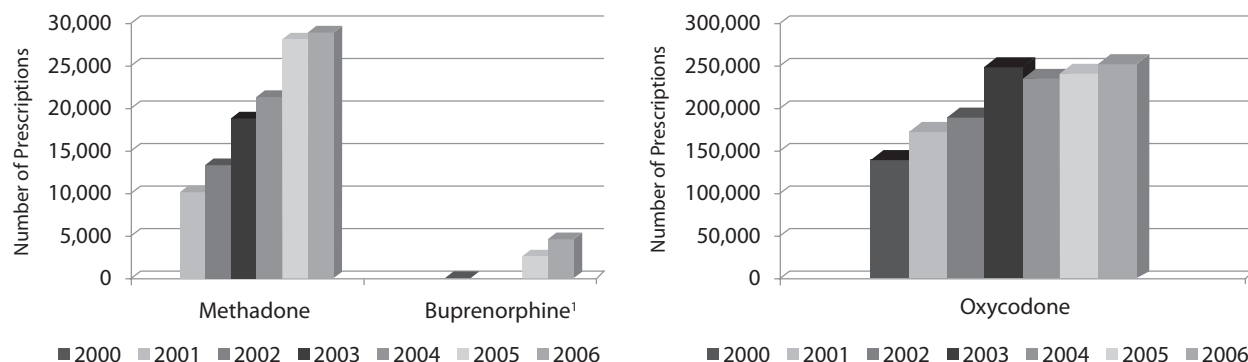
**Figure 11. Poison Control Center Human Exposure Cases to Buprenorphine, Cincinnati: CY 2004–2008<sup>1</sup>**

Number of DPIC Calls for Buprenorphine Containing Pharmaceuticals by Year	Number of Exposures	Drug Identification	Totals
2004	3	11	14
2005	9	43	52
2006	21	63	84
2007	21	155	176
2008 <sup>1</sup>	21	124	145

<sup>1</sup>Unconfirmed and preliminary as of January–May 2008.

SOURCE: Cincinnati Drug and Poison Information Center; reported by Jan Scaglione at the June 2008 CEWG meeting

**Figure 12. Trends in Retail Distribution of Selected Drugs in Baltimore, by Year and Drug: 2000–2006**



<sup>1</sup>Buprenorphine first became available for treating opioid addiction in May 2003.

SOURCE: DEA ARCOS Retail Drug Summaries; reported by Erin Artigiani at the June 2008 CEWG meeting

- Codeine has been appearing in the indicator data in several areas. For example, codeine is ranked in the top 10 drug items identified in forensic laboratories in 2007 in Albuquerque, Minneapolis/ St. Paul, Detroit, and Texas (table 1). “Purple drank,” which is codeine promethazine cough syrup, was reported among the hip-hop subculture by the South Florida CEWG area member as a possible emerging issue to be monitored, although the Texas representative has reported that it has been a problem there since 1999.

### Benzodiazepines

- Alprazolam and clonazepam continued to be the most frequently reported benzodiazepines in the indicator data.
- In the 21 CEWG areas reporting to NFLIS in 2007, the highest percentage of alprazolam drug items was identified in Texas, representing close to 7 percent of all items identified, followed by Atlanta and Philadelphia, at approximately 3 percent each (Section III, table 15).

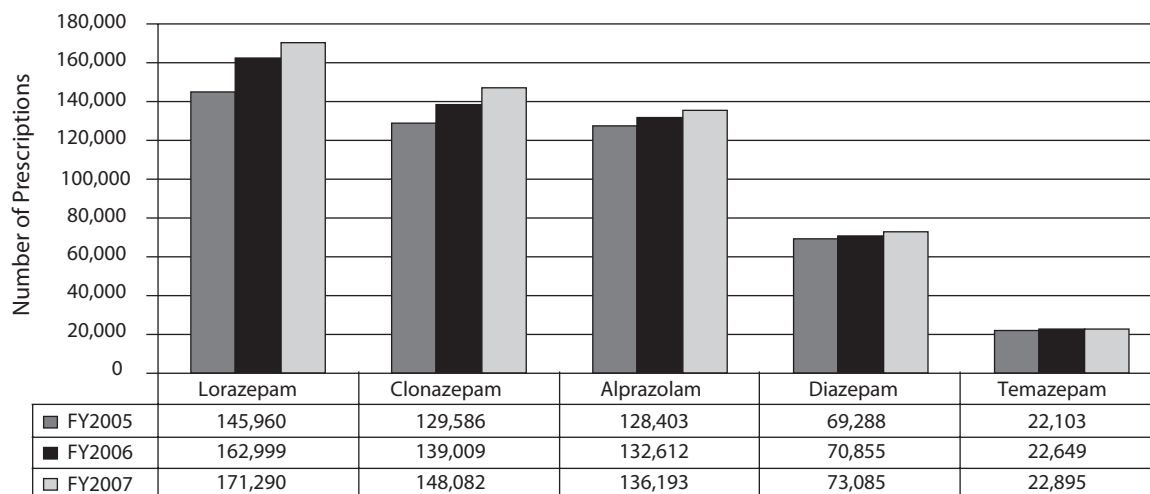
Alprazolam ranked fourth in frequency among the top 10 drug items in four CEWG areas, namely Texas, Atlanta, Miami/Dade County, and New York City, while clonazepam figured as the fifth-ranked drug identified in Boston in 2007. Diazepam ranked eighth in frequency of identification among drug items in San Diego and Cincinnati (table 1).

- Ethnographic reports from Atlanta suggest that use of alprazolam has increased among the 14–25 age group, because the drug is perceived as low risk for adverse consequences and is less stigmatized than other drugs.
- The Maine representative reported increases in numbers of prescriptions for benzodiazepines in the Prescription Monitoring Program for that State between FY 2005 and FY 2007 (figure 13).

### Methamphetamine

- Methamphetamine indicators have decreased or remained stable across most CEWG areas,

**Figure 13. Number of Key Benzodiazepine Prescriptions Reported in the Prescription Monitoring Program, Maine: FY 2005–FY 2007**



SOURCE: Maine Prescription Monitoring Program; reported by Marcella Sorg at the June 2008 CEWG meeting

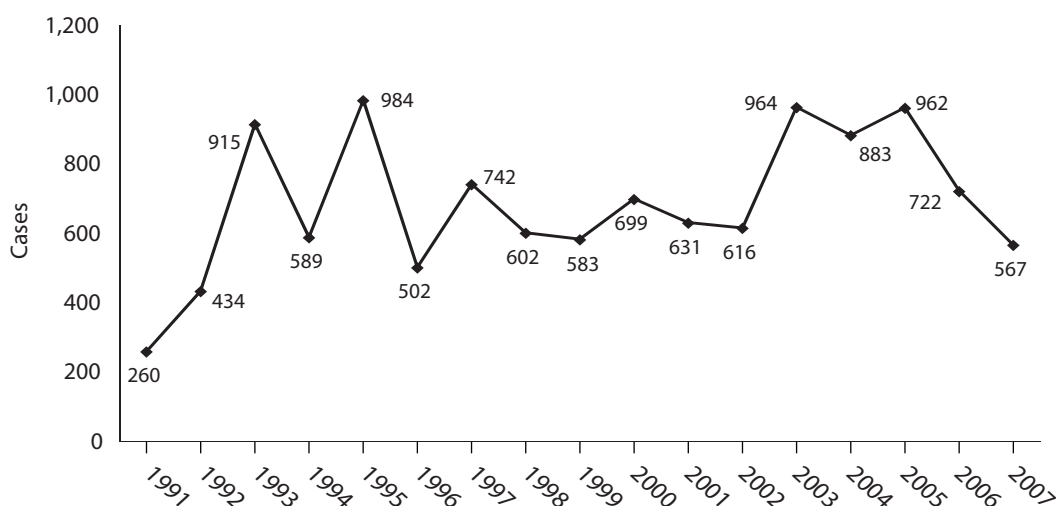
although indicators were still considered to be high relative to other drugs in most areas in the western region. Phoenix, for example, experienced declines in methamphetamine abuse indicators, and the Hawai‘i representative reported a decline in methamphetamine police cases in Honolulu (from 962 in 2005 to 567 in 2007) (figure 14). Los Angeles experienced slight declines in methamphetamine indicators, and statewide data for Colorado showed decreases in methamphetamine treatment admissions. Decreases in proportions of arrestees testing positive for methamphetamine in San Diego and methamphetamine/amphetamine in Maricopa County (Phoenix) were reported (appendix table 2).

- Methamphetamine ranked first among all drugs in proportion of forensic laboratory items identified in three CEWG areas in 2007: Honolulu, Minneapolis/St. Paul, and San Francisco, representing approximately 51 percent of all drug items identified in 2007 in Honolulu, 32 percent in Minneapolis/St. Paul, and 28 percent in San Francisco (table 1 and appendix table 2). On the

other hand, less than 2 percent of drug items were identified as containing methamphetamine in CEWG metropolitan areas east of the Mississippi River, with the exception of Atlanta (where approximately 21 percent of drug items identified were methamphetamine) (appendix table 2).

- Methamphetamine ranked first in treatment admissions as a percentage of treatment admissions, excluding primary alcohol admissions, in Los Angeles, San Diego, Hawai‘i, and Phoenix (table 3).
- With the exception of Atlanta, methamphetamine indicators were low across most northeastern and southern CEWG areas.
- In Denver, local law enforcement sources have reported increased purity levels and prices. The Denver representative noted that while at least 95 percent of available methamphetamine in Colorado is produced in Mexico, recent crackdowns on precursor chemicals there may have reduced methamphetamine supply and

**Figure 14. Number of Police Cases Related to Methamphetamine, Honolulu: 1991–2007**



SOURCE: Honolulu Police Department (HPD), Narcotics/Vice Division; reported by William Wood at the June 2008 CEWG meeting.

increased prices in this and other states close to the Mexican border.

- The Texas representative reported that methamphetamine indicators were decreasing there, with supplies down, price increasing, and purity decreasing. The influx of Mexican methamphetamine to replace locally produced methamphetamine has not been as great as expected, and with the higher price of “ice,” the profit motive may encourage local manufacturers to return to cooking the drug using over-the-counter pseudoephedrine.
- Based on YRBS results, Los Angeles, Arizona, New Mexico, Texas, and San Diego high school students surveyed reported significantly higher lifetime methamphetamine use than their national counterparts in 2007, while 7 of 20 reporting CEWG areas showed lower lifetime methamphetamine use than students across the United States in 2007: Baltimore, Boston, Ft. Lauderdale/Broward County, DeKalb County (Atlanta), Detroit, New York City, and Philadelphia (appendix table 4). In addition, self-reported lifetime use of methamphetamine by high school students increased significantly from 2005 to 2007 in two CEWG areas (Chicago and Miami/Dade County), compared with a statistically significant decrease in self-reported methamphetamine use among U.S. students from 2005 to 2007 (Section III, table 19).

### **MDMA/Ecstasy**

- While low compared to other drug abuse indicators in all CEWG areas, MDMA/ecstasy indicators were reported as increasing in many CEWG areas in all four regions, including Miami/Dade/Broward County, Texas, Atlanta, Maine, Detroit, Chicago, St. Louis, Cincinnati, Minneapolis/St. Paul, Los Angeles, and San Diego. All midwestern CEWG areas reported increases in MDMA indicators.
- In 2007, MDMA exceeded 2 percent of all drug items identified in forensic laboratories and reported to NFLIS in 8 of the 21 reporting CEWG areas: Atlanta; Seattle; Detroit; Minneapolis/St. Paul; Washington, DC; San Francisco; St. Louis; and Denver. The highest percentages (approximately 6 percent) were reported in Atlanta and Seattle (Section III, table 23). MDMA was the third most frequently identified drug item in Atlanta, and it ranked fourth in Detroit, Chicago, Minneapolis/St. Paul, Seattle, and Honolulu (table 1).
- Students in seven CEWG areas reporting 2007 YRBS data on MDMA/ecstasy reported significantly higher lifetime use of the drug than high school students across the Nation. These areas were: Texas; Arizona; San Diego; Miami/Dade County; Palm Beach County, Florida; New Mexico; and San Francisco. On the other hand, lifetime ecstasy use was significantly lower in 2007 in New York City and Philadelphia than in the Nation (appendix table 4). Reported lifetime MDMA/ecstasy use increased significantly among high school students between 2005 and 2007 in Chicago, Miami/Dade County, and Texas, while it decreased significantly in New York City during the same period (Section III, table 24).
- The Atlanta and Miami/Dade/Broward County representatives reported that MDMA/ecstasy is associated with the hip-hop club scene.
- As in the past, several CEWG representatives noted that tablets sold as ecstasy or MDMA often contained other substances (especially methamphetamine). User knowledge of the drugs included in products sold as MDMA/ecstasy was reported to vary across area and demographic subgroups. It was generally agreed that MDMA can contain numerous other substances, which may be related to new sources of supply.
- In Texas, the proportion of White non-Hispanic treatment admissions with a primary substance abuse problem of MDMA/ecstasy has declined (figure 15). The Texas representative reported that MDMA has moved from the “rave scene” to the street in Texas.



## Marijuana

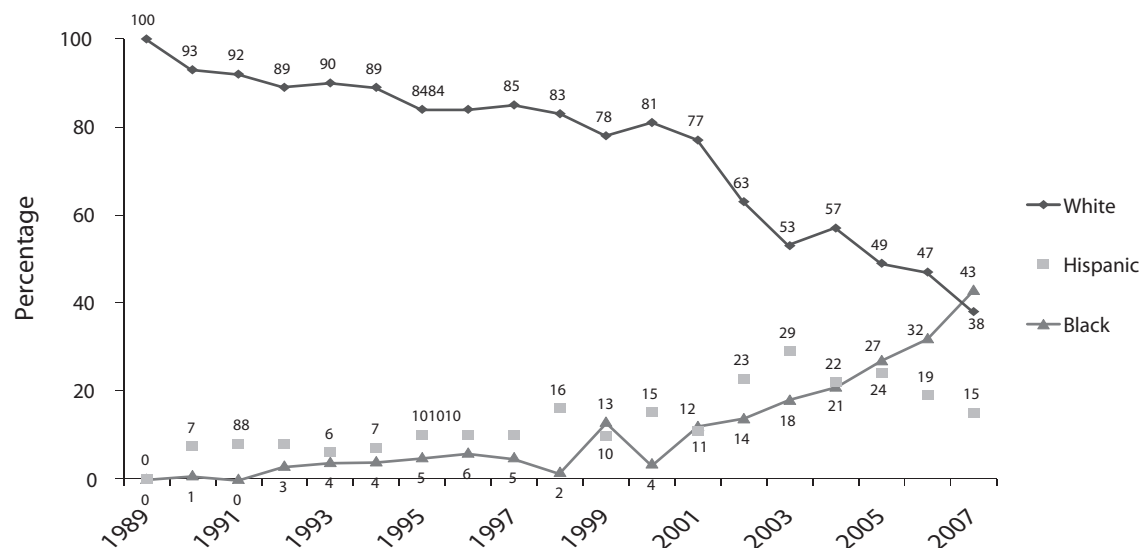
- Most CEWG area members reported marijuana abuse indicators as high and stable. Increases in marijuana abuse indicators were reported in Hawai'i, Detroit, Los Angeles, and New York City (figures 16 and 17).
- Cannabis ranked first in proportion of drug items identified in forensic laboratories in 2007 in 9 of 21 CEWG areas: Baltimore (approximately 60 percent of drug items identified); Chicago (55 percent); St. Louis (51 percent); San Diego (49 percent); Boston (43 percent); Detroit (43 percent); Cincinnati (43 percent); Phoenix (38 percent); and Albuquerque (32 percent) (table 1 and appendix table 2).
- Marijuana/cannabis ranked first as the primary drug in total treatment admissions, when primary alcohol admissions are excluded, in Minneapolis/St. Paul and Denver, at close to 33 and 37 percent, respectively (table 3 and Section III, table 20).

- High school students in Chicago reported significantly higher lifetime marijuana use than their national counterparts in the 2007 YRBS, while lower-than-average percentages were reported by students in Hawai'i, New York City, Miami/Dade County, and San Francisco (appendix table 4). High school students surveyed in three CEWG areas showed significant changes in lifetime marijuana use between 2005 and 2007. Reported lifetime marijuana use declined among students in Boston, San Francisco, and Texas during the 3-year period (Section III, table 22).

## GHB (gamma hydroxybutyric acid)

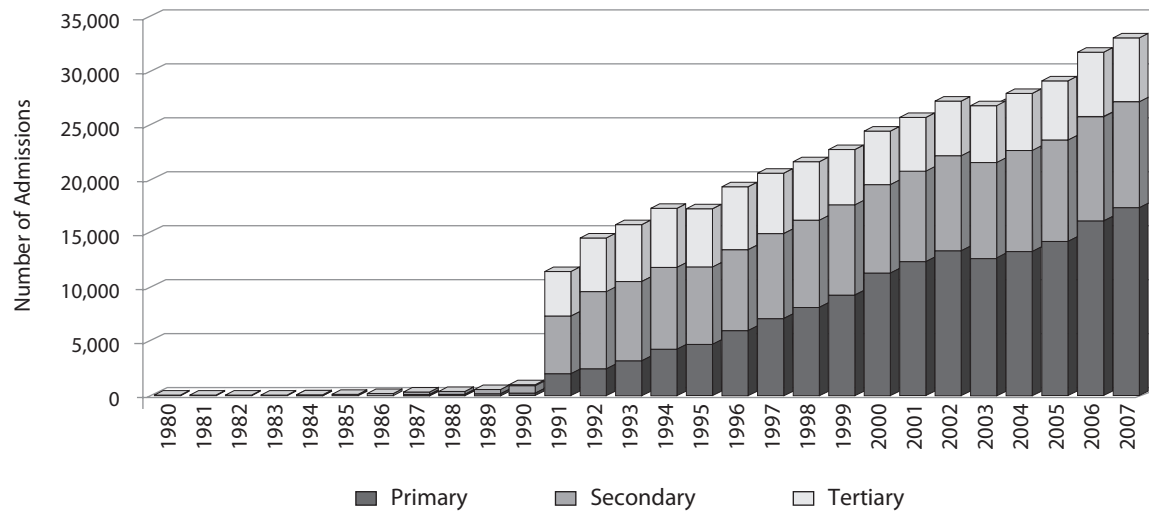
- Increased GHB seizures were reported by the Texas area representative, suggesting the possibility of increased availability of the drug. Texas treatment admissions data also suggested that more than half of GHB users were admitted with a primary problem with amphetamines

**Figure 15. Characteristics of Clients Admitted to DSHS-Funded Substance Abuse Treatment With a Problem with Ecstasy, Texas: 1989–2007**



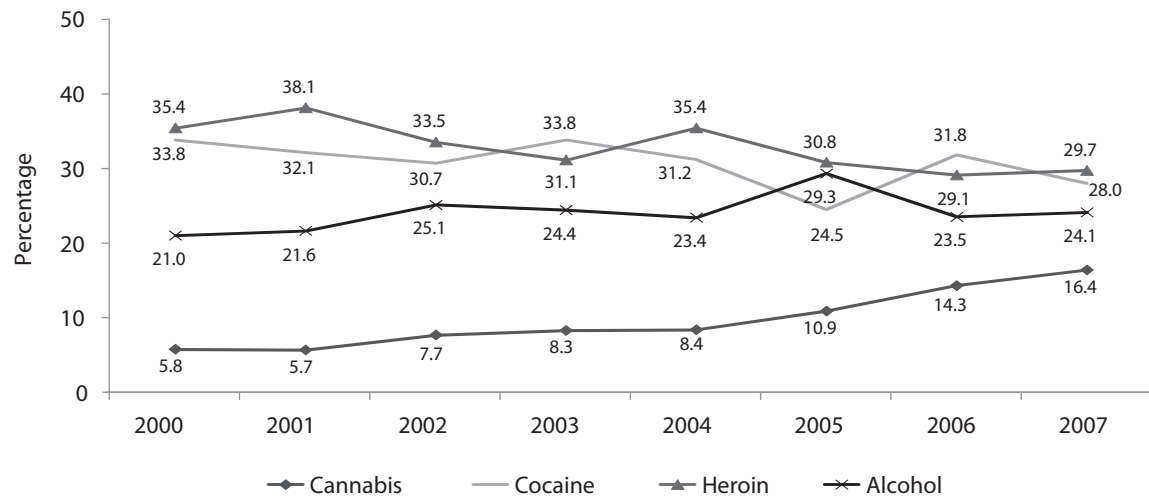
SOURCE: Texas Department of State Health Services (DSHS); analysis by Jane C. Maxwell for the June 2008 CEWG meeting

**Figure 16. Treatment Admissions With Marijuana as Primary, Secondary, or Tertiary Drug Problem, New York City: 1980–2007**



SOURCE: New York State Office of Alcoholism and Substance Abuse Services; reported by Rozanne Marel at the June 2008 CEWG meeting

**Figure 17. Percentage of Treatment Admissions by Primary Drug Problem for Cannabis, Cocaine, Heroin, and Alcohol, Detroit: FY 2000–FY 2007**



SOURCE: Bureau of Substance Abuse and Addiction Services, Division of Substance Abuse and Gambling Services, Michigan Department of Community Health; reported by Cynthia Arfken at the June 2008 CEWG meeting

or methamphetamine, and approximately one-third had a history of injection drug use (IDU).

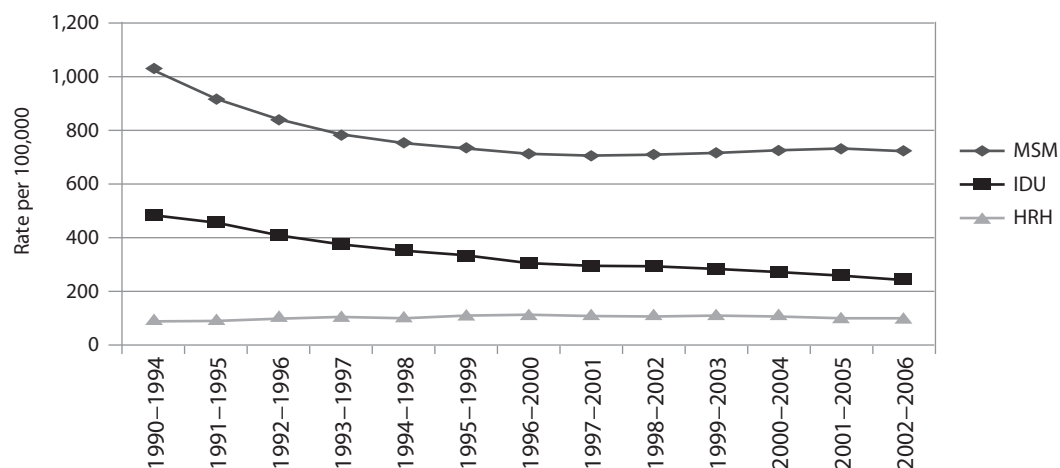
- The Denver representative emphasized the need for education about GHB among law enforcement agencies and medical care providers, particularly in emergency departments. In Atlanta, it was reported that primary distributors and abusers of GHB were young, White males, often homosexuals. In Chicago, it was found that compared with other club drugs, overdoses were more common with GHB, which is usually sold in liquid form. In Miami, on the other hand, GHB abuse has declined in recent years, with no apparent reemergence.

### HIV/AIDS and Drug Abuse

- In several CEWG areas, including Texas; Arizona; San Diego; Chicago; Washington, DC; Baltimore; and Maryland, the proportions of HIV/AIDS cases involving IDU or men who have sex with men (MSM)/IDU have decreased

over time. In Texas, percentages of IDU HIV cases have decreased from 21 percent in 1999 to 13 percent in 2007, while MSM/IDU cases have declined from 10 to 4 percent over the same period. Five-year emergent or newly diagnosed HIV/AIDS case rates related to IDU have declined slowly but steadily over the past several years in Arizona (figure 18). In Chicago, the percentage of HIV diagnoses due to IDU dropped from 27.5 percent in 2000 to 12.7 percent in 2006, while the proportion due to MSM/IDU declined from 6.0 percent to 2.4 percent in the same period. In Maryland, where Baltimore was the site of more than 60 percent of cumulative AIDS cases in the State in 2006, declines of 87 percent in IDU-related HIV cases and 59 percent in IDU-related AIDS cases were reported between 2001 and 2006 (figure 19). Two exceptions to these declines were Colorado and Seattle. In the former, the proportion of newly diagnosed HIV and AIDS cases, in contrast to cumulative cases, attributed to IDU has remained fairly stable since 2001.

**Figure 18. Five-Year Emergent HIV/AIDS Rates per 100,000 Population by Reported Risk Category, Arizona: 1990–2006<sup>1</sup>**



<sup>1</sup>MSM=Men who have sex with men; IDU=Injection drug user; HRH=High-risk heterosexual activity.  
SOURCE: Arizona Department of Health Services; reported by James Cunningham at the June 2008 CEWG meeting

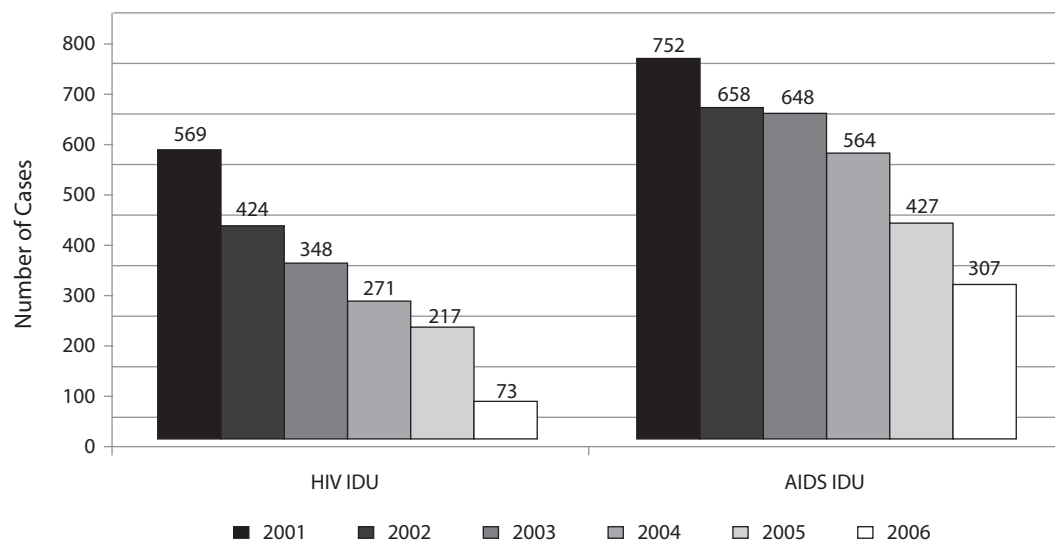
In Seattle, IDUs and MSM/IDUs represented 4 and 8 percent of newly diagnosed HIV cases, respectively, between 2005 and 2007.

### Organization of the Report

The following tables and figures provide a summary of some of the CEWG cross-area comparison results for this reporting period. These include the top 10 drug items identified by NFLIS forensic laboratories, ranked by order of frequency, in the reporting CEWG areas (table 1) and the top-ranked drugs based on treatment admissions data, both including and excluding primary alcohol admissions, for reporting CEWG areas (tables 2 and 3). A map (figure 20) displays NFLIS data on percentages of cocaine, heroin, methamphetamine, and marijuana items identified by forensic laboratories in 21 CEWG areas. Two additional maps are based on SAMHSA, OAS, DAWN *Live!* data for the 11 reporting CEWG areas. Figure

21 shows relative proportions of ED reports of major substances of abuse related to cocaine, heroin, methamphetamine, and marijuana. Selected narcotic analgesics as a proportion of all opiates/opioids reported in ED visits for the same areas are found in figure 22. Data for these tables and maps are provided in appendix tables 1 through 3. Appendix table 4 contains 2007 YRBS data for selected drugs for the United States and 19 CEWG areas, including 10 metropolitan CEWG areas, 6 States, and 3 counties in South Florida; one area, the Baltimore/Maryland/Washington, DC, CEWG area, includes 2 metropolitan areas and 1 State. Appendix tables 5.1 through 5.5 report treatment admissions data as a percentage of all admissions, excluding primary alcohol admissions, for four major drugs—cocaine, heroin, methamphetamine, and marijuana—and route of administration for cocaine among treatment admissions for 9 to 16 reporting CEWG areas from 2004 to 2007.

**Figure 19. Newly Diagnosed IDU-Related<sup>1</sup> HIV and AIDS Cases in Maryland, by Year: 2001–2006**



<sup>1</sup>IDU includes injection drug users (IDUs) and men who have sex with men (MSM) who are IDUs.

SOURCE: 2008 Maryland AIDS Administration, Department of Health and Mental Hygiene; reported by Erin Artigiani at the June 2008 CEWG meeting

**Table 1. NFLIS Top 10 Drug Items Analyzed by CEWG Area and Rank (Based on Frequency): CY 2007**

CEWG Area	Cocaine/ Crack	Cannabis	Metham- phetamine	Heroin	MDMA	Oxy- codone	Hydro- codone	Alprazolam	Halluci- nogens <sup>1</sup>	Clonazepam	Other
<b>SOUTHERN REGION</b>											
Miami/Dade Co.	1	2	8	3	5	7	9	4	6	10	
Baltimore	2	1		3	10	4	6	5		9	Buprenorphine=7, Methadone=8
Atlanta	1	6	2	10	3	7	5	4			Carisoprodol=8, Methadone=9
Wash., DC	1	2	6	3	5	7	8	9	4		Methadone=10
<b>NORTHEASTERN REGION</b>											
Philadelphia	1	2	10	3	8	4	7	6	5	9	
New York City	1	2		3	9	7	8	4	6		Methadone=5, 3,4-Methylenedioxyamphetamine=10
Boston	2	1		3	9	4	8	7		5	Buprenorphine=6, Methadone=10
<b>MIDWESTERN REGION</b>											
Detroit	2	1	9	3	4	8	7	6			Dihydrocodeine=5, Codeine=10
Chicago	2	1	5	3	4		6	7	8		Acetaminophen=9, Methadone=10
St. Louis	2	1	4	3	5	8	7	6			Acetaminophen=9, Pseudoephedrine=10
Cincinnati	2	1	9	3	6	4	5	7			Diazepam=8, Methadone=10
Minneapolis/St. Paul	2	3	1	6	4	5	7		10		Codeine=8, Acetaminophen=9
<b>WESTERN REGION</b>											
Seattle	1	2	3	5	4	6	7		10		Methadone=8, Amphetamine=9
Honolulu	3	2	1	5	4	6		10			3,4-Methylenedioxyamphetamine=7, Tetrahydrocannabinols=8, Morphine=9
San Francisco	3	2	1	4	5	6	8				Dihydrocodeinone=7, Ketamine=9, Methadone=10
Los Angeles <sup>2</sup>	1	2	3	4	5	9	6	8	7/10		
San Diego	3	1	2	4	6	7	5	9		10	Diazepam=8
Phoenix	3	1	2	4	7	5	6	9			Carisoprodol=8, Morphine=10
Denver	1	2	3	4	5	8	7	10	6		Morphine=9
Albuquerque	2	1	3	4	7	8	5		9		Codeine=6, Pseudoephedrine=10
Texas	1	2	3	7	6		5	4		9	Carisoprodol=8, Codeine=10

<sup>1</sup>Hallucinogens are defined as hallucinogens in Miami; phencyclidine/PCP in Washington, DC, Los Angeles, New York City, Chicago, Philadelphia, and Seattle; and psilocin in Denver, Albuquerque, Los Angeles, and San Francisco.

<sup>2</sup>Under "Hallucinogens," phencyclidine ranked #7 and psilocin ranked #10 for Los Angeles. SOURCE: NFLIS, DEA (see appendix tables 2.1–2.21)

**Table 2. Top-Ranked Primary Drugs as a Percentage of Total Admissions, Including Primary Alcohol Admissions, in 18 CEWG Regions<sup>1</sup>, by Region and Ranking: 2007<sup>2</sup>**

CEWG Area	Alcohol	Cocaine/ Crack	Marijuana/ Cannabis	Metham- phetamine	Heroin	Other Opiates	Other Drugs <sup>3</sup>
<b>SOUTHERN REGION</b>							
Atlanta	1	2	3	4	7	5	6
Baltimore	2	3	4	7	1	5	6
Maryland	1	4	3	7	2	5	6
<b>NORTHEASTERN REGION</b>							
Boston	2	3	4	7	1	5	6
Maine	1	5	3	7	4	2	6
Philadelphia	2	1	3	7	4	6	5
New York City	2	4	3	7	1	6	5
<b>MIDWESTERN REGION</b>							
Chicago	3	2	4	7	1	5	6
Detroit	3	2	4	--	1	5	6
Minneapolis/St. Paul	1	3	2	4	5	6	7
St. Louis	1	2	3	5	4	6	7
<b>WESTERN REGION</b>							
Denver	1	3	2	4	5	6	7
Hawai'i	2	5	3	1	6	--	4
Los Angeles	3	5	4	1	2	6	7
Phoenix	1	5	3	2	4	6	7
San Diego	2	5	4	1	3	6	7
Seattle	1	2	3	5	4	6	7
Texas	1	2	3	4	5	6	7

<sup>1</sup>CEWG areas not included in the table due to lack of availability of treatment admissions data for CY 2007 are Miami/South Florida and Washington, DC, in the southern region; Cincinnati in the midwestern region; and San Francisco in the western region.

<sup>2</sup>All areas report CY 2007 data, with the exception of Chicago, which reports FY 2007 (July 2006–June 2007) data.

<sup>3</sup>Other drugs include benzodiazepines and hallucinogens as major categories.

SOURCE: June 2008 State and local CEWG reports

**Table 3. Top-Ranked Primary Drugs as a Percentage of Total Admissions, Excluding Primary Alcohol Admissions, in 18 CEWG Regions<sup>1</sup>, by Region and Ranking: 2007<sup>2</sup>**

CEWG Area	Cocaine/ Crack	Marijuana/ Cannabis	Metham- phetamine	Heroin	Other Opiates	Other Drugs <sup>3</sup>
<b>SOUTHERN REGION</b>						
Atlanta	1	2	3	6	4	5
Baltimore	2	3	6	1	4	5
Maryland	3	2	6	1	4	5
<b>NORTHEASTERN REGION</b>						
Boston	2	3	6	1	4	5
Maine	4	2	6	3	1	5
Philadelphia	1	2	6	3	5	4
New York City	3	2	6	1	5	4
<b>MIDWESTERN REGION</b>						
Chicago	2	3	6	1	4	5
Detroit	2	3	--	1	4	5
Minneapolis/St. Paul	2	1	3	4	5	6
St. Louis	1	2	4	3	5	6
<b>WESTERN REGION</b>						
Denver	2	1	3	4	5	6
Hawai'i	4	2	1	5	--	3
Los Angeles	4	3	1	2	5	6
Phoenix	4	2	1	3	5	6
San Diego	4	3	1	2	5	6
Seattle	1	2	4	3	5	6
Texas	1	2	3	4	5	6

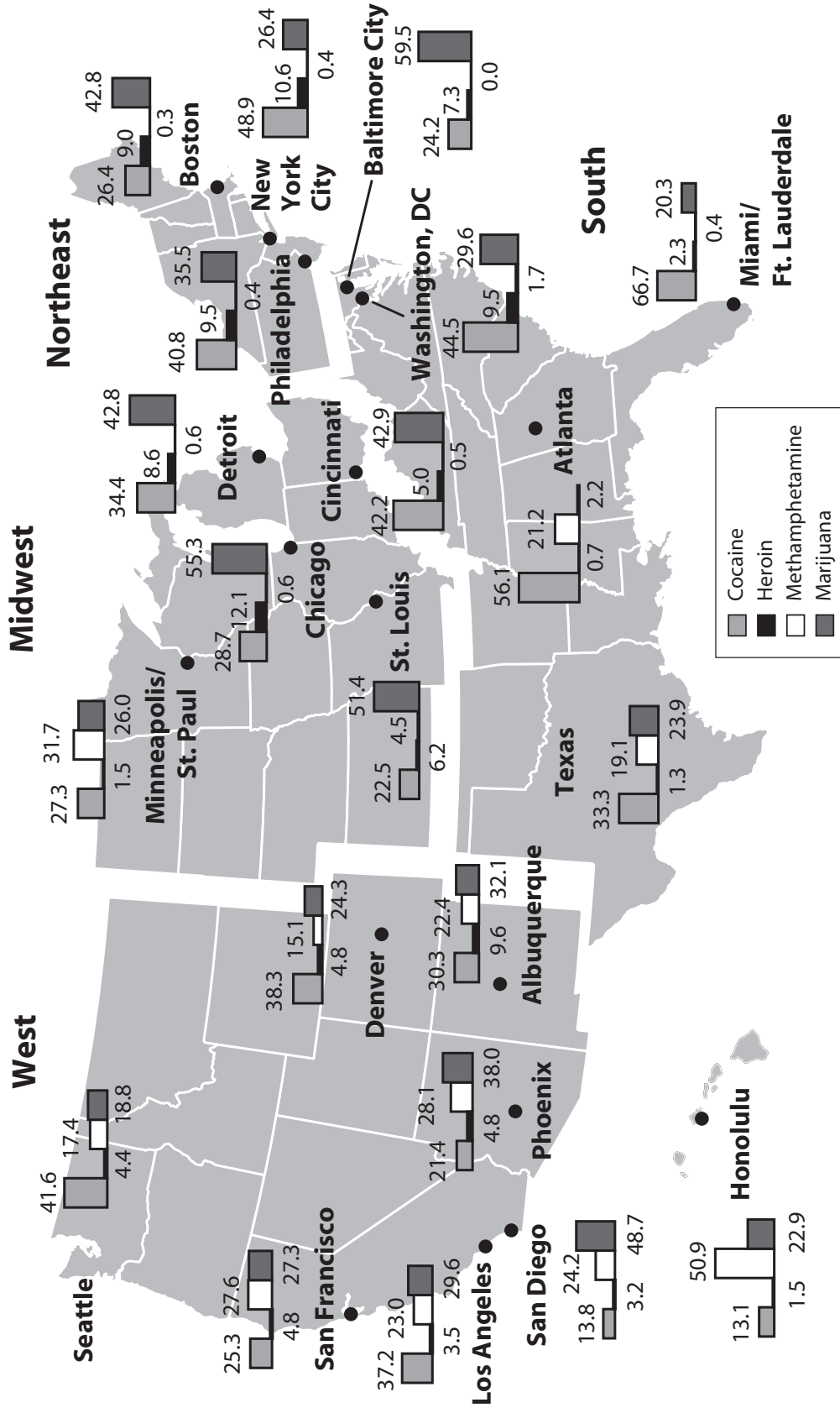
<sup>1</sup>CEWG areas not included in the table due to lack of availability of treatment admissions data for CY 2007 are Miami/South Florida and Washington, DC, in the southern region; Cincinnati in the midwestern region; and San Francisco in the western region.

<sup>2</sup>All areas report CY 2007 data, with the exception of Chicago, which reports FY 2007 (July 2006–June 2007) data.

<sup>3</sup>Other drugs include benzodiazepines and hallucinogens as major categories.

SOURCE: June 2008 State and local CEWG reports

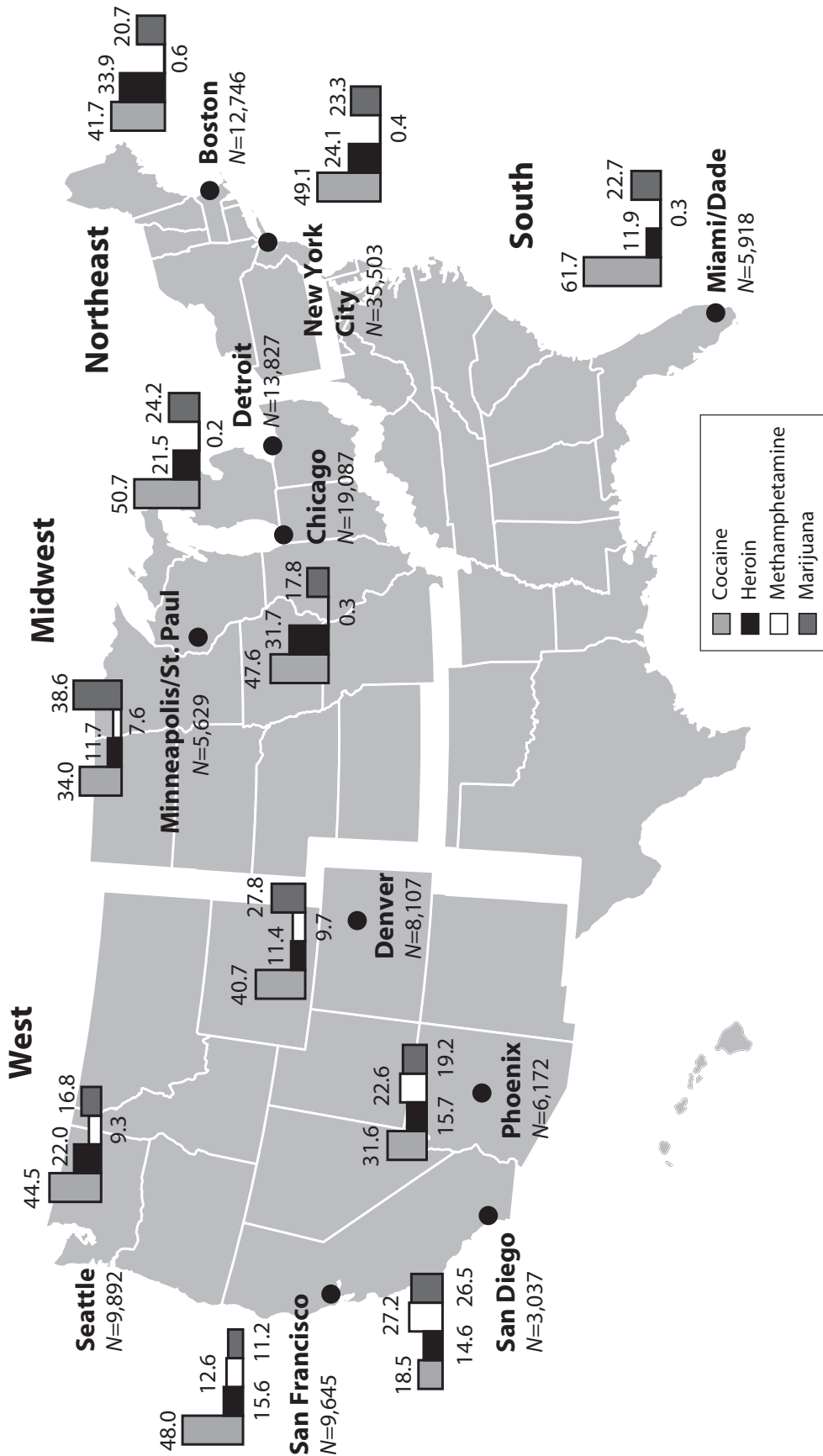
**Figure 20. Percentages of Cocaine, Heroin, Methamphetamine, and Marijuana Items Analyzed by Forensic Laboratories in 21 CEWG Areas in 4 U.S. Regions, Each as a Percentage of Total Items Analyzed: FY 2007<sup>1</sup>**



<sup>1</sup>Data are for January–December 2007 (see appendix tables 2.1–2.21). Data are subject to change; data queried on different dates may reflect differences in the timing of data analysis and reporting.  
 SOURCE: Texas data, provided by the Texas Department of Public Safety to NFLIS, were accessed and analyzed by the Texas CEWG representative on April 16, 2008; data for all other areas were provided by NFLIS, DEA, and were received May 9, 2008

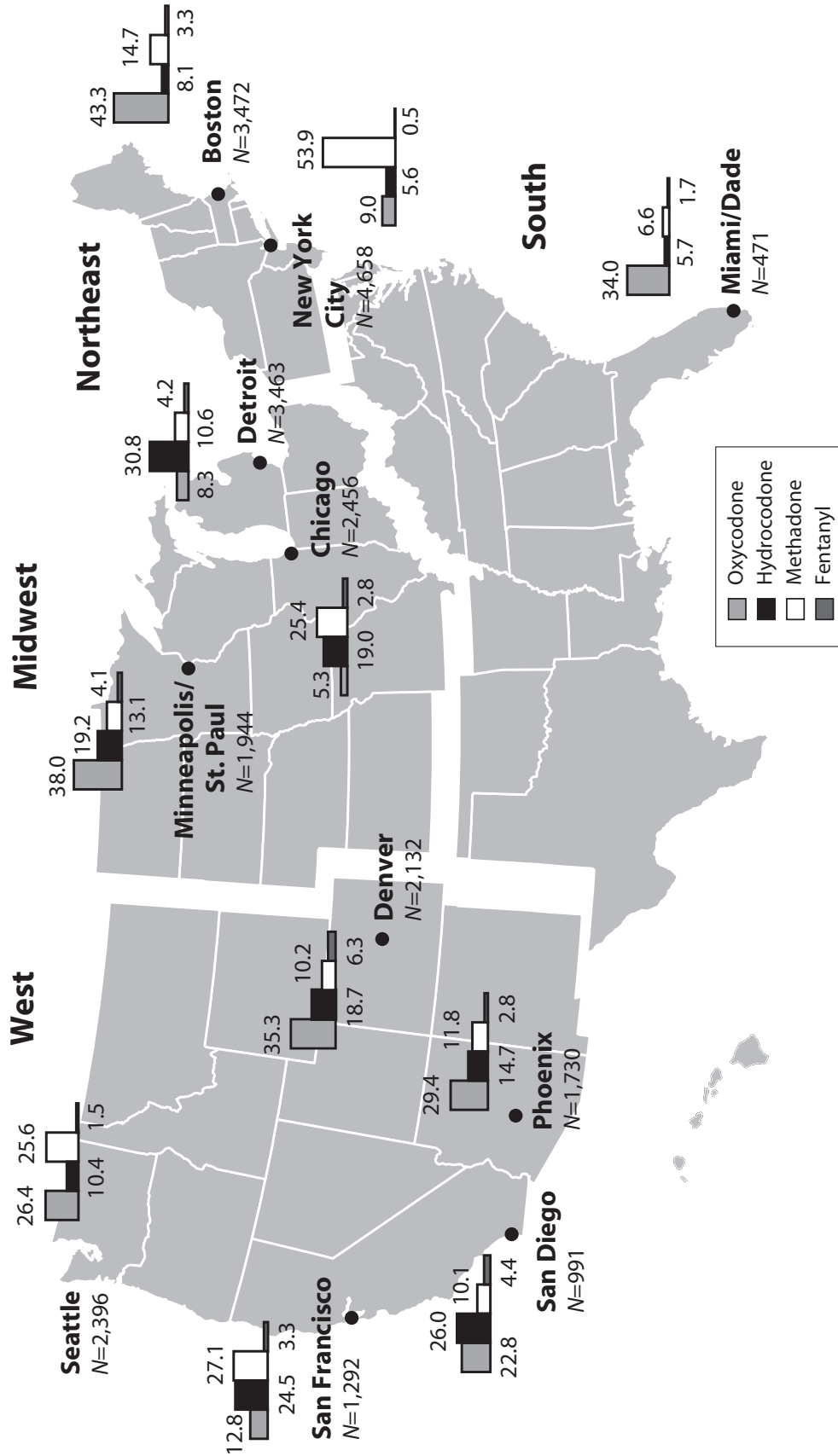


**Figure 21. Unweighted Emergency Department (ED) Reports or Mentions of Cocaine, Heroin, Methamphetamine, and Marijuana as a Percentage of Total Drug Mentions for Major Substances of Abuse, Excluding Alcohol, for 11 CEWG Metropolitan Sites: January–December 2007<sup>1</sup>**



<sup>1</sup>Percentages for selected major substances of abuse are calculated based on total drug reports for such substances, excluding those for alcohol among persons under 21 or in combination with other drugs. Case types selected were overmedication, seeking detoxification, and other. These are unweighted reports of drugs based on a representative sample of non-Federal, short-term hospitals with 24-hour EDs in the United States.  
SOURCE: Area-specific data obtained by request from DAWN, OAS, SAMHSA, May 12, 2008; data are subject to change

**Figure 22. Unweighted Emergency Department (ED) Reports or Mentions of Selected Narcotic Analgesics as a Percentage of Total Opiates/Opioids, including Oxycodone, Hydrocodone, Methadone, and Fentanyl, in 11 CEWG Metropolitan Sites: January–December 2007<sup>1</sup>**



<sup>1</sup>Percentages for selected narcotic analgesics are calculated based on total drug reports for opiates/opioids, excluding heroin. Case types selected were overmedication, seeking detoxification, and other. These are unweighted reports of drugs based on a representative sample of non-Federal, short-term hospitals with 24-hour EDs in the United States. SOURCE: Area-specific data obtained by request from DAWN, OAS, SAMHSA, May 12, 2008; data are subject to change



## Section III. Across CEWG Areas: Treatment Admissions, Forensic Laboratory Analysis Data, and CDC Youth Risk Behavior Survey (YRBS) Data

### Cocaine/Crack

- Treatment admissions data for 2007 revealed that treatment admissions for primary cocaine/crack, as a percentage of drug treatment admissions, excluding primary alcohol admissions, ranked first in frequency in 5 of 18 reporting CEWG areas: Texas, Atlanta, Philadelphia, St. Louis, and Seattle.
- Several CEWG representatives noted in their reports that cocaine is often identified as a secondary or tertiary drug among treatment admissions.
- Crack continued to be the predominant form used by cocaine abusers in all 16 CEWG areas reporting, as judged by the proportions of primary treatment admissions who smoked the drug (between approximately 51 and 95 percent of cocaine/crack treatment admissions).
- Cocaine was the drug most frequently identified by forensic laboratories in 9 of 21 reporting CEWG areas. Based on forensic laboratory analysis of drug items identified in 2007, cocaine/crack ranked first in three of four areas in the southern region (Miami/Dade County, Atlanta, and Washington, DC), two of three areas in the northeastern region (New York City and Philadelphia), and four of nine areas in the western region (Seattle, Los Angeles, Denver, and Texas). Cocaine did not rank first in any of the five CEWG areas in the midwestern region, although it ranked second in all five in frequency of drug items identified.
- YRBS data for 2007 revealed a higher proportion of high school students in Arizona, New Mexico, Texas, and Los Angeles reporting lifetime cocaine use than their counterparts nationally.

### Treatment Admission Data on Cocaine/Crack

Table 4 presents 2007 data from 18 CEWG areas on primary cocaine treatment admissions as a proportion of total admissions, excluding those for alcohol (see also appendix table 1). Atlanta and Detroit had the highest percentages (approximately 38 percent each) of primary cocaine admissions, followed by St. Louis (35.5 percent), Philadelphia (32.9 percent), Texas (31.5 percent), and Chicago (31.1 percent). The lowest proportions of primary cocaine treatment admissions, excluding primary alcohol admissions, were

observed for Hawai'i (5.7 percent), San Diego (8.5 percent), and Boston (10.6 percent).

Based on total treatment admissions for 2007, including those for primary alcohol problems (Section II, table 2), cocaine ranked first in the Philadelphia area, and ranked second in 6 out of 18 CEWG areas reporting: Atlanta, Chicago, Detroit, St. Louis, Seattle, and Texas. In table 3 (Section II), where primary cocaine treatment admissions are ranked as a percentage of admissions, excluding primary alcohol admissions, cocaine/crack ranked first in Atlanta, Philadelphia, St. Louis, Seattle, and Texas.

**Table 4. Primary Cocaine Treatment Admissions in 18 CEWG Areas as a Percentage of Total Admissions, Including and Excluding Primary Alcohol Admissions: 2007<sup>1</sup>**

CEWG Area	Primary Cocaine Admissions	Total Admissions with Primary Alcohol Admissions Excluded <sup>2</sup>		Total Admissions with Primary Alcohol Admissions Included	
	#	#	%	#	%
Atlanta	2,291	5,959	38.4	8,948	25.6
Baltimore	2,943	15,775	18.7	18,905	15.6
Boston	1,348	12,680	10.6	19,239	7.0
Chicago <sup>3</sup>	16,938	54,501	31.1	67,205	25.2
Denver	1,807	7,706	23.4	12,027	15.0
Detroit	2,361	6,263	37.7	8,408	28.1
Hawai'i	353	6,204	5.7	9,058	3.9
Los Angeles	8,354	42,069	19.9	51,662	16.2
Maine	902	6,595	13.7	12,395	7.3
Maryland	9,843	42,784	23.0	66,852	14.7
Mpls./St. Paul	2,213	9,338	23.7	19,092	11.6
New York City	16,606	59,190	28.1	81,492	20.4
Philadelphia	3,859	11,739	32.9	15,145	25.5
Phoenix	337	2,327	14.5	3,517	9.6
San Diego	999	11,696	8.5	14,585	6.8
Seattle	2,154	7,912	27.2	12,476	17.3
St. Louis	2,320	6,535	35.5	10,163	22.8
Texas	20,927	66,379	31.5	88,452	23.7

<sup>1</sup>Data are for CY 2007, with the exception of Chicago.

<sup>2</sup>Percentages of primary cocaine admissions are obtained from admissions with primary alcohol admissions excluded for comparability with past data.

<sup>3</sup>Data are for FY 2007 (July 2006–June 2007).

SOURCE: June 2008 State and local CEWG reports

**Route of Administration of Cocaine.** Data from 16 CEWG areas indicated that smoking<sup>1</sup> was the most common mode of cocaine administration among primary cocaine treatment admissions in 2007 (table 5). The range was from approximately 51 percent in Maine to more than 95 percent in Detroit. The highest percentages of smoking cocaine were reported in Detroit (95.1 percent) and Chicago (90.6 percent), followed by St. Louis

(88.0 percent) and Philadelphia (87.5 percent). Inhaling or sniffing cocaine was the major route of administration in approximately 36–37 percent of cocaine admissions in Texas, New York City, and Denver and in approximately 23–28 percent in Phoenix, Minneapolis/St. Paul, and Maine. The lowest proportions reporting inhaling or sniffing cocaine as the major administration route were in Philadelphia, at less than 1.0 percent, and Detroit,

<sup>1</sup>SAMHSA's Treatment Episode Data Set (TEDS) report (2003) notes that "smoked cocaine primarily represents crack or rock cocaine, but can also include cocaine hydrochloride (powder cocaine) when it is free-based." TEDS does not separately report crack and cocaine; however, several CEWG sites have different codes for crack compared with cocaine, and area representatives may separate these out in their reporting.

**Table 5. Major Route of Administration of Cocaine Among Treatment Admissions in 16 CEWG Areas as a Percentage<sup>1</sup> of Primary Cocaine Treatment Admissions: 2007<sup>2</sup>**

CEWG Area	Smoked		Inhaled		Injected		Other/Unknown		Total N
	#	%	#	%	#	%	#	%	
Atlanta	1,724	75.3	467	20.4	33	1.4	67	2.9	2,291
Baltimore	2,486	84.5	218	7.4	213	7.2	26	0.9	2,943
Boston	985	73.1	247	18.3	73	5.4	43	3.2	1,348
Chicago <sup>3</sup>	15,339	90.6	1,279	7.6	33	0.2	287	1.7	16,938
Denver	1,010	55.9	675	37.4	90	5.0	32	1.8	1,807
Detroit	2,245	95.1	87	3.7	0	0.0	29	1.2	2,361
Los Angeles	7,197	86.2	896	10.7	52	0.6	209	2.5	8,354
Maine	464	51.4	255	28.3	154	17.1	29	3.2	902
Maryland	7,765	78.9	1,480	15.0	436	4.4	162	1.6	9,843
Mpls./St. Paul	1,609	72.7	516	23.3	40	1.8	48	2.2	2,213
New York City	10,054	60.5	6,047	36.4	284	1.7	221	1.3	16,606
Philadelphia	3,377	87.5	19	0.5	6	0.2	457	11.8	3,859
Phoenix	241	71.5	77	22.8	9	2.7	10	3.0	337
San Diego	801	80.2	175	17.5	13	1.3	10	1.0	999
St Louis	2,041	88.0	180	7.8	28	1.2	71	3.1	2,320
Texas	11,424	54.6	7,523	35.9	1,116	5.3	864	4.1	20,927

<sup>1</sup>Percentages may not sum to 100 due to rounding.

<sup>2</sup>Data are for CY 2007, with the exception of Chicago.

<sup>3</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

SOURCE: June 2008 State and local CEWG reports

at 3.7 percent. Across the CEWG areas reporting data on mode of administration of cocaine, the proportions of cocaine admissions who reported injecting the drug as the major route tended to be low, with by far the highest proportion being in Maine, at 17.1 percent, followed by Boston, Texas, and Denver (at approximately 5.0 percent each). Either no or negligible injection of cocaine was reported among primary cocaine admissions in Detroit, Chicago, and Philadelphia in 2007.

#### **Gender of Cocaine/Crack Admissions.**

Across 16 of 17 reporting CEWG areas in 2007, the majority of primary cocaine admissions were male (table 6). Maine was the exception, with 46.7 percent male primary cocaine admissions in 2007. The highest proportions of male cocaine admissions were in Philadelphia (72.5 percent)

and New York City (69.4 percent), while the lowest percentages, after Maine, were in Texas (50.2 percent) and Atlanta (53.7 percent).

**Race/Ethnicity of Cocaine/Crack Admissions.** Racial/ethnic distributions of cocaine admissions should be interpreted in light of the facts that CEWG areas differ in the racial/ethnic composition of the general population; census categories are not always used in reporting the data; and three areas allow reporting of multiple race/ethnicity categories for one case (so that race/ethnicity counts total more than total admissions). As shown in table 6, White non-Hispanics represented less than one-half of cocaine treatment admissions in all but 1 of the 17 areas reporting 2007 data. The exception was Maine, which had the highest percentage of White non-Hispanic

primary cocaine admissions, at 92.6 percent, followed by Minneapolis/St. Paul and Phoenix (with 44.2 percent each). The lowest percentages were in Detroit (8.3 percent) and Chicago (9.4 percent). Conversely, African American non-Hispanics represented 89.5 percent of 2007 primary cocaine admissions in Detroit, 84.6 percent in Baltimore, and 81.5 percent in Chicago. Finally, Hispanics represented from approximately 1–2 percent (St. Louis, Baltimore, Detroit, Maryland, and Atlanta) to approximately 32 percent of primary cocaine treatment admissions (Texas and

Denver). Two CEWG areas, Los Angeles and New York City, reported the percentage of Hispanics at approximately 24 percent of cocaine treatment admissions.

**Age of Cocaine/Crack Admissions.** In 16 of 17 reporting CEWG areas in 2007, at least one-half of the primary cocaine treatment admissions were age 35 or older (or 40 and older in Seattle), with the largest proportions reported in Baltimore (83.6 percent) and Detroit (82.7 percent) (table 6). In Maine and Texas, proportions of older cocaine admissions were lowest, at approximately 39 and

**Table 6. Demographic Characteristics of Primary Cocaine Treatment Admissions in 17 CEWG Areas as a Percentage<sup>1</sup>: 2007<sup>2</sup>**

CEWG Area	Gender		Race/Ethnicity <sup>3</sup>			Age Group	
	Percent Male	Percent Female	Percent White Non-Hispanic	Percent Afr. Amer. Non-Hispanic	Percent Hispanic	Percent 25 and Under	Percent 35 or Older
Atlanta	53.7	46.3	28.2	66.6	1.7	11.1	65.9
Baltimore	56.1	43.9	13.7	84.6	0.9	4.6	83.6
Boston	57.6	42.4	35.8	45.4	14.5	11.9	67.3
Chicago <sup>4</sup>	57.3	42.7	9.4	81.5	6.8	5.9	75.2
Denver	60.3	39.7	40.6	22.8	32.2	16.3	59.0
Detroit	56.7	43.3	8.3	89.5	1.4	3.9	82.7
Los Angeles	64.5	35.5	15.3	56.5	24.2	8.0	76.4
Maine	46.7	53.3	92.6	4.3	NR <sup>5</sup>	24.4	39.1
Maryland	58.7	41.3	41.6	54.6	1.3	12.4	69.0
Mpls./St. Paul	62.8	37.2	44.2	45.6	3.2	13.8	66.1
New York City	69.4	30.6	14.4	57.3	24.3	6.5	77.0
Philadelphia	72.5	27.5	28.9	61.5	11.3	10.9	62.5
Phoenix	59.9	40.1	44.2	32.3	20.5	12.8	66.5
San Diego	68.5	31.5	26.8	54.7	12.0	13.3	74.3
Seattle	64.4	35.6	* <sup>6</sup>	*	*	8.8	58.3 <sup>7</sup>
St Louis	56.6	43.4	26.9	71.3	0.8	5.7	76.3
Texas	50.2	49.8	34.0	33.0	31.8	20.8	50.0

<sup>1</sup>Percentages rounded to the nearest tenth.

<sup>2</sup>Data reported are for CY 2007, with the exception of Chicago.

<sup>3</sup>CEWG areas differ in the racial/ethnic composition of the general population, which should be taken into account when interpreting these data. Some areas (Philadelphia, Boston, and St. Louis) allow more than one race/ethnicity to be coded per case.

<sup>4</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

<sup>5</sup>NR=Not reported by the CEWG area representative.

<sup>6</sup>\*=Seattle reports using noncensus categories: 36.0 percent White; 47.2 percent African American; and 4.7 percent Hispanic.

<sup>7</sup>Data from Seattle are for age 40 and older.

SOURCE: June 2008 State and local CEWG reports

50 percent, respectively. The highest percentages of cocaine treatment admissions 25 and younger were in Texas (20.8 percent) and Maine (24.4 percent).

### Forensic Laboratory Data on Cocaine/Crack

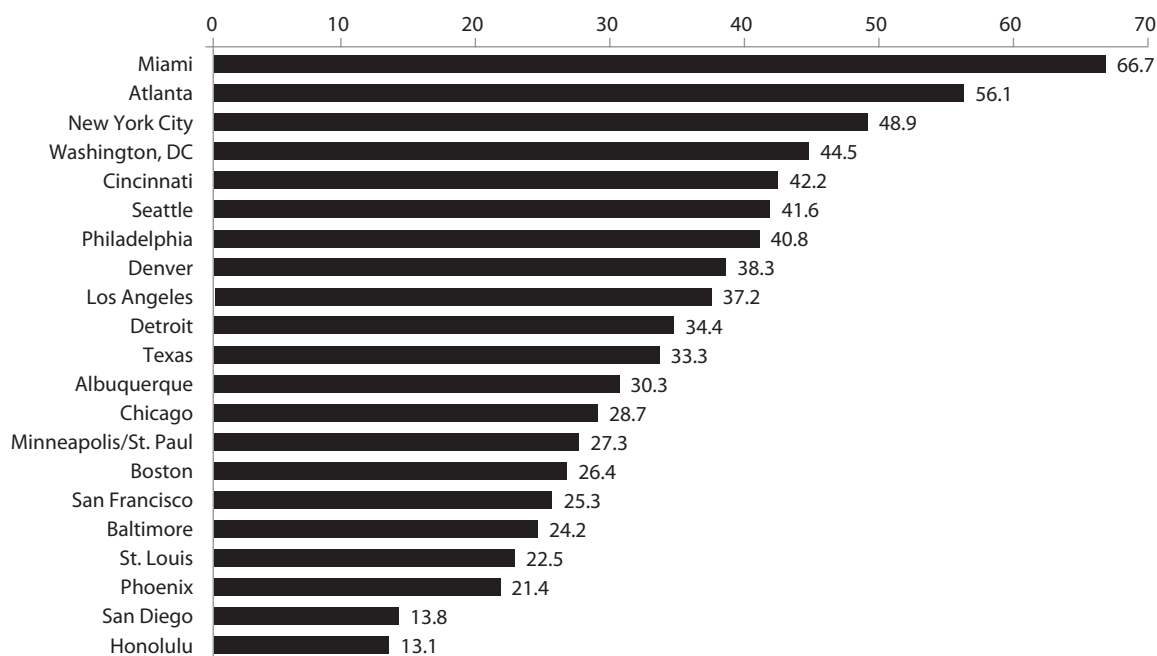
In 2007, cocaine was the drug most frequently reported for 9 of the 21 CEWG areas shown on the map in figure 20 (Section II). Cocaine items as a percentage of the total drug items reported in the NFLIS system were particularly high in Miami/Dade County (close to 67 percent) and Atlanta (approximately 56 percent), followed by New York City and Washington, DC (at 48.9 and 44.5 percent, respectively). The lowest reported frequencies of cocaine drug items among those identified in forensic laboratories were in Honolulu and San Diego, at 13.1 and 13.8 percent, respectively (figure 23 and appendix table 2).

Based on rankings shown in table 1 (Section II), in three of the four southern region CEWG areas (Miami, Atlanta, and Washington, DC), cocaine ranked as the most frequently identified drug in forensic laboratories in 2007. In two of the three CEWG areas in the northeastern region, Philadelphia and New York City, cocaine ranked first among drug items identified, as in four of nine areas in the western region (Texas, Los Angeles, Seattle, and Denver). However, cocaine did not rank first in any of the five areas in the midwestern region, although it ranked second in drug items identified in 2007 in all five areas in the Midwest.

### YRBS Data on Cocaine

Based on 2007 Youth Risk Behavior Survey results (appendix table 4), 7.2 percent of United States high school students reported lifetime use of cocaine in any form (confidence interval

**Figure 23. Cocaine Items Identified as a Percentage of Total NFLIS Drug Items, 21 CEWG Areas: CY 2007**



SOURCE: NFLIS, DEA  
(See appendix table 2.)



[CI]=6.2–8.2). Significantly higher percentages of students in Arizona, New Mexico, Texas, and Los Angeles than in the Nation reported lifetime cocaine use in that year. Respective percentages for these areas were: 14.4 percent (CI=12.6–16.5); 11.6 percent (CI=9.9–13.6); 12.6 percent (CI=10.7–14.7); and 11.4 percent (CI=9.1–14.3). Compared to the U.S. average, 7 of the 20 CEWG areas represented in this data source had lower lifetime cocaine use prevalence rates in 2007: Baltimore, 2.0 percent (CI=1.3–3.2); Boston, 3.7 percent (CI=2.6–5.3); DeKalb County (Atlanta),

4.9 percent (CI=4.0–6.0); Detroit, 2.6 percent (CI=1.7–3.8); New York City, 3.2 percent (CI=2.5–4.1); Philadelphia, 2.6 percent (CI=1.8–3.8); and San Francisco, 4.6 percent (CI=3.7–5.7) (appendix table 4).

Table 7 shows that none of the reporting CEWG areas nor the United States as a whole experienced changes in lifetime cocaine use prevalence when comparing 2005 with 2007 data (despite the reported CDC *t*-test *p*-value of .05, no change was assessed for DeKalb County students by CDC in the reference table).

**Table 7. Comparison of Percentages of High School Students Reporting Lifetime Use of Cocaine, CDC YRBS, with 95-Percent Confidence Intervals and T-Test P-Values at  $P \leq .05$ , by CEWG Area and Year: 2005 and 2007**

CEWG Area	Lifetime Use of Cocaine, 2005 YRBS		Lifetime Use of Cocaine, 2007 YRBS		P Value based on CDC T Test	Direction of Significant Change Identified
	%	95% CI	%	95% CI	P	
Arizona <sup>1</sup>	15.1	(13.1–17.4)	14.4	(12.6–16.5)	n.s. <sup>2</sup>	No Change
Baltimore	2.6	(1.9–3.5)	2.0	(1.3–3.2)	n.s.	No Change
Boston	2.9	(2.2–4.0)	3.7	(2.6–5.3)	n.s.	No Change
Broward County, FL	5.8	(4.3–7.6)	5.9	(4.3–7.9)	n.s.	No Change
Chicago	4.2	(2.4–7.3)	5.9	(3.9–8.8)	n.s.	No Change
DeKalb Co., GA (Atlanta)	3.6	(2.9–4.5)	4.9	(4.0–6.0)	.05	No Change
Detroit	1.7	(1.2–2.4)	2.6	(1.7–3.8)	n.s.	No Change
Hawai‘i	6.5	(4.6–9.1)	5.6	(3.9–7.9)	n.s.	No Change
Los Angeles	10.0	(6.7–14.7)	11.4	(9.1–14.3)	n.s.	No Change
Maryland	6.9	(5.5–8.6)	5.5	(3.7–8.3)	n.s.	No Change
Miami/Dade Co., FL	6.3	(5.3–7.6)	7.5	(6.3–9.0)	n.s.	No Change
New York City	3.6	(3.0–4.3)	3.2	(2.5–4.1)	n.s.	No Change
Palm Beach Co., FL	6.1	(4.6–7.9)	6.4	(5.2–7.8)	n.s.	No Change
San Diego	8.6	(7.1–10.5)	8.6	(7.2–10.3)	n.s.	No Change
San Francisco	4.7	(3.7–6.0)	4.6	(3.7–5.7)	n.s.	No Change
Texas	11.9	(10.4–13.7)	12.6	(10.7–14.7)	n.s.	No Change
United States	7.6	(6.7–8.7)	7.2	(6.2–8.2)	n.s.	No Change

<sup>1</sup>Arizona data include charter schools.

<sup>2</sup>n.s. = not statistically significant.

SOURCE: YRBS Youth Online (cdc.gov); Application URL: <http://apps.nccd.cdc.gov/yrbss/PfCompTableLoc.asp?Mode=CompTableAllLoc&X=1&Questnum=Q49&AQNum=Q49&Cat=3&Year1=2005&Year2=2007>; printed 8/8/08

## Heroin

- Heroin primary treatment admissions, as a percentage of total admissions (excluding primary alcohol admissions), were particularly high in Boston (more than 77 percent), followed by Baltimore (approximately 64 percent).
- Injection continued to be the most frequently reported route of heroin administration among primary heroin admissions in most (11 of 16) CEWG areas, particularly areas west of the Mississippi River, where black tar heroin is the most available form of the drug. In Chicago, New York City, Baltimore, and Detroit, where white South American powder heroin predominates, the majority of heroin treatment admissions reported inhalation as the major mode of administration in this time period, at more than 82 percent, close to 60 percent, and approximately 56 and 54 percent, respectively.
- In 15 of 21 CEWG areas, heroin items accounted for less than 9 percent of total drug items identified in forensic laboratories in 2007 by NFLIS or local/State laboratories; proportions were highest in Chicago and New York City (approximately 12 and 11 percent, respectively). They were lowest in Atlanta and Texas, at approximately 1 percent of drug items identified.
- According to YRBS 2007 data, Arizona students reported higher lifetime heroin use than students in the Nation as a whole, while Miami/Dade County students reported significantly higher lifetime heroin use in 2007 compared with 2005.

### Treatment Admission Data on Heroin

In 2007, primary heroin treatment admissions, as a proportion of total admissions for substance abuse treatment, excluding primary alcohol admissions, ranged from approximately 3 percent in Hawai'i to more than 77 percent in Boston. After Boston, Baltimore had the highest proportion of heroin admissions, at approximately 64.0 percent of all admissions, excluding primary alcohol admissions, in 2007, followed by Chicago (49.2 percent) (table 8). After Hawai'i, the lowest percentage of primary heroin admissions of total admissions was in Atlanta (5.7 percent).

When all admissions, including those for whom alcohol was the primary drug, are examined, heroin ranked first in Boston, Baltimore, Chicago, Detroit, and New York City, and second in Maryland and Los Angeles (Section II, table 2). When primary heroin treatment admissions, excluding primary alcohol admissions, are considered, the same five areas rank first, but Maryland joins them as the sixth area where heroin ranks first among all treatment admissions (Section II, table 3).

**Route of Administration of Heroin.** Route of administration of heroin is directly related to the type of heroin in the area. West of the Mississippi River, where black tar heroin is prevalent, injection was the most frequently reported mode of heroin administration by primary heroin admissions. In the eastern United States, where the more potent South American heroin is dominant, namely in Chicago, Detroit, Baltimore, and New York City, the majority of heroin admissions reported inhalation (table 9). Inhalation or intranasal use was the most frequent mode of heroin administration reported by heroin admissions in Chicago, at approximately 82 percent; followed by New York City, at close to 60 percent; Baltimore, at approximately 56 percent; and Detroit, at 54 percent. This mode was infrequently reported among treatment admissions in Philadelphia, Los Angeles, and San Diego (less than 1.0, 4.8, and 5.2 percent, respectively). Proportions of heroin admissions injecting the drug ranged from a low of 14.4 percent in Chicago to a high of 84.2 percent in Los Angeles. Boston, Denver, and San Diego followed Los Angeles very closely in the

percentage of injection among heroin treatment admissions, falling in the 80–82 percent range in 2007. San Diego and Phoenix reported the highest proportions of heroin treatment admissions whose major mode of administration was smoking, at 14.3 percent and 12.5 percent, respectively. Smoking was reported by less than 2 percent of the heroin admissions in 10 of 16 CEWG areas reporting.

**Gender of Heroin Admissions.** There were proportionally more male than female primary heroin admissions in all 16 CEWG areas represented in table 10. The largest proportions of

male heroin admissions were in New York City (close to 77 percent), Philadelphia and Boston (at approximately 74 percent each), and Los Angeles and San Diego (at 72–73 percent). Conversely, the largest proportions of females were in Chicago and Maine, at approximately 46 percent each.

**Race/Ethnicity of Heroin Admissions.** Racial/ethnic distributions of heroin admissions should be interpreted in light of the facts that CEWG areas differ in the racial/ethnic composition of the general population; census categories are not always used in reporting the data; and three areas allow reporting of multiple race/

**Table 8. Primary Heroin Treatment Admissions in 18 CEWG Areas as a Percentage of Total Admissions, Including and Excluding Primary Alcohol Admissions: 2007<sup>1</sup>**

CEWG Area	Primary Heroin Admissions	Total Admissions with Primary Alcohol Admissions Excluded <sup>2</sup>		Total Admissions with Primary Alcohol Admissions Included	
	#	#	%	#	%
Atlanta	342	5,959	5.7	8,948	3.8
Baltimore	10,057	15,775	63.8	18,905	53.2
Boston	9,813	12,680	77.4	19,239	51.0
Chicago <sup>3</sup>	26,836	54,501	49.2	67,205	39.9
Denver	807	7,706	10.5	12,027	6.7
Detroit	2,468	6,263	39.4	8,408	29.4
Hawai‘i	181	6,204	2.9	9,058	2.0
Los Angeles	10,150	42,069	24.1	51,662	19.6
Maine	991	6,595	15.0	12,395	8.0
Maryland	16,667	42,784	39.0	66,852	24.9
Mpls./St. Paul	1,215	9,338	13.0	19,092	6.4
New York City	22,612	59,190	38.2	81,492	27.7
Philadelphia	2,775	11,739	23.6	15,145	18.3
Phoenix	345	2,327	14.8	3,517	9.8
San Diego	2,515	11,696	21.5	14,585	17.2
Seattle	1,478	7,912	18.7	12,476	11.8
St. Louis	1,573	6,535	24.1	10,163	15.5
Texas	8,622	66,379	13.0	88,452	9.7

<sup>1</sup>Data are reported for CY 2007 for all sites, with the exception of Chicago.

<sup>2</sup>Percentages of primary heroin admissions are obtained from admissions with primary alcohol admissions excluded for comparability with past data.

<sup>3</sup>Data are for FY 2007 (July 2006–June 2007).

SOURCE: June 2008 State and local CEWG reports

ethnicity categories for one case (so that race/ethnicity counts total more than total admissions). More than one-half of heroin admissions were White non-Hispanic in 9 of the 16 CEWG sites reporting in 2007 (table 10). The range was from 9.1 percent White non-Hispanics in Chicago to 94.7 percent in Maine. The highest percentages of African American non-Hispanic heroin admissions were in Detroit (87.2 percent) and Chicago (82.0 percent), followed by Maryland (53.4 percent), St. Louis (47.0 percent), and Atlanta (43.9 percent). This is consistent with racial/ethnic distributions in those areas. African American non-Hispanics were least represented among heroin treatment admissions in San Diego and Phoenix (where they constituted approximately 5 percent

each). On the other hand, Hispanics represented close to 55 percent of primary heroin treatment admissions in Texas and nearly one-half of those in New York City and Los Angeles (47–49 percent of admissions, not including primary alcohol admissions). Approximately 1 percent of such admissions were Hispanic in Maryland, Detroit, Atlanta, and St. Louis in 2007.

**Age of Heroin Admissions.** In 10 of 16 reporting CEWG areas, more than one-half of the primary heroin admissions in 2007 were age 35 or older, with the highest proportions in Detroit (90.9 percent) and Chicago (81.8 percent) (table 10). Maine reported the highest percentage of heroin treatment admissions among those age 25 and younger, at 41.1 percent.

**Table 9. Major Route of Administration of Heroin Among Treatment Admissions in 16 CEWG Areas as a Percentage<sup>1</sup> of Primary Heroin Treatment Admissions: 2007<sup>2</sup>**

CEWG Area	Smoked		Inhaled		Injected		Other/Unknown		Total N
	#	%	#	%	#	%	#	%	
Atlanta	9	2.6	92	26.9	223	65.2	18	5.3	342
Baltimore	91	0.9	5,603	55.7	4,284	42.6	79	0.8	10,057
Boston	55	0.6	1,364	13.9	8,080	82.3	314	3.2	9,813
Chicago <sup>3</sup>	465	1.7	22,053	82.2	3,870	14.4	448	1.7	26,836
Denver	77	9.5	64	7.9	657	81.4	9	1.1	807
Detroit	25	1.0	1,336	54.1	1,075	43.6	32	1.3	2,468
Los Angeles	933	9.2	484	4.8	8,550	84.2	183	1.8	10,150
Maine	11	1.1	201	20.3	737	74.4	42	4.2	991
Maryland	162	1.0	7,282	43.7	9,026	54.2	197	1.2	16,667
Mpls./St. Paul	65	5.3	361	29.7	770	63.4	19	1.6	1,215
New York City	117	0.5	13,555	59.9	8,743	38.7	197	0.9	22,612
Philadelphia	5	0.2	22	0.8	1,146	41.3	1,602	57.7	2,775
Phoenix	43	12.5	26	7.5	266	77.1	10	2.9	345
San Diego	359	14.3	132	5.2	2,003	79.6	21	0.8	2,515
St. Louis	29	1.8	652	41.4	877	55.8	15	1.0	1,573
Texas	99	1.1	1,698	19.7	6,594	76.5	231	2.7	8,622

<sup>1</sup>Percentages may not sum to 100 due to rounding.

<sup>2</sup>Data are reported for CY 2007 for all sites, with the exception of Chicago.

<sup>3</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

SOURCE: June 2008 State and local CEWG reports

### Forensic Laboratory Data on Heroin

In 15 of the 21 CEWG areas shown earlier in the map in figure 20, heroin items accounted for less than 9 percent of the total drug items reported by NFLIS. As a proportion of total drug items, heroin items were higher in Chicago (12.1 percent), New York City (10.6 percent), Albuquerque (9.6 percent), Washington, DC (9.5 percent), and Philadelphia (9.5 percent) than in other CEWG areas. Heroin drug items identified were lowest in Atlanta, followed by Texas, Honolulu,

and Minneapolis/St. Paul (figure 24 and appendix table 2).

Heroin was not ranked as the number one most frequently identified drug in any of the CEWG areas in 2007 (table 1), and it appeared as no higher than third in the rankings of drug items identified in that year.

### YRBS Data on Heroin

According to YRBS results for 2007, New Mexico and Arizona high school students reported

**Table 10. Demographic Characteristics of Primary Heroin Treatment Admissions in 16 CEWG Areas as a Percentage<sup>1</sup>: 2007<sup>2</sup>**

CEWG Area	Gender		Race/Ethnicity <sup>3</sup>			Age Group	
	Percent Male	Percent Female	Percent White Non-Hispanic	Percent Afr. Amer. Non-Hispanic	Percent Hispanic	Percent 25 and Under	Percent 35 or Older
Atlanta	68.7	31.3	50.3	43.9	1.5	15.2	61.4
Boston	74.0	26.0	65.7	11.8	19.1	23.3	42.8
Chicago <sup>4</sup>	54.1	45.9	9.1	82.0	7.3	4.4	81.8
Denver	67.0	33.0	65.7	7.2	23.3	15.7	56.3
Detroit	58.3	41.7	10.6	87.2	1.3	2.7	90.9
Los Angeles	73.4	26.6	39.1	9.4	46.5	9.3	74.5
Maine	54.3	45.7	94.7	2.1	NR <sup>5</sup>	41.1	18.5
Maryland	61.1	38.9	44.3	53.4	0.8	17.1	62.1
Mpls./St. Paul	68.6	31.4	63.2	29.1	2.6	24.5	49.1
New York City	76.6	23.3	19.2	27.2	49.2	4.6	78.6
Philadelphia	74.1	25.9	63.9	23.5	13.9	22.9	40.8
Phoenix	67.8	32.2	60.6	5.2	31.9	19.7	61.4
San Diego	72.4	27.6	52.1	4.9	37.9	15.9	57.2
Seattle	64.2	35.8	* <sup>6</sup>	*	*	13.3	50.5 <sup>7</sup>
St. Louis	55.5	44.5	50.3	47.0	1.3	27.0	32.4
Texas	63.6	36.4	35.7	8.6	54.5	27.9	43.4

<sup>1</sup>Percentages are rounded to the nearest tenth.

<sup>2</sup>Data are reported for CY 2007 for all sites, with the exception of Chicago.

<sup>3</sup>Boston, Philadelphia, and St. Louis reported more race/ethnicity admissions than total primary heroin admissions because a case can be classified in more than one race/ethnicity category. Detroit reported four fewer race/ethnicity cases than total primary heroin cases. The racial/ethnic population distribution varies across CEWG areas.

<sup>4</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

<sup>5</sup>NR=Not reported by the CEWG area representative.

<sup>6</sup>\*=Seattle reports using noncensus categories: 67.5 percent White; 16.1 percent African American; and 7.0 percent Hispanic.

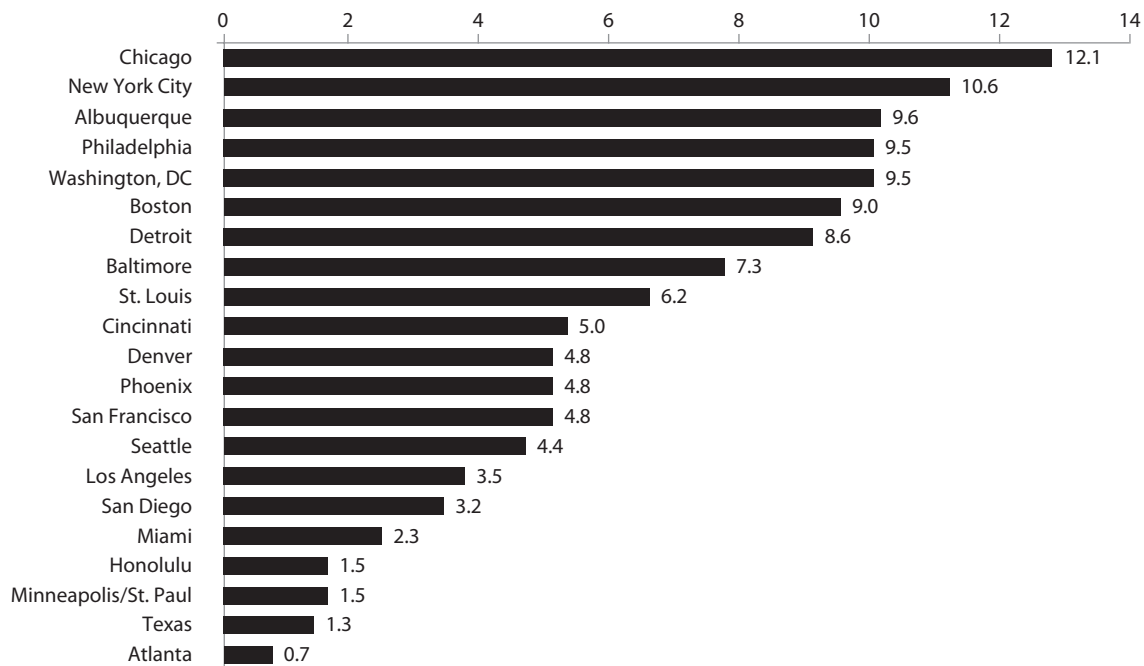
<sup>7</sup>Data from Seattle are for age 40 and older.

SOURCE: June 2008 State and local CEWG reports

significantly higher lifetime heroin use than students across the Nation. Approximately 5 percent of the New Mexico and Arizona students (5.0 percent [CI=3.9–6.3] in New Mexico, and 5.2 percent [CI=4.2–6.4] in Arizona) reported ever using heroin, compared with approximately 2.0 percent of students in the Nation (2.3 percent, CI=1.8–2.8) (appendix table 4).

Comparing 2005 with 2007 YRBS data, only Miami/Dade County high school students showed significant increases in self-reported lifetime heroin use. Lifetime use prevalence rose from 1.8 percent (CI=1.3–2.6) to 3.0 percent (CI=2.3–4.0) in Miami/Dade County between 2005 and 2007 (table 11).

**Figure 24. Heroin Items Identified as a Percentage of Total NFLIS Drug Items in 21 CEWG Areas: CY 2007**



SOURCE: NFLIS, DEA  
(See appendix table 2.)

**Table 11. Comparison of Percentages of High School Students Reporting Lifetime Use of Heroin, CDC YRBS, with 95-Percent Confidence Intervals and T-Test P-Values at  $P \leq .05$ , by CEWG Area and Year: 2005 and 2007**

CEWG Area	Lifetime Use of Heroin, 2005 YRBS		Lifetime Use of Heroin, 2007 YRBS		P Value based on CDC T Test	Direction of Significant Change Identified
	%	95% CI	%	95% CI	P	
Arizona <sup>1</sup>	4.3	(3.3–5.6)	5.2	(4.2–6.4)	n.s. <sup>2</sup>	No Change
Baltimore	2.1	(1.5–3.0)	1.8	(1.1–2.8)	n.s.	No Change
Boston	1.9	(1.3–2.8)	2.8	(1.8–4.2)	n.s.	No Change
Broward County, FL	2.5	(1.6–4.0)	1.5	(0.9–2.7)	n.s.	No Change
Chicago	2.0	(0.9–4.4)	3.7	(2.1–6.2)	n.s.	No Change
Detroit	0.8	(0.4–1.7)	1.6	(1.0–2.6)	n.s.	No Change
Los Angeles	1.8	(1.2–2.7)	3.1	(2.0–4.8)	n.s.	No Change
Maine	3.5	(2.4–5.2)	3.8	(2.3–6.4)	n.s.	No Change
Maryland	2.6	(1.9–3.5)	2.4	(1.4–4.0)	n.s.	No Change
Miami/Dade Co., FL	1.8	(1.3–2.6)	3.0	(2.3–4.0)	.02	Increase
New York City	1.8	(1.3–2.4)	1.3	(0.9–1.9)	n.s.	No Change
Palm Beach Co., FL	3.2	(2.0–4.9)	3.5	(2.3–5.2)	n.s.	No Change
San Diego	3.2	(2.4–4.2)	3.2	(2.4–4.3)	n.s.	No Change
San Francisco	2.3	(1.7–3.1)	2.3	(1.5–3.3)	n.s.	No Change
Texas	3.0	(2.2–4.0)	2.4	(1.9–3.0)	n.s.	No Change
United States	2.4	(2.0–2.8)	2.3	(1.8–2.8)	n.s.	No Change

<sup>1</sup>Arizona data include charter schools.

<sup>2</sup>n.s.= not statistically significant.

SOURCE: YRBS Youth Online (cdc.gov); Application URL: <http://apps.nccd.cdc.gov/yrbss/PfCompTableLoc.asp?Mode=CompTableAllLoc&X=1&Questnum=Q52&AQNum=Q52&Cat=3&Year1=2005&Year2=2007>; printed 8/8/08

## Other Opiates/Narcotic Analgesics

- Treatment admissions for primary abuse of other opiates, as a percentage of total admissions excluding primary alcohol admissions, ranged from less than 1 percent to approximately 10 percent in 16 of 17 reporting CEWG areas. The outlier was Maine, where nearly 48 percent of primary treatment admissions were for other opiate problems.
- Of total drug items identified in forensic laboratories in 21 CEWG areas, oxycodone and hydrocodone often appeared in the top 10 ranked drug items in terms of frequency in 2007. In Baltimore, Philadelphia, Boston, and Cincinnati, oxycodone ranked fourth in drug items identified, and it ranked fifth in Phoenix and Minneapolis/St. Paul. Hydrocodone ranked fifth in frequency of drug items identified in Atlanta, Cincinnati, Texas, San Diego, and Albuquerque.
- Methadone ranked 5th in drug items identified in forensic laboratories in 2007 in New York City, 8th in Baltimore and Seattle, 9th in Atlanta, and 10th in Boston; Washington, DC; Chicago; Cincinnati; and San Francisco.
- Buprenorphine ranked sixth in drug items identified in Boston and seventh in Baltimore in 2007.

### Treatment Admission Data on Other Opiates/Narcotic Analgesics

In the 2007 reporting period, 17 CEWG areas provided data on treatment admissions for primary abuse of opiates other than heroin. Excluding primary alcohol admissions, the other opiates admissions group accounted for nearly one-half (47.6 percent) of the primary treatment admissions in Maine. This was followed distantly by Maryland and Minneapolis/St. Paul, where approximately 10 percent of primary treatment admissions, excluding primary alcohol admissions, were for other opiates in 2007. At the other extreme, Philadelphia, Chicago, and New York City accounted for approximately 1 percent of such admissions (table 12).

**Gender of Other Opiate/Narcotic Analgesic Admissions.** A higher percentage of primary admissions for other opiates were male in 11 of 17 reporting CEWG areas, notably in Philadelphia (75.9 percent), New York City (65.1 percent), Boston (62.9 percent), and San Diego (61.5 percent) (table 13). In Detroit, 64.5 percent of primary other opiate admissions were female.

**Race/Ethnicity of Other Opiate/Narcotic Analgesic Admissions.** Racial/ethnic distributions of other opiate admissions should be

interpreted in light of the facts that CEWG areas differ in the racial/ethnic composition of the general population; census categories are not always used in reporting the data; and three areas allow reporting of multiple race/ethnicity categories for one case (so that race/ethnicity counts total more than total admissions). In 2007, the majority of other opiate admissions in all but 2 of 17 CEWG areas were White non-Hispanic. The highest percentages were in Maine and Atlanta (95.1 and 90.3 percent, respectively). The exceptions were Detroit and Chicago, where a majority of other opiate treatment admissions were African American non-Hispanic (67.3 and 65.3 percent, respectively). Besides Detroit and Chicago, the highest percentage of African American non-Hispanics was reported among other opiate admissions in Baltimore (41.5 percent). The highest proportions of Hispanics were reported in Los Angeles, Texas, Philadelphia, Phoenix, San Diego, and New York City, ranging from approximately 12–19 percent (table 13).

**Age of Other Opiate/Narcotic Analgesic Admissions.** In Baltimore, Chicago, Detroit, Los Angeles, New York City, Minneapolis/St. Paul, and Denver, a majority of primary other opiate admissions were age 35 or older (approximately 50–70 percent). The age group 25 and younger



was more highly represented among other opiate admissions in Maine (41.0 percent) than in other CEWG areas (table 13).

### Forensic Laboratory Data on Other Opiates/Narcotic Analgesics

Of the narcotic analgesic/other opiate items identified by forensic laboratories across CEWG areas in 2007, oxycodone and hydrocodone were the two most frequently reported in most areas. However, they rarely accounted for more than 2 percent of all drug items identified in any area (table 14 and appendix table 2).

Boston reported the highest frequency of oxycodone items identified in forensic laboratories in 2007, at 4.3 percent, followed by Seattle (3.4 percent) and Philadelphia (3.1 percent). Oxycodone ranked fourth in drug items identified in Boston, Philadelphia, Baltimore (2.8 percent of drug items identified), and Cincinnati (at 2.0 percent) (Section II, table 1; and table 14). It ranked fifth in frequency of drug items identified in forensic laboratories in two other CEWG areas: Minneapolis/St. Paul and Phoenix (representing 1.7 and 1.1 percent of drug items identified in those respective sites). Oxycodone ranked sixth in drug items identified in Seattle (3.4 percent),

**Table 12. Primary Other Opiate Treatment Admissions in 17 CEWG Areas as a Percentage of Total Admissions, Including and Excluding Primary Alcohol Admissions: 2007<sup>1</sup>**

CEWG Area	Primary Other Opiate Admissions	Total Admissions with Primary Alcohol Admissions Excluded <sup>2</sup>		Total Admissions with Primary Alcohol Admissions Included	
	#	#	%	#	%
Atlanta	361	5,959	6.1	8,948	4.0
Baltimore	573	15,775	3.6	18,905	3.0
Boston	585	12,680	4.6	19,239	3.0
Chicago <sup>3</sup>	570	54,501	1.0	67,205	0.8
Denver	400	7,706	5.2	12,027	3.3
Detroit	110	6,263	1.8	8,408	1.3
Los Angeles	1,161	42,069	2.8	51,662	2.2
Maine	3,142	6,595	47.6	12,395	25.3
Maryland	4,453	42,784	10.4	66,852	6.7
Mpls./St. Paul	942	9,338	10.1	19,092	4.9
New York City	739	59,190	1.2	81,492	0.9
Philadelphia	87	11,739	0.7	15,145	0.6
Phoenix	109	2,327	4.7	3,517	3.1
San Diego	569	11,696	4.9	14,585	3.9
Seattle	511	7,912	6.5	12,476	4.1
St. Louis	190	6,535	2.9	10,163	1.9
Texas	4,642	66,379	7.0	88,452	5.2

<sup>1</sup>Data reported are for CY 2007 for all sites, with the exception of Chicago. No cases were reported for Hawai'i.

<sup>2</sup>Percentages of primary other opiate admissions are obtained from admissions with primary alcohol admissions excluded for comparability with past data.

<sup>3</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

SOURCE: June 2008 State and local CEWG reports

Honolulu (1.0 percent), and San Francisco (1.3 percent) (Section II, table 1; and table 14). In 10 of 21 CEWG areas, oxycodone represented less than 1 percent of the total drug items identified in 2007 (table 14).

Hydrocodone ranked fifth in drug items identified in 5 of 21 areas, namely Atlanta, Cincinnati, San Diego, Albuquerque, and Texas (Section II, table 1). Identified percentages ranged from 4.4 percent in Texas and 2.7 percent in Atlanta to less

than 1.0 percent in 12 of 21 areas reporting in 2007 (table 14).

Boston was the only CEWG area with at least 1 percent of drug items identified containing buprenorphine, while New York City and Seattle reported percentages of 1 or higher for methadone drug items (table 14). In Boston, 550 drug items containing buprenorphine were identified in 2007, constituting 1.8 percent of all drug items identified in that year. In New York City, 577 drug items containing methadone were identified

**Table 13. Demographic Characteristics of Primary Treatment Admissions for Opiates Other than Heroin in 17 CEWG Areas, by Percent<sup>1</sup>: 2007<sup>2</sup>**

CEWG Area	Gender		Race/Ethnicity <sup>3</sup>			Age Group	
	Percent Male	Percent Female	Percent White Non-Hispanic	Percent Afr. Amer. Non-Hispanic	Percent Hispanic	Percent 25 and Under	Percent 35 or Older
Atlanta	47.4	52.6	90.3	8.9	0.6	23.8	44.0
Baltimore	45.2	54.8	56.4	41.5	0.3	18.2	53.8
Boston	62.9	37.1	88.5	5.3	4.6	30.6	43.1
Chicago <sup>4</sup>	48.6	51.4	20.5	65.3	10.4	16.5	70.0
Denver	48.3	51.8	85.0	2.3	11.0	16.3	50.8
Detroit	35.5	64.5	27.3	67.3	4.5	8.2	63.6
Los Angeles	56.2	43.8	66.1	7.7	19.0	15.1	63.1
Maine	48.9	51.1	95.1	1.4	NR <sup>5</sup>	41.0	24.3
Maryland	54.4	45.6	87.6	8.7	1.4	32.1	39.3
Mpls./St. Paul	53.1	46.9	85.4	4.7	1.8	23.1	50.2
New York City	65.1	34.9	74.0	11.1	11.9	20.7	56.0
Philadelphia	75.9	24.1	62.1	24.1	16.1	33.3	34.5
Phoenix	52.3	47.7	81.7	1.8	12.8	23.9	39.4
San Diego	61.5	38.5	79.8	3.5	12.3	26.7	45.0
Seattle	55.4	44.6	* <sup>6</sup>	*	*	34.8	23.8 <sup>7</sup>
St Louis	52.6	47.4	73.2	23.2	5.3	20.0	49.5
Texas	50.7	49.3	71.0	9.2	19.4	22.2	43.4

<sup>1</sup>Percentages are rounded to the nearest tenth.

<sup>2</sup>Data reported are for CY 2007 for all sites, with the exception of Chicago.

<sup>3</sup>CEWG areas differ in the racial/ethnic composition of the general population, which should be taken into account when interpreting these data. Some areas (Philadelphia, Boston, and St. Louis) allow more than one race/ethnicity to be coded per case.

<sup>4</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

<sup>5</sup>NR = Not reported by the CEWG area representative.

<sup>6</sup>\*=Seattle reports using noncensus categories: 73.2 percent White; 7.2 percent African American; and 2.7 percent Hispanic.

<sup>7</sup>Data from Seattle are for age 40 and older.

SOURCE: June 2008 State and local CEWG reports

in 2007, representing 1.0 percent of all drug items identified, and 48 drug items containing methadone were identified in Seattle, representing 1.2 percent of all identified items in 2007 (table 14).

According to table 1 (Section II), methadone ranked 5th in identified drugs in New York City, 8th in Baltimore and Seattle, 9th in Atlanta, and 10th in Washington, DC; Boston; Chicago; Cincinnati; and San Francisco.

**Table 14. Selected Other Opiate/Narcotic Analgesic Items Reported by Forensic Laboratories in 21 CEWG Areas, by Number and Percentage of Total Items Identified: CY 2007**

CEWG Area	Oxycodone		Hydrocodone		Methadone		Fentanyl		Buprenorphine		Total Items
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	
Albuquerque	5	* <sup>1</sup>	10	*	2	*	1	*	0	*	1,349
Atlanta	258	1.8	400	2.7	108	*	0	*	0	*	14,601
Baltimore	233	2.8	66	*	52	*	5	*	54	*	8,323
Boston	1,312	4.3	294	1.0	183	*	15	*	550	1.8	30,563
Chicago	54	*	309	*	89	*	7	*	40	*	86,681
Cincinnati	272	2.0	202	1.5	54	*	0	*	0	*	13,535
Denver	63	*	71	1.1	6	*	0	*	2	*	6,741
Detroit	57	*	63	*	12	*	4	*	5	*	7,984
Honolulu	28	1.0	11	*	9	*	0	*	0	*	2,871
Los Angeles	138	*	463	*	54	*	2	*	25	*	60,024
Miami	137	*	50	*	14	*	1	*	2	*	31,362
Mpls./St. Paul	77	1.7	49	1.1	13	*	0	*	1	*	4,649
New York City	474	*	365	*	577	1.0	11	*	55	*	55,955
Philadelphia	803	3.1	197	*	93	*	59	*	6	*	26,286
Phoenix	103	1.1	85	*	14	*	3	*	6	*	9,035
San Diego	135	*	331	1.6	38	*	9	*	16	*	20,246
San Francisco	187	1.3	124	*	85	*	0	*	5	*	13,871
Seattle	135	3.4	67	1.7	48	1.2	0	*	10	*	3,916
St. Louis	185	1.1	191	1.1	50	*	13	*	23	*	16,667
Washington, DC	34	*	30	*	14	*	1	*	12	*	4,141
Texas	219	*	2,556	4.4	198	*	NR <sup>2</sup>	*	NR	*	57,890

<sup>1</sup>\*=Only percentages of 1.0 or higher are reported in this table.

<sup>2</sup>NR = Not reported by the CEWG area representative.

SOURCES: All data, with the exception of Texas, were received from NFLIS, DEA, on May 9, 2008 (see appendix table 2). Texas NFLIS data, provided by the Texas Department of Public Safety to NFLIS, were accessed and analyzed by the Texas area member on April 16, 2008; data are subject to change and may differ according to the date on which they were queried

## Benzodiazepines/Depressants

### Treatment Admission Data on Benzodiazepines/Depressants

In most CEWG area treatment data systems, benzodiazepines are included with other depressants, barbiturates, and sedative/hypnotics; these admissions continued to account for small proportions of total treatment admissions. However, some CEWG areas note that benzodiazepines or sedative/hypnotics are secondary or tertiary drugs of abuse among some treatment admissions.

### Forensic Laboratory Data on Benzodiazepines/Depressants

In 2007, three benzodiazepine-type items—alprazolam, clonazepam, and diazepam—were the most frequently reported benzodiazepines identified by forensic laboratories in 21 CEWG areas. Table 15 shows the numbers and percentages of drug items containing alprazolam, clonazepam, and diazepam in each of the reporting CEWG areas.

**Table 15. Selected Benzodiazepine Items Reported by Forensic Laboratories in 21 CEWG Areas, by Number and Percentage of Total Items Identified: CY 2007**

CEWG Area	Alprazolam		Clonazepam		Diazepam		Total Items
	#	(%)	#	(%)	#	(%)	
Albuquerque	1	* <sup>1</sup>	3	*	2	*	1,349
Atlanta	496	3.4	62	*	46	*	14,601
Baltimore	74	*	41	*	30	*	8,323
Boston	345	1.1	640	2.1	168	*	30,563
Chicago	161	*	42	*	60	*	86,681
Cincinnati	112	*	53	*	78	*	13,535
Denver	23	*	20	*	18	*	6,741
Detroit	70	*	8	*	16	*	7,984
Honolulu	13	*	3	*	11	*	2,871
Los Angeles	168	*	94	*	121	*	60,024
Miami	421	1.3	33	*	30	*	31,362
Mpls./St. Paul	19	*	18	*	13	*	4,649
New York City	791	1.4	266	*	81	*	55,955
Philadelphia	768	2.9	122	*	76	*	26,286
Phoenix	47	*	28	*	21	*	9,035
San Diego	97	*	87	*	98	*	20,246
San Francisco	31	*	64	*	57	*	13,871
Seattle	18	*	15	*	20	*	3,916
St. Louis	244	1.5	63	*	59	*	16,667
Washington, DC	19	*	6	*	2	*	4,141
Texas	3,857	6.7	485	*	366	*	57,890

<sup>1</sup>\*=Only percentages of 1.0 or higher are reported in this table.

SOURCES: All data, with the exception of Texas, were received from NFLIS, DEA, on May 9, 2008 (see appendix table 2). Texas NFLIS data, provided by the Texas Department of Public Safety to NFLIS, were accessed and analyzed by the Texas area member on April 16, 2008; data are subject to change and may differ according to the date on which they were queried

**Alprazolam.** In the 21 CEWG areas for which NFLIS data were reported for 2007, the highest percentage of alprazolam drug items identified was in Texas (6.7 percent), followed by Atlanta and Philadelphia (approximately 3.0 percent each). Alprazolam drug items were reported at 1.1–1.5 percent in St. Louis, New York City, Miami, and Boston and at less than 1.0 percent in the remaining 14 reporting CEWG areas (table 15).

In table 1 (Section II), which shows the rankings of the most frequently reported drugs in NFLIS 2007 data, alprazolam ranked fourth in frequency among the top 10 drug items identified in four CEWG areas: Miami/Dade County, Atlanta, New York City, and Texas. It ranked fifth in Baltimore.

**Clonazepam.** Drug items containing clonazepam accounted for approximately 2 percent of all drug items in Boston. Its presence was minimal in all 20 other CEWG areas (table 15). In Boston, clonazepam figured as the fifth most frequently identified drug in forensic laboratories in 2007, but the drug ranked no higher than ninth in any other CEWG area (Section II, table 1).

**Diazepam.** Drug items containing diazepam accounted for less than 1 percent of all drug items in each of the 21 CEWG areas (table 15). However, diazepam ranked eighth in San Diego and Cincinnati among drug items identified in NFLIS forensic laboratories in 2007 (Section II, table 1).

## Methamphetamine

- The proportions of primary treatment admissions (excluding primary alcohol admissions) for methamphetamine abuse in 15 reporting CEWG areas were especially high in Hawai‘i, San Diego, and Phoenix, at approximately 53, 44, and 43 percent, respectively. They were also relatively high in Los Angeles (more than 28 percent) and Denver (close to 22 percent).
- Methamphetamine ranked first in treatment admissions as a percentage of all treatment admissions (excluding primary alcohol admissions) in four areas, all in the western region—Hawai‘i, Los Angeles, San Diego, and Phoenix.
- Methamphetamine ranked first among all drugs in proportion of forensic laboratory items identified in three areas—Honolulu, San Francisco, and Minneapolis/St. Paul—in 2007. The largest proportion of methamphetamine items identified by forensic laboratories was reported in Honolulu (close to 51 percent), followed by Minneapolis/St. Paul (nearly 32 percent), Phoenix, and San Francisco (approximately 28 percent each). On the other hand, less than 1–2 percent of drug items identified as containing methamphetamine were reported in most CEWG metropolitan areas east of the Mississippi, including Washington, DC; Chicago; Philadelphia; New York City; Cincinnati; Miami; Detroit; Baltimore; and Boston.
- Los Angeles, Arizona, New Mexico, Texas, and San Diego high school students reported higher lifetime use of methamphetamine than did U.S. students as a whole in the 2007 YRBS. Students in seven CEWG areas, all east of the Mississippi River, reported lower lifetime methamphetamine use than did students nationally in that year. Increased self-reported lifetime use of methamphetamine among high school students in Chicago and Miami/Dade County between 2005 and 2007 was documented in YRBS data, in contrast to significant declines in lifetime use of this drug among the U.S. sample as a whole during the same period.

### Treatment Admission Data on Methamphetamine

Data on primary methamphetamine treatment admissions in 2007 were reported for 15 CEWG areas (table 16). As a percentage of total treatment admissions, excluding primary alcohol admissions, Hawai‘i had the highest proportion of methamphetamine admissions, at more than one-half (53.1 percent). In the same period, primary methamphetamine admissions accounted for approximately 43–44 percent of primary admissions, excluding primary alcohol admissions, in San Diego and Phoenix, and for approximately 28, 22, and 17 percent in Los Angeles, Denver, and Seattle, respectively (table 16). Eight CEWG areas, all east of the Mississippi River, reported that either no or very few admissions (Detroit, Philadelphia, and Baltimore) or less than 1 percent (Boston, Chicago, Maine, Maryland, and New

York City) were for primary methamphetamine abuse (table 16). On the other hand, three areas—one in the midwestern region (Minneapolis/St. Paul) and the others in the southern region (Atlanta and Texas)—reported that between 12 and 14 percent of primary treatment admissions, excluding primary alcohol admissions, were for methamphetamine problems in 2007.

**Route of Administration of Methamphetamine.** In the 13 CEWG areas represented in table 17, smoking was the most common mode of administering methamphetamine among primary methamphetamine admissions in all but Maine (29.4 percent) and Maryland (33.3 percent). Smoking was reported at levels ranging from 29.4 percent in Maine to 80.0 percent in Phoenix, with relatively high percentages of smoking reported in Los Angeles (76.8 percent), San Diego (72.1 percent), and Minneapolis/St.

Paul (72.1 percent). Maryland, St. Louis, Chicago, and Texas had the largest proportions of methamphetamine admissions who injected the drug (ranging from approximately 25 percent to more than 30 percent), while the highest percentage reporting inhalation as the major route of methamphetamine administration was in Maine, at approximately 47 percent, followed remotely by New York City, at approximately 18 percent (table 17). It should be noted that because numbers of primary methamphetamine admissions are relatively small in Maine, Maryland, Boston, and Chicago, caution should be used in interpreting route-of-administration data.

**Gender of Methamphetamine Admissions.** In 11 of 14 CEWG areas reporting on the gender of primary methamphetamine admissions, males represented the majority. The largest proportions of male methamphetamine admissions were in New York City, at 89.4 percent, and Boston, at 85.1 percent. In Phoenix, Texas, and Atlanta, females predominated among primary methamphetamine admissions, representing 54.2 percent, 56.0 percent, and 61.5 percent of treatment admissions, respectively (table 18).

**Race/Ethnicity of Methamphetamine Admissions.** Racial/ethnic distributions of methamphetamine admissions should be interpreted in

**Table 16. Primary Methamphetamine Treatment Admissions in 15 CEWG Areas as a Percentage of Total Admissions, Including and Excluding Primary Alcohol Admissions: 2007<sup>1</sup>**

CEWG Area	Primary Methamphetamine Admissions	Total Admissions with Primary Alcohol Admissions Excluded <sup>2</sup>		Total Admissions with Primary Alcohol Admissions Included	
	#	#	%	#	%
Atlanta	743	5,959	12.5	8,948	8.3
Boston	67	12,680	0.5	19,239	0.3
Chicago <sup>3</sup>	114	54,501	0.2	67,205	0.2
Denver	1,672	7,706	21.7	12,027	13.9
Hawai'i	3,296	6,204	53.1	9,058	36.4
Los Angeles	11,853	42,069	28.2	51,662	22.9
Maine	34	6,595	0.5	12,395	0.3
Maryland	63	42,784	0.1	66,852	0.1
Mpls./St. Paul	1,283	9,338	13.7	19,092	6.7
New York City	226	59,190	0.4	81,492	0.3
Phoenix	1,007	2,327	43.3	3,517	28.6
San Diego	5,185	11,696	44.3	14,585	35.6
Seattle	1,367	7,912	17.3	12,476	11.0
St. Louis	256	6,535	3.9	10,163	2.5
Texas	9,560	66,379	14.4	88,452	10.8

<sup>1</sup>Data reported are for CY 2007, with the exception of Chicago. Data for three CEWG areas—Detroit, Philadelphia, and Baltimore—are excluded from this table since they reported zero, two, and nine primary methamphetamine treatment admissions in the period, respectively.

<sup>2</sup>Percentages of primary methamphetamine admissions are obtained from admissions with primary alcohol admissions excluded for comparability with past data.

<sup>3</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

SOURCE: June 2008 State and local CEWG reports

light of the facts that CEWG areas differ in the racial/ethnic composition of the general population; census categories are not always used in reporting the data; and three areas allow reporting of multiple race/ethnicity categories for one case (so that race/ethnicity counts total more than total admissions). The racial/ethnic distribution of primary methamphetamine treatment admissions in CEWG metropolitan areas reporting for 2007 showed that nearly all (approximately 95–97 percent) of the methamphetamine treatment admissions in Atlanta and St. Louis were White non-Hispanic, as were approximately 81–88 percent in Maryland, Minneapolis/St. Paul, Texas, and Maine (table 18). A little more than one-third (34.3 percent) of primary methamphetamine admissions were White non-Hispanic in Los Angeles, and a little more than one-half of such admissions were White non-Hispanic in San Diego (51.2 percent).

African American non-Hispanics accounted for between 0 to approximately 10 percent of primary methamphetamine admissions in most reporting CEWG areas. The largest percentage of African American non-Hispanic methamphetamine treatment admissions was in Chicago (nearly 30 percent). Los Angeles showed the highest proportion of Hispanic methamphetamine treatment admissions (55.4 percent) in 2007, followed by San Diego (32.5 percent), and Phoenix (21.4 percent). The proportion of African American non-Hispanic methamphetamine admissions was lowest in Minneapolis/St. Paul, while proportions of Hispanics among primary methamphetamine treatment admissions were lowest in St. Louis and Atlanta (table 18).

**Age of Methamphetamine Admissions.** In the 14 CEWG areas for which age of methamphetamine admissions was reported, the majority

**Table 17. Major Route of Administration of Methamphetamine Among Treatment Admissions in 13 CEWG Areas as a Percentage<sup>1</sup> of Primary Methamphetamine Treatment Admissions: 2007<sup>2</sup>**

CEWG Area	Smoked		Inhaled		Injected		Other/Unknown		Total N
	#	%	#	%	#	%	#	%	
Atlanta	472	63.5	106	14.3	77	10.4	88	11.8	743
Boston	41	61.2	* <sup>3</sup>	*	11	16.4	13	19.4	67
Chicago <sup>4</sup>	68	59.6	8	7.0	31	27.2	7	6.1	114
Denver	1,027	61.4	253	15.1	336	20.1	56	3.3	1,672
Los Angeles	9,102	76.8	1,710	14.4	682	5.8	359	3.0	11,853
Maine	10	29.4	16	47.1	5	14.7	3	8.8	34
Maryland	21	33.3	9	14.3	16	25.4	17	27.0	63
Mpls./St. Paul	925	72.1	131	10.2	151	11.8	76	5.9	1,283
New York City	124	54.9	40	17.7	45	19.9	17	7.5	226
Phoenix	806	80.0	77	7.6	99	9.8	25	2.5	1,007
San Diego	3,736	72.1	589	11.4	777	15.0	83	1.6	5,185
St. Louis	141	55.1	35	13.7	67	26.2	13	5.1	256
Texas	5,046	52.8	849	8.9	2,909	30.4	756	7.9	9,560

<sup>1</sup>Percentages may not sum to 100 due to rounding.

<sup>2</sup>Data reported are for CY 2007 for all sites, with the exception of Chicago. Two reported cases in Philadelphia and nine in Baltimore were not included here due to small numbers.

<sup>3</sup>It is Boston Substance Abuse Services (BSAS) policy to suppress (\*) cell counts when they are five (5) or less to preserve confidentiality.

<sup>4</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

SOURCE: June 2008 State and local CEWG reports



of methamphetamine admissions were 35 years of age or older in two CEWG areas: Boston and New York City (65.7 and 55.8 percent, respectively). Maryland had the highest proportion of methamphetamine admissions age 25 and younger (39.7 percent), followed by Maine, at 35.3 percent, and Minneapolis/St. Paul, at 33.9 percent. It should be noted, however, that the total numbers of such admissions were small for both Maine and Maryland. New York City and Boston had relatively low percentages of young methamphetamine treatment admissions (less than 15 percent in each area were age 25 and younger) (table 18).

### Forensic Laboratory Data on Methamphetamine

In the 2007 forensic laboratory data for CEWG areas, shown in figures 20 and 25, methamphetamine was the drug identified most frequently in Honolulu (approximately 51 percent of total drug items) and Minneapolis/St. Paul (approximately 32 percent). Items containing methamphetamine were next most frequently identified among total drug items in Phoenix and San Francisco (approximately 28 percent each) (figure 25). In nine of the CEWG reporting areas, less than 2 percent of the total drug items contained methamphetamine; all

**Table 18. Demographic Characteristics of Primary Methamphetamine Treatment Admissions in 14 CEWG Areas, by Percent<sup>1</sup>: 2007<sup>2</sup>**

CEWG Area	Gender		Race/Ethnicity <sup>3</sup>			Age Group	
	Percent Male	Percent Female	Percent White Non-Hispanic	Percent Afr. Amer. Non-Hispanic	Percent Hispanic	Percent 25 and Under	Percent 35 or Older
Atlanta	38.5	61.5	95.2	2.2	1.2	30.7	33.6
Boston	85.1	14.9	77.6	NR <sup>4</sup>	10.4	14.9	65.7
Chicago <sup>5</sup>	76.3	23.7	57.9	29.8	4.4	25.4	33.3
Denver	55.1	44.9	79.5	2.3	14.7	26.3	37.0
Los Angeles	59.2	40.7	34.4	3.7	55.4	30.9	36.3
Maine	64.7	35.3	88.2	2.9	NR	35.3	29.4
Maryland	73.0	27.0	81.0	11.1	3.2	39.7	31.7
Mpls./St. Paul	60.1	39.9	87.0	1.2	4.5	33.9	32.4
New York City	89.4	10.6	69.0	10.2	11.1	9.3	55.8
Phoenix	45.8	54.2	69.0	3.5	21.4	27.6	36.1
San Diego	56.4	43.6	51.2	6.0	32.5	21.7	49.5
Seattle	62.4	37.6	* <sup>6</sup>	*	*	26.5	21.7 <sup>7</sup>
St. Louis	53.5	46.5	97.3	1.2	0.0	16.0	42.2
Texas <sup>8</sup>	44.0	56.0	84.4	1.6	12.1	27.3	35.7

<sup>1</sup>Percentages are rounded to the nearest tenth.

<sup>2</sup>Data are reported for CY 2007 for all sites, with the exception of Chicago. Data for Detroit, Philadelphia, and Baltimore are not reported here due to small numbers (total number of cases less than 10).

<sup>3</sup>CEWG areas differ in the racial/ethnic composition of the general population, which should be taken into account when interpreting these data. Some areas (Philadelphia, Boston, St. Louis) allow more than one race/ethnicity to be coded per case.

<sup>4</sup>NR=Not reported by the CEWG area representative.

<sup>5</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

<sup>6</sup>\*=Seattle reports using noncensus categories: 79.5 percent White; 2.9 percent African American; and 4.2 percent Hispanic.

<sup>7</sup>Data from Seattle are for age 40 and older.

<sup>8</sup>Includes amphetamine as well as methamphetamine.

SOURCE: June 2008 State and local CEWG reports

of these areas were east of the Mississippi River (figure 25 and appendix table 2).

Methamphetamine ranked first in drug items seized in Minneapolis/St. Paul, Honolulu, and San Francisco in 2007 (Section II, table 1).

### YRBS Data on Methamphetamine

High school students surveyed as part of the 2007 CDC YRBS nationally reported lifetime use of methamphetamine at 4.4 percent (CI=3.7–5.3). In 2007, students in five CEWG areas had higher prevalence use rates than United States students as a whole: Los Angeles (9.0 percent,

CI=7.1–11.4); Arizona (8.6 percent, CI=7.6–9.7); New Mexico (7.7 percent, CI=6.6–9.0); Texas (6.7 percent, CI=5.4–8.3); and San Diego (6.4 percent, CI=5.2–8.0). Several of the 19 CEWG reporting areas had significantly lower proportions of students using methamphetamine than those in the Nation as a whole. These included Baltimore, Boston, Broward County (Florida), DeKalb County (Atlanta), Detroit, New York City, and Philadelphia (appendix table 4). All are located east of the Mississippi River.

Comparing 2007 with 2005 percentages of lifetime methamphetamine use among high school students, statistically significant increases were

**Table 19. Comparison of Percentages of High School Students Reporting Lifetime Use of Methamphetamine, CDC YRBS, with 95-Percent Confidence Intervals and T-Test P-Values at  $P \leq .05$ , by CEWG Area and Year: 2005 and 2007**

CEWG Area	Lifetime Use of Methamphetamine, 2005 YRBS		Lifetime Use of Methamphetamine, 2007 YRBS		P Value based on CDC T Test	Direction of Significant Change Identified
	%	95% CI	%	95% CI	P	
Arizona <sup>1</sup>	8.8	(7.4–10.6)	8.6	(7.6–9.7)	n.s. <sup>2</sup>	No Change
Baltimore	2.9	(2.2–4.0)	1.9	(1.3–2.9)	n.s.	No Change
Boston	1.8	(1.1–2.8)	2.7	(1.6–4.5)	n.s.	No Change
Broward County, FL	4.0	(2.9–5.5)	2.6	(1.5–4.3)	n.s.	No Change
Chicago	1.5	(0.7–3.3)	4.7	(2.9–7.5)	.01	Increase
DeKalb Co., GA (Atlanta)	2.6	(2.0–3.3)	2.7	(2.1–3.6)	n.s.	No Change
Detroit	1.0	(0.6–1.7)	2.0	(1.0–2.6)	n.s.	No Change
Hawai‘i	4.3	(3.3–5.5)	4.5	(2.6–7.6)	n.s.	No Change
Los Angeles	10.2	(7.4–13.9)	9.0	(7.1–11.4)	n.s.	No Change
Maine	5.2	(3.5–7.6)	5.0	(3.5–7.3)	n.s.	No Change
Maryland	4.0	(2.6–6.1)	3.0	(2.0–4.5)	n.s.	No Change
Miami/Dade Co., FL	2.4	(1.8–3.2)	3.9	(3.1–4.9)	.01	Increase
New York City	2.5	(2.0–3.1)	1.8	(1.3–2.5)	n.s.	No Change
Palm Beach Co., FL	5.0	(3.6–6.8)	3.9	(2.9–5.3)	n.s.	No Change
San Diego	7.9	(6.5–9.4)	6.4	(5.2–8.0)	n.s.	No Change
San Francisco	3.7	(3.0–4.6)	3.6	(2.7–4.7)	n.s.	No Change
Texas	7.3	(6.2–8.5)	6.7	(5.4–8.5)	n.s.	No Change
United States	6.2	(5.3–7.2)	4.4	(3.7–5.3)	<.01	Decrease

<sup>1</sup>Arizona data include charter schools.

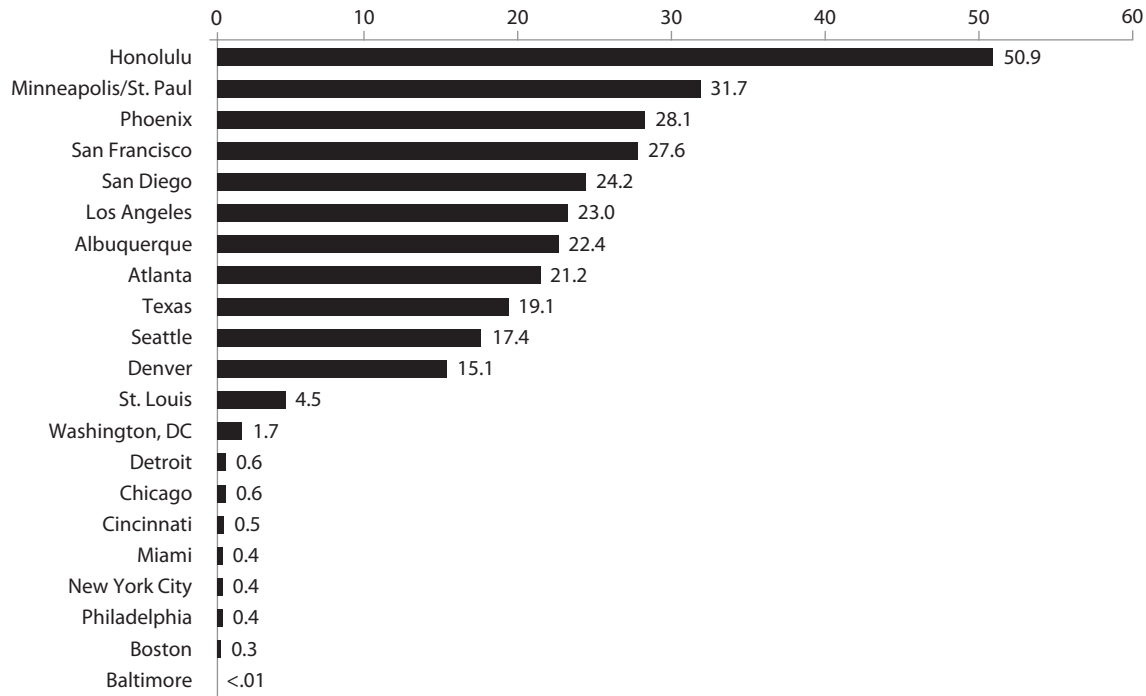
<sup>2</sup>n.s. = not statistically significant.

SOURCE: YRBS Youth Online (cdc.gov); Application URL: <http://apps.nccd.cdc.gov/yrbss/PfCompTableLoc.asp?Mode=CompTableAllLoc&X=1&Questnum=Q53&AQNum=Q53&Cat=3&Year1=2005&Year2=2007>; printed 8/8/08

observed in Chicago, from 1.5 percent (CI=0.7–3.3) to 4.7 percent (CI=2.9-7.5); and in Miami/Dade County, from 2.4 percent (CI=1.8–3.2) to 3.9 percent (CI=3.1–4.9). In the United States as

a whole, the proportion of students reporting lifetime methamphetamine use actually decreased in 2007 compared with 2005, from 6.2 percent (CI=5.3–7.2) to 4.4 percent (3.7–5.3) (table 19).

**Figure 25. Methamphetamine Items Identified as a Percentage of Total NFLIS Drug Items, 21 CEWG Areas: CY 2007**



SOURCE: NFLIS, DEA  
(See appendix table 2.)

## Marijuana

- Percentages of primary marijuana treatment admissions, excluding primary alcohol admissions, were highest in Denver (36.6 percent), Minneapolis/St. Paul (32.8 percent), Hawai‘i (32.3 percent), St. Louis (31.5 percent), Atlanta (31.4 percent), and Texas (30.2 percent). The lowest proportion of such admissions was in Boston (4.9 percent).
- Marijuana did not rank first as the primary drug in total drug admissions (including alcohol admissions) in any CEWG area; however, when only treatment admissions excluding primary alcohol admissions are considered, marijuana ranked first in 2007 in Minneapolis/St. Paul and Denver.
- Cannabis/marijuana ranked first as the most frequently identified drug in forensic laboratories in 2007 in 9 of 21 CEWG areas. The highest proportions of marijuana items identified were in Baltimore, Chicago, and St. Louis, at close to 60 percent, approximately 55 percent, and slightly more than 51 percent, respectively.
- High school students in Chicago reported significantly higher lifetime marijuana use than their national counterparts in the 2007 YRBS, while students in Hawai‘i, Miami/Dade County, New York City, and San Francisco reported significantly lower lifetime marijuana use than U.S. students as a whole. Significant decreases in lifetime marijuana use were observed between 2005 and 2007 in three areas—Boston, San Francisco, and Texas.

### Treatment Admission Data on Marijuana

In 2007, when primary alcohol admissions are excluded from the total, marijuana/cannabis ranked as the most frequently reported drug for primary treatment admissions in Minneapolis/St. Paul and Denver (Section II, table 3).

As shown in table 20, Denver had the highest percentage of primary marijuana treatment admissions, excluding primary alcohol admissions, at nearly 37 percent. In all, five other CEWG areas besides Denver had percentages of marijuana treatment admissions close to one-third: Minneapolis/St. Paul (32.8 percent); Hawai‘i (32.3 percent); St. Louis (31.5 percent); Atlanta (31.4 percent); and Texas (30.2 percent). The lowest proportion of marijuana treatment admissions was reported in Boston, at 4.9 percent.

**Gender of Marijuana Admissions.** In 18 CEWG areas reporting on the gender of primary marijuana admissions in 2007, males predominated in all areas (table 21). The proportion of males ranged from a high of 82.2 percent of marijuana admissions in Philadelphia to a low of 62.6

percent in Phoenix. After Phoenix (approximately 37 percent), Atlanta had the largest percentage of female primary marijuana admissions (approximately 33 percent).

**Race/Ethnicity of Marijuana Admissions.** Racial/ethnic distributions of marijuana admissions should be interpreted in light of the facts that CEWG areas differ in the racial/ethnic composition of the general population; census categories are not always used in reporting the data; and three areas allow reporting of multiple race/ethnicity categories for one case (so that race/ethnicity counts total more than total admissions). The proportion of marijuana treatment admissions who reported White non-Hispanic race/ethnicity ranged from 4.4 percent in Detroit and 5.5 percent in Chicago to 91.8 percent in Maine and 59.6 percent in Minneapolis/St. Paul. The highest percentages of African American non-Hispanic marijuana admissions were in Detroit (91.5 percent) and Baltimore (90.3 percent), followed by Chicago (75.7 percent). Hispanics predominated among marijuana treatment admissions in Los Angeles, at 51.3 percent, and represented

approximately 42.0 percent of that group in both San Diego and Texas (table 21).

**Age of Marijuana Admissions.** Across 14 of the 16 CEWG areas for which complete age distributions were reported, the majority of primary marijuana treatment admissions were age 25 and younger. Los Angeles had the highest proportion of primary marijuana treatment admissions who were younger than 18, at close to one-half (46.5 percent). Chicago (95.6 percent), Boston (48.3 percent), and Phoenix (47.4 percent) had the highest proportions of marijuana admissions

in the next youngest age group, 18–25-year-olds. Older primary marijuana treatment admissions (age 35 and older) were highest in Philadelphia, at 30.9 percent, followed by Boston, Phoenix, and New York City, at approximately 21 to 24 percent (table 21).

### Forensic Laboratory Data on Marijuana

Cannabis was the drug item most frequently reported in 2007 by NFLIS for Baltimore (59.5 percent) and Chicago (55.3 percent) (figure 26 and appendix table 2). The proportions of

**Table 20. Primary Marijuana Treatment Admissions in 18 CEWG Areas as a Percentage of Total Admissions, Including and Excluding Primary Alcohol Admissions: 2007<sup>1</sup>**

CEWG Area	Primary Marijuana Admissions	Total Admissions with Primary Alcohol Admissions Excluded <sup>2</sup>		Total Admissions with Primary Alcohol Admissions Included	
	#	#	%	#	%
Atlanta	1,874	5,959	31.4	8,948	20.9
Baltimore	2,021	15,775	12.8	18,905	10.7
Boston	625	12,680	4.9	19,239	3.2
Chicago <sup>3</sup>	9,639	54,501	17.7	67,205	14.3
Denver	2,824	7,706	36.6	12,027	23.5
Detroit	1,304	6,263	20.8	8,408	15.5
Hawai'i	2,003	6,204	32.3	9,058	22.1
Los Angeles	9,469	42,069	22.5	51,662	18.3
Maine	1,349	6,595	20.5	12,395	10.9
Maryland	10,413	42,784	24.3	66,852	15.6
Mpls./St. Paul	3,067	9,338	32.8	19,092	16.1
New York City	17,323	59,190	29.3	81,492	21.3
Philadelphia	3,384	11,739	28.8	15,145	22.3
Phoenix	462	2,327	19.9	3,517	13.1
San Diego	2,278	11,696	19.5	14,585	15.6
Seattle	2,016	7,912	25.5	12,476	16.2
St. Louis	2,059	6,535	31.5	10,163	20.3
Texas	20,048	66,379	30.2	88,452	22.7

<sup>1</sup>Data are reported for CY 2007 for all CEWG areas, with the exception of Chicago.

<sup>2</sup>Percentages of primary marijuana admissions are obtained from admissions with primary alcohol admissions excluded for comparability with past data.

<sup>3</sup>Data are for FY 2007 (July 2006–June 2007).

SOURCE: June 2008 State and local CEWG reports

cannabis drug items identified in the other 19 CEWG areas were largest in St. Louis (51.4 percent), San Diego (48.7 percent), Cincinnati (42.9 percent), Detroit (42.8 percent), and Boston (42.8 percent). The remaining CEWG sites had percentages ranging from approximately 2 percent (Atlanta) to 38 percent (Phoenix) for cannabis drug items identified (figure 26).

Cannabis ranked in first place as the most frequently identified drug in 9 of 21 CEWG areas in 2007: Baltimore, Boston, Detroit, Chicago, St. Louis, Cincinnati, San Diego, Phoenix, and Albuquerque. It was the second most frequently identified drug item in 2007 NFLIS data in another 10 CEWG areas: Miami/Dade County; Washington, DC; Philadelphia; New York City; Seattle; Honolulu; San Francisco; Los Angeles; Denver;

**Table 21. Demographic Characteristics of Primary Marijuana Treatment Admissions in 17 CEWG Areas, as a Percentage<sup>1</sup>: 2007<sup>2</sup>**

CEWG Area	Gender		Race/Ethnicity <sup>3</sup>			Age Group			
	Percent Male	Percent Female	Percent White Non-Hispanic	Percent Afr. Amer. Non-Hispanic	Percent Hispanic	Percent ≤ 17	Percent 18–25	Percent 26–34	Percent 35 or Older
Atlanta	66.8	33.2	39.4	53.9	1.9	28.9	34.5	21.3	15.4
Baltimore	78.1	21.9	8.1	90.3	0.4	39.6	27.1	20.1	13.1
Boston	69.4	30.6	27.4	45.0	22.1	5.4	48.3	24.0	22.2
Chicago <sup>4</sup>	78.8	21.2	5.5	75.7	16.1	3.0	95.6	0.8	0.0
Denver	78.5	21.5	43.2	20.1	32.3	34.8	32.6	18.3	14.2
Detroit	74.2	25.8	4.4	91.5	2.0	37.4	22.7	22.1	17.8
Los Angeles	71.1	28.9	12.8	30.7	51.3	46.5	26.7	12.3	14.4
Maine	73.1	26.9	91.8	3.9	NR <sup>5</sup>	29.8	33.4	18.8	17.4
Maryland	79.8	20.2	44.5	48.9	1.7	36.4	39.0	15.1	9.6
Mpls./St. Paul	76.7	23.3	59.6	26.2	4.4	32.7	36.6	17.4	13.3
New York City	79.5	20.5	7.1	58.4	28.6	10.8	38.8	29.3	21.1
Philadelphia	82.2	17.8	20.0	69.7	12.0	1.7	33.7	33.7	30.9
Phoenix	62.6	37.4	54.3	17.1	21.0	NR	47.4	29.9	22.7
San Diego	73.9	26.1	32.7	15.9	42.4	39.2	30.9	15.2	14.7
Seattle	77.0	23.0	* <sup>6</sup>	*	*	38.2	28.2	24.4 <sup>7</sup>	9.2 <sup>8</sup>
St. Louis	75.1	24.9	42.0	55.8	1.1	27.7	30.5	23.9	17.9
Texas	70.0	30.0	30.0	27.0	41.6	31.7	38.1	19.9	10.3

<sup>1</sup>Percentages are rounded to the nearest tenth.

<sup>2</sup>Data are reported for CY 2007 for all sites, with the exception of Chicago.

<sup>3</sup>CEWG areas differ in the racial/ethnic composition of the general population, which should be taken into account when interpreting these data. Some areas (Philadelphia, Boston, St. Louis) allow more than one race/ethnicity to be coded per case.

<sup>4</sup>Chicago reports FY 2007 (July 2006–June 2007) data.

<sup>5</sup>NR=Not reported by the CEWG area representative.

<sup>6</sup>\*=Seattle reports using noncensus categories: 41.7 percent White; 31.4 percent African American; and 10.0 percent Hispanic.

<sup>7</sup>Data from Seattle are for ages 26–39.

<sup>8</sup>Data from Seattle are for age 40 and older.

SOURCE: June 2008 State and local CEWG reports

and Texas (Section II, table 1). Only in Atlanta and Minneapolis/St. Paul did cannabis rank lower than second, occupying sixth place and third place, respectively, in terms of frequency of drug items identified in 2007.

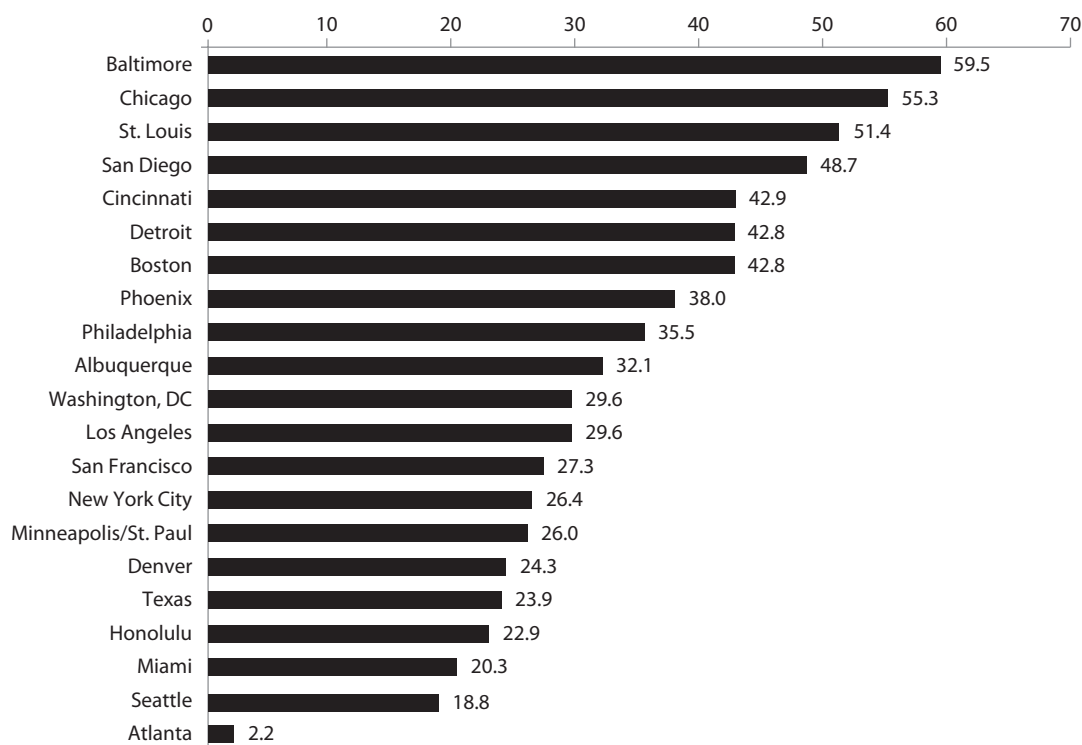
### YRBS Data on Marijuana

Reported lifetime marijuana use among United States high school students in 2007 was 38.1 percent (CI=35.5–40.7), second only to alcohol, with a lifetime use prevalence of 75.0 percent (CI=72.4–77.4) (appendix table 4). High school students in Chicago reported significantly higher

lifetime marijuana use than their national counterparts, at 44.0 percent (CI=39.8–48.2). Lower marijuana use rates were reported in four CEWG areas: Hawai‘i, New York City, Miami/Dade County, and San Francisco (appendix table 4).

Significant changes over the period from 2005 to 2007 in reported lifetime use of marijuana among high school students were observed for three areas: significant decreases in lifetime marijuana use were found for Boston, San Francisco, and Texas during the period. United States students as a whole reported the same percentage in 2005 as in 2007, approximately 38 percent (table 22).

**Figure 26. Marijuana Items Identified as a Percentage of Total NFLIS Drug Items, 21 CEWG Areas: CY 2007**



SOURCE: NFLIS, DEA  
(See appendix table 2.)

**Table 22. Comparison of Percentages of High School Students Reporting Lifetime Use of Marijuana, CDC YRBS, with 95-Percent Confidence Intervals and T-Test P-Values at  $P \leq .05$ , by CEWG Area and Year: 2005 and 2007**

CEWG Area	Lifetime Use of Marijuana, 2005 YRBS		Lifetime Use of Marijuana, 2007 YRBS		P Value based on CDC T Test	Direction of Significant Change Identified
	%	95% CI	%	95% CI	P	
Arizona <sup>1</sup>	42.0	(39.1–44.9)	42.3	(38.4–46.2)	n.s. <sup>2</sup>	No Change
Baltimore	42.7	(40.1–45.3)	41.2	(38.4–44.1)	n.s.	No Change
Boston	39.3	(35.7–43.1)	34.3	(31.1–37.7)	.05	Decrease
Broward County, FL	34.8	(31.4–38.4)	34.7	(31.5–38.1)	n.s.	No Change
Chicago	44.9	(41.0–48.9)	44.0	(39.8–48.2)	n.s.	No Change
DeKalb Co., GA (Atlanta)	37.8	(35.3–40.3)	37.1	(34.3–40.1)	n.s.	No Change
Detroit	40.6	(35.6–45.8)	39.2	(36.5–42.0)	n.s.	No Change
Hawai'i	34.6	(30.6–38.9)	29.9	(24.5–36.0)	n.s.	No Change
Los Angeles	39.7	(35.2–44.5)	40.7	(33.8–47.9)	n.s.	No Change
Maryland	38.2	(32.4–44.2)	36.5	(31.3–42.0)	n.s.	No Change
Miami/Dade Co., FL	28.3	(26.1–30.7)	27.5	(24.8–30.3)	n.s.	No Change
New York City	28.1	(25.6–30.6)	26.3	(24.1–28.7)	n.s.	No Change
Palm Beach Co., FL	32.6	(28.9–36.6)	34.2	(30.6–38.1)	n.s.	No Change
San Diego	39.2	(35.5–43.0)	34.6	(30.3–39.2)	n.s.	No Change
San Francisco	29.5	(26.6–32.7)	22.8	(20.3–25.5)	<.01	Decrease
Texas	42.2	(39.3–45.3)	37.7	(34.6–41.0)	.04	Decrease
United States	38.4	(35.9–41.0)	38.1	(35.5–40.7)	n.s.	No Change

<sup>1</sup>Arizona data include charter schools.

<sup>2</sup>n.s. = not statistically significant.

SOURCE: YRBS Youth Online (cdc.gov); Application URL: <http://apps.nccd.cdc.gov/yrbss/PfCompTableLoc.asp?Mode=CompTableAllLoc&X=1&Questnum=Q45&AQNum=Q45&Cat=3&Year1=2005&Year2=2007>; printed 8/8/08



## Club Drugs (MDMA, GHB/GBL, LSD, and Ketamine)

### Treatment Admission Data on Club Drugs

The club drugs in this section include MDMA (methylenedioxymethamphetamine, or ecstasy), GHB (gamma hydroxybutyrate), GBL (gamma butyrolactone), LSD (lysergic acid diethylamide), and ketamine. Admissions for primary treatment of MDMA or other club drugs are not captured in all treatment data systems, but they appear low in those areas that do report on these drugs.

### Forensic Laboratory Data on Club Drugs

**MDMA.** MDMA was the club drug most frequently reported among NFLIS data in the 21 CEWG areas depicted in table 23. As shown, MDMA exceeded 2 percent of all drug items in eight areas: Atlanta; Seattle; Minneapolis/St. Paul; Detroit; Washington, DC; San Francisco; St. Louis; and Denver. The highest percentage (5.8 percent) was reported in Atlanta, followed by Seattle (5.7 percent) (table 23). As shown in table 1 (Section II), MDMA was the third most frequently identified drug item in Atlanta, and it ranked fourth in Detroit, Chicago, Minneapolis/St. Paul, Seattle, and Honolulu in 2007.

**Ketamine.** Ketamine items were reported among drug items identified from all areas except 1 (Honolulu), although 14 areas reported small numbers of cases (numbering fewer than 30). Among the six sites for which 30 cases or more were identified (Atlanta, Chicago, Los Angeles, New York City, Texas, and San Francisco), ketamine was listed in the top 10 most frequently identified drugs in San Francisco (0.6 percent). However, ketamine represented less than 1 percent of the total drug items in all reporting CEWG areas (including Texas).

**LSD.** LSD was reported in the forensic laboratory data among drug items identified for 17 CEWG metropolitan areas. None, however, had 30 or more cases. LSD was not among the top 25 drugs reported from Texas, and no LSD items were reported from Albuquerque, Detroit, Honolulu, and Phoenix.

**GHB.** GHB items were reported among the forensic laboratory data in nine CEWG areas: Boston, Chicago, Detroit, Los Angeles, Miami, New York City, San Diego, San Francisco, and Washington, DC. These items accounted for much less than 1 percent of all items in all nine areas. GHB was not among the top 25 drugs reported from Texas.

### YRBS Data on Ecstasy (MDMA)

Self-reported lifetime use of ecstasy was reported by 5.8 percent of United States high school students in 2007 (CI=5.0–6.6). Six of 16 CEWG areas reporting YRBS data for this drug had higher use prevalence rates than for the United States as a whole in that year. These included: Texas, at 9.9 percent (CI=8.6–11.3); Arizona, at 9.1 percent (CI=7.8–10.7); San Diego, at 9.0 percent (CI=7.1–11.3); Miami/Dade County at 7.5 percent (CI=6.4–8.7); Palm Beach County, Florida, at 7.3 percent (CI=5.9–9.1); and San Francisco at 6.7 percent (CI=5.6–8.0). Lower prevalence of lifetime ecstasy use was reported by students in two areas, New York City and Philadelphia, compared with United States students as a whole in 2007 (appendix table 4).

Lifetime ecstasy use increased significantly among high school students between 2005 and 2007 in Chicago, Miami/Dade County, and Texas. Chicago proportions increased from 3.3 percent (CI=2.0–5.2) in 2005 to 6.4 percent (CI=4.2–9.6) in 2007. Among students in Miami/Dade County,

reported ecstasy use increased from 5.4 percent in 2005 to 7.5 percent in 2007 (with respective confidence intervals of 4.5–6.5 and 6.4–8.7). Ecstasy use prevalence increased in Texas in the 3-year period, from 8.2 percent (CI=7.3–9.1) to 9.9 percent (CI=8.6–11.3). The one CEWG area where lifetime ecstasy use decreased (from 3.7

to 2.5 percent) was in New York City (respective confidence intervals for these estimates were 3.0–4.5 and 2.0–3.3). No change was noted in the percentage of United States students reporting lifetime ecstasy use in the period (6.3 percent in 2005, CI=5.4–7.3; and 5.8 percent in 2007, CI=5.0–6.6) (table 24).

**Table 23. Number of MDMA Items Identified and MDMA Items as a Percentage of Total Items Identified by Forensic Laboratories in 21 CEWG Areas: 2007**

CEWG Area	MDMA Items	Total Items	Percentage of Total Items
Albuquerque	6	1,349	0.4
Atlanta	846	14,601	5.8
Baltimore	34	8,323	0.4
Boston	200	30,563	0.7
Chicago	1,062	86,681	1.2
Cincinnati	182	13,535	1.3
Denver	145	6,741	2.2
Detroit	366	7,984	4.6
Honolulu	56	2,871	2.0
Los Angeles	896	60,024	1.5
Miami	406	31,362	1.3
Mpls./St. Paul	192	4,649	4.1
New York City	307	55,955	0.5
Philadelphia	127	26,286	0.5
Phoenix	73	9,035	0.8
San Diego	209	20,246	1.0
San Francisco	414	13,871	3.0
Seattle	225	3,916	5.7
St. Louis	483	16,667	2.9
Washington, DC	165	4,141	4.0
Texas	1,077	57,890	1.9

SOURCES: All data, with the exception of Texas, were received from NFLIS, DEA, on May 9, 2008 (see appendix table 2). Texas NFLIS data, provided by the Texas Department of Public Safety to NFLIS, were accessed and analyzed by the Texas area member; data are subject to change and may differ according to the date on which they were queried

**Table 24. Comparison of Percentages of High School Students Reporting Lifetime Use of Ecstasy (MDMA), CDC YRBS, with 95-Percent Confidence Intervals and T-Test P-Values at  $P \leq .05$ , by CEWG Area and Year: 2005 and 2007**

CEWG Area	Lifetime Use of Ecstasy, 2005 YRBS		Lifetime Use of Ecstasy, 2007 YRBS		P Value based on CDC T Test	Direction of Significant Change Identified
	%	95% CI	%	95% CI	P	
Arizona <sup>1</sup>	7.1	(5.6–9.1)	9.1	(7.8–10.7)	n.s. <sup>2</sup>	No Change
Baltimore	3.7	(2.8–4.7)	3.5	(2.5–4.8)	n.s.	No Change
Broward County, FL	6.1	(4.6–7.9)	6.3	(4.6–8.7)	n.s.	No Change
Chicago	3.3	(2.0–5.2)	6.4	(4.2–9.6)	.04	Increase
DeKalb Co., GA (Atlanta)	4.0	(3.2–5.1)	4.9	(4.0–6.1)	n.s.	No Change
Hawai'i	6.1	(4.6–8.1)	4.6	(3.4–6.2)	n.s.	No Change
Los Angeles	3.5	(2.1–5.6)	6.4	(3.9–10.1)	n.s.	No Change
Maryland	5.0	(3.3–7.4)	6.3	(4.0–9.7)	n.s.	No Change
Miami/Dade Co., FL	5.4	(4.5–6.5)	7.5	(6.4–8.7)	<.01	Increase
New York City	3.7	(3.0–4.5)	2.5	(2.0–3.3)	.02	Decrease
Palm Beach Co., FL	5.9	(4.2–8.2)	7.3	(5.9–9.1)	n.s.	No Change
San Diego	7.4	(6.0–9.1)	9.0	(7.1–11.3)	n.s.	No Change
Texas	8.2	(7.3–9.1)	9.9	(8.6–11.3)	.03	Increase
United States	6.3	(5.4–7.3)	5.8	(5.0–6.6)	n.s.	No Change

<sup>1</sup>Arizona data include charter schools.

<sup>2</sup>n.s. = not statistically significant.

SOURCE: YRBS Youth Online (cdc.gov); Application URL: <http://apps.nccd.cdc.gov/yrbss/PfCompTableLoc.asp?Mode=CompTableAllLoc&X=1&Questnum=Q54&AQNum=Q54&Cat=3&Year1=2005&Year2=2007>; printed 8/8/08

## Phencyclidine (PCP)

### Forensic Laboratory Data on PCP

No PCP items were documented among the forensic laboratory data on drug items identified in six CEWG areas, and fewer than 30 such items were identified in seven areas. The areas reporting 30 or more PCP items were Chicago, Los Angeles, New York City, Philadelphia, San Diego, St.

Louis, Texas, and Washington, DC. As a percentage of all identified items, PCP items were highest in Washington, DC, at 5 percent, and Philadelphia, at 3 percent. In Los Angeles and New York City, percentages approached 1 percent, while in Chicago, San Diego, St. Louis, and Texas, they represented less than 1 percent.

# Appendix Tables

**Appendix Table 1. Total Treatment Admissions by Primary Substance of Abuse, Including Primary Alcohol Admissions, and CEWG Area: FY 2007 and CY 2007**

CEWG Area	Number of Total Admissions							Total (N)
	Alcohol	Cocaine/ Crack	Heroin	Other Opiates	Marijuana	Metham- phetamine	Other Drugs	
<b>FY 2007<sup>1</sup></b>								
Chicago	12,704	16,938	26,836	570	9,639	114	404	67,205
<b>CY 2007</b>								
Atlanta	2,989	2,291	342	361	1,874	743	348	8,948
Baltimore <sup>2</sup>	3,130	2,943	10,057	573	2,021	9	172	18,905
Boston	6,559	1,348	9,813	585	625	67	239	19,239
Denver	4,321	1,807	807	400	2,824	1,672	196	12,027
Detroit <sup>2</sup>	2,145	2,361	2,468	110	1,304	0	20	8,408
Hawai'i	2,854	353	181	NR <sup>3</sup>	2,003	3,296	371	9,058
Los Angeles	9,593	8,354	10,150	1,161	9,469	11,853	1,042	51,662
Maine	5,800	902	991	3,142	1,349	34	177	12,395
Maryland <sup>2</sup>	24,068	9,843	16,667	4,453	10,413	63	1,345	66,852
Mpls./St. Paul <sup>2</sup>	9,754	2,213	1,215	942	3,067	1,283	618	19,092
New York City	22,302	16,606	22,612	739	17,323	226	1,684	81,492
Philadelphia	3,406	3,859	2,775	87	3,384	2	1,632	15,145
Phoenix	1,190	337	345	109	462	1,007	67	3,517
San Diego	2,889	999	2,515	569	2,278	5,185	150	14,585
Seattle	4,564	2,154	1,478	511	2,016	1,367	386	12,476
St. Louis	3,628	2,320	1,573	190	2,059	256	137	10,163
Texas <sup>2</sup>	22,073	20,927	8,622	4,642	20,048	9,560	2,580	88,452

<sup>1</sup>FY data are for July 2006–June 2007 in Chicago.

<sup>2</sup>Cocaine values were broken into crack and other cocaine categories for the following areas: Baltimore (crack=2,486; cocaine=457); Detroit (crack=2,155; cocaine=206); Maryland (crack=7,765; cocaine=2,078); Minneapolis/St. Paul (crack=1,638; cocaine=575); Texas (crack=11,128; cocaine=9,799).

<sup>3</sup>NR=Not reported by the CEWG area representative.

NOTES:

1. In Maine, the "heroin" category includes morphine.

2. In Hawai'i, the "methamphetamines" category includes stimulants. Texas data include methamphetamine under "Amphetamine."

3. Nonprescription methadone was included in "other opiates" for Chicago ( $n=74$ ); Maine ( $n=326$ ); and Texas ( $n=113$ ).

4. Chicago data report total admissions of 67,788, of which 21 reported gambling and 562 did not report using any drugs at admission for substance abuse treatment; the  $N$  of 67,788 includes cases in which a primary drug was reported.

5. Hawai'i data report total admissions of 9,233, of which 175 did not report using any drugs at admission for substance abuse treatment; the  $N$  of 9,058 includes cases in which a primary drug was reported.

6. Phoenix data report total admissions of 9,228, of which 5,711 did not report using any drugs at admission for substance abuse treatment; the  $N$  of 3,517 includes cases in which a primary drug was reported.

SOURCE: June 2008 State and local CEWG reports

**Appendix Tables 2.1–2.21. NFLIS Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items in Forensic Laboratories for 21 CEWG Areas: CY 2007**

**Appendix Table 2.1. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Albuquerque: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cannabis	433	32.1
Cocaine	409	30.3
Methamphetamine	302	22.4
Heroin	130	9.6
Hydrocodone	10	0.7
Codeine	7	0.5
3,4-Methylenedioxy-methamphetamine	6	0.4
Oxycodone	5	0.4
Psilocin	4	0.3
Pseudoephedrine	3	0.2
Other <sup>2</sup>	40	3.0
<b>Total</b>	<b>1,349</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=20.

NOTES:

1. Data include all counties in the Albuquerque MSA, including Bernalillo, Sandoval, Torrance, and Valencia. Bernalillo makes up 95.6 percent of total items seized.

2. “Noncontrolled Nonnarcotic Drug” represents nine cases and is included as “Other.”

3. “Some Other Substance” represents four cases and is included as “Other.”

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.3. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Baltimore City: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cannabis	4,950	59.5
Cocaine	2,014	24.2
Heroin	608	7.3
Oxycodone	233	2.8
Alprazolam	74	0.9
Hydrocodone	66	0.8
Buprenorphine	54	0.6
Methadone	52	0.6
Clonazepam	41	0.5
3,4-Methylenedioxy-methamphetamine	34	0.4
Other <sup>2</sup>	197	2.4
<b>Total</b>	<b>8,323</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=34.

NOTES:

1. Data are for Baltimore City only.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.2. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Atlanta: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cocaine	8,193	56.1
Methamphetamine	3,097	21.2
3,4-Methylenedioxy-methamphetamine	846	5.8
Alprazolam	496	3.4
Hydrocodone	400	2.7
Cannabis	314	2.2
Oxycodone	258	1.8
Carisoprodol	111	0.8
Methadone	108	0.7
Heroin	103	0.7
Other <sup>2</sup>	675	4.6
<b>Total</b>	<b>14,601</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=40.

NOTES:

1. Data are for 27 counties in the 28 county Atlanta/Sandy Springs/Marietta GA MSA, including Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Rockdale, Spaulding, and Walton. DeKalb represents 91.3 percent of items seized.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.4. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Boston: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cannabis	13,096	42.8
Cocaine	8,071	26.4
Heroin	2,738	9.0
Oxycodone	1,312	4.3
Clonazepam	640	2.1
Buprenorphine	550	1.8
Alprazolam	345	1.1
Hydrocodone	294	1.0
3,4-Methylenedioxy-methamphetamine	200	0.7
Methadone	183	0.6
Other <sup>2</sup>	3,134	10.3
<b>Total</b>	<b>30,563</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=203.

NOTES:

1. Data include all counties in the Boston MSA, including Essex, Middlesex, Norfolk, Plymouth, Rockingham, Strafford, and Suffolk.

2. “Noncontrolled Nonnarcotic Drug” represents 977 cases and is included as “Other.”

3. “Negative Results” represents 190 cases and is included as “Other.”

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.5. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Chicago: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cannabis	47,936	55.3
Cocaine	24,903	28.7
Heroin	10,510	12.1
3,4-Methylenedioxy-methamphetamine	1,062	1.2
Methamphetamine	513	0.6
Hydrocodone	309	0.4
Alprazolam	161	0.2
Phencyclidine	135	0.2
Acetaminophen	117	0.1
Methadone	89	0.1
Other <sup>2</sup>	946	1.1
<b>Total</b>	<b>86,681</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.<sup>2</sup>All other analyzed items; n=78.

## NOTES:

1. Data include all counties in the Chicago/Naperville/Joliet, IL/IN/WI MSA, including Cook, DeKalb, DuPage, Grundy, Kane, McHenry, and Will in IL; Jasper, Lake, Newton, and Porter in IN; and Kenosha in WI. Cook County represents 86.9 percent of total items seized.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.7. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Denver: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cocaine	2,582	38.3
Cannabis	1,638	24.3
Methamphetamine	1,016	15.1
Heroin	322	4.8
3,4-Methylenedioxy-methamphetamine	145	2.2
Psilocin	96	1.4
Hydrocodone	71	1.1
Oxycodone	63	0.9
Morphine	24	0.4
Alprazolam	23	0.3
Other <sup>2</sup>	761	11.3
<b>Total</b>	<b>6,741</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.<sup>2</sup>All other analyzed items; n=56.

## NOTES:

1. Data include Denver, Arapahoe, and Jefferson Counties.

2. "Noncontrolled Nonnarcotic Drug" represents 556 cases and is included as "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.6. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Cincinnati: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cannabis	5,807	42.9
Cocaine	5,715	42.2
Heroin	671	5.0
Oxycodone	272	2.0
Hydrocodone	202	1.5
3,4-Methylenedioxy-methamphetamine	182	1.3
Alprazolam	112	0.8
Diazepam	78	0.6
Methamphetamine	65	0.5
Methadone	54	0.4
Other <sup>2</sup>	377	2.8
<b>Total</b>	<b>13,535</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.<sup>2</sup>All other analyzed items; n=30.

## NOTES:

1. Data include Hamilton County.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.8. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Detroit: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cannabis	3,418	42.8
Cocaine	2,746	34.4
Heroin	686	8.6
3,4-Methylenedioxy-methamphetamine	366	4.6
Dihydrocodeine	113	1.4
Alprazolam	70	0.9
Hydrocodone	63	0.8
Oxycodone	57	0.7
Methamphetamine	46	0.6
Codeine	26	0.3
Other <sup>2</sup>	393	4.9
<b>Total</b>	<b>7,984</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.<sup>2</sup>All other analyzed items; n=55.

## NOTES:

1. Data include Wayne County.

2. "Noncontrolled Nonnarcotic Drug" represents 134 cases and is included as "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.9. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Honolulu: CY 2007<sup>1</sup>**

Drug	Number	Percent
Methamphetamine	1,462	50.9
Cannabis	658	22.9
Cocaine	377	13.1
3,4-Methylenedioxy-methamphetamine	56	2.0
Heroin	42	1.5
Oxycodone	28	1.0
3,4-Methylenedioxy-amphetamine	23	0.8
Tetrahydrocannabinols	20	0.7
Morphine	19	0.7
Alprazolam	13	0.5
Other <sup>2</sup>	173	6.0
<b>Total</b>	<b>2,871</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=49.

NOTES:

1. Data include Honolulu County.

2. "Noncontrolled Nonnarcotic Drug" represents 19 cases and is included as "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.11. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Miami MSA: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cocaine	20,913	66.7
Cannabis	6,353	20.3
Heroin	737	2.3
Alprazolam	421	1.3
3,4-Methylenedioxy-methamphetamine	406	1.3
Hallucinogen	313	1.0
Oxycodone	137	0.4
Methamphetamine	130	0.4
Hydrocodone	50	0.2
Clonazepam	33	0.1
Other <sup>2</sup>	1,869	6.0
<b>Total</b>	<b>31,362</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=84.

NOTES:

1. Data are for the Miami/Fort Lauderdale/Pompano Beach FL MSA and include Broward, Dade, and Palm Beach Counties, FL; 68.2 percent of items seized are for Dade County and 31.1 percent for Broward.

2. "Controlled Substance" represents 1,261 cases and is included as "Other."

3. "Unreported Scheduled Drug" represents 64 cases and is included as "Other."

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.10. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Los Angeles: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cocaine	22,309	37.2
Cannabis	17,786	29.6
Methamphetamine	13,806	23.0
Heroin	2,115	3.5
3,4-Methylenedioxy-methamphetamine	896	1.5
Hydrocodone	463	0.8
Phencyclidine	441	0.7
Alprazolam	168	0.3
Oxycodone	138	0.2
Psilocin	131	0.2
Other <sup>2</sup>	1,771	3.0
<b>Total</b>	<b>60,024</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=170.

NOTES:

1. Data include Los Angeles County.

2. "Noncontrolled Nonnarcotic Drug" represents 232 cases and is included as "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.12. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Minneapolis/St. Paul: CY 2007<sup>1</sup>**

Drug	Number	Percent
Methamphetamine	1,476	31.7
Cocaine	1,267	27.3
Cannabis	1,209	26.0
3,4-Methylenedioxy-methamphetamine	192	4.1
Oxycodone	77	1.7
Heroin	70	1.5
Hydrocodone	49	1.1
Codeine	31	0.7
Acetaminophen	28	0.6
Psilocin	27	0.6
Other <sup>2</sup>	223	4.8
<b>Total</b>	<b>4,649</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=50.

NOTES:

1. Data are for seven MN counties, including Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington.

2. "Noncontrolled Nonnarcotic Drug" represents 32 cases and is included as "Other."

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.13. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, New York City: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cocaine	27,354	48.9
Cannabis	14,756	26.4
Heroin	5,923	10.6
Alprazolam	791	1.4
Methadone	577	1.0
Phencyclidine	509	0.9
Oxycodone	474	0.8
Hydrocodone	365	0.7
3,4-Methylenedioxy-methamphetamine	307	0.5
3,4-Methylenedioxy-amphetamine	280	0.5
Other <sup>2</sup>	4,619	8.3
<b>Total</b>	<b>55,955</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.<sup>2</sup>All other analyzed items; n=73.

## NOTES:

1. Data are for five counties/areas, including Bronx, Kings, Queens, New York, and Richmond.

2. 3,106 analyzed items included in the total are reported by NFLIS as “No Drug Found”—these are included under “Other.” All of these items are reported by NYPD labs.

3. Items seized and analyzed by the NYPD represent 97.7 percent of the total.

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix 2.15. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Phoenix: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cannabis	3,432	38.0
Methamphetamine	2,538	28.1
Cocaine	1,931	21.4
Heroin	436	4.8
Oxycodone	103	1.1
Hydrocodone	85	0.9
3,4-Methylenedioxy-methamphetamine	73	0.8
Carisoprodol	51	0.6
Alprazolam	47	0.5
Morphine	33	0.4
Other <sup>2</sup>	306	3.4
<b>Total</b>	<b>9,035</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.<sup>2</sup>All other analyzed items; n=60.

## NOTES:

1. Data are for Maricopa County.

2. “Noncontrolled Nonnarcotic Drug” represents 47 cases and is included as “Other.”

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.14. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Philadelphia: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cocaine	10,714	40.8
Cannabis	9,335	35.5
Heroin	2,494	9.5
Oxycodone	803	3.1
Phencyclidine	795	3.0
Alprazolam	768	2.9
Hydrocodone	197	0.7
3,4-Methylenedioxy-methamphetamine	127	0.5
Clonazepam	122	0.5
Methamphetamine	98	0.4
Other <sup>2</sup>	833	3.2
<b>Total</b>	<b>26,286</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.<sup>2</sup>All other analyzed items; n=60.

## NOTES:

1. Data are for Philadelphia County.

2. “Noncontrolled Nonnarcotic Drug” represents 252 cases and is included as “Other.”

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix 2.16. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, San Diego: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cannabis	9,865	48.7
Methamphetamine	4,903	24.2
Cocaine	2,794	13.8
Heroin	640	3.2
Hydrocodone	331	1.6
3,4-Methylenedioxy-methamphetamine	209	1.0
Oxycodone	135	0.7
Diazepam	98	0.5
Alprazolam	97	0.5
Clonazepam	87	0.4
Other <sup>2</sup>	1,087	5.4
<b>Total</b>	<b>20,246</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.<sup>2</sup>All other analyzed items; n=130.

## NOTES:

1. Data are for San Diego County.

2. “Plant Material, Other” represents 187 cases and is included as “Other.”

3. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change



**Appendix 2.17. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, San Francisco: CY 2007<sup>1</sup>**

Drug	Number	Percent
Methamphetamine	3,830	27.6
Cannabis	3,789	27.3
Cocaine	3,508	25.3
Heroin	666	4.8
3,4-Methylenedioxy-methamphetamine	414	3.0
Oxycodone	187	1.3
Dihydrocodeinone	145	1.0
Hydrocodone	124	0.9
Ketamine	89	0.6
Methadone	85	0.6
Other <sup>2</sup>	1,034	7.5
<b>Total</b>	<b>13,871</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=60.

NOTES:

1. Data are for the San Francisco/Oakland/Fremont MSA, including Alameda, Contra Costa, Marin, San Francisco, and San Mateo Counties.

2. "Negative Results Tested for Specific Drugs" represents 325 cases and is included as "Other."

3. 43.5 percent of items were seized in Contra Costa County, 25.0 percent in San Francisco, 21.9 percent in San Mateo, 6.8 percent in Marin, and 2.7 percent in Alameda.

4. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.19. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, St. Louis: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cannabis	8,574	51.4
Cocaine	3,752	22.5
Heroin	1,040	6.2
Methamphetamine	743	4.5
3,4-Methylenedioxy-methamphetamine	483	2.9
Alprazolam	244	1.5
Hydrocodone	191	1.1
Oxycodone	185	1.1
Acetaminophen	180	1.1
Pseudoephedrine	168	1.0
Other <sup>2</sup>	1,107	6.6
<b>Total</b>	<b>16,667</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=126.

NOTES:

1. St. Louis, MO/IL MSA counties include Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, and St. Clair in IL; and Crawford, Franklin, Jefferson, Lincoln, St. Charles, St. Louis City, Warren, and Washington in MO—a total of 17 counties.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix 2.18. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Seattle: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cocaine	1,630	41.6
Cannabis	737	18.8
Methamphetamine	682	17.4
3,4-Methylenedioxy-methamphetamine	225	5.7
Heroin	172	4.4
Oxycodone	135	3.4
Hydrocodone	67	1.7
Methadone	48	1.2
Amphetamine	24	0.6
Phencyclidine	21	0.5
Other <sup>2</sup>	175	4.5
<b>Total</b>	<b>3,916</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=35.

NOTES:

1. Data are for King County.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 2.20. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Texas: CY 2007<sup>1</sup>**

Drug	Number	Percent
Cocaine	19,254	33.3
Cannabis	13,835	23.9
Methamphetamine	11,067	19.1
Alprazolam	3,857	6.7
Hydrocodone	2,556	4.4
3,4-Methylenedioxy-methamphetamine	1,077	1.9
Heroin	739	1.3
Carisoprodol	632	1.1
Clonazepam	485	0.8
Codeine	388	0.7
Other <sup>2</sup>	4,000	6.9
<b>Total</b>	<b>57,890</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items; n=unknown.

NOTES:

1. Data are for the State of Texas.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, provided by the Texas representative on April 16, 2008; data are subject to change and may differ slightly from data presented in other area reports if the drawdown dates were different

**Appendix Table 2.21. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items, Washington, DC: CY 2007<sup>1</sup>**

<b>Drug</b>	<b>Number</b>	<b>Percent</b>
Cocaine	1,842	44.5
Cannabis	1,224	29.6
Heroin	393	9.5
Phencyclidine	209	5.0
3,4-Methylenedioxy-methamphetamine	165	4.0
Methamphetamine	72	1.7
Oxycodone	34	0.8
Hydrocodone	30	0.7
Alprazolam	19	0.5
Methadone	14	0.3
Other <sup>2</sup>	139	3.4
<b>Total</b>	<b>4,141</b>	<b>100.0</b>

<sup>1</sup>January 2007–December 2007.

<sup>2</sup>All other analyzed items;  $n=45$ .

NOTES:

1. Data are for the District of Columbia only.

2. Percentages may not sum to the total due to rounding.

SOURCE: NFLIS, DEA, May 9, 2008; data are subject to change

**Appendix Table 3.1. DAWN ED Samples and Reporting Information, by CEWG Area<sup>1</sup>: January–December 2007**

CEWG Area	Total EDs in DAWN Sample	Number of EDs Reporting per Month:		Number of EDs Not Reporting
		Completeness of Data (%)		
		≥90%	<90%	
Boston	37	18–22	3–7	12–13
Chicago	79	26–32	3–7	44–48
Denver	15	8	1	6
Detroit	31	14–18	1–4	12–13
Miami/Dade	19	6–9	0–2	10–12
Mpls./St. Paul	26	9–11	0–2	15–16
New York City	63	25–34	5–14	24–25
Phoenix	28	8–12	2–5	14–16
San Diego	17	6–7	0–1	10
San Francisco	35	12–15	0–2	20–21
Seattle	25	6–10	0–4	14–15

<sup>1</sup>Most of the spatial units are MSAs, with the exception of San Francisco, which includes the San Francisco and Oakland divisions only; New York, which includes the Five Boroughs division; and Miami/Dade, which includes the Miami/Dade County division only. In terms of the DAWN *Live!* classification system, the other spatial units are: Boston core plus Boston other; Chicago core plus Chicago other; Detroit core plus Detroit other; and metropolitan areas Denver, Minneapolis, Phoenix, San Diego, and Seattle.

SOURCE: DAWN *Live!*, OAS, SAMHSA, updated May 2–12, 2008

**Appendix Table 3.2. Number of Cocaine, Heroin, Methamphetamine (MA), Marijuana (MJ), Methylenedioxymethamphetamine (MDMA), Phencyclidine (PCP), and Lysergic Acid Diethylamide (LSD) ED Reports in 11 CEWG Areas (Unweighted<sup>1</sup>): January–December 2007**

CEWG Area	Cocaine	Heroin	MA	MJ	MDMA	PCP	LSD
Boston	5,313	4,320	78	2,644	109	15	33
Chicago	9,092	6,052	53	3,388	125	121	29
Denver	3,300	926	789	2,250	159	16	81
Detroit	7,005	2,974	23	3,341	199	36	25
Miami/Dade	3,651	705	20	1,342	81	9	35
Mpls./St. Paul	1,914	660	428	2,170	164	28	26
New York City	17,435	8,547	148	8,260	239	557	64
Phoenix	1,953	971	1,394	1,188	39	56	19
San Diego	562	442	826	804	58	25	14
San Francisco	4,632	1,504	1,213	1,085	171	86	57
Seattle	4,401	2,172	924	1,660	127	114	37

<sup>1</sup>All DAWN cases are reviewed for quality control and, based on review, may be corrected or deleted. Therefore, these data are subject to change.

NOTES:

1. The classification of drugs used in DAWN is derived from the Multum *Lexicon*, © 2005, Multum Information Services, Inc. The classification was modified to meet DAWN's unique requirements (2006). The Multum Licensing Agreement governing use of the Lexicon can be found on the Internet at <http://www.multum.com>.

2. DAWN data are most often MSA-specific, including hospitals in the core and other MSA areas, with the exception of San Francisco data, which is for San Francisco and Oakland only.

3. Unweighted data with small values—e.g., less than 30—should be interpreted with caution.

SOURCE: DAWN *Live!*, OAS, SAMHSA, updated May 2–12, 2008

**Appendix Table 4. Comparison of Local CEWG Area Results With National Results for Percentages of Lifetime Use of Selected Drugs, With 95-Percent Confidence Intervals, Among High School Students, CDC YRBS: 2007<sup>1</sup>**

CEWG Area	Lifetime Use of Alcohol % (95% CI)	Lifetime Use of Cocaine % (95% CI)	Lifetime Use of Methamphetamine % (95% CI)	Lifetime Use of Inhalants % (95% CI)	Lifetime Use of Marijuana % (95% CI)	Lifetime Use of Heroin % (95% CI)	Lifetime Use of Ecstasy (MDMA) % (95% CI)	Lifetime Use of Illegal Injection Drugs % (95% CI)
United States	75.0 (72.4–77.4)	7.2 (6.2–8.2)	4.4 (3.7–5.3)	13.3 (12.1–14.6)	38.1 (35.5–40.7)	2.3 (1.8–2.8)	5.8 (5.0–6.6)	2.0 (1.5–2.7)
Arizona <sup>2</sup>	NA <sup>3</sup>	14.4* (12.6–16.5)	8.6* (7.6–9.7)	14.6 (12.9–16.3)	42.3 (38.4–46.2)	5.2* (4.2–6.4)	9.1* (7.8–10.7)	4.1* (3.3–5.2)
Baltimore	61.6* (58.7–64.3)	2.0* (1.3–3.2)	1.9* (1.3–2.9)	6.9* (5.7–8.3)	41.2 (38.4–44.1)	1.8 (1.1–2.8)	3.5 (2.5–4.8)	1.5 (0.9–2.5)
Boston	65.6* (62.2–68.9)	3.7* (2.6–5.3)	2.7* (1.6–4.5)	NA	34.3 (31.1–37.7)	2.8 (1.8–4.2)	NA	2.3 (1.4–3.5)
Broward Co., FL	71.4 (67.1–75.3)	5.9 (4.3–7.9)	2.6* (1.5–4.3)	11.4 (9.5–13.7)	34.7 (31.5–38.1)	1.5 (0.9–2.7)	6.3 (4.6–8.7)	2.1 (1.1–3.9)
Chicago	71.4 (64.7–77.3)	5.9 (3.9–8.8)	4.7 (2.9–7.5)	9.6* (7.1–12.9)	44.0* (39.8–48.2)	3.7 (2.1–6.2)	6.4 (4.2–9.6)	2.4 (1.4–3.8)
DeKalb Co. (Atlanta)	65.4* (62.7–68.0)	4.9* (4.0–6.0)	2.7* (2.1–3.6)	9.8* (8.4–11.4)	37.1 (34.3–40.1)	NA	4.9 (4.0–6.1)	2.1‡ (1.5–2.8)
Detroit	66.1* (63.2–68.8)	2.6* (1.7–3.8)	2.0* (1.2–3.1)	7.8* (6.6–9.2)	39.2 (36.5–42.0)	1.6 (1.0–2.6)	NA	2.6 (1.8–3.8)
Hawai'i	58.7* (52.5–64.7)	5.6 (3.9–7.9)	4.5 (2.6–7.6)	11.4 (9.2–14.0)	29.9* (24.5–36.0)	NA	4.6 (3.4–6.2)	NA
Los Angeles	71.2 (64.2–77.4)	11.4 (9.1–14.3)	9.0* (7.1–11.4)	17.4* (14.0–21.4)	40.7 (33.8–47.9)	3.1 (2.0–4.8)	6.4 (3.9–10.1)	2.7 (1.4–4.9)
Maine	NA	NA	5.0 (3.5–7.3)	13.3 (10.5–16.7)	NA	3.8 (2.3–6.4)	NA	2.5 (1.3–4.8)
Maryland	72.9 (67.8–77.4)	5.5 (3.7–8.3)	3.0 (2.0–4.5)	12.9 (11.0–15.1)	36.5 (31.3–42.0)	2.4 (1.4–4.0)	6.3 (4.0–9.7)	2.1 (1.4–3.1)
Miami/Dade Co., FL	69.0* (66.4–71.5)	7.5 (6.3–9.0)	3.9 (3.1–4.9)	11.4* (10.0–13.0)	27.5* (24.8–30.3)	3.0 (2.3–4.0)	7.5* (6.4–8.7)	3.0 (2.3–3.8)
New Mexico	NA	11.6* (9.9–13.6)	7.7* (6.6–9.0)	NA	NA	5.0‡ (3.9–6.3)	8.4‡ (7.2–9.9)	3.6* (2.9–4.5)
New York City	NA	3.2* (2.5–4.1)	1.8* (1.3–2.5)	8.7* (7.2–10.5)	26.3* (24.1–28.7)	1.3 (0.9–1.9)	2.5* (2.0–3.3)	1.7 (1.3–2.2)
Palm Beach Co., FL	69.6* (65.4–73.5)	6.4 (5.2–7.8)	3.9 (2.9–5.3)	10* (8.5–11.7)	34.3 (30.6–38.1)	3.5 (2.3–5.2)	7.3* (5.9–9.1)	2.7 (1.8–4.2)
Philadelphia	66.1* (63.2–68.8)	2.6* (1.8–3.8)	2.2* (1.4–3.3)	NA	38.2 (35.3–41.2)	2.2 (1.5–3.3)	3.2‡ (2.3–4.4)	1.8‡ (1.3–2.7)
San Diego	72.0 (68.6–75.2)	8.6 (7.2–10.3)	6.4* (5.2–8.0)	10.7* (9.2–12.5)	34.6 (30.3–39.2)	3.2 (2.4–4.3)	9.0* (7.1–11.3)	3.0 (2.1–4.3)
San Francisco	53.2* (50.4–56.1)	4.6* (3.7–5.7)	3.6 (2.7–4.7)	8.5* (7.3–9.9)	22.8* (20.3–25.5)	2.3 (1.5–3.3)	6.7‡ (5.6–8.0)	2.6 (1.9–3.6)
Texas	78.2 (75.6–80.6)	12.6* (10.7–14.7)	6.7* (5.4–8.3)	12.9 (10.8–15.4)	37.7 (34.6–41.0)	2.4 (1.9–3.0)	9.9* (8.6–11.3)	2.7 (2.2–3.3)

<sup>1</sup>Statistically significant differences from national percentages are identified by CDC using t-tests and p-values at  $p \leq .05$ ; these differences are indicated by an asterisk (\*). All unmarked percentages are equal to or not different from national proportions based on results of CDC t-tests. Where t-tests are not available, comparison of non-overlapping confidence intervals determined the significance at .05 or less, and these are indicated by the symbol ‡ (this applied to five cases for which t-test results were not available).

<sup>2</sup>Arizona data include charter schools.

<sup>3</sup>NA=Not available.

SOURCES: "Healthy Youth!" YRBS, CDC at [http://www.cdc.gov/HealthyYouth/yrbbs/state\\_district\\_comparisons.htm](http://www.cdc.gov/HealthyYouth/yrbbs/state_district_comparisons.htm); "Comparisons Between State or District and National Results Fact Sheets." Printed 8/8/08; and YRBS Youth Online at <http://apps.nccd.cdc.gov/yrbss/>

**Appendix Tables 5.1–5.5. Primary Treatment Admissions for Cocaine, Heroin, Methamphetamine, and Marijuana: 2004–2007, and Route of Cocaine Administration Among Primary Cocaine Admissions: 2006–2007**

**Appendix Table 5.1. Primary Cocaine Treatment Admissions in 16 CEWG Areas as a Percentage of Drug Treatment Admissions, Excluding Primary Alcohol Admissions: 2004–2007<sup>1</sup>**

CEWG Area	Year			
	2004 <sup>2</sup>	2005 <sup>2</sup>	2006 <sup>3</sup>	2007
Atlanta	52.5	49.8	50.6	38.4
Baltimore	15.8	16.4	17.7	18.7
Boston <sup>4</sup>	11.3	12.5	12.0	10.6
Chicago	32.7	26.5	31.1	31.1
Denver	23.2	20.0	23.5	23.4
Detroit	35.6	34.7	41.1	37.7
Hawai'i	6.3	4.1	6.3	5.7
Los Angeles	22.0	20.5	20.9	19.9
Maine	11.4	12.7	14.2	13.7
Mpls./St. Paul	26.1	26.5	27.3	23.7
New York	29.5	29.2	29.9	28.1
Phoenix	NR <sup>5</sup>	16.1	15.2	14.5
San Diego	8.7	8.2	8.2	8.5
Seattle	21.8	24.6	25.6	27.2
St. Louis	40.9	33.5	33.8	35.5
Texas	35.7	34.1	32.4	31.5

<sup>1</sup>All CEWG areas report data for CY 2007, with the exception of Chicago, for which FY 2007 data (July 2006–June 2007) are used.

<sup>2</sup>Calendar year data.

<sup>3</sup>Boston and Detroit report FY 2006 data; Atlanta and San Diego report first-half CY 2006 data; all others report full-year CY 2006 data.

<sup>4</sup>The Boston representative updated CY data for this table as follows: 2004, 11.0 percent; 2005, 13.1 percent; 2006, 12.8 percent.

<sup>5</sup>NR=Not reported by the CEWG area representative.

SOURCES: June 2008 CEWG reports; and June 2007 CEWG report, Volume I, p.15

**Appendix Table 5.2. Primary Heroin Treatment Admissions in 16 CEWG Areas as a Percentage<sup>1</sup> of Total Admissions, Excluding Primary Alcohol Admissions: 2004-2007<sup>2</sup>**

CEWG Area	Year			
	2004 <sup>3</sup>	2005 <sup>3</sup>	2006 <sup>4</sup>	2007
Atlanta	7.6	7.0	7.2	5.7
Baltimore	60.7	59.5	54.3	63.8
Boston <sup>5</sup>	74.2	75.6	75.9	77.4
Chicago	47.3	53.0	47.0	49.2
Denver	13.6	14.1	10.6	10.5
Detroit	46.0	43.6	38.1	39.4
Hawai'i	3.0	3.1	3.3	2.9
Los Angeles	30.1	24.4	24.3	24.1
Maine <sup>6</sup>	21.3	20.5	18.7	15.0
Mpls./St. Paul	5.6	9.8	11.2	13.0
New York	42.1	40.8	37.9	38.2
Phoenix	NR <sup>7</sup>	15.1	16.7	14.8
San Diego	23.4	22.8	22.3	21.5
Seattle	27.0	25.4	20.9	18.7
St. Louis	18.4	16.0	17.5	24.1
Texas <sup>6</sup>	13.7	11.6	12.8	13.0

<sup>1</sup>Percentage of primary nonalcohol admissions.

<sup>2</sup>All CEWG areas report CY 2007 data, with the exception of Chicago, for which FY 2007 data are used (July 2006-June 2007).

<sup>3</sup>Calendar year data.

<sup>4</sup>Boston and Detroit report FY 2006 data; Atlanta and San Diego report first-half CY 2006 data; all others report full-year CY 2006 data.

<sup>5</sup>The Boston representative updated CY data for this table as follows: 2004, 75.2 percent; 2005, 72.7 percent; 2006, 73.6 percent.

<sup>6</sup>Heroin is included with other opiates for classifying primary drug treatment admissions (Maine and Texas).

<sup>7</sup>NR=Not reported by the CEWG area representative.

SOURCES: June 2008 CEWG reports; and June 2007 CEWG report, Volume I, p. 25

**Appendix Table 5.3. Primary Methamphetamine Treatment Admissions in 9 CEWG Areas as a Percentage of Primary Drug Admissions, Excluding Primary Alcohol Admissions: 2004–2007<sup>1</sup>**

CEWG Area	2004	2005	2006 <sup>2</sup>	2007
Atlanta	11.3	15.5	11.4	12.5
Denver	17.6	20.7	21.4	21.7
Hawai‘i	57.3	56.3	54.3	53.1
Los Angeles	26.7	31.4	31.0 <sup>2</sup>	28.2
Mpls./St. Paul	19.6	22.1	15.4	13.7
Phoenix	NR <sup>3</sup>	48.8	42.4	43.3
San Diego	44.6	50.2	49.0	44.3
Seattle	15.2	16.9	17.6	17.3
St. Louis	6.5	5.7	4.0	3.9

<sup>1</sup>Atlanta and San Diego report first-half CY 2006 data; all other areas report full-year CY 2006 data.

<sup>2</sup>The updated figure for Los Angeles provided by the CEWG representative was 29.7 percent for CY 2006.

<sup>3</sup>NR = Not reported by the CEWG area representative.

SOURCES: June 2008 CEWG reports; and June 2007 CEWG report, Volume I, p. 45

**Appendix Table 5.4. Primary Marijuana Treatment Admissions in 16 CEWG Areas as a Percentage of All Admissions, Excluding Primary Alcohol Admissions: 2004 to 2007<sup>1</sup>**

CEWG Area	Year			
	2004	2005	2006 <sup>2</sup>	2007
Atlanta	28.8	27.7	30.9	31.4
Baltimore	16.2	15.8	18.3	12.8
Boston <sup>3</sup>	6.6	5.0	4.2	4.9
Chicago	16.4	14.7	16.1	17.7
Denver	38.6	37.0	36.9	36.6
Detroit	13.5	15.4	19.0	20.8
Hawai‘i	25.2	29.2	29.6	32.3
Los Angeles	17.0	18.7	19.7 <sup>4</sup>	22.5
Maine	30.5	25.6	21.7	20.5
Mpls./St. Paul	39.1	32.6	35.5	32.8
New York City	23.5	25.3	27.8	29.3
Phoenix	NR <sup>5</sup>	16.0	18.6	19.9
San Diego	20.2	15.4	16.6	19.5
Seattle	28.2	25.2	24.4	25.5
St. Louis	35.1	29.0	27.5	31.5
Texas	26.4	27.1	28.7	30.2

<sup>1</sup>Chicago reports FY 2007 data (July 2006–June 2007); all other areas report CY 2007 data.

<sup>2</sup>2006 data for Boston, Chicago, Detroit, and San Francisco cover the fiscal year, while Atlanta and San Diego report first-half CY 2006 data. All other CEWG areas report full-year CY 2006 data.

<sup>3</sup>The Boston representative updated CY data for this table as follows: 2004, 5.9 percent; 2005, 5.5 percent; 2006, 5.4 percent.

<sup>4</sup>The Los Angeles representative provided updated data for CY 2006 as 20.2 percent.

<sup>5</sup>NR = Not reported by the CEWG area representative.

SOURCES: June 2008 CEWG reports; and June 2007 CEWG report, Volume I, p. 51

**Appendix Table 5.5. Percentages of Cocaine Administered by Major Route of Administration Among Primary Cocaine Treatment Admissions in 10 CEWG Areas Reporting Data: 2006–2007**

CEWG Area	Percent Smoked		Percent Inhaled		Percent Injected	
	2006 <sup>1</sup>	2007 <sup>2</sup>	2006 <sup>1</sup>	2007 <sup>2</sup>	2006 <sup>1</sup>	2007 <sup>2</sup>
Atlanta	78	75	13	20	2	1
Denver	52	56	37	37	6	5
Detroit	96	95	3	4	–	0
Los Angeles	86	86	11	11	<1	<1
Mpls./St. Paul	83	73	16	23	1	2
New York City	62	60.5	35	36	2	2
Phoenix	68	71.5	25	23	4	3
San Diego	85	80	12	17.5	2	1.3
St. Louis	89	88	7	8	1	1.2
Texas	58	55	35	36	6	5

<sup>1</sup>For 2006, Detroit reported FY 2006 data; Atlanta and San Diego reported first-half CY 2006 data. All others reported full-year CY 2006 data.

<sup>2</sup>Atlanta reports FY 2007 data (October 2006–September 2007); all other areas report CY 2007 data.

NOTE: Percentages are rounded to the nearest tenth.

SOURCES: June 2008 CEWG reports and data reported for the June 2007 CEWG reports by CEWG area representatives





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