

METROPOLITAN ATLANTA DRUG ABUSE TRENDS

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Atlanta indicators suggest that cocaine continues to dominate the local drug market, which is becoming more diverse. Information on cocaine's prevalence is mixed. According to treatment admissions and emergency department (ED) mentions, cocaine prevalence is declining, which is also supported by arrestee data and ethnographic research. According to the DEA, cocaine, marijuana, and methamphetamine cases dominate the manpower resources of the Atlanta Field Division. Marijuana is the second most prevalent drug on the Atlanta market and is increasingly used by a wider variety of people—mostly males, whites, adolescents, or young adults. Sixty-seven percent of marijuana treatment admissions report no additional drug of choice. Heroin use remains comparatively low and is reported mostly by older injectors and younger snorters who sometimes inject. Since 1995, heroin purity has increased, while prices have fallen. Methamphetamine continues to grow in popularity. Although low in the first half of 1999, Atlanta's methamphetamine emergency department mention ED rate per 100,000 population is once again the highest among east coast cities. Georgia ranks 8th nationwide in cumulative number of AIDS cases and has the 12th highest level of cases attributable to injecting drug use. The rate of injection-related cases is 15 times higher among African-Americans than among whites. Women accounted for 1 in 5 Georgians with AIDS in 1998, up from 1 in 10 in 1990. Sexually transmitted disease rates per 100,000 population in the Atlanta metropolitan area are among the highest in the South: more than 300 for chlamydia, more than 200 for gonorrhea, and more than 8 for primary and secondary syphilis. Since 1995, reported cases of hepatitis C cases have been primarily (60 percent) male, all older than 30 years. The racial distribution of African -American and white individuals has been roughly equal for hepatitis C cases, but African-Americans outnumber whites 3 to 1 in reported hepatitis B (acute) cases.

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DRUG USE IN THE BALTIMORE METROPOLITAN AREA: EPIDEMIOLOGY AND TRENDS

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In the Baltimore metropolitan area, indicators of both heroin and cocaine abuse are among the highest for CEWG cities. Heroin abuse indicators have been relatively stable since 1995. In Baltimore City, treatment admission rates for heroin used intranasally have been at least as high as for injected heroin, although injected heroin predominates in the suburban counties. Heroin users are equally distributed between males and females in Baltimore City, but in the counties about two-thirds are males. Treatment admissions among heroin-injecting youth (age 18–25) continued to increase in the suburban counties. The cocaine/crack epidemic continued to wane. The level of treatment admissions and the rate of ED mentions declined in the first half of 1999. The population in treatment for crack cocaine has aged: 55 percent were older than 35 in the first half of 1999, compared with 36 percent in 1995. Indicators of problem marijuana use were mixed: while treatment admissions were stable, ED mentions increased in the first half of 1999. Amphetamine-related treatment admissions fell to zero in the first half of 1999, and only a handful of amphetamine-related ED mentions were recorded.

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DRUG USE TRENDS IN GREATER BOSTON AND MASSACHUSETTS

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Drug use trends in the Boston metropolitan area continue to show a pattern of stabilization, except for a sharp increase in reports of MDMA (“ecstasy”) use. Current reporting period indicators generally show small, mixed changes for cocaine, heroin, and marijuana. Heroin now rivals cocaine as the street drug of choice, and the use of crack continues to decline. Marijuana remains widely available and popular, especially among youth. Diverted prescription medications such as alprazolam (Xanax), clonazepam (Klonopin), and oxycodone (Percodan, Percocet) are available on the street and used by adolescents. Psychedelics such as LSD and psilocybin mushrooms remain popular among youth, while drugs such as MDMA, gamma hydroxybutyrate (GHB), ketamine, and crystal methamphetamine are still reported in the club and rave scenes. All data show MDMA continuing its rapid rise as a recreational drug of choice among adolescents and young adults. GHB figures prominently in calls to the Massachusetts Poison Control Center, but is not reported so far by treatment providers. Through May 1, 2000, a cumulative total of 15,500 adult/adolescent AIDS cases were reported in Massachusetts. Of these, injecting drug use accounted for 34 percent, while male–male transmission accounted for 39 percent.

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PATTERNS AND TRENDS OF DRUG ABUSE IN CHICAGO

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Evidence of elevated heroin use continues. Heroin indicators showing increases include ED mentions, deaths, positive urine screens among prison arrestees, and population-based surveys. Cocaine-related indicators remain higher than those for other substances, yet 1998–99 data suggest a tapering of the cocaine epidemic noted in the early and mid-1990s, and quantitative indicators are now declining. This report also focuses on club drug use among white youth in Chicago and its surrounding suburbs. In particular, use of MDMA (“ecstasy”) pills appears increasingly common in this population. Marijuana indicators appear to have stabilized in 1998 and 1999, perhaps reflecting a slowing of the recent escalation in marijuana-related problems. Minimal methamphetamine use has been observed in the Chicago region to date. Through March 2000, 23,769 diagnosed AIDS cases were reported to the State. More than one-quarter of adult cases occurred among injecting drug users (IDUs), while an additional 5 percent were reported among homosexuals or bisexual IDUs.

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DRUG USE TRENDS IN DENVER AND COLORADO

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Almost all methamphetamine indicators, which had been increasing through 1997, declined in 1998 and 1999. Information from the Drug Enforcement Administration and Denver Police suggests that the decline may be due to substantially lower purity resulting from reduced precursor availability, and from reduced supply due to extensive lab seizures. Conversely, some cocaine indicators have started to rebound, with increased emergency department (ED) mentions and record cocaine mortality levels in the State. However, cocaine treatment admissions and new users in treatment continue to decline. Also, cocaine treatment client demographics have changed, with decreased proportions of African-Americans and increased proportions of Hispanics, males, and older users. Cocaine intranasal users have been entering treatment in greater numbers, while smokers have been declining. Wide cocaine hydrochloride (HCl) availability at high purity may be driving some of these changes. Heroin ED mentions have been climbing since 1996, and 1998 opiate mortality was the highest ever in Colorado. While the proportion of new heroin users in treatment is up overall from 1993 levels, 1999 data show a slight downturn. Also, heroin treatment client demographic proportions have changed somewhat, with more males, whites, and younger users, and fewer Hispanic users. Accompanying these demographic shifts has been a continuing small, upward trend in the proportion of heroin smokers and intranasal users. Marijuana continues to be a major problem in Colorado, representing the largest proportion of drug-related treatment admissions. Marijuana ED mentions climbed in 1997 and 1998, with only a slight drop estimated for 1999. Marijuana treatment client demographic changes indicate more Hispanic and older users. Almost all ethnographic reports indicate availability of very potent marijuana.

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DRUG ABUSE TRENDS IN DETROIT/WAYNE COUNTY, MICHIGAN

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Cocaine deaths in Detroit/Wayne County have remained relatively stable (at 342–384 per year) since 1995, and cocaine remains the most mentioned drug in emergency departments. With crack predominating, cocaine accounted for a much larger proportion of treatment admissions in Detroit/Wayne County than among statewide admissions. Cocaine use by adult arrestees has been relatively stable or slightly declining since its 1987 peak. Heroin deaths, which had increased 19 percent in both 1996 and 1997, increased 7 percent in 1998 and 24 percent in 1999. Heroin deaths during the first 3 months of 2000 totaled 114, compared with 95 during the same period the previous year. Heroin purity continues to increase to the highest level ever, while prices remain low and declining. In the first half of fiscal year 2000, nearly two of every three heroin treatment admissions occurred in Detroit/Wayne County. Among Detroit arrestees, heroin use increased slightly in 1998 and 1999. Reports of heroin use by suburban youth continue. Codeine remains the most widely abused opiate other than heroin. Hallucinogen indicators remain low. MDMA is increasingly appearing. Methamphetamine activity continues to slowly increase statewide, with more rapid increases in western Michigan. Methcathinone (“cat”) availability remains low, but a few users continue to enter treatment. Benzodiazepines are the most commonly used depressants. Detroit Poison Control encountered 100 cases involving gamma hydroxybutyrate (GHB) or its precursor gamma butyrolactone (GBL) in 1999. Ketamine is targeted in veterinarian office break-ins. Through January 1, 2000, AIDS cases in Michigan cumulatively totaled 10,549. Injecting drug users continue to constitute 30 percent of these cases. A study of illicit drug use during pregnancy found 8.2 percent of women in need of substance abuse treatment.

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ILLICIT DRUG USE IN HONOLULU AND THE STATE OF HAWAII

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Demand for drugs, especially for marijuana and crystal methamphetamine, remains high and continues to grow. Indicators show a strong and somewhat expansive drug economy, with increases, or at least stability in, both demand and supply of illicit drugs, treatment admissions, arrests and seizures, and medical examiner data. Other indirect indicators, such as news reports of drug-related violence and other crime, also appear to be increasing. Serious efforts are underway in the community to make legislators aware of the never-ending cycle of addiction, incarceration without treatment, and risk for children. Participation has been light but is improving, somewhat like Hawaii's economy, which is projected to improve modestly over the next 6 months. A sense of optimism prevails among the health professionals working in this field.

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UPDATE ON ILLICIT DRUG USE IN LOS ANGELES COUNTY

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According to data sources (treatment, ED, and arrestee), marijuana use continues to increase. Between the first halves of 1998 and 1999, both cocaine and heroin ED mentions increased (by 11 and 6 percent, respectively). The percentage of those entering treatment whose primary drug was heroin declined slightly to 49 percent in 1999, while methamphetamine admissions remained steady at 8 percent. Arrestee data between 1998 and 1999 showed a decrease in cocaine-positive levels (to 37 percent) for males but a continued increase in marijuana levels. Cocaine levels for female arrestees continued to decrease (to 37 percent), marijuana levels remained steady (at 21 percent), and methamphetamine levels increased slightly (from 9 to 12 percent). Marijuana-positive levels for juvenile males remained steady at 52 percent in 1999. GHB use continues to increase in Los Angeles. Data on HIV prevalence showed that as of March 31, 2000, there were 40,867 cumulative cases of adult AIDS in Los Angeles County.

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DRUG ABUSE IN MIAMI AND SOUTH FLORIDA

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A glut of very pure South American heroin has slashed local wholesale prices by half. Miami now has the Nation's highest rate of increase for heroin medical emergencies. For the first time, black tar heroin has been observed in significant quantities. Cocaine problems lead all other illicit drug problems, but cocaine indicators remain at relatively stable levels. Concomitant heroin use was detected in many 1999 cocaine-related deaths. Youthful marijuana abuse continued a steady 4-year decline in the local 1999 school survey, believed, in part, to have been aided by antitobacco campaigns. MDMA ("ecstasy") is flooding into all South Florida airports from Western Europe. There is mass ignorance about so-called "smart drugs" and lack of any pharmaceutical logic in how some drugs are being combined. When gamma butyrolactone (GBL) products were banned, new brand names for 1,4 butanediol (BD) products appeared almost weekly, and overdose and addiction are reported frequently. Potential behavioral risks for transmitting infectious diseases linked to abuse of rave and club drugs seem to be ignored.

For further information and updates on data, please contact James N. Hall, Up Front Drug Information Center, 5701 Biscayne Boulevard, 9 Penthouse, Miami, Florida 33137, Phone: (305) 757-2566, Fax: (305) 758-4676, E-mail: <UpFrontin@aol.com>, Website: <www.miamicoalition.org>, click on Research and Information Center. For Broward County, contact Madeline Camejo, Pharm.D., Broward General Medical Center, Phone: (954) 355-5559, Fax: (954) 355-4792.

MINNEAPOLIS/ST. PAUL DRUG ABUSE TRENDS

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In the first quarter of 2000, for the first time in Hennepin County, opiate-related deaths (most due to accidental heroin overdose) outnumbered cocaine-related deaths; in Ramsey County, opiate-related deaths rose from 12 in 1998 to 20 in 1999. Extremely high purity levels and the low cost of heroin were likely contributing factors. Hospital emergencies related to heroin/morphine have increased gradually since 1994. Methamphetamine-related seizures, arrests, and clandestine labs continued strong upward trends that began in 1996, although most other indicators (deaths, treatment admissions, and hospital emergencies) declined. Most methamphetamine seized by law enforcement was of very low purity, which may explain, in part, the declining rate of negative health consequences. Retail products containing gamma butyrolactone (GBL) were the subject of two recent, large law enforcement cases, pursuant to new State and Federal laws enacted to address GBL abuse. GBL converts to gamma hydroxybutyrate (GHB) in the body. GHB is a liquid used as a party drug, an aphrodisiac, a muscle-stimulating growth hormone, and in drug-assisted rapes. MDMA, a methamphetamine with mild hallucinogenic properties, was reported as a growing drug of abuse among young people. Two GHB-toxicity deaths and the death of a 23-year-old man from heroin, alcohol, and MDMA occurred in 1999.

For a more detailed report, please contact Carol L. Falkowski, Senior Research Analyst, Butler Center for Research, Hazelden Foundation, P.O. Box 11, Center City, Minnesota 55012-0011, Phone: (651) 213-4566, Fax: (651) 213-4536, E-mail: <cfalkowski@hazelden.org>, Website: <www.research.hazelden.org>.

HEROIN AS THE DRUG OF CHOICE IN NEWARK

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This report presents the social and demographic characteristics of drug abusers in Newark. Focusing on first-half-1999 treatment data and drawing data from different sources, it describes patterns of drug abuse in Newark City, the Newark primary metropolitan statistical area (PMSA), and the State as a whole. In the first half of 1999, drug-related admissions accounted for 97 percent of all treatment admissions in Newark. Heroin remained the drug of choice in Newark, accounting for 77 percent of all treatment admissions. By contrast, alcohol-only admissions accounted for only 3 percent of all admissions, and cocaine admissions accounted for 10 percent. In Newark, heroin treatment mentions increased from 54 to 81 percent between 1992 and the first half of 1999; the corresponding increase in the State was 30 to 47 percent. (The increase in the share of heroin treatment admissions is consistent with the rise in emergency department (ED) mentions from 1992 to 1995.) Heroin was also the most mentioned ED drug, followed closely by cocaine. Heroin purity increased from 61 to 68 percent between 1998 and 1999 after an 8-percentage-point drop between 1997 and 1998. After declining from 66 to 46 percent of total mentions between 1992 and 1998, cocaine mentions in Newark increased to 48 percent in the first half of 1999. Consistent with the unprecedented rise in heroin use both in Newark and the State, heroin injection has increased (beginning in 1995), following a persistent decline since the 1980s; the increase is the fastest among youth (18–25 years old). The rise in injecting drug use continues to challenge health policymaking in the State.

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DRUG ABUSE INDICATORS IN NEW ORLEANS

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Cocaine remains a problem; however, indicators are mixed, with ED mentions and arrests down, and treatment admissions up. Heroin activity appears to be up, with all indicators increasing. Marijuana again dominates treatment admissions and remains the most popular drug among young users. Despite low indicators, street sources suggest an upswing in methamphetamine use among young people. Louisiana reports 12,143 cumulative AIDS cases, with Orleans Parish representing 17 percent and injecting drug users (IDUs) constituting 19 percent of the cases. HIV infection continues to increase among blacks, with IDUs representing 25 percent of the cases.

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DRUG USE TRENDS IN NEW YORK CITY

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Although cocaine activity may be declining and heroin activity is mixed, the two drugs continue to account for major consequences in New York City in terms of deaths, hospital emergencies, arrests, and treatment admissions. A recent trend among heroin treatment admissions is an increase over the past year in injecting, and a decline in intranasal use, as modes of use. Marijuana activity has sustained its dramatic peak in the number of hospital emergencies, arrests, and especially treatment admissions. MDMA is more widely available not only in dance clubs and at “rave” parties, but on the streets of New York among young people. Injecting drug use remains the modal risk factor in the city’s AIDS cases.

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DRUG USE IN PHILADELPHIA, PENNSYLVANIA

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Cocaine continues to be the drug most mentioned in hospital emergency departments (EDs) and the most common primary drug of abuse among treatment admissions. In both halves of 1999, cocaine detections in decedents exceeded heroin detections for the first time since the first half of 1996. More than 84 percent of cocaine treatment admissions were crack smokers in the second half of 1999. For the third consecutive year, Philadelphia had the highest heroin purity among all the cities in the Domestic Monitor Program (DMP): street-level heroin averaged 72 percent. New heroin users tend to be in their early to midteens. In the first half of 1999, Philadelphia had the second highest rate of ED mentions and drug episodes per 100,000 population (477 and 258, respectively) among the 21 metropolitan areas in DAWN. Continuing a trend that began in 1994, in 1999 IDUs represented the highest percentage of AIDS cases identified. Philadelphia recorded 1,383 new AIDS cases in the year ending December 31, 1999; of these, 43 percent involved IDUs.

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DRUG ABUSE TRENDS IN PHOENIX AND ARIZONA

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Total drug-related deaths increased 51 percent between 1998 and 1999. Phoenix and Baltimore were the only CEWG cities with significant increases in total ED drug episodes between the first halves of 1998 and 1999. In descending order, treatment data for 1998 reflected individuals in treatment for stimulants/methamphetamine, heroin, marijuana, and cocaine. Cocaine deaths for 1999 were greater than cumulative cocaine deaths in 1993–98. While cocaine ED mentions remained relatively stable nationwide between the first halves of 1998 and 1999, they increased 12 percent in Phoenix. Cocaine prices have remained fairly stable with some indications of slight declines. Methamphetamine deaths continued to increase substantially in 1999, while ED mentions decreased significantly between the first halves of 1998 and 1999. Arrests of methamphetamine violators escalated. Heroin deaths continued to increase. The primary route of heroin administration is injection; however, treatment data indicate a small percentage of individuals whose preferred route of administration is snorting. Ecstasy has been readily available despite the dismantling of the largest ecstasy trafficking organization in Arizona, which had the capability of distributing 25,000–30,000 tablets each week. GBL became a List 1 chemical in February 2000. The largest long-term drug treatment program for people with low to moderate incomes closed on June 1, 2000, due to lack of funding. The “tumor-causing, teeth-staining, smelly, puking habit” advertisements are being credited, in part, for the decline in smoking by young adults and adults.

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DRUG TRENDS IN ST. LOUIS

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Heroin and methamphetamine are increasingly prominent in most St. Louis indicators, and heroin presents a major prevention and law enforcement concern in St. Louis City and County. Heroin is available and substantially pure. County law enforcement personnel are increasingly concerned with methamphetamine use, and methamphetamine labs in rural areas are a major problem. Club drugs, such as MDMA ("ecstasy") and gamma hydroxybutyrate (GHB), have an increasing presence in St. Louis. In the St. Louis area, 5,379 cases of HIV infection and AIDS have been identified through September 1999.

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INDICATORS OF DRUG ABUSE IN SAN DIEGO COUNTY

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The most important development in San Diego's drug scene is the emergence of club drugs, which until now have had a very low profile. In 1999, San Diego's medical examiner reports showed there were two accidental overdose deaths involving gamma hydroxybutyrate (GHB). For the first time, GHB, ketamine, and MDMA ("ecstasy") use was widely reported by the media and by professionals working with adolescents and young adults. In May 2000, 19 MDMA-related arrests were made at a local nightclub. With all this media and enforcement attention, it appears that club drugs have arrived in San Diego. Trends for other drugs are mixed. Accidental overdose deaths decreased 7 percent from 1998 to 1999, with concomitant decreases in heroin-, cocaine-, and methamphetamine-related deaths. Emergency department mentions increased from 1997 to 1998, but preliminary data from the first half of 1999 suggest that the numbers of mentions will decrease when final 1999 figures are available. Treatment admissions increased 9 percent from 1998 to 1999: cocaine, heroin, marijuana, alcohol, and other drug admissions increased, while those for methamphetamine decreased 4 percent. Despite that decline, methamphetamine (at 32 percent of the total) continued to account for a plurality of admissions. Results from the Arrestee Drug Abuse Monitoring (ADAM) program showed that fewer adult male arrestees tested positive for cocaine and methamphetamine than in 1998, while the percentages who were positive for heroin and marijuana were stable at 9 and 36 percent, respectively. Conversely, more female arrestees were positive for cocaine and heroin in 1999 than in 1998, and the percentages testing positive for marijuana and methamphetamine were stable. In 1999, 51 percent of juvenile arrestees tested positive for marijuana and 16 percent tested positive for methamphetamine. The percentage of juveniles who were positive for cocaine and heroin remained very low.

For inquiries concerning this report, please contact Michael Ann Haight, San Diego County Health and Human Services Agency, Alcohol and Drug Services, P.O. Box 85222, San Diego, California 92186-5222, Phone: (619) 692-5755, Fax: (619) 692-5604, E-mail: <mhaighhe@co.san-diego.ca.us>.

PATTERNS AND TRENDS OF DRUG ABUSE IN THE SAN FRANCISCO BAY AREA

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Indicators suggest that cocaine use in the San Francisco Bay area has remained at a low level since 1997: arrests and hospital discharges are up, emergency department mentions and use among students are down, and other indicators are level. For the first time in several years, most heroin use indicators point downward. Most problem users are male and white, and injection continues to be the predominant mode of administration. Marijuana use is stable or declining. All indicators of methamphetamine use, except for treatment admissions, are down. This discrepancy may be due to a "lag phase" between the peak of actual use around 1997 and the later entry of abusers into treatment. MDMA use is increasing. Recently, this drug has appeared more often as tablets and less often as capsules. In a 1999 sampling, an 11 percent HIV-positive rate was found among heterosexual injecting drug users.

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RECENT DRUG ABUSE TRENDS IN SEATTLE-KING COUNTY

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Kris Nyrop, Street Outreach Services

Fiona Couper, University of Washington

Steve Freng, Northwest High Intensity Drug Trafficking Area

Susan Kingston, Stonewall Recovery Services

Seattle, Washington

Heroin continues to have the largest impact of all illicit drugs used in the Seattle area, and available data suggest a new level of endemic heroin use. After several years of decline, cocaine indicators have shown a resurgence to their higher historical levels. Methamphetamine use appears stable at a level well below heroin and cocaine use in Seattle-King County but is on an upward trend in other areas of the State. In 1999, methamphetamine-related deaths, most of which also involved other drugs, increased. Marijuana use remains unchanged. Regarding HIV infection among injecting drug users, local studies in drug treatment agencies indicate a seroprevalence of 1–4 percent among heroin and cocaine injectors; HIV seroprevalence is 47 percent among gay and bisexual men who inject methamphetamine.

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SUBSTANCE ABUSE TRENDS IN TEXAS

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Alcohol is the primary drug of abuse in Texas in terms of dependence, deaths, treatment admissions, and arrests. Crack cocaine continues as the number-one illicit drug among treatment admissions. The proportion of African-American crack admissions is declining, while the proportions of white and Hispanic admissions are increasing. Cocaine is the illicit drug, after marijuana, for which arrestees are most likely to test positive; however, the proportions testing cocaine-positive now are lower than they were in the early 1990s. Cocaine overdose deaths reached an all-time high in 1998, but the rate of emergency department (ED) mentions in Dallas declined in 1999. Heroin overdose deaths increased through 1998, and poison control center exposure cases increased between 1998 and 1999. However, heroin ED mentions in Dallas decreased between 1998 and 1999. Heroin addicts entering treatment primarily inject, and they are most likely to be Hispanic or white males. The price of Mexican heroin remains steady. The proportion of youth admitted to treatment reporting marijuana as their primary drug problem continues to increase. Dallas ED mentions of marijuana dropped in 1999; however, availability is high. Dipping joints in embalming fluid containing PCP or in codeine cough syrup continues, as does smoking blunt cigars filled with marijuana or adding crack or other drugs to marijuana cigarettes. Methamphetamine use is widely reported; poison control center exposures increased between 1998 and 1999. Amphetamine ED mentions decreased, and the percentages of admissions to publicly funded treatment and arrestees testing positive remain low. These indicators may not be documenting the severity of the problem because the purity of locally cooked methamphetamine is dropping. Stimulant users entering treatment are predominantly white and usually inject. Diversion of ephedrine and pseudoephedrine remains a problem, with small labs increasing in number around the State. In addition, more methamphetamine is coming into Texas directly from Mexico. Depressants continue to be a problem because of their availability in Mexico, although ED mentions have decreased in Dallas. Flunitrazepam treatment admissions are increasing, especially in programs along the United States-Mexican border. Gamma hydroxybutyrate (GHB) and its precursors remain a dangerous problem, with poison control center cases increasing in 1999. Use of MDMA ("ecstasy") and LSD is increasing. ED mentions of PCP, PCP poison control center cases, and arrestees testing PCP-positive are increasing, possibly related to the practice of dipping marijuana joints in embalming fluid containing PCP. The proportions of AIDS cases due to injecting drug use and to heterosexual route of transmission are increasing. AIDS cases among females and minorities reflect the correlation between drugs and HIV infection in these populations. However, the proportion of needle users entering treatment continues to decrease.

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PATTERNS AND TRENDS OF DRUG ABUSE IN WASHINGTON, DC

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Drug use indicator data reveal areas of both significant change and stability in overall drug use patterns in Washington, DC. Crack cocaine continued to dominate the Washington, DC, drug scene despite a significant decrease in cocaine ED mentions through the first half of 1999. Cocaine-positive screens for adult arrestees were also at one of the lowest levels of the decade. The percentage of heroin deaths continued to increase between 1997 and 1998, maintaining its proportionate increase from 33 percent of all drug-related deaths in 1994 to nearly one-half in 1998. In contrast, heroin ED mentions decreased significantly between the first halves of 1998 and 1999 among all demographic groups except young adults; heroin ED mentions rose significantly among 18–25-year-olds. Heroin treatment admissions and seizures continued to increase. Compared with other metropolitan areas, heroin purity in the District was low, while prices were relatively high. The number of adults arrested for marijuana sales increased sharply, while the number of those arrested for possession remained stable. The overall percentage of marijuana ED mentions for adults and juveniles has remained relatively steady through the first half of 1999. However, treatment admissions declined through the first 6 months of 1999 for all demographic groups except 18–25-year-olds, whose rates more than doubled. Methamphetamine indicators continued to suggest infrequent use in Washington, DC, but ethnographic data indicate regular use among various groups. PCP-related ED mentions increased between the first halves of 1998 and 1999, and arrestee urinalysis data for 1999 showed signs of increased PCP use among adults and juveniles. Ethnographic research indicated that high-quality MDMA remained available under numerous brand names, some of which are combinations of MDMA and heroin or mescaline that can be purchased according to preference. Finally, the Washington, DC, metropolitan area had the fifth highest number of AIDS cases in the Nation as of June 1999. Through the end of 1999, the city proper reported 12,154 cumulative AIDS cases and 6,246 deaths attributable to AIDS, with 28 percent of cumulative cases reportedly due to injecting drug use.

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UPPING AND DOWNING IN DOWN UNDER: PATTERNS AND TRENDS IN QUEENSLAND AND AUSTRALIA

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Heroin is highly available in Australia. Heroin prices continue to fall, while purity continues to increase. Agencies report increases in heroin use among younger and more mainstream youth. Opioid mortality has doubled over the last decade. Most agencies report increases in amphetamine use and consequences. Although not highly prevalent, cocaine abuse appears to be increasing, as are cocaine seizures, cocaine-related arrests, and purity levels. Reports of use of LSD among youth, usually as a second drug, are increasing. The availability of MDMA ("ecstasy") has doubled in recent months, and it remains a popular drug of use among young people, especially at raves. Cannabis continues to be the most widely abused illicit drug, and an increasing number of users are presenting for treatment.

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CANADIAN-AMERICAN DIFFERENCES IN DRUG USE: COMPARISONS OF COLLEGE AND HIGH SCHOOL STUDENTS

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Differences in drug use between college and high school students in Canada and those in the United States are examined, based on data from several surveys. The college data are based on the 1998 Canadian Campus Survey (CCS) and the Monitoring the Future (MTF) Study conducted in the United States. The high school data are derived from the Ontario Student Drug Use Survey (OSDUS) and the MTF. Findings from the data on college students in 1998 show similar levels of use of crack cocaine, heroin, and hallucinogens other than lysergic acid diethylamide (LSD). Use of cannabis, cocaine hydrochloride (HCl), LSD, and methylenedioxymethamphetamine (MDMA) was higher among college students in the United States than in Canada. Comparisons between 8th, 10th, and 12th graders in Ontario and the United States in 1999 show that similar percentages of students used 6 of 10 drugs—cannabis, crack cocaine, crystal methamphetamine (“ice”), heroin, MDMA, and phencyclidine (PCP). The use of cocaine HCl and methamphetamine other than ice was higher among students in the United States, whereas use of LSD and other hallucinogens was more prevalent among Ontario students.

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UPDATE OF THE EPIDEMIOLOGIC SURVEILLANCE SYSTEM OF ADDICTIONS (SISVEA) IN MEXICO

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SISVEA data gathered on 12,346 patients in government treatment centers (GTCs) and 9,131 patients in nongovernment treatment centers (NGCs) in 1999 show that most patients were multiple drug users. For example, among GTC patients (35 percent) who cited alcohol as their drug of onset, 97.5 percent progressed to the use of a second drug and 69.8 percent used a third drug; predominant among the second and third drugs used, respectively, were marijuana (34.7 and 27.8 percent) and cocaine (30.2 and 35.1 percent). The pattern was similar at NGCs and for all drugs of onset at both types of centers. At GTCs, cocaine was the most frequently reported drug of current use (about 37 percent), followed by marijuana (23 percent), inhalants (17 percent), alcohol (12 percent), and heroin (3 percent). At the NGCs, heroin was the most frequently reported drug of use (27 percent), followed closely by cocaine (26 percent), then alcohol (15 percent), marijuana (13 percent), and inhalants (7 percent). The 1999 data on 6,614 juvenile arrestees show that 38 percent had used marijuana, 22 percent inhalants, 19 percent cocaine, and 11 percent alcohol; fewer than 1 percent had used heroin. Sizable percentages of these drug-using groups were intoxicated at the time of arrest. Alcohol was implicated in most (89 percent) of the 1999 drug-related deaths.

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PATTERNS OF DRUG USE AMONG COMMERCIAL SEX WORKERS IN LAHORE, PAKISTAN: FINDINGS FROM AN EXPLORATORY STUDY

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Interviews and focus groups were conducted with 50 commercial sex workers in the “red light” district of Lahore. Use of substances—primarily alcohol and cannabis—is part of the “working culture” of these women. Fourteen of the women first used drugs at the insistence of their clients or as a way of “numbing their feelings.” Continued use was often attributed to the relaxing effect of the substance on the body and mind, and the belief that cannabis increases capacity for work, performance, and enjoyment of sex.

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THE SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU)

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Multisource data were collected in Cape Town, Durban, Port Elizabeth (PE), and Gauteng Province (Johannesburg and Pretoria) from July to December 1999 (Phase 7 of the SACENDU Project). As in Phases 1–6, alcohol was the most frequently reported substance of abuse within all sites. Trauma unit indicators highlighted the heavy burden associated with the alcohol abuse in Durban and PE. However, the treatment demand for alcohol problems declined in Cape Town and Gauteng. Cannabis and methaqualone (Mandrax), alone or in combination, continued to be the most frequently reported illicit drugs used, generally accounting for the largest proportions of arrests for dealing drugs and for diagnoses among psychiatric inpatients (together with alcohol). Treatment demand for cannabis increased in three sites. Cocaine/crack indicators generally trended upward or remained stable in all four sites. Crack seizures increased in three sites. In three sites, 9 percent of persons arrested on housebreaking and murder charges tested positive for cocaine. Heroin indicators remained fairly stable or decreased when compared with the first half of 1999; however, there are concerns about the increased quality of heroin. Methylenedioxymethamphetamine (“ecstasy” or MDMA) use continues to be reported among young persons in the club scene, alone or in combination with other amphetamines, lysergic acid diethylamide (LSD), and methamphetamine (“speed”). Other substances have entered the market, including gamma hydroxybutyrate (GHB) and khat (a plant with stimulant effects grown mostly in East Africa). Expansion of the SACENDU Project to other SADC countries during 2000 and to other sites in South Africa is likely to strengthen epidemiologic surveillance in the subregion.

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