

EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

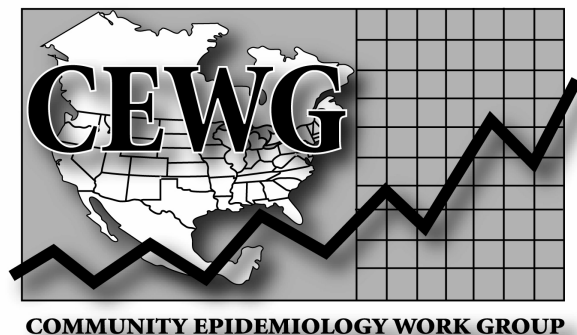
VOLUME I

Proceedings of the Community
Epidemiology Work Group

Highlights and Executive Summary

January 2006

NATIONAL INSTITUTE ON DRUG ABUSE



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

This *Executive Summary* is a synopsis of findings reported by the 21 CEWG representatives and issues discussed by participants at the January 2006 CEWG meeting. Individual papers by CEWG representatives,

a paper by a researcher on drug-related hospital admissions in Arizona, papers by members of a panel on criminal justice efforts in Phoenix/Arizona, and a paper by researchers from Mexico will appear in *Volume II Proceedings*. Summaries of these presentations appear in this *Executive Summary*.

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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>.

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

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FOREWORD

This *Executive Summary* is a synthesis of findings presented at the 59th semiannual meeting of the Community Epidemiology Work Group (CEWG) held in Phoenix, Arizona, on January 18–20, 2006, under the sponsorship of the National Institute on Drug Abuse (NIDA). It also includes summaries of special presentations at the January 2006 meeting.

Representing 21 sentinel areas in the United States, CEWG representatives presented reports, citing the most current data on drug abuse patterns, trends, and emerging problems in their areas. The meeting also included a presentation on drug-related hospital admissions in Arizona and presentations by members of a Panel on Criminal Justice Indicator Data in Phoenix/Arizona. International researchers presented findings on drug abuse patterns and emerging trends in Latin American, Mexico, and Taiwan. Individual papers by CEWG representatives, the Phoenix presenters on hospital admissions data and criminal justice indicator data, and Mexico's Epidemiologic Surveillance System of Addictions will appear in *Volume II* of the January 2006 Proceedings.

Information on how to obtain these volumes can be found on page ii of this report.

Findings from the CEWG network are supplemented by national data and by the special presentations at each meeting. Publications are disseminated to drug abuse prevention and treatment agencies, public health officials, researchers, and policymakers. The information is intended to alert authorities at the local, State, regional, and national levels, and the general public, to current conditions and potential problems so that appropriate and timely action can be taken. Researchers also use the information to develop research hypotheses that might explain social, behavioral, and biological issues related to drug abuse.

At the January 2006 meeting, Wilson M. Compton, M.D., M.P.E., Director, Division of Epidemiology, Services and Prevention Research, NIDA, welcomed participants and provided an update on NIDA research activities, including new grant programs. He also noted challenges facing the CEWG and the drug abuse field.

Moirá P. O'Brien
Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse
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INTRODUCTION TO THE CEWG EXECUTIVE SUMMARY

Overview of This Report

This *Executive Summary* presents a synopsis of selected findings from the January 2006 Community Epidemiology Work Group meeting. This report focuses on the abuse of cocaine/crack, heroin, methamphetamine, narcotic analgesics/other opiates, and marijuana in the 21 CEWG areas, with some attention to “club drugs” and benzodiazepines.

After welcoming participants, Wilson Compton, M.D., M.P.E., Director, Division of Epidemiology, Services and Prevention Research, NIDA, provided an update on NIDA research activities, including new grant programs. He also noted challenges facing the CEWG and the drug abuse field.

At the January 2006 meeting...

- Personnel from five criminal justice data sources in the Phoenix area participated in a panel, providing information about their activities/programs and the most recent drug abuse data produced through their efforts.

- A researcher from the University of Arizona presented trend data on admissions to hospitals for abuse of methamphetamine, cocaine, and heroin/opioids.
- Researchers from Mexico and Taiwan provided updates of drug abuse patterns and trends in their countries.

Summaries of these presentations appear in various sections of this *Executive Summary*.

Also at the meeting, a representative from Cincinnati presented information about and data from the city’s Drug and Poison Information Center. A medical researcher presented information on using the Internet as a source of drug information. In addition, updates were presented on the Drug Abuse Warning Network by Judy Ball, Ph.D.; on the Forensic Laboratory Information System, Drug Enforcement Administration, by Liqun Wong; and on the National Drug Intelligence Center, U.S. Department of Justice, by Lisa Gil. A representative from the Organization of American States provided information/data on epidemiology initiatives in Latin American countries.

THE CEWG NETWORK: ROLES, FUNCTIONS, AND DATA SOURCES

Roles of the CEWG

The CEWG is a unique epidemiologic network that is designed to inform drug abuse prevention and treatment agencies, public health officials, policymakers,

and the general public about current and emerging drug abuse patterns. The 21 geographic areas represented in the CEWG are shown in the map below.



The CEWG has functioned for 29 years as a drug abuse surveillance system to identify and assess current and emerging drug abuse patterns, trends, and issues using multiple sources of information. Each source provides information about the abuse of particular drugs, drug-using populations, and/or different facets of the behaviors and outcomes related to drug abuse. The information obtained from each source is considered a drug abuse *indicator*.

Indicators generally 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 characterize different types of drug abusers, such as those who have been treated in emergency rooms, have been admitted to drug treatment programs, or died with drugs found in their bodies. Data on items submitted for forensic chemical analysis serve as indicators on 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 Functions of CEWG Meetings

The CEWG convenes semiannually and maintains ongoing communication between meetings through e-mail, conference calls, and mailings.

The interactive semiannual meetings continue to be a major and distinguishing feature of the CEWG. 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
- ◆ Planning for followup on identified problems and emerging drug abuse problems

Presentations by each CEWG representative include a compilation of multiple sources of quantitative drug abuse data. Representatives go beyond publicly accessible data and provide a unique local perspective obtained from both public records and qualitative research. Information is most often obtained from local substance abuse treatment providers and administrators, personnel of other health-related agencies, law enforcement officials, and drug abusers.

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

- ◆ 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 interactive discussions at each CEWG meeting. Through this process, members can alert one another to the emergence of a potentially new drug of abuse that could spread from one area to another. The CEWG, with its semiannual meetings, 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.

Planning for followup on issues and problems identified at a meeting is initiated during discussion sessions, with postmeeting planning continuing through e-mails and conference calls. Postmeeting communications assist in formulating agenda items for a subsequent meeting, and, also, raise new issues for exploration at the following meeting.

Emerging/Current Trend is an approach followed at CEWG meetings since June 2003; this is a direct product of the planning at a prior meeting and subsequent followup activities. The Emerging/

Current Trend at the January 2005 meeting featured a panel on methamphetamine abuse. In June 2004, a special panel addressed the abuse of prescription drugs. In June 2003, a special panel was convened on Methadone-Associated Mortality, and, in December 2003, a PCP Abuse Panel addressed the issue of phencyclidine abuse as a localized emerging trend. The Emerging/Current Trend approach draws upon the following:

- ◆ CEWG representatives' knowledge of local drug abuse patterns and trends
- ◆ Small exploratory studies
- ◆ Presentations of pertinent information from federally supported data sources
- ◆ Presentations by other speakers knowledgeable in the selected topic area

Data Sources

The major sources of data for the CEWG are shown below:

- **Treatment data** are from CEWG reports and represent statewide data for Arizona, Hawaii, and Texas. No 2005 data were available for Washington, DC. Of the 20 reporting areas, Arizona, Boston, Chicago, Detroit, and Newark provided fiscal year (FY) 2005 data. Philadelphia provided data for calendar year (CY) 2005. Data from all other areas were for the first half of 2005 (*see Appendix A*). The data reported here are on primary admissions for treatment of specific drugs of abuse; the findings are reported as percentages of total admissions, excluding alcohol. The 2005 admissions for alcohol and other drugs, by CEWG area, are presented in *Appendix A*. Trend data are presented for 2002–2005, when available.¹ Treatment data are not totally standardized across CEWG areas.
- **Drug Abuse Warning Network (DAWN) emergency department (ED) data** for the first half of 2005 were accessed through DAWN *Live!*, a restricted-access online service administered by the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), and represent patients of all ages in 17 CEWG areas.

¹Throughout this report, treatment trends cannot be compared for two CEWG areas: Chicago, which reported for the entire State prior to 2004, and San Diego, where the 2004 and 2005 data source differed from prior years.

The 2005 data are from the redesigned DAWN system and are not comparable to data from 2002 or before. Nor can the unweighted DAWN *Live!* data be compared across CEWG areas, reporting periods, or generalized within areas.

Participation by EDs in each DAWN sample was incomplete; completeness data by CEWG area are summarized in *Appendix B*. The unweighted numbers in this publication represent drug reports involved in drug-related visits for illicit drugs and the nonmedical use of selected prescription drugs. Drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol). Since all DAWN cases are reviewed for quality control and are subject to change following review, the data reported here are preliminary. As weighted estimates are published by SAMHSA, they will be reported by the CEWG, and comparisons will be made across areas in future NIDA reports.

- **Local drug-related mortality data** from medical examiners/coroners (ME/Cs) were reported for 13–14 CEWG areas. Seven reports are county-level data for 2004 (Newark/Essex County and San Francisco County) or for partial periods of 2005 (Ft. Lauderdale/Broward County; Detroit/Wayne County; Miami-Dade County; Minneapolis/Hennepin County; and St. Paul/Ramsey County). Also reported was information on methamphetamine-related deaths in Phoenix/Maricopa County in the first half of 2005. City-level data were reported by Honolulu and Philadelphia for the first half of 2005, and by Washington, DC, for 2004. State-level data were reported from Colorado and Texas for 2004. The actual mortality data are not comparable across areas because of variations in methods and procedures used by ME/Cs. Drugs may cause a

death or simply be implicated in a death, and multiple drugs may be identified in a single case, with each reported in a separate drug category. ME/C data for 2003 from the DAWN system are reported for 13 CEWG areas in the *Epidemiologic Trends in Drug Abuse* June 2005 publication (*Advance Report and Highlights and Executive Summary, Volume I*).

- **Crime laboratory data** are from the National Forensic Laboratory Information System (NFLIS), maintained by the Drug Enforcement Administration (DEA). These data are reported for FY 2005 in 20 CEWG metropolitan areas and Texas (statewide). The data are based on State and local forensic laboratory analyses of drug items received from drug seizures by law enforcement authorities. There are differences in local/State lab procedures and law enforcement practices that affect comparability across areas. Also, the data are not adjusted for population size. They are reported as the percentage that each drug represents in the total drug items analyzed by labs in a CEWG area in FY 2005.
- **Law enforcement data** are from the *National Drug Threat Assessment 2005* report from the National Drug Intelligence Center (NDIC), U.S. Department of Justice.
- **Price and purity data** are from *Narcotics Digest Weekly* (July 2004–December 2004) and the DEA's Domestic Monitor Program (2004).
- **Other local and State data** include information from local DEA offices, police departments, hospitals, poison control centers, helplines, and other sources (e.g., focus groups, local studies/surveys).

OVERVIEW OF KEY FINDINGS FROM THE CEWG

Cocaine/Crack abuse indicators remained at high levels in 15 of the 21 CEWG areas in 2005.

- In 14 areas, cocaine accounted for the largest percentages of drug items analyzed by forensic laboratories in FY 2005.
- Primary cocaine admissions exceeded those for other drugs (excluding alcohol) in 6 of 19 CEWG areas reporting treatment admissions data in 2005 time periods. In 11 of 14 areas with available data, between 74 and 99 percent of cocaine admissions were crack abusers. Boston, Los Angeles, and Texas reported increases in Hispanic cocaine admissions. Nine of 11 areas with available data reported that cocaine was the most commonly used secondary drug among heroin admissions.

Heroin abuse indicators continued to be higher than those for cocaine and methamphetamine in Baltimore, Boston, Chicago, Detroit, Newark, and San Francisco, with increased levels reported in Baltimore.

- Forensic lab data show that heroin accounted for relatively high percentages of the items analyzed in Baltimore, Boston, Chicago, Detroit, New York City, and Newark.
- Baltimore, Boston, Chicago, Detroit, New York City, Newark, San Francisco, and Seattle exceeded other CEWG areas in primary heroin treatment admissions (excluding alcohol).
- Domestic Monitor Program data for the last half of 2004 show that heroin purity decreased dramatically while retail prices for the drug increased in the 11 CEWG areas east of the Mississippi River where South American powder heroin is the predominant type of heroin available. Mexican black tar heroin purity increased in 6 of 10 CEWG areas located west of the Mississippi. In some areas, it was reported that narcotic analgesics (e.g., oxycodone and hydrocodone) were being used with or substituted for heroin.

Other Opiates abuse indicators are low but increasing in many CEWG areas.

- Oxycodone and hydrocodone were the most frequently reported opiates other than heroin in forensic lab, ED, and local mortality data.
- Other opiates accounted for only small percentages of treatment admissions (typically 1–6 percent of illicit drug admissions) in CEWG areas.

Methamphetamine abuse indicators continued to be highest in Honolulu and San Diego where they remained relatively stable from 2004 to 2005. Already at relatively high levels, these indicators increased in Denver, Los Angeles, Minneapolis/St. Paul, and Phoenix.

- Methamphetamine was identified in 51 to 65 percent of drug items reported by NFLIS in Honolulu and Minneapolis/St. Paul, respectively, and between 25 and 33 percent of the items analyzed in Atlanta, Los Angeles, Phoenix, San Diego, Seattle, and Texas.
- Methamphetamine continued to account for 58 percent of treatment admissions (excluding alcohol) in Hawaii, while increases in this admissions group were reported from eight CEWG areas. Demographic data from nine CEWG areas suggest that primary methamphetamine admissions are more likely than cocaine and heroin admissions to be female, White, and younger than 30.
- High-purity Mexican-produced methamphetamine has become more available in most CEWG areas.

Marijuana continued to be reported by CEWG representatives as the most widely available, inexpensive, and commonly used/abused drug in all CEWG areas.

- From 46 to 50 percent of the items analyzed by NFLIS labs in Boston, Chicago, New Orleans, and San Diego contained some variant of marijuana. In 10 other CEWG areas, marijuana was the drug most frequently reported by NFLIS.
- In 2005 reporting periods, primary marijuana admissions exceeded those for other illicit drugs in Denver and Minneapolis/St. Paul, continuing a 5-year trend. Marijuana treatment admissions tended to be younger than other illicit drug admissions in most CEWG areas.

MDMA (methylenedioxymethamphetamine) continued to be the most frequently identified club drug. MDMA abuse indicators decreased or remained low in most CEWG areas.

ISSUES AND FINDINGS FROM THE CEWG

Cocaine/Crack

In 2005, cocaine/crack abuse indicators were higher than those for heroin and methamphetamine in nine CEWG areas: Atlanta, Miami/South Florida, New Orleans, New York City, Philadelphia, St. Louis, Seattle, Texas, and Washington, DC. Crack continued to be the predominant type of cocaine used across CEWG areas.

Cocaine/crack indicators from 13 CEWG areas point to high levels of abuse (especially crack abuse) relative to other drugs.

ATLANTA: Drug abuse indicators showed that cocaine/crack remained a primary drug of abuse in Atlanta during the first half of 2005, with the drug dominant among ED reports, treatment admissions, and seized items analyzed by NFLIS. However, primary cocaine-related treatment admissions in the first 6 months of 2005 continued a 4-year downward trend. —**Brian Dew**

BALTIMORE: Cocaine indicators began to increase in 2001. —**Doren Walker**

BOSTON: Cocaine (including crack) is one of the most heavily abused drugs in Boston. Recent cocaine/crack indicators are mostly stable at high levels of use and abuse... —**Daniel Dooley**

CHICAGO: The majority of quantitative and qualitative cocaine indicators suggest that use remains stable at high levels and that cocaine continues to be a serious drug problem for Chicago. —**Lawrence Ouellet**

DENVER: Cocaine...accounted for the highest drug incidence rate per 100,000 persons for hospital discharges from 1996 through 2004 and for the highest number of ED reports in the first half of 2005... Reports from clinicians, researchers, and street outreach workers around the State corroborate the continuing cocaine problems reflected in the indicator data. However, qualitative reports indicate a shift to methamphetamine among some stimulant users, especially the younger population. Clinicians report cocaine is rarely a primary drug for those younger than 18, regardless of urban or rural setting. —**Tamara Hoxworth**

DETROIT: Cocaine and heroin are the two major drugs of abuse in the area... According to intelligence reports, crack cocaine is found in the city of Detroit, while powder cocaine is found elsewhere in the State. Prices are stable and low. —**Cynthia Arfken**

NEW YORK CITY: Cocaine indicators in New York City appeared to be stable, and cocaine remains a major problem... While primary cocaine admissions constitute one-quarter of New York City's drug and alcohol treatment admissions, many more admissions report cocaine as a secondary or tertiary substance of abuse. Although both cocaine powder and crack remain of good quality, many crack locations are seeing a decline in buyers and sellers. Prices for cocaine reported by the DEA for 2004 are considerably lower than those for 2003. —**Rozanne Marel**

PHILADELPHIA: Cocaine abuse, particularly in the form of crack, continues to lead the 2005 consequence data with respect to deaths with the presence of drugs, treatment admissions, and laboratory tests performed by NFLIS. It was the second substance most frequently encountered in urine/drug screens performed by the Philadelphia Adult Probation and Parole Department. —**Samuel Cutler**

ST. LOUIS: Crack cocaine continued to be the major problem in the area. —**James Topolski**

SEATTLE: Cocaine-involved deaths appear to be down slightly from the prior year, remaining in a range consistent with the prior 8 years. Forty-four percent of those admitted to treatment mentioned any use of cocaine, an increase compared with levels seen several years ago. —**Caleb Banta-Green**

SOUTH FLORIDA: Annual cocaine use is reported by less than 2 percent of Miami-Dade and Broward County residents, but consequences of its use are responsible for the highest number of illicit drug deaths, medical emergencies, and treatment admissions. Cocaine trends are declining slightly in South Florida but are increasing statewide. There are early indications that cocaine street purity levels may be declining in order to keep retail supplies readily available as wholesale kilogram prices are rising. —**James Hall**

TEXAS: Cocaine continues to be readily available; it is the primary illicit drug for which Texans enter treatment and a major problem on the border with Mexico, as documented in the school survey and treatment data. Crack cocaine continues to move beyond Black users to White and Hispanic users, including those on the border. —**Jane Maxwell**

Some CEWG representatives reported on observations regarding race/ethnicity and age of local cocaine users from community contact and field studies.

NEW YORK CITY: The majority of the cocaine HCL street buyers are Hispanic or Black. Compared to heroin and crack, however, cocaine also has the largest number of White street buyers. Cocaine users as a whole tend to have a higher socioeconomic status. This is probably the result of cocaine's popularity among young, White-collar professionals. According to field observations, cocaine users appear to be almost evenly split in terms of gender, but the majority of the individuals actually making the buys continue to be males. Cocaine users appear to be younger on average than either heroin or crack users. —**Rozanne Marel**

SAN FRANCISCO: Local observers report that more young people in San Francisco are injecting crack. —**John Newmeyer**

TEXAS: In Houston, street outreach workers report an increase in crack cocaine users who are seeking residential treatment services, and many of these individuals have not been in treatment before. In Austin, there is an increase in homeless Black and White teenagers living in the Rundberg, St. John's, and Cameron Road area. They are using crack, alcohol, and marijuana, and trading sex for money and drugs. Outreach workers also report an increase in people with mental illness appearing at the Drop In Center in East Austin, as well as more violence on the street with gangs fighting over territory. There is also a need for treatment for monolingual Spanish speakers. In Galveston and Brazoria counties, crack cocaine and marijuana are the most prevalent drugs. —**Jane Maxwell**

Urinalysis testing data from four CEWG areas show substantial proportions of adult arrestees testing positive for cocaine.

PHILADELPHIA: Adult Probation/Parole Department urinalysis data of adults on probation or parole revealed the presence of cocaine in 37 percent of the tests. Cocaine ranked second to marijuana in the APPD data. —**Samuel Cutler**

PHOENIX: Seven percent of juveniles in the Treatment Assessment Screening Center tested positive for cocaine during the period from April to September 2005. —**Ilene Dode**

SAN DIEGO: ...a higher percentage of adult female arrestees tested positive for cocaine than male arrestees in 2004 (23 vs. 11 percent). The proportion of arrestees testing positive for cocaine in urinalysis gradually decreased among male arrestees from 2000 to 2004 (15 vs. 11 percent), while it fluctuated among women, reaching a low of 15 percent in 2003 and peak of 26 percent in 2000. Among juvenile arrestees, 7 and 5 percent reported using powder cocaine and/or crack, respectively, in the past month. The average age of first use for both drugs among juveniles was 14.4 years. —**Steffanie Strathdee**

WASHINGTON, DC: Cocaine remained one of the most serious drugs of abuse in the District, as evidenced by the fact that more adult arrestees tested positive for cocaine than for any other drug in 2005. —**Erin Artigiani**

Polydrug use is common among cocaine/crack abusers, and the drug is often used as a secondary drug by primary users of other drugs.

BALTIMORE: Cocaine indicators... began to increase in 2001. In the first half of 2005, cocaine use was reported by 52 percent of drug-related treatment admissions in the Baltimore primary metropolitan statistical area, with 14 percent reporting primary use and 38 percent reporting use secondary to use of alcohol or another drug. Cocaine smoking was the most prevalent route of administration among both primary and secondary users, followed by injection and intranasal use. Cocaine use was associated with heroin use, but the preferred route of administration of heroin differed... More than one-third (38 percent) of cocaine smokers used intranasal heroin. Almost all cocaine injectors (90 percent) injected heroin. More than one-third (35 percent) of intranasal cocaine users used heroin intranasally. —**Doren Walker**

CHICAGO: Cocaine use appears common among heroin users in Chicago. In an ongoing study of noninjecting heroin users..., 70 percent of participants reported ever using powder cocaine, and 34 percent used it in the past 6 months. Crack cocaine use was reported by 67 percent of the study participants, and 52 percent reporting using crack in the past 6 months. Among injection heroin drug users [in the Family Process study], 84 percent reported ever using powder cocaine, and 64 percent of them used it in the past 12 months. Somewhat fewer participants had ever used crack cocaine (75

percent), but 83 percent of lifetime users reported using it in the past 12 months. —**Lawrence Ouellet**

NEW YORK CITY: *The most salient feature of the present drug trend is the general tendency by drug users, regardless of primary drug, to mix and combine multiple drugs for simultaneous use. Marijuana in a blunt cigar serves as the base to which other drugs are added. For example, crack and heroin are often added to marijuana and smoked in a blunt or pipe. As one informant put it, 'Today if anyone getting hooked on crack, it's because they have been sprinkling it on their marijuana.' ...As a marketing ploy, in some areas crack is being soaked in PCP (called 'Dipping'). One informant indicated that, 'crack-heads enjoy the high because they bug-out longer (stay high longer) when it is dipped, and it takes longer to come down.'* —**Rozanne Marel**

NEWARK: *More than 50 percent (50.8 percent) of primary heroin users with a secondary drug of abuse report that drug to be cocaine.* —**Allison Gertel-Rosenberg**

PHILADELPHIA: *Crack users continue to report frequent use in combination with 40-ounce bottles of malt liquor, beer, wine, or other drugs, including alprazolam, marijuana, or heroin.* —**Samuel Cutler**

ST. LOUIS: *Most cocaine users smoke crack cocaine, though some use powder cocaine. Only injection drug users (IDUs) who combine cocaine and heroin ('speedball') use cocaine intravenously. Younger users tend to smoke cocaine. Polydrug use is also evident in the treatment data. The reported use of marijuana, heroin, and alcohol in addition to cocaine suggests this trend will likely continue.* —**James Topolski**

Helpline Calls

BOSTON: *Cocaine or crack was indicated in 949 calls to the Substance Abuse Hotline in FY 2005, decreasing 7 percent from 1,017 calls in FY 2004. The proportion of Helpline calls with mentions of cocaine/crack increased slightly from 18 percent in FY 2004 to 19 percent in FY 2005.* —**Daniel Dooley**

SEATTLE: *Cocaine was the most common drug mentioned by adults calling the Helpline, accounting for 33 percent of calls. For youth, 14 percent of calls were for cocaine. Overall, cocaine represented 30 percent of all Helpline calls in the first half of 2005.* —**Caleb Banta-Green**

Poison Control Center Calls

DENVER: *From 2001 through 2003, cocaine was second only to alcohol in the number of Denver calls received by the Rocky Mountain Poison & Drug Center, and the number of cocaine calls rose from 59 in 2001 to 68 in 2003. In 2004, cocaine accounted for 59 calls in Denver and 120 calls statewide. In the first half of 2005, cocaine represented 51 poison calls statewide; however, in the last 2 years, methamphetamine calls have exceeded cocaine-related calls.* —**Tamara Hoxworth**

LOS ANGELES: *California Poison Control System calls involving the use of cocaine/crack by Los Angeles County residents increased from 66 in 2001 to a high of 97 in 2003. In 2004, the number of cocaine exposure calls dropped by 24 percent to 74. In the first half of 2005, the number of calls related to cocaine exposure dropped further to 22. Between July 2004 and June 2005, 65 percent of the cocaine-exposed callers were male, and 47 percent were between the ages of 26 and 44. An additional 16 percent were between the ages of 18 and 25.* —**Beth Rutkowski**

TEXAS: *Texas Poison Control Center calls involving the use of cocaine increased from 503 in 1998 to 1,405 cases in 2004 and 644 in the first half of 2005. Some 61 percent were male, and the average age was 30.* —**Jane Maxwell**

PATTERNS AND TRENDS IN COCAINE ABUSE ACROSS CEWG AREAS

Treatment Data on Cocaine

In 2005 reporting periods, the proportions of primary cocaine admissions, excluding alcohol admissions, exceeded those for heroin, methamphetamine, and marijuana in 6 of the 19 CEWG areas that reported 2005 data on cocaine admissions. Cocaine admissions accounted for nearly one-half (49.6 percent) of illicit drug admissions in Atlanta and for 42.8 percent of those in New Orleans (*see exhibit 1*). Approximately 33 to 35 percent of illicit drug admissions in Detroit, Philadelphia, St. Louis, and Texas were for primary cocaine abuse.

Exhibit 1. Primary Cocaine Treatment Admissions (Excluding Alcohol), by CEWG Area and Percent: 2002–2005¹

CEWG Area/State	Year				Percent Crack 2005 ²
	2002	2003	2004	2005	
Atlanta	60.8	57.6	52.5	49.6	78.5
Baltimore	15.7	15.5	16.0	16.4	78.9
Boston	15.0	12.7	11.3	12.5	55.6
Chicago	NR ³	NR	32.7	26.5	90.7
Denver	23.0	22.4	23.2	20.2	58.8
Detroit	38.6	38.5	35.6	34.7	98.7
Los Angeles	23.3	23.0	22.0	21.2	86.2
Mpls./St. Paul	27.2	26.3	26.1	24.4	81.5
New Orleans	42.7	43.1	38.9	42.8	NR
New York	28.5	28.9	29.5	29.1	62.0
Newark	6.8	6.8	7.2	8.6	73.7
Philadelphia	40.3	36.4	33.8	34.3	NR
St. Louis	41.9	40.2	40.9	33.3	91.8
San Diego	NR	NR	8.7	8.2	82.9
San Francisco	24.0	25.9	29.7	26.8	NR
Seattle	19.8	22.6	21.8	24.7	NR
Arizona	16.7	16.2	16.1	14.1	NR
Hawaii	8.5	6.3	6.3	5.5	NR
Texas	38.7	38.2	35.7	35.0	64.9

¹Represents FY 2005 (5 areas) or calendar year 2005 (Philadelphia); all others reported data for the first half of 2005; see *Data Sources*.

²Represents the percentage of primary cocaine admissions who reported smoking the drug.

³NR=Not reported.

SOURCES: CEWG January 2006 reports on State and local data

In 13 CEWG areas that reported data on smoking of cocaine among primary cocaine admissions, high percentages were crack abusers. In Chicago, St. Louis, and Detroit, between 91 and 99 percent of cocaine admissions were crack abusers, as shown in exhibit 1. Crack abusers in Minneapolis/St. Paul, San Diego, and Los Angeles accounted for between 82 and 86 percent of cocaine admissions. In Newark, Baltimore, and Atlanta, between 74 and 79 percent of cocaine admissions were crack abusers. Crack admissions ranged between 56 and 65 percent of the cocaine admissions in Boston, Denver, New York City, and Texas.

In many CEWG areas, cocaine/crack is reported as a secondary or tertiary drug, so it is often used in combination with other substances. In 9 of 11 CEWG areas reporting secondary drug treatment data for 2005, high proportions reported cocaine/crack as a secondary drug of abuse. For example, of the heroin admissions who reported use of a secondary drug in Newark, 51 percent reported cocaine/crack as their secondary drug. The proportions in Minneapolis/St.

Paul and New York City were 42 and 43 percent, respectively, and between 30 and 33 percent of the primary heroin admissions in Atlanta and Denver cited cocaine as their secondary drug. In St. Louis and Los Angeles, respectively, cocaine was the secondary drug of one-fifth to one-fourth of the primary heroin admissions who used a substance other than heroin.

Of the CEWG areas reporting on demographic characteristics of primary cocaine admissions in 2005, 9 of 10 reported that cocaine/crack treatment admissions represented an aging cohort, with more than one-half being older than 30 or 36. In Atlanta, Boston, and Seattle, between 82 and 85 percent of the cocaine admissions were older than 30 or 35. In 12 of 15 reporting CEWG areas, one-half or more of primary cocaine/crack treatment admissions were African-American.

Treatment admissions data from 17 CEWG areas for 2004 to 2005 periods show that cocaine/crack admissions increased more than 3 percentage points in 2:

New Orleans (3.9 percentage points) and Seattle (4.7). In three areas, cocaine/crack admissions decreased more than 3 percentage points; these were Atlanta (3.6 points), Chicago (6.2), and St. Louis (7.6). However, when 2005 data are compared to 2002 data across 17 CEWG areas, the proportions of primary cocaine admissions were lower in 11 areas, higher in 3, and relatively stable in 3 (*see exhibit 1*). The greatest percentage-point declines from 2002 to 2005 were in Atlanta (11.2 points) and St. Louis (8.6), while the largest percentage-point increases were in Seattle (4.9), San Francisco (2.8), and Newark (1.8).

DAWN ED Data on Cocaine/Crack

Exhibit 2 shows the numbers of unweighted cocaine reports (and those for three other major illicit drugs) in the 17 CEWG areas participating in DAWN in the first half of 2005. Also presented are the total number of reports for all illicit drugs in each CEWG area.

Exhibit 2. Number of Cocaine, Heroin, Methamphetamine, and Marijuana ED Reports in 17 CEWG Areas (Unweighted¹): 1H 2005

CEWG Area	Total ²	Cocaine	Heroin	Methamphetamine	Marijuana
Atlanta	6,319	3,896	233	448	1,331
Baltimore	6,192	2,876	2,244	14	918
Boston	4,896	1,947	1,570	35	1,141
Chicago	7,912	3,865	2,349	47	1,473
Denver	2,524	1,021	309	442	477
Detroit	5,578	2,679	1,293	16	1,367
Houston	3,148	1,701	83	106	915
Los Angeles	2,651	969	372	516	548
Miami-Dade	5,691	3,434	819	46	1,253
Mpls./St. Paul	4,267	1,532	376	673	1,390
New Orleans	2,117	1,113	318	39	507
New York City	13,295	6,603	3,995	71	2,197
Phoenix	3,730	926	415	1,118	749
San Diego	2,128	318	263	669	495
San Francisco	3,369	1,349	595	671	353
Seattle	5,434	2,038	1,163	863	939
Wash., DC	2,862	1,340	570	20	683

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

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

SOURCE: DAWN Live!, OAS, SAMHSA, updated 12/6–7, 2005

In 15 areas, the numbers of cocaine ED reports exceeded those for heroin, methamphetamine, and marijuana. The exceptions were Phoenix and San Diego, where methamphetamine reports exceeded those for the other three major illicit drugs.

Local Mortality Data on Cocaine

Twelve CEWG areas reported on deaths involving cocaine...

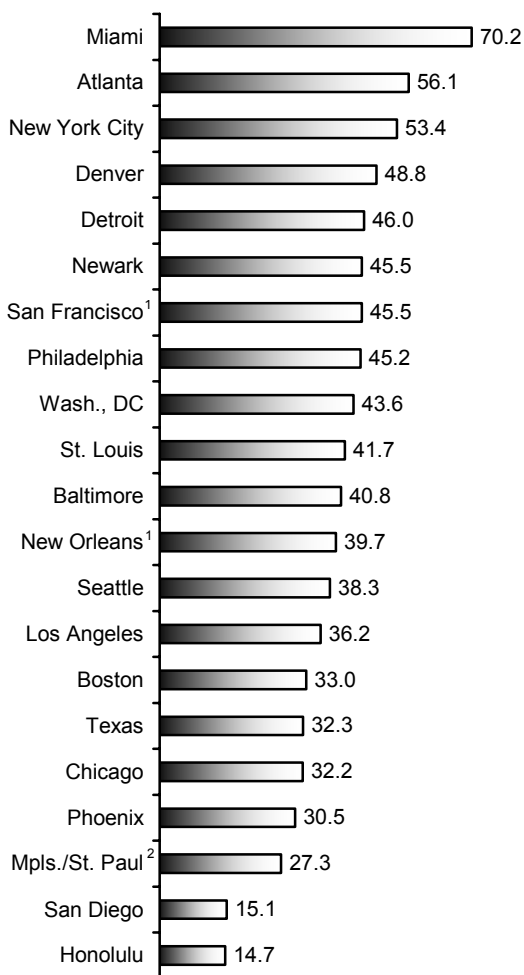
- 699, Texas statewide (2004)
- 318, Detroit/Wayne County (first 10 months of 2005)

- 183, Philadelphia (1H 2005)
- 170, Colorado (2004)
- 138, Newark/Essex County (2004)
- 77, Miami-Dade County (1H 2005)
- 65, San Francisco (2004)
- 62, Washington, DC (2004)
- 54, Broward County, Florida (1H 2005)
- 44, Hennepin/Ramsey Counties, Minnesota (first 9 months of 2005)
- 34, Seattle/King County (1H 2005)
- 12, Honolulu (1H 2005)

NFLIS Data on Cocaine

As shown in exhibit 3, cocaine accounted for more than one-half of all drug items analyzed by forensic labs in Miami, Atlanta, and New York City in FY 2005, with Miami substantially higher (70.2 percent) than other CEWG areas. The proportions of cocaine items to total items were considerably lower in Honolulu and San Diego than in other CEWG areas (approximately 15 percent).

Exhibit 3. Cocaine Items Analyzed by Forensic Labs in CEWG Areas, Ordered from Highest to Lowest Percentage of Total Items: FY 2005



¹Includes only 9 months of data.

²Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.

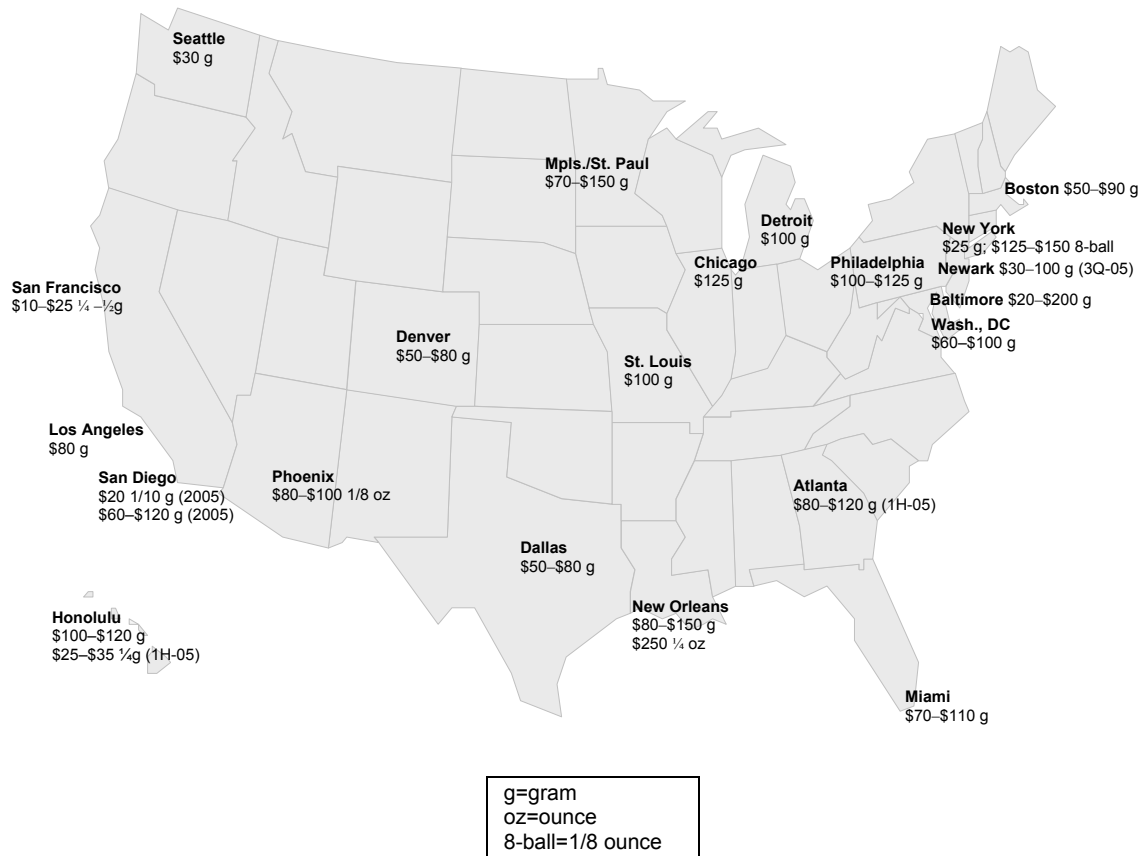
SOURCE: NFLIS, DEA

Price and Purity Data on Cocaine/Crack

Powder cocaine continued to be widely available across CEWG areas during the most recent reporting periods, with 8-ball (1/8 ounce), gram, and paper (1/4 gram) quantities available at the retail level. Gram prices ranged from a low of \$20–\$30 per gram in

Baltimore, Newark, New York, and Seattle, while they reached as high as \$200 in Baltimore (*see exhibit 4*). At the wholesale level, powder cocaine remained available in pound and kilogram quantities. The lowest kilogram prices were recorded in Seattle and San Diego, \$10,000 and \$11,500, respectively, while kilograms of powder cocaine sold for as much as \$52,000 in Honolulu.

Exhibit 4. Retail Prices for Powder Cocaine 21 CEWG Areas: 2004–2005



SOURCES: National Drug Intelligence Center, *Narcotics Digest Weekly* December 28, 2004, and selected CEWG January 2006 reports

The retail price of crack cocaine is determined by the size and weight of rocks or bag of rocks. Rocks, between 75 and 90 percent pure cocaine, typically weigh from one-tenth to one-half a gram. The weight varies by many factors, including local availability and closeness to the source (e.g., geographic location). At the retail level, crack rocks are often sold in small, inexpensive dosage units identified by

the price: *nickels* (\$5), *dimes* (\$10), *twenties* (\$20), and *forties* (\$40). Above the \$20–\$40 level, crack is sold in grams or fractions of ounces. Gram prices for crack vary, but a typical price is \$100 per gram. However, in New York City a gram of crack can be purchased for \$23–\$40. In Baltimore, the price of a gram of crack may vary from \$40 to \$200 per gram, and in Newark the price range is \$20–\$100 per gram.

Heroin

Heroin abuse indicators in 2005 were higher than indicators for cocaine and methamphetamine in Baltimore, Boston, Chicago, Detroit, Newark, and San Francisco, although indicators show declines in San Francisco.

Excerpts from four CEWG reports exemplify the high levels of heroin abuse relative to other drugs in East Coast and Mid-Atlantic CEWG areas.

BALTIMORE: *Heroin indicators for the Baltimore metropolitan area... have generally increased over 2001 levels. In the first half of 2005, heroin was responsible for 53 percent of drug-related admissions.* —**Doren Walker**

BOSTON: *Heroin remains one of the most abused drugs in Boston. After years of continued growth, some indicators are beginning to show decreasing numbers but they remain at very high levels. The proportion of heroin treatment admissions continued to rise, with nearly one-half of all clients in treatment reporting heroin as their primary drug.* —**Daniel Dooley**

CHICAGO: *Heroin abuse indicators... continue to suggest high and increasing levels of use in the Chicago area.* —**Lawrence Ouellet**

NEWARK: *Indicators demonstrate that the major drugs of concern in the Newark primary metropolitan statistical area are heroin and cocaine. Most primary treatment admissions are for heroin abuse (nearly 82 percent, excluding alcohol) in Newark City in FY 2005.* —**Allison Gertel-Rosenberg**

Various sources of indicator data from nine CEWG areas provide some insight into the heroin use patterns of different population groups.

BALTIMORE: *Heroin use in the Baltimore metropolitan area is complex, [with] several groups of heroin users differing by urbanicity, route of administration, age, and race. Baltimore has a core of older African-American heroin users, both intranasal users... and injectors (39 and 20 percent of all heroin treatment admissions, respectively, in the first half of 2005). ... White users entering treatment for heroin were younger and were more likely to be injectors (27 percent) than intranasal users (9 percent)...* —**Doren Walker**

DENVER: *Reports from Denver Vice Detectives and street outreach workers report increased availability*

and falling prices, resulting in more widespread heroin use among youth on the street. —**Tamara Hoxworth**

LOS ANGELES: *In accordance with California Healthy Kids Survey data for the 2003–2004 school year, 3.3 percent of all Los Angeles County secondary school students (including 7th, 9th, and 11th graders, and a small sample of nontraditional students)... had ever used heroin. A breakdown of the data by grade level illustrated that lifetime heroin use was nearly identical among responding 9th graders (3.1 percent) and 11th graders (3.0 percent).* —**Beth Rutkowski**

PHILADELPHIA: *Adult Probation/Parole Department urinalysis data on adults on probation or parole revealed the presence of heroin in 13 percent of the tests. Heroin ranked fourth in the APPD data.* —**Samuel Cutler**

ST. LOUIS: *Heroin has also become available in the smaller, more rural cities of Springfield and Joplin, each of which has a small IDU population that uses heroin and methamphetamine.* —**James Topolski**

SAN DIEGO: *Five percent of male arrestees and 7 percent of female arrestees tested positive for heroin in 2004 and 5 percent and 4 percent, respectively, reported using heroin the past 30 days. These percentages have remained relatively constant since 2000. One percent of juvenile arrestees tested positive for heroin in 2004.* —**Steffanie Strathdee**

SAN FRANCISCO: *Most indicators point to a significant decline in heroin use in the period from 2000 to 2005. Users remain predominantly White and older, with a median age perhaps as high as 40. Injection remains by far the preferred route of use... A survey of young San Francisco gay men showed only 0.4 percent reporting use of heroin in the past year.* —**John Newmeyer**

SOUTH FLORIDA: *The purity of street-level heroin decreased by almost half between 2000 and 2004 as the price per milligram pure more than doubled. Lower purity heroin may explain why deaths have also declined dramatically in South Florida and across the State. Less pure heroin may also explain substantial increases in abuse and consequences of narcotic analgesics in recent years. Frequently, benzodiazepines are involved as well. Most heroin deaths, ED visits, and addiction treatment admissions continue to be among older, White males... Abuse of narcotic pain medication has fueled opioid consequences. Polydrug abuse patterns have*

facilitated first-time use of opiate drugs, including heroin. —**James Hall**

TEXAS: The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4 percent in 1998 to 1.6 percent in 2004. —**Jane Maxwell**

Arrest data from five CEWG areas point to a decrease in heroin arrests, except in Washington, DC, and among younger heroin users in Boston.

BOSTON: There were 791 Class A (mainly heroin and other opiates) drug arrests in 2004. The proportion of Class A drug arrests among all drug arrests in the city of Boston in 2004 (21 percent) was stable from 2002 and 2003, but decreased 8 percent from 1997. The proportion of Class A male arrests in 2004 (82 percent) reflected a 6-percent decrease from 2003 but was similar to 2002 and 1997. The proportion of Class A arrests among those age 20–24 in 2004 (18 percent) reflected an 88-percent increase from 1997. —**Daniel Dooley**

LOS ANGELES: A total of 246 heroin arrests were made within the city of Los Angeles from January 1 to May 31, 2005. This represented a 21-percent decrease from the number of heroin arrests made during the same time frame in 2004. Heroin arrests accounted for approximately 2.6 percent of all narcotics arrests made from January to May. —**Beth Rutkowski**

NEW ORLEANS: In 2004, there were 309 arrests for heroin possession and 87 for heroin distribution. Arrests for heroin distribution in 2004 were 50 percent lower than in 2003. African-American trafficking organizations distribute heroin in government-supported housing projects and in other low-income neighborhoods. —**Gail Thornton-Collins**

SAN FRANCISCO: Arrests for heroin-related offenses totaled 6,136 in 2002, 16 percent higher than in 2001 and 3 percent higher than in 2000. However, in 2003, such arrests were about 30 percent below, and in 2004 about 55 percent below, the 2002 level. The rate of arrests in the first 10 months of 2005 showed a substantial further decline, to a level 66 percent below 2002... Because many heroin users support their habits through property crimes, reported burglaries may be a good indicator of use. The number of such reports in San Francisco fell by 49 percent between 1993 and 1999 (11,164 to 5,704). After that low point, the count rose to 6,706 in 2001,

fell to 5,507 in 2003, and rose again to nearly the 2001 level in 2004. The rate for the first 10 months of 2005 was higher by 8 percent than that for a similar period of 2004. These changes may reflect the price of heroin more than the prevalence of users; it is noteworthy that reported burglaries and the local price of heroin are both barely one-quarter of what they were 20 years ago. —**John Newmeyer**

WASHINGTON, DC: ...drug arrests related to heroin were third in frequency after arrests for marijuana and cocaine. Heroin arrests steadily increased from less than 500 in 2002 to more than 500 in 2004. —**Erin Artigiani**

Helpline Calls

BOSTON: Heroin was mentioned in 1,562 calls (31 percent of the total) to the Helpline in FY 2005. The proportion of heroin Helpline call mentions decreased 21 percent from FY 2004. —**Daniel Dooley**

SEATTLE: Heroin mentions in calls to the Helpline represented 13.5 percent of adult and 3.2 percent of youth calls. —**Caleb Banta-Green**

Poison Control Center Calls

DENVER: The number of Denver-area calls for heroin and morphine combined remained fairly steady with 19, 16, 22, and 18 calls each year from 2001 through 2004. Since 2004, statewide heroin calls have been broken out separately, and there were 20 heroin calls statewide in 2004 and 14 calls statewide during the first half of 2005. —**Tamara Hoxworth**

LOS ANGELES: Los Angeles County-based California Poison Control System calls involving exposure to heroin fluctuated between 15 and 22 from 2001 to 2004. In the first half of 2005 alone, 15 heroin exposure calls were reported, which may indicate a shifting upward trend. Between July 2004 and June 2005, 59 percent of the heroin-exposed callers were male, and 67 percent were between the ages of 26 and 54. An additional 35 percent of the callers were between the ages of 18 and 25. —**Beth Rutkowski**

TEXAS: Calls to Texas Poison Control Centers involving confirmed exposures to heroin ranged from 181 in 1998 to a high of 296 in 2000 and dropped to 184 in 2004 and 92 in the first half of 2005. Nine percent of the 2005 heroin exposures involved inhalation (snorting or smoking). —**Jane Maxwell**

PATTERNS AND TRENDS IN HEROIN ABUSE ACROSS CEWG AREAS

primary heroin admissions (excluding alcohol) in Newark (81.6 percent), Boston (75.6 percent), Baltimore (60.6 percent), and Chicago (53.0 percent) (see exhibit 5). Primary heroin admissions were also high in New York City, San Francisco, and Detroit, ranging between approximately 41 and 44 percent.

Treatment Data on Heroin

Treatment data for 2005 reporting periods reveal continuing and exceedingly high percentages of

Exhibit 5. Primary Heroin Treatment Admissions (Excluding Alcohol), by CEWG Area and Percent: 2002–2005¹

CEWG Area/State	2002	2003	2004	2005	Percent Change 2002–2005
Atlanta	5.2	8.5	7.6	6.7	1.5
Baltimore	62.0	61.5	59.8	60.6	-1.4
Boston	72.6	73.4	74.2	75.6	3.0
Chicago	NR ²	NR	47.3	53.0	...
Denver	24.1	22.5	13.6	11.7	-12.4
Detroit	42.7	43.1	46.0	43.6	0.9
Los Angeles	37.4	31.1	30.1	23.5	-13.9
Mpls./St. Paul	7.1	6.7	5.6	9.6	2.5
New Orleans	14.6	13.4	13.6	9.4	-5.2
New York	41.1	42.3	42.1	40.6	-0.5
Newark	85.8	85.4	82.6	81.6	-4.2
Philadelphia	29.6	31.4	36.0	22.7	-6.9
St. Louis	13.7	11.7	18.4	17.5	3.8
San Diego	NR	NR	25.0	22.8	...
San Francisco	47.4	35.6	42.8	41.0	-6.4
Seattle	26.6	25.1	27.0	26.6	0.0
Arizona	14.0	11.7	19.6	10.6	-3.4
Hawaii	4.7	3.6	3.0	3.1	-1.6
Texas	15.9	13.6	13.7	11.7	-4.2

¹Represents FY 2005 (5 areas), first half of 2005 (13 areas), or calendar year 2005 (1 area); see *Data Sources*.

²NR=Not reported.

SOURCE: CEWG January 2006 reports on State and local data

Across CEWG areas, primary heroin admissions as a proportion of illicit drug admissions decreased more than 3 percentage points in eight areas when 2002 data are compared with those for 2005, as shown in exhibit 6. The eight areas with greater than 3 percentage-point decreases were Arizona (3.4), Newark and Texas (each 4.2), New Orleans (5.2), San Francisco (6.4), Philadelphia (6.9), Denver (12.4), and Los Angeles (13.9). From 2002 to the first half of 2005, primary heroin admissions (excluding alcohol) increased 3.8 percentage points in St. Louis and 3.0 percentage points in Boston.

Demographic data on primary heroin admissions from nine CEWG areas show that substantial proportions

were younger than 25–30. For example, in 2005, CEWG areas with relatively high proportions of primary heroin admissions younger than 25 included St. Louis (28 percent), New Orleans (21 percent), and San Diego (20 percent). Other 2005 data show...

- In Philadelphia, 42 percent of the heroin admissions were age 21–30.
- In Boston, approximately 35 percent of the heroin/other opiate abusers entering treatment facilities were age 19–29.
- In Baltimore, 21 percent of the 1,076 heroin admissions who used the drug intranasally were younger than 25, and the proportion of injectors

younger than 25 increased from 10 to 13 percent from 2001 to the first half of 2005.

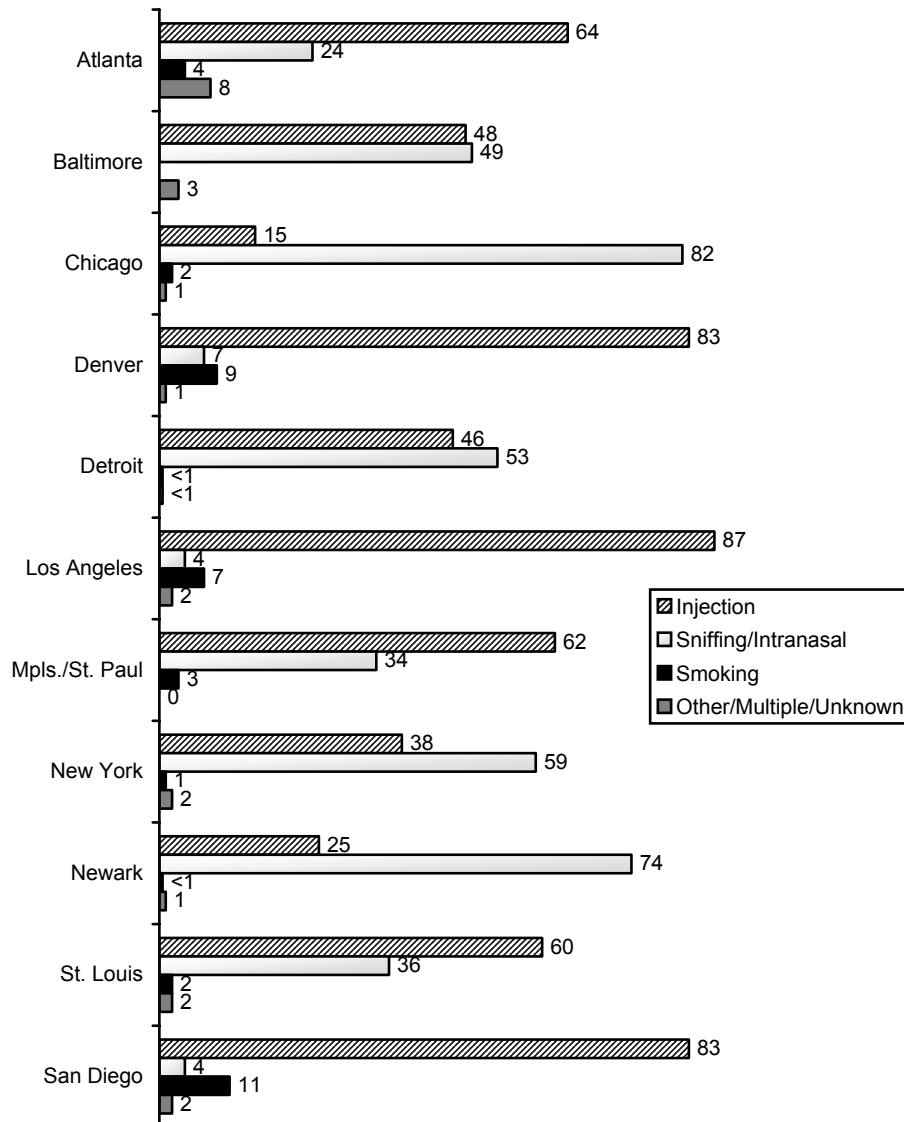
- In Seattle, 19 percent of heroin admissions were younger than 30.
- In Detroit, indicators suggested that heroin was becoming more prevalent in younger, more middle-class populations.

In the 14 CEWG areas that reported on the race/ethnicity of heroin admissions in 2005, Whites dominated in 7, African-Americans in 5, and Hispanics in 3. In Baltimore, 45.5 percent of heroin injectors entering treatment in the first half of 2005

were White. Whites represented 60 percent of the heroin/other opiates admissions in Boston in FY 2005. African-American heroin admissions were highest in Chicago and Detroit (each 82 percent), and Hispanics were highest in Los Angeles, New York City, and Texas (ranging between 47 to 55 percent of heroin admissions).

In 11 CEWG area reports on routes of heroin administration among treatment admissions, injection was the most frequently reported in 6 and sniffing/intranasal was most common in 5.

Exhibit 6. Major Routes of Administration of Heroin Among Treatment Admissions in 11 CEWG Areas, by Percent¹: 2005²



¹Percentages rounded.

²Chicago, Detroit, and Newark reported FY 2005 data; all others reported data for the first half of 2005.

SOURCE: January 2006 CEWG Reports

The Texas CEWG representative reported that between September 11 and December 9, 2005, 530 persons displaced by Hurricanes Katrina and Rita entered Texas treatment programs. Forty-eight percent had problems with heroin. The displaced clients were more likely than Texas non-evacuee clients to be African-American.

DAWN ED Data on Heroin

Of the 17 CEWG areas represented in the unweighted DAWN *Live!* data in the first half of 2005, heroin ED reports were second to illicit drug reports in 5: Baltimore, Boston, Chicago, New York City, and Seattle. The numbers of ED reports in the first half of 2005 were presented earlier in exhibit 1.

Local Mortality Data on Heroin

Nine CEWG areas reported on deaths involving heroin...

- 322, Detroit/Wayne County (first 10 months of 2005)
- 104, Philadelphia (1H 2005)
- 57, San Francisco County (2004)

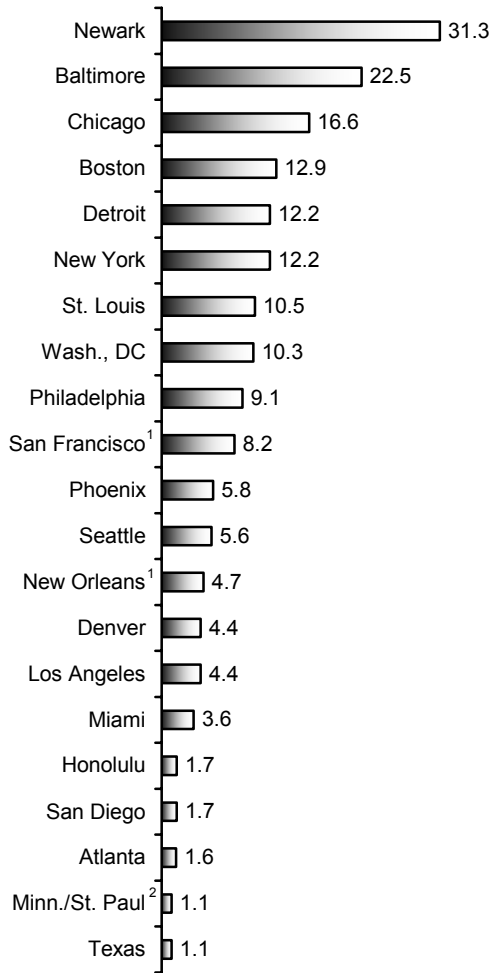
- 44, Seattle/King County (approximates heroin and excludes prescription-type opiates) (1H 2005)
- 22, Colorado (2004)
- 9, Honolulu (1H 2005)
- 8, Broward County, Florida (1H 2005)
- 7, Miami-Dade County (1H 2005)
- 5, Washington, DC (2004)

The Minneapolis/St. Paul representative reported that most of the opiate deaths ($n=65$) in Hennepin and Ramsey Counties in the first 9 months of 2005 represented heroin overdose deaths.

NFLIS Data on Heroin

Nationally, heroin items reported by NFLIS forensic laboratories from the first quarter of 2001 to the second quarter of 2005 declined significantly ($\alpha=.05$). In CEWG areas in FY 2005, heroin was the second most frequently reported drug by NFLIS labs in Newark (31.3 percent of all items analyzed). Heroin items were also relatively common in Baltimore (22.5 percent), Chicago (16.6 percent), Boston (12.9 percent), and Detroit and New York City (each 12.2 percent) (*see exhibit 7*).

Exhibit 7. Heroin Items Analyzed by Forensic Labs in CEWG Areas, Ordered from Highest to Lowest Percentage of Total Items: FY 2005



¹Includes only 9 months of data.

²Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.

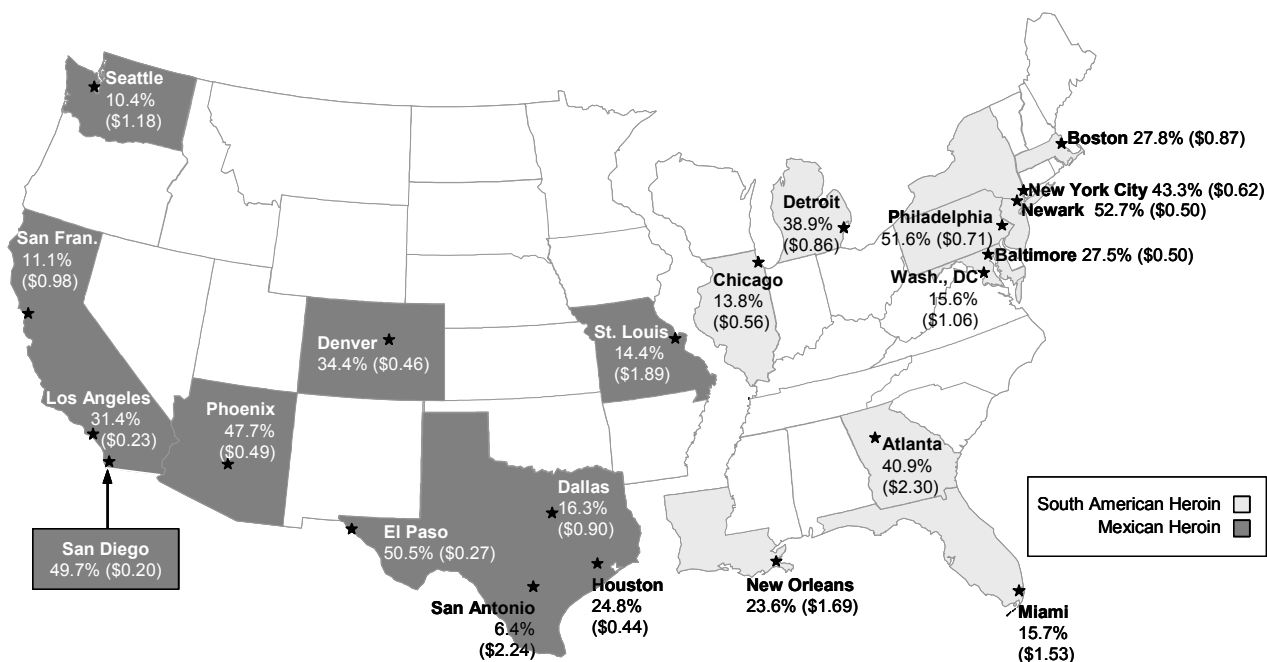
SOURCE: NFLIS, DEA

Heroin Price and Purity: DMP Data

The map below depicts the most recent data on the price per milligram pure and the average percentage of heroin purity across CEWG areas, as reported by

DEA's Domestic Monitor Program for 2004 (*see exhibit 8*). The data continue to illustrate the predominance of South American heroin in CEWG areas east of the Mississippi River and the predominance of Mexican heroin in areas west of the Mississippi.

Exhibit 8. Domestic Monitor Program—Average Heroin Purity and Price in CEWG Areas: 2004¹



¹Not included here are some types, e.g., Southeast and Southwest Asian heroin.
SOURCE: DMP, DEA

The average purity of South American heroin was lower in 2004 than in 2002 in 10 of the 11 CEWG areas listed in exhibit 9a. The greatest declines between 2002 and 2004 occurred in Boston (22 percentage points) and Newark and New York City (each approximately 18 percentage points). In all 3 years shown, the average purity of South American heroin was highest in Newark, Philadelphia, and New York City.

Exhibit 9a. Average Percent Purity of South American Heroin in 11 CEWG Areas, Ordered by Highest Purity in 2004: 2002–2004

CEWG Area	2002	2003	2004
Newark	71.4	61.3	52.7
Philadelphia	66.3	59.6	51.6
New York City	61.5	53.5	43.3
Atlanta	52.4	56.8	40.9
Detroit	45.8	47.9	38.9
Boston	50.3	40.3	27.8
Baltimore	23.6	35.0	27.5
New Orleans	30.4	31.8	23.6
Miami	29.4	25.8	15.7
Washington, DC	20.8	20.0	15.6
Chicago	20.4	16.6	13.8

SOURCE: DMP, DEA, ONDCP

Across the 3 years, the average price of South American heroin per milligram pure was lowest in Newark, Baltimore, Chicago, and New York City (see exhibit 9b). With the exception of Boston, the price increased from 2002 to 2004; the increases were particularly notable in Miami (15.1 percent), New York City (72.2 percent), and Philadelphia (69.0 percent).

Exhibit 9b. Average Price of South American Heroin per Milligram Pure in 11 CEWG Areas, Ordered by Lowest Price in 2004: 2002–2004

CEWG Area	2002	2003	2004
Newark	\$0.39	\$0.33	\$0.50
Baltimore	0.38	0.34	0.50
Chicago	0.43	0.45	0.56
New York City	0.36	0.48	0.62
Philadelphia	0.42	0.60	0.71
Detroit	0.80	0.80	0.86
Boston	1.19	0.73	0.87
Washington, DC	0.79	0.73	1.06
Miami	0.61	0.90	1.53
New Orleans	1.65	1.62	1.69
Atlanta	1.71	1.29	2.30

SOURCE: DMP, DEA, ONDCP

In 11 CEWG areas where Mexican heroin represents the predominant form of the drug reported by the DMP, average purity levels in 2004 were highest in El Paso, San Diego, and Phoenix—nearing or exceeding 50 percent purity and continuing a pattern reported since 2002 (*see exhibit 10a*). A comparison of 2002 to 2004 data show that purity levels increased in four areas. Percentage-point increases were highest in Denver (16) and El Paso (10). In the other seven CEWG areas, the purity of Mexican heroin declined slightly or remained relatively unchanged.

Exhibit 10a. Average Percent Purity of Mexican Heroin in 11 CEWG Areas, Ordered by Highest Purity in 2004: 2002–2004

CEWG Area	2002	2003	2004
El Paso	40.3	44.7	50.5
San Diego	47.9	44.9	49.7
Phoenix	48.9	45.3	47.7
Denver	18.4	18.7	34.4
Los Angeles	26.5	29.7	31.4
Houston	28.2	28.2	24.8
Dallas	17.2	13.3	16.3
St. Louis	13.8	14.4	14.4
San Francisco	12.1	11.1	11.1
Seattle	10.5	10.4	10.4
San Antonio	NR ¹	8.2	6.4

¹NR=Not reported.
SOURCE: DMP, DEA, ONDCP

Based on a comparison of 2002 and 2004 DMP data, the price of Mexican heroin per milligram pure was lowest in San Diego, Los Angeles, and El Paso, typically ranging between \$0.20 and \$0.30 (*see exhibit 10b*). The price increased in Dallas (20 percent), St. Louis (23 percent), and Seattle (33 percent), but declined in San Diego (17 percent), Los Angeles (23 percent), Houston (31 percent), and Denver (59 percent). The price remained relatively stable in the other CEWG areas.

Exhibit 10b. Average Price per Milligram Pure of Mexican Heroin in 11 CEWG Areas, Ordered by Lowest Price in 2004: 2002–2004

CEWG Area	2002	2003	2004
San Diego	\$0.24	\$0.25	\$0.20
Los Angeles	0.30	0.34	0.23
El Paso	0.27	0.40	0.27
Houston	0.64	0.45	0.44
Denver	1.12	0.81	0.46
Phoenix	0.51	0.42	0.49
Dallas	0.75	0.98	0.90
San Francisco	0.99	0.98	0.98
Seattle	0.89	1.18	1.18
St. Louis	1.54	1.89	1.89
San Antonio	NR ¹	1.97	2.24

¹NR=Not reported.
SOURCE: DMP, DEA, ONDCP

Impact of Heroin Purity

CEWG representatives commented that purity of heroin impacted on CEWG areas in a number of ways, including the following:

- Increased demand for treatment by heroin abusers
- How the drug was used (e.g., routes of administration)
- The extent to which other substances were used in combination with heroin
- The types of drugs used with heroin
- The demographic characteristics of the people who used heroin
- The extent to which heroin abusers switched to other drugs

Heroin treatment admissions may increase when there is a reduction in purity, primarily because of the physiological and/or psychological need for heroin of higher purity.

In 19 CEWG areas where CEWG representatives reported admissions data for 2004 and 2005 reporting periods, the proportions of primary heroin admissions (excluding alcohol) changed less than 3 percentage points in 13. In two areas, heroin admissions (excluding alcohol) increased approximately 4 percentage points or more (see exhibit 5).

It was reported in Texas that white or beige-colored higher grade heroin is now being produced in Mexico and is available in parts of Texas. In New York City, there were reports that narcotic analgesics, such as oxycodone and hydrocodone, were being mixed with heroin to increase the “high.” In Philadelphia, treatment providers noted that some heroin clients over the past 2 years have switched to pharmaceutical products that have reliable purity and predictable effects (most notably oxycodone products). It was suggested that the lower purity of heroin in Miami was, in some ways, associated with the increases in narcotic analgesic abuse indicators in recent years.

Other Opiates

In 2005, indicators of abuse of opiates other than heroin were low but were increasing in many CEWG areas and remained stable at low levels in 10 areas. The areas reporting increases were Atlanta, Baltimore, Denver, Detroit, Honolulu, Miami/Ft. Lauderdale, New Orleans, San Diego, San Francisco, Washington, DC, and the State of Texas. While the numbers and percentages for other opiates indicators tend to be small compared with other types of drugs, CEWG representatives continue to closely monitor data sources for information on a variety of opiates/narcotic analgesics.

The following excerpts from CEWG reports illustrate how various indicators point to an actual increase or potential increase in the abuse of opiates other than heroin in some CEWG areas.

ATLANTA: Indicators suggest that narcotic pain relievers are growing in popularity in metropolitan Atlanta. In the first 6 months of 2005, an increase in Xanax and hydrocodone was noted by multiple epidemiological indicators. —**Brian Dew**

BALTIMORE: Indicators for opiates and narcotics other than heroin have increased over the past several years. Treatment admission rates for opiates other than heroin doubled between 2001 and the first half of 2005, from 34 per 100,000 population age 12

and older to an annualized rate of 70 per 100,000 population in the first half of 2005... [In the first half of 2005, these treatment admissions were] primarily White (85 percent). Just over one-half (55 percent) were male... The median age at admission was 31, and the median duration of use of opiates other than heroin before first entering treatment was 4 years.

—**Doren Walker**

DENVER: In a recent local survey of treatment providers statewide, more than one-half of respondents reported an increase in opiate prescription diversion, especially OxyContin. [While] cocaine accounted for the highest drug-related mortality rates from 1996 through 2002, it was surpassed in 2003 by all opiates including heroin and in 2004 by opiates other than heroin. —**Tamara Hoxworth**

MICHIGAN: According to the number of prescriptions filled in 2002 and 2003, oxycodone products were most common; they represented 38 percent of all opioids prescriptions in 2002 and 34 percent in 2003. Prescriptions for fentanyl products, however, increased by 95 percent between 2002 and 2003 to represent 25 percent of the opioid prescriptions being filled in 2003. From 2003 to 2004, the percentage of prescriptions filled for Schedule II medications increased by 15.8 percent to 2,038,628. The percentage of prescriptions filled for Schedule III medications increased by 11.6 percent to 5,291,229 and for Schedule IV medications by 9.4 percent. Only for Schedule V medications was there a drop in the growth of prescriptions filled (-2.2 percent). The rate of growth for oxycodone products slowed from 62.6 percent (2002 to 2003) to 10.6 percent for the period 2002 to 2004. The largest growth was evident for fentanyl lozenge products (298.5 percent). —**Cynthia Arfken**

SAN FRANCISCO: Local observers noted a continued increase in popularity of oxycodone, which is regarded as a safe alternative to heroin. —**John Newmeyer**

TEXAS: In the Dallas DEA Field Division, there has been an increase in seizures of codeine cough syrup, and, in Tyler, OxyContin has surpassed hydrocodone as the drug of choice among abusers of pharmaceuticals... Outreach workers in Galveston report a rise in codeine cough syrup use among young adults age 18–35. Cough syrup ranks right behind cocaine and marijuana in terms of popularity... Codeine cough syrup is mixed with Sprite or 7-Up and drunk in a soda bottle to avoid police attention. —**Jane Maxwell**

Survey data from three CEWG areas provide insight into the prevalence of other opiate use among youth, as well as among adults in some Texas metropolitan areas.

CHICAGO: Nearly 15 percent of students interviewed for the 2004 Illinois Youth Survey reported past-year use of 'pain pills,' and the same proportion used 'other prescription' drugs. —**Lawrence Ouellet**

MINNEAPOLIS/ST. PAUL: Prescription drug abuse, a category that includes the nonmedical abuse of a wide range of prescription drugs, increased in 2004 among students in the Twin Cities area, according to the Minnesota Student Survey. Past-year prescription drug abuse was reported by 11.0 percent of high school seniors in 2004, compared with 9.4 percent in 2001. Incidents of middle school- and high school-age children bringing various pills to school to share with classmates continued throughout the area. —**Carol Falkowski**

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

Helpline Calls

BOSTON: In FY 2005, there were 931 calls (19 percent of the total) to the Helpline during which opiates were mentioned. Oxycodone (including OxyContin) was mentioned in 526 calls. The number of Helpline calls with oxycodone mentions decreased 24 percent from FY 2004. The number of calls with methadone mentions increased 32 percent (from 155 in FY 2004 to 204 in FY 2005). In FY 2005, there were 120 calls with Percocet mentions, 43 calls with Vicodin mentions, 11 calls with codeine mentions, 8 calls with morphine mentions, and 4 calls with Roxicet mentions. —**Daniel Dooley**

Poison Control Center Calls

DENVER: There were no calls reported for opiates other than heroin and morphine in the first half of 2005. —**Tamara Hoxworth**

DETROIT: Information from the Children's Hospital of Michigan Poison Control Center (covering primarily eastern lower Michigan) on intentional abuse cases reported seven cases for codeine in Wayne County between January and September 2005, compared with nine cases during the same months for 2004. For oxycodone/combinations, there were five cases in the 2005 months, compared with four cases during the same months for 2004. For hydrocodone/combinations, there were 32 cases during January–September 2005, compared with 22 cases during the same months for 2004. —**Cynthia Arfken**

LOS ANGELES: Los Angeles County-based California Poison Control System calls involving exposure to opiates/analgesics increased from a low of 45 in 2001 to a high of 70 in 2004. In the first half of 2005, 26 opiate/analgesic exposure calls were reported, which may indicate a change in the upward trend line seen in past years. Between January 2004 and June 2005, calls involving an exposure to hydrocodone were more likely than calls involving an exposure to oxycodone (54 vs. 33 calls, respectively). —**Beth Rutkowski**

The Los Angeles and St. Louis CEWG representatives report on efforts to monitor pharmaceutical diversion and the Detroit representative reports on investigation of cases involving diversion of other opiates.

DETROIT/MICHIGAN: According to intelligence reports, other opiates are common and viewed as a gateway to heroin, especially if obtaining prescription opiates becomes difficult. Because of difficulty in prosecuting diversion cases, the DEA is the sole agency investigating these cases. —**Cynthia Arfken**

LOS ANGELES: Efforts are underway throughout Los Angeles to quantify the extent of pharmaceutical diversion to the street. One result of this effort is the availability of expanded prices for diverted opiates/analgesics. —**Beth Rutkowski**

ST. LOUIS: OxyContin (a long-lasting, time-release version of oxycodone) abuse remained a concern for treatment providers and law enforcement officials. Prescription practices are closely monitored for abuse, and isolated deaths have been reported, but no consistent reports are available on the magnitude of this potential problem. —**James Topolski**

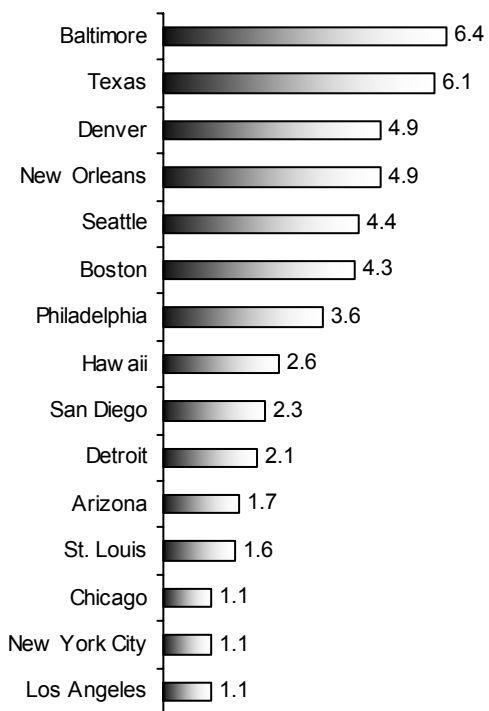
PATTERNS AND TRENDS IN OTHER OPIATE ABUSE ACROSS CEWG AREAS

Treatment Data on Other Opiates

In the 2005 reporting periods, 17 CEWG areas provided data on admissions for primary abuse of

opiates other than heroin. Excluding alcohol, this admissions group accounted for more than 1 percent of illicit drug admissions in 16 (the exception was Newark, at 0.02 percent of illicit drug admissions). Data for 15 areas are depicted in exhibit 11. As shown, Baltimore and Texas had the highest proportion of other opiate admissions, both slightly more than 6 percent.

Exhibit 11. Primary Admissions for Other Opiate Abuse (Excluding Alcohol) in 15 CEWG Areas, by Percent: 2005¹



¹Five areas reported FY 2005 data, 1 CY 2005 data, and 9 data for the first half of 2005 (see *Data Sources*).
SOURCE: CEWG January 2006 reports

Local Mortality Data on Other Opiates

Nine CEWG areas reported on deaths related to opiates other than heroin. Note that the total numbers shown below may include decedents who had more than one other opiate (or some other drug) in their system. Detroit reports for the first 10 months of 2005, and Washington, DC, Colorado, and Texas for all of 2004. All other reports are for partial periods of 2005.

- In Broward County, Florida, the ME recorded 41 deaths involving oxycodone, 39 methadone-related deaths, 19 involving morphine, 13

involving hydrocodone, and 6 involving propoxyphene.

- In Detroit/Wayne County, toxicology reports from the ME showed that 223 involved codeine, followed by 103 hydrocodone/combinations, 65 methadone, and 22 oxycodone/combinations.
- In Honolulu, toxicology screens with morphine present totaled 21, those with methadone present totaled 14, and those with hydrocodone or oxycodone totaled 8 and 6, respectively.
- In Miami-Dade County, there were 12 morphine-related deaths, 8 methadone-related deaths, 6 involving oxycodone, 3 hydrocodone, and 2 propoxyphene.

- In Philadelphia, there were 61 deaths with the presence of oxycodone, 59 each with codeine or methadone, 34 with hydrocodone, 20 with propoxyphene, and 12 with hydromorphone.
- In Seattle/King County in the first half of 2005, methadone was identified in 44 deaths (compared with 67 for all of 2004), oxycodone was identified in 16 cases (similar to the level of 32 for all of 2004), and hydrocodone was present in 3 cases (lower than the levels in 2003 and 2004).
- In Colorado, 238 deaths related to other opiates were reported in 2004.
- In Texas in 2004, there were 201 deaths with a mention of hydrocodone, 164 with a mention of methadone, 66 involving oxycodone, and 32 with a mention of fentanyl.
- In Washington, DC in 2004, there were 41 were morphine-related deaths; 10 codeine/combinations-related deaths; 2 each for oxycodone/combinations and propoxyphene/combinations; 1 for hydrocodone/combinations; and 20 deaths for which the opiate was not specified.

The Miami/Ft. Lauderdale CEWG representative reported, "Heroin deaths are down substantially across the region and the State as fatalities from prescription opiates are dramatically increasing, except in Miami-Dade County." The Detroit representative reported gradual increases from 2000 through the first 9 months of 2005 in the numbers of deaths involving oxycodone/combinations and hydrocodone/combinations in Detroit/Wayne County. The Honolulu representative stated there had been a

15-percent increase in positive decedent presence of other opiates in the first half of 2005 compared with the previous CEWG reporting period. In Philadelphia, deaths with the presence of oxycodone have rapidly increased since 2000, while in Seattle/King County in the first half of 2005, prescription-type opiate deaths appear to be stabilizing after a dramatic increase during 2003 and 2004; females have consistently represented 41 percent of these deaths. In Washington, DC, in 2004, drug-related deaths were more likely to be related to opiates than cocaine. The Texas representative reported substantial increases in deaths with a mention of hydrocodone, oxycodone, and methadone from 1999 to 2004.

NFLIS Data on Other Opiates

Nationally, 11,225 items analyzed by forensic labs in the first half of 2005 contained hydrocodone and 9,716 contained oxycodone. These two narcotic analgesics were, by far, the most frequently identified narcotic drugs, other than heroin. During this same period, 3,684 methadone, 1,965 codeine, and 1,618 morphine items were identified.

In CEWG metropolitan areas in FY 2005, the highest numbers of hydrocodone items were reported in Los Angeles (309), New York City (209), Atlanta (188), and Philadelphia (168) (*see exhibit 12*). Across the Texas sites, 1,279 hydrocodone items were identified by the Department of Public Safety labs. The highest numbers of oxycodone items were identified by forensic labs in Philadelphia (491), Baltimore (149), New York City (140), and San Francisco (135).

Exhibit 12. Number of Selected Narcotic Analgesic/Opiate¹ Items Analyzed by Forensic Laboratories in CEWG Areas: FY 2005

CEWG Area	Hydrocodone	Oxycodone	Methadone	Codeine	Morphine
Atlanta	188	125	41	14	14
Baltimore	35	149	25	3	24
Boston	31	88	22	9	15
Chicago	79	23	69	41	10
Denver	39	47	4	5	16
Detroit	0	0	1	11	0
Honolulu	3	8	5	2	2
Los Angeles	309	44	33	104	22
Miami	37	56	8	5	1
Mpls./St. Paul ²	34	57	6	9	11
New Orleans ³	109	32	21	12	4
New York City	209	140	486	82	19
Newark	1	10	3	0	10
Philadelphia	168	491	51	103	39
Phoenix	35	34	4	12	15
St. Louis	36	51	10	25	1
San Diego	154	40	14	27	25
San Francisco ³	115	135	31	59	53
Seattle	42	65	45	9	20
Wash., DC	0	33	18	2	1
Texas	1,279	176	81	301	70

¹Excludes heroin.

²Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.

³Includes only 9 months of FY 2005.

SOURCE: NFLIS, DEA

Cost of Other Opiates

Diverted prescription opiates varied in price by and within CEWG area. For example, OxyContin is sold by the number of milligrams. In the last half of 2004, it sold for \$1.00 per milligram in many CEWG areas, including Boston, Detroit, Miami, Philadelphia, Washington, DC, and areas within Texas. However, the price of 80-milligram OxyContin controlled-release tablets was more varied by area—selling from \$40 in St. Louis, to between \$50 and \$80 in Los Angeles, to as low as \$10 a tablet in New York City.

Identifying and Monitoring Emerging Prescription Opiate Abuse

CEWG representatives regularly monitor data sources for emerging drug problems. At the January 2005 meeting, some attention was focused on fentanyl, a

potent synthetic opioid with short-acting analgesic activity, which was identified in five CEWG areas. In Detroit, where the Michigan Board of Pharmacies monitors the types and numbers of prescriptions, increases were reported for two types of fentanyl prescribed between 2003 and 2004: a 20.8-percent increase in the number (264,092 in 2004) of prescriptions for fentanyl patches (which contain a high fentanyl content) and a 299.0-percent increase in the number (5,149 in 2004) of prescriptions for fentanyl lozenges. In Los Angeles, fentanyl patches sell for \$25–\$100 each. In the State of Florida, 183 fentanyl-related deaths were reported in the first half of 2005. In Boston, 13 deaths were reported in the DAWN system in 2003. In Texas in 2004, there were 32 deaths with a mention of fentanyl.

CEWG representatives may also assess how and why different prescription opiates are used. For example, the Street Studies Unit in New York City reported that OxyContin was being used in combination with heroin (which has been decreasing in purity) and also to boost the effects of methadone. In Texas, illegal

use of codeine cough syrup continues to be a problem. In San Francisco, local observers noted an increase in the popularity of oxycodone, which is regarded as a safe alternative to heroin.

Methamphetamine

In 2005, most methamphetamine abuse indicators were higher than those for cocaine and heroin in six CEWG areas: Denver, Honolulu, Los Angeles, Minneapolis/St. Paul, Phoenix, and San Diego. Methamphetamine indicators increased in four of these areas and remained at very high levels in Honolulu and San Diego. Indicators also increased to relatively high levels in Seattle. In San Francisco, methamphetamine indicators leveled off after substantial increases from 2001 to 2004. The drug is a growing problem in Texas, especially the northern and eastern areas. Although still at relatively low levels or found in particular populations, increases in methamphetamine abuse indicators were also reported in Baltimore, Boston, Chicago, New York City, and St. Louis. In Newark, methamphetamine indicators were low and showed no signs of increasing in 2005.

Methamphetamine indicators were closely monitored in and around the 15 CEWG areas where they have been relatively low because of the growing concern about the drug, the way it was spreading, and its devastating impact on other areas in the Nation.

Data/information from CEWG reports provide insight into the high levels of methamphetamine problems in many areas and continued increases in areas beyond the West Coast. Among West Coast areas, only San Francisco reports a stabilization in methamphetamine abuse indicators.

ATLANTA: *Multiple indicators demonstrate that methamphetamine is the fastest growing drug problem in metropolitan Atlanta. Methamphetamine is an increasing threat in the suburban areas because of the drug's price and ease of availability, and it is replacing some traditional drugs as a less expensive, more potent alternative. Moreover, frequent media reports; recent strengthening of criminal penalties for the manufacture, transfer, and possession of methamphetamine; and the statewide illegalization of transporting materials used in its production have fueled the growing concerns over the dangers the drug poses. Methamphetamine is not only a party drug, but it is also used for weight loss or as a way to keep up with demanding work schedules.* —**Brian Dew**

DENVER: *Most indicators for methamphetamine abuse have been increasing, and drug enforcement officials and treatment providers have corroborated reports of increased methamphetamine use and trafficking in Colorado. Since 2003, methamphetamine has surpassed cocaine in numbers of treatment admissions statewide, and in the first half of 2005, methamphetamine admissions surpassed those for cocaine in the Denver/Boulder metropolitan area.* —**Tamara Hoxworth**

HONOLULU: *In the first 6 months of 2005, there was a 25-percent increase in medical examiner reports of positive decedent toxicology for methamphetamine, a 20-percent increase in occupancy of treatment spaces where methamphetamine was the primary drug, [and] a 20-percent increase in methamphetamine cases reported by the Honolulu Police Department...* —**D. William Wood**

LOS ANGELES: *By the first half of 2005, primary methamphetamine admissions overtook heroin admissions by a substantial margin (6,392 and 4,870, respectively)... The racial/ethnic gap continued to widen, with Hispanics accounting for 54 percent of all primary methamphetamine admissions versus 36 percent for Whites... The 4-county Los Angeles High Intensity Drug Trafficking Area (HIDTA) led all California-based HIDTAs in... clandestine methamphetamine laboratory seizures, accounting for 43 percent of the 128 seizures made in California.* —**Beth Rutkowski**

MINNEAPOLIS/ST. PAUL: *Throughout 2005, the consequences of methamphetamine abuse in the Twin Cities captured the headlines, filled the airwaves, and strained public health, child welfare, and criminal justice systems.* —**Carol Falkowski**

PHOENIX: *In FY 2005, methamphetamine accounted for 32.5 percent of primary admissions (excluding alcohol) statewide. The growth of methamphetamine as the presenting primary problem in the public treatment system is striking. Despite the decline of methamphetamine laboratories, methamphetamine use/abuse is being directly associated with increased violent crime rates. A local newspaper conducted a computer-assisted analysis of every autopsy performed in Maricopa County (Phoenix area) in 2004. The research on death by methamphetamine revealed that 4 in 10 murder victims had methamphetamine in their blood. The data for the first 6 months of 2005 revealed that 38 of 115, or 1 in 3 murder victims, had methamphetamine in the blood... In the first 6 months of 2005, 49 people in the Phoenix area died of methamphetamine overdoses, methamphetamine-related heart attacks,*

and hemorrhages. The Maricopa County chief toxicologist stated, 'Deaths from methamphetamine use have been on a very steady rise for about 5 years or so.' —**Ilene Dode**

ST. LOUIS: Methamphetamine... reported use has slowly increased over the past 8 years. In rural areas, methamphetamine appeared regularly in the treatment data, but [more recently] has been identified as a problem in all parts of the State. The urban, street-level distributors in St. Louis deal in cocaine, so methamphetamine use is not as widespread in the St. Louis area; this could indicate differences in dealing networks and access to locally produced drugs ('mom and pop' local production). However, an increase in availability and purity of Mexican methamphetamine and a growth in Hispanic groups in the St. Louis metropolitan area may change this trend. —**James Topolski**

SAN DIEGO: Methamphetamine was the primary drug of abuse for one-half (50.2 percent) of all drug treatment admissions (excluding alcohol) in San Diego County in the first half of 2005... also the drug most commonly cited in DAWN unweighted ED reports (31.4 percent) involving major illicit drugs... and in adult arrestee monitoring programs in 2004 (43 percent). —**Steffanie Strathdee**

SAN FRANCISCO: Methamphetamine indicators suggest a leveling off after substantial increases during the 2001–2004 period. —**John Newmeyer**

SEATTLE: Methamphetamine-involved deaths in the first half of 2005 (n=17) were nearly equal to the total for all of 2004 (18), representing a substantial increase and the highest level seen for such deaths in King County. Treatment admissions in which any use of methamphetamine was mentioned rose to their highest level, 18 percent, double the proportion in 1999. —**Caleb Banta-Green**

TEXAS: Methamphetamine is a growing problem, particularly in north and east Texas, and smoking 'ice' is now the major route of administration for persons entering treatment. —**Jane Maxwell**

Methamphetamine indicators are low in several CEWG areas, predominately in the east, but some recent increases in indicators were reported.

BALTIMORE: Stimulants other than cocaine were rarely mentioned as the primary substance of abuse by treatment admissions... The numbers, although small, increased from 42 admissions in 2000 to 76 in the first half of 2005 [when] the majority (78

percent)... were for methamphetamine, and 14 percent were for amphetamine. —**Doren Walker**

BOSTON: Though still relatively small in number, methamphetamine treatment admissions increased from 5 in FY 2001 to 66 in FY 2003, then decreased to 53 in FY 2004... —**Daniel Dooley**

CHICAGO: Methamphetamine indicators continued to show low but increasing levels of use in some areas of Chicago... Use is substantially higher in downstate Illinois... —**Lawrence Ouellet**

PHILADELPHIA: Methamphetamine and amphetamine remain a relatively minor problem in Philadelphia. Use of these drugs appears to be confined to a small portion of the population who use it primarily to prolong sexual encounters in unsafe settings. —**Samuel Cutler**

SOUTH FLORIDA: Methamphetamine abuse and related problems are low in the region but have been increasing over the past year... Methamphetamine abuse among a small number of users is linked to sharp increases in sexually transmitted diseases since 2001 in the region. —**James Hall**

WASHINGTON, DC: While other parts of the country have seen shifts in the use of methamphetamine, use remains low and confined to isolated communities in DC. —**Erin Artigiani**

Reports from CEWG areas continued to raise concern about the impact of methamphetamine use on HIV transmission.

CHICAGO: The Chicago Department of Public Health Office of HIV/AIDS Surveillance interviewed 1,147 men who have sex with men (MSM) who were 18 years or older in 2004. Eleven percent of surveyed men reported using methamphetamine at least once in the past 12 months. Of those who used in the past year, nearly 1 in 5 reported using at least once a week. —**Lawrence Ouellet**

DENVER: In 2004, staff at the Denver Public Health Sexually Transmitted Disease Clinic surveyed clientele (n=981) and noted an increased use of methamphetamine among men who have sex with men (MSM). They found that MSM methamphetamine users were more likely to use the Internet for connecting with casual sex partners and more likely to have unprotected sex. MSM methamphetamine users were also twice as likely to have gonorrhea or HIV than nonusers. A related finding in 2004 was that 11 percent of randomly surveyed patients (n=202) at the Denver Health Infectious

Disease/AIDS Clinic reported use of methamphetamine with 3 months before the survey.

—**Tamara Hoxworth**

NEW YORK: *Although the numbers remain small, methamphetamine indicators are showing an increase in the gay community of New York City. According to the Street Studies Unit, numerous sources in the gay community are concerned that the use of this drug is spreading among young gay males who frequent clubs and that the drug facilitates the spread of HIV. A number of gay male users have reported experiencing crystal methamphetamine binges during which they have engaged in unsafe sexual activity.* —**Rozanne Marel**

SAN FRANCISCO: *A 2003 survey of gay men in San Francisco found that 18 percent reported using crystal methamphetamine in the prior 6 months. A similar survey in 2005 found only 10 percent reporting such use... Local observers report that the 'speed' scene is going strong—especially among Blacks and Hispanics who used to prefer cocaine. The drug is easy to get, fairly cheap, and well-connected with sexual activity even for heterosexuals. 'Young people think speed is safer than cocaine.'* —**John Newmeyer**

TEXAS: *Of the Austin women tested for HIV in 2004, 2 percent of African-Americans and 4 percent of Hispanics had used methamphetamine while having sex. Use is also prevalent in the Houston gay community and is increasing in popularity among adolescent users in Amarillo.* —**Jane Maxwell**

Some CEWG reports described recent changes in trafficking/distribution that have increased the availability of higher purity methamphetamine and that have or will potentially expose new populations to methamphetamine.

CHICAGO: *...Police and street reports suggest that some Mexico-based drug dealers are attempting to introduce methamphetamine for local consumption by offering free samples, which may eventually change the low and stable trend of methamphetamine use in Chicago.* —**Lawrence Ouellet**

MINNEAPOLIS: *Methamphetamine remained a major focus of law enforcement at all levels in both metropolitan and nonmetropolitan areas of the State... The most notable trend in Minneapolis was the dramatic increase in methamphetamine purity levels. Almost all of the samples in 2005 were high purity crystal methamphetamine, compared with the lower quality, largely homemade methamphetamine of several years ago. The overall weight-based purity*

level of methamphetamine analyzed at the Minneapolis lab in 2005 was 73.1 percent, which compares with 57.8 percent in 2004, 26.9 percent in 2003, 18.3 percent in 2002, and 13.6 percent in 2001. According to law enforcement sources, this heightened purity reflects both an increase in the supply of imported versus locally manufactured product, and in the capacity of law enforcement to intercept the supply higher up the distribution chain before it is diluted and adulterated for retail sale.

—**Carol Falkowski**

MISSOURI: *In the current methamphetamine scene, Hispanic traffickers, rather than the old network of motorcycle gangs, are the predominant distributors. Shipments from 'super labs' in the Southwest are trucked in via the interstate highway system. This network is in contrast to the local 'mom and pop' labs that produce personal quantities for family and friends. These local labs tend to use the Nazi method of production, with an output of 60 percent of the quantity of the starting products, although the red phosphorus method has been seen more frequently. Purity of the drugs produced by these labs and the amount of finished product depends on the experience/attentiveness of the 'cooker' but tends to be higher (greater than 80 percent). Most of the available methamphetamine is produced in Mexico and trafficked through the Hispanic traffickers, with less pure methamphetamine obtained through this source. While much of the law enforcement resources and personnel are directed at local production, the majority of methamphetamine that is available in the area comes through these Hispanic organizations. As the purity increases in the methamphetamine obtained from these groups and precursor drugs are less available, less local production may be seen. Some crystallized methamphetamine has been noted in the local market, usually indicating increased purity in the product.* —**James Topolski**

PHOENIX: *The methamphetamine that is available on the streets in Phoenix is purer, cheaper, and more plentiful than ever before. Local methamphetamine labs have declined, while Arizona has become the leading pipeline for Mexican-made methamphetamine into the United States. As border enforcement increases, smugglers have turned to 'deep concealment' to move drugs through Arizona's ports of entry... The DEA reports on the growing problem of conversion laboratories. The labs do not produce methamphetamine, but they do combine pure Mexican methamphetamine with cutting agents in preparation for sales. The most typical cutting agent is methyl sulfonyl methane, commonly known as MSM, an over-the-counter joint pain reliever for animals and humans... The operators of conversion*

labs also produce shards made of cutting agents that are mixed with methamphetamine. Paint thinner and acetone are mixed together and then frozen to produce a clear shard similar in appearance to methamphetamine. —**Ilene Dode**

SAN FRANCISCO: The DEA San Francisco Field Division reports that Mexican criminal groups control the local wholesale and midlevel distribution. Several counties near the bay area (Alameda, San Mateo, Santa Clara, Sacramento, San Joaquin, and Stanislaus) have been sites of 'superlabs,' capable of producing 10 pounds or more of methamphetamine per production cycle. The National Drug Threat Assessment surveys indicate that Mexican criminal gangs control most wholesale and midlevel distribution, though Hawaiian, Filipino, and other Asian drug trafficking organizations produce and distribute significant quantities of 'ice.' —**John Newmeyer**

SOUTH FLORIDA: Methamphetamine abuse continues to be a local problem, as multiple supply sources have been identified. 'Crystal,' or smokable, methamphetamine has been shipped by overnight delivery from California for several years. Law enforcement sources confirm increased trafficking from Atlanta and North Carolina of high-grade Mexican-manufactured methamphetamine in the past year. There have also been several seizures of local methamphetamine labs. Mexican drug trafficking organizations are supplying powdered methamphetamine directly to local Latino populations of Central and South American nationalities. Outlaw motorcycle gang activity involved with local lab production and distribution has also been noted. Signs of methamphetamine abuse spreading to new populations indicate the local epidemic has progressed from the incubation period of the past 4 years to an expansion phase with growing numbers of users. —**James Hall**

TEXAS: The Houston Field Division reports that the availability of both Mexican and locally produced methamphetamine is increasing. Most of the methamphetamine comes from Mexico, but it is also manufactured in Texas by motorcycle gangs and independent producers using small mobile pseudoephedrine labs that produce small amounts for distribution in the local area... The Dallas Field Division reports that the availability of methamphetamine, especially ice, is steady or rising at the retail level. Mexican methamphetamine from Michoacán, Nuevo Leon, and Allende dominates the market and is available for purchase in multipound quantities. It is shipped through Laredo and McAllen to the Dallas/Fort Worth metropolitan area. Local

lab seizures have decreased. The El Paso Field Division reports that methamphetamine traffickers operate out of California, Arizona, and Texas, with sources of supply being Mexico and California. Local street gangs distribute methamphetamine and local production continues. —**Jane Maxwell**

CEWG representatives continued to monitor methamphetamine seizures.

ATLANTA: The HIDTA task force seized more methamphetamine in 2004 than in previous years. These seizures in 2004 included 14.6 kilograms of methamphetamine and 11.4 kilograms of crystal methamphetamine or 'ice.' —**Brian Dew**

CHICAGO: Data from the Illinois State Police (ISP) indicated that more methamphetamine continued to be seized than cocaine or heroin in nearly 50 percent of Illinois counties in 2004. In 2004, the amount of methamphetamine received by ISP from Cook County was about 8 kilograms, while the total methamphetamine received from all Illinois counties was about 24 kilograms, similar to the previous year. —**Lawrence Ouellet**

COLORADO: ...despite the decline in laboratory seizures, the number of methamphetamine-related arrests and quantities seized have increased. Some Denver Vice Detectives explained that this may be happening because Colorado's supply of Mexican methamphetamine has risen to compensate for less local production. —**Tamara Hoxworth**

FLORIDA: Statewide, the number of clandestine methamphetamine labs or equipment seizures rose from 30 cases in FY 2000 (October 1999 to September 2000) to 332 in the FY ending September 30, 2004. —**James Hall**

LOS ANGELES: The 4-county Los Angeles HIDTA region led all California-based HIDTAs in terms of clandestine methamphetamine laboratory seizures, accounting for 43 percent of the 128 seizures made in California in the first 6 months of 2005. Even though Indiana, Kentucky, Missouri, and Arkansas each had more laboratory seizures than California in the first half of 2005, and despite the steady decline in the number of methamphetamine laboratories throughout the State, California remains the home of the domestic methamphetamine 'superlab.' Seventy-one percent of the 14 superlabs seized throughout the United States were located in California; 57 percent of those were located in 4 southern California counties—Los Angeles, San Bernadino, Orange, and Riverside. —**Beth Rutkowski**

SEATTLE: *Methamphetamine incidents, a combination of active labs used for manufacturing and dump sites of lab equipment or inactive labs, continued to decline for the State as a whole in the first half of 2005. The peak in incidents for the State and the two most populated counties was in 2001. In King County, the number of incidents remained flat in 2003 and 2004, and declined in the first half of 2005, with a total of 80 compared with 199 for all of 2004. In the surrounding counties of Pierce, Kitsap, and Snohomish, declines also occurred in the first half of 2005.* —**Caleb Banta-Green**

Several CEWG members reported on their States' efforts to stop the spread of methamphetamine.

COLORADO: *...some factors that may have contributed to laboratory closures include the recent enactment of legislation restricting the purchase of cold medicines and other precursor chemicals, the effectiveness of law enforcement, and increased community awareness and cooperation with law enforcement that has kept labs at bay. Other experts from the DEA and North Metro Drug Task Force expressed a belief that the number of laboratories has not declined, but manufacturers have become more savvy at being clandestine.* —**Tamara Hoxworth**

MICHIGAN: *Michigan's border with Canada has been the focus of efforts to stop the flow of large amounts of pseudoephedrine and ephedrine into the United States. These imports... necessary ingredients for making methamphetamine... have been destined for the western United States and Mexico. Indictments of numerous individuals and seizures of millions of pseudoephedrine dosage units have continued.* —**Cynthia Arfken**

MINNESOTA: *Legislative efforts concerning the sale of over-the-counter cold preparations that contain pseudoephedrine, a nasal decongestant used in the manufacture of methamphetamine, resulted in a new State law effective July 1, 2005, that mandates: (1) pseudoephedrine pills must be sold from behind pharmacy counters, (2) sales are limited to people age 18 and older, who must show identification and sign a log, and (3) sales are limited to 6 grams (about 2 packages) every 30 days. There are also new criminal penalties, clean-up and notification requirements, child endangerment and vulnerable adult provisions, treatment grants to counties, and 10 new State law enforcement agents... According to Minnesota Governor..., the number of methamphetamine labs significantly declined since the law took effect. Comparing the third quarter of 2005 with the third quarter of 2004, he reported: (1) a 78-*

percent decrease in methamphetamine labs seized, (2) a 75-percent reduction in arrests for methamphetamine manufacture, and (3) a 66-percent reduction in the amount of methamphetamine seized. —**Carol Falkowski**

MISSOURI: *The Midwest Field Division of the DEA decreased its cleanup of clandestine methamphetamine labs after training local enforcement groups; 2,788 incidents were reported for 2004 by the Missouri State Highway Patrol. Preliminary data for 2005 indicate that recent legislation has had an impact on the number of clandestine lab incidents, which fell to approximately 2,212. This decrease in incidents was attributed to Senate Bill 10, the pseudoephedrine control law that was signed into law in June and put into effect on July 14, 2005. During the first full month of implementation, methamphetamine incidents (chemicals, glassware, dumpsites, and operational labs) decreased 54 percent when compared with the same month of 2004. The intensity of these law enforcement efforts is based on the availability of funds for local police departments to clean up box labs under Community Oriented Policing Service (COPS) funding. Thefts of anhydrous ammonia continued to be identified as an issue in rural areas.* —**James Topolski**

Helpline Calls

BOSTON: *Calls to the Helpline with methamphetamine mentions increased from 2 in FY 2000 to 10 in FY 2003 and to 16 in FY 2005.* —**Daniel Dooley**

SEATTLE: *The proportion of Helpline calls related to methamphetamine was 21 percent of adult and 16 percent of youth calls, placing it as the second most frequent Helpline call, after cocaine for adults and after marijuana for youth.* —**Caleb Banta-Green**

Poison Control Center Calls

CHICAGO: *Methamphetamine calls to the Illinois Poison Center in Chicago are infrequent. From 2004 to 2005, the Poison Center received a total of 18 such calls. However, there were 94 amphetamine-related calls in 2004 and 62 in 2005.* —**Lawrence Ouellet**

DENVER: *Cocaine had the highest number of drug-related calls to the Rocky Mountain Poison & Drug Center for calendar years 2001 through 2003 in the Denver area, but was surpassed by methamphetamine in 2004 and in the first half of 2005. In 2004, there were 66 Denver-area calls and 95 statewide calls related to methamphetamine. In the first half of 2005, there were already 65 methamphetamine-related calls.* —**Tamara Hoxworth**

LOS ANGELES: *California Poison Control System calls involving exposure to methamphetamine/amphetamine among Los Angeles County residents have fluctuated over the years, with a high of 63 calls in 2001, and approximately 50 to 55 calls in 2002 through 2004. In the first half of 2005 alone, 39 methamphetamine/amphetamine-related exposure calls were made to the system. If an equal number of calls are made in the second half of 2005, the overall number will exceed the peak level seen in 2001. Between July 2004 and June 2005, a much higher percentage of callers reporting exposure to methamphetamine or other amphetamines were male (72 percent) than female (25 percent), and 50 percent were between the ages of 18 and 34. —Beth Rutkowski*

TEXAS: *There were 144 calls to Texas Poison Control Centers involving exposure to methamphetamine in 1998, 183 in 1999, 264 in 2000, 321 in 2001, 382 in 2002, 389 in 2003, 423 in 2004, and 146 in the first*

half of 2005. Of the 2005 calls, there were 63 mentions of ‘ice’ or ‘crystal.’ —Jane Maxwell

PATTERNS AND TRENDS IN METHAMPHETAMINE ABUSE ACROSS CEWG AREAS

Treatment Data on Methamphetamine

In the 2005 reporting periods, primary admissions for methamphetamine abuse, excluding alcohol, continued to be highest in Hawaii (57.8 percent) and San Diego (50.2 percent) Exhibit 13 shows the data from these two areas and seven others where methamphetamine admissions accounted for more than 5 percent of this illicit drug admissions group in 2005.

Exhibit 13. Primary Methamphetamine Treatment Admissions in 9 CEWG Areas, by Percent of All Admissions (Excluding Alcohol): 2002–2005¹

CEWG Area	2002	2003	2004	2005 ¹	Percentage-Point Change 2002–2005
Atlanta	6.7	6.9	11.3	15.8	9.1
Denver	12.1	16.8	17.6	20.8	8.7
Los Angeles	18.5	23.0	26.7	30.9	12.4
Mpls./St. Paul	11.1	14.8	19.6	22.1	11.0
St. Louis	5.5	5.9	6.5	5.6	0.1
San Diego	NR ²	NR	45.2	50.2	...
Seattle	14.9	13.1	15.2	15.9	1.0
Arizona	21.4	24.1	37.5	32.5	11.1
Hawaii	52.1	56.3	57.3	57.8	5.7

¹Arizona represents fiscal year 2005; all others represent data for the first half of 2005; see *Data Sources*.

²NR=Not reported.

SOURCE: January 2006 CEWG reports on State and local data

As shown in exhibit 13, methamphetamine admissions increased approximately 6 to 9 percentage points in Hawaii, Denver, and Atlanta when 2002 admissions are compared with those for the first half of 2005; the increases in Minneapolis/St. Paul, Los Angeles, and Arizona were higher, at around 11 and 12 percentage points, respectively.

In six other CEWG areas that reported admissions data specifically related to methamphetamine clients, this group accounted for less than 1 percent of illicit drug admissions in the 2005 reporting periods.

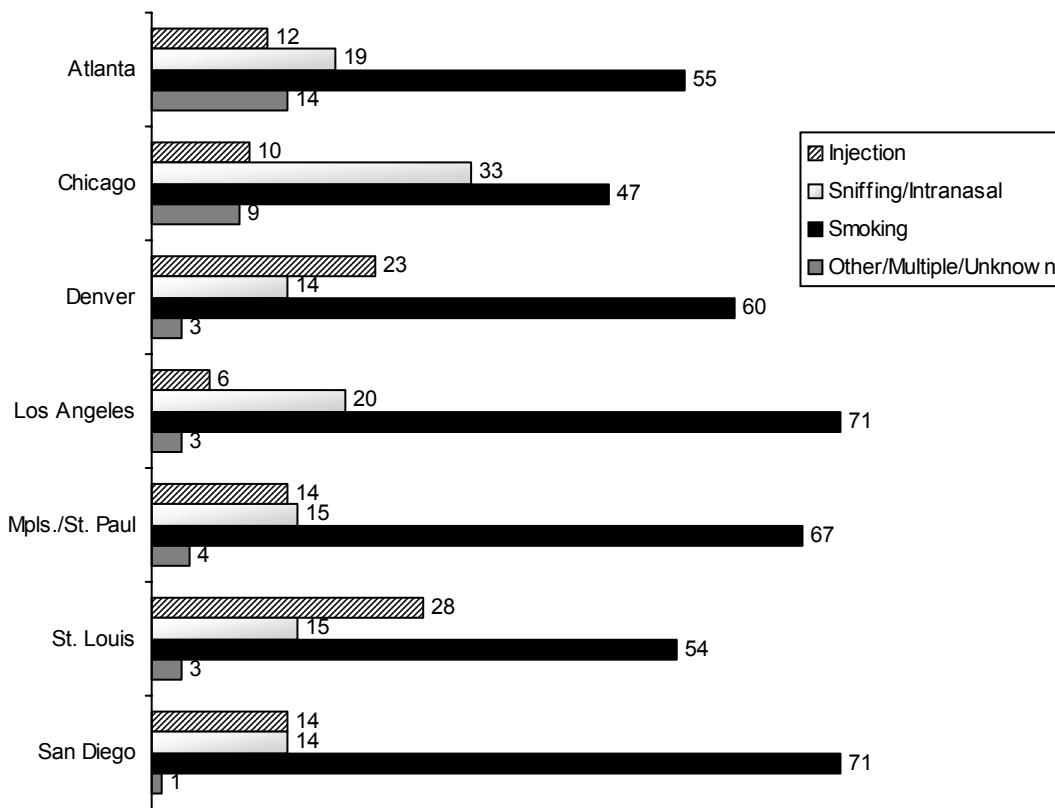
In San Francisco and Texas, methamphetamine was included in a category with amphetamines or “stimulants” where they accounted for 14.2 and 16.4 percent of illicit drug admissions, respectively, in the first half of 2005.

Demographics. The 2005 treatment admissions data from nine CEWG areas suggest that compared with cocaine and heroin abusers, primary methamphetamine admissions are more likely to be female, White, and younger than 25. In these nine areas, female admissions dominated in two: Atlanta (60 percent) and St. Louis (53 percent). In Chicago, Denver, Minneapolis/St. Paul, San Diego, and Seattle, the

proportions of males ranged from 57 to 77 percent. Whites constituted more than one-half of the admissions in seven of the nine areas: 51 percent in San Diego; 75 percent in Detroit; 81 and 82 percent, respectively, in Seattle and Denver; 90 percent in Minneapolis/St. Paul; 95 percent in Atlanta; and 98 percent in St. Louis. Thirty-one percent in San Diego and 54 percent in Los Angeles were Hispanic. One-half of the methamphetamine admissions in Denver and Minneapolis/St. Paul were younger than 25, and 46 percent in Seattle were younger than 30.

Exhibit 14 shows data on the route of administration of methamphetamine among treatment admissions in seven CEWG areas. In all seven areas, smoking was the most frequently reported route of administration, ranging from 47 percent in Chicago to 71 percent in both Los Angeles and San Diego. Injection of methamphetamine was more likely to be reported by admissions in Denver (23 percent) and St. Louis (28 percent).

Exhibit 14. Major Routes of Administration of Methamphetamine Among Treatment Admissions in 7 CEWG Areas, by Percent¹: 2005²



¹Percentages rounded.

²Chicago reported FY 2005 data; all others reported data for the first half of 2005.

SOURCE: January 2006 CEWG Reports

DAWN ED Data on Methamphetamine

In the first half of 2005, the unweighted number of methamphetamine ED reports in *DAWN Live!* exceeded those for cocaine, heroin, and marijuana in Phoenix and San Diego, and were second behind cocaine in San Francisco. The number of methamphetamine ED mentions are shown earlier in exhibit 1.

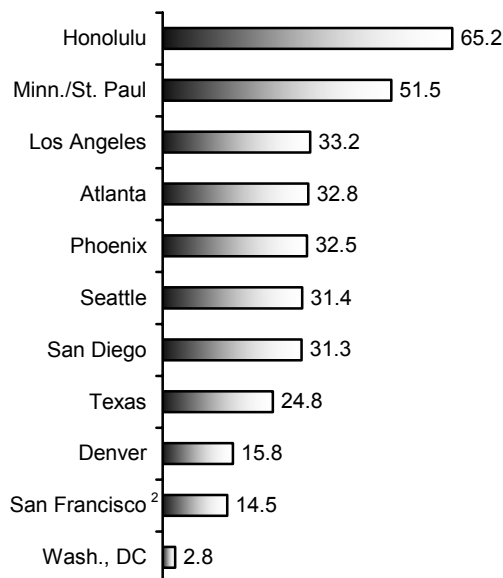
Mortality Data on Methamphetamine

Nine areas reported on the presence of methamphetamine in decedents. In the first half of 2005, 44 such decedents were reported in Honolulu, along with 49 in Phoenix, 17 in Seattle, and 9 in Philadelphia. Ten were reported in Hennepin and Ramsey Counties, Minnesota, from January through September 2005. In San Francisco County in FY 2004, 28 methamphetamine-related deaths were reported, and in Newark/Essex County, 2 were reported. No deaths involving this drug were reported in Washington, DC, in 2004. In Texas in 2004, there were 99 deaths with a mention of methamphetamine or amphetamines.

NFLIS Data on Methamphetamine

In FY 2005, the proportions of methamphetamine items reported from forensic labs were high in several CEWG areas: 65.2 percent of all items in Honolulu, 51.5 percent in Minneapolis/St. Paul, between approximately 32 and 33 percent in Atlanta, Los Angeles, and Phoenix, and slightly more than 31 percent in both San Diego and Seattle. Methamphetamine accounted for 25 percent of the total drug items across Texas sites (*see exhibit 15*).

Exhibit 15. Percentages of Methamphetamine Items Analyzed by Forensic Labs in 11 CEWG Areas¹, Ordered from Highest to Lowest Percentage of Total Items: FY 2005



¹Boston labs did not report on methamphetamine tests. In nine CEWG areas, the percentages of methamphetamine items ranged from zero (Baltimore) to 0.2–0.8 percent of all items (Chicago, Detroit, Miami, New Orleans, New York City, Newark, Philadelphia, and St. Louis).

²Includes only 9 months of FY 2005.

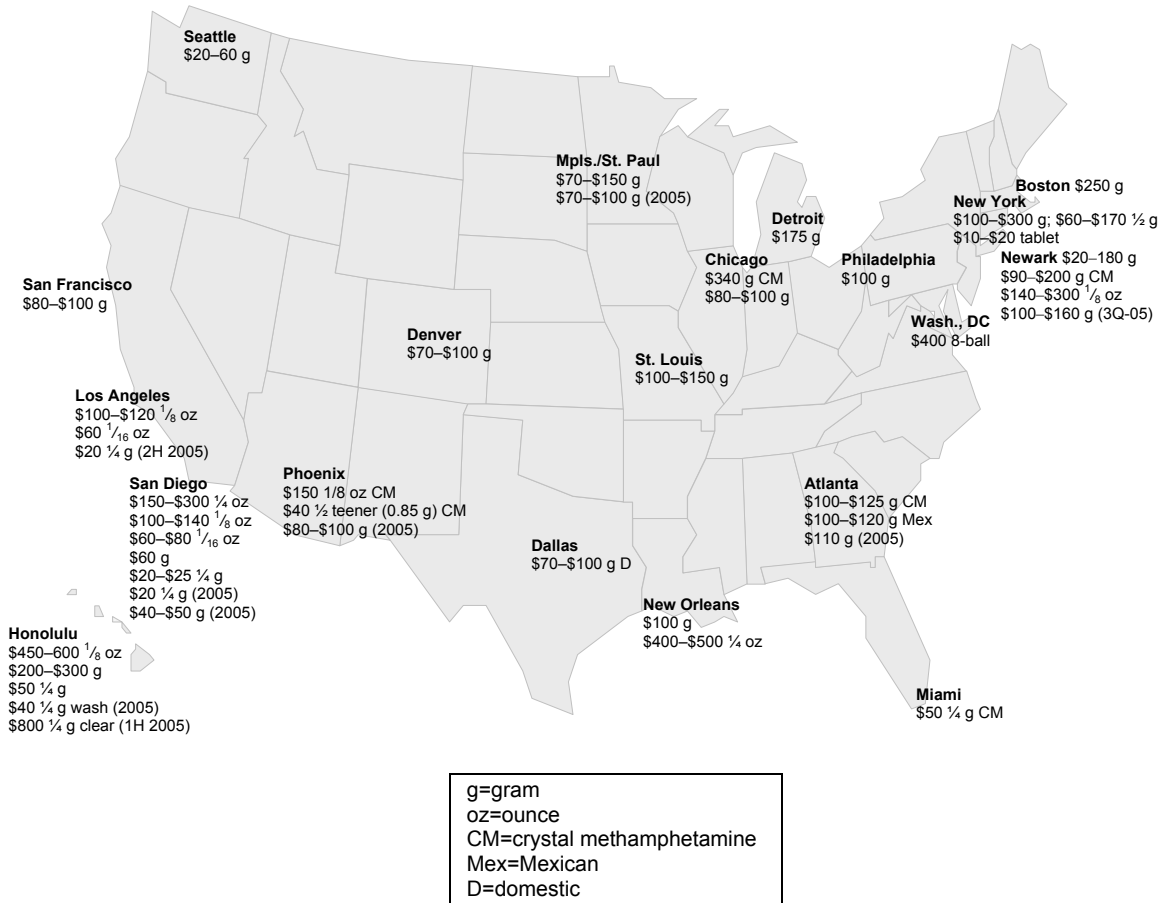
SOURCE: NFLIS, DEA

Price of Methamphetamine

Exhibit 16 depicts the retail cost for one-eighth of an ounce of methamphetamine in CEWG areas in the last half of 2004 or in 2005. The lowest retail prices for one-eighth of an ounce were in Los Angeles (\$100–\$120), San Diego (\$100–\$140), and Phoenix (\$150).

The cost of producing “ice” (crystal methamphetamine) is slightly higher than the cost of producing powder methamphetamine, so ice is generally sold at a higher price.

Exhibit 16. Retail Prices for Methamphetamine in 20 CEWG Areas: 2004–2005



SOURCES: National Drug Intelligence Center, *Narcotics Digest Weekly* December 28, 2004, and selected CEWG January 2006 reports

Marijuana

In most CEWG areas, marijuana abuse indicators were stable. Atlanta and Baltimore reported an upward trend in marijuana use indicators and San Francisco reported a decline.

ATLANTA: Indicators for marijuana use remained widespread but stable, with the drug accounting for more than 20 percent of all public treatment admissions, and nearly 28 percent of those excluding alcohol. Use of marijuana continued to increase among younger users, especially among individuals younger than 18... Ethnographic sources consistently confirm that marijuana is the most commonly abused drug in Atlanta. Most epidemiological indicators show an upward trend in marijuana use... Ethnographic data continue to support treatment and law enforcement data that indicate the widespread availability and use of marijuana in Atlanta. Hydroponic cultivation of marijuana has become

more popular in part because of the DEA's eradication program. —**Brian Dew**

BALTIMORE: Indicators of marijuana use have tended to increase since 2000. —**Doren Walker**

BOSTON: The most recent marijuana indicators for greater Boston are stable at relatively high levels. —**Daniel Dooley**

DETROIT: Marijuana indicators remain mostly stable but at highly elevated levels. —**Cynthia Afrken**

NEW YORK CITY: In New York City, marijuana indicators, which have recently increased steadily and dramatically, appear to be stabilizing... According to the Street Studies Unit, marijuana is the most abused illicit substance in New York City, and according to street contacts, marijuana continues to be readily available. —**Rozanne Marel**

NEW ORLEANS: *Marijuana indicators were stable in the first half of 2005, but marijuana continued to be the most readily available illicit drug in New Orleans and the State of Louisiana. The price of marijuana decreased in recent years as the supply from Mexico increased.* —**Gail Thornton-Collins**

SAN FRANCISCO: *Marijuana use appears to have peaked in 2001 and to have declined substantially since then.* —**John Newmeyer**

SOUTH FLORIDA: *Marijuana is the most prevalent illicit drug of abuse and dominates consequences among youth. Marijuana-related emergency department reports and addiction treatment admissions rank second behind cocaine (excluding alcohol).* —**James Hall**

School surveys in five CEWG areas show decreasing levels of marijuana use among school students.

ARIZONA: *In the 2004 Arizona Youth survey, the proportion of students reporting ever using marijuana was nearly 46 percent, down from the nearly 51 percent in 2002. Past-30-day use also declined, from approximately 25 percent in 2002 to 19 percent in 2004. Nevertheless, marijuana continued to be the most frequently reported illicit drug among Arizona students in grades 8, 10, and 12.* —**Ilene Dode**

CHICAGO: *Past-year marijuana use among 8th through 12th grade students in Cook County decreased between 2000 and 2004 according to the Illinois Youth Survey, from 29 to 25 percent. Marijuana use decreased among White and Hispanic students, while use among African-Americans remained approximately the same. Males continued to report past-year use more often (28 percent) than female students (22 percent) in 2004.* —**Lawrence Ouellet**

LOS ANGELES: *Adolescent substance use data gathered from the California Healthy Kids Survey (CHKS) for the 2003–2004 school year illustrated that lifetime and past-month usage percentages among Los Angeles County secondary school students in grades 7, 9, and 11 were either the same or lower than percentages reported in previous school years. Aside from alcohol, students were most likely to report lifetime marijuana use (20 percent), followed by inhalants (13 percent), cocaine or methamphetamine (each at 7 percent), and LSD/other psychedelics or ecstasy (each at 6 percent).* —**Beth Rutkowski**

MINNEAPOLIS/ST. PAUL: *Past-year marijuana use was reported by 30.2 percent of metropolitan high school seniors in 2004, compared with 33.9 percent in 2001.* —**Carol Falkowski**

TEXAS: *Among Texas students in 2004 in grades 4–6, 2.5 percent had ever used marijuana, with 1.7 percent reporting use in the past school year. Among Texas secondary students (grades 7–12), 29.8 percent had ever tried marijuana and 12.6 percent had used in the past month, levels lower than in 2000.* —**Jane Maxwell**

Urinalysis testing data from five CEWG areas show that high percentages of adults and/or juveniles involved in the criminal justice system test positive for marijuana.

MISSOURI: *The Missouri Department of Corrections Probation and Parole toxicology data indicated that the Central Region had the highest percentage (50.8 percent) of positive tests for marijuana among this population. This compares to 44.9 percent of positive results for marijuana statewide in 2004 for the Probation and Parole population tested. Results for the Eastern Region indicated that 46.1 percent of the tested Probation and Parole population in this region produced positive results for marijuana. Marijuana was the most frequently identified substance statewide.* —**James Topolski**

PHILADELPHIA: *Adult Probation/Parole Department data for adults on probation or parole revealed the presence of marijuana in 44 percent of the tests in 2005, making it the most frequently detected drug by the APPD.* —**Samuel Cutler**

PHOENIX: *The Treatment Assessment Screening Center Client Drug Test Results Summary for Maricopa County Juvenile Probation for the period of April through September 2005 shows that 74 percent of youth tested positive for THC (tetrahydrocannabinol), consistent with earlier reporting periods.* —**Ilene Dode**

SAN DIEGO: *Thirty-eight percent of adult male arrestees tested positive for marijuana in 2004; this percentage was relatively constant between 2000 and 2004. A statistically significantly lower proportion of women (28 percent) tested positive for marijuana in 2004. Forty-six percent of male arrestees and 40 percent of female arrestees reported using marijuana over the past 30 days. Among juvenile arrestees, 85 percent reported ever using marijuana and 53 percent reported use in the past 30 days. Forty-two percent of juvenile arrestees tested positive for marijuana, down from a 5-year peak of 49 percent in*

2003. The median age of first use among juveniles was 12.5 years. —**Steffanie Strathdee**

WASHINGTON, DC: Juvenile arrestees were more likely to test positive for marijuana than for any other drug. —**Erin Artigiani**

Seizures of marijuana are reported from most CEWG areas. Marijuana is available in many forms and may be sold in a variety of locations. Some examples from CEWG reports are presented below.

DETROIT: A new brand of marijuana has been reported, “purps,” or “purple haze,” which is similar in potency to BC Bud. It is hydroponically grown marijuana from Canada. Mexican marijuana remains widely available. —**Cynthia Arfken**

HONOLULU: Law enforcement sources speculate that much of the Big Island’s marijuana is brought to Oahu for sale... In the first half of 2005, 3 marijuana plants were seized and a total of 2,704 grams of dried marijuana were seized. The comparable numbers for 2004 were 1,045 plants and 24,814 grams of dried marijuana. —**D. William Wood**

LOS ANGELES: Despite a recent decrease in marijuana-specific seizures, the drug continues to dominate drug seizures in the city of Los Angeles. The amount of marijuana seized decreased nearly 75 percent, from 16,545 pounds in January through May 2004 to 4,297 pounds during the same period in 2005. Between January and May 2005, the amount of marijuana seized accounted for 73 percent of the total weight of drugs (in pounds) seized. Cocaine was a very distant second, accounting for an additional 21 percent. —**Beth Rutkowski**

MASSACHUSETTS: The DEA reports that marijuana is readily available in Massachusetts and sells for \$800–\$1,500 per pound for ‘commercial grade’ and \$1,000–\$1,200 per pound for ‘sinsemilla grade’... A cigarette or joint typically costs \$5. Commercial grade is said to be ‘readily available’ and high potency hydroponic marijuana termed ‘Hydro’ is said to be ‘available’ throughout New England. —**Daniel Dooley**

NEW YORK CITY: Street contacts report that most of the marijuana currently available in New York City is considered ‘good’ to ‘very good’ in quality. Nevertheless, many dealers seem to be marketing a pre-mixed combination of different types of marijuana for sale. Usually these blends involve two or three types of marijuana mixed together. This may be a marketing ploy to promote greater mass appeal for

their product or as a form of quality control intended to mask dips in the quality of any one type of marijuana. It can also be the result of a cultural phenomena stemming from hip-hop music, which involves a lot of sampling (taking small snips of different songs and putting them together). Most young buyers prefer to purchase these combo bags for \$20. They believe these ‘combo bags’ will get them higher than a regular bag with a single type of marijuana... Marijuana continues to be sold from inside locations (storefront businesses and apartments and homes)... [and] to have wide appeal—it is purchased by all ethnicities and a wide age range. There seems to be a trend towards selling dime bags on street locations that used to be dominated by crack selling... Most street dealers tend to be either Hispanic or Black. Most street copping locations involve a small cluster of individuals (two to six)... There are a variety of forms of marijuana currently available in New York City, including regular ‘Haze,’ ‘Purple Haze,’ ‘Blueberry Haze,’ ‘Chocolate,’ and Hydro. Of these, ‘Haze’ seems to be the most popular or most readily available. —**Rozanne Marel**

Multiple drug use among marijuana users was highlighted in some CEWG reports.

BALTIMORE: More often than not, marijuana use in the indicator data sets was associated with the use of alcohol or other drugs... Among treatment admissions for primary marijuana use in the total PMSA in the first half of 2005, 59 percent reported using additional substances. About one-half (49 percent) reported alcohol use, 9 percent cocaine use, 4 percent use of heroin, and 3 percent use of opiates other than heroin. Some 12 percent of admissions used other secondary substances, primarily stimulants, phencyclidine (PCP), and hallucinogens. —**Doren Walker**

NEW YORK CITY: The most salient feature of the present drug scene is the general tendency of drug users, regardless of primary drug, to mix and combine multiple drugs for simultaneous use. Marijuana in a blunt cigar serves as the base to which other drugs are added. —**Rozanne Marel**

PHILADELPHIA: Focus group participants since the spring of 2004 continued to report the increasing use of blunts, especially the use of flavored cigars. These groups and outreach workers continued to report that marijuana use is widespread throughout Philadelphia... The combination of marijuana and PCP, frequently mixed in blunts, is commonly called a ‘love boat’ or ‘wet’ (which is also a term for PCP). This combination is becoming less popular, as PCP use seems to be declining... Blunts laced with crack

(called 'Turbo') are still common. Blunt users commonly ingest beer, wine coolers, whiskey, alprazolam, or diazepam along with the blunt. Less commonly, blunt smokers use powder cocaine, vodka, barbiturates, clonazepam, oxycodone, cough syrup, and/or methamphetamine. These comments by users continue to underscore the common practice of multiple drug use, either simultaneously or sequentially. —**Samuel Cutler**

Helplines

BOSTON: Marijuana was mentioned in 226 calls to the Helpline in FY 2005. The proportion of Helpline calls with marijuana mentions remained stable at 5 percent from FY 2003 to FY 2004. —**Daniel Dooley**

SEATTLE: Calls to the Helpline for marijuana constituted 47 percent of youth-related calls and 17 percent of adult calls in 2004, similar to prior years. —**Caleb Banta-Green**

Poison Control Centers

DENVER: From 2002 through 2004, the number of Denver-area marijuana calls declined from 37 to 29. In 2004, there were 68 marijuana calls statewide and in the first half of 2005, there were 35 marijuana calls. —**Tamara Hoxworth**

LOS ANGELES: California Poison Control System calls involving exposure to marijuana among Los Angeles County residents were stable at 35–39 calls between 2001 and 2003. In 2004, marijuana-related exposure calls decreased to 26 calls... In the first

half of 2005, 15 marijuana-related exposure calls were logged in the system. Between July 2004 and June 2005, 67 percent of the marijuana-exposed callers were male, and 83 percent were 25 or younger. —**Beth Rutkowski**

TEXAS: The Texas Poison Control Centers reported there were 135 calls confirming exposure to marijuana in 1998... compared with 502 in 2004 and 241 in the first half of 2005. —**Jane Maxwell**

PATTERNS AND TRENDS IN MARIJUANA ABUSE ACROSS CEWG AREAS

Treatment Data on Marijuana

Across 19 CEWG areas reporting data for a 2005 time period, primary marijuana admissions (excluding alcohol) continued to exceed those for any other drug in Denver (40.4 percent) and Minneapolis/St. Paul (34.7 percent). This group also accounted for nearly 42 percent of illicit drug admissions in New Orleans in the first half of 2005 (see exhibit 17), only slightly less than those for cocaine abuse. In Atlanta, New York City, Philadelphia, St. Louis, Seattle, Hawaii, and Texas, primary marijuana admissions (excluding alcohol) accounted for between approximately 23 to 28 percent of illicit drug admissions in the first half of 2005.

Exhibit 17. Primary Marijuana Treatment Admissions (Excluding Alcohol), by CEWG Area and Percent: 2002–2005¹

CEWG Area/State	2002	2003	2004	2005	Percentage-Point Change 2002–2005
Atlanta	NR ²	27.0	28.8	27.9	...
Baltimore	17.5	17.3	17.0	15.4	-2.1
Boston	6.6	6.7	6.6	5.0	-1.6
Chicago	NR	NR	16.4	14.7	...
Denver	32.6	30.2	38.6	40.4	7.8
Detroit	13.4	13.5	13.5	15.4	2.0
Los Angeles	14.2	16.3	17.0	19.5	5.3
Mpls./St. Paul	47.7	45.0	39.1	34.7	-13.0
New Orleans	37.0	36.7	39.5	41.9	4.9
New York	26.1	24.2	23.5	25.5	-0.6
Newark	6.3	7.0	7.8	8.4	2.1
Philadelphia	22.4	23.7	22.0	22.8	0.4
St. Louis	36.3	34.4	35.1	27.4	-8.9
San Diego	NR	NR	17.6	15.5	...
San Francisco	12.2	13.2	11.2	9.4	-2.8
Seattle	34.0	32.9	28.2	25.9	-8.1
Arizona	36.1	39.6	21.4	33.5	-2.6
Hawaii	28.5	28.2	25.2	24.3	-4.2
Texas	25.8	26.5	26.4	27.7	1.9

¹Represents FY 2005 (5 areas), first half of 2005 (13 areas) or calendar year 2005 (1 area); see *Data Sources*.

²NR=Not reported.

SOURCES: CEWG January 2006 reports on State and local data

Of the 16 CEWG areas for which 2002 and 2005 data were reported (*see exhibit 17*), primary marijuana admissions (excluding alcohol) increased more than 3 percentage points in Denver (7.8), Los Angeles (5.3), and New Orleans (4.9). Admissions increased less than 3 percentage points in Detroit, Newark, Philadelphia, and Texas. Decreases of more than 3 percentage points were reported for Hawaii (4.2), Seattle (8.1), St. Louis (8.9), and Minneapolis/St. Paul (13.0), with slight decreases between 2002 and 2005 reporting periods occurring in Arizona, Baltimore, Boston, New York City, and San Francisco.

The 2005 treatment data on demographic characteristics of primary marijuana admissions were reported from 15 CEWG areas. These data show that males predominated in 14, representing between 71 and 83 percent of this admissions group. Atlanta was an exception: 59 percent of the marijuana admissions were female. In 16 areas that reported on race/ethnicity, a majority were African-American in 9. African-Americans constituted between 56 percent of this admissions group in both Atlanta and New York City and 85 percent in Chicago and Detroit. In seven areas, marijuana admissions were more likely to be White—

ranging from 42 percent in both Denver and San Diego to 65 percent in Minneapolis/St. Paul. Hispanics were most dominant in Los Angeles (55 percent) and Texas (43 percent), and they were the second most dominant racial/ethnic group in Boston (22 percent), San Diego (31 percent), and Denver and New York City (each 32 percent).

In 10 of 15 CEWG areas, more than one-half of the primary marijuana admissions were younger than 25 or 26, ranging from 53 percent in Philadelphia to 83 percent in Baltimore. In Chicago, 41 percent of the marijuana admissions were younger than 18. In Seattle, 78 percent of the primary marijuana admissions were 29 or younger. Only 3 of the 16 areas reported substantial proportions of marijuana admissions who were 35 or older: New Orleans (35 percent) and St. Louis (42 percent).

Reports from seven CEWG areas indicated that alcohol was the most widely used secondary drug among admissions who used a drug other than marijuana. The proportions using alcohol were 29 percent in St. Louis and 65 percent in Minneapolis/St. Paul.

DAWN ED Data on Marijuana

In 9 of the 17 areas participating DAWN in the first half of 2005, marijuana ED reports (unweighted) were second in number to other illicit drugs (cocaine in 8 and methamphetamine in 1) (*see exhibit 1*).

Mortality Data on Marijuana

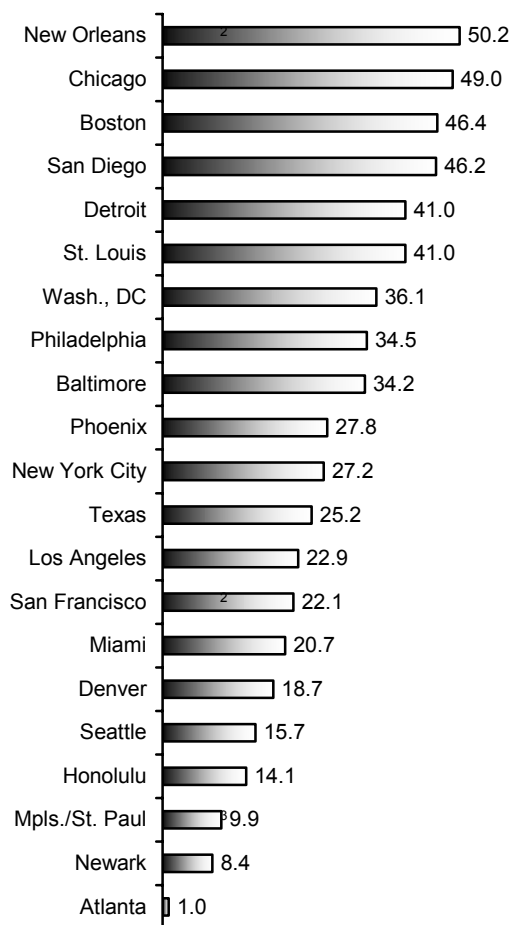
Two CEWG areas reported on deaths involving marijuana. Honolulu reported 26 decedents with the presence of marijuana in the first half of 2005. Forty-two were reported in Newark/Essex County in 2004. Also, statewide in Florida, there were 409 deaths in which cannabinoids were detected in the first half of 2005, similar to the number (411) reported in the last half of 2004.

NFLIS Data on Marijuana

Nationally, cannabis/THC (tetrahydrocannabinol) items reported by NFLIS declined significantly between the first quarter of 2001 and the second quarter of 2005 in the Northeast and South ($\alpha=.05$).

Across CEWG areas in FY 2005, the proportions of cannabis/THC items were low compared with other drug items reported in Atlanta (1.0 percent) and Minneapolis (9.9 percent), areas in which there have been sharp increases in items containing methamphetamine in recent years. However, cannabis/THC was the drug most frequently reported by forensic labs in Boston, Chicago, New Orleans, and San Diego, accounting for approximately 46–50 percent of the total items analyzed in these areas (*see exhibit 18*). In 10 CEWG areas, cannabis/THC was the second most frequently reported drug by NFLIS, ranging from nearly 19 percent of all drug items analyzed in Denver to 41 percent in both Detroit and St. Louis.

Exhibit 18. Marijuana Items¹ Analyzed by Forensic Labs, Ordered from Highest to Lowest Percentage of Total Items, by CEWG Area: FY 2005



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

²Includes only 9 months of data.

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

SOURCE: NFLIS, DEA

Price of Marijuana

The price of marijuana varied across CEWG areas depending on a number of factors, including type (e.g., domestic, commercial grade, Mexican, BC Bud) and distance from production to market (e.g., Mexico, Canada, and areas within the United States). This variation can be noted in the prices for different quantities of marijuana below. Most of the data are from DEA's *Narcotics Digest Weekly* (2005), which represents costs for July to December 2004. More recent prices from CEWG reports are indicated, where available; these were obtained from local DEA offices for particular time periods in 2005.

In the last half of 2004, a “joint” could be purchased for \$1 in New York City, \$2 in New Orleans, between \$2 and \$5 in Newark, and \$5 in Boston and Minneapolis. In the first half of 2005, a joint sold for about \$20 in Honolulu.

A “bag” of marijuana (typically enough to make 8–15 joints, depending on joint size), sold for \$20 in St. Louis and between \$20 and \$40 in Baltimore in late 2004. During the same time period, a bag of Mexican marijuana sold for \$5 in Denver. In Newark in the first 9 months of 2005, a bag of marijuana sold for \$5–\$30; in 2004, a bag of hydroponic marijuana sold for \$10–\$30 in Newark.

In the last half of 2004, a gram of commercial grade marijuana sold for \$4–\$6 in Chicago, \$5–\$10 in Miami, \$5–\$20 in Minneapolis, \$10 in Dallas and New Orleans, \$20 in Detroit, \$25 in Honolulu, and \$20–\$50 in Newark. A gram of sinsemilla in the last half of 2004 sold for \$16 in Chicago and \$20 in San Diego. In 2005 reporting periods, a gram of marijuana sold for \$10–\$25 in Phoenix, and both Mexican and domestic marijuana sold for \$5–\$10 in Los Angeles.

Club Drugs (MDMA, GHB, Ketamine)

Indicator data on club drugs are limited, but available data suggest low levels of use and declines of use of these drugs in most CEWG areas. However, use of these drugs in party settings and among some populations continue. Methylenedioxymethamphetamine (MDMA) and its analogs such as methylenedioxyamphetamine (MDA) continue to be the most frequently reported club drug, but declines are reported from most CEWG areas.

ATLANTA: *The so-called ‘club drugs’... appear relatively infrequently in epidemiologic data; [however], ethnographic and sociologic research suggests continued frequency of use, particularly among metropolitan Atlanta’s young adult population. —Brian Dew*

CHICAGO: *In the Chicago area, methylenedioxymethamphetamine (MDMA or ‘ecstasy’) continues to be the most prominently identified of the club drugs, and its use appears to have increased among African-Americans... Drugs sold as ecstasy remained available in most mainstream dance clubs and at many house parties.*

‘Raves’ featuring ecstasy use are said to be close to nonexistent. Recent ethnographic reports suggest that ecstasy may be purchased in some ‘open air’ street markets on the west side of Chicago... Gamma hydroxybutyrate (GHB)... is used infrequently in Chicago, mainly by young White males. —Lawrence Ouellet

DETROIT: *Indicators seem to be stabilizing or declining for ecstasy and ketamine and declining for GHB, although intelligence suggests there may be an increase in MDMA abuse. —Cynthia Arfken*

ST. LOUIS: *Club drug use/abuse continued to be sparse and decreasing. —James Topolski*

SAN FRANCISCO: *A 2004 survey of young San Francisco gay men showed 20 percent reporting use of MDMA in the past year. —John Newmeyer*

SOUTH FLORIDA: *Club drug consequences continue to decline as MDA and MDEA are also being sold as ‘ecstasy’ along with MDMA. GHB has been replaced by 1,4-butanediol, which is responsible for a declining number of cases linked to ‘GHB.’ —James Hall*

TEXAS: *Club drug users differ in their sociodemographic characteristics, just as the properties of these drugs differ. Ecstasy use is moving out of the White club scene and the indicators are not decreasing. Ketamine continues to be abused. GHB and GBL remain a problem, particularly in the Dallas/Fort Worth Metroplex area... —Jane Maxwell*

Three State-sponsored school surveys show declines in MDMA use, and one (Cook County, Illinois) reports levels of use are low although some increases have been reported.

- The 2003–2004 California Healthy Kids Survey showed that only 5.5 percent of the Los Angeles secondary school students had ever used ecstasy, a smaller percent than reported in prior years.
- The Minnesota Student Survey reported that MDMA use had declined markedly from prior years among metropolitan area students in 2004. Past-year use declined from 9.1 percent of high school students in 2001 to 4.5 percent in 2004.
- The 2004 Texas Secondary School Survey found that lifetime ecstasy use dropped from 8.6 percent in 2002 to 5.5 percent in 2004. Past-year MDMA use dropped from 3.1 percent to 1.8 percent.

- In 2004, MDMA use increased among students in grades 8–12 in Cook County, according to the Illinois Youth Survey. In 2004, past-year MDMA use was reported by 2 percent of students, compared with 1 percent in 2002. The increase was highest among African-Americans, more notably among African-American females. No African-American females reported MDMA use in 2002, while 1.4 percent reported use in 2004.

Other excerpts from CEWG reports tend to show declines or stabilization in MDMA use/abuse indicators, including Helpline and Poison Control Center calls...

BOSTON: *MDMA (ecstasy) indicators show stable and relatively low levels of abuse... In FY 2005, there were 17 calls to the Helpline during which MDMA was self-identified as a substance of abuse (fewer than 1 percent of all mentions). The number of MDMA Helpline calls decreased 62 percent from a peak of 45 calls in FY 2002. —Daniel Dooley*

LOS ANGELES: *California Poison Control System calls involving exposure to ecstasy among Los Angeles County residents have decreased consistently over recent years, from a high of 50 in 2001 to a low of 16 in 2003. In 2004, the number of ecstasy-related exposure calls increased slightly to 19 calls, and in the first half of 2005 alone, there were 12 ecstasy calls reported. If an equal number of calls are made in the second half of 2005, the overall number will exceed the 2003 and 2004 levels. Between July 2004 and June 2005, more callers reporting exposure to ecstasy were female (67 percent) than male (33 percent), and 66 percent were between the ages of 13 and 25. —Beth Rutkowski*

SOUTH FLORIDA: *Measures of MDMA abuse suggest problems may have peaked in 2001, declined thereafter, and then stabilized between 2003 and 2005. —James Hall*

TEXAS: *Texas Poison Control Centers reported 23 calls involving misuse or abuse or ecstasy in 1998, 46 in 1999, 119 in 2000, 155 in 2001, 172 in 2002, 284 in 2003, 302 in 2004, and 159 in the first half of 2005. In 2005, the average age was 21. —Jane Maxwell*

PATTERNS AND TRENDS IN CLUB DRUG ABUSE ACROSS CEWG AREAS

Treatment Data on Club Drugs

In some CEWG areas, admissions for club drugs are collapsed into another broad category of drugs (e.g., Stimulants [MDMA], Depressants [GHB]). Treatment data specific to club drugs were reported from four CEWG areas. The following data on admissions were reported:

- **Chicago:** 76 treatment services were reported for club drugs in FY 2005, up from 30 in FY 2004. In FY 2005, 92 percent of the treatment episodes were among males, and 74 percent were among African-Americans.
- **Denver:** 22 treatment admissions for the abuse of club drugs were reported in the first half of 2005.
- **Texas:** 269 admissions in the first half of 2005 were for a primary, secondary, or tertiary problem with ecstasy (compared with 63 in 1998, 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, 502 in 2003, and 561 in 2004). In addition, there were 17 admissions for a primary, secondary, or tertiary problem with GHB, GBL, or 1,4-butanediol (compared with 2 in 1998, 17 in 1999, 12 in 2000, 19 in 2001, 35 in 2002, 31 in 2003, and 45 in 2004). In the first half of 2005, the GHB admissions clients tended to be the oldest of the club drug users (average age 29) and were most likely to be White (100 percent); 47 percent had a history of injection drug use and 53 percent had a primary problem with amphetamines or methamphetamine. Because of GHB's sleep-inducing properties, methamphetamine may be used to stay awake while users are "high" on GHB, or GHB may be used to "come down" from use of methamphetamine.

The St. Louis representative reported there were no admissions for MDMA in public treatment programs in the first half of 2005.

DAWN ED Data on Club Drugs

Small numbers of MDMA ED reports were documented in all 17 CEWG areas participating in

DAWN in the first half of 2005 (*see exhibit 19*). In 15 CEWG areas, there were also small numbers of GHB ED reports. The numbers of ketamine ED reports were low in the 11 CEWG areas shown in exhibit 19.

Exhibit 19. Number of MDMA, GHB, and Ketamine ED Reports and Total Reports for All Illicit Drug Reports in 17 CEWG Areas (Unweighted¹): January–June 2005

CEWG Area	Total ²	MDMA	GHB	Ketamine
Atlanta	6,319	74	31	3
Baltimore	6,192	48	0	5
Boston	4,896	66	12	6
Chicago	7,912	42	16	0
Denver	2,524	37	6	0
Detroit	5,578	90	4	0
Houston	3,148	71	5	0
Los Angeles	2,651	22	5	0
Miami-Dade Co.	5,691	69	12	3
Mpls./St. Paul	4,267	74	7	2
New Orleans	2,117	73	4	1
New York City	13,295	66	21	13
Phoenix	3,730	17	0	1
San Diego	2,128	18	8	1
San Francisco	3,369	51	21	2
Seattle	5,434	61	10	0
Washington, DC	2,862	34	6	2

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

²Represents the total numbers of reports in the “Major Substances of Abuse” category excluding alcohol reports.

SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 12/6–7, 2005

Mortality Data on Club Drugs

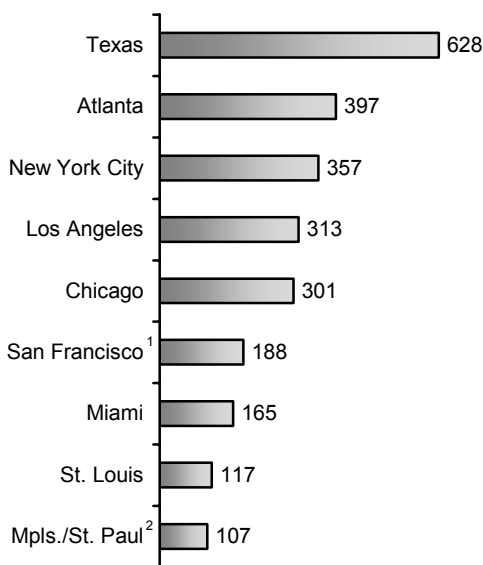
Five CEWG representatives reported on the presence of one or more club drugs in their area...

- Detroit/Wayne County:** Ten cases of MDMA were reported between January and October 2005; all were positive for methamphetamine and all died violently.
- Florida:** Nine MDMA-related deaths, five MDA-related deaths, and four deaths related to other methylated amphetamines were reported in the first half of 2005. Of the MDMA-related deaths, the drug was cited as the single cause in five... There were also six GHB-related deaths.
- Minneapolis/Hennepin County:** Three deaths in which MDMA was detected occurred from January through September 2005.
- Philadelphia:** There were six cases in the first half of 2005 in which MDMA was detected, bringing the total to 48 since the ME first detected the drug in the second half of 1999. There were also six cases in which MDA was detected, bringing the total to 36 since the last half of 1999.
- Texas:** Nine deaths that mentioned MDMA or ecstasy were reported statewide in 2004 (compared with 1 to 5 in each of the prior 5 years); three deaths in 2004 involved GHB (compared with 3 to 5 in each of the prior 5 years); and two deaths involved ketamine (compared with zero to 1 in each of the prior 5 years).

NFLIS Data on Club Drugs

In the FY 2005 NFLIS data, MDMA and MDA combined were the club drugs most frequently analyzed by forensic laboratories, totaling 3,533 across the 21 CEWG areas. The numbers were small in Detroit, Honolulu, Newark, and Seattle (between 1 and 11) and somewhat higher in another 8 CEWG areas (from 26 to 98). The 9 CEWG areas with more than 100 MDMA/MDA items are depicted in exhibit 20.

Exhibit 20. MDMA/MDA Items Reported by Forensic Laboratories in 9 CEWG Areas, Ordered from Highest to Lowest Number: FY 2005



¹Includes only 9 months of data.

²Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.

SOURCE: NFLIS, DEA

In 13 CEWG areas, MDMA/MDA accounted for less than 1 percent of all drug items. In San Francisco and Atlanta, MDMA/MDA items represented 2.5 and 2.6 percent of all drug items, respectively. In Denver, Minneapolis/St. Paul, New Orleans, St. Louis, Washington, DC, and Texas, MDMA/MDA items represented between 1.2 and 1.8 percent of the total items.

Ketamine items totaled 185 across 12 CEWG metropolitan areas in FY 2005. Nearly 47 percent of the ketamine items were reported from New York City, with another 42 percent reported from Chicago, Los Angeles, Miami, San Diego, and Washington, DC. No ketamine items were reported from Boston,

Detroit, Honolulu, Minneapolis/St. Paul, Philadelphia, Phoenix, San Francisco, and Seattle. In the first half of 2005, seven ketamine items were identified across Texas sites.

GHB/GBL items totaled 183 across 10 CEWG metropolitan areas and the combined Texas sites in FY 2005. Of these items, 41 percent were reported from Texas and 34 percent from Chicago and Los Angeles combined. Between 1 and 11 GHB/GBL items were reported from Atlanta, Boston, Miami, New York City, Phoenix, San Diego, San Francisco, and Washington, DC.

Price and Purity of MDMA

The DEA reports that most MDMA tablets weight approximately 300 milligrams and contain between 70 and 120 milligrams of MDMA. However, the proportion of MDMA sold as ecstasy differs by time period, distribution network, and geographic area.

CEWG members continue to report that pills sold as ecstasy may contain substances other than or in addition to MDMA. The Detroit CEWG representative indicated that some pills contained both MDMA and methamphetamine. The Miami/Fort Lauderdale representative noted that “Ecstasy pills generally contain 75–125 milligrams of MDMA, although pills are often adulterated and may contain other drugs being sold as ecstasy.” The New York City representative also noted that “other substances are often sold as ecstasy.” According to the Houston DEA Field Division, most tablets contain MDMA, some have high concentrations of caffeine or methamphetamine, and some tablets have trace amounts of ketamine.

Across 13 CEWG areas that reported the retail price for a tablet or pill of MDMA, there appeared to be little change in cost from recent reporting periods (2003 or 2004). The Los Angeles representative did report that the price of a MDMA pill in the first half of 2005 was less than in 2004—\$10–\$15 versus \$20–\$40. The price per tablet was similar in Atlanta and South Florida (\$10–\$20 in each area), and in New Orleans (\$15–\$20), Dallas (\$12–\$20), and Fort Worth (\$12–\$25), and St. Louis (\$20–\$30). In Boston, Chicago, Minneapolis/St Paul, New York City, Phoenix, and St. Louis, the lowest price of a MDMA tablet was \$20, with the upper range varying from \$25 to \$30. In San Diego, a tablet ranged in price from \$25 to \$30 and in San Francisco from \$15 to \$40. The lowest price was in Houston, at \$5–\$10 per pill.

Phencyclidine (PCP) and Lysergic Acid Diethylamide (LSD)

Across CEWG areas, PCP is the hallucinogenic drug most frequently found in indicator data, followed by LSD. Neither appears to be widely abused according to data from surveys and other abuse indicators.

As illustrated in excerpts from the most recent CEWG reports, PCP and LSD are often included in a broader category of “hallucinogens.” Also, part of PCP’s popularity is its use as a dip on marijuana joints and less frequently on other illicit drugs.

Survey data from three CEWG areas show that use/abuse of PCP and LSD is declining or at low levels in these areas.

CHICAGO: *According to the Illinois Youth Survey, hallucinogen (including LSD and PCP) use decreased markedly among 8th through 12th grade students in Cook County in 2004. Past-year use was reported by 4 percent of students in 2000, but less than 2 percent reported use in 2004. Hallucinogen use was reported more often by males (30 percent) than females (0.9 percent) and by White students (2.8 percent) than African-Americans (0.6 percent).*
—**Lawrence Ouellet**

LOS ANGELES: *According to the California Healthy Kids Survey for the 2003–2004 school year, 5.8 percent of all Los Angeles County secondary school students (including 7th, 9th, and 11th graders, and a small sample of nontraditional students)... had ever used LSD or another psychedelic, and 2.9 percent had used LSD/other psychedelics in the past-30-days. A breakdown of the data by grade level illustrated that among responding 9th graders, 4.4 percent had ever used LSD/other psychedelics, and 2.5 percent were current users. Among 11th graders, 5.9 percent had ever used LSD/other psychedelics, and 2.5 percent used a psychedelic at least once within the past 30 days... Current use of LSD/other psychedelics has been trending downward since the late 1990s.*
—**Beth Rutkowski**

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

Other indicator data support the survey data, pointing to low and sometimes declining use of PCP and LSD in some CEWG areas, and to impacts on service systems.

CHICAGO: *LSD and PCP indicators continue to show levels of use below the national average... The amount of PCP samples received by the ISP laboratory for analysis decreased significantly between 2002 and 2004, from 4.2 kilograms to 0.59 kilograms. The FY 2005 NFLIS report partly mirrored this decrease. The proportion of PCP seizures decreased from 0.59 percent in FY 2004 to 0.29 percent in FY 2005. LSD seizures were consistently less than 0.1 percent of total drug items seized in Chicago during this period.* —**Lawrence Ouellet**

LOS ANGELES: *California Poison Control System calls involving exposure to PCP among Los Angeles County residents fluctuated between 5 and 20 calls from 2001 to 2004. In the first half of 2005, there were no PCP-related exposure calls... Thirty-seven PCP arrests were made within the city of Los Angeles in the first 5 months of 2005, which represented a 43-percent decline from the same timeframe in 2004 (65 arrests)... PCP arrests accounted for a very low proportion (less than 1 percent)... The PCP seized throughout the first 5 months of 2005 (4 pounds) was 77 percent lower than the amount seized during the same period in 2004 (17 pounds).* —**Beth Rutkowski**

PHILADELPHIA: *Adult Probation/Parole Department urinalysis data for adults on probation or parole revealed the presence of PCP in 8 percent of the tests, the sixth highest amount in the APPD data.*
—**Samuel Cutler**

ST. LOUIS: *While PCP is not seen in quantity, it remains in most indicator data, including ED reports, police exhibits, and as a secondary drug in ME data... The Missouri Department of Corrections Probation and Parole toxicology data indicated that the Western Region had the highest percentage (14.7 percent) of positive tests for phencyclidine among this population in 2004. This compares to 4.1 percent of positive results for phencyclidine statewide. Results for the Eastern Region indicated that only 4.5 percent of the Probation and Parole population produced positive results for phencyclidine.* —**James Topolski**

TEXAS: *Texas Poison Control Centers reported cases of ‘Fry,’ ‘Amp,’ ‘Water,’ ‘Wack,’ or ‘PCP.’ Often, marijuana joints are dipped in formaldehyde that contains PCP, or PCP is sprinkled on the joint or cigarette. The number of cases involving PCP*

increased from 102 in 1998 to a high of 237 in 2002 and decreased to 160 in 2004 and 41 in the first half of 2005... Texas Poison Control Centers also reported 82 mentions of abuse or misuse of LSD in 1998, 113 in 1999, 97 in 2000, 70 in 2001, 129 in 2002, 20 in 2003, 22 in 2004, and 16 in the first half of 2005. —**Jane Maxwell**

WASHINGTON, DC: The use and availability of PCP declined in 2004 and remained about the same in 2005... Pretrial Services test results indicate that PCP positives among juveniles increased during this time, from 1.9 to 3.7 percent in the first 10 months of 2005, but lower than in 2000 (9.8 percent) and 2001–2002 (slightly more than 13 percent). The proportion of adults testing PCP-positive in the first 10 months of 2005 was only slightly lower than in 2004 (9.3 vs. 9.8 percent) but somewhat higher than in 2002 (10.5 percent). —**Erin Artigiani**

Several CEWG representatives reported on the use of PCP and LSD among specific populations, and some reported on the use of PCP with other drugs.

ATLANTA: The epidemiological indicators and law enforcement data do not indicate much hallucinogen use in Atlanta. Despite these data, there was an increase in ethnographic reports of PCP use in the past 12 months, especially in combination with marijuana and ecstasy. —**Brian Dew**

CHICAGO: In the study of young noninjecting heroin users, 36 percent of participants reported ever trying LSD, mescaline, mushrooms, or other hallucinogens, but only a few (6 percent) reported use in the 6 months prior to their interview. Among young injectors, 74 percent of participants reported ever trying hallucinogens, and 32 percent reported use in the 12 months prior to their interview. Whites were much more likely than African-Americans to report recent use of hallucinogens... Recent reports from young heroin snorters indicate that in this population, PCP use is more common than LSD use. Fifty-one percent of study participants reported ever trying PCP, and 15 percent used in the 6 months prior to their interview. —**Lawrence Ouellet**

NEW YORK CITY: PCP ('angel dust') continues to be available in some areas of the city, especially Harlem... Teenagers report that they like mixing marijuana and PCP because the PCP intensifies and prolongs the high. According to a street informant, the marijuana dampens the hallucinatory effects of the PCP, a primary criticism of people who have tried PCP and disliked it. Although PCP has never had the mass appeal of some other drugs, the

dampening effect of marijuana might serve to expand its user base... In some areas, crack is being soaked in PCP ('Dipping'). —**Rozanne Marel**

ST. LOUIS: Phencyclidine (PCP) has been available in limited quantities in the inner city and has generally been used as a dip on marijuana joints... Most of the users of this drug in the inner city are African-American... Over the years, lysergic acid diethylamide (LSD) has sporadically reappeared in local high schools and rural areas. —**James Topolski**

PATTERNS AND TRENDS IN PCP AND LSD ABUSE ACROSS CEWG AREAS

Treatment Data on PCP and LSD

In some CEWG areas, admissions for club drugs are collapsed into the categories of Hallucinogens or Other Drugs. In these areas, hallucinogens or other drugs account for only small numbers of admissions (e.g., less than five per year in Hawaii; three as secondary or tertiary drugs in Atlanta in the first half of 2005, and 0.4 percent of total admissions in San Francisco in the first half of 2005). More specific data on PCP and LSD were reported from four CEWG areas; the excerpts below are from their reports.

BALTIMORE: Treatment admissions for LSD declined from a peak of 36 per 100,000 population age 12 and older in 2004 to an annualized rate of 1.5 per 100,000 in the first half of 2005. Treatment admissions for PCP declined from a peak of 5.0 per 100,000 population age 12 and older in 2003 to an annualized rate of 1.8 per 100,000 in the first half of 2005. —**Doren Walker**

LOS ANGELES: Primary PCP treatment admissions accounted for 0.6 percent of all admissions (n=150) in the first half of 2005. The proportion of PCP admissions among all admissions has been stable for several years, but the overall number of PCP admissions increased 89 percent from 1999 to the first half of 2003. In the second half of 2003, however, the number of PCP admissions decreased slightly (16 percent) to 262 admissions, and it continued to decrease further (12 percent) in the first half of 2004 to 230 admissions, and in the second half of 2004 to 135 admissions (41 percent decrease from the first half of the year). In the first half of

2005, there was a very slight upturn in the number of PCP admissions, representing an 11-percent increase in number. Marijuana (23 percent), alcohol (22 percent), and cocaine/crack (17 percent) were the three most frequently reported secondary drugs among primary PCP admissions. The vast majority (92 percent) of the primary PCP admissions smoked the drug. Interestingly, 5 percent reported taking PCP orally and 1 percent reported injecting PCP... Other hallucinogens, such as LSD, peyote, and mescaline, continued to account for approximately 0.1 percent of the total treatment admissions. —**Beth Rutkowski**

PHILADELPHIA: There were 347 admissions for PCP in calendar year 2005, accounting for 2.5 percent of admissions excluding alcohol... a precipitous drop from 2003 (4.3 percent) and 2004 (3.9 percent)... African-Americans accounted for 43.6 percent of the PCP admissions. Nearly 90 percent were male and 58 percent were younger than 30. —**Samuel Cutler**

TEXAS: Adolescent and adult admissions to treatment with a primary, secondary, or tertiary problem with PCP have varied over time, rising from 164 in 1998 to 417 in 2003 and then dropping to 295 in 2004 and to 70 in the first half of 2005. Of these clients in 2005, 79 percent were Black, 41 percent were male, and 60 percent were involved in the criminal justice system. While 41 percent reported a primary problem with PCP, another 21 percent reported a primary problem with marijuana, which demonstrates the link between these two drugs as 'Fry,' 'Amp,' or 'Water.' [For hallucinogens overall], the number of adults and youths with a primary, secondary, or tertiary problem with hallucinogens entering treatment is decreasing. There were 636 in 2000, 486 in 2001, 436 in 2002, 319 in 2003, 266 in 2004, and 109 in the first half of 2005. Of the admissions in 2005, the average age was 21, 76 percent were male, 65 percent were White, 24 percent were Hispanic, and 11 percent were Black. —**Jane Maxwell**

Mortality Data on PCP

CEWG representatives from three CEWG areas reported on deaths with a mention of PCP...

- 4 in Newark/Essex County (2004)
- 17 in Philadelphia (1H 2005), a decline in frequency of death cases from 5th to 9th over an 11½-year period

- 14 in Texas (2004, compared with 3 in both 1999 and 2000, 5 in 2001, 8 in 2002, and 2 in 2003)

DAWN ED Data on PCP and LSD

Small numbers of PCP and LSD ED reports were documented in all 17 CEWG areas participating in DAWN in the first half of 2005. Typically, PCP ED reports were more frequent than LSD reports; the exceptions were in Denver, Miami-Dade County, and New Orleans. These data are shown in exhibit 21, together with the total number of illicit drug ED reports in each area.

Exhibit 21. Number of PCP and LSD ED Reports and Total Number of Illicit Drug Reports in 17 CEWG Areas (Unweighted¹): January–June 2005

CEWG Area	Total ²	PCP	LSD
Atlanta	6,319	9	8
Baltimore	6,192	27	5
Boston	4,896	16	9
Chicago	7,912	48	9
Denver	2,524	6	11
Detroit	5,578	10	5
Houston	3,148	73	5
Los Angeles	2,651	65	3
Miami-Dade Co.	5,691	7	9
Mpls./St. Paul	4,267	21	12
New Orleans	2,117	6	9
New York City	13,295	231	18
Phoenix	3,730	27	5
San Diego	2,128	26	5
San Francisco	3,369	25	7
Seattle	5,434	39	11
Washington, DC	2,862	152	3

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

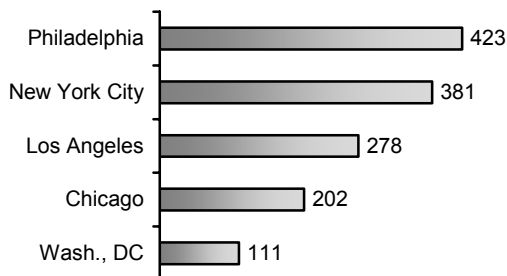
²Represents the total numbers of reports in the "Major Substances of Abuse" category excluding alcohol reports. SOURCE: DAWN Live!, OAS, SAMHSA, updated 12/6–7, 2005

NFLIS Data on PCP and LSD

In FY 2005, 1,574 PCP items were reported from 11 CEWG metropolitan areas and the combined Texas

sites. Of the 1,468 PCP items analyzed in the 11 metropolitan areas, 95 percent were reported from the 5 areas shown in exhibit 22.

Exhibit 22. PCP Items Reported by Forensic Laboratories in 5 CEWG Areas, Ordered from Highest to Lowest Number: FY 2005



SOURCE: NFLIS, DEA

In addition, between 8 and 21 PCP items were reported from Baltimore, Boston, Phoenix, St. Louis, San Diego, and Seattle, with another 106 reported from the Texas sites.

In FY 2005, only 50 LSD items were reported across 10 CEWG metropolitan areas. Of these, 38 percent were reported from Boston and New York City (combined), and another 30 percent were from Atlanta and Miami.

Cost of PCP and LSD

Limited data on the cost of PCP show that an ounce of PCP sold for \$300–\$350 in Los Angeles in the first half of 2005. In the last half of 2004, a dosage unit of PCP sold for \$5–\$10 in Minneapolis/St. Paul and for \$30 in McAllen, Texas. A “bag” of PCP cost \$10 in New York City. The lower end price for sherm sticks (typically the size of a toothpick) is fairly consistent: \$5–\$10 in Chicago, \$10–\$30 in Los Angeles, and \$10 in McAllen, Texas. Cigarettes or cigars (usually dipped in PCP) sell for \$20–\$30 in Chicago, \$10–\$30 in Los Angeles, and a cigarette sells for \$25 in McAllen, Texas.

A “hit” or dosage unit of LSD sells for \$5–\$10 in Chicago, Los Angeles, and Tyler, Texas. A dosage

unit may be cheaper in Dallas, at \$1–\$10. A “blotter” (35-microgram dose) sells for \$5–\$7 in St. Louis.

Benzodiazepines/Depressants

Benzodiazepine abuse indicators are often included in the broad category of Depressants. Existing data suggest that levels of abuse and diversion of benzodiazepines and other depressant drugs are relatively low but are increasing in some CEWG areas. Alprazolam and clonazepam tend to be the most frequently reported benzodiazepines in indicator data.

ATLANTA: *Use of (both) benzodiazepines (and narcotic pain relievers) has increased largely because of increased street availability and Internet access. The most commonly abused benzodiazepine is Xanax. —Brian Dew*

CHICAGO: *In Chicago, depressants, such as benzodiazepines and barbiturates, are commonly taken with narcotics to potentiate the effect of opiates, frequently heroin. Depressants may also be taken with stimulants to moderate the undesirable side effects of chronic stimulant abuse. Chronic cocaine and speed abusers often take depressants along with stimulants, or when concluding ‘runs,’ to help induce sleep and to reduce the craving for more stimulants (especially in the case of cocaine). —Lawrence Ouellet*

PHILADELPHIA: *The two most frequently abused benzodiazepines continue to be alprazolam and diazepam, although others are abused/misused. Benzodiazepines were the fourth most frequently detected drugs in decedents and ranked fourth in the NFLIS study. This class of drugs ranked fifth in the Adult Probation/Parole Department data and sixth among drugs of abuse mentioned by clients in treatment... Since spring 2000, all focus groups have reported that alprazolam has overtaken diazepam as the ‘most popular pill’ on the street. —Samuel Cutler*

SOUTH FLORIDA: *Benzodiazepine-related consequences are dramatically higher in Broward and Palm Beach Counties than in the rest of Florida, including Miami-Dade County. —James Hall*

Data on Helpline or Poison Control Center calls were reported from five CEWG areas.

BOSTON: In FY 2005, there were 168 calls (3 percent of the total) to the Helpline during which benzodiazepines (including Ativan, Valium, Xanax, Klonopin, Rohypnol, Halcion, and others) were mentioned. The number of Helpline calls with benzodiazepine mentions decreased 18 percent from a 6-year peak of 204 in FY 2002. —**Daniel Dooley**

CHICAGO: Benzodiazepine-related calls to the Illinois Poison Center in Chicago repeatedly represented nearly one-half of all substance misuse calls between 2001 and 2004. Approximately 500 to 600 calls annually were reported during this time period. —**Lawrence Ouellet**

LOS ANGELES: Los Angeles County-based California Poison Control System calls involving exposure to benzodiazepines fluctuated between 52 and 86 calls from 2001 to 2004. Benzodiazepine-related calls had been on an upswing from 2002 (52 calls) to 2004 (86 calls). In the first half of 2005, however, 21 benzodiazepine exposure calls were reported, which may well indicate a decrease from the number of calls seen in 2004. Between January 2004 and June 2005, 18 of the benzodiazepine-related exposure calls were for alprazolam, 23 were for clonazepam, and 11 were for diazepam. In addition to calls for benzodiazepine exposures, a total of 48 antidepressant exposure calls and 25 antipsychotic calls were reported between January 2001 and June 2005. —**Beth Rutkowski**

SEATTLE: ...there were 38 adult and 2 youth calls to the Helpline in the first half of 2005. —**Caleb Banta-Green**

TEXAS: A study on patterns of alprazolam abuse and drug identification (ID) calls received by several poison control centers found that of 25,954 alprazolam calls received, 42 percent were drug identification calls and 51 percent were human exposure calls, of which 18 percent were abuse calls. The number of drug ID calls and the number of abuse calls both increased during the 7-year period. Males accounted for 54 percent of abuse calls and females for 66 percent of nonabuse calls. Adolescents represented 43 percent of abuse calls but only 12 percent of nonabuse calls. —**Jane Maxwell**

PATTERNS AND TRENDS IN BENZODIAZEPINE/DEPRESSANT ABUSE ACROSS CEWG AREAS

Treatment Data on Benzodiazepines

Treatment data on benzodiazepines are included in other drug categories in most CEWG areas. Data extracted from CEWG reports related to admissions for benzodiazepine abuse are presented below. As can be noted, benzodiazepines/other drugs accounted for only small percentages of admissions in these areas.

BALTIMORE: Treatment admissions for benzodiazepines and other tranquilizers have been between 4.0 and 5.0 admissions per 100,000 population age 12 and older from 2001 to the first half of 2005. —**Doren Walker**

BROWARD COUNTY, FL: Benzodiazepines accounted for 406 or 13 percent of primary, secondary, and tertiary treatment drug admissions (excluding alcohol) among the 3,237 Broward Addiction Recovery Centers patients [age 18 and older] who cited at least one drug of abuse at time of admission during the first half of 2005. Of these drug mentions, 70 or 17 percent were as the primary drug, 45 percent as secondary drug, and 38 percent as the tertiary problem. Of the benzodiazepine mentions, 86 percent were from White, non-Hispanic clients, 9 percent were from Hispanics, and 5 percent were from Black, non-Hispanic clients. Those age 18–24 accounted for 22 percent of the benzodiazepine treatment mentions, 26 percent were age 25–34, and 52 percent were older than 34. —**James Hall**

LOS ANGELES: In the first half of 2005, treatment and recovery program admissions associated with primary barbiturate, benzodiazepine, or other sedative/hypnotic abuse continued to account for less than 1 percent of all admissions in Los Angeles County. —**Beth Rutkowski**

PHILADELPHIA: There were 626 benzodiazepine admissions in 2005, accounting for 4.6 percent of admissions excluding alcohol... Whites accounted for 50.0 percent... 78.0 percent were male and 56.6 percent were age 30 or younger. —**Samuel Cutler**

SAN DIEGO: *Drugs in the “other” category include club drugs, benzodiazepines, and other prescription drugs, and drugs not otherwise specified. These drugs accounted for only 1.1 percent of primary drug treatment admissions in the first half of 2005.*

—*Steffanie Strathdee*

TEXAS: *About 1 percent of clients entering treatment in 2005 had a primary problem with barbiturates, sedatives, or tranquilizers. These clients were the most likely to be female and highly impaired, based on their ASI [Addiction Severity Index] scores.*

—*Jane Maxwell*

Mortality Data on Benzodiazepines

- Broward County, Florida (1H 2005)
 - 53 alprazolam-related deaths; 24 were alprazolam induced, and only 2 involved alprazolam alone
 - 38 diazepam-related deaths; 10 were diazepam induced, and 32 involved at least one other drug
- Miami-Dade County (1H 2005)
 - 12 alprazolam-related deaths; 3 were alprazolam induced, and 11 involved at least 1 other drug

- 5 diazepam-related deaths; none was caused by the drug, and 4 involved at least 1 other drug

- Philadelphia (1H 2005)
 - 31 detections of diazepam, making it the 4th most frequently detected drug since 1994
 - 31 detections of alprazolam, making it the 11th most frequently detected drug since 1994

In Honolulu, benzodiazepines are included in the ME’s category of Depressants. These deaths have totaled less than five each year for several years. In Seattle, benzodiazepines are also included in the ME’s category of Depressants. In the first half of 2005, the presence of a depressant was reported in 42 cases in Seattle/King County, nearly the same as in the first half of 2004 ($n=41$). In Seattle/King County, deaths involving depressants have been level for the past 2 years, at the highest level since 1997.

NFLIS Data on Benzodiazepines

Across CEWG areas in FY 2005, four benzodiazepine-type drugs were most frequently reported by forensic laboratories. These are shown in exhibit 23.

Exhibit 23. Number of Selected Benzodiazepine Items Analyzed by Forensic Laboratories in CEWG Areas: FY 2005

CEWG Area	Alprazolam	Clonazepam	Diazepam	Lorazepam
Atlanta	271	31	48	9
Baltimore ¹	63	30	26	8
Boston	33	39	12	13
Chicago	59	26	31	8
Denver	8	7	14	5
Detroit	0	0	0	0
Honolulu	5	0	8	0
Los Angeles	85	85	92	12
Miami	306	14	13	2
Mpls./St. Paul ²	4	11	15	4
New Orleans ³	67	1	33	1
New York City	828	157	54	17
Newark	15	1	0	0
Philadelphia	700	86	90	13
Phoenix	8	17	8	5
St. Louis	41	7	15	4
San Diego	54	74	72	10
San Francisco ³	15	54	17	3
Seattle	8	19	21	7
Wash., DC	16	4	0	3
Texas	1,782	389	275	56

¹Another 133 items in Baltimore were classified as “benzodiazepines.”

²Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.

³Includes only 9 months of data.

SOURCE: NFLIS, DEA

Alprazolam. Across 19 CEWG metropolitan areas, the number of alprazolam items analyzed totaled 2,586. Of these, 32 percent were reported from New York City and 27 percent from Philadelphia. Alprazolam items accounted for 2.7 percent of all drug items in Philadelphia and for 1.8 percent of all items in each of three other metropolitan areas—Atlanta, Miami, and New York City. Alprazolam items totaled 1,782 across Texas sites and represented 4 percent of the top 25 drug items analyzed.

Clonazepam. A total of 663 clonazepam items were analyzed by forensic laboratories in 18 CEWG metropolitan areas; 24 percent were reported from New York City and 45 percent from the combined areas of Los Angeles, Philadelphia, San Diego, and San Francisco. Another 389 clonazepam items were analyzed across Texas sites. Clonazepam items represented less than 1 percent of all drug items in each of the CEWG areas.

Diazepam. Of the 569 diazepam items reported across 17 metropolitan areas, Los Angeles and Philadelphia together accounted for nearly 22 percent, with Atlanta, New York City, and San Diego representing another 31 percent. As in the metropolitan areas, diazepam items reported from Texas sites accounted for less than 1 percent of the top 25 drug items reported.

Lorazepam. Across 17 CEWG metropolitan areas in FY 2005, a total of 124 lorazepam items were reported by NFLIS. Boston, Los Angeles, New York City, and Philadelphia combined accounted for 44 percent of the 124 lorazepam items. Another 56 were reported across the Texas sites. Lorazepam represented less than 1 percent of the total drug items in each CEWG area.

Cost of Benzodiazepines

Three CEWG areas reported on the street price of some benzodiazepines. In Los Angeles in the first half of 2005, Valium sold for \$1 per 5-milligram tablet and Xanax sold for \$1 per 4-milligram tablet. According to the DEA Newark Division, diverted Xanax sold for \$7 per tablet during the time period of July through September 2005. In Texas areas,

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

SPECIAL PRESENTATION: DRUG-RELATED HOSPITAL ADMISSIONS IN ARIZONA

James K. Cunningham, Ph.D.

Analyses by University of Arizona staff of data on patients admitted to acute care hospitals for problems related to major illicit drugs showed that...

- The rate of methamphetamine hospital admissions per 100,000 population increased dramatically in Maricopa County (which includes the city of Phoenix) and the State of Arizona from 1999 to 2004. In 2004, the rate of methamphetamine admissions in Maricopa County reached a high of 105 per 100,000, exceeding the rates for cocaine (96) and heroin (92) hospital admissions. The rate of methamphetamine hospital admissions in the State reached 94 per 100,000 in 2004.
- In the 9 years prior to 1999, the rates of methamphetamine hospital admissions fluctuated as the Federal Government made repeated efforts to control the availability of the chemicals used to make methamphetamine.
- In Pima County (which includes the city of Tucson) in 2004, the rate of cocaine hospital admissions (268 per 100,000) and heroin/opioid (207) admissions far exceeded those reported in Maricopa County (73 for cocaine and 92 heroin).

This presentation at the January 2006 CEWG meeting demonstrated that hospital admissions data can be another useful indicator in assessing drug abuse patterns and trends.

PANEL ON CRIMINAL JUSTICE INDICATOR DATA IN PHOENIX AND ARIZONA

The Criminal Justice Panel was organized and convened to report on and review what was and can be learned about drug abuse patterns, trends, and emerging problems in a CEWG area. The panel included representatives from the Phoenix Field Division of the Drug Enforcement Administration, the Phoenix Police Department, the Maricopa County Sheriff's Office, the Arizona Treatment Assessment Screening Center, and the Arizona Criminal Justice Commission.

Arizona TASC Drug Test Data

Barbara A. Zugor

The Arizona Treatment Assessment Screening Center, Inc. (TASC) provides a variety of services to the criminal justice and court systems in Arizona, including intake management; evaluation and diagnosis; psychological/psychiatric evaluations; individual, family and group counseling; psychotropic medications; and education. Systems that receive these services include the County Attorney Adult Deferred Prosecution Program; adult and juvenile probation and parole; pretrial court services; drug courts; domestic relations courts; and the Department of Corrections programs. In addition, TASC provides drug analysis and other services for Project SAFE, located primarily in Maricopa County. This project is targeted to high school students who have been found to have drugs in their possession or who appear to be "high" on drugs. The TASC toxicology laboratories tested about 100,000 individuals (nonduplicated count based on IDs) and processed nearly 4 million tests (visually monitored) in 2005.

Amphetamine/Methamphetamine (A/MA) Tests. Of 34,408 positive drug screens reported for adults in criminal justice programs (e.g., Deferred Prosecution, pretrial, drug courts, probation, and Department of Corrections) in Maricopa County in 2005, 41 percent tested positive for A/MA. The proportions were higher in rural areas of the State (51 percent of the 2,753 tests) but lower in Pima County (20 percent of 7,672 tests). Trend data showed increases in adult A/MA positive tests from 2001 to 2005.

Among youth, 17 percent of the 13,353 positive tests for juveniles in Maricopa County standard probation, intensive probation with supervision, or juvenile corrections were positive for A/MA. Among Project SAFE high school students in Maricopa County, 30.8 percent of the 214 positive tests for female students were positive for A/MA, compared with 12.0 percent of male students. A/MA-positive tests for male students decreased nearly 7 percentage points from 2001 to 2005, while the proportion for females increased nearly 2 percentage points.

THC (Tetrahydrocannabinol) Tests. Among tests of youth in 2005, THC (marijuana) was the most frequently detected drug. In the Maricopa County juvenile justice programs in 2005, 76 percent of the positive tests for males ($n=11,550$ tests) and 65.8 percent of those for females (1,803) contained THC. In Project SAFE, 70.4 percent of the 699 positive tests for male students were THC positive, as were 52.8 percent of the positive tests for female students. THC-positive tests among male students increased 3 percentage points from 2001 to 2005, while those for females decreased 2 percentage points.

THC tests among adults in criminal justice programs were lower than those for juveniles. Among adults in 2005, approximately one-third of the tests for in Maricopa County, Pima County, and rural areas of the State were positive for THC. However, in the adult Possession for Marijuana Program, 85.1 percent of the 3,631 positive tests for males were THC positive, as were 73.6 percent of the positive tests for females.

Other Drugs. Positive tests for adults in 2005 showed a higher percentage of the Pima County tests were positive for cocaine (36 percent) than in Maricopa County (16 percent) or in rural areas (3 percent). Positive tests for adults in rural areas were somewhat more likely than those for adults in Maricopa and Pima Counties to be positive for opiates (10 percent vs. 7 and 8 percent, respectively). Among tests for Project Safe students in 2005, approximately 10 percent of tests for males and 8 percent of tests for females were cocaine-positive, and approximately 3 percent were positive for opiates in both gender groups.

Tracking the Production, Trafficking and Distribution of Illicit Drugs on the Arizona-Mexico Border

GS Jennifer McGinty

The Phoenix Field Division (PFD), Drug Enforcement Administration, reported a steady decline in the number of methamphetamine domestic clandestine lab “incidents” (i.e., lab seizures, dumpsites, and chemicals/glass/equipment) from 376 in fiscal year (FY) 2000 to 84 in FY 2005. From FY 2004 to FY 2005, the amount of methamphetamine seized by the PFD decreased from 293 kilograms to 161.

While methamphetamine lab seizures and incidents declined from FY 2002 to FY 2005, seizures of the drug increased along the Arizona-Mexican border by 128 percent, from 282 in FY 2002 to 644 in FY 2005. There was a 370-percent increase in the amount of methamphetamine seized at the Nogales Port of Entry (POE) from calendar year (CY) 2002 (161.1 kilograms) to CY 2004 (680.8 kilograms). Mexican trafficking organizations, closely knit generational family-based groups, were the major suppliers of methamphetamine being transported into Arizona. These groups purchase large supplies of ephedrine from international drug trafficking organizations and produce high purity methamphetamine in labs capable of producing multipounds of the drug.

Seventy to 93 percent of the cocaine in the United States is transported across the Southwest border. Most of the cocaine smuggled into Arizona is transported to Phoenix, where it is packaged and sent to distribution areas throughout the country. The PFD seized 1,476 kilograms of cocaine in FY 2003, 927 in FY 2004, and 1,341 in FY 2005.

The DEA SMARTS Federal-wide Drug Seizure System data show that the average purity of cocaine in Arizona decreased slightly from 71 percent in FY 2004 to 65 percent in FY 2005.

Mexico produces less than 5 percent of the world’s opium poppy but supplies 30 to 40 percent of the U.S heroin market. In 2003, Mexico had the capacity to produce 11.9 metric tons (11,900 kilograms) of heroin. Eight kilograms of opium gum are needed to produce one kilogram of black tar heroin, the predominant type of heroin produced in Mexico.

Large organizations generally use vehicles to smuggle loads. Smaller family-based organizations

smuggle 1 to 2 kilograms of heroin at a time. Pedestrians walk through POE’s with heroin concealed on their bodies.

The average purity of black tar heroin, as reported by the PFD, was 52.7 percent in FY 2005, slightly less than the 55 percent purity reported in FY 2004. The retail price for a 0.25 gram (“paper”) in 2005 was \$10 in Yuma, \$10–\$15 in Phoenix, \$20 in Nogales, and \$20–\$25 in Tucson.

Drug Abuse Patterns and Trends in Phoenix: A Law Enforcement Perspective

Lt. Brent Vermeer

The Drug Enforcement Bureau (DEB) made 1,608 drug-related arrests in 2004 and 1,389 in 2005, and 346 search warrants were issued in 2005. In fiscal year 2004, 39 percent of the homicides in Phoenix were drug-related based on conclusive evidence, and another 8 percent were considered to be drug-related.

While methamphetamine law enforcement indicators (e.g., seizures, arrests, bookings) have been increasing in Phoenix in recent years, small clandestine methamphetamine labs have been decreasing in number in the city, county, and State. From 2003 to 2005, there was a 71-percent decrease in clandestine methamphetamine labs seized by the DEB. During this same period, increasing amounts of methamphetamine were being transported into Phoenix from Mexico and the purity of the Mexican methamphetamine (“ice”) was much higher than the purity produced by the local labs. Large bulk shipments of Mexican methamphetamine were smuggled into the Greater Phoenix area, some destined for other areas of the United States. From 2003 to 2005, there was a 50-percent increase (from 241 to 362) in methamphetamine-related arrests made by the DEB in Phoenix.

Marijuana indicators were stable, but this drug is widely available throughout the metropolitan and surrounding areas. Marijuana seizures increased from 9,223 kilograms in 2003 to 24,667 in 2004 and remained at a high level in 2005 (22,549 kilograms). In 2005, the Phoenix Police Department made 3,594 arrests and 4,308 adult bookings for the possession and/or use of marijuana.

While the amounts of marijuana and methamphetamine seized were increasing in Phoenix, the amounts of

cocaine seized were decreasing dramatically, from 398 kilograms in 2003 to 27 in 2004. Ninety kilograms of cocaine were seized in 2005. DEB arrests for cocaine offenses decreased from 538 in 2004 to 298 in 2005.

The amounts of heroin seized were much smaller than those for other illicit drugs (e.g., marijuana, methamphetamine, cocaine), ranging from 0.85 kilograms in 2003 to 4.25 in 2004 and 4.85 in 2005. One factor associated with the reduced demand for heroin and the relatively small amount of heroin seized in 2003 was the increased use of narcotic prescription drugs such as OxyContin. However, the price of black tar heroin decreased and the drug became more available in 2004 and 2005.

Drug Abuse Patterns and Trends Reported by the Maricopa County Sheriff's Office

Captain George Hawthorne

In 2005, the Special Investigations Division (SID) of the Maricopa County Sheriff's Office made 543 drug arrests, compared with 448 in 2004. The SID reported 53 clandestine labs to the DEA for cleanup in 2005, less than the 97 reported in 2004. The SID monitors and reports on the quantities of different drugs seized. For example...

- Methamphetamine was the drug most often encountered by the SID. In 2005, 25,395 grams of methamphetamine were seized in 2005, compared with 7,148 in 2003.
- Powder and crack cocaine indicators (e.g., arrests and seizures) tended to fluctuate more than indicators for other drugs. In 2005, there was a sharp increase in the amount of cocaine seized by the SID (20,141 grams), compared with 2004 (3,052 grams).
- Heroin is rarely found on persons contacted or arrested on the street: 117 grams of heroin were seized in 2005.
- In 2005, approximately 15,000 pounds of marijuana were seized by the SID, a dramatic increase from the 6,285 pounds seized in 2003. The large amount seized in 2005 was attributed to more proactive measures and better detection methods initiated by SID.

Special Analysis Centers: A Source of Criminal Justice Data/Information

Steve Balance

The Arizona Criminal Justice Commission (ACJC) serves as a research and service organization for criminal justice agencies in Arizona. The Statistical Analysis Center (SAC), the research arm of ACJC, collects, analyzes, and disseminates criminal justice data and provides statistical services, research evaluation, and policy analysis. The ACJC research programs include...

- A biennial State Youth Survey
- Criminal History Records
- Forensic Crime Laboratory Grants
- Internet Mapping and Analysis

The Arizona Youth Survey, which includes schools in all 15 Arizona counties, reported that, in 2004, 8.6 percent of State and 8.3 percent of Maricopa County 12th grade students had used amphetamines/methamphetamine during their lifetime; comparable figures for State and Maricopa County seniors, respectively, for other drugs were 12.6 and 13.9 percent hallucinogens, 12.0 percent and 13.8 percent ecstasy, and 12.0 and 11.8 percent cocaine.

Sixteen multijurisdictional drug task forces were established in Arizona through the Edward Byrne Justice Assistance Grant Program. The FY 2005 program progress report included the number of arrests by type of drug, amounts of each drug seized, and the amounts of chemicals seized from drug labs. It was reported that task forces seized 702,887 grams of cocaine, 317,515 grams of methamphetamine, 10,007 grams of heroin, and 531 pounds of marijuana. Arizona forensic laboratories received 18,693 drug evidence samples and conducted 44,683 tests on samples. The 2005 Byrne Annual Report is available online at <http://azcjc.Gov/pubs/Byrne/2005_Byrne_Report.pdf>.

The Internet Mapping and Analysis Project (IMAP) incorporates three data sources: Uniform Crime Reports, Arizona Youth Survey data, and U.S. census demographic data. The SAC interactive mapping application can be used to create maps and reports.

UPDATE OF THE EPIDEMIOLOGIC SURVEILLANCE SYSTEM OF ADDICTIONS (SISVEA) IN MEXICO: FIRST 6 MONTHS OF 2005

Robert Tapia-Conyer, Ph.D.; Patricia Cravioto, Ph.D.; Pablo Kuri, M.Sc.; Mario Cortés, M.Sc.; Fernando Galván, M.Sc.; and Santiago Zaragoza, M.D.

Initiated in 1990, the Epidemiologic Surveillance System of Addictions (SISVEA) currently collects and analyzes drug abuse indicator data from 31 States and 51 cities located throughout the country. The data sources used for the first 6 months of 2005 included patients in nongovernment treatment centers (NGCs), drug use among arrestees in Juvenile Detention Centers, and drug-related deaths reported by medical examiners.

In the first half of 2005, 21.9 percent of the patients in NGCs reported crystal methamphetamine as their main current substance of abuse. This was higher than the proportions reporting alcohol (21.8 percent), heroin (15.3 percent), cocaine (12.2 percent), marijuana (9.1 percent), and inhalants (7.1 percent) as their main current substance of abuse. The proportions of NGC patients reporting crystal methamphetamine as their current substance of abuse increased from 2002, when the proportion was 16.3

percent. The percentages of NGC patients reporting cocaine or heroin as their main current substances of abuse trended down from 2002 to 2005.

In the first half of 2005, the substances most likely to be reported by NGC patients as their first substance of abuse were alcohol (32.7 percent), marijuana (25.2 percent), and tobacco (19.0 percent). Interestingly, 6.4 percent reported cocaine as their first substance of abuse.

Of the 5,157 juveniles arrested in the first half of 2005, 33.8 percent had used marijuana, 14.0 percent had used cocaine, and only 0.05 percent had used heroin.

Most of the deaths associated with drug intoxication ($n=891$) involved alcohol (79.1 percent), while only a small proportion involved marijuana (5.4 percent) or opioids (4.6 percent).

PATTERNS AND TRENDS IN DRUG ABUSE IN TAIWAN: AN UPDATE

Wen-Ing Tsay

Data from the National Bureau of Controlled Drugs, Department of Health, Taiwan, for 2005 show that...

- Polydrug use continues to be the norm rather than the exception among treatment clients.
- Heroin and methamphetamine continue to account for the largest proportion of addiction cases reported by treatment institutions.
- While heroin cases stabilized from 2003 to 2005, abuse of the drug was still reported by most clients (93 percent) in 2005.
- Methamphetamine admissions increased from 2003 to 2005, with nearly 34 percent of the clients in 2005 reporting use of methamphetamine.

- Injection continues to be the most frequently reported route of drug administration among treatment clients (55 percent in 2005); however, the majority of these clients (44 percent) reported injecting without sharing needles.
- Nearly 30 percent of the total HIV/AIDS cases in 2005 were related to injection drug use.

It was reported that a proposal has been made to adopt the CEWG model in Taiwan in an effort to plan effective prevention measures in local cities and communities.

APPENDIX A

A. Total Admissions, by Primary Substance of Abuse and CEWG Area: FY or CY 2005

Area	Alcohol	Cocaine/ Crack	Heroin	Other Opiates	Marijuana	Stimulants ¹	Other Drugs	Total
Boston	6,519	1,532	9,261	532	611	NR ²	319	18,774
Chicago	12,158	16,845	33,662	685	9,338	174	2,755	75,617
Detroit	3,173	2,656	3,339	160	1,178	4	319	10,829
Newark	387	353	3,341	9	344	4	41	4,479
Philadelphia	3,385	4,695	3,107	492	3,120	39	2,224	17,062
Arizona	18,694	3,119	2,333	373	7,404	7,334	1,528	40,785

¹Most admissions represent methamphetamine in areas that report methamphetamine separately from amphetamines.

²NR=Not reported.

SOURCE: January 2006 CEWG Reports

B. Total Admissions, by Primary Substance of Abuse and CEWG Area: 1H 2005

Area	Alcohol	Cocaine/ Crack	Heroin	Other Opiates	Marijuana	Stimulants ¹	Other Drugs	Total
Atlanta	1,115	1,658	225	NR ²	933	529	0	4,460
Baltimore	3,799	1,993	7,285	777	1,866	37	181	12,139
Denver	1,757	695	402	170	1,393	727	60	5,204
Los Angeles	4,260	4,397	4,870	230	4,041	6,486	688	24,972
Mpls./St. Paul	4,396	1,302	510	NR	1,848	1,178	NR	9,720
New Orleans	188	360	79	41	353	4	5	1,030
New York	10,402	7,626	10,658	284	6,704	105	868	36,647
St. Louis	1,123	1,775	932	84	1,463	314	763	6,454
San Diego	1,373	457	1,266	126	856	2,786	61	6,925
San Francisco	2,524	2,350	3,589	NR	822	3,411	756	11,283
Seattle	2,010	1,016	1,092	179	1,063	683	75	6,120
Hawaii	1,890	352	199	163	1,539	3,661	425	8,330 ³
Texas	6,967	7,748	2,588	1,363	6,150	3,646	673	29,135

¹Most admissions represent methamphetamine in areas that report methamphetamine separately from amphetamines.

²NR=Not reported.

³No primary drug was declared by 101 admissions.

SOURCE: January 2006 CEWG Reports

APPENDIX B

DAWN ED Samples and Reporting Information, by CEWG Area: January–June 2005

CEWG Area	Total EDs in DAWN Sample	No. of EDs Reporting per Month: Completeness of Data (%)		No. EDs Not Reporting
		≥ 90%	<90%	
Atlanta	36	14–15	0–2	20–21
Baltimore	24	7–11	2–7	7–15
Boston	37	17–19	1–3	17–18
Chicago	78	26–30	0–4	45–50
Denver	14	7	0	7
Detroit	29	19–21	0–3	7–8
Houston	40	11–14	0–2	26–28
Los Angeles	41	6–11	0–4	29–31
Miami-Dade	19	10	0–1	8–9
Mpls./St. Paul	26	11–13	0–1	13–15
New Orleans	22	8–10	0–2	11–12
New York City	64	24–30	4–9	29–33
Phoenix	26	11–13	1–3	12–13
San Diego	17	8–9	0–2	7–8
San Francisco	19	10–11	0–2	7–9
Seattle	24	8–12	0–3	11–14
Wash., DC	32	9–11	1–4	19–21

SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 12/6–12/7, 2005

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National Institute on Drug Abuse Community Epidemiology Work Group Meeting

*Phoenix, Arizona
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