

SUBSTANCE ABUSE TRENDS IN TEXAS:

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ABSTRACT

This report updates indicators of drug abuse in Texas since the June 2009 report and describes trends by calendar year from 1987 to 2010. Important changes to drug patterns in Texas include increases in heroin use by a younger population. This was first noticed with the "cheese heroin" situation in Dallas, but heroin use by young persons is increasing statewide, with the number of teen admissions increasing 61 percent and admissions of persons in their twenties increasing 71 percent between 2005 and 2009. The primary types of heroin are Mexican Black Tar and powdered brown.

Cocaine indicators have decreased and price and purity increased and wholesale quantities are pure, but there is no explanation for this change other than the possible influence of trafficking wars in Mexico.

No shortages of methamphetamine have been reported, although some indicators are down. Local "cooking" of Ice or using over-the-counter pseudoephedrine with the "one pot" or "shake and bake" methods are common, although high quality Mexican Ice or Shards made using the P2P method is also available. Interviews with methamphetamine users entering treatment continue to show the extent of their mental and physical impairments and their need for intensive and extended treatment.

Other drug trend changes include continuing shifts in demographics of cocaine users and ecstasy users; severity of problems among noncoerced marijuana treatment admissions; increasing DWI/DUI arrests involving drugs; increasing reports of marijuana homologs; a "cocktail" of hydrocodone, alprazolam, and carisoprodol; and cases involving BZP and TFMPP. The marketing of soft drinks that imitate the codeine cough syrup mix ("Lean", "Drank") is a concern.

The majority of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) cases continue to be people of color. The proportion due to injection drug use (IDU) continues to decrease, but the proportion of men who have sex with men (MSM) is increasing. The case rates for syphilis and chlamydia have increased between 1997 and 2009, while the rate for gonorrhea has decreased. The STD rates are much higher for young women than for young men.

The recession has resulted in much lower employment rates of clients entering treatment and there are more reports from outreach workers of people turning to prostitution to support themselves and their families, as well as of clients who have completed treatment but are unable to find employment and are turning back to drug and alcohol use. The magnitude of the substance abuse and mental health problem on the border is of serious concern.

AREA DESCRIPTION

The population of Texas in 2010 is estimated to be 25,373,947, with 45 percent White, 12 percent Black, 39 percent Hispanic, and 5 percent "Other." Illicit drugs continue to enter from Mexico through cities such as El Paso, Laredo, McAllen, and Brownsville, as well as through smaller towns along the border. The drugs then move northward for distribution through Dallas/Fort Worth and Houston. In addition, drugs move eastward from San Diego through Lubbock and from El Paso to Amarillo and

Dallas/Fort Worth.

DATA SOURCES

Substance Abuse Trends in Texas is an ongoing series that is prepared annually as a report for the Community Epidemiology Work Group meetings sponsored by the National Institute on Drug Abuse (NIDA). This report updates the June 2009 report. To compare the June 2010 report with earlier periods, please access <http://www.utexas.edu/research/cswr/gcattc/drugtrends.html>

Data for this report include the following sources:

- **Student substance use data** for 2008 came from the *Texas School Survey of Substance Abuse: Grades 7–12, 2008* and the *Texas School Survey of Substance Abuse: Grades 4–6, 2008*, which were authored by L.Y. Liu and published by the Department of State Health Services (DSHS). Data on Texas college students came from the *2005 Texas Survey of Substance Use among College Students: Main Findings*, also written by L.Y. Liu and published by DSHS. For 2009, the data for high school students in grades 9–12 came from the *Youth Risk Behavior Surveillance Survey (YRBS)—United States, 2009*, MMWR Surveillance System, downloaded June 3, 2010 at <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?LID=TX>.
- **Data on drug use** by Texans age 12 and older came from the Substance Abuse and Mental Health Services Administration's (SAMHSA) *National Surveys on Drug Use and Health* (NSDUH). The statewide estimates are from the 2007–2008 NSDUH, and the substate estimates in appendix 2 are from the 2004, 2005, and 2006 NSDUH surveys. Estimates for the Dallas and Houston metropolitan areas are based on the 2005–2006 surveys.
- **Poison control center data** came from the Texas Poison Center Network, DSHS, for 1998 through 2009, with updates on cannabis homologs through June 23, 2010. Analysis was provided by Mathias Forrester, epidemiologist with the Texas Poison Center Network, and by the author.
- **Treatment data** were provided by DSHS's data system on clients admitted to treatment in DSHS-funded facilities from January 1, 1987, through December 31, 2009. For most drugs, characteristics of clients entering with a primary problem with the drug are discussed, but in the case of club drugs, information is provided on any client with a primary, secondary, or tertiary problem with that drug. Analysis was by the author.
- **Information on methamphetamine use** comes from interviews with recent users entering treatment, an on-going study by the author (NIDA R21 DA025029). Information on impaired drivers entering treatment was drawn from Maxwell, J.C. & Freeman, J. E. (2007), Gender Differences in DUI Offenders in Treatment in Texas *Traffic Injury Prevention*, 8:353–360 and from Maxwell, J.C., Freeman, J.E., & Davey, J.D. Too Young to Drink but Old Enough to Drive Under the Influence: A Study of Underage Offenders as Seen in Substance Abuse Treatment in Texas, *Drug and Alcohol Dependence*, 104, 1–2, 107–112. Information on marijuana admissions to treatment are from Copeland, J. & Maxwell, J. C. (2007). Cannabis treatment outcomes among legally coerced and non-coerced adults. *BioMed Central Public Health*, 7:111–118.
- **Information on drug-involved deaths** through 2008 came from death certificates and computer runs from the Bureau of Vital Statistics, DSHS; analysis was by the author. The information on cocaine, heroin, methadone, benzodiazepines, and stimulants for 1999–2008 came from multiple cause data tapes on May 25, 2010 by DSHS. Deaths involving mentions of other drugs through 2007 came from hard-copies of death certificates; hard copies were not available for 2008.
- **Information on drugs identified by laboratory tests** was from the Texas Department of Public Safety (DPS), which reported results from toxicological analyses of substances for 1998 through December 2009 to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA) and from DEA toxicologists. Analysis was by the author on data downloaded from NFLIS on April 4, 2010.
- **Price, purity, trafficking, distribution, and supply** information was provided for July–December 2009 reports on trends in trafficking from the Dallas, El Paso, and Houston Field Divisions of the DEA and from DEA's Domestic Monitor Program (DMP).
- **Reports by users and street outreach workers** on drug trends for the first 3 quarters of fiscal year (FY) 2010 were reported to DSHS by workers at local human immunodeficiency virus (HIV) counseling and testing programs across the State.
- **Sexually transmitted disease (STD), HIV, and acquired immunodeficiency syndrome (AIDS)** data were provided by DSHS. The STD data are through 2009 and the HIV/AIDS data for 2008. The HIV cases exclude any that later seroconverted to AIDS.

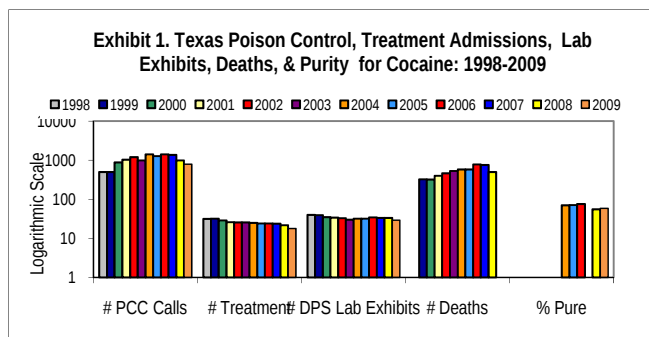
DRUG ABUSE PATTERNS AND TRENDS

The 2007–2008 NSDUH estimated that 6.26 percent of the Texas population age 12 and older had used an illicit drug in the past month, which is below the national average of 8.02 percent, and 2.71 percent of Texans were dependent on or abused an illicit drug in

the past year, as compared to 2.78 percent nationally. For the period 2004–2006, 6.5 percent of the population age 12 and older in the Dallas metropolitan area and 6.2 percent in the Houston area had used any illicit drug. The prevalence of drug use by planning region is shown in appendix 2.

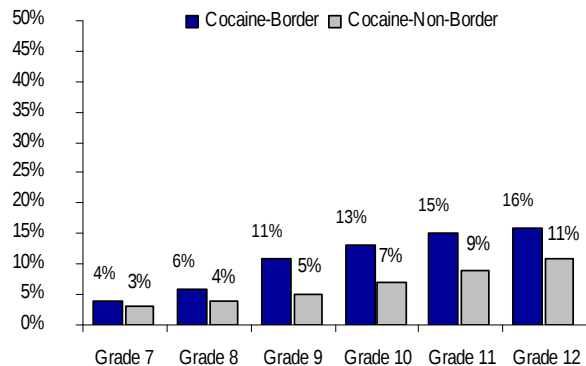
COCAINE/CRACK

Trends in cocaine use have varied over time, but the indicators declined in 2009 (exhibit 1). New terms for powder cocaine include “soft,” “snow seal,” and “her,” with new terms for crack cocaine including “hard,” “cookie,” and “biscuit.”



The *Texas School Survey of Substance Abuse: Grades 7–12, 2008* reported that lifetime use of powder and crack cocaine had dropped from a high of 9 percent in 1998 to 7 percent in 2008, while past-month use dropped from 4 percent in 1998 to 2 percent in 2008. Some 6 percent of students in nonborder counties had ever used powder or crack/cocaine, and 2 percent had used it in the past month. In comparison, students in schools on the Texas border reported higher levels of cocaine use—10 percent lifetime and 4 percent past month (exhibit 2).

Exhibit 2. Percentage of Border and Nonborder Texas Secondary Students Who Had Ever Used Powder or Crack Cocaine, by Grade: 2008



Source: DSHS

The 2009 YRBS reported that 8.5 percent of Texas high school students had ever used cocaine, as compared to 12.6 percent in 2007, 11.9 percent in

2005, and 13.0 in 2001. The 2005 Texas college survey reported that 10 percent had ever used cocaine or crack, and 2 percent had used it in the past month.

For the period 2007–2008, the NSDUH reported that 2.0 percent of the Texas population age 12 and older had used cocaine in the past year, below the national rate of 2.21 percent.

Texas Poison Center Network calls involving the use of cocaine increased from 497 in 1998 to 1,363 in 2007 and then decreased to 977 in 2008 and 792 in 2009 (exhibit 1). Sixty-seven percent of the cases in 2009 were male.

Cocaine (both crack and powder) represented 18 percent of all admissions to DSHS-funded treatment programs in 2009, down from 32 percent in 1995. Among all cocaine admissions, cocaine inhalers were the youngest, most likely to be Hispanic, and involved in the criminal justice or legal systems (exhibit 3). Cocaine injectors were older than inhalers but younger than crack smokers, they were the most likely to be White. While 36 percent of the powder cocaine clients reported no problem with a second substance, 30 percent reported a problem with alcohol and 19 percent with marijuana. Of the crack cocaine clients, 38 percent reported no second substance problem, with 32 percent reporting a problem with alcohol, 18 percent with marijuana, and 4 percent with powder cocaine.

Exhibit 3. Characteristics of Clients Admitted to TDSHS-Funded Treatment with a Primary Problem with Cocaine by Route of Administration: 2009

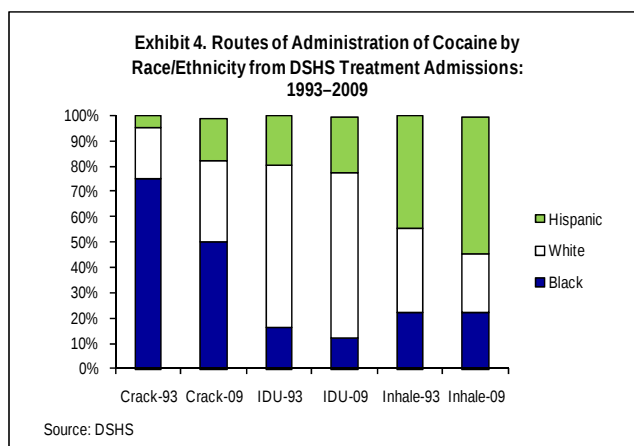
	Crack Cocaine Smoke	Powder Cocaine Inject	Powder Cocaine Inhale	Cocaine All ^a
# Admissions	9,785	627	5,127	16,234
% of Cocaine Admits	60	4	32	100
Lag-1st Use to Tmt-Yrs.	15	17	11	14
Average Age	40	38	32	37
% Male	49	65	52	51
% Black	50	12	11	39
% White	32	65	23	30
% Hispanic	17	22	54	30
% C/J Involved	55	58	67	55
% Employed	6	9	16	10
% Homeless	20	15	5	14

^aTotal includes clients with "other" routes of administration.

Source: DSHS; analysis by J. C. Maxwell

The term “lag” (exhibit 3) refers to the period from first consistent or regular use of a drug to the date of admission to treatment. Powder cocaine inhalers averaged 11 years between first regular use and entrance to treatment, while injectors averaged 17 years of use before they entered treatment.

Between 1987 and 2009, the percentage of Hispanic treatment admissions using powder cocaine increased from 23 percent to 49 percent, while for Whites and Blacks, the percentages dropped from 48 percent to 27 percent and from 28 percent to 23 percent, respectively. Exhibit 4 shows these changes between 1993 and 2009 by route of administration. The proportion of Blacks among crack cocaine admissions fell from 75 percent in 1993 to 51 percent in 2009, while the proportion of Whites increased from 20 percent in 1993 to 32 percent in 2009. Hispanic crack admissions rose from 5 percent to 16 percent in the same time period.



The number of deaths statewide in which cocaine was mentioned increased from 321 in 1999 to 778 in 2006 before dropping to 496 in 2008 (exhibit 5). The average age of the decedents in 2008 was 43; 52 percent were White, 22 percent were Hispanic, and 20 percent were Black. Seventy-nine percent were male.

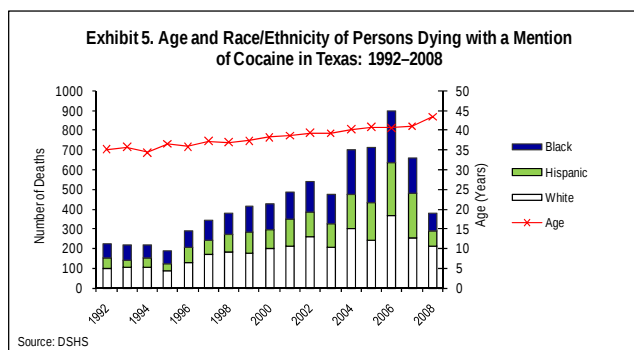


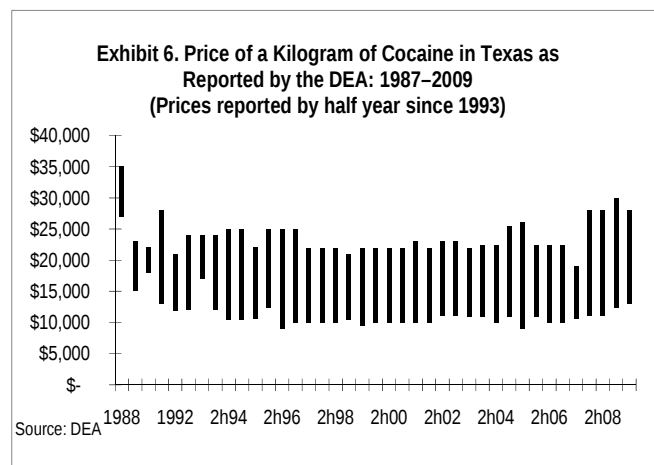
Exhibit 1 shows that the proportion of substances identified as cocaine by the DPS labs is decreasing. In 1998, cocaine accounted for 40 percent of all

items examined, compared with 29 percent in 2009. The Dallas DEA Field Division (FD) reported the purity of cocaine has increased. A gram has gone from 55.46 percent pure in 2008 to 61.37 percent pure as of June 1, 2010, an ounce has gone from 44.7 percent pure in 2008 to 46.4 percent pure in 2010, and a kilogram has increased from 49.87 percent in 2008 to 69.0 percent pure in 2010.

The El Paso DEA Field Division reported that due to the turf wars, drug traffickers had curbed their cocaine smuggling activities through 2008 but that in the first six months of 2009, there has been a rise in the importation and availability, but not to the levels seen before the start of the conflict. Crack cocaine use and distribution is a concern in the Midland-Odessa area.

The Houston DEA FD reported the availability of cocaine as high.

Cocaine continued to be available across the State (exhibit 6). A gram of powder cocaine that cost \$50–\$80 in Dallas in 2008 now costs \$70–\$120 in Dallas, \$40–\$120 in El Paso, \$30 in Laredo, \$40 in McAllen, and \$60–\$100 in Houston. An ounce in 2009 cost \$450–\$1,200 in Dallas, \$600–\$1,000 in El Paso, \$500–\$800 in San Antonio, Austin, and Waco. The price of a kilogram of cocaine in Matamoros, across from Brownsville, had increased from \$12,000–\$13,000 to \$17,000 in Brownsville, \$22,000–\$28,000 in Dallas, \$20,000–\$26,000 in Houston, \$20,000–\$24,000 in El Paso, \$19,000–\$25,000 in Lubbock, \$25,000–\$27,500 in Tyler, and \$25,000–\$28,000 in San Antonio.



Across the State, a rock of crack cost \$10–\$60, with \$10–\$20 being the most common price. A kilogram that cost \$17,500–\$27,500 in Dallas in 2008 cost \$22,000–\$28,000 in 2009. An ounce of crack cocaine cost \$500 in El Paso, \$700–\$950 in Fort Worth, \$800 in Lubbock, \$350–\$500 in San Antonio, Austin, and Waco, and \$550–\$700 in Houston. A kilogram in El

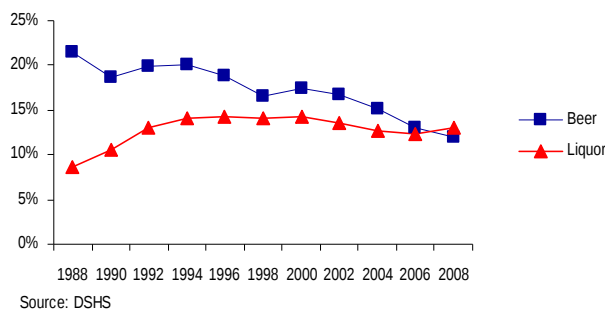
Paso cost \$14,000, \$23,000-\$25,000 in San Antonio, and \$26,000-\$27,500 in Tyler.

ALCOHOL

Alcohol is the primary drug of abuse in Texas. In 2008, 63 percent of Texas secondary school students (grades 7–12) had ever used alcohol, and 30 percent had drunk alcohol in the last month. Lifetime use decreased by 5 percent and past-month use decreased by 3 percent between 2006 and 2008. Of particular concern is heavy consumption of alcohol, or binge drinking, which is defined as drinking five or more drinks at one time. In 2008, 12 percent of all secondary students said that when they drank, they usually drank five or more beers at one time, and 13 percent reported binge drinking of liquor, which has remained relatively stable since 1992 (exhibit 7).

Among students in grades 4–6 in 2008, 23 percent had ever drunk alcohol, and 15 percent had drunk alcohol in the past school year. Lifetime use of alcohol increased 4 percent and past-year use increased 12 percent between 2006 and 2008. Eleven percent of fourth graders had used alcohol in the school year, compared with 21 percent of sixth graders.

Exhibit 7. Percentage of Texas Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Specific Alcoholic Beverage: 1988–2008



The 2009 YRBS reported 76 percent of Texas high school students in grades 9–12 had ever drunk alcohol, 45 percent had drunk in the past month, and 26 percent had drunk five or more drinks in a row in the last month. In comparison, in 2001, 81 percent had ever drunk alcohol, 49 percent had used in the last month, and 31 percent had drunk five or more drinks at a time. In 2009, 24 percent of girls and 27 percent of boys reported binge drinking as compared to 28 percent of girls and 30 percent of boys reporting binge drinking behavior in 2007.

The 2005 Texas college survey found that 84 percent had drunk alcohol in their lifetime, and 66 percent had drunk in the past month. Almost 30 percent of college students reported binge drinking (38 percent males and 23 percent females).

Although the legal drinking age is 21, 58 percent of college students age 18 to 20 reported drinking an alcoholic beverage in the past month.

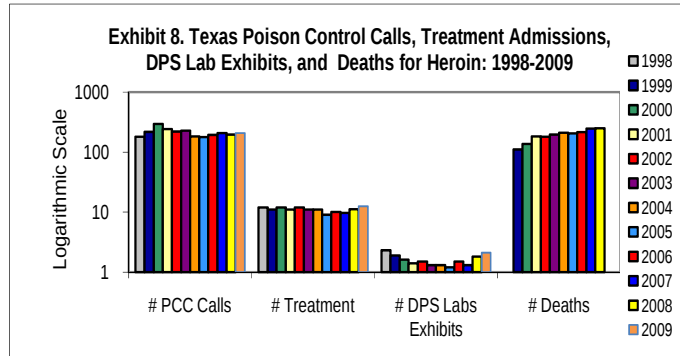
The 2007–2008 NSDUH estimated that 47.03 percent of all Texans age 12 and older had drunk alcohol in the past month, below the national average of 51.39 percent and 23.21 percent had drunk five or more drinks on at least one day (binge drinking) in the past month, below the national average of 23.2 percent. Among underage Texas drinkers (age 12 to 20), 25 percent reported past-month alcohol use, as compared to 28.1 percent nationally, and 16.3 percent of Texas underage youths reported past-month binge drinking, as compared to 18.8 percent nationally. Some 6.88 percent of Texas age 12 and over were found to be alcohol dependent or abusers in the past year, as compared to 7.43 percent of the U.S. population. The highest rate of binge drinking was in Region 1, and the lowest rate was in Region 4. Region 10 had the highest proportion of the Texas population who thought there was great risk in drinking five or more drinks once or twice a week, while Region 7 had the lowest perception of great risk (appendix 2).

In 2009, 28 percent of all clients admitted to publicly-funded treatment programs had a primary problem with alcohol (appendix 1). The characteristics of alcohol admissions have changed over the years. In 1988, 82 percent of the clients were male, compared with 70 percent in 2009. The proportion of White clients declined from 63 percent in 1988 to 55 percent in 2009, and the proportion of Hispanic clients increased from 28 to 30 percent. The proportion of Black clients increased from 7 to 13 percent. The average age increased from 33 to 39 years. Alcohol clients are becoming more likely to be polydrug users: the proportion reporting no secondary drug problem dropped from 67 to 54 percent, and the proportion with a problem with cocaine (powder or crack) increased from 7 to 20 percent. Consuming cocaine and alcohol at the same time produces cocaethylene, which intensifies cocaine's euphoric effects.

The characteristics of persons who entered treatment with a past-year offense for Driving Under the Influence (DUI) have also changed over time. Between 1990 and 2008, the proportion of past-year DUI arrestees who went to DSHS-funded treatment who were female increased from 13 percent to 29 percent, and the proportion of DUI treatment admissions who had a primary problem with alcohol decreased from 88 to 67 percent. Of those DUI arrestees under the legal drinking age of 21 who entered treatment, the proportion reporting a primary problem with alcohol decreased from 75 percent in 1990 to 21 percent in 2008, the proportion with a primary problem of marijuana increased from 19 to

63 percent, and the proportion with a primary problem with cocaine increased from 5 to 7 percent.

HEROIN



Heroin indicators rose in 2008 and 2009 (exhibit 8), with more indications of growing use among teenagers and young adults. Outreach workers in Houston reported an increase in heroin use.

The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4 percent in 1998 to 1.4 percent in 2008. The 2009 YRBS found 2.1 percent of Texas high school students had ever used heroin, as compared to 2.4 percent in 2007 and 3.0 percent in 2005 and 2001. The 2005 college survey found 5 percent of students had ever used heroin or other opiates. The 2004–2006 NSDUH reported 0.1 percent of Texans age 12 and older had used heroin in the past year.

Calls to the Texas Poison Center Network involving confirmed exposures to heroin ranged from 181 in 1998 to a high of 296 in 2000 but dropped to 209 in 2009 (exhibit 8).

Heroin was the primary drug of abuse for 13 percent of clients admitted to treatment in 2009 (appendix 1). The characteristics of these addicts vary by route of administration, as exhibit 9 illustrates. Most heroin addicts entering treatment inject the drug, but the proportion inhaling heroin increased from 4 percent of all heroin admissions in 1996 to 19 percent in 2009. During that time, the proportion of inhalers who were Hispanic increased from 26 to 61 percent, and the average age of inhalers decreased from 30 to 28 years.

While the number of individuals who inhale heroin was small, the lag period between first use and seeking treatment for this group was 7 years, compared with 14 years for injectors. This shorter lag period means that, contrary to the street rumors that “sniffing or inhaling is not addictive,” inhalers can become dependent on heroin. They will either enter treatment sooner while still inhaling, or they will shift to injecting, thus increasing their risk of hepatitis C

and HIV infection, becoming more impaired, and entering treatment later.

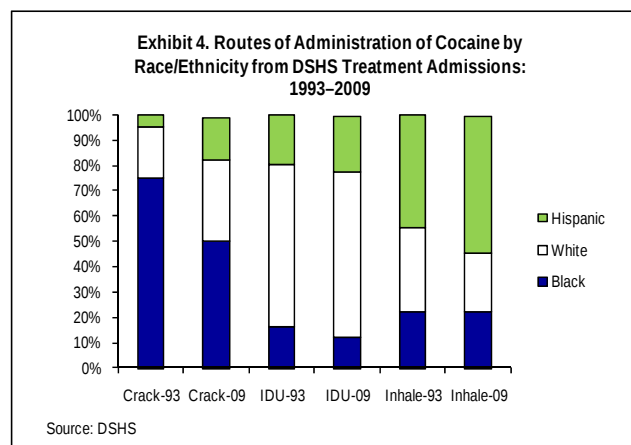
Exhibit 9. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem with Heroin by Route of Administration: 2009

	Inject	Inhale	Smoke	All ^a
# Admissions	8,736	2,216	108	11,368
% of Heroin Admits	77	19	1	100
Lag-1st Use to Tmt-Yrs.	14	7	9	13
Average Age	35	28	30	34
% Male	64	57	56	62
% Black	6	15	7	8
% White	40	12	39	37
% Hispanic	53	61	49	54
% CJ Involved	29	37	33	31
% Employed	5	5	8	5
% Homeless	16	8	8	14

^aTotal includes clients with other routes of administration.

Source: Texas Department of State Health Services; analysis by J. C. Maxwell

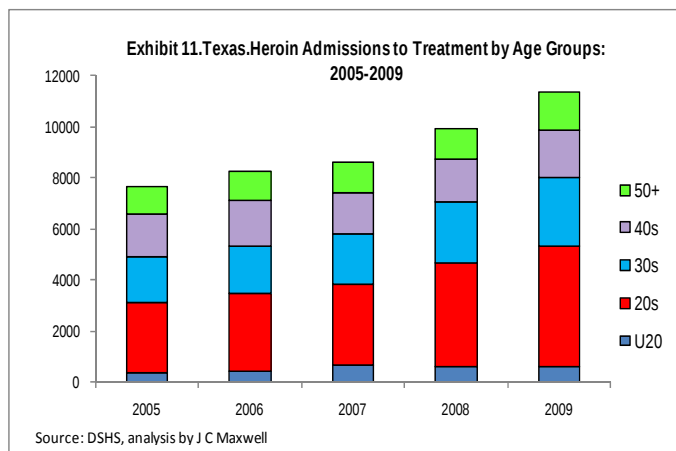
The proportion of all treatment clients with a primary problem with heroin who are Hispanic increased from 23 percent in 1996 to 54 percent in 2009 (exhibit 10).



“Cheese heroin,” a mixture of Tylenol PM® and heroin (heroin combined with diphenhydramine and acetaminophen), continues to be a problem in Dallas, and heroin inhaling is increasing across the State. Diphenhydramine has traditionally been used as a “cut” to turn tar into inhalable powder. Cases of “cheese heroin” have been reported in other counties in the Dallas/Fort Worth area, but the term “cheese heroin” is rarely reported elsewhere in the State, although heroin use by teenagers and persons in their twenties continued to increase statewide.

The number of teenagers with a primary problem with heroin entering increased 61 percent between 2005 and 2009, while the number in their twenties

increased 71 percent, those in their thirties increased 52 percent, those in their forties increased 11 percent, and those in their fifties and older increased 31 percent. As age increased, users shifted route of administration, with 87 percent of clients age forty and older reporting injecting the drug (exhibit 11).



Of all the 2009 heroin admissions, 47 percent reported no second substance problem and 17 percent reported a problem with powder cocaine (which shows the tendency to "speedball," or use heroin and cocaine sequentially). Nine percent reported a second problem with marijuana, 8 percent with alcohol, 7 percent with other opiates, and 5 percent with crack cocaine.

In 2008, there were 395 deaths in Texas involving heroin (exhibit 12). Fifty-eight percent were White, 34 percent were Hispanic, and 5 percent were Black, 80 percent were male. The average age was 40.

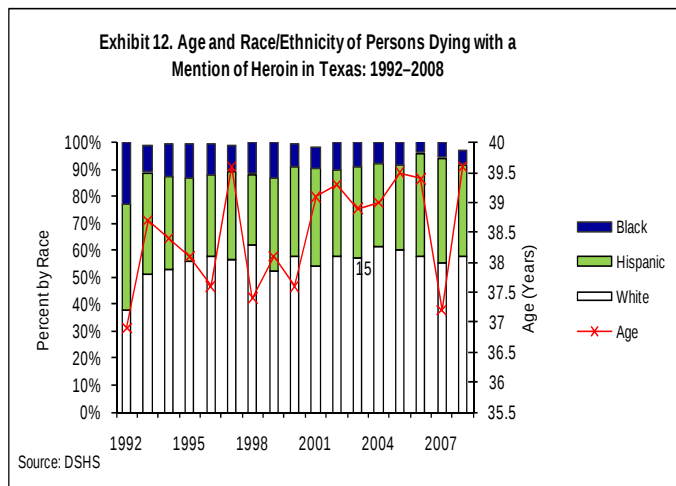


Exhibit 8 shows that the proportion of items identified as heroin by DPS labs has remained low at 1–2 percent over the years. In the Dallas DEA FD, the purity of a gram of heroin has decreased from 25.9 percent in 2008 to 10.1 percent through June 1,

2010.

The predominant form of heroin in Texas is black tar, which has a dark, gummy, oily texture that can be diluted with water and injected. Exhibit 13 shows the decline in price over the years. Depending on the location, black tar heroin sold on the street for \$5–\$20 per paper, balloon, or capsule, \$80–\$300 per gram, \$1,000–\$5,000 per ounce, and \$25,000–\$45,000 per kilogram. An ounce of black tar cost \$1,000–\$2,300 in El Paso, \$1,200–\$2,400 in Austin, San Antonio, and Waco, \$2,500–\$2,300 in Fort Worth, \$2,500–\$3,000 in Houston, and \$5,000 in Lubbock. Black tar heroin cost \$32,000–\$34,000 per kilogram in Dallas, \$25,000 in El Paso, and \$50,000–\$60,000 in San Antonio.

Mexican brown heroin, which is black tar heroin that has been cut with lactose, diphenhydramine, or another substance and then turned into a powder to inject or inhale, cost \$10–20 per cap and \$110–\$250 per gram. A gram ranged between \$250 and \$300 in El Paso. An ounce cost \$1,200–\$1,600 in San Antonio.

Colombian white heroin is rarely seen on the streets in Texas, but there are sporadic and recurring reports of wholesale quantities of South American white heroin transiting through Dallas to the northeast. In addition, there have been anecdotal reports of Southwest Asian heroin being brought back into Texas from troops returning from Afghanistan.

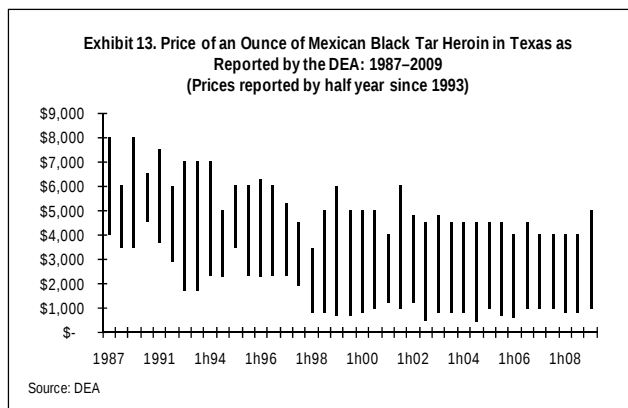


Exhibit 14 shows the purity and price of heroin purchased by the DEA in four Texas cities under the DMP. Heroin is much purer at the border in El Paso and decreases in purity and increases in price as it moves north, since it is "cut" with other products as it passes through the chain of dealers.

Exhibit 14. Price and Purity of Heroin Purchased in Dallas, El Paso, Houston, and San Antonio by the DEA: 1995–2008

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Dallas Purity (%)	6.8	3.5	7.0	11.8	14.0	16.0	13.4	17.2	13.3	16.3	11.6	17.7	20.6	13.5
Price/Milligram Pure	\$2.34	\$6.66	\$4.16	\$1.06	\$1.01	\$0.69	\$1.36	\$0.75	\$0.98	\$0.90	\$1.11	\$1.10	\$1.09	\$ 0.93
El Paso Purity (%)					56.7	50.8	41.8	40.3	44.7	50.5	44.7	44.8	39.8	41.1
Price/Milligram Pure					\$0.49	\$0.34	\$0.44	\$0.27	\$0.40	\$0.27	\$0.40	\$0.33	\$0.49	\$ 0.61
Houston Purity (%)	16.0	26.1	16.3	34.8	17.4	18.2	11.3	28.2	27.4	24.8	24.4	18.1	7.0	6.2
Price/Milligram Pure	\$1.36	\$2.15	\$2.20	\$2.43	\$1.24	\$1.14	\$1.51	\$0.64	\$0.45	\$0.44	\$1.11	\$1.90	\$1.66	\$ 3.05
San Antonio Purity (%)									8.2	6.4	11.2	17.4	7.1	7.6
Price/Milligram Pure									\$1.97	\$2.24	\$0.56	\$0.79	\$1.88	\$ 1.42

Source: DEA

OTHER OPIATES

Exhibit 15. Hydrocodone, Oxycodone, Methadone, and Fentanyl Indicators in Texas: 1998–2009

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Poison Control Center Cases of Abuse and Misuse (DSHS)												
Fentanyl			9	2	3	11	17	10	36	28	31	143
Hydrocodone	192	264	286	339	429	414	516	505	657	703	723	748
Methadone	17	15	30	27	50	41	69	69	73	91	217	223
Oxycodone	12	26	22	34	68	64	77	50	68	67	81	74
DSHS Treatment Admissions												
Methadone	55	69	44	52	75	86	63	91	101	113	160	145
"Other Opiates" ^a	553	815	890	1,386	2084	2794	3433	3482	3903	4529	5221	5844
^a "Other Opiates" refers to those other than heroin.												
Deaths with Mention of Substance (DSHS)												
Other Opioids		122	168	224	313	370	369	402	577	572	429	
Synthetic Narcotics		52	52	80	120	80	94	93	113	142	61	
Methadone		27	62	89	141	161	164	205	222	224	174	
Fentanyl ^b	8	5	4	7	22	10	32	30	43	49		
Hydrocodone ^b	5	25	52	107	168	140	201	269	400	360		
Oxycodone ^b	1	8	20	40	56	60	66	62	81	65		
^b 2007 cases were incomplete and numbers for these drugs in 2008 are not available.												
Drug Exhibits Identified by DPS Laboratories (NFLIS)												
Fentanyl	0	3	1	7	4	2	14	7	14	10	10	12
Hydrocodone	52	479	629	771	747	1212	1598	1789	2324	2812	2177	2346
Methadone	1	19	22	42	58	70	130	133	169	209	181	193
Oxycodone	10	36	72	115	106	174	270	237	264	244	258	278

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

The 2008 Texas secondary school survey queried about use of other opiates "to get high", and reported that 2.0 percent had ever used hydrocodone, 1.8 percent reported ever having drunk codeine cough syrup, and 1.1 percent had ever used oxycodone in that manner.

The 2007–2008 NSDUH reported that 4.43 percent of Texans age 12 and older had used pain relievers nonmedically in the past year (as compared to 4.89 percent nationally). Region 7 reported the highest level of past-year nonmedical use of pain relievers in

2004–2006, and Region 6 had the lowest levels of use (appendix 2).

The proportion of deaths involving only methadone or methadone plus alcohol has decreased from 58 percent of all methadone deaths in 1992 to 39 percent in 2007, while those involving combinations with illicit drugs decreased from 25 to 15 percent, and those involving combinations with prescription or licit drugs increased from 17 to 46 percent. The number involving overdose deaths of clients in narcotic treatment programs has remained level, at 11 of all the methadone deaths in 1993 and 11 in 2007.

Seven percent of all clients who entered publicly-funded treatment during 2009 used opiates other than heroin. Of these, 145 used illegal methadone and 5,844 used other opiate drugs (exhibit 15). Those who reported a primary problem with other opiates differed from those who reported a problem with heroin. They were much more likely to be

female (57 percent), to be White (77 percent), to have sought help in an emergency department (45 percent), and to report more health and psychological or emotional problems in the month prior to entering treatment (appendix 1). Fifty-six percent of these clients with problems with other opiates also reported problems with other substances such as sedatives (17 percent), alcohol (12 percent), and marijuana (9 percent). The clients with problems with illicit methadone were also more likely than heroin admissions to be female (49 percent) and 71 percent were White and 16 percent were Hispanic. Some 36 percent had no second drug problem, and of those who did have other problems, 17 percent had problems with other opiates, 14 percent had problems with alcohol, and 11 percent with sedatives, and 8 percent with heroin.

Exhibit 15 shows the number of deaths involving methadone, “other opiates”, and “other synthetic narcotics”. These are the International Classification of Diseases (ICD) categories which are used to show the causes of death, and other than “methadone”, they do not provide data on the specific drugs involved. Because data were available from copies of the death certificates prior to 2008, those numbers are included in Exhibit 15 to show which of these drugs pose larger problems. Persons who died from one of the other opiates in 2007 were more likely to be White and to be older than those persons whose death certificates mentioned heroin.

Of the 360 deaths with a mention of hydrocodone in 2007, 54 percent were male, 78 percent were White, 9 percent were Black, 13 percent were Hispanic, and the average age was 41. Of the 65 deaths in 2007 with a mention of oxycodone, 63 percent were male, 73 percent were White, 8 percent were Black, 1 percent was Hispanic, and the average age was 41. There were 48 deaths with a mention of fentanyl in 2007. Of these, 62 percent were male, 89 percent were White, 8 percent were Hispanic, and the average age was 42. Of the 170 deaths with a mention of methadone in 2008, 65 percent were male, 86 percent were White, 1 percent were Black, 11 percent were Hispanic, and the average age was 38.

Drinking codeine cough syrup with promethazine mixed with a soda, Karo® syrup, and flavored with Jolly Rancher® candies has been a problem in parts of Texas, especially around Houston, since 1999. Its popularity has been linked with the emergence of Hip Hop music, which is often referred to as “Sippin’ on Syrup” or “Purple Rain.” In 2009, soft drinks in bottles and purple cans which imitate the mixture are available in convenience stores, including three named “Drank®”, “Sippin’ Syrup®,” and “Lean®.” These contain valerian roots, melatonin, and rose hips, which are reported to produce a “downer” or

“sleepy” effect. Comments on the cans include “slow your roll,” “slow motion potion,” and “euphoric thoughts, extended relaxation, experience calmness.” Another version with alcohol is named “Sizzurp®” and is marketed in purple glass bottles that contain cognac, vodka, and fruit flavoring.

Promethazine or phenergan cough syrup with codeine sold for \$20 an ounce in Tyler and San Antonio. Hydrocodone sold for up to \$20 per pill in Dallas, \$1-\$3 in El Paso, and \$5-\$7 in San Antonio, and OxyContin® cost \$1 per mg in Dallas and \$10 per tablet in San Antonio. Dilaudid® sold for \$40-\$60 and a 10mg methadone tablet cost \$7-\$10 per tablet in Fort Worth, \$2 in El Paso, and \$4-\$8 in San Antonio.

In the Dallas DEA FD, hydrocodone, alprazolam, and promethazine with codeine are the most commonly diverted drugs. Other popular drugs are carisoprodol, diazepam, Adderall®, methadone, and oxycodone. Houston DEA FD reports hydrocodone is one of the most commonly abused drugs and codeine cough syrup continues to be abused. The El Paso DEA FD reported hydrocodone, methadone, morphine, oxycodone, and percocet were available and there have been increased seizures of these drugs. In addition, Mexican pharmacies on the border can sell medications over-the-counter which require prescriptions in the U.S. and these pharmacies continue to be popular sources of pain medications for El Paso residents.

The number of exhibits of opioids examined by the DPS laboratories has increased over time, with some variations between years. Hydrocodone and methadone peaked in 2007, while oxycodone peaked in 2009 (exhibit 15).

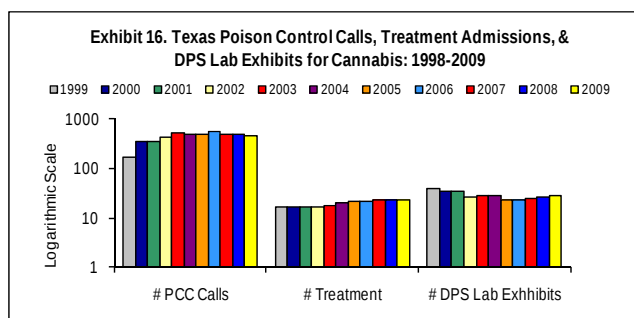
In Houston, prescriptions for the “Houston Cocktail” or “Holy Trinity” (alprazolam, hydrocodone, and carisoprodol) sell for \$825-\$950, and six doctors at Houston area “pain clinics” wrote between 23,907 to 43,328 prescriptions for those drugs in a 15-month period. Outreach workers in Houston report pain clinics appear to be the biggest drug dealers in town. Hydrocodone, alprazolam, and codeine were the most diverted drugs in the Dallas area. Street outreach workers in Harris and Tarrant Counties report increased use of oxycodone and hydrocodone. In Fort Worth, pain clinics are reported as sources of opioid medications. In Beaumont, the number of pain pills ingested at one time is increasing.

MARIJUANA

Marijuana homologs (synthetic marijuana) are appearing in Texas, according to the Texas poison centers. They are herbal products that contain

synthetic compounds that mimic the primary psychoactive ingredient in marijuana, tetrahydrocannabinol (THC). The products are known and sold under a wide variety of names such as K2, K2 summit, splce, splce gold, splce silver, splce diamond, genie, zohai, space, skunk, yucatan fire, halo, black mamba, damiana, drolle. They are available through the Internet and in specialized stores and are marketed as herbal incense. When smoked, they give users a marijuana-like high.

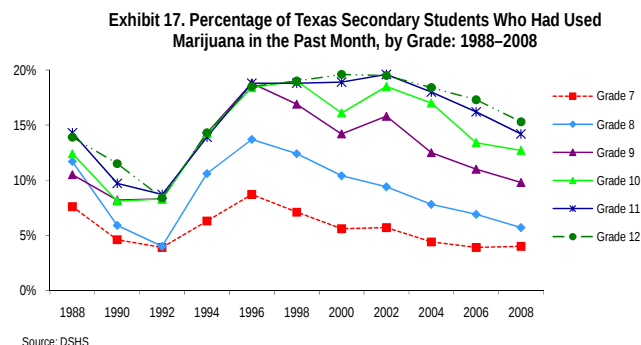
Symptoms associated with use of the marijuana homologs include heart palpitations, respiratory issues, panic attacks, hallucinations, delusions, vomiting, dilated pupils, and agitation. The substances may also produce withdrawal and dependence in users. Normal drug screens do not detect marijuana homologs. Between January 1 and June 30, 2010, the Texas poison center network received 99 calls involving 87 exposures. Age range was between 13 and 40 years; 31 percent were under age 20; 82 percent were male, and 91 percent had either misused or abused the substance.



Marijuana indicators have varied over the years (exhibit 16). Among Texas students in 2008 in grades 4–6, 1.7 percent had ever used marijuana, with 1.2 percent reporting use in the past school year. Among Texas secondary students (grades 7–12), 25 percent had ever tried marijuana, and 10 percent had used in the past month. From 2006 to 2008, this amounted to a 7 percent decrease in lifetime use and a 9 percent decrease in past-month use. Past-month use by grade level is shown in exhibit 17.

The 2008 survey found that of those youths who used marijuana, 66 percent smoked “blunts” at least one-half of the time, as compared to 58 percent who smoked “joints” at least one-half of the time. The relationship between tobacco use, marijuana use, and cigars was also seen in the finding that of those youths who had ever used tobacco and never used marijuana, 2.5 percent had ever used cigars. In comparison, of those who had ever used tobacco and ever used marijuana, 72 percent had ever used cigars.

In 2009, the YRBS reported that 37 percent of Texas high school students in grades 9–12 had ever smoked marijuana, as compared to 38 percent in 2007, 42 percent in 2005, and 41 percent in 2001.



The 2005 Texas college survey reported that 37 percent of students had ever used marijuana, and 11 percent had used in the past month. The 2007–2008 NSDUH estimated that 7.73 percent of Texans age 12 and older had used marijuana in the past year (compared to 10.22 percent nationally), with 4.3 percent using in the past month (compared to 5.9 percent nationally). Region 7 reported the highest level of past-year use of marijuana and Region 10 had the lowest level (appendix 2).

The Texas Poison Center Network reported there were 133 calls confirming exposure to marijuana in 1998, compared with 544 in 2006, 502 in 2008, and 208 in 2009 (exhibit 16).

Marijuana was the primary problem for 24 percent of admissions to treatment programs in 2009 (appendix 1) and while 46 percent reported no second substance abuse problem, 28 percent had a problem with alcohol, and 8 percent had a problem with powder cocaine. The average age was 24. Approximately 41 percent were Hispanic, 28 percent were White, and 30 percent were Black. Eighty-one percent had legal problems or had been referred from the criminal justice system. Those who were referred from the criminal justice system were more likely to complete treatment, compared with noncoerced clients. Referred clients were more likely to have received less intensive forms of treatment and to have not used marijuana in the month prior to 90-day post-discharge follow-up. This study concluded that more public health information is needed on marijuana dependence and there is a need for increased availability of early and brief interventions in a variety of primary health care settings to reduce the late presentations of the more severely impaired voluntary clients (Copeland & Maxwell, 2007).

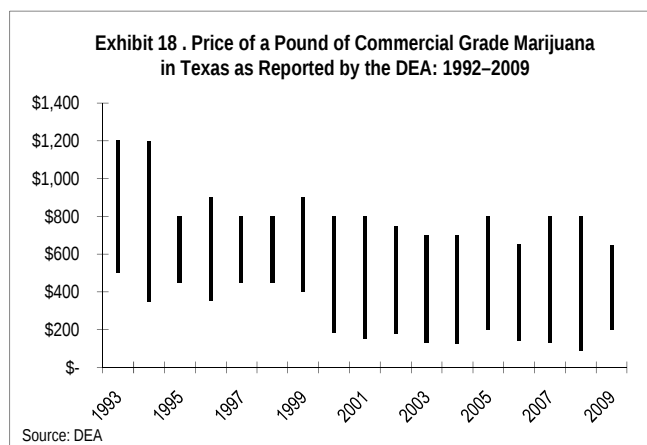
Marijuana was identified in 33 percent of all the exhibits analyzed by DPS laboratories in 2000, but in

only 26 percent in 2009 (exhibit 16).

The El Paso DEA FD reported that most of the marijuana passing through the El Paso area is destined for other cities in the US and large quantities are routinely seized in the area, but there is little marijuana cultivation in the area. In the Dallas/Fort Worth area, large-scale amounts of imported Mexican marijuana, domestically cultivated plants, and indoor-grow operations provide large amounts of high-quality cannabis. The Houston DEA FD reported Mexican marijuana is the primary form in that area, but hydroponic and indoor grow houses operated by Asian and Anglo males have also been encountered in the Field Division.

Hydroponic marijuana sold for \$3,000–\$5,500 per pound in Austin and San Antonio, and \$3,500–\$6,500 in Dallas. The average price for a pound of Mexican marijuana was \$50–\$75 in Matamoras, \$400 in San Antonio, \$200–\$300 in El Paso, \$500–\$600 in Lubbock, \$450–\$600 in Midland, \$250–\$650 in Alpine, and \$300–\$500 in Dallas. Sinsemilla sold for \$750–\$1,200 per pound in the Dallas/Fort Worth area.

Exhibit 18 shows the decline in the price of a pound of marijuana since 1992.

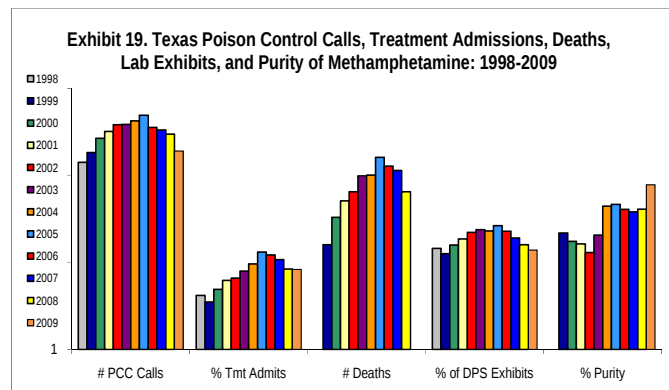


Outreach workers in Dallas reported increased marijuana use among the homeless and Houston workers reported the term “burn” is used to mean smoking marijuana.

STIMULANTS

Amphetamine-type substances come in different forms and with different names. “Speed” (“meth,” “crank”) is a powdered methamphetamine that is sold in grams or ounces. It can be snorted or injected. “Pills” can be pharmaceutical grade stimulants such as dextroamphetamine, Dexedrine®, Adderall®, Concerta®, Vyvanse®, Ritalin® (methylphenidate), or phentermine, or they can be methamphetamine

powder that has been pressed into tablets and sold as amphetamines, “Yaba,” or ecstasy. Stimulant pills can be taken orally, crushed for inhalation, or dissolved in water for injection.



There is also a damp, sticky methamphetamine powder of higher purity than speed that is known as “Base” in Australia and “Peanut Butter” in parts of the United States. “Peanut Butter” is a term that is more common with older long-term users who had previously had access to the P2P method of cooking. “Ice,” also known as “Crystal” or “Tina” or “Shards” is methamphetamine that has been “washed” in a solvent to remove impurities, it has longer-lasting physical effects and purity levels above 80 percent. Ice can be smoked in a glass pipe, “chased” on aluminum foil, mixed with marijuana and smoked through a “bong,” or mixed with water and injected.

The Texas secondary school survey reported that lifetime use of stimulants, or “uppers,” was 5 percent, and past-month use was 2 percent in 2008. Two percent responded positively to a separate question regarding lifetime use of methamphetamine, and 1 percent reported past-month use. The 2009 YRBS reported lifetime use of methamphetamine by Texas high school students was 3.7 percent, as compared to 6.7 percent in 2007, 7.3 percent in 2005 and 8.4 percent in 2001. The 2005 Texas college survey reported that 10 percent had ever used stimulants and 2 percent had used in the past month. The 2004–2006 NSDUH reported that past-year nonmedical use of stimulants (which included amphetamines, methamphetamine, methylphenidate, and prescription diet pills) in Texas was 1.4 percent, and past-year use of methamphetamine was 0.7 percent.

As exhibit 19 shows, all methamphetamine indicators except purity have decreased since 2005 when the precursor regulations were implemented. There were 144 calls to Texas poison control centers involving exposure to methamphetamine in 1998, 336 in 2006, 315 in 2007, 298 in 2008, and 190 in 2009 (exhibit 19).

Methamphetamine/amphetamine admissions to treatment programs increased from 5 percent of all admissions in 2000 to 11 percent in 2007 and dropped to 8 percent in 2009. The average age of clients admitted for a primary problem with these stimulants increased from 26 years in 1985 to 33 in 2009 (exhibit 19). The proportion of White clients rose from 80 percent in 1985 to 85 percent in 2009, while the proportion of Hispanics remained at 11 percent, and the proportion of Blacks dropped from 9 percent to 2 percent. Unlike the other drug categories, more than one-half of the clients entering treatment were women (56 percent). Clients with a primary problem with methamphetamine reported secondary problems with marijuana (24 percent), alcohol (17 percent), and powder cocaine (5 percent); 41 percent reported no secondary substance abuse problem. GHB was also frequently mentioned: of those clients who came to treatment with a problem with GHB, 57 percent reported that methamphetamine was their primary problem. In addition, methamphetamine dealers are reported to be selling GHB.

Users of amphetamines or methamphetamine tend to differ depending on their route of administration, as exhibit 20 shows. Methamphetamine injectors were more likely to have been in treatment before (62 percent readmissions) than amphetamine pill takers (48 percent), Ice smokers, or inhalers (both at 45 percent).

Exhibit 20. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary Problem of Amphetamines or Methamphetamines by Route of Administration: 2009

	Smoke	Inject	Inhale	Oral	All ^a
# Admissions	3,713	2,700	544	342	7,535
% of Stimulant Admits	49	36	82	45	100
Lag-1st Use to Tmt-Yrs.	11	15	13	12	12
Average Age-Yrs.	32	34	36	34	33
% Male	47	48	50	47	44
% Black	2	1	2	3	2
% White	84	92	84	76	85
% Hispanic	15	6	11	18	11
% CJ Involved	65	62	68	57	64
% Employed	12	9	12	16	11
% Homeless	8	12	5	6	9

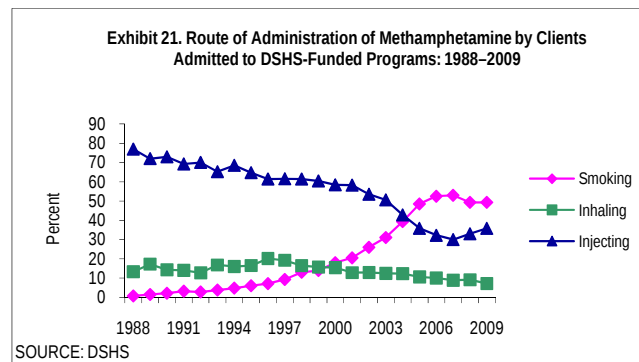
^aTotal includes clients with "other" routes of administration

Source: Texas Department of State Health Services; analysis by J. C. Maxwell

Smoking Ice peaked in 2007 (exhibit 21). Since then with the precursor bans, the availability of the different forms of methamphetamine has changed, with the percentage smoking Ice decreasing slightly and injecting now increasing.

Exhibit 19 shows the number of deaths due to all

psychostimulants; data specifically for methamphetamine was not available for 2008, but earlier analysis looking only for amphetamines or methamphetamine found there were 17 deaths in 1998, 177 in 2005, 116 in 2006, and 106 in 2007. Of the decedents in 2007, 76 percent were male; 73 percent were White, 22 percent were Hispanic, 4 percent were Black; and the average age was 40.



Methamphetamine and amphetamine together represented 16 percent of all items examined by DPS laboratories in 2000 and reached a peak of 25 percent in 2005 before dropping to 14 percent in 2009 (exhibit 19). Some 13.2 percent of the exhibits in 2009 were methamphetamine, and 0.7 percent amphetamine.

The National Clandestine Laboratory Database reported that 1,773 methamphetamine laboratories were seized in Texas in 1999, 429 in 2000, 619 in 2001, 547 in 2002, 677 in 2003, 452 in 2004, 270 in 2005, 132 in 2006, 79 in 2007, 112 in 2008, and 10 in 2009.

There are a number of recipes for making methamphetamine in local labs. The most common method in 2010 was the "cold method," which uses ephedrine, red phosphorus, and iodine crystals. This recipe produces d-methamphetamine (dextromethamphetamine). The "Nazi method" includes ephedrine or pseudoephedrine, lithium, and anhydrous ammonia. The most commonly diverted pills are 60-milligram pseudoephedrine tablets such as Sudafed, Walfeds, Xtreme Relief, Mini-Thins, Zolzina, Two-Way, and Ephedrine Release. Prior to precursor regulations in the 1980s, most illicit labs used the "P2P method," which is based on 1-phenyl-2-propanone. According to DEA, the P2P method is the primary method now used to produce Ice or Shards in Mexico, where the precursor chemicals for P2P are still available. The Mexican P2P process produces l-methamphetamine (levomethamphetamine), which is not thought to possess the same addiction potential of d-methamphetamine.

Although Texas law requires purchasers of

pseudoephedrine products to register when they buy the product, not all the registries are computerized. Some methamphetamine “cooks” are returning to “smurfing” to obtain pseudoephedrine by paying hourly wages to people to purchase the product from every available outlet.

A new method of producing methamphetamine which has become common is the “one pot” or “shake and bake” method. All the necessary chemicals are placed in a single container such as a 2-liter soda bottle or Coleman fuel can. The container is turned upside down or shaken to start the chemical reaction. Some recipes use dry ammonia nitrite and cough syrup rather than liquid anhydrous ammonia and pseudoephedrine pills. Other recipes involve the use of other heavy metals, and users report Ice can be produced in home laboratories with concentrated solutions the same way rock candy is grown. However, DEA toxicologists have tested this process and found the crystals are not methamphetamine.

A pound of powder methamphetamine sold for \$8,000-\$19,000 in the Dallas, \$13,000 in Houston, \$8,000-\$14,000 in El Paso, and \$20,000-\$25,000 in San Antonio. A pound of Ice sold for \$9,000-\$16,000 in San Antonio and \$10,000-\$19,000 in Dallas. An ounce of Ice sold for \$1,000-\$1,800 in the Dallas Field Division, a change from \$1,350-\$1,500 a year ago. An ounce also sold for \$1,000 in El Paso and \$1,000-\$1,600 in San Antonio.

The Dallas FD reports more local clandestine laboratories have been encountered. In Fort Worth, a box of 60 milligram, 36-count pseudoephedrine pills sold for \$18, in El Paso a 100 tablet bottle cost \$100, in Tyler, a 60mg bottle with 30 tablets cost \$18. Red phosphorus sold for \$100 per ounce in Fort Worth.

The Dallas DEA laboratory, which covers Texas and six other states, reported the purity of a kilogram of methamphetamine has increased from 62 percent in 2008 to 87 percent in 2009 to 94 percent in 2010, a gram increased from 41 percent to 78 percent and an ounce from 42 percent to 73 percent in the same time period. Dallas DEA FD reported that there has not been a significant increase in clan labs and most of the large seizures of methamphetamine are of Mexican origin made using the P2P process, while street-level seizures are made in local labs. The Houston DEA FD reported the presence of Mexican methamphetamine, with distribution by the Mexican Mafia and Aryan Brotherhood. Local independent labs continue to be found.

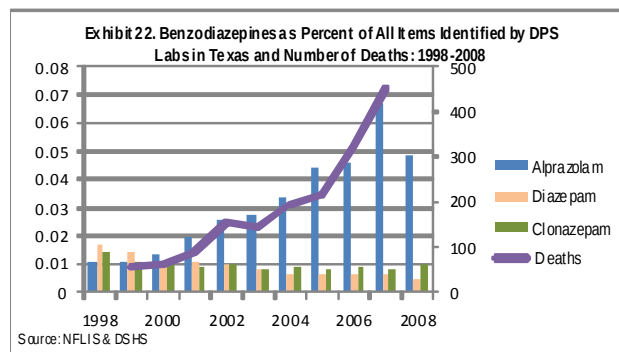
Ice can be cut with methylsulfonylmethane (MSM). MSM is available in 5-gallon quantities at local feed stores, and it is added to the Ice and heated. In Tulsa, MSM cost \$17.95 per pound. The mixture of Ice and

MSM is spread out to dry like peanut brittle and then crushed up to look like a pure Ice mixture. The typical first cut of a pound of methamphetamine with MSM can yield two pounds of medium-purity methamphetamine that retains the same crystalline appearance. In addition, DEA reports powdered Shards of Ice are being smuggled into Texas and then recrystallized prior to sale.

Street outreach workers in Houston, Lufkin, and Huntsville reported methamphetamine was continuing to be abused in those areas.

DEPRESSANTS

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



The 2008 Texas secondary school survey reported lifetime use of downers was 6 percent, and past-month use was 2 percent. Four percent had ever used alprazolam and 1 percent had ever used diazepam. The 2005 Texas college survey reported 9 percent had ever used sedatives, and 2 percent had used them in the past month. The 2004–2006 NSDUH reported 0.2 percent of Texans age 12 and older had used sedatives in the past year.

About 1.7 percent of the clients entering DSHS-funded treatment in 2009 had a primary problem with barbiturates, sedatives, or tranquilizers (appendix 1). Sixty-five percent of these clients were female, and 65 percent were White, 21 percent Hispanic, and 13 percent Black. They were users of multiple drugs: only 27 percent reported no other problem substance, as compared to 46 percent of users of all other drugs. Of the “downer” clients, 23 percent

reported a secondary problem with marijuana, 15 percent with alcohol, 15 percent with other opiate drugs, and 7 percent with powder cocaine.

Exhibit 22 shows the increases in deaths due to benzodiazepines from 55 in 1999 to 451 in 2007 and 302 in 2008.

Alprazolam, clonazepam, and diazepam were among the 13 most commonly identified substances according to the 2009 DPS lab report, although none of them represent more than 5 percent of all items examined in a year (exhibit 22).

Alprazolam tablets sold for \$4-\$5 in San Antonio, \$10 in El Paso, \$2-\$4 in Tyler, \$2-\$3 in Houston, \$3-\$5 in Fort Worth, and \$5 in Dallas.

Alprazolam use has increased in Houston, it is the most common pill mentioned in San Antonio, according to street outreach workers, and it is one of the three ingredients, along with hydrocodone and carisoprodol, that form the "Houston Cocktail" or "Holy Trinity".

CLUB DRUGS AND HALLUCINOGENS

Exhibit 23. Characteristics of Clients Admitted to DSHS-Funded Treatment with a Primary, Secondary, or Tertiary Problem with Club Drugs: 2009

Club Drug	GHB	Hallucinogens	Ecstasy	PCP	Rohypnol	Ketamine	Steroids
# Admissions	91	322	1350	1072	287	9	33
Average Age (Years)	30	26	24	29	18	31	34
% Male	47	72	58	46	71	67	73
% Black	4	25	36	86	0	0	6
% White	87	50	36	8	3	67	67
% Hispanic	6	24	36	6	97	11	24
% History Needle Use	48	23	12	5	12	56	39
% Criminal Justice Involved	68	76	76	66	76	78	67
% Primary Drug=Club Drug	20	28	16	58	21	0	36
Other Primary Drug							
% Marijuana	6	31	48	20	48	11	24
% Alcohol	9	12	9	6	2	11	9
% Methamphet/Amphetamines	57	10	8	1	1	33	0
% Powder Cocaine	0	5	8	5	9	0	9
% Crack Cocaine	0	5	5	6	1	0	3
% Heroin	3	3	1	1	14	44	3
% Other Opiates	2	2	2	1	1	0	3

Source: Texas Department of State Health Services; analysis by J. C. Maxwell

Exhibit 23 shows the demographic characteristics of clients entering DSHS-funded treatment programs statewide with a problem with a club drug. The row "Primary Drug=Club Drug" shows the percentage of clients citing a primary problem with the club drug shown at the top of the column. The rows under the heading "Other Primary Drug" show the percentage of clients who had a primary problem with another drug, such as marijuana, but who had a secondary or tertiary problem with one of the club drugs shown at the top of the table. Note that the treatment data include a broader category, "Hallucinogens," which includes lysergic acid diethylamide (LSD), dimethyl-tryptamine (DMT), STP (phencyclidine and 2,5-Dimethoxy-4-methylamphetamine), mescaline, psilocybin, and peyote.

Among the clients shown in exhibit 23, the gamma hydroxybutyrate (GHB) clients were the most likely to be White, phencyclidine (PCP) clients were the most likely to be Black, Rohypnol® clients were the most likely to be Hispanic and the youngest, and ketamine clients were the oldest. Users of PCP were the most likely to have a primary problem with PCP (55 percent), users of Rohypnol®, ecstasy, and hallucinogens were more likely to have primary problems with marijuana. Users of GHB tended to have a primary problem with methamphetamine (56 percent), and ketamine users were the most likely to have a history of injecting drug use, followed by GHB and steroids.

Benzylpiperazine (BZP) and TFMP

N-Benzylpiperazine (BZP) has pharmacological effects that are qualitatively similar to those of amphetamine. It is a Schedule I drug that is often taken in combination with 1-(3-trifluoromethylphenyl) piperazine (TFMPP), a noncontrolled substance, in order to enhance its effects as a substitute for MDMA. It is generally taken orally, but can be smoked or inhaled. Piperazines are a broad class of chemicals which include several stimulants (BZP, TFMPP, etc) as well as anti-vertigo agents (cyclizine, meclizine) and others (sildenafil/Viagra®).

There were 19 BZP exhibits and 2 TFMPP in 2007, 312 BZP and 66 TFMPP in 2008, and 436 BZP and 87 TFMPP in 2009.

Dextromethorphan (DXM)

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

The 2008 Texas school survey reported that 3 percent of secondary students indicated they had ever used DXM, and 2 percent had used in the past year. The 2005 Texas college survey found that 5 percent had ever used DXM, and less than 1 percent had used it in the past month.

Poison control centers reported the number of abuse and misuse cases involving DXM rose from 99 in 1998 to 505 in 2009. The average age was 21. The number of cases involving abuse or misuse of Coricidin HBP® was 7 in 1998, 189 in 2005, 288 in 2006, 483 in 2007, 158 in 2008, and 126 in 2009. The average age in 2009 was 17, which shows that youth can easily access and misuse this substance.

There were 12 deaths in 2007 in which DXM was one of the substances mentioned on the death certificate.

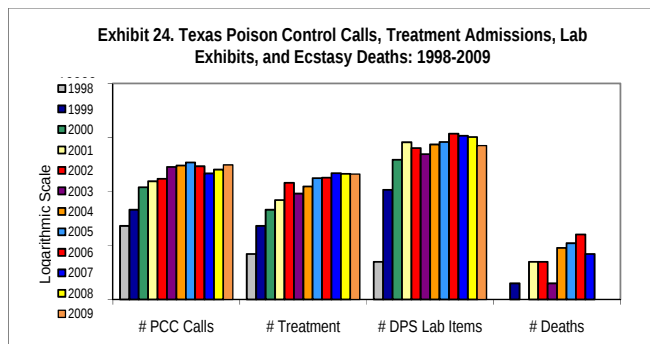
DPS labs examined 2 substances in 1998 that were DXM, compared with 13 in 1999, 36 in 2000, 18 in 2001, 42 in 2002, 10 in 2003, 15 in 2004, 10 in 2005, 12 in 2006, 5 in 2007, 9 in 2008, 0 in 2009.

In Lubbock, street outreach workers report some youths are taking 10-16 Triple C or CCC pills at a time to achieve hallucinogenic effects.

Ecstasy (MDMA, MDA)

The 2008 Texas secondary school survey reported that lifetime ecstasy use dropped from a high of 9 percent in 2002 to 5 percent in 2008, while past-year use dropped from 3 to 2 percent during that time.

The YRBS reported that 9 percent had ever used ecstasy in 2009, as compared to 10 percent in 2007 and 8 percent in 2005. The 2005 Texas college survey found that 9 percent of college students had ever used ecstasy, and less than 1 percent had used in the past year. The 2004–2006 NSDUH survey reported 1.1 percent of Texans had used ecstasy in the past year.



The Texas Poison Center Network reported 23 calls involving misuse or abuse of ecstasy in 1998, compared with 46 in 1999, 119 in 2000, 155 in 2001, 172 in 2002, 284 in 2003, 302 in 2004, 343 in 2005, 292 in 2006, 232 in 2007, 293 in 2008, and 310 in 2009 (exhibit 24). In 2009, the average age was 20.

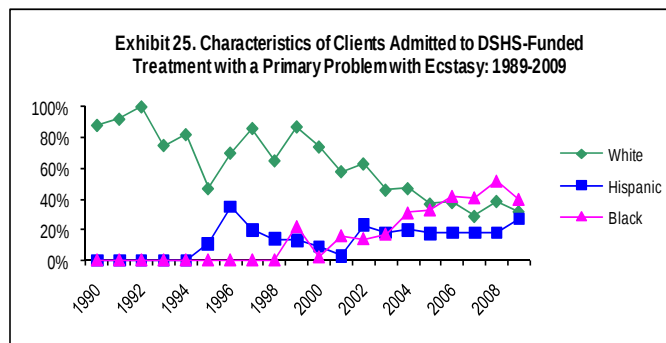


Exhibit 25 shows that ecstasy has spread outside the White rave scene and into the Hispanic and Black communities, as evidenced by the fact that only 36 percent of the clients in 2009 were White.

Ecstasy is often used in combination with other drugs, and the increase in use and abuse of the drug is demonstrated in the increases in the numbers of clients seeking treatment who report a primary, secondary, or tertiary problem with ecstasy (exhibit 24). In 1998, there were 63 of these polydrug admissions, as compared with 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, 502 in 2003, 561 in 2004, 640 in 2005, 1,212 in 2006, 1,247 in 2007, 1,189 in 2008, and 1,350 in 2009.

The DPS labs identified methylenedioxy-

methamphetamine (MDMA) in 5 exhibits in 1998, 107 exhibits in 1999, 387 in 2000, 817 in 2001, 63 in 2002, 490 in 2003, 737 in 2004, 821 in 2005, 1,173 in 2006, 1,134 in 2007, 1,011 in 2008, and 703 in 2009 (exhibit 24).

Methylenedioxymphetamine (MDA) was identified in no exhibits in 1998, 31 in 1999, 27 in 2000, 60 in 2001, 106 in 2002, 94 in 2003, 67 in 2004, 85 in 2005, 80 in 2006, 43 in 2007, 63 in 2008, and 7 in 2009.

The Dallas DEA FD reported the primary source of ecstasy in the area was in southern California, where Asian groups had obtained wholesale quantities from western Canada. The drug is typically imported by vehicles into the Dallas area in 100,000 tablet quantities. Wholesale distribution was dominated by Asians, while retail level distribution was conducted mainly by younger White males. The mid-level distributors were reported to be quick to establish new sources and the availability of the drug (or counterfeits) was expected to remain readily available. According to the Houston DEA FD, ecstasy was readily available, with Vietnamese and Chinese operators controlling trafficking. The drug was imported from Canada with smaller amounts coming in from Europe. The El Paso DEA FD reported an increase in RAVE parties where ecstasy is present, and due to the violence in Ciudad Juarez, young adults are staying on the US side to party rather than participate in the night life across the border.

Single dosage units of ecstasy sold for \$20 in Houston, \$15 in El Paso, \$6 in McAllen, \$25 in Dallas, \$20–\$25 in San Antonio, and \$20–\$25 in Lubbock. A “boat” (1,000 pills) cost \$4500 in Dallas.

The Partnership/MetLife Foundation study in Houston reported use of ecstasy had gone from 10 percent in 2009 to 67 percent in 2010.

Gamma Hydroxybutyrate (GHB), Gamma Butyrate Lactone (GBL), 1-4 Butanediol (1,4 BD)

The 2005 Texas college survey reported that 2 percent of the students had ever used GHB, and none reported past-month use.

The number of cases of misuse or abuse of GHB or its precursors reported to the Texas Poison Center Network was 110 in 1998, 150 in 1999, 120 in 2000, 119 in 2001, 100 in 2002, 66 in 2003, 84 in 2004, 62 in 2005, 43 in 2006, 56 in 2007, 49 in 2008, and 46 in 2009. The average age of the abusers in 2008 was 28.

Adults and adolescents with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 BD have been

admitted to DSHS-funded treatment. In 1998, there were 2 clients, compared with 17 in 1999, 12 in 2000, 19 in 2001, 33 in 2002, 31 in 2003, 45 in 2004, 48 in 2005, 111 in 2006, 103 in 2007, 113 in 2008, and 91 in 2009. In 2009, clients who used GHB tended to be older (average age 30) and were more likely to be White (87 percent) (exhibit 23). GHB users were more likely to have used the so-called “hard-core” drugs: 48 percent had a history of injection drug use (IDU) and 57 percent had a primary problem with amphetamines or methamphetamine. Because of the sleep-inducing properties of GHB, users will also use methamphetamine to stay awake while they are “high” on GHB, or they use GHB to “come down” from their use of methamphetamine. Others report methamphetamine dealers also sell GHB and that they consistently use both substances in combination.

There were three deaths that involved GHB in 1999, compared with five in 2000, three in 2001, two in 2002, two in 2003, three in 2004, three in 2005, one in 2006, and two in 2007.

There were 18 items identified by DPS labs as being GHB in 1998, compared with 112 in 1999, 45 in 2000, 34 in 2001, 110 in 2002, 150 in 2003, 99 in 2004, 92 in 2005, 89 in 2006, 56 in 2007, 57 in 2008, and 36 in 2009. There were no items identified as GBL in 1998, compared with four in 1999, seven in 2000, seven in 2001, nine in 2002, five in 2003, two in 2004, one in 2005, nine in 2006, none in 2007, three in 2008, and none in 2009. There were no items identified as 1,4 BD in 1988, compared with 4 in 1989, 4 in 2000, 19 in 2001, five in 2002, and none in 2003, 2004, 2005, 2006, 2007, or 2008, with 1 in 2009.

In San Antonio, a pint cost \$100 wholesale. In Dallas, it sold for \$20 per dosage unit and \$500–\$1,600 per gallon.

Ketamine

The 2005 Texas college survey found that 2 percent of the students had ever used ketamine, and none reported past-month use.

Eight cases of misuse or abuse of ketamine were reported to Texas Poison Control Centers in 1998, compared with 7 in 1999, 15 in 2000, 14 in 2001, 10 in 2002, 17 in 2003, 7 in 2004, 5 in 2005, 3 in 2006, 1 in 2007, 1 in 2008, and 1 in 2009.

In 2008, there were 9 admissions to treatment with a primary, secondary, or tertiary problem with ketamine. The average age was 31, 67 percent were male, 56 percent had an IDU history, 67 percent were White, 11 percent were Hispanic, and 0 percent were Black (exhibit 23). None had a primary problem

with ketamine, but 44 percent had a primary problem with heroin and 33 percent had a primary problem with methamphetamine and a secondary or tertiary problem with ketamine.

There were two deaths in 1999 that involved use of ketamine, compared with none in 2000, one in 2001, one in 2002, none in 2003, two in 2004, one in 2005, none in 2006, and two in 2007.

In 1998, two substances were identified as ketamine by DPS labs. There were 26 items identified in 1999, 49 in 2000, 120 in 2001, 116 in 2002, 85 in 2003, 79 in 2004, 19 in 2005, 140 in 2006, 154 in 2007, 76 in 2008, and 56 in 2009.

Ketamine cost \$2,200–\$2,500 per liter in Fort Worth and \$65 per vial in Tyler, with a dose selling for \$20 per pill or gram in Tyler, \$20–\$40 in Lubbock, and \$15–\$20 in San Antonio for 0.2 grams,

Lysergic Acid Diethylamide (LSD) and Other Hallucinogens

The Texas secondary school survey showed that use of hallucinogens (defined as LSD, PCP, mushrooms, etc.) continued to decrease. Lifetime use peaked at 7.4 percent in 1996 and dropped to 4.4 percent in 2008. Past-month use dropped from a peak of 2.5 percent in 1998 to 1.5 percent in 2008. The 2005 Texas college survey found that 10 percent of college students had ever used hallucinogens, and less than 1 percent had used in the past month. The 2002–2004 NSDUH reported past-year use by Texans age 12 and older at 0.3 percent.

The Texas Poison Center Network reported 82 mentions of abuse or misuse of LSD in 1998, compared with 113 in 1999, 97 in 2000, 70 in 2001, 129 in 2002, 20 in 2003, 22 in 2004, 38 in 2005, 33 in 2006, 31 in 2007, 17 in 2008, and 26 in 2009. There were also 98 cases of intentional misuse or abuse of hallucinogenic mushrooms reported in 1998, 73 in 1999, 110 in 2000, 94 in 2001, 151 in 2002, 130 in 2003, 172 in 2004, 82 in 2005, 96 in 2006, 125 in 2007, 93 in 2008, and 96 in 2009. The average age in 2009 was 19 for the LSD cases and 21 for the mushroom cases.

The number of adults and youths with a primary, secondary, or tertiary problem with hallucinogens entering treatment had increased until 2009. There were 636 admissions in 2000, 486 in 2001, 436 in 2002, 319 in 2003, 266 in 2004, 223 in 2005, 338 in 2006, 370 in 2007, 404 in 2008, and dropped to 322 in 2009. Of the hallucinogen admissions in 2009, the average age was 26, 72 percent were male, 50 percent were White, 24 percent were Hispanic, and 25 percent were Black. Seventy-six percent were

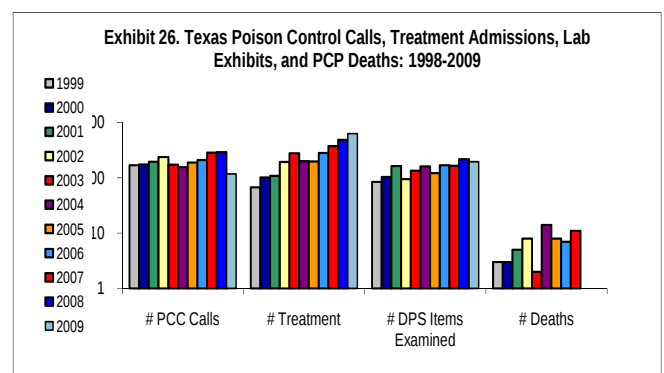
referred from the criminal justice or legal system, and 23 percent had an IDU history (exhibit 23).

Statewide, there were two deaths in 1999 and one in 2000 with a mention of LSD. No deaths with a mention of LSD have been reported through 2008.

DPS labs identified 69 substances as LSD in 1998, compared with 406 in 1999, 234 in 2000, 122 in 2001, 11 in 2002, 10 in 2003, 25 in 2004, 14 in 2005, 1 in 2006, 29 in 2007, 19 in 2008, and 33 in 2009.

A dosage unit of LSD sold for \$1–\$10 in Dallas, \$7 in Lubbock, and \$8–\$12 in San Antonio. Psilocybin mushrooms sold for \$10–\$14 per gram in Lubbock.

Phencyclidine (PCP)



The 2002–2004 NSDUH reported past-year use of PCP in Texas at 0.1 percent.

The Texas Poison Center Network reported cases of “Fry,” “Amp,” “Water,” “Wet,” “Wack,” “PCP,” or formaldehyde. Often, marijuana joints are dipped in formaldehyde that contains PCP, or PCP is sprinkled on the joint or cigarette. The number of poison cases involving PCP increased from 102 in 1998 to 290 in 2008 and 125 in 2009 (exhibit 26).

Exhibit 26 shows the increases in the number of clients entering treatment with a primary problem with PCP. Of the clients in 2009, 86 percent were Black, 46 percent were male, and 66 percent were involved in the criminal justice system. While 58 percent reported a primary problem with PCP, another 20 percent reported a primary problem with marijuana, which demonstrates the link between these two drugs (exhibit 23).

There were eight death certificates in 2007 that mentioned PCP (exhibit 26).

DPS labs identified 10 substances as PCP in 1998 and 195 in 2009 (exhibit 26).

According to the DEA, PCP cost \$5 per dipped

cigarette, \$45-\$80 for an ounce retail, and a gallon cost \$700-\$1,200 in San Antonio. PCP use was reported by street outreach workers to be increasing among youths and young adults age 16-30 and to continue to be a problem in Houston.

Rohypnol®

Rohypnol® (flunitrazepam) is a benzodiazepine that was never approved for use in the United States. The drug is legal in Mexico, but since 1996, it has been illegal to bring it into the United States. Rohypnol® continues to be a problem along the Texas–Mexico border. The 2008 secondary school survey found that students from the border area were about three times more likely to report Rohypnol® use than those living elsewhere in the State (6 percent versus 2 percent lifetime, and 2 percent versus 1 percent current use). Use in both the border and nonborder areas has declined since its peak in 1998. Among Texas college students in 2005, 1 percent reported lifetime use of Rohypnol®, and none reported past-month use.

The number of confirmed exposures to Rohypnol® reported to the Texas Poison Control Centers peaked at 102 in 1998, 22 in 2005, 10 in 2006, 11 in 2007, 12 in 2008, and 23 in 2009. The average age in 2008 was 17, 61 percent were male, and 82 percent lived in counties on the border.

The number of youths and adults admitted into treatment with a primary, secondary, or tertiary problem with Rohypnol® has varied: 247 in 1998, 364 in 1999, 324 in 2000, 397 in 2001, 368 in 2002, 331 in 2003, 221 in 2004, 198 in 2005, 278 in 2006, 272 in 2007, 207 in 2008, and 287 in 2009. In 2009, clients abusing Rohypnol® were among the youngest of the club drug clients (age 18), and they were mostly Hispanic (97 percent), reflecting the availability and use of this drug along the border. Seventy-six percent were involved with the criminal justice or legal system. While 21 percent of these clients said that Rohypnol® was their primary problem drug, 48 percent reported a primary problem with marijuana, and 14 percent had a problem with heroin (exhibit 23).

DPS lab exhibits for flunitrazepam numbered 43 in 1988, 56 in 1999, 32 in 2000, 33 in 2001, 26 in 2002, 17 in 2003, 17 in 2004, 10 in 2005, 9 in 2006, 1 in 2007, 0 in 2008, and 3 in 2009.

Rohypnol® sold for \$2–\$4 per pill in San Antonio in 2008.

OTHER ABUSED SUBSTANCES

Inhalants

The 2008 elementary school survey found that 9 percent of students in grades 4–6 had ever used inhalants, and 7 percent had used in the school year. The 2008 secondary school survey found that 9 percent of students in grades 7–12 had ever used inhalants, and 3 percent had used in the past month. Inhalant use exhibits a peculiar age pattern not observed with any other substance. The prevalence of lifetime and past-month inhalant use was higher in the lower grades and lower in the upper grades. This decrease in inhalant use as students age may be partially related to the fact that inhalant users drop out of school early and are not in school in later grades to respond to school-based surveys. In addition, the Texas school surveys have consistently found that eighth graders reported use of more different kinds of inhalants than any other grade, this may be a factor that exacerbates the damaging effects of inhalants and leads to dropping out.

The 2009 YRBS reported that 11.9 percent of Texas high school students had ever used inhalants, as compared to 12.9 percent in 2007, 13.2 percent in 2005, and 13.9 percent in 2001. Respondents to the 2005 Texas college survey reported 4 percent lifetime and 0.3 percent past-month use of inhalants. The 2002–2004 NSDUH estimated that 0.7 percent of Texas age 12 and older had used inhalants in the past year.

Out of the 77 calls to the poison control centers in 2009 that involved human exposure to the inhalation of chemicals, there were 40 calls for exposure to automotive products such as carburetor cleaner, transmission fluid, and gasoline, 96 calls for misuse of air fresheners or dusting sprays containing tetrafluoroethane or difluoroethane, 29 calls for abuse or misuse of spray paint or toluene, 7 calls for deodorant or body spray, and 20 calls involving gases such as butane, helium, nitrous oxide, or propane.

Inhalant abusers represented 0.1 percent of the admissions to treatment programs in 2009. The clients tended to be male (67 percent) and Hispanic (58 percent). The over-representation of Hispanics is related to the fact that DSHS had developed and funded treatment programs targeted specifically to this group. The average age of the clients was 27. Fifty-five percent were involved with the criminal justice system, the average education was 10.1 years, 12 percent were homeless, and 22 percent had a history of injection drug use (appendix 1). Of the inhalant abusers, 37 percent reported no secondary drug problem, 26 percent had a second

problem with marijuana, and 26 percent had a second problem with alcohol.

The HIV/AIDS outreach programs are reporting increased use of amyl and butyl nitrate in the gay community and teenagers are using nitrous oxide ("Whippets"). Whippets are available at local smoke shops in valves (14 valves for \$24) and they are learning how to use them from YouTube videos.

Steroids

The Texas school survey reported that 1.5 percent of all secondary students surveyed in 2008 had ever used steroids, and 0.5 percent had used steroids during the month before the survey. The 2009 YRBS found lifetime use among Texas high school students was 2.9 percent, with use being 3.5 percent among boys and 2.3 percent among girls. In 2007, overall use was 3.9 percent, with 4.8 percent among boys and 3.0 percent among girls. The 2005 Texas college survey found less than 1 percent had ever used steroids, and 0.1 percent had used in the past month.

There were 33 persons admitted to DSHS-funded treatment in 2009 with a primary, secondary, or tertiary problem with steroids. Seventy-three percent were male, 67 percent were White, and 24 percent were Hispanic, the average age was 34. Sixty-seven percent were involved with the criminal justice or legal system, 36 percent had a primary problem with steroids, and 24 percent had a primary problem with marijuana (exhibit 23).

The NFLIS data for Texas reported testosterone was the steroid most likely to be identified in forensic testing, although it only constituted 0.1 percent of all the items tested in 2009. Dallas DEA reported that Mexico was the source for anabolic steroids and China was the source of human growth hormone (HGH).

Carisoprodol (Soma®)

Poison control centers confirmed that exposure cases of intentional misuse or abuse of the muscle relaxant carisoprodol (Soma®) increased from 83 in 1998 to 428 in 2009, average age was 34.

In 2007, carisoprodol was mentioned on 208 death certificates, up from 51 in 2003. Only four of the 2007 death certificates mentioned only carisoprodol, all the others listed combinations of drugs. Hydrocodone and alprazolam were substances most often mentioned on the other carisoprodol death certificates. Of the 2007 deaths, 50 percent were male and the average age was 39.

DPS lab exhibits of carisoprodol reported to NFLIS increased from 13 in 1998 to 90 in 1999, 153 in

2000, 202 in 2001, 232 in 2002, 277 in 2003, 253 in 2004, 336 in 2005, 558 in 2006, 700 in 2007, 471 in 2008, and 552 in 2009. According to the Dallas DEA Field Division, Soma® and Soma® with codeine sold for \$2–\$5 per tablet. Carisoprodol is one of the most popular drugs in the illicit drug market in the Dallas-Fort Worth area, and is part of the combination with hydrocodone and alprazolam that is known as the "Houston Cocktail" or "Holy Trinity."

DRUG ABUSE PATTERNS ON THE TEXAS-MEXICO BORDER

The 2008 Texas Secondary School Survey reported that students living in counties along the Texas border were more likely to report lifetime use of tobacco (33 percent versus 31 percent nonborder), powder cocaine (10 percent versus 6 percent), crack cocaine (3 percent versus 2 percent), and Rohypnol® (6 percent versus 2 percent), while nonborder students were more likely to report use of marijuana (25 percent versus 22 percent border), alcohol (63 percent versus 61 percent), alprazolam (14 percent versus 8 percent), ecstasy (5 percent versus 4 percent), and methamphetamine (4 percent versus 3 percent). One percent of each group reported lifetime use of heroin.

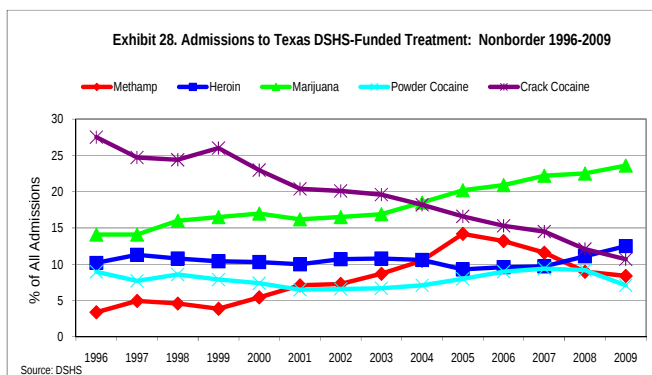
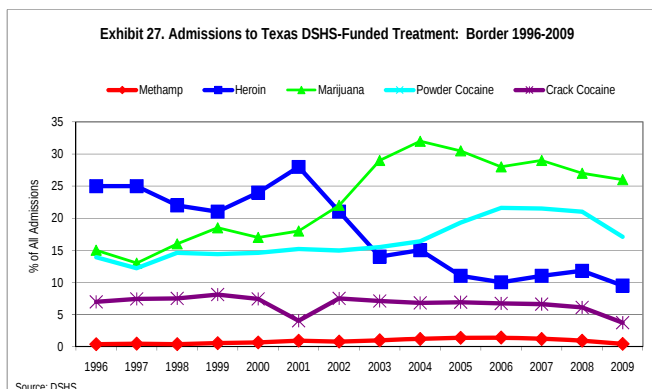
When asked which substances were very easy to obtain, border students reported Rohypnol® (12 percent versus 6 percent), powder cocaine (16 percent versus 11 percent), and crack cocaine (11 percent versus 8 percent), while nonborder students reported tobacco (40 percent versus 32 percent), alcohol (47 percent versus 39 percent), and marijuana (26 percent versus 23 percent).

Different patterns were also seen in border and nonborder admissions to DSHS-funded treatment in 2009. Border clients were more likely to report problems with alcohol (39 percent versus 28 percent nonborder), powder cocaine (17 percent versus 7 percent), and marijuana (26 percent versus 23 percent). Nonborder clients were more likely to report problems with heroin (13 percent versus 10 percent), other opiates (7 percent versus 1 percent nonborder), methamphetamine (8 percent versus 0.4 percent), and crack cocaine (11 percent versus 4 percent). In addition to differences in primary problem, nonborder clients were less likely to be first admissions (47 percent versus 63 percent), less likely to be male (61 percent versus 82 percent), more likely to be homeless (11 percent versus 6 percent), and more likely to have a history of injection drug use (27 percent versus 15 percent). The nonborder clients reported more days of problems on the ASI Index in the month prior to admission than did border admissions.

Over time, the drug use problems have changed on

the border and in the nonborder areas. Exhibit 27 shows the increase in use of marijuana, the decrease in heroin, and the low levels of use of crack cocaine and methamphetamine on the border. In comparison, in the nonborder areas, the use of crack cocaine has decreased, while the use of marijuana has increased. Use of methamphetamine peaked in 2005 (exhibit 28).

The drug problem also differs in cities along the border. The primary problems at treatment admission in El Paso in 2009 were alcohol (42 percent), marijuana (19 percent), and powder cocaine (16 percent), and heroin (12 percent). In Laredo, 24 percent of the admissions were for heroin, 23 percent for marijuana, 22 percent for powder cocaine, and 16 percent for alcohol. In McAllen, 41 percent for alcohol, 38 percent for marijuana, and 13 percent for powder cocaine. These variations were due both to historical funding decisions (the largest methadone program in El Paso is not state-funded and does not report treatment data and there is an adolescent residential program in Laredo) and to trafficking patterns.



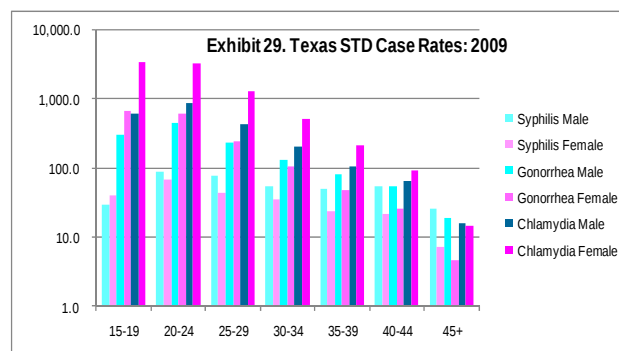
The DPS laboratory in El Paso in 2009 reported 57 percent of the items examined were marijuana, 20 percent cocaine, and 0.8 percent heroin. In Laredo, 53 percent of the items examined were marijuana, 25 percent were cocaine, and 5 percent heroin and 5 percent carisoprodol. In McAllen, 49 percent of the items examined were cocaine and 10 percent were

marijuana.

While poverty, unemployment, lack of social services and drug treatment programs to meet the increasing demand, drug trafficking, and cartels and gangs are not new to the border, street outreach workers have reported increasing fear, trauma, and mental health issues related to loss of partners and parents. There is less ability to coordinate services across the border, while at the same time there is an increasing need for greater collaboration. There were growing concerns by workers about their personal safety in providing substance abuse services in communities which are experiencing increases in violence and crimes related to drugs. The workers also reported increasing numbers of youth involved in drug trafficking and fewer options for these youth. Choosing whether or not to become involved in drugs and gangs seemed less like a choice and more like a decision based on threats and fear. There was also concern that people in need of substance abuse and mental health services were becoming more "closeted" and afraid to ask for help due to repercussions related to the safety of their families and/or immigration issues.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

DSHS estimates that 1.8 percent of Texans are infected with HCV. The number of acute HCV cases has fluctuated from 241 in 2000 to 496 in 2001 to 284 in 2002 to 54 in 2003 to 56 in 2004 to 102 in 2005 to 57 in 2006 to 71 in 2007 to 59 in 2008, with 36 reported as of May 2010.



The case rate for syphilis increased from 3.5 per 100,000 in 1997 to 6.6 in 2009; the highest case rates were for African American males (45.5) and African American females (24.5). The case rate for Chlamydia increased from 260.7 per 100,000 in 1997 to 417.0 in 2009; the highest rates were for African American females (1574.9). The case rate for gonorrhea decreased from 136.9 per 100,000 in 1997 to 115.7 in 2009; the highest rates were for African American females (531.7) and African American males (510.5). Exhibit 29 shows the case rates by age group. Notice that the case rates for all three

diseases are higher for female teenagers and it is not until females are 45 and older that the female case rates for all three diseases drop below that of males.

With the recent problems in the economy, HIV/AIDS outreach workers have reported increases in the numbers of people engaging in sex work to support themselves and their families or to obtain drugs, which is resulting in increases in sexually transmitted diseases (STDs). In addition, outreach workers were reporting increasing numbers of cases of syphilis and untreated HCV and HIV cases, as well as the use of Viagra in Austin by men who are in their twenties and thirties and who have sex with other men. In Houston, illegal homeless immigrants are turning to prostitution because they do not have legal documentation to work.

HIV/AIDS Cases

The proportion of HIV cases among men having sex with men (MSM) increased from 46 percent in 1999 to 65 percent in 2008 (exhibit 30), and the proportion of AIDS cases among MSM decreased from 81 percent in 1987 to 59 percent in 2008 (exhibit 31). Of the HIV cases in 2008, 23 percent were heterosexual mode of exposure, and 10 percent were IDUs. Of the 2008 AIDS cases, 25 percent were heterosexual and 12 percent were IDUs. HIV cases that later seroconverted to AIDS are excluded from the HIV exhibits. The proportions of cases involving IDU or IDU/MSM have decreased over time.

Persons infected with HIV or AIDS were increasingly more likely to be people of color. Among HIV cases in 2008, 45 percent were Black, 27 percent were White, and 26 percent were Hispanic (exhibit 32). Among AIDS cases in 2008, 42 percent were Black, 28 percent were White, and 28 percent were Hispanic (exhibit 33).

The proportion of IDUs entering DSHS-funded treatment programs decreased from 32 percent in 1988 to 17 percent in 2009. In 2009, 60 percent of heroin injectors were people of color (exhibit 9), while injectors of cocaine (exhibit 3) and of stimulants (exhibit 20) were far more likely to be White.

Exhibit 30. Percent HIV Cases by Selected Modes of Exposure: 1999-2008 (Cases with Risk Not Classified Excluded)

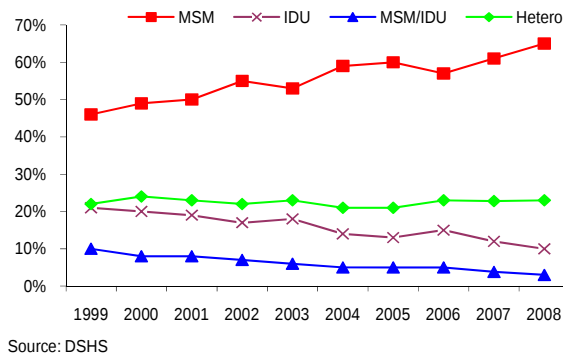


Exhibit 31. AIDS Cases in Texas by Mode of Exposure: 1987-2008 (Cases with Risk Not Classified Excluded)

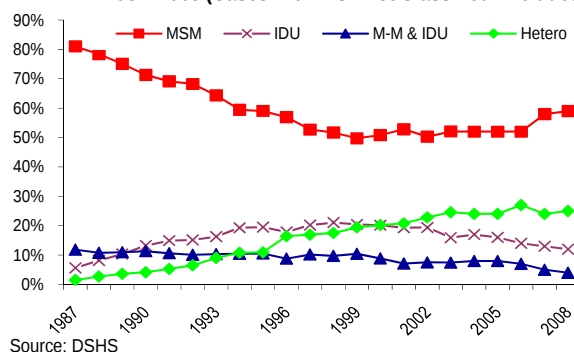


Exhibit 32. Texas Male and Female HIV Cases by Race/Ethnicity: 1999-2008

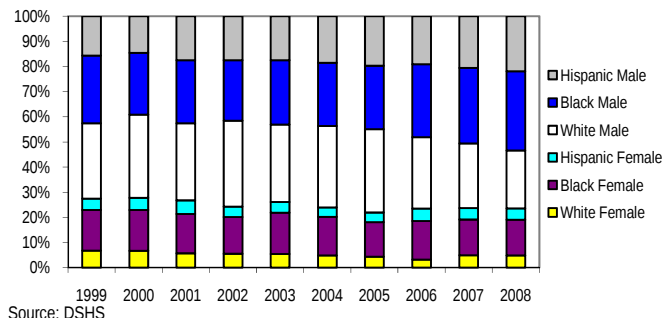
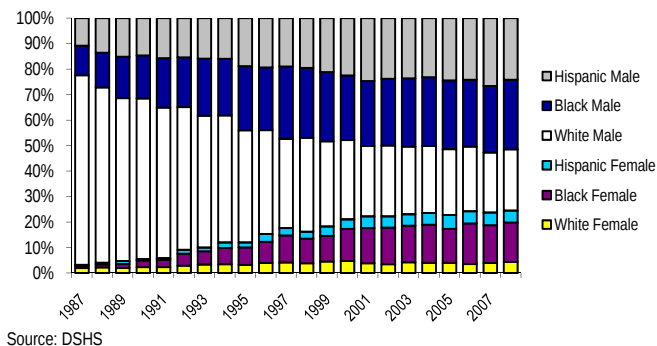


Exhibit 33. Texas Male and Female AIDS Cases by Race/Ethnicity: 1987-2008



Appendix 1. Characteristics of Clients at Admission to DSHS-Funded Treatment Programs by Primary Problem Substantiated that Caused Them to Seek Treatment: January-December 2009

	Total	Percent Of All	Average	Average	Ave Lag	Pct No	Percent	Percent
Primary substance	Admissions	Admissions	Age	Age	1st Use to	Prior	Married	Male
Total	91,072	100.0	33.1	18.4	15.0	47.5	17.7	60.9
Heroin	11,368	12.5	33.6	20.9	13.0	25.3	14.9	62.4
Non-Rx Methadone	145	0.2	33.7	25.2	8.0	29.0	20.0	51.0
Other opiates	5,844	6.4	33.6	23.6	10.0	38.2	20.4	42.5
Alcohol	25,288	27.8	38.5	15.6	23.0	45.9	17.8	70.1
Barbiturates	77	0.1	28.7	19.7	9.0	57.1	15.6	44.2
Other sedatives	1,348	1.5	28.9	21.0	8.0	49.0	15.7	33.9
Amphet/Methamph	7,535	8.3	33.1	21.0	12.0	46.1	16.1	44.3
Cocaine(powder)	6,611	7.3	33.0	21.0	12.0	52.6	19.5	54.0
Marijuana	21,540	23.7	23.7	14.4	9.0	67.4	20.0	71.0

	Percent Using	Percent w/ History of	Percent	Percent	Percent	Percent	Avg Months	% Involved
Primary substance	Needles	IV Drug Use	Black	White	Hispanic	Employed	Employed	Crim Just/
Total	16.5	27.2	20.4	45.4	32.8	15.1	Over Last 12	Legal
Heroin	77.1	81.1	8.0	36.5	54.4	5.2	3.4	57.2
Non-Rx Methadone	17.2	46.9	10.3	71.0	15.9	8.3	1.9	30.7
Other opiates	13.8	33.3	7.7	77.1	14.0	9.8	4.0	30.3
Alcohol	4.6	18.7	12.6	55.3	30.4	14.2	3.3	36.2
Barbiturates	7.8	22.1	6.5	75.3	15.6	19.5	4.3	53.2
Other sedatives	5.5	20.5	13.6	64.5	20.8	11.6	2.6	71.4
Amphet/Methamph	36.6	49.3	2.0	84.8	11.4	11.1	2.9	57.3
Cocaine(powder)	9.5	17.0	22.5	27.0	48.9	15.1	3.1	64.3
Marijuana	1.5	4.9	30.1	27.4	41.2	28.7	3.5	66.1
							4.2	81.2

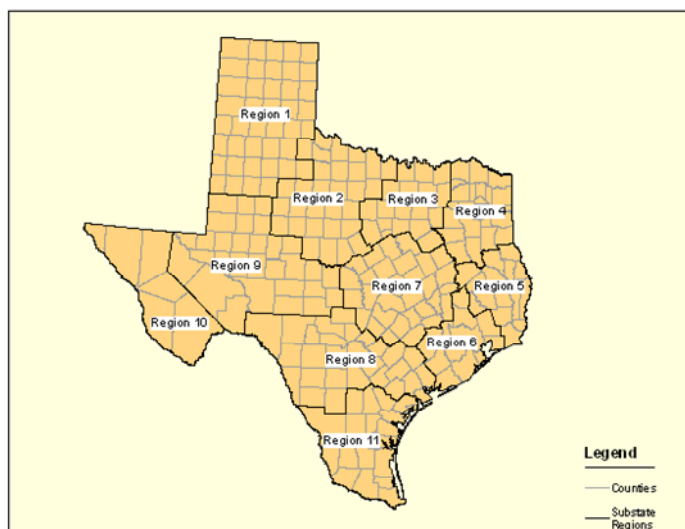
	Average	Percent	Average	# Women	Percent on	Percent	Pct Sickness
Primary substance	Education	Homeless	Income	Pregnant	Medication	Emergency	or Health
Total	11.5	10.8	6071.0	at Admission	23.7	Room Visit	Problems
Heroin	11.3	13.8	2815.0	1764.0	27.3	29.5	23.9
Non-Rx Methadone	11.9	6.2	4933.0	303.0	35.9	31.1	32.7
Other opiates	12.2	6.8	6439.0	3.0	32.2	42.8	23.4
Alcohol	12.0	14.2	8576.0	106.0	25.1	44.6	36.7
Barbiturates	11.8	5.2	4508.0	155.0	42.9	34.9	26.1
Other sedatives	11.7	6.2	4480.0	4.0	33.2	40.3	23.4
Amphet/Methamph	11.8	9.2	5245.0	40.0	22.3	40.4	27.0
Cocaine(powder)	11.4	6.1	7023.0	255.0	20.6	30.9	23.1
Marijuana	10.5	4.7	5865.0	212.0	13.8	27.4	18.2
				405.0		15.0	12.2

	Pct w/ Employment	Pct w/Family and/or Marital	Pct w/ Social/Peer	Pct w/ Psych/Emot	Pct w/ Drug/Alcohol
Primary substance	Problems	Problems	Problems	Problems	Problems
Total	47.5	44.7	38.2	37.8	58.8
Heroin	71.9	66.9	63.0	48.3	84.5
Non-Rx Methadone	49.7	49.0	44.8	53.1	77.9
Other opiates	61.0	61.4	53.3	54.0	77.7
Alcohol	49.3	46.4	41.1	41.3	61.1
Barbiturates	29.9	41.6	27.3	37.7	49.4
Other sedatives	50.1	51.6	43.9	48.1	62.5
Amphet/Methamph	46.4	43.7	34.2	39.9	56.6
Cocaine(powder)	36.1	36.0	27.5	30.8	46.0
Marijuana	31.1	26.4	19.4	19.0	40.2

	Total	Percent Of All	Average	Average	Ave Lag	Pct No	Percent	Percent
	Admissions	Admissions	Age	Age	1st Use to	Prior	Married	Male
				1st Use	Admission	Treatment		
Primary substance	90	0.1	26.7	19.7	7.0	48.9	10.0	68.9
Hallucinogens	101	0.1	26.5	16.8	10.0	52.5	15.8	66.3
Inhalants	19	0.0	22.7	16.5	4.0	57.9	26.3	57.9
Over-the-counter drugs	90	0.1	29.6	22.1	8.0	47.8	21.1	45.6
Tranquilizers	394	0.4	34.6	5.6	28.0	59.6	17.5	41.9
Other	209	0.2	24.2	19.7	5.0	62.7	12.9	51.7
Ecstasy	12	0.0	45.3	24.1	20.0	83.3	41.7	66.7
Anabolic steroids	61	0.1	17.8	15.3	3.0	55.7	24.6	42.6
Rohypnol	9,623	10.6	40.3	25.4	15.0	35.4	14.5	48.5
Crack								
	Percent Using	Percent w/ History of	Percent	Percent	Percent	Percent	Avg Months Employed	% Involved
	Needles	IV Drug Use	Black	White	Hispanic	Employed	Over Last 12	Crim Just/ Legal
Primary substance	8.9	16.7	46.7	35.6	16.7	13.3	4.1	71.1
Hallucinogens	8.9	21.8	7.9	33.7	58.4	14.9	2.2	55.4
Inhalants	0.0	10.5	15.8	57.9	21.1	26.3	3.3	63.2
Over-the-counter drugs	3.3	17.8	13.3	61.1	24.4	18.9	3.2	60.0
Tranquilizers	1.3	7.1	30.5	47.5	19.0	2.5	2.5	17.3
Other	1.9	8.6	40.2	31.6	27.3	23.0	2.8	67.5
Ecstasy	50.0	25.0	16.7	66.7	8.3	25.0	4.0	58.3
Anabolic steroids	1.6	4.9	0.0	1.6	98.4	55.7	2.9	68.9
Rohypnol	4.5	25.2	50.6	32.2	16.2	6.4	2.0	47.9
Crack								
	Average	Percent	Average	# Women	Percent on	Percent	Pct Sickness	
	Education	Homeless	Income	Pregnant	Medication	Emergency	or Health	
			At Adm	at Admission		Room Visit	Problems	
Primary substance	11.7	3.3	4337.0	0.0	27.8	27.8	14.4	
Hallucinogens	10.1	11.9	3852.0	0.0	41.6	33.7	17.8	
Inhalants	10.8	5.3	1880.0	0.0	47.4	31.6	31.6	
Over-the-counter drugs	11.6	11.1	6416.0	2.0	51.1	44.4	20.0	
Tranquilizers	11.5	13.7	2224.0	5.0	56.6	47.0	53.3	
Other	10.8	7.7	3763.0	6.0	22.0	23.0	15.8	
Ecstasy	11.6	0.0	7874.0	0.0	33.3	50.0	8.3	
Anabolic steroids	8.9	11.5	1844.0	1.0	26.2	1.6	16.4	
Rohypnol	11.7	19.8	4123.0	236.0	32.7	34.1	29.8	
Crack								
	Pct w/ Employment	Pct w/Family and/or Marital	Pct w/ Social/Peer	Pct w/ Psych/Emot.	Pct w/ Drug/Alcohol			
	Problems	Problems	Problems	Problems	Problems			
Primary substance	33.3	35.6	28.9	26.7	42.2			
Hallucinogens	54.5	49.5	44.6	41.6	61.4			
Inhalants	57.9	57.9	31.6	57.9	57.9			
Over-the-counter drugs	35.6	44.4	32.2	55.6	57.8			
Tranquilizers	60.9	74.1	74.4	83.5	25.4			
Other	38.8	36.4	27.8	33.0	48.3			
Ecstasy	25.0	25.0	8.3	25.0	41.7			
Anabolic steroids	52.5	45.9	21.3	23.0	67.2			
Rohypnol	50.9	50.4	43.0	47.8	64.8			
Crack								

	Total	Percent Of All	Average	Average	Ave Lag	Pct No	Percent	Percent
Primary substance	Admissions	Admissions	Age	Age	1st Use to	Prior	Married	Male
Ephedrine	4	0.0	27.0	17.7	7.0	75.0	25.0	75.0
GHB	18	0.0	30.5	25.4	7.0	27.8	5.6	38.9
PCP	626	0.7	28.8	19.6	9.0	50.6	8.0	40.9
Klonopin	69	0.1	33.0	25.5	9.0	46.4	18.8	33.3
	Percent Using	Percent w/ History of	Percent	Percent	Percent	Percent	Avg Months Employed	% Involved Crim Just/
Primary substance	Needles	IV Drug Use	Black	White	Hispanic	Employed	Over Last 12	Legal
Ephedrine	25.0	25.0	50.0	50.0	0.0	0.0	2.0	75.0
GHB	11.1	38.9	5.6	88.9	5.6	5.6	3.8	83.3
PCP	0.8	2.6	90.1	5.0	3.8	8.9	2.1	63.3
Klonopin	5.8	24.6	13.0	65.2	14.5	8.7	2.6	34.8
	Average	Percent	Average	# Women	Percent on	Percent	Pct Sickness	
Primary substance	Education	Homeless	Income	Pregnant	Medication	Emergency	or Health	
Ephedrine	13.0	0.0	At Adm	at Admission		Room Visit	Problems	
GHB	12.6	5.6	8571.0	0.0	100.0	25.0	25.0	
PCP	11.1	6.9	2372.0	31.0	16.7	22.2	38.9	
Klonopin	12.1	14.5	3799.0	0.0	22.0	34.5	19.0	
					63.8	40.6	42.0	
	Pct w/ Employment	Pct w/Family and/or Marital	Pct w/ Social/Peer	Pct w/ Psych/Emot	Pct w/ Drug/Alcohol			
Primary substance	Problems	Problems	Problems	Problems	Problems			
Ephedrine	75.0	25.0	50.0	75.0	100.0			
GHB	61.1	44.4	38.9	38.9	61.1			
PCP	40.6	36.9	31.5	35.3	50.0			
Klonopin	63.8	59.4	55.1	66.7	68.1			

Appendix 2



Marijuana Use in Past Year, Cocaine Use in Past Year, and Nonmedical Use of Pain Relievers in Past Year among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 National Surveys on Drug Use and Health

	Marijuana Use in Past Year		Cocaine Use in Past Year		Nonmedical Use of Pain Relievers in Past Year	
	95% Prediction		95% Prediction		95% Prediction	
	Estimate	Interval	Estimate	Interval	Estimate	Interval
Total United States	10.47	(10.24-10.69)	2.38	(2.26-2.49)	4.89	(4.75-5.03)
Texas	8.49	(7.91-9.11)	2.46	(2.16-2.80)	4.66	(4.25-5.10)
Region 1	9.92	(8.02-12.22)	2.84	(2.06-3.90)	5.71	(4.47-7.28)
Region 2	8.21	(6.37-10.53)	2.38	(1.64-3.45)	4.92	(3.73-6.47)
Region 3	8.59	(7.67-9.60)	2.06	(1.63-2.59)	4.98	(4.31-5.75)
Region 4	6.95	(5.50-8.75)	2.24	(1.61-3.11)	4.82	(3.77-6.16)
Region 5	8.67	(6.74-11.08)	2.55	(1.77-3.67)	5.02	(3.81-6.57)
Region 6	7.93	(6.84-9.19)	2.21	(1.76-2.77)	3.78	(3.16-4.53)
Region 7	11.96	(10.49-13.61)	3.26	(2.59-4.08)	5.82	(4.91-6.89)
Region 8	7.73	(6.44-9.25)	2.80	(2.13-3.68)	4.42	(3.52-5.54)
Region 9	6.88	(5.23-9.00)	2.43	(1.69-3.50)	4.79	(3.58-6.38)
Region 10	6.82	(5.23-8.86)	2.66	(1.83-3.85)	4.18	(3.08-5.66)
Region 11	7.26	(5.96-8.81)	2.81	(2.14-3.69)	4.12	(3.30-5.13)

Alcohol Use in Past Month, Binge Alcohol Use in Past Month, and Perceptions of Great Risk of Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week among Persons Aged 12 or Older, by Substate Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 National Surveys on Drug Use and Health

	Alcohol Use in Past Month		Binge Alcohol Use in Past Month ¹		Perceptions of Great Risk of Having 5 or More Drinks Once or Twice a Week	
	95% Prediction		95% Prediction		95% Prediction	
	Estimate	Interval	Estimate	Interval	Estimate	Interval
Total United States	51.01	(50.44-51.58)	22.84	(22.52-23.16)	41.45	(41.06-41.84)
Texas	49.14	(47.75-50.53)	24.02	(22.96-25.11)	44.15	(42.80-45.51)
Region 1	47.53	(42.17-52.95)	26.89	(23.31-30.80)	41.42	(37.20-45.76)
Region 2	46.30	(40.85-51.84)	22.79	(19.25-26.76)	41.52	(37.18-45.99)
Region 3	49.68	(47.31-52.05)	22.69	(21.05-24.43)	42.98	(40.91-45.08)
Region 4	43.24	(38.02-48.61)	21.14	(17.91-24.78)	41.46	(37.34-45.70)
Region 5	42.75	(37.61-48.06)	21.47	(18.13-25.24)	43.14	(38.99-47.38)
Region 6	52.46	(49.76-55.14)	24.10	(22.04-26.29)	44.36	(41.84-46.91)
Region 7	54.78	(51.54-57.97)	25.84	(23.58-28.24)	40.88	(38.15-43.67)
Region 8	47.96	(44.29-51.66)	25.07	(22.28-28.07)	45.89	(42.63-49.18)
Region 9	42.60	(36.85-48.55)	22.21	(18.51-26.41)	47.29	(42.60-52.03)
Region 10	43.75	(38.30-49.35)	25.34	(21.37-29.77)	51.31	(47.10-55.51)
Region 11	43.32	(39.37-47.36)	26.07	(23.27-29.09)	50.02	(46.91-53.12)

¹ Binge Alcohol Use is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.