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EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

Advance Report

Community Epidemiology Work Group

December 2003

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FOREWORD

This Advance Report is a synthesis of findings presented at the 55th semiannual meeting of the Community Epidemiology Work Group (CEWG) held in Atlanta, Georgia, on December 9–12, 2003, under the sponsorship of the National Institutes of Health, National Institute on Drug Abuse (NIDA). Information reported at each CEWG meeting is disseminated to drug abuse prevention and treatment agencies, public health officials, researchers, and policymakers. The information is intended to alert authorities at the local, State, regional, and national levels, and the general public, to the current conditions and potential problems so that appropriate and timely action can be taken. Researchers also use this information to develop research hypotheses that might explain social, behavioral, and biological issues related to drug abuse.

Wilson Compton, M.D., M.P.E., Director, Division of Epidemiology, Services and Prevention Research, welcomed participants and provided a brief overview of NIDA's mission, priorities, and research components. NIDA's mission is *to bring the power of science to bear on drug abuse and addiction*. The research goals are to advance knowledge about drugs and how people become addicted to them, improve drug abuse prevention and treatment services, and reduce the threat of HIV and AIDS associated with drug abuse. Advancements are made through partnerships and ongoing collaboration with public and private agencies, organizations, and institutions. The CEWG's epidemiological role is to advance knowledge and understanding of drug abuse patterns, trends, and emerging problems at the community, State, and Federal levels.

In addition to presentations by the 21 CEWG members, the meeting included the following:

- A panel on phencyclidine (PCP) abuse based on small studies and a report on PCP trafficking and distribution
- A panel on rural drug abuse based on small studies in five areas
- Presentations by officials from the Centers for Disease Control and Prevention on surveillance systems and studies
- A panel on different criminal justice indicators of drug abuse in the State of Georgia
- A panel on other drug abuse data sources in Georgia including the State household survey, treatment data, and ethnographic studies
- An update on changes in, and the current status of, the Drug Abuse Warning Network

- A presentation by a NIDA-supported researcher on emerging drugs from a hospital emergency department perspective
- A presentation on the status and most recent drug abuse data produced by the surveillance system in Mexico

In addition to the *Advance Report*, NIDA publishes two volumes based on the information presented at CEWG meetings. *Epidemiologic Trends in Drug Abuse, Volume I*, is a comprehensive summary of the information presented at the meeting. *Volume II* contains the papers presented at the meeting. Information on how to obtain these volumes can be found inside the front cover of this report.

Moira P. O'Brien
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Department of Health and Human Services

KEY FINDINGS

POLYSUBSTANCE abuse, long the hallmark of most drug abusers, continued to proliferate in ever-changing patterns, mirroring the increasing availability of different types and forms of drugs (*see pages 9–10*).

METHAMPHETAMINE abuse continued to spread eastward, and at a pace unrivaled by any other drug in recent times (*see pages 11–19*).

HEROIN indicators remained relatively stable in most CEWG areas, continuing at high levels in northeastern/mid-Atlantic areas, where high-purity heroin powder from South America was available (*see pages 20–28*).

OTHER OPIATES/NARCOTICS indicators increased in most CEWG areas, especially those for hydrocodone and oxycodone (*see pages 29–35*).

COCAINE, especially crack cocaine, continued to be widely available and a major problem in most CEWG areas (*see pages 35–42*).

CLUB DRUG indicators typically decreased or remained low. Indicators for methylenedioxymethamphetamine (MDMA), the most frequently abused club drug, either decreased or were stable, while those for gamma hydroxybutyrate (GHB) and ketamine remained very low. However, CEWG members raised issues and concerns about MDMA, based on local studies and community sources (*see pages 42–48*).

MARIJUANA abuse indicators remained at very high levels in 2002 and early 2003, even increasing in five CEWG areas (*see pages 49–54*).

BENZODIAZEPINES, widely abused across all CEWG areas, continued to be used by drug abusers to enhance or control the effects of other drugs (*see pages 55–58*).

PHENCYCLIDINE (PCP) indicators increased in five CEWG areas (*see page 58-62*).

WHAT IS THE CEWG?

The CEWG, established by NIDA, is a unique epidemiology network that functions as a surveillance system to identify drug abuse patterns and trends, as well as emerging drug problems and issues. Through ongoing research at the State, city, and community levels, interactive semiannual meetings, e-mail, conference calls, and other exchange mechanisms, the 21 CEWG members maintain an ongoing multidimensional perspective from which to access, view, and interpret drug-related phenomena and change over time. The CEWG has proven to be a useful mechanism for advancing knowledge about drug abuse and its consequences and alerting public health personnel, service providers, and policymakers to problems and needs. The CEWG has pioneered in identifying the emergence of drug epidemics and patterns of abuse, such as those involving abuse of methaqualone (1979), crack (1983), methamphetamine (1983), and "blunts" (1993). MDMA abuse indicators were first reported by CEWG members in December 1985.

The 21 CEWG areas include the following:

Atlanta	Los Angeles	Phoenix
Baltimore	Miami/Ft. Lauderdale	St. Louis
Boston	Minneapolis/St. Paul	San Diego
Chicago	New Orleans	San Francisco
Denver	New York	Seattle
Detroit	Newark	Texas
Honolulu	Philadelphia	Washington, DC

CEWG members bring the following attributes to the network:

- Extensive experience in community research, which over many years has fostered information sharing between members and local agencies
- A body of knowledge about their local communities, drugs, and drug-abusing populations; the social and health consequences of drug abuse; drug trafficking and other law enforcement patterns; and emerging drugs within and across communities
- Ongoing collaborative relationships with one another and other researchers and experts in the field, which foster learning about new issues and sharing of information
- The capability to access relevant drug-related data from the literature, media, and Federal, State, community, and neighborhood sources
- An understanding of the strengths and limitations of each data source
- The skills required to systematically analyze and synthesize multiple sources of information, and interpret findings within the local community context

While members rely on quantitatively based data sets and sources, they also use a variety of qualitative research methods at the local level to obtain more in-depth information on drug-abusing populations and trends; these include ethnographic techniques, focus groups, and key informant interviews. Major indicators and primary data sources used by CEWG members and cited in this report include those shown below.

Emergency department (ED) mentions data. Drug Abuse Warning Network (DAWN) data were provided by the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), through 2002. The data represent drug-related visits to 24-hour non-Federal facilities by persons age 6–97 in 21 metropolitan statistical areas (MSAs); 20 are CEWG areas. Up to four drugs may be recorded for each patient who may visit the ED more than once in a reporting year; thus, data cannot be used for prevalence estimates. Statistically significant changes ($p<0.05$) are reported as "percent change"; relative standard errors for DAWN tables are published on the Internet, as are other DAWN data, at *http//:samhsa.gov/oas/dawn.htm*.

Local drug-related mortality data. This information was extracted from eight CEWG reports for 2001 to the first half of 2003; findings from the DAWN mortality system from 1999 to 2001 are presented in the June 2003 *Advance Report* and *Volume I Proceedings*.

Substance abuse treatment admissions data. Data for 2000–2003 were extracted from State treatment databases (18 CEWG areas); the Treatment Episode Data Set (TEDS) maintained by OAS, SAMHSA (Washington, DC); and samples from Broward County, Florida. Arizona, Colorado, Hawaii, Illinois, and Texas representatives report statewide treatment admissions data. Data from some CEWG areas represent calendar years, while others represent a fiscal year (FY). Most areas reported data for the first half of 2003; Arizona, Boston, Illinois, and New Orleans reported full-year 2003 data; and Baltimore, Seattle, and Washington, DC, reported 2002 data. The findings represent percentages of admissions for primary drugs of abuse; the denominators exclude alcohol admissions.

Arrestee drug-testing data. These data, for 2000–2003, were derived primarily from the Arrestee Drug Abuse Monitoring (ADAM) program supported by the National Institute of Justice (NIJ). Prelminary data by individual quarter in 2003 have been summed and averaged across quarters to simplify presentation and comparability with prior years' data. Male data, collected in 15 CEWG areas, are weighted and the averages across quarters in 2003 are estimates. Male estimates are for the first 2 quarters of 2003 in 11 sites, for quarter 1 only in Dallas, Honolulu, and Los Angeles, and for the first 3 quarters in Washington, DC. Convenience sampling continued to be used to select the smaller samples of females in nine CEWG areas; findings represent unweighted data and, thus, are not comparable to data on adult males. Female estimates are for the first two quarters in three sites, quarters 1–3 in New Orleans and Phoenix, and the first quarter only in Denver, Los Angeles, and Minneapolis. Urinalysis tests for 10 drugs, with confirmation to distinguish methamphetamine from amphetamines. Additional information can be accessed at *www.adam-nij.net*.

Forensic drug laboratory testing. Data from the National Forensic Laboratory Information System (NFLIS) are reported for October 1, 2002, through September 30, 2003. Sponsored by the Drug Enforcement Administration (DEA), NFLIS accumulates drug analysis results from State and local forensic labs, which, as of May 2003, included 187 of the Nation's approximately 300 State and local labs, with 162 reporting regularly. Labs in or near 18 CEWG areas participated in NFLIS (the exceptions are Minneapolis, Phoenix, and San Francisco). Some CEWG areas represent multiple sites: Chicago, Northern Illinios; New York, the city and Erie, Nassau, and Onondaga Counties; and Texas, 14 sites. Comparisons across CEWG areas are subject to distortion for several reasons. First, the data are not adjusted for population size. Also, there are variations within and across areas that can result in differences in drug seizures and analyses (e.g., police priorities, types of arrests from which drug specimens are taken, and other criminal justice procedures), and there are some inconsistencies in reporting times. For some locales, data were reported for the entire period. For others, the relevant lab or lab system did not report for some months of the period, as was the case in Atlanta (for July 2003); Honolulu (October–December 2002); Texas (September 2003); and Washington, DC (all months except January–June 2003). In some cases, nonreporting by a lab(s) or lab system occurred because of some operational or technical reason. For example, the Detroit Police Department submitted some data for the

entire period, but the Michigan State Police data covering several months had not been received at the time data were produced for the NFLIS report. In Los Angeles, county data were reported for the entire period, but city lab data were not complete "for some months."

Heroin and other drug price and purity data. Data on heroin price and purity are for 20 cities in 19 CEWG areas included in DEA's Domestic Monitor Program (DMP) in 2002.

Drug seizure, trafficking, price, and purity data. DEA data on drug seizures are extracted from CEWG reports.

Issues identified by the CEWG are highlighted for each drug category, followed by data from the major indicator sources. When multiple years appear in an exhibit, the peak year for the time periods presented will appear in **boldface** type. Information derived from CEWG meeting discussions and papers appears in italic type.

ISSUES AND FINDINGS FROM THE CEWG

Polysubstance Abuse

CEWG reports included numerous examples of how polydrug abuse has been proliferating in all CEWG areas. A variety of factors contribute to the multidrug abuse patterns, including an apparent increase in the availability of methamphetamine, narcotic analgesics, benzodiazepines, and club drugs; the production of drugs in different forms (e.g., tablets, capsules, liquid, powder, crystal, tar); and the options for administering drugs (e.g., swallowing, snorting, smoking, injecting). For example, the liquid form of PCP can be easily added to cigarettes or marijuana joints. Examples of different polydrug patterns across CEWG areas are provided in the quotes that follow.

Atlanta

All young adult cocaine users in one study reported using marijuana in the past 90 days. Several respondents indicated a preference for 'hydro,' and there were continuing mentions of 'fruities'—lollipops made from marijuana and cocaine. Also, respondents talked about 'trolling' or 'candy flipping,' in which they used acid and ecstasy together.

Ethnographers reported that gamma hydroxybutyrate (GHB) was often mixed with other club drugs by gay men involved in the Atlanta party scene. **—Kristin Wilson**

Chicago

Cocaine use is common among heroin users in Chicago.

Recent reports from young heroin users indicate that PCP use may be more common in this population.

Forty percent of young heroin injectors reported using some club drug, including MDMA, in the 3 months prior to interview.

Codeine is often used by heroin users to moderate withdrawal symptoms or help kick a drug habit.—**Matthew Magee**

New York

Another method of use includes smoking cocaine with marijuana in a blunt cigar called a 'Woolie.' The Street Studies Unit (SSU) also reports that many heroin users who buy cocaine are doing so to 'speedball.' Heroin users who speedball will either snort the combination of cocaine and heroin or inject it.

The SSU reports that in some areas of the city, heroin is being cut with prescription pills, such as Percocet, Valium, and Xanax, to enhance the high and produce increased sales with

reduced amounts of heroin in the package. Another report is that dealers are scraping the coating off of OxyContin, pulverizing the pill to powder, and mixing it with the heroin to produce an enhanced high. **—Rozanne Marel**

Philadelphia

Crack users continue to report frequent use of the drug in combination with 40-ounce bottles of malt liquor, beer, wine, or other drugs, including alprazolam (Xanax), marijuana, or heroin.

The combination of marijuana and PCP, frequently mixed in blunts, remains a popular combination among users in 2003. Blunts laced with crack (called 'Turbo') are less common. Blunt users commonly ingest beer, wine coolers, whiskey, alprazolam, or diazepam along with blunts. Less common, blunt smokers use powder cocaine, vodka, barbiturates, clonazepam, oxycodone, cough syrup, and/or methamphetamine. **—Samuel Cutler**

Texas

Use of marijuana joints dipped in embalming fluid that can contain PCP ('fry') continues, with cases seen in the poison control centers, emergency departments, and treatment facilities.

'Red Devil Dust' is reported to be a combination of PCP, opium, and crystal methamphetamine. **—Jane Maxwell**

Washington, DC

The High Intensity Drug Threat Assessment staff reports evidence of 'double stack' pills in which at least one side of the pill contains PCP. The Metropolitan Police Department reports that MDMA pills have been dissolved in liquid PCP for use in 'dippers.' Some users believe that MDMA will enhance the effects of PCP.

Marijuana is most often smoked with blunts or joints, which can be combined with rocks of cocaine or dipped in liquid PCP. **—Eric Wish**

Methamphetamine/Amphetamines

Methamphetamine abuse continued to spread eastward, and at a pace unrivaled by any other drug in recent times. Abuse indicators remained at high levels in Hawaii and in west coast and southwestern CEWG areas. Data from some sources show that methamphetamine abuse has been increasing in Hispanic populations, especially in areas near the U.S.-Mexico border. Seizures of methamphetamine labs were reported from most CEWG areas/States, with adverse implications for young children living in/near labs reported in at least two areas. The more recent reports of methamphetaine abuse came from as far east and south as Miami, New Orleans, New York, and Philadelphia. Ice, the most potent form, made greater inroads into areas in north Texas, Minneapolis, Phoenix, and San Diego. CEWG members stressed the importance of distinguishing the types (i.e., texture, size of particles) and purity of methamphetamine and routes of administration, noting that terms like 'ice' and 'crystal methamphetamine' are often used interchangeably.

Methamphetamine abuse indicators remained at high levels in Hawaii and in west coast and southwestern CEWG areas.

Honolulu

Ice continues to dominate the Hawaiian drug market, and it is easier to purchase large quantities than in the past. Clandestine labs, almost exclusively reprocessing labs, continue to be closed at a regular pace. **—William Wood**

Los Angeles

The number of super labs established throughout California continues to increase. In the past, these large-scale labs were capable of producing 10 or more pounds of finished methamphetamine in a single production cycle. But super labs have stepped up the pace and are now capable of producing 20 or more pounds of finished drug in a single production cycle, according to the National Drug Intelligence Center in 2003. **—Beth Finnerty**

Phoenix

The demand and use of methamphetamine and amphetamines continued an upward trend. Purity averaged 25 to 55 percent. The DEA reported that ice/glass now dominates street-level sales throughout Arizona. Street-level purchases of ice exceed 94 percent purity. Reportedly, the majority of methamphetamine for distribution is manufactured in super labs in California and Mexico. A total of 186 clandestine laboratories were seized during the first three quarters of fiscal year 2003 by combined law enforcement groups.

—Ilene Dode

San Diego

Methamphetamine indicators were mixed, with increases in overdose deaths, treatment admissions, and positive tests among adult and juvenile arrestees.—**Michael Ann Haight**

San Francisco

Local observers report a significant increase in speed activity in San Francisco. Selling of crystal or 'Tina' is prominent in the Mission, Bayview, Tenderloin, and Castro neighborhoods. Observers note considerable selling via Internet sites, sometimes by means of PNP (Party and Play) postings.

—John Newmeyer

Methamphetamine abuse continued to spread eastward and in suburban, urban, and rural areas.

Atlanta

Treatment data show that methamphetamine use is on the rise statewide, but most significantly in the counties outside metropolitan Atlanta. The DEA has become alarmed at indicators of a drastically growing number of methamphetamine labs in Georgia. **—Kristin Wilson**

Boston

The DEA reports that methamphetamine is available in limited (user-level) quantities in New England.

—Daniel Dooley

Chicago

A low but stable prevalence of methamphetamine use has been reported in some areas of the city in the past 2 years, especially in the North Side, where young gay men, homeless youth, and club goers congregate. However, the use of methamphetamine is not confined to these groups. It is more likely to occur among drug-using youth who live or travel beyond metropolitan Chicago to areas where methamphetamine is more readily available.

—Matthew Magee

Detroit

Indicators for methamphetamine showed continuing increases. Through November 24, 2003, Michigan State Police seized 167 methamphetamine labs and note that an additional number have been seized by other law enforcement

agencies. The majority of labs seized so far continue to be relatively small in production capacity, although more recently some larger labs have been found.

—Richard Calkins

Miami/Ft. Lauderdale

Methamphetamine abuse is an emergent drug epidemic in the 'outbreak' stage across the region…. Law enforcement officials and ethnographers report a recent increase in crystal methamphetamine use, particularly among gay men, who refer to the drug as 'Tina.' **—James Hall**

New Orleans

In rural areas of Louisiana, methamphetamine is a problem, with the abuse primarily evident among members of biker organizations. **—Gail Thornton-Collins**

New York

Methamphetamine is available in powder, pill, or liquid form, with pill form being the most popular. While crystal meth found in the Bronx is smoked, methamphetamine found in gay clubs throughout New York City is injectable. Outside the city, the New York State Police have found an increasing number of methamphetamine labs. For example, in 1999 the State Police reported two clandestine lab incidents in the State. There were 9 lab incidents in 2000, 18 in 2001, 46 in 2002, and 10 in the first 6 weeks of 2003.

—Rozanne Marel

Abusers of other drugs are switching to methamphetamine.

Atlanta

In Atlanta, some MDMA abusers have been switching to methamphetamine for the longer term effects.

—Johanna Boers

Denver

Clinicians indicate a switch to methamphetamine among some stimulant users…those in northeast programs say many of the 'new' stimulant users (those entering treatment within the first 3 years of use) are using methamphetamine rather than cocaine because it is cheaper and provides a 'longer high.' **—Bruce Mendelson**

Miami/Ft. Lauderdale

Ecstasy abuse appears to have peaked and is even considered passé by some former users, and is being replaced by methamphetamine among those who are ignorant about its devastating impact in other communities.

—James Hall

Methamphetamine abuse is spreading to new populations.

Colorado

Higher proportions of Hispanics are entering treatment for primary methamphetamine abuse. A comparison of 2002 new methamphetamine users (i.e., entering treatment within the first 3 years of use [n=531]) to old methamphetamine users (i.e., entering treatment after 4 or more years of use [n=2,022]) shows dramatic differences between these two groups. Demographically, the new users are more often female (53.3 percent) than old users (44.6 percent), and less often White/non-Hispanic (77.0 percent) than old users (83.2 percent). Also, a higher proportion of new users are 25 and younger (58.2 percent) than are old users (27.3 percent). **—Bruce Mendelson**

Los Angeles

The proportion of Hispanic methamphetamine treatment admissions continues to increase. Smoking continued as the most frequently mentioned way for primary methamphetamine abusers to administer the drug (66.7 percent in the first half of 2003). **—Beth Finnerty**

St. Louis

Use of methamphetamine and its derivatives has become more widespread among high school and college students, who do not consider these drugs as dangerous as others. Because methamphetamine is so inexpensive and easy to produce, it is likely that its use will continue to spread. **—James Topolski**

Children are at risk.

Minnesota

Of the 57 children who were exposed to meth labs in Minnesota in 2002, 47 lived under the same roof as an operational meth lab, and 2 died. This (the total exposed) compares with only 11 children in 2001. **—Carol Falkowski**

Missouri

Increased public attention is being given to the methamphetamine problem because of the growing awareness of the danger this drug poses for children exposed to methamphetamine labs and the impact on families. **—James Topolski**

Phoenix

In Phoenix, it was reported that 61 children were present at clandestine lab locations during the second and third quarters of 2003. **—Ilene Dode**

CEWG members stressed the importance of distinguishing the type, purity, and routes of administration of methamphetamine.

Los Angeles

Local law enforcement authorities are reporting seizures of ice, a potent form of methamphetamine, with increasing frequency. Asian gangs distribute limited quantities of ice throughout Los Angeles, particularly within Asian communities.

—Beth Finnerty

Texas

Ice, which is smoked methamphetamine, is a growing problem. The percentage of primary methamphetamine admissions smoking ice has gone from less than 1 percent in 1988 to 27 percent in 2003. **—Jane Maxwell**

The high-potency, smokeable form of methamphetamine known as glass was reported by numerous law enforcement agencies, whose attention was increasingly directed toward both the growing abuse and in-home manufacture of methamphetamine.

Honolulu

Analysis of confiscated methamphetamine reveals that the product is still a high-quality d-methamphetamine hydrochloride in the 90–100 percent purity range. However, it is sold in the islands as clear (a cleaner, white form) or wash (a brownish less processed form). Prices for ice vary widely according to these two categories and availability.

—William Wood

Minneapolis/St. Paul

The biggest change noted by multiple law enforcement sources was the emergence of glass or ice, a type of methamphetamine that is typically smoked and resembles clear glass shards. **—Carol Falkowski**

Texas

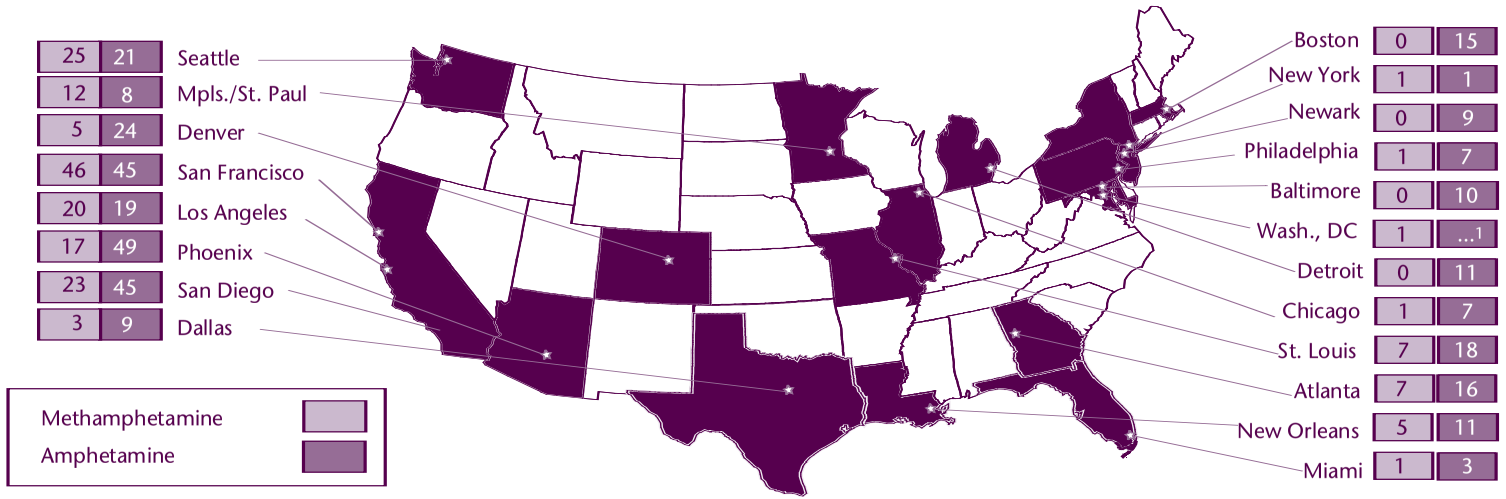
The Dallas DEA Field Division reported an increase in high purity methamphetamine, with numerous seizures and buys, usually at the multigram to multiounce level. Mexican traffickers are referring to all methamphetamine as ice or crystal, whether it is or not, and the ice form is reported as the most abundant form of the drug in selected areas, such as Tyler. **—Jane Maxwell**

Patterns/Trends Across CEWG Areas

DAWN ED Data

In 2002, the highest rates of methamphetamine ED mentions per 100,000 population continued to be in west coast CEWG areas—San Francisco (46), Seattle (25), San Diego (23), and Los Angeles (20) (*see exhibit 1 on the following page*).

Exhibit 1. Rates of Methamphetamine and Amphetamine ED Mentions Per 100,000 Population by CEWG Area: 2002



[1]Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.
SOURCE: DAWN, OAS, SAMHSA

The rates increased significantly between 2001 and 2002 in Atlanta, San Francisco, and Seattle, while decreasing in Minneapolis/St.Paul.

In 2002, the rate of amphetamine mentions was highest in Phoenix (49), where it increased significantly from 2000 onward. Amphetamine ED rates were also high and increased significantly (2000 to 2002) in the west coast areas that had high rates of methamphetamine ED mentions, including San Diego and San Francisco (45 each).

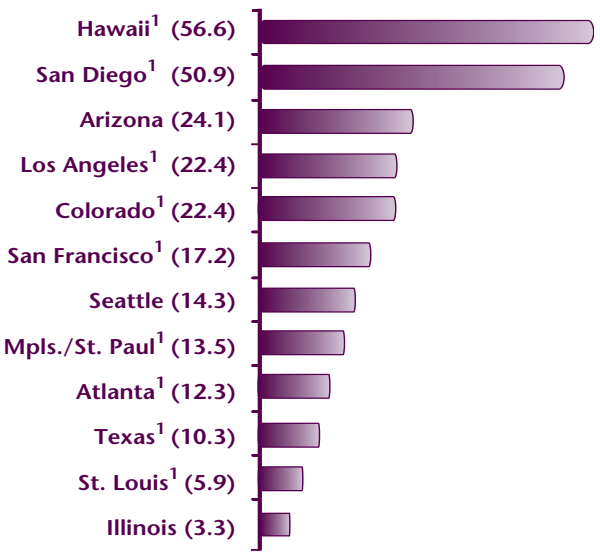
Mortality Data

Methamphetamine-related mortality data were reported in three CEWG areas. Twenty-nine methamphetamine-related deaths were reported in Honolulu in the first half of 2003. In Minneapolis, 10 methamphetamine-related deaths were reported in Hennepin County and 6 in Ramsey County in the first 9 months of 2003. In Seattle, 18 methamphetamine-involved deaths occurred between July 2002 and June 2003. There were substantially fewer deaths in Seattle in the intervening years and few prior to 1999.

Treatment Data

In the most recent reporting period, the proportions of primary methamphetamine treatment admissions (excluding alcohol) were reported separately from amphetamine or "other drug" admissions in nearly all CEWG areas. Nine areas reported either no primary methamphetamine admissions or proportions of less than 1 percent of illicit drug admissions. Exhibit 2 depicts the proportions at 12 sites, illustrating the dominance of this drug in Hawaii and other western areas.

Exhibit 2. Percentages of Primary Methamphetamine Treatment Admissions (Excluding Alcohol) in 12 CEWG Sites: 2002–2003



[1]Represents only the first 6 months of 2003.
SOURCE: CEWG December 2003 reports

Fourteen CEWG members reported on primary amphetamine treatment admissions; these accounted for either zero or less than 1 percent of admissions (excluding alcohol).

ADAM Data

Very high percentages of adult male arrestees tested positive for methamphetamine in Honolulu (43.8 percent), Phoenix (38.5 percent), and San Diego (36.7 percent) in early 2003, as shown in exhibit 3. Not shown in exhibit 3, is the appearance of methamphetamine-positive toxicologies among adult male arrestees in Chicago (1.6 percent) and New Orleans (2.0 percent) in the first two quarters of 2003.

Exhibit 3. Percentages of Adult Male Arrestees Testing Methamphetamine-Positive in 10 CEWG Areas: 2001–2003

CEWG Area	2001	2002	2003[1]
Atlanta	NS[2]	**2.3**	2.0
Dallas	1.7	3.1	**5.2**
Denver	3.4	**3.8**	3.3
Honolulu	37.0	**44.8**	43.8
Los Angeles	NS	**14.8**	9.2
Minneapolis	2.4	**3.9**	2.7
Phoenix	25.3	30.9	**38.5**
San Antonio	2.6	2.3	**3.6**
San Diego	27.9	31.7	**36.7**
Seattle	11.1	10.9	**12.5**

[1]Estimates are for various quarters in 2003 (*see Data Sources*).
[2]NS = Not sampled.
SOURCE: ADAM, NIJ

In early 2003, the percentages of adult females testing methamphetamine-positive were also highest in Honolulu, followed by San Diego and Phoenix (*see exhibit 4*).

Exhibit 4. Percentages[1] of Adult Female Arrestees Testing Methamphetamine-Positive in 6 CEWG Areas: 2001–2003

CEWG Area	2001	2002	2003
Denver	4.3	**6.6**	4.0
Honolulu	36.1	49.3	**54.3**
Los Angeles	NS[2]	14.3	**15.4**
Phoenix	32.3	41.4	**41.7**
Minneapolis	NS	NS	**2.1**
San Diego	32.0	36.8	**47.1**

[1]Data are unweighted and, for 2003, averaged across various quarters.
[2]NS=Not sampled.
SOURCE: ADAM, NIJ

The 2002 ADAM arrestee data were reported for male and female juvenile arrestees in Phoenix and San Diego. Although the numbers of juvenile arrestees in those areas are relatively small, the percentages testing positive for methamphetamine are of concern; 26.6 percent of the females in Phoenix and 13.8 percent of the males tested positive for methamphetamine (*see exhibit 5*).

Exhibit 5. Percentages of Juvenile Arrestees Testing Methamphetamine-Positive in 2 CEWG Areas: 2002

CEWG Area	Female		Male	
	%	*(n)*	%	*(n)*
Phoenix	26.6	(79)	13.8	(218)
San Diego	10.3	(39)	9.3	(118)

SOURCE: ADAM, NIJ

NFLIS Data

As with other indicators, forensic laboratory analyses show high concentrations of methamphetamine items in west coast areas, including Honolulu (*see exhibit 6*). A substantial number of methamphetamine items were also analyzed in Texas and in the Atlanta site.

Methamphetamine accounted for 62.0 percent of the items analyzed in Honolulu, followed by Los Angeles (33.7 percent), Seattle (27.3 percent), and San Diego (25.2 percent). In some Texas sites (not shown in exhibit 6), the numbers and proportions of methamphetamine items were quite high: Amarillo, 50.2 percent (*n*=1,114); Garland, 35.9 percent (3,047); Tyler, 31.6 percent (2,018); and Waco, 28.6 percent (1,514).

Exhibit 6. Estimated Number of Analyzed Methamphetamine Items and Percentage of All Items Tested in 7 CEWG Areas: October 2002–September 2003

Area	Number	Percent
Los Angeles[1]	15,584	33.7
Texas[1,2]	10,538	19.1
San Diego	3,386	25.2
Atlanta (Decatur)[1]	3,242	20.5
Honolulu[1]	1,287	62.0
Seattle	846	27.3
Denver	446	10.9

[1]Data are not complete for all months.
[2]Represents multiple sites.
SOURCE: NFLIS, DEA

Heroin

Heroin indicators remained relatively stable in most CEWG areas, continuing at high levels in particular sites and relatively low levels in others. Heroin indicators tended to be highest in northeastern/mid-Atlantic areas where high-purity powder from South America was available. However, heroin indicators were also relatively high in two west coast areas (San Francisco and Seattle) where black tar heroin predominates and purity rates are comparatively lower than for white powder heroin. Heroin injection has been increasing in some populations in CEWG areas. CEWG members stressed the importance of considering many factors in assessing heroin abuse patterns and trends, including the type of heroin, price and purity, the number and types of other substances used, and the treatment resources available (e.g., methadone programs).

Heroin indicators are mixed, with some indicators increasing in some CEWG areas.

Boston

Although heroin ED mentions and death mentions appear stable at high levels, heroin/other opiates treatment admissions have increased steadily during the past 8 years, accounting for one-half of all primary drug indicators in FY 2003. **—Daniel Dooley**

Chicago

Indicators reveal that heroin continues to be a significant problem in Chicago. Participants in a study of young non-injecting heroin users report high availability of heroin on the streets of Chicago. **—Matthew Magee**

Los Angeles

A total of 5,100 heroin arrests were made within the city of Los Angeles in the first half of 2003. This represented a 20-percent increase from the number of heroin arrests made during the same time period in 2002. Heroin arrests accounted for approximately 34 percent of all narcotics arrests made from January 1 to June 30, 2003.

—Beth Finnerty

Minneapolis/St. Paul

The heightened level of heroin-related indicators continued in 2003. Opiate-related deaths, most from accidental heroin overdose, again surpassed those from cocaine in both cities, fueled by high-purity heroin at low prices and in steady supply. **—Carol Falkowski**

New Orleans

In Orleans Parish, heroin is not only becoming more available in a purer form, it is also becoming more affordable. The New Orleans Police Department continues to view heroin and its abuse as significant, impacting homicides.

—Gail Thornton-Collins

Washington, DC

The Metropolitan Police Department describes heroin as having a more steady ongoing market than crack. The number of heroin abusers in the District continues to increase, with estimates of 14,000–18,000 abusers according to the High Intensity Drug Trafficking Area reports. Most heroin is from South America. **—Eric Wish**

New heroin-abusing populations have been reported.

Denver

In the Denver metro area, treatment programs are reporting more White users from suburban areas who are smoking or inhaling heroin because they do not think they can become addicted and are afraid of infectious diseases (from injecting). However, programs report some conversions to injection because of the faster and more intense high.

—Bruce Mendelson

Detroit

Among new heroin users are a number of young, suburban Whites (especially females) who claim to be 'social users' who inhale the drug. **—Richard Calkins**

Heroin injection and the health risks associated with this mode of administration are of growing concern in many CEWG areas.

Newark

Heroin injection has been increasing among treatment admissions in the 18–25-year-old category, reaching 50.4 percent in the Newark PMSA in the first half of 2002 and 56 percent statewide. **—Anna Kline**

New York

Intranasal heroin use may have peaked in the second half of 1998, with 62 percent of heroin admissions to all New York City drug treatment programs reporting this as their primary route of administration. Heroin injection increased among heroin admissions, from 32 percent in the second half of 1998 to 37 percent in the first half of 2003. **—Rozanne Marel**

Philadelphia

Since autumn 2002, all focus groups (former drug users currently in treatment) reported that the average heroin user injects the drug four or five times per day. **—Samuel Cutler**

San Francisco

Heroin use indicators consistently point to a decline in use from the 1999 peak, but injection remains by far the predominant mode of heroin usage. **—John Newmeyer**

Washington, DC

Long-term heroin injectors continue to purchase low-quality heroin, while predominately younger and more suburban users from Maryland and Virginia tend to snort the more high-quality heroin. **—Eric Wish**

Mexican black tar still predominates in the West.

Honolulu

Black tar heroin monopolizes the heroin market of Hawaii and is readily available in all areas of the State.

—William Wood

Los Angeles

According to the NDIC, Los Angeles is the largest heroin market in the western United States, and the region is the largest black tar heroin market in the Nation. Mexican black tar heroin is the heroin of choice among Los Angeles County users. Mexican criminal groups control the wholesale, mid-level, and retail activity. African-American and Hispanic gangs control a large portion of the retail distribution as well.

—Beth Finnerty

Patterns/Trends Across CEWG Areas

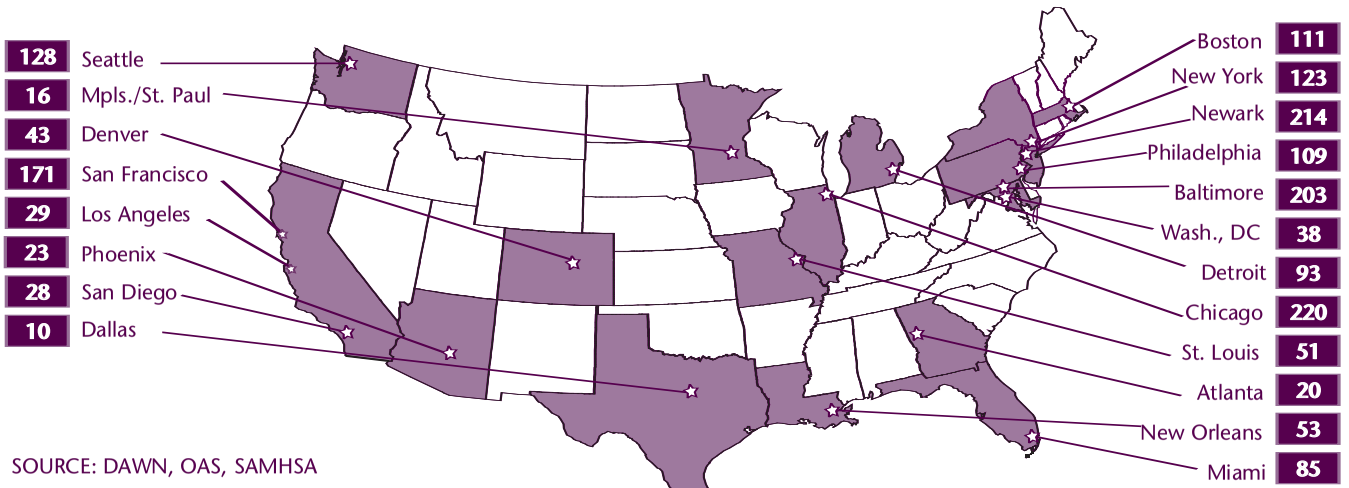
DAWN ED Data

The highest rates of heroin ED mentions per 100,000 population were reported in Chicago (220), Newark (214), Baltimore (203), and San Francisco (171) (*see exhibit 7*).

Significant decreases in heroin ED rates occurred between 2001 and 2002 in Dallas, Phoenix, and Washington, DC, while rates increased in Baltimore, Denver, and Seattle in at least one of the testing periods. The most recent increase in Baltimore reversed the downward trend reported from 1995 to 2000.

Rates of heroin ED mentions were lower in Dallas (10), Minneapolis/St. Paul (16), Atlanta (20), Phoenix (23), San Diego (28), and Los Angeles (29).

Exhibit 7. Rates of Heroin ED Mentions Per 100,000 Population: 2002



SOURCE: DAWN, OAS, SAMHSA

Mortality Data

Local medical examiner data for various quarters in 2003 suggest heroin-related deaths will continue to be high in the Detroit, Philadelphia, and Phoenix areas, with a possible increase in Honolulu (*see exhibit 8*).

Exhibit 8. Numbers of Heroin/Morphine-Related Deaths Reported by Local MEs in 8 CEWG Areas: 2000–2003

CEWG Area	2000	2001	2002	2003[1]
Detroit	473	465	**496**	464
Honolulu	22	**24**	14	16
Miami	174	**194**	137	38
Mpls./St. Paul	58	**77**	77	50
Philadelphia	**332**	316	275	111
Phoenix	**137**	103	103	75
St. Louis	**47**	36	35	NR[2]
Seattle	**89**	49	87	29

[1]Detroit data are projected for the full year; Minneapolis (Ramsey and Hennepin Counties) are for the first 9 months, Broward County for the first 5 months, Phoenix the first 4 months, and Miami-Dade and all other areas for the first 6 months.
[2]NR=Not reported.
SOURCE: MEs/coroners as cited in CEWG December 2003 reports

Treatment Data

Patterns of primary heroin admissions (excluding alcohol) show little change from the last CEWG reporting period in most CEWG areas (*see exhibit 9*). However, data for the first 6 months suggest small decreases in the proportion of primary heroin abusers in some sites.

Excluding alcohol, the proportions of primary heroin abusers admitted to treatment in 2003 were very high in Newark (85.1 percent) and Boston (73.6 percent). These proportions reflect the type of treatment program (e.g., methadone maintenance) offered in these cities. Other CEWG areas with high proportions of primary heroin abusers include Detroit (43.0 percent), New York (41.4 percent), San Francisco (38.3 percent), Los Angeles (31.0 percent), and Philadelphia (29.5 percent).

Exhibit 9. Percentages of Primary Heroin Treatment Admissions by CEWG Area (Excluding Alcohol): 2001–2003

CEWG Area/State	2001	2002	2003[1]
Atlanta[1]	**8.6**	5.2	3.4
Baltimore	60.4	**61.8**	NR[2]
Boston	**74.1**	72.6	73.6
Detroit	**46.9**	42.7	43.0
Los Angeles[1]	**46.3**	38.4	31.0
Miami (sample)[1]	NR	**9.0**	4.4
Mpls./St. Paul[1]	6.4	**7.1**	6.5
New Orleans	**18.3**	14.6	13.4
New York[1]	**43.2**	41.1	41.4
Newark[1]	**85.9**	85.8	85.1
Philadelphia[1]	**33.9**	29.6	29.5
St. Louis[1]	**15.0**	13.7	12.1
San Diego[1]	**12.3**	11.7	10.5
San Francisco[1]	**54.4**	47.4	38.3
Seattle	23.7	**26.6**	NR
Washington, DC	**47.0**	46.9	NR
Arizona	**15.4**	14.0	11.7
Colorado[1]	**13.9**	13.5	12.7
Hawaii[1]	**5.1**	4.7	3.8
Illinois	24.7	23.4	**25.0**
Texas[1]	**16.4**	15.9	13.7

[1]Represents only the first 6 months of 2003.
[2]NR=Not reported.
SOURCE: CEWG December 2003 reports on State and local data

ADAM Data

The CEWG/ADAM sites reporting the highest percentages of adult male arrestees testing opiate-positive in the earlier quarters of 2003 were Chicago (25.4 percent), New Orleans (16.3 percent), New York (15.2 percent), and Philadelphia (12.8 percent) (*see exhibit 10 on the following page*).

The percentages of male arrestees testing positive for opiates were low in Los Angeles, Honolulu, Atlanta, and Phoenix, ranging from 1.9 to 4.0 percent. The proportions ranged between 5.3 and 5.7 percent in San Diego and Minneapolis, with somewhat higher proportions in Denver (6.6 percent), Seattle (7.2 percent), San Antonio (7.8 percent), Dallas (8.2 percent), and Washington, DC (9.6 percent).

Exhibit 10. Percentages of Adult Male Arrestees Testing Opiate-Positive in 15 CEWG Areas: 2000–2003

CEWG Area	2000	2001	2002	2003[1]
Atlanta	2.8	NS[2]	3.2	**3.5**
Chicago	**27.0**	21.8	26.0	25.4
Dallas	3.0	4.8	7.1	**8.2**
Denver	3.4	5.2	4.0	**6.6**
Honolulu	**6.8**	3.4	3.5	2.8
Los Angeles	NS	NS	**5.8**	1.9
Minneapolis	3.0	5.4	5.1	**5.7**
New Orleans	15.5	15.6	**16.3**	16.3
New York	**20.5**	18.7	15.0	15.2
Philadelphia	11.8	13.2	**15.9**	12.8
Phoenix	**6.6**	6.0	4.9	4.0
San Antonio	10.2	9.1	**11.0**	7.8
San Diego	6.0	**7.6**	5.6	5.3
Seattle	9.9	**10.3**	10.0	7.2
Washington, DC	NS	NS	9.5	**9.6**

[1]Estimates are for various quarters in 2001.
[2]NS = Not sampled or reported.
SOURCE: ADAM, NIJ

Of the nine CEWG sites where adult female arrestees were tested in 2003, the highest proportions of opiate-positives were recorded in Washington, DC (13.9 percent) and New Orleans (13.3 percent) (*see exhibit 11*). The partial-year 2003 data suggest there may be a decrease from 2002 in Washington, DC, and an increase in New Orleans.

Exhibit 11. Percentages[1] of Adult Female Arrestees Testing Opiate-Positive in 9 CEWG Areas: 2000–2003

CEWG Area	2000	2001	2002	2003[2]
Denver	**5.8**	5.2	5.3	4.0
Honolulu	**8.3**	4.2	5.8	5.7
Los Angeles	NS[2]	NS	**14.3**	0.0
Minneapolis	NS	NS	NS	**6.3**
New Orleans	8.5	7.6	9.2	**13.3**
New York	**19.1**	13.9	13.9	NS
Phoenix	**6.5**	6.3	5.1	6.2
San Diego	7.5	8.6	5.8	**9.0**
Washington, DC	NS	NS	**17.5**	13.9

[1]Data are unweighted and, for 2003, averaged across various quarters.
[2]NS = Not sampled or reported.
SOURCE: ADAM, NIJ

NFLIS Data

Northeast areas had the highest numbers of heroin items identified by police labs between October 1, 2002, and September 30, 2003. These areas included Baltimore (10,198), New York (6,053), Philadelphia (2,461), Boston (1,000), and Newark (923) (*see exhibit 12*).

Exhibit 12. Estimated Number of Analyzed Heroin Items and Percentage of All Items Tested in 18 CEWG Areas: October 2002–September 2003

CEWG Area	Number	Percent
Baltimore	10,198	31.9
New York[1,2]	6,053	12.7
Philadelphia	2,461	12.6
Los Angeles[2]	1,674	3.6
Boston	1,000	14.4
Newark	923	24.6
New Orleans	739	6.2
Texas[1,2]	694	1.3
Detroit	608	13.4
Miami-Dade	573	4.3
St. Louis	472	7.7
Washington, DC[2]	431	11.8
San Diego	272	2.0
Denver	226	5.3
Seattle	184	5.9
Atlanta (Decatur)[2]	145	0.9
Chicago[1]	69	1.8
Honolulu[2]	41	2.0

[1]Represents multiple sites.
[2]Data are not complete for all months.
SOURCE: NFLIS, DEA

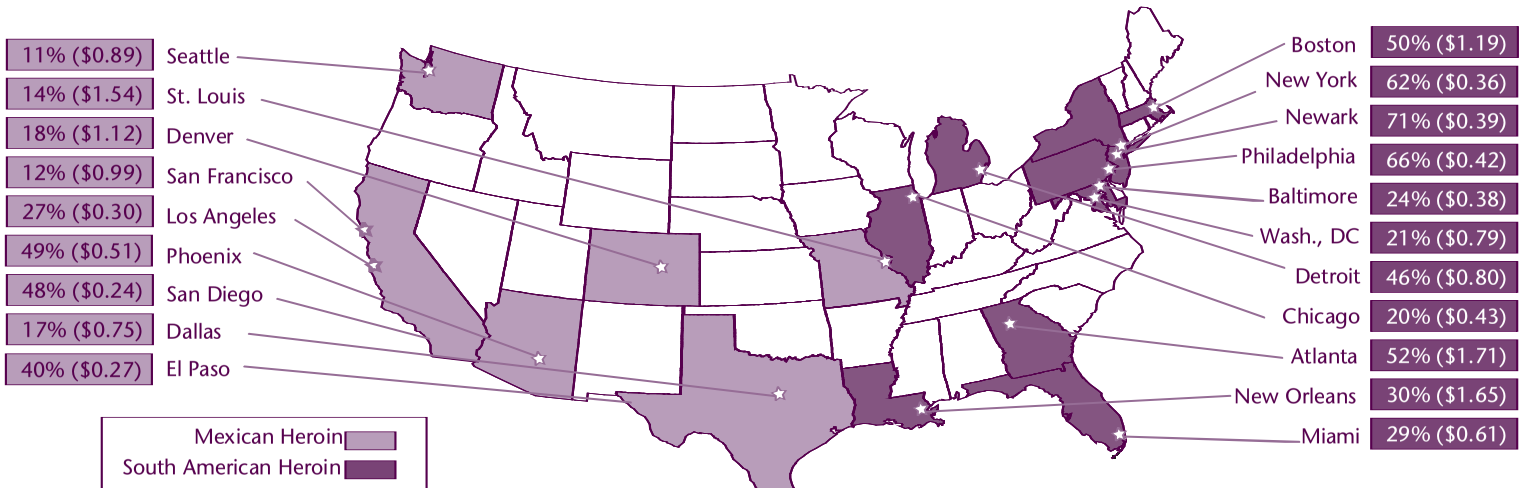
DEA: Domestic Monitor Program Data

Undercover heroin purchases were made by DEA agents on the streets of CEWG cities in 2002. High-purity South American heroin was reported in Newark (71 percent), Philadelphia (66 percent), New York (62 percent), and Boston (50 percent). Purity levels were lower in other east coast cities, ranging from 21 percent in Washington, DC, to 29 percent in Miami (*see exhibit 13 on the following page*).

The average prices of heroin, per milligram pure, were relatively low in all northeast cities except Boston ($1.19 per milligram pure).

Purity levels for black tar heroin were relatively low in some western and southwestern areas—Seattle (11 percent), San Francisco (12 percent), and Los Angeles (27 percent)—but somewhat higher in border areas, ranging between 40 and 49 percent in El Paso, San Diego, and Phoenix. Prices per milligram pure were also low in border areas.

Exhibit 13. Domestic Monitor Program—Average Heroin (Based on Primary Source) Purity and Price[1] in 20 Areas: 2002



SOURCE: DMP, DEA

Other Opiates/Narcotics

Narcotic analgesic abuse indicators increased in nearly all CEWG areas in recent years. Rates of ED narcotic analgesics/combinations mentions per 100,000 population rose significantly in 14 CEWG areas from 2000 to 2002. The rates in 2002 were especially high in Baltimore (165), New Orleans (98), Boston (97), Detroit (97), and Seattle (95). The particular types of narcotic analgesics abused varied by geographic area, as indicated in the ED data and supported by forensic data from police labs (NFLIS). Most commonly abused were oxycodone and hydrocodone products, codeine, and methadone.

Boston

Narcotic analgesics, including oxycodone and other opiates, show alarming increases in various indicators. The 2002 narcotic analgesics/combinations rate of 97 ED mentions per 100,000 population was twice the national rate, and Boston had the highest oxycodone/combinations ED rate among all 21 DAWN sites. **—Daniel Dooley**

Denver

The DEA reports that diversion of OxyContin continues to be a 'major problem' in the Rocky Mountain West… with pharmacy break-ins common. Across the State, clinicians are anecdotally reporting increased use of Vicodin and OxyContin. **—Bruce Mendelson**

Detroit

In the first 10 months of 2003, about 175 cases of intentional hydrocodone abuse were reported to the poison control center, which is more than 3 times as many cases as in 2002. **—Richard Calkins**

Miami/Ft. Lauderdale

The Broward Crime Lab tested 130 oxycodone cases in the first half of 2003, a 27-percent increase from the 105 such cases in the second half of 2002. **—James Hall**

Minneapolis/St. Paul

Prescription narcotic analgesics, used medically in the treatment of pain, are increasingly used as drugs of abuse for the heroin-like high they produce. **—Carol Falkowski**

New Orleans

Treatment admissions for primary abuse of 'other opiates' rose from 1.3 percent of all treatment admissions in 2002 to 3.4 percent in 2003. **—Gail Thornton-Collins**

Newark

ED data show a statistically significant increase in the rate of narcotic analgesics/combinations mentions, rising from 31 per 100,000 population in 2000, to 43 in 2001, to 64 in 2002. **—Anna Kline**

Phoenix

Pain management clinics continue to be the focus of investigation because of the reported excessive prescribing of controlled substances. Ten-milligram methadone tablets were diverted to street-level sales. **—Ilene Dode**

San Francisco

Local street-based observers concur that use of opiates/narcotics other than heroin are on the rise.

—John Newmeyer

Texas

Hydrocodone abuse indicators continue to be higher than indicators for other narcotic analgesics. The poison control centers reported 429 cases of hydrocodone abuse or misuse in 2002, and 147 in the first half of 2003. In comparison, there were 68 oxycodone abuse or misuse cases in 2002, and 23 in the first half of 2003. Fifty-four cases involved misuse or abuse of methadone in 2002, compared with 20 in the first half of 2003. OxyContin is available on the streets in Austin. 'Lean' (codeine cough syrup), long popular in Houston, has reportedly become more popular in Beaumont, San Antonio, and Waco, as well as among youth and young adults in the suburban areas of Fort Worth. In Austin, Lean or 'Drank' is called a 'nighttime drug' that can be used for nodding or 'slightly sleep.' The cough syrup is cut with orange-, strawberry-, or pineapple-flavored water.

—Jane Maxwell

Washington, DC

Both the DEA and the Metropolitan Police Department have units investigating the diversion of prescription narcotics, such as OxyContin and methadone. Narcotic medications are readily available in street markets and are also obtained through 'doctor shopping' by organized groups, prescription fraud, and improper prescribing practices. Twelve deaths involving oxycodone and 15 involving methadone were reported in the District in 2001. **—Eric Wish**

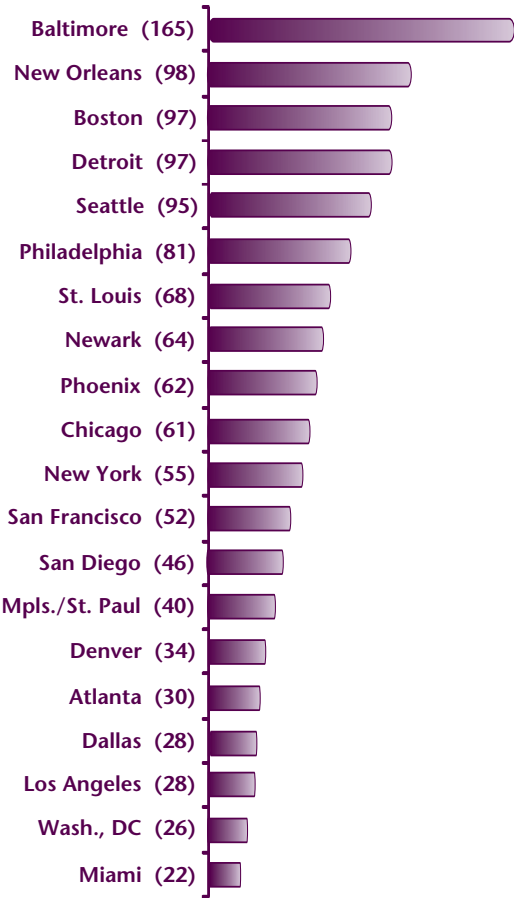
Patterns/Trends Across CEWG Areas

DAWN ED Data

In 2002, the rate of narcotic analgesics/combinations mentions per 100,000 population was highest in Baltimore (*see exhibit 14*). Also, the rate (165) in Baltimore increased significantly from 114 in 2001. The 2002 rates ranged between 95 and 98 in Boston, Detroit, New Orleans, and Seattle, followed by Philadelphia at 81.

Rates ranged between 61 and 68 in Chicago, Newark, Phoenix, and St. Louis. Newark, Philadelphia, and St. Louis experienced significant increases, and Seattle and San Diego experienced significant decreases between 2001 and 2002.

Exhibit 14. Rates of Narcotic Analgesics/Combinations ED Mentions Per 100,000 Population: 2002

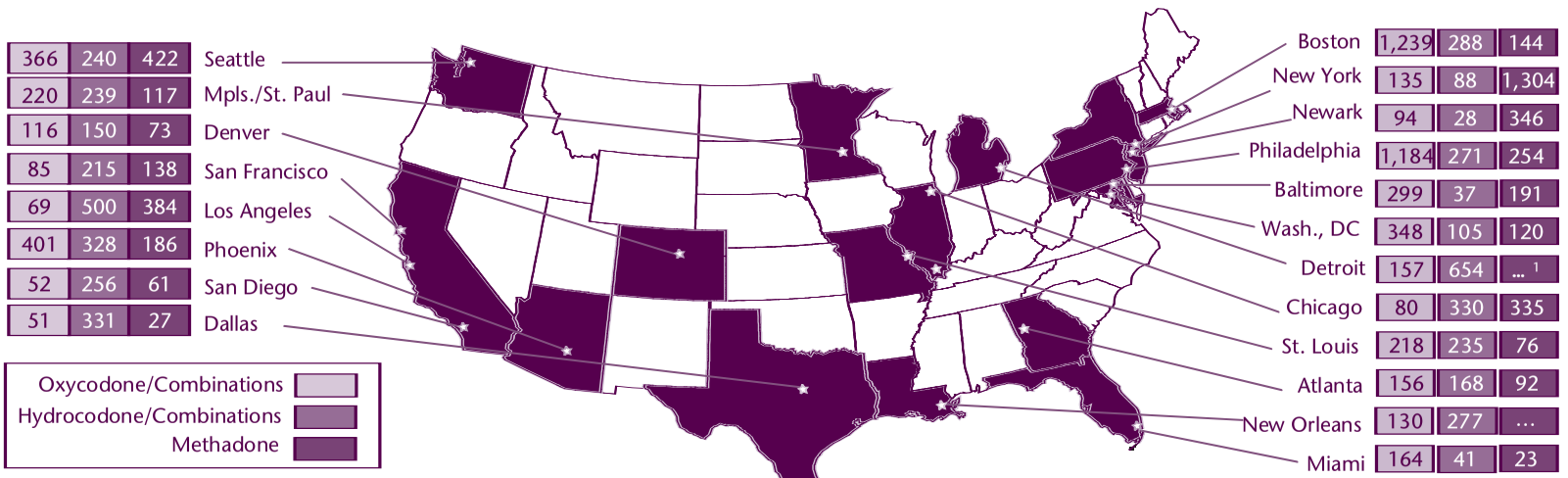


SOURCE: DAWN, OAS, SAMHSA

Oxycodone/combinations ED mentions were highest in Boston (*n*=1,239) and Philadelphia (1,184) in 2002 (*see exhibit 15 on the following page*). Significant increases from 2001 were reported in Baltimore, Detroit, St. Louis, San Francisco, and Seattle. There were no significant decreases across CEWG areas.

Hydrocodone/combinations ED mentions were highest in Detroit (654) and Los Angeles (500) (*see exhibit 15*), although neither changed significantly from 2001. Chicago and Dallas reported 330 and 331 mentions, respectively. In 8 other CEWG areas, hydrocodone/combinations ED mentions ranged between 215 and 288, with a significant increase in Minneapolis/St. Paul. Significant decreases were reported for Baltimore, San Diego, and Seattle between 2001 and 2002.

Exhibit 15. Number of Oxycodone/Combinations, Hydrocodone/Combinations, and Methadone ED Mentions: 2002



[1]Dots (...) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.

SOURCE: DAWN, OAS, SAMHSA

Methadone ED mentions were much higher in New York than any other CEWG site, at 1,304 (*see exhibit 15*). Four other areas had between 335 and 422 methadone ED mentions—Chicago, Los Angeles, Newark, and Seattle.

Mortality Data

Because CEWG areas that report local medical examiner data categorize deaths involving "other opiates/narcotics" differently, the findings are not comparable across sites.

Detroit

Toxicology findings from the Wayne County ME lab showed 241 cases of codeine positivity in 2002, compared with an expected 212 cases in 2003 (based on the first 8 months of 2003). **—Richard Calkins**

Miami

Miami-Dade County reported six oxycodone-related deaths during the first half of 2003, five of which were oxycodone-induced deaths. Broward County recorded 28 oxycodone-related deaths, of which 19 (68 percent) were oxycodone-induced. Only one involved oxycodone alone. In Palm Beach County, there were 35 oxycodone-related and 15 oxcodone-induced deaths. Another drug was present in 89 percent of the cases. Methadone-related deaths in the first half of 2003 totaled 1 in Miami-Dade County, 18 in Broward County, and 37 in Palm Beach County. **—James Hall**

Phoenix

Deaths related to other narcotics, including propoxyphene-related deaths, declined from 70 in 2000 to 54 in 2001, only to rise to 69 for 2002—a 27-percent increase. In the first 4 months of 2003, deaths involving 'propoxyphene/other narcotics' totaled 33. **—Ilene Dode**

Seattle

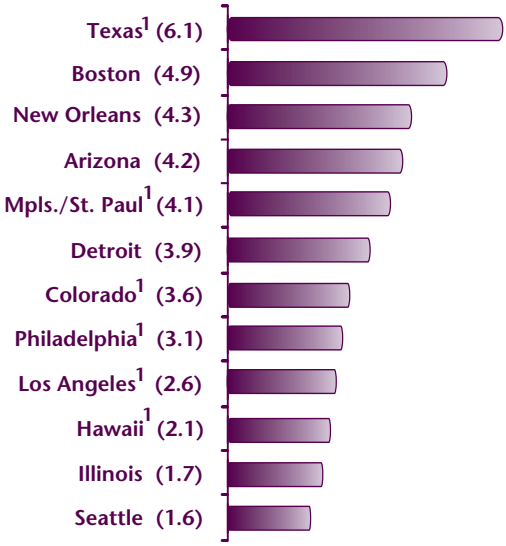
In the first half of 2003, there were 38 deaths identified by the King County ME that involved other opiates—7 more than in the first half of 2002. **—Caleb Banta-Green**

Treatment Data

Eighteen CEWG areas reported on admissions for primary abuse of an opiate/narcotic other than heroin (exceptions were Atlanta, Miami, and San Francisco). Exhibit 16, on the following page, shows the most recent data for CEWG areas where primary "other opiate" admissions exceeded 1 percent of all illicit drug admissions.

As shown, "other opiates" accounted for only small proportions of treatment admissions in CEWG areas reporting these data, with admissions being highest in Texas (6.1 percent).

Exhibit 16. Percentages of Primary "Other Opiate" Treatment Admissions (Excluding Alcohol) in 12 CEWG Areas: 2002–2003



[1]Represents only the first 6 months of 2003.
SOURCE: CEWG December 2003 reports on State and local data

NFLIS Data

In the period from October 1, 2002, to September 30, 2003, *oxycodone* was found in forensic laboratory analyses in most CEWG sites, with Philadelphia (289), Atlanta (Decatur) (134), and New York (111) reporting the highest numbers of oxycodone items (*see exhibit 17*).

Hydrocodone was reported by forensic laboratories in most CEWG areas, with relatively high numbers of items analyzed in Houston (328). Other areas with relatively high numbers of hydrocodone items included Atlanta (Decatur) (196), Los Angeles (129), New York (123), and San Diego (121).

Codeine items accounted for small proportions of all items analyzed in CEWG areas, with Houston (220), Philadelphia (82), and Los Angeles (77) having the highest numbers reported.

Methadone items also accounted for small proportions of items analyzed in CEWG areas with the highest number, by far, being in New York (403).

Exhibit 17. Estimated Numbers of Analyzed Narcotic Analgesic Items in CEWG Areas: October 2002–September 2003

NFLIS Area	Oxycodone	Hydrocodone	Codeine	Methadone
Atlanta (Decatur)[1]	134	196	20	47
Baltimore	16	15	15	16
Boston	88	44	8	17
Chicago[2]	0	31	4	4
Denver	14	25	7	5
Honolulu[1]	7	12	2	5
Houston[1]	20	328	220	0
Los Angeles[1]	18	129	77	12
Miami	53	22	8	5
New Orleans	19	98	6	21
New York [1,2]	111	123	65	403
Philadelphia	289	63	82	23
St. Louis	27	31	0	13
San Diego	30	121	25	8
Seattle	27	18	7	13
Washington, DC[1]	4	6	3	15

[1]Data are not complete for all months.
[2]Represents multiple sites.
SOURCE: NFLIS, DEA

Cocaine/Crack

Cocaine, especially crack cocaine, continues to be widely available and a major problem in most CEWG areas, despite some stabilization in recent years.

Washington, DC

Cocaine, particularly in the form of crack, remains the most serious drug threat in the District, accounting for more ED episodes, admissions to publicly funded treatment, and drug-related deaths than any other drug. It is most often sold at open-air markets in the poorer parts of the city and has decreased in price. **—Eric Wish**

Boston

Cocaine/crack indicators are stable, showing continued high levels of use and abuse. **—Daniel Dooley**

Chicago

Many cocaine indicators remained highest for all substances except alcohol. Cocaine-related treatment admissions increased by 20 percent (FY 2002–2003), and increases in use among Chicago school students, especially among 8th graders, were observed in 2002. **—Matthew Magee**

New Orleans

Cocaine abuse, particularly of crack, continues to be a major drug problem in New Orleans. Cocaine powder continues to be converted into crack and distributed primarily in the lower income areas of the city. **—Gail Thornton-Collins**

Philadelphia

Cocaine/crack remains a major drug of abuse in Philadelphia. Since 1999, an average of 83 percent of primary cocaine treatment admissions reported smoking the drug.

—Samuel Cutler

There are reports that use and abuse of powder cocaine are increasing, and that use is emerging in new populations.

Atlanta

Powder cocaine abuse may be increasing. While smoking remained the preferred route of administration among 70 percent of the primary cocaine treatment admissions in the first half of 2003, this represented nearly a 13-percentage-point decrease over the proportion of smokers in the first half of 2002. **—Kristin Wilson**

Chicago

Powder cocaine abuse has been increasing in some Chicago communities. Powder cocaine has become more available and is of higher purity—in the 50 to 90 percent range—in these areas. **—Matthew Magee**

Denver

One of the reasons for the increase in powder cocaine in Colorado is the shift in how and to whom it is marketed. Cocaine distributors are constantly moving it around. When one market is closed, another is opened. One example is the increase of cocaine use in Hispanic communities.

—Bruce Mendelson

New Orleans

In New Orleans, increases in homicide cases are associated with the increases in powder cocaine indicators.

—Gail Thornton-Collins

New York

Admissions for primary cocaine abuse represented an aging population; crack smokers tend to be older than those using cocaine intranasally. The Street Studies Unit finds cocaine hydrochloride widely available, and buying and use continue to rebound. The majority of powder cocaine users are Hispanic and Black, but there is a sizable number of White users, including an influx of white-collar professionals, who use cocaine recreationally. Field staff also report large clusters of young buyers in the 18–25-year-old range, suggesting a new generation of users. **—Rozanne Marel**

Texas

Between 1987 and 2003, the proportion of treatment admissions using powder cocaine who were Hispanic increased from 23 to 45 percent, while for Anglos the percent dropped from 48 to 44 percent, and for African-Americans, from 28 to 10 percent. **—Jane Maxwell**

New populations of crack abusers are also being reported.

Detroit

A newly emerging population of heavy crack users is reported to involve Native Americans living around northern Michigan casinos. **—Richard Calkins**

Texas

Use of crack cocaine, which is at an endemic level, continues to move beyond African-American users to Anglo and Hispanic users. The proportion of crack cocaine admissions who were African-American dropped from 75 percent in 1993 to 51 percent in 2003, while the proportion of Anglos increased from 20 percent in 1993 to 33 percent in 2003, and the percentage of Hispanic admissions increased from 5 to 14 percent in the same time period. **—Jane Maxwell**

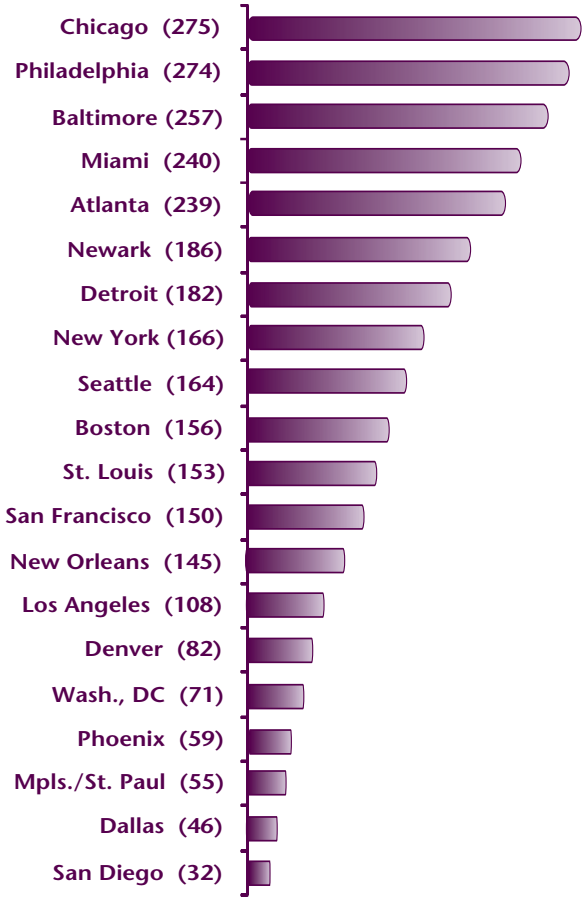
Patterns/Trends Across CEWG Areas

DAWN ED Data

Rates of ED mentions per 100,000 population were higher for cocaine than for any other drug in 17 CEWG areas. Two exceptions were Newark and San Francisco, where rates of heroin mentions were higher than those for cocaine (at 214 and 171, respectively).

As shown in exhibit 18 on the following page, rates in 2002 were highest in Chicago (275), Philadelphia (274), Baltimore (257), Miami (240), Atlanta (239), Newark (186), and Detroit (182). Rates of cocaine ED mentions increased significantly between 2001 and 2002 in Baltimore and decreased in Dallas.

Exhibit 18. Rates of Cocaine ED Mentions Per 100,000 Population: 2002



SOURCE: DAWN, OAS, SAMHSA

Mortality Data

Local ME data were reported for varying time periods in 2003 (*see exhibit 19*). Detroit's projected data suggest

Exhibit 19. Number of Cocaine-Related Deaths Reported by Local MEs in 8 CEWG Areas: 2000–2003

CEWG Area	2000	2001	2002	2003[1]
Detroit	395	406	**417**	399
Honolulu	22	**24**	23	14
Miami	184	201	**215**	162
Mpls./St. Paul	**60**	48	45	36
Philadelphia	**321**	300	270	155
Phoenix	**167**	138	116	45
St. Louis	**66**	NR[2]	58	NR
Seattle	**89**	49	79	23

[1]Detroit data are projected for the full year; Minneapolis (Ramsey and Hennepin Counties) are for the first 9 months, Broward County for the first 5 months, Phoenix the first 4 months, and Miami-Dade and all other areas for the first 6 months.
[2]NR=Not reported.
SOURCE: MEs/coroners as cited in CEWG December 2003 reports

cocaine-related deaths may decline over the full year, but the city will likely continue to have the highest number of cocaine-related deaths across the eight CEWG sites reporting death data. Miami-Dade and Broward Counties, Florida, as well as Philadelphia and Phoenix, continue to report sizable numbers of cocaine-related deaths.

Treatment Data

Primary cocaine treatment admissions—excluding alcohol admissions—continued to be proportionately highest in 9 of the 21 CEWG areas, ranging between 40 and 53 percent of the admissions in Philadelphia, St. Louis, New Orleans, Atlanta, and Washington, DC, and between approximately 31 and 39 percent of the illicit drug admissions in Illinois, Miami, Detroit, and Texas (*see exhibit 20*).

Exhibit 20. Percentages of Primary Cocaine Treatment Admissions by CEWG Area (Excluding Alcohol): 2001–2003

CEWG Area/State	Year 2001	2002	2003	% Crack 2003[1]
Atlanta[2]	**68.1**	60.8	53.4	67.8
Baltimore	**15.1**	11.6	NR[3]	NR
Boston	**16.0**	15.0	12.6	NR
Detroit	**38.7**	38.6	38.6	93.1
Los Angeles[2]	22.9	23.3	**23.6**	86.6
Miami (sample)[2]	NR	**45.3**	33.4	NR
Mpls./St. Paul[2]	26.6	**27.2**	26.1	NR
New Orleans	40.0	42.7	**43.1**	NR
New York[2]	29.3	28.5	**29.4**	61.0
Newark[2]	**7.0**	6.8	6.7	74.7
Philadelphia[2]	39.6	**40.3**	40.0	82.7
St. Louis[2]	**44.3**	41.9	42.3	90.7
San Diego[2]	**12.1**	10.2	9.0	77.0
San Francisco[2]	**24.1**	24.0	24.1	NR
Seattle	**21.9**	12.5	NR	NR
Washington, DC	41.4	**41.9**	NR	NR
Arizona	**19.0**	16.7	16.2	54.3
Colorado[2]	20.7	20.7	**21.9**	62.1
Hawaii[2]	8.0	**8.5**	6.1	63.7
Illinois	**31.6**	30.0	31.4	85.0
Texas[2]	**38.9**	38.7	38.8	70.8

[1]Represents the percentage of primary cocaine admissions who reported smoking the drug.
[2]Represents only the first 6 months of 2003.
[3]NR = Not reported.
SOURCES: CEWG December 2003 reports on State and local data

High percentages of the primary cocaine abusers entering treatment were crack abusers (smoked the drug). CEWG areas reporting the highest percentages of crack abusers among cocaine admissions in 2003 included Detroit (93.1 percent), St. Louis (90.7 percent), Los Angeles (86.6 percent), Illinois (85.0 percent), and Philadelphia (82.7 percent).

ADAM Data

In the initial quarters of 2003, the proportions of adult males testing cocaine-positive were near or exceeded one-half of the samples in Chicago (54.7 percent), New Orleans (49.0 percent), and Atlanta (48.5 percent) (*see exhibit 21*). In five other ADAM/CEWG sites, between 33 and 39 percent of adult males tested cocaine-positive. The proportions with positive toxicology screens for cocaine were less than 10 percent in two sites (Honolulu and San Diego).

Exhibit 21. Percentages of Adult Male Arrestees Testing Cocaine-Positive in 15 CEWG Areas: 2000–2003

CEWG Area	2000	2001	2002	2003[1]
Atlanta	48.5	NS[2]	**49.9**	48.5
Chicago	37.0	40.6	47.9	**54.7**
Dallas	27.7	30.4	29.9	**33.5**
Denver	35.4	33.8	32.7	**38.8**
Honolulu	**15.8**	10.8	9.1	7.6
Los Angeles	NS	NS	**32.1**	24.6
Minneapolis	25.7	28.0	**30.8**	27.3
New Orleans	34.8	37.3	42.4	**49.0**
New York	48.8	44.6	**49.0**	28.3
Philadelphia	30.9	36.7	**38.7**	31.6
Phoenix	**31.9**	27.2	27.8	25.2
San Antonio	20.4	29.6	**32.5**	31.6
San Diego	**14.8**	14.1	12.7	9.6
Seattle	31.3	32.0	**38.1**	36.0
Washington, DC	NS	NS	**27.5**	26.4

[1]Estimates are for various quarters in 2003.
[2]NS = Not sampled or reported.
SOURCE: ADAM, NIJ

The proportions of adult female arrestees testing cocaine-positive in the first quarters of 2003 were particularly high in Denver (54.8 percent), Minneapolis (39.6 percent), Washington, DC (38.9 percent), Los Angeles (38.5 percent), and New Orleans (37.3 percent) (*see exhibit 22*).

Exhibit 22. Percentages[1] of Adult Female Arrestees Testing Cocaine-Positive in 9 CEWG Areas: 2000–2003

CEWG Area	2000	2001	2002	2003
Denver	46.9	45.0	43.6	**54.8**
Honolulu	**19.4**	9.7	7.2	11.4
Los Angeles	NS[2]	NS	21.4	**38.5**
Minneapolis	NS	NS	NS	**39.6**
New Orleans	41.1	38.1	**42.2**	37.3
New York	53.0	**56.9**	38.9	NS
Phoenix	**35.2**	31.6	25.9	28.3
San Diego	**26.1**	16.5	21.2	15.2
Washington, DC	NS	NS	37.5	**38.9**

[1]Data are unweighted and, for 2003, averaged across various quarters.
[2]NS = Not sampled or reported.
SOURCE: ADAM, NIJ

NFLIS Data

The numbers of cocaine items analyzed in the NFLIS system from October 2002 through September 2003 were high in most areas represented in exhibit 23, exceeding even the number of marijuana items in eight areas. In Baltimore and

Exhibit 23. Estimated Number of Analyzed Cocaine Items and Percentage of All Items Tested in 18 CEWG Areas: October 2002–September 2003

Area	Number	Percent
New York[1]	25,270	52.8
Texas[1,2]	17,514	31.8
Los Angeles Co.[2]	15,769	34.1
Baltimore	15,128	47.2
Miami-Dade Co.	8,989	67.6
Philadelphia	8,735	44.8
Atlanta (Decatur)[1]	6,491	41.1
New Orleans	4,661	39.0
St. Louis	2,780	45.3
Denver	2,131	50.1
Detroit	2,106	46.4
Boston	1,869	26.9
Newark	1,867	49.7
San Diego	1,702	12.7
Washington, DC[2]	1,434	39.0
Seattle	1,227	39.6
Chicago[1]	760	20.4
Honolulu[2]	249	11.9

[1]Represents multiple sites.
[2]Data are not complete for all months.
SOURCE: NFLIS, DEA

Newark, where heroin indicators are exceedingly high, the number of cocaine items analyzed exceeded those for heroin. The numbers of cocaine items were highest in New York (25,270) and lowest in Honolulu (249). As a proportion of all items analyzed, cocaine accounted for around one-half or more of all items in Denver, Newark, Miami-Dade County, and the New York sites.

Club Drugs (MDMA/Ecstasy, GHB, Ketamine)

***CAVEAT:* MDMA, a Controlled Substance Act Schedule I drug, has the properties of both a stimulant and a hallucinogen. Tablets sold as "ecstasy" may contain only MDMA, some MDMA, or other compounds and ingredients. Other ingredients or substances contained in ecstasy tablets and capsules differ by area and often within an area; these are not always distinguished in the data sources used by CEWG members. CEWG references to MDMA and ecstasy are based primarily on how the drug is defined by local data/information sources used by members.**

MDMA abuse indicators decreased or were stable in most CEWG areas. Concerns and issues raised by CEWG members regarding MDMA/ecstasy included the fact that users do not always know exactly what is contained in the pills they are taking. Members were concerned also about the use of other substances with MDMA, and the switching by MDMA users to other drugs, particularly methamphetamine. In some CEWG areas, ethnographers reported increased use of MDMA in African-American and Hispanic populations. GHB and ketamine indicators continue to be low in CEWG areas.

Increased MDMA use among African-American and Hispanic populations.

Atlanta

There is reportedly a growing number of African-American ecstasy users who take the drug at hip-hop clubs.

—Kristin Wilson

Chicago

There have been increasing reports of ecstasy use from low-income African-Americans in their twenties and thirties who have been involved in club scenes. **—Matthew Magee**

New York

Although MDMA sellers are usually White young males of middle or upper class background, this profile is beginning to expand across racial, ethnic, and social class boundaries. The Street Studies Unit reports that street sales continue to increase to young Black and Puerto Rican youth in various parts of the City. **—Rozanne Marel**

Texas

Ecstasy has spread outside the club scene and into the Hispanic and Black communities. The proportion of White treatment admissions using ecstasy dropped from 92 percent in 1990 to 52 percent in 2003, while the proportion of Hispanics rose from 7 percent in 1990 to 27 percent in 2003 and that for Blacks from 1 to 20 percent. **—Jane Maxwell**

Washington, DC

MDMA abuse has been spreading to other inner city populations and venues. **—Eric Wish**

MDMA use by high school, college students, and young adults.

Denver

In the 2002 Colorado Youth Survey, lifetime ('ever used') use of MDMA was reported by 0.7 percent of 6th graders, 1.1 percent of 7th graders, 3.0 percent of 8th graders, 4.4 percent of 9th graders, 5.2 percent of 10th graders, 10.8 percent of 11th graders, and 9.8 percent of 12th graders.

—Bruce Mendelson

New Orleans

Youth continue to be lured to MDMA because of its hipness and the myth that club drugs are safe.

—Gail Thornton-Collins

New York

Many MDMA users are older high school students, college students, or young working professionals. These drugs are particularly popular among suburban White youth who regularly venture into the city for entertainment and fun.

—Rozanne Marel

Seattle

In a community-based survey involving 310 rave attendees (median age, 20) and 64 youth in drug treatment agencies (median age, 17), lifetime use of MDMA was reported by 78 and 37 percent of the respondent groups, respectively.

—Caleb Banta-Green

Texas

The 2002 secondary school survey reported lifetime ecstasy use at 8.6 percent in 2002, compared with 4.5 percent in 2000. **—Jane Maxwell**

Report of switching drugs.

Atlanta

Some MDMA users switched to methamphetamine, and some switched back to MDMA. **—Johanna Boers**

Polydrug abuse among MDMA users.

Colorado

We are not seeing many primary MDMA abusers coming into treatment. It's often the secondary or tertiary drug reported. **—Bruce Mendelson**

Michigan

In Michigan treatment data, MDMA is more likely to be a secondary or tertiary drug. **—Richard Calkins**

Texas

Clients entering treatment with a primary, secondary, or tertiary ecstasy problem reported a primary problem with marijuana (37 percent), methamphetamine (18 percent), and powder cocaine (15 percent). **—Jane Maxwell**

Washington, DC

The college students who use drugs like MDMA are likely to be using other drugs. **—Eric Wish**

Ecstasy often contains drugs other than MDMA, and users may not know exactly what they are taking.

Miami

A problem is that they (ecstasy users) really don't know what it is they are taking. **—James Hall**

Minneapolis/St. Paul

Area crime lab analysis revealed that some pills sold as ecstasy actually contained a combination of other drugs such as methamphetamine, ketamine, or 'MDA' (3,4-methylenedioxyamphetamine), a chemical similar in effect to MDMA. **—Carol Falkowski**

Phoenix

The DEA reported Pink Mercedes ecstasy tablets that were tested contained 8.3 percent MDMA. **—Ilene Dode**

St. Louis

Toxicology reports showing high levels of MDMA (ecstasy) are rare. Most reports about high levels of MDMA abuse are anecdotal or are part of the polydrug user's history. Public treatment programs report no MDMA admissions.

—James Topolski

Washington, DC

PCP in pill form has been sold as ecstasy, according to the Metropolitan Police Department. **—Eric Wish**

Patterns/Trends Across CEWG Areas

DAWN ED MDMA Data

The number of MDMA ED mentions decreased in nine CEWG areas from 2001 to 2002, with a significant increase reported only in New Orleans (*see exhibit 24*).

The highest numbers of MDMA ED mentions in the 2002 period were in Philadelphia (177), Los Angeles (176), New York (143), Miami (135), San Francisco (129), Atlanta (118), Boston (116), and Detroit (108).

Exhibit 24. MDMA ED Mentions by CEWG Area and Percent Change: 2000–2002

CEWG Area	Number			Change[1]
	2000	2001	2002	2001, 2002
Atlanta	68	**175**	118	-32.6
Baltimore	64	**75**	64	-14.7
Boston	125	**140**	116	
Chicago	**215**	121	87	
Dallas	71	**77**	53	-31.2
Denver	**57**	42	33	-21.4
Detroit	60	**111**	108	
Los Angeles	**177**	142	176	
Miami	105	**184**	135	-26.6
Mpls./St. Paul	65	**77**	77	
New Orleans	44	34	**79**	132.4
New York	**200**	172	143	
Newark	21	**49**	47	
Philadelphia	141	**203**	177	
Phoenix	76	**96**	50	-47.9
St. Louis	52	**55**	35	
San Diego	47	**52**	30	-42.3
San Francisco	107	**152**	129	-15.1
Seattle	**128**	115	86	-25.2
Washington, DC	78	**110**	92	

[1]This column denotes statistically significant ($p<0.05$) increases and decreases between estimates for the time periods noted.
SOURCE: DAWN, OAS, SAMHSA

Treatment Data

Four CEWG areas reported treatment data on one or more of the "club drugs," as shown below.

In Colorado in FY 2003, 25 clients were admitted to treatment for primary MDMA abuse; 17 were male and 20 were White. One-third were diagnosed with a concurrent mental health problem.

In FY 2002, Illinois began reporting admissions data related to "club drugs," and 50 such admissions were reported. In FY 2003, 79 such admissions were reported.

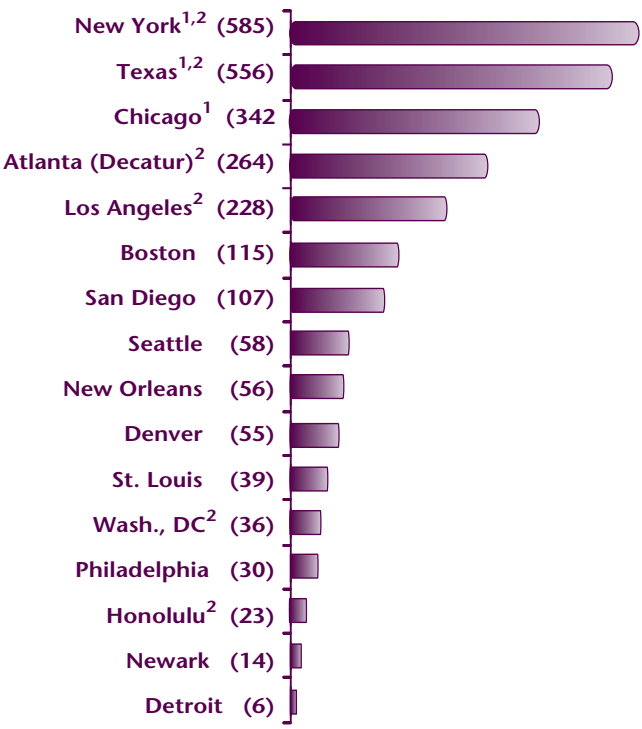
In Detroit in FY 2003, there were 69 ecstasy-involved admits in Detroit/Wayne County. Ecstasy continues to be more common as a secondary or tertiary drug.

Texas admissions (all ages) for a primary, secondary, or tertiary problem with ecstasy increased from 63 in 1998 to 521 in 2002, with 312 admitted in the first half of 2003.

NFLIS Data

Of the "club drugs" analyzed by NFLIS labs from October 2002 through September 2003, most were MDMA or 3,4-methylenedioxyamphetamine (MDA). New York and Texas had the largest number of items, both exceeding 500 (*see exhibit 25*). However, MDMA as a percentage of all items analyzed in each area was quite small. The highest proportions ranged between 1 and nearly 2 percent in only eight CEWG areas: Washington, DC, and Texas (1.0 percent each), Honolulu (1.1 percent), New York (1.2 percent), Denver (1.3 percent), Atlanta (1.7 percent), and Miami and Seattle (each 1.9 percent). At all other sites, the percentages of MDMA items ranged from zero (Baltimore) to 0.8 percent (San Diego).

Exhibit 25. Number of MDMA/MDA Items Analyzed by Forensic Laboratories in CEWG Areas: October 2002–September 2003



[1]Represents multiple sites.
[2]Data are not complete for all months.
SOURCE: NFLIS, DEA

Gamma hydroxybutyrate indicators declined or remained low in almost all CEWG areas, but GHB remains a drug of concern.

Detroit

During FY 2002, there were 4 admissions to treatment in Michigan involving GHB as the primary drug and 12 total cases in which GHB was involved. In FY 2003, there were 4 admissions statewide with GHB as primary drug, and 11 total cases where it was involved. **—Richard Calkins**

Los Angeles

GHB mentions continued to represent very small proportions of all ED mentions. In 2002, 100 mentions of GHB were reported to the DAWN system in the Los Angeles-Long Beach metropolitan areas accounting for less than 0.5 percent of all mentions. **—Beth Finnerty**

Miami/Broward County

GHB hospital episodes and deaths continue to decline. There was also a dramatic decrease in the number of GHB emergency department cases treated in the most recent reporting period at Broward General Medical Center Emergency Department, where 13 people were treated for GHB or GHB precursor overdose in the first 6 months of 2003.

—James Hall

Minneapolis/St. Paul

GHB hospital emergencies fell from a high of 93 in 2000 to 34 in 2003. **—Carol Falkowski**

New York

GHB is another club drug of concern in New York, although GHB ED mentions in New York City remain very low.

—Rozanne Marel

Philadelphia

GHB cases were mentioned in DAWN ED data in only 4 of the last 10 half-year periods; the data were suppressed during the other periods. Most focus groups composed of users new to treatment in the last 3 years have no familiarity with GHB. Participants since spring 2003 were only aware of its use 'mostly in clubs and bars' and 'predominantly by males.'

—Samuel Cutler

St. Louis

GHB remains under scrutiny because its use with alcohol produces an unpredictable reaction. No recent deaths have been reported from this drug. **—Heidi Israel**

Seattle

In a community survey, 30 percent of rave attendees and 19 percent of respondents at gay bars reported ever using GHB, compared with only 3 percent of youth in treatment and 9 percent of respondents from gay bathhouses and sex clubs.

—Caleb Banta-Green

Texas

Treatment admissions for a primary, secondary, or tertiary problem with GHB increased from 2 in 1998 to 35 in 2002, with 22 in the first half of 2003. **—Jane Maxwell**

Washington, DC

GHB abuse indicators continued at low levels. It has been reported that high school and college students get this drug from independent dealers and sell it at raves and dance parties. **—Eric Wish**

Small numbers of ketamine abusers were identified in the treatment and survey data accessed by CEWG members. (Ketamine is a dissociative general anesthetic used by veterinarians in the United States.) Ketamine abusers were admitted to treatment in Colorado, Michigan, and Texas, making it possible to assess their characteristics and behaviors.

Colorado

In FY 2003, four clients admitted to treatment reported ketamine as their primary drug of abuse. All were White (non-Hispanic), three were male, and three were 35 and older. Two had taken the drug orally, while one reported smoking, and another reported injecting. Two were diagnosed as being drug abusers or dependent. None was diagnosed with a concurrent mental health problem. **—Bruce Mendelson**

Michigan

There were 11 ketamine-involved treatment admissions statewide in FY 2002, and 32 such cases in FY 2003. The only reports of ketamine in southeast Michigan ED mentions between 1995 and 2002 involved 12 cases in 2001. **—Richard Calkins**

Seattle

Nearly one-third of 310 rave attendees and around one-fifth of gay bar survey respondents reported ever using ketamine. **—Caleb Banta-Green**

Texas

Nine clients were admitted to TCADA treatment programs in the first half of 2003 with a secondary or tertiary problem with ketamine. The clients were older and evenly split between White and Hispanic. One-third had a history of injection drug use, and all had problems with the legal or criminal justice system. **—Jane Maxwell**

Marijuana

Marijuana abuse indicators remained at very high levels in 2002 and early 2003. However, indicators remained stable in most CEWG areas. ED mentions increased significantly in three areas and decreased significantly in four. CEWG members raised particular concern about the increased availability of higher potency marijuana, the use of marijuana in combination with other drugs, and new younger cohorts and older cohorts seeking treatment for marijuana abuse.

Marijuana is readily available and indicators are high.

Detroit

Marijuana indicators remain mostly stable but at high levels. Mexican marijuana continued to be the dominant form available, with reports of increases from Canada.

—Richard Calkins

Minneapolis/St. Paul

Marijuana indicators continued upward trends, although hospital emergencies stabilized in 2002. Law enforcement sources noted increased volume of marijuana cases, including a Minneapolis case involving more than 1,000 pounds in which marijuana, concealed inside cookie boxes, was shipped from Texas to a Twin Cities-area warehouse.

—Carol Falkowski

New Orleans

Marijuana remains a major problem in New Orleans, particularly among youth, and prices have decreased in some areas of the State because of the abundance of Mexican marijuana. **—Gail Thorton-Collins**

Philadelphia

Focus group participants throughout 2003 reported the increasing use of blunts. These groups and outreach workers continued to report that marijuana use is widespread throughout Philadelphia. **—Samuel Cutler**

Phoenix

Marijuana remains readily available in quantities to hundreds of kilograms packaged for delivery despite large quantities of seizures by the U.S. Customs Service and the U.S. Border Patrol at the ports of entry and at remote sites along the international border. A majority of the bulk marijuana seizures along the border were abandoned loads that had been stashed waiting further transport. The size of an average load ranged from 200 to 500 pounds. **—Ilene Dode**

San Diego

Marijuana indicators continued to be high, with increases in ED mentions, treatment admissions, and adult female arrestee drug screens. **—Michael Ann Haight**

CEWG members report that marijuana use is increasingly perceived as socially acceptable.

Denver

Uniformly across the State, treatment program staff describe two major aspects of marijuana use: it is readily available in a variety of prices and potencies, and it is 'not taken seriously as a hard drug by society.' **—Bruce Mendelson**

St. Louis

Marijuana, viewed by young adults as acceptable to use, is often combined with alcohol. In focus groups with African-American adults from various social groups, more than one-half identified regular use of marijuana, but did not identify this use as problematic. This ethnographic information supports the cultural acceptance of marijuana use.

—James Topolski

Many problems are associated with marijuana abuse.

Los Angeles

A total of 2,737 marijuana arrests were made within the city of Los Angeles in the first half of 2003, which represents a 14-percent increase over the number of marijuana arrests made in the first 6 months of 2002. Marijuana arrests accounted for approximately 18 percent of all narcotics arrests made in the first half of 2003. City of Los Angeles marijuana seizures increased 164 percent, from 3,479 pounds seized in the first half of 2002, to 9,185 pounds seized in the first half of 2003. **—Beth Finnerty**

Miami

Cannabinoids were detected in 378 deaths statewide in Florida during the first half of 2003, a 13-percent increase from the 335 marijuana-related deaths in the previous 6 months. **—James Hall**

Texas

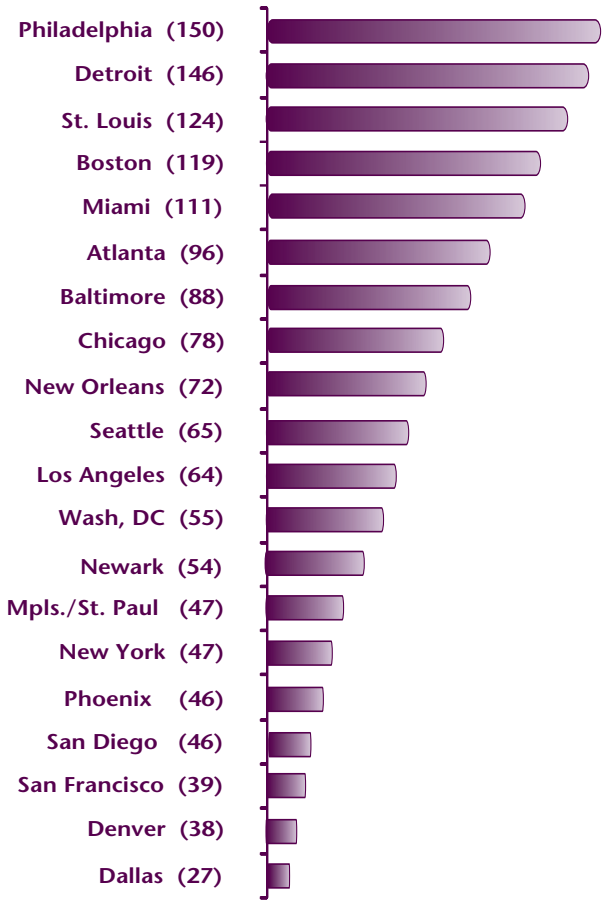
Three-quarters of all adolescent admissions in 2003 had a primary problem with marijuana, compared with 35 percent in 1987. In 2003, 59 percent of the adolescents were Hispanic, 23 percent were Anglo, and 16 percent were African-American (in 1987, 7 percent were African-American). Eighty-three percent had legal problems or had been referred from the juvenile justice system; these clients did not appear to be as impaired as those who did not have legal problems. The juvenile justice clients reported using marijuana on 7.6 days in the month prior to admission, compared with 14.6 days for the non-justice referrals. **—Jane Maxwell**

Patterns/Trends Across CEWG Areas

DAWN ED Data

In 2002, rates of marijuana ED mentions per 100,000 population were highest in Philadelphia (150), Detroit (146), St. Louis (124), and Boston (119) (*see exhibit 26*).

Exhibit 26. Rates of Marijuana ED Mentions Per 100,000 Population: 2002



SOURCE: DAWN, OAS, SAMHSA

From 2001 to 2002, rates of marijuana ED mentions increased significantly in three east coast areas—Baltimore, Miami, and Newark—while rates decreased significantly in four—Chicago, Dallas, San Francisco, and Seattle.

Treatment Data

Excluding Miami, most CEWG areas reported comparable data on primary marijuana treatment admissions from 2001 to either 2002 or 2003 periods (*see exhibit 27 on the following page*). Excluding alcohol admissions, primary marijuana admissions continued to be highest in Minneapolis/St. Paul, at 46.2 percent of illicit drug admissions, although this reflected a 3-percentage-point decline from 2001. Marijuana admissions in eight areas remained relatively stable (changing less than 3 percentage

points) between 2001 and 2003, while they increased in Detroit, Los Angeles, Philadelphia, Arizona, and Illinois. Conversely, primary marijuana admissions declined between 2001 and 2003 in Colorado by nearly 8 percentage points.

Exhibit 27. Primary Marijuana Treatment Admissions by CEWG Area and Percent (Excluding Alcohol): 2000–2003

CEWG Area/State	Year		
	2001	2002	2003[1]
Atlanta[2]	**20.9**	NR[3]	NR
Baltimore	**19.1**	16.7	NR
Boston	**7.7**	6.6	6.6
Detroit	10.4	13.4	**13.6**
Los Angeles[2]	11.3	14.2	**16.6**
Miami (sample)[2]	NR	45.6	**62.2**
Mpls./St. Paul[2]	**49.2**	47.7	46.2
New Orleans	**37.5**	37.0	36.7
New York[2]	25.2	**26.1**	24.6
Newark[2]	6.1	6.3	**6.6**
Philadelphia[2]	19.7	22.4	**22.7**
St. Louis[2]	35.5	**36.3**	36.3
San Diego[2]	25.9	25.3	**26.7**
Seattle	**34.4**	34.0	NR
Washington, DC	**7.9**	5.9	NR
Arizona	36.5	36.1	**39.6**
Colorado[2]	**40.6**	36.5	32.9
Hawaii[2]	**28.6**	28.5	27.7
Illinois	25.9	28.1	**29.8**
Texas[2]	26.1	25.8	**26.4**

[1]San Francisco did not report marijuana specifically and, thus, is not represented in the exhibit.
[2]Represents only half-year data for 2003.
[3]NR = Not reported.
SOURCE: CEWG December 2003 reports on State and local data

ADAM Data

In 2002 time periods, high percentages of adult male arrestees tested positive for marijuana in the 15 ADAM/CEWG sites shown in exhibit 28, varying from 33.8 percent in Honolulu to 54.4 percent in Los Angeles.

Exhibit 28. Percentages of Adult Male Arrestees Testing Marijuana-Positive in 15 CEWG Areas: 2000–2003

CEWG Area	2000	2001	2002	2003[1]
Atlanta	38.2	NS[2]	34.3	**41.2**
Chicago	45.0	50.2	49.4	**53.3**
Dallas	35.8	32.9	36.2	**41.0**
Denver	40.9	40.0	40.3	**44.8**
Honolulu	30.4	30.2	32.2	**33.8**
Los Angeles	NS	NS	36.4	**54.4**
Minneapolis	**54.2**	53.6	54.2	46.9
New Orleans	46.6	44.9	46.9	**50.4**
New York	40.6	40.5	**44.3**	35.3
Philadelphia	**49.4**	42.7	47.7	44.3
Phoenix	33.7	9.7	41.1	**43.4**
San Antonio	40.7	40.7	**42.0**	42.0
San Diego	38.7	36.4	37.8	**43.2**
Seattle	37.7	35.1	38.5	**39.1**
Washington, DC	NS	NS	**40.7**	37.3

[1]Estimates are for various quarters in 2003.
[2]NS = Not sampled.
SOURCE: ADAM, NIJ

In the nine CEWG areas included in ADAM in 2003, the proportions of females testing marijuana-positive ranged from 25.7 percent in Hawaii to 37.5 percent in New Orleans and Minneapolis (*see exhibit 29*).

Exhibit 29. Percentages[1] of Adult Female Arrestees Testing Marijuana-Positive in 9 CEWG Areas: 2000–2003

CEWG Area	2000	2001	2002	2003
Denver	**33.8**	33.0	32.6	32.3
Honolulu	19.4	13.9	20.3	**25.7**
Los Angeles	NS[2]	NS	**35.7**	30.8
Minneapolis	NS	NS	NS	**37.5**
New Orleans	28.0	25.1	26.0	**37.5**
New York	28.2	**32.1**	30.6	30.3
Phoenix	23.3	26.5	29.2	**31.9**
San Diego	27.2	27.2	**33.3**	29.1
Washington, DC	NS	NS	32.5	**33.3**

[1]Data are unweighted and, for 2003, averaged across various quarters.
[2]NS=Not sampled or not reported.
SOURCE: ADAM, NIJ

NFLIS Data

Marijuana (cannabis) tended to rank first or second in most CEWG areas in numbers of items analyzed by police labs. The numbers were especially high in Texas (16,294), New York sites (12,920), and Los Angeles County (11,620). As a percentage of all items analyzed, cannabis accounted for nearly three-quarters of the items in the Chicago area (*see exhibit 30*).

Exhibit 30. Number of Analyzed Cannabis Items in CEWG Areas and Percentage of All Items Tested: October 2002–September 2003

CEWG Area	Number	Percent
Texas[1,2]	16,294	29.6
New York[1,2]	12,920	27.0
Los Angeles[2]	11,620	25.1
San Diego	7,122	52.9
Baltimore	6,668	20.8
New Orleans	6,141	51.4
Philadelphia	6,099	31.3
Atlanta (Decatur)[2]	4,576	28.9
Boston	3,485	50.1
Miami-Dade Co.	2,891	21.7
Chicago	2,789	74.9
St. Louis	2,421	39.5
Detroit	1,768	38.9
Washington, DC[2]	1,463	39.0
Denver	736	17.3
Seattle	513	16.6
Newark	363	9.6
Honolulu[2]	358	17.1

[1]Represents multiple sites.
[2]Data are not complete for all months.
SOURCE: NFLIS, DEA

Benzodiazepines

Benzodiazepine indicators showed no common pattern of change or stability across CEWG areas in 2002–2003. Rates of benzodiazepine ED mentions in 2002 were especially high in Boston (102), Philadelphia (95), New Orleans (82), St. Louis (78), and Detroit (69). The specific benzodiazepine most widely abused varied by CEWG area and population group. CEWG members report that the drugs are also commonly used, in combination or sequentially, to increase, sustain, and/or reduce the negative effects of other drugs, including cocaine, methamphetamine, and opioids (e.g. heroin, methadone, and narcotic analgesics).

Boston

Benzodiazepines are showing high levels of abuse. Boston's 2002 benzodiazepine rate of 102 ED mentions per 100,000 population was highest among all DAWN sites.

—Daniel Dooley

Chicago

Consistent with ED mentions, ethnographic reports indicate that alprazolam appears to be the benzodiazepine most readily available on the street, followed closely by clonazepam and lorazepam, with variations in different areas of the city. **—Matthew Magee**

Miami/Ft. Lauderdale

Benzodiazepines in general and alprazolam in particular appear popular among opioid abusers. **—James Hall**

Newark

Benzodiazepine indicators have been increasing in Newark. These drugs are often used by heroin abusers and methadone patients. **—Anna Kline**

Texas

The proportion of cases that are alprazolam continues to increase. Alprazolam, clonazepam, and diazepam are among the 10 most commonly identified substances according to police lab reports, although none of them comprises more than 2 percent of all items examined in a year.

—Jane Maxwell

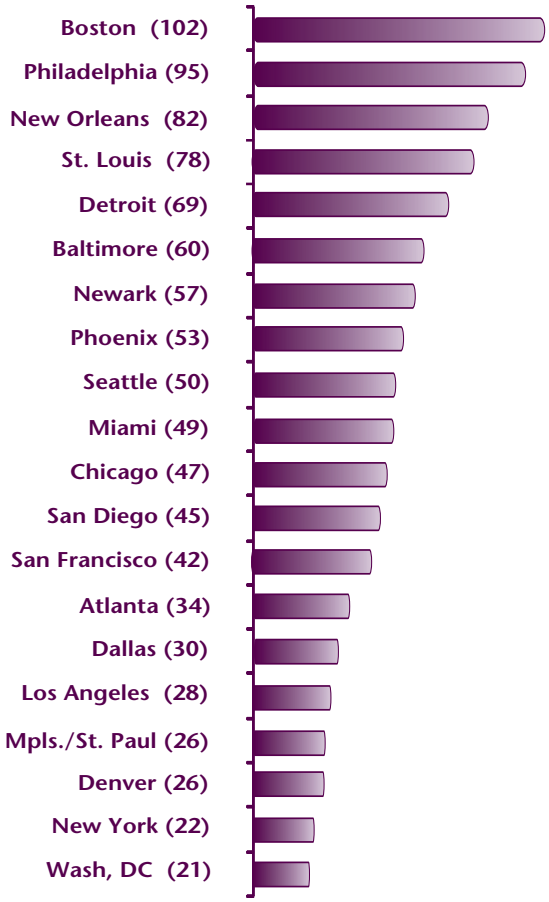
Patterns/Trends Across CEWG Areas

DAWN ED Data

As shown in exhibit 31 on the following page, rates of benzodiazepine ED mentions in 2002 were highest in Boston—102 per 100,000 population—followed by Philadelphia (95), New Orleans (82), St. Louis (78), and

Detroit (69). The rate increased significantly in Baltimore between 2001 and 2002, but rates decreased in Dallas, Denver, San Diego, San Francisco, and Seattle.

Exhibit 31. Rates of Benzodiazepine ED Mentions Per 100,000 Population: 2002



SOURCE: DAWN, OAS, SAMHSA

Mortality Data

Representatives from Miami and Philadelphia reported on benzodiazepine-related deaths in the first 5 or 6 months of 2003. In other CEWG areas, benzodiazepine-related deaths were classified in nonspecific categories (e.g., "depressants") or collapsed with barbiturates.

In Broward County, Florida, benzodiazepine-related deaths were second only to alcohol. In the first 5 months of 2003, there were 75 deaths related to benzodiazepines; in 28 cases (37 percent) a benzodiazepine was detected at a lethal dose level. In the 75 deaths, there were 83 benzodiazepine mentions, with diazepam and alprazolam accounting for a majority of the benzodiazepines (42 and 41 percent, respectively). Also of note is

that benzodiazepines were involved in 73 percent of the Broward County narcotic analgesic deaths in the first half of 2003, and in 44 percent of heroin-caused fatalities.

In Philadelphia in the first half of 2003, diazepam was detected in 33 decedents and continued to rank fourth among drugs detected by the medical examiner. Alprazolam was the 13th most frequently detected drug among decedents (*n*=188) from 1994 through June 2003.

Treatment Data

As with mortality data, treatment data on primary benzodiazepine (including Rohypnol) admissions typically appear in categories such as "depressants" or "other drugs." Only a few CEWG members reported benzodiazepine treatment data.

In Philadelphia, benzodiazepines were the primary drug of abuse among 26 admissions in the first half of 2003 (approximately 1 percent of all admissions excluding alcohol).

In Colorado in FY 2003, 16 clients were admitted to treatment for primary Rohypnol abuse. Thirteen were male and 11 were age 35 and older.

In Texas in the first half of 2003, 155 persons were admitted to treatment with a primary, secondary, or tertiary problem with Rohypnol, with 17 percent being for primary abuse of Rohypnol and 48 percent being for primary abuse of marijuana. Of the 155 admissions, 64 percent were male, 91 percent were Hispanic, and three-quarters had a problem with the criminal justice system. These cases were primarily on the border.

NFLIS Data

Alprazolam was the benzodiazepine most likely to be identified by police laboratories (*see exhibit 32 on the following page*). In the period from October 1, 2002, to September 30, 2003, relatively high numbers of alprazolam items were identified in New York (670), Houston (464), Philadelphia (408), Miami (283), and Atlanta (277). Labs in four New York sites reported relatively high numbers of clonazepam (150) and diazepam (118) items. In San Diego, diazepam was the benzodiazepine most often identified.

Exhibit 32. Estimated Number of Analyzed Benzodiazepine Items by CEWG Area: October 2002–September 2003

NFLIS Area	Alprazolam	Diazepam	Clonazepam
Atlanta (Decatur)[1]	277	69	26
Boston	33	16	41
Chicago[2]	5	2	12
Denver	8	20	9
Houston[1]	464	89	37
Honolulu[1]	11	20	2
Laredo[1]	0	12	53
Los Angeles[1]	28	96	45
Miami	283	16	13
New Orleans	74	34	5
New York[1,2]	670	118	150
Newark	22	0	0
Philadelphia	408	85	34
St. Louis	26	35	5
San Diego	52	106	72
Seattle	7	14	12
Washington, DC[1]	8	0	5

[1]Data are not complete for all months.
[2]Represents multiple areas.
SOURCE: NFLIS, DEA

Phencyclidine (PCP)

PCP indicators increased in five CEWG areas. The indicators (ED rates, arrestees testing positive, treatment admissions, and forensic testing by police) were consistently high in Washington, DC, and Philadelphia. There was concern, based on field reports and indicator data, that PCP was spreading to other east coast cities. CEWG members stressed the importance of assessing the types and quantity of PCP sold on the street.

EXCERPTS FROM PCP PANEL REPORTS

In response to concerns and issues raised at the June 2003 CEWG meeting regarding PCP indicators increasing in several areas, a series of steps were taken to obtain more information about this drug. Exploratory studies were quickly designed and conducted in two CEWG areas (Los Angeles and Washington, DC), a NIDA grantee agreed to provide PCP data from an ongoing "club drug" study, and a DEA official agreed to provide up-to-date information about PCP from DEA sources. Findings and study methods were reported by the panel.

The panel data suggested a possible resurgence of PCP abuse in Hartford, Connecticut, and Washington, DC, and cycles (indicators increasing and decreasing) of PCP abuse in Los Angeles. In all three studies, it was concluded that most individuals reporting PCP use were not certain about what substances they were actually taking. The drug was available in many forms and is used in many combinations. Many subjects referred to the drug as embalming fluid.

The study methods and findings are presented in more detail in Volume II of the December 2003 Proceedings.

Minneapolis/St. Paul

Two young African-American males (age 18 and 19) died in 2003 in Hennepin County; recent PCP use was reported as a significant contributing factor. ED mentions of PCP more than tripled from 2001 to 2002 (from 24 to 85).

—Carol Falkowski

Newark

There was a significant increase in the rate of PCP ED mentions in 2002, with a rate of 7 per 100,000 population. Of the 124 PCP ED mentions, 73.4 percent were multidrug episodes. **—Anna Kline**

New York

According to observations by the Street Studies Unit, PCP use is increasing across the city, especially in upper Manhattan. It is packaged like marijuana and sells for $10. Blunts laced with PCP cost $10–$20 in some parts of the city. Users tend to be in their late teens and twenties. PCP comes in powder or liquid form, although the liquid form appears to be more popular. **—Rozanne Marel**

Philadelphia

PCP was detected in 388 decedents from January 1994 through June 2003, the fifth most frequently detected drug during that time period, behind cocaine, heroin/morphine, alcohol-in-combination, and diazepam. **—Samuel Cutler**

St. Louis

PCP has been available in limited quantities in the inner city, generally used as a dip for marijuana joints. While not seen in quantity, PCP was identified in most indicator data, including ED mentions, police exhibits, and as a secondary drug in ME data. Most inner city users are African-American. PCP ED mentions rose significantly from 2000 to 2002.

—James Topolski

Washington, DC

In 2002, PCP indicators increased in Washington, DC, and informants from local hospitals reported that patterns of PCP use ranged from weekend use to frequent/addict type use.

—Eric Wish

Patterns/Trends Across CEWG Areas

DAWN ED Data

Rates of PCP ED mentions increased significantly from 2001 to 2002 and from 2000 to 2002 in Philadelphia and Washington, DC, the two areas with the highest rates—31 and 25 respectively in 2002 (*see exhibit 33*). Although relatively small, rates increased significantly in Newark (7 in 2002), Baltimore (5), and Dallas (4). The rate decreased significantly in Chicago (to 8 in 2002) and was relatively stable in Los Angeles (11 in 2002).

The majority of PCP-related ED visits involved PCP in combination with other drugs. In Philadelphia, 80 percent of the PCP mentions involved other drugs, as did 65 percent in Washington, DC. In these two areas, between 30 and 50 percent of the PCP-related ED visits involved either alcohol or marijuana.

Exhibit 33. Rates of ED PCP Mentions Per 100,000 Population in 10 CEWG Areas[1] and Percent Change: 2000–2002

CEWG Area	2000	2001	2002	Change[2]	
				2000, 2002	2001, 2002
Baltimore	3	3	**5**	68.2	58.2
Chicago	**17**	15	8	-53.1	-47.9
Dallas	**5**	3	4		43.0
Los Angeles	9	**12**	11		
New York	3	2	**4**		
Newark	2	2	**7**	236.7	250.6
Philadelphia	12	17	**25**	103.4	44.8
St. Louis	3	5	**6**	104.6	
Seattle	**6**	6	6		
Washington, DC	8	13	**31**	279.4	143.0

[1]Represent areas with rates above the national rate of 3 per 100,000 population in 2002.
[2]These columns denote statistically significant ($p<0.05$) increases and decreases between the time periods noted.
SOURCE: DAWN, OAS, SAMHSA

Treatment Data

The numbers of primary PCP treatment admissions are typically small and often subsumed under "hallucinogens" or "other drugs." Information on PCP treatment admissions was reported for some CEWG areas.

Atlanta

PCP was listed 4 times as a secondary drug and 3 times as a tertiary drug out of a total of 14,108 people receiving treatment in the first half of 2003. **—Kristin Wilson**

Los Angeles

Primary PCP treatment admissions accounted for 1.2 percent of all admissions in 2002; the number of PCP admissions has increased 89 percent from 1999 to the first half of 2003. **—Beth Finnerty**

Michigan

In FY 2003, there were four admissions statewide involving primary PCP abuse. **—Richard Calkins**

Philadelphia

In the first half of 2003, PCP was mentioned as a primary, secondary, or tertiary drug by 3.8 percent of all treatment admissions. **—Samuel Cutler**

Seattle

In 2002, there were 12 treatment admissions for PCP abuse, an increase from the 2 reported in 1999.

—Caleb Banta-Green

Texas

In the first half of 2003, 220 treatment admissions statewide reported a primary, secondary, or tertiary problem with PCP, compared with 321 in 2002. **—Jane Maxwell**

Washington, DC

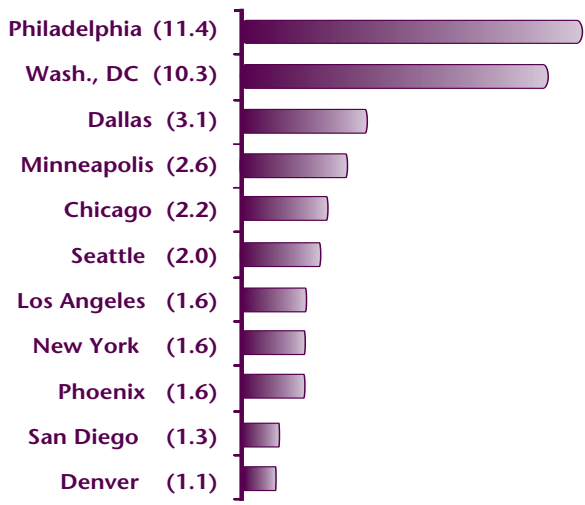
In 2002, the 205 primary PCP abusers accounted for 4.5 percent of admissions (excluding alcohol). **—Eric Wish**

ADAM Data

Percentages of adult male arrestees testing positive for PCP in 2002 were highest in Philadelphia (11.4 percent) and Washington, DC (10.3 percent) (*see exhibit 34*).

In Washington, DC, one of the ADAM areas that reported data for female arrestees, 13.9 percent tested positive for PCP.

Exhibit 34. Percentages of Adult Male Arrestees Testing PCP-Positive: 2002

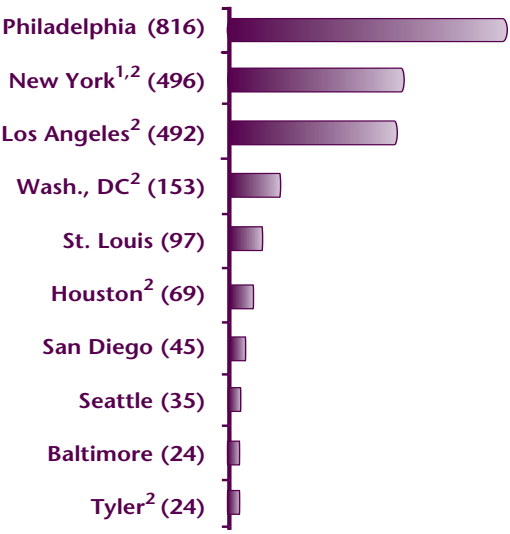


SOURCE: ADAM, NIJ

NFLIS Data

From October 1, 2002, to September 30, 2003, the highest numbers of PCP items identified by police labs were reported in Philadelphia (816), New York (496), and Los Angeles (492) (*see exhibit 35*). The police lab in Washington, DC, which reported data only for the first half of 2003, identified 153 items containing PCP.

Exhibit 35. Number of Analyzed PCP Items by CEWG Area: October 2002–September 2003



[1]Represents multiple sites.
[2]Data are not complete for all months.
SOURCE: NFLIS, DEA

Lysergic Acid Diethylamide (LSD)

Despite low levels, LSD indicators continued to decrease in most CEWG areas.

Chicago

Recent declines in LSD ED mentions suggest a downward trend in LSD use in Chicago. According to the 2002 Illinois Youth Survey, 5 percent of students in grades 8 through 12 reported 'any hallucinogen' (including LSD and PCP) lifetime use. This is a considerable decrease in use from years 2000 (7.0 percent) and 1998 (8.5 percent). **—Lawrence Ouellet**

Detroit

LSD indicators continued to decline from already low levels.
—Richard Calkins

Miami-Dade County

LSD appears to be far less available and losing popularity among young people. In 2003, the Miami-Dade School Survey found that only 0.6 percent of students in grades 7–12 reported current LSD use, down from 1.7 percent in 2001. **—James Hall**

Minneapolis/St. Paul

Hospital ED episodes of LSD declined considerably, falling from 58 in 2000 to 13 in 2002. **—Carol Falkowski**

Texas

The secondary school survey shows that use of hallucinogens (including LSD and PCP) is continuing to decrease. Lifetime use peaked at 7.4 percent in 1996 and dropped to 4.5 percent by 2002. **—Jane Maxwell**

Dextromethorphan (DXM)

DXM abuse was reported in four CEWG areas. (DXM is a widely available cough suppressant found in many non-prescription medicines. When taken in high doses, DXM can produce effects similar to those of PCP and ketamine.) It was agreed that all CEWG members should continue to access information from community sources regarding the use of this drug. In addition, the indicators will be monitored.

Atlanta

Ethnographic sources report that students as young as middle-school age are doing 'skittles' or using Coricidin as a source of DXM. DXM pills are cheaper than other pills and more readily available. The use of the name 'skittles' is based on the candy coating and the blue or purple colors.

—Kristin Wilson

Detroit

Intentional abuse of Coricidin HBP Cough and Cold formula, the over-the-counter medicine, has been reflected in case reports to Children's Hospital of Michigan since 2000. Multiple tablets are taken for a dissociative effect; use of up to 40 pills at a time has been reported. During 2000, 44 Coricidin HBP cases were reported to the poison control center and about 2 of every 3 cases required hospitalization. In 2001, at least 60 cases involved this drug; about the same level was reported in 2002. In the first 10 months of 2003, 58 cases of intentional Coricidin abuse were reported; most were younger than 21, and cases were split evenly between males and females. **—Richard Calkins**

Minneapolis/St. Paul

School-based counselors and emergency medicine staff reported the continuing abuse of DXM, a substance found in over-the-counter cough medications and sold as a powder or in clear capsules for $5. Calls related to the intentional abuse of dextromethorphan grew from 73 in 2001 to 111 in 2003 (through November 12), according to the Hennepin Regional Poison Center. Sixty percent were specifically in regard to Coricidin HBP Cough and Cold, also known as 'Triple C's,' and 7 percent to Robitussin® DM. **—Carol Falkowski**

Texas

School personnel in Texas have been reporting problems with the abuse of DXM, especially the use of Robitussin® DM, Tussin, and Coricidin HBP Cough and Cold tablets. Outreach workers in the Houston area report an emerging trend in the use of Coricidin HBP Cough and Cold pills ('Triple Cs') by adolescents, with some recent admissions to treatment for abuse of these pills. Texas poison control centers reported the number of abuse and misuse cases involving dextromethorphan increased from 93 in 1998, to 188 in 1999, to 263 in 2000, to 366 in 2001, to 429 in 2002, with 150 reported in the first half of 2003. **—Jane Maxwell**

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