COMMUNITY EPIDEMIOLOGY WORK GROUP
NATIONAL INSTITUTE ON DRUG ABUSE

EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

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Highlights and Executive Summary
Revised

December 2001

The National Institute on Drug Abuse (NIDA) acknowledges the contributions made by the members of the Community Epidemiology Work Group (CEWG) who have voluntarily invested their time and resources in preparing the reports presented at the meetings.

This publication, Volume I, is based primarily on papers presented and data reported by CEWG representatives from 21 areas at the December 2001 CEWG meeting. The full edited text from those reports appears in Volume II. Volume II also contains the full edited text of special reports.

For more information about the Community Epidemiology Work Group and for some past publications, visit the home page through the NIDA Web site:

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FOREWORD

The Community Epidemiology Work Group (CEWG) is a drug abuse surveillance network established in 1976 by the National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH). It is composed of researchers from 21 sentinel areas of the United States who meet semiannually to present and discuss quantitative and qualitative data related to drug abuse. Through this program, the CEWG provides current descriptive and analytical information regarding the nature and patterns of drug abuse, emerging trends, characteristics of vulnerable populations, and social and health consequences.

The 51st meeting of the CEWG, held in San Diego, California, on December 11–14, 2001, provided a forum for presentation and discussion of drug abuse data in the United States, Canada, and Mexico. The venue in San Diego afforded the opportunity for presentation and discussion of drug abuse-related issues of special concern to the local community. These included presentations on three local efforts to combat and treat substance abuse; a panel discussion by methamphetamine abusers on the problems associated with abuse of this drug; an effort to reduce teen drinking on both sides of the border (San Diego and Tijuana); and the impact of California's Substance Abuse and Crime Prevention Act (Proposition 36) on the treatment system. An official of the Drug Enforcement Administration described data sources used by the agency to track seizures of 3,4-methylenedioxymethamphetamine (MDMA) and determine the quality of drugs and an official of the Substance Abuse and Mental Health Services Administration conducted a workshop on the Drug Abuse Warning Network's Emergency Department data collection methods, reporting procedures, and the new type of information that will be available in the near future.

Presentations at the meeting focused on unique and local aspects of drug abuse and social health consequences that have confronted and continue to concern the city of San Diego. They also served to capture the diversity and community-based nature of drug abuse, its emergence in the community, and its resolution by the community. They underscored, once again, the necessity of establishing effective networks of drug abuse surveillance at the local level in communities throughout the world.

Nicholas J. Kozel
Division of Epidemiology, Services and Prevention Research

CONTENTS

APPENDICES

NIDA publications including Volume I of the CEWG proceedings are available online at:

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LIST OF PAPERS IN VOLUME II

Special Papers

INTRODUCTION

The 51st meeting of the Community Epidemiology Work Group (CEWG) held in San Diego, California, on December 11–14, 2001. During this meeting, 21 CEWG representatives reported on current drug trends and patterns in their areas. The key findings and executive summary that follow are based on these reports.

Data Sources

To assess drug abuse patterns and trends, city-and State-specific data are gathered and compiled from a variety of drug abuse indicator sources. Sources include public health agencies, medical and treatment facilities, criminal justice and correctional offices, law enforcement agencies, surveys, and other sources unique to local areas, including those described below.

Drug-related emergency department (ED) mentions, as reported by local EDs and poison control centers, and by the Drug Abuse Warning Network (DAWN), Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). DAWN data represent estimated numbers of mentions and rates per 100,00 population. DAWN data are obtained from sampled hospitals in 21 metropolitan areas; 20 are CEWG areas. DAWN collects information on "episodes" and "mentions" of illegal drugs or nonmedical use of legal drugs among persons seen in sampled EDs. (The number of episodes is not equivalent to the number of patients, because one person may make repeated visits to the ED. In each episode, a person may mention more than one drug, and each drug is counted in a discrete drug category). More detailed information on the DAWN data is presented in Appendix A.

Drug-related deaths, as reported on death certificates by medical examiner (ME)/local coroner offices, by State public health agencies, or by SAMHSA in the DAWN medical examiner data. DAWN ME does not report all drug overdose deaths in an area because information is collected from only a selected group of medical examiners in an area. An episode report, including demographic information and circumstances of death for each decedent is included in the report. While drug abuse deaths frequently involve overdoses, they also include deaths in which drug use was a contributing factor.

Primary substance of abuse of clients at admission to treatment programs is derived from local treatment agencies or State substance abuse agencies, most of which report data to the Treatment Episode Data Set (TEDS).

Arrestee urinalysis results are based primarily on data collected by the Arrestee Drug Abuse Monitoring (ADAM) program of the National Institute of Justice (NIJ). (Additional information on ADAM is provided in Appendix B.)

Seizure, price, purity, prescription/distribution, and arrest data are obtained from the Drug Enforcement Administration (DEA) and from State and local law enforcement agencies. Included in some reports are data from DEA's Domestic Monitor Program (DMP) on drug sources, types, cost, and purity of retail-level heroin, based on undercover heroin purchases by

DEA in selected cities (see Appendix C for additional details on the Domestic Monitor Program).

Other sources of quantitative drug abuse indicator data include surveys (e.g., of the general and school populations), helplines, and poison control centers.

Quantitative data are enhanced with information obtained through qualitative research—field reports, focus groups, key informant interviews, and other methods. Qualitative data are interspersed throughout this document.

A Note to the Reader

The information in this report is typically organized by specific drug of abuse. Note, however, that multiple-drug abuse is a common pattern among a broad range of substance abusers. Furthermore, most indicators do not differentiate between powder cocaine and crack. Finally, local comparisons are limited, especially for the indicators listed below.

DAWN ED—Because the same individual may be represented in different episodes, and each episode may result in a mention of more than one drug, these data cannot be used to estimate prevalence of use for any drug.

Mortality—Definitions associated with drug deaths vary. Common reporting terms include "drug related," "drug induced," "drug involved," and "drug detections." These terms have different meanings in different areas of the country. In some cases, and some data systems, every drug detected in a decedent's body may be reported, so it cannot be assumed that a person died of an overdose of any particular drug (e.g., a death certificate may show that heroin was found in the body of a person who died from pneumonia).

Treatment admissions—Many factors affect treatment admission numbers, including program emphasis, slot capacity, data collection methods, and reporting periods. While most CEWG areas report citywide or county data, Hawaii, Illinois, and Texas report statewide data. Also some CEWG members use total admissions as a denominator in calculating percentages of primary admissions for a particular drug, some exclude "alcohol-only" but include "alcohol-in-combination," while others exclude both alcohol-only and alcohol-in-combination.

Arrests and seizures—The number of arrests, seizures, and quantity of drugs confiscated often reflect enforcement policy rather than levels of abuse.

The following methods were used in making area comparisons in this document:

- Most DAWN ED data are based on data files run by SAMHSA in 2001. These data often reflect weighted estimates of the number of mentions based on a sample of hospital emergency departments.

- Long-term ED trend data typically cover the period of 1994 through 2000. Most short-term comparisons are based on data for 1999 versus 2000. Increases or decreases that meet standards of precision at $p < 0.05$ are reported.

- Unless otherwise specified, all percentages for treatment program admissions exclude alcohol-only and alcohol-in-combination. Available data for 2000 on total admissions, including alcohol in most areas, are presented by CEWG area in Appendix D.

- ADAM arrestee urinalysis data are based on full-year figures for 2000. Data may not be compared with earlier time periods because of substantial changes in data collection and reporting in 2000. Also, comparisons by gender are not valid because of differences in sampling and data collection methods for adult male and female arrestees (see Appendix C).

- Heroin purity levels per milligram were obtained from the DEA Domestic Monitor Program, Intelligence Division, Domestic Unit. Preliminary data are for 2000. More current data are not available.

- Cumulative totals of acquired immunodeficiency syndrome (AIDS) cases for the total United States are based on the *HIV/AIDS Surveillance Report* 12(1):8,9,12, 2000, from the Centers for Disease Control and Prevention (CDC).

Local areas and agencies vary in their reporting periods, e.g., some indicators are based on years while others are based on calendar years.

Some indicator data are unavailable in certain areas. The symbol "NR" in tables refers to data not reported.

OPENING REMARKS

Nicholas J. Kozel, of the Division of Epidemiology, Services and Prevention Research at NIDA began by welcoming participants and reviewing plans for the meeting.

Mr. Kozel provided information about recent personnel changes at NIDA, including the resignation of Dr. Alan I. Leshner as Director of the Institute and the appointment of Dr. Glen R. Hanson as Acting Director. Dr. Hanson is a recognized expert on psychostimulants and has conducted research on the neurotoxic properties of MDMA and amphetamines. His work has focused on brain peptides and psychiatric and neurological functions. Dr. Hanson joined NIDA in September 2000 as the director of the Division of Neuroscience and Behavioral Research.

Dr. Wilson M. Compton has been appointed director of the Division of Epidemiology, Services and Prevention Research. Dr. Compton, a psychiatrist, has conducted research on comorbid disorders, with a focus on personality variance. He also has special interest in cross-cultural research. He has worked with the World Health Organization and has conducted research in Taiwan.

Mr. Kozel expressed appreciation to the staff of JBS, Inc., for the superb job in planning and managing CEWG meetings for the past 14 years. He informed participants that in September 2001, MasiMax Resources, Inc., was awarded the NIDA Epidemiology Work Group contract, which includes responsibility for planning and managing the CEWG meetings and editing and preparing CEWG reports. He introduced Ms. Usha Charya, meeting coordinator, who organized the meeting.

Through the MasiMax contract, NIDA will continue to support the Border Epidemiology Work Group (BEWG), in collaboration with the Ministry of Health of Mexico. The BEWG, established in 1997, has developed as a drug abuse surveillance system capable of assessing drug abuse patterns and trends in cities located on both sides of the border. What makes the BEWG unique is the ongoing exchange and review of indicator data collected in "sister cities"—American and Mexican cities across the border from each other—and the impact that drug problems on one side of the border can have on nearby cities located on the other side.

Mr. Kozel pointed out that NIDA will provide technical assistance and support to States that are attempting to establish State epidemiology work groups, particularly those attempting to establish epidemiologic work groups to assess and address drug abuse patterns and trends in rural areas. Through the contract, studies will also be conducted to learn more about emerging drug abuse issues and problems.

Mr. Kozel encouraged CEWG members to continue developing and submitting grant applications based on issues that emerge from their research. He pointed out that CEWG members have an excellent opportunity to not only identify emerging drug problems and trends, but also to investigate more thoroughly what has been discovered through the CEWG data sources. About 1 year ago, NIDA issued a Request for Applications (RFA) to conduct research on emerging drug abuse trends and issues identified by the CEWG. Several CEWG members are working in grants funded through this RFA.

Mr. Kozel also informed participants that NIDA is providing initial support for an ethnographic project designed to assess changes in drug availability, attitudes, and patterns of use since the terrorist events on September 11, and the new security measures. He pointed out that Al Pach, CEWG member from Washington, D.C., has begun collecting local data on this issue.

CEWG REPORTS—UNITED STATES

KEY FINDINGS

Data from the 51st CEWG meeting portrayed both the similarities and differences in drug abuse patterns within and across CEWG areas, as well as changes in trends over time. The findings presented in this report are based primarily on comparisons of 1999 and 2000 data. In some instances, the findings are supplemented by data from earlier periods and data from the first half of 2001. The major findings are highlighted below.

Cocaine/Crack

Although still at high levels, cocaine/crack indicators decreased in 10 CEWG areas, remained stable or mixed in 9, and increased in 2 (Atlanta and Seattle). In 2000, rates of DAWN ED cocaine mentions per 100,000 population were higher than those for heroin/morphine in 16 of the 20 CEWG sites included in DAWN, and also were higher in all CEWG sites than rates for marijuana and methamphetamine. Primary treatment admissions in 2000 for cocaine/crack (excluding alcohol) were highest in Atlanta (70.3 percent), followed by Philadelphia (48.1 percent), and lowest in Newark (9.0 percent). Treatment admissions data for 2000 show that crack cocaine accounted for a substantially greater percentage of primary admissions than powder cocaine in all CEWG areas. Adult arrestees in all ADAM CEWG sites in 2000 were more likely to test positive for cocaine than opiates; in all 15 sites where both adult males and females were tested, females were more likely to test positive for cocaine than marijuana. Indicators suggest that crack use has decreased as powder cocaine has become more available in some CEWG areas including Denver, Miami/South Florida, Phoenix, the Texas border, and Washington, D.C. Powder cocaine and crack remain widely available in CEWG sites, but prices vary across areas.

Heroin

Heroin use indicators increased in 15 CEWG areas, remained stable in 2, and decreased in 4. Decreases were reported in Honolulu, Los Angeles, San Francisco, and Seattle, areas where Mexican black tar heroin is the primary type available. On the East Coast, Boston, New York, Newark, and Philadelphia report that heroin is relatively cheap, widely available, and of high purity. In 2000, rates per 100,000 population of DAWN ED heroin/morphine mentions were higher than those for cocaine in four CEWG areas (Baltimore, Newark, San Diego, and San Francisco), and higher than rates for marijuana and methamphetamine in eight CEWG areas. In 2000, primary heroin treatment admissions (excluding alcohol) were especially high in Baltimore (64.3 percent), Boston (69.1 percent), and Newark (83.8 percent), and were approximately 55–57 percent of primary illicit drug admissions in Los Angeles and San Francisco. In 13 ADAM CEWG sites in 2000, the percentages of adult male arrestees testing opiate-positive were 10 percent or less, as was the case for females in 12 CEWG areas. The percentages testing opiate-positive were particularly high in Chicago, New York, and Philadelphia. DMP data show that heroin purity levels are highest east of the Mississippi River where South American heroin dominates (43.9 percent purity compared with 28.5 percent west of the Mississippi where

Mexican heroin dominates). Heroin was available to varying degrees in all CEWG reporting areas but price varied across areas.

Other Opiates

Indicators of the illicit use of prescription semisynthetic narcotic drugs, particularly drugs containing oxycodone and hydrocodone, increased in the 14 CEWG areas that reported on these drugs. The number of DAWN oxycodone/combinations ED mentions in 2000 were highest in Philadelphia (658), Boston (594), and Phoenix (225). ED mentions for hydrocodone/ combinations were highest in Los Angeles (459) and Detroit (369). Deaths involving hydrocodone, oxycodone, or both were reported from Atlanta, Detroit, Miami (Dade and Broward Counties), Philadelphia, and Texas. Los Angeles reported that there are numerous chat rooms on the Internet devoted to OxyContin and how it can be illegally purchased. Law enforcement agencies are encountering significant problems with oxycodone in Detroit, Los Angeles, and the Rocky Mountain West. Abuse of codeine (in pill and cough syrup form) was reported as a problem in six CEWG areas, and remains the most widely abused other opiate in Detroit.

Marijuana

Marijuana use indicators increased in 12 CEWG areas, remained stable or mixed in 8, and decreased in 1 (Atlanta). Marijuana ED mentions, arrests, and treatment admissions have been increasing. There is reportedly less stigma associated with the use of this drug than in prior years, and it is widely available in all CEWG and surrounding areas. In 2000, DAWN ED marijuana mentions increased in the total (coterminus) United States, and did so significantly in seven CEWG areas. There were no significant decreases in the numbers of marijuana ED mentions in the other 13 CEWG areas included in DAWN. Excluding primary alcohol treatment admissions, more than 49 percent of admissions in Minneapolis in 2000 were for primary abuse of marijuana, while those in Miami, New Orleans, St. Louis, and Seattle, ranged between 31 and 37 percent. In the CEWG sites in the ADAM program in 2000, the percentages of males testing marijuana-positive were higher than those testing cocaine-positive in 13 sites. Marijuana was widely available in all CEWG areas and prices varied by area and the type and quality of the drug.

Methamphetamine

Methamphetamine use indicators increased in six of the seven CEWG areas that typically have relatively high rates of ED methamphetamine mentions and/or high percentages of primary methamphetamine treatment admissions. These include Denver, Hawaii, Los Angeles, Phoenix, San Diego, and Seattle. San Francisco was the only area reporting a decrease in methamphetamine indicators in 2000–2001. Increases in methamphetamine indicators were also reported in Atlanta, Minneapolis/St. Paul, St. Louis, and cities in Texas. Chicago, Detroit, New York, Philadelphia, and Washington, D.C. reported increases in methamphetamine availability and use, but still at low levels. Excluding alcohol, treatment admissions in 2000 for primary methamphetamine abuse were less than 6.0 percent of such admissions in Denver, Philadelphia, and Washington, D.C., but were especially high in Hawaii (46.6 percent) and San Diego (45.3 percent). In the ADAM program in 2000, approximately 36 percent of adult male arrestees and

47 percent of females tested methamphetamine-positive in Honolulu, as did 26 percent of males and 29 percent of females in San Diego, 19 percent of males and 24 percent of females in Phoenix, 12 percent of females in Los Angeles, and 22 percent of adult females in Seattle. Widespread or steady availability of methamphetamine was reported in Denver, Phoenix, San Diego, and Texas. Availability increased in Atlanta, Detroit, Seattle, and Washington, D.C., but decreased in Chicago and San Francisco. Purity levels of crystal methamphetamine ("ice") were close to 100 percent in Honolulu and 90–95 percent in Phoenix. The Mexican form of methamphetamine is less pure (20–40 percent in Phoenix). Prices were relatively stable in most areas but increased for some quantities in Denver, Phoenix, and Washington, D.C.

Club Drugs

MDMA (often called ecstasy) indicators increased in 19 CEWG areas and remained stable at low levels in 2 (New Orleans and Newark). Although the numbers of DAWN MDMA ED mentions are still low compared with those for other drugs, they increased significantly in 14 CEWG areas between 1999 and 2000. Use of MDMA continues to spread beyond "raves" and nightclubs. Although still small, the numbers of persons being admitted for treatment for MDMA abuse is increasing in Denver, Minneapolis/St. Paul, and Texas, and deaths associated with MDMA were reported in seven CEWG areas. In recent years, according to the DEA, clandestine laboratories in Belgium and the Netherlands and have produced 80 percent of the MDMA consumed worldwide. There have been reports of attempts to establish clandestine MDMA labs in CEWG sites, including Minneapolis, San Diego, and areas of Michigan and South Florida. Pills sold as ecstasy were found to contain mixtures of a variety of substances, making them more dangerous to use; some did not contain any of the precursors needed to produce MDMA. Pills sold as ecstasy are easily available and typically sell for $20–$30 each.

PCP

PCP indicators, reported in 14 CEWG areas, suggest that abuse of this drug is not widespread. However, there is evidence of increased abuse of this drug in some CEWG areas. Rates of DAWN PCP mentions per 100,000 population increased significantly between 1999 and 2000 in 8 CEWG areas. Areas with the highest number of ED mentions were Chicago, Philadelphia, Los Angeles, Seattle, and Washington, D.C. Rates per 100,000 population in these 5 cities ranged from a low of 6 in Seattle to a high of 17 in Chicago in 2000. Los Angeles reported 51 PCP-related deaths in 2000 and Philadelphia reported 22. Treatment admissions for primary PCP abuse remained low, accounting for less than 1 percent of admissions in most CEWG areas. PCP primary treatment admissions increased in Newark and Los Angeles. Only small percentages of adult and juvenile arrestees in ADAM CEWG sites in 2000 tested PCP-positive, with the highest percentage (4.8) being among adult males in Houston. PCP prices remain stable in seven reporting CEWG areas, with the exception of Los Angeles where the price declined since the June 2001 reporting period.

COCAINE/CRACK

Overview

In most CEWG areas, cocaine/crack indicators have been stabilizing and trending down for some time. Between 1999 and 2000, cocaine/crack indicators decreased in 10 areas, were stable or mixed in 9, and increased in only 2. Nevertheless, cocaine/crack continues to be a dominant drug of abuse, as evidenced by the fact that rates of DAWN cocaine ED mentions tended to be much higher than the rates for other drugs. In 2000–2001, large proportions of clients entering drug abuse treatment programs were primary cocaine/crack abusers, with smoked cocaine (usually crack) accounting for a majority of this admissions group. ADAM data continue to show that high percentages of adult arrestees test positive for cocaine.

Crack indicators continued to increase in some CEWG areas despite the fact that abuse levels were already high, new drugs have emerged in recent years, other drugs have become more available and less expensive, and crack has a bad reputation on the street. As stated in the Washington, D.C., report, "Crack is viewed in a negative light and is not considered popular among new drug abusers. Crack is associated with violent and desperate behavior in disadvantaged communities in D.C. In other D.C. communities, crack is also eschewed by middle-class users of illicit substances."

Increases from 1999 to 2000–01 in cocaine/crack indicators were reported only in two areas:

Atlanta *After a steady decline, increases in cocaine indicators were reported in 2000. The rate of ED mentions increased from 189 in 1999 to 221 in 2000. In 2000, 48.5 percent of male and 57.6 percent of female arrestees tested positive for cocaine. Almost one-half (48.6 percent) of all treatment admissions were for cocaine/crack abuse.*

Seattle *Indicators of cocaine use have shown an increase to higher historical levels after several years of decline. The rate of 2000 cocaine ED mentions increased from 130 in 1999 to 169 in 2000. In the past 3 years, 12 percent of all admissions to treatment were for primary cocaine abuse.*

The following excerpts are from CEWG areas reporting increased use of *powder* cocaine:

Denver *Cocaine injecting declined from 1995 (12.4 percent) through 1998 (10.6 percent), but increased slightly to 13.7 percent in the first half of 2001. Smoking percentages, though level at 67.2 percent in 1995 and 1996, have since declined steadily to a low of 56.7 percent in the first half of 2001. Conversely, inhalation has been steadily increasing from 17.6 percent in 1995 to 26.3 percent in the first half of 2001. This is probably related to the increased availability of cocaine hydrochloride (HCl).*

Miami/South Florida

There were 4,383 cocaine and crack DAWN ED mentions reported in 2000 for Miami-Dade County. Of this number 2,645 (60.3 percent) were for powder cocaine and 1,712 mentions (39.1 percent) were for crack.

Phoenix *Cocaine HCl is consistently available throughout the Phoenix, Tucson, and Nogales areas of Arizona, according to DEA.*

Texas *Powder cocaine inhalers tend to be Hispanic and injectors Anglo. Deaths related to cocaine continue to increase.*

Washington, D.C.

Especially in the northwest quadrant of the city, ethnographic respondents report that cocaine HCl is used by members of Washington's professional class in straight and gay nightclubs and dance party settings in certain affluent neighborhoods in D.C. Ethnographic data suggest that crack cocaine is used predominantly by African-Americans and other disadvantaged minorities in the District.

DAWN ED Data on Cocaine/Crack

Exhibit 1 shows DAWN ED rates per 100,000 population in 2000 by CEWG area and drug type. As shown, rates for DAWN ED cocaine/crack mentions exceeded those for marijuana/hashish and methamphetamine/speed in all 20 CEWG areas covered in DAWN. Cocaine/crack rates exceeded those for heroin/morphine in 16 CEWG areas.

Exhibit 1. Rates of ED Mentions Per 100,000 Population of Cocaine/Crack, Heroin, Marijuana, and Methamphetamine by CEWG Area: 2000				
CEWG Area	**Cocaine/ Crack**	**Heroin**	**Marijuana**	**Methamphetamine**
Atlanta	221	18	86	4
Baltimore	208	**227**	68	0
Boston	108	103	78	0
Chicago	246	208	89	0
Dallas	87	20	49	5
Denver	83	42	51	7
Detroit	179	77	99	…[1]
Los Angeles/Long Beach	105	37	67	16
Miami/Hialeah	225	75	91	1
Minneapolis/St. Paul	35	10	33	6
New Orleans	162	81	87	2
New York	166	128	41	0
Newark	147	**238**	29	0
Philadelphia	216	97	101	1
Phoenix	85	43	51	29
St. Louis	98	46	72	7
San Diego	41	**44**	39	31
San Francisco	126	**170**	38	36
Seattle	169	128	72	27
Washington, D.C.	72	50	64	2

[1] Dots (…) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

The same pattern appears for DAWN *episodes* across the coterminous United States sites. Cocaine/crack use was reported in 29 percent of drug episodes, compared with 16 percent for heroin/morphine, 16 percent for marijuana/hashish, and 2 percent for methamphetamine/speed. Mentions of alcohol in combination with other drugs occurred in 34 percent of the ED drug episodes in 2000.

As noted in exhibit 1, the rates for cocaine/crack ED mentions in 2000 exceeded 200 per 100,000 population in 5 CEWG areas: Chicago (246), Miami (225), Atlanta (221), Philadelphia (216), and Baltimore (208).

Exhibit 2 depicts trends in rates of ED cocaine/crack mentions per 100,000 population by CEWG area for a 7-year period, with peak years depicted in boldface type. There are clearly several different trend patterns. In the first four CEWG areas shown, rates peaked in 2000, while in the next five areas the peak occurred in 1998 or 1999. In Chicago and St. Louis, cocaine/crack ED rates peaked earlier (1997 and 1994, respectively), but remained close to the peak level in 2000. In the remaining nine metropolitan areas, the rates of cocaine/crack ED mentions also peaked in the mid-1990s but declined thereafter.

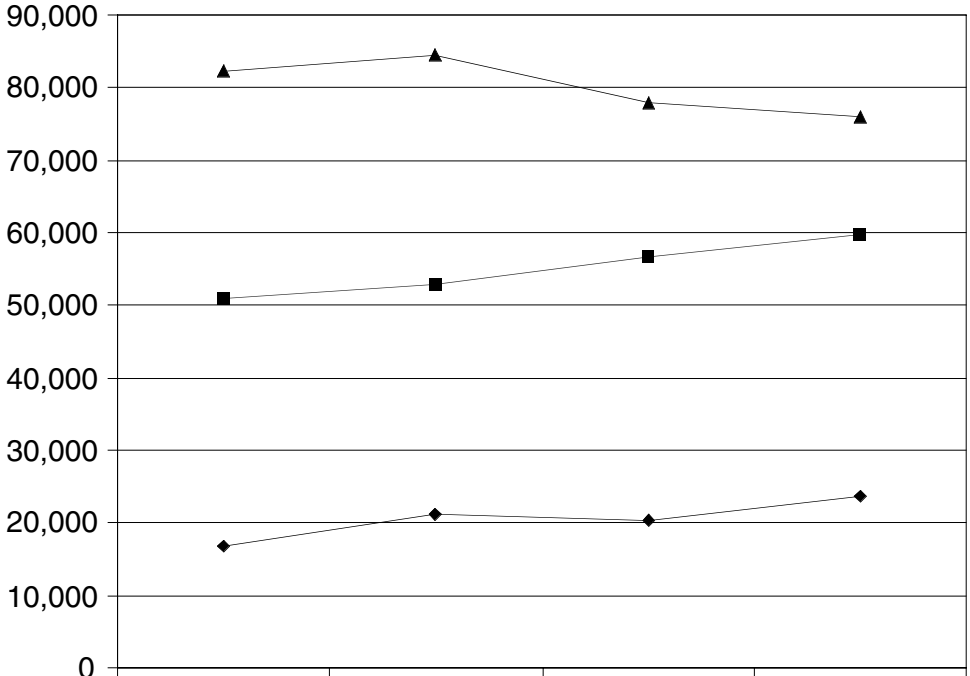
Exhibit 2. Rates of ED Cocaine Mentions Per 100,000 Population by CEWG Area and Year: 1994–2000							
CEWG Area	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**
Los Angeles	62	61	69	56	58	79	**105**
Miami	151	168	168	174	187	210	**225**
Mpls./St. Paul	25	20	29	31	33	34	**35**
Seattle	157	116	114	150	125	130	**169**
Dallas	61	62	58	74	**106**	86	87
Denver	86	75	53	69	73	**87**	83
Philadelphia	186	208	224	239	**275**	260	216
Phoenix	55	59	69	66	73	**91**	85
San Diego	29	28	39	36	41	**44**	41
Chicago	192	188	220	**247**	232	225	246
St. Louis	**102**	80	80	64	87	97	98
Atlanta	234	**245**	202	151	218	189	221
Baltimore	**400**	384	376	273	296	296	208
Boston	133	**147**	114	91	123	96	108
Detroit	195	212	**250**	192	202	178	179
Newark	246	**268**	253	201	208	172	147
New Orleans	169	174	**203**	199	199	176	162
New York	252	244	**264**	244	233	175	166
San Francisco	**205**	166	149	126	116	120	126
Wash., D.C.	**132**	96	104	85	97	81	72

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

The DAWN data show that the number of cocaine/crack ED mentions increased significantly in 6 of the 20 CEWG metropolitan areas from 1999 to 2000: Los Angeles (35 percent from 6,772 to 9,111), Seattle (32 percent, from 2,520 to 3,338), Atlanta (19 percent, from 5,236 to 6,229), Boston (15 percent, from 3,560 to 4,101), Chicago (11 percent, from 13,399 to 14,871), and Miami (9 percent, from 4,018 to 4,381). Statistically significant decreases in cocaine/crack ED mentions were reported for Baltimore (29 percent, from 6,921 to 4,943), Newark (13 percent, from 3,124 to 2,726), Washington, D.C. (10 percent, from 3,150 to 2,830), and New Orleans (7 percent, from 2,140 to 1,998).

Other trend data for the total coterminus United States show that the number of cocaine/crack mentions increased among Hispanics and Whites, as shown in exhibit 3. The increases among Hispanics were statistically significant between 1999 and 2000. However, African-Americans continued to account for the largest number of cocaine/crack ED mentions.

Exhibit 3. Number of Cocaine/Crack ED Mentions in Total Coterminus United States by Race/Ethnicity: 1997–2000



	1997	1998	1999	2000 *
Hispanic	16,760	21,209	20,460	23,727
White	50,871	52,955	56,730	59,831
Black	82,260	84,558	78,018	75,889

* Statistically significant change from 1999 to 2000 at $p < 0.5$
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Not shown in exhibit 3 is the fact that cocaine/crack ED mentions among persons age 35 and older totaled only 46,614 in 1993; by 1996, the total climbed to 68,723, reaching 93,354 in 2000. In the total DAWN 2000 sample, more than one-half of cocaine mentions (53 percent) occurred among patients age 35 and older. Between 1999 and 2000, cocaine mentions increased significantly by 9 percent in the 35–and-older age category. Clearly, cocaine users who receive medical treatment in DAWN hospital EDs represent an aging population.

Treatment Data on Primary Cocaine/Crack Admissions

Exhibit 4 displays existing data on primary cocaine/crack admissions to drug treatment facilities in 17 CEWG areas and 3 States. Data were not available from Phoenix, Arizona. Typically, data exclude "alcohol only" and "alcohol-in-combination" with other drugs. Not all sites reported treatment data for the first half of 2001 and, for both time periods, some did not report on route of administration of cocaine. The number of primary cocaine/crack admissions in 2000 is shown in Appendix D.

As shown in exhibit 4, Atlanta (70.3 percent), Philadelphia (48.1 percent), and Washington, D.C. (43.7 percent) had the highest proportion of primary cocaine/crack admissions (excluding alcohol). In nine local sites and two States, cocaine/crack abusers accounted for approximately 22–44 percent of primary admissions for illicit drugs. The lowest percentages of primary cocaine/crack admissions in 2000 were in Newark and Hawaii (9.0 and 10.6 percent, respectively). The most striking pattern is the predominance of crack ("smoked cocaine"). In all reporting sites in 2000 and the first half of 2001, the percentages of crack admissions were higher than those for powder cocaine (non-smoked).

Exhibit 4. Percentage of Primary Cocaine Treatment Admissions[1] by CEWG Area: 2000 and First Half of 2001

CEWG Area	2000			2001 (1H)		
	Powder Cocaine	Crack Cocaine	Total	Powder Cocaine	Crack Cocaine	Total
Atlanta (metro)	22.5	47.8	70.3	NR	NR	NR
Baltimore	3.9	11.6	15.5	NR	NR	NR
Boston	8.3	10.1	18.4	7.4	8.0	15.4
Denver (County)	7.3	20.2	27.5	7.8	19.8	27.6
Detroit (Wayne County)	6.4	34.4	40.8	10.9	27.8	38.7
Los Angeles (County)	2.4	19.2	21.6	4.1	19.6	23.7
Miami (Broward County)	NR	NR	27.0	NR	NR	8.0
Mpls./St. Paul	5.0	24.8	29.8	NR	NR	31.1
Newark	2.9	6.1	9.0	2.5	4.8	7.3
New Orleans (Parish)	NR	NR	33.3	NR	NR	NR
New York	9.5	19.0	28.5	9.8	18.1	27.9
Philadelphia	11.2	36.9	48.1	6.2	30.4	36.5
St. Louis	4.9	39.2	44.1	NR	NR	45.4
San Diego	2.1	11.0	13.1	NR	NR	NR
San Francisco (Bay Area)	NR	NR	24.2	NR	NR	23.7
Seattle (King County)	4.5	16.6	21.1	NR	NR	NR
Washington, D.C.	9.4	34.3	43.7	11.0	30.8	41.8
Hawaii	NR	NR	10.6	NR	NR	8.6
Illinois	4.6	34.4	39.0	5.3	27.8	33.1
Texas	14.7	27.8	42.5	13.3	26.0	39.2

NR = Not reported

[1] Excludes alcohol only and "alcohol-in-combination" admissions. Where incomplete data exist (as in Miami), the denominator is all admissions, thereby underrepresenting cocaine/crack admissions as a percentage of the caseload of primary illicit drug abusers.

SOURCE: CEWG site reports and treatment admissions forms, and for Los Angeles, the California Drug Data System

Comparable data for 1999 and 2000 from 18 CEWG sites (excluding alcohol only), show that cocaine/crack admissions remained relatively unchanged in 4 areas, decreased in 10, and increased slightly in 4. The increases were small, ranging from 4 percentage points in New York City to 7 in Philadelphia.

This trend for cocaine/crack admissions in CEWG areas has continued for several years and follows the national trend from TEDS, as shown below:

TEDS ADMISSIONS (Cocaine/Crack)	1994	1995	1996	1997	1998	1999
All Admissions (%)	17.9	16.7	16.1	15.1	15.1	14.4
Excluding Alcohol Only (%)	37.2	33.7	32.0	31.3	32.0	31.1

SOURCE: Treatment Episode Data Set, SAMHSA

ADAM Data on Cocaine/Crack

The ADAM 2000 data show that high percentages of adult male arrestees (weighted sample) and female arrestees (unweighted sample) tested positive for cocaine (exhibits 5a and 5b). Males were most likely to test cocaine-positive in New York (48.8 percent), Atlanta (48.5 percent), and Miami (43.5 percent).

Exhibit 5a. Percentages of Adult Male Arrestees Testing Cocaine-Positive and Self-Reporting Cocaine Use by CEWG Area and Race/Ethnicity: ADAM 2000

CEWG Area	Sample Size	Percent Tested Cocaine-Positive				Percent Self-Reported Use—Past 30 days	
		Sample	Black	White	Hispanic	Crack	Powder
Atlanta	1,115	48.5	51.2	28.7	33.0	24.6	8.9
Chicago*		37.0					
Dallas	1,574	27.7	34.4	23.7	16.7	13.2	11.2
Denver	1,130	35.4	47.8	25.5	36.8	19.7	12.5
Detroit	844	24.4	24.9	23.6	28.0	15.4	3.6
Ft. Lauderdale	414	30.9	41.9	21.0	6.5	12.2	13.8
Honolulu	1,111	15.8	25.8	37.7	15.1	13.9	5.5
Houston	1,330	31.5	41.1	27.6	18.6	11.2	7.0
Laredo	374	45.1	59.8	53.6	42.6	9.0	33.9
Miami	1,042	43.5	49.3	39.3	20.9	13.6	17.9
Minneapolis	1,113	25.7	26.5	26.1	0.0	17.1	8.2
New Orleans	884	34.8	36.9	19.9	0.0	14.7	9.2
New York	1,534	48.8	49.4	54.9	45.9	21.4	16.7
Philadelphia	520	30.9	26.0	48.6	0.0	18.4	7.1
Phoenix/Mesa	2,427	31.9	53.7	25.4	38.7	19.5	13.8
San Antonio	848	20.4	35.0	12.2	23.1	4.6	12.4
San Diego	1,568	14.8	37.7	8.7	7.3	9.8	5.8
Seattle	1,858	31.3	44.7	26.1	36.3	19.9	12.1

* Data on positive tests for males were provided by the Chicago CEWG representative.
SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

The percentages of female arrestees testing positive for cocaine were especially high in Chicago (59.2 percent), Atlanta (57.6 percent), New York (53.0 percent), Denver (46.9 percent). Ft. Lauderdale (44.8 percent), and Detroit (42.4 percent). The percentages of female arrestees testing positive for cocaine were relatively low in Honolulu (19.4 percent), Laredo (22.4 percent), Dallas (23.9 percent), and San Diego (26.1 percent).

Exhibit 5b. Percentages of Adult Female Arrestees Testing Cocaine-Positive and Self-Reporting Cocaine Use by CEWG Area and Race/Ethnicity: ADAM 2000

CEWG Area	Sample Size	Percent Tested Cocaine-Positive				Percent Self-Reported Use—Past 30 days	
		Sample	Black	White	Hispanic	Crack	Powder
Atlanta	(379)	57.6	56.3	65.0	0.0	30.8	7.5
Chicago	(1,301)	59.2	63.1	47.4	33.3	41.5	4.2
Dallas	(94)	23.9	21.2	27.6	20.0	21.0	11.3
Denver	(387)	46.9	52.2	52.9	38.3	31.9	13.3
Detroit	(107)	42.4	36.8	50.0	0.0	31.5	3.7
Ft. Lauderdale	(242)	44.8	41.4	47.0	0.0	23.3	11.4
Honolulu	(162)	19.4	50.0	8.3	0.0	11.3	6.4
Houston	(116)	31.7	34.2	50.0	8.3	17.2	3.5
Laredo	(77)	22.4	0.0	0.0	19.0	6.6	24.6
Los Angeles	(300)	31.1	40.6	32.3	20.7	25.6	2.4
Minneapolis	(40)	33.3	40.0	14.3	0.0	13.0	0.0
New Orleans	(264)	41.1	40.6	43.8	0.0	28.2	6.0
New York	(481)	53.0	57.1	41.5	48.8	31.2	11.8
Philadelphia	(96)	40.7	44.4	35.3	0.0	30.3	9.4
Phoenix/Mesa	(540)	35.2	48.3	27.9	52.3	28.3	12.7
San Diego	(554)	26.1	42.4	21.9	14.9	20.9	5.9
Seattle	(36)	39.1	50.0	35.7	0.0	24.0	12.0

SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

The percentages of females reporting crack use in the past 30 days were relatively high in Chicago (41.5 percent), Denver (31.9 percent), Detroit (31.5 percent), New York (31.2 percent), Atlanta (30.8 percent), and Philadelphia (30.3 percent). Corresponding figures for powder cocaine use in these six cities were much lower, ranging from 3.7 percent in Detroit to 13.3 percent in Denver. Self-reported past-30-day use of powder cocaine among females was highest in Laredo (24.6 percent) and Denver (13.3 percent).

Among male arrestees, self-reported past-30-day use of crack was highest in Atlanta (24.6 percent), New York (21.4 percent), Seattle (19.9 percent), Denver (19.7 percent), and Phoenix/Mesa (19.5 percent). Corresponding figures for self-reported powder cocaine use among males in these five CEWG areas were lower, ranging from 8.9 percent in Atlanta to 16.7 percent in New York. The highest percentages of reported past-30-day use of powder cocaine among males were in Laredo (33.9 percent) and Miami (17.9 percent).

Powder Cocaine Availability, Price, and Purity

Availability. Powder cocaine is steadily and widely available in most CEWG areas. Some cities, however, felt the impact of the September 11, 2001, events. Boston reported a decline in cocaine availability following the terrorist attacks, with dealers reluctant to enter New York City, from which Colombian cocaine is shipped to Boston. While street-level and larger quantities of cocaine were readily available in Texas, drug-related activity on the border decreased after September 11, with traffickers stockpiling drugs on the Mexican side. Washington, D.C., also reported a decline in availability of cocaine and other drugs in some communities in the wake of September 11, but trafficking increased when police were diverted to other activities.

Prices. Prices for powder cocaine varied widely among CEWG sites across the country, with grams selling for as little as $20–$50 in New York City and as much as $100–$250 in Honolulu (exhibit 6). Ounce prices ranged from $400–$1,200 in Texas and Washington, D.C., and $500–$600 in Phoenix to $1,000–$1,500 in Honolulu and in Chicago instances to $2,800. Compared with the CEWG June 2001 reporting period, prices remained relatively steady, except in New York City, where they increased for ounces; Chicago, where they decreased for grams and ounces; Washington, D.C., where they decreased for ounces; and Boston and Phoenix, where the range narrowed for ounces. Among other retail-level prices for cocaine powder were $25–$35 per paper and $400 per quarter ounce in Honolulu, $250 per "eightball" (one-eighth ounce, 3.5 grams) in Minneapolis/St. Paul, $10–$20 per bag in Philadelphia, $100–$140 per eightball in Phoenix, $10 per "dime bag" (about one-quarter gram) and $80–$100 per eightball ounce in Seattle, and $90–$335 per eightball in Washington, D.C.

In New York, powder cocaine was packaged in tinfoil, glassine bags, pyramid paper, crisp dollar bills, and plastic wrap with both ends knotted. In Phoenix, street-level amounts of powder were usually sold in folded papers ("bindles"), small vials, or zip-lock plastic bags. The most common packaging materials for both powder cocaine and crack in Detroit were small plastic bags or aluminum foil.

Exhibit 6. Powder Cocaine Prices and Purity in 17 CEWG Areas

Area	Purity (%)	Gram	Ounce	Kilogram
Atlanta	50–80	$100	NR	NR
Boston	40–90	$50–$90	$880–$1,100	$24,000–$32,000
Chicago	39	$50–$140	$700–$1,200	$20,000–$24,000
Denver	50–90	NR	$800–$1,000	$18,000–$20,000
Honolulu	20–90	$100–$250	$1,000–$1,500	$26,500–$52,000
Los Angeles	80–85	NR	NR	$16,500 (wholesale)
Miami/South Florida	83	NR	NR	$18,000–$22,000
Minneapolis/St. Paul	NR	$100	$700–$1,200	$24,000
New Orleans	NR	$80–$150	$800–$1,200	$18,000–$25,000
New York	NR	$20–$60	$800–$1,500	$22,000–$30,000
Phoenix	NR	$80	$500–$600	$15,000–$17,000
St. Louis	77	$100–$125	NR	NR
San Diego	45–85	$75–$100	NR	NR
San Francisco	60–90	NR	NR	$14,000–$22,000
Seattle	NR	$30	NR	NR
Texas	NR	$50–$100	$400–$1,200	$10,000–$22,000
Washington, D.C.	NR	$50–$100*	NR	NR

* Ethnographic data
SOURCE: CEWG city reports, December 2001

Purity. The purity of powder cocaine in reporting CEWG areas ranged from 20 to more than 90 percent. Purity trends have been stable since the June reporting period, except for slight increases in Boston and Honolulu. The narrowest range in purity occurred at the high end (80 to 85 percent in Los Angeles); the widest range (20 to less than 90 percent) occurred in Honolulu.

Reports from the following sites suggest that the quality of powder cocaine is often compromised by adulterants:

Boston *State Police reported that recent cocaine samples have been increasingly adulterated with caffeine, as well as standard adulterants such as procaine, lidocaine, benzocaine, and boric acid.*

Honolulu *Powder cocaine purity levels remain lower for smaller quantities (20 to 50 percent per gram) and increase with quantity purchases (less than 90 percent per pound).*

Crack Cocaine Availability, Price, and Purity

Availability. Crack cocaine remained available in CEWG areas. It was more readily available than powder cocaine in Texas, and substantial amounts could be found in the larger metropolitan sections of Denver.

Price. Prices for a rock of crack generally ranged from $5–$30 in CEWG areas, with a smaller rock (3–5 millimeters, a "trey") selling for $3 in Philadelphia, and a $40 rock (1/5–1/4 gram) available in Seattle (exhibit 7). In Texas, a rock of crack cost as much as $100 in some instances, but $10 was the most common price. Grams of crack cost as little as $20–$30 in New York City, while in Seattle they cost as much as $250 in rural areas and $300–$400 in the central city. Ounce prices ranged from a low of $400 to a high of $2,800 depending on location in Texas, from $485–$600 in Phoenix, from $700–$1,200 in Chicago, from $800–$1,200 in Denver and New Orleans, and from $800–$1,000 in New York City. Among other retail-level quantities of crack were $3, $5, and $10 bags in New York City and an eightball for $125–$130 in Washington, D.C.

Exhibit 7. Crack Cocaine Prices and Purity in 16 CEWG Areas	
CEWG Area	**Price/Unit**
Atlanta	$10–$20/rock $100/gram
Boston	$10–$20/rock
Chicago	$5, $10, or $20/rock $700–$1,200/ounce
Denver	$20–$30/rock
Detroit	$10–$20/rock ($10 most common)
Minneapolis/St. Paul	$10–$20/rock
Newark	$5–$30/bag
New Orleans	$5–$25/rock $80–125/gram $800–$1,200/ounce
New York	$3, $5, and $10/bag $20–$30/gram $800–$1,000/ounce
Philadelphia	$3/"trey" (3–5 millimeter rock) $5/ready rock (6–9 millimeters)
Phoenix	$17.50–$20/rock $485–$600/ounce $7,500–$8,500/1/2 kilogram
St. Louis	$20/rock (central city) $300–$400/gram (central city) $250/gram (rural areas)
San Diego	$10/1/10 gram (one "dime" rock)
Seattle	$20/1/10–1/8 gram ($20 rock) $40/1/5–1/4 gram ($40 rock)
Texas	$10–$100/rock ($10 most common) $400–$2,800/ounce
Washington, D.C.	$10–$20/rock; $125–$130/1/8 ounce ("eightball")

SOURCE: CEWG city reports, December 2001

Purity. Reported crack purity levels ranged from 35–90 percent in Boston to 40–85 percent in San Diego to 50–90 percent in Phoenix. Crack packaging continues to change in New York, where small glassine bags and plastic wrap knotted at both ends are replacing plastic vials.

In Texas, street outreach workers in Austin report that the powdered drink mix Kool-Aid is again being used to break down crack cocaine for injection and also that crack is being cut with ether, in addition to baking soda, to give a "bell-ringing" effect.

HEROIN

Overview

Heroin indicators increased in 14 CEWG areas, decreased in 4, and remained stable or mixed in 3.

The following excerpts are from CEWG reports where heroin indicators increased from 1999 to 2000–01.

Boston *Most heroin indicators continue to rise. The impact of widely available, low-cost and high-purity heroin is reported by treatment providers, who continue to see more heroin users seeking services. Heroin may have surpassed cocaine as the drug of choice in Boston and other areas in Massachusetts. Primary heroin admissions now constitute the largest percent of illicit drug admissions in Greater Boston's publicly funded treatment programs (42 percent). Those admissions reporting heroin as their primary drug has risen from 31 percent in fiscal year (FY) 1996 to 42 percent in FY 2001. The proportion of heroin mentions in Boston ED episodes rose from 20 percent in 1998 to 27 percent in the second half of 2000. In FY 2000, heroin arrests accounted for 27 percent of all drug arrests in Boston, up from 24 percent in 1999 and 13 percent in 1992.*

Denver *Most heroin indicators are increasing. DAWN data show that rate of heroin ED mentions declined from 1994 (31 per 100,000) through 1996 (22 per 100,000). However, from 1996 to 2000, they nearly doubled (41 per 100,000).*

Detroit *Most heroin indicators are increasing. Heroin as the primary drug among treatment admissions in FY 2001 accounted for 34 percent of all admissions in Detroit/Wayne County and 13 percent of admissions statewide. The 4,461 heroin primary drug admissions in Detroit/Wayne County accounted for 57 percent of the statewide total of 7,857 heroin primary drug admissions.*

Minneapolis *Heroin-related indicators increased again in 2001, and opiate-related deaths, most from accidental heroin overdose, surpassed those from cocaine in both cities. High-purity heroin at very low prices and in steady supply, fueled this increase in mortality.*

DAWN ED Data on Heroin/Morphine

From 1999 to 2000, the number of DAWN ED mentions of heroin/morphine increased significantly in seven CEWG areas: Miami (58 percent, from 921 to 1,459), New Orleans (50 percent, from 664 to 996), Boston (35 percent, from 2,874 to 3,888), Chicago (29 percent, from 9,725 to 12,564), Detroit (26 percent, from 2,678 to 3,369), Atlanta (17 percent, from 432 to 507), and Minneapolis/St. Paul (14 percent, from 207 to 237). Heroin/morphine mentions decreased significantly in Baltimore (23 percent, from 7,013 to 5,414) and San Francisco (10 percent, from 3,074 to 2,773). As shown earlier in exhibit 1, heroin/morphine ED mentions were greater than mentions for cocaine/crack, marijuana/hashish, and methamphetamine/speed in four CEWG areas: Baltimore, Newark, San Diego, and San Francisco.

In 10 CEWG areas, rates of ED heroin/morphine mentions per 100,000 population reached or matched their highest levels in 7 years in 2000 (exhibit 8).

Exhibit 8. Ten CEWG Areas Where Rates of Heroin/Morphine ED Mentions Per 100,000 Population Reached the Highest Levels in 7 Years: 1994–2000							
CEWG Area	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**
Atlanta	17	16	15	15	18	16	18
Boston	71	83	76	69	75	77	103
Chicago	85	83	109	148	159	164	208
Denver	33	31	22	31	32	41	42
Detroit	52	58	77	72	68	62	77
Miami	15	18	21	32	41	48	75
Minneapolis	3	5	6	7	8	9	10
New Orleans	17	24	26	36	44	55	81
Philadelphia	54	85	85	82	76	87	97
St. Louis	18	17	22	20	27	37	46

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Rates of DAWN heroin/morphine mentions per 100,000 population peaked in earlier years in several CEWG areas but were still at relatively high rates in 2000 compared with prior years (exhibit 9).

Exhibit 9. Trends and Peak Years in Rates of DAWN Heroin/Morphine ED Mentions Per 100,000 Population in 10 CEWG Areas: 1994–2000							
CEWG Area	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**
Baltimore	338	**367**	358	256	290	299	227
Dallas	10	12	15	**21**	21	18	20
Los Angeles	36	38	**40**	30	31	35	37
New York	**140**	133	136	115	110	110	128
Newark	262	**328**	307	246	282	260	238
Phoenix	25	25	32	41	**44**	43	43
San Diego	30	30	42	39	42	**46**	44
San Francisco	**233**	204	203	175	150	191	170
Seattle	113	109	130	**154**	127	128	128
Washington, D.C.	34	35	41	45	**55**	46	50

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Comparison of 1999 and 2000 heroin/morphine ED mentions in the coterminus United States shows statistically significant increases in mentions among Whites and persons age 18–25 and 35 and older (exhibit 10).

Exhibit 10. Number of ED Heroin/Morphine Mentions by Race/Ethnicity and Age Group: 1999–2000			
Category	**1999**	**2000**	**Percent Increase**
Race/Ethnicity			
White	33,645	40,417*	20
African-American	28,726	31,129	8
Hispanic	11,858	15,029	27
Age			
12–17	686	1,067	55
18–25	15,132	18,400*	22
26–34	20,380	24,154	18
35 and older	48,104	53,418*	11

* Statistically significant at $p < 0.05$
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Treatment Data on Primary Heroin Admissions

Exhibit 11 shows existing data on primary heroin admissions in 17 CEWG areas and 3 States for 2000 and the first half of 2001. The number of primary heroin admissions by site appears in Appendix D.

As shown in exhibit 11, Newark had the highest proportion of primary heroin admissions (excluding alcohol) in 2000–83.8 percent, followed by Boston (69.1 percent), Baltimore (64.3 percent), Los Angeles (56.8 percent), and San Francisco (54.8 percent). Primary heroin admissions accounted for 43–45 percent of illicit drug admissions in Detroit, New York, and Washington, D.C. In Atlanta, Hawaii, Miami, and, Minneapolis/St. Paul, primary heroin admissions accounted for less than 9 percent of illicit drug admissions.

Exhibit 11. Primary Heroin Treatment Admissions[1] by CEWG Area and Percent: 2000 and First Half of 2001		
Area	**2000**	**2001 (1H)**
Atlanta (metro)	6.6	NR
Baltimore	64.3	NR
Boston	69.1	71.5
Denver (County)	22.2	17.0
Detroit (Wayne County)	43.4	46.9
Los Angeles (County)	56.8	33.5
Miami (Broward County)	2.0	1.0
Minneapolis/St. Paul	6.9	7.1
Newark	83.8	87.2
New Orleans (Parish)	15.3	NR
New York	42.9	42.4
Philadelphia	24.1	30.0

(Cont'd)

St. Louis	16.4	14.5
San Diego	14.6	NR
San Francisco (Bay Area)	54.8	NR
Seattle (King County)	29.0	NR
Washington, D.C.	44.7	46.6
Hawaii	8.5	6.7
Illinois	22.8	27.8
Texas	17.5	16.3

NR = Not reported
1 Excludes both alcohol only and alcohol-in-combination admissions. Where incomplete data exist (as in Miami), the denominator is all admissions, thereby underrepresenting heroin admissions as a percentage of the caseload of illicit drug admissions.
SOURCE: CEWG site reports and treatment admissions forms, and for Los Angeles, the California Drug Data System

The 1999 and 2000 data from 18 CEWG areas show that the proportions of primary heroin admissions were stable in 5, decreased slightly in 6, and increased slightly in 7. The increases occurred in Boston, Los Angeles, Minneapolis/St. Paul, New York City, St. Louis, San Diego, and Washington, D.C.

The upward trend in primary heroin abusers reported in some CEWG areas in recent years follows the national trend shown below for TEDS on primary admissions for opiates (including methadone):

TEDS ADMISSIONS (Opiates)	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**
All Admissions (%)	13.9	14.5	14.5	15.4	15.4	16.2
Excluding Alcohol Only (%)	28.9	29.2	28.8	31.9	32.7	34.9

SOURCE: SAMHSA Treatment Episode Data Set

ADAM Data on Opiates

In the CEWG areas participating in the ADAM program in 2000, adult male arrestees (weighted sample) and female arrestees (unweighted sample) were considerably less likely to test positive for opiates than for cocaine (exhibits 12). Chicago, by far, had the highest number of females tested (1,301) and the highest percentage of females testing positive for opiates (40.0 percent). More than one-third (33.8 percent) of female arrestees in Chicago reported use of opiates in the past 30 days. Nearly one-quarter (24.2 percent) of female arrestees in Detroit tested positive for opiates, as did 19.1 percent of those in New York and 17.4 percent of those in Seattle. Only small percentages of female arrestees tested positive for opiates in most ADAM sites in the West and Southwest including Houston (3.3 percent), Dallas (4.5 percent), Denver (5.8 percent), Phoenix (6.5 percent), Laredo (6.9 percent), San Diego (7.5 percent), and Los Angeles (7.7 percent).

The CEWG areas with the highest percentages of male arrestees testing positive for opiates in 2000 were Chicago (27.0 percent), New York (20.5 percent), New Orleans (15.5 percent), and Philadelphia (11.8 percent) (exhibit 12). In the Southwest and West, the percentages of males testing opiate-positive were much lower, ranging from 3 percent in Dallas to nearly 10 percent in

Laredo. Low percentages were also reported in Ft. Lauderdale (2.1 percent), Atlanta (2.8 percent), Minneapolis (3.0 percent), Miami (4.0 percent), and Honolulu (6.8 percent).

Exhibit 12. Percentages of Adult Arrestees Testing Opiate-Positive and Self-Reporting Opiate Use by CEWG Area and Gender: ADAM 2000

City	Male	Female	Self-Reported Use– Past 30 Days	
			Male	Female
Atlanta	2.8	3.4	1.5	2.8
Chicago*	27.0	40.0		33.8
Dallas	3.0	4.5	2.8	4.8
Denver	3.4	5.8	3.0	5.3
Detroit	7.8	24.2	6.7	13.0
Ft. Lauderdale	2.1	7.2	0.9	3.1
Honolulu	6.8	8.3	6.5	3.8
Houston	7.4	3.3	0.8	0.0
Laredo	9.9	6.9	8.8	3.3
Los Angeles	NS	7.7	NS	3.0
Miami	4.0	NS	4.2	NS
Minneapolis	3.0	5.6	2.4	0.0
New Orleans	15.5	8.5	13.7	8.0
New York	20.5	19.1	18.3	15.6
Philadelphia	11.8	11.1	9.5	7.8
Phoenix	6.6	6.5	7.4	6.5
San Antonio	10.2	NS	6.9	NS
San Diego	6.0	7.5	5.0	8.8
Seattle	9.9	17.4	10.1	4.0

NS = Not sampled
*Data on positive tests for males were provided by the Chicago CEWG representative.
SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

Heroin Availability, Price, and Purity

Availability and Source. Heroin was available to varying degrees in all reporting CEWG areas. For example, in Denver, grams and ounces were readily available, especially in the downtown area, while availability varied around the State in Texas, with higher levels in Houston and Laredo. A steady supply was available in St. Louis.

Mexican black tar heroin was available throughout all western CEWG sites, as well as in Chicago and St. Louis in the Midwest. In Western and Midwestern sites, including Chicago, Denver, St. Louis, and Texas, Mexican brown heroin was available. South American heroin was found in nearly all areas of the country: Atlanta, Boston, Newark, New York, Washington, D.C., Chicago, Detroit, New Orleans, and Texas. In Chicago, Detroit, New Orleans, and New York, Southeast Asian heroin was available; Southwest Asian heroin was available in Chicago and New York. In Detroit, where South American heroin was dominant, varieties from Southwest Asia and the Middle East were identified in the past year.

Atlanta *South American heroin remains the most dominant and accessible.*

Chicago *DEA laboratory analyses confirmed that recent heroin exhibits in Chicago came predominantly from South America and Southwest Asia, but Southeast Asian and Mexican varieties were also available.*

New York *The Street Studies Unit (SSU) reports concern by users on the street that heroin will be in short supply. In fact, certain areas of the city have already reported a shortage of heroin and other drugs. Bags still sell for $10, and the quality is unchanged, but the bags contain less of the drug. SSU also reports that some addicts fear anthrax will contaminate their drugs.*

Price. Exhibit 13 lists price information reported at the local level. Bag, packet, or "hit" prices ranged from $5–$20, grams from $30–$50 in Seattle to $300–$600 in New Orleans, and ounces from $600–$1,400 in Chicago to $4,000–$9,000 in New Orleans. Bag prices were stable from the June reporting period, except in Washington, D.C., where they dropped from $40–$10. Gram prices declined in Denver, Honolulu, and New Orleans, and increased in Phoenix; in Chicago, the range widened. Ounce prices remained relatively stable among reporting areas, except for Chicago and New Orleans, where they declined, and Texas, where they increased for Mexican black tar heroin. According to a recent survey of methadone clinics in Newark, the median price for a bag of heroin fell from $15 to $10 between August and October 2001, suggesting a post-September 11 effect, even though about 21 percent of clients reported difficulty in obtaining heroin since the terrorist attacks.

Among prices for other quantities were $50 for a quarter-gram in Minneapolis, $750 for a quarter ounce in Honolulu, and $16,000–$18,000 per pound in Phoenix. In Texas, Dallas tended to have higher prices than other areas of the State. According to outreach workers in Washington, D.C., street-level heroin is sold primarily in $8, $10, and $20 bags called "joints" or "billies." Low-level dealers ("jugglers") purchase 10 packs ("bundles") for $75–$90. "Bone heroin," which is reputedly unaltered and favored by intranasal users in the District, cost $30–$70 per bag with purity levels of 40–80 percent.

In Boston, heroin ("diesel") is often packaged in small, folded glassine bags. Heroin comes in aluminum foil, packages of plastic wrap and aluminum foil known as "bindles," and gel caps in St. Louis.

Detroit *After a steady rise in heroin purity and decline in price per pure milligram from the early 1990s until 1999, during 2000 purity declined and price almost doubled. Nevertheless, purity remains far higher than levels in the 1980s, and price is relatively much cheaper than it was 10 or more years ago.*

St. Louis *Heroin in St. Louis is still among the most expensive in the Nation.*

San Francisco *Local samples of heroin were generally Mexican and increased in average price* per milligram pure *in 2000.*

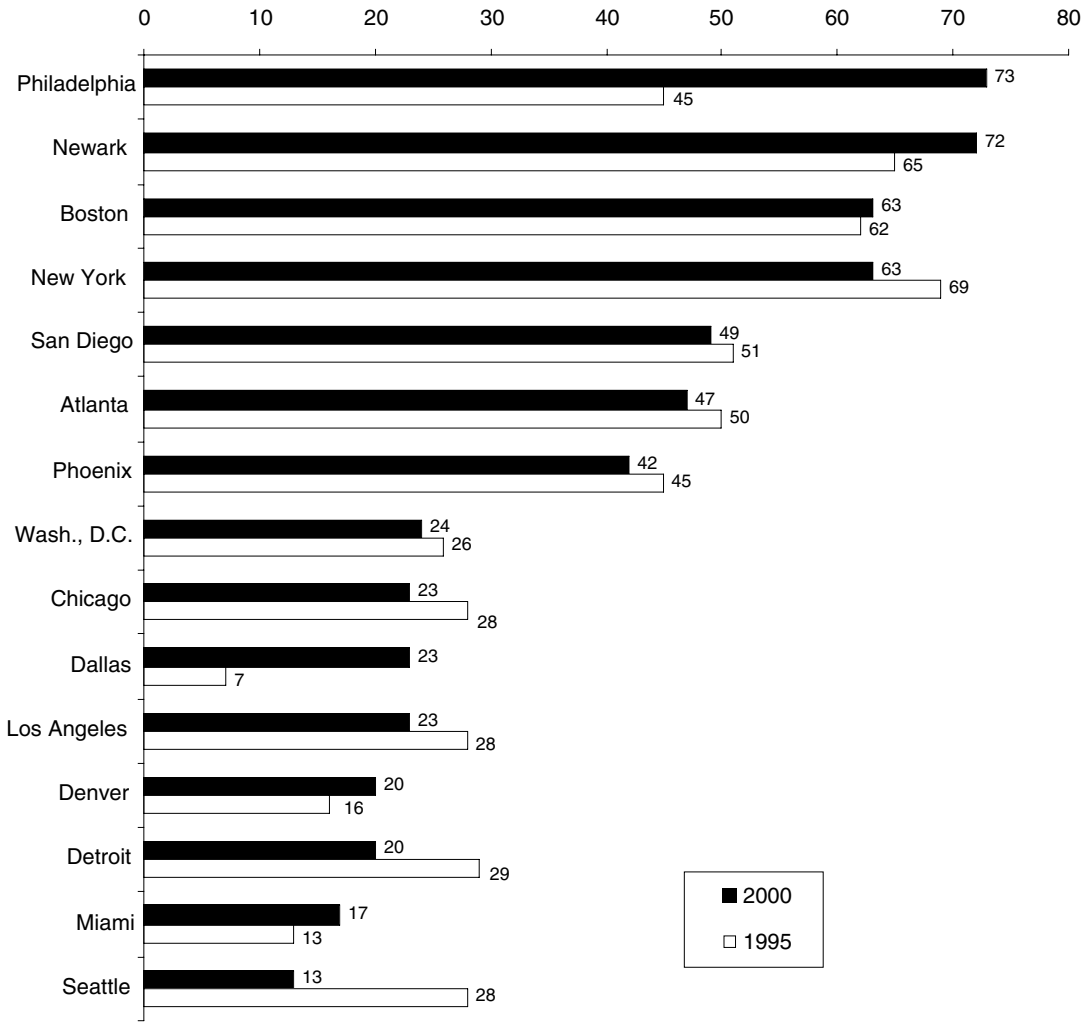
Exhibit 13. Heroin Prices and Purity in 19 CEWG Areas

CEWG Area	Type/Source	Price/Common Street-Level Unit	Gram	Ounce	Kilogram
Boston	South American	$6–$20/bag (60% pure)	NR	$3,100–$5,000 (60% pure)	$75,000–$120,000 (60% pure)
Chicago	NR	$10–$20/bag (23% pure)	$60–$275 (23% pure)	NR	NR
	Southeast Asian	NR	NR	$1,000–$2,500 (23% pure)	$21,000–$36,000 (23% pure)
	Mexican black tar	NR	NR	$600–$1,400 (23% pure)	NR
	Mexican brown	NR	NR	$600–$1,400 (23% pure)	$17,000–$20,000
Denver	Mexican black tar	NR	$50 (10–65 % pure)	$1,300–$2,000 (36% pure)	NR
	Mexican brown	NR	NR	$1,300–$2,000 (67% pure)	NR
Detroit	South American	$10–$15/packet or hit	NR	NR	NR
	Southeast Asian	$75–$100/bundle (10 hits) (20% pure)			
	Middle East	type unspecified			
Honolulu	Mexican black tar	$50–$75/paper (1/10 gram) (67% pure)	$150–$200 (67% pure)	$2,500–$3,500 (67% pure)	NR
Los Angeles	Mexican black tar	NR	NR	NR	$16,000–$17,000 (wholesale); $35,000–$50,000 (street value) (25% pure)
Miami	NR	NR	NR	NR	$60,000–$65,000 (70% pure)
Minneapolis/St. Paul	NR	$10/unit of paper	NR	$900–$2,000	NR
Newark	South American	$10–$20/bag (72% pure)	$62–$160 (72% pure)	NR	NR
New Orleans	Columbian	NR	$300–$600	$4,000–$9,000	$80,000–$100,000
	Southeast Asian				
	Mexican				
New York	South American	$10/bag (63% pure, type unspecified)	NR	NR	$60,000–$80,000
	Southwest Asian				$65,000–$90,000
	Southeast Asian				$90,000–$100,000
Philadelphia	NR	$5, $10, $20/bag (73% pure)	NR	NR	NR
Phoenix	Mexican black tar	$20/"BB" (80–100 milligrams); $20–$30/paper (0.25 grams)	$70–$100	$1,000–$5,000 1 "piece," 28 grams	$32,000–$40,000
St. Louis	Mexican black tar	$10/cap; $40/ "bindle" (15% pure)	$250–$600 wholesale, $250 street value (15% pure)	NR	NR
	Mexican brown tar				
San Diego	Mexican black tar	$5/1/10 gram	$50–$120 (27–31% pure)	NR	NR
	Powder	$10–$15/1/10 gram	(27–31% pure)	(42–68% pure)	(42–68% pure)
San Francisco	Mexican black tar	NR (16% pure)	NR	NR	$18,000–$80,000 (20–60% pure)
Seattle	Mexican black tar	NR (22% pure)	$30–$50	NR	NR
Texas	Mexican black tar*	$10–$20/capsule	$100–$350	$800–$4,800	$35,000–$50,000
	Mexican brown	$10/capsule	$110–$300	$600–$3,000	NR
	South American	NR	NR	$2,000 (74–89% pure/Dallas)	$75,000–$80,000
Washington, D.C.	South American	$10/bag (40–90% pure)	$120–$150 (40–90% pure)	NR	NR

* Purity in the Dallas area is 7–10 percent per capsule, 10–64 percent per ounce, and 16–20 percent per kilogram.
SOURCE: CEWG city reports, December 2001

Purity. DMP data on heroin in 2000 show a high average purity level (43.9 percent) in areas east of the Mississippi River, with the prime source of the drug being South America. Purity levels are especially high in the northeastern cities covered by DMP and two mid-Atlantic cities, with purity being highest in Philadelphia (73 percent). In cities west of the Mississippi, the prime source of heroin is Mexico and the average purity level is only 28.6 percent. However, in two cities near the Mexican border, purity levels are relatively high—49.0 percent in San Diego and 42.3 percent in Phoenix. Exhibit 14 ranks purity levels reported by DMP in 2000 and 1995.

Exhibit 14. Average Heroin Purity Per Milligram in 15 Selected CEWG Cities: 1995 Versus 2000 (Ranked by 2000 Levels*)



* Data for 2000 are preliminary; percentages are rounded.
SOURCE: DEA Domestic Monitor Program, Intelligence Division, Domestic Unit

These 5-year purity trends show mostly increases in the Northeast, with the exception of New York City, where levels declined, and mixed trends in the other regions, with more decreases than increases. The most dramatic change occurred in Philadelphia, with an increase of 28 percentage points. The next largest increase occurred in Dallas (16 points); the largest decreases

were in San Francisco (19 points) and Seattle (15 points). The following excerpts from CEWG reports exemplify relationships between purity and price:

Atlanta *The trend since 1998 of heroin purity increases in conjunction with price decreases appears to be shifting. The average level of purity in 2000, as reported by the DEA, was 46.7 percent, down from an overall average of almost 70 percent in 1999. Since 1999, when the average price per milligram pure was $0.85, the price has jumped $0.30 to $1.15 per milligram pure.*

Los Angeles *The DEA's Domestic Monitor Program findings for 2000 indicated that heroin purchased in Los Angeles had an average purity of 23 percent and an average price of $0.93 per milligram pure. The recent trend toward higher purity, lower cost heroin is not as evident in Los Angeles as it is in other parts of the country.*

Newark *Between 1999 and 2000, heroin purity increased from 67.5 to 72.2 percent, while its price fell from $0.36 to $0.33 per milligram. The latest* DMP *data make Newark PMSA the second highest in purity of heroin after Philadelphia and the second lowest in price after San Diego among the DAWN cities.*

OTHER OPIATES/NARCOTICS

Overview

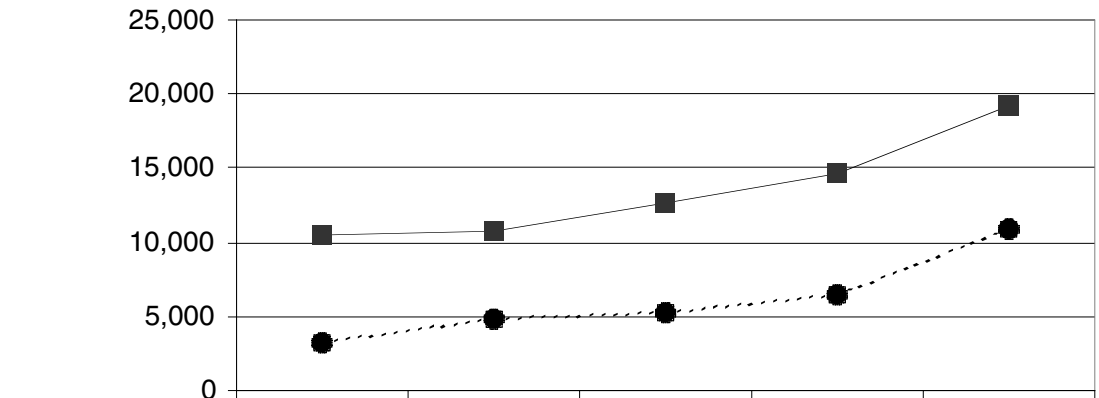
Although indicators for opiates/narcotics other than heroin are limited, most CEWG members report problems with these drugs in their areas. Treatment admissions for primary abuse of an opiate/narcotic other than heroin in 2000 were quite low in the 10 sites that reported specific data, ranging from a low of 0.3 percent in Washington, D.C., to a high of 2.9 percent in Texas.

These prescription drugs are often available on the street for various prices. Among those most commonly reported are hydrocodone and oxycodone, and combinations of the two drugs. However, various other controlled substances classified as opiates or opiate-like substances are being abused.

Hydrocodone and Oxycodone

DAWN ED data for the coterminus United States provide one indication of the increasing abuse of drugs containing hydrocodone and oxycodone (exhibit 15). Although mentions of drugs containing hydrocodone (3 percent) and oxycodone (2 percent) represented only small percentages of total DAWN ED mentions reported in 2000, the increases in recent years have been significant. From 1999 to 2000, total ED mentions of drugs containing oxycodone increased 68 percent (from 6,429 to 10,825), and mentions of drugs containing hydrocodone increased 31 percent (from 14,639 to 19,221). Differences between 1999 and 2000 were statistically significant.

Exhibit 15. Number of ED Mentions of Drugs Containing Hydrocodone and Oxycodone in the Total Coterminous United States: 1996–2000



	1996	1997	1998	1999	2000
Oxycodone	3,190	4,857	5,211	6,429	10,825*
Hydrocodone	10,473	10,705	12,568	14,639	19,221*

* Statistically significant at $p < 0.05$
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

In 2000, the number of ED hydrocodone/combination mentions exceeded 100 in 15 CEWG areas, with mentions being highest in Los Angeles (exhibit 16).

Exhibit 16. CEWG Areas with the Highest Number of ED Hydrocodone/ Combinations Mentions[1]: 2000

CEWG Area	Number of Mentions
Los Angeles	459
Detroit	369
Dallas	303
Chicago	281
Phoenix	240
San Diego	238
Boston	196
Seattle	195
St. Louis	173
San Francisco	168
Atlanta	159
New Orleans	145
Denver	128
Minneapolis/St. Paul	122

[1] Represents only areas where the number of mentions exceeded 100.
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

In eight CEWG areas, the number of ED oxycodone/combinations mentions exceeded 100 in 2000. The numbers were highest in Philadelphia (658 mentions), Boston (594), Phoenix (225), and Seattle (167). The numbers of ED mentions of drugs containing oxycodone were similar in Baltimore (132) and Washington, D.C. (136), and in Minneapolis/St. Paul (101) and Atlanta (108).

Reports from the following CEWG areas reflect the problems and concerns about these two drugs:

Atlanta *Ethnographic reports suggest that the use of other opiates is prevalent in the metro Atlanta area. There were 62 OxyContin-related deaths in Georgia in 2000 and 45 through June 2001.*

Baltimore *Youth offenders indicated that Percocet may be crushed or injected. They reported taking hydrocodone with beer to enhance its effects.*

Boston *Of note is the significant rise in oxycodone in Boston ED data. Mentions of oxycodone (OxyContin and Percocet) rose from 290 in 1999 to 594 in 2000. The Department of Public Health drug lab also reported a doubling of oxycodone samples from 1999 (178) to 2000 (374) statewide, with 145 samples confirmed for Greater Boston alone in 2000.*

Denver *The DEA reports that diversion of OxyContin is a 'major problem' in the Rocky Mountain West, with a $4 prescription dose selling for as much as $40 on the street.*

Detroit *There are increases in certain drugs including hydrocodone (Vicodin, Lortab or Lorcet) and oxycodone. (OxyContin) Oxycodone has been increasingly reported by State law enforcement in arrests: 33 over the first 9 months of 2001, with more than 400 pills involved and was found in 10 decedents in 2000 in Wayne County and 10 in the first 9 months of 2001.*

Los Angeles *ED mentions of narcotic analgesics, such as codeine and hydromorphone, have increased approximately 25 percent over the past several years, from 988 mentions in 1996 to 1,245 mentions in 2000…According to individuals in local law enforcement, diverted pharmaceuticals are posing a tremendous law enforcement challenge. Numerous Internet chat rooms devoted to the drug OxyContin explain how the drug can be illegally purchased.*

Miami *There has been a flurry of activity associated with OxyContin lately. Drug sales have skyrocketed from 300,000 in 1996 to 6 million prescriptions in 2000. In the first 6 months of 2001, there were 27 deaths in Broward County and 6 in Miami/Dade County where oxycodone was specifically mentioned as a cause of death. In Miami/Dade there were 58 oxycodone overdose cases treated in 1 ED.*

New Orleans	*Other opiates represent less than 1 percent of treatment admissions in New Orleans. Oxycodone (Percodan) is one of the most commonly abused opiates, but hydrocodone remains the drug of choice for opiate abusers in New Orleans. Indicators have remained low over the last 5 years.*
Philadelphia	*Diversion and misuse of oxycodone products, including OxyContin, continue to receive media attention. There were 23 ME toxicology reports positive for oxycodone in the 3½ years from July 1994 through December 1997 and 128 in the subsequent 3½ years from December 97 through June 2001. Hydrocodone mentions in deaths have also increased dramatically from 17 from July 1994 through December 1997 to 77 in the subsequent 3½ years.*
Phoenix	*The Phoenix DEA Diversion Group reports that the most commonly abused pharmaceutical controlled substances include Vicodin, Lortab, and other hydrocodone products, and Percocet, OxyContin, and other oxycodone products.*
St. Louis	*Abuse of oxycodone (Percocet and Percodan) is growing in popularity. The DEA reports that injection of a liquid form of oxycodone has been seen in St. Louis. OxyContin abuse remains a concern for drug treatment and law enforcement personnel.*
Seattle	*Key informant interviews indicate limited sales of OxyContin among street users, as a single tablet costs $20. This relatively high cost for a single tablet has resulted in street users seeking less expensive drugs such as benzodiazepines.*
Washington, D.C.	*On the street, OxyContin sells for 10 times its pharmacy price, often running as high as $40 per tablet or $1 per milligram.*
Texas	*Hydrocodone is a much larger problem in Texas than is oxycodone.*

Other opiates mentioned in a few CEWG reports include Soma (carisoprodol) and Dilaudid (hydromorphone), as indicated below.

Chicago	*The use of hydromorphone (Dilaudid), the pharmaceutical opiate preferred by many Chicago injection drug users, has diminished considerably since 1987 because of decreased street availability. When available, most often of the North Side, it typically sells for $10 for 4 milligrams.*
Detroit	*There are increases in hydrocodone (Vicodin) and carisoprodol (Soma). Soma was identified in 20 Wayne County decedents in 2000 as well as 25 cases in the first 9 months of 2000.*
Phoenix	*According to the DEA, among the popular prescription drugs in Phoenix are benzodiazepines and Soma in combination with other analgesic controlled substances. Ultram (tramacol) and Nubain continue to be highly abused prescription-only substances.*

St. Louis *The use of hydromorphone (Dilaudid) remains common among a small group of White chronic addicts.*

Codeine

Codeine, an alkaloid found in opium, and used as a cough suppressant and to relieve moderate pain, is reportedly being abused in several CEWG areas. Codeine is frequently used in combination with glutethimide (a Schedule II sedative hypnotic) or carisoprodol (a muscle relaxant). Across the six CEWG areas where codeine abuse was reported, the indicators were mixed. ED mentions declined in one area and increased in another. Medical examiner reports, however, increased in three areas, as indicated in the following excerpts from CEWG reports:

Chicago *Abuse of codeine, in both pill (Tylenol 3s and 4s) and syrup form, has been declining over the past decade. Codeine ED mentions are declining, while in 2000, ME mentions increased slightly for codeine-related deaths. On the street, codeine pills are available for $1–$3, and some dealers on the South Side specialize in their sale. These pills are used primarily by heroin users to moderate withdrawal symptoms.*

Detroit *Codeine and its prescription compounds (Schedule III and IV drugs) remain the most widely abused other opiates; codeine indicators are stable. Toxicology findings from the Wayne County Medical Examiner lab show 126 cases of codeine positivity during April–September 2001, compared with 106 cases in the April–September 2000 period.*

Los Angeles *ED mentions of codeine have been increasing, from 41 in 1998 to 63 in 2000.*

Phoenix *The Phoenix DEA Diversion Group reports that codeine products are among the most commonly abused pharmaceutical controlled substances.*

San Francisco *Codeine ME mentions in the three-county Bay Area increased somewhat from 1997 to 1999.*

Texas *Abuse of codeine cough syrup continues in Texas. Rap songs such as 'Sippin on Syrup,' 'Sippin Codeine,' 'Syrup and Soda,' and 'Syrup Sippers,' refer to the use of this substance.*

MARIJUANA

Overview

From 1990 to 1998, marijuana indicators increased dramatically across all 21 CEWG areas. In 1999, indicators appeared to level off. In 2000, marijuana indicators increased in 12 CEWG areas, remained stable or mixed in 8, and decreased in 1 (Atlanta).

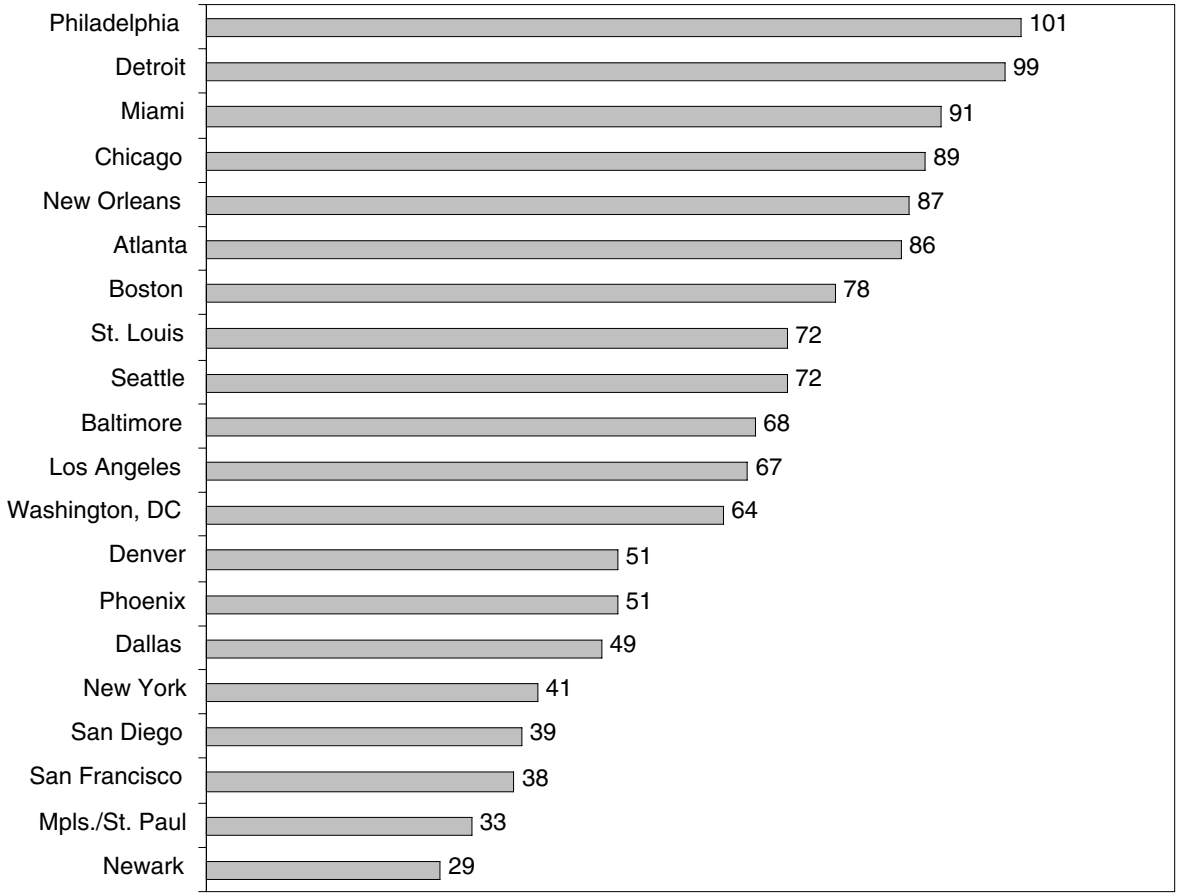
DAWN ED Data on Marijuana

In recent years, increasing numbers of patients treated in hospital EDs for drug-induced or drug-related problems have used marijuana. Total coterminous United States DAWN marijuana/hashish mentions increased steadily from 15,706 in 1990 to 96,446 in 2000, an increase of 514 percent. In the 12- to 17-year-old category, marijuana/hashish mentions increased (622 percent) from 2,170 to 15,683 between 1990 and 2000.

From 1999 to 2000, marijuana/hashish ED mentions increased significantly in seven CEWG metropolitan areas: Seattle (75 percent, from 808 to 1,414), Boston (50 percent, from 1,961 to 2,945), Miami (38 percent, from 1,285 to 1,770), San Francisco (33 percent, from 470 to 627), Minneapolis/St. Paul (28 percent, from 627 to 803), Denver (20 percent, from 681 to 818), and Chicago (18 percent, from 4,561 to 5,401). Marijuana/hashish ED mentions did not decrease significantly in any CEWG area during this period.

Exhibit 17 ranks the CEWG areas from highest to lowest by rate of marijuana/hashish mentions per 100,000 population.

Exhibit 17. Rates of Marijuana/Hashish ED Mentions Per 100,000 Population by CEWG Area: 2000



SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Although ED marijuana mentions have been trending up in the total coterminus United States DAWN for all major racial/ethnic groups, the only significant increase from 1999 to 2000 was among Hispanics: from 9,066 to 11,736, a 29 percent increase.

In 2000, rates per 100,000 population of marijuana/hashish mentions reached the highest levels in more than 10 years in 8 CEWG areas (exhibit 18).

Exhibit 18. CEWG Areas Where Rates of Marijuana/Hashish ED Mentions Per 100,000 Population Peaked in 2000: 1994–2000							
CEWG Area	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**
Chicago	39	51	61	76	85	77	89
Denver	27	33	19	32	37	43	51
Los Angeles	20	21	26	25	41	64	67
Miami	39	53	55	55	59	67	91
Mpls./St. Paul	21	20	23	26	21	26	33
Phoenix	23	24	31	37	36	50	51
St. Louis	40	37	40	47	56	68	72
San Francisco	31	33	27	25	25	29	38

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

In seven other CEWG areas, ED marijuana/hashish rates peaked in 1998 or 1999, and in most, have remained at peak levels (exhibit 19).

Exhibit 19. CEWG Areas Where Rates of Marijuana/Hashish ED Mentions Per 100,000 Population Peaked in 1998 or 1999 and Rates in 2000			
CEWG Area	**Peak Year**	**Rate in Peak Year**	**Rate in 2000**
Atlanta	1998	96	86
Baltimore	1999	72	68
Boston	1998	79	78
Dallas	1998	62	49
Detroit	1998	102	99
Philadelphia	1999	114	101
San Diego	1998	47	39

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

ED marijuana rates peaked earlier in New Orleans (113 in 1997), Newark (43 in 1995), Seattle (87 in 1997), and Washington, D.C. (74 in 1994).

Treatment Data on Marijuana Admissions

Available data on admissions to drug treatment facilities for primary abuse of marijuana in 17 local CEWG areas and 3 States are presented in exhibit 20. Excluding alcohol, primary marijuana admissions were highest in 2000 in Minneapolis/St. Paul (49.4 percent) followed by Miami (Broward County) and New Orleans Parish (each at around 37.0 percent), and St. Louis and Seattle (approximately 31–32 percent each).

In Philadelphia, San Diego County, and Seattle (King County), primary marijuana abusers accounted for approximately 20–27 percent of illicit drug admissions in 2000. In Boston, Los Angeles County, Newark, San Francisco, and Washington, D.C., this group represented only between approximately 6 to 10 percent of the admissions shown in exhibit 20.

Exhibit 20. Primary Marijuana Treatment Admissions [1] by CEWG Area and Percent: 2000 and First Half of 2001		
Area	**2000**	**2001 (1H)**
Atlanta (metro)	19.4	NR
Baltimore	19.0	NR
Boston	8.2	7.5
Denver (County)	16.5	17.6
Detroit (Wayne County)	9.2	10.4
Los Angeles (County)	8.8	11.5
Miami (Broward County)	37.0	39.0
Mpls./St. Paul	49.4	52.7
Newark	6.0	4.5
New Orleans (Parish)	36.9	NR
New York	24.1	25.4
Philadelphia	21.7	17.4
St. Louis	32.3	33.2
San Diego	20.5	NR
San Francisco (Bay Area)	5.9	NR
Seattle (King County)	31.0	NR
Washington, D.C.	10.2	8.2
Hawaii	27.8	29.2
Illinois	25.8	27.8
Texas	25.5	26.6

NR = Not reported

[1] Excludes both "alcohol only" and "alcohol-in-combination" admissions. Where incomplete data exist (as in Miami), the denominator is all admissions, thereby underrepresenting marijuana admissions as a percentage of primary illicit drug abusers.

SOURCE: CEWG site reports and treatment admissions forms, and for Los Angeles, the California Drug Data System

Comparisons of 1999 and 2000 data available from 16 CEWG areas show that the proportion of primary marijuana treatment admissions remained relatively unchanged in six, decreased a few percentage points in four, and increased in six. In Hawaii, the increase was the highest reported for marijuana in 10 years. San Diego reported a substantial increase of 15 percent during this 1-year period.

TEDS ADMISSIONS (Marijuana)	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**
All admissions (%)	8.7	10.5	12.0	13.0	13.5	14.1
Excluding Alcohol only (%)	18.1	21.2	23.9	27.0	28.6	30.4

SOURCE: SAMHSA Treatment Episode Data Set

ADAM Data on Marijuana

According to ADAM data for 2000, Minneapolis had the highest percentages of males and females testing positive for marijuana use. In the Minneapolis adult male arrestee sample, 54.2 percent tested positive for marijuana; 44.4 percent of the female sample tested positive for marijuana (exhibit 21). More than one-half (53.4 percent) of males and slightly more than one-third (34.8 percent) of females in Minneapolis reported using marijuana in the past 30 days. Other CEWG areas with high percentages of ADAM males testing positive for marijuana were

Detroit (49.8 percent), Philadelphia (49.4 percent), New Orleans (46.6 percent), Chicago (45.0 percent), Ft. Lauderdale (43.3 percent), Denver (40.9 percent), San Antonio (40.7 percent), and New York (40.6 percent).

In addition to Minneapolis, the percentages of females testing marijuana-positive were high in Seattle (47.8 percent) and Denver (33.8 percent). The areas with the smallest percentages of adult females testing marijuana-positive were in Laredo (17.2 percent), Honolulu (19.4 percent), and Dallas (20.9 percent).

Exhibit 21. Percentages of Adult Arrestees Testing Marijuana-Positive and Reporting Marijuana Use by CEWG Area and Gender: ADAM 2000

CEWG Area	Tested Marijuana-Positive		Self-Reported Use—Past 30 Days	
	Male	Female	Male	Female
Atlanta	38.2	26.3	36.2	27.3
Chicago*	45.0	26.4		30.3
Dallas	35.8	20.9	39.6	22.2
Denver	40.9	33.8	47.0	52.0
Detroit	49.8	24.2	49.0	33.3
Ft. Lauderdale	43.3	28.2	38.5	30.4
Honolulu	30.4	19.4	39.8	32.9
Houston	35.8	26.7	35.1	39.0
Laredo	28.6	17.2	29.1	16.4
Los Angeles	NS	31.5	NS	27.1
Miami	38.5	NS	35.3	NS
Minneapolis	54.2	44.4	53.4	34.8
New Orleans	46.6	28.0	49.0	32.3
New York	40.6	28.2	49.4	33.4
Philadelphia	49.4	22.2	50.1	31.3
Phoenix/Mesa	33.7	23.3	38.7	32.1
San Antonio	40.7	NS	34.9	NS
San Diego	38.7	27.2	41.5	36.1
Seattle	37.7	47.8	48.0	52.0

NS = Not sampled
* Data on positive tests for males was provided by the Chicago CEWG representative.
SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

Based on self-reports of past-30-day drug use, it appears that male and female arrestees were more likely to admit marijuana use than use of other drugs such as cocaine, heroin, and methamphetamine. In many CEWG areas, the percentages of arrestees admitting to past-30-day marijuana use exceeded the percentages testing positive for the drug.

Marijuana Availability, Price, and Purity

Availability. Marijuana was described as widely available or in steady supply in Chicago, Los Angeles, Minneapolis/St. Paul, Phoenix, San Diego, Texas, and Washington, D.C. The drug was reportedly popular in New York City, where availability continued to increase, and in Philadelphia, where it appeared to be increasing.

Mexican marijuana is available in Atlanta, Boston, Michigan, St. Louis, Denver, and Los Angeles. Canadian marijuana has been reported in Atlanta and in Denver, where the seedless and potent "BC bud" from British Columbia remains available. The U.S. Southwest is also a source for Washington, D.C., and Boston, which receives a supply from Jamaica and Colombia as well. Locally grown marijuana is available in Atlanta, Boston, Los Angeles, St. Louis, Texas, and Washington, D.C. Excerpts from the following CEWG reports reflect these patterns.

Boston *Some locally grown marijuana continues to be available, but most marijuana seems to be shipped overland or via delivery services from Mexico and the U.S. Southwest, as well as from Jamaica and Colombia.*

Detroit *The majority of marijuana seized in Michigan originated in Mexico.*

Los Angeles *Law enforcement officials report that Canadian 'BC bud,' formerly limited to the Pacific Northwest, is now available in Honolulu, Los Angeles, and Oakland, as well as in some parts of the West Central region of the United States.*

Texas *Supplies of homegrown marijuana are expected to be more plentiful due to heavy rainfall.*

Price. As shown in exhibit 22, marijuana prices ranged from $70–$100 per once for an unspecified type in San Diego to $700–$800 per once for organic ("purple haze") and hydroponic ("hydro") in New York City. Pounds cost as little as $180–$200 for commercial grade in Laredo, and as much as $6,000–$9,000 for an unspecified type in Honolulu. Prices were relatively stable compared with the June 2001 reporting period, except in Atlanta (where they decreased for pounds of domestic marijuana); Denver (where they increased for ounces of domestic marijuana and "BC bud," decreased for pounds of the same varieties, and the range broadened for pounds of Mexican); Los Angeles (where they decreased for pounds of Mexican); and Texas (where they decreased for pounds of commercial marijuana in Dallas and Houston).

Prices for other retail quantities included $5, $10, and $20 bags in Chicago; $5–$20 per cigarette or joint, $25 per gram, and $100–$200 per quarter-ounce in Honolulu; $3–$5 per joint, up to $10 per joint dipped in formaldehyde or PCP, and $50 per quarter-ounce in Minneapolis/St. Paul; $5–$10 per bag both before and after September 11, 2001, in Newark; and $10–$50 per bag, $10 per "hydro" joint, and $15 per cigar or "blunt" in New York City. Also in New York, "hydro" was being sold together with a pellet of dark brown marijuana—known on the street as "beef and broccoli"—for $20 per bag; in addition, marijuana was dipped in water used to cook crack, creating a mixture called "elo," which cost $10 per bag. Prices in other cities included $5 per one-half- to 1-gram bag in San Diego; $15–$25 per gram of sinsemilla ("bud"), $40–$50 per eighth-ounce, and $1,200–$1,400 per quarter-pound in Seattle; and $10–$20 per "dime bag" of kind bud and hydro, $5–$10 per bag of commercial grade, and $10–$20 per commercial grade blunt in Washington, D.C.

Exhibit 22. Marijuana Prices and Potency in 15 CEWG Cities and 3 Texas Sites

CEWG Area	Type/Quality	Price/Unit	
		Ounce	Pound
Atlanta	Domestic (9.5%)	NR	$930
	Mexican, Canadian		Type unspecified
Boston	Commercial	$200–$250	$800–$1,500
	Sinsemilla	$200–$300	$2,500–$3,000
Chicago	Type unspecified	$100–$200	$900–$4,000
Denver	British Columbian ("BC bud," "triple A")	$600	$3,000–$5,000
	Domestic	$200–$400	$1,000–$1,500
	Mexican	NR	$500–$1,000
Honolulu	Low quality	$300–$500	NR
	High quality	$400–$800	NR
	Type unspecified	NR	$6,000–$9,000
Los Angeles	Wholesale	NR	$350
	Street value	NR	$2,500
Mpls./St. Paul	NR	$150–$175	$700–$3,000
New Orleans	Type unspecified	$125–$180	$750–$1,000
	Sinsemilla	$350–$450	$2,500–$4,000
New York City	Organic ("purple haze") and hydroponic ("hydro")	$700–$800	NR
	Wholesale	NR	$200–$1,700
	High-quality commercial	NR	$1,000–$5,000
Phoenix	NR	$75–$150	$500–$750
St. Louis	Sinsemilla (20% THC)	NR	$500–$1,200
	Imported	NR	$2,000–$4,000
San Diego	Unspecified (2–3% THC)	$70–$100	NR
	British Columbian ("BC bud") (<30% THC)	NR	$4,000
San Francisco	Type unspecified (3–20% THC)	NR	$2,500
Seattle	Locally grown	$325–$400	$4,200–$5,200
Texas	Dallas: commercial grade	NR	$300–$800
	Dallas/Ft. Worth: indoor-grown sinsemilla	NR	$750–$1,200
	Houston: commercial grade	NR	$350–$500
	Laredo: commercial grade	NR	$180–$200
Washington, D.C.	Commercial grade	$100	$700–$1,400
	Hydroponic ("hydro") or "kind bud"	$480	$1,200–$6,000

SOURCE: CEWG city reports, December 2001

Purity. Marijuana purity, which refers to the drug's proportion of tetrahydrocannabinol (THC), ranged from 2–3 percent for an unspecified type to 30 percent or less for BC bud in San Diego. Other purities reported in CEWG areas were 3–20 percent (unspecified type) in San Francisco, 4–6 percent for Mexican and 25–30 percent for domestic hydroponic in Los Angeles, 9.5 percent for domestic in Atlanta, and 20 percent for sinsemilla (a potent form of marijuana from unpollinated female plants) in St. Louis.

The following excerpts on availability, potency, and price of marijuana from three CEWG papers are of interest:

Denver *Almost all ethnographic reports indicate availability of very potent marijuana. One drug treatment program in the metro area said that some clients are getting 'marijuana cravings' because of the increased potency.*

Los Angeles *Mexican marijuana is generally the most inexpensive type found in the Los Angeles area because of its wide availability and lower THC content (4–6 percent). Domestically produced marijuana—particularly hydroponic—is of a higher grade (25–30 percent) and more expensive. The street value of the seized marijuana in the first half of 2001 constituted 46 percent of the total street value of all drugs seized.*

New York *Many sellers with low-grade marijuana mix it with other substances to enhance or expand it. With many new users, especially youth, it is easy to sell low-grade adulterated marijuana as 'good stuff.'*

METHAMPHETAMINE/SPEED

Overview

Methamphetamine use indicators increased in six (Denver, Honolulu, Los Angeles, Phoenix, San Diego, and Seattle) of the seven CEWG areas that typically have relatively high rates of ED methamphetamine mentions and/or high percentages of primary methamphetamine treatment admissions. The seventh, San Francisco, was the only area reporting a decrease in methamphetamine indicators in 2000–2001. Increases in methamphetamine indicators were also reported in Atlanta, Minneapolis/St. Paul, St. Louis, and cities in Texas. Chicago, Detroit, New York, Philadelphia, and Washington, D.C., reported increases in methamphetamine availability and use, but still at low levels.

Following are excerpts from CEWG reports from the six areas that have had high levels of serious problems with methamphetamine and, in 2000, reported increases in the indicators.

Denver *Methamphetamine indicators, which increased from 1993 through 1997, mostly declined in 1998 and 1999, but seem to have started climbing again in 2000 and 2001. Methamphetamine treatment admissions have fluctuated over the past 6½ years. However, in the first half of 2001, they constituted 14.8 percent of State admissions, the highest proportion since 1997. The DEA describes widespread methamphetamine availability.*

Honolulu *Crystal methamphetamine has increased its impact on the State. Treatment admissions, deaths, Honolulu police cases, and neighbor island police cases are all up. Prices of 'ice' are down, supply is high and the societal costs, in terms of violence and disruption of families and communities have continued.*

Los Angeles *Methamphetamine indicators are mixed. ED mentions remained relatively low and stable, but primary treatment admissions increased by approximately 25 percent. The Los Angeles High Intensity Drug Trafficking (HIDTA) group and the DEA Los Angeles Division note a developing but currently limited market*

for methamphetamine tablets (known as 'yaba') at raves and nightclubs in the area. In some cases, the tablets are sold as MDMA; in others, the tablets are taken in addition to MDMA.

Phoenix *The data projected a modest increase of 12 percent for methamphetamine-related deaths for 2001. Currently, the drugs of greatest concern in Arizona are methamphetamine, MDMA, and other club drugs.*

San Diego *Accidental overdose deaths involving methamphetamine increased 65 percent from 1999 to 2000, when 61 decedents were positive for methamphetamine. Methamphetamine accounted for 33 percent of all treatment admissions in 2000.*

Seattle *Methamphetamine use is continuing to rise, though at a lower rate than in other areas of the State. DAWN ED mentions for amphetamine and methamphetamine in Seattle/King County during 2000 continued the upward trend first noted in 1999. Ease of access to precursors; the availability of equipment, recipes and locations; and the purity of methamphetamine produced by local clandestine labs contribute to their proliferation.*

Of the seven CEWG areas that have recently had high levels of methamphetamine use, San Francisco is the only area to report a decrease in methamphetamine indicators in 2000–01 as indicated below:

Methamphetamine indicators suggest a decline in prevalence. In San Francisco, the number of patients in treatment for primary speed problems in FY 2000 was 1,004. This count was down by about 9 percent from FY 1998 and FY 1999, 2 years that constituted a peak after a sharp rise from FY 1992. In the three-county Bay Area, ME mentions of methamphetamine/speed rose from 44 in 1996 to 58 in 1999. The number of ME mentions in FY 2000 was down by about 65 percent to 14.

There is growing concern that methamphetamine abuse could spread to CEWG areas where abuse of the drug has not been widespread. Representatives from the following four CEWG areas are beginning to obtain data about methamphetamine abuse from different sources:

Chicago *Methamphetamine indicators suggest continuing low levels of use in Chicago. Nevertheless, a low but stable prevalence of methamphetamine use has been noted in some areas of the city in the past 2 years. Stimulants represented 2 percent of all State treatment admissions (excluding alcohol) in FY 2000, up from 1 percent in FY 1999. Total stimulant admissions increased from 913 in FY 1999 to 1,270 in FY 2000. In just the first half of 2001, stimulant admissions are at 1,701.*

Minneapolis *Methamphetamine indicators continued strong upward trends in 2001, except for deaths in Ramsey County, which declined. Methamphetamine addicts accounted for 0.3 percent of treatment admissions in 1991, 3 percent in 2000, and 3.6 percent in the first half of 2001. Hennepin County reported five amphetamine/methamphetamine-related deaths in the first 6 months of 2001, compared with six in 2000 and two in 1999. Methamphetamine seizures increased overall from 1999 to 2000.*

St. Louis *St. Louis and St. Charles County law enforcement personnel are increasingly concerned about methamphetamine use, and methamphetamine labs in rural areas continue to be a problem. Methamphetamine was found at very low levels in city indicators in 1995, but has increased significantly in the last 4 years. In rural areas, methamphetamine appears regularly in the treatment data, while there are a limited number of admissions in St. Louis. In rural treatment programs, methamphetamine is the drug of choice after alcohol.*

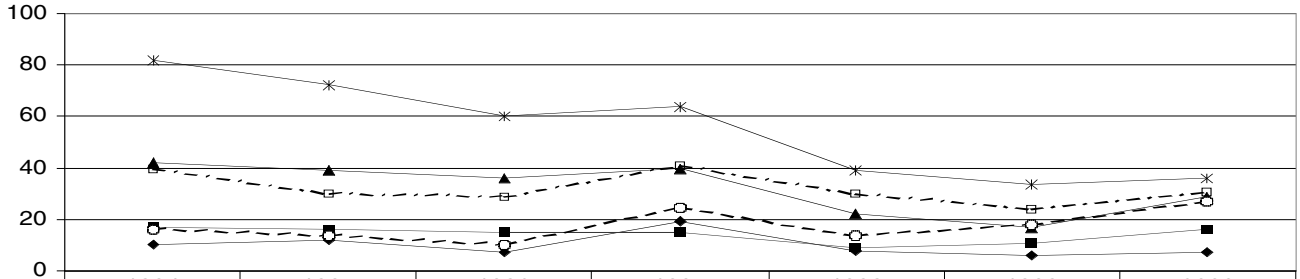
Texas *Methamphetamine and amphetamine are widely available, particularly in the rural areas. Poison control center cases, ED cases, overdose deaths, and treatment admissions are rising, but levels in Texas are much lower than in other western States. 'Uppers' were the third most frequently used illicit drug among high school students in Texas after marijuana and cocaine.*

DAWN ED Data on Methamphetamine

In 2000, methamphetamine/speed was mentioned in only 2 percent of drug-related episodes reported by DAWN across the coterminous United States. Most ED mentions (81 percent) were reported in five metropolitan areas: Los Angeles (1,375), San Diego (747), Phoenix (600), San Francisco (591), and Seattle (540). From 1999 to 2000, methamphetamine/speed ED mentions increased significantly in Phoenix (76 percent, from 341 to 600), Seattle (53 percent, from 353 to 540), Los Angeles (51 percent, from 910 to 1,375), Dallas (35 percent, from 100 to 135), Atlanta (31 percent, from 83 to 109), and San Diego (28 percent, from 584 to 747).

After peaking in 1994 in Los Angeles (17), Phoenix (42), and San Francisco (82), rates of methamphetamine/speed ED rates per 100,000 population decreased to lower levels in succeeding years, as shown in exhibit 23. However, in 2000, the Los Angeles rate increased to 16 per 100,000 population. In Denver, after increasing in 1997 from 7 to 19, the rate of methamphetamine/speed mentions decreased to 8 in 1998 and remained low in 1999 and 2000. In San Diego in 1999, the rate of ED methamphetamine/speed mentions decreased to the lowest level since 1994 (24), only to increase again in 2000 (to 31). The rate in Seattle reached its highest level in 2000 (27) after fluctuating between 16 and 25 from 1994 to 1999.

Exhibit 23. Rates of Methamphetamine/Speed ED Mentions Per 100,000 Population in Selected CEWG Areas: 1994–2000



	1994	1995	1996	1997	1998	1999	2000
Denver	10	12	7	19	8	6	7
Los Angeles	17	16	15	15	9	11	16
Phoenix	42	39	36	40	22	17	29
San Diego	40	30	29	41	30	24	31
San Francisco	82	72	60	64	39	34	36
Seattle	16	14	10	25	14	18	27

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

In the prior 7 years, ED rates remained relatively stable at low levels in other CEWG areas. From 1999 to 2000 in St. Louis, the methamphetamine/speed rate per 100,000 population increased from 4 to 7.

Between 1999 and 2000, total coterminous United States DAWN methamphetamine/speed mentions increased 39 percent from 6,054 to 8,389 among males, but remained stable among females from 4,312 to 4,841.

Treatment Data on Methamphetamine Admissions

Admissions to treatment for primary abuse of methamphetamine are low in most CEWG areas and tend to be reported in the "stimulants" or "amphetamines" categories. The number of primary admissions in these combined categories was typically very small in 2000 (3–13) in 4 sites, but were highest in Atlanta (102), Seattle (830), San Francisco (4,615), and the State of Hawaii (2,419). The numbers of primary stimulant admissions by site are shown in Appendix D.

Of the six sites that reported primary methamphetamine admissions separately, these admissions (excluding alcohol) accounted for 0.3 percent of admissions in Washington, D.C., 0.5 percent in Philadelphia, and 5.9 percent in Denver County. On the West Coast where abuse of this drug has been high for many years, primary methamphetamine abusers accounted for 10.2 percent of admissions in Los Angeles, 46.6 percent in Hawaii, and 45.0 percent in San Diego.

ADAM Data on Methamphetamine

The ADAM CEWG cities with the highest percentages of adult male arrestees testing positive for methamphetamine were Honolulu (35.9 percent), San Diego (26.3 percent), and Phoenix (19.1 percent) (exhibit 24a). Relatively high percentages of the unweighted adult female sample also tested methamphetamine-positive in these same cities: Honolulu (47.2 percent), San Diego (28.7 percent), and Phoenix (24.1 percent). A high percentage of adult females also tested positive in Seattle (21.7 percent), but the sample included only 36 women. Among adult females testing methamphetamine-positive in San Diego, 39.7 percent were White, 32.8 percent were Hispanic, and 23.7 percent were African-American. Proportionately, Hispanic females were the most likely to test methamphetamine-positive (35.0 percent), followed by White females (30.2 percent). Only 8.4 percent of the African-American female arrestees tested positive for methamphetamine.

Exhibit 24a. Percentages of Adult Arrestees Testing Positive for Methamphetamine in Nine CEWG Areas and by Gender: ADAM 2000

City	Males	Females
Dallas	2.1	3.0
Denver	2.6	5.3
Honolulu	35.9	47.2
Houston	0.5	1.7
Phoenix	19.1	24.1
San Antonio	0.2	NS
San Diego	26.3	28.7
Seattle	9.2	21.7
Los Angeles	NS	12.3

NS = Not sampled
SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

The percentages of juvenile arrestees testing positive for methamphetamine in San Diego were relatively small—3.1 percent for males and 3.4 percent for females (exhibit 24b). Percentages were higher in Phoenix (12.8 percent males and 10.5 percent females), Denver (11.2 percent males and 11.5 percent females), Los Angeles (8.5 percent males), and San Antonio (4.7 percent females).

Exhibit 24b. Percentages of Juvenile Detainees Testing Methamphetamine-Positive By CEWG Area, Gender, and Race/Ethnicity: ADAM 2000						
City/Gender		Total Sample		Black	White	Hispanic
		(Number)	Percent			
Denver	Male	(197)	11.2	3.0	10.0	17.0
	Female	(26)	11.5	NS	NS	37.5
Los Angeles	Male	(293)	8.5	1.0	3.0	15.0
	Female	(47)	2.1	NS	NS	4.5
Phoenix	Male	(421)	12.8	6.0	9.0	19.0
	Female	(114)	10.5	7.0	14.0	9.0
San Antonio	Male	(256)	3.1	4.0	4.0	3.0
	Female	(86)	4.7	NS	11.0	4.0
San Diego	Male	(256)	3.1	4.0	4.0	3.0
	Female	(58)	3.4	NS	10.0	0.0

NS = Not sampled
SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

Methamphetamine Availability, Price, and Purity

Availability. Widespread or steady availability of methamphetamine was reported in Denver, Honolulu, Phoenix, San Diego, and Texas. Methamphetamine was reportedly available in Boston, Detroit, Los Angeles, Minneapolis/St. Paul, New York City, Phoenix, St. Louis, and San Diego. Availability of methamphetamine increased in Atlanta, Detroit, Seattle, and Washington, D.C. Decreasing prevalence was reported in Chicago and San Francisco, and the drug was difficult to obtain in Philadelphia. Methamphetamine was rarely reported in Baltimore and Newark, and was not mentioned in CEWG reports from Miami or New Orleans.

Among CEWG areas reporting source data, methamphetamine typically came from Mexico or was manufactured in clandestine domestic labs. Mexican methamphetamine was available in Atlanta, Denver, Honolulu, and Los Angeles. According to the National Drug Intelligence Center, Los Angeles, along with central Arizona and San Diego, functioned as transportation hubs for Mexican methamphetamine. Most of the methamphetamine in Boston was shipped from California. In Washington State, where most of the methamphetamine was transported from Oregon, California, and Mexico, local labs continued to proliferate. Labs in rural areas remained a problem in St. Louis and Texas, where the drug was distributed and used mostly in rural areas.

The following excerpts provide additional details on the patterns in three CEWG areas:

Atlanta *In Atlanta, many law enforcement agencies directly link the continued rise of methamphetamine availability with a rise in the presence of migrant Hispanic workers. They also partially link the price of methamphetamine to the size of the local Mexican population.*

Los Angeles *California has been referred to as a 'source country' for methamphetamine.*

Seattle *It is estimated that 65–75 percent of the methamphetamine in Washington State is transported from Oregon, California, and Mexico. However, ease of access to precursors; the availability of equipment, recipes, and locations; and the purity of methamphetamine produced by local clandestine labs contribute to their continuing proliferation.*

Price. Methamphetamine prices ranged from $20–$60 in Seattle to $100–$200 in Honolulu for grams, from $300–$600 in Phoenix to $2,200–$3,000 in Honolulu for ounces, and from $3,500–$10,000 in San Francisco to $12,000–$16,000 in New Orleans for pounds (exhibit 25). In Los Angeles, a pound of methamphetamine that cost $4,000–$5,000 wholesale was worth $35,000–$50,000 on the street. Prices were relatively stable compared with the June 2001 reporting period, except for increases in Denver for grams and ounces, in Phoenix for pounds, and in Washington, D.C., for grams; and decreases in Honolulu for grams and ounces and in Houston for pounds. In Oahu, "clear" methamphetamine (a cleaner, white form) cost more than "wash" (a brownish, less processed form): $50 (wash) or $75 (clear) per 0.25 gram, and $100 (wash) or $200 (clear) per gram. Prices for other quantities included $125 per quarter-ounce and $2,200 per quarter-pound in Phoenix; $10 per 1/10 gram, $30 per quarter-gram, and $100–$125 per eightball (3.5 grams) in San Diego; and $60 per quarter-gram and $600 per eightball in Washington, D.C.

Exhibit 25. Methamphetamine Price and Purity in 13 CEWG Cities and 3 Texas Sites

Area	Purity (%)	Price		
		Gram	Ounce	Pound
Atlanta	11 (Mexican)	$100	$1,500	$8,000–$20,000
Boston	NR	$70–$200	$800–$1,900	$8,000–$24,000
Denver	10–20 (Mexican)	$90–$100	$750–$1,200	NR
Honolulu	90–100 ("KC")	$100–$200	$2,200–$3,000	$30,000
Los Angeles	15–20	NR	NR	$4,000–$5,000 (wholesale) $35,000–$50,000 (street value)
Minneapolis/St. Paul	variable	$90–$100	$600–$900	$10,000–$12,000
New Orleans	NR	$100–$150	$900–$1,500	$12,000–$16,000
Phoenix	20–40 (Mexican) 90–95 ("ice" or "glass")	$48–$55 type unspecified	$300–$600 type unspecified	$3,500–$12,000*
St. Louis	70–80 (local) 30 (Mexican)	$37–$100	$700–$1,300	NR
San Diego	30–40	NR	NR	NR
San Francisco	NR	NR	$500–$1,000	$3,500–$10,000
Seattle	NR	$20–$60	$350–$650	$4,250–$6,000

(Cont'd)

Texas				
Houston	NR	NR	$500–$800	$6,000–$8,000
Laredo	NR	NR	NR	$4,500
North Texas	NR (domestic)	$70–$100	$400–$1,000	$5,000–$10,000
	NR (Mexican)	NR	NR	$5,800–$9,000
Washington, D.C.	NR	$100	$2,700	NR

* "Glass" methamphetamine
SOURCE: CEWG city reports, December 2001

Purity. In Phoenix, methamphetamine was generally packaged in clear plastic wrap, zip-lock plastic bags, or layers of plastic wrap. Pounds were wrapped in vacuum-sealed cellophane. The packages, which were about 8–10 inches long, were shaped like sausages. Levels ranged from 10–20 percent for Mexican methamphetamine in Denver to 90–100 percent for crystal methamphetamine ("ice") in Honolulu. Ice was also available in Phoenix, with 90–95 percent purity, as was the crude, brownish, Mexican form with purity of 20–40 percent. Reported purity levels were relatively stable, except for an increase in Phoenix for the Mexican variety.

Three CEWG representatives provided in-depth information on purity:

Honolulu *'Ice' (crystal methamphetamine) continues to dominate the Hawaiian drug market. Prices have decreased throughout the reporting period, indicating that more ice is available on the street. Analysis of confiscated methamphetamine continues to reveal that the product is still in the 90–100 percent purity range.*

Minneapolis *Purity levels, while generally higher than in years past, were still quite variable, making the use of the drug even more unpredictable. Dimethylsulfone (DMSO), the most common cutting agent, is a fluffy, white substance used to treat arthritis in horses.*

Washington, D.C. *During summer 2001, ethnographic reports in the District described methamphetamine as being of low quality; one informant said that the drug had become as dirty as the Hudson River. Dealers were reportedly cutting the drug with Epsom salts to simulate the burning sensation of high-quality methamphetamine. However, by fall, high-quality methamphetamine was again available on the streets in the popular forms known as 'glass' and 'hydro.'*

3,4-Methylenedioxymethamphetamine (MDMA)

Overview

Indicators for MDMA (often referred to as "ecstasy") increased in 16 CEWG areas, and remained stable in 5. MDMA is the most frequently reported "club drug" in most CEWG areas. Use of MDMA continues to spread beyond raves and nightclubs, where it was initially reported, to additional locations and populations.

According to the 2000 Monitoring the Future Study, an annual national survey of drug use among adolescents in the United States, MDMA use has increased for the second consecutive year among students in the 8th, 10th, and 12th grades. Among 12th-graders, lifetime use increased from 8 to 11 percent. Perceived availability of MDMA increased from 40 to 51 percent among seniors. Both annual and 30-day prevalence of MDMA use were higher among Hispanic (10.6 and 4.5 percent) and White (7.6 and 3.3 percent) than among African-American (1.3 and 0.9 percent) seniors.

In recent years, pills and tablets marketed and sold as ecstasy have increasingly included substances in addition to and other than MDMA. The types of drugs and adulterants used in pills and tablets sold as ecstasy differ by and within CEWG areas. Thirteen CEWG representatives elaborated on increases in MDMA or ecstasy use, in their respective areas, as shown below:

Atlanta *According to local ethnographic reports, ecstasy use is common among both men and women and among persons younger than 35. Local reports indicate an increase in the use of ecstasy among certain African-American social networks, particularly those connected to a music or club scene. MDMA is being used in a wide variety of settings, with people no longer exclusively using in clubs and raves.*

Baltimore *The Maryland Drug Early Warning System reported that ecstasy was moving from the club scene to the broader population in Baltimore's suburban counties, but not in Baltimore City. DAWN ED mentions rose from 35 in 1999 to 64 in 2000.*

Boston *MDMA use was characterized by most contacts as still primarily a White, middle-class phenomenon, partially because of its relatively high cost. However, two sources in Boston reported that its use is increasing among non-White city youth.*

Chicago *Once limited to the rave scene, ecstasy can be found in most mainstream dance clubs and many house parties, according to ethnographic reports. It continues to be used predominantly by White youth.*

Detroit *Users are typically college students or young professionals, who often take ecstasy in dance settings. Urban areas outside Detroit noted significant ecstasy use, including Kalamazoo, Battle Creek, and Grand Rapids.*

Los Angeles *According to the Los Angeles Police Department, the use of club drugs such as MDMA has become increasingly popular in venues other than clubs or raves. More and more people are using in their homes or in other social settings. Law enforcement officials perceive the use of MDMA as an increasing threat to the public's health.*

Miami	*Hospital ED mentions related to MDMA are increasing and continue to involve predominantly younger White patients. For the first time in 2000, more teens abused ecstasy than cocaine. Hospital data on 49 cases in the first half of 2001 show that 92 percent were White non-Hispanics, with 15 percent being in their teens and 71 percent in their twenties.*
Minneapolis	*MDMA abuse by young people in the metropolitan area continued to escalate, no longer limited to rave or nightclub settings. School-based counselors reported emergence of MDMA abuse and rave garb among students since the spring of 2000.*
New Orleans	*It was reported that MDMA use has spread to colleges and nearby parishes.*
Philadelphia	*MDMA has become increasingly acceptable among the mainstream population.*
St. Louis	*The rave scene has become popular in St. Louis, where ecstasy is freely available. Most users are teenagers or young adults. Ecstasy use appears to be an even greater problem in Kansas City, according to the DEA. There appear to be two age groups of users: 15–19 and 20–25.*
San Diego	*Expert focus group members reported that they believed ecstasy would be the next drug epidemic in San Diego. They see use by adolescents and young adults increasing radically.*
San Francisco	*MDMA abuse continues to increase, according to street-based observers.*

DAWN ED Data on MDMA

Total MDMA DAWN ED mentions in the coterminous United States increased 58 percent between 1999 and 2000, from 2,850 to 4,511. More than 80 percent of the MDMA ED mentions in 2000 were among patients younger than 26.

Although small compared to other drugs, ED MDMA mentions rose in 18 of the 20 CEWG areas included in DAWN. The increase between 1999 and 2000 was significant in 14 areas.

As shown in exhibit 26, the areas with the highest number of mentions in 2000 were Chicago (215), New York City (200), Los Angeles (177), Philadelphia (141), Seattle (128), and Boston (125).

Exhibit 26. Number of MDMA ED Mentions by CEWG Site and Year: 1994–2000							
CEWG Site	**1994**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**
Atlanta	…[1]	…	…	19	33	62	68
Baltimore	0	8	2	2	6	35	64*
Boston	5	7	…	16	39	87	125*
Chicago	10	8	22	33	25	103	215*
Dallas	21	57	20	17	15	24	71*
Denver	2	3	1	11	6	15	57*
Detroit	…	0	0	…	6	40	60
Los Angeles	14	37	46	24	30	52	177*
Miami	2	4	9	28	12	59	105*
Mpls./St. Paul	2	…	4	…	2	16	65*
Newark	0	…	4	…	2	38	21*
New Orleans	12	…	12	13	42	51	44
New York	7	14	24	41	31	136	200*
Philadelphia	…	…	0	19	27	89	141
Phoenix	…	1	…	6	2	20	76*
St. Louis	0	1	2	2		15	52*
San Diego	6	6	17	8	14	25	47*
San Francisco	32	29	32	35	38	47	107*
Seattle	2	10	12	20	19	32	128*
Wash., D.C.	…	…	…	…	23	…	78

*Statistically significant at $p < 0.05$
[1] Dots (…) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Mortality and MDMA Admissions

Deaths associated with MDMA use were reported by seven CEWG representatives.

Detroit *The Wayne County Medical Examiner laboratory identified one MDMA/MDA death in 1998, two in 1999, and three in 2000. Two cases were found among decedents between April and September 2001. Multiple drugs were found in all these cases.*

Honolulu *There are reports of deaths associated with ecstasy.*

Miami *There were five deaths associated with MDMA in the first half of 2001.*

Minneapolis *In 2001, there were no MDMA-related deaths in Ramsey County. One death was reported in Hennepin County involving a 19-year-old Black male for whom recent MDMA use was cited as a significant contributing condition. This*

compares with three MDMA-related deaths each in Hennepin and three in Ramsey Counties in 2000.

Phoenix *A massive rave, held just inside California over the Arizona border on the Chemehuevi Indian Reservation, had an estimated attendance of 30,000. Five deaths were reported, as were 61 unconfirmed hospital admissions.*

Philadelphia *MDMA was present in four mortality cases in 1999, the first time the drug was detected. In the first and second halves of 2000, MDMA was detected in three and five decedents, respectively. There were eight such detections during the first half of 2001.*

Texas *In 1999, two deaths involved MDMA in Texas. There was one death in 2001.*

Treatment Data on MDMA Admissions

There is evidence in some CEWG areas that MDMA users are being admitted to treatment in greater numbers, or that these individuals use MDMA as well as other primary drugs, as indicated in the excerpts below.

Denver *Denver-area programs are beginning to see a few young clients coming to treatment for MDMA as a primary drug. A survey of 764 clients showed that 35 percent reported lifetime use of ecstasy, with 4.6 percent having used it in the past 30 days. The average age of these users was 17.3 years.*

Minneapolis *Addiction treatment programs reported a rising number of patients who were heavy MDMA abusers.*

Texas *Adult admissions for a primary, secondary, or tertiary problem with ecstasy increased from 45 in 1998, to 97 in 1999, to 141 in 2000, to 200 through October 2001. Among adolescents, there were 18 such admissions in 1998, 17 in 1999, 58 in 2000, and 75 through October 2001. Among adults in 2001, 53 percent were referred by the criminal justice or legal system. Among adolescents, 81 percent were referred by the juvenile justice system in 2001.*

Physical Consequences of MDMA/Ecstasy Use

The rising ED rates, the fact that MDMA is being associated with drug-related deaths, and the presence of MDMA/ecstasy abusers in drug treatment programs are evidence of the adverse physical consequences of its use. A stimulant and low-level hallucinogen, MDMA is a Schedule I drug under the Controlled Substances Act. There is no acceptable medical use for it in the United States. Adverse short-term effects associated with MDMA include increased heart rate and blood pressure, overheating, dehydration, and even heart or kidney failure. Longer term effects can include brain damage, depression, acute anxiety, memory loss, learning difficulties,

and aggressive and impulsive behavior. However, as with other drugs in pill or tablet form, MDMA is perceived by users as safer than other drugs that must be injected or inhaled.

MDMA/Ecstasy and Multiple Drug Use

The adverse physical consequences attributed to MDMA/ecstasy use are confounded by the fact that these users often use multiple substances. Nine CEWG representatives presented data on polydrug use involving MDMA/ecstasy.

Atlanta *Reports suggest variable content of ecstasy pills or tablets, with reports of other substances being sold as ecstasy. Ethnographers have come across some dealers and users who have had their MDMA tested to determine the contents. Many contained cocaine while a few had small amounts of heroin in them. Others are reporting that they are locally cutting their own MDMA with OxyContin.*

Chicago *It is not unusual for ecstasy users to use other drugs, including nitrous oxide. Some samples of ecstasy have been found to contain other drugs; PCP is one such drug used in combination with MDMA.*

Miami *The practice of 'rolling' has been reported in Miami and Orlando. This is when individuals use heroin to counteract the stimulant effect of ecstasy. Of 49 hospital cases where ecstasy was felt to be involved in the first half of 2001, many involved a combination of ecstasy and some other drug, including alcohol (n = 21, 43 percent), marijuana (33 percent), cocaine (33 percent), GHB (22 percent), benzodiazepines (especially alprazolam* [Xanax], *14 percent), and LSD/ecstasy (2 percent).*

New York *The SSU reports mixing of MDMA with other substances. It is generally sold in pill form, but in Brooklyn it was supposedly sold in powder form with cocaine HCl and smoked in a blunt. The SSU reports that MDMA was mixed with heroin and sold under the brand names 'On the Ball' and 'Wombstone.' There are also reports that some dealers are selling Excedrin pills as ecstasy because they have an E in the center and a split in the back. According to one informant, 'In the nightclubs, people cannot tell the difference, especially after a few drugs in the system with alcohol.'*

Philadelphia *Spring and autumn 2000 focus groups described MDMA as highly potent and used in combination with heroin, alcohol, and/or cough syrup. Spring and autumn 2001 focus groups reported that MDMA is used in combination with marijuana and LSD.*

Phoenix	*PMA continues to show up in pills being sold as ecstasy. Many of these pills are stamped with a three-dimensional Mitsubishi logo. A popular nighttime disc jockey died in April from PMA.*
San Francisco	*Observers report that MDMA is smoked with marijuana or mixed in alcoholic drinks.*
Seattle	*Mixing club drugs together, whether all at once or over several hours, seems to be gaining popularity.*
Washington, D.C.	*Polydrug use remains a common feature among club drug users in the District. For example, local users will ingest ecstasy in conjunction with marijuana, LSD, and ketamine.*

Manufacture and Trafficking of MDMA

According to the DEA, small clandestine laboratories in rural areas of the Benelux countries (the Netherlands, Belgium, and Luxembourg) now produce approximately 80 percent of the MDMA consumed worldwide, using precursor chemicals obtained from China, India, Germany, and Poland. The most common MDMA precursor chemicals produced in these countries are safrole, isosafrole, MDP2P, and piperonal. The Netherlands and Belgium, because of their multiple sea, air, and rail connections to other countries throughout Europe and to the United States, have proved to be ideal locations for trafficking MDMA to multiple markets. Once MDMA is produced, it is typically pressed into pills and packaged for immediate transfer to a wholesale group that will smuggle it to other countries. This smuggling has been dominated by Israeli and Russian drug trafficking organizations since the mid-1990s. These criminal organizations smuggle MDMA to the United States through express mail services, couriers, and sea containers. Once in the United States, the drug is passed to midlevel wholesalers who pass it on to the retail level. Criminal organizations in other countries appear to be developing the capability to produce MDMA. However, MDMA is not easy to manufacture because of the difficulty in obtaining all the precursor chemicals needed.

Seizures of MDMA

The U.S. Customs Service and other law enforcement agencies continue to seize large amounts of MDMA, which, as noted earlier, now come primarily from the Netherlands, Belgium, and other sites in Europe. In 2000, the U.S. Customs Service seized 9.3 million MDMA tablets being smuggled into the United States. This compares to 3.5 million in 1999, 750,000 in 1998, and 400,000 in 1997. A total of more than 4 million pills were seized by U.S. Customs in the first 4 months of 2001.

Exhibit 27 illustrates the quantities of MDMA seized by U.S. Customs in selected locations during 2000–2001, by date, location, and origin. Most seizures occurred at airports, with the largest seizure being in Los Angeles in September 2000.

Exhibit 27. U.S. Customs Service MDMA Seizures by Date, Location, Quantity Seized, and Origin: 2000 and 2001			
Date	**Location**	**Number of Pills/Tablets**	**Origin of MDMA**
8/6/2001	Pittsburgh	63,000	Germany
5/6/2001	Chicago	118,000	Brussels, Belgium
2/6/2001	Philadelphia	210,000	Europe
1/2/2001	Niagara Falls (NY)*	13,500	Amsterdam
12/14/2000	Miami	290,000	Netherlands
11/28/2000	Miami	126,739	Europe
7/22/2000	Los Angeles	2,100,000	Europe
7/14/2000	Houston	Not Specified	Europe
6/23/2000	Phoenix	75,502	Belgium

* Seizure made at a bridge port; seizures in all other cities were at airports.
SOURCE: U.S. Customs Service

CEWG representatives from 10 areas also reported on seizures or analyses of samples of MDMA seized. One seizure involved a clandestine laboratory near San Diego.

Atlanta *The Atlanta HIDTA Task Force Airport Group at Hartsfield seized large amounts of MDMA last year, with more than 9,000 tablets confiscated in March 2000 alone. In February 2000, U.S. Customs officers intercepted a courier at Hartsfield who had swallowed 1,600 tablets in a number of balloons. This was the first time the customs service had observed smuggling of MDMA in this manner, which is more closely associated with cocaine and heroin. The major source of MDMA continues to be Europe, specifically countries like Belgium and the Netherlands.*

Boston *The DEA, State Police, and the Department of Public Health report many seizures or lab submissions involving MDMA, coming primarily from Europe via New York City.*

Chicago *In May 2001, 118,000 ecstasy tablets totaling 54 pounds and valued at $3.5 million were seized at O'Hare Airport.*

Denver *The Jefferson County Task Force reports increasing availability of MDMA, with seizures of 500 dosage units a common occurrence. Traffickers are typically White and in their late teens or twenties; they get MDMA from Las Vegas, Nevada, and cities in California.*

Detroit *Customs seizures via airport and land seizures involving the border netted 14,145 pills in 1998, 42,000 pills in 1999, 131,000 in 2000; it is estimated that current efforts in 2001 will end up seizing almost 400,000 ecstasy pills by year end. Sources are Europe or Canada (where it is reported that six labs were seized in Quebec or Ontario in 2000). A lab seized in Kalamazoo reportedly*

had the potential to make ecstasy. Terms such as 'jars' (quantities between 30 and 100 pills) and 'buckets' (up to 1,000 pills) have emerged in the distribution chain.

Miami *As of January 1, 2000, the Broward Sheriff's Office Crime Lab began to report MDMA cases separately. During 2000, MDMA accounted for 244 cases, more than heroin (188) or other drugs. In the first 6 months of 2001, there were 132 ecstasy cases, more than for heroin and other drugs combined. Although not yet verified, there are rumors of clandestine labs in South Florida beginning MDMA production.*

Minneapolis *Law enforcement seizures of MDMA submitted to the Minneapolis crime lab rose from 2,047 dosage units in 2000 to 7,346 through October 2001. MDMA seizures at the State crime lab increased from 213 tablets in 2000 to 2,892 through September 2001. Approximately 3,000 tablets were seized in the Asian community in 2001. The local DEA field office confiscated 1.7 kilograms of MDMA powder and 1,578 dosage units in 2000.*

San Diego *In mid-October 2001, DEA agents raided and seized a major MDMA laboratory in Escondida, a city in north San Diego County, the first and only such lab seized in the United States. It was well hidden behind a revolving bookcase. The highly sophisticated laboratory was capable of producing 1.5 million ecstasy tablets a month, with a street value of $20 each.*

Texas *Department of Public Safety labs identified MDMA as the substance in 102 exhibits in 1999, 373 in 2000, and 259 through three quarters in 2001.*

Availability, Price, and Purity of MDMA

Availability. MDMA/ecstasy was available in all CEWG areas, except Honolulu, where it was not reported, and Newark, where it was rare. It was described as widely or readily available in Boston, New York City (where availability also increased), Detroit (throughout Michigan), St. Louis, Denver, Phoenix (throughout Arizona), and Texas. Increasing availability was also cited in Boston, Miami (where it was thought to be the cause of a possible drop in prices in the first half of 2001), Washington, D.C. (despite disruption of some markets after the terrorist attacks), Chicago (where use expanded from raves to most mainstream dance clubs and many house parties), Detroit, and Texas.

Europe was cited as the source of MDMA in four of the five cities reporting such data (Atlanta, Boston, Denver, and Miami), with Atlanta and Miami specifically identifying Belgium and the Netherlands. In Detroit, both Europe and Canada were identified as sources. The drug reached Boston via New York City, and Denver via Las Vegas and various cities in California. Los Angeles was cited as one of several ports of entry for MDMA.

Price. The retail price per MDMA/ecstasy pill ranged from $10–$25 in Miami to $20–$40 in Chicago (exhibit 28). Prices were relatively stable compared with the June 2001 reporting period, except for Miami and San Francisco (where they decreased) and Denver (where the range broadened, from $25 to $10–$30). In Washington, D.C., where the range was $20–$35, $20 was the most common price.

Exhibit 28. MDMA Prices in 15 Reporting CEWG Cities and 4 Texas Sites

Area	Price/Pill or Dosage Unit
Atlanta	$20/pill or tablet
Boston	$20–$30/tablet
Chicago	$20–$40/pill
Denver	$10–$30/capsule
Detroit	$10/pill wholesale for 500 pills
Miami	$8/pill (wholesale) $10–$25/pill (retail)
Minneapolis/St. Paul	$20/capsule
New Orleans	$15–$25/dose
New York City	$5–$13/pill wholesale $25–$38/pill (retail)
Philadelphia	$20–$25/dose
Phoenix	$5.50–$10.50/tablet (wholesale) $15–$30/tablet (retail)
St. Louis	$20–$30/dose
San Diego	$20/dose
San Francisco	$15–$20/pill
Seattle	$20–$30/150–250 milligrams
Texas Dallas Houston, Galveston, and McAllen	 $10–$40/dose $25–$30/dose
Washington, D.C.	$150–$200/"10 pack" $20–$35/pill (retail)

SOURCE: CEWG city reports, December 2001

Purity. The variable content of MDMA/ecstasy pills was commonly reported in CEWG areas. What was sold as ecstasy often contained one or more alternate or additional substances, including caffeine, cocaine, heroin, ketamine, methylenedioxyamphetamine (MDA), OxyContin, paramethoxyamphetamine, and phencyclidine (PCP). In Texas, the amphetamine benzylpiperazine and the hallucinogen 3-trifluoromethylphenylpiperazine were combined and sold as ecstasy. According to youth offenders in New York, there was a widespread belief that ecstasy was adulterated with mescaline or methamphetamine, as well as with cocaine or heroin.

Boston *MDMA purity reported by the State Police lab remained high, with caffeine the most common adulterant.*

Los Angeles *Los Angeles is one of several 'principal importation gateways,' or ports of entry, for MDMA. The Drug Enforcement Administration warns the public of an emerging concern—'crystal ecstasy.' This form of ecstasy has a purity of 96 percent. Ecstasy tablets, on the other hand, are approximately 35 percent pure.*

Although the use of crystal ecstasy has yet to be observed in Los Angeles, it has recently been seized in other cities, such as Philadelphia, Tucson, Houston, and Boulder.

Minneapolis *More frequently than in the past, alleged MDMA pills contain additional or alternate psychoactive ingredients. MDA, a chemical similar in effect to MDMA, was being sold as MDMA, and pills with butterfly imprints were found to contain PCP. Other pills sold as ecstasy were found to have a mixture of MDMA and ketamine, and others a mixture of MDMA, ketamine, methamphetamine, and caffeine.*

New York *The SSU has noted two recent changes surrounding MDMA: its move from the clubs to the street, and the mixing of MDMA with other substances.*

Seattle *Quality and consistency have become increasingly unpredictable, with many users reporting incidents of unknown or 'strange' combinations of drugs being sold as 'ecstasy.' In the local treatment intake survey, a significantly higher number of respondents reported taking 'something other than intended or expected' compared with the same period the year prior.*

GAMMA HYDROXYBUTYRATE (GHB)

Overview

Fifteen CEWG areas experienced increases in GHB indicators. Indicators were stable in five other CEWG areas and declined in one. This central nervous system depressant, which can relax or sedate the body, is classified as a Schedule I drug and can be produced in clear liquid, white powder, tablet, and capsule form. The production process is simple, requiring only gamma butyrolactone (GBL) and either sodium hydrochloride or potassium hydrochloride.

GHB indicators increased in the following 15 CEWG areas:

Boston *GHB is significant among club drugs; Massachusetts Poison Control Center continued to report many calls regarding GHB and its precursor, GBL, involving mostly adolescent and young adult males.*

Chicago *GHB is used infrequently, mainly by young White males. Recent ED mentions for GHB increased 3 percent from 135 to 139 in 1999 to 2000. ED mentions per 100,000 population increased 92 percent between 1998 and 1999, from 1.2 to 2.3, but remain unchanged in 2000 (2.3). Compared with other club drugs, overdoses are more frequent with GHB, especially when used in combination with alcohol. GHB use is perceived to be low compared with ecstasy.*

Denver *GHB is often used in combination with alcohol, making it even more dangerous. During the 1994–98 time period, the Rocky Mountain Poison and Drug Center reported only one to six calls about GHB. However, in 1999, the number jumped to 92. GHB ED mentions also increased from 7 in 1997 to 13 in 1998 to 70 in 1999. However, such mentions dropped to 43 in 2000. DEA reports GHB is increasing in popularity in Colorado and is readily available at raves, night-clubs, strip clubs, and private parties. One treatment program stated that some of their young clients have said they think GHB is dangerous and can 'kill them.'*

Los Angeles *ED mentions of GHB increased 15 percent from 1999 to 2000. According to the LAPD, the use of club drugs has become increasingly popular in venues other than clubs or raves. The use of the Internet to purchase precursor chemicals has increased. Law enforcement officials perceive the use of MDMA and GHB as an increasing threat to the public's health.*

Miami *GHB is a commonly abused substance in South Florida. This drug has become popular at raves and other parties, is commonly mixed with alcohol, has been implicated in drug rapes and other crimes, has a short duration of action, and is not easily detectable on routine hospital toxicology screens. During the first 6 months of 2001, Broward General Medical Center ED treated 32 people with GHB or GHB precursor overdose and two GHB withdrawal cases. There were 77 cases in all of 2000. In virtually every GHB overdose case during the first half of 2001, the reason for the ED visit was decreased responsiveness or coma usually lasting less than 3 hours. Products containing1,4 butanediol (1,4 BD) are sold in health food stores; artfully worded labels often say that this product does not contain GHB. In addition, these labels may state that this product is a cleanser and that it is harmful if swallowed.*

Minneapolis *From 1999 to 2000, ED episodes for GHB rose from 33 to 93, accounting for more ED episodes than any other club drug in the metropolitan area. Because becoming unarousable is part of the GHB experience, some people mark the palm of their hand with a large letter 'G' to indicate they are using GHB, so that if they are found unconscious, their friends needn't call 911. Addiction treatment programs reported a growing number of patients presenting with GHB addiction who exhibited physical dependence, tolerance, and withdrawal. A typical scenario after several months of use is a compulsion to dose with GHB every 3 hours at the risk of experiencing severe withdrawal symptoms. Despite recent State and Federal laws targeting GHB, GBL, and 1,4 BD, it is still possible to purchase products that contain these chemicals on the Internet.*

Newark *GHB and ketamine are believed to be used at rave parties around college campuses. According to DAWN data, there were 7 GHB ED mentions and 14 ketamine ED mentions in 1999. In 2000, the corresponding numbers were only five and nine, respectively. Data from the 2001 Middle School Substance Use Survey show that 2.4 percent of 7th- and 8th-grade students reported lifetime use of club drugs, including ecstasy, GHB, and ketamine.*

New York *Another club drug of concern is GHB, and while DAWN ED mentions for GHB in the city are very small, there was a marked increase to 31 mentions in 2000, up from 16 in 1999 and 5 in 1998.*

Philadelphia *GHB was mentioned in 53 DAWN ED cases in 1999 and 79 in 2000. Prior to 1999 GHB cases were either nonexistent or did not meet DAWN's standard of precision.*

Phoenix *Reported prices for GHB were $5–$10 for one dose (1 teaspoon), $425 for 25 pounds, $3,200 for a 55-gallon drum wholesale, and $4,300 for a 55-gallon drum retail.*

St. Louis *GHB use has increased in the St. Louis area. Because it is a depressant, its use with alcohol and its unpredictable purity present users with major health risks. Five deaths were reported in Missouri, and two near-deaths recently in St. Charles County when GHB was used as a 'date-rape' drug.*

San Diego *Other drugs that were frequently in the news in 2000 were ecstasy, GHB, and ketamine. These drugs were regularly spotted in raves, and law enforcement was aware that ecstasy, GHB, and LSD were easily obtained by adolescents and young adults.*

San Francisco *GHB and ketamine each had the highest ED mentions ever in 2000, the most recent period of observation. The actual number of club drug mentions remains small, however, compared with cocaine or methamphetamine.*

Seattle *ED mentions of GHB increased by 67.8 percent between 1999 and 2000. However, MDMA and GHB each constitute less than 1 percent of total ED mentions. No deaths involving GHB were reported during first half of 2001. Mixing club drugs together either all at once or over several hours also seems to be gaining popularity.*

Texas *Texas Poison Control Centers reported 100 confirmed exposures to GHB, GBL, and 1,4 BD in 1998, compared with 166 in 1999, 154 in 2000, and 108 through the third quarter of 2001. ED mentions for GHB peaked in 2000, when the rate was 3 per 100,000 population. Clients with a primary, secondary, or tertiary problem with GHB, GBL, or 1,4 BD are being seen in treatment. In 1999, 17 adults were admitted; in 2000, 12; and in 2001 to date, 15. The DEA reports GHB is becoming more available because of the ease of converting GBL into GHB. More labs are being seized in 2001 than in prior years.*

GHB indicators remained stable in 5 CEWG areas in 2000.

Atlanta *In Atlanta, it was reported that GHB use remains common, based on ethnographic reports. The GHB ED rates per 100,000 population increased steadily from 1994, but fell slightly from 1999 to 2000.*

Baltimore *Only three GHB ED mentions were reported by local hospitals in 2000.*

New Orleans *GHB ED mentions peaked at 78 in 1999 and declined in 2000.*

Washington, D.C. *Limited use of GHB was reported among clubgoers and young professionals in the second half of 2001. The drug continues to have an unsafe reputation. According to one local resident, 'GHB is far too strong and makes one out of control.'*

Only one CEWG area reported a decline in GHB indicators.

Detroit *Abuse of GHB or GBL appears to be on the decline. Hospital ED mentions and poison control case reports for GHB and GBL peaked in 1999.*

DAWN ED Data on GHB

Total DAWN ED mentions of GHB did not increase significantly from 1999 to 2000. In 2000, there were 4,969 mentions of GHB in the coterminous United States, compared with 3,178 in 1999. In 2000, more than 60 percent of the mentions were attributed to ED patients younger than 26.

As shown in exhibit 29, the areas with the highest estimated numbers of GHB ED mentions in 2000 were in Dallas (169), San Francisco (151), Los Angeles (149), Chicago (139), Atlanta (129), and Minneapolis (93).

Exhibit 29. Number of GHB ED Mentions by CEWG Site: 1994–2000

CEWG Site	1994	1995	1996	1997	1998	1999	2000
Atlanta	1	14	38	54	80	142	129
Baltimore	0	0	0	0	0	7	3
Boston	0	0	1	2	6	26	26
Chicago	0	6	33	55	69	135	139
Dallas	11	37	60	72	160	156	169
Denver	0	0	0	7	13	71	43
Detroit	…[1]	0	…	…	11	45	22
Los Angeles	27	…	108	…	48	130	149
Miami	0	0	…	2	10	29	46
Mpls./ St. Paul	1	0	2	1	8	33	93
Newark	0	0	0	0	0	7	5
New Orleans	0	1	8	27	35	78	69
New York	0	0	…	6	5	16	31
Philadelphia	0	0	0	…	…	53	79
Phoenix	0	0	0	3	2	17	16
St. Louis	0	1	0	0	…	8	7
San Diego	3	22	37	34	34	77	65
San Francisco	11	16	78	83	102	138	151
Seattle	0	0	3	…	17	34	57
Wash., DC	0	1	0	0	4	13	24

[1] Dots (…) indicate that an estimate with a relative standard error greater than 50 percent has been suppressed.
SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Treatment Data on GHB Admissions

Only Minneapolis/St. Paul and Texas reported increases in treatment admissions for GHB.

Availability, Price, and Purity of GHB

Availability. GHB was available in most CEWG areas, in some cases along with its precursors GBL and 1,4 BD. GHB was described as readily available at raves, nightclubs, strip clubs, and private parties in Colorado, and as easily obtainable by adolescents and young adults in San Diego. According to the DEA, availability was increasing in Texas because of the ease with which GBL can be converted into GHB. GHB was not reported in Honolulu and was rare in Newark, limited in Washington, D.C., and not seen as an emerging drug in the Baltimore area.

Price. Among the dozen CEWG cities for which GHB cost data were reported, dose prices ranged from $5 in New Orleans and St. Louis to $10–$20 in Atlanta. These prices were stable compared with the previous reporting period, except for Dallas, where the cost per dose increased. Although specific prices in Seattle were not reported, they were described as stable. Exhibit 30 shows recent GHB prices in 10 CEWG cities and 2 Texas sites.

Exhibit 30. GHB Prices in 10 CEWG Cities and 2 Texas Sites

Area	Price/Quantity
Atlanta	$10–$20/dose
Chicago	$5–$10/bottle capful
Texas	
Dallas	$20/dose, $500–$900/gallon
Houston	$5–$10/dose, $725–$1,000/gallon
Denver	$5–$10/bottle capful
Miami	$40–$70/32-ounce bottle of 1,4 BD
Minneapolis/St. Paul	$10/capful, shot, glassful or swig
New Orleans	$5/capsule, $10/ounce GHB and GBL, $5–$10/dose (teaspoon), $425/25 pounds
Phoenix	$3,200/55-gallon drum wholesale, $4,300/55-gallon drum retail
St. Louis	$5/capful, $40/ounce
San Diego	$10/liquid ounce
Washington, D.C.	$10/thimbleful

SOURCE: CEWG City reports December 2001

Purity. Little was reported on purity levels of GHB, but the following excerpts are of interest:

Miami *The label for a product containing 1,4 butanediol (1,4 BD) may state that this product is a cleanser and that it is harmful if swallowed. However, it is sold in health food stores with dietary supplements, and a 32-ounce bottle typically sells for $40–$70. This is similar to what GBL- and GHB-containing products were selling for and far out of proportion with what most reasonable people would pay for a cleanser.*

Minneapolis *Despite recent State and Federal laws and regulatory actions targeting GHB, GBL, and 1,4 BD, it is still possible to purchase products that contain these chemicals on the Internet, where they are sold as nutritional supplements, muscle-stimulating growth hormones, aphrodisiacs, fish tank cleaners, or household cleaning solvents.*

PHENCYCLIDINE (PCP)

Overview

Indicators from 14 CEWG areas suggest that abuse of PCP is not widespread. For example, the DEA reported that PCP use was rare in most of New England, except metropolitan areas in Connecticut. However, there is evidence that PCP abuse is increasing in other areas. The LAPD noted that PCP's popularity has recently increased substantially and DEA reports a significant increase in PCP use in the Dallas area. Washington, D.C., reports increases in arrestees testing positive for PCP and increases in seizures of the drug. DAWN ED mentions have also increased.

DAWN ED Data on PCP/PCP Combinations

Mentions of PCP/PCP combinations in DAWN for the total coterminus United States increased significantly from 4,696 in 1999 to 6,583 in 2000.

Across the 20 CEWG areas included in DAWN, rates of PCP mentions per 100,000 population were highest in Chicago, Philadelphia, Los Angeles, Washington, D.C., and Seattle where, as shown in exhibit 31, they increased from 1999 to 2000.

EXHIBIT 31. CEWG Areas with the Highest Rates of PCP ED Mentions Per 100,000 Population: 1999–2000

CEWG Area	1999	2000
Chicago	11	17
Philadelphia	12	12
Los Angeles	9	9
Washington, D.C.	5	8
Seattle	2	6

SOURCE: Adapted from DAWN, Office of Applied Studies, SAMHSA

Mortality and PCP

PCP detections among decedents in Philadelphia declined to 22 in the first half of 2001, following a peak of 34 in the second half of 2000. PCP-related deaths continued to decline in Los Angeles in 2000 to 51, down from the peak of 66 in 1997.

Treatment Data on PCP Admissions

Treatment admissions for primary abuse of PCP remained low, accounting for less than 1 percent of admissions in most CEWG sites. The number of primary PCP admissions increased in Newark (from 17 in 1999 to 33 in 2000) and Los Angeles (from 166 in the second half of 2000 to 198 in the first half of 2001). In Texas, the number of persons admitted with PCP as a primary, secondary, or tertiary drug of abuse increased also from 102 in 1998 to 174 in the first three quarters of 2001. A slight decrease occurred in Philadelphia where PCP was mentioned as a primary, secondary, or tertiary drug by 2.6 percent of admissions in the first half of 2001, compared with 3.2 percent in the first half of 2000.

ADAM and Other Arrestee Data on PCP

ADAM report data for 2000 did not include adult males in Chicago. In the 17 sites for which adult data are available, the results show that no males tested positive for PCP in six sites and less than 1 percent did so in five sites. Among adult females, none tested PCP-positive in seven sites and only 0.4 percent did so in two sites. The pattern was similar among juvenile arrestees. Exhibit 32 shows the sites where at least 0.9 percent of an arrestee group tested positive for PCP.

Exhibit 32. ADAM Sites Where Nearly 1 Percent or More of Adult and Juvenile Arrestees Tested PCP-Positive: 2000

Site	Adults		Juveniles	
	Male	Female	Male	Female
Chicago	*	3.2	NS	NS
Dallas	3.9	1.5	NS	NS
Houston	4.8	1.7	NS	NS
Los Angeles	NS	1.5	1.0	2.1
Minneapolis	1.8	NS	NS	NS
Philadelphia	2.5	3.7	NS	NS
Phoenix	1.7	1.0	1.2	0.9
Seattle	1.4	4.3	NS	NS

NS = Not sampled
* Not included in ADAM report
SOURCE: Arrestee Drug Abuse Monitoring Program, NIJ

According to the Washington, D.C., December 2001 site report, the Pretrial Services Agency in the city recorded increases in the percentages of adult arrestees testing PCP-positive. A comparison of the first quarters of 2000 and 2001 shows the proportion of adult arrestees testing PCP-positive rose from 7 to 10 percent and continued to increase to 13 and 14 percent in the second and third quarters of 2001, respectively. A similar trend continued among juvenile arrestees in the Nation's capital. During the first quarter of 2001, 11 percent of juveniles tested PCP-positive, nearly double the 6 percent recorded in the first quarter of 2000. During the second and third quarters of 2001, 15 percent of juveniles tested PCP-positive.

Los Angeles reported a decline in PCP-related arrests from 103 in the first half of 2000 to 64 during the same period in 2001.

Patterns of PCP Use and Manufacturing

PCP continues to be combined with marijuana or cigarettes in many CEWG areas. In New York City, dipping is a popular form of using PCP—menthol cigarettes are dipped into liquid PCP and marijuana blunts are laced with powdered PCP. According to reports in Minneapolis/St. Paul, PCP-soaked cigarettes and marijuana joints are easily distinguished by their pungent, unpleasant chemical odor. In Washington, D.C., "dippers," tobacco cigarettes dipped into liquid PCP, sell on the street for $25 each and are so potent that more than one person can get high from one cigarette. Washington, D.C., also reports that, among juvenile arrestees in the Pretrial Services Agency program, PCP is only rarely found without a positive test for marijuana as well.

In Washington, D.C., it was reported that many manufacturers of ecstasy will use PCP as a cheap adulterant or even substitute for MDMA in their tablets, which the user unknowingly ingests. Similarly, in Texas, tablets containing PCP and methamphetamine are reportedly being sold as ecstasy.

Seizure Data on PCP

In Washington, D.C., seizures of PCP more than doubled from 31 in 1999 to 74 in the first 10 months of 2001. However, Los Angeles reported a decline of 19 percent in PCP seizures between the first halves of 2000 and 2001.

Price Data on PCP

According to CEWG reports, PCP prices appeared to be stable since the June 2001 reporting period, with the exception of Los Angeles. There the price of a wholesale gallon of PCP declined to $7,250 from the $10,000 per gallon reported in June 2001. Likewise, the street value of a gallon of PCP in Los Angeles dropped from $150,000 to $30,000. Exhibit 33 shows PCP prices in seven CEWG areas, as reported in December 2001.

Exhibit 33. PCP Prices in Seven CEWG Areas

Chicago	$10 for 2–3 sticks $20/dipped cigarette
Dallas	$10/dose $500/ounce
Los Angeles	$7,250/gallon wholesale $30,000/gallon street price
New York City	$10/bag
Philadelphia	$5/bottle
St. Louis	$350/ounce
Washington, D.C.	$15–$25/marijuana-PCP combination $50/"lid" (packages of PCP-marijuana) $700–$950/ounce

SOURCE: CEWG reports December 2001

In Philadelphia, where a bottle of PCP sells for $5.00, the drug is reportedly "easier to obtain than ever."

LYSERGIC ACID DIETHYLAMIDE (LSD)

Overview

While indicators of LSD are low, it continues to be reported in several CEWG areas and the trends are mixed. According to ethnographic data, the drug's availability ranges from "readily available" in Phoenix to "not easy to find" in Washington, D.C. Additionally, ethnographic and focus group reports indicate that LSD remains popular in two areas but is losing popularity in one. However, the number of ED mentions, which have declined in eight areas and remained stable in two, may point to decreased use. In Washington, D.C., and Baltimore, clubgoers reportedly mix LSD with ecstasy, a practice called "candy-flipping."

LSD use was mentioned in the following 14 CEWG reports:

Atlanta *The rate of LSD ED mentions has declined steadily since 1996, although LSD remains popular according to ethnographic reports. Much of the LSD that comes to Atlanta is mailed in from the western United States.*

Boston *Despite the low treatment and ED indicators for hallucinogens, use of LSD, PCP, mushrooms, and mescaline among adolescents and young adults is not uncommon, as indicated by focus groups. Seizures of these drugs typically increase around the time of large outdoor rock concerts in the spring and summer.*

Chicago *Following a 15-percent increase in LSD ED mentions between 1998 and 1999, a 17-percent decrease was seen from 1999 to 2000. It is too soon, however, to interpret this change as indicating a decrease in LSD use. Recent trends in hallucinogen treatment admissions have been uneven, but overall admissions have been relatively high compared with trends earlier in the decade. Admissions increased steadily from 85 in FY 1992 to 550 in FY 1996. In FY 1997, treatment admissions dropped to 131, but rebounded to 455 in FY 1998 and to 401 in FY 1999. For FY 2000, treatment admissions were up again to 517.*

Detroit *LSD continues to be sporadically reported and use remains relatively low. ED mentions for hallucinogens have been declining overall since about 1995.*

Los Angeles *ED LSD mentions decreased slightly from in 1999 to 217 in 2000. Rates of LSD ED mentions per 100,000 population have remained stable at about 3 since 1996.*

Miami *LSD appears to be losing popularity among young people. There were 55 ED mentions for LSD in 2000. This number has been stable since 1996 but represents a 26-percent decline from the number of LSD cases in 1994. There were 22 LSD cases worked by the Broward Sheriff's Office Crime Lab in the first 6 months of 2001, compared with 52 LSD cases in all of 2000.*

Minneapolis *Hospital ED episodes of LSD declined from 64 in 1999 to 58 in 2000.*

Newark	*LSD use remains low in Newark.*
Philadelphia	*Spring and autumn 2001 focus group members reported that ecstasy users sometimes use that drug in combination with LSD.*
Phoenix	*ED mentions for LSD reflect a 14-percent decrease, from 156 in 1999 to 135 in 2000. Various drugs with hallucinogenic properties, including LSD, are readily available throughout the State.*
St. Louis	*LSD has sporadically reappeared in the local high schools and rural areas. Much of this LSD is imported from the Pacific coast. DAWN data show a steady presence in ED mentions from 1997 through 2000.*
San Francisco	*LSD ED mentions showed no particular trend during the 1997–2000 period.*
Texas	*DAWN ED mentions of LSD totaled 64, down from a peak of 133 in 1995. Department of Public Safety (DPS) labs identified 405 substances as LSD in 1999, 234 in 2000, and 55 through October 2001.*
Washington, D.C.	*Ethnographic reports continue to suggest use of LSD within D.C.; informants, however, cite it as 'not that easy to find.' Liquid LSD is becoming increasingly available on the retail level, and DEA agents have encountered LSD in crystal form within the past year. DEA investigators also cite accounts of young adults and clubgoers practicing 'candy flipping,' (mixing ecstasy and LSD). LSD ED mentions continue to decline.*

DAWN ED Data on LSD

DAWN mentions of PCP In the total coterminus United States totaled only 4,016 in 2000 and showed no significant change from 1999.

Across the 20 CEWG areas included in DAWN in 2000, the number of LSD mentions was too small for estimation in Detroit and totaled only 10 in Newark. In Baltimore, Boston, Miami, Minneapolis/St. Paul, Newark, New Orleans, San Diego, and Washington, D.C., the number of LSD mentions ranged from a low of 35 in New Orleans to a high of 58 in Minneapolis/St. Paul. LSD mentions in Atlanta, Dallas, Denver, New York, St. Louis, and San Francisco ranged from a low of 64 in Denver and Dallas to a high of 74 in St. Louis. In five other CEWG sites, the numbers were somewhat larger: Philadelphia, 104; Seattle, 107; Chicago, 115; Phoenix, 135; and Los Angeles, 217.

Treatment Data on LSD Admissions

Across CEWG areas, admissions for primary abuse of LSD were not reported separately from primary admissions for "hallucinogens." However, primary admissions for hallucinogens were very low, with the highest numbers reported in 2000 being 50 in Los Angeles and 103 in Texas.

Availability, Price, and Purity of LSD

Availability. LSD appeared to be available in most CEWG areas, except Denver and New York City, where it was not reported. It was available in both the city and most suburbs of Chicago, was readily available throughout Arizona, and could easily be obtained by adolescents and young adults in San Diego. However, its popularity seemed to be waning among young people in Miami. In Washington, D.C., local supplies of LSD came from nearby college towns, while wholesale supplies came from New York, California, and Oregon. Much of the LSD in Atlanta was mailed from the Western part of the country; in St. Louis, it was imported from the Pacific coast.

Price. As shown in exhibit 34, prices per LSD dose in reporting CEWG areas ranged from $0.60–$10 in Dallas to $6–$10 in Fort Worth, Texas, while prices for 100 doses ranged from $200–$400 in New Orleans to $800 in Washington, D.C. These prices were generally similar to those from the June 2001 reporting period, except for Dallas, where the lower limit per dose declined, and Phoenix, where the upper limit per bottle of 90 doses declined. Squares or tabs of "blotter acid"—sheets of paper soaked in LSD—were packaged for sale in small zip-lock bags in Washington, D.C. Also in the Nation's capital, liquid LSD became increasingly available on the retail level, and DEA agents encountered crystal LSD in the past year. The Atlanta representative reported the following price information:

Atlanta *According to the HIDTA Program, the cost of LSD has not changed much over time, with dosage units ranging from $4 to $10 retail and approximately $1 wholesale.*

Exhibit 34. LSD Prices in Nine CEWG Cities and Four Texas Sites

Area	Price/Dose	Other
Atlanta	$4–$10	$1 dose wholesale
Boston	$5	$300/100 doses
Chicago	$5	NR
Honolulu	$4–$6	$225–$275/100 dose
Minneapolis/St. Paul	$5–$10	NR
New Orleans	$1.50–$10	$200–$400/sheet
Phoenix	$4	$3/dose for 3 or more; $140–$150/bottle (90 doses)
St. Louis	$2–$4	NR
Texas		
Dallas	$0.60–$10	NR
Fort Worth	$6–$10	NR
Houston	NR	$160–$180/bottle
Lubbock	$7	NR
Tyler	$5–$10	NR
Washington, D.C.	$3–$7	$800/sheet (100 doses)

SOURCE: CEWG reports December 2001

DEXTROMETHORPHAN (DXM)

DXM, a substance found in over-the-counter (OTC) cough and cold medications, was identified as an emerging drug of abuse among adolescents in five CEWG areas. DXM is part of the morphine drug group, and DXM capsules have been sold as ecstasy at raves. Chemically, it is similar to opiates but it does not produce the same effects as opiates. In low doses DXM can cause an intoxicated energetic feeling. School personnel in Minneapolis/St. Paul and Texas reported problems with abuse of DXM. In Seattle, three deaths during the first half of 2001 involved the drug. In Denver, adolescents have been reported to steal Coricidin HBP (which contains high concentrations of DXM), while case reports regarding DXM are increasing at the Children's Hospital of Michigan.

Denver *A Denver area program reported that its younger clients say DXM is very popular, but it has not yet shown up as a primary drug of abuse. Program personnel stated that adolescents steal Coricidin HBP (which contains 30 milligrams of DXM), from pharmacies and eat 6–12 pills at a time.*

Detroit *Intentional abuse of Coricidin HBP is increasing in case reports to Children's Hospital of Michigan. These tablets contain DXM. Multiple tablets are taken for a dissociative effect; use of up to 40 pills at 1 time has been reported. During 2000, 44 cases were reported, while in the first 10 months of 2001 there have been at least 52 cases involving this drug.*

Minneapolis *School-based counselors reported the intermittent abuse of DXM. The substance is found in cough medications and sold as a powder or in clear capsules for $5. Hennepin Regional Poison Center received 62 calls regarding exposures to products containing DXM in 2001 (through October2001).*

Seattle *During the first half of 2001, three deaths involved DXM, an increasingly popular club drug with particularly dangerous interactions when used in combination with other drugs, especially alcohol. This new appearance of DXM in ME reports (substantiated by anecdotal reports) may highlight the increasing popularity of DXM (especially in cough syrup form) over the past year.*

Texas *School personnel in Texas are reporting problems with the abuse of DXM, especially the use of Robitussin-DM, Tussin, and Coricidin Cough and Cold Tablets HBP. These substances can be purchased over the counter, and if taken in large quantities can produce hallucinogenic effects. Poison control centers reported 433 confirmed exposures to Coricidin in 2000, and 188 through three quarters of 2001. DPS labs examined 12 substances in 1999 that were DXM, 34 in 2000, and 6 through October 2001.*

INFECTIOUS DISEASES RELATED TO DRUG USE

HIV/AIDS

According to the CDC, injection drug use continues to be a common mode of exposure to HIV, which causes AIDS. As a mode of exposure, injection drug use is second only to male-to-male sex. Cumulatively, through December 2000, 25 percent of adult and adolescent AIDS cases involved injection drug use as the sole mode of exposure and another 6 percent involved the dual categories of injection drug use and male-to-male sex.

Injection drug use continues to be a common mode of exposure among AIDS cases in CEWG areas, although cumulatively cases remained stable or declined in all areas except Illinois between the December 2000 and 2001 reporting periods. Newark reported a decline of 16 percentage points from the June 2001 reporting period, although injection drug use as an exposure mode remained high (40 percent of cumulative cases). Other CEWG areas reporting high percentages of AIDS cases related to injection drug use were New York City (45.0 percent), Philadelphia (36.8 percent), and Massachusetts (35.0 percent). The proportions in the dual category of injection drug use and male-to-male sex remained relatively stable in CEWG areas, at 2–12 percent.

The decline in the proportion of injection drug use exposure among cumulative AIDS patients, however, contrasts with the proportion of injecting drug users (IDUs) among new human HIV or AIDS cases in some CEWG areas. In Philadelphia, for instance, "injecting drug use was the identified mode of exposure category in over 36 percent of total AIDS cases reported from November 1981 through June 2001, but accounted for over 41 percent of cases identified in the last 12 months of that period." Similarly, in Chicago the proportion of new AIDS cases attributed to drug injection continued to increase, especially among women. Among San Franciscans diagnosed in 1999–2001, heterosexual IDUs accounted for 17 percent, up from 9 percent among those diagnosed 1993–1995. In Washington, DC, the proportion of cases attributable to injection drug use is reportedly growing, while preliminary data from Boston show that the proportion of IDUs among new AIDS cases in 2000 (32 percent) decreased from 1999 (38 percent).

Non-Whites continue to account for a disproportionately high number of injection-related AIDS cases. In Los Angeles, for instance, Blacks continue as the modal group of IDUs (39 percent), followed by Whites (31 percent) and Hispanics (28 percent). The demography of the cumulative heterosexual IDU caseload in San Francisco has remained relatively unchanged during the past 10 years: 50 percent Black, 35 percent White, and 12 percent Hispanic. Similarly, in New York City, Blacks continue to be the modal group among heterosexual IDUs, accounting for 47 percent, followed by Hispanics (38 percent) and Whites (14 percent).

As in previous years, males constitute the majority of heterosexual injection-related AIDS cases in CEWG sites.

Hepatitis B and C

Hepatitis B. In San Francisco, reported cases of hepatitis B increased in 2001 to about four cases every 3 weeks, up from approximately one case per week from 1996 to 2000. However, in Los Angeles, hepatitis B cases declined by 29 percent, during the first half of 2001 compared with the first half of 2000.

Hepatitis C. Because of similar transmission routes, the prevalence of hepatitis C among IDUs in reporting CEWG areas remains high. In Minneapolis/St. Paul, the estimated rate of hepatitis C among methadone patients runs as high as 90 percent. In Washington, D.C., the incidence of co-infection with hepatitis C is increasing among IDUs who are HIV–positive. Among hepatitis C cases reported in Washington, D.C. in February–May 2001, the highest numbers were among IDUs. Similarly, in a survey conducted by the Arizona Department of Health Services in FY 2001, a history of injection drug use was the single largest risk factor for hepatitis C, and was reported by 45 percent of respondents. An infection rate of 50–60 percent for hepatitis C was reported among San Francisco area IDUs.

APPENDICES

APPENDIX A: Drug Abuse Warning Network (DAWN) Emergency Department Data

This voluntary national data collection system, managed by the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), provides semiannual and annual estimates of substance use manifested in visits to hospital emergency departments (EDs) in 21 metropolitan areas, including 20 CEWG areas.

The data are gathered from a representative sample of hospitals in the 21 areas in 48 States and the District of Columbia. Alaska and Hawaii are not included in the sample. With few exceptions, the geographic area boundaries correspond to the 1983 Office of Management and Budget definitions of Metropolitan Statistical Area and Primary Metropolitan Statistical Area. Periodic minor modifications are made to the ED sample to keep it current. Analyses show that such modifications have little impact on trends across time. Various statistical procedures are used to enhance precision in the sampling frame. By the end of 2000, 685 hospitals were included in the sample.

ED data are reported for each "episode" (case or admission) that meets the criteria for "drug abuser," who is taking one or more substances without proper medical supervision, or for psychic effect, dependence, or suicide attempt or gesture. Each drug reported by a patient may be counted as a "mention." Up to four drugs for each episode may be recorded. Some drugs are classified in a combined category, such as "cocaine/crack," "heroin/morphine," "marijuana/hashish," and "PCP/PCP combinations."

ED mention data are converted to rates per 100,000 population when sample sizes permit. A probability value of less than 0.5 is used to determine statistical significance.

Because an individual may be counted in more than one episode in a reporting period, and mention more than one drug during that episode, the DAWN ED data cannot be used to estimate prevalence.

APPENDIX B: The Arrestee Drug Abuse Monitoring (ADAM) Program

Managed by the National Institute of Justice (NIJ), the ADAM program is designed to gather drug use data quarterly from arrestees in 35 sites in the Unites States; 19 of these sites provide data relevant to the CEWG. Data are reported annually by NIJ.

Beginning in 2000, the ADAM instrument for adult arrestees was revised and the adult male sample was based on probability sampling procedures. For these reasons, the 2000 (and beyond) data are not comparable with data collected prior to 2000. In the 2000 analyses, data on adult males, collected at all 35 sites, were typically weighted. Adult female data, collected at most sites, were unweighted. Data on juvenile arrestees, collected at selected sites, continues to be based on the Drug Use Forecasting (DUF) model.

Analyses and reporting of ADAM data focus on urinalysis results. Urinalysis provides convirmation of use of 10 drugs within a 2–3 day period prior to interview using Enzyme Multiplied Immunoassay Technology (EMIT). The urinalysis tests for use of cocaine, opiates (e.g., heroin), marijuana, phencyclidine, methadone, methaqualone (Quaalude), propoxyphene (Darvon), barbiturates (e.g., Seconal, Tuinal), benzodiazepines (e.g., Valium, Ativan), and amphetamines. Gas chromatography mass spectrometry (GC/MS) confirms use of illicit methamphetamine and amphetamines and distinguishes them from over-the-counter compounds.

Self-report data on drug use are collected for particular drugs and time periods (past 30 days and past 12 months). Self-report data also cover demographic characteristics and information related to the need for and utilization of substance abuse treatment.

As in other arrestee data sets, the rate and type of drug arrest may reflect changing law enforcement practices (e.g., “crack downs” on specific population groups at specific points in time) rather than prevalence of drug use among the sampled arrestees.

APPENDIX C: The Domestic Monitor Program (DMP)

Under the jurisdiction of the Intelligence Division of the Drug Enforcement Administration (DEA), the DMP reports on sources, types, cost, and purity of retail-level heroin. The information is based on actual undercover heroin purchases made by the DEA on streets in 23 cities, 18 of which are in CEWG areas.

The heroin buys provide information on type of heroin (Asian, Mexican, Columbian, or undetermined) and what diluents and adulterants are present in the drug. DMP repots indicate where the buy was made, the brand name (if any), purity level, and price per milligram pure.

By comparing DMP data over time, it is possible to assess changes in price per milligram pure and the sources of heroin purchased in an area. Price and purity for particular drugs can vary across years if there are only small numbers of buys made in a particular area.

APPENDIX D: Total Admission by Primary Substance of Abuse and CEWG Areas: 2000

Area	Alcohol Only	Alcohol/ Other Drug	Cocaine/ Crack	Heroin	Marijuana	Stimulants	Other Drugs	Total[1]
Atlanta (metro)	NR	1,227	4,077	463	1,121	102	NR	6,990
Baltimore	NR	4,842	3,449	14,316	4,240	6	NR	27,104
Boston	6,025	5,405	2,624	9,839	1,162	13	603	25,671
Denver (County)	8,692	889	454	563	419	107	106	11,230
Detroit (Wayne Co.)	4,112		4,308	4,584	975	6	691	14,676
Los Angeles	9,206	unknown	8,951	22,975	3,553	4,288	678	49,651
Miami (Broward Co.)	NR	NR	1,734	128	2,376	NR	NR	6,422
Mpls./St. Paul	9,639		2,390	554	3,994	532	541	17,650
Newark	NR	256	390	3,706	272	5	179	4,818
New Orleans (Parish)	689	NR	1,211	453	1,089	3	196	3,641
New York	8,905	13,901	14,708	22,126	12,447	138	2,140	74,365
Philadelphia	1,539	NR	1,914	958	865	24	221	5,521
St. Louis	NR	2,096	4,277	1,589	3,131	354	354	11,801
San Diego (County)	1,899	1,974	1,300	1,452	2,447	4,507	232	13,811
San Francisco (Bay Area)	NR	NR	8,727	19,763	2,135	4,505	472	35,130
Seattle (King Co.)	NR	2,967	1,435	1,974	2,108	830	457	9,771
Washington, D.C.	1,269	582	2,074	2,121	484	14	48	6,592
Hawaii	1,185	1,740	550	441	1,443	2,419	232	8,110
Illinois	44,951		31,468	18,422	20,773	1,270	8,718	125,602
Texas	6,292	6,280	10,988	4,518	6,578	1,878	1,866	38,400

NR = Not reported or represents both alcohol only and alcohol in combination.

[1] Total numbers shown may underrepresent total admissions because “alcohol only” or “other drugs” were not reported.

SOURCE: CEWG 2000 and 2001 reports and treatment admissions forms, and forms, and for Los Angeles, the California Drug Data System