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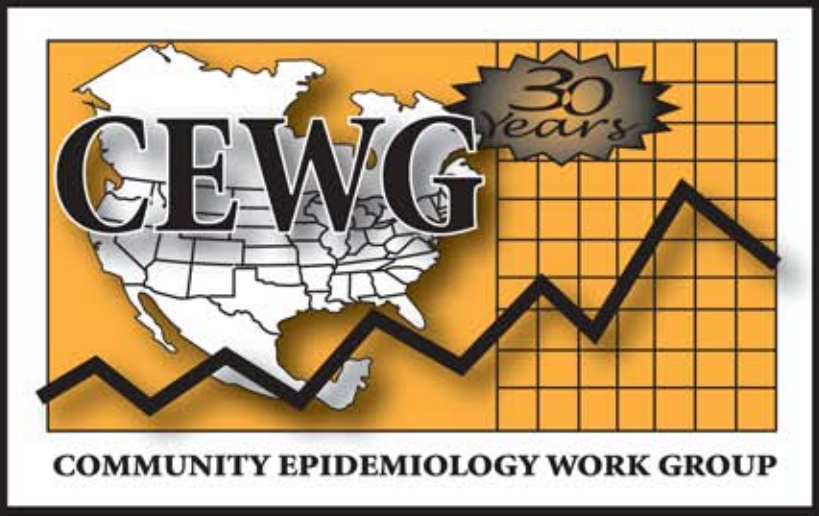


EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

VOLUME I

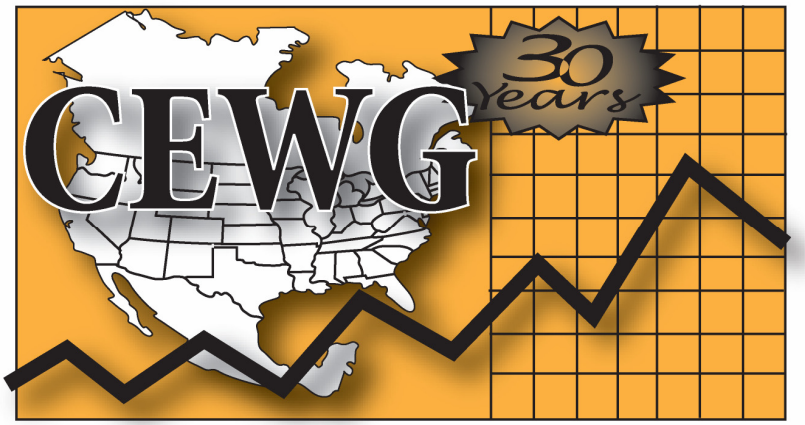
Proceedings of the Community Epidemiology Work Group

Highlights and Executive Summary

June 2006

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

NATIONAL INSTITUTE ON DRUG ABUSE



COMMUNITY EPIDEMIOLOGY WORK GROUP

Epidemiologic Trends in Drug Abuse

Highlights and Executive Summary

Proceedings of the Community Epidemiology Work Group

Volume I

June 2006

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

Division of Epidemiology, Services
and Prevention Research
National Institute on Drug Abuse
6001 Executive Boulevard
Bethesda, Maryland 20892

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

This *Executive Summary* is a synopsis of findings reported by 20 CEWG representatives and issues discussed by participants at the June 2006 CEWG meeting. At the meeting, presentations covered special populations and issues in the Minneapolis/St. Paul area; the epidemiology of drug abuse in New Orleans after Hurricane Katrina; and an international panel on monitoring of drug abuse trends in Latin America. The full papers of the CEWG representatives will appear in the June 2006 *Epidemiologic Trends in Drug Abuse, Volume II*; summaries of selected presentations by other participants appear in this *Executive Summary.*

For more information about the Community Epidemiology Work Group and other research-based publications and information on drug abuse and addiction, visit NIDA's Web site at <http://www.drugabuse.gov>.

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

by mail: ***P.O. Box 2345***
Rockville, MD 20852-2345

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Foreword

This *Executive Summary* is a synthesis of findings presented at the 60th semiannual meeting of the Community Epidemiology Work Group (CEWG) held in Minneapolis, Minnesota, on June 13–16, 2006, under the sponsorship of the National Institute on Drug Abuse (NIDA). The information from the CEWG network presented in this report includes an overview of drug abuse patterns and trends in 20 CEWG areas. One focus of this *Executive Summary* is on the emerging problems related to fentanyl and fentanyl mixtures in the United States. The report also focuses on the abuse of other drugs, including heroin, opiates/narcotic analgesics (other than heroin and fentanyl), cocaine/crack, methamphetamine, marijuana, club drugs, phencyclidine (PCP), lysergic acid diethylamide (LSD), and other drugs (benzodiazepines, carisoprodol, methylphenidate, and amphetamine-dextroamphetamine).

Also included in this *Executive Summary* is a summary of drug abuse patterns and trends in Cincinnati, Ohio, and Mexico, as well as summaries of panel presentations by researchers from Latin America. Individual papers by CEWG representatives will be in the *Volume II* Proceedings. Information on how to obtain these volumes can be found on Page 2 of this report.

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

Moira P. O'Brien
Division of Epidemiology, Services and Prevention Research
National Institute on Drug Abuse
National Institutes of Health
Department of Health and Human Services

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Introduction to the CEWG Executive Summary

Overview of This Report

This *Executive Summary* presents a synopsis of selected drug abuse findings and issues from the June 2006 Community Epidemiology Work Group meeting. The section of the report that focuses on drug abuse indicator data in 20 CEWG areas covers the following:

- Fentanyl as an emerging drug of abuse
- The abuse of cocaine/crack, heroin, methamphetamine, opiates/narcotic analgesics (other than heroin and fentanyl), marijuana, club drugs (e.g., "ecstasy," GHB [gamma hydroxybutyrate], and ketamine), PCP (phencyclidine), LSD (lysergic acid diethylamide), and other drugs (benzodiazepines, carisoprodol, and prescription-type stimulants [Adderall, Ritalin])

Also included in this publication are summaries of presentations focused on…

- Drug abuse issues in New Orleans and Orleans Parish since Hurricane Katrina, as presented by a New Orleans panel of experts
- Drug abuse patterns and trends in Cincinnati, Ohio, based on multiple drug abuse indicator data presented by a researcher from Cincinnati

The conclusion of this publication presents summaries of findings on drug abuse patterns and trends from other countries…

- Mexico
- The Latin American countries of Brazil, Chile, Costa Rica, and Peru. Also summarized in this panel presentation are data presented by a representative of the Organization of American States, Inter-American Drug Abuse Control Commission, who provided a comparative overview of drug use in South America and discussed opportunities and challenges for establishing a Latin America Epidemiology Work Group

The CEWG Network: Roles, Functions, and Data Sources

Roles of the CEWG

The CEWG is a unique epidemiology network that has functioned for 30 years as a drug abuse surveillance system to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of information. Each source provides information about the abuse of particular drugs, drug-using populations, and/or different facets of the behaviors and outcomes related to drug abuse. The information obtained from each source is considered a drug abuse *indicator*. Typically, indicators do not provide estimates of the number (prevalence) of drug abusers at any given time or the rate at which drug-abusing populations may be increasing or decreasing in size. However, indicators do help to characterize drug abuse trends and different types of drug abusers, such as those who have been treated in emergency rooms, have been admitted to drug treatment programs, or died with drugs found in their bodies. Data on items submitted for forensic chemical analysis serve as indicators on availability of different substances and engagement of law enforcement at the local level, and data such as drug price and purity are indicators of availability, accessibility, and potency of specific drugs. Drug abuse indicators are examined over time to monitor the nature and extent of drug abuse and associated problems within and across geographic areas.

The network comprises researchers from the 21 sentinel areas depicted in the map below.

Individual papers prepared by 20 CEWG members will appear in the June 2006 publication, *Epidemiologic Trends in Drug Abuse, Volume II.*

Drug abuse indicator data for New Orleans for the full year of 2005 were not available for the meeting or for this report. Because Hurricane Katrina resulted in the displacement of many drug-abusers and adversely affected service systems, there was no systematic collection of data after the disaster. However, a special panel was convened to discuss current drug abuse issues in the city/parish at the June 2006 meeting; a summary of this presentation is included in this *Executive Summary.*

The Functions of CEWG Meetings

The CEWG convenes semiannually. The interactive semiannual meetings are a major and distinguishing feature of the CEWG. The meetings provide a foundation for continuity in the monitoring and surveillance of current and emerging drug problems and related health and social consequences. Through the meetings, the CEWG accomplishes the following:

- Dissemination of the most up-to-date information on drug abuse patterns and trends in each CEWG area

- Identification of changing drug abuse patterns and trends within and across CEWG areas
- Planning for followup on identified problems and emerging drug abuse problems

Through ongoing research at State, city, and community levels; the interactive semiannual meetings; and e-mail, conference calls, and other exchange mechanisms, CEWG representatives maintain a multidimensional perspective from which to access, analyze, and interpret drug-related phenomena and change over time. At the semiannual meetings, CEWG representatives address issues identified in prior meetings, and, subsequently, identify drug abuse issues for followup in the future.

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

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

- Drug abuse patterns and trends in non-CEWG areas, such as the less urbanized areas of Maine and Ohio, as presented by guest researchers from these States in prior meetings
- Presentations by researchers and treatment providers in the CEWG host city
- Presentations by a panel of experts on a current or emerging drug problem identified in prior CEWG meetings
- Updates by Federal personnel on key data sets used by CEWG representatives
- Drug abuse patterns and trends in other countries

Identification of changing drug abuse patterns is part of the interactive discussions at each CEWG meeting. Through this process, CEWG representatives can alert one another to the emergence of a potentially new drug of abuse that could spread from one area to another. The CEWG, with its semiannual meetings, is uniquely positioned to bring crucial perspectives to bear on urgent drug abuse issues in a timely fashion and to illuminate their various facets within the local context.

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

Emerging/Current Trend is an approach followed at CEWG meetings since June 2003; this is a direct product of the planning at a prior meeting and subsequent followup activities. The Emerging/Current Trend at the January 2005 meeting featured a panel on methamphetamine abuse. In June 2004, a special panel addressed the abuse of prescription drugs. In June 2003, a special panel was convened on Methadone-Associated Mortality, and, in December 2003, a PCP Abuse Panel addressed the issue of phencyclidine abuse as a localized emerging trend.

The Emerging/Current Trend approach draws upon the following:

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

The agenda for June 2006 meeting was patterned after previous CEWG meetings. The Emerging/Current Trend approach was focused on the abuse of fentanyl and fentanyl mixtures. Non-CEWG representation included a presentation by a researcher on drug abuse patterns and trends in Cincinnati. Personnel from schools and treatment agencies in the host city presented information on special populations in the Minneapolis/St. Paul area, including students in charter schools, the Hmong population, and residents of the Hazelden Foundation. A New Orleans panel of experts reviewed and discussed drug abuse issues in New Orleans and Orleans Parish since Hurricane Katrina. Federal personnel provided updates on the National Forensic Laboratory Information System and the Drug Abuse Warning Network. A panel on Drug Abuse Epidemiology in Latin America presented research findings from studies in Brazil, Chile, Costa Rica, and Peru, and a comparative overview of drug use in South America.

Primary sources of data used by the CEWG and presented in this *Executive Summary* are summarized below.

Treatment data are from CEWG reports and represent statewide data for Arizona, Hawaii, and Texas, and metropolitan-area data for 16 CEWG areas. No 2005 data were available for Washington, DC, or New Orleans (treatment data for the first half of 2005 in Orleans Parish may be found in the NIDA January 2006 publications). Five CEWG areas provided fiscal year (FY) 2005 data, and 14 reported calendar year (CY) 2005 data *(see Appendix A)*. Data from South Florida are from nine Broward County Addiction Recovery Center (BARC) programs that serve 51.5 percent of admissions to county treatment facilities. Treatment data on specific drugs are reported as percentages of total admissions, excluding alcohol. The number of admissions for alcohol and other drugs in 2005 are presented for the 19 CEWG areas in *Appendix A*. Treatment data are not totally standardized across CEWG areas.

Drug Abuse Warning Network (DAWN) emergency department (ED) data for 12 CEWG areas for CY 2005 were accessed through DAWN *Live!,* a restricted-access online service administered by the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA). Participation by EDs in each DAWN sample was incomplete; completeness data are summarized in *Appendix B*. The unweighted numbers represent drug reports involved in drug-related visits for illicit drugs and the nonmedical use of selected prescription drugs. Drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol). Since all DAWN cases are reviewed for quality control, the data may be corrected or deleted, and, therefore, are subject to change. The DAWN *Live!* data do not represent weighted estimates of ED visits and cannot be compared across CEWG areas or across data collection years. A full description of the DAWN system can be found at <http://dawninfo.samhsa.gov>.

Local drug-related mortality data from medical examiners/coroners (ME/Cs) were reported for 16 CEWG areas. Eight report county-level data for selected drugs for 2005 (Broward County, Florida; Detroit/Wayne County; Honolulu; Miami/Dade County; Minneapolis/Hennepin County; Newark/Essex County; St. Paul/Ramsey County; and Seattle/King County). Philadelphia and St. Louis reported city-level data for 2005, and San Francisco and Washington, DC, reported data for 2004. Statewide ME/C data were reported for Florida and Georgia for 2005, and for Arizona, Colorado, and Texas in 2004. The mortality data are not comparable across areas because of variations in methods and procedures used by ME/Cs. Drugs may cause a death or simply be implicated in a death, and multiple drugs may be identified in a single case, with each reported in a separate drug category.

National Forensic Laboratory Information System (NFLIS) data are maintained by the Drug Enforcement Administration (DEA); these are reported for CY 2005 in 19 CEWG metropolitan areas and Texas (statewide). The data are based on State and local forensic laboratory analyses of items received from drug seizures by law enforcement authorities. The differences in local/State lab procedures and law enforcement practices affect comparability across areas, and the data are not adjusted for population size. They are reported as the percentage that each drug represents in the total drug items analyzed by labs in a CEWG area.

School survey data are from the Centers for Disease Control and Prevention (CDC)-sponsored Youth Risk Behavior Survey conducted in 2005 in 13 CEWG areas. The data are reported as percentages, together with the values that enable estimation of the 95 percent confidence intervals. Local YRBS samples are based on a 3-stage sampling design that includes students in grades 9–12 in both public and private schools, with oversampling of African-American and Hispanic students. Weights are applied for race/ethnicity, gender, and grade level. Information on the sampling and data analysis methods, as well as the many risk variables covered in the questionnaire, can be found at <http://www.cdc.gov/yrbs>.

Law enforcement data include Threat Assessment data from the National Drug Intelligence Center (NDIC), U.S. Department of Justice; price and purity data from NIDC; heroin price and purity data from DEA's Domestic Monitor Program (DMP) or local DEA offices; and DEA's National Clandestine Laboratory Database.

Other data sources used by many CEWG representatives and cited in this report include various local sources that provide data on drug arrests; calls to poison control centers and Helplines; and drug-related data from surveys, including YRBS.

Key Findings from the CEWG

These *Key Findings* are based on data presented by CEWG representatives at the June 2006 meeting, the information provided in their reports (to be published in *Volume II* of the Proceedings), and, when appropriate, followup contacts with representatives to verify data.

Fentanyl and fentanyl mixtures. In late 2005 and early 2006, fentanyl abuse emerged as a public health problem in seven CEWG areas. There were reports of confirmed or suspected deaths in these areas (including cases in which the drug was mixed with other substances). In closely monitoring this drug problem, CEWG representatives reviewed data and relevant information prior to the June CEWG meeting, and they reported and discussed what was learned at the meeting. It was concluded that all drug abuse indicators should continue to be closely monitored by all CEWG representatives, that close communication should be maintained, and that information should be shared with local public health and criminal justice agencies and officials. Mortality data reported included…

- In Chicago/Cook County from April 18, 2005, to May 31, 2006, there were 102 confirmed fentanyl-related deaths; 40 involved fentanyl only.
- In Detroit/Wayne County, Michigan, 63 fentanyl-related deaths were reported in 2005, and another 72 were reported from January 1 to May 2, 2006.
- In Philadelphia from April to June 2006, there were 53 fentanyl-related deaths.
- In the first quarter of 2006, there were three confirmed fentanyl-related deaths reported in a jurisdiction that includes St. Louis; nine were reported in 2005.
- In South New Jersey, there were 10 confirmed fentanyl-related deaths in April 2006.
- In Georgia, fentanyl-related deaths spiked in December 2005 when the monthly number totaled 12; in the prior 11 months, fentanyl-related deaths typically averaged about 1–2 per month.
- In Maryland, three fentanyl-related deaths were reported in April–May 2006.

Heroin abuse indicators…

- **Increased in five CEWG areas: Chicago, Denver, Los Angeles, Minneapolis/St. Paul, and St. Louis**
- **Decreased in five areas: Atlanta, Boston, Miami/Ft. Lauderdale, Philadelphia, and Texas**
- **Remained stable or mixed in the other 10 CEWG areas**

Of 12 CEWG areas reporting on route of heroin administration among heroin treatment admissions, the 5 reporting the highest percentages of heroin injection were areas where black tar is the primary type of heroin available—Hawaii and San Francisco (each 90 percent), Los Angeles (87 percent), Denver (83 percent), and San Diego (82 percent). In Texas, 86 percent of the primary heroin admissions had a "history of IV drug use."

From 2002 to 2004, heroin purity decreased in all 11 CEWG areas located east of the Mississippi River, where South American powder is the predominant type available. In contrast, heroin purity did not decrease in the 10 CEWG areas west of the Mississippi, where Mexican black tar is the predominant type (DMP 2005).

Other Opiate abuse indicators…

- **Increased in nine CEWG areas: Atlanta, Baltimore, Denver, Detroit, Miami/Dade County, Minneapolis/St. Paul, Philadelphia, San Diego, and Seattle**
- **Remained stable or mixed in the other 11 CEWG areas**

The proportions of treatment admissions for primary other opiate abuse were low compared with the proportions for other drugs (e.g., cocaine/crack, heroin, marijuana, and methamphetamine). The highest proportions (excluding alcohol) were reported in Baltimore (6.9 percent), Texas (6.4 percent), Denver (6.1 percent), Seattle (5.2 percent), and Boston (4.3 percent). In the partial-county area served in Broward County, primary other opiate admissions accounted for 15.2 percent of the admissions (excluding alcohol).

Cocaine/crack abuse indicators…

- **Increased only in Minneapolis/St. Paul in 2005**
- **Decreased in four CEWG areas that had previously reported high levels of abuse (Atlanta, Denver, Los Angeles, and Miami/Ft. Lauderdale) and in another three areas with relatively low levels of abuse (Honolulu, Phoenix, and San Francisco)**
- **Remained stable or mixed in 12 areas; all but 1 had previously reported high levels of abuse**

Cocaine/crack was frequently reported as a secondary or tertiary drug of abuse by individuals entering treatment who reported other substances as their primary drugs.

Cocaine items reported by forensic labs (NFLIS) exceeded the numbers of items for other drugs in 14 of the 20 CEWG areas.

Methamphetamine abuse indicators…

- **Did not decrease in any CEWG area**
- **Increased in nine CEWG areas (eight of which had high levels of methamphetamine abuse: Atlanta, Denver, Honolulu, Los Angeles, Phoenix, San Diego, Seattle, and Texas) and was reported as a growing problem in St. Louis, where a 15-percent increase occurred in methamphetamine admissions from 2004 to 2005. It was reported that in some areas of Texas, methamphetamine has been replacing crack as a drug of choice**
- **Remained stable or mixed in two areas: Minneapolis/St. Paul and San Francisco**
- **Remained at low levels in nine areas located in the Northeast and Midwest**

Sharp decreases were reported in small methamphetamine clandestine incidents (e.g., laboratories, dumpsites, chemical/glass/equipment) located in and/or around most CEWG areas, according to the El Paso Intelligence Center (2006). Despite decreases in the number of methamphetamine incidents and seizures, the drug was readily available and generally of higher purity than in prior years. Most areas reported increases in the amounts and purity of methamphetamine smuggled into the United States from Mexico.

Marijuana abuse indicators…

- **Remained at high levels in all 20 CEWG areas**

It was reported that commercial grade marijuana continued to be widely available in all areas. In 2005, cannabis was the drug most frequently identified by forensic labs in Boston and Chicago (46 and 49 percent, respectively), and was the second most frequently identified drug in 10 CEWG areas (ranging from nearly 20 percent of all items analyzed in Denver to 41 percent in Detroit).

Marijuana accounted for the largest proportion of treatment admissions (excluding alcohol) in Arizona, Denver, and Minneapolis/St. Paul.

Drug Abuse Patterns and Trends Across CEWG Areas

Fentanyl: An Emerging Drug of Abuse

At the June 2006 CEWG meeting, fentanyl was identified as an emerging drug of abuse. Before and during the meeting, CEWG representatives and the guest researcher from Maine reviewed available data and checked with local contacts (e.g., MEs, local law enforcement, poison control centers, health departments) to obtain the most up-to-date information on the abuse of fentanyl and fentanyl-laced drug mixtures. The week following the meeting, the NIDA Project Officer contacted CEWG representatives specifically named below to clarify data; several provided more up-to-date information that has been included in this section of the *Executive Summary*.

The "alarm" regarding fentanyl came about primarily because of fentanyl-related deaths being reported in Chicago/Cook County, Detroit/Wayne County, Philadelphia, and a few other areas. Since December 2005, increases in fentanyl-related deaths were reported in five CEWG metropolitan/county areas and two States. Many deaths involved drugs used in addition to fentanyl, especially heroin. The mortality data are summarized below:

- *Chicago/Cook County*. Updated information provided by CEWG representatives Dita Broz, M.P.H., and Lawrence Ouellet, Ph.D., School of Public Health, University of Illinois at Chicago, show the following:
  - From April 18, 2005, to May 31, 2006, there were 102 confirmed fentanyl-related deaths. In 40 cases, fentanyl was the only substance detected. Other substances were detected in 62 cases—29 involved other opiates (including heroin), 34 involved cocaine, and 17 involved alcohol. Other data show that…
    - Sixty-six decedents were residents of the city, 31 were residents of the metropolitan area, and 5 were from outside the State.
    - Eighty-five were male and 17 were female; 60 were African-American and 42 were White; the median age of the decedents was 40; and the age range was 19–61.
- *Detroit/Wayne County*. CEWG representative Cynthia Arfken, Ph.D., Wayne State University, reported that fentanyl-related deaths continued to increase after Wayne County's Office of the Medical Examiner detected a sudden increase in deaths involving fentanyl and heroin in August 2005. Fentanyl-involved deaths trended upward from 29 in 2004, to 63 in 2005, to 72 from January 1 to May 2, 2006.
- *New Jersey*. The CEWG representative for Newark, Allison Gertel-Rosenberg, M.S., Division of Addiction Services, Office of Policy Development, New Jersey Department of Human Services, noted that the fentanyl problem in New Jersey focused on the Camden and Gloucester areas of South New Jersey, near Philadelphia. In April 2006, there were 10 confirmed fentanyl-related deaths in these areas. There have been reports of other possible fentanyl-related overdoses and deaths, but it is not yet clear how many involved fentanyl.
- CEWG representative Samuel Cutler, Coordinating Office for Drug and Alcohol Abuse Programs, City of Philadelphia, reported that fentanyl-related deaths totaled 35 in both 2004 and 2005. In a July 3 update, Mr. Cutler reported that from April 17 to June 12, 2006, there were 53 confirmed and completed cases of deaths linked with fentanyl. Another seven cases had been screened, and the ME had confirmed that fentanyl was present. However, the quantity of the drug present was not yet determined.
- *St. Louis*. CEWG representative James Topolski, Ph.D., Missouri Institute of Mental Health, University of Missouri School of Medicine, reported that in 2005, fentanyl was detected in nine deaths reported by the Medical Examiner for the jurisdiction that includes St. Louis City. On June 22, Dr. Topolski obtained 2006 data from the ME and reported that three fentanyl-related deaths had been confirmed as of June 22. One male death occurred in February, the other two deaths occurred in May.

- *State of Georgia*. Brian Dew, Ph.D., the Atlanta CEWG representative, Department of Counseling and Psychological Services, Georgia State University, reported a "spike" in fentanyl-related deaths in Georgia in December 2005, when the number totaled 12. In the prior 11 months, the number of fentanyl-related deaths averaged about 1–2 per month, although no such deaths were reported in November 2005. No data were available from the State Medical Examiner for 2006 shortly before the June 2006 CEWG meeting.
- *State of Maryland*. Erin Artigiani, M.A., Washington, DC, CEWG representative, reported that in mid-April, 2006, the Maryland State Police began to investigate a cluster of opioid overdoses in two counties on the Eastern Shore; one was a fatality. Subsequent investigation and analyses determined that fentanyl was the drug involved. Afterwards, the Office of the Chief Medical Examiner reported two additional fatalities—one in Howard County (fentanyl, cocaine, and morphine were detected) and one in Baltimore City (fentanyl, cocaine, and heroin were detected). Since April 20, the Maryland Poison Control Center has been notified of additional fentanyl overdoses in other areas of Maryland and issued a "Toxtidbits" notice on fentanyl in May 2006.

The other 13 CEWG representatives could not confirm any recent or suspected deaths in their areas. The guest researcher from Maine, Marcella Sorg, R.N., Ph.D., Margaret Chase Smith Policy Center, University of Maine, contacted MEs in Maine, New Hampshire, Vermont, Rhode Island, North Carolina, and the city of Birmingham, Alabama. No increases in fentanyl-related deaths were reported from any of these areas.

It is highly possible that fentanyl-related deaths and overdoses are not always recognized. Jan Scaglione, M.T., Pharm.D., Cincinnati Drug and Poison Information Center, noted that MEs do not consistently test for the presence of fentanyl. This was also reported by Dr. Sorg and by Samuel Cutler.

The extent of the illicit fentanyl supply into Chicago is being assessed. The Chicago Police Department and the DEA met with representatives from other States to determine the extent of the problem at a June 14–15 conference in Chicago. The Chicago CEWG representatives are members of a research team that conducts ethnographic research among drug users in Chicago. This research team is also seeking to understand more about the fentanyl problem in the area. Preliminary findings from ethnographic interviews with drug users in Chicago include the following:

- *Overdoses may not scare users away.* Some users avoid locations where overdoses have occurred, while others seek out "hot bags" of fentanyl-laced heroin. Some users perceive overdoses as evidence of better quality heroin and seek to obtain the drug.
- *Brand names.* Names associated with fentanyl and fentanyl-laced heroin include "lethal injection," "drop dead," "incredible hulk," "fat Albert," and "the bomb." Some fentanyl-laced heroin was associated with specific markings on "dime bags," such as multiple spades.
- *Users are snorting and injecting fentanyl and fentanyl combinations.* Some users have access to fentanyl patches and have tried, without success, to figure out how to inject the material from the patches.
- *Ethnographic reports suggest those who seek fentanyl-laced heroin may take some precautions, such as…*
  - Users believe they may be able to identify what kind of heroin batch they have purchased based on where they buy it and/or whether it looks or tastes different. Most intranasal users say they can taste a difference, but the widely varying reports on visual indicators (e.g., reports of mint green color when the mixture is heated) suggest the absence of reliable visual cues.
  - Users may use the mixture less than they normally use a drug.
  - Users may ingest or inject what they think is fentanyl-laced heroin more slowly than heroin without fentanyl.

Additional information on fentanyl can be found at the following three Web sites:

ONDCP: www.whitehousedrugpolicy.gov/news/fentnyl_heroin_forum

NIDA: www.nida.nih.gov/about/welcome/messagefentanyl606.html

SAMHSA: www.samhsa.gov/drugalerts/fentanyl_july06.aspx

Heroin

In 2005, heroin abuse indicators increased in 5 CEWG areas, decreased in 5, and remained stable or mixed in 10. Data indicate that heroin purity continued to decline in most CEWG areas.

The following excerpts from CEWG papers are examples of areas where heroin abuse indicators increased in 2005:

CHICAGO: *Heroin abuse indicators continue to suggest high and increasing levels of heroin use in the Chicago area. A recent increase in deaths related to fentanyl-laced heroin is another indicator of the city's heroin problem. The number of persons treated for primary heroin abuse in State-supported Chicago programs increased by 125 percent from FY 2000 to FY 2005. —**Dita Broz***

DENVER: *In late 2005, there were reports (e.g., Denver Vice Detectives and outreach workers) of increased heroin availability and use. Also, primary heroin admissions (excluding alcohol) increased slightly from 13.3 percent in 2004 to 14.1 percent in 2005. —**Tamara Hoxworth***

LOS ANGELES: *In 2005, there was a 21-percent increase in the number of primary heroin admissions in Los Angeles County treatment programs. There was also a 26-percent increase in the number of heroin-related arrests in the first half of 2005 compared with the first half of 2004. —**Beth Rutkowski***

MINNEAPOLIS/ST. PAUL: *Primary heroin abuse treatment admissions increased from 4.2 percent of drug/alcohol admissions in 2004 to 5.3 percent in 2005. In Hennepin County, opiate-related deaths* [primarily heroin-related] *increased from 47 in 2004 to 60 in 2005, and in Ramsey County they increased from 25 to 42. —**Carol Falkowski***

ST. LOUIS: *Primary heroin abuse treatment admissions increased by 43.2 percent from 2004 to 2005. The DEA reported that white heroin supplies have increased over the past few years. A supply of Mexican heroin has remained steady. —**James Topolski***

Examples of areas where heroin abuse indicators decreased in 2005 are as follows:

BOSTON: *After years of continued growth, heroin abuse indicators are beginning to show downward movement but remain at very high levels. The proportion of Class A (heroin and other opiate) drug arrests (17 percent) in FY 2005 was at a 9-year low. The proportion of heroin Helpline calls decreased notably—21 percent from FY 2004 to FY 2005. —**Daniel Dooley***

PHOENIX: *Statewide treatment data indicate that narcotic (e.g., heroin and morphine) abuse admissions decreased in 2005. Narcotics were identified as the primary substance of abuse for 12 percent (n=2,706) of all treatment admissions, less than the 14 percent reported in 2004. The TASC Adult Deferred Prosecution program continued to report low percentages of clients testing positive for opiates (4.8 percent) in 2005. Heroin represented 7.3 percent of the DAWN Live! major drug of abuse records (including alcohol) in 2005. —**Ilene Dode***

SAN FRANCISCO: *In the San Francisco Bay area, primary heroin abuse treatment admissions decreased by 49 percent from 2000 to 2005, from 17,416 to 8,872. —**John Newmeyer***

TEXAS: *Heroin indicators were stable or dropping in Texas. In 2005, heroin was the primary drug of abuse for 9 percent of the treatment admissions in the State. —**Jane Maxwell***

The Hispanic representation in treatment admissions was high in some CEWG areas.

LOS ANGELES: *Nearly one-half (49 percent) of the primary heroin abusers admitted to Los Angeles treatment programs in 2005 were Hispanic, 36 percent were White, and 10 percent were African-American. —**Beth Rutkowski***

TEXAS: *The proportion of Hispanic primary heroin abuse treatment admissions has increased since 1996, and in 2005 they represented more than one-half the primary heroin abuse admissions in Texas. —**Jane Maxwell***

In 2005, the percentages of heroin admissions who injected the drug were very high in CEWG areas west of the Mississippi river, where black tar is the primary type of heroin available and used.

LOS ANGELES: *Most (82 percent) of the primary heroin abusers who entered treatment in 2005 had injected the drug. Ninety percent of the primary heroin admissions reported that they had injected one or more drugs at least once during the year prior to admission.* ***—Beth Rutkowski***

SAN DIEGO: *Most primary heroin abusers (82.4 percent) entering San Diego County treatment programs in 2005 cited injection as their primary route of administration, accounting for 72.4 percent of all injection admissions in San Diego County.* ***—Robin Pollini***

SAN FRANCISCO: *More than 90 percent of the 2005 primary heroin admissions in the San Francisco Bay area injected the drug.* ***—John Newmeyer***

The purity of street heroin has been decreasing in recent years in most CEWG areas east of the Mississippi River. From 2003 to 2004, the average purity of South American heroin decreased in 11 CEWG areas east of the Mississippi river. In some east coast CEWG areas, heroin purity has been decreasing for several years.

BOSTON: *The purity of heroin samples purchased by the Domestic Monitor Program decreased from 50 percent in 2002 to 28 percent in 2004.* ***—Daniel Dooley***

NEW YORK CITY: *There has been a marked change in the purity of street heroin in recent years. The average purity of South American heroin fell from 61.5 percent in 2002 to 43.3 percent in 2004.* ***—John Galea***

NEWARK: *The decline in heroin purity continued in 2004, when the purity dropped to 52.7 percent. The average purity had been 71.4 percent in 2002 and 61.3 percent in 2003.* ***—Allison Gertel-Rosenberg***

PHILADELPHIA: *According the DMP data, the average street-level purity of heroin in Philadelphia has declined every year from 2000 (73.0 percent) through 2004 (51.6 percent). The average purity was reported as 54.4 percent in 2005 and 38.0 percent in the first quarter of 2006.* ***—Samuel Cutler***

PATTERNS AND TRENDS IN HEROIN ABUSE ACROSS CEWG AREAS

Treatment Data on Heroin

Primary heroin admissions as a proportion of all admissions, excluding alcohol, exceeded those for all other illicit drug admissions in eight CEWG areas: Baltimore, Boston, Chicago, Detroit, New York City, Newark, San Francisco, and Seattle. Data for 2002–2005 are depicted in exhibit 1a.

Exhibit 1a. Primary Heroin Treatment Admissions in 19 CEWG Areas, by Percentage of All Admissions (Excluding Alcohol): 2002–2005[1]

CEWG Area/State	2002	2003	2004	2005	Percent Change 2002–2005
Atlanta	5.2	8.5	7.6	7.0	1.8
Baltimore	62.0	61.5	59.8	60.9	-1.1
Boston	72.6	73.4	74.2	75.6	3.0
Broward Co. (BARC)[2]	NR[3]	NR	NR	21.8	…
Chicago	NR	NR	47.3	53.0	…
Denver	24.1	22.5	13.6	14.1	-10.0
Detroit	42.7	43.1	46.0	43.6	0.9
Los Angeles	37.4	31.1	30.1	24.4	-13.0
Mpls./St. Paul	7.1	6.7	5.6	9.8	2.7
New York	41.1	42.3	42.1	40.8	-0.3
Newark	85.8	85.4	82.6	79.7	-6.1
Philadelphia	29.6	31.4	36.0	22.7	-6.9
St. Louis	13.7	11.7	18.4	16.0	2.3
San Diego	NR	NR	25.0	23.8	…
San Francisco	47.4	35.6	42.8	41.0	-6.4
Seattle	26.6	25.1	27.0	25.4	-1.2
Arizona	14.0	11.7	19.6	10.6	-3.4
Hawaii	4.7	3.6	3.0	3.1	-1.6
Texas	15.9	13.6	13.7	11.6	-4.3

[1]Represents fiscal year 2005 in 5 areas and calendar year 2005 data in all other areas; *see Data Sources.*
[2]The Broward County sample is from 9 programs that serve 51.5 percent of admissions to county treatment facilities.
[3]NR=Not reported.
SOURCE: CEWG June 2006 reports

Gender. In 15 reporting CEWG areas, there were more males than females among primary heroin admissions groups *(see exhibit 1b)*. Note, however, that nearly one-half of this group in Chicago were females.

Age. In 10 CEWG areas, between 54 and 88 percent of the primary heroin admissions were older than 35 or 36 (or 30–44 in one area), indicating an aging cohort *(see exhibit 1b)*.

Race/Ethnicity. African-Americans were the most frequently represented racial/ethnic group among heroin admissions in Atlanta, Baltimore, Boston, Chicago, Detroit, Newark, and St. Louis, while Whites were more frequently represented in Denver, Hawaii, Minneapolis/St. Paul, Philadelphia, San Diego, and Seattle *(see exhibit 1b)*. In Los Angeles, New York City, and Texas, Hispanics accounted for the largest proportions of primary heroin admissions, ranging from 49 to 52 percent. Hispanics were the second largest racial/ethnic group among heroin admissions in Denver (26 percent), Newark (24 percent), and San Diego (40 percent).

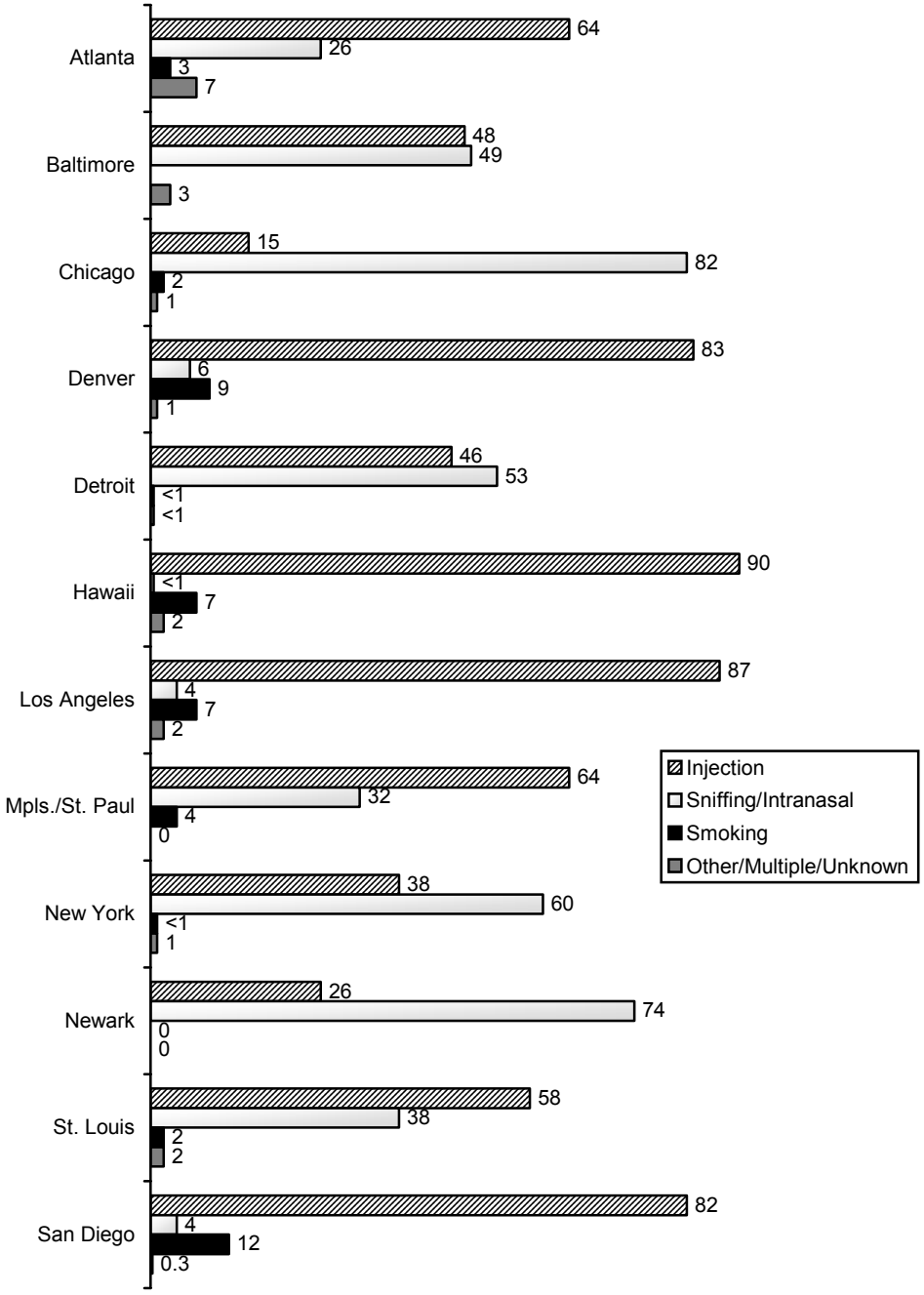
Exhibit 1b. Demographic Characteristics of Primary Heroin Treatment Admissions in Reporting CEWG Areas, by Percent[1]: 2005[2]

CEWG Area	Gender		Race/Ethnicity			Age
	Male	Female	White	Afr.-Amer.	Hispanic	35 or 36 or Older
Atlanta	62	38	45	49	4	81
Baltimore	57	43	37	60	2	64
Chicago	51	49	8	82	8	NR[3]
Denver	66	34	62	9	26	58
Detroit	64	36	16	82	<1	88
Hawaii	72	28	66	<1	8	NR
Los Angeles	74	26	36	10	49	75
Mpls./St. Paul	69	31	55	36	5	54
Newark	63	37	8	68	24	78
New York	76	24	18	27	52	73
Philadelphia	77	23	51	21	13	NR[4]
St. Louis	60	40	46	53	1	(38)[5]
San Diego	72	28	50	5	40	59
Seattle	62	38	67	16	7	80
Texas	64	36	34	13	51	NR

[1]Percentages rounded.
[2]Chicago and Detroit report FY 2005 data; all others report calendar year 2005 data.
[3]NR=Not reported.
[4]Only one age group is reported—21–30 (42 percent).
[5]St. Louis heroin admissions are somewhat evenly divided with 32 percent being age 26–34 and 29 percent being younger than 26.
SOURCE: CEWG June 2006 reports

Route of Administration. Exhibit 1c depicts the major routes of heroin administration in 12 CEWG areas, showing that injection was the most common mode in 7 of the 12 areas. The highest percentages of heroin injection were in West Coast areas, where black tar heroin is the most available form of the drug, ranging from 82 percent of the heroin admissions in San Diego to 90 percent in Hawaii. Not shown are San Francisco, which reported that 80 percent of the heroin admissions inject the drug, and Texas, where 86 percent of the primary heroin admissions had a "history of IV drug use." Injection also characterized a majority of the heroin admissions in St. Louis, Atlanta, Minneapolis/St. Paul, and Denver, ranging from 58 to 83 percent. In the other five CEWG areas, sniffing/intranasal use was the predominant mode of heroin administration, and tended to be more common in areas where South American heroin is the dominant form of the drug or at least available in the area. Sniffing/intranasal use was slightly dominant among heroin admissions in Baltimore and ranged between 53 and 82 percent in Detroit, New York City, Newark, and Chicago.

Exhibit 1c. Major Routes of Administration of Heroin Among Treatment Admissions in 12 CEWG Areas, by Percent[1]: 2005[2]



[1]Percentages rounded.
[2]Chicago and Detroit reported FY 2005 data; all others reported data for the first half of 2005.
SOURCE: June 2006 CEWG Reports

Trends. Across CEWG areas, primary heroin admissions as a proportion of treatment admissions, excluding alcohol, decreased more than 4 percentage points in five areas when 2002 data are compared with those for 2005 (*see exhibit 1a*). The five areas with greater than 4 percentage-point decreases were Texas (4.3), Newark (6.1), San Francisco (6.4), Philadelphia (6.9), and Los Angeles (13.0). From 2002 to 2005, primary heroin admissions (excluding alcohol) increased 10.0 percentage points in Denver.

DAWN ED Data on Heroin

Unweighted DAWN *Live!* data for CY 2005 show that heroin ED reports were second in frequency in Boston, Chicago, Detroit, New York City, and Seattle. The 2005 data are presented in exhibit 2.

Exhibit 2. Number of Heroin ED Reports in 12 CEWG Areas (Unweighted[1]): 2005

CEWG Area	Total[2]	Heroin
Boston	10,056	3,380
Chicago	16,476	4,955
Denver	5,612	667
Detroit	12,716	2,948
Houston	6,322	157
Miami-Dade	11,402	1,587
Mpls./St. Paul	9,601	895
New York City	28,549	8,607
Phoenix	7,479	784
San Diego	4,531	616
San Francisco	6,846	1,187
Seattle	11,945	2,391

[1]Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control, and based on review, may be corrected or deleted. Therefore, these data are subject to change.
[2]Represents the total numbers of reports in the "Major Substances of Abuse" category, excluding alcohol reports.
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/17–18, 2006

Mortality Data on Heroin

The most recent data on deaths with the presence of heroin are summarized below. Metropolitan/county data are for 2005 in all areas except San Francisco and Washington, DC, where the data are for 2004.

- Detroit/Wayne County, 221
- Philadelphia, 215 (including morphine)
- Seattle/King County, 74 (that approximate heroin)
- San Francisco, 57
- St. Louis, 31
- Miami/Dade County, 22
- Broward County, 17
- Honolulu/Oahu, 13
- Washington, DC, 5

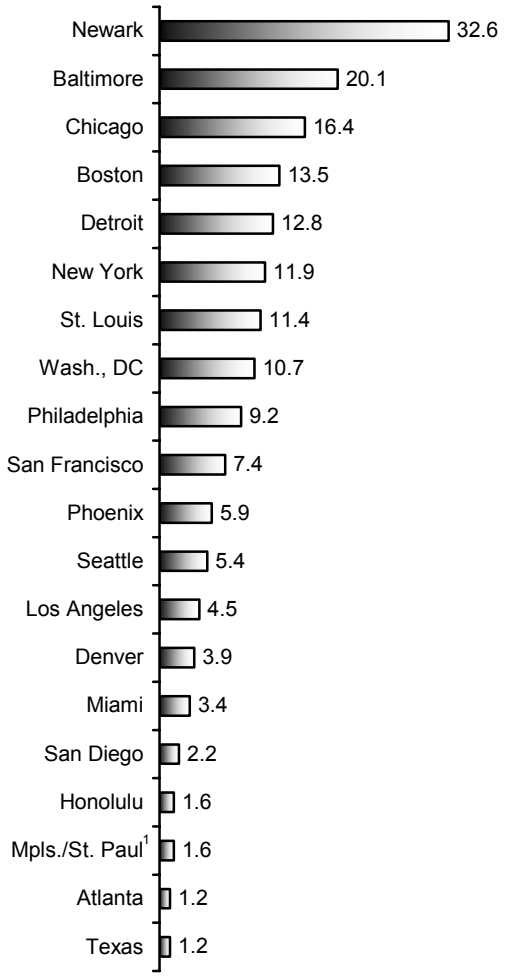
Statewide in 2004, there were 337 heroin-involved deaths in Arizona and 22 in Colorado.

In Hennepin and Ramsey Counties (Minneapolis/St. Paul) in 2005, most of the 102 opiate-related deaths involved heroin. Deaths related to heroin and other opiates totaled 118 in Newark/Essex County in 2005. In Texas in 2004, there were 415 deaths with a mention of heroin/narcotics, opiates, or morphine.

NFLIS Data on Heroin

In CEWG areas in 2005, heroin was the second most frequently reported drug by NFLIS labs in Newark (32.6 percent of all items analyzed). Heroin items were also relatively high in Baltimore (20.1 percent), Chicago (16.4 percent), Boston (13.5 percent), Detroit (12.8 percent), and New York City and St. Louis (11.9 and 11.4 percent, respectively) *(see exhibit 3).*

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



[1]Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.
SOURCE: NFLIS, DEA

YRBS Data on Heroin

In the 2005 YRBS, the prevalence of lifetime heroin use was significantly higher among high school students in San Diego than in Detroit. The prevalence in Detroit was also significantly lower than the estimate in San Francisco *(see exhibit 4)*. In Texas, 3 percent of the high school students reported ever using heroin.

Exhibit 4. Lifetime Use[1] of Heroin Among Students in Grades 9–12 in 13 CEWG Areas, by Total, Gender, and Percent: 2005

CEWG Area	Total		Male		Female	
	Percent	(CI[2])	Percent	(CI[2])	Percent	(CI[2])
Baltimore	2.1	(± 0.7)	3.5	(± 1.3)	1.0	(± 0.5)
Boston	1.9	(± 0.7)	2.2	(± 1.2)	1.4	(± 1.0)
Broward Co., FL	2.5	(± 1.2)	3.7	(± 1.7)	1.2	(± 0.8)
Chicago	2.0	(± 1.5)	4.3	(± 2.9)	0.0	(± 0.1)
DeKalb Co., GA	1.9	(± 0.6)	3.1	(± 1.0)	0.5	(± 0.4)
Detroit	0.8	(± 0.6)	1.1	(± 1.1)	0.2	(± 0.4)
Los Angeles	1.8	(± 0.6)	2.2	(± 1.3)	1.3	(± 0.8)
Miami-Dade Co.	1.8	(± 0.6)	2.3	(± 1.1)	1.0	(± 0.6)
New York City	1.8	(± 0.5)	2.9	(± 1.0)	0.7	(± 0.2)
San Diego	3.2	(± 0.9)	3.6	(± 1.3)	2.2	(± 1.1)
San Francisco	2.3	(± 0.7)	3.0	(± 0.9)	1.5	(± 1.0)
Wash., DC	1.9	(± 0.6)	3.0	(± 1.0)	0.7	(± 0.5)
Texas	3.0	(± 0.8)	4.3	(± 1.5)	1.6	(± 0.9)

[1]Used heroin (also called "smack," "junk," or "China White") one or more times during their lifetime.
[2]CI=95% confidence interval.
[3]The CDC reports that the Texas survey excludes "one of the State's largest school districts," Houston, and that the overall response rate was 67 percent.
SOURCE: YRBS, CDC

Gender differences were significant in Baltimore, Chicago, DeKalb County, Georgia, New York City, Washington, DC, and Texas. In all these areas, the prevalence estimates for male students was significantly higher than the estimates for female students.

Heroin Price and Purity

NDIC Data on Price

Exhibit 5 presents the cost per gram of white powder heroin in nine CEWG areas in 2005 and for black tar heroin in eight CEWG areas, as reported by the NDIC. As shown, the low end range for white powder heroin street prices was cheapest in New York City and Boston, while black tar heroin was cheapest in San Francisco and Phoenix.

Exhibit 5. Retail (Street) Price[1] of White Powder and Mexican Black Tar Heroin in 17 CEWG Areas, Ordered by Lowest Price: 2005

White Powder Heroin	
CEWG Area	**Price Per Gram**
New York City	$45–$100
Boston	$53–$100
Baltimore	$70–$100
Newark	$80–$100
Chicago	$70–$200
Miami	$100–$150
Atlanta	$125
Minneapolis	$150–$350
Philadelphia	$180

Mexican Black Tar Heroin	
CEWG Area	**Price Per Gram**
San Francisco	$35
Phoenix	$40–$50
San Diego	$40–$100
Denver	$90–$100
Los Angeles	$90–$100
Seattle	$100
Dallas	$100–$250
Honolulu	$100–$300

[1]Most current available price at year-end 2005. Price per gram not available in Detroit and St. Louis.
SOURCE: NDIC

Other Opiates/Narcotic Analgesics

This section focuses on opiates/narcotic analgesics other than heroin and fentanyl, which were covered in earlier sections of this report.

Nonmedical use of these prescription-type drugs most often involves hydrocodone and oxycodone, although drugs such as methadone and codeine are problems in some CEWG areas.

Oxycodone

BOSTON: *In FY 2005, there were 931 calls (19 percent of the total) to the Helpline during which opiates were mentioned. Oxycodone (including OxyContin) was mentioned in 526 calls. The number of Helpline calls with oxycodone mentions decreased 24 percent from FY 2004. —**Daniel Dooley***

BROWARD COUNTY, FLORIDA: *Oxycodone is the prescription opiate most frequently mentioned by addiction treatment clients. —**James Hall***

COLORADO: *In 2003 and 2004, opiate-related drug misuse mortalities exceeded those that were cocaine-related. In a recent survey of local treatment providers statewide, more than one-half reported an increase in opiate prescription diversion, especially OxyContin. —**Tamara Hoxworth***

DETROIT: *Toxicology findings from the Wayne County ME… [show that] for oxycodone/combinations, there was a gradual increase, with 22 deaths during this 2005 time period (year-end projection of 26), compared with 10 in 2000, 13 in 2001, 12 in 2002, and 19 in 2003. [Statewide]… according to the number of prescriptions filled in 2002 and 2003, oxycodone products were the most common Schedule II drugs; they represented 38 percent of all opioid prescriptions in 2002 and 34 percent in 2003. —**Cynthia Arfken***

MINNEAPOLIS/ST. PAUL: *Prescription narcotic analgesics… were increasingly used nonmedically as drugs of abuse for the heroin-like high they produce. Of particular concern within this category were drugs containing oxycodone—Percodan, Percocet (oxycodone combined with aspirin or acetaminophen)—and the long-acting OxyContin… Regarding treatment admissions, 3.3 percent of all admissions (including alcohol), reported 'other opiates' as the primary substance problem in 2005, up from only 1.3 percent in 2000. —**Carol Falkowski***

NEW YORK CITY: *The Street Studies Unit staff report that OxyContin is being used to cut heroin or to boost methadone. —**John Galea***

PHILADELPHIA: *Deaths with the presence of oxycodone ranked eighth among all positive toxicology reports in the first half of 2005 and eighth in the second half. —**Samuel Cutler***

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

TEXAS: *…use of Oxycodone is growing… A study of oxycodone cases reported through the Texas Poison Center Network found that the proportion of calls that involved abuse of the drug more than doubled from 1998 to 2003. Oxycodone abuse cases involved males, adolescents, exposures at other residences and public areas, referral by the poison center to a health care facility, and some sort of clinical effect; one-half involved no other substance… —**Jane Maxwell***

Hydrocodone

ATLANTA: *Multiple indicators show that hydrocodone is the most commonly abused narcotic analgesic in Atlanta, followed by oxycodone. [Statewide] up nearly 30 percent in 2005 from the previous year, hydrocodone was the second leading cause of death among drug-related mortalities in Georgia, followed by methadone, oxycodone, and codeine. —**Brian Dew***

LOS ANGELES: *In Los Angeles, hydrocodone is much more likely to show up in recent drug indicator data than oxycodone. Between January and December 2005,* [Poison Control System] *calls involving an exposure to hydrocodone were more likely than calls involving an exposure to oxycodone (36 calls vs. 6 calls, respectively). —**Beth Rutkowski***

PHILADELPHIA: *Hydrocodone mentions in mortality cases have increased in recent years… Hydrocodone detections now rank 13th among all deaths with positive toxicology reports. —**Samuel Cutler***

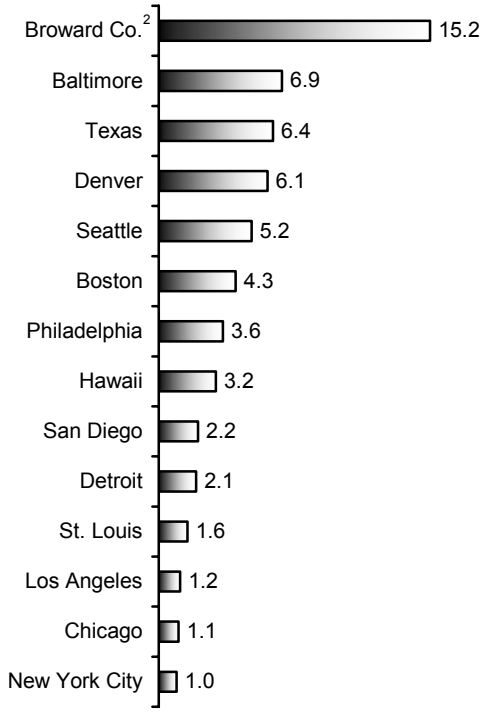
TEXAS: *Hydrocodone is a larger problem than oxycodone or methadone… —**Jane Maxwell***

PATTERNS AND TRENDS IN OTHER OPIATE ABUSE ACROSS CEWG AREAS

Treatment Data on Other Opiates

In the 2005 reporting periods, 16 CEWG areas provided data on admissions for primary abuse of opiates other than heroin. Excluding alcohol, this admissions group accounted for more than 1 percent of illicit drug admissions in 14 (the exceptions were Newark and Arizona, at 0.6 and 0.9 percent, respectively). These data are depicted in exhibit 6. As shown, the sample of programs in Broward County, Florida, which serves 51.5 percent of the county's substance abuse treatment admissions, had a high proportion of other opiate admissions (excluding alcohol) (15.2 percent). Other opiate admissions as a proportion of all admissions, excluding alcohol, ranged between 6.1 and 6.9 percent in Baltimore, Denver, and Texas.

Exhibit 6. Primary Admissions for Other Opiate Abuse in 14 CEWG Areas, by Percent of All Admissions (Excluding Alcohol): 2005[1]



[1]Three areas reported FY 2005 data; all others reported calendar year 2005 data *(see Data Sources)*.
[2]The Broward County sample is from 9 programs that serve 51.5 percent of admissions to county treatment facilities.
SOURCE: DAWN, OAS, SAMHSA

Demographic data. Four CEWG representatives reported on the demographic characteristics of treatment admissions for primary abuse of opiates other than heroin in 2005. The Seattle representative notes that "this group of users is older and more often female and White than those for most other drugs of abuse." The Texas representative also noted that this group of admissions, compared with heroin admissions, "were much more likely to be female, to be White, [and also] to have recently visited an emergency department, and to report more health and psychological or emotional problems in the month prior to entering treatment." In Baltimore, 46 percent of other opiate admissions in 2005 were female, 85 percent were White, and 45 percent were 35 or older. The Los Angeles representative reported that 39 percent of the other opiate admissions in 2005 were female, 55 percent were White non-Hispanic, and 49 percent were 36 or older.

DAWN ED Data on Other Opiates

Unweighted DAWN *Live!* data for CY 2005 show that hydrocodone and oxycodone were frequently documented in ED reports in all 12 participating CEWG areas (*see exhibit 7).* The number of ED reports for these two opiate/opioid drugs were fairly equal in Denver and in New York City. In Chicago, Detroit, Houston, San Diego, and San Francisco, hydrocodone reports exceeded those for oxycodone, while oxycodone reports outnumbered those for hydrocodone in Boston, Miami-Dade County, Minneapolis/St. Paul, Phoenix, and Seattle. In Chicago, Detroit, and New York City, the number of ED reports for "unspecified" opiates/opioids were considerably greater than those for both hydrocodone and oxycodone.

Exhibit 7. Numbers of ED Reports for Opiates/Opioids[1] in 12 CEWG Areas (Unweighted[2]): 2005

CEWG Area	Total Opiate/ Opioid Reports	ED Reports for…		
		Hydrocodone	Oxycodone	Other (Unspecified)
Boston	2,751	229	1415	422
Chicago	1,926	370	94	614
Denver	982	215	268	149
Detroit	2,559	674	164	861
Houston	1,176	509	42	345
Miami-Dade	548	42	190	197
Mpls./St. Paul	1,911	369	776	160
New York City	3,971	230	233	864
Phoenix	1,881	369	530	323
San Diego	955	292	142	197
San Francisco	712	143	97	138
Seattle	2,548	307	659	609

[1]Includes "Overmedication," "Seeking Detox," and "Other."
[2]Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control. Based on the review, cases may be corrected or deleted. Therefore, these data are subject to change.
SOURCE: DAWN *Live!,* OAS, SAMHSA, updated 4/17–18/2006

Mortality Data on Other Opiates

CEWG representatives reported data on deaths involving opiates (other than heroin and fentanyl) in nine local areas or States. Note that any "total" numbers shown may include decedents who had more than one other opiate (or other type of drug) in their system. Most reports are for 2005 except for Arizona, Colorado, Texas, and Washington, DC, where the data are for 2004.

Data from metropolitan and county areas show…

- In Broward County, Florida, there were 82 deaths involving oxycodone, 78 involving methadone, 45 with the presence of morphine, 26

related to hydrocodone, and 13 involving propoxyphene.

- In Detroit/Wayne County, there were 144 deaths with the presence of codeine, 81 involving hydrocodone, 50 with the presence of methadone, and 19 involving oxycodone.
- In Honolulu, there were 83 deaths with the presence of other opiates (a 75-percent increase in decedents positive for other opiates).
- In Miami-Dade County, there were 30 deaths with the presence of morphine, 19 each with the presence of oxycodone or propoxyphene, 16 involving hydrocodone, and 10 involving methadone.
- In Philadelphia, there were 139 deaths with the presence of codeine, 119 with the presence of oxycodone, 113 with the presence of methadone, and 42 with the presence of propoxyphene.
- In St. Louis, there were 33 deaths with the presence of oxycodone and 27 involving methadone.
- In Seattle/King County there were 138 deaths involving other opiates in 2005.
- In Washington, DC, in 2004, there were 41 deaths with the presence of morphine, 10 involving codeine/combinations, 2 with the presence of oxycodone/combinations, 2 involving propoxyphene/combinations, 1 involving hydrocodone, and 20 mentions for which the opiate drug was not specified.

Arizona reported 117 other opiate deaths in 2004 (involving codeine, morphine, and oxycodone). Colorado reported 238 deaths involving opiates other than heroin in 2004. In 2005, other opiate-related deaths in Georgia included those involving methadone (277), hydrocodone (245), morphine (166), and codeine (52). In Texas in 2004, there were 201 deaths with a mention of hydrocodone, 164 with a mention of methadone, and 66 with a mention of oxycodone.

NFLIS Data on Other Opiates

Across CEWG areas in 2005, hydrocodone and oxycodone were the prescription-type opiate drugs most likely to be identified by forensic laboratories *(see exhibit 8)*.

Exhibit 8. Number of Selected Narcotic Analgesic/Opiate Items Analyzed by Forensic Laboratories in CEWG Areas: 2005

CEWG Area	Hydrocodone	Oxycodone	Methadone	Codeine	Morphine
Atlanta	266	149	70	11	28
Baltimore	36	171	28	6	24
Boston	26	98	21	14	22
Chicago	85	22	73	32	10
Denver	51	67	7	9	22
Detroit	NR[1]	NR	NR	9	NR
Honolulu	14	11	8	1	6
Los Angeles	330	58	35	111	30
Miami	33	41	8	6	1
Mpls./St. Paul[1]	67	93	17	19	23
New York City	200	146	449	90	22
Newark	0	5	0	0	11
Philadelphia	171	565	49	90	41
Phoenix	36	36	4	11	17
St. Louis	44	61	19	28	4
San Diego	187	61	21	32	27
San Francisco	176	223	63	96	88
Seattle	43	78	46	9	18
Wash., DC	0	23	18	3	0
Texas	1,792	237	133	363	100

[1]Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.
SOURCE: NFLIS, DEA

Hydrocodone. Across 16 CEWG metropolitan areas in 2005, 1,765 hydrocodone items were reported by forensic labs. A slightly larger number (1,792) were reported from the Texas labs. Hydrocodone accounted for less than 1 percent of all items in 13 CEWG areas. In Atlanta, Philadelphia, San Francisco, and Seattle, hydrocodone represented between 1 and 2 percent of total drug items. In Texas, hydrocodone items accounted for 3 percent of all items reported.

Oxycodone. Oxycodone items totaled 1,908 across 18 CEWG metropolitan areas; another 237 were reported from Texas labs. In most CEWG areas, oxycodone accounted for less than 1 percent of all drug items. The expectations were Boston, Minneapolis/St. Paul, San Francisco, and Seattle where oxycodone items represented between 1 and 2 percent of all drug items.

Methadone. Methadone items were identified by forensic labs in 17 CEWG metropolitan areas in 2005 and totaled 936. Nearly 48 percent of these items were reported from New York City. Seattle was the only area where methadone accounted for 1 percent of total items.

Codeine. Forensic labs in 18 CEWG metropolitan areas reported 577 codeine items in 2005; another 363 were reported from the Texas labs. In all CEWG areas, codeine accounted for less than 1 percent of all drug items.

Morphine. Across 17 CEWG metropolitan areas in 2005, forensic labs identified 394 morphine items. Texas labs reported 100 morphine items in 2005. Morphine accounted for less than 1 percent of all drug items in all CEWG areas.

Cocaine/Crack

Cocaine/crack indicators increased only in Minneapolis/St. Paul in 2005; however, they remained high in most areas. Indicators decreased in 6 CEWG areas and remained stable in 13. These patterns are reflected below in excerpts from the CEWG papers.

Decreases in cocaine/crack abuse indicators were reported in six CEWG areas.

ATLANTA: *The proportion of cocaine-related treatment admissions continued a 5-year decline from 59 percent of all admissions (including alcohol) in 2000 to 32 percent in 2005* [Nevertheless] *cocaine continues to be readily available in Atlanta* [and] *is Atlanta's primary drug of concern.* ***—Brian Dew***

DENVER: *Of six cocaine/crack abuse indicators, all but one (amount seized) decreased. Qualitative reports indicate a shift to methamphetamine among some stimulant users, especially in younger populations.* ***—Tamara Hoxworth***

HONOLULU/HAWAII: *The number of clients identifying cocaine/crack as their primary drug of abuse began declining in 1999 and continued to decline through 2005. Of the primary drug and alcohol treatment admissions in Hawaii in 2005, 3.1 percent were primary cocaine/crack abusers.* [Honolulu's ME findings] *reinforce the treatment finding of a continual decline in cocaine use over the past decade.* ***—D. William Wood***

LOS ANGELES: *Cocaine/crack indicators, including treatment admissions, cocaine arrests, and poison control system calls declined slightly in 2005, while cocaine seizures increased 13 percent.* ***—Beth Rutkowski***

SAN FRANCISCO: *Overall, the indicators suggest a level or downward trend in the prevalence of cocaine/crack use since 2003. The majority of crack abusers are likely to be older than 40.* ***—John Newmeyer***

TEXAS: *In addition to decreases in other crack abuse indicators (e.g., treatment admissions), the proportion of substances identified as cocaine by Texas Department of Public Safety forensic labs decreased from 40 percent in 1998 to 32 percent in 2005.* ***—Jane Maxwell***

Decreases in cocaine/crack primary treatment admissions were reported in 10 CEWG areas, including those below.

DENVER: *In 2005, the proportion of primary cocaine/crack treatment admissions (excluding alcohol) decreased from 22.8 percent in 2004 to 20.0 percent*

*in 2005. During this same period, primary methamphetamine admissions increased from 12.0 percent to 13.9 percent. —**Tamara Hoxworth***

LOS ANGELES: *In the second half of 2005, the percentage of cocaine/crack admissions referred to treatment through the criminal justice system continued to decrease, reaching 12 percent of all admissions, compared with 20 percent in the first half of 2004. —**Beth Rutkowski***

ST. LOUIS: *There was a 3.1-percent decrease in the number of primary cocaine/crack abuse treatment admissions from 2004 to 2005, although cocaine remained the most common primary drug of abuse among St. Louis admissions (27.8 percent including alcohol). —**James Topolski***

TEXAS: *In 2005, cocaine/crack abuse treatment admissions represented 26 percent of all* [drug/alcohol] *admissions to Texas DSHS-funded programs, down from 32 percent in 1995. —**Jane Maxwell***

Cocaine abuse is more widespread than shown by many indicator data sets focused on primary drugs of abuse. Cocaine/crack is often part of a polydrug use pattern. For example, it is frequently used by drug treatment admissions as a secondary or tertiary drug of abuse; this pattern is most common among heroin abusers.

BALTIMORE: *The assessment of cocaine abuse among treatment admissions is complicated by the fact that for every person admitted for primary cocaine abuse, 2.6 clients report cocaine as a secondary drug of abuse. In 2005, primary cocaine abuse was reported by 14 percent of all treatment admissions and secondary cocaine abuse was reported by 36 percent of all treatment admissions (including alcohol). —**Leigh Henderson***

CHICAGO: *Cocaine was the most commonly mentioned secondary drug among persons treated for primary alcohol- and heroin-related problems. In an ongoing study of non-injecting heroin users, 34 percent had used powder cocaine, and 52 percent had used crack in the past 6 months. In the Family Process Study, 72 percent of injection drug abusers reported using cocaine in the past 12 months. Of the 75 percent who had used crack cocaine, 88 percent had used it in the past 12 months. —**Dita Broz***

MINNEAPOLIS/ST. PAUL: *Cocaine/crack was reported as a secondary drug by 43.2 percent of the primary heroin abusers entering treatment in 2005. In addition, 29.6 percent of the heroin admissions reported cocaine/crack as a tertiary drug. —**Carol Falkowski***

NEWARK: *In FY 2005, primary heroin accounted for 81.6 percent of the primary heroin admissions (excluding alcohol) in the Newark City. Cocaine/crack only accounted for 11.3 percent of the primary illicit drug admissions. However, 34.1 percent of the primary heroin admissions reported cocaine/crack as their secondary drug of abuse. —**Allison Gertel-Rosenburg***

NEW YORK CITY: *While primary cocaine treatment admissions constituted about one-quarter of New York City's drug and alcohol admissions in 2005, many more admissions reported cocaine/crack as their secondary or tertiary drug of abuse. In 2005, cocaine/crack admissions represented 29 percent of the 52,491 drug (excluding alcohol-only) admissions. In addition, of the total 73,364 admissions in 2005, 17,971(24 percent) reported cocaine as a secondary drug and 3,398 (5 percent) reported cocaine/crack as a tertiary drug. —**John Galea***

African-Americans represent sizable proportions of the cocaine/crack treatment admissions in CEWG areas. Examples are…

ATLANTA: *Consistent with prior years, more than 70 percent of the treatment admissions who reported cocaine/crack as their primary drug of abuse were African-American. —**Brian Dew***

CHICAGO: *In FY 2005, African-Americans remained the highest proportion (82 percent) of primary cocaine abusers admitted to treatment. —**Dita Broz***

SEATTLE: *…Fifty-one percent of primary cocaine admissions were African-American. Cocaine is the only drug for which Caucasians are not the majority ethnic group. This may be related in part to the large proportion of African-Americans whose entry referral to treatment is from the Department of Corrections (DOC) (30.0 percent), relative to the proportion for Caucasians (18.4 percent). —**Caleb Banta-Green***

TEXAS: [Of primary crack admissions] *the proportion who were African-American fell from 75 percent in 1993 to 47 percent in 2005. During that same period,* [the proportion of] *crack admissions who were White increased from 20 to 35 percent, while the proportion who were Hispanic increased from 5 to 17 percent. —**Jane Maxwell***

Cocaine-related deaths attest to the potentially serious consequences of cocaine abuse. Examples from CEWG papers are shown below.

CHICAGO: *The latest drug-related mortality data from DAWN and the Chicago Department of Public Health show that cocaine was a factor in more deaths in Chicago than any other illicit drug. —**Dita Broz***

MIAMI: *There were 162 deaths related to cocaine abuse in Miami-Dade County in 2005, a slight increase over the number in 2004. In addition, there were 136 cocaine-related deaths in Broward County, a 13-percent increase over the number in 2004. —**James Hall***

PHILADELPHIA: *ME data show that cocaine was present in 425 of the 904 drug-related deaths in 2005, and continued to be detected in the highest percentage of mortality cases since 1994. —**Samuel Cutler***

PATTERNS AND TRENDS IN COCAINE ABUSE ACROSS CEWG AREAS

Treatment Data on Cocaine/Crack

In 2005 reporting periods, primary cocaine admissions as a proportion of all admissions, excluding alcohol, exceeded those for heroin, methamphetamine, and marijuana in 5 of the 19 CEWG areas that reported 2005 data on cocaine admissions. Cocaine admissions exceeded those for heroin, methamphetamine, and marijuana in Atlanta, Broward County, Florida, Philadelphia, St. Louis, and Texas. Cocaine/crack admissions accounted for nearly one-half of illicit drug admissions in Atlanta, for 41 percent in Broward County, and for approximately 33 to 35 percent of illicit drug admissions in Detroit, Philadelphia, St. Louis, and Texas *(see exhibit 9a)*.

Exhibit 9a. Primary Cocaine Treatment Admissions (Excluding Alcohol) in 19 CEWG Areas, by Percent of All Admissions (Excluding Alcohol): 2002–2005[1]

CEWG Area/State	Year				Percent Smoked 2005[2]
	2002	2003	2004	2005	
Atlanta	60.8	57.6	52.5	49.8	78.1
Baltimore	15.7	15.5	16.0	15.7	77.0
Boston	15.0	12.7	11.3	12.5	55.6
Broward Co. (BARC)[3]	NR[4]	NR	NR	41.0	NR
Chicago	NR	NR	32.7	26.5	90.7
Denver	23.0	22.4	23.2	20.0	62.9
Detroit	38.6	38.5	35.6	34.7	98.7
Los Angeles	23.3	23.0	22.0	20.5	85.9
Mpls./St. Paul	27.2	26.3	26.1	26.5	82.4
New York	28.5	28.9	29.5	29.2	62.0
Newark	6.8	6.8	7.2	8.5	74.0
Philadelphia	40.3	36.4	33.8	34.3	NR
St. Louis	41.9	40.2	40.9	33.5	91.0
San Diego	NR	NR	8.7	8.2	82.8
San Francisco	24.0	25.9	29.7	26.8	NR
Seattle	19.8	22.6	21.8	24.6	NR
Arizona	16.7	16.2	16.1	14.1	NR
Hawaii	8.5	6.3	6.3	4.1	41.5
Texas	38.7	38.2	35.7	34.1	64.0

[1]Represents FY 2005 in 5 areas and calendar year 2005 in all other areas; see *Data Sources.*
[2]Represents the percentage of primary cocaine admissions who reported smoking the drug.
[3]The Broward County sample is from 9 programs that serve 51.5 percent of admissions to county treatment facilities.
[4]NR=Not reported.
SOURCES: CEWG June 2006 reports on State and local data

In 2005, 14 CEWG areas reported on the route of cocaine administration. In 13 of the areas, more than one-half of the primary cocaine admissions reported smoking cocaine.[1] The exception was Hawaii, where 41.5 percent smoked cocaine. In Chicago and Detroit, smoking was the mode of cocaine administration for between 91 and 99 percent of the primary cocaine admissions. In Los Angeles, Minneapolis/St. Paul, and San Diego, between 83 and 86 percent of the cocaine admissions smoked the drug. Cocaine smokers accounted for between 74 and 79 percent of cocaine admissions in Atlanta, Baltimore, and Newark, and between 56 and 64 percent of those in Boston, Denver, New York City, and Texas.

Gender. In 12 of 13 reporting CEWG areas, primary cocaine/crack treatment admissions were more likely to be male than female. The exception was Texas where powder and crack cocaine admissions were equally divided by gender *(see exhibit 9b)*

Exhibit 9b. Demographic Characteristics of Primary Cocaine Treatment Admissions in Reporting CEWG Areas, by Percent[1]: 2005[2]

CEWG Area	Gender		Race/Ethnicity			Age
	Male	Female	White	Afr.-Amer.	Hispanic	35 or 36 or Older
Atlanta	55	45	24	73	2	81
Baltimore	58	42	38	60	1	70
Chicago	59	41	10	82	6	NR[3]
Denver	60	40	41	24	32	53
Detroit	64	36	10	88	<1	84
Los Angeles	67	33	14	57	25	70
Mpls./St. Paul	69	31	41	50	5	65
Newark	53	47	5	71	24	71
New York	68	32	14	59	25	72
Philadelphia	NR		27	63	11	59
St. Louis	58	42	28	71	1	72
San Diego	66	34	28	58	11	74
Seattle	62	38	33	51	5	57[4]
Texas						
Cocaine	50	50	32	14	52	NR
Crack	50	50	34	47	17	NR

[1]Percentages rounded.
[2]Chicago and Detroit report FY 2005 data; all others report calendar year 2005 data.
[3]NR=Not reported.
[4]Represents admissions age 30–44 (another 25 percent were age 45–54).
SOURCE: CEWG June 2006 reports on State and local data

Age. In 12 reporting areas, a majority of the cocaine admissions were age 35 or 36 or older, as shown in exhibit 9b.

Race/Ethnicity. In 12 of 14 CEWG areas reporting on race/ethnicity, African-Americans accounted for between 50 (Minneapolis/St. Paul) and 88 (Detroit) percent of cocaine admissions (*see exhibit 9b)*. Whites accounted for the largest proportion of cocaine/crack admissions in Denver (41 percent). In Texas, Hispanics represented 52 percent of the cocaine admissions but only 17 percent of the crack admissions. Hispanics also accounted for sizable proportions of the cocaine/crack admissions in Newark (24 percent), Los Angeles and New York City (each 25 percent), and Denver (32 percent).

Trend Data. Data from 17 CEWG areas from 2004 to 2005 show that cocaine/crack admissions as a proportion of total admissions, excluding alcohol, decreased more than 6 percentage points in Chicago (6.2) and St. Louis (7.4). However, when 2005 data are compared to 2002 data across 16 CEWG areas, the pro-

[1]SAMHSA's Treatment Episode Data Set report (2003) notes that "Smoked cocaine primarily represents crack or rock cocaine, but can also include cocaine hydrochloride (powder cocaine) when it is free-based." TEDS uses smoked cocaine (crack).

portions of primary cocaine admissions were lower in 10 areas, higher in 3, and relatively stable in 3 *(see exhibit 9a)*. The greatest percentage-point declines from 2002 to 2005 were in Atlanta (11.0 points) and St. Louis (8.4), while the largest percentage-point increase was in Seattle (4.8).

In many CEWG areas, cocaine/crack is reported as a secondary or tertiary drug by treatment admissions, so it is often used in combination with other substances. For example, of the heroin admissions who reported use of a secondary drug in both Baltimore and Newark, 53 percent reported cocaine/crack as their secondary drug. In both Minneapolis/St. Paul and New York City, 43 percent of the heroin admissions reported cocaine/crack as a secondary drug, as did 39 percent of those in Atlanta. In Minneapolis/St. Paul, cocaine was the tertiary drug used by 30 percent of the heroin admissions who used a third drug. In Baltimore, the pattern of secondary cocaine use among primary heroin admissions varied by route of administration of heroin. Forty-seven percent of White heroin injectors in the Baltimore PMSA reported secondary use of cocaine, as did 70 percent of African-American heroin injectors. White intranasal heroin users, on the other hand, were more likely to report use of opiates other than heroin than were African-American intranasal users (14 vs. 2 percent).

DAWN ED Data on Cocaine/ Crack

Unweighted DAWN *Live!* data for CY 2005 for cocaine as well as the total numbers of illicit drug reports, excluding alcohol, are shown in exhibit 10. In 10 of the 12 CEWG areas participating in DAWN *Live!* during 2005, the unweighted cocaine ED reports exceeded those for other illicit drugs of abuse. The two exceptions were Phoenix and San Diego, where methamphetamine ED reports were more frequent.

Exhibit 10. Number of Cocaine ED Reports in 12 CEWG Areas (Unweighted[1]): 2005

CEWG Area	Total[2]	Cocaine
Boston	10,056	4,020
Chicago	16,476	8,133
Denver	5,612	2,265
Detroit	12,716	6,324
Houston	6,322	3,409
Miami-Dade	11,402	6,800
Mpls./St. Paul	9,601	3,552
New York City	28,549	14,119
Phoenix	7,479	1,962
San Diego	4,531	694
San Francisco	6,846	2,718
Seattle	11,945	4,646

[1]Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control, and based on review, may be corrected or deleted. Therefore, these data are subject to change.
[2]Represents the total numbers of reports in the "Major Substances of Abuse" category, excluding alcohol reports.
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/17–18, 2006

Mortality Data on Cocaine/ Crack

Eleven CEWG representatives reported the most recent data on deaths with the presence of cocaine for their metropolitan or county areas; nine reported for 2005 and San Francisco and Washington, DC, reported for 2004. The numbers are as follows:

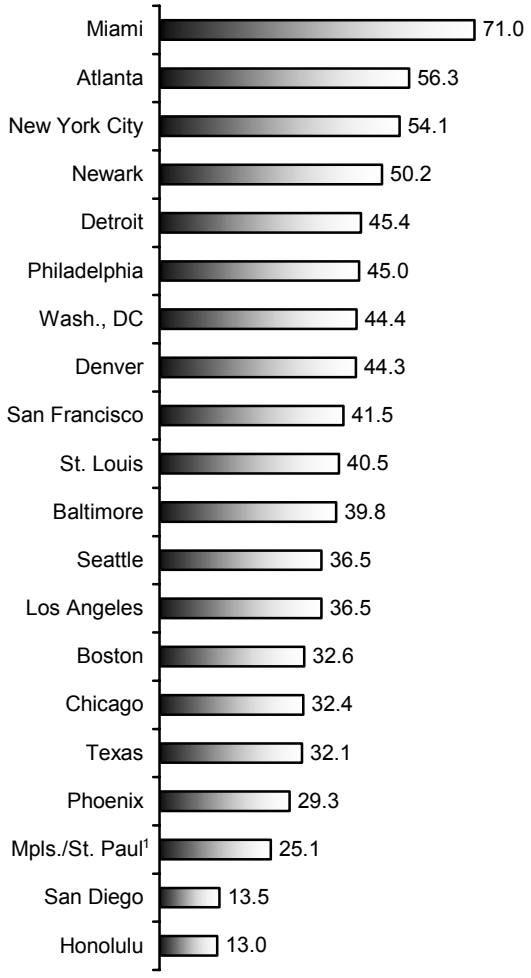
- 423 in Philadelphia
- 325 in Detroit/Wayne County
- 162 in Miami-Dade County
- 136 in Broward County, Florida
- 135 in Newark/Essex County
- 103 in St. Louis
- 81 in Seattle/King County
- 65 in San Francisco
- 62 in Minneapolis/Hennepin County and St. Paul/Ramsey County
- 62 in Washington, DC
- 15 in Honolulu

In addition, five CEWG representatives provided reports on cocaine-related deaths in their States: 1,943 in Florida and 400 in Georgia in 2005, and, in 2004, 699 in Texas, 170 in Colorado, and 109 in Arizona.

NFLIS Data on Cocaine/Crack

As shown in exhibit 11, cocaine accounted for more than one-half of all drug items analyzed by forensic labs in Miami, Atlanta, and New York City in 2005, with Miami substantially higher (71 percent) than other CEWG areas. The proportions of cocaine items to total items were considerable lower in Honolulu and San Diego than in other CEWG areas.

Exhibit 11. Cocaine Items Analyzed by Forensic Labs in CEWG Areas, Ordered from Highest to Lowest Percentage of Total Items: 2005



[1]Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.
SOURCE: NFLIS, DEA

YRBS Data on Cocaine

As shown in exhibit 12a, the percentage of students who ever used cocaine in their lifetime was nearly 12 percent in Texas in 2005. Across the 12 metropolitan/county CEWG areas, the overall percentage of students reporting lifetime cocaine use was the highest in Los Angeles and the lowest in Detroit. However, the prevalence estimate in Los Angeles was not significantly higher than the estimates for Broward County, Miami-Dade County, and San Diego. The lower prevalence estimate for Detroit did not differ significantly from the estimates in Baltimore, Boston, Chicago, and Washington, DC. With the exception of DeKalb County, Georgia, there were no significant gender differences within CEWG areas.

Exhibit 12a. Lifetime Use[1] of Cocaine Among Students in Grades 9–12 in 13 CEWG Areas, by Total, Gender, and Percent: 2005

CEWG Area	Total		Male		Female	
	Percent	(CI[2])	Percent	(CI[2])	Percent	(CI[2])
Baltimore	2.6	(± 0.7)	3.7	(± 1.5)	1.6	(± 0.8)
Boston	2.9	(± 0.9)	3.0	(± 1.4)	2.7	(± 1.4)
Broward Co., FL	5.8	(± 1.6)	6.5	(± 2.3)	4.7	(± 1.7)
Chicago	4.2	(± 2.1)	5.9	(± 3.7)	2.7	(± 1.6)
DeKalb Co., GA	3.6	(± 0.8)	5.1	(± 1.3)	2.1	(± 0.9)
Detroit	1.7	(± 0.6)	2.0	(± 1.1)	1.2	(± 0.7)
Los Angeles	10.0	(± 3.4)	6.9	(± 3.5)	13.2	(± 4.1)
Miami-Dade Co.	6.3	(± 1.1)	6.9	(± 1.8)	5.5	(± 1.3)
New York City	3.6	(± 0.7)	4.4	(± 1.4)	2.8	(± 0.7)
San Diego	8.6	(± 1.7)	8.1	(± 2.3)	8.5	(± 2.2)
San Francisco	4.7	(± 1.2)	4.6	(± 1.4)	4.7	(± 1.6)
Wash., DC	2.1	(± 0.6)	2.8	(± 1.1)	1.3	(± 0.7)
Texas[3]	11.9	(± 1.6)	12.7	(± 2.0)	11.1	(± 1.9)

[1]Used any form of cocaine one or more times during their lifetime.
[2]CI=95% confidence interval.
[3]The CDC reports that the Texas survey excludes "one of the State's largest school districts," Houston, and that the overall response rate was 67 percent.
SOURCE: YRBS, CDC

Data on current (past-30-day) cocaine use among high school students were available for all areas except Boston and San Francisco (*see exhibit 12b).* In metropolitan/county areas, the highest percentage reported for current cocaine use was in Los Angeles and the lowest was in Washington, DC. However, the prevalence estimate in Los Angeles was not significantly different from the estimates in Broward County, Florida, Miami-Dade County, and San Diego. The lower estimate in Washington, DC, was not significantly different from the estimates in Baltimore, Chicago, DeKalb County, Georgia, Detroit, and New York City. In Texas, 5.5 percent of the students in grades 9–12 reported past-30-day use of cocaine.

Exhibit 12b. Current Cocaine Use[1] Among Students in Grades 9–12 in 11 CEWG Areas, by Total, Gender, and Percent: 2005

CEWG Area	Total		Male		Female	
	Percent	(CI[2])	Percent	(CI[2])	Percent	(CI[2])
Baltimore	1.7	(± 0.6)	2.6	(± 1.1)	0.8	(± 0.6)
Broward Co., FL	2.9	(± 1.2)	3.7	(± 1.9)	1.9	(± 1.1)
Chicago	1.9	(± 1.0)	2.9	(± 1.6)	1.1	(± 1.2)
DeKalb Co., GA	1.3	(± 0.5)	2.3	(± 0.8)	0.5	(± 0.4)
Detroit	1.1	(± 0.4)	1.0	(± 0.8)	1.0	(± 0.7)
Los Angeles	4.9	(± 1.7)	3.5	(± 1.7)	6.3	(± 2.6)
Miami-Dade Co.	3.1	(± 0.7)	3.5	(± 1.2)	2.4	(± 1.1)
New York City	1.8	(± 0.5)	2.6	(± 1.1)	1.0	(± 0.5)
San Diego	4.1	(± 1.1)	4.3	(± 1.3)	3.8	(± 1.5)
Wash., DC	0.9	(± 0.4)	1.6	(± 0.8)	0.3	(± 0.3)
Texas	5.5	(± 1.1)	6.2	(± 1.4)	4.8	(± 1.6)

[1]Used any form of cocaine one or more times during the 30 days preceding the survey.
[2]CI=95% confidence interval.
[3]The CDC reports that the Texas survey excludes "one of the State's largest school districts," Houston, and that the overall response rate was 67 percent.
SOURCE: YRBS, CDC

Prevalence estimates by gender were significantly higher for male students than female students in Baltimore, DeKalb County, Georgia, and Washington, DC.

Price and Purity on Cocaine/ Crack

Exhibit 13 presents the cost per gram of powder cocaine in 19 CEWG areas, as reported by NDIC for calendar year 2005. As shown, cocaine per gram was cheapest on the streets of Phoenix, New York City, and Newark, with the low end of the price range being $20 in both Phoenix and New York City, and $30 in Newark. The highest price for a gram of cocaine was $100—the street cost in Atlanta, Minneapolis, Seattle, and Washington, DC.

Exhibit 13. Powder Cocaine Retail (Street) Price[1] in 19 CEWG Areas[2], Ordered by Lowest Price: 2005

CEWG Area	Price Per Gram
Phoenix	$20–$30
New York City	$20–$60
Newark	$30–$80
San Francisco	$50–$60
Dallas	$50–$80
Boston	$50–$90
Miami	$40–$100
Denver	$50–$100
Detroit	$50–$100
Baltimore	$60–$100
Honolulu	$60–$100
San Diego	$60–$120
Philadelphia	$70
Chicago	$75–$100
Los Angeles	$80
Atlanta	$100
Minneapolis	$100
Seattle	$100
Wash., DC	$100

[1]Most current available price per gram at year-end 2005.
[2]Data were not available for St. Louis.
SOURCE: NDIC

Methamphetamine

Methamphetamine indicators increased in most west and southwest CEWG areas, where indicators were already high; the exception, as shown below, was San Francisco.

Honolulu/Hawaii: *Methamphetamine abuse indicators continued to increase in 2005. There was a 31 percent increase in ME reports for decedents who tested positive for methamphetamine, a small increase in the proportion of primary methamphetamine abusers admitted to treatment, and a 10 percent increase in methamphetamine cases reported by the Honolulu Police Department. Methamphetamine accounted for 42.4 percent of the all drug/alcohol treatment admissions in 2005. —**D. William Wood***

Los Angeles County: *Methamphetamine is the one illicit drug that has continually shown increases in both the number and percent of all treatment admissions over the past 4 years. —**Beth Rutkowski***

Minneapolis/St. Paul: *In 2005, 12.0 percent of admissions to Twin City treatment programs were primary methamphetamine abusers, compared with 3.1 percent in 2000. Methamphetamine was identified in 51 percent of the items analyzed by forensic labs in Minneapolis/St. Paul in 2005. —**Carol Falkowski***

San Diego: *In 2005, primary methamphetamine treatment admissions accounted for nearly one-half (49.2 percent) of all drug treatment admissions (excluding alcohol), a higher percentage than reported in 2002, 2003, and 2004. —**Robin Pollini***

San Francisco: *Methamphetamine abuse indicators may have leveled off in 2004–2005, after increasing in prior years. —**John Newmeyer***

Seattle: *While the numbers of methamphetamine labs and dump sites continued to decline in 2005, methamphetamine abuse indicators (e.g., treatment admissions) continued to increase throughout the State. —**Caleb Banta-Green***

Texas: *Methamphetamine/amphetamine abuse indicators increased in Texas. Primary methamphetamine/amphetamine treatment admissions increased from 5 percent of all admissions in 2000 to 14 percent in 2005. Methamphetamine indicators were higher in the northern half of the State. Toxicological analyses of substances submitted by law enforcement operations in 2005 showed that relatively high percentages of items tested positive for methamphetamine or amphetamine in some cities, including Taylor (55 percent), Potter (43 percent), Dallas (38 percent), and Smith (34 percent). —**Jane Maxwell***

Drug abusers in some CEWG areas are shifting from other drugs to methamphetamine...

Denver: *Qualitative reports indicate a shift to methamphetamine among some stimulant users, especially those in younger populations. —**Tamara Hoxworth***

Texas: *Methamphetamine and 'ice' are becoming more popular than cocaine in some areas of Texas. This has resulted in a shifting of drug marketing tactics. —**Jane Maxwell***

Methamphetamine injection decreased and smoking of the drug increased as methamphetamine purity levels rose.

Los Angeles: *The percentage of methamphetamine treatment admissions injecting the drug declined as purer methamphetamine (crystal methamphetamine) became available. Of the primary methamphetamine abusers admitted to treatment in the second half of 2005, only 1.6 percent injected the drug. The methamphetamine injectors were more likely to be male (75 percent) and White (70 percent). —**Beth Rutkowski***

San Diego County: *Of the primary methamphetamine abusers who entered treatment in 2005, 14.1 percent injected the drug, compared with 70.8 percent who smoked and 13.7 percent who inhaled it. —**Robin Pollini***

Texas: *The percentage of primary methamphetamine treatment admissions to Texas DSHS-funded programs who injected the drug dropped from 84 percent in 1988 to 39 percent in 2005. —**Jane Maxwell***

Compared with other groups of drug abusers, methamphetamine treatment admissions are more likely to be White in most CEWG areas; however, Hispanic methamphetamine treatment admissions continue to outnumber other racial/ethnic groups in Los Angeles County treatment admissions.

Los Angeles: *Primary methamphetamine treatment admissions have been increasingly comprised of Hispanics for the past few years, as the percentages of White methamphetamine abusers have been decreasing. In 2005, the racial gap continued to widen, with Hispanics accounting for 54 percent of all primary methamphetamine admissions.* ***—Beth Rutkowski***

Minneapolis/St. Paul: *In 2005, 90.4 percent of the primary methamphetamine treatment admissions were White.* ***—Carol Falkowski***

San Diego: *Of the primary methamphetamine admissions in 2005, 52.8 percent were White, 30.2 percent Hispanic, and 5.8 percent were African-American.* ***—Robin Pollini***

Texas: *The proportion of White primary methamphetamine admissions rose from 80 percent in 1985 to 86 percent in 2005. During this same period, the percentage of African-American primary methamphetamine admissions decreased from 9 percent to 1 percent.* ***—Jane Maxwell***

PATTERNS AND TRENDS IN METHAMPHETAMINE ABUSE ACROSS CEWG AREAS

Treatment Data on Methamphetamine

In the 2005 reporting periods, methamphetamine primary admissions, as a proportion of all admissions, excluding alcohol, continued to be highest in Hawaii (56.3 percent) and San Diego (49.4 percent) Exhibit 14a shows the data from these two areas and seven others where methamphetamine admissions accounted for more than 1 percent of this illicit drug admissions group in 2005.

Exhibit 14a. Primary Methamphetamine Treatment Admissions in 9 CEWG Areas, by Percent of All Admissions (Excluding Alcohol): 2002–2005[1]

CEWG Area	2002	2003	2004	2005[1]	Percentage-Point Change 2002–2005
Atlanta	6.7	6.9	11.3	15.5	8.8
Denver	12.1	16.8	17.6	20.7	8.6
Los Angeles	18.5	23.0	26.7	31.4	12.9
Mpls./St. Paul	11.1	14.8	19.6	22.1	11.0
St. Louis	5.5	5.9	6.5	5.7	0.2
San Diego	NR[2]	NR	45.2	49.4	…
Seattle	14.9	13.1	15.2	16.9	2.0
Arizona	21.4	24.1	37.5	32.5	11.1
Hawaii	52.1	56.3	57.3	56.3	4.2

[1]Arizona represents FY 2005; all others represent calendar year 2005 data *(see Data Sources)*.
[2]NR=Not reported.
SOURCE: June 2006 CEWG reports on State and local data

In seven other CEWG areas that reported admissions data specifically related to methamphetamine admissions, this group accounted for 1 percent or less of illicit drug admissions in the 2005 reporting periods. These areas were Baltimore, Broward County, Florida, Chicago, Detroit, New York City, Newark, and Washington, DC.

In San Francisco and Texas, methamphetamine was included in a category with amphetamines or "stimulants," where they accounted for 14.2 and 17.8 percent of illicit drug admissions, respectively, in 2005.

The 2005 treatment data from seven CEWG areas suggest that compared with cocaine and heroin admissions, primary methamphetamine admissions are more likely to be female, White, and younger than 25.

Gender. In Atlanta, females accounted for 63 percent of the primary methamphetamine admissions. In St. Louis, females accounted for 51 percent of this admissions group. In other five CEWG areas, males accounted for between 57 (Denver) and 64 (Minneapolis/St. Paul) percent of the primary methamphetamine admissions *(see exhibit 14b)*.

Age. A majority of primary methamphetamine admissions in five CEWG areas were age 34 or younger. In Atlanta, 80 percent were age 35 or older, and in Seattle, 53 percent were age 30 or older.

Exhibit 14b. Demographic Characteristics of Primary Methamphetamine Admissions in 8 CEWG Areas, by Percent[1]: 2005

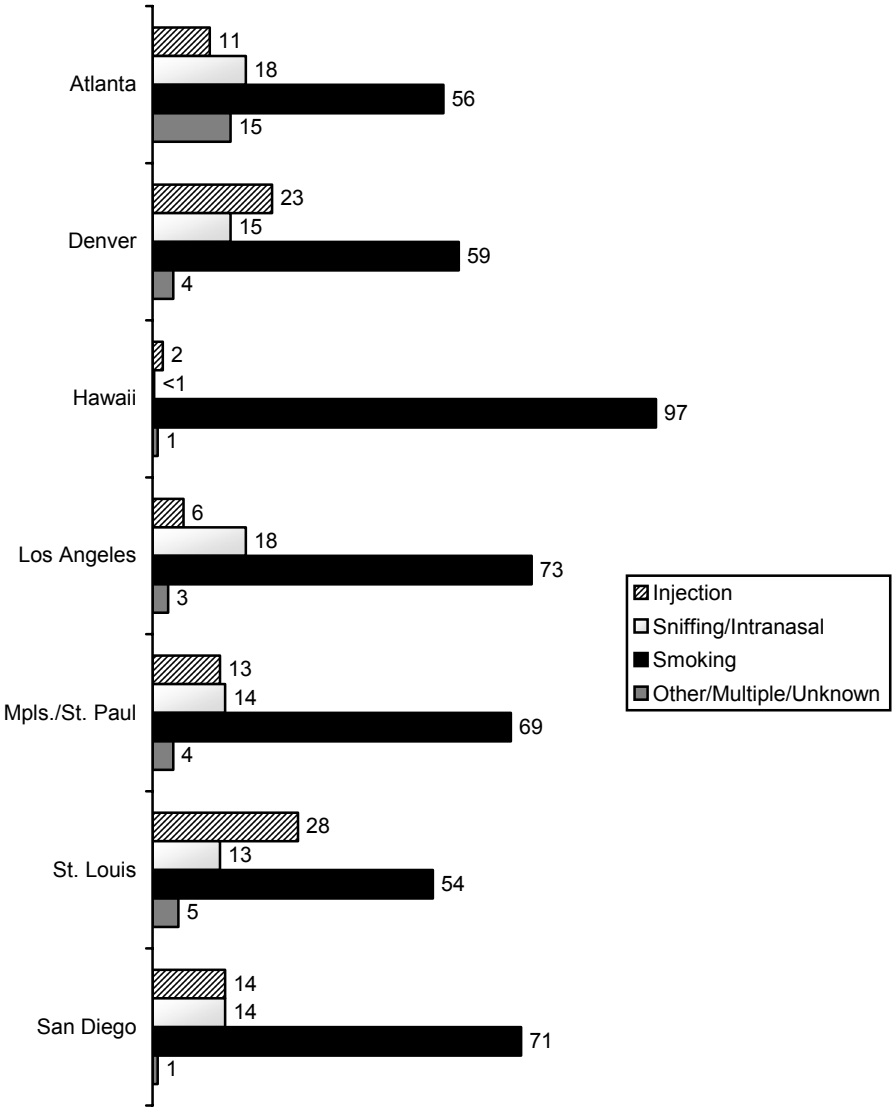
CEWG Area	Gender		Race/Ethnicity			Age	
	Male	Female	White	Afr.-Amer.	Hispanic	≤34	35+
Atlanta	37	63	94	3	1	20	80
Denver	57	43	82	2	13	67	32
Hawaii	63	37	14	1	4[2]	NR[3]	
Los Angeles	58	42	37	3	54	72	28
Mpls./St. Paul	64	36	90	1	4	76	28
St. Louis	49	51	99	<1	<1	68	32
San Diego	60	40	53	6	30	58	42
Seattle	63	37	82	3	5	(see [4])	

[1]Percentages rounded.
[2]In Hawaii, 47 percent of the methamphetamine admissions were "Mixed-Part Hawaiian," 12 percent were Filipino, 8 percent were "Mixed-Not Hawaiian," 6 percent were Japanese, and small percentages were members of various other racial/ethnic groups.
[3]NR=Not reported.
[4]In Seattle, 41 percent were age 18–29, 48 percent were age 30–34, and 5 percent were age 45–54 (the other 6 percent were 17 or younger).
SOURCE: CEWG June 2006 reports

Race/Ethnicity. In five CEWG areas, Whites constituted the largest majority of primary methamphetamine admissions, ranging from 82 percent in both Denver and Seattle to 99 percent in St. Louis *(see exhibit 14b)*. In San Diego, 53 percent of this admissions group were White and 30 percent were Hispanic. In Los Angeles, 54 percent of the methamphetamine admissions were Hispanic and 37 percent were White. In Hawaii, primary methamphetamine abusers were more likely to be part or mixed Hawaiian (47 percent) or members of various racial/ethnic groups.

Route of Administration. Exhibit 14c depicts the routes of administration of methamphetamine among treatment admissions in seven CEWG areas. As shown, smoking was the most frequently reported route of administering methamphetamine in all areas. In Hawaii, 97 percent of this admissions group smoked the drug, as did 71 and 73 percent in San Diego and Los Angeles, respectively. Injection of methamphetamine was most likely to be reported by admissions in Denver (23 percent) and St. Louis (28 percent).

Exhibit 14c. Major Routes of Administration of Methamphetamine Among Treatment Admissions in 7 CEWG Areas, by Percent[1]: 2005[2]



[1]Percentages rounded.
SOURCE: June 2006 CEWG reports

Recent Trends. As shown in exhibit 14a, methamphetamine admissions increased approximately 4 to 9 percentage points in Hawaii, Denver, and Atlanta when 2002 admissions are compared with those for 2005; the increases in Minneapolis/St. Paul, Arizona, and Los Angeles were higher, at around 11 and 13 percentage points, respectively. In three CEWG areas where this admissions group accounted for less than 1 percent of illicit drug admissions in 2005, slight increases were reported. These areas were Baltimore, New York City, and Philadelphia.

DAWN ED Data on Methamphetamine

Unweighted DAWN *Live!* data for CY 2005 show, as noted earlier, that ED reports for methamphetamine in Phoenix and San Diego exceeded those for other illicit drugs (excluding alcohol). Methamphetamine accounted for the second highest number of ED reports in San Francisco *(see exhibit 15)*.

Exhibit 15. Number of Methamphetamine ED Reports in 12 CEWG Areas (Unweighted[1]): 2005

CEWG Area	Total[2]	Metham-phetamine
Boston	10,056	85
Chicago	16,476	77
Denver	5,612	990
Detroit	12,716	30
Houston	6,322	204
Miami-Dade	11,402	74
Mpls./St. Paul	9,601	1,402
New York City	28,549	133
Phoenix	7,479	2,287
San Diego	4,531	1,477
San Francisco	6,846	1,422
Seattle	11,945	1,928

[1]Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control, and based on review, may be corrected or deleted. Therefore, these data are subject to change.
[2]Represents the total numbers of reports in the "Major Substances of Abuse" category, excluding alcohol reports.
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/17–18, 2006

Mortality Data on Metham-phetamine

The most recent data on deaths with the presence of methamphetamine were reported for seven CEWG metropolitan/county areas, with five reporting 2005 data and two reporting 2004 data…

- 88 in Honolulu
- 28 in San Francisco
- 24 in Seattle/King County
- 17 in Minneapolis/Hennepin County and St. Paul/Ramsey County (combined)
- 13 in St. Louis (1.2 percent of the death cases)
- 10 in Detroit/Wayne County

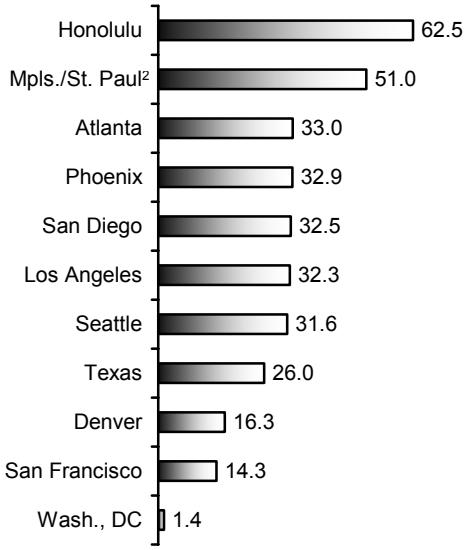
There were no methamphetamine-related deaths reported in 2004 in Washington, DC.

Methamphetamine-involved deaths were also reported for four States. In 2004, there were 58 recorded deaths involving methamphetamine in Arizona and 99 involving methamphetamine/amphetamines in Texas. In 2005, Florida reported 115 deaths involving methamphetamine, and Georgia reported 135.

NFLIS Data on Metham-phetamine

In 2005, the proportions of methamphetamine items reported from forensic labs were high in several CEWG areas: 62.5 percent of all items in Honolulu, 51.0 percent in Minneapolis/St. Paul, and between approximately 32 and 33 percent in Atlanta, Los Angeles, Phoenix, San Diego, and Seattle. Methamphetamine represented 26 percent of the total drug items across Texas sites *(see exhibit 16)*.

Exhibit 16. Percentages of Methamphetamine Items Analyzed by Forensic Labs in 11 CEWG Areas[1], Ordered from Highest to Lowest Percentage of Total Items: FY 2005



[1]In the 9 CEWG areas not shown in this exhibit, the percentages of methamphetamine items accounted for less than 1 percent of the total items.
[2]Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.
SOURCE: NFLIS, DEA

YRBS Data on Methamphetamine

In the 2005 YRBS, lifetime use of methamphetamine was reported by 7.3 percent of high school students in Texas. In the 12 CEWG metropolitan/county areas, lifetime methamphetamine use was highest in Los Angeles and San Diego (*see exhibit 17*). While the prevalence of lifetime methamphetamine use did not differ significantly between Los Angeles and San Diego, the prevalence in each was significantly higher than that in the other 10 metropolitan/county areas. The prevalence of lifetime methamphetamine use among high school students in Detroit was significantly lower than the prevalence in all metropolitan/county areas except Boston, Chicago, and Washington, DC. Lifetime use of methamphetamine was significantly higher among male than female students in Baltimore, Chicago, DeKalb County, Georgia, New York City, and Washington, DC.

Exhibit 17. Lifetime Use[1] of Methamphetamine Among Students in Grades 9–12 in 13 CEWG Areas, by Total, Gender, and Percent: 2005

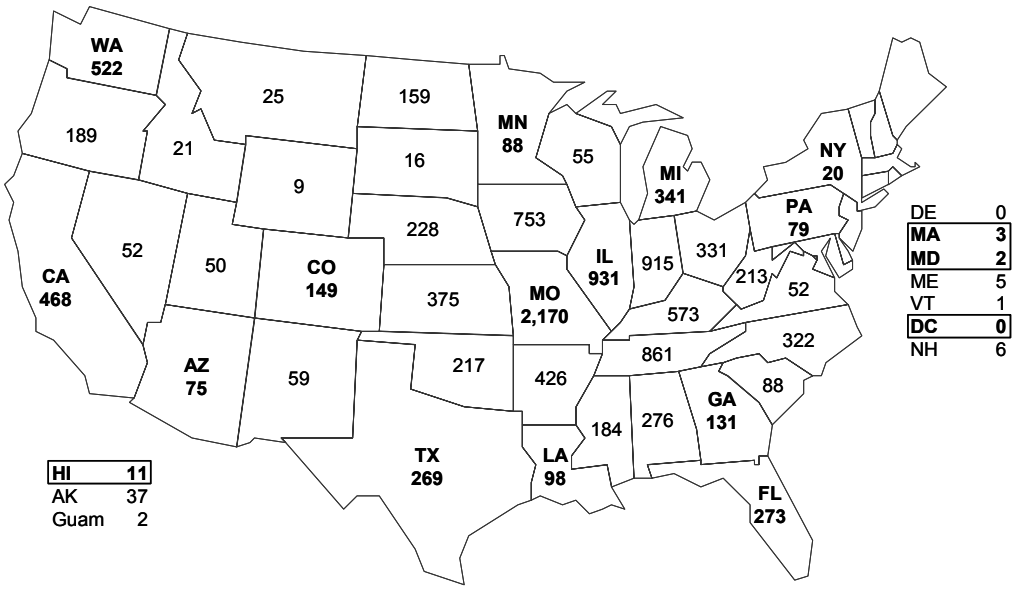
CEWG Area	Total		Male		Female	
	Percent	(CI[2])	Percent	(CI[2])	Percent	(CI[2])
Baltimore	2.9	(± 0.9)	4.2	(± 1.4)	1.9	(± 0.7)
Boston	1.8	(± 0.7)	2.3	(± 1.2)	1.1	(± 0.9)
Broward Co., FL	4.0	(± 1.3)	5.4	(± 2.1)	2.3	(± 1.2)
Chicago	1.5	(± 1.0)	2.9	(± 2.1)	0.3	(± 0.4)
DeKalb Co., GA	2.6	(± 0.6)	3.5	(± 1.1)	1.6	(± 0.7)
Detroit	1.0	(± 0.5)	1.3	(± 0.9)	0.4	(± 0.5)
Los Angeles	10.2	(± 2.8)	9.5	(± 3.4)	10.9	(± 3.9)
Miami-Dade Co.	2.4	(± 0.7)	2.3	(± 0.9)	2.3	(± 0.9)
New York City	2.5	(± 0.5)	3.8	(± 1.1)	1.2	(± 0.5)
San Diego	7.9	(± 1.4)	7.6	(± 2.0)	7.7	(± 1.8)
San Francisco	3.7	(± 0.8)	3.7	(± 1.0)	3.7	(± 1.3)
Wash., DC	2.0	(± 0.7)	3.0	(± 1.1)	1.1	(± 0.6)
Texas[3]	7.3	(± 1.1)	8.2	(± 1.5)	6.4	(± 1.6)

[1]Used methamphetamine (also called "speed," "crystal," "crank," or "ice") one or more times during their lifetime.
[2]CI=95% confidence interval.
[3]The CDC reports that the Texas survey excludes "one of the State's largest school districts," Houston, and that the overall response rate was 67 percent.
SOURCE: YRBS, CDC

Seizure Data on Methamphetamine

DEA's National Clandestine Laboratory Database monitors the methamphetamine clandestine laboratory incidents across the United States. These incidents include laboratories, dumpsites, and chemical/glass equipment. These data are shown on the map in exhibit 18a by State for CY 2005. As can be seen, the largest number of incidents in 2005 was in Missouri (*n*=2,170).

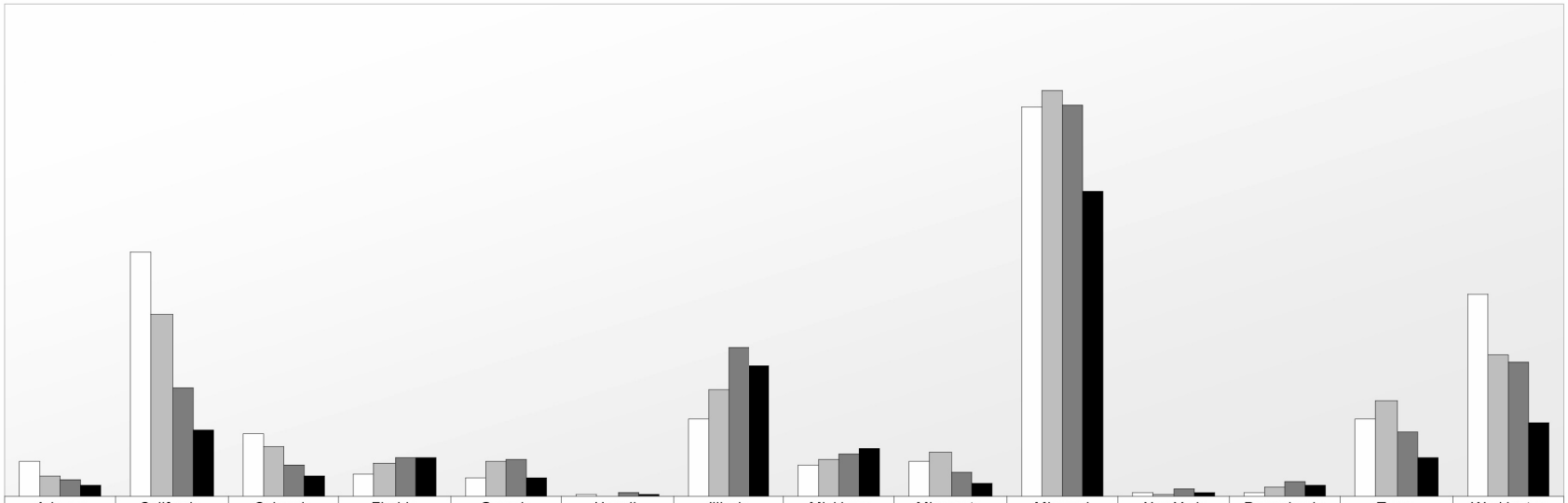
Exhibit 18a. Methamphetamine Clandestine Laboratory Incidents[1] in the United States[2]: 2005



Total=12,139
[1]Includes labs, dumpsites, and chemicals/glass/equipment.
[2]No data are reported for Connecticut, Rhode Island, and New Jersey.
SOURCE: National Clandestine Laboratory Database, DEA; updated June 2006

The graph in exhibit 18b shows a decline in lab incidents in Missouri from 2002 to 2005. This pattern of decrease also occurred in nine other States where CEWG areas are located. The decrease was greatest in California. Substantial increases occurred in Florida, Michigan, and Pennsylvania, three CEWG areas where methamphetamine abuse indicators are low. In Georgia, the number of lab incidents rose sharply in 2003 and 2004 but declined in 2005 to a level slightly above that reported in 2002.

Exhibit 18b. Trends in Laboratory Incidents[1] in 14 CEWG States[2,3]: 2002–2005



	Arizona	California	Colorado	Florida	Georgia	Hawaii	Illinois	Michigan	Minnesota	Missouri	New York	Pennsylvania	Texas	Washington
2002	253	1,743	450	157	127	10	552	225	250	2,767	26	30	547	1,443
2003	140	1,287	352	240	250	3	751	267	309	2,885	18	62	677	1,011
2004	122	764	228	276	261	20	1,058	295	168	2,788	48	106	452	947
2005	75	468	149	273	131	11	931	341	88	2,170	20	79	269	522

Total=12,139
[1]Includes labs, dumpsites, and chemicals/glass/equipment.
[2]No data are reported for Connecticut, Rhode Island, and New Jersey.
[3]Not listed are Maryland, Massachusetts, New Jersey, and Washington, DC, all of which had less than 5 incidents across the 4-year period.
SOURCE: National Clandestine Laboratory Database, DEA; updated June 2006

These patterns in lab incidents parallel the reports by many CEWG members, that is, that local clandestine "mom and pop" labs are decreasing and, possibly, consolidating as reported by the St. Louis representative. CEWG representatives further note that the decreases in clandestine lab seizures/incidents do not necessarily mean there is less methamphetamine available. The drug continues to be manufactured in "super labs," primarily in California and Mexico, and Mexican traffickers have increased their efforts to distribute the drug in many areas in the United States.

Price and Purity of Methamphetamine

Across 17 CEWG areas in 2005, the street price per gram of methamphetamine was lowest in San Diego ($40–$50) and Newark ($64–$80). The highest prices per gram were in Miami and New York (each $150) and Philadelphia ($250) *(see exhibit 19).*

Exhibit 19. Retail (Street) Price[1] of Methamphetamine, Ordered by Lowest Price: 2005

CEWG Area	Price Per Gram
San Diego	$40–$50
Newark	$65–$80
Dallas	$70–$100
Atlanta	$80–$100
Chicago	$80–$100 (PM)[2]
Los Angeles	$80–$100
Phoenix	$80–$100
Denver	$90–$100
Minneapolis	$90–$100
Baltimore	$100 (PM)
Seattle	$100
Washington, DC	$100–$150 (PM)
Detroit	$125
Miami	$150
New York	$150–$300 (PM)
Philadelphia	$250

[1]Most current available price at year-end 2005.
[2]PM=Powder methamphetamine.
SOURCE: NDIC

Marijuana

Marijuana is widely available in all 20 CEWG areas.

ATLANTA: *Ethnographic reports suggest that marijuana is readily available and that the price of this drug has remained stable. —**Brian Dew***

BOSTON: *Commercial grade marijuana is reportedly readily available in Boston, and high potency marijuana, called 'Hydro' is widely available throughout New England. —**Daniel Dooley***

DETROIT: *Marijuana abuse indicators remain stable at highly elevated levels. Domestic, Canadian, and Mexican marijuana remain widely available. —**Cynthia Arfken***

LOS ANGELES: *Marijuana continues to dominate drug seizures in the city... In 2005, the amount of marijuana seized accounted for 63 percent of the total weight (in pounds) of all drug seizures. —**Beth Rutkowski***

NEWARK: *Marijuana is the most widely available illicit drug in New Jersey. According to 2005 Federal-wide Drug Seizure System data, 269.5 kilograms of marijuana were seized by law enforcement officials in the State. —**Allison Gertel-Rosenberg***

PHILADELPHIA: *Focus groups, outreach workers, and other key informants reported that marijuana abuse continues to be widespread throughout Philadelphia. —**Samuel Cutler***

PHOENIX: *Marijuana is readily available in large quantities in Maricopa County and throughout the State. The DEA reported that there are literally thousands of pounds of marijuana ready for distribution. —**Ilene Dode***

ST. LOUIS: *Prevention organizations in St. Louis report a resurgence in marijuana popularity and a belief among users that the drug is not harmful. Ethnographic reports support reports from other sources of the growing cultural acceptance of marijuana use. A college town recently made possession of small quantities of marijuana a misdemeanor. —**James Topolski***

SEATTLE: *Marijuana continues to be a major drug used, with substantial amounts produced in Washington and Vancouver, Canada. —**Caleb Banta-Green***

Primary marijuana treatment admissions have decreased in CEWG areas in California.

LOS ANGELES: *In the second half of 2005, 3,640 primary marijuana admissions were reported in Los Angeles County, representing a 10-percent decrease from the 4,041 admissions reported in the first half of 2005. —**Beth Rutkowski***

SAN DIEGO: *The number of primary marijuana treatment admissions decreased by more than one-half (56.5 percent) from 2003 to 2005. —**Robin Pollini***

SAN FRANCISCO: *After reaching a peak in 2003, the percentage of primary marijuana abusers entering treatment in San Francisco County dropped by 26 percent in FY 2005. —**John Newmeyer***

In some CEWG areas, sizable proportions of the primary marijuana treatment admissions are referred to treatment by the criminal justice system.

BALTIMORE: *The criminal justice system was responsible for reporting 62 percent of the marijuana treatment admissions in 2005. —**Leigh Henderson***

TEXAS: *Seventy-six percent of marijuana treatment admissions had legal problems or had been referred to treatment by the criminal justice system. —**Jane Maxwell***

In some CEWG areas, it was reported that high percentages of individuals involved with the criminal justice system tested positive for marijuana.

ST. LOUIS: *In the city of St. Louis, 60 percent of the drug screens done by the probation and parole offices were positive for cannabis (marijuana) in 2005. More than 57 percent of the drug screens in St. Louis County were positive for cannabis. —**James Topolski***

PHILADELPHIA: *In 2005, cannabis was identified in 44 percent of the toxicology tests done by the Adult Probation/Parole Department in Philadelphia. —**Samuel Cutler***

PHOENIX: *In the first quarter of 2006, the TASC client drug test results showed that 75.6 percent of the juveniles on probation in Maricopa County tested positive for THC. —**Ilene Dode***

SAN DIEGO: *Among adult arrestees, 34 percent of men tested positive for marijuana—a decrease of 11 percent since 2000. In contrast, the proportion of female arrestees testing positive increased 15 percent—from 27 percent in 2000 to 31 percent in 2005. The proportion of juveniles testing positive also rose slightly from 42 percent in 2000 to 44 percent in 2005. —**Robin Pollini***

WASHINGTON, DC: *In the first 3 months of 2006, 49.3 percent of the juveniles tested in the District of Columbia Pretrial Services Agency tested positive for marijuana. —**Erin Artigiani***

PATTERNS AND TRENDS IN MARIJUANA ABUSE ACROSS CEWG AREAS

Treatment Data on Marijuana

Across 19 CEWG areas reporting data for 2005, primary marijuana admissions, as a proportion of all admissions, excluding alcohol, continued to exceed those for any other drug in Arizona (33.5 percent), Denver (37.0 percent), and Minneapolis/St. Paul (32.6 percent) *(see exhibit 20a)*. In Atlanta, New York City, Philadelphia, St. Louis, Seattle, Hawaii, and Texas, primary marijuana admissions (excluding alcohol) accounted for between approximately 23 and 29 percent of illicit drug admissions in 2005.

Exhibit 20a. Primary Marijuana Treatment Admissions in 19 CEWG Areas, by Percent of All Admissions (Excluding Alcohol): 2002–2005[1]

CEWG Area/State	2002	2003	2004	2005	Percentage-Point Change 2002–2005
Atlanta	NR[2]	27.0	28.8	27.7	…[3]
Baltimore	17.5	17.3	17.0	15.0	-2.5
Boston	6.6	6.7	6.6	5.0	-1.6
Broward Co. (BARC)	NR	NR	NR	16.5	…
Chicago	NR	NR	16.4	14.7	…
Denver	32.6	30.2	38.6	37.0	4.4
Detroit	13.4	13.5	13.5	15.4	2.0
Los Angeles	14.2	16.3	17.0	18.7	4.5
Mpls./St. Paul	47.7	45.0	39.1	32.6	-15.1
New York	26.1	24.2	23.5	25.3	-<1.0
Newark	6.3	7.0	7.8	8.4	2.1
Philadelphia	22.4	23.7	22.0	22.8	<1.0
St. Louis	36.3	34.4	35.1	29.0	-7.3
San Diego	NR	NR	17.6	15.2	…
San Francisco	12.2	13.2	11.2	9.4	-2.8
Seattle	34.0	32.9	28.2	25.2	-8.8
Arizona	36.1	39.6	21.4	33.5	-2.6
Hawaii	28.5	28.2	25.2	29.2	<1.0
Texas	25.8	26.5	26.4	27.1	1.3

[1]Represents FY 2005 (5 areas) and calendar year 2005 in other areas *(see Data Sources)*.
[2]NR=Not reported.
[3]Broward County samples are from 9 programs that serve 51.5 percent of admissions to county treatment facilities.
SOURCES: CEWG June 2006 reports on State and local data

Gender. In 15 CEWG areas reporting on the gender of primary marijuana admissions, males predominated in each area *(see exhibit 20b)*. The area with the highest proportion of female marijuana admissions was Atlanta, at 39 percent.

Age. Primary marijuana admissions tended to be younger than admissions for other drugs. However, there was more variation across the marijuana age groups than was the case for other drugs *(see exhibit 20b)*. Marijuana admissions age 17 and younger accounted for the largest proportion in Boston (64 percent), Denver (43 percent), and Los Angeles (50 percent), and slightly exceeded admissions for the 18–25-year-old group in Baltimore, Minneapolis/St. Paul, and Seattle. In Atlanta, marijuana admissions were most likely to be 35 or older (81 percent).

Race/Ethnicity. African-Americans accounted for one-half or more of primary marijuana admissions in 8 of 15 reporting CEWG areas, with the proportions being highest in Chicago, Detroit, and Newark (75–85 percent) *(see exhibit 20b)*. Whites accounted for one-half or more of the marijuana admissions in Minneapolis/St. Paul, and for the largest proportions in Denver, San Diego, and Seattle. Hispanics ranked first in Los Angeles (51 percent) and Texas (43 percent) and ranked second in Boston, Chicago, Denver, New York City, Newark, and San Diego.

Exhibit 20b. Demographic Characteristics of Primary Marijuana Treatment Admissions in Reporting CEWG Areas, by Percent[1]: 2005[2]

CEWG Area	Gender		Race/Ethnicity			Age			
	Male	Female	White	Afr.-Amer.	Hispanic	<17 (20)	18–25	26–34	35+
Atlanta	61	39	39	56	3	9	3	8	81
Baltimore	82	18	42	54	2	39	37	NR[3]	NR
Boston	73	27	21	52	22	64	24	24	12
Chicago	77	23	7	76	15	NR			
Denver	78	22	42	21	33	43	27	18	12
Detroit	77	23	12	85	1	22	27	29	22
Los Angeles	72	28	14	30	51	50	23	13	13
Mpls./St. Paul	77	23	64	24	5	39	34	15	11
New York	79	21	8	58	30	26[4]	25	28	20
Newark	79	21	2	75	22	26	36	27	11
Philadelphia	83	17	19	60	10	[53: 30 or younger]			
St. Louis	73	27	42	57	1	25	33	25	17
San Diego	73	27	40	20	32	41	24	18	16
Seattle	75	25	44	31	8	40[4]	37	20	3
Texas	70	30	32	22	43	NR			

[1]Percentges rounded.
[2]Boston, Chicago, and Detroit report FY 2006 data; all others report data for calendar year 2005.
[3]NR=Not reported.
[4]New York reports for "20 and younger;" Seattle for "18 and younger."
SOURCE: CEWG June 2006 reports

Smoking was the most frequently reported mode of administering marijuana in 10 CEWG areas that reported these data. The percentages who smoked ranged from 92 to 98.

Reports from Baltimore, Boston, Los Angeles, Minneapolis/St. Paul, New York City, and Newark indicated that alcohol was the most widely used secondary drug among admissions who used a substance other than marijuana. The proportions using alcohol were 29 percent in St. Louis and 66 percent in Minneapolis/St. Paul. In Detroit, heroin was the most frequently reported secondary drug among marijuana admissions.

Recent Trends. Of the 15 CEWG areas for which 2002 and 2005 data were reported *(see exhibit 20a),* primary marijuana admissions as a proportion of total admissions, excluding alcohol, increased more than 4 percentage points in Denver and Los Angeles. Decreases of more than 7 percentage points were reported for St. Louis (7.3), Seattle (8.8), and Minneapolis/St. Paul (15.1).

DAWN ED Data on Marijuana

Unweighted DAWN *Live!* data for CY 2005 in 12 CEWG areas show that marijuana accounted for the second highest number of ED reports in five: Denver, Houston, Miami-Dade County, Minneapolis/St. Paul, and San Diego (exhibit 21).

Exhibit 21. Number of Marijuana ED Reports in 12 CEWG Areas (Unweighted[1]): 2005

CEWG Area	Total[2]	Marijuana
Boston	10,056	2,169
Chicago	16,476	2,905
Denver	5,612	1,124
Detroit	12,716	2,908
Houston	6,322	1,833
Miami-Dade	11,402	2,681
Mpls./St. Paul	9,601	3,102
New York City	28,549	4,756
Phoenix	7,479	1,437
San Diego	4,531	988
San Francisco	6,846	664
Seattle	11,945	1,968

[1]Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control, and based on review, may be corrected or deleted. Therefore, these data are subject to change.
[2]Represents the total numbers of reports in the "Major Substances of Abuse" category excluding alcohol reports.
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/17–18, 2006

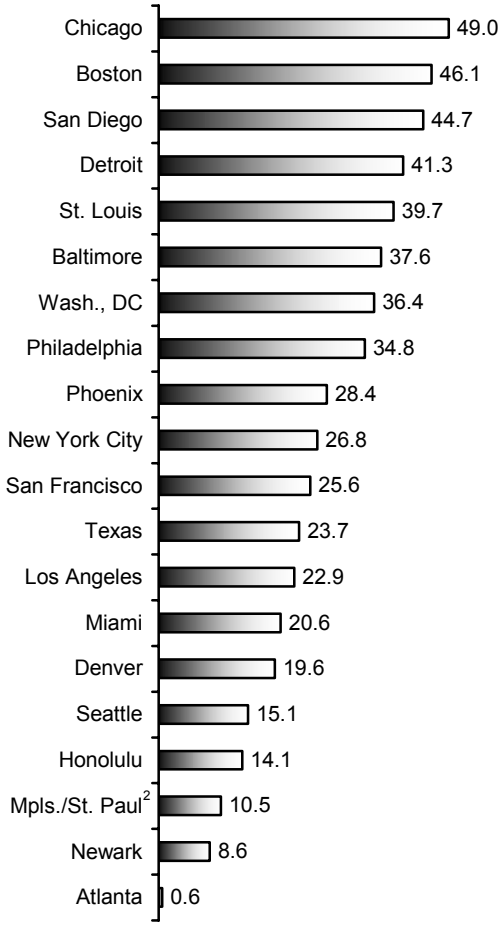
Mortality Data on Marijuana

The presence of marijuana in decedents is not tested in all CEWG areas. In 2005, St. Louis reported 64 mentions of marijuana (19 percent of the death cases); Honolulu reported 43 deaths involving marijuana; and Newark/Essex County reported 6. Across Florida in 2005, marijuana-involved deaths totaled 843.

NFLIS Data on Marijuana

Across CEWG areas in 2005, the proportions of cannabis/THC items were low compared with other drug items reported in Atlanta (0.6 percent) and Minneapolis/St. Paul (10.5 percent), areas in which there have been sharp increases in items containing marijuana in recent years. However, cannabis/THC was the drug most frequently reported by forensic labs in Boston, Chicago, and San Diego, accounting for approximately 45–49 percent of the total items analyzed in these areas *(see exhibit 22)*. In 10 CEWG areas, cannabis/THC was the second most frequently reported drug by NFLIS, ranging from nearly 20 percent of all drug items analyzed in Denver to 41 percent in Detroit.

Exhibit 22. Marijuana Items[1] Analyzed by Forensic Labs, Ordered from Highest to Lowest Percentage of Total Items, by CEWG Area: 2005



[1]Some substances include more than one variant of a drug.
[2]Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.
SOURCE: NFLIS, DEA

YRBS Data on Marijuana

In the 13 CEWG areas participating in the YRBS in 2005, prevalence estimates for lifetime use of marijuana among high school students far exceeded the prevalence estimates for cocaine, heroin, and methamphetamine. As shown in exhibit 23a, lifetime marijuana use was high in Texas (42.2 percent). In the CEWG metropolitan/county areas, lifetime marijuana use was higher among Chicago students. However, Chicago did not differ significantly from Baltimore, Boston, Detroit, Los Angeles, and San Diego. The lowest percentage for lifetime marijuana use was in Washington, DC; however, this prevalence estimate was not significantly different from the estimates in Miami-Dade County, New York City, and

San Francisco. Gender differences show that male students were significantly more likely than female students in Baltimore, Broward County, Florida, DeKalb County, Georgia, and Miami-Dade County to report ever using marijuana.

Exhibit 23a. Lifetime Use[1] of Marijuana Among Students in Grades 9–12 in 13 CEWG Areas, by Total, Gender, and Percent: 2005

CEWG Area	Total		Male		Female	
	Percent	(CI[2])	Percent	(CI[2])	Percent	(CI[2])
Baltimore	42.7	(± 2.6)	48.5	(± 4.1)	37.5	(± 3.0)
Boston	39.3	(± 3.7)	41.7	(± 4.4)	37.0	(± 4.8)
Broward Co., FL	34.8	(± 3.5)	39.9	(± 4.4)	29.9	(± 4.1)
Chicago	44.9	(± 3.5)	49.0	(± 3.9)	41.4	(± 5.7)
DeKalb Co., GA	37.8	(± 2.4)	44.7	(± 3.8)	31.4	(± 2.9)
Detroit	40.6	(± 4.9)	42.7	(± 5.6)	39.0	(± 5.4)
Los Angeles	39.7	(± 4.1)	41.5	(± 5.4)	37.9	(± 5.3)
Miami-Dade Co.	28.3	(± 2.3)	32.7	(± 3.3)	23.8	(± 2.6)
New York City	28.1	(± 2.4)	30.0	(± 3.5)	25.9	(± 3.5)
San Diego	39.2	(± 3.6)	40.2	(± 5.3)	37.8	(± 4.6)
San Francisco	29.5	(± 3.1)	30.9	(± 4.0)	28.2	(± 3.6)
Wash., DC	27.2	(± 2.8)	29.4	(± 3.5)	25.0	(± 3.5)
Texas[3]	42.2	(± 3.0)	45.6	(± 4.6)	38.6	(± 2.6)

[1]Used methamphetamine (also called "speed," "crystal," "crank," or "ice") one or more times during their lifetime.
[2]CI=95% confidence interval.
[3]The CDC reports that the Texas survey excludes "one of the State's largest school districts," Houston, and that the overall response rate was 67 percent.
SOURCE: YRBS, CDC

The patterns of past-30-day use of marijuana use among high school students were similar those for lifetime marijuana use across CEWG areas (*exhibit 23b*). The prevalence was high in Texas (21.7 percent). In the CEWG metropolitan/county areas, the higher percentage of current marijuana use shown for Chicago was not significantly different from the prevalence estimates for Baltimore, Boston, Broward County, Detroit, Los Angeles, and San Diego. The low prevalence estimate of current marijuana use shown for Washington, DC, differed significantly only from Baltimore, Boston, and Chicago. Current use of marijuana was significantly higher among male students than among female students in Baltimore, Broward County, DeKalb County, Miami-Dade County, New York City, and Texas.

Exhibit 23b. Current Use[1] of Marijuana Among Students in Grades 9–12 in 13 CEWG Areas, by Total, Gender, and Percent: 2005

CEWG Area	Total		Male		Female	
	Percent	(CI[2])	Percent	(CI[2])	Percent	(CI[2])
Baltimore	21.4	(± 2.3)	27.2	(± 3.6)	16.4	(± 2.5)
Boston	21.2	(± 2.5)	24.0	(± 3.5)	18.5	(± 3.1)
Broward Co., FL	17.3	(± 2.2)	20.4	(± 3.2)	14.0	(± 2.7)
Chicago	22.5	(± 3.0)	25.8	(± 3.9)	19.6	(± 3.1)
DeKalb Co., GA	17.4	(± 1.9)	23.0	(± 2.9)	12.4	(± 1.9)
Detroit	18.5	(± 2.9)	20.9	(± 3.9)	16.6	(± 2.9)
Los Angeles	18.1	(± 1.5)	18.9	(± 2.6)	17.4	(± 3.4)
Miami-Dade Co.	12.8	(± 1.8)	16.2	(± 2.6)	9.4	(± 2.0)
New York City	12.3	(± 1.4)	14.2	(± 2.0)	10.4	(± 1.7)
San Diego	18.6	(± 2.4)	19.3	(± 3.5)	18.0	(± 2.5)
San Francisco	15.6	(± 2.3)	18.0	(± 3.1)	13.2	(± 2.4)
Wash., DC	14.5	(± 2.1)	15.0	(± 2.6)	14.0	(± 2.6)
Texas[3]	21.7	(± 1.9)	24.6	(± 2.6)	18.6	(± 2.4)

[1]Used marijuana one or more times during the 30 days preceding the survey.
[2]CI=95% confidence interval.
[3]The CDC reports that the Texas survey excludes "one of the State's largest school districts," Houston, and that the overall response rate was 67 percent.
SOURCE: YRBS, CDC

Club Drugs (MDMA, GHB/GBL, Ketamine)

The club drugs in this section include MDMA (methylenedioxymethamphetamine, or ecstasy), GHB (gamma hydroxybutyrate), GBL (gamma butyrolactone), and ketamine.

While these drugs continue to be used at "raves" and in other party settings, data indicators continue to suggest that use of GHB and ketamine is quite low in most CEWG areas. MDMA continues to be the most widely used of the club drugs.

Excerpts from several CEWG papers indicate that MDMA continued to be used, especially among young people; however, decreases in some MDMA indicators were reported from Boston, Los Angeles, and Miami/Ft. Lauderdale.

ATLANTA: *While so-called club drugs—methylenedioxymethamphetamine (MDMA or ecstasy), gamma hydroxybutyrate (GHB), and ketamine appear relatively infrequently in epidemiological data, ethnographic and sociologic research suggests continued frequency in use, particularly among metropolitan Atlanta's young adult population. —**Brian Dew***

BOSTON: *There were 17 calls to the Helpline during which MDMA was self-identified as a substance of abuse (less than 1 percent of all mentions) in FY 2005. The number of MDMA Helpline calls has decreased 62 percent from a peak of 45 calls in FY 2002. —**Daniel Dooley***

LOS ANGELES: *California Poison Control System calls involving exposure to ecstasy among Los Angeles County residents had been decreasing consistently over recent years, from a high of 50 in 2001 to a low of 16 in 2003. In 2004, the number of ecstasy-related exposure calls increased slightly to 19 calls, and in 2005, there were 20 ecstasy calls reported. During calendar year 2005, more callers reporting exposure to ecstasy were female (65 percent) than male (30 percent), and 50 percent were between the ages of 13 and 25. —**Beth Rutkowski***

MIAMI/FT. LAUDERDALE: *Measures of MDMA abuse suggest problems may have peaked in 2001, declined thereafter, and then stabilized between 2003 and 2005… Ecstasy pills generally contain 75–125 milligrams of MDMA, although pills are often adulterated and may contain other drugs being sold as ecstasy. —**James Hall***

PHILADELPHIA: *Focus groups held since spring 2001 have reported that MDMA is used in combination with marijuana and lysergic acid diethylamide (LSD), which helps describe its use among clubgoers. —**Samuel Cutler***

TEXAS: *Texas Poison Control Centers reported 23 calls involving misuse or abuse of ecstasy in 1998… 119 in 2000… 172 in 2002… 302 in 2004, and 343 in 2005. In 2005, the average age was 21.—**Jane Maxwell***

PATTERNS AND TRENDS IN ABUSE OF CLUB DRUGS ACROSS CEWG AREAS

Treatment Data on Club Drugs

Four CEWG areas reported data on treatment admissions involving abuse of a specific drug or for the category of "club drugs." The data are shown below.

Chicago: *In FY 2005, there were 76 admissions for primary abuse of club drugs; most were male (92 percent) and African-American (74 percent). The 2005 admissions represent an increase over the 30 club drug admissions in FY 2004. —**Dita Broz***

Denver: *In 2005, 46 of the 24,418 treatment admissions were for primary abuse of club drugs. —**Tamara Hoxworth***

Detroit: *There were 15 admissions for ecstasy and 1 for ketamine in the first half of 2006. —**Cynthia Arfken***

Texas: *In 2005, admissions to treatment for a primary, secondary, or tertiary (PST) problem with estasy totaled 640, up from 63 in 1998, 199 in 2000, 521 in 2002, and 561 in 2004... There were also 48 PST admissions for GHB, GBL, or 1.4 butanediol abuse in 2005, up from 2 in 1998, 12 in 2000, 35 in 2002, and 45 in 2004. In 2005, clients who used GHB tended to be the oldest of all club drug users (average age 29), and 98 percent were White. Fifty-eight percent of the clients who used GHB had a primary problem with amphetamines or methamphetamine, and 44 percent had a history of drug injection. One client was admitted with a problem with ketamine. —**Jane Maxwell***

DAWN ED Data on Club Drugs

Unweighted DAWN *Live!* data for CY 2005 show that MDMA was the most frequently reported club drug in all 12 CEWG areas *(see exhibit 24)*. A small number of (unweighted) ED reports were shown for GHB in all 12 areas. Ketamine ED reports were few in number and were documented in only 10 of the 12 CEWG areas.

Exhibit 24. Numbers of MDMA, GHB, and Ketamine ED Reports and Total Reports for All Illicit Drug Reports in 12 CEWG Areas (Unweighted[2]): 2005

CEWG Area	Total[2]	MDMA	GHB	Ketamine
Boston	10,056	145	22	8
Chicago	16,476	101	27	1
Denver	5,612	82	12	1
Detroit	12,716	200	12	0
Houston	6,322	138	6	0
Miami-Dade	11,402	101	17	3
Mpls./St. Paul	9,601	163	12	3
New York City	28,549	163	28	27
Phoenix	7,479	41	4	5
San Diego	4,531	37	14	3
San Francisco	6,846	111	51	5
Seattle	11,945	143	21	4

[1]Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control. Based on the review, cases may be corrected or deleted. Therefore, these data are subject to change.
[2]Represents the total number of reports in the "Major Substances of Abuse" category, excluding alcohol.
SOURCE: DAWN *Live!,* OAS, SAMHSA, updated 4/17–18/2006

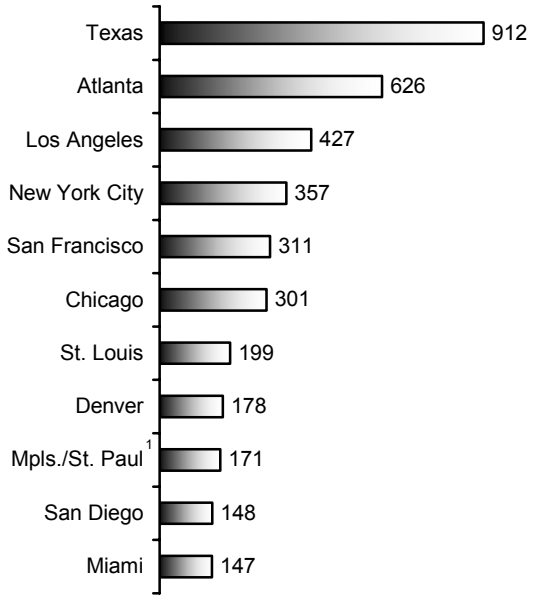
Mortality Data on Club Drugs

In 2005, there were 14 deaths involving MDMA in Detroit/Wayne County and 1 involving ketamine. The Philadelphia ME reported 10 deaths with the presence of MDA in 2005, bringing the total to 40 since the second half of 1999. In Seattle/King County, four deaths involved MDMA in 2005, the largest number since 1997. In Hennepin County, Minnesota, 10 deaths involving methamphetamine also involved MDMA. Statewide in Florida in 2005, there were 27 deaths with the presence of MDMA, 18 involving MDA, and 9 involving GHB. In Georgia, three deaths involved MDMA in 2005. In Texas in 2004, there were nine deaths with a mention of MDMA, three that involved GHB, and two with a mention of ketamine.

NFLIS Data on Club Drugs

In 2005, MDMA and MDA combined were the club drugs most frequently reported by forensic labs in CEWG areas. There were 3,194 MDMA/MDA items reported across 18 CEWG metropolitan areas and 912 reported statewide in Texas. The 11 CEWG areas with more than 100 MDMA/MDA reported items are depicted in exhibit 25. In 9 CEWG areas, MDMA/MDA items numbered between 16 in Honolulu and 97 in Philadelphia.

Exhibit 25. MDMA/MDA Items Reported by Forensic Laboratories in 11 CEWG Areas, Ordered from Highest to Lowest Number: 2005



[1]Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin Counties.
SOURCE: NFLIS, DEA

In 11 CEWG areas, MDMA/MDA accounted for less than 1 percent of all drug items. In St. Louis, MDMA items represented 3.0 percent of the total, while in Atlanta, Denver, San Francisco, and Seattle, MDMA/

MDA items accounted for between 2.2 and 2.8 percent of all items. In Minneapolis/St. Paul and Texas sites, MDMA/MDA items accounted for 1.9 and 1.6 percent of all items, respectively.

Ketamine items numbered 204 across 14 CEWG metropolitan areas, accounting for between .01 and .07 percent of all drug items. One hundred ketamine items were reported from New York City. GHB and its precursor GBL totaled 129 across 14 CEWG metropolitan areas and 92 in Texas statewide. Like ketamine, these items accounted for small proportions of total items in all CEWG areas (.01–.07 percent). One-half of the GHB/GBL items were reported from Los Angeles (*n*=40) and San Francisco (25).

YRBS Data on Ecstasy

School survey data for 2005 were available for 10 CEWG areas *(see exhibit 26)*. Lifetime use of ecstasy among high school students in Texas was 8.2 percent. In the nine metropolitan/county CEWG areas, the percentage of lifetime use of ecstasy was highest in San Diego, which did not differ significantly from the prevalence estimates in Broward County, Florida, and Miami-Dade County. In the other six metropolitan/county areas where prevalence estimates were lower, no statistically significant differences were found. Lifetime use of ecstasy was significantly higher among male than female students in DeKalb County and New York City.

Exhibit 26. Lifetime Use[1] of Ecstasy Among Students in Grades 9–12 in 10[2] CEWG Areas, by Total, Gender, and Percent: 2005

CEWG Area	Total		Male		Female	
	Percent	(CI[2])	Percent	(CI[2])	Percent	(CI[2])
Baltimore	3.7	(± 0.9)	4.9	(± 1.5)	2.6	(± 1.0)
Broward Co., FL	6.1	(± 1.5)	6.9	(± 2.8)	4.9	(± 1.6)
Chicago	3.3	(± 1.3)	4.6	(± 2.5)	2.1	(± 1.0)
DeKalb Co., GA	4.0	(± 0.9)	5.6	(± 1.5)	2.5	(± 0.9)
Los Angeles	3.5	(± 1.5)	3.8	(± 2.1)	3.2	(± 1.2)
Miami-Dade Co.	5.4	(± 1.0)	5.3	(± 1.3)	5.2	(± 1.5)
New York City	3.7	(± 0.7)	5.0	(± 1.0)	2.4	(± 0.7)
San Diego	7.4	(± 1.5)	6.8	(± 1.8)	7.3	(± 2.0)
Wash., DC	4.0	(± 1.3)	5.1	(± 1.9)	2.9	(± 1.2)
Texas[4]	8.2	(± 0.9)	8.6	(± 1.6)	7.7	(± 1.7)

[1]Used ecstasy (also called "MDMA") one or more times during their lifetime.
[2]Prevalence estimates were not available for Boston, Dallas, Detroit, and San Francisco.
[3]CI=95% confidence interval.
[4]The CDC reports that the Texas survey excludes "one of the State's largest school districts," Houston, and that the overall response rate was 67 percent.
SOURCE: YRBS, CDC

Phencyclidine (PCP) and Lysergic Acid Diethylamide (LSD)

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

As illustrated in excerpts from the June 2006 CEWG reports, PCP and LSD are often included in a broader category of "hallucinogens." Also, part of PCP's popularity is its use as a dip for marijuana joints and, less frequently, for other illicit drugs.

PCP

PCP indicators have continued to be monitored since a PCP Panel at the December 2003 CEWG meeting reported that PCP abuse appeared to be increasing in some areas and that indicators were highest in Los Angeles, Philadelphia, and Washington, DC. The most recent data from these three CEWG areas indicate that PCP abuse has continued to decline in Los Angeles and Philadelphia, while criminal justice indicators suggest a slight increase may be occurring in PCP in Washington, DC.

LOS ANGELES: *There was a slight upturn in PCP treatment admissions in the first half of 2005, but the number decreased again in the last half of 2005… California Poison Control System calls involving exposure to PCP among Los Angeles County residents fluctuated between 6 and 17 calls from 2001 to 2004. In calendar year 2005, there was a slight increase in PCP-related exposure calls to nine. Seventy PCP arrests were made within the city of Los Angeles in the first 6 months of 2005, signaling a 27-percent decline from the same timeframe in 2004 (96 arrests). PCP arrests accounted for a very low proportion of all arrests (less than 1 percent)… The total amount of PCP seized from January through December 2005 (13 pounds) was 50 percent lower than the amount seized during the same period in 2004 (26 pounds).* ***—Beth Rutkowski***

PHILADELPHIA: *PCP began to gain popularity as an additive to blunts in 1994, and its use increased up to around the beginning of 2004. Since then, users reveal that use is declining, identifying an aversion to 'bad trips' and unpredictable experiences while on PCP… Mentions of PCP use at admission to treatment declined precipitously from 2004 to 2005, and PCP's frequency among drugs detected in decedents dropped from fifth to ninth place in the 12-year period ending December 2005… Prices have declined when purchasing this drug in quantity.* ***—Samuel Cutler***

WASHINGTON, DC: *According to the Metropolitan Police Department, PCP-related arrests declined 41 percent from 2003 to 2004, but increased 16 percent in 2005 largely because of a 33-percent increase in possession arrests… Data from the Pretrial Services Agency show… that positive tests for PCP use among adults declined in 2004 to 6.2 percent, but they increased slightly in 2005 to 7.5 percent and to 9.0 percent in the first 3 months of 2006… The proportion of juveniles testing positive for PCP decreased from 13.4 percent in 2002 to 1.9 percent in 2004, but increased in 2005 to 3.4 percent. Only 2 percent of juveniles tested positive during the first 3 months of 2006.* ***—Erin Artigiani***

Some CEWG areas reported on the continued use of PCP with other drugs…

NEW YORK CITY: *PCP appears to be gaining in popularity in some sections of the city. Teens report mixing marijuana and PCP, and in some areas, crack is being soaked in PCP.* ***—John Galea***

PHILADELPHIA: *Focus groups that were conducted in the spring of 2006 comprised of users new to treatment described typical users as Hispanics and Whites in their early teens to mid-20s and equally as likely to be female as male. Whereas PCP oil was more commonly noted as available in the past, PCP sprayed onto mint leaves was noted as the form in which it was currently available. The leaves are rolled into small joints, usually using rolling papers, then it is smoked.* ***—Samuel Cutler***

TEXAS: *Texas Poison Control Centers reported cases of 'Fry,' 'Amp,' 'Water,' 'Wack,' or 'PCP.' Often, marijuana joints are dipped in formaldehyde that contains PCP or PCP is sprinkled on the joint or cigarette. The number of cases involving PCP increased from 102 in 1998 to 189 in 2005. Of these, 18 cases involved misuse or abuse of formaldehyde or formalin in 2003, 55 in 2004, and 56 in 2005.* ***—Jane Maxwell***

LSD

LSD abuse indicators are quite low across CEWG areas, and reports suggest that use of LSD is declining in at least two CEWG areas.

ATLANTA: *The DEA reports an increase in the availability of LSD, especially among White traffickers/users age 18–25. LSD is usually encountered in school settings and is imported through the U.S. Postal Service. —**Brian Dew***

CHICAGO: *Recent reports from young heroin snorters indicate that in this population, PCP use is more common than LSD use. —**Dita Broz***

LOS ANGELES: *According to weighted California Healthy Kids Survey (CHKS) data for the combined 2003–2005 school years, 5.2 percent of all Los Angeles County secondary school students (including 7th, 9th, and 11th graders, and a small sample of nontraditional students) who responded to the survey had ever used LSD or another psychedelic, and 2.1 percent had used LSD/other psychedelics in the past 30 days. A breakdown of the data by grade level illustrated that among responding 9th graders, 3.9 percent had ever used LSD/other psychedelics, and 2.0 percent were current users. Among 11th graders, 5.3 percent had ever used LSD/other psychedelics, and 1.6 percent used a psychedelic at least once within the past 30 days… In 2004–2005, only 2 percent of the respondents indicated that they had ever used LSD/other psychedelics in the recent past. —**Beth Rutkowski***

PHILADELPHIA: *LSD use has declined in the past 2 years. —**Samuel Cutler***

TEXAS: *Texas Poison Control Centers reported 82 mentions of abuse or misuse of LSD in 1998… 97 in 2000… 129 in 2002, 20 in 2003, 22 in 2004, and 38 in 2005. The average age in 2005 was 20.4 for the LSD cases. —**Jane Maxwell***

PATTERNS AND TRENDS IN PCP AND LSD ABUSE ACROSS CEWG AREAS

Treatment Data on PCP and LSD

PCP and LSD are typically combined in other categories (e.g., hallucinogens or "other drugs") in treatment data sets. Typically, treatment admissions for "hallucinogens" are less than 1 percent of all admissions (e.g., Atlanta, Chicago, Hawaii, San Diego, San Francisco, Seattle, Texas).

The few CEWG reports specific to treatment of PCP abuse are cited below.

BALTIMORE: *From 2001 through 2005, treatment admissions rates per 100,000 population for PCP were between 2 and 5. —**Leigh Henderson***

LOS ANGELES: *Primary PCP treatment admissions accounted for 0.5 percent of all admissions (n=128) in the latter half of 2005. The proportion of PCP admissions among all admissions has been stable for several years, but the overall number of PCP admissions has fluctuated since the late 1990s. From 1999 to the first half of 2003, the number of admissions increased 89 percent. In the second half of 2003, however, the number of PCP admissions decreased slightly (16 percent) to 262 admissions, and it continued to decrease further (12 percent) in the first half of 2004 to 230 admissions and in the second half of 2004 to 135 admissions (41 percent decrease from the first half of the year). In the first half of 2005, there was a very slight upturn in the number of PCP admissions, representing an 11-percent increase in number. But in the second half of 2005, the number decreased again (7 percent) to 128 admissions. Alcohol (22 percent), cocaine/crack (20 percent), and marijuana (18 percent) were the three drugs most frequently reported as secondary drugs among primary PCP admissions. An overwhelming majority (98 percent) of the primary PCP admissions smoked the drug. About 1 percent reported oral ingestion or inhalation (snorting). —**Beth Rutkowski***

PHILADELPHIA: *Mentions of PCP use at admission to treatment declined precipitously from 2004 to 2005* [from 563 to 347]. *African-Americans accounted for 43.6 percent of PCP treatment admissions in 2005, followed by Whites (16.7 percent), Hispanics of any race (16.2 percent), and Asians and others (23.6 percent). Nearly 86 percent were male, and 58 percent were age 30 or younger. —**Samuel Cutler***

TEXAS: *Adolescent and adult admissions to treatment with a primary, secondary, or tertiary problem with PCP have varied over time, rising from 164 in 1998 to 417 in 2003 and then dropping to 223 in 2005. Of these clients in 2005, 82 percent were Black, 42 percent were male, and 56 percent were involved in the criminal justice system. While 49 percent reported a primary problem with PCP, another 16 percent reported a primary problem with marijuana, which demonstrates the link between these two drugs… —**Jane Maxwell***

DAWN ED Data on PCP and LSD

Unweighted DAWN *Live!* data for CY 2005 show small numbers of PCP and LSD ED reports in all 12 CEWG areas participating in DAWN. Typically, PCP ED reports were more frequent than LSD reports; the exceptions were in Denver and Miami-Dade County. These data are shown in exhibit 27, together with the total number of illicit drug ED reports in each area.

Exhibit 27. Number of PCP and LSD ED Reports and Total Reports for All Illicit Drug Reports in 12 CEWG Areas (Unweighted[1]): 2005

CEWG Area	Total[2]	PCP	LSD
Boston	10,056	17	24
Chicago	16,476	85	17
Denver	5,612	12	20
Detroit	12,716	17	13
Houston	6,322	212	9
Miami-Dade	11,402	14	22
Mpls./St. Paul	9,601	43	24
New York City	28,549	490	40
Phoenix	7,479	41	11
San Diego	4,531	47	11
San Francisco	6,846	56	16
Seattle	5,434	106	27

[1]Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control. Based on the review, cases may be corrected or deleted. Therefore, these data are subject to change.
[2]Represents the total number of reports in the "Major Substances of Abuse" category, excluding alcohol.
SOURCE: DAWN *Live!,* OAS, SAMHSA, updated 4/17–18/2006

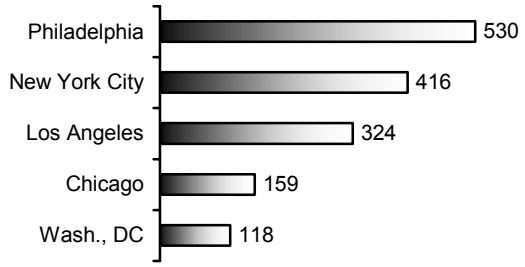
Mortality Data on PCP

Three CEWG representatives reported on deaths with the presence of PCP in 2005. Detroit and Philadelphia each reported 42 such deaths. Seattle reported that there have been no mentions of PCP (or LSD) in any drug-involved deaths.

NFLIS Data on PCP and LSD

In 2005, 1,764 PCP items were reported from 13 CEWG metropolitan areas and the combined Texas sites. Of the 1,643 PCP items analyzed in the 13 metropolitan areas, 94 percent were reported from the 5 areas shown in exhibit 28.

Exhibit 28 PCP Items Reported by Forensic Laboratories in 5 CEWG Areas, Ordered from Highest to Lowest Number: 2005



SOURCE: NFLIS, DEA

In addition, between 1 and 23 PCP items were reported from Baltimore, Boston, Denver, Phoenix, St. Louis, San Diego, and Seattle, with another 121 reported from the Texas sites. PCP items represented 1.9 percent of all items in Philadelphia and 2.0 percent of the total in Washington, DC.

In 2005, only 67 LSD items were reported across 12 CEWG metropolitan areas. Of these, 31 percent were reported from New York City and San Diego (combined), and another 45 percent were from Atlanta, Boston, Miami, and San Francisco.

Price Data on PCP and LSD

PCP street prices were reported from five CEWG areas…

- Dallas—$375–$450 per ounce; $25 per cigarette; $10 per "sherm stick"
- Hawaii—$4–$6 per "hit;" $225–$275 per 100 dosage units
- Los Angeles—$300–$350 per ounce; $10–$20 for a "sherm" cigarette dipped in PCP (a decrease from $20–$30 in June 2005 and the $10–$30 reported in January 2006)
- Minneapolis/St. Paul—$5–$10 per dosage unit
- Philadelphia—$100 per "bundle" (26 $5 bags)

LSD street prices were reported from three CEWG areas…

- Dallas—$1–$10 per dosage unit
- Hawaii—$4–$6 per "hit;" $5–$7 per microgram dose; $225–$275 per dosage unit sheet
- Los Angeles: $5–$10 per single dose

Other Drugs (Benzodiazepines/Depressants, Carisoprodol [Soma], Methylphenidate [Ritalin], and Amphetamine-Dextroamphetamine [Adderall])

This section presents the available indicator data on three classes of prescription-type drugs:

- **Benzodiazepines**, a family of depressants used therapeutically to produce sedation, induce sleep, relieve anxiety, and prevent seizures
- **Carisoprodol** (Soma), a central nervous system (CNS) agent, and one of several "muscle relaxant" drugs
- **Methylphenidate** (Ritalin) and amphetamine-dextroamphetamine, both CNS stimulant-type drugs used in the treatment of attention deficit disorder

Benzodiazepines/ Depressants

While benzodiazepine abuse indicators are reportedly increasing in some CEWG areas, in many data systems used by CEWG representatives, benzodiazepines are combined in a category with one or more drugs (e.g., Depressants, "Other Drugs), making it difficult to portray a clear pattern of benzodiazepine abuse. Alprazolam and clonazepam continue to be the most frequently reported benzodiazepines in indicator data.

ATLANTA: *The use of depressants, especially benzodiazepines, is on the rise in Atlanta. The most commonly abused benzodiazepine is alprazolam (Xanax)… The DEA considers benzodiazepines and other prescription depressants to be a growing threat in Georgia. The pills are widely available on the street or via the Internet. Their abuse now exceeds that of oxycodone and hydrocodone. According to the NDIC and DEA, local dealers tend to work independently and typically sell to 'acquaintances and established customers.' These primarily White dealers and abusers steal prescription pads, rob pharmacies, and attempt to convince doctors to prescribe the desired pills. —**Brian Dew***

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

CHICAGO: *Benzodiazepine-related calls to the Illinois Poison Center in Chicago repeatedly represented nearly one-half of all substance misuse calls between 2001 and 2005. Approximately 500 to 600 calls annually were reported during this time period. —**Dita Broz***

LOS ANGELES: *Los Angeles County-based California Poison Control System calls involving exposure to benzodiazepines fluctuated between 52 and 86 calls from 2001 to 2004. Benzodiazepine-related calls had been on an upswing from 2002 (52 calls) to 2004 (86 calls). In 2005, however, only 35 benzodiazepine exposure calls were reported… Between January and December 2005, 12 of the benzodiazepine-related exposure calls were for clonazepam, 9 were for alprazolam, and 5 were for diazepam. —**Beth Rutkowski***

PHILADELPHIA: *Benzodiazepine abuse continued to be reported by focus group participants as common among users of heroin, oxycodone, cocaine, marijuana, and cough syrup. Since spring 2000, all focus groups have reported that alprazolam has overtaken diazepam as the 'most popular pill' on the street. —**Samuel Cutler***

SEATTLE: *The rate of benzodiazepine-involved deaths was 2.5 deaths per 100,000 population in 2005, similar to 2004 and up from a dip seen from 1999 to 2001. The median age was 43.0, slightly higher than for all drug-involved deaths. A relatively high proportion of females, 42.6 percent, made up such deaths. Caucasians represented a larger proportion of benzodiazepine-involved deaths than any other class of drugs, at 91.6 percent. A relatively large proportion of deaths were ruled as suicides, 16.3 percent, with another 11.0 percent undetermined. Exactly one-half of these deaths also involved an illegal drug, the largest for any substance except alcohol. —**Caleb Banta-Green***

TEXAS: *A study* [by Mathias Forrester] *of patterns of alprazolam abuse and drug identification calls to poison control centers in Texas between 1998 and 2004 found that of 25,954 alprazolam calls received… 18 percent were abuse calls,* [which] *increased during the 7-year period. Males accounted for 54 percent of the abuse calls… Adolescent patients represented 43 percent of abuse calls… abuse exposures were more likely than other exposure calls to occur at school (9 vs. 1 percent)… —**Jane Maxwell***

PATTERNS AND TRENDS IN BENZODIAZEPINE/DEPRESSANT ABUSE ACROSS CEWG AREAS

Treatment Data on Benzodiazepines

While treatment data on benzodiazepines are included in other drug categories in most CEWG areas, the numbers of admissions in the combined categories are small, typically less than 1 percent (e.g., in Atlanta, Denver, Hawaii, San Diego, Seattle, and Texas). Data extracted from the June 2006 CEWG reports related specifically to admissions for benzodiazepine abuse are presented below. As can be noted, benzodiazepines accounted for only small percentages of admissions in these areas.

BALTIMORE: *Treatment admissions for benzodiazepines and other tranquilizers have been between 5.0 and 8.0 admissions per 100,000 population age 12 and older from 2001 to 2005. —**Leigh Henderson***

BROWARD COUNTY, FL: *Excluding alcohol, admissions for primary abuse of benzodiazepines accounted for 3.5 percent of clients at Broward Addiction Recovery Center (BARC) programs in 2005. In 2005, there were 843 mentions of benzodiazepines as a primary, secondary, or tertiary drug of abuse among treatment admissions, accounting for 9.4 percent of all mentions. Of the 843, 86 percent were White non-Hispanic, 11 percent were Hispanic, and 3*

*percent were Black non-Hispanic. Fifty-two percent were age 34 or older. —**James Hall***

PHILADELPHIA: *In 2005, there were 626 primary benzodiazepine admissions, accounting for 4.6 percent of the admissions (excluding alcohol). In terms of mentions, benzodiazepines represented the fifth most mentions from 2003 through 2005. In 2005, Whites accounted for 50.0 percent of the primary benzodiazepine treatment admissions, followed by African-Americans (27.6 percent), Hispanics of any race (9.7 percent), and Asians and others (12.7 percent). Seventy-eight percent were male, and 56.5 percent were age 30 or younger. —**Samuel Cutler***

DAWN ED Data on Benzodiazepines

Unweighted DAWN *Live!* data for CY 2005 on benzodiazepine ED reports are shown in exhibit 29. Also shown is the percentage of those reports that were for "overmedication." Overmedication accounted for sizable proportions of this patient group in Phoenix (52.9 percent), Denver (49.2 percent), and San Diego (46.2 percent).

Exhibit 29. Number of ED Reports for Benzodiazepines (B) and Percent for Overmedication in 12 CEWG Areas (Unweighted[1]): 2005

CEWG Area	Number B Reports[2]	Percent Overmedication
Boston	2,041	26.1
Chicago	1,155	29.6
Denver	642	49.2
Detroit	1,471	34.3
Houston	1,652	23.3
Miami-Dade	1,006	32.0
Mpls./St. Paul	748	28.7
New York City	2,077	18.1
Phoenix	1,354	52.9
San Diego	701	46.2
San Francisco	403	38.7
Seattle	1,214	26.5

[1]Unweighted data are not comparable across CEWG areas. All DAWN cases are reviewed for quality control, and based on review, may be corrected or deleted. Therefore, these data are subject to change.
[2]Includes "Overmedication," "Seeking Detox," and "Other."
SOURCE: DAWN *Live!,* OAS, SAMHSA, updated 4/17–18/2006

Weighted DAWN data for 2004 on the misuse of selected pharmaceutical drugs show that benzodiazepine-involved ED visits accounted for 29.1 percent of the nearly one-half million ED visits analyzed,[1] exceeded only by opiate/opioid-involved visits (31.9 percent). These weighted national estimates, based on data from 15 metropolitan areas (including 14 CEWG areas) show 144,385 visits involving benzodiazepines. Of these, 34.5 percent involved alprozolam and 18.1 percent involved clonazepam.

Mortality Data on Benzodiazepines

Six CEWG representatives reported on deaths with the presence of benzodiazepines (or alprazolam or diazepam) in their local and/or State areas. All data were for 2005 except for Arizona, which reported 2004 mortality data.

- Arizona—34 benzodiazepine-involved deaths
- Broward County, Florida
  - 128 alprazolam-related deaths; 51 were alprazolam induced, and only 3 involved alprazolam alone
  - 76 diazepam-related deaths; 21 were diazepam induced, and 61 involved at least one other drug
- Florida—2,080 benzodiazepine-involved deaths
  - 1,057 alprazolam-related deaths
  - 608 diazepam-related deaths
- Georgia—257 alprazolam-related deaths
- Miami-Dade County
  - 41 alprazolam-related deaths; 10 were alprazolam induced, and 33 involved at least 1 other drug
  - 11 diazepam-related deaths; 1 was caused by the drug, and 9 involved at least 1 other drug
- Newark/Essex County—34 benzodiazepine mentions
- Philadelphia
  - 77 detections of diazepam, making it the 4th most frequently detected drug since 1994

[1]The *DAWN Report,* "Emergency Department Visits Involving Nonmedical Use of Selected Pharmaceuticals," Issue 23, 2006. Prepared by Scott Novak, Ph.D., Research Triangle Institute, and Judy K. Ball, Ph.D., SAMHSA/OAS.

  - 68 detections of alprazolam, making it the 11th most frequently detected drug since 1994

- Seattle/King County—44 benzodiazepine-involved deaths

NFLIS Data on Benzodiazepines

Across CEWG areas in 2005, four benzodiazepine-type drugs were most frequently reported by forensic laboratories. These are shown in exhibit 30.

Exhibit 30. Number of Selected Benzodiazepine Items Analyzed by Forensic Laboratories in CEWG Areas: 2005

CEWG Area	Alprazolam	Clonazepam	Diazepam	Lorazepam
Atlanta	337	52	66	14
Baltimore	77	35	36	12
Boston	34	41	15	9
Chicago	61	28	28	8
Denver	15	19	19	7
Detroit	NR[1]	NR	NR	NR
Honolulu	8	3	6	0
Los Angeles	99	83	111	14
Miami	301	10	9	2
Mpls./St. Paul[2]	14	21	26	9
New York City	800	169	49	11
Newark	15	0	0	0
Philadelphia	788	111	104	11
Phoenix	7	21	9	8
St. Louis	44	6	16	6
San Diego	72	84	90	6
San Francisco	29	96	44	14
Seattle	10	19	18	9
Wash., DC	11	1	1	3
Texas	2,592	469	344	85

[1]NR=Not reported.
[2]Data represent primarily the nonmetropolitan areas of Ramsey and Hennepin counties.
SOURCE: NFLIS, DEA

Alprazolam. Across 18 CEWG metropolitan areas, the number of alprazolam items analyzed totaled 2,722. Of these, 58 percent were reported from New York City and Philadelphia (29 percent each). Alprazolam items accounted for 2.8 percent of all drug items in Philadelphia and for 1.7 percent of all items in each of three other metropolitan areas—Atlanta, Miami, and New York City. Alprazolam items totaled 2,592 across Texas sites and represented 4.4 percent of the top 25 drug items analyzed.

Clonazepam. A total of 799 clonazepam items were analyzed by forensic laboratories in 17 CEWG metropolitan areas; 21 percent were reported from New York City. Clonazepam items represented less than 1 percent of all drug items in each of the CEWG areas.

Diazepam. Of the 647 diazepam items reported across 17 metropolitan areas, Los Angeles and Philadelphia together accounted for 33 percent. As in the metropolitan areas, the 344 diazepam items reported from Texas sites accounted for less than 1 percent of the top 25 drug items reported.

Lorazepam. Across 16 CEWG metropolitan areas in 2005, a total of 143 lorazepam items were reported by NFLIS. Another 85 were reported across the Texas sites. Lorazepam represented less than 1 percent of the total drug items in each CEWG area.

Carisoprodol (Soma)

At the June 2006 meeting, some CEWG representatives expressed concern about the nonmedical use of carisoprodol in their areas. Excerpts from three CEWG reports are presented below.

Miami/Ft. Lauderdale: *Muscle relaxants, especially carisoprodol (Soma), represent the third most likely prescription-type drugs to be used nonmedically; the most likely users are among the club drug and methamphetamine abusers. —**James Hall***

Texas: *Poison control centers confirmed that exposure cases of intentional misuse or abuse of the muscle relaxant carisoprodol (Soma) increased from 83 in 1998 to 373 in 2005. Between 1998 and 2003, 51 percent of these poison control center cases involved males and 83 percent involved persons older than 19. Carisoprodol… tends to be abused in combination with other substances. Only 39 percent of the cases involved that one drug; all the others involved combinations of drugs… The Houston DAWN emergency department data in 2005 show that there were 432 carisoprodol reports; 43 percent were male, 66 percent were White, 12 percent were Black, and 6 percent were Hispanic; 19 percent were younger than 25, 30 percent were 25–34, and 50 percent were 35 or older… In 2004, carisoprodol was mentioned on 87 death certificates, up from 51 in 2003. Only three of the deaths involved just carisoprodol. Hydrocodone and alprazolam were substances that were most often mentioned along with carisoprodol on the other death certificates. Of the 2004 deaths, 60 percent were male, 93 percent were White, and the average age was 41… DPS lab exhibits of carisoprodol reported to NFLIS increased from 13 in 1998 to 90 in 1999, 153 in 2000, 202 in 2001, 232 in 2002, 277 in 2003, 253 in 2004, and 356 in 2005. According to the Dallas DEA Field Division, Soma sells for $4 per tablet, and Soma with codeine sells for $2–$5. —**Jane Maxwell***

PATTERNS AND TRENDS IN CARISOPRODOL MISUSE

The quantitative data on carisoprodol are limited. The drug was not mentioned specifically in the treatment data from CEWG areas. Presented below are national estimates from DAWN ED (2004) and the data from NFLIS.

National DAWN ED Data on Carisoprodol

National estimates from the DAWN 2004 analysis referenced earlier in this section show that carisoprodol accounted for 61.2 percent of the estimated 28,000 ED visits involving muscle relaxants.

NFLIS Data on Carisoprodol

Small numbers of carisoprodol items were reported by forensic labs in 11 of the 20 CEWG areas in CY 2005. In all 11 areas, carisoprodol accounted for less than 1 percent of all items analyzed. Nearly 62 percent of the 577 carisoprodol items were reported from the Texas labs. Los Angeles (*n*=74) and San Diego (59) combined accounted for 23 percent of the 577 carisoprodol items. Another 12.5 percent were reported from Atlanta (*n*=26), Boston (19), Phoenix (16), and Honolulu (11). The remainder were reported from Minneapolis (*n*=6), Denver (5), Miami-Dade County (3), and Seattle (2).

Methylphenidate (Ritalin) and Amphetamine-Dextroamphetamine (Adderall)

Several CEWG representatives reported on the nonmedical use of Ritalin and/or Adderall in their areas, with some noting the use of these drugs among youths and young adults.

Los Angeles: *A total of 45 Ritalin/Adderall exposure calls were recorded by the California Poison Control System between January 2001 and December 2005, with a peak in 2002 (11 calls). DEA ARCOS data on sales of prescription stimulants to hospitals and pharmacies in the Los Angeles County area indicate that sales of Adderall (DL-Amphetamine), Dexe-*

*drine (D-Amphetamine), and Ritalin (methylphenidate) have steadily increased each year since 2001. Adderall sales had the greatest total percent change (75 percent) from 2001 to 2005. Sales of Dexedrine increased 24 percent, and sales of Ritalin increased 41 percent during the same 5-year period. In terms of total drug amounts (in grams) distributed in Los Angeles, Ritalin was distributed in the largest amount when compared with the grams of all other stimulants distributed. —**Beth Rutkowski***

Minneapolis/St. Paul: *…Sometimes known as the 'hyper pill' or the 'study drug,' Ritalin is used by some adolescents and young adults to increase alertness or suppress appetite. Crushed and snorted or ingested orally, each Ritalin pill is sold for $5 or simply shared with fellow middle school or high school students at no cost. The Hennepin Regional Poison Center received six calls related to methylphenidate in 2006 (January through May), all but one of which involved people younger than 20. —**Carol Falkowski***

Texas: *There were 177 calls to Texas poison control centers involving abuse or misuse of amphetamine pills, phentermine, or Adderall, and another 114 calls involving abuse or misuse of Ritalin in 2005. —**Jane Maxwell***

Washington, DC: *Drug Early Warning System (DEWS) staff at Center for Substance Abuse Research, University of Maryland, launched the Student Drug Research (SDR) survey in the spring of 2005 as a new tool for monitoring drug trends about emerging drugs and patterns of use among college students at one university in the DC metropolitan area. Alcohol, marijuana, and Adderall continued to be the most frequently mentioned drugs. All were rated as easy or very easy to get around campus by the majority of Student Reporters. Fifty percent or more of both the high risk and low risk students felt alcohol, marijuana, Adderall, Ritalin, and Percocet were very easy or easy to get around campus. Nonmedical use of prescription stimulants was perceived to be widespread. Respondents estimated that approximately one-third or more of students have used Adderall and Ritalin some time during college, and that approximately one-fifth to one-quarter use those drugs occasionally. Both high risk and low risk students reported that the most common use for prescription stimulants was to aide in cramming for an exam, followed by other uses related to academics, including studying in general and taking prior to an exam to help focus. Student Reporters rated the use of prescription stimulants for studying to be much less harmful than using them to party or mix with alcohol or other drugs. Other common reasons reported for using prescription stimulants include getting 'up' for a party, increasing the effects of alcohol, and staying awake longer. Students using prescription stimulants to study tend to take the pills orally with some type of caffeine/energy drink, while those using them to party tend to use lower strength pills that they crush and snort. —**Erin Artigiani***

These drugs are not included in the typical indicator datasets, except for NFLIS. In CY 2005, a total of 163 methylphenidate items were reported by forensic labs in 16 metropolitan areas and Texas. Nearly 45 percent of the items were reported from Texas (n=73). One-quarter were reported from four CEWG areas: Minneapolis (n=13), Boston (11), Atlanta (9), and Seattle (8). Seven methylphenidate items each were reported for Los Angeles, New York City, and San Francisco, and five and six items were reported from Philadelphia and Baltimore, respectively. Smaller numbers of methylphenidate items were reported for Chicago, Denver, and San Diego (each 4), Honolulu (2 items), and Minneapolis, Phoenix, and Washington, DC (each 1 item).

Special Reports

New Orleans Panel

Introduction

Dr. Douglas Rugh, NIDA, identified the many challenges facing drug abuse epidemiologists in their attempts to assess the nature and extent of drug abuse in New Orleans after Hurricane Katrina. The city has been represented in NIDA's Community Epidemiology Work Group since the group's inception in 1976. It was pointed out that accurate and timely information about drug abuse was needed in order to plan and initiate appropriate interventions. Yet, this is a difficult endeavor when a city is in transition, the population has changed and will continue to change, services have been disrupted, and drug abuse data sources are scarce.

One of the first of the challenging tasks is to assess and determine the impact that the hurricane and subsequent floods have had on drug abuse and the drug-abusing population including…

- Drug abuse patterns
- Drug trafficking and distribution
- The health consequences associated with drug abuse
- The need for and availability of treatment services

Data/information sources that had been used to assess and monitor drug abuse patterns, trends, and emerging problems were compromised by the hurricane, including the following:

- All of the hospitals were closed that reported to the Drug Abuse Warning Network (DAWN).
- Many police labs were not operational; therefore, this negatively impacted the National Forensic Laboratory Information System (NFLIS).
- Many drug treatment programs are still closed, and some may never reopen.
- Medical examiners had to move their offices to another parish.

Dr. Rugh indicated that the panel was organized to review the current situation and describe the process of assessing the drug problem in New Orleans and Orleans Parish. The knowledge gained from this experience might be applied in other areas that face similar challenges in the future. He introduced the panel participants and mentioned that the first panelist to present, Gail Thornton-Collins, has been a CEWG representative for New Orleans for the past 25 years.

Gail Thornton-Collins

Pre-Katrina, crack cocaine abuse was the most serious drug problem in New Orleans. Of the 842 primary drug abuse treatment admissions (excluding alcohol) in Orleans Parish in the first half of 2005, 42.9 percent were primary cocaine/crack abusers, 41.9 percent were primary marijuana abusers, 9.4 percent were primary heroin abusers, and 4.9 percent abused "other opiates." Nearly 85 percent of the primary cocaine/crack treatment admissions were African-American, and nearly 13 percent were White. Of the primary marijuana abuse admissions, about 89 percent were African-American and 8 percent were White.

How do we assess and monitor drug abuse under current circumstances when the population is changing and data sources are limited? Drug abuse treatment programs in New Orleans have not been submitting data to the State since the hurricane, but this is beginning to change. Some of the treatment programs have become fully operational and are admitting drug-abusing patients. Other treatment facilities are beginning to reopen. The Medical Examiners' office was flooded and had to be relocated to East Baton Rouge Parish, but it is, once again, in the position to provide data on drug-related deaths.

Currently, law enforcement agencies are one of the sources from which data/information about drug distribution, dealing, and abuse in the city can be obtained. These agencies include…

- New Orleans Police Department, particularly the Field Division Intelligence Group
- Orleans Sheriff's Office
- Port of Orleans Harbor Police Department

- New Orleans Field Division of the DEA

Key informants from these law enforcement agencies indicated that there is growing evidence that drug distributors, dealers, and abusers are in or are returning to the city. For example…

- Seizures of heroin and cocaine have been reported by law enforcement sources.
- Drug distributors have reduced the prices charged for drugs to remain competitive.
- Information collected on the street suggests that crack cocaine is still the primary drug problem in New Orleans.
- There is a perception on the street that the criminal justice system in New Orleans is overburdened with other problems and not able to focus attention on drug abuse.

William Robinson, Ph.D.

Dr. Robinson described surveillance efforts made by the HIV/AIDS Program, Louisiana Office of Public Health (LOPH), to estimate the number of people living with HIV/AIDS (PLWH/As) who returned to New Orleans after Katrina and the number currently residing in Orleans Parish. These estimates were used to extrapolate the potential number of injection drug users who had returned to the city. Dr. Robinson stressed the importance of having accurate population and demographic estimates in order to plan HIV/AIDS prevention, intervention, and service programs.

Initially, the LOPH used three different methods to estimate the number of PLWH/As who returned to Orleans Parish after the hurricane and evacuation—these estimates were based on changes in the general population, changes in the number of patients in care, and surveillance efforts based on multiple sources of data/information.

A variety of data sources were used to locate this population, including the following:

- Calls to/from health departments in other States
- Case reports of field epidemiologists
- Laboratory tracking and laboratory reports nationwide
- Out-of-State ADAP calls and matched records
- Contact with the Louisiana CAREWare (Ryan White Title II) programs

Patty Kissinger, Ph.D.

Dr. Kissinger identified many of the challenges confronted in attempting to monitor drug abuse trends and consequences following a natural disaster such as Katrina. She pointed out that drug abusers are one of the most vulnerable and difficult populations to reach because they tend to have limited resources and to be distrustful. Other populations, such as those who are infected with HIV, are more likely to maintain contact with health service providers and, thus, to be reachable after being evacuated because of a hurricane and flooding. In contrast, it was very difficult to reach or obtain information about individuals who used illicit drugs.

Drug abuse indicator data that have been used over the past 30 years to assess drug abuse patterns and trends in New Orleans were compromised by the hurricane and the floods. Police forensic laboratories were flooded, but some records have been salvaged. Attempts are being made to salvage police records in the basement of the civil court and police headquarters, facilities that were also flooded. In District 1, which includes Orleans Parish, the number of drug abuse treatment facilities decreased from 14 (pre-Katrina) to 5 (post-Katrina). The number of hospital emergency department/acute care facilities decreased from 10 (pre-Katrina) to 3 (post-Katrina).

Given what has been learned since the hurricane, it will once again be possible to monitor drug abuse trends and consequences in New Orleans. However, it should be recognized that…

- New estimates of population size will be essential to accurately determine the prevalence of drug abuse problems.
- Pre- and post-comparisons need to be examined cautiously, because the populations are different.
- Since access to care is limited, indicator data are likely to underestimate the problems.

Drug Abuse Patterns and Trends in Cincinnati, Ohio

Jan Scaglione, B.S., M.T. PharmD, DABAT

Drug abuse indicators showed that cocaine/crack cocaine and marijuana were the primary drugs of abuse in Cincinnati in 2005, with the drugs dominant among publicly funded treatment admissions, seizures by Cincinnati law enforcement and the Drug Enforcement Administration (DEA), and seized items analyzed by the National Forensic Laboratory Information System (NFLIS). Treatment admissions for cocaine/crack cocaine accounted for more than 41 percent of primary admissions, excluding alcohol, during FY 2005. Cincinnati Police Department (CPD) seizures of powder and crack cocaine in 2005 increased 31–35 percent over the prior 5 years, and cocaine constituted 47 percent of NFLIS lab submissions in 2005. A twofold increase in Whites versus African-Americans admitted to treatment for primary crack cocaine use was demonstrated over the prior 5-year period. Indicators for marijuana remained relatively stable, with the drug accounting for 32 percent of treatment admissions for illicit drugs and nearly 40 percent of DEA drug seizures in the Cincinnati area. Indicators for heroin use remained relatively constant; the drug accounted for nearly 13 percent of publicly funded treatment admissions for illicit drugs and nearly 18 percent of DEA drug seizures. Methamphetamine abuse remains an emerging issue across the State of Ohio, but the drug accounts for very few treatment admissions in the Cincinnati region to date. Prescription opioids and benzodiazepines remain a problem across the area, with White females more likely to abuse than African-Americans or males. Opiates/opioids (other than heroin) accounted for slightly more than 10 percent of treatment admissions, excluding alcohol. Epidemiology indicators for MDMA indicated relative stability in availability and use across the Cincinnati region during 2005.

International Reports

Update of the Epidemiologic Surveillance System of Addictions (SISVEA) in Mexico: 2005

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

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

In 2005, 21.3 percent of the patients in NGCs reported crystal methamphetamine as their main current substance of abuse. This was lower than the proportion reporting alcohol (24.4 percent) as their current drug of abuse, but higher than the proportions reporting cocaine (18.7 percent), heroin (13.3 percent), marijuana (9.0 percent), and inhalants (7.1 percent) as their main current substance of abuse. The proportions of NGC patients reporting crystal methamphetamine as their current substance of abuse increased from 2002, when the proportion was 16.3 percent. The percentages of NGC patients reporting cocaine or heroin as their main current substances of abuse trended down from 2002 to 2005.

In 2005, the substances most likely to be reported by NGC patients as their first substance of abuse were alcohol (35.1 percent) and marijuana (24.0 percent). Interestingly, 6.4 percent reported cocaine as their first substance of abuse.

Of the 10,287 juveniles arrested in 2005, 32.0 percent had used marijuana, 13.2 percent had used cocaine, and only 0.04 percent had used heroin.

Most of the 2,180 drug-related deaths associated with drug intoxication in Mexico in 2005 involved alcohol (79.5 percent), while only a small proportions involved cocaine (7.0 percent), marijuana (5.2 percent), or opioids (3.6 percent).

Drug Abuse Epidemiology in Latin America

A Comparative Overview of Drug Use in South America

Marya L. Hynes, M.H.S.

The Inter-American Drug Abuse Control Commission (CICAD), a branch of the Organization of American States (OAS), includes 34 member countries. The Inter-American Observatory on Drugs (OID) was created by OAS in 2000 as the statistics, information, and research branch of CICAD. OID's mission is to promote and build a drug information network for the Americas that provides objective, reliable, up-to-date, and comparative information for member organizations. The network also serves as an early warning system for identifying emerging and new drugs of abuse, new methods of using and manufacturing drugs, and changing drug trafficking patterns.

OID helps countries in…

- Developing and improving the collection and analysis of drug-related data
- Establishing drug observatories
- Developing standardized data systems
- Exchanging knowledge and experiences

OID works almost exclusively through government agencies. The agencies in different countries vary in size and capability. Most are in the process of determining which research tasks should be outsourced (e.g., to universities) and which should be done in-house.

In June 2006, CICAD released its first report of a comparative study on drug use among secondary school students (age 12–17) in nine Latin American countries: Argentina, Bolivia, Brazil, Colombia, Chile, Ecuador, Paraguay, Peru, and Uruguay. Surveys conducted in each country during the period from the end of 2004 through the beginning of 2005 were based on the Inter-American Drug Use Data System, known by its Spanish acronym as SIDUC. Brazil, which has its own survey format, coordinated with the SIDUC to ensure that its survey data would be comparable with the data collected by the other countries.

Of these nine countries, the proportions of secondary students using marijuana in the year prior to survey were highest in Chile (12.7 percent), Uruguay (8.5 percent), and Colombia (7.1 percent). Past-year cocaine use among secondary students was highest in Argentina (2.5 percent) and, surprisingly, low in the cocaine-producing countries of Colombia (1.7 percent) and Bolivia (0.9 percent). Past-year use of inhalants was much higher in Brazil (15.3 percent) than in the other eight Latin American countries.

The proportions of students using pharmaceutical drugs without a prescription were highest in Paraguay (7.1 percent) and Bolivia (7.0 percent). Past-month use of alcohol among secondary students was high in all nine countries and included more than one-half of the students in Colombia (51.9 percent) and Uruguay (50.1 percent) and 48.0 percent in Brazil.

Issues of special concern included the following:

- The high prevalence of alcohol use among secondary school students in all nine countries
- The need to assess and determine the factors associated with differences in student drug use by country

The Latin American countries that reported the highest percentages of student past-year use of any drugs tended to have the highest gross domestic product (GDP) estimates[1] (i.e., wealth) in 2006. Bolivia and Paraguay, the countries with the lowest GDP estimates, reported the highest percentages of students who reportedly used pharmaceutical drugs without a prescription.

CICAD plans to conduct more comparative drug use surveys in the hemisphere in Central America and the Caribbean to examine factors that affect drug use, including economics, development, and social mechanisms.

Brazil

Vladimir de Andrade Stempliuk, Ph.D.

In Brazil, drug abuse research is coordinated by The National Anti-drugs Secretariat (SENAD) of the Institutional Security Cabinet, Office of the President. Data sources used to assess drug abuse patterns and trends include surveys conducted by University Research Groups, the Ministry of Health, the Ministry of Justice, and the Ministry of Education.

Household Survey. The most recent National Household Survey on Drug Abuse was conducted in 2005,

[1]Based on International Monetary Fund, World Economic Outlook Database, April 2006.

but the data will not be available until late in 2006. In the prior household survey, conducted in 2001, data were collected in 107 cities, each with more than 200,000 inhabitants. In this survey, 8,589 respondents, age 12–65, were interviewed. Most (68.7 percent) had used alcohol in their lifetime. Tobacco had been used by 41.1 percent in their lifetime. Marijuana was the most commonly used illicit drug: 6.9 percent reported having ever used this drug. Some 5.8 percent reported having ever used an inhalant. Cocaine had been reportedly used by 2.3 percent of the respondents in their lifetime, and amphetamines had been used by 1.3 percent.

School Survey. A 2004 survey of elementary and high school students in 27 Brazilian capitals showed that 65.2 percent had ever (lifetime) used alcohol, and 43.3 percent had used it frequently (6–20 times per month). Some 6.7 percent of the students were considered "heavy alcohol consumers," using this substance 20 or more times per month. Of other drugs reported in this school survey, lifetime use of marijuana was the most frequently reported (5.9 percent), followed by tranquilizers (4.1 percent), amphetamines (3.7 percent), and cocaine (2.0 percent).

Drug Seizure Data. In 2005, 151,119 kilograms of marijuana were seized by Brazilian authorities, less than the amounts seized in 2002, 2003, and 2004. However, in 2005, the amount of cocaine seized by authorities increased by more than 50 percent, from 7,717 kilograms in 2004 to 15,664 kilograms in 2005. Other drug seizures in 2005 included 323 kilograms of cannabis seed, 302 kilograms of coca paste, and 125 kilograms of crack cocaine. In addition 52,144 ecstasy pills were seized in 2005, less than the 81,971 seized in 2004. In 2005, 4,181 drug dealers were arrested and charged, more than the numbers charged in each of the prior 5 years.

In continuing to maintain and improve the drug abuse epidemiology monitoring system in Brazil, the challenges include reducing the regional and State inequities and imbalances and expanding scientific capabilities to all regions.

Chile

Leonel A. Valdiva, Ph.D.

The Chile Drug Monitoring System (Observatory), a component of the National Council for Drug Control (CONACE), is structured to assess the nature and extent of drug abuse and to monitor drug abuse trends over time. CONACE´s observatory is staffed by a director and 3–4 professional staff. Data sources include the National General Population Survey (NGPS) (conducted biannually since 1994), the National School Population Survey (conducted biannually since 1995), Hospital Emergency Departments (1998, 2001), Medical Examiners (1998, 2001), Prison Populations (2003), Court Records (2002), Workforce Populations (bus drivers, 1998), Public Services (2003), and an At-Risk Children Study (2002). In addition, qualitative studies are organized and conducted to complement the quantitative studies. Prior qualitative studies have focused on Women and Drugs, Drug Consumption Motivation, and Drugs Among At-Risk Children. This summary focuses on selected findings from the 2004 National General Population Survey (NGPS).

NGPS. The 2004 NGPS included 16,366 persons from 87 counties. Findings here cover the total population, with differences by gender and age, for "any illicit drug," marijuana, cocaine, and coca paste. Trend data show that use of two of these drugs increased from 1994 to 2004, although it decreased slightly from the 2000 survey.

NGPS findings showed that 5.8 percent of the general population had used "any illicit drug" in the past year—up from 4.1 percent in 1994 but slightly lower than the 6.2 percent of 2000. In 2004, use of any illicit drug was higher among males than females (8.8 vs. 3.0 percent) and among persons age 19–25 (16.0 percent), compared with those age 26–24 (7.6 percent) or 12–18 (6.5 percent).

Marijuana was the most frequently used drug in the past year (5.3 percent), up from 3.7 percent in 1994, but lower than the 6.2 percent in 2000. The prevalence of past-year marijuana use was higher among males than females (7.9 vs. 2.8 percent) and among persons age 19–25 (15 percent vs. approximately 6–7 percent of those age 12–17 and 26–34). Among adolescents who had ever used marijuana, 35 percent had initiated use of the drug before the age of 15. Respondents age 12–18 were more likely than those age 19–25 to perceive marijuana use as a "great risk" (65 vs. 55 percent), but those 19–25 were more likely than their younger counterparts to perceive marijuana as being "easily available" (73 vs. 53 percent) and also more likely to say that someone offered them marijuana during the 30 days prior to survey (21.3 vs. 10.0 percent).

In 2004, 1.3 percent had used cocaine in the past year, up from 0.8 percent in 1994 and slightly down from 1.5 percent in 2000. Past-year use of cocaine in 2004 was highest among those age 19–25 (3.6 percent), as was the perceived availability of cocaine (35.0 percent) and reports of being offered the drug

in the prior 30 days (5.5 percent) The prevalence of past-year cocaine use was higher among males than females (2.2 vs. 0.4 percent).

In 2004, 0.62 percent of the respondents reported past-year use of coca paste. Comparisons of the 2004 data show a higher prevalence of past-year coca paste use among males than females (1.1 vs. 0.2 percent) and among those age 19–25 (1.4 percent). Respondents age 19–25 were more likely than those age 12–18 to perceive use of coca paste as being a great risk (74 vs. 69 percent) and as being easily available (40 vs. 28 percent), and this group was also more likely to say they had been offered the drug in the past 30 days (4.6 vs. 1.6 percent).

As a drug epidemiology monitoring system, Chile's CONACE is well organized and is managed by the government authority. Ten years of general and school population surveys allow CONACE to monitor drug use trends over time. However, it is recognized that additional and complementary sources of data are needed.

Costa Rica

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The Costa Rico National Institute on Alcoholism and Drug Abuse (NIADA) assesses and monitors drug abuse trends by geographic area and type of drug. The data sources used by the NIADA include a national household survey, a national student survey, the Mesoamerica Diagnosis on Addiction, and indirect sources. The Inter-American Drug Use Data System (SIDUC/OAS Project) contributes data from forensic labs (2004 and 2005), hospital emergency rooms (2004), and juvenile offenders (2002, 2003, 2004).

National household surveys were conducted in 1990, 1995, and 2000. Another household survey is being conducted in 2006.

Household Survey. Based on the 2000 general population survey, 9 percent of the male respondents had used marijuana in their lifetime, and 1 percent had used this drug in the past year. Only 2 percent of the female respondents had ever used marijuana, and none had used in the past year. Three percent of males and 0.1 percent of female respondents had used cocaine during their lifetime.

In both the 1995 and 2000 household samples, most respondents reported that crack was "easy" or "very easy" to obtain. Crack dependence was also reported as one of the main reasons for hospitalization in treatment centers. Introduced in the late 1980s, crack became a serious problem in Costa Rica.

School Survey. In 2002, a student drug prevalence survey of 7th graders was conducted in seven provinces. The proportions of students reporting ever using marijuana were highest in Puntarenas (5.0 percent) and Alajuela (3.3 percent). Relatively high proportions of the students in San Jose (77.8 percent) and Limon (60.0 percent) reported ever using alcohol. The percentage of students reporting tobacco use was highest in Cartago (41.5 percent).

Emergency Room Data. A 2002 SDIC study in hospital emergency rooms in Costa Rica showed that 22 percent of the people treated for trauma tested positive for drugs.

Death Data. Forensic death data showed that 20 percent of the individuals who died for violent reasons tested positive for alcohol, 6 percent tested positive for cocaine, and 2 percent tested positive for marijuana.

Drug Arrests. Of the drug infraction arrests reported by the Costa Rica justice system in 2004 (n=1,163), 48 percent involved drug possession, 36 percent involved drug selling, and 17 percent involved drug trafficking.

Given what has been learned, there is increased recognition of the need to collect data on a regular basis and monitor changes in drug abuse indicators over time. Accurate and timely data will contribute to sound policymaking decisions.

Peru

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Peru's Drug Abuse Observatory collects, analyzes, and disseminates qualitative and quantitative data/information to guide institutions and the government sectors in assessing drug abuse patterns, trends, and emerging problems. The primary data sources are the treatment demand information network (RIDET), drug-related mortality indicator (IMAC) data, and the Drug Use Community Surveillance System (SISVIC). The proposed National Demand Information System (SISRED) in Peru is still in the testing phase. The government will use the information produced by SISVEC in designing and implementing policies against drug use and in coordinating and promoting programs and projects with

government resources, university expertise, and international cooperation.

Household Survey. The 2005 University of Peru Cayetano Heredia (UPCH) household survey provided data comparing recent use of different substances by city and type of substance. The sample included approximately 1,200 respondents, age 12–64, in each of 5 major cities: Lima, Trujillo, Tarapoto, Piura, and Huancayo. Residents of Lima were more likely than residents of the other cities to have used alcohol (47 percent) in the 30 days prior to survey. Alcohol dependence was highest in Trujillo (7.8 percent), Huancayo (6.9 percent), and Lima (6.8 percent). No more than 0.8 percent of the respondents in any of the five cities reported past-30-day use of illicit drugs (cocaine, coca paste, inhalants, ecstasy) or prescription-type drugs, and smaller percentages were considered dependent on any illicit drug or prescription drugs.

School Surveys. In 2005, UPCH conducted surveys of 4,143 school students, age 12–19, in Lima and a survey of 4,495 students age 15–31 attending public/private universities in Peru. The findings on drug use are summarized below.

In the Lima survey, both lifetime and past-30-day prevalence were higher for alcohol and marijuana than for other substances. The percentages were…

	Lifetime Use	**Past-30-Day Use**
Alcohol	40.9	18.5
Marijuana	5.9	1.8
Inhalants	4.5	1.2
Cocaine	4.2	1.5
Coca Paste	2.9	1.0

A similar pattern of prevalence of lifetime use was found in the university survey; that is, alcohol and marijuana were the substances most likely to be reported by students. The data show little difference between male and female university students' lifetime use of alcohol. However, male students were more likely than female students to report using three other drugs in their lifetime:

	Male	**Female**
Alcohol	90.9	89.2
Marijuana	21.9	16.0
Cocaine	6.7	3.6
Coca Paste	2.4	1.5

Appendices

APPENDIX A

Total Admissions, by Primary Substance of Abuse and CEWG Area: 2005

Area	Alcohol[1]	Cocaine/ Crack	Heroin	Other Opiates	Marijuana	Stimulants	Other Drugs	Total
FY 2005								
Boston	6,519	1,532	9,261	532	611	NR[2]	319	18,774
Chicago	12,158	16,845	33,662	685	9,338	174	2,755	75,617
Detroit	3,173	2,656	3,339	160	1,178	4	319	10,829
San Francisco	2,524	2,350	3,589	NR	822	1,242	756	11,283
Arizona	18,694	3,119	2,333	373	7,404	7,334	1,528	40,785
CY 2005								
Atlanta	2,463	3,417	478	NR	1,900	1,062	NR	9,320
Baltimore	10,675	5,051	19,653	2,211	4,837	93	426	42,946
Broward County (Sample)[3]	2,998	1,698	903	630	684	72	148	7,133
Denver	3,369	1,363	965	419	2,521	1,434	115	10,186
Los Angeles	8,308	8,418	9,997	510	7,681	13,033	1,328	49,275
Mpls./St. Paul	9,410	2,953	1,091	NR	3,631	2,467	1,010	20,562
New York	20,883	15,340	21,398	549	13,258	240	1,706	73,374
Newark	376	353	3,312	28	354	4	106	4,533
Philadelphia	3,385	4,695	3,107	492	3,120	39	2,224	17,062
St. Louis	2,166	3,528	1,688	168	3,055	629	1,469	12,703
San Diego	2,576	860	2,507	232	1,599	5,243	102	13,119
Seattle	4,108	1,960	2,023	415	2,012	1,344	221	12,083
Hawaii	1,963	246	186	191	1,733	3,353	233	7,905
Texas	13,374	14,838	5,040	2,782	11,789	7,721	1,314	56,858

[1]Includes alcohol-in-combination with other drugs in Atlanta; other areas include alcohol-only or combine alcohol-only and alcohol-in-combination.
[2]NR=Not reported.
[3]Represents nine programs in Broward County that serve 51.5 percent of admissions to county treatment facilities.
SOURCE: June 2006 CEWG Reports

APPENDIX B

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

CEWG Area	Total EDs in DAWN Sample	No. of EDs Reporting per Month: Completeness of Data (%)		No. EDs Not Reporting
		≥ 90%	<90%	
Boston	37	16–20	0–3	16–19
Chicago	78	24–30	0–4	45–52
Denver	14	7	0–1	6–7
Detroit	29	15–21	0–4	7–10
Houston	42	11–14	0–2	28–30
Miami-Dade	19	9–10	0–1	8–9
Mpls./St. Paul	26	9–13	0–1	13–17
New York City	64	24–33	2–9	29–33
Phoenix	26	11–14	0–3	11–13
San Diego	17	7–9	0–2	7–8
San Francisco	19	9–11	0–2	7–10
Seattle	24	9–12	0–3	11–14

SOURCE: DAWN *Live!,* OAS, SAMHSA, updated 4/17–18, 2006

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