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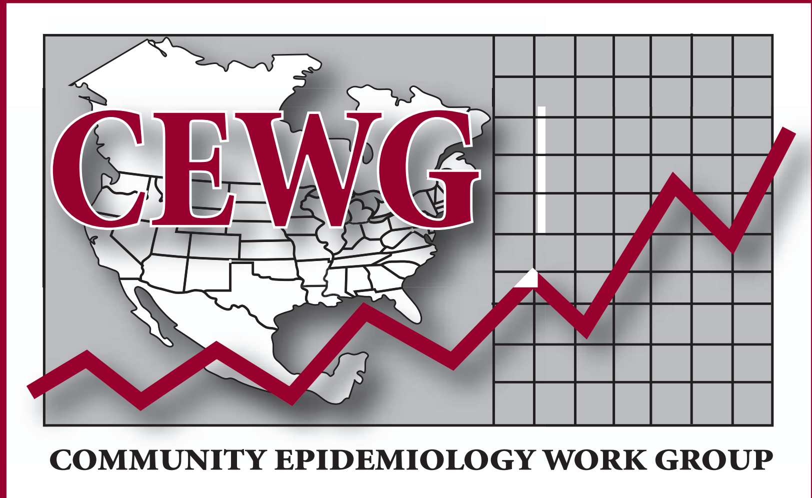

Epidemiologic Trends in Drug Abuse

Volume I

Proceedings of the Community Epidemiology Work Group

Highlights and Executive Summary

June 2005

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

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

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

This *Executive Summary* is a synopsis of findings reported by the 21 CEWG representatives and issues discussed by participants at the June 2005 CEWG meeting. Individual papers by CEWG representatives, members of a panel of NIDA-supported researchers who presented community-based findings on methamphetamine and stimulant abuse among youth and young adults, and papers by international presenters on drug abuse trends in Australia, Europe, Mexico, Southern Africa, and Taiwan will appear in *Volume II Proceedings.*

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

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

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FOREWORD

This *Executive Summary* is a synthesis of findings presented at the 58th semiannual meeting of the Community Epidemiology Work Group (CEWG) held in Denver, Colorado, on June 14–17, 2005, under the sponsorship of the National Institute on Drug Abuse (NIDA).

Representing 21 sentinel areas in the United States, CEWG representatives presented reports, citing the most current data on drug abuse patterns, trends, and emerging problems in their areas. To enhance nonurban representation in the CEWG, guest researchers from Maine and Ohio presented information on drug abuse patterns and trends in their areas. The meeting also included two panels. One, composed of NIDA-supported researchers, presented findings from community-based studies on methamphetamine/stimulant abuse among youth and young adults. A second panel, composed of international researchers, presented findings on drug abuse patterns and emerging trends in Australia, Europe, Mexico, Southern Africa, and Taiwan. Individual papers by CEWG representatives and members of the two panels will appear in *Volume II* of the June 2005 Proceedings. Information on how to obtain these volumes can be found on page ii of this report.

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

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 findings from the June 2005 Community Epidemiology Work Group meeting. This report focuses on…

- ♦ The abuse of cocaine/crack, heroin, methamphetamine, narcotic analgesics/other opiates, and marijuana in the 21 CEWG areas
- ♦ An overview of special issues raised in meeting discussions

After welcoming participants, Timothy Condon, Ph.D., Deputy Director, NIDA, provided an update on NIDA research activities. The update included information on NIDA's collaboration with other Federal agencies to build partnerships to disseminate and test NIDA's research findings at the community level.

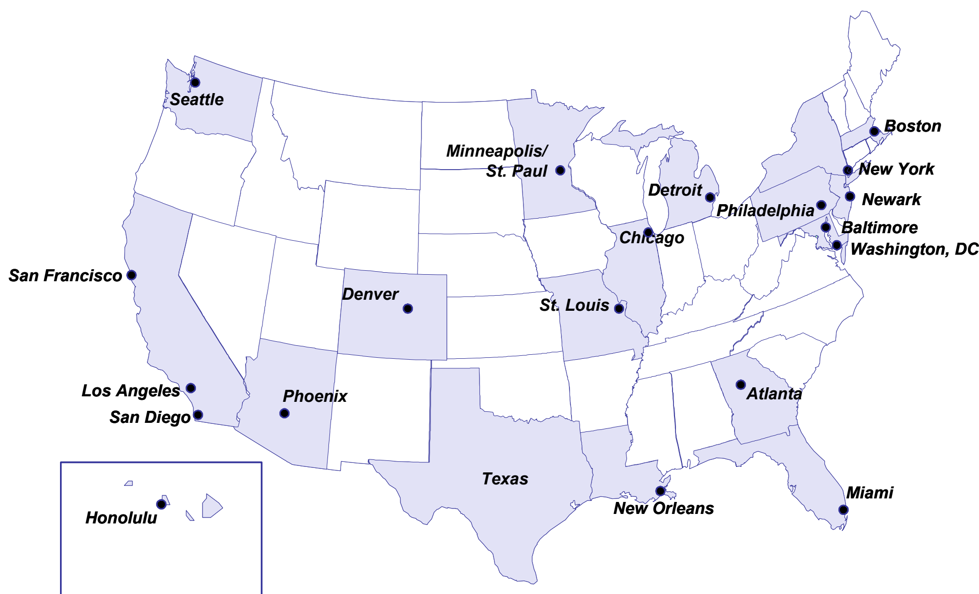
Wilson Compton, M.D., M.P.E., NIDA, led the discussion for the Panel on Methamphetamine and Other Stimulant Abuse Among Youth and Young Adults. The Panel on International Drug Abuse Emerging/Current Trends discussion was led by Steve Gust, Ph.D., NIDA. Papers by individual members of the two panels appear in the June 2005 *Volume II* publication.

In addition, updates were presented on the Drug Abuse Warning Network by Judy Ball, Ph.D., and on the Forensic Laboratory Information System, by James Tolliver, Ph.D. A session by Edward Boyer, M.D., focused on Using the Internet as a Tool for Identifying and Monitoring Drugs of Abuse. Jamie Van Leeuwan, M.A., M.P.H., C.A.C. II, Director of Development and Public Affairs, Urban Peak, addressed the problem of homeless and runaway youth and hosted a field trip for participants to visit Urban Peak.

THE CEWG NETWORK: ROLES, FUNCTIONS, AND DATA SOURCES

Roles of the CEWG

The CEWG is a unique epidemiologic network that is designed to inform drug abuse prevention and treatment agencies, public health officials, policymakers, and the general public about current and emerging drug abuse patterns. The 21 geographic areas represented in the CEWG are shown in the map below.



The Functions of CEWG Meetings

The CEWG convenes semiannually. Ongoing communication between meetings is maintained through e-mail, conference calls, and mailings.

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

- Dissemination of the most up-to-date information on drug abuse patterns and trends in each CEWG area
- Identification of changing drug abuse patterns and trends within and across CEWG areas
- Planning for followup on identified problems and emerging drug abuse problems

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

Identification of changing drug abuse patterns is part of the interactive discussions at each CEWG meeting. Through this process, members can alert

one another to the emergence of a potentially new drug of abuse that could spread from one area to another. The CEWG has pioneered in identifying the emergence of several drug epidemics, such as those involving abuse of methaqualone (1979), crack (1983), methamphetamine (1983), and "blunts" (1993). 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 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. In June 2004, a special panel addressed the abuse of prescription drugs. As noted earlier, the June 2005 panels focused on methamphetamine abuse among youth and young adults and international drug abuse patterns and trends.

The Emerging/Current Trend approach draws upon the following:

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

Data Sources

- **Crime laboratory data** are from the National Forensic Laboratory Information System (NFLIS), maintained by the Drug Enforcement Administration (DEA). These data are reported for 2004 in 19 CEWG metropolitan areas and Texas (statewide). Only San Francisco does not participate in NFLIS. The data are based on State and local forensic laboratory analyses of items received from drug seizures by law enforcement authorities. There are differences in local/State lab procedures and law enforcement practices that affect comparability across areas. Also, the data are not adjusted for population size. They are reported as the percentage that each drug represents in the total drug items analyzed by labs in a CEWG area.

- **Treatment data** are from CEWG reports for 2001–2004. Boston, Chicago, Detroit, New Orleans, and San Francisco report fiscal year data; all other areas report calendar year data, with Washington, DC, reporting the most recent calendar year (2003) admissions data from the Treatment Episode Data Set (TEDS), maintained by the Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA). The data typically represent primary admissions for treatment of specific drugs of abuse; the primary drugs are reported as percentages of total admissions, excluding alcohol.[1] The 2004 admissions for alcohol and other drugs, by CEWG area, are presented in *Appendix A*. Treatment data are not totally standardized across CEWG areas.

- **Emergency department (ED) data** for 2004 were accessed through DAWN *Live!,* a restricted-access online service administered by the OAS, SAMHSA. The data represent patients of all ages in CEWG areas (with the exception of Honolulu). The 2004 data are from the redesigned DAWN system and are not comparable to data from 2002 or before. Nor can the unweighted DAWN *Live!* data in this report be compared across CEWG areas or generalized within areas. Participation by EDs in each DAWN sample was incomplete; completeness data by CEWG area are summarized in *Appendix B*. The unweighted numbers represent drug reports involved in drug-related visits. Drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol). Since all DAWN cases are reviewed for quality control and are subject to change following review, the data reported here are preliminary. As weighted estimates are published by SAMHSA, they will be reported by

[1]Throughout this report, treatment trends cannot be compared for four CEWG areas: Broward County, because the samples were not comparable across years; Chicago, which reported for the entire State prior to 2004; San Diego, where the 2004 data source differed from prior years; and Washington, DC, for which 2004 data were not available.

the CEWG and comparisons will be made across participating areas in future NIDA reports.

- **Drug-related mortality data** for 13 CEWG areas are from DAWN, SAMHSA, and, for 8 areas, from State/local medical examiners cited in CEWG reports. The **DAWN** medical examiner/coroner (ME/C) system has been redesigned. Data for 2002 and before are not comparable to the 2003 data published by SAMHSA and reported here for 13 selected CEWG areas. The new DAWN system covers any death, accidental or intentional, related to recent drug use, misuse, or abuse among decedents age 6–97. These deaths may be caused/induced by the drug, or the drug may have contributed to the death or simply be implicated in it. A DAWN case may involve multiple drugs; thus, the number of cases across drug categories exceeds the number of deaths. Only unweighted data are presented in this report, because rates are not available by specific drug. The unweighted data are not comparable across CEWG areas for several reasons: methods and procedures used to identify drug-related deaths may vary from facility to facility, and less than 100 percent of the population are covered by some DAWN areas. Also, the DAWN geographic areas may be larger than CEWG areas. For convenience, shortened versions of broader metropolitan area names are used in the exhibits in this report (e.g., Boston in place of Boston-Cambridge-Quincy). Data are not generalizable within areas that represent less than 100 percent of the population. The geographic jurisdictions and the percentages of the populations covered in each of the 13 DAWN areas included in this report are summarily described in *Appendix C.* The drug-related mortality data from **local/State ME/Cs** in seven metropolitan CEWG areas are for 2004. Texas reports 2003 data. These 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.

- **Law enforcement data** are from the 2005 Threat Assessment report from the National Drug Intelligence Center (NDIC), U.S. Department of Justice.

- **Price and purity data** are from *Narcotics Digest Weekly (2004)* and the DEA's Domestic Monitor Program (2003).

- **Other local and State data** include information from local DEA offices, police departments, hospitals, poison control centers, helplines, and other sources (e.g., focus groups, local studies/surveys).

OVERVIEW OF KEY FINDINGS FROM THE CEWG

Cocaine abuse indicators, particularly those for crack, continue to dominate in many CEWG areas and to have serious consequences for users, service providers, and law enforcement personnel. High levels of gang activity and violence are associated with cocaine trafficking. Indicator data, primarily for 2004, show that cocaine items reported by NFLIS exceeded those for other drugs in 12 CEWG areas, and crack accounted for 50 to more than 90 percent of primary cocaine treatment admissions in 15 of 16 reporting areas.

Heroin abuse indicators continued to be high in Baltimore and Newark and relatively high in Boston, Chicago, New York, Philadelphia, San Francisco, Seattle, and Washington, DC.

Narcotic Analgesic/Other Opiates abuse continued to cause concern in most CEWG areas. Treatment data indicate increases in admissions for primary opiate (other than heroin) abuse in 7 of the 14 CEWG areas in which treatment data for 2002 to 2004 were reported. Four CEWG participants reported that prescription-type narcotic drugs were being used with or in place of heroin.

Methamphetamine abuse indicators continued at high levels in western and southwestern areas of the Nation. In 2004, indicators increased dramatically in Phoenix, and increasing levels were reported in Atlanta, Minneapolis/St. Paul, and St. Louis. Increasing numbers of Hispanics entered treatment for primary methamphetamine abuse in some CEWG areas. In Los Angeles, Hispanics represented 47 percent of all primary methamphetamine admissions in the second half of 2004.

Marijuana continues to be readily available and the most widely used drug in CEWG areas. In 2004, relatively high percentages of the items reported by forensic laboratories (NFLIS) contained marijuana in New Orleans, San Diego, Chicago, Boston, Detroit, St. Louis, Washington, DC, and Philadelphia. In 12 CEWG areas, 20–40 percent of 2004 illicit drug abuse admissions were for primary marijuana abuse. In four CEWG areas, primary marijuana treatment admissions (excluding alcohol) exceeded those for other illicit drugs: Seattle, Minneapolis/St. Paul, New Orleans, and Denver.

FINDINGS AND ISSUES FROM THE CEWG

Cocaine/Crack

Cocaine abuse indicators, particularly those for crack, continue to dominate in many CEWG areas, with serious health consequences for users and major implications for service providers and law enforcement personnel. High levels of gang activity are associated with cocaine trafficking and violent acts.

Cocaine/crack continue to dominate the drug scene in many CEWG areas, as illustrated in excerpts from CEWG reports.

ATLANTA: *Drug abuse indicators showed that cocaine/crack remained a primary drug of abuse in Atlanta during 2004, with the drug dominant among ED reports, treatment admissions, and seized items analyzed by NFLIS.*—**Brian Dew**

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

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

NEW ORLEANS: *Crack has been and continues to be the most serious drug problem in New Orleans and is associated with high rates of violence and crime in the city. In 2004, the DEA reported that crack and cocaine hydrochloride (HCl) were widely available in New Orleans in quantities from kilograms to grams.*—**Gail Thornton-Collins**

NEW YORK: *Many cocaine indicators, which had been declining, are beginning to show increases, and the drug still accounts for major problems in New York City.*—**Rozanne Marel**

PHILADELPHIA: *Cocaine/crack remains the major drug of abuse in Philadelphia.*—**Samuel Cutler**

SOUTH FLORIDA: *Cocaine continues to dominate the consequences of drug abuse across South Florida as the epidemic enters its third decade. Its steady flow into the region fuels consequences with widely available, cheap cocaine.*—**James Hall**

WASHINGTON, DC: *Cocaine, particularly in the form of crack, remains the most serious drug of abuse in the District, accounting for more ED episodes, adult arrestee positive drug tests, and drug-related deaths than any other drug. Only heroin has a higher percentage of treatment admissions.*—**Erin Artigiani**

CEWG representatives reported on the health consequences and the high levels of violence and other crimes associated with cocaine/crack.

MINNEAPOLIS: *Gangs continued to play a considerable role in street-level retail distribution of crack cocaine. A recent sweep of drug dealers in Minneapolis on April 2005 resulted in 31 warrants for felony sales of crack. The suspects came from eight different gangs and almost all had prior criminal records.* —**Carol Falkowski**

NEWARK/ESSEX COUNTY: *Cocaine, particularly crack, is the drug most often associated with violent crime in New Jersey. Dealers frequently carry firearms and commit drive-by shootings, assaults, and murder. In early 2003, most of the 60 drug-related homicides in Essex County were attributed to cocaine distribution.* —**Allison Gertel-Rosenberg**

SOUTH FLORIDA: *South Florida's cocaine epidemic is characterized by morbidity and mortality cases that rank among the highest in the Nation. The steady flow of cheap cocaine into the region fuels the epidemic.* —**James Hall**

Cocaine arrests are reportedly high in some CEWG areas and substantial proportions of arrestees test positive for cocaine.

ATLANTA: *In the Georgia Threat Assessment (DEA 2003), officials estimate that 75 percent of all drug-related arrests involve crack cocaine. However, crack has become more difficult for undercover officers to purchase, and it seems to have decreased somewhat in popularity.* —**Brian Dew**

BOSTON: *There were 1,650 Class B (mainly cocaine and crack) drug arrests in 2004. Class B arrests accounted for the largest proportion of drug arrests (43*

percent) in the city of Boston in 2004, similar to 2003. —**Daniel Dooley**

LOS ANGELES: *In 2004, there were 10,717 cocaine/crack arrests within Los Angeles City, and cocaine was the most likely drug to be identified by forensic labs (NFLIS) in the county (n=54,916).* —**Beth Finnerty**

NEW ORLEANS: *In 2004, there were fewer arrests for cocaine possession (n=2,249) and distribution (1,286) than in 2003 (2,941 for possession and 1,262 for distribution), continuing the pattern from 2002. Arrests for cocaine possession and distribution in 2004 were second only to those for marijuana.* —**Gail Thornton-Collins**

PHILADELPHIA: *Urinalysis data of booked arrestees from Philadelphia's Adult Probation/Parole Department (APPD) in 2004 showed that 13.8 percent (n=6,808) of the 49,200 tested arrestees in the sample were positive for cocaine or cocaine metabolites. Cocaine was the second most frequently detected drug behind marijuana.* —**Samuel Cutler**

WASHINGTON, DC: *Reports from the DC Pretrial Services Agency indicate that the percentage of adult arrestees testing positive for cocaine has remained about the same since 2000. In 2004, 37.0 percent of adult arrestees in DC Pretrial Services tested positive for cocaine, and 3.0 percent of juveniles tested positive. The percentage of juveniles testing positive appears to have decreased slightly from 2003 to 2004.* —**Erin Artigiani**

PATTERNS AND TRENDS IN COCAINE/CRACK ABUSE ACROSS CEWG AREAS

NFLIS Data on Cocaine

Across 19 CEWG metropolitan areas and Texas statewide, there were 151,481 cocaine items analyzed by forensic laboratories in 2004 (135,063 across the 19 areas and 16,418 across the Texas sites). In calendar year 2004, the percentages reported for cocaine items exceeded those for all other drug items in 12 CEWG areas.

In 2004, cocaine items as a percentage of total drug items continued to be high in Miami, at 69 percent, and ranged between approximately 41 and 49 percent in 10 other metropolitan areas (*see exhibit 1*).

Exhibit 1. Cocaine Items Analyzed by Forensic Laboratories in 20 CEWG Areas, Ordered by Highest Percentage of Total Items in 2004: 2003–2004

CEWG Area	2003	2004
Miami	66.7	69.1
New York City	51.3	48.9
Denver	50.3	48.8
Newark	48.3	45.5
Wash., DC	39.5	44.7
Baltimore	46.9	44.3
Philadelphia	43.7	44.3
Atlanta	39.7	44.2
Detroit	45.2	41.9
St. Louis	45.1	41.5
New Orleans	38.4	40.8
Los Angeles	32.7	38.3
Seattle	40.5	38.1
Chicago	33.8	32.6
Phoenix	NR[1]	32.2
Texas	30.6	31.8
Boston	27.6	30.7
Mpls./St. Paul[2]	21.3	21.4
Honolulu	12.2	14.8
San Diego	13.1	14.3

[1]Not reported. Reporting began in September 2004.
[2]Covered only St. Paul in 2003.
SOURCE: NFLIS, DEA

Treatment Data on Cocaine/Crack

As can be seen in exhibit 2, the proportions of primary cocaine admissions (excluding alcohol) were highest in 2004 in Atlanta (52.5 percent), Broward County, Florida (47.3 percent), and St. Louis (40.9 percent), with the proportions ranging between 32.7 and 38.9 percent in Chicago, Philadelphia, Detroit, Texas, and New Orleans. Only Newark, Hawaii, and San Diego reported less than 10 percent of illicit drug admissions as primary cocaine abusers.

Exhibit 2. Primary Cocaine Treatment Admissions (Excluding Alcohol), by CEWG Area and Percent: 2001–2004[1]

CEWG Area/State	Year				Percent Crack 2003–2004[2]
	2001	2002	2003	2004	
Atlanta	68.1	60.8	57.6	52.5	77.2
Baltimore	15.1	15.7	15.5	16.0	79.4
Boston	16.0	15.0	12.7	11.3	58.0
Chicago	NR[3]	NR	NR	32.7	90.5
Denver	21.8	23.0	22.4	23.2	60.8
Detroit	38.7	38.6	38.5	35.6	89.8
Los Angeles	22.9	23.3	23.0	22.0	86.2
Broward Co. (sample)[3]	NR	45.3	32.0	47.3	NR
Mpls./St. Paul	26.6	27.2	26.3	26.1	74.8
New Orleans	40.0	42.7	43.1	38.9	NR
New York	29.3	28.5	28.9	29.5	61.7
Newark	7.0	6.8	6.8	7.2	49.6
Philadelphia	39.6	40.3	36.4	33.8	77.1
St. Louis	44.3	41.9	40.2	40.9	91.7
San Diego[4]	12.1	10.2	9.6	8.7	80.1
San Francisco	24.1	24.0	25.9	29.7	85.0
Seattle	21.9	19.8	22.6	21.8	NR
Wash., DC	41.4	41.9	34.9	NR	66.2
Arizona	19.0	16.7	16.2	16.1	NR
Hawaii	8.0	8.5	6.3	6.3	41.2
Texas	38.9	38.7	38.2	35.7	68.7

[1]Represents fiscal year 2004 (6 areas) or calendar year (15 areas, 2004, and Washington, DC, 2003); see *Data Sources.*
[2]Represents the percentage of primary cocaine admissions who reported smoking the drug.
[3]NR=Not reported; note that Broward County samples are not comparable by year.
[4]The 2004 data are from the State system, while prior data are from the county CADDS (California Alcohol and Drug Data System); the State's county data include more programs treating heroin abusers.
SOURCES: CEWG June 2004 reports on State and local data (including TEDS for Washington, DC)

In the 17 CEWG areas that reported data on route of administration of cocaine in 2004, smoking (crack) accounted for approximately one-half or more of the primary cocaine admissions in 16 (Hawaii was the exception at 41.2 percent). In Chicago, Detroit, Los Angeles, St. Louis, and San Francisco, between 85 and 92 percent of the primary cocaine admissions smoked the drug.

In 17 CEWG areas where 2004 data are comparable to 2001 data, the proportions of primary cocaine admissions were relatively stable in 13, increasing or decreasing less than 4 percentage points. Three exceptions represented decreases: Atlanta (15.6 percentage points), Philadelphia (5.8 percentage points), and Boston (4.7 percentage points), while San Francisco represented an increase (5.6 percentage points).

DAWN ED Data on Cocaine/ Crack

Exhibit 3 shows the number of unweighted cocaine reports in each CEWG area. Also presented are the total number of reports for all illicit drugs (including cocaine) in each CEWG area.

Exhibit 3. Number of Cocaine ED Reports and Total Reports for All Illicit Drug Reports[1] in 20 CEWG Areas (Unweighted[2]): 2004

CEWG Area	Total No. Illicit Drug Reports	Cocaine Reports
Atlanta	9,437	5,758
Baltimore	10,528	4,511
Boston	8,957	3,348
Chicago	12,909	5,981
Denver	3,882	1,569
Detroit	6,990	3,287
Houston	6,434	3,296
Los Angeles	5,675	2,348
Miami-Dade Co.	9,225	5,420
Mpls./St. Paul	7,782	3,046
New Orleans	3,248	1,607
New York	21,695	10,686
Newark	3,901	1,505
Philadelphia	7,413	3,739
Phoenix	5,783	1,591
St. Louis	4,092	1,702
San Diego	2,999	558
San Francisco	6,071	2,456
Seattle	7,445	2,725
Wash., DC	6,183	2,849

[1]Excludes alcohol but includes all other "Major Drugs of Abuse."
[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. (See *Appendix B* for completeness of data.)
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/13–4/14, 2005

The DAWN ED unweighted data show there were more cocaine reports than heroin, methamphetamine, or marijuana reports in 17 of the 20 CEWG areas. The three exceptions were Baltimore and Newark, both areas where heroin reports were high, and San Diego, where methamphetamine reports exceeded those for cocaine, heroin, and marijuana. In Atlanta where forensic labs have reported increasing percentages of methamphetamine items in recent years, there were 5,758 cocaine ED reports in 2004, compared with 567 methamphetamine ED reports. The long-standing crack abuse problem in Atlanta is reflected in the treatment data; from 2001 to 2004, between 52 and 68 percent of illicit drug admissions were for primary cocaine abuse, with three-quarters or more of the cocaine admissions being for crack abuse. Likewise, in Minneapolis/St. Paul, another area where there have been sharp increases in methamphetamine items analyzed by forensic labs, there was a higher number of cocaine ED reports (3,046) than methamphetamine (847) reports.

Mortality Data on Cocaine

DAWN ME/C data on cocaine-related deaths in 13 areas in 2003 are presented in exhibit 4a. Also shown is the total number of "illicit drug deaths" (e.g., cocaine, heroin, stimulants), which includes all case types (e.g., drug misuse, suicide, homicide, and accidental ingestion). Cocaine deaths, which include both cocaine-induced and cocaine-related deaths, were high in New York City/Newark (n=527) and ranged between 226 and 295 in Baltimore, Boston, and Detroit. In 12 of these CEWG areas, cocaine-related deaths exceeded those for heroin and stimulants. The exception was San Diego where stimulant-related deaths were more than twice as high as deaths involving cocaine and heroin.

Exhibit 4a. DAWN Cocaine-Related Deaths[1] in 13 CEWG Areas: 2003

CEWG Area[2]	Total Illicit Drug Deaths	Cocaine-Related Deaths
Atlanta	126	112
Baltimore[3]	229	226
Boston[3]	334	237
Chicago	87	67
Denver	130	102
Detroit	364	295
Houston	181	142
New Orleans	109	84
New York City/ Newark	628	527
Phoenix	256	144
San Diego[3]	226	56
San Fran.	57	32
Wash., DC[4]	152	142

[1]All data shown include all case types (e.g., drug misuse, suicide, homicide, and accidental ingestion deaths).
[2]In some cases, the CEWG area is part of a larger medical examiner jurisdiction (see *Appendix C*).
[3]Covers 100 percent of the population (see *Appendix C*).
[4]Covers the metropolitan area.
SOURCE: DAWN, OAS, SAMHSA

Local/State MEs across eight CEWG areas reported cocaine-related deaths recorded in 2004. In metropolitan areas, the numbers ranged from 22 in Honolulu/Oahu to 399 in Philadelphia (*see exhibit 4b*). In Texas in 2003, 477 cocaine-related deaths were reported.

Exhibit 4b. Deaths Involving Cocaine as Reported by MEs in 8 CEWG Areas: 2003–2004

CEWG Area	Cocaine
Honolulu/Oahu	22
Broward Co., FL	120
Miami-Dade Co.	160
Mpls./St.Paul	49
Philadelphia	399
St. Louis	38
Seattle	92
Texas	477

SOURCE: Local MEs, CEWG June 2005 reports

Four CEWG representatives described trends in cocaine-related deaths, including the involvement of multiple drugs.

FLORIDA/SOUTH FLORIDA: *Throughout Florida, the number of cocaine-related deaths increased in 2004 continuing a rising trend since 2000. There were 1,702 cocaine-related fatalities during 2004 across Florida, a 5-percent increase from the 1,614 deaths in 2003. Cocaine-related deaths in 2004 were at their highest peak statewide since the drug has been tracked in the late 1980s. Among the 2004 cases, 75 percent involved the use of another drug. There were 160 deaths related to cocaine abuse in Miami-Dade County during 2004, representing a 15-percent decrease over the total from 2003. Cocaine was detected at a lethal level in 35 percent of the 2004 cases, up from 25 percent of the 2003 cases and 21 percent of the 2002 cocaine-related deaths. Cocaine was found in combination with another drug in 62 percent of the 2004 cases. There were 120 deaths related to cocaine abuse in Broward County during 2004, representing a 13-percent decrease over the 138 cases from 2003. Cocaine was detected at a lethal level in 37 percent of the 2004 cases in Broward County, down from 45 percent of 2003 cases and 53 percent of the 2002 cases. Cocaine was found in combination with another drug in 85 percent of the 2004 cases.* —**James Hall**

PHILADELPHIA: *ME data show that the proportion of cases with cocaine present was 46 percent in 2002, 39 percent in 2003, and 45 percent in 2004. Cocaine was detected in 3,357 decedents from January 1994 through December 2004, more than any other drug appearing in the toxicology reports… At least one other drug was detected in 83 percent of cocaine-positive cases in 2001 and 2002, 85 percent in 2003, and 87 percent in 2004.* —**Samuel Cutler**

ST. LOUIS: *The St. Louis City/County Medical Examiner reported that cocaine-related deaths trended downward from 128 in 1994 to 38 in 2004. Many of the recent deaths involved alcohol and other drugs.* —**Heidi Israel**

SEATTLE: *Cocaine-involved deaths are at their highest level in at least 10 years, with 92 cocaine-involved deaths in 2004. The most common drugs combined with cocaine included heroin, representing 14 percent of all drug-involved deaths, prescription opiates (10 percent), and depressants/sedatives/ anxiolytics (9 percent).* —**Caleb Banta-Green**

Heroin

Heroin abuse indicators continued to be high in Baltimore and Newark and relatively high in other areas such as Boston, Chicago, New York, Philadelphia, San Francisco, Seattle, and Washington, DC.

Heroin indicators differ by and within CEWG area. Heroin treatment admissions may be high in a particular area because more resources are devoted to treatment modalities (e.g., methadone maintenance) targeted to heroin addicts. It is important to consider and review findings from different indicators. For example…

NEWARK: *Although heroin was the leading primary drug among treatment admissions and ED reports in 2004, only 34 percent of the 2,858 items analyzed by forensic labs in Newark contained heroin.* —**Allison Gertel-Rosenberg**

ST. LOUIS: *While heroin treatment admissions increased dramatically as a proportion of all admissions between 1996 and 2000, they leveled off in 2001–2003. In 2004, this trend appeared to continue. There are limited slots for admissions to State-funded methadone or modified medical detoxification in Missouri, which may influence these data. While heroin availability increased throughout the region, the decrease in admissions may in fact be a result of lack*

of adequate treatment resources; alternatively, the new users of heroin may not yet have been driven to treatment. When queried, private treatment programs stated that 25 percent of their admission screens were for heroin abuse, but admission depended on 'ability to pay.' Some heroin abusers in need of treatment utilize 'private pay' methadone programs. Rapid detoxification, using naltrexone, is still a treatment option at private hospitals, but it is expensive. —**Heidi Israel**

While heroin abuse indicators remained stable in most CEWG areas, abuse of the drug is complex. Users vary in demographic characteristics. They differ also by the methods they use to administer the drug for a variety of other reasons (e.g., type of heroin available, its purity, concern about contracting AIDS). Many heroin abusers also use other substances sequentially or in combination.

BALTIMORE: *Heroin abuse is complex. There are many different types of heroin abusers in the Baltimore metropolitan area. They differ by urbanity, route of administration, race, and age. In Baltimore, 68 percent of 2004 treatment admissions used other drugs: 42 percent smoked cocaine, 9 percent used cocaine intranasally, 11 percent used marijuana, and 2 percent used other opiates.* —**Leigh Henderson**

CHICAGO: *In Chicago, the majority of 2004 heroin admissions (81 percent) snorted heroin and 14 percent injected. In the rest of the State, 52 percent snorted heroin and 41 percent injected. Demographic differences may account for some of this difference. In Chicago, patients were more likely to be African-American (81 percent), while patients from the rest of Illinois were more likely to be White (58 percent).* —**Matthew Magee**

NEW YORK CITY: *Increasingly, heroin users are using both heroin and crack to produce a 'speedball' effect.* —**Rozanne Marel**

Texas: *In Texas, where black tar heroin is highly available, 86 percent of the heroin admissions in 2004 were injectors, 10 percent were inhalers (snorters), and 1 percent were heroin smokers.* —**Jane Maxwell**

Although heroin users tend to be in their thirties or older, there are reports of increasing heroin use, or heroin injection, among some populations of younger users.

CHICAGO/ILLINOIS: *Preliminary analysis of data collected for the currently ongoing study of young noninjecting heroin users in Chicago… found that White study participants and those younger than 23 were significantly more likely than older participants to initiate injection at followup. African-Americans in the study appeared resistant to injection initiation despite a longer duration of use. A recent research report… examined age and race trends among persons treated for heroin use in Illinois and found that Whites were far more likely to be age 18–24 (41 percent) than were African-Americans (2 percent) and Hispanics (20 percent).* —**Matthew Magee**

NEW YORK CITY: *The heroin user is typically older (30 to 50s). While the majority of heroin users are Black or Hispanic males, most street contacts report that heroin sellers, regardless of where they operate, have frequent White buyers. Until recently, the Street Studies Unit reported that most heroin users would have described themselves as snorters. There are reports, however, of greater use of needles, particularly among young users (younger than 30).* —**Rozanne Marel**

PHILADELPHIA: *Focus group participants in 2004 reported that the average age of new users is 20. In the spring of 2005, the average age of new users was reported as the late teens. All groups since autumn 2000 reported that the average heroin user injects the drug four or five times per day.* —**Samuel Cutler**

ST. LOUIS: *About 37 percent of heroin admissions were younger than 25 in the first half of 2004. Of all heroin admissions, intravenous use was the primary method of administration in St. Louis County, but inhalation was more popular among admissions in St. Louis City. The increased availability of higher purity heroin has led to a wider acceptance of the drug in social circles. One of the reasons for its acceptance is that it does not have to be injected to get the desired effects.* —**Heidi Israel**

SAN FRANCISCO: *Ethnographic observers note that young people seem to comprise a larger portion of heroin users, although most users are well past age 35. Whites still predominate over all other ethnicities.* —**John Newmeyer**

Arrest or incarceration data on heroin from five CEWG areas are one indicator of the impact of this drug on law enforcement agencies.

BOSTON: *There were 791 Class A (mainly heroin and other opiates) drug arrests in 2004. The proportion of Class A drug arrests among all drug arrests in the city of Boston in 2004 (21 percent) was stable from 2003 and 2002 but decreased 8 percent from 1997. The proportion of Class A male arrests in 2004 (82 percent) reflected a 6-percent decrease from*

2003 but was similar to 2002 and 1997. The proportion of Class A arrests among those age 20–24 in 2004 (18 percent) reflected an 88-percent increase from 1997. —**Daniel Dooley**

LOS ANGELES: *A total of 934 heroin arrests were made within the city of Los Angeles during calendar year 2004. This represented a 24-percent increase from the number of heroin arrests made in 2003. Heroin arrests accounted for approximately 2.6 percent of all narcotics arrests made from January 1 to December 31, 2004.* —**Beth Finnerty**

NEW JERSEY: *The United States Sentencing Commission data indicate that in FY 2001, heroin-related Federal sentences accounted for a substantially higher percentage of all drug-related Federal sentences in New Jersey (31.5 percent) than nationwide (7.2 percent). This trend continued in FY 2002, when heroin-related Federal sentences accounted for 25.6 percent of New Jersey's drug-related Federal sentences compared with 7.1 percent nationally.* —**Allison Gertel-Rosenberg**

NEW ORLEANS: *Heroin distribution and abuse has a major impact on the homicide and robbery rates in New Orleans. In 2004, the New Orleans Police Department reported that a relatively high percentage of individuals arrested for robbery in 2004 were African-Americans in the 25 to 36 age category. The 2004 arrest data show that African-American males predominated in arrests involving heroin. In 2004, there were 309 arrests for heroin possession and 89 for heroin distribution. However, arrests for heroin distribution in 2004 were 50 percent lower than in 2003 and those for heroin possession decreased nearly 14 percent. African-American trafficking organizations distribute heroin in government-supported housing projects and in other low-income neighborhoods.* —**Gail Thornton-Collins**

SAN FRANCISCO: *Arrests for heroin-related offenses totaled 6,136 in 2002, 16 percent higher than in 2001 and 3 percent higher than in 2000. However, in 2003, such arrests were about 30 percent below, and in 2004 about 55 percent below, the 2002 level. The rate of arrests in the first 4 months of 2005 showed a further decline. Because many heroin users support their habits through property crimes, reported burglaries may be a good indicator of use. The number of such reports in San Francisco fell by 49 percent between 1993 and 1999 (11,164 to 5,704). After that low point, the count rose to 6,706 in 2001, fell to 5,507 in 2003, and rose again to nearly the 2001 level in 2004. The rate for the first 4 months of 2005 was higher by 10 percent than that for a similar period of 2004. These changes may reflect the price of heroin more than the prevalence of users; it is noteworthy that reported burglaries and the local price of heroin are both barely one-quarter of what they were 20 years ago.* —**John Newmeyer**

PATTERNS AND TRENDS IN HEROIN ABUSE ACROSS CEWG AREAS

NFLIS Data on Heroin

In 2004, there were 38,079 heroin items reported by NFLIS in CEWG areas: 37,413 in 19 CEWG metropolitan areas and 666 across the Texas sites.

In 2004, heroin accounted for a sizable proportion of all items analyzed by forensic laboratories in Newark (34.3 percent) and Baltimore (26.0 percent) (*see exhibit 5*). In 14 CEWG areas, heroin represented 10 percent or less of all items analyzed in 2004, with heroin items accounting for less than 3 percent in 5 areas (Atlanta, Honolulu, Minneapolis/St. Paul, San Diego, and the combined Texas sites).

Exhibit 5. Heroin Items Analyzed by Forensic Laboratories, Ordered by Highest Percentage of Total Items in 2004 in 20 CEWG Areas: 2003–2004

CEWG Area	2003	2004
Newark	31.3	34.3
Baltimore	32.4	26.0
Chicago	18.0	16.6
Boston	14.7	15.0
Detroit	13.7	12.1
New York City	14.3	11.7
Wash., DC	12.1	10.3
St. Louis	7.6	10.0
Philadelphia	12.3	9.9
Phoenix	NR[1]	5.9
New Orleans	6.2	5.3
Seattle	5.0	4.8
Denver	5.3	4.7
Los Angeles	3.4	4.1
Miami	4.2	4.1
Honolulu	1.9	2.2
San Diego	1.7	1.5
Texas	1.2	1.3
Atlanta	1.0	1.1
Mpls./St. Paul[2]	0.8	0.9

[1]Not reported. Reporting began in September 2004.
[2]Covered only St. Paul in 2003.
SOURCE: NFLIS, DEA

Treatment Data on Heroin

Treatment data for 2004 reveal exceedingly high percentages of primary heroin admissions (excluding alcohol) in 2004 in Newark (81.8 percent), Boston (74.2 percent), and Baltimore (60.4 percent) (*see exhibit 6*). Primary heroin admissions were also high in New York City, San Francisco, Detroit, and Chicago, ranging between approximately 42 and 47 percent.

Exhibit 6. Primary Heroin Treatment Admissions, by CEWG Area and Percent of All Admissions (Excluding Alcohol): 2001–2004[1]

CEWG Area/State	2001	2002	2003	2004
Atlanta	8.6	5.2	8.5	7.4
Baltimore	60.4	62.0	61.5	60.4
Boston	74.1	72.6	73.4	74.2
Chicago[2]	NR[2]	NR	NR	47.3
Denver	25.3	21.5	22.5	13.6
Detroit	46.9	42.7	43.1	46.0
Los Angeles	46.3	37.4	31.1	29.2
Broward Co.[3]	NR	9.0	4.1	13.0
Mpls./St. Paul	6.4	7.1	6.7	6.5
New Orleans	18.3	14.6	13.4	13.6
New York	43.2	41.1	42.3	42.0
Newark	85.9	85.8	85.4	81.8
Philadelphia	33.9	29.6	31.4	33.5
St. Louis	15.0	13.7	11.7	14.6
San Diego[4]	12.3	11.7	10.9	25.0
San Francisco	54.4	47.4	35.6	42.8
Seattle	23.7	26.6	25.1	27.2
Wash., DC	47.0	46.9	51.2	NR
Arizona	15.4	14.0	11.7	19.6
Hawaii	5.1	4.7	3.6	3.0
Texas	16.4	15.9	13.6	14.0

[1]Represents fiscal year 2004 (6 areas) or calendar year (15 areas, 2004, and Washington, DC, 2003); see *Data Sources*.
[2]NR=Not reported.
[3]The Broward County samples are not comparable by year.
[4]The 2004 data are from the State system, while prior data are from the county CADDS (California Alcohol and Drug Data System). The State's county data include more programs treating heroin abusers.
SOURCE: CEWG January 2005 reports on State and local data (including TEDS for Washington, DC)

Across the 17 CEWG areas where comparable data were reported, the proportions of primary heroin admissions differed less than 4 percentage points from 2001 versus 2004 in 13, with most differing less than 1 percentage point. In Newark, Arizona, and New Orleans, the proportions of primary heroin admissions declined 4.1, 4.2, and 4.7 percentage points, respectively. Substantial declines occurred in San Francisco and Denver (about 11.7 percentage points each) and Los Angeles (17.1 percentage points).

DAWN ED Data on Heroin

DAWN ED data (unweighted) for 2004 show that heroin ED reports exceeded those for cocaine, methamphetamine, and marijuana in Baltimore and Newark, where, as shown in exhibit 7, there were 4,533 and 1,764 heroin ED reports, respectively. Compared with ED reports for other drugs, heroin ED reports were also high, usually second to cocaine reports, in 9 other CEWG areas: Boston, Chicago, Detroit, Miami-Dade County, New York City, Philadelphia, San Francisco, Seattle, and Washington, DC.

Exhibit 7. Number of Heroin ED Reports by CEWG Area and Total Reports for All Illicit Drug Reports[1] (Unweighted[2]): 2004

CEWG Area	Total No. Illicit Drug Reports	Heroin Reports
Atlanta	9,437	483
Baltimore	10,528	4,533
Boston	8,957	3,341
Chicago	12,909	4,163
Denver	3,882	609
Detroit	6,990	1,885
Houston	6,434	166
Los Angeles	5,675	712
Miami-Dade Co.	9,225	1,387
Mpls./St. Paul	7,782	779
New Orleans	3,248	490
New York	21,695	6,574
Newark	3,901	1,764
Philadelphia	7,413	1,935
Phoenix	5,783	755
St. Louis	4,092	601
San Diego	2,999	492
San Francisco	6,071	1,278
Seattle	7,445	2,171
Wash., DC	6,183	1,486

[1]Excludes alcohol but includes all other "Major Drugs of Abuse."
[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. (See *Appendix B* for completeness data.)
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/13–4/14, 2005

Mortality Data on Heroin

DAWN mortality data for 2003 in 13 CEWG areas show that heroin-related deaths exceeded 100 in only 2 areas: Boston (*n*=111) and New York/Newark (104) (see *exhibit 8a*). Heroin-related deaths in DAWN areas were relatively high in Detroit (72) and San Diego (62).

Exhibit 8a. DAWN Heroin-Related Deaths in 13 CEWG Areas: 2003

CEWG Area[1]	Heroin-Related Deaths
Atlanta	0
Baltimore[2]	---[3]
Boston[2]	111
Chicago	27
Denver	7
Detroit	72
Houston	29
New Orleans	6
NYC/Newark	104
Phoenix	13
San Diego[2]	62
San Fran.	8
Wash., DC[4]	7

[1]In some cases, the CEWG area is part of a larger medical examiner jurisdiction (see *Appendix C)*.
[2]Covers 100 percent of the population (see *Appendix C*).
[3]Indicates a number less than 4 has been suppressed.
[4]Covers the metropolitan area.
SOURCE: DAWN, OAS, SAMHSA

Local/State ME data *specific* to heroin were reported for only four CEWG areas: Texas (278), St. Louis (64), Broward County, Florida (35), and Miami-Dade County (18) (*see exhibit 8b*).

Exhibit 8b. Deaths Involving Heroin/Other Opiates, as Reported by MEs in 8 CEWG Areas: 2004

CEWG Area	Heroin/Other Opiates[1] Cases
Honolulu/Oahu	12
Broward Co., FL	35
Miami-Dade Co.	18
Mpls./St.Paul	72
Philadelphia	214
St. Louis	64
Seattle[2]	75
Texas	278

[1]The Florida and St. Louis data include only heroin; Philadelphia includes heroin/morphine; others include heroin and various other opiates. Texas data are for 2003.
[2]The heroin/morphine/opiate category approximates heroin; it excludes known prescription-type opiates.
SOURCE: Local MEs, CEWG June 2005 reports

Three CEWG representatives provided more details on heroin ME cases in 2004…

FLORIDA/SOUTH FLORIDA: *Throughout Florida, there were 180 heroin-related deaths in 2004, representing a 31-percent decline from 261 such deaths in 2003 and continuing a 4-year decline. Yet, heroin was found to be the most lethal drug, with 83 percent (n=150) of these deaths being caused by the drug in 2004, a 35-percent decline from 2003. In 2004, Broward County (n=35) and Palm Beach County (29) had the greatest number of heroin-related deaths in the State. In Miami-Dade County there were 18 cases; heroin was found at a lethal dose level in all 18 deaths. Other drugs were detected in 14 (78 percent) of the cases.* —**James Hall**

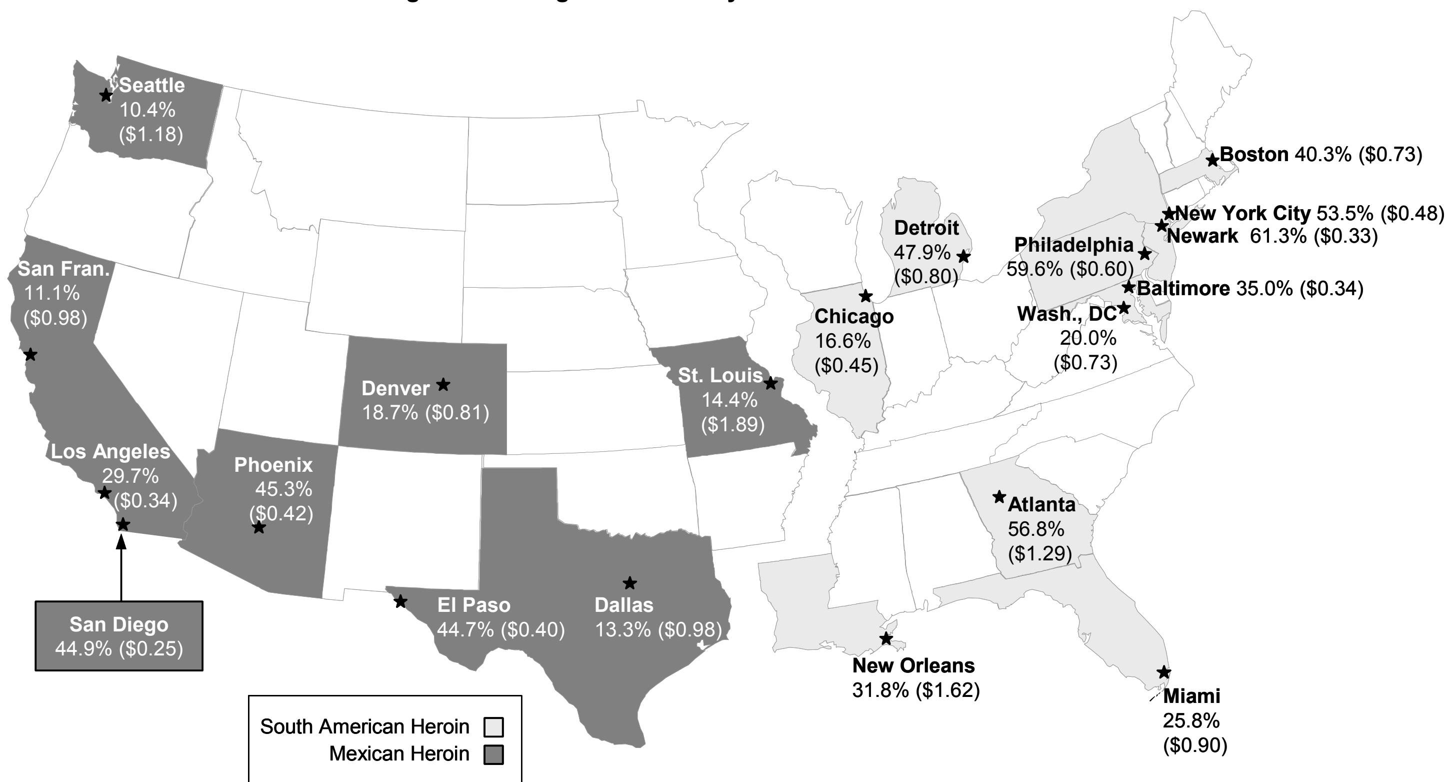
PHILADELPHIA: *Heroin was detected in 3,036 decedents from 1994 through 2004, making it the second most commonly detected drug in decedents. For the 4-year period 1999 through 2002, positive heroin toxicology reports occurred in 47 percent of all deaths with the presence of drugs. In 2003, heroin was detected in only 25 percent and in 2004 in 24 percent of all decedents with drug-positive toxicology reports. From 2000 through 2003, heroin* ***alone*** *was identified in 14, 11, 10, and 7 percent of the respective heroin toxicology reports. In 2004, heroin* ***alone*** *was identified in only 3 percent of the heroin-positive toxicology reports. The combination of heroin and cocaine was detected in 20, 19, 17, 10, and 11 percent of all decedents, respectively, from 2000 through 2004. Cocaine was detected in 47 percent of heroin toxicology reports in 2004.* —**Samuel Cutler**

SEATTLE: *Approximations of heroin-involved deaths increased in 2004 to 75, up from 62 in 2003, but such deaths were below the peak of 144 in 1998. Heroin combination deaths most commonly involved cocaine (14 percent of all drug-involved deaths), alcohol (8 percent), depressants/anxiolytics/sedatives (8 percent), and prescription opiates (6 percent).* —**Caleb Banta-Green**

Heroin Price and Purity Data

Heroin purity differs by CEWG area. In 2003, purity ranged from 10 percent pure in Seattle to 61 percent pure in Newark (DEA Domestic Monitor Program, February 2005) (*see exhibit 9*). Also, different types of heroin are transported to and available in different areas of the country. Mexican black tar is the predominant type of heroin in CEWG areas west of the Mississippi River, while South American powdered heroin is the most common type in areas east of the Mississippi. The price of Mexican black tar heroin varied from $0.25 per milligram pure in San Diego to $1.89 per milligram pure in St. Louis. South American heroin varied from $0.33 per milligram pure in Newark to $1.62 per milligram pure in New Orleans. Southwest Asian heroin was also available in some CEWG areas, including St. Louis.

Exhibit 9. Domestic Monitor Program—Average Heroin Purity and Price in CEWG Areas[1]: 2003



[1]2003 data for Honolulu and Minneapolis were not available. Not included are some types, e.g., Southeast and Southwest Asian heroin.
SOURCE: DMP, DEA

Narcotic Analgesics/Other Opiates

Indicators of abuse of narcotic analgesics/other opiates continued to cause concern in most CEWG areas in 2004. The narcotic analgesics/other opiates most frequently reported in indicator data were hydrocodone and oxycodone products, methadone, and codeine.

Increases in sales of prescription-type narcotic analgesic/other opiate drugs are reported from some CEWG areas, as is the diversion of these drugs to the illegal market.

ATLANTA: *Hydrocodone (Vicodin) and hydromorphone (Dilaudid) are among the drugs abused in Atlanta. These drugs are obtained by 'doctor-shopping' or by purchasing from dealers. Some dealers steal prescription pads or rob pharmacies. Several such incidents were reported in Georgia in 2004.* —**Brian Dew**

BOSTON: *Statewide OxyContin thefts continued to decrease in number. There were 33 statewide OxyContin thefts from pharmacies reported during 2004, compared with 62 in 2003, 93 in 2002, and the peak of 139 thefts in 2001. Changes in pharmacy supply procedures are believed to have played a major role in preventing thefts.* —**Daniel Dooley**

DENVER: *Pharmaceutical diversions of OxyContin and other narcotic analgesics are increasing as they provide the abuser with reliable strength and dosage levels.* —**Nancy Brace**

MICHIGAN: *According to the number of prescriptions filled, oxycodone products were the most frequently prescribed opioid in 2002 and 2003, at 34 and 38 percent, respectively. Fentanyl products increased 95 percent, to represent 25 percent of the opioid prescriptions filled in 2004* —**Cynthia Arfken**

NEW YORK CITY: *Street researchers are reporting increased diversion and use of OxyContin. It is being used by itself and injected with cocaine for a 'speedball effect.'* —**Rozanne Marel**

SAN FRANCISCO: *Local observers report that Internet trafficking in pharmaceutical opiates is mushrooming. Vicodin is the most frequently cited narcotic analgesic. Tylenol-with-codeine is also prominent.* —**John Newmeyer**

SEATTLE: *DEA data on sales of prescription-type opiates to hospitals and pharmacies indicate that methadone has steadily increased each year, with a total increase of 359 percent from 1997 to 2003. (Note: these data for methadone only include prescriptions for pain; they do not include methadone provided in opiate treatment programs.) Oxycodone sales continued to increase in recent years. Hydromorphone (80 percent), hydrocodone (93 percent), morphine (88 percent), and fentanyl (174 percent) sales also increased... Codeine and meperidine sales steadily declined, decreasing 27 and 30 percent, respectively.* —**Caleb Banta-Green**

Increases in helpline and poison control center calls and/or hospital discharge cases involving analgesics/opiates were reported by some CEWG representatives.

BOSTON: *In FY 2004, there were 1,025 calls to the Helpline during which opiates were mentioned (18 percent of all calls). Oxycodone (including OxyContin) was mentioned in 691 calls. Helpline calls with oxycodone mentions in FY 2004 (12 percent of total) reflected increases of 25 percent from FY 2003, 52 percent from FY 2002, and 261 percent from FY 2001. Other narcotic analgesics including methadone, codeine, morphine, Percocet, Vicodin, and Roxicet were mentioned among 401 calls (7 percent of total calls).* —**Daniel Dooley**

DENVER: *Statewide hospital discharge data from 1997 to 2003 combined all narcotic analgesics, including heroin. Rates have steadily increased, almost doubling in 7 years, from 37 per 100,000 in 1997 to 73 per 100,000 in 2003. Treatment providers indicated a rapid rise in the popularity of prescription narcotics, such as OxyContin and hydrocodone, especially among youth, and these data may reflect that.* —**Nancy Brace**

LOS ANGELES: *Los Angeles County-based California Poison Control System calls involving exposure to opiates/analgesics increased from a low of 25 in 2000 to a high of 67 in 2003. In the first half of 2004 alone, 31 opiate/analgesic exposure calls were reported, which may indicate a stabilizing of the trend line. Between January 2004 and June 2004, calls involving an exposure to hydrocodone were more likely than calls involving an exposure to oxycodone.* —**Beth Finnerty**

TEXAS: *The number of poison control center cases involving misuse or abuse of oxycodone more than doubled between 1998 and 2003.* —**Jane Maxwell**

Patterns and Trends in Narcotic Analgesic/Other Opiate Abuse in CEWG Areas

NFLIS Data on Narcotic Analgesics/Other Opiates

In 2004, hydrocodone, oxycodone, methadone, and codeine were the most frequently reported prescription-type narcotic analgesic/opiate drugs reported by forensic laboratories, a pattern apparent in 2003 as well. The numbers of items for each of these 4 drugs across the 19 combined CEWG metropolitan areas and Texas statewide in 2004 are presented in exhibit 10.

Exhibit 10. Number of Selected Narcotic Analgesic/Opiate[1] Items Analyzed by Forensic Laboratories in 20 CEWG Areas: 2004

CEWG Area	Hydrocodone	Oxycodone	Methadone	Codeine
Atlanta	315	159	83	23
Baltimore	32	125	17	6
Boston	35	131	29	6
Chicago	72	19	64	38
Denver	26	19	5	0
Detroit	0	0	1	24
Honolulu	5	5	4	1
Los Angeles	224	23	33	64
Miami	26	59	9	4
Mpls./St. Paul	34	38	6	2
New Orleans	91	24	25	12
New York City	196	222	661	91
Newark	1	10	3	0
Philadelphia	203	583	61	212
Phoenix	11	9	1	3
St. Louis	29	32	17	28
San Diego	173	45	20	30
Seattle	33	54	36	6
Washington, DC	0	11	8	4
Texas	1,310	218	106	432

[1]Excludes heroin.
SOURCE: NFLIS, DEA

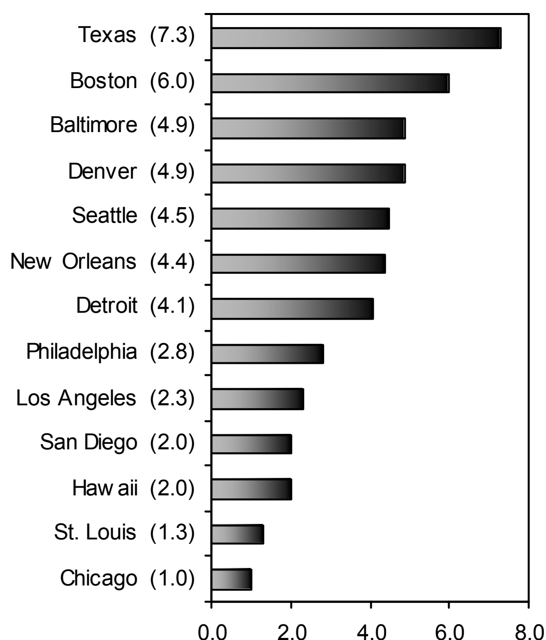
Comparable data from 17 metropolitan areas for 2003 and 2004 show that the percentages of oxycodone and hydrocodone items increased in 10 areas, methadone in 9, and codeine in 8.

Treatment Data on "Other Opiates"

Fifteen CEWG representatives reported 2004 data on admissions to treatment for primary "other opiate" (excluding heroin) abuse. In New York and Newark,

respectively, these admissions accounted for 0.8 and 0.02 percent of all admissions, excluding alcohol. Exhibit 11 depicts the percentages of other opiate admissions (excluding alcohol) in 13 areas where they accounted for at least 1 percent of illicit drug admissions. As shown, primary other opiates admissions (excluding alcohol) accounted for 7.3 percent of admissions in Texas, 6.0 percent in Boston, and between 4.1 and 4.9 percent in Detroit, New Orleans, Seattle, Baltimore, and Denver, and ranged between 1.0 and 2.8 percent of illicit drug admissions in Chicago, St. Louis, Hawaii, San Diego, Los Angeles, and Philadelphia.

Exhibit 11. Percentages of Primary Other Opiate Treatment Admissions (Excluding Alcohol) in 13 CEWG Areas: 2004[1]



[1]Represents either calendar (9) or fiscal year (4) data for 2004; see *Data Sources.*
SOURCE: CEWG June 2005 reports on State and local data

Several CEWG representatives provided detailed information on changes in other opiate admissions over time. Excerpts from these papers appear below.

BALTIMORE: *For opiates and narcotics other than heroin, indicators increased over the past several years. Treatment admissions rates for opiates other than heroin more than doubled between 2000 and 2003, from 23 per 100,000 population age 12 and older to 55 per 100,000 in 2003 and in 2004.* —**Leigh Henderson**

BOSTON: *A comparison of the last full year of data (FY 2004) to previous years shows the number of clients reporting other opiates as their primary drug (n=781) increased 243 percent from FY 2000 and 830 percent from FY 1997. The number of mentions of current other opiate use in FY 2004 (1,529) increased 65 percent from FY 2000 and 166 percent from FY 1997.* —**Daniel Dooley**

SEATTLE: *Treatment admissions increased from 81 to 264 for other opiates as the primary drug from 1999 to 2004. A substantial increase was seen in the 18–29 age group, rising from 16 to 40 percent of other opiate admissions from 1999 to 2004. Among those entering opiate substitution treatment, the proportion reporting prescription opiates as their primary drug increased from 3 to 12 percent.* —**Caleb Banta-Green**

DAWN ED Data on Opiates/ Opioids

Exhibit 12 depicts the unweighted number of ED reports in each CEWG area in 2004. These reports include "overmedication" and "other" DAWN categories. A substantial number of these reports were for hydrocodone and oxycodone. Relative to oxycodone, hydrocodone ED reports were notably higher in 10 CEWG areas. For example, in New Orleans there were 508 hydrocodone ED reports compared with 84 oxycodone reports, and in Houston there were 399 hydrocodone reports compared with 37 oxycodone reports. In another nine sites, oxycodone ED reports considerably exceeded those for hydrocodone. For example, in Boston there were 608 oxycodone reports compared with 121 hydrocodone reports and in Philadelphia there were 428 oxycodone reports compared with 64 hydrocodone reports. Differences between the numbers of hydrocodone and oxycodone reports were small in Denver and Phoenix.

Exhibit 12. Numbers of ED Reports for Opiates/Opioids,[1] by Drug and CEWG Area (Unweighted[2]): 2004

CEWG Area	ED Reports for…			
	Total Opiate/ Opioid Reports	Hydrocodone	Oxycodone	Other (Unspecified)
Atlanta	815	199	149	178
Baltimore	1,006	74	383	195
Boston	1,332	121	608	241
Chicago	1,041	234	56	277
Dallas	786	306	46	248
Denver	583	141	144	97
Detroit	1,102	282	74	369
Houston	1,013	399	37	373
Los Angeles	352	112	6	142
Miami	252	20	76	91
Mpls./St. Paul	903	192	279	78
New Orleans	1,070	508	84	245
New York	2,057	124	76	150
Newark	420	23	122	389
Philadelphia	871	64	428	129
Phoenix	1,071	208	228	210
St. Louis	657	152	188	111
San Diego	577	188	81	132
San Francisco	533	110	57	112
Seattle	1,277	175	302	245
Washington, DC	671	54	205	125

[1]Includes "Overmedication" 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. (See *Appendix B* for completeness data.)
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/13–4/14, 2005

Mortality Data on Other Opiates/Opioids

DAWN ME data for 2003 for 13 DAWN/CEWG areas show that "drugs of misuse" deaths involving **all** opiates/opioids (including heroin and methadone) exceeded those for all other drugs in 12 areas (the exception was Atlanta). Considering *only* "other opiates/opioids" (excluding heroin and methadone), these drugs were the most frequently identified "drugs of misuse" in deaths in eight CEWG areas. The exceptions were Atlanta, Boston, Chicago, Houston, and St. Louis where the numbers of other opiate/opioid-related deaths were second to those involving cocaine.

Exhibit 13 shows, by CEWG area, (1) the total number of deaths reported to DAWN that involved "drugs of misuse" (e.g., cocaine, heroin, methadone, other opiates/opioids, stimulants); (2) the number of "other opiate/opioid"-related deaths (excluding heroin and methadone); and (3) the number of "single drug" deaths, that is, those in which an other opiate/opioid was the only drug detected in a decedent. The single drug column does not necessarily imply an other opiate/opioid was the direct or sole cause of a death.

Exhibit 13. Drug Misuse Deaths Related to "Other Opiates/Opioids"[1] in 13 DAWN/CEWG Areas (Unweighted): 2003

CEWG Area[2]	Total Drug Misuse Deaths	Other Opiate/ Opioid Misuse Deaths	Single Drug Deaths[3]
Atlanta	185	83	7
Baltimore[4]	538	405	34
Boston[4]	486	188	41
Chicago	138	50	7
Denver	225	116	22
Detroit	546	348	12
Houston	287	101	13
New Orleans	182	105	7
New York/Newark	996	532	35
Phoenix	389	181	26
San Diego[4]	352	124	8
San Francisco	91	39	---[5]
Washington, DC[6]	303	170	16

[1]Excludes deaths related to heroin (see *exhibit 8a*) and methadone (*n*=726 across areas, with one-half being in New York/Newark [250] and Baltimore [114]). Also not shown are opiate/opioid deaths involving suicide: These ranged from less than 4 in Baltimore to 35 in Detroit (206 across the 13 areas).
[2]In some cases, the CEWG area is part of a larger medical examiner jurisdiction (see *Appendix C).*
[3]Deaths in which only one drug (an opiate/opioid) is detected.
[4]Covers 100 percent of the population (see *Appendix C).*
[5]Indicates a number less than 4 has been suppressed.
[6]Covers the metropolitan area.
SOURCE: DAWN, OAS, SAMHSA

As can be deduced from exhibit 13, other opiate/opioid-related misuse deaths were high in New York/Newark (*n*=532), Baltimore (405), and Detroit (348). Relatively small numbers of the other opiate/opioid-related deaths in each area were single drug deaths.

Local/State ME data on narcotic analgesic/other opiate-related deaths were reported by five CEWG representatives, based on 2004 and prior years' data.

FLORIDA/MIAMI-DADE COUNTY: *Oxycodone-related deaths increased 7 percent statewide between 2003 and 2004, when they totaled 674. In 2004, there were 572 hydrocodone-related deaths; additional opiate-related deaths included morphine (n=597), propoxyphene (347), fentanyl (182), and hydromorphone (98). Methadone-related deaths statewide increased 40 percent from 2003 to 2004; deaths caused by methadone rose 51 percent and accounted for 66 percent of the 849 deaths related to the drug in 2004. In 2004, Miami-Dade County recorded 30 oxycodone-related deaths, of which 11 (37 percent) were oxycodone induced; 14 (88 percent) involved oxycodone in combination with at least one other drug. The county also recorded 19 hydrocodone-related deaths, 5 (26 percent) were hydrocodone induced; 17 methadone-related deaths, 7 (41 percent) were methadone induced; 41 morphine-related deaths, 8 (20 percent) were morphine induced; and 15 propoxyphene-related deaths, 4 (27 percent) were propoxyphene induced.* —**James Hall**

HONOLULU/OAHU: *Concern was expressed by the Medical Examiner's office this year with respect to methadone. Previously, the ME had been asked to review its records and to monitor the appearance of methadone among decedents. In 2004, there were 25 decedents with a positive toxicology screen for methadone. There were 22 decedents with methadone in their toxicology results in 2003 and 28 in 2002.* —**D. William Wood**

Minneapolis/St. Paul: *Eleven of the 47 accidental opiate-related deaths in Hennepin County in 2004 involved methadone, as did 3 of the 25 deaths in Ramsey County. (Most opiate-related deaths were accidental heroin overdose deaths.)* —**Carol Falkowski**

PHILADELPHIA: *Detections of oxycodone have increased rapidly since 2000. In 2003, oxycodone was present in 9.6 percent of all drug deaths, rising to 11.6 percent in 2004. The presence of hydrocodone in mortality cases also increased, from 40 in 2003 to 51 in 2004. In 2004, there were 35 deaths with the presence of fentanyl.* —**Samuel Cutler**

SEATTLE: *The number of deaths in 2004 involving prescription-type opiates continued to increase and surpassed all other drugs, with 118 deaths in which prescription opiates were identified, up from 84 in 2003 and 29 in 1997. Three specific prescription opiates make up the majority of all cases, with methadone present in 57 percent of prescription opiate-involved deaths in 2004. Oxycodone was the next most common, present in more than one-quarter of such deaths. Hydrocodone was present in 14 deaths, with the remaining prescription-type opiates totaling 33 cases in 2004. In 2004, 62 percent of depressant-involved deaths also involved a prescription-type opiate, while 43 percent of all prescription-type opiate-involved deaths also involved a depressant. This drug combination has been common in the past as well.* –**Caleb Banta-Green**

Such patterns and trends in narcotic analgesics/other opiates abuse will continue to be monitored by CEWG representatives.

Heroin and Prescription-Type Narcotic Analgesics: An Issue for Future Surveillance

Several CEWG participants reported on the relationship between prescription-type narcotic analgesics and heroin use.

CHICAGO: *Fifty-seven percent of participants in an ongoing study of heroin users in Chicago reported ever using narcotic analgesic drugs without a legal prescription. The narcotic analgesics most often cited included codeine,Tylenol 3 and 4, Dilaudid, Demerol, morphine, and methadone.* —**Matthew Magee**

OHIO: *Interviews with young heroin users and other indicators suggest that pharmaceutical analgesics can be a pathway to heroin use, especially among young (age 18–25) White drug abusers. This trend, first reported in Ohio in 2002, has been confirmed in most regions in the State in recent* years. —**Robert Carlson**

PHILADELPHIA: *When heroin purity declines, heroin users may choose to switch to pharmaceuticals they consider reliable, such as oxycodone, in the pursuit of the heroin-like high.* —**Samuel Cutler**

SOUTH FLORIDA/FLORIDA: *As the wholesale and retail prices of heroin have declined, South Florida has experienced a diversification of opioid abuse that includes non-prescribed narcotic analgesics such as oxycodone, methadone, and hydrocodone. In 2004, there were 674 oxycodone-related, 597 morphine-related, and 572 hydrocodone-related deaths in Florida.* —**James Hall**

Methamphetamine

Methamphetamine abuse indicators continue to be high in western and southwestern areas of the Nation, and they are showing substantial increases in Atlanta, Minneapolis/St. Paul, and St. Louis.

CEWG representatives are carefully monitoring methamphetamine indicators. Communities and States are becoming more proactive in planning and implementing prevention interventions. Efforts related to controlling the availability of precursor chemicals used in the manufacture of methamphetamine, environmental clean-up, and protection of endangered children were described by six CEWG representatives.

ATLANTA: *Methamphetamine is the most abused stimulant in Atlanta, and its use is increasing. Law enforcement efforts to stop the spread of this drug have involved seizures and closures of clandestine labs. It is an increasing threat in the suburban areas because of the drug's price and ease of availability, and it is replacing some traditional drugs as a less expensive, more potent alternative. Frequent media reports; recent strengthening of criminal penalties for the manufacture, transfer, and possession of methamphetamine; and the statewide illegalization of transporting materials used in its production have fueled the growing concerns over the dangers the drug poses. In the past 12 to 18 months, significant efforts have been made in Atlanta to prevent methamphetamine abuse from increasing, including a summit to address supply and distribution issues and community forums.* —**Brian Dew**

COLORADO: *In 2005, Colorado passed legislation limiting public access to methamphetamine precursor drugs. Impact from this legislation has yet to be determined.* —**Nancy Brace**

LOS ANGELES: *Local, statewide, and national efforts, known as Drug Endangered Children Programs, have been launched to address the issue of what happens to children who are found at a methamphetamine laboratory when it is seized.* —**Beth Finnerty**

MICHIGAN: *Michigan's border with Canada has been the focus of efforts to stop the flow of large amounts of pseudoephedrine and ephedrine into the United States.* —**Cynthia Arfken**

ST. LOUIS: *The Midwest Field Division of the DEA decreased its cleanup of clandestine methamphetamine labs after training local enforcement groups; 2,788 labs were reported for 2004. The intensity of these law enforcement efforts is based on the availability of funds for local police departments to clean up box labs under Community Oriented Policing Service (COPS) funding. Thefts of anhydrous ammonia continued to be identified as an issue in rural areas.* —**Heidi Israel**

SAN DIEGO: *The Methamphetamine Strike Force (MSF), established in March 1996 as a collaborative 'assessment and action' effort involving more than 60 members and 10 data sources, continues to assess the methamphetamine problem at the community level, determine appropriate actions to take, and evaluate results. The MSF has developed effective plans and policies; controlled the availability of precursor chemicals; taken steps to protect endangered children; made effective use of the media; and developed and used training at all levels. The two newest initiatives include a focus on women and the border.* —**Steffanie Strathdee**

Forensic laboratory data, a leading drug abuse indicator, showed that high proportions of the items analyzed in Minneapolis (60.8 percent) and Atlanta (30.3 percent) in 2004 contained methamphetamine. Primary methamphetamine treatment admissions are also on the rise. The CEWG representatives for these metropolitan areas are closely monitoring other indicators to assess changes and learn more about methamphetamine abuse.

ATLANTA: *Methamphetamine treatment admissions were rising faster than for any other type of drug. In 2004, 11.3 percent of* ***all*** *public treatment admissions (excluding alcohol) reported methamphetamine as their primary drug of abuse.* **—Brian Dew**

MINNEAPOLIS/ST. PAUL: *In 2004, 19.6 percent of treatment admissions (excluding alcohol) were for primary methamphetamine abuse, a record high.* —**Carol Falkowski**

Methamphetamine abuse is having a significant impact on affected communities.

Methamphetamine abuse is a public health crisis in Arizona, crossing all economic levels, racial and ethnic groups, and urban and rural areas. —**Ilene Dode**

In some CEWG areas, there are indications of increases in methamphetamine abuse among high school and other students.

MINNEAPOLIS/ST. PAUL: *Methamphetamine abuse took hold among younger populations in 2004. All onsite school-based drug abuse counselors reported increased methamphetamine abuse by metropolitan high school students. The appetite suppressant effect, in particular, attracted young girls.* —**Carol Falkowski**

NEW YORK CITY: *Methamphetamine abuse has spread to and is increasing among college students and heterosexual club-goers.* —**Rozanne Marel**

ST. LOUIS: *The use of methamphetamine and its derivatives has become more widespread among high school and college students who do not consider it as dangerous as other drugs.* —**Heidi Israel**

Females represented relatively high proportions of primary methamphetamine admissions compared with admissions for other drugs in some CEWG areas. For example…

LOS ANGELES: *Females represented 40 percent of all primary methamphetamine admissions in the second half of 2004.* —**Beth Finnerty**

TEXAS: *More than one-half (53 percent) of the 2004 primary methamphetamine admissions in Texas were women.* —**Jane Maxwell**

In most areas, methamphetamine treatment admissions tended to be White. However, in some areas, high and increasing numbers of Hispanic methamphetamine abusers were admitted to treatment in 2004.

LOS ANGELES: *In Los Angeles in the second half of 2004, Hispanics accounted for 47 percent of all primary methamphetamine treatment admissions compared with 39 percent for White admissions.* —***Beth Finnerty***

The use of methamphetamine among gay men continues to be reported in several CEWG areas.

CHICAGO: *Within Chicago, a low but stable prevalence of methamphetamine use has been reported in some areas of the city for a number of years, especially on the North Side, where young gay men, homeless youth, and White clubgoers congregate. Of note, ethnographic data suggest that methamphetamine availability increased substantially since June 2001 among at least some networks of gay White men on the North Side, who may use the drug to enhance sexual experiences.* —**Matthew Magee**

NEW YORK CITY: *Methamphetamine use appears to be especially on the rise among young males in the gay community. The recent growth in Crystal Meth Anonymous meetings in New York City is one indicator of this. In 1999, CMA had one meeting per week with six attendees. By 2002, CMA had 4 meetings per week with an average of 20–30 attendees per meet-*

ing, and so far in 2005, CMA has had 22 meetings per week with an average of 30–50 attendees per meeting. Many experts worry about the implications methamphetamine has for the spread of HIV and other STDs. Also, according to the Street Studies Unit, numerous sources in the gay community talk of the growing concern about the use of this drug among young gay males and the relationship between the use of this drug and the spread of HIV. —**Rozanne Marel**

PHILADELPHIA: *For the second consecutive half-year, key informants indicated a growing popularity of methamphetamine among men who have sex with men. Methamphetamine continues to be reported as difficult to obtain, not usually sold outdoors, and requiring a connection, but use has increased since 2001.* —**Samuel Cutler**

SAN FRANCISCO: *A 2004 survey of young San Francisco gay men showed 21 percent reporting use of methamphetamine in the past year.* —**John Newmeyer**

WASHINGTON, DC: *The Washington-Baltimore HIDTA and other members of the DC Epidemiological Workgroup report that methamphetamine use is established in the homosexual community. The Whitman-Walker clinic, which specializes in treating the gay/lesbian/bisexual/transsexual community, currently reports that 75 percent of outpatient admissions report crystal methamphetamine use. This is an increase from the 50–60 percent in 2001 and 35 percent in 2000. Detectives from the Metropolitan Police Department report that both tablet and powder methamphetamine are visible in the Washington, DC, club scenes.* —**Erin Artigiani**

Several CEWG representatives stressed the dominant role of Mexican drug trafficking organizations in methamphetamine trafficking in their areas.

MIAMI: *Methamphetamine abuse continues to be a local problem as new supply sources have been identified. 'Crystal' or smokeable methamphetamine has been shipped by overnight delivery from California for several years. Law enforcement sources confirm increased trafficking from Atlanta and North Carolina of high grade Mexican-manufactured methamphetamine in the last year. Mexican drug trafficking organizations are supplying powdered methamphetamine directly to local Latino populations of Central and South American nationalities.* —**James Hall**

MINNEAPOLIS/ST. PAUL: *The bulk of methamphetamine consumed in the State is still imported from Mexico.* —**Carol Falkowski**

ST. LOUIS: *Mexican drug trafficking organizations dominate the trafficking of methamphetamine.* —**Heidi Israel**

SAN FRANCISCO: *Mexican criminal gangs control most wholesale and mid-level distribution of methamphetamine in San Francisco.* —**John Newmeyer**

PATTERNS AND TRENDS IN METHAMPHETAMINE ABUSE ACROSS CEWG AREAS

NFLIS Data on Methamphetamine

In 2004, forensic laboratories reported 33,777 methamphetamine items across 18 CEWG metropolitan areas; 50.6 percent of these items were from Los Angeles and 38.9 percent were from 4 other cities (Atlanta, Minneapolis/St. Paul, San Diego, and Seattle). In addition, 11,502 items were reported statewide in Texas.

In 11 CEWG metropolitan areas, methamphetamine accounted for small percentages of all items in 2003 and 2004, with none reported from Detroit, less than 1.0 percent in each of 7 other cities, and between 1.0 and 2.6 percent in Miami, St. Louis, and Washington, DC. In the other eight metropolitan areas and in Texas, methamphetamine accounted for varying but substantial percentages of all items in 2003 and 2004 (*see exhibit 14*). Methamphetamine continued to account for a majority of all items in Honolulu and Minneapolis/St. Paul.

Exhibit 14. Methamphetamine Items Analyzed by Forensic Laboratories in 9 CEWG Areas, Ordered by Highest Percentage of Total Items in 2004: 2003–2004

CEWG Area	2003	2004
Mpls./St. Paul[1]	61.0	60.8
Honolulu	61.5	57.5
Los Angeles	35.7	32.4
Phoenix[2]	NR3	32.3
Seattle	27.2	31.0
Atlanta	23.0	30.3
San Diego	25.9	26.9
Texas	22.9	22.3
Denver	11.2	15.0

[1]Covered only St. Paul in 2003.
[2]Reporting began in September 2004.
SOURCE: NFLIS, DEA

The percentage of methamphetamine items reported increased substantially from 2003 to 2004 in Atlanta (by 7.3 percentage points).

Treatment Data on Methamphetamine

Twenty CEWG representatives reported treatment data specific to primary methamphetamine admissions. (In Texas, methamphetamine is included with amphetamines, a category that accounted for 13.6 percent of 2004 admissions, excluding alcohol.)

In 10 CEWG areas, primary methamphetamine admissions represented less than 1 percent of illicit drug admissions. The 10 areas where primary methamphetamine admissions accounted for 2 percent or more of illicit drug admissions from 2001 through 2004 are depicted in exhibit 15. In 2004, reports of primary methamphetamine admissions (excluding alcohol) were especially high in Hawaii (57.3 percent), San Diego (45.2 percent), Arizona (37.5 percent), and Los Angeles (26.7 percent).

Exhibit 15. Primary Methamphetamine Treatment Admissions in 10 CEWG Areas, by Percent of All Admissions (Excluding Alcohol): 2001–2004[1]

CEWG Area	2001	2002	2003	2004	Percentage-Point Change 2001–2004
Atlanta	2.5	6.7	6.9	11.3	8.8
Denver	11.7	12.1	16.8	17.6	5.9
Los Angeles	21.6	18.5	23.0	26.7	5.1
Mpls./St. Paul	10.6	11.1	14.8	19.6	9.0
St. Louis	4.5	5.5	5.9	6.5	2.0
San Diego[2]	46.7	49.7	52.3	45.2	–
San Francisco	NR[3]	NR	NR	14.5	–
Seattle	14.7	14.9	13.1	15.2	0.5
Arizona	19.9	21.4	24.1	37.5	17.6
Hawaii	49.0	52.1	56.3	57.3	8.3

[1]Represents either fiscal (*n*=2) or calendar year (8) data for 2004; see *Data Sources.*
[2]The 2004 data are from the State system while prior data are from the county CAADS (California Alcohol and Drug Data System). The State's county data include more programs treating heroin abusers.
[3]NR=Not reported.
SOURCE: June 2005 CEWG reports on State and local data

When 2001 figures are compared with those for 2004, substantial increases appear for Arizona (17.6 percentage points), Minneapolis/St. Paul (9.0 percentage points), Hawaii and Atlanta (8.3 and 8.8 percentage points, respectively), and Los Angeles and Denver (5.1 and 5.9 percentages points, respectively).

DAWN ED Data on Methamphetamine

DAWN unweighted ED data for 2004 show high numbers of methamphetamine ED reports in western and southwestern areas: Los Angeles, Minneapolis/St. Paul, Phoenix, San Diego, San Francisco, and Seattle (*see exhibit 16*). Relatively high numbers of methamphetamine reports were also found for Atlanta, Denver, and St. Louis. Relative to the numbers of ED reports for other major drugs, methamphetamine reports were low in other CEWG areas, ranging from 4 in Newark to 105 in New York.

Exhibit 16. Number of Methamphetamine (MA) ED Reports and Total Reports for All Illicit Drug Reports[1] by CEWG Area (Unweighted[2]): 2004

CEWG Area	Total No. Illicit Drug Reports	MA Reports
Atlanta	9,437	567
Baltimore	10,528	15
Boston	8,957	39
Chicago	12,909	47
Denver	3,882	475
Detroit	6,990	16
Houston	6,434	126
Los Angeles	5,675	909
Miami-Dade Co.	9,225	38
Mpls./St. Paul	7,782	874
New Orleans	3,248	25
New York	21,695	105
Newark	3,901	4
Philadelphia	7,413	41
Phoenix	5,783	1,346
St. Louis	4,092	286
San Diego	2,999	797
San Francisco	6,071	1,092
Seattle	7,445	855
Wash., DC	6,183	31

[1]Excludes alcohol but includes all other "Major Drugs of Abuse."
[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. (See *Appendix B* for completeness data.)
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/13–4/14, 2005

Mortality Data on Stimulants/ Methamphetamine

DAWN mortality data combine methamphetamine and amphetamines into the category of "Stimulants." Stimulant-related deaths were reported in only 8 of 13 CEWG areas in 2003 (with data suppressed in 3). The number of stimulant-related deaths totaled 122 in Phoenix and 119 in San Diego (*see exhibit 17)*. Stimulant-related deaths were 24 and 26, respectively, in San Francisco and Denver, and totaled 12 in both Atlanta and New Orleans. Less than 10 were reported in Detroit and New York/Newark.

Exhibit 17. DAWN Mortality Cases Involving Stimulants in 13 CEWG Areas: 2003

CEWG Area[1]	Stimulant-Related Deaths[2]
Atlanta	12
Baltimore[3]	0
Boston[3]	---[4]
Chicago	0
Denver	26
Detroit	6
Houston	---
New Orleans	12
NYC/Newark	9
Phoenix	122
San Diego[3]	119
San Fran.	24
Wash., DC[5]	---

[1]In some cases, the CEWG area is part of a larger medical examiner jurisdiction (see *Appendix C).*
[2]Includes methamphetamine and amphetamines. All data shown include both suicide and drug misuse deaths.
[3]Covers 100 percent of the area population (see *Appendix C*).
[4]Indicates a number less than 4 has been suppressed.
[5]Covers the metropolitan area.
SOURCE: DAWN, OAS, SAMHSA

Local/State ME data specific to methamphetamine-related deaths in 2004 were reported from four CEWG metropolitan areas and Florida, and from Texas for 2003. Deaths *specifically* involving methamphetamine in 2004 totaled 67 in Honolulu, 28 in Minneapolis/St. Paul, 18 in Seattle, and 93 in Florida. In 2003, ME data for Texas showed 80 deaths involving methamphetamine. More detailed information on methamphetamine-related deaths in these areas appears in the reports of these CEWG representatives. Excerpts from some papers appear below.

FLORIDA: *Methamphetamine-related deaths totaled 93 during 2004 statewide in Florida, representing a 21-percent increase from the 77 such deaths in the previous year. Methamphetamine was considered the cause of death in 19 of the 93 cases in 2004.* —**James Hall**

HONOLULU/OAHU: *Between 1994 and 2000, the Oahu ME mentioned crystal methamphetamine in 24–38 cases per year. In 2001, that number jumped to 54, and methamphetamine-positive decedents increased to 62 in 2002. In 2003, the number of decedents with ice detected in their toxicology reports was 56. For 2004, there were 67 deaths with positive toxicology results for methamphetamine, representing 76.5 deaths per 1,000,000 for the island of Oahu.* —**D. William Wood.**

MINNEAPOLIS/ST. PAUL: *In Ramsey County in 2004, there were 9 accidental deaths related to methamphetamine abuse, compared with 10 in 2003 and 3 in 2002. In Hennepin County (excluding MDMA-related deaths), there were 8 in 2002, 14 in 2003, and 11 methamphetamine-related deaths in 2004.* —**Carol Falkowski**

PHILADELPHIA: *Methamphetamine and amphetamines remain a relatively minor problem in Philadelphia. There were 98 deaths with the presence of methamphetamine (ranked 31st) from 1994 through 2004 and 90 deaths with the presence of amphetamine (ranked 35th) during that same period.* —**Samuel Cutler**

SEATTLE: *Deaths involving methamphetamine were level in 2003 and 2004 at a new high of 18 per year, up from 3 in 1997. Since 1997, the average age of decedents with methamphetamine involved was 37.9, lower than the average for all drugs. However, the average age in 2004 was 42.8, higher than any previous year.* —**Caleb Banta-Green**

Methamphetamine Availability, Production, and Trafficking

While seizures of domestic methamphetamine labs have declined in many areas of the Nation, Mexican drug trafficking organizations (DTOs) and gangs continue to control the market and aggressively traffic the drug to meet demand. Many States and local areas have enacted legislation or programs to curb manufacturing of the drug and to address the needs of endangered children.

In its *National Drug Threat Assessment 2005*, the NDIC notes that the *amount* of methamphetamine seized annually in the United States since 2001 has decreased in many areas of the Nation; however, the combined amount seized in Arizona, California, New Mexico, and Texas decreased in 2001–2002 but increased sharply in 2003 through July 2004. The smuggling from Mexico through Arizona appears to have increased substantially. Availability has increased in the Northeast Region, especially in rural areas, primarily because of a substantial increase in wholesale distribution by Mexican criminal gangs. The availability of ice has increased in the past year because of greater production and distribution by Mexican criminal groups.

The most recent data (2004) reported by CEWG representatives indicate an increase in methamphetamine lab seizures in three areas and decreases or mixed patterns in three.

Increases were reported in…

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

HAWAII: *While the 'ice' labs in Hawaii are not large, more were closed and more ice was seized recently than in any previous period.* —**D. William Wood**

WASHINGTON, DC: *Although there is little indication that methamphetamine is an emerging problem in the District, there have been increases in the number of methamphetamine labs seized in several of the States surrounding the District. For example, 8 methamphetamine labs were seized in Virginia in 1999 compared with 23 in 2003. In West Virginia and Pennsylvania, the number of labs seized has increased even more dramatically, from 3 to 52 and 1 to 49, respectively.* —**Erin Artigiani**

Decreases were reported in…

LOS ANGELES/CALIFORNIA: *Since calendar year 1999, the number of clandestine laboratory incidents has decreased consistently in both the LA HIDTA and in California overall. In 1999, 2,090 labs were seized in California (1,187 of which occurred in the 4-county LA HIDTA region). By 2004, 449 labs were seized statewide (263 in the LA HIDTA).* —**Beth Finnerty**

MINNEAPOLIS/ST. PAUL/MINNESOTA: *The number of clandestine, makeshift methamphetamine labs dismantled with the assistance of the U.S. Drug Enforcement Administration in the State decreased dramatically in 2004 (from 182 to 96), but decreased only slightly in the Twin Cities area (23 in 2003 and 21 in 2004).* —**Carol Falkowski**

SEATTLE/WASHINGTON: *Methamphetamine incidents, a combination of active labs used for manufacturing and dump sites of lab equipment or inactive labs, decreased in Washington State as a whole in 2004. The peak in incidents for the State and the two most populated counties was in 2001. In King County, the number of incidents remained flat in 2003 and 2004, while Pierce County to the south experienced increases, Snohomish County to the north had a slight increase, and Kitsap County to the west experienced a bit of decline. The rate of methamphetamine incidents per 100,000 population was 11 in King County, 77 in Pierce County, 17 Snohomish County, 19 Kitsap County, and 23 for Washington State in 2004.*
—**Caleb Banta-Green**

In some CEWG areas, it is reported that Mexican methamphetamine is meeting demand for the drug when less domestic methamphetamine is available.

LOS ANGELES: *Possible explanations for the decrease in seizures include precursor chemical restrictions, chemical control laws, increased methamphetamine production in Mexico, and the downsizing of clandestine laboratory enforcement teams.* —**Beth Finnerty**

SEATTLE: *Federal law enforcement sources report that less methamphetamine is being manufactured in Washington, but that demand is being met by an increase in supply from Mexico and Mexican groups in California.* —**Caleb Banta-Green**

Marijuana

Marijuana continues to be readily available and the most widely abused drug in CEWG areas. Youth continue to be heavily involved in marijuana use and trafficking.

"Widely used" and "readily available" are two common phrases often used to characterize marijuana use in CEWG areas.

ATLANTA: *Ethnographic sources consistently confirm that marijuana is the most commonly abused drug in Atlanta. Most epidemiological indicators show an upward trend in marijuana use, particularly among individuals younger than 17.* —**Brian Dew**

CHICAGO: *Marijuana remains the most widely available and used illicit drug in Chicago and Illinois.* —**Matthew Magee**

HONOLULU: *Marijuana has been a drug of choice in the islands for decades.* —**D. William Wood**

MINNEAPOLIS/ST. PAUL: *Marijuana remained the overwhelmingly popular drug of abuse among adolescents and young adults.* —**Carol Falkowski**

NEW YORK CITY: *Marijuana continues to be the most widely abused illicit drug in New York City.*
—**Rozanne Marel**

NEWARK: *Marijuana is the most widely available and most frequently seized illicit drug in New Jersey.*
—**Allison Gertel-Rosenberg**

WASHINGTON, DC: *Marijuana is widely used in the District, as it is in many other jurisdictions. Commercial-grade and high-grade marijuana are available for wide ranging, but relatively stable, prices.* —**Erin Artigiani**

Youth figure prominently in marijuana treatment admissions.

BALTIMORE: *Persons entering treatment for primary marijuana use were young: 44 percent were younger than 18.* —**Leigh Henderson**

HONOLULU: *Those admitted for treatment in 2004 continued to be younger persons referred by the courts.* —**D. William Wood**

LOS ANGELES: *Individuals younger than 18 constituted 48 percent of [marijuana] admissions.* —**Beth Finnerty**

SEATTLE: *Those reporting marijuana as their primary drug are much younger than other drug users overall, with 45 percent of users being younger than 18 in 2004. However, primary marijuana users appear to be aging, as the younger-than-18 age group represented 63 percent of users in 1999.* —**Caleb Banta-Green**

Texas data show substantial differences in primary treatment admissions referred by the criminal justice system and their counterparts referred from other sources.

TEXAS: *In Texas, 53 percent of primary marijuana admissions in 2004 were criminal justice system (CJS) referrals. These clients were less frequent users of marijuana than those who came to treatment for other reasons. The CJS group used marijuana on fewer days and had fewer problems, based on Addiction Severity Index scores.* —**Jane Maxwell**

School survey data from six CEWG areas found decreases in reported marijuana use among students in five areas but an increase in Miami.

BALTIMORE: *Despite increases in indicators for the Baltimore PMSA, marijuana use by Maryland high school seniors declined between 1996 and 2002. According to the 2002 Maryland School Survey, 21 percent of high school seniors reported past-month use of marijuana in 2002, compared with 27 percent in 1996.* —**Leigh Henderson**

CHICAGO: *The 2003 Youth Risk Behavior Survey data and the 2002 Illinois Youth Survey both reported a recent decrease in lifetime use of marijuana among 8th through 12th grade students.* —**Matthew Magee**

LOS ANGELES: *According to long-term trends calculated from California Healthy Kids Survey data spanning over the most recent 5 school years, the pattern of past-30-day marijuana use among responding secondary school students was more likely than the use of many other drugs, but slightly less likely than binge drinking. Past-30-day marijuana use decreased consistently from the peak level of 13.2 percent in 1999–2000 to 10.3 percent in 2003–2004.* —**Beth Finnerty**

SEATTLE: *Marijuana was the most commonly identified illegal drug among high school seniors. Use in the prior 30 days was reported by 27.0 percent in 2002 and 25.4 percent in 2004.* —**Caleb Banta-Green**

SOUTH FLORIDA: *In 2004, current (past-30-day) marijuana use was reported in results of the Florida Youth Substance Abuse Survey by 10.2 percent of Broward County middle and high school students, up slightly from 10.0 percent in 2002, but down from 11.5 percent in 2000. Among Miami-Dade County middle and high school students, 8.6 percent reported current marijuana use in 2004, up from 6.5 percent in 2002.* —**James Hall**

TEXAS: *Among Texas secondary students (grades 7–12), 30 percent had ever tried marijuana, and 13 percent had used in the past month, levels lower than in 2000.* —**Jane Maxwell**

Several CEWG representatives commented on the perception, particularly by youth, that marijuana use is safe and/or acceptable…

BALTIMORE: *Marijuana use before age 15 was associated with…attitudes that marijuana and/or cigarettes were safe and reported parental attitudes that marijuana and/or cigarettes were safe.* —**Leigh Henderson**

NEW YORK CITY: *Most of the buyers interviewed on the street indicate that they use marijuana for purely recreational purposes. Most users indicated that they saw nothing wrong with marijuana use and felt that the legal penalties for using marijuana were less severe than those associated with other illicit drugs.* —**Rozanne Marel**

ST. LOUIS: *Marijuana, viewed by young adults as acceptable to use, is often combined with alcohol. Some of the prevention organizations report a resurgence in marijuana popularity and a belief by users that it is not harmful. Prevention programs are targeting this belief through education. In focus groups with African-American adults from various social groups, more than one-half identified regular use of marijuana, but they did not identify this use as problematic. This ethnographic information supports the idea of cultural acceptance of marijuana use.* —**Heidi Israel**

Law enforcement indicators from a few CEWG areas show mixed trends in marijuana arrests and marijuana-positive tests among arrestees. Continued law enforcement efforts appear to have impacted marijuana growers in at least two CEWG areas.

Arrest Data

BOSTON: *There were 1,247 Class D (mainly marijuana) drug arrests in 2004. The proportion of Class D arrests among all drug arrests (33 percent) in the city of Boston in 2004 remained stable from 2003 and 2002, but increased 24 percent from 2001.* —**Daniel Dooley**

LOS ANGELES: *A total of 6,139 marijuana arrests were made within the city of Los Angeles in 2004; this represents a 14-percent increase over the number of marijuana arrests made during the same time period in 2003 (5,369). Marijuana arrests accounted*

for approximately 17 percent of all narcotics arrests made between January 1 and December 31, 2004. —**Beth Finnerty**

SAN FRANCISCO: *Arrests for marijuana-related offenses in San Francisco County numbered 1,736 in 2000. The count of arrests ranged between 1,300 and 1,450 in the next 3 years before returning to the 2000 level in 2004. The count of arrests for 2005 will be about one-quarter lower than that for 2004, if the trend from the January–April period is sustained.* —**John Newmeyer**

Drug Testing Data

PHILADELPHIA: *Urinalysis data of booked arrestees from Philadelphia's Adult Probation/Parole Department (APPD) in 2004 showed that 17.9 percent (n=8,786) of the 49,200 tested arrestees in the sample were positive for marijuana or marijuana metabolites. Marijuana was the most frequently detected drug by APPD.* —**Samuel Cutler**

WASHINGTON, DC: *The DC Pretrial Services Agency does not test adult arrestees for marijuana, but more than one-half of the juveniles did test positive for marijuana each year between 2000 and 2003. During 2004, 50 percent of juveniles tested positive for marijuana. The percent of juveniles testing positive has been decreasing slowly since 1999.* —**Erin Artigiani**

Impacts on Marijuana Growers…

ATLANTA: *Hydroponic cultivation of marijuana has become more popular related, in part, to the DEA's eradication program.* —**Brian Dew**

HONOLULU: *Police are now reporting that 'Competition from Mainland marijuana growers and continuing law enforcement efforts have drastically reduced the State's outdoor production from the 1980s.'* —**D. William Wood**

PATTERNS AND TRENDS IN MARIJUANA ABUSE ACROSS CEWG AREAS

NFLIS Data on Marijuana

In 2004, 124,038 cannabis items were reported by forensic laboratories across CEWG areas: 109,549 items in the 19 CEWG metropolitan areas and 14,489 items statewide in Texas.

In 2004, marijuana items accounted for approximately one-half of all items reported from New Orleans and San Diego, between 41 and 49 percent of the items analyzed in Boston, Chicago, Detroit, and St. Louis, and between 20 and 35 percent of all items analyzed in 8 areas (including Texas) (*see exhibit 18*). Less than 10 percent of all items analyzed in Newark and Minneapolis/St. Paul in 2004 were marijuana.

Exhibit 18. Cannabis Items Analyzed by Forensic Laboratories in 20 CEWG Areas, Ordered by Highest Percentage of Total Items in 2004: 2003–2004

CEWG Area	2003	2004
New Orleans	52.2	50.2
San Diego	52.7	50.0
Chicago	47.0	48.7
Boston	49.1	46.5
Detroit	39.8	45.2
St. Louis	39.2	40.7
Wash., DC	37.3	34.6
Philadelphia	31.9	33.2
Baltimore	20.7	29.6
Texas	28.9	28.1
Phoenix[1]	NR	26.8
New York City	27.5	25.3
Los Angeles	24.9	22.4
Miami	22.3	20.5
Honolulu	16.5	19.4
Denver	17.6	18.5
Seattle	17.2	15.3
Atlanta	28.0	14.4
Newark	13.3	9.0
Mpls./St. Paul[2]	5.3	5.6

[1]NR=Not reported. Reporting began in September 2004.
[2]Covered only St. Paul in 2003.
SOURCE: NFLIS, DEA

Treatment Data on Marijuana

Treatment data for primary marijuana admissions (excluding alcohol) in 2004 ranged between 35 and nearly 40 percent in St. Louis, Broward County, Florida, Denver, Minneapolis/St. Paul, and New Orleans (*see exhibit 19*). In 2004, primary marijuana admissions accounted for less than 7–8 percent of illicit

drug admissions in Boston and Newark, and ranged between 11 and 29 percent in 13 CEWG areas.

Exhibit 19. Primary Marijuana Treatment Admissions, by CEWG Area and Percent of All Admissions (Excluding Alcohol): 2001–2004[1]

CEWG Area/State	2001	2002	2003	2004
Atlanta	20.9	NR	27.0	28.8
Baltimore	19.1	17.5	17.3	17.0
Boston	7.7	6.6	6.7	6.6
Broward Co.	NR[2]	45.6	64.0	35.7
Chicago	NR	NR	NR	16.4
Denver	34.4	32.6	30.2	38.6
Detroit	10.4	13.4	13.5	13.5
Los Angeles	11.3	14.2	16.3	17.0
Mpls./St. Paul	49.2	47.7	45.0	39.1
New Orleans	37.5	37.0	36.7	39.5
New York	25.2	26.1	24.2	23.5
Newark	6.1	6.3	7.0	7.8
Philadelphia	19.7	22.4	23.7	22.0
St. Louis	35.5	36.3	34.4	35.1
San Diego[3]	25.9	25.3	24.5	17.6
San Francisco	10.6	12.2	13.2	11.2
Seattle	34.4	34.0	32.9	28.2
Wash., DC	7.9	5.9	8.5	NR
Arizona	36.5	36.1	39.6	21.4
Hawaii	28.6	28.5	28.2	25.2
Texas	26.1	25.8	26.5	26.4

[1]Represents fiscal year 2004 (6 areas) or calendar year (15 areas, 2004, and Washington, DC, 2003).
[2]NR=Not reported; note that Broward County samples are not comparable by year.
[3]The 2004 data are from the State system, while prior year data are from the county CADDS (California Alcohol and Drug Data System); the State's county data include more programs treating heroin abusers.
SOURCES: CEWG June 2005 reports on State and local data (including TEDS for Washington, DC)

Across 17 CEWG areas with comparable data for 2001 and 2004, the proportions of primary marijuana admissions (excluding alcohol) increased or decreased less than 4 percentage points in 11. Dramatic decreases occurred in Arizona (15.1 percentage points), Minneapolis/St. Paul (10.1 percentage points), and Seattle (6.2 percentage points). Notable increases occurred in Denver (4.2 percentage points), Los Angeles (5.7 percentage points), and Atlanta (7.9 percentage points).

DAWN ED Data on Marijuana

DAWN ED unweighted data show that within nine CEWG areas, marijuana reports were second in frequency only to one other drug. In San Diego, only methamphetamine ED reports outnumbered those for marijuana. In Atlanta, Denver, Houston, Los Angeles, Miami, Minneapolis/St. Paul, New Orleans, and St. Louis, only cocaine reports exceeded the number of marijuana reports (*see exhibit 20*).

Exhibit 20. Number of Marijuana ED Reports and Total Reports for All Illicit Drug Reports[1] by CEWG Area (Unweighted[2]): 2004

CEWG Area	Total No. Illicit Drug Reports	Marijuana Reports
Atlanta	9,437	2,001
Baltimore	10,528	1,219
Boston	8,957	1,801
Chicago	12,909	2,222
Denver	3,882	755
Detroit	6,990	1,525
Houston	6,434	2,078
Los Angeles	5,675	1,067
Miami-Dade Co.	9,225	2,098
Mpls./St. Paul	7,782	2,556
New Orleans	3,248	821
New York	21,695	3,442
Newark	3,901	505
Philadelphia	7,413	1,270
Phoenix	5,783	1,122
St. Louis	4,092	1,230
San Diego	2,999	641
San Francisco	6,071	593
Seattle	7,445	1,159
Wash., DC	6,183	1,255

[1]Excludes alcohol but includes all other "Major Drugs of Abuse."
[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. (See *Appendix B* for completeness data.)
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/13–4/14, 2005

DAWN Mortality Data on Marijuana

DAWN ME data for 2003 showed no marijuana-related deaths in 3 of the 13 DAWN/CEWG areas

covered in this report. (It is unclear whether these areas tested for marijuana.) In another five areas, numbers were suppressed (meaning less than four were reported). In the remaining 5 areas, 6 marijuana-related deaths were reported in Denver and between 21 and 54 were reported in Houston, New Orleans, Detroit, and New York City/Newark.

Poison Control and Helpline Data on Marijuana

Information from poison control centers and drug hotlines showed mixed trends for marijuana. In Los Angeles, the number of poison control center calls involving marijuana exposure declined from 35–39 in 2000–2003 to 8 in 2004. In Texas, there were 5,060 calls to the Texas Poison Control Centers confirming exposure to marijuana in 2004, compared with 135 in 1998. In Boston, the proportion of Helpline calls with marijuana mentions was stable at 5 percent from FY 2003 to FY 2004. In Seattle, the proportion of adult calls to the drug Helpline related to marijuana was 20.5 percent in 2004 compared with 18.2 percent in 2003. The proportion of youth calls involving marijuana was 50.6 percent in 2004 (52.9 percent in 2003).

Price Data for Marijuana

Marijuana prices remained low and stable across CEWG areas (*see exhibit 21*). Joints were sold at the retail level for as low as $2 in Newark and New Orleans. The retail price of marijuana per gram was lowest in Chicago ($4, commercial grade), and El Paso and Miami ($5 each).

Exhibit 21. Marijuana Prices by Type and Amount in 14 CEWG Areas: Second Half 2004

CEWG Area	Retail Price/Type/Amount
Atlanta	$5–$10 per gram
Boston	$5 per joint
Chicago	$4–$6 per gram CG[1]
Dallas	$10 per gram CG
El Paso	$5 per gram
Honolulu	$25 per gram
Los Angeles	$10 per gram MX[2] $25 per gram DO[3]
Miami	$5–$18 per gram
Minneapolis	$5 per joint $5–$20 per gram CG
Newark	$2–$5 per joint $5–$20 per blunt $20–$50 per gram
New Orleans	$2 per joint $10 per gram
New York	$20–$25 per ½-ounce
Philadelphia	$5–$35 per bag
Phoenix	$10–$25 per gram
San Diego	$20–$50 per ¼-ounce MX
Seattle	$10–$20 per gram

[1]CG=Commercial grade.
[2]MX=Mexico-produced.
[3]DO=Domestic.
SOURCES: June 2005 CEWG reports and National Drug Intelligence Center

Methylenedioxymethamphetamine (MDMA)

Indicators of MDMA (or ecstasy) abuse show that this substance is the most frequently mentioned "club drug" in CEWG areas; however, indicators pointed to continued low levels of use.

ATLANTA: *While so-called club drugs—including MDMA—appear relatively infrequently in epidemiologic data, ethnographic and sociologic research suggests continued frequency in use, particularly among metropolitan Atlanta's young adult population.* —**Brian Dew**

MINNEAPOLIS: *The abuse of MDMA by young people continued and contributed to the deaths of seven African-American males in their twenties in Hennepin County in 2004. All were homicide victims with 'recent MDMA use' listed as an 'other significant condition.'* —**Carol Falkowski**

NEW YORK CITY: *Of the club drugs, ecstasy seems to be the most popular and frequently used club drug in the city.* —**Rozanne Marel**

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

TEXAS: *According to the Houston DEA Field Division, ecstasy is more available at clubs, raves, and gyms, and use is increasing in the Galveston, Beaumont, and Fort Hood areas.* —**Jane Maxwell**

While there were only limited treatment, survey, and drug hotline data for MDMA, the available data showed mixed trends for the drug.

BOSTON: *In FY 2004, there were 24 calls to the Helpline during which MDMA was self-identified as a substance of abuse (representing less than 1 percent of all mentions). The number of MDMA Helpline calls decreased 47 percent from a peak of 45 calls in FY 2002.* —**Daniel Dooley**

CHICAGO: *Illinois treatment data related to 'club drugs' has been increasing slightly since FY 2002, when 50 such episodes were reported. In FY 2003 and FY 2004, 79 and 81 episodes were reported, respectively.* —**Matthew Magee**

MIAMI: *Measures of MDMA abuse suggest problems may have peaked in 2001 and declined thereafter, but they stabilized between 2003 and 2004.* —**James Hall**

TEXAS: *The 2004 Texas secondary school survey reported that lifetime ecstasy use dropped from a high of 8.6 percent in 2002 to 5.5 percent in 2004, while past-year use dropped from 3.1 percent to 1.8 percent. Texas Poison Control Centers reported 23 calls involving misuse or abuse of ecstasy in 1998, 46 in 1999, 119 in 2000, 155 in 2001, 172 in 2002, 284 in 2003, and 302 in 2004. There were 63 admissions for a primary, secondary, or tertiary problem with ecstasy in 1998, 114 in 1999, 199 in 2000, 349 in 2001, 521 in 2002, 502 in 2003, and 561 in 2004.* —**Jane Maxwell**

CEWG representatives continued to report the spread of MDMA use among populations outside the club scene.

CHICAGO: *[MDMA] use appears to have increased among African-Americans.* —**Matthew Magee**

NEW YORK CITY: *According to some informants, the appeal for these drugs is strongest among suburban White youth… There are, however, indications that club drugs, particularly ecstasy, are making greater inroads among New York residents, especially non-White users. There are reports that some Hispanic groups are becoming involved in the distribution of ecstasy, which may suggest that more Hispanics and other inner-city residents are beginning to use this drug.* —**Rozanne Marel**

TEXAS: *Ecstasy has spread outside the White club scene and into the Hispanic and Black communities, as evidenced by the declining proportion of White clients [in treatment for ecstasy].* —**Jane Maxwell**

Patterns and Trends in MDMA Abuse Across CEWG Areas

There are limited quantitative indicator data on MDMA abuse. Summarized below are the NFLIS data and the unweighted DAWN emergency room data. DAWN ME data are reported for "club drugs" combined so that no MDMA-specific numbers are reported.

NFLIS Data on MDMA/MDA

In 2004, forensic laboratories reported 2,328 MDMA/MDA (methylenedioxymethamphetamine/methylenedioxyamphetamine) items across 19 CEWG metropolitan areas and 646 across Texas, a total of 2,974 items.

In 2003 or 2004, MDMA/MDA items represented 1–2 percent of all items in 10 CEWG metropolitan areas and in Texas. The percentages for both years are presented in exhibit 22.

Exhibit 22. MDMA/MDA Items Analyzed by Forensic Laboratories, Ordered by Highest Percentage in 10[1] CEWG Areas in 2004: 2003–2004

CEWG Area	2003	2004
Atlanta	1.7	2.4
Miami	1.8	1.8
Mpls./St. Paul[2]	0.9	1.7
Texas	1.1	1.2
Wash., DC	1.6	1.2
New York City	1.0	1.1
New Orleans	0.4	1.0
Seattle	1.7	1.0
Denver	1.0	0.9
Honolulu	1.4	0.8

[1]Includes only areas where MDMA/MDA items were 1 percent or more of all items in 2003 or 2004.
[2]Covered only St. Paul in 2003.
SOURCE: NFLIS, DEA

DAWN ED Data on MDMA

Across 20 CEWG areas in 2004, MDMA ED reports accounted for slightly less than 1 percent of all illicit drug reports in each area.

Phencyclidine (PCP)

PCP abuse indicators remained low in all CEWG areas, including those that reported increases in 2003.

At the December 2003 CEWG meeting, PCP Panel members and CEWG representatives' reports indicated that PCP abuse indicators were highest in Los Angeles, Philadelphia, and Washington, DC, and appeared to be increasing. The June 2005 data show declines in PCP abuse indicators in these three areas, although indicators continue to be highest in these areas.

LOS ANGELES: *The proportion of PCP admissions among **all** admissions has been stable for several years, but the overall number of PCP admissions increased 89 percent from 1999 to the first half of 2003. In the second half of 2003, however, the number of PCP admissions decreased slightly (16 percent) to 262 admissions, and they 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)… One hundred and forty-eight PCP arrests were made within the city of Los Angeles in calendar year 2004, which represented a 12-percent decline from 2003 (169 arrests). PCP arrests accounted for a very low proportion of drug arrests (less than 1 percent).* —**Beth Finnerty**

PHILADELPHIA: *In 2004, deaths with the presence of PCP declined to the second lowest annual total in the past 11 years. However, treatment admissions remained relatively stable. In 2003, PCP was mentioned as a primary, secondary, or tertiary drug by 4.3 percent of all treatment admissions… In the first half of 2004, PCP was mentioned as primary, secondary, or tertiary drug by 4.6 percent of all admissions.* —**Samuel Cutler**

WASHINGTON, DC: *Data from the DC Pretrial Services Agency show the rise in PCP use from the low single digits in the late 1990s to current levels in the mid-teens. In 2003, 13.5 percent of adult arrestees screened for illicit drugs tested positive for PCP, up dramatically from 2.0 percent in 1998. However, PCP positives declined in 2004 to 6.0 percent (a steady decrease from 10.6 percent in January to 3.0 percent in May; for the remainder of the year positives ranged between 4.0 and 7.0 percent). Trend data from 1987 to the present indicate that PCP in the juvenile arrestee population mirrored that of the adult arrestee population, with spikes in the late 1980s, mid-1990s, and again in the current decade. The number of juveniles testing positive for PCP decreased from 13.4 percent in 2002 to 1.9 percent in 2004.* —**Erin Artigiani**

CEWG reports suggest that PCP use may be increasing in Atlanta and New York City.

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

NEW YORK CITY: *Street sources continue to report that PCP is becoming more readily available in the city. One method of use is to pour liquid PCP on marijuana by placing the marijuana in a glass jar with a rubber cap. The PCP is 'injected' through the rubber top onto the marijuana.* —**Rozanne Marel**

PATTERNS AND TRENDS IN PCP ABUSE ACROSS CEWG AREAS

Quantitative indicator data on PCP are limited. Presented here are data from NFLIS, DAWN ED, and local ME data from two CEWG areas.

NFLIS Data on PCP

In 2004, 1,876 PCP items were reported by forensic laboratories in 14 CEWG metropolitan areas; 94.5 percent of these items were reported from 5 CEWG cities—Chicago, Los Angeles, New York City, Philadelphia, and Washington, DC. Another 152 PCP items were reported statewide in Texas in 2004.

In 2003 or 2004, PCP accounted for at least 1 percent of all items reported in four CEWG areas. Philadelphia and Washington, DC, continued to report the highest percentages.

- Philadelphia—5.1 percent in 2003 versus 2.5 percent in 2004
- Washington, DC—4.5 percent in 2003 versus 2.1 percent in 2004
- Los Angeles—1.0 percent in 2003 versus 0.5 percent in 2004
- New York City—1.0 percent in 2003 versus 0.9 percent in 2004

DAWN ED Data on PCP

The number of DAWN ED reports was low in most CEWG areas, but exceeded 150 in 6 (*see exhibit 23).*

Exhibit 23. Number of PCP ED Reports and Total Reports for All Illicit Drug Reports[1] in 6 CEWG Areas (Unweighted[2]): 2004

CEWG Area	Total Illicit Drug Reports	PCP Reports
Chicago	12,909	158
Houston	6,434	239
Los Angeles	5,675	164
New York City	21,695	355
Philadelphia	7,413	183
Wash., DC	6,183	289

[1]Excludes alcohol but includes all other "Major Drugs of Abuse."
[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. (See *Appendix B* for completeness of data.)
SOURCE: DAWN *Live!*, OAS, SAMHSA, updated 4/13–4/14, 2005

Local Mortality Data

PCP-involved death data were reported by the Minneapolis/St. Paul and Philadelphia CEWG representatives:

MINNEAPOLIS: *In May 2004, a 28-year-old African-American male died as the result of drug-induced excited delirium involving PCP and MDMA.*
—**Carol Falkowski**

PHILADELPHIA: *PCP was detected in 449 decedents from 1994 to 2004, making it the 7th most frequently detected drug during that period. In 2004, deaths with the presence of PCP declined to the second lowest annual total in the past 11 years.*
—**Samuel Cutler**

APPENDIX A

Total Admissions, by Primary Substance of Abuse and CEWG Area: 2004[1]

Area	Alcohol[2]	Cocaine/ Crack	Heroin	Other Opiates	Marijuana	Stimulants	Other Drugs	Total
Atlanta	1,968	3,162	449	NR[3]	1,737	680	0	7,996
Baltimore	8,795	3,958	14,904	1,202	4,204	68	359	33,490
Boston	7,064	1,470	9,621	781	857	61	174	20,028
Chicago	10,634	15,034	21,758	473	7,539	95	1,112	56,645
Denver	2,658	1,284	752	270	2,138	976	121	8,199
Detroit	4,705	3,747	4,843	432	1,419	11	86	15,243
Los Angeles	9,406	9,261	12,283	956	7,130	11,464	930	51,430
Miami (Sample)[4]	NR	3,838	1,056	NR	2,900	NR	320	8,114
Mpls./St. Paul	9,490	2,570	640	NR	3,856	1,928	856	19,340
New Orleans	432	729	255	82	740	11	57	2,306
New York	22,045	16,642	23,687	447	13,247	215	2,175	78,458
Newark	421	341	3,510	9	336	4	91	4,712
Philadelphia	1,642	1,964	1,942	162	1,279	33	425	7,447
St. Louis	3,281	3,315	1,179	104	2,841	544	116	11,380
San Diego	2,877	976	2,810	221	1,979	5,127	115	14,105
San Francisco	2,680	2,527	3,646	NR	950	1,235	162	11,200
Seattle	3,898	1,589	1,986	327	2,059	1,183	155	11,197
Arizona	16,005	3,274	4,001	NR	4,365	7,639	1,091	36,375
Hawaii	860	172	72	43	708	1,516	78	3,449
Texas	14,406	13,867	5,420	2,818	10,250	5,263	1,179	53,203

[1]Data represent calendar or fiscal year 2004 (see *Data Sources*).
[2]Includes alcohol-in-combination with other drugs in Atlanta; other areas include alcohol-only or combine alcohol-only and alcohol-in combination.
[3]NR=Not reported.
[4]Represents two programs in Broward County; numbers projected from first half of 2004.
SOURCE: June 2005 CEWG Reports

APPENDIX B

DAWN ED Samples and Reporting Information, by CEWG Area: January–December 2004

CEWG Area	Total EDs in DAWN Sample	No. of EDs Reporting per Month: Completeness of Data (%)		No. of EDs Not Reporting
		≥ 90%	<90%	
Atlanta	33	16–18	0–2	14–16
Baltimore	24	10–21	0–7	1–9
Boston	34	15–23	0–4	11–16
Chicago	76	19–31	0–7	44–52
Dallas/Ft. Worth	49	8–13	0–4	33–39
Denver	14	5–8	0–1	6–9
Detroit	24	7–21	0–2	3–15
Houston	39	9–14	0–4	24–25
Los Angeles	37	7–12	0–3	23–28
Miami-Dade Co.	17	5–9	0–3	7–9
Mpls./St. Paul	26	6–13	0–1	13–19
Newark	43	7–10	0–3	31–33
New Orleans	21	9–11	0–2	10–13
New York City	94	22–36	1–9	51–62
Philadelphia	40	13–23	0–6	13–23
Phoenix	26	9–13	0–2	12–15
St. Louis	38	15–18	0–2	20–23
San Diego	16	6–9	0–1	6–10
San Francisco	19	7–10	0–3	8–11
Seattle	23	8–12	0–4	10–13
Washington, DC	30	8–12	0–5	15–19

SOURCE: DAWN *Live!,* OAS, SAMHSA, updated 4/13–4/14, 2005

APPENDIX C

Participation of Medical Examiner/Coroner Jurisdictions in DAWN in 13 CEWG Areas: 2003

Area Jurisdictions	Percent of Population in Participating Jurisdiction
Atlanta-Sandy Springs-Marietta, GA	61
Baltimore-Towson, MD	100
Boston-Cambridge-Quincy, MA-NH	100
Chicago-Naperville-Joliet, IL-IN-WI	26
Detroit-Warren-Livonia, MI	94
Houston-Baytown-Sugar Land, TX	87
New Orleans-Metairie-Kenner, LA	73
New York-Newark-Edison, NY-NJ-PA	57
Phoenix-Mesa-Scottsdale, AZ	94
San Diego-Carlsbad-San Marcos, CA	100
San Francisco-Oakland-Fremont, CA	23
St. Louis, MO-IL	84
Washington-Arlington-Alexandria, DC-VA-MD-WV	94

SOURCE: DAWN, OAS, SAMHSA

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