The History of Drug Abuse in Texas

Selected Metropolitan Areas

Texas Commission on Alcohol and Drug Abuse

The History of Drug Abuse in Texas: Selected Metropolitan Areas

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The History of Drug Abuse in Texas: Selected Metropolitan Areas
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CHAPTER 1. HISTORY OF DRUG ABUSE IN TEXAS

▼ Geography and Population

The population of Texas has grown from 11,195,416 in 1970 to 14,229,191 in 1980 to 16,986,510 in 1990. During this time, Texas has also become more diverse due to a rapid growth of minority population (Table 1-1). The minority growth has been greatest in the largest counties with increasing concentrations in central city areas. Suburban growth has been due to increases in white populations whereas non-metropolitan areas, although growing more slowly, have been primarily influenced by increases in Hispanic populations.[1]

The Texas border with Mexico, which stretches 889 miles along the Rio Grande River, and the coastline of the Gulf of Mexico, which runs 367 miles, provide a vast potential for clandestine transportation of illicit substances into Texas. Texas is a distribution hub for the transhipment of cocaine and marijuana to other cities in the nation, but most of the black tar heroin which comes across the Mexican border stays in the state, according to 1991 reports from the Drug Enforcement Administration. The Texas Commission on Alcohol and Drug Abuse estimated that in 1989 there were 870,000 adult Texans who had used any illicit drug during the past year. There were 193,669 problem drug users, 1,472,543 problem drinkers, and 297,622 adults who were problem drinkers and problem drug users, for a total of 1,963,834 adults (or 16 percent of the adult population) with substance abuse problems.

▼ Drug History

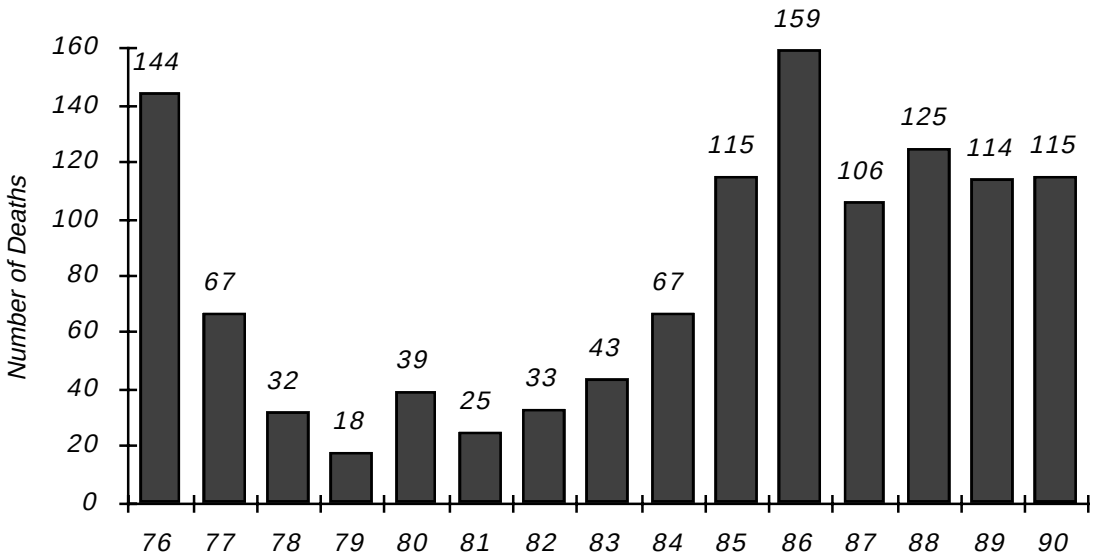
Heroin in Texas is usually from Mexico. In addition to black tar and brown heroin there is a new version, "vidrio" or "glass," which is brown with a hard, glass-like texture from the stage prior to the "tarring" of black tar. White heroin from Southeast and Southwest Asia is occasionally available. Purity levels are 12–60 percent for black tar, 4–20 percent for brown heroin, 40–80 percent for vidrio, and 49-90 percent for Asian varieties.

Heroin was the primary drug concern among policy-makers in the early 1970s. The Bureau of Narcotics and Dangerous Drugs of the U. S. Department of Justice reported 1,297 "active narcotic addicts" in Texas in December 31, 1971. Since 1973, Texas has collected information on clients in publicly funded programs through the Client Oriented Data Acquisition Process

TABLE 1–1
PROPORTION OF TEXAS POPULATION BY ETHNICITY 1970, 1980, AND 1990
NUMERICAL CHANGE 1970 TO 1990, AND PROPORTION OF CHANGE 1970 TO 1990
BY RACE/ETHNICITY

RACE/ ETHNICITY	PROPORTION OF POPULATION			NUMERICAL CHANGE		PROPORTION OF NET CHANGE BY RACE/ETH.	
	1970	1980	1990	1970-80	1980-90	1970-80	1980-90
White	68.7%	65.7%	60.6%	1,660,365	941,383	54.7%	34.1%
Black	12.5%	11.9%	11.6%	296,689	283,818	9.8%	10.3%
Hispanic	18.4%	21.0%	25.6%	926,153	1,354,081	30.5%	49.1%
Other	0.4%	1.4%	2.2%	150,568	178,037	5.0%	6.5%
Total	100.0%	100.0%	100.0%	3,033,775	2,757,319	100.0%	100.0%

FIGURE 1-1: OPIATE OVERDOSE DEATHS IN TEXAS, 1976–1990



(CODAP). Historically, over 70 percent of the narcotic addicts seeking treatment were male. The race/ethnic pattern, however, has changed. Hispanics as a percent of the total have increased from 35 percent in 1975 to 47 percent in 1992 while the proportion of blacks has decreased from 24 percent in 1975 to 15 percent in 1992. Relatively little shift has occurred in the percent of whites (42 percent in 1975 to 38 percent in 1992). An increase in availability of higher purity heroin was associated with a surge in overdose deaths in the mid 1970s. The number of narcotic deaths reached its peak in 1975, with a resurgence a decade later with the advent of black tar heroin (Figure 1-1).

During the 1970s, the National Institute on Drug Abuse established a priority for programs receiving federal funds which required preferential admission for opiate addicts at the expense of other drug abusers. This priority was reflected in the fact that in 1976, 69 percent of treatment admissions were for opiate addiction. In 1980, with the elimination of the federal funding priority, the percentage of opiate clients dropped to 39 percent, and in 1992, opiate admissions comprised 19 percent of drug admissions (alcohol excluded). Since 1975, the average age at admission has increased from 27 years to 36 years, and the lag between first use and first admission to treatment has increased from 7 years to 14 years. In addition to an older and more hard-core addict, the data show that the percent of opiate addicts employed at admission has dropped from 30 percent in 1975 to 24 percent in 1992. The employment rate for all drug abusers at admission in 1992 was 30 percent. CODAP also collects information on physical and social problems experienced by clients at admission. Opiate addicts have the highest impairment rates of any clients, with 68 percent reporting physical problems and 64 percent reporting social problems.

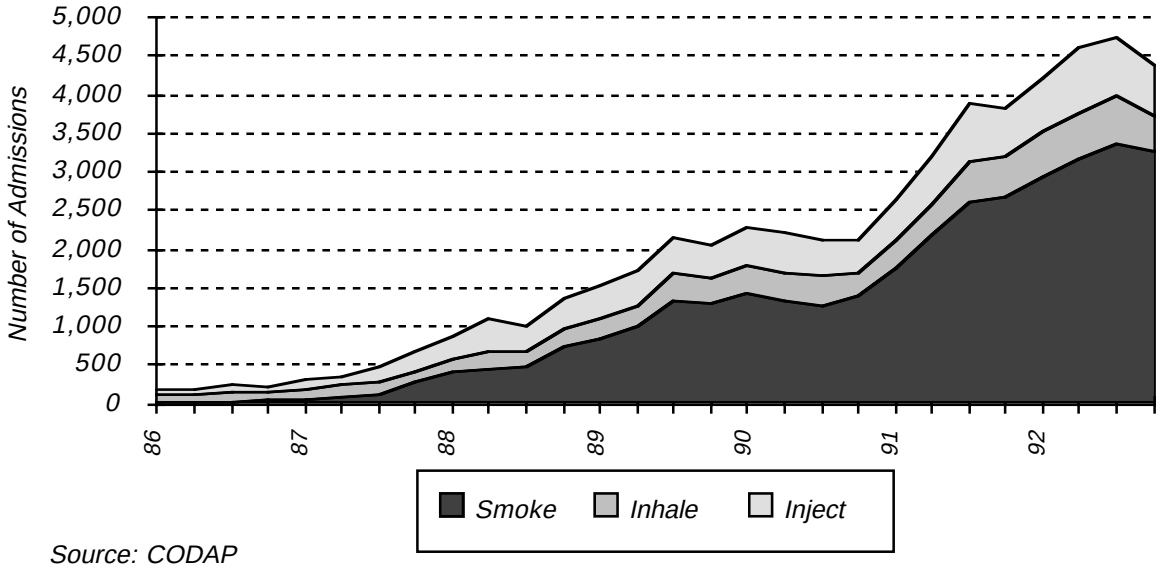
Marijuana has been the illicit substance most commonly used by Texans during the past 25 years. The majority of clients entering treatment for the abuse of marijuana have been male (about 80 percent). Among adult clients, whites have decreased as a percent of total from 64 percent in 1975 to 45 percent in 1992, while among blacks, the comparable increase has been from 9 percent in 1975 to 25 percent in 1992. The percent Hispanic has remained about 29 percent. Among adolescents admitted in 1992, 39 percent were white, 15 percent were black, and 45 percent were Hispanic. In 1975, the average age for adult admissions was 19; it had risen to 28 years in 1992, while the lag between first use and first admission to treatment had increased from 4 years to 12 years. In the 1970s, when opiate treatment was a federal priority, the percent of drug admissions for marijuana was less than 10 percent. After the federal restrictions were removed, the percentage of marijuana admissions increased to about 26 percent of drug-only admissions (alcohol excluded) during the mid 1980s. Since then, however, the percentage has declined to 15 percent of adult drug-only admissions in 1992, but for adolescents, it makes up 49 percent of the drug-only admissions. It is the second most commonly used substance, after alcohol, among adolescent admissions.

Comparing the 1980[2] and 1988 Texas surveys showed that the percent of adults who had ever used marijuana increased by 50 percent between 1980 and 1988, but the percent who had used it in the past month decreased by over 50 percent. This indicates a pattern of experimentation but not continued use for many people. Overall, the Texas School Surveys[3] have documented marijuana as one of the most popular illicit drugs. Lifetime prevalence dropped from 32 percent in 1988 to 23 percent in 1990 to 20 percent in 1992, and past-month prevalence dropped from 12 percent in 1988 to 8 percent in 1990 to 7 percent in 1992. In 1992, 10 percent of seventh graders had used marijuana during their lifetime, compared to 29 percent of seniors. Hispanic youth have the highest lifetime (24 percent) and current (9 percent) prevalence for marijuana, and black youth have the lowest (16 percent lifetime, 5 percent current). For students in grades four, five, and six, lifetime use of marijuana was 2.4 percent in 1990 and 1.1 percent in 1992. Use in the past school year was 1.6 percent in 1990 and 0.5 percent in 1992.

Cocaine has been the dominant drug problem of recent years. CODAP data on route of administration document the rise initially in the inhalation of powder cocaine with a later dramatic increase in smoking cocaine (Figure 1-2). In 1975, only .4 percent (38 persons) were admitted for cocaine abuse, and the percent increased slowly, reaching 22 percent of the drug-only (alcohol excluded) admissions in 1987. With the spread of crack cocaine, the number of cocaine admissions then jumped sharply, reaching 60 percent of all drug admissions in 1992. By the fourth quarter of 1992, 73 percent of the cocaine abusers smoked the substance. The popularity of crack cocaine is not similarly reflected in adolescent treatment data, since only 15 percent of the drug-only adolescent admissions in 1992 were for cocaine.

In 1975, those who sought treatment for cocaine were white males with an average age of 24 (71 percent white, 16 percent black, 13 percent Hispanic). By 1992, the average age had risen to 31 and 59 percent of the clients were black (28 percent white and 13 percent Hispanic). The

FIGURE 1–2: TEXAS ADMISSIONS TO TREATMENT WITH A PRIMARY PROBLEM OF COCAINE, BY ROUTE OF ADMINISTRATION



Source: CODAP

lag between first use and admission to treatment has grown from 4 years to nearly 7 years. Cocaine is the only drug where the proportion of males has consistently dropped from around 80 percent in the 1970s to 66 percent in 1992. Clients admitted for cocaine abuse were highly impaired: some 59 percent of cocaine admissions reported physical problems and 60 percent reported social problems. Those who smoked crack or injected cocaine were more impaired than those who inhaled powder cocaine.

The number of deaths due to cocaine increased from 5 in 1979 to 135 in 1988, but has since declined and in 1990 was back below the 1987 level. However, emergency room mentions of cocaine in the Dallas area increased in 1991, and the San Antonio Medical Examiner reported that in 1991, 49 percent of all drug overdose deaths and 24 percent of all homicides involved cocaine or cocaine with heroin.

Stimulants such as amphetamines, Benzedrine, Dexedrine, Preludin, methamphetamine, Ritalin, speed, diet pills, and other amines and related drugs have long been drugs of choice for certain Texans. In 1975, 6 percent of the drug-only treatment admissions were for the abuse of stimulants. The percentage increased to 24 percent in 1981 and then dropped steadily back to 4 percent again in 1992. In 1975, whites constituted the majority of stimulant admissions at 89 percent, while Hispanics made up 8 percent and blacks accounted for 3 percent. About 69 percent of these admissions were male, and the average age was 23 years. In 1992, the percent white had increased to 91 percent while the percent Hispanic had dropped to 5 percent

and the percent black had dropped to 3 percent. The average age at admission had risen to 31; the percent male had dropped slightly to 66 percent.

Stimulant use among secondary students has continued to drop, according to the 1992 Texas School Survey of Substance Abuse. Lifetime use of stimulants, or "uppers," fell from 17 percent in 1988 to 7 percent in 1992, while 30-day prevalence dropped from 6 percent to 2 percent. Lifetime prevalence for stimulants in 1992 ranged from 2 percent among seventh graders to 10 percent among seniors. White youth have the highest lifetime (9 percent) and current (3 percent) prevalence, Hispanic youth have slightly lower use rates (7 percent and 2 percent), and black youth have the lowest prevalence (.7 percent lifetime and less than .5 percent current).

Inhalants have been a continuing problem among very young Texans. A large variety of abusable inhalants are used, but the most prevalent forms are spray paint, correction fluid, glues, and various amyl and butyl nitrite products. Inhalant use appears to be most heavily influenced by availability and affordability, since inhalants can be the cheapest and most easily obtainable substances for most youth. The Texas School Surveys found that in 1988, 30 percent of all secondary school students had used inhalants, but this lifetime rate dropped to 23 percent in 1990 and 1992. Current usage dropped from 7 percent in 1988 to 6 percent in 1990 to 5 percent in 1992. Unlike other substances, the percent of students reporting lifetime use declines as the grade level increases. In 1992, seventh and eighth graders reported the highest lifetime and current use (Table 1-2). The largest increase in use of inhalants occurred between fifth and sixth grade, when lifetime use jumped from 12 percent to 24 percent and school-year use jumped from 8 to 15 percent.

Use of inhalants is associated with lower course grades, increased truancy, and disciplinary problems in all grades, and there may be a relationship between inhalants and dropping out,

TABLE 1–2
USE OF INHALANTS BY GRADE (ADJUSTED)
1992 TEXAS SCHOOL SURVEY

	% EVER USED	% USED SCHOOL YEAR	% NOT USED PAST YEAR	% NEVER USED
Grade 4	13.7	10.2	3.6	86.3
Grade 5	11.6	7.9	3.7	88.4
Grade 6	23.5	14.5	9.0	76.5
Grade 7	25.9	16.7	9.2	74.1
Grade 8	26.1	16.2	10.1	73.9
Grade 9	23.3	11.9	11.4	76.7
Grade 10	22.3	10.6	11.9	77.7
Grade 11	20.8	7.5	13.4	79.3
Grade 12	18.4	6.6	11.8	81.6

since later grades report lower prevalence of inhalants (twelfth graders had 18 percent lifetime and 2 percent current use).[4] The lifetime inhalant prevalence by race/ethnicity is 27 percent for Hispanics, 24 percent for whites, and 15 percent for blacks, and current use is 6 percent, 5 percent, and 3 percent, respectively.

The pattern of inhalant abuse by Hispanics is more pronounced in the CODAP data for youth admitted to treatment, although this distribution is partially due to the location of the treatment programs and the funding of programs targeted specifically to Hispanic youth. About 26 percent of non-alcohol youth admissions are for inhalants; of these, 83 percent are Hispanic, 15 percent are white, 1 percent are black, and 77 percent are male. The average age is 14, and 57 percent were referred from the juvenile justice system. Deaths due to inhalants numbered 8 in 1988, 18 in 1989, and 16 in 1990. The percent white among inhalant-caused deaths is much higher than among treatment clients, ranging from 55 percent to 88 percent, and these overdose victims are usually in their late teens or early twenties.

Alcohol is the leading substance abuse problem, accounting for 41 percent of all adult client admissions and 50 percent of all youth admissions in 1992. Texas began collecting data on alcohol clients in the early 1980s. In 1983, 87 percent of the adult alcoholic clients were male; 58 percent were white, 33 percent were Hispanic, and 8 percent were black. In 1992, 81 percent of the alcoholic adults were male; 53 percent were white, 29 percent were Hispanic, and 17 percent were black. In 1992, 70 percent of adolescent clients were male; 32 percent were white, 50 percent were Hispanic, and 16 percent were black. Unlike all the other drugs, the average age at admission for adults has declined consistently from 39 in 1983 to 34 in 1992, while the lag between first use and first treatment has dropped from 21 years to 17 years. The average age for adolescents was 15.

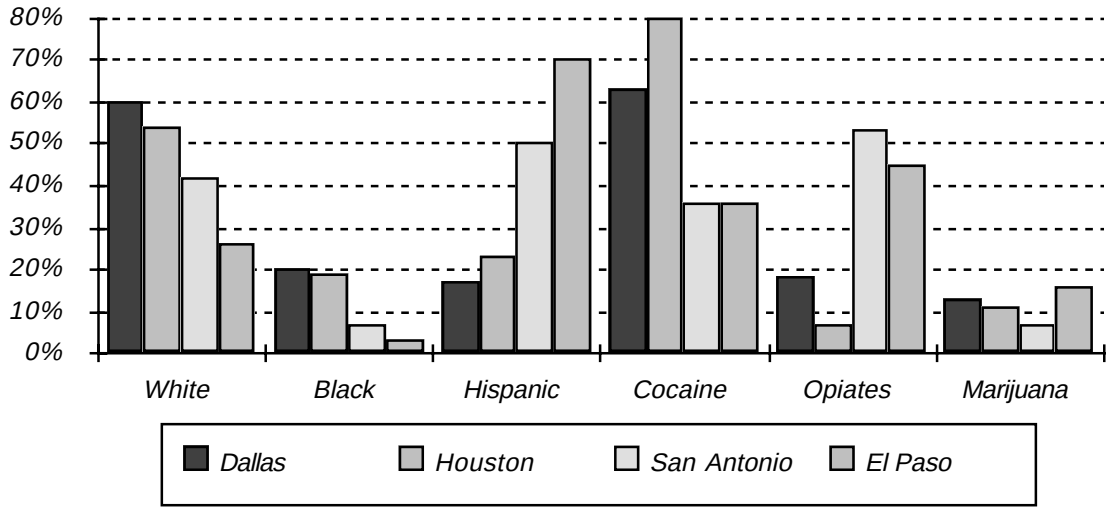
The Texas School Surveys found that for secondary students, lifetime use of alcohol peaked in 1990, moving from 76 percent in 1988 to 81 percent in 1990 to 76 percent in 1992. Current use was steady in 1988 and 1990 at about 43 percent, but dropped to 37 percent in 1992. The decline in alcohol was more pronounced for students in grades four, five, and six: lifetime prevalence was 40 percent in 1990 and 29 percent in 1992, and past school year prevalence was 28 percent in 1990 and 18 percent in 1992.

▼ Major Metropolitan Areas

Texas is diverse in not only its race/ethnic composition, but also its drug abuse patterns across the state. Four of the largest and most geographically and culturally diverse metropolitan areas have been selected for an in-depth analysis in Chapter 3.

Each of these metropolitan areas is characterized by very different patterns of substance abuse. Although Dallas is experiencing an increase in crack cocaine, it still has a large population of opiate addicts. In addition, amphetamines have long been popular among whites in the Dallas area as well as in the entire northern part of the state. Houston has a history of wide-ranging

FIGURE 1–3: METRO AREA POPULATIONS AND PRIMARY DRUG AT TREATMENT ADMISSION



drug problems, but the predominant concern in recent years has been the dramatic increase in crack cocaine, particularly among the black population. In San Antonio, the Hispanic opiate addict is the primary problem, although cocaine use is increasing. El Paso also has a primary concern with the Hispanic opiate addict, but the abuse of other drugs is growing, and alcoholism among Hispanic males is a notable problem. Figure 1-3 shows the race/ethnic distribution for Dallas, Houston, San Antonio, and El Paso and the primary drugs of abuse for clients entering treatment in these areas.

▼ Legislative and Administrative History

The State's response to the demand for drugs began in 1970 with the creation by the Governor of the State Program on Drug Abuse. The State Program, which was originally funded by Law Enforcement Administration Assistance funds, became part of the newly created Texas Department of Community Affairs in 1971, with a budget of about $100,000 in state funds. The State Program, which was later renamed the Drug Abuse Prevention Division of the Department of Community Affairs, continued to operate on a budget of about $100,000 in state funds and up to $10 million in federal funds. Another state agency, the Texas Commission on Alcoholism (TCA), had parallel legislative mandates beginning in 1953 to provide for alcoholism information, education, referral, and treatment services in the state. In 1986, the Drug Abuse Prevention Division and the TCA were merged into a new agency, the Texas Commission on Alcohol and Drug Abuse (TCADA). During the latter half of the 1980s, the amount of federal funds increased significantly through the Anti-Drug Abuse Act, and state funding also increased. In 1992, TCADA had a budget of $18 million in state funds and $85 million in federal funds.

In the area of demand reduction, the State Legislature has in recent years designed these populations as priorities for the Commission:

- Youth who currently abuse, have abused, or are at risk of abusing substances.
- People who have or are at risk of having HIV infection through substance abusing behavior.
- Substance abusers who have now, or who have at one time, entered the criminal justice system.
- Substance abusers who are at risk of institutionalization or who currently are served in mental health facilities.
- Substance abusers whose children have been placed under conservatorship of the Texas Department of Human Services.

The Legislature provided funding specifically to address several of these priorities with an appropriation for youth services of $10.8 million in 1990 and $12.4 million in 1991. In addition, for fiscal years 1992 and 1993, funds have been appropriated to begin Treatment Alternatives to Street Crimes programs in the metropolitan areas, therapeutic communities within the prison system, and additional treatment beds for jail inmates, parolees, and probationers.

CHAPTER 2. TCADA DATA SOURCES

▼ Introduction

Drug use is readily apparent in terms of observable sales and consumption, and in terms of drug-related problems that bring abusers into contact with medical, legal, or social service agencies. However, typical consumption is covert, and attendant problems are often brought to the attention of public agencies involuntarily. Accordingly, the estimation of total prevalence of drug abuse in the general population must be based on data which most users wish kept private. Given this inherent limitation, no single data source is sufficient to provide an adequate basis for overall estimates. Multiple data sources and methods must be employed to identify drug usage patterns and trends and to estimate differences in *relative* prevalence over time among different groups and geographic areas. The accurate measurement of *absolute* prevalence levels remains an elusive goal. The following data sources and analysis methods have been utilized in Texas to attempt to identify and understand drug usage patterns, problems, and trends. Because each method by itself gives an incomplete picture, knowledge of the true nature of substance use and abuse is best approximated by analyzing multiple data sources, including street-level epidemiology. This chapter concentrates on statewide data, and Chapter 3 includes comparable data for four major metropolitan areas in Texas.

▼ Survey Data

a. School Surveys

Since 1969, there have been a number of school surveys performed around the state which differ in methodology and question formats. But even given these differences, the general trend over time shows that marijuana use is declining while alcohol use continues on an overall upward rise (Table 2-1). Use in the metropolitan areas has historically been higher than in the less populated areas.

Every two years TCADA, in conjunction with the Public Policy Resources Laboratory of Texas A&M University, conducts a statewide assessment of substance use among public school students in Texas. The first survey was conducted in 1988,[5] the second in 1990,[6] and the third in 1992.[7] The 1990 version was expanded to include fourth through sixth grades.[8] The 1990 secondary school version found that only 33 percent of the students had remained drug-free during the school year; in 1992, 37 percent were drug-free during the school year. The remaining 63 percent used either alcohol, tobacco, inhalants, and/or an illicit drug. The term "illicit drug" is used to describe those drugs which are controlled substances, including marijuana, powdered cocaine, crack, "uppers," "downers," hallucinogens, and ecstasy. "Uppers" include stimulants such as amphetamines, benzedrine, and prescription drugs which are taken to get high rather than according to a doctor's orders. "Downers" include Quaaludes, sleeping pills, barbiturates, and tranquilizers such as Valium or Librium. In addition, because the 1988 questions concerning inhalants were different from the 1990 and 1992 instruments, the method for correcting estimates of inhalant use were adjusted for statewide data to

TABLE 2–1
SURVEYS OF TEXAS SCHOOL STUDENTS, 1969–1992

AREA SURVEYED	YEAR SURVEYED	MARIJUANA		ALCOHOL
		% EVER USED	% USED PAST 6 MONTHS OR SCHOOL YEAR	% EVER USED
Dallas	1969	9.9		58.9
Ft Worth	1970	15.0		
Alamo Area	1970	12.0		
Houston	1970	23.4		
Houston	1970	22.2	19.5	58.4
Houston	1971	25.1	21.7	60.2
Amarillo	1971	7.0		45.0
Rio Grande Valley	1971	11.3		38.8
Waco	1972	30.6		67.0
Alief	1972	20.4	17.9	59.1
Central Plains	1972	8.0	6.0	55.4
Alief	1973	27.1	22.7	56.7
Abilene	1973	14.5		51.0
Wichita Falls	1973	22.3		63.4
Houston	1973	30.9	26.3	64.1
Nacogdoches	1974	20.0		67.0
Gulf Coast	1980	37.9	27.8	75.7
Statewide	1980	18.8		52.6
Statewide	1988	31.5	10.9	75.5
Statewide	1990	22.5	6.3	81.0
Statewide	1992	19.7	5.4	75.6

facilitate comparison across years. The adjustment was not made in local district reports such as those discussed in Chapter 3.

Between 1988 and 1992, the past-month use of all substances except tobacco declined (Table 2-2). Grade level continues to be a strong predictor of lifetime substance use: lifetime prevalence generally increases with grade for all substances except inhalants, where both lifetime and current use declines after eighth grade. The drop in lifetime prevalence for inhalants may be due to inhalant-using students dropping out just before they would have reached high school. The 1992 study found that seventh through ninth graders who do not come from two-parent homes are more likely to have used substances than students from two-parent homes. Students making grades of C or lower have lifetime and current illicit drug prevalence rates that are two times higher than those students making As and Bs. During the school year prior to the 1992 survey, 11 percent of Texas students drove a car while drunk; 27 percent of seniors drove drunk and 8 percent of seniors did so four or more times.

As with secondary students, the most widely used substances among elementary students are alcohol and tobacco (Table 2-3). Inhalants are third in prevalence and marijuana was used by relatively few elementary students. Substance use is lower in fourth through sixth graders than

TABLE 2–2
COMPARISON OF SUBSTANCE USE
1988, 1990, AND 1992 TEXAS SECONDARY SCHOOL SURVEYS

	% EVER USED 1988	% EVER USED 1990	% EVER USED 1992	% USED PAST MONTH 1988	% USED PAST MONTH 1990	% USED PAST MONTH 1992
Tobacco	-	56.2	54.3	-	22.9	20.9
Alcohol	75.5	81.0	75.6	42.8	43.6	37.0
Inhalants*	30.0	23.0	23.2	7.0	6.0	5.3
Any Illicit Drug	39.1	25.1	22.4	17.1	9.5	8.4
Marijuana	31.5	22.5	19.7	11.5	7.8	6.8
Cocaine	6.7	5.8	5.0	2.3	1.6	1.5
Hallucinogens	6.6	4.6	4.9	2.4	1.6	1.5
Uppers	17.1	7.2	6.5	5.8	2.1	1.8
Downers	13.3	4.5	4.5	3.9	1.2	1.2

*Adjusted

COMPARISON OF ILLICIT DRUG USE
1988, 1990, AND 1992 TEXAS SECONDARY SCHOOL SURVEYS

ANY ILLICIT DRUG*	% EVER USED 1988	% EVER USED 1990	% EVER USED 1992	% USED PAST MONTH 1988	% USED PAST MONTH 1990	% USED PAST MONTH 1992
Grade 7	25.0	11.1	11.4	12.8	5.6	5.0
Grade 8	33.0	17.6	15.0	16.6	7.7	5.1
Grade 9	36.0	25.6	23.9	15.4	10.3	9.9
Grade 10	42.9	27.8	28.1	18.4	10.0	10.3
Grade 11	49.1	33.7	29.2	20.6	11.2	11.2
Grade 12	54.3	39.9	31.8	20.2	13.5	10.3

*Any Controlled Substance
Source: TCADA Secondary School Surveys

in seventh through twelfth graders. The sixth grade marks a substantial increase in both lifetime and past school year substance use as compared to fourth and fifth grade.

b. Adult Surveys

In the spring of 1988, adult Texans were surveyed to measure their use of alcohol and other psychoactive substances.[9] The survey was a joint effort between TCADA and PPRL. TCADA was responsible for the overall design of the study and the data analysis, while PPRL designed the sample and conducted the telephone interviews. The sample of 5,156 adults 18 years of age and older, selected from randomly generated telephone numbers, was stratified for three racial and ethnic groups, three age groups, and eight geographic regions. Participants were assured confidentiality, and the participation rate was 75 percent. A Spanish version of the interview was administered, as needed, by bilingual interviewers.

TABLE 2–3
COMPARISON OF SUBSTANCE USE
1990 AND 1992 TEXAS ELEMENTARY SCHOOL SURVEYS

	% EVER USED 1990	% EVER USED 1992	% USED SCHOOL YEAR 1990	% USED SCHOOL YEAR 1992
TOBACCO	20.1	16.1	12.7	10.1
Grade 4	13.3	10.8	8.2	6.5
Grade 5	19.8	18.3	13.2	11.9
Grade 6	30.5	27.4	18.7	16.1
ALCOHOL	40.2	29.0	27.9	17.7
Grade 4	31.0	25.2	21.1	14.7
Grade 5	38.5	28.6	28.1	18.0
Grade 6	56.5	46.4	37.7	28.8
INHALANTS**	14.4	13.8	10.8	9.6
Grade 4	12.8	13.7	9.5	10.2
Grade 5	9.8	11.6	7.3	7.9
Grade 6	23.9	23.5	17.8	14.5
MARIJUANA	2.4	1.1	1.6	0.5
Grade 4	1.1	0.8	0.7	*
Grade 5	1.8	0.9	1.3	0.6
Grade 6	5.4	3.4	3.6	2.0

* 0 or not available
**Adjusted
Source: TCADA Elementary School Surveys

The survey found that adult Texans in 1988 reported higher rates of lifetime prevalence of illicit drug use than had been reported in the 1980 statewide survey but lower rates of current use. About 31 percent of Texas adults have used illicit substances at some time during their lives, and 3 percent used marijuana within the 30 days prior to the survey (Table 2-4). A problem-based methodology was used to estimate the extent of chemical dependency in the population. Respondents were asked whether they had experienced any of a series of family, health, legal, or social problems due to drugs during the past year. Over 3 percent of adults reported experiencing at least one problem (Table 2-5). Young adults (18-25) were seven times more likely than older adults (35+) to have five or more drug problems. High school graduates were more likely than non-graduates to report ever using drugs. However, young adults who did not graduate from high school reported much higher rates of current illicit drug use. White adults had the highest lifetime and current prevalence for most substances except crack; black adults in the 26–34 age group had the highest lifetime prevalence (5 percent) and current prevalence (2 percent) for crack. Hispanic adults were the most likely race/ethnic group to have multiple alcohol-related problems, and black adults were the most likely to report multiple drug-related problems.

TABLE 2–4
PREVALENCE AND RECENCY OF USE
1988 TEXAS ADULT SURVEY

	% EVER USED	% USED PAST MONTH	% USED PAST YEAR (not past month)	% NOT USED PAST YEAR	% NEVER USED
Tobacco	71.1	26.0	3.8	41.3	28.9
Alcohol	88.0	46.0	21.0	21.0	12.0
Marijuana	28.0	3.1	2.8	22.1	72.0
Inhalants	5.1	*	*	4.6	94.9
Cocaine	9.2	0.8	1.2	7.2	90.8
Crack	6.6	*	*	*	99.3
Uppers	12.9	0.5	0.8	11.5	87.1
Downers	5.9	*	*	5.4	94.1
Heroin	0.8	*	*	0.8	99.2
Other Opiates	1.9	*	*	1.6	98.1
Psychedelics	7.3	0.5	0.5	6.2	92.7
Any Illicit Drug	31.2	3.7	3.4	24.1	68.8

* Less than 0.5%
Source: 1988 TCADA Adult Survey

TABLE 2–5
ESTIMATE OF SUBSTANCE ABUSE PROBLEMS
ADULTS IN TEXAS, 1988

	% ADULTS WITH DRUG-RELATED PROBLEMS STATEWIDE	% ADULTS WITH ALCOHOL-RELATED PROBLEMS STATEWIDE
One Problem	1.2	6.5
Two Problems	0.6	3.2
Three Problems	0.4	2.5
Four Problems	0.3	1.9
Five or More Problems	0.9	4.4

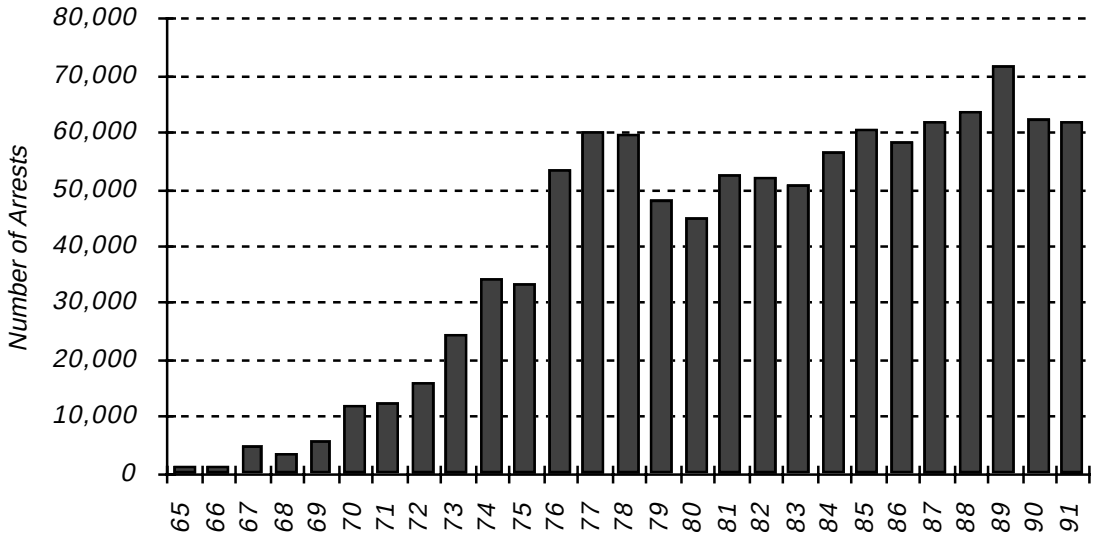
Source: 1988 TCADA Adult Survey

▼ Criminal Justice Statistics

a. Arrests

The Uniform Crime Reporting Program of the Federal Bureau of Investigation provides a nationwide view of crime based on the submission of arrest statistics by city, county, and state law enforcement agencies throughout the country. These statistics are available at the state level from the Texas Department of Public Safety in both hard copy and computer tape formats. The drug abuse-related violations that are reported in this system are sale/manufacturing and possession of opium or cocaine, marijuana, synthetic narcotics, and other dangerous non-narcotic drugs. Because of the methods of grouping substances (opium and cocaine are combined) and the variation in reporting for “synthetic narcotics” and “other dangerous non-narcotics” (LSD can be reported in either category), it is impossible to analyze trends except for marijuana as compared to all other drugs.

FIGURE 2–1: DRUG ARRESTS IN TEXAS, 1965-1991



The number of drug arrests first peaked in the late 1970s and several years later again headed upward to the highest level in 1989 (Figure 2-1). The number of arrests for drugs other than marijuana has increased (Figure 2-2), most likely due to the increase in crack cocaine. Between 1988 and 1991, the percent of drug arrests for trafficking in marijuana dropped from 27 percent to 18 percent of total trafficking arrests and the percent of drug arrests for

FIGURE 2–2: ARRESTS IN TEXAS FOR POSSESSION AND TRAFFICKING, MARIJUANA AND ALL OTHER DRUGS, 1988–1991

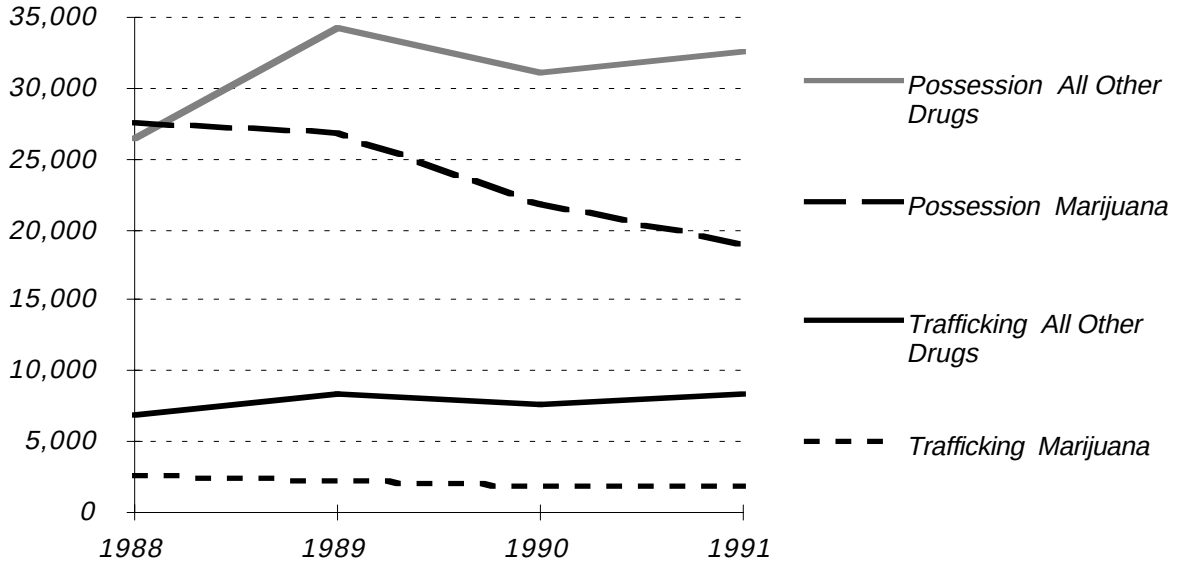
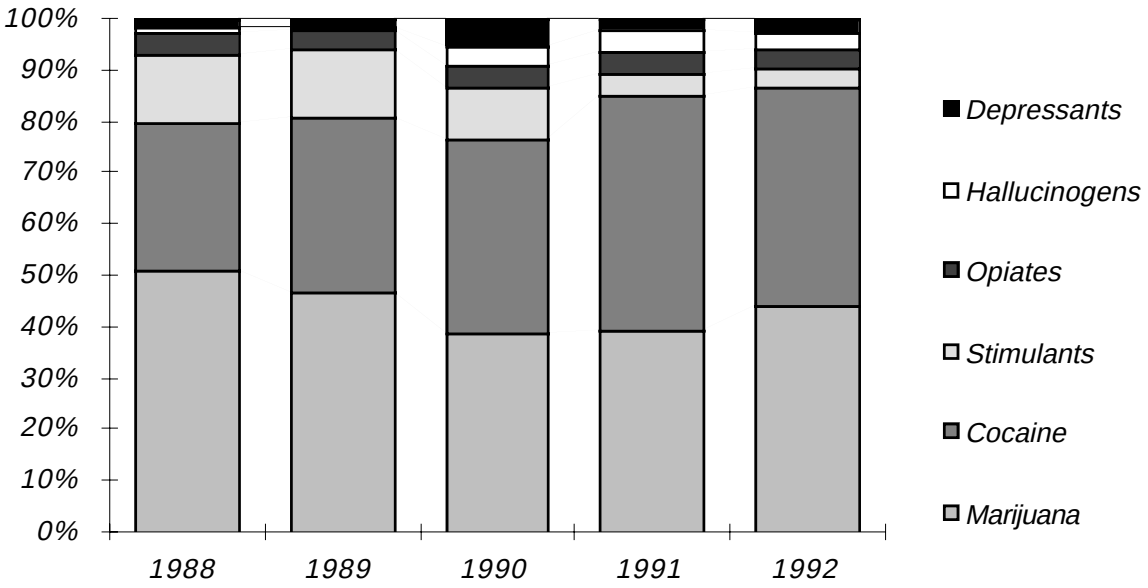


FIGURE 2–3: TYPES OF DRUGS IDENTIFIED BY DPS CRIME LABORATORIES



possession of marijuana dropped from 51 percent to 37 percent of total possession arrests. In 1991, the arrest rate for marijuana offenses was 122 per 100,000 population while the arrest rate for other drugs was 241 per 100,000. Blacks are increasing as a percentage of arrests, particularly for drug offenses. In 1985, 22 percent of those arrested for drug offenses were black; in 1991, 37 percent were black.

One way to differentiate among the types of drugs involved in arrests is through statistics reported by crime laboratories. Each year over 20,000 requests for identification of substances are made by Texas law enforcement agencies to the Department of Public Safety's Crime Laboratories. The types of drugs identified in analysis since 1988 show an increase in cocaine, a steady level of opiates and a drop in stimulants since the enactment of the chemical precursor law in 1987 (Figure 2-3).

b. Drug Use Forecasting System

Another valuable source of data is the Drug Use Forecasting System of the National Institute of Justice, which obtains periodic urinalyses for a sample of arrestees in the three largest metropolitan areas in Texas, Dallas, Houston, and San Antonio. DUF statistics show that well over one-half the males test positive for at least one drug, as do the females in two of the three cities (Table 2-6). Cocaine is found most often, followed by marijuana. Benzodiazepines are found more often among women, as are barbiturates and amphetamines, although the latter two classes are not found in all cities for all quarters. The primary drug of choice also varies among cities. While cocaine is the drug most commonly identified in all three cities, opiates are found in significant proportions only in San Antonio.

TABLE 2–6
PERCENT OF ARRESTEES TESTING POSITIVE FOR VARIOUS DRUGS

	1991	1991	1991	1991	1992	1992	1992	1992
COCAINE	1st Q	2nd Q	3rd Q	4th Q	1st Q	2nd Q	3rd Q	4th Q
Dallas Males	32.0%	42.0%	48.0%	51.0%	48.0%	*	40.0%	
Houston Males	56.0%	53.7%	56.8%	56.6%	47.9%	43.0%	30.0%	
San Antonio Males	25.8%	26.1%	28.3%	35.7%	35.0%	33.3%	29.7%	28.0%
Dallas Females	38.0%	46.0%	54.0%	45.0%	47.0%	*	50.0%	
Houston Females	45.0%	48.3%	51.9%	60.0%	43.5%	44.0%	52.0%	
San Antonio Females	24.2%	22.6%	33.3%	16.2%	21.0%	40.3%	25.0%	13.5%
OPIATES								
Dallas Males	4.0%	3.0%	3.0%	6.0%	4.0%	*	5.0%	
Houston Males	3.6%	4.1%	2.0%	3.5%	1.3%	5.0%	0.0%	
San Antonio Males	17.7%	10.6%	15.2%	18.0%	15.0%	15.3%	11.5%	16.1%
Dallas Females	8.0%	6.0%	18.0%	4.0%	4.0%	*	11.0%	
Houston Females	2.0%	7.8%	2.8%	3.8%	3.7%	7.0%	2.0%	
San Antonio Females	22.6%	14.5%	22.2%	18.9%	12.3%	16.4%	18.8%	5.6%
METHADONE								
Dallas Males	0.0%	0.0%	0.0%	0.0%	0.0%	*	0.0%	
Houston Males	1.6%	0.8%	0.8%	0.0%	0.9%	0.0%	0.0%	
San Antonio Males	2.2%	2.2%	3.1%	1.7%	1.8%	2.1%	2.2%	2.1%
Dallas Females	3.0%	0.0%	0.0%	0.0%	0.0%	*	0.0%	
Houston Females	2.0%	3.5%	0.0%	3.8%	0.0%	0.0%	0.0%	
San Antonio Females	4.8%	0.0%	9.5%	4.1%	3.5%	3.0%	2.7%	1.1%
MARIJUANA								
Dallas Males	30.0%	21.0%	9.0%	17.0%	26.0%	*	27.0%	
Houston Males	25.8%	19.0%	8.7%	13.2%	25.6%	33.0%	16.0%	
San Antonio Males	28.0%	17.8%	10.5%	21.0%	23.8%	30.6%	24.8%	33.2%
Dallas Females	29.0%	4.0%	6.0%	5.0%	18.0%	*	26.0%	
Houston Females	14.9%	11.2%	4.6%	2.9%	8.3%	13.0%	11.0%	
San Antonio Females	12.9%	9.7%	3.2%	8.1%	12.3%	29.9%	11.6%	11.2%
AMPHETAMINES								
Dallas Males	0.0%	2.0%	2.0%	1.0%	1.0%	*	0.0%	
Houston Males	0.4%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	
San Antonio Males	2.7%	0.0%	2.6%	0.0%	0.0%	0.0%	0.9%	1.0%
Dallas Females	4.0%	4.0%	0.0%	2.0%	5.0%	*	3.0%	
Houston Females	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	
San Antonio Females	4.8%	1.6%	0.0%	0.0%	0.0%	1.5%	2.7%	0.0%
BARBITURATES								
Dallas Males	0.0%	0.0%	0.0%	0.0%	0.0%	*	0.0%	
Houston Males	0.4%	0.8%	0.0%	1.3%	0.4%	0.0%	0.0%	
San Antonio Males	0.0%	1.1%	1.6%	0.0%	1.3%	0.0%	1.3%	0.5%
Dallas Females	1.0%	2.0%	0.0%	0.0%	2.0%	*	1.0%	
Houston Females	2.0%	3.5%	0.9%	2.9%	0.9%	2.0%	2.0%	
San Antonio Females	1.6%	0.0%	3.2%	5.4%	0.0%	1.5%	0.0%	1.1%

TABLE 2–6 (CONTINUED)
PERCENT OF ARRESTEES TESTING POSITIVE FOR VARIOUS DRUGS

BENZODIAZEPINES	1991 1st Q	1991 2nd Q	1991 3rd Q	1991 4th Q	1992 1st Q	1992 2nd Q	1992 3rd Q	1992 4th Q
Dallas Males	2.0%	2.0%	1.0%	2.0%	5.0%	*	2.0%	
Houston Males	4.4%	3.3%	4.4%	4.0%	2.6%	8.0%	13.0%	
San Antonio Males	2.2%	5.0%	6.3%	3.9%	2.5%	2.8%	5.8%	9.3%
Dallas Females	6.0%	4.0%	6.0%	8.0%	3.0%	*	6.0%	
Houston Females	2.0%	7.8%	7.4%	15.2%	13.0%	9.0%	7.0%	
San Antonio Females	16.1%	4.8%	14.3%	6.8%	7.0%	3.0%	7.1%	7.9%
PCP								
Dallas Males	0.0%	0.0%	0.0%	1.0%	2.0%	*	2.0%	
Houston Males	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%	
San Antonio Males	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%
Dallas Females	0.0%	1.0%	0.0%	0.0%	0.0%	*	0.0%	
Houston Females	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
San Antonio Females	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%
ANY DRUG								
Dallas Males	52.0%	56.0%	55.0%	60.0%	62.0%	*	60.0%	
Houston Males	69.5%	65.7%	60.6%	65.2%	61.1%	60.0%	50.0%	
San Antonio Males	55.3%	46.7%	44.4%	54.3%	55.6%	54.3%	48.4%	58.6%
Dallas Females	64.0%	52.0%	57.0%	51.0%	61.0%	*	71.0%	
Houston Females	54.0%	61.4%	57.6%	67.3%	54.8%	58.0%	58.0%	
San Antonio Females	55.7%	40.7%	51.7%	34.9%	34.6%	60.6%	51.4%	33.3%

*Data not received
Source: Drug Use Forecasting System of the National Institute of Justice

▼ Treatment Data

Since 1973, information on clients entering treatment has been collected through the Client Oriented Data Acquisition Process (CODAP) (Figure 2–4). Originally required for drug abuse clients only, alcohol clients were gradually added to the CODAP data base in 1982-1984. In 1985, TCADA modified CODAP to collect better information on alcohol problems, and a form for use with adolescent clients was implemented.

a. Adults in Treatment

Table 2-7 compares the characteristics of the drug abuse client in 1975 with the client in 1992 who had a primary problem with drugs and the client in 1992 who had a primary problem with alcohol. Note that over time, the drug client has, on average, gotten older, is less likely to be male or white, and is more likely to be black.

When the statistics on all clients (alcohol and drugs) are examined, CODAP shows that in 1992, 65 percent were unemployed. About one-third said the primary reason for unemployment was an alcohol or drug problem, while 16 percent reported they were unable to find a job and 6 percent could not work for health reasons. Average annual income for the client was $5,762 and 89 percent reported they had no medical insurance. The average years of education was 11.2. About 50 percent of the clients were referred into treatment from the criminal justice system, 6 percent were homeless, and only 25 percent were currently married.

CODAP collects information on substance abuse patterns at admission by identifying the primary, secondary, and tertiary problem substances. In 1992, the primary drugs of abuse were alcohol (41 percent), cocaine (35 percent), opiates (11 percent), marijuana (9 percent), and stimulants (2 percent). The percent of crack abusers has continued to rise; by the fourth quarter of 1992, 73 percent of the cocaine admissions were for crack. The percent of substance abusers who use needles to inject a drug has continued to decline from 31 percent in 1987 to 22 percent in 1992.

CODAP collects information on the number and severity of physical and social problems due to drug abuse. Physical problems include drug use before noon and sickness/health problems related to alcohol or drugs. Social problems include missing meal or other planned activity due to use of alcohol or drugs, being intoxicated while at work or at school, and fighting or quarreling due to alcohol or drugs. For 1992, 53 percent of the clients reported physical and social problems at the time of admission.

b. Youth in Treatment

In 1992, 3,431 adolescents entered treatment in programs funded by TCADA. The typical adolescent client was 15.1 years old and 72 percent were male. Fifty-one percent of the clients were Hispanic, 34 percent were white, and 13 percent were black. This overrepresentation of Hispanic clients is partially due to the funding in the 1970s and early 1980s of treatment programs targeted to serve Hispanic youth. The average client first began heavy use of alcohol or drugs at an average age of 12.8 years, and the lag between the time of first use and admission to treatment was 3 years. About 94 percent of the clients were in treatment for the first time.

FIGURE 2–4: DRUG ABUSE TREATMENT ADMISSIONS BY PRIMARY DRUG OF ABUSE, CODAP, 1974–1992

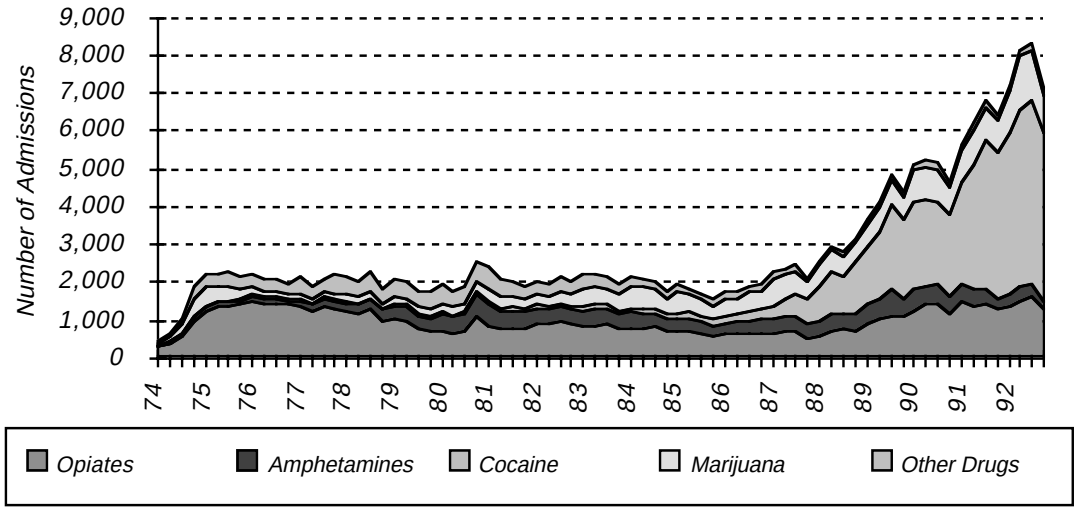


TABLE 2–7
CHARACTERISTICS OF ADULT CLIENTS AT ADMISSION BY PRIMARY PROBLEM THAT CAUSED THEM TO SEEK TREATMENT: STATEWIDE, CY1975 AND CY1992

CALENDAR YEAR 1975—ALCOHOL EXCLUDED

PRIMARY SUBSTANCE	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIM. JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	8,919	100.0	24.3	18.4	74.6	17.1	49.6	32.9	28.2	25.8	10.5
AMPHETAMINES	522	5.9	22.6	17.8	69.4	2.5	88.7	8.2	25.9	27.8	11.0
COCAINE	38	0.4	23.7	20.0	76.3	15.8	71.1	13.2	26.3	39.5	11.3
MARIJUANA	1,605	18.0	18.8	15.0	78.3	8.7	63.6	27.2	31.5	44.6	10.0
INHALANTS	593	6.7	15.8	13.4	84.3	3.0	13.0	83.6	4.9	42.7	7.7
HALLUCINOGENS	177	2.0	20.8	16.8	81.9	7.3	72.9	18.6	23.2	35.6	10.6
OPIATES	5,400	60.5	27.0	20.0	74.2	23.7	41.6	34.5	30.3	18.2	10.7
DEPRESSANTS	541	6.1	25.3	20.4	61.9	10.7	78.0	10.7	29.6	20.5	11.2
OTHER DRUGS	13	0.2	30.5	22.8	69.2	38.5	61.5	0.0	23.1	23.1	11.7

CALENDAR YEAR 1992—ALCOHOL EXCLUDED

PRIMARY SUBSTANCE	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIM. JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	30,682	100.0	31.3	22.5	69.0	42.0	35.9	21.7	30.3	46.9	11.3
AMPHETAMINES	1,202	3.9	31.3	19.6	65.5	3.2	91.0	4.8	45.2	63.0	11.3
COCAINE	18,260	59.5	30.7	24.4	66.2	58.9	28.0	12.8	25.7	41.8	11.5
MARIJUANA	4,723	15.4	28.2	16.3	82.3	24.7	45.1	29.5	52.4	78.3	11.1
INHALANTS	150	0.5	25.8	17.6	78.0	3.3	32.7	57.3	26.7	38.0	9.6
ECSTASY	19	0.1	23.5	18.5	79.0	0.0	94.7	5.3	68.4	73.7	11.8
HALLUCINOGENS	78	0.3	22.3	16.6	79.5	5.1	78.2	15.4	30.8	55.1	11.0
OPIATES	5,831	19.0	35.5	21.7	69.3	14.7	38.3	46.6	24.0	35.8	11.0
DEPRESSANTS	354	1.2	36.1	26.3	39.3	11.6	76.3	11.0	28.3	24.9	11.5
OTHER DRUGS	65	0.2	33.7	25.9	46.2	15.4	64.6	18.5	27.7	33.9	12.0

CALENDAR YEAR 1992—ALCOHOL CLIENTS ONLY

PRIMARY SUBSTANCE	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIM. JUSTICE REFERRED	AVERAGE EDUCATION
ALCOHOL	21,100	—	33.6	16.6	80.6	17.1	52.6	29.1	42.7	53.8	11.0

Source: TCADA CODAP

Only 36 percent of the youth lived with both parents; 17 percent lived in an institution. Thirty-four percent of the youth came from families receiving some form of public assistance based on income eligibility. Almost one-half (47 percent) of the youth also thought that their parent or guardian had an alcohol or drug problem.

About 46 percent of youth were referred from the juvenile justice system, and 26 percent reported at least one substance abuse-related arrest within the 120 days prior to admission to treatment. About 8 percent had quit school, and another 7 percent were suspended. Almost 60 percent of the youth had a D or F on their last report card. Thirty-three percent of the youth had been suspended from school during the last six weeks period. One of the best indications of involvement with alcohol or drugs is shown by the behavior of the peer group; when the clients were asked about the alcohol or drug use of their five best friends, 46 percent reported that all five of their best friends used drugs.

The primary drug abused by youth was alcohol (50 percent), followed by marijuana (25 percent), inhalants (13 percent), cocaine (7 percent), and hallucinogens (3 percent). Daily substance use was reported by 21 percent of the youth. The majority of youth clients (59 percent) were admitted to outpatient services, 28 percent were admitted to residential services, 10 percent were admitted to juvenile justice treatment facilities, and 3 percent were admitted to day care.

▼ Drug Overdoses

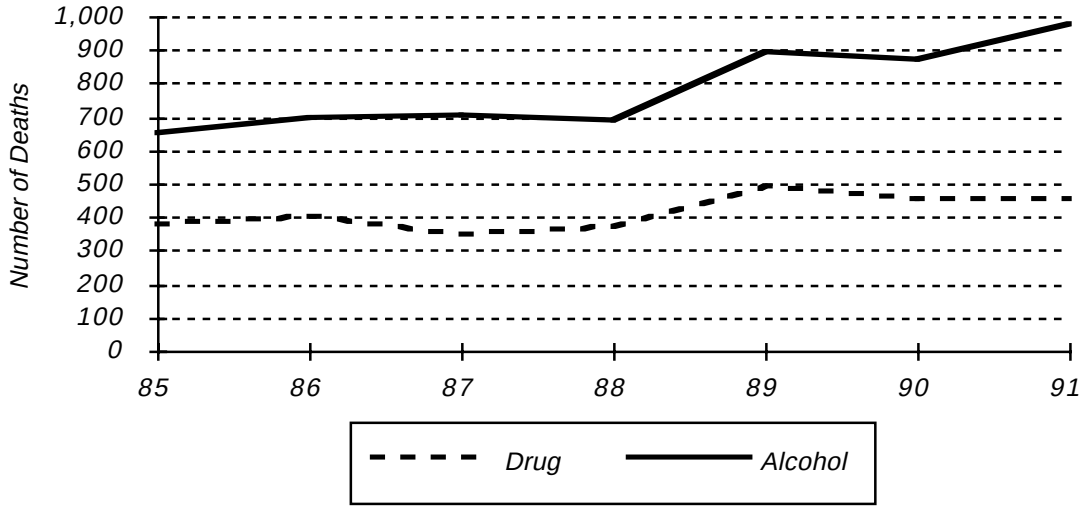
a. Overdose Deaths

The two sources of death information are the Texas Department of Health and local medical examiners. The Texas Department of Health maintains an automated database generated from death certificates which are categorized according to the International Classification of Diseases (ICDA). This data source can be used to analyze statewide trends, but has inherent weaknesses due to the inconsistent procedures in which death certificates are completed in non-metropolitan areas without the services of a medical examiner to assess the causes of death. Even when medical examiners fill out the death certificates, they are not uniform in their terminology when noting the cause of death.

While analysis for specific drugs is difficult, it is possible to aggregate all the causes of death due to alcohol and all the causes of death due to various drugs. These total numbers show an increase in substance-related deaths overall, with a greater increase in alcohol-related deaths than deaths due to other drugs (Figure 2-5). TCADA concentrates on monitoring deaths involving narcotics, cocaine, and inhalants, and copies of the death certificates are compared to the computer reports to refine data on these particular categories of drugs.

Comparison of opiate and cocaine overdose deaths according to race/ethnicity shows the impact of crack through the increasing proportion of cocaine deaths among blacks, the

FIGURE 2–5: ALCOHOL AND DRUG OVERDOSE DEATHS IN TEXAS, 1985–1991



decreasing proportion of cocaine deaths among whites, and the increasing proportion of deaths due to opiates among Hispanics (Table 2-8; information on 1991 was not available for analysis at the time this paper was written).

An additional source of information is available from selected medical examiners who have done special analyses such as the Bexar County Medical Examiner. The Dallas medical examiner data are further enhanced by participation in the Drug Abuse Warning Network (DAWN), which is a large-scale national data collection system administered by the National Institute on Drug Abuse to obtain systematic data from hospital emergency rooms, medical

TABLE 2–8
OVERDOSE DEATHS BY RACE/ETHNICITY
1983–1990

	OPIATES			COCAINE		
	% BLACK	% HISPANIC	% WHITE	% BLACK	% HISPANIC	% WHITE
1983	9	33	58	11	11	78
1984	12	31	57	6	6	88
1985	12	42	46	18	15	67
1986	1	35	55	24	16	60
1987	1	31	58	23	2	57
1988	9	43	48	35	16	50
1989	12	46	41	32	22	45
1990	0	43	57	40	17	42

examiners, and coroners concerning drug abuse-related emergency room episodes and deaths.

b. Emergency Room Episodes

Although 21 metropolitan areas in the United States are DAWN sites, including three in California, Dallas is currently the only DAWN site in Texas. The DAWN system reports the number of drug mentions in emergency room episodes from a consistent panel of participating hospitals in the Dallas area. The major metropolitan areas of Houston and San Antonio are not included, although San Antonio was a site until 1989.

▼ Drug Use Among Postpartum Women

In the spring of 1990, TCADA surveyed postpartum women in the six largest charity hospitals in Texas. About 28 percent of the women had drunk alcohol and 7 percent had used an illicit drug during the year prior to giving birth (Table 2-9).[10] The study found that 40 percent of the mothers had used alcohol, cigarettes, inhalants, and/or an illicit drug during the year before giving birth. White women were much more likely to have used substances during their pregnancy than black or Hispanic women. The average illicit substance user was 25 years old, white, a high school dropout, unmarried, and employed full-time.

Women who used alcohol or illicit drugs during pregnancy were slightly less likely to have had adequate prenatal care, more likely to have maternal complications, more likely to have infants with complications, and more likely to deliver premature infants. Women who had used alcohol or illicit drugs during pregnancy were more likely to have special risk conditions such as diabetes or high blood pressure that could complicate delivery and they were three times more likely to report having been rejected for treatment for those conditions.

TABLE 2–9
SELF-REPORTED PREVALENCE BY SUBSTANCE
1990 TEXAS POSTPARTUM SURVEY

	% EVER USED	% PAST MONTH	% PAST YEAR	% NOT PAST YEAR	% NEVER USED
Cigarettes	36.4	15.9	7.1	13.4	63.6
Alcohol	63.6	5.7	21.8	36.1	36.4
Marijuana	24.7	1.8	3.6	19.3	75.3
Inhalants	2.6	*	*	2.4	97.4
Cocaine	7.5	*	2.1	5.2	92.5
Crack	1.4	*	0.7	*	98.6
Cocaine or Crack	8.0	*	2.4	5.1	92.0
Uppers	6.1	*	0.9	5.2	93.9
Downers	2.7	*	*	2.6	97.3
Heroin	0.7	*	*	*	99.3
Other Opiates	1.1	*	*	0.8	98.9
Psychedelics	3.4	*	0.6	2.8	96.6
Any Illicit Drug	26.3	2.3	4.9	19.0	73.7

* Less than 0.5%
Source:1990 TCADA Postpartum Survey

▼ Problem-Based Estimates of Need for Treatment

Using data from these data sources, TCADA has estimated the number of adults and youth who are chemically dependent and need treatment. Respondents who had used alcohol or drugs in the past year were asked about specific kinds of substance abuse-related problems they may have experienced during that time period, such as blackouts, aggressiveness, anxiety, or pressure by relatives to quit using. Based on these self-reports, TCADA estimated that there are 987,938 chemically dependent adults in Texas in 1990. This estimate was then reduced to target chemically dependent persons who are medically indigent (333,178), and who would seek treatment if it were available (117,345). With the problem rates for each of the survey regions as anchors, synthetic estimation methods based on census demographics were used to disaggregate the 8 survey region estimates into rates and estimates for 24 council of government planning regions.

Youth need estimates are based on school survey data adjusted for dropouts. The school survey found that 8.5 percent of secondary school students drink five or more alcoholic beverages several times a week or use a drug on a daily basis AND have had any of the following problems during the past year: attended class high, gotten into trouble with teachers or police because of substance use, had problems with girl/boy friends or peers due to substances, or drove a car while high. Based on the higher prevalence among students with absences and lower grades, the prevalence among dropouts was estimated to be at least 16 percent. The adjusted chemical dependence rate for youth 13-17 is 10.4 percent. This means 135,800 youth are in serious trouble with alcohol or other drugs and need help in the form of intervention or treatment. In order to target the need for state supported services, TCADA reduced this estimate to reflect the number of youth who would seek treatment (86,271) and the number who were medically indigent (29,352 youth).

CHAPTER 3. SUBSTANCE ABUSE IN MAJOR METRO AREAS

DALLAS

According to the 1990 census, Dallas County has a population of over 1.8 million which is 60 percent white, 20 percent black, and 17 percent Hispanic. Dallas is a complex metropolitan area with mixed cultural and economic influences. Drug use is a significant problem in the area, particularly among criminal justice populations. In 1991 there were over 8,300 drug arrests in Dallas County and 50 to 60 percent of all male and female arrestees tested positive for at least one drug. Cocaine, particularly crack cocaine, is now the predominant drug in the area. Heroin has always been present, but it is now the drug of choice only among long-time addicts—new drug abusers prefer cocaine. The North Texas area around Dallas has historically been a primary site for speed labs, and use of stimulants is a unique part of the drug scene in the area.

▼ Recent Drug Patterns and Trends

Cocaine is the predominant drug in the area. Crack is the most common form of cocaine being distributed and used in Dallas, although there has been a long-time pattern of injecting cocaine and heroin as a "Speedball." The major cocaine trafficking organizations have multiple supply sources , including Los Angeles, Houston, Miami, and directly from Mexico and South America. The large-scale traffickers of powder cocaine are white or Hispanic, whereas lower-level traffickers and distributors are primarily black. Nigerians, who have been involved extensively in the heroin trade, are now also involved in cocaine, according to DEA sources. A number of Southwest Asian groups are also attempting to break into the Dallas area drug trade and Jamaican "posses" are expanding their operations throughout the Metroplex. Crack costs $20 per "rock." Prices for powder cocaine have stabilized in the $850 to $1,200 range with purity levels to 90 percent, and prices for crack cocaine range from $10 to $30 for 1/10 gram. Ounce quantities of cocaine base are sold from $900 to $1,800 with purity levels ranging from 50 to 90 percent.

Over 40 percent of people arrested in Dallas test positive for cocaine according to the DUF urinalysis program. Emergency room mentions of cocaine in the Dallas area increased from 279 in the first quarter of 1991 to 312 in the first quarter of 1992. Some 46 percent of the cases were white and 44 percent were black; 38 percent were female. Cocaine deaths in Dallas as reported by medical examiners to the Drug Abuse Warning Network declined to 39 in 1990 after a record high of 74 deaths in 1989, but the number appears on a moderate upward rise with 25 deaths reported in the first half of 1991.

Of the non-alcohol admissions to public treatment programs in the Dallas area in 1992, 63 percent were for cocaine, which is an 8 percentage point increase in one year. The typical client admitted for treatment of cocaine dependence in Dallas is 30 years of age and 60 percent are

male. Whereas the majority of cocaine users prefer crack and report smoking as the mode of administering the drug, 21 percent of all cocaine treatment clients also use needles, either with their primary drug of cocaine or with other drugs they use. Consequently, a substantial proportion of cocaine users are at risk of HIV infection. Only 7 percent of Dallas cocaine clients are Hispanic, compared to 13 percent of cocaine clients statewide.

In May 1992, focus groups of Dallas intravenous drug users and sexual partners of female crack users documented the severity of the crack problem and the crack-for-sex phenomenon. These addicts spoke of the tendency of opiate addicts to move to the use of crack, the resulting physical effects which some blamed on impurities in the drugs, the violent drug scene due to crack, and the disturbing ramifications of the crack-for-sex deals (people offering sex in exchange for crack appear to be getting younger, are from all race/ethnic groups, and provide their services for a couple of dollars and a slice of crack).

Heroin in the Dallas area is fluctuating in both price and purity, according to DEA (Table 3-1). The primary form of heroin in Dallas is the black tar which originates in Mexico. DEA reports that retail distribution of black tar is controlled by Mexican-American groups. The Domestic Monitor Program of the Drug Enforcement Administration reports on the price and purity of retail-level heroin, and it appears that the purity and price of Mexican heroin is varying by quarter. The Southeast Asian heroin bought during the last half of 1991 was the first Southeast Asian to be acquired in Dallas; no Southeast Asian was bought in the first half of 1992. Southeast Asian heroin is increasing due to activities of Nigerian smugglers. According to DEA, Nigerians have historically been involved with Southwest Asian heroin, but they have now branched out to Southeast Asian and are selling heroin out of Jamaican-run crack houses in the Dallas area. Southeast Asian heroin is also distributed by Chinese.

DUF reports that between 4 and 6 percent of male arrestees and 4 to 11 percent of female arrestees tested positive for opiates during two quarters in 1992. Emergency room mentions of heroin in the Dallas area totaled 287 in 1988, 313 in 1989, 317 in 1990, and 237 in 1991. There were 88 mentions in the first quarter of 1992. The number of heroin-related deaths in Dallas totaled 19 in 1987, 22 in 1988, 39 in 1989, 23 in 1990, and 7 for the first half of 1991.

Among admissions to publicly funded drug treatment programs in Dallas in 1992, opiate clients were somewhat older than others, averaging 35 years of age at admission, and 59

TABLE 3–1
COST AND PURITY OF RETAIL-LEVEL HEROIN IN DALLAS

	AVERAGE PURITY (PERCENT)			PRICE PER MILLIGRAM PURE		
	1991	1Q 1992	2Q 1992	1991	1Q 1992	2Q 1992
Mexican	5.7%	16.2%	4.2%	$3.72	$2.18	$4.91
Southeast Asian	17.8%			$1.37		

Source: Drug Enforcement Administration

percent were male. The heroin addict in Dallas was much more likely to be black (33 percent were black compared to 15 percent statewide; 55 percent were white compared to 38 percent statewide; and 10 percent were Hispanic compared to 47 percent statewide).

Heroin addicts who participated in focus groups conducted for TCADA and NIDA during May of 1992 reported no new young heroin users, but a tremendous increase in new young crack users. These addicts reported that the quality of heroin had continued to drop and that heroin addicts were shifting to more use of cocaine, both the crack form and the powder form, which is combined with heroin into a Speedball, or "Boys and Girls." These addicts generally reported not sharing needles and reported using bleach to clean their works, although there were comments that this procedure was not used if the addict needed a quick fix. The addicts also used "T's and Blues" when heroin was not available.

Stimulants have long been popular in the area. Clandestine speed labs have maintained active operations in the northern part of Texas for several years and are reported increasing their production. Methamphetamine mentions have been stable in DAWN and only in recent years have begun to taper off, declining by one-half during the past three years. With the passage of the federal Chemical Diversion and Trafficking Act, precursor chemicals are now having to be illegally imported through Mexico or Canada. DEA has reported that the number of amphetamine and methamphetamine cases has continued to decrease. Major violators are whites. DUF data show that up to 5 percent of female arrestees and 1 percent of male arrestees test positive for amphetamines or methamphetamines. Availability and quality of amphetamines and methamphetamines have decreased, along with a corresponding increase in price ranging from $75 to $150 per gram and $800 to $1,200 per ounce. The stimulant abuser entering treatment in Dallas in 1992 comprised 4 percent of the non-alcohol admissions. Average age was 31, and 51 percent were male compared to 65 percent statewide. Ninety-seven percent were white and 72 percent were needle-users.

Marijuana continues to be used. In Dallas in 1991, there were 8,301 arrests for drug violations, of which 28 percent were for marijuana. Statewide, 34 percent of all drug arrests were for marijuana possession or sale. DEA reports that Mexican Americans and Mexican Nationals control the distribution of marijuana in the Dallas area, although consumption is equal among blacks, whites, and Hispanics. Prices of marijuana range from $600 to $1,200 per pound and $100 to $125 per ounce. Some 26 to 27 percent of arrested males and 18 to 26 percent of arrested females tested positive for marijuana during two quarters of 1992. Marijuana clients made up 13 percent of the non-alcohol admissions. About 74 percent of marijuana clients in Dallas are male, compared to 82 percent statewide. Some 56 percent were white, 30 percent were black, and 11 percent were Hispanic, compared to statewide averages of 45 percent white, 25 percent black, and 29 percent Hispanic.

TABLE 3–2
COMPARISON OF SUBSTANCE USE
1969 AND 1992 DALLAS SCHOOL SURVEYS

	DALLAS I.S.D. --1969 GRADES 7-12		DALLAS I.S.D.--1992 GRADES 6-12	
	% EVER USED	% USED WEEKLY	% EVER USED	% USED PAST MONTH
Tobacco	39.4	15.9	41.5	11.6
Alcohol	58.9	19.1	70.7	28.9
Inhalants	8.3	3.0	11.0	2.7
Any Illicit Drug	*	*	17.4	5.4
Marijuana	9.9	4.6	15.8	4.4
Cocaine	3.7	2.2	3.7	1.0
Hallucinogens	4.6	2.2	2.6	0.7
Uppers	5.8	2.8	3.0	0.6
Downers	6.1	2.9	1.9	*
Steroid	*	*	1.1	*
Ecstasy	*	*	1.5	*

* 0 or not available

▼ Survey Data

a. School Surveys

In October 1969, a questionnaire was administered to almost 55,000 junior and senior high students in the Dallas Independent School District.[11] In the spring of 1992, the Texas School Survey was administered in the Dallas I.S.D. In 1990, the school district was 47 percent black, 33 percent Hispanic, and 18 percent white, and the dropout rate was 16.3 percent (compared to 6.1 percent statewide). Table 3-2 shows the change in student substance use over the years. Use of alcohol is up significantly, and lifetime use of inhalants and marijuana is higher, although the more recent measures (weekly and past month) are virtually identical. It is interesting that even with the increase in crack cocaine seen in the Dallas area, lifetime use of cocaine reported by students was at the same level in 1992 as in 1969, and current use was lower.

Use of illicit drugs in Dallas is consistently lower than statewide averages (Table 3-3). In addition, whereas statewide lifetime use increases between grades nine and ten, lifetime use in Dallas remains the same. The Dallas survey showed that white students reported the highest lifetime and current rates for the use of any illicit drug. White and Hispanic students reported similar rates of inhalant and marijuana use, and more Hispanic students reported use of cocaine. Fewer black students reported use of all substances except alcohol, where they had the highest lifetime experience, but the lowest current use. Male students reported higher lifetime use of any illicit drug, marijuana, cocaine, and steroids, while there was little difference between male and female students in the use of alcohol, inhalants, uppers, downers, and ecstasy.

TABLE 3–3
COMPARISON OF ILLICIT DRUG USE, GRADES 7–12
1992 DALLAS AND STATEWIDE SURVEYS

ANY ILLICIT DRUG*	1992 DALLAS % EVER USED	1992 STATE % EVER USED	1992 DALLAS % USED PAST MONTH	1992 STATE % USED PAST MONTH
Grade 7	12.1	11.4	3.6	5.0
Grade 8	14.4	15.0	5.3	5.1
Grade 9	21.8	23.9	7.3	9.9
Grade 10	21.8	28.1	6.9	10.3
Grade 11	25.3	29.2	7.4	11.2
Grade 12	27.5	31.8	7.3	10.3

*Any Controlled Substance
Source: 1992 Dallas ISD Survey and 1992 TCADA State Survey

Comparison of the use of different kinds of inhalants shows that Dallas seventh graders reported lifetime use rates similar to the statewide survey except for correction fluid, where Dallas seventh graders were higher (Table 3-4). However, by twelfth grade, many of the inhalant users seem to have dropped out and fewer Dallas seniors reported lifetime use than their peers statewide.

Elementary school students were also surveyed, and alcohol was, by far, the most prevalent substance both in terms of lifetime and current use, and inhalants were more prevalent than marijuana (Table 3-5).

TABLE 3–4
LIFETIME USE OF DIFFERENT INHALANTS
1992 DALLAS AND STATEWIDE SURVEYS

	1992 DALLAS 7TH GRADE % EVER USED	1992 STATE 7TH GRADE % EVER USED	1992 DALLAS 12TH GRADE % EVER USED	1992 STATE 12TH GRADE % EVER USED
Spray Paint	8.7	8.7	5.0	6.3
Correction Fluid	16.9	14.5	9.4	10.3
Gasoline	8.9	9.7	4.0	6.1
Freon	1.9	2.1	1.4	2.7
Poppers	2.6	2.1	3.9	5.5
Shoe Shine	3.0	3.3	0.8	1.2
Glue	12.1	12.8	4.7	5.7
Solvents	8.3	7.2	6.3	6.0
Other Sprays	10.8	10.9	2.9	3.1
Other	8.2	8.9	3.6	4.5

Source: 1992 Dallas ISD School Survey and 1992 TCADA State Survey

TABLE 3–5
COMPARISON OF SUBSTANCE, GRADES 4–6
1992 DALLAS AND STATEWIDE SURVEYS

	1992 DALLAS % EVER USED	1992 STATE % EVER USED	1992 DALLAS % USED SCHOOL YEAR	1992 STATE % USED SCHOOL YEAR
Tobacco	10.7	16.1	5.9	10.1
Alcohol	30.9	29.0	19.9	17.7
Inhalants*	5.0	6.4	3.5	4.4
Marijuana	1.5	1.1	0.7	0.5

*Unadjusted
Source: 1992 Dallas ISD School Survey

b. Adult Surveys

The 1988 Texas Survey of Substance Use Among Adults included prevalence data and incidence of problem indicators for the planning region which includes Dallas and Fort Worth (Tables 3-6 and 3-7).

Just over 4 percent of adults in the Dallas region had one or more drug-related problems and 4.5 percent of its adults had five or more alcohol-related problems, which ranked it third-highest among the regions in percent of adults with alcohol or drug problems. With its large population, the Dallas region contains one of the highest number of affected persons compared to the other survey regions.

TABLE 3–6
PREVALENCE AND RECENCY OF USE
ADULTS IN DALLAS/FORT WORTH REGION, 1988

	% EVER USED	% USED PAST MONTH	% USED PAST YEAR (not past month)	% NOT USED PAST YEAR	% NEVER USED
Tobacco	73.3	26.5	3.6	43.2	26.7
Alcohol	89.1	50.0	18.9	20.3	10.9
Marijuana	31.2	4.2	2.7	24.3	68.8
Inhalants	5.9	*	*	5.4	94.1
Cocaine	11.0	0.8	1.1	9.0	89.0
Crack	0.9	*	*	*	99.1
Uppers	14.3	0.7	1.4	12.2	85.7
Downers	6.7	*	0.7	6.0	93.3
Heroin	1.2	*	*	1.1	98.8
Other Opiates	2.2	*	*	2.0	97.8
Psychedelics	8.5	*	0.5	7.6	91.5
Any Illicit Drug	34.3	4.5	3.6	26.1	65.7

* Less than 0.5%
Source: 1988 TCADA Adult Survey

TABLE 3–7
ESTIMATE OF SUBSTANCE ABUSE PROBLEMS
ADULTS IN DALLAS/FORT WORTH REGION, 1988

	% ADULTS WITH DRUG-RELATED PROBLEMS		% ADULTS WITH ALCOHOL-RELATED PROBLEMS	
	STATEWIDE	DALLAS REGION	STATEWIDE	DALLAS REGION
One Problem	1.2	1.3	6.5	6.9
Two Problems	0.6	0.8	3.2	2.5
Three Problems	0.4	0.3	2.5	2.6
Four Problems	0.3	0.4	1.9	2.1
Five or More Problems	0.9	1.3	4.4	4.5

Source: 1988 TCADA Adult Survey

▼ Criminal Justice Statistics

a. Arrests

In 1971 there were 1,244 arrests for drug offenses, of which 65 percent were for marijuana; in 1991 there were 8,301 arrests for drug offenses, of which 29 percent were for marijuana. The percent of drug trafficking arrests involving marijuana dropped from 18 percent in 1988 to 13 percent in 1991 and the percent of drug possession arrests for marijuana has dropped from 36 percent in 1988 to 33 percent in 1991. Over the last four years, the number of arrests for possession of marijuana and other drugs decreased, whereas the number of arrests for trafficking of drugs other than marijuana increased (Figure 3-1). The arrest rate for drugs other than marijuana was 320 per 100,000 for Dallas County, as compared to 241 statewide, and the rate for marijuana for Dallas was 128 per 100,000 as compared to 122 statewide. The percent of drug offenders arrested who are black has increased in Dallas from 41 percent in 1985 to 47 percent in 1990, while the percent of black drug offenders from Dallas sentenced to prison has increased from 41 percent in 1985 to 61 percent in 1991.

b. Drug Use Forecasting System

The Drug Use Forecasting System (DUF) collects information in booking facilities throughout the United States. For approximately 14 consecutive evenings each quarter, trained local staff obtain voluntary and anonymous urine specimens and interviews from a new sample of booked arrestees. The DUF data show that for all of 1991 and two quarters in 1992, between 50 and 60 percent of all arrestees tested positive for at least one drug (Figure 3-2). Second quarter 1992 was not available for this report. Cocaine is clearly the most prevalent drug, followed by marijuana, which is reported more often among the males than the females, although the percentage positive varies greatly depending on the quarter. The percent positive for opiates also varies widely for females. Amphetamines, diazepam, and barbiturates are also found in females.

FIGURE 3–1: ARRESTS IN DALLAS CO. FOR POSSESSION AND TRAFFICKING, MARIJUANA AND ALL OTHER DRUGS, 1988–1991

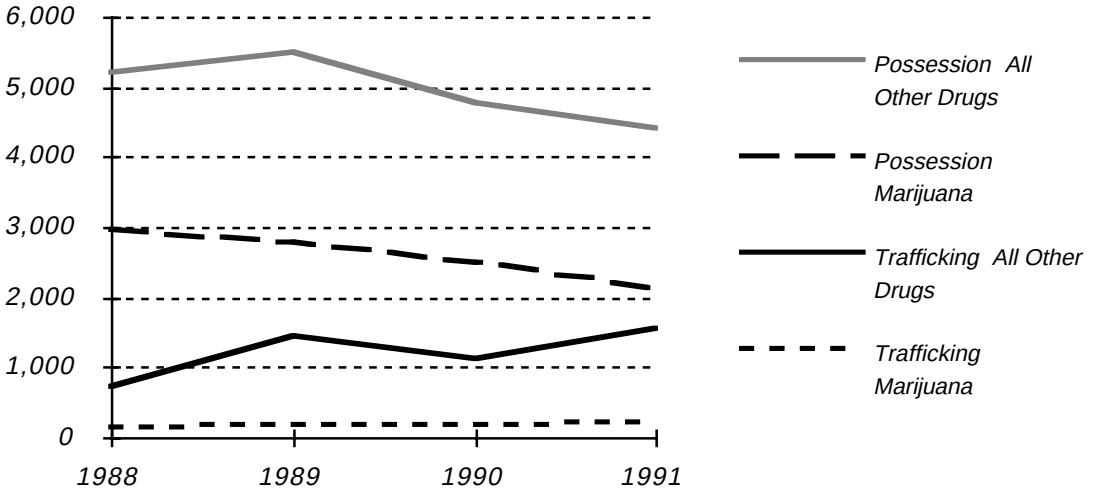
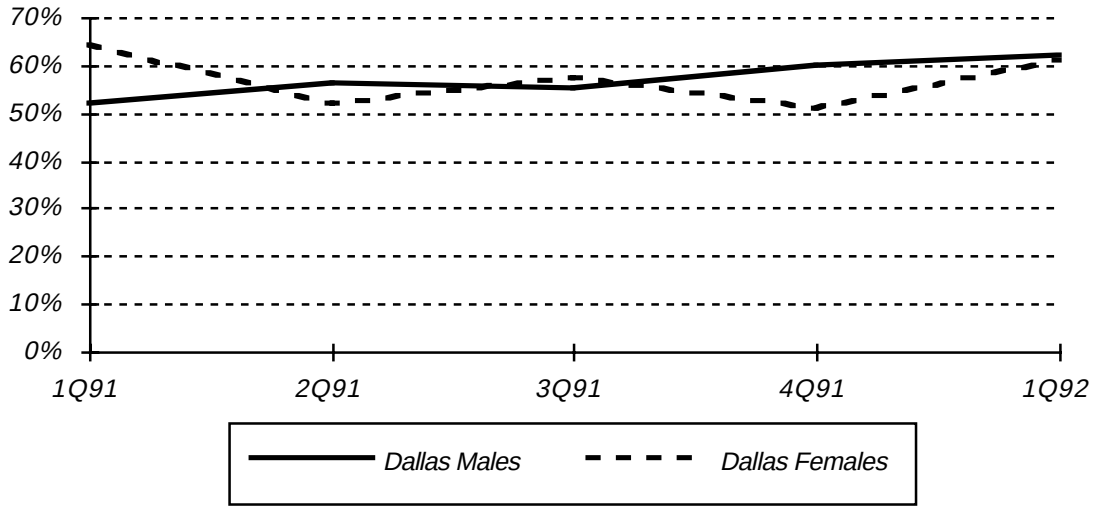


FIGURE 3–2: PERCENT OF DALLAS ARRESTEES TESTING POSITIVE FOR DRUGS (DUF)



▼ Treatment Data

In 1975 Dallas had four drug programs reporting on CODAP, and three of them provided methadone maintenance. In 1992, twelve adult programs were reporting on CODAP, and only one provided methadone. There are also four privately funded methadone programs in Dallas and three in neighboring Fort Worth.

In 1975, 64 percent of all admissions were opiate addicts, compared to 18 percent of the drug-only clients in 1992 (Table 3-8). The average opiate addict in Dallas is not only getting older, but also is using drugs for a much longer period of time prior to seeking treatment. Between 1975 and 1992, the average age at admission for the opiate addict increased from 28 years to 35 years, and the lag between year of first heavy use and admission to treatment increased from 7 years to 12 years. Over this period of time, the percent male dropped from 72 percent to 59 percent. The percent black dropped from 56 percent to 33 percent. The percent white increased from 37 percent to 55 percent and the percent Hispanic increased from 7 percent to 11 percent. The opiate addict was the most likely to be impaired of all clients at admission, with 78 percent reporting physical problems and 71 percent reporting social problems, as compared to statewide averages of 68 percent physical and 64 percent social problems. The proportion of males was lower in Dallas, at 59 percent compared to 69 percent statewide.

In Dallas the largest number of clients entering drug abuse treatment in 1992 were for cocaine abuse, comprising 63 percent of all non-alcohol admissions, as compared to six clients comprising .9 percent of all admissions in 1975. Today, the average cocaine client is four years older (30 years) and the lag between year of first use and admission to the current program increased from three years to six years. Over time, the proportion of males dropped by 23 percentage points to 60 percent. Between 1975 and 1992 the percent black increased by over 28 percentage points to 62 percent, the percent white decreased to 31 percent and the percent Hispanic decreased to 7 percent. The percent employed increased over time to 31 percent.

The proportion of marijuana abusers entering treatment increased slightly between 1975 and 1992 (from 10 percent to 13 percent). The average age at admission increased by nearly 7 years to 28, which means the lag between first use and admission to treatment has increased from 5 to 12 years. The percent male decreased from 81 percent to 74 percent. The percent white dropped from 68 percent to 56 percent, the percent black increased slightly to 30 percent, and the percent Hispanic increased from 2 percent to 11 percent. The employment status improved by 23 percentage points to 55 percent and the percent referred from the criminal justice system increased by 52 percentage points to 69 percent.

▼ Drug Overdoses

The Dallas area is the only region in Texas which is included in the Drug Abuse Warning Network (DAWN), which is operated by the National Institute on Drug Abuse. DAWN collects information on drug abuse-related emergency room episodes and drug-abuse related deaths as reported by medical examiners. The rate of cocaine mentions per 100,000 has

TABLE 3–8
CHARACTERISTICS OF ADULT CLIENTS AT ADMISSION BY PRIMARY PROBLEM THAT CAUSED THEM TO SEEK TREATMENT: DALLAS, CY1975 AND CY1992

CALENDAR YEAR 1975--ALCOHOL EXCLUDED

PRIMARY SUBSTANCE-ADM	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIMINAL JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	677	100.00	26.0	20.2	70.2	41.5	52.4	5.5	36.5	12.7	11.2
AMPHETAMINES	84	12.41	22.0	17.8	63.1	2.4	94.1	3.6	28.6	15.5	10.9
COCAINE	6	0.89	25.8	22.8	83.3	33.3	50.0	16.7	16.7	50.0	12.2
MARIJUANA/HASH	69	10.19	21.0	15.8	81.2	27.5	68.1	1.5	31.9	17.4	10.7
INHALANTS	11	1.62	24.4	20.7	90.9	18.2	72.7	9.1	45.5	9.1	10.7
HALLUCINOGENS	14	2.07	21.1	16.3	78.6	7.1	92.9	0.0	35.7	21.4	10.4
OPIATES	432	63.81	27.9	21.3	71.8	55.8	37.3	6.7	38.9	11.6	11.3
DEPRESSANTS	60	8.86	25.5	21.4	48.3	23.3	71.7	3.3	35.0	5.0	11.8

CALENDAR YEAR 1992—ALCOHOL EXCLUDED

PRIMARY DRUG	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIMINAL JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	2,376	100.00	31.1	22.8	61.1	49.2	42.1	7.9	34.6	45.2	11.7
AMPHETAMINES	103	4.34	31.1	19.1	51.5	1.0	97.1	0.0	37.9	44.7	11.6
COCAINE	1,496	62.96	30.5	24.3	60.1	61.8	30.6	7.0	31.1	47.5	11.7
MARIJUANA/HASH	311	13.09	28.3	15.9	73.6	30.2	56.3	11.3	55.0	68.8	11.4
INHALANTS	6	0.25	32.0	23.8	100.0	16.7	83.3	0.0	16.7	16.7	9.0
ECSTASY	2	0.08	26.0	22.5	50.0	0.0	100.0	0.0	50.0	50.0	13.0
HALLUCINOGENS	6	0.25	25.2	19.7	50.0	33.3	66.7	0.0	0.0	50.0	10.7
OPIATES	424	17.85	35.1	23.2	59.0	33.0	55.4	10.9	32.6	22.4	11.8
DEPRESSANTS	24	1.01	37.6	27.2	29.2	12.5	79.2	4.2	20.8	16.7	13.4
OTHER DRUGS	4	0.17	32.3	29.8	75.0	50.0	25.0	25.0	25.0	25.0	11.5

CALENDAR YEAR 1992—ALCOHOL CLIENTS ONLY

PRIMARY SUBSTANCE	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIM. JUSTICE REFERRED	AVERAGE EDUCATION
ALCOHOL	1,042	—	32.8	16.4	73.3	24.5	47.0	22.1	46.9	51.2	11.3

consistently been higher in Dallas than for the total United States, while the rate of heroin mentions has been lower (Table 3-9).

The emergency room data show cocaine hitting its high in Dallas in 1988 with a subsequent decline in 1990 (Figure 3-3). It peaked again in mid-1991, but has declined slightly since then. Alcohol-in-combination mentions peaked in 1989 and have declined since; for six quarters in 1987-1989 and again for the last four quarters reported, there have been more cases of cocaine mentions than of alcohol-in-combination. Over time, the number of heroin mentions have been steady, although there are variations by quarter. Marijuana mentions have declined since 1989 and stimulant mentions have declined since 1987, which is when the precursor drug laws were passed.

Medical examiner reports show the impact of crack. Deaths involving cocaine peaked in 1989, dropped sharply at the beginning of 1990, and then increased. Heroin deaths have been declining since 1990 although an upsurge was seen for the first part of 1991.

TABLE 3-9
EMERGENCY ROOM MENTIONS PER 100,000
DALLAS AS COMPARED TO THE NATIONAL RATE

	Cocaine		Heroin	
	Dallas	Total U.S.	Dallas	Total U.S.
1988	73.2	46.7	13.2	17.5
1989	59.1	50.1	14.1	19.0
1990	45.4	36.2	14.0	15.3
1991	57.6	45.8	10.4	16.3

Source: Drug Abuse Warning Network

FIGURE 3–3: EMERGENCY ROOM DRUG ABUSE EPISODES REPORTED IN DALLAS (DAWN)

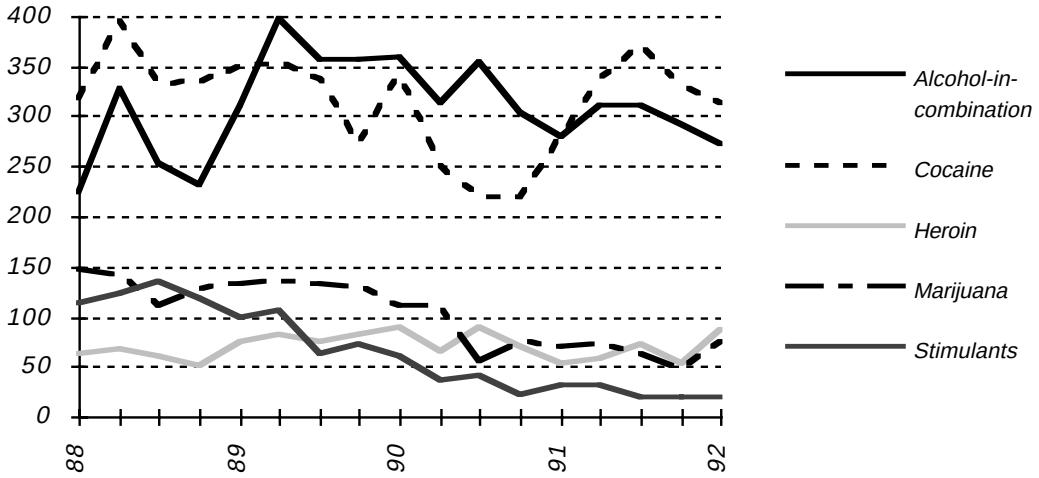


TABLE 3–10
SELF-REPORTED PREVALENCE BY SUBSTANCE
1990 POSTPARTUM SURVEY IN DALLAS

		% EVER USED	% PAST MONTH	% PAST YEAR	% NOT PAST YEAR	% NEVER USED
Cigarettes	Statewide	36.4	15.9	7.1	13.4	63.6
	Parkland Hospital	31.2	15.6	6.1	9.4	68.8
Alcohol	Statewide	63.6	5.7	21.8	36.1	36.4
	Parkland Hospital	59.5	5.6	23.2	30.7	40.5
Marijuana	Statewide	24.7	1.8	3.6	19.3	75.3
	Parkland Hospital	25.0	2.2	3.8	19.0	75.0
Inhalants	Statewide	2.6	8.0	*	2.4	97.4
	Parkland Hospital	3.6	*	0.6	3.0	96.4
Cocaine	Statewide	7.5	*	2.1	5.2	92.5
	Parkland Hospital	7.5	*	2.2	5.3	92.5
Crack	Statewide	1.4	*	0.7	*	98.6
	Parkland Hospital	1.5	*	0.9	0.6	98.5
Uppers	Statewide	6.1	*	0.9	5.2	93.9
	Parkland Hospital	5.7	*	1.2	4.5	94.3
Downers	Statewide	2.7	*	*	2.6	97.3
	Parkland Hospital	2.6	*	*	2.4	97.4
Heroin	Statewide	0.7	*	*	*	99.3
	Parkland Hospital	0.7	*	*	*	99.3
Other Opiates	Statewide	1.1	*	*	0.8	98.9
	Parkland Hospital	0.6	*	*	*	99.4
Psychedelics	Statewide	3.4	*	0.6	2.8	96.6
	Parkland Hospital	3.3	*	*	3.0	96.7
Any Illicit Drug	Statewide	26.3	2.3	4.9	19.0	73.7
	Parkland Hospital	26.5	2.2	5.0	19.3	73.5
Cocaine or Crack	Statewide	8.0	*	2.4	5.1	92.0
	Parkland Hospital	7.6	*	2.5	5.1	92.4

* Less than 0.5%
Source: TCADA 1990 Postpartum Survey

▼ Drug Use Among Postpartum Women

Beginning in the spring of 1990, the Texas Commission on Alcohol and Drug Abuse implemented a survey of substance use among postpartum women delivering in the six largest public hospitals in Texas. Parkland Hospital in Dallas participated in this survey. In Dallas, the mothers reported lifetime and past month use of nearly all substances at the same or slight lower rates than the statewide averages (Table 3-10).

EL PASO

El Paso is the fifth largest city in the State of Texas with a population of 591,610. When its population is combined with that of its sister city Juarez, which has a population of 1.2 million, the El Paso area becomes a major metropolis. El Paso County is 70 percent Hispanic, 26 percent white, 3 percent black, and 1 percent other. Not only is it one of the largest urban areas in the state, but it is also the most isolated, for it is the largest city within a 300-mile radius. The Rio Grande border is one of the busiest in the world, with an estimated 40 million crossings each year. Because of its remote location and constant surge of population back and forth, the El Paso-Juarez area is a well-known and direct path for illicit drugs into the United States. The primary drug of abuse is heroin, but the use of cocaine is spreading.

▼ Recent Drug Patterns and Trends

Cocaine in El Paso is primarily administered through injection. Crack is available but the East-West trade traveling through El Paso is more pronounced than local use. Cocaine is available in El Paso for $16,000 per kilo at 80 percent purity and in Juarez for $30,000 per kilo at 95-100 percent purity. Prices vary because of the cutting that occurs. In Juarez, 25 grams of cocaine is routinely cut with other fillers to expand the volume to 33 grams. A rock of crack sells for $10 and 1/4 gram (a line) of powder cocaine sells for $15-$25.

Some 36 percent of non-alcohol admissions to publicly funded treatment programs in 1992 were for cocaine abuse, which is a 10 percent increase since 1991. These clients were 29 years old, 77 percent male, 57 percent Hispanic, 28 percent white, and 14 percent black. The profile of El Paso cocaine clients is unusual, because not only are whites and blacks overrepresented compared to the overall population of El Paso, but also El Paso has the largest proportion of Hispanic cocaine clients in any major metropolitan area in the state (57 percent compared to 13 percent statewide). While cocaine abusers elsewhere are primarily smokers of crack, cocaine users in El Paso also use needles to inject their drugs. Statewide, only 18 percent of the cocaine admissions are needle users, but in El Paso, 33 percent are needle users.

Heroin in El Paso is primarily black tar and it is cut with at least two parts filler to one part drug. It sells for $5,000 per ounce at 45 percent purity on the El Paso side. “Bindles” or balloons sell for $20 for a single dose. The proportion of the clients entering TCADA-funded drug treatment with a primary diagnosis of opiate abuse has dropped from 50 percent in 1991 to 45 percent in 1992, according to the CODAP data, but clients entering methadone programs are not reported on CODAP. The average age of CODAP-reported heroin clients in 1992 was 34 and 78 percent were male. Almost 80 percent were Hispanic, 17 percent were white, and 3 percent were black, compared to statewide figures of 47 percent Hispanic, 38 percent white, and 15 percent black.

Marijuana costs $500 to $650 per pound and $40-$80 for an ounce. Lima Limon, a variety of marijuana grown in Mexico that has a different smell and higher potency, sells for $650 per pound. Sixteen percent of the non-alcohol clients entering treatment in 1992 were marijuana abusers. The average age was 27 and 88 percent were male. Almost 70 percent of El Paso marijuana clients were Hispanic, 20 percent were white, and 10 percent were black, compared to statewide percentages of 30 percent Hispanic, 45 percent white, and 25 percent black.

▼ Survey Data

a. School Surveys

In 1990, students in El Paso I.S.D. were surveyed using the Texas School Survey. Students in this school district are 72 percent Hispanic, 22 percent white, 5 percent black, and 1 percent other. The dropout rate is 5.2 percent, which is below the statewide average of 6.1 percent. El Paso students reported lifetime and past month use at rates about equal to the overall Texas averages for all substances except alcohol (Table 3-11). El Paso students are more likely to drink than their peers statewide. This elevated level of drinking may be due to the proximity of Juarez, where El Paso teenagers cross each weekend to drink the cheap alcohol which is readily available to underage drinkers. In addition, volatile chemicals such as thinners, glue cement, spray shoe polish and spray paint are widely sold in Juarez.

Rates of illicit drug use increase with grade level in both El Paso and statewide, although current use in El Paso leveled off as the students got older (Table 3-12). Current use of alcohol, however, increased dramatically as students got older. Only 39 percent of seventh graders reported drinking in the past month, whereas 70 percent of seniors reported doing so. In comparison, rates of inhalant use decreased with grade. Some 15 percent of seventh graders reported ever having used inhalants; by twelfth grade, only 10 percent reported ever having used them. Current use dropped from 5 percent in seventh grade to .6 percent in twelfth grade, which may be a reflection of the interrelationship between inhalant abuse and the drop-out

TABLE 3–11
COMPARISON OF SUBSTANCE USE, GRADES 6–12
1990 EL PASO AND STATEWIDE SURVEYS

	1990 EL PASO % EVER USED	1990 STATE % EVER USED	1990 EL PASO % USED PAST MONTH	1990 STATE % USED PAST MONTH
Tobacco	56.7	52.2	21.6	21.0
Alcohol	83.8	77.3	50.8	40.2
Inhalants*	14.8	13.6	4.6	3.8
Marijuana	19.0	19.9	6.5	6.9
Cocaine	6.0	4.8	2.1	1.3
Hallucinogens	3.8	4.1	1.1	1.4
Uppers	8.4	6.4	2.4	1.8
Downers	5.7	4.0	1.3	1.1

*Unadjusted
Source: 1990 El Paso ISD Survey and 1990 TCADA State Survey

TABLE 3–12
COMPARISON OF ILLICIT DRUG USE, GRADES 7–12
1990 EL PASO AND STATEWIDE SURVEYS

ANY ILLICIT DRUG*	1990 EL PASO % EVER USED	1990 STATE % EVER USED	1990 EL PASO % USED PAST MONTH	1990 STATE % USED PAST MONTH
Grade 7	11.6	11.1	4.8	5.6
Grade 8	18.1	17.6	7.7	7.7
Grade 9	23.4	25.6	10.4	10.3
Grade 10	25.7	27.8	10.2	10.0
Grade 11	33.0	33.7	10.7	11.2
Grade 12	39.4	39.9	10.8	13.5

*Any Controlled Substance
Source: 1990 El Paso ISD Survey and 1990 TCADA State Survey

rate. Table 3-13 shows the various substances which have ever been inhaled by seventh and twelfth graders in El Paso and statewide. Note that for most forms of inhalants, El Paso seventh graders reported higher lifetime rates than their peers statewide. By twelfth grade, the difference was not as great, and in some instances it was equal to or lower than the statewide percents. This is probably due to inhalant abusers dropping out of school after seventh grade but before reaching their senior year.

The El Paso survey found tobacco and alcohol use was about equal for males and females, while males were more likely to use all substances except inhalants, uppers, and downers. When race/ethnic groups were compared, the results were about equal for all substances except alcohol and tobacco. Hispanics were more likely to report current drinking (53 percent) than were whites (46 percent) or blacks (45 percent); whites and Hispanics were much more likely to report use of tobacco (23 percent and 22 percent, respectively) than were black students (9 percent).

TABLE 3–13
LIFETIME USE OF DIFFERENT INHALANTS
1990 EL PASO AND STATE SURVEYS

	1990 EL PASO 7TH GRADE % EVER USED	1990 STATE 7TH GRADE % EVER USED	1990 EL PASO 12TH GRADE % EVER USED	1990 STATE 12TH GRADE % EVER USED
Spray Paint	9.1	6.6	6.6	5.0
Correction Fluid	16.3	12.6	12.7	11.5
Gasoline	8.4	8.2	4.4	5.0
Freon	*	1.1	1.1	2.6
Poppers	1.9	2.6	7.4	10.6
Shoe Shine	2.4	2.1	1.1	1.0
Glue	12.7	10.4	5.5	5.6
Solvents	8.8	6.0	5.5	4.2
Pan Coatings	13.8	9.4	3.2	2.8
Other	8.1	6.5	3.2	3.5

Source: 1990 El Paso ISD School Survey and 1990 TCADA State Survey

In November 1991, another survey of El Paso Youth was published.[12] Youth in grades 4-12 were surveyed about a number of different issues including substance abuse, school, recreational activities, future plans, and overall quality of life. The students consistently listed violent crime and gangs as among the greatest problems they faced. About 22 percent of elementary students reported having friends who drank, but by twelfth grade, 94 percent had friends who drank. Some 12 percent of the elementary students had friends who used drugs, primarily marijuana or cocaine, but for junior and senior high students, the percentage rose to 53 percent. The survey allowed students to name multiple substances used by their friends, and the secondary students mentioned marijuana 401 times, cocaine 239, acid/LSD 128, inhalants 43, crack 38, speed 37, and pills 32 times. The upper level students were also asked if it is "o.k. to drink," and by twelfth grade, the percentage responding "no" had dropped to 17 percent.

b. Adult Surveys

The 1988 Texas Survey of Substance Use Among Adults included prevalence data for those counties, including El Paso, which lie along the Mexican border (Table 3-14). The survey also questioned respondents concerning problems they had experienced due to drug or alcohol use in the past year (Table 3-15).

About 1.4 percent of adults in the border region reported one or more drug-related problems, which was the lowest rate of any area in the state. However, the border had the highest percent (5.5 percent) of adults reporting five or more alcohol-related problems.

TABLE 3-14
PREVALENCE AND RECENCY OF USE
ADULTS IN THE BORDER REGION, 1988

	% EVER USED	% USED PAST MONTH	% USED PAST YEAR (not past month)	% NOT USED PAST YEAR	% NEVER USED
Tobacco	63.4	21.7	5.8	35.9	36.6
Alcohol	83.5	41.9	24.5	17.2	16.5
Marijuana	19.4	1.0	2.1	16.3	80.6
Inhalants	3.7	*	*	3.6	96.3
Cocaine	5.6	*	0.9	4.4	94.4
Crack	*	*	*	*	99.9
Uppers	10.2	*	*	10.0	89.8
Downers	3.8	*	*	3.4	96.2
Heroin	*	*	*	*	99.6
Other Opiates	0.8	*	*	*	99.2
Psychedelics	3.4	*	0.6	2.7	96.6
Any Illicit Drug	22.7	1.3	3.2	18.2	77.3

* less than 0.5%
Source: 1988 TCADA Adult Survey

TABLE 3–15
ESTIMATE OF SUBSTANCE ABUSE PROBLEMS
ADULTS IN THE BORDER REGION, 1988

	% ADULTS WITH DRUG-RELATED PROBLEMS		% ADULTS WITH ALCOHOL-RELATED PROBLEMS	
	STATEWIDE	BORDER REGION	STATEWIDE	BORDER REGION
One Problem	1.2	0.5	6.5	4.2
Two Problems	0.6	0.1	3.2	1.8
Three Problems	0.4	0.4	2.5	2.8
Four Problems	0.3	0.2	1.9	1.6
Five or More Problems	0.9	0.1	4.4	5.5

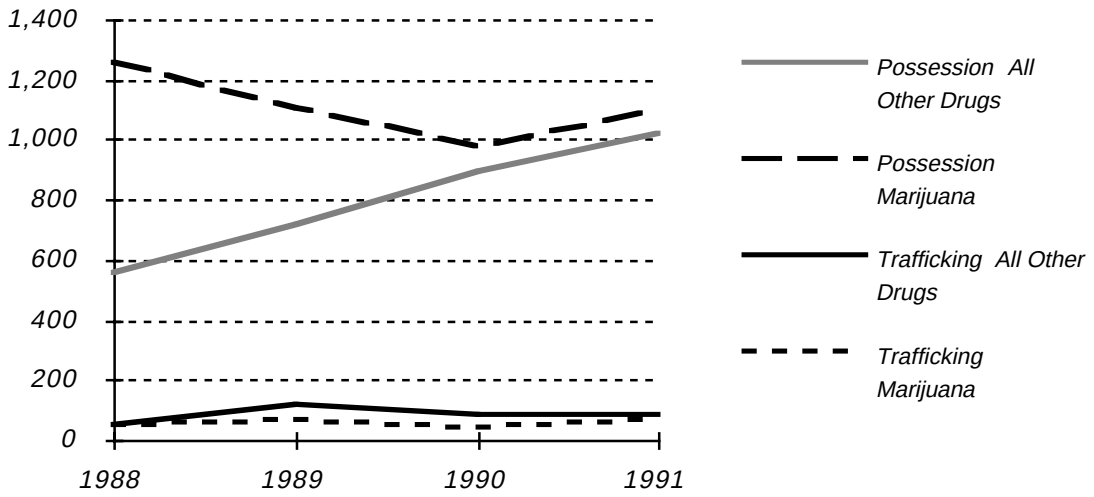
Source: 1988 TCADA Adult Survey

▼ Criminal Justice Statistics

a. Arrests

In 1971 there were 891 drug arrests in El Paso County, and 57 percent were for marijuana; in 1991 there were 2,268 drug arrests, of which 51 percent were for marijuana. The percent of drug trafficking arrests involving marijuana dropped from 50 percent in 1988 to 34 percent in 1990, then rose to 44 percent in 1991. The number of marijuana possession arrests decreased overall between 1988 and 1991, whereas the number of arrests for possession of other drugs increased (Figure 3-4). The arrest rate for drugs other than marijuana was 187 per 100,000 in El Paso County compared to 241 per 100,000 statewide and the rate for marijuana arrests was 196 per 100,000 for El Paso County compared to 122 per 100,000 statewide.

FIGURE 3–4: ARRESTS IN EL PASO CO. FOR POSSESSION AND TRAFFICKING, MARIJUANA AND ALL OTHER DRUGS, 1988–1991



b. Jail Bookings

Booking records in the county jail provide more information on the types of drug involved in the offenses, and Figure 3-5 shows that the peak year for marijuana and cocaine arrests was 1989.

▼ Treatment Data

In 1975, there were two drug treatment programs in El Paso; in 1992, there were four. None of these programs ever provided methadone maintenance services. There have always been two methadone programs, one of which is publicly funded, but neither reports CODAP.

Opiates have always been the primary drug of abuse in El Paso, but the percent of opiate abusers admitted to CODAP-reporting clinics dropped from 61 percent of drug-only admissions in 1975 to 45 percent in 1992 (Table 3-16). At the same time, the average age of opiate clients at admission increased by 8 years to 34 years and the average age of first use has increased by 3 years to 22. This means the lag between first use and admission to treatment has jumped from 7 years in 1975 to 12 years in 1992. The percent male remained stable at about 80 percent while the percent of black and white clients decreased to the point that nearly 80 percent of the opiate addicts in 1992 are Hispanic (only 17 percent are white and 3 percent black). The percent employed remained stable at 19–21 percent, but the percent criminal justice referrals increased by 30 percentage points to 51 percent. Half of the El Paso heroin addicts reported physical or social problems at admission, compared to 64-68 percent statewide. This lower rate of impairment may be due to the fact that opiate addicts who are more impaired enter methadone detoxification or maintenance programs that do not report on CODAP.

FIGURE 3–5: BOOKINGS IN EL PASO COUNTY JAIL BY DRUG TYPE

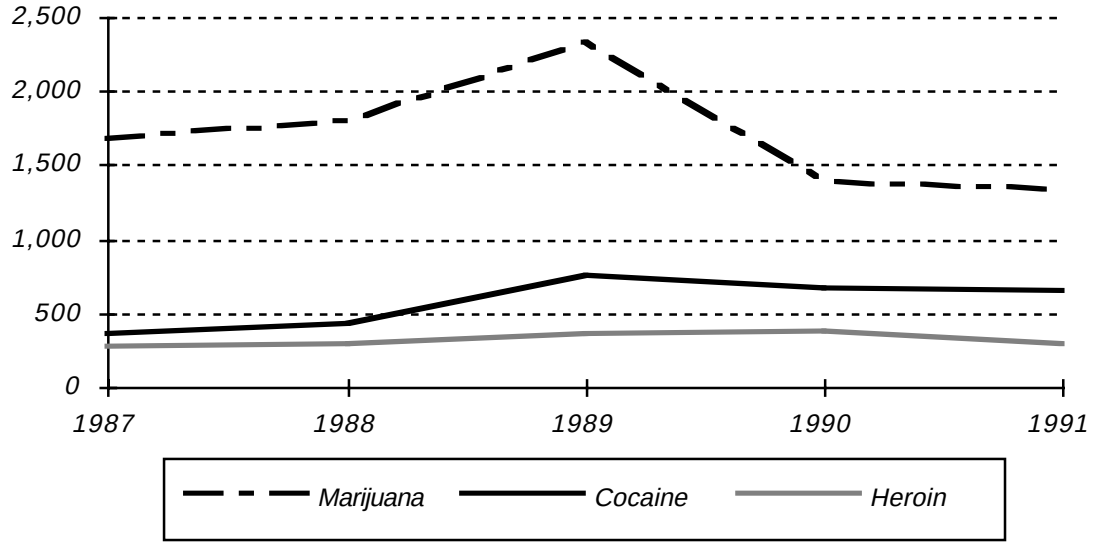


TABLE 3–16
CHARACTERISTICS OF ADULT CLIENTS AT ADMISSION BY PRIMARY PROBLEM THAT CAUSED THEM TO SEEK TREATMENT: EL PASO, CY1975 AND CY1992

CALENDAR YEAR 1975—ALCOHOL EXCLUDED

PRIMARY SUBSTANCE-ADM	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIMINAL JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	549	100.0	22.9	17.2	79.6	8.0	26.1	65.6	14.8	23.1	10.3
AMPHETAMINES	18	3.3	20.0	15.9	77.8	5.6	66.7	27.8	11.1	22.2	10.1
COCAINE	2	0.4	18.0	14.5	100.0	0.0	50.0	50.0	50.0	50.0	9.5
MARIJUANA/HASH	85	15.5	17.1	14.4	82.4	3.5	21.2	75.3	7.1	23.5	8.9
INHALANTS	73	13.3	15.9	12.3	90.4	4.1	9.6	86.3	1.4	27.4	8.1
HALLUCINOGENS	10	1.8	19.8	14.7	70.0	0.0	60.0	40.0	0.0	70.0	10.0
OPIATES	332	60.5	26.4	19.1	78.6	10.5	25.3	63.6	18.7	21.1	10.9
DEPRESSANTS	28	5.1	21.3	17.2	57.1	7.1	53.6	39.3	28.6	17.9	12.7

CALENDAR YEAR 1992—ALCOHOL EXCLUDED

PRIMARY DRUG	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIMINAL JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	1,454	100.0	31.2	21.5	78.9	8.3	22.2	68.7	30.5	54.2	10.8
AMPHETAMINES	6	0.4	31.0	18.7	83.3	0.0	66.7	33.3	33.3	50.0	11.2
COCAINE	522	35.9	29.2	23.3	76.8	14.4	28.4	56.5	37.0	49.6	11.2
MARIJUANA/HASH	236	16.2	27.3	16.2	88.1	10.2	19.9	69.5	44.1	76.3	11.0
INHALANTS	12	0.8	25.5	18.9	66.7	0.0	0.0	100.0	16.7	25.0	9.4
HALLUCINOGENS	7	0.5	22.4	17.0	85.7	0.0	71.4	28.6	28.6	28.6	11.7
OPIATES	653	44.9	34.4	22.0	78.0	3.1	17.3	78.6	20.8	51.2	10.5
DEPRESSANTS	10	0.7	44.0	29.8	50.0	10.0	30.0	60.0	40.0	40.0	10.3
OTHER DRUGS	8	0.6	26.8	23.8	62.5	0.0	37.5	62.5	0.0	37.5	12.4

CALENDAR YEAR 1992—ALCOHOL CLIENTS ONLY

PRIMARY SUBSTANCE	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIM. JUSTICE REFERRED	AVERAGE EDUCATION
ALCOHOL	1,674	—	34.7	18.2	89.4	3.6	27.7	68.2	43.2	64.6	10.8

Cocaine admissions have gone from 2 in 1975 to 522 in 1992; cocaine now comprises 36 percent of all non-alcohol admissions. In 1975, both cocaine abusers were male and one was white and one was Hispanic. In 1992, 57 percent of the cocaine abusers were Hispanic, 28 percent were white and blacks were overrepresented at 14 percent. Seventy-seven percent were male, and about 50 percent reported any physical or social impairment. Only 37 percent of the 1992 admissions were employed, 50 percent were referred from the criminal justice system, and 12 percent were homeless. Only 7 percent of the statewide cocaine admissions were homeless.

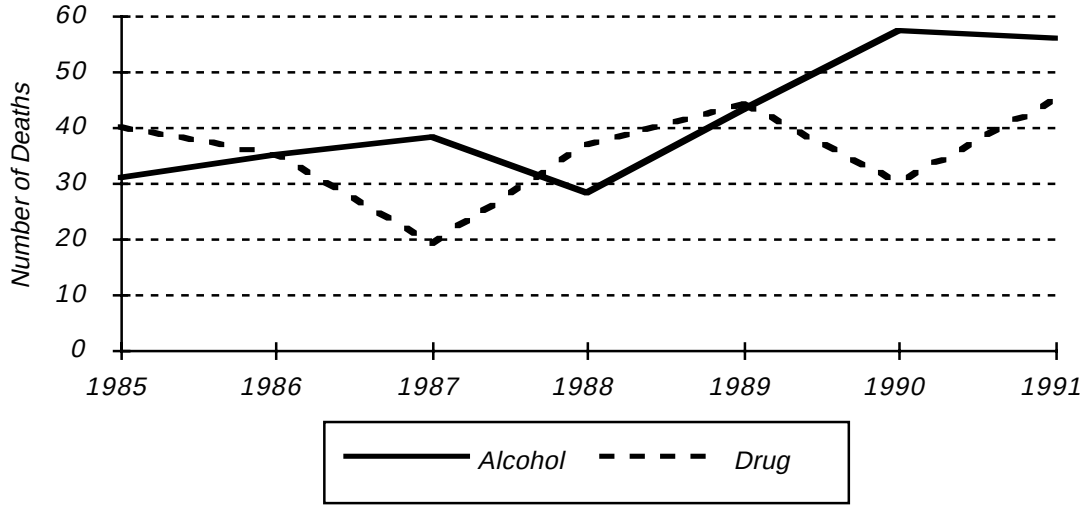
In both 1975 and 1991, 16 percent of the drug admissions were for marijuana. During this time, however, the average age at admission increased by over 9 years to nearly 27 years while the age of first use went from 14 to 16. This means the lag between first heavy use and admission to treatment increased from 3 years to 11 years. The percent male increased from 82 percent to 88 percent, the percent Hispanic decreased from 75 percent to 69 percent, the percent of white clients remained stable at about 20 percent, and the percent of black clients increased from 4 to 10 percent. The percent employed increased from 7 to 44 percent and the percent referred by the criminal justice system increased by over 50 percentage points (to 76 percent). About a quarter of the marijuana clients entering treatment in 1992 reported physical and social problems and 9 percent were homeless, compared to 1.5 percent statewide.

The alcohol problem among Hispanics is often overlooked, with attention focused instead on other drug use. However, a significant alcohol problem is documented by the treatment data. In 1992 these alcohol clients were 89 percent male with an average age of 35. Over two-thirds were Hispanic, with another 28 percent white and 4 percent black. Some 43 percent were employed, 65 percent were referred by the criminal justice system, and 14 percent were homeless. Over half reported physical or social problems. Two-thirds reported no secondary drug of abuse. Less than 3 percent of these clients used opiates, which is again a contradiction to the more common perception of substance use among Hispanics. This same pattern of alcohol abuse is shown in the arrest records: 86 percent of all individuals arrested for alcohol violations were Hispanic, but only 70 percent of the general population in El Paso is Hispanic.

▼ Drug Overdoses

Since 1985, the number of deaths due to overdoses of alcohol have continued to increase in El Paso, while the number of deaths due to overdoses of drugs has varied, with no specific trends shown (Figure 3-6).

FIGURE 3–6: ALCOHOL AND OTHER DRUG OVERDOSE DEATHS IN EL PASO COUNTY



▼ Drug Use Among Postpartum Women

Beginning in the spring of 1990, the Texas Commission on Alcohol and Drug Abuse implemented a survey of substance use among postpartum women delivering in the six largest public hospitals in Texas. One of these hospitals, R. E. Thomason, was in El Paso, and a smaller percentage of women delivering at that hospital reported past month use of all substances, and their rates of lifetime use were below state averages except for cigarettes and alcohol (Table 3-17).

TABLE 3–17
SELF-REPORTED PREVALENCE BY SUBSTANCE
1990 POSTPARTUM SURVEY IN EL PASO

		% EVER USED	% PAST MONTH	% PAST YEAR	% NOT PAST YEAR	% NEVER USED
Cigarettes	Statewide	36.4	15.9	7.1	13.4	63.6
	Thomason Hospital	47.4	6.9	11.6	28.9	52.6
Alcohol	Statewide	63.6	5.7	21.8	36.1	36.4
	Thomason Hospital	69.9	2.3	18.5	49.1	30.1
Marijuana	Statewide	24.7	1.8	3.6	19.3	75.3
	Thomason Hospital	11.0	0.6	1.7	8.7	89.0
Inhalants	Statewide	2.6	*	*	2.4	97.4
	Thomason Hospital	*	*	*	*	100.0
Cocaine	Statewide	7.5	*	2.1	5.2	92.5
	Thomason Hospital	4.6	*	1.2	3.5	95.4
Crack	Statewide	1.4	*	0.7	*	98.6
	Thomason Hospital	*	*	*	*	100.0
Uppers	Statewide	6.1	*	0.9	5.2	93.9
	Thomason Hospital	1.7	*	*	1.7	98.3
Downers	Statewide	2.7	*	*	2.6	97.3
	Thomason Hospital	*	*	*	*	100.0
Heroin	Statewide	0.7	*	*	*	99.3
	Thomason Hospital	*	*	*	*	100.0
Other Opiates	Statewide	1.1	*	*	0.8	98.9
	Thomason Hospital	*	*	*	*	100.0
Psychedelics	Statewide	3.4	*	0.6	2.8	96.6
	Thomason Hospital	0.6	*	*	0.6	99.4
Any Illicit Drug	Statewide	26.3	2.3	4.9	19.0	73.7
	Thomason Hospital	12.1	0.6	1.7	9.8	87.9
Cocaine or Crack	Statewide	8.0	*	2.4	5.1	92.0
	Thomason Hospital	4.6	*	1.2	3.5	95.4

* Less than 0.5%
Source: TCADA 1990 Postpartum Survey

HOUSTON

Houston is the fourth largest city in the United States. It is located in Harris County, which has a population in excess of 2.8 million and covers nearly 1,800 square miles. According to the 1990 census, the population is 54 percent white, 23 percent Hispanic, 19 percent black, and 4 percent other. Houston has a drug problem of significant scope. With the third-largest shipping port in the United States and an international airport, Houston is a major point of entry for illegal substances, particularly cocaine. Houston is also a major center for laundering money due to its extensive banking connections. Up to two-thirds of persons arrested in Houston test positive for illicit drugs. Over 11,500 drug arrests were made by Houston-area police during 1991. In 1991, there was a large increase in the number of seizures of cocaine, crack, heroin, hashish and LSD, while seizures were down for marijuana, PCP, methamphetamines, and Dilaudid. The Houston Police Department reported that over one-third of Houston's murders and 58 percent of its robberies are drug-related.

▼ Recent Drug Patterns and Trends

Cocaine, especially crack cocaine, is the primary drug of abuse in Houston. DEA officials report that Houston is a major stockpiling, transshipment, and consumption area for cocaine. The amount of cocaine seized by the Houston Division DEA was 5.7 kilograms in fiscal year 1990 and 6.2 kilograms in fiscal year 1991. Houston police department seizures of cocaine were up 217 percent and seizures of crack were up 78 percent in 1991 as compared to 1990. Police seizures of cocaine amounted to 2,407 kilograms of cocaine in 1991 compared to 759 kilograms in 1990. In 1991, 23 kilograms of crack cocaine were also seized. Crack cocaine is primarily distributed by Colombians, whereas street dealers are primarily blacks and whites. Intravenous cocaine users tend to be inner-city Hispanics, although use of cocaine by this route of administration is moving into the black neighborhoods and among some white youth. Crack users are more common in the loop outside the inner city and they are characterized as younger, more dangerous, and primarily black. Price reductions indicate a significant increase in availability, however prices remain in the $80-$150 per gram range, $5-$100 per "rock" for crack. In the spring of 1992 the purity of drugs varied from as high as 90 percent for crack cocaine to as low as 70 percent for powder cocaine.

Between 30 and 50 percent of all adults arrested in the Houston area who were tested for drug use had positive results for cocaine. Cocaine use has remained high over the past two years and local community epidemiology correspondents report that its use is spreading among young Hispanics. There were 46 cocaine-related deaths in Houston in 1991, which is above the 41 reported for 1990 but much less than the 59 cocaine deaths in 1989.

Of persons admitted to publicly funded drug abuse treatment programs in 1992 in the Houston area, 80 percent were admitted for a primary problem with cocaine. The typical cocaine client in Houston was 32 years of age and 63 percent were male. About 77 percent were black, 17

TABLE 3–18
COST AND PURITY OF RETAIL-LEVEL HEROIN IN HOUSTON

	AVERAGE PURITY (PERCENT)			PRICE PER MILLIGRAM PURE		
	1991	1Q 1992	2Q 1992	1991	1Q 1992	2Q 1992
Mexican	8.8%	7.4%	5.9%	$7.89	$2.79	$3.39
Southeast Asian	33.9%	59.7%	72.9%	$1.05	$0.40	$1.11
Southwest Asian	18.6%			$2.27		

Source: Drug Enforcement Administration

percent were white, and 6 percent were Hispanic, compared to statewide percentages of 59 percent black, 28 percent white, and 13 percent Hispanic.

Heroin in Houston is less prevalent than cocaine. The type of heroin found in Houston is primarily black tar and Mexican brown. Southeast Asian was acquired by DEA sources in Houston for the first time during the last half of 1991 and it has been available since. It is usually available through Nigerian sources. In addition, Southwest Asian heroin was acquired for the first time during the fourth quarter of 1991 but was not found in the first half of 1992 (Table 3-18). Colombian heroin was also found in Houston in the fall of 1991. Shaped like pellets, Colombian is 80 percent pure.

The Domestic Monitor Program[13] of the Drug Enforcement Administration reports on the price and purity of retail-level heroin, and based on changes from 1991 to the second quarter of 1992, it appears that the purity of Mexican heroin is dropping, as is the price, while the purity of Southeast Asian is increasing while the price is fairly stable.

During 1991 and the first three quarters of 1992, up to 5 percent of males and up to 7 percent of females arrested in Houston tested positive for opiates. Deaths due to opiates have fluctuated from 12 in 1988 to 23 in 1989 to 16 in 1990 to 20 in 1991. Of the 1991 overdoses, 15 were due to methadone and 5 to other opiates.

Only 7 percent of non-alcohol clients entering public substance abuse treatment programs in 1992 in the Houston area were admitted for a primary problem with opiates, which is a 4 percentage point drop since 1991. The typical opiate treatment client was 38 years old and had been using the drug for 16 years. About 44 percent of opiate treatment clients were white, 28 percent were Hispanic, and 27 percent were black (statewide percentages are 38 percent white, 47 percent Hispanic, and 15 percent black).

A recent study[14] found three race/ethnic subcultures of new heroin users in Houston. One group consists of Hispanic users who participate in "a very intricate, supportive and exclusive heroin subculture...[which] fosters the concurrent use of heroin with regular, gainful employment." Blacks who comprise the second group of new heroin users are divided into two subgroups. One black subgroup began heroin use through the traditional heroin subculture,

whereby new members organize their lives around heroin, often as a result of converting from cocaine use. The second black subgroup primarily uses cocaine and crack, and they learn to mix heroin with cocaine to provide variety. The study found that most of the new black heroin users followed this latter pattern of use. A third group are new white heroin users who reflect "the traditional history of heroin use among artists and musicians and seek a nostalgic retrieval of the romantic aspects of heroin use." The study found this group was less committed to heroin and they were more likely to snort or smoke heroin rather than inject it.

Marijuana remains popular in Houston, although the police department reported marijuana seizures dropped 58 percent between 1990 and 1991. Interestingly, seizures of hashish increased by 109 percent during the same time period. In 1991, the Houston police department seized over 2,300 kilograms of marijuana and .2 kilograms of hashish. Because of the size of the crack problem in Houston, marijuana arrests comprise only 10 percent of all drug arrests. According to DUF reports, the percent of arrestees testing positive for marijuana varies widely by quarter, but for the first three quarters of 1992 up to 33 percent of the male and 13 percent of the female arrestees were positive for marijuana. DEA reports that commercial marijuana has a retail price of $625-$1,000 per pound, while sinsemilla sells for $800 per pound. Some 11 percent of the clients entering treatment in Houston have a primary problem with marijuana. These clients are primarily male (81 percent) and 54 percent are black, 30 percent white, and 16 percent Hispanic; average age is 29.

Stimulants such as the amphetamines and methamphetamines have remained stable, but seizures of methamphetamine by the Houston police department dropped 55 percent between 1990 and 1991, from 1.79 kilos in 1990 to .8 kilo in 1991. DEA reports methamphetamine purity at the gram quantity was only 15–20 percent pure. DUF data reports no positive tests for stimulants in 1992. Distribution of stimulants is controlled primarily by outlaw motorcycle gangs and users are primarily whites in the 20–40 year old age group and are predominantly in the lower middle class, according to DEA. The stimulant abuser entering treatment in 1992 comprised only 1 percent of all non-alcohol admissions.

▼ Survey Data

a. School Surveys

For over 20 years, Houston public school students have been surveyed for drug use. The first survey, conducted in May, 1970, reported on five Houston high schools.[15] That fall, a second project surveyed students in grades seven through twelve in all Houston I.S.D. high schools.[16] The same instrument continued to be used for a number of surveys in the Houston-Gulf Coast area through 1980.[17] In the spring of 1990, a stratified sample of students in the Houston I.S.D. was again surveyed.[18] Although the instruments and methods have varied, some comparisons can be made of the number of students reporting ever having used a substance.

As Table 3-19 shows, the percent of students using alcohol has climbed dramatically for twenty years, while tobacco and inhalant prevalence have remained relatively stable. Excluding alcohol and tobacco, marijuana was the most widely used drug among these students. Its use peaked in 1980 and then dropped sharply by 1990, as did use of "uppers," hallucinogens, and "downers." The use of cocaine was not measured separately in the early Houston studies.

While the population of Harris County is 54 percent white, 19 percent black and 23 percent Hispanic, the population in the Houston Independent School District is 15 percent white, 40 percent black, and 43 percent Hispanic. The rate of drop-outs from secondary schools for this district is 11.9 percent, compared to the statewide rate of 6.1 percent.

Comparison of the 1990 Houston and 1990 statewide surveys for grades 6-12 suggests that the most frequently used substances statewide are also the most frequently used substances in Houston, and the least used substances statewide are also the least used in Houston; that is, the patterns in Houston are closely similar to those in the state as a whole (Table 3-20).

The percent of Houston students who had ever used inhalants was lower than the statewide average, but while the statewide average declined by only .5 percent from ninth to tenth grade, in Houston there was a 4 point drop from ninth to tenth grades and then an increase again through twelfth grade (Figure 3-7). The drop before tenth grade is most likely due to dropouts.

Some 23 percent of male students in Houston reported ever having used an illicit drug, compared to 18 percent of females. About 9 percent of males reported past month use, compared to 6 percent for females. When specific substances were considered, males had higher rates for tobacco, marijuana, cocaine, crack, hallucinogens, and steroids. Use of

TABLE 3–19
PERCENT OF STUDENTS HAVING EVER USED SUBSTANCES
HOUSTON AREA AND STATE SCHOOL SURVEYS, 1970–1990

	HOUSTON 1970 GRADES 7-12	HOUSTON 1971 GRADES 7-12	HOUSTON 1973 GRADES 7-12	GULF COAST 1980 GRADES 7-12	HOUSTON ISD 1990 GRADES 6-12	STATE 1990 GRADES 6-12
Alcohol	58.4	60.4	64.1	75.7	78.6	77.3
Tobacco	49.1	49.1	52.1	42.5	47.1	52.2
Marijuana	22.2	25.1	30.9	37.9	18.3	19.9
Inhalants	11.7	12.0	11.4	7.6	12.0	13.6
Uppers	15.7	17.6	19.8	15.3	4.5	6.4
Cocaine or Crack				8.2	3.9	4.8
Hallucinogens	9.8	11.2	11.9	6.8	3.9	4.1
Ecstasy					3.7	3.5
Downers	10.6	14.3	17.1	10.5	3.0	4.0
Steroids					1.3	1.7
Number Surveyed	5,908	5,819	5,755	1,788	3,308	23,642

TABLE 3–21
COMPARISON OF ILLICIT DRUG USE, GRADES 7–12
1990 HOUSTON AND STATEWIDE SURVEYS

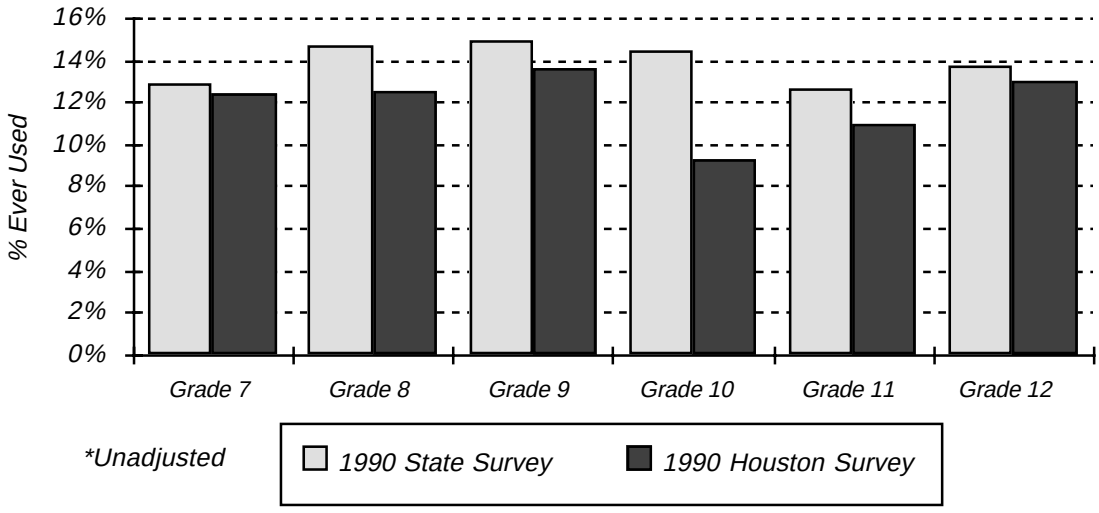
ANY ILLICIT DRUG*	1990 HOUSTON % EVER USED	1990 STATE % EVER USED	1990 HOUSTON % USED PAST MONTH	1990 STATE % USED PAST MONTH
Grade 7	9.3	11.1	4.5	5.6
Grade 8	15.6	17.6	5.9	7.7
Grade 9	27.3	25.6	11.9	10.3
Grade 10	23.0	27.8	6.2	10.0
Grade 11	26.6	33.7	6.6	11.2
Grade 12	41.5	39.9	13.1	13.5

*Any Controlled Substance
Source: 1990 Houston ISD Survey and 1990 TCADA State Survey

alcohol, downers and Ecstasy were reported equally by males and females, and inhalants and uppers were reported more frequently by females.

When use patterns are examined by ethnicity, white students (29 percent) and Hispanic students (28 percent) reported substantially higher rates of lifetime use of any illicit drug than did black students (12 percent), and past month rates were similar: whites 13 percent, Hispanics 10 percent, and blacks 3 percent. In looking at specific substances, white and Hispanic students reported comparable rates for tobacco and cocaine, while Hispanic students

*FIGURE 3–7: PERCENT OF STUDENTS WHO HAVE EVER USED INHALANTS**



had higher rates of inhalant use. White students reported rates of steroid use significantly higher than Hispanics or blacks, who both reported very low rates.

Table 3-21 shows the use of any illicit drug (marijuana, cocaine, uppers, downers, and hallucinogens) by grade for Houston and the state. Students in the lower grades were less likely to use illicit substances than students in the higher grades, and Houston rates were lower than state averages with one exception. Ninth graders in Houston reported a higher lifetime prevalence than did students in the tenth or eleventh grades, and this prevalence decrease may reflect a pattern of dropping-out prior to tenth grade. The significant jump in lifetime and past month use between the eleventh and twelfth grades is also troubling, since the increase is large enough for Houston seniors to catch up with their peers elsewhere in the state.

Houston I.S.D. also surveyed fourth and fifth graders at 150 campuses, and as Table 3-22 shows, students in Houston reported significantly lower lifetime use of alcohol and tobacco and lower current use of tobacco.

TABLE 3–21
COMPARISON OF ILLICIT DRUG USE, GRADES 7–12
1990 HOUSTON AND STATEWIDE SURVEYS

ANY ILLICIT DRUG*	1990 HOUSTON % EVER USED	1990 STATE % EVER USED	1990 HOUSTON % USED PAST MONTH	1990 STATE % USED PAST MONTH
Grade 7	9.3	11.1	4.5	5.6
Grade 8	15.6	17.6	5.9	7.7
Grade 9	27.3	25.6	11.9	10.3
Grade 10	23.0	27.8	6.2	10.0
Grade 11	26.6	33.7	6.6	11.2
Grade 12	41.5	39.9	13.1	13.5

*Any Controlled Substance
Source: 1990 Houston ISD Survey and 1990 TCADA State Survey

TABLE 3–22
COMPARISON OF SUBSTANCE USE, GRADES 4 AND 5
1990 HOUSTON AND STATEWIDE SURVEYS

	1990 HOUSTON % EVER USED	1990 STATE % EVER USED	1990 HOUSTON % USED SCHOOL YEAR	1990 STATE % USED SCHOOL YEAR
Alcohol	29.9	34.7	23.0	24.5
Tobacco	9.1	16.5	6.2	10.6
Inhalants*	4.1	5.1	2.9	3.8
Marijuana	1.3	1.4	1.1	1.0

*Unadjusted
Source: 1990 Houston ISD Survey and 1990 TCADA State Survey

TABLE 3–23
PREVALENCE AND RECENCY OF SUBSTANCE USE
ADULTS IN HOUSTON REGION, 1988

	% EVER USED	% USED PAST MONTH	% USED PAST YEAR (not past month)	% NOT USED PAST YEAR	% NEVER USED
Tobacco	69.8	28.8	3.6	37.4	30.2
Alcohol	90.4	50.1	21.9	18.4	9.6
Marijuana	31.6	4.2	3.4	23.9	68.4
Inhalants	5.1	*	0.6	4.5	94.9
Cocaine	11.9	1.3	1.4	9.2	88.1
Crack	1.2	*	*	0.8	98.8
Uppers	13.9	0.5	*	13.0	86.1
Downers	7.5	*	0.5	6.8	92.5
Heroin	1.0	*	*	0.8	99.0
Other Opiates	2.7	*	*	2.4	97.3
Psychedelics	8.8	0.5	0.7	7.6	91.2
Any Illicit Drug	35.0	4.9	3.9	26.2	65.0

* less than 0.5%
Source: 1988 TCADA Adult Survey

b. Adult Surveys

The *1988 Texas Survey of Substance Use Among Adults* included prevalence data and incidence of substance problems for the planning region which includes Houston (Tables 3-23 and 3-24). Just over 4.3 percent of Houston adults had one or more drug-related problem. This placed the Houston region right below the highest ranking region, which reported 4.5 percent of its adults with drug problems. And 4.7 percent of Houston adults had five or more alcohol-related problems, which was second behind the region that reported 5.5 percent of its adults with alcohol problems. Although the Houston region did not rank highest in percent of adults with substance abuse problems, when the large population is considered, it contains the largest number of affected persons compared to the other survey regions in the state.

TABLE 3–24
ESTIMATE OF SUBSTANCE ABUSE PROBLEMS
ADULTS IN HOUSTON REGION, 1988

	% ADULTS WITH DRUG-RELATED PROBLEMS		% ADULTS WITH ALCOHOL-RELATED PROBLEMS	
	STATEWIDE	HOUSTON REGION	STATEWIDE	HOUSTON REGION
One Problem	1.2	1.7	6.5	7.7
Two Problems	0.6	0.6	3.2	4.2
Three Problems	0.4	0.6	2.5	1.9
Four Problems	0.3	0.3	1.9	2.2
Five or More Problems	0.9	1.1	4.4	4.7

Source: 1988 TCADA Adult Survey

▼ Criminal Justice Statistics

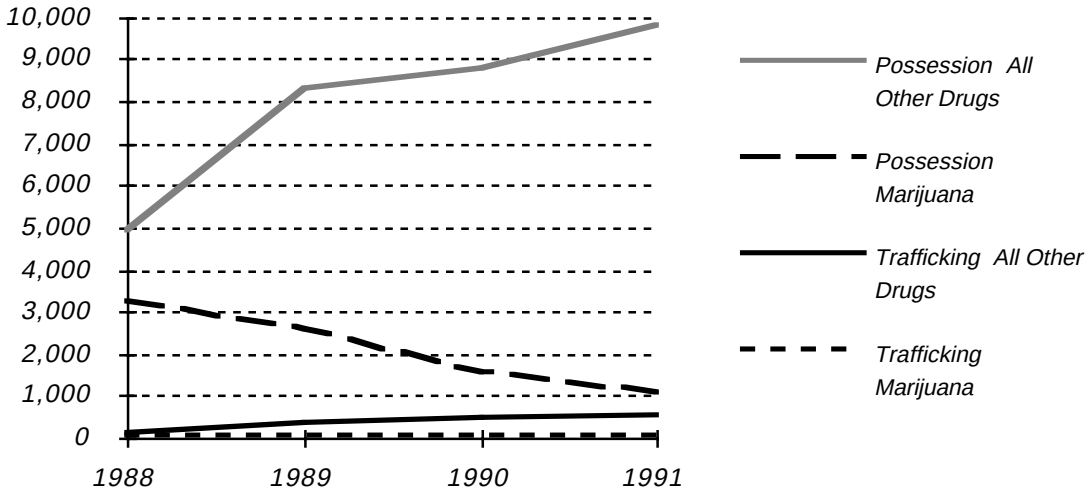
a. Arrests

In 1971, there were 3,045 arrests in Harris County for drug offenses, and 70 percent of these were for marijuana. In 1991, there were 11,537 arrests for drug offenses in Harris County, and 10 percent of these were for marijuana. The percent of drug trafficking arrests for marijuana dropped from 38 percent in 1988 to 14 percent in 1991 and the percent of drug possession arrests for marijuana dropped from 40 percent in 1988 to 10 percent in 1992. Figure 3-8 shows that the number of marijuana possession arrests dropped significantly between 1988 and 1991, whereas the number of arrests for possession of drugs other than marijuana increased dramatatically. The arrest rate for marijuana was 42 per 100,000 in Harris County as compared to 122 per 100,000 statewide and the arrest rate for drugs other than marijuana was 368 per 100,000 in Harris County as compared to 241 per 100,000 statewide. The percent of drug offenders arrested who were black increased in Harris County from 38 percent in 1985 to 62 percent in 1990, and the percent of drug offenders sentenced to prison in Harris County who were black increased from 38 percent in 1985 to 73 percent in 1991. [19]

b. Drug Use Forecasting System

Harris County participates in the Drug Use Forecasting System of the National Institute of Justice. DUF data are collected in booking facilities throughout the United States. For approximately 14 consecutive evenings each quarter, trained local staff obtain voluntary and anonymous urine specimens and interviews from a new sample of booked arrestees. DUF for the third quarter of 1992 was run around the time of the Republican Convention; many of the "street people" who would normally have been possible candidates for the DUF survey had

FIGURE 3–8: ARRESTS IN HARRIS CO. FOR POSSESSION AND TRAFFICKING, MARIJUANA AND ALL OTHER DRUGS, 1988–1991



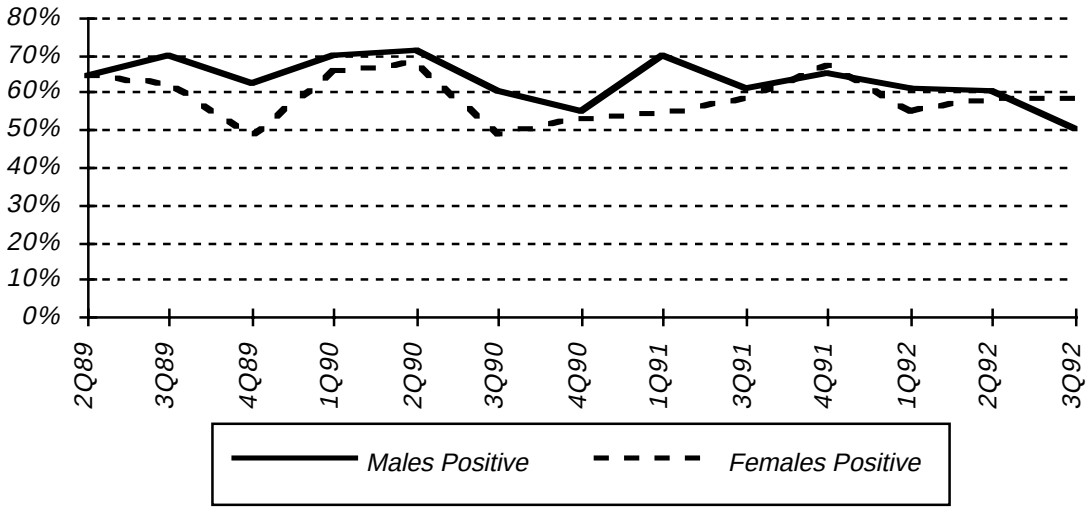
been picked up earlier, so the characteristics of the potential of pool of arrestees for this quarter was different.

Although the percent positive for any drug tends to vary by quarter, DUF shows that close to two-thirds of male arrestees test positive for some drug (Figure 3-9). For cocaine, the highest percent of positive males was in the second quarter of 1990 (71 percent), but the percent positive has dropped to below 50 percent. For females, the percent positive for cocaine gradually increased through the fourth quarter of 1991, when it reached 60 percent; in 1993, it has dropped to around 44 percent. When looking at other drugs, DUF shows that males are more likely to test positive for marijuana, while females are more likely to test positive for opiates, benzodiazepines, and barbiturates.

c. Juvenile Probation Data

The Harris County Juvenile Probation Department reported that among arrests for drug-related activities, felonies increased from 25 percent in 1988 to 41 percent in 1989 to 43 percent in 1990. At the same time, other juvenile felony arrest rates remained constant. The juveniles with the largest percentage increase were crack abusers, with a 250 percent increase between 1988 and 1989, and an 86 percent increase between 1989 and 1990. Marijuana abusers increased 204 percent between 1988 and 1989 and dropped 52 percent between 1989 and 1990.[20]

FIGURE 3–9: PERCENT OF HOUSTON ARRESTEES TESTING POSITIVE FOR DRUGS (DUF)



▼ Treatment Data

CODAP data for Houston provides an excellent picture not only of changing drug use trends, but also of changes in client characteristics due to funding shifts. Of the six programs reporting on CODAP in 1975, three were publicly funded methadone maintenance programs. Over the years, all of these methadone programs closed. In 1991, a publicly funded methadone program opened, but the vast majority of opiate addicts in treatment in Harris County are served by 16 private, for-profit methadone maintenance clinics. A total of 15 non-profit programs were reporting adult CODAP data in 1992.

In 1975, there were 1,368 opiate addicts admitted to publicly funded programs; in 1992, 531 opiate addicts were admitted to publicly funded programs (Table 3-25). Over time, the average age of opiate addicts entering treatment increased (38 years in 1992 compared to 27 years in 1975). Although the percent male only dropped from 70 percent in 1975 to 67 percent in 1992, the percent black increased from 15 percent to 27 percent and the percent Hispanic increased from 19 to 28 percent, while the percent white decreased from 66 to 44 percent. The employment rate dropped dramatically, from 41 percent to 19 percent.

The proportion of non-alcohol clients entering treatment who had a primary problem with marijuana ranged from 10 percent in 1975 to 11 percent in 1992. The marijuana user in 1992 was older (30 years versus 20 years in 1975). The most noticeable shift is the increase in black clients, from 10 percent in 1975 to 54 percent in 1992. The percent white dropped from 66 percent in 1975 to 30 percent in 1992 and the percent Hispanic dropped from 24 percent in 1975 to 16 percent in 1992. The percent male has remained about 80 percent and the percent criminal justice referrals for marijuana abusers jumped from 44 percent to 85 percent. The percent employed has stayed at around 50 percent.

The greatest change has been the increase in cocaine admissions, from 7 in 1975 to 6,145 in 1992. Cocaine now comprises 80 percent of all drug-only admissions in Houston. All seven cocaine clients in 1975 were white; in 1992, 77 percent of the cocaine admissions were black, 17 percent were white, and 6 percent were Hispanic. Average age had increased from 20 in 1975 to 32 in 1992, and average age of first use went from 17 for clients admitted in 1975 to 26 for clients admitted in 1992. The percent male increased from 43 percent in 1975 to 63 percent in 1992. The 1975 male percentage is questionable due to the small number of clients, while the 1992 percentage is lower than the statewide cocaine average of 66 percent male. The percent employed dropped from 57 percent to 18 percent, and the percent referred by the criminal justice system dropped from 57 percent to 34 percent. Two-thirds reported physical or social problems and 11 percent were homeless.

In comparison, the client admitted with a primary problem of amphetamines or methamphetamines has not changed as much. In 1975, 72 clients, 4 percent of all admissions, were

TABLE 3–25
CHARACTERISTICS OF ADULT CLIENTS AT ADMISSION BY PRIMARY PROBLEM THAT CAUSED THEM TO SEEK TREATMENT: HOUSTON, CY1975 AND CY1992

CALENDAR YEAR 1975—ALCOHOL EXCLUDED

PRIMARY SUBSTANCE	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIM. JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	1,875	100.0	25.3	19.0	72.5	12.9	66.0	20.9	41.2	27.4	10.9
AMPHETAMINES	72	3.8	23.7	17.8	80.6	4.2	91.7	2.8	43.1	62.5	11.2
COCAINE	7	0.4	20.0	16.6	42.9	0.0	100.0	0.0	57.1	57.1	10.7
MARIJUANA/HASH	195	10.4	20.4	15.3	80.0	9.7	65.6	24.1	47.2	44.1	10.4
INHALANTS	70	3.7	15.1	12.8	85.7	0.0	7.1	92.9	7.1	1.4	6.6
HALLUCINOGENS	22	1.2	21.3	17.2	86.4	0.0	90.9	9.1	59.1	45.5	11.0
OPIATES	1,368	73.0	27.0	20.1	70.3	14.6	65.7	19.4	41.2	22.6	11.1
DEPRESSANTS	138	7.4	22.6	17.8	71.7	14.5	79.7	5.8	46.4	41.3	10.9

CALENDAR YEAR 1992—ALCOHOL EXCLUDED

PRIMARY SUBSTANCE	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIM. JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	7,672	100.0	31.8	24.7	65.4	70.0	21.0	8.6	21.9	39.4	11.4
AMPHETAMINES	49	0.6	33.9	21.4	57.1	18.4	75.5	2.0	42.9	59.2	11.8
COCAINE	6,145	80.1	31.7	25.9	63.4	77.1	16.8	5.7	18.0	34.2	11.5
MARIJUANA/HASH	858	11.2	29.1	17.5	81.1	53.9	29.7	16.0	49.9	85.1	11.2
INHALANTS	16	0.2	26.9	19.1	87.5	6.3	37.5	50.0	25.0	37.5	10.8
ECSTASY	8	0.1	25.6	19.3	75.0	0.0	87.5	12.5	87.5	62.5	12.9
HALLUCINOGENS	7	0.1	19.9	16.3	57.1	0.0	57.1	28.6	42.9	71.4	11.0
OPIATES	531	6.9	38.2	22.4	67.2	27.3	44.4	28.3	19.4	24.7	11.1
DEPRESSANTS	49	0.6	36.0	25.5	28.6	22.5	67.4	6.1	24.5	30.6	12.0
OTHER DRUGS	9	0.1	29.2	27.3	33.3	22.2	55.6	22.2	11.1	33.3	11.2

CALENDAR YEAR 1992—ALCOHOL CLIENTS ONLY

PRIMARY SUBSTANCE	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIM. JUSTICE REFERRED	AVERAGE EDUCATION
ALCOHOL	2,262	—	34.4	17.5	79.1	37.8	36.7	25.0	36.5	55.1	10.8

admitted for abuse of stimulants; in 1992, 49 stimulant clients comprised .64 percent of all admissions. The percent white has dropped from 92 percent to 76 percent. The percent male dropped from 81 percent in 1975 to 57 percent in 1992. Average age at admission increased from 24 to 34 and average age of first use increased from 18 to 21.

▼ Drug Overdoses

Since 1985, the number of overdose deaths due to alcohol or other drugs has continued to increase. The numbers of overdose deaths in Harris County are shown in Figure 3-10.

▼ Drug Use Among Postpartum Women

Beginning in the spring of 1990, the Texas Commission on Alcohol and Drug Abuse implemented a survey of substance use among postpartum women delivering in the six largest public hospitals in Texas. Two of these hospitals were in Houston, and Table 3-26 shows the self-reported prevalence of women in these hospitals. Slightly more Houston mothers reported past month use of any illicit drugs or alcohol, although lifetime use of alcohol was lower. In one of the hospitals, mothers reported higher past month rates of cocaine/crack, while in the other, mothers reported much higher lifetime rates of cocaine.

FIGURE 3–10: ALCOHOL AND OTHER DRUG OVERDOSE DEATHS IN HARRIS COUNTY

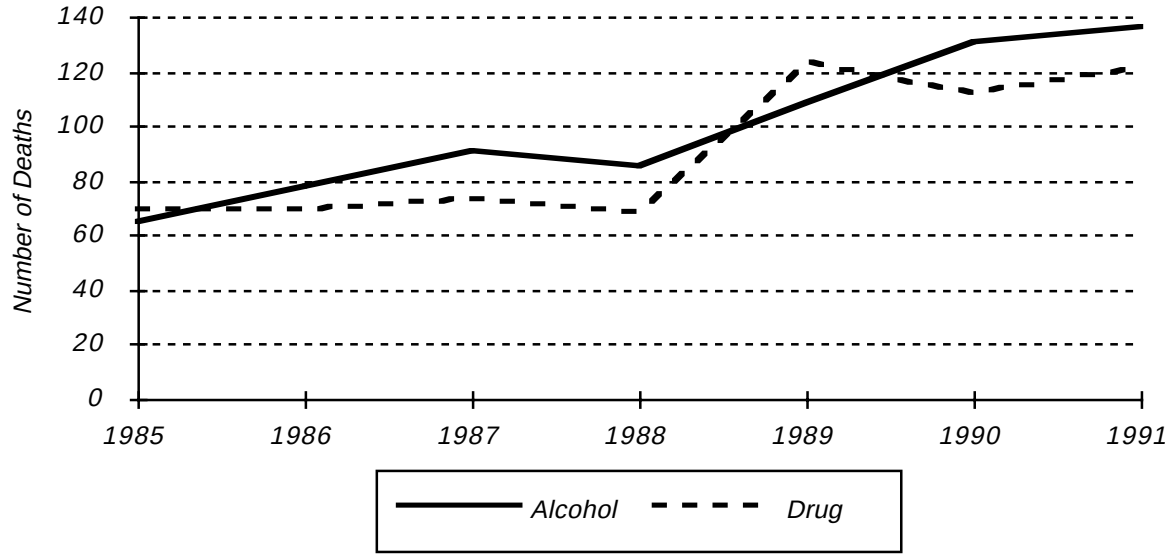


TABLE 3–26
SELF-REPORTED PREVALENCE BY SUBSTANCE
1990 POSTPARTUM SURVEY IN HOUSTON

		% EVER USED	% PAST MONTH	% PAST YEAR	% NOT PAST YEAR	% NEVER USED
Cigarettes	Statewide	36.4	15.9	7.1	13.4	63.6
	Ben Taub Hospital	26.2	13.1	3.8	9.2	73.8
	L.B.J. Hospital	32.8	15.3	3.2	14.3	67.2
Alcohol	Statewide	63.6	5.7	21.8	36.1	36.4
	Ben Taub Hospital	58.5	3.8	2.0	34.6	41.5
	L.B.J. Hospital	58.2	7.4	17.5	33.3	41.8
Marijuana	Statewide	24.7	1.8	3.6	19.3	75.3
	Ben Taub Hospital	18.8	2.3	3.1	13.3	81.3
	L.B.J. Hospital	19.6	2.1	3.7	13.8	80.4
Inhalants	Statewide	2.6	*	*	2.4	97.4
	Ben Taub Hospital	0.8	*	*	0.8	99.2
	L.B.J. Hospital	2.6	*	*	2.1	97.4
Cocaine	Statewide	7.5	*	2.1	5.2	92.5
	Ben Taub Hospital	10.1	*	3.1	7.0	89.9
	L.B.J. Hospital	6.9	0.5	1.1	5.3	93.1
Crack	Statewide	1.4	*	0.7	*	98.6
	Ben Taub Hospital	*	*	*	*	100.0
	L.B.J. Hospital	2.6	1.1	0.5	1.1	9.7
Uppers	Statewide	6.1	*	0.9	5.2	93.9
	Ben Taub Hospital	6.2	*	0.8	5.4	93.8
	L.B.J. Hospital	6.3	*	1.1	5.3	93.7
Downers	Statewide	2.7	*	*	2.6	97.3
	Ben Taub Hospital	3.1	*	*	3.1	96.9
	L.B.J. Hospital	3.7	*	*	3.7	96.3
Heroin	Statewide	0.7	*	*	*	99.3
	Ben Taub Hospital	*	*	*	*	100.0
	L.B.J. Hospital	0.5	*	*	0.5	99.5
Other Opiates	Statewide	1.1	*	*	0.8	98.9
	Ben Taub Hospital	*	*	*	*	100.0
	L.B.J. Hospital	1.1	*	*	1.1	98.9
Psychedelics	Statewide	3.4	*	0.6	2.8	96.6
	Ben Taub Hospital	3.9	*	2.3	1.6	96.1
	L.B.J. Hospital	2.1	*	1.1	1.1	97.9
Any Illicit Drug	Statewide	26.3	2.3	4.9	19.0	73.7
	Ben Taub Hospital	20.2	2.3	4.7	13.2	79.8
	L.B.J. Hospital	22.2	3.2	5.3	13.8	77.8
Cocaine or Crack	Statewide	8.0	*	2.4	5.1	92.0
	Ben Taub Hospital	10.1	*	3.1	7.0	89.9
	L.B.J. Hospital	7.4	1.1	1.1	5.3	92.6

* Less than 0.5%
Source: TCADA 1990 Postpartum Survey

SAN ANTONIO

Bexar County, with a population of 1,185,394, covers 1,257 square miles. San Antonio is the largest city in the county. According to the 1990 census, the population of the county was 50 percent Hispanic, 42 percent white, 7 percent black, and 2 percent other. Located about 120 miles from the Mexican border, San Antonio has traditionally been on the route for heroin distribution from Mexico up Interstate 35 to Chicago. Although heroin has long been the predominant drug, use of cocaine is growing. Smoking crack is popular among black users while injection is the preferred route of administration for Hispanic cocaine users. Over one-half of the males arrested in Bexar County test positive for drugs. There were nearly 5,000 arrests for drug offenses in 1991. In 1991 and through September 1992, there were increasing seizures of marijuana. Heroin seizures were up in 1992, while seizures were down for cocaine, LSD, and methamphetamine for both 1991 and 1992 years.

▼ Recent Drug Patterns and Trends

Heroin has always been the predominant drug in San Antonio. A 1971 monograph[21] traced the development of substance abuse in San Antonio. There was a marked increase in heroin use after World War II. From 1950 to 1972, heroin use and trafficking were generally thought to have increased among Hispanics living in the Westside. Beginning in 1965, heroin use spread to the non-Hispanic population. Many of the San Antonio patients hospitalized at the former NIMH Clinical Research Center in Fort Worth during 1964-1968 were from San Antonio's Hispanic Westside and the black Eastside. The primary heroin trafficking pattern in San Antonio involves black tar and is distributed from Mexican sources. Heroin arrests by the San Antonio police department dropped from 879 in 1990 to 405 in 1991. The average percentage of male arrestees who tested positive for heroin has ranged from 8 percent of males in 1988 to 17 percent in 1990, 16 percent in 1991, and 15 percent in 1992. In comparison, the average percent positive for women was 20 percent in 1990, 20 percent in 1991, and 13 percent in 1992.

The Bexar County Medical Examiner reports that the number of heroin-detected deaths was 58 in 1986, 16 in 1987, 26 in 1988, 37 in 1989, 25 in 1990, and 21 in 1991. Mixed cocaine and heroin usage has been observed in death toxicology reports as well as arrests and treatment admissions, and in 1991, there were 18 deaths where cocaine and heroin were detected. Of these, six were overdoses of heroin and cocaine and the rest were due to other causes but the drugs were present in the bodies.

Fifty-three percent of the non-alcohol clients entering treatment in 1992 in San Antonio had a primary problem with opiates. The typical opiate client in San Antonio public substance abuse treatment clinics was 36 years old and had been using opiates 14 years prior to admission. Some 71 percent of opiate addicts in San Antonio were Hispanic, 22 percent are white, and 7 percent are black, compared to 47 percent Hispanic, 38 percent white, and 15 percent black statewide.

Cocaine is increasingly in available in San Antonio, but the level of activity remains lower than in other major Texas cities. The manner in which cocaine is used varies. Crack is prevalent among black users while Hispanic users prefer injecting cocaine, which they call "Soda," often in combination with heroin as a Speedball. The cocaine traffic involves Cubans and older prison gangs, along with the Crips and Bloods. Police arrests for cocaine increased from 1,462 in 1990 to 1,551 in 1991. The average percent of male arrestees testing positive for cocaine was 26 percent in 1990, 29 percent in 1991, and 32 percent for 1992. The average percent of women testing positive for cocaine was 23 percent in 1990, 24 percent in 1991, and 25 percent in 1992. The Bexar County Medical Examiner's Office ran toxicology tests on all the deaths it investigated, and it found that the number of deaths in which cocaine was detected increased from 12 in 1986 to 34 in 1987 to 46 in 1988 to 43 in 1989 to 40 in 1990 to 89 in 1991. In 19 percent of the homicide cases, cocaine was detected. The number of deaths due directly to cocaine overdoses increased from 7 in 1987 to 8 in 1988 to 14 in 1989 to 6 in 1990 to 15 in 1991.

Cocaine clients admitted to publicly funded substance abuse treatment programs in the San Antonio area accounted for 36 percent of all non-alcohol admissions in 1992. The average cocaine client was 30 years old and had been using cocaine for 6 years. In comparison to opiate clients, who were likely to be Hispanic, the racial mixture of cocaine clients in San Antonio was more evenly distributed, with 44 percent black, 33 percent Hispanic, and 23 percent white. Only 13 percent of cocaine clients statewide were Hispanic. Considering the race/ethnic distribution of the San Antonio population, this indicates substantial over-representation of blacks and under-representation of Hispanics among cocaine clients in treatment programs. About 75 percent of San Antonio cocaine clients in 1992 were male, which is above the statewide average of 66 percent. The pattern of injecting cocaine is also shown by the fact that in San Antonio, 33 percent of the cocaine abusers entering treatment were needle users (statewide, 18 percent of the cocaine abusers were needle users).

Marijuana remains a prominent substance of abuse. In 1971, there were a total of 902 arrests for drug offenses, of which 48 percent were for marijuana. In 1991, there were 4,980 arrests, of which 34 percent were for marijuana. The average percent of male arrestees testing positive for marijuana has gone from 26 percent in 1990 to 19 percent in 1991 to 28 percent for 1992, while the average percent females testing positive for marijuana has gone from 9 percent in 1990 and 9 percent in 1991 to 13 percent for 1992.

Marijuana clients in 1992 accounted for 7 percent of all non-alcohol admissions, with 85 percent being male, 53 percent Hispanic, 31 percent white, and 15 percent black, which is very different from the statewide pattern of 82 percent male, 29 percent Hispanic, 45 percent white, and 25 percent black.

Stimulants such as the amphetamines and methamphetamines are present in San Antonio, although the number of arrests for methamphetamines dropped from 215 to 113 and the number of arrests for amphetamines dropped from 35 to 23 between 1990 and 1991. The

number of operating speed labs seized dropped from 8 in 1990 to 3 in 1991 to 1 through September 1992. The amount of methamphetamine and amphetamine seized has continued to drop. The percent of arrests testing positive for amphetamines by quarter has ranged from 0 to 5 percent. Only 3 percent of all non-alcohol admissions to treatment are for stimulants, and these clients are 68 percent male and 81 percent are white.

▼ Survey Data

a. School Surveys

In the spring of 1970, the Alamo Area Council of Governments conducted a survey of 67 junior and senior high schools in Bexar County and seven surrounding towns.[22] Ten percent of the students were sampled. In the spring of 1989, the San Antonio Independent School District participated in the Texas School Survey. In comparison to the overall population in San Antonio, which is 42 percent white, 50 percent Hispanic, and 7 percent black, the students in this school district in 1990 were 7 percent white, 81 percent Hispanic, and 12 percent black. The drop-out rate for 1990 for the district was 12 percent, compared to a statewide rate of 6 percent.

Statewide data are only available every two years, so Table 3-27 was constructed to allow for comparison between 1970 and 1989 local results and 1988 and 1990 state results. The most notable comparison among the recent surveys is that the use of inhalants by San Antonio students is well below statewide averages. The school survey shows that very different patterns of substance abuse are reported for San Antonio youth in general. Specifically, these students are more likely to have ever used marijuana or cocaine, and to have used alcohol, any illicit drug, marijuana, cocaine, and hallucinogens in the past month. The higher use patterns for marijuana and cocaine are especially noticeable.

Data on the use of any illicit drug show that other than ninth graders, students in the San Antonio I.S.D. reported lower use than their peers statewide when compared to the 1988 statewide survey, but higher use when compared to the 1990 statewide survey (Table 3-28).

Males were more likely to report past and current use of marijuana, cocaine, and hallucinogens. Males also reported more lifetime experience with inhalants, uppers, and downers, but current use for these drugs was similar for both males and females. Lifetime use for tobacco and alcohol was similar for both groups, but females had a slightly higher current use of tobacco rate and slightly lower current use of alcohol.

Hispanic students had the highest lifetime and current use rates for any illicit drug. Black students had the lowest lifetime use for all substances except alcohol, but their current rate of alcohol and the other substance use was much lower than that reported by Hispanic and white students. White students had rates similar to Hispanics for tobacco, alcohol, hallucinogens, uppers, and downers.

TABLE 3–27
PERCENT OF STUDENTS HAVING EVER USED SUBSTANCES
SAN ANTONIO AREA AND STATEWIDE SURVEYS, 1970-1990

	1970 ALAMO AREA % EVER USED	1988 STATE % EVER USED	1989 SAN ANTONIO % EVER USED	1990 STATE % EVER USED
Tobacco			57.0	56.2
Alcohol		75.5	81.9	81.0
Inhalants*	13.3	22.8	9.9	13.9
Any Illicit Drug		39.1	37.3	25.1
Marijuana	12.0	31.5	36.0	22.5
Cocaine		6.7	8.2	5.4
Hallucinogens	5.2	6.6	6.4	4.6
Uppers	10.0	17.1	6.8	7.2
Downers	4.0	13.3	4.3	4.5

	1970 ALAMO AREA % USE REGULARLY	1988 STATE % USED PAST MONTH	1989 SAN ANTONIO % USED PAST MONTH	1990 STATE % USED PAST MONTH
Tobacco			22.9	22.9
Alcohol		42.8	48.1	43.6
Inhalants*	0.6	6.6	3.2	3.5
Any Illicit Drug		17.1	18.3	9.5
Marijuana	2.3	11.5	16.9	7.8
Cocaine		2.3	3.3	1.4
Hallucinogens	0.4	2.4	2.4	1.6
Uppers	1.2	5.8	2.3	2.1
Downers	0.4	3.9	1.5	1.2

*Unadjusted

TABLE 3–28
COMPARISON OF ILLICIT DRUG USE, GRADES 7–12
1989 SAN ANTONIO SURVEY AND 1988,1990 STATEWIDE SURVEYS

ANY ILLICIT DRUG*	1988 STATE % EVER USED	1989 SAN ANTONIO % EVER USED	1990 STATE % EVER USED	1988 STATE % USED PAST MONTH	1989 SAN ANTONIO % USED PAST MONTH	1990 STATE % USED PAST MONTH
Grade 7	25.0	24.7	11.1	12.8	12.6	5.6
Grade 8	33.0	33.9	17.6	16.6	18.6	7.7
Grade 9	36.0	39.3	25.6	15.4	20.4	10.3
Grade 10	42.9	41.7	27.8	18.4	21.7	10.0
Grade 11	49.1	46.5	33.7	20.6	19.9	11.2
Grade 12	54.3	46.9	39.9	20.2	19.9	13.5

*Any Controlled Substance
Source: 1989 San Antonio ISD Survey and 1988 and 1990 TCADA Secondary School Surveys

When use of the various inhalants was analyzed, the data show that for most kinds of inhalants, San Antonio seventh graders had higher lifetime use rates, particularly for spray paints, correction fluids, and pan coatings (Table 3-29). By the twelfth grade, San Antonio seniors had lower lifetime use rates for all kinds of inhalants except solvents. This decrease may be due to a high dropout rate among inhalant abusers in San Antonio.

In 1990, the students in grades four and five were surveyed, and the responses of the students showed that lifetime tobacco and alcohol use was the same as that reported by students statewide. San Antonio elementary students reported slightly higher rates of inhalant use, and lifetime use of marijuana was over three times the rate reported by elementary students statewide (Table 3-30). San Antonio students exceeded statewide students in past school year use by 1-2 percentage points for all substances.

b. Adult Surveys

The *1988 Texas Survey of Substance Use Among Adults* included prevalence data and incidence of substance problems for the planning region which includes San Antonio. Bexar County is the largest and most populous county in this region (Tables 3-31 and 3-32).

About 3.3 percent of adults in the San Antonio region reported one or more drug-related problems, which placed San Antonio fourth-highest out of eight regions which ranged from 1.4 to 4.5 percent. About 4.1 percent of adults in the San Antonio region reported five or more alcohol-related problems, which was second lowest. The San Antonio region seems to be a buffer between the more Hispanic border counties and the rest of the state: the highest percent of impaired alcoholics are along the border and as one looks northward away from the border, the percent Hispanic gradually decreases, the percent with alcohol problems decreases, and the percent with drug problems increases.

TABLE 3–29
LIFETIME USE OF DIFFERENT INHALANTS
1989 SAN ANTONIO AND 1990 STATEWIDE SURVEYS

	1989 SAN ANTONIO 7TH GRADE % EVER USED	1990 STATE 7TH GRADE % EVER USED	1989 SAN ANTONIO 12TH GRADE % EVER USED	1990 STATE 12TH GRADE % EVER USED
Spray Paint	9.5	6.6	4.0	5.0
Correction Fluid	14.8	12.6	10.1	11.5
Gasoline	8.9	8.2	3.5	5.0
Freon	2.4	1.1	1.5	2.6
Poppers	3.6	2.6	8.7	10.6
Shoe Shine	2.9	2.1	1.4	1.0
Glue	10.9	10.4	5.0	5.6
Solvents	7.7	6.0	5.2	4.2
Pan Coatings	11.9	9.4	2.6	2.8
Other	6.3	6.5	1.7	3.5

Source: 1989 San Antonio ISD School Survey and 1990 TCADA State Survey

TABLE 3–30
COMPARISON OF SUBSTANCE USE, GRADES 4–5
1990 SAN ANTONIO AND STATEWIDE SURVEYS

	1990 SAN ANTONIO % EVER USED	1990 STATE % EVER USED	1990 SAN ANTONIO % USED SCHOOL YEAR	1990 STATE % USED SCHOOL YEAR
Alcohol	35.2	34.7	26.9	24.5
Tobacco	17.0	16.5	12.2	10.6
Inhalants*	6.7	5.1	5.2	3.8
Marijuana	4.6	1.4	3.5	1.0

*Unadjusted
Source: 1990 San Antonio ISD School Survey and 1990 TCADA State Survey

TABLE 3-31
PREVALENCE AND RECENCY OF USE
ADULTS IN THE SAN ANTONIO REGION, 1988

	% EVER USED	% USED PAST MONTH	% USED PAST YEAR (not past month)	% NOT USED PAST YEAR	% NEVER USED
Tobacco	67.8	24.0	4.1	39.6	32.2
Alcohol	88.6	47.3	23.6	17.7	11.4
Marijuana	26.8	2.5	3.0	21.3	73.2
Inhalants	4.4	*	0.6	3.7	95.6
Cocaine	6.0	*	1.8	3.9	94.0
Crack	*	*	*	*	99.6
Uppers	11.4	*	1.0	10.1	88.6
Downers	4.0	*	*	3.8	96.0
Heroin	0.6	*	*	0.6	99.4
Other Opiates	1.0	*	*	*	99.0
Psychedelics	6.4	1.0	*	5.1	93.6
Any Illicit Drug	30.1	4.2	3.5	22.4	69.9

* less than 0.5%
Source: 1988 TCADA Adult Survey

TABLE 3–32
ESTIMATE OF SUBSTANCE ABUSE PROBLEMS
ADULTS IN SAN ANTONIO REGION, 1988

	% ADULTS WITH DRUG-RELATED PROBLEMS		% ADULTS WITH ALCOHOL-RELATED PROBLEMS	
	STATEWIDE	SAN ANTONIO	STATEWIDE	SAN ANTONIO
One Problem	1.2	1.0	6.5	7.1
Two Problems	0.6	0.7	3.2	4.4
Three Problems	0.4	0.6	2.5	2.6
Four Problems	0.3	0.2	1.9	1.1
Five or More Problems	0.9	0.7	4.4	4.1

Source: 1988 TCADA Adult Survey

▼ Criminal Justice Statistics

a. Arrests

In 1971 there were 902 arrests in Bexar County for drug offenses, and 48 percent of them were for marijuana. In 1991 there were 4,980 such arrests and 34 percent were for marijuana . From 1988 to 1991, only 2-3 percent of the drug trafficking arrests involved marijuana, but the percent of drug possession arrests involving marijuana dropped from 75 percent in 1988 to 52 percent in 1991. The number of arrests for marijuana possession dropped between 1988 and 1991, whereas the number of arrests for possession of other drugs increased overall during the same time period (Figure 3-11). The arrest rate for drugs other than marijuana was 278 per 100,000 in Bexar County compared to 241 statewide, and the rate for marijuana arrests was 143 per 100,000 in Bexar County compared to 122 statewide. While only 7 percent of the population in Bexar County is black, the percent arrested for drug offenses who were black increased from 12 percent in 1985 to 16 percent in 1990, and the percent of drug offenders in Bexar County sentenced to prison who were black increased from 8 percent in 1985 to 21 percent in 1991.

b. Drug Use Forecasting System

Bexar County participates in the Drug Use Forecasting System of the National Institute of Justice. DUF data are collected in booking facilities throughout the nation, and for two weeks every quarter, trained local staff obtain voluntary and anonymous urine specimens and interviews from a new sample of booked arrestees (Figure 3-12).

FIGURE 3–11: ARRESTS IN BEXAR CO. FOR POSSESSION AND TRAFFICKING, MARIJUANA AND ALL OTHER DRUGS, 1988–1991

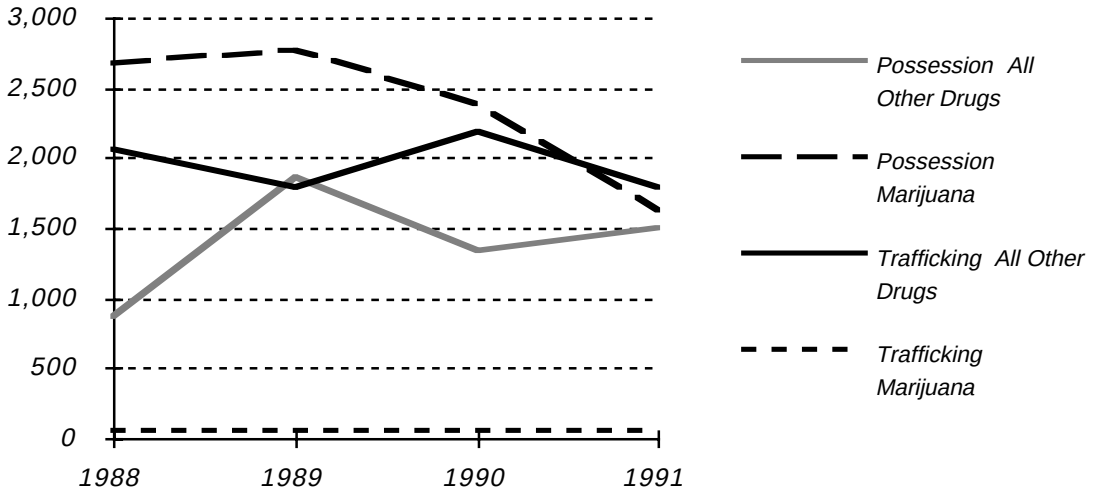
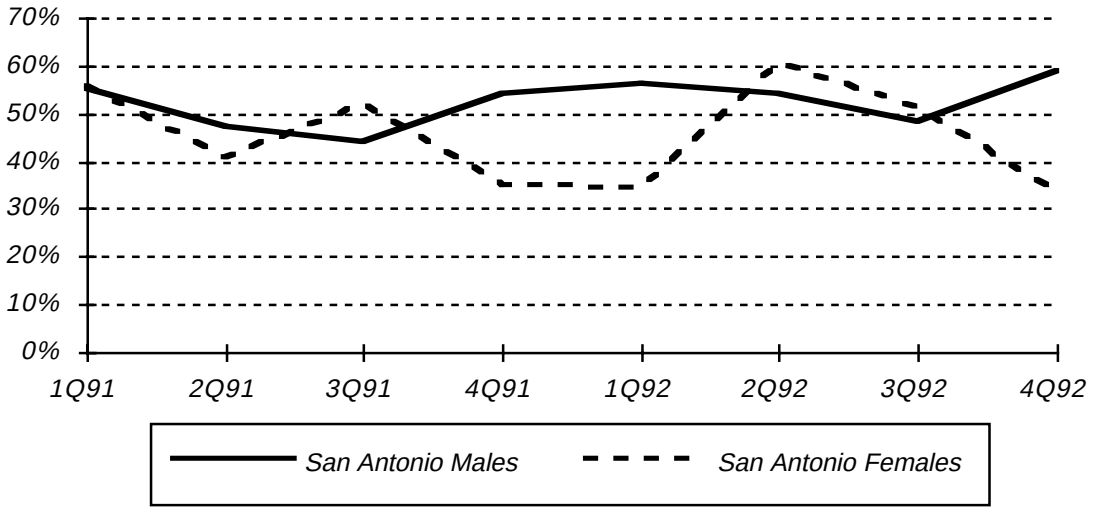


FIGURE 3–12: PERCENT OF SAN ANTONIO ARRESTEES TESTING POSTIVE FOR DRUGS (DUF)



▼ Treatment Data

San Antonio provides a unique study because the two treatment programs reporting in 1975 are still reporting in 1992, and combined they treated 84 percent of all clients reported by five San Antonio programs in 1992. One of these two programs is the publicly funded methadone program for San Antonio, and there is another private methadone program which does not report CODAP. The percentage of drug clients referred by the criminal justice system to programs in San Antonio is 51 percent, which is above the statewide average of 47 percent, and this is due to the orientation of one of the two major programs.

In 1975 the opiate addict comprised 84 percent of all admissions; in 1992 the opiate addict made up 53 percent of all non-alcohol admissions (Table 3-33). Over time, the average age of the opiate addict increased eight years (from 28 to 36), and average age at first use increased by over two years (from 19 to 21). The proportion male decreased from 82 percent to 73 percent, the proportion white remained stable at 22 percent, the proportion black decreased from 17 percent to 7 percent, and the proportion of Hispanic addicts has grown from 61 percent to 71 percent. The percent employed increased from 14 to 20 percent.

In 1975 there were only 3 cocaine admissions; in 1992 there were 924, or 36 percent of the non-alcohol admissions. The 1975 numbers are so low that they cannot be compared against 1992, but it should be noted that in San Antonio cocaine abusers are more evenly distributed among the three race/ethnic groups than is seen statewide. In San Antonio, 44 percent are black, 33 percent Hispanic, and 23 percent white. Only 13 percent are Hispanic statewide.

TABLE 3–33
CHARACTERISTICS OF ADULT CLIENTS AT ADMISSION BY PRIMARY PROBLEM THAT CAUSED THEM TO SEEK TREATMENT: SAN ANTONIO, CY1975 ABD CY1992

CALENDAR YEAR 1975—ALCOHOL EXCLUDED

PRIMARY SUBSTANCE-ADM	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIMINAL JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	1,140	100.0	26.7	18.4	82.8	16.1	26.5	57.2	15.3	38.4	10.0
AMPHETAMINES	43	3.8	22.4	18.3	81.4	2.3	83.7	14.0	16.3	69.8	10.7
COCAINE	3	0.3	26.7	22.7	100.0	66.7	33.3	0.0	0.0	66.7	11.3
MARIJUANA/HASH	58	5.1	21.3	16.1	93.1	5.2	36.2	58.6	29.3	63.8	10.7
INHALANTS	10	0.9	18.0	13.5	80.0	0.0	0.0	100.0	0.0	50.0	8.2
HALLUCINOGENS	39	3.4	20.7	16.6	94.9	12.8	46.2	41.0	23.1	59.0	10.1
OPIATES	958	84.0	27.6	18.7	81.8	17.2	22.1	60.7	14.3	34.5	9.9
DEPRESSANTS	24	2.1	20.6	16.7	87.5	20.8	58.3	20.8	8.3	37.5	9.5

CALENDAR YEAR 1992—ALCOHOL EXCLUDED

PRIMARY DRUG	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIMINAL JUSTICE REFERRED	AVERAGE EDUCATION
--ALL DRUGS--->	2,560	100.0	33.2	22.0	74.1	20.7	24.9	54.1	26.1	51.5	11.0
AMPHETAMINES	80	3.1	33.0	20.3	67.5	5.0	81.3	13.8	56.3	86.3	12.2
COCAINE	924	36.1	30.0	24.0	74.5	43.5	23.2	33.1	26.6	61.8	11.3
MARIJUANA/HASH	172	6.7	29.5	16.6	84.9	15.1	31.4	52.9	54.1	94.2	11.2
INHALANTS	6	0.2	23.8	15.7	50.0	0.0	0.0	100.0	16.7	50.0	9.2
ECSTASY	3	0.1	18.0	13.0	100.0	0.0	100.0	0.0	0.0	100.0	9.0
HALLUCINOGENS	2	0.1	22.0	17.0		0.0	0.0	100.0	0.0	100.0	6.0
OPIATES	1,366	53.4	36.0	21.4	73.1	7.2	21.6	70.9	20.6	37.1	10.6
DEPRESSANTS	5	0.2	37.4	26.4	40.0	0.0	100.0	0.0	0.0	0.0	12.4
OTHER DRUGS	2	0.1	48.5	30.0	50.0	0.0	100.0	0.0	0.0	50.0	14.0

CALENDAR YEAR 1992—ALCOHOL CLIENTS ONLY

PRIMARY SUBSTANCE	TOTAL ADMISSIONS	PERCENT OF ALL ADMISSIONS	AVERAGE AGE	AVERAGE AGE 1ST USE	PERCENT MALE	PERCENT BLACK	PERCENT WHITE	PERCENT HISPANIC	PERCENT EMPLOYED	PCT CRIM. JUSTICE REFERRED	AVERAGE EDUCATION
ALCOHOL	905	—	34.7	16.2	80.9	9.4	43.9	46.4	31.9	35.0	11.1

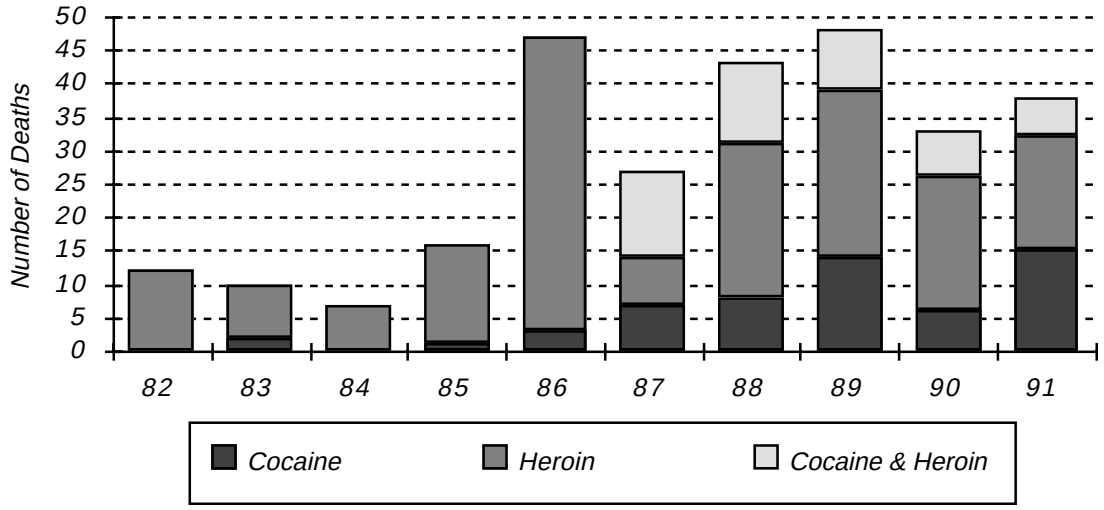
The marijuana abuser was less likely to be seen in treatment in San Antonio, comprising 5 percent of admissions in 1975 and 7 percent in 1992. Today, however, the marijuana abuser is nine years older at admission with an average age of 30, although the year of first use has remained about the same at 15 to 17 years. This means today's marijuana user has been using much longer at time of admission. The marijuana user was the most likely of all drug clients in San Antonio to be male (85 percent), although the proportion dropped from 93 percent in 1975. Marijuana users were predominantly Hispanic (59 percent in 1975 and 53 percent in 1992). The percent of black users increased from 5 percent in 1975 to 15 percent in 1992 and the percent white dropped from 36 percent in 1975 to 31 percent in 1992. The percent employed increased from 29 percent to 54 percent and the percent referred by the criminal justice system jumped from 64 percent to 94 percent.

The abuser of methamphetamines and amphetamines entering treatment in San Antonio comprised 3 to 4 percent of admissions in both 1975 and 1992. However, the average age increased from 22 to 33 and the age of first use increased from 18 to 20. The percent male dropped from 81 percent to 68 percent, the percent black increased from 2 percent to 5 percent, the percent white decreased from 84 percent to 81 percent, and percent Hispanic remained at 14 percent. The percent employed jumped sharply from 16 percent to 56 percent and the percent criminal justice referrals went from 70 to 86 percent.

▼ Drug Overdoses

In 1991 the Bexar County medical examiner reported that cocaine, heroin, and alcohol were the major drugs of abuse detected in unnatural death cases, and cocaine and/or heroin were directly responsible for more deaths than any other substance (Figure 3-13). Forty-nine percent of all drug overdose deaths were caused by cocaine and/or heroin. Another 15 percent of the deaths were from antidepressants and they were predominately motivated by suicide.

FIGURE 3–13: DRUG DEATHS REPORTED BY BEXAR COUNTY MEDICAL EXAMINER (DAWN)



The majority of drug detections were in deaths from other causes. Of homicide cases, cocaine and/or heroin were found in 24 percent of the cases, alcohol in 54 percent, and other drugs in about 6 percent.

Overdose death data reported to DAWN shows that heroin continues to be the predominant drug in overdose deaths, but since the middle of 1988, the death rates for both heroin and cocaine are more similar.

▼ Drug Use Among Postpartum Women

Beginning in the spring of 1990, the Texas Commission on Alcohol and Drug Abuse implemented a survey of substance use among postpartum women delivering in the six largest public hospitals in Texas. One of these hospitals was Medical Center of San Antonio, and Table 3-34 shows the self-reported prevalence rates for this hospital. Note that the percent of new mothers reporting having ever used heroin or using in the past month was above the statewide average, as was use of cigarettes. In addition, lifetime use of any illicit drug and marijuana was above state averages, as was past month use of cocaine.

TABLE 3–34
SELF-REPORTED PREVALENCE BY SUBSTANCE
1990 POSTPARTUM SURVEY IN SAN ANTONIO;

		% EVER USED	% PAST MONTH	% PAST YEAR	% NOT PAST YEAR	% NEVER USED
Cigarettes	Statewide	36.4	15.9	7.1	13.4	63.6
	Medical Center--S. A.	44.6	17.0	11.6	16.1	55.4
Alcohol	Statewide	63.6	5.7	21.8	36.1	36.4
	Medical Center--S. A.	67.0	4.5	25.0	37.5	33.0
Marijuana	Statewide	24.7	1.8	3.6	19.3	75.3
	Medical Center--S. A.	32.1	*	3.6	28.6	67.9
Inhalants	Statewide	2.6	*	*	2.4	97.4
	Medical Center--S. A.	1.8	*	*	1.8	98.2
Cocaine	Statewide	7.5	*	2.1	5.2	92.5
	Medical Center--S. A.	6.3	0.9	0.9	4.5	93.8
Crack	Statewide	1.4	*	0.7	*	98.6
	Medical Center--S. A.	*	*	*	*	1.0
Uppers	Statewide	6.1	*	0.9	5.2	93.9
	Medical Center--S. A.	3.6	*	0.9	2.7	96.4
Downers	Statewide	2.7	*	*	2.6	97.3
	Medical Center--S. A.	2.7	*	*	2.7	97.3
Heroin	Statewide	0.7	*	*	*	99.3
	Medical Center--S. A.	0.9	0.9	*	*	99.1
Other Opiates	Statewide	1.1	*	*	0.8	98.9
	Medical Center--S. A.	0.9	*	*	0.9	99.1
Psychedelics	Statewide	3.4	*	0.6	2.8	96.6
	Medical Center--S. A.	2.7	*	*	2.7	97.3
Any Illicit Drug	Statewide	26.3	2.3	4.9	19.0	73.7
	Medical Center--S. A.	32.1	0.9	4.5	26.8	67.9
Cocaine or Crack	Statewide	8.0	*	2.4	5.1	92.0
	Medical Center--S. A.	6.3	0.9	0.9	4.5	93.8

* Less than 0.5%
Source: TCADA 1990 Postpartum Survey

FOOTNOTES

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