

# **Heroin Abuse Trends in Texas and Results of the 1994 Survey of Methadone Programs**

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# Heroin Abuse Trends in Texas and Results of the 1994 Survey of Methadone Programs

Recently the Drug Enforcement Administration has reported the emergence of Colombian heroin into U.S. markets. Currently, much of this heroin is transshipped through Texas to the East Coast, where a new heroin epidemic is occurring. As this epidemic moves into the central regions of the U.S., current treatment programs for heroin addicts will be pressed to respond to the increased demand. To prepare for this need, in September 1994, the Texas Commission on Alcohol and Drug Abuse (TCADA) replicated a survey of methadone programs which had been conducted in 1988.

TCADA's findings indicate an increase in the percentage of women entering TCADA-funded treatment programs who are heroin addicts, an increase in the average age of heroin addicts entering treatment, and a decrease in the number of employed heroin addicts. Since 1988 there has been an increase in the number of clients entering public and private methadone programs throughout Texas. While the percentages of male clients in public and private programs are similar, the public programs are much more likely to serve persons of color, and clients in private programs have much higher employment rates. The survey also found there is a need for cross-training for staff from criminal justice agencies and methadone programs in order to develop close working relationships to maximize client benefit.

In the past year, the Drug Enforcement Administration has reported the emergence of Colombian heroin into U. S. markets. At the present time, much of this heroin is transshipped through Texas to the East Coast, where a new heroin epidemic is occurring. The Colombian heroin which has been seized in Texas is 80 to 95 percent pure and sells for \$140 to \$145 per gram.<sup>1</sup> In New York City, where Colombian heroin is nearly 70 percent pure, the treatment programs are almost at capacity, and emergency room overdoses and deaths are increasing.

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Alcohol and Drug Abuse (TCADA) replicated a survey of methadone programs which it had originally conducted in 1988, and the results of this survey have been analyzed. In addition, this paper looks at the characteristics of heroin addicts entering all TCADA-funded programs and specifically at those addicts entering TCADA-funded methadone programs.

## **I. Characteristics of Heroin Addicts Entering TCADA-Funded Programs**

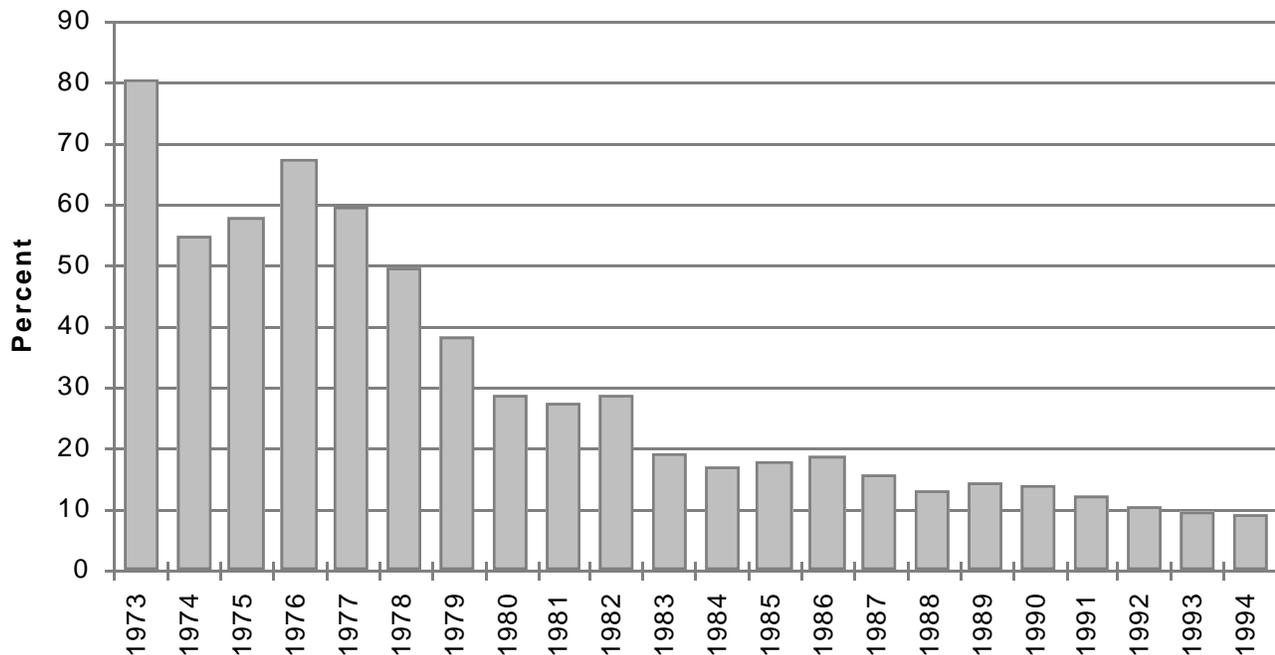
Since 1973, the State has funded methadone detoxification and maintenance programs for heroin addicts. These programs were initially funded by the Texas Department of Community Affairs, Drug Abuse

Prevention Division, and then by the Texas Commission on Alcohol and Drug Abuse. When these programs were first funded, it was as a result of a major federal initiative to provide services for heroin addicts, and these addicts had priority in admission to any drug treatment program. Figure 1 shows the percentage of heroin admissions to treatment programs beginning in 1973 as reported on the Client Oriented Data Acquisition Process (CODAP). By 1980, the federal emphasis on heroin as a priority population had decreased, and in the mid-1980s, when alcohol clients were added to CODAP, the proportion of heroin admissions decreased even further. By 1994, 10 percent of all admissions were those with a primary problem of heroin. The number of admissions has remained stable at about 5,000 to 5,600 since 1990. Of these heroin addicts, 1,341 were admitted to methadone maintenance programs in Fiscal Year 1994.

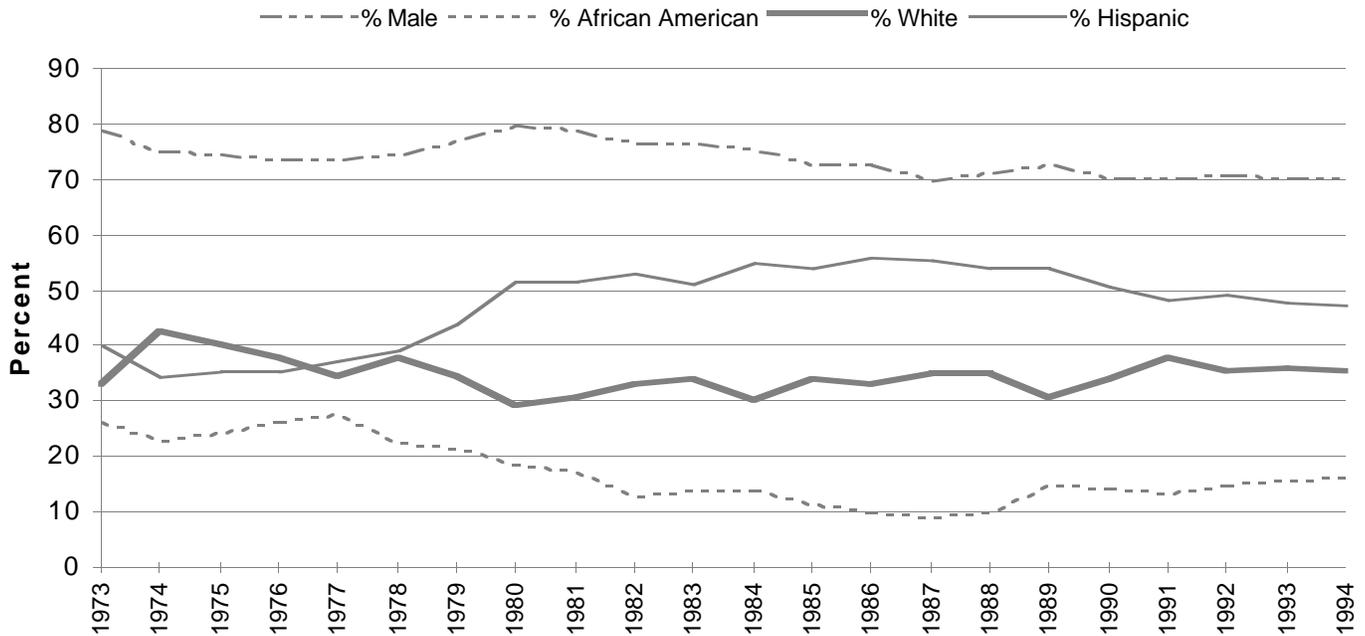
The percentage of women entering any TCADA program who are heroin addicts has increased slightly; it is now 30 percent as opposed to roughly 20 percent in 1973. Additionally, women now represent 32 percent of the admissions to methadone programs. In comparison, for all clients entering treatment (including alcohol and all drugs), women comprise 27 percent. The racial/ethnic distribution of heroin addicts has shifted over the years, with an increase in the proportion of Hispanics and a decrease in the proportion of African Americans (Figure 2).

Clients entering methadone programs in Fiscal Year 1994 reported heroin as their first drug of abuse (96 percent), followed by Other Opiates (4 percent). The use of needles as the route of administration for these primary drugs has gradually decreased: now 89 percent use needles, 6 percent inhale, and 5 percent report "other" as the route. Forty-six percent of the clients reported no other

**Figure 1. Heroin Addicts as a Percent of All Admissions to TCADA-Funded Programs**



**Figure 2. Characteristics of Heroin Addicts at Admission to Any TCADA-Funded Program**



problem drug, whereas 33 percent reported cocaine as their second drug of abuse, 10 percent reported alcohol as their second drug of abuse, and 5 percent reported marijuana.

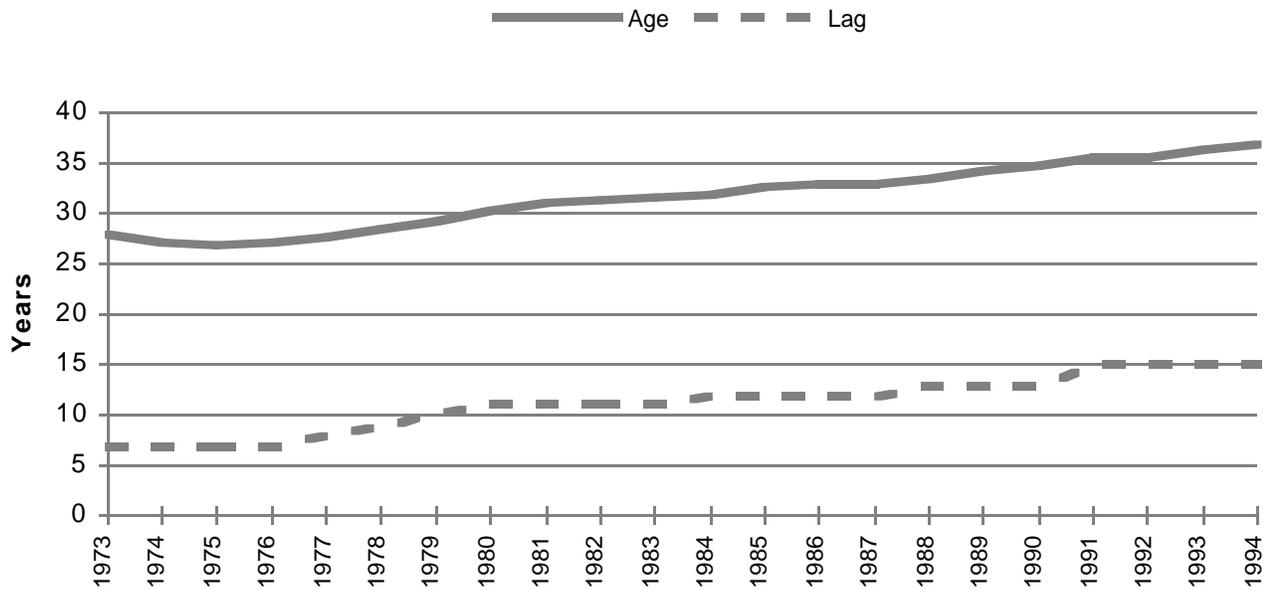
Over time, the age at admission has increased from age 27 in 1974 to age 37 in 1994, and the lag between first heavy use and entrance to treatment has increased from seven years to 15 years (Figure 3). When the data were analyzed for only heroin addicts who had never been admitted to TCADA-funded treatment before, the same average age and lag were found, so this phenomenon is not due to aging addicts seeking readmission to treatment. This aging and increased lag has significant implications for treatment in terms of the levels of impairment and prolonged addiction.

Heroin addicts entering methadone programs are the most impaired of all substance abusers. CODAP collects information on the number and frequency of physical and social problems reported by clients (Figure 4). The

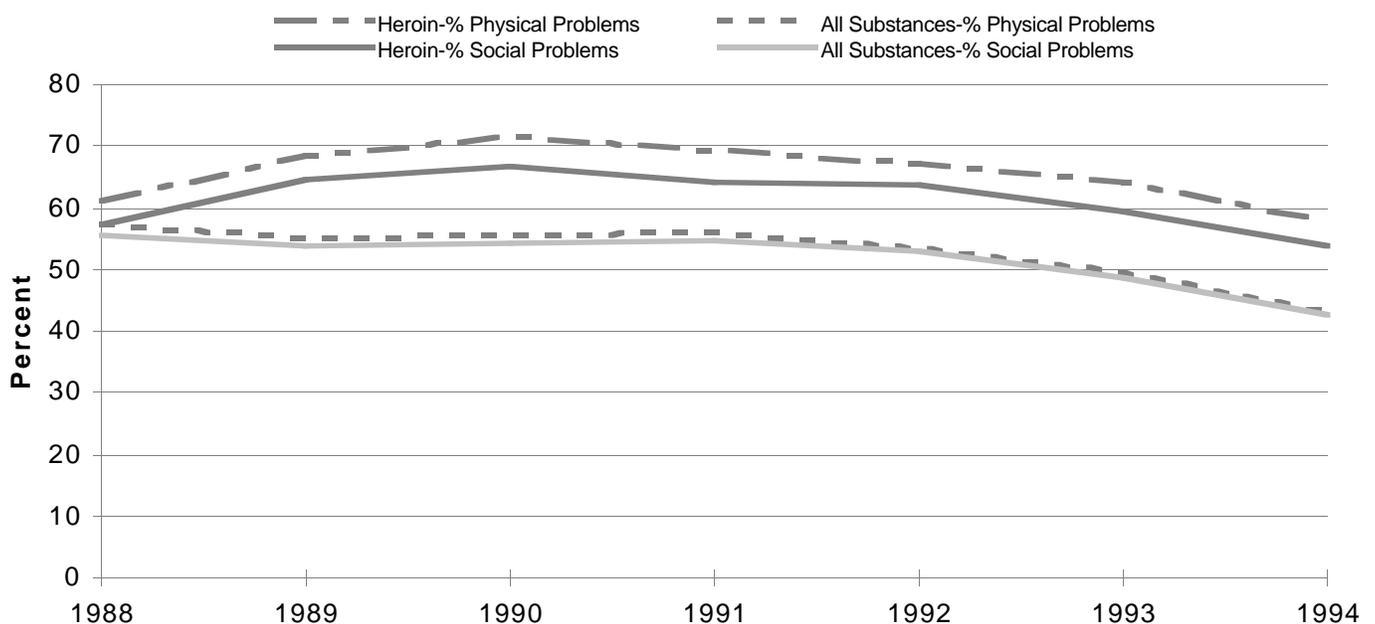
physical problems include memory lapse or blackout after a period of intoxication; shakes or tremors or other withdrawal symptoms; alcohol or other drug use before noon; and sickness or health problems related to alcohol or drugs. Social problems include missing a meal or other planned activity due to use of alcohol or other drugs; being intoxicated while at work or at school; and fighting or quarreling due to alcohol or other drugs. For all substance abusers entering treatment, 43 percent reported physical problems and 43 percent reported social problems. For all heroin addicts entering treatment, 60 percent reported physical problems and 56 percent reported social problems. For addicts entering methadone programs, 81 percent reported physical problems and 69 percent reported social problems.

The percentage of employed heroin addicts has dropped moderately over time (Figure 5). Only 21 percent of heroin

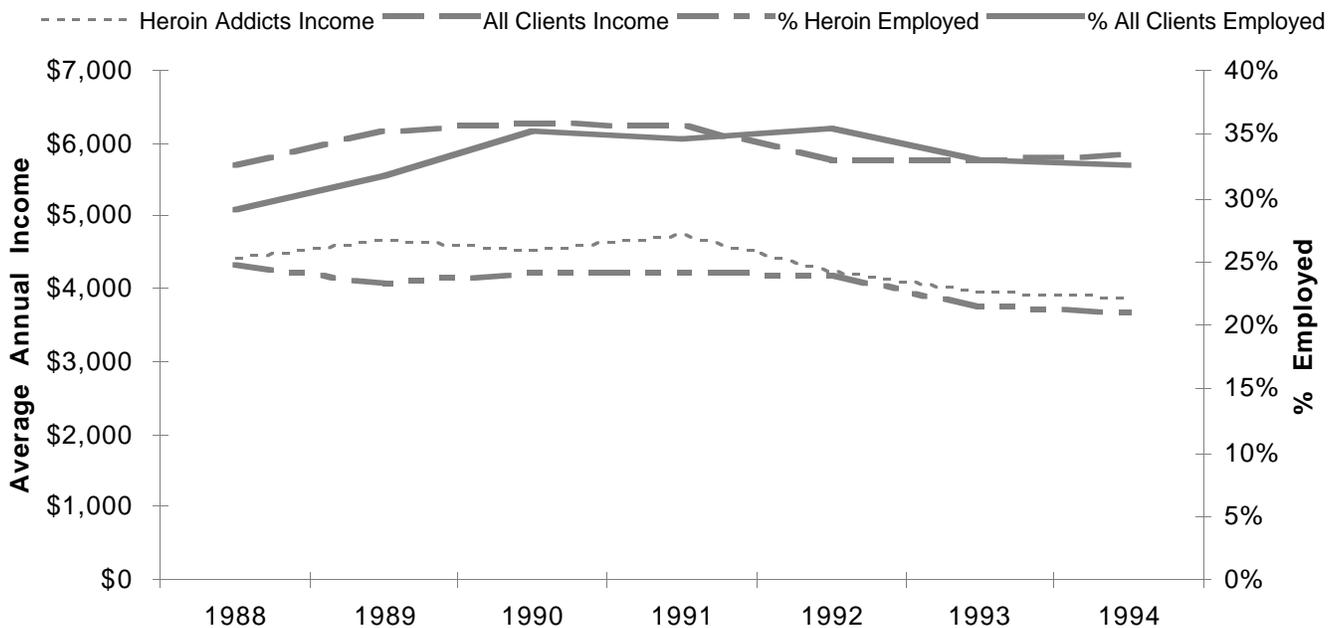
**Figure 3. Average Age of Heroin Addicts at Admission to TCADA-Funded Programs and Average Lag Between Year of First Use and Admission to Treatment**



**Figure 4. Percent of Clients Reporting Physical and Social Problems at Admission to TCADA-Funded Programs**



**Figure 5. Average Annual Income and Employment of Clients at Admission to All TCADA-Funded Programs**



addicts entering any form of treatment are employed, but 30 percent of addicts entering methadone programs are employed, with 19 percent employed full time and 11 percent employed part time. In comparison, for all substance abusers entering treatment, 33 percent are employed. In terms of annual income, the statewide average client income is \$5,895, as compared to \$3,836 for all heroin addicts and \$5,511 for addicts entering methadone programs.

Heroin addicts entering methadone programs have an important social support network, for 34 percent are married, as compared to 24 percent of all substance abusers entering treatment; 77 percent live with family or relatives, as compared to 57 percent for all substance abusers. Only 3 percent of the methadone clients are homeless, as compared to 10 percent of all substance abusers.

The source of referral into treatment appears contradictory. For all heroin addicts entering TCADA-funded treatment, the percentage of clients referred by the criminal

justice system has increased dramatically since 1991 (it is now 46 percent), but these referrals are not to methadone programs. Only 6 percent of methadone clients are referred by the criminal justice system. Two-thirds of the referrals into methadone programs are self-referrals, with 12 percent of the referrals by family members or friends. The low rate of criminal justice referrals is primarily due to the negative relationship between methadone programs and criminal justice personnel, as described in Section III of this paper.

## II. Comparison of Clients in TCADA-Funded Methadone Programs with Clients in Private Methadone Programs

In September, 1994, TCADA surveyed the 50 methadone programs in the state and 23 responded to the survey.<sup>2</sup> Eight were TCADA-funded programs. The survey asked the programs to provide summary information about

client characteristics. Because of the disparity in the responses, CODAP data were used to profile TCADA clients and the client characteristics for the private programs were averaged. Because of the problems in reporting the data, the information on the private programs should be viewed cautiously.

Figure 6 shows that while the percentage of male clients is similar for the private (non-TCADA programs) and public programs, the private programs are more likely to serve White clients (72 percent), and the public programs are more likely to serve persons of color (35 percent White). The average age of the clients was 37 to 38 years in both public and private programs.

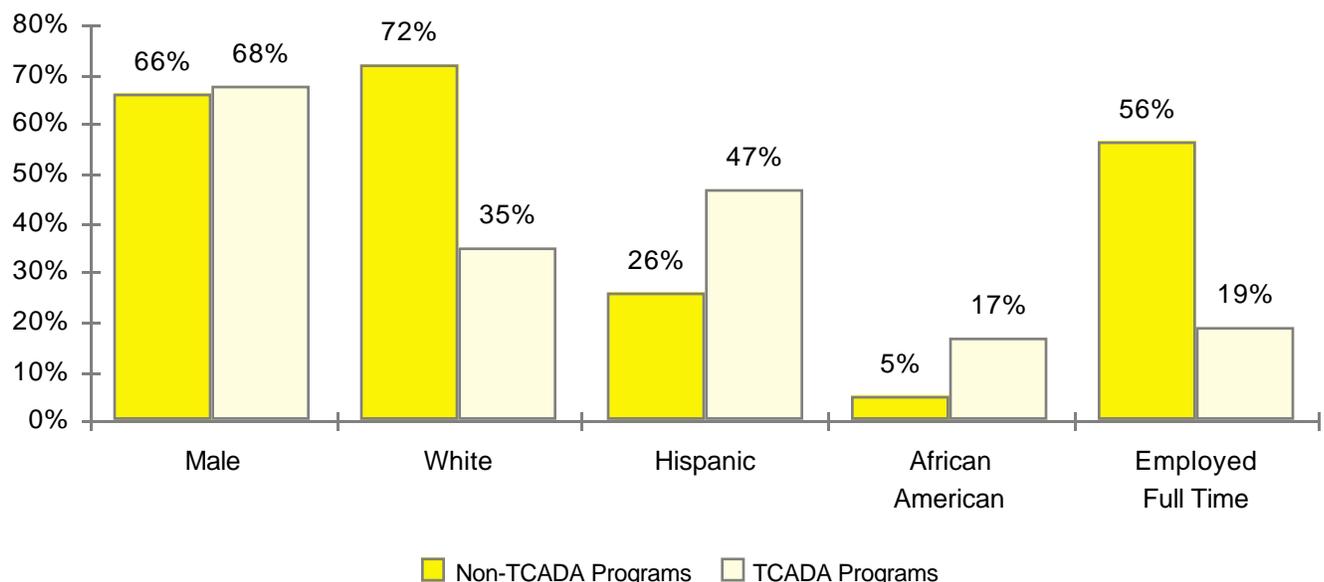
The employment status of clients was substantially different. Whereas only 19 percent of clients in public programs were employed full-time, the average for private programs was 56 percent. Two private programs reported that 89 percent of their clients were employed full time. Some 29 percent of the clients in one program were reported to

have college degrees.

The programs were asked to describe trends over the past five years. Clients were described as younger and more likely to be female. Some program staff commented on the fact that clients were becoming poorer and more likely to be unemployed, while others said that they were seeing more clients who were professionals. The trend continues towards increasing numbers of African American and Hispanic clients in public programs. Clients were also described as more likely to be HIV positive and to have tuberculosis, skin infections, and hepatitis. Clients were also more likely to be dually diagnosed and to have psychiatric problems such as depression.

The drug use patterns for the addicts were also described. Cocaine, speedball, and alcohol use were described as increasing in frequency, whereas amphetamine and marijuana use were described as decreasing. Benzodiazepine use was described as both increasing and decreasing, depending on the

**Figure 6. Characteristics of Clients in Methadone Programs 1994**



city. Program staff commented that clients were more addicted to heroin due to its increased potency, and that they were also more likely to be polydrug users. Other trends indicated that oral and nasal administration has increased and that Iranian opium eaters and heroin snorters are also now seeking treatment. These snorters were described by some program staff as being young White users, while other program staff described them as being persons who snorted so they would not have track marks on their bodies. Some programs attributed the shift to snorting as due to fears of HIV, while other programs reported that concerns about HIV infection was not an issue for heroin snorters.

### **III. Comparison of Methadone Programs in 1994 with Programs in 1988**

In September 1988, TCADA surveyed the 45 methadone programs in the state for the Alcohol and Substance Abuse Services Oversight Committee of the Legislature. Twenty-six programs responded to that survey. The September 1994 survey was based on the same questionnaire, and several interesting trends can be seen over the six-year period between the surveys.

In 1987, the average number of clients in each treatment was 121, and in 1988 it was 122. In 1993, the average number of clients was 180, rising to 188 in 1994. Of the programs that responded to the 1994 survey, 12 reported their census was up, six reported it was down, and three reported no change. Reasons for increased census included increased drug use, increased poverty and unemployment which resulted in addicts seeking treatment, new young users who were trying heroin and seeking treatment for the first time, and relocation of programs to be more accessible.

Reasons for decreased census included

administrative and programmatic difficulties, loss of federal and state aid, transfers of clients to other programs, increased competition, emphasis on detoxification rather than maintenance, and cheap heroin on the street.

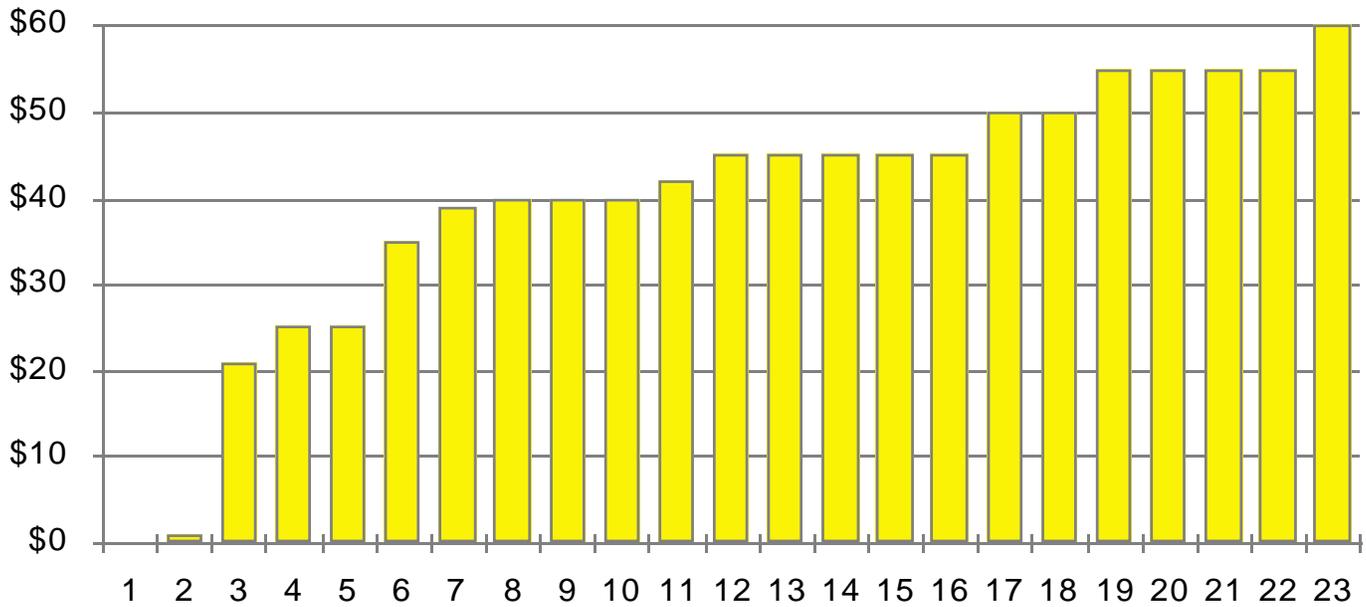
The programs were also asked what treatment services were provided in addition to methadone. In 1988, 15 of 26 programs that reported provided individual counseling and 11 provided group counseling. In 1994, 21 of 23 programs listed group counseling and 18 mentioned group counseling. This increase in counseling services is due to TCADA's mandatory licensure requirements. In 1988, methadone programs were not required to be licensed by TCADA.

The programs were asked about the fees they charged. In 1988, the weekly fees ranged from \$25 to \$50, with an average of \$38. In 1994, weekly fees ranged from \$21 to \$60, with \$43 as the average fee.<sup>3</sup> Figure 7 shows the range of fees in 1994.

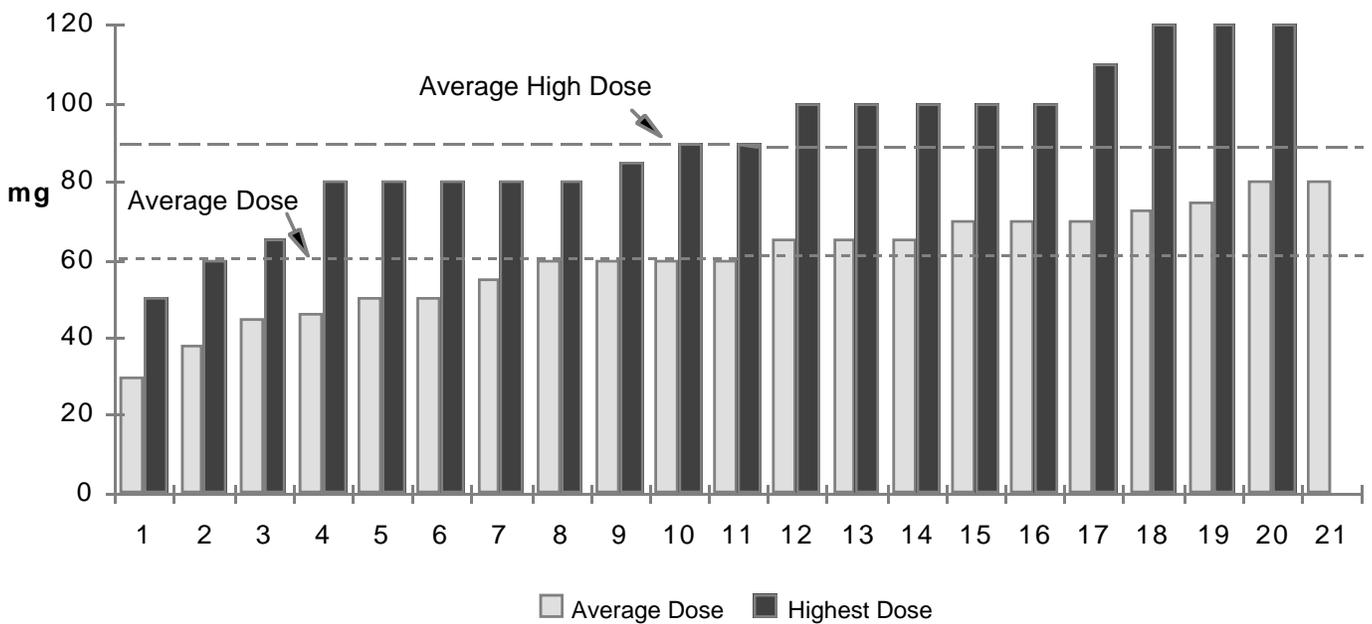
In addition, programs were asked about the average daily dose and the highest doses which are dispensed (Figure 8). In 1988, the average daily dose ranged between 25 and 68 mg., with an average of 49 mg. In 1994, the average ranged between 30 and 80 mg., with an average of 60 mg. The highest doses in 1988 ranged between 40 and 100 mg., with an average of 80 mg. In 1994, the highest doses ranged between 50 and 120 mg., with an average of 90 mg. The increase in average daily dose reflects findings that an adequate dose of methadone is necessary to stop heroin use. The National Institute on Drug Abuse found 60 mg. to be the lowest effect dose, and that low-dose maintenance (20 to 40 mg.) is considered "inappropriate."<sup>4</sup>

The programs were queried about the percentage of clients who were on probation and parole and their relationship with the criminal justice system. The number of clients on probation or parole tended to be low, ranging from less than 3 percent to 55 percent. The average percentage on probation was 14 per-

**Figure 7. Average Weekly Fee for 23 Public and Private Methadone Programs, 1994**



**Figure 8. Methadone Dose Levels 1994**



cent, with another 13 percent on parole. These numbers are higher than the 6 percent referred to treatment by the criminal justice system because many methadone clients enter treatment on their own and often without the knowledge of their probation or parole officer.

The methadone programs were divided in their experiences with the criminal justice system. Just as in 1988, some reported positive rapport with probation and parole officers and found that leverage from the criminal justice system helped keep clients in treatment. These programs cooperated with probation and parole officers by reporting urinalysis results on clients. Other programs, however, reported their clients were penalized for participating in methadone treatment. They cited the need to educate probation and parole officers about methadone and its ability to prevent the use of illicit drugs. They complained that some officers had pressured clients to quit participating in methadone programs, even though the clients thought that methadone helped them avoid criminal activities. Some officers had demanded that clients receive lower doses, while others had demanded that their clients be detoxified off methadone. The programs also cited the need to educate the jailers about the necessity of continuing to medicate or detoxify methadone clients who were incarcerated. In some instances, the programs were not allowed to medicate clients who were in jail. From these reports, it appears the division between methadone programs and the criminal justice system continues. There is a distinct need for cross-training the staffs of both the criminal justice and methadone programs, as well as a need to develop close working relationships for the ultimate benefit of the clients.

#### IV. Summary and Conclusions

There is a two-tiered system of methadone treatment in Texas. One system, which

is composed of private clinics, serves a population of primarily White addicts who are employed and able to pay for their treatment. The other system is publicly funded and primarily serves persons of color. These heroin addicts are among the most impaired of all substance abusers in the state. The capacity of publicly funded programs has not increased over time, and if the new heroin epidemic reaches Texas, additional capacity will be needed quickly.

#### Endnotes

- <sup>1</sup> J. C. Maxwell, "Substance Abuse Trends in Texas, May 1994," *Current Trends in Substance Use in Texas, 1994* (Austin, TX: Texas Commission on Alcohol and Drug Abuse, 1994).
- <sup>2</sup> One response included information on clients in several program sites, but for the purpose of analysis, this was counted as one response.
- <sup>3</sup> Several programs which operate on a sliding-scale basis said their services were free and no information on average fees was provided.
- <sup>4</sup> U.S. General Accounting Office, *Methadone Maintenance* (Washington, D.C.: U.S. General Accounting Office, GAO/HRD-90-104, 1990), 14.