

EPIDEMIOLOGIC TRENDS IN DRUG ABUSE

Proceedings of the Community
Epidemiology Work Group

Advance Report

June 2013



NATIONAL INSTITUTE ON DRUG ABUSE



COMMUNITY EPIDEMIOLOGY WORK GROUP

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This *Advance Report* is a synopsis of findings reported by 21 CEWG representatives and information presented in CEWG area reports and meeting presentations prepared by CEWG representatives for the June 2013 CEWG meeting. The full papers with abstracts will appear in the June 2013 *Epidemiologic Trends in Drug Abuse, Volume II*; summaries of selected presentations by other participants will also appear in that volume. *Highlights and Executive Summary, Volume I* contains detailed descriptions of key meeting findings, drug summaries, and cross-area comparisons based on Federal and local data sources. Data/information from Federal sources supplemental to the meeting presentations and discussions are included in that report to facilitate cross-area comparisons.

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

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Introduction

This *Advance Report* is a summary of key findings from full area reports presented by 21 area representatives at the 74th semiannual meeting of the National Institute on Drug Abuse (NIDA), Community Epidemiology Work Group (CEWG), held in St. Louis, Missouri, on June 12–14, 2013. The CEWG is a network of researchers from sentinel sites throughout the United States. It convenes twice yearly, in January and June, to provide ongoing, community-level, public health surveillance of drug abuse through presentation and discussion of quantitative and qualitative data. For the June meetings, CEWG representatives submit full reports on drug abuse patterns and trends and emerging drug issues in their areas. After the meeting, three reports are written that summarize the meeting's proceedings—this *Advance Report*, a *Highlights and Executive Summary Report* (Volume I), and a compilation of the full area reports (Volume II). Information reported at this CEWG meeting, as with all such meetings, is placed on the NIDA CEWG Web site (<http://www.drugabuse.gov/about-nida/organization/workgroups-interest-groups-consortia/community-epidemiology-work-group-cewg>) and is updated regularly.

CEWG representatives access multiple sources of existing data from their local areas to report on drug abuse patterns and consequences and to provide an alert to potentially emerging new issues. These data are viewed as indicators of the drug problem in an area. Indicators reflect different aspects of the drug abuse situation in an area, such as prevalence of abuse of drugs (e.g., survey findings), consequences of drug abuse (e.g., drug-involved emergency department [ED] reports, substance abuse treatment admissions, and drug-related deaths), and availability of abused substances or law enforcement engagement (e.g., drug seizures). Qualitative information from local ethnographic studies or local contacts may also be used to describe drug use patterns and trends, and it may be particularly informative in the early identification of new issues or substances being misused or abused.

CEWG representatives are invited to use their professional judgment and knowledge of the local context to provide an overall characterization in their reports of the indicators for their areas, as possible, given available data, that is, to assess whether indicators appear to be stable, increasing, decreasing, or mixed (with some indicators increasing, some decreasing, and some stable). CEWG area representatives may also provide an overall characterization of the level of the indicators as high, moderate, or low, or identify when particular drugs are considered to be the dominant drugs of abuse in the area. Some indicators are sensitive to recent changes in local policy or law enforcement focus. Therefore, representatives use their knowledge of the local context in describing and interpreting data available for their areas.

Local area data are supplemented, as possible, with data available from federally supported projects, such as the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS); Drug Enforcement Administration (DEA), National Forensic Laboratory Information System (NFLIS); the Arrestee Drug Abuse Monitoring (ADAM) II program funded by the Office of National Drug Control Policy; the Centers for Disease Control and Prevention (CDC)'s Youth Risk Behavior Survey (YRBS); SAMHSA's Drug Abuse Warning Network (DAWN); and the DEA's Heroin Domestic Monitor Program (HDMP), System to Retrieve Information on Drug Evidence (STRIDE), and the Heroin Signature Program. This descriptive and analytic information is used to inform the health and scientific communities and the general public about the current nature and patterns of drug abuse, emerging trends, and consequences of drug abuse.

Twenty-one CEWG area representatives reported at the June 2013 meeting: Albuquerque/New Mexico; Atlanta; Baltimore/Maryland/Washington, DC; Boston; Chicago; Cincinnati; Denver/Colorado; Detroit; Honolulu/Hawaii; Los Angeles; Maine; Minneapolis/St. Paul; New York City; Philadelphia; Phoenix; St. Louis; San Diego; San Francisco; Seattle; South Florida, including Broward and Miami-Dade Counties; and Texas. Updates on the ADAM system, the HDMP and STRIDE systems, and YRBS findings were provided for the CEWG members at the meeting. In addition, special presentations were given by a NIDA grantee on drug abuse trends and issues related to adolescent and young adult drug use and by the NIDA CEWG Contracting Officer Representative on the most recently published YRBS results for CEWG areas. Local presentations from the St. Louis area included a local DEA representative, a St. Louis poison control center representative, and a presentation of results from Missouri high schools in the State's eastern region. Presentations on drug abuse patterns and issues were also provided by guest researchers from Canada, Iraq, Latin America, Mexico, and Peru.

For this Advance Report, findings from three main data sources available across a majority of CEWG areas include **drug reports** information from **NFLIS** seizure data; the **HDMP** average **price and purity** data for heroin samples; and **treatment admissions** to substance abuse treatment programs by primary substance of abuse or primary substance abuse problem as reported by clients at admission. Highlights from cross-area tabulations are included, and selected key results are described in this Advance Report.

CEWG representatives use existing data, which are subject to the definitions and strengths and limitations of the source data. The geographic coverage of data sources may vary within a CEWG area report. Readers are directed to the full area reports in the June 2013 Volume II compilation for more complete descriptions of data sources used in specific areas. For NFLIS and treatment admissions data, specific geographic coverage and completeness information for each area is provided in appendices 1 and 2, respectively.

Key Findings

Key findings of the June 2013 CEWG meeting are summarized from CEWG representatives' identification in their slide presentations, abstracts, and full area reports of the most significant one or two drug findings or issues for their areas, based on their review of the most recent drug abuse data available. These summary findings also include selected results of cross-area comparisons of DEA NFLIS data on drug reports from drug items seized and identified in forensic laboratories in CEWG areas for 2011 and 2012; treatment admissions data for selected drugs reported as primary substance abuse problems for 2008–2012; and heroin price (per milligram pure) and percent purity from the DEA HDMP system for 2007–2011. More detailed tables and information are provided in Volume I: *Highlights and Executive Summary* for June 2013, while full area reports for 21 CEWG areas and abstracts from international and other presentations at the meeting are included in the Volume II: *Proceedings* for June 2013.

Summary of Key Findings Reported by CEWG Area Representatives

CEWG area representatives identified the one or two most significant or key findings or issues for their areas, based on their review of the most recent drug abuse data available.

Heroin: *The most frequently cited key finding, reported by nine CEWG area representatives (Boston; Baltimore/Maryland/Washington, DC; Chicago; Cincinnati; Minneapolis/St. Paul; Philadelphia; St. Louis; San Diego; and Seattle) at the June 2013 meeting, based on impact, was an **increase in heroin** indicators. Additionally, the area representative for New York City cited the continuing predominance of heroin in area indicators in the 2012 reporting period as a key finding. Heroin primary treatment admissions increased in 2012 from 2011 in Boston, Baltimore and Maryland, Minneapolis/St. Paul, New York City, Philadelphia, St. Louis, San Diego, and Seattle. Heroin-related deaths increased in this reporting period in Baltimore and Maryland, Cincinnati, Minneapolis/St. Paul, Philadelphia, and Seattle. Heroin-involved ED visits increased from 2010 to 2011 in Boston and Minneapolis/St. Paul; arrests increased from previous reporting periods in Boston and Minneapolis/St. Paul; and arrestees testing urinalysis-positive for heroin increased in 2012 from 2011 in San Diego. Reports for heroin among drug items seized and analyzed in NFLIS laboratories increased in 2012 from 2011 in Boston, Baltimore and Maryland, Chicago, Cincinnati, Philadelphia, Minneapolis/St. Paul, and Seattle. The New York City representative reported the **continuing predominance of indicators and serious consequences of heroin** as a key finding in that area, based on continuing high indicator levels along with an increase in primary heroin treatment admissions. In San Francisco, an earlier and continuing decline in heroin consequence indicators (heroin-involved ED reports and heroin purity levels) was reported as a key finding for the area by the CEWG representative. However, the proportions of primary heroin treatment admissions and NFLIS drug reports for heroin were slightly up from 2011 to 2012, and a sharp increase in nonfatal overdose episodes in spring 2012 suggested a possible trend change.*

Methamphetamine: Methamphetamine indicators, which had been high relative to other drugs west of the Mississippi and low east of the Mississippi, and which had been reported as trending downward in recent years, appeared to be increasing in several CEWG areas. Five CEWG area representatives noted **high and stable indicators or upward trending indicators for methamphetamine** as a key finding. These areas were Atlanta, Los Angeles, Minneapolis/St. Paul, Phoenix, and St. Louis. Support for these key findings were based on trends in primary treatment admissions (Atlanta, Minneapolis/St. Paul, and Phoenix), methamphetamine-related deaths (Los Angeles and Minneapolis/St. Paul), poison control center calls (Atlanta, Los Angeles, and Phoenix), reports from seized and analyzed drug items (Los Angeles, Minneapolis/St. Paul, Phoenix, and St. Louis), and methamphetamine-involved hospital ED visits and admissions (Los Angeles and Phoenix).

Cocaine: While cocaine continued to be the predominant illicit drug based on treatment and seizure data in most CEWG areas, five area representatives reported a **continuing decline in cocaine** indicators as a key finding in their areas—Atlanta, Boston, Cincinnati, Phoenix, and St. Louis. All five areas experienced decreases in cocaine reports among drug items seized and analyzed by NFLIS laboratories. Primary treatment admissions for cocaine declined in 2012 from 2011 in Atlanta, Boston, and St. Louis. Cocaine-related deaths declined from previous reporting periods in Atlanta, Boston, and St. Louis. In Cincinnati and Phoenix, calls to poison control centers related to cocaine declined in 2012 from 2011. Cocaine-related hospital admissions fell in this reporting period in Phoenix, and arrests declined from 2011 to 2012 in Boston.

Prescription Opioids/Opiates Other Than Heroin: Mixed results were noted for **prescription opioids, with increases in indicators for prescription opioids** as a key finding reported by representatives in two areas—New York City and San Francisco—based on treatment admissions data (primary treatment admissions for opioids/opiates other than heroin increased in 2012 from 2011 in New York City), numbers of prescriptions (the Prescription Drug Monitoring Programs in both New York City and San Francisco showed increases in numbers of prescriptions in 2012), death data (unintentional opioid analgesic poisoning deaths increased in New York City by 65 percent from 2005 to 2011), and ED visit data (visits involving prescription opioids/other opiates increased in New York City from 2010 to 2011 and in San Francisco from 2004 to 2011). **A decline in indicators for prescription opioids/opiates other than heroin** was reported as a key finding in three other CEWG areas—Maine, Seattle, and South Florida/Miami-Dade and Broward Counties. Deaths related to prescription opioids/opiates other than heroin declined from 2011 to 2012 in Seattle and both Miami-Dade and Broward Counties in South Florida. Treatment admissions and drug reports among drug items seized and analyzed in NFLIS laboratories declined in 2012 from 2011 in the two South Florida counties. Arrests showed decreases in Maine from 2011 to 2012, and reported use of prescription-type opiates in the last month to “get high” among high school students decreased significantly from 2010 to 2012 in the Seattle area.

Marijuana: One area representative, from New York City, reported the **continuing predominance in indicators and serious consequences of marijuana** as a key finding in that area for this reporting period, based on high levels for all indicators and increases in drug reports among seized and analyzed drug items from 2011 to 2012 and marijuana-involved ED visits from 2010 to 2011.

Other Drugs and Drug Issues:

- *Other key findings for the Albuquerque area for the 2011–2012 reporting period were that **drug overdose deaths rates** for Bernalillo County (Albuquerque) and New Mexico were very high and increased in 2011; there was a dramatic increase in **methocarbamol poison control center cases** in fiscal year 2011–2012 from the previous year; and a large increase occurred in reported **naloxone overdose reversals** in Bernalillo County in 2011.*
- *An increase in **injection drug use** identified among a new, young adult cohort of prescription opioid injectors, heroin initiates, and methamphetamine users was a key finding for South Florida/Miami-Dade and Broward Counties.*
- *The key finding in Texas for this reporting period, based on numbers of calls to poison control centers and forensic laboratory report data, was an increasing use of some of the **amphetamine-type substances**. This group of substances includes **MDMA (3,4-methylenedioxymethamphetamine), methamphetamine, “Mollys,” BZP (1-benzylpiperazine), TFMP (1-[3-trifluoromethylphenyl]piperazine), and 2C phenethylamines.***
- *Evidence of **polysubstance abuse**, particularly among mortality cases, was identified as a key finding in Philadelphia.*
- *Two area representatives (from the Albuquerque/New Mexico and Baltimore/Maryland/Washington, DC, areas) reported **increases for cannabimimetics and substituted cathinones** in drug seizure data as a key finding, while the representative from Maine reported a **decline in substituted cathinones** in law enforcement seizure data as a key finding for the State.*

Heroin

Nine CEWG area representatives cited high and increasing heroin indicators as a key finding for this reporting period (calendar year 2012 for most data sources); these were Boston; Baltimore/Maryland/Washington, DC; Chicago; Cincinnati; Minneapolis/St. Paul; Philadelphia; St. Louis; San Diego; and Seattle). The area representative for New York City reported the **continuing predominance of heroin in area indicators as a key finding** in that area, based on continuing high indicator levels, with an increase in primary heroin treatment admissions from 2011 to 2012. Heroin primary treatment admissions increased in 2012 from 2011 in Boston, Baltimore and Maryland, Minneapolis/St. Paul, New York City, Philadelphia, St. Louis, San Diego, and Seattle. Heroin-related deaths increased in this reporting period in Baltimore and Maryland, Cincinnati, Minneapolis/St. Paul, Philadelphia, and Seattle. Heroin-involved ED visits increased from 2010 to 2011 in Boston and Minneapolis/St. Paul; arrests increased from previous reporting periods in Boston and Minneapolis/St. Paul; and arrestees testing urinalysis-positive for heroin increased in 2012 from 2011 in San Diego. Reports for heroin among drug items seized and analyzed in NFLIS laboratories increased in 2012 from 2011 in Boston, Baltimore and Maryland, Chicago, Cincinnati, Philadelphia, Minneapolis/St. Paul, and Seattle. In San Francisco, an earlier and continuing decline in heroin consequence indicators (heroin-involved ED reports and heroin purity levels) was reported as a key finding for the area by the CEWG representative. However, the proportions of primary heroin treatment admissions and NFLIS drug reports for heroin were slightly up from 2011 to 2012, and a sharp increase in nonfatal overdose episodes in spring 2012 suggested a possible trend change.

Illustrating the increases in heroin indicators reported at the June 2013 CEWG meeting are the following CEWG report excerpts:

- **Boston Report:**

“Heroin abuse indicators for 2012 were increasing at already high levels. The proportion of unique client primary heroin treatment admissions increased from 37 percent in 2010, to 40 percent in 2011, and to 42 percent in 2012. The proportion of Class A drug arrests (mainly heroin) increased from 22 percent in 2009 and 2010, to 25 percent in 2011, and to 28 percent in 2012. From 2010 to 2012, the proportion of heroin drug reports among drug items analyzed by NFLIS laboratories increased from 13 to 18 percent.”

- **Cincinnati Report:**

“With persistent increases in abuse during 2012 and the previous 4 years, heroin is now one of the predominant drug issues in Cincinnati after marijuana, displacing cocaine from the number two spot. Poison control center data showed that there were 119 heroin exposure calls related to intentional abuse reported during 2012, representing an increase of 54.5 percent from the 77 human exposure calls reported in 2011. The Hamilton County Coroner’s Office recorded 124 deaths with evidence of heroin abuse contributing to death during 2012. This number represented a 121-percent increase over the previous year and a 342-percent increase since 2008. The Cincinnati Regional Enforcement Narcotics Unit seized more than 8,154 grams of heroin during 2012, an increase of 287 percent from 2011. Heroin accounted for 31.4 percent of reports among seized drug items analyzed by NFLIS laboratories in 2012. The proportion of heroin reports increased by 126 percent between 2010 (13.9 percent) and 2012.”

- **Maryland Report:**

“Heroin indicators were mixed across the region, but several (primary treatment enrollments, NFLIS drug reports, and intoxication deaths) in Maryland showed movement toward a trend change and were starting to increase. Second to alcohol, heroin was the most frequently used illicit drug among publicly funded Maryland treatment admissions. In 2012, the number of enrollments for heroin in Maryland (n=14,185) increased. In Maryland, heroin-related intoxication deaths increased by 54 percent, from 245 in 2011 to 378 in 2012. The number of heroin-related intoxication deaths increased among all demographic groups and in all regions of the State.”

- **Minneapolis/St. Paul Report:**

“Heroin-involved visits at hospital EDs nearly tripled from 2004 to 2011 (from n=1,189 to n=3,493), and they rose by 54.8 percent from 2010 to 2011 alone. Admissions to addiction treatment programs for heroin accounted for 12.9 percent of all admissions to treatment in 2012, compared with 10.7 percent in 2011.”

- **Philadelphia Report:**

“Data from different sources indicated increasing use of heroin/morphine. At 36.8 percent positive, heroin/morphine ranked second in the most frequently detected drug for mortality cases with presence of drugs. Of note, the proportion of treatment admissions with heroin as the primary drug of choice showed a large increase (from 17.7 percent in 2011 to 24.0 percent in 2012), ranking it second among total admissions for the first time.”

- **St. Louis Report:**

“Heroin availability and its widespread presence in the St. Louis rural and suburban areas continued to be a concern in 2012. Two types of heroin were available in the St. Louis Metropolitan Statistical Area—Mexican black tar and Mexican off-white powder. The proportion of St. Louis area primary treatment admissions for heroin exceeded those for alcohol. The number of deaths involving heroin remained high and were identified in rural medical examiner data as well as in metropolitan area data. All sources (from high school surveys and emergency department visits to law enforcement data) have reported access to heroin to be consistent, with the drug at high purity.”

- **Seattle Report:**

“Treatment admissions with heroin as the primary drug in King County increased by approximately one-third in 2012, to the highest number since at least 1999. Increases were even more dramatic among clients age 18–29; heroin is now the drug with the most admissions in this age group, surpassing even alcohol.”

Six CEWG area representatives noted an **increase in heroin abuse among young adults**, based largely on treatment admissions data. A younger heroin user population was revealed in treatment and mortality indicators in six CEWG areas: Chicago, Detroit and Michigan, Minneapolis/St. Paul, San Diego, Seattle, and Texas.

- **Detroit Report:**

“In Michigan, clients younger than 30 constituted 19.6 percent of heroin admissions in CY 2003; this proportion increased to 41.1 percent in CY 2012.”

- **Minneapolis/St. Paul Report:**

“Of the 2,724 heroin admissions in 2012, 41.6 percent were age 18–25, compared with 34.9 percent in 2010.”

- **San Diego Report:**

“Treatment admissions data suggested that individuals admitted to treatment for heroin were increasingly younger. Clients younger than 35 constituted the majority (65.9 percent) of heroin admissions in 2012. This proportion was stable since 2011 (65.6 percent), but it represents a longer-term gradual trend, increasing from 63.2 percent in 2010 and 55.7 percent in 2009.”

- **Seattle Report:**

“First-time heroin treatment admissions were up in 2012, particularly for young adults age 18–29, with a faster rate of growth outside of King County.”

- **Texas Report:**

“Heroin demand indicators were increasing, as were the supply indicators, although the amounts seized were down, with lower prices. Users are young, and the average age of a person dying with heroin identified in the body dropped from 40 to 36 in 5 years.”

Along with the key finding of continuing heroin predominance in most indicators in the 2012 reporting period, the Chicago representative reported on an **increase in heroin use among young adults in the suburban counties** surrounding the metropolitan Chicago area. He also noted an increase in deaths related to heroin in 2012 in these suburban counties when compared with 2011.

- **Chicago Report:**

“A substantial problem with heroin use began in the 1990s across many of Chicago’s suburbs. In local studies conducted of people age 30 and younger who injected drugs, almost all of whom primarily injected heroin, the proportion residing in the suburbs has increased. In Will County, heroin overdose deaths reported by the Coroner’s office increased in number from 6 in 1999, to 30 in 2011, and to 46 in 2012 (in addition, 7 other deaths were thought to involve heroin); 45 percent of the decedents were age 25 or younger.”

Heroin indicators were reported by the area representative as decreasing in Albuquerque/New Mexico. In that CEWG area, heroin poisoning death rates, heroin primary treatment admissions, poison control center cases, and both past-30-day and lifetime heroin use by high school students in Bernalillo County all decreased in 2011–2012 from 2010–2011. Nevertheless, heroin indicators remained at high levels.

- **Albuquerque/New Mexico Report:**

“Heroin indicators were high but generally decreasing. Heroin remained one of the greatest drug threats in terms of drug abuse and was readily available in Albuquerque and statewide in New Mexico.”

In San Francisco, an earlier and continuing decline in heroin consequence indicators (heroin-involved ED reports and heroin purity levels, which had declined from 5.7 percent in 2010 to 3.9 percent in 2012) **was reported as a key finding** for the area by the CEWG representative. However, the proportion of primary heroin treatment admissions was stable from 2011 to 2012, while the sharp increase in nonfatal overdose episodes in spring 2012 suggested a possible trend change.

- **San Francisco Report:**

“Purity levels were the lowest in a decade. Concerns about a spike in nonfatal overdose episodes in the spring of 2012 led to a substance identified as ‘gun powder’ heroin. Analysis identified the primary contents as heroin, lidocaine, codeine, and morphine. This provided evidence of the low purity levels of substances identified and sold as heroin in San Francisco.”

National Forensic Laboratory Information System (NFLIS)

The DEA NFLIS provides information on substances identified in items seized by law enforcement and analyzed by participating forensic (crime) laboratories. NFLIS data provide indications of availability of substances in the illicit market and law enforcement engagement, and they are particularly important for monitoring the emergence of new substances in local areas.

NFLIS Seizures, Heroin:

- **Heroin drug reports** ranked as the most frequently identified among drug items seized and analyzed in NFLIS forensic laboratories in **2012** in 2 of 25 CEWG areas (Albuquerque and Seattle), and they ranked second among NFLIS drug reports in 3 areas (Chicago, Cincinnati, and St. Louis) (table 1). Heroin reports ranked fourth in the United States.
- All but 5 of 25 CEWG reporting areas and the United States showed increases in heroin drug reports between **2011 and 2012**, with Cincinnati showing the largest increase. Four areas (Albuquerque, Honolulu, New York City, and St. Louis) showed slight declines, and in one area (Atlanta), proportions of heroin drug reports were the same in both years (figure 1).

Treatment Admissions Data

Treatment admissions data are obtained by CEWG area representatives for their areas from local sources or through TEDS to provide indications of the outcomes of substance abuse and their impact on the treatment system. Primary admissions by drug are compiled as counts and percentages of all admissions.

Treatment Admissions, Heroin:

- Primary **heroin treatment admissions** ranked first in proportions of total treatment admissions in **2012** in 4 of 23 CEWG reporting areas—Baltimore City, Boston, Detroit, and St. Louis—and

they ranked second in 5 areas—Maryland, New York City, Philadelphia, San Diego, and Seattle (table 2).

- Thirteen of 18 reporting areas with 5 years of available data showed percentage-point increases in proportions of primary heroin treatment admissions from **2008 to 2012**. The largest increases were observed for St. Louis, Seattle, and Minneapolis/St. Paul. Four areas showed declines in percentages of heroin admissions from 2008 to 2012—Baltimore City, Maryland, New York City, and Philadelphia. One area, Phoenix, had the same percentage of heroin admissions in 2008 as in 2012 (figure 2).
- From **2011 to 2012**, proportions of primary heroin treatment admissions rose in 18 of 21 CEWG reporting areas and fell slightly (by less than 1.0 percentage point) in 3 areas (Detroit, Los Angeles, South Florida/Miami-Dade County, and Texas). The largest increases in heroin admission percentages between 2011 and 2012 were in Philadelphia and Seattle (figure 2).

Heroin Domestic Monitor Program (HDMP) Price and Purity Data

DEA HDMP is a database of drug exhibits sent to DEA laboratories. HDMP data are not a representative sample of drugs available in the United States, but they reflect all evidence submitted to DEA laboratories for analysis. HDMP data describe important drug market factors, drug price, and purity.

HDMP Price and Purity, Heroin:

- In **2011**, the **average percent purity of South American heroin** seized and identified by the DEA in the HDMP ranged from lows of 13.6 and 13.8 percent pure for Chicago and Baltimore, respectively, to a high of 63.6 percent pure for Philadelphia (table 3). **Purity of Mexican heroin** seized in the HDMP in 2011 ranged from 3.9 percent pure in Houston, San Francisco, and Seattle, to a high of 36.6 percent pure in San Diego (table 4).
- The **average price per milligram pure of heroin from South American sources** in 2011 ranged from a low of \$0.54 in Detroit to a high of \$2.27 in Miami (table 3), while the **average price per milligram pure for Mexican heroin** in 2011 ranged from \$0.37 in San Diego to \$5.94 in Houston (table 4).
- Of the 10 CEWG areas for which **South American heroin purity** data were available for the entire period from **2007 to 2011**, 3 areas (Miami, Philadelphia, and St. Louis) showed increases in **purity** over the period, while the others showed declines (Atlanta, Baltimore, Boston, Chicago, Detroit, New York City, and Washington, DC). The largest 5-year increase was in St. Louis, while the greatest percentage-point decrease was in New York City. Over the same period, **prices for South American heroin** per milligram pure rose in six areas (Baltimore, Chicago, Miami, New York City, St. Louis, and Washington, DC). They fell in four areas (Atlanta, Boston, Detroit, and Philadelphia). Miami showed by far the largest increase in price between 2007 and 2011, while Atlanta showed the largest decline in price (table 3).
- In the more recent period from **2010 to 2011**, for **South American heroin**, five reporting areas showed increases in **purity**, including Baltimore, Boston, Miami, New York City, and Philadelphia. Five areas showed decreases in purity—Atlanta, Chicago, Detroit, St. Louis, and Washington, DC. The highest percentage increase in purity was for Philadelphia, and the largest decrease in purity was for St. Louis. South American heroin **prices** declined in six areas (Baltimore, Boston,

Chicago, Detroit, Miami, and Philadelphia) and rose in four reporting areas (Atlanta, New York City, St. Louis, and Washington, DC) in the 2-year period from 2010 to 2011. Washington, DC, prices rose the most during this time, while Miami experienced the largest decline for the period (table 3).

- The mixed trends for South American heroin price and purity over the 5- and 2-year time periods presented are similar to those for **Mexican heroin** over the two comparison periods. Of the nine CEWG areas for which HDMP data were available for the 5-year period from **2007 to 2011**, all but one (San Antonio) showed declines in **purity**. Average **prices** per milligram pure for Mexican heroin fell in only two of nine reporting areas from 2007 to 2011, Dallas and San Antonio (table 4). During that 5-year period, prices for Mexican heroin increased in Denver, Houston, Los Angeles, Phoenix, San Diego, San Francisco, and Seattle.
- In the more recent 2-year period (**2010–2011**), while Mexican heroin **prices** fell in all 10 reporting areas except 1 (Los Angeles, where it rose slightly), percent **purity** rose in 5 areas (Denver, Houston, San Antonio, San Diego, and Seattle). Mexican heroin prices declined between 2010 and 2011 by as little as \$0.03 in Denver and by as much as \$0.92 in San Francisco (table 4).

Methamphetamine

Five area representatives reported increases in methamphetamine indicators or changes in the methamphetamine user population in their areas as a key finding in this reporting period.

These areas were Atlanta, Los Angeles, Minneapolis/St. Paul, Phoenix, and St. Louis. Primary treatment admissions for methamphetamine continued to increase in Atlanta, Minneapolis/St. Paul, and St. Louis. Methamphetamine-related deaths also increased in Minneapolis/St. Paul from 2011 to 2012, and methamphetamine-involved hospital ED visits increased there from 2009 to 2011. The Los Angeles representative reported increases from 2011 to 2012 in methamphetamine coroner toxicology cases and calls to poison control centers, along with a substantial increase in methamphetamine reports from drug items seized and analyzed. In addition, ED admissions increased from 2010 to 2011. The area representatives from Atlanta and Phoenix reported an aging methamphetamine user population, and in Phoenix, an increase in 2012 from previous reporting periods in aging methamphetamine user morbidity cases was a key finding for this reporting period. The number of treatment admissions in areas of Missouri outside of the St. Louis metropolitan area and the number of clandestine laboratory seizures in the State continued to be a concern, according to the St. Louis area representative.

Illustrating the recent changes in methamphetamine indicators reported at the June 2013 CEWG meeting are the following excerpts from representatives' reports:

- **Atlanta Report:**

“Methamphetamine-related public treatment admissions have continued to increase year over year (from 5.2 percent in 2010, to 5.7 percent in 2011, and to 6.4 percent in 2012). In 2012, the proportion of individuals seeking public treatment for methamphetamine abuse in Atlanta was at the highest level since 2006. NFLIS data also indicated an increase in methamphetamine reports among seized and analyzed drug items (from n=2,660 in 2011 to n=3,399 in 2012).”

- **Los Angeles Report:**

“In terms of trends in Los Angeles, methamphetamine is ‘most consistent and up.’ According to NFLIS data, based on 39,455 drug reports from drug items analyzed in NFLIS laboratories in Los Angeles County in 2012, 27.6 percent (n=10,878) were found to contain methamphetamine, accounting for the second largest proportion of reports for the county. This was a substantial increase over 2011 levels (22.2 percent, n=8,973). Methamphetamine was detected in 18.3 percent of Los Angeles County coroner toxicology cases in 2012, increasing from 15.4 percent in 2011 and 14.0 percent in 2010. Among nonfatal ED visits in 2011, the category of amphetamines (including, but not distinguishing, methamphetamine) was the primary diagnosis, with a rate of 17.5 per 100,000 population, continuing an increasing trend (from 10.3 per 100,000 in 2009 and 14.7 in 2010). Methamphetamine was reported in 3.1 percent of 2012 Los Angeles County poison control center calls, the largest percentage among illicit drugs, continuing an increasing trend from 1.2 percent in 2008.”

- **Minneapolis/St. Paul Report:**

“From 2011 to 2012, methamphetamine-related deaths increased from 7 to 14 in Hennepin County and from 3 to 7 in Ramsey County. Methamphetamine-involved hospital ED visits increased by 58.8 percent from 2009 to 2011, and proportions of primary methamphetamine treatment admissions increased by 18.9 percent from 2011 to 2012.”

- **St. Louis Report:**

“Methamphetamine (“crystal” or “speed”), along with alcohol, remained a primary drug of abuse in both the outlying rural areas and statewide. (Most of Missouri, outside of St. Louis and Kansas City, is rural.) Methamphetamine continued to be identified as a problem in rural communities. The drug appeared regularly in treatment data in rural areas, but methamphetamine has been identified as a problem in all parts of the State. Primary treatment admissions for methamphetamine in 2012 in St. Louis represented 2.4 percent of total admissions (n=437), compared with 2.5 percent (n=320) in 2011. While the treatment admission numbers have increased gradually over the past few years in St. Louis, methamphetamine is available and used at higher levels in other parts of the State. Treatment admissions were much higher in other parts of the State in 2012: there were 839 methamphetamine admissions in central Missouri, 1,747 admissions in the northwestern region, 1,224 admissions in the southeastern region, and 1,878 admissions in the southwestern region. Statewide, 1,985 clandestine laboratories were identified in Missouri, with many of these laboratories located in the rural counties surrounding St. Louis. Missouri continued to rank first in the country for clandestine laboratories, even after Senate Bill 10, the pseudoephedrine control law, came into effect in July 2005.”

NFLIS Seizures, Methamphetamine:

- In 3 CEWG areas (Minneapolis/St. Paul, San Diego, and San Francisco), **methamphetamine drug reports** ranked first in proportions of total drug reports in drug items seized and analyzed among NFLIS forensic laboratories in 17 CEWG areas where methamphetamine ranked among the top 10 drugs in **2012**. In another six areas, methamphetamine ranked second among drug reports; five of these areas were in the western region of the United States (Albuquerque, Honolulu, Los Angeles, Phoenix, and Seattle), and one was in the southern region (Atlanta). Methamphetamine ranked third in the United States for 2012 (table 1).

- The proportion of methamphetamine drug reports increased from **2011 to 2012** in 16 CEWG areas and in the United States, decreased in 4 areas, and remained stable in 5 areas. The largest increases in methamphetamine drug report percentages were in two areas with high percentages of such reports in 2012—San Diego and Los Angeles. Areas with declining percentages of methamphetamine drug reports were Atlanta, Chicago, Honolulu, and San Francisco. The same proportions of methamphetamine drug reports were found in 2011 and 2012 for Baltimore City, Boston, Detroit, Maine, and Maryland (figure 1).

Treatment Admissions, Methamphetamine:

- Five areas, all in the West, ranked **methamphetamine** as the first or second most frequently reported major problem substance in **treatment admissions** data for **2012**. Methamphetamine admissions ranked first in 2 of 11 CEWG areas (Hawaii and San Diego) reporting methamphetamine treatment admissions for 2012 at or above 1.0 percent of total admissions. Three additional areas reported methamphetamine admissions as ranking second. These areas are Albuquerque/New Mexico, Phoenix, and San Francisco (table 2).
- Of the 11 CEWG areas with methamphetamine data for the 5-year period from **2008 to 2012**, a mixed pattern is shown in figure 3. Five areas (Atlanta, Hawaii, Minneapolis/St. Paul, and St. Louis, and Texas) showed increases; five had declines (Colorado, Denver, Los Angeles, Phoenix, and San Diego), and one (Seattle) showed stability. The largest increase from 2008 to 2012 in the proportions of methamphetamine treatment admissions was for Hawaii.
- Among the 12 CEWG areas with data on methamphetamine treatment admissions for **2011 and 2012**, all but 1 area (San Diego) showed increases in methamphetamine treatment admissions in the 2-year period. The largest increase was observed for the area with the highest methamphetamine admissions as a percentage of total admissions, Hawaii (figure 3).

Cocaine

Five CEWG area representatives reported the decline in cocaine indicators in 2012 from 2011 as a key finding for their areas. These areas were Atlanta, Boston, Cincinnati, Phoenix, and St. Louis. In Atlanta, treatment admissions data, cocaine-related deaths, and reports identified as cocaine from seized and analyzed drug items all declined in 2012. While cocaine levels remained high in Boston, most indicators there (treatment admissions, deaths, arrests, and seizures) were decreasing. Most indicators, for both consequences and availability, were similarly decreasing in Cincinnati, including primary treatment admissions, calls to poison control centers, and law enforcement seizures. Cocaine indicators, including hospital admissions and primary treatment enrollments, continued to decline in Phoenix in 2012. The St. Louis area representative reported declines in deaths and treatment admissions involving cocaine in 2012 compared with 2011.

The following report excerpts summarize these areas' key findings related to cocaine:

- **Atlanta Report:**

“Cocaine use in Atlanta continued to decline. Cocaine primary public drug treatment admissions decreased from 12.8 percent in 2010, to 10.8 percent in 2011, and to 10.5 percent in 2012. Both the State Medical Examiner’s Office and the Georgia Poison Control Center reported decreases in the count of cocaine-related incidences, specifically the number of deaths and poisonings. Cocaine reports from drug items seized and analyzed by NFLIS laboratories decreased, from 34 percent in 2011 to 22 percent in 2012.”

- **Boston Report:**

“Boston’s cocaine indicators were decreasing in 2012 but remained at high levels of abuse. As a proportion of unique client primary drug treatment admissions, cocaine (including crack) decreased steadily, from 13 percent in 2005 to 7 percent in 2012. Additionally, 29 percent of all unique treatment clients identified cocaine (including crack) as a primary, secondary, or tertiary drug in 2012, compared with 32 percent in 2010 and 40 percent in 2006. The proportion of Class B drug arrests (mainly cocaine) decreased, from 49 percent in 2011 to 43 percent in 2012, and the proportion of cocaine reports among drug items seized and analyzed by NFLIS laboratories decreased, from 24 percent of the total in 2010, to 22 percent in 2011, and to 19 percent in 2012.”

- **Cincinnati Report:**

“The indicators for crack and powder cocaine began to decrease in 2008 and have continued to do so through 2012. Both the supply and quality of cocaine/crack cocaine on the street in Cincinnati dropped in 2008 as large drug seizures were recorded by law enforcement, and the effect carried over through 2012. Treatment for primary cocaine use accounted for only 8 percent of all admissions in 2012, compared with 9.1 percent in 2011.”

- **Phoenix Report:**

“Cocaine-related inpatient hospital admissions in Maricopa County (Phoenix area) declined from 2007 through 2012. Cocaine treatment episodes (as a percentage of total treatment episodes) were also lower in 2012 compared with 2007.”

- **St. Louis Report:**

“Crack cocaine, formerly the major stimulant problem in the area, continued to decrease in all indicators for 2012 but remained available, particularly in the city. The ME data report for 2012 for the St. Louis area showed that deaths in which cocaine was involved were decreasing, with a decline in the number of such deaths from 167 in 2007 to 49 in 2012. Cocaine was the fourth most common primary drug of abuse among all treatment admissions in 2012, following heroin, alcohol, and marijuana. This represents a change for the region over the past 7 years, as the numbers of primary cocaine admissions have decreased, while admission numbers for drugs such as heroin have increased.”

The New York City representative reported that while indicators for cocaine were mixed, the continuing predominance in indicators and serious consequences of cocaine was a key finding in that area.

- **New York City Report:**

“While cocaine remained a major problem in New York City, cocaine indicators were mixed for this reporting period. Primary cocaine treatment admissions declined in 2012 to the lowest level in more than two decades, but many clients in treatment had a primary, secondary, or tertiary problem with cocaine. Cocaine ranked second, just behind marijuana/cannabis, among reports from drug items analyzed in NFLIS laboratories; it was detected in 33 percent of all drug reports. ADAM II program data for 2012 showed significant decreases in cocaine use among male arrestees in

Manhattan compared with earlier years, but there was no significant change since 2010. There were more drug-involved DAWN ED visits for cocaine than for any other drug, and these increased by 36 percent between 2004 and 2011.”

NFLIS Seizures, Cocaine:

- After marijuana/cannabis, the drug most frequently ranked first or second among total **drug reports** from drug items seized and identified in NFLIS forensic laboratories for **2012** was **cocaine/crack** (table 1). Of 25 CEWG reporting areas, cocaine/crack ranked first in the percentage of total drug reports in 4 areas (Atlanta, Denver, Maine, and Miami) and second in 11 areas and in the United States. Areas in which cocaine ranked second in NFLIS drug reports in 2012 were Colorado and Texas in the West; Detroit, Michigan, and Minneapolis/St. Paul in the Midwest; Boston, New York City, and Philadelphia in the Northeast; and Baltimore City, Maryland, and Washington, DC, in the South (table 1).
- All but 1 of 25 CEWG reporting areas and the United States showed declines in cocaine drug reports between **2011 and 2012**; this area—Seattle—showed no change in the proportion of cocaine drug reports over the 2 years. The largest decrease was observed for Atlanta (figure 1).

Treatment Admissions, Cocaine:

- Proportions of **primary cocaine/crack treatment admissions** did not rank first or second among total admissions in any of the 23 CEWG reporting areas in **2012**. Third place was the highest rank achieved for cocaine admissions relative to other drug admissions in 2012 (the drug ranked third in Atlanta, Boston, Detroit, South Florida/Miami-Dade County, and Texas) (table 2).
- In all 18 CEWG areas for which comparable treatment admissions data were available from **2008 through 2012**, proportions of primary cocaine/crack treatment admissions decreased over the 5-year period. The largest percentage-point decline was shown for Maryland, followed by St. Louis. Hawaii had the smallest decline (figure 4).
- In 22 CEWG areas with data available on cocaine treatment admissions for both **2011 and 2012**, 17 areas showed declines in percentages of primary cocaine treatment admissions over the period, with the largest decrease in St. Louis. Cocaine admissions increased in three areas (Philadelphia and South Florida/Broward and Miami-Dade Counties) and remained the same in two areas (Hawaii and Minneapolis/St. Paul) over the 2-year period (figure 4).

Prescription Opioids/Opiates Other Than Heroin

The New York City and San Francisco representatives reported an increase in prescription opioids as a key finding for those areas. The New York City representative reported an increase in the use and consequences of opiate analgesics in 2011 data, including increasing unintentional drug poisoning death rates for opiate analgesics, increasing numbers of prescriptions, and oxycodone-involved ED visits. In San Francisco, 2011 ED report data showed statistically significant increases from 2004 and 2009 data for several prescription opioid drugs, including oxycodone, hydrocodone, and morphine.

- **New York City Report:**

“Many kinds of prescription drugs were available, and the indicators appeared to be increasing. According to the New York City Department of Health and Mental Hygiene, opioid analgesic death rates increased by 65 percent between 2005 and 2011, and these death rates increased by 261 percent on Staten Island. According to the New York State Prescription Drug Monitoring Program data, opioid analgesic prescriptions in New York City increased by 31 percent between 2008 and 2011, and oxycodone prescriptions increased by 73 percent during that period. DAWN data revealed an increase of 168 percent in opiates/opiate ED visits between 2004 and 2011. Oxycodone ED visits increased by 459 percent between 2004 and 2011.”

- **San Francisco Report:**

“ED reports of specific opiates and opiates in combined categories (opiates with two sub-categories: narcotic analgesics, opiates unspecified) have shown significant increases in recent-year DAWN ED reports. Between 2004 and 2011, the general opiate category reflected a significant increase of 148 percent; narcotic analgesics ED visits increased by 133 percent; and those for opiates unspecified increased by 197 percent. Also between 2004 and 2011, hydrocodone (122 percent change), oxycodone (424 percent change), and morphine (164 percent change, and 51 percent change between 2009 and 2011) showed significant increases in ED reports in San Francisco.”

A key finding in South Florida/Miami-Dade County was a substantial decline in deaths related to prescription opioids; however, indicator levels in that area continued to be high relative to other drugs. While prescription opioid indicators also remained high and mixed in Maine, a key finding was a decrease in some of those indicators, including deaths, arrests, and pharmacy robberies. In Seattle, a key finding was the decline in numbers of prescriptions and in past-month use among 10th grade students in 2012.

- **South Florida/Miami-Dade County Report:**

“The nonmedical use of prescription opioids continues as Florida’s most deadly and addictive drug problem; however, consequences have declined in the first half of 2012. The number one key change in drug trends for this reporting period is that deaths related to nonmedical misuse of prescription opioids declined by 17 percent across Florida in the first half of 2012, as compared with the previous 6 months. This is the result of numerous diversion control strategies that were launched, including the startup of the State’s Prescription Drug Monitoring Program. The decline translates to eight fewer deaths per week across the State attributable to prescription drug overdoses in 2012 compared with the second half of 2011. Opioid-related deaths declined in the two South Florida counties as well. Overdose fatalities linked to other prescription medications also decreased locally and statewide in the first half of 2012, compared with the second half of 2011.”

- **Seattle Report:**

“Indicators for prescription-type opiates have generally declined or been level over the past few years. Washington State has had several policy and legal changes to address opiate prescribing, and there was a notable leveling off in prescriptions for oxycodone, morphine, and methadone beginning in 2008 and persisting through at least 2010, according to DEA ARCOS data. The first

significant decline among 10th graders reporting past-month use of prescription-type opiates 'to get high' was seen in 2012, dropping to a level of 6.0 percent, compared with 8.3 percent in 2010."

- **Maine Report:**

"Pharmaceutical opiate/opioid misuse in Maine remained very high in 2012 and early 2013 indicators, but some indicators were stable or decreasing for the first time in many years, even as heroin indicators were rising. After a decade of record numbers of opioid-induced deaths, the number began to decline in 2011. In 2010, there were 124 deaths, which dropped to 109 in 2011; the projection for 2012 based on the first 6 months is 92. Pharmacy robberies demanding opioids have been seen as a possible response to supply restrictions introduced by the increase in prescriber use of the State's Prescription Monitoring Program. These robberies had risen sharply from 2 in 2008, to 24 in 2011, and to 56 in 2012. Based on the first 5 months of 2013, however, they will have dropped to 12. Arrests for pharmaceutical narcotics were trending down. There were 327 such Maine Drug Enforcement Agency arrests at their peak in 2010. That total declined to 236 in 2011 and again to 222 in 2012. The projection for 2013, based on the first quarter, was approximately 196 (32 percent of total arrests)."

In other areas, outside of key findings stated by area representatives, levels and indicators for prescription opioids/opiates other than heroin continued to be reported as relatively high in Albuquerque (where indicators were mixed but death rates increased from 2010 to 2011); Cincinnati (where all indicators, including deaths attributed to the drugs, calls to poison control centers, and drug reports from seized and analyzed items, were relatively stable); and Minneapolis/St. Paul (where treatment admissions for prescription opioids were stable from 2011 to 2012, but "unspecified opioids/opiates"-involved ED visits increased from 2010 to 2011).

NFLIS Seizures, Prescription Opioids:

- **Other opiates** ranked second among total **drug reports** in **2012** in NFLIS forensic laboratory data in one CEWG area; oxycodone was the second most frequently identified drug report in drug items seized and analyzed in Maine in 2012. It ranked fifth in the United States (table 1).

Treatment Admissions, Prescription Opioids:

- In 1 of 22 CEWG areas (Maine) with data for **2012**, **primary opiates/opioids** ranked first in proportions of total substance abuse **treatment admissions** (table 2).
- In 17 areas reporting data for this drug category from **2008 to 2012**, increases were noted for all but 1 area (Boston). Increases ranged from lows of 0.7 percent in Philadelphia and 0.8 percent in San Diego to highs of 6.5 percent in Maryland and 5.9 percent in Maine (figure 5).
- In the 20 CEWG reporting areas with data for **2011 and 2012** opiate treatment admissions, increases in proportions of these admissions were noted for 12 areas, with San Francisco showing the largest increase. The majority of the rest showed only slight increases of less than 1.0 percent. In Boston, Minneapolis/St. Paul, Philadelphia, and the South Florida Counties of Broward and Miami-Dade, proportions of primary admissions for prescription opioids declined in the 2 years. There was no change in admission percentages for Atlanta, Detroit, and Maryland in the period (figure 5).

Marijuana/Cannabis

One area representative, from New York City, reported the continuing predominance in indicators and serious consequences of marijuana (as well as heroin and cocaine) and changes in marijuana trends as a key finding in that area for this reporting period. Marijuana indicator levels continued to be reported as high relative to other drugs, however, across all CEWG areas, based on treatment admissions and reports identified as marijuana/cannabis among drug items seized and analyzed. New marijuana/cannabis laws legalizing both medical and recreational marijuana use were expected by area representatives to be influencing indicators in several areas currently and in the future. Representatives from Texas and Chicago reported a shift in trafficking and marketing away from Mexican marijuana (due to a drought and poor quality Mexican marijuana) to local markets and local “grow” operations.

- **New York City Report:**

“Marijuana indicators remained at a high level, although most were stable or decreasing after several years of increases. Marijuana primary treatment admissions decreased but still represented one-quarter of all primary treatment admissions. More than one-third of reports among drug items analyzed in NFLIS laboratories were identified as marijuana, the most of any drug. One-half of male arrestees tested positive for marijuana, the highest of all drugs, and ADAM II data revealed significant increases in marijuana use.”

NFLIS Seizures, Marijuana:

- In the United States and in all but 9 of 25 CEWG areas in **2012**, **marijuana/cannabis** was the most frequently **reported drug** among drug items seized and identified in NFLIS forensic laboratories. It ranked in first place in Colorado, Honolulu, Los Angeles, Phoenix, and Texas in the West; in Chicago, Cincinnati, Detroit, Michigan, and St. Louis in the Midwest; in Boston, New York City, and Philadelphia in the Northeast; and in Baltimore City, Maryland, and Washington, DC, in the South. Marijuana/cannabis ranked second in drug reports in Denver, Miami, San Diego, and San Francisco (table 1).
- Of 25 areas with NFLIS data for **2011 and 2012**, 12 areas showed increased percentages of marijuana drug reports, while 13 areas and the United States showed decreases. The largest increase in the 2-year period was in Honolulu; San Diego had the largest decrease in marijuana reports (figure 1).

Treatment Admissions, Marijuana:

- In **2012**, 10 of 23 CEWG reporting areas ranked **marijuana/cannabis** in first or second place among primary drugs at admission. Marijuana ranked first in **treatment admissions** proportions in three CEWG areas—Los Angeles and South Florida/Broward and Miami-Dade Counties. It ranked second in seven areas—Atlanta, Cincinnati, Colorado, Denver, Hawaii, Minneapolis/St. Paul, and Texas (table 2).
- Of 18 CEWG areas reporting treatment data for marijuana for 5 years from **2008 to 2012**, 8 showed increases (Baltimore City, Hawaii, Los Angeles, Maryland, New York City, Philadelphia, Phoenix, and Seattle). The largest increase was observed in Los Angeles. Eight areas (Atlanta, Boston, Colorado, Denver, Maine, Minneapolis/St. Paul, St. Louis, and San Diego.) showed

decreases. St. Louis had the largest decline. In two areas, Detroit and Texas, proportions were approximately stable, with a difference of less than 1.0 percent.

- From **2011 to 2012**, 17 of 22 reporting areas showed a decline in percentages of treatment admissions for primary marijuana, while 4 showed increases (Hawaii, Los Angeles, Maryland, and South Florida/Miami-Dade County), and 1 (Baltimore City) showed stability. The largest decrease over the 2-year period in marijuana admission proportions was in Phoenix, and the largest increase was in Hawaii (figure 6).

Other Drugs and Other Key Findings

Cannabimimetics (Synthetic Cannabinoids) and Substituted (Synthetic) Cathinones:

Overall, synthetic drugs, such as cannabimimetics (synthetic cannabinoids) and substituted (synthetic) cathinones, were reported as showing mixed patterns, after manifesting large increases in NFLIS seizure data over the past few reporting periods. While slight declines or stability were reported for most areas, drug reports from items seized and analyzed as containing cannabimimetics and substituted cathinones were reported as increasing by the Albuquerque/New Mexico (cannabimimetics) and the Baltimore/Maryland/Washington, DC, area representatives (cannabimimetics and substituted cathinones). **The sharp increase in cannabimimetics and substituted cathinones indicators in 2012 compared with 2011 was a key finding reported in the Albuquerque/New Mexico and Baltimore/Maryland/Washington, DC, areas.**

The following report excerpts summarize these areas' key findings related to these drugs:

- **Albuquerque/New Mexico Report:**

“Indicators for synthetic cannabinoids strongly increased in Albuquerque and New Mexico. NFLIS data for Albuquerque show that the number of drug reports for these substances among drug items seized and analyzed increased from just 5 in 2011 to 97 in 2012.”

- **Baltimore/Maryland/Washington, DC Report:**

“Law enforcement reports involving cannabimimetics processed by NFLIS laboratories for Maryland and Washington, DC, and synthetic marijuana seizures by the Washington/Baltimore HIDTA have increased sharply. Law enforcement reports involving substituted cathinones processed by NFLIS for Maryland and Washington, DC, also increased sharply.”

The representative from Maine reported a decline in substituted cathinones in law enforcement seizure data in the first 5 months of 2013, compared with 2012, as a key finding for the State.

- **Maine Report:**

Synthetic cathinones have been an increasing problem statewide, involved with 14 percent of Maine State Drug Enforcement Agency (MDEA) drug arrests in the first quarter of 2013, which was an increase from 6 percent in 2012. However, among seizures analyzed, the number and

variety of different compounds decreased from 132 items, representing 14 drugs in 2012, to 34 items tested in the first 5 months of 2013, representing 3 different compounds.”

MDMA:

Several area representatives reported that drugs sold as “ecstasy” in their areas were no longer MDMA. In the South Florida/Miami-Dade and Broward Counties area, “Mollys” or “Molly” are sold as ecstasy, but they have been identified as containing methylene.

Amphetamine-Type Substances (ATS):

The key finding in Texas for this reporting period, based on numbers of calls to poison control centers and forensic laboratory report data, was an increasing use of some of the interrelated amphetamine-type substances. (This group of substances includes MDMA, methamphetamine, “Mollys,” BZP, TFMP, and 2C phenethylamines.)

- **Texas Report:**

“A key finding for this reporting period in Texas, based on numbers of calls to poison control centers and forensic laboratory report data, was the strong and growing ‘love affair’ and increasing use of amphetamine-type substance (ATS) drugs, some of which may be emerging because of the worldwide shortage of MDMA and its precursors. The demand for some of these substances may be interrelated with the availability and quality of the other ATS drugs and cocaine. Youth were reported to be ‘researching chemicals,’ such as the synthetic cathinones, with use increasing with more items and more types identified in forensic laboratories each year.”

Polysubstance Abuse:

Evidence of polysubstance abuse, particularly among mortality cases, was identified as a key finding in Philadelphia.

- **Philadelphia Report:**

“Consistent with 2011 findings, mortality cases with the presence of drugs are suggestive of high polydrug use among the drug-abusing population in Philadelphia.”

Injection Drug Use:

An increase in injection drug use was identified as a key finding for South Florida/Miami-Dade and Broward Counties.

- **South Florida/Miami-Dade and Broward Counties Report:**

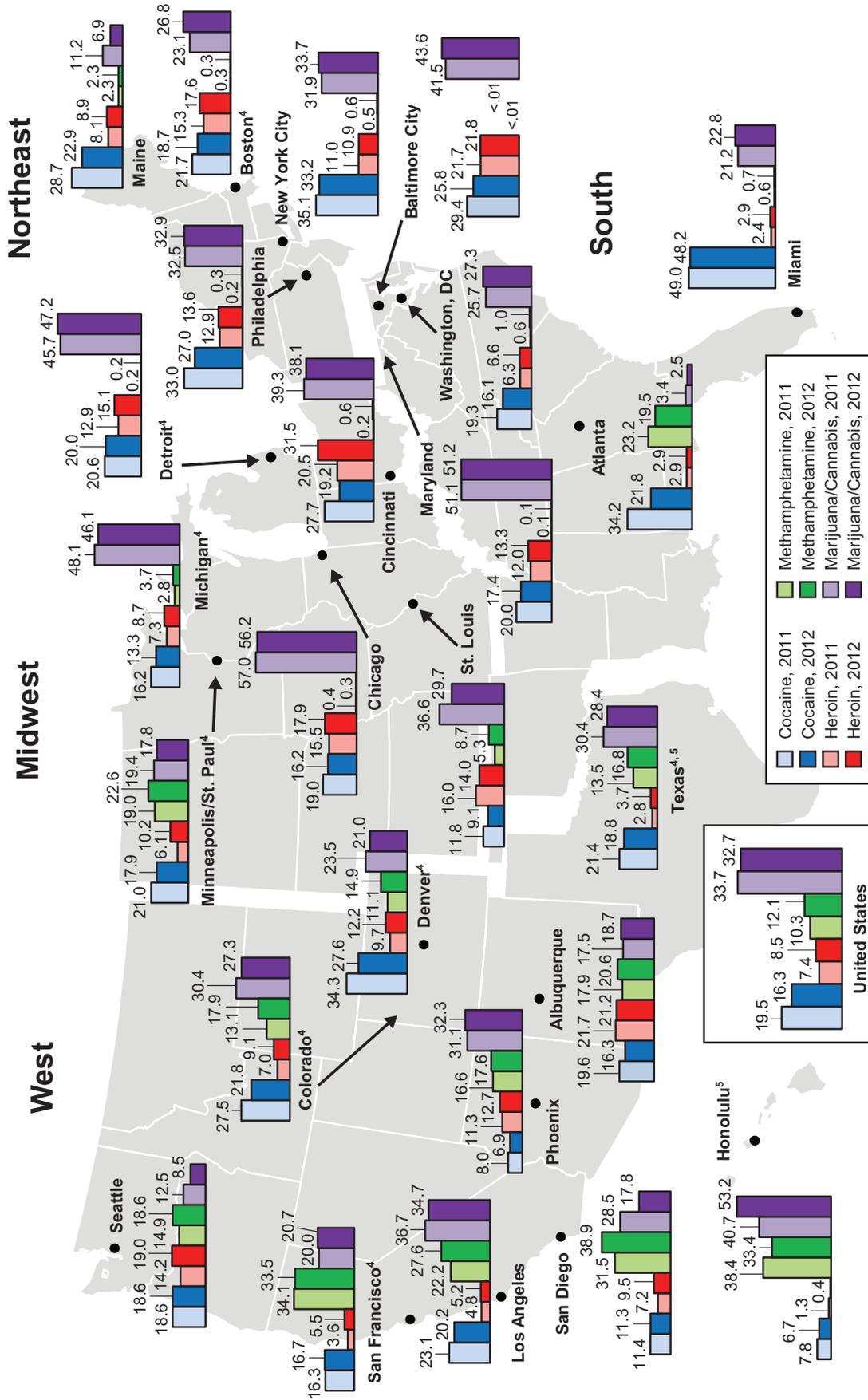
“The number two key issue for South Florida from 2012 is the increase in injecting drug use among new, young adult cohorts of prescription opioid injectors, heroin initiates, and methamphetamine users. Most of these new injection drug users were born after 1990 and were only toddlers when the public learned about the high risk of infected syringes and works as well as how to clean them. A public health threat of increased HIV and hepatitis C transmission is already occurring.”

Table 1. NFLIS Top 10 Identified Drug Reports in Drug Items Seized and Analyzed by CEWG Area and United States and Rank (Based on Frequency): January–December 2012

CEWG Areas	Cocaine/ Crack	Heroin	Oxy- codone	Hydro- codone	Alpraz- olam	Clonaz- epam	Metham- phetamine	Marijuana/ Cannabis	MDMA	PCP	Other Drugs
WESTERN REGION											
Albuquerque	4	1	6	—	—	—	2	3	—	—	AM-2201=5; Dimethyl Sulfone=7; Phenylimidothiazole Isomer Undetermined=8; Buprenorphine=9; Lidocaine=10
Colorado	2	4	5	6	10	—	3	1	—	—	Psilocin/Psilocybin/Psilocyn/Psilocybine=7; AM-2201=8; Acetaminophen=9
Denver	1	4	5	8	10	—	3	2	—	—	AM-2201=6; Psilocin/Psilocybin/Psilocyn/Psilocybine=7; Acetaminophen=9
Honolulu	3	8	—	10	—	—	2	1	5	—	Dimethyl Sulfone=4; Phenylimidothiazole Isomer Undetermined=6; MDPV=7; Acetaminophen=8 (tied with Heroin)
Los Angeles	3	4	9	5	7	—	2	1	8	6	Codeine=10
Phoenix	4	3	5	7	6	9	2	1	—	—	Buprenorphine=8; Carisoprodol=10
San Diego	3	4	6	5	7	—	1	2	10	—	Dimethyl Sulfone=8; Phenylimidothiazole Isomer Undetermined=9
San Francisco	3	4	5	6	10	—	1	2	9	—	Methadone=7; Morphine=8
Seattle	3	1	5	—	—	—	2	4	—	10	Fentanyl=6; Phenylimidothiazole Isomer Undetermined=7; Dimethyl Sulfone=8; BZP=9
Texas	2	6	—	4	5	—	3	1	—	—	AM-2201=7; Carisoprodol=8; Phenylimidothiazole Isomer Undetermined=9; Acetaminophen=10
MIDWESTERN REGION											
Chicago	3	2	—	4	6	—	—	1	7	7	BZP=5; MDPV=9; Phenylimidothiazole Isomer Undetermined=10; Note: MDMA and PCP are tied for 7
Cincinnati	3	2	4	5	6	8	7	1	—	—	Diazepam=9; BZP=10
Detroit	2	3	6	4	5	—	—	1	—	—	TFMP=7; Amphetamine and Phenylimidothiazole Isomer Undetermined=tied for 8; BZP=10
Michigan	2	3	7	4	6	—	5	1	—	—	Morphine=7 (tied with Oxycodone); Amphetamine=9; Methadone=10
Minneapolis/ St. Paul	2	4	6	—	10	—	1	3	—	—	Acetaminophen=5; BZP=7; Caffeine=8; Amphetamine=9
St. Louis	3	2	7	6	5	—	4	1	—	—	Acetaminophen=8; Pseudoephedrine=9; AM-2201=10
NORTHEASTERN REGION											
Boston	2	3	4	—	9	7	—	1	—	—	Buprenorphine=5; Naloxone=6; Acetaminophen=8; Amphetamine=10
Maine	1	3	2	8	—	—	8	4	—	—	Buprenorphine=5; Caffeine=6; Phenylimidothiazole Isomer Undetermined=7; MDPV=10; Note: Hydrocodone and Methamphetamine are tied for 8
New York City	2	3	4	10	5	9	—	1	—	6	Buprenorphine=7; Methadone=8
Philadelphia	2	3	4	—	5	8	—	1	—	7	Acetaminophen=6; Codeine=9; Buprenorphine=10
SOUTHERN REGION											
Atlanta	1	6	3	5	4	—	2	7	—	—	AM-2201=8; Methylone=9; UR-144=10
Baltimore City	2	3	4	—	6	7	—	1	—	—	Buprenorphine=5; Caffeine=8; Methadone=9; Mannitol=10
Maryland	2	3	4	9	5	7	—	1	—	10	Buprenorphine=6; AM-2201=8
Miami	1	4	5	—	3	—	10	2	—	—	Hallucinogen=6; Methylone=7; Phenylimidothiazole Isomer Undetermined=8; Caffeine=8;
Washington, DC	2	5	—	—	—	—	—	1	—	6	Phenylimidothiazole Isomer Undetermined=3; Caffeine=4; 1-Piperidinocyclohexanecarbonitrile=7; Benzocaine=8; MDPV=9; BZP=10
UNITED STATES											
United States	2	4	5	6	7	—	3	1	—	—	Acetaminophen=8; AM-2201=9; Buprenorphine=10

SOURCE: NFLIS, DEA, data for all areas were retrieved May 7–9, 2013; see appendix 1 for information on geographic coverage and completeness of these data by area; data are subject to change and may differ according to the date on which they were queried, and drug reports include up to three drugs identified per drug item analyzed

Figure 1. Percentages of Cocaine, Heroin, Methamphetamine, and Marijuana/Cannabis Drug Reports Identified Among Drug Items Seized and Analyzed by Forensic Laboratories in 25 CEWG Areas¹ and the United States, Each as a Percentage of Total Drug Reports²: 2011 and 2012³



¹Geographic coverage of NFLIS data for CEWG areas is described in appendix 1.

²NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.

³Data are for calendar years 2011 and 2012 (January–December of each year). Data are subject to change. Data queried on different dates may reflect differences in the timing of data analysis and reporting.

⁴Completeness of NFLIS reporting varies between 2011 and 2012 in some CEWG areas (see appendix 1).

⁵In 2012, changes in NFLIS methods of processing and counting reports in Honolulu and a new laboratory information management system in Texas may have affected the NFLIS data compared with previous years (see appendix 1).

SOURCE: NFLIS, DEA, data for all areas were retrieved on May 7–8, 2012, and May 7–9, 2013

Table 2. Top-Ranked Primary Drugs as a Percentage of Total Treatment Admissions, Including Primary Alcohol Admissions, in 23 CEWG Areas¹, by Region and Ranking: 2012²

CEWG Areas	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids/ Opiates Other Than Heroin	Metham- phetamine	Marijuana	Benzodiaz- epines	Other Drugs
SOUTHERN REGION								
Atlanta	1	3	6	4	5	2	8	7
Baltimore City	2	4	1	5	8	3	6	7
Maryland	1	5	2	4	8	3	7	6
South Florida/ Broward County	2	4	6	3	8	1	7	5
South Florida/ Miami-Dade County	2	3	4	5	8	1	7	6
NORTHEASTERN REGION								
Boston ³	2	3	1	5	7	4	6	8
Maine	2	6	3	1	8	4	7	5
New York City	1	4	2	5	8	3	7	6
Philadelphia	1	4	2	6	8	3	7	5
MIDWESTERN REGION								
Cincinnati	1	4	3	5	NR ⁴	2	NR ⁴	6
Detroit	2	3	1	5	8	4	6	7
Minneapolis/ St. Paul	1	6	3	4	5	2	8	7
St. Louis	2	4	1	5	6	3	8	7
WESTERN REGION								
Albuquerque/ New Mexico	1	6	4	5	2 ⁵	3	8	7
Colorado	1	6	4	5	3	2	8	7
Denver	1	5	4	6	3	2	8	7
Hawaii	3	5	6	NR ⁴	1 ⁵	2	NR ⁴	4
Los Angeles	2	5	3	6	4	1	8	7
Phoenix ³	1	6	4 ⁶	5	2	3	NR ⁴	7
San Diego	3	6	2	5	1	4	NR ⁴	7
San Francisco ⁷	1	4	3	6	2	5	NR ⁴	7
Seattle	1	5	2	6	4	3	8	7
Texas	1	3	4	6	5	2	7	8

¹CEWG areas not included in the table due to lack of availability of treatment admissions data for the reporting period are Chicago and Washington, DC.

²Data are for calendar year 2012 (January–December 2012) for all areas, except Detroit, where data are for fiscal year 2012 (October 2011–September 2012). Admissions for which there was no primary drug of abuse are excluded from totals. Other Drugs category includes cases for which the primary drug of abuse was unknown.

³Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.

⁴NR=Not reported by the CEWG area representative.

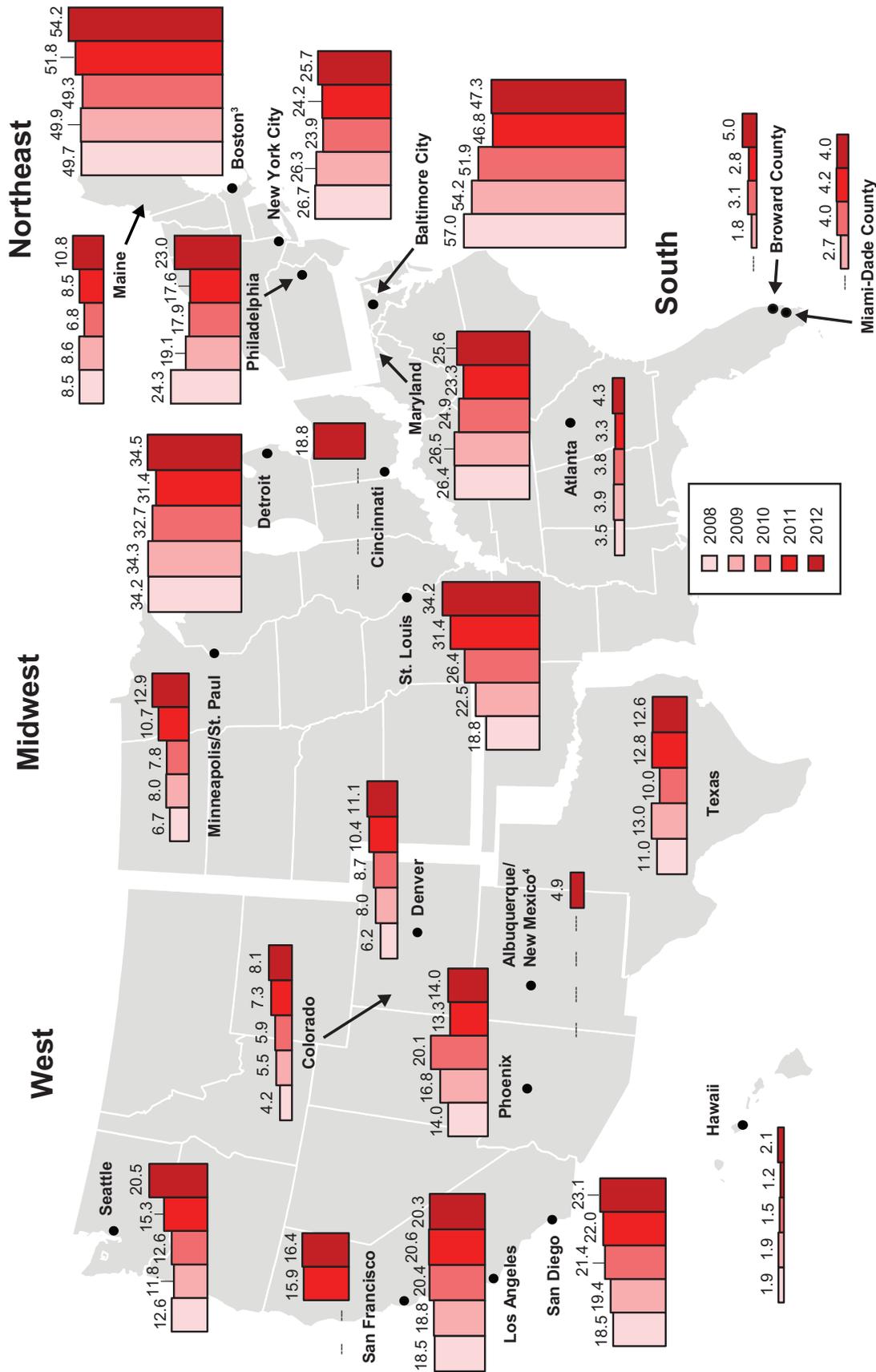
⁵Albuquerque/New Mexico reported combined amphetamine and methamphetamine admissions; Hawaii reported combined methamphetamine and stimulants admissions.

⁶Heroin and morphine are grouped together in Phoenix data.

⁷Due to the implementation of a new Electronic Health Record and billing system in San Francisco in July 2010, treatment admissions data prior to that date may not be comparable to data submitted after the new system implementation.

SOURCE: June 2013 State and local CEWG reports; see appendix table 2 for information on geographic coverage and completeness of these data by area

Figure 2. Primary Heroin Treatment Admissions as a Percentage of Total Treatment Admissions in 23 CEWG Areas in 4 U.S. Regions¹: 2008–2012²



¹These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as heroin (see appendix 2 for more information on geographic coverage and completeness of these data).
²Data are for calendar years (January through December) from 2008 through 2012 for all areas, except Detroit, where data for 2008–2011 are for calendar years, and 2012 data are fiscal year (October 2011 through September 2012).
³Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.
⁴Data for Albuquerque/New Mexico area are for New Mexico only and were not available prior to 2012.
 SOURCE: CEWG area reports, June 2009–2013 meetings

Table 3. Average Purity (Percent Pure) and Average Price (Per Milligram Pure) of South American (SA) Heroin, DEA, HDMP: 2007–2011, and Percentage-Point Changes for 2 Time Periods: 2007–2011 and 2010–2011¹

CEWG Areas ²	SA		Average Purity (%)			2007–2011	2010–2011
	2007	2008	2009	2010	2011		
Atlanta	29.1	31.1	32.2	29.1	25.5	-3.6	-3.6
Baltimore	18.1	18.9	14.1	7.5	13.8	-4.3	+6.3
Boston	17.0	17.0	15.2	15.2	16.4	-0.6	+1.2
Chicago	22.4	23.8	26.6	13.8	13.6	-8.8	-0.2
Detroit	46.0	45.3	64.3	36.4	36.2	-9.8	-0.2 ²
Miami	18.1	26.1	20.6	10.2	22.1	+4.0	+11.9
New York City	49.0	47.1	44.1	31.6	37.5	-11.5	+5.9
Philadelphia	56.3	55.4	49.8	40.9	63.6	+7.3	+22.7
St. Louis	21.0	16.6	30.9	39.1	30.1	+9.1	-9.0
Washington, DC	19.5	18.1	31.1	24.8	16.2	-3.3	-8.6
CEWG Areas ³	SA		Average Price (Per mg Pure)			2007–2011	2010–2011
	2007	2008	2009	2010	2011		
Atlanta	\$1.89	\$1.31	\$0.80	\$1.01	\$1.04	-\$0.85	+\$0.03
Baltimore	\$0.60	\$0.42	\$0.48	\$1.34	\$0.62	+\$0.02	-\$0.72
Boston	\$1.37	\$1.62	\$1.38	\$2.22	\$1.34	-\$0.03	-\$0.88
Chicago	\$0.45	\$0.37	\$0.37	\$1.27	\$0.58	+\$0.13	-\$0.69
Detroit	\$0.98	\$0.56	\$1.26	\$0.67	\$0.54	-\$0.44	-\$0.13
Miami	\$1.48	\$1.75	\$1.63	\$6.05	\$2.27	+\$0.79	-\$3.78
New York City	\$0.79	\$0.66	\$0.85	\$0.92	\$0.99	+\$0.20	+\$0.07
Philadelphia	\$0.71	\$0.60	\$1.56	\$0.92	\$0.60	-\$0.11	-\$0.32
St. Louis	\$0.80	\$1.32	\$0.95	\$0.83	\$1.17	+\$0.37	+\$0.34
Washington, DC	\$1.34	\$1.45	\$1.05	\$1.17	\$1.54	+\$0.20	+\$0.37

¹The following number of samples form the basis for 2011 averages: Atlanta, 13; Baltimore, 17; Boston, 24; Chicago, 16; Detroit, 15; Miami, 14; New York City, 56; Philadelphia, 29; St. Louis, 18; and Washington, DC, 74. Two other areas—Phoenix ($n=1$), San Diego ($n=1$)—had samples of SWA heroin. The following purity and price levels were reported for those two areas: Phoenix, 83.4 percent and \$0.01, and San Diego, 65.3 percent and \$0.25.

²The average purity value for Detroit was less than 1.0 percent different (lower) in 2011 than in 2010; it was assessed, therefore, as stable over the period (designated in green, rather than blue for increase or black for decrease).

³In 2005, SA rather than Mexican heroin emerged for the first time as the predominant form of heroin in St. Louis. However, in 2006, Mexican heroin reestablished itself as the predominant form. In 2007, 2008, and 2009, SA heroin was again the predominant form purchased in St. Louis. In 2010 and 2011, the only purchases for St. Louis were of SA heroin.

SOURCE: DEA, 2011 HDMP Drug Intelligence Report, March 2013

Table 4. Average Purity (Percent Pure) and Average Price (Per Milligram Pure) of Mexican (MX) Heroin, DEA, HDMP: 2007–2011, and Percentage-Point Changes for 2 Time Periods: 2007–2011 and 2010–2011¹

CEWG Areas ²	MX	Average Purity (%)					2007–2011	2010–2011
	2007	2008	2009	2010	2011			
Albuquerque	—	—	—	18.3	15.8	—	-2.5	
Dallas	20.6	13.5	21.6	15.5	13.2	-7.4	-2.3	
Denver	47.6	47.8	40.7	19.7	22.9	-24.7	+3.2	
Houston	7.0	6.2	6.0	3.1	3.9	-3.1	+0.8	
Los Angeles	24.0	21.0	18.1	22.7	20.8	-3.2	-1.9	
Minneapolis	59.9	54.7	53.3	—	—	—	—	
Phoenix	56.9	60.5	46.1	27.9	27.3	-29.6	-0.6	
St. Louis	3.1	3.6	40.0	—	—	—	—	
San Antonio	7.1	7.6	8.7	7.7	8.1	+1.0	+0.4	
San Diego	43.7	39.6	32.3	24.5	36.6	-7.1	+12.1	
San Francisco	8.1	7.8	5.8	5.7	3.9	-4.2	-1.8	
Seattle	19.5	9.4	5.2	3.5	3.9	-15.6	+0.4	

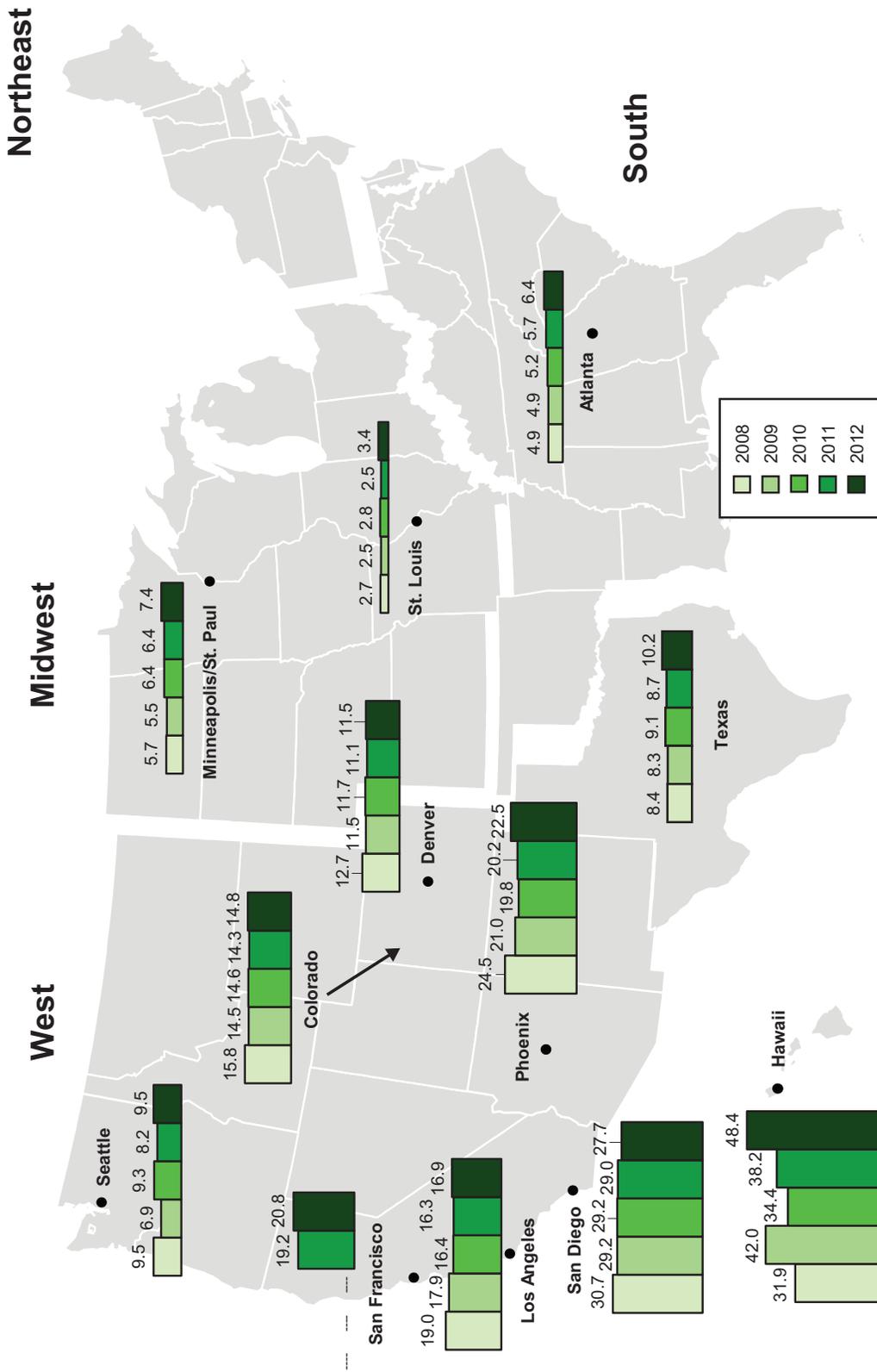
CEWG Areas ²	MX	Average Price (Per mg Pure)					2007–2011	2010–2011
	2007	2008	2009	2010	2011			
Albuquerque	—	—	—	\$0.82	\$0.73	—	-\$0.09	
Dallas	\$1.09	\$0.93	\$0.91	\$1.31	\$0.84	-\$0.25	-\$0.47	
Denver	\$0.28	\$0.24	\$0.37	\$0.71	\$0.68	+0.40	-\$0.03	
Houston	\$1.66	\$3.05	\$3.42	\$6.77	\$5.94	+4.28	-\$0.83	
Los Angeles	\$0.32	\$0.84	\$0.54	\$0.60	\$0.87	+0.55	+\$0.27	
Minneapolis	\$0.29	\$0.26	\$0.25	—	—	—	—	
Phoenix	\$0.31	\$0.29	\$0.46	\$0.79	\$0.65	+0.34	-\$0.14	
St. Louis	\$6.95	\$4.87	\$2.00	—	—	—	—	
San Antonio	\$1.88	\$1.42	\$1.03	\$1.09	\$0.85	-\$1.03	-\$0.24	
San Diego	\$0.20	\$0.27	\$0.32	\$0.42	\$0.37	+0.17	-\$0.05	
San Francisco	\$1.28	\$1.07	\$2.09	\$2.32	\$1.40	+0.12	-\$0.92	
Seattle	\$1.12	\$1.47	\$2.01	\$2.56	\$2.05	+0.93	-\$0.51	

¹South American heroin was the most dominant form of heroin reported in 2005, 2007, 2008, and 2009 in St. Louis, while Mexican heroin predominated in that area in 2006. Therefore, Mexican heroin purchase data for St. Louis are included in this table for earlier years. However, no Mexican heroin purchases were made in St. Louis in the HDMP in 2010 and 2011.

²The following number of samples form the basis for 2011 averages: Dallas, 36; Denver, 37; Houston, 18; Los Angeles, 35; Minneapolis, 0; Phoenix, 16; San Antonio, 13; San Diego, 33; San Francisco, 29; and Seattle, 29. Five other areas—Atlanta ($n=2$), Baltimore ($n=4$), Miami ($n=2$), New York City ($n=1$), and Washington, DC ($n=4$)—had samples of Mexican heroin. The following purity and price levels were reported for those respective areas: 22.2 percent, \$1.73; 3.2 percent, \$4.32; 14.1 percent, \$2.49; 11.5 percent, \$4.14; and 5.6 percent, \$3.33 in 2011.

SOURCE: DEA, 2011 HDMP Drug Intelligence Report, March 2013

Figure 3. Primary Methamphetamine Treatment Admissions as a Percentage of Total Treatment Admissions in 12 CEWG Areas in 4 U.S. Regions¹: 2008–2012²

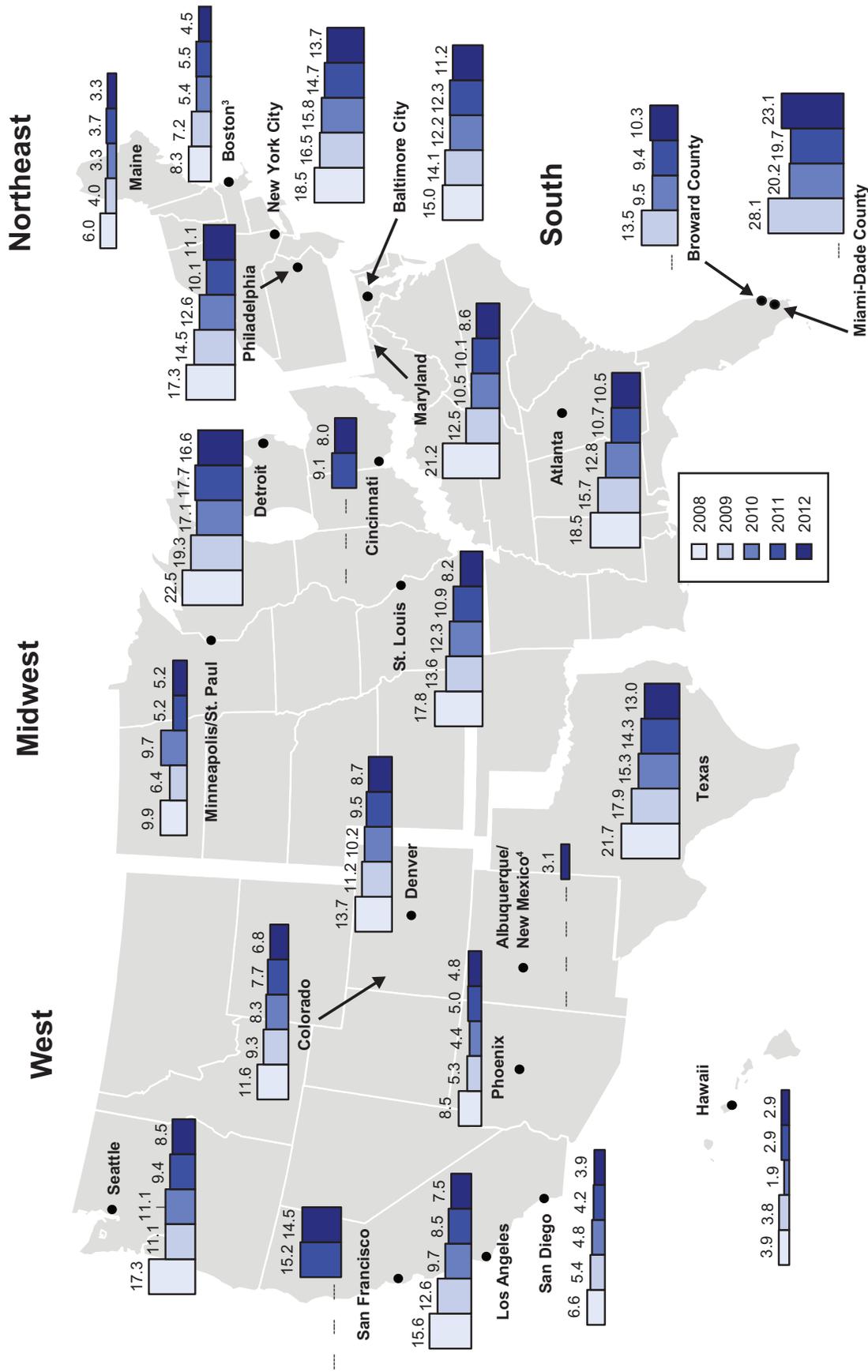


¹These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as methamphetamine. Data for CEWG areas were not included in this table when data were not available for more than 2 years in the period, were not comparable over time, or where primary methamphetamine admissions were less than 1.0 percent of total substance abuse treatment admissions (Baltimore City, Boston, Cincinnati, Detroit, Maine, Maryland, New York City, Philadelphia, South Florida/Broward County, and South Florida/Miami-Dade County). Data for all years were lacking for Chicago and Washington, DC (see appendix 2 for more information on geographic coverage and completeness of these data).

²Data are for calendar years (January through December) from 2008 through 2012.

SOURCE: CEWG area reports, June 2009–2013 meetings

Figure 4. Primary Cocaine Treatment Admissions as a Percentage of Total Treatment Admissions in 23 CEWG Areas in 4 U.S. Regions¹: 2008–2012²



¹These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as powder cocaine or crack cocaine (see appendix 2 for more information on geographic coverage and completeness of these data).

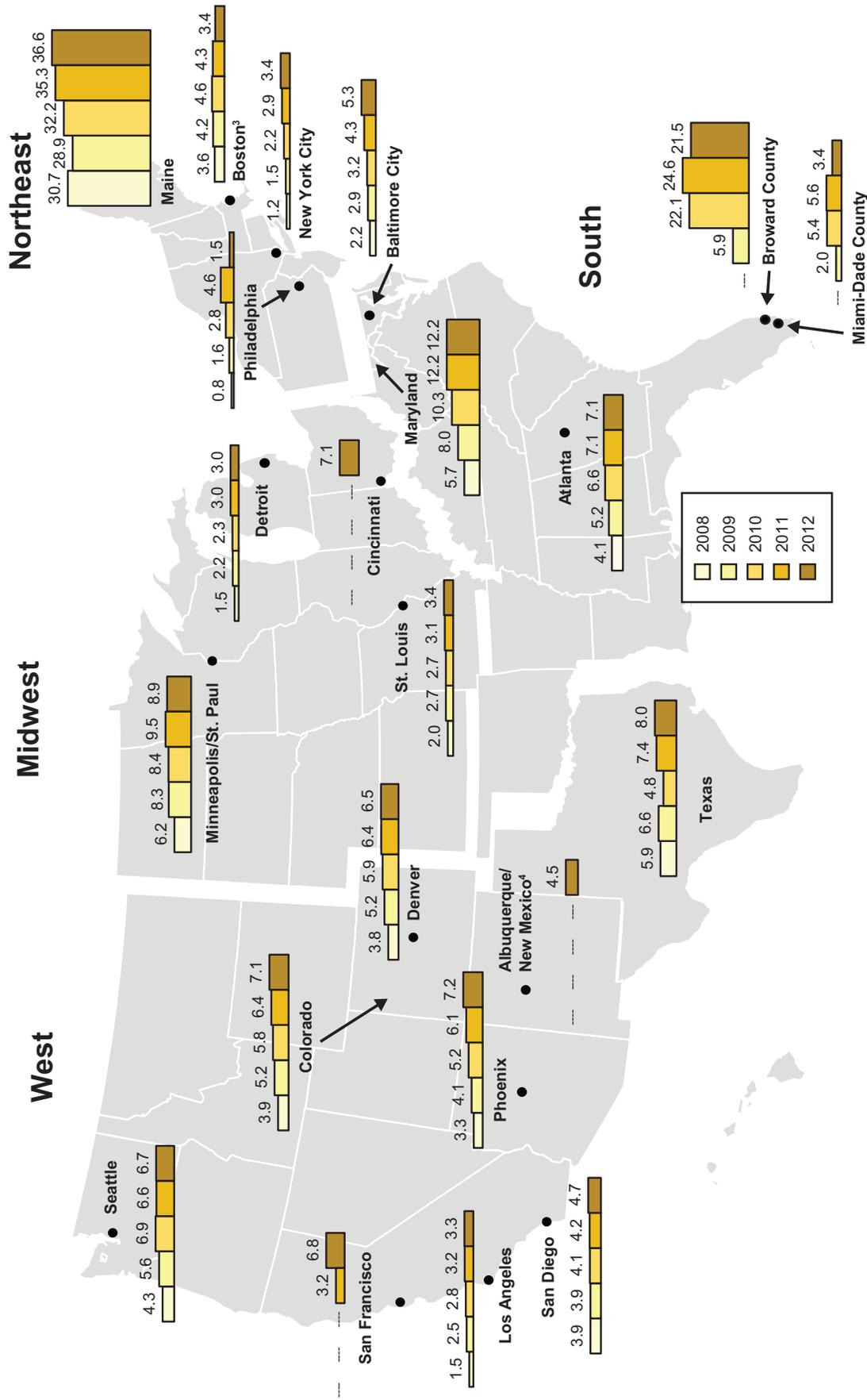
²Data are for calendar years (January through December) from 2008 through 2012 for all areas, except Detroit, where data for 2008–2011 are for calendar years, and 2012 data are fiscal year (October 2011 through September 2012).

³Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.

⁴Data for Albuquerque/New Mexico area are for New Mexico only and were not available prior to 2012.

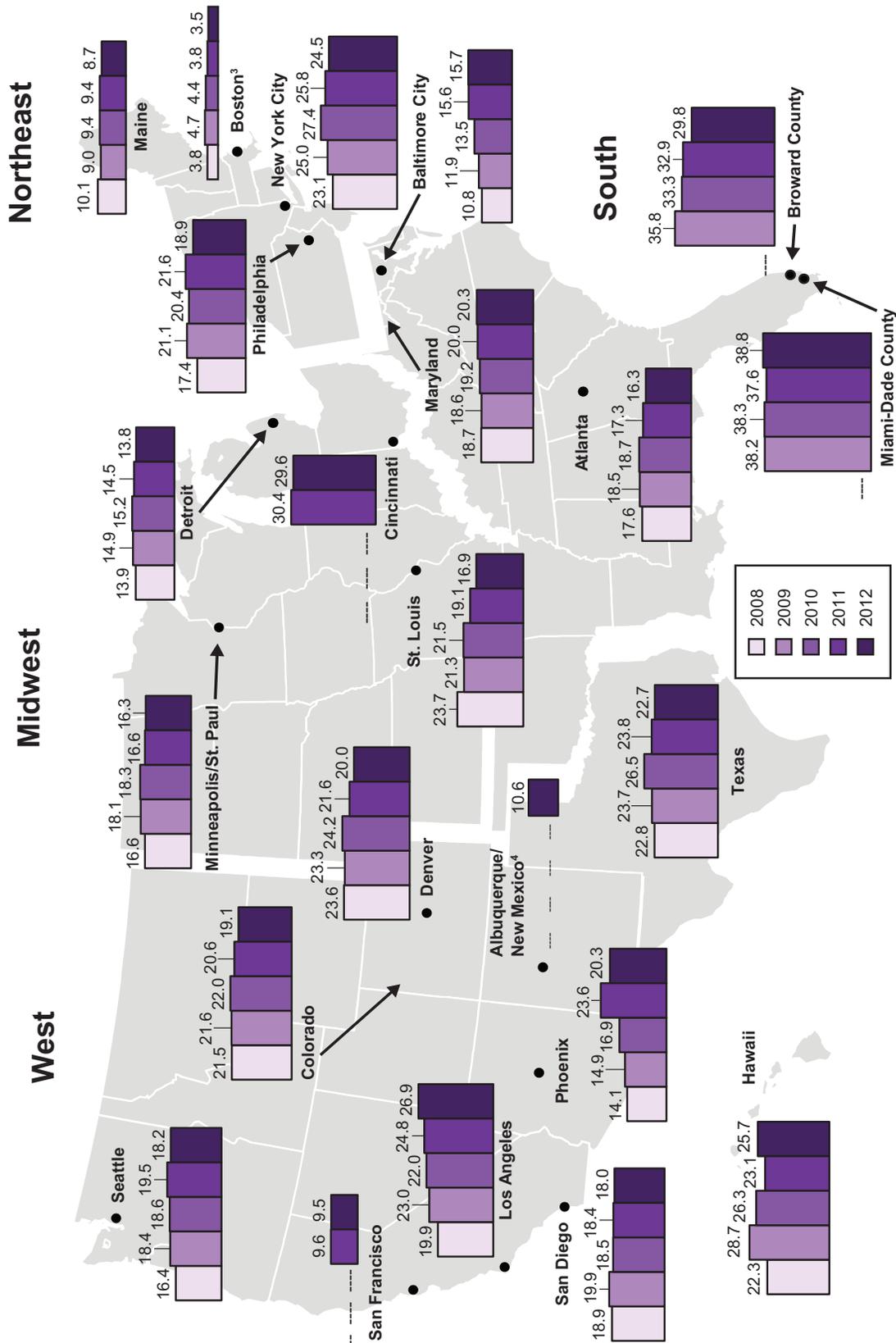
SOURCE: CEWG area reports, June 2009–2013 meetings

Figure 5. Primary Opiate/Opioid Treatment Admissions as a Percentage of Total Treatment Admissions in 22 CEWG Areas in 4 U.S. Regions¹: 2008–2012²



¹These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as opiates/opioids other than heroin (see appendix 2 for more information on geographic coverage and completeness of these data).
²Data are for calendar years (January through December) from 2008 through 2012 for all areas, except Detroit, where data for 2008–2011 are for calendar years, and 2012 data are fiscal year (October 2011 through September 2012).
³Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.
⁴Data for Albuquerque/New Mexico area are for New Mexico only and were not available prior to 2012.
 SOURCE: CEWG area reports, June 2009–2013 meetings

Figure 6. Primary Marijuana Treatment Admissions as a Percentage of Total Treatment Admissions in 23 CEWG Areas in 4 U.S. Regions¹: 2008–2012²



¹These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as marijuana (see appendix 2 for more information on geographic coverage and completeness of these data).
²Data are for calendar years (January through December) from 2008 through 2012 for all areas, except Detroit, where data for 2008–2011 are for calendar years, and 2012 data are fiscal year (October 2011 through September 2012).
³Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.
⁴Data for Albuquerque/New Mexico area are for New Mexico only and were not available prior to 2012.
 SOURCE: CEWG area reports, June 2009–2013 meetings

Appendices

Appendix 1. NFLIS Data Coverage and Completeness by CEWG Area: 2011 and 2012

Geographic coverage of NFLIS drug report data are shown here for all CEWG reporting areas for 2011 and 2012; completeness information is provided for each year when a few laboratories did not report or when a few months of data were not included.

ALBUQUERQUE, 2011 AND 2012: Data are for all counties in the Albuquerque MSA: Bernalillo, Sandoval, Torrance, and Valencia Counties.

ATLANTA, 2011 AND 2012: Data are for the 28-county Atlanta/Sandy Springs/Marietta GA, MSA: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton Counties.

BALTIMORE CITY, 2011 AND 2012: Data are for Baltimore City only.

BOSTON, 2011 AND 2012: Data include seven counties in the Boston MSA: Essex, Middlesex, Norfolk, Plymouth, Rockingham, Strafford, and Suffolk Counties.

2012: Due to issues within the laboratories, the Massachusetts Department of Public Health (DPH) Western Laboratory last reported data in August 2012, and some backlogged cases in other DPH laboratories were not analyzed in 2012 and were reported to NFLIS for the first quarter of 2013.

CHICAGO, 2011 AND 2012: Data are for 13 counties in the Chicago/Naperville/Joliet, IL/IN/WI MSA: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, and Will Counties in IL; Jasper, Lake, Newton, and Porter Counties in IN; and Kenosha County in WI.

CINCINNATI, 2011 AND 2012: Data are for Hamilton County.

COLORADO, 2011 AND 2012: Data are for the State of Colorado.

2011: Data for the Colorado Springs Police Department for November and December 2011 are not included.

2012: Due to laboratory circumstances, data for the Colorado Springs Police Department are not reported for December 2009 to present; their cases are reported by the Colorado Bureau of Investigation. Due to staffing issues, the Jefferson County Laboratory did not report data for January–June or October 2012.

DENVER, 2011 AND 2012: Data are for Denver, Arapahoe, and Jefferson Counties.

2011: The Colorado Bureau of Investigation forensic laboratory did not report to NFLIS in November and December 2011.

2012: The Jefferson County Laboratory did not report data for January–June or October 2012.

DETROIT, 2011 AND 2012: Data are for Wayne County.

2011: The Michigan State Police Forensic Laboratory did not report for November and December 2011.

HONOLULU, 2011 AND 2012: Data are for Honolulu County.

2012: The NFLIS method for processing and counting reports for the Honolulu Police Department Laboratory changed in 2012; this results in a higher number of reports per case than in previous years.

LOS ANGELES, 2011 AND 2012: Data are for Los Angeles County.

MAINE, 2011 AND 2012: Data are for the State of Maine.

MARYLAND, 2011 AND 2012: Data are for the State of Maryland.

MIAMI, 2011 AND 2012: Data are for the Miami/Fort Lauderdale/Pompano Beach MSA and include Miami-Dade, Broward, and Palm Beach Counties.

MICHIGAN, 2011 AND 2012: Data are for the State of Michigan.

2011: The Michigan State Police Forensic Laboratory did not report for November and December 2011.

MINNEAPOLIS/ST. PAUL, 2011 AND 2012: Data are for seven counties in Minnesota: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.

2011: The St. Paul Police Department did not report data for November and December 2011.

2012: The St. Paul Police Department Laboratory did not report data after May 2012.

NEW YORK CITY, 2011 AND 2012: Data are for the New York City Police Department and five New York boroughs: Bronx, Kings, Queens, New York, and Richmond.

PHILADELPHIA, 2011 AND 2012: Data are for Philadelphia County.

PHOENIX, 2011 AND 2012: Data are for Maricopa County.

ST. LOUIS, 2011 AND 2012: Data are for the St. Louis, MO/IL MSA, which includes St. Louis City and 16 counties: St. Louis, St. Charles, St. Francis, Jefferson, Franklin, Lincoln, Warren, and Washington Counties in MO; and Madison, St. Clair, Macoupin, Clinton, Monroe, Jersey, Bond, and Calhoun Counties in IL.

SAN DIEGO, 2011 AND 2012: Data are for San Diego County.

SAN FRANCISCO, 2011 AND 2012: Data are for the five counties in the San Francisco/Oakland/Fremont MSA: Alameda, Contra Costa, Marin, San Francisco, and San Mateo Counties.

2011: Data for the San Francisco Police Department Laboratory and Alameda County are not reported for 2011. There are no data for the San Bernardino Laboratory for April–December 2011. The California Department of Justice Forensic Laboratory had not reported for November and December 2011.

SEATTLE, 2011 AND 2012: Data are for King County.

TEXAS, 2011 AND 2012: Data are for the State of Texas.

2011: November and December data are incomplete due to reporting issues with the Fort Worth Police Department Laboratory.

2012: The Texas Department of Public Safety migrated to a new Laboratory Information Management System (LIMS), and January and February data may reflect lower than usual counts. Due to LIMS reporting issues, the Ft. Worth Police Department last reported data for April 2012.

WASHINGTON, DC, 2011 AND 2012: Data are for the District of Columbia.

Appendix 2. Treatment Admissions Data Coverage and Completeness by CEWG Area: 2008–2012

Geographic coverage of treatment admissions data is described here for all CEWG reporting areas and programs included in figures 2–6 in this Advance Report. Completeness information is provided by drug and area for 2008–2012.

NOTE: Primary methamphetamine admissions represented less than 1.0 percent of total substance abuse admissions in Baltimore City, Boston, Cincinnati, Detroit, Maine, Maryland, New York City, Philadelphia, and South Florida including Broward and Miami-Dade Counties. These areas are omitted from figure 3. No treatment admissions data were available for Washington, DC, and Chicago.

ALBUQUERQUE/NEW MEXICO: Data cover the State of New Mexico and include publicly funded treatment admissions for all ages.

2008–2011: Treatment data for this area are not comparable to 2012 data and are not reported.

2012: Methamphetamine and amphetamines data are grouped together in Albuquerque/New Mexico treatment data.

ATLANTA: Data cover the 28-county MSA and include publicly funded treatment admissions of all ages.

BALTIMORE CITY: Data cover enrollments with publicly funded treatment providers in the city of Baltimore (data may include some out-of-State residents).

BOSTON: Data cover admissions age 14 and older to any program receiving any level of public support in five cities (Boston, Brookline, Chelsea, Revere, and Winthrop) in the metropolitan Boston area.

CHICAGO: Data were not available for this area and are not included in figures 2–6.

CINCINNATI: Data cover admissions to publicly funded treatment programs in Hamilton County, including methadone maintenance (MM) programs.

2008–2010: Heroin and other opiates were grouped together in Cincinnati treatment data before 2011. Therefore, prior to 2012, heroin data for this area were not comparable and are not reported.

2012: Data for heroin and other opiates are reported separately.

2011–2012: Data for cocaine are not comparable over the period from 2008–2010 and 2011–2012 due to changes in reporting in 2010.

COLORADO: Data include admissions of all ages statewide to all Colorado alcohol and substance abuse treatment agencies licensed by the State and cover MM programs.

DENVER: Data cover the Denver/Boulder area and include admissions for all ages to alcohol and substance abuse treatment agencies licensed by the State, including MM programs.

DETROIT: Data cover admissions to publicly supported (from block grants) programs in the city of Detroit.

HAWAII: Data cover the State of Hawaii.

2012: Methamphetamine and stimulants (amphetamines) are grouped together in Hawaii treatment data.

LOS ANGELES: Data cover Los Angeles County treatment providers with public support and include MM programs.

MAINE: Data are for publicly supported programs in the State of Maine and include all ages and MM admissions.

MARYLAND: Data cover enrollments with publicly funded treatment providers in the State of Maryland.

MINNEAPOLIS/ST. PAUL: Data cover the five counties of Anoka, Dakota, Hennepin, Ramsey, and Washington in the Twin Cities metropolitan area and include all chemical dependency treatment admissions to licensed providers regardless of funding source.

NEW YORK CITY: Data are for the five boroughs of New York and cover both publicly funded and nonfunded treatment admissions.

PHILADELPHIA: Data are for the city and county (which are the same) and include publicly supported treatment admissions only.

PHOENIX: Data are for Maricopa County and cover admissions 18 and older with public support.

2012: Heroin and morphine are grouped together in Phoenix data.

ST. LOUIS: Data cover the eastern region of Missouri, including St. Louis City and County, and five other counties—Jefferson, Franklin, Lincoln, St. Charles, and Warren—and cover admissions to publicly supported programs.

SAN DIEGO: Data are for San Diego County and cover all public providers and subcontractors, as well as private narcotics treatment providers, and include MM programs.

SAN FRANCISCO: Data include admissions for the five bay area counties (Alameda, Contra Costa, Marin, San Francisco, and San Mateo) for all ages to all publicly funded programs.

2008–2010 versus 2011–2012: Due to the implementation of a new Electronic Health Record and billing system in San Francisco in July 2010, treatment admissions data prior to that date may not be comparable to data submitted after the new system implementation. Due to the fact that San Francisco data may not be comparable over the period due to these changes in reporting in 2010, comparisons with treatment data prior to 2011 for San Francisco are not included in this report, although 2011 and 2012 treatment data are reported, and 2012 data and associated rankings are reported in table 2 and in figures 2–6.

SEATTLE: Data are for King County and include admissions of all ages to publicly funded inpatient, outpatient, and medication-assisted opiate treatment programs.

SOUTH FLORIDA/BROWARD AND MIAMI-DADE COUNTIES: Data include all admissions to publicly supported addiction programs for all ages and MM admissions.

2008 versus 2009–2012: In the South Florida Counties of Broward and Miami-Dade, treatment data for 2008 are not comparable with data for 2009–2012, since the former represent discharges from treatment rather than admissions to treatment.

TEXAS: Data are for publicly supported admissions in the State in Texas.

WASHINGTON, DC: Data were not available for this area for any of the years reported.

SOURCES: All 2012 treatment admissions data are from June 2013 State and local CEWG reports. The sources of treatment admissions data for 2008–2011 are provided below, with the caveat that a few areas report data in figures 2–6 that do not match data published in previous June reports, because data were updated by area representatives after publication. These areas are Atlanta, Baltimore City, Boston, Los Angeles, Maryland, Philadelphia, and Texas.

Heroin (figure 2): SOURCES: 2012 data from June 2013 State and local CEWG reports; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 56; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 87; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 66; and *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 47

Cocaine (figure 4): SOURCES: 2012 data from June 2013 State and local CEWG reports; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 49; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 80; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 59; and *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 40

Methamphetamine (figure 3): SOURCES: 2012 data from June 2013 State and local CEWG reports; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 71; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 102; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 82; and *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 67

Other Opiates (Prescription Opioids/Opiates/Opioids Other Than Heroin) (figure 5): SOURCES: 2012 data from June 2013 State and local CEWG reports; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 61; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 92; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 73; and *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 54

Marijuana (figure 6): SOURCES: 2012 data from June 2013 State and local CEWG reports; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 76; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 88; *June 2009 Highlights and Executive Summary Volume I* CEWG report, p. 74; and *June 2008 Highlights and Executive Summary Volume I* CEWG report, p. 72

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