Substance Abuse Trends in Texas: June 2014

Jane C. Maxwell, Ph.D.[1]

ABSTRACT

The key findings for 2014 are 1) increasing presence and use of the more potent P2P (phenyl-2-propanone) methamphetamine made in Mexico, 2) increasing heroin use by young adults, and 3) changes in the types of novel psychoactive drugs. Heroin: The primary types of heroin in Texas are Mexican black tar and powdered brown, which is black tar turned into a powder by combining it with diphenhydramine or another ingredients. Street outreach workers report black tar heroin is being sold on street corners, similar to crack. It is packaged in baggies or balloons. The heroin is sold as brands such as "Mud," "Dog Food," "Ace of Diamonds," and "Hearts." This is the first time brand names of black tar heroin were reported in Texas. The age of persons dying from a heroin overdose has been decreasing, with the average age declining from 41 years in 2005 to 36 in 2013. The proportion of heroin treatment admissions who were younger than 30 rose from 41 percent in 2005 to 52 percent in 2013, while the proportion of older clients entering treatment with heroin as the primary problem decreased correspondingly. The mean age of the 2013 treatment cases was 33. The number of calls to the Texas Poison Center Network involving exposures to heroin ranged from 181 in 1998 to a high of 307 in 2013. The demand for heroin in Texas also increased in the current reporting period, with supplies up and costs down, based on Drug Enforcement Administration (DEA) field division reports. The proportion of seized drugs identified as heroin among drug items analyzed by laboratories reporting to the National Forensic Laboratory Information System (NFLIS) remained level at 4 percent. Methamphetamine: The decrease in methamphetamine indicators after the 2006 ban on the sale of large quantities of pseudoephedrine to produce the illicit drug reversed beginning in 2008. Indicators are now at similar or higher levels than ever seen in Texas. The current supply with higher purity and potency is due to the P2P formula of the drug made in Mexico, based on data from the DEA's Methamphetamine Profiling Program. The number of calls to Texas poison control centers involving human exposure to methamphetamine increased from 279 in 2012 to 356 in 2013. To aid in smuggling supplies into Texas, liquid methamphetamine is imported into Texas and then is converted to "ice." Street outreach workers report that more psychotic episodes were occurring among methamphetamine users. They also report the old term for methamphetamine, "Tina," or "T," was again being used by those seeking anonymous sex partners through social media channels, and areas in Texas that traditionally have been dominated by heroin now report more methamphetamine incidents than heroin. The proportion of methamphetamine items seized and analyzed by NFLIS laboratories in Texas increased from 19 percent of all drugs in 2012 to 24 percent in 2013. Methamphetamine is now the second most frequently identified drug reported among analyzed items, exceeded only by marijuana/cannabis. Synthetic Cannabinoids and Synthetic Cathinones: The popularity of synthetic cannabinoids in Texas is dropping. Texas poison control center calls for the substances peaked in 2011 at 588 and

[1]The author is affiliated with the University of Texas at Austin.

dropped to 474 in 2012 and 464 in 2013. Seventy-one percent of the cases involved males, with the average age being 23. The 2013 data reported to NFLIS show changes in the different varieties of cannabinoids for Texas: the JWH varieties that were prevalent in 2010 have almost disappeared, and XLR varieties were dominant in 2013. Synthetic cathinones also peaked in 2011 in Texas poison control center data. In Texas, there were 340 calls to poison control centers for synthetic cathinones in 2011, with 160 in 2012 and 53 in 2013. Some 73 percent of the 2013 cases involved males, with the average age being 29. The number of synthetic cathinones identified in NFLIS laboratories peaked in 2012 at 1,240 and declined to 553 in 2013. MDMA: MDMA (3,4-methylenedioxymethamphetamine) calls to Texas poison control centers peaked in 2009 at 310 and declined to 184 in 2013. The scientific literature has reported that mephedrone and methylone, two stimulants commonly found in synthetic cathinones, act on the brain much like MDMA. The MDMA drought continues, and users may be replacing MDMA with the synthetic cathinones, although more potent versions of MDMA are now appearing in Europe. Cocaine: Cocaine indicators (poison control center calls, treatment admissions, forensic laboratory findings, and deaths) continue to decrease, with fewer items identified in seizures, more diversion to Europe, use of levamisole as a filler, and increased prices. Some users on the street report the available cocaine is so weak that it is not worth the cost. The increase in the proportions of cocaine reports among items analyzed in forensic laboratories at the three border areas may be an indication that the cocaine supply is beginning to increase. Marijuana/cannabis: Marijuana/cannabis demand indicators are increasing, with 23 percent of all treatment admissions reporting primary problems with marijuana/cannabis. Indoor and hydroponic grows in Texas provide large quantities of high-quality cannabis. Prescription Opioids/Opiates Other Than Heroin: Indicators point to declines in problems with most of these opioids, except for increases in poison control center calls about human exposure to buprenorphine. The increases in heroin use may be directly related to decreases in use of other opiates/opioids. Hydrocodone continued to be the most prevalent prescription opioid used for nonmedical purposes in Texas. Drinking codeine cough syrup continues to be driven by the rap music promoting "sippin' syrup" and recent cases of popular singers getting in trouble because of their use of "Syrup." Benzodiazepines: Alprazolam continued to be the most frequently identified benzodiazepine in Texas forensic laboratories in 2013. Alprazolam is one of the ingredients in the "Houston Cocktail" or "Holy Trinity," along with hydrocodone and carisoprodol. HIV (human immunodeficiency virus)/AIDS (acquired immunodeficiency syndrome)/HCV (hepatitis C) data show decreases over time in Texas in the proportions of cases related to injection drug use (from 6 percent of all AIDS cases reported in 2008 to 4 percent in 2012). Increases in methamphetamine use among men who have sex with men illustrate the need to increase emphasis on the dangers of anonymous unprotected sex involving the use of social media to find partners. Additionally, outreach needs to emphasize not only the dangers of HIV/AIDS, but also the problems confronted in receiving and maintaining treatment after HIV infection. New drugs approved by the Food and Drug Administration are now available to treat those with HCV.

INTRODUCTION

Area Description

The population of Texas in 2010 was 25,145,561, with 45 percent White, 11 percent Black, 38 percent Hispanic, and 5 percent "Other." Illicit drugs continue to enter from Mexico through cities such

as El Paso, Laredo, McAllen, and Brownsville, as well as through smaller towns along the border. The drugs then move northward for distribution through Dallas/Fort Worth and Houston. In addition, drugs move eastward from San Diego through Lubbock and from El Paso to Amarillo and Dallas/Fort Worth.

Data Sources

This report updates the June 2013 CEWG report. To compare the June 2013 report with earlier periods, please access http://www.utexas.edu/research/cswr/gcattc/drugtrends.html.

Data for this report include the following sources:

- **Student substance use data** for 2012 came from reports on the Texas School Survey of Substance Abuse: Grades 7–12, 2012, which was authored by L.Y. Liu and published by the Department of State Health Services (DSHS). For 2011, the data for high school students in grades 9–12 came from the Youth Risk Behavior Survey (YRBS)—United States, 2011, MMWR Surveillance System, downloaded June 8, 2012, at http://apps.nccd.cdc.gov/youthonline/App/Default.aspx?SID=HS.

- **Data on drug use** by Texans age 12 and older came from the Substance Abuse and Mental Health Services Administration's National Surveys on Drug Use and Health (NSDUH). The statewide estimates are from the 2008–2009 and 2011–2012 NSDUH.

- **Poison control center data** came from the Texas Poison Center Network, DSHS, for 1998 through 2013, courtesy of Mathias Forrester.

- **Treatment data** were provided by the DSHS data system on clients admitted to treatment in DSHS-funded facilities from January 1, 1987, through December 31, 2013. Analysis of the 2013 data was by Lesli San Jose of the DSHS Decision Support Program and by the author. The 2013 data were downloaded on April 10, 2013.

- **Information on drug mortality** through 2013 came from the Bureau of Vital Statistics, DSHS, on May 27, 2014, courtesy of Lyudmila Baskin and Jessica Michael. These deaths are defined as "drug poisoning deaths," which involve deaths with an underlying cause of poisoning from drug overdose or other misuse of drugs.

- **Information on seized drugs identified by laboratory tests** came from forensic laboratories in Texas, which reported results from analyses of substances for 1998 through 2013 to the National Forensic Laboratory Information System (NFLIS) of the Drug Enforcement Administration (DEA). For 2009–2013, the drugs reported include not only the first drug reported in a case of multiple substances, but also the second and third drugs in any combination. The 2009 and 2011 data are not complete due to missing data from some reporting units, and the 2012 data are missing 2 months of data due to changes in the computer system at the Texas Department of Public Safety. Because the NFLIS data for Texas for 2013 were retrieved by the area representative at a different time than those data shown in the cross-area tables contained in the June 2014 *Highlights and Executive Summary Report,* the data shown in this report will differ from the data reported in the cross-area tables.

- **Price, trafficking, distribution, and supply information** was gathered from the January–December 2012 reports on Trends in the Traffic Report System from the Dallas, El Paso, and Houston Field Divisions (FDs) of the DEA.

- **Purity data** were provided by the DEA. The purity of methamphetamine nationally came from the DEA's Methamphetamine Profiling Project (MPP), and the Texas purity data for heroin came from the DEA Domestic Monitor Program (DMP).

- **Reports by users and street outreach workers** on drug trends for the last quarter of 2012 and the first quarter of 2013 were reported to DSHS by workers at local HIV (human immunodeficiency virus) counseling and testing programs across the State. Information was also gathered from outreach staff at AIDS (acquired immunodeficiency syndrome) Services of Austin.

- **Sexually transmitted disease and AIDS** data through 2012 were provided by Nicole Hawkins of DSHS.

The June 2014 Current Trends report with final numbers on deaths, the 2013 YRBS data, and HCV, HIV, and AIDS data will be available at *http://www.utexas.edu/research/cswr/gcattc/*.

DRUG ABUSE PATTERNS AND TRENDS

Alcohol

Alcohol is the primary drug of abuse in Texas. In 2012, 58 percent of Texas secondary school students in grades 7–12 had ever used alcohol, and 25 percent had consumed alcohol in the last month. Of particular concern is heavy consumption of alcohol, or binge drinking, which is defined as drinking five or more drinks at one time. In 2012, 12 percent of all secondary students said that when they drank, they usually drank five or more beers at one time, and 11 percent reported binge drinking of liquor (exhibit 1).

The 2011 YRBS reported that 73 percent of Texas high school students in grades 9–12 had ever drunk alcohol; 40 percent had drunk alcohol in the past month; and 24 percent had drunk five or more drinks in a row in the last month. In comparison, in 2001, 81 percent had ever drunk alcohol; 49 percent had used alcohol in the last month; and 31 percent had consumed five or more drinks at a time. In 2011, 22 percent of females and 25 percent of males reported binge drinking.

The 2011–2012 NSDUH estimated that 48.2 percent of all Texans age 12 and older had drunk alcohol in the past month, compared with 51.9 percent nationally. In 2008–2009, 49.6 percent of Texans and 51.8 percent of those surveyed nationally had drunk alcohol in the past month. In 2011–2012, 6.5 percent of Texans age 12 and older were estimated to be alcohol dependent or abusers in the past, compared with 6.6 percent of the U.S. population.

In 2013, 28 percent of all clients admitted to publicly funded treatment programs in Texas had a primary problem with alcohol. The characteristics of alcohol admissions have changed over the years. In 1988, 82 percent of the clients were male, compared with 68 percent in 2013. The average age increased from 33 to 39.

Marijuana/Cannabis

Marijuana/cannabis indicators remained mixed (exhibit 2). Among Texas secondary students (grades 7–12), 26 percent in 2012 had ever tried marijuana/cannabis, and 11 percent had used in the past month. Past-month use was lowest among seventh graders (exhibit 3). The use of blunt cigars (cheap cigars split open with cannabis replacing the tobacco) has driven the increase in the use of marijuana/cannabis. Exhibit 4 shows the impact of blunt cigars after they appeared in Texas in 1993. Since then, rates have increased for all racial/ethnic groups. By 2008, however, the levels for Whites and Hispanics were back to their 1992 levels, while the levels for Black students were still above the rates prior to the introduction of blunts. The 2012 survey provided further insight into this phenomenon. Of those youths who used marijuana/cannabis, 63 percent smoked "blunts" at least one-half of the time, compared with 58 percent who smoked "joints" at least one-half of the time. The relationship between tobacco use, marijuana/cannabis use, and cigars was also seen in the finding that of those youths who had ever used tobacco and never used marijuana/cannabis, 5 percent had ever used cigars. In comparison, of those who had ever used tobacco and ever used marijuana/cannabis, 77 percent had ever used cigars. In 2011, the YRBS reported that 41 percent of Texas high school students in grades 9–12 had ever smoked marijuana/cannabis, compared with 37 percent in 2009, 38 percent in 2007, 42 percent in 2005, and 41 percent in 2001.

The 2011–2012 NSDUH estimated that 5.1 percent of Texans age 12 and older had used marijuana/cannabis in the past year (compared with 7.1 percent nationally); in 2008–2009, 8.3 percent reported past-year use, compared with 10.8 percent nationally.

The Texas Poison Center Network reported 130 calls of human exposure to marijuana/cannabis in 1998, compared with 374 calls in 2013 (exhibit 2).

Marijuana/cannabis was the primary problem for 23 percent of admissions to treatment programs in 2013, compared with 8 percent in 1995. While 44 percent of marijuana/cannabis admissions in 2013 reported no second substance abuse problem, 19 percent had a problem with alcohol. The average age of marijuana/cannabis clients was 23. Approximately 43 percent were Hispanic; 25 percent were White; and 28 percent were Black. Nearly three-quarters (72 percent) were male. Seventy-eight percent were involved with the criminal justice system, and only 15 percent were employed full time.

Marijuana/cannabis reports were identified in 21 percent of drug reports among items analyzed by Texas forensic laboratories in 2013 (exhibit 2).

DEA's System to Retrieve Information from Drug Evidence (STRIDE) statistics showed a 27-percent drop in cannabis seizure amounts between 2011 (n=245,219 kilograms) and 2012 (n=179,645 kilograms). DEA's El Paso Intelligence Center (EPIC) data showed cannabis seizure amounts in Texas declined by 28 percent, from 1,080,426 kilograms in 2011 to 780,087 kilograms in 2012.

The DEA's Dallas FD is a major transshipment and distribution center for marijuana/cannabis imported from Mexico. Sophisticated indoor grows continue to be frequently encountered. The organizations responsible for the indoor grows have the capability to cultivate and distribute multiple hundred pounds of high-grade marijuana/cannabis. During several recent seizures, elaborate indoor marijuana/cannabis grow operations were found in residences. Mexican marijuana/cannabis

is a high and stable threat due to low prices, high availability, and recurring reports of substantial marijuana/cannabis seizures.

Marijuana/cannabis was the controlled substance most frequently seized in the DEA's El Paso FD. Most of the marijuana/cannabis in the region is Mexican and is destined for transport elsewhere in the United States.

Marijuana/cannabis continued to be highly available and stable throughout the DEA's Houston FD. The "popcorn" variety of marijuana/cannabis (dark, potent marijuana buds that are the size of popcorn) was also in demand, and traffickers were unable to keep up with local demands for this better quality product.

In 2013, a pound of domestic marijuana/cannabis cost $360–$500. A pound of Mexican cost $140–$500, and a pound of hydroponic cost $3,400–$6,000 in Midland, Texas.

Synthetic Cannabinoids

Cannabis homologs (synthetic cannabis), which mimic delta-9-tetrahydrocannabinol (THC) but with different chemical structures, continue to be a problem in Texas. Many of the newer varieties cannot be identified in standard drug tests, so they are used by probationers, parolees, or persons required to submit to drug tests. A new problem is that these synthetic drugs are also being used by individuals in drug treatment programs to avoid testing positive for marijuana/cannabis. On September 1, 2011, Texas banned many of the synthetic cannabinoids, and the United States banned varieties on March 1, 2011, July 9, 2012, and February 10, 2014.

The compounds had been developed by researchers to investigate the part of the brain responsible for hunger, memory, and temperature control. The products are known and sold under a wide variety of names, such as "K2," "K2 Summit," "Spice," and "Spice Gold." They have been available through the Internet and at gas stations and specialized stores, such as "head shops," and they have been marketed as herbal incense.

Symptoms associated with use of the cannabis homologs include tachycardia, respiratory issues, agitation, confusion, drowsiness, hallucinations, delusions, nausea and vomiting, ocular problems, and other problems. The substances may also produce withdrawal and dependence in users.

From 2010 through 2013, the Texas Poison Center Network received 1,793 calls involving human exposures to the substances (n=504 in 2010, n=588 in 2011, n=474 in 2012, and n=464 through 2013) (exhibit 5). Of all the calls, the age range was between 7 and 75; 46 percent were younger than 20; 76 percent were male; and 89 percent had either misused or abused the substance. Of these calls, 6 percent resulted in "major" or life-threatening conditions; four deaths from synthetic cannabinoids were reported to the Texas poison control centers between 2010 and 2013.

In 2013, 412 persons with a primary problem with synthetic cannabinoids entered Texas treatment programs, compared with 156 in 2012. The average age was 23; 52 percent were White; 38 percent were Hispanic; and 6 percent were Black. Seventy-five percent were male, and 41 percent used the substance daily.

Exhibit 5 shows the number of synthetic cannabinoid reports among items seized and analyzed in forensic laboratories in Texas reporting to NFLIS between 2010 and 2013. The number of varieties of these synthetics increased from 6 in 2010, to 21 in 2011, to 28 in 2012, and to 22 in 2013. In addition, the varieties of the drugs changed each year. In 2010, 99 percent of the reports were JWH varieties, but by 2013, only 1 percent of them were JWH. In 2011, 38 percent were the AM-2201 varieties, and by 2013, all but 22 percent were the XLR-11 variety. The DEA FDs reported synthetic cannabinoids were increasingly being abused.

Cocaine/Crack

Cocaine indicators have decreased (exhibit 6). The changes are due to increasing demand for cocaine in Europe; production declines in the Andes; and the addition of levamisole, a filler that can dilute the potency of the cocaine.

The 2012 Texas School Survey of Substance Abuse: Grades 7–12 reported that lifetime use of powder and crack cocaine had dropped from a high of 9 percent in 1998 to 7 percent in 2012, while past-month use dropped from 4 percent in 1998 to 2 percent in 2012. The 2011 YRBS reported that 9.4 percent of Texas high school students had ever used cocaine, compared with 8.5 percent in 2009.

In 2010–2011, the NSDUH reported that 1.4 percent of the Texas population age 12 and older had used cocaine in the past year; this was below the national rate of 1.7 percent.

Texas Poison Center Network abuse and misuse calls involving the use of cocaine increased from 497 in 1998, to 1,410 in 2008, and then declined to 484 in 2013 (exhibit 6).

Cocaine (both crack and powder) represented 11 percent of all admissions to DSHS-funded treatment programs in 2013, down from 35 percent in 1995. Among all cocaine admissions, cocaine inhalers were the youngest and most likely to be Hispanic (exhibit 7). Cocaine injectors were older than inhalers but younger than crack smokers, and they were the most likely to be White. Crack smokers were more likely to be Black and more likely to be homeless. The term “lag” refers to the period from first consistent or regular use of a drug to the date of admission to treatment. Powder cocaine inhalers averaged 12 years between first regular use and entrance to treatment, while injectors averaged 18 years of use before they entered treatment. Exhibit 8 shows the changes in treatment admissions between 1993 and 2013 by route of administration and race/ethnicity. The proportion of Blacks among crack cocaine smokers has decreased, and the proportion of Whites has increased.

The number of poisoning deaths that involved cocaine increased from 321 in 1999 to 778 in 2006, before dropping to 411 in 2013 (exhibit 6). In 2012, the average age was 46; 8 percent were male; 77 percent were White; 11 percent were Hispanic; and 10 percent were Black.

Exhibit 6 shows that the proportion of drug reports identified as cocaine by the forensic laboratories has decreased. In 1998, cocaine accounted for 40 percent of all items examined, compared with 19 percent of drug reports among items analyzed in Texas in 2012. This proportion rose, however, to 23 percent in 2013. The DEA laboratory has been finding levamisole (phenylmidothiazole) (“PIT”) in cocaine exhibits for a number of years, and the decrease in purity may reflect increased use of PIT as a filler to increase the volume of the drug. There were 700 reports among drug items analyzed identified as PIT by NFLIS in 2012 and 812 in 2013.

Street outreach workers in Austin report crack use is continuing among older Black males, but few new users are appearing. Crack users who want to inject the drug continue to use packets of lemon juice to liquefy the drug. In order to minimize vein damage, vitamin C powder dissolved in water is a harm reduction option instead of using lemon juice. The rubber tubing or bumper on the end of the crack pipe that is used to prevent burns to the lips while smoking crack is now referred to as a "crack condom" in the Houston area. Some users in Austin also are reporting that the cocaine is so weak that it is not worth the cost. Other outreach programs around the State also reported crack use was down, and that mixing synthetic cathinones with cocaine to increase the effect is reported to cause hallucinations and paranoia.

Data from the EPIC National Seizure System for 2012 and 2013 reflected a substantial decline from 2011 in cocaine seizures on the Southwest border. Cocaine seizures on the border fell, from 27,306 kilograms in 2011, to 12,823 kilograms in 2012, and to 13,230 kilograms in 2013. The STRIDE seizures showed a high of 32,929 kilograms in 2011, followed by a decline to 11,885 kilograms in 2012 and an increase to 15,571 kilograms in 2013.

In Houston, powder cocaine was available and stable, although there were complaints about the poor quality. In Dallas, the quality and quantity were increasing, and there was a wide range of cocaine prices. In El Paso, although cocaine is readily available due to the proximity to Mexico, its use is not as prevalent as marijuana/cannabis; crack cocaine is available in one area of that city.

In 2013, a gram of powder cocaine cost $30–$100, and an ounce of powder cocaine cost $350–$500. A rock of crack cocaine cost $10–$60, and an ounce cost $400–$1,500.

Heroin

Heroin indicators show a growing problem, particularly among teenagers and young adults. This was first noticed with the "cheese heroin" situation in Dallas in the mid-2000s, but heroin use indicators for youth and young adults are now increasing statewide. The primary types of heroin in Texas are Mexican black tar and powdered brown, which is black tar turned into a powder by combining it with diphenhydramine or other ingredients.

Street outreach workers report black tar heroin is very common and is being sold in baggies or balloons on street corners, similar to how crack cocaine is sold. The heroin is sold as brands such as "Mud," "Dog Food," "Ace of Diamonds," and "Hearts."

The proportion of Texas secondary students reporting lifetime use of heroin dropped from 2.4 percent in 1998 to 1.1 percent in 2012. The 2011 YRBS found 3.3 percent of Texas high school students reported having ever used heroin, compared with 2.1 percent in 2009, 2.4 percent in 2007, and 3.0 percent in 2005 and 2001.

Calls to the Texas Poison Center Network involving confirmed exposures to heroin ranged from 181 in 1998 to 307 in 2013 (exhibit 9). Heroin was the primary drug of abuse for 13 percent of clients admitted to treatment in 2013 (exhibit 9). The characteristics of these users varied by route of administration, as exhibit 10 illustrates. Most heroin addicts entering treatment inject the drug, but 18 percent inhaled the drug in 2013. Smoking black tar heroin is very rare in Texas, because the chemical composition tends to flare and burn rather than smolder.

While the number of individuals who inhale heroin was small, the lag period between first use and seeking treatment for this group was 8 years, compared with 12 years for injectors (exhibit 10). This shorter lag period means that, contrary to the street rumors that "sniffing or inhaling is not addictive," inhalers can become dependent on heroin and enter treatment sooner while still inhaling. Alternatively, they will shift to injecting—and by doing so they increase their risk of hepatitis C and HIV infection, becoming more impaired, and entering treatment later.

Of the 2013 heroin treatment admissions, 36 percent reported no second substance problem. Sixteen percent reported a problem with cocaine, which shows the tendency to "speedball," or use heroin and cocaine sequentially.

The increase in young clients entering treatment for dependence on heroin is a concern. The proportion of heroin clients younger than 30 increased from 40 percent in 2005 to 52 percent in 2013, while the proportion of older clients remained low, but given the lag between first use and dependence, many of the admissions in their twenties began their heroin use as teenagers. Exhibit 12 shows the changes in race/ethnicity of heroin treatment admissions over the years. In 2011 and 2012, the proportion of White admissions increased, and the proportion of Hispanic admissions decreased.

In 2013, there were 319 heroin poisoning deaths in Texas (exhibit 9). The decline in the average age of the decedents from 40 in 2008 to 36 in both 2012 and 2013 is evidence of the increasing use by young adults (exhibit 13). Of the 2013 deaths, 61 percent involved only heroin, and 14 percent also involved cocaine.

Exhibit 9 shows that the number of heroin reports among items seized and analyzed by forensic laboratories has remained low in Texas (representing 4 percent in 2013).

STRIDE statistics comparing 2011 with 2012 showed heroin seizure amounts dropped from 98 to 33 kilograms. EPIC data comparing 2011 with 2012 showed heroin seizure amounts in Texas remained stable at 636 and 641 kilograms, respectively.

Mexican black tar heroin remained the most prevalent form of heroin available in the Dallas FD. The El Paso DEA FD reported that heroin was moderately available, but more available than a year ago. Seizures of heroin in the El Paso FD have risen recently, which could signal an increase in smuggling in the region. Users cross to Ciudad Juarez to obtain their supply. There has been moderate availability in the Houston area.

The predominant form of heroin in Texas is black tar, which has a dark, gummy, oily texture that can be diluted with water and injected. Exhibit 14 shows the decline in price over the years. Depending on the location, black tar heroin was sold on the street in 2013 for $5–$20 per paper, balloon, or capsule; $50–$150 per gram; $800–$3,000 per ounce; and $19,000–$60,000 per kilogram. Mexican brown heroin, which is black tar heroin that has been cut with diphenhydramine, lactose, or another substance and then turned into a powder to inject or inhale, cost $50–$500 per gram. An ounce cost $500–$3,000.

Other Opioids

The "other opioids" group excludes heroin but includes drugs such as methadone; codeine; hydrocodone (Vicodin®, Tussionex®); oxycodone (OxyContin®, Percodan®, Percocet-5®, Tylox®);

buprenorphine; hydromorphone (Dilaudid®); morphine; meperidine (Demerol®); tramadol (Ultram®); and opium.

The pain pill problem continued in Texas with the use of the "Houston Cocktail," consisting of carisoprodol, alprazolam, and hydrocodone. Two new Texas laws designed to eliminate "doctor shopping" and prescription fraud became effective in September 2011.

Abuse of codeine cough syrup sweetened with jelly beans dissolved in a soft drink continued; this phenomenon has been popularized by rap music that celebrates "sippin' syrup." The marketing of soft drinks that imitate the codeine cough syrup pattern, such as "Lean" and "Drank," remained a concern.

The 2012 Texas secondary school survey queried about use of other opiates "to get high," and reported that 8 percent had ever used hydrocodone; 11 percent had ever consumed codeine cough syrup "to get high;" and 4 percent had ever used oxycodone in that manner.

The 2011–2012 NSDUH reported that 4.5 percent of Texans age 12 and older had used pain relievers nonmedically in the past year, compared with 4.6 percent nationally. The 2011 YRBS reported 22 percent of high school students in Texas have ever taken prescription pills without a doctor's prescription.

Exhibit 15 shows the indicators in the use of various opioids. Poison control center calls for human exposures to buprenorphine increased. Treatment admissions for other opioids have decreased from their high points in 2008–2009, and opioid items seized and identified in forensic laboratories have fallen. Deaths involving opioids dropped between 2011 and 2013.

Seven percent of all clients who entered publicly funded treatment during 2013 had a primary problem with opioids other than heroin, compared with 1 percent in 1995. Appendix 1 shows users of these various opioids differed in their characteristics. They tended to be White, between age 31 and 35, and, other than for oxycodone, were more likely to be female. Over time, the proportion of admissions younger than 30 has increased, from 35 percent in 2005 to 38 percent in 2013 (exhibit 16).

Poisoning deaths involving "methadone," "other opiates," and "other synthetic narcotics" are classified based on the International Classification of Diseases (ICD) categories and, other than methadone, they do not provide data on the specific opiate drug involved. In 2013, 101 poisoning deaths involved methadone, with 19 percent of these also involving benzodiazepines. The average age of the methadone decedent was 41. There were also 407 deaths involving other opioids and 106 involving synthetic narcotics (exhibit 15).

The number of reports of opioids identified among items analyzed by forensic laboratories has increased over time, with some variations between years. Items identified as methadone peaked in 2008, while hydrocodone and oxycodone reports among items analyzed peaked in 2010 (exhibit 15).

In Dallas, promethazine with codeine is used to soak marijuana/cannabis cigarettes to give them an extra boost. Soma® (carisoprodol), Valium® (diazepam), Adderall®, methadone, and OxyContin®

(oxycodone) continued to be other popular drugs used in the illicit market in the Dallas/Fort Worth area. Dallas continued to see sibutramine, a Schedule IV controlled substance, used as an appetite suppressant.

Trends in Texas center on illicit pain clinics, pharmacies, and physicians. The most desired pharmaceuticals continued to be the three that constitute the "Houston Cocktail:" hydrocodone, carisoprodol (Soma®), and alprazolam (Xanax®). The DEA reported prescriptions from Houston pain management clinics were filled in pharmacies as far north as Oklahoma, as far east as Alabama, and as far west as El Paso. Large numbers of patients from Louisiana and other States continued to travel to the Houston area for the purpose of prescription fraud. Furthermore, pill crews continued to recruit "patients" to fraudulently obtain multiple prescriptions from pain clinics that were subsequently filled at local area pharmacies and then given to the pill crew leader for illicit distribution. At the same time, Houston area physicians were found to be mailing prescriptions for Schedule II and Schedule III pharmaceuticals to patients in other States (primarily Louisiana and Mississippi), who then sent these medical practitioners money orders. In addition, prescription drugs and "trial" drugs not approved for human consumption in the United States are readily and legally available along the border, where medications can be sold over-the-counter.

Benzodiazepines

Benzodiazepines include diazepam (Valium®), alprazolam (Xanax®), flunitrazepam (Rohypnol®), clonazepam (Klonopin® or Rivotril®), flurazepam (Dalmane®), lorazepam (Ativan®), and chlordiazepoxide (Librium® and Librax®). Rohypnol® has not been approved for use in the United States. The drug is legal in Mexico, but since 1996, it has been illegal to bring it into the United States.

The 2012 Texas secondary school survey reported lifetime use of "downers" was 6 percent, and past-month use was 2 percent. Students from the border area were more likely to report Rohypnol® use than those living elsewhere in the State (5 versus 1 percent lifetime, and 2 versus 1 percent current use). Use in both the border and nonborder areas has declined since its peak in 1998.

Exhibit 17 shows the increases in deaths due to benzodiazepine poisoning, from 55 in 1999 to 254 in 2013. Alprazolam was the most abused benzodiazepine in terms of calls to poison control centers. The numbers of confirmed exposures to Rohypnol® reported to the Texas Poison Control Network were 10 in 2006, 11 in 2007, 12 in 2008, 23 in both 2009 and 2010, 22 in 2011, 10 in 2012, and 1 in 2013.

Approximately 2 percent of the clients entering DSHS-funded treatment in 2013 reported a primary problem with benzodiazepines (appendix 1). The number of treatment admissions with problems with alprazolam increased from 581 in 2010 to 995 in 2013. The number of youths and adults admitted into treatment with a primary problem with Rohypnol® has varied. In 2013, there were 20; 75 percent were Hispanic, reflecting the availability and use of this drug along the border (appendix 1).

Alprazolam, clonazepam, and diazepam were among the most commonly identified benzodiazepines among drug reports from items analyzed in 2013 by NFLIS, although none of them represented more than 5 percent of total drug reports in 2013 (exhibit 17). Items identified by NFLIS as flunitrazepam (Rohypnol®) numbered 10 in 2006, compared with 2 in 2007, and none in 2008; there

were 3 such reports among items analyzed in 2009, 1 report in 2010, and no reports in 2011, 2012, or 2013.

Amphetamine-Type Substances and Emerging Psychoactive Substances

Amphetamine-type substances come in different forms and with different names. This section provides the latest Texas data on a range of speed-type substances, including MDMA (3,4-methylenedioxymethamphetamine, ecstasy); 2 C-xx phenethylamine drugs designed in the 1980s as replacements for MDMA; BZP (1-benzylpiperazine) and TFMPP (1-[3-trifluoromethylphenyl] piperazine), which can produce an ecstasy-like effect if taken in combination; synthetic cathinones, which are synthetic versions of the khat plant in Africa; and amphetamines and methamphetamine. Other psychoactive substances, such as PCP (phencyclidine), which often result in similar effects, are also reported on in this section.

Amphetamine-type pills can be pharmaceutical-grade stimulants, such as dextroamphetamine, Dexedrine®, Adderall®, Concerta®, Vyvanse®, Ritalin® (methylphenidate), or phentermine, or they can be methamphetamine powder that has been pressed into tablets and sold as amphetamines, “Yaba,” ecstasy, or synthetic cathinones. Stimulant pills can be taken orally, crushed for inhalation, or dissolved in water for injection.

While pharmaceutical-grade amphetamines are quite different from the illegally manufactured methamphetamine, some reporting systems, such as the treatment data system, do not distinguish between them. However, the information from NFLIS has clarified that most of these substances in Texas are methamphetamine, not amphetamine. The forensic laboratories reported in 2013 that there were 13,615 reports of methamphetamine among items analyzed in Texas, compared with 445 reports for amphetamine.

2 C-xx Phenethylamines

There are a broad range of abused compounds that share a common phenylethan-2-amine structure. Some are naturally occurring neurotransmitters (dopamine and epinephrine), while others are psychoactive stimulants (amphetamine), entactogens (MDMA), or hallucinogens (the 2C-xx series of compounds).

Common street names for phenethylamines include “Nexus,” “Bees,” “Venus,” “Bromo Mescaline,” and BDMPEA. The drug first gained popularity as a legal ecstasy replacement in the mid-1980s. It is known for having a strong physical component to its effects and a moderate duration. Other phenethylamines include 2C drugs with a third letter of B, E, C, I, P, and T. These drugs have been extremely difficult to identify due to the lack of peer-reviewed scientific data.

The Texas Poison Control Center reported 1 case each of a 2C drug in 2005, 2006, and 2007; with 2 cases in both 2008 and 2009; 4 in 2010; 18 in 2011; 12 in 2012; and 18 in 2013. The patients were predominately adolescents and male. A variety of adverse clinical effects were reported, with the most frequent being tachycardia (45 percent), agitation (24 percent), hallucinations (24 percent), drowsiness (21 percent), mydriasis (21 percent), confusion (17 percent), and hypertension (17 percent). At least five deaths due to overdoses have been reported in the literature worldwide as of March 2013.

2C-xx can be snorted or dissolved into a liquid and placed on blotter paper under the tongue. The effects may last 6–10 hours; onset takes 15–120 minutes. Street outreach workers report the 2-C drugs and DMT (dimethyltryptamine) pose problems because they are white or creamy crystalline in appearance, so it is difficult to identify the substances. Forensic laboratories reported that in Texas in 2012, there were 28 drug reports of a 2C-xx drug and 71 2C-NBOME items, and in 2013, there were 11 2C-xx and 212 2C-NBOME items identified.

BZP and TFMPP (Piperazines)

BZP has pharmacological effects that are qualitatively similar to those of amphetamine. It is a Schedule I drug that is often taken in combination with TFMPP, a noncontrolled substance, in order to enhance its effects as a substitute for MDMA. It is generally taken orally, but it can be smoked or inhaled. Piperazines are a broad class of chemicals that include several stimulants, such as BZP and TFMPP, as well as antivertigo agents (cyclizine and meclizine) and other drugs (e.g., sildenafil/Viagra®).

The Texas forensic laboratories analyzed 2 BZP and 0 TFMPP exhibits in 2006, 16 BZP and 7 TFMPP exhibits in 2007, and 274 BZP and 190 TFMPP exhibits in 2008; there were 744 BZP and 677 TFMPP reports among analyzed drug items in 2009, 470 BZP and 391 TFMPP reports in 2010, 342 BZP and 168 TFMPP reports in 2011, 125 BZP and 269 TFMPP reports in 2012, and 18 BZP and 26 TFMPP reports in 2013.

DXM (Dextromethorphan)

The most popular DXM products are Robitussin-DM®, Tussin®, and Coricidin Cough and Cold Tablets HBP®, which can be purchased as over-the-counter drugs and can produce hallucinogenic effects if taken in large quantities. Coricidin HBP® pills are known as “Triple C” or “Skittles.”

The 2012 Texas school survey reported that 5 percent of secondary students indicated they had ever used DXM, and 2 percent had used the drug in the past year. Highest past-month use was among students in the eighth grade.

The Texas Poison Center Network reported the number of abuse and misuse cases involving DXM increased from 99 in 1998 to 637 in 2013. The average age of these cases was 17. The number of cases involving abuse or misuse of Coricidin HBP® was 288 in 2006 and rose to 294 in 2013; the average age in 2013 was 19.

Forensic laboratories analyzed 15 substances in 2006 that were DXM items, compared with 9 in 2007, 20 in 2008, 47 in 2009, 62 in 2010, 30 in 2011, 16 in 2012, and 15 in 2013.

GHB (gamma hydroxybutyrate), GBL (gamma butyrate lactone), and 1,4-BD (1,4-butanediol)

Cases of misuse or abuse of GHB or its precursors reported to the Texas Poison Center Network totaled 43 in 2006, 56 in 2007, 49 in 2008, 99 in 2009, 55 in 2010, 36 in 2011, 52 in 2012, and 61 in 2013. In 2013, 14 clients were admitted to DSHS-funded treatment with a primary problem with GHB; their average age was 31. All were White, and 50 percent were female (appendix 1).

There were 88 items identified by forensic laboratories as being GHB in 2006, compared with 64 in 2007, and 63 in 2008; there were 99 reports for GHB among items analyzed by NFLIS laboratories in 2009, 72 in 2010, 64 in 2011, 76 in 2012, and 19 in 2013. There were 9 items identified as GBL in 2006, compared with none in 2007, and 5 in 2008; in 2009, there were 4 reports for GLB among items analyzed, there were none in 2010, 3 reports in 2011, 6 in 2012, and 19 in 2013. There were no items identified as 1,4-BD in 2006, 2007, or 2008; two reports were identified among analyzed items in 2009, along with six in 2010, three in 2011, three in 2012, and one in 2013.

The Dallas DEA FD reported GHB availability was stable, as did the Houston FD. In Dallas, a gallon sold for $1,200–$1,600 in 2013; in Houston, a dose cost $20–$65, and a 16-ounce bottle cost $100. HIV outreach workers reported that GHB was readily available, with users “stacking” the drug with other steroids every 3 hours.

Ketamine

Three cases of misuse or abuse of ketamine were reported to the Texas Poison Center Network in 2006, compared with 1 each in 2007, 2008, and 2009; 3 in 2010; 7 in 2011; 10 in 2012; and 6 in 2013.

In 2006, 161 substances were identified as ketamine by forensic laboratories. There were 235 items identified as ketamine in 2007, compared with 129 in 2008; there were 123 reports for ketamine among analyzed drug items in 2009, 60 in 2010, 16 in 2011, 12 in 2012, and 6 in 2013.

LSD (Lysergic Acid Diethylamide) and Other Hallucinogens

The Texas secondary school survey showed that use of hallucinogens (defined as LSD, PCP, or mushrooms) continued to decrease. Lifetime use peaked at 7.4 percent in 1996 and dropped to 4.1 percent in 2012. Past-month use dropped from a peak of 2.5 percent in 1998 to 1.3 percent in 2012.

The Texas Poison Center Network reported 33 mentions of abuse or misuse of LSD in 2006, compared with 31 in 2007, 17 in 2008, 26 in 2009, 18 in 2010, 16 in 2011, 58 in 2012, and 75 in 2013. There were also 96 cases of human exposure to mushrooms reported in 2006, 125 in 2007, 93 in 2008, 96 in 2009, 85 in 2010, 59 in 2011, 108 in 2012, and 107 in 2013. The average age in 2013 was 19 for the LSD cases.

Of the 80 hallucinogen treatment admissions in 2013, the average age was 27; 54 percent were male; and 57 percent were involved in the criminal justice system. Another 24 individuals entered treatment with a primary problem with LSD. The average age was 20. For both groups, marijuana/cannabis was the second most common drug of abuse.

Forensic laboratories identified 34 substances as LSD in 2006, compared with 41 in 2007, and 36 in 2008; in 2009, there were 59 reports identified as LSD among analyzed drug items, 71 reports in 2010, 19 in 2011, 18 in 2012, and 2 in 2013.

MDMA (Ecstasy) and MDA (3,4-Methylenedioxyamphetamine)

The 2012 Texas secondary school survey reported that lifetime ecstasy use dropped from a high of 9 percent in 2002 to 6 percent in 2012. The YRBS reported that 12 percent of students had ever used ecstasy in 2011, compared with 9 percent in 2009, 10 percent in 2007, and 8 percent in 2005.

Indicators of use of MDMA have varied over time, as exhibit 18 shows. The Texas Poison Center Network reported 292 calls involving misuse or abuse of ecstasy in 2006, compared with 215 in 2007, 253 in 2008, 310 in 2009, 272 in 2010, 258 in 2011,168 in 2012, and 184 in 2013.

Ecstasy is often used in combination with other drugs, such as marijuana/cannabis, alcohol, or cocaine. In 2013, the average age of MDMA treatment admissions clients was 26, and they had been using the drug almost 6 years before entering treatment (appendix 1).

Forensic laboratories identified MDMA in 1,626 exhibits in 2006, 1,758 in 2007, and 1,898 in 2008; there were 2,192 reports identified as MDMA among analyzed drug items in 2009, 1,534 reports in 2010, 993 in 2011, 453 in 2012, and 141 in 2013 (exhibit 18). MDA was identified in 268 NFLIS items in 2006, 225 in 2007, and 149 in 2008; there were 45 reports among analyzed items in 2009, 98 reports in 2010, 69 in 2012, and 67 in 2013.

The Dallas DEA FD reported MDMA wholesale and retail distribution continued to originate in British Columbia and Ontario. The El Paso DEA FD reported an increase in "rave" parties where participants use ecstasy. According to the Houston DEA FD, MDMA continued to be found in gymnasiums, night clubs, restaurants, and other businesses frequented by young adults. The majority of MDMA entered the Houston area from sources of supply in Canada, Europe, and California. In 2013, single dosage units of ecstasy sold for $5–$25.

The European Monitoring Centre for Drugs and Drug Addiction reported in February 2014 that tablets with "dangerously high" levels of MDMA are appearing in Europe, and with the increase in the production and availability of MDMA in Europe, there may be serious harms to users.

Methamphetamine and Amphetamine

Methamphetamine and amphetamine indicators are increasing to levels previously seen before the precursor regulations in 2005–2006 caused a drop in reported problems (exhibit 19). Local "cooking" of "ice" was reported, using over-the-counter pseudoephedrine, which is available only in limited amounts. Producers are using the pseudoephedrine for the "one pot" or "shake and bake" method, in which the precursor chemicals are placed in a 2-liter soft drink bottle and then shaken to start the chemical reaction. This method has continued to be used to produce small amounts of methamphetamine, but as of the fourth quarter 2013, only 1 percent of the samples from across the United States examined in the DEA's MPP were produced from the pseudoephedrine method. Ninety-five percent was produced from the phenyl-2-propanone (P2P) method, which is used in Mexico, where it is legal. During this period, the average purity was 96.8 percent, and the average potency was 93.5 percent. Importation of liquid methamphetamine from Mexico into Texas has also increased, with the liquid being converted to ice or powder within the State.

The 2012 Texas secondary school survey reported that lifetime use of "uppers" was 5 percent, and past-month use was 2 percent in 2012. Three percent of students surveyed responded positively to a separate question regarding lifetime use of methamphetamine, and 1 percent reported past-month methamphetamine use. The 2011 YRBS reported lifetime use of methamphetamine by Texas high school students was 5 percent, compared with 4 percent in 2009 and 7 percent in both 2007 and 2005.

There were 356 calls to the Texas Poison Center Network involving exposure to methamphetamine in 2006, 332 in 2007, 298 in 2008, 190 in 2009, 180 in 2010, 212 in 2011, 279 in 2012, and 356 in 2013 (exhibit 19). Of the 2013 methamphetamine exposures, the average age was 29. There were also 215 calls for exposure to pharmaceutical amphetamines or phentermine. More than one-half (57 percent) were male, and the average age was 23, which shows the problems with misuse of these drugs by children and youth.

Methamphetamine/amphetamine admissions to treatment programs increased from 3 percent of all admissions in 1995 to 13 percent in 2005, dropped to 8 percent in 2009, and then rose to 13 percent of admissions in 2013 (exhibit 19). The average age of clients admitted for a primary problem with these stimulants increased from 26 in 1985 to 32 in 2013. Unlike most other drug categories, more than 59 percent of the clients entering treatment were female. Clients with a primary problem with methamphetamine reported secondary problems with marijuana/cannabis and alcohol. Users of methamphetamine tend to differ depending on their route of administration, as exhibit 20 shows. Methamphetamine injectors were more likely to be homeless and to not be employed full time, while smoking ice was the dominant way of using methamphetamine in 2013.

Since the precursor bans, the availability of the different forms of methamphetamine changed. This was demonstrated among treatment admissions: the percentage smoking ice decreased after the ban took effect, but by 2013, ice was more available and smoking had increased to a slightly higher level than in 2006 (exhibit 21). Street outreach workers report more crystal methamphetamine use among both young men who have sex with men (MSM) and among high-risk heterosexual populations. Most of the users report use of the drug through smoking, snorting, or insertion into the anus. The outreach program in Corpus Christi, a city that has always had large problems with heroin, now reports there are 10 stories on local TV about methamphetamine incidents for every 1 story on heroin.

Exhibit 19 shows the number of deaths that involved poisoning by psychostimulants, which include methamphetamine and amphetamine. There were 133 in 2006, 106 in 2007, 111 in 2008, 134 in 2009, 157 in 2010, 203 in 2011, 197 in 2012, and 349 in 2013.

Methamphetamine represented 21 percent of all items analyzed by forensic laboratories in 2005. In 2011, drug reports for methamphetamine among items analyzed dropped to 13 percent, and such reports rose to 23 percent in 2013 (exhibit 19). Amphetamine was present in less than 1 percent of the drug reports among items analyzed by NFLIS laboratories in 2013.

With regard to methamphetamine, HIV outreach workers in Austin in the spring of 2013 were reporting more psychosis, better “highs,” and more use of needles, particularly in closed social groups of MSM. Outreach programs elsewhere in the State reported methamphetamine use was increasing and was considered by some as more popular than alcohol or cocaine. There were also reports of increasing syphilis cases among those using crystal methamphetamine, especially in social circles that engage in risky sex. Some of these individuals were injecting methamphetamine and also using GHB, Rohypnol®, and ketamine.

STRIDE statistics comparing 2011 with 2012 showed methamphetamine seizure amounts decreased slightly, from 397 to 356 kilograms. However, EPIC data comparing 2011 with 2012 showed methamphetamine seizure amounts in Texas rose 65 percent, from 1,966 to 3,251 kilograms, respectively.

The Dallas DEA FD reported a high availability of methamphetamine, with crystal methamphetamine predominant. Less liquid was seized in 2013, and the prices were reportedly decreasing. In El Paso, methamphetamine is reported as moderately available but with increased levels of trafficking. The small "one pot" and "micro laboratories" are still seen in El Paso. In the Houston FD, seizures have decreased, but a laboratory to convert the liquid methamphetamine into crystal was seized.

The cost of pound quantities of powder methamphetamine decreased from $12,000–$34,000 to $8,000–$15,000 between 2012 and 2013.

Molly

"Molly" was originally a slang term for a very pure crystalline form of MDMA. Given the shortage of MDMA in 2013, laboratories that test for MDMA are reporting that the drug that is sold as Molly actually contains 4-MEC (4-Methyl-N-Ethylcathinone), cocaine, MDA, or methylone. Molly is often sold in a powder-filled capsule or in an Eppendorf tube, which is a small pipette. Desired effects include euphoria, but there are also reports of increased paranoia, agitated delirium, hallucinations, psychotic episodes, or violent or destructive self-harm behavior. Street outreach workers report that Molly was making a comeback, particularly in bars, gay clubs, and in the hip-hop scene. Because of the scarcity of MDMA, most Molly capsules contain little MDMA.

Synthetic Cathinones

Emerging psychoactive substances include the substituted or synthetic cathinones, as well as mephedrone (3-MMC), methylone (4-MMC), MDPV (3,4-methylenedioxypyrovalerone), and Alpha-PVP (alpha-pyrrolidinopentiophenone). These are designer substances of the phenethylamine class and are cathinone derivatives from the khat plant; their pharmacology and structure are similar to MDMA and amphetamine.

These drugs are usually supplied as white crystalline powders, although they also are available in tablet form. They are sold over the Internet and through "head shops," convenience stores, gas stations, tattoo parlors, and truck stops. They are often labeled as "bath salts," "plant food," or "insect repellant." Their street names include "bubbles," "snow," "M-cat," and "meow." They are usually ingested or inhaled, and they are reported to produce euphoria, increased energy, empathy, talkativeness, and intensification of sensory experiences, as well as sexual arousal. There is no information on the contents or dosing instructions, and the ingredients may vary from package to package.

Final orders to temporarily schedule these drugs under the Federal Controlled Substances Act went into effect on July 9, 2012, and March 7, 2013, and synthetic cathinones were controlled under Penalty Group 2 in Texas on September 1, 2011.

The Texas Poison Center Network data show the number of human exposures to synthetic cathinones peaked in 2011 (exhibit 5). Between 2010 and 2013, 15 percent of the cases were younger than 20, with an age range of 12–67. Nearly three-quarters (74 percent) were male; 87 percent intended to abuse or misuse the drug; and common symptoms included tachycardia, hypertension, agitation, confusion, and hallucinations. For 47 percent of the cases, a moderate effect was reported (patient returns to pre-exposure state). For 12 percent of the cases, there was a "major" effect that was

life-threatening or caused significant residual disability. Four deaths were reported by the Texas poison control centers between 2010 and 2013.

Street outreach workers reported that people were using synthetic cathinones when they could not find or afford methamphetamine and were suffering abscesses and pain from injecting the substances.

The forensic laboratories in Texas identified 156 reports from drug items that were synthetic cathinones in 2010; there were 615 reports in 2011, 1,240 in 2012, and 553 in 2013 (exhibit 5). In 2010, there were 5 variations of synthetic cathinones, compared with 15 varieties in 2011, 28 in 2012, and 15 in 2013. Methylone was the most common variety seen over these years. Doses of synthetic cathinones sold in 2013 for $5–$25 in Houston and for $20–$70 in El Paso.

PCP

Although PCP is not usually associated with the use of the new psychoactive drugs, it is included in this section because the reactions from its use are often compared with the serious reactions to synthetic cathinones. Additionally, because of the difficulty in quickly identifying cathinones, there may be confusion as to which drug is actually being seen on the street, based on reports from street outreach workers and emergency personnel.

PCP is known as “Wet,” “Wack,” “PCP,” or formaldehyde. Often, marijuana/cannabis joints are dipped in formaldehyde that contains PCP, or PCP is sprinkled on the joint or cigarette. The number of poison control center cases involving PCP declined from 290 in 2008 to 145 in 2013 (exhibit 22); the average age in 2013 was 31.

Exhibit 22 shows an increase in the number of clients entering treatment statewide with a primary problem with PCP, from 487 in 2008 to 723 in 2013. Of the clients in 2013, 82 percent were Black; 42 percent were male; 55 percent were involved in the criminal justice system; and 11 percent were employed full time (appendix 1).

Forensic laboratories identified 273 PCP items in 2006, compared with 326 in 2007, and 382 in 2008; there were 371 reports for PCP among drug items analyzed in 2009, 394 in 2010, 388 in 2011, 436 in 2012, and 445 in 2013 (exhibit 22).

The El Paso FD reported 16 pounds of PCP were seized in route from California to Fort Worth, with another large seizure in Arizona, which may indicate a resurgence of the drug. PCP cost $20 per dipped cigarette and $700–$1,200 per gallon in San Antonio.

Psilocybin and Psilocybin

Psilocybin and psilocin are naturally occurring psychedelics with a long history of human use. Both are present in “psychedelic” or “magic” mushrooms. Psilocybin, the better known of these two chemicals, is metabolized after ingestion into psilocin, which is the primary active chemical. These two drugs are in the tryptamine family, which are hallucinogenic and are found in plant sources and toad and shamantic brews, such as the ayahuasca brew. Other tryptamines include 5-Me0-DMT and 4-AcO-DMT.

In 2006, there were 96 cases of human exposure to hallucinogenic mushrooms, compared with 126 in 2007, 93 in 2008, 96 in 2009, 85 in 2010, 59 in 2011, 108 in 2012, and 107 in 2013. The average age of these cases in 2013 was 25, and 77 percent were male.

There were also four treatment admissions in 2012 and five in 2013 with a primary problem with psilocybin mushrooms. The average age in 2013 was 29; 80 percent were White; and 100 percent were male.

Forensic laboratories reported 136 psilocin items in 2006, 155 in 2007, and 192 in 2008; there were 241 reports for psilocin among analyzed drug items in 2009, 242 in 2010, 173 in 2011, 269 in 2012, and 156 in 2013. There was 1 psilocybin/psilocin exhibit in 2007and 3 in 2008; there were 12 reports among analyzed drug items in 2009, 12 in 2010, 6 in 2011, 13 in 2012, and 10 in 2013. Psilocybine exhibits totaled 11 in 2006 and 18 in 2007; there were 7 reports among analyzed drug items in 2009, 3 in 2009, 4 in 2010, 4 in 2011, 2 in 2012, and 2 in 2013.

Other Abused Substances

Inhalants

The 2012 secondary school survey found that 16 percent of students in grades 7–12 had ever used inhalants, and 5 percent had used in the past month. Inhalant use has a peculiar age pattern not observed with any other substance. The prevalence of lifetime and past-month inhalant use was higher in the lower grades and lower in the upper grades. This decrease in inhalant use as students age may be partially related to the fact that some inhalant users drop out of school early and are not in school in later grades to participate in later surveys. In addition, the Texas school surveys have consistently found that eighth graders reported use of more kinds of inhalants than any other grade, which may be a factor that exacerbates the damaging effects of inhalants and leads to dropping out of school. The 2011 YRBS reported that 11.4 percent of Texas high school students had ever used inhalants, compared with 11.9 percent in 2009, 12.9 percent in 2007, 13.2 percent in 2005, and 13.9 percent in 2001. Inhalant abusers represented 0.1 percent of the admissions to treatment programs in 2013 (appendix 1).

Steroids

The Texas school survey reported that 1.7 percent of all secondary students surveyed in 2012 had ever used steroids, and 0.5 percent had used steroids during the month before the survey. The 2011 YRBS found lifetime use among Texas high school students was 4.8 percent, compared with 2.9 percent in 2009 and 3.9 percent in 2007.

Carisoprodol (Soma®)

On January 11, 2012, carisoprodol became a Schedule IV drug nationally. Texas poison control centers confirmed that exposure cases of intentional misuse or abuse of this muscle relaxant increased from 83 in 1998 to 151 cases in 2013; the average age was 35.

Forensic laboratory exhibits identified as carisoprodol have fluctuated. The numbers of items identified were 1,047 in 2006, compared with 1,256 in 2007, and 902 in 2008; there were 1,098 reports

identified as carisoprodol among analyzed items in 2009, 1,471 in 2010, 1,122 in 2011, 838 in 2012, and 511 in 2013.

Carisoprodol is one of the most popular drugs in the illicit drug market in the Dallas/Fort Worth area and is part of the combination with hydrocodone and alprazolam that is known as the "Houston Cocktail" or "Holy Trinity."

Drug Abuse Patterns on the Texas–Mexico Border

Exhibit 23 shows the lifetime prevalence of use of different drugs by Texas secondary school students. Border students were more likely to report use of Rohypnol®, cocaine or crack, and MDMA/ecstasy than nonborder students.

When asked which substances were very easy to obtain, border students were more likely than nonborder students to report Rohypnol® (5 versus 1 percent), cocaine or crack (7 versus 4 percent), and MDMA/ecstasy (8 versus 5 percent). Both groups reported powder cocaine was easy to obtain, as was crack cocaine.

Different patterns were also seen in border and nonborder admissions to DSHS-funded treatment in 2013 (exhibits 24 and 25). Border clients were more likely to report problems with marijuana/cannabis (31 versus 27 percent), cocaine (15 versus 13 percent), and heroin (14 versus 12 percent). Nonborder clients were more likely to report problems with methamphetamine (11 versus 1 percent).

Reports from the three forensic laboratories on the border show different trafficking patterns (exhibit 25). All three laboratories reported the amount of cocaine examined had increased substantially, which could point to a potential return of a larger supply of cocaine. The laboratory in El Paso in 2012 reported that approximately 50 percent of the drug reports among analyzed items were identified as marijuana/cannabis, followed by cocaine (29 percent). In 2013, the proportion of marijuana/cannabis reports dropped to 32 percent, and the proportion of cocaine reports rose to 43 percent. In Laredo in 2012, 48 percent of the drug reports were marijuana/cannabis and 21 percent were cocaine; in 2013, marijuana/cannabis had dropped to 28 percent and cocaine had increased to 32 percent. In McAllen, the proportion of cocaine increased from 50 to 65 percent and marijuana/cannabis remained level at 20–23 percent between 2012 and 2013.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

Hepatitis C

Hepatitis C virus (HCV) is the leading cause of liver failure and liver transplantation in the United States, and injection drug users (IDUs) are particularly susceptible to this disease (with as many as 70 percent or more of this population testing positive for the virus). In addition, many IDUs have little, if any, consistent health care and are largely unaware of their HCV infection status. Those who are successful in accessing health care and are diagnosed with hepatitis C are rarely offered antiviral treatment. If they are offered HCV treatment, they often face additional treatment challenges, since many suffer from mental health disorders and/or HIV in addition to HCV and drug addiction. Street outreach workers are reporting increasing numbers of HCV-positive cases, particularly among younger populations.

The Texas DSHS estimated in 2011 that 1.8 percent of Texans were infected with HCV. The number of acute HCV cases has fluctuated from 57 in 2006, to 68 in 2007, to 59 in 2008, to 36 in 2009, to 35 in 2010, to 37 in 2011, and to 44 in 2012.

Sexually Transmitted Diseases

Street outreach workers were reporting increasing numbers of syphilis cases among young males engaging in homosexual activity, along with reports of both males and females selling their bodies for drugs or to obtain money for other needs, including food and housing. There were more reports of people using the Internet and classified ads to market their service, such as through the use of smart phone applications, like GRNDR and Craig's List.

From 2007 to 2013, the number of chlamydia cases reported in the State of Texas increased each year, from 84,784 to 125,114 cases, respectively. The number of gonorrhea cases reported during this same time period averaged 31,000 cases annually.

Primary and secondary syphilis peaked in 2009, with 1,644 cases reported. The case numbers decreased in 2010 (*n*=1,231) and 2011 (*n*=1,162), but they increased in 2012 (*n*=1,624) and decreased to 1,468 in 2013. Reflecting the similar trend in primary and secondary syphilis cases, total syphilis cases peaked in 2009, with 6,989 cases reported, and the case numbers decreased in 2010 (*n*=6,382) and in 2011 (*n*=6,142), increased in 2012 (*n*=7,058) and decreased in 7,019 in 2013.

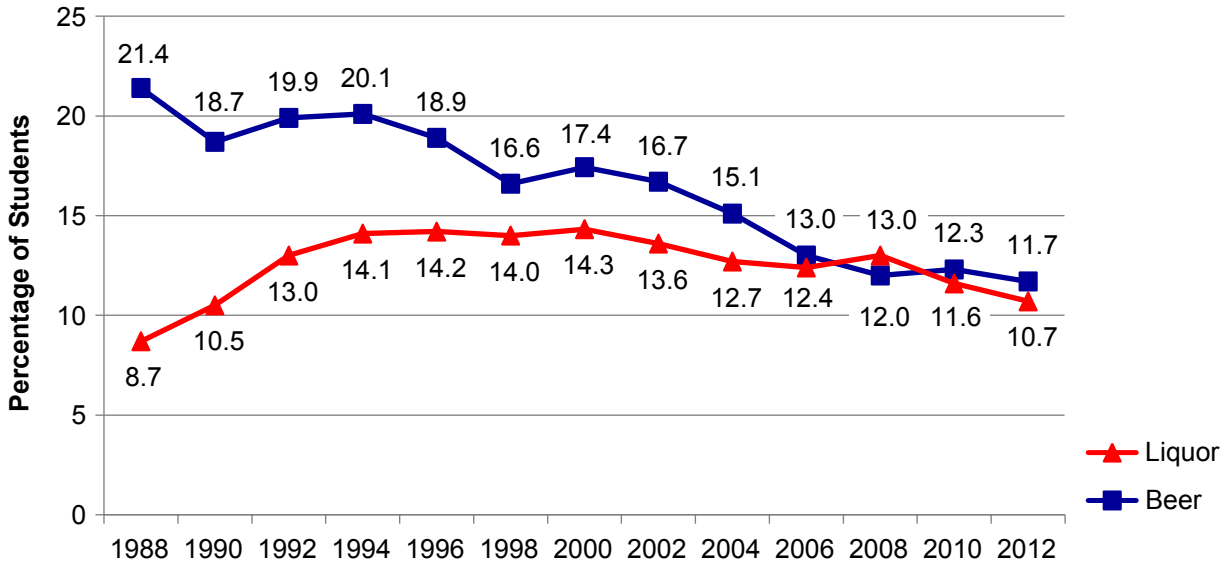
The case rates for chlamydia were higher for females through age 44 and the case rates for gonorrhea were higher for female teenagers and females younger than 25. The case rates for syphilis were higher for males in all age groups (exhibit 27).

AIDS Cases

The proportion of AIDS cases among men MSM decreased from 81 percent in 1987 to 49 percent in 1999 before rising to 59 percent in 2013 (exhibit 28). Of the 2013 cases, 27 percent reported heterosexual mode of exposure, and 10 percent were IDUs. The proportions of cases involving IDUs or IDUs/MSM have decreased over time. Persons infected with AIDS were increasingly likely to be people of color. Of the AIDS cases in 2013, 42 percent were Black; 22 percent were White; and 36 percent were Hispanic (exhibit 29). The proportion of IDUs entering DSHS-funded treatment programs decreased from 32 percent in 1988 to 16 percent in 2013.

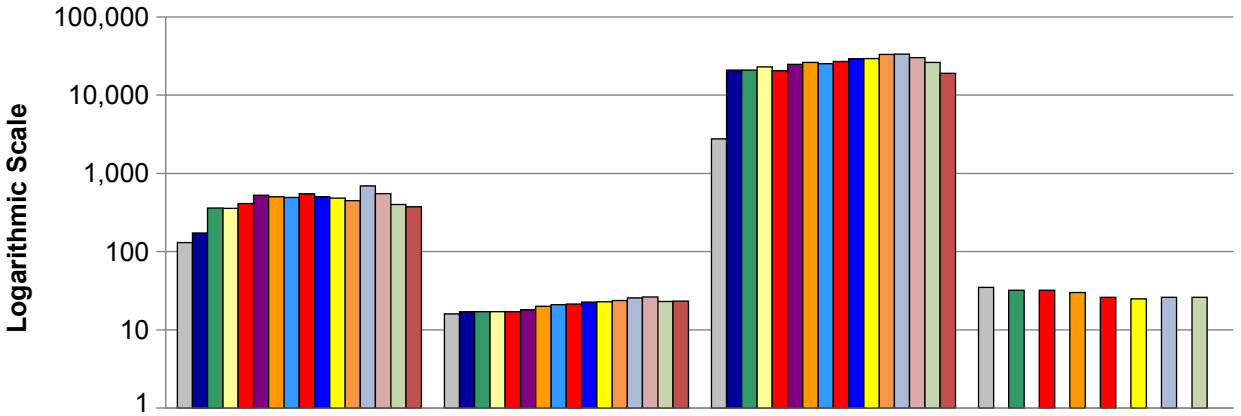
For inquiries regarding this report, contact Jane C. Maxwell, Ph.D., Senior Research Scientist, School of Social Work, The University of Texas at Austin, Suite 335, 1717 West 6th Street, Austin, TX 78703, Phone: 512–232–0610, Fax: 512–232–0617, E-mail: jcmaxwell@austin.utexas.edu.

Exhibit 1. Percentage of Secondary Students Who Reported They Normally Consumed Five or More Drinks at One Time, by Selected Specific Alcoholic Beverage, Texas: 1988–2012



SOURCE: Texas Department of State Health Services

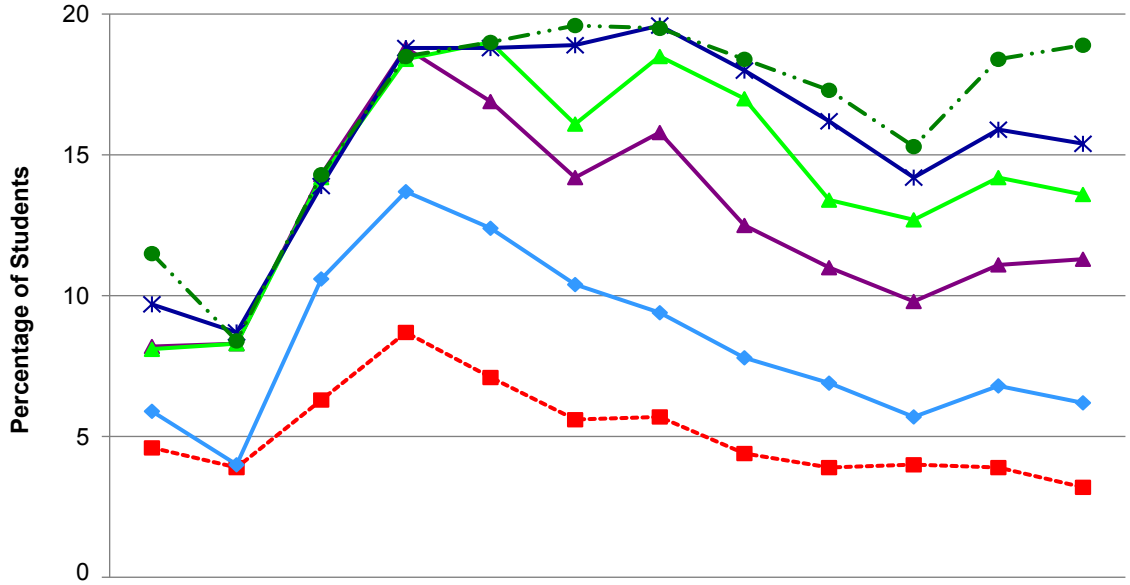
Exhibit 2. Number of Texas Poison Control Center (PCC) Calls, Percentage of Treatment Admissions, Number of NFLIS Toxicology Laboratory Exhibits,[1] and Lifetime Prevalence of Marijuana Use (Percentage Ever Used Marijuana): 1998–2013



	# PCC Calls	% Treatment Admissions	# Toxicology Exhibits[1]	% Ever Used School Survey
1998	130	16.0	2,753	35.0
1999	173	17.0	20,882	—
2000	360	17.0	20,935	32.0
2001	358	17.0	22,954	—
2002	412	17.0	20,594	32.0
2003	525	18.0	24,736	—
2004	502	20.0	26,255	30.0
2005	492	21.0	25,324	—
2006	544	21.4	27,070	26.0
2007	502	22.7	29,057	—
2008	484	22.8	29,337	25.0
2009	448	23.7	33,120	—
2010	693	25.7	33,353	26.0
2011	550	26.3	30,212	—
2012	401	23.0	26,263	26.2
2013	374	23.3	18,974	—

[1]From 1998 to 2008, the NFLIS items shown represent the primary drug identified in an analyzed drug item, while from 2009 to 2013, the NFLIS counts refer to drug reports rather than items and include up to three drug reports for each item analyzed (primary, secondary, and tertiary reports).
SOURCES: Texas Poison Control Network; Texas Department of State Health Services; NFLIS, DEA; and Texas School Survey of Substance Abuse: Grades 7–12, 2012, Texas Department of State Health Services

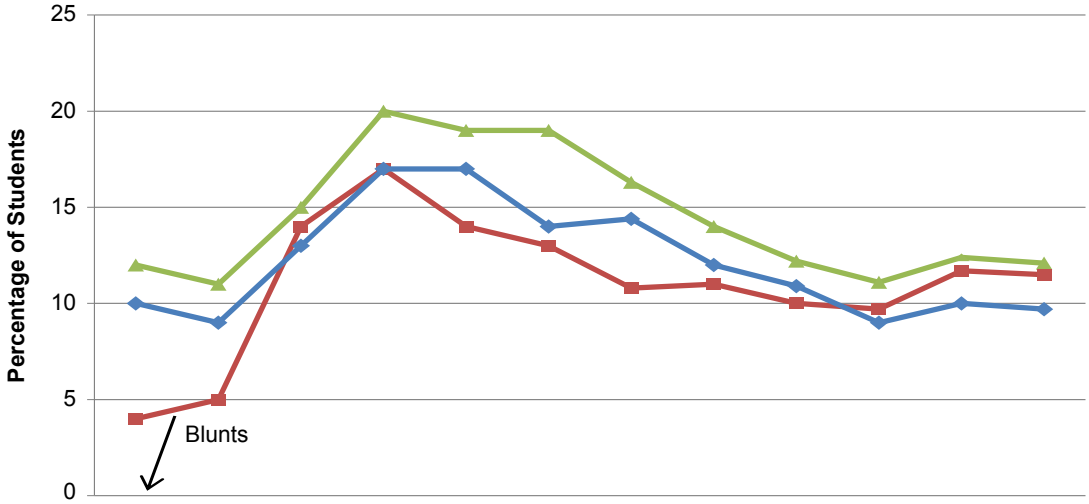
Exhibit 3. Percentage of Secondary Students Who Had Used Marijuana in the Past Month, by Grade, Texas: 1990–2012



	1990	1992	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Grade 7	4.6	3.9	6.3	8.7	7.1	5.6	5.7	4.4	3.9	4.0	3.9	3.2
Grade 8	5.9	4.0	10.6	13.7	12.4	10.4	9.4	7.8	6.9	5.7	6.8	6.2
Grade 9	8.2	8.3	14.3	18.8	16.9	14.2	15.8	12.5	11.0	9.8	11.1	11.3
Grade 10	8.1	8.3	14.2	18.4	19.0	16.1	18.5	17.0	13.4	12.7	14.2	13.6
Grade 11	9.7	8.7	13.9	18.8	18.8	18.9	19.6	18.0	16.2	14.2	15.9	15.4
Grade 12	11.5	8.4	14.3	18.5	19.0	19.6	19.5	18.4	17.3	15.3	18.4	18.9

SOURCE: Texas School Survey of Substance Abuse: Grades 7–12, 2012, Texas Department of State Health Services

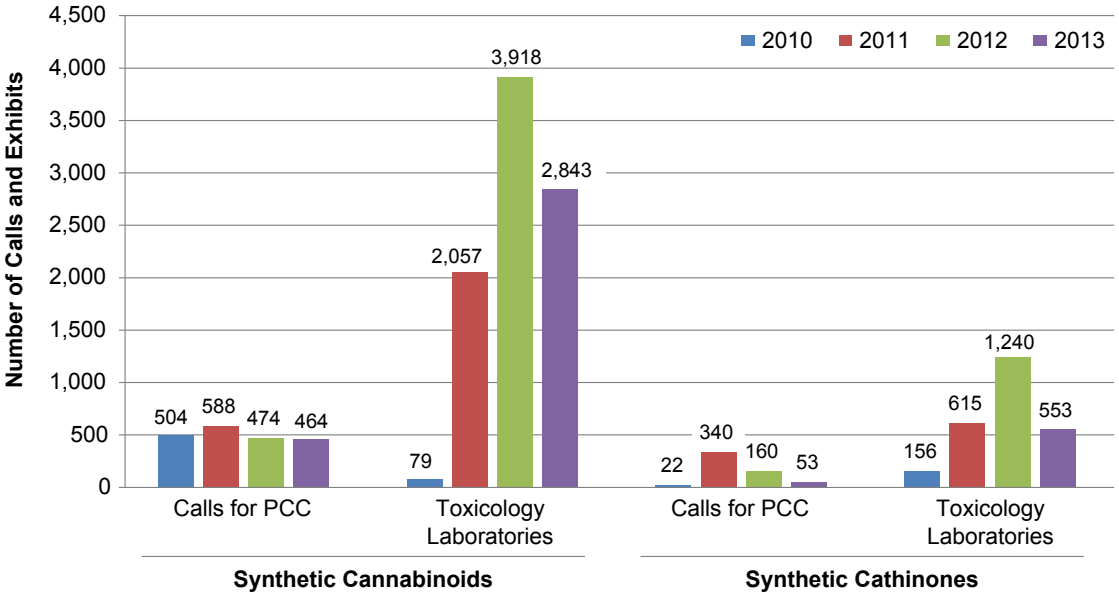
Exhibit 4. Percentage of Secondary Students Who Had Used Marijuana in the Past Month, by Ethnicity, Texas: 1990–2012



	1990	1992	1994	1996	1998	2000	2002	2004	2006	2008	2010	2012
Whites	10.0	9.0	13.0	17.0	17.0	14.0	14.4	12.0	10.9	9.0	10.0	9.7
Blacks	4.0	5.0	14.0	17.0	14.0	13.0	10.8	11.0	10.0	9.7	11.7	11.5
Hispanics	12.0	11.0	15.0	20.0	19.0	19.0	16.3	14.0	12.2	11.1	12.4	12.1

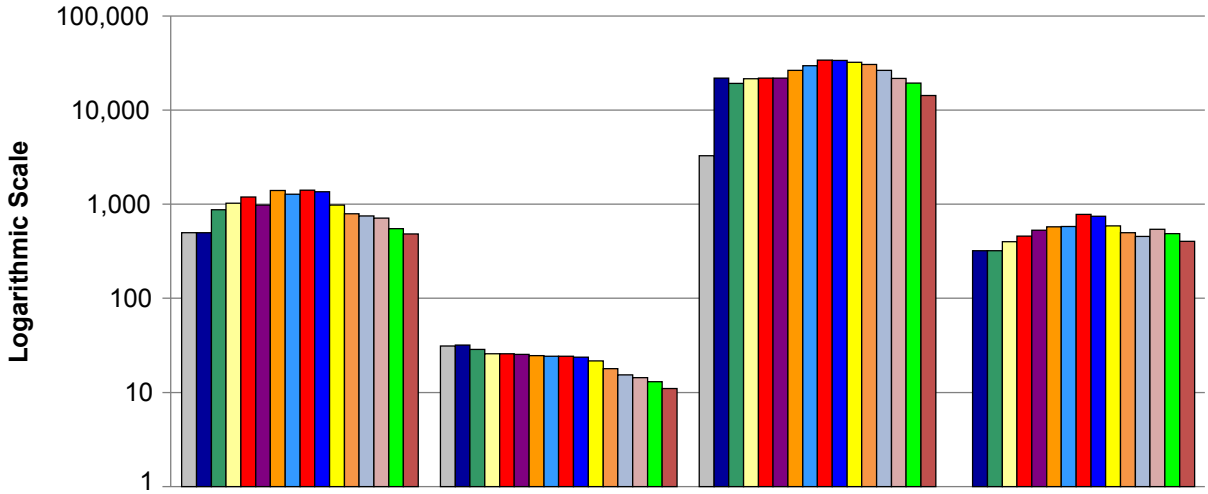
SOURCE: Texas School Survey of Substance Abuse: Grades 7–12, 2012, Texas Department of State Health Services

Exhibit 5. Number of Poison Control Center (PCC) Calls Involving Human Exposure to Selected Substances and NFLIS Forensic Laboratory Exhibits Identified as Synthetic Cannabinoids and Synthetic Cathinones: 2010–2013



SOURCES: Texas Department of State Health Services; NFLIS, DEA

Exhibit 6. Number of Poison Control Center (PCC) Calls, Percentage of Treatment Admissions, Number of Toxicology Laboratory Exhibits,[1] and Number of Deaths Related to Cocaine, Texas: 1998–2013



	# PCC Calls	% Treatment Admissions	# Toxicology Exhibits[1]	# Deaths
1998	497	31.2	3,270	—
1999	498	31.8	21,895	321
2000	874	28.6	19,314	320
2001	1,024	25.7	21,618	400
2002	1,195	25.7	21,972	459
2003	979	25.5	21,929	529
2004	1,405	24.7	26,485	574
2005	1,275	24.2	29,630	579
2006	1,410	24.2	34,168	778
2007	1,363	23.7	33,678	748
2008	977	21.7	32,340	588
2009	792	17.9	30,582	500
2010	753	15.3	26,549	456
2011	712	14.3	21,717	541
2012	552	13.0	19,350	487
2013	484	11.0	14,291	411

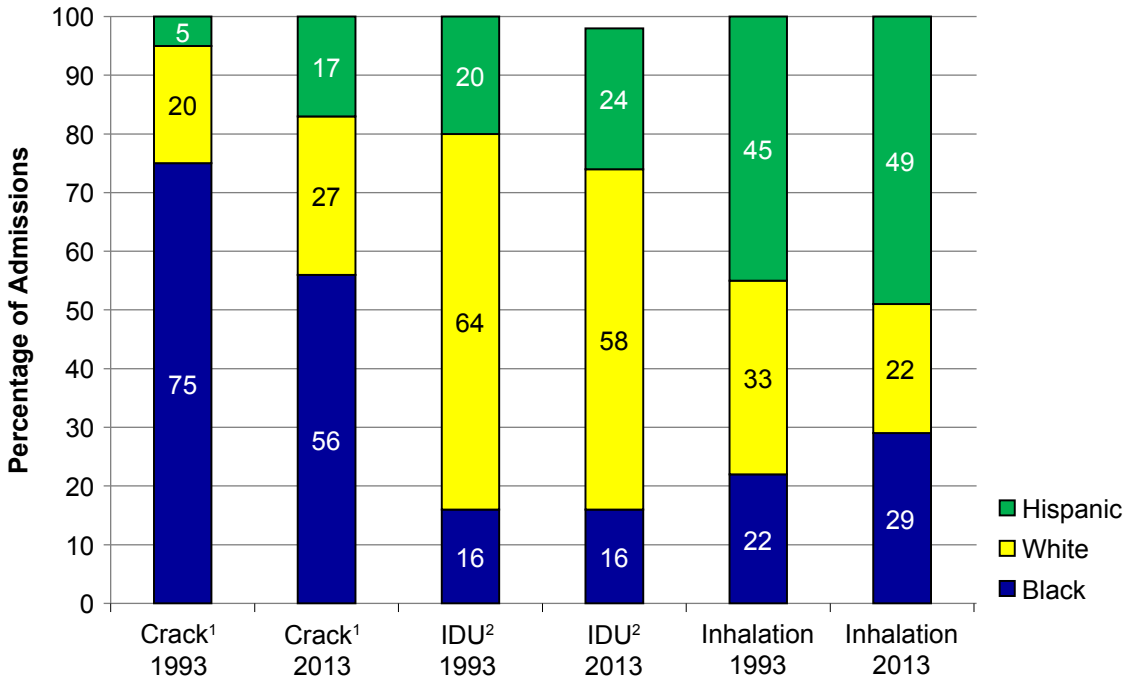
[1]From 1998 to 2008, the NFLIS exhibits shown represent the primary drug identified in an analyzed drug item, while from 2009 to 2013, the NFLIS counts represent drug reports and include up to three drug reports for each item analyzed (primary, secondary, and tertiary reports).
SOURCES: Texas Poison Control Network; Texas Department of State Health Services; NFLIS, DEA

Exhibit 7. Characteristics of Clients Admitted to Substance Abuse Treatment With a Primary Problem With Cocaine, by Route of Administration, Texas: 2013

Primary Cocaine Treatment Client Characteristics	Crack Cocaine	Powder Cocaine	Powder Cocaine	Total Cocaine
	Smoked	Injected	Inhaled	All Routes[1]
Number of Admissions	5,380	250	2,887	8,628
Percent of Primary Cocaine Admissions	62	3	33	100
Lag[2] (in Years)	17	18	12	15
Average Age (in Years)	42	38	33	39
Percent Male	50	54	53	51
Percent Black	56	17	29	46
Percent White	26	58	22	26
Percent Hispanic	15	23	49	28
Percent Criminal Justice-Involved	40	54	62	48
Percent Employed Full Time	6	12	20	11
Percent Homeless	19	16	5	14

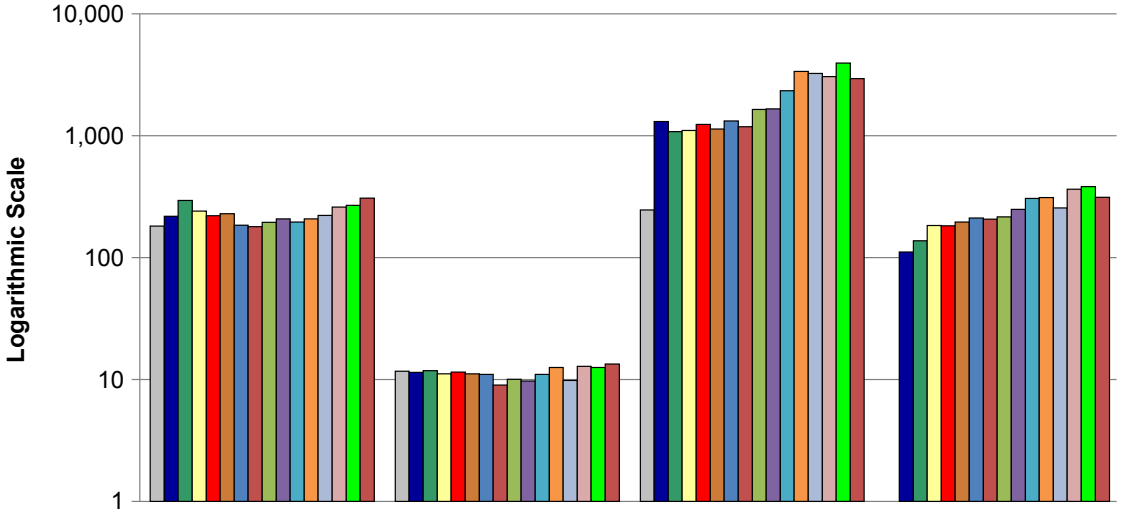
[1]Total includes clients with "other" routes of administration.
[2]Lag refers to time between first use and entry into treatment.
SOURCE: Texas Department of State Health Services

Exhibit 8. Percentage of Substance AbuseTreatment Admissions Reporting Routes of Administration of Cocaine, by Race/Ethnicity, Texas: 1993 and 2013



[1]Smoking cocaine in the form of crack.
[2]IDU=Intravenous drug use.
SOURCE: Texas Department of State Health Services

Exhibit 9. Number of Poison Control Center (PCC) Calls, Percentage of Treatment Admissions, Number of Toxicology Laboratory Exhibits,[1] and Number of Deaths Related to Heroin, Texas: 1998–2013



	# PCC Calls	% Treatment Admissions	# Toxicology Exhibits[1]	# Deaths
1998	181	11.7	246	—
1999	218	11.4	1,310	111
2000	295	11.8	1,081	137
2001	241	11.1	1,103	183
2002	221	11.5	1,241	182
2003	229	11.1	1,135	196
2004	184	11.0	1,320	211
2005	179	9.0	1,188	207
2006	195	10.0	1,643	216
2007	208	9.7	1,660	248
2008	196	11	2,338	305
2009	208	12.5	3,364	310
2010	222	9.8	3,247	256
2011	259	12.8	3,052	364
2012	268	12.5	3,934	383
2013	307	13.4	2,946	319

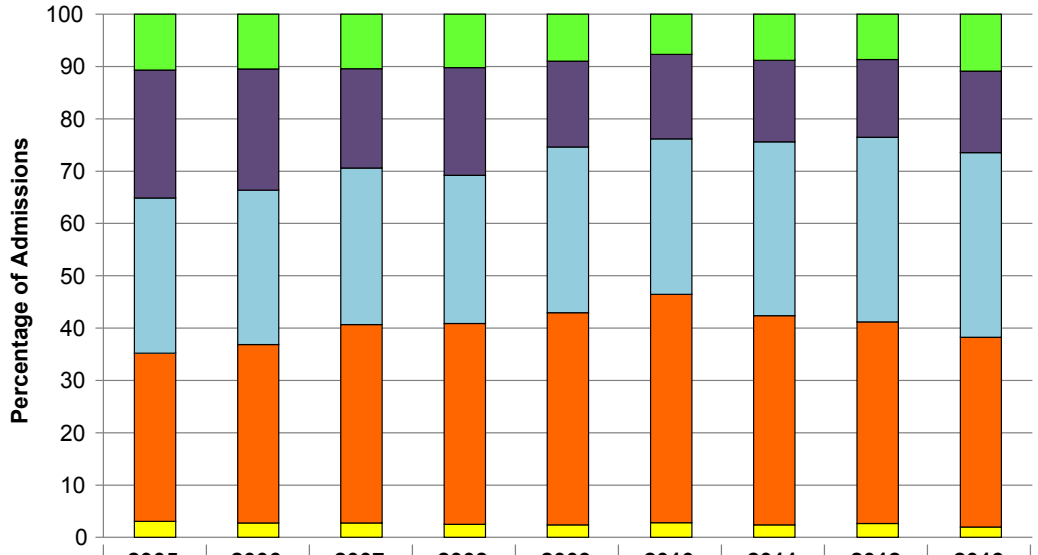
[1]From 1998 to 2008, the NFLIS items shown represent the primary drug identified in an analyzed drug item, while from 2009 to 2013, the NFLIS counts represent drug reports and include up to three drug reports for each item analyzed (primary, secondary, and tertiary reports).
SOURCES: Texas Poison Control Network; Texas Department of State Health Services; NFLIS, DEA

Exhibit 10. Characteristics of Clients Admitted to Substance Abuse Treatment With a Primary Problem With Heroin, by Route of Administration, Texas: 2013

Primary Heroin Treatment Client Characteristics	Primary Route of Administration			
	Injected	Inhaled	Smoked	All[1]
Number of Admissions	8,287	1,815	171	10,273
Percent of Heroin Admissions	81	18	2	100
Lag[2] (in Years)	12	8	7	11
Average Age (in Years)	34	30	27	39
Percent Male	62	54	68	61
Percent Black	5	16	0	7
Percent White	56	31	0	51
Percent Hispanic	38	52	0	41
Percent Criminal Justice-Involved	33	38	41	48
Percent Employed Full Time	7	6	5	7
Percent Homeless	20	8	7	18

[1]Total includes clients reporting other routes of administration.
[2]Lag refers to time from first use to the beginning of treatment.
SOURCE: Texas Department of State Health Services

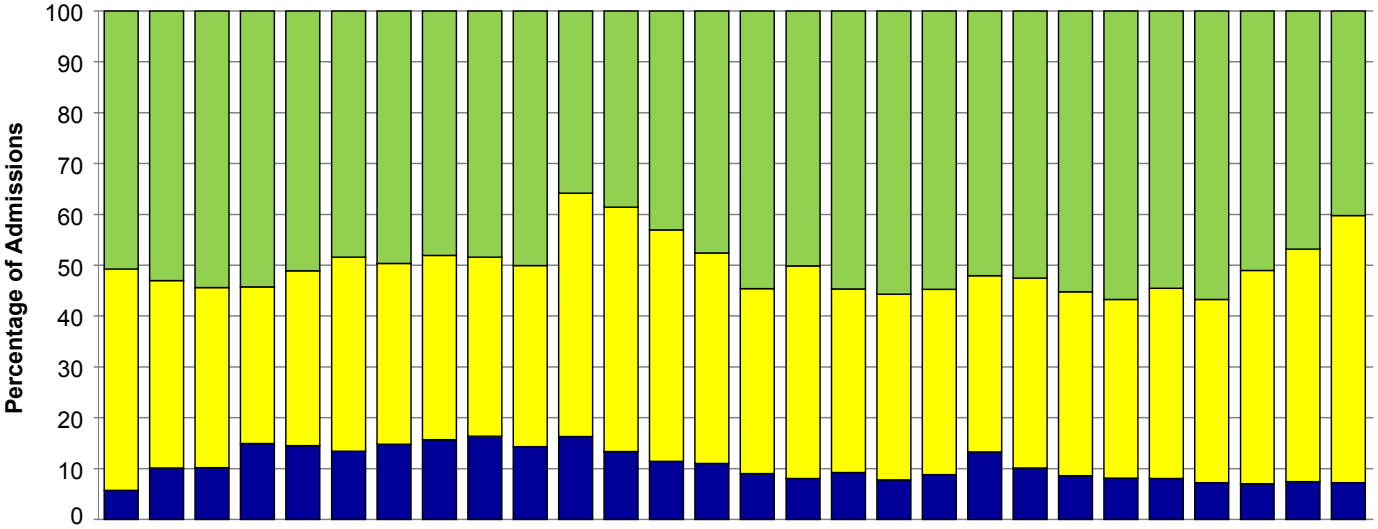
Exhibit 11. Percentage of Primary Heroin Treatment Admissions, by Age Group, Texas: 2005–2013



	2005	2006	2007	2008	2009	2010	2011	2012	2013
50 and Older	11	10	10	10	9	8	9	9	11
40s	24	23	19	21	16	16	16	15	16
30s	30	30	30	28	32	30	33	35	35
20s	32	34	38	38	41	44	40	39	36
Younger Than 20	3	3	3	2	2	3	2	3	2

SOURCE: Texas Department of State Health Services

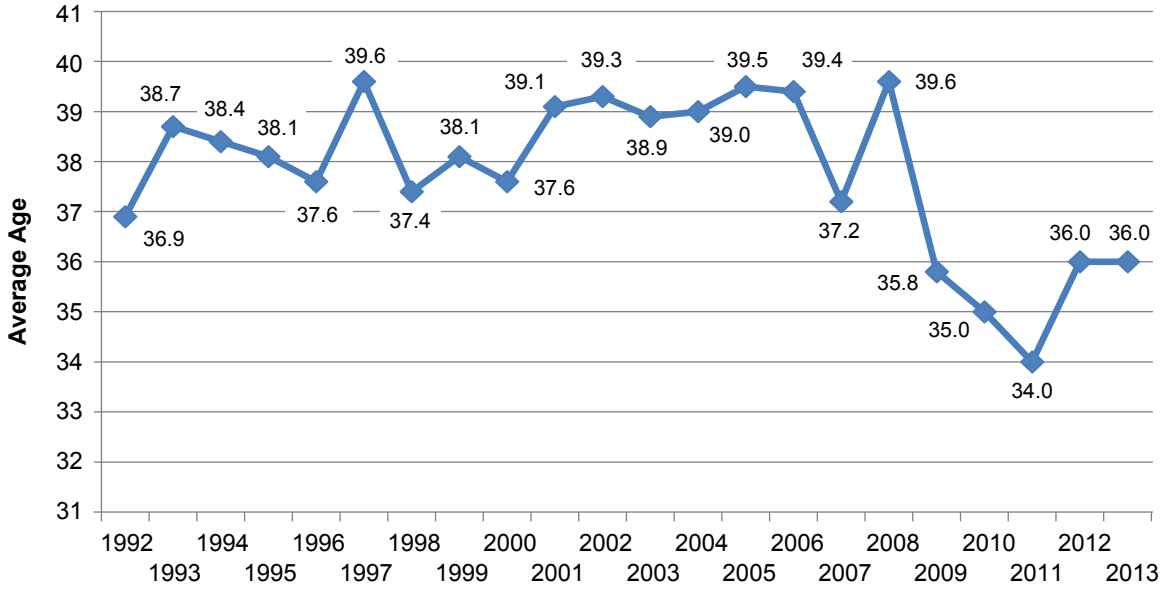
Exhibit 12. Percentage of Primary Heroin Admissions to Substance Abuse Treatment, by Race/Ethnicity, Texas: 1986–2013



	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Hispanic	51	53	54	54	51	48	50	48	48	50	36	39	43	47	54	45	54	55	54	51	52	55	56	54	52	51	44	39
White	44	37	35	31	34	38	36	36	35	36	48	48	45	41	36	37	36	36	36	34	37	36	35	37	33	42	43	51
Black	6	10	10	15	15	13	15	16	16	14	16	13	11	11	9	7	9	8	9	13	10	9	8	8	7	7	7	7

SOURCE: Texas Department of State Health Services

Exhibit 13. Average Age of Heroin Decedents, Texas: 1992–2013



SOURCE: Texas Department of State Health Services

Exhibit 14. Price and Purity of Heroin Purchased in Dallas, El Paso, Houston, and San Antonio by the DEA: 1995–2011

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Dallas Purity (%)	6.8	3.5	7.0	11.8	14.0	16.0	13.4	17.2	13.3	16.3	11.6	17.7	20.6	13.5	21.6	15.5	13.2
Price/ Milligram Pure	$2.34	$6.66	$4.16	$1.06	$1.01	$0.69	$1.36	$0.75	$0.98	$0.90	$1.11	$1.10	$1.09	$0.93	$0.91	$1.31	$0.84
El Paso Purity (%)	—	—	—	—	56.7	50.8	41.8	40.3	44.7	50.5	44.7	44.8	39.8	41.1	30.5	—[1]	—[1]
Price/ Milligram Pure	—	—	—	—	$0.49	$0.34	$0.44	$0.27	$0.40	$0.27	$0.40	$0.33	$0.49	$0.61	$0.69	—[1]	—[1]
Houston Purity (%)	16.0	26.1	16.3	34.8	17.4	18.2	11.3	28.2	27.4	24.8	24.4	18.1	7.0	6.2	6.0	3.1	3.9
Price/ Milligram Pure	$1.36	$2.15	$2.20	$2.43	$1.24	$1.14	$1.51	$0.64	$0.45	$0.44	$1.11	$1.90	$1.66	$3.05	$3.42	$6.77	$5.94
San Antonio Purity (%)	—	—	—	—	—	—	—	—	8.2	6.4	11.2	17.4	7.1	7.6	8.7	7.7	8.1
Price/ Milligram Pure	—	—	—	—	—	—	—	—	$1.97	$2.24	$0.56	$0.79	$1.88	$1.42	$1.03	$1.09	$0.85

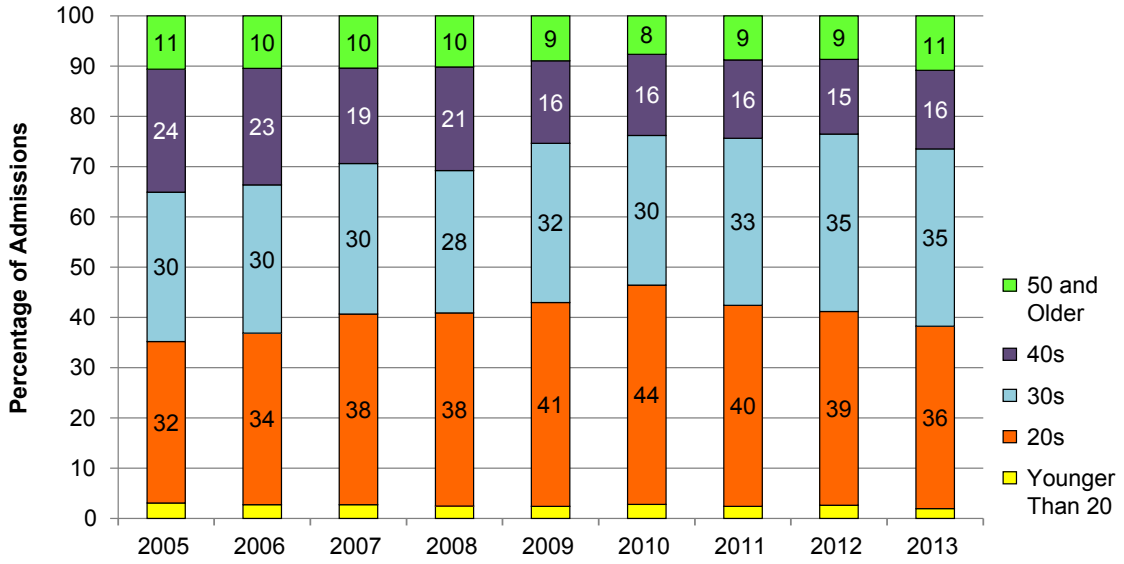
[1]There are no El Paso reports for 2010 and 2011.
SOURCE: DMP, DEA

Exhibit 15. Indicators of Abuse of Opiates, Texas: 1998–2013

Indicators	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Poison Control Center Cases of Abuse and Misuse																
Buprenorphine	—	—	4	0	2	12	12	27	33	61	83	109	130	138	116	303
Fentanyl	—	—	9	1	3	11	17	11	139	155	120	143	109	132	110	98
Hydrocodone	—	—	236	123	348	465	747	431	657	703	723	748	838	869	814	645
Methadone	—	—	66	91	46	103	378	477	402	1,081	1,169	1,134	1,104	794	575	421
Oxycodone	—	—	62	99	68	67	112	50	68	67	81	74	101	95	129	74
DSHS Treatment Admissions																
Methadone	55	69	44	52	75	86	63	91	101	113	160	145	132	180	193	170
"Other Opiates"[1]	553	815	890	1,386	2,084	2,794	3,433	3,482	3,903	4,529	5,221	5,844	2,679	2,047	1,851	1,972
Codeine[2]	—	—	—	—	—	—	—	—	—	—	—	—	—	109	102	81
Hydrocodone[2]	—	—	—	—	—	—	—	—	—	—	—	—	—	3,102	3,277	2,972
Hydromorphone[2]	—	—	—	—	—	—	—	—	—	—	—	—	—	222	275	211
Oxycodone[2]	—	—	—	—	—	—	—	—	—	—	—	—	—	342	323	326
Deaths with Mention of Substance (DSHS)																
Other Opioids	—	122	168	224	313	370	369	402	577	572	535	555	564	526	485	407
Synthetic Narcotics	—	52	52	80	120	80	94	93	113	142	120	171	165	114	124	106
Methadone	—	27	62	89	141	161	164	205	222	224	198	183	190	187	147	101
Drug Exhibits Identified by Forensic Toxicology Laboratories (NFLIS)[3]																
Hydrocodone	61	530	661	1,010	1,162	1,701	2,038	2,166	3,201	3,835	3,663	4,242	5,365	4,943	3,970	2,198
Methadone	4	20	23	52	62	79	150	184	204	251	302	288	318	320	236	205
Oxycodone	11	41	77	150	164	232	309	339	335	333	397	456	529	458	438	271
Buprenorphine	0	9	12	6	10	11	6	6	13	25	43	89	137	133	88	53

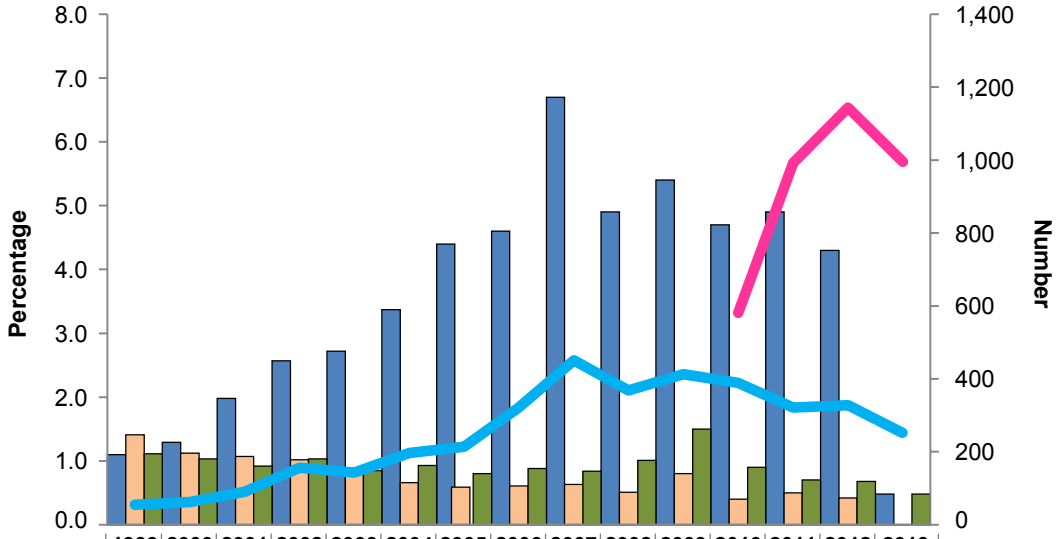
[1]"Other Opiates" refers to all opiates/opioids other than heroin until 2010; starting in 2011, specific opioids are reported.
[2]As of 2011, information on most common opioids is reported separately.
[3]The toxicology laboratory data (NFLIS) are not complete for 2009 and 2011. Two months of data for 2012 were not reported.
SOURCES: Texas Poison Control Network; Texas Department of State Health Services; NFLIS, DEA

Exhibit 16. Percentage of Treatment Admissions With Primary Opioid Problems, by Age Group, Texas: 2005–2013



SOURCE: Texas Department of State Health Services

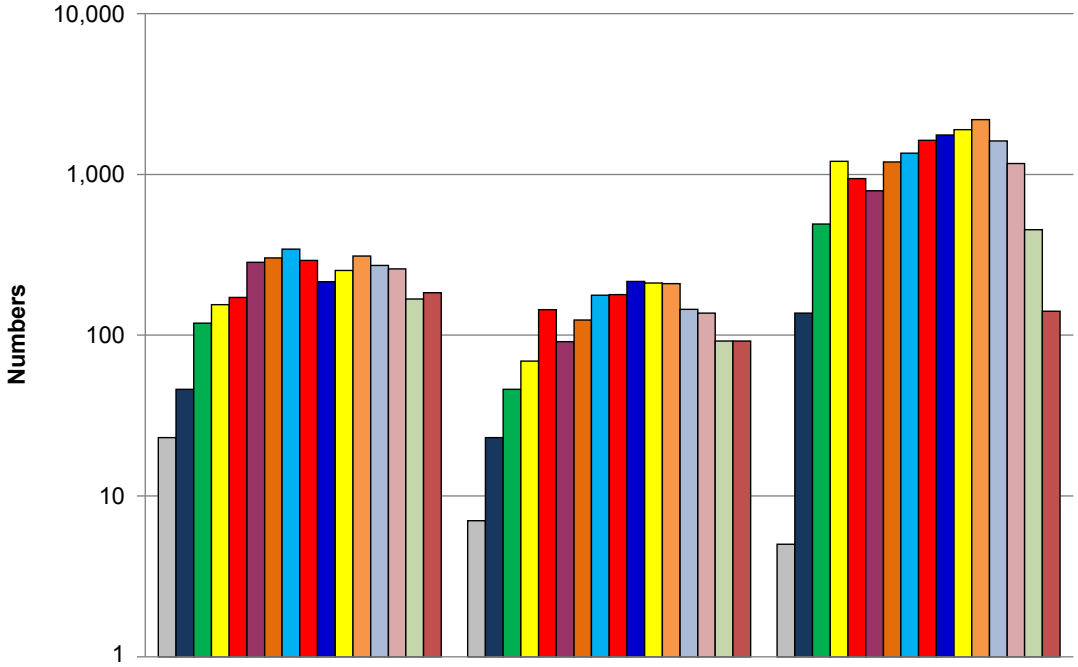
Exhibit 17. Percentage of Drug Reports Among Items Identified in NFLIS Toxicology Laboratories, Number of Deaths, and Percentage of Primary Treatment Admissions Related to Selected Benzodiazepines, Texas: 1999–2013



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Alprazolam NFLIS	1.1	1.3	2.0	2.6	2.7	3.4	4.4	4.6	6.7	4.9	5.4	4.7	4.9	4.3	0.5
Diazepam NFLIS	1.4	1.1	1.1	1.0	0.8	0.7	0.6	0.6	0.6	0.5	0.8	0.4	0.5	0.4	0.0
Clonazepam NFLIS	1.1	1.0	0.9	1.0	0.9	0.9	0.8	0.9	0.8	1.0	1.5	0.9	0.7	0.7	0.5
Benzodiazepine Deaths	55	62	90	156	143	197	214	322	451	368	413	389	321	327	254
Alprazolam Treatment Admissions	—	—	—	—	—	—	—	—	—	—	—	581	992	114	995

SOURCES: Texas Department of State Health Services; NFLIS, DEA

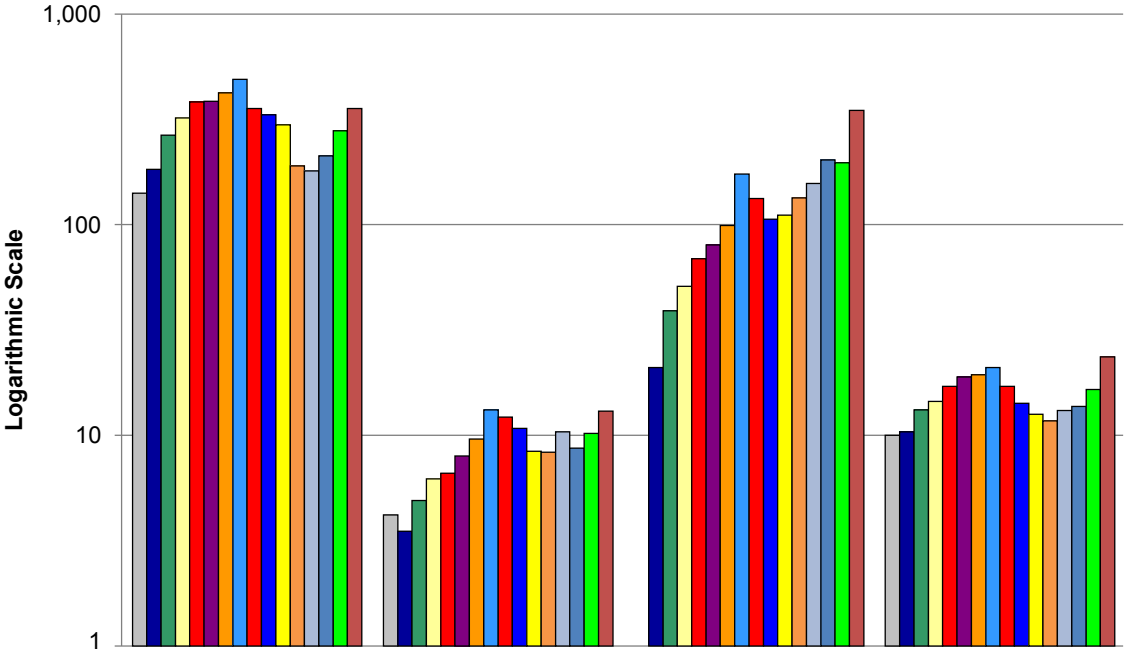
Exhibit 18. Numbers of Poison Control Center (PCC) Calls, Treatment Admissions, and Toxicology Laboratory Exhibits[1] for MDMA, Texas: 1998–2013



	PCC Calls	Treatment Admissions	Toxicology Exhibits[1]
1998	23	7	5
1999	46	23	137
2000	119	46	492
2001	155	69	1,208
2002	172	144	941
2003	284	91	791
2004	302	124	1,195
2005	343	177	1,358
2006	292	179	1,626
2007	215	216	1,758
2008	253	211	1,898
2009	310	209	2,192
2010	272	145	1,613
2011	258	137	1,167
2012	168	92	453
2013	184	92	141

[1]From 1998 to 2008, the NFLIS items shown represent the primary drug identified in an analyzed drug item, while from 2009 to 2013, the NFLIS counts represent drug reports and include up to three drug reports for each item analyzed (primary, secondary, and tertiary reports).
SOURCES: Texas Poison Control Network; Texas Department of State Health Services; NFLIS, DEA

Exhibit 19. Number of Poison Control Center (PCC) Calls, Percentage of Treatment Admissions, Number of Deaths, and Percentage of Toxicology Laboratory Exhibits[1] Related to Methamphetamine, Texas: 1998–2013



	# PCC Calls	% Treatment Admissions	# Deaths	% Toxicology Laboratory Exhibits[1]
1998	141	4.2	—	10.0
1999	183	3.5	21	10.4
2000	266	4.9	39	13.2
2001	321	6.2	51	14.5
2002	382	6.6	69	17.1
2003	385	8.0	80	18.9
2004	423	9.6	99	19.4
2005	490	13.2	174	21.0
2006	356	12.2	133	17.1
2007	332	10.8	106	14.2
2008	298	8.4	111	12.6
2009	190	8.3	134	11.7
2010	180	10.4	157	13.1
2011	212	8.7	203	13.7
2012	279	10.2	197	16.5
2013	356	13.0	349	23.6

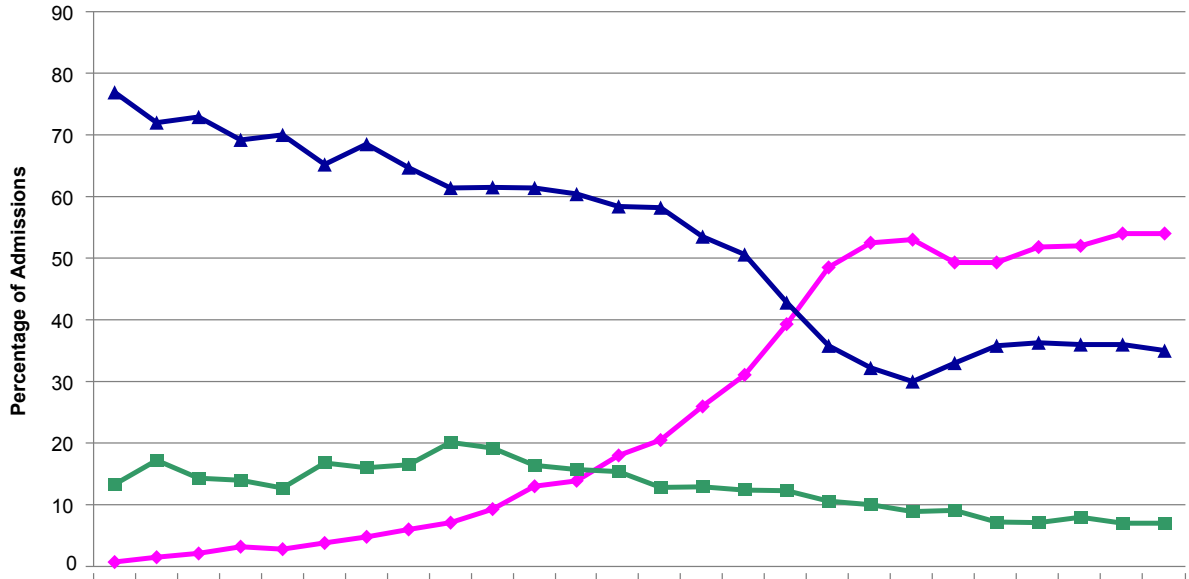
[1]From 1998 to 2008, the NFLIS items shown represent the primary drug identified in an analyzed drug item, while from 2009 to 2013, the NFLIS counts represent drug reports and include up to three drug reports for each item analyzed (primary, secondary, and tertiary reports).
SOURCES: Texas Poison Control Network; Texas Department of State Health Services; NFLIS, DEA

Exhibit 20. Characteristics of Treatment Admissions with a Primary Problem of Amphetamines or Methamphetamine, by Route of Administration, Texas: 2013

Characteristics of Treatment Admissions	Route of Administration				
	Injection	Inhalation	Smoking	Oral	All[1]
Number of Treatment Admissions	3,549	720	5,565	325	10,159
Percent of Stimulant Admissions	35	7	55	3	100
Lag[2] (in Years)	13	12	17	16	16
Average Age (in Years)	33	33	32	33	32
Percent Male	43	43	39	38	41
Percent Black	1	3	3	2	2
Percent White	88	75	75	85	80
Percent Hispanic	9	20	21	11	16
Percent Criminal Justice Involved	53	50	51	53	51
Percent Employed Full Time	8	15	12	14	11
Percent Homeless	20	9	11	10	14

[1]Total includes clients with "other" routes of administration.
[2]Lag refers to time between first use of drug and treatment entry.
Source: Texas Department of State Health Services

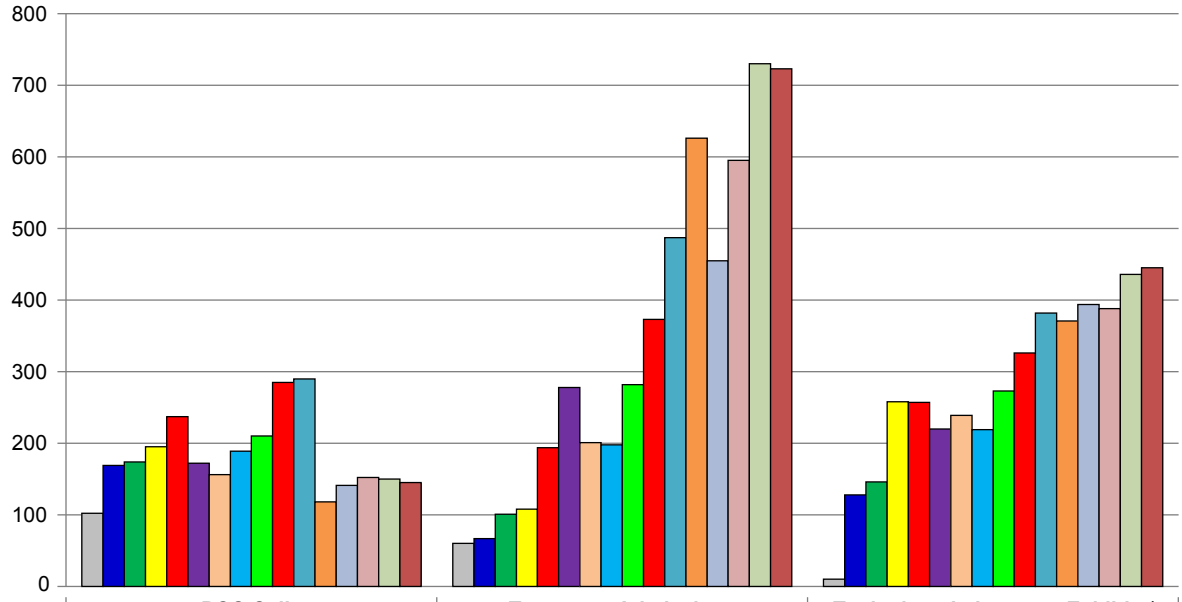
Exhibit 21. Percentage of Route of Administration of Methamphetamine by Clients Admitted to Substance Abuse Treatment Programs, Texas: 1988–2013



	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Smoking	1	1	2	3	3	4	5	6	7	9	13	14	18	21	26	31	39	49	53	53	49	49	52	52	54	54
Inhaling	13	17	14	14	13	17	16	17	20	19	16	16	15	13	13	12	12	11	10	9	9	7	7	8	7	7
Injecting	77	72	73	69	70	65	69	65	61	62	61	60	58	58	54	51	43	36	32	30	33	36	36	36	36	35

SOURCE: Texas Department of State Health Services

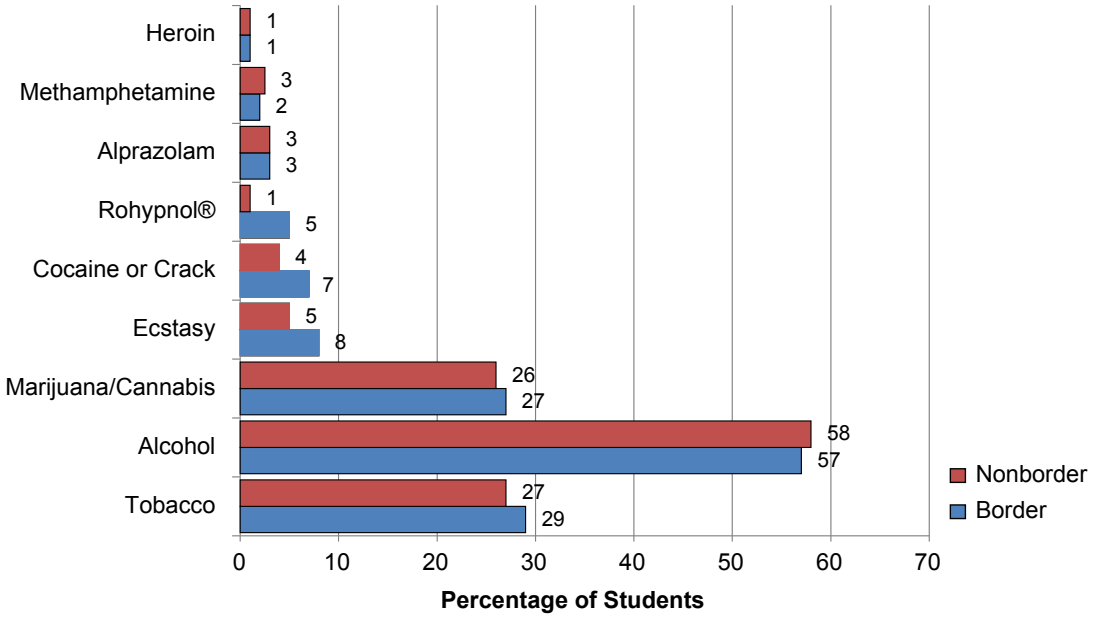
Exhibit 22. Numbers of Poison Control Center (PCC) Calls, Treatment Admissions, and Toxicology Laboratory Exhibits[1] for PCP (Phencyclidine), Texas: 1998–2013



	PCC Calls	Treatment Admissions	Toxicology Laboratory Exhibits[1]
1998	102	60	10
1999	169	67	128
2000	174	101	146
2001	195	108	258
2002	237	194	257
2003	172	278	220
2004	156	201	239
2005	189	198	219
2006	210	282	273
2007	285	373	326
2008	290	487	382
2009	118	626	371
2010	141	455	394
2011	152	595	388
2012	150	730	436
2013	145	723	445

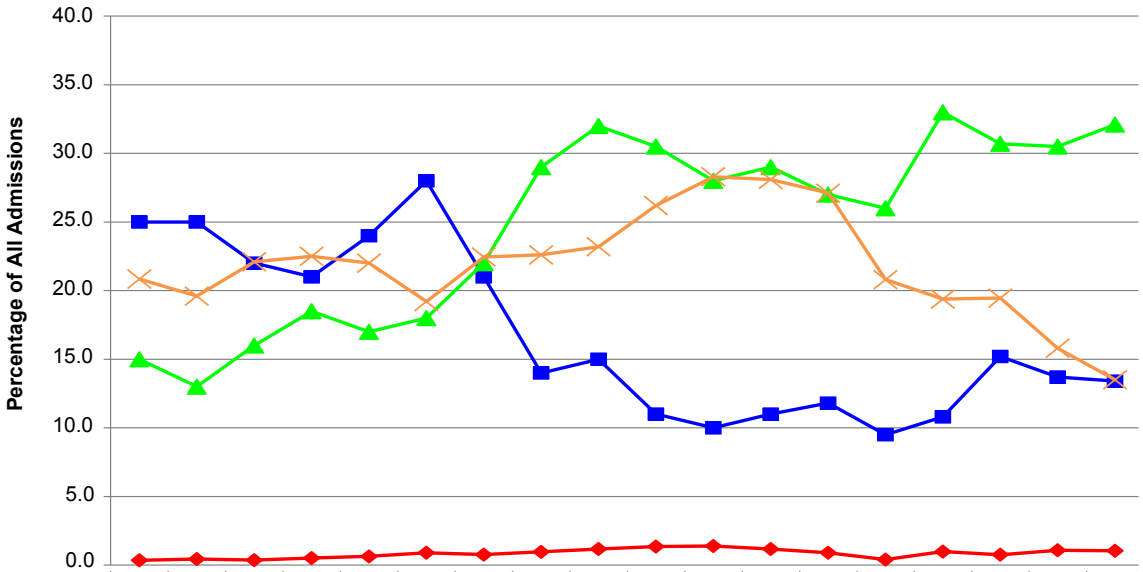
[1]From 1998 to 2008, the NFLIS items shown represent the primary drug identified in an analyzed drug item; from 2009 to 2013, the count includes up to three drug reports for each item analyzed (primary, secondary, and tertiary reports).
SOURCES: Texas Poison Control Network; Texas Department of State Health Services; NFLIS, DEA

Exhibit 23. Percentage of Border and Nonborder Secondary Students Who Had Ever Used Drugs, Texas: 2012



SOURCE: Texas School Survey of Substance Abuse: Grades 7–12, 2012, Texas Department of State Health Services

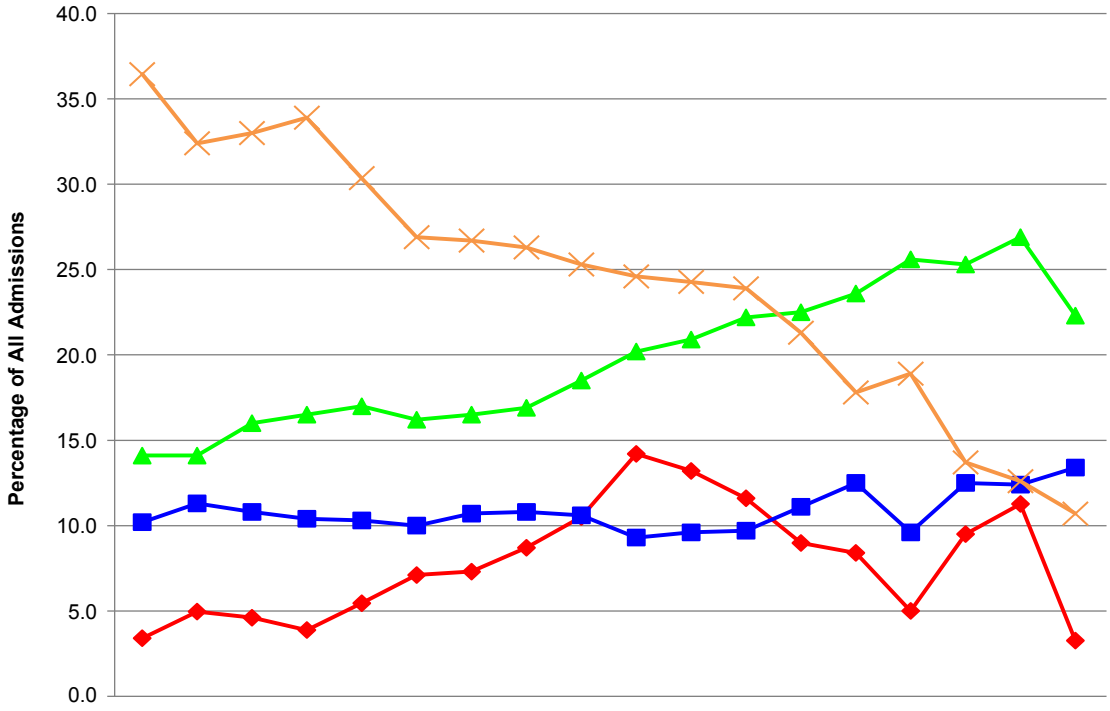
Exhibit 24. Percentage of Admissions to Substance Abuse Treatment for Selected Drugs of Primary Abuse, Texas Border: 1996–2013



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Methamphetamine	0.4	0.4	0.4	0.5	0.6	0.9	0.8	1.0	1.2	1.4	1.4	1.2	0.9	0.4	1.0	0.8	1.1	1.0
Heroin	25.0	25.0	22.0	21.0	24.0	28.0	21.0	14.0	15.0	11.0	10.0	11.0	11.8	9.5	10.8	15.2	13.7	13.4
Marijuana	15.0	13.0	16.0	18.5	17.0	18.0	22.0	29.0	32.0	30.5	28.0	29.0	27.0	26.0	33.0	30.7	30.5	32.1
Cocaine	20.8	19.6	22.1	22.5	22.0	19.2	22.5	22.6	23.2	26.2	28.3	28.1	27.1	20.8	19.4	19.5	15.8	13.5

SOURCE: Texas Department of State Health Services

Exhibit 25. Percentage of Admissions to Substance Abuse Treatment for Selected Primary Drugs, Texas Nonborder: 1996–2013



	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Methamphetamine	3.4	5.0	4.6	3.9	5.5	7.1	7.3	8.7	10.5	14.2	13.2	11.6	9.0	8.4	5.0	9.5	11.3	3.3
Heroin	10.2	11.3	10.8	10.4	10.3	10.0	10.7	10.8	10.6	9.3	9.6	9.7	11.1	12.5	9.6	12.5	12.4	13.4
Marijuana	14.1	14.1	16.0	16.5	17.0	16.2	16.5	16.9	18.5	20.2	20.9	22.2	22.5	23.6	25.6	25.3	26.9	22.3
Cocaine	36.5	32.4	33.0	33.9	30.4	26.9	26.7	26.3	25.3	24.6	24.3	23.9	21.3	17.8	18.9	13.7	12.6	10.7

SOURCE: Texas Department of State Health Services

Appendix. Characteristics of Clients Admitted to Substance Abuse Treatment Programs, Texas: 2013

	Total Admissions	% of All Admissions	Average Age	(Yrs) 1st Use to Admission	% Black	% White	% Hispanic
All Drugs	78,299	100	32.9	14.2	17.9	48.6	30.7
Aerosols	13	0.0	29.2	7.5	—	38.5	53.8
Alcohol	21846	27.9	39.0	23.0	12.6	54.0	30.7
Amphetamines or Methamphetamine	10,217	13.0	32.1	10.8	2.3	80.0	15.5
Ativan® (Lorazepam)	16	0.0	41.3	2.4	—	75.0	25.0
Barbiturate Sedatives	16	0.0	44.3	12.6	—	62.5	—
Benzodiazepines	125	0.2	31.3	10.4	8.8	64.0	21.6
Buprenorphine	27	0.0	37.6	3.1	—	63.0	33.3
Cocaine or Crack	8,641	11.0	39.0	15.3	45.6	25.9	26.1
Codeine	81	0.1	28.8	8.3	45.7	35.8	16.0
Cough Syrup	32	0.0	23.4	6.5	21.9	50.0	28.1
Darvocet®/Darvon® (D-Propxyphene)	15	0.0	37.5	12.3	—	73.3	—
Demerol® (Meperidine Hcl)	7	0.0	43.0	14.6	—	—	—
Dilaudid® (Hydromorphone)	211	0.3	33.1	6.6	—	93.8	5.2
GHB/GBL (Gamma Hydroxy-butyrate/Gamma Butyrolactone)	14	0.0	30.7	7.8	—	100.0	—
Hallucinogens	80	0.1	26.7	6.4	11.3	58.8	27.5
Heroin	10,459	13.4	33.0	11.2	7.0	50.8	38.9
Inhalants	20	0.0	24.6	9.8	—	40.0	45.0
Klonopin® (Clonazepam)	80	0.1	34.6	8.8	—	82.5	16.3
LSD	24	0.0	19.9	5.6	16.7	37.5	45.8
MDMA/Ecstasy (3,4-Methylene-dioxymethamphetamine)	92	0.1	25.8	5.9	27.2	51.1	18.5
Marijuana/Hashish	18,278	23.3	23.2	9.0	27.9	26.4	42.7
Mescaline	9	0.0	27.9	13.1	44.4	—	—
Methadone (Non-Prescription)	170	0.2	36.6	7.2	7.6	74.7	15.9
Opiates and Synthetics	1,972	2.5	34.5	11.8	5.7	73.5	19.2
Other Cannabinoids	412	0.5	23.1	2.5	6.1	52.2	38.3
Other Drugs	192	0.2	28.7	3.6	8.9	64.6	22.4
Other Sedatives	27	0.0	35.3	8.6	—	85.2	—
Over-the-Counter	12	0.0	24.0	8.3	—	66.7	—
Oxycodone	326	0.4	32.0	8.4	—	85.0	9.8
PCP (Phencyclidine)	723	0.9	31.1	10.4	81.7	8.7	7.1
Psilocybin Mushrooms	5	0.0	28.8	11.6	—	80.0	—
Ritalin® (Methylphenidate)	10	0.0	25.4	7.0	—	70.0	—
Rohypnol® (Flunitrazepam)	20	0.0	15.7	2.0	—	25.0	75.0
Sedatives	56	0.1	30.4	8.0	—	71.4	23.2
Solvents (Paint Thinner, Gasoline)	18	0.0	34.5	6.4	—	44.4	50.0
Special K (Ketamine)	13	0.0	26.5	2.2	—	92.3	—
Stimulants	10	0.0	30.2	7.7	—	60.0	—
Ultram® (Tramadol)	38	0.0	35.1	4.9	21.1	50.0	21.1
Valium® (Diazepam)	25	0.0	34.9	9.3	—	84.0	—
Vicodin® (Hydrocodone)	2,972	3.8	34.7	9.8	8.1	73.1	16.9
Xanax® (Alprazolam)	995	1.3	28.3	8.3	13.4	57.8	26.0

Appendix. Characteristics of Clients Admitted to Substance Abuse Treatment Programs, Texas: 2013 cont.

	% Male	% Injecting	% Use Daily	% Work Full Time	% No Legal Problems	% Homeless	Av. Yrs. Education
All Drugs	59.6	16.2	36.9	14.4	43.2	11.2	11.5
Aerosols	38.5	—	—	—	46.2	—	11.5
Alcohol	68.3	0.0	37.6	21.9	45.0	14.8	12.1
Amphetamines or Methamphet-amine	40.5	34.7	28.4	10.9	43.8	13.7	11.6
Ativan® (Lorazepam)	43.8	—	62.5	—	75.0	—	12.6
Barbiturate Sedatives	43.8	—	25.0	37.5	43.8	—	12.8
Benzodiazepines	44.0	—	41.6	11.2	45.6	3.2	12.6
Buprenorphine	33.3	—	74.1	—	74.1	—	12.5
Cocaine or Crack	51.3	2.9	25.6	10.7	47.8	14.5	11.3
Codeine	64.2	—	23.5	8.6	27.2	7.4	11.6
Cough Syrup	78.1	—	46.9	—	28.1	—	11.1
Darvocet®/Darvon® (D-Propxyphene)	—	—	46.7	—	73.3	—	12.9
Demerol® (Meperidine Hcl)	—	—	—	—	85.7	—	11.7
Dilaudid® (Hydromorphone)	49.3	84.4	54.5	9.5	58.8	7.6	12.5
GHB/GBL (Gamma Hydroxy-butyrate/Gamma Butyrolactone)	50.0	—	57.1	—	—	28.6	10.9
Hallucinogens	53.8	—	30.0	11.3	42.5	11.3	11.2
Heroin	60.7	79.2	72.4	7.0	62.9	17.9	11.5
Inhalants	45.0	—	—	—	50.0	—	10.5
Klonopin® (Clonazepam)	33.8	—	65.0	7.5	51.3	15.0	12.3
LSD	62.5	—	16.7	—	37.5	—	11.0
MDMA/Ecstasy (3,4-Methylene-dioxymethamphetamine)	68.5	—	19.6	13.0	23.9	8.7	11.0
Marijuana/Hashish	70.3	—	19.8	15.2	21.7	1.5	10.7
Mescaline	55.6	—	—	—	—	—	11.1
Methadone (Non-Prescription)	49.4	2.4	68.8	11.8	63.5	10.6	12.3
Opiates and Synthetics	52.6	17.1	53.1	11.8	59.4	11.5	12.2
Other Cannabinoids	75.2	—	41.0	8.3	38.1	5.8	11.2
Other Drugs	57.8	3.1	59.9	10.4	57.8	12.5	11.7
Other Sedatives	44.4	—	51.9	—	40.7	—	11.8
Over-the-Counter	58.3	—	41.7	—	75.0	—	10.7
Oxycodone	47.2	12.0	56.7	9.2	66.9	10.4	12.6
PCP (Phencyclidine)	42.3	—	22.5	11.1	45.0	6.4	11.1
Psilocybin Mushrooms	100.0	—	—	—	—	—	12.6
Ritalin® (Methylphenidate)	40.0	—	—	—	60.0	—	10.9
Rohypnol® (Flunitrazepam)	—	—	—	—	—	—	9.0
Sedatives	35.7	—	21.4	12.5	21.4	—	11.8
Solvents (Paint Thinner, Gasoline)	50.0	—	22.2	—	55.6	27.8	8.8
Special K (Ketamine)	84.6	—	38.5	—	38.5	—	12.0
Stimulants	60.0	—	40.0	—	40.0	—	12.5
Ultram® (Tramadol)	34.2	—	60.5	21.1	76.3	21.1	12.3
Valium® (Diazepam)	36.0	—	44.0	16.0	56.0	—	11.3
Vicodin® (Hydrocodone)	35.6	0.6	58.9	11.5	63.0	7.5	12.0
Xanax® (Alprazolam)	38.7	—	36.5	9.0	37.1	8.3	11.6