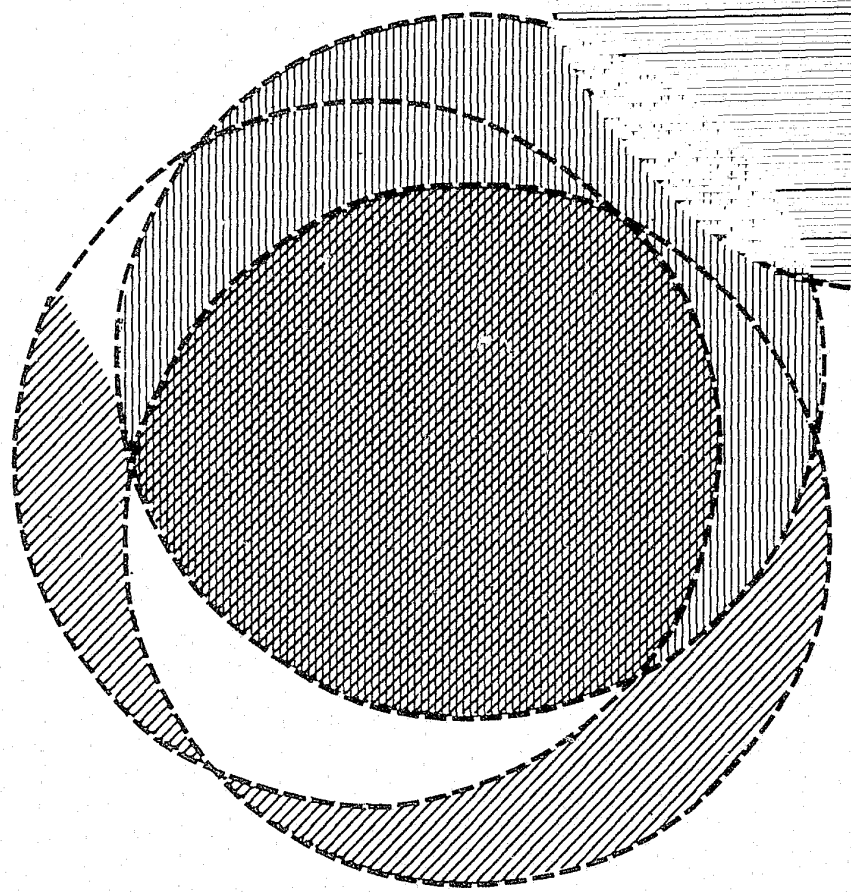
TRENDS, PATTERNS, AND ISSUES IN DRUG ABUSE

December 1983



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
For Administrative Use Only

This publication was compiled for the National Institute on Drug Abuse by Birch & Davis Associates, Inc., under contract number 271-84-7307

Special presentations made during this meeting are presented in Volume I of this publication.

The city drug abuse indicator trend reports contained in this document have been reproduced as originally submitted by the authors to expedite printing and distribution. These contributions are acknowledged with gratitude; the members of the Community Epidemiology Work Group invest their own time and resources in preparing the reports, which provide us with the most timely and accurate local assessment of drug trends available.

VOLUME II

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THE DRUG SCENE IN NEWARK

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December, 1983

Treatment Data

During the first half of 1983, there were 1,309 admissions to drug abuse treatment by residents of Essex County. There is a continuing trend of declining admissions which is clearly related to the institution of fees for service in State operated clinics, and to a reduction in treatment slots in Newark as part of the overall reduction Statewide. The effects of these changes are shown in the pattern of average monthly admissions over time, as shown below:

Year	Admissions Monthly Averages
1978	321
1979	491
1980H1	700
1980H2	642
1981H1	548
1981H2	460
1982H1	464
1982H2	239
1983H1	218

The major effects of both fees and service reductions seem to have occurred during the second half of 1982, with 1983H1 showing a further decline of only 8.8%, compared to the 48.5% decrease from the first to second half of 1982.

These effects, as reported earlier, are differential on the basis of sex and race, and are undoubtedly based on differences in socio-economic status. Clients on public assistance must pay, and are not eligible for reimbursement through Medicaid. Thus a barrier to treatment entry is presented to those clients, as shown below:

Category	1982H1	1982H2	1983H1
White Male	300	268	220
Col %	(10.7)	(18.7)	(16.8)
White Female	107	110	108
Col %	(3.8)	(7.7)	(8.3)
Black Male	1,222	571	505
Col %	(43.6)	(39.8)	(38.6)
Black Female	972	357	355
Col %	(34.7)	(24.9)	(27.1)
Other Male	176	108	106
Col %	(6.3)	(7.5)	(8.1)
Other Female	28	22	15
Col %	(1.0)	(1.5)	(1.1)
Totals	2,805	1,436	1,309

From the first to the second half of 1982, black female admissions dropped by 63.3%. At the beginning of the second half the fee schedules in State clinics had changed, extending fee payments to indigent clients. This same phenomemon held for black male clients, with a drop of 53.3% in admissions. With no further major fee schedule changes, the change from the second half of 1982 to 1983H1 was less dramatic--a drop of 11.6% for black males and a negligible change for black females. There were no changes in admission rates for white females, and a drop of 26.7% for white males.

In 1983H1, heroin admissions accounted for only 72.2% of all admissions, continuing a decreasing trend which started from a high of 90% in 1980, to 85% in 1981, to 81.6% in 1982. This is in major part a function of the shift away from narcotic detoxification and an increase in the proportion of outpatient drug free slots. This shift in primary drugs creates more data for the examination of drugs other than heroin.

Cocaine's role as a drug of abuse in Essex County continues to increase. While overall admissions decline, primary cocaine admissions continue to climb, from 142 in 1981 to 170 in 1982, to 107 in 1983H1. In 1982, primary cocaine represented 4.0% of all admissions, while in 1983H1 this more than doubled, to 8.2% of all admissions. At the same time, excluding heroin admissions, primary cocaine accounted for 21.7% of all other admissions in 1982, increasing to 29.4% in 1983H1.

Of those who report cocaine as their primary drug of abuse, about 16% indicate heroin as a secondary problem (a reverse of the usual order), and almost one-third state that marijuana is a secondary problem. Cocaine as a secondary problem is still tightly linked with heroin--94.2% of those who give cocaine as their

secondary problem report heroin as the primary problem. (Of those reporting heroin as a primary problem, 43.2% give cocaine as a secondary problem.)

Given that only 16% of primary cocaine users cite heroin as their secondary drug problem, we know, in general, that most primary cocaine users are drawn from a different population. The average age for primary heroin users (31.1 years) is somewhat higher than for primary cocaine users (27.7 years), but the averages by race/sex categories show greater differences, as they do for some other primary drugs, as shown below:

Category	Heroin	(N)	Cocaine	(N)	Other Opiates	(N)
White Male	31.1	(125)	24.7	(19)	24.1	(23)
White Female	29.3	(59)	18.5	(8)	23.1	(19)
Black Male	32.5	(391)	31.3	(44)	23.8	(18)
Black Female	30.5	(284)	27.1	(23)	26.7	(12)
Hispanic Male	28.3	(74)	25.8	(12)	24.0	(2)
Hispanic Female	25.0	(12)	31.0	(1)	24.0	(1)
Totals	31.1	(945)	27.7	(107)	24.2	(75)

Among primary cocaine users, blacks both male and female, are substantially older than whites or hispanics, more closely approximating the age of black primary heroin users. For primary users of other opiates, about 60% of whom are most likely "hits" users, the average ages in all race/sex categories are lower than for cocaine users, with only black females standing out as having a higher average age than other hits users. Morbidity/mortality data for hits users show patterns similar to those for other opiate users, with black females having an average age somewhat higher than other race/sex categories.

With data for only the first half of 1983, incidence of heroin use cannot be extended beyond previous reports, but the data support previous findings of high incidence in 1979 to 1981, with indications that incidence might have dropped slightly in 1982. It appears that incidence in 1983 is continuing at the same level as 1982.

Anecdotal Data

Interviews with narcotics law enforcement and treatment personnel as well as users indicate that there are few changes in the drug scene since our last report.

Heroin is widely available in dime ($10) bags containing roughly 0.1 - 0.2 gm of powder, 1-4% pure. New York Quarters are less widely available, since most users who purchase Quarters do so in New York City. Dealers of dime bags are buying Quarters in New York, stepping on these one time, then bagging the resulting 3-4 gm of powder into dime bags. This could produce a tidy profit for the dealer. In reality, though, these low level dealers are using the profits to support their own use.

Hits continue to be widely popular, with reports of prices increasing to $12 per hit, compared to $7 about five years ago, and $10 a year ago. Street sales are more frequently made by hispanics, with one narcotics officer estimating that two-thirds of the known street dealers are hispanic. With about 50 drug arrests by the Newark Police over Thanksgiving weekend, almost half involved hits.

Ludes are practically nonexistent in Newark and, for that matter, Statewide. Former users report dissatisfaction with the flood of counterfeit Ludes that entered the State when methaqualone was placed in Schedule I in New Jersey. So-called Ludes containing diazepam are still available at $3 per tablet, but with few takers. At least some former users switched to alcohol as a replacement for Ludes, but continued their use of other drugs such as marijuana, speed, etc.

Marijuana prices remain stable at $50 per ounce and $400-600 per pound for commercial grade. More nickel ($5) bags are available on the streets, each containing 1.5-2.0 grams, enough for four joints at best. A great many users are buying nickel bags rather than going for larger quantities with concomitant savings in cost per unit--probably a reflection of the state of the economy.

LSD has had a sudden resurgence among young black males in Newark in the last several months, being widely available for $5-10 per pill (described as purple or violet pills). There are similar reports of recent availability in Hudson County, but users in that county are most frequently hispanic rather than black.

Marijuana and Embalming Fluid

In recent months we have obtained information that embalming fluid is being added to marijuana in some parts of New Jersey, apparently to enhance the "high." After some investigation, we have developed pieces of the history of this bizarre phenomenon.

In the early sixties, it was claimed that formaldehyde in aqueous solution (formalin) was sometimes sprinkled on marijuana being smuggled into the United States so that trained customs dogs would not detect the marijuana. Users were not happy with this combination, which was thought to produce headaches and lung irritation.

In the early seventies "embalming fluid" was added to marijuana in areas of northern New Jersey for the express purpose of enhancing the effect of the drug. However, one of the occasional street names for PCP during the seventies was "embalming fluid," according to the media. At about this time, a large manufacturer of embalming fluid received a series of complaints from funeral homes in New Jersey, California and Maryland that their cavity embalming fluid was not working. Investigation showed that these customers had received water, which had been substituted for the embalming fluid somewhere between manufacture and delivery. It was believed at that time to be linked to marijuana. Again, in the late seventies, diversion of cavity embalming fluid was discovered at a truck terminal in Maryland, purportedly for the purpose of adding it to marijuana. At least one theft occurred in Michigan for the same purpose.

In the last year, embalming fluid has become a popular additive in Trenton--specifically in East Trenton. However, in this neighborhood, it is added to "Lovely" (the local slang for marijuana laced with PCP). Lovely is very popular in Trenton, in sharp contrast to the rest of the State, where both users and narcotics enforcement agencies report little use of PCP in any form. In recent months, a dozen admissions to a local psychiatric hospital have shown marked temporary psychosis coupled with self-reports of having used Lovely with embalming fluid.

Interviews with 40 recently admitted drug abuse clients conducted at one program which draws clients from the entire State produced the information that about one-fourth had heard that embalming fluid is now being used as an additive in some parts of northern and central New Jersey. One client from Delaware stated that it is not uncommon to hear of its use in that state. None of these clients, however, had direct knowledge.

We conducted brief but informative interviews with two dealers who claim to use embalming fluid. The first, in the Trenton area, is indeed lightly spraying Lovely with embalming fluid and then drying it out in an oven. The marijuana used by this dealer is sinsemellia. The other dealer, on a larger scale, is spraying about 4 ounces of cavity embalming fluid on each pound of marijuana, and then heating it to drive off the smell, using a space heater in an isolated garage. This dealer claims to have used embalming fluid off and on for fifteen years to improve the quality of "bad grass."

A verbal communication with the New York State Division of Substance Abuse indicated that embalming fluid is apparently being used in several areas of that city. Further, a newspaper report stated that two funeral homes in Iowa had been broken into, and that embalming fluid was the only thing stolen. The article claimed that "the thieves may intend to use the fluid for processing illegal drugs" (Asbury Park (N.J.) Press, December 4, 1983).

Discussions with the chief chemists of two manufacturers of embalming fluid produced most of the information at the national level. Both said it appears that cavity fluid, rather than arterial fluid, is the mixture of choice for treating marijuana. Cavity fluid is much stronger than arterial fluid in most of its ingredients with the exception of red dyes, which are used in arterial fluid to improve skin tone. Cavity fluid ranges from relatively clear to medium amber in color, and contains at the least the following ingredients (since the composition of these fluids is proprietary, exact information on the chemicals and their formulation is not available):

phenol and phenolic derivatives	3-8%
methanol	8-25%
formaldehyde	35-40%
penetrating agents (usually amionic types)	?

Arterial fluid has lower porportions of methanol and formaldehyde, and higher proportions of penetrating agents and modifiers such as glycol.

As mentioned before, biochemists and some users claim that smoking marijuana with embalming fluid will produce upper and lower respiratory irritation, headaches, and has been reported on rare occasions to produce temporary "blind spells" or an inability to breath properly. These occasional negative effects do not seem to deter the user from seeking the perceived positive effect of enhancing the high. At this point, it is not known whether this perception is psychological or whether it is, in fact, true that the high is enhanced through one or more mechanisms, such as a higher absorption rate resulting from the penetrating agents. In any event, the use of this mixture is certainly deleterious to health and will be closely monitered in New Jersey.

Summary

The drug scene in Newark remains fairly stable. Previously reported trends toward increases in cocaine and hits use are continuing. Heroin use continues at previously reported levels, and there is a sudden resurgence of LSD use. Marijuana laced with embalming fluid has not hit the Newark scene, but probably will shortly as it spreads around the State from its present center in Trenton.

CURRENT DRUG USE TRENDS IN NEW YORK CITY, DECEMBER 1983

Summary

The drugs of concern in New York City continue to be heroin and cocaine. In addition, marijuana, PCP and a variety of prescription drugs continue to be abused.

In general, trends in heroin indicators continue to point to high levels of activity. In 1983, cases of serum hepatitis, the purity of heroin exhibits and admissions to prison detoxification continue to increase. Deaths due to narcotism and treatment utilization rates remain unchanged at very high levels. Although heroin admissions to treatment have been declining in 1983, they must be viewed in the light of a treatment system that has been operating at near capacity. The 1983 decline in DAWN's imputed data fo. heroin-involved emergency room episodes is open to question. Street studies indicate the ready availability of heroin throughout the city.

Characteristics of heroin treatment admissions continue to show an increasing proportion of admissions over the age of 30 years, an increasing proportion of females and an increasing proportion of Hispanics and whites. Characteristics of drug-dependent decedents continue to reveal an increasing proportion of females, but preliminary findings for 1983 may be showing an increasing proportion of those under the age of 30 years.

The disease of AIDS continues to be a problem in New York City. Of the 1,261 cases diagnosed in the city as of mid-November, 31 percent have involved intravenous drug users.

Cocaine activity is at increasingly high levels in New York City. Indirect indicators generally show the upward direction. The police are analyzing more exhibits of cocaine this year than last year. The cocaine analyzed is also increasing in purity. Although cocaine-involved emergency room episodes may have declined in 1983, admissions to treatment with cocaine as the primary drug of abuse have becoming an increasing proportion of the treatment population. Ethnographic findings indicate the availability of cocaine throughout the city and increasing dysfunctionality associated with cocaine in many sectors of the economy.

Marijuana activity is commonplace throughout the city. Marijuana-involved emergency room episodes and treatment admissions continue at a relatively constant level.

PCP remains a drug of concern with a rising number of emergency room episodes and particular reporting of abuse in the borough of Queens. A variety of pills continue to be readily available at the street level, with emergency room episodes showing mixed trends.

CURRENT DRUG USE TRENDS IN NEW YORK CITY, DECEMBER 1983

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The drug scene in New York City continues to focus on heroin and cocaine. Of late, cocaine may be dominating the activity. In addition, marijuana, PCP and a variety of prescription drugs continue to be popular. Evidence from indirect indicators and street studies show the trends over time.

Current Trends in Heroin Activity

In general, heroin indicators continue to show activity at exceedingly high levels. Street studies find ready availability of good quality heroin.

Indirect Indicator Trends (Table 1)

Indicators from the health system (i.e., deaths due to narcotism, cases of serum hepatitis and heroin-involved emergency room episodes) show a generally high level of activity:

- Deaths due to narcotism continued at their highest peak since the mid-1970s. Since 1980, the number of such deaths have ranged between 510 and 534, with 528 reported for 1982. Preliminary reporting for 1983 shows that the number of deaths continue to keep pace with last year. AIDS deaths account for an additional 56 deaths in the first 10 months of 1983 involving decedents with a history of narcotism.

- Reported cases of serum hepatitis (B+) continue to increase. Between 1981 and 1982 the number of cases showed an increase of 26 percent (from 887 to 1,117). Between the first nine months of 1982 and 1983, the number increased 18 percent (from 758 to 896). This increasing trend in serum hepatitis is particularly disturbing in light of the AIDS problem in New York City. Serum hepatitis is an indicator of incidence in intravenous drug use as well as homosexual activity. Considering the information disseminated about the risk groups for AIDS it might have been expected that the number of cases of serum hepatitis would be declining.

- Heroin-involved emergency room episodes may be levelling off or declining. Between 1981 and 1982, there was a 33 percent increase (from 2,958 to 3,920) in heroin-involved emergency room episodes. Between the first nine months of 1982 and 1983, there was a decline of six percent (from 2,882 to 2,715) in these episodes. It must be noted that the DAWN reporting system is in a transitional period and has a reconstituted panel of fewer hospitals representing the New York SMSA.

As a result trends in emergency room reports depend on raw data for the period through July 1982 and imputed data for August 1982 through September 1983. In time the data reported by DAWN should reflect actual events and trends will have considerably more validity.

Heroin-related indicators in the criminal justice system (i.e., heroin/cocaine arrests, purity of heroin exhibits and admissions to the prison detoxification unit) show upward trends:

- Heroin and/or cocaine arrests have shown steady increases over the past few years (Table 2). Between 1981 and 1982, the number of arrests have increased 28 percent (from 14,057 to 17,968). Due to a new reporting system recently instituted by the New York City Police Department, it will not be possible to continue the tracking of this trend.

- The New York City Police laboratory continues to analyze between 5,000 and 5,500 exhibits of heroin each year. The purity of the heroin analyzed continues to show evidence of increase. At the end of 1982, the interquartile range (i.e., middle 50 percent of cases) was three to 15 percent. By the middle of 1983, the interquartile range was between two and 17 percent.

- Admissions to the New York City Department of Corrections detoxification unit at Rikers Island continue to increase steadily to extremely high levels. Between 1981 and 1982, the number increased 26 percent (from 10,954 to 13,802). In the first nine months of 1983, the number increased 24 percent (from 9,341 to 11,597) compared to the same period in 1982. The trend in this indicator is regarded as particularly significant among the criminal justice indicators because it is not confounded by the factors or "noise" that affect the other indicators. For instance, it is not confounded by police policy and the availability of "buy" money as are drug-involved arrests and laboratory analyses. Admissions to prison detoxification are involved in non-drug crimes as well as drug crimes, quite independent of the allocation of police resources.

Finally, treatment admission data for those reporting heroin as the primary drug of abuse show recent declines, but treatment utilization rates remain close to capacity:

- Between 1981 and 1982, admissions to treatment programs funded by the New York State Division of Substance Abuse Services (DSAS) and reporting heroin as the primary drug of abuse were estimated to be almost constant. In the first nine months of 1983, these adissions dropped an estimated 24 percent compared to the same period in 1983 (from 14,628 to 11,176). Interestingly, this decline comes at a time when there was an estimated 19 percent decline in total admissions to New York City treatment programs. These declines--especially in heroin admissions--may be due to the fact that the system of methadone programs in the city, with a capacity of 28,300, is at 99 percent utilization. Overall, DSAS-funded treatment programs in New York City, with a capacity of 30,320, are operating at 98 percent utilization.

Thus, the decline in treatment admissions coupled with treatment utilization rates almost at capacity and, possibly, longer retention rates, may suggest that prospective clients have altered their treatment-seeking behavior, and may have turned away from a system that has such tight availability and little maneuverability. Further, if one considered the increasing admissions to the prison detoxification unit on Rikers Island as prospective admissions to treatment programs, treatment admissions would be zooming.

In summary, three of the seven heroin indicators currently available--serum hepatitis, purity of heroin exhibits and admissions to prison detoxification--continue to show increasing trends into 1983. Two of the indicators, deaths due to narcotism and treatment utilization rates, remain unchanged at very high levels. The two remaining indicators, heroin admissions to treatment and heroin-involved emergency room episodes, show declines in 1983.

The two latter indicators raise some questions in interpretation. First, the declining trend in heroin admissions must be viewed in relation to the overall decline in treatment admissions and the near-capacity utilization rates of treatment programs. It is speculated that treatment-seeking behavior may have consequently undergone some change. Second, DAWN's reporting of emergency room data is open to question. Given that DAWN is at a transitional point in its reporting history, that the panel of hospitals representing the New York SMSA is reduced, reconstituted and not yet consistent in reporting, and that the recent data reported are subjected to an imputation methodology that is unclear, it is difficult to regard these trends with great confidence.

In general, heroin indicators continue to show activity at an exceedingly high level.

Street Activity

The Street Studies Unit of DSAS continues to find heroin readily available at the major copping areas throughout the city. In July 1983, the Unit conducted its annual study of major copping areas throughout New York City. Twenty-five such areas were designated, with five in each of the boroughs. Heroin was available at 20 of these ocations throughout the city--at all five copping areas in the Bronx and Queens, at four of the locations in Brooklyn and Manhattan, and two of the locations in Staten Island.

Commercial, disposable hypodermic needles were also readily available throughout the city--at all five locations in Manhattan, four of the locations in Brooklyn and the Bronx, and one each in Queens and Staten Island.

Characteristics of Identified Heroin Users

The most notable characteristic of heroin abusers admitted to treatment continues to be their older age, but drug-dependent decedents may be reversing the trend. The proportion of heroin admissions to treatment who are 30 years and older continues to increase. In 1977 this group represented 31 percent of heroin admissions; in 1980, 46 percent; and in the first nine months of 1983, about 59 percent. Although age among decedents followed a similar trend, preliminary findings for 1983 show a reversal. In 1980, 42 percent were 30 years of age and older; in 1981, 60 percent; in 1982, 65 percent were in this age range; but in 1983, early findings show that 60 percent are 30 years and older.

The sexual distribution continues to be predominantly male, but females continue to increase in proportion among identified heroin abusers. In 1980, 22 percent of heroin admissions were female; in 1981 25 percent were female; and in the first nine months of 1983, 27 percent were female. Similarly, among decedents: in 1980, 17 percent were female; in 1982, 20 percent were female; and preliminary findings for 1983 show 25 percent female.

As for ethnic distribution, data exist only for treatment admissions. Although blacks have been the modal group, they have been declining in proportion, while Hispanics and whites have been increasing. Early in 1980, blacks represented 48 percent of heroin admissions, while Hispanics represented 32 percent and whites 20 percent. By 1981, blacks represented 43 percent, whereas Hispanics were 34 percent and whites were 22 percent. In the first nine months of 1983, blacks represented 38 percent, Hispanics 35 percent and whites 27 percent.

As far as regional distribution is concerned, Manhattan continues to be the borough of residence for most drug-dependent decedents. Brooklyn had been the second most mentioned borough. Now the Bronx--one of the smaller boroughs--seems to be superceding Brooklyn. Also increasing in proportion are decedents who died in New York City but whose residence was outside the city. In 1980, this proportion was seven percent; in 1982, 10 percent; and preliminary findings for 1983 show 12 percent.

New Heroin Users: Preliminary Findings

A recent study of new heroin users was conducted by DSAS in contract with the National Institute on Drug Abuse. New heroin users were defined as those initiating heroin use since the beginning of 1979, but who had never enrolled in a treatment program. A sample of 131 heroin initiates were located using a variety of ethnographic strategies. The diverse sample was 75 percent male and 25 percent female. The ages ranged between 16 years and 47 years, with a median age of 24 years. Ethnically, the sample was 37 percent white, 31.5 percent black and 31.5 percent Hispanic. Years of education ranged between eight and 17, with a median of 11 years.

Despite the diversity of the sample, there were more similarities than differences in drug-using experiences. The major findings are the following:

- About 84 percent reported having used heroin daily; more than 50 percent used heroin on 20 or more days during the month prior to the survey.

- Most of these daily users of heroin started to use with this frequency within the first year of use.

- The most popular mode of heroin administration is parenteral injection -- "mainlining" -- (65 percent). Snorting is the second most popular means (20 percent).

- Cocaine use appears to be closely allied with heroin use. For instance, more than 94 percent have also used cocaine; 86 percent of these users had used cocaine before the use of heroin or about the same time. In addition, about 29 percent of the sample "speedball" (i.e., use heroin and cocaine together), regarding it as a treat when they do. Finally, given the choice, 57 percent would opt for a combination of drugs including heroin and cocaine.

- In general, all respondents had histories of other drug use before they used heroin. Many started with cannabis and/or alcohol, went to pills and hallucinogens, and are now using cocaine and heroin.

- Most of the respondents have already experienced problems associated with their heroin use. About two-thirds of the sample reported withdrawal symptoms when they did not use heroin, attempts to detoxify themselves, and problems with family and friends as a result of their heroin use.

- When asked about enrolling in a treatment program, most respondents rejected the idea. The most popular reasons given were that they did not need treatment, that they did not want to get "hooked" on methadone, and that they feared identification.

Update: Acquired Immune Deficiency Syndrome (AIDS)

As of mid-November 1983, 2,803 cases of AIDS have been diagnosed and reported nationally. Of these cases, 1,261 or 45 percent have been reported in New York City. Of the New York cases, 31 percent (390 cases) have involved intravenous drug users. Although females represent only nine percent of AIDS victims in New York City, they represent 18 percent of the intravenous drug users among AIDS victims.

The estimated 1,000 shooting galleries in New York City are considered prime locations for needle-sharing, and, therefore, prime locations for contracting AIDS. An AIDS patient population of 40 intravenous drug users in the Bronx suggest that this might very well have been their experience. Most of these patients rarely left the Bronx, or even left their neighborhoods, but had frequented shooting galleries where they shared needles.

Current Trends in Cocaine Activity

Indirect indicator trends and ethnographic findings continue to show the increasing popularity of cocaine and the problems associated with its use.

Indirect Indicator Trends (Table 2)

Indirect indicators of cocaine activity generally show a continued upward trend:

- Cocaine-involved emergency room reports--with a combination of raw and imputed data--show a 42 percent increase (from 1,403 to 1,991) between 1981 and 1982. During the first nine months of 1983, the imputed numbers show a decrease of 12 percent (from 1,546 to 1,381) compared to the same 1982 period. Nevertheless, 1983 itself shows an increasing trend, from 365 in the first quarter to 474 in the second and 542 in the third. Again, these DAWN data are questionable.

- Cocaine and/or heroin arrests showed a 28 percent increase between 1981 and 1982. Although similar data are not available for 1983, the New York City police laboratory reports an increasing number of cocaine exhibits brought in for analysis. The number--a projected 9,000 cocaine exhibits for 1983--surpasses the number of cocaine exhibits in 1982 (6,542) by 38 percent and is second only to marijuana. The police laboratory also reports increasing purities in the cocaine exhibits that are analyzed. During the fourth quarter of 1982 the median purity was 28 percent, ranging between 18 percent and 49 percent. By the second quarter of 1983, the median purity was 40 percent, with a range of purities between 25 percent and 71 percent. According to the Drug Enforcement Administration, there is a current glut of cocaine on the market. A kilogram of cocaine now sells for $26,000 when a year ago it sold for twice and three times the amount.

- The number of treatment admissions to DSAS-funded programs in New York City with cocaine as the primary drug of abuse increased 13 percent between 1981 and 1982 (from 1,592 to 1,804). During the first nine months of 1983, the number of these admissions remained essentially the same as the similar period in 1982 (from 1,363 to 1,392). This stable trend comes at a time when total admissions have declined 19 percent. The effect is a growing proportion of cocaine admissions to treatment. In 1982 the proportion was seven percent, and in 1983 the proportion has been nine percent. Interestingly, this proportion is similar for treatment programs in the rest of the state as well.

Ethnographic Findings

The Street Studies Unit in its major copping area study found cocaine sold at 20 of the 25 major copping areas throughout the city. Cocaine is almost always found at the sites where heroin is sold.

Recent findings also show cocaine reaching into almost every sector of the economy, with resulting dysfunctionality and criminal behavior. For instance, an article appearing recently in the Wall Street Journal (Sept. 12, 1983) discussed the growing use and acceptance of cocaine in the securities, commodities and financial centers from coast to coast. Although cocaine first became the drug of choice in the financial community in the middle to late 1970s, it has become much more visible with the bull market of 1982-1983. With the market climbing, there has been a lot more money around and numerous new, young brokers and dealers to spend it.

The national cocaine hotline which started operating in the spring from Fair Oaks Hospital in New Jersey conducted a survey among its callers. The findings showed significant criminality and accidents among the respondents attributed to their cocaine habits. Twenty-five percent of them reported that they actually steal from work, and over 40 percent report that they have become cocaine dealers. In addition, 10 percent reported cocaine-related traffic violations, and 39 percent reported cocaine-related accidents while on the job.

Characteristics of Identified Cocaine Users

In the past few years some changes have been noted in the demographic characteristics of admissions to New York City's treatment programs reporting cocaine as the primary drug of abuse. First, their age has been increasing. In 1978, the median age of treatment admissions was 21 years; by 1982 the median age was 25 years. Second, the sexual distribution has shown a pronounced trend with the proportion of males increasing. In 1978, males represented 70 percent of admissions; by 1982 they represented 80 percent of admissions. Finally, the ethnic distribution shows some changes among treatment admissions. Blacks may be declining in proportion while whites and Hispanics may be increasing. In 1978, blacks represented 55 percent of admissions reporting cocaine as the primary drug of abuse while whites represented 25 percent and Hispanics 20 percent. By 1982, the proportions were 52 percent black, 26 percent white and 22 percent Hispanics.

Current Trends in Other Drug Activity

Marijuana

Marijuana activity is commonplace throughout the city. In addition to numerous small copping areas, the Street Studies Unit has found cannabis sold at 19 of the 25 major copping areas throughout the City--in all five Manhattan locations, all five Staten Island locations, three in Queens, four in the Bronx and two in Brooklyn. The New York City police laboratory continues to receive more cannabis exhibits than any other drug exhibit. More than 9,800 such exhibits are projected for analysis this year.

Indicators of dysfunctionality associated with marijuana show trends that may be levelling off. Although emergency room episodes involving marijuana had increased seven percent between 1981 and 1982 (from 1,451 to 1,551), DAWN

imputed data for the first nine months of 1983 show little change compared with the same period in 1982. Admissions to treatment programs with marijuana as the primary drug of abuse remain between eight and nine percent for the past two years, although the absolute numbers have declined (i.e., 1,800 in the first nine months of 1982 compared to 1,334 for the same period of 1983).

PCP and LSD

PCP continues to be a drug of concern in New York City. Emergency room episodes involving PCP are steadily increasing. Between 1981 and 1982, the number increased 18 percent (from 570 to 673). In the first nine months of 1983, DAWN imputed data show an increase of 42 percent over the similar period in 1982 (from 564 to 716). Admissions to treatment with PCP as the primary drug of abuse continue to represent about two percent of all admissions, with about 300 in the first nine months of 1982 and about the same number for the comparable period in 1983.

Interestingly, the major copping areas observed by the Street Studies Unit do not feature PCP in their dealing. Nevertheless the substance is reported repeatedly in the borough of Queens as a popular drug of abuse, especially among youth.

Although DAWN emergency room data show stable trends with respect to LSD-involved episodes, street studies indicate the drug's ready availability in the city.

Psychoactive Prescription Drugs

In general, pills are readily available at major copping areas in most boroughs of the city but principally in Manhattan. Admissions to treatment for a psychoactive prescription drug continue to represent about two percent of admissions.

As far as trends in DAWN emergency room episodes are concerned, there has been a diverse picture. For instance, episodes involving chlordiazepoxide (Librium) show a most dramatic upward trend especially during the first nine months in 1983 where there was a threefold increase (from 240 to 903) compared to a similar period in 1982. During the same period, diazepam (Valium) episodes increased 12 percent (from 1,397 to 1,559). Another drug showing significant increases in episodes reported by DAWN is meperidine HCL (Demerol), with steady increases from 1981 through the nine months of 1983.

In contrast, emergency room episodes involving methadone, chlorpromazine (Thorazine), amphetamine, seco/amobarbital (Tuinal), secobarbital (Seconal), and methaqualone (Quaalude) are showing dramatic decreases in the past few years. Episodes involving antidepressants, such as, amitriptyline (Elavil), doxepin (Sinequan), and imipramine (Tofranil) have been relatively constant over the years.

Table 1. New York City Heroin Indicators 1979 - 1983

Year	Quarterly	Heroin/Morphine Emergency Room Episodes (N.Y.SMSA)[a]	Serum Hepatitis[b]	Deaths Due to Narcotism[b]	Treatment Admissions with Heroin as Primary Drug of Abuse[c]	Overall Utilization Rate of Methadone Programs[d]	Admissions to Prison Detoxification[e]
1979	1st	N.A.	143	122	5,490	N.A.	1,671
	2nd	N.A.	131	108	6,007	N.A.	1,781
	3rd	N.A.	106	112	6,185	N.A.	1,856
	4th	N.A.	107	130	6,678	N.A.	1,931
	Total		487	472	24,360		7,239
1980	1st	N.A.	176	138	6,894	N.A.	2,042
	2nd	N.A.	115	154	6,077	N.A.	2,102
	3rd	N.A.	138	138	4,863	N.A.	2,736
	4th	895	148	104	5,174	100%	2,824
	Total	N.A.	577	534	23,008		9,704
1981							
	1st	570	206	143	4,941*	100%	2,815
	2nd	833	215	154	4,708	99%	2,645
	3rd	803	184	102	4,714*	97%	2,778
	4th	752	282	111	4,720	98%	2,716
	Total	2,958	887	510	19,083*		10,954
1982							
	1st	862	193	147	4,672*	98%	2,778
	2nd	980	301	131	5,024	99%	2,930
	3rd	1,040**	264	145	4,732	99%	3,633
	4th	1,038**	359	105	4,458	99%	4,461
	Total	3,920**	1,117	528	19,086*		13,802
1983	1st	891**	295	129**	3,923	99%	3,989
	2nd	825**	330	137**	3,863	99%	3,626
	3rd	999**	271	150**	3,390	99%	3,982

[a]Source: DAWN
[b]Source: New York City Department of Health
[c]Source: New York State Division of Substance Abuse Services, Bureau of Management Information Services
[d]Source: New York State Division of Substance Abuse Services, Bureau of Methadone Services; rates given for March, June, September and December to represent quarterly periods.
[e]Source: New York City Department of Correction

*Estimated due to the artifactual admission of methadone clients because of administrative reorganization.
**Imputed data.

Table 2. New York City Cocaine Indicators, 1979 - 1983

Year	Quarterly	Heroin/ Cocaine Felony Arrests[a]	Heroin/ Cocaine Misdemeanor Arrests[a]	Cocaine Emergency Room Episodes (N.Y.SMSA)[b]	Cocaine-Related Mortality[b]	Treatment Admissions with Cocaine as Primary Drug of Abuse[c]
1979	1st			N.A.	8	343
		2,925	1,415			
	2nd			N.A.	6	365
	3rd			N.A.	8	394
		2,741	1,415			
	4th			N.A.	12	399
Total		5,666	2,754		34	1,501
1980	1st			N.A.	14	421
		2,758	1,402			
	2nd			N.A.	37	352
	3rd			N.A.	19	328
		3,223	1,666			
	4th			350	31	330
Total		5,981	3,068	N.A.	101	1,431
1981	1st			329	37	365
		4,531	2,139			
	2nd			351	14	382
	3rd			331	N.A.	429
		5,121	2,266			
	4th			392	N.A.	416
Total		9,652	4,405	1,403		1,592
1982	1st			468	N.A.	441
		5,691	3,193			
	2nd			547	N.A.	502
	3rd			531*	N.A.	420
		5,390	3,694			
	4th			445*	N.A.	441
Total		11,081	6,887	1,991*		1,804
1983	1st	N.A.	N.A.	365*	N.A.	377
	2nd			474*	N.A.	518
	3rd			542*	N.A.	497

[a]Source: New York City Police Department
[b]Source: DAWN
[c]Source: New York City Department of Health

*Imputed data.

ALCOHOL AND DRUG ABUSE SERVICES ADMINISTRATION

DRUG OF ABUSE INDICATORS
WASHINGTON, D.C.

JANUARY 1, 1984

Drug of abuse indicators in the city of Washington, D.C. appears to have leveled off in 1982 and show moderate signs of decreasing in 1983. This current trend follows three consecutive years of significant increases for the years of 1979 through 1981. To examine drug usage trends and current status of the drug abuse problem this report monitors the following areas: (1) narcotic related "overdose" deaths, (2) emergency room data, (3) price and purity of street level heroin, (4) treatment admission data, (5) patient population, (6) patient profile information, (7) estimated heroin addict population and spending, (8) substance of abuse rankings and (9) city ward information.

1. NARCOTIC RELATED OVERDOSE DEATHS

Narcotic related overdose deaths occurring in Washington, D.C. are recorded by the Office of the Medical Examiner. These records reveal a continuous increase in the number of overdose deaths for three years, forty-two (42) in 1979 and peaked at one hundred fifteen (115) in 1981. A decline in the number of overdose deaths was noted in 1982 with one hundred (100) deaths recorded and in 1983 with only sixty-nine (69) deaths recorded. Overdose related deaths in Washington, D.C. decreased for two years 1982 and 1983 with 1983 recording the lowest rate in four years.

The average age of the narcotic related overdose victim has fluctuated between thirty and thirty-two years from 1979 to 1982. Females constituted 12% to 21% of the total victims for the same period. Sex and age data are unavailable, to date, for overdose victims in 1983. (SEE TABLE I and II)

II. EMERGENCY ROOM DATA

The Drug Abuse Warning Network (DAWN) is a joint project with the National Institute of Drug Abuse (NIDA) and the Drug Enforcement Administration (DEA) which gathers drug related data from hospital emergency rooms throughout the country to alert federal agencies as to the type of drugs being used in selected parts of the country.

The drugs monitored by the Alcohol and Drug Abuse Services Administration (ADASA) are: Heroin, Alcohol combined with other drugs, Phencyclidine (PCP), Valium, Cocaine, Marijuana, Dilaudid and Methadone. In 1981, there were eight hundred twenty-two (822) emergency room mentions for heroin which increased to nine hundred sixty-five (965) in 1982 and declined by 18.8% to the projected seven hundred eighty-four (784) in 1983. Dilaudid, a synthetic opiate, recorded ninety-two (92) mentions in 1981, remained within the same range in 1982, with ninety-six (96) mentions and significantly increased by 24% to the projected one hundred nineteen (119) in 1983. The emergency room mentions for Methadone remained constant at fifty-three (53) mentions for both 1981 and 1982, but drastically increased to the projected seventy-seven (77) mentions or 45% in 1983. Cocaine has shown a continuous upward trend from one hundred sixty-five (165) mentions in 1981, two hundred seven (207) in 1982 and to a projected two hundred-seventy six (276) mentions in 1983 an increase of 33.3%. Mentions of PCP in emergency rooms have increased dramatically on an annual basis; recording one hundred ninety-nine (199) in 1981, three hundred seventeen (317) in 1982 and four hundred eighty-five (485) projected in 1983, noting the most significant increase of any of the drugs monitored at 53%. Marijuana mentions have increased at about the same annual rate with one hundred fifty (150) mentions in 1981, one hundred seventy-one (171) in 1982 and two hundred one (201) mentions or 17% projected in 1983.

The most significant increases in emergency rooms data from 1982 to the projected 1983 figures are: PCP up 53%, Methadone up 45%, Cocaine up 33% and Dilaudid up 24%. Three drugs recorded a decrease in emergency room mentions: Alcohol in combination with other drugs down 8.6%, Valium down 11.7% and heroin down 18.8%. It should be noted that although the mentions for heroin declined 18.8%, the synthetic opiate, Dilaudid increased 24% in 1983. This decrease in heroin mentions indicates a reduction in the availability of heroin in the District of Columbia. (SEE TABLE III)

III. PRICE AND PURITY OF STREET LEVEL HEROIN

Information on the price and purity of street level heroin is obtained through street purchases and seizures conducted by the D.C. Metropolitan Police, Narcotics Squad. The price of street level heroin has significantly decreased from the 1978 average price of $4.25 per milligram. The average price per milligram was $2.40 for 1982 and $2.53 for 1983. The purity of street level heroin has significantly increased from the 1978 range of 2.2% to 2.7% to the present constant range of 3.3% to 5.0% for the years 1982 and 1983. (SEE TABLE IV)

IV. TREATMENT ADMISSIONS

For the purpose of this report the treament admissions data utilized was supplied by the Alcohol and Drug Abuse Services Administration (ADASA). The ADASA is primarily responsible for treating over 60% of the patients receiving drug abuse treatment in Washington, D.C. The total number of admissions for 1982 was 3,224 and 1983 was 2,734. A comparison of 1982 and 1983 reveals a decrease in ADASA admissions. The monthly average of new admissions significantly increased from 57 in 1978 to 106 in 1982 and declined to 82 in 1983. (SEE TABLE V)

V. PATIENT POPULATION

The patient population in ADASA has continued to rise from a monthly average of 1,480 in 1978 to 2,199 for the year of 1983. The 2,199 monthly average represents 17.8% of the estimated addict population of 12,350 in Washington, D.C. The patient population remained constant between 1982 and 1983. A contributing factor to this trend could have been the implementation of the Re-Entry Policy at the ADASA Central Intake Division. The policy states, that new admissions are not eligible for re-admission within sixty days of first admission date and re-admissions are not eligible for six months from the date of last admission. (SEE TABLE VI)

VI. PATIENT PROFILE

The ADASA patient profile has been developed by compiling data regarding the following areas: sex, race, age, status, treatment modalities, admissions and medication dosages.

A. Sex: The male patient population increased from 65% in 1982 to 69% in 1983. The female patient population decreased from 35% in 1982 to 31% in 1983. During the five year period from 1979 to 1983 males dominated the patient population composing 65% to 72%.

B. Race: The patient population for 1983 was 90% Blacks, 8% Whites and 2% Others. A review of the five year information 1979 to 1983 reveals Blacks have represented 86% to 90% of the patients, Whites 8% to 11% and other races composed 1% to 5%.

C. Age: The average age of patients treated in 1983 was thirty (30) years, an increase of two (2) years from 1982. The average age of patients treated during the past five years ranged from twenty-eight (28) to thirty (30) years.

Persons age 16 to 20 have consistently made up the smallest segment of patients with a low of 3% in 1979, a high of 10% in 1982 and represented 5% in 1983. The 21 to 25 age group composed 18% of the total population in 1983, a decline from 22% in 1982. This age group has ranged 18% to 26% during the past five years. Persons 26 to 30 years have comprised the largest segment of the ADASA patients, recording an increase from 35% in 1982 to 39% in 1983. There was a declining trend in this age group from 1979 to 1982 representing 46% to 35% of the total population. Persons 31 years and over composed the second largest segment of the ADASA patients representing 38% of the total population for 1983, an increase of 5% from 1982. This age group has shown a fluctuating growth pattern from 31% to 38% over the five year period ending 1983.

D. Status: Patients are admitted via self referral volunteer or via Criminal Justice referral. In 1983 volunteers composed 52% and Criminal Justice composed 48% of the total population. The volunteer patient comprised the largest segment of the patient population from 1979 to 1983. The Criminal Justice patient has shown a continuous growth pattern from 1979 to 1983 ranging from 28% to 48% of the total population.

E. Modality: There are three treatment modalities available: Maintenance, Detoxification and Drug Free (Abstinence). In 1983, 75% of the patient population was in the maintenance modality, 6% in detoxification and 19% in drug-free. The number of patients in maintenance shows an increasing trend representing 61% to 75% from 1979 to 1983. Patients in the detoxification modality have generally ranged low with 7% in 1979, a high of 17% in 1980 to the current 6% in 1983. The drug-free modality has shown a declining trend during the past five years with a high of 32% in 1979, a low of 16% in 1981 and remained constant at 19% in 1982 and 1983.

F. Admissions: New admissions comprised 36% of the patient population for 1983 and re-admissions were 64%. New admissions have increased from 31% in 1979 to the current 36% in 1983. Re-admissions have conversely, shown a declining trend from a high of 69% in 1979, a low of 61% in 1982 to the current 64% in 1983.

G. Methadone dosage: The average methadone dosage for 1983 was 27.9 milligrams which declined from 29.6 milligrams in 1982. This decrease in dosage was noted after a continuous increase from 1979 to 1981 leveling off in 1982. (SEE TABLE VII)

VII. HEROIN ADDICT POPULATION AND SPENDING

The estimated heroin addict population increased from 9,000 in 1978 to 16,500 in the year ending 1981. During the year 1982, there was a decrease to 15,500, which continued to decrease through the end of 1983, to an estimated 12,350 heroin addicts. The estimated population of 12,350 heroin addicts will spend approximately $113 million during 1984 to purchase heroin which is a reduction from the $141 million spent on heroin in 1983. (SEE TABLE VIII)

VIII.*SUBSTANCE OF ABUSE

A. Heroin - the most abused drug in D.C., increased from 1979 to 1981, leveled off in 1982 and decreased in 1983. Overdose deaths, forty-two (42) in 1979, rose to one hundred fifteen (115) in 1981, to one hundred (100) in 1982 and to only sixty-nine (69) in 1983. Emergency room mentions are projected to decrease by 18.8% in 1983 from the year of 1982. Since 1979, price per milligram remains below $3.00 and the purity level over 3%. The estimated heroin addict population increased from 9,000 in 1978 to a high of 16,500 in 1981 and has continued the decrease to the current addict population of 12,350.

B. Preludin (Phenmetrazine) - still remains the drug most used in combination with heroin even though in 1982 and 1983, PCP and Cocaine challenge Preludin's position next to Heroin. Over 50% of the patients admitted to the ADASA report preludin use in combination with heroin. The number of positive urines for patients admitted ranged between 10% to 19% during the years of 1982 and 1983. In 1980, 1981 and 1982, there were two (2) overdose deaths each year from the use of Preludin and Heroin in combination.

*Alcohol and Marijuana not included

C. PCP (Phencyclidine) - peaked in 1978, dropped off in 1979 and since 1981 continues to increase. In 1981, there were six (6) overdose deaths, heroin and PCP in combination. Emergency Room mentions increased by over 160% from one hundred nineteen (119) in 1981, to three hundred seventeen (317) in 1982. The projected Emergency room mentions for 1983 was four hundred eighty-five (485), which is a 53% increase from 1982.

D. Cocaine - usage continues to rise from 1979 through the end of 1983. In 1979, there was one overdose death due to cocaine and in 1982, there was one overdose death from heroin and cocaine in combination. Emergency Room mentions increased from one hundred sixty-five (165) in 1981, to two hundred seven (207) in 1982. The projected Emergency Room mentions for 1983 was two hundred seventy-six (276), which is a 33.3% increase from 1982. Over 50% of the patients admitted reported some cocaine usage.

IX. WARD INFORMATION

This section is a summary of ward information as it relates to median family income, total population and percentage of the addicted population in the District of Columbia. The total population for the District of Columbia is 638,333 with 12,350 heroin addicted persons which comprises 1.93% of the total population.

Ward 1 - has total of 78,763 persons with 2,099 or 2.66% heroin addicted persons and the median family income is $15,472. Compared with other wards, Ward One ranks first in percentage of persons addicted and seventh in median family income.

Ward 2 - has a total of 81,727 persons with 2,137 or 2.61% heroin addicted persons and the median family income is $17,527. Compared with other wards, Ward Two ranks second in percentage of persons addicted and fourth in median family income.

Ward 3 - has a total of 77,445 persons with 272 or 0.35% heroin addicted persons and the median family income is $41,870. Compared with other wards, Ward Three ranks eighth in percentage of persons addicted and first in median family income.

*Alcohol and Marijuana not included

Ward 4 - has a total of 81,540 persons with 1,284 or 1.57% heroin addicted persons and the median family income is $23,750. Compared with other wards, Ward Four ranks seventh in percentage of persons addicted and second in median family income.

Ward 5 - has a total of 83,008 persons with 2,038 or 2.46% heroin addicted persons and the median family income is $18,837. Compared with other wards, Ward Five ranks third in percentage of persons addicted and third in median family income.

Ward 6 - has a total of 75,725 persons with 1,470 or 1.94% heroin addicted persons and the median family income is $17,462. Compared with other wards, Ward Six ranks fifth in percentage of persons addicted and fifth in median family income.

Ward 7 - has a total of 82,281 persons with 1,395 or 1.70% heroin addicted persons and the median family income is $16,400. Compared with other wards, Ward Seven ranks sixth in percentage of persons addicted and sixth in median family income.

Ward 8 - has a total of 77,844 persons with 1,655 or 2.13% heroin addicted persons and the median family income is $13,167. Compared with other wards, Ward Eight ranks fourth in percentage of persons addicted and eighth in median family income.

Overall heroin usage in Washington, D.C. has significantly decreased in all wards during the past year and a half.

Ranking of wards by percentage of persons addicted to heroin by no means implies or suggests that one ward has more of a problem with heroin than any other. (SEE TABLE IX)

SUMMARY

Drugs of abuse in the city of Washington, D.C. has shown two consecutive years 1976 and 1977 of a downward trend. During the four following years 1978 through 1981 there was a significant increase in drug usage and availability. In the year of 1982, drug abuse leveled off at a high established in 1980, 1981 and 1983 drug abuse indicators have shown a moderate downward trend.

Narcotic related deaths rose from seven (7) in 1978 to one hundred fifteen (115) in 1981, leveled at one hundred (100) in 1982 and decreased in 1983 to only sixty-nine (69). Purity of street level heroin increased from 2% in 1978 to 5% in 1982 to the current 4%. Treatment admissions and total number of patients treated continued to increase through 1982 with a decrease in 1983. Estimated addict population increased from 9,000 in 1978 to 16,500 in 1981 and decreased in 1982 to 15,500; a further decrease was noted in 1983 to 12,350.

Therefore, in examining drug abuse indicators for Washington, D.C., in 1983, the city still has a serious drug abuse problem with high levels of usage. Heroin and Preludine have shown positive signs decrease usage while PCP and Cocaine have shown increase usage. The city-wide initiative "War Against Drugs" implemented by the Mayor is anticipated to be instrumental in the downward trend of PCP and Cocaine as it has with Heroin and Preludine.

TABLE I

NARCOTIC RELATED OVERDOSE DEATHS

	1978	1979	1980	1981	1982	1983
HEROIN	7	35	56	103	95	
HEROIN/PCP				6		
HEROIN/METHADONE				3	2	
HEROIN/DILAUDID			1			
HEROIN/PRELUDIN			2	2	2	
HEROIN/COCAINE					1	
COCAINE		1				
DILAUDID		6	3	1		
TOTALS	7	42	62	115	100	69

TABLE II

NARCOTIC OVERDOSE DEATHS—SEX & RACE—

		1979		1980		1981		1982		1983
		#	%	#	%	#	%	#	%	
SEX:	MALE	37	88	49	79	91	79	85	85	
	FEMALE	5	12	13	21	24	21	15	15	
RACE:	BLACK	38	90	57	92	102	89	96	96	
	WHITE	4	10	5	8	13	11	4	4	
AVERAGE AGE		30		32		31		32		
TOTALS		42		62		115		100		69

TABLE III

DAWN DRUG MENTIONS

	1981	1982	*1983	#1983	DIFF %
HEROIN	822	965	588	784	- 18.8%
ALCOHOL IN COMBINATION	804	752	515	687	- 8.6%
P C P	199	317	364	485	+ 53.0%
VALIUM	409	386	256	341	- 11.7%
COCAINE	165	207	207	276	+ 33.3%
MARIJUANA	150	171	151	201	+ 17.5%
DILAUDID	92	96	89	119	+ 24.0%
METHADONE	53	53	58	77	+ 45.3%
TOTALS	2694	2947		2970	+ 0.8%

TABLE IV

PRICE & PURITY OF STREET LEVEL HEROIN

	PRICE (per mgm)	PURITY (% of pure)
1978	$5.40 - 3.10	2.7 - 2.2%
1979	$2.89 - 2.44	3.1 - 2.9%
1980	$2.83 - 2.83	3.5 - 3.5%
1981	$2.26 - 1.47	4.3 - 4.1%
1982	$2.97 - 1.84	5.0 - 3.3%
*1983	- $2.53 -	- 4% -

* THROUGH THIRD QUARTER OF 1983
# PROJECTIONS YEAR OF 1983

TABLE V

TREATMENT ADMISSION (ADASA)

	1978	1979	1980	1981	1982	1983
RE-ADMISSION	1557	1952	1905	1522	1951	1749
NEW-ADMISSION	682	897	1009	822	1273	985
TOTAL ADMISSION	2239	2849	2914	2344	3224	2734
MONTHLY AVERAGE (new-admission)	57	75	84	69	106	82

TABLE VI

ADASA PATIENT POPULATION

	MONTHLY AVERAGE	& PATIENT TREATED
1978	1,480	3,701
1979	1,972	4,522
1980	2,069	5,015
1981	2,103	4,508
1982	2,187	5,326
1983	2,199	5,005

TABLE VII

ADASA PATIENT PROFILE

		1979	1980	1981	1982	1983
SEX:	MALE	69%	72%	68%	65%	69%
	FEMALE	31%	28%	32%	35%	31%
RACE:	BLACK	88%	90%	86%	87%	90%
	WHITE	11%	9%	11%	8%	8%
	OTHER	1%	1%	3%	5%	2%
AGE:	16-20	3%	6%	6%	10%	5%
	21-25	18%	22%	26%	22%	18%
	26-30	46%	36%	37%	35%	39%
	31 & OVER	33%	36%	31%	33%	38%
	MEAN AGE	29	29.5	29	28	30
STATUS:	VOLUNTEER	67%	65%	72%	60%	52%
	CRIMINAL JUSTICE	33%	35%	28%	40%	48%
MODALITY:	MAINTENANCE	61%	62%	77%	76%	75%
	DETOXIFICATION	7%	17%	7%	5%	6%
	DRUG FREE	32%	21%	16%	19%	19%
ADMISSION:	RE-ADM.	69%	66%	65%	61%	64%
	NEW-ADM.	31%	34%	35%	39%	36%
AVERAGE METHADONE DOSAGE (mgm.)		25.7	28.2	29.7	29.6	27.9

TABLE VIII

HEROIN ADDICT POPULATION & SPENDINGS

	1978	1979	1980	1981	1982	1983
ESTIMATED HEROIN ADDICT POPULATION	9,000	11,000	13,500	16,500	15,500	12,350
ESTIMATED SPENDINGS FOR HEROIN PURCHASE (in millions)	$82.1	$100.4	$123.2	$150.6	$141.4	$112.7

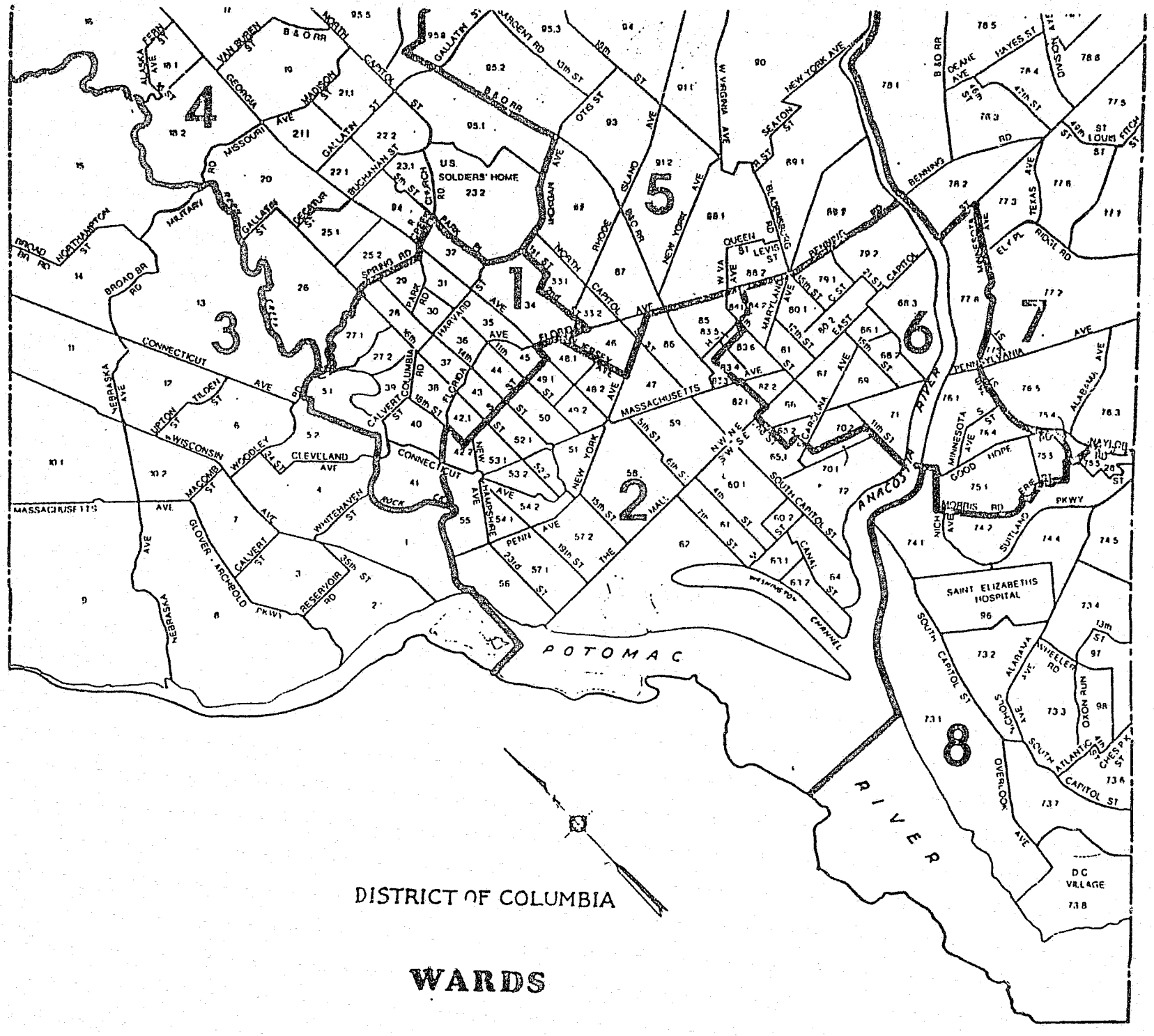
TABLE IX

WARD INFORMATION

WARDS	MEDIAN INCOME 1979 ($) FAMILY	PLACE OF BIRTH			RACE			TOTAL COUNT OF PERSONS	HEROIN ADDICT POPULATION	PERCENT OF HEROIN ADDICT
		WASH. D.C.	OTHER STATES	ABROAD AND FOREIGN	WHITE	BLACK	OTHER			
1	15,472	24,548	43,188	11,027	19,338	55,050	4,375	78,763	2,099	2.66%
2	17,527	21,236	51,085	9,406	39,665	38,204	3,858	81,727	2,137	2.61%
3	41,870	14,430	51,030	11,985	71,182	3,564	2,699	77,445	272	0.35%
4	23,750	30,473	45,793	5,274	9,783	70,649	1,108	81,540	1,284	1.57%
5	18,837	35,931	44,595	2,482	8,042	74,171	795	83,008	2,038	2.46%
6	17,462	31,199	42,071	2,455	16,768	58,071	886	75,725	1,470	1.94%
7	16,400	45,668	35,282	1,331	3,105	78,589	587	82,281	1,395	1.70%
8	13,167	42,120	33,615	2,109	6,822	70,072	950	77,844	1,655	2.13%
TOTALS		245,605	346,659	46,069	174,705	448,370	15,258	638,333	12,350	1.93%

NOTE: 1980 CENSUS INFORMATION

1983 ADDICT POPULATION INFORMATION


DISTRICT OF COLUMBIA
WARDS
1
2
3
4
5
6
7
8
POTOMAC
RIVER
ANACOSTIA
U.S. SOLDIERS' HOME
SAINT ELIZABETHS HOSPITAL
DC VILLAGE
MASSACHUSETTS AVE
CONNECTICUT AVE
NEW YORK AVE
PENNSYLVANIA AVE
SOUTH CAPITOL ST
CAPITOL ST
NEBRASKA AVE
MISSOURI AVE
GEORGIA AVE
FLORIDA AVE
MARYLAND AVE
CALVERT ST
WISCONSIN AVE
WOODLEY PL
CLEVELAND AVE
WHITEHAVEN ST
GLOVER-ARCHBOLD PKWY
RESERVOIR RD
MASSACHUSETTS AVE
HARVARD ST
COLUMBIA RD
CHAMPLAIN ST
KALORAMA RD
CALIFORNIA ST
FLORIDA AVE
R ST
S ST
T ST
U ST
V ST
1st ST NW
2nd ST NW
3rd ST NW
4th ST NW
5th ST NW
6th ST NW
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CURRENT DRUG USE TRENDS IN BOSTON

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Heroin

"The heroin situation is worse than ever," said the director of one of Boston's treatment clinics. There is much agreement on the fact that the quality of heroin available has improved in recent months. The DAWN ER mentions, however, remained at a fairly stable, relatively low level throughout the first nine months of 1983. There was an average of 22 ER heroin mentions per month in the third quarter of 1983; the comparable figure for 1982 was 38.

Heroin of very good quality continues to be plentifully available in the Boston area. Street-level exhibits analyzed by the Massachusetts State Police Chemical Laboratory in the last six months ranged in purity from a low of 6.3% for four June exhibits to a high of 9.6% for six exhibits in September. Ten street exhibits in November averaged 9.2% purity.

The DEA reports that grams of heroin are selling in Boston for $125, while 1/8 ounce quantities of pure heroin can be had for $1200. DEA purchases of multi-gram size were analyzed last July at 5% purity. Plastic heat-sealed bags in various colors, containing excellent quality (9-21% pure) heroin are also turning up around the area.

More Southwest Asian heroin, especially Lebanese, has been appearing in the Boston market, which had been dominated by Southeast Asian heroin during the preceding year.

There is some type of sedative/hypnotic being mixed with Valium and passed off as heroin on the street. The received explanation is that the user will get a nod from the sedative/hypnotic and a rush from the IV Valium.

The Massachusetts Dept. of Public Health's Division of Communicable Diseases gave a final count of 88 serum hepatitis cases in Boston for the first six months of this year, up 42% from 62 cases in the first half of 1982. This exceeds my projected total by 15 cases. There have been 78 cases recorded from July through November; thus I project a total of 94 for the last half of 1983, a 12% increase from 1982's second semester.

The director of the Drug Problems Resource Center in Cambridge says that their waiting list for narcotics treatment is "ridiculous." The problem, in her estimation, is not that use is higher but that treatment facilities are simply unavailable.

Synthetic Opiates

Boston is experiencing a fairly significant problem with diverted methadone. One clinic allows up to a week's worth of doses to be taken home, and some of these later turn up on the street for $100-150 per dose. Some clinic patients use their clinic dose as a platform and take street methadone on top of it to get high. Others have told counselors things like, "I'm sorry I missed my appointment yesterday, but I went down to Lincoln Street and bought some methadone there to tide me over!"

Percodan is the leading drug stolen in prescription drug thefts in Masssachusetts. Tablets of Percodan go for $5 to $10 on the street.

In Boston, the combination of Doriden and codeine--"4's and Dors"--is also called "ecstasy," "loads," or "packs." A "pack" consists of three Doridens and four Tylenol with codeine. Persons doing this combination have turned up in the Mt. Auburn Hospital's emergency room, and also in their drunk driving program. Since Doriden is quite irritating to the mucosa, they're also seeing a high incidence of ulcers and abcesses.

"T's and blues" are not widespread in Boston. The Boston and Cambridge treatment programs both reported that they rarely see it. It was much more common here in the mid-1970's.

An interesting development on the diversion scene is contractual drug theft. A pharmacist in the Boston area has recently come under investigation for covering drug shortages at his pharmacy by arranging for bogus armed robberies. Apparently, one of the regular addict customers is often the person who is tapped to stage the fake robbery.

Cocaine

Cocaine continues to be widely available in Boston, and high in quality. Ounces at 75-80% purity are sold for $2100-2200. On the Cape, an ounce of toot will cost $2300-2400. Gram prices remain in the $90-150 range.

The director of the Substance Abuse Clinic at Tufts-New England Medical Center claims that there is not only an enormous amount of cocaine around, but that a very large number of users are having problems with the drug.

The clinic in Cambridge also claims that more people are coming in for cocaine treatment, that the users "are not naive anymore." The Cambridge clinic is now offering group sessions for cocaine abusers. The rate of cocaine use, according to this source, remains high, but has stabilized. It is not skyrocketing as it appeared to be six months ago.

A year ago we saw cocaine in Boston mainly among the upper middle class, the affluent counter-culture, business people and white collar types. Now, its appeal has crossed social class lines, and toot is becoming popular with blue collar workers--truckers, construction workers, shipyard workers.

The best quality cocaine is called "rock," and this is the choice of freebasers. Only a small percent of the cocaine cases at the Tufts clinic are freebasers--their estimate was 20-25%.

The Cambridge Clinic reports taht people seem to get into trouble much more quickly with freebasing, and that a functional toxic psychosis is not an unusual event among freebasers. Cambridge also reports an increased incidence of cocaine use among the narcotic population in treatment.

Psychedelics

Plenty of blotter and microdot acid are reportedly available in Boston. Some street sources claim that PCP is turning up again in both powder and "angel dust" form. It's not a significant problem, however.

A new type of LSD in the shape of a small pyramid was sold last summer in Vermont.

Marijuana & Hashish

Drug traffic continues to plague New England fishermen. Quantities of "sea hashish" have appeared in the nets of Maine fishermen who were out dragging for scallops. Fifty to 75 pounds of sea hashish have been voluntarily surrendered to the DEA in Maine. On the street, this hashish is known as "salt water taffy" and sells for $50 per ounce or $300-350 per half pound.

Laboratory analysis indicates that this dark colored, salty hash is extremely high in iron chloride, indicating that it has been in salt water for some time. It has a "very rank" odor when wet. This hash is believed to be part of that which was thrown overboard from a trawler in December, 1978, near Cutler, Maine. At that time, Federal agents retrieved 15 cannisters containing 600 kilograms of hashish form the sea.

Miscellaneous Notes

DEA also reports the seizure of an IBM Personal Computer which was used by a drug dealer to keep track of suppliers, amounts purchased, and how much money was owed to various individuals in the distribution chain. For some reason, I believe that this dealer more likely traded in cocaine or amphetamine than in the opiates.

REPORT TO COMMUNITY EPIDEMIOLOGY WORK GROUP

MEETING XV - DECEMBER 13-16, 1983

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OVERVIEW

Within Philadelphia County, and the Philadelphia SMSA, the general movement of the several indicators under review is a decrease from the prior six month period. Treatment admissions reporting heroin as the primary drug of abuse decreased 13.3%, a figure which will be further explained below. Heroin/Morphine related emergency room cases as reported by DAWN decreased 15.5% for the Philadelphia SMSA. Heroin purity at the retail level declined from 3.7% to 3.3% for white heroin. There continued to be insufficient brown heroin in and around Philadelphia to make any statements regarding its price or purity. On an annualized basis Narcotic and Dangerous drug related deaths decreased at a rate of 34.9%. Arrests and offenses for narcotic drug laws decreased 17.4% and 15.3% respectively from the previous six month period. The decline reverses an increasing trend which goes back to the first half of 1981.

TREATMENT ADMISSION DATA

As indicated in Table 1 treatment admissions for heroin abuse dropped from 2,244 in the second half of 1982 to 1,945 in the first half of 1983. While this represents a 13.3% decline it is not as remarkable as it first appears. During the second half of 1982, two large methadone maintenance programs located in Philadelphia ceased operations. This action necessitated the immediate placement of all active clients into other long term or detoxification programs. A review of admission data conducted at the close of the fiscal year indicated that approximately 300 clients from these two programs were placed into treatment. The movement of this group of clients inflated the admission statistics leading to the conclusion of an apparent increase of 14.2% between the first and second half of 1982. Actually, had this situation not occurred, a drop in admissions would have been recorded for the second half of 1982. The end result is that the second half of 1982 and the first half of 1983 are remarkably similar in regard to admissions for heroin abuse.

Table 2 contains client admissions for heroin abuse by year of birth. All age cohorts with the exception of those individuals born 1960 or after showed a decrease. It should also be noted that each cohort continued to make a contribution to the total number of admissions. The cohort born during the years 1950-54 continues to produce the largest percentage of admissions to treatment. Taken together, the 1945-49 and the 1950-54 cohorts accounted for 60.5% of all heroin related admissions in the first half of 1982, 61.2% in the second half of 1982, and 58.6% in the first half of 1983. The contribution of admissions born between 1945 and 1954 is further evidenced in Table 3 which shows the average age at admission by program type. Between fiscal year 81/82 and 82/83 the average age of admissions to methadone maintenance programs increased from 32.0 years of age to 33.9. This "growing older" of the methadone treatment population continues a trend which extends back to fiscal year 1976-77.

The data on birth cohorts prompted a review of year of first use cohorts by treatment history over the last three report periods. The intent of this review was to understand the relative contribution of each first use cohort to the total number of heroin related admissions, and further, to ascertain if any of the earlier cohorts (1st use prior to 1970) were seeking treatment for the first time. The data used in undertaking this review were viewed with some caution, however, since it was not possible to determine from the admissions forms whether the prior treatment was for heroin or some other substance.

The data revealed that two cohorts, first use 1965-69 and 1970-74 contributed the majority of admissions in each of the three time periods, although their percentage contribution did decline over time. During the first half of 1982, the two groups contributed 67.3% of all heroin admissions. In the second half of 1982, this percentage dropped to 65.0%, and in the first half of 1983 the percentage contribution was 62.6%. Likewise, as one might predict, the 1975-79 and 1980+ cohorts as a group increased their percentage contribution each year. The percentages for the three periods being 16.4%, 16.7% and 21% respectively.

It is also of interest to note that the two largest cohorts in terms of numbers (1965-69 and 1970-74) continue to contribute admissions who indicate no prior treatment and that the percentage of those who began use between 1965-69 with no prior treatment actually increases within each of the three periods under review. What these data suggest regarding recent incidence rates and the size of the prevalence pool is open to interpretation and one must be careful not to go beyond the data. However, when all the data are taken into consideration, one is led to hypothesize that the incidence rate in the period post-1975 was considerably below that of the period 1965-74 and that the prevalence pool continues to decline as fewer new users are recruited to replace those who drop out of the pool.

A review of Table 4 shows that total admissions for amphetamine abuse increase 5.6%, although the total of 563 continues well below the period 1980 through the first half of 1982. The birth cohort 1955-59 continued to produce the largest number of admissions and registered an increase of 17.3% over the prior period.

Barbiturate admissions (Table 5) increased for the second consecutive reporting period, although the percentage increase between the second half of 1982 and the first half of 1983 was less than the increase from the first half of 1982 and the second half of 1982. The 1955-59 birth cohort continued as the largest, increasing 62.2% over the prior period.

Table 8 indicates year of first use by year of admission from 1973 through the first half of 1983. This table may be used in conjunction with Table 1 in order to determine the relative contribution of a particular use cohort to the total number of admissions for a given period. For example, those who began use in 1973 and entered treatment in 1983 (N=76) accounted for 3.9% of the heroin related admissions for the first half of 1983. It should not be concluded, however, that an admission recorded on Table 8 as entering treatment in the first half of 1983 represents an individual who is entering treatment for the first time.

MORTALITY AND EMERGENCY ROOM DATA

Table 9 reports Narcotic and Dangerous Drug Related Mortality by Sex and Race. The first half of 1983 showed a decline in drug related deaths which annualizes to a decrease of 34.9%. No fatalities were recorded among Hispanics. The most remarkable decline occurred among White males who, while they continue to contribute the largest

number of fatalities, decreased from 44.5% of the total deaths to 40.7% of the total.

DAWN emergency room heroin/morphine mentions for the Philadelphia SMSA showed a decline in the first half of 1983 when compared to the first half of 1982.

Mentions for cocaine, diazepam, and PCP/PCP combination show an increase over the prior period. The increase in cocaine use is further reflected in Philadelphia treatment admissions for cocaine which increased by 29.1% from fiscal year 1982 to fiscal year 1983.

Finally, methaqualone mentions continued to decrease in the first half of 1983. It is expected that mentions for this substance will continue to decline as its production is curtailed and its acquisition becomes increasingly difficult.

CRIMINAL JUSTICE SYSTEM DATA

Table 10 contains Drug Law Offenses and Arrests by drug type for the first half of 1983. These data, when compared with those from the last half of 1982, reveal a decline in all categories. The greatest decreases occurred in both offenses and arrests for marijuana which decreased 21.7% and 18.7% respectively. Offenses for opiates/cocaine decreased 9.5% while arrests in this category decreased 10.5%. The declines noted in the first half of 1983 reverse an increasing trend which goes back to the first half of 1981.

ANECDOTAL INFORMATION

Information provided by discussions with the Drug Enforcement Administration indicates that heroin purity in the counties surrounding Philadelphia is considerably higher than in Philadelphia. Heroin is brought into the surrounding counties directly from New York City and does not pass through Philadelphia. Within Philadelphia, the majority of heroin comes from New York City with the remainder coming from the West Coast or directly through the Port of Philadelphia.

In the Treatment Admission section of this report, it was observed that heroin related admissions have increased in age over the last several years. This phenomenon was discussed with staff members of several programs. Their reports confirmed this increase and also indicated that alcohol abuse is becoming an increasing problem among active clients and new admissions. Several staff members reported that the client's alcohol problems required attention equal to that given to the drug abuse. While this observation pertained to some extent to all admissions, it was believed to be more prevalent in the older clients, that is, those in their early to mid-thirties.

One individual who had considerable experience working with drug clients, particularly heroin abusers, and who is currently working in an alcohol program, observed that he had seen former heroin users seeking treatment for alcohol abuse. These individuals were all older clients who, while they may use heroin if it is easily available, no longer are addicted and must support a habit.

Although there was not an opportunity to talk with these clients, one explanation for the shift from heroin to alcohol is the availability of the latter. Maintaining a habit requires considerable effort on the part of the addict. A great deal of time must be spent in acquiring funds for heroin and then making connections to purchase

it. It is possible that after a number of years, this level of activity becomes too difficult and the individual is forced to cut back on his heroin use. Whether or not this is the case, there is no doubt that heroin users entering treatment in Philadelphia are getting older, and that this trend shows no sign of leveling off.

TABLE I

COMPARISON AMONG DRUGS LISTED AS PRIMARY

AT INTAKE TO TREATMENT OVER FOURTEEN 6-MONTH PERIODS

COHORTS	HEROIN	AMPHET-AMINES	BARBI-TURATES	ILLEGAL METHADONE	OTHER SYN. OPIATES	TOTALS
SECOND 1976	3,983	262	179	36	76	4,536
FIRST 1977	3,465	261	195	66	166	4,153
SECOND 1977	2,356	336	224	59	221	3,196
FIRST 1978	2,214	385	169	75	255	3,098
SECOND 1978	1,582	414	180	91	275	2,542
FIRST 1979	1,736	467	174	103	318	2,798
SECOND 1979	1,860	527	183	71	408	3,049
FIRST 1980	2,065	762	208	66	356	3,457
SECOND 1980	2,296	635	191	59	309	3,490
FIRST 1981	1,952	814	150	53	291	3,260
SECOND 1981	2,010	792	164	40	304	3,310
FIRST 1982	1,964	666	132	54	303	3,119
SECOND 1982	2,244	533	148	44	301	3,270
FIRST 1983	1,945	563	163	58	278	3,007

TABLE 2

COMPARISON AMONG FOURTEEN COHORTS OF PATIENT INTAKES

BY YEAR OF BIRTH LISTING HEROIN AS THE PRIMARY DRUG

COHORTS	≤1919	1920-1924	1925-1929	1930-1934	1935-1939	1940-1944	1945-1949	1950-1954	1955-1959	1960-1964	1965+	TOTALS
2nd '76	7	15	56	104	180	445	1,172	1,612	439	6	0	4,036
1st '77	4	11	38	90	166	395	897	1,405	445	18	3	3,472
2nd '77	5	5	26	65	129	270	624	932	340	19	10	2,425
1st '78	6	8	20	59	79	251	541	877	341	20	1	2,203
2nd '78	1	4	23	38	72	155	380	658	260	8	1	1,600
1st '79	2	3	29	30	95	164	431	677	290	15	0	1,736
2nd '79	4	10	18	47	97	204	500	706	249	25	0	1,860
1st '80	2	6	22	46	73	187	495	825	376	33	0	2,065
2nd '80	2	8	26	76	79	228	573	903	351	50	0	2,296
1st '81	1	6	28	49	73	172	480	749	347	46	1	1,952
2nd '81	2	14	25	53	87	196	444	775	372	41	1	2,010
1st '82	2	5	27	42	86	173	420	769	377	62	1	1,964
2nd '82	8	10	30	58	108	188	535	839	395	71	2	2,244
1st '83	3	9	17	57	68	163	409	731	372	113	3	1,945

TABLE 3

AVERAGE AGE AT ADMISSION BY PROGRAM TYPE

FISCAL YEAR 1975/76 - 1982/83

(SOURCE: UNIFORM DATA COLLECTION SYSTEM)

FISCAL YEAR	METHADONE MAINTENANCE	OUTPATIENT DRUG	OUTPATIENT DRUG & ALCOHOL	OUTPATIENT ALCOHOL
75/76	29.1	23.7	--	41.2
76/77	29.2	23.9	--	41.2
77/78	29.2	27.0	26.6	41.2
78/79	29.5	27.3	26.4	40.7
79/80	30.6	27.8	26.9	39.1
80/81	31.2	29.2	27.1	38.9
81/82	32.0	27.3	32.4	37.5
82/83	33.9	29.5	31.8	36.9

TABLE 4

COMPARISON AMONG FOURTEEN COHORTS OF PATIENT INTAKES

BY YEAR OF BIRTH LISTING AMPHETAMINES AS THE PRIMARY DRUG

COHORTS	≤1939	1940-1944	1945-1949	1950-1954	1955-1959	1960-1964	1965+	TOTALS
2nd '76	11	25	43	71	88	24	0	262
1st '77	9	17	48	91	67	32	0	264
2nd '77	14	25	62	111	94	32	1	339
1st '78	23	30	68	106	116	44	0	387
2nd '78	9	30	77	108	121	56	3	404
1st '79	19	23	65	158	141	59	2	467
2nd '79	15	30	79	150	164	85	4	527
1st '80	18	25	78	205	275	148	13	762
2nd '80	9	36	64	171	218	123	14	635
1st '81	17	34	83	189	298	172	21	814
2nd '81	13	25	74	179	275	186	40	792
1st '82	15	31	61	158	226	148	27	666
2nd '82	10	13	50	131	173	121	35	533
1st '83	10	18	64	111	203	119	38	563

TABLE 5

COMPARISON AMONG FOURTEEN COHORTS OF PATIENT INTAKES

BY YEAR OF BIRTH LISTING BARBITURATES AS THE PRIMARY DRUG

COHORTS	≤1939	1940-1944	1945-1949	1950-1954	1955-1959	1960-1964	1965+	TOTALS
2nd '76	6	10	22	47	65	31	0	181
1st '77	5	8	27	44	79	32	1	196
2nd '77	6	11	29	49	98	36	0	229
1st '78	5	5	17	54	58	26	0	165
2nd '78	9	10	20	42	77	22	0	180
1st '79	9	7	17	25	70	44	2	174
2nd '79	10	13	21	38	52	46	3	183
1st '80	9	12	10	35	62	74	6	208
2nd '80	9	3	27	29	62	53	8	191
1st '81	8	3	6	17	52	53	11	150
2nd '81	9	3	16	22	53	40	21	164
1st '82	7	7	16	29	33	30	10	132
2nd '82	4	6	10	26	37	45	20	148
1st '83	2	3	13	36	60	42	7	163

TABLE 6

COMPARISON AMONG FOURTEEN COHORTS OF PATIENT INTAKES

BY YEAR OF BIRTH LISTING ILLEGAL METHADONE AS THE PRIMARY DRUG

COHORTS	≤1939	1940-1944	1945-1949	1950-1954	1955-1959	1960-1964	1965+	TOTALS
2nd '76	3	4	4	20	5	0	0	36
1st '77	6	5	20	23	14	1	0	69
2nd '77	6	2	15	27	9	1	0	60
1st '78	3	4	17	38	11	1	0	74
2nd '78	5	3	21	43	19	0	0	91
1st '79	5	9	14	43	22	10	0	103
2nd '79	4	3	11	31	19	3	0	71
1st '80	2	1	9	27	19	8	0	66
2nd '80	2	1	10	26	19	1	0	59
1st '81	4	3	10	23	8	5	0	53
2nd '81	1	1	7	15	13	2	1	40
1st '82	3	5	8	20	14	4	0	54
2nd '82	1	2	5	22	13	1	0	44
1st '83	5	5	7	21	17	2	1	58

TABLE 7

COMPARISON AMONG FOURTEEN COHORTS OF PATIENT INTAKES

BY YEAR OF BIRTH LISTING OTHER SYNTHETIC OPIATES AS THE PRIMARY DRUG

COHORTS	≤1939	1940-1944	1945-1949	1950-1954	1955-1959	1960-1964	1965+	TOTALS
2nd '76	6	4	19	17	28	2	0	76
1st '77	20	7	30	70	27	7	1	162
2nd '77	21	15	49	99	33	5	0	222
1st '78	15	11	50	129	42	8	0	255
2nd '78	12	16	53	112	69	12	1	275
1st '79	14	16	62	130	80	16	0	318
2nd '79	17	28	91	168	85	19	0	408
1st '80	25	14	83	117	92	24	1	356
2nd '80	17	8	51	120	96	17	0	309
1st '81	13	15	53	99	82	27	2	291
2nd '81	16	11	58	104	75	35	5	304
1st '82	17	20	55	95	83	28	5	303
2nd '82	8	18	55	110	79	28	3	301
1st '83	10	16	59	101	64	24	4	278

TABLE 8

YEAR OF 1ST HEROIN USE BY YEAR OF ADMISSION

(SEMI-ANNUAL DATA)

(SOURCE: UNIFORM DATA COLLECTION SYSTEM)

YEAR OF 1ST USE	YEAR OF ADMISSION													
	2ND 76	1ST 77	2ND 77	1ST 78	2ND 78	1ST 79	2ND 79	1ST 80	2ND 80	1ST 81	2ND 81	1ST 82	2ND 82	1ST 83
1973	167	172	115	108	65	80	94	94	94	82	83	84	94	76
1974	168	171	109	108	66	71	66	91	112	102	74	72	82	62
1975	108	92	80	91	71	54	53	77	84	71	72	66	77	60
1976	29	55	71	61	41	56	48	63	86	56	52	53	69	56
1977		8	27	43	26	38	42	51	55	46	42	35	46	59
1978				6	13	16	24	46	47	52	46	50	43	55
1979						3	13	28	23	29	43	52	53	53
1980								6	10	14	27	36	46	68
1981										2	6	21	34	39
1982												7	8	16
1983														1

TABLE 9

NARCOTIC AND DANGEROUS DRUG RELATED

MORTALITY BY SEX AND RACE

YEAR	M/B	M/W	F/B	F/W	HISP	TOTALS
1970	101	34	14	8	1	158
1971	177	30	20	4	5	236
1972	227	39	37	9	2	314
1973	137	54	25	14	3	233
1974	125	55	21	7	4	212
1975	99	48	15	14	2	178
1976	104	42	11	12	2	171
1977	60	58	6	10	5	139
1978	60	42	13	8	6	129
1979	68	51	14	10	7	150
1980	49	60	17	22	3	151
1981	68	59	17	19	10	173
1982	49	74	15	21	7	166
1st 1983	18	22	7	7	-	54

TABLE 10

DRUG LAW OFFENSES AND ARRESTS BY DRUG TYPE

BY ACTIVITY FOR FIRST HALF OF 1983

		OPIATES/COCAINE DERIVATIVES	MARIJUANA	SYNTHETIC/ NARCOTIC	DANGEROUS NON-NARCOTICS
OFFENSES	SALE	97	213	18	24
	MANUFACTURE	153	185	19	69
	POSSESSION	385	1,074	36	196
TOTALS		635	1,472	73	289
ARRESTS	SALE	104	201	26	37
	MANUFACTURE	158	222	34	59
	POSSESSION	344	1,130	41	191
TOTALS		606	1,553	101	287

THE BUFFALO REPORT

OVERVIEW

In Buffalo we continue to watch the activity of primarily Talwin and Heroin, both in their relationship to the total use pattern and to each other.

In June, we reported a significant real and relative increase in Heroin usage as indicated by inpatient admission for treatment and a relative fall in Talwin admissions. At the time, this was an apparent reversal of previous trends. We also announced that "the word" was out in the area that something was being done to Talwin by the manufacturer to change the drug.

In a series of discussions with the physician representative from Winthrop Laboratories, we attempted to speculate as to the probable effect that the Talwin "change" would have on the use pattern in Buffalo. It was my feeling that the use pattern for Talwin would probably fall initially in anticipation of the change as mixed users immediately switched back to Heroin; further that this would be followed by a secondary rise as regular pure Talwin users rushed to get off Talwim before they experienced any change in effect. Lastly I presumed a gradual decrease in Talwin use in general as available Talwin supplies became depleted in the area.

The official changeover came in February 1983 in Buffalo which coincides with the current reporting period. If we take the inpatient treatment figures from the last reporting period into consideration, one can see that there was a fall in Talwin admissions as reported in June with a concurrent rise in Heroin admissions. The ratio at that time was Heroin over Talwin 3:2.

During the current period, the ratio returns to approximately 1:1 indicating the possibility that the expected trend may hold true. There are two factors which may,however,affect the accurate interpretation of the obvious numerical

trends.

First, as previously hinted at the last Community Epidemiology Work Group Conference, regular Talwin continues to be available in Canada. In interviews with users from surrounding areas like Niagara Falls, Batavia, Rochester and Buffalo suburbs, this fact has become common knowledge. Because of the close proximity of the Buffalo area to the Canadian border, interpretation of the treatment data may not lend itself to a simple analysis.

In addition, recent treatment data suggests that Talwin Nx has been adopted as a drug of use in the area. Patients seem to be showing mixed reactions to the new product. Some report precipitant withdrawl, others report a "high" when used intravenously. These phenomena of course will require close watching in the future.

INPATIENT TREATMENT ADMISSION DATA

Pentazocine incidentially again has moved up to the number one cause for inpatient admissions during this reporting period with 31.8% over Heroin 30.5%. Buffalo area has also moved in line with the national trend in that 98% of the cases where a co-drug is used with Talwin, that drug is Tripelennamine. Dilaudid, Valium, Codeine and Cocaine remain in similar percentages as before as problem substances suggesting that their use may be endemic in these ratios in the area. (see chart I).

OUTPATIENT TREATMENT DATA

Programs continue to show Marijuana as the leading drug of mention on admission with substantial data to support the Talwin, Heroin activity reported for inpatient treatment.

There has been no diminution in the requests for treatment as the outpatient and inpatient services have averaged well over 100% utilization for each of the six months during this reporting period. The standing waiting list for inpatient services continued to range from 25-35 for 20 slots.

COCAINE CONCERNS

Cocaine as a primary substance on admission shows an apparent fall in total number of admissions, however it actually increased in the number of cases listing cocaine as a co-drug on admission.

STRAIGHT METHADONE MAINTENANCE PROGRAMS

Programs also are operating over 100% utilization of their static capacity for this period, with existing active waiting lists at the end of the reporting periods.

DEATH DATA

Other than ethanol, carbon monoxide, and asprin, barbiturates as a group, antidepressants as a group, and anxiolyties as a group continue to be co-leaders in mentions as significant substances in the causes of death in the area. Codeine, Propoxyphene, and Diazepam also showed a significant number as well as various antidepressants as a group. During this reporting period, there was only one mention of morphine and two mentions of pentazocine as significant in the cause of death. (Chart III)

HEPATITIS DATA

Shows no sharp trends from previous report with: Type B representing 63% of cases reported, Type A representing 21% cases reported, and Non A-Non B representing 15% cases reported. We are still unable to draw any parallels to cocaine use from this data.

CRIMINAL JUSTICE DATA

Continuing with reliable information from available sources, there were slightly fewer felony drug arrests over the last period with 147 reported during the current period as compared to 168 in the previous period.

An additional note is that there were 49 other drug charges in combination with other felonies. Should these figures continue to be available to me in the future, I may be able to refine this data accordingly for serial comparison.

SUMMARY

In summary, Talwin and heroin remain significant problems for the area with cocaine showing increasing activity.

ADMISSIONS
January 1, 1983 - June 1, 1983

CHART I

TOTAL ADMISSIONS - 233

COMPARISON OF DRUG TYPE AS CAUSE OF ADMISSION
SUBSTANCE INTERVENTION UNIT
ERIE COUNTY MEDICAL CENTER, BUFFALO, NEW YORK

DRUG TYPE	INPATIENT ADMISSIONS		SIGNIFICANT IN CAUSE OF DEATH
	Number	Percent	
Amitripryline	-	-	3
Amobarbitol	-	-	-
Amphetamine	5	2.0	-
Barbiturate	3	1.3	8
Butalbitol	1	.5	-
Butorphanol	-	-	-
Carisoprodol	1	.5	-
Cocaine (Metabolites)	5	2.0	2
Codeine	10	4.0	6
Chlordiazepoxide	-	-	2
Chlorpromazine	-	-	3
Desipramine	-	-	-
Diacetylmorphine (Morphine)	71	30.5	1
Diazepam	21	9.0	4
Diphenhydramine	-	-	1
Diphenoxylate	-	-	-
Diphenylhydantoin	-	-	9
Ethchlorvynol	1	.5	1
Fluphenazine	-	-	-
Fluorazepam	3	1.3	2
Glutethamide	3	1.3	-
Haloperidol	-	-	-
Hydrocodone	-	-	-
Hydromorphone	11	4.0	-
Imiprimine	-	-	-
Lorazepam	-	-	-
Lysergic Acid Diethylamide	1	.5	-
Meperidine	1	.5	2
Meprobamate	3	1.3	1
Methadone	3	1.3	-
Methaqualone	-	-	-
Methylphenidate	-	-	-
Methyprylon	-	-	2
Nalbuphine	-	-	-
Nalorphine	-	-	-
Oxycodone	1	.5	-
Pentazocine	74	31.8	2
Solitary 17			
With Tripelennamine 57			
With Diphenhydramine 1			
Pentobarbitol	-	-	2
Perphenazine	-	-	-
Phencyclidine	4	1.7	3
Phenmetrazine	-	-	-
Phenobarbitol	1	.5	6
Phentermine	3	1.3	-
Prazepam	1	.5	-
Propoxyphene	8	3.4	4

CHART I

Continued pg.#2

DRUG TYPE	INPATIENT ADMISSIONS		SIGNIFICANT IN CAUSE OF DEATH
	Number	Percent	
Secobarbitol	1	.5	-
Tetrahydrocannabinol	-	-	-
Tripluperazine	-	-	-
Tripelennamine	-	-	-
Triprolidine	-	-	-
Thioridazine	-	-	-
Ethanol (Co-diagnosis)	11	-	110

DECEMBER 1983 - BUFFALO, NEW YORK CHART II

PRICE AND PURITY REPORT
JANUARY - JUNE 1983

SOURCES OF REFERENCE - Buffalo Police Central Laboratories and Erie County Sheriff's Department.

Total confescated samples (including Marijuana) 910

DRUG	POSITIVES	AVERAGE PURITY	STREET PRICE
HEROIN	15	3.5%	$25.00 packetts
COCAINE	61	10 - 63%	$140.00 per gram
Rock Crystal	-	-	$190.00/gram
Kilo	-	60 - 70%	$2,500
MARIJUANA	585	-	3 gram (bag) $5.00 8 gram (bag) $10.00
TALWIN	150	Pharmaceutical	$4-$5.00/50 ml Tablet
L.S.D.	60	-	$2 - $4.00/hit
P.C.P.	30	-	$5.00/hit or $50-$60.00/ gram
TALWIN Nx	-	Pharmaceutical	$2 - $4.00/tablet

CHART III

REPORTED VIRAL HEPATITIS CASES IN ERIE COUNTY

January 1, 1983 - June 30, 1983

Hepatitis	City of Buffalo	Total Erie County Including Buffalo
A	6	18
B	31	54
Non A & Non B	5	13

Source: New York State Communicable Disease Computer Printout by Month.

CHART IV

ERIE COUNTY LABORATORIES

DIVISION OF TOXICOLOGY

Summary - January 1 - June 30, 1983

The following compounds were identified in cases during the period listed above. They may have been present in amounts ranging from insignificant to lethal (sole cause of death). Some cases involved two or three compounds. Total cases - 409.

Ethanol	-	110	Flurazepam	-	2
Carbon Monoxide	-	29	Hydroxyzine	-	2
Acetylsalicylic Acid	-	10	Meperidine	-	2
Amitriptyline	-	3	Meprobamate	-	1
Amoxapine	-	5	Methyprylon	-	2
Caffeine	-	1	Morphine	-	1
Chlordiazepoxide	-	2	Nortriptyline	-	1
Chlorpromazine	-	3	Oxazepam	-	1
Cocaine	-	2	Pentobarbital	-	2
Codeine	-	6	Pentazocine	-	2
Diazepam	-	4	Phencyclidine	-	3
Digoxin	-	1	Phenobarbital	-	6
Diphenhydramine	-	1	Propoxyphene	-	4
Diphenylhydantoin	-	9	Quinidine	-	6
Disopyramide	-	2	Quinine	-	3
Doxylamine	-	1	Theophylline	-	2
Ethchlorvynol	-	1	Thioridazine	-	2
Fentanyl	-	1			

DRUG ABUSE TREND UPDATE
WAYNE COUNTY/DETROIT, MICHIGAN
December, 1983

Richard F. Calkins, Chief
Evaluation and Data Services
Office of Substance Abuse Services

Introduction

In the Detroit/Wayne County area there are 2.4 million residents; with the two surrounding counties the total SMSA population is over 4 million persons. The three county area comprises about 44 percent of the total Michigan population. As with prior reports, this paper reflects the use of a variety of information sources on drug abuse indicators.

The information presented in this report is as follows:

	Source
Narcotics Deaths	Wayne County Medical Examiner
Heroin Price and Purity	Drug Enforcement Administration
Detroit Police Narcotics Data	Detroit Police Department
Emergency Room Mentions	Drug Abuse Warning Network (DAWN)
Treatment Admissions Data	Michigan Office of Substance Abuse Services
Treatment Waiting List	Michigan Office of Substance Abuse Services
Prescription Drugs Data	Michigan Office of Substance Abuse Services, and ARCOS: Drug Enforcement Administration
"Street Study" pending report	Michigan Office of Substance Abuse Services
Anecdotal Comments	Variety of Sources

Narcotics Deaths

Death records have been maintained by the Wayne County Medical Examiner since 1974 specific to drug abuse and narcotics involvement. Cause of death and/or involvement of narcotics in deaths by other causes is determined by the medical examiner's examination, autopsy and/or toxicological analysis.

It has previously been noted that the vast majority of all narcotics-related deaths are residents of the City of Detroit and that these deaths occur within city boundaries.

The number of narcotics deaths since 1974 are shown on Table 1. The peak year was 1975 with 341 narcotics deaths. Between 1975 and 1978 the trend in narcotics deaths declined significantly. The 1978 figures are the lowest since the establishment of data collection when 73 such deaths were reported. As noted in the last report, narcotics deaths have been on the increase since 1979. The 1982 final figure of 192 narcotics deaths is the highest level since 1976 when 206 deaths were reported.

The last trend report noted that a decline may be occuring in 1983 and in fact the most recent data tends to confirm a decline over 1982. As of November 27, 1983, there have been 128 narcotics deaths thus far. Projections for the year suggest the final level at 139 deaths. This would be a 28 percent decline over 1982. However, the 1982 level was a 36 percent increase over 1981. Note that the 1983 projections are virtually identical in total to the 1981 final death figures.

It is believed that these fluctuations in the number of deaths is due to changes in availability and purity of heroin. It is clear that purity varies considerably across samples (see Heroin price and purity section). There is also some evidence to suggest that major changes in trafficking organizations have taken place during the year.

The Wayne County Medical Examiner notes that virtually all of the narcotics deaths involve heroin.

Other drugs (non-narcotics), as noted in the last report, continue to contribute to deaths in Wayne County/Detroit. Thus far in 1983 the following drugs were involved as "cause of death":

Darvon	3 deaths
Tuinal	1 death
Barbiturates (unspecified)	2 deaths
Theophylline (asthma medication)	1 death
Tricyclic antidepressants (unspecified)	2 deaths
Doriden and codeine	1 death
Amoxipine and Sinequan	1 death
Amoxipine and acetaminophen	1 death
Mellaril	1 death
Aspirin and codeine	1 death
Aspirin	1 death
Elavil	3 deaths
Methamphetamine and lidocaine	1 death
Codeine	1 death
Placidyl	1 death
Codeine and diazepam	1 death
Sinequan	1 death

Overall, there were 23 non-narcotics drug-involved deaths in Wayne County/Detroit in 1983. Undoubtedly some percentage of these deaths may have been suicides and not accidental overdoses. Data on non-narcotics deaths have not been systematically examined in past reports; efforts will be made to incorporate this into future reports. The information may aid in assessing impacts of current efforts toward reducing the volume of prescription drugs distributed in Michigan.

Homicides are also up over 1982 levels; some homicides are believed directly related to competition between dealer organizations for control of the heroin market.

The Wayne County Medical Examiner has received tentative approval to obtain the new computerized gas chromatography testing device which was noted in the last report. This equipment will aid greatly in efficiently identifying a vast number of specific drugs which up until now had been cumbersome and expensive to test for. The automation of toxicological testing should also be of significant help in maintaining and assembling data for future trend analysis.

Domestic Monitor Program - Drug Enforcement Administration

The federal Drug Enforcement Administration operates the Domestic Monitor Program. This effort is a retail level (i.e. street level) heroin sampling program intended to provide information regarding availability, price, purity, adulterants and other salient descriptors for several major metropolitan areas. Detroit has been a target city since 1981 for this effort. An average of 10 samples each month are sought; preferably from different dealers spread across the local geography. The DEA laboratories conduct tests with the heroin signature methodology to identify origin. Reports are produced quarterly; distribution is largely confined to DEA staff. This report contains materials from this data source through March, 1983 (see tables 2 and 3).

The average heroin purity for the January-March 1983 quarter is 2.6% (when 3 samples of higher than expected purity are not included in calculations); this is almost a 40 percent decrease in average purity from the prior quarter's average purity of 4.3%. However, when comparing the same calendar quarters (January-March) for both 1982 and 1983 very little difference in average purity is apparent.

The range in heroin purity across samples has been quite wide for Detroit since the start-up of the Monitor effort. For example, the highest purity (53.2%) sample found thus far occurred in the July-September, 1981 quarter. As noted in the last report, during the period April-September, 1982 the range of purity narrowed; 13 percent was the highest purity found in samples obtained during that time. The last quarter of 1982 as well as the first quarter of 1983 showed a seeming return to a wider range of purity (some samples reached a purity of about 31 percent).

During the January-March 1983 quarter only New York City (4 samples) and Detroit (2 samples) of the six cities participating in the Monitor program had any purities over 20% heroin

Whether this variation in purity ranges is reflective of more heroin supply availability or of differences in local sources or of different levels in the "distribution chain" is very difficult to estimate. If in fact these fluctuations directly reflect actual purities in heroin purchased on the street then it may be that purity influenced overdose deaths because of tolerance differences among users.

It is suspected that the average purity decrease found in January-March 1983 samples is due in part to the disruption in heroin trafficking in Detroit as a result of the major "bust" involving leaders of "Young Boys, Inc."

During this quarter, 4 samples were found to contain no heroin; this may also be related to dealer difficulties in obtaining a supply of heroin to sell.

Heroin price per sample seems to be showing a generally upward trend after the sharp decrease which began in the January-March 1982 quarter. The January-March 1983 average sample price was $106.00; a 6 percent increase over the prior quarter. Overall, the 1982 year showed average sample prices remaining below $100. In prior periods the average sample costs averaged about $125.00. The low point during 1982 was the April-June quarter when the average sample cost was $81.00. The causation for these changes is difficult to identify yet it can be surmised that either more heroin was available or dealers faced an increasingly competitive market which forced price reductions.

Yet when average price is calculated against actual heroin purity a relatively different picture emerges. The last report noted that the average price/pure mg. was $3.05 for the first six months of 1982; a decrease in price of 25 percent over the last two quarters of 1981. The July-September 1982 quarter showed a slight increase to $3.32/pure mg.; yet the October-December 1982 quarter showed a 57 percent decline to $1.42/pure mg. The January-March 1983 quarter showed $1.97/pure mg. on the average. While this increase may seem to indicate higher prices (and therefore possibly a smaller supply) in the last quarter it is important to note that for the most recent six months for which data is available, pure heroin in the Detroit area is about one-third to one-half cheaper than in previous periods.

This situation could be a result of increased heroin supplies and/or competition among dealers for the user market. Or it may be influenced by changes in source of origin of the heroin available in Detroit.

The DEA's Heroin Signature Analysis procedure allows for identification of place of origin. The majority of heroin in Detroit comes from the Middle East; Turkey, Pakistan, Italy and Lebanon. Pakistani heroin continues to dominate; some is apparently shipped through international mail. However, three samples obtained during January-March 1983, were of SouthEast Asian origin; this is the largest number of samples from this source of origin since late 1981. Other information indicates that Thailand may be the source of this heroin.

Mexican heroin is apparently not very common in the Detroit area.

All samples from the most recent quarter continue to contain mannitol and/or lactose except one which contained caffeine and nicotinamide. Pyrilamine was present in 13 of 19 heroin samples and caffeine was found in 5 samples. The quinine found in 14 samples ranged from 34-92 percent with an average of 64 percent. This average has remained stable.

Within the past year the DEA along with local narcotics police (and on one occasion in cooperation with the Royal Canadian Mounted Police) have conducted major "busts" of heroin distribution organizations in Detroit ("Young Boys, Inc." in December 1982 and the "Davis Family Group" in August 1983). It would appear that these cases have had a disruptive effect on heroin in Detroit, at least on a short-term basis.

City of Detroit Police Narcotics Unit

The Wayne County/Detroit trend report dated June, 1982 marked the beginning of inclusion of information from this source into these trend updates.

As is shown in Table 4, heroin continues to be the major drug involved in arrests which result in processing to court. The proportion of total cases to court which were for heroin charges has remained quite stable since 1980 at 55-58 percent.

Talwin arrests continue to decrease sharply from 499 cases in 1981; in 1982 there were 245 arrests for Talwin while through August, 1983 there were only 46 Talwin arrests. This decline is believed due to a decline in both supply/availability of Talwin as well as a decline in popularity of "T's and Blues" in Detroit.

Thus far in 1983 arrests involving several drugs are showing increases over prior years. Arrests for amphetamines are at 54 so far in 1983, as compared to 56 for the entire year of 1982. This increase is even more dramatic when comparing 1983 to 1981 (36 amphetamine arrests) and 1980 (33 such arrests). Cocaine shows a similar pattern of increase; 142 cocaine cases thus far in 1983 compared to 149 for all of 1982 and only 89 in 1981. Codeine arrests are also up; 121 cases so far in 1983 compared to 97 in 1982, 47 in 1981, and only 19 in 1980.

Arrests for LSD, while at a relatively low volume of 18 cases through August, 1983 bear watching because there were only 19 such cases in 1982 and 15 in 1981. PCP arrests continue to decline since the 1980 peak of 33 such cases.

Confiscations of heroin continue to increase in terms of weight of amounts seized; over 11 pounds were seized in all of 1982 while through August, 1983 over 10 pounds were confiscated. In 1981 over 8 pounds were confiscated. Cocaine seizures are at about the same level as in 1982 at just over 2 pounds through the month of August. The amounts of suspected drugs confiscated by Detroit narcotics police are also up over 1982 (explicit testing and confirmation of specific drug identities is not routinely done if a case is not forwarded to court).

Sharp increases in seizures of certain prescription drugs are also apparent over the same time frames for 1982 as compared to 1983 (figures are through August for both years). Amphetamines seized in 1983 were 2561 tabs vs. 1480 in 1982. Codeine seized in 1983 were 3849 tabs vs. 1398 in 1982. Percodan seized in 1983 were 1834 tabs vs. 994 tabs in 1982. Demerol seized in 1983 were 1234 tabs vs. 301 tabs 1982 (a 300 percent increase). LSD seizures in 1983 were 646 tabs vs. 46 tabs in 1982. Quaalude seizures in 1983 were 3165 tabs vs. 395 tabs in 1982.

Seizures of Talwin (1933 tabs in 1983 thus far vs. 2558 tabs in 1982) are down.

Through August, 1983, Detroit narcotics police recovered property valued at $947,800 through their activities. This compares to $349,281 for the same time period in 1982.

As noted in the last report, the Detroit Police Narcotics Unit, along with federal DEA agents made a major "bust" during December, 1982 of leaders of "Young Boys, Inc.". Since that point a number of other major heroin traffickers have been arrested. In August, three brothers (known as the "Davis Family

Group" or "DFG") were indicted on 57 counts of drug and income tax violations between 1977 and 1982. Allegedly, this organization had extensive international contacts, including Turkey, Ghana, Nigeria, Haiti, Jamaica, Thailand and, most recently Holland (through Amsterdam). It is also believed that the Amsterdam source was part of a major distribution chain for Turkish as well as Lebanese heroin. Federal narcotics authorities believe there were some linkage between the leaders of Young Boys, Inc. and the Davis Family Group.

Three Lebanese citizens and a Detroit resident were also arrested by the DEA and Canadian authorities during August, 1983 with 5.5 pounds of heroin estimated at 60-90 percent pure.

A "new" heroin distribution organization has apparently emerge to supply drugs in the absence of former suppliers such as "Young Boys, Inc." This organization allegedly operates similarly to "Young Boys" wherein adolescents are used to actually conduct transactions on the street. This "new" organization is known as "Pony Down" with part of the label taken from the name brand of a popular athletic shoe manufacturer. Apparently the wearing of this particular brand of shoes is a sort of "uniform".

Young people under age 20 continue to represent about one of every four persons arrested on narcotics charges in 1983 in Detroit. Almost 90 percent of all narcotics arrestees during 1983 thus far are male.

Anecdotal comments continue the same themes as noted in recent reports; heroin purity is low (on the average) yet fluctuates. Percodan, codeine and Dilaudid are common and in great demand.

The Detroit Police Department has graciously provided access to interviewers for obtaining descriptive information on current drug use patterns and trends. This data will be part of a forthcoming report (see latter parts of this report for a brief summary of study).

Emergency Room Drug Mentions

Information regarding the volume and type of specific drugs which are involved in cases seeking assistance in hospital emergency rooms is collected through the Drug Abuse Warning Network (DAWN) data system. This system is now run by NIDA through contract.

Over the last 18 months changes in the system's contents as well as changes in the organization responsible for working with the hospitals on DAWN have resulted in some disruption. As a result the reliability over time of the DAWN information is not as high as would be desirable. This situation has been made even more complicated because of changes in the number and composition of cooperating hospitals. For example the number of Detroit SMSA area hospitals that cooperated on DAWN in 1982 was 45; as of September 1983 there were 35 hospitals reporting. The data discussed in this report is therefore based on the past three years reporting from these 35 hospitals (most of which have been reporting consistently and continuously for this period).

Heroin mentions have increased sharply over the past three years. For the period October 1, 1980 September 30, 1981, there were an average of 231.5 mentions per quarter for heroin. For the following year (October 1981 September 30, 1982) there were an average of 397 heroin mentions per quarter. And for the latest year (October 1, 1982 - September 30, 1983) the quarterly average for heroin mentions reached 684.4. Some of this sharp increase may be due to

Increased awareness of heroin involvement by emergency room staff due in part to more training on how to identify drug involvement. Nevertheless this increase is believed primarily reflective of increased use of heroin and health problems associated with intravenous use. The overall volume of reported drug cases is also up over the same period.

Other increases are shown for cocaine, dilaudid, marijuana and demerol. Decreases are apparent in diazepam (valium), methaqualone and "T's and Blues".

Treatment Admissions

The last report mentioned the fact that budget reductions in the Michigan substance abuse network had resulted in considerable disruption in programs. The last several months have caused some changes from another source; implementation of the new drunk driving law which requires mandatory screening of all arrested drunk drivers. In any case the budget picture has stabilized somewhat and the services network has been operating more smoothly over the past several months.

Treatment admissions to Wayne County/Detroit programs have been averaging about 4200 cases per quarter over the past three years. However, in FY 1981-1982 there was a 3 percent decline in quarterly admissions. However, during FY 1982-1983 admissions averaged 4323 per quarter, or an increase of 6 percent over the prior year, or about 3 percent over the 4200 per quarter trend. Some of this increase can be attributed to an increased level of need by inner-city "marginal" populations. (Many cities are reporting large increases in the number of homeless and destitute individuals and families). It is not unexpected that metropolitan non-hospital short-term alcohol detoxification programs have shown increases in client admissions.

In FY 1982-1983 there were 10,548 alcohol admissions in Detroit/Wayne County; an increase of 1977 persons or 23 percent over the prior year's volume of alcohol admissions.

Over the last year Detroit/Wayne County programs admitted proportionately fewer cases with opiate and other and poly drug problems. Opiate admissions decreased by 230 cases (5%) and other and poly drug admissions decreased by 655 cases (30%) from the prior year. Some of this apparent decrease may in actuality more due to an increased emphasis on alcohol's role in client problems which involve multiple drugs.

Admissions to treatment programs in Wayne County/Detroit have increased in proportion to statewide admissions. In FY 1982-1983 admissions in this part of Michigan accounted for 37 percent of the total statewide admissions. This proportion had been about 33 percent for previous periods.

Alcohol admissions represented 53 percent of total treatment admissions in FY 1981-1982 in Detroit/Wayne County but for FY 1982-1983 alcohol represented 61 percent of total admissions. A similar change occurred statewide where 69 percent of admissions were for alcohol in FY 1982-1983 as compared to 62-65 percent in previous years. Wayne County/Detroit programs admitted one of every three alcohol admissions in Michigan in FY 1982-1983.

Opiate admissions are clearly more frequent in Detroit/Wayne County as compared to Michigan as a whole. For example, for FY 1982-1983 admissions in Wayne County/Detroit for heroin represented 83 percent of all heroin admissions

statewide. This is the same as in FY 1981-1982. Heroin accounted for 11 percent of statewide admissions but 24 percent of Detroit/Wayne County admissions. Other opiates and synthetics (e.g., dilaudid and demerol) made up about 3 percent of admissions for both Wayne County/Detroit and the state as a whole. However, only 43 percent of all statewide admissions for other opiates and synthetics were in Detroit/Wayne County.

In terms of all other drugs, Wayne County/Detroit admitted 25 percent of the statewide total admissions for other drugs in FY 1982-1983.

Blacks represented 44 percent of all admissions in Detroit/Wayne County in FY 1982-1983. This is down slightly from the prior year. Blacks accounted for 72 percent of all opiate admissions.

Whites accounted for 53 percent of total admissions and 26 percent of opiate admissions.

More whites (276 cases in FY 1982-1983) than blacks (153 cases) were admitted for other opiates and synthetics.

In terms of age, 30-35 year olds represented 43 percent of all opiate admissions but only 28 percent of total admissions. The proportion of opiate admissions in both the 30-35 age group and the 36-44 age group increased by 4 percent from the prior year. The proportion of younger groups (ages 21-25 and 26-29) each decreased by 3 percent from the prior year. There were only 4 admission for opiates under the age of 17 and 56 admissions under age 20.

In total admissions, the 30-35 age group as well as the 36-44 age group increased proportionately by 2 percent. Other age groups proportions to total admissions remained identical for the most part.

Employment status is an important indicator in substance abuse data. The proportion of cases in Detroit/Wayne County that were working full time at admission has continued to decline; this is true for opiate admissions as well as for total admissions. For total admissions; 19 percent worked full time in FY 1980-1981; 17 percent worked full time in FY 1981-1982 and 16 percent worked full time in FY 1982-1983. Opiate admissions that were employed full time showed a similar decline from 19 percent in FY 1980-1981, 14 percent in FY 1981-1982 and only 11 percent in FY 1982-1983. Overall, the employment picture is worse for opiate admissions than for total admissions.

Part-time employment showed very little change; this has remained at 3-4 percent of admissions.

The reported unemployment status classifications continue to show changes. For example, the proportion of opiate admissions that reported being "unemployed in the work force" was 30 percent in FY 1980-1981, 68 percent in FY 1981-1982 and 77 percent in FY 1982-1983. For total admissions this group was 30 percent in FY 1980-1981, 55 percent for FY 1981-1982 and 61 percent for FY 1982-1983.

Changes in the opposite direction (i.e. decreases in proportions reporting status as "unemployed not in the work force") have taken place for both opiate and total admissions for the same three years. This change is believed due to an increased interest (and possible optimism) for finding employment.

Recent improvements in employment/reductions in unemployment levels at both the state and local levels have seemingly not been reflected in the substance abusing population. It would appear things are getting worse for user populations.

The table showing treatment admissions by primary drug shows the extent of problems with various drugs in Wayne County/Detroit. The increase in alcohol admissions is readily apparent. In FY 1982-1983 there was a 51 percent increase in cocaine admissions over the prior year, but the total cocaine admissions were about the same as two years ago. Admissions for other opiates and synthetics were also up by 12 percent from the prior year, but in total volume are down from the FY 1980-1981 level. Admissions of family members are up as increased emphasis on family treatment has been evident.

The last report noted that first use of heroin for Wayne County/Detroit admissions is younger than that for other opiates and synthetics. This trend continues in FY 1982-1983 data. For example, while 35 percent of heroin admissions in FY 1982-1983 first began using the drug before age 17, only 20 percent of admissions for other opiates and synthetics used before age 17. Virtually all (90%) heroin first use is before age 25, while 28 percent of first use of other opiates and synthetics is after the 26th birthday.

Treatment Waiting Lists

During the month of August, 116 of the 195 state-funded outpatient and residential treatment programs were contacted by telephone to determine whether they were required to establish a waiting list for potential treatment clients during the month of June. Outpatient and residential (drug and alcohol) treatment programs were the focus of this survey.

Of the 116 programs contacted, 30% (35 programs) indicated that they did have a waiting list. The range of time that potential clients might be required to wait for services ranged from two weeks to as high as 12 weeks (or three months). An additional 17% (20 programs) indicated that they were either at or approaching capacity and would soon need to establish a waiting list. Fifty-three percent (61 programs) indicated that they did not have a waiting list; in fact they noted an apparent seasonal decline in the number of admissions. For these programs, this pattern is not unusual for the summer months. During the month of January, 1982, 51 percent of the programs that were contacted indicated that they did not have a waiting list.

Client admission records show that for the month of June, 1983, there were 2929 clients admitted to the substance abuse treatment system. An additional 871 were reported as assigned to a waiting list status during the month of June. Of those 871 clients, 713 (82%) were seeking outpatient treatment and 158 (18%) were seeking residential treatment services category.

Using these figures in combination, it is apparent that the service delivery system was unable to reach a potential 23% ofthe population that sought services during the month of June.

The 871 people on a waiting list in June, 1983 is somewhat less than compared to the January, 1983 figure of 1015 persons. The proportion of total people who sought services during June, but for whom capacity was not available at 23% was also a decline from the 26% level in January of 1983. This snows some improvement.

However, when comparing June, 1983 (with 871 person waiting for treatment) with June, 1982 (672 persons waiting for treatment), it is clear that treatment capacity is not increasing in proportion to the number of persons of seeking treatment and the situation is getting worse over time.

Personnel cutbacks, staff turnover and summer vacations, along with program closures within a specific geographic area were given as some of the reasons for needing to establish waiting lists. In some cases, client preference was a reason for waiting lists (i.e., evening appointments sought by employed clients).

Prescription Abuse Data Synthesis (PADS) Project

The last report marked the inclusion of data on prescription drug distribution in Michigan from a new source. The DEA has developed a data system which tracks various drugs in terms of their distribution, from manufacturer to point of sale or distribution, throughout the United States. This data system is referred to as ARCOS ("Automation of Reports and Consolidated Orders System"). Schedule II drugs are the major focus at this time.

Data from the ARCOS system has played a primary role in the establishment of the PADS initiative in Michigan, as well as in several other states. The intent of this effort is to develop a cooperative effort among various state, local, and federal organizations which are involved with law enforcement, licensing and regulation of health care professionals and substance abuse treatment and prevention. The eventual goal is to reduce the volume of prescription drugs which end up contributing to substance abuse.

The last report noted that Michigan is uncharacteristically high in distribution (and apparent consumption) of a variety of Schedule II drugs. Since the last report further data has become available; some trend indicators can now be examined. For example, the following represents the ratio of Michigan distribution per capita vs. the national (U.S.) distribution per capita for 1981 and 1982: (Note that the national per capita would represent the 100% base of these figures).

	1981	1982
Methamphetamine	794%	816%
Methylphenidate (Ritalin)	179%	174%
Dilaudid	227%	245%
Phenmetrazine (Preludin)	525%	364%
Methaqualone	143%	194%
Codeine	159%	149%

From this data it is apparent that Michigan is a major distribution center for these drugs. In terms of per capita ranking across the states, the following shows Michigan's rank for these drugs for the same two years:

	1981	1982
Methamphetamine	1	1
Methylphenidate (Ritalin)	1	3
Dilaudid	2	2
Phenmetrazine (Preludin)	1	1
Methaqualone	6	4
Codeine	2	2

The Detroit/Wayne County area clearly accounts for the majority of these drugs in Michigan. In terms of the percentage of Michigan's level of distribution which is accounted for by Detroit/Wayne County, the following shows data for the same two years:

	1981	1982
Methamphetamine	93.2%	90%
Methylphenidate (Ritalin)	N/A	59.2%
Dilaudid	84.7%	83.5
Phenmetrazine (Preludin)	89.3%	84.3%
Methaqualone	99%	93.5%
Codeine	65.5%	64.2%

Compared to 1978 levels of distribution Michigan shows increases in total distribution for methamphetamine, Preludin, Ritalin, Methaqualone, cocaine, codeine, Percodan, Demerol and Dilaudid. Total distribution of Demerol increased 396.2 percent over this period.

The Detroit area accounted for 31.1 percent of all methamphetamine distributed in the United States in 1982; 12.5 percent of all Preludin, 8.4 percent of all Dilaudid and 7.4 percent of all methaqualone.

Comparing 1978 to 1982 in terms of changes in level of distribution for the Detroit area vs. the U.S. it seems apparent that while national distribution patterns show decreases in some drugs, there were increases in the Detroit area. For example, distribution of methamphetamine decreased by 24% nationwide between 1978 and 1982; yet in Detroit there was an increase of 117%. Preludin distribution decreased by 50% nationally while this drug increased by 104% in the Detroit area. Ritalin distribution decreased 3% nationally but increased 43% in Detroit. Methaqualone decreased 71% nationally but increased 63% in Detroit. Dilaudid increased by 85% nationally yet in Detroit this drug increase was 706%.

It is believed that a substantial percentage of the volume of these drugs are diverted to illegal uses with some amounts being taken to other parts of the U.S. and Canada.

The agencies involved in the PADS effort are currently attempting to discover the distribution chains for several drugs with the intent of identifying those distributors which account for high volumes of these drugs. The PADS effort in

Michigan is currently focused on the following drugs: Desoxyn (methamphetamine), Dilaudid, Demerol, Preludin, Ritalin, Amytal, Seconal, Codeine (compounds) and Quaalude. As interventions take place as a result of the PADS efforts, the Office of Substance Abuse Services will be monitoring the impacts of these efforts; future reports will note progress in this area.

"Street Study" Report pending

A short-term descriptive "street study" is being completed in cooperation with the City of Detroit Health Department's Bureau of Subtance Abuse. This study consists of two data collection components and several populations. The first component will use data abstracted from records at Detroit's Central Diagnostic and Referral Center for a sample of cases from 1978, 1980 and 1983. The second component involves extensive interviews with a sample of persons in jail with

pending drug charges, a sample of pregnant addicts and recent mothers that are addicted, and a sample of active users on the streets in Detroit.

This effort will provide a great deal of specific drug use data; much of which has not been systematically sought or available for the Detroit drug-involved population. Although not randomly selected, the samples from which interview data are being obtained are believed generally reflective of drug users in Detroit.

This study is supported in part by NIDA. A report on this study will be completed over the next few months, and the next trend report will contain salient data from this effort where appropriate.

Anecdotal Comments

Treatment programs in Detroit note that they are seeing more clients with serious health problems than previously was the case. Many of the clients have abcesses due to injection of drugs. There is also more mention of using the groin area as the primary site to inject drugs, particularly by women. Using veins in the neck is also reported as common.

Desoxyn is reported as being available at $4-5 per pill on the street. Heroin "packs" continue to cost about $12. Talwin (the "old" type without naloxone) currently costs $10 per tab on the street as compared to $3 per tab previously.

White, suburban users tend to prefer dilaudid and any other prescription drug over street drugs which have been cut with unknown agents.

Cocaine use is reported as common with availability generally no difficulty. Because of the glamour associated with this drug (e.g. use by athletes, etc.) it is believed that self-reports may be somewhat inflated while other drugs with less "hip status" may be under-reported.

In Detroit it is common for certain user groups to perceive use of "T's and Blues" as "low-life" or low status. (This may have an influence on the apparent decrease in use and supplies of Talwin in Wayne County/Detroit.

Codeine is very popular and widely available; primarily in Empirin or Tylenol compounds. There is also increased popularity of "Tussnex" cough syrup ($10 per bottle) and "222" an over-the-counter pain killer brought across from Canada.

In Flint (60 miles northwest of Detroit) there was a major "bust" in August involving 5.6 pounds of cocaine and 10,000 Quaalude tablets.

One source noted that "carloads" of Desoxyn have been transported on a regular basis to St. Louis for quite some time.

TABLE 1

Narcotic addiction deaths

(Souce: Wayne County Medical Examiner's Office: Dr. Montforte, 1983)

Quarter/Year	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983
1st Quarter	56	79	51	23	28	20	34	26	31	40
2nd Quarter	55	79	55	23	13	20	36	27	63	21
3rd Quarter	46	124	57	29	20	20	54	38	48	39
4th Quarter	65	59	43	20	12	27	34	50	50	28*
Total	222	341	206	95	73	87	158	141	192	128**

*Through November 27, 1983; resolution of pending cases may change past figures slightly.

**Projected annual figure for 1983 is 139 deaths.

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TABLE 2

Heroin Purity

Domestic monitoring program
Start-up--to-date summary -- Detroit
(Source: Drug Enforcement Administration)

Type and Price	March 1980	Jan-Mar 1981	Apr-Jun 1981	Jul-Sep 1981	Oct-Dec 1981	Jan-Mar 1982	Apr-Jun 1982	Jul-Sep 1982	Oct-Dec 1982	Jan-Mar 1983
SW Asian B (Middle East)	4.2%	3.9%	-	-	2.5%	6.1%	9.0%	-	-	2.0%[1]
SW Asian C (Middle East)	4.7%	0.3%	-	5.9%	12.3%	3.5%	6.5%	2.9%	4.0%	2.6%[2]
SE Asian #4	5.3%	-	-	17.6%	29.1%	0.5%	-	1.4%	-	4.7%
Mexican (Brown)	1.3%	-	-	6.0%	7.4%	1.1%	-	-	-	-
Unclassified	N/A	6.6%	-	6.4%	4.0%	0.9%	N/A	N/A	N/A	-
Lebanese (Highly Refined)	-	-	-	-	-	-	-	-	-	14.0%
Pakistani (Highly Refined)	-	-	-	-	-	-	-	-	-	7.6%
SW Asian A	2.5%	1.4%	-	-	-	-	-	4.9%	5.1%	-
SE Asian #3	-	-	-	-	-	-	-	-	-	0.8%
No Heroin	(N=3)	(N=2)		(N=3)	(N=8)	(N=2)	(N=5)	(N=3)	(N=0)	(N=4)
Heroin Base Samples	1	1								
Number of Samples	36	20	26	30	29	27	30	33	25	19
Overall Purity	5.1%*	4.8%*	3.5%*	4.9%*	6.2%*	2.8%*	3.7%	3.2%	4.3%*	2.6%*
Range	0.4-37%	0.3-23.0%	0.5-29.1%	0.4-53.2%	0.2-47.5%	0.3-39.2%	0.1-12.0%	0.6-13.0%	0.3-31.1%	04.-31.8%

*When samples of unusually high or low purity are present, these are excluded from averages calculations.
[1](Poorly refined Pakistani)
[2](Highly refined Italian)

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TABLE 3

Heroin Price

Domestic monitoring program

Start-up--to date summary -- Detroit

(Source: Drug Enforcement Administration)

	March 1980	Jan-Mar 1981	Apr-Jun 1981	July-Sep 1981	Oct-Dec 1981	Jan-Mar 1982	Apr-Jun 1982	July-Sep 1982	Oct-Dec 1982	Jan-Mar 1983
Average price/ sample	$120.71	$213.33	$135.25	$128.65	$125.48	$ 81.75	$ 81.00	$ 97.82	$ 99.72	$106.00
Average price/ mg. (if pure)	$ 4.25	$ 11.80	$ 5.74	$ 4.11	$ 4.02	$ 3.06	$ 3.05	$ 3.32	$ 1.42	$ 1.97

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TABLE 4

Type of drug involved in Detroit court cases

(Source: City of Detroit Police Narcotics Unit)

	1980		1981		1982		1983	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Heroin	1291	58%	1356	55%	1565	57%	939	56%
Methadone	11	<1	20	1	45	2	17	1
Marijuana (distribution or sale)	441	20	246	10	285	10	154	9
Hashish (distribution or sale)	0	0	0	0	0	0	0	0
Amphetamines	33	1	36	1	56	2	54	3
Barbiturates	29	1	39	2	35	1	16	1
Cocaine	152	7	89	4	149	5	142	8
Codeine	19	1	47	2	97	4	121	7
Talwin	-	-	499	20	245	9	46	3
Dilaudid	8	<1	7	<1	21	1	14	1
LSD	34	1	15	1	19	1	18	1
Mescaline	0	0	0	0	0	0	0	0
Morphine	1	<1	0	0	0	0	0	0
PCP	33	1	17	1	16	1	6	<1
Quaalude	0	0	0	0	0	0	0	0
Valium	122	5	62	3	81	3	27	2
Other Drugs	69	3	24	1	78	3	104	6
Other Charges (drug involved)	98		46		35		24	
Total	2341	98%	2503	101%	2727	99%	1682	98%

(Note: Percentages based on drug charges only)

*1983 totals are through August, 1983

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TABLE 5

Drug Abuse Mentions - Reporting Emegency Rooms*

Detroit/Wayne County Area

Source: DAWN

	Oct-Dec 1981	Jan-Mar 1982	Apr-Jun 1982	Jul-Sep 1982	Oct-Dec 1982	Jan-Mar 1983	Apr-Jun 1983	Jul-Sep 1983
Heroin	287	313	433	555	494	750	714	780
Marijuana/Hashish	54	68	80	83	109	227	250	216
Cocaine	21	39	47	59	64	81	113	128
Percodan	31	30	35	24	N/R	N/R	N/R	N/R
Dilaudid	24	23	24	35	28	27	38	36
PCP	24	19	26	24	26	32	40	21
Demerol	15	26	35	23	24	28	29	16
Codeine	17	10	12	9	8	14	16	10
Valium	168	139	131	162	172	148	132	98
Talwin	46	65	48	65	55	58	43	24
Alcohol (in combination)	341	317	304	332	N/R	N/R	N/R	N/R
Total Mentions	2124	2102	2211	2508	2368	3050	2904	2842

Rank by Frequency of Mention (highest to lowest of this group)

FY 1981/82	FY 1982/83
1. Heroin	1. Heroin
2. Alcohol (in combination)	2. Marijuana
3. Valium	3. Valium
4. Marijuana	4. Cocaine
5. Talwin	5. Talwin
6. Tylenol w/Codeine	6. Dilaudid
7. Cocaine	7. PCP
8. Percodan	8. Demerol
9. Dilaudid	9. Codeine
10. Demerol	
11. PCP	

*This trend data is summarized for those hospitals that reported some DAWN data in August or September, 1983. Some data is imputed by NIDA.

** N/R = Not Reported

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TABLE 6

Treatment admissions to Detroit/Wayne county programs
by primary drug type

(Source: Office of Substance Abuse Services)

	Fiscal Year 1979/80	Fiscal Year 1980/81	Fiscal Year 1981/82	Fiscal Year 1982/83
Alcohol	9431	7875	8571	10548
Opiates	5939	5484	4848	4618
Other Poly Drugs	2475	2646	2213	1558
Unknown Drugs	130	265	70	15
Significant Other (Family members)	165	173	264	402
No Substance Abuse Problem	119	77	93	113
Not Reported	-	80	154	38
Total	18259	16600	16213	17292

Fiscal Year (October 1 through September 30)

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TABLE 7

Opiate admissions to treatment

(Source: Office of Substance Abuse Services)

Detroit/Wayne County

	Year 1978	Year 1979	Year 1980	Year 1981	Year 1982	Year 1983
1st. Quarter		1244	1246	1455	1175	1110
2nd. Quarter		1119	1573	1451	1161	1160
3rd. Quarter		1484	1561	1239	1181	1183
4th. Quarter	1517	1559	1339	1175	1331	1165
Total		5406	5719	5320	4848	4618

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TABLE 8

Admissions by primary drug type

Statewide vs. Detroit Wayne County

(Source: Office of Substance Abuse Services)

Primary Drug	FY 1982/83 Statewide Admissions		FY 1982/83 Detroit/Wayne Co. Admissions		Detroit/Wayne Co as a Percent of State Totals
	Number	Percent	Number	Percent	
Alcohol	32246	69%	10548	61%	33%
Heroin	4943	11	4115	24	83%
Other Opiates and Synthetics	1182	3	503	3	43%
All Others (various drugs)	8520	18	2126	12	25%
Total	46891	101%	17292	100%	37%

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TABLE 9

Opiates as the primary drug by age

(Source: Office of Substance Abuse Services)

Detroit/Wayne County

	Number of Admissions						Percent of Admissions					
	Opiates			Total			Opiates			Total		
	80/81	81/82	82/83	80/81	81/82	82/83	80/81	81/82	82/83	80/81	81/82	82/83
Age												
Under 14	3	0	2	55	62	84	<1%	0%	<1%	<1%	<1%	<1%
14-17	10	2	2	539	531	504	<1	<1	<1	3	3	3
18-20	69	51	52	735	701	785	1	1	1	4	4	5
21-25	886	618	442	2447	2095	2171	16	13	10	15	13	13
26-29	1822	1422	1185	3477	3078	3072	33	29	26	21	19	18
30-35	1909	1900	1968	4073	4241	4817	35	39	43	25	26	28
36-44	595	631	763	2679	2801	3247	11	13	17	16	17	19
45-54	158	155	140	1714	1606	1566	3	3	3	10	10	9
55-64	23	33	31	642	631	673	<1	1	1	4	4	4
65 & Over	9	9	3	124	182	201	<1	<1	<1	1	1	1
Not Reported	0	27	30	115	285	172	0	1	1	1	2	1
Total	5484	4848	4618	16600	16213	17292	33%	30%	27%	100%	99%	101%

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TABLE 10

Opiates as the primary drug by race

(Source: Office of Substance Abuse Services)

Detroit/Wayne County

Number of Admissions	White		Black		Hispanic		American Indian		Other		Not Reported		Total	
	81/82	82/83	81/82	82/83	81/82	82/83	81/82	82/83	81/82	82/83	81/82	82/83	81/82	82/83
Drug Type														
Heroin	910	887	3408	3147	44	43	6	9	0	0	29	29	4417	4115
Methadone non-RX	26	31	15	32	0	0	0	0	0	0	0	2	41	65
Other Opiates & Synthetics	238	276	141	153	5	6	4	0	0	0	2	3	390	438
Total (Narcotics)	1174	1194	3564	3332	69	49	10	9	0	0	31	34	4848	4618
Total Admissions	7886	9180	7795	7685	220	217	70	70	3	10	239	130	16213	17292
Percent of Admissions														
Opiates	24%	26%	74%	72%	1%	1%	<1%	<1%	0%	0%	1%	1%		
Total	49%	53%	48%	44%	1%	1%	<1%	<1%	0%	<1%	1%	1%		

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TABLE 11

Opiates as the primary drug

by Employment Status

(Source: Office of Substance Abuse Services)

Detroit/Wayne County

Employment Status	FY 1980/81 Opiate Admissions #	%	FY 1980/81 Total Admissions #	%	FY 1981/82 Opiate Admissions #	%	FY 1981/82 Total Admissions #	%	FY 1982/83 Opiate Admissions #	%	FY 1982/83 Total Admissions #	%
Full-Time	1064	19%	3103	19%	661	14%	2775	17%	499	11%	2764	16%
Part-Time	185	4	626	4	141	3	536	3	141	3	639	4
Unemployed in the Work Force	1318	30	4982	30	3312	68	8886	55	3537	77	10628	61
Unemployed not in the Work Force	2910	46	7561	46	683	14	3594	22	392	8	2863	17
Refused to Answer	2	<1	61	1	3	<1	104	1	4	<1	93	1
Not Reported	5	<1	267	2	48	<1	318	2	45	1	305	2
Total	5484	99%	16600	101%	4848	99%	16213	100%	4618	100%	17292	101%

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TABLE 12

Treatment admissions by primary drug

(Source: Office of Substance Abuse Services)

Detroit/Wayne County

Primary Drug	FY 1980/81 Number of Admissions	FY 1980/81 Percent of Admissions	FY 1981/82 Number of Admissions	FY 1981/82 Percent of Admissions	FY 1982/83 Number of Admissions	FY 1982/83 Percent of Admissions
None	77	<1%	93	<1%	113	1%
Alcohol	7875	47	8571	53	10548	61
Amphetamines	227	1	158	1	105	1
Barbiturates	261	2	152	1	60	<1
Cocaine	181	1	124	1	187	1
Hallucinogens	141	1	115	1	42	<1
Heroin	4917	30	4417	27	4115	24
Inhalants	15	<1	12	<1	12	<1
Marijuana/Hashish	1229	7	1065	7	820	5
Methadone (Non-Rx)	62	<1	41	<1	65	<1
Other Sedatives/Hypnotics	79	<1	56	<1	24	<1
Other Opiates/Synthetics	505	3	390	2	438	3
Over-the-Counter	19	<1	25	<1	5	<1
Tranquilizers	270	2	285	2	128	1
PCP	113	1	103	1	72	<1
Multi-Drug	43	<1	65	<1	64	<1
Significant Other (Family)	173	1	264	2	402	2
Other	68	<1	53	<1	39	<1
Unknown	265	2	70	<1	15	<1
Not Reported	80	<1	154	1	38	<1
Total	16600	98%	16213	99%	17292	99%

TABLE 13

Admissions by age of first use

(Source: Office of Substance Abuse Services)

Detroit/Wayne County

	FY 1981/82		FY 1982/83	
	Number	Percent	Number	Percent
Primary Drug-Heroin				
Age of First Use				
0-10	13	<1%	18	<1%
11-13	161	4	139	3
14-17	1319	30	1292	32
18-20	1398	32	1251	31
21-25	1042	24	962	24
26-35	383	9	367	9
36 & Over	39	1	27	1
Total	4355	100%	4056	100%
Primary Drug-Other Opiates & Synthetics				
Age of First Use				
0-10	0	-	0	-
11-13	11	3%	19	4%
14-17	63	15	76	16
18-20	105	25	120	25
21-25	126	30	134	28
26-35	109	26	123	25
36 & Over	8	2	15	3
Total	422	101%	487	101%

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DRUG ABUSE TRENDS IN CHICAGO AND ILLINOIS: DECEMBER 1983

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Drug Abuse trends in Illinois, especially within Chicago, appear to have made a number of significant shifts in the current six month reporting period. Talwin, the drug most often used in combination with pyribenzamine, has shown a definite decline in both availability and prevalence of abuse. Though less definitive, some indicators are beginning to suggest that the usage trends for heroin, Ritalin and PCP are all increasing after periods of either declining or stable patterns. As has been the case in the previous few reporting periods, cocaine remains as the only drug which has shown a consistent pattern of increasing use.

The following drug trends are presented by pharmacological category to simplify the analysis and interpretation of data. Readers are reminded, however, that individual drug trends rarely vary independently of other drugs and that multiple drug use is the normative pattern among the various types of drug abusers.

NARCOTICS

Narcotic abuse patterns have traditionally been a focus of attention in the chemical dependence field due to their high potential for producing physical dependence and death by overdose as well as for the criminal activities often associated with addict lifestyles.

Within Illinois, narcotics addicts have accounted for about half of all clients being admitted to drug treatment over the past five years. The gradual increase in age of these clients and the relative stability of their race and sex suggests the maturation of a common pool of users without a significant influx of young, new users.

Although the numbers of clients entering treatment for narcotic dependence have been gradually declining and the proportion entering treatment as narcotic addicts is greatly reduced from the 75% figure of nearly a decade ago, the narcotic street scene has been far from tranquil as patterns of abuse have been fluctuating dramatically.

A major factor contributing to variations in abuse patterns has been the relative low purity and high price of street heroin in the Chicago area. The purity of street level heroin, however, seems to be gradually increasing. What began almost a year ago as a number of isolated reports concerning improved quality heroin has continued. Observations of independent users from all parts of the city have indicated that better quality heroin is at least occasionally available from some of the sources they are aware of. While the consensus remains that most of the heroin being sold is still of the poor quality which has dominated the illicit market in Chicago since 1977, the appearance of significant supplies of better heroin may signify the reversal of declining heroin indicators as has been the case in other major metropolitan areas.

The one indicator other than street reports that is available for the current reporting period also confirms an increasing trend of heroin use. Positive toxicology tests for morphine in clients entering treatment at the Central Intake screening facility have jumped from 44% positive in the second quarter of 1983 to 56% in the third quarter.

Another factor which, in combination with better quality, may be affecting the heroin trend is the status of heroin substitute drugs. Talwin and Pyribenzamine or "T's and Blues" use has most noticeably declined over the past six months. A sizable but undetermined number of previous T's and Blues users have switched to using heroin alone or heroin in combination with other drugs.

Although T's and Blues use has been on the decline over the past few years, the sudden and drastic drop over the past two quarters strongly suggests that the appearance of the new formulation know as Talwin NX containing a stronger narcotic antagonist has had an impact on the abuse of this drug combination. Since supplies of the old Talwin formulation have been used up in area pharmacies, street informants report that the availability of the drug combination has all but vanished. Likewise, the prevalence of current use has greatly diminished. For clients already in treatment, "dirty" Talwin urines have been averaging approximately 16% over the past year until the third quarter of 1983. At that time no positives were detected in the 51 samples submitted. For new clients entering treatment through the Central Intake facility, 2% (18) were tested as positive following a gradual decline from over 20% positive in the second quarter of 1981. Likewise, DAWN emergency room mentions for pentazocine (Talwin) totaled only 8 in the Chicago area in August of 1983, the lowest number in three years. Interview subjects have reported that the most common substitution patterns for previous T's and Blues users is speedballing either heroin and cocaine or heroin and Ritalin. It is said that the effects of speedballing most closely approximate the T's and Blues high.

The newest narcotic drug combination to have gained popularity in Chicago has been the use of "syrup and beans" or narcotic cough syrups and depressants. Tussionex is reported to be the preferred cough syrup because of its resin complex of hydrocodone which is said to extend the period of intoxification produced. Users say that if, on the morning following the use of Tussionex, a Valium or Doriden is taken the high is brought back. This is not said to be the case with other cough syrups. Hycodan is the next most popular hydrocodone based syrup, claimed by some to give the best nod, with Citra Forte following as a close third. Codeine based syrups are reported to produce a qualitatively different high which is preferred by some but only used by others when hydrocodone syrups are not available. Bromanyl, Ambenyl, and Guiatuss are the preferred codeine based syrups. Robitussin A/C, once popular, is now largely avoided because of unpleasant taste since the flavoring was changed sometime during the late 1970's.

Although I am aware of some user groups that have been consumers of syrup for five or more years, many have developed their habits in the past year or two. This rapid development of a major syrup problem in the Chicago area appears to be primarily due to a network of 14 clinics which conspired to defraud Public Aid through peddling Tussionex and Doriden to addicts. An investigative report by a local T.V. station (WBBM) revealed clinic doctors to be billing Public Aid for visits and numerous unneeded medications when selling the Tussionex and Doriden to clients for cash. After an initial crackdown, some clinics began resuming similiar practices by selling other syrups in combination with Valium. This, however, was short-lived and at present there are no known prescription mills selling this drug combination on a large scale basis for illicit purposes. Whether the closing of these clinics will have a substantial impact on the continued use of this drug combination remains to be seen.

The use of other narcotics will likely continue to be a problem in the Chicago area as long as low purity and high priced heroin is on the streets. Codeine either alone or

in combination with other potentiating drugs remains popular due to its ready availability and low price. Dilaudid, though much more expensive at $30-40 a pill, is also favored among some users.

MARIJUANA

While marijuana has begun to show moderating trends of consumption in survey research and other drug abuse indicators, it continues to be the most widely and frequently used illicit substance. Increasing public awareness of marijuana's potentially harmful effects is often credited, in part, with the decline in frequency and prevalence of abuse. Over the past six months, the additional factor of availability has also been playing a significant role in patterns of use.

Beginning in July, large supplies of the relatively inexpensive ($600/lbs.) good quality marijuana reportedly originating from Columbia began to dry up. This relativ drought has continued for many high level dealers to the present time and has resulte in a noticeable scarcity of marijuana at the street level. While marijuana supplies have greatly diminished, they have not completely disappeared. Taking the place of the preferred "Columbian", lower quality "Mexican" ($50/oz.) has been finding a marke which previously eschewed this low potency alternative. Also in demand and irregularily available have been the high potency, high priced ($150-200/oz.) sinsemilla strains of marijuana. The cost of these better grades has resulted in most young and less affluent users purchasing dime ($10) packages which contain approximately 1 gram of marijuana. Single joints of high grade marijuana are sold for as much as $3. It is expected that Columbian marijuana will resume its status as the most frequently purchased variety for most regular users should its availability increase and price remain stable.

Admissions to treatment for marijuana related problems appear to have leveled off after a gradual increase over the past seven years. New marijuana clients, accounting for 17% of all admissions, remain predominantly young (70% under 20), white (80%) and male (75%).

DEPRESSANTS

As a pharmacological class, this category of drugs includes a large variety of tranquilizers, sedatives, and hypnotics generally referred to as depressants. Whether used alone or in combination with other intoxicants, they pose a significant public health problem due to their potential for causing physiological addiction, accidental overdose and death.

As a group, depressant abusers represent a broad cross-section in types of users. Most often depressants are taken as part of a combined drug repertoire rather than as primary drugs of abuse. Three major varieties of depressant-in-combination users can be identified. The first uses depressants in combination with narcotics to potentiate the effect of the high. Such is the case with heroin addicts who also take Valium and, more recently, with cough syrup users who drink their syrup along with Doriden or Valiums. The second type of depressant abuser uses these drugs to counteract the effects of chronic stimulant abuse. "Speed freaks" often take barbiturates to induce sleep after extended periods of stimulant abuse and chronic cocaine users often use depressants to minimize the undesirable effects of high dose cocaine abuse. The final variety of depressant-in-combination user mixes alcohol, which also is a central nervous system depressant, together with sedatives hypnotics or tranquilizer While potentiating the effects of the drugs taken, alcohol use greatly increases the risk of accidental overdose and death.

Valium is the most readily available and least expensive depressant selling on the streets for 50 cents for a 5mg. pill and $1 for a 10mg. pill. Quaaludes, long the preferred depressant among experienced multiple drug users, have been irregularily available at from $5-8 apiece. Most of the Quaaludes sold on the street are illicitly manufactured and contain other depressants in addition to or instead of the methaqualone they are purported to contain. Two recent changes assure that in the near future all Quaaludes available will be bootlegs. As of January 1, 1984, Methaqualone is being rescheduled in Illinois to a Schedule I product having no approved medical use and secondly, Lemmon, the pharmaceutical company producing methaqualone, recently announced that they will no longer be making the drug. The elimination of legitimate, pharmaceutical Quaaludes does not, however, insure an overnight solution to this problem. As long as bootleg preparations of variable strength and formulation are available, there will undoubtedly be some adverse reactions and overdose deaths associated with the discontinued drug.

Doridens have become much more readily available on the streets over the past few years and are most often used in conjunction with cough syrups. Doriden sells for about $3 apiece on the street and they are commonly referred to as CIBA's, USV's, D's, CI's and 591J's. 591J refers to the imprint on one of the generic glutethimide pills. Barbiturates and Placidyls remain popular but irregularily available at from $3-6 each.

STIMULANTS

The most interesting development in the area of stimulant drugs over the past six months has been the recognition of a reemerging Ritalin problem on the South and West sides of Chicago. Once a popular drug among the city's Black intravenous stimulant abusers, the abuse of Ritalin seemed to have almost disappeared until recently. Fueled by the growing popularity of speedballing, the mixture of heroin and cocaine, and the high cost of cocaine, Ritalin is gaining favor as a less expensive alternative to cocaine in speedball solutions. One Ritalin tablet, which can sell for as little as $3, is reported to be the equivalant of $10-20 worth of cocaine. If supplies of this drug continue to grow, it seems likely that Ritalin's prevalence as a less expensive cocaine substitute will also continue to escalate. I have received reports that some of the Ritalins sold on the street are oblong in shape-- suggesting that they may have been diverted from Mexico.

Phenmetrazine (Preludin) remains the preferred stimulant among North Side, primarily White, intravenous drug users. Despite their classification as a Schedule II, Designated Product, Preludin continues to be available in some copping areas and the price has even lowered somewhat to between $12-15 apiece.

By far the most common stimulant drugs being used in Chicago are the look-alike pills containing caffeine, PPA and ephedrine. Selling for 50 cents to $1 each, the market for these pills remains strong among high school aged youth and availability appears to be plentiful.

COCAINE

Drug abuse indicators reveal cocaine to be the single drug which has consistently been showing increasing patterns of use over the past seven years. In FY 1983 cocaine accounted for nearly 8% of all drug treatment admissions, representing over a four fold increase since CY 1978.

Cocaine is readily available from many different drug sources and its popularity ranks high among most all drug using groups. At heroin copping areas it is available in $10, $20, ½gram ($50), and 1 gram ($100) packages. Most users purchase 1 gram or occasionally ½ gram quantities for personal consumption. Although user level

prices have remained stable, there is a consensus among many users that the quality of cocaine available over the past six months has increased significantly. Dealers have reported both an increase in quality and a decrease in price. One young, high volume dealer who caters to professionals indicated that he can now purchase cocaine for $1,800/oz. which is at least as pure as what he was paying $2,600/oz. for last year.

Although anyone who uses cocaine regularily is likely to experience serious and expensive consequences from dependence. The amount of time before such problems are manifested is significantly escalated for users who inject the drug or smoke it in freebase form rather than snort it. While some injectors who have been mixing cocaine and heroin together, as mentioned before, may be beginning to substitute Ritalin for the more expensive cocaine, the prevalence of freebasing seems to be increasing at a steady rate.

Given cocaine's growing popularity, ready availability, increasing purity and decreasing price (at least on the wholesale level), it appears likely that the demand for treatment will continue to grow over the forseeable future.

HALLUCINOGENS

Hallucinogens continue to be an available and favored recreational drug among teenage drug using groups. LSD, in particular, is used on weekends by high school aged youth who pay between $2.50-5.00 a hit. Admissions to treatment for hallucinogen problems have remained relatively stable over the past three years at approximately 300 admissions per year. Historically, such clients have overwhelmingly represented White, male teenage users.

MDA, a drug which has for the most part been popular among young homosexual drug users, has begun to gain popularity with other young drug using groups on the city's North side. Sold in $10 packages (1/14 gram) or in grams for $70, the drug is most often swallowed after being wrapped in a piece of toilet paper to prevent experiencing the unpleasant taste.

PCP

After a period of general decline over the past four years, PCP has begun to show signs of a resurgence in popularity. Though not yet confirmed in any indicator statistics, reports from the field beginning this Summer suggested both a greater availability of the drug and larger numbers of individuals using it. Among Blacks, who call it "tac", it is most often smoked in Sherman cigarettes called "Sherms." These sell for $30 apiece. Whites, who most often call PCP "tic", buy the drug in powder form for $10 dimes or $70 grams. Most Whites snort the drug to get high, but a substantial minority have been reported to be injecting the drug.

Table I

Total Admissions by Drug for 1980-1983

Primary Drug of Abuse	CY 1980		CY 1981		FY 1982		FY 1983	
	#	%	#	%	#	%	#	%
1. None Reported	700	7.4	***24	0.3	0	0.0	4	0.1
2. Heroin	4,081	43.4	3,880	43.1	3,782	45.6	3,415	46.0
3. Methadone	65	0.7	48	0.5	40	0.5	21	0.3
4. Other Opiates	564	6.0	659	7.3	457	5.5	379	5.1
5. Alcohol	184	2.0	148	1.6	64	0.8	55	0.7
6. Barbiturates	280	3.0	292	3.2	223	2.7	200	2.7
7. Sedative Hypnotics	147	1.6	140	1.6	124	1.5	95	1.3
8. Amphetamines	563	6.0	584	6.5	535	6.4	514	6.9
9. Cocaine	335	3.6	476	5.3	492	5.9	581	7.8
10. Marijuana/Hashish	1,354	14.4	1,788	19.9	1,666	20.1	1,263	17.0
11. Hallucinogens	360	3.8	301	3.3	280	3.4	307	4.1
12. Inhalants	60	0.6	55	0.6	43	0.5	43	0.6
13. Over-the-Counter	62	0.7	29	0.3	22	0.2	14	0.2
14. Tranquilizer	192	2.0	172	1.9	157	1.9	152	2.0
15. Other	48	0.5	119	1.3	175	2.1	165	2.2
16. PCP	417	4.4	278	3.1	239	2.9	222	3.0
Total	9,412*	100.0	8,993**	100.0	8,299****	100.0	7,430 *****	100.0

* 12 missing observations ** 10 missing observations
*** The dramatic drop in this category results from improved programming permitting a file search that eliminated transfers from this category and placed them in the initial treatment entry by the reported drug of abuse. This accounts for some, but not all, of the percentage increases in some of the other drugs.
**** 8 observations missing
***** 8 observations missing

Source: CODAP

TABLE II

TOTAL ADMISSIONS BY SEX, RACE AND AGE FOR 1979-1983

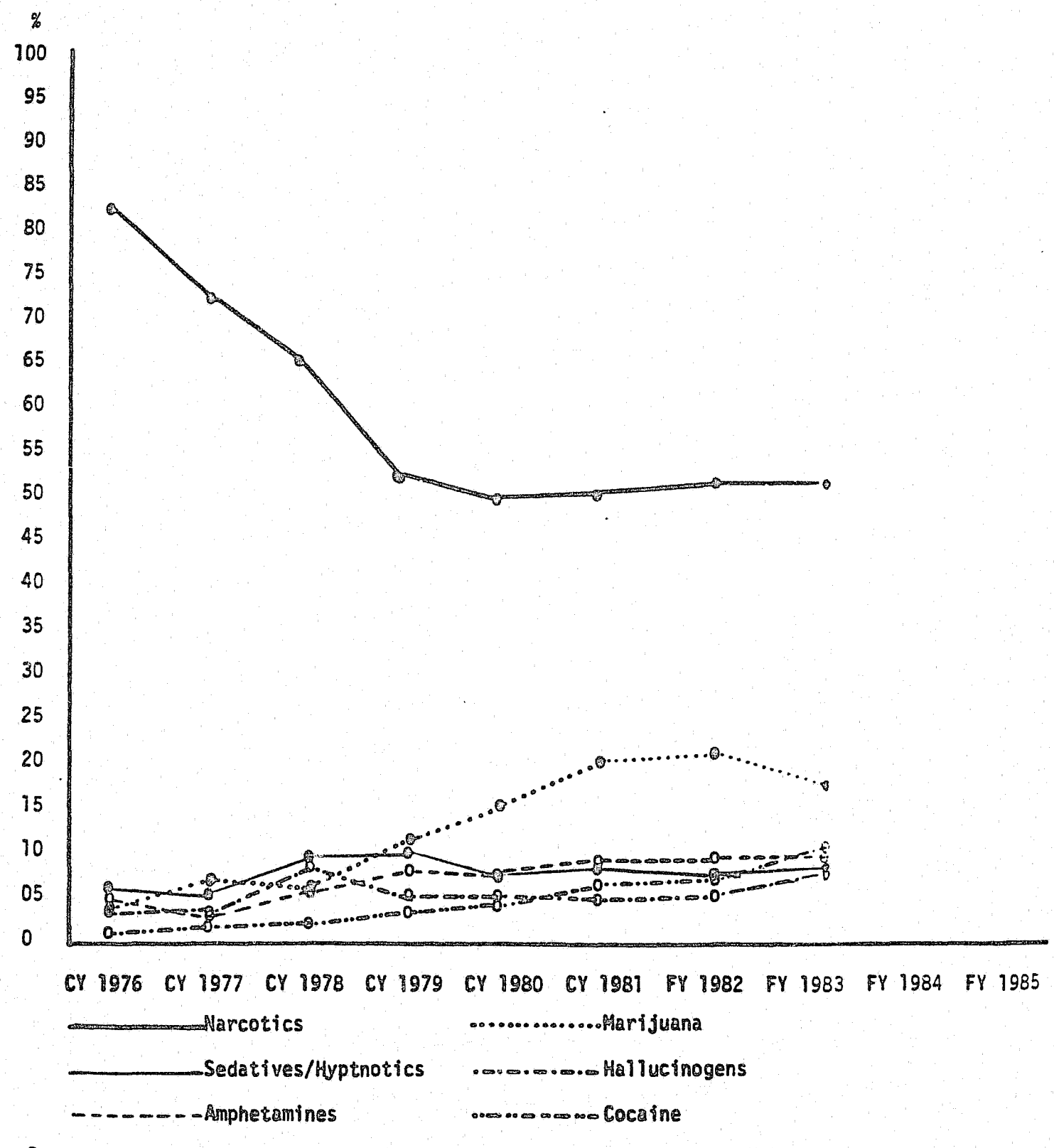
ITEM	CY 1979		CY 1980		CY 1981		FY 1982		FY 1983	
	#	%	#	%	#	%	#	%	#	%
SEX:										
Male	5,690	68.4	6,563	69.7	6,329	70.3	5,780	69.6	5,053	67.9
Female	2,635	31.6	2,849	30.3	2,674	29.7	2,527	30.4	2,385	32.1
	8,325*	100.0	9,412**	100.0	9,003	100.0	8,307	100.0	7,438	100.0
RACE:										
White	4,192	50.4	4,901	52.0	4,999	55.5	4,470	53.8	4,116	55.3
Black	3,102	37.3	3,359	35.7	3,401	37.8	3,256	39.2	2,755	37.0
Latino	453	5.4	560	5.9	548	6.1	537	6.5	519	7.0
Other	29	0.4	44	0.5	45	0.5	36	0.4	40	0.6
Unknown	549	6.5	548	5.9	10***	0.1	8	0.1	8	0.1
	8,325*	100.0	9,412**	100.0	9,003	100.0	8,307	100.0	7,438	100.0
AGE:										
< 18	1,297	15.6	1,440	15.3	1,703	18.9	1,510	18.2	1,382	18.6
18-19	631	7.6	674	7.2	629	7.0	532	6.4	445	6.0
20-24	2,024	24.3	2,109	22.4	1,739	19.3	1,543	18.5	1,256	16.9
25-29	2,229	26.8	2,414	25.6	2,186	24.3	2,067	24.9	1,830	24.6
30-39	1,664	20.0	2,114	22.4	2,188	24.3	2,084	25.1	2,022	27.2
40-49	359	4.3	508	5.4	414	4.6	404	4.9	358	4.8
> 49	126	1.5	165	1.7	144	1.6	167	2.0	145	1.9
	8,330	100.0	9,424	100.0	9,003	100.0	8,307	100.0	7,438	100.0

*Five cases unknown by Sex and Race. **12 cases unknown by Sex and Race. *** The dramatic drop in this category results from improved programming permitting a file search that eliminated most of the unknown by race. The slight changes in racial composition and increases in races results from this. In short, racial composition remained constant for 1980 and 1981.

Source: CODAP

Chart I

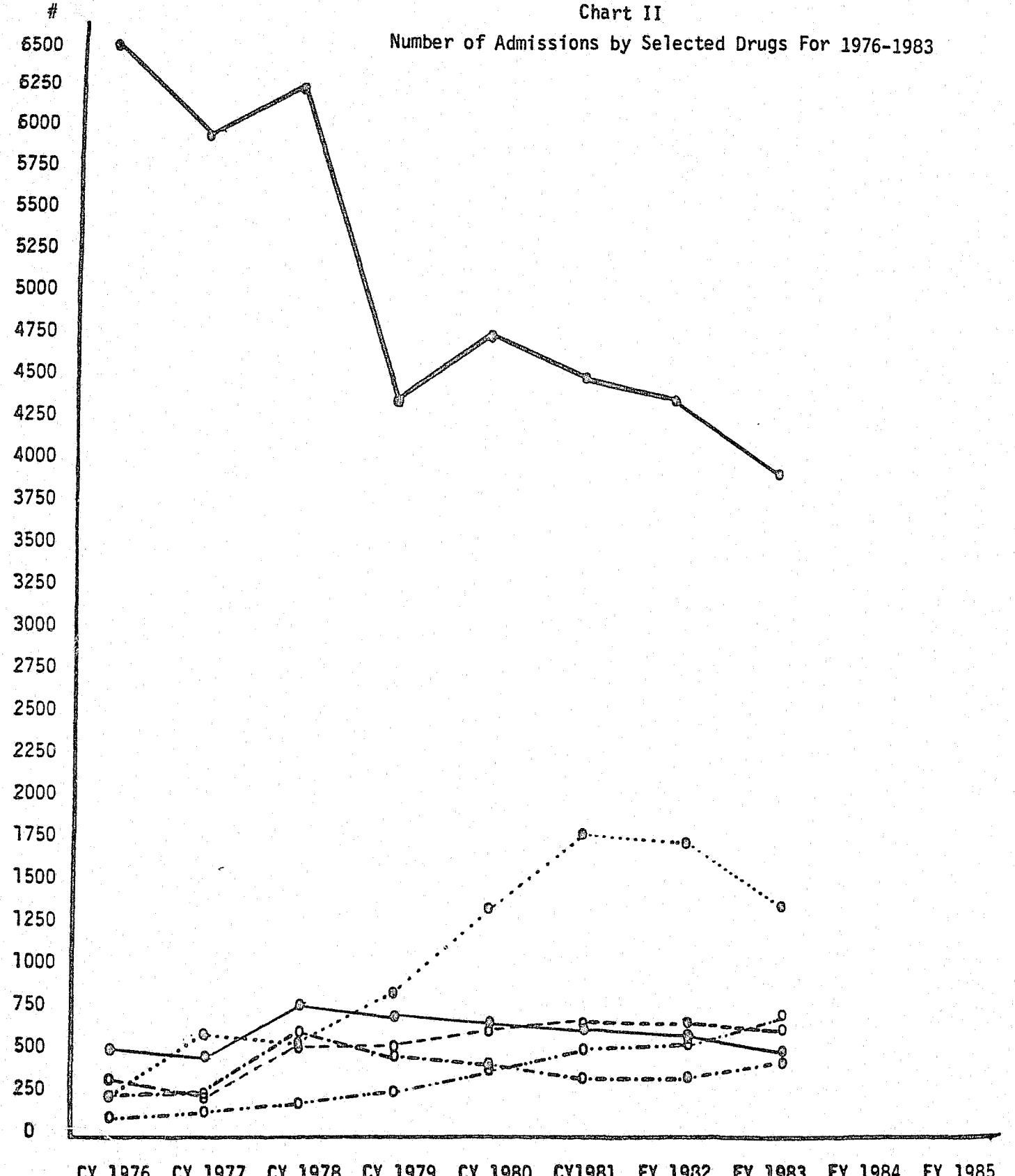
Percent of Admissions by Selected Drugs For 1976-1983



Source: CODAP

Chart II

Number of Admissions by Selected Drugs For 1976-1983



DRUG ABUSE TRENDS IN ST. LOUIS:
Increased Use of Heroin, Cocaine and PCP

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Sources of Information

The data presented in this report was developed from the following sources.

1. Offices of the Medical Examiner, City of St. Louis and St. Louis County: In all tables data labeled Medical Examiners cases are from this source.

2. The City of St. Louis Police Laboratory: In tables, all data labeled police cases are from this source.

3. Project DAWN: In tables, all data labeled emergency room cases are from this source.

4. Treatment Facilities: In tables, all data labeled treatment admissions are from the following sources:
   a. Archway Communities, Inc.
   b. Olive Street Community Clinic
   c. NASCO Central Clinic
   d. NASCO West
   e. DART, Inc.
   f. Substance Habit Service
   g. Magdala Foundation
   h. Regional Support Services
   i. Magdala Pentrose

T's and Blues

From 1977 thru 1982 the most prevalent form of intravenous narcotism in St. Louis was the use of pentazocine/tripelennamine combination (T's and Blues). In January 1983, Winthrop Pharmaceutical removed Talwin (pentazocine) from the licit drug market and replaced it with Talwin Nx, a tablet containing pentazocine and naloxone (an opiate antagonist). The Talwin Nx tablets became available in St. Louis in April.

During the first quarter (Jan-Mar) of 1983, T's and Blues abuse remained widespread amoung IV drug users in North St. Louis City. The number of police cases and treatment admissions for T's and Blues abuse were relatively consistant with 1981 and 1982 rates. However, no death related to the drug combination was investigated by the Medical Examiner, which was in sharp contrast to 1981 and 1982, when 20 deaths occured each year, table 1.

TABLE 1
Pentazocine/Tripelennamine (T's and Blues)

Indicator	Years 1980	1981	1982	1Q1983	2Q1983	3Q1983
Police Cases	596	618	659	164	67	48
Treatment Admissions	--	623	4711	127	117	47
Emergency Room Cases	137	147	161	27	16	17
Medical Exam. Cases	22	20	20	0	2	0

During the second quarter (Apr-June) and continuing throughout the third quarter (July-Sept) a marked decline in T's and Blues use was noted. Police cases declined to approximately 50% to 20% of past rates of the first quarter 1983 and years 1982 or 1981. Also treatment admissions declined significantly during the second and third quarter, table 1. Only two T's and Blues associated deaths were investigated by City Medical Examiner during the first 9 months of 1983.

The reason for the decline in T's and Blues use is associated with three factors: 1) the decline in supply of Talwin tablets has caused an increased in price of T's and Blues sets; 2) Talwin Nx tablets are not an acceptable substitute for Talwin; and 3) the increased availability of relatively "good" heroin.

The stopage of the manufacuring of Talwin tablets for the American Pharmaceutical market as of January 1983, had dried up the supply of the tablets. Stock piles of tablets were sufficient to supply street dealers until about May 1983, when the price of sets (1 tablet each of pentazocine and tripelennamine) jumped to $20-$22/set.

Heroin

Beginning in 1977, the quality of street heroin steadily declined purity from 2.5% to as low as 0.5% by 1980. During the summer of 1981 heroin of increased purity (3.0%) became available. From a high of 1,043 treatment admission for area facilities in 1977, admissions steadily declined to a low of 265 during fiscal year 1982. During this same time police cases declined from over 150 to 53 cases in 1981. Few heroin related deaths (3) were investigated by the Medical Examiners Office of St. Louis City. Heroin was generally available as a light or dark brown powder, "Mexican Brown".

During 1982, white heroin of 3-12% purity became available. This was the highest quality heroin seen on St. Louis streets for over ten years. The price of white heroin varies from $15-$20 a capsule. During 1982 police heroin cases increased by 260% (137 cases), and medical examiners death investigations increased to eight, the highest number seen since creation of the office in 1977.

During 1983, heroin use in St. Louis has increased. In the first 9 months of 1983 police cases for heroin are ahead of 1982 rates, 110 cases thru September. Treatment admissions for the first half of 1983

(268) are at rates exceeding those of the previous four years. Medical Examiner's cases for the first nine months (9 cases) exceed those 1982's record high.

TABLE 2
Heroin

Indicator	Year 1980	1981	1982	1Q1983	2Q1983	3Q1983
Police Cases	29	53	137	32	34	43
Treatment Admissions	448	446	265	107	124	
Emergency Room Cases	19	30	41	11	7	8
Medical Examiner Cases	5	5	8	2	3	4

Other Opiates

In South St. Louis City and St. Louis County hydromorphone (Diluadid) is the narcotic of choice. There is no evidence that hydromorphone use is increasing. Treatment admissions have recommended constant in County facilities over the past few years and area wide admissions for opiates other than heroin have remained relatively constant.

Hydromorphone tablets sell on the streets, both city and county for $40-$50/4 mg and $20-$25/2 mg table. Most "script doctors" are located in the south City area. When hydromorphone is unavailable, other opiates such as codiene (Empirin No.4) and oxycodone (Percodan) are common substitutes. Illicit methadone is not available and there is no evidence it is a problem in St. Louis.

Cocaine

Cocaine is readily available throughout the metropolitan area at $60-$100 per gram. Several indicators do demonstrate an increase in cocaine use in the past few years. Police cases for cocaine have increased from 90 in 1981 to 120 in 1982. During the first 9 months of 1983, 64 police cases were recorded (table 3). In the third quarter of 1983, (only data available) cocaine was second most of encountered drug, excluding marijuana in St. Louis County Police cases. Treatment admissions demonstrate the most dramatic rise in cocaine use. Thirty-seven and 35 cocaine admissions were noted in 1981 and 1982, respectively. However, during the first six months of 1983, 35 admissions for cocaine as the primary drug of abuse occurred. This is double the rate of the previous two years. This increase probably reflects the increase in "speedballing" by heroin addicts in the intercity and T's and Blues addicts who are now switching to other drugs.

TABLE 3
Cocaine

Indicator	Year 1980	1981	1982	1Q1983	2Q1983	3Q1983
Police Cases		90	120	23	18	23
Treatment Admissions	33	37	35	20	12	
Emergency Room Cases	26	27	33	9	11	5

Cannabis

Cannabis (marijuana) use and availability is ubiquitious in the St. Louis area. The use of cannabis is well established and there is no definite indication that its use is markedly increased over the last few years. Certainly no major change has occurred during the first nine months of 1983. The St. Louis City Police report about 2,400 marijuana cases annually and the rate of cases for the first three quarters of 1983 is consistant with this figure, table 4. Although, the St. Louis County Police laboratory has not kept systemic records until July 1983, the 3rd quarter of 1983 showed approximately 53 felony cases and 93 misdemeanor cases (less than 1 oz) per month. County Police personnel indicate this monthly rate is consistant with that of the previous two years. Only admissions to area treatment facilities show a dramatic rise in cannabis use. Increasing from 28 in 1979 to 292 in fiscal 1983. However, this increase also reflects a change in admission policies and a broadening of populations to whom treatment is now available.

TABLE 4
Cann bis

Indicator	Year 1980	1981	1982	1Q1983	2Q1983	3Q1983
Police Cases	--	2,347	2,464	557	402	502
Treatment Admissions	128	214	256	96	105	--
Emergency Room Cases	59	71	58	12	15	13

Phencylidine (PCP)

The use of phencylidine (PCP) became widespread in predominantly black areas of north St. Louis City beginning in 1982. The drug is commonly available on cannabis, as solutions ("water") for dipping cigarettes, or various powders or tablets. PCP on cannabis is known as "wack".

Both police and treatment data demonstrate a significant increase in use of PCP in St. Louis. In 1981 only 12 cases were investigated by police laboratories in the City of St. Louis. In 1982, cases rose to 59. The first three quarters show an alarming increase of 102 cases; a rate which will triple 1982's figure. Treatment admissions for PCP abuse have increased markedly in the St. Louis area. The first admissions, 20, were not seen until fiscal year 1980. By fiscal

year 1983, this had increased to 42 admissions. The city Medical Examiner has investigated only two deaths associated with PCP use during 1983. Both cases were homicides of PCP users who had displayed beligerant, aggressive behavior prior to being shot in the head.

TABLE 5
Phencylidine

Indicator	Year 1980	1981	1982	1Q1983	2Q1983	3Q1983
Police Cases	--	12	59	40	24	37
Treatment Admissions	15	20	31	12	11	--
Emergency Room Cases	15	6	28	11	4	12

During 1981 the St. Louis City Police Laboratory found 9 cases of 1-(1-Phenylcyclohexyl)-pryrsolidine or PHP, 6 PHP cases were investigated. However, PHP has not appeared in any 1983 cases.

Depressants and Stimulants

There is no evidence that use of amphetamines has increased over the past few years in St. Louis. Methamphetamine or amphetamine ("crystal" or "speed") as powder is seldom available. St. Louis is "pill" city and invariably almost all amphetamines are sold as their legitiment pharmaceutical dosage form. The many treatment admissions for amphetamine use reflect changes in admission polices of treatment facilities. More and more treatment centers are accepting young clients (junior high and high school aged patients) who use "look-a-like" amphetamines.

All the pharmaceutical amphetamine derivatives may at one time or another be available for street sale. Drug users are familiar with all of them, including; benzphetamine, diethylpropion, methylphenidiate, phendimetrazine and phenmetiazine. Of all the tablets, phemetiazine (Preludin) is the most popular, being used by both "speed" users and heroin addicts in the city who "speedball" occasionally with the drug. Preludins sell for $20/tablet. Although, not available in great supply, they enjoy an excellent reputation amount city I.V. addicts.

There is no evidence that the use of hypnotic or tranquilizers has increased over the past few years in St. Louis. Like amphetamines, at times all the various pharmaceuticals maybe available to street sales, including; barbiturates, diazepam, and ethchlorynal. Methaqualone is not available.

Drugs in Impaired Drivers

With the implimentation of new state legislation concerning driving while intoxicated (DWI) from drugs, the Forensic and Environmental Toxicology Laboratory of St. Louis University began in May 1983 to accept blood and urine specimens from DWI cases from both

St. Louis City and County police. Positive results from 25 DWI cases are presented in table 60. Specimens were obtained only from subjects charged with DWI who successfully passed a breath alcohol test, that is had less than 0.1 gm% alcohol present in blood.

TABLE 6

Drugs Found in Driving While Intoxicated with Drug Cases
St. Louis City and County
May-November, 1983

Drug	Number of Cases Present
Barbiturates	(6)
amobarbital	2
phenobarbital	1
pentobarbital	2
secobarbital	1
Benzodiazepines	(7)
diazepam	5
chlordiazepoxide	2
Cocaine	2
Methadone	2
Methaqualone	3
Phencylidine	2

a. A total of 21 drugs were present in 13 DWI cases
b. Thirteen of 25 cases with Blood Alcohol Concentrations of less than 0.1 gm/dl were positive for drugs.

Barbiturates and benzodiazipines were the most often encountered drugs. The two phencylidine cases involved marked inappropriate behavior. In one case, the driver was sideswiping parked cars, and swerving over the center line, all at a high rate of speed. After a high speed chase, resulting in an accident, the driver told police he was "flying an airplane". In the second case, a PCP intoxicated driver run his car into a second car. The woman driving the second car got out of her car to talk with the PCP impaired driver. The PCP driver opened the door to his car and started to get out himself. However, as a police car drove up to the accident scene, the PCP driver jumped in his car and slammed the door shut on the woman from the second cars dress. He speed from the scene dragging the woman by her dress, and killing her by multiple traumatic injuries. When stopped by the police he was totally incoherent.

Although not available in all areas of the country at present, data from DWI cases maybe of value in assessing trends in drug use, particularly for those drugs whose user population maybe difficult to monitor. For example, two of the 13 drug positive cases involved cocaine abuse. Neither driver was in a drug treatment program nor had a police record.

Summary

1. The abuse of T's and Blues (pentazocine/tripelennamine) is decreased the first three quarters of 1983.

2. Heroin use has increased during the first three quarters of 1983. An increase in "speedballing" was also noted.

3. Cocaine use has increased, particularly amoung intercity drug abusers.

4. PCP has increased during the first three quarters of 1983.

5. St. Louis is a "pill city", most drug abusers prefer legitiment pharmaceutical dosage forms to "street" preparations. Common sources of these drugs are "script doctors", fradulent prescription and theft from stores.

DRUG ABUSE INDICATORS IN NEW ORLEANS

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Introduction

This report represents an overview of drug abuse problems in the city of New Orleans. It will present data related to treatment admissions, drug deaths, arrest records, emergency room mentions, and law enforcement reports.

New Orleans School System Referrals

Not available for this report.

MORTALITY INDICATORS

Deaths Due to Drugs and Medicaments

The Orleans Parish Coroner's Office reported 110 homicides for the 1st half of 1983. This represents a decrease from 1981 (251) and 1982 (217). According to a spokesman from the coroner's office over half the homicides were principally executed at the spur-of-the moment resulting from heated arguments, conflicts in intensely intimate relationships and/or overcrowded living areas. A breakdown by drug and/or alcohol was not available for this report.

The Louisiana Office of Public Health Statistics reported eight (8) deaths due to drugs, medicaments and biologicals. This represents an increase over 1981 (6) and a decrease over 1982 (10). A breakdown by categories can be observed in Table 1.

ENFORCEMENT INDICATORS

Local

The Narcotics Division of the New Orleans Police Department reports 218 Talwin arrest for the first half of 1983. This represents 0.9% decrease from 1982.

The N.O.P.D. also reported 1,434 narcotics violation arrests for the period Jan., 1982 - June 1983. Persons arrested for Dangerous Non-Narcotic drugs lead in the arrest categories. A breakdown by drug can be observed in Table 2.

Federal

The Drug Enforcement Administration (DEA) indicates several trends in the New Orleans Community. The following discussion hightlights trends in the use, abuse and availability of drugs.

Herion

The availability of herion has increased in the New Orleans area. Both brown and white were available during this reporting period, with brown herion being slightly more prevalent. The DEA also indicated that herion availability has stabilized at high levels. Although no purchases were available for analysis it was indicated that high purity white herion is packaged in glassine bags selling for $25.00.

Cocaine

Cocaine continues to be available in New Orleans. Purchases during January - June 1983 ranged from $2,400 (92% pure) to $1,900 (82%) pure).

Stimulants

Methamphetamine and amphetamine continue to be available. Also large supplies of look-alike stimulants continue to be encountered in the New Orleans area - Dosage units of "crystal" melthamphetamine reportedly sell for $10-$15, grams for $90-$125, and ounces for $1800-$2200.

Depressants

Copious quantities of methaquloue continue to be available. Significant quantities of clandestinely manufactured "Lemmon 714" tablets are also available. Methaqualoues continued to be inundated with look-alikes. Although many of these look-alike drugs contain no controlled susbstances, some Lemmon 714 tablets contain as much as 200 mg. of diazipam. Wholesale price for 1000 tablets range from $1,700 - $1,900. Street prices range between $3-$5 per tablet.

Barbiturates of legitimate manufacture continue to be available in large quantities. The barbiturates of choice (Tuinal) among local blacks, was available through purchase of prescription through area physicians.

Marijuana and Hashish

Marijuana continues to be the most readily available drug in New Orleans. Domestic cultivation has been significantly expanded and domestic marijuana commands a large percentage of marijuana available on the streets. Domestic marijuana prices increased during the quarter from $400 per pound to $500 per pound.

Talwin & Pyribenzamine

T's and Blues availability continues at low levels but prices continue to rise. DEA indicates that the addition of Naloxone in the reformulation of Talwin has little affect on Talwin users who have no history of opiate abuse.

Other Drugs

Dilaudid and Demoral continue to be readily available to area users and is being reported as a substitute for herion by some users. Street price for Dilaudid are $30-$60 per tablet with wholesale prices ranging from $15-$25 each. Demerol tablets are reportedly priced between $25-$45 per tablet.

Preludin, another popular herion substitute sold for $15-$25 per tablet.

A review of price/purity can be found in Table 3.

Drug Confiscation

There were no herion samples seized during the period January-June 1983. However, the U.S. Customs office reported 4.4 pounds of herion seized in December, 1983 worth an estimated $16 million on the streets. Marijuana and cocaine were the only drug seized during the report period January-June, 1983. As in previous reports, marijuana continues to be the most common drug seized with 2,395/lbs. A breakdown by drug type can be observed in Table 4.

TREATMENT INDICATORS

The treatment data presented reflect all admissions for the period January-June 1983 except the Veterans Administration program, the State Detoxification Center and one of the publicly funded drug programs.

Of the 1,029 clients admitted to treatment, 270 presented with other drugs which include T's & Blues and other drugs not specified on CODAP. However, this data cannot reflect a clear picture of clients admission since all methadone programs are not included. The data reflects only two methadone program admissions. A breakdown of client admissions can be observed in Table 5.

A review of the CODAP data established a profile of the average client at admission as follows:

TABLE 6

Profile Indicators	Population Characteristics
Race	Black
Sex	Male
Age	25-44

Community Drug Programs

A spokesman from the community Drug Program offered the following comments regarding the drug abuse problem in New Orleans.

1. The drug scene in New Orleans has slowly changed from T's and Blues to Herion.

2. T's and Blues remain on the streets of New Orleans.

3. Cocaine continues to be in demand.

4. T's and Blues admissions continue to decline.

Conclusion

The data and information in this report does not reflect the true drug problem in New Orleans. All indicators show that T's & Blues will slowly vanish from the drug scene, however the herion upswing is not conclusive in this data. Therefore, it reasonable to conclude that herion has once again dominated the drug scene in New Orleans. (See exhibits 7 and 8).

Summary

The number of homicides in 1983 (110) decreased from the first half of 1981 (251) and 1982 (217).

The total number of deaths due to drugs, medicament and biologicals has gone up and down. In the first half of 1983, eight deaths were reported which represents an increase over 1981 (6) and a decrease over 1982 (10).

Talwin arrest decreased 0.9% from the first half of 1982.

Nacortic arrest decreased from the first half of 1982 (1,548) and increased from the first half of 1981 (1,322).

DEA reported a slight increase in herion availability, purity and price ($100 per bag to $125 per bag). Also street prices for T's and Blue increased from $12 per set to $15 per set due to the reformulation.

The most common client at admission continues to be a Black male age 25-44.

TABLE 1 - DEATHS Due to Drugs, Medicants and Biologicals
for
Orleans Parish
Jan. 1983 - June 1983

Category	Number	Race W	Race B	Sex M	Sex F	Age
1. Drug Dependence	1		1	1		15 - 24
2. Accidental Poisoning a. Analgesics, antipyretics	1	1		1		25 - 34
b. Sedatives and hypnotics	1	1		1		65 - over
c. Antidepressants	1		1		1	65 - over
3. Suicide and self inflicted injury by drugs						
a. Tranquillizers	2		1		1	15 - 24
			1		1	15 - 24
b. Other specified drugs	2	1		1		35 - 44
			1	1		15 - 24
4. Poisoning by Drugs (undetermined whether accidental or purposely inflicted).	0					
TOTAL	8	3	5	5	3	

Source: Office of Public Health Statistics

TABLE 2 - DRUG Arrest (January, 1983 - June, 1983)

Race/Sex	Opium or Cocaine and their derivatives morphine, herion codeine	Marijuana	Synthetic Narcotics	Dangerous - Non Narcotic Drugs (Barbiturates, Bensedrine).	Total
White Males	73	130	1	237	441
Black Males	97	308	12	388	805
White Females	11	25	0	48	84
Black Females	28	29	0	47	104
Total	209	492	13	720	1,434
Average Age	25-29	25-29	24-29	25-29	25-29

TABLE 3 - Price/Purity Review
(Jan.-1983-June 1983)

Drug	Quantity	Price	Purity
Herion	Bag-2 spoons Bag - 3½ spoons	$125.00 $225.00	15-20% 15-20%
Cocaine	Dose Gram Ounce Kilo	$ 80.00 $130.00-$160.00 $2,400.00 $56,000	8-12% 12-20% 17-25% 42-65%
Marijuana	Dime Bag Ounce/Lid Pound	$20 - $25 $100 - $150 Columbia $90 - $95 Domestic $800-$900 Columbia $500-$800 Domestic	- - - - - -
Talwin/Pgreben Zamine (T's & Blues)	Set	$15-$30	-
Dilaudid	Pill	$30-$60	-
Demoral	Pill	$25-$45	-
Preludin	Pill	$15-$25	-

TABLE 4 - U. S. Custom Drug Service
(Jan. 1983 - June 1983)

Drug Type	Amount of Drugs Confiscated
Marijuana	2,395 lbs.
Cocaine	21.6 lbs. 3.0 Kilos(94% pure) 1,305 grams (85% pure) 439 grams (92% pure)

TABLE 5 - Clients Admitted By Primary Drug of Abuse

Primary Drug	Frequency	Percentage
Herion	180	17.5
Non Rx Methadone	1	.0
Other Opiates and Synthetics	86	8.4
Alcohol	219	21.3
Barbiturates	53	5.2
Other Sedatives and Hypnotics	8	0.8
Amphetamines	68	6.6
Cocaine	60	5.8
Marijuana/Hashish	76	7.4
Hallucinogens	6	0.5
Inhalants		
Over-the-counter		
Tranquillizers	13	12.6
Other	270	26.2
PCP	1	.0
TOTAL	1,029	100.0%

FIGURE 1

4 Pakistani seamen held in heroin case

By ED ANDERSON

Four Pakistani seamen were being held by federal authorities Monday on charges they sold undercover agents 4.4 pounds of heroin worth an estimated $16 million.

The seamen aboard the Greek freighter Anatoli were in the federal section of the Orleans Parish Community Correctional Center on an order by U.S. Magistrate Ingard O. Johannesen.

Johannesen took the action after the four declined to answer questions during a bond hearing.

The seizure is the largest confiscation of heroin in the New Orleans area in recent memory, said Robert Bryden of the federal Drug Enforcement Administration.

The four were identified by the DEA as Yousaf Mohammad, 27; Altaf Mohammad, 20; Jafar Mohammad, 21; and Javid Nazir, 22. Their hometowns were not given.

At a news conference, Bryden told reporters the four were arrested early Saturday near the ship, docked in St. Bernard Parish.

Although the 4.4 pounds of heroin would bring $500,000 on the wholeale market, he said, it could be diluted with other substances. Its street value, Bryden said, makes the drug worth $16 million.

He said it would make "an astronomical number" of dosage units for addicts.

Bryden said the heroin probably came from southwest Asia, possibly Iran or Pakistan.

He said the four were looking for a buyer in the area. "They didn't have an established market here," he said.

Bryden said that although heroin has not been plentiful in the area for several years, the port may see a gradual increase in trafficking of the drug, as crackdowns have been launched in New York and other areas.

"Heroin, for all intent and purposes, had disappeared," said New Orleans Police Superintendent Henry Morris. "Now, it is starting to come back."

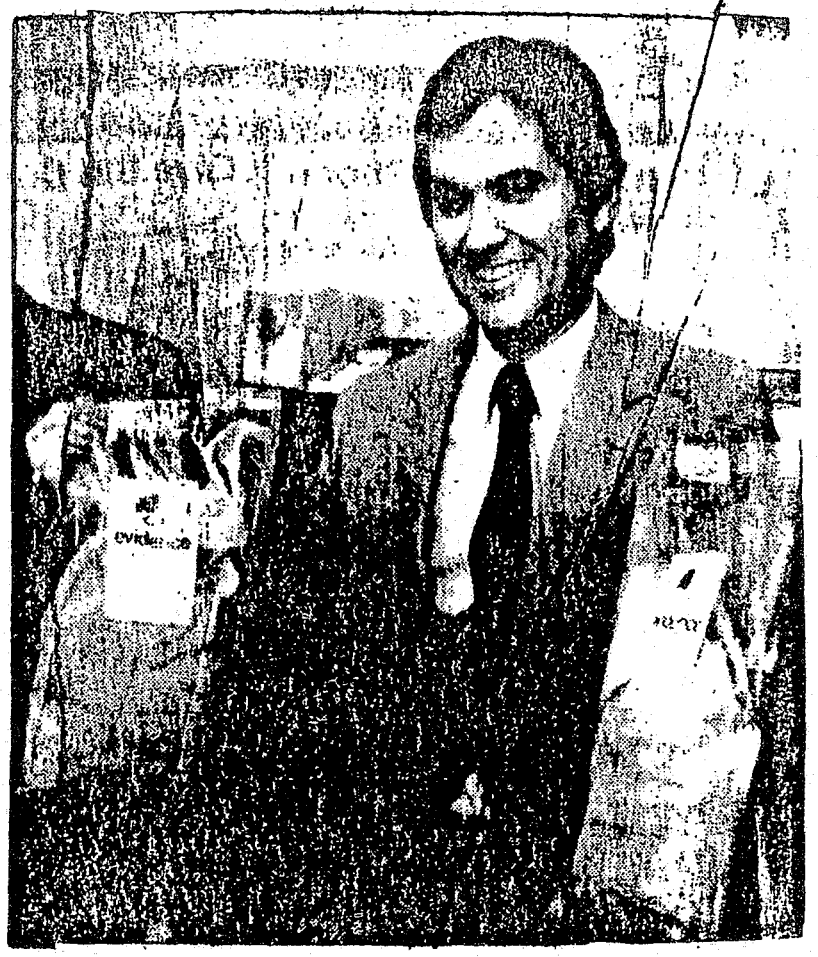
Undercover agents began negotiating the sale at an undisclosed site in New Orleans, then moved to North Peters Street in St. Bernard Parish, near where the ship was docked, federal officials said.

They have been charged in the federal complaint with conspiracy to distribute heroin and distribution of heroin.

The case may be referred to a state court, where the four could be imprisoned for life if convicted.

The arrests by the task force mark the second large heroin case made since its formation in September.

State Police and municipal and parochial law enforcement agencies in Orleans, Jefferson, St. Bernard, Plaquemines and St. Tammany parishes participated in the task force work.



—Staff photo by Bryan S. Berteaux

Robert Bryden holds bags of confiscated top-grade heroin

Cops tell why heroin traffic is up in N.O.

By WALT PHILBIN

Stepped-up law enforcement in the northeast and a drug company's change in the formula of a pain-killer are two of the reasons for the sharp increase in heroin traffic in New Orleans, authorities say.

The increased flow of heroin was underlined last week when federal agents arrested four Pakistani crewmen and seized about $16 million worth of heroin from a Greek freighter.

But New Orleans narcoctics officers, who have seen heroin arrests drop sharply in the past few years, already were aware that they had a new fight on their hands. During the first 10 months of 1983 the amount of heroin local officers seized was more than twice that in all of 1982.

"There's more out there ... it's as simple as that," said Sgt. David Peralta, the assistant commander of the New Orleans Police Department's Narcotics and Drug Abuse Section.

Peralta said the heroin problem is not nearly as big as it was in the mid-to-late 1970s, but a federal Drug Enforcement Administration official sees the increase as the possible beginning of a surge in heroin distribution here.

Robert Bryden, special agent in charge of the DEA here, said he believes strong law enforcement efforts in the northeastern United States has driven smugglers to this area and that the majority of heroin being brought into the United States is coming in by ship from Southwest Asia.

Bryden said most heroin smuggled into the country used to come from Southeast Asia and was flown in by couriers. Heroin from Southwest Asia is brought in almost exclusively by ship, he said.

Local authorities say the increase may be linked to a marked decrease this year in the seizure of T's and Blues, a combination of the pain-killer Talwin and a blue antihistamine tablet. When combined the two drugs are similar to heroin in effect. It was used extensively by New Orleans addicts as a less-expensive substitute for heroin.

Earlier this year, Sterling Drug Inc. of New York, the manufacturer of Talwin, began putting an additional ingredient in Talwin that interferes with the narcotic effect of the drug when combined with the antihistamine, a Sterling spokesman said.

With T's and Blues no longer effective, New Orleans addicts may now be turning to heroin and cocaine, Peralta said.

Along with the increase in heroin seizures, local narcotics officers also have seized more cocaine this year than last, Peralta said.

In 1982, New Orleans narcotics squad officers seized 1,198 dosage units of heroin, estimated to be worth about $55,900 when sold by the dose on the street. From January to the end of October this year, 4,444 dosage units have been seized. The values of this year's seizures have been estimated as $222,200

Assistant District Attorney Eric Dubelier, who handled narcotics prosecutions for the Orleans Parish district attorney's office, said prosecutors have not encountered a significant increase in heroin over the past six months, but have noticed a strong drop in T's and Blues, and a very strong increase in cocaine.

Police narcotics officers in 1982 seized 11.8 pounds of cocaine estimated at about $8.8 million in potential street sales. Through October of this year they have seized 30.1 pounds, estimated to be worth $22.3 million.

DRUG ABUSE TRENDS
IN MIAMI - DECEMBER, 1983

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In the eight years that we have been preparing these semi-annual reports for NIDA, we have had to assume a peculiar perspective regarding the community. The balmy climate and outdoor recreational opportunities became associated with drug-related accidential swimming and boating deaths. The thriving economy provided ample spending money for drugs, particularly the more "glamorous" and expensive ones. The elderly retired population gave rise to atypical patterns of drug episodes in the hospital emergency rooms and accident/suicide cases in our medical examiner's office. The area's excellent airport facilities and its heavy domestic tourist flow has been associated with drug trafficking and seasonal fluctuations in drug problems. South Florida's innumerable bays, inlets and canals, its proximity to the uninhabited Everglades and its accessability from Caribbean islands and South America came to be viewed as natural liabilities in the fight against drug importation. The cultural diversity and and multi-ethnic composition of the population became categories for comparing drug-related statistics. Even the excellence of the forensic pathologists in our medical examiner's office, the reliability and accuracy of emergency room data and the strength of the treatment system's database were sometimes seen as disadvantages, with the dismal mosaic formed by their data, when contrasted to communities which may have had drug problems of equal or greater severity, but could not report on them in comparable detail.

In the past eight years period, we have seen major flux in this community - racial unrest, massive immigration from Central and South America and the Caribbean, escalation in violent crime and have witnessed the community's reaction, and adjustment. Local effort - augmented by state and federal resources in some regards and hampered in others - have led to amelioration of many problems and plans for resolution of others. Violent crime - particularly homocide - is far below previous years. The mood of the community has changed from panic and pervasive fear, to calm and resolute action to overcome our problems.

DRUG TREATMENT

Drug abuse remains a prominent concern, but apparently it is viewed as a law enforcement problem - focusing on drug traffickers

- rather than a treatment problem. In the last three years the local treatment system has suffered major cutbacks as a result of federal, state and county funding. The treatment units have been cut from more than two dozen to twelve and the treatment population is less than half than that of five years ago - not because of any demonstrated reduction in need. The cut backs have also prompted the remaining treatment programs to give greater attention to attracting clients who either can pay fees or whose treatment will be paid for by third parties.

Consequently, the local drug free programs have high percentages of adult clients and persons released to them on probation or parole. The methadone maintenance programs are also adult oriented, of course, and 70 percent of Dade County's treatment population is in methadone maintenance, a much higher proportion than the rest of Florida (25%) or nationwide (45%). As a result, Dade's treatment population is radically different in age structure than it was a few years ago and differs considerably from other parts of the state and nation. It is emphatically an addult treatment system - only 7 percent are under the age of 21, compared to 42 percent in the rest of Florida and 18 percent nationwide.

These facts are presented to illustrate the futility of attempting to draw confident conclusions regarding drug trends from the treatment population. We have compiled data from a three program sample of 1983 treatment admissions to gain some measure of information regarding current drug use. For purposes of comparison, we have used the drug categories of "other sedatives" (mainly methaquaalone), marijuana, cocaine, "narcotics" (heroin and all other synthetics) and alcohol. As shown in Table 1 below, there have been some major changes in the frequency of reported primary problems from 1980 annual data to the 1983 drug free sample. We will defer references to this table until later discussions of other indicator data.

Table 1. Comparison of Primary Drugs for Drugfree Treatment Admissions - 1980 Annual Data vs. 1983 Sample.

Drug Category	1980	1983	1Q	2Q	3Q
N = (%)	(3811)	(376)	(79)	(158)	(139)
Other Sedatives	39	11	20	13	4
Marijuana	25	20	25	18	20
Cocaine	15	50	30	50	62
Narcotics	8	6	9	6	4
Alcohol	5	6	8	4	6
All Other	8	7	8	9	4

EMERGENCY ROOMS

While we would readily agree that drug mention tallies from hospital emergency rooms are imperfect indicators of drug abuse in a community, they do have the advantage - at least locally - of reliability. The same group of hospitals have remained stable, consistent reporters to DAWN and the single major reporting ER (80-85% of all local reports) has had the same highly qualified, non-employee reporter for the past decade. Whatever the true relationship between ER drug mentions and incidence/prevalence of drug abuse in the community, we consider these data to be the most reliable available to us. (This is particularly true considering the above discussed flux in the treatment system and the major changes in emphasis and resources in law enforcement efforts).

Consequently, we have focused upon ER data in this report of drug abuse trends. We have taken th latest available ER data and projected totals for 1983 (by assuming fourth quarter numbers equal to third quarter). The 1983 estimates were then compared to 1982 totals to produce change information relative to last year. In addition, we have looked at annual data and calculated the averages of mentions for the preceeding five year period (1978-82) to ascertain longer-term patterns. The major drugs of interest are shown in Table 2 below.

Alcohol in Combination

One drug not included in Table 2 is alcohol. Alcohol is reported via DAWN only if it appears in combination with another problem-producing drug in participating emergency rooms. This reporting criteria made it inappropriate to compare changes in alcohol mentions in the same way as was done for other drugs. Since alcohol-in-combination subsumes a host of alcohol-drug pairings, one of the most interesting ways to examine trends in this substance category is to calculate the proportion of all DAWN ER episodes in which alcohol is reported.

In the four year period (1978-82), 25% of all local DAWN ER episodes involved alcohol and one or more other drugs. This figure rose sharply to 39% in 1982 and in 1983 the figure is 36%, a level nearly equivalent to the 1982 zenith. Clearly, the consumption of alcohol along with other drugs is more common recently among those coming to local ER's with drug problems.

Alcohol was reported as a primary drug problem by 6 percent of the 1983 treatment sample-about the same as the 5 percent reported by NIDA for local drug-free programs in 1980. It should be noted, however, that 46 percent of the 1983 sample reported alcohol as one of their drug problems, a figure more than double the 20 percent so reported in 1980. Consequently, we must conclude that either a) combination alcohol-other drug use is

Table 2. Comparison of Leading Drug Mentions in Miami-Area Emergency Rooms - 1983 vs. 1982 and 1978-1982.

			1983 Mentions
		1983	
		1982	% vs. 1982
		1978-82 average	% vs. 78-82
1.	Methaqualone (Quaalude)	XXXXXXXXXXXXXXXXXXXXXXX	608
		XXXXXXXXXXXXXXXXXXXXXXXXXXX	-15
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-32
2.	Cocaine	XXXXXXXXXXXXXXXXXXXX	524
		XXXXXXXXXXXXXXXX	+23
		XXXXXXXXXXXXXXXX	+23
3.	Marijuana	XXXXXXXXXXXXXXXXXXX	495
		XXXXXXXXXXXXXXXXXXX	- 1
		XXXXXXXXXXXXXXXX	+17
4.	Diazepam (Valium)	XXXXXXXXXXXXXXXX	411
		XXXXXXXXXXXXXXXXX	- 9
		XXXXXXXXXXXXXXXXXXXXXXXX	-36
5.	Oxycodone (Percodan)	XXXXXXXXXX	277
		XXXXXXXX	+39
		XXXXXXX	+67
6.	Heroin	XXXXXXXXXX	269
		XXXXXXX	+50
		XXXXXXXXX	+13
7.	Secobaribital (Seconal)	XXXXXXXX	204
		XXXXXX	+30
		XXXXX	+73
8.	Seco/Amobarb (Tuinal)	XXXXXXXX	101
		XXXXXXX	+14
		XXXXXX	+34
9.	D-Propoxyphene (Darvon)	XXXXXXX	170
		XXXX	+83
		XXXX	+87
13.	Hydromorphone (Dilaudid)	XXXXX	126
		XXXX	+38
		XXX	+54
	Darvon+Demerol+ Dilaudid+Percodan	XXXXXXXXXXXXXXXXXXXXXXXXX	668
		XXXXXXXXXXXXXXXXX	+40
		XXXXXXXXXXXXXXXX	+61

more prevalent among recent treatment admissions, or b) treatment programs were less likely to report alcohol as a problem when CODAP was a mandatory system.

Methaqualone

Methaqualone apparently reached its zenith locally in 1980 when an average of 122 ER mentions per month were reported. By late 1980, this rate had fallen to 100 per month and it has continued to fall since, reaching 49 per month in the most recent data. Thus, the ER data would indicate a decline in the abuse of methaqualone.

The limited treatment data supports a conclusion of declining methaqualone abuse. In 1980, 39 percent of all admissions to drug free treatment was for "other sedatives" (mainly methaqlalone). The 1983 local treatment sample yielded a comparable figure of 11 percent. Moreover, the trend can be seen clearly in the 1983 data when it is examined by quarter - 20, 13 and 4 percent for the first through third quarters.

Methaqualone has also declined steadily as a proportion of all drug-positive results in a local (Broward County) project involving DUI blood testing. An average of 231 drivers per 6-month period have been tested for the presence of intoxicants. Semi-annual percentages from January, 1981 through June, 1983 reported by this project are 76, 72, 60, 50 and 23 percent.

These figures, plus lower numbers of samples of alleged methaqualone being submitted for anonymous testing and reports of lower numbers of ME cases involving methaqualone all lead to the conclusion that methaqualone is waning in popularity locally, mirroring the trend nationally.

Cocaine

Cocaine is second in frequency of drugs mentioned by local ER's and promises to surpass methaqualone by late this year as their trend lines cross. The ER mentions in 1983 will exceed both last year and the previous five-year average level by 23 percent. It will not quite reach the peak achieved in 1980, however. There appears to be no appreciable change in the upward trend line of cocaine mentions, a trend that has continued for the past three years.

The limited treatment data support a conclusion of high level cocaine abuse in the community. In 1980, only 15 percent of those entering treatment here reported to have cocaine as a primary problem. In 1983, the figure has risen to 50 percent - 30 percent in the first quarter, 50 in the second and 62 percent in the third quarter.

Cocaine continues to be the leader among non-suicide drug related deaths, according to the Dade County Assistant Medical Examiner (unfortunately, recent data are not available). Drug

samples submitted for anonymous testing reveal high percentages of actual cocaine, with few cutting agents (quantification data are not available). Information from street and law enforcement sources indicate that wholesale prices for coke have dropped dramatically this year, but that the price structure (price per cap or bag) has not changed (except that higher purity is obtained). Reportedly, the middle-level traffickers and street dealers are benificiaries of the increased profits.

Marihuana

Marihuana mentions currently rank third in local ER's and the nearly 500 mentions in 1983 will be some 17 percent higher than the average for the previous five years. It appears that this year's figures will equal last year's, perhaps indicating a plateau after several years of virtually uninterrupted increases. It also should be noted, however, that almost all (96 percent in 1982) ER episodes involving marihuana also involve other drugs (alcohol, methaqualone and cocaine are among the most common).

ER mentions of marihuana are cyclic and bear some degree of correspondence to harvesting seasons - down in the fall and winter as supplies dwindle, up in the spring and summer when the weed is in ample supply and is high in THC. Reports of marihuana problems by local hotline personnel indicate that most often the culprit is higher-than-expected THC content - especially from domestic sensimillia. The recently-reported higher prices reflect both the availability and preference among local users for the domestic sensimillia and the low supply of foreign grass preceding the harvest.

Marihuana continues to be reported as one of the drug problems of those entering treatment - 76% of those entering local drug-free programs in 1983. But marihuana as a primary problem is less often reported in the past - 20 percent in 1983 compared to 25 percent in 1980.

Narcotics

Heroin reached its zenith locally in 1976 and has been on a low-plateau in recent years insofar as overdose deaths, emergency room mentions and treatment admissions. Synthetic narcotics - particularly Percodan, Dilaudid and Demerol - increased somewhat in these years as substitute/supplemental drugs. When better quality heroin was reported two years ago in the Northeast, we began to look for indications of a resurgence of heroin use locally. It appeared that many of the old heroin users had found comfortable new patterns of use - heroin with synthetic narcotics, heroin and cocaine in combination - or they had switched to cocaine. Heroin overdose deaths have been a rarity in recent years, virtually no new heroin users have been entering treatment and those who did enter treatment were either mainly on synthetic narcotics or were seeking to save their money for a worthwhile run.

In late 1982 and this year, there do seem to be some indications that narcotics use - heroin and some of the major abused narcotic analgesics - is on the rise locally. Percodan and heroin rank 5th and 6th among 1983 ER mentions, Darvon 9th and Demerol 13th. Heroin mentions are 50% higher than in 1982 - Darvon (+83%), Percodan (+39%) and Dilaudid (+38%). Collectively, these latter four narcotics have been ER mentions 40 percent more frequently than last year and 61 percent more often than in the previous five year period.

This upward trend in ER mentions of heroin and other narcotics is consistent with street reports of better quality heroin availability, reputedly over 6% pure. It is not reflected in treatment or medical examiner's data as yet, but it is possible that older streetwise heroin users are the ones with the connections to suppliers of the better quality drug. If the availability increases, one might anticipate first an increase in overdose deaths as novices become involved and then increases in treatment admissions as problems (economic, criminal justice and health) associated with heavy heroin use or use of quality heroin begin to mount.

Other Drugs

Seconal and Tuinal are drugs worth mentioning because a) they rank 7th and 8th among 1983 ER mentions locally and b) their mention rates are at a six-year high in 1983. Seconal mentions are up by 73% over the previous five year period and Tuinal by 34%. There are no other indications, however, that these drugs are becoming major drugs of abuse.

PCP is a drug reported to be once again ascending in popularity in some parts of the country. PCP has never been a major problem locally and there are no indications that its use is increasing here.

SUMMARY

Miami seems to be similar to other major cities in that cocaine has been and continues to be a serious problem. It is the leading drug problem of those entering drug-free treatment and will probably lead all other illicit (and most legal) drugs in emergency room mentions by the time this report is published. It is unquestionably the leading drug in accidental overdose deaths. It promises to be a growing problem because of its glamour, the myth of its safety and its use by all social classes and age groups.

A second ominous indication is that heroin use is on the rise. Overdose deaths and treatment admissions have not yet reflected the street reports of better quality heroin being available, but emergency room reports of heroin are 50 percent higher in 1983 than last year. Similar indications are noted for

the major synthetic narcotics of Percodan, Dilaudid, Demerol and Darvon.

A third cautious note regards the observed increases in Seconal, Tuinal and alcohol-in-combination ER mentions. The well-known dangers of combination use of alcohol and barbiturates is cause for concern when interpreting these three upward trends.

On a more positive note, methaqualone abuse seems to be significantly on the wane locally as it is nationwide. This is particularly encouraging considering that past popularity of this drug among youth and its implication in numerous automobile, swimming, boating and other accidential deaths. It's also gratifying to report that PCP is not seen as a growing or major drug problem in the Miami area. It would also appear that marijuana-related problems are not becoming more severe or numerous - indicated by stable ER mentions and treatment admissions.

INDICATORS OF DRUG ABUSE DURING 1983 IN DALLAS, TEXAS

Robert G. Demaree, PhD, Bennett W. Fletcher, BS, Department of Psychology, Texas Christian University, and Roy G. Griffin, MA, Fort Worth, Texas

A number of indicators were examined for the present report. These included emergency room mentions provided by DAWN for the first three quarters of 1983, treatment admissions for nine months of 1983, and drug arrest data for 1982. The treatment admission and drug arrest data are from the Drug Abuse Prevention Division of the Texas Department of Community Affairs. Data on drug-related deaths were sought from the Dallas County Medical Examiner's office, but these reports had been placed in storage for the duration of an office renovation and were not available in time to be incorporated into this presentation.

In the following, a look is first taken at heroin indicator trends in Dallas in 1983, and then attention is given to indicators of other selected drugs.

Indicators of Heroin Abuse

Although the prevalence of heroin use in Dallas is thought to be at a very low level, a slight increase in the number of treatment admissions, emergency room mentions, and serum hepatitis cases in 1982 suggested that prevalence in that year had risen somewhat over the 1981 level. Indicator data available for 1983 suggest that the increase in heroin use is slowing. Treatment admissions data were available for the first nine months of 1983. A linear estimate of the total number of admissions expected for 1983 yields about 340 admissions, which compares with 333 admissions for heroin abuse in 1982 and 293 admissions in 1981. Heroin admissions accounted for 23% of all admissions in the first nine months of 1983. Emergency room data show a slight rise from 12 in the first three quarters of 1981 and 8 in 1982 to 15 in the comparable period of 1983. The total number of cases of serum hepatitis as of November 12, 1983 for the Dallas-Fort Worth region was 338, an increase from 270 for the same period in 1982. Drug arrest data were not available for 1983, but it might be noted that arrests for possession of "opium, cocaine, and their derivatives" increased to 727 in 1982 from 641 in 1981, while arrests for possession in every other category of drugs decreased from 1981 to 1982. The number of arrests for sale or manufacture of opiates or cocaine also increased from 1981 to 1982 (as did arrests for sale or manufacture of marijuana); 43 arrests for sale or manufacture of opiates or cocaine were made in 1982, compared with 24 arrests in 1981.

Indicators for Drugs Other Than Heroin

Treatment admissions. The number of admissions to publicly-funded treatment programs (two methadone clinics, one therapeutic community,

and several outpatient drug-free programs) for three quarters of 1983 was 1117, compared to 1110 for the entire year of 1982 and 1144 for 1981. At the present rate, it appears that the total number of treatment admissions in 1983 will be somewhat greater than in the preceding two years. This projected increase will be attributable for the most part to drugs other than heroin or other opiates.

The greatest number of admissions in the first nine months of 1983 was for amphetamine abuse, with 353 cases representing 32% of the total; this compares with 300 cases (27%) in all of 1982 and 359 cases (31%) in 1981. Admissions for marijuana are up, with 67 cases reported for nine months of 1983, compared to 44 in 1982 and 58 in 1981. Cocaine abuse appeared to be on the increase as well; the 76 admissions reported in three quarters of 1983 has already exceeded the total of 54 admissions in 1982 and also the 62 admissions in 1981. Little change was noted for sedatives and hypnotics, inhalants, tranquilizers, or barbiturates. Also, the demographic characteristics of clients appeared stable with regard to age, race, and sex.

Emergency room mentions. In general, the emergency room data would suggest that abuse of most drugs in the Dallas SMSA held steady or declined in the first three quarters of 1983. The mean number of ER mentions per quarter in 1981 was 618; in 1982, it was 605; but in 1983 (averaged over three quarters), it dropped to 528. Diazepam, the drug most often cited in ER visits, averaged 55 mentions per quarter in 1981, seemed to peak at 61 mentions per quarter in 1982, but fell to an average of 42 mentions per quarter for three quarters of 1983. A decline in the number of ER mentions of methaqualone that began in the latter half of 1982 continues. The mean number of mentions per quarter of methaqualone was 20 in 1981, fell to 12 in 1982, and averaged only 5 for three quarters in 1983.

The potential "T's and Blues" problem reported on at the June 1983 meeting in San Francisco seems not to have materialized. Mentions of pentazocine ranged from an average of 12 in 1981, up to 16 in 1982, and have tapered off to 11 per quarter in three quarters of 1983. Mentions of tripelennamine have remained relatively unchanged with an average of 11 ER mentions per quarter in 1981, 13 in 1982, and 8 mentions per quarter in 1983.

Drug arrests. At the June meeting it was reported that the number of drug arrests in Dallas county for the first half of 1982 had increased to 5463 from 5088 arrests in the corresponding period of 1981. However, when the arrest data for 1981 and 1982 were examined in their entireties, the number of drug arrests decreased just a bit from 10,637 in 1981 to 10,127 in 1982. This should perhaps serve to remind one that the interpretation of indicator data is not without its pitfalls.

Arrests for marijuana offenses accounted for about 70% of the total numbers in both 1981 and 1982. However, in 1982 there were about 500 fewer marijuana arrests than in 1981. As previously noted, the total number of arrests for "opium or cocaine and their derivatives" increased somewhat, from 665 in 1981 to 770 in 1982.

Summary

The evidence provided by treatment admissions data, emergency room mentions, and arrest data suggests that heroin abuse is still a problem in Dallas, but also that it seems at this point to be a stable or only slowly growing one.

From treatment admissions data, the prevalence of cocaine abuse appears to have risen, but this increase has not been reflected to any significant extent in the numbers of emergency room mentions of cocaine provided by DAWN. Since cocaine is combined with "opium and derivatives" into a single arrest category by the Texas Department of Public Safety, any change in the prevalence of either opiate or cocaine use is obscured in the arrest data.

Amphetamine abuse continues to be a major problem in Dallas, as shown by the treatment admissions data. It is noted that while the frequency of many emergency room drug mentions fell in 1983, the number of amphetamine mentions rose to about the level present in 1981 after a slight dip in 1982. This same pattern was observed in the ER data for methamphetamines and "speed."

That marijuana continues to be an omnipresent drug of abuse is reflected by the increasing number of marijuana treatment admissions in 1983 and by the large percentage of arrests for marijuana possession or sale.

DRUG USE IN PHOENIX: JAN.-JUNE 1983

Deborah L. Rhoads, Ph.D.

Heroin

The Phoenix area is experiencing a sudden dramatic increase in heroin abuse indicators. After a lengthy period of gradually declining treatment admissions, the Jan.-June 1983 reporting period saw admissions more than double (to 521 from 231 in July-Dec. 1982). Heroin admissions accounted for 38% of all admissions, up from 33% in the last reporting period. Fifty-nine percent of admissions were first admissions, 67% were age25-34, 37% were female, 61% were White, 7% Black, and 29% Hispanic. The proportion of admissions which were Hispanic indicates an over-representation of this ethnic group in treatment. Treatment admissions for other opiates and synthetics increased from 87 to 201. There were 5 heroin, morphine and opiate related deaths compared to 2 heroin deaths in July-Dec. Emergency room admissions increased from 16 in Jan.-June 1982 to 32 in July-Dec. 1982 to 73 in Jan.-June 1983. Hepatitis B cases have steadily increased since the last half of 1981 (July-Dec. 1981 - 81; Jan.-June 1982 - 92; July-Dec. 1982 - 119; Jan.-June 1983 - 146).

This increase in treatment admissions, deaths, and emergency room mentions is probably traceable to the increased availability of "tootsie roll" heroin at 60-90% purity, selling for $500-600/gram. Standard Mexican brown heroin is staying level with purity at 3-5% and selling for $75-100/gram.

There have been seven reported cases of AIDS in the Phoenix area since 1981. Of these, two are related to IV drug use, in addition to homosexuality.

Cocaine

Cocaine admissions are continuing to increase steadily, from 41 in Jan.-June 1981 to 101 in Jan.-June 1983. Eighty eight percent of cocaine admissions in Jan.-June were first admissions; 84% were male; 57% were age 25-34 and 29% age 20-24; 86% were White, 8% Black, and only 5% Hispanic. Emergency room mentions have increased slightly after remaining stable for nearly two years. There were five cocaine overdose deaths in Jan.-June 1983, up from one death in July-Dec. 1982. According to DEA, the last three to four months have seen the price of cocaine drop slightly to $1800-2800/oz. Purity has increased from 60% to 90% in the larger quantity buys. There was a 300% increase in juvenile

arrests for possession of opium, cocaine and derivatives between 1978 and 1982 (1978-18;1979-20;1980-13;1981-104;1982-73). During that same time period, the juvenile population in Arizona increased only 11%. The most dramatic rise in arrests was from 13 in 1980 to 104 in 1981.

Amphetamines

Treatment admissions for amphetamine use nearly doubled after a brief drop during July-Dec. 1982. Emergency room mentions are, however, still low and stable. Both amphetamine and methamphetamine thefts from pharmacies have dropped dramatically. In Jan.-June 1982, there were 2145 units of amphetamine stolen and 822 units of methamphetamine. These figures dropped to 235 units of both drugs combined stolen in Jan.-June 1983.

Marijuana

After a period of stable treatment admissions, marijuana admissions more than doubled from 121 in July-Dec. 1982 to 254 in Jan.-June 1983. Marijuana accounted for 19% of total admissions. Emergency room mentions increased from 10 in July-Dec. to 25 in Jan.-June. Juvenile arrests for possession of marijuana have decreased 20% from 1978 to 1982 (1978-1718; 1979-1249; 1980-1316; 1981-1491; 1982-1366). The current price of marijuana is around $60/oz. The national forests in Arizona have become the target of increased attention, as numerous large growing sites have been discovered there.

Other Drugs

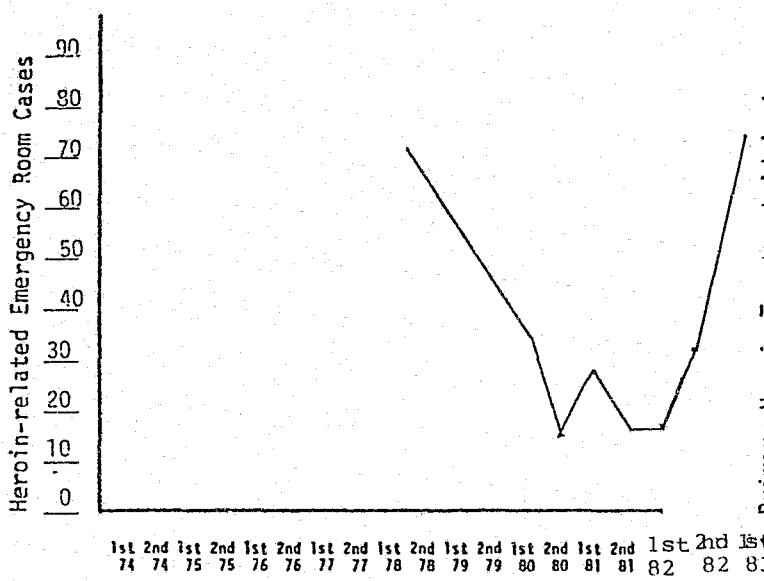
Treatment admissions have increased for barbiturates and prescription drug thefts of phenobarbital more than doubled from the second half of 1982 to the first half of 1983. But emergency room mentions for phenobarbital have dropped steadily since early 1981 (from 49 to 26).

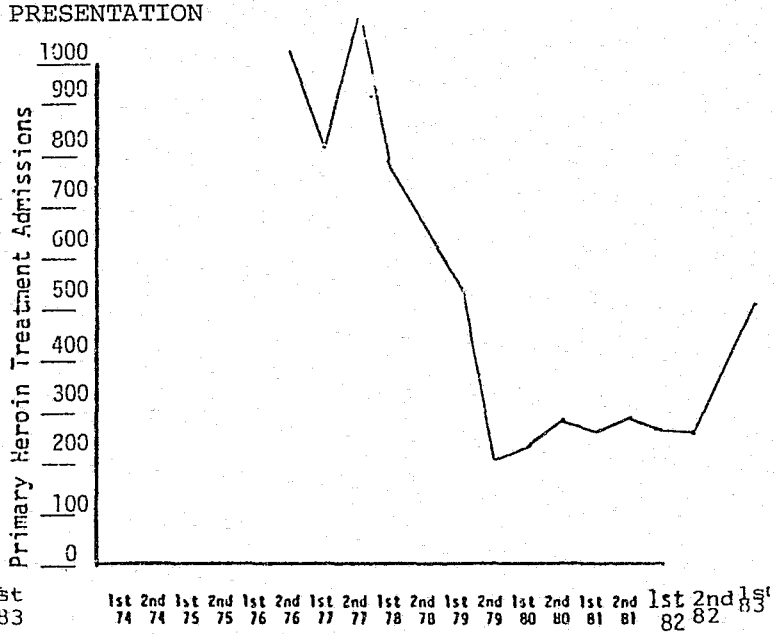
Treatment admissions have increased for hallucinogens, inhalants and tranquilizers. Admissions have decreased for other sedatives and hypnotics and PCP. Prescription drug thefts have decreased for almost all drugs since the last half of 1982. Some exceptions are codeine-in-combination (which have increased) and propoxyphene and meprobamate (which have remained stable).

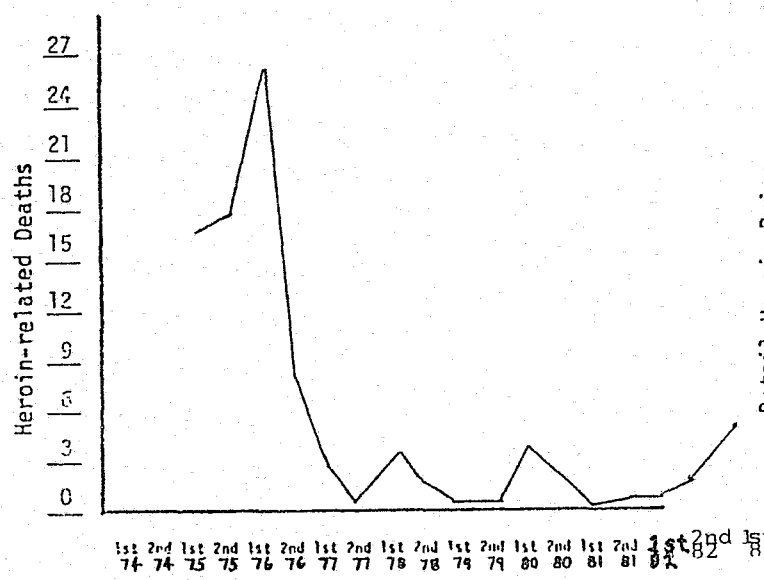
Summary

All indicators point to a recent srge of heroin use in Phoenix. This increase is primarily related to greater availability of high purity tootsie roll heroin. Cocaine use is also continuing to increase, related to lower prices and greater supply. Other drugs present a mixed picture.

II. GRAPHIC PRESENTATION







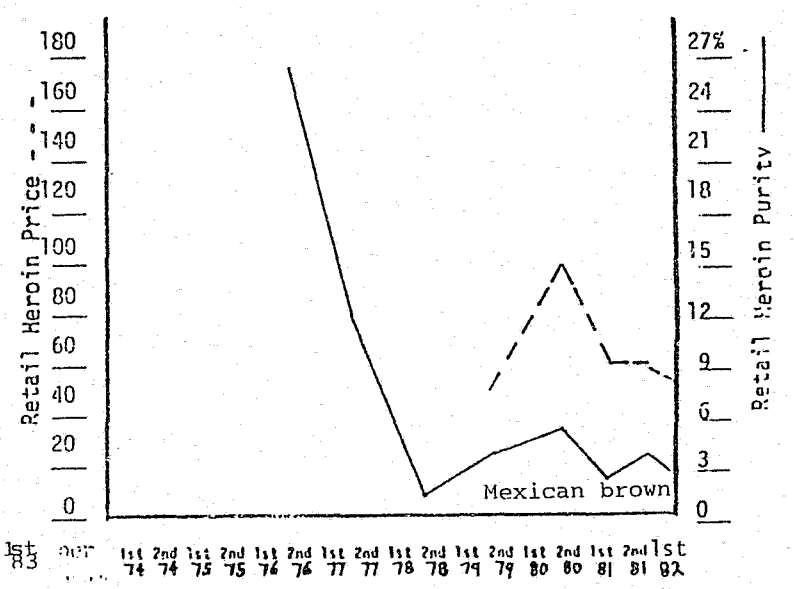


TABLE I

TREATMENT ADMISSIONS
(% of total admissions for that reporting period)

	Heroin	Other Opiates & Synthetics	Barbiturates	Other Sedatives & Hypnotics
Jan - June 80	231 (31)	132 (18)	25 (3)	11 (2)
July - Dec 80	290 (40)	101 (14)	25 (4)	14 (2)
Jan - June 81	273 (34)	143 (18)	16 (2)	16 (2)
July - Dec 81	293 (37)	136 (17)	27 (3)	16 (2)
Jan - June 82	256 (33)	84 (11)	22 (3)	10 (1)
July - Dec 82	231 (33)	87 (12)	15 (2)	22 (3)
Jan - June 83	521 (38)	201 (15)	27 (2)	8 (1)

	Amphetamines	Cocaine	Marijuana/ Hashish	Hallucinogens
Jan - June 80	52 (7)	39 (5)	164 (22)	26 (4)
July - Dec 80	45 (6)	25 (3)	150 (21)	10 (1)
Jan - June 81	60 (7)	41 (5)	178 (22)	15 (2)
July - Dec 81	80 (10)	51 (7)	89 (11)	19 (2)
Jan - June 82	87 (11)	65 (9)	108 (14)	27 (4)
July - Dec 82	62 (9)	76 (11)	121 (17)	25 (4)
Jan - June 83	113 (8)	101 (7)	254 (19)	36 (3)

	Inhalants	Tranquilizers	PCP
Jan - June 80	25 (3)	25 (3)	7 (1)
July - Dec 80	28 (4)	15 (2)	14 (2)
Jan - June 81	14 (2)	38 (5)	13 (2)
July - Dec 81	35 (4)	24 (3)	13 (2)
Jan - June 82	78 (10)	21 (3)	10 (1)
July - Dec 82	30 (4)	29 (4)	12 (2)
Jan - June 83	47 (3)	49 (4)	8 (1)

Source: ADHS community programs data system

TABLE II

EMERGENCY ROOM MENTIONS

	July-Dec 1980	Jan-June 1981	July-Dec 1981	Jan-June 1982	July-Dec 1982	Jan-June 1983
alcohol-in-combination	425	360	354	259	268	313
aspirin	115	93	124	93	115	120
diazepam (Valium)	164	169	135	105	104	95
acetaminophen	66	64	89	76	81	93
heroin/morphine	16	28	17	16	32	73
amitryptyline/comb. (Elavil)	69	69	69	79	51	50
flurazepam (Dalmane)	87	63	61	52	41	40
oxycodone (Percodan)	38	43	41	33	28	36
OTC sleep aids	36	24	43	33	36	31
cocaine	13	33	24	25	25	31
lorazepam (Ativan)	30	25	33	19	20	28
phenobarbital	42	49	47	44	38	26
D-propoxyphene (Darvon)	57	41	29	39	36	27
speed	14	22	18	21	20	26
PCP & PCP comb.	28	20	18	10	17	25
marijuana	20	25	21	16	10	25
ethchlorvynol	18	16	17	29	14	24
amphetamine/D-amphet.	21	58	53	25	13	20
doxepin (Sinequan)	32	20	25	18	21	20
LSD	17	16	22	6	13	19
diphenhydramine	15	16	13	18	12	19
methadone			5	14	12	18
thioridazine (Mellaril)	37	30	18	21	31	18
chlordiazepoxide (Librium)	32	29	46	41	24	16
butalbital combination	20	17	16	14	18	13
clorazepate (Tranxene)	24	19	20	18	25	12
methazualone (Quaalude)	35	30	19	16	18	12
OTC diet aids	15	11	12	13	18	11
meprobamate	16	10	11	8	7	10
codeine	15	11	9	13	8	10
imipramine	19	17	8	8	23	8

Source: DAWN consistently reporting emergency rooms

TABLE III

PRESCRIPTION DRUG THEFTS

	Jan-June 1982	July-Dec 1982	Jan-June 1983
diazepam	28,739	16,937	19,588
phenobarbital	7702	6991	15,830
codeine-in-comb.	5693	14,944	15,359
oxycodone	29,171	28,989	8023
propoxyphene	5024	4350	5199
meprobamate	750	2120	2525
meperidine	7349	3642	1930
Tuinal	1541	1334	1210
morphine	1163	957	774
codeine	2409	3282	681
Ritalin	13,059	8004	611
secobarbital	2960	1220	599
methaqualone	1465	509	549
pentobarbital	2484	1714	500
Placidyl	1129	885	500
flurazepam	300	2230	490
hydrocodone	1914	2945	480
hydromorphone	2363	1148	305
amphetamine	2145	1023	235
Preludin	2564	1100	140
methadone	793	304	100
Mepergan	3152	602	91
methamphetamine	822	578	0

Source: Drug Enforcement Administration

TABLE IV

DRUG RELATED ARRESTS

Juvenile	Jan-June 1982	July-Dec 1982	Jan-June 1983
sale or mfg.			
*opium or cocaine & deriv.	1	7	1
marijuana	118	137	43
**synthetic narcotics	15	1	0
dangerous non-narc. drugs	17	7	4
possession			
*opium or cocaine & deriv.	30	2	3
marijuana	162	92	136
**synthetic narcotics	4	0	0
dangerous non-narc. drugs	5	2	1
Adult			
sale or mfg.			
*opium or cocaine & deriv.	74	76	66
marijuana	226	168	208
**synthetic narcotics	15	1	0
dangerous non-narc. drugs	42	29	75
possession			
*opium or cocaine & deriv.	55	78	53
marijuana	1148	669	1088
**synthetic narcotics	8	2	1
dangerous non-narc. drugs	16	39	7

Source: Phoenix Police Department

*includes opium, cocaine, morphine, heroin & codeine

**includes Demerol & methadone

SAN DIEGO COUNTY
Drug Use Indicators Report
December 1983

SUMMARY

The following report provides a general overview of drug use information and trends in San Diego County using indicators and data for the years 1980 through June 30, 1983.

Drug-free treatment data indicated that admissions with heroin as the primary drug problem among clients with no prior admissions had declined since 1981, however, a definite leveling off trend and possible reversal is noted in the first six months of 1983. The ratio of males/females in 1982/83 shows a reversal of the previous trend with 54% of the new admissions female. Cocaine and methamphetamine admissions have shown the greatest increase (26% and 18% respectively) while marijuana admissions have decreased by 35%.

PCP has received considerable media attention lately with 2 tragic deaths of persons under the influence of PCP who were being subdued by police. Treatment admissions and drug use indicators do not at this time indicate a marked increase in PCP, though community sources are reporting an increase.

Treatment data on methadone admissions in San Diego County have been received from the California State Department of Alcohol and Drug Programs for a 12 month period showing a total of 3,418 admissions. A 10.5% increase was noted in the second half figures.

Emergency room (ER) mentions from the DAWN, which had not been distributed for several months, have been resumed with some modifications. Heroin-related ER mentions exhibit a consistent and steady increase since 1981. Methamphetamines showed large increases in mentions since July 1982 which could well be the start of an upward trend for the area. Diazepam (Valium), flurazepam (Dalmane) and cocaine show definite downard trends. PCP mentions have remained at a steady rate since June 1982.

Although the total narcotic/drug-related deaths (per Coroner's Office) have continued to decrease in the first half of 1983, the number of accidental (excludes suicides) drug deaths have increased. The increase in heroin related-deaths (14% more than 1982) occurred primarily among males in the age range of 30 to 39 years.

Serum hepatitis incidence has shown a significant increase in the January-June 1983 period of 33% for the fifth straight period. The percentage of cases in the age category "less than 18 years" has leveled off at 10.6% of the cases after increasing for the past four periods.

Criminal justice data indicates Health & Safety Code Section 11358, Marijuana, and Possession of Marijuana (H & S 11357) bookings are down and total drug arrests have decreased 11% from 1981 to 1982 with the greatest reduction in juvenile arrests.

The price of small quantities of street-level heroin remains expensive at $25 per bindle (about .13 grams); however, purity has increased to the 13-18% range. Cocaine is plentiful with a purity of 50% plus at wholesale sources.

In summary, heroin abuse continues to increase as shown by the steady rise of emergency room mentions, greater number of accidental heroin-related deaths and the increase in the number of cases of serum hepatitis. Cocaine and methamphetamine usage appear on the rise and PCP usage is causing increased community problems which will be addressed.

SAN DIEGO COUNTY DRUG ABUSE INDICATORS REPORT - DECEMBER 1983

Earle T. McFarland, Analyst, County of San Diego
Department of Health Services, Division of Drug Programs

Introduction

This report provides updated information regarding selected data indicators which I feel present a reasonable overview of drug abuse problems and trends in San Diego County through June 30, 1983. It has been used primarily for the purpose of monitoring heroin indicators; however, new data and data regarding other drugs has been incorporated whenever possible for comparison and perspective.

The indicators presented include:

1) Treatment services data;
2) Emergency room data;
3) Drug-related deaths;
4) Serum hepatitis cases reported;
5) Criminal justice data regarding drug-related arrests;
6) Price and purity of street level heroin.

Whenever available, information on recent developments from street sources and professionals has been incorporated into this report.

Background

Currently, the County of San Diego provides, through contract, three long-term residential and five regional outpatient treatment programs. Two of the three residential programs are coed and one is for women and their children. These county-funded programs provide drug-free treatment. Additionally, two private providers offer methadone treatment services at five locations.

County contracted "service providers" report treatment information to the Department of Health Services, Division of Drug Programs on Client Oriented Data Acquisition Process (CODAP) admission and discharge reports and a locally developed Client Activity Report. The above data reports have been, since late 1982, fed into the Drug Information System (DIS), an improved automated integrated system. The new system was specifically established to provide compatible, edited and timely data to the California Drug Abuse Data System (CAL-DADS, established July 1982) and valuable monthly and quarterly summary treatment reports to County administrators and planners. The master data base is now operational with magnetic tapes being provided to the State of California monthly and accurate periodic reports generated. The private methadone "service providers" utilize CAL-DADS admission/discharge reports developed by the State of California as input source documents.

The other sources of data include emergency room episodes from Drug Abuse Warning Network (DAWN) regional reports; drug-related deaths from the County of San Diego

Coroner's reports; serum hepatitis type B and type non-A non-B cases from the County of San Diego, Department of Health Services; heroin price and purity from the Drug Enforcement Administration; felony and misdemeanor arrests from the County of San Diego Sheriff's Department and the State of California Bureau of Criminal Statistics, and methadone provider summary data from the State of California, Department of Alcohol and Drug Programs (CAL-DADs).

In general, the treatment data have been analyzed for the last three and one-half years, 1980, 1981, 1982 and 1983 (½), in order to determine any changes in drug use trends.

Treatment Data

While the data contained in Tables 1A, 1B and 2A may appear routine, the 1982 and 1983 information is the result of the County Drug Information System (DIS) reaching full operational status with data audits being completed on all the drug-free treatment providers. The State of California data compiled in Table 2B is the beginning of information exchange between private providers and the County of San Diego. Discussions have been held with other private health facilities and schools offering drug treatment/prevention services with the intent of developing a more complete data base and broader view of drug trends.

As can be seen in Table 1A, the current reporting period, 1980 through June 30, 1983 indicates an overall decrease of 37% for first time (no prior) admissions through 1982. A definite leveling off trend and possible reversal, however, appears in the first six months of 1983. It should be noted that while 1980 and 1981 showed a majority (overall) to be male, the 1982/83 figures show a reversal of the previous trend with 54% of the new admissions to be female. The 1983 half year data indicates nearly 50/50 distribution may be expected. Sixty seven percent of the 1983 clients were treated in outpatient programs, which continues a trend that has been observed in the past. It is an interesting observation that the number of clients (for whom heroin was shown as the primary drug) seeking admission to residential programs has steadily declined each year since 1980 until the most recent first half of 1983.

Table 1B lists the primary problem drug on admission in order from the most to the least frequently cited problem drug. Among the total sample (residential and outpatient), heroin ranks fourth overall and continues to be slightly over 12% of the total new admissions in the first half of 1983. Marijuana has decreased to about 35% as the primary problem drug, while cocaine has increased to 26%. Then followed amphetamines (18%) and heroin. The same rank order of primary problem drugs at admission was observed for outpatient programs when analyzed separately from the residential. However, among the residential clients, for the past three and one half years heroin was the most frequently reported problem drug, followed by cocaine and amphetamines.

PCP has been in the news twice in 1983 with 2 tragic deaths resulting when persons believed to be under the influence of PCP were being subdued by the police. Recent indications are that admissions to county contracted programs for PCP have increased to 7% (from less than 4%) since July 1983. The deaths have resulted in strong community reaction and reinforced interest by both County and community leaders. The general impression to date, is that PCP is fairly widespread among certain populations in distinct regions, that users do not seek treatment or exhibit behavior that brings them into contact with the normal drug treatment "system" and that most of those who do come into contact with the "system" are chronic users/experiencing an acute toxic reaction (1 in 5). Special short-term treatment may be required because of the different techniques that should be used in addressing the acute stages of PCP intoxication.

Before January 1979, the methadone programs as well as the drug-free treatment programs were funded by San Diego County. Since that time all methadone treatment has been in the private sector with primary data reporting to the State of California. Starting in May 1983, Client Admission Summaries for each Methadone Provider in San Diego County have been delivered from the CAL-DADS system for two 6 month periods. The data listed in Table 2B shows a total of 3,418 client admissions (including re-admits) for the two privately operated methadone maintenace and detox programs (5 clinics) during the 12 month period July 1982-June 1983. As can be noted, there was a 10.6% increase in admissions between the two periods. The demographic characteristics show a higher male/female ratio, 63/37%, when compared to the Drug-Free Admission Data M/F ratio of 58/42%. The race breakdown, for Whites and Hispanics, shows an even greater difference. The % of Black admissions corresponds with % of Blacks who reside in San Diego County, while the % of Hispanics is more than double the countywide %. This analyst wonders if the % of Blacks admitted to treatment corresponds with other nearby counties or if this is a unique difference for San Diego.

Race	Drug Free Outpatient Clinics	Methadone Clinics
White	79%	52%
Hispanic	14%	40%
Black	4%	6%

The age categories are not directly comparable because of the different age groups selected to be summarized but the Methadone age group of 30 to 59 years shows 48% admissions which is significantly higher than Drug-Free age groups 31 to 50 years with only 24%.

Emergency Room Data

The number of drug-related emergency room (ER) mentions is based on information reported to the NIDA operated Drug Abuse Warning Network (DAWN) from selected emergency rooms in San Diego County through September 1983. Near the end of 1982, data reporting was seriously disrupted due to contractual changes and withdrawal of some hospitals from the program. The new DAWN data made available September 1983 has excluded the non-reporting units and applied an imputation procedure to minimize the impact of the incomplete reporting on the statistical analysis of trends while retaining as much of the reported data as possible. The new data is referred to in this report as imputed mentions.

A drug-related ER mention is defined as a drug which was reported by the patient as having been ingested prior to their ER episode. It is possible for one ER episode to include more than one mention.

A graphical presentation of the trends of seven frequently mentioned drugs, using "imputed mention" data, is shown in Figure 1 covering the period from January 1981 to June 1983. The trends are consistent with previous DAWN data (except at lower level) with the exception of marijuana which is now showing an upward trend. Diazepam (Valium), flurazepam (Dalmane) and cocaine show definite downward trends while PCP and amitriptyline (Elavil) appear to have leveled off.

The number of heroin-related ER mentions, who showed a sharp decline in 1978 to 1980, now continues to exhibit a consistent and steady increase since 1981 (69%).

Cocaine appears to have peaked by June 1982 and is now showing a downward trend which is not consistent with the plentiful supply of very high purity (50% plus).

Methamphetamine showed a large increase in mentions since July 1982, however, it is too soon to establish a positive upward trend.

Drug Related Deaths

The total narcotic/drug related deaths has continued the previously reported decrease in the first half of 1983. Whereas the decrease from 1980 through 1982 was 27%, a comparison from the last six months in 1982 to the first six months of 1983 shows a reduction of 14%. The percentage of accidental drug deaths in the first half of 1983 increased however, to 60% of the overall total of drug related deaths (including suicides and undeterminable). Again the heroin-related deaths have continued to increase and it is estimated that the percentage will be 14% greater in 1983 than in 1982. The increase occurred primarily among males in the age range of 30 to 39 years with 8 deaths (accidental) due to heroin/heroin-in-combination. The ratio of males to females has however, changed from 75/25 to 71/29%.

All "Other" drug-related deaths have decreased by 31% from 160 in 1980 to 111 in 1982. This downward trend appears to have continued through the first half of 1983 with an estimated 90 deaths for 1983.

The 5 leading causes of accidental drug deaths in the first half of 1983 were:

1)	Heroin in Combination	7
2)	Alcohol/drug Combinations	6
3)	Heroin/morphine	4
4)	Alcohol only	4
5)	Cocaine	3

San Diego County has had two tragic deaths in 1983 involving police attempting to control persons believed under the influence of PCP. The latest in September 1983 was found by the Coroner's office on re-examination to be the result of a throat growth collapse during the struggle with police, although PCP was found in his blood. No other deaths were noted for PCP during 1983.

Serum Hepatitis

It is felt that needle sharing among drug users can be, and often is, the primary method of transmission of serum hepatitis. In order to enhance the basic type B data, type non-A non-B case information has been added. There is evidence that serum hepatitis reflects the rate at which new intravenous (primarily heroin) users are being created.

The serum hepatitis data used in this report were based upon cases reported to the County of San Diego, Public Health Services. The major limitation of the data is that only an estimated 10% of the clinically identified serum hepatitis cases are actually reported on a regular basis.

As can be seen in Table 4, serum hepatitis incidence has shown a significant increase (70) in the past six month interval. While in past periods, the 26 years and over age group usually made up over 60% of the cases, the shifting to younger age groups starting in mid-1982 is readily apparent.

The increasing percentages of the cases "less than 18 years", which was particularly disturbing, appears to have leveled off in the first half of 1983. Only since 1980, due mainly to several outbreaks of type A hepatitis among food handlers in well known local restaurants, has improved reporting and usable data been achieved.

The 18-25 age group has shown a much more erratic pattern in the past. However, the number of reported cases increased by 30 (37%) from the second half of 1982 to the first half of 1983. This could well be the beginning of a trend and will be monitored closely against other indicator data.

Criminal Justice Data

An overview of drug charge bookings for three of the San Diego County jails from 1980 through June 30, 1983 is provided in Table 5. For the past two years the same four charges maintain the top ranking of total drug-charge bookings:

1) All Health and Safety Narcotic Violations;

2) Other Health and Safety Drug Violations;

3) All Other Health and Safety Marijuana Violations; and

4) Possession of Marijuana

In general, all of the drug-charge bookings have maintained a consistent and stable pattern of their rank order with the top category; "All H & S Narcotic", leveling off The second ranked category shows a reversal trend with an increase of 19% in bookings while the next two categories dealing with Marijuana continue their two year downward move with decreases of 19% and 30% respectively. The overall decrease in total Jail bookings between the last half of 1982 and June 30, 1983 was 2.4%.

A demographic breakdown of all juvenile arrests reported in 1982 is shown in Table 6. As can be seen in Tables 7 and 8, the total drug arrests have decreased 11% from 1981 to 1982 with the greatest reduction in juvenile arrests (25%). Table 8 further divides the Marijuana arrests into misdemeanor and felony and shows the figures for both adults and juveniles. The proportion of juveniles among marijuana arrests has consistently dropped each year since 1980 with a 13% decrease from 1980 through 1982. The total number of arrests for Marijuana (felony plus misdemeanor) peaked during 1981 and has decreased 23% in the last year.

Price of Street-Level Heroin

The price of small quantities of street-level heroin has varied considerably since 1980 as shown in Table 9, and the current price on the street is $25 per .13 gram (or $137 per milligram pure) with a purity of 14%. The general trend from 1981 to 1982 was toward decreasing purity. The purity has recently increased and the price dropped.

Local enforcement officials have indicated that they have noted the stockpiling in Tijuana, Mexico of heroin with a purity in the range of 13-18% which has a going wholesale price of $8,500 per ounce.

Another drug in the area showing recent changes in activity is cocaine. Large routine seizures of cocaine indicate it will be seen at the street level in ever increasing quantities. Use of T's and Blues has eased off and as a result of the Talwin change, San Diego enforcement officials are seeing some use (although still moderate) of glutethimide (doriden) and codeine, called "four doors" or "loads" at the street level.

The primary adulterants or cutting agents most commonly used in this area are lactose or lactose plus dye, or lactose plus procaine and mannitol.

TABLE 1A

Heroin as Primary Drug Problem on Admission
Among Respondents With No Prior Admissions
by Program Environment and Gender

Program Environment	1980			1981			1982			1983 (6 mos.)			
	M/F		Tot.	M/F		Tot.	M/F		Tot.	M/F		Tot.	TOTAL
Residential	15	15	30	12	16	28	3	17	20	5	6	11	89
Outpatient	38	19	57	38	27	65	21	14	35	11	12	23	180
TOTAL	53	34	87	50	43	93	24	31	55	16	18	34	269

Source: CODAP Admission Reports

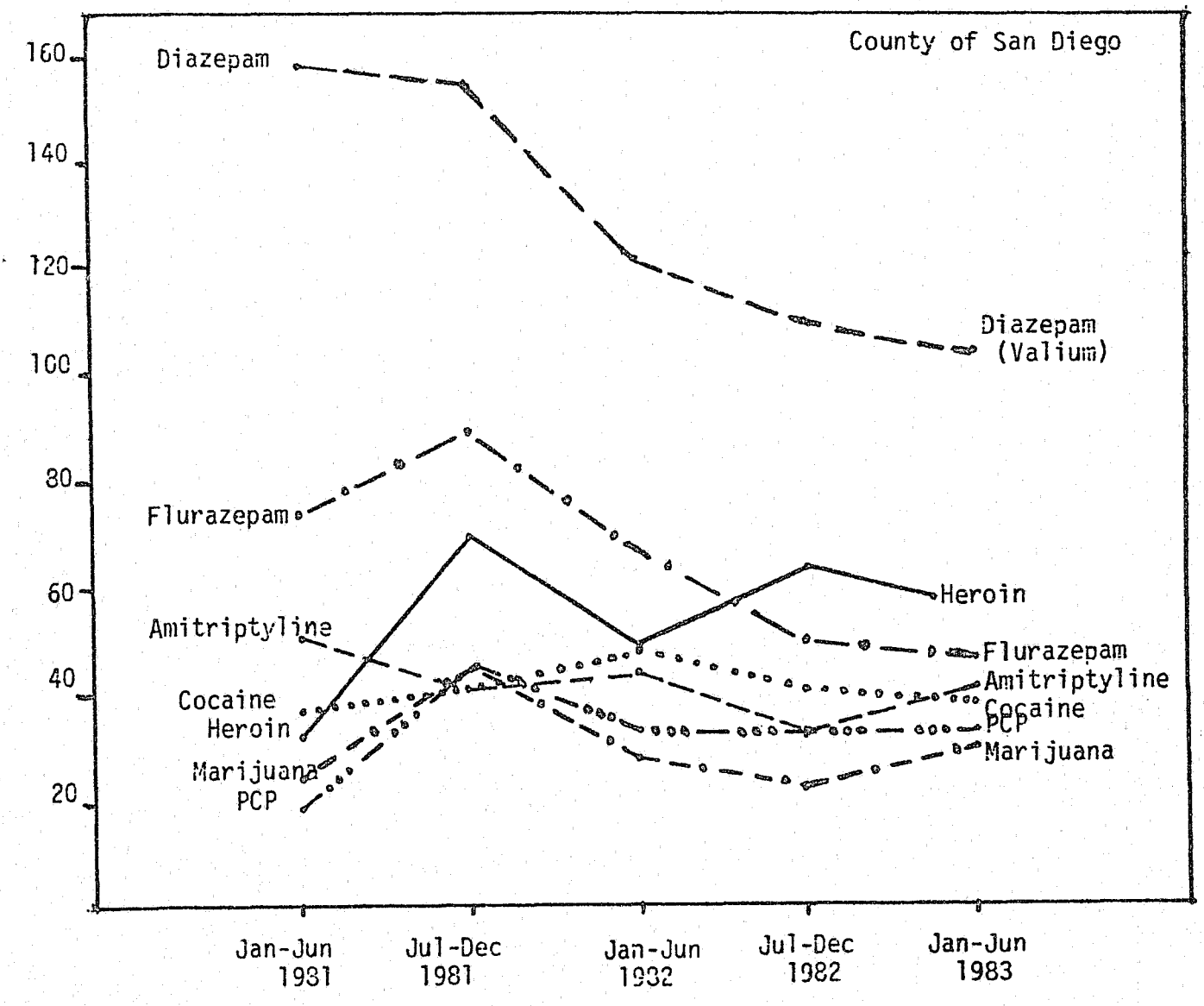


FIGURE 1. Emergency Room Mentions (Imputed) for Seven Frequently Mentioned Drugs. Half Year Totals 1981-mid 1983

TABLE 1B

PRIMARY DRUG PROBLEM AT ADMISSION
AMONG RESPONDENTS WITH NO PRIOR
ADMISSIONS BY PROGRAM ENVIRONMENT
FOR YEARS 1980, 1981, 1982 & 1983 (6mos.)

DRUG-FREE TREATMENT SERVICES ONLY

Primary Drug Problem	1980		1981		1982		1983 (6 mos.)		TOTAL	
	Res.	Opt.	Res.	Opt.	Res.	Opt.	Res.	Opt.	#	%
1. Marijuana	2	689	5	403	1	223	2	96	1,421	46
2. Cocaine	6	123	10	153	16	134	9	63	514	16
3. Amphetamines	14	114	16	90	13	61	14	37	359	11
4. Heroin	30	57	28	65	20	35	11	23	269	9
5. Tranquilizers	1	36	2	26	1	20	0	2	88	3
6. PCP	4	36	6	8	3	13	4	4	78	2
7. Other Sedatives	0	23	0	22	1	10	1	2	59	2
8. Other Opiates	2	7	5	15	4	14	1	6	54	2
9. Inhalants	1	20	2	4	1	6	0	1	35	1
10. Barbiturates	0	16	0	8	2	2	0	1	29	1
11. Hallucinogens	0	12	3	7	0	3	1	2	28	1
12. OTC	1	8	0	4	0	4	0	1	18	1
13. Alcohol	1	4	0	2	0	1	0	0	8	1
14. Other/none	2	70	1	77	2	11	0	1	164	5
TOTAL	64	1215	78	884	64	537	43	239	3124	100%

Source: CODAP Admission Reports
Res. = Residential (Treatment); Opt. = Outpatient Treatment

TABLE 2A

DRUG-FREE CLIENT ADMISSION CHARACTERISTICS
AMONG RESPONDENTS (INCLUDES READMISSIONS)
ADMISSIONS BY PROGRAM ENVIRONMENT FOR THE
PERIOD JULY 1, 1982 to JUNE 30, 1983

	OUTPATIENT		RESIDENTIAL		
	Count	% of Total	Count	% of Total	
PRIMARY DRUG OF USE:					
Heroin	79	14%	77	44%	
Other Opiates/Synthetics	15	3	6	3	
Alcohol	0	0	2	1	
Barbiturates	6	1	2	1	
Other Sedatives/hypnotics	7	1	1	1	
Amphetamines	94	16	36	21	
Cocaine	137	24	21	12	
Marijuana/Hashish	186	33	3	2	
Hallucingens	5	1	1	1	
Inhalants	2	0	1	1	
Over-the-Counter	1	0	0	0	
Tranquilizers	10	2	5	3	
PCP	13	2	15	9	
Other or None	16	3	2	1	
TOTAL	571	100%	172	100%	= 743
SEX:					
Male	345	60%	84	49%	
Female	226	40	88	51	
TOTAL	571	100%	172	100%	
ETHNICITY:					
White	453	79%	84	49%	
Black	21	4	55	32	
American Indian	5	1	0	0	
Asian	9	2	3	2	
Hispanic	83	14	30	17	
TOTAL	571	100%	172	100%	
AGE BREAKDOWN:					
under 18	80	14%	0	0	
18-20 yrs.	62	11	16	9%	
21-30 yrs.	288	50	109	63	
31-50 yrs.	136	24	44	26	
51 years +	5	1	3	2	
TOTAL	571	100%	172	100%	

TABLE 2B

METHADONE CLIENT ADMISSIONS FROM CAL-DADs
DEMOGRAPHIC CHARACTERISTICS BY 6 MONTH INTERVALS
FOR YEAR, JULY 1, 1982-JUNE 30, 1983

		July-Dec 1982	Jan-June 1983	Total	%
Sex:	Male	1017	1131	2148	63
	Female	606	664	1270	37
		1623	1795	3418	100
Age:	Under 18	2	0	2	<.1%
	18-20 yrs.	41	36	77	2
	21-29 yrs.	815	866	1681	49
	30-59 yrs.	755	876	1631	48
	60 and over	0	6	6	<.2
	Unknown	10	11	21	1
Race:	White	848	924	1772	52%
	Black	101	102	203	6
	Indian	18	14	32	1
	Asian	25	13	38	1
	Hispanic	631	742	1373	40
Drug Type:	Heroin	1585	1779	3364	98%
	Other Opiates	29	12	41	2
	Other Drugs/ None	9	4	13	<.4
Highest School Grade Completed:	grade 8 or less	100	113	213	6%
	grade 9-11	559	659	1218	36
	H.S. Grad.	689	767	1456	43
	Some College	250	228	478	14
	College Grad.	25	28	53	1
Employment Status:	Employed	335	444	779	23%
	Unemployed	536	423	959	28
	Not Seeking	752	928	1680	49

TABLE 3

SAN DIEGO COUNTY DRUG RELATED DEATHS

Drug Causing Death	1980	1981	1982	1983 1st Half	(Annual-) (ized)
Heroin/ Morphine Only	8	4	7	4	(8)
H/M in Combination with Other Drugs	5	15	14	8	(16)
Total Heroin Related	13	19	21	12	(24)
% of Total Drug Deaths	8%	13%	16%	21%	(21%)
Barbs. and Other Sed., Hypnotics, Analgesics, Tranquilizers & Other Drugs	160	129	111	45	(90)
Total Narcotic/ Drug Related Deaths	173	148	132	57	(114)

Source: Office of the Coroner, County of San Diego

TABLE 4

REPORTED SERUM HEPATITIS CASES
(Type B and Non-A Non-B) by Age Categories
For Years 1981 through June 30, 1983 in six months intervals

		Age Categories (in percentages)		
6 mo. Period	Total	Less than 18 yrs.	18-25 years	26 years and over
Jan-June 1983	284	10.6%	39.2%	50.2%
July-Dec 1982	214	10.7%	37.9%	51.4%
Jan-June 1982	196	7.7%	31.6%	60.7%
July-Dec 1981	198	6.6%	37.9%	55.5%
Jan-June 1981	167	3.6%	31.1%	65.3%

Source: Department of Health Services, County of San Diego

TABLE 5

DRUG-CHARGE BOOKINGS-SAN DIEGO COUNTY JAILS
(PENAL CODE, VEHICLE CODE AND HEALTH AND SAFETY VIOLATIONS)
FOR YEARS 1980 through FIRST HALF 1983

Violation Category (F) Felony (M) Misdmeanor	1980		1981		1982		First Half of 1983	
	No.	%	No.	%	No.	%	No.	%
All H & S Narc. (F)	1386	25.5	1987	34.9	2044	38.4	1009	35.7
Other H&S Drugs (F)	1909	35.2	1468	25.7	1337	25.1	898	31.7
All Other H&S Marij. (F)	1086	20.0	1368	24.0	1172	22.0	568	20.1
Possession Marij.(F)	738	13.6	574	10.1	496	9.3	199	7.0
Inhale Poisonous Fumes (M)	183	3.4	208	3.6	201	3.8	123	4.3
Drugs in Jail (F)	43	0.8	33	0.6	38	0.7	15	0.5
Narcotics in Jail(F)	65	1.2	45	0.8	30	0.6	15	0.5
Prescription Forgery (F)	18	0.3	17	0.3	4	0.1	5	0.2
DUI Drug (Injury) (F)	2	0.0	1	0.0	0	0.0	0	0.0
TOTAL	5430	100%	5701	100%	5322	100%	2832	100%

TABLE 6

SAN DIEGO COUNTY JUVENILE ARRESTS REPORTED
DEMOGRAPHIC BREAKDOWN OF DRUG RELATED OFFENSES FOR YEAR 1982

Crime Category	Total	By Sex		By Ages			Ethnicity			
		M	F	10 & Under	11-14	15-17	Whi.	Hisp.	Blk	Oth.
Felony										
Narcotics	86	63	23	0	8	78	74	7	3	2
Marijuana	171	151	20	0	38	133	116	25	26	4
Dangerous Drugs	90	61	29	0	19	71	71	9	8	2
Other Drug Violations	14	7	7	0	4	10	13	1	0	0
DUI	13	11	2	0	0	13	10	0	2	1
Sub Total	374	293	81	0	69	305	284	42	39	9
Misdemeanor										
Marijuana	1026	897	129	4	217	805	708	202	98	18
Other drugs	142	115	27	1	13	128	65	52	23	2
Drunk	695	558	137	0	69	626	435	205	26	29
Liquor Laws	1673	1235	438	2	110	1561	1256	343	36	38
DUI	311	244	67	0	3	308	233	62	8	8
Glue Sniff	108	101	7	1	23	84	7	85	4	12
Sub Total	3955	3150	805	8	435	3512	2704	949	195	107
TOTALS	4329	3443	886	8	504	3817	2988	991	234	116
		80%	20%	.5%	12%	88%	69%	23%	5%	3%

% of all Juvenile Offenses 26%

Source: CA., Dept. of Justice, Bureau of Criminal Statistics, "Adult and Juvenile Arrests Reported, 1982 San Diego County January through December 1982.

TABLE 7

San Diego County Non-Marijuana Felony Drug Arrests
For Years 1980 through 1982

Year	Adult		Juvenile		Total	
	n	%	n	%	n	%
1982	2931	-9.8	190	-66.0	3121	-11.2
1981	3249	7.3	265	30.5	3514	8.7
1980	3029	65.2	203	10.0	3232	60.2

Source: Bureau of Criminal Statistics,
State of California

TABLE 8

San Diego County Marijuana Arrests
For Years 1980 through 1982

	Misdemeanor			Felony			Total (F&M)
Year	Adult	Juvenile	Total	Adult	Juvenile	Total	Total (F&M)
1982	5415	1026	6441	1336	171	1507	7,948
1981	7064	1365	8429	1696	214	1910	10,339
1980	5446	1134	6580	1554	244	1798	8,378

Source: Bureau of Criminal Statistics, State of California

TABLE 9

Average Price and Purity of Heroin

		Average Purity	Average Price/mg pure
1980	Jan - Jun	4.0%	3.00
	Jul - Dec	5.1%	1.83
1981	Jan - Jun	6.1%	.76
	Jul - Dec	7.0%	.82
1982	Jan - Jun	6.0	.75
	Jul - Dec	5.0	2.00
1983	Jan - Jun	10.5%	1.37

Source: San Diego County Narcotics Task Force and
the Drug Enforcement Administration

SUMMARY

The epidemiologic indicators during the first half year periods of 1981 through 1983 show that the abuse for three major drugs, heroin, PCP, and cocaine, continued to rise.

Heroin: Heroin related emergency room mentions increased 79.7%, up from 226 in 1981 to 406 in 1983 and the overdose death mentions rose from 60 to 84, up 40.0%. Also, an uptrend in the use of multiple drugs in combination with heroin was noted. The overdose deaths involving heroin in combination with two and more drugs increased from 20 out of 66 in 1981 to 41 out of 84 in 1983, up 48.8%. Ethnic distribution of emergency room mentions for white decreased to 33.6% in 1983 from 49.0% in 1981. Black and Hispanic showed an uptrend, black rising from 20.6% to 25.2% and Hispanic from 30.4% to 41.2%. A similar declining pattern for white and increasing trend for black and Hispanic was noted in overdose death victims. With regard to average age, the treatment population grew older from 19.5 years in 1981 to 21.1% years in 1983. The average age of emergency room patients and overdose decedents did not differ significantly.

Other Narcotics: The number of codeine mentions in emergency rooms showed slight changes. However, codeine combinations declined from 229 in 1981 to 150 in 1983. Conversely glutethimide emergency room mentions continued to rise. In the overdose deaths, both codeine and glutethimide dropped, codeine dropped from 95 in 1981 to 57 in 1983, down 40.0% and glutethimide from 14 in 1981 to 8 in 1983, down 42.9%. In contrast, the seizures of codeine increased 394.1%. The emergency room indicator showed a declining trend for white and an increasing trend both for black and Hispanic for codeine, codeine combinations and glutethimide, although these drugs, by and large involved white ethnicity. The overdose death mentions of glutethimide involving white remained statistically unchanged at 86%.

Phencyclidine(PCP): PCP has become endemic to Los Angeles and it continued to rise. The emergency room mentions of PCP rose 7.7% from 1259 in 1982 to 1356 in 1983. The seizures of PCP went up 1048.5% from 4,970,252 units in 1982 to 57,087,496 units in 1983. Accompanied with the rise in the PCP indicators, an upsurge for black and Hispanic was noted in emergency room patients. The number of PCP related deaths for white increased from 6 out of 22 in 1981 to 20 out of 60 in 1983.

Cocaine: Cocaine indicators continued to show a drastic upsurge; the emergency room mentions rising 116.3% from 1981 to 1983 and overdose death rising 47.1%. The spread of cocaine showed a significant shift among ethnicities. The emergency room and overdose death indicators declined for white and increased for black and Hispanic.

Barbiturates, Valium and Marijuana: A decline was noted both for barbiturates and valium in the emergency room as well as in overdose death victims. However, the emergency room indicator for marijuana increased from 115 in 1981 to 319 in 1983, up 177.4%. The number of deaths caused by marijuana remained negligible.

BSH:ac

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

DRUG ABUSE PROGRAM OFFICE

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EPIDEMIOLOGY AND TRENDS OF DRUG ABUSE
LOS ANGELES COUNTY, CALIFORNIA
JANUARY - JUNE, 1983

Balkar Singh Husson, M.S.,PH.D., Epidemiologist and Head, Research Unit.

Introduction: This report presents trend analyses of drug abuse in the County of Los Angeles during the first six months of 1983 and compares them with the semi-annual periods of 1981 and 1982. The data for the indicators have been developed from the following sources:

1. Patients in treatment in the clinics reporting on California Drug Abuse Data System (CAL-DADS) to Los Angeles County Drug Abuse Program Office;

2. Patients treated in emergency rooms across the County for drug related non-fatal emergency medical complications as reported to the Drug Abuse Warning Network (DAWN). DAWN is a morbidity and mortality information system funded by the National Institute on Drug Abuse;

3. Records on victims of overdose deaths reported to the DAWN system by the County's Chief Medical Examiner-Coroner;

4. Data obtained from the Narcotic Bureaus of the Los Angeles County Sheriff's Department and Los Angeles City Police Department (L.A.P.D.).

The indicators for which data are available are indirectly associated with the drug abuse problem; none of them is capable of directly measuring the rate of incidence and/or prevalence of abuse. The data for these indicators are collected routinely and can be accessed with lesser cost than the collection of data for direct measures such as population surveys. Therefore, in spite of the limitations, these indicators are used for determining trends and estimates of drug abuse.

Data on clients admitted for treatment and rehabilitation in the County are routinely collected and electronically processed by the Data, Evaluation and Research Section of the Drug Abuse Program Office of the County Department of Health Services. Until the end of June, 1982, data were collected on the Client Oriented Data Acquisition Process (CODAP), a system established by the National Institute on Drug Abuse (NIDA). Effective July 1, 1982,, CODAP, due to its discontinuation, was replaced by CAL-DADS, the State data system.

Concomitant with the changes in the data collection instruments, the number of clients reporting to the County data system also changed. Prior to the implementation of the CAL-DADS, some clinics in the County reported directly to the State, bypassing the County. The present system requires the majority of them to report directly to the County. Common elements from both systems, the previous CODAP and the current CAL-DADS, have been used for comparisons of trends for this report.

The emergency room data have been processed locally from a computer tape obtained from NIDA. As in New York and Chicago, the emergency room data in Los Angeles County are also collected on a sampling basis. On a

average, the drug mentions reported from emergency rooms for the County represent about 50% of the total drug-related episodes (Drug Enforcement Administration U.S. Department of Justice, 1982).

In contrast to the emergency room data, the overdose death data represent the entire County. However, at the time of this report, these data are provisional. This is due to the time lag between the occurrence of death, completion of toxicological tests and processing of records. In general, complete records of overdose deaths become available no earlier than six months from the date of death. The data in this report include records received only through July, 1983 with the result that the cases pending for tests would be excluded from this report. When the complete records are received, the number of deaths is expected to be higher.

The data on seizures were obtained from two police agencies: the Los Angeles County Sheriff and The Los Angeles City Police Deapartment. These two major police agencies fairly represent the entire County. However, these agencies record their data in different formats and in different units. One of the agencies, records its seizures in pounds and the other in grams. For the sake of uniformity and trend analysis, the data have been converted in grams and have been combined in table 9.

The data generated from the treatment population, emergency room patients and from the records of the Chief Medical Examiner/Coroner, as reported to the DAWN system, have been tested for statistical significance.

FINDINGS AND DISCUSSION:

Heroin: The emergency room episodes and overdose deaths involving heroin continued to rise during the first half of 1981 through the first half of 1983. The emergency room heroin mentions rose from 226 in 1981 to 406 in 1983, up 79.7% (Table 1, figure A). During the same period, the number of heroin mentions for overdose deaths showed an increase of 40.0%, rising from 60 in 1981 to 84 in 1983 (Table 2, figure B).

The trends for multiple drug use indicated that for the emergency room patients, the number of mentions of heroin in combination with one other drug remained almost unchanged at about 24.6%, through the comparative periods of 1981 to 1983. And the mentions of heroin in combination with two and more drugs declined from 37, 16.4% of 226 mentions, to 33, 8.1% of 406 mentions (Table 3A).

However, the overdose deaths present a different picture. Mentions of heroin alone declined from 10.0%, 6 out of 60 deaths in 1981, to 8.3%, 7 out of 84 (Table 3B). A similar decline was noted for the mentions of heroin in combination with one other drug. That is they dropped from 56.7%, 34 out of 60 in 1981, to 42.9%, 36 out of 84 in 1983. In contrast, the abuse of heroin in combination with two and more drugs showed a drastic upswing. From 20 deaths out of 60 (33.3%) in 1981, the number of deaths involving heroin in combination with two and more drugs increased to 48.8%, 41 deaths out of 84, in 1983.

Drug seizures by the two major police agencies (L.A. County Sheriff and L.A.P.D.) show that the amount of heroin seized in the first six months of 1983 was 14.3% less than the amount seized during the same period in 1982. In 1983, a total of 11,991.4 gms of heroin was confiscated compared to 13,998.1 gms in 1982 (Table 9).

This drop could be partly due to an increased concentration of enforcement efforts on cocaine which resulted in the reduction of resources for focussing on heroin (Pollock and Dunagan, 1983).

The examination of the distribution of emergency room patients by ethnicity (Table 4) shows that heroin related admissions of white dropped to 33.6%, 132 out 393 in 1983, compared to 49.0%, 100 out of 204, in 1981. The percentage of black rose from 20.6% in 1981 to 25.2% in 1983 and that of Hispanic increased from 30.4% to 41.2% during the same periods. Similar changes were observed for heroin mentions in overdose deaths. The percentage of heroin mentions in overdose deaths for white consistently dropped over the three half year periods; from 62.7%, 37 out of 59, in 1981 to 45.8%, 38 out of 83, in 1983 (Table 5). For black, the percentage increased to 28.9%, 24 out of 83, in 1983 from 25.4% in 1981. A dramatic increase of heroin mentions was observed in overdose deaths for Hispanic. From 11.9% in 1981, they almost doubled to 25.2% in 1983.

The age distribution of patients treated in emergency rooms for heroin problems remained quite stable. The average age has remained unchanged; 30.7 years in 1981 to 30.9 years in 1983 (Table 7). A similar stability in the average age of decedents has also been noted. However an average decedent was about two year older than an emergency room patient (Table 8).

In contrast to the above, the clients seeking treatment and rehabilitation were younger in average age than either of the other two populations. Also, the average age of clients at 21.1 years in the first half of 1983 was statistically higher than the 19.5 years in 1981.

Other Narcotics:

The most frequently abused narcotic other than heroin continues to be codeine and codeine combinations. Codeine and glutethimide (doriden) is the most favored combination among codeine abusers in the County although other depresants such as carbrital (pentobarbital) and tranquilizers such as diazepam (valium) were also used (Khajawal, et al, 1982).

The emergency room mentions of codeine and codeine combinations dropped in the first half of 1983 as compared to the same period in 1981. However, the decline was not consistent. For example, codeine mentions in emergency rooms increased from 139 in 1981 to 172 in 1982 and then dropped to 136 in 1983, down 2.2% from 1981. The codeine combinations declined more consistently than codeine alone. From 229 mentions in 1981, they dropped to 227 in 1982 and further declined to 150 in 1983; representing a decrease of 34.5% over the three half year periods. In spite of the decline in the mentions of codeine and codeine combinations, emergency room mentions of glutethimide continued to increase. Compared to 32 mentions involving glutethimide in the first six months of 1981, the number of mentions rose to 49 in 1983, up 53.1% (Table 1).

Conversely, the mentions of codeine and glutethimide consistently dropped in the tests performed by the Coroner on decedents. Codeine mentions for overdose deaths decreased from 95 in 1981 to 57 in 1983, down 40.0%. The deaths involving glutethimide dropped from 14 in 1981 to 8 in 1983 representing a decline of 42.9% (Table 2). In contrast to the decline of codeine mentions for emergency room patients and overdose decedents, the seizures of codeine increased (Table 9). Against 50,242 units of codeine confiscated in the first half of 1982, a total of 248,491 units were seized in 1983, up 394.6%.

The frequency of mentions of codeine, codeine combinations and glutethimide have shown a considerable shift among the three major ethnicities. There was an overall decline among white for all the above three drugs. In 1981, emergency rooms reported 70 (56.4%) mentions of codeine for white, this proportion declined to 45.1% (60 mentions) in 1983. Black and Hispanic showed an increase. From 34.7% codeine mentions for black in the first half of 1981, the percentage rose to 43.6% in 1983. Hispanic rose from 8.9% to 11.3% during the same periods (Table 4).

Codeine combinations followed a similar pattern of decline for white and increase for black and Hispanic. For example, 120 (62.5%) mentions of codeine combinations for white in 1981 dropped to 76 (53.5%) in 1983. The mentions for black rose from 39 (20.3%) in 1981 to 41 (28.9%) for 1983 (Table 4). The Hispanic showed a slight increase, up from 17.2% of mentions in 1981 to 17.6% in 1983. Glutethimide mentions for emergency room patients for white were 22 (81.5%) in 1981. This percentage dropped to 77.8% in 1982 and further dropped to 68.9% in 1983. For black, glutethimide mentions rose from 2 (7.4%) in 1981 to 6 (13.3%) in 1982 and further

increased to 8 (17.8%) in 1983. The number of mentions of glutethimide for Hispanic have remained almost unchanged (Table 4).

With regard to overdose deaths, 62 deaths (67.4%) in 1981 involved white. This number rose to 66 (72.5%) in 1982 and dropped to 31 (54.4%) in 1983. The number of codeine mentions for black and Hispanic rose over the three half year periods. For black, the percentage of codeine mentions rose from 25.0% in 1981 to 33.3% in 1983,for Hispanic it rose from 7.6% in 1981 to 12.3% in 1983 (Table 5). Glutethimide related deaths predominantly involved white, about 86.0% of the mentions, and remained almost unchanged over the periods examined in this report (Table 5).

Phencyclidine (PCP):

The number of patients presenting emergency medical complications for PCP continued to rise. In the first half of 1981, a total of 486 PCP mentions were reported from emergency rooms. This number was abnormally low because one of the major hospitals handling PCP patients did not report during 1981 (Murphy, 1981). In 1982, the number of PCP mentions in the emergency room patients rose to 1259 and further rose to 1356 in 1983, representing an increase of 7.7% from 1982 to 1983 and 179.0% from 1981 to 1983, (Table 1, figure A).

The overdose death data also reflect a consistent uptrend in PCP mentions. In 1981. twenty two (22) deaths involved PCP. This number jumped to 60 in 1983, an increase of 172.7% (Table 2, figure B). Also PCP seizures showed a dramatic increase. During the first six months of 1982, the two police agencies confiscated 4,970,752 units of PCP. In the same period of 1983, they confiscated 57,087,496 units, up 1048.5% (Table 9).

The ethnic distribution of emergency room mentions shows that in 1981, 240 (59.1%) mentions of PCP were reported for black. This percentage increased to 66.5% (886) for black in 1983. Hispanic increased from 14.8% to 17.8% during the same period. The emergency room visits by white considerably dropped; from 26.1% in 1981 to 15.7% in 1983 (Table 4). Eleven out of 22 deaths (50.0%) involved black in 1981. In 1982, the percentage of deaths for black related with PCP rose to 55.1% and dropped to 51.7% in 1983 (Table 5). The number of PCP involved fatalities for Hispanic dropped to 15.0% in 1983 from 22.7% in 1981.

The average age of PCP abusers did not show substantial differences over the three half year periods in any of the three populations (Tables 6,7 and 8). The treatment population continued to be younger, at 20.2 years in 1983, than the emergency room patients and the overdose decedents. The average age for emergency room patients was 26.4 years and for overdose death victims it was 27.5 years.

Cocaine:

The emergency room cocaine mentions continued to rise drastically; from 129 cocaine mentions in the first half of 1981, to 279 in 1983, up 116.3%. Furthermore, as in heroin and PCP, the rise was consistent (Table 1, figure A). A similar increase was noted in the cocaine mentions for overdose deaths. In the first half of 1981, there were 17 cocaine mentions for tests reported by the Coroner. This number remained almost unchanged in 1982, then it jumped to 25 in 1983, up 47.1% (Table 2, figure B).

Ethnic distribution of emergency room mentions for cocaine shows that in 1981, 72 (67.9%) of the mentions involved white, 25 (23.6%) black and 9 (8.5%) Hispanic. These distributions continued to change over the following two years. For example, in 1982 cocaine mentions for white dropped to 52.3% (93), increased to 57 (32.0) for black and to 28 (15.7%) for Hispanic. The percentage of mentions for white further dropped to 48.7% (132) and for black and Hispanic they increased to 38.4% (104) and 12.9% (35) in 1983 resepctively (Table 4). This surge in cocaine abuse and the spread of cocaine abuse to lower socio-economic levels is consistent with an observation previously made (Husson, 1983).

The data on mentions of cocaine for overdose deaths presents a somewhat different picture. Although the number of deaths involving cocaine increased sharply over the three half year periods, the proportion of mentions for white decreased from 75.0% in 1981 to 62.5% in 1983. Accompanied with this drop for white, the proportion for Hispanic increased from zero to 8.3% in 1983. For black, cocaine mentions for deaths increased from 25.0% (4 deaths) in 1981 to 29.2% (7 deaths) in 1983, although they had dropped to 12.5% in 1982 (Table 5).

The police seizures of cocaine almost doubled over the 1982 through 1983 period. In 1982, the police agencies confiscated 148,259 gms of cocaine. In 1983, they seized 295,635.8 gms, up 99.4% (Table 9).

The differences in average age of cocaine abusers were statistically non-significant over the three half year periods. The population seeking treatment in the clinics was the youngest at 23.0 years in 1981 and

remained unchanged in 1983 (Table 6). The average age for emergency room patients was 27.7 years in 1983 and had not changed (Table 7). The average age, at 35.0 years in 1981, for cocaine mentions in overdose decedents appeared to be going down although the differences were not statistically significant (Table 8).

Barbiturates, Valium and Marijuana:

Barbiturates and valium showed a down-trend. The emergency room mentions of barbiturates dropped from 446 in 1981 to 308 in 1983, down 31.0%. Valium reflected a similar drop of 31.0%, from 695 in 1981, to 481 in 1983 (Table 1). The death data showed a 50.7% drop for barbiturates over the three half year periods, the mentions having dropped to 72 in 1983 from 146 in 1981. No death was reported for valium in 1983 and 1982 and only two deaths involved valium in 1981 (Table 2).

Ethnic distributions showed a consistent down-trend in the mentions of barbiturates and valium for the emergency room patients for white. The barbiturate mentions for white dropped from 235 (61.5%) in 1981 to 162 (55.9%) in 1983 (Table 4). Mentions for valium for white dropped from 386 (69.9%) in 1981 to 296 (65.6%) in 1983. Corresponding increases were observed for black but no substantial change was noted for Hispanic (Table 4).

With regard to overdose deaths, mentions of barbituretes for white decedents dropped from 108 (75.0%) to 47 (67.1%) over the three half year periods (Table 5). No striking differences in average age were noted either for barbiturates or valium. The average age of the treatment population for barbiturates remained statistically non-significant at 21.7 years. The emergency room patients, on an average, were 32.4 years old (Table 7).

The average age of overdose death victims for barbiturates was 40.2 years in 1983 and was statistically non-significant as compared to the other two half year periods (Table 8).

Marijuana:

The emergency room mentions involving marijuana consistently increased over the periods compared in this report. From 155 mentions in the first half of 1981, they increased to 319 in 1983, up 177.4% (Table 1). However, the mentions of marijuana in overdose deaths were almost negligible. None of the deaths in 1983 involved marijuana and only one death involved it for each of the other two half years (Table 2). Ethnically, marijuana mentions for emergency rooms showed striking changes in the distributions. In 1981, out of 87 mentions, 59 (67.8%) involved white, 20 (23.0%) black and 8 (9.2%) Hispanic. In 1983, out of 312 marijuana mentions, white dropped to 31.1% (97 mentions). Black jumped to 151 (48.4%) and Hispanic increased to 64 (20.5%). This down-trend for white and uptrend for the other two ethnicities has been consistent though the three half year periods.

The average age for the clients seeking treatment for marijuana was 15.6 years in 1983. The difference in average age over three half year periods was statistically non-significant (Table 6). The average age for patients presenting marijuana as a problem for emergency care was 26.5 years in 1983 and it was significantly higher than the 23.5 years in 1981 (Table 7).

ACKNOWLEDGEMENTS

I thank Dr. Irma H. Strantz and Mr. Rene Topalian for reviewing this report and making invaluable suggestions. Mr. Donald R. McAllister is gratefully acknowledged for generously sharing his time for discussions during the preparation of this report and reviewing the manuscript. Thanks are offered to Sgt. Eugene Rudolph, Det. Robert Pollock and Det. Glenn Dunagan for sharing their data. I appreciate the cooperation and assistance of Celso de la Paz and Ms. Delores Admas for computer data processing. The staff of the Division of Epidemiology, National Institute on Drug Abuse are thanked for providing a computer tape on DAWN data. Last but not least, Stephanie Durst is acknowledged for the secretarial assistance.

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LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
DRUG ABUSE PROGRAM OFFICE

TABLE 1

MENTIONS OF MAJOR DRUGS FOR EMERGENCY ROOM PATIENTS
January - June, 1981 - 1983

(Source: National Institute on Drug Abuse - DAWN tape)

DRUG	NUMBER OF MENTIONS 1981	1982	1983	Pct Change
	1	2	3	3 - 1
Heroin	226	357	406	+79.7%
PCP	486**	1259	1356	+179.0
Cocaine	129	189	279	+116.3
Methadone	29	24	25	-13.8
Amphetamine	80	79	111	+38.8
Barbiturates	446	394	308	-31.0
Valium	695	656	481	-31.0
Codeine	139	172	136	-2.2
Codeine in Combination	229	227	150	-34.5
Glutethimide	32	52	49	+53.1
Marijuana	115	192	319	+177.4
	2606	3601	3620	

** In 1981 one of the major reporting agencies for PCP dropped out of reporting system, hence a part of the increase in 1982 is due to reporting artifacts.

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TABLE 2

MENTIONS OF MAJOR DRUGS FOR OVERDOSE DEATHS**

January - June, 1981 - 1983

(Source: National Institute on Drug Abuse - DAWN tape)

	Number of Mentions			
DRUG	1981	1982	1983	Pct Change
	1	2	3	3 - 1
Heroin	60	79	84	+40.0%
PCP	22	49	60	+172.7
Cocaine	17	16	25	+47.1
Methadone	15	23	13	-13.3
Amphetamine	-	1	3	+200.0
Barbiturates	146	137	72	-50.7
Valium	2	-	-	-
Codeine	95	72	57	-40.0
Glutethimide	14	21	8	-42.9
Marijuana	1	1	-	-
	372	419	322	

* Data are provisional, number will increase when complete information becomes available.

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TABLE 3

HEROIN IN COMBINATION WITH OTHER DRUGS
EMERGENCY ROOM PATIENTS

JANUARY - JUNE, 1981-1983

(Source: National Institute on Drug Abuse-DAWN Tape)

A.		1981		1982		1983	
	Drug	N	Pct*	N	Pct	N	Pct
	Heroin Alone	134	59.3%	229	64.1	273	67.2
	Heroin + One Drug	55	24.3	79	22.1	100	24.6
	Heroin + Two or More Drugs	37	16.4	49	13.7	33	8.1
		226	100.0	357	99.9	406	99.9
B.	OVERDOSE DEATH**						
	Heroin Alone	6	10.0	9	11.4	7	8.3
	Heroin + One Drug	34	56.7	45	57.0	36	42.9
	Heroin + Two or More Drugs	20	33.3	25	31.6	41	48.8
		60	100.0	79	100.0	84	100.0

* Some percentages do not add to 100.0% because of rounding.

** Death data are provisional, numbers will increase when complete data are received.

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TABLE 4

EMERGENCY ROOM PATIENTS BY ETHNICITY AND MAJOR DRUG MENTIONS

JANUARY - JUNE, 1983

(Source: National Institute on Drug Abuse-DAWN Tape)

	1981			1982			1983		
Drug	White	Black	Hispanic	White	Black	Hispanic	White	Black	Hispanic
Heroin	100	42	62	130	63	151	132	99	162
	(49.0)	(20.6)	(30.4)**	(37.8)	(18.3)	(43.9)	(33.6)	(25.2)	(41.2)
PCP	106	240	60	208	801	202	209	886	238
	(26.1)	(59.1)	(14.8)	(17.2)	(66.1)	(16.7)	(15.7)	(66.5)	(17.8)
Cocaine	72	25	9	93	57	28	132	104	35
	(67.9)	(23.6)	(8.5)	(52.3)	(32.0)	(15.7)	(48.7)	(38.4)	(12.9)
Amphetamine	40	13	8	41	22	13	64	20	23
	(65.6)	(21.3)	(13.1)	(53.9)	(29.0)	(17.1)	(59.8)	(18.7)	(21.5)
Barbiturates	235	104	43	193	113	49	162	88	40
	(61.5)	(27.2)	(11.3)	(54.4)	(31.8)	(13.8)	(55.9)	(30.3)	(13.8)
Valium	386	93	73	372	113	79	296	92	63
	(69.9)	(16.9)	(13.2)	(66.0)	(20.0)	(14.0)	(65.6)	(20.4)	(14.0)
Codeine	70	43	11	71	66	21	60	58	15
	(56.4)	(34.7)	(8.9)	(44.9)	(41.8)	(13.3)	(45.1)	(43.6)	(11.3)
Codeine in Combination	120	39	33	114	50	42	76	41	25
	(62.5)	(20.3)	(17.2)	(55.3)	(24.3)	(20.4)	(53.5)	(28.9)	(17.6)
Glutethimide	22	2	3	35	6	4	31	8	6
	(81.5)	(7.4)	(11.1)	(77.8)	(13.3)	(8.9)	(68.9)	(17.8)	(13.3)
Marijuana	59	20	8	67	75	20	97	151	64
	(67.8)	(23.0)	(9.2)	(41.4)	(46.3)	(12.3)	(31.1)	(48.4)	(20.5)
Total	1210	621	310	1324	1366	609	1259	1547	671
	(56.5)	(29.0)	(14.5)	(40.1)	(41.4)	(18.5)	(36.2)	(44.5)	(19.3)

* Other and Unknown are not included.

** Represent percent of the total for the year.

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TABLE 5

OVERDOSE DEATHS BY ETHNICITY AND MAJOR DRUG MENTIONS

JANUARY -JUNE, 1981 - 1983

(Source: National Institute on Drug Abuse-DAWN Tape)

Drug	1981			1982			1983		
	White	Black	Hisp.	White	Black	Hisp.	White	Black	Hisp.
Heroin	37	15	7	48	8	23	38	24	21
	(62.7)	(25.4)	(11.9)	(60.8)	(10.1)	(29.1)	(45.8)	(28.9)	(25.3)
PCP	6	11	5	13	27	9	20	31	9
	(27.3)	(50.0)	(22.7)	(26.5)	(55.1)	(18.4)	(33.3)	(51.7)	(15.0)
Cocaine	12	4	0	14	2	0	15	7	2
	(75.0)	(25.0)	-	(87.5)	(12.5)	-	(62.5)	(29.2)	(8.3)
Amphetamine	-	-	-	1	-	-	2	-	1
				(100.0)			(66.7)		(33.3)
Barbiturates	108	21	12	100	30	6	47	13	10
	(76.6)	(14.9)	(8.5)	(73.5)	(22.1)	(4.4)	(67.1)	(18.6)	(14.3)
Valium	2	-	-	-	-	-	-	-	-
	(100.0)								
Codeine	62	23	7	66	20	5	31	19	7
	(67.4)	(25.0)	(7.6)	(72.5)	(22.0)	(5.5)	(54.4)	(33.3)	(12.3)
Glutethimide	12	1	1	18	3	-	7	-	1
	(85.7)	(7.1)	(7.1)	(85.7)	(14.3)	(-	(87.5)	-	(12.5)
Marijuana	-	-	1	-	1	-	-	-	-
			(100.0)		(100.0)				
Total	239	75	33	260	91	43	160	94	51
	(68.9)	(21.6)	(9.5)	(66.0)	(23.1)	(10.9)	(52.5)	(30.8)	(16.7)

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
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TABLE 6

TREATMENT POPULATION
AVERAGE AGE AT FIRST USE OF DRUG

January - June, 1981-83

(Source: L.A. County Drug Abuse Program Office)

Drug	N *	1981	1982	1983	Difference
Heroin	13761	19.5(c)**	19.9(b)	21.1(a)	S
PCP	3898	20.3	20.1	20.2	NS
Barbiturates	341	19.8	22.5	21.7	NS
Cocaine	1666	23.0	22.5	23.1	NS
Amphetamines	491	20.8	20.2	20.0	NS
Marijuana	2458	15.6(b)	16.2(a)	15.6 (b)	S

* N represents the number of admissions in the three half year periods.

** Different letters in parenthesis show that the means are significantly different P $\leq$ .05.

* S represents significance level at .05 and NS means difference is not significant.

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TABLE 7

EMERGENCY ROOM PATIENTS
AVERAGE AGE AT EPISODE

JANUARY - JUNE, 1981-83

(Source: National Institute on Drug Abuse)

Drug	N*	1981	1982	1983	Difference**
Heroin	988	30.7	30.5	30.9	NS
PCP	3090	25.7	26.1	26.4	NS
Cocaine	597	27.7	27.7	27.7	NS
Amphetamine	270	27.6	27.0	27.0	NS
Barbiturates	1148	33.0	32.8	32.4	NS
Valium	1831	33.7	32.4	33.3	NS
Codeine	447	31.9	34.0	32.3	NS
Codeine in Comb.	606	30.6	32.2	32.8	NS
Glutethimide	133	28.7	32.7	30.3	NS
Marijuana	626	23.5(B)***	24.8(A,B)	26.5(A)	S

* N represents number of emergency room drug mentions over three half-year periods.

**NS indicates the difference is not statistically significant, and S represents significance level at .05.

*** The difference is significant between 1981 and 1983 but non-significant between 1982 and 1983.

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TABLE 8

OVERDOSE DEATHS
AVERAGE AGE AT DEATH

(Source: National Institute on Drug Abuse)

Drug	N*	1981	1982	1983	Difference**
Heroin	223	33.2	31.8	32.2	NS
PCP	131	27.8	25.9	27.5	NS
Cocaine	58	35.0	29.1	30.7	NS
Amphetamine	4	-	27.6	27.0	NS
Barbiturates	355	42.0	40.9	40.2	NS
Codeine	244	37.2	34.3	38.2	NS
Glutethimide	43	30.2	27.0	35.7	NS

*N represents number of drug mentions in overdose deaths.

**NS indicates the difference not significant at .05 level.

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TABLE 9

DRUG SEIZURES BY COUNTY SHERIFF
AND LOS ANGELES POLICE DEPARTMENT

JANUARY - JUNE, 1982-83

(Source: Narcotics Bureaus of L.A. County Sheriff and L.A. Police Department)

Drug	1982	1983	Pct Change
Heroin	13 998.1 gms	11 991.4 gms	-14.3
Cocaine	148 259 gms	295 635.8 gms	+99.4
Methadone	2 905 U*	1 019 U	-64.9
Codeine	50 242 U*	248 491 U	+394.6
Marijuana	6 043 308.3 gms	652 129.4 gms	-89.2
Hashish	21 306.6 gms	2 372.7 gms	-88.9
LSD	9 760 U	123 329.7 U	+1163.6
PCP	4 970 752.3 U	57 087 495.8 U	+1048.5
Amphetamine	974 554.9 U	1 289 069.5	+32.3
Methamphetamine	13 635 U*	80 595 U	+49.1
Barbiturates	557 497 U	25 970.5 U	-95.3
Methaqualone	125 566 U*	110 907 U	-11.7

* Data for L.A. County Sheriff not avaialble.

FIGURE A
EMERGENCY ROOM DRUG MENTIONS

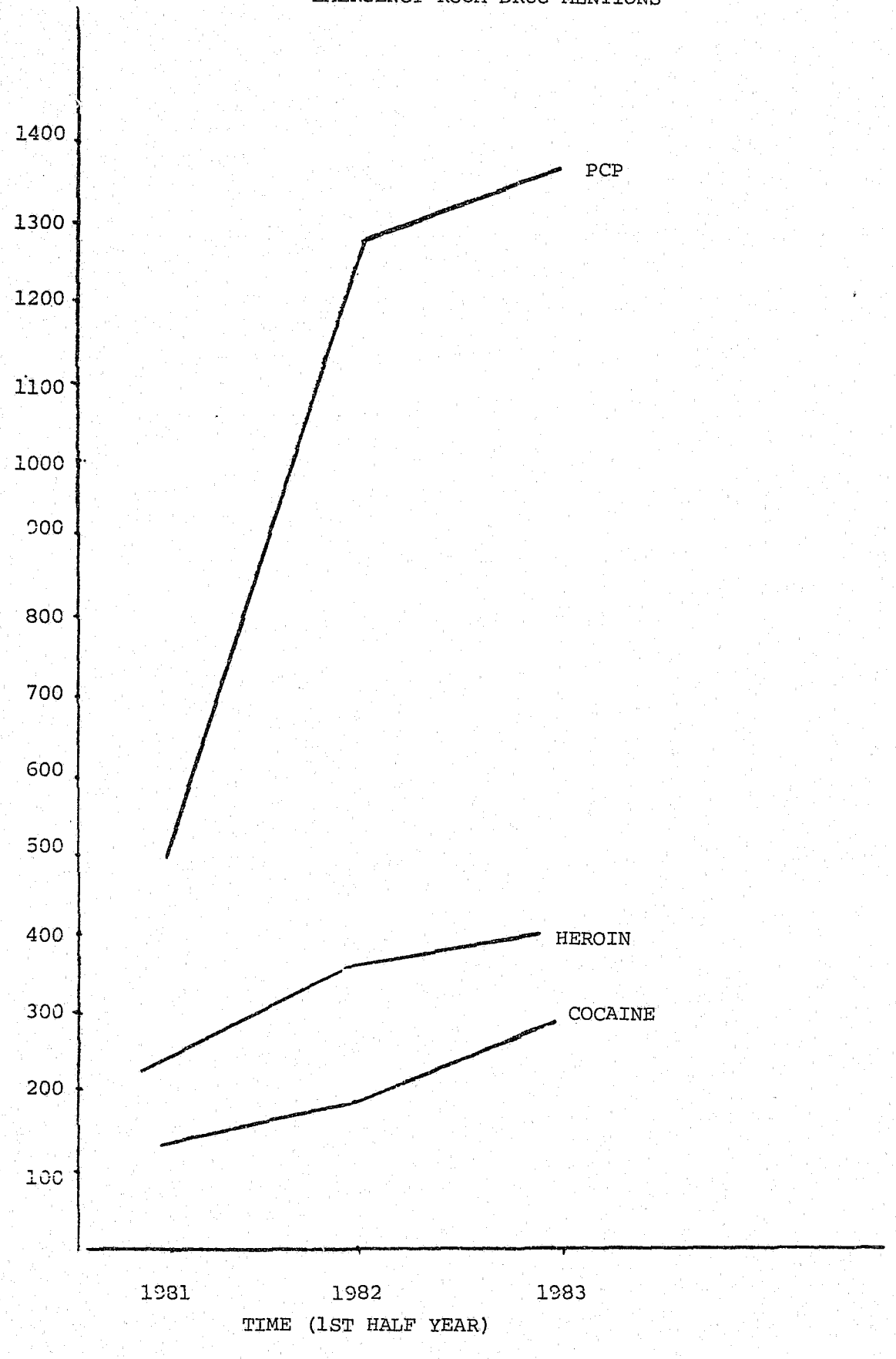
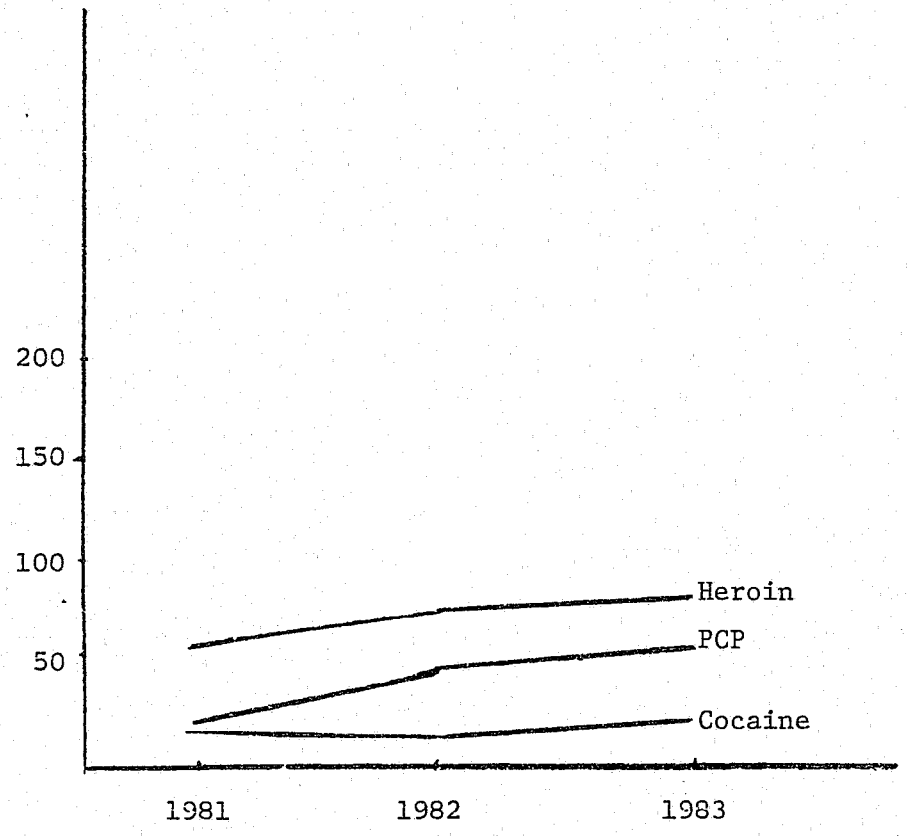


FIGURE B
DRUG MENTIONS IN OVERDOSE DEATHS



DRUG ABUSE IN THE SAN FRANCISCO BAY AREA: DECEMBER 1983

John A. Newmeyer, Ph.D., Haight-Ashbury Free Medical Clinic

The author conducted a review of the indicators of drug abuse in the San Francisco Bay Area during the month of December 1983. The purpose of this analysis was to examine trends in drug abuse in the Bay Area during the latter half of 1983, with particular attention to heroin, cocaine, and amphetamines. The results of this review were as follows:

(1) Heroin. Deaths ascribed by the San Francisco County Coroner to morphine-type alkaloids were at their historic peak in the mid-1970's, numbering between sixty and eighty per year. In Fiscal Years 1980, 1981, and 1982, the numbers were a mere fraction of this, hovering around ten per year. But in Fiscal Year 1983, 19 deaths were ascribed to morphine-type alkaloids, a doubling of the early-1980's figures but nonetheless under a third of the rate observed in the mid-1970's. The decedents were quite different from the user population as a whole: 84% were White (v. an estimated 57% of the total user population) and 95% were male (v. an estimated 68% of all users.)

D.A.W.N. data on emergency-room mentions of heroin/morphine in the San Francisco/Oakland SMSA have trended upward in recent years, from 200 in 1981, to 276 in 1982, to a projected 292 in 1983. The 1983 data was available through September; there was no particular month-to-month trend for heroin/morphine during 1983.

Program admissions in San Francisco have been dominated by heroin since 1969. A U-shaped trend for primary heroin admissions has been noted during the past five Fiscal Years (July-June): 5402 in Fiscal 1979, 4778 in Fiscal 1980, 3383 in Fiscal 1981, 3665 in Fiscal 1982, and 5378 in Fiscal 1983. The sharp increase from FY 1982 to FY 1983 is probably an artifact of the opening of a second large detoxification clinic, the California Detoxification Program, in 1982. Large numbers of heroin abusers may simply be alternating between that program and the Haight-Ashbury Free Medical Clinic, thus inflating the admissions count without an underlying change in abuser prevalence. However, treatment programs for heroin abusers in San Francisco have generally been operating at capacity since mid-1982, and have had to turn away many prospective clients.

Heroin was the primary drug of abuse for about 78% of all persons admitted to San Francisco treatment programs in mid-1983, up from 68% at the beginning of 1982. At the Haight-Ashbury Free Medical Clinic (the City's largest treatment program), the corresponding rise was from 60% at the beginning of 1982 to 75% in mid-1983.

The H.A.F.M.C. keeps statistics as to the claimed year of first use of heroin of all persons newly admitted for treatment for heroin abuse. The assumption is that, if the proportion of new victims to total victims of an "epidemic" is large, that will augur a further rapid growth in the total prevalence of victims. Recent initiates to heroin use are more likely to propagate such use than old users, simply because they present a more attractive sight and are more sincerely enthusiastic about the drug. Data for the past six years is presented in Table 1. The proportion of new users peaked in 1980; thus, if the above-mentioned notion about initiation into heroin use is correct, the heroin "epidemic" showed the greatest growth potential during 1980, and has ebbed steadily during the past three years.

Reported burglaries in San Francisco dropped from 17,800 in 1981 to 13,700 in 1982, and will fall further to about 12,000 in 1983, if trends for the first ten months of that year continue. This amounts to an astonishing 33% fall in the burglary rate in just two years. There was a corresponding decline in the number of reported robberies: from 7,420 in 1981, to 7,150 in 1982, to an estimated 5,930 in 1983.

The San Francisco Police Department statistics on arrests (felonies and misdemeanors, adults and juveniles) for narcotics (almost entirely heroin) during the past four years are as follows: 868 arrests in 1980, 1,498 in 1981, 1,579 in 1982, and an estimated 1,698 in 1983 based on January-October data. The trend was thus sharply upward from 1980 to 1981, then gradually upward through 1983. It is noteworthy that the arrestees are demographically different from the user population as a whole: in 1983, 43% of the arrestees were Black, while only an estimated 30% of the user population were Black. And 84% of the arrestees were male, while only an estimated 68% of the users were male.

Hepatitis-B cases were reported at a rate which declined precipitously from mid-1980 onward (see Table 2). If present trends continue, the total reported cases in the City for the latter half of 1983 will be barely 61% of those for the latter half of 1982, and only 22% of the numbers from the latter half of 1980. Of course, the incidence of hepatitis-B may represent male homosexual activity as much as intravenous drug usage; and the decline in incidence may stem from changes in gay male sexual practices, and from the advent of a new vaccine against the disease.

Employees of the narcotics division of the San Francisco Police Department, and of detoxification treatment programs, were interviewed concerning their observations on drug use trends. The police observers felt that the prevalence of users is holding steady at present, while the treatment program observers felt that there has been an upward trend in the latter half of 1983. The treatment employees also noted that there are more people smoking heroin ("Persians and Marin-ites") than in the past, and that an unusually large proportion of young (25-30), middle-class Whites are using heroin; the police did not concur in these observations. However, all observers agreed that heroin is widely available and of better quality than a year or two ago.

In summary, the indicators present a mixed, cloudy picture as regards heroin-use prevalence in San Francisco. Hepatitis-B, property crime,

and year-of-first-use data all point distinctly downward. Overdose deaths show a sharp upward movement, while data on arrests and treatment admissions were trending slightly upward. Data from D.A.W.N. on emergency-room incidents showed a nearly-level trend from 1982 to 1983.

Long experience with indicator data prompts the author to regard overdose-death and emergency-room data as the most valid indicators of underlying heroin abuse prevalence. However, the raw numbers for these indicators are rather small for San Francisco, so there is some problem with precision. A more precise (but perhaps less valid) indicator is the count of treatment admissions. Since all three of these "best" indicators pointed in an upward direction in the 1982 to 1983 period, it might be safest to conclude that the prevalence of heroin abuse held steady or increased modestly during the twelve-month period ending in December 1983. The author estimates that between 4,000 and 4,500 heroin addicts are presently active in San Francisco County.

(2) Cocaine. Deaths attributed to cocaine numbered only one or two per year during the late 1970's. The incidence of such deaths rose steadily during the early 1980's. For Fiscal Year 1983, the San Francisco Coroner's Office estimates that twelve deaths could be directly attributed to cocaine, and cocaine was found in a total of 22 decedents altogether. Both of these figures represent a near-doubling from those for Fiscal 1982.

Emergency-room incidents involving cocaine, as reported to D.A.W.N., increased from 144 to 174 between 1981 and 1982. However, the rate of such incidents for the first three quarters of 1983 suggests that a total of only 148 mentions will occur during the full year, a drop of 15% from 1982. The month-to-month data for 1983 show no discernible upward or downward trend.

However, admissions to San Francisco's publicly-funded drug programs show a strong upward trend. In Fiscal Year 1981, 217 admissions for primary cocaine abuse were reported. This figure jumped to 437 for FY 1982, and increased a further 14% to 496 in FY 1983. Very recent data from the Haight-Ashbury Free Medical Clinic indicated a sharp drop in the rate of admissions for cocaine problems: an average of nearly 20 per month were recorded during the second half of 1982, but only about 10 per month was the average count for the second half of 1983.

Arrest data from the San Francisco Police Department show no recent trends of interest in regard to cocaine. Their "Dangerous Drugs" arrest category includes cocaine, methamphetamine, amphetamine, hallucinogens, barbiturates, peyote, and methadone, but the first two of these drugs have dominated the statistics for several years. Total arrests in the "Dangerous Drugs" category were 1,105 in 1980, 1,182 in 1981, then down to 1,041 in 1982, and will be up to around 1,110 in 1983 if rates observed in January through October continue.

Observers from the Police Department and from treatment programs concur that cocaine use is still surging in San Francisco, and that there is an increased amount of good-quality drug available in the City. The police interviewees reported that cocaine is now being

marketed in very small quantities: "bindles" of good-quality drug, generally consisting of about 25 mg. of powder, priced at $10 each, and usually purchased by intravenous users. The police observers also noted the increased importance in the local cocaine marketplace of Cuban refugees, operating out of hotels in the Tenderloin District.

Data from Pharm-Chem Laboratories in Menlo Park show that cocaine continues to improve in quality and decline in price. Ninety-seven percent of all samples from Northern California tested during January through June contained at least some cocaine; for samples tested during July through September, the corresponding figure was 99%. Fully 53% of the specimens tested in the first two quarters of 1983 contained no identifiable substance except cocaine, and this proportion rose to an amazing 63% in the third quarter sampling. Among the diluents detected, mannitol and inositol were most prominent, but niacinamide, ephedrine, and a wide variety of "-caine"-type substances were also frequently found. The mean quoted price of the Northern California samples during 1983 was just under $109 for grams (down from $115 during early 1982) and $1,920 for ounces (down from $2,130 in early 1982).

A fascinating question is whether there is any relationship between the quoted price and the purity of cocaine parcels. High-priced cocaine is often touted, according to observers, with some equivalent to, "It's really pure stuff, man!" Pharm-Chem is not permitted to release quantitative data, but an important clue is available from the presence or absence of diluents. In examining the quoted prices of undiluted and diluted cocaine specimens submitted from Northern California during 1983, it was found that "pure" cocaine had a mean quoted price only 5% greater than that for "diluted" cocaine, and there was much overlap in the two groups' distributions. Fully 67% of the ounces contained no detectable diluents, but so did 59% of the grams.

To summarize the cocaine indicators, it is clear that this drug continues to be the one most worth watching in the San Francisco area. Use of cocaine clearly has risen strongly in the first three years of the 1980's, but it is probable that there has been a levelling-off during 1983. The recent "softening" of cocaine prices-- a trend which began in late 1981-- may reflect a weakening of demand for the drug. Certainly the cocaine market is healthy from the consumer's point of view: prices have dropped substantially in real-dollar terms, quality continues to increase from an already-high plateau, the dealers who purchase ounces and sell grams appear to indulge in relatively little "markup" and "stepping", and dealers and consumers seem to relate within a system generally characterized by mutual trust and shared values. However, there is a widespread and increasing prevalence of the more intensive usages of cocaine, namely "freebasing" and injection, and there are some disturbing tendencies to use cocaine in a polydrug context. These factors may account for the sharp increase in adverse reactions and deaths blamed on cocaine. Also, cocaine shares with heroin the dubious honor of costing the most per hour of intoxication of any common recreational drug: both are about ten times less cost-effective than most other drugs (e.g., roughly $5 per intoxicated hour v. 50¢ for marijuana, wine, beer, liquor, LSD, butyl nitrite, etc.) Thus, cocaine, in 1983, continues to have a deleterious impact on the economic well-being of many San Franciscans.

(3) Methamphetamine. Pharm-Chem data strongly suggest that the "speed problem" in the San Francisco Bay Area should properly be termed a "methamphetamine problem", and that the situation is much less clouded than in past years by the use of "lookalike drugs" or other false amphetamines. In the first ten months of 1983, Pharm-Chem received 55 alleged methamphetamine samples, as opposed to only 18 alleged to be amphetamine. All of the alleged methamphetamine samples during 1983 contained at least some of that drug. Twenty-nine percent of the January-June batch of samples contained no identifiable substance but methamphetamine; this proportion leapt to 62% in the July-October period. The mean price quoted for grams was just under $83; that for ounces, $1,250. There was a clear tendency for quoted prices to decline during the course of 1983. As with cocaine, 1983 also saw a distinct trend toward improvement in the quality of the methamphetamine samples, and there was not even a minimal relationship between the quoted price of grams and their diluted/undiluted status (that is, the pure drug was quoted at no higher price than the impure.)

The San Francisco Coroner reported finding methamphetamine in 19 decedents from Fiscal Year 1983 (up by 137% from the count of 8 in FY 1982.) The corresponding count for amphetamines was 17 in FY 1983, up by 113% from a tally of 8 in FY 1982.

D.A.W.N. reports of methamphetamine mentions showed an increase from 16 in 1981, to 33 in 1982, to a rate (based on January-September data) of 37 in all of 1983. The mentions of amphetamine numbered 53 in 1981, down to 45 in 1982, but will be 61 in all of 1983 if the January-September rate continues. Within the first nine months of 1983, the rate of mentions for both drugs lacked any distinct upward or downward tendency.

City-wide treatment admissions for primary amphetamine abuse (these are actually mostly methamphetamine abuse) have increased by 46% from FY 1981 to FY 1983. The count of admissions was 187 for FY 1981, 247 for FY 1982, and 273 for FY 1983. At the Haight-Ashbury Free Medical Clinic, there was a parallel increase in admissions for amphetamine abuse from about four per month in the second half of 1980 to about eight per month in the first half of 1983. However, the rate of such admissions eased off during the second half of 1983, to about six or seven per month.

The police and treatment-program observers agreed that gay males were heavily involved in methamphetamine abuse, with an alarmingly high proportion of them using needles. The typical methamphetamine user was judged to be aged between 25 and 35, with a substantial number of older users in the Tenderloin District. One observer noted that there seems to be a widespread tendency to use methamphetamine in a solitary manner, as contrasted with the more social pattern observed among heroin users.

Because of the high frequency of the intravenous route among users of methamphetamines-- one survey of clients in treatment found 51% using that route-- the data cited above on hepatitis-B should be considered relevant to methamphetamine prevalence as well as to heroin prevalence.

The concluding remarks about cocaine-use prevalence could almost be repeated verbatim with regard to methamphetamine. The indicators point to a strong upward trend in 1980-1982, with a levelling-off

during 1983. The quality of the drug on the retail market has improved from an already-high level, while the price has declined substantially. Market conditions appear generally healthy in other ways. The drug is often used in a manner, and at a strength, that threatens the health of the user, but emergency-room incidents are nonetheless trivial in number compared to incidents of usage (several dozen per year v. several million.) Cocaine and methamphetamine appear to be moving in parallel with one another-- with the former drug enjoying an edge of roughly five to one in the number of adherents in San Francisco. This parallelism should not be a surprise, given the remarkable similarity between the two drugs: they are both powerful illicit stimulants, available in gram quantities for roughly $100, taking the form of white powders, which can be ingested by snorting, by smoking, or by needle. But methamphetamine has a far longer duration of action than cocaine, and delivers the user about three or four times more "bang for the buck." Economic factors, then, would appear to press toward a gradual replacement of cocaine by methamphetamine in the local scene. Two conditions restrain this transition: the availability of a substantial supply of methamphetamine (which must be produced synthetically rather than "grown and processed") and the persistence of negative public perception toward a drug which, from the physician's or pharmacologist's point of view, is not that different from cocaine.

(4) Quaalude and Valium. Admissions for Quaalude were already at a low level in FY 1981, but dropped by a further quarter in FY 1982, then levelled off in FY 1983. Mentions of Quaalude in the D.A.W.N. system fell by 31% between calendar 1982 and the first nine months of 1983. Observers at treatment clinics believed that Quaalude abuse increased somewhat in very recent months (that is, the Fall of 1983), and that problem-level use of the drug remained concentrated among Asians (especially Chinese youth) and gay males. Pharm-Chem tested 46 samples of Quaalude submitted from Northern California during the first nine months of 1983; 67% of these samples contained at least some methaqualone, and 26% contained nothing but methaqualone. Diluents were dominated by o-toluidine, while "false" Quaalude was generally Valium, but occasionally acetaminophen + doxylamine. The mean quoted price for Quaalude pills was $4.50 each, and there was no significant relationship between quoted price and tested purity.

Admissions for Valium abuse appear to have risen by 50% between FY 1981 and FY 1983. D.A.W.N. mentions of Valium rose by 11% between calendar 1981 and 1982 (from 188 to 208) and there was a further increase into the first quarter of 1983, followed by a sharp drop, on the order of 20%, in the next two quarters. Observers commented that there "are lots of Valium abusers around lately."

(5) Other Drugs. There are hints of an increase in the abuse of PCP in the San Francisco area, after a steady decline during the late 1970's and early 1980's. Recorded admissions to San Francisco treatment programs declined from 35 in Fiscal Year 1981 to 20 in FY 1982, then shot back up to 52 in FY 1983. DAWN mentions totalled 48 in calendar year 1981, increased to 62 in 1982, and numbered 81 in just the first nine months of 1983. San Francisco Police Department observers noted that PCP use is largely confined within the Latino community, where it is "well-hidden" by the tendency of Latinos to "take care of their own" insofar as PCP-related acute reactions are concerned.

No consistent trends during 1983 were noted for any drugs other than those discussed above.

(6) General Conclusions. It should be clear that heroin, along with the two stimulant drugs cocaine and methamphetamine, dominate the San Francisco illicit drug scene. From roughly mid-1979 until the beginning of 1983, cocaine and methamphetamine were increasing rapidly in abuse popularity while heroin was slowly fading from its former dominance, which led the author to term the local phenomenon "the Age of the Stimulants." However, the most recent indicator data shows that these trends have reversed themselves: the upward momentum for the stimulants seems to have been lost, and there may have actually been a decline in the extent (if not the intensity) of their use. Meanwhile, the heroin-abuse indicators-- though presenting a very mixed picture-- appear on balance to bespeak a slight upturn, such that a mid-1983 point-prevalence estimate of "about 4,000" has been modified to "between 4,000 and 4,500."

Two factors need to be watched closely in the coming months, for they may presage future directions: the conditions in the marketplace for each major illicit drug, and the texture of user attitudes and beliefs about these drugs and the usefulness they might have in helping one to face "the Zeitgeist of 1984."

TABLE 1--Proportion of recent initiates among HAFMC heroin clients

Admission cohort	Proportion claiming first use of heroin in the past 3 calendar years
July-December 1978	18.2%
July-December 1979	20.5%
July-December 1980	27.0%
July-December 1981	25.1%
July-December 1982	20.3%
July-November 1983	17.9%

TABLE 2--Hepatitis-B incidence in San Francisco

Period	Cases reported	
January-June 1980	336	
July-December 1980	536	
January-June 1981	408	
July-December 1981	307	
January-June 1982	265	
July-December 1982	197	
January-June 1983	185	
July-December 1983	121	(projected from cases reported through November 5)

DRUG USE INDICATORS IN THE TWIN CITIES METROPOLITAN AREA
DECEMBER, 1983

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Introduction

Indicators examined in this report continue to show marijuana, cocaine and amphetamines as leading contributors to the Twin Cities drug abuse problem. Amphetamine look-alikes continue to appear regularly in reports of seizures made by Hennepin County law enforcement agencies, although their popularity may be declining. T's and Blues have experienced a decline in popularity in the Twin Cities as the Talwin with naloxone seems to have made an impact on users. Law enforcement agencies indicate an awareness of some of the old Talwin coming into the Twin Cities area from Canada. A variety of LSD remains readily available in the area, as evidenced in law enforcement seizure data.

Treatment data from those drug abuse programs which reported on the CODAP system indicate that little, if any recruitment into the heroin abusing lifestyle is taking place. These programs continue to see first time admissions with abuse histories of long duration. Heroin availability appears limited in the Twin Cities area, with dilaudid being the preferred drug of the narcotic addict.

Indicator Data

Several significant changes in the indicator data sources occurred during the current reporting period. Several hospitals chose to end their participation in Project DAWN. As a result, DAWN data presented in this report consist of actual and imputed data, and the number of mentions for specific drugs do not tally with figures presented in earlier reports

Treatment data from CODAP-reporting programs have undergone some changes during this current report period. A youth program ceased reporting as of December, 1982. The loss of the youth program had an impact on the number of admissions reported for the abuse of drugs commonly associated with a younger population (marijuana, LSD, PCP). A program based in St. Paul (Ramsey County) was added to the group of programs covered in this report. The program addition enables broader coverage of Twin Cities drug abuse treatment. Again, the treatment figures presented in this report do not tally exactly with figures presented in earlier reports.

Two additional sources of treatment data are presented in this report in conjunction with the data on the seven CODAP-reporting facilities. These two additional data sources are presented to illustrate the limitations of relying solely on data from the CODAP system as an indicator of the magnitude of the drug abuse problem. The additional treatment data sources include:

1) six state hospitals serving chemically dependent clients from the Twin Cities metropolitan area; and
2) a consortium of hospital-based chemical dependency inpatient care providers in Minnesota and several other midwestern states.

Admissions data obtained from these new data sources were not available over the same time period as the CODAP data. Further, data collection procedures do not emphasize the primary drug concept. Rather, clients are asked about their use of a variety of substances without being asked to designate the substance as primary or secondary. Although there was not direct correspondence across the three data collection systems with regard to drug types, six classifications were derived which afford comparability across the three data collection systems. Comparative data on treatment admissions are presented in Table 1 for varying time periods in 1983.

Arrests made by the Narcotics Unit of the Minneapolis Police Department are presented in Table 2. These data cover the years 1978 through 1982, and the first six months of 1983.

Treatment admissions from the CODAP system and emergency room data from the DAWN system are presented graphically in Figures 1A through 8D. Data on drug-related deaths are presented graphically in Figures 9A through 9D.

In late January-early February, 1983, a survey dealing with alcohol, tobacco and other drug use patterns was administered to a representative sample of over 10,000 eighth, tenth and twelfth grade students in Minnesota's public and private schools. Data from this survey are presented in the following sections which deal with specific drugs.

A. Heroin - Figure 1A shows that treatment admissions for primary drug heroin for 1983 will probably exceed 1982 admissions. However, there has been no reversal in the trend toward older first admissions with use histories of long duration. In the first six months of 1983 there were four first time heroin admissions. All four were males, one was White and three were Black. Figure 1B shows their average age was 36 years and they had been using heroin regularly an average of 12.8 years (Figure 1C). The trend line for heroin ER mentions in Figure 1D shows virtually no change, although decreases were noted in the first and second quarters of 1983 (imputed data).

Table 1 shows that narcotic abusers are served in other than the drug abuse only programs reporting on the CODAP system. Eight percent of all Twin Cities metropolitan area residents admitted to Minnesota state hospitals for chemical dependency treatment reported weekly or daily use of narcotic drugs. In the private sector programs represented by the consortium of hospital-based providers of inpatient chemical dependency services, three percent of admissions reported weekly or daily use of narcotics. Although the percentage of narcotic users is smaller in state hospitals and the hospital consortium, it is clear that the spectrum of narcotic abuse is broader than what is represented in the CODAP admissions data. It is not known to what extent CODAP and state hospital admissions overlap, but it is felt that the hospital consortium figures represent a population of abusers which may differ in important ways from the population of abusers represented by admissions to publicly funded programs (e.g., SES, criminal justice history, insurance coverage, etc.).

Reports from the Narcotics Unit of the Minneapolis Police Department indicate that heroin-related arrests declined from 1978 to 1979, and have remained at a relatively low level (Table 2). Police sources indicate that both brown and white heroin are available on a limited basis in the Twin Cities area. Mexican brown heroin of approximately 2 to 4 percent purity is reportedly selling for $50.00 per gram. White heroin reportedly is available on the street for $250.00 per gram, with an average purity of 4 to 5 percent. Drug seizure data from the Minneapolis Health Department laboratory indicate that these purity levels are fairly accurate. There is also some evidence gathered in the seizure analysis that "speedballing" with relatively low quality cocaine is gaining in popularity. For all heroin CODAP admissions during the first six months of 1983, other opiates is reported as a secondary drug by 29.6 percent, while cocaine is reported by 14.8 percent.

The Minnesota school survey indicates that the use of narcotic drugs is not prevalent among Minnesota students. Thirty day prevalence figures were as follows for the three grade levels surveyed:

8th - 0.0%
10th - 2.0%
12th - 1.4%

Other Opiates - Figure 2A indicates that, similar to heroin, admissions for primary drug other opiates in 1983 will probably exceed 1982 admissions. Unlike heroin admissions, however, Figure 2B shows that the average age of first time admissions has remained relatively steady since 1979. Also unlike heroin admissions, Figure 2C shows somewhat of a decline in reported years of regular use prior to admission from 1980 to 1983. These trends may indicate the development of new other opiate abusers in the Twin Cities area, and also tend to support the hypothesis of at least two addict populations.

There is some evidence in Table 2 that dilaudid-related arrests are increasing, while analysis of drug seizure data for Hennepin County indicates a fairly steady supply of dilaudid. There also seems to be a lot of codeine and codeine combinations available on the street. However, there have been no reports of glutethemide and codeine use. A Detroit dilaudid connection was mentioned in the two previous reports. The Narcotics Unit reported that the owner of five Detroit-area drug stores was recently arrested in connection with the diversion of dilaudid in Detroit. The investigation apparently was slow moving because a "pill" case was not given a high priority in a city where heroin is so readily available. Apparently the cutoff of the Detroit dilaudid connection resulted in an increase in drug store robberies in the Twin Cities area.

Table 2 also shows that in 1982 there was an increase in the number of arrests for the possession of injection equipment. This increase appears to be holding in 1983. Apparently it is easier to rob a drug store than to forge a prescription, since phony script arrests decreased in 1979 and have remained fairly low ever since. Narcotics Unit personnel indicate that most of the prescription games are run on small operations in rural Minnesota. Four milligram dilaudid are available in the Twin Cities, with a price fluctuating between a low of $40.00 and a high of $55.00.

T's and Blues use has declined in the Twin Cities area as the Talwin with naloxone arrived on the street. Apparently there has been some smuggling activity on the Canadian border in an attempt to keep a supply of the old Talwin on the street. However, to date it does not appear that the attempt has been all that successful.

Figure 2D indicates that the trend in ER mentions for other opiate drugs is downward. This is not an expected finding given that treatment and law enforcement data indicate that other opiates are readily available.

For all other opiate CODAP admissions during the first six months of 1983, valium is reported as a secondary drug by 18.4 percent, while heroin is reported by 15.8 percent. 31.6 percent report no secondary drug.

C. Barbiturates - Barbiturate drugs are not a factor as primary drugs of abuse in the Twin Cities area. This is clearly demonstrated in the treatment data presented in Figures 3A through 3C. However, barbiturates continue to play a significant role in polydrug abuse, often being used to potentiate the effects of alcohol and the effects of low-quality heroin. Law enforcement seizure data indicate that barbiturates are plentiful in the Twin Cities area.

The trend in barbiturate ER mentions is downward (Figure 3D), with the majority of the mentions involving a suicide attempt or gesture. Of the four barbiturate abusers admitted to CODAP-reporting programs in the first six months of 1983, three reported the use of alcohol as a secondary drug.

As was the case with narcotic drugs, Minnesota school survey data indicates that the use of barbiturates is not prevalent among Minnesota students. Thirty day prevalence figures for the three grade levels surveyed were as follows:

8th - 2.0%
10th - 3.0%
12th - 2.0%

D. Amphetamines - The downward trend in treatment admissions to CODAP-reporting programs for primary drug amphetamines reported at the last meeting is continuing in the first six months of 1983 (Figure 4A). With the loss of the youth program, the average age for first admissions (Figure 4B) and the average years of regular use (Figure 4C) have shown marked increases. Although DAWN data must be interpreted with caution, the trend line in Figure 4D shows an upward trend in amphetamine-related ER mentions. Law enforcement seizure data show an abundance of stimulants available on the street, including Ritalin, Black Beauties, methamphetamine, Dexamyl and a host of others. Narcotics Unit personnel indicate the methamphetamine continues to be manufactured in small, highly mobile rural labs. Police associate the methamphetamine problem with lower SES Whites ("biker types"), which seems consistent with reports from other states.

Table 1 figures indicate that amphetamine abusers are also likely to be found in treatment programs other than drug abuse only programs. Ten percent of state hospital admissions and seven percent of hospital-based inpatient admissions reported regular use of amphetamines. It is not known whether the trend toward decreasing admissions would hold up in the state hospitals or the hospital consortium. However, it is possible that substantial sociodemographic differences could be found between CODAP admissions and hospital consortium admissions. The data in Table 1 clearly indicate, however, that CODAP amphetamine admissions underestimate the effect of amphetamine abusers on the chemical dependency service delivery system.

During the first six months of 1983, 25 percent of all admissions to CODAP-reporting programs for primary drug amphetamines reported the use of marijuana as a secondary drug, while 16.7 percent reported the use of alcohol as a secondary drug. 25 percent reported no secondary drug use.

According to survey results, the use of amphetamines among Minnesota eighth, tenth and twelfth graders ranks behind only alcohol and marijuana. Interestingly, at all three grade levels, a higher percentage of girls than boys report amphetamine use. The thirty day prevalence figures for amphetamine use in the three grades surveyed are as follows:

8th - 3.0%
10th - 8.0%
12th - 10.0%

E. Cocaine - Seizures of cocaine by law enforcement agencies continue to rank second behind seizures of marijuana. Narcotics Unit personnel from the Minneapolis Police Department estimate the purity of cocaine available at the gram level to be in the 22 to 25 percent range. Quantitative analysis of cocaine seized by Hennepin County law enforcement agencies (including the Minneapolis PD) during the first six months of 1983 show the modal purity category to be 20 to 29 percent. The purity range of samples analyzed was 8.9 percent to 93.3 percent. Most of the cocaine in the Twin Cities area is reported to come from Florida, although police have heard of cocaine arriving from Phoenix and Denver. The price of a pound of cocaine has reportedly dropped from $45,000.00 to $30,000.00. It is unclear whether that reduction at the pound level has made it to the ounce or gram level. The last known ounce and gram prices were $2,000 to $2,200 and $110, respectively.

Table 2 shows that Minneapolis Police Department cocaine-related arrests picked up from a 1981 lull, with the increase apparently carrying over from 1982 to 1983. CODAP

treatment admission data do not present a clear picture of cocaine abuse patterns. Figure 5A shows a pattern of declining admissions during a period when cocaine was readily available. Figure 5B shows a slight drop in the average age of first admissions from 1982 to the first half of 1983, while Figure 5C shows that the first admissions in the first half of 1983 began regular use at a younger age than the first admissions in 1982. As has been illustrated for other substances, Table 1 indicates that a reliance on drug abuse only program data will tend to underestimate the impact of the cocaine abuser on the treatment system. Six percent of admissions to state hospitals and other hospital-based inpatient treatment facilities reported regular use of cocaine.

Figure 5D shows a slight upward trend in cocaine-related ER mentions from the 4th quarter of 1980 through the 2nd quarter of 1983. Although caution must be exercised in interpreting these DAWN data, this slight upward trend seems to more accurately reflect cocaine availability and use than do the treatment data from CODAP-reporting programs in the Twin Cities area.

During the first six months of 1983, 40 percent of all admissions to CODAP-reporting programs for primary drug cocaine reported the use of marijuana as a secondary drug, while 26.7 percent reported use of alcohol as a secondary drug. Only 10 percent reported no secondary drug use.

A low percentage of students reported use of cocaine in the thirty days prior to the survey. Prevalence figures for the three grades surveyed are as follows:

8th - 0.8%
10th - 1.6%
12th - 2.3%

F. Marijuana - Excluding alcohol, marijuana is the most widely used mood-altering substance in Minnesota. This widespread use is reflected in nearly all of the indicators examined in this report. Table 1 shows that regular marijuana use is reported by a high percentage of admissions to other than drug abuse only programs. Treatment data from CODAP-reporting programs clearly may not be sociodemographically representative of all marijuana-related treatment admissions. Figure 5A shows that based on first half figures, 1983 marijuana admissions may show a decline. The loss of the youth program in the network of CODAP-reporting programs certainly impacted the number of marijuana admissions. However, much of the apparent decline can be attributed to the St. Paul program. Marijuana admissions declined by almost fifty percent. The reason for this decline was not known at the time of this report. It can be said with some certainty that this decrease does not reflect diminished problem marijuana use in the Twin Cities area. There has certainly been no decline in law enforcement activity related to marijuana use, as reflected by marijuana arrest figures in Table 2. Similarly, marijuana continues to dominate the drug seizure reports obtained from the Minneapolis Health Department Lab.

For all marijuana admissions to CODAP-reporting programs during the first six months of 1983; alcohol is reported as a secondary drug by 65.8 percent, while LSD is reported by 6.8 percent, and cocaine and amphetamines are each reported by 6.0 percent.

The Minnesota School Survey also reflects the widespread availability and popularity of marijuana. Thirty day prevalence figures for the three grades surveyed are as follows:

8th - 6.0%
10th - 16.0%
12th - 22.0%

G. LSD - The availability of LSD remains relatively high in the Twin Cities area based on drug seizures made by Hennepin County law enforcement agencies during the first six months of 1983. A variety of types of LSD were seized, including orange microdot, windowpane and several blotter designs. Narcotics Unit personnel from the Minneapolis Police Department report that much of the LSD in the Twin Cities comes from California and is brought in by truck drivers. LSD currently is selling for $4.00 to $5.00 per hit retail and $1.00 to $1.50 per hit wholesale (1,000 hits and up). Table 1 shows that regular hallucinogen users are rare in CODAP-reporting programs, state hospitals and other hospital-based inpatient programs. Although LSD is available in the Twin Cities area, its popularity as a primary drug of abuse seems to have dropped off significantly since 1979 (it may be assumed that LSD admissions were decreasing prior to 1979 as well, although the data are not available). Figure 7A shows this decline in both total and first admissions for primary drug LSD. Figures 7B and 7C show that first time LSD admissions initiated regular use at increasingly older ages and used regularly for increasingly shorter periods of time prior to entering treatment. The data on first admissions are admittedly sparse, but the pattern did hold from 1979 through 1982. Figure 7D shows that the trend in LSD ER mentions is downward. What appears to be happening is that LSD is no longer being used extensively as a primary drug. Rather, its use seems to be limited to secondary status on a much more limited basis than has been the case in the past.

Minnesota school survey data indicate the following thirty day prevalence figures for the three grades surveyed:

8th - 0.7%
10th - 1.5%
12th - 1.3%

H. PCP - With only one exception, indicators of PCP use/abuse in the Twin Cities metropolitan area have pointed to a steady decline in the prevalence of PCP abuse. Figure 8A shows a steady decline in total and first time PCP treatment admissions from 1979 through the first six months of 1983. This decline in admissions has been accompanied by a fairly steady increase in the average age of first admissions and an increase in the average duration of their PCP use prior to treatment. The treatment signs clearly point to a diminishing number of users and a lack of new initiates. The trend in DAWN ER mentions shown in Figure 8D is clearly downward. The one exception to the downward trends already noted concerns law enforcement activity. As mentioned in the last report, a slight increase in availability was noted for the last half of 1982 as reflected by law enforcement seizures. Table 2 shows that PCP-related arrests by the Minneapolis Police Department peaked in 1982. No change in PCP seizures was noted during the first six months of 1983, and arrests for the same time period indicate that 1983 totals will probably not reach the 1982 peak level.

Minnesota school survey data indicate the following thirty day PCP prevalence figures for the three grades surveyed:

8th - 0.6
10th - 0.8
12th - 0.2

Drug and Alcohol-Related Deaths

Figures 9A through 9D show the proportion of all chemical use-related deaths involving narcotics, barbiturates, tricyclic antidepressants and alcohol. Total deaths involving alcohol and/or other drugs for the first ten months of 1983 total 46. There were 52 such deaths in 1982, which was the highest number since 1976. Alcohol is far and away the drug most often mentioned as a contributing cause of death, with 17 mentions to date. Tricyclic antidepressants are mentioned in 8 deaths, narcotics in 6 deaths and barbiturates in 3 deaths. The two narcotic deaths that have occurred since the last report involve morphine and darvon, with one death involving a 58 year old decedent and the other a 70 year old decedent. Neither of these cases were prime candidates for suspected abuse. Thus the only narcotic-related drug abuse deaths reported by

the Hennepin County Medical Examiner in 1983 involved 36 percent pure methadone from California (2 cases) and methadone from other sources (2 cases).

The incidence of tricyclic antidepressant deaths seems to have slowed somewhat, with two deaths attributed to tricyclic antidepressants reported from June through October, 1983. This brings the total to eight for the first ten months of 1983, as compared to fifteen in 1982. Given that reports for November and December, 1983 are still outstanding, it is not inconceivable that holiday season suicides could result in tricyclic antidepressant deaths in 1983 exceeding 1982 totals. Whether this tragic possibility comes to pass or not in no way affects the fact that tricyclic antidepressant drugs pose a serious threat to an extremely vulnerable population.

Summary

Indicators examined in this report show little change with regard to the availability of heroin in the Twin Cities metropolitan area. Trends noted in previous reports concerning the increasing age of first time heroin treatment admissions with use histories of long duration were seen to continue during the first six months of 1983.

Dilaudid continues to be the most popular drug among Twin Cities narcotic addicts, with the availabilty and use of T's and Blues dropping off considerably as a result of the appearance of Talwin with naloxone.

The availability of both cocaine and amphetamines remains high in the Twin Cities metropolitan area, although treatment admissions appear to be declining. Upward trends were noted for both substances in terms of emergency room mentions, although the use of imputed data in DAWN reports requires cautious interpretation.

Preliminary analysis of data from Minnesota's state hospital system and from a consortium of hospital-based providers of inpatient chemical dependency care show that the use of treatment data from programs providing only drug abuse services tends to underestimate the impact of drug abusers on the chemical dependency service delivery system.

Table 1
Percentage Of All Admissions From Three
Sets Of Treatment Programs Reporting
Weekly Or Daily Use Of Selected Drug Types.

Drug Type	Twin Cities CODAP Programs (Drug Only) Jan-Jun, 1983 N=255	Minnesota State Hospitals (Alcohol & Drug) Jul-Oct, 1983 N=555	Consortium Of Hospital-Based Providers (Alcohol & Drug) Jan-Oct, 1983 N=1221
Marijuana	46%	34%	28%
Narcotics	18%	8%	3%
Cocaine	12%	6%	6%
Sedatives	7%	5%	5%
Stimulants	6%	10%	7%
Hallucinogens	2%	1%	2%

Table 2
Minneapolis Police Department Drug Arrests
1978-1983

Drug Arrest Category	1978	1979	1980	1981	1982	First Half 1983
Heroin	36	10	11	8	13	6
Dilaudid	3	0	3	0	6	6
Talwin	0	0	0	1	18	5
Amphetamines	10	27	33	8	15	7
Cocaine	41	41	60	31	55	37
Marijuana	135	280	219	316	400	192
LSD	1	15	11	7	8	4
PCP	9	7	8	7	24	7
Possession of Injection Equipment	23	16	27	26	42	22
Forged Prescription	51	30	29	31	28	11

FIGURE 1A.
TOTAL & FIRST TIME TWIN CITIES
CODAP ADMISSIONS FOR PRIMARY DRUG HEROIN
1983–first six months

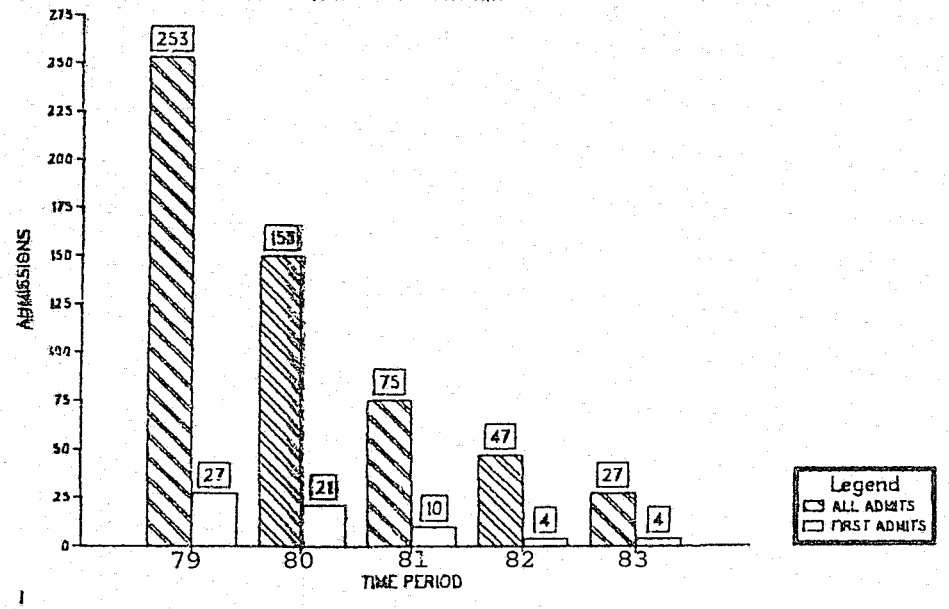


FIGURE 1B.
AVERAGE AGE OF TOTAL AND FIRST TIME
TWIN CITIES CODAP ADMISSIONS
FOR PRIMARY DRUG HEROIN
1983–first six months

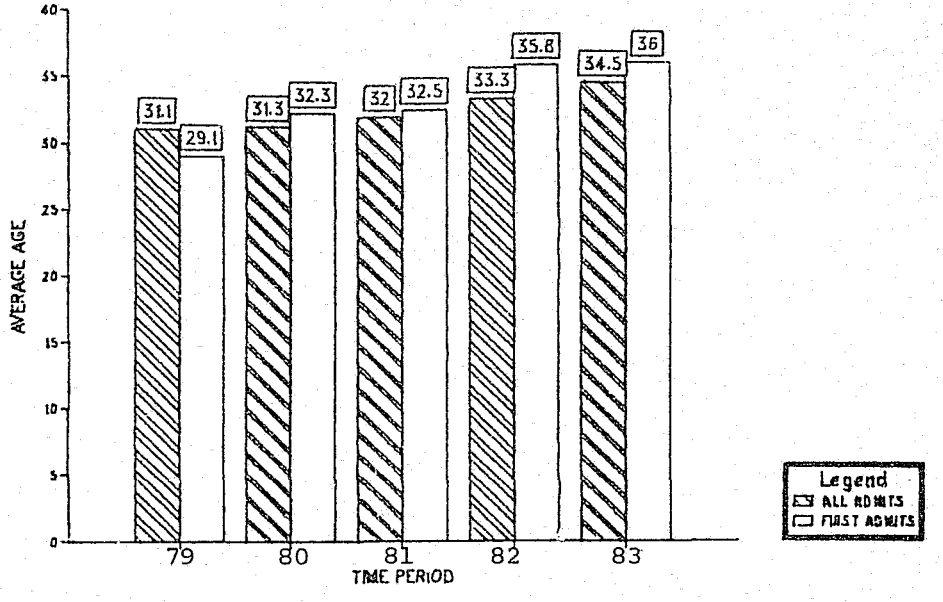


FIGURE 1C.
AVERAGE YEARS OF USE AND HEAVY USE
FIRST TIME TWIN CITIES CODAP ADMISSIONS
PRIMARY DRUG HEROIN
1983–first six months

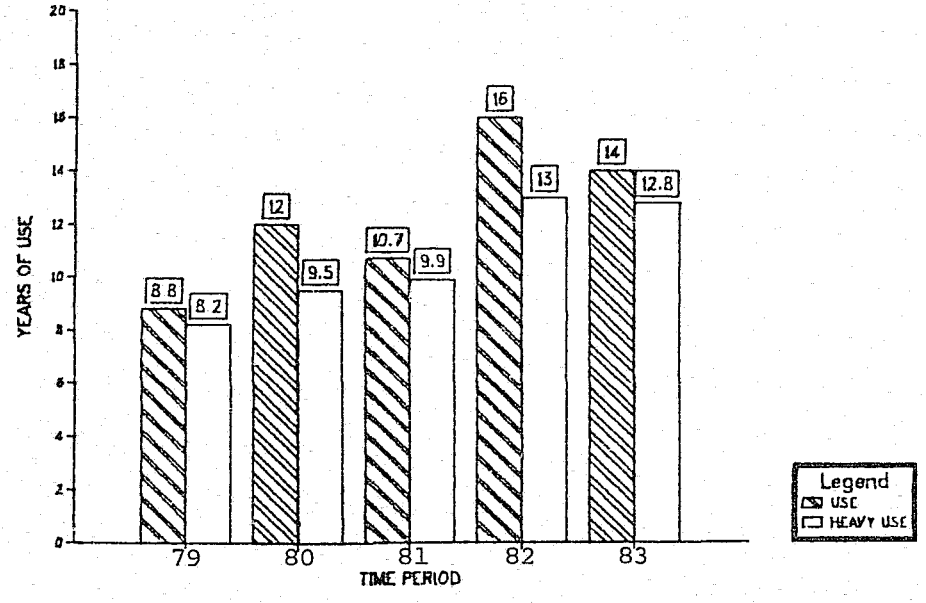


FIGURE 1D.
TREND IN QUARTERLY DAWN HEROIN MENTIONS
OCTOBER, 1980 THROUGH JUNE, 1983.

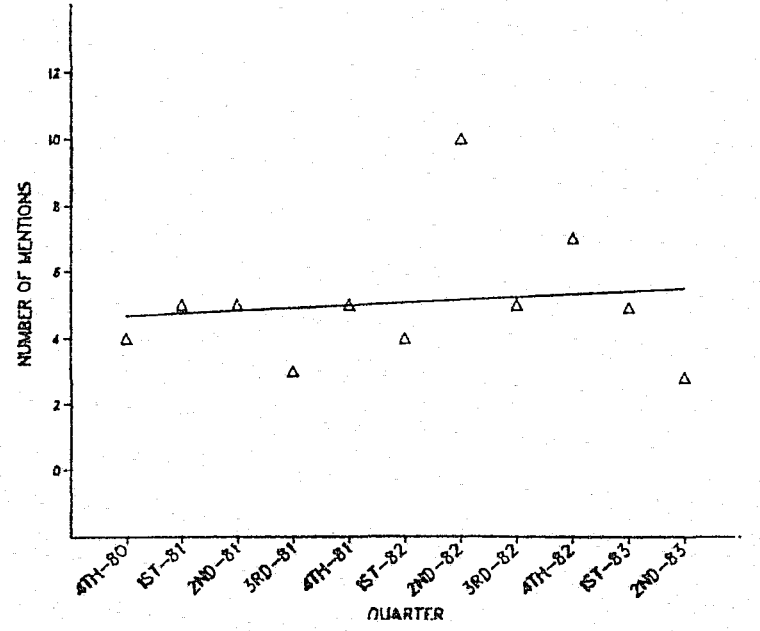


FIGURE 2A.
TOTAL & FIRST TIME TWIN CITIES
CODAP ADMISSIONS FOR PRIMARY DRUG OTHER OPIATES.
1983—first six months

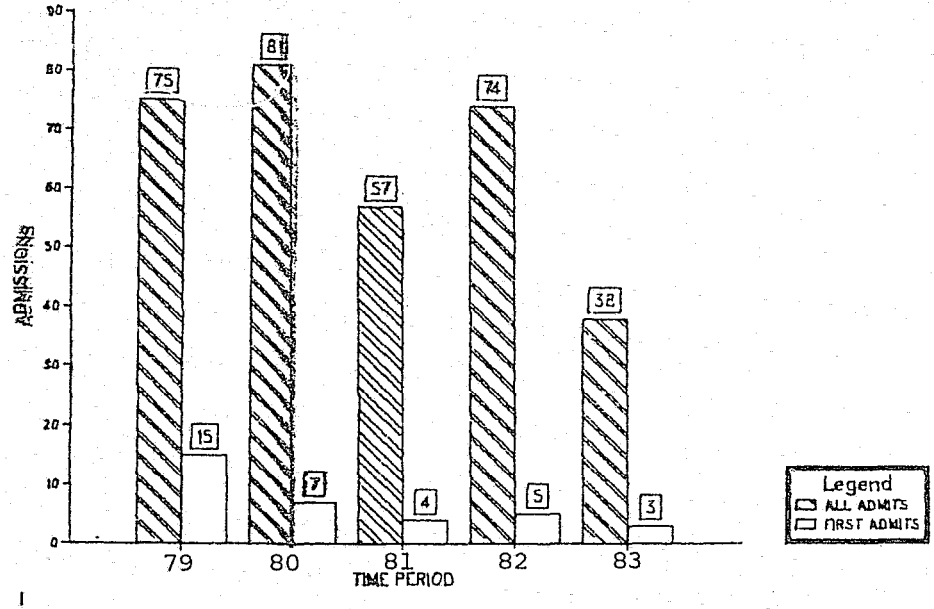


FIGURE 2B.
AVERAGE AGE OF TOTAL AND FIRST TIME
TWIN CITIES CODAP ADMISSIONS
FOR PRIMARY DRUG OTHER OPIATES.
1983—first six months

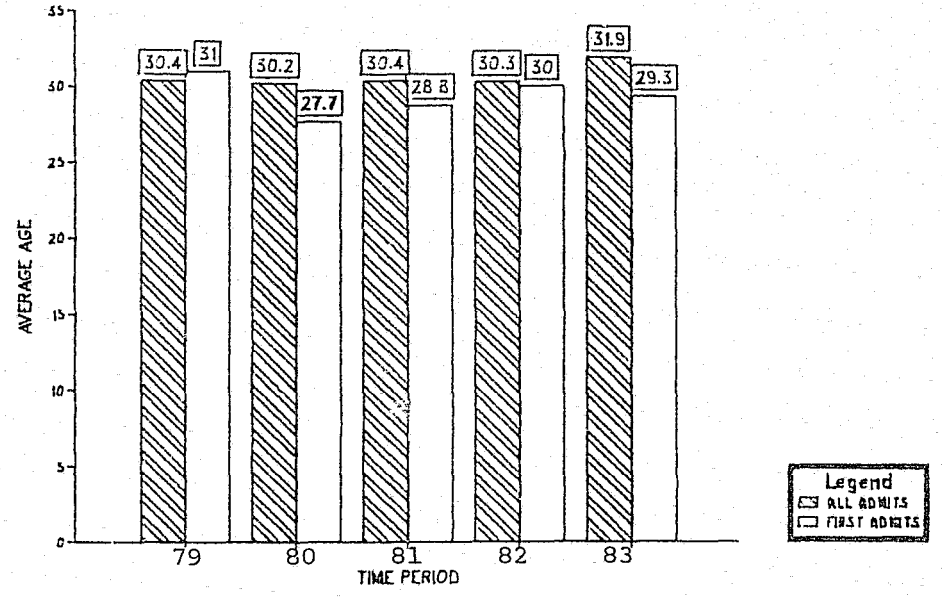


FIGURE 2C.
AVERAGE YEARS OF USE AND HEAVY USE
FIRST TIME TWIN CITIES CODAP ADMISSIONS
PRIMARY DRUG OTHER OPIATES.
1983—first six months

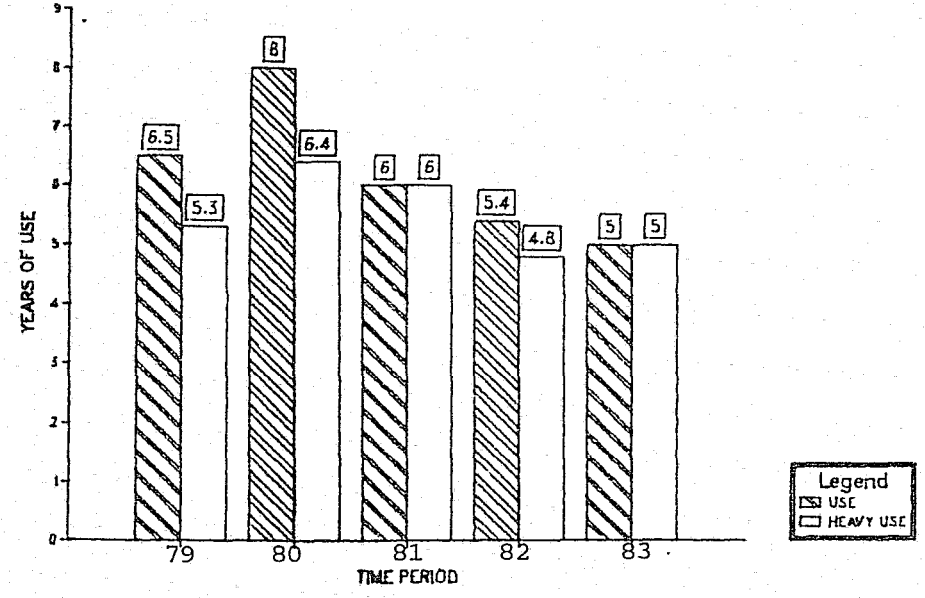


FIGURE 2D.
TREND IN QUARTERLY DAWN OTHER OPIATE MENTIONS
OCTOBER, 1980 THROUGH JUNE, 1983.

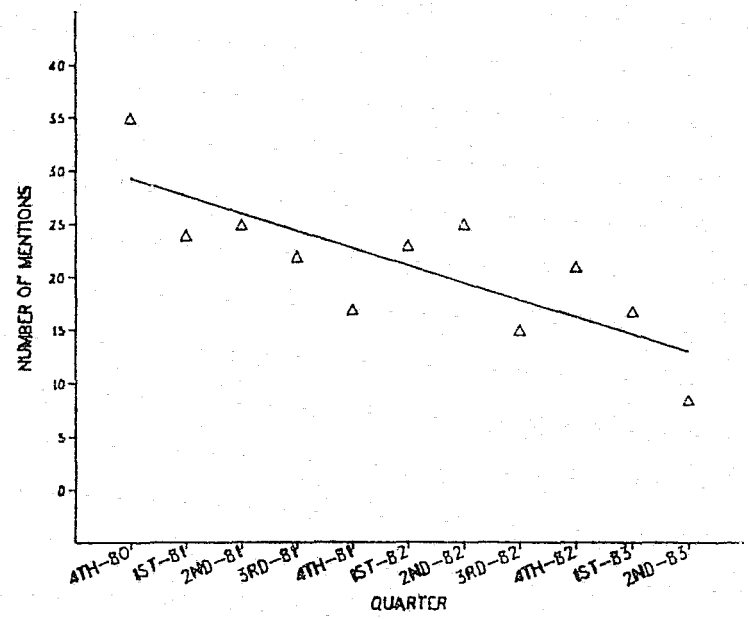


FIGURE 3A.
TOTAL & FIRST TIME TWIN CITIES
CODAP ADMISSIONS FOR PRIMARY DRUG BARBITURATES.
1983–first six months

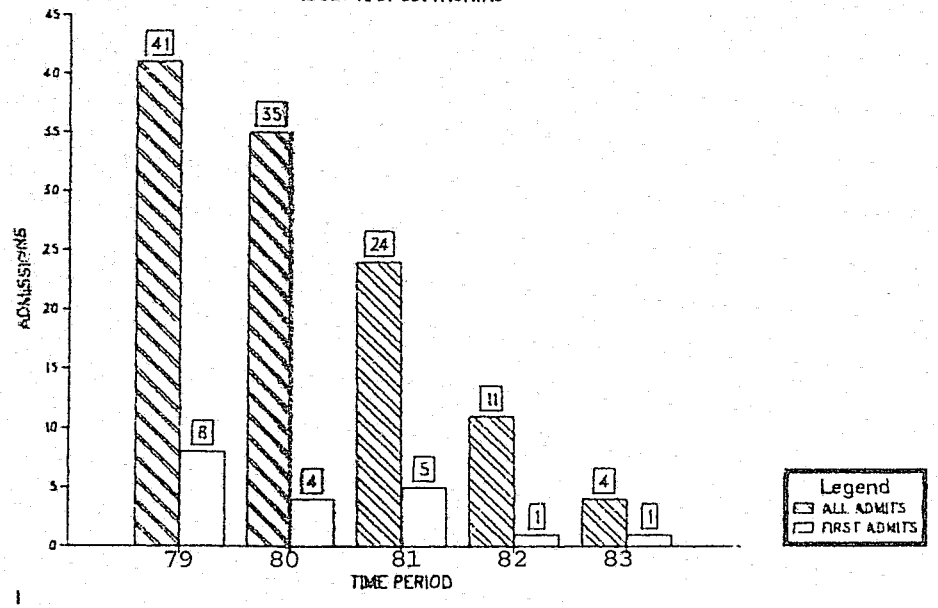


FIGURE 3B.
AVERAGE AGE OF TOTAL AND FIRST TIME
TWIN CITIES CODAP ADMISSIONS
FOR PRIMARY DRUG BARBITURATES.
1983–first six months

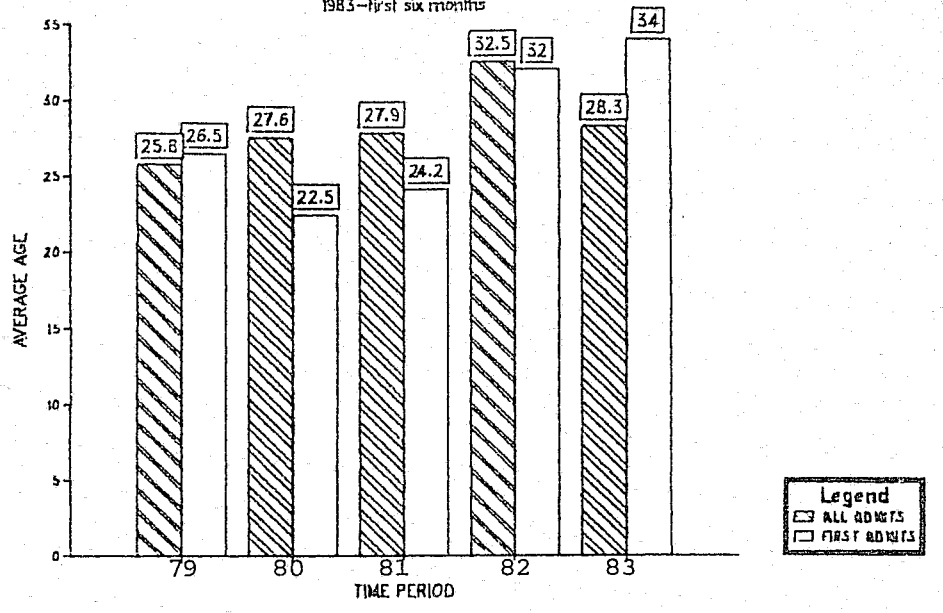


FIGURE 3C.
AVERAGE YEARS OF USE AND HEAVY USE
FIRST TIME TWIN CITIES CODAP ADMISSIONS
PRIMARY DRUG BARBITURATES.
1983–first six months

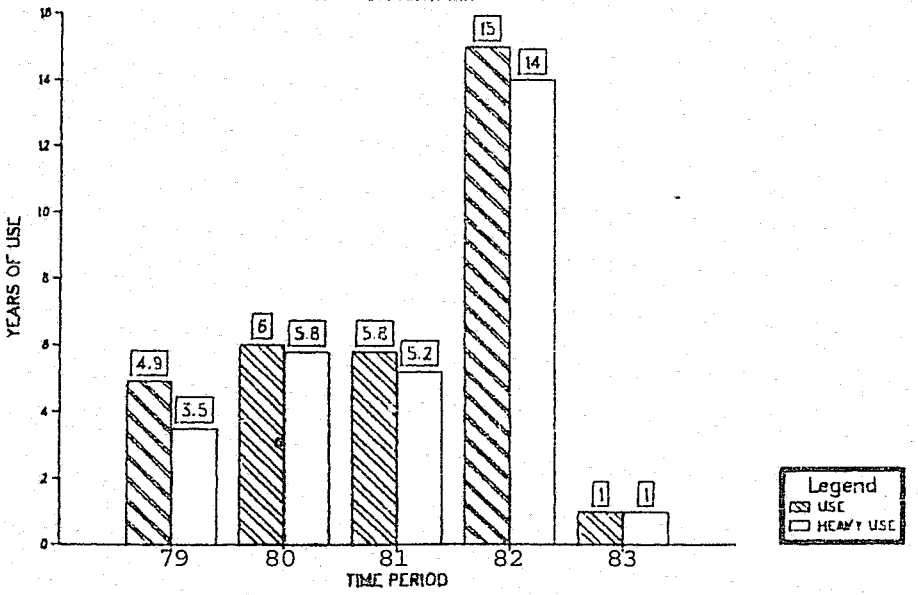


FIGURE 3D.
TREND IN QUARTERLY DAWN BARBITURATE MENTIONS
OCTOBER, 1980 THROUGH JUNE, 1983.

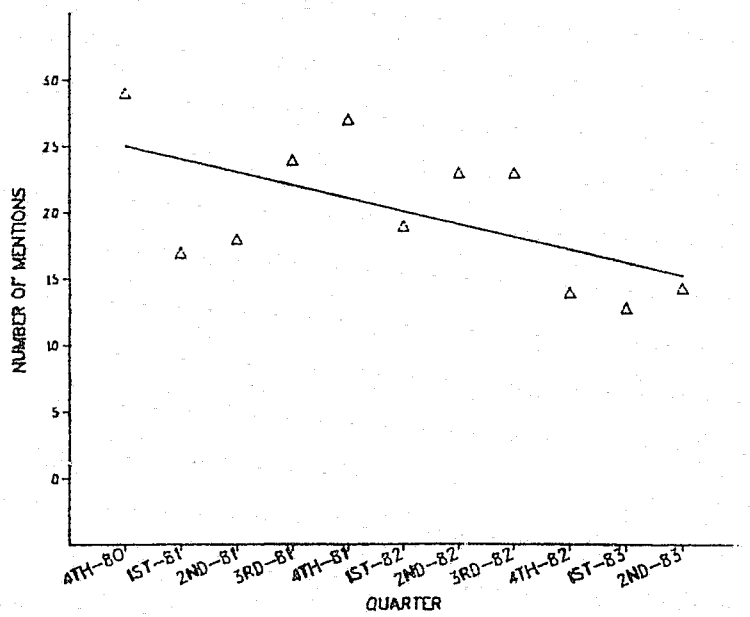


FIGURE 4A.
TOTAL & FIRST TIME TWIN CITIES
CODAP ADMISSIONS FOR PRIMARY DRUG AMPHETAMINES.
1983–first six months

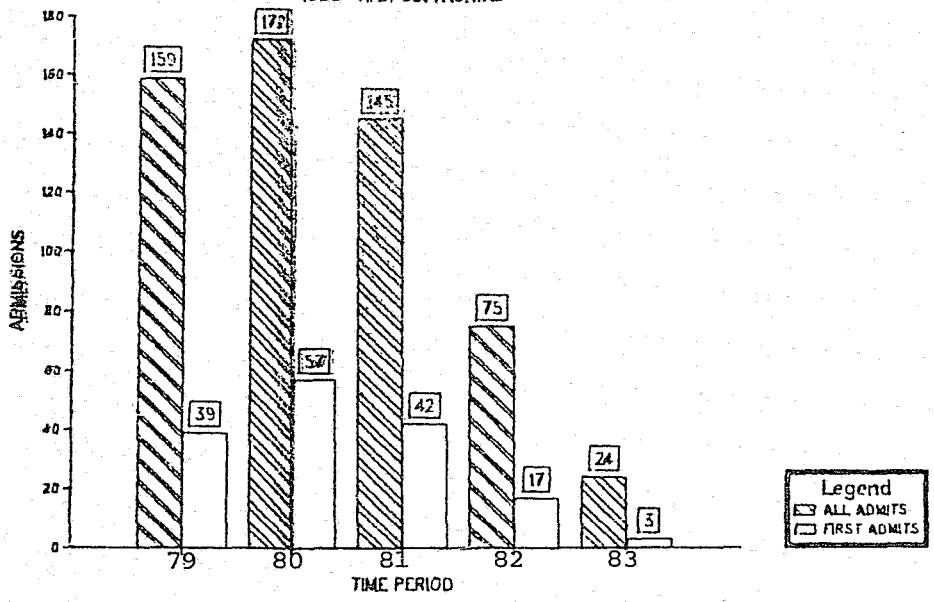


FIGURE 4B.
AVERAGE AGE OF TOTAL AND FIRST TIME
TWIN CITIES CODAP ADMISSIONS
FOR PRIMARY DRUG AMPHETAMINES.
1983–first six months

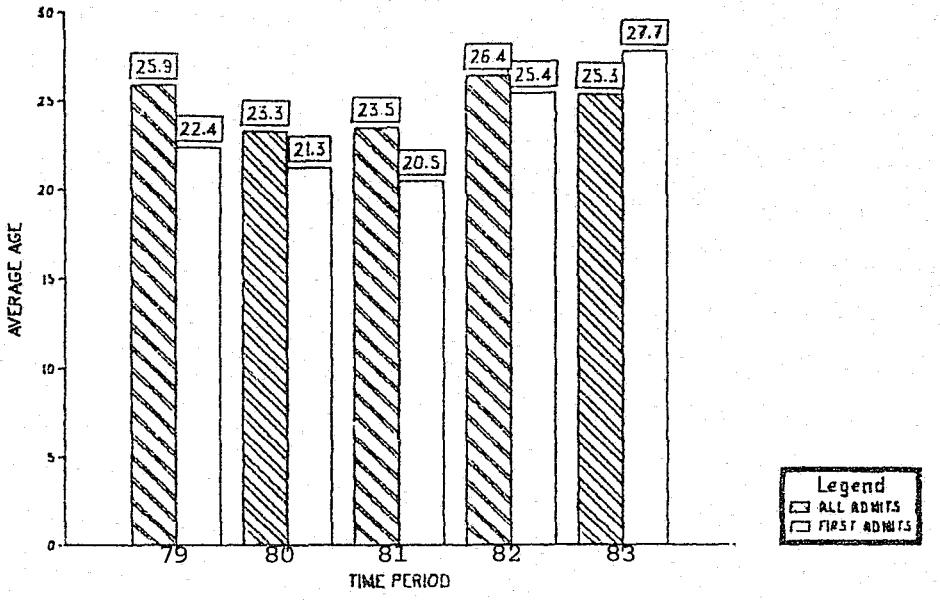


FIGURE 4C.
AVERAGE YEARS OF USE AND HEAVY USE
FIRST TIME TWIN CITIES CODAP ADMISSIONS
PRIMARY DRUG AMPHETAMINES.
1983–first six months

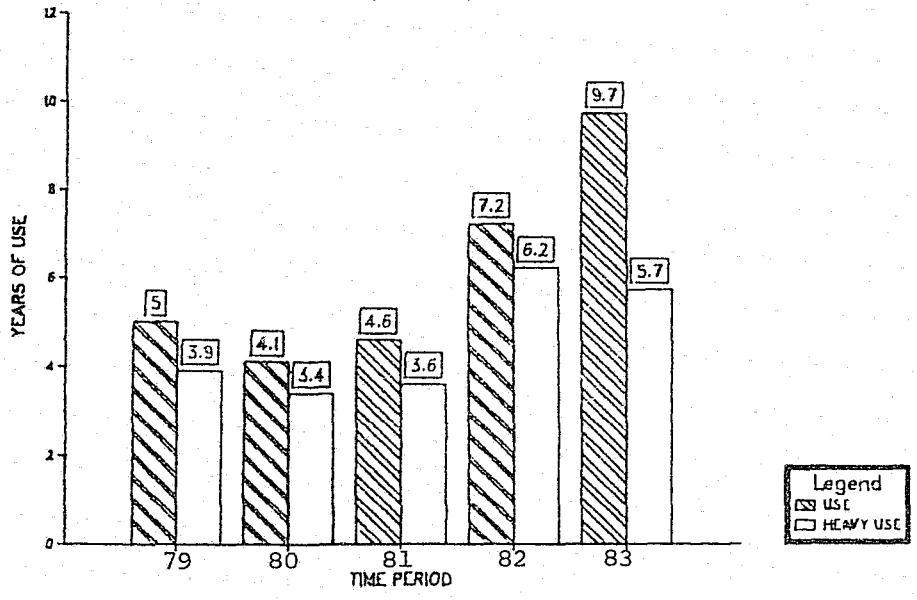


FIGURE 4D.
TREND IN QUARTERLY DAWN AMPHETAMINE MENTIONS
OCTOBER,1980 THROUGH JUNE,1983.

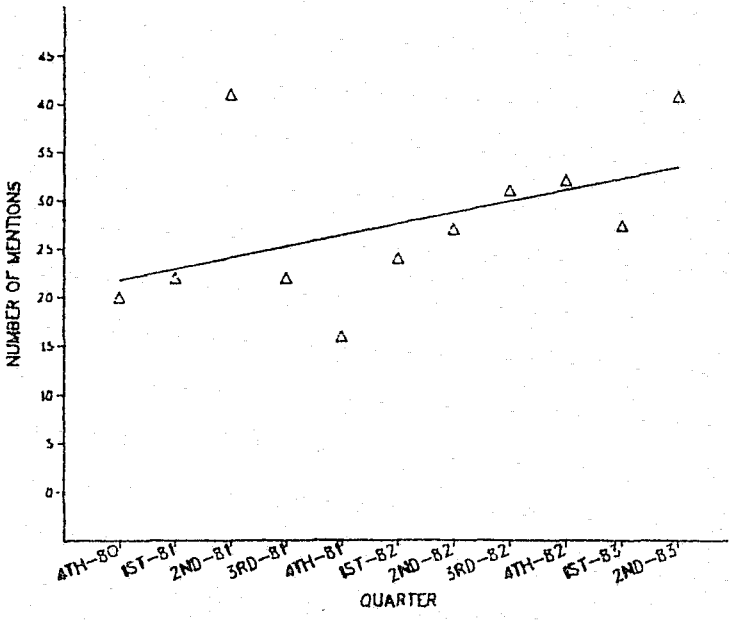


FIGURE 5A.
TOTAL & FIRST TIME TWIN CITIES
CODAP ADMISSIONS FOR PRIMARY DRUG COCAINE.
1983–first six months

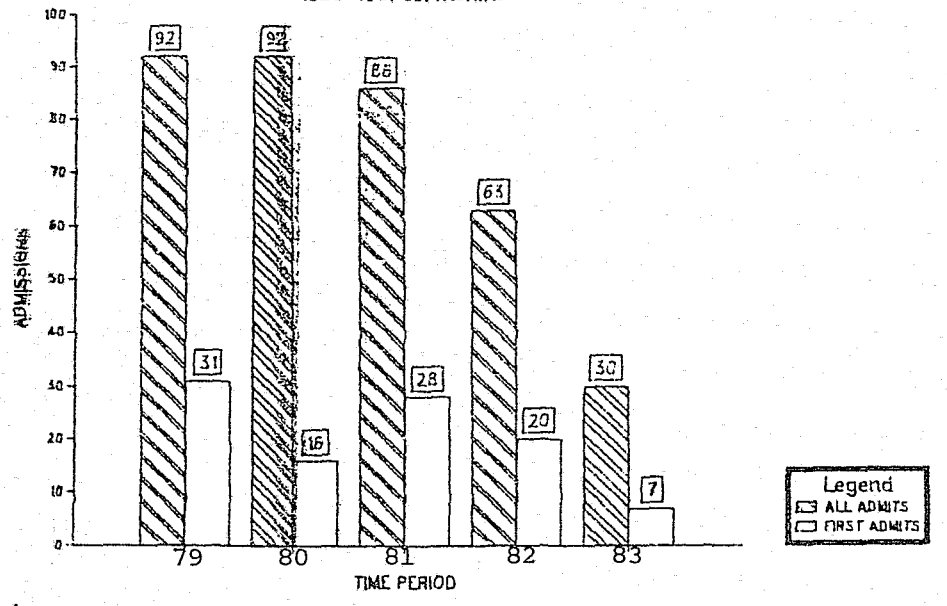


FIGURE 5B.
AVERAGE AGE OF TOTAL AND FIRST TIME
TWIN CITIES CODAP ADMISSIONS
FOR PRIMARY DRUG COCAINE.
1983–first six months

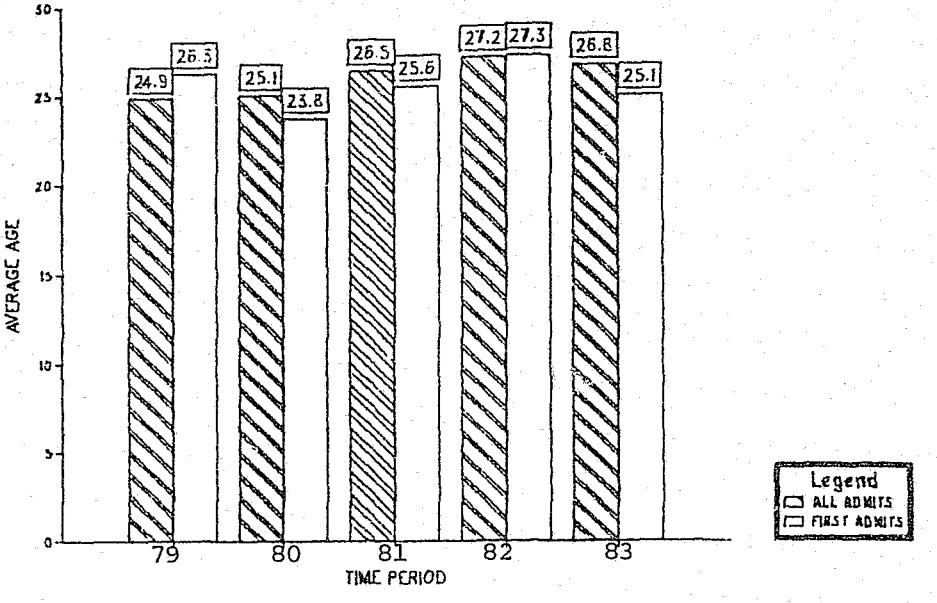


FIGURE 5C.
AVERAGE YEARS OF USE AND HEAVY USE
FIRST TIME TWIN CITIES CODAP ADMISSIONS
PRIMARY DRUG COCAINE.
1983–first six months

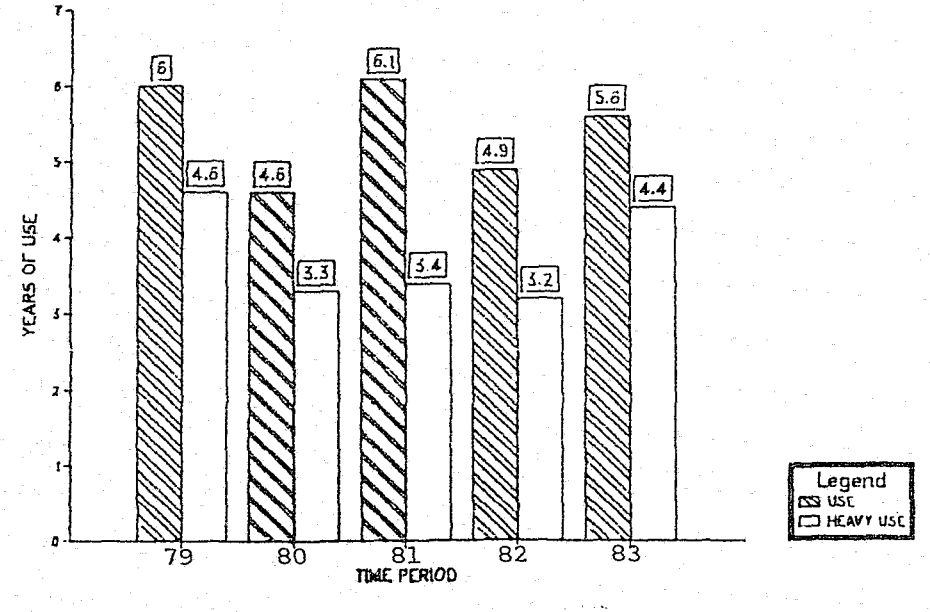


FIGURE 5D.
TREND IN QUARTERLY DAWN COCAINE MENTIONS
OCTOBER, 1980 THROUGH JUNE, 1983.

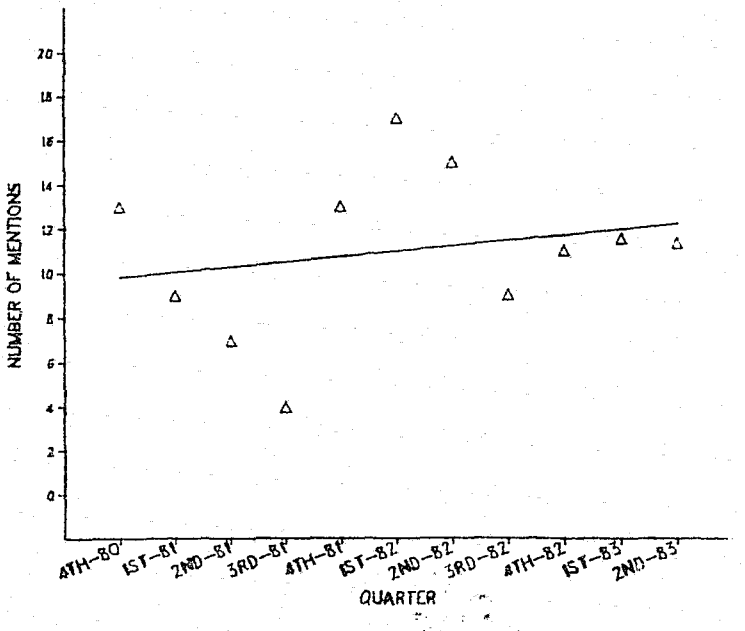


FIGURE 6A.
TOTAL & FIRST TIME TWIN CITIES
CODAP ADMISSIONS FOR PRIMARY DRUG MARIJUANA.
1983--first six months

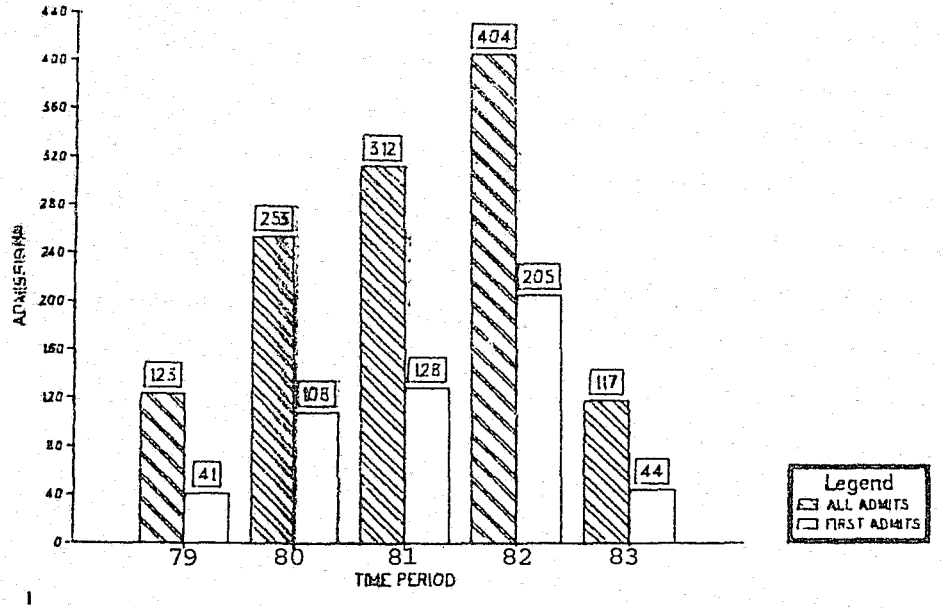


FIGURE 6B.
AVERAGE AGE OF TOTAL AND FIRST TIME
TWIN CITIES CODAP ADMISSIONS
FOR PRIMARY DRUG MARIJUANA.
1983--first six months

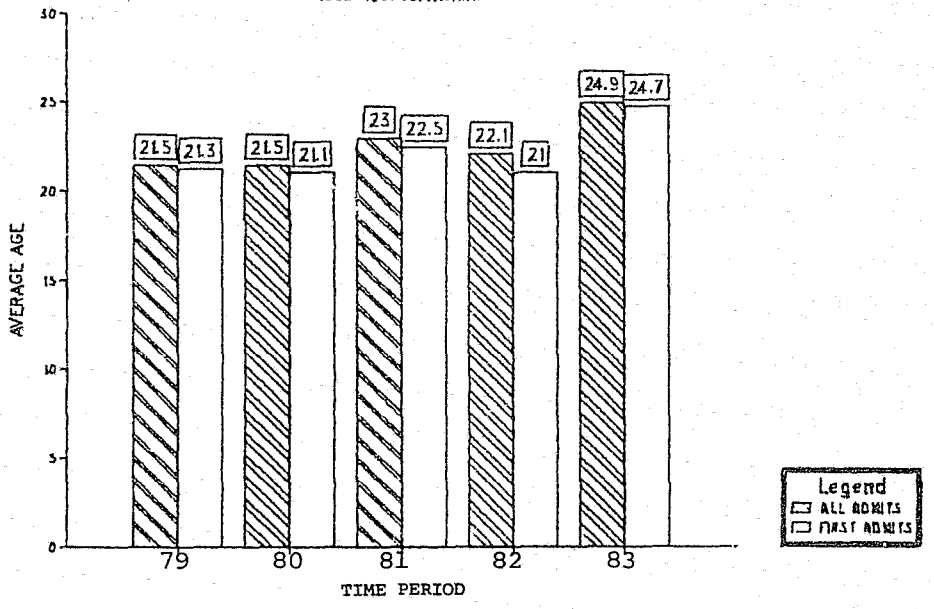


FIGURE 6C.
AVERAGE YEARS OF USE AND HEAVY USE
FIRST TIME TWIN CITIES CODAP ADMISSIONS
PRIMARY DRUG MARIJUANA
1983--first six months

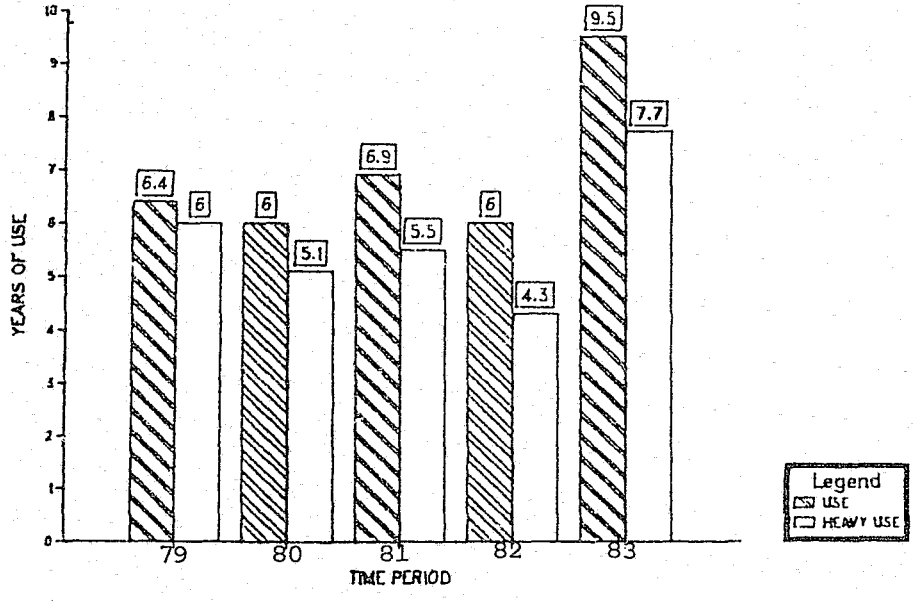


FIGURE 6D.
TREND IN QUARTERLY DAWN MARIJUANA MENTIONS
OCTOBER,1980 THROUGH JUNE,1983.

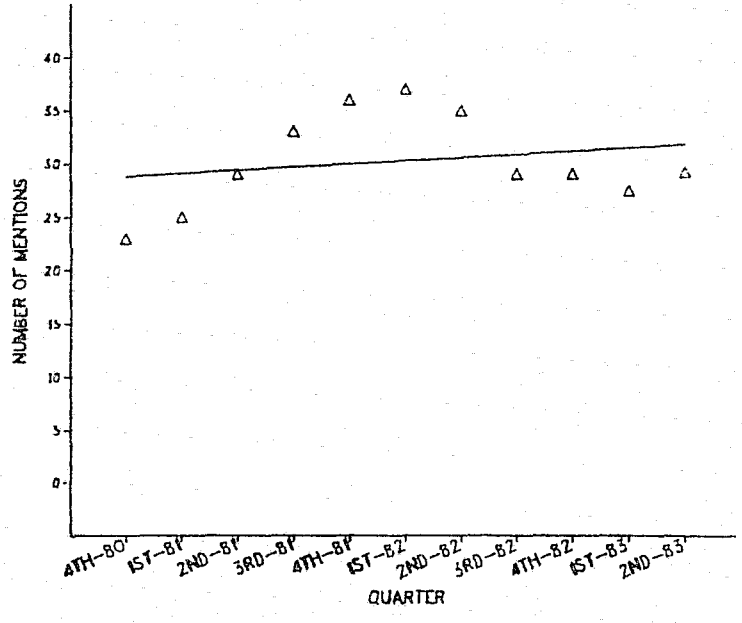


FIGURE 7A.
TOTAL & FIRST TIME TWIN CITIES
CODAP ADMISSIONS FOR PRIMARY DRUG LSD.
1983–first six months

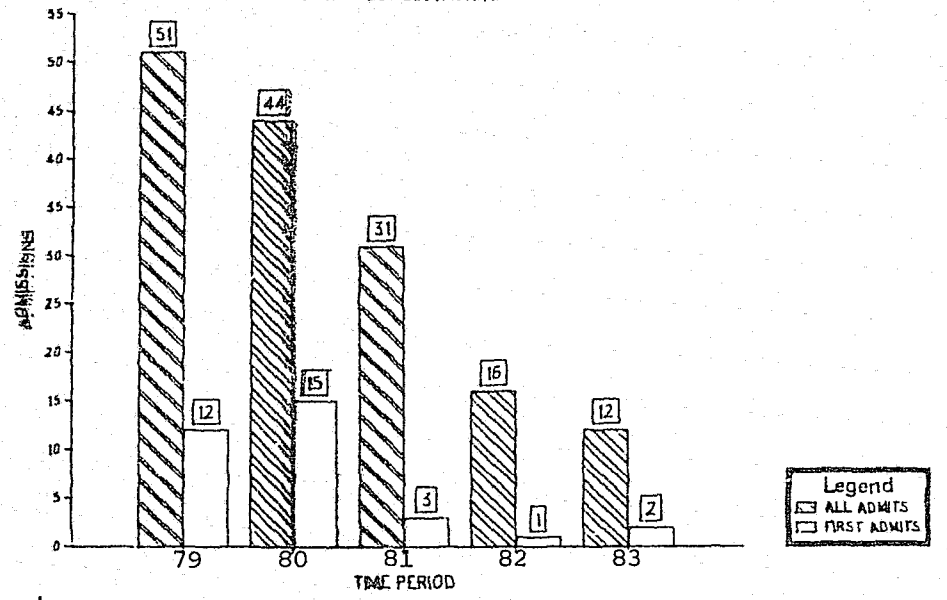


FIGURE 7B.
AVERAGE AGE OF TOTAL AND FIRST TIME
TWIN CITIES CODAP ADMISSIONS
FOR PRIMARY DRUG LSD.
1983–first six months

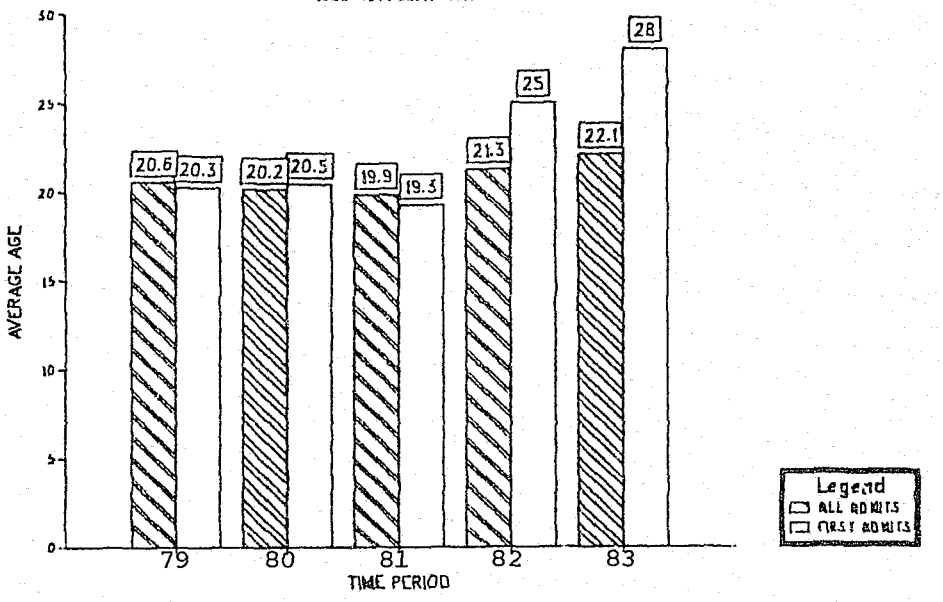


FIGURE 7C.
AVERAGE YEARS OF USE AND HEAVY USE
FIRST TIME TWIN CITIES CODAP ADMISSIONS
PRIMARY DRUG LSD.
1983–first six months

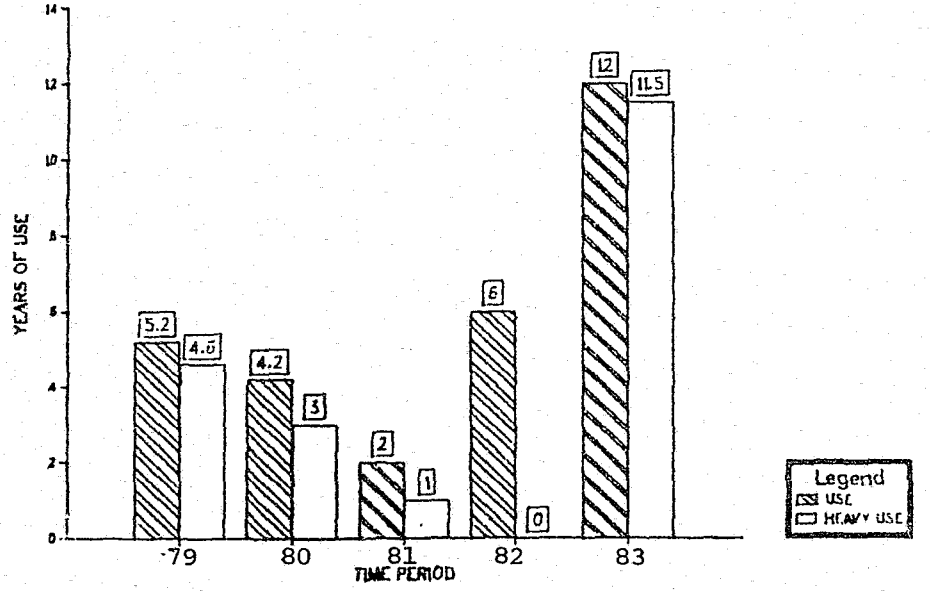


FIGURE 7D.
TREND IN QUARTERLY DAWN LSD MENTIONS
OCTOBER, 1980 THROUGH JUNE, 1983.

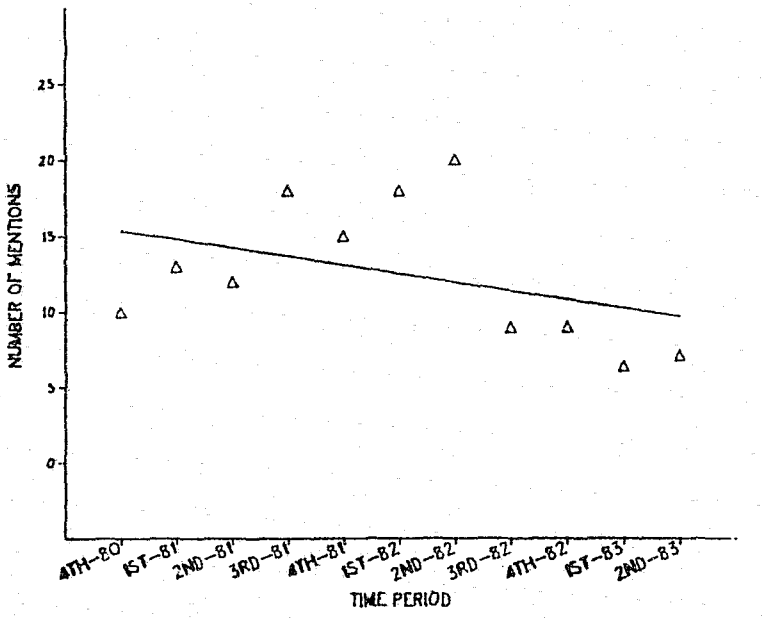


FIGURE 8A.
TOTAL & FIRST TIME TWIN CITIES
CODAP ADMISSIONS FOR PRIMARY DRUG PCP.
1983–first six months

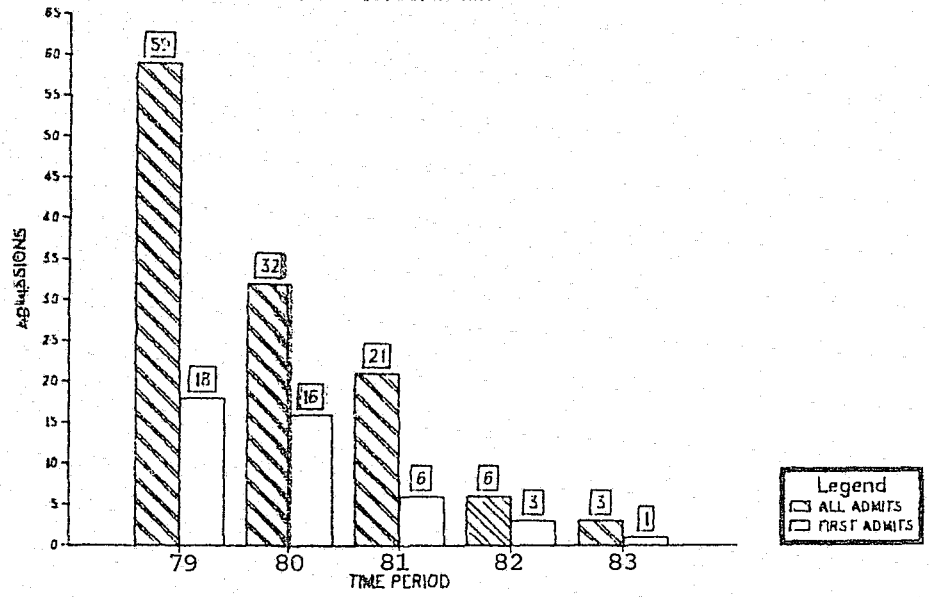


FIGURE 8B.
AVERAGE AGE OF TOTAL AND FIRST TIME
TWIN CITIES CODAP ADMISSIONS
FOR PRIMARY DRUG PCP.
1983–first six months

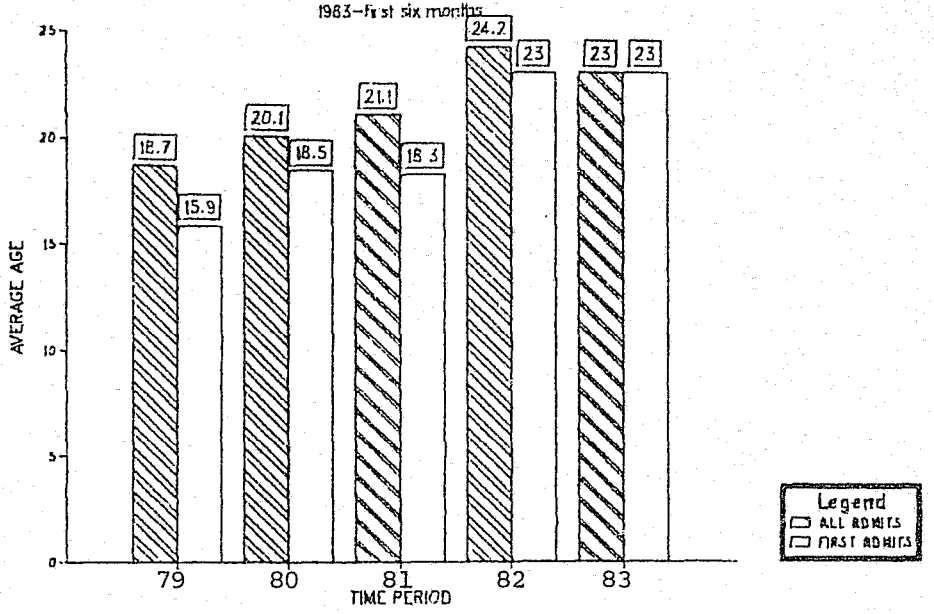


FIGURE 8C.
AVERAGE YEARS OF USE AND HEAVY USE
FIRST TIME TWIN CITIES CODAP ADMISSIONS
PRIMARY DRUG PCP.
1983–first six months

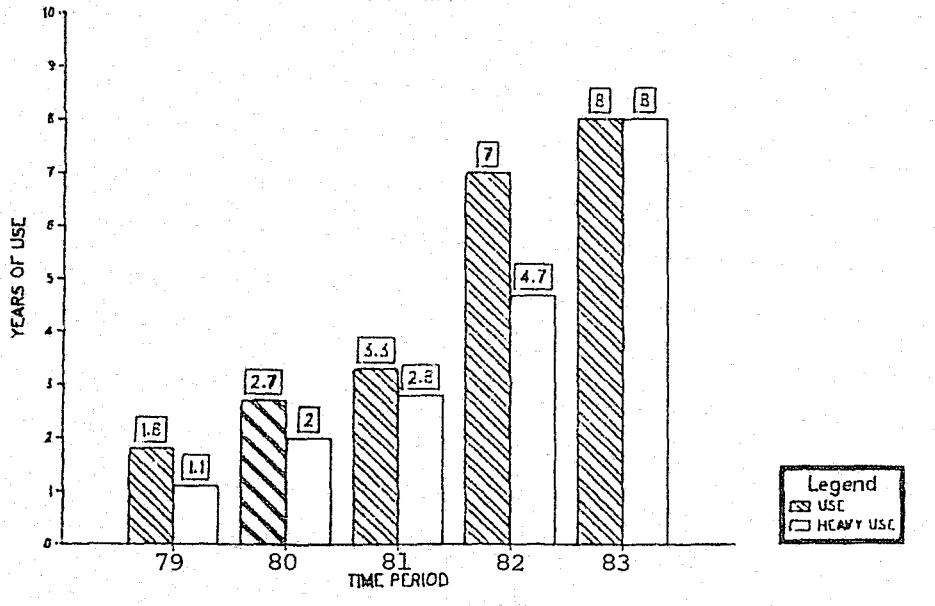


FIGURE 8D.
TREND IN QUARTERLY DAWN PCP MENTIONS
OCTOBER, 1980 THROUGH JUNE, 1983.

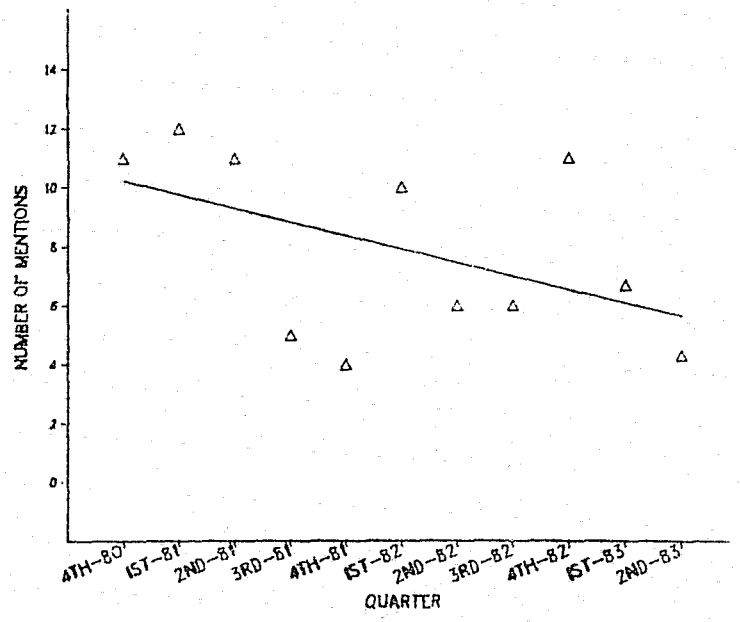


FIGURE 9A.
HENNEPIN COUNTY MEDICAL EXAMINER.
PROPORTION OF ALL DRUG AND ALCOHOL DEATHS
INVOLVING NARCOTICS.

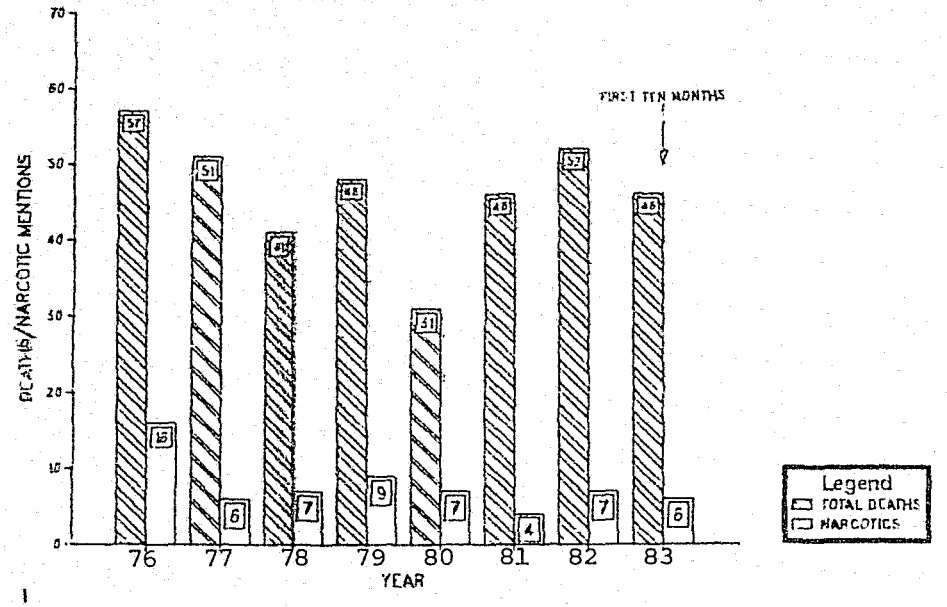


FIGURE 9B.
HENNEPIN COUNTY MEDICAL EXAMINER.
PROPORTION OF ALL DRUG AND ALCOHOL DEATHS
INVOLVING BARBITURATES.

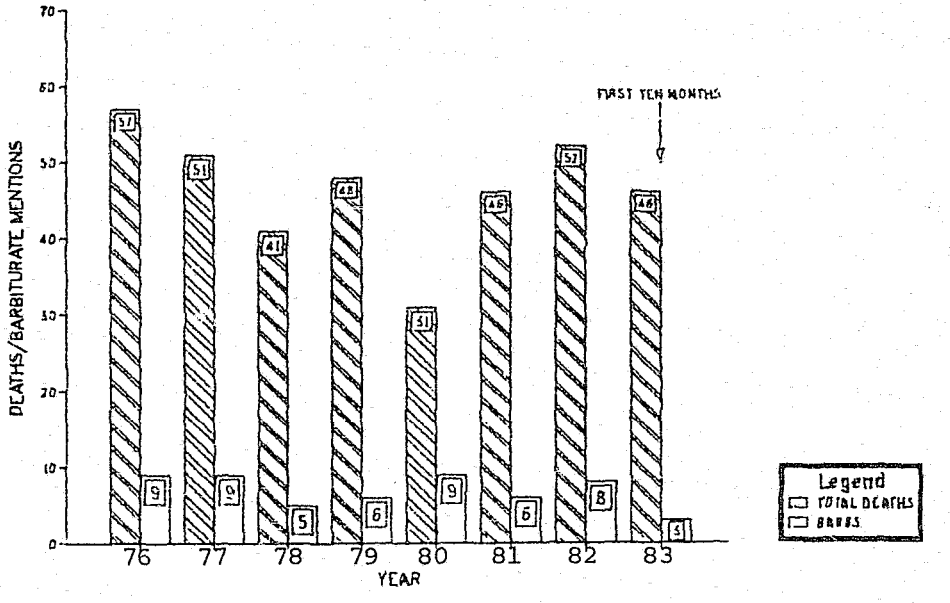


FIGURE 9C.
HENNEPIN COUNTY MEDICAL EXAMINER.
PROPORTION OF ALL DRUG AND ALCOHOL DEATHS
INVOLVING ANTIDEPRESSANTS.

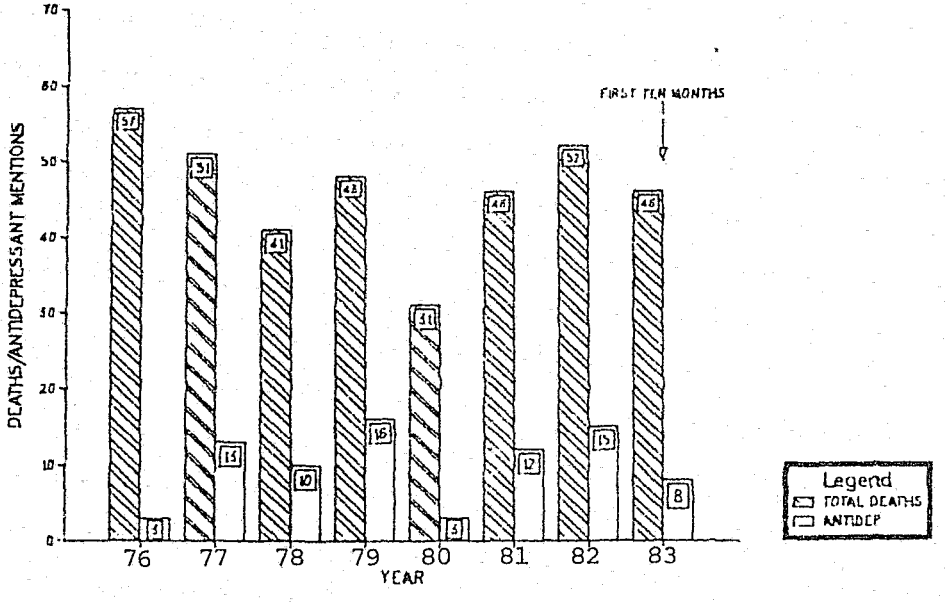
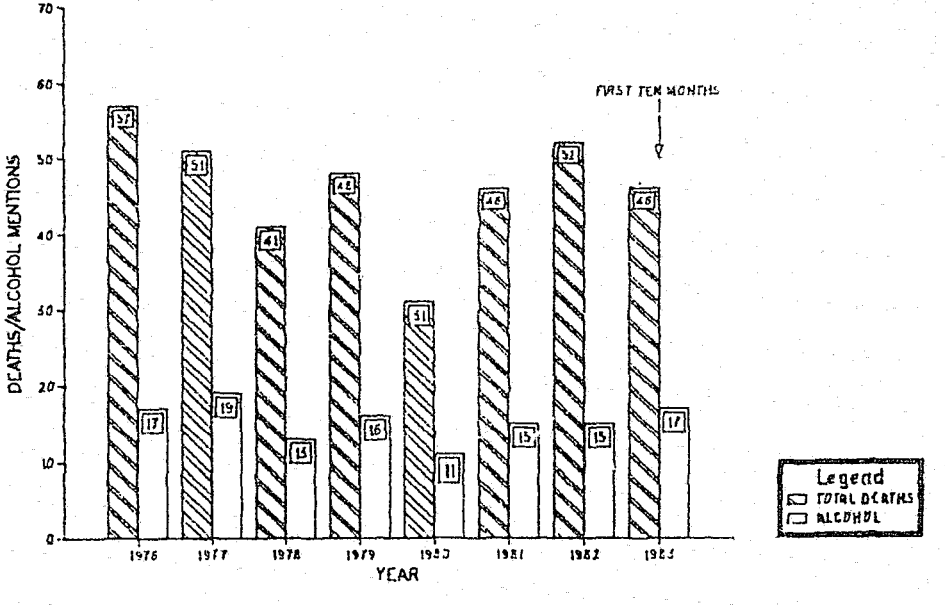


FIGURE 9D.
HENNEPIN COUNTY MEDICAL EXAMINER.
PROPORTION OF ALL DRUG AND ALCOHOL DEATHS
INVOLVING ALCOHOL.



DRUG TRENDS IN COLORADO: DECEMBER 1983

Robert Booth, Ph.D. (Colorado Department of Health, Alcohol and Drug Abuse Division)

Data for the present report were obtained from a variety of sources, including;

A. The Drug/Alcohol Coordinated Data System (DACODS). DACODS are completed at admission and discharge from all alcohol and drug treatment agencies in Colorado receiving public monies. Data elements include demographics, severity indicators (e.g., arrests, prior treatment episodes, drug use patterns, employment, etc.). DACODS is the source document for creation of quarterly tapes with CODAP items for the National Institute of Drug Abuse.

B. Drug Abuse Warning Network. These data consist of emergency room mentions and medical examiner reports. Unfortunately, current medical examiner data are not available for this report. We are, however, presently in the process of expanding our data base relevant to this indicator through the development of a system for abstracting all drug related deaths reported to the Colorado Health Department, Vital Statistics Division. This will be produced routinely and be available in the very near future.

C. Heroin Price and Purity. This information is obtained through the Denver Drug Enforcement Agency and the Denver Police Department, Vice and Narcotics Section.

D. Hepatitis Type B data are available from the Disease Control and Epidemiology Division of the Colorado Health Department.

E. Drug Treatment Program Directors were also contracted in order to obtain data not available through DACODS, including anecdotal information.

Treatment Data

A number of analyses were performed on treatment data, with particular attention to clients admitted with a primary substance of heroin or other opiates. Tables 1 and 2 depict age and years of use figures from 1978 through September, 1983. While the average age of heroin users (Table 1) has fluctuated only slightly between these years (29-33), there does appear to be a trend toward older heroin admissions entering treatment, particularly during 1983. Similarly, average years of use has generally varied between only 9 and 11 years from 1978 - 1982, while 1983 admissions reported 12-13 years of use.

Table 2, illustrating age and use figures for clients admitted for other opiates, reveals even less variance between 1978 and 1983 then for heroin abusers. With the exception of a few time frames and the 10 admissions for 1978, clients averaged between 31 and 32 years of age. In addition, the average years of drug use was very consistent over the years, ranging typically from 6 to 7 years.

In comparing these two tables it is obvious that there is very little difference in age between heroin and other opiate addicts, while in years of use the former substance consistently was used longer ($\bar{X}$ = 4.17 years). It may be recalled from the preceding report to this group that there was a close relationship between these

substances in terms of primary and secondary drugs of abuse. It is very likely that the low purity levels of heroin typically seen in Colorado account for a later switch to other opiates, where purity is more stable. In fact, since July 1981, an increase in the percentage of treatment admissions for either substance has been accompanied by a decrease in the other.

Table 3 illustrates these trends as well as changes from 1978 through September, 1983 according to primary substance of abuse. Several interesting findings are of note. First, the trend just mentioned (where increased heroin admissions accompanied decrease in admissions for other opiates, and vice-versa) appears to have ceased in the latest time frame. From July through September 1983, both heroin and other opiate admissions to treatment increased. Heroin went up by 3.2% of the population, to 14.8% and other opiates by .9%, to 10.4%. Overall, 25.2% of those in treatment during this time period were there for opiate abuse. This figure is the highest since 1980 for total opiate abuse as well as for heroin abuse. As noted in the last report to this group, heroin purity increased from January to May, 1983, which "...may be viewed as a prelude to increases in other indicators".

The remaining substances shown on Table 3 do not appear to have experienced this degree of change. Marijuana continues to be the single most reported drug of abuse, at 30%, followed by cocaine, at 21.5%. From the last report period to the present this figure for marijuana represents a decrease of .1% while the cocaine figure represents an increase of .7%. No other substance (other than opiates) increased significantly during these periods. The greatest decrease in drugs cited for this population occured with amphetamines (down 2.2%) and hallucinogens (down 1.9%).

Finally, demographic changes over time are illustrated on Table 4, with particular attention to the last two report periods. As this Table shows, both the mean and median age of clients have increased, by about a year and a half since 1982, to 27 years. This is similar to the age increases shown on Tables 1 and 2 for heroin and other opiates, respectively. Currently, 68% of the population is male, a decrease of 3.6% over the previous period and 1.0% over pre-1983 figures. The most notable change observed on race is the increase in black treatment admissions from 5.8% (1982 and before) to 6.6% currently.

DAWN

As mentioned, only emergency room data are available for 1983. In addition, there are problems with past DAWN reports in that not only did the format change over the years, such that certain figures are not available, but in comparing different reports it is apparent that the figures shown are rarely consistent. For example, the 1980 Annual Report provides a table on pp. 28-29 showing changes in drug mentions from 1977-1980. Some of the earlier figures (from annual reports in these years) match the ones in the 1980 study, but most do not. The latest output report, covering the period up to September, 1983, present figures going back to October 1980. Again, the earlier figures cited do not always agree with those previously distributed. These problems are of great importance to the Denver SMSA due to the small numbers typically cited, particularly with medical examiners figures. In light of these inconsistencies, Denver change during these years will not be compared to national figures.

Putting these difficulties aside, Table 5 illustrates that from 1978 - 1983 the most common drug seen (among those cited) in emergency rooms was alcohol-in-combination, followed by diazipan, cocaine, amitriptyline (alone or in combination), marijuana and heroin. Estimating total 1983 mentions from the last nine months, it appears that heroin episodes will increase to 56, the highest reported over these years. Cocaine should decline slightly, to 129, as will all other substances. These

declines for every substance but heroin may indicate a reporting problem. It is known, for example, that Denver General Hospital, the largest in Colorado, no longer admits diazipan clients to the emergency room. Instead they are triaged directly into treatment on another ward. Hence, the decline observed in diazipan episodes begining sharply in 1982 is, to a large degree, attributable to this factor.

Medical examiner data show that between 1980 and 1982 heroin mentions remained fairly stable at two, two and three respectively, up from zero in 1978 and 1979. Figures for other substances are available only for 1980 through 1982. These illustrate that cocaine overdoses were also generally constant, at six and seven, while diazipan fluctuated, from three to six. Amitriptyline mentions rose steadily during these years, from three to eleven, while alcohol-in-combination declined, from nine to five.

Heroin Price and Purity

According to both the Denver Office of the Drug Enforcement Agency and the Denver Police Department, heroin purity is increasing. Average purity is presently 6%, an increase of 2.5% over the previous report and nearly three times that of earlier report periods. Many of these samples are white heroin. As would be expected, price is declining while purity increases. Prices are currently as low as $900.00 an ounce, according to the Denver Police Department.

In terms of other substances, the Denver Police Department reports the majority of street abuse to be cocaine and marijuana. There was also a large seizure of LSD made during the recent Greatful Dead concert, where nearly 20,000 hits were confiscated in a single raid.

Hepatitis Type B

Hepatitis data are available through November, 1983, as shown below.

Hepatitis Type B

1976	1977	1978	1979	1980	1981	1982	1983
306	303	243	166	235	220	197	203

Estimating the total 1983 figure from 11 months data would put this figure at 221, the highest since 1980.

Program Directors

Several program directors were contacted in Denver and Colorado Springs to ascertain drug trends. In both locations it was reported that clients on methadone maintenance were increasing in numbers. In Denver these were typically old addicts on either heroin or Dilaudid. In Colorado Springs they were equally divided between old and new addicts, with the vast majority on Dilaudid or Percodan, not heroin.

Inhalants, PCP, and most other substances were not being seen among treatment admissions, however, an increasing number of abusers of Pentazocine and Tripelennamine (T's and Blues) were coming into Denver agencies. The most common drug in both locations was, however, cocaine. Most of these admissions were snorting, but there was also an increased amount of freebasing and intravenous use among clients.

Denver is one of the few locations in which a clinic is devoted specifically to

Toxic Vapor abuse (The Auraria Toxic Vapor Clinic). According to the clinical director, inhalant abuse is seasonal in terms of its impact on treatment admissions. In colder weather there are fewer admissions due largely to the fact that people are inside keeping warm, hence they are not on the street where they can be picked up. Overall, the inhalant problem has been fairly constant. Chronic users (those 20-36) typically abuse alcohol as a secondary substance, while younger abusers prefer marijuana secondarily. Interestingly, the paint of choice among these clients is a metalic, preferable gold, as it has a sweeter taste than silver.

Summary

The data depicted in this report are particularly disturbing. For the first time since Denver began participating in these semi-annual meetings, all indicators point toward an increase in heroin as well as other opiate abuse. These include:

A. Treatment admissions for heroin and total opiate abuse are the greatest since 1980.

B. Emergency room mentions for heroin are the highest since pre-1978.

C. Heroin purity, at 6% is the highest ever reported.

D. Hepatitis Type B has increased to its highest level since 1980.

E. Program directors in Colorado's two largest areas, Denver and Colorado Springs, report a dramatic increase in clients entering treatment for methadone maintenance.

As noted in the last report, heroin purity had increased over earlier periods. Thus, the rise in treatment admissions, emergency room mentions and Hepatitis Type B cases could be anticipated. Unfortunately, it appears that these will increase even further in view of the latest figures on current heroin purity samples.

TABLE 1
AGE AND YEARS OF USE: HEROIN TREATMENT ADMISSIONS
1978 - 1983

Percentages

ITEM	78[1]	78[2]	79[1]	79[2]	80[1]	80[2]	81[1]	81[2]	82[1]	82[2]	83[1]	83[2*]
AGE												
< 16												
16-20					1	5	3	3	3	3	2	4
21-25	55	31	14	10	13	16	15	21	20	8	10	9
26-30	9	31	38	48	43	38	32	35	33	40	30	28
31-35	9	21	31	21	24	25	24	26	25	27	29	30
36-40	18	10	10	10	14	13	18	11	11	12	15	13
41-45	9		7	5	4	2	3	3	5	6	8	10
46-50		7		5	1	1	2	1	2	4	2	4
51-55				2	1	1	1	1		1	2	2
56-60								1				
61-65									1		1	1
> 65							1					1
MEAN	29	30	29	32	31	30	32	30	31	32	33	33
MEDIAN	25	28	30	29	30	29	30	29	30	30	31	32
N	11	29	29	42	139	219	173	151	134	145	146	136
YEARS USED												
< 6	27	3	20	7	11	18	15	19	19	15	16	18
6-10	45	62	30	55	37	36	34	32	35	35	27	20
11-15	18	17	30	19	36	28	32	38	31	32	32	34
16-20		10	10	7	8	10	10	5	8	12	14	15
21-25			10	2	5	5	6	4	4	3	8	4
26-30	9	3		10	3	2	3	1	3	2	3	6
> 30		3			1	2	1	1		1		2
MEAN	9	11	11	11	11	11	12	10	10	11	12	13
MEDIAN	8	10	11	10	11	10	11	10	10	11	12	13
N	11	29	30	42	139	219	173	151	134	145	146	136

* Through 10/83

TABLE 2
AGE AND YEARS OF USE: OTHER OPIATE TREATMENT ADMISSIONS
1979 - 1983

ITEM	78[1]	78[2]	79[1]	79[2]	80[1]	80[2]	81[1]	81[2]	82[1]	82[2]	83[1]	83[2]*
AGE												
< 16					2	3						
16-20		17	8	3	6	7	1	2	1	3	3	5
21-25	25		15	41	22	23	15	18	22	18	15	11
26-30	50	50	31	24	35	33	39	41	29	36	18	30
31-35			23	21	21	22	26	23	26	22	37	33
36-40	25		8	3	3	8	6	6	9	13	17	14
41-45				7	4	2	5	6	8	2	4	3
46-50		17	8		2	1	3	1	2	2	3	1
51-55					1		1	2	3	1	2	2
56-60			8		1		2		1			
61-65							1					
> 65		17			1		1			2	1	
MEAN	29	36	31	28	30	28	32	31	32	31	33	31
MEDIAN	27	29	30	27	28	28	30	30	30	30	33	31
N	4	6	13	29	95	171	155	126	140	94	120	96
YEARS USED												
< 6	50	67	57	55	67	54	48	48	41	45	46	38
6-10	25	17	21	17	15	26	30	21	31	30	28	32
11-15		17	21	24	13	16	14	23	19	19	17	22
16-20	25			3	3	4	5	6	4	3	5	4
21-25					1		3	1	3	3	2	4
26-30						1	1	1	1		1	
> 30					1			1				
MEAN	7	5	6	7	6	6	7	8	8	7	7	8
MEDIAN	3	3	4	6	5	5	6	6	6	6	6	8
N	4	6	14	29	95	171	155	126	140	94	120	96

* Through 10/83

TABLE 3
PRIMARY DRUGS OF ABUSE X TREATMENT ADMISSIONS

PRIMARY SUBSTANCE	JAN. 78 DEC. 80	JAN. 81 JUNE 81	JULY 81 DEC. 81	JAN. 82 JUNE 82	JULY 82 DEC. 82	JAN. 83 JUNE 83	JULY 83 SEPT.83
Heroin	16.7	12.1	11.4	10.2	13.2	11.6	14.8
Other Opiates	11.3	10.6	9.4	10.8	8.5	9.5	10.4
Non-RX Methadone	.4	.2	.1	.5	.1	0	.2
Barbiturates	2.7	1.7	1.8	1.6	1.5	1.4	.8
Sedatives	1.8	1.0	1.0	1.0	.6	.4	.7
Tranquilizers	5.3	4.7	4.8	4.0	2.2	3.0	2.8
Amphetamines	13.1	12.5	11.3	12.2	10.0	10.9	8.7
Cocaine	13.0	18.3	17.7	20.5	21.9	20.8	21.5
Marijuana	23.6	25.6	26.1	27.2	26.9	30.2	30.1
Hallucinogens	5.3	5.2	5.3	3.6	4.7	4.1	2.2
Inhalants	2.8	2.7	3.0	2.0	3.5	1.7	1.4
Over-The-Counter	.3	.4	.5	.5	.4	.5	.1
Other	3.7	5.0	7.3	6.1	6.5	5.9	6.3
N	3138	1541	1334	1316	1101	1259	921

TABLE 4
DEMOGRAPHIC TRENDS
1978 - 1983

	1978-1982	1983 (Jan-June)	1983 (July-Sept)
AGE			
< 16	6.0	4.6	4.2
16-20	22.3	24.6	19.9
21-25	22.9	16.0	18.6
26-30	23.8	23.0	24.7
31-35	14.5	18.4	17.1
36-40	5.7	8.2	8.6
41-45	2.2	2.9	3.9
46-50	1.2	.9	1.6
51-55	.7	.8	.4
56-60	.4	0	.6
61-65	0	.1	.2
> 65	.3	.5	.2
MEAN	26.03	26.94	27.43
MEDIAN	25.76	26.39	27.01
SEX			
MALE	68.8	71.4	67.8
FEMALE	31.2	28.6	32.3
RACE			
ANGLO	77.1	77.5	77.2
BLACK	5.8	6.1	6.6
AMERICAN INDIAN	1.4	1.5	1.4
HISPANIC	14.9	13.9	14.5
OTHER	.8	.3	.2

TABLE 5
DAWN FIGURES: 1978 - 1983

EMERGENCY ROOM

SUBSTANCE	1978	1979	1980	1981	1982	1983*
HEROIN	53	48	27	53	44	42
COCAINE	33	64	93	154	155	97
DIAZIPAN	589	471	416	401	338	174
AMITRIPTYLINE	33	58	60	75	88	48
AMIT. COMB.	UNAVAIL-ABLE	45	51	58	46	26
MARIJUANA	60	57	76	115	99	51
ALCOHOL-IN-COMBO	711	726	774	1077	916	UNAVAIL-ABLE

MEDICAL EXAMINERS

SUBSTANCE	1978	1979	1980	1981	1982	1983
HEROIN	0	0	2	2	3	X
COCAINE	X	X	6	6	7	X
DIAZIPAN	X	X	5	3	6	X
AMITRIPTYLINE	X	X	3	7	11	X
AMIT. COMB.	X	X	X	X	X	X
ALCOHOL-IN-COMB.	X	X	9	4	5	X

* THROUGH 9/31

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