

**COMMUNITY EPIDEMIOLOGY WORK GROUP
DECEMBER 1988
Epidemiologic Trends in Drug Abuse**

EXECUTIVE SUMMARY

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Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

122790

U.S. Department of Justice
National Institute of Justice

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EXECUTIVE SUMMARY

INTRODUCTION

The 25th meeting of the Community Epidemiology Work Group (CEWG) was held on December 6-9, 1988, in New Orleans, Louisiana. During this meeting, the 20 CEWG representatives reported on current drug abuse trends and patterns in their cities. The following Executive Summary is based on these reports.

To assess the status of drug abuse in society, the Executive Summary uses data from a variety of health and other drug abuse indicator sources, including: drug-related deaths reported by medical examiner (ME) offices to the National Institute on Drug Abuse (NIDA) Drug Abuse Warning Network (DAWN); drug-related emergency room (ER) episodes reported to DAWN; primary substance of abuse reported by clients at treatment admission; arrestee urinalysis results based on studies conducted under the Drug Use Forecasting (DUF) System of the National Institute of Justice; seizure, price, purity, and arrest data obtained from the Drug Enforcement Administration (DEA) and from State and local law enforcement agencies; and other city-specific data gathered through ethnographic research, surveys, criminal justice and correctional data, public health data, and other data unique to local areas.

In order to standardize data for comparison between areas, the Executive Summary employs several techniques:

- All ER data cover the four quarters that ended March 1988 in comparison with the four quarters that ended March 1987.
- All ER data are based on NIDA's DAWN Drug Alert. DAWN Alert data reflect actual and imputed mentions for a consistent panel (i.e., submits reports for at least 90 percent of reporting period) of reporting hospitals.
- All percentages for treatment program admissions are calculated based on nonalcohol admissions.

Some data, however, cannot be completely standardized. For example, in discussing treatment admissions, it is important to note that reporting periods vary from city to city. Most cities report such data by calendar year; some, like Boston, Los Angeles, and Miami, report by fiscal year ending in June; the State of Texas, however, reports by fiscal year ending in August; and Detroit and Washington, D.C. report by fiscal year ending in September.

The Executive Summary is organized by specific drug of abuse and is presented in three sections--Precis, Regional Summary and City Summary--to provide alternative focus and level of detail.

PRECIS

COCAINE

Cocaine continues to be the most noteworthy drug of concern throughout most of the CEWG network. Increases in cocaine-related deaths are reported by Minneapolis, New Orleans, Philadelphia, Washington D.C., and most western cities (except for San Diego), while New York and Detroit report declines. Miami reports an increasing number of deaths preceded by a syndrome characterized by hyperactivity, stupor, tachycardia, and hyperthermia. Cocaine ranks highest in ER mentions (for the four quarters ended March 1988) in every CEWG city, except for Washington, D.C. and St. Louis, where cocaine ranks second, and for San Diego and San Francisco, where it ranks third. Most cities report substantial increases in total ER mentions (ranging from 20 to 210 percent) between the two four-quarter periods ended March 1987 and March 1988. However, two cities--Miami and Los Angeles--report declines in cocaine ER mentions, while Denver and San Francisco report only slight increases. Cocaine accounts for a sizable portion of treatment clients in most CEWG cities, and four cities--Detroit, Miami, New Orleans, and Philadelphia--report that over 60 percent of nonalcohol clients cite cocaine as the primary drug of abuse. Crack and user-prepared freebase cocaine abuse is reported by an increasing number of treatment clients throughout most cities. Cocaine prices remain low and supplies are plentiful. Crack-related crime and violence has escalated, particularly in Atlanta, Miami, New Orleans, Philadelphia, and Washington, D.C. Los Angeles has reportedly replaced Miami as the major import city for cocaine.

HEROIN

Heroin-related deaths have increased in the northeastern cities, while western cities report declines or stable trends. Washington, D.C. reports increased deaths due to heroin/cocaine combinations. While declines in ER mentions are reported by many cities--Dallas, Denver, Detroit, Los Angeles, Miami, Phoenix, and San Francisco--ER mentions have increased almost 300 percent in New Orleans, and have more than doubled in Philadelphia and St. Louis. (These increases may be overstated, however, due to a change in the reporting criteria for heroin. As of January 1, 1987, DAWN expanded its reporting criteria to include persons "seeking detoxification." These cases were nonreportable in the past. In New Orleans, about 80 percent of heroin mentions reported seeking detox as the reason for contact. This reason accounted for about 35 percent of heroin mentions in Philadelphia and 28 percent in St. Louis.) In contrast, deaths and ER mentions remain low in Atlanta, Miami, Minneapolis, and San Diego. Heroin accounts for a substantial percentage of clients in most cities, especially in Boston, Newark, New York, and Los Angeles. New York and Philadelphia report increased smoking of heroin combined with crack. Snorting, rather than IV use, is increasingly common in Newark; it is also increasing in New York and Chicago. New Orleans reports increased purity levels, Texas reports

increased black tar trafficking, and several northeastern cities report increased purity and trafficking of Southwest and Southeast Asian heroin. Black tar heroin availability is reported by Minneapolis, St. Louis, and most western cities.

OTHER OPIATES

Washington, D. C. reports a decline in hydromorphone-related deaths, while Los Angeles projects a decline in methadone-related deaths for 1988. Methadone ranks first in ER mentions among opiates other than heroin, followed by propoxyphene, oxycodone, codeine, hydromorphone, pentazocine, and meperidine, in that order. New York leads by far in methadone ER mentions, Newark ranks first in codeine ER mentions, while Philadelphia reports the highest number of ER mentions for the remaining other opiates. The percentage of clients reporting other opiates as primary drugs of abuse remains low in most cities.

MARIJUANA

Seven cities report increases of over 100 percent in marijuana ER mentions--Buffalo; Miami, Newark, Phoenix, St. Louis, Seattle, and Washington, D. C. All other cities report smaller increases or level trends. Although the exact reason for the increases is not known, the data show that episodes involving marijuana mentioned in combination with one or more other drugs increased sharply between 1986 and 1987, whereas episodes in which marijuana was mentioned alone continued on approximately the same, slightly increasing trend. Marijuana ranks second in ME detections and ER mentions in Atlanta, while it ranks second in ER mentions in Denver, Miami, and Dallas. Washington, D.C. continues to report the highest number of ER mentions in the DAWN system, possibly attributable to marijuana laced with PCP and/or a high THC content.

STIMULANTS

San Diego exceeds other cities by far in the number of stimulant (amphetamines, methamphetamines, and speed) ER mentions. Such mentions have increased by over 80 percent. Substantial increases in ER mentions are also reported by Phoenix and Seattle, and to a lesser extent by Dallas. On the other hand, Philadelphia and San Francisco report declining ER trends--however, San Francisco treatment admissions have risen by 40 percent. Stimulant abuse accounts for 46 percent of San Diego's drug treatment population. Needle-using amphetamine clients are increasing in Texas. In San Francisco, 70 percent of speed-abusing treatment clients report injection as the primary route of administration. MDMA is emerging as a less expensive alternative to cocaine in Chicago; increased availability was also reported in Colorado and Miami.

BARBITURATES AND SEDATIVES/HYPNOTICS

Sedative/hypnotic-related drug deaths appear to be declining in San Diego after record levels in 1987. Diazepam ER mentions rank high in Atlanta, Boston, Miami, Philadelphia, St. Louis, and San Diego. The remaining CEWG cities report declining or stable trends in diazepam ER mentions; the most dramatic declines have occurred in Los Angeles, New York, and San Francisco. Glutethimide ER mentions continue to increase in Newark and Philadelphia. Newark accounts for over half of all glutethimide ER mentions reported to DAWN and for the majority of deaths. The percentage of clients reporting barbiturates and sedatives/hypnotics as primary drugs of abuse remains low.

HALLUCINOGENS

PCP indicators show dramatic increases in St. Louis, San Francisco, and Washington, D.C. and more moderate increases in Chicago. Declines were reported in Los Angeles, New York, and New Orleans. Washington, D.C. ranks first among the CEWG cities in PCP ER mentions, and PCP accounts for the greatest number of total ER mentions in Washington, D.C. and St. Louis. LSD ER mentions are stable in Colorado and have increased in Chicago, Dallas, Phoenix, and Seattle. While LSD ER mentions decreased in San Antonio, Dallas still ranks highest among the CEWG cities in such mentions.

The matrix in exhibit 1 highlights the drug abuse indicators in each of the CEWG areas.

EXHIBIT 1
PRECIS
CEWG AREA HIGHLIGHTS OF KEY ABUSED DRUGS
DECEMBER 1988

	COCAINE	HEROIN	MARIJUANA	OTHER DRUGS OF NOTE
Atlanta	Detected in 101 ME cases (6 mo. '88); ERs up 61%; 37.1% of TXs (2Q88); crack-related violence	Health indicators low; 16.1 % of TXs (2Q88); black tar available; white heroin price up	59 deaths (6 mo. '88); ERs up 27.6%; 19.5% of TXs (2Q88); sinsemilla, infrequent foreign	Diazepam ERs down 37%; methamphetamine availability continues
Boston	ERs up 70%; 37% of TXs (FY 88); kilo price down to \$10-\$25K; 90% pure; crack use up	ERs up 50%; 48% of TXs ((FY 88); significant purity increase	ERs up 16%; TXs down to 10.1% (FY88); wide price range; 3.2-10% THC	Diazepam ERs down 12%
Chicago	ERs up 55%; 18% of TXs (1986); kilo price \$18-\$22K; no crack, but freebasing common	ERs up 30%; TXs down	ERs up 41%; 30% of TXs (1986); Colombian and more exotic strains	PCP ERs up 19%; diazepam ERs stable; poly-drug use common; hydromorphone use down
Colorado ²	Deaths up; ERs up 9%; 37% of TXs (6 mo. ;12/87); kilo price \$11K (down); 40-80% pure; increased freebasing	ERs down 32%; hepatitis-B cases down; 14% of TXs (6 mo. '88); black tar and Mexican brown available	ERs high and stable; 37% of TXs (6 mo. '88)	Diazepam and LSD ERs stable; pentazocine seizures up
Detroit	416 deaths (1987); ERs up 56%; 33% of TXs; kilo price \$12-\$25K (stable); large seizures; crack raids up	126 deaths (9 mo. '88); ERs down 12%; 13% of TXs (FY88); Southeast Asian available	ERs up 23%; 4% of TXs (FY88); large seizure	Diazepam ERs stable
Los Angeles	169 deaths (6 mo. '88); ERs stable; 15% of TXs (FY88); increased smoking; major import city	88 deaths (6 mo. '88); ERs down 21%; 74% of TXs (FY88)	ERs stable; 3% of TXs (FY88)	PCP ERs down 11% but still at high levels; diazepam ERs stable
Miami	167 cocaine-related deaths (6 mo. '88); ERs down 17%; 73% of TXs (up) (FY88); crime up	Minimal health consequences; declining ERs; 10% of TXs (FY88); poor quality	ERs up 228%; 14% of TXs (up) (FY 88); prices doubled; more high potency domestic varieties	Diazepam ERs down 34%
Minneapolis	24 deaths (10 mo. '88); ERs up 35%; 28% of TXs (3Q88); kilo price \$20-\$30K; 90% pure	ERs up 49%; 6.8% of TXs (3Q88); black tar availability up	ERs up 21%; 22% of TXs (3Q88)	Diazepam ERs down 31%; hydromorphone use rivals heroin
Newark	64% of tox reports; ERs up 53%; 25% of TXs (6 mo. '88); \$40/half-gram (stable); 80% pure; little crack, but freebasing up	43% of tox reports; ERs up 26%; 62.7% of TXs (6 mo. '88); purity, availability & snorting up	ERs up 134%; 4.9% of TXs (6 mo. '88)	41% of all DAWN glutethimide deaths; #1 city in glutethimide/codeine ERs, up 30% and 20%
New Orleans	ERs up 210%; 66.7% of TXs (up) (6 mo. '88); kilo price \$14-\$20K; 90-98% pure; violent crime up; crack use up	ERs up 290%; 16.6% of TXs (down) (6 mo. '88); purity up; stable prices; seizures of Middle Eastern heroin	ERs up 46%; 3.5% of TXs; (down) (6 mo. '88); more domestic; arrests down	Diazepam, hydromorphone, oxycodone ERs up; PCP ERs down, but abuse still high

New York	222 deaths (down) (1987); ERs up 32%; 38% of TXs (6 mo. '88); gang activity up; crack purity down; increased freebasing	900 projected deaths ('88) (up); ERs stable; 41% of TXs (6 mo. '88); increased smoking w/lt crack; purity up	ERs up 15%; primary TXs stable (7%), secondary TXs up; arrests down	PCP indicators down; diazepam ERs down 30%
Philadelphia	161 deaths (6 mo. '88); ERs up 199%; 69.9% of TXs (6 mo. '88); increased crack house/gate house activity	124 deaths (up) (6 mo. '88); ERs up 132%; 17.7% of TXs (6 mo. '88); wide purity range; Southeast/Southwest Asian	ERs up 55%; 3.1 percent of TXs (stable) (6 mo. '88); arrests down; quality down; wide availability	36 glutethimide deaths; #2 in glutethimide ERs; diazepam ERs stable; stimulant ERs & TXs down
Phoenix	30 deaths (10 mo. '88); ERs up 90%; 44% of TXs (6 mo. '88); kilo price \$12-\$15K (down); 80% pure; crack purity down	24 deaths (10 mo. '88); ERs down 9%; 6% of TXs (6 mo. '88); high purity; stable supplies of Mexican black tar	ERs up 218%; local production up; wide price and quality range	High stimulant ERs, up 174%; LSD use up
St. Louis	ERs up 86%; 17% of TXs (3 mo. '88); ounce price \$900; 76-90% pure	ERs up 127%; 22% of TXs (3 mo. '88); black tar and Mexican brown available	ERs up 135%; sinsemilla; large local production	PCP ERs up 200% (top ER); diazepam ERs stable
San Diego	12 deaths (1987); ERs up 20%; 20% of TXs (1987) seizures up	32 deaths (6 mo. '88); ERs up 23%; 18% of TXs (1987)	ERs up 48%; 12% of TXs (stable) (1987)	Stimulant ERs up 76% (top ER), 46% of TXs (1987); diazepam ERs up 28%, at cocaine level
San Francisco	152 deaths (1987) (up); ERs stable; 28% of TXs (3Q88); arrests up; crack/PCP combinations reported	Deaths down; ERs high but down 38%; TXs high but down; black tar most common; speedballing common	N/R	PCP ERs nearly doubled; stimulant deaths up, ERs down; diazepam ERs down
Seattle	36 deaths (50% due to speedballing (11 mo. '88); ERs up 104%; ounce price \$650-\$850 (stable); 70-90% pure	37% of deaths; ERs up 22%; prices stable; black tar most common	ERs up 123%; large domestic crop, organized growing houses; 16% THC levels	Stimulant ERs up 105%; clandestine lab increase
Texas³	90 deaths ('87); ERs up 79%; 37% of TXs (2nd half FY88)	106 deaths ('87); ERs down 10%; 22% of TXs (2nd half FY88); black tar trafficking up	ERs up 55.3%; 19.5% of TXs (2nd half FY88); increased cultivation; regular grade and sinsemilla	Stimulant ERs at high levels, IV use up, large lab seizures; most inhalant deaths in DAWN system
Washington, D.C.	24 OD deaths (10 mo. '88); ERs up 134%; 37% of TXs test positive; kilo price \$17-\$30K; 60-90% pure; violence up	89 deaths + 40 speedball deaths (10 mo. '88); ERs up 48%; 30% of TXs test positive; Southwest Asian available	ERs up 107%; combined with PCP; high quality	#1 city in PCP ERs, up 92%, down in last 2 quarters; hydromorphone deaths & ERs down

¹DAWN ER data reflect actual and imputed mentions for a consistent panel of reporting hospitals, comparing four-quarter period ended March 1987 to four-quarter period ended March 1988; reporting periods for other indicators as specified.

²ER data are for Denver alone; all other data are statewide.

³ER data are for Dallas/San Antonio combined; all other data are statewide.

ERs = emergency room mentions
TXs = nonalcohol treatment admissions

REGIONAL SUMMARY

The following summary offers a regional perspective to the highlights of drug abuse patterns and trends in the 19 CEWG areas. Please note that all ER mention totals below are based on the four quarters ended March 1988; all percentages of change are based on the four quarters ended March 1987. Treatment data are reported by calendar year, except for the following areas: Boston, Los Angeles, and Miami report by fiscal year ending June; Texas reports by fiscal year ending August; and Detroit and Washington, D.C. report by fiscal year ending September. Treatment data in Colorado and Texas are not broken down by city and, therefore, are presented as "statewide"; ER data in Colorado are limited to Denver and, in Texas, to Dallas and San Antonio combined. The symbol "N/R" in treatment admission tables refers to data not reported.

COCAINE

Southern Region

Cocaine-induced deaths appear stable in Miami and Atlanta; cocaine-related deaths increased in Miami and New Orleans, increased slightly in Atlanta, and appear to be stable in Texas. Miami reports an increasing number of deaths preceded by excited delirium, a syndrome characterized by hyperactivity, stupor, tachycardia, and hyperthermia.

Cocaine is the leading ER mention throughout the South. As table 1 indicates, these mentions increased in Atlanta and Texas and rather dramatically in New Orleans, but declined somewhat in Miami.

Table 1. Cocaine ER mentions in the South

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Atlanta	434	699	+61%
Miami	348	287	-17%
New Orleans	723	2,244	+210%
Texas (Dallas/San Antonio)	647	1,157	+79%

Table 2 shows that approximately two-thirds of New Orleans' and Miami's admissions to nonalcohol treatment, and approximately one-third of Atlanta's and Texas' admissions, are for primary cocaine abuse. Such admissions in New Orleans have nearly tripled over the 1987 figure.

Table 2. Percentage of nonalcohol treatment admissions for primary cocaine abuse in the South

	Percentage of admissions	Most recent reporting period
Atlanta	37.1	2Q88
Miami	73.0	FY88
New Orleans	66.7	First half 1988
Texas (statewide)	37.0	Second half FY88

Clients in Atlanta report mixing cocaine with marijuana in cigarettes. Crack use has increased in New Orleans and is the most common cocaine form in Atlanta. Crack-related crime and violence are reportedly growing in Atlanta, Miami, and New Orleans. Prices remain low in Texas and continue to drop in the other cities, with Miami reporting the lowest kilogram price (\$10,000). Atlanta and New Orleans report high purity levels.

Northeast Region

Cocaine is mentioned most frequently by toxicology reports in Philadelphia and Newark; Philadelphia reports an increase. Washington, D.C. reports increased overdose deaths related to cocaine/heroin combinations. New York, however, reports a decline in cocaine-related deaths.

Cocaine is the leading ER mention throughout the Northeast, except for Washington, D.C., where it closely trails PCP. As table 3 indicates, cocaine ER mentions have increased in each city, especially Philadelphia and Washington, D.C. New York leads this group in absolute numbers, with over 7,000 mentions.

Table 3. Cocaine ER mentions in the Northeast

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Boston	630	1,069	+61%
Newark	940	1,439	+53%
New York	5,569	7,360	+32%
Philadelphia	1,805	5,391	+199%
Washington, D.C.	1,765	4,140	+134%

As table 4 indicates, treatment admissions for primary cocaine abuse comprise a sizeable portion of each city's nonalcohol treatment population, with the lowest percentage in Newark and the highest in Philadelphia. The percentage has apparently declined in New York but increased considerably in Philadelphia (from 54.2 percent in first half 1987).

Table 4. Percentage of nonalcohol treatment admissions for primary cocaine abuse in the Northeast

	Percentage of admissions	Most recent reporting period
Boston	37.0	FY88
Newark	24.8	First half 1988
New York	38.0	First half 1988
Philadelphia	69.9	First half 1988
Washington, D.C.	37.0	FY88

Crack use is increasing in Boston. New York, Newark, and Philadelphia report an increasing shift to smoking freebase. Violence and homicides associated with the crack market are escalating in Washington, D.C. and in Philadelphia, where crack houses and gate houses (fortified property for sales transactions only) proliferate. New York reports Dominican and Jamaican gang activity, and Philadelphia law enforcement agencies have formed a Jamaican Task Force. Prices are reportedly down in Boston and stable in Newark.

Central Region

Cocaine-related deaths appear to be up in Minneapolis and declining in Detroit. Cocaine ranks first in drug-related ER mentions across the region, except in St. Louis, where it ranks second to PCP. Table 5 illustrates the increase in cocaine ER mentions within the region.

Table 5. Cocaine ER mentions in the Central region

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Chicago	1,973	3,062	+55%
Detroit	3,145	4,898	+56%
Minneapolis	327	442	+35%
St. Louis	201	374	+86%

Treatment admissions for primary cocaine abuse account for a significant proportion of nonalcohol admissions across the region, as portrayed in table 6 (the Chicago 1986 figure is the latest available and does not include several nonreporting programs).

Table 6. Percentage of nonalcohol treatment admissions for primary cocaine abuse in the Central region

	Percentage of admissions	Most recent reporting period
Chicago	18%	1986
Detroit	61%	FY88
Minneapolis	28%	3Q88
St. Louis	25%	1Q88

Crack use and availability is increasing in Detroit and Minneapolis, while in Chicago, users are converting cocaine to freebase themselves.

Western Region

In Los Angeles, cocaine ranks highest in drug-related deaths, with 169 reported in the first half of 1988 (preliminary data). Cocaine-related deaths have increased throughout the region, except in San Diego, where the 1988 total is expected to remain stable at about 12. In Colorado, such deaths increased from 2.78 to 10.31 per 1 million population, between 1985 and 1987; in San Francisco, they increased 81 percent in a year to a 1987 total of 152, and appear to be increasing further in 1988; and they have been increasing in Phoenix and Seattle since 1986 to respective 10- and 11-month totals of 30 and 36 in 1988. Cocaine was associated with 40 percent of Seattle's 1988 drug-related deaths, and over one-half of these cocaine deaths involved heroin/morphine (speedballing).

Cocaine is the leading ER mention in most of the region; in San Diego, however, it trails behind methamphetamine at about the same level as diazepam; and in San Francisco, it trails behind heroin and PCP. As table 7 indicates, Los Angeles still leads the region in the raw number of cocaine ER mentions, but such mentions appear to be stabilizing there and in San Francisco, as well. They have increased dramatically in Seattle and Phoenix, moderately in San Diego, and slightly in Colorado.

Table 7. Cocaine ER mentions in the West

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Colorado (Denver)	489	531	+9%
Los Angeles	2,442	2,435	-0.3%
Phoenix	486	921	+90%
San Diego	129	155	+20%
San Francisco	516	534	+3%
Seattle	499	1,018	+104%

Phoenix and Colorado(statewide) nonalcohol treatment programs have the region's largest percentages of cocaine admissions, as evidenced in table 8. The Los Angeles figure represents a decline over the 1987 level but is still higher than that of 1986; the San Francisco figure is slightly higher than 1987 and early 1988 figures; and the percentage in San Diego has remained constant over a year.

Table 8. Percentage of nonalcohol treatment admissions for primary cocaine abuse in the West

	Percentage of admissions	Most recent reporting period
Colorado (statewide)	37%	First half 1988
Los Angeles	15%	FY88
Phoenix	44%	First half 1988
San Diego	20%	1987
San Francisco	28%	3Q88
Seattle	N/R	N/R

Freebasing is increasing in Colorado, and crack users have recently begun to enter treatment. The majority of Los Angeles cocaine clients reported smoking as the primary route of administration. Researchers in San Francisco note a renewed pattern of intravenous cocaine use--many users dissolve it with lemon juice--and an increased use of crack/PCP.

Los Angeles supplies appear up and prices are down. Prices have dropped drastically in Colorado, to \$11,000 per kilogram at 40-80 percent purity. The Phoenix kilogram price has also dropped to \$12,000-\$15,000 at 50-95 percent purity, but availability has stabilized. Prices in Seattle have remained fairly stable at \$650-\$850 per ounce, and samples continue to be 70-90 percent pure.

Crack purity in Phoenix has dropped to less than 50 percent; the primary adulterant is vitamin B-12, and dealers reportedly "base it back" and dry it in a microwave to puff it up like popcorn; a rock sells for \$15-\$20. In Colorado, a one-tenth crack rock sells for \$20-\$30.

Law enforcement officials report that Los Angeles has replaced Miami as the major import city for cocaine and that dealers now package cocaine with product identifiers to attract consumer loyalty. In Phoenix, cocaine is sold primarily by Mexicans and "yuppies," and crack sales are controlled by Los Angeles gangs, which distribute through well-armed, militaristic-like houses; increasing amounts of cocaine are being transshipped through Mexico, Arizona, and then to major distribution centers in Los Angeles and Miami, before returning to Arizona. Most of Seattle's cocaine supply is brought in by a gang of Hispanics, but no single group controls

the street-level trade. Crack apparently comes to Denver from Los Angeles. DEA seizures in San Diego have risen 957 percent between 1985 and 1988. Cocaine accounts for an increase in San Francisco felony narcotics arrests.

HEROIN

Southern Region

Consequences of heroin abuse are minimal in Atlanta and Miami--with two deaths in Atlanta in the first half of 1988 and none in Miami since before 1987. In Texas, however, opiates contributed to 106 deaths statewide in 1987 and 32 thus far in the first half of 1988. As table 9 indicates, heroin ER mentions are low level in Atlanta and Miami; they have declined slightly in Texas, but have increased dramatically in New Orleans, where they rank second to cocaine in frequency.

Table 9. Heroin ER mentions in the South

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Atlanta	47	50	+6%
Miami	18	5	-72%
New Orleans	136	531	+290%
Texas (Dallas/San Antonio)	407	366	-10%

Admissions for primary heroin abuse, as table 10 indicates, range from 10 percent of Miami's nonalcohol treatment admissions to 22 percent in Texas.

Table 10. Percentage of nonalcohol treatment admissions for primary heroin abuse in the South

	Percentage of admissions	Most recent reporting period
Atlanta	16.1	2Q88
Miami	10.0	FY88
New Orleans	16.6	First half 1988
Texas (statewide)	22.0	Second half FY88

Prices in Atlanta are stable for black tar but up for white heroin. Most heroin in Miami, where black tar is rare, is considered poor quality. New Orleans reports increased purity levels, stable prices, and a large seizure of Middle Eastern heroin. Texas reports many new poppy fields under cultivation in Mexico, and increased black tar trafficking in border areas.

Northeastern Region

Negative health consequences of heroin abuse are increasing in Newark's toxicological ME reports to DAWN, in New York's 1988 projected chronic or acute IV narcotism deaths, and in Philadelphia's heroin/morphine-related deaths. While narcotic overdose deaths in Washington, D.C. are projected to decline, speedball deaths show significant increases; heroin, however, continues to cause the most overdose deaths.

Heroin ranks second in frequency of ER mentions throughout the Northeast, except in Washington, D.C., where it trails both cocaine and PCP. As evident from table 11, Philadelphia experienced the region's greatest increase in heroin ER mentions; such mentions remained stable in New York, which continues to record the greatest raw number of cases.

Table 11. Heroin ER mentions in the Northeast

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Boston	326	490	+ 50%
Newark	395	498	+ 26%
New York	3,729	3,800	+ 2%
Philadelphia	447	1,036	+ 132%
Washington, D.C.	1,246	1,843	+ 48%

Primary heroin abuse is the leading cause for nonalcohol treatment admissions in Boston, Newark, and New York. Heroin admissions have increased considerably in New York between first halves 1987 and 1988. Boston heroin admissions have remained stable, and Philadelphia admissions have declined slightly (from 23.2 percent in first half 1987). Table 12 presents the percentages of heroin admissions in the Northeast.

Table 12. Percentage of nonalcohol treatment admissions for primary heroin abuse in the Northeast

	Percentage of admissions	Most recent reporting period
Boston	48.0	FY88
Newark	62.7	First half 1988
New York	41.0	First half 1988
Philadelphia	17.7	First half 1988
Washington, D.C.	30.0	2Q-4Q FY88

Snorting, rather than IV use, is becoming increasingly common, especially among younger users in Newark. New York and Philadelphia report increased smoking of heroin combined with crack to produce a speedball effect known as "chasing the dragon." Births to heroin-abusing women in New York show a recent increase.

Heroin purity has increased throughout the region. Prices are \$12-\$40 per bag in Boston, \$15 per 25- to 35-milligram bag and \$100-\$150 per quarter gram in Newark, \$0.40-\$2.70 per milligram in New York, \$0.67-\$1.50 per milligram in Philadelphia, and \$30-\$40 per quarter gram in Washington, D.C. Heroin in Philadelphia is either Southwest Asian or higher quality Southeast Asian. In Washington, D.C., where Southwest Asian heroin remains widely available, most traffickers continue to be Indian, Iranian, and Nigerian, with Lebanese and Pakistani sources increasingly evident.

Central Region

Indicators of heroin abuse have remained stable in Detroit, while showing upward trends in ER mentions in Chicago, Minneapolis, and St. Louis, as presented in table 13.

Table 13. Heroin ER mentions in the Central region

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Chicago	808	1,049	+30%
Detroit	2,683	2,348	-12%
Minneapolis	43	64	+49%
St. Louis	48	109	+127%

Admissions to treatment for primary heroin abuse comprise a significant proportion of nonalcohol admissions in Detroit and St. Louis, as indicated in table 14.

Table 14. Percentage of nonalcohol treatment admissions for primary heroin abuse in the Central region

	Percentage of admissions	Most recent reporting period
Chicago	N/R	N/R
Detroit	19%	FY88
Minneapolis	6.8%	3Q88
St. Louis	33%	1Q88

Purity levels range from 2 percent in Chicago to 15 percent in Detroit to 41 percent in St. Louis. Black tar is increasingly available in Minneapolis and St. Louis, while

Southeast Asian heroin is available in Detroit. Karachi (a mixture of heroin, other opiates, and barbiturates), used mostly intranasally, is emerging as a combination drug of growing concern in Chicago.

Western Region

All cities in the region report declines in heroin-related deaths after a 1986 peak, except Seattle, where deaths apparently have stabilized after a 1987 peak. In San Diego, heroin and other opiates still account for the greatest number of drug-related deaths. In all the other cities, heroin involvement in deaths is second to cocaine.

Table 15 depicts declining heroin ER mentions in four of the cities in the region and moderate increases in San Diego and Seattle. Los Angeles still leads the region in frequency of such mentions. Heroin remains San Francisco's top-ranking ER mention, and it trails cocaine in Los Angeles, Phoenix, and Seattle; it lags behind stimulants, sedatives, cocaine, and marijuana in San Diego and behind cocaine, marijuana, and sedatives in Colorado.

Table 15. Heroin ER mentions in the West

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Colorado (Denver)	185	125	-32%
Los Angeles	1,730	1,361	-21%
Phoenix	349	316	-9%
San Diego	56	69	+23%
San Francisco	916	569	-38%
Seattle	418	509	+22%

Heroin accounts for the majority of Los Angeles nonalcohol treatment admissions, as indicated in table 16. The Colorado figure represents a drop from earlier years. San Francisco treatment admissions have steadily declined since 1984, although heroin remains the highest ranking drug among first-time admissions. Speedballing cocaine and heroin continues to be common in San Francisco.

Table 16. Percentage of nonalcohol treatment admissions for primary heroin abuse in the West

	Percentage of admissions	Most recent Reporting period
Colorado	14.2%	First half 1988
Los Angeles	74%	FY88
Phoenix	6%	First half 1988
San Diego	18%	1987
San Francisco	N/R	N/R
Seattle	N/R	N/R

Mexican brown and black tar are Colorado's only available heroin forms; black tar, at 50-60 percent purity, sells for \$20-\$30 per match head size (one-sixteenth gram) and \$5,000-\$6,000 per ounce; Mexican brown, typically 2-5 percent pure, sells at \$2,000 per ounce. Phoenix reports stable supplies of primarily Mexican black tar, averaging 50 percent purity, and selling at \$2,800-\$4,000 per ounce and \$105,000-\$150,000 per kilogram. In San Francisco, black tar is the dominant heroin form, and Persian and China white are less widely available. In Seattle, black tar is the most commonly available form and sells for a stable \$275 per gram and \$20-\$25 per match head, while Mexican brown prices have declined slightly to \$120-\$180. Seattle reports a dramatic increase in prosecutors' filings for heroin-related offenses.

OTHER OPIATES

Southern Region

Opiates other than heroin were detected in 32 deaths in the first half of 1988 in Atlanta. Other opiate ER mentions were stable in Atlanta, totaling 90 for propoxyphene (Darvon), hydromorphone (Dilaudid), codeine, and methadone; they totaled 31 in Miami for oxycodone (Percodan), propoxyphene, hydromorphone, meperidine (Demerol), and methadone. In New Orleans, oxycodone ER mentions increased 126 percent, in a year, to 77; hydromorphone continues to be the leading heroin substitute, with ER mentions increasing over 200 percent to a total of 86.

Methadone, hydromorphone, and other opiates accounted for 18.7 percent of Atlanta's second-quarter 1988 nonalcohol primary treatment admissions. In Miami and New Orleans, only 2.5 and 4.1 percent, respectively, of nonalcohol treatment clients cite other opiates as primary drugs of abuse.

The hydromorphone street price in Atlanta has decreased to \$40-\$60 per 4-miligram tablet. It is available on New Orleans streets for \$25-\$35 per tablet.

Northeast Region

Overdose deaths attributed to hydromorphone have decreased in Washington, D.C.; hydromorphone ER mentions have also consistently declined there for the past six quarters. Newark leads the DAWN system in codeine ER mentions. Codeine, widely used with glutethimide in "hits," is the city's third most frequent ER mention. Philadelphia, where acetaminophen-with-codeine (Tylenol 4) continues to be used in combination with glutethimide, is also among the top cities in codeine ER mentions. Philadelphia is the leading DAWN city in propoxyphene ER mentions.

Hits continue to sell for \$12 in Newark. A 4-ounce bottle of codeine syrup in Philadelphia retails for \$28 on the street.

Central Region

Codeine leads this category of drugs in ER mentions in Detroit, while its use continues at moderate levels in Chicago. Propoxyphene is the most frequently abused pharmaceutical taken orally by narcotic addicts in Chicago. Hydromorphone rivals heroin in use and availability in Minneapolis. A limited amount of fentanyl (Sublimaze) was reportedly available in St. Louis. State police seized 2,000 tablets of pentazocine (Talwin) in Detroit in 1988.

Western Region

In Los Angeles methadone-related deaths appear to be declining, and methadone and codeine ER mentions have dropped; other opiates as a group accounted for less than 1 percent of FY 1988 treatment clients. Seattle reports that deaths involving other opiates remain stable, with propoxyphene identified in over half the deaths in this category reported in 1988 thus far; ER mentions involving other opiates have increased somewhat.

MARIJUANA

Southern Region

In Atlanta, marijuana ranks second to cocaine in frequency of ME detections (16 percent of overdose and nonoverdose deaths) and ER mentions. It also ranks second in ER mentions in Miami and Dallas, Texas. As table 17 documents, such mentions increased in frequency throughout the region, especially in Miami.

Table 17. Marijuana ER mentions in the South

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Atlanta	65	83	+ 27.6%
Miami	25	82	+ 228%
New Orleans	359	526	+ 46%
Texas	365	567	+ 55.3%

Primary marijuana abuse accounts for a sizeable portion of admission to nonalcohol treatment in Atlanta, Miami, and Texas, as evidenced in table 18.

Table 18. Percentage of nonalcohol treatment admissions for primary marijuana abuse in the South

	Percentage of admissions	Most recent reporting period
Atlanta	19.5	2Q88
Miami	14	FY88
New Orleans	3.5	First half 1988
Texas (statewide)	19.5	Second half FY88

Foreign supplies are reportedly declining throughout the region, while domestic varieties are more available. Sinsemilla sells for \$800-\$1,200 per pound in Atlanta and \$125-\$200 per ounce in Texas. Miami's high-potency domestic has doubled in price to \$140-\$200 per ounce. Texas seizure data indicate increased marijuana cultivation. Arrests have decreased in New Orleans.

Northeastern Region

Marijuana was present in 8 percent of Newark's toxicological ME reports to DAWN. Washington, D.C. leads the region in frequency of marijuana ER mentions (table 19). Many of these mentions are apparently associated with PCP being sprayed on marijuana and with the high quality of marijuana. Most marijuana emergencies in New York involved at least one other drug.

Table 19. Marijuana ER mentions in the Northeast

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Boston	93	108	+ 16%
Newark	56	131	+ 134%
New York	674	774	+ 15%
Philadelphia	340	526	+ 55%
Washington, D.C.	732	1,518	+ 107%

Treatment admissions for primary abuse remain low level throughout the region, as apparent in Table 20. Boston reports the highest percentage among nonalcohol admissions in the region--10.1 percent in FY 1988 (a decline from 13.4 percent in FY 1987).

Table 20. Percentage of nonalcohol treatment admissions for primary marijuana abuse in the Northeast

	Percentage of admissions	Most recent reporting period
Boston	10.1	FY88
Newark	4.9	First half 1988
New York	7.0	First half 1988
Philadelphia	3.6	First half 1988
Washington, D.C.	N/R	N/R

Marijuana arrests continue to decline in New York and Philadelphia. Philadelphia reports short supplies of high-quality marijuana but readily available lower quality marijuana containing seeds and twigs. Washington, D.C. reports an apparent decline in available marijuana not laced with PCP, with prices at \$70-\$130 per ounce and \$600-\$1,400 per pound. The ounce price in Boston, whose sources are Arizona and Jamaica, is \$60-\$150 (3.2-10.0 percent THC content).

Central Region

Marijuana ER mentions escalated across the region, with the most notable increase in St. Louis, as indicated in table 21. Marijuana ranks second among drug-related ER mentions in Minneapolis, third in Buffalo, Chicago, and Detroit, and fourth in St. Louis.

Table 21. Marijuana ER mentions in the Central region

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Chicago	494	698	+41%
Detroit	667	823	+23%
Minneapolis	86	104	+21%
St. Louis	78	183	+135%

Marijuana-related treatment admissions account for a remarkable percentage of treatment admissions in the region, as demonstrated in table 22.

Table 22. Percentage of nonalcohol treatment admissions for primary marijuana abuse in the Central region

	Percentage of admissions	Most recent reporting period
Chicago	30%	1986
Detroit	7%	FY88
Minneapolis	22%	3Q88
St. Louis	21%	1Q88

Marijuana ranks second in detections among arrestees in Chicago. Quarter-ounce prices range from \$35 to \$100 in Chicago, while ounce prices range from \$100 to \$250 in Minneapolis. Pound prices for sinsemilla in St. Louis range from \$1,500 to \$2,000.

Western Region

Marijuana ER mentions, as table 23 indicates, increased dramatically in Phoenix and Seattle, increased in San Diego, and were stable in Colorado, Los Angeles, and San Francisco. Marijuana ranked second among drugs in Colorado ER mentions and third in Phoenix and Seattle.

Table 23. Marijuana ER mentions in the West

	2Q86-1Q87	2Q87-1Q88	Percentage of change
Colorado (Denver)	148	156	+5%
Los Angeles	278	292	+5%
Phoenix	79	251	+218%
San Diego	64	95	+48%
San Francisco	163	165	+1%
Seattle	71	158	+123%

Over one-third of Colorado's treatment admissions involve marijuana as the primary drug of abuse (table 24). The exhibited percentages of nonalcohol treatment admissions for primary marijuana abuse represent an increase for Colorado, a slight drop for Los Angeles, and a stable rate in San Diego.

Table 24. Percentage of nonalcohol treatment admissions for primary marijuana abuse in the West

	Percentage of admissions	Most recent reporting period
Colorado (statewide)	37%	First half 1988
Los Angeles	3%	FY88
Phoenix	N/R	N/R
San Diego	12%	1987
San Francisco	N/R	N/R
Seattle	N/R	N/R

Local marijuana production has reportedly increased in Phoenix. In Seattle, large organizations have established marijuana growing houses, employing "farmers" to live there and tend the crops. A San Diego survey indicated a decline in the number of students who used marijuana; however, an increasing number of male arrestees tested positive for marijuana.

Prices in Phoenix vary greatly, depending on quality, from as low as \$500 to as high as \$3,500 per pound. Seattle reports gram prices of \$10 and pound prices at \$2,000-\$3,200, with THC levels reaching 16 percent.

STIMULANTS

Southern Region

Amphetamines continue to represent a small percentage of ME detections in Atlanta, where ER mentions of speed, methamphetamine, and amphetamine ER mentions were stable. Miami reports a minimal number of ER mentions. In Texas, a slight decrease in amphetamine ER mentions was overshadowed by moderate increases in methamphetamine and speed ER mentions.

Primary amphetamine abuse was cited by 4.1 percent of Atlanta's treatment admissions (second quarter 1988) and 14.8 percent of Texas admissions (second half FY 1988). Needle-using amphetamine clients are increasing in Texas.

Methamphetamine availability continues in Atlanta, though its popularity has reportedly decreased slightly. Methamphetamine from Oregon is reportedly available in Miami, and synthetic stimulants, such as 4-methyl aminorex ("ice" or "U4Euh"), from clandestine labs are reported in Central Florida. Clandestine laboratory seizures in Texas continue at high rates. Miami reports MDMA use by college and graduate students

Northeast Region

Philadelphia is no longer reputed as a source of amphetamines/methamphetamine. While it still reports the third most frequent methamphetamine ER mentions in the DAWN system, such mentions have declined 11 percent over a year. Amphetamine and speed ER mentions have also declined. Stimulant ER mentions in Boston remain at low levels. Only small percentages of Boston and Philadelphia treatment admissions identify stimulants as primary drugs of abuse.

Methamphetamine availability continues in certain Philadelphia sections, with a wide purity range and a stable price of approximately \$80 per gram. Methamphetamine is noticeably absent in nearby Newark.

Central Region

Phenmetrazine (Preludin) and methyphenidate (Ritalin) continue to be abused at low levels in certain areas of Chicago and St. Louis. MDMA is emerging as a less expensive alternative to cocaine in Chicago. All indicators in Detroit and Minneapolis reflect a downward trend in use and availability of amphetamines.

Western Region

Colorado is the only area in the region where no amphetamine-related deaths have been reported since 1980. In San Diego, deaths attributable to stimulants are low but show an increasing trend. Methamphetamine deaths in Phoenix totaled three in 1987 and ten for the first 10 months of 1988. In San Francisco, the number of ME cases with amphetamine or methamphetamine metabolites tripled between 1984 and 1987. Deaths in Seattle have increased from an average of one per year to three in 1988 thus far.

Stimulant ER mentions in San Diego rank highest among all drugs and have increased 76 percent to 471. In Phoenix, where stimulants rank second to cocaine, ER mentions for stimulants (including amphetamine, methamphetamine, and speed) rose to 372, a 174-percent increase. Stimulant ER mentions in Seattle rose 105 percent to 117. Stable stimulant ER mentions were reported by Denver hospitals and also by Los Angeles, which averages 200 mentions annually. A 19-percent decline to 257 mentions was reported by San Francisco.

Stimulant abuse accounted for 46 percent of San Diego's drug-free nonalcohol treatment admissions in 1987 and have increased sharply since 1984. Such admissions have declined in Colorado to 5 percent and account for about 1 percent of Los Angeles admissions. In San Francisco, treatment admissions rose by 40 percent between 1986 and 1987.

According to a San Francisco study, 70 percent of speed abusers use injection as the primary route of administration; street observations suggest increased freebasing and smoking of methamphetamine.

San Diego ranked first among 12 DUF sites in the number of positive urine tests for stimulants. Los Angeles law enforcement officials are anticipating increasing supplies of methamphetamine, especially in the smokable form. Methamphetamine in Phoenix is reportedly easily available at \$800-\$1000 per ounce, \$6,000-\$9,000 per pound, and \$10 per quarter gram; the methamphetamine market appears to be controlled by biker gangs. Seattle reports an increasing number of methamphetamine labs in various parts of the State despite a new law requiring registration of precursor chemical purchases; the price of methamphetamine continues to match cocaine prices at roughly \$35 for a one-quarter gram.

SEDATIVES/HYPNOTICS AND BARBITURATES

Southern Region

Barbiturate ME detections in Atlanta totaled 23 in first half 1988. Diazepam ER mentions declined in Atlanta and Miami, where they rank third in frequency, and also in Texas; they increased in New Orleans. Most Miami ER activity in this drug category involves benzodiazepines. Primary barbiturate and sedatives/hypnotics abuse accounted for minimal percentages of Atlanta's and Miami's treatment admissions. Miami reports a major methaqualone lab seizure.

Northeast Region

Glutethimide was present in 17 percent of Newark's toxicological ME reports to DAWN. Newark accounts for 41 percent of ME mentions and 51 percent of ER mentions of glutethimide for the entire 1987 DAWN system. Philadelphia reports glutethimide present in 36 deaths in the first half of 1988. Glutethimide ER mentions increased 30 percent in both Newark and Philadelphia. In Newark, it is combined with codeine and known as "hits" on the street. In Philadelphia, the use of glutethimide in combination with acetaminophen-with-codeine is a continuing problem.

While diazepam (Valium) continues to rank third among ER mentions in Boston and Philadelphia, such mentions have declined in the former and remained fairly stable in the latter. New York reports declining ER mentions of diazepam, amitriptyline (Elavil), ethchlorvynol (Placidyl), haloperidol (Haldol), lorazepam (Ativan), and diphenylhydantoin sodium (Dilantin). Diazepam ER mentions remain fairly stable in Washington, D.C.

Diazepam remains widely available in Philadelphia, as does alprazolam (Xanax). Alprazolam abuse continues in Boston, however prescription drug arrests have declined. Treatment admissions for primary abuse of drugs in this category are minimal in New York and Boston.

Central Region

Diazepam was detected in 4 decedents and imipramine (Tofranil) in 3 decedents among the 12 prescription drug-related deaths in the first 4 months of 1988 in Detroit. Diazepam ranks third among drug-related ER mentions in St. Louis, fourth in Minneapolis and Detroit, and fifth in Chicago. Barbiturates rank third in detections among arrestees in Chicago. Drugs in this category represent a small portion of detox and treatment admissions in Minneapolis.

Western Region

Deaths involving this category of drugs appear to be declining in San Diego (9 in first half of 1988) following a record of 26 in 1987. Such deaths have been declining in Seattle for the past few years, with more than one-half of them including diazepam. Phoenix reports only one death in 1988 through October.

In San Diego, diazepam is about level with cocaine in ER mentions, trailing behind stimulants; diazepam ER mentions have increased slightly. Los Angeles reports declining ER mentions for flurazepam (Dalmane), glutethimide, phenobarbital, and secobarbital (totaling 244) and diazepam (totaling 454). Phoenix also reports a continued decline in ER mentions, as does Francisco for diazepam. In Seattle, ER mentions have remained relatively stable between 60 and 90 mentions per quarter, with diazepam accounting for over half of these mentions.

Treatment admissions, historically low in Los Angeles, have dropped further to a negligible number and have remained minimal in San Diego. San Francisco street-based observers report a recent increase in use of clonazepam (Clonopin), a diazepam analog.

HALLUCINOGENS

Southern Region

Hallucinogen medical indicators are at a low level and stable in Atlanta and negligible in Miami. While PCP abuse remains high in New Orleans, negative health consequences are declining. In Texas, however, ER mentions of LSD have increased. Miami reports LSD use by adolescents. In New Orleans, the PCP/heroin combination is no longer evident, but PCP smoked with marijuana ("clickums") has become

more common, and LSD use is reportedly up among teenagers. LSD is reportedly available in Atlanta, and it sells in both Atlanta and New Orleans for \$5-\$6 per dose. Clickums in New Orleans continue to sell for \$5-\$6 per stick.

Northeast Region

Washington, D.C. tops the DAWN system in ER mentions of PCP, which are the most frequent in the city and have increased considerably in a year (but have declined in the two most recent quarters). Positive pretrial urinalyses results have been declining. New York's medical indicators show a declining PCP trend, with ER mentions down and treatment admissions for primary PCP abuse down to less than 1 percent of admissions. The DEA, however, reports pockets of PCP activity in some neighborhoods. Hallucinogen ER mentions in Boston are at low, but increasing levels, and less than 1 percent of treatment clients reported primary hallucinogen abuse. Recent reports indicate increased hallucinogen use among Boston adolescents, particularly PCP use by white youth. LSD is sporadically available in Philadelphia suburban areas at \$5-\$10 per dose. Current PCP prices in Washington, D.C. are \$15-\$30 per gram and \$300-\$350 per ounce.

Central Region

Among drug-related ER mentions, PCP ranks first in St. Louis and fourth in Chicago. In St. Louis, PCP ER mentions increased 200 percent in a year; however, after peaking at 204 in the last 1987 quarter, they declined 31 percent in first quarter 1988; according to DEA, PCP availability appears to be declining as of third quarter 1988.

All indicators reflect a downward trend in LSD use and availability in Chicago and Detroit. LSD is occasionally available in St. Louis, while treatment clients are increasingly reporting LSD as a primary problem in Minneapolis.

Western Region

PCP ranks second among drug-related ER mentions in San Francisco, where they nearly doubled. It ranks third in Los Angeles, where mentions are slightly down. PCP use and availability continue at low levels in San Diego and Seattle.

LSD ranks fifth among ER mentions in Denver, while such mentions have increased significantly in Phoenix and Seattle. San Diego reports low levels of LSD-related activity.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

As of December 5, 1988, 78,545 people in the United States have been diagnosed with AIDS and reported to the Centers for Disease Control (CDC). Of these, about 20 percent (15,533 people) have a history of IV drug use as a sole risk factor. (These

individuals are classified as heterosexual IV drug users.) An additional 7 percent (5,662 people) have a history of IV drug use and a homosexual or bisexual lifestyle. (These individuals are classified as homosexual/bisexual IV drug users.) Among IV drug users with AIDS, black and Hispanic minorities are overrepresented. Exhibit 1 presents data, by locality, on the total number of AIDS cases and the percentage of heterosexual and homosexual/bisexual IV drug user cases. Also included is the percent of increase from the cases reported in December 1987.

Individual States and cities vary widely in the frequency of AIDS cases and the proportion of IV drug abuse as a singular or multiple risk factor. By far, New York City has reported the greatest number of AIDS cases, with 22 percent of the national figure. Cases in this city have increased 45 percent, from 11,819 in October 1987 to 17,090 in October 1988. The percentage of heterosexual IV drug users has increased slightly, from 31 to 34 percent, while the percentage of homosexual/bisexual IV drug users has remained stable at 4 percent between October 1987 and October 1988.

Newark continues to report the highest proportion of IV drug use-related cases. Total AIDS cases increased 87 percent, from 523 in December 1987 to 980 in October 1988. The percentage of heterosexual IV drug users has increased from 67 to 69 percent during this period, and the percentage of homosexual/bisexual IV drug users has remained stable at 5 percent of total cases.

Other States and cities reporting substantial percentages of AIDS cases among heterosexual IV drug users include Detroit (22 percent), Miami (17 percent), and Boston (16 percent). Localities with substantial percentages of AIDS cases among homosexual/bisexual IV drug users include Phoenix (18.3 percent), Colorado (11.4 percent), and Texas (10 percent).

EXHIBIT 1

REGIONAL SUMMARY
 ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
 AMONG INTRAVENOUS (IV) DRUG USERS
 AS REPORTED BY CEWG REPRESENTATIVES
 DECEMBER 1988

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City/State	Cumulative Number of Cases (Date of Report and Area Covered)		Percent Increase	Percent IV Drug User (Heterosexual)				Percent IV Drug User (Homosexual/Bisexual)			
	December 1987	December 1988		Jun 1987	Dec 1987	Jun 1988	Dec 1988	Jun 1987	Dec 1987	Jun 1988	Dec 1988
Atlanta, GA	1,035(11/87-GA)	1,814(9/88-GA)	58	7	8	9	9	7	7	6.4	6.8
Austin, TX	3,126(11/87-TX)	5,462(11/88-TX)	75	2	3	3	4	10	12	11	10
Boston, MA	1,130(11/87-MA)	1,803(9/88-MA)	60	12	14	11	18	5	5	4	4
Chicago, IL	1,317(12/87-IL)	2,247(10/88-IL)	71	5	6	8	10	6	5	6	5
Denver, CO	482(9/87-CO)	804(10/88-CO)	74	5	4	4.1	4.2	14	13	11.5	11.4
Detroit, MI	461(11/87-MI)	842(10/88-MI)	83	15	16	19	22	8	8	6	6
Los Angeles, CA	3,322(8/87-LA Co.)	5,700(9/88-LA Co.)	72	3	2	3.3	3.5	6	N/A	6	8
Miami, FL	1,313(11/87-Dade Co.)	1,800(10/88-Dade Co.)	37	15	15	15	17	4	5	4.6	4.2
Minneapolis, MN	275(11/87-MN)	432(11/88-MN)	57	2	3	3	3	4	6	6	6
New Orleans, LA	611(10/87-LA)	992(11/88-LA)	62	2	3	4	6	8	10	9	9
New York, NY	11,819(10/87-NY City)	17,090(10/88-NYC)	45	30	31	32	34	5	4	5	4
Newark, NJ	523(12/87-Newark)	980(10/88-Newark)	87	53.6	67	68	69	6.2	5	6	5
Philadelphia, PA	702(11/87-Phila.)	1,066(10/88-Phila.)	52	7	8	9.1	9.6	7	8	8.8	8.8
Phoenix, AZ	333(11/87-AZ)	639(11/88-AZ)	92	6	7	7.7	6.9	N/A	11	9.5	18.3
St. Louis, MO	134(11/87-St. Louis)	278(11/88-St. Louis)	107	5	6	7	5	8	2	5	8
San Diego, CA	664(10/87-San Diego)	1,114(10/88-SD Co.)	68	2	2	4	4	6	7	9	9
San Francisco, CA	4,000(11/87-San Fran.)	5,556(10/88-San Fran.)	39	1	1	1.7	1.7	12	N/A	12	N/A
Seattle, WA	469(9/87-King Co.)	747(9/88-King Co.)	59	<1	1	1	2	9	9	9	10
Washington, DC	904(9/87-DC)	1,433(11/88-DC)	59	7	8	8	6.6	6	8	6.7	6.6
Total U.S.	50,265* (1/88)	78,545* (12/88)	58	N/A	N/A	18	20	N/A	N/A	7	7

* Source: Centers for Disease Control
 AIDS Weekly Surveillance Report

CITY SUMMARY

Arranged alphabetically by CEWG area within each drug category, the following highlights provide a summary perspective of drug abuse patterns and trends based on specific health and law enforcement indicators. All ER mention totals below are based on the four quarters ended March 1988; all percentages of change are based on the four quarters ended March 1987. Treatment data are reported by calendar year, except for the following cities: Boston, Los Angeles, and Miami report by fiscal year ending June; Texas reports by fiscal year ending August; and Detroit and Washington, D.C. report by fiscal year ending September. Treatment data in Colorado and Texas are not broken down by city and, therefore, are presented as "statewide"; ER data in Colorado are limited to Denver and, in Texas, to Dallas and San Antonio combined. For further explanations of specific indicators, please refer to the Executive Summary Introduction.

COCAINE

Atlanta--Cocaine was detected in 101 overdose and nonoverdose deaths in the first half of 1988. Cocaine ER mentions, which lead in frequency, totaled 699--a 61-percent increase. Cocaine was the primary drug of abuse reported by 37.1 percent of second-quarter 1988 nonalcohol treatment admissions. Clients report mixing cocaine with marijuana in cigarettes. Purity has increased slightly, and prices have continued to drop. The kilogram price for 90-percent pure cocaine is \$16,000-\$22,000. Crack is the most common cocaine form on the street. Crack-related violence and arrests have continued.

Boston--Cocaine ER mentions, totaling 1,069, increased 70 percent. Primary cocaine admissions have increased from 34 to 37 percent of all admissions from FY 1987 to FY 1988. The kilogram price is \$10,000-\$25,000, down from last year. Purity hovers at 90 percent. Cocaine represented 35 percent of the State's drug seizures. Sources include Miami, New York, and Rhode Island. Crack use is increasing, as indicated by a growing number of samples being analyzed.

Chicago--Cocaine ER mentions totaled 3,062, a 55-percent increase. While cocaine accounted for 18 percent of treatment admissions in Illinois in 1986, it is suspected that a significant number of cocaine-related treatment admissions are not included in the State's reporting system. Among arrestees, 55 percent of males and 74 percent of females tested positive for cocaine.

Kilogram prices are stable between \$18,000 and \$22,000; ounce prices average \$900; gram prices are \$100; and IV users typically buy \$10-\$20 bags. Crack does not appear to be impacting the Chicago area, although users are reportedly converting cocaine to its freebase form themselves.

Colorado (statewide)--Cocaine-related deaths increased from 2.78 to 10.31 per 1 million population between 1985 and 1987. Cocaine ER mentions in Denver increased nearly fivefold from 1983 through 1987. Such mentions rose slightly from 489 to 531, a 9-percent increase between the 4 quarters ended March 1987 and the 4 quarters ended March 1988. The proportion of cocaine treatment admissions increased slightly, from 35 to 37 percent (excluding alcohol), between the first and second halves of 1987. Freebasing has become more common. An increasing number of crack users have begun to enter treatment within the past 6 months.

The police report that cocaine is the most widely abused drug in Denver. Prices have dropped drastically from \$35,000-\$40,000 to \$11,000 per kilogram. Ounce prices have also declined from \$2,000 to \$1,100. A gram costs \$80-\$100. Purity ranges from 40 to 80 percent. Crack cocaine appears to be coming to Denver from Los Angeles. A one-tenth crack rock sells for \$20-\$30.

Detroit--Cocaine ranks highest in drug-related deaths, with 169 reported in the first half of 1988 (preliminary data). Cocaine ER mentions, totaling 4,898, increased 56 percent. Treatment admissions for cocaine account for one of every three admissions in Detroit/Wayne County and 17 percent statewide. Crack accounts for one of every three cocaine admissions in Detroit/Wayne County and 28 percent statewide. Kilogram prices range from \$12,000 to \$25,000; ounce prices run about \$700. Over 1,100 pounds of cocaine have been seized by the State Police in the first 7 months of 1988.

Los Angeles--Preliminary death data for the first half of 1988 indicate that cocaine ranks first in drug-related deaths. Cocaine ER mentions have remained level at over 2,400 episodes, but are up significantly from earlier periods. About 15 percent of drug treatment clients in FY 1988 reported cocaine as their primary drug of abuse. Both the absolute number and percentage of cocaine clients have declined from 1987 levels but remain higher than 1986 figures. The majority of cocaine clients reported smoking as the primary route of administration.

Supplies appear up and prices are down. Law enforcement officials report that Los Angeles has replaced Miami as the major import city for cocaine. Officers report that drug dealers are now packaging cocaine with product identifiers to attract consumer loyalty.

Miami--Cocaine-induced deaths numbered 38 in the first 10 months of 1988, and cocaine-related deaths numbered 167 in the first 6 months of 1988. An increasing number of deaths have been preceded by excited delirium, a syndrome characterized by hyperactivity, stupor, tachycardia, and hyperthermia. While cocaine ER mentions continue to lead in frequency, they declined 17 percent to 287. An estimated 12 percent of babies born at a large hospital reportedly have traces of cocaine in their system. Primary cocaine clients increased from 69 percent of FY

1987 clientele to 73 percent in FY 1988. Major crime activity related to crack is reportedly growing. Statewide juvenile arrests in FY 1988 show a 1-year, 33-percent increase. The kilogram price is about \$10,000.

Minneapolis--Cocaine-related deaths totaled 24 through October 1988. Cocaine ER mentions totaled 442, a 35-percent increase. Cocaine accounts for 28 percent of treatment admissions; over 70 percent of treatment admissions in 1988 report cocaine use. Kilogram prices range from \$20,000 to \$30,000; ounce prices range from \$1,000 to \$1,500; gram prices average \$100. Purity has increased to 90 percent. Crack seizures account for 47 percent of cocaine seizures.

Newark--Cocaine was present in 64 percent of toxicological ME reports to DAWN. Cocaine ER mentions remain most frequent, totaling 1,439, a 53-percent increase. Primary cocaine abuse accounts for 25 percent of first-half 1988 nonalcohol admissions, but secondary use is reported by 60 percent. Freebase smoking has increased, but commercial crack is not widely available. Intravenous use is rapidly declining, except in "speedball" combinations with heroin. Most seizures are hydrochloride. Purity is about 80 percent, and prices are stable at \$20 per vial or 200-milligram bag, \$40 per half-gram, and \$80 per gram.

New Orleans--Deaths have increased; cocaine ER mentions have more than tripled in a year, totaling 2,244. Cocaine, for the first time, is the leading primary drug for admission to treatment, representing 66.7 percent of first-half 1988 nonalcohol admissions, up from 23.1 percent in 1987. Purity levels remain at 90-98 percent, and kilogram prices have decreased to \$14,000-\$20,000. Crack use has increased, with prices down to \$10-\$20 a rock. A 20-percent rise in violent crime is attributed to cocaine trafficking.

New York City--Cocaine-related deaths have declined 23 percent, from 287 in 1986 to 222 in 1987. All other indicators, however, are at peak levels. Cocaine ER mentions, the most frequent of all drug mentions, have increased 32 percent in a year, totaling 7,360. Primary cocaine admissions represent 38 percent of all 1988 admissions to State-funded programs. The route of administration has been shifting increasingly to smoking. Births to cocaine-abusing women in 1987 are expected to surpass the 1986 figure of 1,364. Male arrestees testing cocaine positive under DUF have increased from 60 percent in 1986 to 73 and 83 percent in the first and second 1988 quarters, respectively.

An estimated 35 gangs, mostly Dominican and Jamaican, deal in drugs, particularly crack. Crack purity, however, is reportedly dropping because dealers add adulterants (yeast, vitamin B-12, speed, battery acid, and film developing fluid) and substitute a crack lookalike ("perp"). Many users are therefore beginning to freebase their own cocaine. Cocaine arrests are up, representing about 54 percent of drug arrests and averaging 125 per day.

Philadelphia--Toxicology reports containing cocaine mentions totaled 161 in the first half of 1988. The first two 1988 quarters showed a 115-percent increase over the same 1987 period. The percentage relative to all toxicology reports, however, decreased. Cocaine leads in ER mentions, totaling 5,391, a 199-percent increase. Cocaine accounted for nearly 70 percent of all first-half 1988 nonalcohol treatment admissions. The shift from intranasal and IV use to smoking has peaked at around 67 percent of cocaine admissions. According to August 1988 DUF data, 70 percent of male and 61 percent of female arrestees tested cocaine positive.

Most drug control activity is directed toward cocaine trafficking. Crack sales and use have increased significantly; crack houses and gate houses (fortified property exclusively for sales transactions) have proliferated, and trafficking-related violence has escalated. Law enforcement organizations have created a Jamaican Task Force.

Phoenix--Deaths increased from 13 in 1986, to 21 in 1987, to 30 as of October 1988. Cocaine-related ER mentions rose to 921, a 90-percent increase. Among adult nonalcohol admissions to the Deferred Prosecution Program (during January-June 1988), 44 percent reported cocaine as their primary drug of abuse. About 11 percent of youth reported cocaine as their primary drug of abuse, and about 9 percent of youth were referred by the State probation program for cocaine abuse.

The availability of cocaine has stabilized, while prices continue to decline. Ounce prices have dropped from \$800-\$1,200 to \$600-\$900 in the past 6 months. A kilogram sells for \$12,000-\$15,000, and a gram sells for \$75. Purity remains high, ranging from 50 to 95 percent, with an average of 80 percent. Cocaine is sold primarily by Mexicans and yuppies. Adulterated cocaine has a very limited market.

Crack purity has dropped from 75 to less than 50 percent; the primary adulterant is vitamin B-12. Dealers reportedly base it back and dry it in a microwave to puff it up like popcorn. A rock sells for \$15-\$20.

Crack sales are controlled by Los Angeles gangs who distribute through well-armed, militaristic-like houses. Increasing amounts of cocaine are being transshipped through Mexico, Arizona, and then to major distribution centers in Los Angeles and Miami, before returning to Arizona.

St. Louis--Cocaine ER mentions, totaling 374, increased 86 percent. Primary cocaine admissions account for 17 percent of all treatment admissions. Ounce prices average \$900 with purity levels ranging from 76 to 90 percent; gram prices run as low as \$32.

San Diego--In 1987, cocaine-related deaths totaled 12; 1988 figures are expected to reach the 1987 level. Cocaine ranks behind methamphetamine and about equal to diazepam in ER mentions, increasing 20 percent to 155. Cocaine admissions comprise 20 percent of nonalcohol treatment admissions in 1987, increasing from 154 to 312 between 1984 and 1987.

DUF data show that male arrestees testing positive for cocaine rose from 26 percent in June 1987 to 43 percent in April 1988. About 50 percent of females tested under the DUF program to date have been positive for cocaine. DEA seizures have risen 957 percent between 1985 and 1988.

San Francisco--Deaths increased 81 percent, from 84 to 152, between calendar years 1986 and 1987 and appear to be increasing further in 1988. However, ER mentions appear to be stabilizing; mentions increased only 3 percent to 534. Cocaine ranks third among drug-related ER mentions behind heroin and PCP. Primary cocaine problems constituted 28 percent of treatment program clientele in the third quarter of 1988, up from the 23-25 percent range observed throughout 1987 and early 1988.

Felony narcotics arrests (including opiates and cocaine) increased 43 percent between 1986 and 1987. Law enforcement personnel indicate that cocaine accounts for the increase in arrests.

Observers note a renewed pattern of intravenous use of cocaine, with many users resorting to lemon juice to dissolve the drug. An increase in use of crack/PCP combinations--known as "wack" or "space base"--has been seen among the predominantly black inhabitants of public housing projects.

Seattle--Cocaine-related deaths increased from 15 in 1986, to 23 in 1987, to 36 in 1988 (as of November 1988). During 1988, cocaine was the most frequently mentioned drug, and was associated with 40 percent of drug-related deaths. Over one-half of cocaine-related deaths in 1988 involved heroin/morphine (speedballing). Cocaine ER mentions have increased 104 percent to 1,018.

Cocaine prices have remained fairly stable. Ounce quantities are sold for prices ranging \$650-\$850, with some sales as low as \$550. Street prices for a gram of flake cocaine are stable at \$80, but some street dealers sell a gram for \$60. Rock cocaine (approximately one-quarter gram) sells for \$20- \$25 per rock. Cocaine samples continue to be 70-90 percent pure.

The vast majority of the cocaine supply is brought into the area by a Hispanic gang organization. While most street dealers obtain their supply from this gang, no single group controls the street-level trade. As Seattle police have begun to implement the state's new abatement law, dealers have moved their locations to less patrolled areas in King County. Rock houses have migrated into unincorporated King County due to heavy pressure by police.

Texas (statewide)--Cocaine contributed to 90 deaths in 1987 and 40 in the first half of 1988. Cocaine ER mentions, the most frequent in Dallas, increased 80 percent in a year, totaling 1,083; they increased 64 percent to 74 in San Antonio. Cocaine accounted for 37 percent of second half FY 1988 primary treatment admissions. Needle use versus smoking among clients continue at 35-40 versus 45-50 percent, respectively. Street prices remain low at \$600-\$1,000 per ounce. Florida dealers reportedly barter cocaine for marijuana.

Washington, D.C.--Overdose deaths in 1988 attributed to heroin/cocaine mixtures (40 in first 10 months) are projected to double those of 1987. Cocaine continues to closely trail PCP in ER data with 4,140 mentions; a 134-percent increase. A record 66 percent of adults and 29 percent of youths facing trial tested cocaine positive, while 37 percent of patients referred for treatment tested cocaine positive.

All forms of cocaine are being transported into the District, mostly from Florida, Los Angeles, and New York. Many east coast traffickers have been successfully identified by law enforcement agencies. Kilogram prices are \$17,000-\$30,000 for 60- to 90-percent purity. Crack, which is also widely available, sells for approximately \$1,800 per ounce at 80-96 percent purity. An unprecedented number of homicides and violent incidents have been associated with the crack market.

HEROIN

Atlanta--Morphine has been found in only two deaths in the first half of 1988. Heroin ER mentions have remained stable, totaling 50. Heroin accounted for 16.1 percent of second-quarter 1988 nonalcohol primary treatment admissions. Black tar continues to be available at a stable \$6,000-\$9,000 per ounce, while the price of white heroin has increased to \$7,500-\$18,000 per ounce and \$120,000-\$180,000 per kilogram.

Boston--Heroin ER mentions totaled 490, a 50-percent increase. Heroin and other opiates account for 48 percent--the leading number--of treatment admissions. Purity has increased significantly, from 3-5 percent in 1987 to current seizure samples of 50-60 percent. Bags sell for \$12-\$40. Common street brand names are "porsche," "supra," "power-95," and "human power." Most heroin comes from Rhode Island.

Chicago--Heroin ER mentions increased 30 percent to a total of 1,049. Treatment admissions for heroin as the primary drug of abuse are declining; however treatment slots are full to capacity. DUF data reveal that 16 percent of male arrestees and 22 percent of female arrestees test positive for heroin.

Average purity is 2 percent; ounce prices range from \$900 to \$6,000. Intranasal use of karachi (a mixture of heroin, other opiates, and barbiturates) is reportedly becoming a more common alternative to heroin injection.

Colorado (statewide)--Opiate-related deaths have shown an erratic trend line over the past 8 years with a high in 1986, followed by a slight downturn in 1987. Heroin ER mentions dropped to 125 mentions, a 32-percent decline. Hepatitis-B cases have appeared to decline sharply in 1988. Heroin accounted for about 14.2 percent of drug treatment admissions during the first half of 1988; this percentage has dropped from earlier years.

Mexican brown and black tar are the only forms of heroin available. Black tar heroin the size of a match head sells for \$20-\$30. A gram of tar heroin costs \$300, while an ounce costs \$5,000-\$6,000. The majority of tar found is 50-60 percent pure. A one-half gram of brown heroin sells for \$65, while an ounce costs \$2,000. Mexican brown heroin has typically been 2-5 percent pure.

Detroit--Heroin-related deaths numbered 126 through the first 3 quarters of 1988. Heroin ER mentions totaling 2,348 decreased 12 percent. Heroin as the primary or secondary drug of abuse accounted for 13 percent of treatment admissions in FY 1988. Southeast Asian heroin with an average purity level of 15 percent is readily available.

Los Angeles--Preliminary data indicate that heroin-related deaths may be declining, with 88 reported so far for the first half of 1988. Similarly, ER mentions have decreased 21 percent, to 1,361. Nevertheless, heroin continues to be the second most frequently cited drug in deaths and ER mentions. And, heroin accounts for the greatest number of treatment admissions; approximately 74 percent of clients in FY 1988 reported heroin as their primary drug of abuse. Moreover, the number and percentage of clients reporting heroin abuse have increased slightly over 1987.

Miami--Consequences of heroin abuse are minimal. No heroin-induced deaths were reported in 1987 or in the first 10 months of 1988. There were only 5 heroin ER mentions, a 72-percent decline. Heroin was the primary drug of abuse reported by 10 percent of FY 1988 treatment clients. Most heroin is considered poor quality, containing adulterants or cuts, and sells for \$20 per small capsule. Black tar is rarely reported.

Minneapolis--One morphine-related death was reported in Hennepin County during the first three 1988 quarters. Heroin ER mentions, totaling 64, increased 49 percent. Through the third 1988 quarter, there have been 103 detox episodes where heroin was the presenting problem. Two methadone programs are running at capacity with a relatively small number of clients awaiting admission. Black tar heroin is increasingly available, with gram prices ranging from \$500 to \$600.

Newark--After a long period of slow decline, heroin abuse has stabilized. Heroin was present in 43 percent of toxicological ME reports to DAWN. Heroin ER mentions rank second in frequency, totaling 498--a 26-percent increase. Primary heroin abuse was the leading cause for treatment admission, accounting for 62.7 percent of first-half 1988 nonalcohol admissions. Snorting, rather than IV use, is becoming

increasingly common, especially among younger users. Availability is up, as is purity (averaging 50 percent). Street prices remain \$15 per 25- to 35-milligram bag and \$100-\$150 per quarter-gram.

New Orleans--Heroin ER mentions, ranking second in frequency, have increased 290 percent to 531. Heroin admissions have declined from 27.3 percent of 1987 nonalcohol treatment admissions to 16.6 percent of first-half 1988 nonalcohol admissions. Purity levels have increased to 30-42 percent, and prices are stable at \$20-\$25 per dose, \$350-\$450 per gram, and \$300-\$5,000 per ounce. Middle Eastern heroin constituted the largest reported seizure.

New York City--After several years of stabilization, heroin activity seems to be increasing. Chronic or acute IV narcotism deaths are projected to reach 900 in 1988, compared to 781 in 1987. Heroin ER mentions, ranking second in frequency at 3,800, were stable. Heroin admissions represent 41 percent of treatment admissions, with a notable 30-percent increase in the first half of 1988 over the first half of 1987. Male arrestees tested 22 and 27 percent opiate positive in first and second quarters 1988, respectively. Births to heroin-abusing women show a recent increase.

Street studies report increased smoking of heroin combined with crack to produce a speedball effect known as "chasing the dragon." Heroin purity has increased and ranges from 2.6 to 76.0 percent. The pure milligram price is \$0.40-\$2.70. Arrests have increased.

Philadelphia--Heroin-related deaths totaled 72 and 52 in the first 2 quarters of 1988, a considerable increase over the 1987 quarterly average of 23. Heroin ER mentions, which rank second in frequency, totaled 1,036, a 132-percent increase. With the exception of third quarter 1987, heroin treatment admissions have remained stable, accounting for 17.7 percent of nonalcohol treatment admissions in the first half of 1988. Among arrestees, 10 percent of males and 20 percent of females tested opiate positive.

Chasing the dragon has been reported. Southwest Asian or higher quality Southeast Asian are available. Purity ranges from 5.2 to 92 percent. "Venom," a street brand name, averages over 50-percent purity. Other high-quality street brands, "sunny," "blue thunder," and "mercedes benz," are widely available. The milligram cost of high-quality heroin is \$0.67-\$1.50.

Phoenix--Morphine-related deaths peaked in 1986 at 48 and declined to 29 in 1987 and to 24 in 1988 thus far (January to October). Additionally, ER mentions decreased 9 percent to 316. Among adult clients deferred from prosecution, 6 percent reported opiates as their primary drug of abuse. Clients seeking detoxification from opiates rose 40.7 percent between the last half of 1987 and first half of 1988.

Stable supplies of primarily Mexican black tar or tootsie roll are available for \$2,800-\$4,000. Purity is high, averaging 50 percent. A kilogram of heroin sells at the wholesale level for \$105,000-\$150,000.

St. Louis--Heroin ER mentions, totaling 109, increased 127 percent. Heroin accounted for 22 percent of all treatment admissions. Mexican brown heroin of 5-percent purity is widely available at a gram price of \$350. Black tar heroin with purity levels up to 41 percent is increasingly available at a gram price of \$550.

San Diego--Heroin and other opiates account for the greatest number of drug-related deaths, far exceeding other drugs. Such deaths peaked at 92 in 1986, dropped to 75 in 1987 and declined to 32 in the first half of 1988. Heroin ER mentions increased 23 percent to 69 but have continued to fall behind stimulants, sedatives, and cocaine. About 18 percent of clients report heroin as their primary drug of abuse; heroin ranks third behind stimulants and cocaine.

San Francisco--Medical examiner reports show peak deaths involving morphine-type alkaloids in 1986, with the 1987 count declining by 22 percent, back to the 1985 level. Heroin ER mentions decreased 38 percent to 569. However, heroin still ranks highest among drugs reported by San Francisco hospitals. Treatment admissions have steadily declined since 1984, although heroin remains the highest ranking drug among first-time admissions.

Black tar is the dominant form of heroin seen locally. Persian and China white are less widely available. Speedballing cocaine and heroin continues to be widespread; abuse of heroin to the exclusion of all other drugs appears to be declining. The CEWG representative estimates that about 20,000 heroin abusers are active in the Bay Area during 1988.

Seattle--Heroin-related deaths have stabilized in 1988; preliminary ME data indicate that heroin showed in about 37 percent of deaths and was second to cocaine as the most frequently reported drug. Heroin ER mentions reached an all-time high of 149 for the first quarter 1988; such mentions increased by 22 percent to 509 between the 4-quarter periods ended March 1987 and 1988.

Heroin prices have dropped slightly or remain stable. Mexican brown heroin prices have declined slightly from \$150-\$200 6 months ago to current prices at \$120-\$180. Black tar, the most commonly available form sells for a stable \$275 per gram. A one-sixteenth gram of tar heroin, known as match heads, remains available for \$20-\$25. Prosecutors' filings for heroin-related offenses have increased dramatically from 329 to 786 (139-percent increase) between 1986 and 1987 and are projected to increase to 1,737, another 139 percent, between 1987 and 1988.

Texas (statewide)--Opiates contributed to 106 deaths in 1987 and 32 in the first half of 1988 (figure not yet confirmed). Heroin ER mentions in Dallas declined 7 percent to 557; in San Antonio, they declined 17 percent to 107--still the most frequent.

Primary heroin abuse was reported by 22 percent of nonalcohol treatment admissions in second half FY 1988. Many new poppy fields are reportedly under cultivation in Mexico, and black tar trafficking has reportedly increased in border areas.

Washington, D.C.--After a 1987 high of 171 narcotic overdose deaths, such deaths have declined to 89 in the first 10 months of 1988. However, speedball deaths have already numbered 40, a significant increase over the 1987 total of 24. Heroin ER mentions totaled 1,843, a 48-percent increase. Among treatment clients, 30 percent tested positive for methadone in the last 6 months of FY 1988.

Southwest Asian heroin remains widely available. Most traffickers continue to be Indian, Iranian, and Nigerian. Lebanese and Pakistani sources are increasingly evident. Quarter-gram prices, at 10-11 percent purity, are \$30-\$40; pound prices, at 50-90 percent purity, are \$175,000-\$210,000.

OTHER OPIATES

Atlanta--Opiates other than heroin have been detected in 32 deaths (7 percent of ME detections) in the first half of 1988. Propoxyphene, hydromorphone, codeine, and methadone ER mentions are stable, totaling 51, 22, 12, and 5, respectively. Methadone, hydromorphone, and other opiates accounted for 3.7, 12.3, and 2.7 percent, respectively (18.7 percent total) of second-quarter 1988 nonalcohol primary treatment admissions. The hydromorphone street price has decreased to \$40-\$60 per 4-milligram tablet.

Chicago--Hydromorphone use has diminished due to decreased availability. Pentazocine in combination with tripeleminamine (Ts and blues) continues to be a low-level drug of abuse. Codeine abuse has continued at moderate levels, while propoxyphene continues to be the most frequently abused pharmaceutical taken orally by narcotic addicts.

Detroit--Codeine is the most predominately abused drug in this category with about 18 ER mentions per quarter. Clients admitted to treatment for pentazocine abuse often report concomitant use with cocaine or alcohol. State Police seized almost 2,000 tablets of pentazocine in 1988, compared to 350 tablets in 1987.

Los Angeles--Methadone-related deaths may be declining (based on preliminary data). Similarly, such ER mentions have dropped about 50 percent to 37 mentions. Codeine ER mentions have also declined by 23 percent to 96. Other opiates as a group accounted for less than 1 percent of treatment clients in FY 1988.

Miami--One methadone-induced death was reported in 1987. Emergency room mentions totaled 15 for oxycodone, 9 for propoxyphene, 3 each for hydromorphone and meperidine, and 1 for methadone. Only 2.5 percent of treatment clients cite other opiates as primary drug of abuse.

Minneapolis--Hydromorphone continues to rival heroin in use and availability as evidenced by presenting problems among detox episodes. Opium smoking continues to be a problem among Hmong refugees residing in St. Paul.

Newark--Newark leads the DAWN system in codeine ER mentions. Codeine, widely used with glutethimide in "hits," is the city's third most frequent ER mention, totaling 268--a 20-percent increase. Prices continue at \$12 per hit.

New Orleans--Oxycodone ER mentions increased 126 percent, in a year, to 77. Hydromorphone continues to be the leading heroin substitute, with ER mentions increasing over 200 percent to a total of 86. It is available on the streets for \$25-\$35 per tablet. Treatment admissions for other opiates remain at around 4.1 percent of all nonalcohol admissions.

Philadelphia--The ingestion of acetaminophen-with-codeine in combination with glutethimide continues to be a significant problem. Philadelphia is among the top cities in codeine ER mentions. A 4-ounce bottle of codeine syrup retails for \$28 on the street. Philadelphia is the leading DAWN city in propoxyphene ER mentions, with 47 in first quarter 1988.

St. Louis--A limited amount of fentanyl has reportedly been available.

Seattle--Deaths involving other opiates remain stable. Propoxyphene was identified in over half the deaths in this category reported in 1988 thus far. ER mentions involving other opiates increased 29 percent to 221.

Washington, D.C.--Overdose deaths attributed to hydromorphone have decreased. Hydromorphone ER mentions have also consistently declined for the past 6 quarters. Among treatment clients, 17 percent tested opiate positive in the last six months of FY 1988.

MARIJUANA

Atlanta--Marijuana ranks second to cocaine in frequency of ME detections and ER mentions. THC was identified in 59 overdose and nonoverdose deaths in the first half of 1988. Marijuana ER mentions totaled 83, a 27.6-percent increase. Marijuana was the primary drug of abuse among 19.5 percent of second-quarter 1988 nonalcohol treatment admissions. Foreign-source marijuana, noted infrequently, sells for \$600-\$800 per pound, and sinsemilla sells at \$800-\$1,200.

Boston--Marijuana ER mentions totaled 108, a 16-percent increase. Treatment admissions for primary marijuana abuse have declined from 13.4 percent of FY 1987 admissions to 10.1 percent in FY 1988. The ounce price is \$60-\$150, and THC content is 3.2-10.0 percent. Sources are Arizona and Jamaica.

Chicago--Marijuana ER mentions totaled 698, a 41-percent increase. Marijuana accounted for 30 percent of treatment admissions in 1986. According to DUF data, marijuana ranked second in detections among arrestees, with 49 percent of males and 34 percent of females testing THC positive. Quarter-ounce prices range from \$35 for Colombian grade to over \$100 for more exotic strains.

Colorado (statewide)--Denver ER mentions increased by 5 percent to 156. Marijuana ranks second among drugs in ER mentions. Nonalcohol treatment admissions in Colorado increased from 31 to 37 percent of clients between the last half of 1987 and the first half of 1988. The percentage of new users rose slightly from 21.2 percent in 1987 to 23.4 percent during the first half of 1988.

Detroit--Marijuana ER mentions totaled 823, a 23-percent increase. Marijuana accounted for 4 percent of primary treatment admissions and approximately 10 percent of secondary drugs cited in FY 1988. State police report seizures totaling almost 5 tons in 1988.

Los Angeles--Marijuana ER mentions have increased a slight 5 percent to 292. Treatment admissions dropped slightly and accounted for less than 3 percent of clients in FY 1988.

Miami--Marijuana ER mentions rank second in frequency, totaling 82--a 228-percent increase. Marijuana was cited as primary drug of abuse by 14 percent of FY 1988 treatment clients. With Latin American supplies reportedly the lowest in years, and higher potency domestic varieties more available, the retail price has doubled in a year to \$140-\$200 per ounce.

Minneapolis--Marijuana ER mentions totaled 104, a 21-percent increase. Marijuana accounted for 22 percent of treatment admissions in third quarter 1988. Ounce prices range from \$100 to \$250.

Newark--Marijuana was present in 8 percent of toxicological ME reports to DAWN. Marijuana ER mentions totaled 131, a 134-percent increase. Only 4.9 percent of first-half 1988 treatment admissions named marijuana as a primary problem.

New Orleans--Marijuana ER mentions, third in frequency, totaled 526, a 46-percent increase. Marijuana admissions decreased from 6 percent of 1987 nonalcohol treatment admissions to 3.5 percent of first-half 1988 admissions. Domestic marijuana is increasing in availability. Arrests have decreased.

New York City--Marijuana activity is relatively stable. Marijuana ER mentions totaled 774, a 15-percent increase. Most marijuana emergencies involved at least one other drug. Primary marijuana abuse represents 7 percent of all first-half 1988 admissions; secondary marijuana abuse represents 18 percent of those admissions.

Marijuana arrests continue to decline. Nevertheless, detections among male arrestees show an increase in marijuana positives, from 31 percent of the first quarter 1988 sample to 36 percent in the second quarter.

Philadelphia--Marijuana ER mentions, totaling 526, increased 55 percent. However, treatment admissions for primary abuse remained low-level, at 3.1 percent of second quarter 1988 admissions. Male and female arrestees tested 34 percent marijuana positive. Arrests have been declining since 1985. High-quality marijuana is in short supply; lower quality marijuana containing seeds and twigs, however, is readily available.

Phoenix--Marijuana ER mentions more than tripled, from 79 to 251. Though not as readily available as cocaine, local production of marijuana has reportedly increased. Prices vary greatly depending on quality from as low as \$500 to as high as \$3,500 per pound.

St. Louis--Marijuana ER mentions, totaling 183, increased 135 percent. Marijuana was identified as a secondary drug of abuse among 25 percent of treatment admissions in 1987. Missouri ranks among the top five States in marijuana production; pound prices for sinsemilla range from \$1,500 to \$2,000.

San Diego--Marijuana ER mentions have increased 48 percent to a total of 95. The percent of marijuana treatment admissions has remained fairly constant in the past 2 years (11 and 12 percent, respectively, in 1986 and 1987) but have declined from 1985, when 16 percent reported marijuana. A high school survey conducted in 1985 and repeated in 1988 showed a decline in the number of students who used marijuana. On the other hand, male arrestees who tested positive for marijuana increased from 44 percent in 1987 to 52 percent in 1988; about 30 percent of female arrestees tested positive for marijuana in 1988.

Seattle--Marijuana ER mentions totaled 158, a 123-percent increase. Several large organizations have established marijuana growing houses, employing farmers to live in these houses and tend to the crops. Current THC levels have reached 16 percent. A gram of local marijuana sells for \$10; a pound costs \$2,000-\$3,200.

Texas (statewide)--Marijuana ER mentions, second most frequent in Dallas, increased 55.3 percent in a year to a combined total of 567 for Dallas and San Antonio. Marijuana clients account for 19.5 percent of second-half FY 1988 nonalcohol treatment admissions. Seizure data indicate increased marijuana cultivation. Ounce prices remain \$75-\$150 for regular grade and \$125-\$200 for sinsemilla.

Washington, D.C.--Marijuana ER mentions more than doubled in a year, totaling 1,518. Many of these mentions are apparently associated with spraying PCP on marijuana and with the high quality of marijuana. Availability of marijuana not laced with PCP appears to have declined. Prices are \$70-\$130 per ounce and \$600-\$1,400 per pound.

STIMULANTS

Atlanta--Amphetamines continue to represent about 2 percent of all ME detections in second quarter 1988. Speed, methamphetamine, and amphetamine ER mentions were stable at 19, 12, and 11, respectively. Primary amphetamine abuse was cited by 4.1 percent of second-quarter 1988 treatment admissions. Methamphetamine availability continues, though its popularity has reportedly decreased slightly.

Boston--Stimulant ER mentions, including amphetamine, methamphetamine, and speed, remain at low levels. Less than 3 percent of FY 1988 treatment clients identified stimulants as primary drugs of abuse.

Chicago--Intravenous use of phenmetrazine is reported on the north side, while methylphenidate is used in speedballs in the south and west sides of the city. Abuse of pseudopharmaceuticals containing caffeine, ephedrine, and/or phenylpropanalamine appears to be declining. MDMA ("ecstasy" or "XTC") is emerging as a less expensive alternative to cocaine.

Colorado (statewide)--No amphetamine-related deaths were reported during the 1980-1987 period. Methamphetamine ER mentions reported by Denver hospitals have been fairly stable since 1987. The percentage of statewide treatment admissions represented by amphetamines declined from 8 to 5 percent from the last 6 months of 1987 to the first 6 months of 1988. MDMA is available in Denver and in Boulder for about \$15 a hit.

Detroit--All indicators reflect limited use and availability.

Los Angeles--Stimulant ER mentions (including amphetamine, methamphetamine, and speed) have remained level over the past 2 years at about 200 mentions annually. They account for about 1 percent of FY 1988 treatment admissions. Law enforcement officials are anticipating increasing supplies of methamphetamine, especially in the smokable form.

Miami--Only 3 amphetamine ER mentions were reported; only 10 clients out of 4,060 in treatment cited primary stimulant abuse. Methamphetamine from Oregon is reportedly available. Synthetic stimulants, such as 4-methyl aminorex (ice or U4Euh), from clandestine labs are reported in Central Florida. MDMA is reportedly used by college and graduate students.

M. eapolis--One amphetamine-related death was reported in 1988. Other indicators reflect a downward trend in use and availability.

Newark--Methamphetamine abuse is noticeably absent.

Philadelphia--Philadelphia is no longer reputed as a source of methamphetamine. While it still reports the third most frequent methamphetamine ER mentions in the DAWN system, such mentions have declined 11 percent to 233. Amphetamine and speed ER mentions have also declined, 27 and 13 percent respectively. Methamphetamine accounted for an average of less than 2 percent of second quarter 1988 treatment admissions. Less than 1 percent of male arrestees tested methamphetamine positive. Methamphetamine availability continues in certain sections, with a wide purity range and a stable price of approximately \$80 per gram.

Phoenix--Methamphetamine deaths totaled three in 1987 and ten for the first 10 months of 1988. Stimulant ER mentions (including amphetamine, methamphetamine, and speed) rose to 372, a 174-percent increase. Stimulants rank second behind cocaine in ER mentions. Methamphetamine is reportedly easily available at \$800-\$1000 an ounce, \$6,000-\$9,000 a pound, and \$10 a one-quarter gram. The methamphetamine market appears to be controlled by biker gangs.

St. Louis--All indicators reflect limited use and availability. Phenmetrazine and methylphenidate are reportedly available on the street in limited quantities.

San Diego--Deaths attributable to stimulants are low but show an increasing trend. All other drug abuse indicators suggest that stimulant abuse is the most prevalent drug problem in this city. Stimulant ER mentions rank highest among all drugs and have increased 76 percent to 471. Stimulant abuse accounted for 46 percent of all drug free treatment admissions in 1987 and have increased sharply since 1984. San Diego ranked first among 12 sites in the number of positive urine tests for stimulants among arrestees.

San Francisco--The number of ME cases with amphetamine or methamphetamine metabolites tripled between 1984 and 1987. ER mentions for stimulants (amphetamines, methamphetamines, and speed) decreased by 19 percent to 257. Treatment admissions rose by 40 percent between 1986 and 1987. A special study of admissions to a major treatment program, revealed that 70 percent of speed abusers used injection as the primary route of administration. Street observations suggest that methamphetamine is being freebased and smoked more frequently in late 1988 than in the past.

The CEWG representative estimates that the number of methamphetamine users in San Francisco County appears to be about the same as estimated in June 1988 --about 4,000 persons using on more than an occasional basis.

Seattle--Deaths have increased from an average of one per year to three in 1988 thus far. Stimulant ER mentions, including amphetamine, methamphetamine, and speed, rose substantially from 57 to 117, a 105-percent increase. The number of methamphetamine labs appears to be increasing in various parts of the State; an

increase in lab activity continues despite a new law requiring registration of precursor chemical purchases. The price of methamphetamine continues to match cocaine prices at roughly \$35 for a one-quarter gram.

Texas (statewide)--A 7-percent decrease in amphetamine ER mentions was overshadowed by 23- and 25-percent increases in methamphetamine and speed ER mentions, respectively. Amphetamine accounted for 14.8 percent of second half FY 1988 treatment admissions. Clients reporting needle use are increasing in number. Clandestine laboratory seizures continue at high rates.

BARBITURATES AND SEDATIVES/HYPNOTICS

Atlanta--Barbiturate ME detections totaled 23 in the first half of 1988. Diazepam ER mentions, which rank third in frequency, declined 37 percent in a year to a total of 85. Primary barbiturate and diazepam abuse accounted for about 1 percent of second-quarter 1988 treatment admissions.

Boston--Depressant abuse remains stable. While diazepam continues to rank third among ER mentions, such mentions have declined 12 percent to a total of 265. Only 1 percent of FY 1988 treatment clients cited barbiturates, other sedatives, or tranquilizers as a primary drug problem. Alprazolam abuse continues. Prescription drug arrests have declined.

Chicago--Diazepam ranks fifth among drug-related ER mentions. Barbiturates were detected in 27 percent of male and 52 percent of female arrestees. The availability of methaqualone and diphenhydramine continues to be reported as plentiful on the north side.

Detroit--Diazepam was found in 4 decedents and imipramine in 3 decedents among the 12 prescription drug-related deaths in the first 4 months of 1988. Diazepam ranks fourth in ER mentions.

Los Angeles--All medical indicators suggest a decline in abuse of these drugs. Total ER mentions (including flurazepam, glutethimide, phenobarbital, and secobarbital) have declined 18 percent to 244. Diazepam ER mentions have decreased slightly to 454. Treatment admissions, while historically low, have dropped further to a negligible number.

Miami--Most activity in this drug category involves benzodiazepines. Diazepam ER mentions, the third most frequent, declined 34 percent to 64; lorazepam mentions totaled 25; flurazepam mentions totaled 24; and chlordiazepoxide (Librium) mentions totaled 11. There were a total of 45 ER mentions during this period for over-the-counter sleep aids, phenobarbital, ethchlorvynol, and methaqualone. Less than 1 percent of FY 1988 treatment clients cited primary sedatives/hypnotics abuse. A major methaqualone lab seizure was reported.

Minneapolis--Diazepam ranks fourth among drug-related ER mentions. Drugs in this category represent a small percentage of detox and treatment admissions.

Newark--Glutethimide was present in 17 percent of toxicological ME reports to DAWN. Newark accounts for 51 percent of ER mentions and 41 percent of ME mentions of glutethimide for the entire 1987 DAWN system. Usually used with codeine in hits, glutethimide accounted for 262 ER mentions--a 30-percent increase.

New Orleans--Diazepam ER mentions totaled 219, a 26-percent increase.

New York City--Diazepam ER mentions have declined 30 percent to a total of 779. Amitriptyline ER mentions have also declined (31 percent), as have ethchlorvynol, haloperidol, lorazepam, and diphenylhydantoin ER mentions. Treatment admissions for primary abuse of these drugs are insignificant in number.

Philadelphia--Diazepam, third-ranking in ER mentions, remains fairly stable at 694, a 6-percent increase. It remains widely available, as does alprazolam. Toxicology reports mentioning glutethimide totaled 16 in the first half of 1988. Glutethimide ER mentions totaled 183, a 30-percent increase. The glutethimide/acetaminophen-with-codeine combination is known as "Ts and Ds," "hits," "sets," "loads," and "4s and doors." Glutethimide combined with codeine cough syrup is known as "pancakes and syrup" or "jugs and beans." Prices remain stable at \$11-\$15 per hit.

Phoenix--Only one death has been reported in 1988 thus far (through October 1988), and ER mentions remain stable.

St. Louis--Diazepam ranks third among drug-related ER mentions.

San Diego--Deaths dropped in the first half of 1988 to 9 following the record high of 26 deaths in 1987. Diazepam ER mentions have remained stable and are about equal to cocaine in frequency of episodes. Treatment admissions have remained minimal.

San Francisco--Diazepam ER mentions decreased by 57 percent to 95. On the other hand, street-based observers report a recent increase in clonazepam use. This diazepam analog is sold for about \$1 per 2-milligram pill, and users often consume five or ten such pills per day.

Seattle--Deaths have been declining for the past few years. More than one-half of deaths involving sedatives/hypnotics include diazepam. ER mentions have remained relatively stable between 60 and 90 mentions per quarter. Diazepam ER mentions, accounting for over one-half of mentions in this category, have remained fairly constant.

HALLUCINOGENS

Atlanta--Hallucinogen indicators are at low levels. Emergency mentions of LSD are stable, totaling 31. The drug is reportedly available for \$5-\$6 per dose.

Boston--Hallucinogen ER mentions are at low levels, but have increased 75 percent to 63. Less than 1 percent of FY 1988 treatment clients reported primary hallucinogen abuse. Recent reports indicate increased hallucinogen use among adolescents, particularly PCP use by white youth.

Chicago--PCP ranks fourth among drug-related ER mentions. LSD is declining in use and availability.

Colorado (statewide)--LSD-related ER mentions have remained fairly stable over the past 2 years, and account for less than 2 percent of treatment admissions. PCP is infrequently mentioned in ER episodes. LSD and psilocybin mushrooms seem to be more available and more frequently abused in areas outside of Denver. LSD is reportedly available in Boulder in the forms of blotter, dots, decals, and liquid, selling for \$.80-\$3.00 a hit.

Detroit--All indicators reflect a downward trend in the use and availability of LSD and PCP.

Los Angeles--PCP ER mentions have declined about 11 percent to 1,093, but continue to rank third in mentions frequency. Treatment admissions have declined and accounted for about 3 percent of clients in FY 1988.

Miami--There were two ER mentions each for PCP and LSD. Only 4 clients out of 4,060 in treatment cited primary hallucinogen abuse. LSD is reportedly used by adolescents.

Minneapolis--LSD is increasing in use and availability as evidenced by the increasing number of hallucinogen admissions to the adolescent detox program.

New Orleans--While PCP abuse remains high, negative consequences are declining. PCP-related ER mentions declined 25 percent to 174. Treatment admissions are negligible. The PCP/heroin combination ("sunshine" or "desire") has apparently disappeared, but PCP smoked with marijuana (clickums) have become more common. Prices are stable at \$5-\$6 per stick. LSD abuse remains high, despite minimal health indicators, with increased use among teenagers. The dose price is \$5-\$6 per tab.

New York--Medical indicators show a declining PCP trend. PCP-related ER mentions declined 40 percent to 202. Treatment admissions for primary PCP abuse have also declined to less than 1 percent of admissions. Mid-1988 studies yielded only 3-percent PCP positive results among arrestees. The DEA, however, reports pockets of PCP activity in some neighborhoods.

Philadelphia--LSD is sporadically available in suburban areas at \$5-\$10 per dose.

Phoenix--LSD-related ER mentions have increased more than 50 percent to 86. Though the DEA did not report much activity with LSD, a local crisis intervention center has recently responded to several individuals exhibiting extreme psychotic behaviors. Street prices for LSD range from \$2.50 to \$5.00 per hit, while wholesale prices are reported at \$1.00-\$1.25.

St. Louis--PCP ranks first among drug-related ER mentions, increasing 200 percent to a total of 637 mentions. However, according to the DEA, PCP is apparently declining in availability as of the third quarter 1988. LSD is occasionally available in limited quantities.

San Diego--PCP and LSD appear in relatively low numbers in ER mentions and treatment admissions. Further, the high school survey indicated that only 3 percent of students had tried PCP, while 2 percent admitted to more frequent use.

San Francisco--Although PCP detections among decedents remains small, ER mentions have escalated. Such ER mentions rose by 96 percent to 544. Treatment admissions remain fairly small compared to other drugs.

Seattle--LSD-related ER mentions rose to 81, a 93-percent increase. Such mentions peaked at 29 in fourth quarter 1987, declining to 20 in first quarter 1988. In contrast, ER mentions of PCP decreased by 50 percent to 7. LSD continues to be available, however, police are not reporting increasing activity.

Texas (statewide)--Emergency room mentions of LSD have increased 52 percent to a total of 99.

Washington, D.C.--Washington, D.C. tops the DAWN system in ER mentions of PCP, which are the most frequent in the city--totaling 4,401 for a 92-percent increase. The two most recent quarters (ended March 1988), however, showed a 52-percent decline over the previous two quarters. September 1988 pretrial urinalyses yielded 13-percent PCP positive results for juveniles, a decline from 33 percent a year earlier. Positive results for adults decreased from 24.1 to 12.5 percent in 6 months. Current prices are \$15-\$30 per gram and \$300-\$350 per ounce.

OTHER DRUGS

Atlanta--Three inhalant-related deaths were identified in the first two quarters of 1988.

Minneapolis--The increasing use of inhalants, particularly by Native American children, is evidenced by the increase in detox episodes.

New Orleans--Diphenylhydantoin ER mentions increased 271 percent, totaling 130.

Texas (statewide)--The six Dallas ME reports of inhalant deaths exceed the number reported by any other DAWN reporting area; San Antonio reported four such deaths. Inhalant ER mentions in Dallas (87 in 1987) approximately doubled those of any other DAWN area. Inhalants reportedly abused by students include correction fluid/liquid paper, amyl and butyl nitrites ("poppers," "locker room," "rush"), glue, spray paint, gasoline, and solvents.