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Nationwide Trends

This fact sheet highlights information from the latest published proceedings of NIDA's Community Epidemiology Work Group* (CEWG). The information covers current and emerging trends in drug abuse for 21 major U.S. metropolitan areas, as shared at CEWG's June 2003 meeting. The findings are intended to alert the general public, policymakers, and authorities at the local, State, regional, and national levels to the latest trends in drug abuse.**

The CEWG is a network of researchers from Atlanta, Baltimore, Boston, Chicago, Denver, Detroit, Honolulu, Los Angeles, Miami, Minneapolis/St. Paul, Newark, New Orleans, New York, Philadelphia, Phoenix, St. Louis, San Diego, San Francisco, Seattle, Texas, and Washington, DC.

CEWG members (epidemiologists and researchers) assess drug abuse patterns and trends from the health and other drug abuse indicator sources below. These data are enhanced with qualitative information from ethnographic research, focus groups, and other community-based sources:

- the Treatment Episode Data Set (data from treatment facilities) and the Drug Abuse Warning Network (emergency department—ED—mentions and medical examiner death mentions involving illicit drugs), both funded by the Substance Abuse and Mental Health Services Administration;
- the Arrestee Drug Abuse Monitoring program, funded by the National Institute of Justice;
- the System to Retrieve Information on Drug Evidence and other information on drug seizures, price, and purity, from the Drug Enforcement Administration;
- drug seizure data from the United States Customs Service; and
- the Uniform Crime Reports, maintained by the Federal Bureau of Investigation.

Trends of Use

Cocaine/Crack

Cocaine/crack abuse was endemic in almost all CEWG areas in 2002. Rates of ED mentions per 100,000 population were higher for cocaine than for any other drug in 17 CEWG areas. Rates increased significantly between the second half of 2001 and the first half of 2002 in Baltimore, Denver, Newark, and San Diego, while decreasing in San Francisco and Seattle. ED rates were

highest in Chicago, Philadelphia, Atlanta, Baltimore, and Miami in the first half of 2002. Rates for cocaine were much higher than those for methamphetamine in west coast areas. Trends in treatment admissions from 2000 to 2002 showed little change in most CEWG areas. Primary cocaine admissions constituted more than 40 percent of illicit drug admissions (excluding alcohol) in seven areas, with the majority being for crack. Additionally, polydrug use was common among powder and crack cocaine abusers. Cocaine was reported frequently as a secondary drug by heroin abusers admitted to treatment. Between 27 and 49 percent of male arrestees tested positive for cocaine in 14 CEWG areas. Nationwide in 2002, 61,594 kilograms of cocaine were seized by the DEA—3.6 percent more than in 2001 and 35.9 percent more than in 1995.

Heroin

Heroin indicators were relatively stable in 2002, but continued at high levels in Boston, Chicago, Detroit, Newark, Philadelphia, and San Francisco. Primary heroin treatment admissions ranged from 62 to 82 percent of all illicit drug admissions (excluding alcohol) in Baltimore, Boston, and Newark. Rates of heroin ED mentions exceeded 100 per 100,000 population in Chicago and Newark, and heroin/morphine-involved death mentions reported by DAWN ranged from 195 to 352 in Boston, Baltimore, and Chicago. Conversely, significant decreases in ED rates were observed between the first half of 2001 and the first half of 2002 in six CEWG areas: Baltimore, Dallas, Detroit, Phoenix, San Diego, and Washington, DC. Of the eight CEWG areas reporting local medical examiner data on heroin/morphine-related drug mortality in 2002, figures were highest in Detroit, Philadelphia, southern Florida counties, and Phoenix. DEA data showed that heroin purity in 2001 was highest in Philadelphia (73 percent pure), and ranged from 56 to 68 percent in New York, Boston, and Newark—all areas where South American and Southwest Asian heroin are widely available.

Misuse of Prescription Opiates

Opiates/narcotics (excluding heroin) appear increasingly in drug indicator data, particularly hydrocodone and oxycodone products. Increases in oxycodone ED mentions were reported in 12 CEWG areas from the first half of 2001 to the first half of 2002, and 7 of these were statistically significant. In San Francisco, oxycodone ED mentions increased 110 percent during the same time period. Other CEWG members reported an increase in oxycodone medical sales, diversion of the drug from clinics, and increased arrests. Hydrocodone, which is often used in combination with alcohol and other drugs, was cited as a problem in several CEWG areas including

Phoenix, Texas, Minneapolis/St. Paul, and South Florida. Preliminary ED data for the first half of 2002 show that the rate of narcotic analgesics/combinations mentions per 100,000 population was 2 to 7 times higher in Baltimore than other CEWG areas. In 11 of the 20 CEWG areas included in the DAWN mortality system in 2001, the number of narcotic analgesic-related death mentions exceeded those for cocaine, heroin/morphine, marijuana, and methamphetamine.

Marijuana

Marijuana is the most frequently used illicit drug in CEWG areas, and levels of use and abuse are high among adolescents and young adults. Rates of marijuana ED mentions per 100,000 population increased significantly between the first half of 2001 and the first half of 2002 in Miami, Newark, Phoenix, and San Diego, but decreased in Chicago, San Francisco, and Seattle. Primary marijuana admissions (excluding alcohol) accounted for approximately one-quarter to one-half of admissions for illicit drug use in 12 of the 20 CEWG areas reporting 2002 treatment data. The proportions were highest in Minneapolis/St. Paul, Miami, Colorado, New Orleans, and Seattle. The percentages of adult male arrestees testing marijuana-positive in 2002 exceeded the percentages testing positive for other drugs in 12 of 16 CEWG areas. The same was true of female arrestees in only three of nine CEWG sites. The DEA reported seizures of 195,644 kilograms of marijuana in 2002, the lowest amount since 1996.

Methamphetamine

Methamphetamine abuse continues to spread geographically and to different populations. In addition to the large "super labs" in California and trafficking from Mexico, there has been a proliferation of small "mom and pop" laboratories throughout the country, especially in rural areas. Methamphetamine abuse and production continue at high levels in Hawaii, west coast areas, and some southwestern areas, and abuse and manufacture continues to move eastward. Several CEWG areas report new populations of methamphetamine users, including Hispanics and young people in Denver, club goers in Boston, and African-Americans in Texas. Primary admissions for amphetamines/methamphetamine (excluding alcohol) represented a sizable minority of treatment admissions in eight CEWG areas in 2002. Most admissions were primary methamphetamine users. The percentages of adult male arrestees testing positive for methamphetamine use trended upward in nine CEWG areas between 2000 and 2002. Additionally, one-half of adult female arrestees in Honolulu tested positive in 2002, as did nearly 42 percent in Phoenix and 37 percent in San Diego. Not only methamphetamine users, but

also children exposed to and agencies that seize and clean up methamphetamine labs are also in danger of serious health consequences.

MDMA

MDMA (methylenedioxymethamphetamine; often called ecstasy) indicators suggest that use of this drug has spread to populations outside the club scene. MDMA is often used in combination with alcohol and other drugs, and pills sold in clubs as ecstasy often contain substances other than, or in addition to, MDMA. The number of MDMA ED mentions decreased in 11 CEWG areas from the first and/or second half of 2001 to the first half of 2002, with a significant increase reported only in New Orleans. The highest numbers of ED mentions in 2002 were in Philadelphia, Miami, San Francisco, Atlanta, Los Angeles, and New York. Two CEWG members reported statewide treatment admissions data for 2002: for Illinois, 2002 was the first year that "club drug" treatment admissions were tracked and a majority of those admitted were male (68 percent) and White (75 percent); in Texas, treatment admissions with a primary, secondary, or tertiary MDMA problem rose from 63 in 1998 to 521 in 2002.

Emerging Drugs: PCP

PCP indicators increased in five CEWG areas—Los Angeles, Philadelphia, Phoenix, Washington, DC, and Texas—and remained steady in Chicago communities. Los Angeles reported an 11 percent increase in PCP-related arrests since 2001. In Phoenix, PCP ED mentions increased significantly between the first half of 2001 and the first half of 2002—from 27 to 42 mentions. In Texas, ED mentions increased significantly from 46 to 74 during the same time period. In the first half of 2001, 6 CEWG areas had more than 73 PCP ED mentions, ranging from 74 in Dallas to 542 in Philadelphia. In 2002, both primary PCP treatment admissions and ED mentions were highest in Washington, DC. DC also reported increases in both adult and juvenile arrestees who tested positive for PCP.

* NIDA's CEWG Meetings are held in June and December of each year. The June 2003 meeting was the 54th. Semiannual meeting reports can be downloaded at www.drugabuse.gov/about/organization/cewg/reports.html.

** For 2002 national and State use data, please visit www.samhsa.gov/oas/nhsda.htm, which is the Web site for the National Survey on Drug Use and Health (NSDUH), funded by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. NSDUH is an annual survey on the nationwide prevalence and incidence of illicit drug, alcohol, and tobacco use among Americans age 12 and older. You can also order a free copy of the latest NSDUH summaries from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

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