METROPOLITAN ATLANTA DRUG ABUSE TRENDS

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All indicators support cocaine's dominance of the Atlanta drug market. However, local indicators of its prevalence are mixed. Cocaine treatment admissions have declined from 1997 through the first semester of 1999. Ethnographic and arrestee data through first quarter 1999 indicate that cocaine use is leveling off. Yet, emergency department (ED) data show a drastic increase in cocaine use between 1997 and the first semester of 1998, followed by a slight decrease in the second semester of 1998. Atlanta also had the highest nationally reported level of cocaine smoking among ED admissions in 1998. Marijuana is second in drug prevalence in Atlanta, and its use is rising among all social strata. Among treatment admissions, 62percent ofmarijuana users report no additional drug of choice, while cocaine, heroin, and stimulant users frequently list marijuana as a secondary drug. Heroin use remains comparatively low, although snorting is becoming more prevalent, especially among younger users. The purity of Atlanta heroin continues to increase, while its prices fall. Methamphetamine remains an emerging drug. Although Atlanta's 1998 rate of methamphetamine ED mentions is low, it is the highest among east coast cities. Injecting has replaced snorting as the most frequently reported mode of methamphetamine administration. Georgia ranks 8th nationwide in cumulative number of AIDS cases and has the 12th highest rate of cases attributable to injecting drug use. The level of injection-related cases among African-Americans is 15 times that among whites.

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DRUG USE IN THE BALTIMORE METROPOLITAN AREA: EPIDEMIOLOGY AND TRENDS

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In the Baltimore metropolitan area, indicators & both heroin and cocaine abuse are among the highest of CEWG cities. Some indicators of heroin abuse, which have been relatively stable since 1995, increased in 1998. Both indicators and anecdotal evidence point to a substantial and growing heroin problem among youth, particularly in the suburban counties surrounding Baltimore City. Cocaine and crackindicators were mixed. Cocaine treatment admissions continued to decline through the first half of 1998, but ED rates increased. Indicators of problem marijuana use showed signs of stabilizing between 1997 and 1998. The increase in amphetamine-related treatment admissions seen in 1997 was sustained, although the numbers remained small. Gamma-hydroxybutyrate (GHB) or its precursor gamma-butyrolactone (GBL) was responsible for 10 overdoses in the first 3 months of 1999.

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DRUG USE TRENDS IN GREATER BOSTON AND MASSACHUSETTS

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Illicit drug use trends in the Boston metropolitan area may be stabilizing after previous indicator rises for heroin and declines for cocaine. Current reporting period indicators are level or rising for cocaine, mixed for heroin, and level for marijuana. Heroin has established itself as a cheap, pure, easily found alternative to cocaine, and heroin-related overdoses have been rising. Marijuana remains widely available and popular, especially among youth, and drugs such as MDMA, gamma-hydroxybutyrate (GHB), ketamine, and crystal methamphetamine continue to be reported in the club and rave scenes. MDMA in particular has rapidly become more common among youth. Diverted prescription medications such as alprazolam (Xanax), clonazepam (Klonopin), methylphenidate (Ritalin), and oxycodone (Percodan, Percocet) are widely available, and psychedelics such as LSD and psilocybin mushrooms remain wides pread among adolescents and young adults. As of November 1, 1999, 14,788 adult/adolescent AIDS cases were reported in Massachusetts. Injecting drug use accounted for 36 percent of new AIDS cases reported between May 1 and October 31, 1999, the highest proportion for any category of AIDS transmission.

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PATTERNS AND TRENDS OF DRUG ABUSE IN CHICAGO

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While cocaine indicators remain higher than thosefor other substances in this reporting period, the extent of cocaine use in Chicago continues to level off In contrast, indicators suggest significant escalations in heroin use, as shown by increases in emergency department (ED) mentions especially for unexpected reaction and seeking detox. New sociodemographic groups (namely white suburbanites) are visible in heroin-related ED mentions and prospective surveys of younger IDUs. Prices per milligram pure of heroin are at their lowest levels in a decade. However, in this reporting period, heroin purities have dropped to levels similar to those observed afew years ago and are no longer in the >30-percent range. Marijuana indicators continue to increase, reflecting a consistent but perhaps slowing escalation in marijuana-related problems. Minimal methamphetamine use has been observed in the Chicago region to date.

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DRUG USE TRENDS IN DENVER AND COLORADO

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Almost all methamphetamine indicators, which had increased through 1997, declined in 1998 and 1999. Drug Enforcement Administration (DEA) data suggest that the decline may reject substantially lower purity resulting from reduced precursor availability. Conversely, some cocaine indicators have started to climb again, with increased ED mentions and the highest cocaine mortality level ever seen in the State. However, cocaine treatment admissions and new users in treatment continue to decline. Also, cocaine treatment demographics show proportions decreasing for African-Americans and increasing for Hispanics and older users. Cocaine inhalers have entered treatment in greater numbers, while smokers have declined. DEA reports indicate that greater cocaine HCl availability may be driving some of these changes. Heroin ED mentions have been climbingsince 1996, and I998 opiate mortality was the highest ever in Colorado. While the proportion of new heroin users in treatment is up overall from 1993 levels, 1999 data show a slight downturn. Also, heroin treatment demographics have changed somewhat, rejecting increased proportions of whites and younger users, and a decreased proportion of Hispanics. Small upward trends in the percentages of heroin smokers and inhalers have continued. Marijuana remains a major problem in Colorado, accounting for the largest proportion of drug-related treatment admissions. Marijuana ED mentions climbed in 1997 and 1998, and treatment demographics show more Hispanic and older users. Almost all ethnographic data indicate the availability of very potent marijuana.

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ILLICIT DRUG USE IN HONOLULU AND THE STATE OF HAWAII

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The downturn in the Hawaii economy continues, with high and increasing rates of bankruptcy, foreclosure, and departure from the islands. Tourism is at a decade low statewide, and unemployment hovers at 8 percent. The Council of Economic Advisors projects little improvement over the next 6 months, resulting in yet another budget cut in State government. Within the shadow economy of Hawaii, however, indicators show increasing or stable demand and supply of illicit drugs, treatment admissions, arrests and seizures, and deaths. Extremely pure crystal methamphetamine ("ice") continues to dominate the Hawaiian drug market. Methamphetamine treatment admissions increased 23 percent in the first half of 1999, remaining at an extremely high level, although second to alcohol. Demand for methamphetamine treatment has far outstripped capacity, and law enforcement agencies report they are unable to deal with the large numbers of ice-addicted inmates. Ice in Hawaii is smoked. While marijuana treatment admissions remain stable, the number of persons in treatment is double that for 1993, and includes many users of other substances. Cocaine still ranksfourth among treatment admissions, after marijuana and before heroin. Black tar heroin is readily available statewide, and purity remains fairly high.

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UPDATE ON ILLICIT DRUG USE IN LOS ANGELES COUNTY

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Overall, drug use remains stable, with some continued rise in treatment and arrestee indicators for marijuana and methamphetamine. Estimated cocaine ED mentions rosefrom 2,629 to 3,154 between the two halves of 1998. Heroin mentions also rose, from 2,532 in 1997 to 2,631 in 1998. The proportion of all treatment admissions whose primary drug was heroin remained steady at 47 percent during third quarter 1999, as did the primary methamphetamine level at 7 percent. Among male arrestees, positive findings decreased for cocaine (to 35 percent) but increased for marijuana (to 35 percent). Among female arrestees, cocaine levels declined, but increases were reported for marijuana (to 23 percent) and methamphetamine (to 15 percent). Marijuana-positive findings for juvenile males increased to 60 percent during second quarter 1999. Reports of gamma-hydroxybutyrate (GHB) appear to be increasing in Los Angeles. HIV prevalence data showed that as of September 30, 1999, 40,281 cumulative adult AIDS cases were reported in Los Angeles County.

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DRUG USE IN SOUTH FLORIDA

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Problems associated with rave and club drugs have risen dramatically in 1999. Abuse σ gamma-hydroxy-butyrate (GHB), gamma-butyrolactone (GBL), and 1,4-butanediol(1,4-BDL) products are responsible for numerous medical emergencies and at least seven deaths in south Florida. Availability σ MDMA has increased in 1999, with supplies reportedly comingfrom the Netherlands and Belgium. Yet, thephenomenon of "rollers" and "candyflipping" using diverted medications continues among younger and less sophisticated users. Marijuana problems are still rising as they have through this decade. Other indicators reveal a declining long-term cocaine epidemic, with disturbing signs of youthful initiates combining cocaine with other drugs. Miami's heroin epidemic is documented by afivefold increase in medical consequences of that drug between 1991 and 1998, while national rates doubled. In Broward County, heroin-induceddeaths have quadrupled from 9 in 1995 to 37 in 1998. Recent treatment data are not available in this reporting period; however, a new and highly sophisticated addiction treatment management information system is scheduled to be operational in early 2000.

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DRUG ABUSE TRENDS IN THE MINNEAPOLIS/ST. PAUL METROPOLITAN AREA

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Cocaine-related hospital emergencies outnumbered those for other illicit drugs, and for the first time an equal number of deaths were related to cocaine and opiates (17 in the first half of 1999). Marijuana maintained a strong presence, accounting for more treatment admissions than cocaine and remaining the most prevalent drug among Minneapolis arrestees. Statewide, law enforcement incidents involving methamphetamine—seizures, arrests, and clandestine labs—continued strong upward trends that began in 1996. But in the metropolitan area, most methamphetamine indicators declined: there were two methamphetamine-related deaths in 1999 compared with eight in 1998, and fewer treatment admissions and hospital emergencies. These findings, coupled with the location of most labs in nonmetropolitan areas, suggest that the growing methamphetamine problem in Minnesota may now be more rural in nature. "Club drugs" including gamma-hydroxybutyrate (GHB), ketamine ("SpecialK") flunitrazepam (Rohypnol), and MDMA seldom appeared in law enforcement data and typically in very small amounts, with the exception of a recent Hennepin County case involving 2,200 tablets of MDMA. One GHB toxicity death was reported in 1999. Effective in August 1999, GHB became a Schedule III controlled substance in Minnesota.

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DRUG ABUSE DIFFERENTIALS IN NEWARK

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This report provides data on the sociodemographic characteristics of Newarkdrug abusers in 1998. It also presents comparative data from previous years as well as statewide data. Drug-related admissions accounted for 97 percent & all treatment admissions in 1998. Heroin remains the most abused drug & choice in Newark, increasing its share to account for 78 percent & all treatment admissions in 1998. By contrast, alcohol-only accounted for only 3 percent & all admissions, while cocaine accounted for 9 percent. Heroin was also the drug most mentioned in ED data followed closely by cocaine. The increase in the share & heroin admissions is consistent with the rise in heroin ED mentions between 1992 and 1995. Heroin purity rose from 60.7 percent to about 67 percent in the first 6 months & 1999, following an 8-percentage-point decline between 1997 and 1998. Most importantly, heroin injection is on the rise among drug abusers in the State after a persistent decline since the early 1980s. There is also a strong indication that heroin injection is on the rise in Newark. The increase in injecting drug useposes a major health challenge because & its implications for the spread & HIV/AIDS and hepatitis C among drug users.

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DRUG ABUSE INDICATORS IN NEW ORLEANS

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Thepercentage ofdrug-related homicides increasedfrom 50percent in 1997 to 75percent in 1998. Between 1995 and 1998, cocaine ED mentions increased from 2,018 to 2,396; cocaine arrests also increased. Heroin indicators continued to rise: use increased among street addicts, ED mentions grew steadily between 1993 and 1998, and treatment admissions and opiate arrests also increased. Although marijuana indicators were mixed, abuse was on the rise among high schoolstudents, and marijuana remained the number-one treatment drug in 1999. In 1999 through November, the State of Louisiana reported 5,011 new AIDS cases. **Of** these, 18 percent involved IDUs and 9 percent involved homosexual or bisexual IDUs.

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CURRENT DRUG USE TRENDS IN NEW YORK CITY

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In general, cocaine trends are showing declines, heroin trends are mixed, and marijuana trends continue to show increases. Nevertheless, cocaine accounts for major problems in New York City, with more than 19,000 hospital emergency department (ED) mentions, 16,000 primary treatment admissions, and 35,000 arrests in 1998. Heroin accounts for similar problems, with more than 9,000 ED mentions, 19,000 primary treatment admissions, and 37,000 arrests. Marijuana surpasses other drugs in the number of arrests, with 42,000 reported in 1998. Intensive police surveillance has diminished street drug dealing, but much more drug dealing has moved indoors. A variety of psychoactive prescription drugs remain available, and some drugs with hallucinogenic effects, such as ketamine, MDMA, and psilocybin mushrooms, may be gaining popularity. Injecting drug use appears to be declining, but it remains the modal riskfactor in the city's AIDS cases.

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DRUG USE IN PHILADELPHIA, PENNSYLVANIA

Samuel J. Cutler
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(with assistance from John H. Gossard and Richard C. Jones)

Coordinating Office for Drug and Alcohol Abuse Programs

Department of Public Health
City of Philadelphia

Philadelphia, Pennsylvania

Cocaine continues to be identified as the mostfrequently mentioned drug in hospital emergency departments and as primary drug of abuse among treatment admissions. In the first half **c** 1999, cocaine detections in decedents exceeded heroin detections **for** the first time since January–June 1996. More than 81 percent **c** cocaine treatment admissions were crack smokers in the first half of 1999, continuing a long trend. Heroin indicators remained relatively stable. New heroin users tend to be in their teens. Drug-involved deaths among whites, at 52 percent in the first half of 1999, constituted the majority of drug-positive deaths **for** the fourth consecutive halfyear, the only time periods during this decade. Philadelphia recorded 714 new AIDS cases in the first half of 1999; of these, 23 percent were injecting drug users.

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DRUG ABUSE TRENDS IN PHOENIX AND ARIZONA

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Cocaine deaths for the first half of 1999 surpassed total cocaine deathsfor all of 1998. The significant upward trend for all drug-related deaths, except for morphine and cocaine combined, has continued. Between 1997 and 1998, ED mentions were stable for marijuana, increased slightly for heroin, and decreased significantly for methamphetamine. PCP ED mentions decreased, while deaths increased. Total arrests for drugpossession doubled between 1989 and 1998. The US. Customs Service seized more illegal drugs in Arizona during FY 1999 than in any previous year. Officials confiscated \$13,274,613 in currency returning to Mexico, compared with \$2,634,844 during FY 1998. As of October 1999, 6,757 cumulative AIDS cases were reported. Injecting drug use as the mode & exposure for AIDS has declined compared with 1996 figures. At adult and adolescent cases, 10 percent were IDUs and another 11 percent were IDUs with the additional risk factor & male-to-male sex. During FY 1998, 2,622 probationers participated in treatment through the Drug Treatment and Education Fund (DTEF).

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DRUG TRENDS IN ST. LOUIS

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Heroin and methamphetamine are increasingly prominent in most St. Louis indicators. Representing a major prevention and law enforcement concern, heroin is available and of substantial purity. County law enforcement personnel are increasingly concerned with methamphetamine use, and methamphetamine labs in rural areas are a major problem. The reporting region includes a large rural area where drug use patterns differfrom those in urban areas. In the St. Louis area, 5,379 cases of HIV infection and AIDS have been identified; the statewide total is 11,978.

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INDICATORS OF DRUG ABUSE IN SAN DIEGO COUNTY

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Cocaine indicators remain mixed: overdose deaths and positive tests among male arrestees declined; emergency department (ED) mentions, treatment admissions, and positive tests among female arrestees increased. These findings suggest the potential for a rising trend. With the exception **d** accidental overdose deaths, which declined over the past two reporting periods, heroin indicators were stable. Most marijuana indicators continued to rise. Marijuana misdemeanor arrests among juveniles rose 258 percent from 1990 Conversely, positive marijuana screens among adult and juvenile males were stable. Methamphetamine indicators were down. The presence of methamphetamine in accidental overdose deaths was at its lowest level since 1992. While alcohol's presence in accidental overdose deaths was stable, increases were reported in alcohol-related ED mentions and alcohol-primary treatment admissions. Data from the Penal Code 1000 (postconviction diversion) programs presented new and interesting information on drug use patterns in San Diego. Participants were asked about drug & arrest and drug & choice, and contrary to expectations, there was little congruence in their answers. The most interesting finding was that methamphetamine was responsible for more than two-thirds & the arrests in all time periods, but was reported as the primary drug only 30 percent **d** the time. Datafrom the toxicology screens **d** individuals arrested for being under the influence (a misdemeanor) showed that in both 1997 and 1998, approximately 80 percent tested positive for some drug. **Of** these individuals, 69 percent in 1997 and 62 percent in 1998 testedpositive for methamphetamine. No other drug figured as prominently in these toxicology results.

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PATTERNS AND TRENDS OF DRUG ABUSE IN THE SAN FRANCISCO BAY AREA

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The prevalence of cocaine use appears little changed in 1997–99, after a significant decline during 1992–97. Heroin indicators are mixed: arrests, deaths, and supply factors point upward, but treatment admissions and ED mentions are declining. Marijuana indicators are also mixed. Methamphetamine indicators, after rising steeply throughout the 1990s, appear to have reversed. Among heterosexual IDUs, AIDS is decelerating, and HIV prevalence is holding steady at 10 percent. AIDS cases continue to be prevalent among gay male IDUs, which may reflect the upsurge in methamphetamine injection in the early 1990s.

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RECENT DRUG ABUSE TRENDS IN SEATTLE-KING COUNTY

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Kris Nyrop, Street Outreach Services Steve Freng, Northwest High Intensity Drug Trafficking Area

Michael Gorman, Alcohol and Drug Abuse Institute University **of** Washington

Seattle, Washington

Cocaine indicators are mixed. Heroin continues to have the largest impact of all illicit drugs used in the Seattle area, and available data suggest that a new level **d** endemic heroin use has been established. Methamphetamine use appears stable at a level well below those of heroin and cocaine in Seattle-King County, but **is** on an upward trend in other areas of the State. Marijuana use remains unchanged. Hallucinogenic drug use amongprimarily younger users continues to appear in area reports. Local studies in drug treatment agencies indicate an HIV seroprevalence **d** 1-4 percent among heroin and cocaine injectors; among gay and bisexual men who inject methamphetamine, HIV seroprevalence is 47 percent.

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SUBSTANCE ABUSE TRENDS IN TEXAS

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Crack cocaine remains the primary illicit drug among adult treatment admissions, but the proportion of African-American crack admissions is declining while those of whites and Hispanics are increasing. Cocaine is second only to marijuana among illicit drugs for which arrestees test positive; however, the cocaine-positive levels are lower now than in the early 1990s. Cocaine overdose deaths peaked in 1998, and the rate of cocaine ED mentions in Dallas is at its highestpoint ever. The drug is readily available, and its price has beenfairly stable since the second half of 1997. Heroin overdose deaths have increased annually, and the decedents' average age dropped from nearly 40 in 1997 to 37 in 1998. ED mentions remained steady between 1997 and 1998 after a 1996-97 increase, but mentions of teen heroin use were reported again in 1998. Heroin addicts entering treatment are primarily injectors. Mexican heroin prices continue to drop, while purity increases. Codeine cough syrup is growing inpopularity in Houston among both adult polydrug abusers and youth who primarily abuse cough syrup. The proportion of primary marijuana treatment admissions among youth continues to increase, as does that of marijuana-positive adolescent arrestees. Marijuana ED mentions in Dallas are higher than ever. Availability is high, and price is low. Dipping joints in embalming fluid containing PCP or in codeine cough syrup continues, as do smoking marijuana-filled blunt cigars and adding crack or other drugs to the marijuana cigarettes. Methamphetamine use is widely reported, especially in rural areas. The number of methamphetamine-related deaths increased from 1997 to 1998, as did amphetamine ED mentions. However, the percentages of stimulant admissions to publicly funded treatment and of arrestees testing methamphetamine-positive are still low. MDM is reportedly being combined with heroin. Depressants remain a problem, reflected in rising ED mentions in Dallas. LSD is available, and ED and arrestee indicators for PCP are increasing (due to the use of PCP with marijuana joints). AIDS cases among females and African-Americans reflect the correlation between drug use and HIV infection. The proportion of injectors entering treatment continues to decrease.

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PATTERNS AND TRENDS OF DRUG ABUSE IN WASHINGTON, DC

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Crack cocaine continued to dominate the drug scene in Washington, D. C. Cocaine emergency department (ED) mentions increased significantly between 1997 and 1998, but medical examiner mentions hit their lowest level this decade. Meanwhile, the percentage of heroin deaths increased from about one-third in 1994 to almost one-half in 1997, surpassing even cocaine deaths. In 1998, heroin ED mentions rose to their highest level since 1989, with the most significant increases among adults age 35 and older and males. Heroin treatment admissions have also continued to increase. Comparing Washington, D.C., with other metropolitan areas, recent Domestic Monitor Program data from the Drug Enforcement Administration indicate that heroin purity is low while prices are relatively high. The percentage **d** juvenile arrestees testing positive for marijuana/hashish increased substantially between 1994 and 1997, but seems to be leveling offbased on data through October 1999. Marijuana ED mentions have not changed significantly between 1997 and 1998, although the proportion **\(\pi\)** iuveniles seeking emergency treatment appears to be declining and that **d** adult females seems to be increasing steadily. Methamphetamine/speed indicators continue to suggest only negligible use in Washington, D.C., though ethnographic data indicate regular use among some social groups. PCP-related ED mentions remained stable between 1997 and 1998, although urinalysis datafor 1999 showed signs of increased PCP use among both adults and juveniles. Recently, the availability of high-quality methylenedioxymethamphetamine (MDMA or "ecstasy") and arrests for its possession have been reported. Finally, the Washington, D.C., metropolitan area had the fifth highest number of AIDS cases in the Nation in June 1999. Through the end of 1998, the cityproper reported 11,312 reportedly due to injecting drug use.

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DRUG ABUSE IN THE PAST DECADE: THE RECENT SITUATION AND TRENDS IN CHINA

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China

Heroin and opium are currently the major substances of abuse in China. There were 596,000 registered drug addicts in China at the end of 1998—8.5 times the number registered in 1990. Most drug abusers (84 percent) admitted to drug treatment in 1998 who were age 17–35 were unemployed and had little education. In recentyears, polydrug abuse has been increasing among heroin addicts. Drugs used in combination with heroin include sedatives/hypnotics (e.g., benzodiazepines), narcotics (e.g., pethidine and dihydroetorphine), and prescription drugs (e.g., tramadol). A survey of drug addicts (N=657) showed that 65.8 percent were polydrug abusers. Substances such as MDMA (((ecstasy") and LSD emerged as drugs of abuse in China in 1997. MDMA abuse is now common in 19 provinces, autonomous regions, and municipalities. By the end of 1998, 12,222 people in China had tested HIV-positive, and there were 417 confirmed AIDS cases. An estimated 69 percent of the people with HIV or AIDS were infected by drug injection. In the past decade, China intensified efforts to control drugs. Between 1991 and 1998, law enforcement agencies across China seized a total of 15,701 kilograms of opium, 34,306 kilograms of heroin, 14,904 kilograms of marijuana, and 7,316 kilograms of methamphetamine.

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IMPROVING PSYCHIATRIC TREATMENT IN RESIDENTIAL PROGRAMS FOR EMERGING DEPENDENCY GROUPS: APPROACH AND EPIDEMIOLOGIC FINDINGS IN EUROPE

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The research design is a cross-national, multicenter, multi-level, quasi-experimental trial of consecutively admitted patients (N=1,031) nested in 31 residential programs in 10 European countries. An extensive literature review and meta-analysis of therapeutic community research on treatment effectiveness was conducted. For a baseline analysis of the clinical observational study, a working file of 723patients was abstracted from the database. For 35 percent of the patients, polydrug use was reported as the major problem. Nine percent reported alcohol together with one or more drugs as the major problem. The single substance most often reported as the major problem was heroin (27percent). Æall patients in the sample, 76percent reported having injected in their lifetime. Sixty-five percent reported anxiety, and 61 percent reported depression in their lifetime. Fifty-three percent had thoughts of suicide, and 47 percent had aggression episodes. Four conclusions are drawnfrom the study: (1) heroin use in an aging, polydrug population needs to be addressed; (2) meta-analysis can be used to synthesize results in multicenter trials; (3) more research is needed on extended, family-centered networks of drug users; and (4) training at the grass roots in community epidemiology methodology is needed in top-down research programs.

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DRUG ABUSE IN JAPAN: A BRIEF HISTORY AND THE CURRENT SITUATION

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Japan

The extent of drug abuse and dependence in Japan appears less serious compared with the problem in some other countries. The lifetime prevalence of solvent abuse, cannabis use, and metham-phetamine use were 1.7 percent, 0.4 percent and 0 percent, respectively, according to the Nationwide General Population Survey on Drug Use and Abuse in 1997. Furthermore, according to the Nationwide Junior High School Students Survey on DrugAbuse in 1998, the lifetime prevalence of solventabuse, cannabis use, and methamphetamine use was only 1.3 percent, 0.7 percent, and 0.5 percent, respectively. There is some concern, however; about increases in student arrests for methamphetamine-related crime in recentyears. There were 214 such arrests in 1996, more than double the number in 1995. The increase in methamphetamine arrests may be associated with two factors: Japan's economic situation, which caused an increase in the country's unemployment rate; and the sale of illicit drugs by foreigners. Reportedly, foreigners sell illicit drugs through channels used to sell counterfeit telephone cards to individuals under age 20. More recently, electronic communication devices have made it easier for sellers to go underground and maintain easy access to drugs.

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UPDATE OF THE EPIDEMIOLOGICAL SURVEILLANCE SYSTEM OF ADDICTIONS (SISVEA) IN MEXICO

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Data collected from 6,678 patients at governmental treatment centers (GTCs) in Mexico during the first 6 months of 1999 show that 24.2 percent reported marijuana as their first drug & choice, 17.7 percent reported inhalants, 13.6 percent cocaine, and only 0.2 percent heroin. More than one quarter (27 percent) reported alcohol as their first drug & choice. Approximately 42 percent & the GTC patients were younger than 20 years. The 3,968 patients treated in nongovernment treatment centers (NGCs) in the first half of 1999 tended to be older (78 percent were 20 years or older) than patients treated in GTCs and were more likely to use drugs daily (72 versus 44 percent). A relatively high proportion (35.5 percent) reported marijuana as their first drug of choice, 29.5 percent reported alcohol, 9.7 percent inhalants, 7.6 percent cocaine, and 2.5 percent heroin. Most (95.6 percent) & the deaths associated with drug intoxication reported by medical examiners involved alcohol. The other 4.4 percent were under the influence of marijuana.

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ALCOHOL AND OTHER DRUG ABUSE TREATMENT IN AMERICAN SAMOA

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A survey, administered by the Federal Centers for Disease Control and Prevention to students in six different high schools, was conducted in American Samoa to learn more about drug abuse and opportunities to use drugs among high school students. The survey was designed to measure the relationship between the adoption of traditional Fa'asamoa norms and customs and drug abuse. The survey results show that students who identify more strongly with Fa 'asomoavalues and culture are less likely to have an opportunity to, or to actually use, drugs.

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ALCOHOL AND DRUG USE IN THE FEDERATED STATES OF MICRONESIA

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Alcohol is by far the greatest problem in Micronesia. More than one-third of all Federated States of Micronesia (FSM) males and one out of every six males in the Marshall Islands are 'problemdrinkers.' There is little use of harddrugs, such as cocaine and heroin, in Micronesia. The Marshall Islands, whose population is 50,000, have an estimated 50 cocaine users. Marijuana, grown

widely but illegally, was used by an estimated 34 percent of the male residents of Palau, 15 percent of the males in the FSM, and 2 percent of the Marshall Island males in the 12 months prior to the survey. Relatively small proportions of thefemales in Palau (5 percent), FSM(1 percent), and the Marshall Islands (1 percent) had used marijuana. Those who used marijuana also were likely to use alcohol. Inhalants (gas and glue sniffing) are a problem among young teens in Chuuk, to a lesser degree in Pohnpei, and among older males in Ebeye.

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AN OVERVIEW OF CURRENT DRUG PROBLEMS IN GUAM AND THE COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

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While alcohol and marijuana are the major substances used on the island, both Guamand the Commonwealth of the Northern Mariana Islands (CNMI) have experienced increases in the use **d** methamphetamine, namely the smokable form, "ice," over the last decade. Cocaine and heroin account for a relatively small proportion of treatment admissions. Student surveys of students to estimate the prevalence of alcohol and drugproblems among youth have been recently completed. According to these data, on the CNMI, 67.3 percent **d** students in grades 7–12 have used alcohol, 66.1 percent have smoked tobacco, 48.4 percent have smoked marijuana, and 5.4 percent have used methamphetamine at least once in their lifetime. In Guam, the rates are fairly similar, with 60.5 percent having tried alcohol, 54.9 percent having smoked tobacco, 32.6 percent having smoked marijuana, and 7.2 having tried ice at least once in their lifetime. Injecting drug use (IDU) is not a major problem in Guam. Seven new AIDS cases were reported in 1998, one **d** which was IDU related.

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DRUG ABUSE IN PAPUA NEW GUINEA (PNG)

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New Guinea

To assess the current drug abuse situation in Papua New Guinea (PNG), the National Narcotics Bureau NNB) conducted a Rapid Situation Assessment (RSA) infive provinces during the second half of 1998. Interviews (N=416) were conducted systematically with key informants, current andformer drug users, and community members. Also, data were extracted from official records and reports from agencies and individuals. Betel nut is widely used in PNG: 36 percent of respondents are current regular chewers. Females (43 percent) are more likely to chew betel nut regularly than males (34 percent). Almost three-quarters of respondents indicated that they consumed four or more alcohol drinks at a time at least once over the prior month. More than half (56 percent) of the respondents reported past-year cannabis use. Approximately 38 percent of the respondents reported cannabis and homebrew alcohol use. Five respondents reported past-year cocaine use.

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A SUMMARY OF THE SUBSTANCE ABUSE NEEDS ASSESSMENT IN THE REPUBLIC OF PALAU

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Republic of Palau

Palau's Ministry of Health conducted a substance abuse needs assessment in 1997. A key informant methodology was used to collect data on 802 subjects, which is 5.7percent of the population older than 10 years. Eighty direct interviews were conducted to assess the reliability **t** the survey information. Focus groups were conducted with key informants and interviewers to obtain a more complete profile of substance abusers in the Republic. Findings showed that betel nut is the most widely used substance in Palau. Most persons chew betel nut with tobacco. Sixty-two percent **t** the sample had binged (consumed five or more alcoholic drinks over a shortperiod of time) during the past year. Problem drinkers comprised 17.8percent **t** the drinking sample. When drinking heavily, Palauans averaged 10 drinks at a sitting. Tobacco, alcohol, marijuana, methamphetamine ("ice"), and other drugs were usedpredominantly by males. Few persons had sought treatment for substance use. A majority of those who did seek treatment sought itfrom religious leaders.

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