

Epidemiology in Texas 2006 Annual Report

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# Substance Abuse

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## Substance Abuse in Texas Residents, 2003-2007

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### Introduction

Consumption of alcohol or illegal drugs is a major public health concern in Texas because of the deleterious effects caused by addictions to individuals and their families and because of the burden to the communities in terms of motor vehicle fatalities, violent and property crime, demands on the public health systems and other social institutions. Knowing what substances are being consumed by the general public is an indicator of the exposure of each community to this social phenomenon and facilitates implementation of evidence-based interventions at the individual and environmental levels.

### Methods

In FY 2000 the Department of State Health Services (DSHS) Substance Abuse Treatment Service implemented the Behavioral Health Integrated Provider System (BHIPS), a web-based online clinical record used to collect information from DSHS-funded substance abuse treatment services. At the time of admission a client identifies substances that are causing the client's dysfunction. A licensed chemical dependency counselor classifies the substances into categories (such as opiates), and up to 3 substances are included in the DSHS Admission Report. The number of cases by drug aggregates the number of clients who mentioned a given substance regardless of whether it was considered primary, secondary, or tertiary (**Table 1**).

Information on substance abuse in Texas is also available from the National Survey on Drug Use and Health (NSDUH). This survey collects

information from residents of households, non institutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases<sup>[1]</sup> by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). More information and statistics about the NSDUH are available at [www.oas.samhsa.gov/nsduh.htm](http://www.oas.samhsa.gov/nsduh.htm). Because Texas's sample is very large, SAMHSA presents information at the state and regional levels.

Another important source of epidemiological information is the Substance Abuse Trends in Texas reports. They include information about types of drugs within categories, variations on the use of specific drugs, toxicology reports, identification of population characteristics, mortality statistics, and information from the Drug Enforcement Administration, among others. The reports are available bi-annually at [www.utexas.edu/research/cswr/gcatcc/documents/June2007](http://www.utexas.edu/research/cswr/gcatcc/documents/June2007).

The BHIPS information in this report is based on self-reports by clients who are seeking substance abuse treatment from a publicly-funded treatment provider. DSHS-funded treatment is the payer of last resort for individuals who

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[1]

Persons excluded from the survey include homeless persons who do not use shelters, military personnel on active duty, and residents of institutional group quarters, such as jails and hospitals.

are indigent, without health insurance, and assessed to be substance abuse dependent. Thus, the population represented in the BHIPS statistical report is not representative of the general population of Texas. Results from the BHIPS population and national populations are not directly comparable, but results from all sources assist DSHS to measure capacity, effectiveness, and need.

### BHIPS Results

**Table 1** shows the frequency and corresponding percent of clients by year for the first 3 substances identified by DSHS clients. The most frequently mentioned substances reported by the clients presenting for substance abuse treatment were alcohol, cocaine, and marijuana. **Figure 1** shows the historical trend for substances that are major contributors or have higher proportional changes compared to the other drugs. The percents do not add to 100% because not all the substances were selected.

#### *Alcohol*

Alcohol is the most frequently mentioned substance among those admitted to treatment. It is also the most frequently mentioned substance used in combination with illicit drugs. Although from year to year the number of mentions continues to be higher than the other substances, proportional reductions have been noticed during the past 5 years. This trend may be attributable not so much to decreased prevalence but to proportional differences in the mentions of other substances.

#### *Cocaine*

Cocaine is the illicit substance with the greatest number of mentions. The information collected allows the segregation of individuals who use

cocaine powder from those who use crack. Data show that between FY 2003 and FY 2007, the percent of clients who reported powder cocaine increased somewhat from 12.7% to 13.5%. Conversely, the proportion of crack mentions decreased from 13.6% in FY 2003 to 11.0% in FY 2007.

### Other Substances

The percentage of mentions of marijuana among those admitted to treatment fluctuates between 20.6% and 22.7%. When cross-classified by age groups, marijuana use was mentioned more often by the under 17 years of age group, who accounted for 46% of total marijuana users. However, the under-seventeen group represents only approximately 18% of all admissions. Heroin admissions accounted for 6,298 (7.6%) of the cases in 2003 and has remained level since then. In FY 2007, 6,928 mentions were collected, 6.6% of the total number of mentions. Other opiates include codeine, morphine, methadone, fentanyl, opium, oxycodone and any other drugs with morphine-like effects such as euphoria and pain relief. The number and proportion of clients with mentions of this type of drugs has been increasing every year. While in FY 2003, the number of mentions was 3,250 (3.9%), it increased to 5,242 (5.0%) in FY 2007. The higher number of mentions could be associated with changes in the patterns of consumption as well as the increase of pain management clinics and the problem of diversion of legally prescribed medications to alleviate pain (e.g., pain killers) to the illegal market. According to Maxwell's report, the population who reported a primary problem with "other opiates" appears to be different from those who reported a

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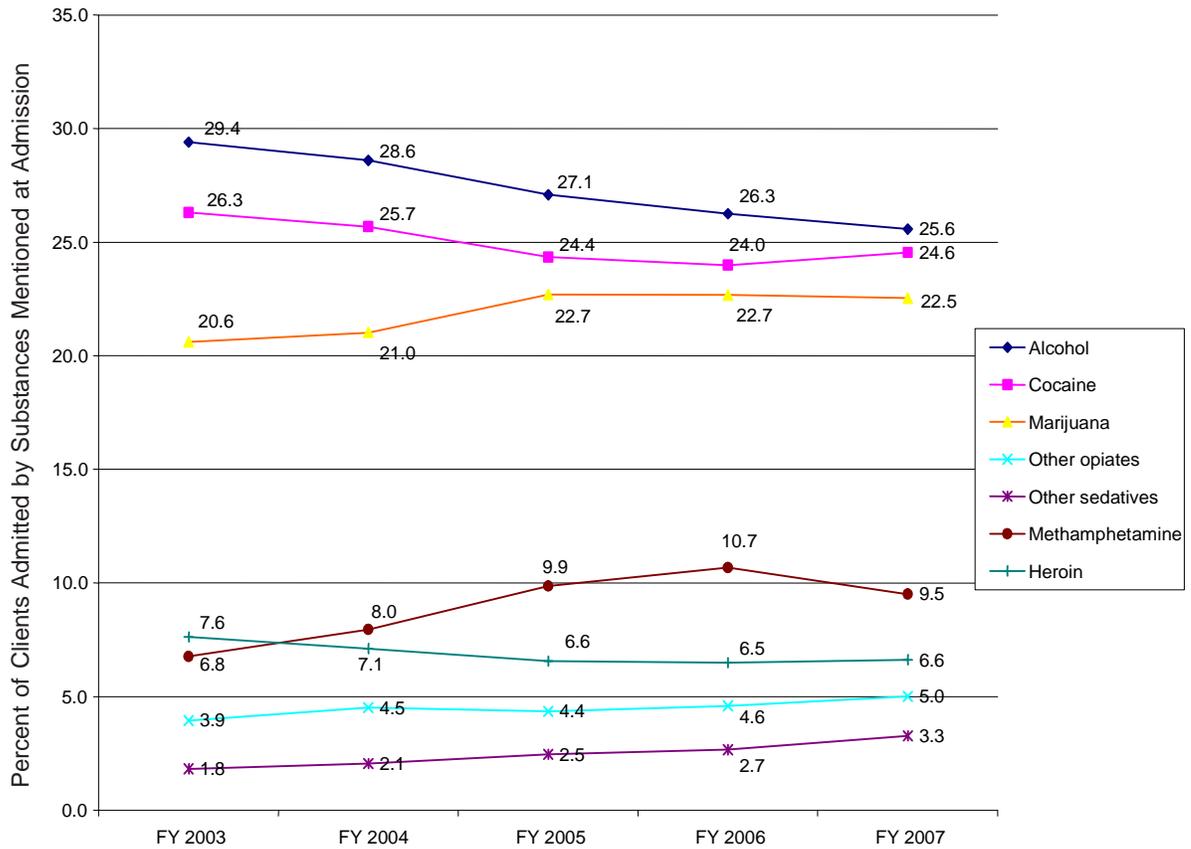
**Table 1. Number and percent of mentions of substances reported as addictions at admission to publicly-funded treatment, FY 2003 – FY 2007**

Drug	Frequency (Percent)				
	2003	2004	2005	2006	2007*
<b>Alcohol</b>	24,258 (29.4%)	24,526 (28.6%)	25,536 (27.1%)	25,481 (26.3%)	26,767 (25.6%)
<b>Amphetamines/Methamphetamines</b> (Includes Bensedrine®, Dexedrine®, Preludin®, methamphetamine, Ritalin®, speed, diet pills ice and any other amines and related drugs)	5,574 (6.8%)	6,821 (8.0%)	9,296 (9.9%)	10,354 (10.7%)	9,955 (9.5%)
<b>Barbiturates</b> (includes Amytal®, Seconal®, phenobarbital)	253 (0.3%)	290 (0.3%)	296 (0.3%)	252 (0.3%)	276 (0.3%)
<b>Cocaine</b> (powder and crack)	21,710 (26.3%)	22,030 (25.7%)	22,959 (24.4%)	23,275 (24.0%)	25,696 (24.6%)
<b>Ecstasy</b> (XTC), MDMA	460 (0.6%)	424 (0.5%)	551 (0.6%)	667 (0.7%)	798 (0.8%)
<b>Hallucinogens</b> (Includes LSD, DMT, STP, mescaline, psilocybin, peyote, etc. (PCP and Ecstasy are not included in this code)	298 (0.4%)	242 (0.3%)	204 (0.2%)	193 (0.2%)	223 (0.2%)
<b>Heroin</b>	6,298 (7.6%)	6,096 (7.1%)	6,183 (6.7%)	6,299 (6.5%)	6,928 (6.6%)
<b>Inhalants</b> (Includes spray paint, ether, glue, chloroform, nitrous oxide, gasoline, paint thinner, etc.)	304 (0.4%)	273 (0.3%)	232 (0.3%)	157 (0.2%)	117 (0.1%)
<b>Marijuana</b> (Includes THC and any other cannabis sativa preparations)	17,010 (20.6%)	18,025 (21.0%)	21,398 (22.7%)	22,010 (22.7%)	23,592 (22.6%)
<b>Non-prescription methadone</b> (Methadone obtained and used without a legal prescription)	150 (0.2%)	138 (0.2%)	139 (0.2%)	178 (0.2%)	197 (0.2%)
<b>Other Drugs</b>	723 (0.9%)	652 (0.8%)	533 (0.6%)	616 (0.6%)	673 (0.6%)
<b>Other opiates and synthetic opiate</b> (Includes codeine, Dilaudid®, morphine, Demerol, opium, and any other drugs with morphine-like effects)	3,250 (4.0%)	3,880 (4.5%)	4,100 (4.4%)	4,452 (4.6%)	5,242 (5.0%)
<b>Over-the-counter drugs</b> (Includes aspirin, cough syrup, Sominex®, and any other legally obtained non-prescription medication)	101 (0.1%)	74 (0.1%)	87 (0.1%)	90 (0.1%)	81 (0.1%)
<b>Rohypnol®</b>	221 (0.3%)	176 (0.2%)	128 (0.1%)	150 (0.2%)	178 (0.2%)
<b>Sedatives</b>	1,499 (1.8%)	1,759 (2.1%)	2,315 (2.5%)	2,581 (2.7%)	3,420 (3.3%)
<b>Tranquilizers</b> Includes (chlordiazepoxide), Valium® (diazepam and other benzodiazepines, Xanax®, Miltown®, etc.)	397 (0.5%)	337 (0.4%)	287 (0.3%)	264 (0.3%)	497 (0.5%)

Source: Admission Records from DSHS-Funded Substance Abuse Treatment Clinics. Clients' records included up to 3 substances identified by the patients. The sum of the columns is not equal to the number of clients admitted.

Notes. The information for FY 2007 is updated as of September 3, 2007.

**Figure 1. Percent of clients admitted by substance identified as primary, secondary, or tertiary, FY 2003 – FY 2007**



problem with heroin. “They were much more likely to be female, to be White, to have recently visited an emergency department, and to report more health and psychological or emotional problems in the month prior to entering treatment.” (Maxwell, Drug Trends, June 2007).

Methamphetamine is the other substance whose use is currently on the rise. In FY 2003, 5,574 (7%) DSHS clients mentioned this drug, but the number of clients mentioning use of this substance has increased in FY 2007 to 9,955 (9.5%). The increase is more evident when we take into consideration that the number of admissions with mention of methamphetamines in FY 2000 was less than 5%.

### National Survey Results

#### Alcohol

According to statistics from the National Survey of Drug Abuse, approximately 47.3% of the Texas residents were current consumers of alcohol. An estimated 23.7% of the state population 12 years of age and older reported binge drinking. In this survey, it is defined as the consumption of 5 or more drinks during one occasion. Two regions of the state had higher prevalence rates of binge drinking than the others, Health Service Region (HSR)1 (Panhandle Region) with an estimated 27.2% and HSR 7 (Central Texas including Travis County) with 26.7%. According to a NSDUH report, approximately 3% of the state population 12 years of age and

older were classified as alcohol dependent as classified by Diagnostic and Statistical Manual (DSM)-IV criteria.

#### *Cocaine*

Texas has a greater prevalence rate of cocaine consumption than other states. According to NSDUH prevalence statistics, approximately 2.4% of the population 12 years of age and older consumed cocaine during the past year. HSR 7, which includes Travis and surrounding counties, had the largest prevalence rate, 3.1%. However, the regions bordering with Mexico are also areas of concern because their prevalence rates are at or above 2.6%. (SAMHSA Office of Applied Studies, Substate Estimates from NSDUH, 2002-2004).

#### *Other Substances*

According to NSDUH statistics, Health Service Region 7 was the area of the state with the greatest prevalence rate

for marijuana use in the past month for the population aged 12 and older, 6.8%. The state prevalence rate for this age group was 4.7%. This is lower than the national rate, 10.7%. The 2002-2004 NSDUH reported a prevalence rate of 0.1% of those 12 years of age and older who reported using heroin in the past year for the state.

#### **References**

Jane C. Maxwell, Substance Abuse Trends in Texas. <http://www.utexas.edu/research/cswr/gcattc/documents/June2007>.

National Survey on Drug Use and Health. Source: SAMHSA Office of Applied Studies, Substate Estimates from the National Surveys on Drug Use and Health (NSDUH) 2002-2004.

*Prepared by the Decision Support Unit, Community Mental Health and Substance Abuse Program Services, (512) 206-5809*