

Epidemiologic Trends in Drug Abuse

Advance Report, December 1999

Community Epidemiology Work Group

National Institutes of Health
National Institute on Drug Abuse

[Introduction](#) | [Drug Abuse Highlights for the United States](#) | [International Reports](#)

Introduction

This Advance Report is a synthesis of findings that were presented at the 47th meeting of the Community Epidemiology Work Group (CEWG) held in Los Angeles, California, on December 14-17, 1999. Sponsored by the National Institutes of Health, National Institute on Drug Abuse (NIDA), the CEWG is a network of epidemiologists and researchers in the United States that meets biannually to review current and emerging substance abuse problems. The members present drug abuse indicator data, survey findings, and other quantitative information compiled from local, city, State, and Federal sources. To assess drug abuse patterns and trends, data from a variety of health and other drug abuse indicator sources are accessed and analyzed. Sources include public health agencies, medical and treatment facilities, medical examiners' and coroners' offices, criminal justice and correctional offices, law enforcement agencies, and sources unique to local areas. Large-scale Federal and other databases used in analyses include the Treatment Episode Data Set (TEDS) from the Substance Abuse and Mental Health Services Administration (SAMHSA); the Drug Abuse Warning Network (DAWN) data on emergency department (ED) drug-related mentions and coroners' reports (SAMHSA); the Arrestee Drug Abuse Monitoring (ADAM) program funded by the National Institute of Justice (NIJ); information on drug seizures, price, and purity from the Drug Enforcement Administration (DEA); Uniform Crime Reports maintained by the Federal Bureau of Investigation (FBI); and Poison Control Centers. These data are enhanced with qualitative information obtained from ethnographic research, focus groups, and other community-based sources.

Information reported at each CEWG meeting is distributed to drug abuse prevention and treatment agencies, public health officials, researchers, and policymakers. The information is intended to alert authorities at the local, State, regional, and national levels, and the general public, to the current conditions and potential problems so appropriate, timely action can be taken. Researchers also use this information to develop and assess research hypotheses explaining changes in drug use patterns and the characteristics of drug users.

In addition to ongoing assessment of drug patterns and trends in the United States, the CEWG provides a forum for the discussion of drug patterns and trends in other selected areas and regions of the world. Establishing communication and information links with other countries is critical in both monitoring and assessing the global nature of drug problems. Epidemiology work groups on drug abuse, modeled on the CEWG, have been established or are under development in a number of countries and regions of the world.

International reports on drug abuse patterns and trends in their countries were presented by representatives from the Ministry of Health of Mexico, the National Institute on Drug Dependence in China, and the National Institute of Mental Health in Japan.

In addition, information was presented on substance abuse in the Pacific Islands by representatives of American Samoa, Palau, the Commonwealth of the Northern Mariana Islands, Papua New Guinea, and in the region of Micronesia.

Reports also were presented on special issues related to substance abuse, including:

- Improving Treatment for Emerging Dependency Groups
- AIDS/HIV and other infectious diseases among IDUs

Drug Abuse Highlights for the United States

Data presented at the 47th meeting of the CEWG show the diversity of drug abuse patterns within and across CEWG areas, as well as the changes in trends across time. Findings from this meeting are based on 1998 and partial 1999 data and are compared with data from earlier periods. Major findings include:

Following several reporting periods of stable or declining trends, cocaine abuse indicators increased in 10 CEWG areas. This finding is of particular concern, given the prevalence of this drug problem throughout the country.

Heroin indicators suggest stable or increasing trends in most CEWG cities. Seven cities reported increases in heroin use among younger populations.

Indicators suggest that marijuana is still trending upward in most CEWG cities. Evidence of the problems associated with this drug are reflected in the primary indicators that show increases, e.g., emergency department mentions and treatment admissions.

Declines in methamphetamine indicators occurred in most CEWG cities, including areas where the drug has been an endemic problem for years, such as Los Angeles, San Diego, San Francisco, Denver, and Phoenix. However, there is some evidence that methamphetamine abuse has been spreading to rural areas outside these CEWG cities.

Cocaine/Crack

Cocaine/crack indicators increased in 10 CEWG cities, were stable or mixed in 8, and decreased in 2. The increases in 10 cities were surprising, given the fact that cocaine indicators had been relatively stable in these cities over the past several years.

Only New York and Miami reported decreases in cocaine/crack indicators. Despite the decline in New York, cocaine/crack was still a primary drug of concern, associated with more than 19,000 ED mentions, 16,000 treatment admissions (as the primary drug of abuse), and 35,000 arrests. During the first half of 1999, more than 65 percent of female arrestees in the ADAM program in New York tested positive for cocaine. An increased availability of cocaine hydrochloride (HCI) was reported in five cities, including Boston, Dallas, Denver, Philadelphia, and Phoenix.

A rise in the number of deaths associated with cocaine use also was of concern in a number of CEWG areas:

Chicago Cocaine-related deaths continue to rise, increasing by 17 percent between the first half of 1997 and the first half of 1998.

Texas Cocaine-related deaths reached an all-time high in 1998 (N=374).

Denver Cocaine indicators have started to climb again, with the highest mortality level ever seen in the State. There were 109 cocaine-related deaths reported in 1998.

Minneapolis/St. Paul For the first time, there were as many cocaine-related deaths (17) as opiate-related deaths (17).

Newark Recent medical examiner data show that there were 144 cocaine-related deaths in 1999.

Philadelphia In the first half of 1999, cocaine was detected in more deaths and exceeded heroin-related deaths for the first time since 1996.

Phoenix Cocaine-related deaths (89) in the first half of 1999 surpassed the total cocaine-related deaths for all of 1998 (87).

San Francisco 1998 Medical examiner data show 101 cocaine-related deaths, a 22 percent increase from 1997.

Seattle Cocaine-related deaths represented almost 43 percent of all drug-related deaths. There were 63 cocaine-related deaths from January 1 to September 13, 1999, compared with 69 in 1998.

Rates (per 100,000) of ED cocaine mentions in DAWN (1998) were highest in the following eight CEWG cities:

Baltimore	296.3
Philadelphia	275.4
New York	233.4
Chicago	231.7
Atlanta	217.6
Newark	208.0
New Orleans	199.3
Miami	187.3

Most of these cities are on the east coast. Baltimore reports not only the highest rate of cocaine ED mentions but also the highest rate of heroin mentions attributable in part, to the high percentage of polydrug abusers who use both cocaine and heroin, either sequentially or concomitantly. For example, 65 percent of the primary crack abusers (smoked cocaine) who entered treatment in Baltimore in 1998 reported the use of other drugs. Almost half (48.9 percent) of the 1998 Baltimore ED mentions (for which route of administration was known) injected the drug.

There were statistically significant increases in DAWN cocaine ED mentions in five cities between 1997 and 1998 - Dallas, Los Angeles, Philadelphia, Phoenix, and Washington, D.C.

In 13 of the 14 ADAM sites where both adult males and females were tested during the first half of 1999, the percentages of women testing cocaine-positive far exceeded those for men. Cities in which the gender differences were highest are shown in the chart below.

Arrestee Drug Monitoring Program: Percent of Adults Testing Cocaine Positive First Half of 1999		
<i>CEWG Area</i>	<i>Women</i>	<i>Men</i>
Philadelphia	70.8	36.8
New York	65.5	45.4
Atlanta	65.2	53.1

Chicago	54.5	37.7
Seattle	51.5	32.9

In 8 of the 14 CEWG sites, the percentages of females testing cocaine-positive in the first half of 1999 were higher than in 1998.

Crack remains relatively inexpensive in all CEWG cities, ranging from \$3 to \$25 per dosage unit, depending on the size and purity of the rock.

Heroin

To better understand heroin abuse patterns and trends in the United States, it is important to distinguish between two main types of heroin:

- Mexican black tar heroin, the type most available in the west and southwest; and
- White powder heroin, the most available type on the east coast, which comes primarily from Colombia and, to a lesser extent, from Southeast and Southwest Asia.

Another form - brown heroin - is available in areas west of the Mississippi and, like black tar heroin, comes from Mexico.

Black tar and white powder heroin differ in many ways, including texture, purity, and price. Black tar is often sold on the street in a tar-like state; it is most frequently dissolved, diluted, and injected. White powder heroin has increased in purity in recent years, making it more practical to snort or smoke it. This has made white powder heroin more appealing to new younger drug abusers. DAWN data confirm this trend.

DAWN data for west coast cities in 1998 show that high proportions of ED heroin mentions (for which route of administration is known) injected the drug. This characterized 97.5 percent of the ED heroin mentions in Seattle, 96.6 percent of those in San Francisco, 95.0 percent of those in Los Angeles, and 93.3 percent of those in San Diego.

On the other hand, ED heroin mentions in east coast CEWG cities were more likely to involve other methods of administering heroin. Injection was reported as the primary route for 43.6 percent of the heroin ED mentions in Newark, 66.8 percent in Philadelphia, 73.3 percent in Boston, and 74.6 percent in New York City.

Across CEWG areas, heroin indicators increased in 10, were stable or mixed in 9, and decreased in 1. Heroin, reportedly, was readily available, of high quality, and relatively inexpensive in all CEWG areas.

Heroin abuse trends identified by CEWG representatives include the following:

- A continuation of the popularity of heroin use among young populations, such as college students (especially on the east coast).
- Increases in heroin-related deaths in many CEWG areas.
- Increases in the percentages of heroin abusers who are snorting the drug, especially on the east coast.
- Use of other substances in combination with heroin among most heroin abusers.

Reports of heroin use among younger abusers came from seven cities, including:

Atlanta *Intranasal use of heroin is becoming more prevalent, especially among young users.*

Baltimore *Indicators and other evidence point to a substantial and growing heroin problem among youth, particularly in the suburban counties surrounding Baltimore City.*

Boston *It was reported by police and treatment contacts that heroin sniffing has increased among high school youth.*

Denver *Data and field reports suggest increased use of heroin among college students and college-age youth.*

Philadelphia *There has been a shift from injecting to intranasal heroin use. New heroin users are in their teens.*

St. Louis *Increased availability of consistent, high purity heroin has led to wider acceptance of the drug, especially among younger people.*

San Diego *Reports of adolescent heroin use continued, particularly in the north county area.*

Reports of increases in heroin-related deaths include the following areas:

Baltimore *In the first 9 months of 1998, 270 narcotics-related deaths were reported.*

Boston *Heroin-related overdoses have been rising: 179 heroin-related overdoses were reported by the Boston Medical Center from March-May 1999.*

Colorado *The 1998 opiate death total of 135 is the most ever reported in the State.*

Seattle *Heroin-related deaths reported by the King County Medical Examiner's office reached an all-time high in 1988 (N=143). Ninety such deaths were reported in the first 9 months of 1999.*

St. Louis *Heroin-related deaths have increased steadily since 1991.*

Texas *Deaths associated with heroin or narcotics in Texas increased to a high of 374 in 1998.*

Washington D.C. *The percentage of deaths associated with heroin increased in recent years.*

Examples of polydrug use among heroin abusers come from the following cities:

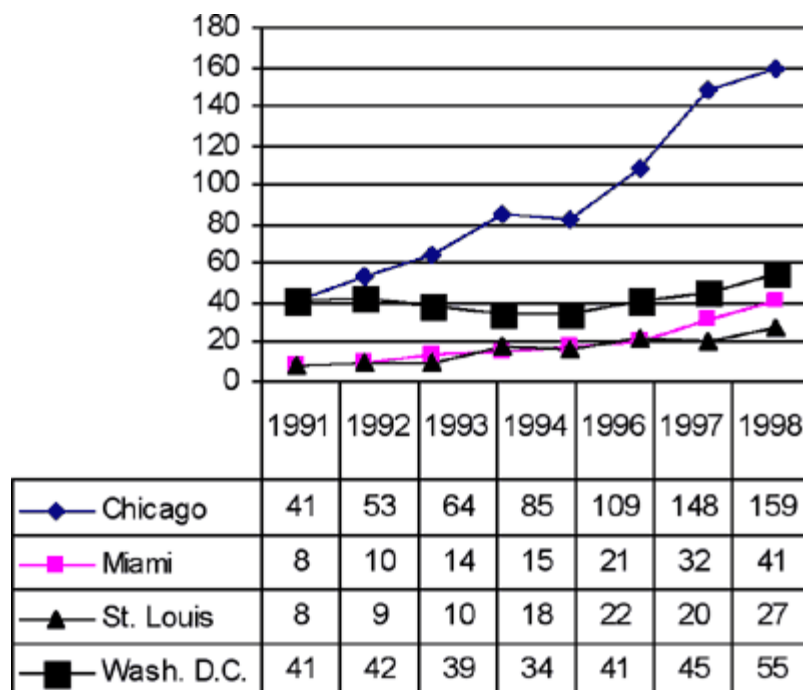
Boston *Most recent heroin treatment admissions were polydrug abusers. Heroin is used in combination with other substances, including benzodiazepines, synthetic opiates, cocaine, and alcohol.*

Chicago *The use of heroin with cocaine (speedballing) has increased. Various drugs, such as Elavil, are used to potentiate the effects of heroin.*

Seattle *Multiple substances, including alcohol, were present in over 80 percent of the heroin-related deaths. Cocaine is the most common drug used with heroin.*

Emergency department heroin/morphine mentions also have increased steadily (with a few fluctuations) in the four CEWG areas shown in the chart below.

**Rates of Heroin DAWN Mentions per 100,000 by CEWG
City: 1991-1998**



In the 8-year period (1991-1998), the rate of heroin mentions increased by 413 percent in Miami, 288 percent in Chicago, and 238 percent in St. Louis.

Retail-level heroin purity in April-June 1999, as estimated by the DEA Domestic Monitor Program (DMP), was highest in east coast cities, including Philadelphia (76 percent), New York (66 percent), Boston (68 percent), Newark (66 percent), and Atlanta (66 percent). Estimated purity levels were lower in west coast cities where black tar is the primary type of heroin available. These cities include Seattle (16 percent), San Francisco (21 percent), and Los Angeles (25 percent). The purity level of heroin was somewhat higher in San Diego (53 percent) which may be related to its proximity to the Mexican border.

Field data from two CEWG cities show:

New York Dealers in the Bronx are selling a 'piggy-back' combination that includes a \$10 bag of crack in a sealed plastic bag attached to a \$10 bag of heroin.

Phoenix Heroin dealers are also selling powder and crack cocaine. Crack and black tar heroin are referred to as 'crack and black'.

Marijuana

Marijuana indicators continued to increase in 13 CEWG cities and were stable or mixed in 7. Increases in problems associated with marijuana abuse were reported in 17 CEWG cities.

The percentages of male and female adults testing positive for marijuana increased in most CEWG/ADAM sites. The percentages were highest for adult male arrestees in Washington D.C. (51.4 percent), Detroit (46.9 percent), Atlanta (46.2 percent), Denver (44.7 percent), Minneapolis/St. Paul (42.7 percent), and Dallas (42.6 percent). For adult female arrestees, percentages were highest in Denver (35.8 percent), Minneapolis/St. Paul (30.8 percent), San Diego (28.9 percent), Philadelphia (27.7 percent), and New Orleans (27.2 percent).

In recent years, the proportion of primary marijuana abusers entering drug abuse treatment programs has been increasing in many CEWG cities. For example, between 1998 and the first semester of 1999, drug treatment admissions for primary marijuana abuse increased from 15.2 percent to 20.3 percent in Atlanta. In the first half of 1999, primary marijuana abusers represented 18.8 percent of drug treatment admissions in New York City compared with 16.6 percent in the first half of 1998.

In the first half of 1999, primary marijuana abuse represented 41.2 percent of all drug treatment admissions in

Denver and totaled 3,179. The number of primary marijuana admissions in St. Louis increased dramatically in the first half of 1999, representing 40.8 percent of treatment admissions.

One indicator showing the upward trend in marijuana use is the rate of DAWN ED mentions per 100,000. Marijuana rates have increased consistently and, often dramatically, in many CEWG cities over the past 6 years, as illustrated in the chart below.

Rates of Marijuana Mentions per 100,000 by CEWG City: 1993-1998						
<i>City</i>	<i>1993</i>	<i>1994</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>
Atlanta	32.4	58.0	62.8	57.5	58.0	95.8
Baltimore	28.3	34.7	42.1	52.7	61.2	64.5
Chicago	24.3	39.3	51.2	61.4	76.0	85.0
Dallas	15.7	20.3	23.5	23.3	37.9	62.0
Philadelphia	43.4	46.0	66.8	74.2	97.3	112.1

A number of reasons for the increase in problems associated with marijuana are identified below.

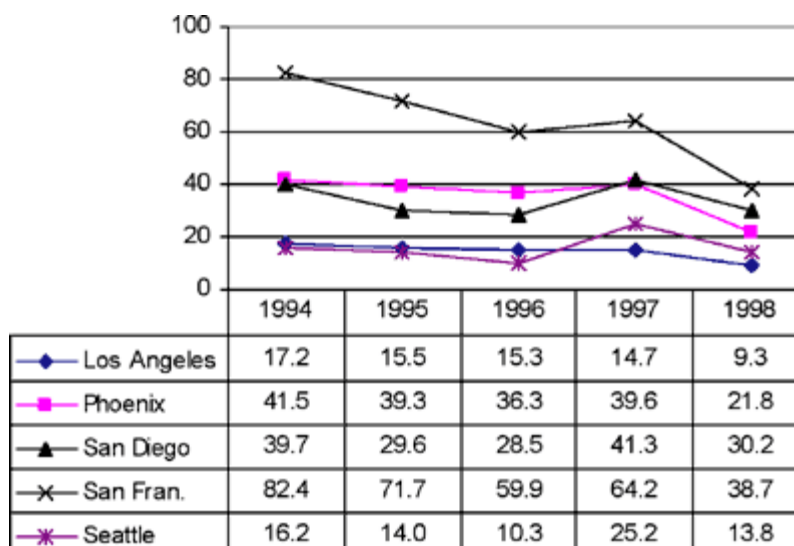
1. Marijuana has become more available and is relatively cheap. The Street Studies Unit (SSU) in New York City reports that marijuana remains the most sought after illegal substance in the metropolitan area and continues to increase in availability and grow in popularity. Downward trends in street prices for marijuana were reported in several CEWG cities. Marijuana can be purchased in Phoenix and Los Angeles for as little as \$10 a gram. A gram of sinsemilla sells for \$15 to \$25 in Seattle.
2. Marijuana use is considered less risky than the use of other drugs.
3. Law enforcement agents have been focusing more attention on other drugs (e.g., heroin, cocaine, and methamphetamine) and, as a result, less on marijuana.
4. More potent marijuana, such as sinsemilla, is available.
5. Marijuana is being packaged for use in larger quantities. Blunt use is popular in many CEWG cities, including Boston, Dallas, New York, Philadelphia, and Washington, D.C.
6. Marijuana is being used in combination with other substances. It is reported that, in Minnesota, marijuana is increasingly being used as a delivery medium for other psychoactive drugs, such as crack and phencyclidine (PCP). Marijuana joints containing crack are known as fireweed. PCP is also being used in marijuana joints in Dallas, New York City, Philadelphia, and Washington, D.C. It is reported that some youth in Texas dip marijuana joints and blunts in codeine cough syrup.
7. Marijuana use is spreading to other populations. There were reports in Atlanta that marijuana use is increasing in all social strata. Increases in Hispanic treatment admissions for primary marijuana abuse were noted in Boston, Denver, and Texas.
8. In Boston, it was reported that marijuana is easier to sell than other drugs. Profit margins are good and the penalties are relatively small.

Methamphetamine

Indicators of methamphetamine abuse decreased in CEWG west coast and southwest areas. Compared with 1997, the 1998 DAWN ED methamphetamine mentions decreased significantly in Denver, Los Angeles, Phoenix, San Diego, San Francisco, and Seattle. In the first half of 1999, adult female arrestees in Denver, Los Angeles, and Phoenix were less likely than in 1998 to test positive for methamphetamine. In the first half of 1999, male adult arrestees in Denver and Phoenix were less likely to test positive for methamphetamine than in 1998.

In 1998, there were sharp declines in DAWN ED methamphetamine rates (mentions) per 100,000 in the five CEWG areas that had previously had the highest rates. The chart below shows how rates changed between 1994 and 1998 in these key cities.

Rates of Methamphetamine DAWN Mentions per 100,000 by CEWG City: 1994-1998



Declines in 1999 methamphetamine indicators were reported in the following areas:

Denver *There was a downturn in methamphetamine indicators. Treatment admissions declined by 13.5 percent.*

Los Angeles *ED mentions continued to drop. Less than 10 percent of adult arrestees tested positive for methamphetamine in the first two quarters of 1999.*

Minneapolis/St. Paul *In the metropolitan area, most methamphetamine indicators declined there were fewer deaths, fewer hospital mentions, and fewer treatment admissions. In the first half of 1999, only 2 percent of treatment admissions reported methamphetamine as their primary drug of abuse.*

San Diego *All methamphetamine use indicators were down. Methamphetamine presence in overdose deaths were at the lowest level since 1992.*

San Francisco *After rising sharply in the 1990s, methamphetamine indicators appear to have turned down. Ethnographers also report less use of speed.*

Several possible reasons for the decreases in methamphetamine indicators were cited:

- National and community prevention programs
- Crackdowns on and seizures of clandestine laboratories
- State precursor laws
- Decrease in the purity and potency of methamphetamine

Increases in the seizures of methamphetamine clandestine laboratories were reported in many CEWG areas. In 1999, the DEA seized 97 methamphetamine labs in Minnesota compared with only 46 in 1998 and 22 in 1997. In Arizona, there were 420 seizures of methamphetamine labs through the third quarter of 1999. Wide-spread seizures were reported in Colorado.

Precursor laws are having an impact on methamphetamine production in some areas. Manufacturers are experiencing difficulty in obtaining the precursor chemicals needed to produce methamphetamine. It was reported that 2-phenethylamine is being used in Arizona as a cutting agent for methamphetamine. In Colorado, methamphetamine is being cut with drugs such as dimethylsulfone with resulting decreases in the quality of the drug. Methamphetamine manufacturers in Texas reportedly travel to Oklahoma and Louisiana to obtain precursor chemicals. Decreases in the quality and potency of methamphetamine were reported in Denver, Los Angeles, San Francisco, and Seattle.

Both national and local education and prevention programs focused on methamphetamine also have been initiated. The Methamphetamine Strike Force in San Diego recently initiated a project that includes enhanced community policing as well as screening and drug interventions in local hospitals. Law enforcement officers and emergency medical personnel in Minnesota are receiving extensive training on how to identify clandestine methamphetamine labs.

Increases in methamphetamine indicators were reported in Atlanta and Dallas. There is concern that methamphetamine abuse may be an emerging problem in Atlanta. Injection has replaced snorting as the most frequently reported mode used to administer this drug in Atlanta. The sale of large quantities of pseudoephedrine from retail and wholesale distributors continues to be a problem in the Dallas/Fort Worth area. There were reports in several CEWG areas that methamphetamine abuse is spreading to and within rural areas where most clandestine labs are located.

Club Drugs

Ecstasy (MDMA) abuse was reported as a problem in 13 of the CEWG areas. Increased supplies of ecstasy from Belgium and the Netherlands were reported in Miami and New York City. In the first 3 months of 1999, the DEA made 79 ecstasy seizures in New York State.

Ecstasy reportedly is available at raves and nightclubs in most CEWG areas, including Boston, Chicago, Miami, Minneapolis/St. Paul, New Orleans, New York City, Phoenix, Seattle, and Texas. In Chicago, ecstasy is used primarily at raves and clubs on the North Side of the city. Ecstasy is reportedly available throughout the State of Colorado. In many CEWG areas, ecstasy abuse is increasing outside the rave, dance, and club scenes. The drug is being sold and used on college campuses in Louisiana, Minnesota, and New Jersey.

In a 1996-97 high school survey in Massachusetts, 14 percent of the male and 7 percent of the female 12th graders reported having ever used MDMA in their lifetime. Increased ecstasy abuse among youth and young adults was reported in Boston, Chicago, Miami, Minneapolis/St. Paul, Seattle, and Texas.

Ecstasy is generally sold in the pill/tablet form for about \$20 to \$30 a pill.

Gamma-hydroxybutyrate (GHB) abuse was reported in nine CEWG areas as one of the drugs used by young adults at raves and nightclubs. Problems associated with the use of this drug, which can be purchased for as little as \$5 a dose, also were reported.

Abuse of GHB and GBL products resulted in numerous medical emergencies and at least seven deaths in South Florida. The Maryland Poison Control Center reported 10 GHB/GBL-related overdose cases in the first 3 months of 1999. In 1999, hospital emergency rooms in Minneapolis/St. Paul were reportedly treating one to five GHB-related overdoses per month. GHB was suspected in 18 hospital admissions and 2 overdose cases at a local university in New Jersey. The Louisiana State Medical Center/Charity Hospital in New Orleans reported a significant increase in GHB overdoses in 1999. In Texas, there were 167 Poison Control Center calls regarding GHB and its precursors in 1998; nearly two-thirds of the 107 multiple substance abuse cases involved alcohol.

The New Orleans Police Department reported a significant increase in the availability and use of GHB. It is available in both liquid and powder forms in bars and lounges located in the French Quarter.

Effective August 1999, GHB became a Schedule III controlled substance in Minnesota. It also has been declared a controlled substance in Florida and Michigan. However, the use of this drug is not illegal in most States and the instructions on how to make it are available on the Internet.

Narcotic Drugs Other than Heroin

In recent years, DAWN ED mentions of narcotic drugs other than heroin have been increasing in many CEWG areas. In 1998, rates of hydrocodone ED mentions per 100,000 were highest in Dallas (11.2), New Orleans (10.1), San

Diego (8.8), Atlanta (8.2), San Francisco (7.3), and Phoenix (7.0). As shown in the figure below, hydrocodone mentions in some CEWG areas increased rather consistently from 1995 to 1998, reaching new highs in 1998.

<i>City</i>	<i>1995</i>	<i>1996</i>	<i>1997</i>	<i>1998</i>
Atlanta	144	103	137	224
chicago	28.3	34.7	42.1	52.7
Chicago	145	184	193	244
Detroit	129	149	147	185
Phoenix	63	85	104	143
San Diego	113	183	174	211

Hydrocodone, hydromorphone, promethazine with codeine, and carisoprodol are commonly abused licit drugs in the Houston area. Propoxyphene and hydrocodone deaths continue to increase in the Phoenix area. The county medical examiner reported 29 propoxyphene deaths in the first half of 1999. Hydromorphone (Dilaudid) continues to be the most widely abused opiate, other than heroin, in the New Orleans area. In addition, hydrocodone abuse indicators and fraudulent prescriptions have increased in both Orleans and Jefferson Parishes.

Pacific Islands

American Samoa

A survey was conducted in American Samoa to learn more about drug abuse among the 1,000 high school students in this U.S. territory. The survey, administered by the Federal Centers for Disease Control and Prevention, was administered to students in six different high schools. It was designed to measure the relationship between the adoption of traditional Fa'asamoa norms and customs and drug abuse. A scale was included to assess the student's identification with Fa'asamoa and mastery of the Samoan language. A supplement was added to the survey to determine the students' opportunity to use drugs.

The survey results show that students who identify more highly with Fa'asomoa values and culture are less likely to have an opportunity to, or to actually use drugs.

Federated States of Micronesia

Using a key informant survey approach, data were collected from between 200 and 400 people in preselected communities in Micronesia. The sample, representing at least 5 percent of the total population, reflected the gender, age cohort, ethnicity, and residence patterns of the island.

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 Federated States of Micronesia (FSM), and 2 percent of the Marshall Island males. Relatively small proportions of the females in Palau (5 percent), Federated States of Micronesia (1 percent), and the Marshall Islands (1 percent) had used marijuana. Those who used marijuana also were likely to use alcohol.

Alcohol is by far the greatest problem in Micronesia. More than one-third of all Federated States of Micronesia males and one out of every six males in the Marshall Islands are problem drinkers.

There is little use of hard drugs, such as cocaine and heroin, in Micronesia. It is estimated that there may be 50 cocaine users in the Marshall Islands population of 50,000.

Inhalants (gas and glue sniffing) are a problem among young teens in Chuuk and to a lesser degree in Pohnpei and among older males in Ebeye.

Guam and the Commonwealth of the Northern Mariana Islands (CNMI)

While alcohol and marijuana are the major substances used in Guam and the CNMI, methamphetamine abuse has been increasing over the last decade. On Guam, approximately half of the clients admitted to treatment in 1997-98 were methamphetamine abusers. Cocaine and heroin abuse were reported for a small proportion of the treatment admissions. Recently completed student surveys show that, on the CNMI, 67.3 percent of students in grades 7-12 have used alcohol during their lifetime, 66.1 percent have smoked tobacco, 48.4 percent have smoked marijuana, and 5.4 percent have tried methamphetamine at least once. The proportions among sampled students on Guam were similar-60.5 percent have used alcohol, 54.9 percent have smoked tobacco, 32.6 percent have smoked marijuana, and 7.2 percent have tried ice.

Papua New Guinea (PNG)

To assess the current drug abuse situation in Papua New Guinea (PNG), the National Narcotics Bureau conducted a Rapid Situation Assessment (RSA) in five provinces during the second half of 1998. Interviews (N = 416) were conducted systematically with key informants, current and former drug users, and community members. Data also were extracted from official records and reports from agencies and individuals.

Betel nut is widely used in PNG-36 percent of the respondents are regular chewers and 25 percent chew occasionally. Females (43 percent) are more likely to chew betel nut than males (34 percent).

Almost three-quarters of the 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 that they had used cannabis in the prior 12 months.

Cocaine was reported by only five respondents. Approximately 38 percent of the respondents said that they had used both cannabis and homebrew alcohol.

Republic of Palau

Palau's Ministry of Health conducted a substance abuse needs assessment (SANA) in 1997. A key informant methodology was used to collect data on 802 subjects, which is 5.7 percent of the population over the age of 10 years. Eighty direct interviews were conducted to assess the reliability of 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 of the sample had binged (consumed five or more drinks over a short period of time) on alcohol during the past year. Problems drinkers comprised 12.8 percent of the drinking sample. When drinking heavily, Palauans averaged 10 drinks at a sitting. Tobacco, alcohol, marijuana, ice (methamphetamine), and other drugs were used predominantly by males. Few persons had sought treatment for use of substances. A majority of those who did seek treatment sought it from religious leaders.

International Reports

Mexico

The Mexican Epidemiologic Surveillance System of Addictions (SISVEA), a network of institutions specializing in addiction research, operates in 22 Mexican cities. The primary sources of data are government and nongovernment treatment centers, medical examiners, and surveys.

Data collected from 6,678 patients at governmental treatment centers (GTCs) during the first half of 1999 show that 24.2 percent reported marijuana as their first drug of choice, 17.7 percent reported inhalants, 13.6 percent cocaine, and only 0.2 percent heroin. Almost one-third (27 percent) reported alcohol as their first drug of choice. Approximately 42 percent of the GTC patients were under 20 years of age.

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 of age or older) than patients treated in GTCs, and were more likely to use drugs daily (72 percent vs. 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. A high proportion (95.6 percent) of the deaths associated with drug intoxication reported by medical examiners involved alcohol. The

other 4.4 percent were under the influence of marijuana.

Based on the data, marijuana abuse continues to be a major problem in Mexico, especially among younger patients treated at the GTCs. A high percentage of young patients treated in government centers report inhalants as their first drug of choice. NGC patients are more likely than GTC patients to report heroin as a drug of choice (3 vs. .02 percent); however, the percentage of NGC patients who report this drug remain relatively small.

China

Data used to monitor drug abuse patterns and trends in China are generated from a number of sources. Data on registered drug addicts and drug seizures are provided by the Office of National Narcotic Control Commission (NNCC). The NNCC, composed of representatives of 18 government ministries, is charged with the task of formulating drug policies and drug control measures. Epidemiologic studies and monitoring are provided by the National Institute on Drug Dependence and the National Drug Abuse Surveillance Center. HIV/AIDS data are provided by the National HIV/AIDS Monitoring Center and Ministry of Health.

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. This is 8.5 times the number registered in 1990. Most drug abusers (84 percent) admitted to drug treatment in 1998 who were between the age of 17 to 35 years were unemployed and had little education.

In recent years, polydrug abuse has been increasing among heroin addicts. Drugs used in combination with heroin include sedative hypnotics (e.g., benzodiazepine), 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. Drugs 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 cases of AIDS. It is estimated that 69 percent of the people with HIV or AIDS were infected by the route of 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 (kgs) of opium, 34,306 kgs of heroin, 14,904 kgs of marijuana, and 7,316 kgs of methamphetamine.

Japan

The drug abuse surveillance system in Japan is managed by the Division of Drug Dependence Research, National Institute of Mental Health, National Center of Neurology and Psychiatry. Data sources include nationwide general population and junior high school surveys on drug abuse, a mental hospital survey on drug-related disorders, and the National Police Agency (drug-related arrests).

The 1997 general population survey findings indicate that the lifetime prevalence of solvent, cannabis, and methamphetamine use is very low (1.7 percent, 0.4 percent, and 0.0 percent, respectively) in the general population. Low percentages of lifetime solvent (1.3 percent), cannabis (0.7 percent), and methamphetamine use (0.5 percent) also were reported in the 1998 junior high school survey.

There is some concern, however, about increases in student arrests for methamphetamine-related crimes in recent years. 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 sold illicit drugs through channels used to sell counterfeit telephone cards to individuals under the age of 20.

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