Epidemiologic Trends In Drug Abuse

Proceedings of the Community Epidemiology Work Group

Highlights and Executive Summary

June 2014

NIH National Institute on Drug Abuse

NATIONAL INSTITUTE ON DRUG ABUSE

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The information presented in this *Highlights and Executive Summary Report* is primarily based on CEWG area reports and meeting presentations prepared by CEWG representatives for the June 2014 CEWG meeting. Data/information from Federal sources supplemental to the meeting presentations and discussions have been included in this report to facilitate cross-area comparisons.

For more information about the Community Epidemiology Work Group and other research-based publications and information on drug abuse and addiction, visit NIDA's Web site at http://www.drugabuse.gov.

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Introduction

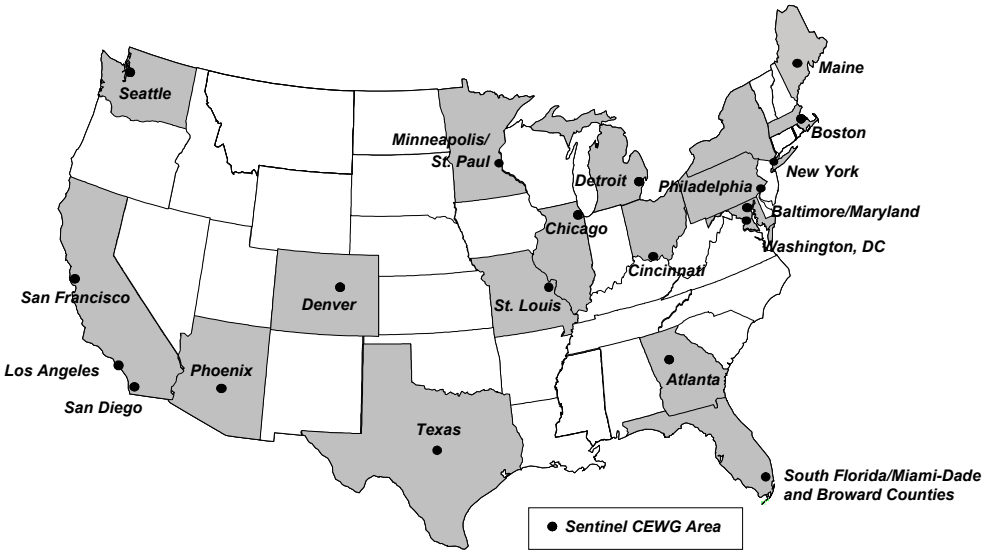
The 76th semiannual meeting of the Community Epidemiology Work Group (CEWG) was held on June 5–6, 2014, in Scottsdale, Arizona. During the meeting, researchers from 19 geographically dispersed areas in the United States reported on current trends and emerging issues in their areas.

The CEWG Network and Meetings: The CEWG is a unique epidemiology network that has functioned since 1976 to identify and assess current and emerging drug abuse patterns, trends, and issues, using multiple sources of information. The CEWG convenes semiannually; these meetings continue to be a major and distinguishing feature of the workgroup. CEWG representatives present information on drug abuse patterns and trends in their areas. In addition, time at each meeting is devoted to presentations by invited speakers. These sessions typically focus on presentations by researchers in the CEWG host city or with expertise on a particular topic, updates by Federal personnel on key data sets used by CEWG representatives, and drug abuse patterns and trends in other countries. The meetings provide a foundation for continuity in the monitoring and surveillance of current and emerging drug problems and related health and social consequences.

Identification of changing drug abuse patterns is part of the discussions at each CEWG meeting. Through this process, CEWG representatives can alert one another to the emergence of a potentially new drug of abuse. The CEWG is uniquely positioned to bring crucial perspectives to bear on urgent drug abuse issues in a timely fashion and to illuminate their various facets within the local context through its semiannual meetings.

The CEWG areas on which presentations were made at the June 2014 meeting are depicted in the map below, with one presentation including data on the Baltimore/Maryland/Washington, DC, area and one on Miami-Dade and Broward Counties in South Florida.

Availability of data varies by area, so reporting varies by area. Examples of types of data reviewed by CEWG representatives to derive drug indicators include **admissions to substance abuse treatment programs** by primary substance of abuse or primary reason for treatment admission reported by clients at admission; **drug-involved emergency department (ED) reports of drugs** mentioned



in ED records in the Drug Abuse Warning Network (DAWN) or reports from local and State sources; **seizure, average price, average purity, and related data** obtained from the Drug Enforcement Administration (DEA) and from State and local law enforcement agencies; **drug-related deaths**[1] reported by medical examiner or local coroner offices or State public health agencies; **arrestee urinalysis results** and other toxicology data; **surveys of drug use;** and **poison control center data.**[2]

Sources of data used by several or most of the CEWG area representatives and presented in this *Highlights and Executive Summary Report* and full area reports are summarized in the appendix, along with caveats related to their use and interpretation. The terminology that a particular data source uses to characterize a drug, for example, cannabis versus marijuana, is replicated in this report. Appendix table 1 shows the data indicators used in full area reports for the June 2014 CEWG meeting by area.

For the June 2014 CEWG meeting, CEWG representatives were invited to provide an update on drug abuse trends in their areas for calendar year 2013 (January–December). Key findings and issues identified at the CEWG meeting are highlighted in this summary report, with detail provided in the full area reports, which are available individually on the NIDA Web site. The full area reports document and summarize drug abuse trends in specific CEWG areas, with an emphasis on information newly available since the June 2013 and January 2014 meeting reports. The availability of data varies by area. Readers are directed to the Data Sources sections of individual full area reports and the appendix and appendix table 1 to determine which drug indicators and data sources were reviewed for particular areas.

CEWG representatives are invited to use their professional judgment and knowledge of the local context to provide an overall characterization in their full area reports of the indicators for their areas, as possible, given available data; that is, to assess whether indicators appear to be stable, increasing, decreasing, or mixed (with some indicators increasing, some decreasing, and some stable). CEWG area representatives may also provide an overall characterization of the level of the indicators as high, moderate, or low, or identify when particular drugs are considered to be the dominant drugs of abuse in their area. Some indicators are sensitive to recent changes in local policy or law enforcement focus. Therefore, representatives use their knowledge of the local context in describing and interpreting data available for their areas.

In assessing change or stability in each area's drug indicators by data source for the most recent time periods (in most cases, calendar year 2012 to 2013), decision rules are consistent for cross-area data sources—treatment admissions and NFLIS drug reports. In these data comparisons, percent changes of 1.0 percent or higher in 2013 values, compared with 2012 values (or another recent pair of years), signified increase or decrease, whereas change of less than 1.0 percent was interpreted as stability. In local area data source indicators, such as death, poison control center, arrest, and helpline data, area representatives' decision rules for change or stability were used in documenting trends in their area reports and in associated summary text.

For this report, data available across all or many CEWG areas (including substance abuse treatment admissions data and National Forensic Laboratory Information System [NFLIS] drug report data) for

[1]See the appendix for information on death data.

[2]Poison control center data are reported here as they are reported by area representatives in their full area reports and slide presentations. The terminology used by area representatives in this report does not necessarily mean that particular substances, such as synthetic cannabinoids and synthetic cathinones, are chemically verified.

the most recent and past time periods are described by drug and data source in the Summary of Highlights section of this report, with accompanying illustrative charts and maps. Data tables from treatment admissions and NFLIS data are presented in the body of the report and in appendix table 2 (treatment admissions) and appendix tables 3.1–3.24 and 4.1–4.3 (NFLIS drug reports). Other local area data, including death data from medical examiners' or coroners' offices, poison control center data, and student drug use data, are described in the appendix.

Treatment admissions data are obtained by CEWG area representatives for their areas from local sources or through the Treatment Episode Data Set (TEDS) to ***provide indications of the outcomes of substance abuse and their impact on the treatment system, in particular with regard to sociodemographic characteristics of clients and route of administration of substances in local areas***. Primary admissions by drug are compiled as counts and percentages of all admissions, including primary alcohol admissions. Table 1 shows top 10 rankings of treatment admission data by drug type for CEWG reporting areas for 2013. Primary treatment admissions as a percentage of total admissions for CEWG reporting areas are shown in figures 1, 2, 5, 6, 9, 10, 16, 17, 20, and 21. Tables presenting treatment admissions data are tables 3–6, 8–11, 13–15, 19, 22–25, and 27–29. Appendix table 2 contains total treatment admissions by primary substance of abuse, including alcohol admissions, for 17 CEWG areas.

The DEA **NFLIS** provides information on substances identified in items seized by law enforcement and analyzed by participating forensic (crime) laboratories. ***NFLIS data provide indications of availability of substances in the illicit market and law enforcement engagement, and they are particularly important for monitoring the emergence of new substances in local areas.*** Table 2 shows top 10 rankings of NFLIS seizure data by drug for CEWG areas and for the United States for 2013, while figures 3, 4, 7, 8, 11–15, 18, 19, 22, and 23 display NFLIS data. NFLIS tables include tables 7, 12, 16–18, 20, 21, 26, 30, and 31, and appendix tables 3 and 4.

Findings in this report are presented by type of substance, but it is important to note that polysubstance abuse continues to be a pervasive pattern across CEWG areas.

Report Organization: Key findings of the meeting are summarized 1) from CEWG representatives' identification in their slide presentations and full area reports of the most important one or two drug findings or issues for their areas for the reporting period, based on their review of the most recent drug abuse data available and 2) by drug and data source across CEWG areas from cross-area data sources, including treatment admissions and NFLIS drug report data. Details on reported key findings or drug trends (e.g., increasing, decreasing, or stable indicators by drug) can be found in the individual full area reports that are available on the NIDA Web site. The **Summary of Highlights** of the meeting includes, for each drug or drug type, not only summaries from representatives' perspectives based on their assessments of local area indicators by drug, but also cross-area comparisons of data sources for which most or all areas were included. The cross-area data are compiled from CEWG area treatment admissions and NFLIS drug reports from drug item seizures analyzed in forensic laboratories. Charts, maps, and tables for these data sources are included in the report body, while additional data tables are provided as appendix tables.

Summary of Key Findings and Highlights

KEY FINDINGS: JUNE 2014 CEWG MEETING

Key findings reported by the CEWG representatives for the 2012–2013 reporting period, which is calendar year (CY) in most cases, are as follows:

- ***Heroin:*** *The most frequently cited key finding, reported by 10 of 19 CEWG area representatives (Atlanta; Baltimore/Maryland/Washington, DC; Boston; Cincinnati; Denver/Colorado; Maine; Minneapolis/St. Paul; San Francisco; Seattle; and Texas) at the June 2014 meeting, was an* ***increase in heroin*** *indicators, including increases in primary treatment admissions, mortality, and reports from seized and analyzed drug items in 2013 compared with 2012. Another four area representatives (from Chicago, New York City, Philadelphia, and St. Louis) cited the* ***continuing high levels of heroin*** *as key findings in their areas. In Chicago, the key finding as reported by the area representative was the* ***continuing prominence of heroin among indicators*** *and its use by young suburbanites. The New York City representative reported the continuing predominance of indicators and* ***serious consequences of heroin,*** *as well as those for opioid analgesics, as a key finding in that area. The Philadelphia and St. Louis area representatives reported the continuing high levels of heroin in indicators as a key finding in those areas.*

- ***Methamphetamine*** *indicators, which have been high relative to other drugs west of the Mississippi and low east of the Mississippi, and which have been reported as trending downward in recent years (possibly related to limitations on the precursor, pseudoephedrine), appeared to be increasing or in transition in several CEWG areas. Nine CEWG area representatives (Atlanta, Cincinnati, Denver/Colorado, Los Angeles, Minneapolis/St. Paul, St. Louis, San Diego, San Francisco, and Seattle) noted* ***upward trending indicators for methamphetamine*** *in 2013 as a key finding, based on primary treatment admissions, methamphetamine-related deaths, reports from seized and analyzed drug items, poison control center calls, and arrestee positive urinalysis results. The Texas area representative reported the* ***increasing presence and use of the potent P2P*** *(phenyl-2-propanone) methamphetamine made in Mexico as a key finding for the State. The representative from Maine reported* ***an increase in methamphetamine abuse based on law enforcement indicators*** *in the first 4 months of 2014, compared with 2013.*

- ***Cocaine: Cocaine*** *continued to be a* ***prominent illicit drug*** *based on treatment and seizure data in many CEWG areas. However, the San Francisco area representative reported a* ***decline in cocaine indicators****, based on primary treatment admissions and drug reports from items seized and analyzed in 2013, compared with 2012, as a key finding in the bay area. The area representative from Phoenix reported that the* ***leveling of cocaine-related inpatient hospital admissions*** *in Maricopa County was a key finding, after declining from 2007 to 2012.*

- ***Prescription Opioids:*** *Mixed results (some increases and some decreases) for* ***prescription opioids*** *were noted as key findings in several areas for this reporting period.* ***Increases in indicators for prescription opioids*** *in 2013, compared with 2012, were reported as a key finding by representatives in two areas—Phoenix and San Francisco—based on primary treatment admissions data, reports from seized and analyzed drug items, and numbers of prescriptions. The New York City representative reported the* ***continuing predominance of indicators and serious***

***consequences of opioid analgesics**, as well as heroin, as a key finding in that area. The Los Angeles reported a **"local concern about the misuse of prescription opioids"** as a key finding, and the St. Louis representative reported a **"renewed attention to prescription opioids"** in that area. **A decline in indicators for prescription opioid misuse,** based on primary treatment admissions, drug arrests, and prescription numbers in 2013, compared with 2012, was a key finding in two other CEWG areas (Maine and South Florida/Miami-Dade and Broward Counties).*

- ***Marijuana:** One area representative, from Denver/Colorado, reported **increasing indicators for marijuana** from 2012 to 2013 as a key finding, based on hospital discharges and poison control center calls.*

- ***Synthetic cannabinoids and synthetic cathinones:** Two area representatives (from the Baltimore/Maryland/Washington, DC, and South Florida/Miami-Dade and Broward Counties areas) reported **changes in indicators in 2013 for synthetic cannabinoids and synthetic cathinones** as a key finding. In the South Florida/Miami-Dade and Broward Counties area, **increases in synthetic cathinones** in 2013 from previous reporting periods, specifically methylone, was identified as a key finding. In the Baltimore/Maryland/Washington, DC, area, the representative reported that while synthetic cannabinoid indicators increased sharply in the 2012 reporting period, possible declines in 2013 was a key finding. In Maine, the area representative reported a **decline in synthetic cathinones** in drug arrests and law enforcement seizure data in the first 4 months of 2014 from 2013 as a key finding for that State. The Texas area representative noted the **changes in types of these synthetic drugs** as a key finding. For synthetic cannabinoids, the JWH varieties were prevalent in 2010, while the XLR varieties were dominant in 2013.*

- ***Benzodiazepines:** The Philadelphia area representative reported the **continuing high indicator levels for benzodiazepines** as a key finding for the 2013 reporting period, based on mortality data.*

- *In Detroit, the key finding, as reported by the area representative, was the **continuing differing profile in indicators for the Detroit metropolitan area compared with the rest of the State of Michigan**.*

Key findings across CEWG areas from cross-area data were reported by drug and data source for all CEWG areas; cross-area data were those available on treatment admissions and NFLIS drug reports from drug items seizures and analyzed in forensic laboratories. These are summarized below, in order of their emphasis in representatives' key findings, for heroin, methamphetamine, cocaine, and prescription opioids/opiates other than heroin.

Heroin

- **Treatment Admissions:** Primary **heroin treatment admissions** ranked first in proportions of total treatment admissions in **2013** in 6 of 17 CEWG reporting areas—Baltimore City, Boston, Detroit, Maryland, St. Louis, and San Francisco—and they ranked second in 2 areas—Cincinnati and Seattle (table 1). Injection was the most frequently reported **mode of heroin administration** in 12 of 16 reporting CEWG areas in 2013 (table 9).

- **NFLIS Drug Reports: Heroin ranked** as the most frequently identified drug reported among drug items seized and analyzed in NFLIS forensic laboratories in **2013** in 1 of 23 CEWG areas (Seattle), and it ranked second among NFLIS drug reports in 4 areas (Chicago, Cincinnati, Maine, and St. Louis) (table 2).

Methamphetamine

- **Treatment Admissions:** In 1 of the 16 CEWG areas reporting any methamphetamine treatment admissions in 2013, methamphetamine ranked as the second most frequently reported major problem substance in treatment admissions data for that year, with none reporting it in first place. This area was Phoenix (table 1). In 8 of these CEWG areas, methamphetamine admissions represented 1.0 percent or more of total treatment admissions in 2013 (table 20). In 5 of the 7 CEWG areas where route of substance administration for methamphetamine was reported, smoking was the most common **mode of administering** methamphetamine among primary methamphetamine admissions; the exceptions in 2013 were Atlanta and St. Louis (table 21).

- **NFLIS Drug Reports: Methamphetamine** drug reports **ranked** first in proportions of total drug reports among drug items seized and analyzed in NFLIS forensic laboratories in 6 CEWG areas (Atlanta, Colorado, Los Angeles, Minneapolis/St. Paul, San Diego, and San Francisco) among the 17 CEWG areas where methamphetamine ranked among the top 10 drugs in **2013**. In another four areas, all in the western region of the United States (Denver, Phoenix, Seattle, and Texas), methamphetamine ranked second among drug reports (table 2; appendix table 3).

Cocaine

- **Treatment Admissions:** Proportions of **primary cocaine/crack treatment admissions** did not **rank** first or second among total admissions in any of the 17 CEWG reporting areas in **2013** (table 1). Smoking was the most common mode of cocaine administration among primary cocaine treatment admissions in 2013 in all 16 CEWG areas reporting route of administration (table 4)

- **NFLIS Drug Reports:** Of 23 CEWG reporting areas, **cocaine/crack ranked** first in percentage of total drug reports in 3 areas (Denver, Maine, and the Miami Metropolitan Statistical Areas [MSA] [Miami-Dade, Broward, and Palm Beach Counties]) and second in 12 areas and in the United States in **2013**. Areas in which cocaine ranked second in NFLIS drug reports were Colorado and San Diego in the West; Detroit, Michigan, and Minneapolis/St. Paul in the Midwest; Boston, New York City, and Philadelphia in the Northeast; and Atlanta, Baltimore City, Maryland, and Washington, DC, in the South (table 2).

Prescription Opioids

- **Treatment Admissions:** Primary **prescription opioids ranked** first in proportions of total substance abuse treatment admissions in 1 of the 17 CEWG areas with data for **2013**; that area was Maine. In Broward County in South Florida, prescription opioid admissions ranked second in the reporting period (table 1).

- **NFLIS Drug Reports:** Of the **prescription opioid drug reports** among drug items seized and analyzed by forensic laboratories across CEWG areas in **2013**, oxycodone and hydrocodone were the two most frequently reported in most areas. **Oxycodone** and **hydrocodone** did not rank among the top 2 drug reports in any of the 23 CEWG areas in 2013 (table 2; appendix table 3).

Table 1. Top-Ranked Primary Drugs, as a Percentage of Total Treatment Admissions, Including Primary Alcohol Admissions, in 17 CEWG Areas,[1] by Region and Ranking: 2013[2]

CEWG Area	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids	Metham-phetamine	Marijuana	Benzodiaz-epines	Other Drugs
SOUTHERN REGION								
Atlanta	1	3	6	5	4	2	8	7
Baltimore City	2	4	1	5	8	3	6	7
Maryland	2	5	1	4	8	3	7	6
South Florida/ Broward County	1	4	5	2	8	3	6	7
South Florida/ Miami-Dade County	1	3	4	5	8	2	6	7
NORTHEASTERN REGION								
Boston[3]	2	3	1	5	7	4	6	8
Maine	2	6	3	1	8	4	7	5
Philadelphia	1	4	3	6	8	2	7	5
MIDWESTERN REGION								
Cincinnati	3	4	2	5	NR[4]	1	NR[4]	6
Detroit	2	3	1	5	7	4	6	8
Minneapolis/St. Paul	1	6	3	5	4	2	8	7
St. Louis	2	4	1	6	5	3	8	7
WESTERN REGION								
Denver	1	5	3	6	4	2	8	7
Phoenix[3]	1	6	3[5]	5	2	4	NR[4]	7
San Francisco[6]	2	3	1	7	4	5	8	6
Seattle	1	5	2	6	4	3	8	7
Texas[7]	1	5	3	6	4[7]	2	8	7

[1]CEWG areas not included in the table due to lack of availability of treatment admissions data for the reporting period are Chicago, Los Angeles, New York City, San Diego, and Washington, DC.
[2]Data are for calendar year 2013 (January–December 2013) for all areas. Admissions for which there was no primary drug of abuse are excluded from totals. The Other Drugs category includes cases for which the primary drug of abuse was unknown.
[3]Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
[4]NR=Not reported by the CEWG area representative.
[5]Heroin and morphine are grouped together in Phoenix data.
[6]Treatment data for 2013 are for San Francisco County only and are not comparable with 2011 and 2012 data, as they were for the five-county bay area.
[7]Texas reported combined methamphetamine and amphetamine data.
SOURCES: June 2014 State and local CEWG reports; see appendix table 2 for information on geographic coverage and completeness of these data by area

Table 2. Top 10 Identified Drug Reports Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, by Rank, for CEWG Areas and United States (Based on Frequency): January–December 2013

CEWG Area	Cocaine/ Crack	Heroin	Oxy-codone	Hydro-codone	Alprazo-lam	Clonaze-pam	Metham-phetamine	Marijuana/ Cannabis	MDMA	PCP	Other Drugs
WESTERN REGION											
Colorado	2	4	5	8	7	—	1	3	—	—	XLR-11=6; Psilocybin/Psilocyn/Psilocin/Psilocybine=9; Acetaminophen=10
Denver	1	4	6	8	7	—	2	3	—	—	XLR-11=5; AB-Fubinaca=9; 5F-PB-22=10
Los Angeles	3	4	10	6	7	—	1	2	8	5	Codeine=9
Phoenix	4	3	5	7	6	9	2	1	—	—	Buprenorphine=8; Carisoprodol=10
San Diego	2	4	7	5	6	10	1	3	—	—	Phenylimidothiazole Isomer Undetermined=8; Dimethyl Sulfone=9
San Francisco	3	4	6	5	10	—	1	2	9	—	Methadone=7; Morphine=8
Seattle	3	1	5	7	6	10	2	4	9	10	Phenylimidothiazole Isomer Undetermined=8; Methadone=10 (tied for 10th place with Clonazepam and PCP)
Texas	3	4	—	7	6	—	2	1	—	—	XLR-11=5; Phenylimidothiazole Isomer Undetermined=8; Acetaminophen=9; Amphetamine=10
MIDWESTERN REGION											
Chicago	3	2	—	4	5	—	9	1	8	7	BZP=6; Phenylimidothiazole Isomer Undetermined=10
Cincinnati	3	2	4	6	7	—	5	1	—	—	Buprenorphine=8; XLR-11=9; Benocyclidine=10
Detroit	2	3	6	4	5	—	8	1	—	—	Amphetamine=7; BZP, Codeine, Morphine, and Phenylimidothiazole Isomer Undetermined=tied for 9; Buprenorphine=10
Michigan	2	3	9	4	6	—	5	1	—	—	Amphetamine=7; Morphine=8; Methadone=10
Minneapolis/ St. Paul	2	3	5	—	—	—	1	4	—	—	Dimethyl Sulfone=5 (tied with Oxycodone); Psilocin/Psilocybin/ Psilocyn=7; Cathinone/Cathine=8; Amphetamine=9; Acetaminophen=10
St. Louis	3	2	7	6	5	—	4	1	—	—	Acetaminophen=8; XLR-11=9; Pseudoephedrine=10
NORTHEASTERN REGION											
Boston	2	3	4	—	9	6	—	1	—	—	Buprenorphine=5; Amphetamine=7; Naloxone=8; Methylone=10
Maine	1	2	3	10	—	—	7	4	—	—	Buprenorphine=5; Alpha-PVP=6; Caffeine=7 (tied with Methamphetamine); Methylone=9
New York City	2	3	5	—	4	9	—	1	—	7	Buprenorphine=6; Methadone=8; Ketamine=10
Philadelphia	2	3	4	—	5	8	—	1	—	7	Acetaminophen=6; Buprenorphine=9; Naloxone=10
SOUTHERN REGION											
Atlanta	2	3	4	7	6	—	1	8	—	—	Methylone=5; Amphetamine=9; XLR-11=10
Baltimore City	2	3	4	—	5	8	—	1	—	—	Buprenorphine=6; Methylone=7; Caffeine=9; Methadone=10
Maryland	2	3	4	9	5	10	—	1	—	—	Buprenorphine=6; XLR-11=7; Methylone=8
Miami	1	5	7	—	6	—	9	2	—	—	Methylone=3; Hallucinogen=4; Hydromorphone=8; Phenylimidothiazole Isomer Undetermined=10
Washington, DC	2	5	—	—	—	—	—	1	9	4	Phenylimidothiazole Isomer Undetermined=3; Caffeine=6; 1-Piperidinocyclohexanercarbonitrile=7; Acetaminophen=8; Phenacetin=10
UNITED STATES											
United States	2	4	5	6	7	—	3	1	—	—	XLR-11=8; Acetaminophen=9; Buprenorphine=10

SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014; see appendix tables 3.1–3.24; data are subject to change and may differ according to the date on which they were queried, and drug reports include up to three drugs identified per drug item analyzed

SUMMARY OF HIGHLIGHTS FROM THE JUNE 2014 CEWG MEETING

The following represents a summary of the highlights from the CEWG meeting. Meeting highlights are summarized from meeting materials, including full area reports that are available individually on the NIDA Web site, at http://www.drugabuse.gov/about-nida/organization/workgroups-interest-groups-consortia/community-epidemiology-work-group-cewg/meeting-reports/area-reports-june-2014.

Cocaine/Crack

Cocaine continued to be reported as a drug of concern in CEWG areas in all four regions of the United States. The impact of cocaine abuse continued to be reported by area representatives as high in Baltimore/Maryland/Washington, DC; Boston; Chicago; New York City; Philadelphia; and the South Florida/Miami-Dade and Broward Counties area. However, the decline in cocaine indicators reported at recent CEWG meetings continued to be observed by many area representatives. Seven of 19 CEWG area representatives reported decreasing indicators for cocaine: Atlanta; Baltimore/Maryland/Washington, DC; Chicago; Denver/Colorado; Detroit; San Francisco (where the decline was a key finding for this reporting period); and Texas. Eight CEWG area representatives reported mixed indicators for cocaine (with some increasing, some decreasing, and some stable): Boston, Los Angeles, Maine, Minneapolis/St. Paul, New York City, Philadelphia, Phoenix, and Seattle. Cocaine indicators were reported as stable from 2012 to 2013 by four area representatives: Cincinnati, St. Louis, San Diego, and South Florida/Miami-Dade and Broward Counties.

- ***Western CEWG Region:*** Declining cocaine indicators, including the proportion of primary treatment admissions for cocaine, were reported in three of the seven western CEWG areas: **Denver/Colorado, San Francisco,** and **Texas**. In addition, the number of cocaine-related deaths and the number of calls to poison control centers for cocaine declined in Denver/Colorado and Texas. Area representatives from three CEWG areas in the West reported mixed indicators—**Los Angeles, Phoenix,** and **Seattle**. In Los Angeles and Phoenix, some cocaine indicators were declining, and some were stable. In Los Angeles, the proportion of primary cocaine treatment admissions declined in the first half of 2013, compared with previous reporting periods, while the ED visit rate for cocaine and the proportion of both coroner toxicology cases with cocaine detected and poison control center calls for cocaine were stable in 2013, compared with 2012. In Phoenix, the proportion of primary cocaine treatment admissions and the number of cocaine-related inpatient hospital admissions were stable in 2013, but the number of reports identified among drug items analyzed by NFLIS laboratories as cocaine and the proportion of students who had ever used cocaine declined in 2013 from previous reporting periods. In Seattle, some indicators were increasing (the number of cocaine-involved deaths increased substantially in 2013), and some were decreasing (including the number of primary cocaine treatment admissions and the number of police evidence with cocaine detected). Helpline calls mentioning cocaine were stable. Cocaine indicators remained stable in **San Diego**, and levels of the drug were reported as low relative to other drugs.

- ***Midwestern CEWG Region:*** Two of the five CEWG representatives from the Midwest—**Chicago** and **Detroit**—continued to report declining cocaine indicators. Proportions of drug reports identified as cocaine among drug items analyzed in forensic laboratories declined from 2012 to 2013,

and proportions of primary cocaine treatment admissions declined in this reporting period compared with previous reporting periods, in both CEWG areas. Cocaine levels continued to be high, however, in Chicago, according to the area representative. One midwestern area representative, from **Minneapolis/St. Paul**, reported mixed indicators (with the proportion of cocaine reports among drug items analyzed by NFLIS laboratories increasing from 2012 to 2013, and the number of cocaine-related deaths and the proportion of primary cocaine treatment admissions decreasing from 2012 to 2013). Two representatives, from **Cincinnati** and **St. Louis**, reported stable cocaine indicators for the 2013 reporting period, compared with 2012.

- ***Northeastern CEWG Region:*** Three of the four area representatives from the Northeast region, from **Boston, New York City,** and **Philadelphia**, reported continuing high levels for cocaine indicators when compared with other major drugs. All four areas reported mixed indicators for cocaine in this reporting period. In **Philadelphia**, there were slight increases in 2013, compared with 2012, in the proportion of drug reports identified as cocaine among items analyzed by NFLIS laboratories and the proportion of primary cocaine treatment admissions, but cocaine detections in deaths were stable in 2013 from previous reporting periods. In **Boston** and **Maine**, cocaine indicators were mixed, but they were mostly decreasing, according to the area representatives. Cocaine-related deaths and cocaine arrests declined in both areas, compared with previous reporting periods. The proportion of cocaine treatment admissions also declined in Boston, but they were stable in Maine in 2013, compared with 2012. In **New York City**, the proportion of cocaine drug reports among items analyzed by NFLIS laboratories and the proportion of male arrestees testing urinalysis positive for cocaine declined in 2013, compared with 2012, while the rate of cocaine-involved deaths increased from 2010 to 2012.

- ***Southern CEWG Region:*** Two of the three area representatives from the South (**Atlanta** and the **Baltimore/Maryland/Washington, DC,** area) continued to report declines in cocaine indicators in 2013, compared with 2012. The number of primary cocaine admissions in Atlanta continued to decline from 2012 to 2013, and the number cocaine-related deaths in Georgia declined in 2013, compared with 2012. In Washington, DC, the proportion of adult arrestees testing urinalysis positive for cocaine continued to decline in 2013 from previous years, as did the number of primary treatment enrollments for cocaine in Maryland and Baltimore City. Cocaine indicators were stabilizing in the **South Florida/Miami-Dade and Broward Counties** area after 3 years of declines. Cocaine remained a serious drug of abuse, however, in Baltimore/Maryland/Washington, DC, and South Florida/Miami-Dade and Broward Counties, according to the area representatives.

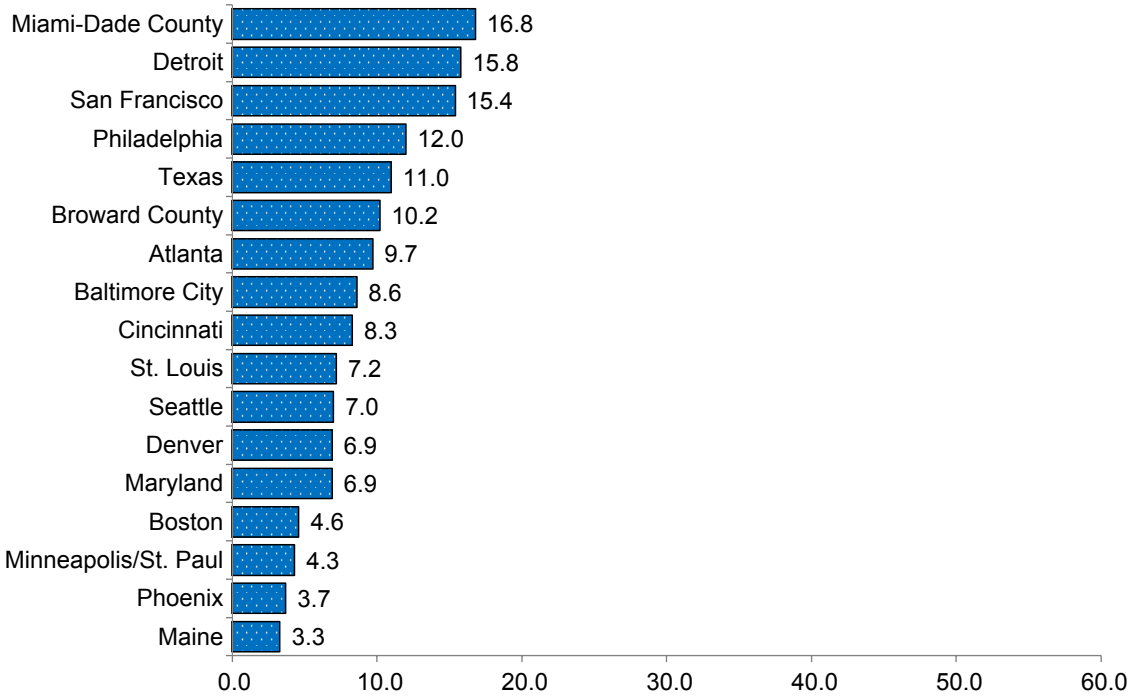
Other Highlights – Cross-Area Data Sources

Treatment Admissions:

- Proportions of **primary cocaine/crack treatment admissions** did not **rank** first or second among total admissions in any of the 17 CEWG reporting areas in **2013** (table 1). The range in primary cocaine treatment admissions in 2013 was from 3.3 percent in Maine to 16.8 percent in South Florida/Miami-Dade County (table 3; figure 1).

- Based on **route of administration** data from 16 CEWG areas, smoking[3] was the most common mode of cocaine administration among primary cocaine treatment admissions in **2013** (table 4). The range was from 56.4 percent in Denver to 94.4 percent in Detroit. After Detroit, the highest percentages of smoking cocaine among treatment admissions were reported in San Francisco (89.3 percent), Baltimore City (87.3 percent), and St. Louis (85.7 percent). Inhaling or sniffing cocaine was the primary route of administration in approximately 30–35 percent of cocaine admissions in Denver, Phoenix, South Florida/Broward County, South Florida/Miami-Dade County, and Texas (35.1, 30.1 30.8, 30.9, and 33.4 percent, respectively). The proportions of cocaine admissions who reported injecting the drug as the primary route of administration tended to be low, with by far the highest proportions being in Maine, at 16.3 percent, followed by Boston, at 11.3 percent (table 4).

Figure 1. Primary Cocaine Treatment Admissions, as a Percentage of Total Treatment Admissions, in 17 CEWG Areas:[1] 2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as cocaine or crack.
[2]Data are for calendar year 2013 (January–December) for all areas.
SOURCES: June 2014 State and local CEWG reports

[3]SAMHSA's TEDS report (2003) notes that, "Smoked cocaine primarily represents crack or rock cocaine, but can also include cocaine hydrochloride (powder cocaine) when it is free-based." TEDS does not separately report crack and cocaine; however, several CEWG sites have different codes for crack compared with cocaine, and area representatives may separate these out in their reporting.

- Across all reporting CEWG areas in **2013**, the majority of primary cocaine admissions were **male**, with the highest proportions of male cocaine admissions in San Francisco (73.3 percent) and Philadelphia (71.7) and the lowest percentages in Texas (51.3 percent), South Florida/Miami-Dade County, (52.3 percent), and Maine (52.4 percent) (table 5). In 15 of 16 reporting CEWG areas in **2013**, at least one-half of the primary cocaine treatment admissions were **age 35 or older**,[4] with the largest proportions reported in San Francisco (87.0 percent) and Detroit (84.9 percent). In Maine, proportions of older cocaine admissions were lowest, at 42.7 percent. The highest percentages of younger cocaine treatment admissions (**age 25 and younger**) were in Maine (20.1 percent), Denver (13.3 percent), South Florida/Miami-Dade County (12.4 percent), and South Florida/Broward County (11.1 percent) (table 5).

Table 3. Number of Primary Cocaine Treatment Admissions in 17 CEWG Areas, as a Percentage of Total Substance Abuse Admissions, Including Primary Alcohol Admissions:[1] 2013[2]

CEWG Area	Number of Primary Cocaine Admissions	Percentage of Total Admissions
	#	%
Atlanta	862	9.7
Baltimore City	1,295	8.6
Boston[3]	700	4.6
Cincinnati	176	8.3
Denver	895	6.9
Detroit	1,135	15.8
Maine	443	3.3
Maryland	3,518	6.9
Minneapolis/St. Paul	944	4.3
Philadelphia	1,058	12.0
Phoenix[3]	332	3.7
St. Louis	934	7.2
San Francisco	1,702	15.4
Seattle	639	7.0
South Florida/Broward County	370	10.2
South Florida/Miami-Dade County	683	16.8
Texas	8,641	11.0

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2013 (January–December) for all areas.
[3]Treatment data for Boston do not include admissions younger than 14, and Phoenix treatment data do not include admissions younger than 18.
SOURCES: June 2014 State and local CEWG reports

[4]These proportions are for admissions age 40 and older in Seattle.

Table 4. Numbers of Primary Route of Administration for Cocaine Among Treatment Admissions in 16 CEWG Areas, as a Percentage[1] of Primary Cocaine Treatment Admissions: 2013[2]

CEWG Area[3]	Smoked		Inhaled		Injected		Oral/Other/ Unknown		Total *N*
	#	%	#	%	#	%	#	%	
Atlanta	546	63.3	14	1.6	25	2.9	277	32.1	862
Baltimore City	1,130	87.3	92	7.1	66	5.1	7	0.5	1,295
Boston[4]	479	68.4	128	18.3	79	11.3	14	2.0	700
Cincinnati	136	77.3	35	19.9	—	—	5	2.8	176
Denver	505	56.4	314	35.1	45	5.0	31	3.5	895
Detroit	1,072	94.4	55	4.8	1	0.1	7	0.6	1,135
Maine	258	58.2	90	20.3	72	16.3	23	5.2	443
Maryland	2,781	79.1	510	14.5	182	5.2	45	1.3	3,518
Minneapolis/St. Paul	NR[5]	76.4	NR[5]	23.1	NR[5]	0.5	NR[5]	—	944
Philadelphia	736	69.6	1	0.1	8	0.8	313	29.6	1,058
Phoenix[4]	207	62.3	100	30.1	5	1.5	20	6.0	332
St. Louis	800	85.7	96	10.3	20	2.1	18	1.9	934
San Francisco	1,520	89.3	109	6.4	25	1.5	48	2.8	1,702
South Florida/ Broward County	235	63.5	114	30.8	6	1.6	15	4.1	370
South Florida/ Miami-Dade County	434	78.2	211	30.9	15	2.2	23	3.4	683
Texas	5,380	62.3	2,887	33.4	250	2.9	124	1.4	8,641

[1]Percentages may not sum to 100 due to rounding.
[2]Data are for calendar year 2013 (January–December) for all areas.
[3]Route of administration data were not available for Seattle.
[4]Treatment data for Boston do not include admissions younger than 14; Phoenix treatment data do not include admissions younger than 18.
[5]NR=Not reported.
SOURCES: June 2014 State and local CEWG reports

Table 5. Demographic Characteristics of Primary Cocaine Treatment Admissions in 17 CEWG Areas, as a Percentage[1] of Primary Cocaine Admissions: 2013[2]

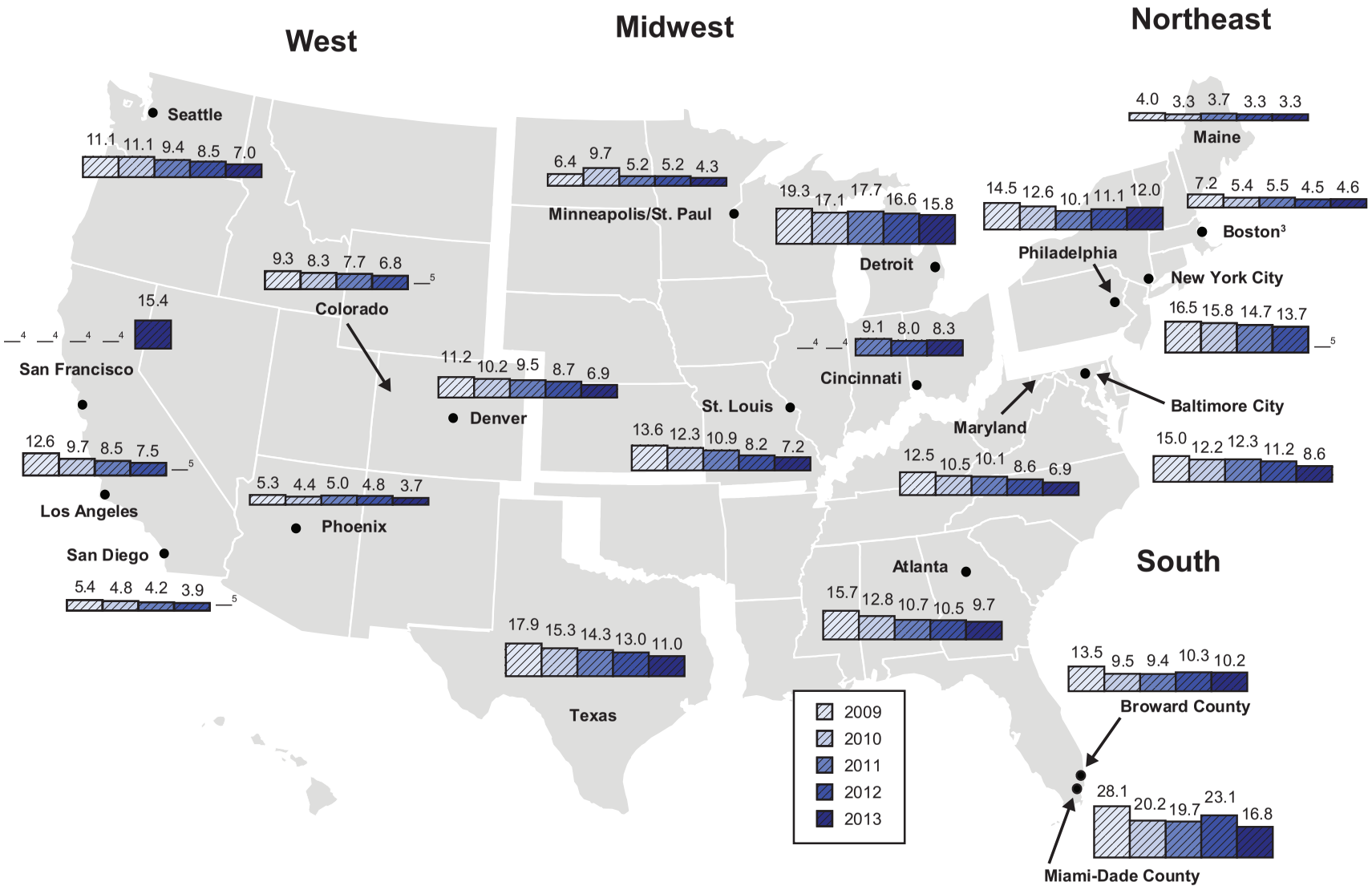
CEWG Area	Gender[3]		Age Group	
	Male	Female	Younger Than 26	35 and Older
Atlanta	58.8	41.2	7.0	73.7
Baltimore City	55.4	44.6	2.1	85.9
Boston[4]	58.1	41.1	7.0	70.4
Cincinnati	52.8	47.2	NR[5]	82.4
Denver	62.2	37.8	13.2	62.6
Detroit	64.3	35.7	3.6	84.9
Maine	52.4	47.6	20.1	42.7
Maryland	58.6	41.4	5.9	75.4
Minneapolis/St. Paul	59.6	40.4	7.2	74.5
Philadelphia	71.7	28.3	8.5	64.6
Phoenix[4]	52.7	47.3	6.3	72.6
St. Louis	61.0	39.0	3.2	83.5
San Francisco	73.3	26.4	3.1	87.0
Seattle	65.1	34.9	6.4	71.5[6]
South Florida/ Broward County	68.4	31.6	11.1	66.5
South Florida/ Miami-Dade County	52.3	47.7	12.4	55.6
Texas	51.3	48.7	NR[5]	NR[5]

[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2013 (January–December).
[3]Percentages may not add to 100 due to the presence of unknown gender.
[4]Treatment data for Boston do not include admissions younger than 14; treatment data for Phoenix do not include admissions younger than 18.
[5]NR=not reported.
[6]Data from Seattle are for clients age 40 and older.
SOURCES: June 2014 State and local CEWG reports

- In 16 CEWG areas with data available on cocaine treatment admissions for both **2012 and 2013**, 12 areas showed declines in percentages of primary cocaine treatment admissions over the period, with the largest decrease in Miami-Dade County, at 6.3 percentage points. Cocaine admissions increased in three areas (Boston, Cincinnati, and Philadelphia, by 0.1, 0.3, and 0.9 percentage points, respectively), and they remained the same in one area (Maine) over the 2-year period (table 6; figure 2).

- In all 15 CEWG areas for which comparable treatment admissions data were available from **2009 through 2013**, proportions of primary cocaine/crack treatment admissions decreased over the 5-year period. The largest percentage-point decline was shown for Miami-Dade County in South Florida (11.3 percentage points). Maine showed the smallest decline, of 0.7 percentage points (table 6; figure 2).

Figure 2. Primary Cocaine Treatment Admissions as a Percentage of Total Treatment Admissions in 21 CEWG Areas in 4 U.S. Regions:[1] 2009–2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as cocaine or crack (see appendix table 2 for more information on geographic coverage and completeness of these data). Treatment data for all years were not available for Chicago and Washington, DC.

[2]Data are for calendar years (January–December for each year) from 2009 to 2013 for all areas except Detroit, where data are for calendar years for all years except 2012, which are fiscal year data (October 2011 through September 2012).

[3]Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.

[4]Cincinnati and San Francisco data were not comparable over the period due to changes in reporting in 2010. Data for 2011 and 2012 for San Francisco are not included here, as they were for the five-county bay area instead of San Francisco County. Data for San Francisco for 2013 were for San Francisco County only.

[5]Primary treatment admissions data were not available for 2013 for Colorado, Los Angeles, New York City, and San Diego.

SOURCES: State and local CEWG reports, June 2009–2013 meetings

Table 6. Primary Cocaine Treatment Admissions in 16 CEWG Areas, as a Percentage of Total Substance Abuse Treatment Admissions, Including Primary Alcohol Admissions, and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[1]

CEWG Area[2]	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta[3]	15.7	12.8	10.7	10.5	9.7	**-6.0**	**-0.8**
Baltimore City[3]	14.1	12.2	12.3	11.2	8.6	**-5.5**	**-2.6**
Boston[3,4]	7.2	5.4	5.5	4.5	4.6	**-2.6**	**+0.1**
Cincinnati	—[5]	—[5]	9.1	8.0	8.3	—[5]	**+0.3**
Denver	11.2	10.2	9.5	8.7	6.9	**-4.3**	**-1.8**
Detroit	19.3	17.1	17.7	16.6	15.8	**-3.5**	**-0.8**
Maine	4.0	3.3	3.7	3.3	3.3	**-0.7**	**0.0**
Maryland[3]	12.5	10.5	10.1	8.6	6.9	**-5.6**	**-1.7**
Minneapolis/St. Paul	6.4	9.7	5.2	5.2	4.3	**-2.1**	**-0.9**
Philadelphia[3]	14.5	12.6	10.1	11.1	12.0	**-2.5**	**+0.9**
Phoenix[4]	5.3	4.4	5.0	4.8	3.7	**-1.6**	**-1.1**
St. Louis	13.6	12.3	10.9	8.2	7.2	**-6.4**	**-1.0**
Seattle	11.1	11.1	9.4	8.5	7.0	**-4.1**	**-1.5**
South Florida/ Broward County	13.5	9.5	9.4	10.3	10.2	**-3.3**	**-0.1**
South Florida/ Miami-Dade County	28.1	20.2	19.7	23.1	16.8	**-11.3**	**-6.3**
Texas[3]	17.9	15.3	14.3	13.0	11.0	**-6.9**	**-2.0**

[1]Data are for calendar years (January–December of each year) for all areas except Detroit, where data for 2009–2011 and 2013 are calendar year, and 2012 data are fiscal year (October 2011 through September 2012).
[2]Treatment data for all years were not available for Chicago and Washington, DC. Data for 2013 were not available for Colorado, Los Angeles, New York City, and San Diego, although data for earlier years were presented in earlier reports. Data for 2013 for San Francisco were for San Francisco County only and are not comparable with 2011 and 2012 data, as they were for the five-county bay area. San Francisco data for 2011 and 2012 were not comparable with 2009 and 2010 data due to changes in reporting.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]Treatment data for Boston do not include admissions younger than 14; Phoenix treatment data do not include admissions younger than 18.
[5]Cincinnati data were not comparable over the period due to changes in reporting in 2010.
SOURCES: June 2014 State and local CEWG reports; *June 2013 Highlights and Executive Summary Volume I* CEWG report, p. 19; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 49; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p 80; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 59

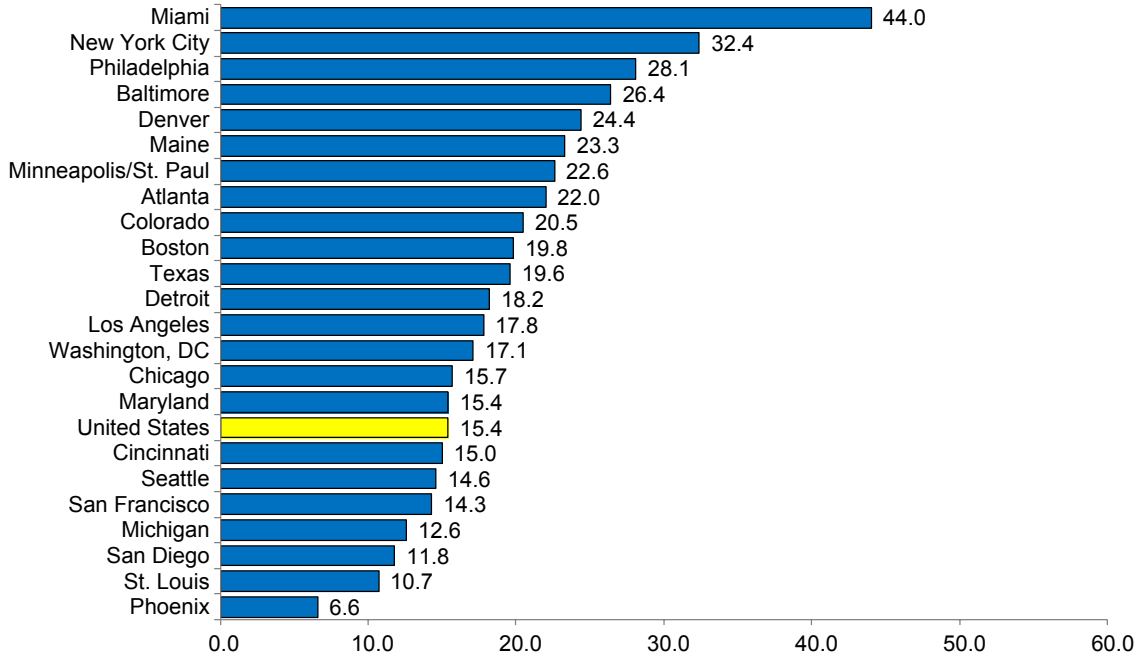
NFLIS Drug Reports:

- After marijuana/cannabis, the drug most frequently **ranked** first or second among total drug reports from drug items seized and identified in NFLIS forensic laboratories for **2013** was **cocaine/crack** (table 2). Of 23 CEWG reporting areas, cocaine/crack ranked first in percentage of total drug reports in 3 areas (Denver, Maine, and Miami) and second in 12 areas and in the United States. Areas in which cocaine ranked second in NFLIS drug reports in 2013 were Colorado and San Diego in the West; Detroit, Michigan, and Minneapolis/St. Paul in the Midwest; Boston, New York City, and Philadelphia in the Northeast; and Atlanta, Baltimore City, Maryland, and Washington, DC, in the South (table 2). The highest percentage of cocaine drug reports in 2013 was in Miami (44.0 percent), and the lowest was in Phoenix (6.6 percent) (figure 3; appendix table 3).

- Between **2012 and 2013**, cocaine drug report proportions fell in 13 of 23 areas and in the United States and rose slightly in 10 areas (figure 4, table 7).

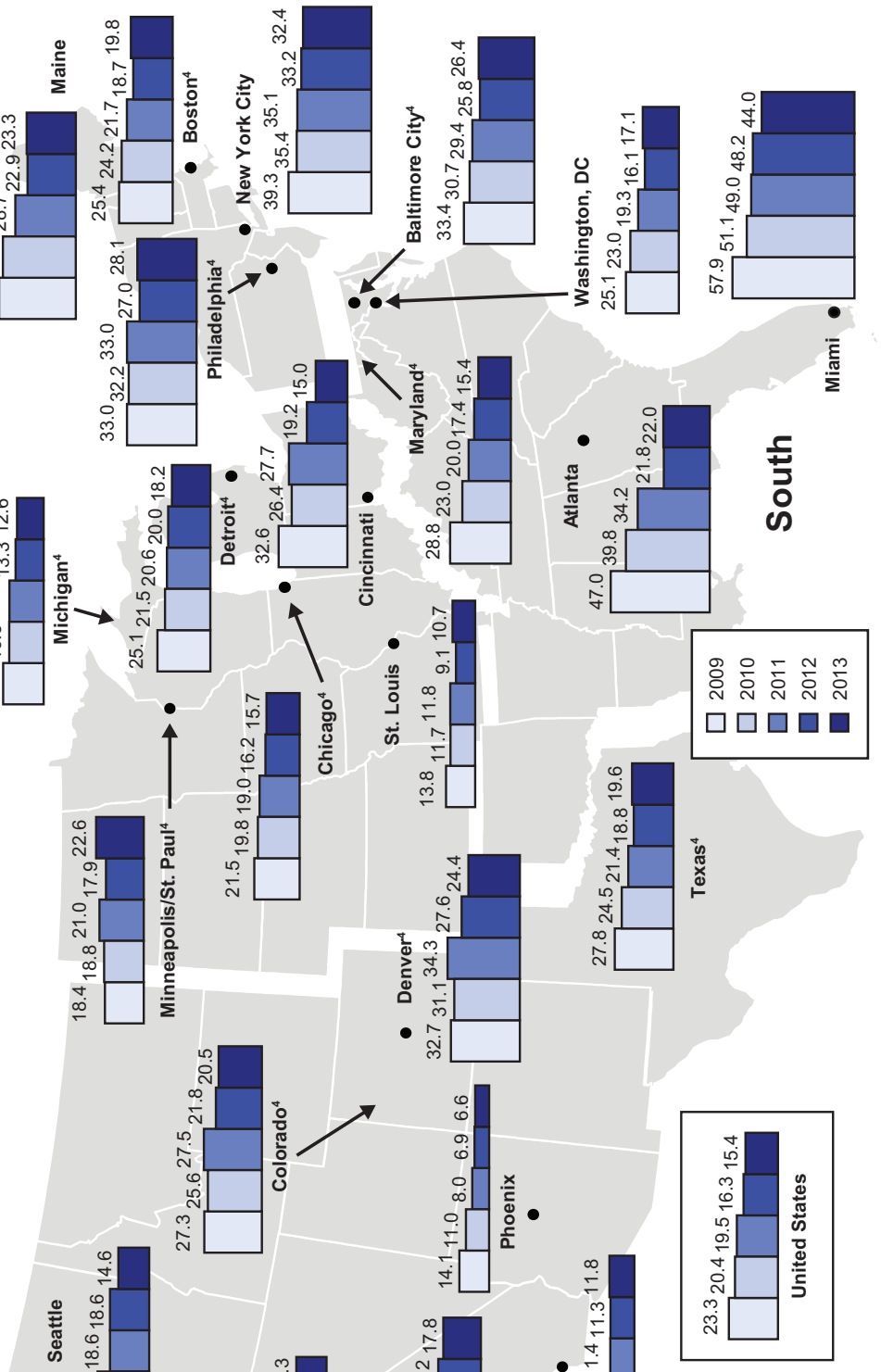
- More telling is the change from **2009 to 2013**, when all but 2 of the 23 areas reporting for the period showed downward trends, with cocaine drug reports only increasing in Minneapolis/St. Paul and San Diego (table 7; figure 4). The largest declines in the period were in Atlanta (25.0 percentage points) and Cincinnati (17.6 percentage points), with the lowest in Seattle (1.7 percentage points) (table 7).

Figure 3. Cocaine Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports,[1] in 23 CEWG Areas and the United States: 2013[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented area combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2013, January–December; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

Figure 4. Percentage of Cocaine Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, Each as a Percentage of Total Reports: 2009–2013[3]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Table 7. Percentage of Cocaine Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, as a Percentage of Total Reports and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[3]

CEWG Area[2]	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta	47.0	39.8	34.2	21.8	22.0	-25.0	+0.2
Baltimore City[4]	33.4	30.7	29.4	25.8	26.4	-7.0	+0.6
Boston[4]	25.4	24.2	21.7	18.7	19.8	-5.6	+1.1
Chicago[4]	21.5	19.8	19.0	16.2	15.7	-5.8	-0.5
Cincinnati	32.6	26.4	27.7	19.2	15.0	-17.6	-4.2
Colorado[4]	27.3	25.6	27.5	21.8	20.5	-6.8	-1.3
Denver[4]	32.7	31.1	34.3	27.6	24.4	-8.3	-3.2
Detroit[4]	25.1	21.5	20.6	20.0	18.2	-6.9	-1.8
Los Angeles	26.1	20.8	23.1	20.2	17.8	-8.3	-2.4
Maine	36.4	34.6	28.7	22.9	23.3	-13.1	+0.4
Maryland[4]	28.8	23.0	20.0	17.4	15.4	-13.4	-2.0
Miami	57.9	51.1	49.0	48.2	44.0	-13.9	-4.2
Michigan[4]	19.2	16.3	16.2	13.3	12.6	-6.6	-0.7
Minneapolis/St. Paul[4]	18.4	18.8	21.0	17.9	22.6	+4.2	+4.7
New York City	39.3	35.4	35.1	33.2	32.4	-6.9	-0.8
Philadelphia[4]	33.0	32.2	33.0	27.0	28.1	-4.9	+1.1
Phoenix	14.1	11.0	8.0	6.9	6.6	-7.5	-0.3
St. Louis	13.8	11.7	11.8	9.1	10.7	-3.1	+1.6
San Diego	9.0	8.4	11.4	11.3	11.8	+2.8	+0.5
San Francisco[4]	25.0	18.0	16.3	16.7	14.3	-10.7	-2.4
Seattle	16.3	24.5	18.6	18.6	14.6	-1.7	-4.0
Texas[4]	27.8	24.5	21.4	18.8	19.6	-8.2	+0.8
Washington, DC	25.1	23.0	19.3	16.1	17.1	-8.0	+1.0
United States	23.3	20.4	19.5	16.3	15.4	-7.9	-0.9

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Heroin

Sixteen of 19 CEWG area representatives reported stable or increasing heroin indicators for the 2013 reporting period, compared with 2012. Indicators, including mainly mortality, primary treatment admissions, and some law enforcement indicators, were observed as increasing in Atlanta, Baltimore City and Maryland, Boston, Cincinnati, Denver/Colorado, Maine, Minneapolis/St. Paul, New York City, San Francisco, Seattle, South Florida/Miami-Dade and Broward Counties, and Texas. Heroin levels were described as high relative to other drugs and indicators as relatively stable by area representatives from Chicago, Detroit, St. Louis, and San Diego. Heroin indicators were reported by area representatives as mixed (with some indicators decreasing, some stable, and some increasing) in two CEWG areas—Los Angeles and Phoenix. Trends for heroin were unclear in Philadelphia in this reporting period, according to the area representative. None of the 19 CEWG area representatives reported declining indicators for heroin for 2013.

- ***Western CEWG Region:*** Four of the six area representatives in the West, from **Denver/Colorado, San Francisco, Seattle,** and **Texas**, reported increasing indicators for heroin in 2013, compared with 2012. Numbers of primary heroin treatment admissions and proportions of heroin drug reports among drug items seized and analyzed by forensic laboratories increased from 2012 to 2013 in all four areas. The increase in heroin indicators was a key finding in three of these areas—San Francisco, Seattle, and Texas. Mixed heroin indicators (with some increasing, some decreasing, and some stable) were reported for 2013 by the representatives from **Los Angeles** and **Phoenix**. While the proportion of heroin drug reports among seized and analyzed drug items and the proportion of heroin and/or morphine detections among coroner toxicology cases increased in Los Angeles in 2013, compared with 2012, primary treatment admissions in the first half of 2013 showed a decline from the previous 3 years. While the proportion of primary heroin/morphine treatment episodes, the number of heroin/opioid-related hospital admissions, and the proportion of heroin drug reports among seized and analyzed drug items all increased in Phoenix in 2013, compared with 2012, the proportion of Arizona high school students who reported lifetime heroin use was relatively stable in 2013, compared with previous years.

- ***Midwestern Region:*** Heroin indicators were reported by the area representatives as high and increasing two of the five CEWG areas in the Midwest, in **Cincinnati** and **Minneapolis/St. Paul**. The increases in heroin indicators was a key finding for 2013 in both areas. The number of primary heroin treatment admissions, the number of heroin-related calls to poison control centers, and the proportion of drug reports identified as heroin among items analyzed in NFLIS laboratories all increased in both areas from 2012 to 2013. The Cincinnati area representative stated, “With persistent increases in abuse during 2013 and the previous 5 years, heroin was the number one illicit drug issue in Cincinnati in this reporting period, displacing both marijuana and cocaine.” Indicators for heroin were high relative to other drugs and stable in the other three CEWG midwestern areas—**Chicago, Detroit,** and **St. Louis**—according to the area representatives. The Detroit representative noted that while Detroit and Michigan have different drug use profiles, heroin is “a problem” across the State. The continuing high levels for heroin were reported as key findings for 2013 in Chicago and St. Louis.

- ***Northeastern Region:*** All four area representatives from the northeastern CEWG region reported either increasing or continuing high levels for heroin as a key finding for the 2013 reporting period. Two of the four area representatives in the Northeast—**Boston** and **Maine**—reported increasing heroin indicators. These included proportions of primary heroin treatment admissions, proportions of heroin-related deaths, numbers of arrests, and the proportion of drug reports among items seized and analyzed by NFLIS laboratories, which increased in both areas in the 2013 reporting period, compared with 2012 and previous reporting periods. Heroin levels continued to be high relative to other drugs in **New York City** and **Philadelphia**, according to the area representatives. Indicators for heroin were mixed in New York City, with some increasing, and some stable. Heroin trends were unclear in Philadelphia for this reporting period.

- ***Southern Region:*** Heroin indicators were reported as continuing to increase in all three CEWG areas in the southern region—**Baltimore/Maryland/Washington, DC; Atlanta;** and the **South Florida/Miami-Dade and Broward Counties** area. These increases in heroin indicators from 2012 to 2013, including proportions of primary heroin treatment admissions or enrollments and proportions of drug reports among items analyzed by NFLIS laboratories, were key findings for the 2013 reporting period in all three areas.

Other Highlights – Younger Heroin Users:

- Eight CEWG area representatives noted either increases in primary heroin treatment admissions for young adults (age 18–25) or high proportions of admissions for this age group compared with other age groups. A younger heroin user population was reported in treatment data in **Denver and Colorado, Detroit and Michigan, Los Angeles, Minneapolis/St. Paul, St. Louis, San Diego** (based on 2012 treatment data), **Seattle**, and **Texas**. The area representative from Chicago reported an increase in heroin use by young suburbanites as a key finding for 2013.

Other Highlights – Cross-Area Data Sources

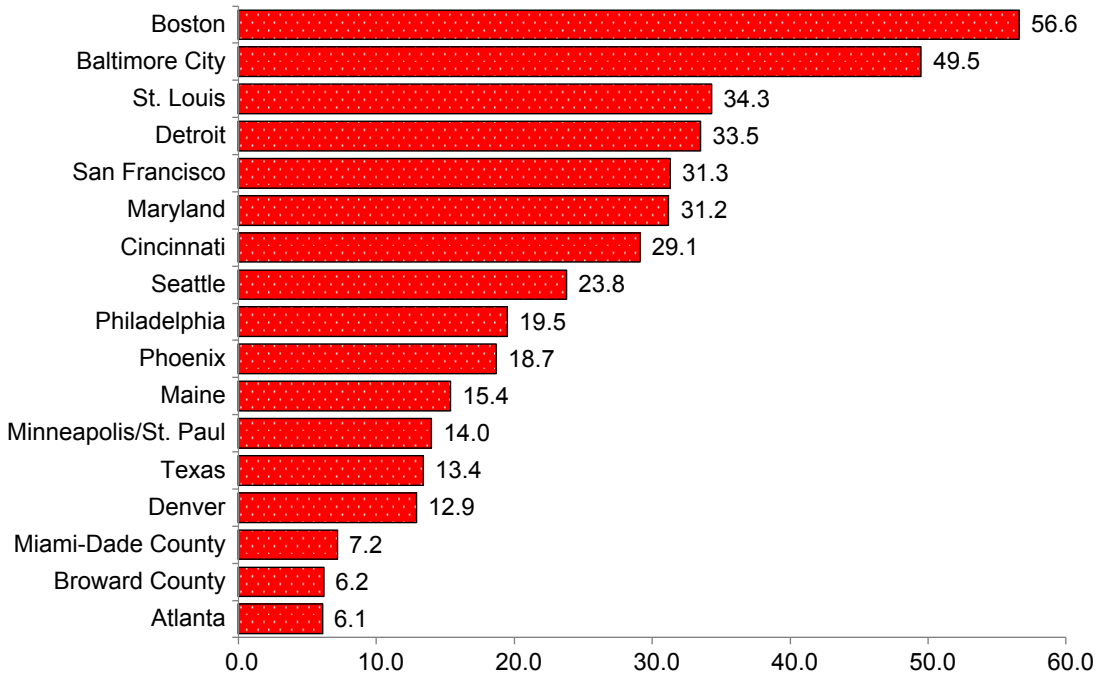
Treatment Admissions:

- Primary **heroin treatment admissions ranked** first in proportions of total treatment admissions in **2013** in 6 of 17 CEWG reporting areas—Baltimore City, Boston, Detroit, Maryland, St. Louis, and San Francisco—and they ranked second in 2 areas: Cincinnati and Seattle (table 1). Boston (56.6 percent) and Baltimore City (49.5 percent) had the highest proportions of primary heroin treatment admissions in 2013; Atlanta had the lowest, at 6.1 percent (table 8; figure 5).

- Injection was the most frequently reported **mode of heroin administration** in 12 of 16 reporting CEWG areas in **2013**. Proportions of heroin admissions injecting the drug ranged from 15.0 percent in Atlanta to 87.1 percent in South Florida/Broward County (table 9). Inhalation or intranasal use was the most frequent mode of heroin administration reported by heroin admissions in 2 of 17 areas: Baltimore City, at 57.0 percent, and Detroit, at 59.8 percent. However, this mode was relatively rarely reported among treatment admissions in Phoenix and Denver (at 3.8 and 4.3 percent, respectively). Smoking was reported by less than 2.0 percent of the heroin admissions in 9 of 16 CEWG areas reporting. Phoenix had the highest proportion of heroin treatment admissions whose primary mode of administration was smoking, at 28.1 percent (table 9).

- There were proportionally more **male** than female primary heroin admissions in 16 of 17 CEWG areas reporting in **2013** represented in table 10 (in all areas except Cincinnati). In 4 of 16 reporting CEWG areas, more than one-half of the primary heroin admissions in 2013 were **age 35 or older**, with the highest proportion in Detroit (89.2 percent) and the lowest in Maine (24.2 percent) (table 10).

Figure 5. Primary Heroin Treatment Admissions, as a Percentage of Total Treatment Admissions, in 17 CEWG Areas:[1] 2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as heroin.
[2]Data are for calendar year 2013 (January–December) for all areas.
SOURCES: June 2014 State and local CEWGreports

Table 8. Number of Primary Heroin Treatment Admissions in 17 CEWG Areas, as a Percentage of Total Substance Abuse Treatment Admissions, Including Primary Alcohol Admissions:[1] 2013[2]

CEWG Area	Number of Primary Heroin Admissions	Percentage of Total Admissions
Atlanta	548	6.1
Baltimore City	7,447	49.5
Boston[3]	8,690	56.6
Cincinnati	617	29.1
Denver	1,676	12.9
Detroit	2,412	33.5
Maine	2,035	15.4
Maryland	15,906	31.2
Minneapolis/St. Paul	3,063	14.0
Philadelphia	1,720	19.5
Phoenix[3,4]	1,668	18.7
St. Louis	4,465	34.3
San Francisco	3,468	31.3
Seattle	2,183	23.8
South Florida/Broward County	224	6.2
South Florida/Miami-Dade County	294	7.2
Texas	10,459	13.4

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2013 (January–December) for all areas.
[3]Treatment data for Boston do not include admissions younger than 14. Phoenix treatment data do not include admissions younger than 18.
[4]Heroin is combined with morphine in Phoenix treatment admissions data.
SOURCES: June 2014 State and local CEWG reports

Table 9. Numbers of Primary Route of Administration for Heroin Among Treatment Admissions in 16 CEWG Areas as a Percentage[1] of Primary Heroin Treatment Admissions: 2013[2]

CEWG Area[3]	Smoked		Inhaled		Injected		Oral/Other/ Unknown		Total *N*
	#	%	#	%	#	%	#	%	
Atlanta	103	18.8	37	6.8	82	15.0	326	59.5	548
Baltimore City	56	0.8	4,245	57.0	3,066	41.2	80	1.1	7,447
Boston[4]	49	0.6	1,169	13.5	7,392	85.1	79	0.9	8,690
Cincinnati	—	—	117	19.0	487	78.9	13	2.1	617
Denver	358	21.4	72	4.3	1,212	72.3	34	2.0	1,676
Detroit	22	0.9	1,442	59.8	947	39.3	1	0.0	2,412
Maine	20	1.0	352	17.3	1,594	78.3	69	3.4	2,035
Maryland	87	0.5	5,782	36.4	9,850	61.9	187	1.2	15,906
Minneapolis/St. Paul	NR[5]	8.1	NR[5]	26.6	NR[5]	64.4	NR[5]	0.8	3,063
Philadelphia	2	0.1	—	—	399	23.2	1,319	76.7	1,720
Phoenix[4, 6]	468	28.1	64	3.8	1,065	63.8	71	4.3	1,668
St. Louis	21	0.5	1,433	32.1	2,978	66.7	33	0.7	4,465
San Francisco	106	3.1	462	13.3	2,782	80.2	118	3.4	3,468
South Florida/ Broward County	3	1.3	25	11.2	195	87.1	1	0.4	224
South Florida/ Miami-Dade County	11	3.7	51	17.3	219	74.5	13	4.4	294
Texas	171	1.6	1,815	17.4	8,287	79.2	186	1.8	10,459

[1]Percentages may not sum to 100 due to rounding.
[2]Data are for calendar year 2013 (January–December) for all areas.
[3]Route of administration data were not available for Seattle.
[4]Treatment data for Boston do not include admissions younger than 14; Phoenix treatment data do not include admissions younger than 18.
[5]NR=Not reported.
[6]Heroin is combined with morphine in Phoenix treatment admissions data.
SOURCES: June 2014 State and local CEWG reports

Table 10. Demographic Characteristics of Primary Heroin Treatment Admissions in 17 CEWG Areas, as a Percentage[1] of Primary Heroin Admissions: 2013[2]

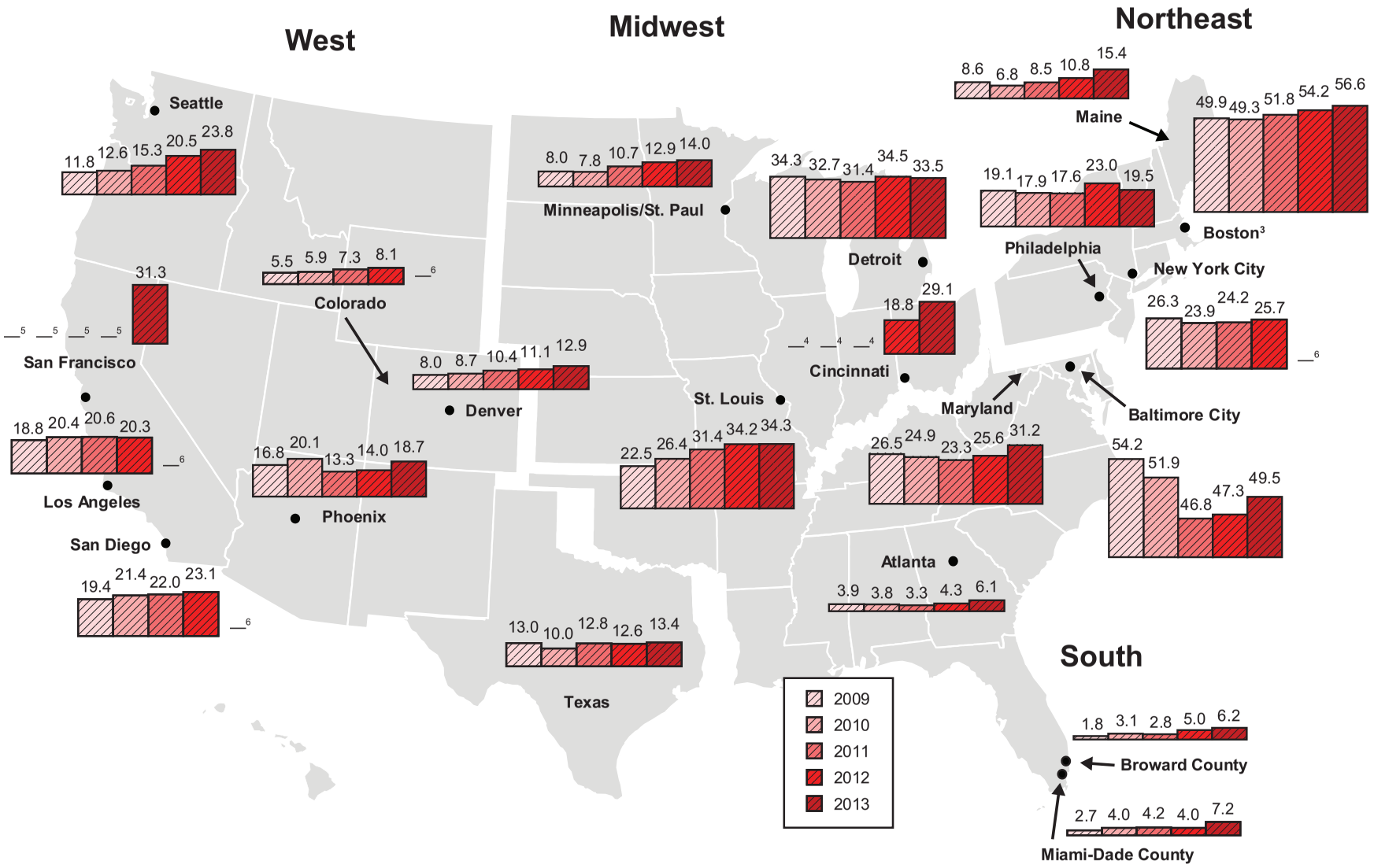
CEWG Area	Gender[3]		Age Group	
	Male	Female	Younger Than 26	35 and Older
Atlanta	58.0	42.0	30.8	34.3
Baltimore City	66.7	33.3	5.6	83.3
Boston[4]	74.4	25.4	15.7	46.4
Cincinnati	48.8	51.2	19.9[5]	32.3
Denver	64.4	35.6	42.6	28.3
Detroit	64.6	35.4	2.6	89.2
Maine	54.2	45.8	27.0	24.2
Maryland	62.9	37.1	26.9	50.3
Minneapolis/St. Paul	65.0	35.0	41.2	31.8
Philadelphia	72.4	27.6	12.7	43.4
Phoenix[4,6]	58.0	42.0	33.4	28.1
St. Louis	60.7	39.3	20.4	38.6
San Francisco	66.2	33.7	5.3	77.8
Seattle	57.7	42.3	22.3	36.6[7]
South Florida/Broward County	68.8	31.3	16.1	46.4
South Florida/Miami-Dade County	68.7	31.3	13.3	47.6
Texas	60.7	39.3	NR[8]	NR[8]

[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2013 (January–December) for all areas.
[3]Percentages may not add to 100 percent due to the presence of unknown gender.
[4]Treatment data for Boston do not include admissions younger than 14; data for Phoenix do not include admissions younger than 18.
[5]Treatment admissions in Cincinnati are younger than 25.
[6]Heroin is combined with morphine in Phoenix treatment admissions data.
[7]Data from Seattle are for clients age 40 and older.
[8]NR=Not reported.
SOURCES: June 2014 State and local CEWG reports

- From **2012 to 2013**, proportions of primary heroin treatment admissions rose in 14 of 16 CEWG reporting areas and fell in 2 areas (Detroit and Philadelphia). The largest increase in heroin admission percentages was in Cincinnati, at 10.3 percentage points, between 2012 and 2013 (table 11; figure 6).

- Thirteen of 15 reporting areas with 5 years of available data showed percentage-point increases in proportions of primary heroin treatment admissions from **2009 to 2013**. The largest increases were observed for Seattle (with a 12.0-percentage-point increase) and St. Louis (with an 11.8-percentage-point increase). Two areas showed declines in percentages of heroin admissions from 2009 to 2013—Baltimore City, with the larger decline (at 4.7 percentage points) and Detroit (with a 0.8-percentage-point decline) (table 11; figure 6).

Figure 6. Primary Heroin Treatment Admissions as a Percentage of Total Treatment Admissions in 21 CEWG Areas in 4 U.S. Regions:[1] 2009–2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as heroin (see appendix table 2 for more information on geographic coverage and completeness of these data). Treatment data for all years were not available for Chicago and Washington, DC.

[2]Data are for calendar years (January–December for each year) from 2009 to 2013 for all areas except Detroit, where data are for calendar years for all years except 2012, which are fiscal year data (October 2011 through September 2012).

[3]Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.

[4]Noncomparability of data precludes inclusion of data for years prior to 2012 for Cincinnati.

[5]San Francisco data were not comparable over the period due to changes in reporting in 2010. Data for 2011 and 2012 are not included here, as they were for the five-county bay area instead of for San Francisco County. Data for San Francisco for 2013 were for San Francisco County only.

[6]Primary treatment admissions data were not available for 2013 for Colorado, Los Angeles, New York City, and San Diego.

SOURCES: State and local CEWG reports, June 2009–2013 meetings

Table 11. Primary Heroin Treatment Admissions in 16 CEWG Areas, as a Percentage of Total Admissions, Including Primary Alcohol Admissions, and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[1]

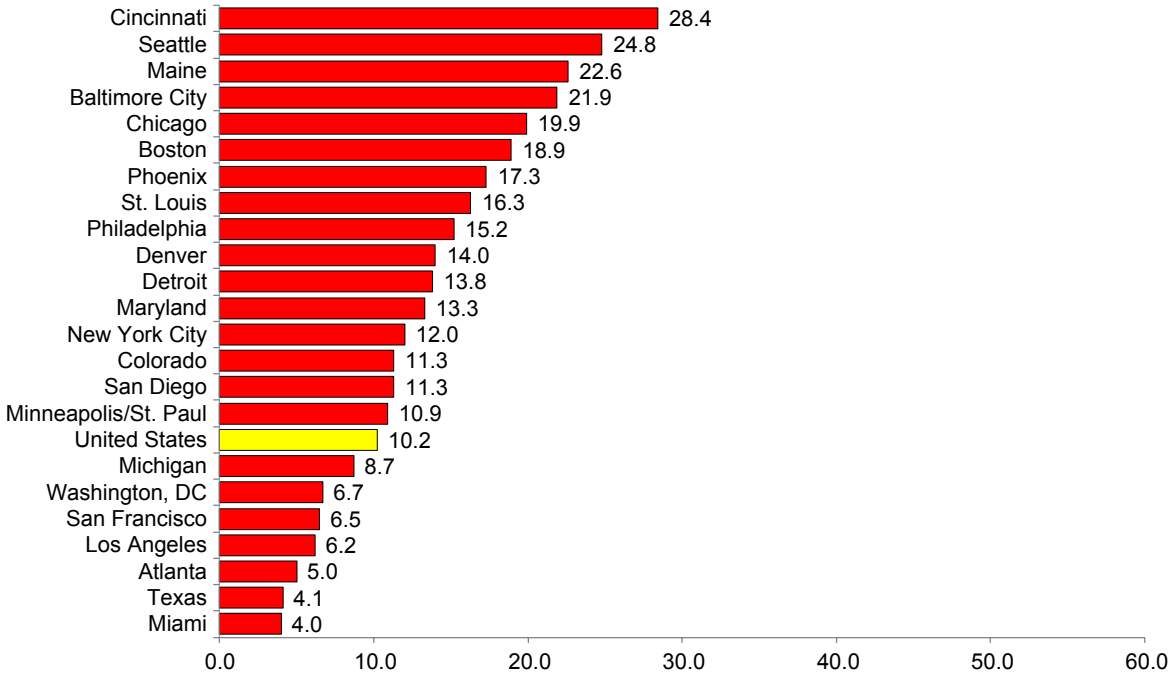
CEWG Area[2]	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta[3]	3.9	3.8	3.3	4.3	6.1	+2.2	+1.8
Baltimore City[3]	54.2	51.9	46.8	47.3	49.5	-4.7	+2.2
Boston[3,4]	49.9	49.3	51.8	54.2	56.6	+6.7	+2.4
Cincinnati[5]	—[5]	—[5]	—[5]	18.8	29.1	—[5]	+10.3
Denver	8.0	8.7	10.4	11.1	12.9	+4.9	+1.8
Detroit	34.3	32.7	31.4	34.5	33.5	-0.8	-1.0
Maine	8.6	6.8	8.5	10.8	15.4	+6.8	+4.6
Maryland[3]	26.5	24.9	23.3	25.6	31.2	+4.7	+5.6
Minneapolis/St. Paul	8.0	7.8	10.7	12.9	14.0	+6.0	+1.1
Philadelphia[3]	19.1	17.9	17.6	23.0	19.5	+0.4	-3.5
Phoenix[4]	16.8	20.1	13.3	14.0	18.7	+1.9	+4.7
St. Louis	22.5	26.4	31.4	34.2	34.3	+11.8	+0.1
Seattle	11.8	12.6	15.3	20.5	23.8	+12.0	+3.3
South Florida/ Broward County	1.8	3.1	2.8	5.0	6.2	+4.4	+1.2
South Florida/ Miami-Dade County	2.7	4.0	4.2	4.0	7.2	+4.5	+3.2
Texas[3]	13.0	10.0	12.8	12.6	13.4	+0.4	+0.8

[1]Data are for calendar years (January–December of each year) data for all areas except Detroit, where data for 2008–2011 are calendar year, and 2012 data are fiscal year (October 2011 through September 2012).
[2]Treatment data for all years were not available for Chicago and Washington, DC. Data for 2013 were not available for Colorado, Los Angeles, New York City, and San Diego, although data for earlier years were presented in earlier reports. Data for 2013 for San Francisco were for San Francisco County only and are not comparable with 2011 and 2012 data, as they were for the five-county bay area. San Francisco data for 2011 and 2012 were not comparable with 2009 and 2010 data due to changes in reporting.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]Treatment data for Boston do not include admissions younger than 14. Phoenix treatment admissions do not include data for those younger than 18.
[5]Noncomparability of data precludes inclusion in this table of data for years prior to 2012 for Cincinnati.
SOURCES: June 2014 State and local CEWG reports; *June 2013 Highlights and Executive Summary Volume I* CEWG report, p. 31; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 56; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 87; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 66

NFLIS Drug Reports:

- **Heroin ranked** as the most frequently identified drug reported am-ong drug items seized and analyzed in NFLIS forensic laboratories in **2013** in 1 of 23 CEWG areas (Seattle), and it ranked second among NFLIS drug reports in 4 areas (Chicago, Cincinnati, Maine, and St. Louis) (table 2). The highest proportions of heroin seizures were reported in 2013 in Cincinnati (28.4 percent), Seattle (24.8 percent), and Maine (22.6 percent). The lowest was in Miami (4.0 percent) (figure 7; appendix table 3).

Figure 7. Heroin Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports,[1] in 23 CEWG Areas and the United States: 2013[2]

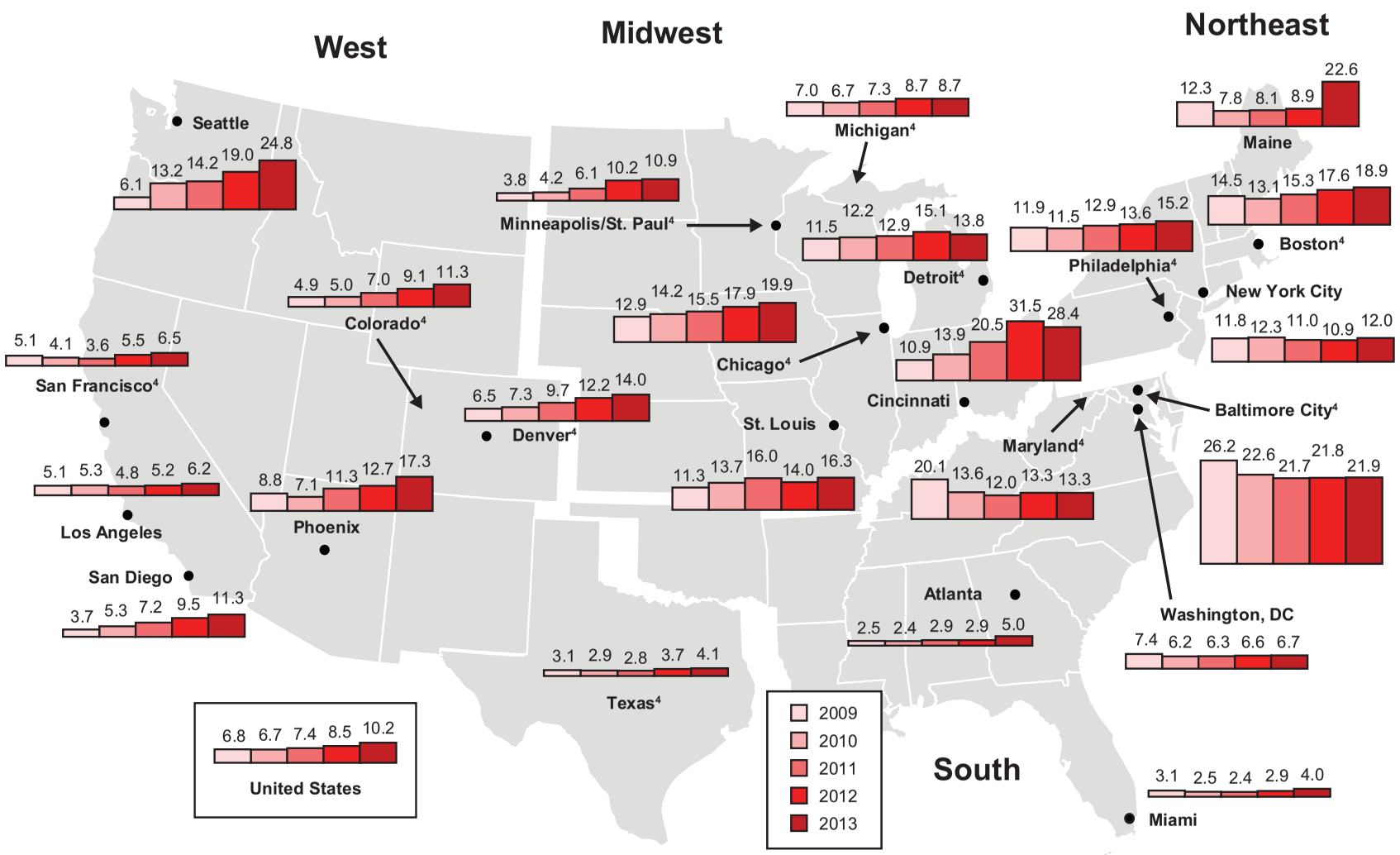


[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2013, January–December; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May12, 2014; data for the United States were retrieved on May 13, 2014

- Among the 23 CEWG areas shown in table 12 and figure 8, 19 areas and the United States showed increases in heroin drug reports between **2012 and 2013**, with Maine showing the largest increase (13.7 percentage points). Two areas (Cincinnati and Detroit) showed declines, and in two areas (Maryland and Michigan), proportions of heroin drug reports were approximately the same in both years.

- In 20 of 23 CEWG areas and in the United States, proportions of heroin drug reports increased from **2009 to 2013**, with the largest increases shown in table 12 and figure 8 for Seattle and Cincinnati, at 18.7 and 17.5 percentage points, respectively. Heroin drug reports decreased in three areas—Baltimore City, Maryland, and Washington, DC, over the period.

Figure 8. Percentage of Heroin Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, Each as a Percentage of Total Reports: 2009–2013[3]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Table 12. Percentage of Heroin Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, as a Percentage of Total Reports and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[3]

CEWG Area	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta	2.5	2.4	2.9	2.9	5.0	+2.5	+2.1
Baltimore City[4]	26.2	22.6	21.7	21.8	21.9	-4.3	+0.1
Boston[4]	14.5	13.1	15.3	17.6	18.9	+4.4	+1.3
Chicago[4]	12.9	14.2	15.5	17.9	19.9	+7.0	+2.0
Cincinnati	10.9	13.9	20.5	31.5	28.4	+17.5	-3.1
Colorado[4]	4.9	5.0	7.0	9.1	11.3	+6.4	+2.2
Denver[4]	6.5	7.3	9.7	12.2	14.0	+7.5	+1.8
Detroit[4]	11.5	12.2	12.9	15.1	13.8	+2.3	-1.3
Los Angeles	5.1	5.3	4.8	5.2	6.2	+1.1	+1.0
Maine	12.3	7.8	8.1	8.9	22.6	+10.3	+13.7
Maryland[4]	20.1	13.6	12.0	13.3	13.3	-6.8	0.0
Miami	3.1	2.5	2.4	2.9	4.0	+0.9	+1.1
Michigan[4]	7.0	6.7	7.3	8.7	8.7	+1.7	0.0
Minneapolis/St. Paul[4]	3.8	4.2	6.1	10.2	10.9	+7.1	+0.7
New York City	11.8	12.3	11.0	10.9	12.0	+0.2	+1.1
Philadelphia[4]	11.9	11.5	12.9	13.6	15.2	+3.3	+1.6
Phoenix	8.8	7.1	11.3	12.7	17.3	+8.5	+4.6
St. Louis	11.3	13.7	16.0	14.0	16.3	+5.0	+2.3
San Diego	3.7	5.3	7.2	9.5	11.3	+7.6	+1.8
San Francisco[4]	5.1	4.1	3.6	5.5	6.5	+1.4	+1.0
Seattle	6.1	13.2	14.2	19.0	24.8	+18.7	+5.8
Texas[4]	3.1	2.9	2.8	3.7	4.1	+1.0	+0.4
Washington, DC	7.4	6.2	6.3	6.6	6.7	-0.7	+0.1
United States	6.8	6.7	7.4	8.5	10.2	+3.4	+1.7

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Prescription Opioids

Increasing indicators for prescription opioids/opiates other than heroin (referred to throughout as prescription opioids) were reported in 4 of 19 CEWG areas in the 2013 reporting period: Chicago, Phoenix, Minneapolis/St. Paul, and San Francisco. Stable indicators were reported in another 3 of the 19 areas (Cincinnati, Detroit, and San Diego), while indicators were mixed (with some increasing, some decreasing, and some stable) in Atlanta; the Baltimore/Maryland/Washington, DC, area; Boston; Denver and Colorado; Los Angeles; New York City; St. Louis; Seattle; and the South Florida/Miami-Dade and Broward Counties area. Two area representatives—Maine and Texas—reported decreasing indicators from 2012 to 2013 for prescription opioids. The area representative from Philadelphia reported that trends for prescription opioids were unclear for 2013. Hydrocodone and oxycodone continued to be the prescription opioids appearing most frequently in NFLIS and other indicator data in 2013, but buprenorphine, carisoprodol, methadone, and fentanyl also continued to be reported by area representatives in several CEWG areas.

- ***Western Region:*** Two of the seven western CEWG area representatives, from **Phoenix** and **San Francisco**, reported increasing indicators for prescription opioids in 2013, when compared with 2012. These increases were noted by these CEWG representatives as a key finding for the 2013 reporting period. Stable indicators from 2012 to 2013 for prescription opioids were reported by the area representative from **San Diego**. Indicators for prescription opioids were reported as mixed (with some increasing, some decreasing, and some stable) for the 2013 reporting period in the **Denver/Colorado, Los Angeles,** and **Seattle** areas. In Denver and Colorado, where most indicators were relatively stable, the proportion of prescription opioid-related deaths and the rate of hospital discharges related to those drugs increased in 2013, compared with 2012. A "local concern about the misuse of prescription opioids" was a key finding for 2013 according to the Los Angeles representative. The area representative from Seattle reported mostly decreasing indicators for prescription opioids in 2013, compared with 2012; however, the number of deaths in which a pharmaceutical opioid was identified increased slightly in that area from 2012 to 2013. The area representative from **Texas** continued to report declining indicators for prescription opioids. However, she reported that the abuse of codeine cough syrup and products that imitate codeine cough syrup continued in the State, along with the ongoing popularity of the drug combination of hydrocodone, alprazolam, and carisoprodol, which is called the "Houston Cocktail."

- ***Midwestern Region:*** Two area representatives from the Midwest, **Chicago** and **Minneapolis/St. Paul**, reported increasing indicators for prescription opioids/opiates other than heroin for the current reporting period. Numbers of primary treatment admissions for other opiates increased in 2013, compared with 2012, in Minneapolis/St. Paul and in Chicago, in FY 2012, compared with previous reporting periods. According to the Minneapolis/St. Paul area representative, "Adverse consequences related to heroin and other opiates continued to escalate in the Twin Cities in 2013." High and stable indicators for prescription opioids/opiates other than heroin in 2013, compared with 2012, were reported by the area representatives from **Cincinnati** and **Detroit**. In **St. Louis**, indicators for prescription opioids/opiates other than heroin were mixed in 2013, compared with 2012, according to the area representative. She noted the wide availability throughout the State (and increasing proportions of NFLIS reports for oxycodone and hydrocodone among analyzed drugs in 2013, compared with 2012) and the high incidence of other opiates involved in polydrug deaths. A "renewed attention to prescription opioids" in the area was a key finding for St. Louis for 2013, according to the area representative.

- ***Northeastern Region:*** Three of the four area representatives in the Northeast reported mixed indicators for prescription opioids in 2013. Indicators were high relative to other drugs and mixed in **New York City** and **Maine**, and levels were moderate with mixed indicators In **Boston**. Proportions of primary heroin treatment admissions for prescription opioids declined in 2013, compared with 2012, in Boston and Maine. Mortality indicators in New York City (rates per 100,000 population) increased in this reporting period, while the number of prescription-opioid-related deaths reached a high plateau in Maine. The Maine area representative reported, however, that, "Pharmaceutical opiate/opioid misuse in Maine remained very high in 2013 and early 2014 indicators," and the New York City representative cited the continuing predominance of indicators and serious consequences of opioid analgesics as a key finding for 2013. The **Philadelphia** area representative reported that trend levels in prescription opioids in that area were unclear in this reporting period.

- ***Southern Region:*** Mixed indicators were reported for 2013 in all of the CEWG areas in the Southern region—**Atlanta, Baltimore/Maryland/Washington, DC,** and the **South Florida/Miami-Dade and Broward Counties** area. While the CEWG representative from the South Florida/Miami-Dade and Broward Counties area reported that "The nonmedical use of prescription opioids continued as Florida's most deadly and addictive drug problem," and primary treatment admissions for these drugs increased from 2012 to 2013, new laws in the State of Florida that took effect in 2010 resulted in the decline in some indicators in 2013, compared with 2012. These declining indicators included the number of deaths related to prescription opioids in Broward County and proportions of prescription opioid drug reports among items seized and analyzed in forensic laboratories in the Miami MSA. In the Baltimore/Maryland/Washington, DC, area, the number of primary treatment enrollments for prescription opioids/opiates other than heroin increased in 2013 from 2012 in Baltimore City but declined in 2013 in Maryland. Other indicators, such as numbers of opioid-related intoxication deaths, were similarly reported as mixed across the area. The Atlanta area representative noted that indicator levels for oxycodone and hydrocodone were low relative to other drugs in 2013, and most indicators were mixed, with some showing increases in 2013, compared with 2012, and some declining in that time period.

Other Highlights – Cross-Area Data Sources:

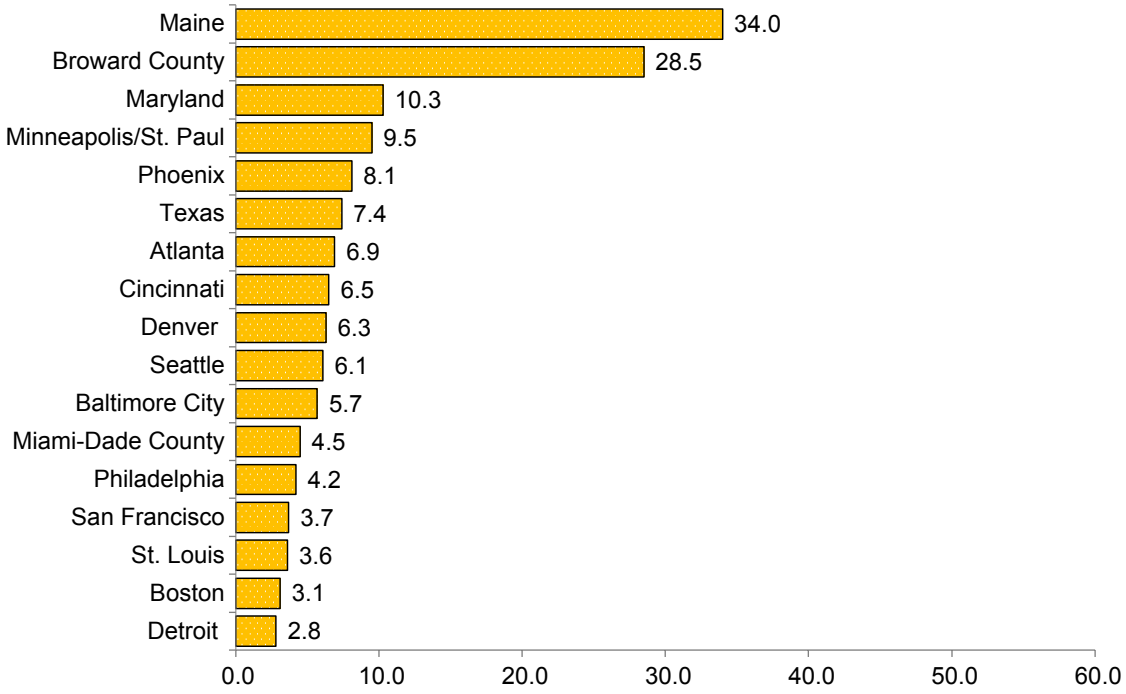
Treatment Admissions:

- Primary treatment admissions for prescription opioids **ranked** first in proportions of total substance abuse treatment admissions in 1 of the 17 CEWG areas with data for 2013; that area was Maine (table 1). Maine had the highest percentage of 2013 treatment admissions with the primary substance abuse problem of prescription opioids, at 34.0 percent, while Detroit had the lowest, at 2.8 percent (table 13; figure 9).

- ***Gender of Treatment Admissions for Prescription Opioids.*** A majority of primary admissions for prescription opioids were **male** in 10 of 17 reporting CEWG areas, with the highest male percentage in Philadelphia (66.8 percent). However, **females** predominated slightly over males in Atlanta, Cincinnati, Denver, Detroit, Phoenix, Seattle, and Texas among treatment admissions for prescription opioids (table 14).

- ***Age of Treatment Admissions for Prescription Opioids.*** Only 1 of 16 CEWG areas reported a majority of treatment admissions for primary prescription opioids in the **oldest age group (age 35 or older)**, San Francisco, at 63.3 percent. Clients **age 25 and younger** were more highly represented among admissions for prescription opioids in Maryland (35.9 percent) than in other CEWG areas (table 14).

Figure 9. Primary Treatment Admissions for Prescription Opioids, as a Percentage of Total Treatment Admissions, in 17 CEWG Areas:[1] 2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as prescription opioids (piates/opioids other than heroin).
[2]Data are for calendar year 2013 (January– December) for all areas.
SOURCES: June 2014 State and local CEWG reports

Table 13. Number of Primary Treatment Admissions for Prescription Opioids in 17 CEWG Areas, as a Percentage of Total Substance Abuse Admissions, Including Primary Alcohol Admissions:[1] 2013[2]

CEWG Area	Primary Prescription Opioid Admissions	Percentage of Total Admissions
	#	%
Atlanta	619	6.9
Baltimore City	864	5.7
Boston[3]	478	3.1
Cincinnati	138	6.5
Denver	816	6.3
Detroit	202	2.8
Maine	4,509	34.0
Maryland	5,270	10.3
Minneapolis/St. Paul	2,081	9.5
Philadelphia	370	4.2
Phoenix[3]	717	8.1
St. Louis	474	3.6
San Francisco	406	3.7
Seattle	556	6.1
South Florida/Broward County	1,030	28.5
South Florida/Miami-Dade County	181	4.5
Texas	5,819	7.4

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2013 (January–December) for all areas.
[3]Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
SOURCES: June 2014 State and local CEWG reports

Table 14. Demographic Characteristics of Primary Treatment Admissions for Prescription Opioids in 17 CEWG Areas, as a Percentage[1] of Primary Admissions for Prescription Opioids: 2013[2]

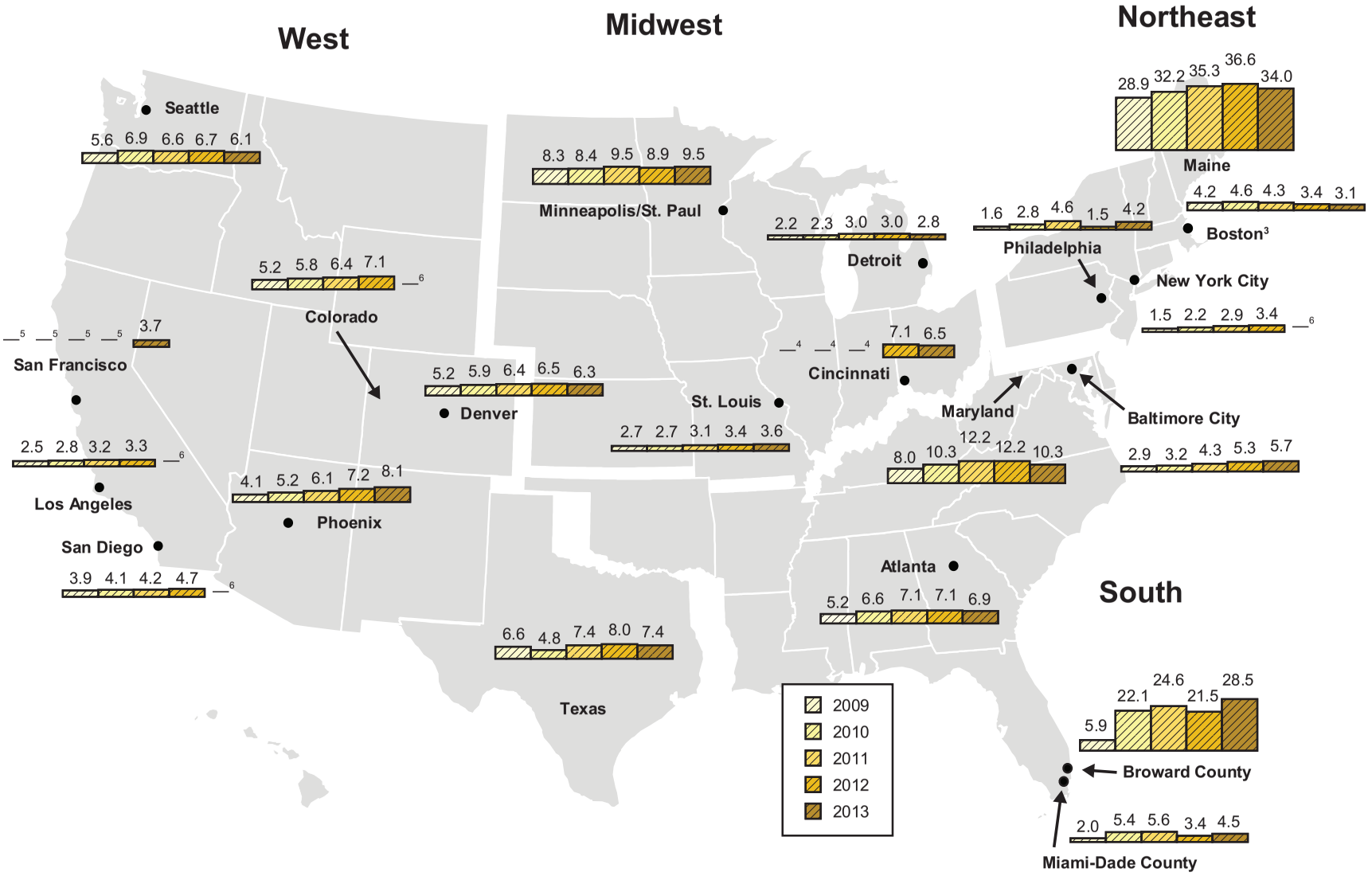
CEWG Area	Gender[3]		Age Group	
	Male	Female	Younger Than 26	35 and Older
Atlanta	49.8	50.2	27.0	33.8
Baltimore City	53.0	47.0	27.4	40.5
Boston[4]	65.1	34.5	16.3	44.6
Cincinnati	47.1	52.9	16.7[5]	43.5
Denver	48.9	51.1	21.1	37.4
Detroit	45.0	55.0	21.3	44.1
Maine	51.0	49.0	22.1	32.2
Maryland	53.7	46.3	35.9	27.5
Minneapolis/St. Paul	50.2	49.8	26.4	39.9
Philadelphia	66.8	33.2	9.7	48.6
Phoenix[4]	43.9	56.1	13.5	40.3
St. Louis	54.4	45.6	23.0	36.9
San Francisco	65.5	34.0	7.6	63.3
Seattle	40.3	59.7	22.5	26.8[6]
South Florida/ Broward County	59.0	41.0	20.5	35.0
South Florida/ Miami-Dade County	54.7	45.3	24.9	35.4
Texas	38.7	61.3	NR[7]	NR[7]

[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2013 (January–December) for all areas.
[3]Percentages may not add to 100 percent due to the presence of unknown gender.
[4]Treatment data for Boston do not include admissions younger than 14. Phoenix treatment data exclude admissions younger than 18.
[5]Treatment admissions in Cincinnati are younger than 25.
[6]Data from Seattle are for clients age 40 and older.
[7]NR=Not reported.
SOURCES: June 2014 State and local CEWG reports

- In the 16 CEWG reporting areas with data for **2012 and 2013** on prescription opioid treatment admissions, declines in proportions of these admissions were noted for nine areas (Atlanta, Boston, Cincinnati, Denver, Detroit, Maine, Maryland, Seattle, and Texas). The majority of these areas showed declines of less than 1.0 percentage point, with the exception of Maine and Maryland, for which respective declines of 2.6 and 1.9 percentage points are observed. In 7 areas—Baltimore City, Minneapolis/St. Paul, Philadelphia, Phoenix, St. Louis, and the South Florida Counties of Broward and Miami-Dade, proportions of primary treatment admissions for prescription opioids increased in the 2 years, with the largest increase for Broward County, at 7.0 percentage points (table 15; figure 10).

- From **2009 to 2013**, increases were noted in prescription opioid treatment admissions in all but 1 of 15 reporting areas, Boston, where they declined by 1.1 percentage points. The largest increase was observed for Broward County, at 22.6 percentage points (table 15; figure10).

Figure 10. Primary Prescription Opioids/Opiates Other Than Heroin Treatment Admissions as a Percentage of Total Treatment Admissions in 21 CEWG Areas in 4 U.S. Regions:[1] 2009–2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as prescription opioids/opiates other than heroin (see appendix table 2 for more information on geographic coverage and completeness of these data). Treatment data for all years were not available for Chicago and Washington, DC.

[2]Data are for calendar years (January–December for each year) from 2009 to 2013 for all areas except Detroit, where data are for calendar years for all years except 2012, which are fiscal year data (October 2011 through September 2012).

[3]Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.

[4]In Cincinnati, data prior to 2012 did not allow heroin and other opiate admissions to be distinguished and are therefore not reported here.

[5]San Francisco data were not comparable over the period due to changes in reporting in 2010. Data for 2011 and 2012 are not included here, as they were for the five-county bay area instead of San Francisco County. Data for San Francisco for 2013 were for San Francisco County only.

[6]Primary treatment admissions data were not available for 2013 for Colorado, Los Angeles, New York City, and San Diego.

SOURCES: State and local CEWG reports, June 2009–2013 meetings

Table 15. Treatment Admissions with a Primary Substance Abuse Problem With Prescription Opioids in 16 CEWG Areas, as a Percentage of Total Admissions, Including Primary Alcohol Admissions, and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[1]

CEWG Area[2]	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta[3]	5.2	6.6	7.1	7.1	6.9	+1.7	-0.2
Baltimore City[3]	2.9	3.2	4.3	5.3	5.7	+2.8	+0.4
Boston[3,4]	4.2	4.6	4.5	3.4	3.1	-1.1	-0.3
Cincinnati[5]	—[5]	—[5]	—[5]	7.1	6.5	—[5]	-0.6
Denver	5.2	5.9	6.4	6.5	6.3	+1.1	-0.2
Detroit	2.2	2.3	3.0	3.0	2.8	+0.6	-0.2
Maine	28.9	32.2	35.3	36.6	34.0	+5.1	-2.6
Maryland[3]	8.0	10.3	12.2	12.2	10.3	+2.3	-1.9
Minneapolis/St. Paul	8.3	8.4	9.5	8.9	9.5	+1.2	+0.6
Philadelphia[4]	1.6	2.8	4.6	1.5	4.2	+2.6	+2.7
Phoenix[4]	4.1	5.2	6.1	7.2	8.1	+4.0	+0.9
St. Louis	2.7	2.7	3.1	3.4	3.6	+0.9	+0.2
Seattle	5.6	6.9	6.6	6.7	6.1	+0.5	-0.6
South Florida/ Broward County	5.9	22.1	24.6	21.5	28.5	+22.6	+7.0
South Florida/ Miami-Dade	2.0	5.4	5.6	3.4	4.5	+2.5	+1.1
Texas[3]	6.6	4.8	7.4	8.0	7.4	+0.8	-0.6

[1]Data are for calendar years (January–December of each year) for all areas except Detroit, where data for 2008–2011 and 2013 are calendar year, and 2012 data are fiscal year (October 2011 through 2012).
[2]Treatment data for all years were not available for Chicago and Washington, DC. Data for 2013 were not available for Colorado, Los Angeles, New York City, and San Diego, although data for earlier years were presented in earlier reports. Data for 2013 for San Francisco were for San Francisco County only and are not comparable with 2011 and 2012 data, as they were for the five-county bay area. San Francisco data for 2011 and 2012 were not comparable with 2009 and 2010 data due to changes in reporting.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
[5]In Cincinnati, data prior to 2012 did not allow heroin and other opiate admissions to be distinguished and are therefore not reported.
SOURCES: June 2014 State and local CEWG reports; *June 2013 Highlights and Executive Summary Volume I* CEWG report, p. 46; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 61; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 92; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 73

NFLIS Drug Reports:

- Of the drug reports identified as containing **prescription opioids** among drug items seized and analyzed by forensic laboratories across CEWG areas in **2013**, oxycodone and hydrocodone were the two most frequently reported in most areas. However, only oxycodone accounted for more than 10 percent of total drug reports and only in one area (Maine); in most areas (21 of 23 areas for oxycodone and all 23 areas for hydrocodone), these drug reports accounted for less than 5.0 percent of total drug reports in 2013 (table 16; appendix table 3).

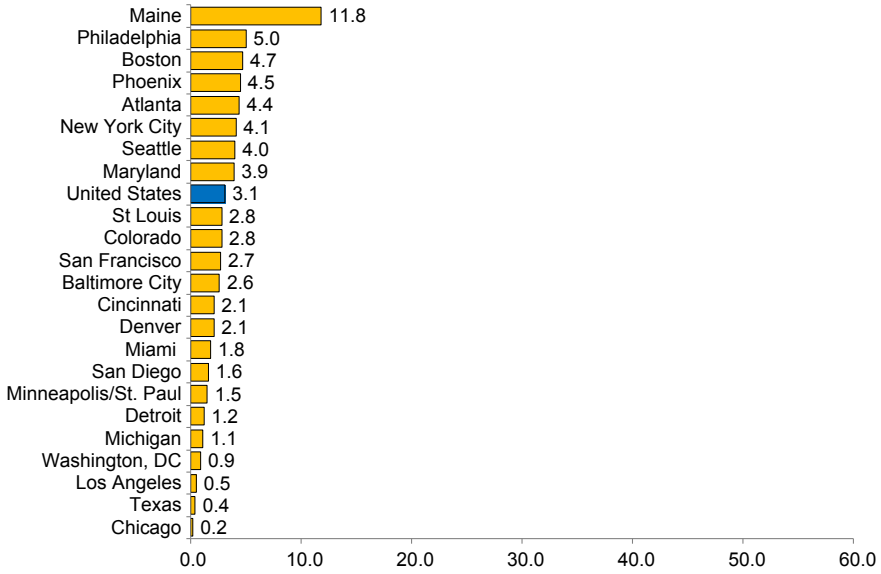
- **Oxycodone** did not **rank** first or second among total drug reports in **2013** in NFLIS forensic laboratory data in any CEWG area. The drug ranked third in Maine, where 11.8 percent of drug reports among drug items seized and analyzed were identified as oxycodone in 2013 (table 16; figure 11).
- **Hydrocodone** did not **rank** among the top 2 drug reports in any of the 23 CEWG areas in **2013** (table 2; appendix table 3). The highest percentage of hydrocodone drug reports was in Detroit, at 4.3 percent; the lowest percentage was in Baltimore City and Washington, DC, at 0.2 percent (table 16; figure 12).

Table 16. Selected Narcotic Analgesic Reports[1] Identified by Forensic Laboratories in 23 CEWG Areas and the United States, by Number and Percentage of Total Reports Identified: 2013[2]

CEWG Area	Oxycodone		Hydrocodone		Buprenorphine		Methadone		Morphine		Codeine		Fentanyl		Total Reports
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Atlanta	713	4.4	565	3.5	44	0.3	96	0.6	94	0.6	53	0.3	5	0.0	16,310
Baltimore City	780	2.6	67	0.2	389	1.3	103	0.3	44	0.1	32	0.1	15	0.1	29,852
Boston	409	4.7	34	0.4	201	2.3	25	0.3	15	0.2	2	0.0	5	0.1	8,729
Chicago	116	0.2	625	0.9	71	0.1	137	0.2	65	0.1	166	0.2	1	0.0	67,870
Cincinnati	273	2.1	114	0.9	77	0.6	36	0.3	32	0.2	24	0.2	5	0.0	12,817
Colorado	400	2.8	155	1.1	34	0.2	35	0.2	82	0.6	6	0.0	8	0.1	14,396
Denver	215	2.1	95	0.9	17	0.2	24	0.2	58	0.6	5	0.0	4	0.0	10,086
Detroit	86	1.2	318	4.3	20	0.3	14	0.2	27	0.4	27	0.4	5	0.1	7,464
Los Angeles	199	0.5	289	0.8	18	0.0	51	0.1	44	0.1	211	0.6	4	0.0	37,463
Maine	135	11.8	22	1.9	37	3.2	10	0.9	4	0.3	1	0.1	2	0.2	1,144
Maryland	2,458	3.9	359	0.6	907	1.5	296	0.5	171	0.3	95	0.2	41	0.1	62,430
Miami	408	1.8	252	1.1	36	0.2	25	0.1	57	0.2	18	0.1	10	0.0	23,069
Michigan	390	1.1	1,437	4.2	238	0.7	255	0.7	413	1.2	148	0.4	26	0.1	34,004
Minneapolis/ St. Paul	63	1.5	24	0.6	10	0.2	24	0.6	27	0.7	13	0.3	4	0.1	4,108
New York City	1,470	4.1	206	0.6	631	1.8	516	1.4	62	0.2	138	0.4	6	0.0	35,605
Philadelphia	1,141	5.0	96	0.4	143	0.6	54	0.2	29	0.1	132	0.6	8	0.0	22,896
Phoenix	449	4.5	150	1.5	134	1.3	33	0.3	61	0.6	23	0.2	4	0.0	9,932
St. Louis	471	2.8	516	3.1	122	0.7	63	0.4	82	0.5	53	0.3	4	0.0	16,577
San Diego	190	1.6	342	2.8	71	0.6	44	0.4	82	0.7	48	0.4	4	0.0	12,070
San Francisco	380	2.7	498	3.5	37	0.3	156	1.1	142	1.0	94	0.7	9	0.1	14,050
Seattle	63	4.0	20	1.3	14	0.9	15	1.0	3	0.2	1	0.1	3	0.2	1,566
Texas	274	0.4	2,195	3.0	54	0.1	212	0.3	190	0.3	215	0.3	6	0.0	74,070
Washington, DC	23	0.9	5	0.2	15	0.6	0	—	1	0.0	6	0.2	0	—	2,619
United States	41,350	3.1	32,835	2.5	10,995	0.8	5,660	0.4	7,642	0.6	2,848	0.2	850	0.1	1,315,228

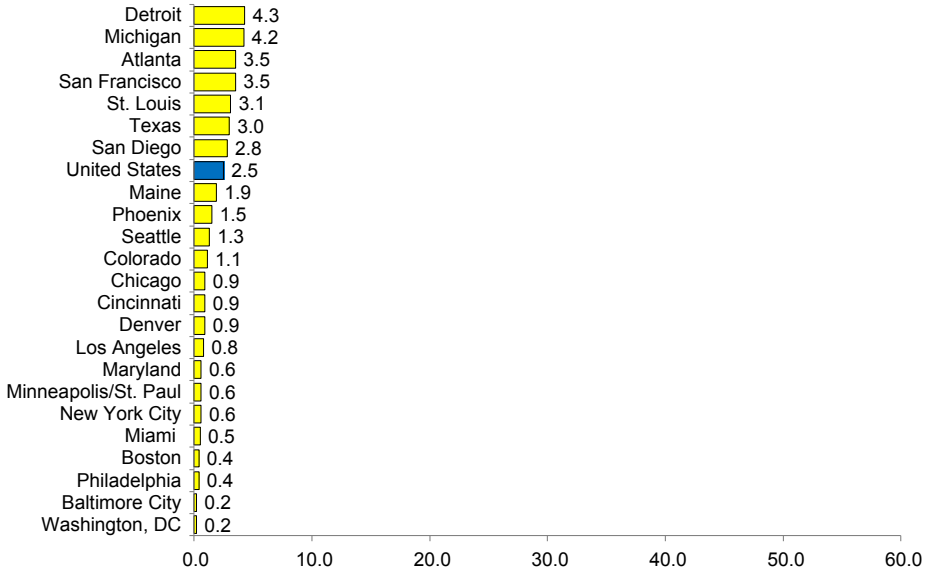
[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2013; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

Figure 11. Oxycodone Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports,[1] in 23 CEWG Areas and the United States: 2013[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2013, January–December; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

Figure 12. Hydrocodone Drug Reports Identified in Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports,[1] in 23 CEWG Areas and the United States: 2013[2]

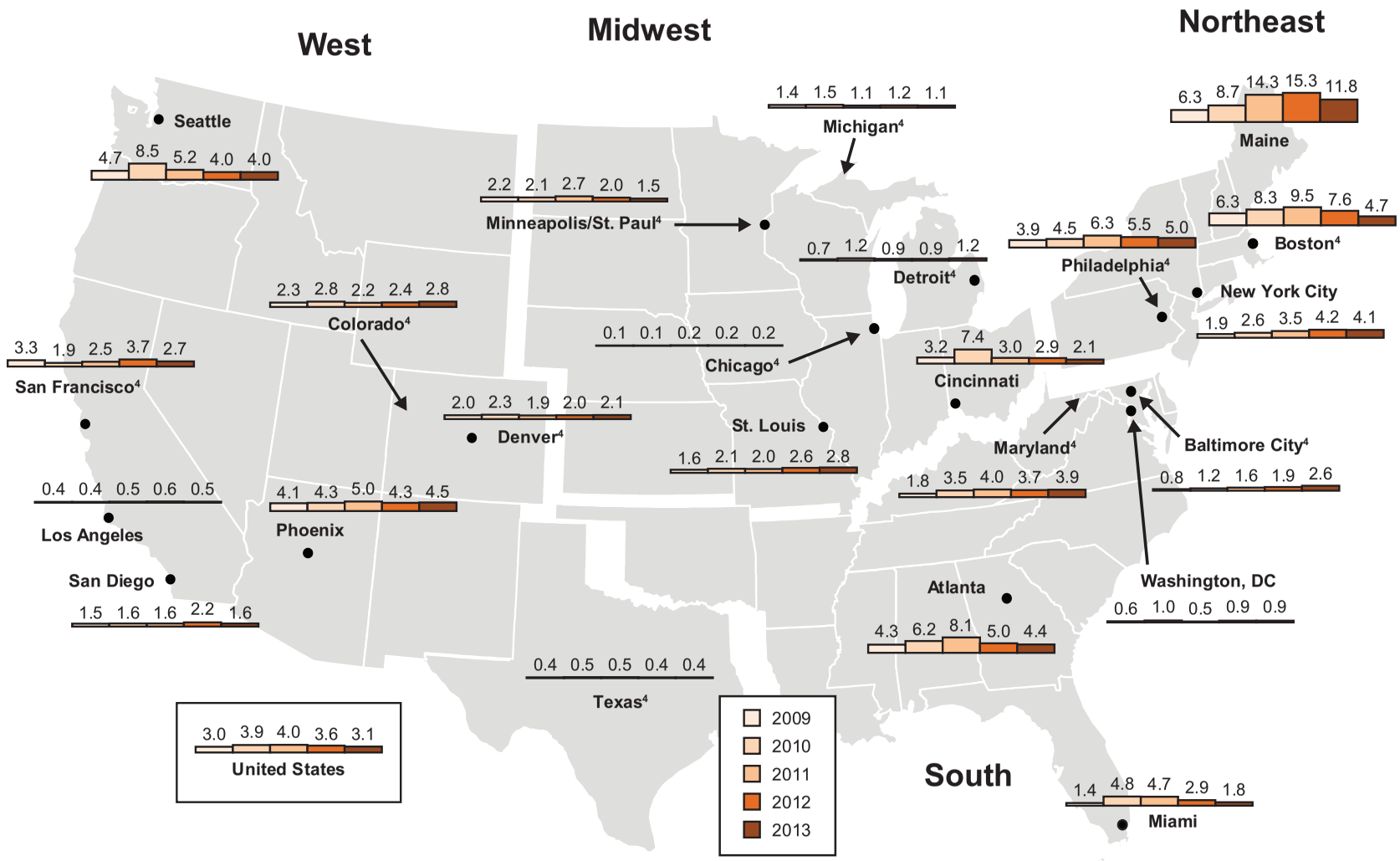


[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2013, January–December; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

- Between **2012 and 2013**, oxycodone drug report proportions fell in 12 of 23 areas (Atlanta, Boston, Cincinnati, Los Angeles, Maine, Miami, Michigan, Minneapolis/St. Paul, New York City, Philadelphia, San Diego, and San Francisco) and in the United States; rose in 7 areas (Baltimore City, Colorado, Denver, Detroit, Maryland, Phoenix, and St. Louis); and stayed the same in 4 areas (Chicago, Seattle, Texas, and Washington, DC (table 17; figure 13). The largest decreases were noted for Maine (3.5 percentage points), Boston (2.9 percentage points), Miami (1.1 percentage points), and San Francisco (1.0 percentage point); all other declines fell below 1.0 percentage points (table 17).

- A more uniform trend is shown from **2009 to 2013**, when oxycodone drug report proportions increased in the United States and 16 of the 23 areas reporting for the period; these were Atlanta, Baltimore City, Chicago, Colorado, Denver, Detroit, Los Angeles, Maine, Maryland, Miami, New York City, Philadelphia, Phoenix, St. Louis, San Diego, and Washington, DC. Proportions of oxycodone drug reports decreased in six areas—Boston, Cincinnati, Michigan, Minneapolis/St. Paul, San Francisco, and Seattle—and remained the same over the period in Texas. Maine showed the largest increase over the period of 5.5 percentage points, and Boston showed the largest decrease of 1.6 percentage points (table 17; figure 13).

Figure 13. Percentage of Oxycodone Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, Each as a Percentage of Total Reports: 2009–2013[3]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Table 17. Percentage of Oxycodone Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, as a Percentage of Total Reports and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[3]

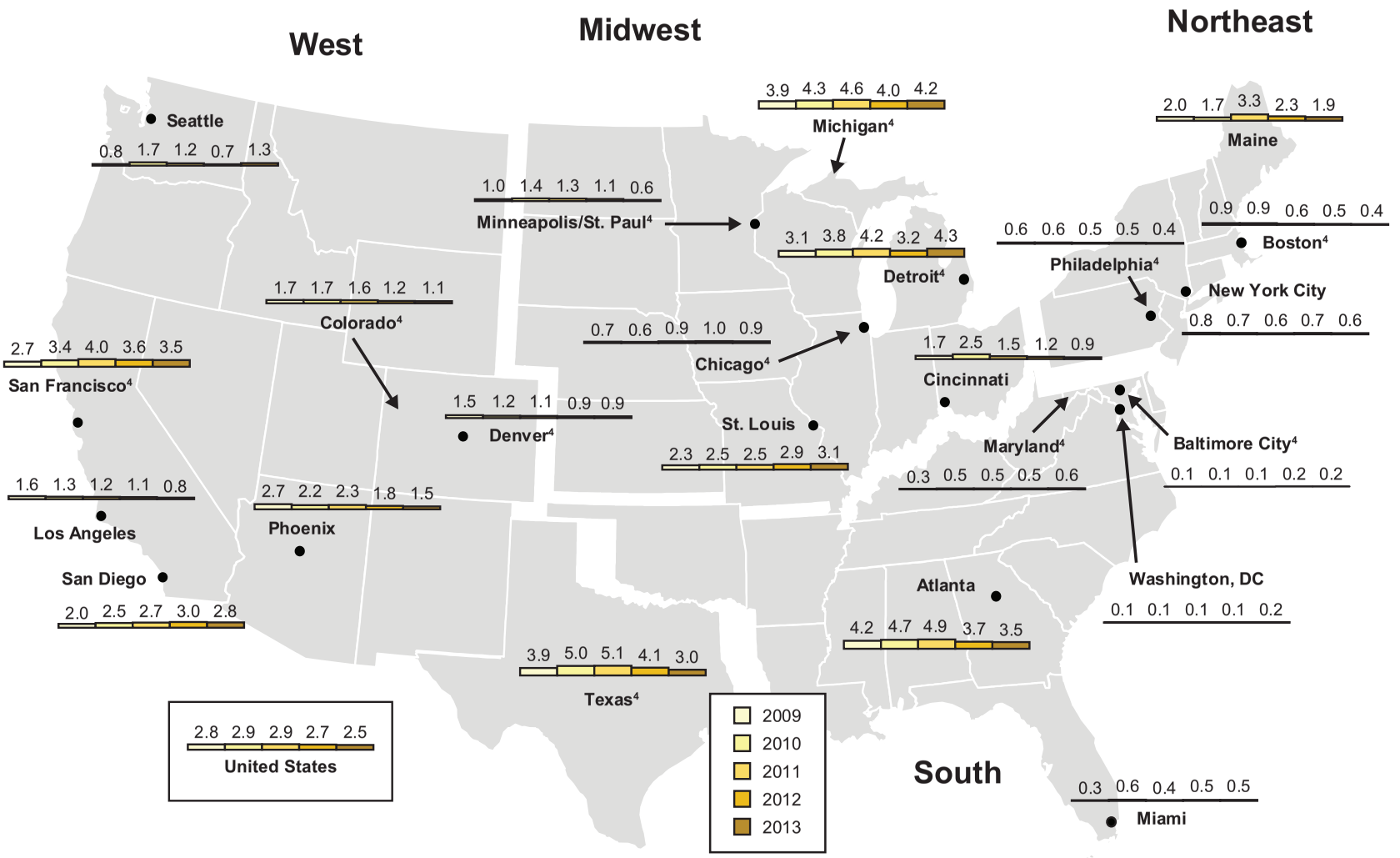
CEWG Area	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta	4.3	6.2	8.1	5.0	4.4	+0.1	-0.6
Baltimore City[4]	0.8	1.2	1.6	1.9	2.6	+1.8	+0.7
Boston[4]	6.3	8.3	9.5	7.6	4.7	-1.6	-2.9
Chicago[4]	0.1	0.1	0.2	0.2	0.2	+0.1	0.0
Cincinnati	3.2	7.4	3.0	2.9	2.1	-1.1	-0.8
Colorado[4]	2.3	2.8	2.2	2.4	2.8	+0.5	+0.4
Denver[4]	2.0	2.3	1.9	2.0	2.1	+0.1	+0.1
Detroit[4]	0.7	1.2	0.9	0.9	1.2	+0.5	+0.3
Los Angeles	0.4	0.4	0.5	0.6	0.5	+0.1	-0.1
Maine	6.3	8.7	14.3	15.3	11.8	+5.5	-3.5
Maryland[4]	1.8	3.5	4.0	3.7	3.9	+2.1	+0.2
Miami	1.4	4.8	4.7	2.9	1.8	+0.4	-1.1
Michigan[4]	1.4	1.5	1.1	1.2	1.1	-0.3	-0.1
Minneapolis/St. Paul[4]	2.2	2.1	2.7	2.0	1.5	-0.7	-0.5
New York City	1.9	2.6	3.5	4.2	4.1	+2.2	-0.1
Philadelphia[4]	3.9	4.5	6.3	5.5	5.0	+1.1	-0.5
Phoenix	4.1	4.3	5.0	4.3	4.5	+0.4	+0.2
St. Louis	1.6	2.1	2.0	2.6	2.8	+1.2	+0.2
San Diego	1.5	1.6	1.6	2.2	1.6	+0.1	-0.6
San Francisco[4]	3.3	1.9	2.5	3.7	2.7	-0.6	-1.0
Seattle	4.7	8.5	5.2	4.0	4.0	-0.7	0.0
Texas[4]	0.4	0.5	0.5	0.4	0.4	0.0	0.0
Washington, DC	0.6	1.0	0.5	0.9	0.9	+0.3	0.0
United States	3.0	3.9	4.0	3.6	3.1	+0.1	-0.5

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 201 ; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

- From **2012 to 2013**, hydrocodone drug report proportions decreased in the United States and 14 of the 23 areas reporting for the period; these were Atlanta, Boston, Chicago, Cincinnati, Colorado, Los Angeles, Maine, Minneapolis/St. Paul, New York City, Philadelphia, Phoenix, San Diego, San Francisco, and Texas. Proportions of hydrocodone drug reports increased in six areas—Detroit, Maryland, Michigan, St. Louis, Seattle, and Washington, DC—and remained the same over the period in three areas—Baltimore City, Denver, and Miami. Detroit showed the largest increase over the period of 1.1 percentage points, while the largest decrease was noted for Texas (1.1 percentage points). In all but these two cases, changes over the period were observed at less than 1.0 percentage point (table 18; figure 14).

- Between **2009 and 2013**, proportions of hydrocodone drug reports fell in 12 of 23 areas (Atlanta, Boston, Cincinnati, Colorado, Denver, Los Angeles, Maine, Minneapolis/St. Paul, New York City, Philadelphia, Phoenix, and Texas) and in the United States and rose in 11 areas (Baltimore City, Chicago, Detroit, Maryland, Miami, Michigan, St. Louis, San Diego, San Francisco, Seattle, and Washington, DC) (figure 14). The largest increase was noted for Detroit (1.2 percentage points), and the largest decrease was in Phoenix (1.2 percentage points). All other changes over the period fell below 1.0 percentage points (table 18).

Figure 14. Percentage of Hydrocodone Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, Each as a Percentage of Total Reports: 2009–2013[3]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Table 18. Percentage of Hydrocodone Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, as a Percentage of Total Reports: and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[3]

CEWG Area	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta	4.2	4.7	4.9	3.7	3.5	-0.7	-0.2
Baltimore City[4]	0.1	0.1	0.1	0.2	0.2	+0.1	0.0
Boston[4]	0.9	0.9	0.6	0.5	0.4	-0.5	-0.1
Chicago[4]	0.7	0.6	0.9	1.0	0.9	+0.2	-0.1
Cincinnati	1.7	2.5	1.5	1.2	0.9	-0.8	-0.3
Colorado[4]	1.7	1.7	1.6	1.2	1.1	-0.6	-0.1
Denver[4]	1.5	1.2	1.1	0.9	0.9	-0.6	0.0
Detroit[4]	3.1	3.8	4.2	3.2	4.3	+1.2	+1.1
Los Angeles	1.6	1.3	1.2	1.1	0.8	-0.8	-0.3
Maine	2.0	1.7	3.3	2.3	1.9	-0.1	-0.4
Maryland[4]	0.3	0.5	0.5	0.5	0.6	+0.3	+0.1
Miami	0.3	0.6	0.4	0.5	0.5	+0.2	0.0
Michigan[4]	3.9	4.3	4.6	4.0	4.2	+0.3	+0.2
Minneapolis/St. Paul[4]	1.0	1.4	1.3	1.1	0.6	-0.4	-0.5
New York City	0.8	0.7	0.6	0.7	0.6	-0.2	-0.1
Philadelphia[4]	0.6	0.6	0.5	0.5	0.4	-0.2	-0.1
Phoenix	2.7	2.2	2.3	1.8	1.5	-1.2	-0.3
St. Louis	2.3	2.5	2.5	2.9	3.1	+0.8	+0.2
San Diego	2.0	2.5	2.7	3.0	2.8	+0.8	-0.2
San Francisco[4]	2.7	3.4	4.0	3.6	3.5	+0.8	-0.1
Seattle	0.8	1.7	1.2	0.7	1.3	+0.5	+0.6
Texas[4]	3.9	5.0	5.1	4.1	3.0	-0.9	-1.1
Washington, DC	0.1	0.1	0.1	0.1	0.2	+0.1	+0.1
United States	2.8	2.9	2.9	2.7	2.5	-0.3	-0.2

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Benzodiazepines

Among 13 of 19 CEWG area representatives whose area reports contained indicator data for benzodiazepines for the June 2014 meeting, indicators for these areas were increasing, stable, or mixed in 2013 in all reporting areas. No declines were reported. Indicators were noted in 2013 as mostly increasing in Philadelphia; mostly stable in Chicago, Cincinnati, Los Angeles, New York City, Phoenix, and St. Louis; and mixed in Atlanta, Boston, Denver/Colorado, Maine, South Florida/Miami-Dade and Broward Counties, and Texas. Alprazolam was the benzodiazepine occurring most frequently in indicator data, as in the recent past, but clonazepam and diazepam also continued to appear in NFLIS data in several areas in 2013. Alprazolam indicators continued to be reported as high relative to other drugs in Cincinnati, Philadelphia (where the area representative cited the continuing high indicator levels for benzodiazepines as a key finding for this reporting period), and South Florida/Miami-Dade and Broward Counties. It was reported as low relative to other drugs by the Atlanta representative. The CEWG representatives from Denver/Colorado, Maine, Philadelphia, and the South Florida/Miami-Dade and Broward Counties area continued to report high levels for benzodiazepines in 2013 as co-intoxicants with other drugs, particularly in drug-related deaths and as secondary or tertiary drug problems in treatment admissions.

Other Highlights – Cross-Area Data Sources

Treatment Admissions:

- In seven CEWG areas reporting data on treatment admissions for a primary benzodiazepine problem with 1.0 percent or more such cases, the lowest percentages were in Boston and Maryland (1.1 percent each), and the highest was in Atlanta (2.2 percent) (table 19).

Table 19. Number of Primary Benzodiazepine Treatment Admissions in Seven CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions:[1] 2013[2]

CEWG Area[3]	Primary Benzodiazepine Admissions	Percentage of Total Admissions
	#	%
Atlanta	192	2.2
Baltimore City	187	1.2
Boston	171	1.1
Maryland	563	1.1
South Florida/Broward County	73	2.0
South Florida/Miami-Dade County	72	1.8
Texas	1,241	1.6

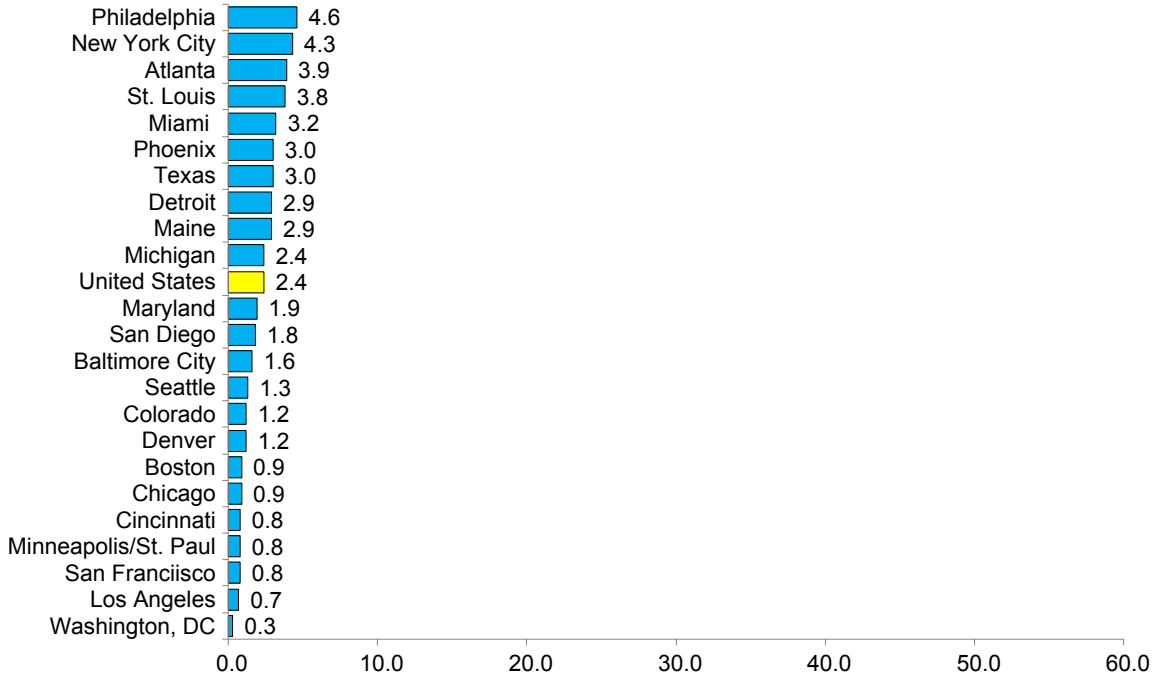
[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2013 (January–December).
[3]Data for this table were not reported for areas with benzodiazepine-related primary treatment admissions of less than 1.0 percent (Denver, Detroit, Maine, Minneapolis/St. Paul, Philadelphia, St. Louis, San Francisco, and Seattle) and for those areas where benzodiazepines are not reported separately from other substance abuse treatment admissions (Cincinnati and Phoenix).
SOURCES: June 2014 State and local CEWG reports

NFLIS Drug Reports:

- Three drugs—alprazolam, clonazepam, and diazepam—were the most frequently reported benzodiazepines identified in drug reports among items seized and analyzed by forensic laboratories in 23 CEWG areas in the 2013 reporting period. Table 20 shows the numbers and percentages of drug reports containing alprazolam, clonazepam, and diazepam in each of the CEWG reporting areas.

- In **2013, alprazolam** appeared among the top 10 drug reports in 20 reporting areas, but it did not rank in the top 2 places. It **ranked** fourth in frequency in New York City and fifth in Baltimore City, Chicago, Detroit, St. Louis, Philadelphia, and Maryland in drug reports among items analyzed by NFLIS laboratories. Alprazolam ranked sixth in Atlanta, Miami, Michigan, Phoenix, San Diego, Seattle, and Texas (table 2; appendix table 3). In the 23 CEWG areas for which NFLIS data were reported for 2013, the highest percentages of alprazolam drug reports among items seized and analyzed were in Philadelphia (4.6 percent), followed by New York City (4.3 percent), while Washington, DC, had the lowest percentage (0.3 percent) (table 20; figure 15).

Figure 15. Alprazolam Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports,[1] in 23 CEWG Areas and the United States: 2013[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2013, January–December; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

Table 20. Number of Selected Benzodiazepine Reports Identified by Forensic Laboratories in 23 CEWG Areas and the United States, by Number and Percentage of Total Reports[1] Identified: 2013[2]

CEWG Area	Alprazolam		Clonazepam		Diazepam		Total Reports
	#	(%)	#	(%)	#	(%)	
Atlanta	644	3.9	117	0.7	40	0.2	16,310
Baltimore City	488	1.6	146	0.5	12	0.0	29,852
Boston	76	0.9	135	1.5	25	0.3	8,729
Chicago	605	0.9	119	0.2	51	0.1	67,870
Cincinnati	103	0.8	66	0.5	46	0.4	12,817
Colorado	173	1.2	99	0.7	59	0.5	14,396
Denver	120	1.2	75	0.7	36	0.4	10,086
Detroit	214	2.9	11	0.1	18	0.2	7,464
Los Angeles	278	0.7	45	0.1	50	0.1	37,463
Maine	12	1.0	9	0.8	2	0.2	1,144
Maryland	1,161	1.9	348	0.6	130	0.2	62,430
Miami	744	3.2	52	0.2	31	0.1	23,069
Michigan	831	2.4	172	0.5	126	0.4	34,004
Minneapolis/St. Paul	34	0.8	19	0.5	6	0.1	4,108
New York City	1,533	4.3	492	1.4	73	0.2	35,605
Philadelphia	1,052	4.6	209	0.9	51	0.2	22,896
Phoenix	293	3.0	91	0.9	67	0.7	9,932
St. Louis	629	3.8	129	0.8	114	0.7	16,577
San Diego	213	1.8	93	0.8	69	0.6	12,070
San Francisco	108	0.8	85	0.6	97	0.7	14,050
Seattle	21	1.3	15	1.0	3	0.2	1,566
Texas	2,206	3.0	341	0.5	163	0.2	74,070
Washington, DC	7	0.3	4	0.2	1	0.0	2,619
United States[3]	31,407	2.4	9,834	0.7	5,034	0.4	1,315,228

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2013; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]"Benzodiazepine" accounted for 77 reports in the United States.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

- While changes in the percentage of drug reports identified as alprazolam from 2012 to 2013 were uniformly low, they were evenly distributed in direction: 11 areas showed increases; 11 areas showed decreases (along with the United States); and 1 area showed no change over the 2-year period. The increases or decreases in most areas were less than 1.0 percentage point; Maine was the exception, with a 2.0-percentage-point increase in alprazolam drug report proportions in the 2-year period (table 21).

- Seventeen areas and the United States showed increased alprazolam drug reports over the **2009–2013** period, with the largest increase of 2.8 percentage points in Maine. Of the five areas showing declines over the period, Texas showed the largest, at 1.4 percentage points. Los Angeles had no change in the 5-year period (table 21).

Table 21. Percentage of Alprazolam Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, as a Percentage of Total Reports and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[3]

CEWG Area	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta	4.8	4.9	6.0	4.8	3.9	-0.9	-0.9
Baltimore City[4]	0.6	0.8	0.8	1.3	1.6	+1.0	+0.3
Boston[4]	1.5	1.9	1.6	1.3	0.9	-0.6	-0.4
Chicago[4]	0.4	0.5	0.6	0.7	0.9	+0.5	+0.2
Cincinnati	1.3	1.7	1.3	1.0	0.8	-0.5	-0.2
Colorado[4]	0.9	0.8	0.9	1.0	1.2	+0.3	+0.2
Denver[4]	0.7	0.6	0.7	0.7	1.2	+0.5	+0.5
Detroit[4]	1.2	2.4	2.7	2.4	2.9	+1.7	+0.5
Los Angeles	0.7	0.5	0.8	0.8	0.7	0.0	-0.1
Maine	0.1	0.8	1.1	0.9	2.9	+2.8	+2.0
Maryland[4]	0.9	1.3	1.6	1.8	1.9	+1.0	+0.1
Miami	2.2	3.5	3.8	3.1	3.2	+1.0	+0.1
Michigan[4]	1.5	2.2	2.3	2.3	2.4	+0.9	+0.1
Minneapolis/St. Paul[4]	0.7	0.6	0.9	1.3	0.8	+0.1	-0.5
New York City	2.8	3.2	3.2	4.0	4.3	+1.5	+0.3
Philadelphia[4]	3.5	3.8	4.5	5.0	4.6	+1.1	-0.4
Phoenix	2.1	2.3	3.3	3.8	3.0	+0.9	-0.8
St. Louis	2.3	2.7	2.6	3.8	3.8	+1.5	0.0
San Diego	0.9	1.2	1.3	2.0	1.8	+0.9	-0.2
San Francisco[4]	0.3	0.5	0.6	0.9	0.8	+0.5	-0.1
Seattle	0.7	1.6	1.4	1.0	1.3	+0.6	+0.3
Texas4	4.4	5.3	4.9	3.9	3.0	-1.4	-0.9
Washington, DC	0.5	0.3	0.1	0.6	0.3	-0.2	-0.3
United States	2.3	2.6	2.7	2.5	2.4	+0.1	-0.1

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Methamphetamine

Increases in methamphetamine indicators reported in 2012 continued into 2013. These increases reversed a mostly declining trend since 2007. All CEWG area representatives reported increasing, stable, or mixed indicators in 2013, compared with 2012. Twelve of 19 CEWG area representatives reported increasing methamphetamine indicators in the 2013 reporting period; these were Atlanta, Cincinnati, Denver/Colorado, Detroit, Los Angeles, Minneapolis/St. Paul, St. Louis, San Diego, San Francisco, Seattle, South Florida/Miami-Dade and Broward Counties, and Texas. Mixed methamphetamine indicators (with some increasing, some decreasing, and some stable) were reported for 2013 by CEWG representatives from Maine and Phoenix. Indicators were low and stable in this reporting period in Boston, Chicago, New York City, and Philadelphia. Methamphetamine levels continued to be very low relative to other drugs in the Baltimore/Maryland/Washington, DC, area.

- ***Western Region:*** Indicators for methamphetamine continued to be high relative to other drugs in 2013 in the seven CEWG areas in the West. Six of the seven area representatives in the western region reported increasing methamphetamine indicators in 2013 from the previous year: **Denver/ Colorado, Los Angeles, San Diego, San Francisco, Seattle,** and **Texas**. Proportions of primary treatment admissions for methamphetamine increased from 2012 to 2013 in Denver and Colorado and San Francisco; numbers of nonfatal ED visits increased in Los Angeles; numbers of methamphetamine drug-caused deaths increased in Denver and Seattle, along with the detection of methamphetamine in toxicology cases in Los Angeles; and proportions of methamphetamine drug reports among seized and analyzed drug items increased from 2012 to 2013 in all six areas. These increases were cited by area representatives as a key finding in Denver and Colorado, Los Angeles, San Diego, San Francisco, and Seattle. The Texas representative reported the increasing presence and use of the potent P2P (phenyl-2-propanone) methamphetamine made in Mexico as a key finding for the State. Mixed indicators for methamphetamine were reported in the 2013 reporting period by one area representative in the western region: **Phoenix**. The proportions of amphetamine-involved hospital admissions and proportions of drug reports for methamphetamine among drug items analyzed in forensic laboratories both increased in Phoenix in 2013, compared with 2012, and the numbers of primary treatment admissions and lifetime student use were stable.

- ***Midwestern Region:*** Increases in methamphetamine indicators were reported for 2013 by three CEWG representatives in the Midwest: for **Cincinnati, Minneapolis/St. Paul,** and **St. Louis**. The number of methamphetamine-related deaths increased in 2013 from 2012 in Minneapolis/St. Paul and St. Louis; the number of calls to poison control centers for methamphetamine increased in Cincinnati; and the proportion of drug reports identified as methamphetamine among drug items analyzed by forensic laboratories increased in all three areas from 2012 to 2013. All three of these CEWG representatives noted these increases as a key finding for the 2013 reporting period in their areas. Indicators for methamphetamine continued to be reported as low in 2013, when compared with other major drugs of abuse, in two midwestern CEWG regions—**Chicago** (where methamphetamine indicators were stable from previous reporting periods) and **Detroit** (where indicators for methamphetamine in Detroit [and the State of Michigan] were mixed, with some increasing and some decreasing).

- ***Northeastern Region:*** Indicator levels for methamphetamine continued to be reported as low relative to other drugs and stable in 2013 in **Boston, Philadelphia,** and **New York City**, according to area representatives. While indicators for 2013 continued to be low in the State of **Maine**, indicators there were mixed (with some increasing, some stable, and some decreasing in 2013, compared with 2012). The increase in methamphetamine abuse in the first 4 months of 2014, based on law enforcement indicators, was a key finding for the State for this reporting period, according to the Maine area representative.

- ***Southern Region:*** When compared with other major drugs of abuse, indicators for methamphetamine were reported as low in 2013 in all three CEWG areas in the southern region—**Atlanta; Baltimore/Maryland/Washington, DC;** and the **South Florida/Miami-Dade and Broward Counties** area. However, increases in 2013, compared with 2012, were cited by area representatives as a key finding in both Atlanta and in the South Florida/Miami-Dade and Broward Counties area. While the proportion of primary methamphetamine treatment admissions was higher in 2013 than 2012 in Atlanta, the number of methamphetamine-related deaths increased between the 2 years in the State of Florida. Reports for methamphetamine among drug items analyzed by NFLIS laboratories increased from 2012 to 2013 in both areas. Methamphetamine indicators continued to be reported as very low relative to other drugs in Baltimore, Maryland, and Washington, DC.

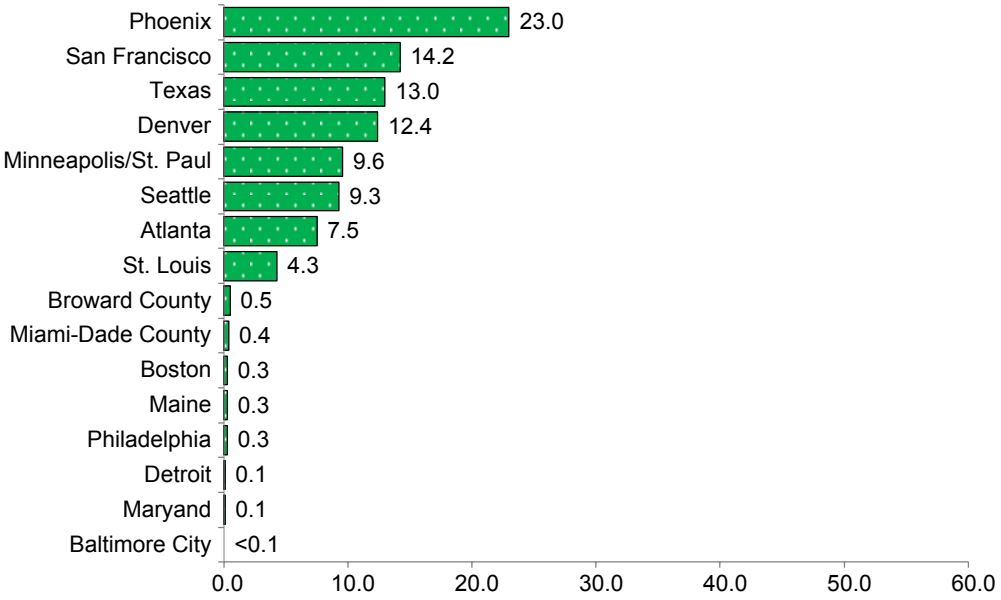
Other Highlights – Cross-Area Data Sources:

Treatment Admissions:

- Only one CEWG area ranked methamphetamine among the first or second most frequently reported major problem substance in treatment admissions data for **2013**. In Phoenix in the West, methamphetamine was ranked second, with no first place rankings for this drug in any areas (table 1).

- In 2013, Phoenix had the highest percentage of methamphetamine admissions among areas reporting at least 1.0 percent of admissions, at 23.0 percent, followed by San Francisco, at 14.2 percent. St. Louis had the lowest percentage among those reporting at least 1.0 percent of admissions, at 4.3 percent (table 22; figure 16). Eight areas—Baltimore City, Boston, Detroit, Maine, Maryland, Philadelphia, and Broward and Miami-Dade Counties in South Florida—had less than 1.0 percent of treatment admissions in 2013 with a primary problem with methamphetamine (figure 16).

Figure 16. Primary Methamphetamine Treatment Admissions, as a Percentage of Total Treatment Admissions, in 16 CEWG Areas:[1] 2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as methamphetamine. No data were reported for Cincinnati in 2013 for methamphetamine.
[2]Data are for calendar year 2013 (January–December) for all areas.
SOURCES: June 2014 State and local CEWG reports

Table 22. Number of Primary Methamphetamine Treatment Admissions in Eight CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions,[1] Including Primary Alcohol Admissions: 2013[2]

CEWG Area[3]	Primary Methamphetamine Admissions	Percentage of Total Admissions
	#	%
Atlanta	667	7.5
Denver	1,617	12.4
Minneapolis/St. Paul	2,102	9.6
Phoenix[4]	2,044	23.0
St. Louis	565	4.3
San Francisco	1,579	14.2
Seattle	853	9.3
Texas[5]	10,217	13.0

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are for calendar year 2013 (January–December).
[3]Data for this table were not reported for areas with methamphetamine-related primary treatment admissions of less than 1.0 percent (Baltimore City, Boston, Detroit, Maine, Maryland, Philadelphia, and South Florida/Broward and Miami-Dade Counties). No data were reported for Cincinnati in this category.
[4]Treatment data for Phoenix do not include admissions younger than 18.
[5]Texas reported combined methamphetamine and amphetamine admissions.
SOURCES: June 2014 State and local CEWG reports

- ***Route of Administration of Methamphetamine.*** In the seven CEWG areas represented in table 23, smoking was the most common **mode of administering methamphetamine** among primary methamphetamine admissions in five of the seven areas in **2013**. Smoking was reported at levels ranging from 34.0 percent in Atlanta to 74.2 percent in Phoenix, with relatively high percentages of smoking reported in Minneapolis/St. Paul and San Francisco (approximately 63–66 percent each). In St. Louis, injection was the most common route of administration among methamphetamine treatment admissions (at 49.2 percent). The highest percentages reporting inhalation as the primary route of methamphetamine administration were in Minneapolis/St. Paul, at 7.7 percent and Denver, at 7.2 percent (table 23).

Table 23. Numbers of Primary Route of Administration for Methamphetamine Among Treatment Admissions in Seven CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage[1] of Primary Methamphetamine Treatment Admissions: 2013[2]

CEWG Area[3, 4]	Smoked		Inhaled		Injected		Oral/Other/ Unknown		Total *N*
	#	%	#	%	#	%	#	%	
Atlanta	227	34.0	26	3.9	30	4.5	384	57.6	667
Denver	960	59.4	117	7.2	489	30.2	51	3.2	1,617
Minneapolis/St. Paul[5]	NR[6]	66.0	NR[6]	7.7	NR[6]	20.9	NR[6]	5.3	2,185
Phoenix[7]	1,516	74.2	143	7.0	253	12.4	132	6.5	2,044
St. Louis	243	43.0	34	6.0	278	49.2	10	1.8	565
San Francisco	997	63.1	65	4.1	490	31.0	27	1.7	1,579
Texas[5]	5,565	54.5	720	7.0	3,549	34.7	383	3.7	10,217

[1]Percentages may not sum to 100 due to rounding.
[2]Data are for calendar year 2013 (January–December).
[3]Route of administration data were not available for Seattle.
[4]Data for this table were not reported for areas with methamphetamine-related primary treatment admissions of less than 1.0 percent (Baltimore City, Boston, Detroit, Maine, Maryland, Philadelphia, and South Florida/Broward and Miami-Dade Counties). No data were reported for Cincinnati in this category.
[5]Data for Minneapolis/St. Paul and Texas are for methamphetamine and amphetamine admissions combined.
[6]NR=not reported.
[7]Treatment data for Phoenix do not include admissions younger than 18.
SOURCES: June 2014 State and local CEWG reports

- ***Gender of Methamphetamine Admissions.*** In four of eight CEWG areas reporting on the gender of primary methamphetamine admissions for **2013, males** represented the majority. The largest proportions of male methamphetamine admissions were in San Francisco (a 72.3 percent) and Minneapolis/St. Paul (at 63.4 percent). In four of eight reporting areas—Atlanta, Phoenix, St. Louis, and Texas—**females** predominated among primary methamphetamine admissions, representing 57.0, 59.6, 51.2, and 59.5 percent of treatment admissions, respectively (table 24).

- ***Age of Methamphetamine Admissions.*** Among the seven CEWG areas reporting on age for primary methamphetamine admissions for **2013**, San Francisco (56.6 percent) had the highest proportion of methamphetamine admissions **age 35 and older**. Minneapolis/St. Paul (27.1 percent) and Seattle (25.0 percent) had the highest proportions of methamphetamine admissions **age 25 and younger** (table 24).

Table 24. Demographic Characteristics of Primary Methamphetamine Treatment Admissions in Eight CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Substance Abuse Admissions, as a Percentage[1] of Primary Methamphetamine Treatment Admissions: 2013[2]

CEWG Area[3]	Gender[4]		Age Group	
	Male	Female	Younger Than 26	35 and Older
Atlanta	43.0	57.0	23.4	30.9
Denver	61.0	39.0	17.7	43.2
Minneapolis/St. Paul[5]	63.4	36.6	27.1	34.8
Phoenix[6]	40.4	59.6	14.8	46.3
St. Louis	48.8	51.2	22.3	37.9
San Francisco	72.3	27.2	10.6	56.6
Seattle	56.7	43.3	25.0	23.0[7]
Texas[5]	40.5	59.5	NR[8]	NR[8]

[1]Percentages are rounded to the first decimal place.
[2]Data are for calendar year 2013 (January–December).
[3]Data for this table were not reported for areas with methamphetamine-related primary treatment admissions of less than 1.0 percent (Baltimore City, Boston, Detroit, Maine, Maryland, Philadelphia, and South Florida/Broward and Miami-Dade Counties). No data were reported for Cincinnati in this category.
[4]Percentages may not add to 100 percent due to the presence of unknown gender.
[5]Data for Minneapolis/St. Paul and Texas are for methamphetamine and amphetamine admissions combined.
[6]Treatment data for Phoenix do not include admissions younger than 18.
[7]Data from Seattle are for clients age 40 and older.
[8]NR=Not reported.
SOURCES: June 2014 State and local CEWG reports

- Of the seven CEWG areas with methamphetamine treatment admissions data for the 2-year period from **2012 to 2013** and with percentages of methamphetamine admissions at 1.0 or higher, six areas (Atlanta, Denver, Minneapolis/St. Paul, Phoenix, St. Louis, and Texas) showed increases, and one area showed a decline (Seattle). The largest increase from 2012 to 2013 in the proportions of methamphetamine treatment admissions was for Texas, at 2.8 percentage points (table 25; figure 17).

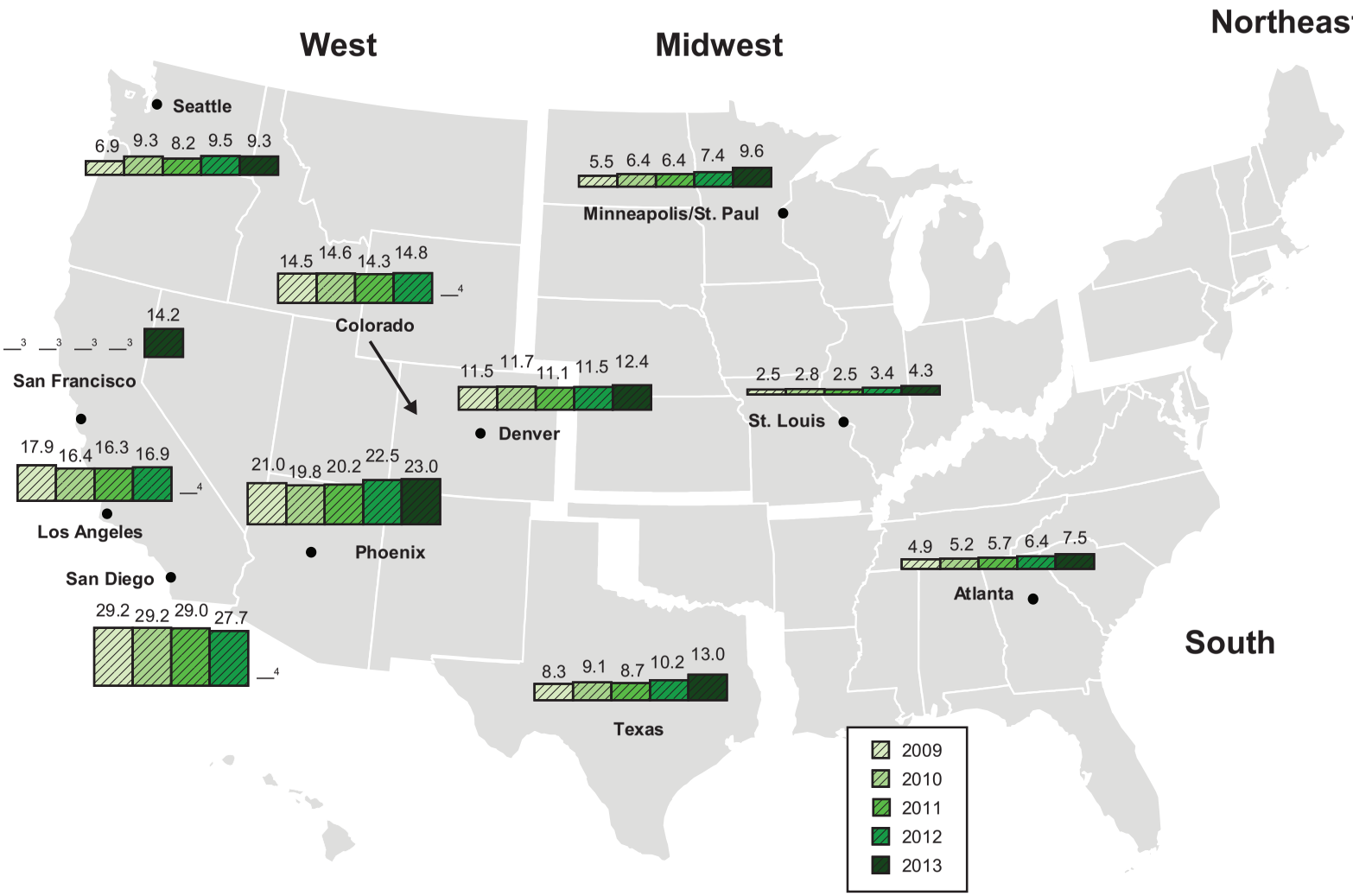
- Among the 7 CEWG areas with data on methamphetamine treatment admissions for **2009 and 2013**, all areas showed increases in methamphetamine treatment admissions in the 5-year period. The largest increase in methamphetamine admissions as a percentage of total admissions was in Texas (a 4.7-percentage-point increase), followed by Minneapolis/St. Paul (a 4.1-percentage-point increase) (table 25; figure 17).

Table 25. Primary Methamphetamine Treatment Admissions in Seven CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions, as a Percentage of Total Substance Abuse Treatment Admissions, and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[1]

CEWG Area[2]	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta[3]	4.9	5.2	5.7	6.4	7.5	**+2.6**	**+1.1**
Denver	11.5	11.7	11.1	11.5	12.4	**+0.9**	**+0.9**
Minneapolis/St. Paul	5.5	6.4	6.4	7.4	9.6	**+4.1**	**+2.2**
Phoenix[4]	21.0	19.8	20.2	22.5	23.0	**+2.0**	**+0.5**
St. Louis	2.5	2.8	2.5	3.4	4.3	**+1.8**	**+0.9**
Seattle	6.9	9.3	8.2	9.5	9.3	**+2.4**	**-0.2**
Texas[3,5]	8.3	9.1	8.7	10.2	13.0	**+4.7**	**+2.8**

[1]Data are for calendar years (January–December of each year).
[2]Data for CEWG areas were not included in this table when data were not available for more than 2 years in the period, were not comparable over time, or where primary methamphetamine admissions were less than 1.0 percent of total substance abuse treatment admissions (Baltimore City, Boston, Cincinnati, Detroit, Maine, Maryland, Philadelphia, San Francisco, and South Florida/Broward and Miami-Dade Counties). Data for all years were lacking for Chicago and Washington, DC.
[3]Data do not match data contained in previous June reports, as these data were updated by the area representative.
[4]Treatment data for Phoenix do not include admissions younger than 18.
[5]Texas reported combined methamphetamine and amphetamine admissions.
SOURCES: June 2014 State and local CEWG reports; *June 2013 Highlights and Executive Summary Volume I* CEWG report, p. 64; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 71; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 102; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 82

Figure 17. Primary Methamphetamine Treatment Admissions, as a Percentage of Total Treatment Admissions, in 11 CEWG Areas Reporting Such Admissions at 1.0 Percent or More of Total Admissions in 3 U.S. Regions:[1] 2009–2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting State and local area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as methamphetamine. Data for CEWG areas were not included in this table when data were not available for all years, were not comparable over time, or primary methamphetamine admissions were less than 1.0 percent of total substance abuse treatment admissions (Baltimore City, Boston, Chicago, Cincinnati, Detroit, Maine, Maryland, New York City, Philadelphia, South Florida/Broward and Miami-Dade Counties, and Washington, DC).

[2]Data are for calendar years (January–December for each year) from 2009 to 2013 for all areas except Detroit, where data are for calendar years for all years except 2012, which are fiscal year data (October 2011 through September 2012).

[3]San Francisco data were not comparable over the period due to changes in reporting in 2010. Data for 2011 and 2012 for San Francisco are not included here, as they were for the five-county bay area instead of San Francisco County. Data for San Francisco for 2013 were for San Francisco County only.

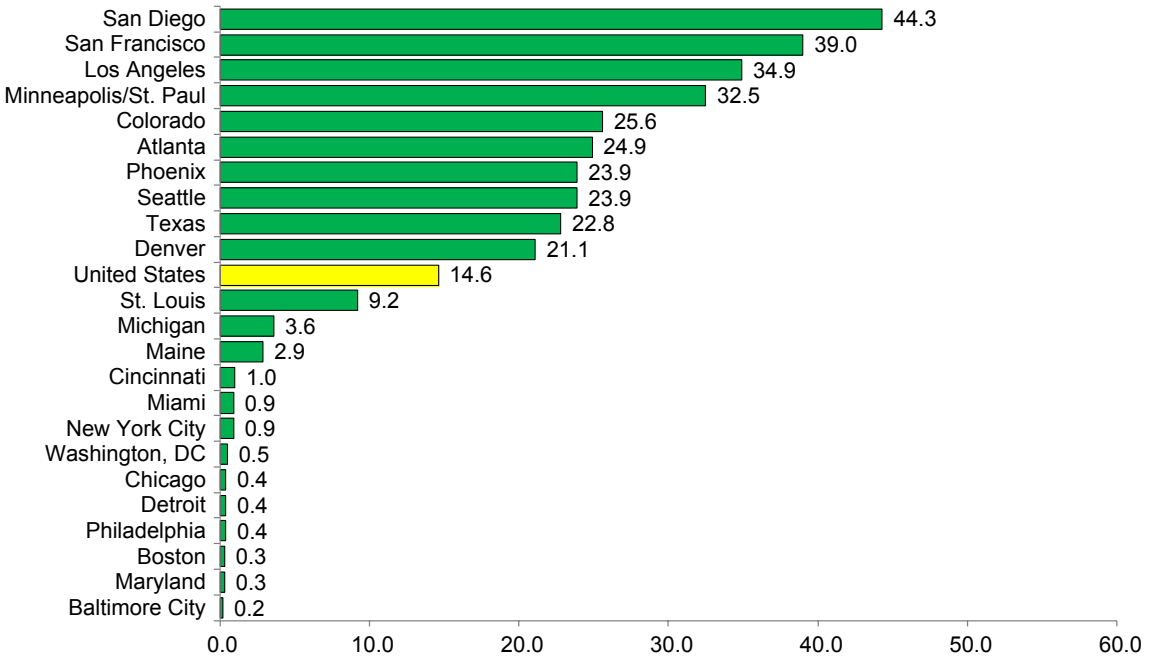
[4]Primary treatment admissions data were not available for 2013 for Colorado, Los Angeles, and San Diego.

SOURCES: State and local CEWG reports, June 2009–2013 meetings

NFLIS Drug Reports:

- **Methamphetamine drug reports ranked** first in proportions of total drug reports among drug items seized and analyzed in NFLIS forensic laboratories in 6 CEWG areas (Atlanta, Colorado, Los Angeles, Minneapolis/St. Paul, San Diego, and San Francisco) among the 17 CEWG areas where methamphetamine ranked among the top 10 drugs in **2013**. In another four areas, all in the western region of the United States, methamphetamine ranked second among drug reports (Denver, Phoenix, Seattle, and Texas). San Diego had the highest percentage of methamphetamine drug reports, at 44.3 percent, while in 9 of 23 CEWG areas, less than 1.0 percent of total NFLIS drug reports in 2013 were for methamphetamine. All are east of the Mississippi River (figure 18; appendix table 3).

Figure 18. Methamphetamine Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports,[1] in 23 CEWG Areas and the United States: 2013[2]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented area combined count including primary, secondary,and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2013, January–December; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

- The majority of CEWG areas showed increases in **methamphetamine drug reports from 2012 to 2013** (figure 19; table 26). The proportion of methamphetamine drug reports increased over the 2-year period in 20 of 23 CEWG areas and in the United States, decreased slightly in 2 areas (Michigan and Washington, DC), and remained stable in 1 area (Boston). The largest increases in methamphetamine drug report percentages were in three areas with high percentages of such reports in 2013—Minneapolis/St Paul (32.5 percent of drug reports), Colorado (25.6 percent of drug reports), and Los Angeles (34.9 percent of total reports). Their respective percentage-point increases were 9.9, 7.7, and 7.3 between 2012 and 2013 (figure 19; table 26).

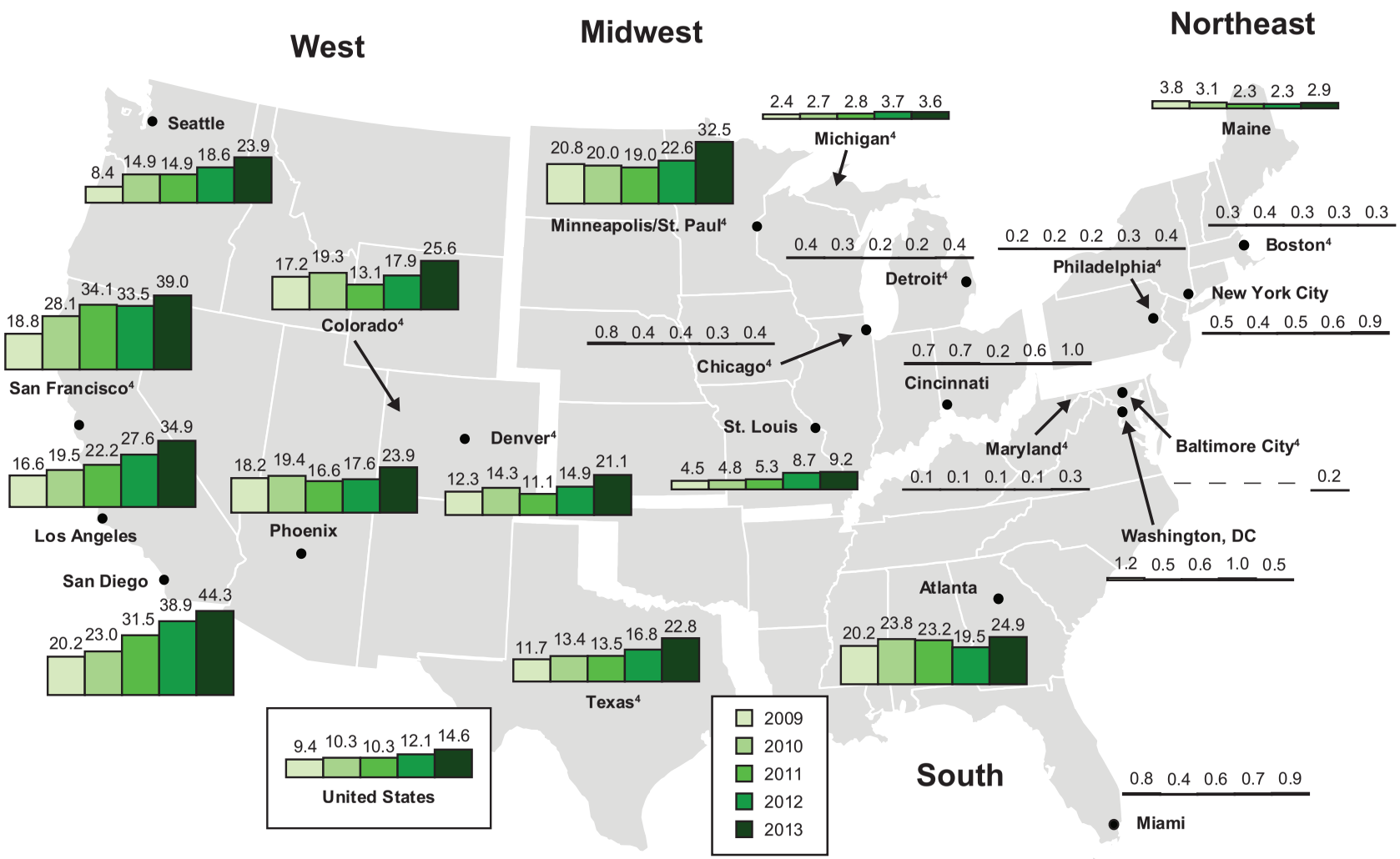
- **From 2009 to 2013,** increases in methamphetamine drug reports were noted for 18 CEWG areas and the United States, with slight declines in 3 areas—Chicago, Maine, and Washington, DC—and no change in 2 areas—Boston and Detroit (table 25; figure 18). The largest increases were in San Diego and San Francisco at 24.1 and 20.2 percentage-points, respectively (table 25).

Table 26. Percentage of Methamphetamine Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, as a Percentage of Total Reports and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[3]

CEWG Area[2]	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta	20.2	23.8	23.2	19.5	24.9	+4.7	+5.4
Baltimore City[4]	0.0	0.0	0.0	0.0	0.2	+0.2	+0.2
Boston[4]	0.3	0.4	0.3	0.3	0.3	0.0	0.0
Chicago[4]	0.8	0.4	0.4	0.3	0.4	-0.4	+0.1
Cincinnati	0.7	0.7	0.2	0.6	1.0	+0.3	+0.4
Colorado[4]	17.2	19.3	13.1	17.9	25.6	+8.4	+7.7
Denver[4]	12.3	14.3	11.1	14.9	21.1	+8.8	+6.2
Detroit[4]	0.4	0.3	0.2	0.2	0.4	0.0	+0.2
Los Angeles	16.6	19.5	22.2	27.6	34.9	+18.3	+7.3
Maine	3.8	3.1	2.3	2.3	2.9	-0.9	+0.6
Maryland[4]	0.1	0.1	0.1	0.1	0.3	+0.2	+0.2
Miami	0.8	0.4	0.6	0.7	0.9	+0.1	+0.2
Michigan[4]	2.4	2.7	2.8	3.7	3.6	+1.2	-0.1
Minneapolis/St. Paul[4]	20.8	20.0	19.0	22.6	32.5	+11.7	+9.9
New York City	0.5	0.4	0.5	0.6	0.9	+0.4	+0.3
Philadelphia[4]	0.2	0.2	0.2	0.3	0.4	+0.2	+0.1
Phoenix	18.2	19.4	16.6	17.6	23.9	+5.7	+6.3
St. Louis	4.5	4.8	5.3	8.7	9.2	+4.7	+0.5
San Diego	20.2	23.0	31.5	38.9	44.3	+24.1	+5.4
San Francisco[4]	18.8	28.1	34.1	33.5	39.0	+20.2	+5.5
Seattle	8.4	14.9	14.9	18.6	23.9	+15.5	+5.3
Texas[4]	11.7	13.4	13.5	16.8	22.8	+11.1	+6.0
Washington, DC	1.2	0.5	0.6	1.0	0.5	-0.7	-0.5
United States	9.4	10.3	10.3	12.1	14.6	+5.2	+2.5

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Figure 19. Percentage of Methamphetamine Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, Each as a Percentage of Total Reports: 2009–2013[3]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Marijuana/Cannabis

Marijuana/cannabis levels continued to be reported as moderate or high compared with other major illicit drugs in 2013 across all CEWG areas, based on primary treatment admissions and reports identified as marijuana/cannabis among drug items seized and analyzed by forensic laboratories. New marijuana/cannabis laws legalizing both medical and recreational marijuana/cannabis use continued to be reported as influencing indicators in several areas currently, according to the CEWG representatives from Denver/Colorado, Detroit, Maine, Seattle, and Washington, DC. High and stable indicators for marijuana were reported by 5 of the 19 area representatives, from Chicago, Cincinnati, Detroit, New York City, and St. Louis. Mixed indicators (with some increasing, some stable, and some declining) were noted by 13 of the 19 reporting representatives: Atlanta; Baltimore/Maryland/Washington, DC; Boston; Denver/Colorado; Los Angeles; Maine; Minneapolis/St. Paul; Phoenix; San Diego; San Francisco; Seattle; South Florida/Miami-Dade and Broward Counties; and Texas. The Philadelphia CEWG representative reported that marijuana trends were unclear for 2013 for that area.

- ***Western Region:*** Levels for marijuana/cannabis were reported as mixed at high or moderate levels in 2013 relative to other major drugs in all of the CEWG areas in the western region. While indicators there showed some mixed trends, the area representative from **Denver/Colorado** reported that marijuana continued to be a major drug of abuse in Colorado and in the Denver/Boulder metropolitan area, based on treatment admissions data, drug-related hospital discharge data, emergency department data, data from the National Survey for Drug Use and Health (NSDUH), and availability information. Proportions of drug reports from items seized and identified by forensic laboratories as marijuana, however, declined in both Denver and Colorado in 2013, compared with 2012. Continuing increases in marijuana indicators in 2013, compared with 2012, in the area was a key finding for the Denver/Colorado area representative in the 2013 reporting period. While the area representatives from the remaining six CEWG areas in the West reported mixed indicators, with some increasing, some declining, and some stable, comparing 2013 with 2012, proportions of marijuana drug reports among items analyzed by NFLIS laboratories declined in all of these western areas between these 2 years. Proportions of primary marijuana treatment admissions (or treatment episodes) also decreased in 2013, compared with 2012, in **Phoenix, San Francisco,** and **Seattle**, but they increased in **Texas** in that period. Several increases in other marijuana indicators were reported. In **Los Angeles**, there were increases in the proportion of coroner toxicology cases with marijuana detected and in the proportion of marijuana calls to poison control centers, and in **San Diego**, the proportions of arrestees with urinalysis-positive tests for marijuana increased in all three sub-groups (adult females, adult males, and juveniles) in 2013, compared with 2012.

- ***Midwestern Region:*** Marijuana/cannabis levels were high relative to other drugs, and indicators were reported by the CEWG representatives as stable in the 2013 reporting period in four of the five areas of the Midwest—**Chicago, Cincinnati, Detroit,** and **St. Louis**. Indicators for marijuana also continued to be high in **Minneapolis/St. Paul**, but they were reported as mixed in this reporting period. The proportion of primary marijuana treatment admissions was reported as stable from 2012 to 2013, but the proportion of marijuana reports among drug items seized and analyzed by forensic laboratories had decreased in 2013, compared with 2012.

- ***Northeastern Region:*** Two of the four CEWG area representatives in the northeastern region, from **Boston** and **Maine**, reported mixed indicators for marijuana/cannabis in 2013, when compared with previous reporting periods. In Boston, primary marijuana treatment admissions were stable in 2013 from 2012, and reports from seized and analyzed drug items identified as marijuana increased in the 2 years. Proportions of both primary marijuana treatment admissions and drug reports identified as marijuana among items analyzed in NFLIS laboratories both declined in Maine, while proportions of positive urinalysis tests for marijuana among impaired drivers increased in 2013, compared with 2012. Levels for marijuana/cannabis relative to other drugs were reported as high and indicators in 2013 were stable in **New York City**. The area representative from **Philadelphia** reported that marijuana/cannabis trends were unclear in this reporting period.

- ***Southern Region:*** All three CEWG area representatives in the southern area reported high levels and mixed trends for marijuana/cannabis indicators in 2013, compared with 2012. In **Atlanta**, the proportion of primary marijuana/cannabis treatment admissions was stable in 2013, according to the area representative, while the proportions of calls to the poison control center and of arrestees testing urinalysis positive for marijuana both declined in 2013 from 2012. The numbers of primary marijuana treatment enrollments were stable in **Baltimore City** in 2013, but they declined from 2012 in the State of **Maryland**. The proportions of drug reports identified as marijuana/cannabis among drug items seized and analyzed in forensic laboratories declined in Baltimore City in 2013 from 2012, were stable in Maryland, but increased in **Washington, DC**, according to the area representative. In the **South Florida/Miami-Dade and Broward Counties** area, levels continued to be high for marijuana/cannabis indicators, according to the area representative. Proportions of marijuana/cannabis reports among seized and analyzed drug items were stable in 2013 in the Miami MSA. However, proportions of primary marijuana treatment admissions declined in 2013, compared with 2012, in both South Florida counties.

Other Highlights – Cross-Area Data Sources:

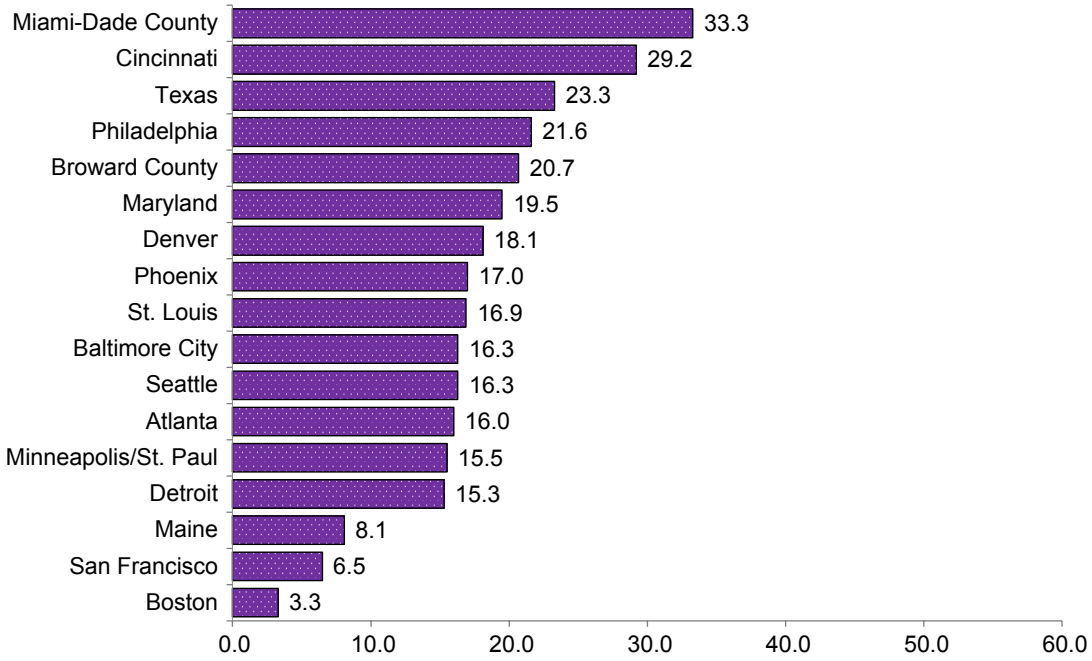
Treatment Admissions:

- In **2013**, 7 of 17 CEWG reporting areas **ranked marijuana/cannabis** in first or second place among primary drugs at admission. Marijuana ranked first in treatment admission proportions in one area—Cincinnati. It ranked second in six areas—Atlanta, Denver, Minneapolis/St. Paul, Philadelphia, Miami-Dade County in South Florida, and Texas (table 1). The highest percentage of treatment admissions for primary marijuana was in South Florida/Miami-Dade County (33.3 percent), and the lowest proportion was in Boston (3.3 percent) in 2013 (table 27, figure 20).

- ***Gender of Marijuana/Cannabis Admissions.*** **Males** predominated in all 17 CEWG areas reporting on the gender of primary marijuana/cannabis admissions in **2013** (table 28). The proportion of males ranged from a high of 87.6 percent of marijuana/cannabis admissions in Philadelphia to a low of 58.4 percent in Phoenix.

- ***Age of Marijuana/Cannabis Admissions.*** In 12 of the 16 CEWG areas for which age distributions were reported for **2013**, the majority of primary marijuana/cannabis treatment admissions were **25 and younger**. Exceptions were Boston, Cincinnati, Philadelphia, and Phoenix. South Florida/Miami-Dade County and South Florida/Broward County had the highest proportions of primary marijuana/cannabis treatment admissions who were **younger than 18**, at more than one-half (with 81.8 and 69.0 percent, respectively). Philadelphia (37.4 percent) and Phoenix (36.4 percent) had the highest proportions of marijuana/cannabis admissions in the next **age cohort, 18–25**. Older primary marijuana/cannabis treatment admissions (**35 and older**) were most common in Phoenix, at approximately 26 percent, and Boston, at approximately 24 percent (table 28).

Figure 20. Primary Marijuana Treatment Admissions, as a Percentage of Total Treatment Admissions, in 17 CEWG Areas:[1] 2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. Appendix table 2 contains details of these data for each area and descriptions of populations covered. The data presented are treatment admissions for which the primary drug of abuse is reported as marijuana.
[2]Data are for calendar year 2013 (January–December) for all areas.
SOURCES: June 2014 State and local CEWG reports

Table 27. Number of Primary Marijuana Treatment Admissions in 17 CEWG Areas, as a Percentage of Total Substance Abuse Admissions, Including Primary Alcohol Admissions:[1] 2013[2]

CEWG Area	Primary Marijuana Admissions	Percentage of Total Admissions
	#	%
Atlanta	1,423	16.0
Baltimore City	2,460	16.3
Boston[3]	512	3.3
Cincinnati	618	29.2
Denver	2,364	18.1
Detroit	1,104	15.3
Maine	1,071	8.1
Maryland	9,920	19.5
Minneapolis/St. Paul	3,390	15.5
Philadelphia	1,903	21.6
Phoenix[3]	1,514	17.0
St. Louis	2,192	16.9
San Francisco	718	6.5
Seattle	1,494	16.3
South Florida/Broward County	748	20.7
South Florida/Miami-Dade County	1,351	33.3
Texas	18,278	23.3

[1]More information on these data is available in the footnotes and notes for appendix table 2.
[2]Data are calendar year 2013 (January–December) for all areas.
[3]Treatment data for Boston do not include admissions younger than 14, while Phoenix treatment data do not include admissions younger than 18.
SOURCES: June 2014 State and local CEWG reports

Table 28. Demographic Characteristics of Primary Marijuana Treatment Admissions in 17 CEWG Areas, as a Percentage of Total Marijuana Admissions:[1] 2013[2]

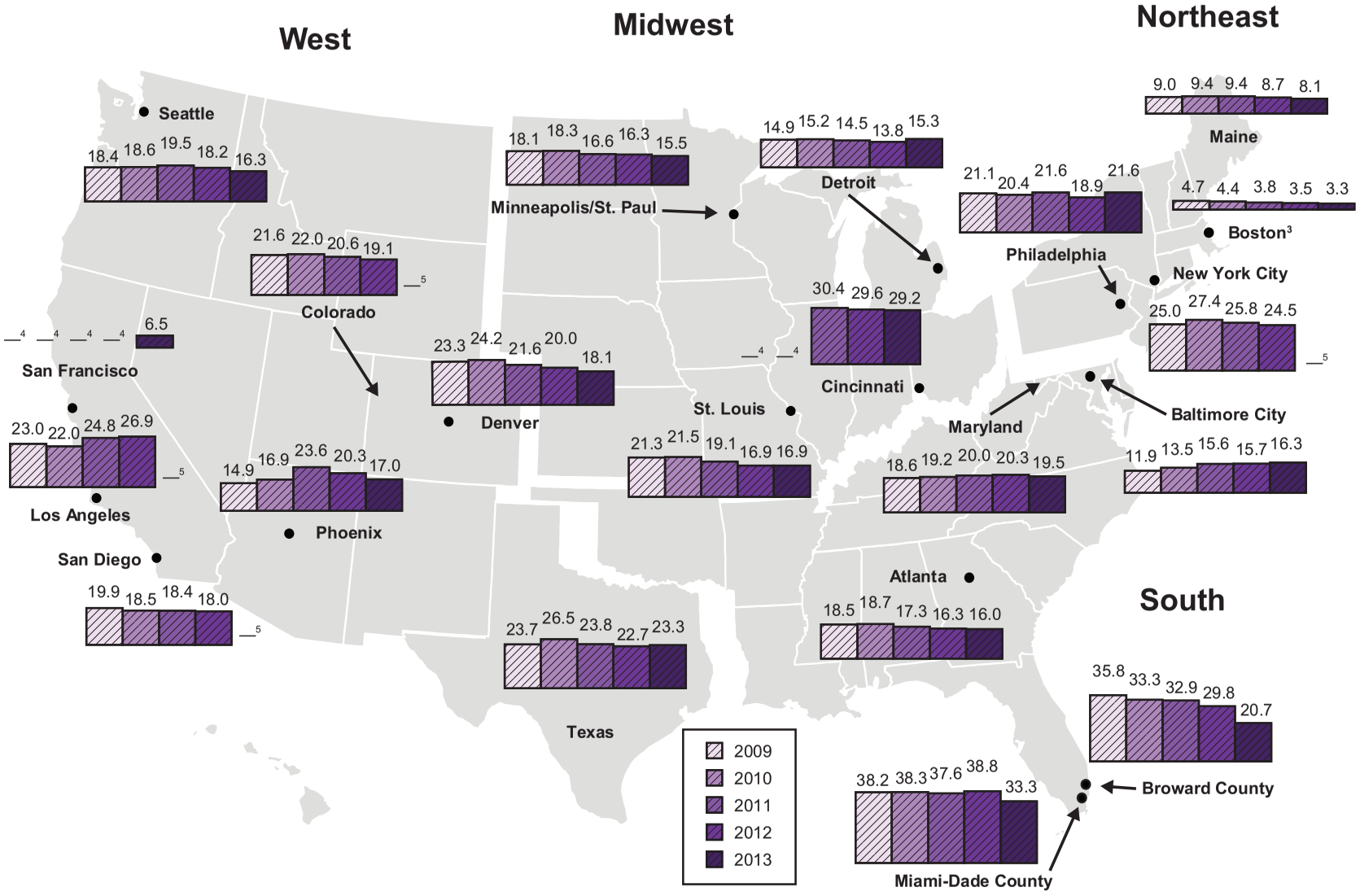
CEWG Area	Gender[3]		Age Group			
	Male	Female	Younger Than 18	18–25	26–34	35 and Older
Atlanta	67.1	32.9	19.1	34.1	28.3	18.6
Baltimore City	73.7	26.3	39.0	30.1	18.7	12.2
Boston[4]	77.0	23.0	11.7	35.4	27.7	23.8
Cincinnati	75.1	24.9	10.8	35.6[5]	34.8[5]	19.6
Denver	79.9	20.1	26.7	29.9	25.3	18.1
Detroit	60.5	39.5	21.5	33.3	24.8	20.4
Maine	72.3	27.7	30.6	29.9	19.8	19.7
Maryland	77.7	22.3	36.6	34.9	17.5	10.9
Minneapolis/St. Paul	77.2	22.8	27.1	38.4	20.1	14.5
Philadelphia	87.6	12.4	3.3	41.7	37.4	17.7
Phoenix[4]	58.4	41.6	—[4]	37.2	36.4	26.4
St. Louis	71.0	29.0	31.1	25.0	23.1	20.8
San Francisco	68.7	30.8	42.1	19.8	18.2	19.8
Seattle	73.9	26.1	50.0	21.4	19.5[6]	9.1[6]
South Florida/ Broward County	76.6	23.4	35.0	34.0	18.9	12.2
South Florida/ Miami-Dade County	72.3	27.7	61.6	20.2	10.4	7.8
Texas	70.3	29.7	NR[7]	NR[7]	NR[7]	NR[7]

[1]Percentages are rounded to one decimal place.
[2]Data are for calendar year 2013 (January–December) for all areas.
[3]Percentages may not add to 100 percent due to the presence of unknown gender or age.
[4]Treatment data for Boston do not include admissions younger than 15. Phoenix treatment data do not include admissions younger than 18; therefore, reports of treatment admissions for clients younger than 18 do not apply to Phoenix.
[5]The age ranges are 18–24 and 25–34 in Cincinnati.
[6]The age ranges are 26–39 and 40 and older for Seattle.
[7]NR=Not reported.
SOURCES: June 2014 State and local CEWG reports

- From **2012 to 2013**, 17 of 16 reporting areas showed a decline in percentages of treatment admissions for primary marijuana, while 4 showed increases (Baltimore City, Detroit, Philadelphia, and Texas). One area, St. Louis, had the same proportions in 2012 and 2013. The largest decrease over the 2-year period in marijuana admission proportions was in Broward County (9.1 percentage points), and the largest increase was in Philadelphia (2.7 percentage points) (table 30, figure 21).

- Of 15 CEWG areas reporting treatment admissions data for marijuana for 5 years from **2009 to 2013**, 5 areas showed increases (Baltimore City, Detroit, Maryland, Philadelphia, and Phoenix), the largest being in Baltimore City (4.4 percentage points). Ten areas showed decreases—Atlanta, Boston, Denver, Maine, Minneapolis/St. Paul, St. Louis, Seattle, South Florida Broward and Miami-Dade Counties, and Texas. The largest decline in proportions of primary marijuana treatment admissions over the 5-year period was in Broward County, at 15.1 percentage points (table 29).

Figure 21. Primary Marijuana Treatment Admissions as a Percentage of Total Treatment Admissions in 21 CEWG Areas in 4 U.S. Regions:[1] 2009–2013[2]



[1]These treatment admissions data are provided by area representatives for cross-area reporting from June CEWG meeting area reports. The data presented are treatment admissions for which the primary drug of abuse is reported as marijuana (see appendix table 2 for more information on geographic coverage and completeness of these data). Treatment data for all years were not available for Chicago and Washington, DC.

[2]Data are for calendar years (January–December for each year) from 2009 to 2013 for all areas except Detroit, where data are for calendar years for all years except 2012, which are fiscal year data (October 2011 through September 2012).

[3]Boston data for 2008–2011 do not match data shown in previous June reports, as these data were updated by the area representative.

[4]Cincinnati and San Francisco data were not comparable over the period due to changes in reporting in 2010. Data for 2011 and 2012 for San Francisco are not included here, as they were for the five-county bay area instead of San Francisco County. Data for San Francisco for 2013 were for San Francisco County only.

[5]Primary treatment admissions data were not available for 2013 for Colorado, Los Angeles, New York City, and San Diego.

SOURCES: State and local CEWG reports, June 2009–2013 meetings

Table 29. Primary Marijuana Treatment Admissions, as a Percentage of Total Admissions in 16 CEWG Areas, and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[1]

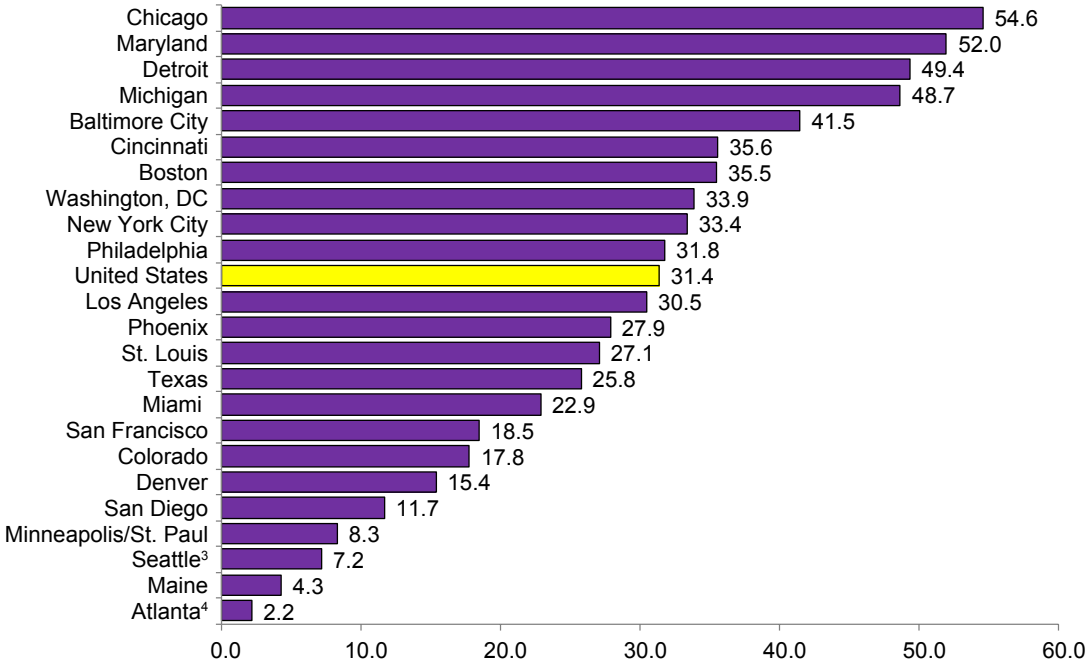
CEWG Area[2]	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta[3]	18.5	18.7	17.3	16.3	16.0	-2.5	-0.3
Baltimore City[3]	11.9	13.5	15.6	15.7	16.3	+4.4	+0.6
Boston[3,4]	4.7	4.4	3.8	3.5	3.3	-1.4	-0.2
Cincinnati[5]	—[5]	—[5]	30.4	29.6	29.2	—[5]	-0.4
Denver	23.3	24.2	21.6	20.0	18.1	-5.2	-1.9
Detroit	14.9	15.2	14.5	13.8	15.3	+0.4	+1.5
Maine	9.0	9.4	9.4	8.7	8.1	-0.9	-0.6
Maryland[3]	18.6	19.2	20.0	20.3	19.5	+0.9	-0.8
Minneapolis/St. Paul	18.1	18.3	16.6	16.3	15.5	-2.6	-0.8
Philadelphia[3]	21.1	20.5	21.6	18.9	21.6	+0.5	+2.7
Phoenix[4]	14.9	16.9	23.6	20.3	17.0	+2.1	-3.3
St. Louis	21.3	21.5	19.1	16.9	16.9	-4.4	0.0
Seattle	18.4	18.6	19.5	18.2	16.3	-2.1	-1.9
South Florida/ Broward County	35.8	33.3	32.9	29.8	20.7	-15.1	-9.1
South Florida/ Miami-Dade County	38.2	38.3	37.6	38.8	33.3	-4.9	-5.5
Texas[3]	23.7	26.5	23.8	22.7	23.3	-0.4	+0.6

[1]Data are for calendar years (January–December for each year) for all areas.
[2]Treatment data for all years were not available for Chicago and Washington, DC. Data for 2013 were not available for Colorado, Los Angeles, New York City, and San Diego, although data for earlier years were presented in earlier reports. Data for 2013 for San Francisco were for San Francisco County only and are not comparable with 2011 and 2012 data, as they were for the five-county bay area. San Francisco data for 2011 and 2012 were not comparable with 2009 and 2010 data due to changes in reporting.
[3]Data for these areas do not match data contained in previous June reports, as these data were updated by the area representatives.
[4]Treatment data for Boston do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
[5]Cincinnati data were not comparable over the period due to changes in reporting in 2010.
SOURCES: June 2014 State and local CEWG reports; *June 2013 Highlights and Executive Summary Volume I* CEWG report, p. 74; *June 2012 Highlights and Executive Summary Volume I* CEWG report, p. 76; *June 2011 Highlights and Executive Summary Volume I* CEWG report, p. 76; *June 2010 Highlights and Executive Summary Volume I* CEWG report, p. 88

NFLIS Drug Reports:

- In the United States and in all but 10 of 23 CEWG areas, **marijuana/cannabis** was the most frequently **reported drug** among drug items seized and analyzed in NFLIS forensic laboratories in **2013**. The drug **ranked in first place** in Phoenix and Texas in the West; Chicago, Cincinnati, Detroit, Michigan, and St. Louis in the Midwest; Boston, New York City, and Philadelphia in the Northeast; and Baltimore City, Maryland, and Washington, DC, in the South. The drug ranked first in the United States. Marijuana/cannabis ranked second in drug reports in three areas—Los Angeles, Miami, and San Francisco (table 2). Chicago had the highest percentage of marijuana/cannabis drug reports in 2013 at 54.6 percent, followed by Maryland at 52.0 percent. The lowest was in Atlanta (2.2 percent) (figure 22; appendix table 3).

Figure 22. Marijuana/Cannabis Drug Reports Identified Among Drug Items Seized and Analyzed in NFLIS Forensic Laboratories, as a Percentage of Total NFLIS Drug Reports,[1] in 23 CEWG Areas and the United States: 2013[2]

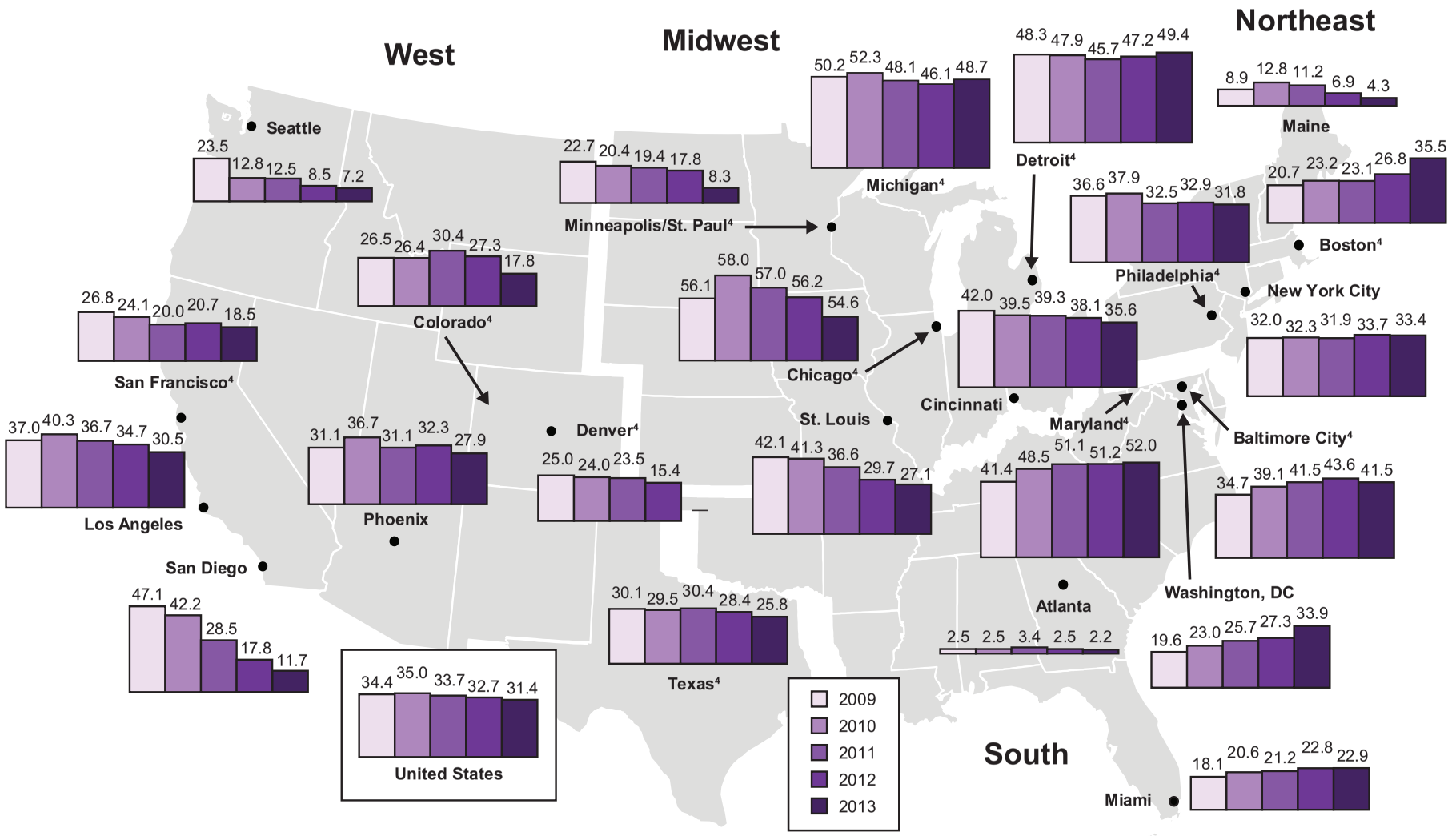


[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented area combined count including primary,secondary,and tertiary reports for each selected drug item seized and analyzed.
[2]Data are for calendar year 2013, January–December; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]Police evidence positive for marijuana/cannabis dropped in King County and statewide, which was attributed by the area representative to policy resources and increases in some field testing for marijuana/cannabis.
[4]In 2004, Georgia initiated a statewide administrative policy that when marijuana/cannabis is seized by law enforcement officers, laboratory testing is not required. This results in artificially low numbers of such drug reports identified in this CEWG area compared with other CEWG areas.
SOURCE: NFLIS,DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

- Of 23 areas with NFLIS data for **2012 and 2013**, 6 areas (Boston, Detroit, Maryland, Miami, Michigan, and Washington, DC) showed increased percentages of marijuana/cannabis drug reports, while 17 areas and the United States showed decreases. The areas in which marijuana drug report proportions declined were Atlanta, Baltimore City, Chicago, Cincinnati, Colorado, Denver, Los Angeles, Maine, Minneapolis/St. Paul, New York City, Philadelphia, Phoenix, St. Louis, San Diego, San Francisco, Seattle, and Texas. The largest increase, of 8.7 percentage points, in the 2-year period was in Boston; Minneapolis/St. Paul and Colorado had the largest decrease in marijuana/cannabis reports, at 9.5 percentage points each (figure 23 and table 30).

- From **2009 to 2013**, 7 of 23 areas showed increases in proportions of marijuana/cannabis reports in NFLIS data, with the largest increases for Boston and Washington, DC (at 14.8 and 14.3 percentage points, respectively). Declines in marijuana drug reports were more prevalent, reported in 16 areas and the United States. The largest decline was observed for San Diego, at 35.4 percentage points, followed by Seattle, at 16.3 percentage points (figure 23; table 30).

Figure 23. Percentage of Marijuana Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, Each as a Percentage of Total Reports: 2009–2013[3]



[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Table 30. Percentage of Marijuana/Cannabis Drug Reports Identified Among Drug Items[1] Seized and Analyzed by Forensic Laboratories in 23 CEWG Areas[2] and the United States, as a Percentage of Total Reports and Percentage-Point Changes for 2 Time Periods: 2009–2013 and 2012–2013[3]

CEWG Area	Years (in Percent)					Percentage-Point Change	
	2009	2010	2011	2012	2013	2009–2013	2012–2013
Atlanta	2.5	2.5	3.4	2.5	2.2	-0.3	-0.3
Baltimore City[4]	34.7	39.1	41.5	43.6	41.5	+6.8	-2.1
Boston[4]	20.7	23.2	23.1	26.8	35.5	+14.8	+8.7
Chicago[4]	56.1	58.0	57.0	56.2	54.6	-1.5	-1.6
Cincinnati	42.0	39.5	39.3	38.1	35.6	-6.4	-2.5
Colorado[4]	26.5	26.4	30.4	27.3	17.8	-8.7	-9.5
Denver[4]	25.0	24.0	23.5	21.0	15.4	-9.6	-5.6
Detroit[4]	48.3	47.9	45.7	47.2	49.4	+1.1	+2.2
Los Angeles	37.0	40.3	36.7	34.7	30.5	-6.5	-4.2
Maine	8.9	12.8	11.2	6.9	4.3	-4.6	-2.6
Maryland[4]	41.4	48.5	51.1	51.2	52.0	+10.6	+0.8
Miami	18.1	20.6	21.2	22.8	22.9	+4.8	+0.1
Michigan[4]	50.2	52.3	48.1	46.1	48.7	-1.5	+2.6
Minneapolis/St. Paul[4]	22.7	20.4	19.4	17.8	8.3	-14.4	-9.5
New York City	32.0	32.3	31.9	33.7	33.4	+1.4	-0.3
Philadelphia[4]	36.6	37.9	32.5	32.9	31.8	-4.8	-1.1
Phoenix	31.1	36.7	31.1	32.3	27.9	-3.2	-4.4
St. Louis	42.1	41.3	36.6	29.7	27.1	-15.0	-2.6
San Diego	47.1	42.2	28.5	17.8	11.7	-35.4	-6.1
San Francisco[4]	26.8	24.1	20.0	20.7	18.5	-8.3	-2.2
Seattle	23.5	12.8	12.5	8.5	7.2	-16.3	-1.3
Texas[4]	30.1	29.5	30.4	28.4	25.8	-4.3	-2.6
Washington, DC	19.6	23.0	25.7	27.3	33.9	+14.3	+6.6
United States	34.4	35.0	33.7	32.7	31.4	-3.0	-1.3

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Geographic coverage of NFLIS drug report data for 2013 is described in appendix 3.1–3.24.
[3]Data are for calendar years 2009–2013 (January–December of each year). Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]Completeness of NFLIS reporting varies between years in several CEWG areas (appendix tables 3.1–3.24 describe completeness of 2013 data).
SOURCE: NFLIS, DEA, data for 2009–2010 were retrieved on May 11, 2012; data for 2011 were retrieved on May 7–8, 2012; data for 2012 were retrieved on May 7–9, 2013; data for 2013 were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; 2013 data for the United States were retrieved on May 13, 2014

Other Drugs

MDMA/Ecstasy

Indicators for MDMA (3,4-methylenedioxymethamphetamine) were reported as low or very low relative to other drugs in all CEWG areas in 2013. MDMA was not cited among key findings for the reporting period by any area representatives. Several area representatives continued to report that drugs sold as "ecstasy" in their areas were no longer MDMA. In both the Seattle and South Florida/Miami-Dade and Broward Counties areas, substances called "Mollys" continued to be sold as ecstasy, but they were identified as containing methylone rather than MDMA.

Other Highlights – Cross-Area Data Sources:

NFLIS Drug Reports:

- **MDMA**, or ecstasy, **ranked** among the top 10 drug reports (primary, secondary, and tertiary reports) from items seized and identified in **NFLIS** laboratories in 5 of 23 CEWG areas in 2013. It ranked eighth in Chicago and Los Angeles, and ninth in San Francisco, Seattle, and Washington, DC (table 2; appendix table 3).
- The proportions of MDMA among analyzed NFLIS drug reports from items seized and identified in forensic laboratories were less than 1.0 percent in the United States and in all but 3 of 23 CEWG areas—San Francisco, Seattle, and Washington, DC, where percentages were 1.0, 1.0, and 1.1, respectively (table 31).

PCP and Other Drugs

PCP (phencyclidine) continued to be reported by area representatives in 2013 as a drug of concern in some CEWG areas, specifically Los Angeles, Chicago, New York City, Philadelphia, and Baltimore/Maryland/Washington, DC, where the drug continued to appear among primary treatment admissions, drug reports among items analyzed in forensic laboratories, or death data. In addition to these areas that have reported on PCP in recent reporting periods, the area representative from Boston reported that PCP was "back on the watch list" in 2013. The St. Louis area representative reported that while PCP was not seen in quantity, it remained in most indictors as a secondary drug. The St. Louis and Texas area representatives reported that PCP was often used as a dip for marijuana joints.

Other Highlights – Cross-Area Data Sources:

NFLIS Drug Reports:

- **PCP ranked** among the top 10 most frequent **NFLIS drug reports** from items seized and analyzed in NFLIS laboratories in 6 of 23 CEWG areas in this reporting period. PCP ranked 4th in Washington, DC; the drug ranked 5th in Los Angeles; it ranked 7th in Chicago, New York City, and Philadelphia; and it ranked 10th in Seattle (table 2; appendix table 3). PCP reports were highest in Washington, DC, at 6.9 percent of total drug reports, followed by Philadelphia (2.2 percent) (table 31). BCP (benocyclidine), a derivative of PCP, ranked 10th among the top 10 ranked reports from drug items seized and analyzed in NFLIS laboratories in Cincinnati.

Table 31. Number and Percentage of MDMA, PCP, Psilocin, Carisoprodol, BZP, TFMPP, Ketamine, Cathinone/Cathine, LSD, and 5-MeO-DIPT, and Reports for Other Selected Drugs and Substances,[1] as a Proportion of the Total Drug Reports Among Drug Items Identified by Forensic Laboratories, in 23 CEWG Areas and in the United States: 2013[2]

CEWG Area	MDMA	PCP	Psilocin[3]	Caris-oprodol	BZP	TFMPP[4]	Keta-mine	Cathinone/ Cathine/ Khat	LSD	5-MeO-DIPT[5]	Levamisole (Phenylimido-Thiazole Isomer Undetermined)[4]	Dimethyl Sulfone[4]	Total
Atlanta	49 (0.3)	0	68 (0.4)	76 (0.5)	20 (0.1)	66 (0.4)	30 (0.2)	3 (0.0)	8 (0.0)	2 (0.0)	40 (0.2)	20 (0.1)	16,310
Baltimore City	15 (0.1)	12 (0.0)	9 (0.0)	6 (0.0)	61 (0.2)	0	8 (0.0)	0	0	36 (0.1)	5 (0.0)	0	29,852
Boston	6 (0.1)	14 (0.2)	18 (0.02)	3 (0.0)	1 (0.0)	0	16 (0.2)	0	1 (0.0)	1 (0.0)	55 (0.6)	2 (0.0)	8,729
Chicago	470 (0.7)	536 (0.8)	124 (0.2)	12 (0.0)	584 (0.9)	15 (0.0)	35 (0.1)	4 (0.0)	29 (0.0)	28 (0.0)	233 (0.3)	63 (0.1)	67,870
Cincinnati	10 (0.1)	0	12 (0.1)	3 (0.0)	34 (0.3)	2 (0.0)	0	2 (0.0)	5 (0.0)	0	17 (0.1)	0	12,817
Colorado	88 (0.6)	0	140 (1.0)	14 (0.1)	13 (0.1)	13 (0.1)	25 (0.2)	4 (0.0)	19 (0.1)	11 (0.1)	35 (0.2)	54 (0.4)	14,396
Denver	57 (0.6)	0	50 (0.5)	11 (0.1)	4 (0.0)	5 (0.0)	20 (0.2)	2 (0.0)	7 (0.1)	10 (0.1)	19 (0.2)	12 (0.1)	10,086
Detroit	17 (0.2)	0	4 (0.1)	2 (0.0)	27 (0.4)	13 (0.2)	1 (0.0)	3 (0.0)	6 (0.1)	0	27 (0.4)	10 (0.1)	7,464
Los Angeles	253 (0.7)	310 (0.8)	84 (0.2)	144 (0.4)	9 (0.0)	8 (0.0)	35 (0.1)	60 (0.2)	26 (0.1)	0	32 (0.1)	40 (0.1)	37,463
Maine	8 (0.07)	0	8 (0.7)	2 (0.2)	2 (0.2)	0	2 (0.2)	0	6 (0.5)	0	20 (1.7)	1 (0.1)	1,144
Maryland	91 (0.1)	270 (0.4)	102 (0.2)	68 (0.1)	97 (0.2)	5 (0.0)	41 (0.1)	0	30 (0.0)	24 (0.0)	123 (0.2)	9 (0.0)	62,430
Miami	54 (0.2)	—[6]	17 (0.1)	13 (0.1)	21 (0.1)	18 (0.1)	16 (0.1)	0	8 (0.0)	8 (0.0)	154 (0.7)	12 (0.1)	23,069
Michigan	120 (0.4)	0	104 (0.3)	8 (0.0)	85 (0.2)	31 (0.1)	26 (0.1)	10 (0.0)	31 (0.1)	3 (0.0)	32 (0.1)	15 (0.0)	34,004
Minneapolis/ St. Paul	36 (0.9)	24 (0.6)	62 (1.5)	0	38 (0.9)	10 (0.2)	3 (0.1)	49 (1.2)	3 (0.1)	8 (0.2)	17 (0.4)	63 (1.5)	4,108
New York City	133 (0.4)	586 (1.6)	38 (0.1)	0	89 (0.2)	2 (0.0)	353 (1.0)	55 (0.2)	8 (0.0)	0	127 (0.4)	9 (0.0)	35,605

Table 31 (continued). Number and Percentage of MDMA, PCP, Psilocin, Carisoprodol, BZP, TFMPP, Ketamine, Cathinone/Cathine, LSD, and 5-MeO-DIPT, and Reports for Other Selected Drugs and Substances,[1] as a Proportion of the Total Drug Reports Among Drug Items Identified by Forensic Laboratories, in 23 CEWG Areas and in the United States: 2013[2]

CEWG Area	MDMA	PCP	Psilocin[3]	Caris-oprodol	BZP	TFMPP[4]	Keta-mine	Cathinone/ Cathine/ Khat	LSD	5-MeO-DIPT[5]	Levamisole (Phenylimido-Thiazole Isomer Undetermined)[4]	Dimethyl Sulfone[4]	Total
Philadelphia	13 (0.1)	503 (2.2)	3 (0.0)	0	3 (0.0)	5 (0.0)	2 (0.0)	1 (0.0)	0	0	20 (0.1)	5 (0.0)	22,896
Phoenix	22 (0.2)	6 (0.1)	14 (0.1)	86 (0.9)	1 (0.0)	9 (0.1)	5 (0.1)	1 (0.0)	1 (0.0)	0	7 (0.1)	11 (0.1)	9,932
St. Louis	72 (0.4)	34 (0.2)	48 (0.3)	39 (0.2)	84 (0.5)	2 (0.0)	10 (0.1)	0	9 (0.1)	8 (0.0)	51 (0.3)	19 (0.1)	16,577
San Diego	75 (0.6)	56 (0.5)	35 (0.3)	38 (0.3)	6 (0.0)	7 (0.1)	27 (0.2)	11 (0.1)	11 (0.1)	2 (0.0)	148 (1.2)	108 (0.9)	12,070
San Francisco	139 (1.0)	6 (0.0)	60 (0.4)	37 (0.3)	6 (0.0)	2 (0.0)	27 (0.2)	0	17 (0.1)	1 (0.0)	48 (0.3)	38 (0.3)	14,050
Seattle	16 (1.0)	15 (1.0)	11 (0.7)	1 (0.1)	4 (0.3)	1 (0.1)	4 (0.3)	3 (0.2)	1 (0.1)	0	17 (1.1)	11 (0.7)	1,566
Texas	141 (0.2)	445 (0.6)	185 (0.2)	511 (0.7)	26 (0.0)	72 (0.1)	8 (0.0)	31 (0.0)	2 (0.0)	14 (0.0)	812 (1.1)	318 (0.4)	74,070
Washington, DC	28 (1.1)	182 (6.9)	2 (0.1)	1 (0.0)	21 (0.8)	15 (0.6)	2 (0.1)	4 (0.2)	2 (0.1)	16 (0.6)	193 (7.4)	3 (0.1)	2,619
United States	4,318 (0.3)	4,577 (0.3)	3,623 (0.3)	3,453 (0.3)	2,660 (0.2)	798 (0.1)	1,187 (0.1)	600 (0.0)	709 (0.1)	311 (0.0)	5,543 (0.4)	4,950 (0.4)	1,315,228

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–June 2013; see appendix tables 3.1–3.24. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]Psilocybine, psilocybin, psylocin, and psilocin are grouped together in this table under the category "Psilocin."
[4]Because these are not scheduled drugs, they may not be reported in all NFLIS areas. Levamisole is a common cutting agent for cocaine (and sometimes heroin), and dimethyl sulfone is a common cutting agent for methamphetamine.
[5]5-Methoxy-N,N-Diisopropyltryptamine or "Foxy methoxy;" 5-MeO-DPT, 5-MeO-DALT, 5-MeO-DMT, 5-MeO-DIPT are included in these totals.
[6]Miami NFLIS data does not distinguish PCP from other hallucinogens.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

- NFLIS data for other drugs are shown in table 31, including LSD (lysergic acid diethylamide), ketamine, BZP (1-benzylpiperazine), carisoprodol (a muscle relaxant), cathinone/cathine/khat, psilocin, TFMPP (1-(3-trifluoromethylphenyl)piperazine), Foxy methoxy (5-MeO-DIPT), levamisole (phenylimidothiazole isomer undetermined), and dimethyl sulfone (the last two drugs are cutting agents for cocaine and methamphetamine, and are included by NFLIS in their top 10 rankings).

Synthetic Cannabinoids

Overall, synthetic drugs, such as synthetic cannabinoids and synthetic cathinones, were reported as showing mixed patterns in 2013. While levels for these drugs continued to be reported as low in most CEWG areas, changes or increases in indicators in 2013 from 2012 were cited as key findings by the Baltimore/Maryland/Washington, DC, and South Florida/Miami-Dade and Broward Counties area representatives. A decline in synthetic indicators in the first 4 months of 2014 was a key finding for the reporting period in the State of Maine. The area representative from Texas noted the continuing changing composition of synthetic cannabinoids as a key finding for 2013.

- ***Western Region:*** The area representative from **Denver/Colorado** reported an "increasing concern among law enforcement, treatment, and street outreach personnel about the availability and use of synthetic cannabinoids." He noted that there are few indicators that have the ability to isolate and capture data for synthetic cannabinoids and synthetic cathinones in the State, making it difficult to determine actual usage levels. However, there were an estimated 100 synthetic cannabinoid emergency department cases in Denver in 2013, along with 1 death reported by the Denver Office of the Medical Examiner. The Denver Crime Laboratory experienced an increase in synthetic drug exhibits analyzed: from 2012 to 2013. In **Seattle**, the area representative reported a slight increase in calls to the Recovery Help Line for synthetic cannabinoids. Indicators for synthetic cannabinoids also increased in **Texas** in 2013, compared with 2012, including the number of calls to the Texas Poison Center Network for these drugs and the number of primary treatment admissions. According to the Texas representative, DEA Field Divisions in the State reported synthetic cannabinoids were increasingly being abused, and the continuing changes in varieties (for example, from JWH varieties in 2010 to XLR-11 in 2013) of synthetic cannabinoids was a key finding for this reporting period. The area representative from **Los Angeles** reported that the number of reports for synthetic cannabinoids among drug items analyzed by NFLIS laboratories and the proportion of synthetic cannabinoids reported in poison control center calls declined in 2013, compared with 2012.

- ***Midwestern Region:*** While numbers continued to be low, indicators for synthetic cannabinoids increased in **Cincinnati** in 2013, compared with 2012, including the numbers of both reports for these drugs among items seized and analyzed by forensic laboratories. Declining indicators for synthetic cannabinoids in 2013, compared with 2012, were reported by the area representatives from **Chicago** and **St. Louis**. From 2012 to 2013, the number of reports among seized and analyzed drug items identified as synthetic cannabinoids decreased in Chicago and Detroit; the number remained higher than 2011, however. In St. Louis, the number of reported exposures to poison control centers involving synthetic cannabinoids decreased in 2013, compared with 2012. Numbers of drug reports for synthetic cannabinoids were low in **Detroit**, but they decreased from 2012 to 2013.

- ***Southern Region:*** In the **Baltimore/Maryland/Washington, DC**, area, the representative reported that while synthetic cannabinoid indicators increased sharply in the 2012 reporting period, possible declines in the area was a key finding for 2013. While the number of primary enrollments for synthetic cannabinoids increased in the State of Maryland from 2012 to 2013, the number of drug reports identified among seized and analyzed drug items as synthetic marijuana declined in Washington, DC, from 2012 to 2013, and was stable between the 2 years in Maryland. The number of synthetic cannabinoids seized by HIDTA initiatives increased in Maryland in 2013 from 2012, but exposure calls related to these drugs to poison control centers declined in 2013 from previous reporting periods in both Baltimore City and Washington, DC. The **South Florida/ Miami-Dade and Broward Counties** area representative reported mixed indicators for synthetic cannabinoids, with the number of deaths with synthetic cannabinoid detections increasing statewide in Florida in the first half of 2013 from the previous 6 months, but the number of exposure calls for synthetic cannabinoids declined statewide in 2013, compared with 2012. In **Atlanta**, the area representative also reported a decrease in calls to the Georgia Poison Control Center related to synthetic cannabinoids from 2012 to 2013.

Other Highlights – Cross-Area Data Sources:

Synthetic cannabinoids, which have been identified in products marketed under various names including “K2” and “Spice,” and synthetic cathinones, often marketed as “bath salts,” have been associated with significant health consequences and continue to raise concerns nationally and in local communities. Analysis of NFLIS data for CEWG areas and the United States overall indicates widespread availability and changing varieties of the new substances available.

NFLIS Drug Reports:

- Cannabimimetic agents, **or synthetic cannabinoids**, were identified among **NFLIS drug reports** in 21 of 23 areas in **2013**. The exceptions were San Francisco and Seattle. Eight CEWG areas showed total drug reports equal to or exceeding 1.0 percent identified as cannabimimetics, including Atlanta (2.3 percent), Cincinnati (1.1 percent), Colorado (5.1 percent), Denver (6.4 percent), Maryland (1.4 percent), Minneapolis/St. Paul, St. Louis (2.4 percent), and Texas (3.8 percent). Denver had the highest percentage of synthetic cannabinoid drug reports in 2013. Over one-half (56.5 percent) of all synthetic cannabinoids identified in United States drug reports in this reporting period were **XLR-11**, followed distantly by **PB-22** (5.9 percent), **5F-PB-22** and **UR-144** (both at 5.8 percent), and **AB-Fubinaca** (5.6 percent) (appendix table 4.1).

- **XLR-11** appeared in 7 of 23 CEWG reporting areas among their NFLIS top 10 drug report rankings in 2013: Denver and Texas (5th each), Colorado (6th), Maryland (7th), Cincinnati and St. Louis (9th each), and Atlanta (10th). The drug ranked eighth in the United States drug report proportions in 2013 (table 2). **AB-Fubinaca** ranked 9th and **5F-PB-22** ranked 10th among drug reports in Denver (appendix table 3).

Synthetic Cathinones:

- ***Western Region:*** In **Seattle**, both the number of drug reports for synthetic cathinones and the number of calls to the Recovery Help Line for these drugs increased slightly in 2013 from 2012; numbers, however, remained low. The Seattle representative noted local concerns about "Molly". The use of synthetic cathinones continued to be a concern in 2013 in the **Denver/Colorado** area, according to the area representative. The number of reports identified as synthetic cathinones among seized and analyzed drug items, decreased, however, in both the Denver area and in the State of Colorado from 2012 to 2013. According to the area representative from **Texas**, the number of human exposures for synthetic cathinones reported to the Texas Poison Center Network peaked in 2011, and the number of such calls declined from 2012 to 2013. Similarly, the number of reports among seized and analyzed drug items identified as synthetic cathinones decreased in 2013 from 2012. The area representative from **Los Angeles** reported that numbers of reports for these drugs among items seized and analyzed in forensic laboratories and proportions of poison control center calls reporting synthetic cathinones remained very low.

- ***Midwestern Region:*** Levels were low and indicators for synthetic cathinones were mixed in **Cincinnati** in this reporting period, with the number of reports for synthetic cathinones among drug items analyzed in forensic laboratories increasing in 2013 compared with 2012 and the number of human exposures to these drugs reported to poison control centers declining between the 2 years. In **Detroit**, the number of reports identified as synthetic cathinones among drug items analyzed by NFLIS laboratories increased from 2012 to 2013; the number of synthetic cathinone reports among seized and analyzed drug items declined between the 2 years in **Chicago**. Decreasing indicators were reported for substituted cathinones were also reported in **Minneapolis/St. Paul** and **St. Louis**; the numbers of calls to poison control centers related to substituted cathinones declined in the Minneapolis/St. Paul area from 2012 to 2013, and reports identified as synthetic cathinones among drug items seized and analyzed in forensic laboratories declined in 2013, compared with 2012, in St. Louis.

- ***Northeastern Region:*** In the Northeast, the **Maine** area representative reported mostly decreasing indicators for substituted cathinones from 2012 to 2013 and early 2014. While proportions of drug reports for synthetic cathinones among items seized and analyzed by forensic laboratories increased slightly in 2013, compared with 2012, proportions of drug arrests and impaired drivers declined from previous reporting periods in 2013 and early 2014. This decline in drug arrests and also in law enforcement seizure data in the first 4 months of 2014 was reported as a key finding by the area representative.

- ***Southern Region:*** Substantial increases in the numbers of drug reports in 2013, compared with 2012, for substituted cathinones among drug items seized and analyzed by forensic laboratories were reported by the area representatives from **Atlanta** and the **South Florida/Miami-Dade and Broward Counties** area. The increases in reports identified as methylone among analyzed items was a key finding for the South Florida/Miami-Dade and Broward Counties area for the 2013 reporting period. Trends for synthetic cathinones in the **Baltimore/Maryland/Washington, DC**, area were similar to those for synthetic cannabinoids. Having increased from 2010 to 2012, the numbers of reports for these drugs among items analyzed in forensic laboratories decreased in Washington, DC, and in the State of Maryland from 2012 to 2013.

Other Highlights – Cross-Area Data Sources:

NFLIS Drug Reports:

- One or more **synthetic cathinones** were identified in drug reports in all 23 CEWG reporting areas in **2013**. The highest percentage of drug reports identified as substituted cathinones was in Maine, at 5.9 percent; this was followed by 5.4 percent in Miami, 4.5 percent in Atlanta, 3.0 percent in Washington, DC, and 2.0 percent in Minneapolis/St. Paul (appendix table 4.2). **Methylone** was identified in all CEWG areas; it was identified in 68.4 percent (*n*=9,930) of 14,513 total drug reports for synthetic cathinones in the United States. Methylone appeared among the top 10 NFLIS drug reports in 6 areas, holding 3rd place in this reporting period in Miami, 5th in Atlanta, 7th in Baltimore City, 8th in Maryland, 9th in Maine, and 10th in Boston (table 2; appendix table 3). Several other synthetic cathinones that were identified in CEWG area drug reports in 2013; these included MDPV (3,4-methylenedioxypyrovalerone), alpha-PVP (alpha-pyrrolidinophentiophenone), and 4-MEC (4-methyl-N-ethylcathinone). However, only Alpha-PVP, in addition to methylone, was ranked among the top 10 drug reports in any CEWG areas; the drug ranked sixth in Maine (table 2). For the U.S. **NFLIS drug reports** as a whole, the top three synthetic cathinones in 2013 were **methylone** (68.4 percent of total reports for synthetic cathinones), **alpha-PVP** (14.7 percent), and **MDPV** (7.2 percent) (appendix table 4.2).

Phenethylamines

Two area representatives, from Minneapolis/St. Paul and Texas, reported on these drugs in the June 2014 reports. Most of the data on these drugs come from NFLIS.

NFLIS Drug Reports:

- Drug reports for the 2C family of **phenethylamines (2C-E, 2C-I, 2C-B, 2C-C, 2C-P, 2C-T-2, 2C-H, and 2C-T-7)** were identified among items seized and analyzed by NFLIS forensic laboratories in 19 of 23 areas in **2013**. None ranked among the top 10 drug reports in any CEWG area or in the United States. A total of 1,848 such drug reports were identified in the United States, with the majority (61.5 percent) of them identified as **2C-I,** followed by **2C-C** (17.4 percent) and **2C-B** (12.9 percent) (appendix table 4.3).

HIV/AIDS Related to Drug Abuse

The CEWG continues to monitor trends in injection drug use as important for understanding the consequences of drug use, including transmission of human immunodeficiency virus (HIV), which may develop into acquired immunodeficiency syndrome (AIDS). Fifteen out of 19 area representatives reported HIV/AIDS data at the June 2014 meeting. Of the area representatives who reported trends for injection drug use related to HIV/AIDs, six representatives reported that transmission of or exposure to HIV and AIDS through injection drug use decreased in the most recent reporting period available for that area—Baltimore/Maryland/Washington, DC; Chicago; Philadelphia; Phoenix; San Diego; and Texas. None of the area representatives reported increases in the proportion of injection drug use among newly diagnosed HIV cases in the current reporting period.

Appendix

DATA SOURCES USED IN CEWG FULL AREA REPORTS FOR JUNE 2014—CAVEATS AND LIMITATIONS

Data sources used by area representatives to update drug abuse indicators in 19 reporting CEWG areas are described below; caveats and data limitations are also discussed.

Treatment admissions data were presented in all CEWG area reports. Area representatives included data in their reports for 17 CEWG metropolitan areas and 5 States: Colorado, Maine, Maryland, Michigan,[5] and Texas. Data for some States are included in reporting with metropolitan data for comparison, including data for Colorado with Denver and Maryland with Baltimore City. South Florida/Broward County data are included with South Flora/Miami-Dade County data for comparison. The latter two counties, with Palm Beach County, constitute the Miami Metropolitan Statistical Area (MSA). Treatment admissions data are contained in tables 3–6, 8–11, 13–15, 19, 22–25, and 27–29, and appendix table 2 and are displayed in figures 1, 2, 5, 6, 9, 10, 16, 17, 20, and 21.

Local drug-related mortality data from medical examiners/coroners or death certificates from State vital statistics units in public health agencies were reported in full area reports for 16 of 19 CEWG areas; mortality data were not included in the reports for Detroit, Phoenix, and San Francisco. Data on drug-related deaths variously defined are provided by local area representatives as important consequence indicators. They reveal the extent to which deaths are drug-involved, drug-caused, or in which drugs were detected even if not the cause of the death. Mortality data may represent the presence of a drug detected in a decedent or overdose deaths. The mortality data are not comparable across areas because of the different data sources and variations in methods and procedures used by medical examiners or coroners. Drugs may cause a death, be detected in a death, or simply relate to a death in an unspecified way. Multiple drugs may be identified in a single case, with each reported in a separate drug category. Definitions associated with drug deaths vary. Common reporting terms include “drug-related,” “drug-detected,” “drug-caused,” “drug overdose,” and “drug positive.” These terms may have different meanings in different areas of the country, and their meaning may depend upon the local reporting standards and definitions.

DAWN (Drug Abuse Warning Network) Emergency Department (ED)[6] Visit Weighted Estimates (ED visits) for 11 CEWG areas for 2004 through 2011 were available on the DAWN Web site at: http://www.samhsa.gov/data/dawn.aspx#DAWN%202010%20ED%20Excel%20Files%20%E2%80%93%20Metro%20Tables, maintained by the Substance Abuse and Mental Health Services Administration (SAMHSA). No metropolitan level ED visit data will be provided after 2011 data

[5]Treatment admissions data for the State of Michigan are included in the full area report for Detroit, Wayne County, and Michigan, but are not included in the cross-area treatment admissions tables in this report.

[6]DAWN uses a national sample of non-Federal, short-stay, general surgical, and medical hospitals in the United States that operate 24-hour EDs. The American Hospital Association (AHA) 2001 Annual Survey is the source of the sample. ED medical records are reviewed retrospectively for recent drug use. Visits related to most types of drug use or abuse cases are identified and documented. Drug cases encompass three visit categories: those related to illegal or illicit drugs; nonmedical use of prescription, over-the-counter, or other pharmaceutical drugs; and alcohol among patients under the legal drinking age of 21 and patients of all ages when used in combination with other drugs.

in this system. The data represent drug reports for drug-involved visits for illicit drugs (derived from the category of "major substances of abuse," excluding alcohol) and the nonmedical use of selected pharmaceutical drugs. Nonmedical use of pharmaceuticals is use that involves taking a prescription or over-the-counter (OTC) pharmaceutical differently than prescribed or recommended, especially taking more than prescribed or recommended; taking a pharmaceutical prescribed for another individual; deliberate poisoning with a pharmaceutical agent by another person; and documented misuse of a prescription or OTC pharmaceutical or dietary supplement. Nonmedical use may involve pharmaceuticals alone or in combination with other drugs, especially illegal drugs or alcohol. Since drug reports exceed the number of ED visits because a patient may report use of multiple drugs (up to six drugs plus alcohol), summing of drugs across categories is not recommended. CEWG areas that included DAWN data in their reporting for this meeting are Chicago, Minneapolis/St. Paul, and New York City.

Forensic laboratory data on drug seizures (National Forensic Laboratory Information System [NFLIS] drug reports) for a total of 23 CEWG sites were available for calendar year (CY) 2013 (January–December). Data were provided by NFLIS, maintained by the Drug Enforcement Administration (DEA). The data presented are a combined count including primary, secondary, and tertiary reports for each drug item submitted. NFLIS is a program in the DEA Office of Diversion Control that systematically and continuously collects results from drug analyses of items received from drug seizures by law enforcement authorities. Drug analyses are conducted by Federal (DEA) forensic laboratories and participating State and local forensic laboratories. As of the *2013 Mid-Year Report,* in addition to the DEA laboratories, the NFLIS system included 50 State systems and 96 local or municipal laboratories/laboratory systems, representing a total of 272 individual laboratories. In addition, the NFLIS database includes Federal data from the DEA's System to Retrieve Information from Drug Evidence II (STRIDE) and from U.S. Customs and Border Protection laboratories. STRIDE represents drug evidence analyzed at DEA laboratories across the country. Data are entered daily based on seizure date and the county in which the seizure occurred. NFLIS provides detailed information on the prevalence and types of controlled substances secured in law enforcement operations and assists in identifying emerging drug problems and changes in drug availability and in monitoring illicit drug use and trafficking, including the diversion of legally manufactured drugs into illegal markets. A list of participating and reporting State and local forensic laboratories is included in Appendix B of the U.S. Drug Enforcement Administration, Office of Diversion Control report, *National Forensic Laboratory Information System: 2013 Midyear Report* (Washington, DC: U.S. Drug Enforcement Administration).[7] In most cases, data are for MSAs, rather than single metropolitan counties, but the exact geographic areas covered in this report are defined in appendix table 3. NFLIS data for 2013 for 23 CEWG areas are included in figures 3, 4, 7, 8, 11–15, 18, 19, 22, and 23 and in tables 7, 12, 16–18, 20, 21, 26, 30, and 31, and appendix tables 3 and 4. Full area reports also include NFLIS data for some CEWG areas.

Average price and purity data for heroin for 19 CEWG metropolitan areas in CY 2011 (the most recent period available) were provided by the DEA in the *2011 Heroin Domestic Monitor Program (HDMP) Drug Intelligence Report* published in March 2013. This report is prepared by the Domestic Strategic Intelligence Unit of the Special Strategic Intelligence Section and reflects analysis of program data through December 31, 2011. Drug price and purity data from this report, from local DEA

[7]This report and other information about NFLIS can be found at http://www.deadiversion.usdoj.gov/nflis/2013midyear.pdf.

Field Divisions or other local sources, are included in full area reports for 11 CEWG areas: Atlanta, Chicago, Cincinnati, Denver/Colorado, Los Angeles, Minneapolis/St. Paul, New York City, St. Louis, San Diego, and Texas (for Dallas, El Paso, Houston, and San Antonio).

ADAM (Arrestee Drug Abuse Monitoring) II program data were included in full area reports for Atlanta, Chicago, and New York City, and Washington, DC. ADAM II is a data collection program sponsored by the Office of National Drug Control Policy that is designed to gather information on drug use and related issues from adult male booked arrestees in five counties across the country (and Washington, DC, through the pretrial Service Agency for the District of Columbia Court Services and Offender Supervision Agency). ADAM II data come from two sources: a 20–25-minute face-to-face interview and urinalysis of a test sample for the presence of nine different drugs. Participation in both the interview and the urine test is voluntary and confidential. Data were collected over 21 consecutive days between April 1 and July 15. The ADAM II 2013 annual report is available at: http://www.whitehouse.gov/sites/default/files/ondcp/policy-and-research/adam_ii_2013_annual_report.pdf.

Other data cited in this report were local data accessed and analyzed by CEWG representatives (appendix table 1; data sources sections of full area reports). The sources included the Centers for Disease Control and Prevention (CDC)'s Youth Risk Behavior Surveillance System (YRBSS) and Youth Risk Behavior Survey (YRBS) data; local law enforcement (e.g., data on drug arrests, impaired drivers, or law enforcement seizures); DEA Automation of Reports and Consolidated Orders System (ARCOS) data on the flow of DEA-controlled substances from their point of manufacture through commercial distribution channels to point of sale or distribution at the dispensing or retail level; local DEA offices (DEA field reports); High Intensity Drug Trafficking Area (HIDTA) reports; arrestee drug information from local and State corrections departments and facilities; poison control centers, crisis lines, and help lines; prescription drug monitoring systems; hospital admissions and discharge data; local and State surveys and the National Survey on Drug Use and Health (NSDUH); interviews with key informants and ethnographers; and data on infectious diseases related to drug abuse from local and State health departments, including human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), hepatitis C, and sexually transmitted disease (STD) data.

A Note to the Reader—Caveats: *Terminology and Geographic Coverage*—CEWG representatives use existing data, which are subject to the definitions and geographic coverage of the source data. Representatives generally use the terminology as it is used in the data source. For example, many treatment systems use the phrases "other opiates" for classifying "opiates[8] other than heroin" to categorize a primary problem at admission. The term "other opiates" is therefore retained in this summary report, and the terms, "other opiates" and "opioids"[9] may be used in a single area report. Similarly, the terms "prescription-type opioid" or "pharmaceutical opioid" are used by some representatives to distinguish synthetic or semisynthetic opioids, such as oxycodone and hydrocodone, from heroin. The geographic coverage of data sources may vary within a CEWG area report.

[8]Opiate is defined as "any preparation or derivative of opium" by *Stedman's Medical Dictionary – 28th Edition,* Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.
[9]Opioid is defined as "originally a term denoting synthetic narcotics resembling opiates but increasingly used to refer to both opiates and synthetic narcotics" by *Stedman's Medical Dictionary – 28th Edition,* Lippincott Williams and Wilkins, Baltimore, MD: c. 2006.

Readers are directed to the full area reports available on the NIDA Web site for more complete descriptions of data sources used in specific areas. For NFLIS data, specific geographic coverage for each area is described in appendix 3, with notes on spatial composition.

Local comparisons are limited, or must be made with caution, for the following indicators:

Treatment Admissions—Many variables affect treatment admission numbers, including program emphasis, capacity, data collection methods, and reporting periods. Therefore, changes in admissions bear a complex relationship to drug abuse prevalence. Treatment data are not totally comparable across CEWG areas, and treatment numbers are subject to change. Most of the CEWG area representatives report treatment admissions data provided by States to the Treatment Episode Data Set (TEDS).[10]

ED Drug Reports—When comparisons are made across time periods with a CEWG area, this caveat is needed: statements about drug-involved ED weighted rates in CEWG areas being higher or lower in 1 year than another year are only made when their respective *t*-test *p*-values are significant at the 0.05 level or below. Otherwise, no difference is reported.

NFLIS Drug Reports from Drug Items Seized and Analyzed by Forensic Laboratories—NFLIS includes drug chemistry results from completed analyses only; drug evidence secured by law enforcement but not analyzed in laboratories is not included in the NFLIS database. State and local policies related to the enforcement and prosecution of specific drugs may affect drug evidence submissions to laboratories for analysis. Laboratory policies and procedures for handling drug evidence vary and range from analysis of all evidence submitted to the laboratory to analysis of selected items only. Many laboratories did not analyze the evidence when a case was dismissed or if no defendant could be identified (see NFLIS 2013 Midyear Report cited earlier). Differences in local/State laboratory procedures and law enforcement practices across areas make area comparisons inexact. Also, the data cannot be used for prevalence estimates, because they are not adjusted for population size. They are reported as the percentage that each drug represents of the total number of drug reports, including up to three drugs identified in drug items seized and identified by forensic laboratories in a CEWG area, and cases are assigned to a geographic area by the location of the seizure event, not the laboratory. Because NFLIS data counting primary, secondary, and tertiary reports for each drug in analyzed drug items were provided for the first time in June 2012, NFLIS data included in the June 2012, January 2013, June 2013, and January 2014 reports cannot be compared with data presented in prior CEWG reports. The nature of the NFLIS reporting system is such that there may be a time lag between time of seizure, time of analysis of drug items and drug reports based on them, and time of reporting to the NFLIS system. Therefore, differences in the number of drug reports for a specified time period may occur when NFLIS is queried at different times, since data input is daily and cases may be held for different periods of time before analysis and reporting in various areas and agencies. Numbers of drug reports presented in these reports are subject to change and may differ when drawn on different dates. Not all forensic laboratories report on substances that are not controlled, rendering some comparisons of such drugs inaccurate.

[10]TEDS is an administrative data system providing descriptive information about the national flow of admissions to specialty providers of substance abuse treatment, conducted by SAMHSA.

Deaths—Mortality data may represent the presence of a drug detected in a decedent or overdose deaths. The mortality data are not comparable across areas because of variations in methods and procedures used by medical examiners/coroners or attending physicians who sign death certificates. Drugs may cause a death, be detected in a death, or simply relate to a death in an unspecified way. Multiple drugs may be identified in a single case, with each reported in a separate drug category. Definitions associated with drug deaths vary. Common reporting terms include "drug-related," "drug-detected," "drug-caused," "drug overdose," and "drug positive." These terms may have different meanings in different areas of the country, and their meaning may depend upon the local reporting standards and definitions.

Arrest and Seizure Data—Numbers of arrests and quantities of drugs seized may reflect enforcement policy and resources, rather than level of supply.

Local Area Comparisons: The following methods and considerations pertain to local area comparisons:

- In assessing change or stability in each area's drug indicators by data source for the most recent time periods (in most cases, calendar year 2012 to 2013), decision rules are consistent for cross-area data sources—treatment admissions and NFLIS drug reports. In these data comparisons, percent changes of 1.0 percent or higher in 2013 values, compared with 2012 values (or another recent pair of years) signified increase or decrease, whereas change of less than 1.0 percent was interpreted as stability. For local area data source indicators, such as death, poison control center call, arrest, and helpline data, area representatives' decision rules for change or stability used in documenting trends in their area reports were also used in the associated summary text in this report.

- Local areas vary in their reporting periods. Some indicators reflect fiscal periods that may differ among local areas. In addition, the timelines of data vary, particularly for death and treatment indicators. Spatial units defining a CEWG area may also differ depending on the data source. Care has been taken to delineate the definition of the geographic unit under study for each data source, whether a city, a single metropolitan county, an MSA, or some subset of counties in an MSA. In some instances, data were compiled by region defined by the U.S. Census as northeastern, southern, midwestern, and western regions. Texas is included in the western region in this report, rather than in the census-defined southern region, based on member recommendations concerning area comparability of drug patterns and similarity of population characteristics to other western areas.

- Some indicator data are unavailable for certain cities. Therefore, the symbol "NR" in tables refers to data not reported by the CEWG area representative; "NA" is used where data are not available for a particular area and time period from cross-area data sources.

- The population racial/ethnic composition differs across CEWG areas. Readers are directed to the individual CEWG full area reports for information regarding treatment patterns and trends pertaining to race/ethnicity, age, and gender.

Appendix Table 1: Drug Indicators[1] Used for June 2014 Abstracts, Full Area Reports, and Presentations

CEWG Area	Surveys		Arrestee Drug Use		Poison Control Center Calls	ED Visits[6]		Substance Abuse Treatment	Hospitalizations		Deaths		NFLIS[7]	Drug Price/ Purity	Arrests/ Impaired Drivers/ Other Law Enforcement[8]	Qualitative Data[9]
	General Population[3]	Student[4]	ADAM[5]	Local		DAWN	Local		Admissions	Discharges	Drug-Caused	Drugs Detected				
Atlanta	—	—	✓	—	✓	—	—	✓	—	—	✓	—	✓	✓	—	—
Baltimore/ Maryland/ Washington, DC	—	—	—	✓	✓	—	—	✓	—	—	✓	—	✓	—	✓	—
Boston	—	✓	—	—	—	—	✓	✓	—	—	✓	—	✓	✓	✓	—
Chicago	—	✓	✓	—	—	✓	—	✓	—	—	✓	—	✓	✓	—	✓
Cincinnati	—	—	—	—	✓	—	—	✓	—	—	—	✓	✓	✓	✓	✓
Denver/ Colorado	✓	—	—	—	✓	—	—	✓	—	✓	✓	—	✓	✓	—	✓
Detroit/Michigan	—	—	—	—	—	—	—	✓	—	—	—	—	✓	—	✓	✓
Los Angeles	—	✓	—	—	✓	—	✓	✓	—	—	—	✓	✓	✓	—	—
Maine	—	—	—	—	—	—	—	✓	—	—	✓	—	✓	—	✓	—
Miami/ South Florida	✓	—	—	—	✓	—	—	✓	—	—	✓	—	✓	—	—	—
Minneapolis/ St. Paul	—	—	—	—	✓	✓	—	✓	—	—	✓	✓	✓	✓	✓	✓
New York City	—	—	✓	—	—	✓	—	✓	—	—	✓	—	✓	✓	—	✓
Philadelphia	—	—	—	✓	—	—	—	✓	—	—	✓	—	✓	—	—	✓
Phoenix	—	✓	—	—	—	—	—	✓	✓	—	—	—	✓	—	✓	—
St. Louis	—	✓	—	—	—	—	—	✓	—	—	✓	—	✓	✓	✓	✓
San Diego	—	—	—	✓	—	—	—	✓	—	—	✓	—	✓	✓	—	—
San Francisco	—	—	—	—	—	—	—	✓	—	—	—	—	✓	—	—	✓
Seattle	—	—	—	—	✓	—	—	✓	—	—	✓	—	✓	—	✓	—
Texas	✓	✓	—	—	✓	—	—	✓	—	—	✓	—	✓	✓	—	✓

[1]Other drug indicators include crisis lines (Atlanta), helplines (Seattle), PDMPs (Pharmacy Drug Monitoring Programs) (Denver/Colorado, Detroit, Miami/South Florida, Minneapolis/St. Paul, New York City, San Francisco reports); clandestine laboratory seizure data (Cincinnati and St. Louis); and ARCOS (Automation of Reports and Consolidated Orders System) (Baltimore/ Maryland/Washington, DC, and Miami/South Florida).
[2]Full area reports, and slide presentations are for the January–December 2013 reporting period.
[3]Data are from the National Survey on Drug Use and Health (NSDUH).
[4]Data are from the Youth Risk Behavior Survey (YRBS) and State surveys.
[5]ADAM=Arrestee Drug Abuse Monitoring Program.
[6]ED=emergency department.; DAWN=Drug Abuse Warning Network.
[7]National Forensic Laboratory Information System, Drug Enforcement Administration (DEA).
[8]Data include local law enforcement, High Intensity Drug Trafficking Area (HIDTA), and local DEA Field Division data.
[9]Data include local focus groups, contacts, community epidemiology workgroups, and epidemiology studies, along with anecdotal reports.
SOURCES: June 2014 CEWG meeting materials

Appendix Table 2. Number of Total Treatment Admissions by Primary Substance of Abuse, Including Primary Alcohol Admissions, and CEWG Area: 2013[1]

CEWG Area[2]	Number of Total Substance Abuse Treatment Admissions								Total (*N*)[4]
	Alcohol	Cocaine/ Crack[3]	Heroin	Prescription Opioids	Methamphetamine	Marijuana	Benzodiazepines	Other Drugs/ Unknown	
Atlanta	4,205	862	548	619	667	1,423	192	395	8,911
Baltimore City[5]	2,644	1,295	7,447	864	6	2,460	187	146	15,049
Boston	4,708	700	8,690	478	50	512	171	48	15,357
Cincinnati	556	176	617	138	NR[6]	618	NR[6]	14	2,119
Denver	5,342	895	1,676	816	1,617	2,364	56	274	13,040
Detroit	2,333	1,135	2,412	202	5	1,104	11	4	7,206
Maine	4,453	443	2,035	4,509	43	1,071	91	606	13,251
Maryland[5]	14,746	3,518	15,906	5,270	52	9,920	563	1,008	50,983
Minneapolis/St. Paul	9,601	944	3,063	2,081	2,102	3,390	132	543	21,856
Philadelphia	3,087	1,058	1,720	370	3	1,903	67	594	8,802
Phoenix[7]	2,405	332	1,668[7]	717	2,044	1,514	NR[6]	224	8,904
St. Louis	4,101	934	4,465	474	565	2,192	64	213	13,008
San Francisco[8]	2,600	1,702	3,468	406	1,579	718	15	598	11,086
Seattle	3,141	639	2,183	556	853	1,494	15	606	9,163
South Florida/ Broward County	1,104	370	224	1,030	17	748	73	45	3,611
South Florida/ Miami-Dade County	1,424	683	294	181	15	1,351	72	41	4,061
Texas	21,846	8,641	10,459	5,819	10,217[9]	18,278	1,241	1,798	78,299

[1]Data are for calendar year (CY) 2013 (January–December) for all areas.
[2]Data were not available for CY 2013 for Chicago, Colorado, Los Angeles, New York City, San Diego, and Washington, DC.
[3]Cocaine values were broken down into crack or powder/other cocaine for the following areas: Atlanta (crack=618; powder or other cocaine=244); Baltimore City (crack=1,130; powder or other cocaine=165); Boston (crack=404; powder or other cocaine=296); Cincinnati: (crack=136; powder or other cocaine=40); Denver (crack=505; powder or other cocaine=390); Detroit (crack=1,030; powder or other cocaine=105); Maine (crack=201; powder or other cocaine=242); Maryland (crack=2,781; powder or other cocaine=737); Minneapolis/St. Paul (crack=708; powder or other cocaine=236); Philadelphia (crack=1,027; powder or other cocaine=31); St. Louis (crack=744; powder or other cocaine=190); South Florida/Broward County (crack=424; powder or other cocaine=259); and South Florida/Miami-Dade County (crack=285; powder or other cocaine=85). No breakdowns by type of cocaine were available for the other areas.
[4]These *N*s are used in all percentage calculations involving total treatment admissions data for each area. Treatment data contain unknown primary admissions in Maine (*n*=396); Maryland (*n*=459); Minneapolis/St. Paul (*n*=262); Philadelphia (*n*=422); San Francisco (*n*=64); and South Florida/Broward County (*n*=18). Because these cases may be classified as to route of administration and demographic characteristics, they are included in the numbers for these areas and are included with "Other Drugs/Unknown" in this table. Total admissions data for all other areas exclude unknowns. In Boston, the "Other Drugs/Unknown" category was included in the total prior to 2010; therefore, 2013 Boston data may not be comparable to years prior to 2010. Boston data do not include admissions younger than 14. Treatment data for Phoenix do not include admissions younger than 18.
[5]The Maryland Alcohol and Drug Abuse Administration changed its treatment data reporting and now reports treatment enrollments rather than admissions. Data in this report should not be compared with data in reports published prior to 2011.
[6]NR=Not reported by the CEWG area representative.
[7]Phoenix data are for episodes rather than admissions. Heroin and morphine are grouped together in Phoenix data.
[8]Due to the implementation of a new Electronic Health Record and billing system in San Francisco in July 2010, treatment admissions data prior to that date may not be comparable to data submitted after the new system implementation. Data for 2013 for San Francisco are for San Francisco County only and are not comparable with 2011 and 2012 data, as they were for the five-county bay areas. San Francisco data for 2013 are for episodes; treatment episodes include clients admitted in prior years who are still receiving services in a particular year.
[9]Texas reported combined methamphetamine and amphetamine admissions.
NOTES: Treatment data coverage for CEWG areas for CY 2013 includes the following areas and programs. Atlanta data cover the 28-county MSA and include publicly funded treatment admissions of all ages. Baltimore City data cover enrollments for Baltimore City

Appendix Table 2 (continued). Number of Total Treatment Admissions by Primary Substance of Abuse, Including Primary Alcohol Admissions, and CEWG Area: 2013[1]

residents with State-supported funded treatment providers. Boston data cover admissions 14 and older to any program receiving any level of public support in five cities (Boston, Brookline, Chelsea, Revere, and Winthrop) in the metropolitan Boston area. Cincinnati data cover admissions to publicly funded treatment programs in Hamilton County, including methadone maintenance (MM) programs. Colorado data include admissions of all ages statewide to all Colorado alcohol and substance abuse treatment agencies licensed by the State (regardless of funding) and cover MM programs. Denver data cover the Denver/Boulder area and include admissions for all ages to alcohol and substance abuse treatment agencies licensed by the State (regardless of funding), including MM programs. Detroit data cover admissions to publicly supported programs (excluding criminal justice funds) in the city of Detroit. Maine data are for publicly supported programs in the State of Maine and include all ages and MM admissions. Maryland data cover enrollments with publicly funded treatment providers in the State of Maryland. Minneapolis/St. Paul data cover the five counties of Anoka, Dakota, Hennepin, Ramsey, and Washington in the Twin Cities metropolitan area and include all chemical dependency treatment admissions to licensed providers regardless of funding source. Philadelphia data are for the city and county (which are the same) and include publicly supported treatment admissions only. Phoenix data are for Maricopa County and cover admissions 18 and older with public support. St. Louis data cover the eastern region of Missouri, including St. Louis City and County, and five other counties—Jefferson, Franklin, Lincoln, St. Charles, and Warren—and cover admissions to publicly supported programs. San Francisco data include admissions for the city and county of San Francisco, for all ages, to all publicly funded programs (local, State, or Federal). Seattle data are for King County and include admissions of all ages to publicly funded inpatient, outpatient, and medication-assisted opiate treatment programs. South Florida/Broward and Miami-Dade Counties data include all admissions to publicly supported addiction programs for all ages and MM admissions. Texas data are for publicly supported admissions in the State in Texas.
SOURCE: June 2014 State and local CEWG reports

Appendix Table 3.1. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Atlanta: CY 2013[1]

Drug	Number	Percentage
Methamphetamine	4,068	24.9
Cocaine	3,588	22.0
Heroin	813	5.0
Oxycodone	713	4.4
Methylone	695	4.3
Alprazolam	644	3.9
Hydrocodone	565	3.5
Marijuana/Cannabis	356	2.2
Amphetamine	199	1.2
XLR-11	126	0.8
Other[2]	4,543	27.9
Total	**16,310**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the 28-county Atlanta/Sandy Springs/Marietta GA MSA: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton Counties.
2. Included under "Other" rather than in the top 10 list are 2,688 reports for "Unspecified Pharmaceutical Preparation."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.2. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Baltimore City: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	12,376	41.5
Cocaine	7,895	26.4
Heroin	6,528	21.9
Oxycodone	780	2.6
Alprazolam	488	1.6
Buprenorphine	389	1.3
Methylone	189	0.6
Clonazepam	146	0.5
Caffeine	121	0.4
Methadone	103	0.3
Other[2]	837	2.8
Total	**29,852**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Baltimore City only.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 12, 2014

Appendix Table 3.3. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Boston: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	3,100	35.5
Cocaine	1,729	19.8
Heroin	1,652	18.9
Oxycodone	409	4.7
Buprenorphine	201	2.3
Clonazepam	135	1.5
Amphetamine	118	1.4
Naloxone	85	1.0
Alprazolam	76	0.9
Methylone	69	0.8
Other[2]	1,155	13.2
Total	**8,729**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for seven counties in the Boston MSA: Essex, Middlesex, Norfolk, Plymouth, Rockingham, Stafford, and Suffolk Counties.
2. Included under "Other" rather than in the top 10 list are 240 reports for "No Controlled Drug Identified."
3. Due to issues within the Massachusetts Department of Public Health's laboratories, some had not reported data since 2012; therefore the count compared with previous years may be lower.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2013

Appendix Table 3.4. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Chicago: CY 2013

Drug	Number	Percentage
Marijuana/Cannabis	37,087	54.6
Heroin	13,533	19.9
Cocaine	10,650	15.7
Hydrocodone	625	0.9
Alprazolam	605	0.9
BZP	584	0.9
PCP	536	0.8
MDMA	470	0.7
Methamphetamine	278	0.4
Phenylimidothiazole Isomer Undetermined	233	0.3
Other[2]	3,269	4.8
Total	**67,870**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for 13 counties in the Chicago/Naperville/Joliet, IL/IN/WI MSA: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, and Will Counties in IL; Jasper, Lake, Newton, and Porter Counties in IN; and Kenosha County in WI.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.5. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Cincinnati: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	4,561	35.6
Heroin	3,641	28.4
Cocaine	1,927	15.0
Oxycodone	273	2.1
Methamphetamine	129	1.0
Hydrocodone	114	0.9
Alprazolam	103	0.8
Buprenorphine	77	0.6
XLR-11	75	0.6
Benocyclidine	71	0.6
Other[2]	1,846	14.4
Total	**12,817**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Hamilton County.
2. Included under "Other" rather than in the top 10 are 1,129 reports for "Unknown."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.6. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Colorado: CY 2013[1]

Drug	Number	Percentage
Methamphetamine	3,681	25.6
Cocaine	2.955	20.5
Marijuana/Cannabis/ Tetrahydrocannabinols	2,565	17.8
Heroin	1,631	11.3
Oxycodone	400	2.8
XLR-11	285	2.0
Alprazolam	173	1.2
Hydrocodone	155	1.1
Psilocybin/Psilocyn/ Psilocin	131	0.9
Acetaminophen	124	0.9
Other[2]	2,296	15.9
Total	**14,396**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Colorado
2. Included under "Other" rather than in the top 10 list are 598 reports for "Noncontrolled Nonnarcotic Drug."
3. Due to laboratory circumstances, the Colorado Springs Police Department did not report data in 2012 but resumed reporting in February 2013. Due to staffing issues, the Jefferson County Laboratory reported only partial data for April and no data for May 2013.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.7. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Denver: CY 2013[1]

Drug	Number	Percentage
Cocaine	2,456	24.4
Methamphetamine	2,132	21.1
Marijuana/Cannabis	1,556	15.4
Heroin	1,414	14.0
XLR-11	264	2.6
Oxycodone	215	2.1
Alprazolam	120	1.2
Hydrocodone	95	0.9
AB-Fubinaca	91	0.9
5F-PB-22	89	0.9
Other[2]	1,654	16.4
Total	**10,086**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Denver, Arapahoe, and Jefferson Counties.
2. Included under "Other" rather than in the top 10 list are 595 reports for "Noncontrolled Nonnarcotic Drug."
3. Due to staffing issues, the Jefferson County Laboratory reported only partial data for April and no data for May, 2013.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.8. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Detroit: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	3,688	49.4
Cocaine	1,358	18.2
Heroin	1,031	13.8
Hydrocodone	318	4.3
Alprazolam	214	2.9
Oxycodone	86	1.2
Amphetamine	55	0.7
Methamphetamine	31	0.4
BZP[2]	27	0.4
Codeine	27	0.4
Morphine	27	0.4
Phenylimidothiazole Isomer Undetermined	27	0.4
Buprenorphine	20	0.3
Other[3]	555	7.4
Total	**7,464**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]BZP, Codeine, Morphine, and Phenylimidothiazole Isomer Undetermined are tied for ninth place.
[3]All other analyzed reports.
NOTES:
1. Data are for Wayne County.
2. Included under "Other" rather than in the top 10 list are 295 reports for "No Controlled Drug Identified."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.9. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Los Angeles: CY 2013[1]

Drug	Number	Percentage
Methamphetamine	13,067	34.9
Marijuana/Cannabis	11,413	30.5
Cocaine	6,653	17.8
Heroin	2,307	6.2
PCP	310	0.8
Hydrocodone	289	0.8
Alprazolam	278	0.7
MDMA	253	0.7
Codeine	211	0.6
Oxycodone	199	0.5
Other[2]	2,483	6.6
Total	**37,463**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Los Angeles County.
2. Included under "Other" rather than in the top 10 list are 462 reports for "Negative Results-Tested for Specific Drugs."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.10. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Maine: CY 2013[1]

Drug	Number	Percentage
Cocaine	266	23.3
Heroin	259	22.6
Oxycodone	135	11.8
Marijuana/Cannabis	49	4.3
Buprenorphine	37	3.2
Alpha-PVP	35	3.1
Caffeine	33	2.9
Methamphetamine	33	2.9
Methylone	25	2.2
Hydrocodone	22	1.9
Other[2]	250	21.9
Total	**1,144**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Maine.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.11. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Maryland: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	32,485	52.0
Cocaine	9,631	15.4
Heroin	8,316	13.3
Oxycodone	2,458	3.9
Alprazolam	1,161	1.9
Buprenorphine	907	1.5
XLR-11	794	1.3
Methylone	369	0.6
Hydrocodone	359	0.6
Clonazepam	348	0.6
Other[2]	5,602	9.0
Total	**62,430**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Maryland.
2. Included under "Other" rather than in the top 10 list are 1,201 reports for "No Controlled Drug Identified."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.12. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Miami: CY 2013[1]

Drug	Number	Percentage
Cocaine	10,147	44.0
Marijuana/Cannabis/ Tetrahydrocannabinols	5,276	22.9
Methylone	1,194	5.2
Hallucinogen	984	4.3
Heroin	925	4.0
Alprazolam	744	3.2
Oxycodone	408	1.8
Hydromorphone	252	1.1
Methamphetamine	211	0.9
Phenylimidothiazole Isomer Undetermined	154	0.7
Other[2]	2,774	12.0
Total	**23,069**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the Miami/Fort Lauderdale/Pompano Beach MSA and include Miami-Dade, Broward, and Palm Beach Counties.
2. Included under "Other" rather than in the top 10 list are "Controlled Substance" (655 reports), "Negative Results-Tested for Specific Drugs" (379 reports), and "No Controlled Drug Identified" (161 reports).
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.13. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Michigan: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	16,570	48.7
Cocaine	4,300	12.6
Heroin	2,956	8.7
Hydrocodone	1,437	4.2
Methamphetamine	1,241	3.6
Alprazolam	831	2.4
Amphetamine	427	1.3
Morphine	413	1.2
Oxycodone	390	1.1
Methadone	255	0.7
Other[2]	5,184	15.2
Total	**34,004**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Michigan.
2. Included under "Other" rather than in the top 10 list are 2,875 reports for "No Controlled Drug Identified."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.14. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Minneapolis/St. Paul: CY 2013[1]

Drug	Number	Percentage
Methamphetamine	1,337	32.5
Cocaine	930	22.6
Heroin	448	10.9
Marijuana/Cannabis/ Tetrahydrocannabinols	342	8.3
Dimethyl Sulfone	63	1.5
Oxycodone	63	1.5
Psilocin/Psilocybin/ Psilocyn	62	1.5
Cathinone/Cathine	49	1.2
Amphetamine	47	1.1
Acetaminophen	46	1.1
Other[2]	721	17.6
Total	**4,108**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for seven counties in Minnesota: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.
2. Due to issues at the laboratory, the St. Paul Police Department Laboratory did not report data after May 2012.
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.15. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, New York City: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	11,875	33.4
Cocaine	11,541	32.4
Heroin	4,288	12.0
Alprazolam	1,533	4.3
Oxycodone	1,470	4.1
Buprenorphine	631	1.8
PCP	586	1.6
Methadone	516	1.4
Clonazepam	492	1.4
Ketamine	353	1.0
Other[2]	2,320	6.5
Total	**35,605**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
NOTES:
1. Data are for the New York City Police Department and five New York boroughs: Bronx, Kings, Queens, New York, and Richmond.
2. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.16. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Philadelphia: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	7,270	31.8
Cocaine	6,445	28.1
Heroin	3,480	15.2
Oxycodone	1,141	5.0
Alprazolam	1,052	4.6
Acetaminophen	902	3.9
PCP	503	2.2
Clonazepam	209	0.9
Buprenorphine	143	0.6
Naloxone	133	0.6
Other[2]	1,618	7.1
Total	**22,896**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Philadelphia County.
2. Included under "Other" rather than in the top 10 list are "No Controlled Drug Identified" (387 reports) and "Noncontrolled Nonnarcotic Drug" (277 reports).
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.17. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Phoenix: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	2,771	27.9
Methamphetamine	2,374	23.9
Heroin	1,720	17.3
Cocaine	651	6.6
Oxycodone	449	4.5
Alprazolam	293	3.0
Hydrocodone	150	1.5
Buprenorphine	134	1.3
Clonazepam	91	0.9
Carisoprodol	86	0.9
Other[2]	1,213	12.2
Total	**9,932**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for Maricopa County.
2. Included under "Other" rather than in the top 10 list are 262 reports for "Unknown."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.18. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, St. Louis: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	4,486	27.1
Heroin	2,708	16.3
Cocaine	1,772	10.7
Methamphetamine	1,521	9.2
Alprazolam	629	3.8
Hydrocodone	516	3.1
Oxycodone	471	2.8
Acetaminophen	369	2.2
XLR-11	204	1.2
Pseudoephedrine	201	1.2
Other[2]	3,700	22.3
Total	**16,577**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the St. Louis MO/IL MSA, which includes St. Louis City and 16 counties: St. Louis, St. Charles, St. Francis, Jefferson, Franklin, Lincoln, Warren, and Washington Counties in Missouri; and Madison, St. Clair, Macoupin, Clinton, Monroe, Jersey, Bond, and Calhoun Counties in Illinois.
2. Included under "Other" rather than in the top 10 list are 1,422 for "Negative Results -Tested for Specific Drugs."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.19. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, San Diego: CY 2013[1]

Drug	Number	Percentage
Methamphetamine	5,343	44.3
Cocaine	1,424	11.8
Marijuana/Cannabis/ Tetrahydrocannabinols	1,413	11.7
Heroin	1,367	11.3
Hydrocodone	342	2.8
Alprazolam	213	1.8
Oxycodone	190	1.6
Phenylimidothiazole Isomer Undetermined	148	1.2
Dimethyl Sulfone	108	0.9
Clonazepam	93	0.8
Other[2]	1,429	11.8
Total	**12,070**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for San Diego County.
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.20. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, San Francisco: CY 2013[1]

Drug	Number	Percentage
Methamphetamine	5,486	39.0
Marijuana/Cannabis	2,605	18.5
Cocaine	2,016	14.3
Heroin	917	6.5
Hydrocodone	498	3.5
Oxycodone	380	2.7
Methadone	156	1.1
Morphine	142	1.0
MDMA	139	1.0
Alprazolam	108	0.8
Other[2]	1,603	11.4
Total	**14,050**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the five counties in the San Francisco/Oakland/ Fremont MSA: Alameda, Contra Costa, Marin, San Francisco, and San Mateo Counties.
2. Included under "Other" rather than in the top 10 list are "Unknown" (303 reports) and "No Controlled Drug Identified" (228 reports).
3. The San Mateo Sheriff Department Laboratory has been reporting San Francisco Police Department cases to NFLIS since January 2012.
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.21. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Seattle: CY 2013[1]

Drug	Number	Percentage
Heroin	388	24.8
Methamphetamine	374	23.9
Cocaine	229	14.6
Marijuana/Cannabis	113	7.2
Oxycodone	63	4.0
Alprazolam	21	1.3
Hydrocodone	20	1.3
Phenylimidothiazole Isomer Undetermined	17	1.1
MDMA	16	1.0
Clonazepam[2]	15	1.0
Methadone	15	1.0
PCP	15	1.0
Other[3]	280	17.9
Total	**1,566**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]Clonazepam, Methadone, and PCP are tied for 10th place.
[3]All other analyzed reports.
NOTES:
1. Data are for King County.
2. Included under "Other" rather than in the top 10 list are "Unknown" (128 reports) and "No Controlled Drug Identified" (18 reports).
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.22. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Texas: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis/ Tetrahydrocannabinols	19,081	25.8
Methamphetamine	16,874	22.8
Cocaine	14,515	19.6
Heroin	3,064	4.1
XLR-11	2,227	3.0
Alprazolam	2,206	3.0
Hydrocodone	2,195	3.0
Phenylimidothiazole Isomer Undetermined	812	1.1
Acetaminophen	665	0.9
Amphetamine	545	0.7
Other[2]	11,886	16.0
Total	**74,070**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the State of Texas.
2. Included under "Other" rather than in the top 10 list are 2,285 reports for "No Controlled Drug Identified."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 9, 2014

Appendix Table 3.23. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, Washington, DC: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis	888	33.9
Cocaine	448	17.1
Phenylimidothiazole Isomer Undetermined	193	7.4
PCP	182	6.9
Heroin	176	6.7
Caffeine	147	5.6
1-Piperidinocyclohex-anercarbonitrile	113	4.3
Acetaminophen	29	1.1
MDMA	28	1.1
Phenacetin	26	1.0
Other[2]	389	14.9
Total	**2,619**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are for the District of Columbia only.
2. Included under "Other" rather than in the top 10 list are 36 reports for "Noncontrolled Nonnarcotic Drug."
4. Percentages may not sum to the total due to rounding.
SOURCE: NFLS, DEA, May 9, 2014

Appendix Table 3.24. Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Reports, United States: CY 2013[1]

Drug	Number	Percentage
Marijuana/Cannabis/ Tetrahydrocannabinols	413,008	31.4
Cocaine	202,853	15.4
Methamphetamine	192,607	14.6
Heroin	134,664	10.2
Oxycodone	41,350	3.1
Hydrocodone	32,835	2.5
Alprazolam	31,407	2.4
XLR-11	16,536	1.3
Acetaminophen	16,082	1.2
Buprenorphine	10,995	0.8
Other[2]	222,891	16.9
Total	**1,315,228**	**100.0**

[1]Data are for January–December 2013, and include primary, secondary, and tertiary reports.
[2]All other analyzed reports.
NOTES:
1. Data are national totals analyzed by Federal, State, and local laboratories.
2. Included under "Other" rather than in the top 10 list are 32,203 reports for "No Controlled Drug Identified."
3. Percentages may not sum to the total due to rounding.
SOURCE: NFLIS, DEA, May 13, 2014

APPENDIX 3 NOTES:

Alpha-PVP=Alpha-Pyrrolidinopentiophenenone
BZP=1-Benzylpiperazine
MDMA=3,4-Methylenedioxymethamphetamine
Methylone=N-Methyl-3,4-Methylenedioxycathinone
PCP=Phencyclidine
XLR-11=1-(5-Fluoropentyl-1H-3-YI)(2,2,3,3-Tetramethylcyclopropyl) Methanone
5F-PB-22=(1-(5-Fluoropentyl)-1H-Indole-3-Carboxylic acid 8-Quinolinyl Ester)

Appendix Table 4.1. Number of Synthetic Cannabinoid Drug Reports[1] Identified by Forensic Laboratories, in 23 CEWG Areas and in the United States: CY 2013[2]

CEWG Area	JWH-018	JWH-210	JWH-122	JWH-250	MAM-2201	PB-22	AKB483	5F-PB-22	AM-2201	UR-144	XLR-11	AB-Pinaca	AB-Fub-inaca	Total[4]	Total All Reports
Atlanta	9	1	2	9	1	10	49	16	42	18	126	6	55	379[4]	16,310
Baltimore City	—	—	—	—	—	—	1	—	—	1	44	—	—	46	29,852
Boston	—	—	—	—	—	8	1	2	—	2	45	1	10	69	8,729
Chicago	5	—	5	1	2	—	5	—	41	37	175	2	1	284[4]	67,870
Cincinnati	1	—	—	—	—	53	1	7	2	5	75	—	6	151[4]	12,817
Colorado	59	—	1	1	7	57	19	91	33	26	285	24	94	732[4]	14,396
Denver	12	—	1	—	7	55	19	89	31	26	264	24	91	643[4]	10,086
Detroit	—	—	—	—	—	—	—	—	7	—	—	—	—	7	7,464
Los Angeles	2	1	—	1	—	—	—	—	3	1	4	—	—	26[4]	37,463
Maine	—	—	—	—	—	—	—	—	—	—	5	—	—	5	1,144
Maryland	—	3	1	—	1	9	13	—	14	59	794	—	—	897[4]	62,430
Miami	7	—	1	1	—	27	1	15	10	13	68	—	1	146[4]	23,069
Michigan	1	—	—	3	5	—	—	—	36	—	—	—	—	46[4]	34,004
Minneapolis/ St. Paul	1	—	2	2	—	3	—	3	11	—	17	—	—	41[4]	4,108
New York City	—	—	—	—	—	—	—	—	—	2	—	—	—	2	35,605
Philadelphia	—	—	1	1	1	—	1	—	—	4	31	—	6	48[4]	22,896
Phoenix	1	—	—	—	—	—	—	—	2	5	31	—	—	39	9,932
St. Louis	—	—	1	—	1	27	12	70	18	23	204	8	32	398[4]	16,577
San Diego	1	—	—	—	—	—	—	1	—	—	34	—	—	36	12,070
San Francisco	—	—	—	—	—	—	—	—	—	—	—	—	—	0	14,050
Seattle	—	—	—	—	—	—	—	—	—	—	—	—	—	0	1,566
Texas	11	3	7	10	11	125	34	28	61	223	2,227	12	81	2,847[4]	74,070
Washington, DC	—	—	3	—	—	—	—	—	2	—	—	—	—	6[4]	2,619
United States	338	135	160	151	143	1,721	1,132	1,690	1,179	1,697	16,536	745	1,637	29,259[5]	1,315,228

Appendix Table 4.1 (continued). Number of Synthetic Cannabinoid Drug Reports[1] Identified by Forensic Laboratories, in 23 CEWG Areas and in the United States: CY 2013[2]

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2013. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]AKB48 N-(5-fluoropentyl) and AKB48 (N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide) are combined.
[4]Drug reports for JWH-081 were included in Los Angeles (1), Minneapolis/St. Paul (1), Philadelphia (1), and Texas (1); drug reports for JWH-019 are included in Michigan (1), Texas (3), and Washington, DC (1); STS-135 drug reports were included in Atlanta (33), Colorado (3), Denver (3), and Minneapolis/St. Paul (1); CB-13 drug reports are included for Chicago (4), Philadelphia (1), and Texas (2); reports for RCS-4 are included for Cincinnati (1), Colorado (1), St. Louis (1), and Texas (2); drug reports for ADB-Pinaca are included in Colorado (20) and Denver (12); drug reports for URB754 are included in reports for Denver (4), Colorado (4), and Philadelphia (1); drug reports for AM-2233 are included for Chicago (1) and Miami (1); drug reports for "synthetic tetrahydrocannabinoid" are included for Atlanta (1), Maryland (3), and Texas (2); drug reports for EAM-2201 are included for Atlanta (1) and Chicago (1); 3 reports for XLR11 N-(4-fluoropentyl) isomer are included for Colorado and Denver; reports for "synthetic cannabinoid" are included for Los Angeles (13) and Texas (1); drug reports for 5-Fluoro-Adbica are included for Colorado (4) and Denver (2); drug reports for 5F-AB-Pinaca were included in Chicago (1) and Texas (2); 1 report for JWH-073 is included for Texas; 1 report for JWH-203 is included in Miami; 1 report for JWH-022 is included in St. Louis; 1 report for HU-210 is included in Chicago; 1 drug report for A-834,735 is included in Chicago; and 1 report for RCS-8 is included in Chicago.
[5]This total includes 1,451 reports for "synthetic cannabinoid;" 102 reports for STS-135; 62 reports for JWH-081; 59 reports for ADB-Pinaca; 38 reports for RCS-4; 27 reports for JWH-073; 23 reports for JWH-019; 22 reports for JWH-203; 21 reports for 5-Chloro-UR-144; 21 reports for 5F-AB-Pinaca; 20 reports for URB754; 19 reports for AM-2233; 19 reports for EAM-2201;18 reports for AM-694; 13 reports for A-796,260; 10 reports for A-834,735; 9 reports for CB-13; 6 reports for JWH-018 adamantyl carboxamide; 6 reports for JWH-022; 6 reports for "synthetic tetrahydrocannabinol;" 5 reports for 5-Fluoro-Adbica; 5 reports for URB-602; 4 reports for UR-144 N (5-chloropentyl) analog; 4 reports for XLR11 N-(4-fluoropentyl) isomer; 3 reports for RCS-8; 2 reports for AM-1248; 2 reports for AM-679; 2 reports for URB597; 2 reports for AM-1248; 2 reports for AM-679; 2 reports for CP 47,497-C8-homolog; 2 reports for HU-210; 2 reports for URB597; 1 report for AM-2201 N-(4-Fluoropentyl; 1 report for HU-211; 1 report for HU-308; 1 report for JWH-122 5-methylnathyl isomer; 1 report for JWH-200; and 1 report for UR-144 N-Heptyl analog.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

Appendix Table 4.2. Number of Synthetic Cathinone[1] Drug Reports[2] Identified by Forensic Laboratories, in 23 CEWG Areas and in the United States: CY 2013[3]

CEWG Area	Mephedrone[4]	Methylone[5]	MDPV[6]	Alpha-PVP[7]	4-MEC[8]	Pentedrone[9]	MPHP[10]	Pentelone[11]	Fluoromethcathinone	Butylone[12]	4-MEPPP[13]	Total[14]	Total for All Reports
Atlanta	1	695	12	5	12	—	2	—	—	1	—	731[14]	16,310
Baltimore City	—	189	15	1	—	—	—	—	—	—	—	205	29,852
Boston	—	69	1	12	8	—	—	—	—	—	1	91	8,729
Chicago	4	203	95	120	56	3	—	—	3	—	—	484	67,870
Cincinnati	—	8	4	—	1	—	—	—	—	—	—	20[14]	12,817
Colorado	3	50	6	7	26	—	—	—	—	1	—	97[14]	14,396
Denver	1	40	—	2	17	—	—	—	—	—	—	60	10,086
Detroit	—	19	3	1	11	—	—	—	—	—	—	35[14]	7,464
Los Angeles	—	63	2	—	5	—	—	—	—	—	—	71[14]	37,463
Maine	—	25	1	35	4	1	1	—	1	—	—	68	1,144
Maryland	—	369	45	12	4	—	—	—	—	—	—	430	62,430
Miami	1	1,194	16	6	15	—	—	1	4	1	2	1,242[14]	23,069
Michigan	—	97	19	109	39	4	—	—	—	2	—	274[14]	34,004
Minneapolis/ St. Paul	—	39	38	2	—	—	—	1	—	—	1	81	4,108
New York City	1	42	—	1	3	—	—	—	—	—	—	49[14]	35,605
Philadelphia	—	42	2	—	—	—	—	—	—	—	—	44	22,896
Phoenix	—	36	1	2	—	—	—	1	—	—	—	42[14]	9,932
St. Louis	1	61	29	25	9	11	2	—	—	2	5	154[14]	16,577
San Diego	—	90	—	1	—	—	—	—	—	—	—	91	12,070
San Francisco	—	51	—	—	—	—	—	1	—	—	—	52	14,050
Seattle	—	11	1	—	—	—	—	1	—	—	—	13	1,566
Texas	1	415	16	54	35	20	1	4	2	2	2	555[14]	74,070
Washington, DC	—	24	19	15	—	—	—	—	—	—	—	58	1,914
United States	30	9,930	1,048	2,140	886	145	15	36	17	58	31	14,513[15]	1,315,228

Appendix Table 4.2 (continued). Number of Synthetic Cathinone[1] Drug Reports[2] Identified by Forensic Laboratories, in 23 CEWG Areas and in the United States: CY 2013[3]

[1]These data include synthetic cathinones only; cathinones are excluded.
[2]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[3]Data are for January–December 2013. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[4]4-methylmethcathinone or 4-MMC; also includes methedrone (4-methoxymethcathinone).
[5]3,4-methylenedioxymethcathinone or bk-MDMA.
[6]3,4-methylenedioxypyrovalerone.
[7]Alpha-pyrrolidinophentiophenone.
[8]4-methyl-N-ethylcathinone.
[9]2-(methylamino)-1-phenylpentan-1-one.
[10]4'-methyl-alpha-pyrrolidinohexiophenone.
[11](ß-keto-methylbenzodioxolylpentanamine).
[12]ß-keto-N-methylbenzo-dioxylpropylamine.
[13]4'-methyl-alpha-pyrrolindinopropiophenone.
[14]Ethylone (3,4-methylenedioxyethylcathinone) drug reports are included in the count for Atlanta (one), Los Angeles (one), and Texas (two); buphedrone (alpha-methylamino-butyophenone(MABP)) reports are included in the count for Cincinnati (four), Colorado (one), and St. Louis (nine); drug reports for 4-EMC (4-ethylmethcathinone) are included for Colorado (3) and Phoenix (2); drug reports for dimethylone (3,4-methylenedioxydimethylcathinone; bk-MDDMA) are included for Miami (two) and New York City (two); drug reports for alpha-PBP (alpha-pyrrolidinobutiophenone) are included for Atlanta (2) and Michigan (3); three ethylcathinone reports are included for Cincinnati; one report for for mophedrone (3-methylmethcathinone (3-MMC)) is included in Detroit and Michigan; and one report for MDPBP (3',4'-methylenedioxy-alpha-pyrrolidinobutiophenone) is included in Texas.
[15]This total includes 49 reports for alpha-PBP; 43 reports for "substituted cathinone;" 25 for buphedrone; 17 for dimethylone; 12 for ethylone; 7 for mophedrone; 6 for MDPBP; 4 reports for 4-EMC (4-ethylmethcathinone); 4 for ethylcathinone; 3 for 4-methylbuphedrone; 3 for naphyrone (naphthylpyrovalerone); 2 for 3,4-DMMC (3,4-dimethylmethcathinone); 1 for dibutylone (beta-keto-N,N-dimethyl-1,3-benzodioxolylbutanamine; BK-DMBDB); and 1 report for N-Ethylbuphedrone.
SOURCE: NFLIS, DEA, data for all areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 201

Appendix Table 4.3. Number of Phenethylamine Drug Reports[1] Identified by Forensic Laboratories, in 23 CEWG Areas and in the United States: CY 2013[2]

CEWG Area	2C-I[3]	2C-B[4]	2C-C[5]	2C-E	2C-H[6]	2C-P	2C-T-2	2C-T-7	Phene-thylamines	Total
Atlanta	27	12	5	1	—	—	—	—	—	45
Baltimore City	1	1	—	—	—	—	—	—	—	2
Boston	6	1	—	—	—	—	—	—	—	7
Chicago	33	10	1	1	—	—	—	—	—	45
Cincinnati	—	—	—	—	—	—	—	—	—	0
Colorado	8	3	1	—	—	—	—	—	—	12
Denver	7	3	—	—	—	—	—	—	—	10
Detroit	3	—	1	—	—	—	—	—	—	4
Los Angeles	—	—	—	—	—	—	—	—	—	0
Maine	3	—	—	—	—	—	—	—	1	4
Maryland	14	1	6	3	2	1	—	—	—	27
Miami	19	1	1	1	—	—	—	—	—	22
Michigan	50	12	16	—	—	—	—	—	—	78
Minneapolis/ St. Paul	23	3	3	—	—	—	—	—	—	29
New York City	—	1	—	—	—	—	—	—	—	1
Philadelphia	—	—	—	—	—	—	—	—	—	0
Phoenix	1	—	—	1	—	—	—	—	—	2
St. Louis	14	3	1	—	—	—	—	1	—	19
San Diego	3	1	4	—	—	—	—	—	—	8
San Francisco	2	—	—	1	—	—	—	—	—	3
Seattle	—	1	—	—	—	—	—	—	—	1
Texas	129	59	32	2	—	1	—	—	4	227
Washington, DC	—	—	—	—	—	—	—	—	—	0
United States	1,137	239	322	53	17	11	1	4	64	1,848[7]

[1]NFLIS methodology allows for the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item seized and analyzed.
[2]Data are for January–December 2013. Data are subject to change; data queried on different dates may reflect differences in the time of data analysis and reporting.
[3]These totals include reports for 2C-I-NBOMe.
[4]These totals include reports for 2C-B-NBOMe and 2C-B-BZP.
[5]These totals include reports for 2C-C-NBOMe.
[6]These totals include reports for 2C-H-NBOMe.
[7]This total includes 4 reports for Beta-Phenethylamine.
SOURCE: NFLIS, DEA, data for all CEWG areas were retrieved on May 9, 2014, except Baltimore City; those data were retrieved on May 12, 2014; data for the United States were retrieved on May 13, 2014

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